The Partnership for Sepsis and Aging

THE PARTNERSHIP FOR SEPSIS AND AGING

AgingandSepsis.org

Protecting the Lives and Well Being of Our Nation's Older Adults

December 6, 2024

Greg Olsen,
TPSA Chair and Acting Director of the New York State Office for the Aging (NYSOFA)

Today's Agenda

- **Welcome and Introduction** – Greg Olsen, TPSA Chair and Acting Director, New York State Office for the Aging (NYSOFA)
- **Sepsis Overview** - Tom Heymann, Sepsis Alliance
- **Public Awareness and Education Resources -** Megan Jones, Sepsis Alliance
- **Healthcare Professional Training Resources** - Megan Jones, Sepsis Alliance
- **Quality Improvement Resources** - Al Cardillo, Home Care Association of New York State (HCA)
- **The role of vaccination in preventing severe outcomes among older adults** - Dr. Pragna Patel, CDC
- **Q&A, Conclusion**

The Partnership for Sepsis and Aging (TPSA)

Mission: To improve the health and well-being of the nation's older adults by improving sepsis awareness, prevention, early diagnosis, and treatment, including support for the millions of sepsis survivors who may face significant struggles in their recovery.

- Sepsis takes the lives of 350,000 adults each year in the U.S.
- Sepsis disproportionately impacts older adults with more than 70% of cases occurring in individuals aged 60 or older.
- Nursing home residents are 6 times more likely to present with sepsis in the emergency department.

To learn more visit:
http://www.agingandsepsis.org/

To become an organization member, scan the QR code below

To learn more about Sepsis and Aging, scan the QR code below

NEW YORK STATE Office for the Aging

HCANYS Home Care Association of New York State

SEPSIS ALLIANCE

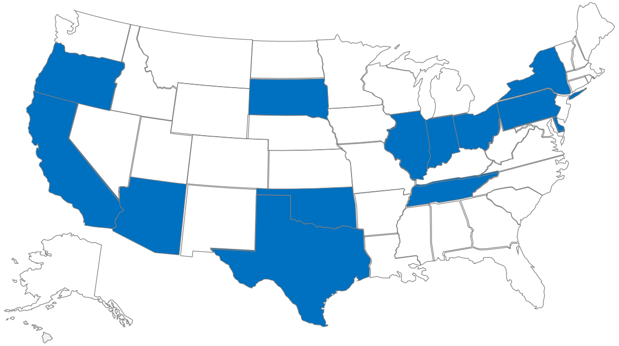
Association on AGING in New York

THE PARTNERSHIP FOR SEPSIS AND AGING

TPSA Collected Data

- *49 registered TPSA members since March 2024*
- *Several hundred meeting attendees*

States Represented in TPSA
Arizona
California
Illinois
Indiana
New York
Ohio
Oklahoma
Pennsylvania
Rhode Island
South Dakota
Tennessee
Texas
Washington

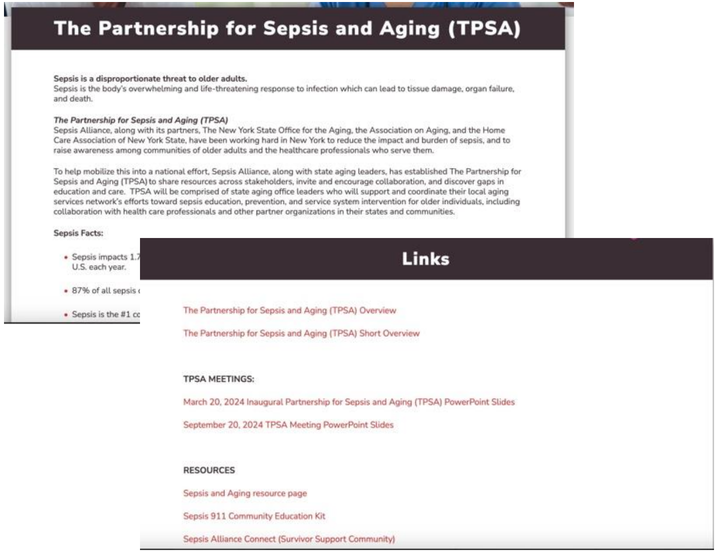


States greatest needs when it comes to sepsis and aging

- Public Awareness and Education
- Healthcare Professional (HCP) Training
- Quality Improvement

TPSA Resources

- Dedicated website: agingandsepsis.org/



The Partnership for Sepsis and Aging (TPSA)

Sepsis is a disproportionate threat to older adults.
Sepsis is the body's overwhelming and life-threatening response to infection which can lead to tissue damage, organ failure, and death.

The Partnership for Sepsis and Aging (TPSA)
Sepsis Alliance, along with its partners, The New York State Office for the Aging, the Association on Aging, and the Home Care Association of New York State, have been working hard in New York to reduce the impact and burden of sepsis, and to raise awareness among communities of older adults and the healthcare professionals who serve them.

To help mobilize this into a national effort, Sepsis Alliance, along with state aging leaders, has established The Partnership for Sepsis and Aging (TPSA) to share resources across stakeholders, invite and encourage collaboration, and discover gaps in education and care. TPSA will be comprised of state aging office leaders who will support and coordinate their local aging services network's efforts toward sepsis education, prevention, and service system intervention for older individuals, including collaboration with health care professionals and other partner organizations in their states and communities.

Sepsis Facts:

- Sepsis impacts 1.7 ... U.S. each year.
- 87% of all sepsis ...
- Sepsis is the #1 c...

Links

The Partnership for Sepsis and Aging (TPSA) Overview

The Partnership for Sepsis and Aging (TPSA) Short Overview

TPSA MEETINGS:

March 20, 2024 Inaugural Partnership for Sepsis and Aging (TPSA) PowerPoint Slides

September 20, 2024 TPSA Meeting PowerPoint Slides

RESOURCES

Sepsis and Aging resource page

Sepsis 911 Community Education Kit

Sepsis Alliance Connect (Survivor Support Community)

- TIME badges in various languages

- TPSA Toolkit and newsletter*

** Coming soon! Will be available for registered TPSA members only*

- Quarterly TPSA meetings with subject matter experts

Housekeeping

- Please submit any questions in the Q&A chat to be answered at the end of the presentation.
- All attendee cameras and audio have been disabled.
- Presentation deck will be emailed after the meeting.

Tom Heymann,
CEO and President, Sepsis Alliance

About Sepsis Alliance

FOUNDED IN 2007

Sepsis Alliance Founder Carl Flatley, DDS, MSD, with daughter, Erin

- Started out of a personal tragedy and national need
- Nation's first and leading sepsis patient advocacy organization
- Co-founded Global Sepsis Alliance 2010
- Serving the needs and interests of sepsis patients and survivors
- Trusted partner to patients, healthcare providers, researchers, government, and industry
- Vision: A world in which nobody is harmed by sepsis.

GREATNONPROFITS TOP-RATED NONPROFIT

Sepsis Alliance earns top rankings from Great Nonprofits, Guidestar, and Charity Navigator for transparency and accountability.

Platinum Transparency 2024 Candid.

Charity Navigator FOUR-STAR

Sepsis.org

SEPSIS ALLIANCE

Sepsis

Is a life-threatening emergency that happens when your body's response to an infection damages vital organs and, often, causes death.

T I M E™

TEMPERATURE
higher or lower than normal

INFECTION
may have signs and symptoms of an infection

MENTAL DECLINE
confused, sleepy, difficult to rouse

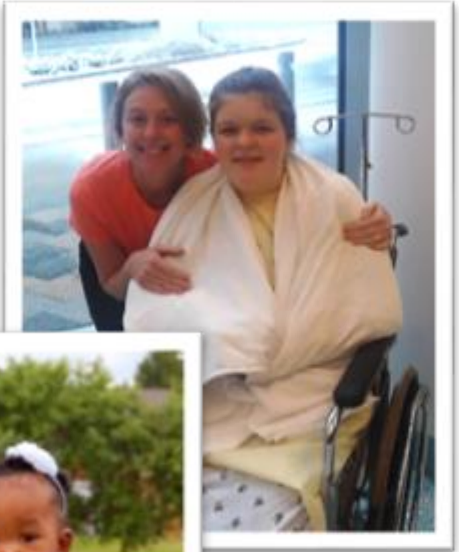
EXTREMELY ILL
severe pain, discomfort, shortness of breath

Sepsis.org

SEPSIS ALLIANCE

The Burden of Sepsis in the U.S.

