COVID-19 Grand Rounds
Update on Surge, Vaccine, Testing, Treatment

April 12, 2022

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Surge Level Thresholds

Stage	0	1 (100-115%)	2 (115-125%)	3 (125-130%)
Description	**Demand**	**Increase by 10-15% from baseline**	**Increase by 15-25% from baseline**	**Increase by 25-30%**
Data/Tracking	☐ Productivity measures ☐ URI Symptom Tableau Dashboard ☐ Flu Tableau Dashboard	☐ CDC trends (LA County & OC Public Health data) ☐ Increase in volume/demand for visits w/flu, IFL, URI, cold ☐ Increase in call center call volumes: Appointments and Nurse Advice Line ☐ Same day appointments booked at **80% withi...** ☐ Wait ... ☐ Incre... strug... requi... ☐ **Site S...** F2F v... room... prod...	☐ CDC trends (LA County & OC Public Health data) ☐ Increase in volume/demand for visits w/flu, IFL, URI, cold ☐ Increase in call center call volumes ☐ **Same day appointments booked 100% by 9:00am, three consecutive days** ... >2	☐ CDC trends (LA County & OC Public Health data) ☐ Increase in volume/demand for visits w/flu, IFL, URI, cold ☐ Increase in call center call volumes: appointments and Nurse Advice Line ☐ **Same day appointments booked 100% by 8:00am, daily consecutive week.** ☐ Wait times in clinic/urgent care >3 hours ☐ Increase in walk-ins ☐ **Increase in staff sick calls, resulting in loss of coverage**

- We can now resume in person meetings/gatherings

- Make sure to observe 6 foot distancing, frequent hand hygiene, masking at all times while indoors and not catering food or beverages for indoor meetings/gatherings.

- People may resume lunch in the break rooms but must observe 6 foots distancing and only remove masks to eat and drink.

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**Daily Reported Percent of COVID-19 Diagnostic Tests
that are Positive, Past 7-day Average
April 4, 2022**

