



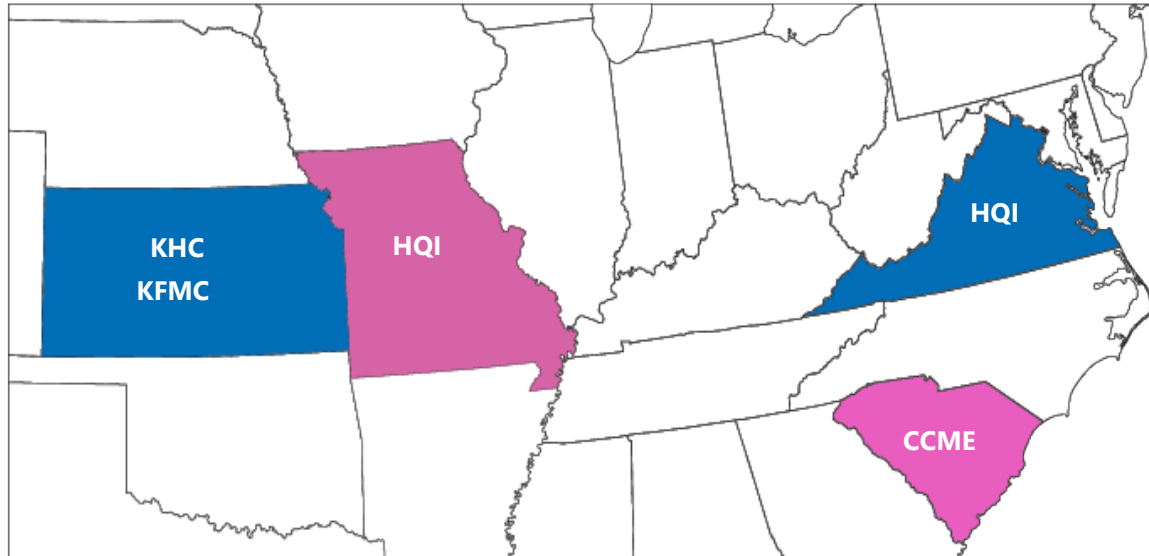
Health Quality Innovation Network

Weekly Dose Office Hours

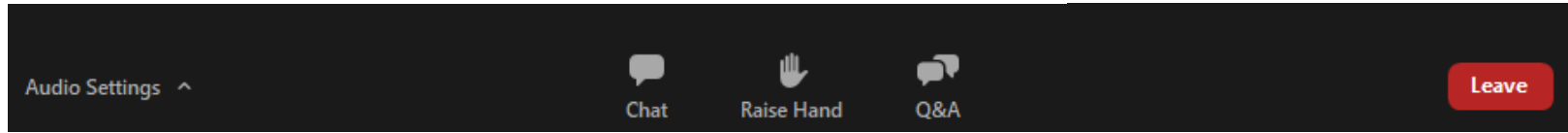
COVID-19 Booster Vaccines: Using Data and Science to Guide Messaging

April 13, 2022

Health Quality Innovation Network



Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

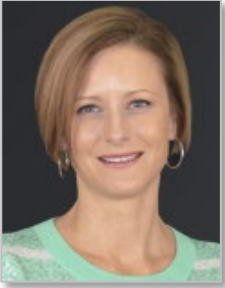
Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

Your Team



Allison Spangler,
**BSN, RN, RAC-
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Improvement
Advisor



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Laura Finch,
MS, GNP, RN
HQIN Consultant

Guest Speakers



**Mitch Kennedy,
Administrator,
Mountain View
Regional Medical
Center SNF**



**Rhandi Harris,
Director of
Nursing,
Mountain View
Regional Medical
Center SNF**

***Steven Jones ,
Administrator,
Rocky Mountain
Health and Rehab**

Goals for Weekly Vaccine and Booster Education:

- Improving booster uptake
- Current knowledge updates
- A forum for vaccine and booster questions
- Interactive, peer-to-peer collaboration
- A “safe space” to talk
- Best practices and innovative idea sharing
- Tips for improving resident and staff safety



The content presented in this webinar is based on COVID-19 information and guidance as of the date of this session.

