

COVID-19 Q&A Hour for Long Term Care



WASHINGTON STATE DEPARTMENT OF HEALTH

Healthcare-Associated Infections (HAI) Program

Shoreline, WA

Housekeeping



Attendees will be in listen only mode



Self-mute your lines when not speaking



Type questions into the question window. Please include the type of facility you are from in your question (e.g., NH) and indicate your county.



Nursing Home

Participants from long-term care, regulatory, public health



No confidential information presented or discussed. This is an educational webinar and does not constitute legal advice.



Local guidance may differ, please consult with your Local Health Jurisdiction (LHJ):

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

This is the LTC COVID-19 Q&A Hour!

A chance to connect, ask questions, and learn about the COVID-19 response and infection prevention guidance



COVID-19 Q&A Call Expectations

- Be present
- Assume positive intent
- Focus on solutions
- Speak and chat respectfully
- Give constructive feedback
- Express disagreements professionally and tactfully



Panelists





WASHINGTON STATE DEPARTMENT OF HEALTH

ICAR PROGRAM DETAILS

Our free, non-regulatory ICARs provide facilities with infection prevention recommendations and resources on how to keep residents and staff safe.

What We Do

- Provide support with an infection prevention expert
- Assist with addressing gaps in your current infection control protocols for COVID-19 or other infections
- Offer up-to-date guidance and resources

Who We Serve

- Long Term Care Facilities (Assisted, Skilled, Behavioral Health, Nursing facilities, and Adult Family Homes)
- Outpatient Settings
- Acute and Critical Access Hospitals

To Learn More or Schedule an In-Person or Virtual Visit:

<http://doh.wa.gov/ICAR>

Contact Us:

HAI-FieldTeam@doh.wa.gov (General)



In Partnership With

- Local Health Jurisdictions
- LeadingAge Washington
- Washington Health Care Association
- Adult Family Home Council of WA State
- Washington State Hospital Association



WASHINGTON STATE DEPARTMENT OF HEALTH

HAI-AR SECTION EMAIL ADDRESSES

Please refer to the table below to find the email most appropriate for your needs

| Email Path | Description |
|--|--|
| HAI@doh.wa.gov | General healthcare associated infection questions |
| HAI-Covid@doh.wa.gov | COVID19-specific healthcare associated infection questions |
| HAIEpiOutbreakTeam@doh.wa.gov | Epidemiological outbreak assistance and healthcare associated infection questions |
| HAI-FieldTeam@doh.wa.gov | Schedule an ICAR for your facility |
| HAI-FITTesting@doh.wa.gov | Respiratory Protection related questions www.doh.wa.gov/ltrcpp |

Respiratory Protection Program Support

- **NEWS!**

- Join our monthly Lunch and Learn on the third Wednesday, 12- 12:30pm
 - September 21st – Tips on Using the 3M System for Medical Evaluations
 - October 19th – Medical Evaluation Referrals
 - November 16th – Respirator Job Accommodations
 - December 21st – Recordkeeping



Visit our website: www.doh.wa.gov/lcrpp

Email questions to:

HAI-FitTest@doh.wa.gov

Enhanced Barrier Precautions Webinars for Nursing Facilities

Join DOH and RCS for an hour-long webinar on the recently [updated CDC recommendations for use of Enhanced Barrier Precautions \(EBP\) in nursing facilities](#). EBP is an important tool to prevent the spread of multi-drug-resistant organisms in your facility. This webinar will include an overview of EBP and resources to assist you with implementation, information from RCS, and an extended opportunity for Q&A with our panelists. Please register in advance:

Zoom Webinars are scheduled for:

- Tuesday, Oct 11th 2-3 pm:
 - Attendee registration link:
https://us02web.zoom.us/webinar/register/WN_jwqIP3TDRs22eNxpIID64w
- Tuesday, Oct 25th 2-3 pm:
 - Attendee registration link:
https://us02web.zoom.us/webinar/register/WN_n5oDMo2ES5CuY7XkMi3iGA

<https://doh.wa.gov/public-health-healthcare-providers/healthcare-professions-and-facilities/healthcare-associated-infections/special-projects>

Project Firstline Podcast

Episodes



1. Introduction and HAIs
2. PPE
3. Hand Hygiene
4. MDROs
5. ALFs and SNFs
6. Hospital Settings
7. *Candida auris*
8. Respiratory Protection
9. Vaccine Preventable Diseases
10. *New* Dental Settings

Purpose



- Discuss and identify the importance and impact of infection prevention on our lives and the lives of our community
- [Project Firstline | Washington State Department of Health](#)



Summer Awardees
Announced Soon!

Gain recognition for
staff vaccine work you
are already doing!

NEW

Semi-Annual Fall Award
Cycle begins 9/1/2022 -
2/28/23. Report by
3/3/23.



[Long-Term Care COVID-19 Immunization Champion Award | Washington State Department of Health](#)

Beginning Fall 2022 Award Cycle

| Category | Past | <u>Fall 2022</u> |
|-----------------|---------------|-------------------------------|
| Bronze | 70-79% | 80-89% |
| Silver | 80-89% | 90% and higher |
| Gold | 90% or higher | 90% & at least 70% up to date |

Comagine Health Events for September

Vaccination Station

Please tune in to the Comagine Health **Vaccination Station** every *second Tuesday of the month* at 10 a.m. PT/11 a.m. MT. These interactive sessions are designed to address questions about barriers or issues regarding adult vaccinations and offer opportunities for problem-solving and discussion. During our meeting, we will share community risk data, updates to immunization regulations or current guidance, as well as educational resources.

Second Tuesday | 10 a.m. PT

[Register here](#)

NHSN Open Office Hours

Join Comagine Health every *fourth Wednesday of the month* at 11 a.m. PT/noon MT for **NHSN Open Office Hours**, a half-hour open conversation and technical assistance on NHSN reporting. Our subject matter expert, Lisa Barton, will provide reporting updates, answer questions and troubleshoot any reporting issues your building is experiencing.

Fourth Wednesday starting Sept. 28 | 11 a.m. PT

[Register Here](#)

Driving Clinical Excellence

How do you take limited time frame, a burnt-out workforce, ever-changing leadership and little appetite to try “one new thing” and turn it into a successful, high-functioning team? Join Comagine Health every *first Thursday of the month* at 11 a.m. PT/ noon MT for **Driving Clinical Excellence**, an interactive and collaborative learning series that combines education, small-group consultation, peer-sharing and microlearning opportunities on effective clinical and change concepts.

First Thursday through Nov. 2, 2023 | 11 a.m. PT

[Register here](#)

We want to hear from you!

- Micro learning topics – what do you want to learn more about that will help with your facility infection control practices?
- Input your ideas into Question window noting “Topics: ...”
- Or send to HAI-COVID@doh.wa.gov
- *Thank you!*

LTC Q&A Call Format Structure

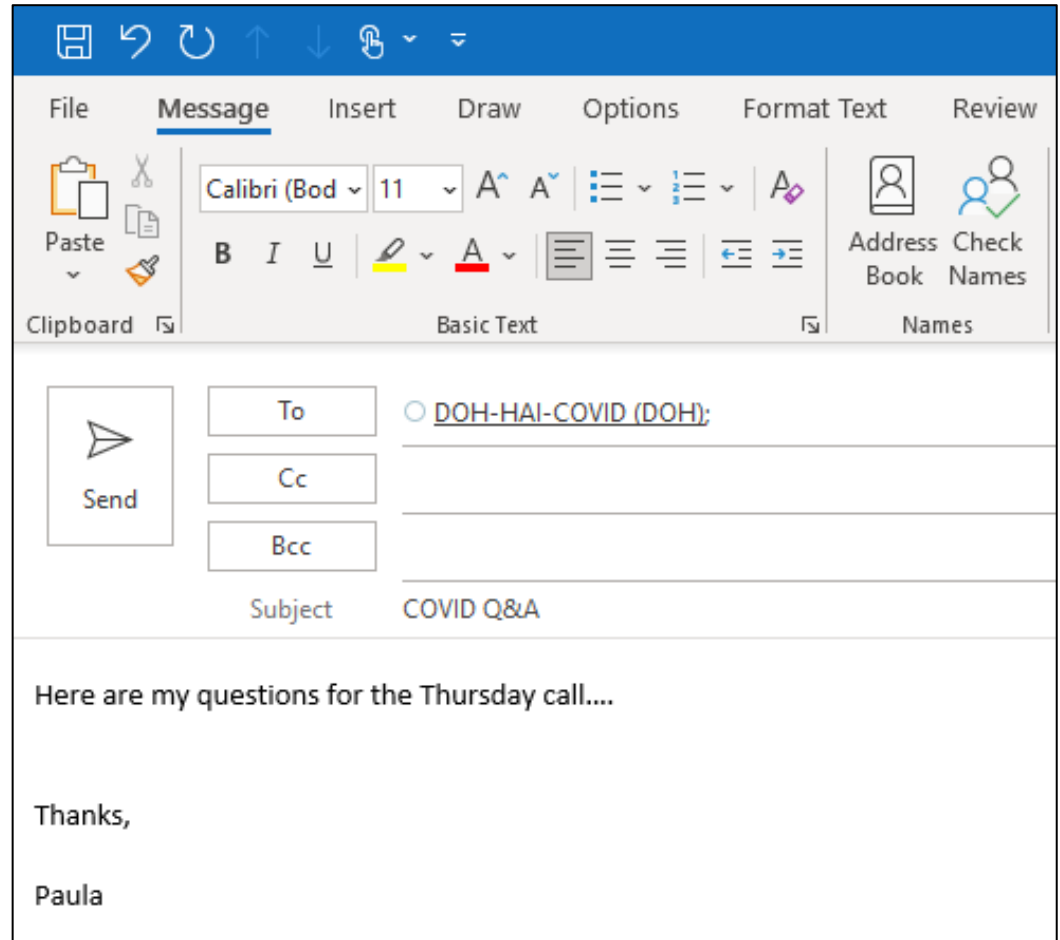
- **Submit questions by 5pm on Monday each week before the Thursday call**
- Submitted questions and answers will be presented during the call and included in slides sent out afterwards
- Follow up questions related to the slides will be addressed live
- Additional new questions will be answered live if they are common questions
- Otherwise other questions will be consolidated by topic and roll over to the following week's slides to provide in depth feedback & relevant resource links, along with any new mailbox questions
- Complex questions specific to your facility are best sent to HAI-COVID@doh.wa.gov to be answered individually

