

COVID WEBINAR

Prepare for Winter: Booster Guidance for Nurses

Friday, November 18th at 1:00 EST



**NATIONAL
NURSE-LED CARE
CONSORTIUM**
a PHMC affiliate



Dr. Elisha Hall, PhD, RD

Health Education Specialist, Centers
for Disease Control and Prevention



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The National Nurse-Led Care Consortium (NNCC) is a non-profit membership organization that supports nurse-led care and nurses at the front lines of care.

NNCC supports comprehensive, community-based primary care and public health nursing through policy and advocacy, program development and management, technical assistance and support, and direct, nurse-led healthcare services.

Learn more at NurseLedCare.org

CDC COVID Vaccine Project Goals



Q: Can I get the vaccine if I don't have insurance?

A: Yes, Covid-19 vaccines are 100% free in the United States.

- Empower nurses with necessary information to engage care teams and communities about COVID-19 vaccines.
- Provide learning opportunities to share up-to-date guidance, support peer engagement among nursing colleagues, and strengthen the nursing role.
- Amplify the nursing voice by featuring nurse champions through our podcast and other media outlets.

Learn more at NurseLedCare.org



Housekeeping Items

Question & Answer

- Click Q&A and type your questions into the open field.
- The Moderator will either send a typed response or answer your questions live at the end of the presentation.

Continuing Education Credits

- Please complete the evaluation survey after today's training.
- Certificate will arrive within 4 weeks of completing the survey.

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Elisha Hall, PhD, RD
Health Education Specialist
National Center for Immunization and Respiratory
Diseases Centers for Disease Control and Prevention

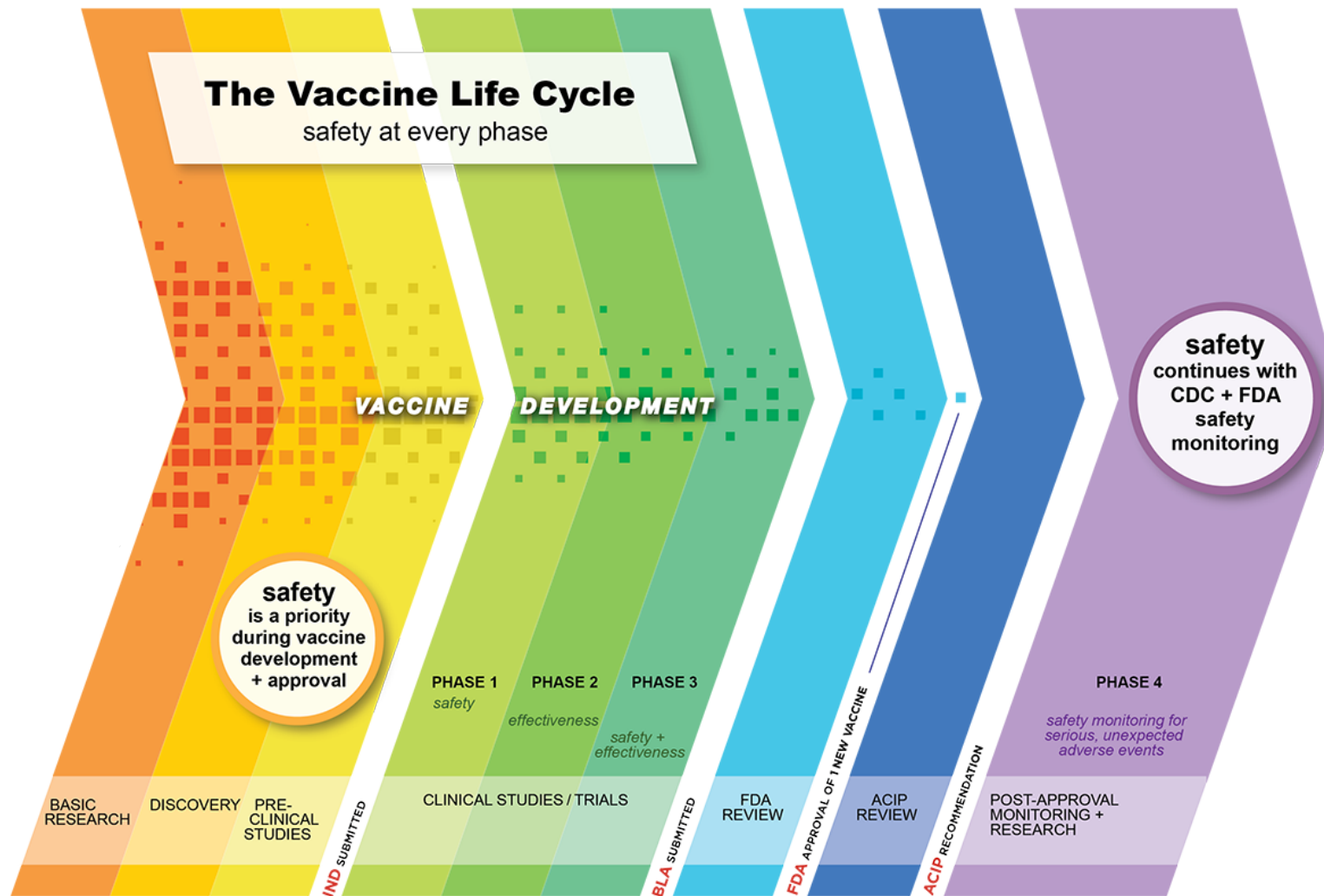


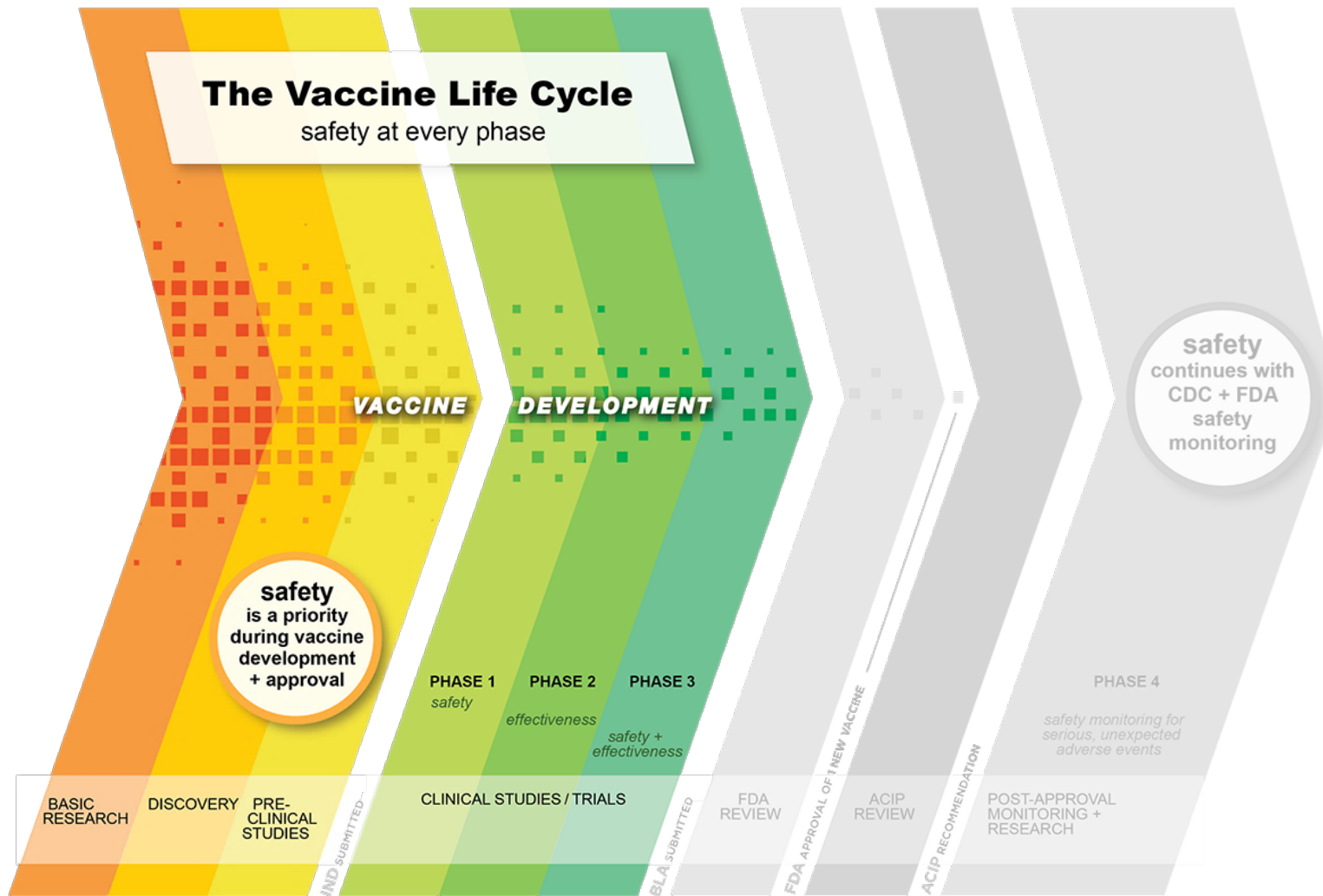
COVID-19 Vaccines: Bivalent Booster Recommendations

