COVID-19 Series for Free & Charitable Clinics

December 15, 2022









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







Disclosures

• We have no relevant financial interests to disclose.

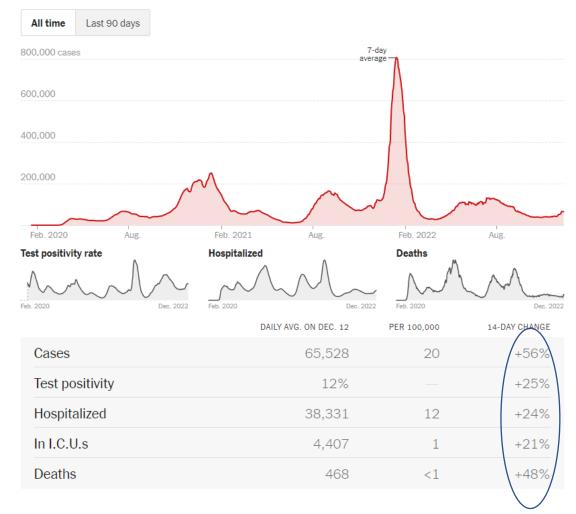


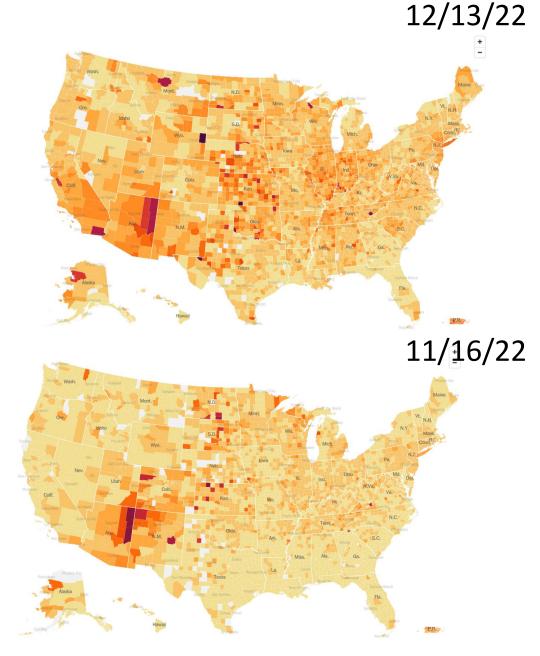




Coronavirus in the U.S.: Latest Map and Case Count

New reported cases





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

Daily Update for the United States



CDC | Data as of: December 13, 2022 4:06 PM ET. Posted: December 13, 2022 4:59 PM ET

		U	SA															N	OWCA	AST
WHO label	Lineage #	US Clas	ss %Tota	l 95%PI		100%														
Omicron	BQ.1.1	VOC	36.8%	34.1-39.6%		90%	BA.4.6	BA.4.6	BA.4.6	BA.4.6	BA.4.6	BA.4.6		BF.7	BF.7	BF.7	BF.7			
	BQ.1	VOC	31.1%	29.0-33.4%		80%			8	BA								BF.7		
	BA.5	VOC	11.5%	10.3-12.7%		eages Among Infections	0	BA.5							BQ.1 BQ.1.1	BQ.1 BQ.1.1	BQ.1	BQ.1 BQ.1.1	BQ.1.1	BQ.1.1
	BF.7	VOC	5.7%	5.0-6.5%			6						BQ.1	BQ.1						
	XBB	VOC	4.7%	2.6-8.1%					BA.5	BA.5	BA.5									
	BN.1	VOC	4.3%	3.8-4.9%			0													
	BA.5.2.6	VOC	1.7%	1.4-2.0%			6					BA.5	Q.							
	BA.4.6	VOC	1.6%	1.4-1.9%			BA.5													
	BF.11	VOC	0.8%	0.6-1.0%		- <u>-</u> 40%	. <u> </u>													
	BA.2	VOC	0.7%	0.5-1.1%			6					ď	BA.5	BA.5				"	BQ.1	-
	BA.2.75	VOC	0.6%	0.5-0.7%		20%								ω.	BA.5	BA.5	BA.5			BQ.1
	BA.2.75.2	VOC	0.4%	0.3-0.5%			0													
	BA.4	VOC	0.0%	0.0-0.0%		10%	6											BA.5	BA.5	10
	BA.1.1	VOC	0.0%	0.0-0.0%		0%													B	BA.5
	B.1.1.529	VOC	0.0%	0.0-0.0%		0,/		22	22	22	22	22	22	22	22	22	22	22	22	22
	BA.2.12.1	VOC	0.0%	0.0-0.0%			9/10/22	9/17/22	9/24/22	10/1/22	10/8/22	10/15/22	10/22/22	10/29/22	11/5/22	11/12/22	11/19/22	11/26/22	12/3/22	12/10/22
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%								←	←	~		~	~	~		
Other	Other*		0.0%	0.0-0.1%							,	`ollactic	on date	waek	andin	n				

