



Thank you for joining

**The presentation will
begin shortly**





Rise to Immunize® Monthly Webinar

COVID-19 101

Mary Ann Yehl, DO, MBA, *AtlantiCare*

July 18, 2024



Today's Webinar

Campaign Updates

- Campaign Expansion/ Extension
- RSV Measure Change
- RIZE Action Month
- RIZE Cast

ACIP Updates

- L.J. Tan, PhD, MS, *Immunize.org*

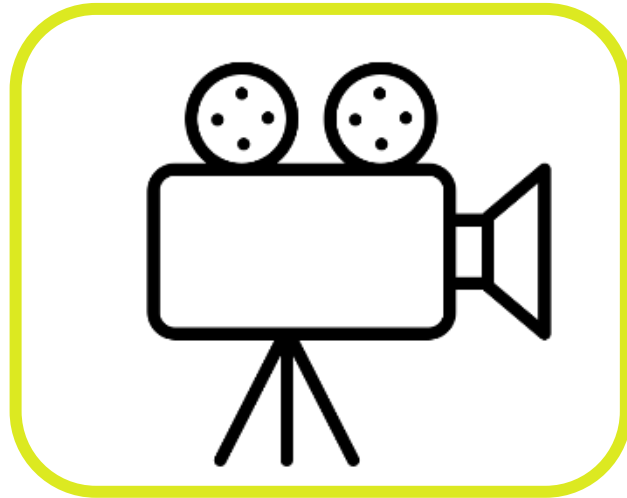
COVID-19 101

- Mary Ann Yehl, DO, MBA, *AtlantiCare*

Q&A Session



Webinar Reminders



Today's webinar recording will be available the **week of 07/22**

- Will be sent via email
- Will be available on website



Ask questions during the webinar using the **Q&A feature**

- Questions will be answered at the end of the presentation

(RiseToImmunize.org → "Resources" → "Webinars")



**More Vaccines!
More Time!**



Together we can administer
30 million vaccines
by **2027** through
comprehensive & equitable
vaccine initiatives.

How to add new measures:



Use the QR code
to access the **Measure
Upgrade Form**



➔ Or email RiseToImmunize@amga.org and we can assist you!

RSV Measure Change



RSV

Proportion of patients aged 60+ who ever received the RSV vaccination



RSV

Proportion of patients aged 75+ who ever received the RSV vaccination

RIIZE

Action Month

August 2024

Visit RiseToImmunize.org/ActionMonth



RIZE Cast



“Improving Td/Tdap Performance Through Patient Engagement”

University of Washington Physicians

**Improving Td/Tdap
Performance Through
Patient Engagement**

Nkem Akinsoto
Assistant Director Population Health
University of Washington Physicians

00:15

▶ 🔊 ⚙️ 📺 🔍 vimeo



**RSV Maternal Vaccine
Preparedness Quality
and Innovation
Collective (QuIC)**



RSV Maternal Vaccine Preparedness QuIC
Interim Report and Lessons Learned | June 2024



**RSV Maternal Vaccine QuIC
“Interim Report and Lessons
Learned” available on July 26!**

Today's Speaker



L.J. Tan, PhD, MS, Chief Policy and Partnership Officer, *Immunize.org*



Update on the June 2024 ACIP meeting

Litjen (L.J) Tan, MS, PhD

Chief Policy and Partnerships Officer, Immunize.org
Co-Chair, National Adult and Influenza Immunization Summit



Disclosures

- I have no conflicts of interest.
- I do NOT intend to discuss an unapproved or investigative use of a commercial product/device in my presentation

Disclaimer

- The opinions expressed in this presentation are solely those of the presenter and do not necessarily represent the official positions of Immunize.org, or the National Adult and Influenza Immunization Summit

RSV Vaccines – Adults

Policy questions

1. Should all adults aged ≥ 75 years be recommended to receive a single dose of RSV vaccination?
2. Should adults aged 60–74 years at increased risk of severe RSV disease be recommended to receive a single dose of RSV vaccination?
3. Should adults aged 50–59 years at increased risk of severe RSV disease be recommended to receive a single dose of RSV vaccination?

