COVID-19 Series for Free & Charitable Clinics

August 11, 2022

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AT THE FOREFRONT UChicago Medicine

Vaccinate with Confidence

A National Strategy to Reinforce Confidence in COVID-19 Vaccines

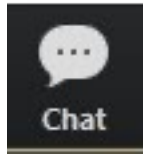
CDC's Strategy: **Empower Healthcare Personnel**: Promote confidence among healthcare personnel in their decisions to get vaccinated and recommend the vaccination to their patients.

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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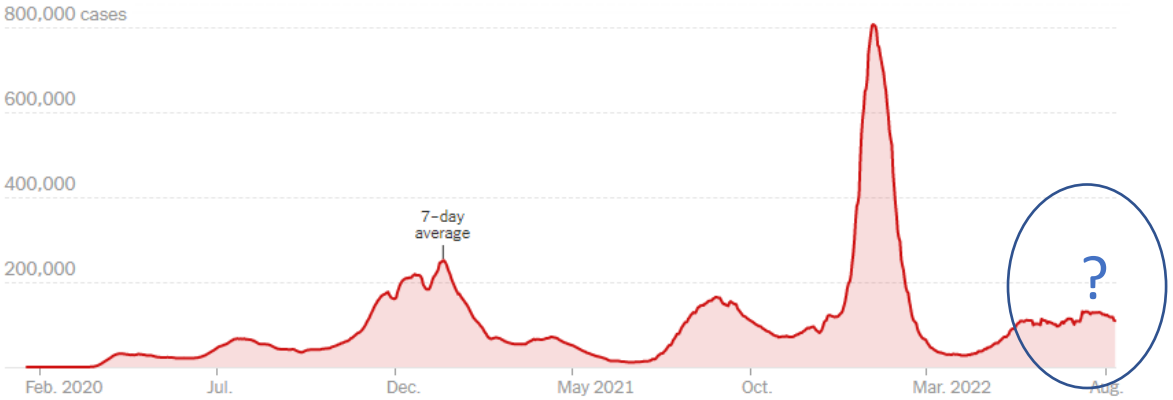
Disclosures

- We have no relevant financial interests to disclose.

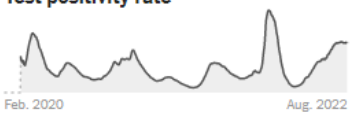
Coronavirus in the U.S.: Latest Map and Case Count

