

COVID-19 Q&A Hour for Long Term Care



WASHINGTON STATE DEPARTMENT OF HEALTH

Healthcare-Associated Infections (HAI) Program

Shoreline, WA

Today's Agenda

LTC Q&A Call Journey, Fun Facts and Appreciation

DOH HAI Team Supports, Resources

Partner and Immunization Supports, Contacts, Resources

Updated COVID Outbreak Definition

Moving Forward

- This is the last regularly scheduled LTC Q&A call
- The DOH team will conduct webinars in 2023 as guidance changes and needs arise
- The DOH team and our partners will continue to support you and provide resources and guidance

Our Journey



Panelists



Weekly Q&A and Safe Start Calls Fun Facts

- ✓ Conducted 33 webinars in 2020; 53 webinars in 2021; 40 webinars in 2022
 - ✓ **GRAND TOTAL: 126 calls**
- ✓ Average number attendees 250-300 per call – representing up to 37,000 attendees!
- ✓ Safe Start calls averaged 500 attendees with over 1100 registered for each call
- ✓ Weekly Microlearnings on various infection prevention topics
- ✓ Attendees included SNFs, ALFs, AFHs, SLs, local health depts, DSHS/RCS field staff, LTC partners, DOH internal partners, DOH HAI and IP staff

More Fun Facts

We also heard from YOU on these calls –

LTCF Success Stories

- ✓ SNF/ALF: PPE Creative Positive Reinforcement Practices
- ✓ ALF: Best practices for minimizing spread of COVID-19 in Memory Care
- ✓ Supported Living: Monitoring, Implementation and Training for COVID Procedures
- ✓ SNF: Vaccination Keys to Success

THANK YOU!

Let's Hear from You and our Panelists!



- What have you appreciated about the LTC Q&A weekly calls?
- How were the calls helpful to your facility?
- Tell us about new, stronger connections and partnerships developed with LHJs, DOH, other LTC facilities, L&I, DSHS/RCS, LTC associations



DOH HAI TEAM SUPPORTS

DOH Continuing Support

DOH will continue to be a proactive and supportive resource for LTCFs across the state in the following ways:

- Infection Preventionists are available for support, information and guidance including directly by email and via the COVID mailbox (hai-covid@doh.wa.gov)
- DOH HAI team will continue to schedule guidance update webinars and as changes happen on infection prevention topics relevant to LTC.
- Links will be provided to resources and educational opportunities that are currently available or in development.
- The DOH IP team is available to attend or present at LTC partner regularly scheduled meetings on IP topics and updates



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

In Partnership With

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





More Than Just ICARs!

The Infection Prevention Program offers more than just ICARs. Our Infection Preventionists are here for you. More info coming Jan 2023!

Schedule an IP to come to your facility for:

- A **Skills Demo** on Hand Hygiene, Donning and Doffing PPE, Clean to Dirty Equipment Flow and other topics!
- **Guest Speaking** on Infection Prevention topics at your next staff meeting, lunch and learn or other events at your facility!
- **Regular monthly support calls** for your new IP to learn the ropes of IP&C!

Reach out to your DOH IP or email

hai-fieldteam@doh.wa.gov for more information.

DOH IP Team

Healthcare-Associated Infections & Anti-microbial Resistance Section Infection Prevention & Control Program



TEAM EXPERTISE

Our Infection Preventionists (IP) have a range of specialties and expertise including long term care, acute care, oncology, dental, critical care and respiratory therapy. Their primary focus is to ensure our healthcare settings are up to date with infection prevention and control (IPC) practices.



ICAR CONSULTATIONS

We work with local health jurisdictions (LHJs) to support healthcare facilities with infection control. We provide free/non-regulatory Infection Control Assessment and Response (ICAR) consultations to long term care, dental, dialysis, oncology, and other health care settings. For more information www.doh.wa.gov/icar.

ICAR COORDINATORS

Our coordinators work closely with Local Health Jurisdiction partners, infection preventionists and healthcare facilities to schedule ICAR consultations. They are skilled relationship builders, conduct outreach and keep our IPC work running smoothly.

ICAR ANALYTICS

Meet Our IPC Program Team

The following IPs are available to support local health jurisdictions (LHJ) with healthcare infection prevention needs

Team A			
County	Infection Preventionist	County	Infection Preventionist
Clallam	rhodah.makayoto@doh.wa.gov	Jefferson	miriam.mina@doh.wa.gov
King		Kitsap	
Island		Pierce	Amber.Macdiarmid@doh.wa.gov
San Juan	amanda.reilly@doh.wa.gov	Snohomish	Poulline.castillo@doh.wa.gov katelyn.anderson@doh.wa.gov
Skagit		ICAR Coordinator	rachael.monis@doh.wa.gov
Whatcom			
Team B			
County	Infection Preventionist	County	Infection Preventionist
NE Tri County HD	lisa.hannah@doh.wa.gov	Clark	
Okanogan		Cowlitz	sydney.record@doh.wa.gov
Grays Harbor		Lewis	
Mason	kristin.bass@doh.wa.gov	Skamania	
Pacific		Adams	
Thurston		Asotin	
Wahkiakum		Columbia	
Chelan/Douglas		Garfield	trent.macallister@doh.wa.gov
Grant	lisa.hannah@doh.wa.gov	Lincoln	
Kittitas		Walla Walla	
Benton-Franklin		Whitman	
Klickitat	victoria.larios@doh.wa.gov	Spokane	
Yakima		ICAR Coordinator	angelica.paz@doh.wa.gov



Respiratory Protection Program LTC Facility Support

Learn to conduct your own N95 fit test for your staff!

Next webinar: **December 14th at 3 pm**

Visit our website: [Fit Testing Training | Washington State Department of Health \(www.doh.wa.gov/ltrcpp\)](https://www.doh.wa.gov/ltrcpp)

- Step 1 – Pre-training education
- Step 2 – Sign up for a Virtual Fit Test Training webinar
- Step 3 – Hands-on training

NOTE: Each participant will need to register individually



Email questions to: HAI-FitTest@doh.wa.gov

ipCHAT – Infection Prevention & Control Health Access Team

- Forum for Skilled Nursing IPs to learn from experienced infection preventionists
- Covers infection prevention and antibiotic stewardship
- Leave with new knowledge, confidence, & connections to a community of infection preventionists
- Meetings take place every 1st and 3rd Tuesday of the month at 11:00 am – 12:00 pm
- Click link to register:
<https://us02web.zoom.us/j/64811201234>



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. Dental Settings
11. Dialysis Settings

Purpose



- The [Project Firstline Podcast](#) discusses and identifies the importance and impact of infection prevention on our lives and the lives of our community
- <https://soundcloud.com/user-718826213/sets/pfl>





Become an Infection Control Superhero with Washington Project Firstline

- Project Firstline infection prevention modules are based on CDC Project Firstline curriculum – basic IP skills and knowledge for frontline staff
- Goal: concise, interactive, readily available
 - Online – computer and mobile device friendly
 - 20min per module; can start and stop when needed
 - Videos, interactive scenarios, knowledge check, and job aids
 - English and Spanish
- Six Modules in Training Series
 - Infection Control
 - Germs: Respiratory
 - PPE
 - Germs: Surfaces
 - Hand Hygiene
 - Cleaning & Disinfection
- FREE Continuing Ed. Credits (2 contact hours) provided if complete all 6 modules
- Become a “**Frontline Infection Prevention Champion**” when 90% of your facility’s frontline staff complete all 6 modules
 - Facility must request a code (one per facility <https://form.jotform.com/223205759463156>)
 - Ensure staff members enter the correct Facility Code in their user profile
 - Close to 90% Email ProjectFirstline@doh.wa.gov to verify.
- Subscribe to the [Project Firstline GovDelivery](#) for updates and an upcoming quarterly IP newsletter





