COVID-19 Series for Free & Charitable Clinics

January 13, 2022

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AT THE FOREFRONT UChicago Medicine

Vaccinate with Confidence

A National Strategy to Reinforce Confidence in COVID-19 Vaccines

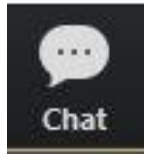
CDC's Strategy: **Empower Healthcare Personnel**: Promote confidence among healthcare personnel in their decisions to get vaccinated and recommend the vaccination to their patients.

Project Goal: Build and reinforce COVID-19 vaccine confidence among healthcare personnel in the safety net sector and, in turn, the patients they serve.

Partnerships: **The National Association of Free and Charitable Clinics** and **15 State Associations** and Federally Qualified Health Centers (FQHCs) in Puerto Rico and the U.S. Virgin Islands.

How: Provide tailored COVID-19 vaccine information to the free and charitable clinic sector through various channels and **give the FCC sector a direct line of communication to CDC**.

Reminders:

- Please use your first name and clinic name when you join the session
- Use the “chat” feature to ask questions 

- Please remember to mute your microphone 

- If you can’t connect audio via computer or you lose computer audio at anytime, you can call in to session at **(408) 638-0968, Meeting ID 932-6566-2201##**
- This activity has been approved for AMA PRA Category 1 Credit™ & Nursing CEUs

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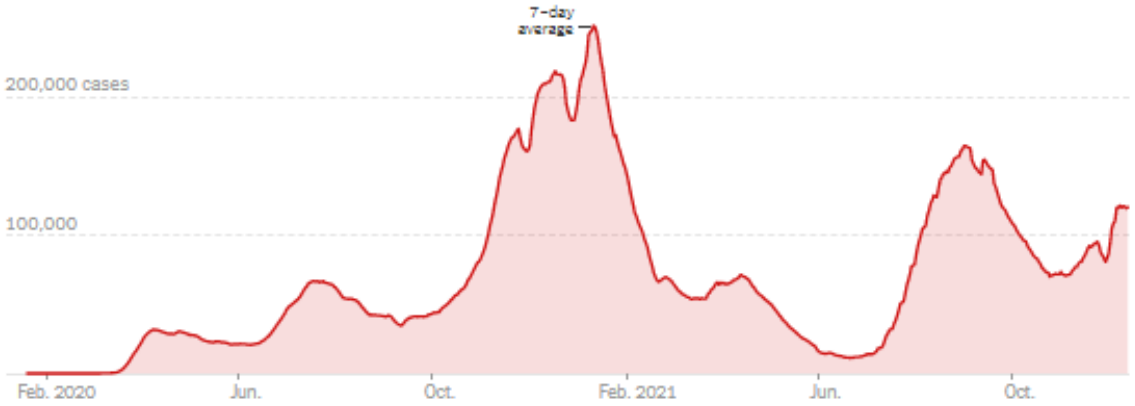
Disclosures

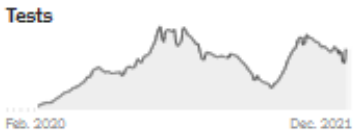
- We have no relevant financial interests to disclose.

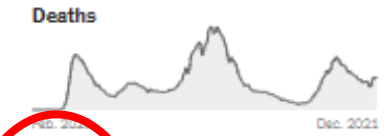
Coronavirus in the U.S.: Latest Map and Case Count