- Sepsis is the **#1** cause of deaths in U.S. hospitals.
- Sepsis is the **#1** cost of hospital and skilled nursing care - $62B/year!
- Sepsis is the **#1** cause of hospital readmissions.
- Yet, 87% of sepsis originates in home and community, highlighting the urgency of prevention, early identification and treatment, and home health role!
- Sepsis causes 14,000 amputations annually.
- Almost 60% of sepsis survivors experience worsened cognitive, mental, and/or physical function.
- Maternal sepsis is the 2nd leading cause of maternal death in the U.S.
- Each day more than 200 children are diagnosed with severe sepsis – 75,000 cases per year. 18 die each day.
- Black and "other nonwhite" individuals have nearly twice the incidence of sepsis as white individuals.



The Burden of Sepsis on Older Adults

- Adults aged 65 and older are **13 times more likely to be hospitalized** with sepsis than people younger than 65.
- Nursing home residents are over **6 times more likely** to present with sepsis in the emergency room than non-nursing home residents.
- Adults aged 65 and older are **less likely to return home** (54%) following their hospital stay.
- Older sepsis survivors (65+) experience on average 1 to 2 **new limitations on activities of daily living** (e.g., bathing, dressing, managing money) after hospitalization.
- Sepsis survivors aged 65 and older experience **more severe long-term cognitive and physical disability.**
- In the United States, **three-fourths of all sepsis deaths** are in patients 65 years of age or older.

Sepsis.org

SEPSIS ALLIANCE

Megan Jones,

Senior Community and Content Manager, Sepsis Alliance

Sepsis 911 Community Education Kit

Sepsis.org --> Get Involved --> Educate Your Community

https://www.sepsis.org/education/resources/community-education/

- Designed for lay people to educate their own communities about sepsis basics, including definitions, symptoms, and actions to take if sepsis is suspected.
- Kit includes:
  - Educational slideshow and script.
  - Sepsis 911 video.
  - Customizable poster and presentation promotion materials and more.

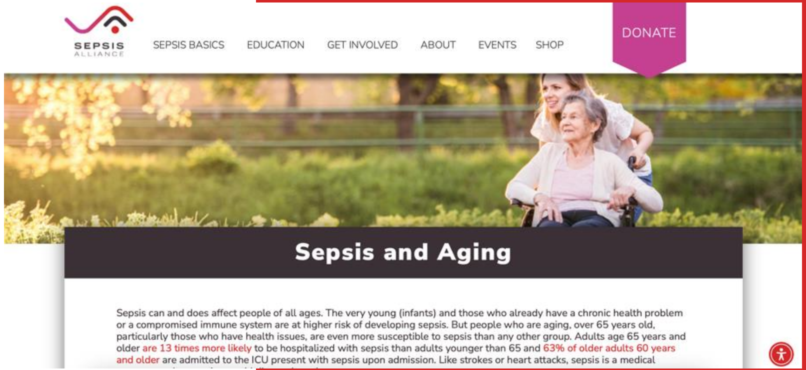
SEPSIS 911

COMMUNITY EDUCATION PRESENTATION

Sepsis and Aging

https://www.sepsis.org/sepsisand/aging/

- Sepsis and Aging Information Guide, Trifold, and Fact Sheet.
- Sepsis and Home Care.
- Sepsis and the Immune System.
- Flu Shot resources for older adults.
- Faces of Sepsis™ - real experiences of older adults and sepsis.

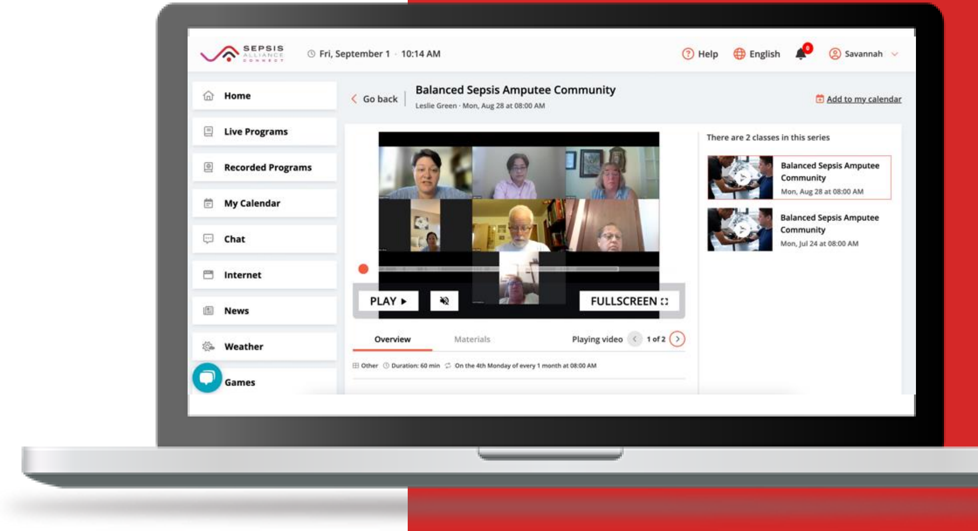


PUBLIC AWARENES, EDUCATION, AND SUPPORT

Sepsis Alliance Connect

SepsisConnect.org

- Virtual support community designed for the millions of people affected by sepsis annually, including survivors, caregivers, and those who lost a loved one.
- Launched in June 2022 with the support of bioMérieux and LB Charitable Foundation.
- **More than 3,000 members to date.**



Sepsis.org

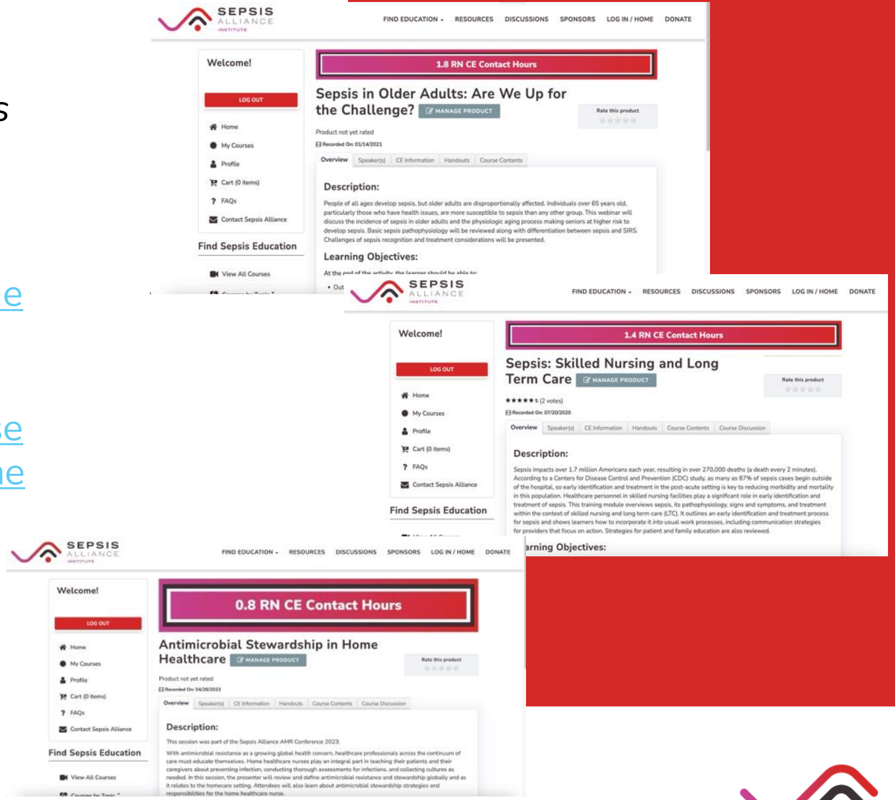
Sepsis Alliance Institute

SepsisInstitute.org

- *More than 55,000 Sepsis Alliance Institute Members*

Sepsis & Aging Resources

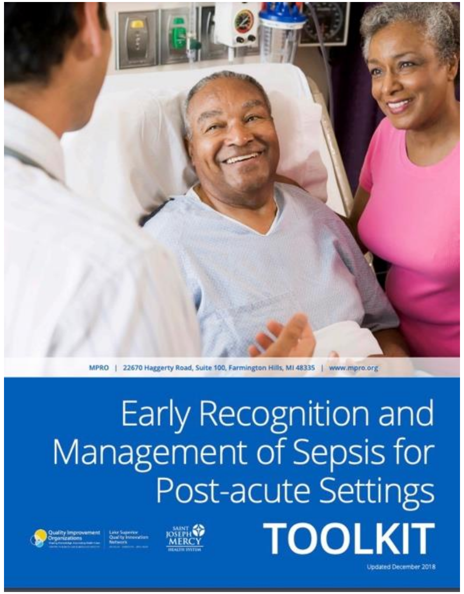
- Sepsis in Older Adults: Are We Up for the Challenge
- Sepsis and Aging for Case Workers
- Sepsis: Skilled Nursing and Long Term Care
- Sepsis in Nursing Homes: Recognition and Response
- Infection Prevention and Sepsis Recognition in Home Care
- Sepsis and Home Health Care
- Antimicrobial Stewardship in Home Health