How to Submit Your Questions

Subject Line:
COVID Q&A Call

Email:
HAI-COVID@doh.wa.gov

Due by: COB Monday



Upcoming LTC Q&A Micro Learning Presentations

Today's presentations:

- SNF/ALF Success Story: Creative PPE Positive Reinforcement Practices
- Update on Bivalent Vaccine

Sept 15 – Non-ventilator Associated Pneumonia

Sept 22 – DOH & DSHS Staff available to answer submitted Medical Test Site Waiver questions – see slide for how to submit

Sept 29 – Success Story: Best practices for minimizing COVID spread in Memory Care

Medical Test Site Licensing Q & A Coming

Assisted Living Facilities, Enhanced Services Facilities and Adult Family Homes that conduct medical testing (such as COVID-19 PCR testing or blood glucose testing) or act on results of medical tests done in their facilities are required to have a Washington State Medical Test Site license.

<https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/laboratory-quality-assurance>

To help Assisted Living facilities and homes understand this requirement, the Department of Health Laboratory Quality Assurance will answer pre-submitted questions during the September 22 LTC call.

To submit a question, email HAI-COVID@doh.wa.gov and put “MTSW Q&A Call” in the subject line. Questions **submitted by September 10** will be included in the Q & A.

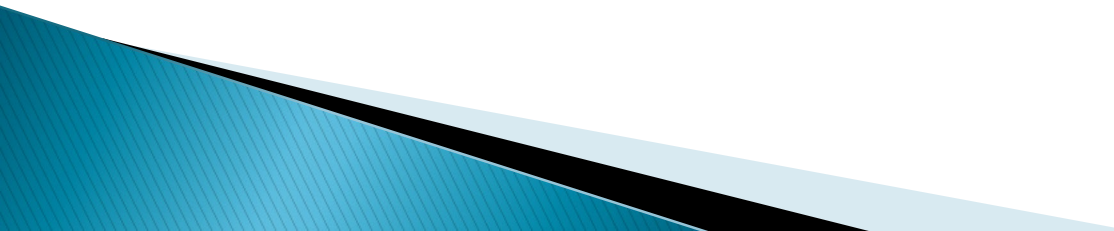
Positive Reinforcement Program for Employee Compliance

Best Practice for Improving Staff Performance

Woodland Care Center
Stephanie Smith



Purpose

- ✓ Recognizing the challenge with employee PPE compliance
 - ✓ Understanding barriers
 - ✓ Developing programs to address and improve compliance
 - ✓ Evaluating the program
- 

Background

Contributing factors to non-compliance

- ▶ PPE use and compliance prior to COVID
- ▶ Frequent changes with rules and regulations
- ▶ Staff turnover
- ▶ New employees to the healthcare field
- ▶ Fear and Anxiety
- ▶ Misinformation
- ▶ Pandemic fatigue and burnout



Back to Basics



What is it?

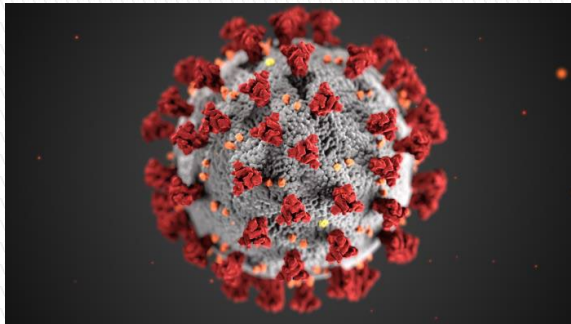
- Review what PPE is with all staff. (Don't leave anyone out)

How do I use it?

- Demonstrate how to use it.

When do I use it?

- Show them when to use it.
- Right time, Right place



COVID-19

Updated last on: 7/14/2022

Located at the Nurses' Station and Lobby



WA State Recommendations for SARS-CoV-2 IPC in healthcare settings.

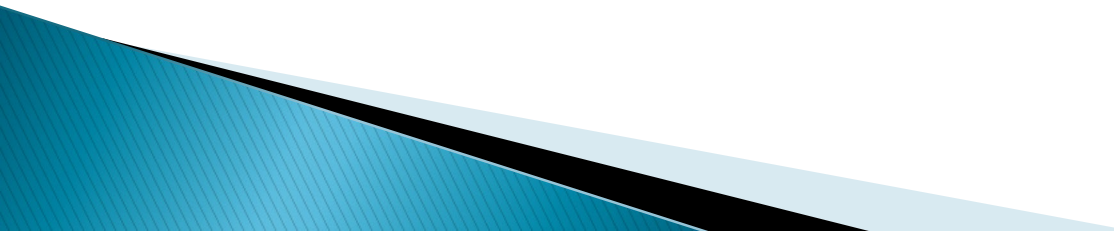
- ❖ After the information has been provided, continue to have it easily accessible.
- ❖ Have the same information in different formats and locations.
- ❖ Don't forget to update resources.

Challenge

It is difficult to maintain staff compliance for many reasons. Staff continue to struggle with ongoing infection control practices.



Implementation: What was done

- ▶ Each month two employees are selected for outstanding PPE compliance.
 - ▶ Created a plan with the residents to pass out tokens of appreciation for a job well done, whenever they saw an employee wearing their mask and face shield properly.
 - ▶ Awards and certificates are presented at our monthly meeting and information about those who were selected is posted
- 

Thank you!

Sally Brown

for your outstanding use of personal protective equipment.

We appreciate your dedication to keeping our residents and fellow employees safe!