WASHINGTON STATE DEPARTMENT OF HEALTH

HAI-AR SECTION EMAIL ADDRESSES

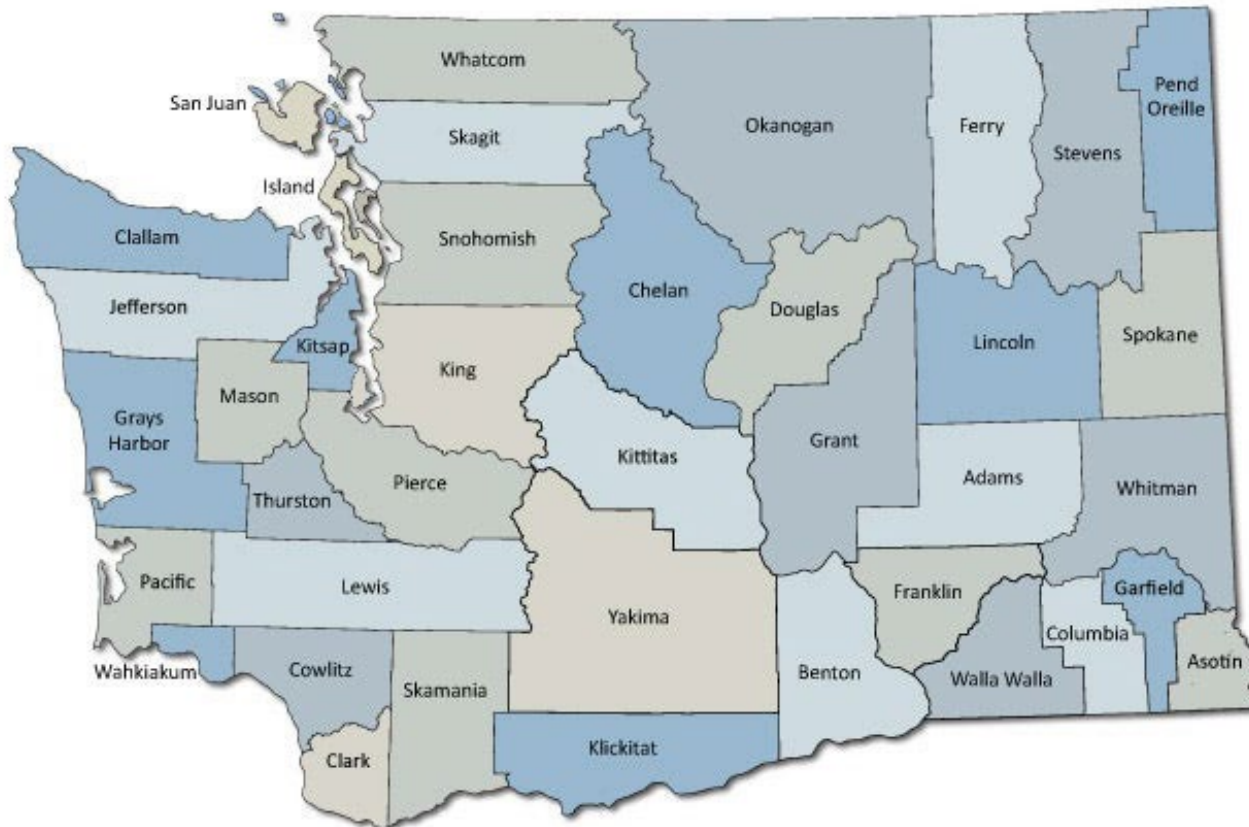
Please refer to the table below to find the email most appropriate for your needs

Email Path	Description
HAI@doh.wa.gov	General healthcare associated infection questions
HAI-Covid@doh.wa.gov	COVID-19-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
MDRO-AR@doh.wa.gov	Multi drug resistant organisms-antimicrobial resistance questions



PARTNER SUPPORTS AND CONTACTS

Washington State Local Health Jurisdictions



<https://doh.wa.gov/about-us/washingtons-public-health-system/washington-state-local-health-jurisdictions>

LeadingAge and WHCA Contacts



Laura Hofmann, MSN, RN

Director of Clinical and Nursing
Facility Regulatory Services

LeadingAge Washington

p: 360-691-9281 c: 425-231-4804

lhofmann@LeadingAgeWA.org

Vicki McNealley

Director of Assisted Living

Tel (800) 562-6170, extension 107

vickimcnealley@whca.org

Elena Madrid

Executive Vice President for
Regulatory Affairs

Tel (800) 562-6170, extension 105

elenamadrid@whca.org

AFH Council and Comagine Health Contacts



Karen Woodbury Cordero

Director of Education & Support
Adult Family Home Council

karen@adultfamilyhomecouncil.org

phone (360)754-3329

fax (360)943-6653



Shannon Finegood

Manager, Patient Safety

Sfinegood@comagine.org

P: 503-382-3988

Nina Sanderson

Improvement Advisor

Nsanderson@comagine.org

P: 702-777-8685

Residential Care Service

Aging and Long-Term Support Administration

Washington State Department of Social and Health Services

For Infection Prevention & Control (IPC) questions please contact:
Katherine Ander, Infection Control Prevention and Projects Specialist
Katherine.ander@dshs.wa.gov / 360-742-6037

Local Health Jurisdiction Liaison
Linda Dunn, Regulatory Quality Assurance Program Manager
Linda.dunn@dshs.wa.gov / 360-972-5527

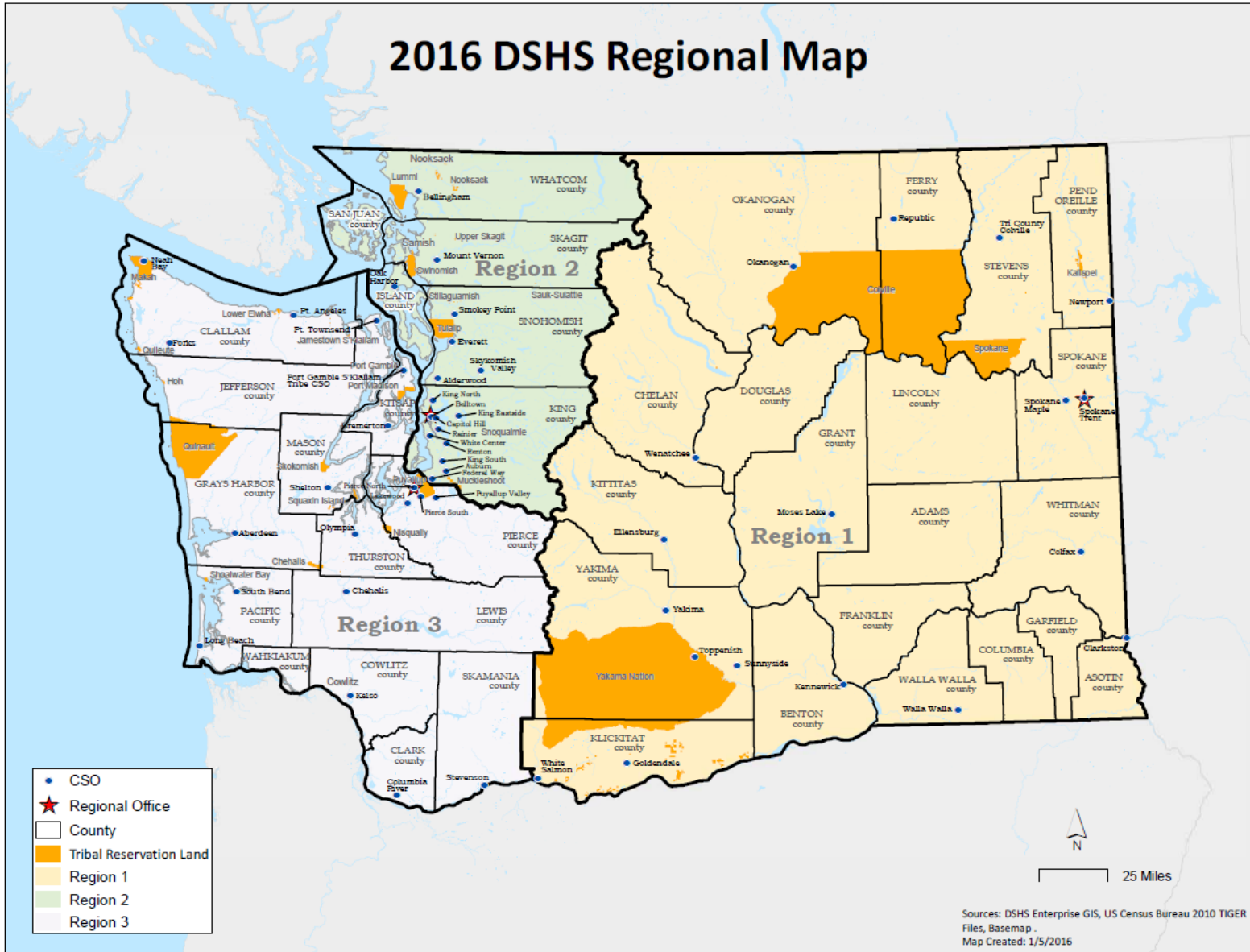
General Policy Questions
RCSPolicy@dshs.wa.gov



Residential Care Services Field Managers for SNFs

Region	Field Manager	Phone Number	Email
1A	Cindy CoVille	509-323-7316	cindy.coville@dshs.wa.gov
1D	Melly Thompson	509-225-2813	hermelinda.thompson@dshs.wa.gov
2C	Michelle Reynolds	360-651-6864	michelle.reynolds@dshs.wa.gov
2F	Susan Loewen	253-235-6044	susan.loewen@dshs.wa.gov
2H	Arlene Calague	425-670-6060	arlene.calague@dshs.wa.gov
3B	Tammey Thompson	253-983-3837	tammey.thompson@dshs.wa.gov
3C	Sonya Conway	360-664-8422	sonya.conway@dshs.wa.gov

2016 DSHS Regional Map



Residential Care Services Field Managers for ALFs

Region	Field Manager	Phone Number	Email
1B	Tara Peacock	509-323-7324	tara.peacock@dshs.wa.gov
1C	Michelle Closner	509-572-7394	michelle.closner@dshs.wa.gov
2A	Jayne Hill	360-651-6863	jayne.hill@dshs.wa.gov
2D	Laurie Anderson	253-234-6020	laurie.anderson@dshs.wa.gov
2J	Jamie Singer	425-670-6070	jamie.singer@dshs.wa.gov
2K	Ann Lee-Hunter	425-670-6067	ann.lee-hunter@dshs.wa.gov
3D	Manfay Chan	253-442-3013	manfay.chan@dshs.wa.gov
3E	Cory Cisneros	253- 254-3190	cory.cisneros@dshs.wa.gov

Residential Care Services Field Managers for AFHs

Region	Field Manager	Phone Number	Email
1C	Michelle Closner	509-572-7394	michelle.closner@dshs.wa.gov
1E	Tamara Tredo	509-323-7321	tamara.tredo@dshs.wa.gov
2B	Nicholette Flynn	206-348-9350	nicholette.flynn@dshs.wa.gov
2E	Cecile Leano	253-234-6033	cecile.leano@dshs.wa.gov
2G	Lydia Owusu-Acheampong	253-234-6007	lydia.owusu-acheampong@dshs.wa.gov
2I	Jeb Korzilius	425-599-5235	jeb.korzilius@dshs.wa.gov
3A	Lisa Cramer	253-983-3826	lisa.cramer@dshs.wa.gov
3F	Michael Burdick	360-450-1218	michael.burdick@dshs.wa.gov
3G	Jennifer LeMaster	360-746-4675	jennifer.lemaster@dshs.wa.gov

NEW LTC National Infection Prevention Forum Opportunity

The American Health Care Association (AHCA) has partnered with APIC with funding from CDC Project Firstline to set up a national forum for IPs and infection prevention champions working in long-term care (LTC) to share resources and get questions answered.