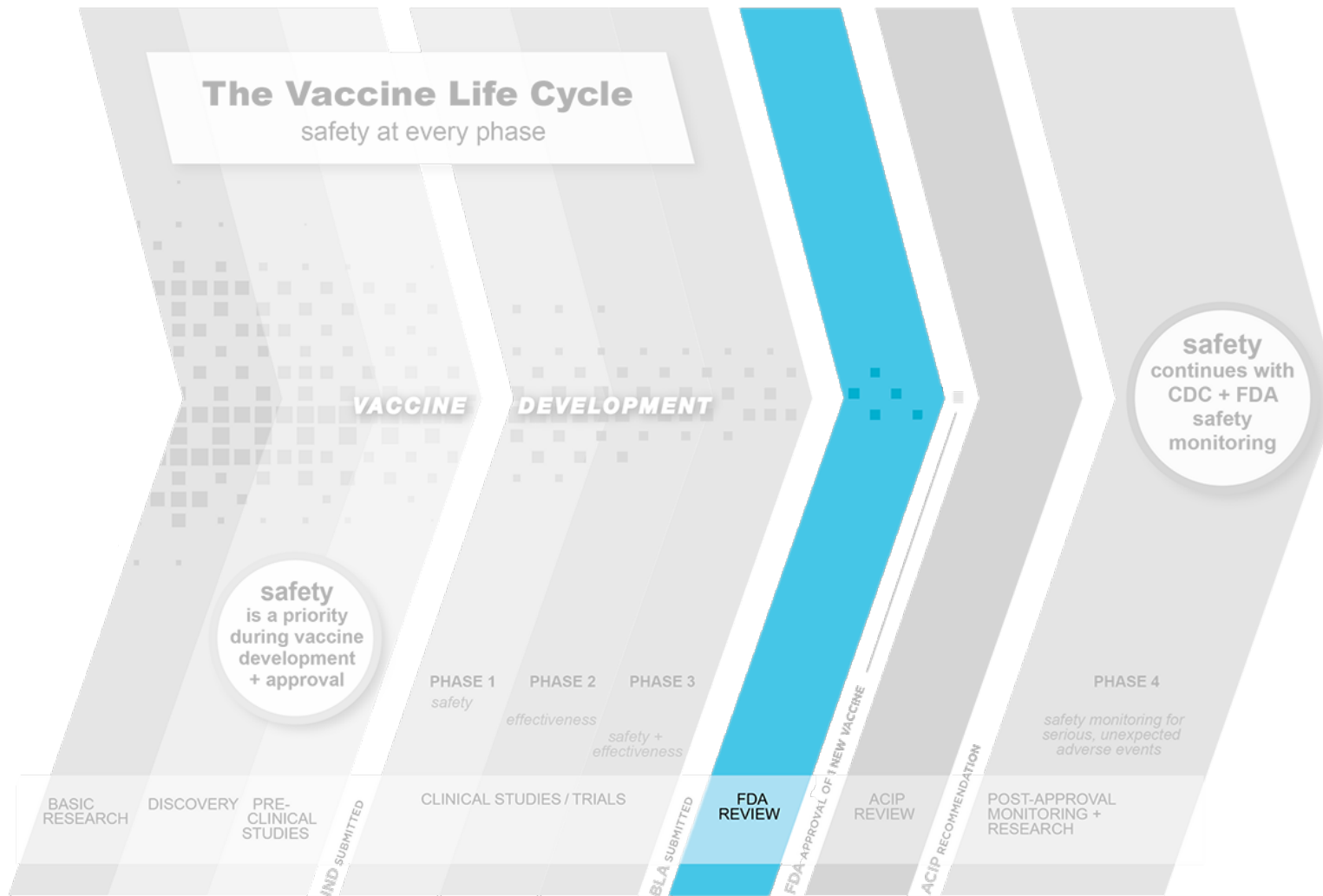
National Nurse-Led Care Consortium

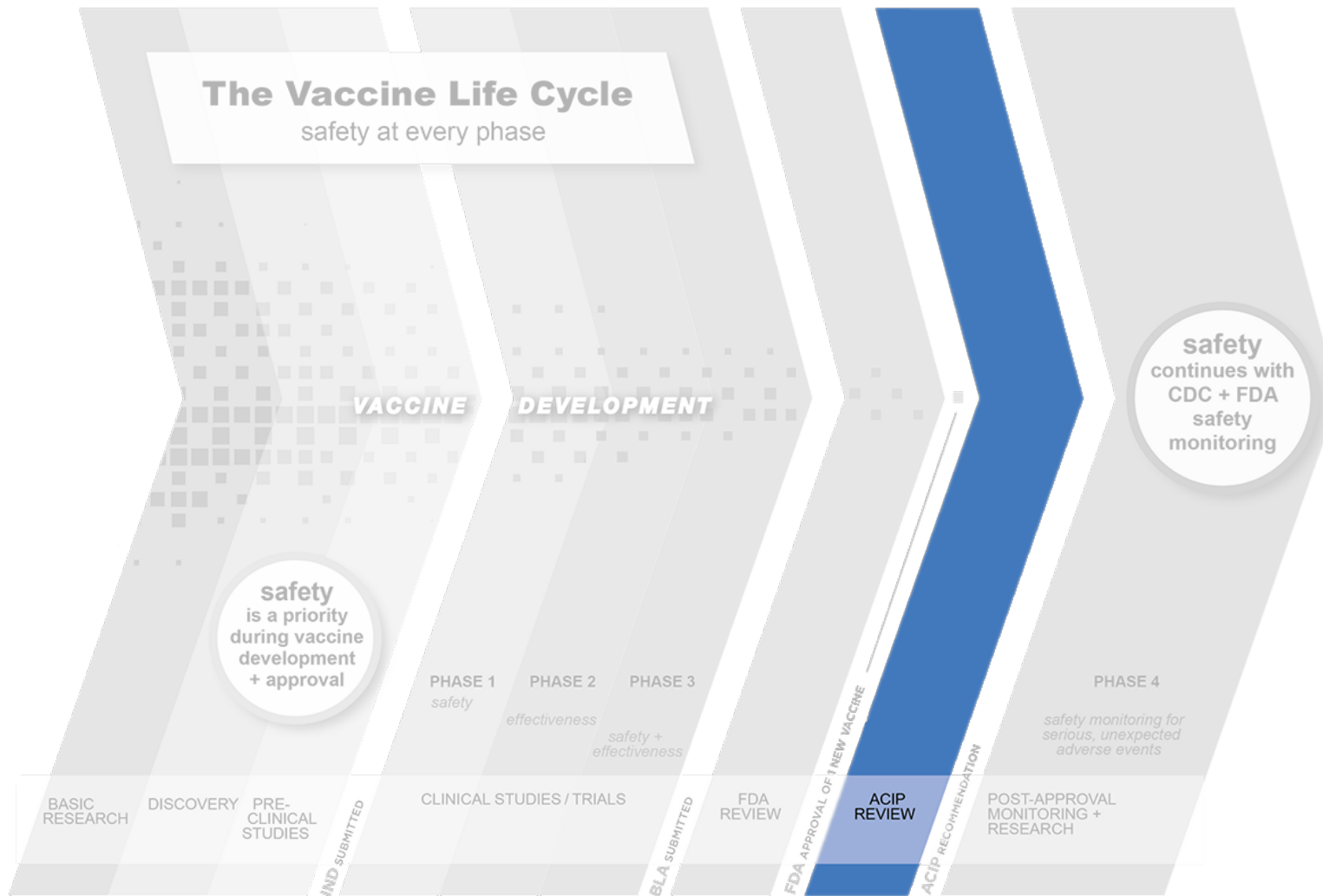
11/18/2022

Elisha Hall, PhD, RD
Health Education Specialist









Advisory Committee on Immunization Practices: Origins and Role

- **Role**: To provide advice and guidance to the CDC Director on most effective means to prevent vaccine-preventable diseases in the U.S. civilian population
 - Advises on population groups and/or circumstances in which a vaccine is recommended
- ACIP deliberations includes consideration of disease **epidemiology** and **burden of disease, vaccine efficacy and effectiveness, vaccine safety**, the **quality** of evidence reviewed, **economic analyses** and **implementation issues**
- CDC is the secretariat for ACIP, but ACIP is independent of CDC; Voting ACIP members are not CDC employees

ACIP Voting Members

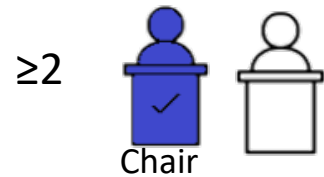
- 15 voting members
 - Includes 1 consumer representative, and 14 members with expertise in specific disciplines
- 4-year, overlapping terms
- Members screened for conflicts of interest upon appointment, annually through term, and at every ACIP meeting
- Includes expertise in:
 - Medicine (Pediatrics, Internal/Family Medicine, Infectious Diseases, Ob/Gyn, others)
 - State/local health departments
 - Public health, preventive medicine
 - Nursing
 - Immunology
 - Vaccine research and policy
 - Economics and cost-effectiveness
 - Consumer concerns

ACIP Meetings

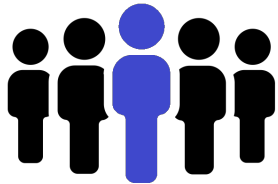
- Typically, three 2-day meetings annually – February, June, and October
- Currently conducting emergency COVID-19 meetings ~monthly
- Emergency meetings can and have taken place to develop recommendations when there is public health urgency

ACIP COVID-19 Vaccine Working Group

ACIP voting members



CDC



Lead

- + Subject Matter Experts
- + Immunization Safety Office
- + Immunization Services Division

Ex-officio members



Liaison representatives



Consultants



- **Work Group** conducts in-depth review of topics to facilitate informed and efficient decision-making
- Responsible for collection, analysis, and preparation of information for presentation, discussion, deliberation, and vote by ACIP

EtR, GRADE, and Benefit Risk

■ EtR (Evidence to Recommendations Framework)

- Domains include public health importance, benefits and harms, values of the target population, acceptability to stakeholders, resource use, equity, feasibility
- Helps panels making recommendations move from evidence to decisions
- Conducted for all policy decisions that go before ACIP

