

**Stay Calm  
Stay Prepared  
Stay Informed  
CALTCM.org**

## **Webinar Series COVID-19: CALTCM Weekly Rounds**

---

**August 24, 2020**

1



**CALTCM is a non-profit association.  
Please consider supporting our efforts with  
a donation to CALTCM and/or  
by joining/renewing your membership today.  
Visit: [caltcm.org](http://caltcm.org)**

---

**Non-Profit Status**

The California Association of Long Term Care Medicine (CALTCM) is currently exempt under section 501(c)(3) of the Internal Revenue Code. Contributions or charitable donations made to our non-profit organization are tax-deductible under section 170 of the Code.

To request a copy of our 501(c)(3) status letter or current Form W-9, please contact the CALTCM Executive Office at (888) 332-3299 or e-mail: [info@caltcm.org](mailto:info@caltcm.org)

2

## Thank you to our Planning Committee!

*Patricia Latham Bach, PsyD, RN*

*Heather D'Adamo, MD*

*Michelle Eslami, MD, FACP, CMD*

*Janice Hoffman-Simen, Pharm.D., EdD, APh, BCGP, FASCP*

*Ashkan Javaheri, MD*

*Albert Lam, MD*

*Jay Luxenberg, MD*

*Karl Steinberg, MD, CMD, HMDC*

*Michael Wasserman, MD, CMD*



August 24, 2020

3

## Thank you to our Sponsors!

*Platinum Donor*



*Silver Donor*



**We're all in this together.**

ACADIA is honored to support front line providers caring for our long-term care communities.



August 24, 2020

4



## Webinar Faculty

**Karl Hess, PharmD, APh, CTH, FCPHA,  
FAPhA, AFTM RCPS (Glasg)**

Associate Professor of Pharmacy Practice;  
Director of Community Pharmacy Practice  
Innovations; CPESN Executive Pharmacy  
Residency Program Director; Chapman  
University School of Pharmacy



August 24, 2020

5



## Webinar Moderator

**Janice Hoffman-Simen, Pharm.D., EdD,  
APh, BCGP, FASCP**

Director, Postgraduate Residency Program,  
Jewish Home for the Aging; Associate  
Professor of Pharmacy Practice and  
Administration; Western University of Health  
Sciences



August 24, 2020

6



## Webinar Faculty

---

**Jay Luxenberg, MD**

Chief Medical Officer, On Lok  
CALTCM, Wave Editor-in-Chief



August 24, 2020

7



## Webinar Faculty

---

**Michael Wasserman, MD, CMD**

Geriatrician, President, CALTCM,  
Medical Director, Eisenberg Village,  
Los Angeles Jewish Home



August 24, 2020

8



## Webinar Faculty

---

### Thomas Yoshikawa, MD

Associate Chief of Staff for Geriatrics & Extended Care; Clinical Liaison for GLAHS & West LA State Veterans Home; VA Greater Los Angeles Healthcare System; Distinguished Professor of Medicine, Geriatric Medicine & Infectious Disease; David Geffen School of Medicine at UCLA; Research Professor, Charles R. Drew University of Medicine & Science; Editor in Chief Emeritus, Journal of the American Geriatrics Society



August 24, 2020

9



*Ask the Experts:  
Testing & Vaccine*

This Photo by Unknown Author is licensed under CC BY

10

# Vaccination Needs For Older Adults

Karl Hess, PharmD, APh, CTH, FCPHA, FAPhA, AFTM RCPS (Glasg)  
Associate Professor of Pharmacy Practice  
Director of Community Pharmacy Practice Innovations  
CPESN Executive Pharmacy Residency Program Director  
Chapman University School of Pharmacy  
Irvine, CA  
khess@chapman.edu

11

## Pharmacy Vaccination Services

Survey of community pharmacies in all 50 states and the D.C. (n=292)