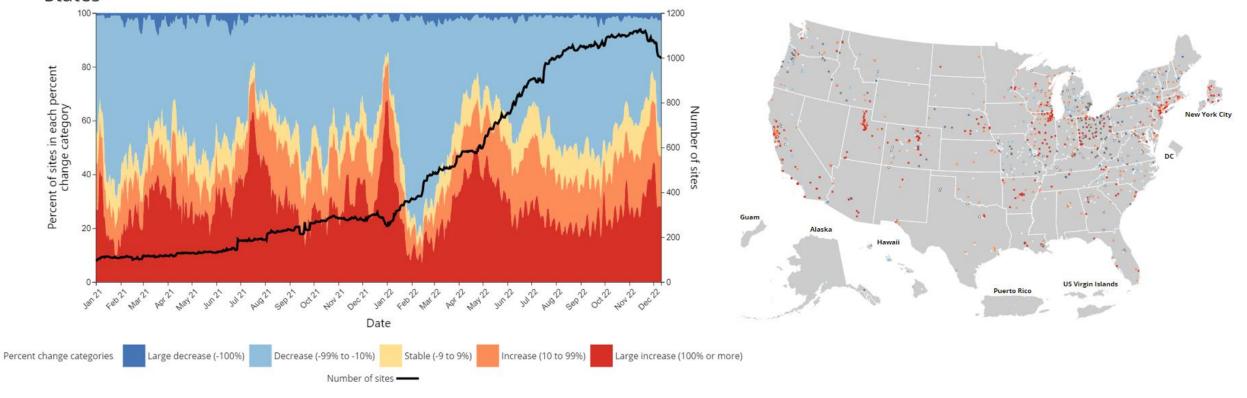
^{*} Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

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

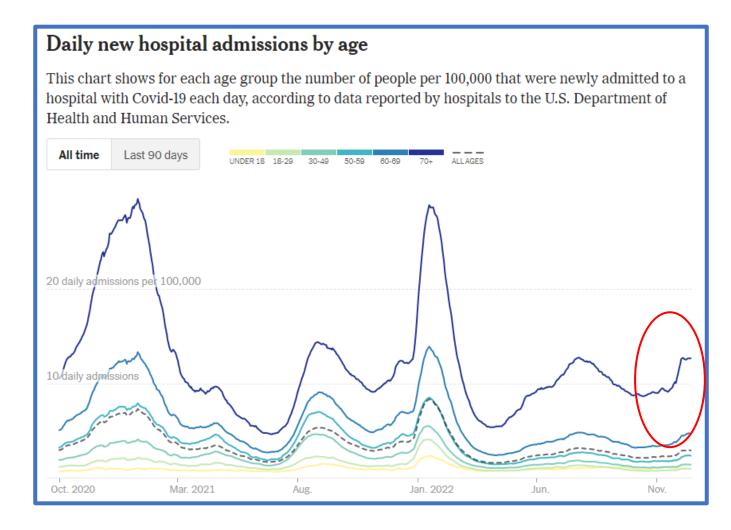
[#] BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2, BN.1,XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. For all the lineages listed in the above table, their sublineages are aggregated to the listed parental lineages respectively. Previously, XBB was aggregated with other. Lineages BA.2.75.2, XBB, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

Wastewater Surveillance

Percent of sites in each percent change category over time, United States



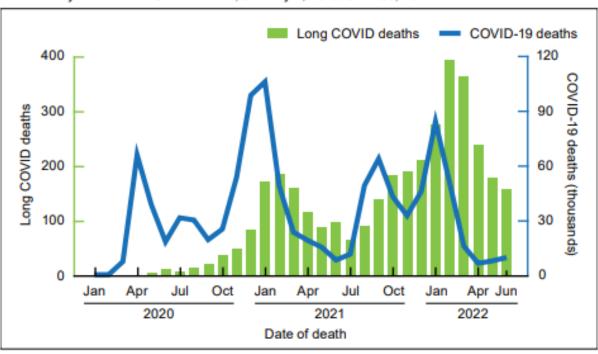
- The "senior wave" continues
- Current hospitalizations for those over 70 has now surpassed the BA2 and BA5 waves
- Most have had the primary series (2 shots)but without a booster in > 6 months



