



Nebraska Infection
Control Network

Vaccinations in LTC

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4/23/26



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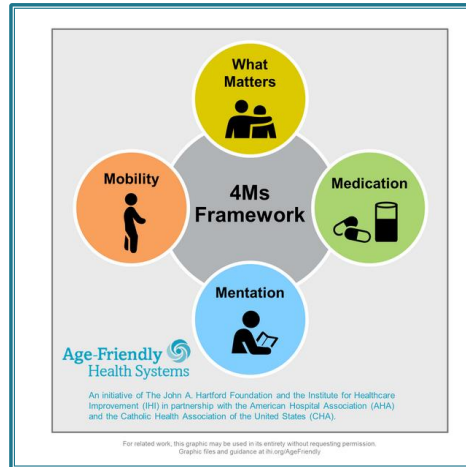
Learning Objectives

- ▶ Name the **4Ms of an Age Friendly Health System** and describe how immunizations impact each of the 4 Ms
- ▶ **Describe** why vaccinations are important in LTC
- ▶ **List the vaccinations** needed for older adults living in LTC and other community living environments
- ▶ **List the frequency** of each vaccination needed for older adults in LTC and other community living environments
- ▶ Know **CMS regulations** surrounding vaccinations in LTC and other community living environments
- ▶ Discuss **methods for achieving** population level vaccination goals



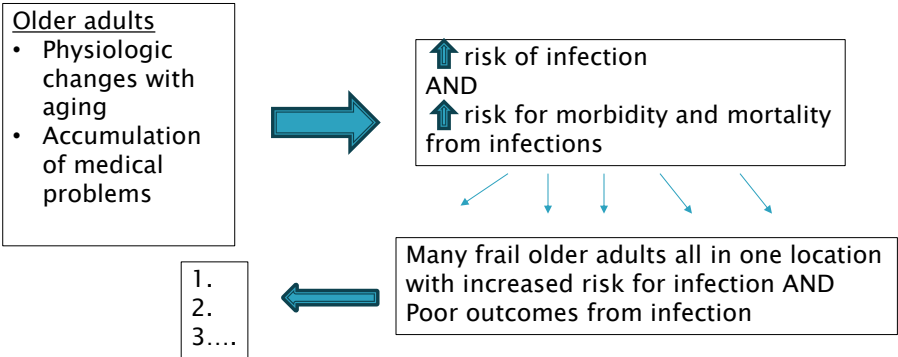
2

4 M's



3

Why Immunizations Matter in LTC



[Immunization | PALTmed](#)

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Why Immunizations Matter in LTC

Name downstream outcomes when a LTC resident gets a communicable infection



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Why Is Immunization Important for Residents and Staff?

High immunization rates in long-term care settings can directly protect both staff and residents when they are individually vaccinated, as well as enable them to indirectly protect each other. This can mean avoiding morbidity and mortality for a vulnerable group of residents, as well as reducing the risk of spreading vaccine-preventable diseases to other residents, their families, and facility staff, who might also bring illnesses home to their families and communities.

Many long-term care communities, however, do not have high immunization rates, for a variety of reasons. By spending some time focusing a quality improvement (QI) immunization initiative on immunization, adjustments in current processes could save staff time and increase vaccination coverage.



movingneedles.org

This guide has practical suggestions for process adjustments that will increase immunization rates, both for staff and for residents. The suggestions are based on findings from Moving Needles,¹ a QI project funded by the Centers for Disease Control and Prevention (CDC) and led by the Post-Acute and Long-Term Care Medical Association (PALTCmed).






The goal of Moving Needles is to make routine adult immunizations a standard of care for post-acute and long-term care (PALTC) residents and an expectation for staff.

The project included a QI pilot with both skilled nursing facilities and assisted living communities that tested evidence-based interventions between 2022 and 2024. This guide presents their findings and lessons learned to help other facilities adopt proven strategies to increase their own immunization rates.