Independents: 44.2%  
Corporate/Chain: 52.8

Vaccine type	Whether this vaccine is provided (n)		Provided dose data (n)	Average doses <sup>a</sup>	SD	Median
	Yes (%)	No (%)				
Influenza	220 (96.1)	9 (3.9)	164	484	398.2	400
Herpes zoster	203 (91.4)	19 (8.6)	154	41	48.1	26
Pneumococcal 13-valent conjugate (PCV13)	197 (90.0)	22 (10.0)	152	55	61.2	30
Pneumococcal polysaccharide (PPSV23)	195 (88.6)	25 (11.4)	149	39	46.9	20
Tdap and/or Td	188 (87.0)	28 (13.0)	145	31	35.1	15
Hepatitis B	116 (56.3)	90 (43.7)	82	10	10.9	6
Hepatitis A	98 (49.2)	101 (50.8)	71	11	12.7	6
Meningococcal ACWY	78 (40.0)	117 (60)	49	6	9.9	2.5
Human Papillomavirus (HPV)	77 (38.9)	121 (61.1)	51	4	6.4	2
Travel vaccines	67 (36.8)	115 (63.2)	50	9	14.8	5
Meningococcal B	63 (32.6)	130 (67.4)	40	5	9.4	1.5

UNIVERSITY

Westrick SC, et al. National Survey of Pharmacy-Based Immunization Services. Vaccine 2018; 36: 5657-64

12

## What Can Pharmacists Do in California?

- Pharmacists can independently administer ACIP routinely recommended vaccines to patients  $\geq 3$  years old
- Pharmacists may still administer vaccines per physician protocol (e.g. Zostavax for those 50-59 years old; PCV13 to  $\geq 65$  years old)
- Non-routinely recommended vaccines require a physician protocol
- Must complete approved training and maintain BLS; complete 0.1 CEU every two years
- All administered vaccines must be documented/shared with PCP, be documented in CAIR (includes vaccines administered by student pharmacists under supervision)



13

## Vaccination Goals For Older Adults

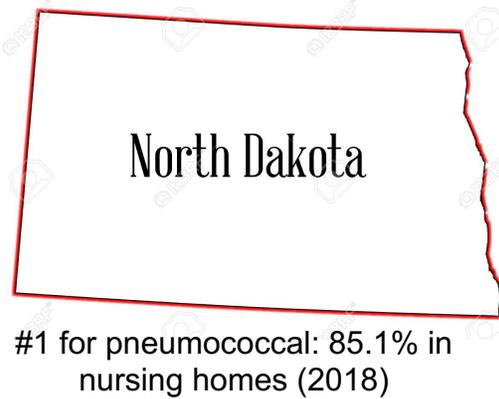
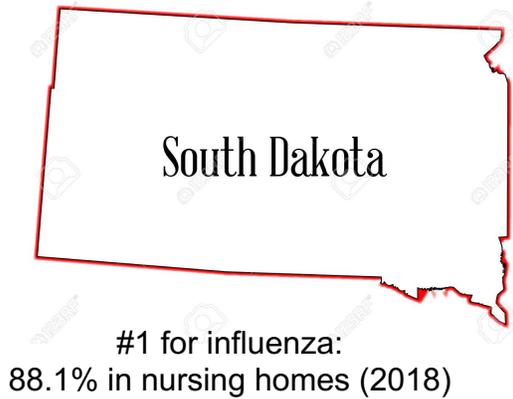
VPD	Target Population(s)	HP 2020 Goal	CA Rate (2018-19)
<b>Influenza</b>	Noninstitutionalized adults $\geq 18$ years of age	70% (revised down from 90% for $\geq 65$ years of age)	42.9% (general population)
	Institutionalized adults $\geq 18$ years of age in LTC or nursing homes	90%	73.6% (nursing homes)
<b>Pneumococcal</b>	Noninstitutionalized adults $\geq 65$ years of age	90%	68.9% (general population)
	Institutionalized adults $\geq 18$ years of age in LTC or nursing homes	90%	69.3% (nursing homes)
<b>Shingles</b>	All eligible adults based on age	30%	NR for CA (range 33.2 to 46%)
<b>Tetanus</b>	--	--	NR for CA (range 12.9 to 71.2%)

Office of Disease Prevention and Health Promotion. <https://www.healthypeople.gov/node/3527/data-details>  
 AdultVax View. <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/index.html> and <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/nursing-home/index.htm>  
 FluVax View. <https://www.cdc.gov/flu/fluview/index.htm>



