SHEA
The Society for Healthcare Epidemiology of America

SAFE HEALTHCARE FOR ALL

Music:
www.bensound.com

The Rapid Response Podcasts



LearningCE SHEA
ONLINE EDUCATION CENTER

LearningCE.SHEA.Online.org



COVID-19 Updates: What We Know Now

Newest Episodes:

Bacterial Co-Infection with COVID-19 (11/19)

&

The Role of State Healthcare-Associated Infections Programs in the COVID-19 Response (12/3)

Releases every Thursdays

COVID-19 Allies in Infection Prevention

Newest Episodes:

The Role of Ventilation and Filtration with ASHRAE

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SHEA COVID-19 Resources:



www.ortp.shea-online.org

This program is designed to give US hospital epidemiologists who oversee infection control programs the skills, knowledge, and tools to provide effective leadership during facility-level outbreaks and large-scale public health emergencies.

- Simulations
- Tools Kits
- On-demand Webinars
- On-demand Workshop Sessions
- Expert Guidance on Incident Management and HICs, Crisis Strategies, Communication Guidance and Much More

SHEA COVID-19 Resources:



www.preventionchkc.org

Prevention Course in Healthcare-Associated Infection Knowledge and Control (Prevention CHKC) is designed to train frontline healthcare personnel, defined as those "responsible for direct patient care" in best practices to prevent and control HAIs and pathogens that can spread in the healthcare setting. Training educates frontline personnel to successfully execute best practices in topics that include:

- Prevention of CLABSI, CAUTI, SSI, VAP/VAE
- Prevention of C. difficile and MRSA
- Prevention strategies:
  - Methods for appropriate performance and timing of hand hygiene in the healthcare setting
  - Disinfection and environmental control

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SHEA COVID-19 Resources:



https://learningce.shea-online.org/content/converse-and-convene-covid-19-series

Grab your favorite morning beverage, turn on your camera and come have an open, candid hour-long conversation, moderated by 2 SHEA Member Experts, about how COVID-19 is impacting you, your work, and anything and everything in between. This webinar will host virtual breakout groups allowing all to be fully engaged with others experiencing similar issues and challenges. Our next Converse & Convene will be on **Friday, December 11th from 11 am – 12 pm EST** on Navigating the Multitude of Guidelines for Key Activities with Dr. Theresa Madaline and Dr. Bhagyashri Navalkele.

- Share challenges and lessons learned
- Gain greater insights from you peers

Available to SHEA Members

SHEA COVID-19 Resources:

- SHEA Press Statements
- Guidance Documents
  - Infection Prevention and Control
  - Hand Hygiene
  - PPE
  - Occupational Health
  - Clinical Care and Treatment
  - Special Settings and Populations
  - Testing and Cases
- US Agencies' Healthcare Response Landing Pages
- Research Opportunities
- Affiliated Organizations COVID Sites
- Information for Consumers and Patients
- And more….




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COVID-19 Update

To all of our members working tirelessly on responding to COVID-19 – ***we thank you.*** Our online community, MySHEA, can connect you with members who are sharing your exhaustion as well as sharing what they are doing in their facilities. We hope you will continue to use MySHEA to reach out to others to ask questions and find support. This is when we need each other the most. If there is anything you need from SHEA, ***we are available.*** In an effort to protect the health and well-being of staff, members, and visitors working in SHEA's office, we have started operations on a virtual basis. Rest assured, ***we are not suspending or closing operations.*** We will continue to serve our community and you can feel free to reach out to any of us, at any time. We know all of you are under a tremendous amount of stress, SHEA wishes you all the best in the weeks ahead. We hope the links below continue to be helpful. If you have anything you'd like to share, please reach out me at kweinshel@shea-online.org.

Sincerely,

Kristy M. Weinshel, MBA, CAE
Executive Director

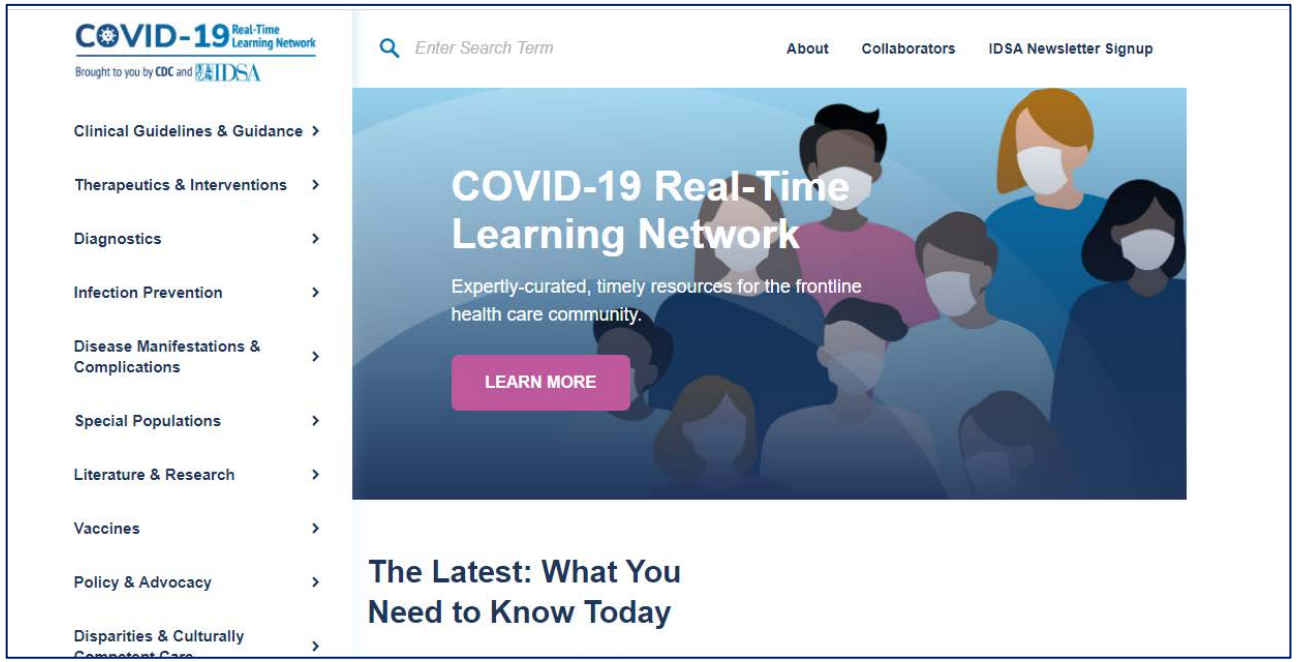
Federal Agency News, Guidance, and Guidelines

CDC NEWS AND GUIDANCE

- Cases & Latest Updates
  (March 15, 2020)
- *UPDATED* Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their

Music: www.bensound.com

COVID-19 Real-Time Learning Network



With funding from the Centers for Disease Control and Prevention, IDSA has launched the COVID-19 Real Time Learning Network, an online community that brings together information and opportunities for discussion on latest research, guidelines, tools and resources from a variety of medical subspecialties around the world.

