

Updates from NAIIS Influenza Working Group

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NAIIS Influenza Working Group Co-Leads

NAIIS Annual Meeting
May 15, 2019



Who We Are

- The Summit's Influenza Working Group was relaunched in 2015
- We are a diverse multi-sectoral partnership that strives to improve influenza vaccination coverage rates and adult vaccination best practices through systems-level approaches
- The Working Group operationalizes these goals by:
 - promoting healthcare personnel vaccination
 - creating tools that encourage safe vaccine administration
 - and developing resources that encourage more providers to vaccinate



Overview

1. Objectives and accomplishments during 2018- 2019
2. Discuss ways to engage new partners and expand existing partnerships with non-healthcare workplaces
3. Goals for 2019- 2020



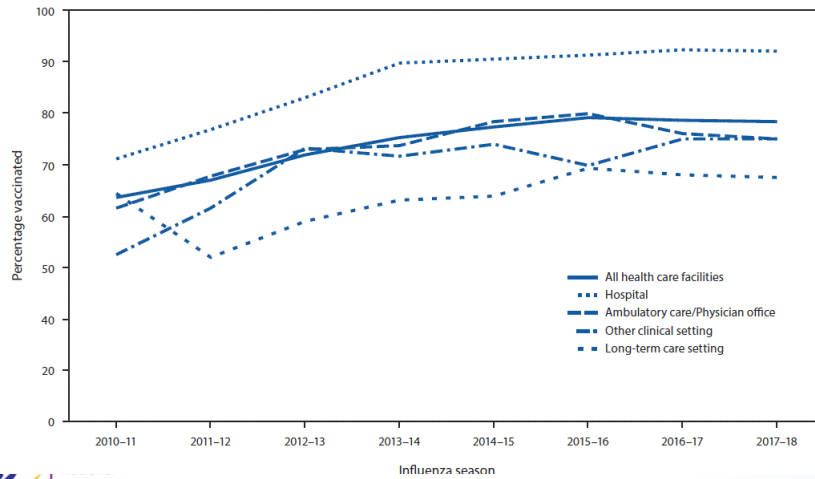
<https://www.isummitpartners.org/>



OBJECTIVE 1:

Development of resources and partnerships to improve influenza vaccination coverage of HCP in post-acute and long-term care facilities (LTCFs)

Percentage of HCP who received influenza vaccination, by occupation United States, 2010–18



Adult and
Influenza
Immunization
Summit

CDC, MMWR 9/28/18

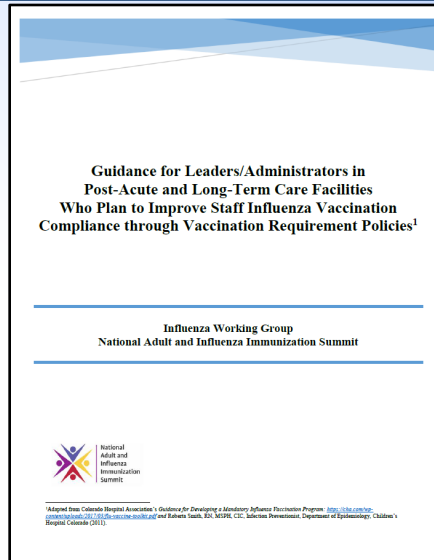
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2018- 2019 Accomplishments: **Guidance Document**

- Finalized and posted:
 - [Guidance for Leaders/Administrators in Post-Acute and Long-Term Care Facilities Who Plan to Improve Staff Influenza Vaccination Compliance through Vaccination Requirement Policies](#)
- Coordinated release with AMDA's updated policy



National
Adult and
Influenza
Immunization
Summit



2018- 2019 Accomplishments: Stakeholder Meeting

Held a meeting with post-acute and LTCF executives and stakeholders on Oct 2, 2018 to discuss increasing influenza vaccination rates of HCP in LTCFs



October 2, 2018
Hyatt Regency Atlanta
Atlanta, Georgia

REGISTRATION OPEN
Tuesday, October 2: 8:00-9:00 am
Tuesday, October 2: 9:00 am-4:30 pm
@ Embassy Hall CD

Increasing Influenza Vaccination Rates of Health Care Personnel in Long-Term Care Facilities

October 2, 2018

Meeting objective:
Discuss strategies and best practices for increasing influenza vaccination rates of health care personnel in long-term care facilities.