New reported cases

All time | Last 90 days

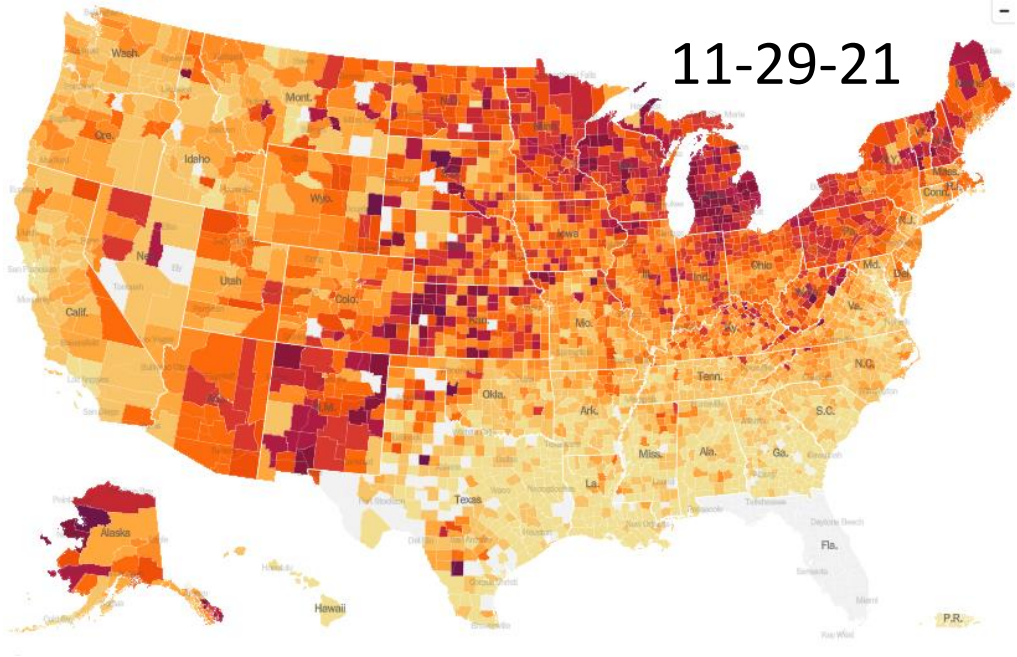


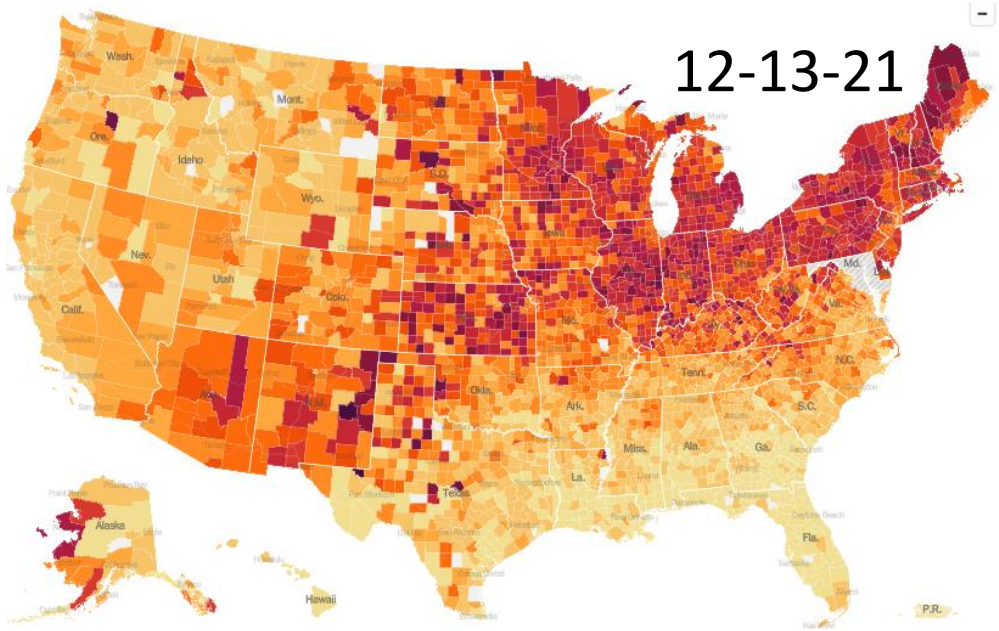




	DAILY AVG. ON DEC. 13	14-DAY CHANGE	TOTAL REPORTED
Cases	120,056	+49%	50,083,493
Tests	1,388,061	+2%	—
Hospitalized	66,395	+22%	—
Deaths	1,276	+40%	797,208

About this data





