Improving Adult Immunization Rates for COVID-19, Influenza, and Routine Adult Vaccinations in Post-Acute and Long-Term Care Settings

A Cooperative Agreement with the Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) is providing funding to AMDA – The Society for Post-Acute and Long-Term Care Medicine (AMDA) to implement key strategies and resources that will improve vaccination uptake among patients/residents and staff in post-acute and long-term care (PALTC) settings, defined here as skilled nursing facilities, long-term care nursing homes, assisted living and independent living communities, continuing care retirement communities, hospice, and home- and community-based care such as PACE programs.

This five-year project will aim to incorporate relevant routine adult vaccinations, including COVID vaccination, into the standard of care for PALTC. AMDA will focus on activities leading to the adoption and integration of the Standards for Adult Immunization Practice into PALTC operations and workflows.

Background

Adults residing and working in post-acute and long-term care (PALTC) settings are at high risk of vaccine-preventable disease complications. However, vaccination coverage in PALTC, especially among staff, remains low. The PALTC resident/patient population is uniquely at risk for infection due to their age (>85 years of age on average), medical complexity through multiple comorbid conditions and a complex medication regimen, functional impairment, cognitive decline, and frailty. In addition, the principal vector of transmission of infectious pathogens to these patients/residents is the staff, consultants, and visitors, including volunteers and family members.

During the COVID-19 pandemic and in past influenza seasons, morbidity and mortality were high in older adults in PALTC settings. Vaccination of patients/residents, healthcare personnel, and visitors reduces the risk of outbreaks in PALTC facilities, and vaccination of patients/residents reduces hospitalizations and deaths related to vaccine-preventable diseases. However, improvements in adult vaccination rates are needed.

During the 2019-2020 flu season, influenza vaccination coverage continued to be lower among healthcare personnel in PALTC (69.3%) versus hospitals (93.2%). Current data on COVID-19 vaccination in PALTC (as of the end of July 2021) show that, on average, 81.8% of residents are vaccinated, but only some 59.3% of staff.

The “Standards for Adult Immunization Practice” recommend that each patient visit should incorporate these elements: Assessing immunization status, recommending

1 COVID-19 Nursing Home Data - Centers for Medicare & Medicaid Services Data (cms.gov), accessed 8/8/2021
needed vaccines, administering vaccines or referring patients/residents for vaccination, and documenting vaccines administered in the immunization information system (IIS). Implementation of this framework has not been universal, particularly among PALTC providers. With respect to staff, consultants and contractors, and other visitors to PALTC settings, there is at present no consistent, systematic approach to determining vaccine status or assessing risk of disease transmission to our highly vulnerable patient/resident population from unvaccinated individuals.

**Approach**

AMDA aims to increase vaccination among adults both working and residing in PALTC, and to incorporate the Standards for Adult Immunization Practice as the standard of care in PALTC, through the implementation of immunization quality improvement (QI) interventions.

To accomplish these aims, AMDA will develop and/or update vaccine guidance, policy statements and standards regarding implementation of the Standards for Adult Immunization Practice, prioritize vaccines of particular clinical relevance to our PALTC settings, and develop, promote, and implement QI interventions to improve overall adult vaccination rates in PALTC.

AMDA intends to engage PALTC chains and provider organizations (nursing homes, assisted living, PACE) to implement adult immunization QI interventions. In addition to measuring the clinical benefits associated with increased vaccination rates, we will develop needed business cost/benefit analyses to demonstrate the financial and workflow improvements to be gained by adopting the Standards in PALTC for both staff and residents.

AMDA will engage staff at the national level, and champions in select regions, to standardize vaccination policies, implement immunization interventions, understand and address vaccine hesitancy, and encourage the use of adult vaccinations as quality measures. We will establish PALTC clinical and operational technical expert panels to advise on the implementation of these approaches.

The end goal of the program is to make routine adult vaccination assessment and delivery a permanent standard of care in PALTC, aligned with the goals of Healthy People 2030\(^3\). We are grateful to the CDC for their leadership in providing the funding to make this important work possible.

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3 [Vaccination - Healthy People 2030](https://health.gov)