14

## “Models” to Follow to Improve Rates



AdultVax View.  **CHAPMAN UNIVERSITY** | **School of Pharmacy**  
<https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/index.html> and  
<https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/data-reports/nursing-home/index.htm>

15

## General Vaccine Recommendations for Adults ≥ 65 Years\*

Vaccine	Recommendation
IIV	0.5 mL IM x1 dose annually
PCV13	0.5 mL IM x1 dose based on a shared clinical decision-making process
PPSV23	0.5 mL IM or SC x1 dose
RZV or VZL	RZV: 0.5 mL IM x2 doses at 0, 2 months VZL: 0.65 SC x1 dose
Tdap/Td	Tdap 0.5mL IM x1, then Tdap/Td every 10 years

IIV: inactivated influenza vaccine; PCV13: pneumococcal conjugate vaccine 13 valent; PPSV23: pneumococcal polysaccharide vaccine 23 valent; RZV: recombinant zoster vaccine (Shingrix); VZL: varicella zoster live (Zostavax); Td: tetanus and diphtheria; Tdap: tetanus, diphtheria, acellular pertussis

\*Patients may still require additional vaccines based on personal medical or vaccination histories, see slides 17-18

 **CHAPMAN UNIVERSITY** | **School of Pharmacy**

16

## Influenza Vaccines for Older Adults

- Flud  
  - aIV3 (MF59 as adjuvent)
  - 15 mcg per each antigen (H1N1, H3N2, B)
  - 63% effective when compared to non-nonadjuvanted vaccine for laboratory confirmed influenza
- Fluzone HD  
  - HD-IIV3
  - 60 mcg per each antigen (H1N1, H3N2, B)
  - 24.2% more effective than Fluzone SD for laboratory-confirmed influenza
- ACIP: No preference for one vaccine over another (must be age and indication appropriate)

## PCV13 Use In Persons $\geq$ 65 Years

- PCV13 in children has led to a decrease in pneumococcal disease in children and adults
- Current recommendation for  $\geq$  65 Years
  - PPSV23x1 dose for all
  - Consider PCV13 (if administering, PCV13 x1 dose followed by PPSV23 x1 one year later)
- Factors favoring PCV13 vaccination (SCDM)
  - Residence in nursing home or LTC facility
  - Traveling to areas/countries with no/low PCV13 uptake
  - Individual risk of exposure to PCV13 serotypes

## Shared Clinical Decision Making

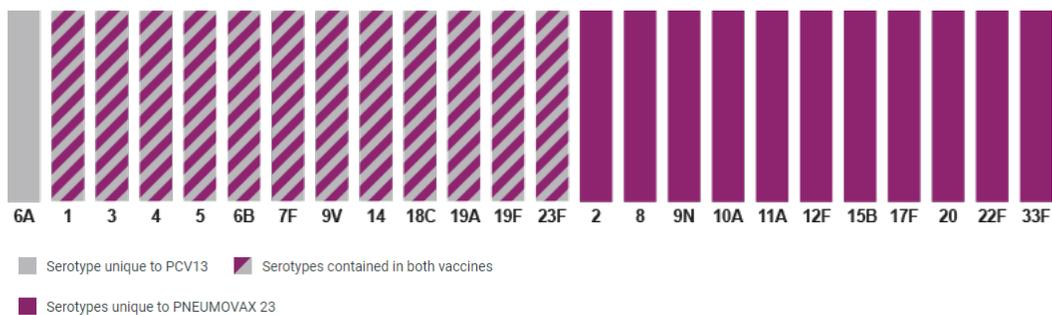
- ACIP has four recommendations for vaccination based on shared clinical decision making: PCV13, MenB, HepB, HPV, and PCV13
- Vaccination may be of individual benefit, but is likely not to have population-wide benefits
- Individually based recommendations between patient and provider
  - Evidence-based
  - Individuals characteristics, values, and preferences
  - Providers discretion



CDC. Shared Clinical Decision Making Recommendations. Available at: <https://www.cdc.gov/vaccines/acip/acip-scdm-fags.html>