Current Knowledge Update

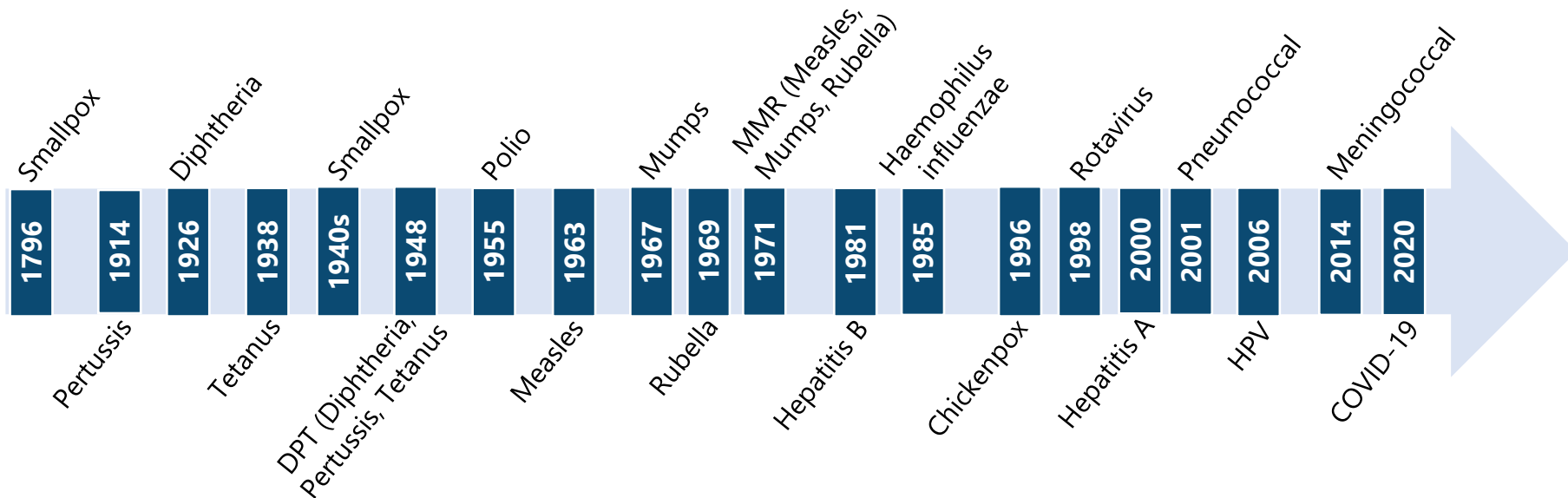
Learning Objectives

1. Utilize infection preventionists and other respected staff to promote vaccines, including COVID-19 boosters.
2. Obtain information about the historical impact of vaccines to foster awareness about vaccine safety.
3. Gain knowledge about the safety and efficacy of COVID vaccine boosters.
4. Receive slides that can be used in a town hall or family council meeting.



***Slides 8-12 are intended for use in various forums to promote booster vaccines!**

A Timeline of Vaccines to Defeat Diseases



Share this information with your team

Vaccines (of All Types) at Work



198 million
lives saved in
the U.S.

4.5 billion lives
saved globally

Share this
information
with your
team

S. J. Olshansky, L. Hayflick. The Role of the WI-38 Cell Strain in Saving Lives and Reducing Morbidity[J]. AIMS Public Health, 2017, 4(2): 127-138. doi: 10.3934/publichealth.2017.2.127



13 Diseases You Almost Forgot About Thanks to Vaccines!



Chickenpox (Varicella)	The varicella vaccine results in 92% fewer cases every year.
Diphtheria	Historically there were 200,000 cases a year. Thanks to the vaccine, that number has dropped by 99.9%.
Haemophilus Influenza Type B (Hib)	Hib disease is now uncommon. It occurs primarily in the under-immunized and those too young to have completed the primary vaccination series.
Hepatitis A	Since the hepatitis A vaccine was first recommended in 1996, cases of hepatitis A in the United States declined dramatically.
Influenza (Seasonal Flu)	A recent study showed that among adults, flu vaccination was associated with a 26% lower risk of ICU admission and a 31% lower risk of death from flu compared with those who were unvaccinated.
Measles	Very few people who get 2 doses of the measles vaccine will get measles if exposed to the virus.
Mumps	Mumps cases in the US declined by 99% after the introduction of the vaccine.
Pneumococcal Disease	Invasive pneumococcal disease in adults decreased by 50%.
Polio	The United States has been polio-free for more than 30 years.
Rotavirus	40-50,000 hospitalizations each year are prevented by the rotavirus vaccine.
Rubella	The 1964-65 epidemic infected 12.5 million people. Today less than 10 cases are reported each year.
Tetanus	Reported cases have declined more than 95% and deaths have declined by 99%.
Pertussis (Whooping Cough)	Deaths decreased from 8,000 each year to fewer than 20.

