

## 1-8-2024 Weekly Clinical Update

There are some very interesting infection control issues occurring related to a rise in COVID cases, and a reduction in COVID vaccine rates and the governments change in reimbursement for the vaccines.

According to Provider Magazine this week:

- By December 9, 2023, a CDC survey of vaccination rates among adults found the following estimated vaccination rates:
  - COVID-19: 18.3%
  - Influenza: 42.2%
  - RSV (adults >60): 17.0%
- As of December 10, 2023, among 97% nursing homes reporting COVID-19 vaccination rates to NHSN and approximately 20% of SNFs voluntarily reporting influenza and RSV vaccination rates, CDC data indicates the following resident vaccination rates:
  - COVID-19: 33.1%
  - Influenza: 72.0%
  - RSV: 9.8%

Per the article, the vaccine rates in nursing home residents was “lowest in the most socially vulnerable counties”. CDC attributes the low rates in nursing homes involves: “vaccine fatigue, inaccurate health information, and vaccine hesitancy”. They make no mention that finding reimbursement for the vaccines is very difficult for nursing facilities, thus putting the cost onto the facilities themselves.

I heard from a provider this week whose practitioner shared with the facility that the practitioner’s biller had informed them the “provider can bill for the administration of the vaccine, but not the vaccine itself unless it was purchased through the KMAP program.” A consulting/dispensing pharmacy reported to the organization that: “the only eligible KMAP providers are local health departments”.

AHCA is advocating for HHS to step up and “do its part” to increase COVID vaccination rates among nursing home residents, “starting with easing logistical issues that continue to be barriers to uptake”, according to Skilled Nursing News on January 4, 2024. Advocates also are urging HHS to “work with hospital to encourage them to offer vaccines on discharge, along with direct communication between the agency, residents and their family members”.

All that being said, F887 is still active and says:

§483.80 Infection control

(3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following:

(i) **When COVID-19 vaccine is available to the facility**, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized;

(ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine;

(iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine;

(iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects, associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses.

(v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; and

(vi) The resident's medical record includes documentation that indicates, at a minimum, the following:

(A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and

(B) Each dose of COVID-19 vaccine administered to the resident, or

(C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal.

(vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:

(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;

(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and

(C) The COVID-19 vaccine status of staff and related information as indicated by NHSN.

(g)(1)(viii) The COVID-19 vaccine status of residents and staff, including total numbers of residents and staff, numbers of residents and staff vaccinated, numbers of each dose of COVID-19 vaccine received, and COVID-19 vaccination adverse events; and

(ix) Therapeutics administered to residents for treatment of COVID-19.

One recommendation based on the statement that says, "When COVID-19 vaccine is available to the facility...", documentation of attempts to arrange for vaccine access and administration is VITAL. As outbreaks continue to pop up and increase in numbers of outbreaks and numbers of residents and staff with COVID, vaccinations are going to be essential. I