https://www.nytimes.com/interactive/2021/us/coronavirus-us-cases.html

Coronavirus in the U.S.: Latest Map and Case Count

New reported cases

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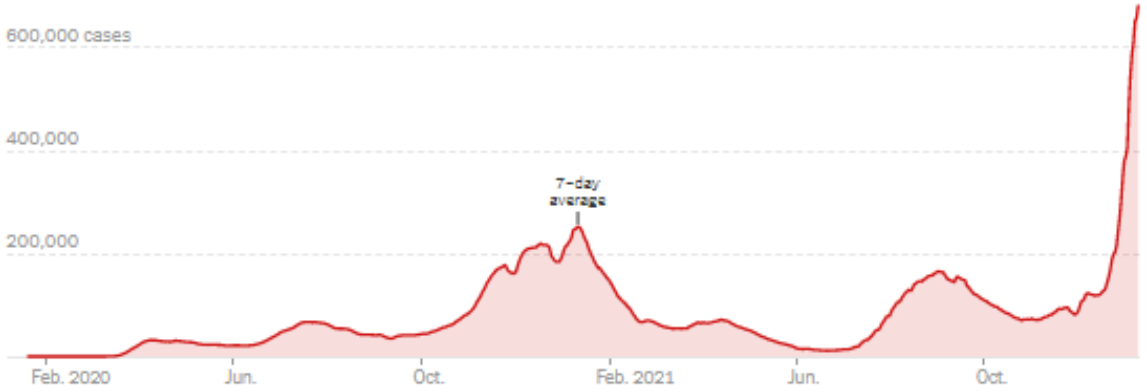
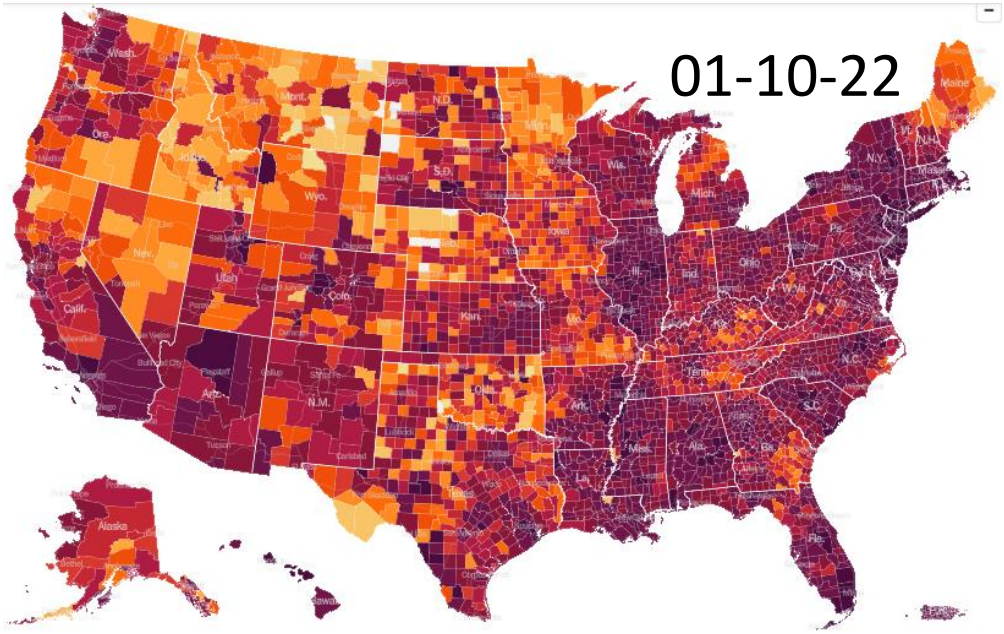
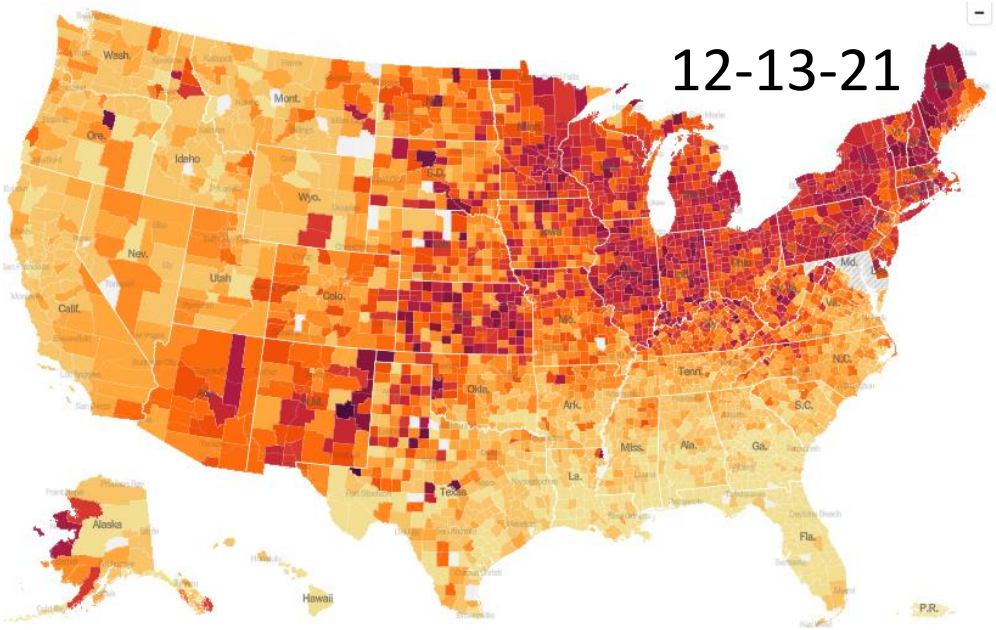