TIME	SESSION
8:00-9:00 AM	Registration and breakfast
9:00-9:30 AM	Welcome and Introductions
9:30-10:55 AM	Session I: Overview Optimizing Influenza Vaccination for Healthcare Personnel to Protect Residents in Long-Term Care Facilities CAPT (ed) Amy Pickett Froebelcorn, MSN, MPH (Epidemiologist and Vaccine Task Force Deputy, Centers for Disease Control and Prevention); Amy Briteman, MD, FACCDEM, FACP (Medical Director, Occupational Medicine, Perelman School of Medicine, University of Pennsylvania); Kelly McKernan, MA (Manager - Immunization Initiative, Beechler Illinois) - Co-leads of the NAHIS Influenza Working Group
10:00-10:25 AM	Breakout Session #1: Brainstorming Solutions
10:25-10:55 AM	Report back and Prioritization
10:55-11:05 AM	Break
11:05 AM-12:30 PM	Session II: Worker Safety, Infection Control, and Influenza Vaccination Programs in a Large Healthcare System Amy Briteman, MD, FACCDEM, FACP, Medical Director, Occupational Medicine, Perelman School of Medicine, University of Pennsylvania and NAHIS Influenza Working Group Co-lead
11:35 AM-12:00 PM	Breakout Session #2: Brainstorming Solutions
12:00-12:30 PM	Report back and Prioritization

2018- 2019 Accomplishments: Checklist

Created a complementary 1-page checklist:

[Step-By-Step Process to Creating, Implementing, and Evaluating an Employee Influenza Vaccination Policy in a Long-Term Care Facility \(LTCF\)](#)



Step-By-Step Process to Creating, Implementing, and Evaluating an Employee Influenza Vaccination Policy in a Long-Term Care Facility (LTCF)

Phase 1: Creating an employee influenza vaccination policy in a LTCF

X Steps:

- Create a stakeholder group to ensure buy-in (consider including: CEO, CMO, Infection Prevention, Director of Nursing, Quality Director, Human Resources, Compliance, Legal, staff representatives, Union leaders, family representatives, and patient representatives).
- Review criteria for creating an employee influenza vaccination policy in your LTCF with stakeholder group, including current recommendations from AMCA and other professional societies.
- Review applicability of employee vaccination policies.
 - Stakeholder group should agree on components of an employee vaccination policy
 - Determine if employee vaccination will be a condition of employment for new hires and a requirement for existing staff.
 - Determine if you will allow exemptions, what exemptions will be acceptable, and processes for obtaining exemptions, including who will oversee over waivers.
 - Determine whether or not your facility will establish a masking policy.
 - Determine if the policy will include all staff, volunteers, contractors, and students.
 - Determine vaccination deadlines.
 - Determine who will enforce the policy.
 - Determine consequences for non-compliance.
 - Determine a contingency plan if there are vaccine shortages or delays.
- Make sure the policy is reviewed and approved by your legal team.
- Create a communication plan for all staff.
- Create a tracking plan and determine how you will measure success.
- Determine if the vaccine will be offered onsite, during all shifts, by a staff member or a contractor, for free, and whether vaccine will be offered to family members of staff.

Phase 2: Implementing an employee influenza vaccination policy in LTCF

X Steps:

- Ensure that stakeholder group agrees on an implementation timeline and strategy.
- Designate someone to oversee the program (if your facility has high turnover, consider designating deputies).
- Clearly communicate the new policy to all staff, and periodically communicate updates throughout the season.
- Identify and activate facility immunization champions (e.g., facility leadership, Medical Director, CNA leader).
- Begin staff education and engagement efforts.
- Develop and execute the implementation process for new staff members.
- Establish onsite flu clinics. For best practice policies for hosting a temporary flu clinic, please reference this checklist and accompanying document.