Specialty Society Collaborators:

- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Emergency Physicians
- American College of Physicians
- American Geriatrics Society
- American Thoracic Society
- Pediatric Infectious Diseases Society
- Society for Critical Care Medicine
- Society for Healthcare Epidemiology of America
- Society of Hospital Medicine
- Society of Infectious Diseases Pharmacists

www.COVID19LearningNetwork.org
@RealTimeCOVID19
#RealTimeCOVID19

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SHEA Webinar

COVID-19 Town Hall Round 32

Music:
www.bensound.com

In Case of Technical Difficulties:

- **Audio:**
  - Select one form of audio only (computer speakers or telephone connection)
  - For full participation, you will need to join by computer

- **If you are having trouble joining:**
  - Use the emailed invitation to join via the URL, or call in with the provided phone numbers

- https://support.zoom.us

Webinar Recording Access:

This webinar will be recorded and uploaded to LearningCE [Rapid Response Program]

Streaming Live

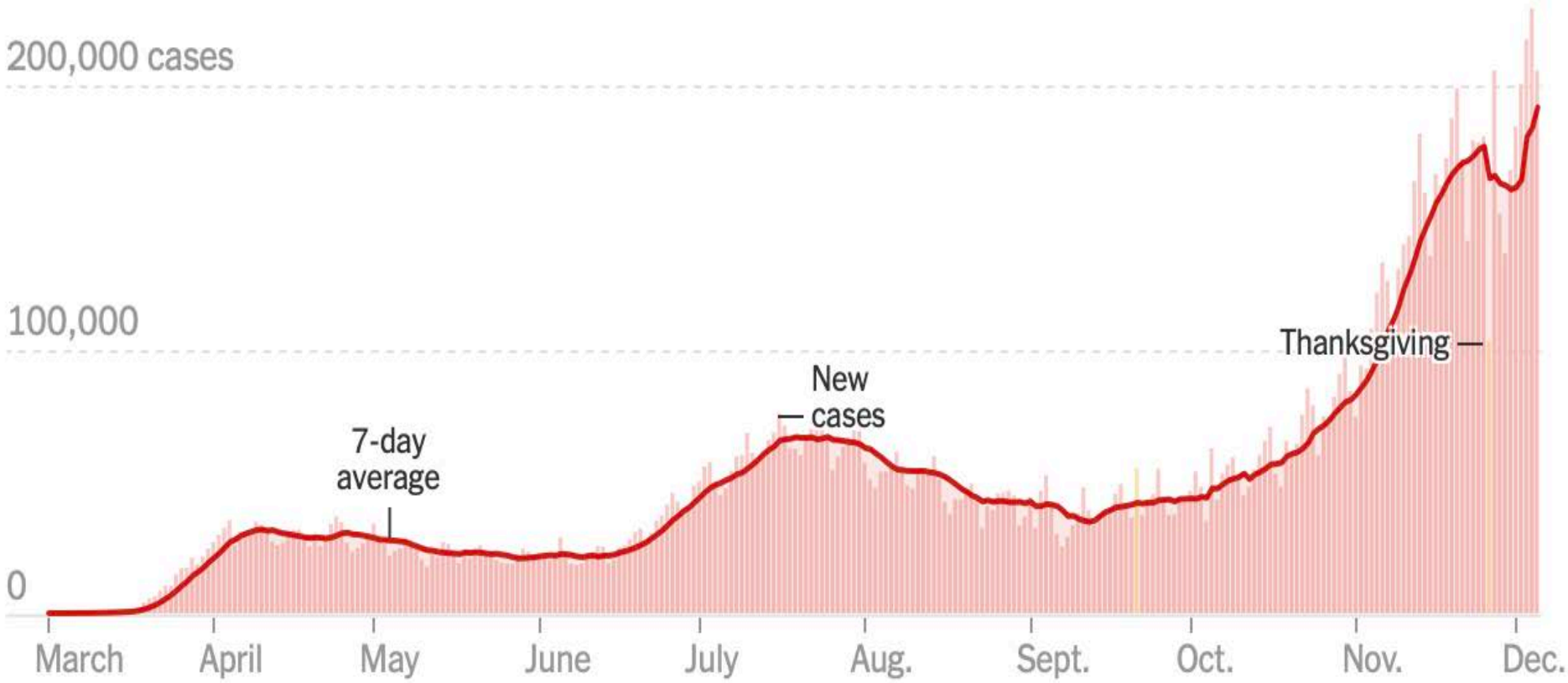
Useful Features:



