



Welcome! We will get started momentarily.

- Using Chat, please enter your name and organization.
- How to use Chat:
 1. Click on the Chat icon.
 2. Select who you want to send your message to (individual or everyone).
 3. Type and send your message.
- Please use Chat to submit questions for our speakers.

Nursing Home Quality Essentials Spotlight: Infection Prevention

Reducing COVID-19 Related Pneumonia: Pneumococcal Vaccines Made Simple

Tuesday, December 24, 2024

Megan Myers, PharmD., Clinical Pharmacy Specialist



WE'RE BACK!

NURSING HOME QUALITY ESSENTIALS



SPOTLIGHT: INFECTION PREVENTION

Tuesdays & Thursdays | 11 a.m. MT / Noon CT

As part of a contract extension from CMS, we're thrilled to relaunch Nursing Home Quality Essentials, focusing on infection prevention and control!

Join us twice a week for engaging 30-minute sessions tailored for long-term care providers. Each session will spotlight a new aspect of infection prevention, with actionable insights and strategies to integrate directly into daily practices.

Topics may include vaccines, healthcare-acquired infections, rehospitalizations, NHSN reporting, health literacy and more — each aimed at enhancing your infection prevention efforts.

SCAN TO REGISTER



or go to

www.telligenqiconnect.com/calendar

Before We Begin

- Be sure to add qiconnect@telligen.com to your trusted list of email contacts
 - If you unsubscribe, you'll miss out on every communication we share
- We're on social media, follow us for updates and events!



Facebook: <https://www.facebook.com/telligenqiconnect>



LinkedIn: <https://www.linkedin.com/company/telligen-qi-connect>

Objectives

- Contrast and compare COVID pneumonia and other types of pneumonia
- Review current CDC guidelines for pneumococcal vaccination
- Identify tools for assessment of a patient's pneumococcal vaccination status



> Reducing COVID-19 Related Pneumonia

Poll Question - True or False?

- The pneumococcal vaccine can prevent COVID pneumonia.

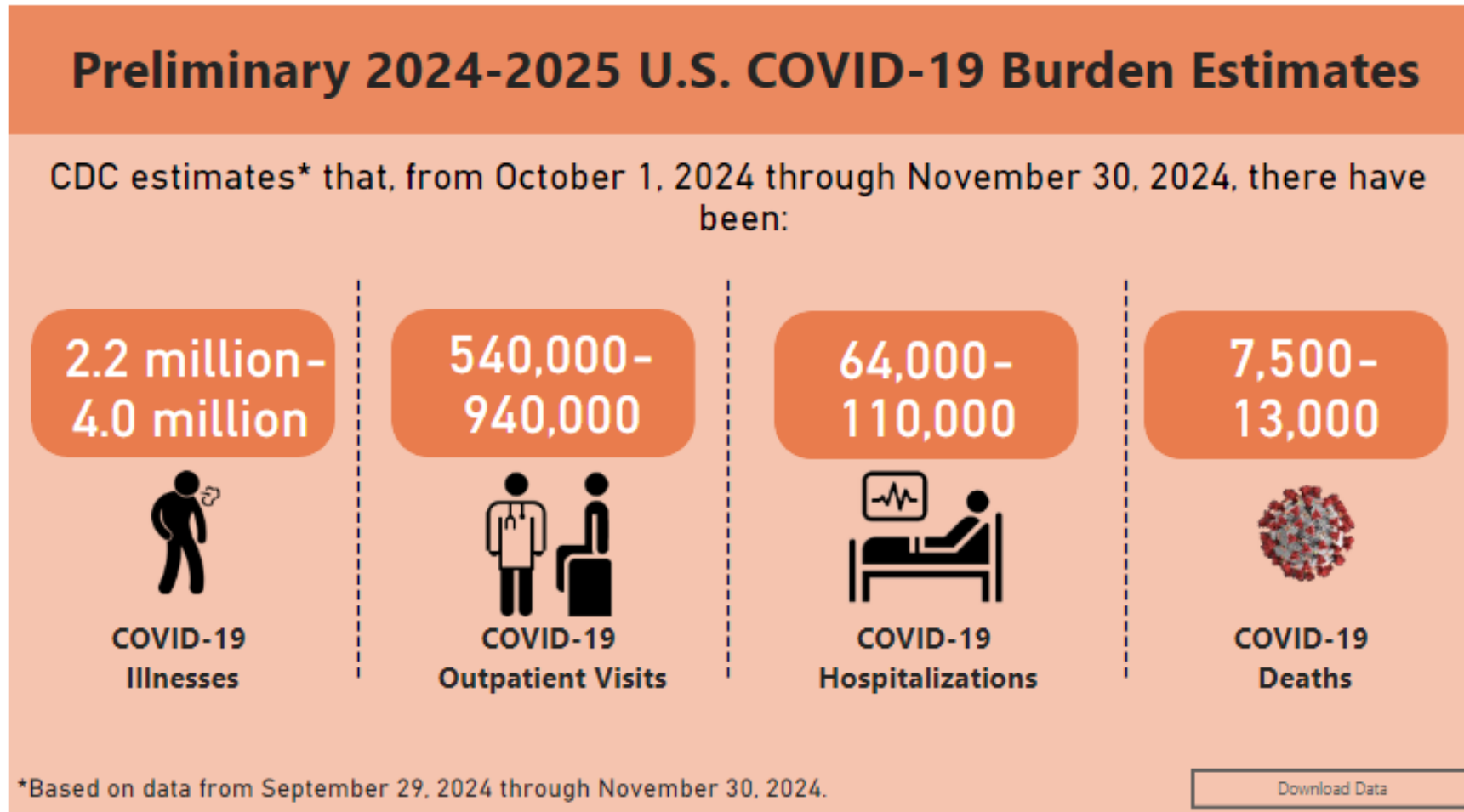
Poll Question - True or False?