ACIP recommendations

1. ACIP recommends adults 75 years of age and older receive a single dose of RSV vaccination.^{a,b}
2. ACIP recommends adults 60–74 years of age who are at increased risk of severe RSV disease^c receive a single dose of RSV vaccination.^{a,b}

a. RSV vaccination is recommended as a single lifetime dose only. Persons who have already received RSV vaccination are NOT recommended to receive another dose.

b. These recommendations would supplant the current recommendation that adults 60 years of age and older may receive RSV vaccination, using shared clinical decision-making. Adults 60–74 years of age who are not at increased risk of severe RSV disease would NOT be recommended to receive RSV vaccination.

c. The Clinical Considerations presentation will describe chronic medical conditions and other risk factors for severe RSV disease proposed to be named in this risk-based recommendation.

RSV Vaccines – Maternal/Pediatric

Anticipated supply of maternal RSV vaccine and nirsevimab for 2024–2025 RSV season

- For maternal RSV vaccine, no anticipated supply/demand mismatch
- For nirsevimab, limited availability beginning early September, ramping up during September, broadly available by October 1
- Original ACIP recommendations (as published in MMWR) apply for 2024-25 RSV season
 - Pregnant people receive a single dose of the Pfizer RSVpreF vaccine (brand name Abrysvo) between 32 and 36 weeks of pregnancy.
 - In most of the continental United States, the vaccine is recommended during RSV season, which is from September through January
- All infants are recommended to be protected by either maternal RSV vaccination or nirsevimab for the 2024-25 RSV season

Recommendations for additional RSV vaccine doses in subsequent pregnancies

- People who received a maternal RSV vaccine during a previous pregnancy are not recommended to receive additional doses during future pregnancies
- Infants born to people who were vaccinated only during a prior pregnancy should receive nirsevimab
- Recommendations can be updated in the future if additional data are available

COVID-19

Policy questions

Should 2024 – 2025 COVID-19 vaccines be recommended for use in persons

Products and ages under review for authorization or approval by FDA include:

- Moderna COVID-19 vaccine for ages 6 months and older
- Novavax COVID-19 vaccine for ages 12 years and older
- Pfizer-BioNTech COVID-19 vaccine for ages 6 months and older