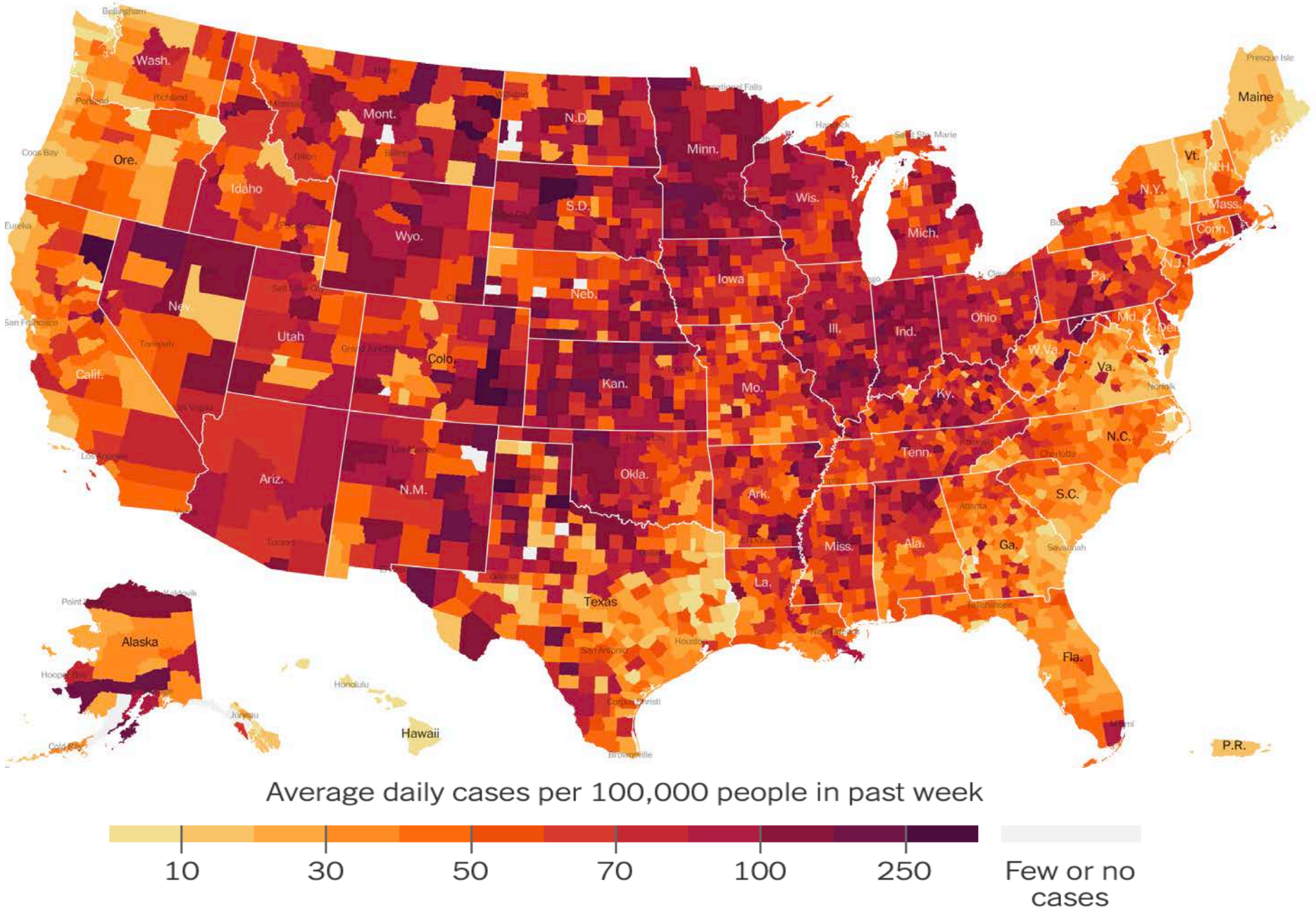
- **Chat**: Talk to each other or ask SHEA Staff questions if you are having technical difficulties
- **Q&A**: Type in your question to be read aloud by SHEA Staff and answered by the Panelists