Monthly Recognition >>>

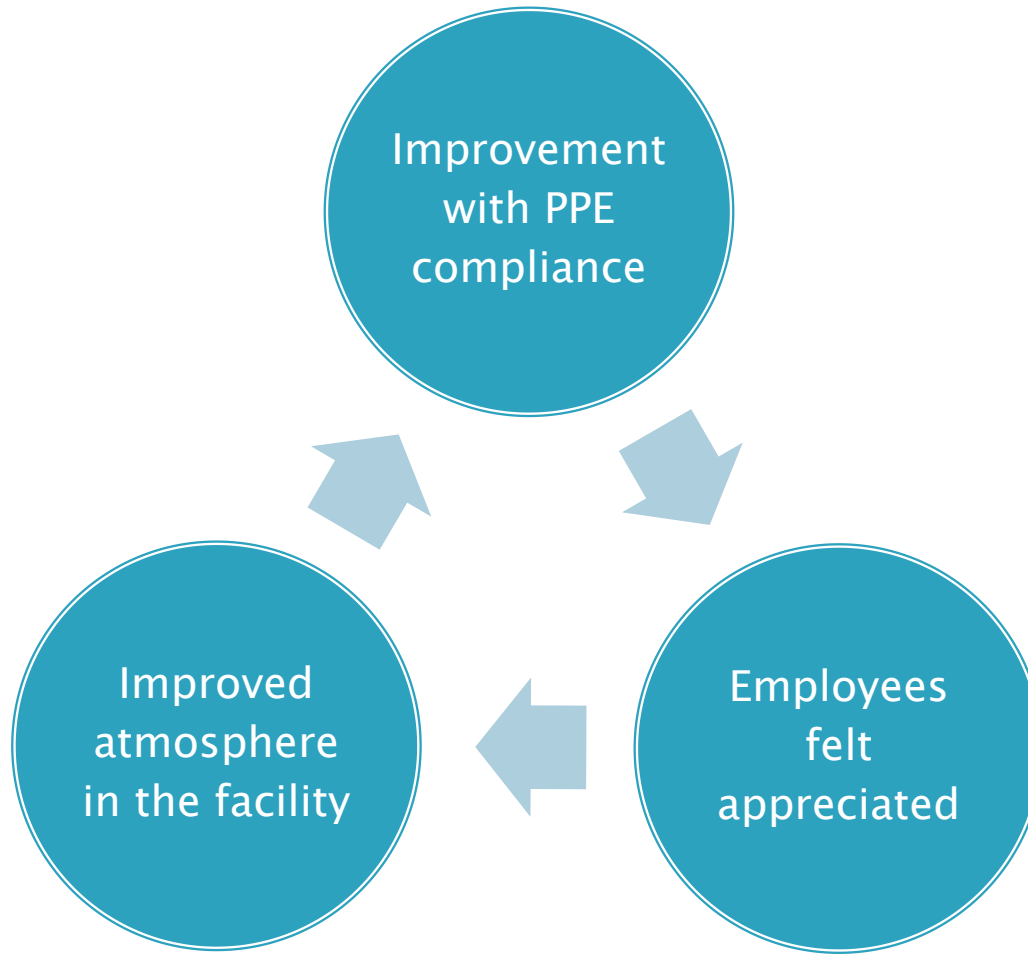
Certificate

Resident Participation

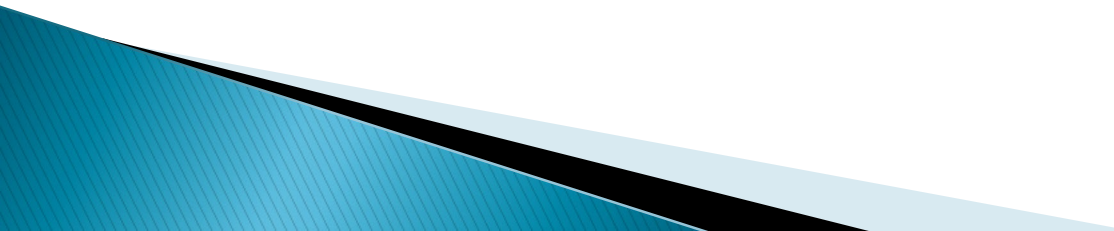
- ▶ Residents were asked if they wanted to participate in a new program designed to improve PPE use.
- ▶ Instructions to the residents were to reward those employees who are always doing the right thing and encourage those who may need a little reminding.
- ▶ This encouraged staff members who had more challenges with compliance.
- ▶ Residents enjoyed being involved and also gave them something positive to focus on.



Outcomes



Takeaways

- Continuing to maintain PPE compliance is challenging.
 - Finding new ways to improve compliance will benefit everyone.
 - Leading by example is key. Do what you say and say what you mean.
- 

Questions?



Contact information:
Woodland Care Center and Assisted Living
stephanie@woodlandcarecenter.com
360-225-9443





CLINICAL UPDATE

Heidi Kelly, MSHS, RN-BC



CDC Advisors Backs New COVID Booster Shots Targeting Omicron

The CDC's vaccine advisors on Thursday recommended updated COVID-19 ...

MP MedPage Today · 5m

The Big News.

Updated COVID vaccine expected to arrive in Michigan within days

DN Detroit News · 3h



U.S. CDC Expert Panel Backs Use Of Redesigned Omicron COVID Boosters

IDT International Busi... · 15h



U.S. CDC advisers expected to recommend Omicron specific vaccine boosters

R Reuters · 1d



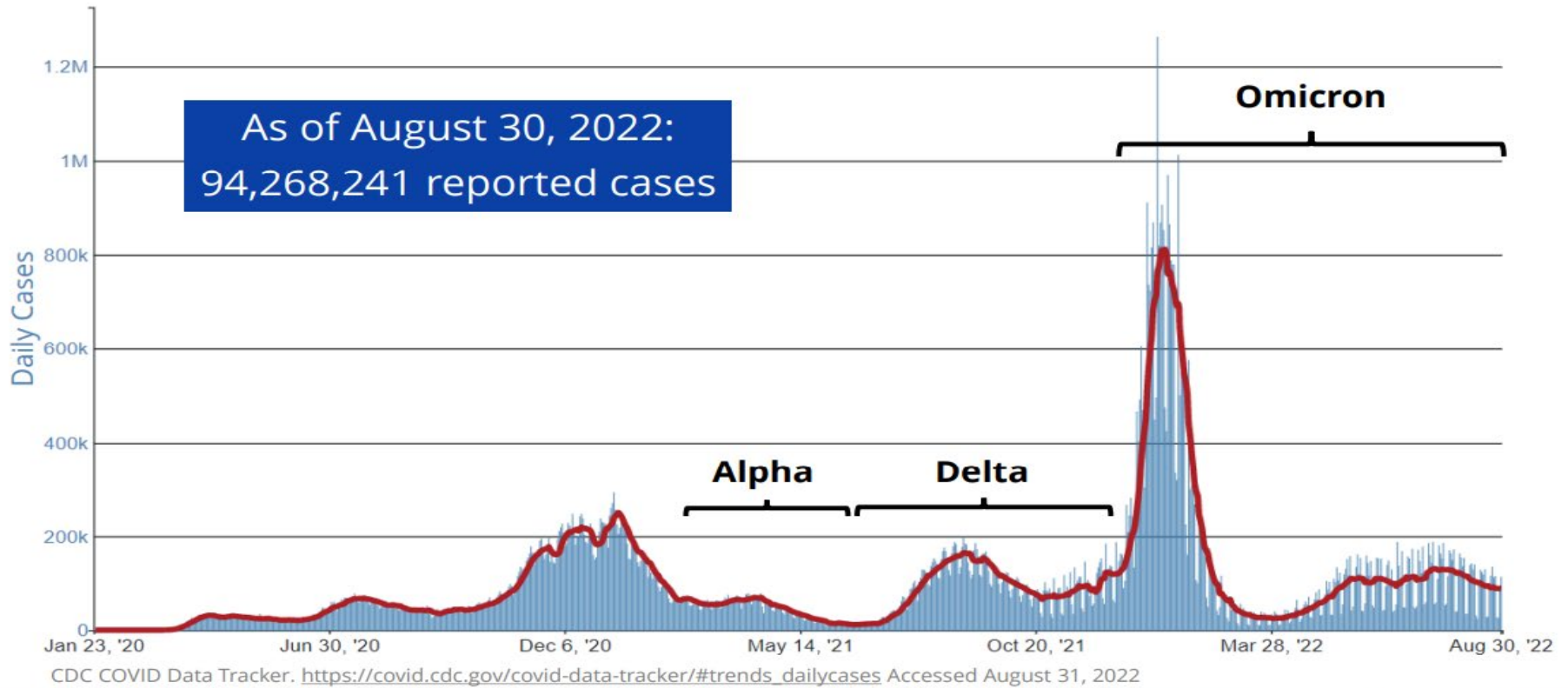
CDC Endorses COVID Boosters Targeting Omicron Variants

M Medscape · 1d



Why the Need for a new booster dose vaccine?