This is open to all LTC professionals focusing on infection prevention regardless of certification status or membership in either APIC or AHCA.

If you are interested in participating, please complete this [three-question survey](#) to provide your name and email.

Upcoming Comagine Events

Vaccination Station

Second Tuesday of every month at 11:00 PST– Interactive sessions to address questions about barriers or issues regarding adult immunizations.

<https://comagine.org/events/2300>

NHSN Open Office Hours

Fourth Wednesday of every month at 1:30 PST – half an hour for questions and technical assistance with NHSN from our SME Lisa Barton.

<https://comagine.org/events/2274>

Driving Clinical Excellence Learning Series

Every Thursday at 11:00 – Finding new solutions to address challenging issues.

<https://comagine.org/events/2281>

Comagine Health Resources

- Comagine Health Staff Immunization Tracker:
<https://comagine.org/filebrowser/download/596>
- Comagine Health Resident Immunization Tracker:
<https://comagine.org/filebrowser/download/595>
- Stop the Spread Healthy Holidays Flyer for Staff and Families:
<https://comagine.org/resource/2405>



Infection Prevention Program

The Infection Prevention Program strives to further develop partnerships to provide an enhanced understanding of the infection prevention capacity in health care facilities in Clark County. The program achieves this by:

- Assessing health care partner capacity to respond to communicable disease emergencies and emerging pathogens.
- Conducting site Infection Control Assessment and Response (ICAR) assessments to inform infection prevention capacity building needs.
- Developing educational materials and toolkits that can be adapted for use.
- Investigate facility outbreaks and recommend control measures to mitigate further spread.
- Educating health care and community partners through outreach on emerging highly resistant pathogens most commonly transmitted in medical settings, prevention, and outbreak preparedness.
- Partnering with community health care delivery partners.

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

[Schedule an ICAR Visit.](#)

Contact Information

Clark County Infection Prevention Program

IP.Program@clark.wa.gov

(564) 397-8186

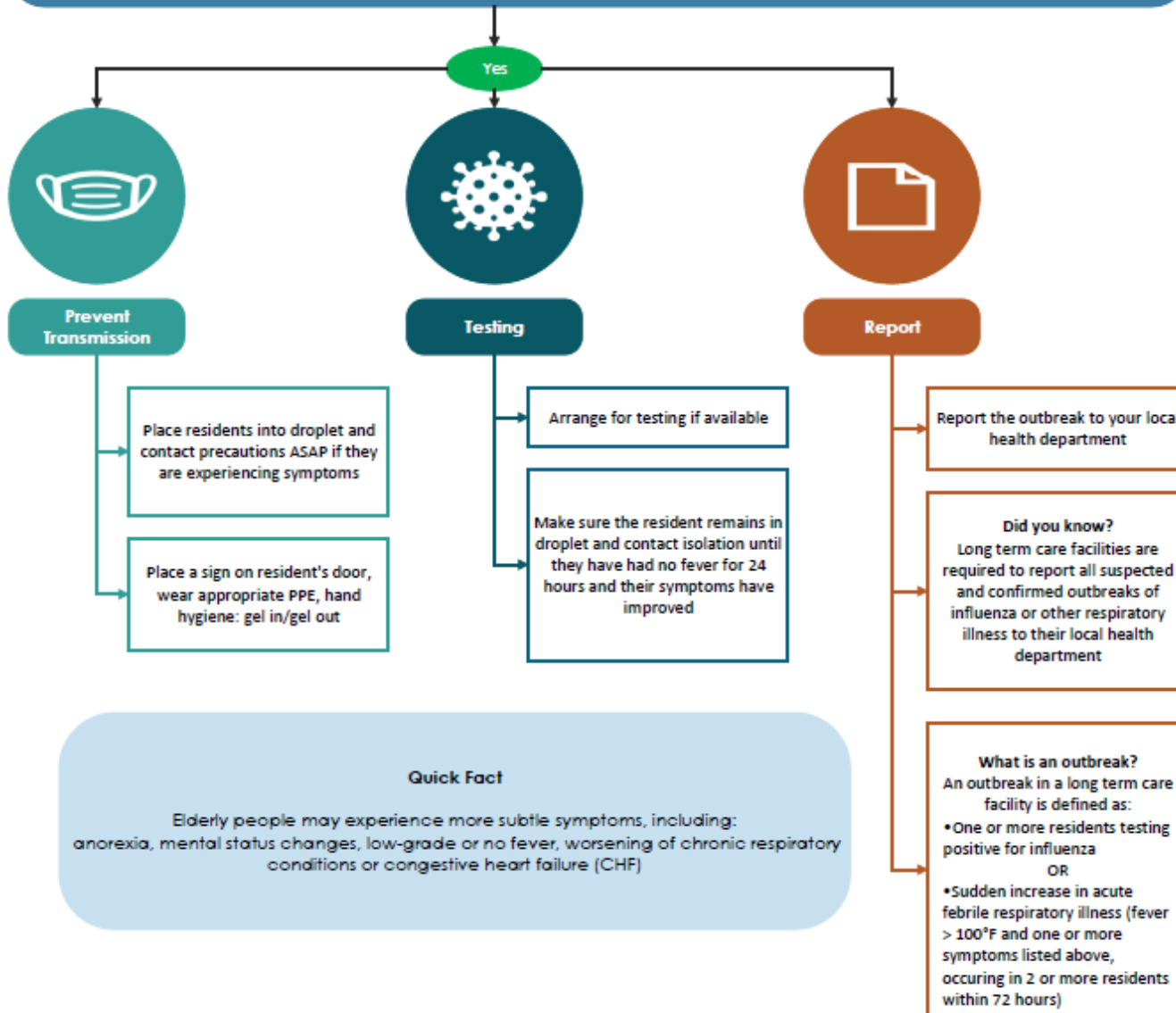




FLU RESOURCES

Influenza and Respiratory Illness Management in Long Term Care Facilities

Are any of your residents experiencing any influenza or other respiratory illness symptoms such as: fever/chills, fatigue, cough, sore throat, runny/stuffy nose, body aches, headache?



Resources for Flu Prevention & Outbreak

CDC Resources:

- CDC FAQs: [Frequently Asked Influenza \(Flu\) Questions: 2022-2023 Season | CDC](#)
- CDC Prevention Strategies for Seasonal Influenza in Healthcare Settings: https://www.cdc.gov/flu/professionals/infectioncontrol/healthcare_settings.htm
- CDC Interim Guidance for Influenza Outbreak Management in LTCF: <https://www.cdc.gov/flu/professionals/infectioncontrol/ltc-facility-guidance.htm>

DOH Resources:

- Communications Toolkit: [Knock Out Flu Toolkit | Washington State Department of Health](#)
- DOH Recommendations for Prevention and Control of Influenza Outbreaks in Long Term Care Facilities: <https://doh.wa.gov/sites/default/files/legacy/Documents/5100//fluoutbrk-LTCF.pdf>
- Washington State Flu Report: https://doh.wa.gov/sites/default/files/filefield_paths/420-100-FluUpdate.pdf

King County Resources:

- Flu Prevention, Preparing Planning for LTCF: <https://www.kingcounty.gov/depts/health/communicable-diseases/immunization/flu-season/for-long-term-care-facilities.aspx>



OFFICE OF IMMUNIZATIONS

Survey Time! 3 Quick Questions

Please share your input:

- Have you seen this in an email?

Updated Bivalent COVID-19 Booster: Long-Term Care Settings



What is the bivalent vaccine?

The updated bivalent COVID-19 vaccine is the newest booster authorized by the Food and Drug Administration (FDA) and recommended by the Centers for Disease Control and Prevention (CDC). The virus causing COVID-19 has changed over time, transforming into different variants. "Bivalent" means that these vaccines protect against both the original virus that causes COVID-19 as well as the Omicron variants. Immunity from vaccination decreases over time so getting a booster helps improve protection.