Reported COVID-19 Cases in the United States

Cumulative Cases – 14,651,600



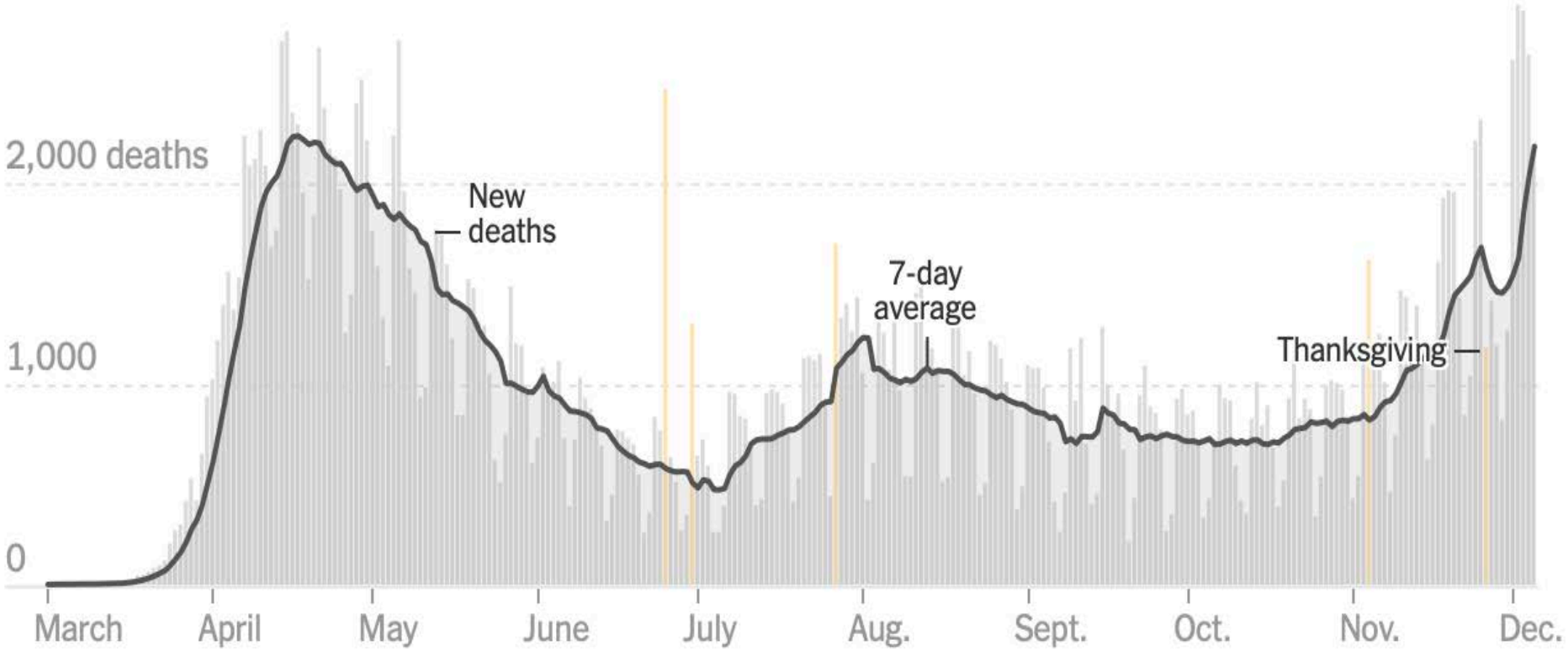
Source: New York Times 12-6-2020



Source: New York Times 12-6-2020

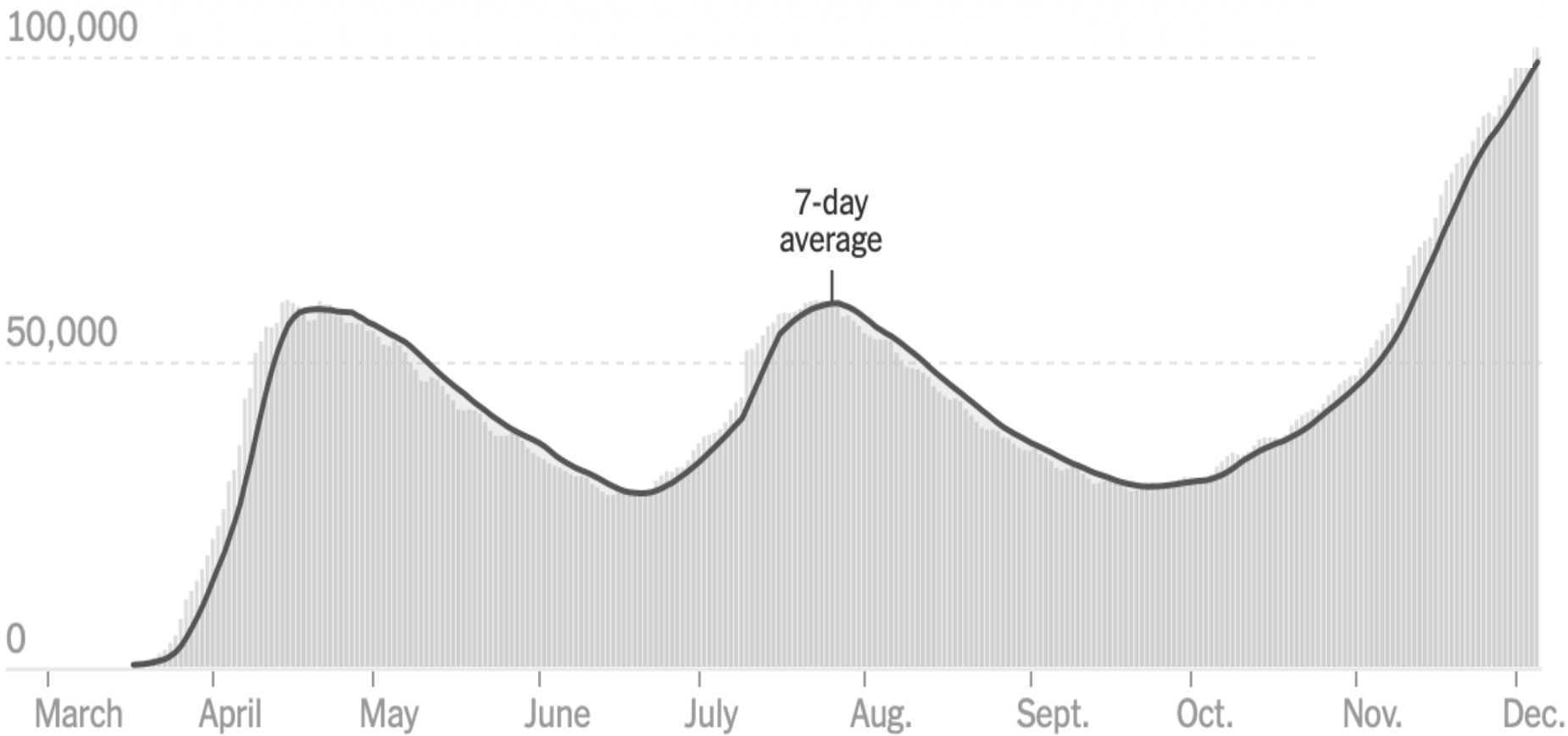
COVID-19 Deaths in the United States

Cumulative Deaths – 281,202



Source: New York Times 12-6-2020

HOSPITALIZATIONS FOR COVID-19 IN THE UNITED STATES



Patients Hospitalized each day for COVID-19

Source: New York Times 12-6-2020

Panelists:


SHEA
The Society for Healthcare Epidemiology of America
COVID-19 TOWN HALL
DECEMBER 6, 2020 | 3:00 PM ET
Dr. David Henderson
NIH
Grace M. Lee
Lucile Packard Children's Hospital
Dr. Kristina Bryant
University of Louisville
Dr. Sarah Haessler
Baystate Health
Dr. David Weber
UNC School of Medicine



Stanford
MEDICINE



Stanford
Children's Health

COVID-19 Vaccines – Preparing for Implementation

Grace M. Lee, MD MPH

Professor of Pediatrics (Infectious Diseases)

Associate Chief Medical Officer, Stanford Children's Health


from FULLERTON, CALIFORNIA
SANTA ANA
Jeepster
Orange County Willys

Ethical Principles are Critical When Allocation Needed

Maximize benefits and minimize harms	Promote justice	Mitigate health inequities	Promote transparency
What groups are at highest risk for SARS-CoV-2 infection, COVID-19 disease, hospitalization, and death? What are the important characteristics of these groups (e.g., size or location) that might inform the magnitude of benefit based on the amount of vaccine available or its characteristics?	Does the allocation plan result in fair and equitable access of the vaccine for all groups? How do characteristics of the vaccine and logistical considerations affect fair access for all persons?	Does the plan identify groups who are disproportionately affected by COVID-19 or who face health inequities resulting from social determinants of health, such as income and health care access? What health inequities might inadvertently result from the allocation plan? Is there a mechanism for timely assessment of vaccination coverage among groups experiencing disadvantage and the possibility for course correction if inequities are identified?	How does development of the allocation plan include diverse input? Are the allocation plan and evidence-based methods publicly available? What is the process for revision of allocation plans based on new information? Is there a mechanism to report demographic data elements for vaccine recipients (e.g., age, race/ethnicity, and occupation) to support equitable vaccination coverage?

McClung et al., MMWR Nov 2020

Implementing Allocation Principles

Maximize benefits and minimize harms

What groups are at highest risk for SARS-CoV-2 infection, COVID-19 disease, hospitalization, and death?

What are the important characteristics of these groups (e.g., size or location) that might inform the magnitude of benefit based on the amount of vaccine available or its characteristics?

- Review data on infection among HCP by role
  - Local & national data – e.g. Food and environmental services
- Consider additional Phase 1c criteria:
  - High-risk medical conditions (data not uniformly available)
  - Age 65+
- Challenging to incorporate risk of exposure in workplace

TABLE 2. Occupation type and job setting of health care personnel (HCP) with COVID-19 — six jurisdictions,* February 12–July 16, 2020

Characteristic (no. with available information)†	No. (%)
Occupation type (5,913)§	
Health care support worker¶	1,895 (32.1)
Nurse**	1,742 (29.5)
Administrative staff member	581 (9.8)
Environmental services worker	330 (5.6)
Physician	190 (3.2)
Medical technician	135 (2.3)
Behavioral health worker	128 (2.2)
First responder	113 (1.9)
Dietary services worker	113 (1.9)
Dental worker	98 (1.7)
Laboratorian	68 (1.2)
Occupational, physical, or speech therapist	65 (1.1)
Pharmacy worker	62 (1.1)
Respiratory therapist	44 (0.7)
Phlebotomist	25 (0.4)
Physician assistant	13 (0.2)
Other	311 (5.3)
Job setting (6,955)§	
Nursing and residential care facility††,§§	4,649 (66.8)
Hospital	1,231 (17.7)
Ambulatory health care service¶¶	804 (11.6)
Other	271 (3.9)

Hughes et al., MMWR Sept 2020

Implementing Allocation Principles

Promote justice

Does the allocation plan result in fair and equitable access of the vaccine for all groups?