- The pneumococcal vaccine can help prevent serious complications that can arise from being infected with COVID-19.

What is COVID pneumonia?

- VIRAL Pneumonia caused by the COVID-19 virus
- The virus infects lungs and causes them to get inflamed and filled with fluid
 - Inflammation can cause scarring or other lung damage – RISK increases with each reinfection
 - Typically presents in both lungs simultaneously (bilateral)
- Being over 65 years old increases risk for developing COVID pneumonia

How common is COVID pneumonia?



How to Prevent COVID Pneumonia

- Stay up to date (UTD) on COVID vaccines
- 2024-2025 COVID vaccine recommendation:
 - One dose for most adults under the age 65
 - Two doses, ideally 6 months apart for those with moderate or severe immunocompromise
 - Two doses, ideally 6 months apart for those 65 years of age and older
 - Minimal interval is 2 months

Respiratory Co-infection: COVID-19 and Bacterial Pneumonia

- Secondary bacterial pneumonia can follow shortly after the initial infection with COVID-19 or during the recovery phase
- Co-infections risk is correlated with COVID-19 infection severity
- Those with co-infection have higher rates of complications and deaths
- Pneumococcal vaccines target BACTERIAL pneumonia

[Recognition and management of respiratory co-infection and secondary bacterial pneumonia in patients with COVID-19 | Cleveland Clinic Journal of Medicine](#)

[The role of co-infections and secondary infections in patients with COVID-19 – PMC](#)

[Assessing and Reassessing the Association of Comorbidities and Coinfections in COVID-19 Patients - PMC](#)



> Pneumococcal Vaccines Made Simple

Poll Question – Multiple Choice

How many times have the pneumococcal vaccine guidelines changed in the last 5 years?