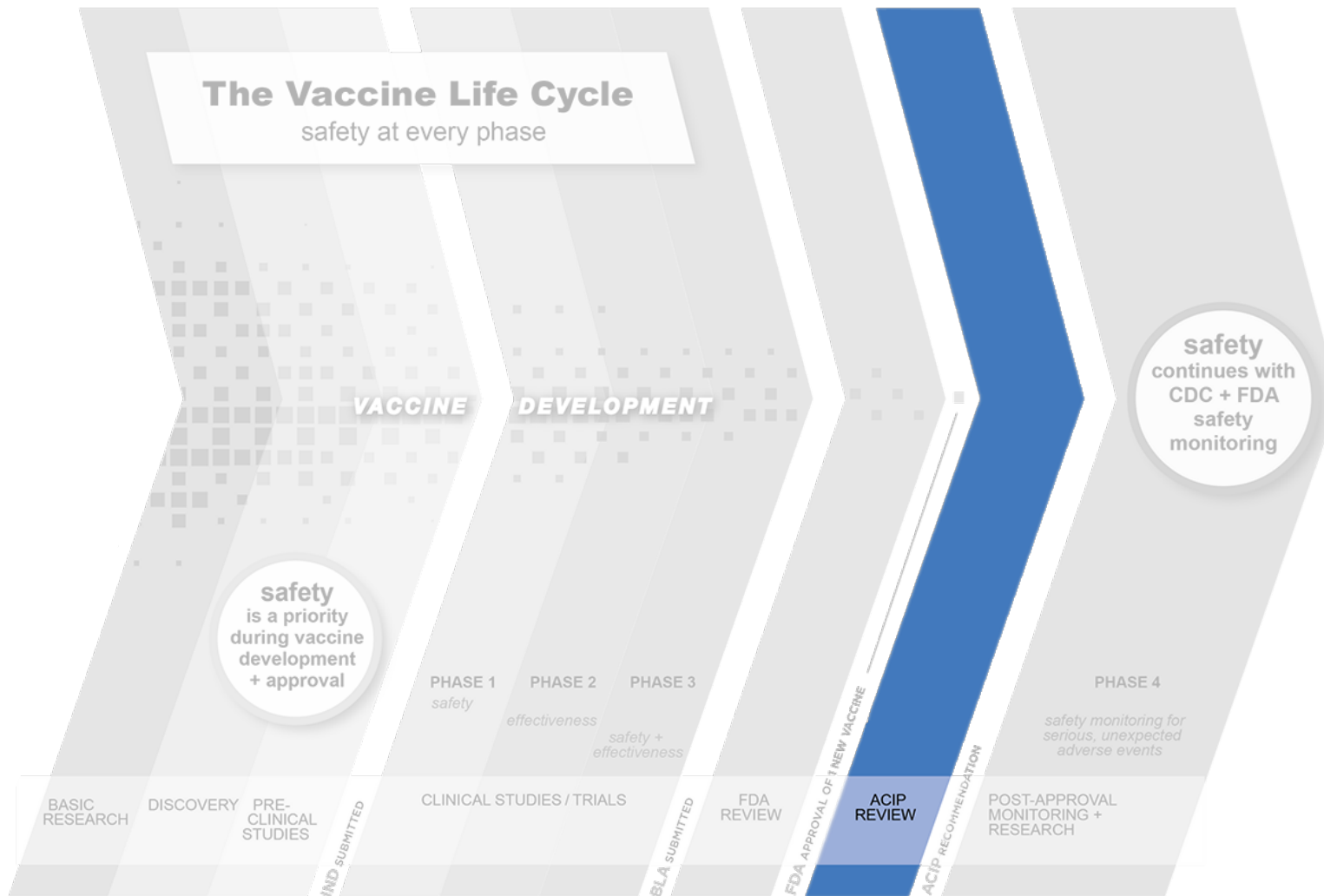
EtR, GRADE, and Benefit Risk

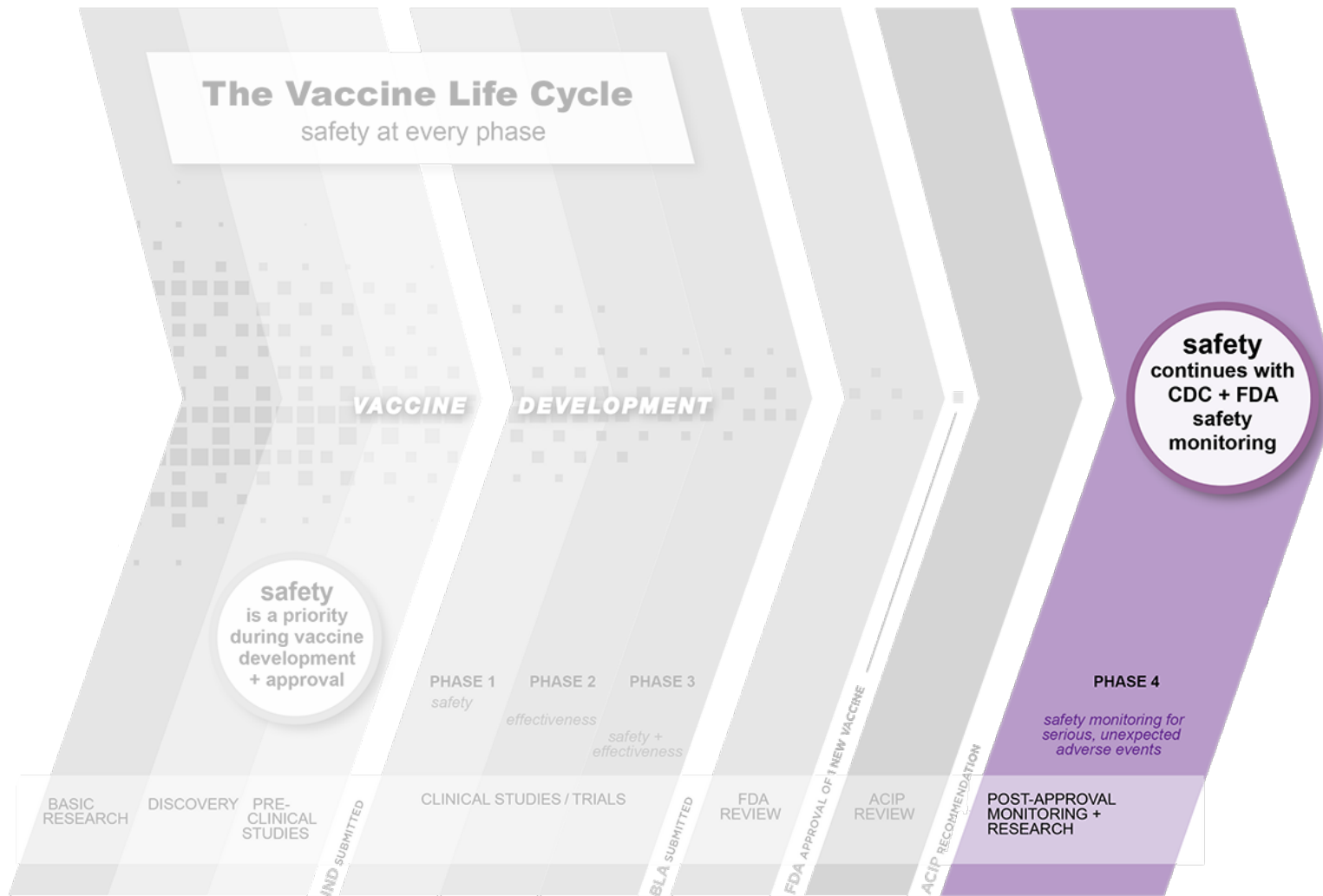
- **GRADE (Grading of Recommendations, Assessments, Development and Evaluation)**
 - Incorporated into EtR
 - Assesses data on benefits and harms, and evidence type indicating the certainty of estimates from the available body of evidence, ranging from type 1 (high certainty) to type 4 (very low certainty)
 - Conducted when there is evidence on benefits and harms

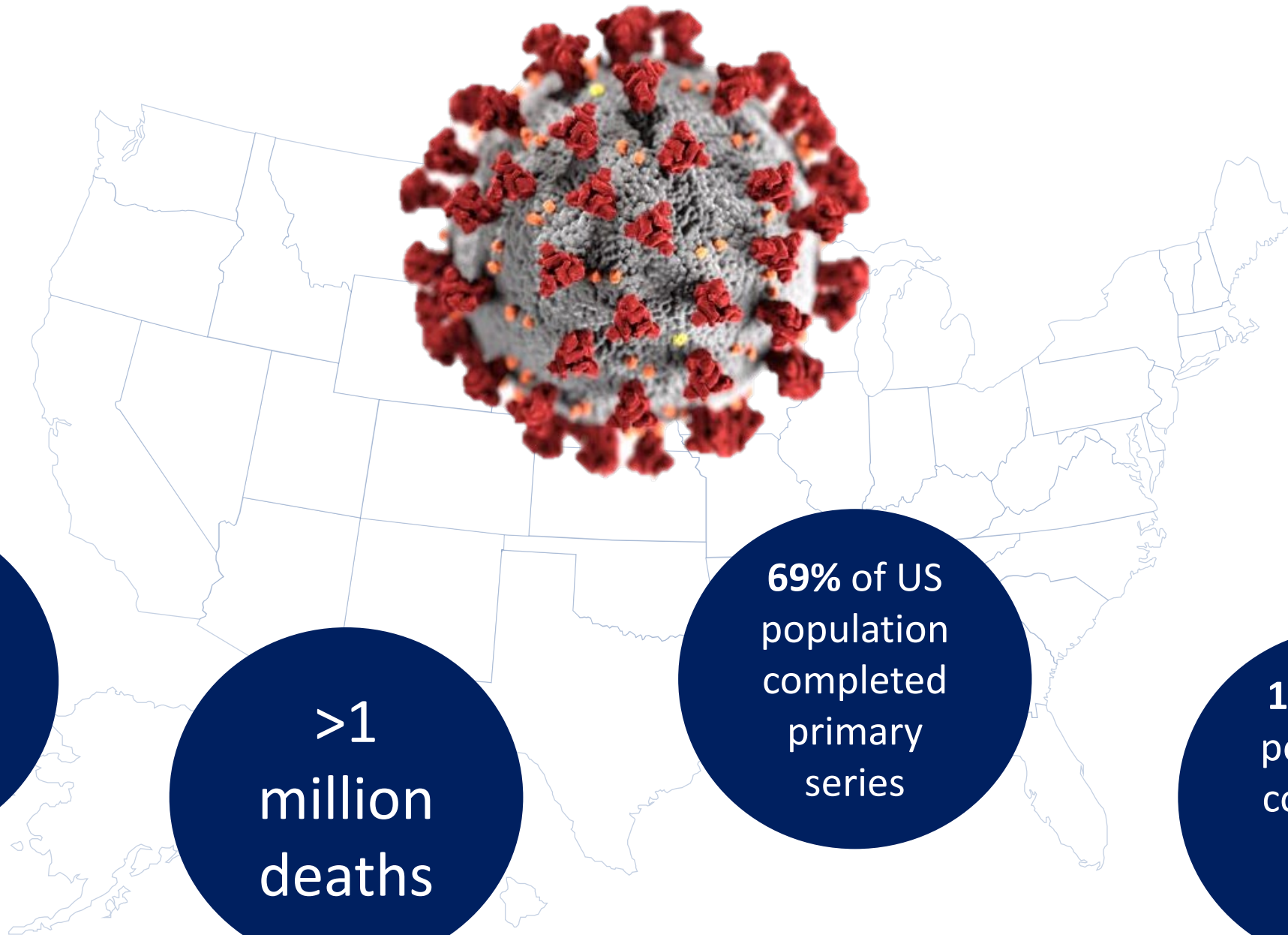
EtR, GRADE, and Benefit Risk

■ Benefit Risk Assessment

- ACIP holds an ‘emergency’ meeting with public comment session
- Weighs the potential benefits of a vaccine policy (e.g., prevented hospitalizations) against potential harms (e.g., myocarditis)
- Conducted for safety signals, as well as policy decision such as booster doses







**>97
million
cases**

**>1
million
deaths**

**69% of US
population
completed
primary
series**

**10% of US
population
completed
bivalent
booster**

Bivalent (updated) mRNA Boosters

- Contain mRNA that encodes for
 - Spike protein from “ancestral” or original SARS-CoV-2
 - Spike protein from Omicron (BA.4/BA.5) SARS-CoV-2



Bivalent Boosters: Data to Inform Recommendations



>600 million
mRNA doses
administered



Clinical data from
>1,700 people



Antibody studies
and antigenic
cartography



Modeling data

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Bivalent Boosters: Data to Inform Recommendations



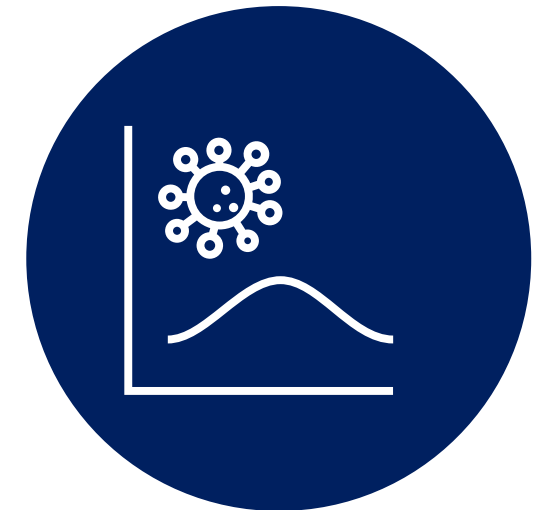
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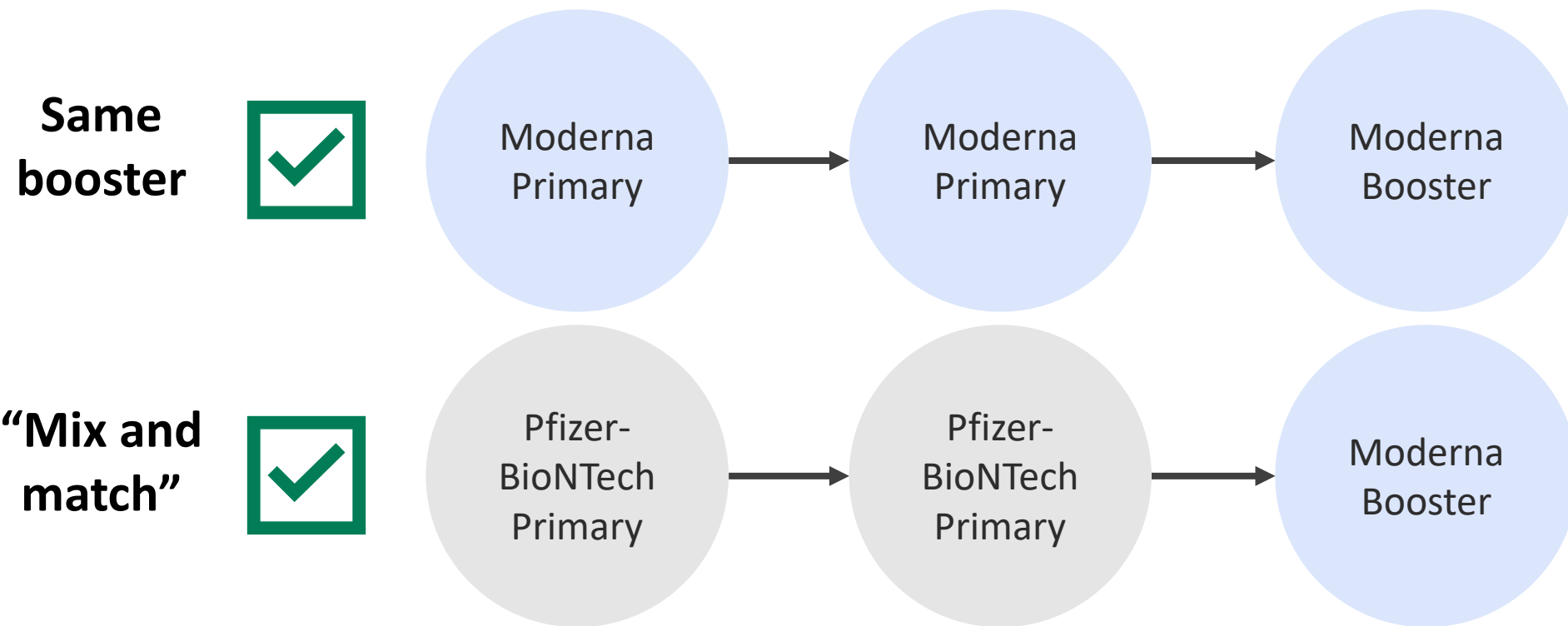
Booster Recommendations:

Bivalent Booster

- People ages 5 years and older are recommended to receive 1 bivalent mRNA booster dose after completion of any FDA-approved or FDA-authorized monovalent primary series or previously received monovalent booster dose(s).
- Monovalent mRNA vaccines are no longer authorized as booster doses.