New reported cases

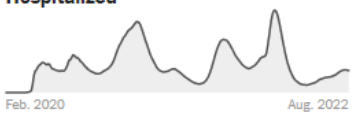
All time | Last 90 days



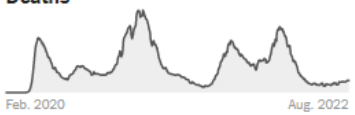
Test positivity rate



Hospitalized

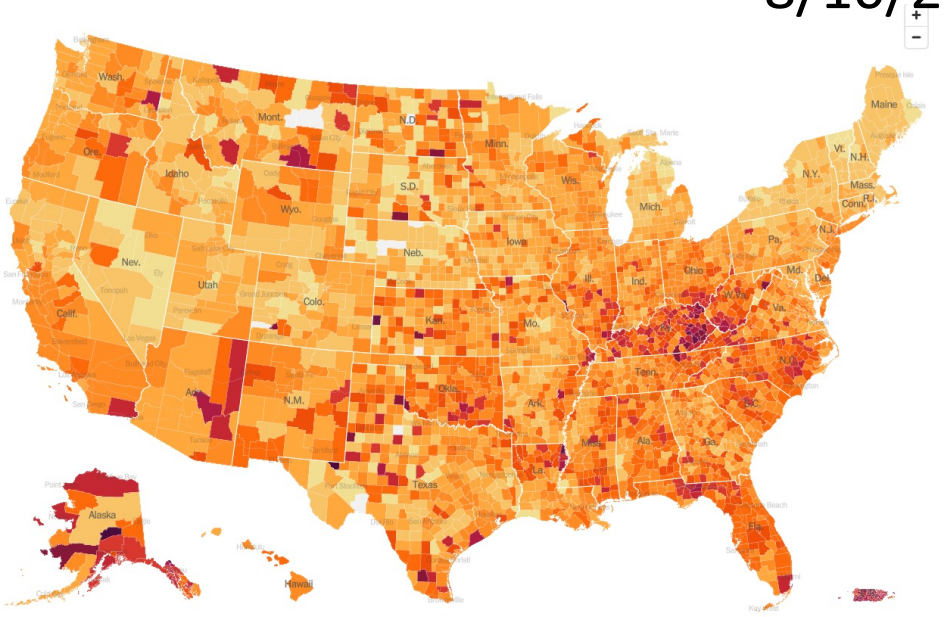


Deaths

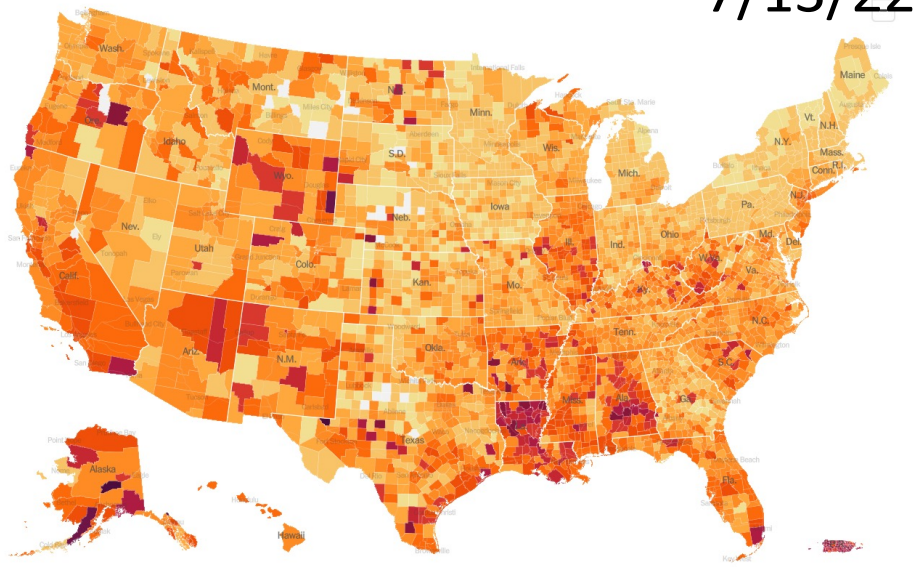


	DAILY AVG. ON AUG. 9	14-DAY CHANGE	TOTAL REPORTED
Cases	109,117	−15%	92,213,737
Test positivity	18%	—	—
Hospitalized	42,868	−2%	—
In I.C.U.s	4,957	Flat	—
Deaths	490	+13%	1,030,933