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Benefits of a QI Initiative

-  Staying in compliance with facility requirements
-  Maintaining a strong reputation and Centers for Medicare & Medicaid Services (CMS) Star Rating for the facility
-  Easing staff workload by reducing the number of ill residents
-  Reducing the number of staff out sick, thereby lessening the impact of staffing challenges and shortages
-  Decreasing the spread of illness within the broader community



Vaccinations to know for LTC

- ▶ Influenza
- ▶ COVID-19
- ▶ Pneumococcal
- ▶ Herpes Zoster (Shingles)
- ▶ Tetanus, Diphtheria, Pertussis (Tdap)
- ▶ Respiratory Syncytial Virus (RSV)
- ▶ Hepatitis B

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Current Vaccine Recommendations

As of January 2025, these are the CDC recommendations for each of the vaccines most relevant to residents and staff in PALTC environments:

Influenza: One seasonal influenza vaccine for everyone ages 6 months and older, with an enhanced product (adjuvant, high-dose, or recombinant vaccine) recommended for those ages 65+

COVID-19: Two doses of the latest COVID-19 vaccine spaced four months apart for people ages 65+, and one dose of the latest COVID-19 vaccine for those ages 6 months to 64 years

RSV (respiratory syncytial virus): One vaccine for adults ages 75+ and one vaccine for adults ages 60-74 at increased risk of severe RSV disease; RSV vaccine is also recommended for pregnant women between 32 and 36 weeks' gestation from September through January in most of the continental United States

Pneumococcal: One dose of PCV15, PCV20, or PCV21 for adults ages 50+ who have never received any pneumococcal conjugate vaccine (PCV) or whose previous vaccination history is unknown

- If PCV15 is used, administer a dose of PPSV23 one year later
- If PCV20 or PCV21 is used, a dose of PPSV23 is not required

Shingles: Two doses of the Shingrix vaccine 2-6 months apart for immunocompetent adults ages 50+, regardless of previous herpes zoster or history of zoster vaccine live vaccination

Tdap (tetanus, diphtheria, and pertussis): One dose of Tdap for adults ages 19+ and then Tdap or Td (a different vaccine that protects against tetanus and diphtheria but not pertussis) every 10 years as a booster dose

Hepatitis B: All adults ages 19-59, and adults ages 60+ with risk factors for hepatitis B, including healthcare personnel who may be exposed to blood or blood-contaminated bodily fluids

- Adults ages 60+ without known risk factors for hepatitis B may also receive the vaccine
- Individuals who have a hepatitis B titer that demonstrates positive antibodies can be presumed to be vaccinated

[A Guide to Support Effective Immunization Practices in PALTC.pdf](#)

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COVID-19

Recommendations

The Post-Acute and Long-Term Care Medical Association (PALTmed) recommends routine vaccination of residents and staff without contraindications as described below:

- All residents ≥ 18 years:**
 Should receive **one dose** of the 2025-2026 COVID-19 vaccine.
 - Moderna's "SPIKEVAX", Novavax's "NUVAXOVID", and Pfizer-BioNTech's "COMIRNATY", can be administered at least 2 months after any prior COVID-19 vaccine dose.
 - Moderna's "MNEXSPIKE" can be administered at least 3 months after any prior COVID-19 vaccine dose.
- Residents with moderate to severe immunocompromise:**
 Should receive **at least two doses** of the 2025-2026 COVID-19 vaccine.
 - The preferred interval between doses is **6 months**, but they may be given as soon as **2 months apart** if needed (e.g., during an outbreak).
 - Additional doses** may be given **≥2 months** after the last dose based on shared clinical decision-making.
- All staff:**
 Clinical staff and nonclinical staff including vendors, contractors, and trainees in PALT facilities should receive **one dose** of the 2025-2026 COVID-19 vaccine.
 - Staff with moderate to severe immunocompromise may need additional doses.
- Vaccine selection:**
 Any COVID-19 vaccine licensed by the US Food and Drug Administration (Pfizer, Moderna, Novavax) for the appropriate age group may be used.



