

COVID-19 Series for Free & Charitable Clinics

April 13, 2023





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.

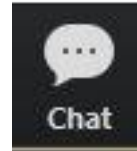
Partnerships: **The National Association of Free and Charitable Clinics** and **6 State Associations:** to consult directly with clinic personnel in highly vulnerable areas with low vaccination rates.

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.

Track Covid-19 in the U.S.

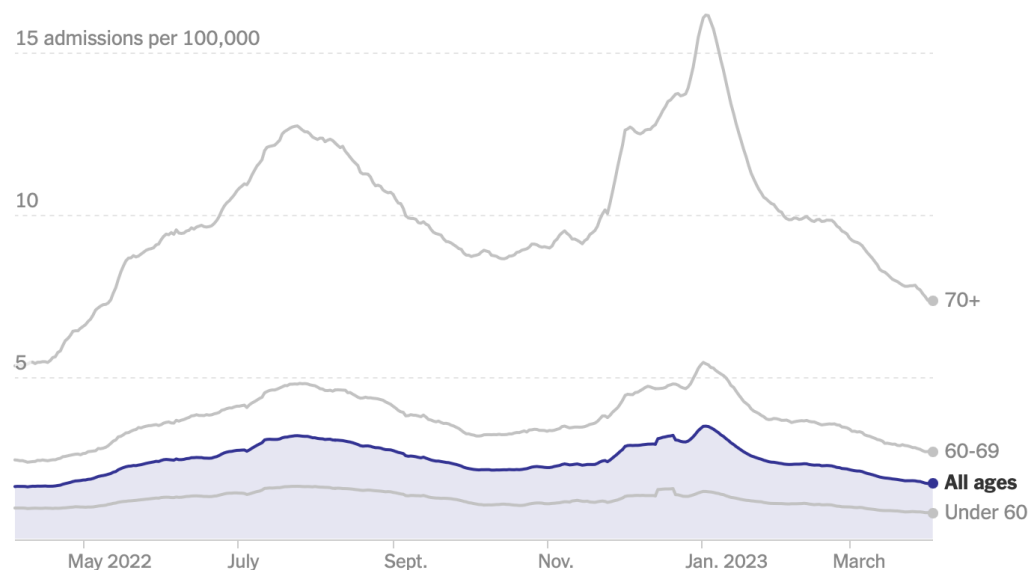
Updated April 3, 2023

Daily Covid hospital admissions

Avg. on April 3 14-day change

5,673 -6%

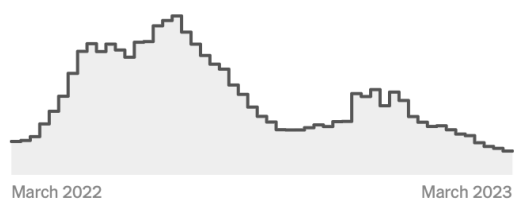
15 admissions per 100,000



Weekly cases

March 23 to 29 14-day change

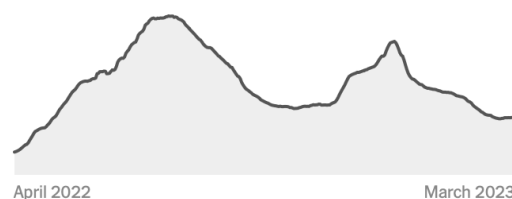
138,481 -16%



Test positivity rate

Avg. on March 31 14-day change

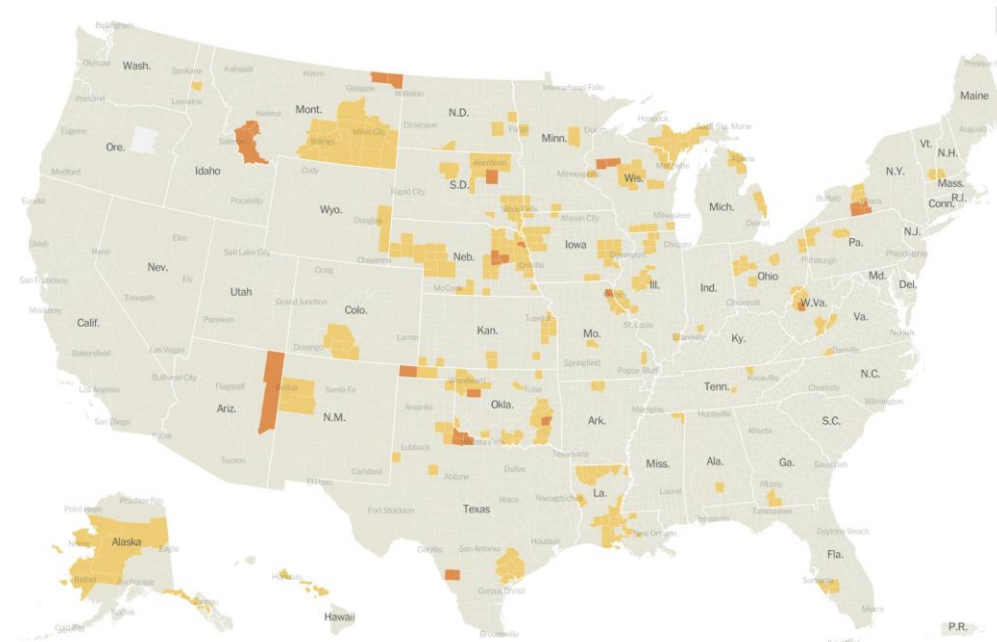
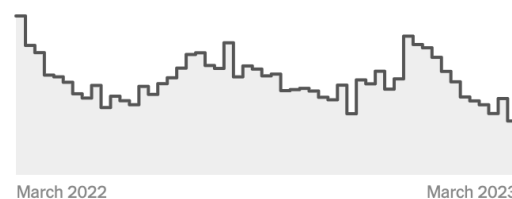
6.8% +2%



