

Frequently Asked Questions Among LTC Providers



Can I co-administer the vaccines together at the same time?

Yes, co-administration of all three vaccines is permitted. If you co-administer, the Centers for Disease Control and Prevention (CDC) recommends administering at different locations (or at least 1 inch away from the other vaccine).

When is the optimal time to administer the vaccines?

Optimally before the winter respiratory virus season. Influenza and COVID-19 vaccines both tend to wane after four to six months, so administering in October is optimal. The RSV (Respiratory Syncytial Virus) vaccine has longer effect, so administering anytime starting in September forward is optimal.

How long do the vaccines work?

All vaccines take about 14 days to generate antibody levels if your body has not been vaccinated or exposed to the virus previously. They generate antibodies quicker if you have been vaccinated before. The antibody levels remain elevated for four to six months and can remain effective longer unless the virus develops a new variant. Since all these respiratory viruses continually develop new variants, new vaccines are commonly required such as the annual influenza vaccine. Because the flu and COVID-19 vaccine last for four to six months, its recommended to receive in October. The RSV vaccine lasts longer and why its recommended in September.

Are there any contraindications to receiving the vaccines?

Allergies to any of the components of the vaccine (check the package insert) are contraindications to the vaccine. If you have concerns about other potential risks, we recommend you check with your physician and/or read the package insert for the vaccine.

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Are any of the vaccines required for staff?

There are no federal requirements that staff receive these vaccines. Some states may have regulations about health care workers (HCW) receiving these vaccines. For example, some states require either the influenza vaccine or that the HCW uses a source control mask when around patients during high activity of influenza in the community. You need to check with your state health department about any state specific requirements for vaccination. Also, some employers may require the vaccine for employment.

Are any of the vaccines requires for residents?

No, but they are recommended for older adults, those with chronic conditions, and those who reside in congregate living situations such as a nursing home or assisted living community are at the highest risk of serious illness, hospitalization, or death from these viruses.

If someone got the vaccine in the past, do they need another?

Yes, since people's immunity will decline over time, the frequency of another vaccine varies. The CDC website on [immunization schedules](#) is a good place to check.

How do I bill the Centers for Medicare & Medicaid Services (CMS)?

For the four vaccines (RSV, influenza, pneumococcal and COVID), Long Term Care (LTC) facilities can bill Medicare. Please refer to our [Medicare Billing Guidance fact sheet](#) for more information.

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What is the difference between the COVID-19 bivalent booster and the new COVID-19 vaccine?

The new COVID-19 vaccine this fall will likely replace the bivalent booster as it targets one of the newer strains. This is similar to the annual flu vaccine that targets either three (trivalent) or four (quadrivalent) different influenza strains.

What do I need to know about testing?

If you, your staff, or your residents develop symptoms, you should test for flu and COVID-19 since there are anti-viral treatments recommended. Antiviral treatments for flu and COVID-19 work to further reduce the risk of serious illness, hospitalization or death from the viruses but only work if started shortly after symptoms develop (usually about 5 days). Testing for RSV is not necessary since there are no antiviral treatments for RSV.