A Work in Progress

Total Vaccine Doses		At Least One Dose	Fully Vaccinated	First Booster Dose	First Booster Eligibility***
Delivered	711,815,445	Fully Vaccinated* People with a First Booster Dose**		Count	Percent of Fully Vaccinated*
Administered	565,598,011	Total		98,721,597	45.2%
<div style="text-align: center; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> 218.4M People fully vaccinated </div> <div style="text-align: center; border: 1px solid black; padding: 5px;"> 98.7M People received a first booster dose** </div>		Population ≥ 12 Years of Age		98,695,788	46.9%
		Population ≥ 18 Years of Age		95,160,459	48.7%
		Population ≥ 65 Years of Age		33,202,073	67.8%

CDC | Data as of April 10, 2022

Share this information with your team

[CDC COVID Data Tracker](#)

COVID-19 Vaccines

	Pfizer-BioNTech	Moderna	Janssen	
Preferential recommendation	mRNA COVID-19 vaccines (Pfizer-BioNTech and Moderna) are preferred over Janssen COVID-19 Vaccine for the primary series and booster doses.			
Age groups	5 through 11 years of age	12 years of age and older	18 years of age and older	
Vaccine type	mRNA	mRNA	Replication-incompetent adenovirus type 26 vector	
Dose	10 µg (orange cap)	<ul style="list-style-type: none"> • 30 µg (purple cap) • 30 µg (gray cap) 	<ul style="list-style-type: none"> • 100 µg (primary series and additional primary dose) • 50 µg (booster dose) 	5x10 ¹⁰ viral particles
Dosage (volume)	0.2 mL	0.3 mL	0.5 mL	
Primary series doses	2	2	2	
Additional doses for moderately or severely immunocompromised persons	1	1	1	
Booster doses	n/a	1	1	
COVID-19 vaccination schedule	COVID-19 Vaccine Interim COVID-19 Immunization Schedule for Ages 5 Years and Older (cdc.gov) https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-5yrs-older.pdf			

All currently authorized or approved COVID-19 vaccines

Pre-vaccination counseling	<ul style="list-style-type: none"> ■ Prior to vaccination: ■ Provide the vaccine-specific Fact Sheet for Recipients and Caregivers Pfizer-BioNTech (https://www.fda.gov/media/144413/download), Moderna (https://www.fda.gov/media/144637/download), Janssen (https://www.fda.gov/media/146304/download). ■ Inform vaccine recipients mRNA vaccines are preferred over Janssen COVID-19 Vaccine. ■ Counsel COVID-19 vaccine recipients, parents, or guardians about expected reactions post-vaccination (e.g., pain and swelling at the injection site, fever, fatigue, headaches). ■ Inform persons receiving mRNA COVID-19 vaccines, especially males ages 12-39 years, of the rare risk of myocarditis and/or pericarditis following receipt of mRNA COVID-19 vaccines and the benefit of COVID-19 vaccination in reducing the risk of severe outcomes from COVID-19.* Counseling should also include the need to seek care if symptoms of myocarditis or pericarditis occur after vaccination, particularly in the week following vaccination. ■ Inform persons interested in or receiving Janssen COVID-19 Vaccine of the risk and symptoms of thrombosis with thrombocytopenia syndrome (TTS), as well as the need to seek immediate medical care should symptoms develop after receiving Janssen vaccine.
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*week (Moderna) interval between the first and second dose continues to be the recommended interval for people who are moderately or severely immunocompromised, persons ages 65 years and older, and others who are concerned about community transmission. The small risk of myocarditis associated with mRNA COVID-19 vaccines, particularly in males ages 12-39 years, might be reduced and peak antibody responses and vaccine th a longer interval; up to 8 weeks between doses.

Share this information with your team

Approved or Authorized Vaccines

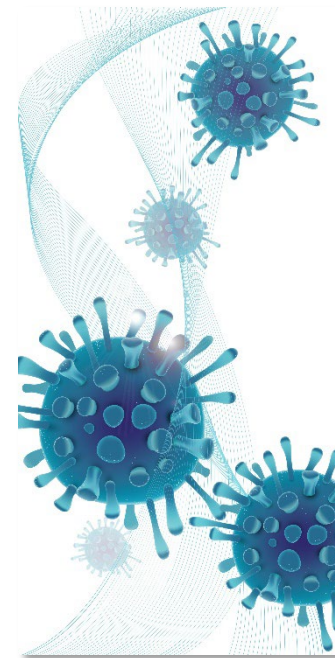
Three COVID-19 vaccines are authorized or approved for use in the United States to prevent COVID-19. **Pfizer-BioNTech** or **Moderna** (COVID-19 mRNA vaccines) are preferred. You may get Johnson & Johnson's **Janssen** COVID-19 vaccine in some situations.

How COVID-19 Booster Vaccines Work

Booster = Immune "Boost"

The primary vaccine series provided significant protection against SARS CoV-2 (COVID-19). The primary vaccine does not provide ultimate protection against the Omicron variant. Antibodies (proteins that fight infection) may be "overpowered" by Omicron.