8/10/22

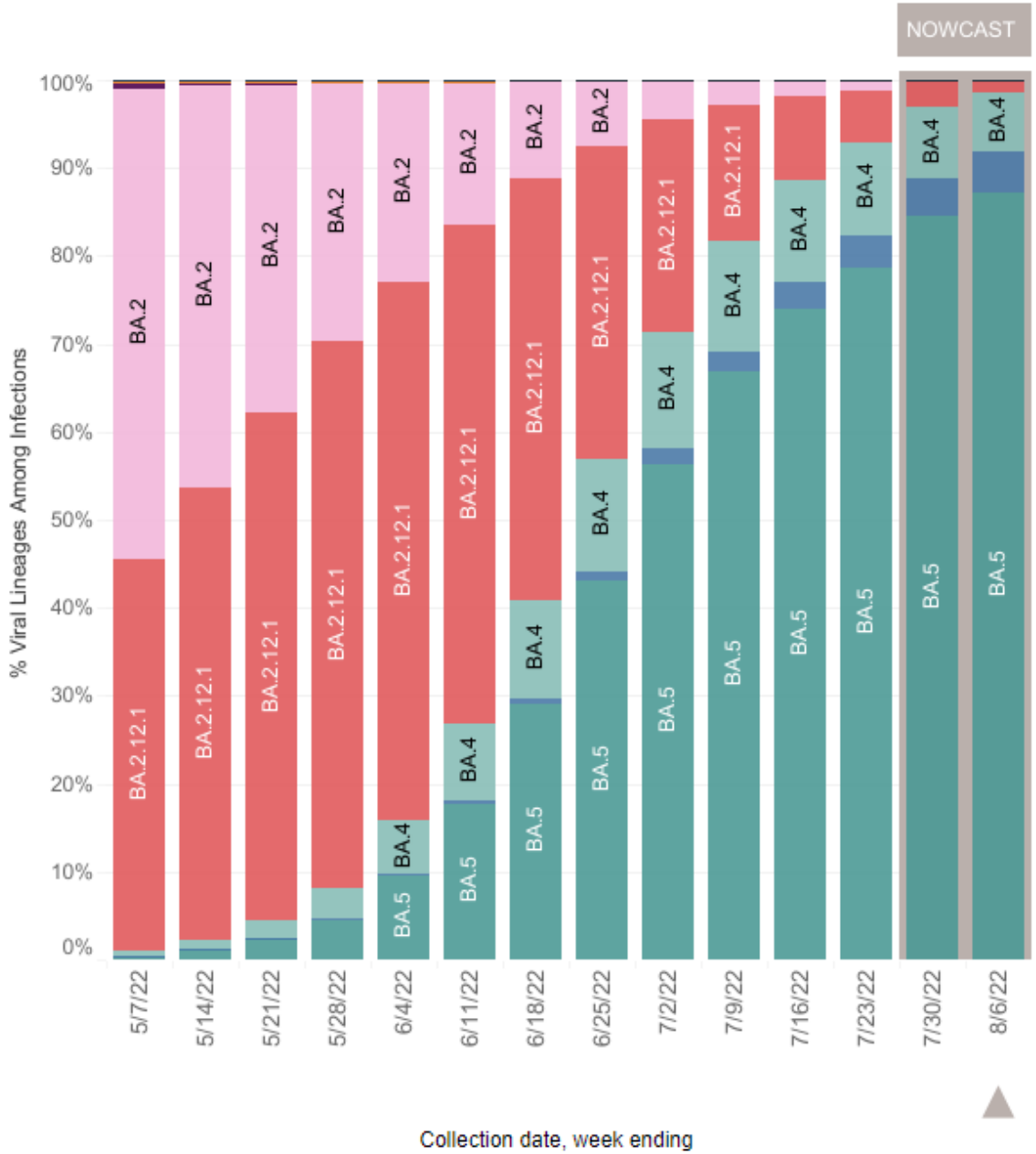


7/13/22



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

United States: 5/1/2022 – 8/6/2022



United States: 7/31/2022 – 8/6/2022 NOWCAST

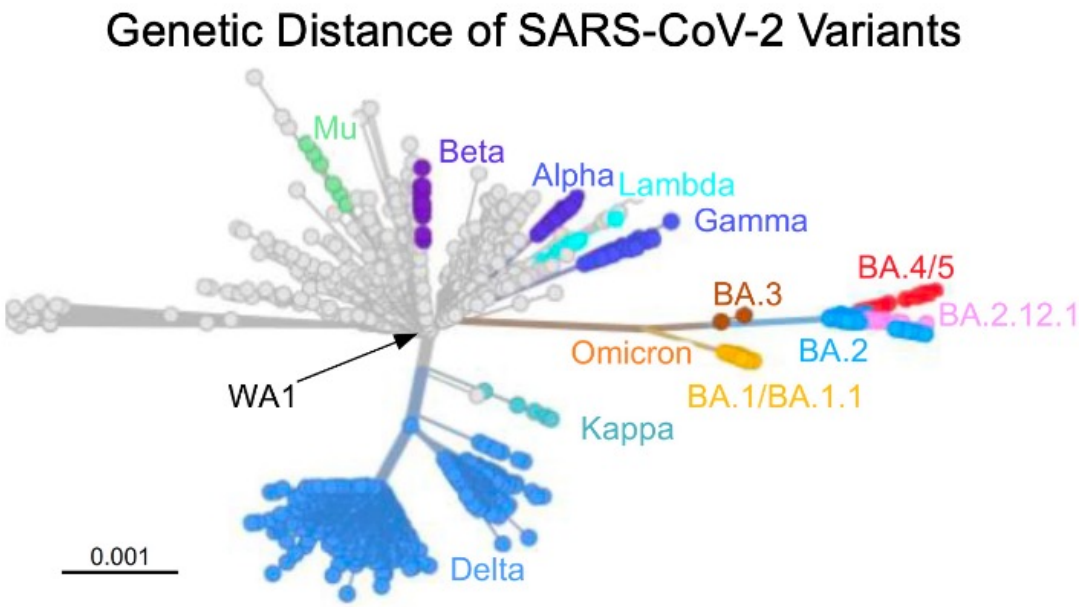
USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	87.1%	85.8-88.3%
	BA.4	VOC	6.6%	6.1-7.2%
	BA.4.6	VOC	4.8%	3.9-5.8%
	BA.2.12.1	VOC	1.5%	1.4-1.6%
	BA.2	VOC	0.1%	0.1-0.1%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* 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.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Sublineages of BA.5 are aggregated to BA.5.

Why is BA.5 Winning?

- BA.5 isolate has five additional amino acid changes (69–70del, L452R, F486V, and Q493) in its spike protein as compared with a BA.2 isolate
- BA.2.12.1, BA.4, and BA.5 subvariants substantially escape neutralizing antibodies induced by both vaccination and infection
- In those with previous infection – most of whom also had been vaccinated – the neutralizing antibody levels were lower by a factor of 6.4 against BA.1; by a factor of 5.8 against BA.2; by a factor of 9.6 against BA.2.12.1 and by a factor of 18.7 against BA.4 or BA.5.