Al Cardillo,
President and CEO of the Home Care Association of New York State (HCA-NYS)

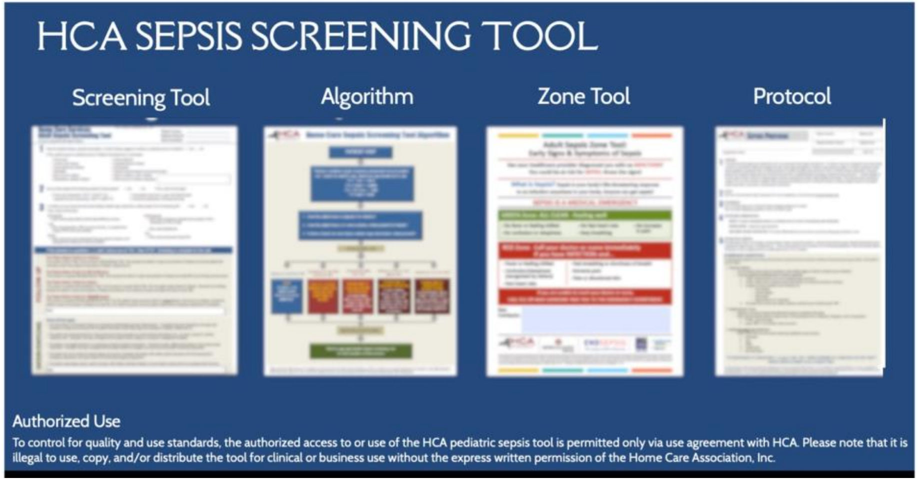
THE PARTNERSHIP FOR SEPSIS AND AGING
AgingandSepsis.org

Quality Improvement Resources



- Early Recognition and Management of Sepsis for Post-acute Settings Toolkit provided by St. Joseph Mercy Health System & Lake Superior Quality Innovation Network found on Sepsis Alliance Institute here.

Home Care Association of New York State



Stop Sepsis at Home – Home Care Association of NYS

SEPSIS ALLIANCE

INFECTION PREVENTION IS SEPSIS PREVENTION™

THE MORE YOU DO TO PREVENT INFECTIONS, THE MORE YOU CAN PREVENT SEPSIS.

Learn more at Sepsis.org

Pragna Patel, MD, MPH, DTM&H
Chief Medical Officer, Coronaviruses and Other Respiratory Viruses Division National Center for Immunizations and Respiratory Diseases, Centers for Disease Control and Prevention (CDC)

The Role of Vaccination in Preventing Severe Outcomes Among Older Adults

National Center for Immunization and Respiratory Diseases
December 6, 2024

Overview of Sepsis

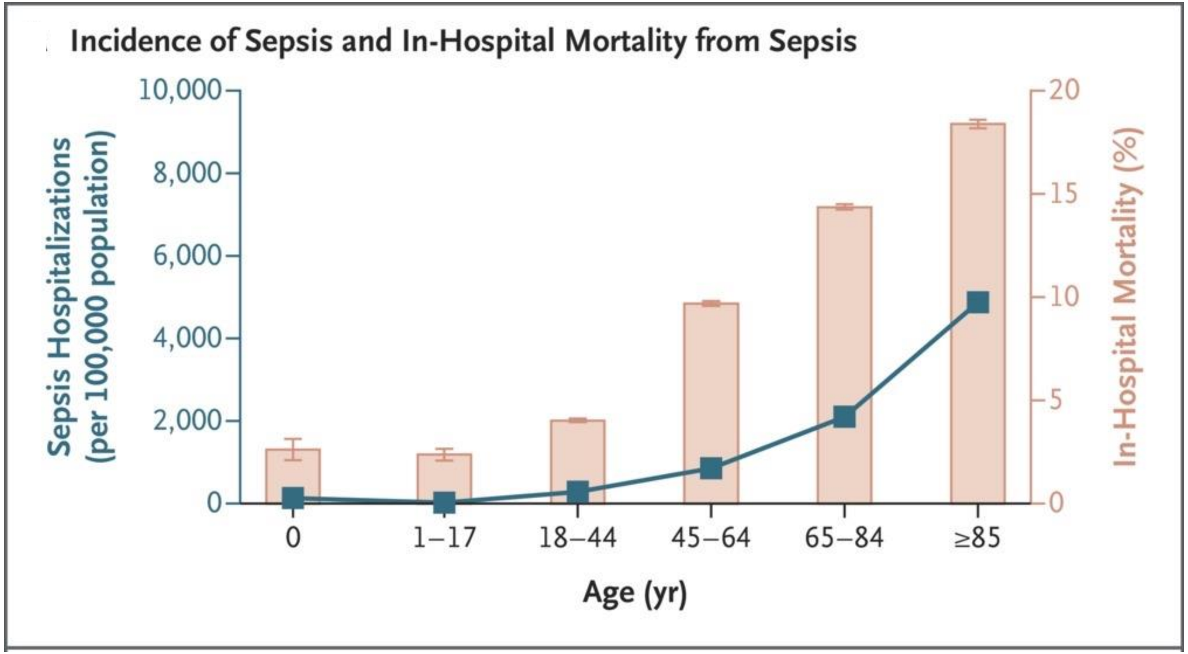
KEY POINTS

SEPSIS AND SEPTIC SHOCK

- Sepsis is a syndrome of life-threatening acute organ dysfunction due to bacterial, fungal, parasitic, or viral infection.
- Factors that affect the risk of sepsis include age, immune status, pathogen virulence, and pathogen burden.
- Sepsis is associated with long-term complications among survivors.
- Biologic features of sepsis include dysregulated inflammation, immunosuppression, and vascular injury.
- Management of sepsis focuses on prompt infection control and hemodynamic resuscitation.
- Research is ongoing to determine whether and how to modulate the host immune response in order to improve outcomes.

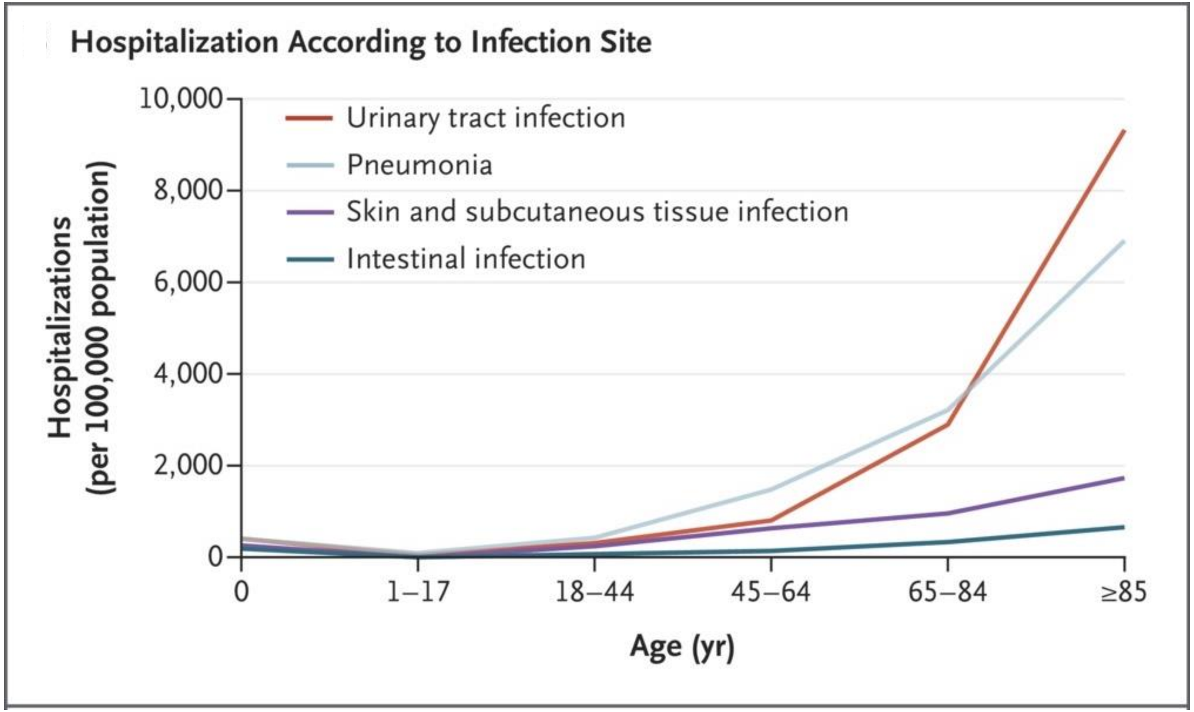
Sepsis and Septic Shock | New England Journal of Medicine