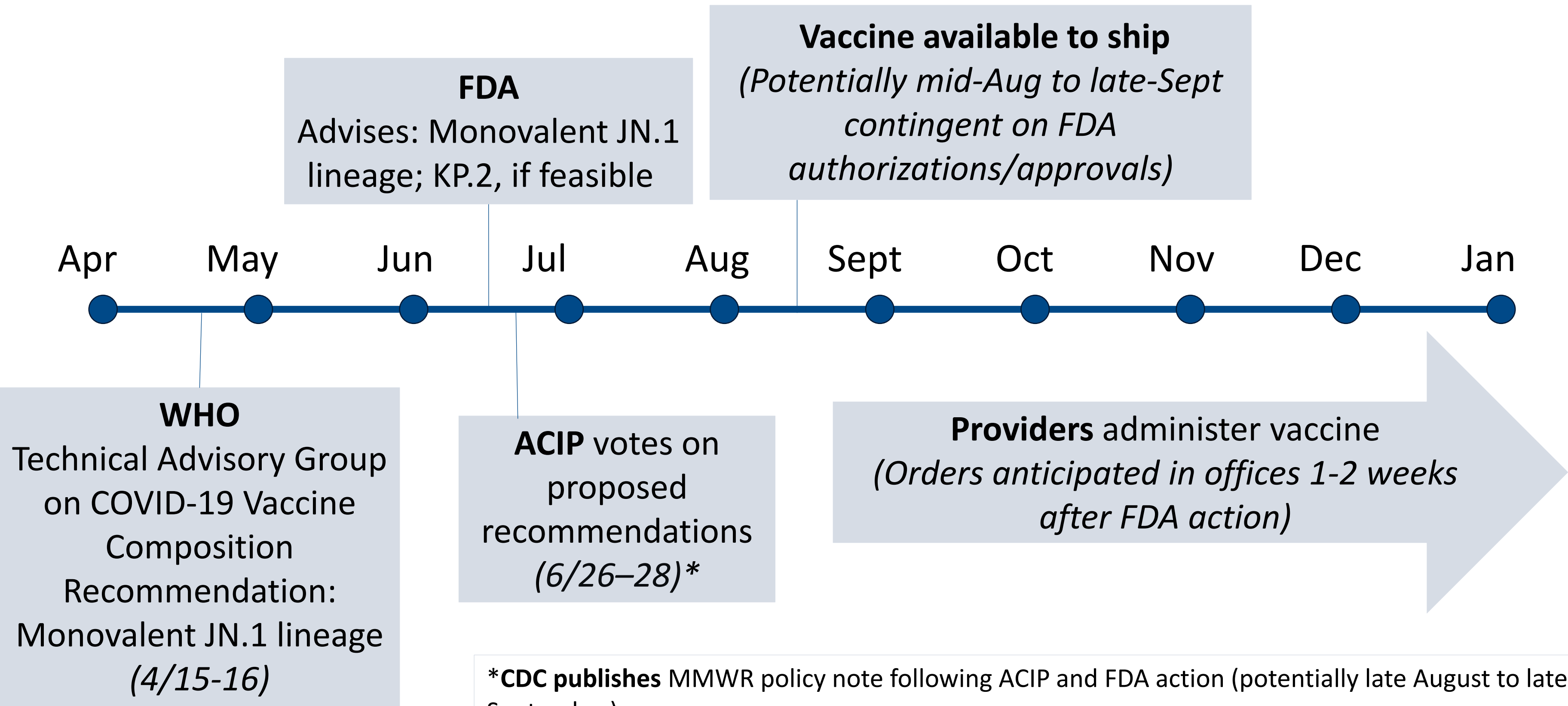
Policy questions

- Benefits of COVID-19 vaccination vary by age and risk status
 - Under a universal recommendation, 2024-2025 COVID-19 vaccines will be available to all persons ages ≥ 6 months
 - Additional implementation efforts should be targeted toward those that will receive the most benefit from COVID-19 vaccination, including people ≥ 65 years old, people with underlying conditions¹ including immunocompromise, and pregnant people to protect themselves and their infants
- The Work Group will continue to evaluate COVID-19 vaccine policy, including the need for a universal recommendation, particularly as COVID-19 epidemiology continues to change

ACIP recommendation

- ACIP recommends 2024-2025 COVID-19 vaccines as authorized or approved by FDA in persons ≥ 6 months of age

Prospective 2024 COVID-19 vaccine timeline



***CDC publishes** MMWR policy note following ACIP and FDA action (potentially late August to late September).
****CDC updates** COVID-19 Vaccine Interim Clinical Considerations immediately following FDA action.

Influenza

U.S. Influenza Vaccine Composition for the 2024-25 Influenza Season

- All influenza vaccines marketed in the United States for the 2024-25 season will be trivalent
- There will be no influenza B/Yamagata component, following no confirmed detections of wild-type influenza B/Yamagata viruses since March 2020
- U.S. influenza vaccine composition for 2024-25 includes an update to the influenza A(H3N2) component:
 - An A/Victoria/4897/2022 (H1N1)pdm09-like virus for egg-based vaccines or an A/Wisconsin/67/2022 (H1N1)pdm09-like virus for cell and recombinant vaccines;
 - An A/Thailand/8/2022 (H3N2)-like virus for egg-based vaccines or an A/Massachusetts/18/2022 (H3N2)-like virus for cell and recombinant vaccines;
 - A B/Austria/1359417/2021 (B/Victoria lineage)-like virus

ACIP recommendation

- ACIP reaffirms the recommendation for routine annual influenza vaccination of all persons aged ≥ 6 months who do not have contraindications

ACIP recommendation

- ACIP recommends high-dose inactivated (HD-IIV3) and adjuvanted inactivated (aIIV3) influenza vaccines as acceptable options for influenza vaccination of solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens, without a preference over other age-appropriate IIV3s or RIV3

Pneumococcal Vaccines

Adult Pneumococcal Vaccines

	1	3	4	5	6 A	6 B	7 F	9 V	1 4	1 8 C	1 9 A	1 9 F	2 3 F	2 2 F	3 3 F	8	1 0 A	1 1 A	1 2 F	1 5 B	2	9 N	1 7 F	2 0	1 5 A	1 5 C	1 6 F	2 3 A	2 3 B	2 4 F	3 1	3 5 B			
PCV15																																			
PCV20																																			
PPSV23																																			
PCV21																																			

21-valent pneumococcal conjugate vaccine (CAPVAXIVE™, Merck):