- A. 1
- B. 2
- C. 3
- D. 4
- E. 5+

Pneumonia Vaccine Guidelines

- Previous guidelines
 - PCV13 (Pneumovax13[®]) & PPSV23 (Pneumovax23[®])
 - Had more shared clinical decision making
- New guidelines approved in 2021 and updated in 2022 and 2024
 - PCV13 was discontinued and replaced with two, and then three competing vaccines
 - PCV15 (Vaxneuvance[®])
 - PCV20 (Pneumovax20[®])
 - PCV21 (Capvaxine[®])
 - For previously unvaccinated individuals
 - If PCV20 or PCV21 is given, patient doesn't need PPSV23
 - IF PCV15 is given, patient DOES need PPSV23

Pneumococcal Vaccine Timing for Adults ≥ 50 years old

NEW: Age recommendation now 50 years old

Should Recommendation

Adults ≥ 50 years old Complete pneumococcal vaccine schedules

Prior vaccines	Option A	Option B
None*	PCV20 or PCV21	PCV15 $\xrightarrow{\geq 1 \text{ year}^\dagger}$ PPSV23 [†]
PPSV23 only at any age	$\xrightarrow{\geq 1 \text{ year}}$ PCV20 or PCV21	$\xrightarrow{\geq 1 \text{ year}}$ PCV15
PCV13 only at any age	$\xrightarrow{\geq 1 \text{ year}}$ PCV20 or PCV21	NO OPTION B
PCV13 at any age & PPSV23 at <65 yrs	$\xrightarrow{\geq 5 \text{ years}}$ PCV20 or PCV21	

* Also applies to people who received PCV7 at any age and no other pneumococcal vaccines

[†] If PPSV23 is not available, PCV20 or PCV21 may be used


[‡] Consider minimum interval (8 weeks) for adults with an immunocompromising condition, cochlear implant, or cerebrospinal fluid leak (CSF) leak

[§] For adults with an immunocompromising condition, cochlear implant, or CSF leak, the minimum interval for PPSV23 is ≥ 8 weeks since last PCV13 dose and ≥ 5 years since last PPSV23 dose; for others, the minimum interval for PPSV23 is ≥ 1 year since last PCV13 dose and ≥ 5 years since last PPSV23 dose

Pneumococcal Vaccine Timing for Adults ≥ 65 years old

May Recommendation

Shared clinical decision-making for those who already completed the series with PCV13 and PPSV23

Prior vaccines	Shared clinical decision-making option for adults ≥ 65 years old
Complete series: PCV13 at any age & PPSV23 at ≥ 65 yrs	 <p>Together, with the patient, vaccine providers may choose to administer PCV20 or PCV21 to adults ≥ 65 years old who have already received PCV13 (but not PCV15, PCV20, or PCV21) at any age and PPSV23 at or after the age of 65 years old.</p>

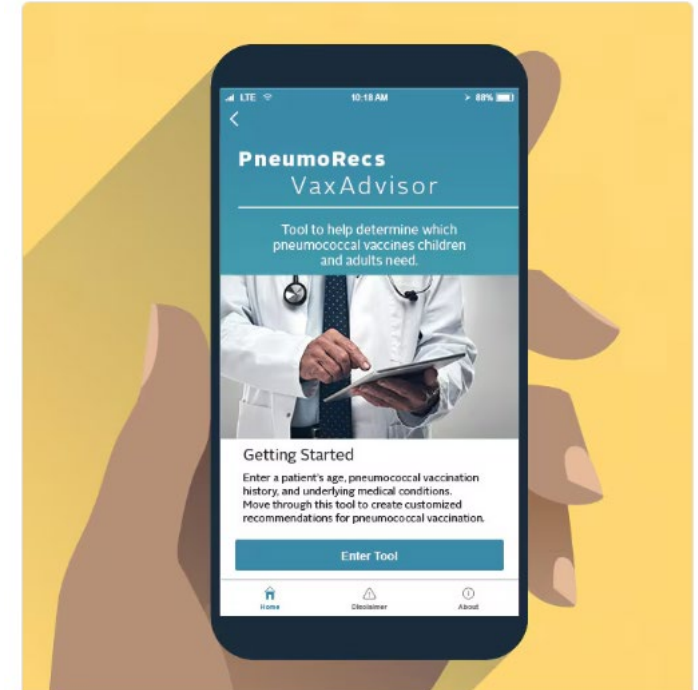
Poll Question – Select All That Apply

What barriers do you face with vaccinating residents with the pneumococcal vaccine?