Burden related to Sepsis by Age Group



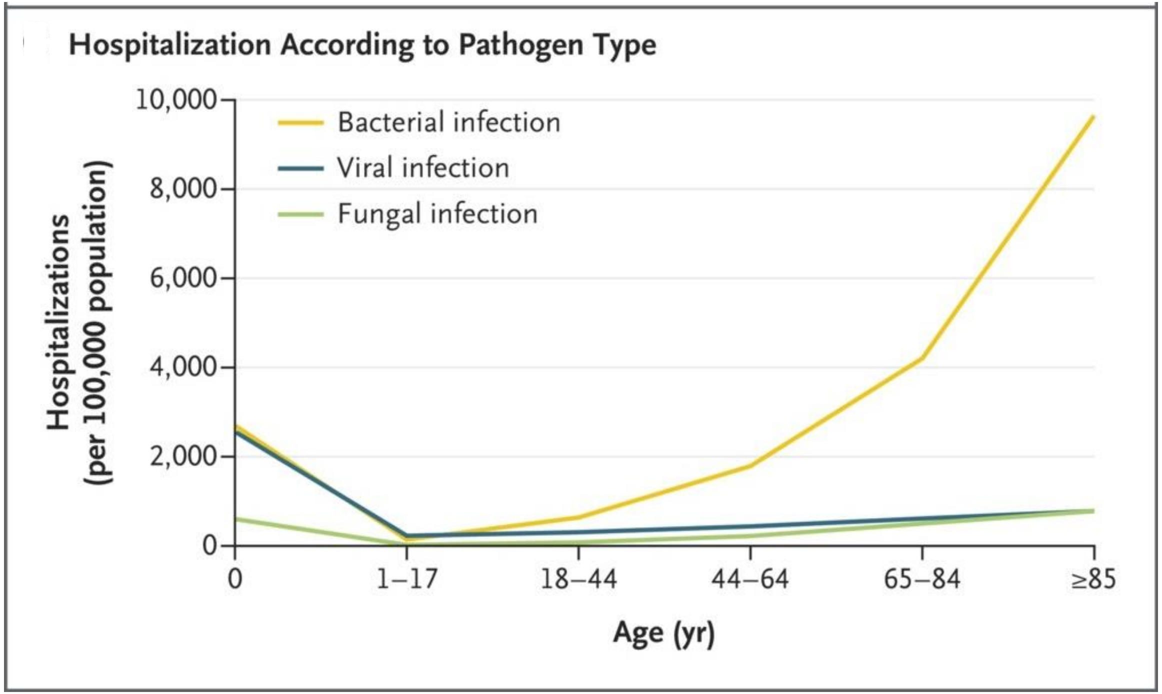
[Sepsis and Septic Shock | New England Journal of Medicine]

Burden related to Sepsis by Infection Site



[Sepsis and Septic Shock | New England Journal of Medicine]

Burden related to Sepsis by Pathogen Type



[Sepsis and Septic Shock | New England Journal of Medicine]

Vaccines for Older Adults

Fall and Winter Immunization Guide

	2024-2025 COVID-19[1]	2024-2025 Influenza[2]	RSV[3]
Infants & Children	**6 months - 17 years** Some children 6 months through 4 years may need multiple doses	**6 months - 17 years** Some children 6 months through 8 years may need two doses ≥ 4 weeks apart	**All infants <8 months* and children 8 through 19 months with risk factors should get nirsevimab** Typically, October through March, *if birthing parent not vaccinated with maternal RSV vaccine
Pregnant People	**All**	**All**	**32—36 weeks gestation should get RSV vaccine (Pfizer, Abrysvo only)** Typically, September—January
Adults 18-59 yrs	**All**	**All**	See pregnant people
Adults ≥60+ yrs	**All** Two doses recommended for adults ≥65 yrs, 6 months apart	**All** High-dose, recombinant, or adjuvanted preferred for ≥65 yrs, if available	**All adults ≥75 and adults 60 through 74 years with risk factors should get a single dose of RSV vaccine at this time.**

[1] People ages 6 months and older with moderate or severe immunocompromise should get 2 doses of 2024-2025 COVID-19 vaccine 6 months (minimum interval 2 months) apart and may also get additional doses of COVID-19 vaccine under shared clinical decision-making. If previously unvaccinated or receiving initial vaccination series, more doses may be needed.

[2] Solid organ transplant recipients ages 18 through 64 yrs on immunosuppressive medications may get high-dose or adjuvanted flu vaccine, if available, without a preference over other age-appropriate inactivated or recombinant influenza vaccines.

[3] All infants should be protected by either maternal RSV vaccine or nirsevimab. Both are not needed for most infants. For infants born during October through March, nirsevimab should be administered in the first week of life—ideally during the birth hospitalization.

Adults aged 60-74 years at higher risk for RSV should get the RSV vaccine

Chronic cardiovascular disease

Severe obesity
(body mass index ≥40 kg/m^2)

Diabetes mellitus
complicated by chronic kidney disease, neuropathy, retinopathy or other end-organ damage

Chronic lung or respiratory disease

End stage renal disease/dialysis dependence

Chronic hematologic conditions

Chronic liver disease

Neurological or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness

Residence in a nursing home

Moderate or severe immunocompromise

Other factors that a provider determines would increase risk of severe disease due to viral respiratory infection (e.g., frailty)

Data source: https://www.cdc.gov/mmwr/volumes/73/wr/mm7332e1.htm

Older adults also need to be protected against other diseases like shingles and pneumococcal disease

Shingles

- In the U.S., ~1 million people have shingles every year and about 1 in 3 people will have shingles in their lifetime
- Shingles complications increase with age
- **All adults 50+ should get 2 doses of the shingles vaccine separated by 2-6 months**

https://www.cdc.gov/vaccines/vpd/shingles/hcp/shingrix/recommendations.html

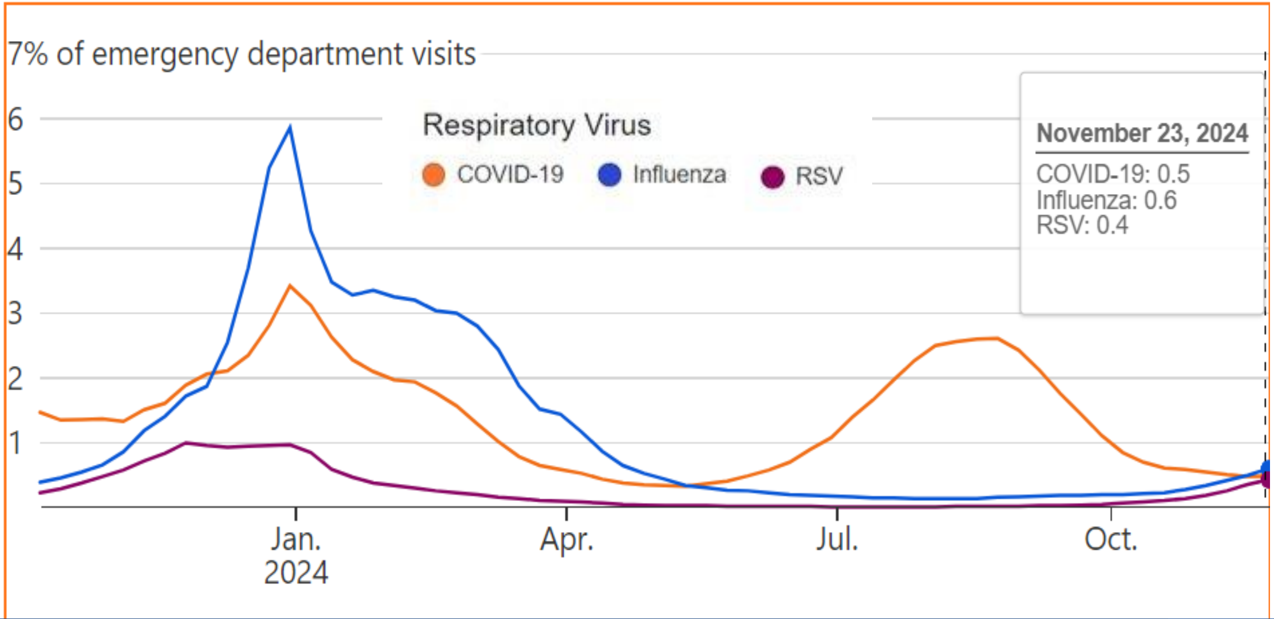
Pneumococcal Disease

- Pneumococcus is a leading bacterial cause of pneumonia in adults
  - More than 100,000 U.S. adults hospitalized every year
  - In one study, more than one-third of adults aged ≥65 years died within a year of being hospitalized for community-acquired pneumonia
- Adults with certain medical conditions (e.g. chronic heart, lung, and renal disease) at higher risk
- **All unvaccinated adults 50+ should get pneumococcal conjugated vaccine (e.g., 15-valent, 20-valent, or 21-valent)**