- Approved by the FDA for adults aged ≥18 years on June 17, 2024¹

PCV13=13-valent pneumococcal conjugate vaccine

PCV15=15-valent pneumococcal conjugate vaccine

PCV20=20-valent pneumococcal conjugate vaccine

PPSV23=23-valent pneumococcal polysaccharide vaccine

Current Pneumococcal Vaccine Recommendations for Adults

- The following groups are currently recommended to receive a dose of pneumococcal conjugate vaccine (PCV):
 - Adults aged ≥ 65 years who have not received a PCV¹
 - Adults aged 19–64 years with certain underlying conditions or risk factors² who have not received a PCV¹
 - Certain adults who have received PCV13 but have not received PCV20³

ACIP recommendation

- ACIP recommends PCV21 as an option for adults aged ≥ 19 years who currently have a recommendation to receive a dose of PCV

ACIP recommendation

ACIP Pneumococcal Vaccine Recommendations, June 2024

ACIP recommends PCV21 as an option for adults aged ≥ 19 years who currently have a recommendation to receive a dose of PCV.

Specifically, the ACIP recommended PCV21 for the following populations:

- Adults aged ≥ 65 years who have never received a PCV
 - Adults aged 19-64 years with a risk condition, who have never received a PCV
 - Adults aged ≥ 19 years who have received a PCV, but have not completed the recommended series
 - Shared clinical decision-making for use of a supplemental dose of PCV21 for adults ≥ 65 years who have completed their vaccine series with both PCV13 and PPSV23
- ACIP also considered expanding the age-based recommendation to include adults aged 50-64 years and decided to evaluate this policy question in October 2024.

We have to focus on operationalizing
adult vaccination uptake!

Everyday readiness IS pandemic
preparedness

Visit Immunize.org and NAIIS Resources!

Read our publications!

- <http://www.immunize.org/publications/>

• Visit our websites!

- www.immunize.org
- www.vaccineinformation.org
- www.immunizationcoalitions.org
- www.izsummitpartners.org

• **Stay ahead of the game! Subscribe to our updates!**

- <http://www.immunize.org/subscribe/>

**Thank You
for your
attention!**



Today's Speaker



Mary Ann Yehl, DO, MBA, Medical Director, *AtlantiCare Urgent Care*





COVID-19 LESSONS IN 2024

Mary Ann Yehl, DO
AtlantiCare Health System

AGENDA

- Introduction
- Timeline
- Lessons Learned
- Current State
- Patient Story
- Questions & Answers



AtlantiCare

AtlantiCare

125
YEARS OF IMPACT
EST. 1904

- Mary Ann Yehl, DO
 - –Medical Director
 - Ambulatory Q & S
 - Virtual Care
 - ACO
 - RN, NP, DO





2 Hospitals

125 years of impact

6000 employees

5 Residency programs

110 Ambulatory Sites

1000 Physicians and Providers on Staff

Accountable care organization

- An Accountable Care Organization/CIN
- Participated in Medicare Shared Savings Program (MSSP 2013-2016)
- Commercial/Medicaid Contracts/BPCI/ OCM
- >115,000 attributed lives in value-based contracts
- 55 Primary Care Providers (employed and affiliated)
- >400 Specialty Care Providers (employed and affiliated)
- 5 Skilled nursing facilities in network
- Health & Wellness