	DAILY AVG. ON JAN. 9	14-DAY CHANGE	TOTAL REPORTED
Cases	678,271	+216%	60,712,110
Tests	1,992,421	+32%	—
Hospitalized	132,086	+83%	—
Deaths	1,562	+17%	836,915

About this data





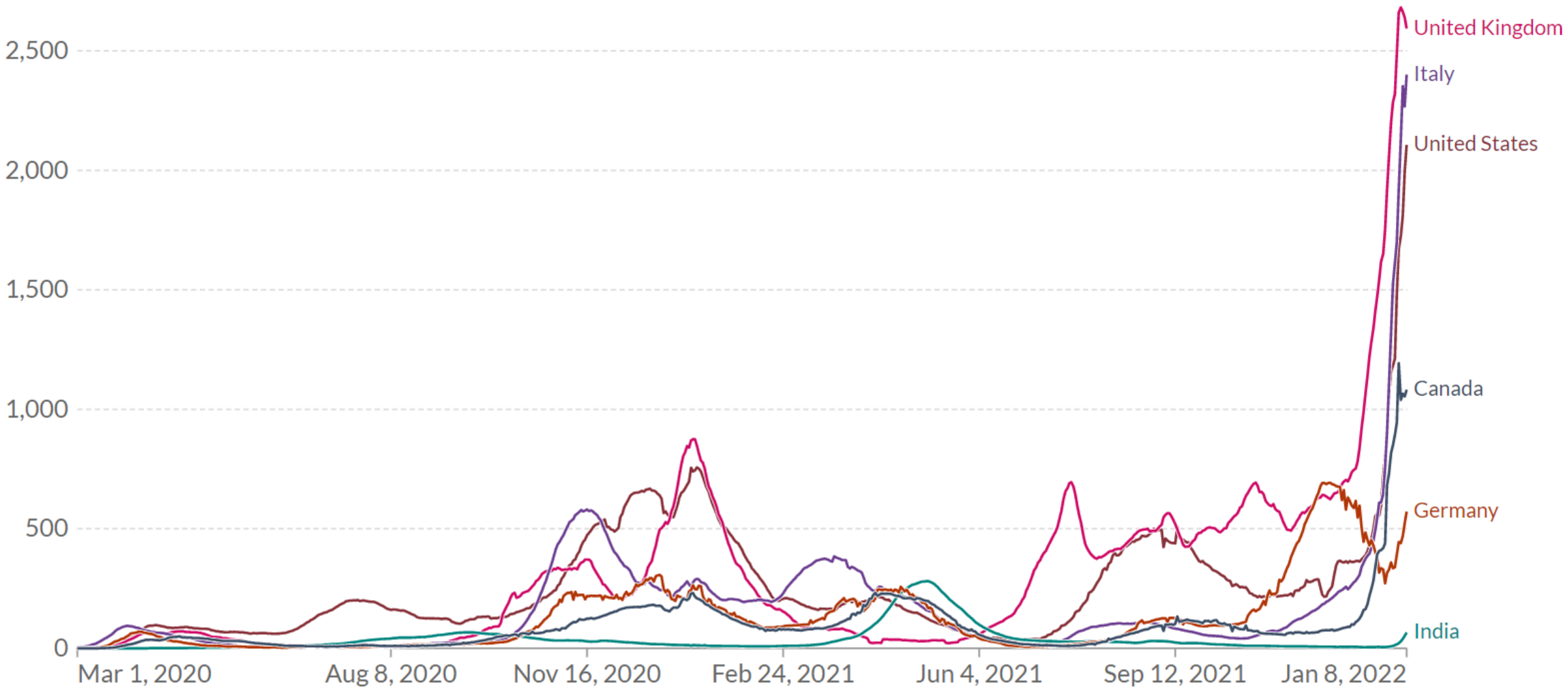
https://www.nytimes.com/interactive/2021/us/coronavirus-us-cases.html