- A. Confusion on who is eligible
- B. Vaccine hesitancy
- C. Vaccine access
- D. Vaccine cost
- E. Billing
- F. Staff shortages – limits ability to identify needs, get consent, administer, document, bill vaccines
- G. Other

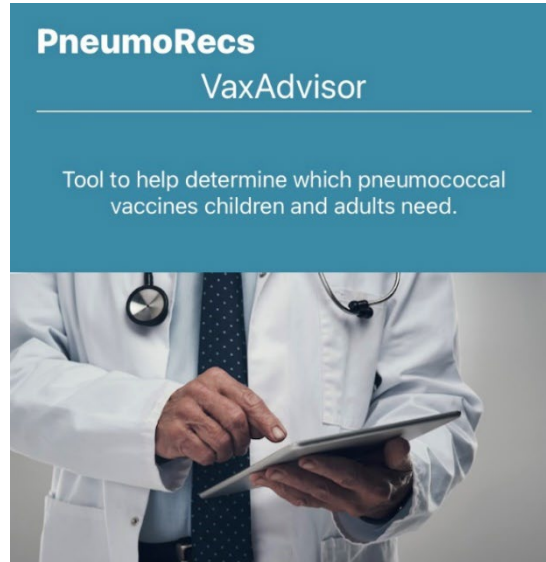
PneumoRecs Advisor Mobile App for Vaccine Providers

- Maintained by Centers for Disease Control and Prevention (CDC)
 - Mobile and [web](#) versions available
- [PneumoRecs VaxAdvisor: Vaccine Provider App](#) | CDC
 - Users enter:
 - Patient age
 - Checks specifically asked underlying medical conditions
 - Answers questions about patient's pneumococcal vaccination history
 - App provides patient-specific guidance based on Advisory Committee on Immunization Practices (ACIP) recommendations



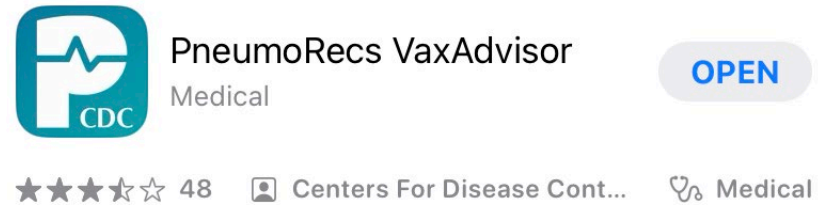
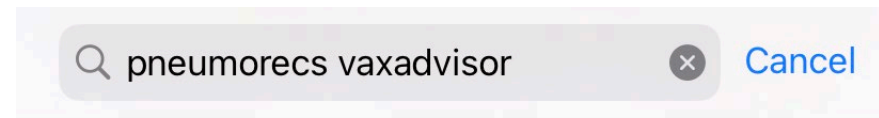
PneumoRecs VaxAdvisor is available for download on iOS and Android mobile devices.

PneumoRecs Advisor Mobile App for Vaccine Providers



Enter a patient's age, pneumococcal vaccination history, and underlying medical conditions. Move through this tool to create customized pneumococcal vaccination recommendations.

- <19 years
- 19 through 64 years
- ≥65 years



PneumoRecs Advisor Mobile App for Vaccine Providers

PneumoRecs VaxAdvisor

Tool to help determine which pneumococcal vaccines children and adults need.



Get Started

Enter a patient's age, pneumococcal vaccination history, and underlying medical conditions. Move through this tool to create customized pneumococcal vaccination recommendations.

Page last reviewed: December 11, 2024

Content source: National Center for Immunization and Respiratory Diseases



PneumoRecs Advisor Mobile App for Vaccine Providers

DISCLAIMER

This tool is based on current pneumococcal vaccination recommendations (app last updated December 2024) of the Advisory Committee on Immunization Practices (ACIP). The ACIP provides advice and guidance to the Centers for Disease Control and Prevention (CDC) director regarding use of vaccines and related agents for control of vaccine-preventable diseases in the civilian population of the United States. Recommendations made by the ACIP are reviewed by the CDC director and, if adopted, are published as official CDC/Department of Health and Human Services recommendations in the *Morbidity and Mortality Weekly Report (MMWR)*. The information contained in this product is not intended to be, nor should it be used as, a substitute for the exercise of professional judgement. This tool does not account for all possible medical situations. CDC has used its best efforts to accurately portray immunization application for pneumococcal vaccines, but cannot guarantee if it is outdated, incomplete, or accurate in all cases. CDC is not licensed to practice medicine or pharmacology, and this tool does not constitute such practice.

