Frequently Asked Questions Among LTC Providers



What respiratory vaccines are currently offered and who should receive them?

There are three available vaccines that can help protect you against infection, illness, and hospitalization from common respiratory viruses. These are the Influenza, RSV (Respiratory Syncytial Virus), and COVID-19 vaccines. Details on each are as follows:

Vaccine	Who is Eligible
COVID-	Everyone aged 5 years and older (one dose)
19	
	Children aged 6 months-4 years (may need multiple doses based
	on the number of vaccinations received in the past)
Influenza	Everyone 6 months and older
RSV	Infants and young children (click <u>here</u> for more details)
	Pregnant people (click <u>here</u> for more details)

Can I co-administer the vaccines together at the same time?

Yes, co-administration of all three vaccines is permitted. If you co-administer, the Centers for Disease Control and Prevention (CDC) recommends administering at different locations (or at least one inch away from the other vaccine). For more information on co-administration, refer to our <u>hot topic brief</u>.

When is the optimal time to administer the vaccines?

Optimally before the winter respiratory virus season. Influenza and COVID-19 vaccines both tend to wane after four to six months, so administering in October is optimal. The RSV vaccine has a longer effect, so administering anytime starting in September forward is optimal.



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How long do the vaccines work?

All vaccines take about 14 days to generate antibody levels if your body has not been vaccinated or exposed to the virus previously. They generate antibodies quicker if you have been vaccinated before. The antibody levels remain elevated for four to six months and can remain effective longer unless the virus develops a new variant. Since all these respiratory viruses continually develop new variants, new vaccines are commonly required, such as the annual influenza vaccine.

Are there any contraindications to receiving the vaccines?

Allergies to any of the components of the vaccine (check the package insert) are contraindications to the vaccine. If you have concerns about other potential risks, we recommend you check with your physician and/or read the package insert for the vaccine.

Are any of the vaccines required for staff?

There are no federal requirements that staff receive these vaccines. Some states may have regulations about health care workers (HCW) receiving these vaccines. For example, some states require either the influenza vaccine or that the HCW uses a source control mask when around patients during high activity of influenza in the community. You need to check with your state health department about any statespecific requirements for vaccination. Also, some employers may require the vaccine for employment.

Are any of the vaccines required for residents?

No, but they are recommended for older adults, those with chronic conditions, and those who reside in congregate living situations such as a nursing home or assisted living community are at the highest risk of serious illness, hospitalization, or death from these viruses.

If someone got the vaccine in the past, do they need another?

Yes, since people's immunity will decline over time, the frequency of another vaccine varies. In fact, the CDC recently released a new recommendation that adults aged 65 years and older receive an additional updated 2023-2024 COVID-19 vaccine dose. Older adults may receive the additional vaccine dose four months after the previous vaccine for Moderna and Pfizer, or two months if immunocompromised. The CDC website on <u>immunization schedules</u> is a good place to check for more information.



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How do I bill the Centers for Medicare & Medicaid Services?

For the four vaccines (RSV, influenza, pneumococcal, and COVID), long term care (LTC) facilities can bill Medicare. Please refer to our <u>Medicare Billing Guidance fact</u> sheet for more information.

What do I need to know about testing?

If you, your staff, or your residents develop symptoms, you should test for flu and COVID-19 since there are antiviral treatments recommended. Antiviral treatments for flu and COVID-19 work to further reduce the risk of serious illness, hospitalization, or death from the viruses but only work if started shortly after symptoms develop (usually within 5 days). Testing for RSV is not necessary since there are no antiviral treatments for RSV. For more information, please visit the CDC Infection Prevention and Control guidance for <u>COVID-19</u> and <u>influenza</u>.



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