Identification of Deaths With Post-acute Sequelae of COVID-19 From Death Certificate Literal Text: United States, January 1, 2020—June 30, 2022

 The analysis identified 3,544 deaths mentioning long COVID key terms and coded to U07.1, the ICD-10 code for COVID-19, among deaths occurring in the United States from January 1, 2020, through June 30, 2022. The percentage of COVID-19 deaths with long COVID peaked in June 2021 (1.2%) and in April 2022 (3.8%). The ageadjusted death rate for long COVID was 6.3 per 1 million population for the 12-month period ending in June 2022. The long COVID death rate from July 1, 2021, through June 30, 2022, was highest among adults aged 85 and over, non-Hispanic American Indian or Alaska Native people, and males. Non-Hispanic Asian people had the lowest death rate

Figure 1. Provisional number of deaths with COVID-19 and deaths mentioning long COVID, by month and year of death: United States, January 1, 2020–June 30, 2022

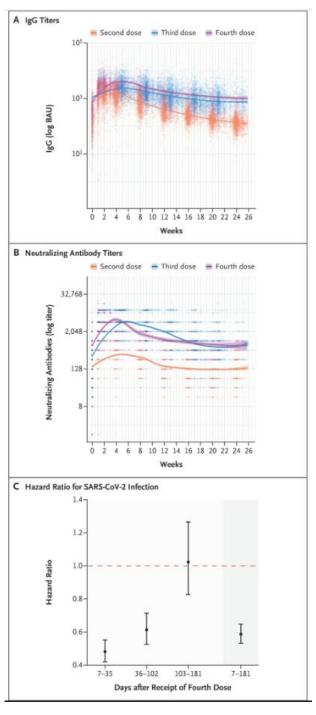


NOTES: National Vital Statistics System provisional data for 2021 and 2022 are incomplete. Data for 2020 are final. These data include deaths that occurred in the United States and may include residents of U.S. territories and foreign countries. Deaths with confirmed or presumed COVID-19 as an underlying or contributing cause of death were identified using International Classification of Diseases, 10th Revision code U07.1 and death certificate keywords mentioning long COVID. SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Six-Month Follow-up after a Fourth BNT162b2 Vaccine Dose

- Follow-up of Israel HCW study
- Third dose of the BNT162b2 vaccine led to an improved and sustained immunologic response as compared with two doses, but the additional immunologic advantage of the fourth dose was much smaller and had waned completely by 13 weeks after vaccination.
- This finding correlated with waning vaccine effectiveness among recipients of a fourth dose, which culminated in no substantial additional effectiveness over a third dose at 15 to 26 weeks after vaccination.
- These results suggest that the fourth dose, and possibly future boosters, should be timed wisely to coincide with disease waves or to be available seasonally, similar to the influenza vaccine.

December 1, 2022 N Engl J Med 2022; 387:2092-2094 DOI: 10.1056/NEJMc2211283



Finding Places to Get Vaccine



- Best resource is <u>www.vaccines.gov</u>
 - Can search via Zip code
 - Has retail pharmacies but also FQHC that offer the vaccine
- Need help finding a COVID-19 vaccine in the U.S.? Call 1-800-232-0233 (TTY 1-888-720-7489)
- If You Are Homebound:
 - Contact your healthcare provider or your state or local health department for information about getting a COVID-19 vaccine.
 - In many states, you may also dial 211 to connect to essential community services.
 - Contact groups that are advocates for people who are homebound or that provide home health services.
 - Call The Aging Network at 1-800-677-1116
 - Search for services by ZIP code with the Eldercare Locator (https://eldercare.acl.gov/Public/Index.aspx)
 - Contact the Disability Information and Access Line (DIAL) at 1-888-677-1199
 - Call the hotline for Medicare recipients at 1-800-633-4227 (TTY 1-877-486-2048)