RECAP

2020

Dec- Jan- WHO takes notice

March- - World Closed

December-EUA- Vaccine

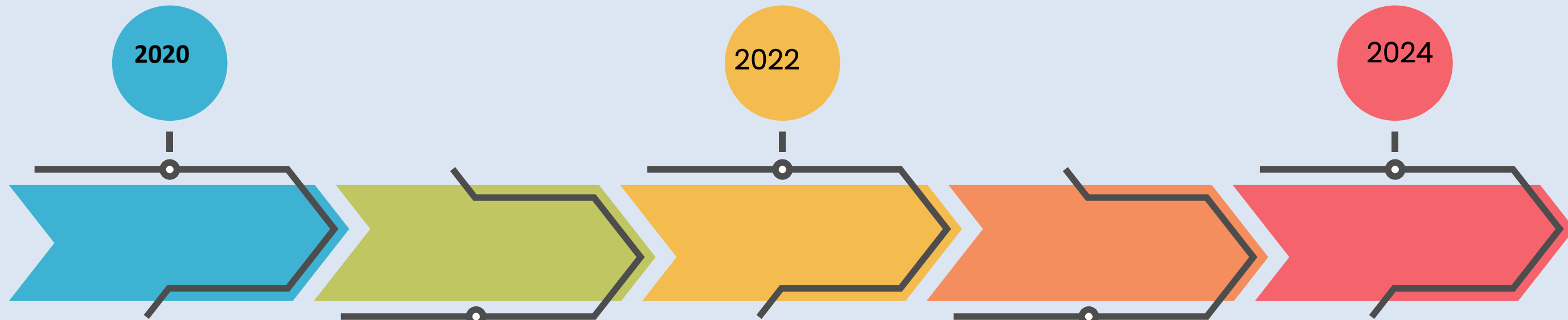
2022

May- United States hits 1 million deaths

June- EUA <5 yo

2024

March- CDC changes COVID isolation



2020

2022

2024

2021

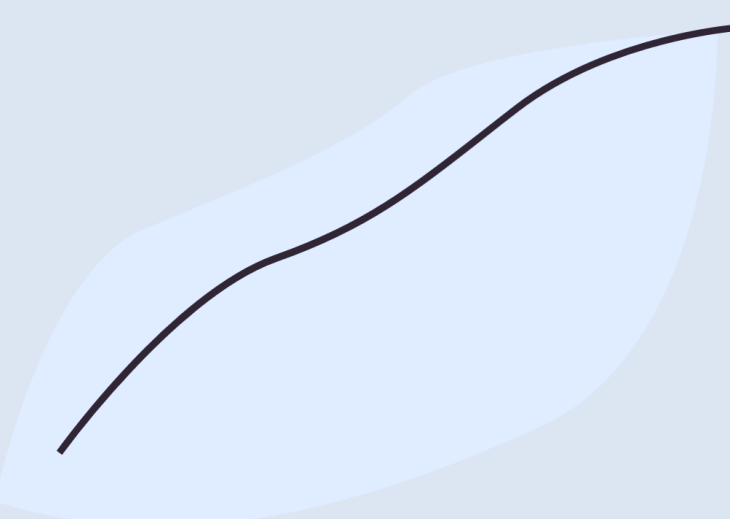
2021

October- Long COVID defined
EUA 5+ yo

2023

2023

May- PHE expires & WHO downgrades pandemic



Lessons Learned



Emergency Preparedness

Supply Chain Disruption

Health Equity

IT Pivoting

Vaccinations

Preventative Care Importance

Emergency Preparedness



- Staffing Challenges
- Cross Training
- Collaboration with State/ Local/
- National

Supply Chain Disruption



Multiple Sources

Creating Other Solutions

Sharing

Shuffling Supplies



Health Equity

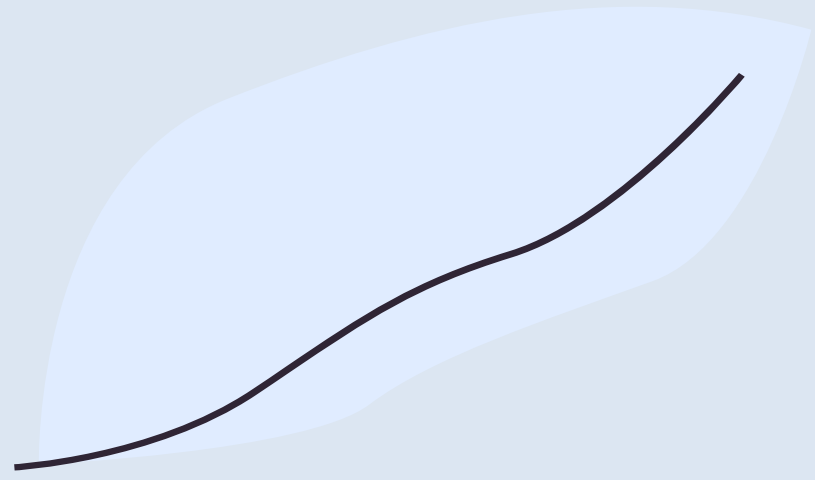


- Who are the high-risk patients and groups?
- What influences vaccination decisions?
- How we engaged specific populations
- Communication in new ways to new groups

Information Technology Integration

- Leveraging IT for wide communication
- Implementing data tools- quick updates
- Utilize IT for setting up vaccine center, combining phone, social, EMR, telehealth, and registration/ rev apps