How do characteristics of the vaccine and logistical considerations affect fair access for all persons?

- Equitable access
  - Vaccine locations may be somewhat limited initially with Pfizer vaccine
  - Vaccine clinic hours – ensure access for evening and weekend workers
  - Scheduling
    - Online self-scheduling vs. phone
  - Multiple languages

Implementing Allocation Principles

Mitigate health inequities

Does the plan identify groups who are disproportionately affected by COVID-19 or who face health inequities resulting from social determinants of health, such as income and health care access?

What health inequities might inadvertently result from the allocation plan?

Is there a mechanism for timely assessment of vaccination coverage among groups experiencing disadvantage and the possibility for course correction if inequities are identified?

- Using local or national data to ensure disproportionately affected populations are identified
- Use of Phase 1c criteria may result in inequities in employer-based vaccination programs
  - High risk medical conditions (incomplete information)
    - Lower wage workers may be less likely to divulge protected health information to employer
  - 65+ years
    - Older workers may be more likely to work remotely
    - May bias towards physicians > nurses or males > females (77% of HCP are female)
- Risk of exposure in workplace is mitigated by PPE, but fear of risk of exposure is not (follow the data)

Implementing Allocation Principles

Promote transparency

How does development of the allocation plan include diverse input?

Are the allocation plan and evidence-based methods publicly available?

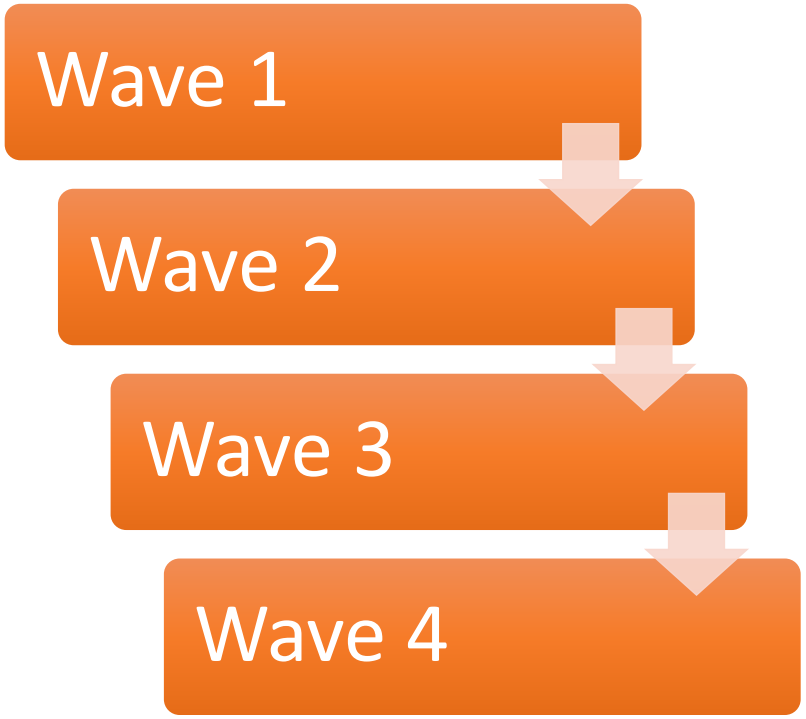
What is the process for revision of allocation plans based on new information?

Is there a mechanism to report demographic data elements for vaccine recipients (e.g., age, race/ethnicity, and occupation) to support equitable vaccination coverage?

- Vaccine allocation workgroup (including ethicists)
  - Establish guiding principles
  - Ensure fair and equitable allocation of vaccines
  - Collaborate with operations teams on planning
  - Develop monitoring plan for equity that accounts for intentional phasing (due to systemic reactions)
    - Job role, location
    - Other demographic information, as available
  - Engage and communicate with workforce about principles and process