Who should receive the bivalent vaccine?

Adults should receive a bivalent booster dose two months after completing their primary series or prior monovalent booster dose.

Why is this booster important for long-term care staff?

Hospitalizations for flu, RSV, and COVID-19 infections are already on the rise this year, and at a higher rate than usual. Multiple infections can occur at the same time and may increase risk of hospitalization or death. Vaccines add a layer of protection from infection for staff and residents.*



- Adults aged 65 years and older, especially those in LTC settings, are at high-risk of serious complications from COVID-19 and flu due to weaker immune systems.
- A review of the impact of second booster doses in April-July 2022 in LTC residents showed that it was highly effective at preventing hospitalization and death.**

Talking to residents and their families about vaccines.

Building trust with staff, residents, and families is essential. Creating frequent and transparent communication regarding the current state of COVID-19 within the facility and the protective measures being put in place by staff can help build this trust. Residents of LTCFs and their families should be made aware that the more people who live in a setting, the greater the risk of exposure.



How to give a strong vaccine recommendation:

- Share the importance of vaccination.
- Address residents' questions and concerns, and remind them that the benefits of vaccination outweigh the risks.
- Explain the potential risks of getting [COVID-19](#) and [flu](#) when unvaccinated.

LTCF staff face the difficult task of caring for persons affected by illness while monitoring themselves for infection. **Protect yourself and your residents with the updated bivalent booster.**

*Although the vaccine may not always prevent someone from getting sick, it does help reduce more severe symptoms, hospitalization, and death.

**Kevin W. McConeghy et al. "Effectiveness of a Second COVID-19 Vaccine Booster Dose against Infection, Hospitalization, or Death among Nursing Home Residents — 19 States, March 29–July 25, 2022." *MMWR. Morbidity and Mortality Weekly Report* 71, no. 29 (2022): pp. 1235–1238. <https://doi.org/10.15585/mmwr.mm7139a2>



DOH 825-079 November 2022
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Celebrate 278
Summer Awardees

5 LTC settings!

Semi-Annual Fall Award Cycle
continues through 2/28/2023.
Report by 3/3/2023.

Congratulations!

*Thank
you!*



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

IT'S NATIONAL INFLUENZA VACCINATION WEEK

#FIGHT FLU

December 5-9

Please offer flu & COVID-19 together NOW!

- [CDC toolkit](#)

Holidays will be here in 2 weeks along with resident visitors!


COVID-19 Vaccine Resources

Co-Administering Vaccines: Flu and COVID-19 (PDF)


NEW!

- New resource highlighting the importance of receiving both the flu and COVID-19 vaccines
- Found on [Resources and Recommendations Page](#)


CO-ADMINISTERING VACCINES



Vaccinate
Your best defense against respiratory illnesses



Wash hands
Frequently wash your hands with soap and water



Isolate if sick
Monitor symptoms and prepare to isolate from others if sick or consider wearing a mask

Flu and COVID-19

- Flu is one of several respiratory illnesses circulating this time of year. Flu activity is very high in Washington and hospitalizations are on the rise. Getting vaccinated for the flu is your best option for protecting yourself and others from the flu. Everyone ages 6 months and older should get a flu vaccine. The best time to get vaccinated against flu is now.
- COVID-19 is also still spreading through communities and it remains important to continue protecting ourselves and our loved ones. Staying up to date with your COVID-19 vaccines is your best protection from serious illness and death from COVID-19. The COVID-19 vaccine is available to everyone 6 months and older. The updated bivalent COVID-19 vaccine booster provides better protection against both the original COVID-19 strain and Omicron variant, and is recommended for everyone 5 years and older.
- You can get your flu vaccine and COVID-19 vaccine on the same day for convenience. However, it is important to get your flu vaccine as soon as possible, and your COVID-19 booster as soon as you are eligible.

Washington State Department of Health
DOH 825-083 December 2022
To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

Summary LTC COVID-19 & Flu Tool Kit

access this pdf document in email with slide deck or from your LTC partner advocacy group

*Provider Discussion Guide, 1st item

Helps build vaccine confidence
in Bivalent Booster!

Quick & easy staff resources

Help advance booster demand

Protect residents & staff

Help minimize staff absences



COVID-19 bivalent booster

DOH Provider Partner Discussion Guide (tool w/bivalent) [Provider/Partner Discussion Guide: Building Vaccine Confidence in the COVID-19 Boosters \(wa.gov\)](#)

Ready to print poster: How mRNA CV-19 vaccines work [How mRNA COVID-19 Vaccines Work \(cdc.gov\)](#)

Other languages: [Print Resources | CDC](#)

Ready to print poster: Common Side Effects [What to Expect After Getting a COVID-19 Vaccine \(cdc.gov\)](#)

Other languages: [Print Resources | CDC](#)

CDC Video, 1.5 minutes: What you need to know about variants/no sound required (all visual) <https://youtu.be/b1BMvC8rYs8>

CDC Video, 1 minute: Advantages of getting vaccinated: <https://youtu.be/gQdHdJ118vk>

CDC Video, 3:30 minutes/seconds: Vaccine equity, with bi-racial trusted messenger, facts & myths! May be helpful to increase vaccine demand in communities where vaccine concerns remain: <https://youtu.be/d7mKZbCT80g>

FDA Video, 1:14 minutes: WHY you should get the bivalent. <https://youtu.be/70x2ieMnS4?list=PLey4De-UxczIA84CuxA78MdXnomNp55Q>

FDA Video, 1:20 minutes: WHAT is a bivalent, discusses how flu vaccine is a bivalent, vaccine safety & efficacy: https://youtu.be/jmFOG8_Ox8?list=PLey4De-UxczIA84CuxA78MdXnomNp55Q

Flu

CDC Full Tool Kit: [CDC Digital Media Toolkit: 2022-2023 Flu Season | CDC](#)

CDC Video, 1 minute: [How Does Flu Make You Sick? - YouTube](#) Flu, a contagious disease, get vaccinated. For staff & residents.

CDC Posters

<https://www.cdc.gov/flu/pdf/professionals/vaccination/Make-a-Strong-Flu-Vaccine-Rec-65.pdf>

<https://www.cdc.gov/flu/pdf/freeresources/seniors/seniors-vaccination-factsheet-final.pdf>

<https://www.cdc.gov/flu/pdf/freeresources/seniors/seniors-vaccination-factsheet-spanish.pdf>

<https://www.cdc.gov/flu/pdf/freeresources/reneral/poster-take-3-fulltext.pdf>

November 2022

https://www.cdc.gov/flu/pdf/freeresources/spanish/antiviral_factsheet_esp_508.pdf

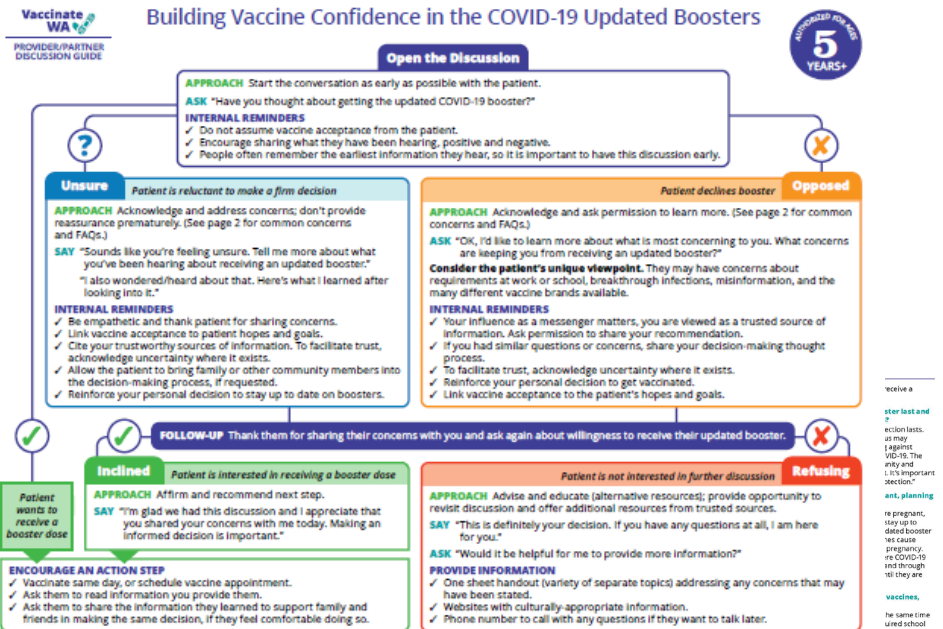
https://www.cdc.gov/flu/pdf/freeresources/general/brochure-take-3_color.pdf

COVID-19 Vaccine Resources

Provider/partner discussion guide: building vaccine confidence in COVID-19 boosters (PDF)

UPDATED!

- Decision conversation tool
- Updated to focus on bivalent boosters
- Please help circulate this updated resource to providers/partners who discuss or administer vaccine



The best way for your patient to get up-to-date information about when and how to get vaccinated is by visiting the Washington State Department of Health website www.doh.wa.gov or by calling the Department of Health phone line 1-800-525-0123, then press #. (For interpretive services, say your language when the call is answered.)