Booster Recommendations: Bivalent Booster, Continued

- Homologous (the same) and heterologous (“mix and match”) boosters are allowed*; no preference



*Only Pfizer-BioNTech bivalent booster is authorized for people age 5 years. Both Pfizer-BioNTech and Moderna bivalent boosters are authorized for people ages 6 years and older.

Booster Recommendations:

Monovalent Booster in Limited Situations

- **A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who completed any FDA-approved or FDA-authorized monovalent primary series, have not received a previous booster dose(s) and are:**
 - Unable to receive an mRNA vaccine (i.e., an mRNA is contraindicated or not available)
 - Unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated

Booster Recommendations Summary



An **mRNA bivalent** booster is the **default** recommendation



Novavax monovalent booster is an **acceptable option** when the patient is **unable or unwilling** to receive the default

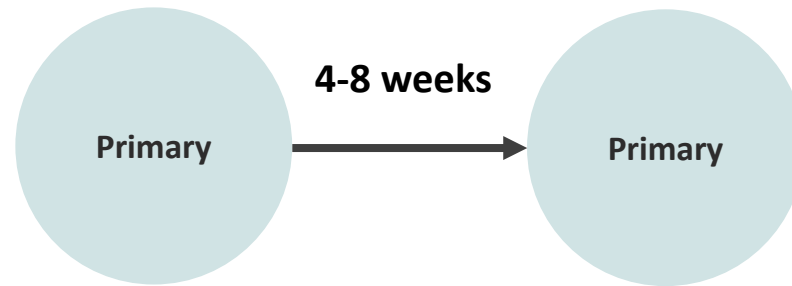
COVID-19 Vaccination Schedule for People Who Are NOT Moderately or Severely Immunocompromised



Pediatric Schedule: Ages 6 months–4 Years

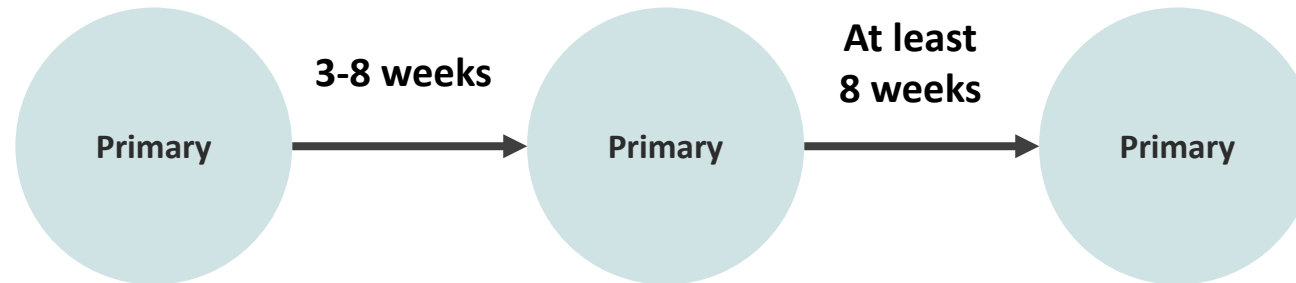
Ages 6 months–4 years

(Primary Series: Moderna)



Ages 6 months–4 years

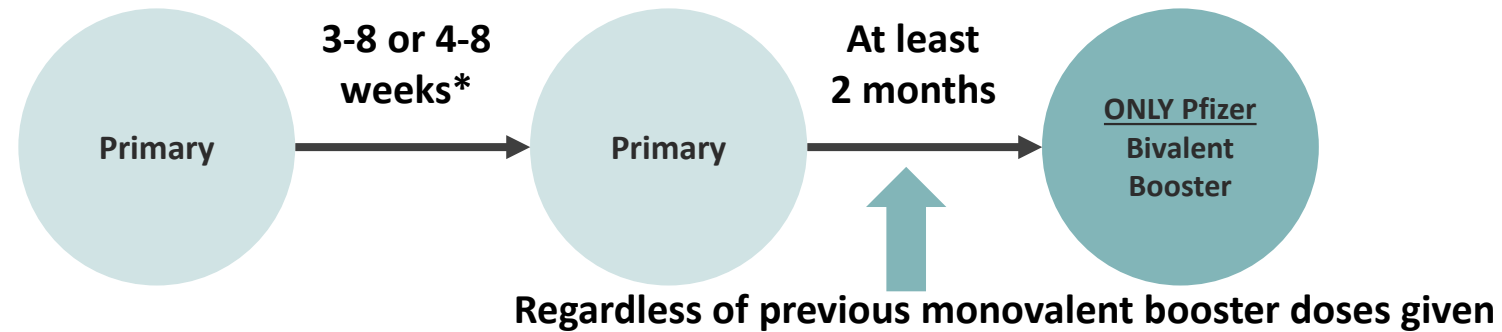
(Primary Series: Pfizer-BioNTech)



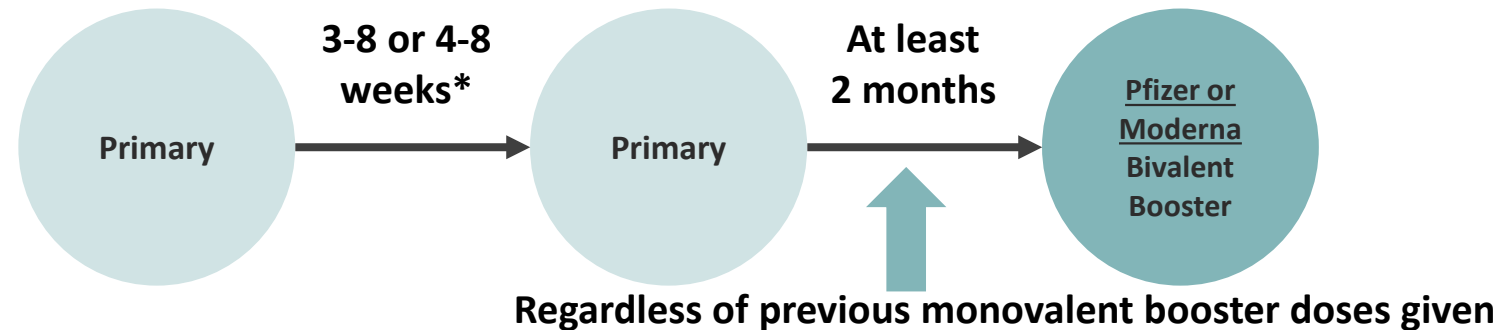


Pediatric Schedule: Ages 5–11 Years

Ages 5 years
(Primary Series:
Moderna or
Pfizer-BioNTech)



Ages 6–11 years
(Primary Series:
Moderna or
Pfizer-BioNTech)

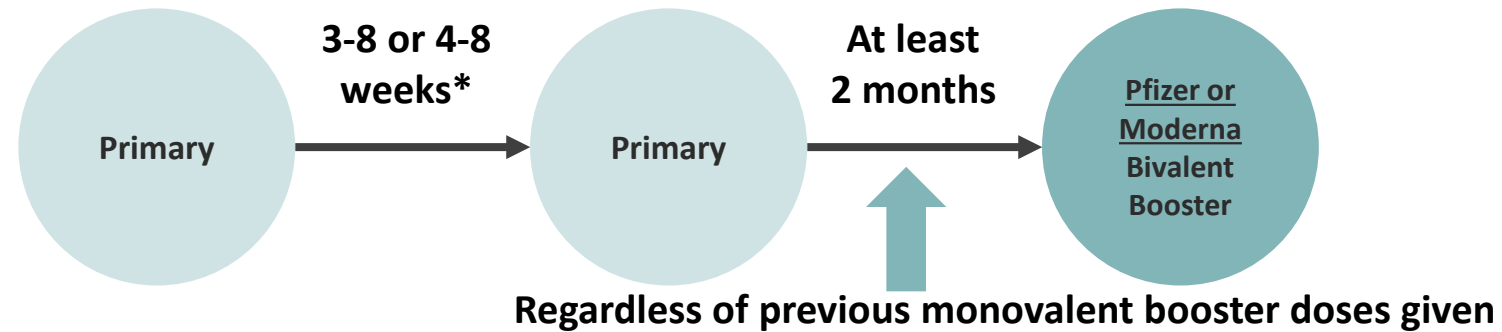




Pediatric Schedule: Ages 12-17 Years

Ages 12–17 years

(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)

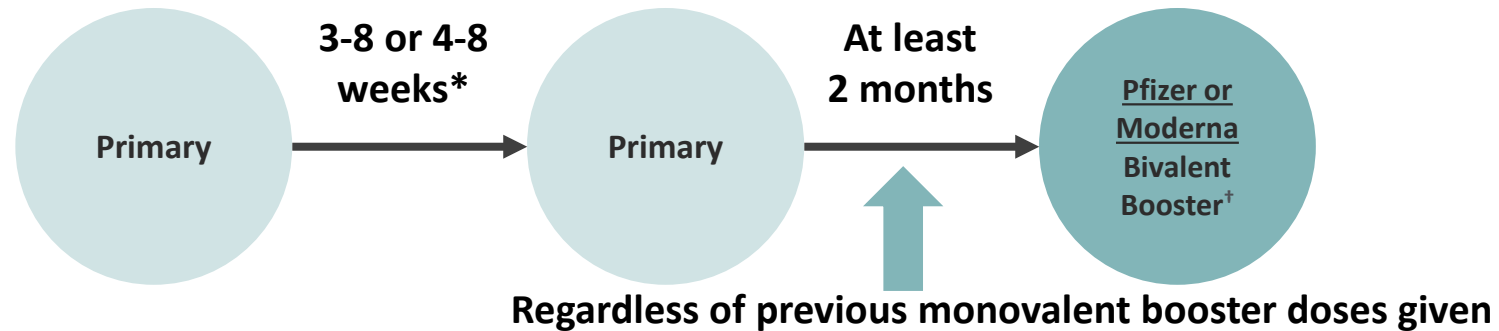




Adult Schedule: Ages 18 Years and Older

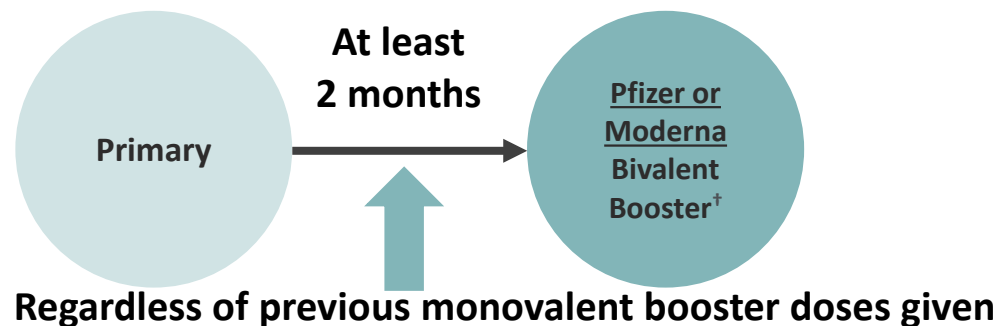
Ages 18 years and older

(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)