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

Our World in Data

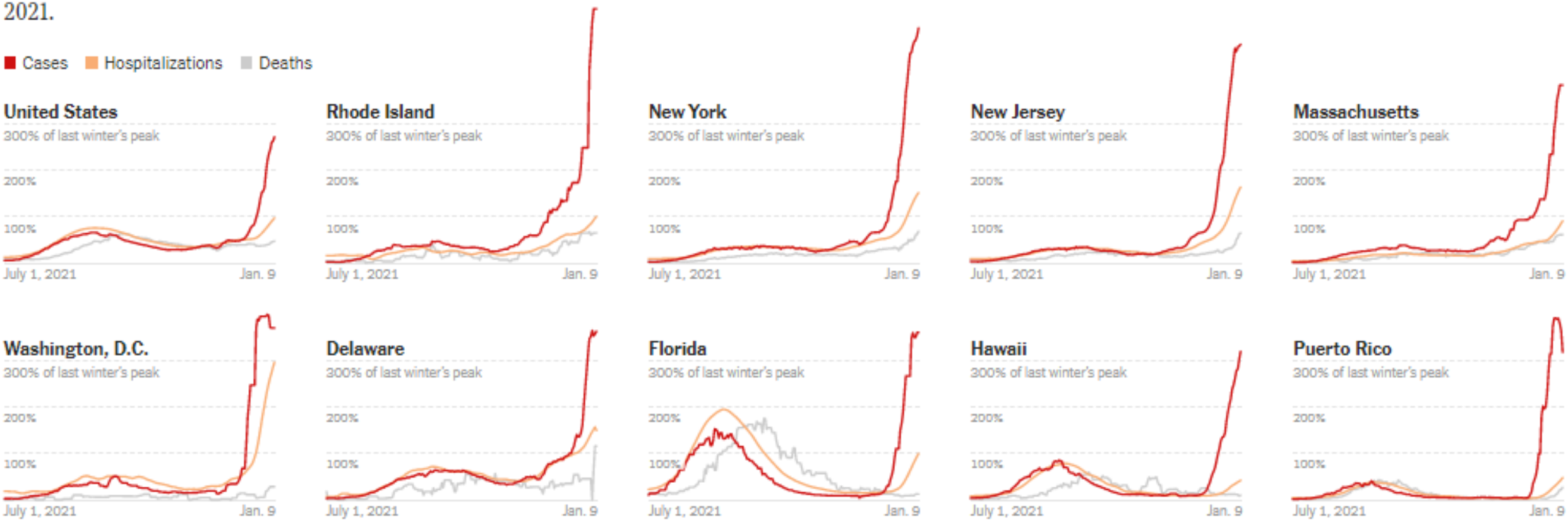
LINEAR LOG



Source: Johns Hopkins University CSSE COVID-19 Data

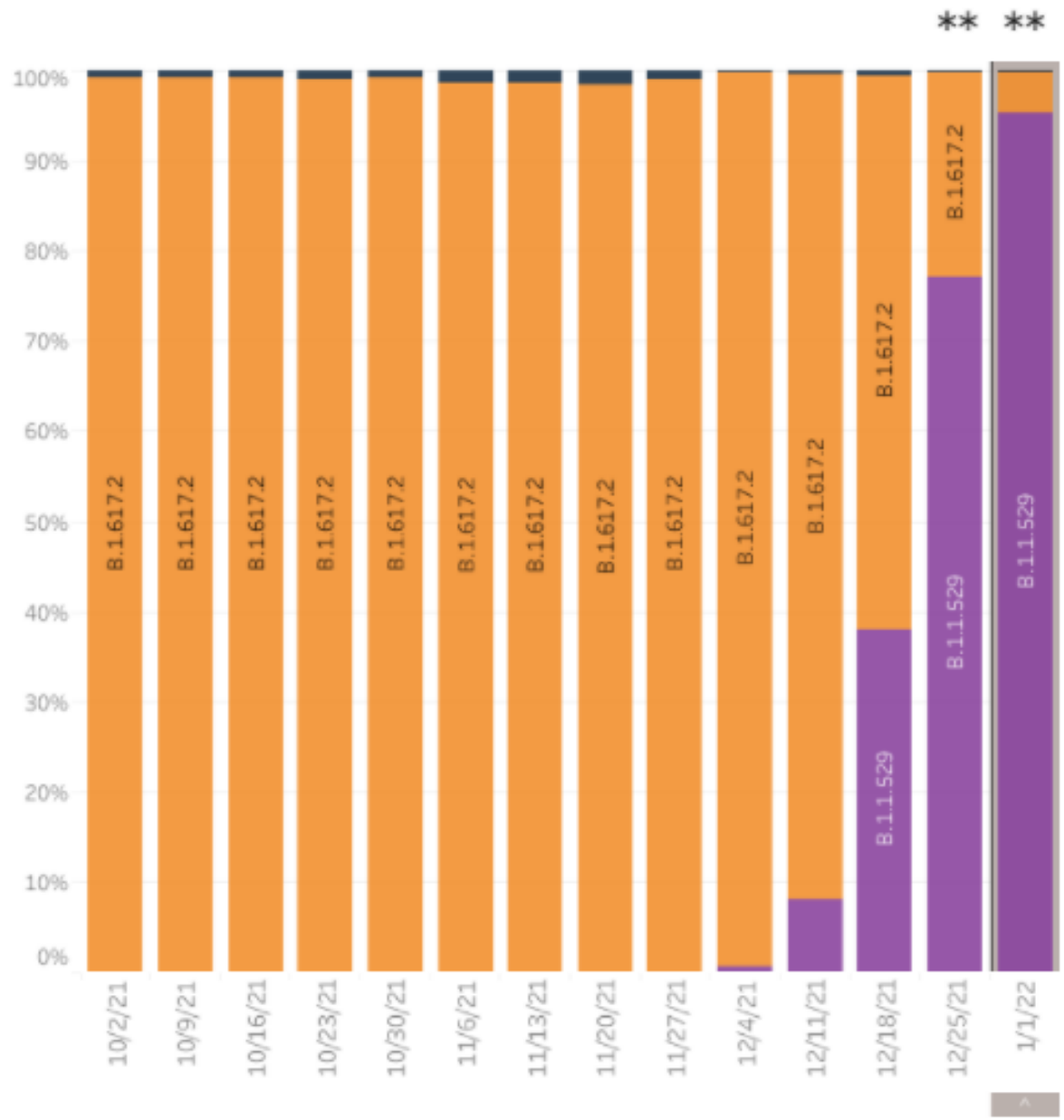
How cases, hospitalizations and deaths are trending

Each chart shows how these three metrics compare to the corresponding peak level reached nationwide last winter. For example, a state's case line exceeds 100 percent on the chart when its number of cases per capita exceeds the highest number of U.S. cases per capita reached in January 2021.



https://www.nytimes.com/interactive/2021/us/coronavirus-us-cases.html

United States: 9/26/2021 – 1/1/2022



United States: 12/26/2021 – 1/1/2022 NOWCAST

USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	95.4%	92.9-97.0%
Delta	B.1.617.2	VOC	4.6%	2.9-7.0%
Other	Other*		0.0%	0.0-0.1%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

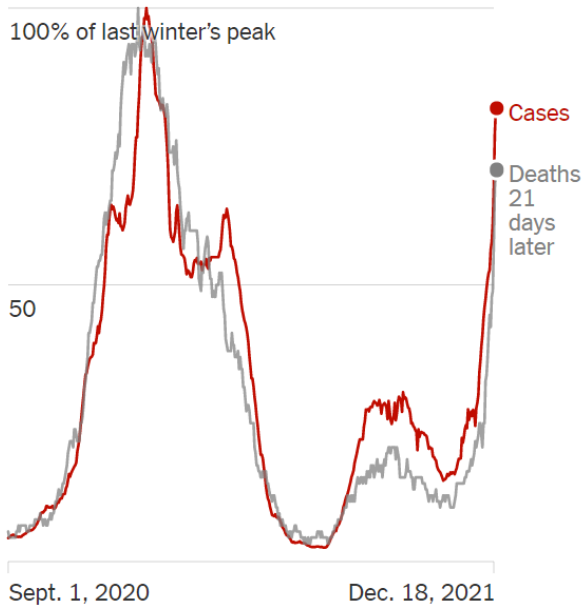
AY.1-AY.127 and their sublineages are aggregated with B.1.617.2. BA.1, BA.2 and BA.3 are aggregated with B.1.1.529.

In cities hit early by Omicron, Covid deaths have begun to spike

Death trends, which tend to follow case trends by about three weeks, are sharply up in these three cities. Increasing death rates, however, are not approaching last winter's peaks quite as fast as increasing case rates.