By indicating 'I agree' below, you have indicated your acceptance of these terms.

Agree to the terms:

I agree

Continue

More Resources

[Pneumococcal ACIP Vaccine Recommendations](#)

[Recommended Immunization Schedule for Adults](#)

[Recommended Immunization Schedule for Children and Adolescents](#)

[Pneumococcal Vaccination: Information for Healthcare Professionals](#)

[Pneumococcal Vaccine Timing for Adults \(PDF\)](#)

[Pneumococcal Vaccine Shared Clinical Decision-Making for Adults \(PDF\)](#)

Determine the Appropriate Recommendation Using the PneumoRecs Advisor App

- Scenario 1
 - Patient >65 and has never received PCV15 (Vaxneuvance[®]), PCV20 (Prevnar20[®]) or PCV21 (Capvaxive[®])
 - DID receive PCV13 (Prevnar13[®]) and PPSV23 (Pneumovax23[®]) under the age of 65, no doses since
 - The patient has no to specific risk factors listed under immunocompromising conditions, cochlear implant or cerebrospinal fluid leak
- What is your recommendation?

Scenario 1: Patient is >65 years old



Pneumococcal Vaccine Recommendations

Please select the age group:

<19 years 19 through 64 years ≥65 years

Scenario 1: Patient never received PCV15, PCV20 or PCV21



Pneumococcal Vaccine Recommendations

[Home](#)

Has the patient ever received PCV15, PCV20, or PCV21?

No

Yes

Scenario 1: Patient received PCV13 and PPSV23 under the age of 65



Pneumococcal Vaccine Recommendations

[Home](#)

Has the patient ever received PPSV23?

No/Unknown

Yes

Scenario 1: Patient received PCV13 and PPSV23 under the age of 65



Pneumococcal Vaccine Recommendations

[Home](#)

Has the patient ever received PCV13?

No/Unknown

Yes

Scenario 1: Patient received PCV13 and PPSV23 under the age of 65



Pneumococcal Vaccine Recommendations

[Home](#)

Did your patient receive PPSV23 before age 65 years or at/after age 65 years?

- Before age 65 years only
- At or after age 65 years

Scenario 1: Patient does not have risk factors of cochlear implant, cerebrospinal fluid leak, immunocompromising conditions



Pneumococcal Vaccine Recommendations

[Home](#)

Does your patient have any of the following risk factors?

None of the below risk factors

Yes, one of these risk factors

Proceed →

Risk factors

- Cochlear implant
- Cerebrospinal fluid (CSF) leak
- Immunocompromising conditions

Determine the Appropriate Recommendation Using the PneumoRecs Advisor App

Scenario 1 – PneumoRecs Advisor Recommendation

Recommendation	Patient Characteristics
<p>Give one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose. Regardless of which vaccine is used (PCV20 or PCV21), their pneumococcal vaccinations are complete.</p> <p>OR</p> <p>Give one more dose of PPSV23 at least 1 year after PCV13 and at least 5 years after previous PPSV23 dose. Their pneumococcal vaccinations are complete.</p> <p>Print the recommendation</p>	<p>Age: ≥65 years</p> <p>PPSV23: Has received prior doses Before age 65 years only</p> <p>PCV13: Has received prior doses</p> <p>Risk Factors: No risk factors</p>

Determine the Appropriate Recommendation Using the PneumoRecs Advisor App

- Scenario 2
 - Patient >65 and has never received PCV15 (Vaxneuvance[®]), PCV20 (Pevnar20[®]) or PCV21 (Capvaxive[®])
 - DID receive PCV13 (Pevnar13[®]) and PPSV23 (Pneumovax23[®]) after the age of 65
 - The patient has no to specific risk factors listed under immunocompromising conditions, cochlear implant or cerebrospinal fluid leak
- What is your recommendation?