The booster vaccine gives the body's antibody function the ability to recognize and fight the virus caused by the COVID-19 Omicron variant. This reduces the likelihood of hospitalization and death, *especially in the elderly and immunocompromised.*



Share this
information
with your
team

[Omicron's message on vaccines: Boosting begets breadth \(nih.gov\)](https://www.nih.gov/news-events/press-releases/stories/2022/04/22-04-01-omicron-vaccines)

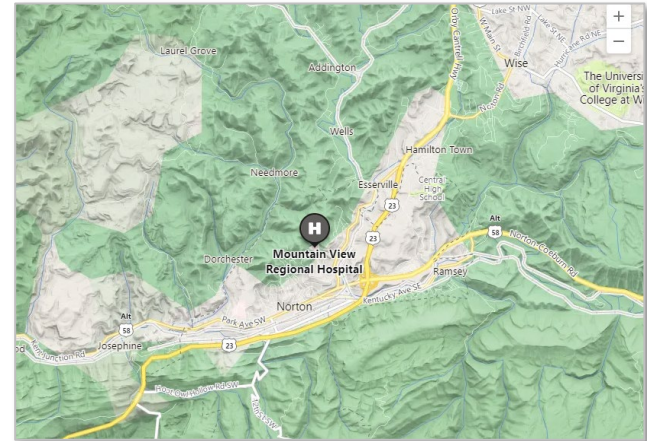
Mountain View Regional Medical Center SNF



44 Bed Facility (dually certified)

Administrator: Mitch Kennedy

DON: Rhandi Harris



Mountain View Regional Medical Center SNF

- **Vaccine and Booster Vaccine Education**
 - Email
 - Phone calls: Family Council conference call
 - DON available to meet with family/caregivers
 - Letters
 - Signs: Vaccine Wall
 - Resident admission screening
- **Best results**
 - Family Council conference call



Mountain View Regional Medical Center SNF

Overcoming obstacles R/T vaccine acceptance (residents/family members and/or caregivers) with mixed feelings R/T necessity

- Addressing resident acceptance: medical director 1:1
- Family Council conference call
- Vaccine status communication between DON and administrator



Mountain View Regional Medical Center SNF

Planning now and for the future is essential

- Written COVID-19 vaccine/booster plan in place
- Will continue family conference calls and emails



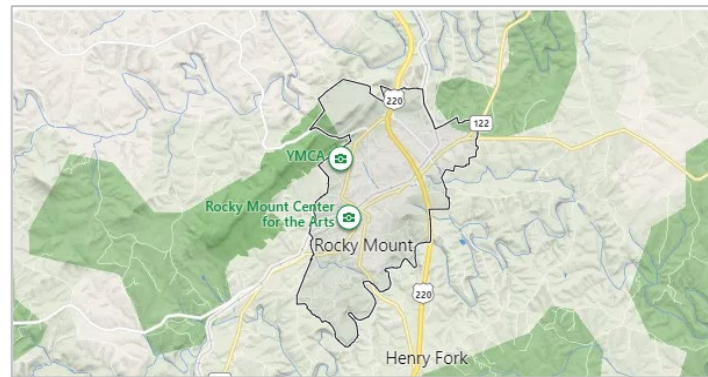
Rocky Mount Health and Rehab



156 Bed Facility

Census: 90

Administrator: Steven Jones



Rocky Mount Health and Rehab

- **Vaccine and Booster Vaccine Education**

- Email
- Phone calls
- Letters
- Social media
- Signs
- Flyers, brochures, etc.
- Education notebook

- **Best results**

- Phone call from administrator and face-to-face conversations



Rocky Mount Health and Rehab

Overcoming obstacles R/T vaccine acceptance (residents/family members and/or caregivers) with mixed feelings R/T rights/necessity and frustration with mandate

- Leading by example
- Resilient team
- Passionate about the work



Rocky Mount Health and Rehab

Planning now and for the future is essential

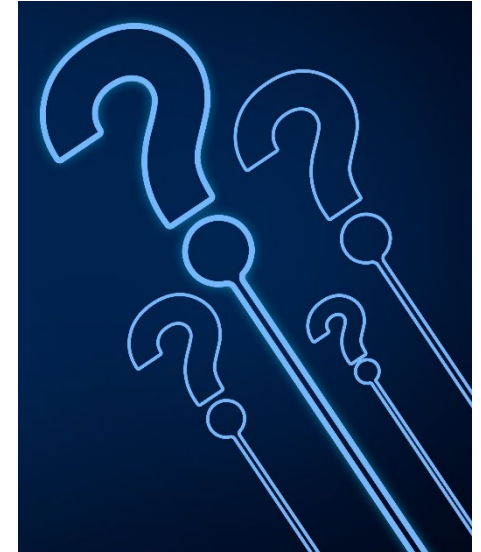
- Written COVID-19 vaccine/booster plan in place
- Will continue:
 - Checking guests in/out
 - Stepped-up cleaning regimens and use of adjuncts to cleaning (air scrubber)
 - Monitoring and quarantining of residents with symptoms of potentially infectious illness