Phase 3: Tracking and evaluating an employee influenza vaccination policy in a LTCF

X Steps:

- Implement a tracking process.
- Consider integrating tracking system into payroll or other existing system.
- Engage in ongoing communication (information, updates, etc.).
- Periodically evaluate and communicate staff vaccination levels to the staff, residents, and families (results can be displayed in signs or progress thermometers around the facility to cultivate competition between departments).
- Consider tracking other data, such as impact on staff turnover rates, absenteeism, and outbreaks.
- Create a plan for positive outcomes of new staff practices.
- Evaluate program success and make recommendations for improvements prior to the next flu season.
- Ensure being recognized for your policy and best work on a national honor roll.

For additional considerations, ideas, and resources, refer to the full document: [Guidance for Leaders/Administrators in Post-Acute and Long-Term Care Facilities Who Plan to Improve Staff Influenza Vaccination Compliance through Vaccination Development Policies](#).

National Adult and Influenza Immunization Summit | Version 1 (January 23, 2018)

2018- 2019 Accomplishments: FAQs

Developed an FAQ:
[Frequently Asked Questions about the Guidance for Leaders/Administrators in Post-Acute and Long-Term Care Facilities Who Plan to Improve Staff Influenza Vaccination Compliance through Vaccination Requirement Policies](#)



Frequently Asked Questions
 related to the Guidance for Leaders / Administrators in Post-Acute and Long-Term Care Facilities Who Plan to Improve Staff Influenza Vaccination Compliance through Vaccination Requirement Policies

FOR EMPLOYEES / STAFF

Policies Requiring Influenza Vaccination

- 1 Why does my facility require the influenza vaccine?**
 Every year, approximately 226,000 people are hospitalized and 56,000 people die in this country from influenza. These are preventable deaths. Requiring an annual influenza vaccine demonstrates our commitment to protect the safety and health of our patients/residents, many of whom already have weakened immune systems, as well as protecting visitors, co-workers, and our families. Vaccination of health care personnel (HCP) has been recommended for years, yet vaccination rates of HCP in long-term care facilities (LTCF) like ours remain at 68% nationally. In many health care facilities, influenza vaccination rates have increased over the years, but have not approached 100%, despite major voluntary efforts. Overall, voluntary programs have not been effective at raising vaccination rates. Making annual influenza vaccination requirements is a step that has been taken by many health care systems throughout the nation that has significantly improved influenza vaccination coverage in these facilities.
- 2 To whom does this apply?**
 The influenza vaccination requirement policy applies to all employees, faculty, staff, fellows, temporary workers, trainees, volunteers, students, vendors, and voluntary medical staff (regardless of employer), who provide services to patients/residents or work in our LTCF.
- 3 How effective are influenza vaccines, especially since virus strains keep changing?**
 The influenza vaccine is the single most effective method to prevent influenza. This is true even during influenza seasons when the overall effectiveness of the vaccine is relatively low. The effectiveness of the vaccine depends on a number of factors, including the accuracy of the match between vaccine strains and circulating strains, and the age and health of the recipient. Influenza vaccine does not protect against other respiratory viral infections that occur during winter months. Public health officials have a good track record of predicting the three or four main influenza strains that will cause the most illness during each influenza season. These strains usually change each year, which is why the vaccine is given annually. Even if you get the influenza from a strain of the virus that was not included in the vaccine, having the vaccine can make your illness milder.
- 4 Why can't we stick with what has always worked, namely wearing masks and doing a better job of hand hygiene to prevent transmission of influenza?**
 HCP have frequent contacts with high-risk patients and LTCF residents, including in the cafeteria.