19

## PCV13 vs. PPSV23

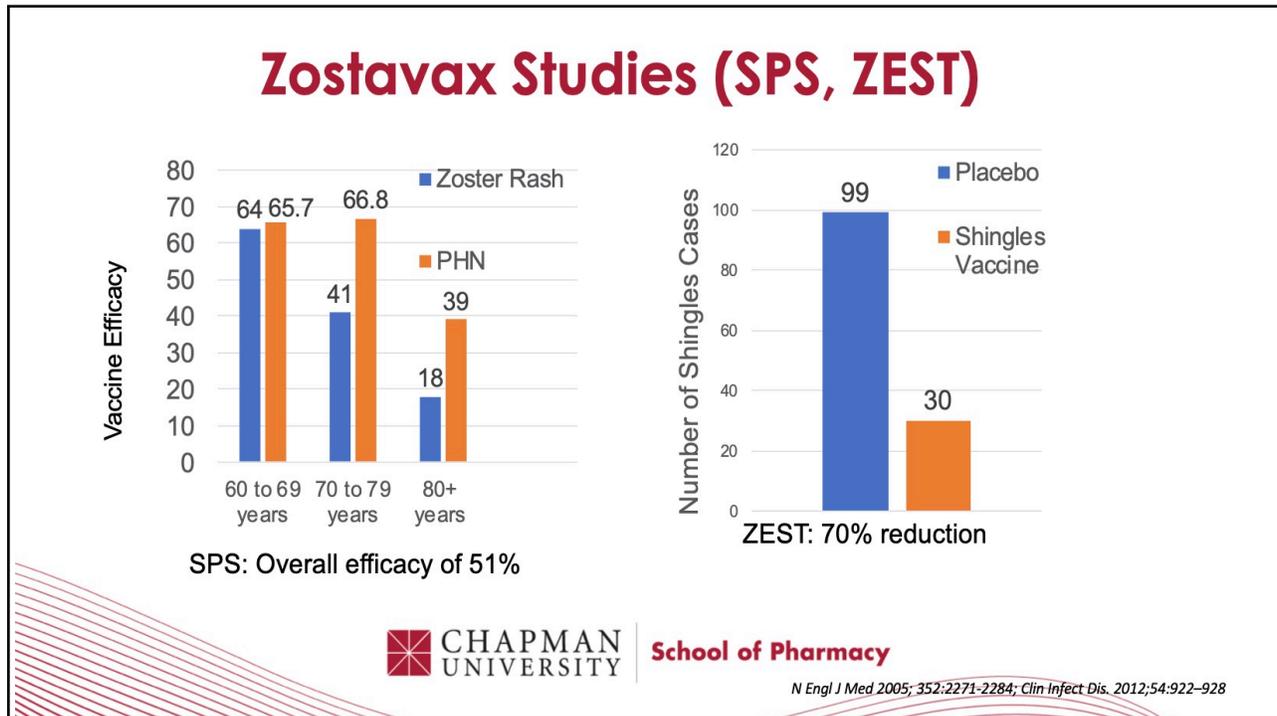


Other considerations: Conjugated vs. pure polysaccharide vaccine response  
Extent of disease prevalence due to serotype 6A (?)