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

CURRENT TRENDS: Flu & COVID-19 activity low or stable; however, emergency room visits due to RSV increasing in the Southeast

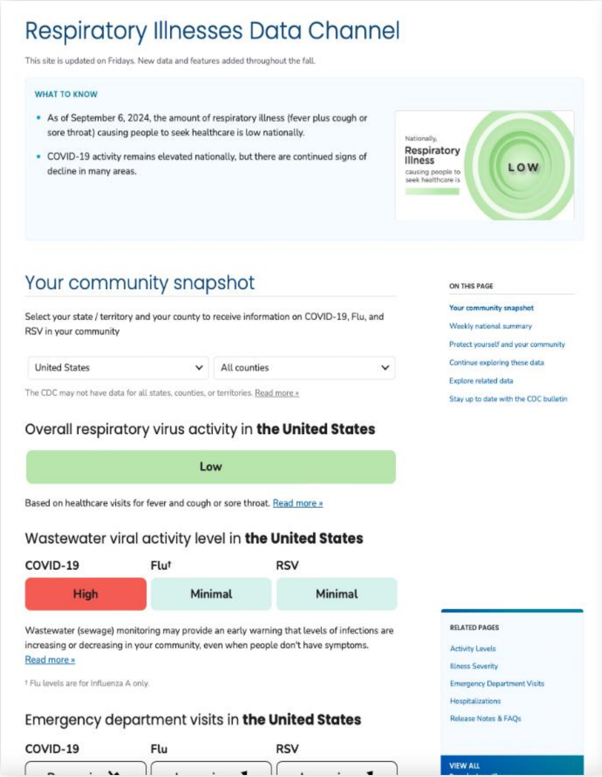
Emergency department visits for viral respiratory illness

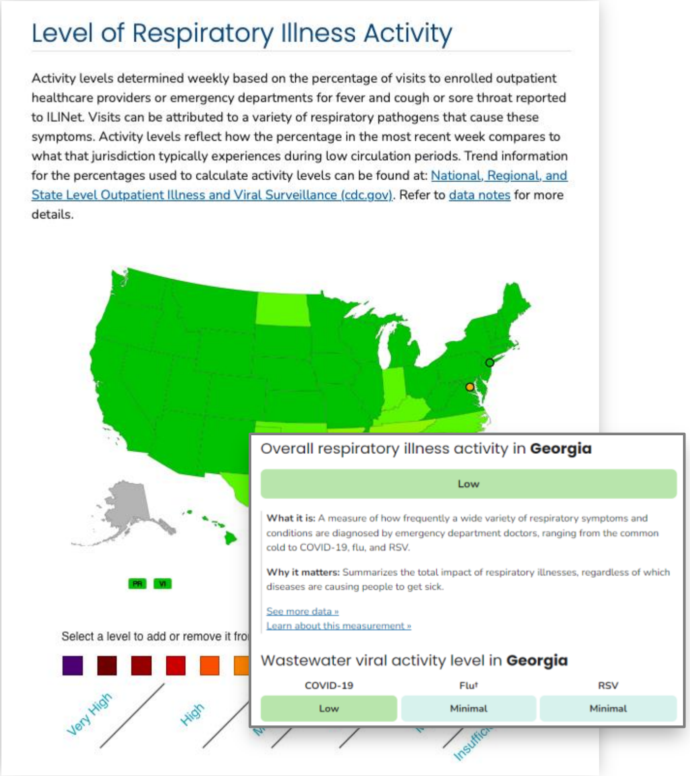


SCAN QR CODE
to access dashboards

WHAT'S HAPPENING IN YOUR COMMUNITY?

Respiratory Virus Dashboards





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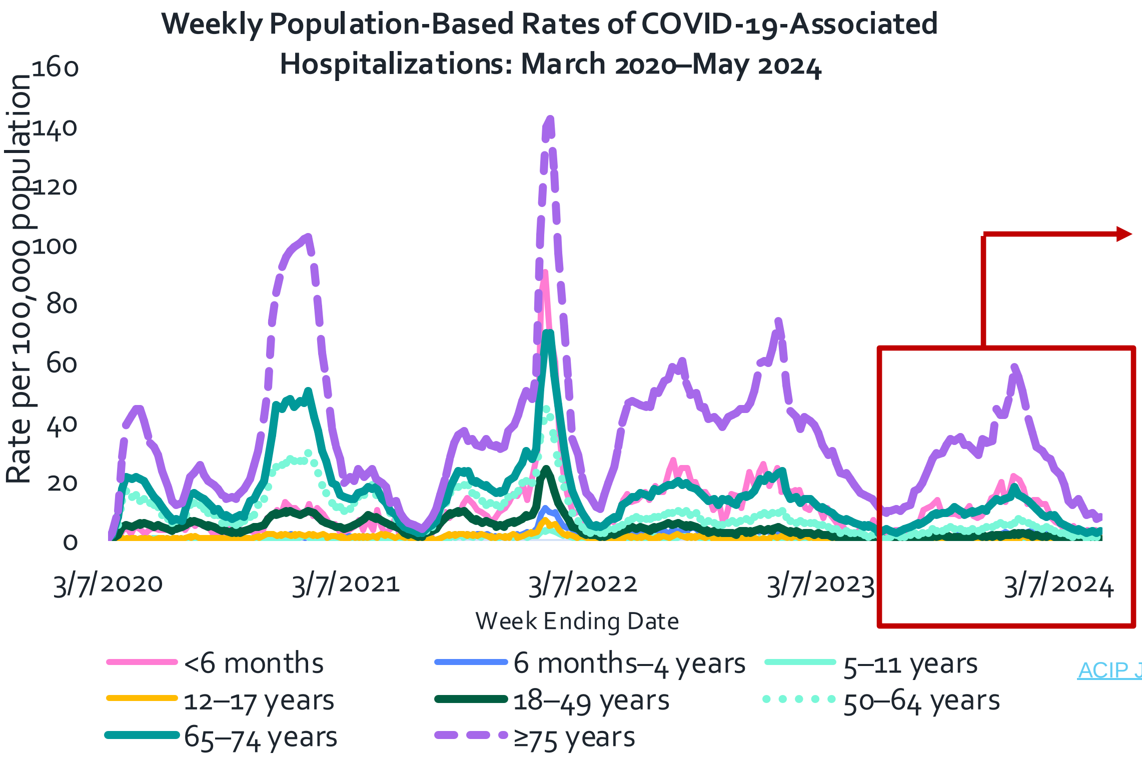
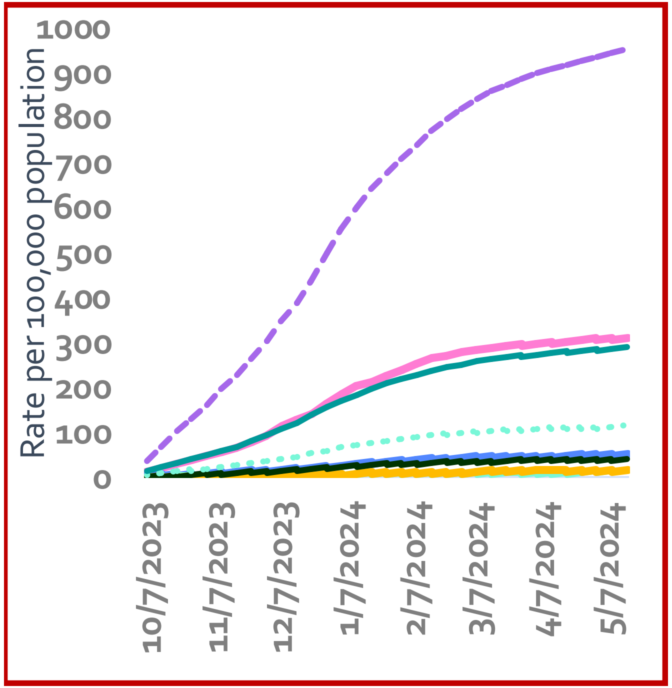
Evidence

Why vaccinate against COVID-19?