LA County Data

Daily Average Percent Positive

Los Angeles City Sanitation and Environment SARS-CoV-2 Wastewater Concentration Compared to LA County Cases
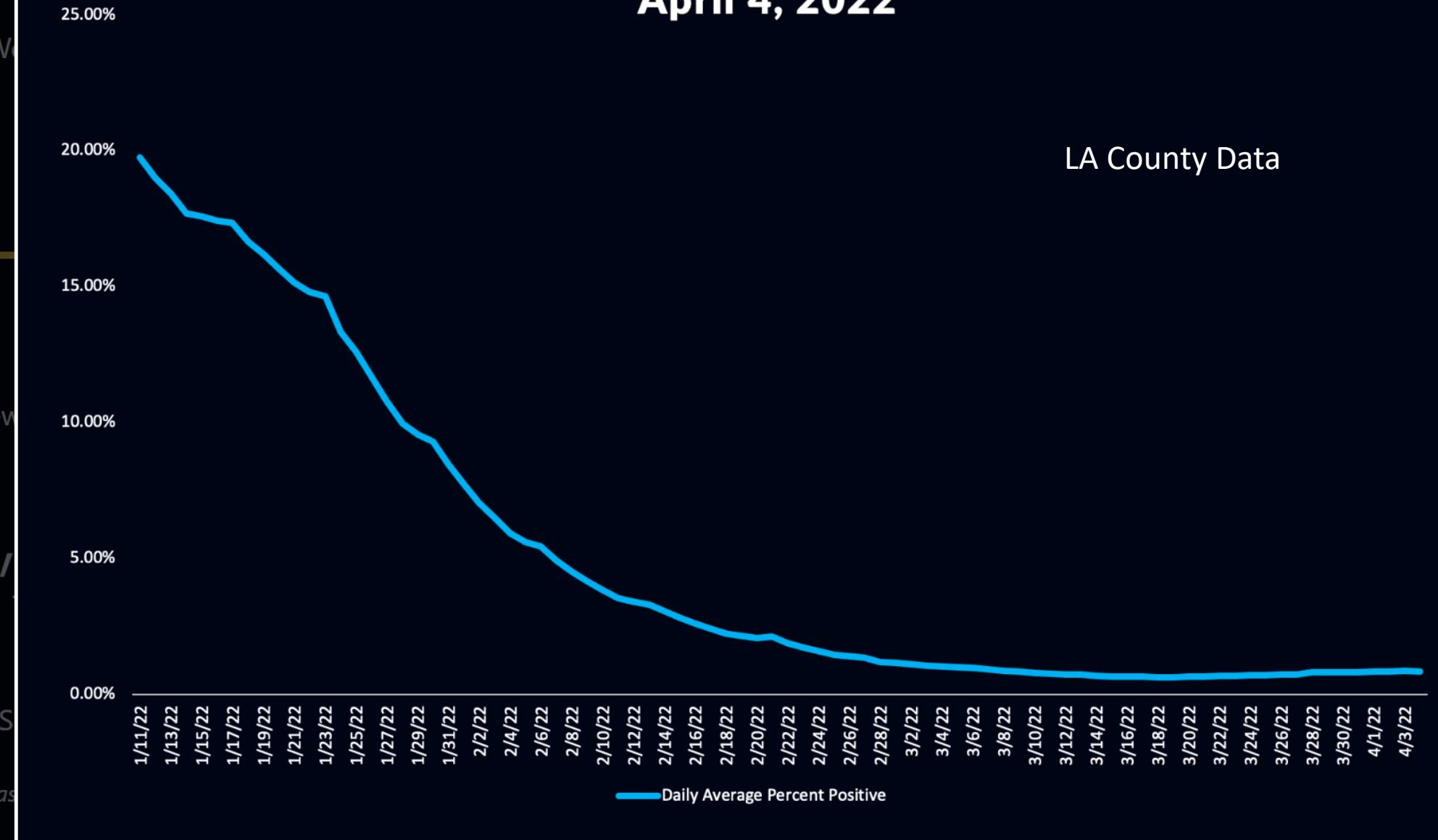