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Pneumococcal

PneumoRecs VaxAdvisor App for Vaccine Providers

For Health Care Providers
FEB. 25, 2026

KEY POINTS

- Use PneumoRecs VaxAdvisor to quickly and easily determine which pneumococcal vaccines a patient needs and when.
- Mobile and web versions are available and free to use.
- The PneumoRecs VaxAdvisor app was updated on December 11, 2024, to reflect CDC's updated adult pneumococcal vaccination recommendations.



<https://www2a.cdc.gov/vaccines/m/pneumo/pneumo.html>

Get the app

Download the mobile app

Download *PneumoRecs VaxAdvisor* on your mobile device:

- [iOS devices](#)
- [Android devices](#)

Use the web version

Access a [web version](#) when connected to the internet through a mobile device or computer.

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Respiratory Syncytial Virus (RSV)

RSV Vaccine Guidance for Adults

For Health Care Providers
FEB. 24, 2026

WHAT TO KNOW

- CDC recommends a single dose of respiratory syncytial virus (RSV) vaccine for all adults ages 75 and older and adults ages 50–74 at increased risk of severe RSV illness.
- There are three FDA-licensed RSV vaccines recommended for use in adults ages 50 and older: GSK's Arexvy, Moderna's mResvia, and Pfizer's Abrysvo. There is no preference for which vaccine adults 50 and older should receive.
- Eligible adults can get an RSV vaccine at any time, but the best time to vaccinate patients is in late summer and early fall before RSV usually starts to spread in the community.
- The RSV vaccine is not currently an annual vaccine. People who have already received one dose have completed their vaccination and should not receive another dose at this time.

<https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/adults.html>

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Conditions that increase risk of severe RSV illness

The following conditions increase the risk of severe RSV illness:^[A]

- Chronic cardiovascular disease (e.g., heart failure, coronary artery disease, or congenital heart disease [excluding isolated hypertension])
- Chronic lung or respiratory disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma, interstitial lung disease, or cystic fibrosis)
- End-stage renal disease or dependence on hemodialysis or other renal replacement therapy
- Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy, or other end-organ damage, or requiring treatment with insulin or sodium-glucose cotransporter-2 (SGLT2) inhibitor
- Neurologic or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness (e.g., poststroke dysphagia, amyotrophic lateral sclerosis, or muscular dystrophy [excluding history of stroke without impaired airway clearance])
- Chronic liver disease (e.g., cirrhosis)
- Chronic hematologic conditions (e.g., sickle cell disease or thalassemia)
- Severe obesity (body mass index ≥ 40 kg/m²)
- Moderate or severe immune compromise^[B]
- Residence in a nursing home
- Other chronic medical conditions or risk factors that a healthcare provider determines would increase the risk for severe disease due to viral respiratory infection (e.g., frailty,^[C] situations in which healthcare providers have concern for presence of undiagnosed chronic medical conditions, or residence in a remote or rural community where transportation of patients with severe RSV disease for escalation of medical care is challenging^[D])

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[A Guide to Support Effective Immunization Practices in PALTC.pdf](#)

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[Summary of CMS Vaccine Regulations.pdf](#)

Summary of CMS Vaccine Regulations for LTC

2025-2026

#GET
VACCINATED

CMS REGULATIONS FOR LONG TERM CARE (LTC) FACILITIES RE: INFLUENZA (FLU), PNEUMOCOCCAL & COVID VACCINES

*Standing orders are permitted only for influenza and pneumococcal vaccines under **§42 CFR 483.30(b)(3)**.

*COVID-19 and RSV require clinician orders.