Polling Question 1

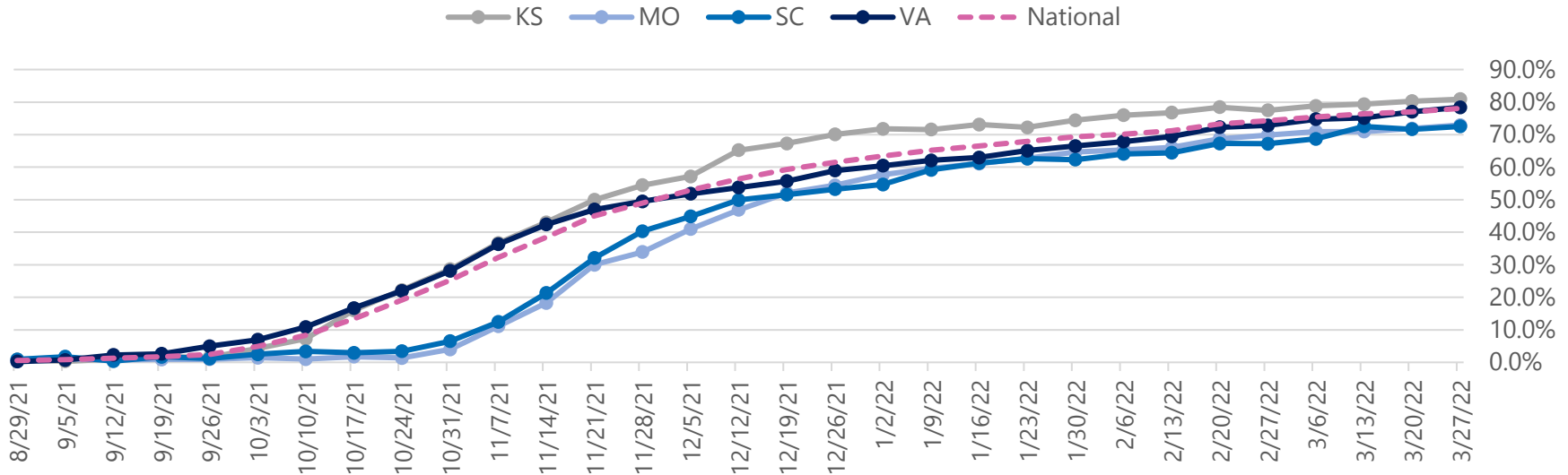
If a resident refuses the booster vaccine initially, is that refusal revisited to address education and concerns?

- A. Yes
- B. No



Updated Booster Rates

Weekly **Resident** Booster Vaccine Rates for **Statewide** Nursing Homes



Vaccination Booster Action Plan

Nursing Home COVID-19 Vaccination Booster Action Plan

Nursing Facility Name: Click to enter text.		CCN ID: Click to enter number.
Nursing Facility Address: Click to enter text.		
Primary Contact Name: Click to enter text. Email: Click to enter text.	Secondary Contact Name: Click to enter text. Email: Click to enter text.	
Primary NHSN User Name: Click to enter text. Email: Click to enter text.	Backup NHSN User Name: Click to enter text. Email: Click to enter text.	

Nursing Facility Action Plan Information

Date Action Plan Initiated: Click to enter a date.		Resident Census: Click to enter number.
RESIDENTS	# of Residents Who Have Received COVID-19 Booster as of (today's date): Click to enter number.	
	# of Residents Eligible for COVID-19 Booster as of (today's date): Click to enter number.	
	# Residents Received Booster divided by # Residents Eligible for Booster = (enter calculation) % Rate Click to enter number.	
Current # of Residents with Medical Contraindication: Click to enter number.		Religious Declination: Click to enter number.
STAFF	# of Staff Who Have Received COVID-19 Booster as of (today's date): Click to enter number.	
	# of Staff Eligible for COVID-19 Booster as of (today's date): Click to enter number.	
	# Staff Received Booster divided by # of Staff Eligible for Booster = (enter calculation) % Rate Click to enter number.	
Current # of Staff with Approved Vaccination Exemptions: Medical: Click to enter number.		Religious: Click to enter number.

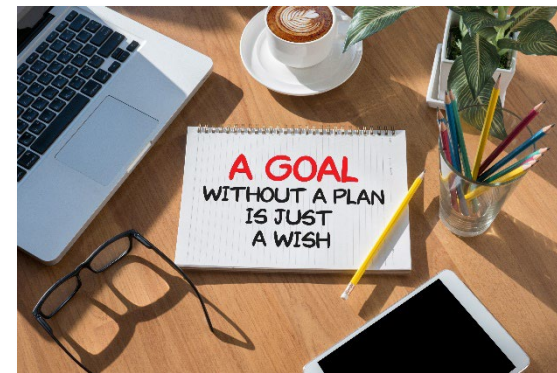
Facility COVID-19 Booster Goal

Facility will achieve 90% Resident Booster Rate by (enter date): [Click to enter date.](#)