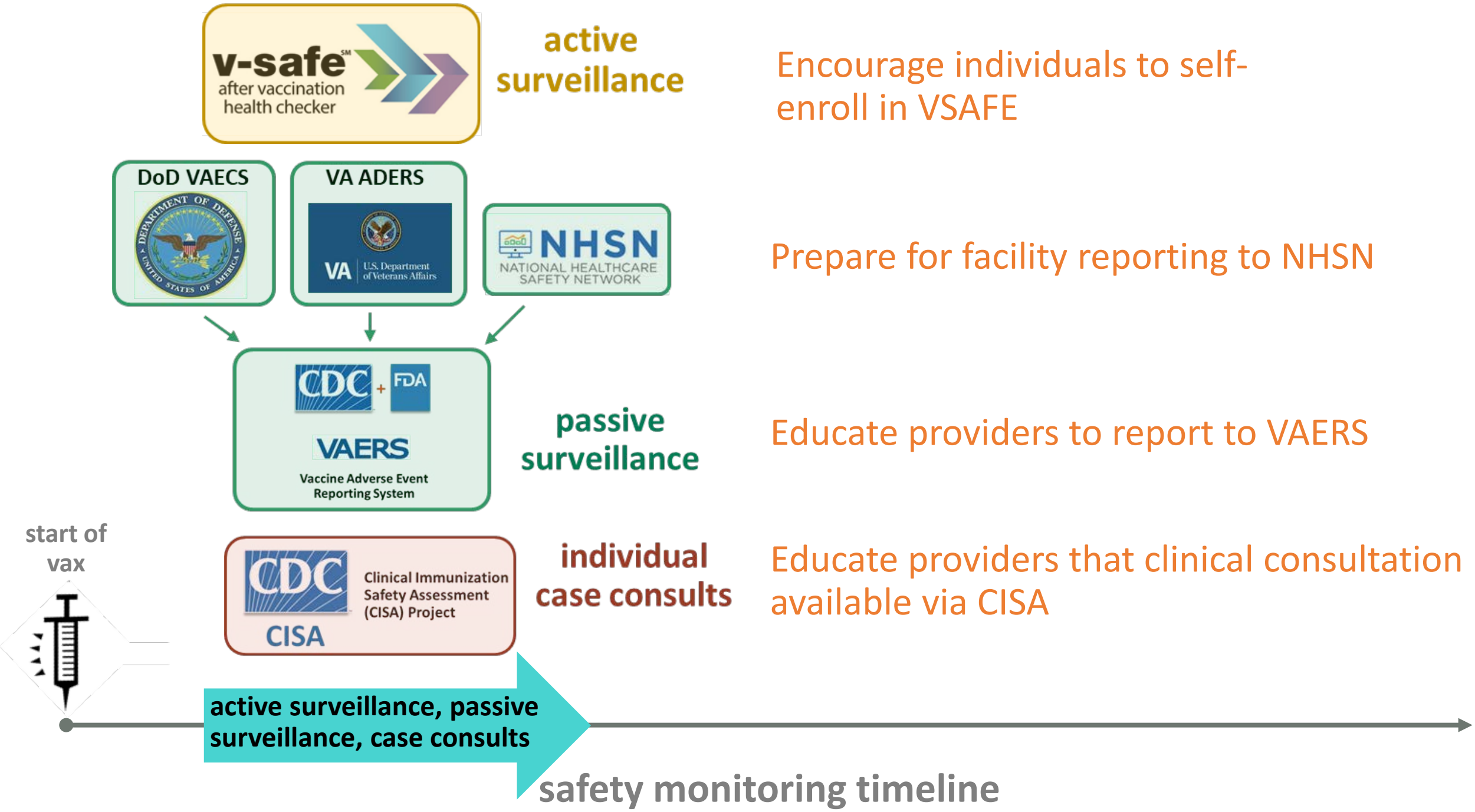
Approach to implementation

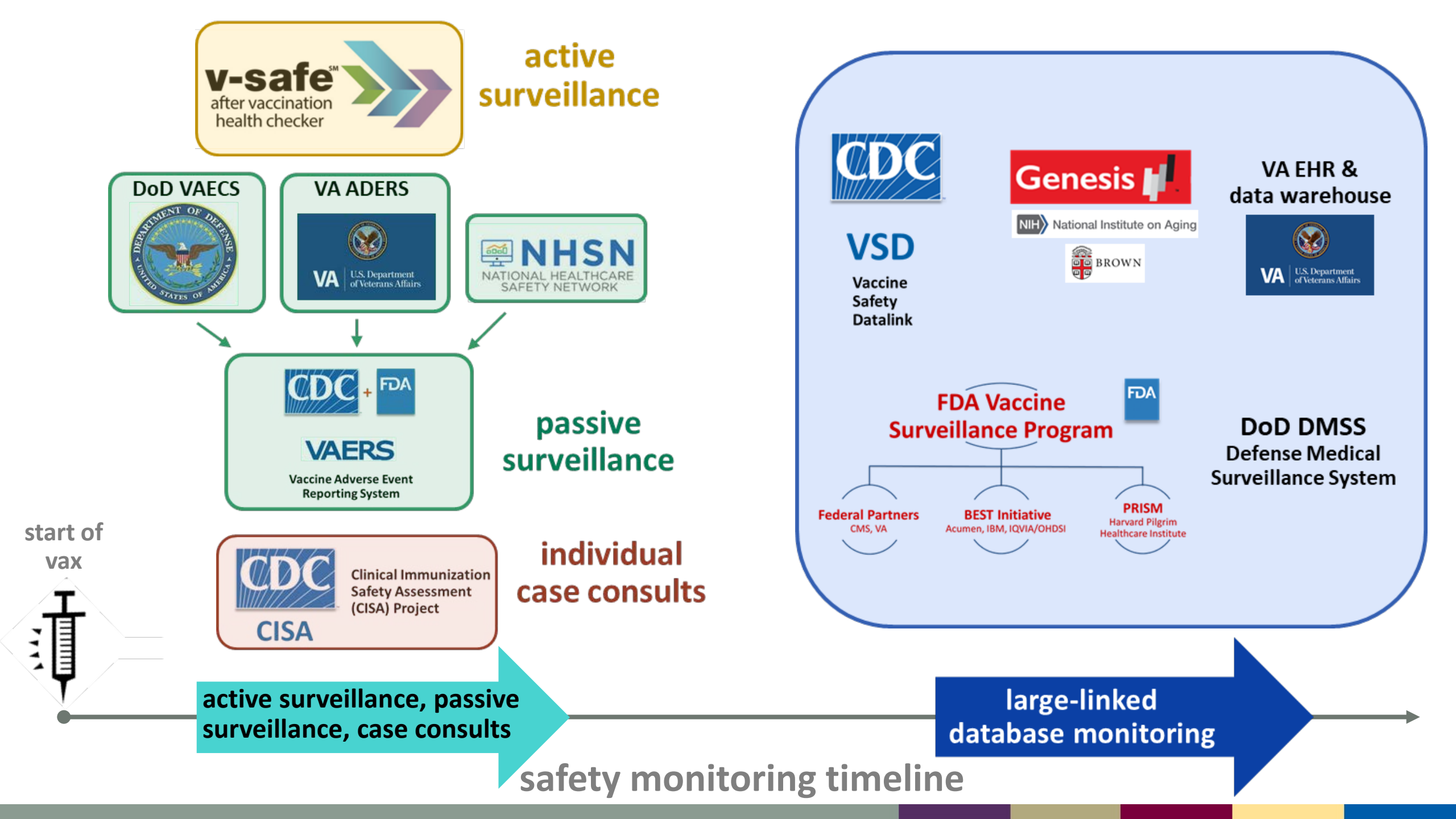
- Exclude HCP who plan to work remotely until spring/summer
  - Consider excluding HCP with infection in prior 90 days for each wave
- Consider simple model that incorporates local or national data on COVID+ HCP
  - Consider demographic information (age, gender) within each job role/location
- If enough doses for all HCP anticipated by January, then 4 waves = 4-6 weeks.
  - If we need to stagger units or teams to avoid workforce capacity issues, may not need to overthink “prioritization” for HCP
  - Instead focus on “sequencing” and “phases”
- Promote vaccine confidence



Vaccine Safety Monitoring for COVID-19 Vaccines:

What you should know


v-safe
after vaccination health checker
active surveillance
Encourage individuals to self-enroll in VSAFE
DoD VAECS
VA ADERS
VA U.S. Department of Veterans Affairs
NHSN
NATIONAL HEALTHCARE SAFETY NETWORK
Prepare for facility reporting to NHSN
CDC + FDA
VAERS
Vaccine Adverse Event Reporting System
passive surveillance
Educate providers to report to VAERS
start of vax
CDC
Clinical Immunization Safety Assessment (CISA) Project
CISA
individual case consults
Educate providers that clinical consultation available via CISA
active surveillance, passive surveillance, case consults
safety monitoring timeline


v-safe
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CDC + FDA
VAERS
Vaccine Adverse Event Reporting System
passive surveillance
CDC
Clinical Immunization Safety Assessment (CISA) Project
CISA
individual case consults
start of vax
active surveillance, passive surveillance, case consults
large-linked database monitoring
safety monitoring timeline
CDC
VSD
Vaccine Safety Datalink
Genesis
NIH National Institute on Aging
BROWN
VA EHR & data warehouse
VA U.S. Department of Veterans Affairs
FDA Vaccine Surveillance Program
FDA
Federal Partners
CMS, VA
BEST Initiative
Acumen, IBM, IQVIA/OHDSI
PRISM
Harvard Pilgrim Healthcare Institute
DoD DMSS
Defense Medical Surveillance System

National Healthcare Safety Network (NHSN): COVID-19 Vaccination Modules

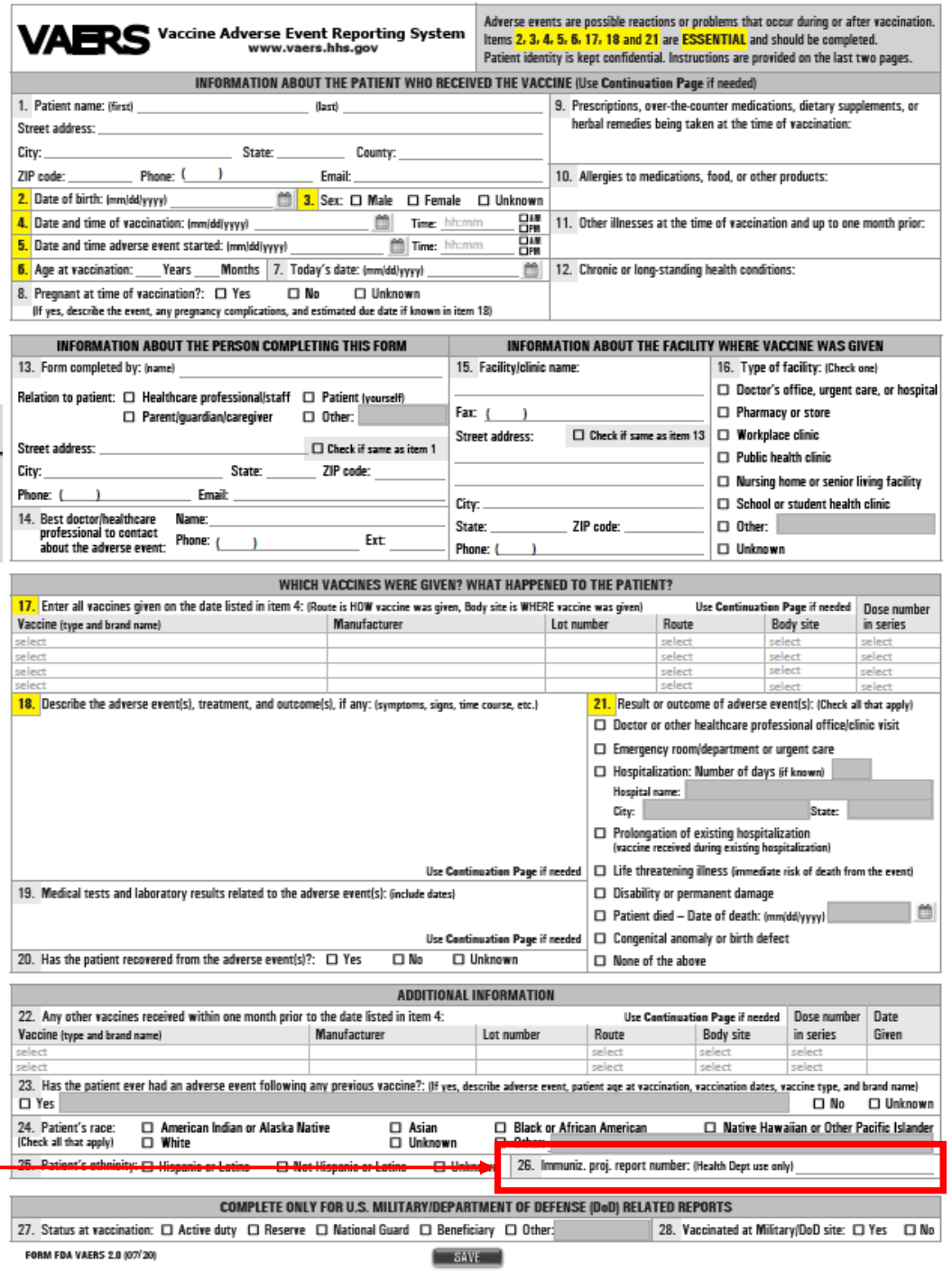
- **NHSN is an existing system for monitoring healthcare-associated adverse events, healthcare worker immunizations and other prevention practices**
  - >4,700 acute care hospitals & >17,000 long-term care (LTC) facilities currently enrolled
  - COVID-19 vaccination reporting modeled on existing influenza vaccination reporting
    - Mid-December: Modules for vaccination of Healthcare Personnel (HCP) in Acute Care & LTC facilities
    - Early/Mid-January: Module for nursing home resident vaccination
- **Modules allow weekly reporting of vaccination coverage by facilities**
  - Denominator: No. of eligible HCP or LTC residents at the facility
  - Numerator: No. who received first dose of vaccine & No. who received both doses of vaccine
  - Supplemental questions on vaccine availability and link to VAERS for adverse event reports
- **When facilities use NHSN modules, data available to jurisdictions as soon as entered**

NHSN and VAERS

Adverse Events following COVID-19 Vaccine(s)

Clinically significant adverse events should be reported to the Vaccine Adverse Event Reporting System (VAERS) at https://vaers.hhs.gov/reportevent.html. To help identify reports from NHSN sites, please enter your **NHSN orgID** in **Box 26** of the **VAERS form**.

*5. Number of HCP with clinically significant COVID-19 vaccine adverse events identified this week



VAERS Vaccine Adverse Event Reporting System
www.vaers.hhs.gov

Adverse events are possible reactions or problems that occur during or after vaccination. Items 2, 3, 4, 5, 6, 17, 18 and 21 are ESSENTIAL and should be completed. Patient identity is kept confidential. Instructions are provided on the last two pages.