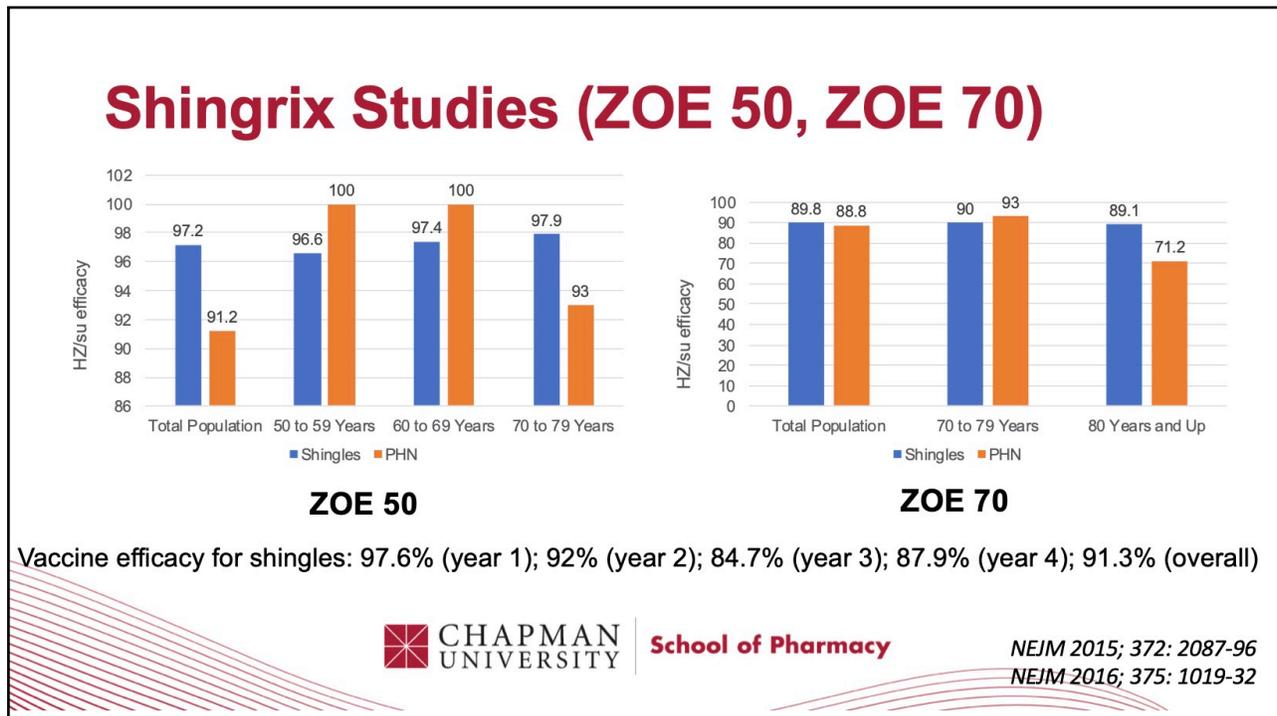


<https://www.merckvaccines.com/pneumovax23/pneumococcal-serotypes-ppsv23-pcv13/>

20



21



22

# RZV vs. ZVL

Comparison chart available at:  
<https://www.pharmacist.com/sites/default/files/files/2018ZosterVaccinesChartv9Final.pdf>