... trials for the Omicron BA.1 vaccine with no safety concerns. Similar to the flu vaccine, annually updated based on the circulating strains of flu and based only on animal studies, these vaccines have been reformulated with the intention of providing better protection against new variants.

... your card, the provider may be able to look up your record.
Do I have to get the same vaccine brand for my updated booster dose?
 You can get a different vaccine for your updated booster dose than the vaccine you got for your primary series or prior booster dose. The CDC made their decision following a careful review of the latest data, and robust and deliberative discussion around booster shots.
 *People 5 years old may only get the Pfizer vaccine. People 6 years and older can receive an updated Pfizer or Moderna

... previously contracting COVID-19. Getting a COVID-19 vaccine after recovering from COVID-19 infection provides added protection to your immune system. The same is true for people who completed their primary series or received one or two boosters. For maximum effectiveness of the updated booster dose, individuals who recently had COVID-19 may consider delaying any COVID-19 vaccination, including the updated booster dose, by 3 months from the start of their symptoms or positive test.

... other frequently asked questions, visit doh.wa.gov/covid19booster

Motivational Interviewing

<https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>

Step 3: Motivational interviewing

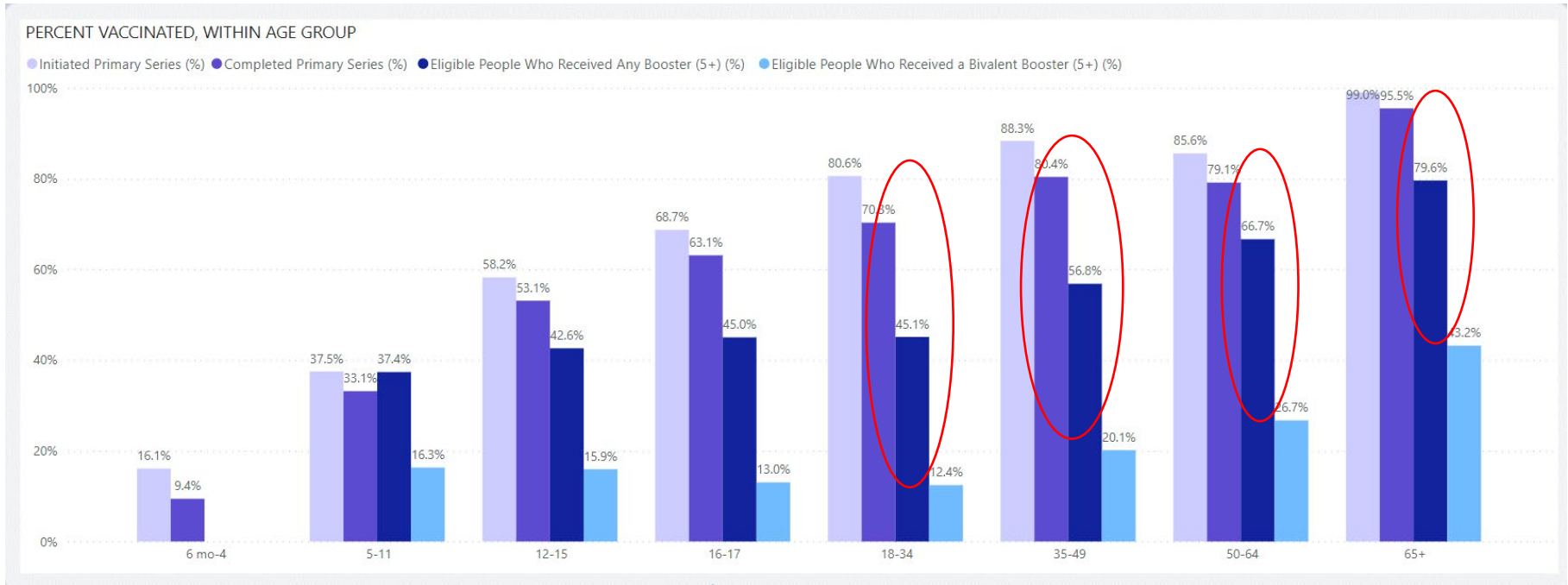
Ask the patient a scaled question. For example, *“On a scale of 1 to 10, how likely are you to get a COVID-19 vaccine?”* (1 = never; 10 = already have an appointment to get vaccinated). Then explore both sides of whatever number is given.

- **Example:** Let’s assume someone says 4. This is where curiosity comes in. You can say, *“Okay, why 4? And why not a lower number?”* Let them answer, and ask a follow-up question like, *“What would help you move to a 5 or 6?”*

The goal is to help the patient become more open to moving toward higher numbers—in other words, getting vaccinated.

- You want them to **talk about this out loud** because talking actually changes how they process their choices and can develop forward momentum.
- People hesitant about vaccines usually have more practice explaining why they haven’t gotten vaccinated, so it’s good to reverse that. Ask them to express their vaccination benefits out loud.
- Be compassionate and curious about the patient’s mixed feelings, both the part of them that wants to trust that getting a vaccine is important and safe and the other part that feels hesitant. It is important to show support for the patient to incorporate their personal values and the health needs of their family and community as they make their decision.

COVID-19 Vaccinations by Age Group



[COVID-19 Data Dashboard](#) | [Washington State Department of Health](#)

Vaccine Effectiveness

CDC released two new studies on the effectiveness of Paxlovid for reducing hospitalization and effectiveness of the bivalent booster for reducing illness and death, while restoring protection that had decreased over time since receiving the last vaccine dose.

An updated (bivalent) COVID-19 booster provides *additional protection* against symptomatic COVID-19 illness*



COVID-19 spread has increased during the last two winters; stay up to date with COVID-19 vaccination

* Among immunocompetent adults with COVID-19-like symptoms, the vaccination status of 121,687 adults with a positive COVID-19 test was compared to that of 238,939 adults with a negative COVID-19 test

bit.ly/mm7148e1

NOVEMBER 22, 2022

MMWR



Real-world data shows early treatment for COVID-19 helps prevent hospitalization

Adults* prescribed Paxlovid for mild-to-moderate COVID-19 were

51% less likely

to be hospitalized than those who weren't

* regardless of vaccination status

IF YOU HAVE COVID-19 SYMPTOMS:

- 1 TEST**
Use a self-test, locate a test site, or find a Test to Treat location
- 2 TALK**
If you test positive, talk to a health care professional about treatment
- 3 TREAT**
Start treatment within 5 days



bit.ly/mm7148e2

NOVEMBER 22, 2022


MMWR

CV-19 Bivalent Booster: LTC Talking Points Resource

[Document Link: LTCF Bivalent Booster Flyer \(PDF\)](#)

NEW!

- Use with staff, residents, families, friends & visitors
- Why get a bivalent: Primary series vaccine & monovalent booster immune coverage has tapered off over time
- Viral strains have changed
- Hospitalization is 15xs more likely without the NEW bivalent booster



Updated Bivalent COVID-19 Booster: Long-Term Care Settings

What is the bivalent vaccine?

The updated bivalent COVID-19 vaccine is the newest booster authorized by the Food and Drug Administration (FDA) and recommended by the Centers for Disease Control and Prevention (CDC). The virus causing COVID-19 has changed over time, transforming into different variants. "Bivalent" means that these vaccines protect against both the original virus that causes COVID-19 as well as the Omicron variants. Immunity from vaccination decreases over time so getting a booster helps improve protection.


Who should receive the bivalent vaccine?

Adults should receive a bivalent booster dose two months after completing their primary series or prior monovalent booster dose.

Why is this booster important for long-term care staff?

Hospitalizations for flu, RSV, and COVID-19 infections are already on the rise this year, and at a higher rate than usual. Multiple infections can occur at the same time and may increase risk of hospitalization or death. Vaccines add a layer of protection from infection for staff and residents.*

- Adults aged 65 years and older, especially those in LTC settings, are at high-risk of serious complications from COVID-19 and flu due to weaker immune systems.




* A review of the impact of second booster doses in April-July 2022 in LTC residents showed that it was highly effective at preventing hospitalization and death.**

Talking to residents and their families about vaccines.

Building trust with staff, residents, and families is essential. Creating frequent and transparent communication regarding the current state of COVID-19 within the facility and the protective measures being put in place by staff can help build this trust. Residents of LTCFs and their families should be made aware that the more people who live in a setting, the greater the risk of exposure.

How to give a strong vaccine recommendation:




- Share the importance of vaccination.
- Address residents' questions and concerns, and remind them that the benefits of vaccination outweigh the risks.
- Explain the potential risks of getting [COVID-19](#) and [flu](#) when unvaccinated.

LTCF staff face the difficult task of caring for persons affected by illness while monitoring themselves for infection. **Protect yourself and your residents with the updated bivalent booster.**

*Although the vaccine may not always prevent someone from getting sick, it does help reduce more severe symptoms, hospitalization, and death.

**Kevin W. McConeghy et al., "Effectiveness of a Second COVID-19 Vaccine Booster Dose against Infection, Hospitalization, or Death among Nursing Home Residents — 19 States, March 29–July 25, 2022," *MMWR Morbidity and Mortality Weekly Report* 71, no. 39 (2022): pp. 1235–1238. <https://doi.org/10.15585/mmwr.mm7139a2>.