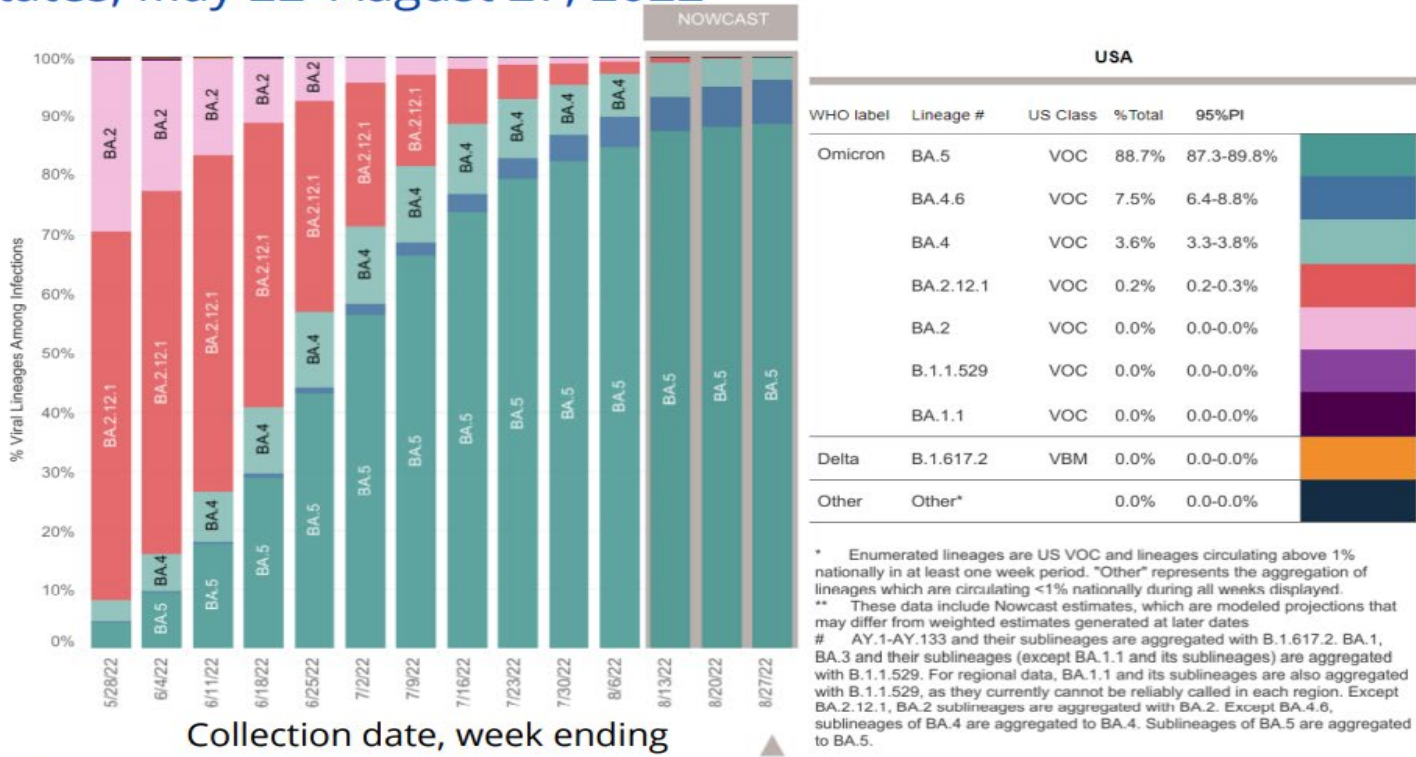
Daily Trends in Reported COVID-19 Cases, United States



Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/02-COVID-Scobie-508.pdf>

Trends in Weighted Variant Proportion Estimates & Nowcast

United States, May 22–August 27, 2022

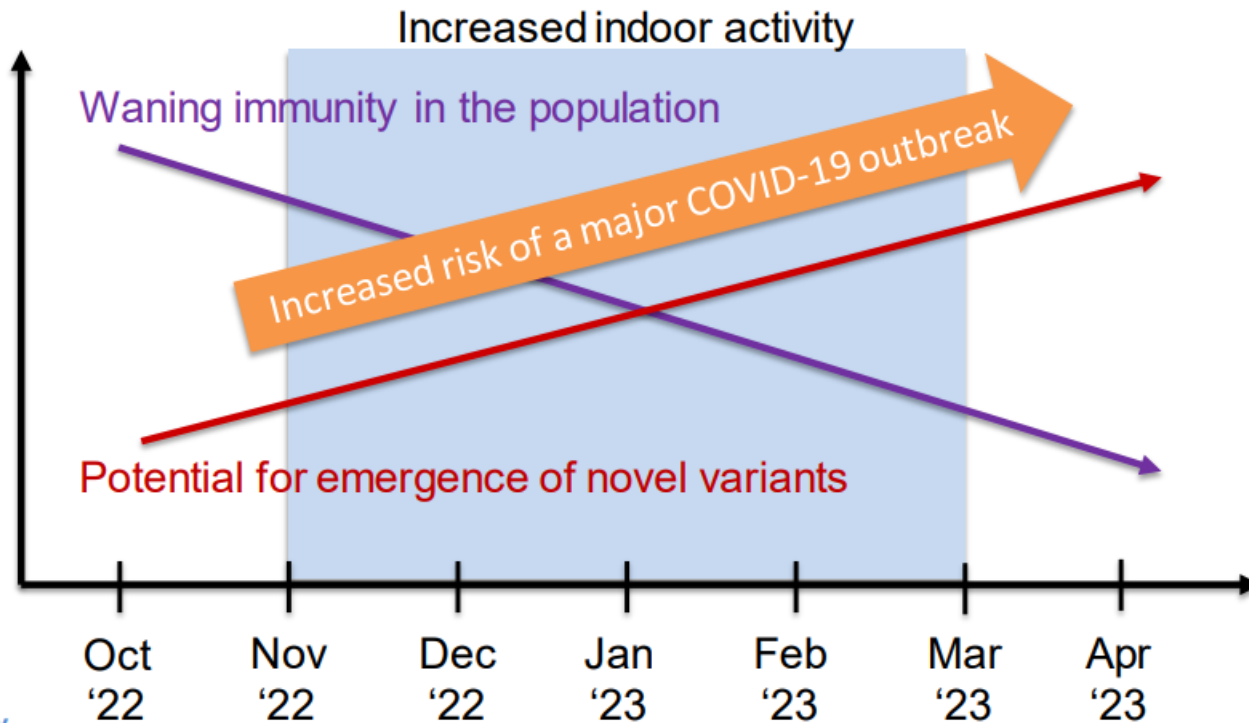


PI=Prediction Interval, VOC=Variants of Concern, VBM=Variants Being Monitored. <https://covid.cdc.gov/covid-data-tracker/#variant-proportions> Accessed August 26, 2022

Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/04-COVID-Link-Gelles-508.pdf>



Potential Evolution of COVID-19

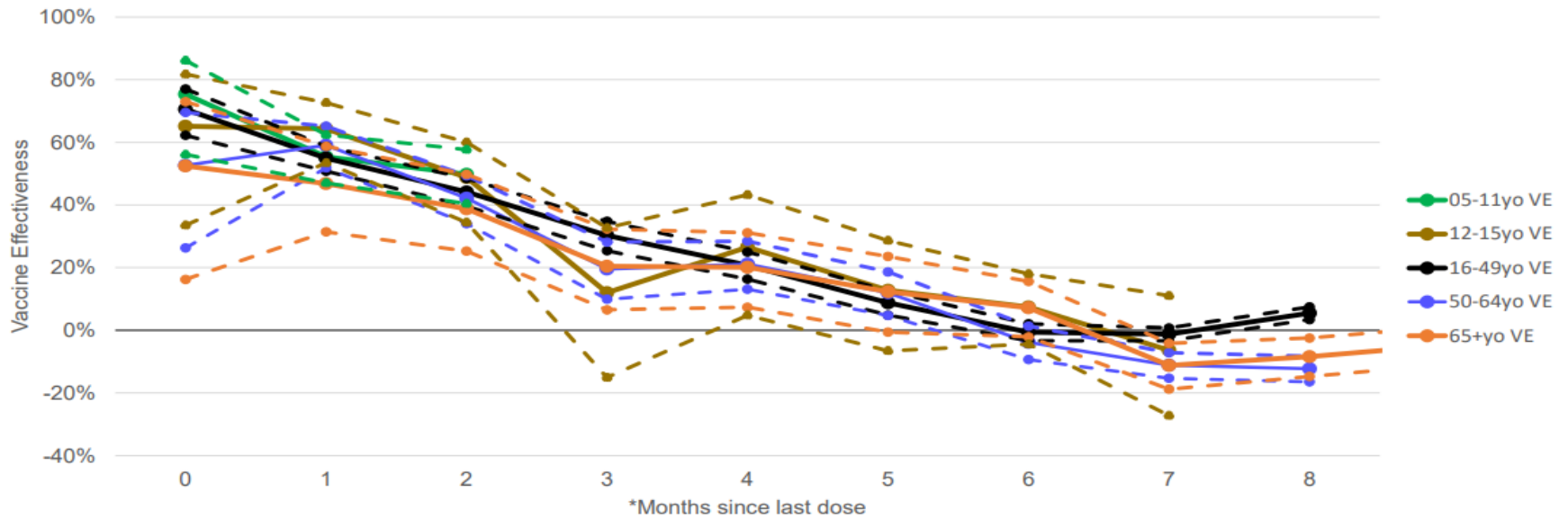


www.fda.gov

8

[Source: Vaccines and Related Biological Products Advisory Committee June 28, 2022 Meeting Presentation- Considerations for Whether and How the COVID-19 Vaccine Strain Composition Should be Modified \(fda.gov\)](#)

