

It's Worth a Shot

COVID-19 Vaccine Mandate Updates

February 2, 2022



Housekeeping Items

- Add your webinar topics and clinician ideas or needs into chat!
- We will meet every Wednesday through April 13, 2022!

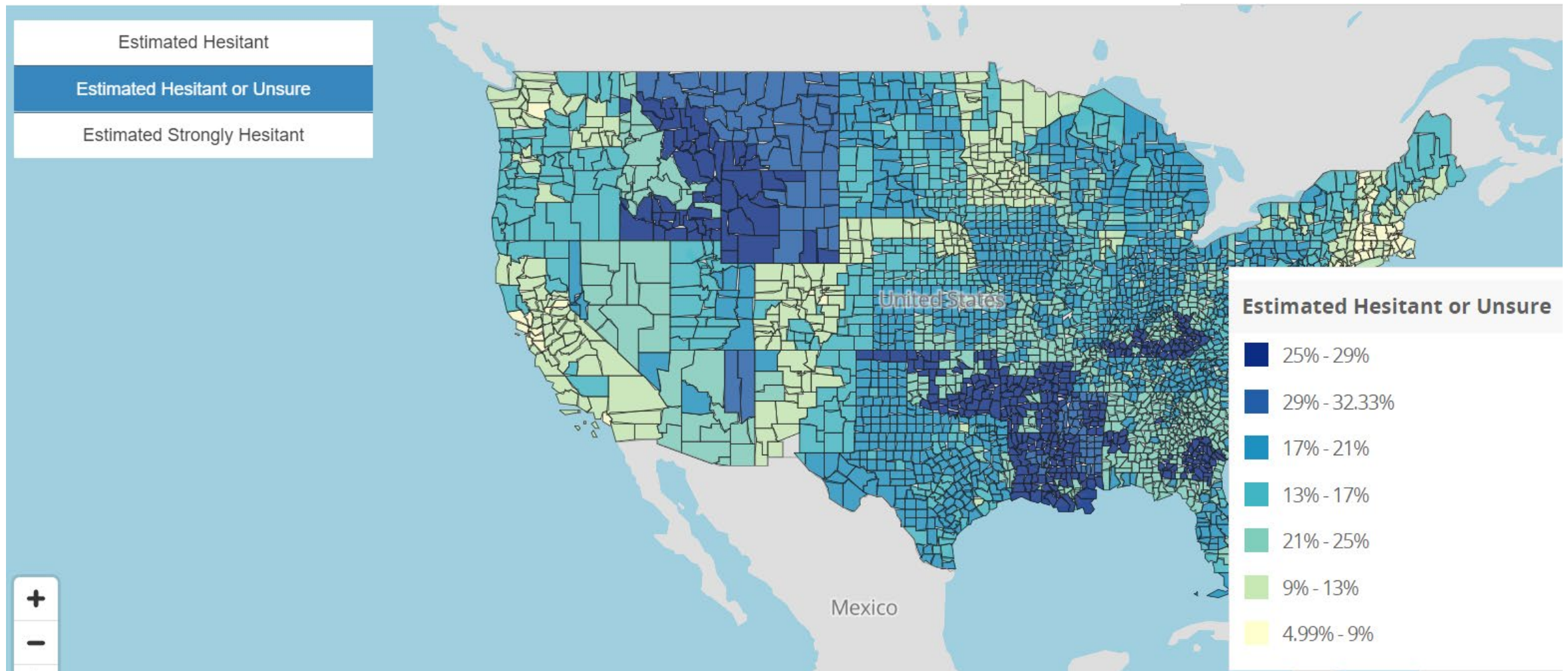
Q&A from last session



- + Q: Question four states who is eligible for an additional dose and question five says who has received an additional dose, but I can't enter the number of all the booster staff or residents since it is based on question four. My question is about number four: **Would it include the people who already received the booster shot?**
- + A: Question four means: Cumulative number of HCP in question two who are eligible to receive an additional dose or booster of COVID-19 vaccine (question two is cumulative number of HCP who have received COVID-19 vaccines (anywhere)).