DOH 825-079 November 2022
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COVID-19 Vaccine Resources

COVID-19 Vaccine Booster Doses Reference Guide for All Ages

UPDATED!

- Updated to now include bivalent expansion recommendations for ages 5+ and Novavax booster option
- Available in **40+ languages**
- Found on [Resources and Recommendations Page](#)

COVID-19 Vaccine Booster Doses Reference Guide for All Ages



You or your child got vaccinated with a primary series of a COVID-19 vaccine to protect yourself and others from severe illness, hospitalizations, and even death from COVID-19. Studies have shown that while COVID-19 vaccines remain effective, they are associated with a drop in protection over time. **Now, getting boosted remains the most effective way to continue this protection.** Check out the chart below to see if you or your child are eligible for a COVID-19 vaccine booster.*

If you got...	Who should get a booster	Which booster to get	When to get a booster
Pfizer	People 5 years and older	People 5 years old should only receive an updated bivalent Pfizer booster	At least 2 months after completing their last dose (primary series or monovalent booster)
		People 6 years and older should receive an updated bivalent Pfizer or Moderna booster	At least 2 months after completing their last dose (primary series or monovalent booster)
		People 18 years and older who have not received a previous booster can also opt to receive a Novavax booster if they cannot or will not receive an updated mRNA booster.	At least 6 months after primary series.
Moderna	People 5 years and older	People 5 years old should only receive an updated bivalent Pfizer booster	At least 2 months after completing their last dose (primary series or monovalent booster)
		People 6 years and older should receive an updated bivalent Pfizer or Moderna booster	At least 2 months after completing their last dose (primary series or monovalent booster)
		People 18 years and older who have not received a previous booster can also opt to receive a Novavax booster if they cannot or will not receive an updated mRNA booster.	At least 6 months after primary series.
Johnson & Johnson	People 18 years and older	People 18 years and older should receive an updated bivalent Pfizer or Moderna booster	At least 2 months after completing their last dose (primary series or monovalent booster)
		People 18 years and older who have not received a previous booster can also opt to receive a Novavax booster if they cannot or will not receive an updated mRNA booster.	At least 6 months after primary series.
		People 18 years and older who have not received a previous booster can also opt to receive a Novavax booster if they cannot or will not receive an updated mRNA booster.	At least 6 months after primary series.
Novavax	People 12 years and older	People 12 years and older should receive an updated bivalent Pfizer or Moderna booster	At least 2 months after completing their primary series
		People 18 years and older who have not received a previous booster can also opt to receive a Novavax booster if they cannot or will not receive an updated mRNA booster.	At least 6 months after primary series.
		People 18 years and older who have not received a previous booster can also opt to receive a Novavax booster if they cannot or will not receive an updated mRNA booster.	At least 6 months after primary series.

If you are moderately or severely immunocompromised guidelines will vary.

Vaccinate WA

No. The current COVID-19 vaccines we have in the U.S. are working well to prevent severe illness, hospitalization, and death, even against variants. However, public health experts are seeing reduced protection against mild and moderate COVID-19 illness, especially among high-risk populations. The updated/bivalent boosters were created to help boost immunity and provide better protection from some of the newer variants.

What should I bring to a booster dose appointment?
Please take your/your child's vaccination card to the booster dose appointment so the provider can first confirm that the initial vaccine series was completed. If the card was lost, the provider can look up your record.

When is someone considered up to date?
You or your child are up to date with COVID-19 vaccination when all doses in the primary series and all recommended boosters have been received, when eligible.

Can the booster be received with other vaccines, like for flu?
Yes. You or your child can get a COVID-19 vaccine at the same time as other vaccines. You do not need to schedule your child's required school vaccinations or other recommended vaccines separately from COVID-19 vaccination. A COVID-19 vaccine appointment is another opportunity to get you or your child caught up on all recommended vaccines.

More questions? Visit: doh.wa.gov/covidbooster

COVID-19 Vaccine Resources

COVID-19 Vaccine Boosters: The Facts Are in the Stats

NEW!

- New resource highlighting the importance of COVID-19 boosters
- Please help circulate this updated resource to vaccine administrators
- Found on [Resources and Recommendations Page](#)

Vaccinate WA COVID-19 Vaccine Boosters: The Facts Are in the Stats

The time to get up to date with your COVID-19 vaccines is now.

- Keeping up to date with COVID-19 vaccines greatly reduces your risk of severe illness, hospitalization, and death
- The updated boosters are intended to boost immunity and provide better protection from the Omicron variants that account for most of the current cases
- Getting boosted helps strengthen community protection and help people at highest risk
- All COVID-19 vaccines currently approved or authorized in the U.S. are proven to be safe

Nationwide, COVID-19 illness has caused:

- Over 1 million deaths
- Over 5 million hospitalizations
- Over 98 million cases

Adults who received a COVID-19 vaccine booster are less likely to be hospitalized compared to those who did not receive a COVID-19 booster

Washington:

Staying up to date with COVID-19 vaccination of children 6 months and older is strongly recommended.

76% of those eligible have not received their updated bivalent booster

With the lowest uptake in younger age groups and rural areas

Statewide, COVID-19 has caused:

- Over 1.8 million cases
- Over 75,000 hospitalizations
- Over 14,000 deaths

Visit vaccinelocator.doh.wa.gov to learn more.

FIGURE 3. Weekly age-adjusted rates of COVID-19-associated hospitalizations among adults aged ≥18 years, by vaccination status* — COVID-19-Associated Hospitalization Surveillance Network, 13 states, September 4, 2021-January 28, 2022

(National data)

Sources: National Center for Health Statistics | CDC COVID Data Tracker; Hospital Admissions | Washington Department of Health COVID-19 Data Dashboard | CDC COVID-NET

Washington State Department of Health | DOH 825-081 December 2022. To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civilrights@doh.wa.gov.

COVID-19 Vaccine Resources

Novavax Booster Option for Ages 18+, Vaccine Webpages Updated

General Webpages (English and Spanish)

- [COVID-19 Vaccine](#)
- [Vaccine Booster Doses](#)
- [COVID-19 Vaccine Frequently Asked Questions](#)

Provider-Focused Webpages (English)

- [About the COVID-19 Vaccines](#)
- [Clinical Information for COVID-19 Vaccine Providers](#)



COVID-19 Vaccine Resources

Vaccine Product Characteristics Table

UPDATED!

- Updated to now include the single-dose adolescent/adult Pfizer bivalent booster product information
- Found on [Healthcare Providers Toolkit and Resources page](#)
- Please help circulate this updated resource to vaccine administrators

WASHINGTON STATE DEPARTMENT OF HEALTH
COVID-19 Vaccine Product Characteristics and Information

Vaccine Manufacturer	Age Group	Vial Cap/Label Color	Dose	Dose Volume	Amount of Diluent Needed per Vial	Doses per Vial
Pfizer-BioNTech adolescent/adult bivalent booster	12 years+	Gray	30 mcg	0.3 mL	NO DILUTION	6
Pfizer-BioNTech adolescent/adult bivalent booster single-dose vial	12 years+	Gray	30 mcg	0.3 mL	NO DILUTION	10 single doses
Pfizer-BioNTech adolescent/adult primary series	12 years+	Gray	30 mcg	0.3 mL	NO DILUTION	6
Pfizer-BioNTech adolescent/adult primary series	12 years+	Purple	30 mcg	0.3 mL	1.8 mL	6 (after dilution)
Pfizer-BioNTech pediatric bivalent booster	5–11 years	Orange	10 mcg	0.2 mL	1.3 mL	10 (after dilution)
Pfizer-BioNTech pediatric primary series	5–11 years	Orange	10 mcg	0.2 mL	1.3 mL	10 (after dilution)
Pfizer-BioNTech pediatric/infants primary series	6 months–4 years	Maroon	3 mcg	0.2 mL	2.2 mL	10 (after dilution)
Moderna adolescent/adult bivalent booster	12 years+	Dark Blue Cap/ Gray Label	50 mcg	0.5mL	NO DILUTION	5*
Moderna adolescent/adult primary series	12 years+	Red Cap/ Light Blue Label	100 mcg	0.5mL	NO DILUTION	10–11
Moderna pediatric bivalent booster	6–11 years	Dark Blue Cap/ Gray Label	25 mcg	0.25 mL	NO DILUTION	10*
Moderna pediatric primary series	6–11 years	Dark Blue Cap/ Purple Label	50 mcg	0.5mL	NO DILUTION	5
Moderna pediatric/infants primary series	6 months–5 years	Dark Blue Cap/ Magenta Label	25 mcg	0.25 mL	NO DILUTION	10
Novavax adolescent/adult primary series	12 years+	Royal Blue	5 mcg rS and 50 mcg of Matric-M adjuvant	0.5 mL	NO DILUTION	10

*Both 0.5 mL doses and 0.25 mL doses may be withdrawn from the same multiple-dose vial, so number of doses pulled may vary on population served.



DOH 825-047 November 2022
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Please review [CDC's interim COVID-19 immunization schedule](#) for ages 6 months and older.

COVID-19 Vaccine Resources

Snapshot of the COVID-19 Vaccines

UPDATED!