CONTINUED ON NEXT PAGE ►

Version 1 January 26, 2018

2018- 2019 Accomplishments: Honor Roll

Coordinated with IAC and AMDA (the Society for Post-Acute and Long-Term Care Medicine) on the development of an HONOR ROLL specifically for LTC/Assisted Living Facilities that have influenza vaccination requirements for HCP

<http://www.immunize.org/honor-roll/influenza-mandates/ltc.asp>



Influenza Vaccination Honor Roll

Long-Term Care / Assisted Living Honorees

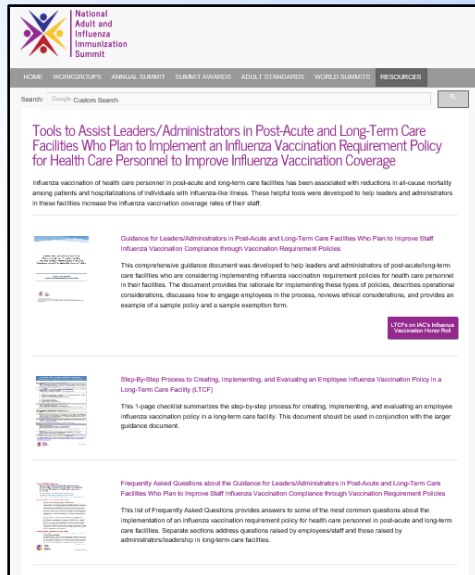
AL	AK	AR	AZ	CA	CO	CT	DC	DE	FL	GA	HI
ID	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN
MS	MO	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH
OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA
WV	WI	WY	U.S. Territories								

There are currently 24 Long-Term Care / Assisted Living organizations on the Influenza Vaccination Mandates Honor Roll.
[Click here to view the entire Honor Roll.](#)

2018- 2019 Accomplishments: **Landing Page**

Developed a landing page for all of these resources:

<https://www.izsummitpartners.org/naii-s-workgroups/influenza-workgroup/tools-for-ltcf/>



OBJECTIVE 2:

Development of a Speakers Bureau

2018- 2019 Accomplishments: **Speakers Bureau**

Developed and posted 3 slide sets that can be used by anyone that explain the resources we have developed in detail to a broader audience:

<https://www.izsummitpartners.org/speakers-bureau-resources/>



A screenshot of the National Adult and Influenza Immunization Summit website. The page is titled "Speakers Bureau" and contains the following text: "The Influenza Workgroup and our partners have developed slide sets that can be used by anyone. The slides can be modified to fit your needs and can be edited to include your own organization's logo. The purpose of the slide sets is to explain the resources we have developed in more detail to a broader audience. There is also a presentation on the American Lung Association's MyShot campaign that highlights how you can utilize that influenza vaccination campaign for your own needs. All of the slide sets can be included as part of a larger presentation or can be used in their current form. Each slide set also has links to various assets that can be downloaded and included as one-offs in your communications." Below this text are three sections, each with a small thumbnail image and a title: 1. "Best Practices" Tools for Holding Safe Vaccination Clinics in Satellite, Temporary, or Off-site Locations: Checklist and Pledge. 2. Optimizing Influenza Vaccination for Health Care Personnel to Protect Residents in Post-Acute and Long-Term Care Facilities. 3. MyShot Assets for National Adult and Influenza Immunization Summit Influenza Working Group.

OBJECTIVE 3:

Continue to promote (and improve) the “Checklist of Best Practices for Satellite, Temporary, and Off-Site Vaccination Clinics” and accompanying resources

2018- 2019 Accomplishments: Update and Promote Resources for Temporary Vaccination Clinics

- Updated current documents based on feedback from WG members
- Continued to promote resources in national and international presentations and among membership



Ten Principles for Holding Safe Vaccination Clinics at Satellite, Temporary, or Off-Site Locations

During All Stages (Pre-Clinic, During the Clinic, and Post-Clinic)

1. Keep vaccines at the correct temperature at all times using proper procedures for vaccine transport, handling and storage. Document temperature monitoring at appropriate intervals during all stages. For further guidance: www.cdc.gov/vaccines/imz/admin/storage/toolkit/storage-handling-toolkit.pdf

Pre-Clinic

2. Have vaccine shipped directly to the site. If direct shipment is not possible, transport vaccine using correct storage and handling guidelines.
3. Train staff to perform CPR and treat medical emergencies, including anaphylaxis. Ensure supplies are on site, including an emergency medical kit and infection control supplies, as well as enough Vaccine Information Statements (VIS).