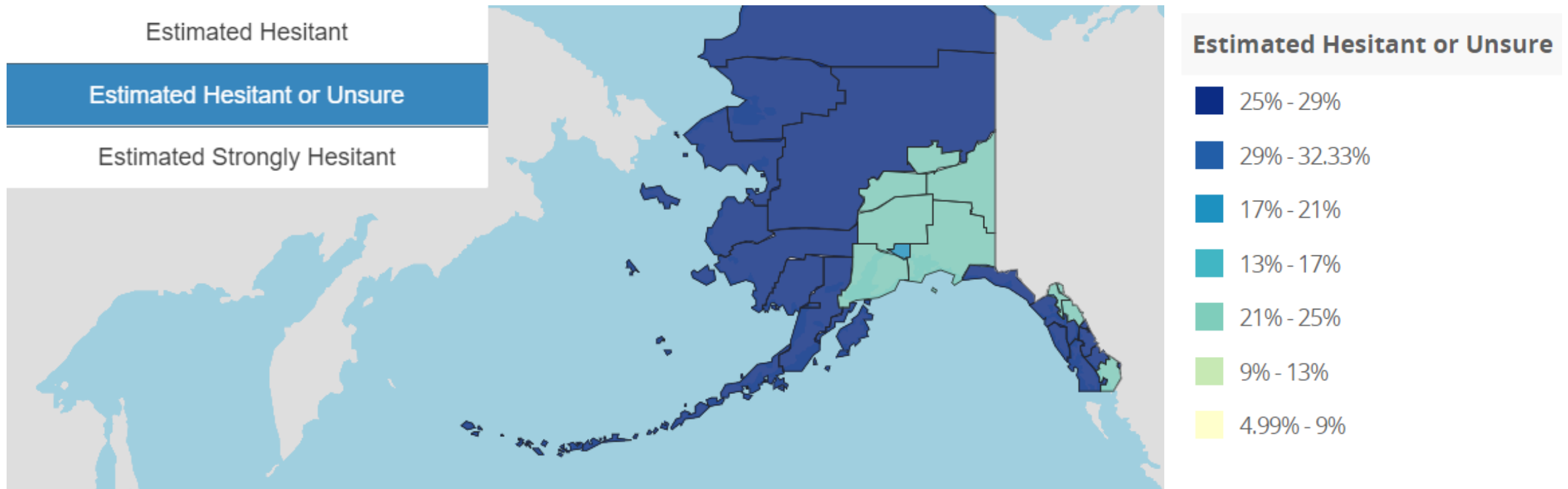
Question five means: Cumulative number of HCP in question four who have received an additional dose or booster of COVID-19 vaccine at this facility or elsewhere since August 2021. So, question five will be a subset of question four, question four is a subset of question 2.