Ages 18 years and older

(Primary Series: Janssen)



*3-8 week interval for Novavax and Pfizer-BioNTech; 4-8 week interval for Moderna

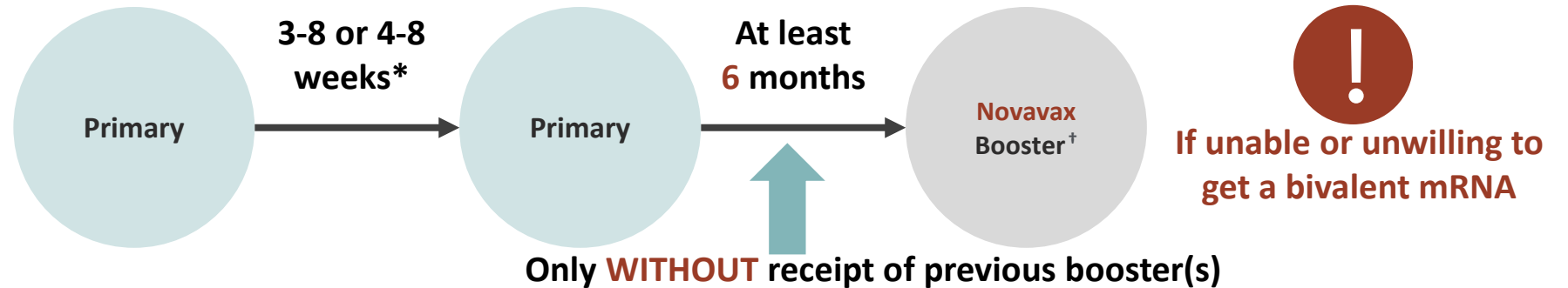
† A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who are unable to receive an mRNA vaccine (i.e., contraindicated) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated



Adult Schedule: Ages 18 Years and Older

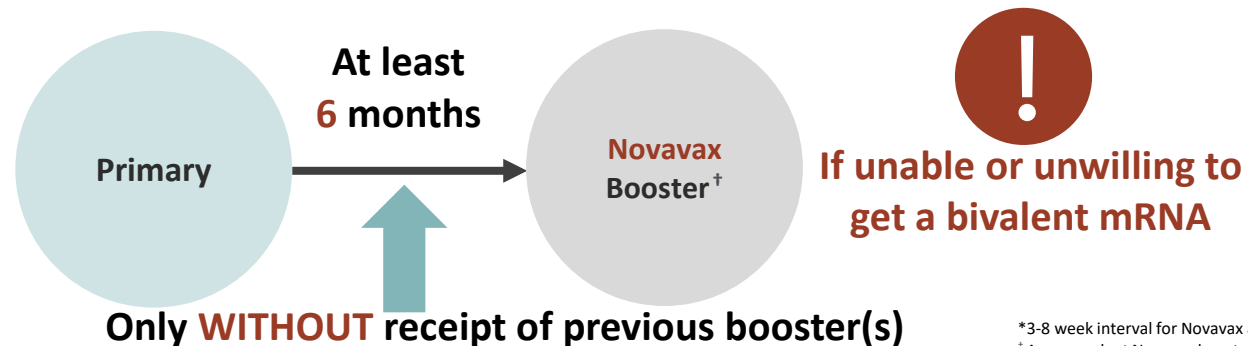
Ages 18 years and older

(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)



Ages 18 years and older

(Primary Series: Janssen)



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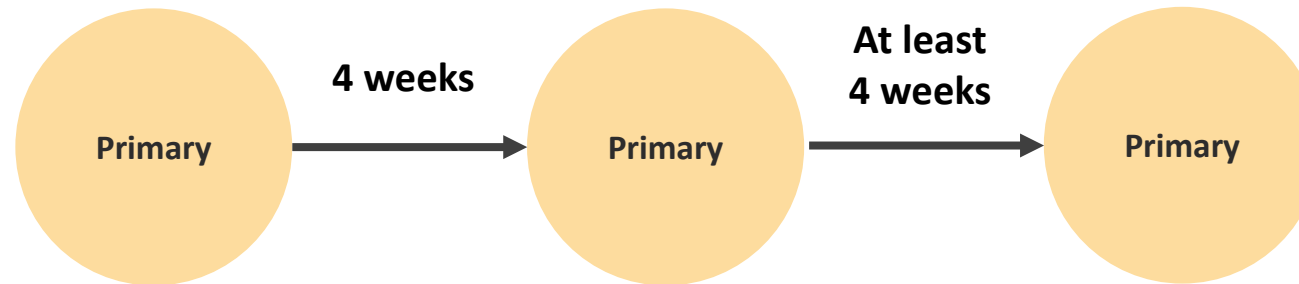
[†] A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who completed any FDA-approved or FDA-authorized monovalent primary series, have not received a previous booster dose(s), and are unable to receive an mRNA vaccine (i.e., contraindicated or not available) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated

COVID-19 Vaccination Schedule for People Who ARE Moderately or Severely Immunocompromised

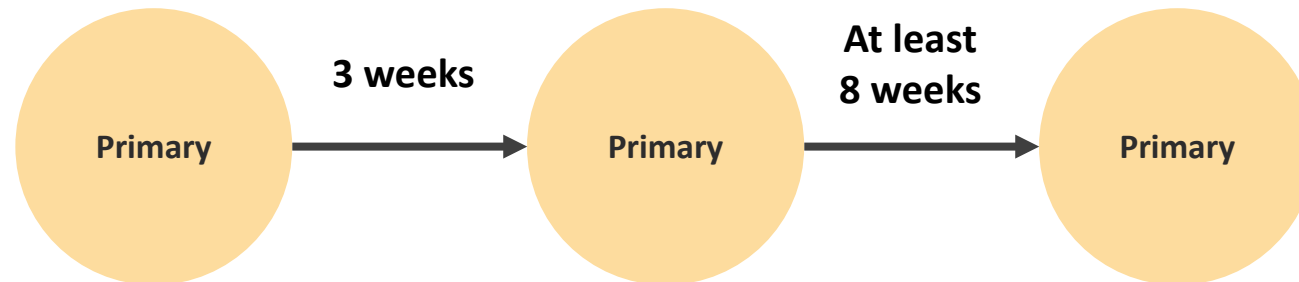


Pediatric Schedule: Ages 6 months–4 Years (Moderately or Severely Immunocompromised)

**Ages 6 months–
4 years**
(Primary Series:
Moderna)



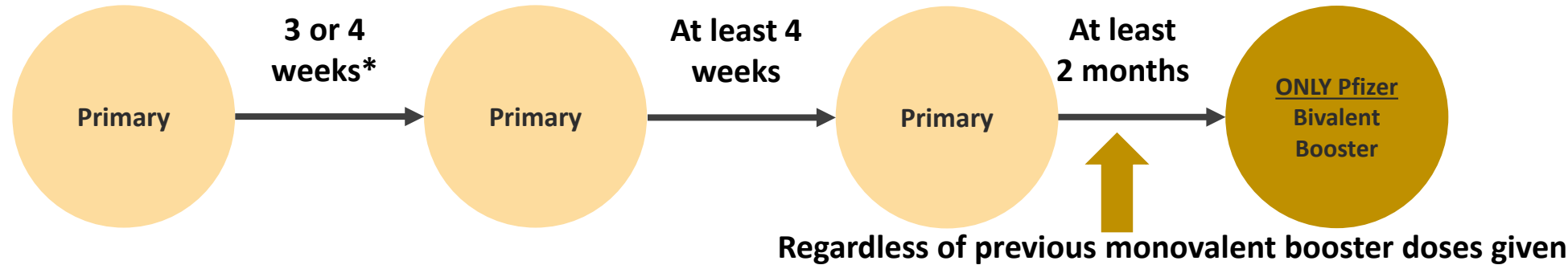
**Ages 6 months–
4 years**
(Primary Series:
Pfizer-BioNTech)



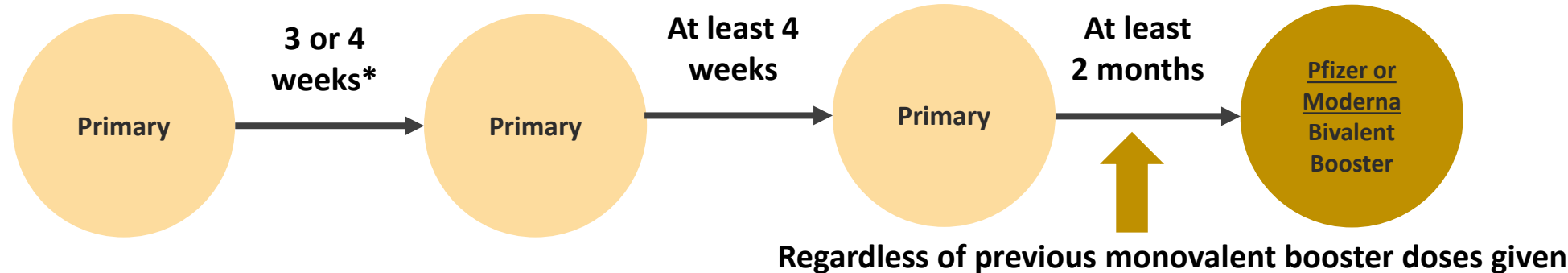


Pediatric Schedule: Ages 5–11 Years (Moderately or Severely Immunocompromised)

Ages 5 years
(Primary Series:
Moderna or
Pfizer-BioNTech)



Ages 6–11 years
(Primary Series:
Moderna or
Pfizer-BioNTech)



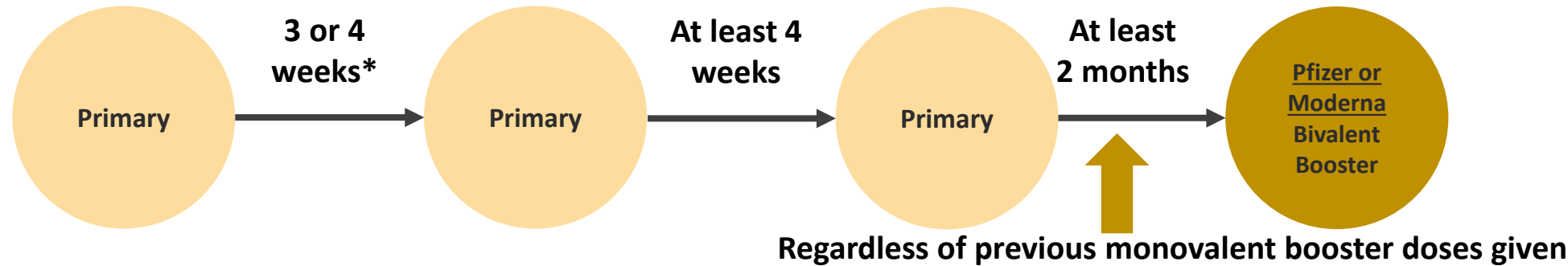
*3-week interval for Pfizer-BioNTech; 4-week interval for Moderna



Pediatric Schedule: Ages 12–17 Years (Moderately or Severely Immunocompromised)