ICATT: mRNA 3 vs. 2-dose relative VE against symptomatic infection during BA.4/BA.5, ages 5+ years

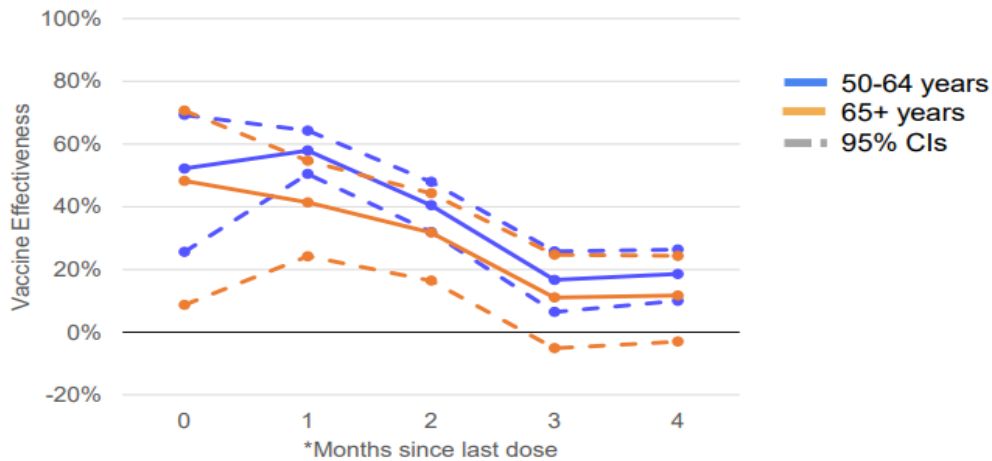


*Vaccination dose dates are collected as month and year. Month 0 represents tests in the same month as last dose (at least 2 weeks after last dose). For all months greater than or equal to 1 the value represents the difference between calendar month of test and calendar month of last dose receipt (at least 2 weeks after last dose).

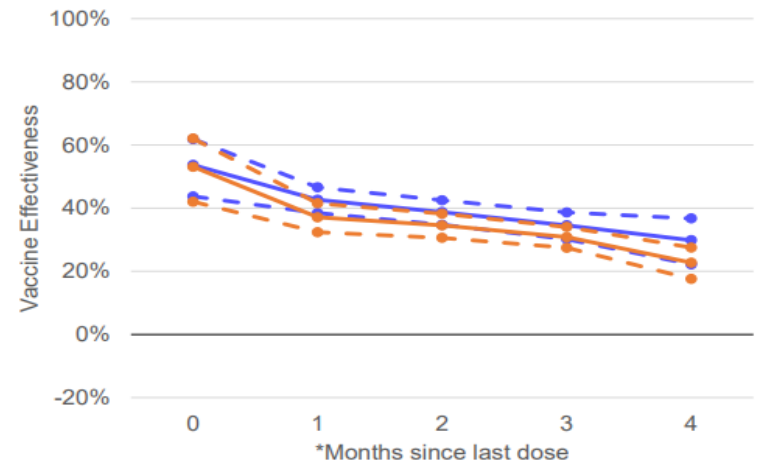
CDC preliminary unpublished data. Prior infection excluded, other methods based on: Fleming-Dutra KE, Britton A, Shang N, et al. Association of Prior BNT162b2 COVID-19 Vaccination With Symptomatic SARS-CoV-2 Infection in Children and Adolescents During Omicron Predominance. *JAMA*. Published online May 13, 2022. doi:10.1001/jama.2022.7493

ICATT: mRNA VE against symptomatic infection during BA.4/BA.5, ages 50+ years

3 vs. 0-dose absolute VE



4 vs. 3-dose relative VE

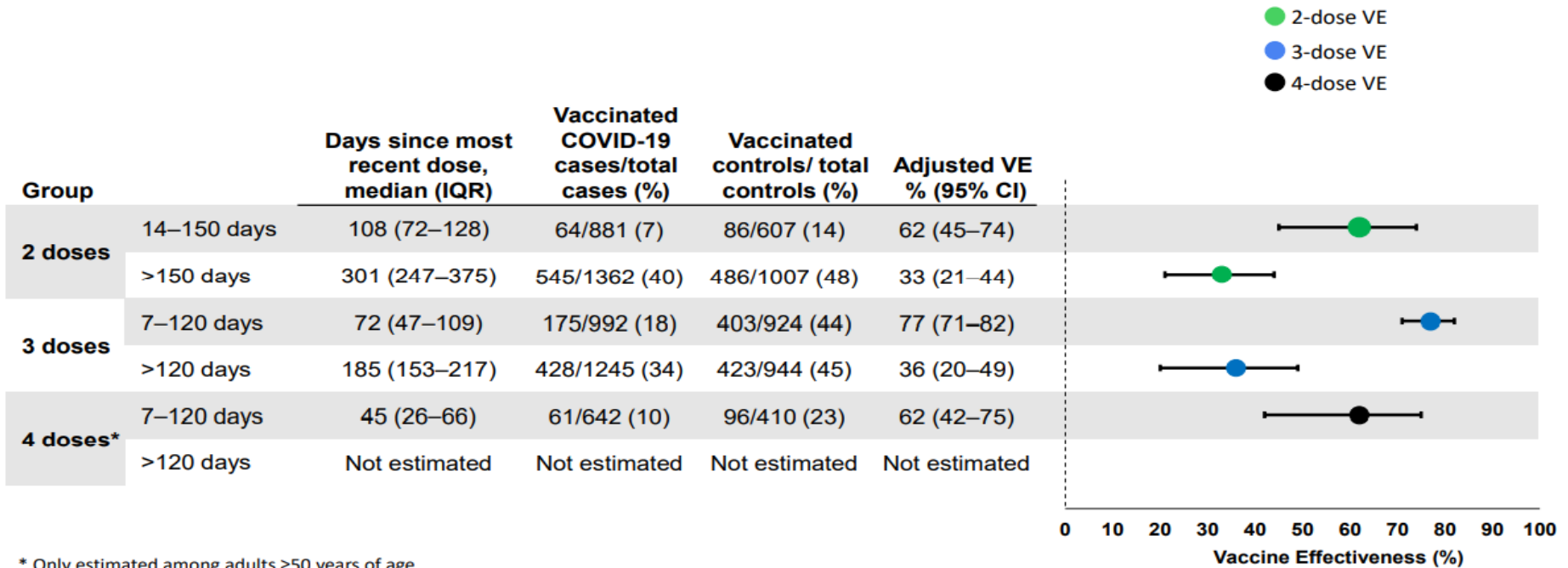


*Vaccination dose dates are collected as month and year. Month 0 represents tests in the same month as last dose (at least 2 weeks after last dose). For all months greater than or equal to 1 the value represents the difference between calendar month of test and calendar month of last dose receipt (at least 2 weeks after last dose).

CDC preliminary unpublished data. Prior infection excluded, other methods based on: Fleming-Dutra KE, Britton A, Shang N, et al. Association of Prior BNT162b2 COVID-19 Vaccination With Symptomatic SARS-CoV-2 Infection in Children and Adolescents During Omicron Predominance. *JAMA*. Published online May 13, 2022. doi:10.1001/jama.2022.7493

Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/04-COVID-Link-Gelles-508.pdf>

IVY Network: mRNA VE against hospitalization among immunocompetent adults during Omicron period, Dec 26, 2021–Jul 31, 2022



* Only estimated among adults ≥50 years of age

Source: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/04-COVID-Link-Gelles-508.pdf>

Vaccine effectiveness during Omicron

- Effectiveness against severe disease continues to be higher and more sustained over time than effectiveness against infection
- VE during BA.4/BA.5 predominance was generally comparable to VE during BA.2 predominance
- 3rd dose provides significant additional protection against infection and severe disease in all ages studied
 - VE post 3rd dose appears to wane more slowly compared with 2 doses alone during Omicron
 - Similar patterns across age groups
- Coverage with 4th dose too low to draw conclusions but additional benefits demonstrated for infection, ED/UC, and hospitalization

Are the Strains Really Different?