During the Clinic

4. Always check for medical contraindications and allergies before vaccinating anyone. Provide VISs for all patients or guardians.
5. Follow manufacturers' instructions and Advisory Committee on Immunization Practices guidelines for correct age and intervals (for vaccines that require more than one dose).
6. Follow manufacturers' instructions for injection dose, site, and route.
7. Only use vaccines that are not damaged, not expired, at the correct temperature, and prepared using aseptic technique.
8. Follow safe handling of needles and syringes, including using a new needle and syringe for every injection. Dispose of all sharps in a sharps container.
9. Document every vaccination and give patients a copy.

Post-Clinic

10. Keep patient information secure and private. Record vaccinations in the Immunization Information System (IIS), if available.

For further guidance, refer to the full checklist: www.isummitpartners.org/off-site-vaccination-clinic-checklist



Recognize organizations that have taken The Pledge

Organizations Pledging Support to Adhere to CDC Guidelines and Best Practices When Implementing Vaccination Clinics at Satellite, Temporary, or Off-site Locations

Each organization listed below has formally pledged to follow Centers for Disease Control and Prevention (CDC) guidelines and best practices for vaccine shipment, transport, storage, handling, preparation, administration, and documentation when implementing vaccination clinics at satellite, temporary, or off-site locations. These guidelines and best practices are essential for patient safety and vaccine effectiveness.

Organizations That Have Taken The Pledge

2018–2019 influenza season*

- CDC Occupational Health Clinic
- OccuMed Health & Wellness, LLC
- Passport Health

2017–2018 influenza season

- Corporate Wellness, Inc.
- Passport Health
- Promerica Health

<https://www.isummitpartners.org/nais-workgroup/influenza-workgroup/supporting-organizations/>



OBJECTIVE 4:

Partner with organizations to improve influenza vaccination rates in non-healthcare workplaces

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2018- 2019 Accomplishments: CDC's Business Health Executive Call



Presented to CDC's Business Health Executive Group:

45 leaders representing 20 multinational businesses (including Fortune 500 companies), which have >1.1 million employees, and represent \$3.3 Billion in annual revenue, attended the call



2018- 2019 Accomplishments: American Lung Association

Partnered with American Lung Association on their “MyShot” campaign to increase flu vaccination in people aged ≥ 50 years and people with chronic medical conditions:

- Working with them on a video vignette for post-acute/LTCFs and for non-healthcare workplaces
- Collaborating on other resources for these settings

Before flu meets lung disease, it's time for MyShot.

WATCH LISA'S STORY



2018- 2019 Accomplishments: Million Hearts

Partnered with Million Hearts:

- They will amplify messages related to the importance of flu vaccinations for people with cardiovascular disease



2018- 2019 Accomplishments: American Heart Association

Reached out to American Heart Association:

- The AHA Workplace Health Steering Committee is overseeing a systematic literature review of the science informing the Workplace Health Achievement Index, including adding new questions.
- Flu vaccination clinics in the workplace will be an item for consideration on the updated Index.
- The estimated timeline for the review is 12 months and Index 2.0 is currently slated for a 2021 release:
<https://www.heart.org/en/professional/workplace-health/workplace-health-achievement-index/workplace-health-achievement-recognitions>



How Can We Engage New Partners and Expand Existing Partnerships?

- Partner with American Association of Diabetes Educators
- Partner with national sports leagues/ teams (or minor leagues)
- Other organizations/ contacts that would be willing to promote flu vaccinations that either target high-risk groups or have a lot of influence?



2019- 2020 Goals

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2019- 2020 Goals

1. Continue improving and promoting our existing resources for temporary vaccination clinics and post-acute/LTCFs
2. Expand partnerships with non-healthcare workplaces to increase influenza vaccination coverage in these settings
3. Other goals?



Looking Forward: Ideas for Future Projects

- According to the US Bureau of Labor and Statistics, in 2016, “state and local government” is the second largest employment category (projected to be surpassed by “health and social assistance” in 2026)
- “Educational Services” although a comparatively smaller industry, is representative of employees in communities across the US
- “Retail trade”, “leisure and hospitality”, and “manufacturing” are the three next largest industry sectors



<https://www.bls.gov/emp/tables/employment-by-major-industrysector.htm>

How to Become Involved:

Email: dez8@cdc.gov

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Thank you to our many working group members!