Vaccine Hesitancy Rates



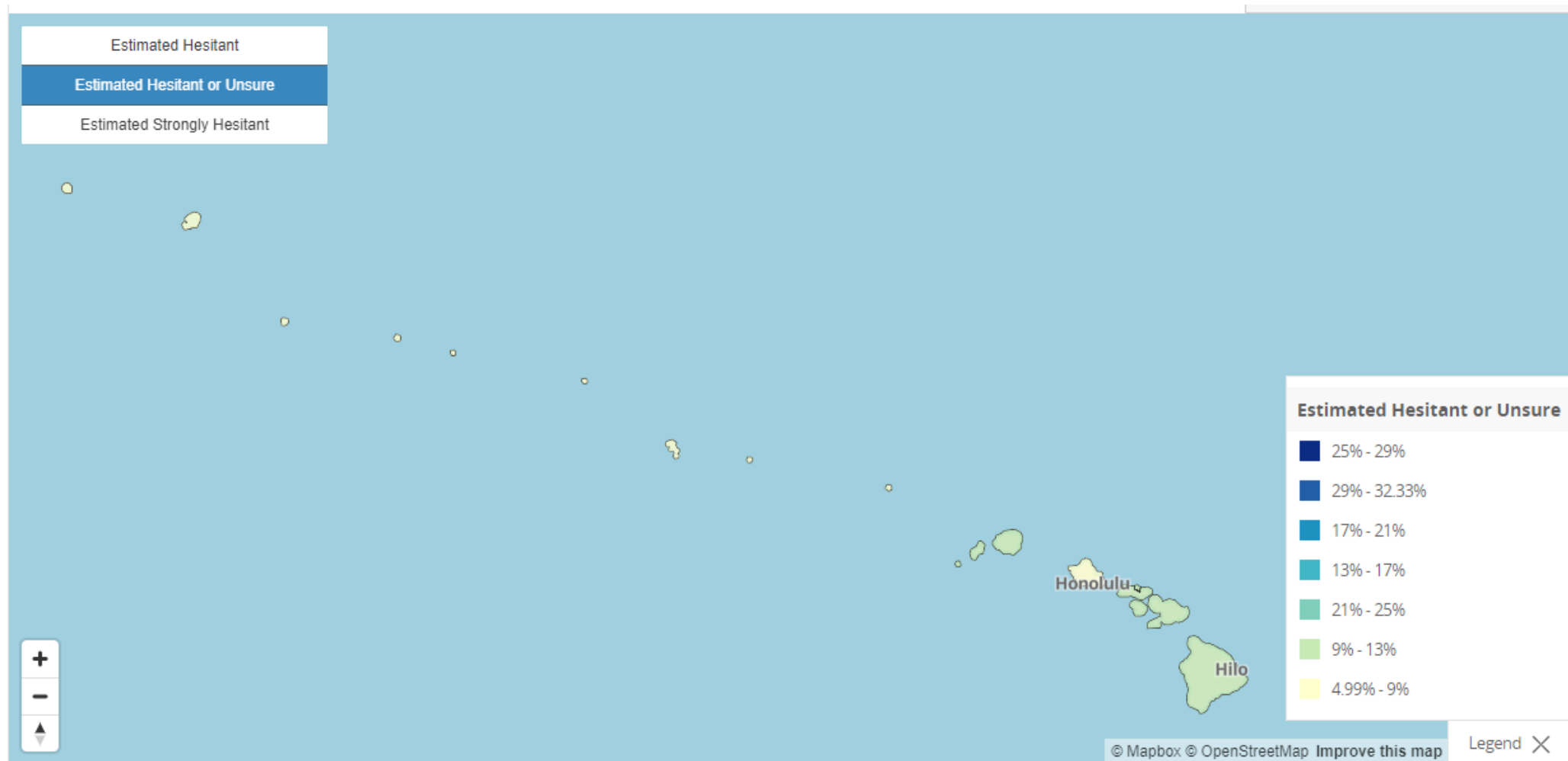
Source: <https://data.cdc.gov/stories/s/Vaccine-Hesitancy-for-COVID-19/cnd2-a6zw>