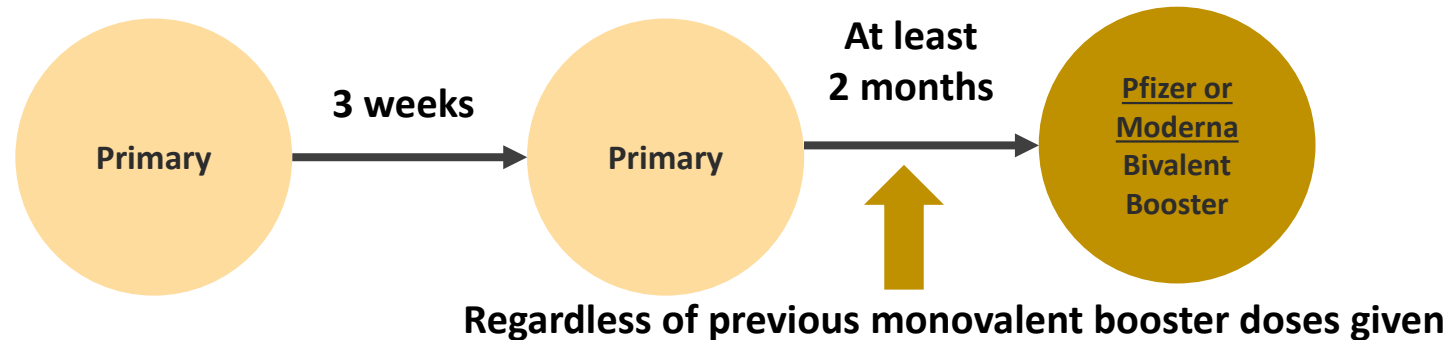
Ages 12–17 years

(Primary Series:
Moderna or
Pfizer-BioNTech)



Ages 12–17 years

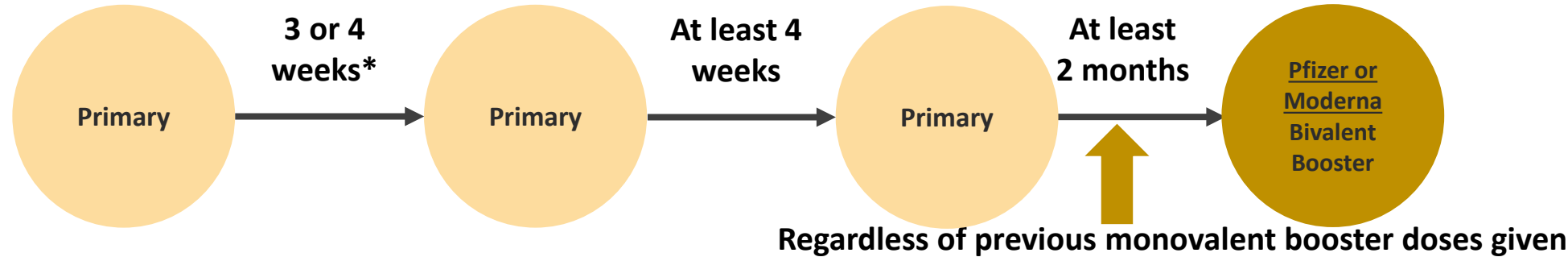
(Primary Series:
Novavax)



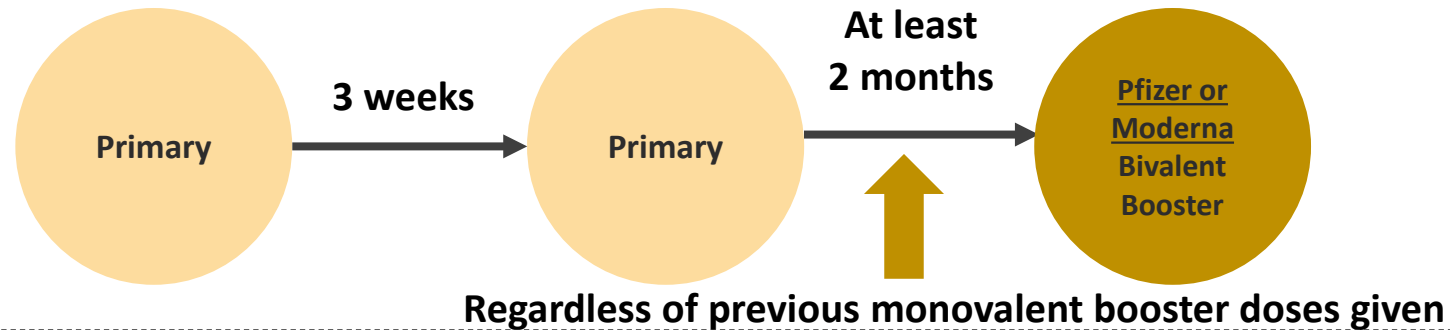


Adult Schedule: Ages 18 years and older (Moderately or Severely Immunocompromised)

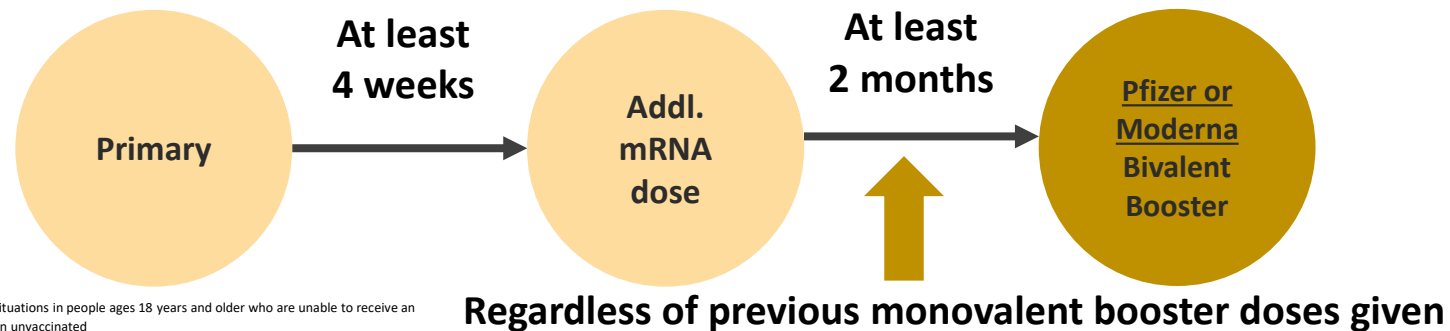
Ages 18 years and older
(Primary Series: Moderna or Pfizer-BioNTech)



Ages 18 years and older
(Primary Series: Novavax)



Ages 18 years and older
(Primary Series: Janssen)



*3-week interval for Novavax and Pfizer-BioNTech; 4-week interval for Moderna
† A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who are unable to receive an mRNA vaccine (i.e., contraindicated) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated

Regardless of previous monovalent booster doses given

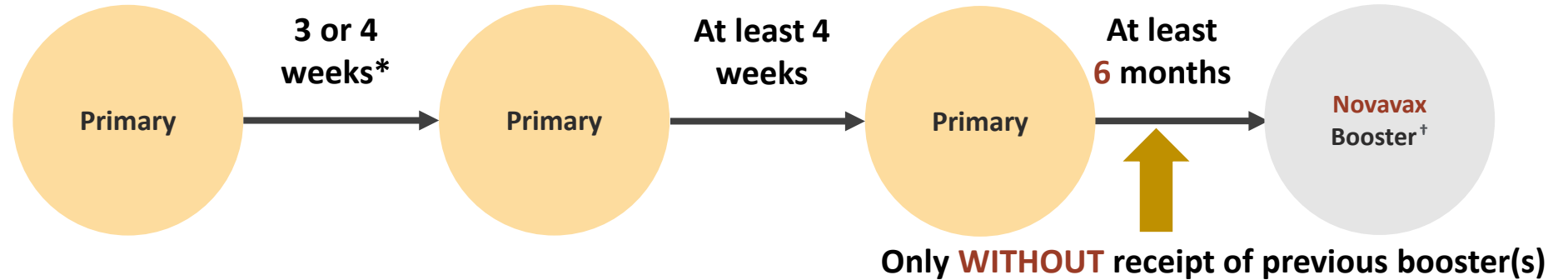


Adult Schedule: Ages 18 years and older (Moderately or Severely Immunocompromised)

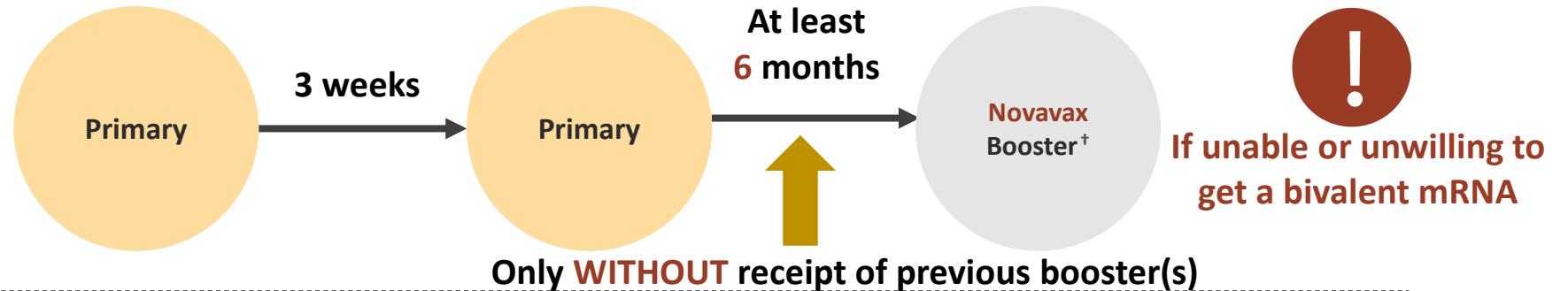


If unable or unwilling to get a bivalent mRNA

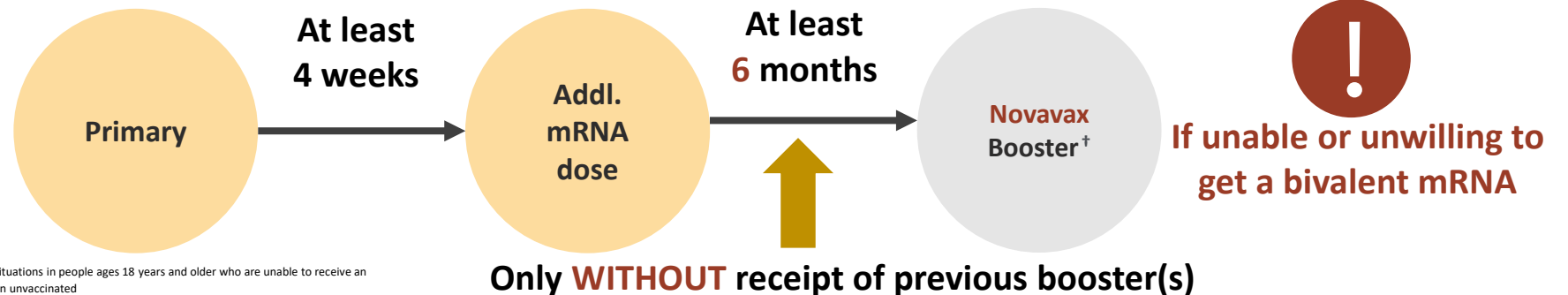
Ages 18 years and older
(Primary Series: Moderna or Pfizer-BioNTech)



Ages 18 years and older
(Primary Series: Novavax)












Ages 18 years and older
(Primary Series: Janssen)



*3-week interval for Novavax and Pfizer-BioNTech; 4-week interval for Moderna
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COVID-19 Vaccines

