

# The Road Ahead:

## Critical Updates for Coordinating Care



**When people say the pandemic is over, they don't realize we're still seeing nearly 550 COVID-related deaths each day.** We will be dealing with RSV, flu, and COVID-19 every fall and winter from now on. We have fewer tools to battle COVID-19 than we did 12 months ago, yet we remain confident in our ability to identify the disease early to diagnose and treat residents and staff. Since many seniors do not develop significant symptoms when ill, we must proactively test during surges in our communities and push our policymakers to have a federal response that meets the needs of all Americans.

### KEY TAKEAWAYS

- Vaccines were designed to look like a natural infection. Since natural infection does not provide long-term protection against reinfection, **all** vaccination and booster protection wanes.
- Vaccines **do** protect against severe disease and hospitalization and reduce transmission rates.
- COVID-specific monoclonal antibody treatments, including EVUSHELD, are no longer effective against variants.
- PAXLOVID is still a viable treatment, but many people cannot use it because of underlying conditions—you need to flag this in the resident's medical chart.
- Long COVID can follow a very mild infection, and we do not know who is specifically at risk.
- Adults over 65 are at highest risk for severe respiratory disease from RSV, flu, and COVID-19. All three will have an effect on staff absenteeism.
- XBB.1.5 is the most transmissible variant to date and can infect others, even **outdoors**.
- Staff that are vaccinated and boosted, or even previously infected, can decrease their transmission to others by 50 percent for a period of time.

### WHO IS SPECIFICALLY AT RISK FOR COVID-19?

- Over the past three years, five percent of Americans over the age of 85 have died from COVID.
- Fatalities are higher in rural care communities. Simply looking at the number of COVID-19 cases in your area is no longer a reliable indicator—watch for the rise of hospitalizations instead. The rise in test positivity will reflect primarily individuals who were hospitalized.
- COVID-19 can increase the frequency of clotting disorders, leading to stroke, cardiovascular issues, and potential pulmonary embolism.
- Experts recommend individuals over 65 receive a COVID-19 booster every six months.
- Family members of residents should be aware their protection from infection also wanes. They may be asymptomatic and unwittingly carry COVID-19 into a senior care community.



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## COVID-19 DOESN'T CARE IF YOU'RE RED OR BLUE

- The majority of Americans have been vaccinated.
- The healthcare environment in which individuals **live**, rather than how they voted, is what most impacts the COVID-19 mortality rate.
- Who has died from COVID-19 has much to do with individuals' access to healthcare. Public health officials have known that rural Americans have been dying at a higher rate for almost 15 years.



## POLICYMAKERS NEED TO KNOW

- RSV, flu, and COVID-19 symptoms are identical—the Food and Drug Administration needs to make combination antigen tests readily available because treatments are different and specific. We need tools to diagnose residents within five to ten minutes, not days.
- Our long-term care communities need better air quality and technology to inactivate pathogens in real time on surfaces and in the air.
- Our focus needs to be on creating long-acting monoclonal antibodies that will protect those who cannot develop an effective immune response to COVID-19 despite being boosted.
- The federal government must work on more durable vaccines that can last longer and produce herd immunity, similar to our current measles, mumps, and rubella vaccines.
- Our country must stop ignoring Long COVID. We already have four million Americans on disability.

For additional questions, please direct inquiries to [seniorlivingadvocacy@directsupply.com](mailto:seniorlivingadvocacy@directsupply.com)

## YOUR STORY MATTERS

Senior care communities are forced to address continuous COVID surges and the resulting resident care. It's important that everyone—from politicians to family members—understand that you are at ground zero, caring for the Americans most at risk for severe COVID and death. We must push the federal government to give senior care communities more tools, not punitive actions against our nation's careforce.

**Tell Our Stories** seeks to humanize the lack of funding and heavy regulatory burden on senior care providers by capturing images and stories of the individuals directly affected by these policies. From frontline workers, nurses, and facility managers to residents and families, we want to hear about your story at senior care communities across the United States.

## Help us save senior care by sharing your story!

You can submit stories directly at [tellourstories.com/tell-your-story/](https://tellourstories.com/tell-your-story/) or by using #SeniorVoices when posting stories on **Facebook** (@TellOurStoriesAdvocacy) or **Twitter** (@TOSSeniorCare).

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