Weekly deaths

March 23 to 29 14-day change

1,596 -12%



Primary series vaccination rate

69%

Total population

94%

Ages 65 and up

Bivalent booster rate

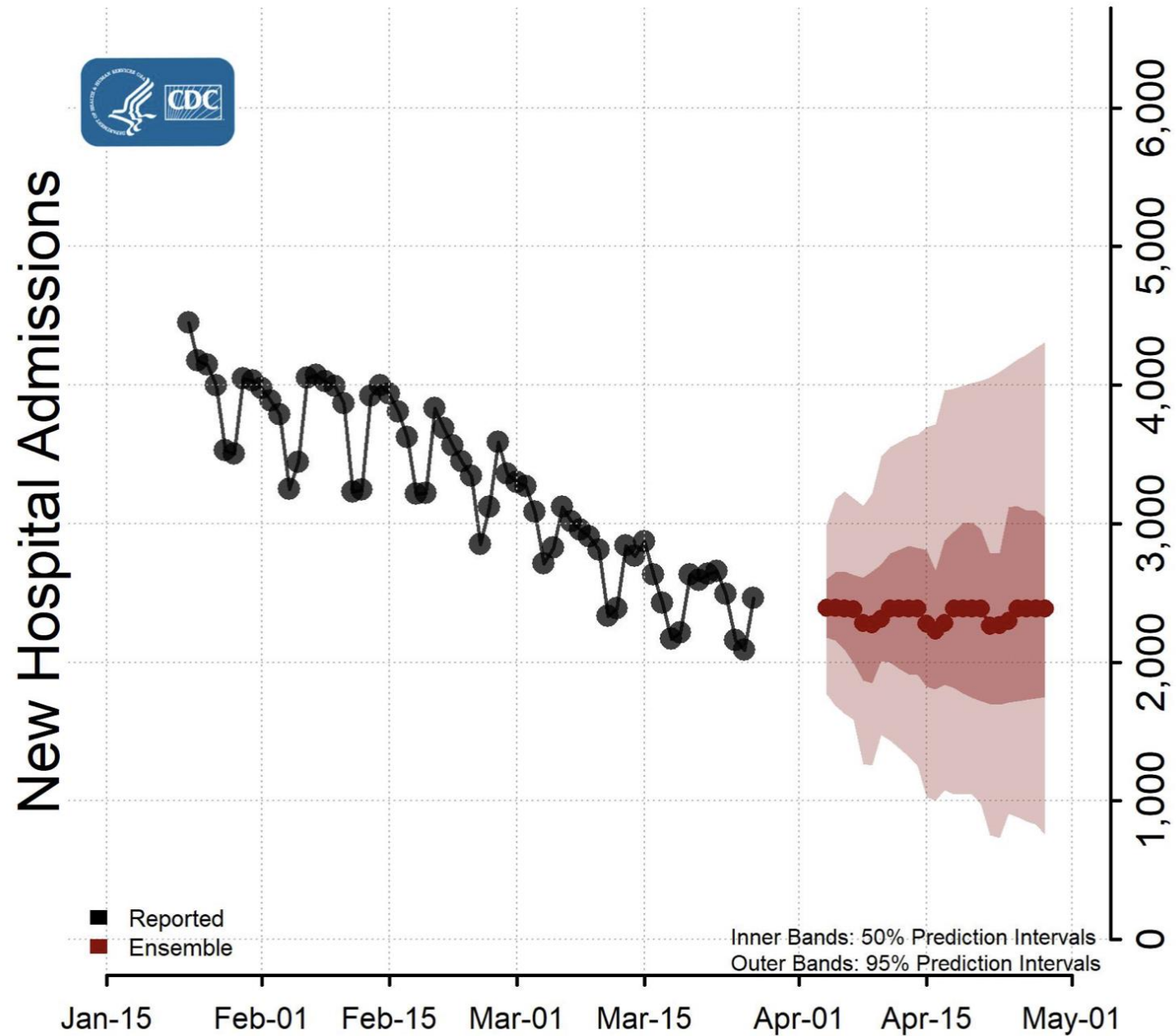
17%

Total population

42%

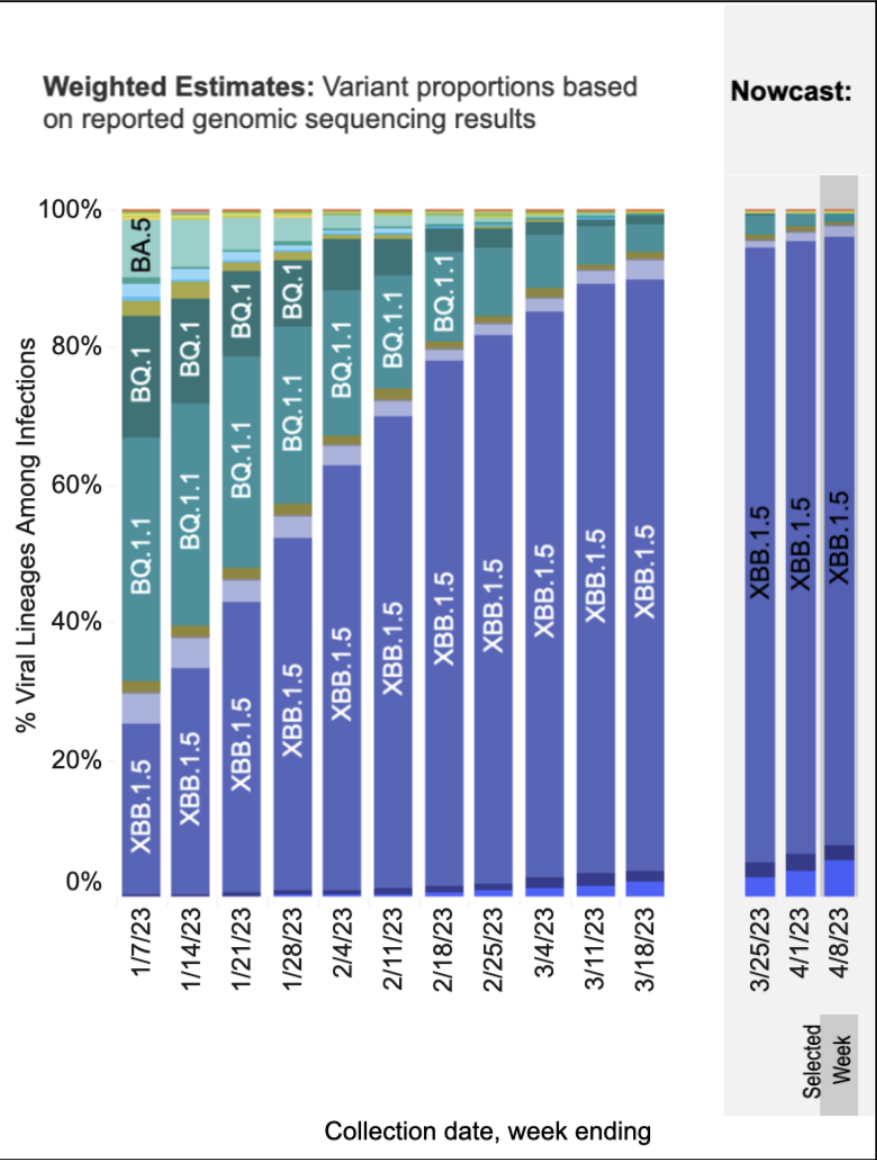
Ages 65 and up

National Forecast



Weighted and Nowcast Estimates in United States for Weeks of 1/1/2023 – 4/8/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



Nowcast Estimates in United States for 4/2/2023 – 4/8/2023

USA					
WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	XBB.1.5	VOC	88.3%	85.9-90.3%	
	XBB.1.9.1	VOC	5.1%	4.0-6.5%	
	XBB.1.5.1	VOC	2.4%	1.9-3.1%	
	XBB	VOC	1.9%	1.2-3.0%	
	BQ.1.1	VOC	1.4%	1.0-2.1%	
	CH.1.1	VOC	0.4%	0.3-0.6%	
	BQ.1	VOC	0.2%	0.1-0.3%	
	BA.2	VOC	0.1%	0.0-0.6%	
	BN.1	VOC	0.0%	0.0-0.1%	
	BA.5	VOC	0.0%	0.0-0.0%	
	BF.7	VOC	0.0%	0.0-0.0%	
	BA.2.75	VOC	0.0%	0.0-0.0%	
	BA.5.2.6	VOC	0.0%	0.0-0.0%	
	BA.2.75.2	VOC	0.0%	0.0-0.0%	
	BF.11	VOC	0.0%	0.0-0.0%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
	BA.4.6	VOC	0.0%	0.0-0.0%	
	BA.4	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		0.1%	0.0-0.1%	