Root Cause Analysis – check all that apply

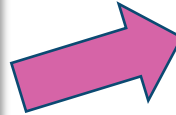
<input type="checkbox"/> Resident has medical beliefs for refusal	<input type="checkbox"/> Resident has religious beliefs for refusal
<input type="checkbox"/> Resident expresses fear of vaccination/booster	<input type="checkbox"/> NHSN reporting has been delayed or there was issue with accuracy
<input type="checkbox"/> Unable to obtain permission for administration of vaccination/booster from resident/resident representative	<input type="checkbox"/> Current staffing level impacts ability to have staff available to coordinate, order or administer vaccinations/boosters at this time
<input type="checkbox"/> Delay in scheduling/administering vaccination/booster Describe: Click to enter text.	
<input type="checkbox"/> Limited availability/access to booster vaccinations Describe: Click to enter text.	
<input type="checkbox"/> Inadequate/incomplete record keeping of resident/staff vaccination Describe: Click to enter text.	
<input type="checkbox"/> Other: Click to enter text.	

[Download Intervention Resources to Accomplish Actions \(press and hold the "Ctrl" button while clicking the link\)](#)



Identify the Action. Click on the Resource.

✓ When Complete	Action/Intervention
<input type="checkbox"/>	Accept resident's decision for exemption, and document in their care plan
<input type="checkbox"/>	While respecting resident's refusal, periodically review as part of the care plan process
<input type="checkbox"/>	Provide resident facts of benefit to vaccination/ booster in an understandable format [layman's language, large print, foreign language, etc.]
<input type="checkbox"/>	Facilitate face-to-face discussion with resident and attending physician on risks/benefits of vaccination/booster
<input type="checkbox"/>	Facilitate discussion with consultant pharmacist on risks/benefits of vaccination/booster to residents/staff
<input type="checkbox"/>	Collaborate with state and local health departments to identify additional resources for vaccines
<input type="checkbox"/>	Collaborate with local pharmacies and LTC pharmacies to promote access to vaccination/ booster



Updating Policies & Procedures

- [COVID-19 Vaccine Booster Shots | CDC](#)
- [Vaccine Recommendations and Guidelines | ACIP](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States | CDC](#) – Includes updated guidance for booster dose of COVID-19 vaccine following a primary vaccine series
- [Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States | CDC](#)

COVID-19 Vaccine & Booster Access

- [How Jurisdictions Can Ensure COVID-19 Vaccine Access for Staff and Residents in Long-term Care Settings | CDC](#)
- [How to Request a COVID-19 Vaccination Clinic On-Site or in a Retail Pharmacy Location | CDC](#)
- [Long-Term Care Contacts | Association of Immunization Managers](#)
- [Booster Clinics Pharmacy Partnerships | LeadingAge](#)
- [Vaccine Administration Process Guide | HQIN](#)

COVID-19 Vaccine & Booster Clinical Education

- [COVID-19 Vaccine Booster Shots | CDC](#)
- [COVID-19 Vaccines for Long-term Care Residents | CDC](#)
- [Considerations for COVID-19 Vaccination in Moderately or Severely Immunocompromised People | CDC](#)
- [Why Get Boosted? Poster | AMDA](#)

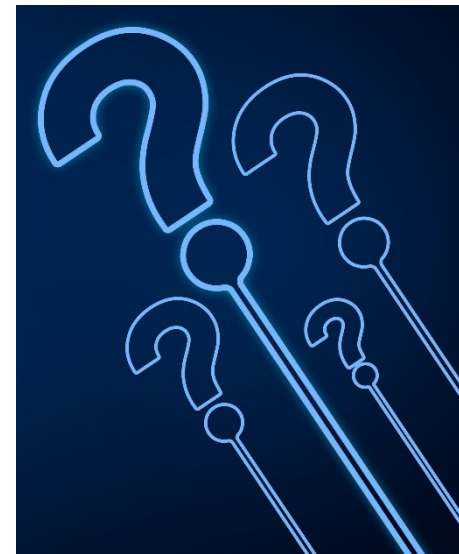
COVID-19 Vaccine & Booster Education for Staff to Discuss Boosters with Residents & Responsible Parties

- [Updated Toolkit: COVID-19 Booster Dose Messaging and Outreach Tools | Public Health Communications Collaborative](#)

Polling Question 2

Is the medical director involved
in booster vaccine conversations
with residents?

- A. Yes
- B. No



Checklist of Best Practices to Keep COVID-19 Out of Nursing Homes

This checklist supplements healthcare agency (Centers for Medicare & Medicaid Services, Centers for Disease Control and Prevention, etc.) guidelines to keep residents, staff and visitors safe in nursing homes.