New York City

Covid-19 cases and deaths

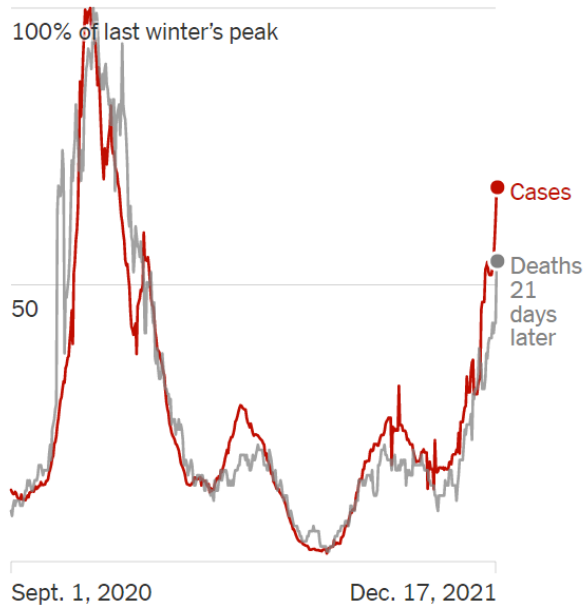


Boston

Covid-19 cases and deaths

Chicago

Covid-19 cases and deaths

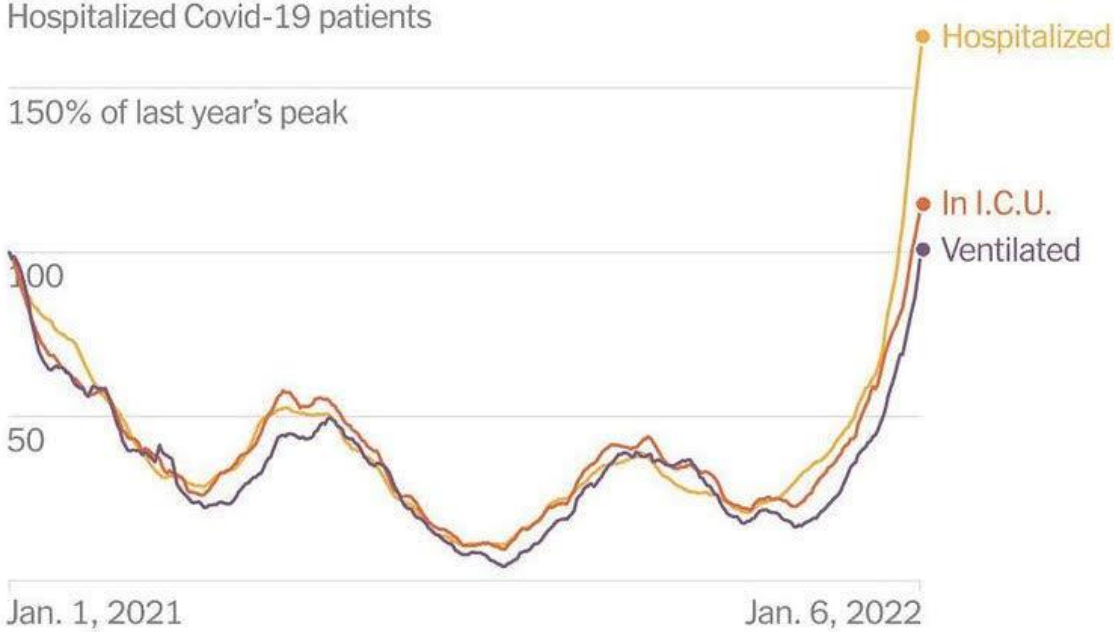


Source: New York Times database of reports from state and local health agencies. • Note: Case and death curves show seven-day averages and are scaled to the highest number for each metropolitan area from Sept. 1, 2020, to Dec. 1, 2021.

Chicago Hospitals Are Seeing More Covid-19 Patients Than at Any Time Last Year

Chicago

Hospitalized Covid-19 patients

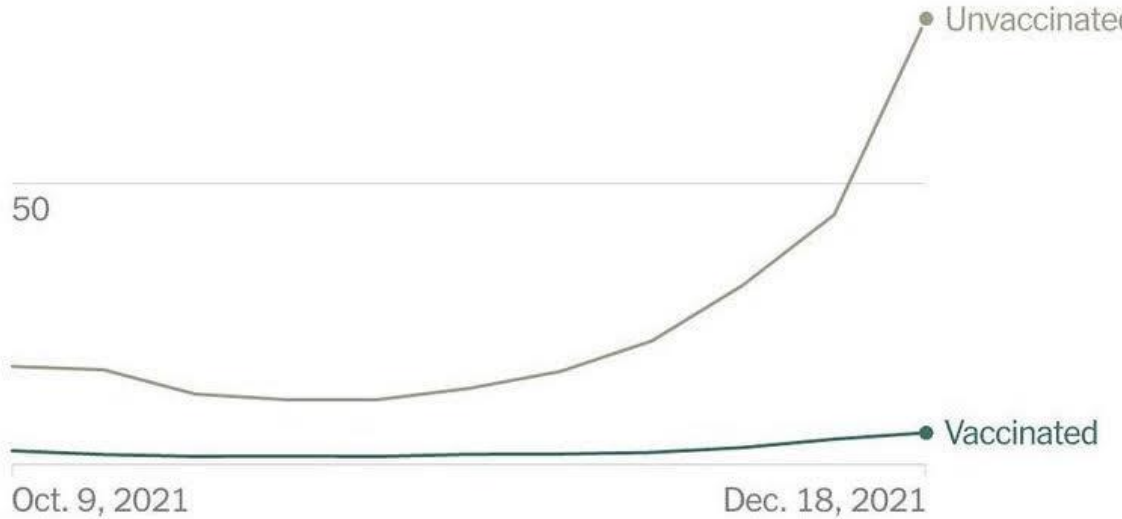


Note: Shows seven-day averages.
Source: Chicago Department of Public Health

Vaccination Gap in Hospitalizations Has Widened During New York City's Omicron Surge

New York City

100 Covid-19 hospitalizations per 100,000 people



Note: Data is age adjusted. Recent data may be incomplete.
Source: New York City Department of Health and Mental Hygiene

Total Vaccine Doses

Delivered	639,652,445
Administered	520,166,098

Learn more about the distribution of vaccines.

At Least One Dose | Fully Vaccinated | Booster Doses***

Vaccinated People	Count	Percent of US Population
Total	247,051,363	74.4%

Total Vaccine Doses

Delivered	639,652,445
Administered	520,166,098

Learn more about the distribution of vaccines.