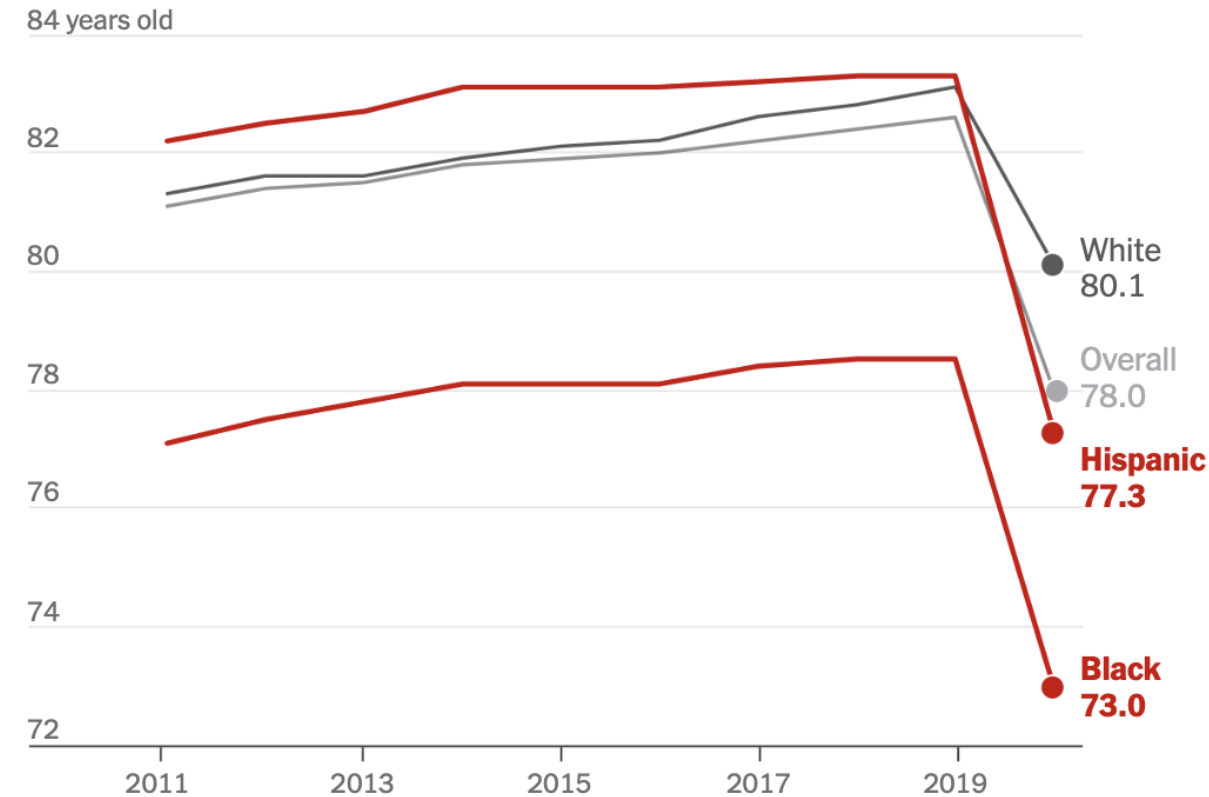
What About XBB 1.16?

- World Health Organization (WHO) is monitoring a new subvariant called XBB.1.16, which has been circulating throughout India for a few months and is causing a new surge of cases there
- Similar to the XBB.1.5 variant that has dominated the U.S. throughout 2023 but is distinguished by a mutation in the spike protein that “may give it some additional growth advantages”
- No evidence of worsening disease or increased hospitalization rate
- Though XBB.1.16 is not currently among the Omicron variants accounting for U.S. infections
- Some believe it’s time for public health officials to consider authorizing another booster for vulnerable populations who were among the first to receive the bivalent boosters back in September 2022

N.Y.C. Life Expectancy Dropped 4.6 Years in 2020, Officials Say

Life Expectancy at Birth From 2011 to 2020

Life expectancy fell approximately twice as much for Hispanic and Black New Yorkers as it did for white New Yorkers from 2019 to 2020.