- Updated to include information on Novavax Boosters
- Now available in English, Spanish, and **36 additional languages**
- Found on [Resources and Recommendations page](#)

 Snapshot of the COVID-19 Vaccines Clinical trials show that all available vaccines work extremely well at preventing COVID-19.				
	Johnson & Johnson <small>Adenovirus (viral vector) vaccine</small>	Pfizer – BioNTech <small>mRNA vaccines</small>	Moderna <small>mRNA vaccines</small>	Novavax <small>Protein subunit vaccine</small>
How many doses do I need for a primary series?	For most people 18 and older - 1 dose	For people 6 months-4 years - 3 doses , 3 weeks after 1 st , 8 weeks after 2 nd	For most people 6 months and older - 2 doses , 4-8 weeks apart	For most people 12 and older - 2 doses , 3-8 weeks apart
You are fully protected 2 weeks after completing your primary series	For people 18 and older with immunocompromise - 2 doses , 1 dose of Johnson & Johnson, followed by a dose of an mRNA vaccine at least 4 weeks after first dose	For most people 5 and older - 2 doses , 3-8 weeks apart For people 5 and older with immunocompromise - 3 doses , second dose 3 weeks after first, third dose at least 4 weeks after the second	For people 6 months and older with immunocompromise - 3 doses , second dose 4 weeks after first, third dose at least 4 weeks after second	For people 12 and older with immunocompromise - 2 doses , second dose 3 weeks after the first
How old do I have to be to get this vaccine?	18 years or older	6 months or older	6 months or older	12 years or older
When should I get a booster dose?	2 months after your last dose for an updated mRNA booster - 18 years and older*	2 months after your last dose for an updated mRNA booster - 5 years and older*	2 months after your last dose for an updated mRNA booster - 5 years and older*	2 months after your last dose for an updated mRNA booster - 12 years and older*
Which booster am I eligible for?	Anyone 18 years and older is eligible for an updated Pfizer or Moderna booster*	Anyone 5 years old is eligible for an updated Pfizer booster Anyone 6 years and older is eligible for an updated Pfizer or Moderna booster*	Anyone 5 years old is eligible for an updated Pfizer booster Anyone 6 years and older is eligible for an updated Pfizer or Moderna booster*	Anyone 12 years and older is eligible for an updated Pfizer or Moderna booster*

*Some individuals 18 years and older may also be eligible to receive a Novavax booster 6 months after completing their primary series in certain circumstances. Please visit doh.wa.gov/covidbooster for more information.

COVID-19 Vaccine Resources

COVID-19 Vaccine Reference Guide for all who are Immunocompromised

Updated!

- Updated to now include bivalent expansion recommendations for ages 5+ and Novavax booster option
- Available in English and Spanish (currently in translations to be available in **40+ languages**)
- Found on [Resources and Recommendations Page](#)

Frequently Asked Questions

What's the difference between an additional vaccine dose and a booster vaccine dose?

An additional dose is for patients who completed a primary mRNA vaccine (Pfizer or Moderna) or viral vector vaccine (J&J) but did not have a strong enough immune response. A booster dose is for patients who have already received a booster dose.

What is an updated/bivalent booster?

An updated/bivalent COVID-19 booster is a vaccine formula that both boosts immunity against the original coronavirus strain and also protects against the newer Omicron variant that account for most of the current cases. Updated boosters are intended to provide broader protection over time.



COVID-19 Vaccine Reference Guide for all who are Immunocompromised

People who are immunocompromised are especially vulnerable to infections including COVID-19. If you have any of the following medical conditions, you are considered moderately to severely immunocompromised and may benefit from an additional dose of COVID-19 vaccine. This includes people who:

- Are receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicines to suppress the immune system
- Have moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Have advanced or untreated HIV infection
- Are receiving active treatment with high-dose corticosteroids or other drugs that may suppress the immune response

This list is not inclusive of all immunocompromising conditions, please speak with your medical provider to determine if additional doses would be beneficial to you. If you are immunocompromised, check out the chart below to see how many doses you are eligible to receive to stay protected against COVID-19:

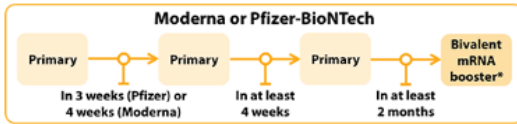
If you got...	Age Group	Primary Series	Should I get an ADDITIONAL DOSE?	Can I get a BOOSTER?
Pfizer	6 months through 4 years old	Three doses: First two doses administered 21 days apart; third dose 8 weeks after.	No additional primary dose at this time.	No, a booster is not authorized at this time.
	5 years old	Two doses administered 21 days apart	Yes, you should receive an additional dose 28 days after your second dose.	Yes, an updated bivalent Pfizer mRNA booster is recommended 2 months after the last dose to be up to date.
	6+ years old	Two doses administered 21 days apart	Yes, you should receive an additional dose 28 days after your second dose.	Yes, an updated bivalent Pfizer or Moderna mRNA booster dose is recommended 2 months after the last dose for people 6 and older to be up to date. People 18 years and older who have not received a previous booster can also opt to receive a Novavax booster 6 months after completing their primary series if they cannot or will not receive an updated mRNA booster...
Moderna	6 months through 4 years old	Two doses administered 28 days apart	Yes, you should receive an additional dose 28 days after your second dose.	No, a booster is not authorized at this time.
	5 years old	Two doses administered 28 days apart	Yes, you should receive an additional dose 28 days after your second dose.	Yes, an updated bivalent Pfizer mRNA booster dose is recommended 2 months after last dose for people 5 years old to be up to date.
	6+ years old	Two doses administered 28 days apart	Yes, you should receive an additional dose 28 days after your second dose.	Yes, an updated bivalent Pfizer or Moderna mRNA booster dose is recommended 2 months after last dose for people 6 years old and older to be up to date. People 18 years and older who have not received a previous booster can also opt to receive a Novavax booster 6 months after completing their primary series if they cannot or will not receive an updated mRNA booster...
Johnson & Johnson	18+ years old	One dose	Yes, you should get an additional dose with mRNA vaccine 28 days after 1st dose of J&J.	Yes, an updated bivalent Pfizer or Moderna mRNA booster dose is recommended 2 months after the last dose to be up to date. People 18 years and older who have not received a previous booster can also opt to receive a Novavax booster 6 months after completing their primary series if they cannot or will not receive an updated mRNA booster...
Novavax	12+ years old	Two doses, administered 21 days apart	No additional primary dose at this time.	Yes, an updated bivalent Pfizer or Moderna mRNA booster dose is recommended 2 months after the last dose for people 12 and older to be up to date. People 18 years and older who have not received a previous booster can also opt to receive a Novavax booster 6 months after completing their primary series if they cannot or will not receive an updated mRNA booster.

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

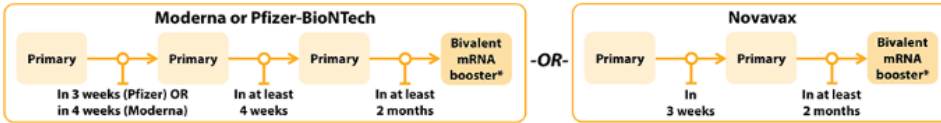
People ages 6 months through 4 years



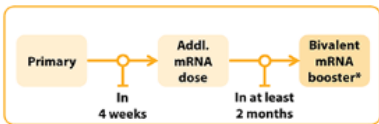
People ages 5 through 11 years



People ages 12 years and older

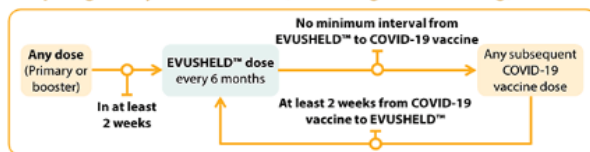


People ages 18 years and older who previously received Janssen primary series dose[†]



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

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



*Administer an age-appropriate mRNA bivalent booster (i.e., Pfizer-BioNTech for people age 5 years and either Pfizer-BioNTech or Moderna for people ages 6 years and older). 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>

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

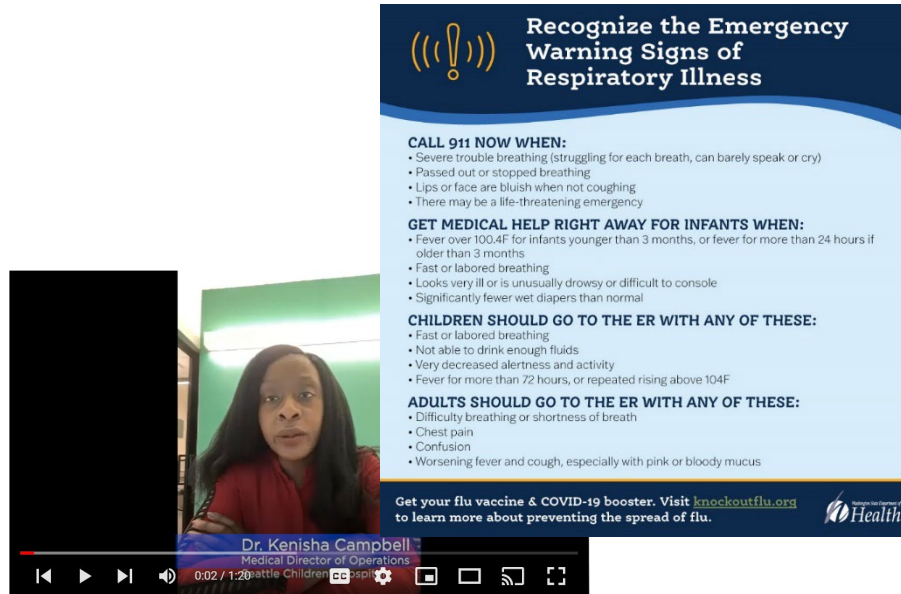
SOURCE: <https://www.cdc.gov/vaccines/covid-19/images/COVID19-vaccination-schedule-immunocompromised.png>

NEW: Respiratory Illness Toolkit

Respiratory illness toolkit sent to partners promoting flu and COVID-19 vaccinations and behaviors to prevent flu, COVID-19, RSV, and other respiratory illnesses.