Follow CDC/CMS Guidelines for Visitation

- Create and follow a written visitation plan based on CMS visitation guidance.
- Display culturally appropriate visitation signage at the facility's entrance explaining the guidance for visitation, including source control, based on CMS guidelines for COVID-19.
- Date all posted signage.
- Laminate signage for easier cleaning.
- Put hand hygiene products in convenient places throughout the facility, including entrances.
- Consistently screen staff and visitors at entrances.
- Give unmasked visitors a surgical or cloth mask.

Follow CDC/CMS Guidelines for Resident Placement & Transfers

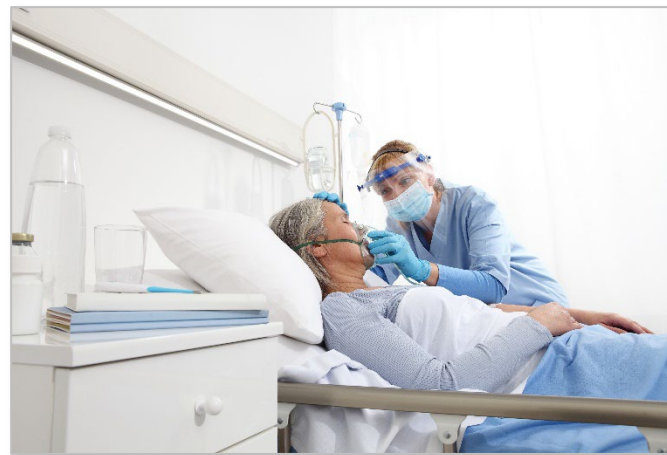
- Maintain a written cohorting plan for new admissions and for residents who have tested positive for COVID-19, who are suspected to have COVID-19, or who have been in close contact with someone that has COVID-19.
- Maintain a written staffing plan for the COVID-19 care unit and update the plan as needed. As a best practice, nursing home staff assigned to the COVID-19 care unit should not work on any other units during the same shift.
- Document and communicate residents suspected and confirmed COVID-19 and vaccination status when transferring or discharging from the nursing home to another healthcare provider.

Follow CDC/CMS Guidelines for COVID-19 Screening & Testing

- Test residents according to CMS guidelines.
- Test staff according to CMS guidelines.
- Document testing completion and the results of each resident and staff test.
- Keep screening records.
- Schedule and perform testing and screening quality assurance checks routinely.

Communicate Infections & Outbreaks

- Communicate information about infections and outbreaks according to CMS guidelines.
- Share information about infections and outbreaks to residents and their family members or caregivers through routine phone calls, routine emails, and information posted on the facility website where applicable.
- Display culturally appropriate signage about outbreak status at the facility's entrance.



[Checklist of Best Practices to Keep COVID-19 Out of Nursing Homes | HQIN](#)



Tool to Avoid COVID-19: Quarantine

Quarantine	No Need to Quarantine
Symptomatic residents, regardless of vaccination status	Exposed residents who are UP TO DATE on vaccination
Exposed residents, who are NOT UP TO DATE ON VACCINATION (even if the viral test is negative)	Exposed residents who have recovered from COVID-19 in the past 90 days
New admissions/re-admissions who are NOT UP TO DATE on vaccination (even if they had a negative test on admission)	New admissions/re-admissions who are UP TO DATE on vaccination
Residents who have left the facility for > 24 hours (regardless of reason) AND are NOT UP TO DATE on vaccination	Unexposed or asymptomatic residents
<ul style="list-style-type: none"> • UP TO DATE: Person has received ALL recommended COVID-19 vaccines, INCLUDING any booster doses • Quarantine can be removed after: <ul style="list-style-type: none"> – 10 days if they do not develop symptoms – 7 days if they do not develop symptoms AND a viral test is negative • Collect specimens to end quarantine 48 hours before planned end to quarantine • Count day of exposure as day 0 when determining length 	



VIRA, the COVID-19 Vaccine Chatbot Now in Español on WhatsApp!

VIRA is now available on WhatsApp at +1 410-401-0306 or via the link, bit.ly/VIRA-whatsapp or QR code below!



Use the chat feature on WhatsApp to find reliable info on the COVID-19 vaccines in both [English](#) and [Español](#)!

Scan Here



How to Use VIRA on WhatsApp:



- To access VIRA, scan the QR code above with your smartphone or enter the phone number above into the chat feature of WhatsApp.
- Once there, type "hello".
- VIRA will respond by asking what brought you in and providing a list of responses.
- Choose from the list and start asking your COVID-19 vaccine questions!

Have questions? VIRA has answers!

Weekly HQIN Resource

Think About It...

An annual flu shot is the best way to prevent influenza and protect yourself, family, and residents.

Why Take the Vaccine?

- Getting vaccinated will help keep you, your family, and your residents healthy and safe
- The flu can be a serious disease that can lead to

Getting the Flu and Pneumococcal Vaccines this Year is More Important Than Ever!

Why Take the Vaccine?

