

Disclosures: All authors have stated there are no financial disclosures to be made that are pertinent to this abstract.

Coronavirus Disease of 2019 (COVID-19) Outbreak Investigation Findings from an Urban Skilled Nursing Facility



Presenting Author: Mana Rao, MD, Archcare

Author(s): Walid Michelen, MD, Mary Beth Francis, LNHA, RN, MS, Brittany Governale, RN, BSN; and Gina Esposito, RN, MS

Introduction/Objective: The current COVID-19 pandemic has disproportionately affected nursing home (NH) residents. While vaccination has offered protection against severe disease, sporadic outbreaks continue to occur in skilled nursing facilities (SNF). We present NH resident characteristics from one such outbreak that occurred in October/November 2021. **Design/Methodology:** Epidemiology. COVID-19 vaccination information including booster doses, risk factors for COVID-19 acquisition, hospitalization, death and in-house treatment data were recorded and analyzed in Microsoft Excel.

Results: A total of 23 (n=23) residents contracted COVID-19 between October 11, 2021 and November 1, 2021. Of these, 13/23 (57%) were deemed to be NH onset while the remainder were non NH acquired. All of them had negative COVID-19 test results prior to admission. All residents were situated on the same floor. Median age was 83 years (range: 67-96 years). Gender distribution was 9 males (39%) and 14 females (61%). All residents had pre-existing medical conditions. The first case was identified October 11, 2021 and subsequent cases October 18 – November 1, 2021. The index case was previously COVID-19 positive and was treated at a hospital prior to SNF arrival. 18 residents (78%) were vaccinated, 5 (22%) were unvaccinated. Among vaccinated residents, 10/18 (56%) had received the Moderna COVID-19 vaccine, 6/18 (33%) had received Pfizer-BioNTech, 2/18 (11%) had received the Janssen COVID-19 vaccine. 2/23 (9%) had received COVID-19 vaccination booster doses, while 21/23 (91%) had not received boosters. Median time since last dose of primary COVID-19 vaccination to positivity was 218 days (range: 25-251 days). 21/23 (91%) were symptomatic and 2/23 (9%) were asymptomatic. Among the 2 residents who had received booster doses, the interval between the booster and COVID-19 positivity was 7 and 8 days. Risk factor analysis showed that 13/23 (57%) residents had a visitor within 14 days of COVID-19 positivity, 10/13 (43%) were newly admitted to the SNF (< or = 14 days), 1/23 (4%) had an outpatient appointment in the past 14 days, 17/23 (74%) may have had exposure to the index resident while 13/23 (57%) may have had exposure to a COVID-19 positive staff member. 12/23 (52%) received monoclonal antibodies (mAB) in-house while others declined or did not meet criteria.

9/23 (39%) were hospitalized due to COVID-19. Of these, 3 had received mAB.

2/23 (9%) residents died during a 30 day follow up of whom 1 was vaccinated.

Conclusion/Discussion: COVID-19 breakthrough infections are being increasingly reported and due consideration must be given to COVID-19 vaccination booster doses, more so among vulnerable NH populations. More longitudinal and multi center studies are needed to assess breakthrough infections among NH residents. mAB should be given to NH residents when clinically appropriate as these can avert serious or critical disease and mitigate the need for subsequent hospitalization as a result of COVID-19.

Disclosures: All authors have stated there are no financial disclosures to be made that are pertinent to this abstract.

Flu Vaccine Hesitancy Among Staff and Residents in Skilled Nursing Facilities



Presenting Author: Amy Meehan, MPH, Brown University

Author(s): Rebecca Uth, PsyD, Emily Gadbois, PhD, Matthew Loiacono; and Heidi Kabler, MD

Introduction/Objective: Influenza (flu) vaccination of both residents and staff is a critical component of infection prevention in skilled nursing facilities (SNF). Our study explored some of the reasons individuals decline

flu vaccinations and the broad range of ways that SNFs approach vaccine hesitancy.

Design/Methodology: Twenty-six semi-structured, qualitative interviews were conducted with administrators, directors of nursing, infection preventionists, and Minimum Data Set (MDS) coordinators at 13 SNFs across the country. Interview transcripts were analyzed using a content analysis approach and a detailed audit trail was maintained.

Results: SNF staff reported very few problems in achieving high influenza vaccination coverage among long-stay residents. Most indicated that coverage for long-stay residents was close to 100%, although a few were as low as 80%. The most common reason for declination of the flu vaccine by residents was a documented medical contraindication, such as an allergy. When faced with residents who declined or were hesitant about flu vaccine, the most widely used approach was education, listening to concerns, and providing accurate, yet individualized information. With regards to staff, facilities that mandated vaccination achieved higher vaccination coverage. Facilities that did not mandate had wide variation in staff vaccination coverage, from 50% to close to 100%. In some facilities that did not mandate the flu vaccine, participants did not describe clear patterns of staff vaccination hesitancy, while in others, staff interviewed distinctly perceived groups of staff who received flu vaccination (and who did not), by age, supervisors' personal beliefs, geographic region of origin, and race. Interview participants reported reasons for vaccine hesitancy that they heard from staff, including fears about needles, allergies to eggs or the ingredients of the vaccine, pregnancy, unanswered questions, afraid of getting the flu from the vaccine, a previous reaction to the flu vaccine, and/or the belief that the flu is not that bad. During the COVID-19 pandemic, some staff at facilities with a mask mandate declined the flu vaccine because their primary motivation for receiving it in prior flu seasons had been to avoid wearing a mask. As with residents, the most common method for handling vaccine hesitancy in staff was education, patience, and persistence. Interview participants reported an elevation in the flu vaccination rate of staff due to COVID-19, which they predicted would be a long-term change. A few, however, worried that any additional mandates would result in the loss of more staff.

Conclusion/Discussion: SNF staff described a variety of reasons why staff members hesitate or decline a flu vaccination and how the COVID-19 pandemic has affected hesitancy. Participants' responses suggest that improving staff flu vaccination coverage requires a multi-pronged, individualized approach.

Disclosures: This collaborative work was funded by Sanofi Pasteur.

Front-line Nursing Home Staff Provide Insight on Advance Care Planning in a Crisis



Presenting Author: Ellen Kaehr, CMD, Indiana University School of Medicine, IU Health Physicians

Author(s): Tayler Gowan, BS, Kathleen Unroe, MD, MHA, Nicholas Ratray; and Elizabeth Hathaway, MD

Introduction/Objective: The dynamic changes stemming from the COVID-19 pandemic brought instability in advance care planning (ACP). ACP includes eliciting and documenting goals, values, and preferences for medical treatments, and requires considerable skill and resources. The goal of this study is to describe the nursing home staff experience with ACP including barriers and facilitators to goals of care discussions, which were revisited for all residents during nursing home COVID-19 outbreaks in 2020.

Design/Methodology: This cross-sectional interview-based study interviewed 17 nursing home staff who facilitated ACP with residents and families during an initial COVID-19 outbreak, representing 7 Midwest nursing homes. Semi-structured telephone interviews were conducted (November 2020–April 2021), and included the Patient Health Questionnaire-4 (PHQ4) and Impact of Event Scale-6 (IES-6) to explore the emotional impact of the pandemic. Qualitative thematic analysis was carried out to investigate the nursing home staff experience with goals of care discussions including the psychological impact on staff.

Results: Nursing home staff described barriers to successful advance care planning in a crisis such as personal protective equipment (PPE), visitor