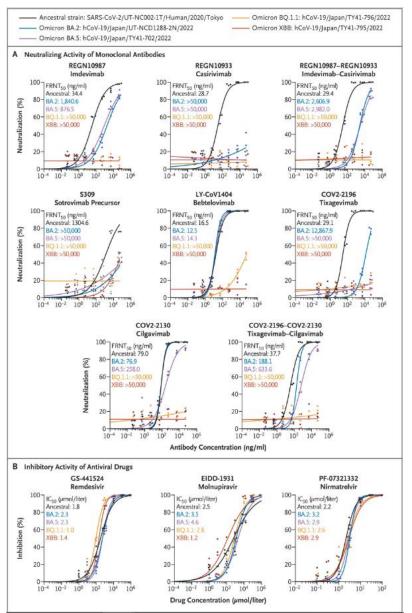
U.S. Will Offer Free At-Home Covid Tests as Part of Winter Plan

- Program initially started in January 2022, but paused in September
- Now being restarted due to rise in cases
- The tests are one component of a broader Covid-19 "winter preparedness plan" the White House rolled out on Thursday, reflecting mounting anxiety over a cold-weather surge in virus cases across the country. Cases have risen roughly 55 percent over the past two weeks, while deaths have surged by around 65 percent in the same period. Hospitalizations have risen over 20 percent, adding strain to medical centers already deluged by cases of the flu and respiratory syncytial virus, or R.S.V.

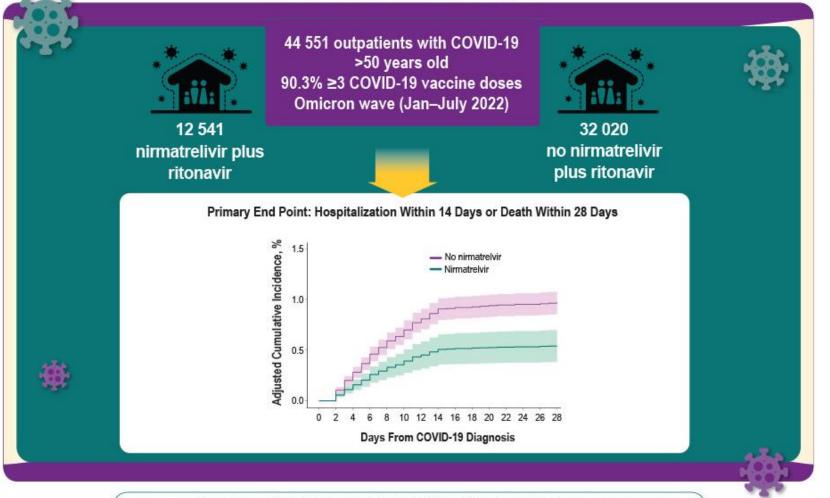
Efficacy of Antiviral Agents against Omicron Subvariants BQ.1.1 and XBB Ancestral strain: SARS-Cov-2/UT-NC002-17/Human/2020/Tokyo Omicron BQ. Omicron BA.2: hCov-19/Japan/UT-NC01288-2N/2022 Omicron BA.5: hCov-19/Japan/UT-NC01288-2N/2022 A Neutralizing Activity of Monoclonal Antibodies

- Compared with BA.5 and BA.2, BQ.1.1 and XBB carry additional substitutions in the receptor-binding domain of the spike (S) protein, which is the major target for vaccines and therapeutic monoclonal antibodies for Covid-19. These subvariants may be more immune-evasive than BA.5 and BA.2.
- For BQ.1.1, the IC_{50} value was lower by a factor of 0.6 with remdesivir and higher by factors of 1.1 and 1.2 with molnupiravir and nirmatrelvir, respectively. For the XBB subvariant, the IC_{50} value was lower by a factor of 0.8 with remdesivir, lower by a factor of 0.5 with molnupiravir, and higher by a factor of 1.3 with nirmatrelvir.
- These results suggest that remdesivir, molnupiravir, and nirmatrelvir are efficacious against both BQ.1.1 and XBB in vitro.

December 7, 2022 DOI: 10.1056/NEJMc2214302



Does nirmatrelivir plus ritonavir (Paxlovid) reduce risk for hospitalization or death among outpatients with COVID-19 in the setting of prevalent SARS-CoV-2 immunity and immune-evasive lineages?



The overall risk for hospitalization or death was already low (1%) after an outpatient diagnosis of COVID-19, but nirmatrelvir plus ritonavir reduced this risk further.