Source: New York City Department of Health and Mental Hygiene • Note: The life expectancy estimates for Asians and Pacific Islanders are excluded because of small population size in some years. • By Monica Hersher

WHO Planning a Roadmap for Vaccination

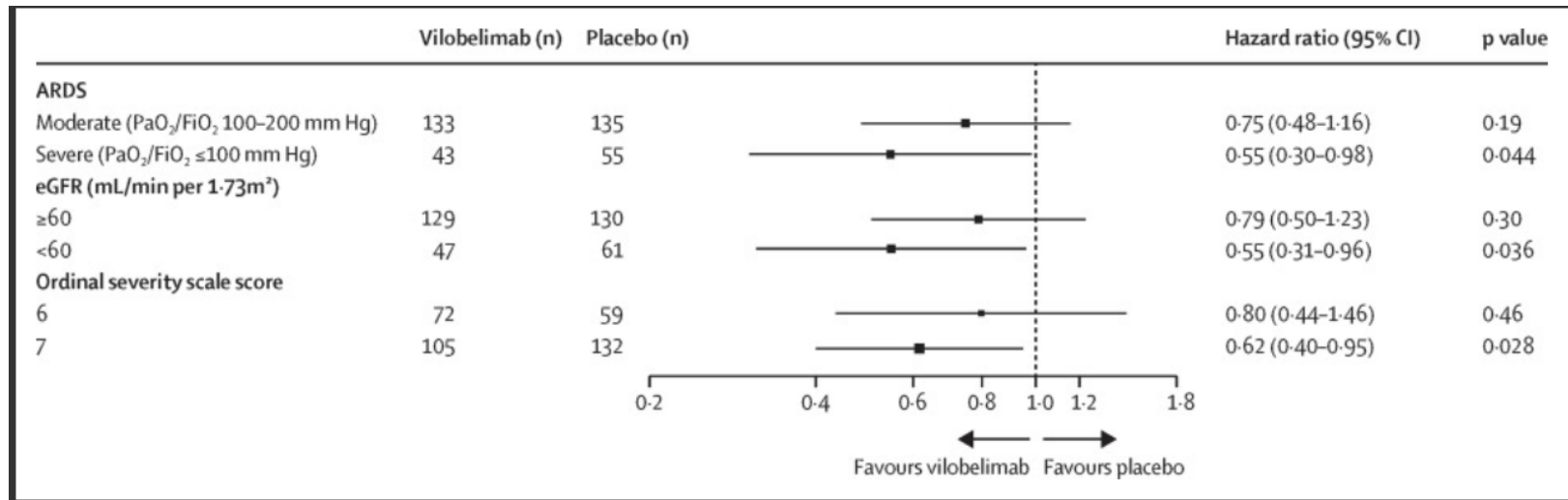
- Boosters-for-all no longer needed. High-risk people should get additional boosters
- The highest-risk groups may need boosters more frequently than once per year
- Pregnancy warrants boosting
- Pediatric vaccine policy update:
 - WHO will recommend “considering the primary series and booster dose for healthy children and adolescents only within country context, including disease burden in this age group, cost-effectiveness, other health or programmatic priorities, and opportunity costs.”
 - Does not Prioritize Infants: Infants are unlikely to have been infected before (infection provides substantial protection from future severe disease, even without a vaccine) and they are also the most likely to be hospitalized of all children. Since Omicron showed up, infants have had even higher hospitalization risks than adults ages 50-64.

What About FDA/CDC Recommending Additional Boosters?

- The Food and Drug Administration is expected to announce the step in the next few weeks, and the Centers for Disease Control and Prevention is expected to move quickly to endorse it, said the officials, who spoke on the condition of anonymity because they were not authorized to publicly discuss internal discussions.
- Eligible individuals will be able to receive the dose as long as it has been at least four months since their first shot of what's known as the bivalent booster, which targets omicron subvariants BA.4 and BA.5 as well as the original novel coronavirus.
- The expectation is that consumers will consult with their health-care providers about whether to get the extra booster, the officials said. The FDA's policy change will be "permissive" — people may get the shot but will not be told they should get it
- Experts have expressed mixed views about a second bivalent booster. Some say there is little data to justify it, while others argue it would benefit high-risk individuals who received their first omicron-targeting shot last fall and probably have reduced protection as the effects fade.