Vaccine Hesitancy Rates



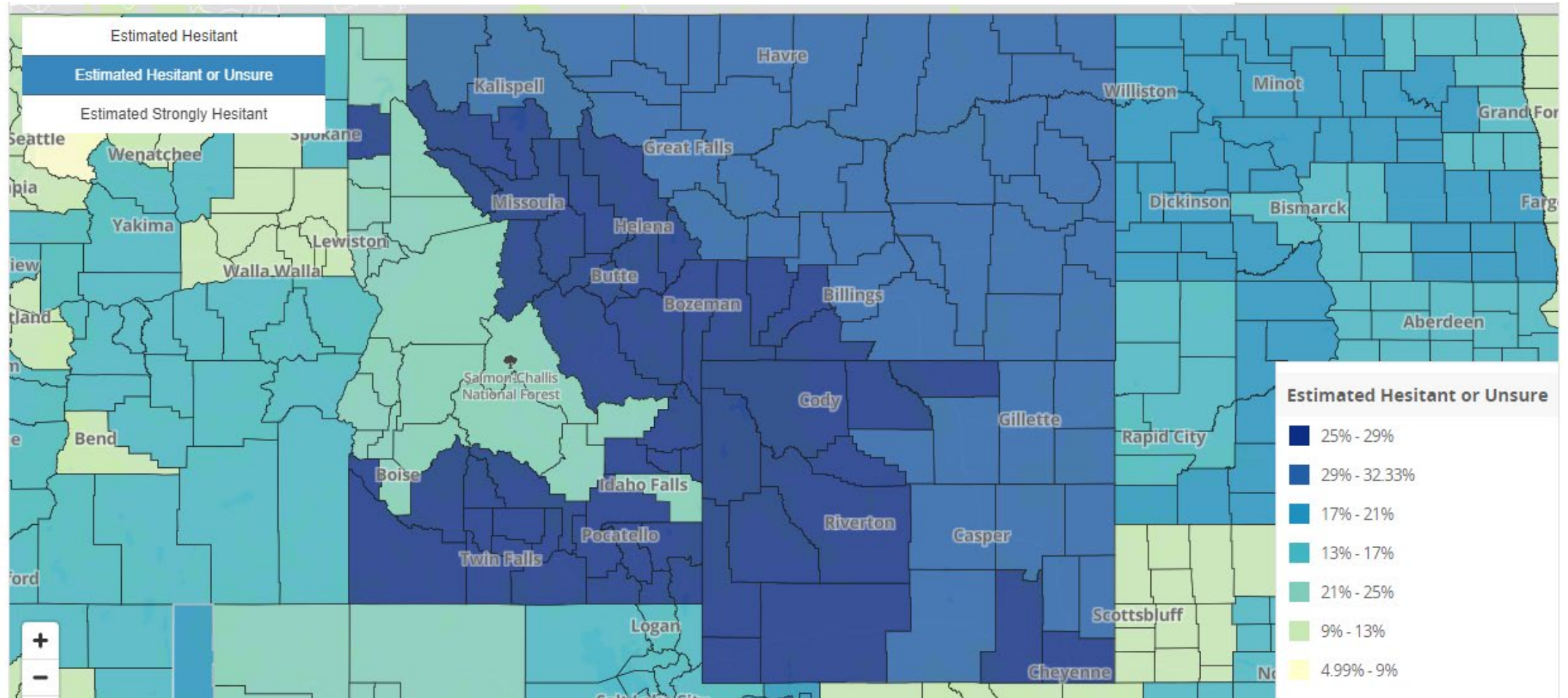
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Vaccine Hesitancy Rates



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Misinformation vs. Disinformation



- ✚ Webster's Dictionary definitions:
 - Misinformation: Incorrect or misleading information regardless of intent
 - Disinformation: Knowingly spreading misinformation

- ✚ Centers for Disease Control and Prevention (CDC) definitions:
 - Misinformation: False information shared by people who do not intend to mislead others
 - Disinformation: False information deliberately created and disseminated with malicious intent

Misinformation and Depression



JAMA
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Original Investigation | Public Health

Association of Major Depressive Symptoms With Endorsement of COVID-19 Vaccine Misinformation Among US Adults

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Abstract

IMPORTANCE Misinformation about COVID-19 vaccination may contribute substantially to vaccine hesitancy and resistance.

OBJECTIVE To determine if depressive symptoms are associated with greater likelihood of believing vaccine-related misinformation.

DESIGN, SETTING, AND PARTICIPANTS This survey study analyzed responses from 2 waves of a 50-state nonprobability internet survey conducted between May and July 2021, in which depressive symptoms were measured using the Patient Health Questionnaire 9-item (PHQ-9). Survey respondents were aged 18 and older. Population-reweighted multiple logistic regression was used to examine the association between moderate or greater depressive symptoms and endorsement of at least 1 item of vaccine misinformation, adjusted for sociodemographic features. The association between depressive symptoms in May and June, and new support for misinformation in the following wave was also examined.