Vaccine Influences

Provider discussions count the most

- Ask patients to verbalize concerns/fears
- Figure out what patients' values/goals are and factor them into vaccination
- Focus on the potential negative outcome without vaccination
- Focus on high-risk patients'



Provider discussions count the most

Vaccine Influences

- Keeping up on misinformation to respond
- Identify barriers
- Have information available in multiple languages
- Evaluate patient knowledge base
- Find an easy and convenient locations

Preventative Care Importance

- Lift of getting patients back in/ catch up
- Chronic Care Neglect
- Missing Preventative Care Exams



Current State 2024

AtlantiCare

125
YEARS OF IMPACT
EST. 1999



Acute Care

- ED
- Urgent Care
- PCP
- Specialists



Long Term Care

- PCP
- Specialists



Prevention

- PCP
- Specialists
- Pharmacy

Vaccine Schedule Evolution

Adding COVID to regular schedule

- Normalize Vaccination
- Emphasize Importance
- Focus on High Risk Patients

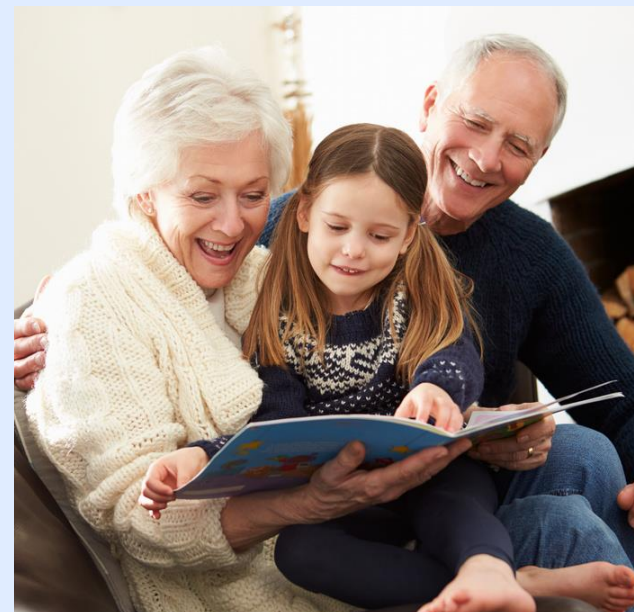


FOCUSING ON GROUPS AT RISK



Individuals with Health Conditions / Disabilities

Presentations are tools
that can be used as
lectures and more.



Children and Senior Citizens

Presentations are tools
that can be used as
lectures and more.



Pregnant and Breastfeeding Women

Presentations are tools
that can be used as
lectures and more.



Vaccine Sites of Administration

Factors:
Cost
Convenience
Hesitancy



Pharmacy

Commercial and hospital
Pharmacies are the best option



Provider Offices

Fewer patients are getting
vaccinated in provider offices

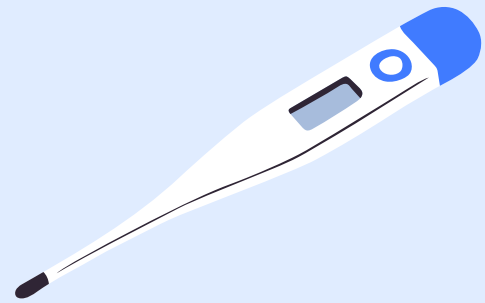


Standardizing Treatment

- -Education for first-line providers on current treatments and recommendations from ID

- -Chart reviews for opportunities for improvements

Safety at Work



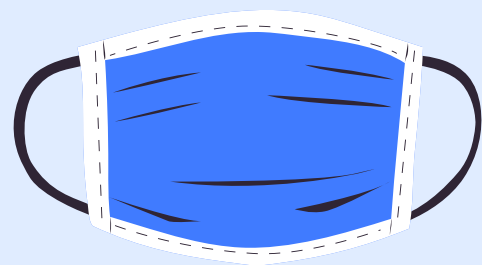
Track Your
Symptoms



Rest and
Hydrate



Seek care for
potential treatment



Stay Home if your
are sick



Isolate



Return to Work

Asymptomatic Positive

- No quarantine with pending results
- Positive results for 5 days if home test neg on day 5
- If + home test, retest 2 days and RTW day 11

Symptomatic and Test Positive?