Adults 75+ at highest risk of being hospitalized for COVID-19 compared with any other age group



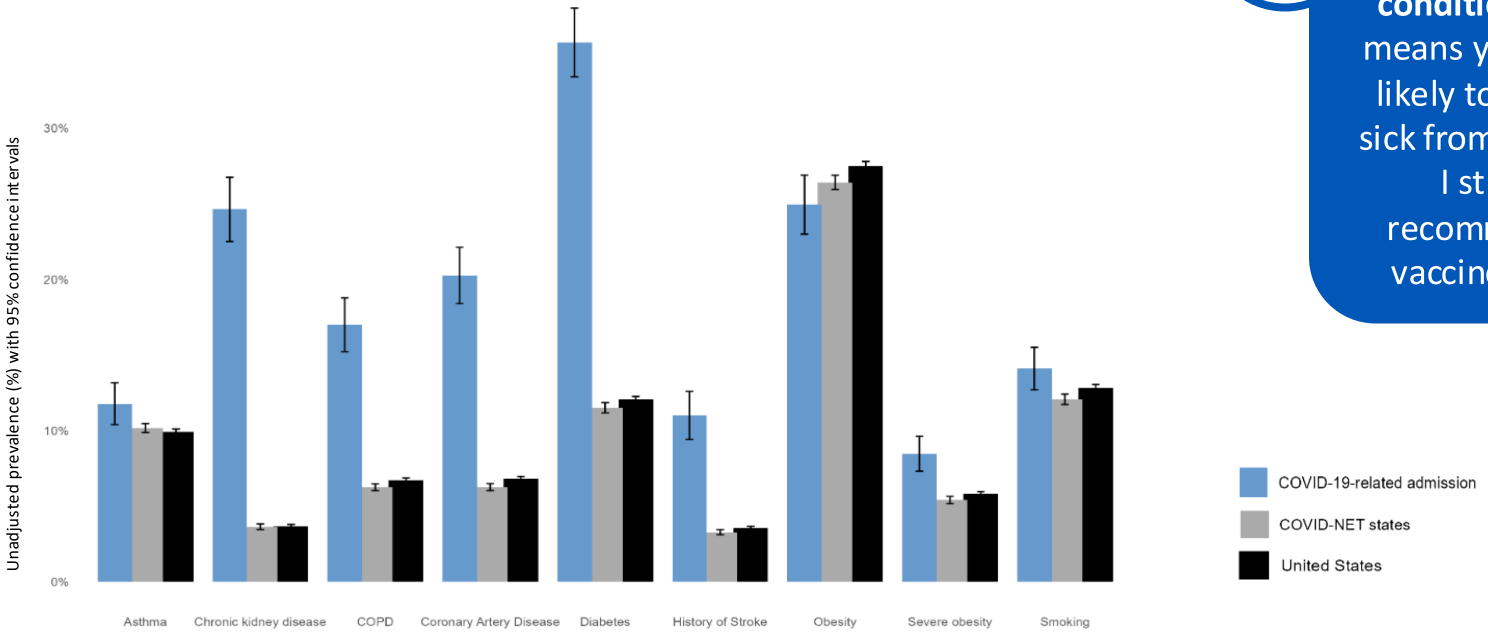


ACIP June 26-28, 2024 Presentation Slides | Immunization Practices | CDC

Why vaccinate against COVID-19?

Chronic conditions like diabetes and heart disease were commonly seen in patients hospitalized with COVID-19

Prevalence of chronic conditions among hospitalized adults in COVID-NET, adults in COVID-NET states, and adults in the United States aged ≥18 years, 2022



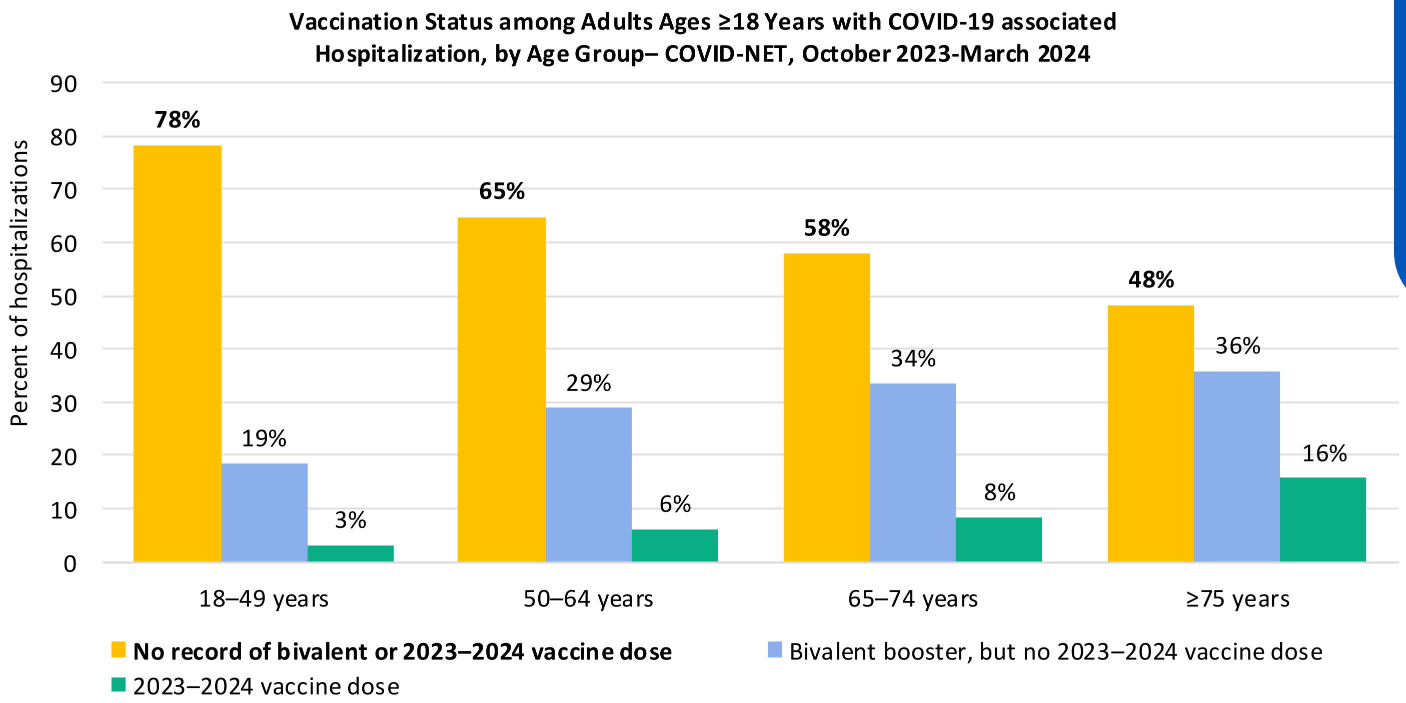
Clinical Tip

You have [**medical condition**], which means you're more likely to get really sick from COVID-19. I strongly recommend this vaccine for you.

[June 27, 2024 Advisory Committee on Immunization Practices: COVID-19, slide 20]

Why vaccinate against COVID-19?

More than half of adults hospitalized with COVID-19 did not receive a COVID-19 vaccine within the year before they were hospitalized



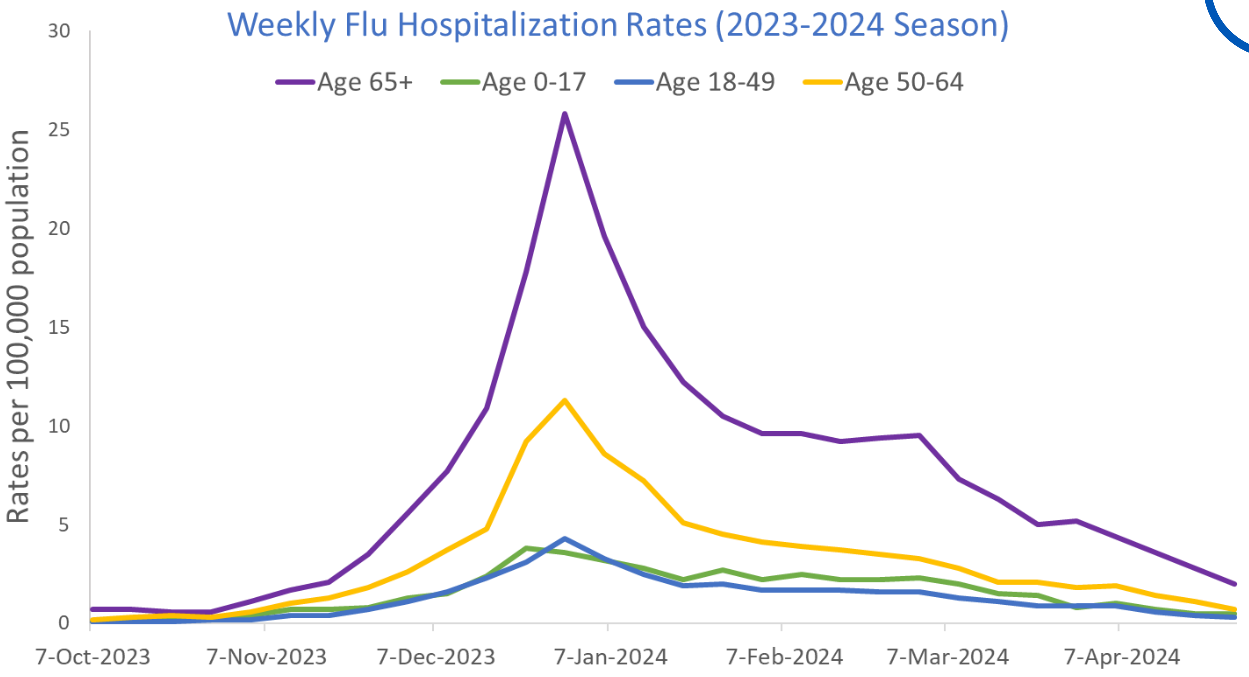
Clinical Tip

Your age makes you more likely to get really sick from COVID-19. **The COVID-19 vaccine cuts your risk of being hospitalized in half.**

June 27, 2024 Advisory Committee on Immunization Practices: COVID-19, slide 17

Why vaccinate against influenza?