[Read the full regulation.](#)

§483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-

- Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;
- Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated, or the resident has already been immunized during this time;
- The resident or the resident's representative has the opportunity to refuse immunization; and
- The resident's medical record includes documentation that indicates, at a minimum, the following:
 - That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and
 - That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal.

§483.80(d)(2) Pneumococcal disease.

The facility must develop policies and procedures to ensure that-

getvaccinated.us

AHCA | NCAL

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Summary of CMS Vaccine Regulations for LTC

2025-2026



- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization;
 - (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated, or the resident has already been immunized;
 - (iii) The resident or the resident's representative has the opportunity to refuse immunization; and
 - (iv) The resident's medical record includes documentation that indicates, at a minimum, the following:
 - (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and
 - (B) That the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal
- (3) **COVID-19 immunizations.** The LTC facility must develop and implement policies and procedures to ensure all the following:
- (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated, or the resident or staff member has already been immunized;
 - (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine;
 - (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine;
 - (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19

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Summary of CMS Vaccine Regulations for LTC

2025-2026



- vaccine, before requesting consent for administration of any additional doses;
- (v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; and
- (vi) The resident's medical record includes documentation that indicates, at a minimum, the following:
 - (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and
 - (B) Each dose of COVID-19 vaccine administered to the resident; or
 - (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and
- (vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:
 - (A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;
 - (B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and
 - (C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).

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Vaccination Status of New Admit

- ▶ How to find most updated vaccination information
 - Hospital record
 - CyncHealth
 - Contact PCP Office
 - Ask resident/family
 - NESIIS



Slide Credit: Cindi Leo-Gofta, RN

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Nebraska State Immunization Information System

Immunization Record Search

Families and individuals can use this screen to view and print their immunizations.
First Name, Last Name and Birth Date are required.

* First Name * Last Name

* Birth Date MM/DD/YYYY

Please supply the Social Security Number:

* SSN - -

For further assistance, please contact the NESIIS Help Desk by calling 402-471-0133, or toll-free at 888-433-2510.

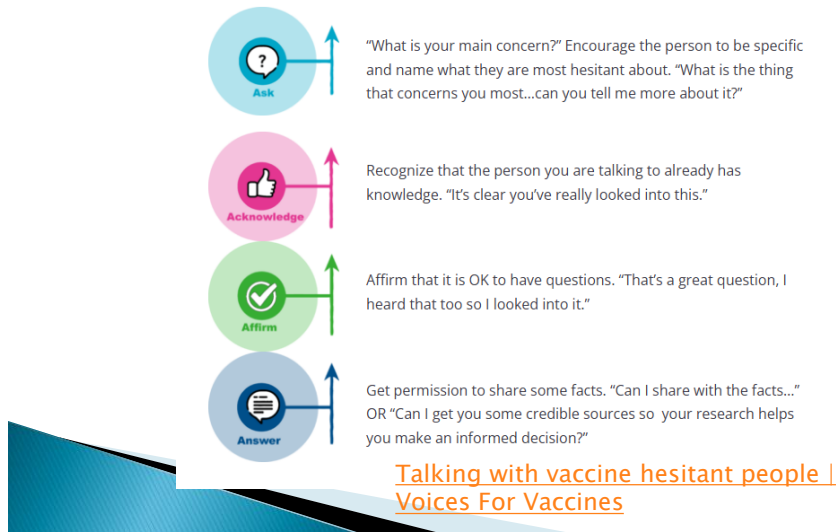
For help with Parkinson's Disease patients, please contact the NPDR Help Desk by calling 833-958-0716.