EXPOSURES Depressive symptoms.

MAIN OUTCOMES AND MEASURES The main outcome was endorsing any of 4 common vaccine-related statements of misinformation.

RESULTS Among 15 464 survey respondents (9834 [63.6%] women and 5630 [36.4%] men; 722 Asian respondents [4.7%], 1494 Black respondents [9.7%], 1015 Hispanic respondents [6.6%], and 11 863 White respondents [76.7%]; mean [SD] age, 47.9 [17.5] years), 4164 respondents (26.9%) identified moderate or greater depressive symptoms on the PHQ-9, and 2964 respondents (19.2%) endorsed at least 1 vaccine-related statement of misinformation. Presence of depression was associated with increased likelihood of endorsing misinformation (crude odds ratio [OR], 2.33; 95% CI, 2.09-2.61; adjusted OR, 2.15; 95% CI, 1.91-2.43). Respondents endorsing at least 1 misinformation item were significantly less likely to be vaccinated (crude OR, 0.40; 95% CI, 0.36-0.45; adjusted OR, 0.45; 95% CI, 0.40-0.51) and more likely to report vaccine resistance (crude OR, 2.54; 95% CI, 2.21-2.91; adjusted OR, 2.68; 95% CI, 2.89-3.13). Among 2809 respondents who answered a subsequent survey in July, presence of depression in the first survey was associated with greater likelihood of endorsing more misinformation compared with the prior survey (crude OR, 1.98; 95% CI, 1.42-2.75; adjusted OR, 1.63; 95% CI, 1.14-2.33).

CONCLUSIONS AND RELEVANCE This survey study found that individuals with moderate or greater depressive symptoms were more likely to endorse vaccine-related misinformation, cross-sectionally and at a subsequent survey wave. While this study design cannot address causation, the

(continued)

Key Points

Question Are major depressive symptoms associated with increased risk of believing common misinformation about COVID-19 vaccines among US adults?

Findings In this survey study including 15 464 US adults, people with moderate or greater major depressive symptoms on an initial survey were more likely to endorse at least 1 of 4 false statements about COVID-19 vaccines on a subsequent survey, and those who endorsed these statements were half as likely to be vaccinated.

Meaning These findings suggest another potential benefit of public health efforts to address depressive symptoms, namely reducing susceptibility to misinformation.

Author affiliations and article information are listed at the end of this article.

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JAMA Network Open. 2022;5(1):e2145697. doi:10.1001/jamanetworkopen.2021.45697

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Click the image or
the link below to
read the article:

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2788284>

Perceptions of the COVID-19 Vaccine in Remote Alaskan Communities

Table 4 of 4

Table 4. Participant responses to true/false question about COVID-19 vaccines (Wave 3)

Question	% Incorrect Response	Not sure
The COVID-19 vaccine is not recommended if you're young and healthy	82.9	9.8
COVID-19 vaccines are recommended for pregnant people.	22.8	26.5
You don't need a COVID-19 vaccine if you've already had COVID-19.	14.9	7.7
The COVID-19 vaccine is free for everyone in the U.S. who is eligible.	11.1	7.3
COVID-19 vaccines do not affect fertility.	11.1	28.1
COVID-19 vaccines do not affect your DNA.	10.8	19.2
Teenagers can get a COVID-19 vaccine.	7.2	8.6
You can still get COVID-19 even if you've received a COVID-19 vaccine.	6.7	5.6

Read more and view larger images:
<https://www.tandfonline.com/doi/full/10.1080/22423982.2021.2021684>

Vaccine Campaigns



COVID-19 Public Education Campaign

An initiative to increase confidence in COVID-19 vaccines and reinforce basic prevention measures.

View campaign resources: <https://wecandothis.hhs.gov>.