- By getting vaccinated, you will protect yourself, loved ones, and your community from flu and pneumonia
- They can keep you from getting sick with the flu and pneumonia
- They are important preventive tools for people with chronic health conditions
- They will help reduce the severity of illness if you still get sick with the flu or pneumonia


The Facts

- Flu and pneumonia vaccines cannot cause you to get sick with the flu and pneumonia
- Flu and pneumonia vaccines will not make you more susceptible to COVID-19 or other respiratory infections
- You need to get the flu vaccine EVERY year
- It takes up to two weeks to build up your immunity to protect you from the flu
- As long as the flu is circulating it is not too late to get the flu vaccine
- You can receive both the flu and pneumonia vaccine at the same time
- If you just received the flu or pneumonia vaccine, you do not have to wait 14 days to receive the COVID-19 vaccine and vice versa. Talk with your doctor
- All adults age 65 years or older should get the pneumococcal polysaccharide vaccine (PPSV23)
 - First, you should receive the pneumococcal conjugate vaccine (PCV13)

[Simple Strategies for Encouraging Staff to Receive the Influenza Vaccine | HQIN](#)

[Simple Strategies for Resident Flu and Pneumococcal Vaccines | HQIN](#)

Did YOU Get Your Weekly Dose?




The *Weekly Dose* is a brief bulletin that provides you with the latest guidance and information to support vaccine uptake. As your Medicare Quality Innovation Network – Quality Improvement Organization (QIN-QIO), our team of nursing home experts at the [Health Quality Innovation Network \(HQIN\)](#) is dedicated to helping you increase your vaccination rates. Please [contact us](#) with questions.

OFFICE HOURS: COVID-19 Booster Vaccines: Using Data and Science to Guide Messaging | Wednesday, April 13 at 1:00 p.m. CT/2:00 p.m. ET

In this session, HQIN infection preventionists and other experts will present education and data ideal for sharing in nursing home team meetings. Additionally, guest speakers will share best practices for improving vaccine acceptance.

Want to submit questions in advance of this session? Email LTC@hqj.solutions.

NOTE: The registration link will allow you to sign up for the next Office Hours as well as upcoming sessions.



[Register Now!](#)

The Centers for Disease Control and Prevention (CDC) has provided options for long-term care administrators and managers to consider when [coordinating access to COVID-19 vaccines](#) for residents and staff.

Learn about the state and local immunization programs available in your area that can assist you with vaccine administration in the community or on-site.

[Visit CDC's COVID-19 Access in LTC Setting Webpage](#)

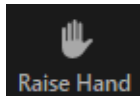
Weekly Dose Office Hours: Communication Bites for Staff

Weekly text or email messaging:

A COVID-19 booster will make you "up to date" and keep you and your loved ones safer.



Questions? Comments? Share What is Working or What is Difficult for Your Team!



Raise your hand to verbally ask a question



Type a question by clicking the **Q&A** icon

*Don't hesitate to ask a question after the webinar is over.
Email LTC@hqi.solutions or your HQIN Quality Improvement Advisor.*

Building On Your Resources

HQIN Resources

- [Nursing Home COVID-19 Vaccination Booster Action Plan and Resources](#)
- [Vaccine Administration Process Guide](#)
- [COVID-19 Vaccination & Booster Tracking Tool](#)
- [COVID-19 Vaccine Educational Resources for Long Term Care Facilities](#)
- [Simple Strategies for Encouraging Staff to Receive the Influenza Vaccine](#)
- [COVID-19: Best Practices for Patient Communication](#)
- [Staff Mental Health Wellbeing Action Plan Template](#)
- [Simple Strategies – Staff Mental Health](#)
- [Staff Mental Health and Wellbeing Resources](#)
- [Pause for Prevention Module 8: Caring for Yourself During an Infectious Disease Outbreak or Pandemic](#)
- [COVID-19: Best Practices for Patient Communication Fishbone Diagram \(hqin.org\)](#)



Additional Resources

- [V-safe Poster](#)
- [COVID-19 Vaccine Booster Shots](#)
- [Booster Clinics Pharmacy Partnerships](#)
- [ACIP Vaccine Recommendations and Guidelines](#)
- [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States](#)
- [Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States](#)
- [Vaccinations and Older Adults | National Institute on Aging \(nih.gov\)](#)
- [Well-Being Concepts | HRQOL | CDC](#)
- [qapiataglace.pdf \(cms.gov\)](#)
- [COVID-19 Booster Vaccines: Using Data and Science to Guide Messaging Slides and Bulletin Board Bundle | HQIN](#)



Next Session:

**Including COVID-19
Vaccination/Boosters in Your
Discharge Planning Process**

**Wednesday, April 20
2:00 p.m. EST | 1:00 p.m. CST**



FOR MORE INFORMATION

Call 877.731.4746 or visit www.hqin.org

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From HQIN:

To all essential care giving teams
supporting residents and families,

Thank you for attending