- RTW 5 days after symptom onset AND negative home test day 5, if +, re-test 2 days later and RTW day 11
- Wear an N95 for 5 additional days, no eating

CDC Isolation Guidelines Add Confusion

Respiratory Guidance

- Stay home and away from others for 24 hours after improving symptoms, and no fever (without meds)

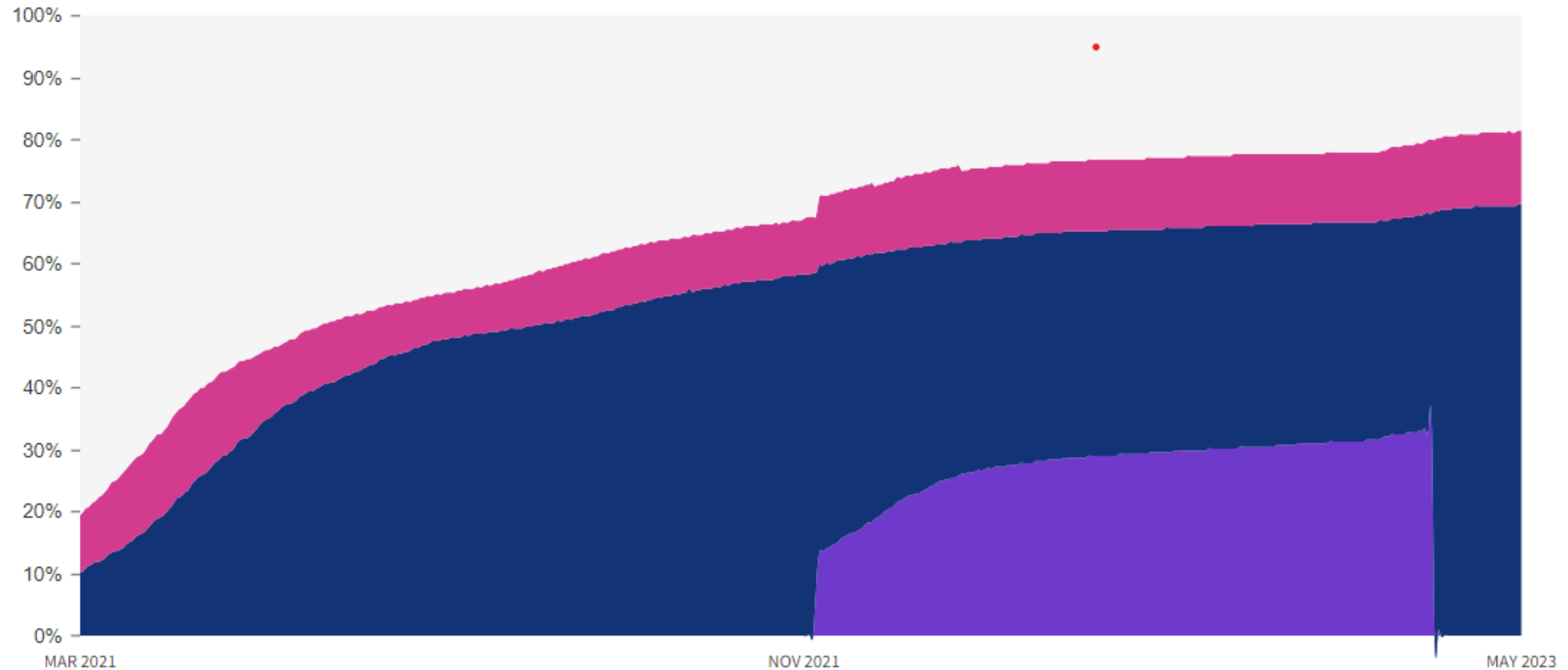


Vaccination Rates

Overall, **230,637,348** people or **70%** of the population are considered fully vaccinated.