COVID-19 Vaccine Education Initiative

We know that rural communities have concerns and questions about COVID-19 vaccines. This campaign equips you with information to help build vaccine confidence in your community. View campaign

resources: <https://ruralvaccinetoolkit.org>.

Messaging Do's and Don'ts



Do:

- Acknowledge concerns
- Appeal with facts
- Emphasize protecting ourselves and loved ones
- Acknowledge that it is a personal decision



Don't

- Incite negativity and fear
- Say it is the right thing to do
- Overpromise
- Say this is how we get “back to normal”

Resources

National Rural Health Association (NRHA) Talking Points for Rural Leaders

- https://www.ruralhealth.us/NRHA/media/Emerge_NRHA/Programs/06-08-21-NRHA-COVID-19-Vaccine-Talking-Points.pdf

APHA Show You Know: Hesitancy vs. Confidence of COVID-19 Vaccination Quiz

- https://aphanet.pharmacist.com/quiz/hesitancy-vs-confidence-of-covid-19-vaccination?is_sso_called=1

We Can Do This

- <https://wecandothis.hhs.gov/>

Ad Council COVID collaborative

- <https://ruralvaccin toolkit.org/>

Patient Handouts

- <https://vaccineconfident.pharmacist.com/Share/Patient-Resources/Patient-Handouts>

Vaccine Hesitancy in Health Care Professionals

- <https://www.mpqhf.org/QIO/vax-fax-resources-june-9/>

COVID-19 Vaccine Mandate Updates



QSO 22-07: Health Care Staff Vaccination, Long-Term Care and Skilled Nursing



- ✚ Definition of Staff:
 - Easier to define who are not staff
 - Staff are not:
 - Those who provide telehealth/telemedicine exclusively off-site
 - Those who provide support services exclusively off-site
 - Anyone who does not encounter residents or other staff
 - The staff vaccination requirements do not apply to these groups

Policies, Procedures and Documentation

Policies	Documentation
Process for ensuring staff (minus those exempt from requirement) receive vaccinations for COVID (1 st , 2 nd and booster)*	Process for tracking and documenting vaccination status (1 st , 2 nd and booster)
Process to ensure additional precautions for staff not fully vaccinated**	Process for tracking and documenting delayed vaccination***
Contingency plans for those not fully vaccinated	
Process to request exemption	Process for tracking and documenting exemption and related information

*Staff must have received at least one dose prior to providing any care, treatment or services. There must be a plan in place to ensure the series is completed (dose 1 of 1 or 2 of 2).

**For example: Reassignment to non-patient care area until series completed, source control even if area has low to mod transmission-including N-95, weekly testing

***May be delayed for acute illness secondary to COVID, receipt of MAT/convalescent plasma

Exemptions



- ✚ Clinical exemptions must include:
 - Documentation from licensed practitioner
 - Cannot be the person requesting the exemption
 - Must sign and date
 - Must be acting within their scope of practice
 - Must state which vaccine is contraindicated
 - Must contain recognized clinical reasons for contraindication
 - Must contain a statement from the practitioner recommending exemption based on clinical contraindications

Contraindication



- ✚ Per CDC:
 - If there has been a severe allergic reaction (anaphylaxis) to a prior dose or a component
 - A reaction of any severity within four hours of exposure to a previous dose or a component
 - A diagnosed allergy to a previous dose or component
- ✚ For religious exemptions, see the EEOC Compliance Manual on religious discrimination. Surveyors will not evaluate the religious exemptions, only that there is a mechanism in place to request and grant them.