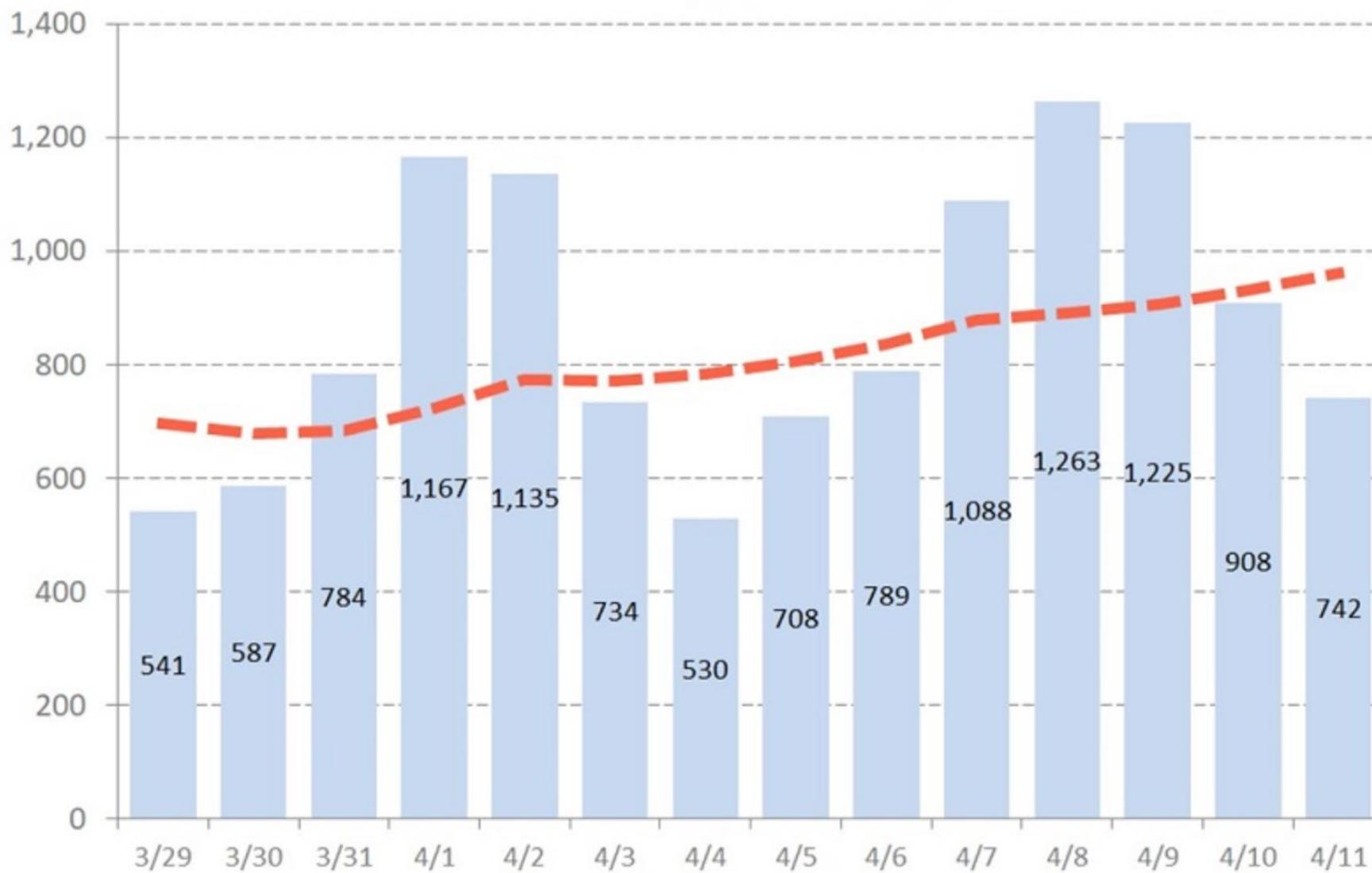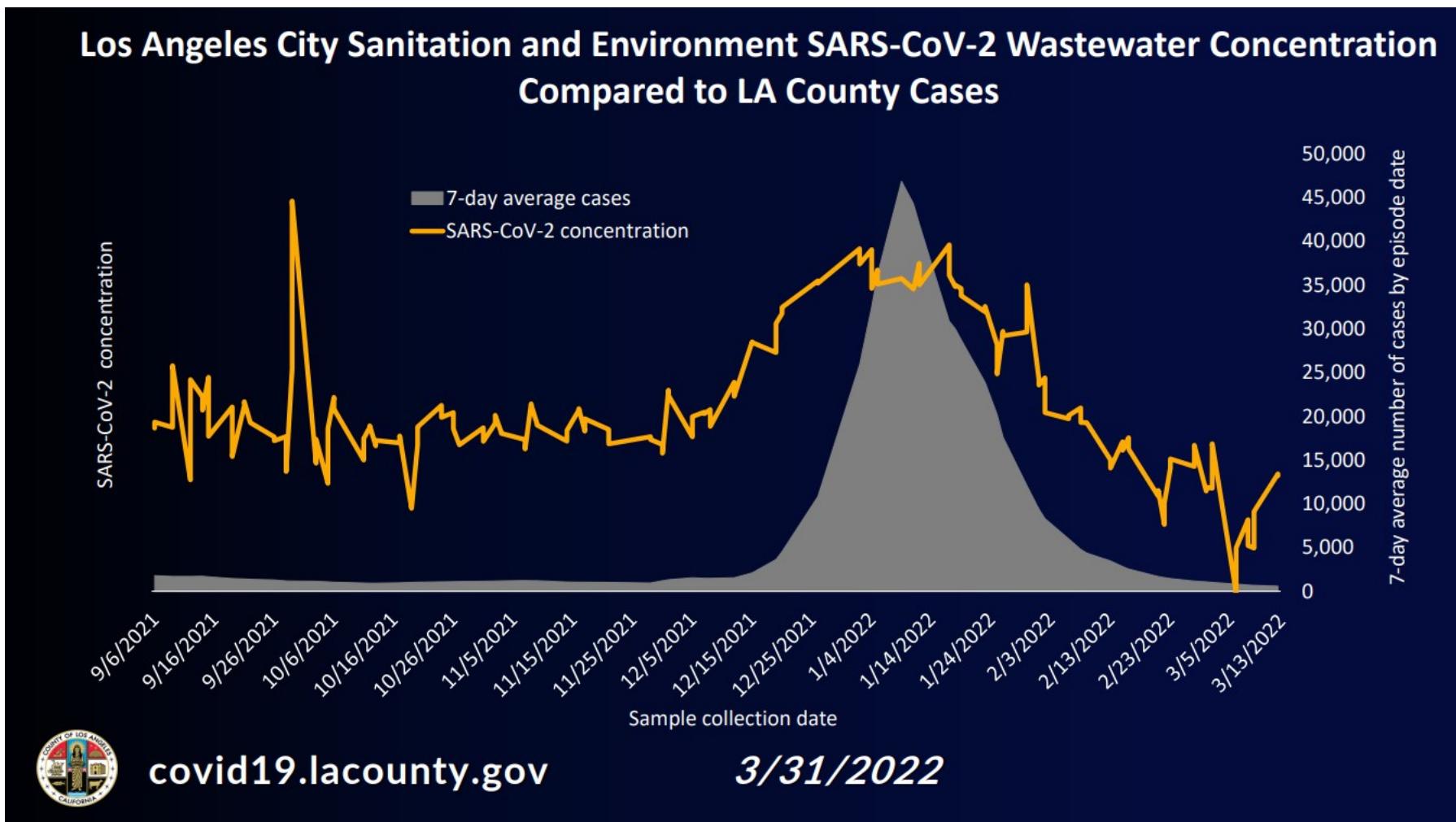
Cardiac Complications After SARS-CoV-2 Infection and mRNA COVID-19 Vaccination — PCORnet, United States, January 2021–January 2022