### What You Should Know...

### KEY POINTS TO BE AWARE OF REGARDING DIFFERENCES BETWEEN ZOSTER VACCINES

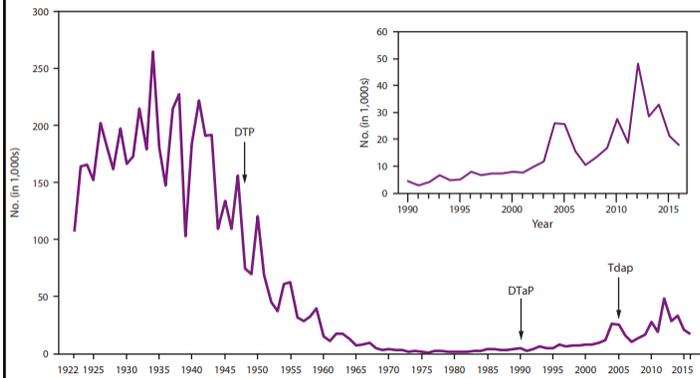


	SHINGRIX (GSK) [RZV]	ZOSTAVAX (Merck) [ZVL]
<b>Storage</b> <small>File vaccine package insert for reconstitution instructions</small>	Refrigerator (between 36°F and 46°F) <b>Store both vials together in refrigerator before reconstitution.</b> Protect vials from light. <b>DO NOT FREEZE.</b> Discard if vaccine has been frozen.	Freezer (between -58°F and +5°F) for powder containing vial. Diluent should be stored at room temperature (between 68°F and 77°F) or refrigerator (between 36°F and 46°F) <b>Do not freeze diluent.</b> Protect vials from light.
<b>Vaccine Type</b>	Recombinant, adjuvanted (non live)	Live
<b>Route of Administration</b>	Intramuscular (IM) – 0.5ml /dose <i>If administered SQ, it is not necessary to repeat vaccination.</i> Shingrix should be administered immediately after reconstitution or stored in the refrigerator for up to six hours.	Subcutaneous (SQ) – 0.65ml / dose <i>If administered IM, it is not necessary to repeat vaccination.</i> The vaccine should be administered immediately after reconstitution to minimize loss of potency. Any unused vaccine should be discarded if not used within 30 minutes.
<b>Dose Interval</b>	2 dose series, spaced 2 to 6 months apart. Arrange/remind patient of second dose. Minimum interval for Shingrix immunization after Zostavax is 8 weeks.	Single dose
<b>Age of Patient Recommended</b>	≥50 yrs old, immunocompetent adults Even people who have had shingles or previously got Zostavax can be vaccinated with Shingrix.	≥60 yrs old immunocompetent adults (ACIP recommendation, FDA licensure is ≥50yo)
<b>Adjuvant</b>	Contains adjuvant (vial 1 with blue-green cap/red ring contains adjuvant; vial 2 with brown cap/green ring contains antigen)	Does not contain adjuvant <i>Note: liquid-containing vial is diluent that can be stored at room temperature. Powder-containing vial contains antigen and must be stored in freezer.</i>
<b>Contraindications</b>	History of severe allergic reaction (e.g., anaphylaxis) to any component of the vaccine or after a previous dose of SHINGRIX.	History of anaphylactic/anaphylactoid reaction to gelatin, neomycin, or any other component of the vaccine. Immunosuppression or immunodeficiency. Pregnancy.
<b>Side Effects</b> <small>Grade 3: Severe or medically significant but not immediately life-threatening; hospitalization or prolongation of hospitalization indicated; disabling; limiting self care</small> <small>If experience side effects from vaccines, should report them to the Vaccine Adverse Event Reporting System (VAERS) through the VAERS website, or by calling 1-800-822-7667</small>	Most people got a sore arm with mild or moderate pain after getting Shingrix, and some also had redness and swelling at site of injection. Some people felt tired, had muscle pain, a headache, shivering, fever, stomach pain, or nausea. About 1 out of 6 people experienced Grade 3 side effects that prevented them from doing regular activities. Symptoms went away on their own in about 2 to 3 days. Side effects were more common in younger people. Patients might have a reaction to the first or second dose of Shingrix, or both doses. Patients may choose to take over-the-counter pain medicine such as ibuprofen or acetaminophen post-vaccination if symptoms occur.  Severe allergic reactions to any vaccine are very rare.	Injection site reactions were reported, no more than 0.9% of vaccine recipients reported any given injection site symptom as grade 3. In rare instances, ZVL vaccine strain has been documented to cause disseminated rash as well as herpes zoster in immunocompetent recipients, and life-threatening and fatal complications in immunocompromised recipients.  Severe allergic reactions to any vaccine are very rare.
<b>Concomitant administration</b>	CDC general recommendations advise that recombinant and adjuvanted vaccines, such as Shingrix, can be administered concomitantly at different anatomic sites, with other adult vaccines. Fluid has not been evaluated. CDC is examining further.	CDC recommends that Zostavax and pneumococcal vaccine, as well as any other inactivated vaccine indicated for the patient, may be administered at the time visit.

Source: CDC website (accessed Feb 5, 2018); Recommendations of the Advisory Committee on Immunization Practices for Use of Herpes Zoster Vaccines. Refer to product package inserts for further information.



# Tetanus/Diphtheria/acellular Pertussis



MMWR 2020; 69(3)