Dryden-Peterson S, Kim A, Kim AY, et al. Nirmatrelvir plus ritonavir for early COVID-19 in a large U.S. health system. A population-based cohort study. Ann Intern Med. 13 December 2022 [Epub ahead of print]. doi:10.7326/M22-2141 http://acpjournals.org/doi/10.7326/M22-2141

Walgreens Launches <u>Free</u> Paxlovid Delivery Services with DoorDash and Uber

 Eligible patients must have a Paxlovid prescription from a healthcare provider. After the pharmacy has filled the prescription and before it gets picked up, individuals can go online to select Same Day Delivery by visiting

Walgreens.com/PrescriptionDelivery, the Walgreens app or by calling their store



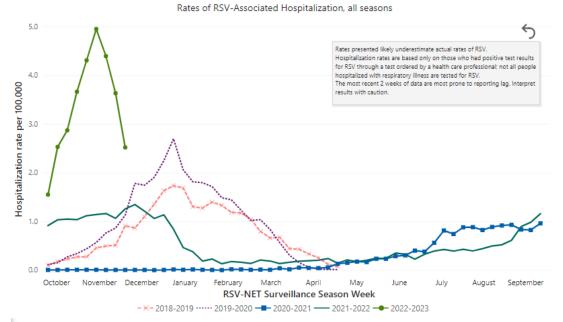
The "Tripledemic"

- Influenza, RSV and SARS CoV-2 are all circulating presently
- The cumulative hospitalization rate in the FluSurv-NET system is higher than the rate observed in week 48 during every previous season since 2010-2011
- RSV continues to be a historic levels, but is declining
- The only real way to "know" is to test

Symptoms ▼	Cold	Flu	Covid-19	R.S.V.
☐ Cough	•••	•••	•••	•••
☐ Difficulty breathing	•	•	•••	••
☐ Fatigue	••	•••	•••	•
☐ Fever	•	•••	••	••
☐ Headaches	••	•••	•••	••
☐ Muscle pain or body aches	••	•••	••	•
☐ New loss of taste or smell*	•	•	••	•
☐ Runny or stuffy nose	•••	••	••	•••
☐ Sneezing	•••	••	••	••
☐ Sore throat	•••	••	•••	•
☐ Vomiting or diarrhea	•	••	••	•
☐ Wheezing	•	•	•	•••

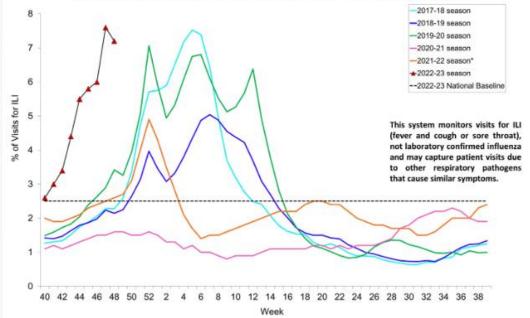
RARELY
 SOMETIMES
 OFTEN

^{*}A stuffy nose may temporarily decrease the ability to taste or smell but it does not cause a sudden, complete loss of these senses. • Source: Centers for Disease Control and Prevention



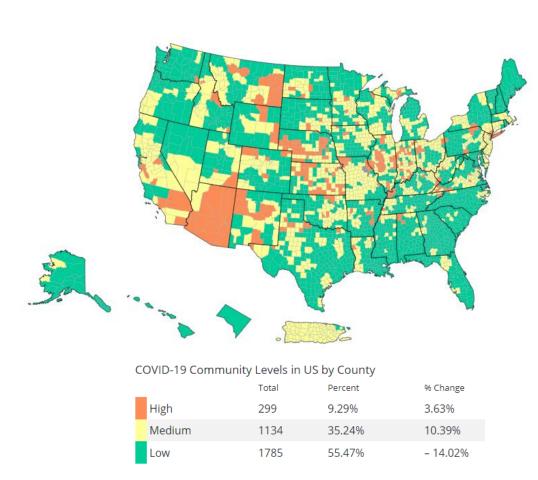
Data last updated: 11/30/2022 | Accessibility: Hover over graph area to display options such as show data as table and copy visual. Note: Al/AN, American Indian or Alaska Native; A/Pl, Asian and Pacific Islander.





Should I Wear a Mask this Holiday Season?

- When weighing when and where to mask, it is recommended to pay attention to the "Three Cs": close contact, crowded spaces and confined places with poor ventilation
- Consider it for public transportation, grocery shopping in Medium/High Areas
- If you are immunocompromised, unvaccinated or live with either, consider masking
- CDC recommends considering a mask in Medium risk areas



Questions?

Thank you!

Next Session: Thursday, January 19th ,12-1 pm CST

Resources & recording of the session

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

This project was funded in whole by a cooperative agreement with the Centers for Disease Control and Prevention grant number 5 NU50CK000588-03-00. 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.









QUESTIONS & CONTACT

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