Request a copy by emailing doh-pio@doh.wa.gov.

- Graphics
- Letter to schools
- Short videos
- Social media
- Video script
- News releases



Recognize the Emergency Warning Signs of Respiratory Illness

CALL 911 NOW WHEN:

- Severe trouble breathing (struggling for each breath, can barely speak or cry)
- Passed out or stopped breathing
- Lips or face are bluish when not coughing
- There may be a life-threatening emergency

GET MEDICAL HELP RIGHT AWAY FOR INFANTS WHEN:

- Fever over 100.4F for infants younger than 3 months, or fever for more than 24 hours if older than 3 months
- Fast or labored breathing
- Looks very ill or is unusually drowsy or difficult to console
- Significantly fewer wet diapers than normal

CHILDREN SHOULD GO TO THE ER WITH ANY OF THESE:

- Fast or labored breathing
- Not able to drink enough fluids
- Very decreased alertness and activity
- Fever for more than 72 hours, or repeated rising above 104F

ADULTS SHOULD GO TO THE ER WITH ANY OF THESE:

- Difficulty breathing or shortness of breath
- Chest pain
- Confusion
- Worsening fever and cough, especially with pink or bloody mucus

Get your flu vaccine & COVID-19 booster. Visit knockoutflu.org to learn more about preventing the spread of flu.

Dr. Kenisha Campbell
Medical Director of Operations

0:02 / 1:20 Seattle Children's Respiratory

Washington State Department of Health

Long COVID

DOH has compiled the most current information on Long COVID: [DOH website](#)

- Find diagnosis information, guidance on disability rights, links to research, and more.

CDC Resources: [Long COVID or Post-COVID Conditions | CDC](#)

COVID Vaccine Hot Topics

- Moderna and Pfizer are continuing to extend product expiration dates.
 - ◆ Pfizer: <https://lotexpiry.cvdvaccine.com>
 - ◆ Moderna: <https://modernacovid19global.com/vial-lookup>
 - ◆ Novavax: <https://us.novavaxcovidvaccine.com/hcp>
 - ◆ Johnson and Johnson/Janssen: <https://vaxcheck.jnj/>
 - ◆ Vaccine Waste Guidance: [Toolkit and Resources | DOH](#)
- Monovalent vaccines are anticipated to begin phasing out early next year.
- Single Dose Vials for Bivalent Boosters are available from Pfizer in small amounts.

Moderna Shelf-life Extension

Expiry dates of the following monovalent Moderna 10 products have been extended:

Count	Lot Number	OLD Expiry (9-month from DOM)	New Expiry (verified)
1	054A22A	2022-11-01	Feb 1, 2023
2	055A22A	2022-11-02	Feb 2, 2023
3	057A22A	2022-11-06	Feb 6, 2023
4	056A22A	2022-11-07	Feb 7, 2023
5	059A22A	2022-11-09	Feb 9, 2023
6	058A22-2A	2022-11-10	Feb 10, 2023
7	060A22A	2022-11-10	Feb 10, 2023
8	014B22A	2022-11-11	Feb 11, 2023
9	015B22A	2022-11-12	Feb 12, 2023
10	016B22A	2022-11-13	Feb 13, 2023
11	017B22A	2022-11-14	Feb 14, 2023
12	011B22A	2022-11-18	Feb 18, 2023

Moderna has verified the new expiry dates above and updated the Moderna Vial Expiration Checker: <https://modernacovid19global.com/vial-lookup?#vialLookUpTool>.

Upcoming Long COVID Webinars

The Work Starts Here:
Supporting Employees with
Long COVID



Kyla Haggith, BSN, RN, PCCN-K

[January 13](#)

Long COVID
Discussion: Parts 1 & 2



UW Long COVID Clinic

[March 3](#) & [March 24](#)

Register on the [POP Member Page](#) and please share with
colleagues!

COVID-19 Recovery Behavioral Health Webinar



Kira Mauseth, Ph.D.

Moral Injury and Personal Coping for Health Care Providers

Monday, December 19 from
noon to 1:00 p.m. PST

COVID Vaccine Training Support

CDC Storage and Handling Summaries -

- [Pfizer-BioNTech COVID-19 Vaccine: Storage and Handling Summary \(cdc.gov\)](#)
- [Moderna COVID-19 Vaccine: Storage and Handling Summary \(cdc.gov\)](#)

Pfizer Virtual Trainings - [Link](#)

Moderna Office Hours – [Link](#)

- If no sessions are available, please use the contact list on that linked page to get direct assistance.

Federal PHE-Key Milestones Continue

Oct. 31, 2022:

- FEMA Funding ends
- FEMA Mass Vaccine Project Consolidated Contract (con-con) with FEMA Funds

DATE TBD:

- Federal PHE ends

Immunizations Contact

For Immunizations and vaccine resources, contact:

JoAnn Parris, LNHA (She/Her)
Immunization Liaison, Adults & LTC
Adult Immunization Quality Improvement Coordinator
Data Quality & Monitoring
Office of Immunization
(360) 819-3807 cell
joann.parris@doh.wa.gov

For any vaccine specific questions, contact Nurse Educators:

immunenurses@doh.wa.gov

Additional Contacts for Questions

Email Path	Description
COVID.Vaccine@doh.wa.gov	DOH COVID Vaccine
immunenurses@doh.wa.gov	Nurse educators for all vaccine questions
LQA@doh.wa.gov or 253-395-6746	DOH Medical Test Site Waiver (MTSW)/CLIA Waiver License
doh-surv@doh.wa.gov	DOH COVID-19 Surveillance; Point of Care Test Reporting
covidtestingsupport@doh.wa.gov	DOH COVID-19 Testing
RCSpolicy@dshs.wa.gov	DSHS/RCS Policy and Survey
EyeOnSafety@lni.wa.gov or 1-800-4BE-SAFE	LNI
https://www.lni.wa.gov/safety-health/preventing-injuries-illnesses/request-consultation/	LNI Consultation
https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions	Local Health Jurisdictions



UPDATED COVID OUTBREAK DEFINITION

Updated COVID Outbreak Definition from CSTE

- On Monday 9/26/22- CSTE announced new healthcare outbreak definitions
 - Lots of changes, some significant
- DOH plans to adopt this new definition on 1/1/23
- New definition is up on the CSTE website
- Full crosswalk will be sent out with today's slides

[HC-Outbreak-Definition.pdf \(cste.org\)](#)

Updated COVID Outbreak Definition from CSTE

Highlights:

Hospitals:

- Time is decreased from 7 days to 4 days to be considered HAI
- Threshold for reporting HCW cases to public health varies now based on community transmission level

Long Term Care:

- An outbreak can now include health care workers only
- LTC outbreaks are still for a 28 day period and close after 28 days

Ambulatory settings:

- Ambulatory settings are no longer broken into three categories
- Patient cases only can now be a trigger to reporting to public health

Updated COVID Outbreak Definition from CSTE

Highlights:

All Categories:

- Expands thresholds for “confirmed” cases to suspect, probable or confirmed for HCW and expands thresholds for “confirmed” cases to probable or confirmed for patients

Definitions:

- Changes the definition of a probable case to someone who had a rapid at a CLIA-Waiver facility
- Adds a definition for suspect cases, which includes the definition that used to be for probable case (meets clinical/epi or vital record criteria but was not tested) and includes those with rapid tests from non-CLIA facilities and +Immunocytochemistry
- Adds encouragement to prioritize HCW who have patient/visitor contact
- Changes the definition of facility-acquired infection from being a time-based measure to anyone who tests positive in the facility that didn't test positive on entry or during quarantine on admission
- Changes the definition of epi-linkage from a 14-day window to a 7-day window

Facility Acquired Definition

Facility-acquired COVID-19 infection in a long-term care resident refers to SARS-CoV-2 infections that originated in the nursing home.

It does not refer to the following:

- Residents who were known to have SARS-CoV-2 infection on admission to the facility and were placed into appropriate Transmission Based Precautions to prevent transmission to others in the facility.
- Residents who were placed into Transmission-Based Precautions (quarantine) on admission and developed SARS-CoV-2 infection while in quarantine



For questions on outbreak definition or assistance,
contact:

HAIEpiOutbreakTeam@doh.wa.gov

Q & A Section

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