Influenza hospitalization rates highest in adults 65 years and older



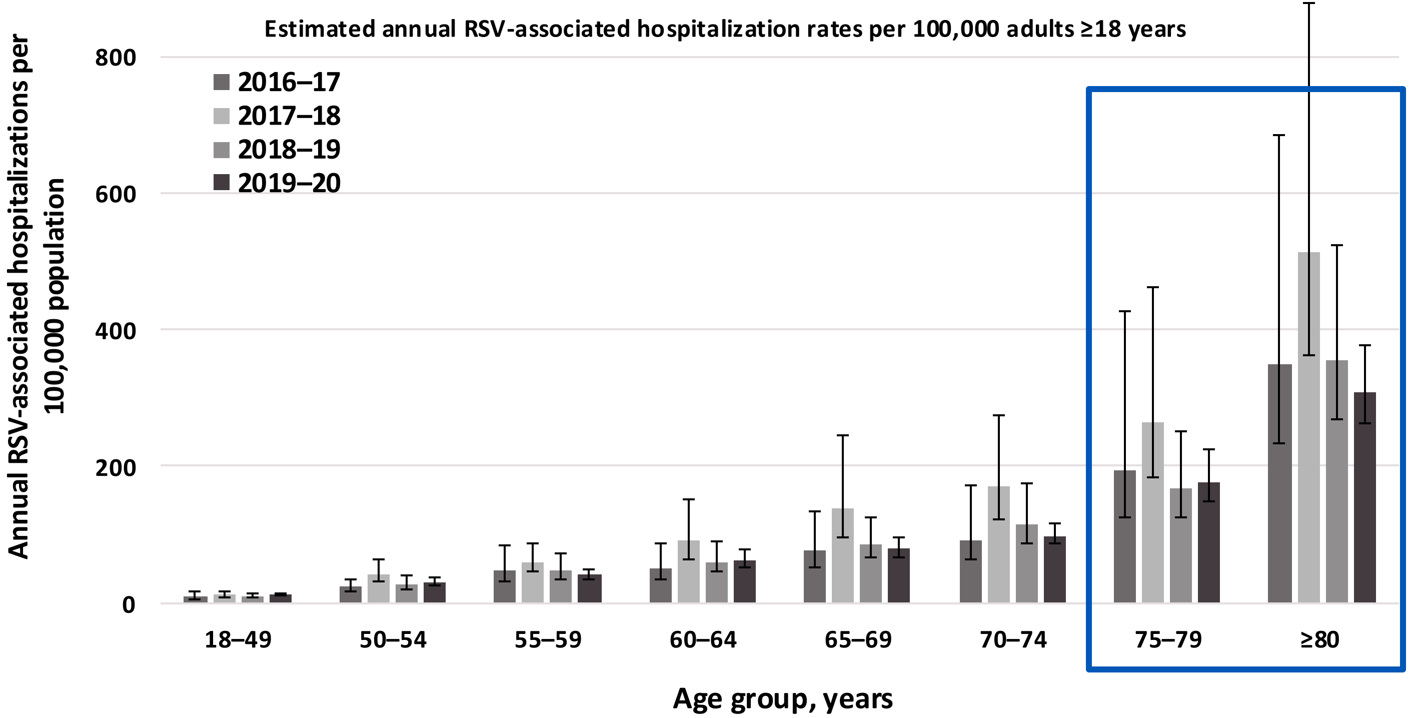
Clinical Tip

Your age makes it more likely that you could get very sick from the flu, I strongly recommend the flu vaccine for you.

Laboratory-Confirmed Influenza Hospitalizations (cdc.gov)

Why vaccinate older adults against RSV?

RSV hospitalization increases with age, steep rise in adults 75+



Key Patient Counseling Points

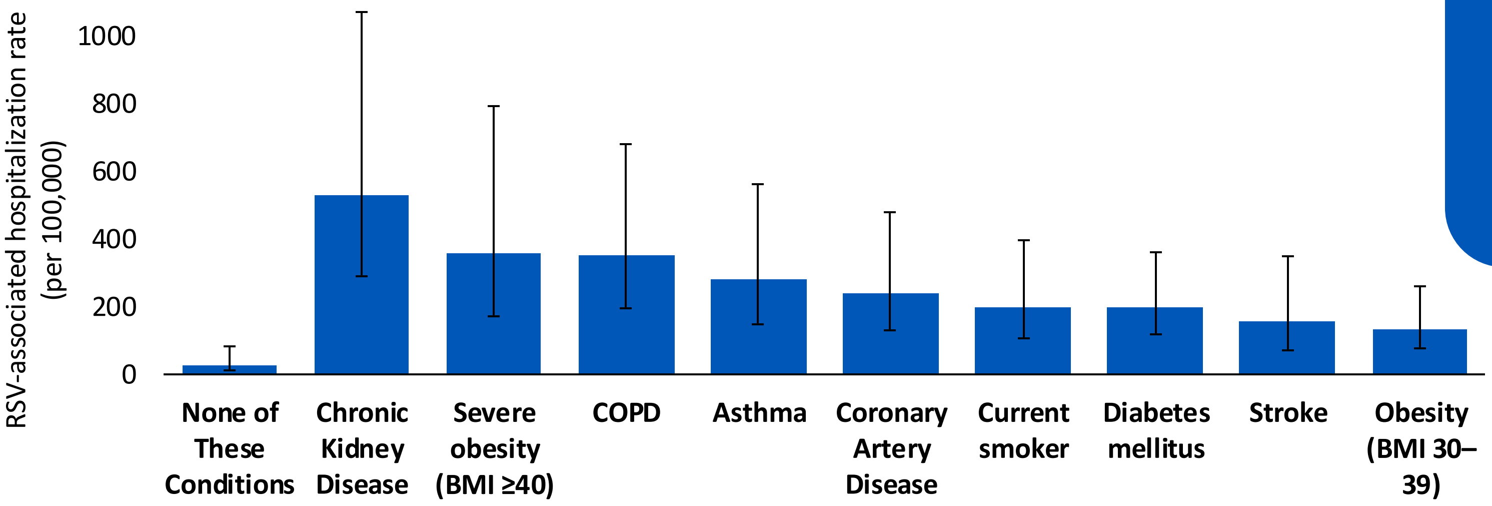
Your age makes you more likely to get really sick from RSV. **The RSV vaccine cuts your risk of being hospitalized by more than half.**

June 26, 2024 Advisory Committee on Immunization Practices: RSV, slide 7

Why vaccinate older adults against RSV?

Adults with common conditions like heart and lung disease are at higher risk of being hospitalized than adults without those conditions

RSV-associated hospitalization rates among community-dwelling adults aged 60–74 years, 2017–2018 season



Clinical Tip

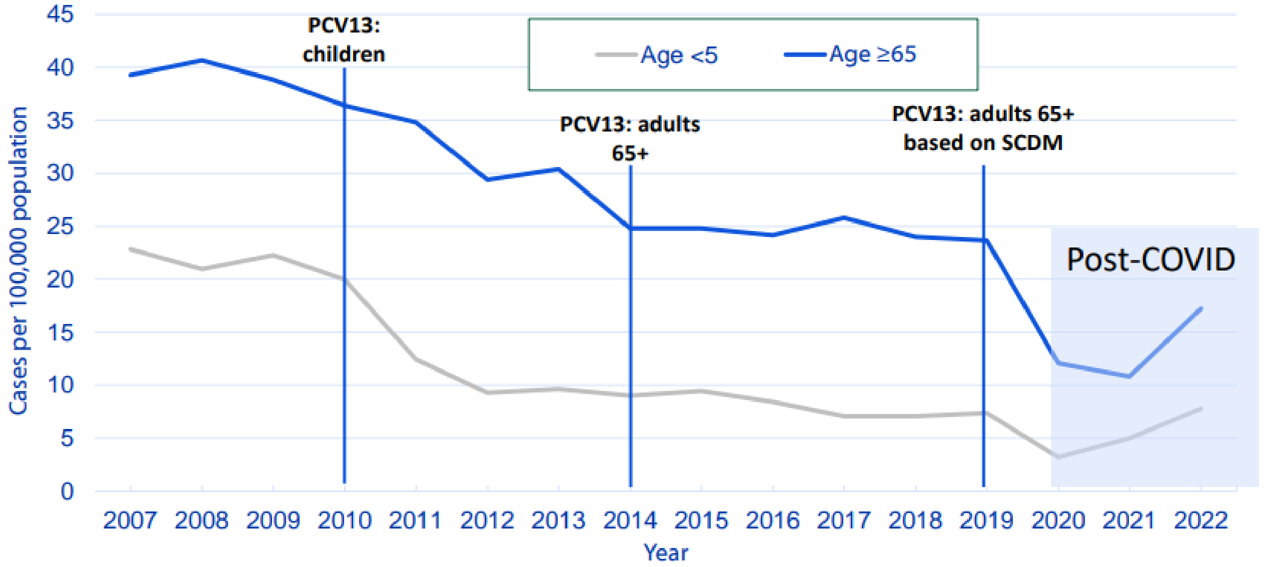
RSV vaccines are >70% effective in preventing hospitalizations. **You have ___, that puts you at higher risk of getting very sick with RSV**. I strongly recommend you get your RSV vaccine today.