- BA.2.75 still only seen in India where BA. 5 is less



https://www.vox.com/23200811/covid-19-omicron-ba5-reinfection-vaccine-paxlovid

Feature	BA.1	BA.2	BA.2.12.1	BA.4 and BA.5
Transmissibility Increase	Reference	30% increase	25% over BA.2	~10% over BA.2
Immune Escape	Reference	+	+++	+++
Ability to infect cells	Reference	+	++	Like BA.1
Key Mutations	Reference	T367A, D405N, R408S	L452Q	L452R, F486V, R493Q, Δ 69-70
Cross-Immunity w/ BA.1	Reference	Mostly preserved	Reduced	Reduced
Resistance to Monoclonal Antibodies	Reference	++	+++	+++
Places Where Dominant	Outcompeted	>100 countries	United States Region 2	~~South Africa~~ Worldwide incl. US
3-Shot Vaccine Effectiveness vs Hospitalization*	81% (95% CI 75,85)	83% (95% CI 71,91)	TBD	TBD
2-Shot Vaccine Effectiveness vs Hospitalization^	32% (95% CI 11,49)	50% (95% CI 7,73)	TBD	TBD

*UKHSA reports, up to 70 days, ^ past 6 months, TBD-to be determined

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Efficacy of Antibodies and Antiviral Drugs against Omicron BA.2.12.1, BA.4, and BA.5 Subvariants

Table 1. Efficacy of Monoclonal Antibodies and Antiviral Drugs against Omicron Subvariants in Vitro.*