Percent of people receiving vaccines in the US

■ One dose and incomplete ■ Two doses or equivalent ■ Three or more

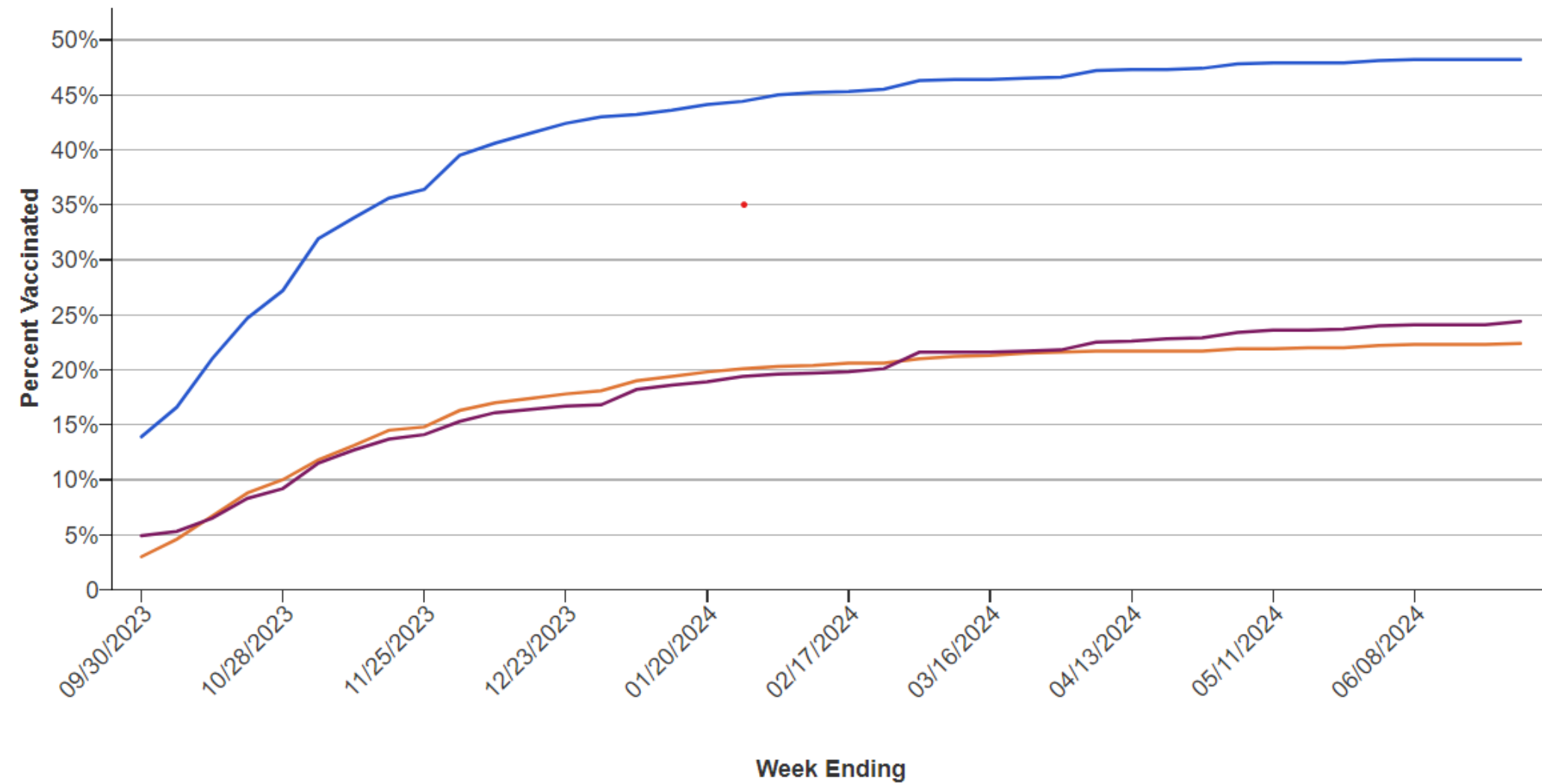


Sources: Centers for Disease Control and Prevention. see more

Vaccination Rates



Cumulative percent of adults vaccinated with COVID-19 (18+ years), influenza (18+ years), or RSV (60+ years) vaccine.



Select a virus to add or remove it from the graphic

● COVID-19 (18+ years) ● Influenza (18+ years) ● RSV (60+ years)

Patient Story-

Mary

Long COVID Symptoms x 6 months

- Weight loss
- Permanent malodorous/ noxious sense of smell/
taste
- Fatigue, brain fog, balance issues

Referred to Long COVID Clinic

- ENT evaluation
- Therapy- smell retraining
- Neuro- balance PT





Questions Comments

Thank you for your time today!

Upcoming Webinar



Topic: RSV 101



Date/ Time: Thursday, August 15 at 2pm ET



Presenters: Kathryn Edwards, MD, Vanderbilt Medical Center

Questions?



Submit your questions using the **Q&A feature** at the bottom of the screen