Click one of the links below to see the Nebraska State Immunization Information System Parent Brochure:

- [NESIIS Parent Brochure](#)
- [Folleto de NESIIS para Padres de Familia](#)

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How to talk to people who are hesitant about vaccines



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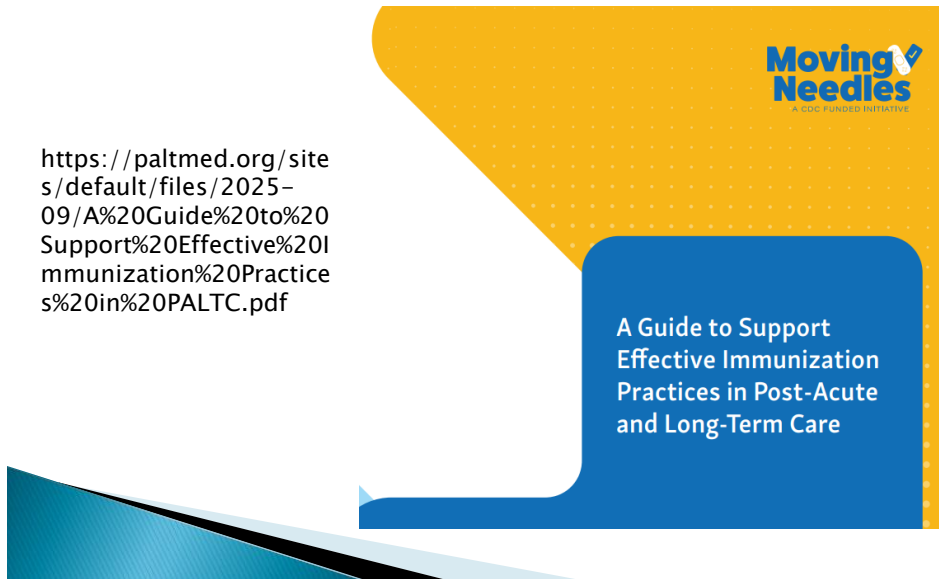
[Addressing COVID-19 Vaccine Hesitancy: Eight Tips for a Better Conversation | AAFP](#)

- 1: Manage Your Expectations
- 2: Determine Where the Person is on the Hesitancy Spectrum
- 3: Ask Permission to Discuss the Vaccine (Ask-Tell-Ask)
4. Open with One Positive
- 5: Ask the Person to List Specific Concerns
- 6: Acknowledge concerns and share information "Thank you for sharing this with me. I can see why you would be worried about that. Although I understand your concern, my experience and research have led me to a different conclusion. Can I share what I know?"
7. Make a Recommendation
8. Leave the Door Open

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How to Drive Immunization Success--

<https://paltmed.org/sites/default/files/2025-09/A%20Guide%20to%20Support%20Effective%20Immunization%20Practices%20in%20PALTC.pdf>



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Vaccine Consent Form

for Multiple Vaccines During Stay For Use in Long-Term Care

This document has been reviewed and is supported by the Post-Acute and Long-Term Care Medical Association (PALTmed) and the National Community Pharmacists Association's LTC Division (NCPA LTC).

Instructions for Use

- 1 Modify this document as needed for your individual or facility circumstances.
- 2 It is recommended that you use this document in your admissions process and with admissions paperwork.
- 3 Residents or families can choose to change their response (to accept or decline) when notice of the immunization date is provided.



[Multiple-Vaccine-Consent-Form-pdf.pdf](#)

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Vaccine Consent Form - Multiple Vaccines

- I, the undersigned, have received information about the risk and benefits of the vaccines listed below and have received a copy of the Vaccine Information Statement.
- I have had the opportunity to ask questions and have received answers to my satisfaction. I understand the vaccination process and freely consent to such process.
- I understand that I will be screened for eligibility prior to receiving any vaccine dose based on the recommended vaccine schedule by the National Advisory Committee for Immunization Practices (ACIP).
- I understand that I may change my mind about vaccination at any time prior to receiving the vaccine(s).
- I understand that this consent form is good for 3 years. It will be reviewed and offered for renewal every 3 years or as updates may require.
- I certify that I am (a) the patient/resident, (b) the legal guardian of the patient/representative or (c) representative of the long-term care facility and based upon observation or at my capacity, have the sufficient knowledge to answer the screening questions.
- I authorize release of any medical/other information with respect to this vaccine to my healthcare providers, Medicare, Medicaid or any other 3rd party payer as needed and request payment for authorized benefits to be made on my behalf to the facility or pharmacy.
- I consent to the vaccines selected below as indicated by circling Yes. My signature also authorizes entry of the vaccination(s) into the State Immunization Registry.

