

# Moving Needles Project Newsletter



## ! PROJECT UPDATES: **WHAT'S NEW WITH MOVING NEEDLES**

The Moving Needles project is approaching the end of the Year 1 pilot phase. Participating post-acute and long-term care facilities continue to provide monthly data on their efforts to vaccinate residents and staff. We celebrate their successes!

Facilities focused primarily on vaccination against influenza and COVID-19 in the first part of the project cycle. Recently the focus shifted to other, less seasonal illnesses such as hepatitis B, shingles, pneumococcal, and Tdap. Many facilities increased rates of vaccination by offering clinics to residents and staff who were willing – and sometimes eager – to receive the vaccines. Others are encountering vaccine hesitancy and

fatigue among residents and/or staff. If your efforts to increase vaccination rates are not yielding big results, know that you are not alone. Even small increases are big wins. Keep offering information and opportunities to your residents and staff. Encourage staff to check their medical records for their vaccine status, as many may have received vaccines such as hepatitis B as infants or young adults. Simply asking staff to provide proof of vaccines already received increased rates significantly in several facilities.

For more information about the project, including intervention strategies to consider, see the **Moving Needles website**.

## PILOT FACILITY SPOTLIGHT



Name: UPMC – Asbury Heights

Type of Facility: Skilled Nursing, Assisted Living, Independent Living

- Number of Beds: 335
- Total Number of Employees: 245
- Location: Pittsburgh, PA
- Staff Intervention Chosen:

Address staff concerns: Implement a standard process to check for hepatitis B vaccination status among new and current staff.

- Resident Intervention Chosen: Adopt standard operating procedures: reminder recall process.



"The Moving Needles Project has provided a fantastic opportunity to promote vaccination among our residents and employee populations. At a facility level we continue to work to educate residents about vaccines and create an individual plan for vaccination. At the system level, a vaccine database was developed to streamline the tracking of resident vaccine status which has vastly improved our ability to determine which residents are eligible for each vaccine. Building trusting relationships with the residents has been essential to the success of this project."  
- Beth Jacot, Infection Preventionist



## Do You Know Your Recommended Vaccines?

Shingles is characterized by a painful, burning rash, usually on one side of the body, that can last for weeks or months, and sometimes lead to longer-term pain and complications. It is caused by the varicella-zoster virus (VZV), the same virus that causes chickenpox. Anyone who has had chickenpox already has the VZV virus in their body and is at risk for developing shingles.

The risk of contracting shingles increases with age. Older adults, including those in long-term care facilities, are also more likely to have severe symptoms and complications.

Approximately 1 million people in the US get shingles each year. That number could be greatly reduced! A safe and effective vaccine is available to protect the most vulnerable population (adults aged 50 and over) from shingles and its complications. The Advisory Committee on Immunization Practices (ACIP) recommends the Shingrix vaccine for adults 50 years and older. The vaccine is typically given as a two-dose regimen, 2 to 6 months apart. It is over 90% effective against the disease and its complications. It is the best defense for a vulnerable population.

See CDC guidance and information on shingles and the Shingrix vaccine here.

## Featured Resource

### UNICEF Vaccine Misinformation Management Field Guide



UNICEF

#### DESCRIPTION

This guide provides an action plan to counter vaccine misinformation and build demand for vaccination.

#### WHY IT'S IMPORTANT

Confronting misinformation with accurate, trusted information is key to communicating the safety and efficacy of vaccines and building trust of the public health system

#### HOW TO ACCESS

<https://www.unicef.org/mena/reports/vaccine-misinformation-management-field-guide>

# TIPS & TIDBITS

The American Health Care Association (AHCA) course on building trust with staff in long-term care facilities suggests using logic in the face of misinformation.

- Distinguish between misinformation (false or inaccurate information) and disinformation (false information deliberately intended to mislead)
- Do not blame/shame individuals whose beliefs and attitudes are shaped by misinformation or disinformation
- Listen compassionately and acknowledge concerns without repeating misinformation
- Assess an individual's willingness to receive information from verified, trusted sources
- Identify and share messages that will resonate
- Appeal to staff's expertise and values, acknowledging their desire to make the best decisions for themselves and those they serve

## LEARN MORE

For more information about the project or to subscribe to this newsletter, visit our website, scan the QR code, or contact [movingneedles@paltc.org](mailto:movingneedles@paltc.org)

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