- Antigenic cartography is an analysis method to visually represent how antigenically related viruses are to each other
- 2 and 3 dimensional antigenic cartography maps cluster Omicron variants away from ancestral and earlier variants
- Initial examinations of Omicron lineages indicates that BA.4 and BA.5 viruses may be more antigenically distinct than BA.1 viruses

Rationale for Variant-Containing Booster Vaccines

- SARS-CoV-2 variants continue to challenge public health in US and globally
- Circulating variants are antigenically distinct from the strain in current vaccines
- Current vaccine boosters increase antibody response against variants, including Omicron
 - Neutralizing antibody titers lower against variants, particularly Omicron
 - Real-world data suggest decrease in effectiveness against infection from Omicron, although effectiveness against severe disease is maintained^{1,2}
- Goals of variant-containing booster vaccines^{3,4}
 - Retain neutralization for ancestral SARS-CoV-2
 - Stronger immune response against current variants
 - Broader cross-neutralization against future variants
 - Extend durability of protection

1. Tseng et al. *Nature Med* 2022;28:1063-1071. 2. UK Health Security Agency. COVID-19 vaccine surveillance report, Week 13, 31 March 2022.

3. FDA Briefing Document for June 26, 2022 VRBPAC Meeting. 4. WHO Interim Statement on the Composition of Current COVID-19 Vaccines (June 17, 2022).

[Source: Vaccines and Related Biological Products Advisory Committee June 28, 2022 Meeting Presentation- Considerations for Whether and How the COVID-19 Vaccine Strain Composition Should be Modified \(fda.gov\)](#)

ACIP Approves Bivalent COVID-19 Vaccines



Bivalent Booster Authorized

- On August 31, 2022:
 - Moderna COVID-19 Vaccine, Bivalent authorized for use in people ages 18 years and older.
 - Pfizer-BioNTech COVID-19 Vaccine, Bivalent authorized for use in people ages 12 years and older
- Authorized as single booster dose administered at least 2 months after either:
 - Completion of primary vaccination with any authorized or approved monovalent COVID-19 vaccine, or
 - Receipt of the most recent booster dose with any authorized or approved monovalent COVID-19 vaccine

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

mRNA COVID-19 Vaccines No Longer Authorized as Booster Doses for People Ages 12 Years and Older

- Monovalent mRNA COVID-19 vaccines are no longer authorized as booster doses for individuals ages 12 years and older, meaning monovalent booster doses can no longer be given to people ages 12 years and older, even if the person had not previously received a monovalent booster dose.

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

Bivalent Booster Recommendations

- Everyone ages 12 years and older is recommended to receive 1 age-appropriate bivalent mRNA booster dose after completion of any FDA-approved or FDA-authorized monovalent primary series or last monovalent booster dose.
 - People cannot get a bivalent booster without first completing at least a primary series
 - Age-appropriate homologous and heterologous boosters allowed; there is no preference
- At this time, no changes to schedules for children ages 6 months through 11 years.

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

Previous Monovalent Booster Recommendations

- The bivalent booster recommendation **replaces** previous booster recommendations for people ages 12 years and older.
- This means that everyone ages 5 years and older who are eligible for a booster dose will now only be eligible for ONE booster dose.
 - People ages 5 through 11 years (who received Pfizer-BioNTech primary series): 1 monovalent booster dose
 - People ages 12 years and older: 1 bivalent booster dose



SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

Fall Booster “Reset”

- Recommendations are simplified
- Change from dose counting to 1 bivalent booster for everyone eligible
- If eligible, a bivalent should not be denied based on total number of doses

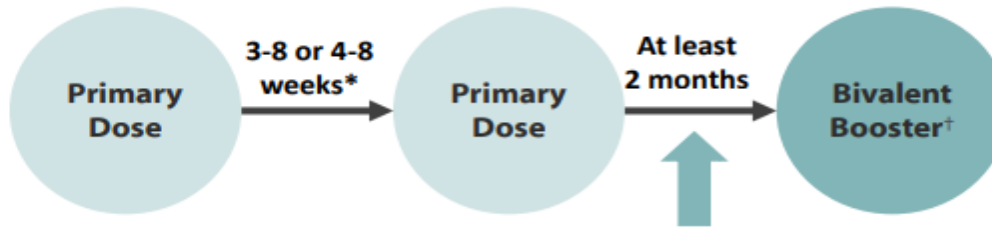
| Vaccination history | → | Next dose |
|----------------------------|---------------------------|-------------------------|
| Primary series | At least 2 months → | 1 bivalent booster dose |
| Primary series + 1 booster | At least 2 months → | 1 bivalent booster dose |
| Primary series + 2 booster | At least 2 months → | 1 bivalent booster dose |

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

COVID-19 Vaccination Schedule for People who are **NOT** Moderately or Severely Immunocompromised

People ages 12 years and older

*Moderna,
Novavax, or
Pfizer-BioNTech
Primary Series*



Regardless of previous monovalent booster doses given

People ages 18 years and older

*Janssen Primary
Series Dose*



Regardless of previous monovalent booster doses given

*3-8 interval for Novavax and Pfizer-BioNTech; 4-8 interval for Moderna

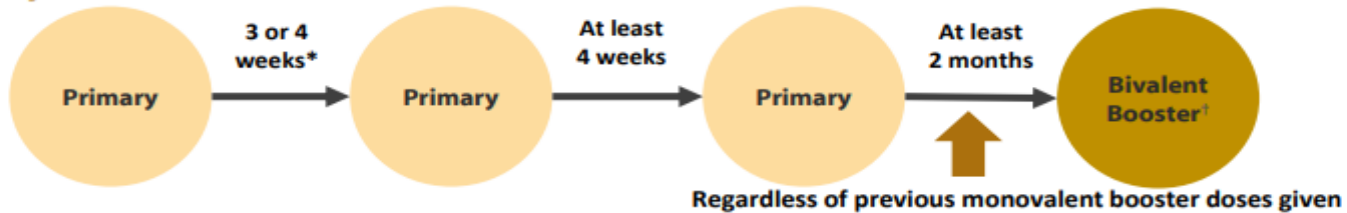
†The bivalent booster dose is administered at least 2 months after completion of the primary series. For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose. The bivalent booster should be age appropriate; Pfizer-BioNTech is authorized for people ages 12 years and older and Moderna is authorized for people ages 18 years and older.

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

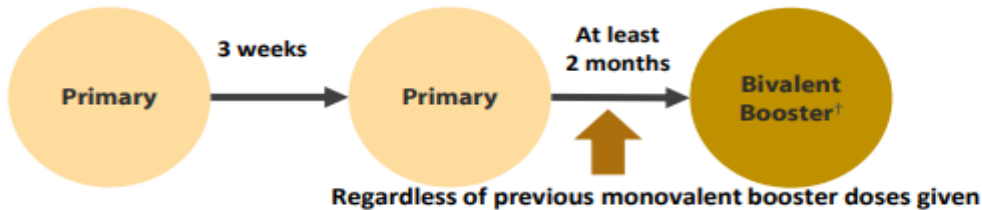
COVID-19 Vaccination Schedule for People who ARE Moderately or Severely Immunocompromised

People ages 12 years and older

Moderna or Pfizer-BioNTech Primary Series

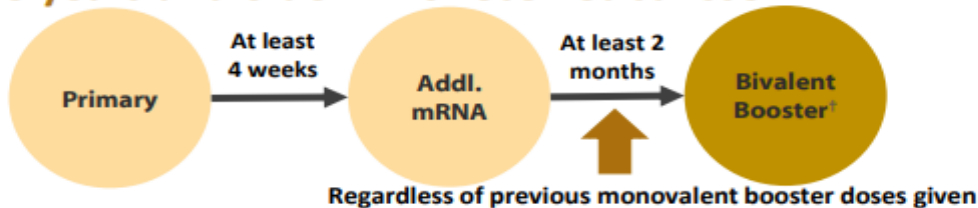


Novavax Primary Series



People ages 18 years and older who received Janssen

Janssen Primary Series Dose



*3-8 interval for Novavax and Pfizer-BioNTech; 4-8 interval for Moderna

† The bivalent booster dose is administered at least 2 months after completion of the primary series.

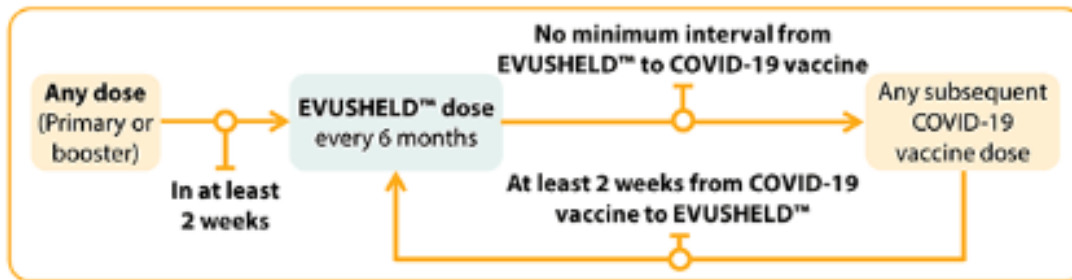
For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose. The bivalent booster should be age appropriate; Pfizer-BioNTech is authorized for people ages 12 years and older and Moderna is authorized for people ages 18 years and older.