Product	 Product for ages 6 months–5 years	 Product for ages 6–11 years	 Product for ages 6 years and older	 Product for ages 12 years and older
Authorized dose type	Primary	Primary	Booster	Primary
Vial cap/Label border	Dark blue/Magenta	Dark blue/Purple	Dark Blue/Gray	Red/Light blue
Composition	Monovalent	Monovalent	Bivalent	Monovalent
Dose/Injection volume	25 mcg/0.25 mL	50 mcg/0.5 mL	6–11 years: 25 mcg/0.25 mL 12 years+: 50 mcg/0.50 mL	100 mcg/0.5 mL

Product	 Product for ages 6 months–4 years	 Product for ages 5–11 years (monovalent)	 Product for ages 5–11 years (bivalent)	 Product for ages 12 years and older (monovalent)	 Product for ages 12 years and older (bivalent)
Authorized dose type	Primary	Primary	Booster	Primary	Booster
Vial cap /label border	Maroon	Orange	Orange	Gray	Gray
Composition	Monovalent	Monovalent	Bivalent	Monovalent	Bivalent
Dose/Injection volume	3 mcg/0.2 mL	10 mcg/0.2 mL	10 mcg/0.2 mL	30 mcg/0.3 mL	30 mcg/0.3 mL

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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Q&A



COVID-19 UPDATES & RESOURCES

National Immunization Survey Adult COVID Module

Data Collection Period: October 9-15, 2022

N = 8,723

Bivalent Booster Status and Intent Among Adults Who Have Completed the COVID-19 Primary Series by Demographics, National Immunization Survey-Adult COVID Module, October 9–15, 2022

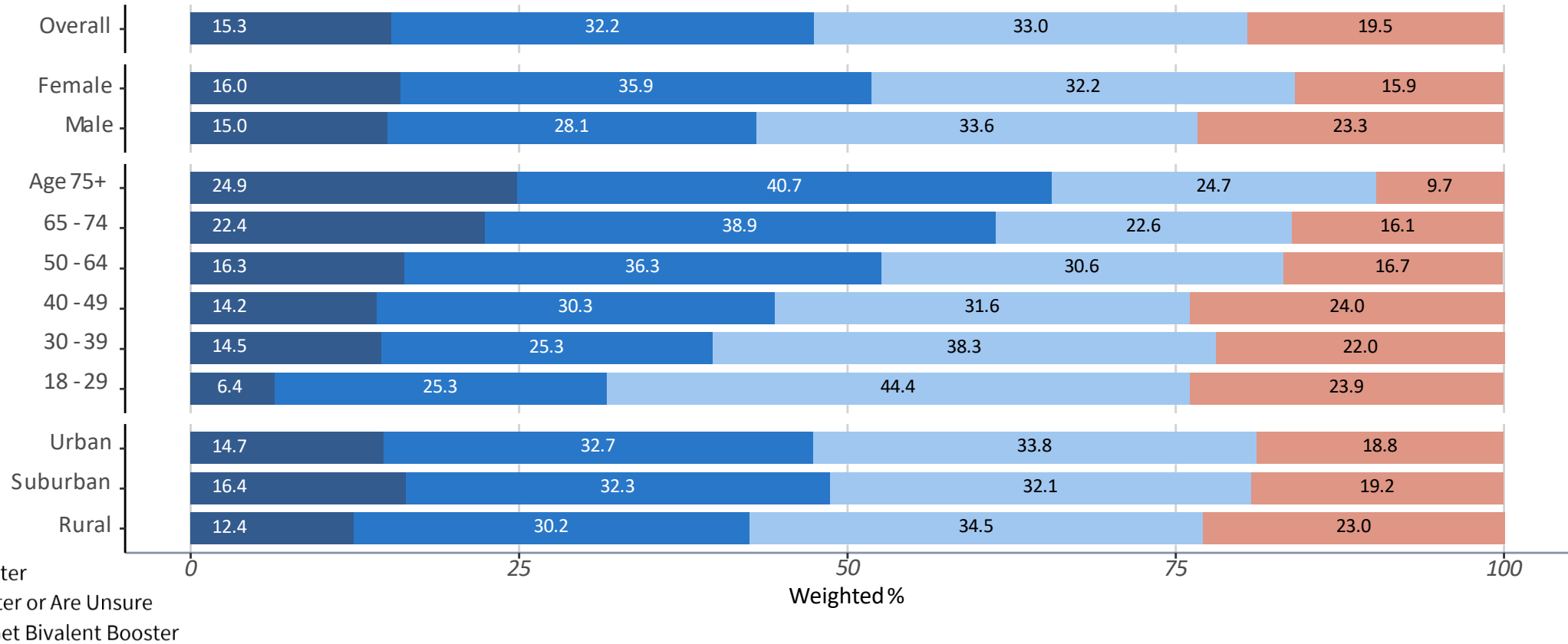
(N = 8,723)

15.3% Endorsers, received bivalent booster

32.2% Endorsers, definitely will get booster

33.0% Reachable

19.5% Reluctant



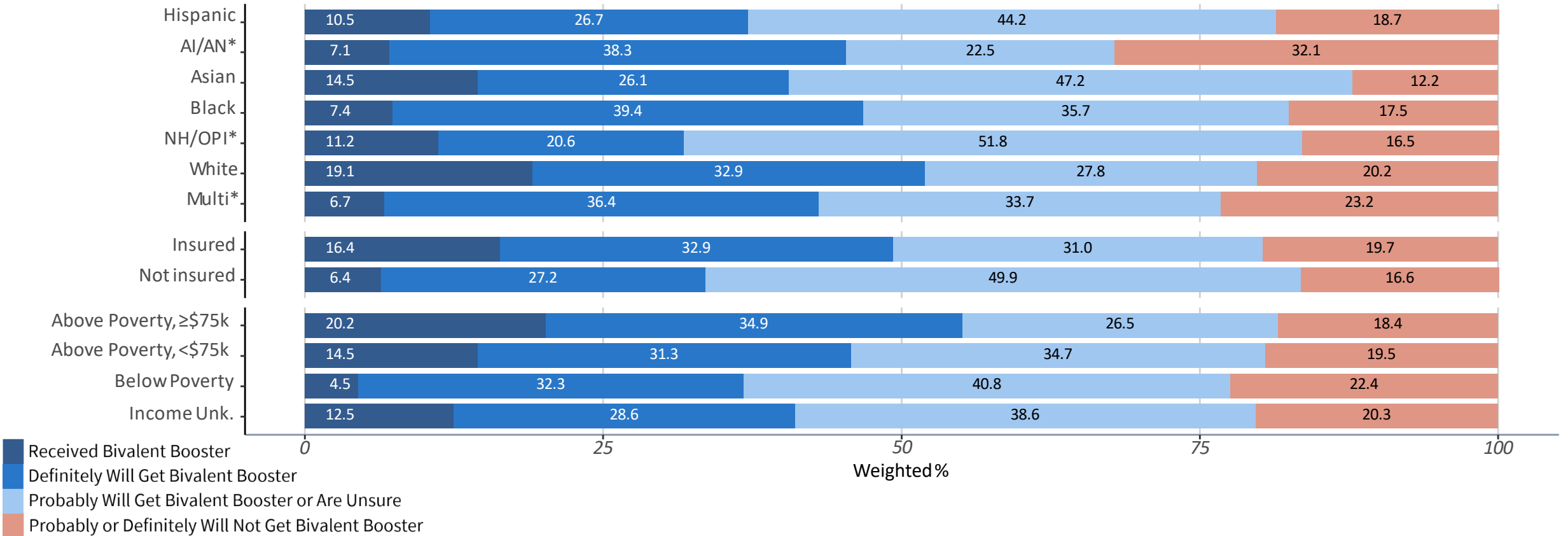
National Immunization Survey Adult COVID Module: Data from adults aged ≥18 years are collected by telephone interview using a random-digit-dialed sample of cell telephone numbers stratified by state, the District of Columbia, five local jurisdictions (Bexar County TX, Chicago IL, Houston TX, New York City NY, and Philadelphia County PA), and Guam (April-July 2021 and April-June 2022 only), Puerto Rico, and the U.S. Virgin Islands (April-December 2021 only). Data are weighted to represent the non-institutionalized U.S. population and mitigate possible bias that can result from an incomplete sample frame (exclusion of households with no phone service or only landline telephones) or non-response. Survey weights were also calibrated to state-level vaccine administration data reported to CDC. All responses are self-reported. Estimates of vaccination coverage may differ from vaccine administration data reported at <https://covid.cdc.gov/covid-data-tracker/#vaccinations>. For more information about the survey, see <https://www.cdc.gov/vaccines/imz-managers/nis/about.html#current-surveys>.

*Due to small sample size results should be interpreted with caution. AI/AN: American Indian/Alaska Native; NH/OPI: Native Hawaiian/Other Pacific Islander.



Bivalent Booster Status and Intent Among Adults Who Have Completed the COVID-19 Primary Series by Demographics, National Immunization Survey-Adult COVID Module, October 9–15, 2022

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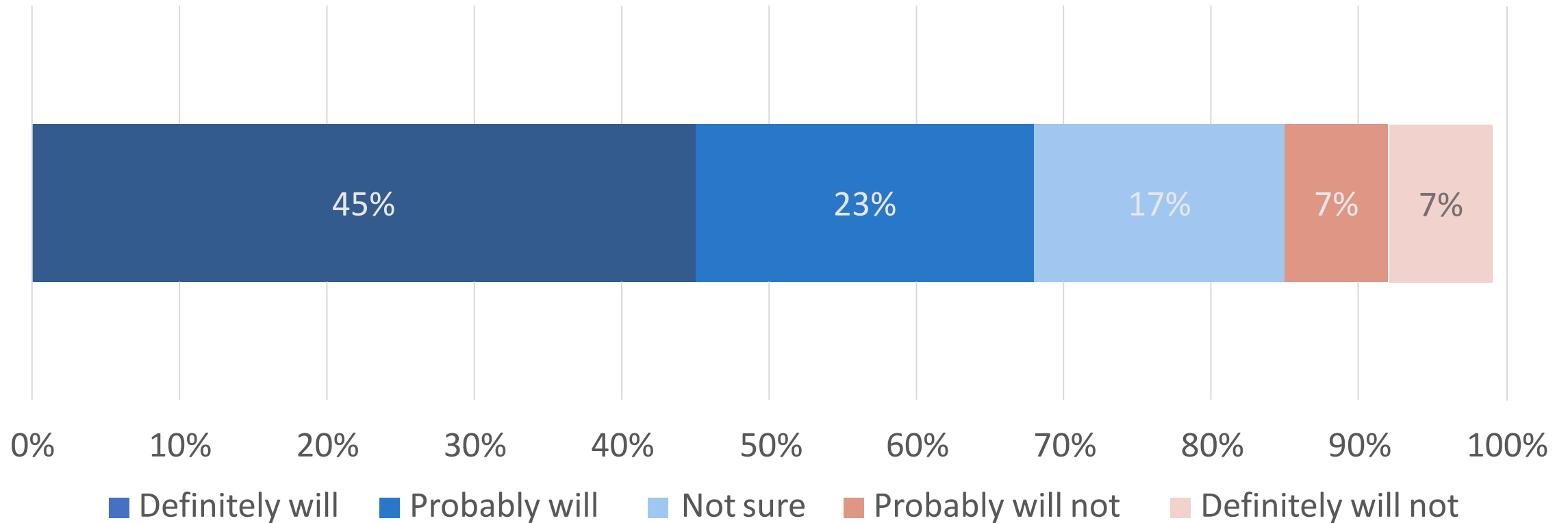


Porter Novelli View 360 Survey

Data Collection Period: September 13-15, 2022

N = 515

Of Those Who Received at Least One Dose of the COVID-19 Primary Series, 68% of Will Definitely (45%) or Probably Get (23%) A or Another COVID-19 Booster Dose (n=386, 75% of Total)