207.8M
People fully vaccinated

75.8M
People received a booster dose**

At Least One Dose | Fully Vaccinated | Booster Doses***

Fully Vaccinated* People with a Booster Dose**	Count	Percent of Fully Vaccinated*
Total	75,816,800	36.5%
Population ≥ 18 Years of Age	74,931,903	39.6%
Population ≥ 50 Years of Age	50,413,194	51.3%
Population ≥ 65 Years of Age	29,126,682	60.5%

Recent Vaccine Updates

- The Centers for Disease Control and Prevention recommended on 1/4/22 that Americans who received two doses of the Pfizer-BioNTech coronavirus vaccine seek a booster shot five months after the second shot, and not wait six months, as earlier guidance had said.
- The agency also recommended that some immunocompromised children ages 5 to 11 receive an additional primary vaccine shot 28 days after the second shot, matching the guidance for similar people 12 and older. Pfizer's vaccine is the only one authorized for pediatric use in the United States.
- The F.D.A. and CDC also cleared 12 to 15-year-olds to receive boosters of the Pfizer-BioNTech vaccine on 1/6/22.

IF YOU RECEIVED	Who should get a booster:	When to get a booster:	Which booster can you get:
Pfizer-BioNTech	• Everyone 12 years and older	• At least 5 months after completing your primary COVID-19 vaccination series	• Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations • Teens 12–17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster
Moderna	• Adults 18 years and older	• At least 5 months after completing your primary COVID-19 vaccination series	• Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations
Johnson & Johnson's Janssen*	• Adults 18 years and older	• At least 2 months after receiving your J&J/Janssen COVID-19 vaccination	• Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations

Bringing it All Back Home: Outpatient Treatment Options for COVID-19

Option	Patient Population
Nirmatrelvir/ ritonavir	• Patient not on interacting medications • As soon as possible and within 5 days of symptom onset
Sotrovimab	• Patient on interacting medication/able to come to health care facility • As soon as possible and within 10 days of symptom onset
Remdesivir	• Patient in health care facility or through home infusion service • As soon as possible and within 7 days of symptom onset
Molnupiravir	• Patient not able to be treated with one of the options above • Not pregnant (if given during pregnancy, shared decision making) • As soon as possible and within 5 days of symptom onset

How do the therapies stack up?

	1) Nirmatrelvir/r	2) Sotrovimab	3) Remdesivir	4) Molnupiravir
Efficacy (prevention hospitalization or death)	•**Relative risk reduction: 88%** •Absolute risk: 6.3%→0.8% •NNT: 18	•**Relative risk reduction: 85%** •Absolute risk: 7%→ 1% •NNT: 17	•**Relative risk reduction: 87%** •Absolute risk: 5.3%→0.7% •NNT: 22	•**Relative risk reduction: 30%** •Absolute risk: 9.7%→6.5% •NNT: 31
Pros	•Highly efficacious •Oral regimen •Ritonavir studied (safe) in pregnancy	•Highly efficacious •Monoclonals typically safe in pregnancy •Few/no drug interactions	•Highly efficacious •Studied in pregnancy •Few/no drug interactions	•Oral regimen •Not anticipated to have drug interactions
Cons	•Drug drug interactions	•Requires IV infusion followed by 1 hour observation	•Requires IV infusion on 3 consecutive days	•Low efficacy •Concern: mutagenicity •Not recommended in pregnancy/children

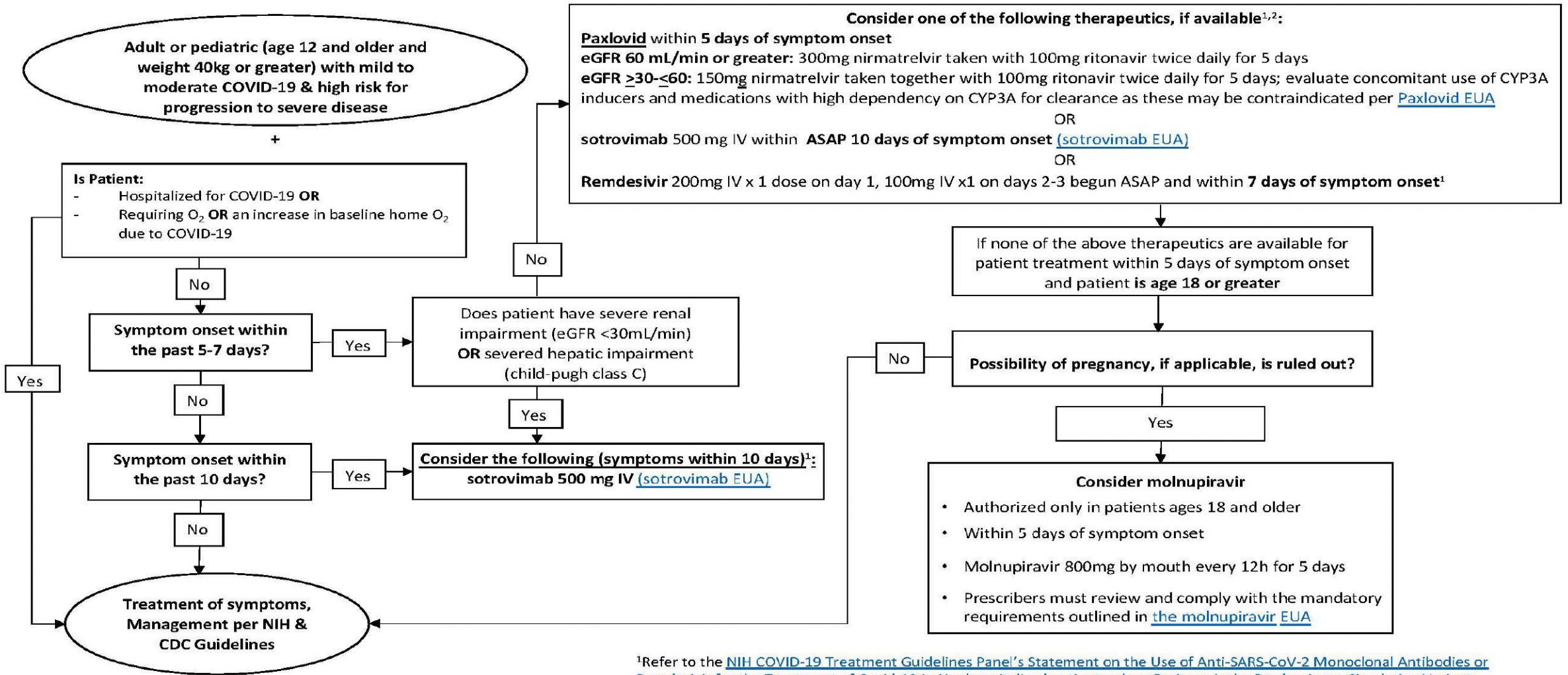
Need	Nirmatrelvir	Sotrovimab	Remdesivir	Molnupiravir
Efficacy	✓✓✓	✓✓✓	✓✓✓	✓
Ease of delivery	✓✓✓	X	XXX	✓✓✓
Drug Interactions	XXX	✓✓	✓✓	✓✓
Safety during pregnancy	✓	✓	✓✓	XXX
Authorized in children (>12)	✓✓	✓✓	✓✓✓*	XX
Supply/Access	XXX	XXX	✓	XX