Contingency Plans



- ✚ Contingency Plans:
 - Actions that you will take for staff who are unwilling to be vaccinated and who do not qualify for an exemption as well as those with an exemption and those delayed

- Plans can include:
 - Imposing a deadline to receive the vaccine
 - Actions the facility will take if the deadline is not met:
 - Actively seeking replacement staff
 - Using temporary vaccinated staff until permanent replacements are found

Compliance

30 Days	60 Days
All policies and procedures are developed and implemented, AND:	
<p>One hundred percent of staff have either:</p> <ul style="list-style-type: none">• Received one dose of vaccine, OR• Have a pending request, OR• Have been granted an exemption, OR• Have been identified as having a temporary delay	<p>One hundred percent of staff have either:</p> <ul style="list-style-type: none">• Received the necessary doses to complete a series, OR• Have been granted an exemption, OR• Have been identified as having a temporary delay

Non-Compliance

30 days		60 days	
<100% of staff have received at least one dose, or have exemption or delay			
Facility will receive notice of non-compliance.			
If >80% but <100% and have a plan to achieve 100% within 60 days, will not be subject to enforcement.		If >90% but <100% and have a plan to achieve 100% within 30 days, will not be subject to enforcement.	
If outside above parameters, may be subject to enforcement actions, depending on severity of deficiency and type of facility.			

Scope and Severity



Table 1: Scope and Severity Grid

Severity & Scope for F888	<u>ISOLATED</u> 1% <u>or more</u> , but <u>less than</u> 25% of staff are unvaccinated (76% – 99% of staff are vaccinated).	<u>PATTERN</u> 25% <u>or more</u> , but <u>less than</u> 40% of staff are unvaccinated (61% – 75% of staff are vaccinated).	<u>WIDESPREAD</u> 40% <u>or more</u> of staff are unvaccinated (0% - 60% of staff are vaccinated), OR 1 or more components of the P&Ps were not developed and implemented.
Level 4 - Immediate Jeopardy: Noncompliance resulting in serious harm or death : <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; <u>and</u> 3 or more resident infections in the last 4 weeks resulting in at least one resident experiencing hospitalization (i.e., serious harm) or death. OR, Noncompliance resulting in a likelihood for serious harm or death: <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; <u>and</u> 3 or more resident infections in the last 4 weeks that did not result in serious harm or death; <u>and</u> One of the following: <ul style="list-style-type: none"> Any observations of noncompliant infection control practices by staff; <u>or</u> 1 or more components of the policies and procedures were not developed or implemented. OR, <ul style="list-style-type: none"> More than 40% of staff are unvaccinated <u>and</u> there is evidence of a lack of effort to increase staff vaccination rates. 	J	K	L
Level 3 – Actual Harm: <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; <u>and</u> 3 or more resident infections in the last 4 weeks which did not result in hospitalization (i.e., serious harm) or death, or the likelihood for IJ for one or more residents. 	G	H	I
Level 2: No actual harm w/potential for more than minimal harm that is not IJ: <ul style="list-style-type: none"> Did not meet the requirement of staff vaccinated; <u>and</u> No resident infections OR, <ul style="list-style-type: none"> Did not meet the expected minimum threshold of staff vaccinated; <u>and</u> 1 or more components of the policies and procedures were not developed and implemented. 	D	E	F
Level 1: No actual harm w/potential for minimal harm: <ul style="list-style-type: none"> Met the requirement of staff vaccinated; <u>and</u> 1 or more components of the P&Ps were not developed and implemented (cited as widespread ("C")). 	A	B	C

Click the image or the link below to view in a larger format (page 14):

www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf

Resources

CMS QSO 22-07 Attachment A-Long Term Care and Skilled Nursing Guidance

- [QSO-22-07 ALL Long-Term Care and Skilled Nursing Facility \(cms.gov\)](#)

EEOC Guidance on Religious Discrimination

- [https://www.eeoc.gov/laws/guidance/section-12-religious-discrimination](#)

CDC Interim Clinical Considerations for Vaccine

- [https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf](#)

CDC COVID Infection Control Recommendations

- [https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html](#)

Thank you!

Join us next week on
Wednesday, February 9, 2022.

This material was prepared by Mountain-Pacific Quality Health, a Medicare Quality Innovation Network-Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. 12SOW-MPQHF-AS-NH-01/22-103