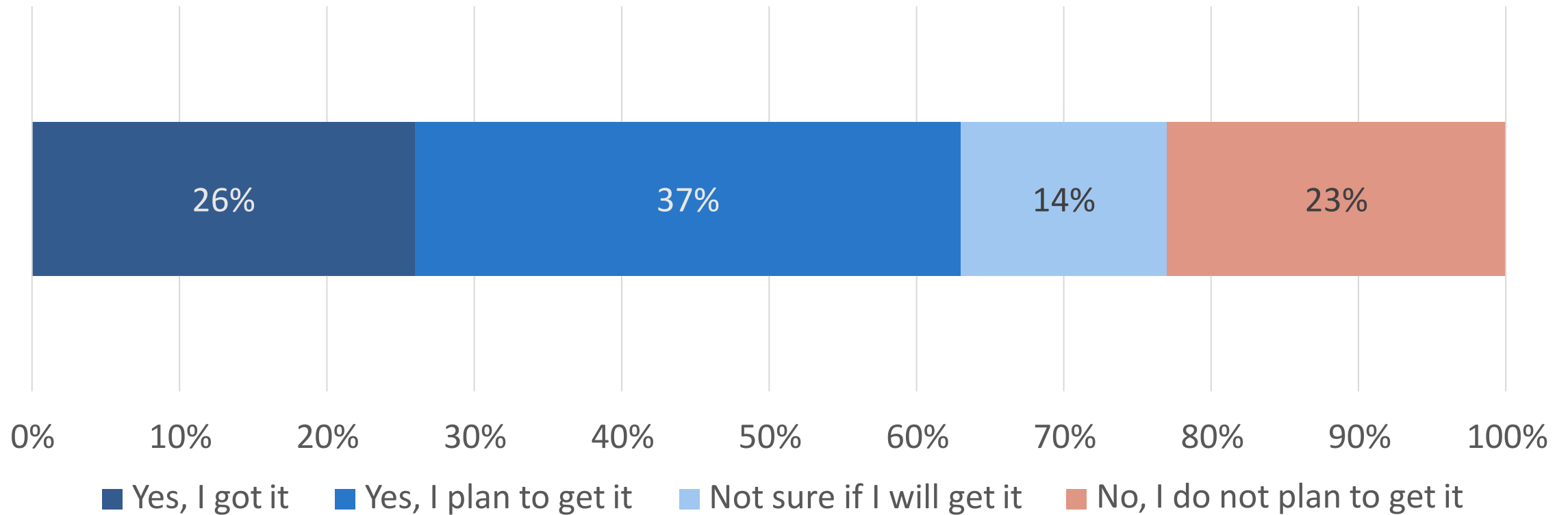


Preliminary, Unpublished result

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Fielded: September 13-15, 2022

37% Of the Sample Are Unsure (14%) or Do Not Plan On Getting (23%) the Annual Flu Vaccine (N=515, 100% of Total)

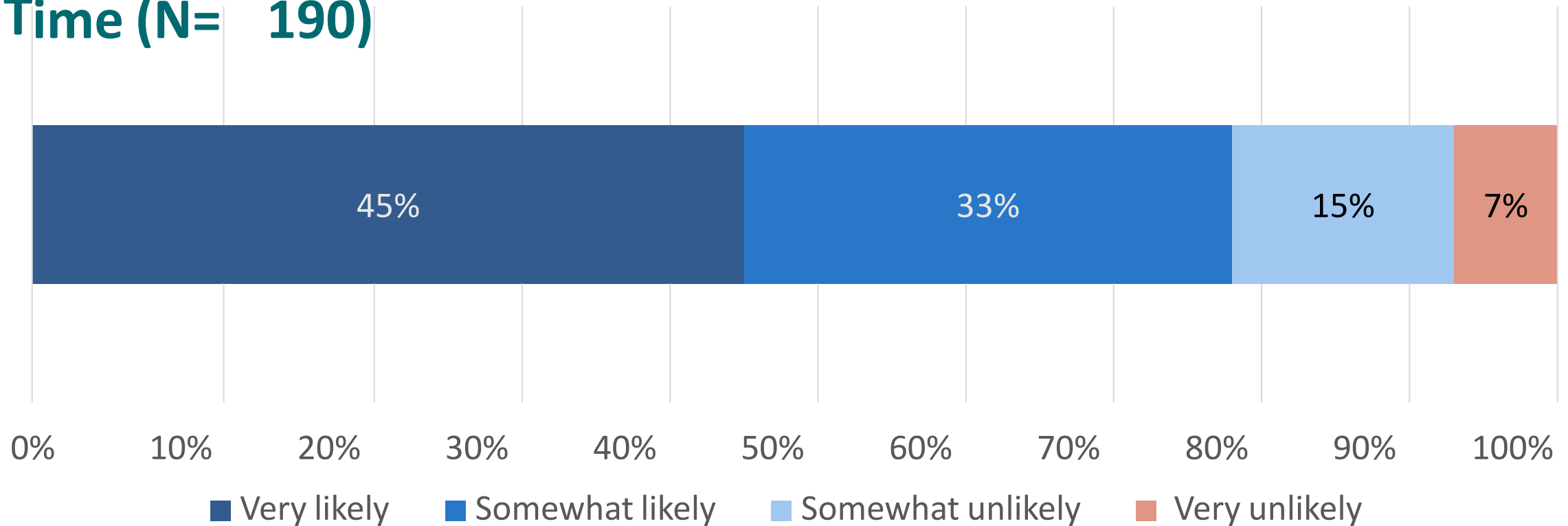


Preliminary, Unpublished result

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Fielded: September 13-15, 2022

78%* Reported Being Very Likely or Somewhat Likely to Get the Annual Flu Vaccine and a COVID-19 Booster Dose at the Same Time (N= 190)



*Of those who received at least one dose of the COVID-19 primary series and have not received their annual flu vaccine or the Updated Booster, But Are Eligible and Willing

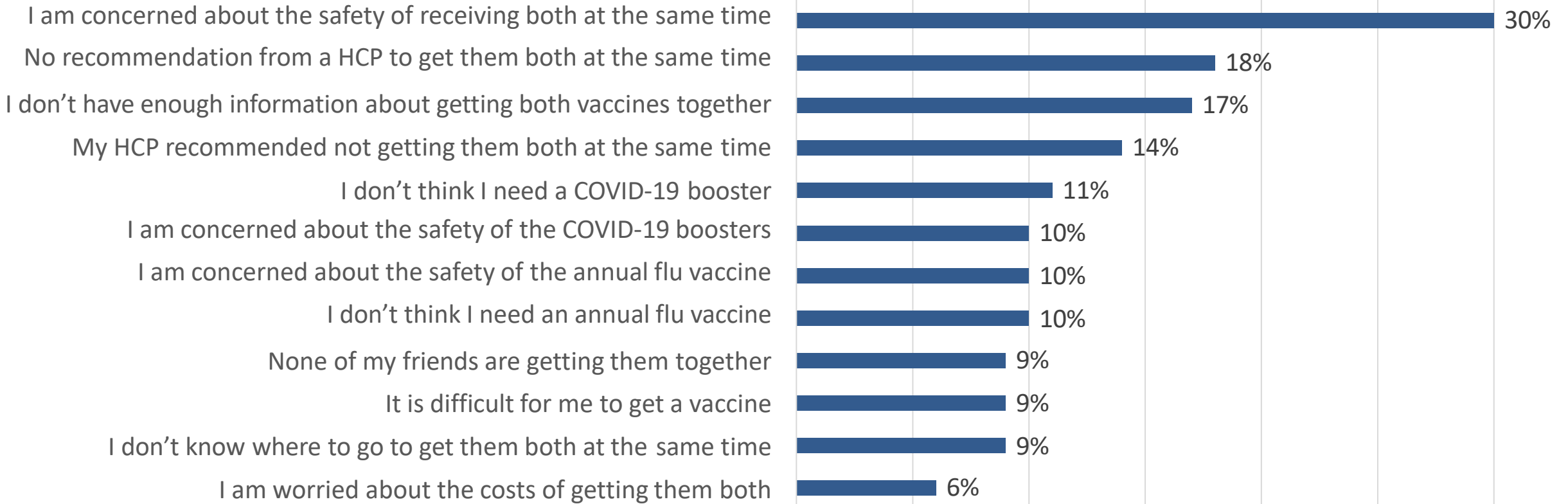
Preliminary, Unpublished result

Fielded: September 13-15, 2022



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Top Reasons Given* That Make It More Difficult to Get a Booster at the Same Time as the Annual Flu Vaccine (n=256)



*Of those who received at least one dose of the COVID-19 primary series and have not received their annual flu vaccine



Preliminary, Unpublished result

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Fielded: September 13-15, 2022

Q&A



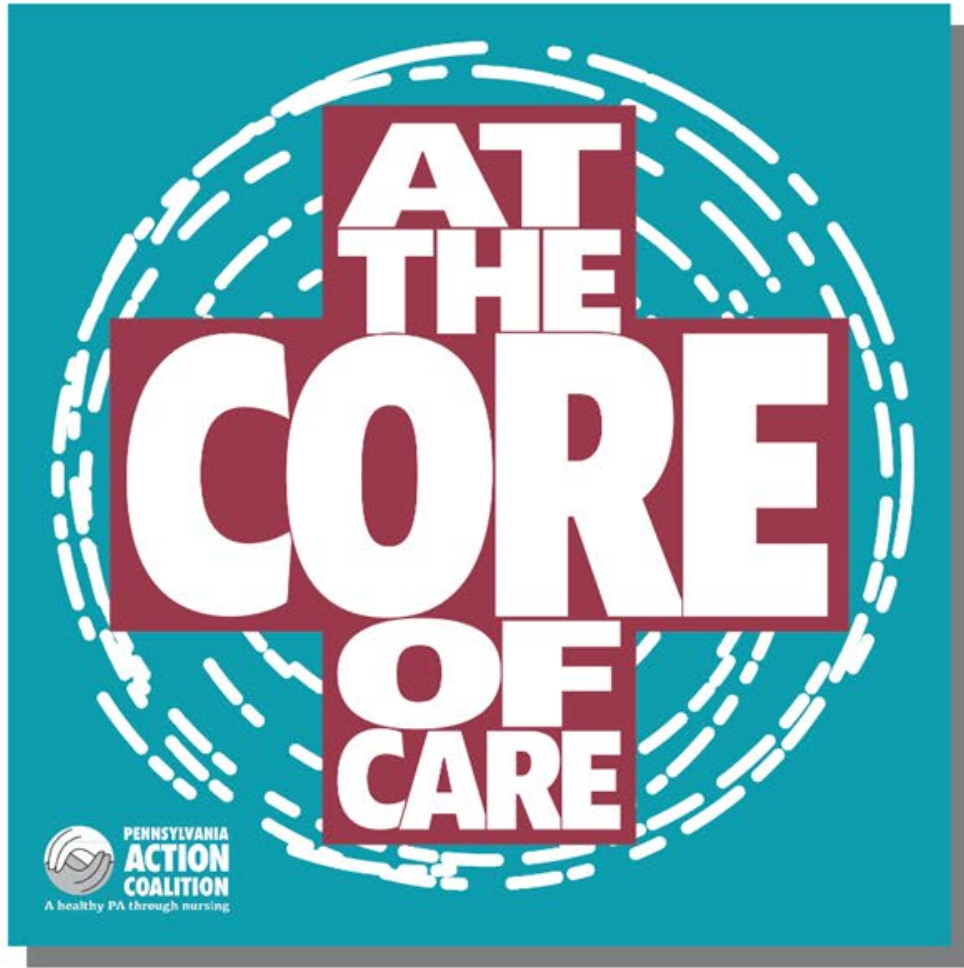
Upcoming Webinar

Community Inclusion and Cultural Humility in Diabetes Prevention

December 14, 2022 at 2:00 PM EST



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THANK YOU

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