Subvariant	Mean Neutralization Activity of Monoclonal Antibody†								Susceptibility to Antiviral Drug‡		
	Imdevimab	Casirivimab	Tixagevimab	Cilgavimab	Sotrovimab Precursor	Bebtelovimab	Imdevimab+ Casirivimab	Tixagevimab+ Cilgavimab	Remdesivir	Molnupiravir	Nirmatrelvir
	ng per milliliter								µmol		
Reference§	7.4	6.1	6.1	7.0	95.1	2.5	3.4	6.3	1.7	2.8	2.7
BA.1	>50,000	>50,000	1552.7	2916.9	40727.1	5.8	>10,000	351.1	1.9	7.5	4.8
BA.1.1	>50,000	>50,000	603.5	>50,000	3769.2	3.9	>10,000	1296.8	2.0	6.0	3.9
BA.2	329.0	>50,000	2756.6	16.9	>50,000	3.3	835.1	34.6	5.9	8.7	6.9
BA.2.12.1	238.1	>50,000	335.2	21.0	>50,000	4.0	452.7	38.1	0.5	3.2	1.8
BA.4	132.6	>50,000	>50,000	53.6	>50,000	2.9	459.1	37.8	1.2	3.3	2.9
BA.5	583.4	>50,000	>50,000	56.8	>50,000	3.3	1093.1	192.5	2.0	4.1	4.4

- In vitro data suggest that the three small-molecule antiviral drugs remdesivir, molnupiravir, and nirmatrelvir may have therapeutic value against the sublineages BA.2.12.1, BA.4, and BA.5 of SARS-CoV-2 omicron variants. Data also indicate that bebtelovimab is effective against BA.2.12.1, BA.4, and BA.5

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Review of Current Outpatient Management

Table 2a. Therapeutic Management of Nonhospitalized Adults With COVID-19

Last Updated: August 8, 2022

Patient Disposition	Panel's Recommendations
Does Not Require Hospitalization or Supplemental Oxygen	**For All Patients:** • All patients should be offered symptomatic management (**AIII**). • The Panel **recommends against** the use of **dexamethasone**[a] or **other systemic corticosteroids** in the absence of another indication (**AIIb**). **For Patients Who Are at High Risk of Progressing to Severe COVID-19**[b] *Preferred therapies. Listed in order of preference:* • **Ritonavir-boosted nirmatrelvir (Paxlovid)**[c,d] (**AIIa**) • **Remdesivir**[d,e] (**BIIa**) *Alternative therapies. For use ONLY when neither of the preferred therapies are available, feasible to use, or clinically appropriate. Listed in alphabetical order:* • **Bebtelovimab**[f] (**CIII**) • **Molnupiravir**[d,g] (**CIIa**)
Discharged From Hospital Inpatient Setting in Stable Condition and Does Not Require Supplemental Oxygen	The Panel **recommends against** continuing the use of **remdesivir** (**AIIa**), **dexamethasone**[a] (**AIIa**), or **baricitinib** (**AIIa**) after hospital discharge.
Discharged From Hospital Inpatient Setting and Requires Supplemental Oxygen *For those who are stable enough for discharge but still require oxygen*[h]	There is insufficient evidence to recommend either for or against the continued use of remdesivir or dexamethasone.
Discharged From ED Despite New or Increasing Need for Supplemental Oxygen *When hospital resources are limited, inpatient admission is not possible, and close follow-up is ensured*[i]	The Panel recommends using **dexamethasone** 6 mg PO once daily for the duration of supplemental oxygen (dexamethasone use **should not exceed** 10 days) with careful monitoring for AEs (**BIII**). Because remdesivir is recommended for patients with similar oxygen needs who are hospitalized,[j] clinicians may consider using it in this setting. As remdesivir requires IV infusions for up to 5 consecutive days, there may be logistical constraints to administering remdesivir in the outpatient setting.