Scenario 2: Patient is >65 years old



Pneumococcal Vaccine Recommendations

Please select the age group:

<19 years

19 through 64 years

≥65 years

Scenario 2: Patient never received PCV15, PCV20 or PCV21



Pneumococcal Vaccine Recommendations

[Home](#)

Has the patient ever received PCV15, PCV20, or PCV21?

- No
- Yes

Scenario 2: Patient received PCV13 and PPSV23 after the age of 65



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Pneumococcal Vaccine Recommendations

[Home](#)

Has the patient ever received PPSV23?

No/Unknown

Yes

Scenario 2: Patient received PCV13 and PPSV23 after the age of 65



Pneumococcal Vaccine Recommendations

[Home](#)

Has the patient ever received PCV13?

No/Unknown

Yes

Scenario 2: Patient received PCV13 and PPSV23 after the age of 65



Pneumococcal Vaccine Recommendations

[Home](#)

Did your patient receive PPSV23 before age 65 years or at/after age 65 years?

- Before age 65 years only
- At or after age 65 years

Proceed →

Scenario 2: Patient does not have risk factors of cochlear implant, cerebrospinal fluid leak, immunocompromising conditions



Pneumococcal Vaccine Recommendations

[Home](#)

Does your patient have any of the following risk factors?

None of the below risk factors

Yes, one of these risk factors

Proceed →

Risk factors

- Cochlear implant
- Cerebrospinal fluid (CSF) leak
- Immunocompromising conditions

Determine the Appropriate Recommendation Using the PneumoRecs Advisor App

Scenario 2 – PneumoRecs Advisor Recommendation

Recommendation

Based on shared clinical decision-making, decide whether to administer one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose. Regardless of whether PCV20 or PCV21 is administered, their pneumococcal vaccinations are complete.

[Print the recommendation](#)

Patient Characteristics

Age:
≥65 years

PPSV23:
Has received prior doses
At or after age 65 years

PCV13:
Has received prior doses

Risk Factors:
N/A

Resources

- [Influenza and Pneumonia Immunization MDS Coding Tip Sheet | Telligen QI Connect](#)
- [Types of Pneumococcal Vaccines | Pneumococcal | CDC](#)
- [PneumoRecs VaxAdvisor App for Vaccine Providers | Pneumococcal | CDC](#)
 - [PneumoRecs VaxAdvisor](#) (web version)
- [Pneumococcal Vaccine Timing for Adults](#)
- [PCV Vaccine Information Sheet \(VIS\)](#)
- [PPSV23 VIS](#)
- [Long-Term Care NHSN Resources | Telligen QI Connect](#)
- [Billing guide](#)

Leave in Action

- Assess your most pressing challenges to vaccination uptake at your facility
 - Need help finding a vaccine clinic partner? Email: nursinghome@telligen.com
- Develop a strategy to identify patients in need of pneumococcal vaccination
- Review tools and resources available on our [Vax Hub](#) and in the [Adult Vaccine Toolkit](#)
- Review trainings on our [Learning Management System](#):
 - Immunization Escape Room
 - Motivational Interviewing for Healthcare Providers



> Questions?

Contact Us



- General Inquiries | QIConnect@telligen.com
- Nursing Home Inquiries | NursingHome@telligen.com

NURSING HOME QUALITY ESSENTIALS

SPOTLIGHT: INFECTION PREVENTION



Tuesdays & Thursdays | 11 a.m. MT / Noon CT

Don't miss out on these upcoming offerings:

Thursday, December 26, 2024

Health Literacy, Viruses and Vaccines

Tuesday, December 31, 2024

Celebrating 2024 and Welcoming 2025

Thursday, January 2, 2025

Root Cause Analysis (RCA) for Infection Prevention and Control Challenges

SCAN TO REGISTER



or go to

www.telligenqiconnect.com/calendar



This material was prepared by Telligen, a Quality Innovation Network-Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment. 12SOW-QIN-12/18/24-5528