[June 26, 2024 Advisory Committee on Immunization Practices: RSV, slide 85]

Why vaccinate against pneumococcal disease

Older adults are at increased risk for pneumococcal disease

Invasive pneumococcal disease (IPD) incidence rates, by age group, 2007–2022



SCDM: shared clinical decision-making

Source: CDC's Active Bacterial Core surveillance

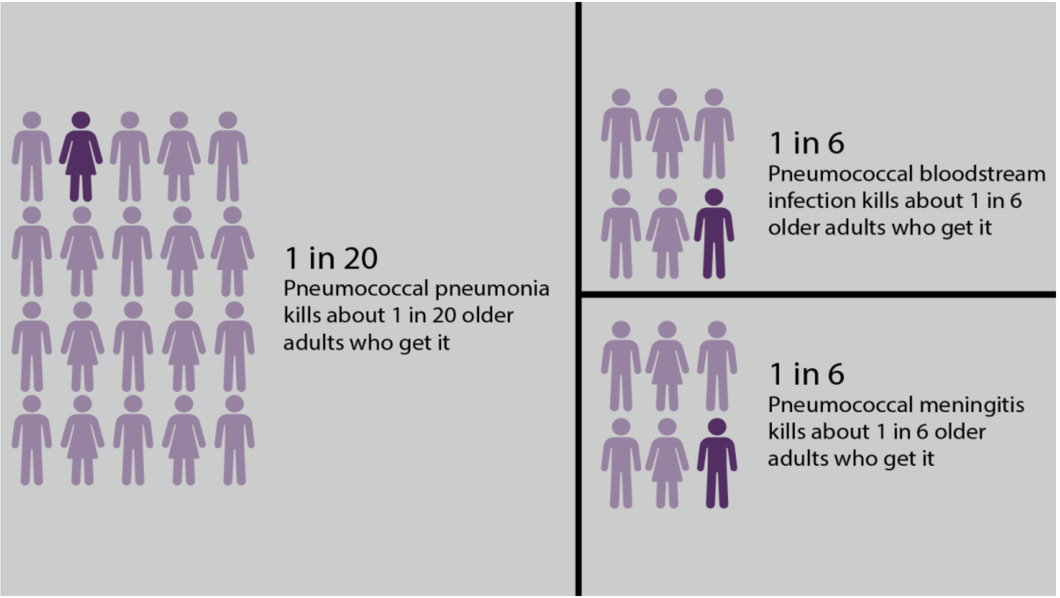
Adapted from Gierke Feb 2024 ACIP meeting presentation

Clinical Tip

Older adults and adults with risk conditions are at increased risk for invasive pneumococcal disease (meningitis, bloodstream infection) and pneumococcal pneumonia.

Why vaccinate against pneumococcal disease

Pneumococcal disease is a serious bacterial infection caused by *Streptococcus pneumoniae*



- CDC recommends pneumococcal vaccination for adults 19–49 years old with risk conditions and adults 50 years or older.

Clinical Tip

Pneumococcal vaccines help protect adults from **invasive pneumococcal disease** and pneumococcal **pneumonia**.

[Pneumococcal Disease: Causes and How It Spreads | Pneumococcal Disease | CDC]

Why vaccinate long-term care residents?

Long-term care residents have high risk of hospitalization from COVID-19, flu, and RSV

- COVID-19 hospitalization are 8 times higher for nursing home residents
- 17% of hospitalized patients with RSV were long-term care residents
- Adults ages 65 years and older have the highest rates of hospitalization during most flu seasons

NEW Tools

Easy Billing Guide
https://www.cms.gov/files/document/billing-medicare-respiratory-vaccines.pdf

Long-term care toolkit
https://www.cdc.gov/respiratory-viruses/hcp/long-term-care-tools-resources/index.html

https://www.cdc.gov/mmwr/volumes/73/wr/mm7315a3.htm
https://www.cdc.gov/mmwr/volumes/72/wr/mm7240a1.htm

Treatment with antivirals cuts risk of severe disease from COVID-19 and flu for people at increased risk

People at high risk: older adults, especially 65 years and older, pregnant people, people with weakened immune systems or other medical conditions like heart and lung disease

COVID-19

Ritonavir-boosted nirmatrelvir (Paxlovid)

- For people ≥12 years of age
- No liver function or creatinine testing needed
- Review drug-drug interactions and adjust dosing/stop other meds as needed

Remdesivir

- For people ≥28 days of age
- Liver function and prothrombin testing needed
- Requires IV administration

Alternative: molnupiravir

NOT recommended for pregnant or postpartum persons; people of child-bearing age should use birth control

Influenza

Oseltamivir (oral): for all ages

Baloxavir (oral): ≥5 years (healthy) and ≥12 years of age (high-risk)

NOT recommended for pregnant or postpartum persons

Zanamivir (inhaled): ≥7 years of age

Contraindicated in people with underlying airway disease

Peramivir (intravenous): ≥6 months of age

Influenza Antiviral Medications: Summary for Clinicians | CDC
Types of COVID-19 Treatment
COVID-19 Treatment Clinical Care for Outpatients | COVID-19 | CDC

Offering and Administering Vaccines This Season

WHY IMMUNIZE:

Best defense against viruses that can cause serious illness

Viruses cause many hospitalizations each respiratory season.

- **Thousands of people are hospitalized** for COVID-19, flu, pneumococcal disease, and RSV

While some people at higher risk, cannot predict who will get severely ill.

- **Adults 65+ are 4–9 times more likely to be hospitalized** for COVID-19, flu and RSV than those under age 65
- Older adults and adults with risk conditions are at increased risk for invasive pneumococcal disease and pneumococcal pneumonia.

Immunizations are our best defense.

- COVID-19 & flu **vaccines cut risk of hospitalization in half** in all ages
- RSV vaccines **>70% effective** in preventing **older adult RSV hospitalizations**
- Pneumococcal vaccines help protect adults from **invasive pneumococcal disease** and pneumococcal **pneumonia**.

Can vaccines be given at the same time?
YES! It's recommended

- COVID-19, Flu, and RSV vaccines may be co-administered (given at the same visit) with each other and with other routine immunizations, like shingles and pneumococcal vaccines
  - Especially important for patients with risk factors or if there might not be an opportunity to vaccinate the patient in the near future
- Patients may experience more side effects, like fever and fatigue, however, side effects are usually mild/moderate and last 1-2 days
- If the patient prefers to receive these vaccines during different visits, **there is no minimum wait period between these vaccines**

Are COVID, flu and RSV immunizations covered by health insurance?

Medicaid:

- ACIP- recommended vaccines are covered without cost-sharing ($0 copay)
- CMS issued an updated Vaccine Toolkit for State Medicaid, CHIP & Basic Health Program in February 2024, and includes coverage information

Private Insurance:

- Most required to cover COVID-19, flu, and RSV vaccines without charging a copayment or coinsurance when given by an in-network provider

Medicare:

- Flu and COVID-19 vaccines covered in Part B
- Adults RSV vaccine covered in Part D
- ACIP-recommended vaccines are covered without cost-sharing ($0 copay) in Parts B and D
- Remind patients who get vaccines through Medicare Advantage or Part D to get vaccinated at an in-network provider or pharmacy

Thank you

RISK LESS.
DO MORE.
Get this season's vaccines

www.cdc.gov/risklessdomore.

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

Discussion and Q & A

Type in the chat your questions

The Partnership For Sepsis and Aging (TPSA)

Thank you!

For more information,
contact Info@Sepsis.org

To join TPSA visit: http://www.agingandsepsis.org/

To become an organization member, scan the QR code below

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