Rating of Recommendations: A = Strong; B = Moderate; C = Weak

Rating of Evidence: I = One or more randomized trials without major limitations; IIa = Other randomized trials or subgroup analyses of randomized trials; IIb = Nonrandomized trials or observational cohort studies; III = Expert opinion

For listing of conditions with higher risk: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html

https://www.covid19treatmentguidelines.nih.gov/tables/therapeutic-management-of-nonhospitalized-adults/

Pre-Exposure Prophylaxis

- The Panel recommends using tixagevimab plus cilgavimab (Evusheld) as SARS-CoV-2 PrEP for adults and adolescents who do not have SARS-CoV-2 infection or recent exposure to an individual with SARS-CoV-2 infection and who are moderately to severely immunocompromised and may have an inadequate immune response to COVID-19 vaccination
- The federal government is trying to make it easier for immunocompromised patients to access a treatment that can protect them against COVID-19 by allowing individual health care providers to order small amounts
- Available through a subset of federal pharmacy partners, including Albertsons, Acme, Jewel-Osco, Pavilions, Randalls, Safeway, Star Market, and Vons, CPESN, Amber Specialty Pharmacy, Managed Healthcare Associates and Thrifty White.
- The government is also working with AstraZeneca, to set up a toll-free number (1-833-EVUSHLD — 1-833-388-7453)

Risk for COVID-19 Infection, Hospitalization, and Death By Race/Ethnicity

Updated July 28, 2022

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases[1]	1.5x	0.8x	1.1x	1.5x
Hospitalization[2]	2.8x	0.8x	2.2x	2.1x
Death[3, 4]	2.1x	0.8x	1.7x	1.8x

https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html#print

Why?

- **Other medical conditions:** Black, Hispanic, American Indian and Asian American people are at higher risk of developing type 2 diabetes. Having certain conditions, such as diabetes, increases the risk of severe illness with COVID-19.
- **Type of work:** Having a job that's considered essential, can't be done remotely or involves public interaction can increase exposure to and the risk of getting the COVID-19 virus. In the U.S., nearly 25% of employed Hispanic, Black and African American people work in the service industry. This is compared with 16% of non-Hispanic white workers, according to the CDC. Black and African American people also account for 30% of licensed practical and licensed vocational nurses. Many people of color also depend on public transportation to get to work, which also can expose them to the COVID-19 virus.
- **Location:** Where people live and who they live with can make it hard to avoid getting COVID-19 and cause difficulty getting treatment. People in racial and ethnic minority groups might be more likely to live in multigenerational homes, crowded conditions and densely populated areas, such as New York City. This can make social distancing difficult.
- **Access to health care:** Members of racial and ethnic minority groups are more likely to face barriers to getting care. For example, some people may not have health insurance or don't get paid when missing work to get care. In 2019, only about 6% of non-Hispanic white people were uninsured, according to the CDC. However, the rate was nearly 19% for Hispanics and 10% for non-Hispanic Black people.
- **Racism:** The stress of dealing with racial discrimination can take a toll on the body, causing early aging. This has been linked to other medical conditions, which can increase the risk of severe illness with COVID-19.

https://www.mayoclinic.org/diseases-conditions/coronavirus/expert-answers/coronavirus-infection-by-race/faq-20488802

Disparity also associated with Education

- Vaccine hesitancy greatest in those with less than a high school education
- Those with decreased access to transportation, and who live below the poverty line are also at increased risk for vaccine hesitancy
- The overlaps between poverty, lack of access to health care, education, race in the US makes it imperative to have an approach that is comprehensive