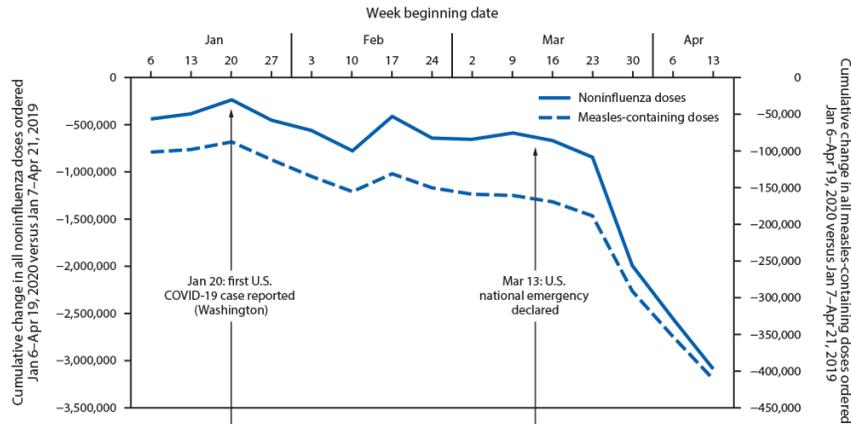


School of Pharmacy

- Two available vaccines\*
    - Boostrix (≥ 10 years and up)
    - Adacel (10-64 years)
  - Historically, one dose of Tdap recommended, then Td every 10 years
  - Adacel licensed as a booster ≥ 8 years after first dose (pertussis antibodies wane)
  - Providers frequently give Tdap in place of Td
  - Can replace Tdap for Td after initial Tdap
- \*ACIP considers both interchangeable for older adults

## Impact of COVID-19 on Vaccinations

FIGURE. Weekly changes in Vaccines for Children Program (VFC) provider orders\* and Vaccine Safety Datalink (VSD) doses administered for routine pediatric vaccines — United States, January 6–April 19, 2020



CHAPMAN UNIVERSITY School of Pharmacy  
CDC. Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States 2020.  
Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e2.htm>

25

## Impact of COVID-19 on Vaccinations

- Pharmacists (and other healthcare providers) are challenged with taking care of patients while also remaining safe from COVID-19
- Immunizations are a “close contact” patient care service, but need to maintain/improve vaccination rates
- Per CDC
  - Offer immunizations as part of a scheduled in-office visit
  - Make PPE available/used by both pharmacist and patient
  - Implement engineering and administrative controls

CHAPMAN UNIVERSITY School of Pharmacy  
Won K, Hess K. Vaccinating Adults During the Pandemic Poses Challenges. Pharmacy Times. Available at:  
<https://www.pharmacytimes.com/publications/supplements/2020/june2020/vaccinating-adults-amid-crisis-poses-challenges>

26

## Examples of Engineering and Administrative Controls to Minimize COVID-19

Type of Control	Recommendations
Engineering	Maintain social distancing of six feet or more using signage, barriers, and/or floor markings
	All patients $\geq 2$ years old entering the pharmacy should wear a face covering
	All pharmacists and pharmacy staff should wear a facemask while in the pharmacy
	Install a barrier of clear plastic at patient contact areas with pass-through openings at the bottom to speak or provide medications (place packaged medications on counter for customer to retrieve)
	Avoid touching objects handled by customers, including insurance/benefit cards
	Routinely clean hard surfaces with detergent or soap and water. Use disinfectant for frequently touched objects (e.g. phones, keyboards, doorknobs, etc.)
	Discourage workers from using other workers' phones and workstations, when possible
	Remove shared items in waiting areas (e.g. magazines, books, etc.)
	Provide $\geq 60\%$ alcohol-based hand sanitizer and on counters for use by customer
	Pharmacy staff should wash their hands with soap and water for at least 20 seconds (or use $\geq 60\%$ alcohol-based hand sanitizer after touching objects handled by customers)
Administrative	Implement drive-through, curbside pick-up, or home delivery
	Limit the number of patients in the pharmacy at any one time
	Use telephone, telehealth, or tele-pharmacy for delivery of disease management services
	Postpone or reschedule some vaccination services (unless done as part of a needed in-person visit)
	Close any self-service kiosks such as blood pressure stations
	Use text or automated telephone messages that specifically ask sick customers to stay home and request home delivery (or send someone else to pick up their prescription)
	Develop procedures to avoid handling paper prescriptions (encourage providers to submit prescriptions electronically or via telephone)

Won K, Hess K. Vaccinating Adults During the Pandemic Poses Challenges. Pharmacy Times. Available at: <https://www.pharmacytimes.com/publications/supplements/2020/june2020/vaccinating-adults-amid-crisis-poses-challenges>