FDA authorizes InflaRx's anti-inflammation drug for most serious COVID

- FDA has granted an emergency use authorization (EUA) for InflaRx's vilobelimab (Gohibic) to treat critically ill COVID patients
- Allowed for use within 48 hours of a patient receiving invasive mechanical ventilation or extracorporeal membrane oxygenation (ECMO), which are typically utilized in the most severe patients experiencing acute respiratory failure
- As for the C5 inhibition mechanism, vilobelimab is designed to leave C5b intact (only block C5a) as an important defense mechanism of the innate immune system
- Company expects to charge a five-digit figure and that "it will not have a one as first figure."



Millions on Medicaid May Soon Lose Coverage as Pandemic Protections Expire

- A requirement that states keep people on Medicaid during the coronavirus pandemic has come to an end,
- Federal government has estimated that about 15 million people will lose coverage in the coming months, including nearly seven million people who are expected to be dropped from the rolls even though they are still eligible. Nearly half of those who lose coverage will be Black or Hispanic, according to federal projections
- Changes in eligibility could lead to more people signing up for private coverage through the Affordable Care Act's marketplaces, where some people who lose Medicaid coverage will be eligible for free plans
- But hundreds of thousands of people could end up in the so-called coverage gap in states that have not expanded Medicaid under the Affordable Care Act

End of the Public Health Emergency

What it means for free and charitable clinics

Ending of Public Health Emergency

- The COVID-19 Public Health Emergency ends On May 11, 2023
 - HHS terms this the “transition phase”
- The administration does not have additional funding for COVID-19 testing, vaccination, or treatment unless authorized by Congress
 - This could change apart from the PHE

COVID-19 Testing

- Most significant immediate change will be increased cost and decreased access to testing
- At-home and in-office tests will no longer be free for most people
 - For those on Medicaid, tests are covered at no cost through Sept 2024
 - Subject to cost-sharing for those with insurance
 - Free tests to uninsured will not be federally funded

COVID-19 Treatment

- Any doses of treatment (ie Paxlovid) purchased by the federal government are still free until federal supply is depleted
- Medicaid will cover COVID-19 treatment through Sept 30, 2024

COVID-19 Vaccines

- No significant changes at this time
 - Administration has said they will continue to purchase COVID-19 vaccines
 - Availability of vaccines is determined by supply of federally purchased vaccines and not the public health emergency
 - Providers of federally purchased vaccine CANNOT charge patients
- When federal supply runs out
 - Vaccines will move to commercial market
 - Patients with Medicaid, Medicare, and private insurance will have access to free vaccines
 - Access for uninsured remains questionable
- FDA emergency use authorizations are not tied to the public health emergency

Other Changes

- Telemedicine
 - Prescriptions for controlled substances require an in-person visit again
 - Some states with temporary waivers for out-of-state providers to provide telehealth will expire
 - Telemedicine will be restricted to HIPPA compliant technology and products
- Data availability
 - DHHS will no longer have the authority to require labs to report COVID-19 testing results
 - Decrease ability to calculate percent positivity

Loss of Coverage

- Millions of people who gained access to Medicaid may lose it
 - Families First Coronavirus Response Act: Required state Medicaid programs to keep people continuously enrolled until PHE ends to receive enhanced federal funding
 - Since February 2020, Medicaid enrollment increased by 19.8 million (27.9%)
 - States can begin disenrollment in April
 - 5-14 million expected to lose Medicaid as a result

Planning for FCCs

- Educate staff on changes and be prepared to answer questions
- Educate patients and help them plan for how they will access testing/treatment/vaccination when needed
- Explore options for affordable in-office testing
- Encourage vaccination while vaccination is free
- Education and outreach on Medicaid
 - Re-enrollment efforts for individuals still eligible for Medicaid
 - Resources for individuals no longer eligible for Medicaid
- Consider data resources available and adjusting safety plans to account for limited percent positivity data

Questions?

Thank you!

Next Session: Thursday, May 18th ,12-1 pm CST

Resources & recording of the session

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

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