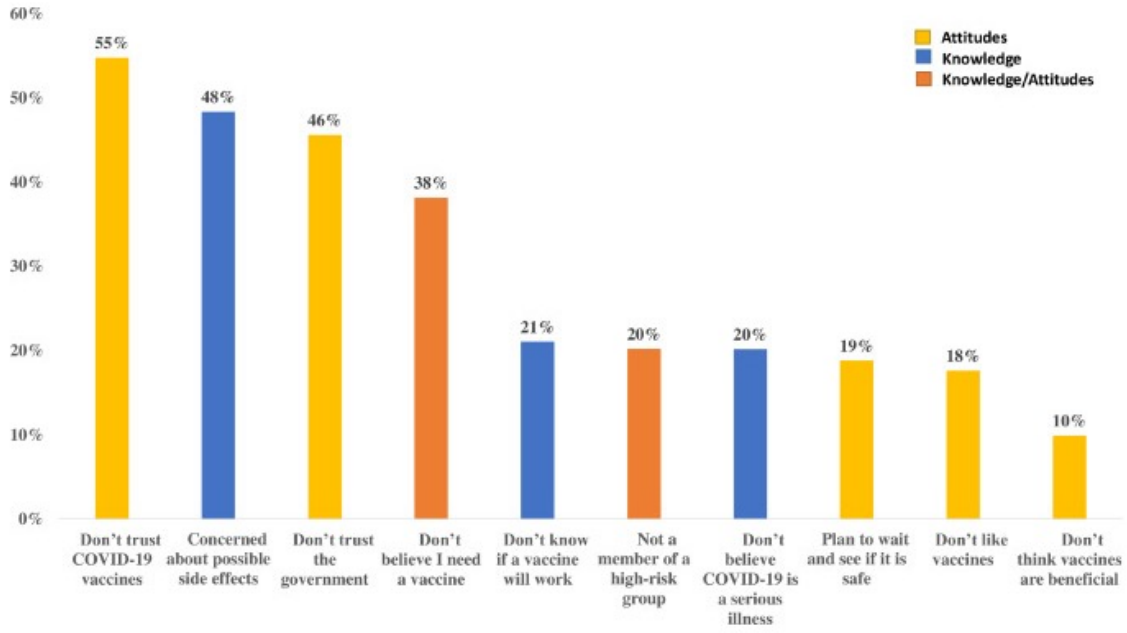

Fig 1 . Top 10 reasons for not receiving or planning to receive vaccine among unvaccinated highly hesitant US Adults as of May 10, 2021.

https://doi.org/10.1016/j.ajic.2021.12.013

Society is Slow to Recognize Structural Constructs as Public Health Determinants

- The federal government and state governments have recognized being a member of a historically marginalized racial or ethnic group as an independent risk factor for Covid-19 throughout the pandemic. One of the CDC's stated reasons for initially prioritizing essential frontline workers for vaccination over older or sicker people was that these workers tended to be members of racial or ethnic groups that were at heightened risk for Covid-19.
- Government rationing of scarce resources based on race or ethnicity, however, is legally problematic. The Equal Protection Clause and Title VI of the Civil Rights Act prohibit discrimination by the government based on race or ethnicity, except in very limited circumstances.
- For now, equitable implementation of public health will be mostly left to health care professionals
- Continued efforts regarding the importance to structural inequalities needs to be addressed in public health policies

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Addressing Disparities in COVID-19 Outcomes Increase Access to Testing

- Provide low-cost testing at the clinic
  - Charge the fee you need to break even
  - Consider limiting testing to patient population or the general uninsured population
- Provide education about testing
  - Education about home testing and where to purchase
  - Create videos and culturally congruent handouts on how to perform home tests
  - Track locations that offer testing and associated costs
- Simple protocols for all staff members to route people to testing options

Addressing Disparities in COVID-19 Outcomes Increase Access to Treatment

- Paxlovid is free!
  - Educate providers to increase utilization and prescribing
  - Offer telehealth or phone consults for prescriptions
  - Locate pick up locations for patients: https://healthdata.gov/Health/COVID-19-Public-Therapeutic-Locator/rxn6-qnx8/data
- Patient education
  - Regular messaging that Paxlovid is available and free
  - Encouraging patients to seek care when sick
- Long-COVID management
  - Prioritize provider education and consider creative strategies
  - Consider opportunities to participate in research

Addressing Disparities in COVID-19 Outcomes Vaccine Education and Outreach

- Become a vaccination site
  - Reporting and criteria management has gotten easier
  - Offer vaccination as a part of routine patient care
  - Vaccination sites for children are limited!
- Remember vaccine education is still needed
  - Patients have not kept up with eligibility and boosters
- Maximize funding for outreach and vaccine focused workforce

Questions?

Thank you!

Next Session: Thursday, September 8th ,12-1:15pm CST

Resources & recording of the session

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

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