*Remdesivir approved for children >age 12 years and >40 kg; authorized for children under age of 12 years (3.5 to 40 kg)

Conclusion: We Don't Yet Have the Perfect Drug

New Resource

COVID-19 Outpatient Therapeutics Decision Guide



Limited use of bamlanivimab/etesevimab and REGEN-COV as they are not expected to be active against the Omicron variant[1]

December 30, 2021

[1]Refer to the NIH COVID-19 Treatment Guidelines Panel's Statement on the Use of Anti-SARS-CoV-2 Monoclonal Antibodies or Remdesivir for the Treatment of Covid-19 in Nonhospitalized patients when Omicron is the Predominant Circulating Variant; Remdesivir is only approved for hospitalized individuals with COVID-19. Outpatient treatment is based on information from the literature (Dec 22, 2021 Early Remdesivir to Prevent Progression to Severe Covid-19 in Outpatients; DOI: 10.1056/NEJMoa2116846)

[2] COVID-19 convalescent plasma with high titers of anti-SARS-CoV-2 antibodies is authorized for the treatment of COVID-19 in patients with immunosuppressive disease in either the outpatient or inpatient setting (COVID-19 Convalescent Plasma EUA)

Direct Comparison of SARS Co-V-2 Nasal RT- PCR and Rapid Antigen Test (BinaxNOW™) at a Community Testing Site During an Omicron Surge

In 731 persons seeking COVID-19 testing at a walk-up San Francisco community site in January 2022, simultaneous nasal rapid antigen testing (BinaxNOW™) and RT-PCR testing was performed.

There were 296 (40.5%) positive tests by RT-PCR; 98.5% of a random sample were the omicron variant. Sensitivity of a single antigen test was 95.2% (95% CI 92-98%); 82.1% (95% CI 77-87%) and 65.2% (95% CI 60-70%) for Ct threshold of < 30, < 35 and no threshold, respectively.

A single BinaxNow™ rapid antigen test detected 95% of high viral load omicron cases from nasal specimens. As currently recommended, repeat testing should be done for high-risk persons with an initial negative antigen test result.

doi: https://doi.org/10.1101/2022.01.08.22268954

CDC Isolation guidelines for general public

Calculating Isolation

Day 0 is your first day of symptoms or a positive viral test. **Day 1 is the first full day after your symptoms developed or your test specimen was collected**. If you have COVID-19 or have symptoms, isolate for at least 5 days.

IF YOU
Tested positive for COVID-19 or have symptoms, regardless of vaccination status

Stay home for at least 5 days
Stay home for 5 days and isolate from others in your home.

Wear a well-fitted mask if you must be around others in your home.

Ending isolation if you had symptoms
End isolation after 5 full days if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.

Ending isolation if you did NOT have symptoms
End isolation after at least 5 full days after your positive test.

If you were severely ill with COVID-19
You should isolate for at least 10 days. Consult your doctor before ending isolation.

Take precautions until day 10

Wear a mask
Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.

Avoid travel

Avoid being around people who are at high risk

CDC now adds if test available and want to test, test at end of 5 day period and if positive stay home for another 5 days

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test†, if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2‡ and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1‡, 2, 3, & 5–7	No work restrictions (test if possible)

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

What masks to wear???

- Rochelle Walensky, the head of the Centers for Disease Control and Prevention (CDC), said Wednesday that it does not plan to change its mask guidance to advise Americans to wear higher quality masks amid the Omicron surge.
- The CDC director said during a White House briefing that her agency currently recommends that "any mask is better than no mask" to battle the ongoing coronavirus pandemic.
- The guidance does not advise Americans to wear a specific kind of mask, such as a medical-grade KN95 or N95 instead of a cloth mask, although Walensky said the CDC plans to update its website to help Americans choose their face covering.
- "We do encourage all Americans to wear a well-fitting mask to protect themselves and prevent the spread of COVID 19," she said. "And the recommendation is not going to change."

Questions?

Thank you!

Next Session: Thursday, February 10th,12-1:15pm CST

Resources & recording of the session

https://www.echo-chicago.org/resources/covid19/

This project was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention grant number 1 NU50CK000588-01-00. The Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of this resource center do not necessarily represent the policy of CDC or HHS and should not be considered an endorsement by the Federal Government.

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