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

EVUSHELD

Monoclonal antibodies (EVUSHELD™) for COVID-19 pre-exposure prophylaxis

People ages 12 years and older (must weigh at least 40kg)



*The bivalent booster dose is administered at least 2 months after completion of the primary series. For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.

†Janssen COVID-19 Vaccine should only be used in certain limited situations. See: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a>

SOURCE: <https://www.cdc.gov/vaccines/covid-19/images/COVID19-vaccination-schedule-immunocompromised.png>



Pfizer

Pfizer-BioNTech COVID-19 Vaccines



Monovalent Product



Bivalent Product

| | | |
|----------------------------------|---|---|
| Authorized for ages | 12 years and older | 12 years and older |
| Authorized for doses | Primary series doses | Booster doses |
| Vial cap color | Gray | Gray |
| Dose (mRNA concentration) | 30 mcg | 30 mcg (15 mcg original, 15 mcg Omicron BA.4/BA.5) |
| Vaccine composition | Monovalent—Original | Bivalent—Original and Omicron BA.4/BA.5 |
| Injection volume | 0.3 mL | 0.3 mL |
| Dilution required | No | No |
| Beyond-use date | 12 hours after puncture | 12 hours after puncture |
| Storage | Ultra-cold freezer until expiration; Refrigerator (2°C-8°C) up to 10 weeks | Ultra-cold freezer until expiration; Refrigerator (2°C-8°C) up to 10 weeks |

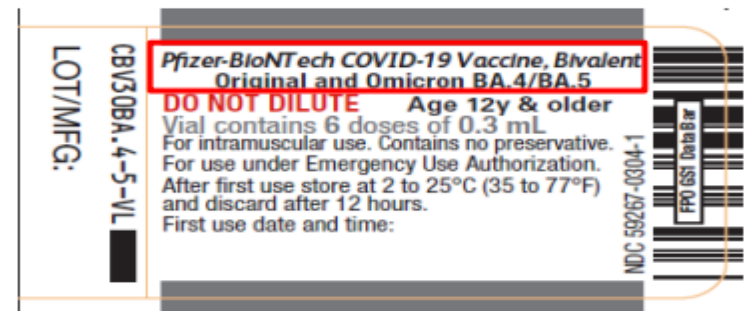
SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

Pfizer-BioNTech Labels

Monovalent label
Primary series only
Ages 12 years and older



Bivalent label
Booster dose only
Ages 12 years and older



SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>



Moderna

Moderna COVID-19 Vaccines Formulations



Monovalent Product



Monovalent Product



Bivalent Product

| | | | |
|----------------------------------|--|--|--|
| Authorized for ages | 12 years and older | 6–11 years | 18 years and older |
| Vial cap color | Red | Dark blue | Dark blue |
| Label border color | Light blue | Purple | Gray |
| Dose (mRNA concentration) | 100 mcg (primary dose) | 50 mcg (primary dose) | 50 mcg (booster dose) (25 mcg original, 25 mcg Omicron BA.4/BA.5) |
| Injection volume | 0.5 mL | 0.5 mL | 0.5 mL |
| Dilution required | No | No | No |
| Beyond-use date | 12 hours | 12 hours | 12 hours |
| Storage | Freezer (-15°C to -50°C) until expiration; Refrigerator (2°C to 8°C) up to 30 days | Freezer (-15°C to -50°C) until expiration; Refrigerator (2°C to 8°C) up to 30 days | Freezer (-15°C to -50°C) until expiration; Refrigerator (2°C to 8°C) up to 30 days |

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

Moderna COVID-19 Vaccine Presentations

Consistency across Presentations

DRAFT – SUBJECT TO CHANGE PENDING REGULATORY GUIDANCE AND AUTHORIZATION/ APPROVAL – SHARED FOR PLANNING PURPOSES ONLY

| | Moderna COVID-19 Vaccine (monovalent) Primary Series* (≥12 years of age) | Moderna COVID-19 Vaccine (monovalent) Primary Series† (6-11 years of age) | Moderna COVID-19 Vaccine (monovalent) Primary Series (6 months-5 years of age) | Moderna COVID-19 Vaccine, Bivalent Booster Dose (≥18 years of age) |
|----------------|--|---|--|--|
| Dose Per Vial | Primary Series Doses only: maximum of 11 doses (range: 10-11 doses) | Primary Series Doses: 5 doses | Primary Series Doses only: 10 doses | Bivalent Booster Dose: 5 doses |
| Dose Volume | Primary Series Dose: Each 0.5 mL (100mcg) | Primary Series Dose: Each 0.5 mL (50 mcg) | Primary Series Dose: Each 0.25 mL (25 mcg) | Bivalent Booster Dose: Each 0.5mL (50 mcg) |
| Vial Cap Color | Red | Dark Blue | Dark Blue | Dark Blue |
| Vial Label | Blue border | Purple border | Magenta border | Gray border |
| Carton | Blue border | Purple border | Magenta border | Gray border |

COVID-19, coronavirus disease 2019; EUA, Emergency Use Authorization; FDA, US Food and Drug Administration; US, United States
 Moderna COVID-19 Vaccine Full EUA Prescribing Information. Moderna; Updated August 18, 2022.

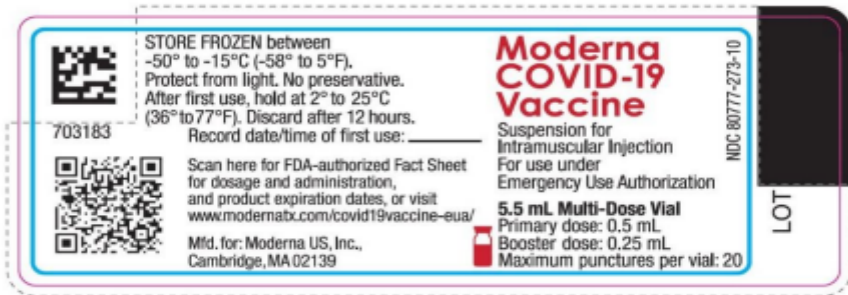
Slide 3

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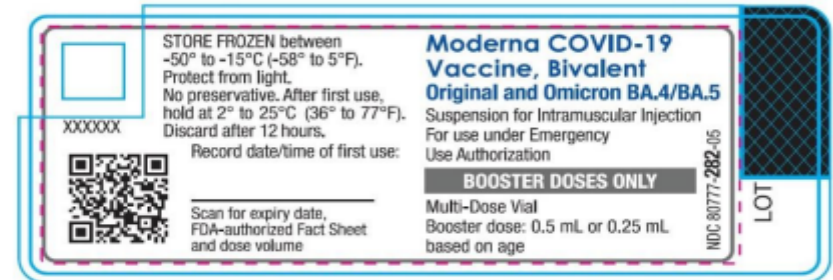
moderna

Moderna Labels

Monovalent label
Primary series only
Ages 12 years and older



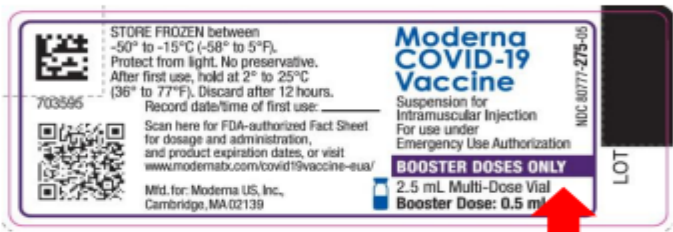
Bivalent label
Booster dose only
Ages 18 years and older



SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

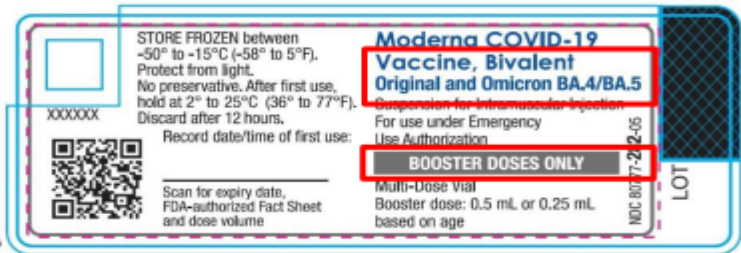
Moderna Labels

Monovalent label
Primary series only
Ages 6–11 years



Despite label, do NOT use for booster doses

Bivalent label
Booster dose only
Ages 18 years and older



SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

Staying Up To Date

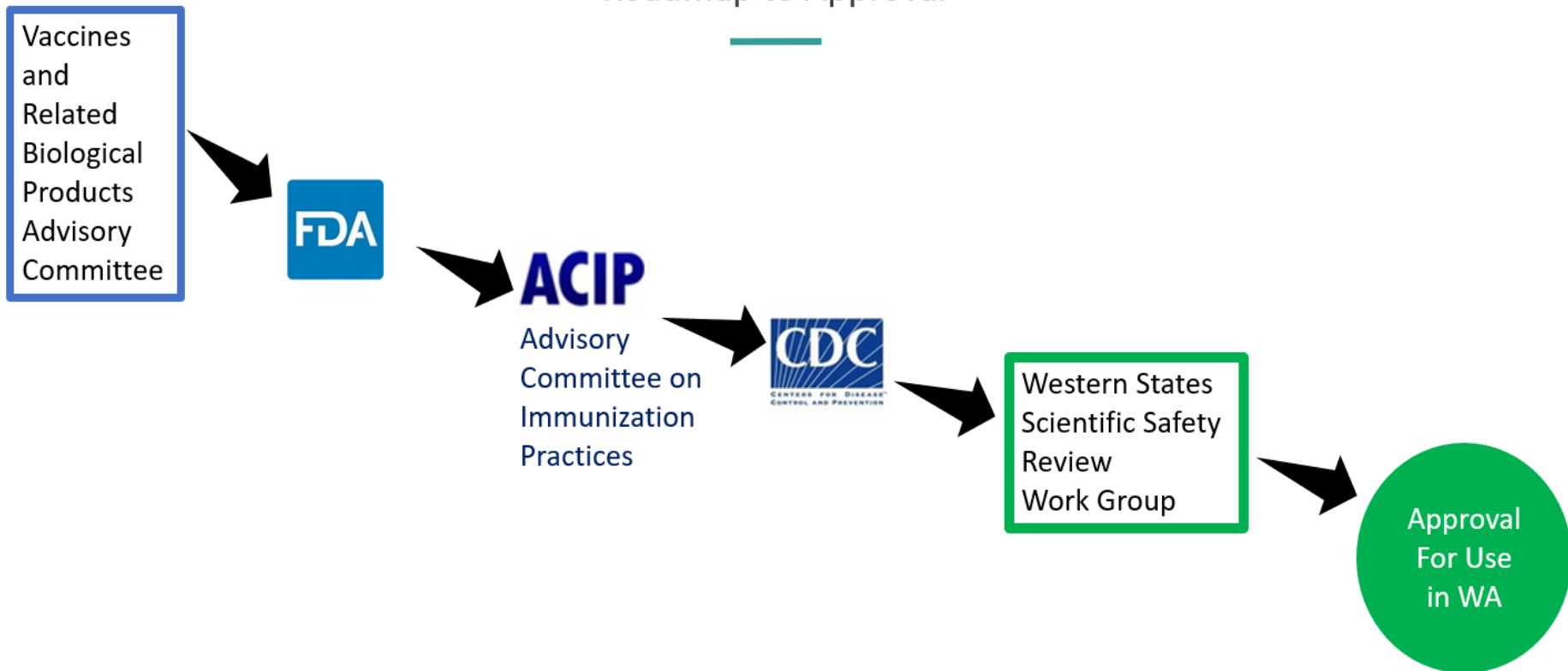
- CDC encourages people to “Stay up to date with your COVID-19 vaccines”.
- Staying up to date keeps people current with COVID-19 vaccine recommendations.
- You are up to date if you have completed a primary series and received the most recent booster dose recommended for you by CDC.

SOURCE: <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-09-01/09-COVID-Hall-508.pdf>

Safety Tips

1. Verify completion of primary series prior to initiating booster
 - Check in WAIS
 - Use COVID-19 Card
 - Other Medical Documentation to Verify (EHR)
2. Verify product for each patient
3. Separate booster vials from primary dose vials
 - Both manufacturers are using similar labeling for booster and primary series vials.
***Read the Labels, both have Bivalent on the labels**
4. Label syringe after draw, ensuring to add “bivalent” to label.
5. Document vaccination as Bivalent Pfizer or Moderna Booster on COVID-19 Card

Roadmap to Approval



Questions?



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MAILBOX QUESTION AND ANSWER



Cohorting vs. Isolation vs. Quarantine

- **Cohorting:** is an infection prevention and control measure that groups together patients with the same infectious condition and no other infection
- **Isolation:** Physically separating someone who has COVID-19 away from those who do not have it. Isolation prevents spreading COVID-19 to others
- **Quarantine:** Physically separating someone who might have been exposed to COVID-19 away from all others to prevent potential transmission of COVID-19 to others

Quarantine

- 10 Day Quarantine or 7-day Quarantine with a negative test with a specimen collection date within 48 hours for:
 - Asymptomatic patients who are NOT up to date with COVID-19 vaccines and have had exposure to someone with COVID-19
 - Skilled nursing facility resident who is newly admitted resident or has left the facility for >24 hours and is NOT up to date with COVID-19 vaccines
 - Residents who are up to date with COVID-19 vaccines do not need to quarantine

Quarantine Reminders!

- Testing should not be required prior to transfer of a resident to a LTCF
- Testing should not be required prior to accepting transfer of a resident from an acute-care facility to a LTCF
- Residents who are being admitted to a post-acute care facility if they are up to date on vaccine or have recovered from COVID-19 in the past 90 days do not need to quarantine
- Residents are not required to be up to date prior to admitting to a LTCF
- Always check with your LHJ if you have quarantine/isolation questions first!

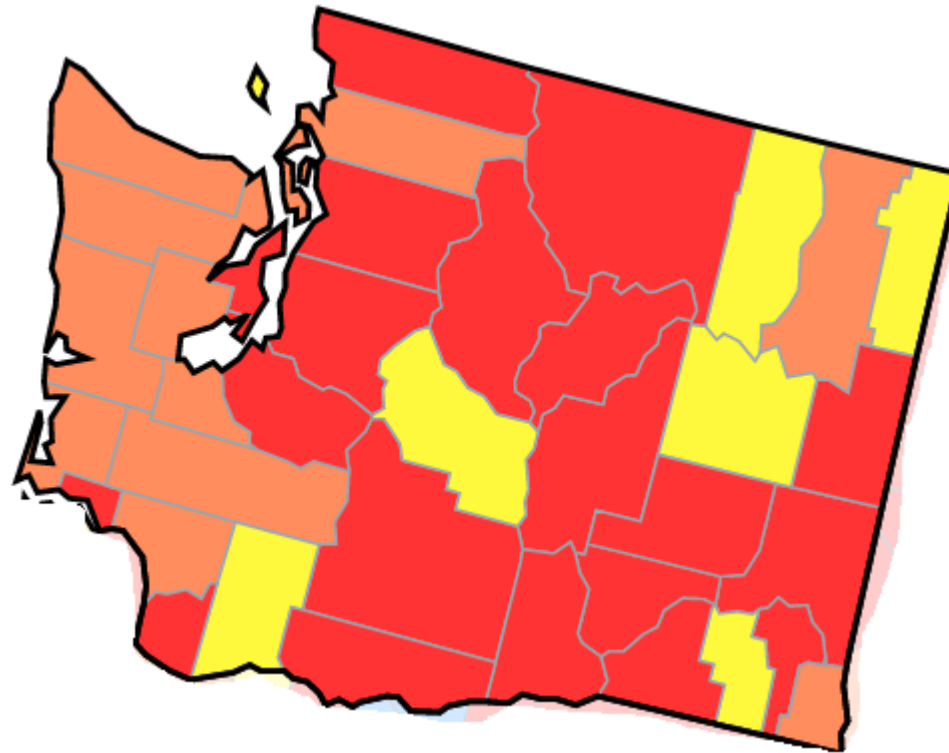
Eye Protection

- Q: "I have witnessed that when nurses do med pass, they keep eye goggles around their neck and put on and off as they encounter a resident. They use hand gel between touching. Is this acceptable?"
- A: No, this is not acceptable. Best practice is to wear your eye protection for extended use throughout patient encounters and doff when appropriate (i.e. end of shift, lunch, break) then don your eye protection after sanitizing, using proper IC practices.

PPE Reminders

- Remember to establish a PPE supplier
- Make sure you have a pathway for emergency supplies if necessary
- The process is outlined on the webpage (link below) or people can always email ppe@doh.wa.gov for questions.
- <https://doh.wa.gov/about-us/programs-and-services/emergency-preparedness-and-response/ppe-backstop>

Today's COVID-19 Community Transmission rates



Key

High Substantial Moderate Low No Data

[CDC COVID Data Tracker: County View](#)

Q & A Section

Please type your questions into the question window and tell us what type of facility you are from (e.g., ALF, SNF, AFH) and what county you are in.