27

**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2020

Vaccine	19–26 years	27–49 years	50–64 years	$\geq 65$ years
Influenza inactivated (IV) or Influenza recombinant (RIV) <b>or</b> Influenza live, attenuated (LAIV)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV) (preferred) <b>or</b> Zoster live (ZVL)			2 doses	1 dose
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			65 years and older
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
Haemophilus influenzae type b (Hib)	19 through 23 years	1 or 3 doses depending on indication		

  Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection
   Recommended vaccination for adults with an additional risk factor or another indication
   Recommended vaccination based on shared clinical decision-making
   No recommendation/Not applicable

28

**Table 2** Recommended Adult Immunization Schedule by Medical Condition and Other Indications, United States, 2020

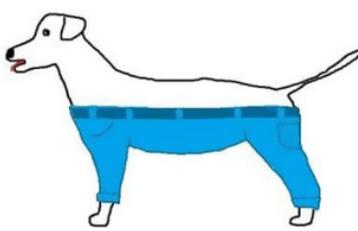
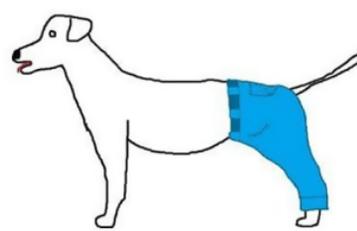
Vaccine	Pregnancy	Immuno-compromised (excluding HIV Infection)	HIV Infection CD4 count <200 ≥200	Asplenia, complement deficiencies	End-stage renal disease; or on hemodialysis	Heart or lung disease, alcoholism*	Chronic liver disease	Diabetes	Health care personnel†	Men who have sex with men	
IIV or RIV or LAIV	1 dose annually										
Tdap or Td	1 dose Tdap each pregnancy	1 dose Tdap, then Td or Tdap booster every 10 years									
MMR	NOT RECOMMENDED		1 or 2 doses depending on indication								
VAR	NOT RECOMMENDED		2 doses								
RZV (preferred) or ZVL	DELAY			2 doses at age ≥50 years						or	
	NOT RECOMMENDED		1 dose at age ≥60 years								
HPV	DELAY	3 doses through age 26 years			2 or 3 doses through age 26 years						
PCV13	1 dose										
PPSV23	1, 2, or 3 doses depending on age and indication										
HepA					2 or 3 doses depending on vaccine						
HepB					2 or 3 doses depending on vaccine						
MenACWY	1 or 2 doses depending on indication, see notes for booster recommendations										
MenB	PRECAUTION	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations									
Hib			3 doses HSCT* recipients only			1 dose					

  Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection  
  Recommended vaccination for adults with an additional risk factor or another indication  
  Precaution—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction  
  Delay vaccination until after pregnancy if vaccine is indicated  
  Not recommended/contraindicated—vaccine should not be administered  
  No recommendation/Not applicable

29

# Questions?

If a dog wore pants would he wear them  
like this                      or                      like this?



August 24, 2020

30



A scenic photograph of a coastline with purple flowers in the foreground, a sandy beach, and buildings on a cliffside under a blue sky with clouds. The text "Q & A" is overlaid in a large, blue, serif font.

CALTCM  
California Association of Long Term Care Administrators

August 24, 2020

31



A scenic photograph of a rocky coastline with waves crashing against the shore. The text "CALTCM Summit for Excellence" is overlaid in a black, cursive font. The CALTCM logo is in the bottom left corner of the image.

CALTCM  
California Association of Long Term Care Administrators

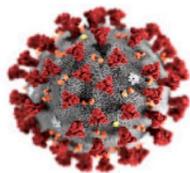
October 8-10, 2020

Join us for the CALTCM Summit for Excellence ~ October 8-10  
*From the comfort & safety of your home or office*  
19.5 CME/CMD/CEU credits available.  
Visit our dedicated website for details  
<https://www.caltcm-summit-for-excellence.org/>

CALTCM  
California Association of Long Term Care Administrators

August 24, 2020

32



*Join us*

August 31

September 14, 21 & 28

*No webinar on 9/7- Labor Day Holiday*



CALTCM.org

@CALTCM

#CALTCM

August 24, 2020

33

**BE PREPARED  
SAVE A LIFE!**



August 24, 2020

34