INFORMATION ABOUT THE PATIENT WHO RECEIVED THE VACCINE (Use Continuation Page if needed)

1. Patient name: (first) (last)
Street address:
City: State: County:
ZIP code: Phone: ( ) Email:
2. Date of birth: (mm/dd/yyyy) 3. Sex: ☐ Male ☐ Female ☐ Unknown
4. Date and time of vaccination: (mm/dd/yyyy) Time: hh:mm ☐AM ☐PM
5. Date and time adverse event started: (mm/dd/yyyy) Time: hh:mm ☐AM ☐PM
6. Age at vaccination: ___ Years ___ Months 7. Today's date: (mm/dd/yyyy)
8. Pregnant at time of vaccination?: ☐ Yes ☐ No ☐ Unknown
(If yes, describe the event, any pregnancy complications, and estimated due date if known in item 18)
9. Prescriptions, over-the-counter medications, dietary supplements, or herbal remedies being taken at the time of vaccination:
10. Allergies to medications, food, or other products:
11. Other illnesses at the time of vaccination and up to one month prior:
12. Chronic or long-standing health conditions:

INFORMATION ABOUT THE PERSON COMPLETING THIS FORM

13. Form completed by: (name)
Relation to patient: ☐ Healthcare professional/staff ☐ Patient (yourself) ☐ Parent/guardian/caregiver ☐ Other:
Street address: ☐ Check if same as item 1
City: State: ZIP code:
Phone: ( ) Email:
14. Best doctor/healthcare professional to contact about the adverse event: Name: Phone: ( ) Ext:

INFORMATION ABOUT THE FACILITY WHERE VACCINE WAS GIVEN

15. Facility/clinic name:
Fax: ( )
Street address: ☐ Check if same as item 13
City: State: ZIP code:
Phone: ( )
16. Type of facility: (Check one)
☐ Doctor's office, urgent care, or hospital
☐ Pharmacy or store
☐ Workplace clinic
☐ Public health clinic
☐ Nursing home or senior living facility
☐ School or student health clinic
☐ Other:
☐ Unknown

WHICH VACCINES WERE GIVEN? WHAT HAPPENED TO THE PATIENT?

17. Enter all vaccines given on the date listed in item 4: (Route is HOW vaccine was given, Body site is WHERE vaccine was given) Use Continuation Page if needed

Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose number in series
select			select	select	select
select			select	select	select
select			select	select	select
select			select	select	select

18. Describe the adverse event(s), treatment, and outcome(s), if any: (symptoms, signs, time course, etc.)
Use Continuation Page if needed
19. Medical tests and laboratory results related to the adverse event(s): (include dates)
Use Continuation Page if needed
20. Has the patient recovered from the adverse event(s)?: ☐ Yes ☐ No ☐ Unknown
21. Result or outcome of adverse event(s): (Check all that apply)
☐ Doctor or other healthcare professional office/clinic visit
☐ Emergency room/department or urgent care
☐ Hospitalization: Number of days (if known)
Hospital name:
City: State:
☐ Prolongation of existing hospitalization (vaccine received during existing hospitalization)
☐ Life threatening illness (immediate risk of death from the event)
☐ Disability or permanent damage
☐ Patient died – Date of death: (mm/dd/yyyy)
☐ Congenital anomaly or birth defect
☐ None of the above

ADDITIONAL INFORMATION

22. Any other vaccines received within one month prior to the date listed in item 4: Use Continuation Page if needed

Vaccine (type and brand name)	Manufacturer	Lot number	Route	Body site	Dose number in series	Date Given
select			select	select	select	
select			select	select	select	

23. Has the patient ever had an adverse event following any previous vaccine?: (If yes, describe adverse event, patient age at vaccination, vaccination dates, vaccine type, and brand name)
☐ Yes ☐ No ☐ Unknown
24. Patient's race: (Check all that apply) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Unknown ☐ Other:
25. Patient's ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown
26. Immuniz. proj. report number: (Health Dept use only)

COMPLETE ONLY FOR U.S. MILITARY/DEPARTMENT OF DEFENSE (DoD) RELATED REPORTS

27. Status at vaccination: ☐ Active duty ☐ Reserve ☐ National Guard ☐ Beneficiary ☐ Other:
28. Vaccinated at Military/DoD site: ☐ Yes ☐ No

FORM FDA VAERS 2.0 (07/'20) SAVE

How to report an adverse event to VAERS

- Go to vaers.hhs.gov
- Submit a report online

For help:

Call
1-800-822-7967

Email
info@VAERS.org

Video instructions
https://youtu.be/sbCWhcQADFE



CISA Project consult service for COVID-19 vaccine safety

- Assists U.S. healthcare providers with complex vaccine safety questions about their patients
- Available to U.S. healthcare providers and health departments by contacting CDC-INFO: https://www.cdc.gov/cdc-info/index.html

CDC asks that:

- Healthcare systems can help CDC get the word out to healthcare providers and healthcare facilities by:
  - giving a one-page **info sheet** to patients at the time of vaccination
  - counseling patients on the importance of enrolling in **v-safe**
- CDC can provide an electronic version of the **v-safe** info sheet for a toolkit for distribution to partners



Get vaccinated.
Get your smartphone.
Get started with v-safe.

What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through ***v-safe***, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And ***v-safe*** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's ***v-safe*** makes a difference—it helps keep COVID-19 vaccines safe.

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in ***v-safe*** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from ***v-safe*** around 2 p.m. local time. To opt out, simply text "STOP" when ***v-safe*** sends you a text message. You can also start ***v-safe*** again by texting "START."

How long do v-safe check-ins last?

During the first week after you get your vaccine, ***v-safe*** will send you a text message each day to ask how you are doing. Then you will get check-in messages once a week for up to 5 weeks. The questions ***v-safe*** asks should take less than 5 minutes to answer. If you need a second dose of vaccine, ***v-safe*** will provide a new 6-week check-in process so you can share your second-dose vaccine experience as well. You'll also receive check-ins 3, 6, and 12 months after your final dose of vaccine.

Is my health information safe?

Yes. Your personal information in ***v-safe*** is protected so that it stays confidential and private.*

*To the extent ***v-safe*** uses existing information systems managed by CDC, FDA, and other federal agencies, the systems employ strict security measures appropriate for the data's level of sensitivity. These measures comply, where applicable, with the following federal laws, including the Privacy Act of 1974; standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Federal Information Security Management Act, and the Freedom of Information Act.

v-safe℠
after vaccination health checker

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get reminders if you need a second vaccine dose.

Sign up with your smartphone's browser at
vsafe.cdc.gov
OR
Aim your smartphone's camera at this code

SHEA
The Society for Healthcare Epidemiology of America

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Email Address

info@shea-online.org

Visit the SHEA Website at www.shea-online.org



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Follow us on Twitter @SHEA_Epi