Vaccine	Consent
Influenza	<input type="checkbox"/> Yes <input type="checkbox"/> No
COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pneumococcal (PCV15, PCV20, PCV21; PPSV23)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Respiratory Syncytial Virus (RSV)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tdap	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shingles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Vaccines recommended by ACIP (list here):	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature of Resident or Legal Representative _____ Date/Time _____	
Print Name of Resident or Legal Representative _____	
If Legal Representative, state relationship to Resident _____	
**If Legal Representative, please ensure receipt of a copy of the Healthcare Power of Attorney, Advance Directive, Letters of Guardianship, or other documents that authorize Resident Representative to execute this consent.	
Legal Name (including maiden name) _____	Birthdate _____
Medical Record Number _____	Admission Date _____
Name of Physician _____	

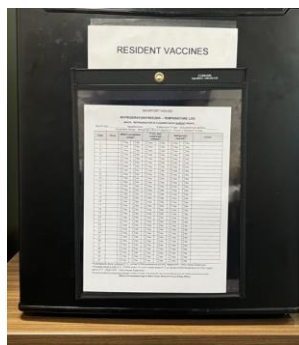
[Multiple-Vaccine-Consent-Form-pdf.pdf](#)



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Storing Vaccines

- ▶ Designate a specific refrigerator for vaccines
 - Continuous temperature monitoring




Slide Credit: Cindi Leo-Gofta, RN

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Basic Strategies to the prevention and control of TB

- ▶ Identify and treat
- ▶ Contact investigation
- ▶ Screening populations at high risk for TB




Slide Credit: Cindi Leo-Gofta, RN

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TB Risk Assessment

- ▶ Complete a yearly risk assessment
 - CDC TB Risk Assessment Worksheet (Appendix B)
- ▶ Verify risk with DHHS– Health Department
 - Review Tuberculosis in NE Annual Report
 - <https://dhhs.ne.gov/Pages/Tuberculosis.aspx>



Slide Credit: Cindi Leo-Gofta, RN

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CDC TB Screening of HCP

Health Care Personnel (HCP) Baseline Individual TB Risk Assessment

HCP should be considered at increased risk for TB if any of the following statements are marked "Yes":

	Temporary or permanent residence of ≥1 month in a country with a high TB rate	YES <input type="checkbox"/>
	Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe	NO <input type="checkbox"/>
OR		
	Current or planned immunosuppression,	YES <input type="checkbox"/>
	including human immunodeficiency virus (HIV) infection, organ transplant recipient, treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥15 mg/day for ≥1 month) or other immunosuppressive medication	NO <input type="checkbox"/>
OR		
	Close contact with someone who has had infectious TB disease since the last TB test	YES <input type="checkbox"/>
		NO <input type="checkbox"/>

Abbreviations: HCP, health care personnel; TB, tuberculosis; TNF, tumor necrosis factor. Individual risk assessment information can be useful in interpreting TB test results (see Levinson DM, Leonard MK, Collier AC, et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. Clin Infect Dis. 2017;54(11):1-13). Adapted from: Risk assessment form developed by the California Department of Health, Tuberculosis Control Branch.

Sosa LE, Nigg G, Labato MN, et al. Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR Morbidity and Mortality Rep. 2019;68(39):83-93. <https://www.cdc.gov/mmwr/rr/rrresourcelists/t20190913a1.htm>

Centers for Disease Control and Prevention
National Center for HIV/AIDS,
Tuberculosis, and TB Prevention

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Questions?

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