Early Release / April 1, 2022 / 71

Data from 40 health care systems participating in a large network found that the risk for cardiac complications was significantly higher after SARS-CoV-2 infection than after mRNA COVID-19 vaccination for both males and females in all age groups.

vaccination. The incidence of cardiac outcomes after mRNA COVID-19 vaccination was highest for males aged 12–17 years after the second vaccine dose; however, within this demographic group, the risk for cardiac outcomes was 1.8–5.6 times as high after SARS-CoV-2 infection than after the second vaccine dose. The risk for cardiac outcomes was likewise significantly higher after SARS-CoV-2 infection than after first, second, or unspecified dose of mRNA COVID-19 vaccination for all other groups by sex and age (RR 2.2–115.2). These findings support continued use of mRNA COVID-19 vaccines among all eligible persons aged ≥5 years.

GET THE FACTS

COVID-19, Myocarditis, and Vaccines

Myocarditis is inflammation of the heart muscle. This can happen after viral infections like COVID-19 and, very rarely, after receiving mRNA COVID-19 vaccines.

Most people with myocarditis following vaccination recover completely with rest and simple treatment. However, myocarditis from COVID-19 can be very severe.

If you're UNVACCINATED:

4x to 8x
higher risk
of myocarditis from
COVID-19 infection
in all ages.
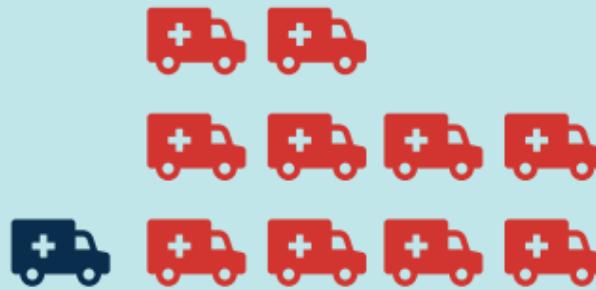
10x
higher risk
of hospitalization
from COVID-19
infection.

April 1, 2022

Incidence Rates and Clinical Outcomes of SARS-CoV-2 Infection With the Omicron and Delta Variants in Children Younger Than 5 Years in the US

Lindsey Wang[1]; Nathan A. Berger, MD[1]; David C. Kaelber, MD, PhD[2]; et al

Results of this cohort study suggest that the incidence rate of SARS-CoV-2 infection with Omicron variant was 6 to 8 times that of Delta variant in children younger than 5 years, but severe clinical outcomes were less frequent than with Delta variant. Study limitations include potential biases introduced by the ob-

BNT162b2 Protection against the Omicron Variant in Children and Adolescents

Ashley M. Price, M.P.H., Samantha M. Olson, M.P.H., Margaret M. Newhams, M.P.H., Natasha B. Halasa, M.D., Julie A. Boom, M.D., Leila C. Sahni, Ph.D., M.P.H., Pia S. Pannaraj, M.D., M.P.H., Katherine Irby, M.D., Katherine E. Bline, M.D., Aline B. Maddux, M.D., Ryan A. Nofziger, M.D., Melissa A. Cameron, M.D., et al., for the Overcoming Covid-19 Investigators[*]

RESULTS

We enrolled 1185 case patients (1043 [88%] of whom were unvaccinated, 291 [25%] of whom received life support, and 14 of whom died) and 1627 controls. During the delta-predominant period, vaccine effectiveness against hospitalization for Covid-19 among adolescents 12 to 18 years of age was 93% (95% confidence interval [CI], 89 to 95) 2 to 22 weeks after vaccination and was 92% (95% CI, 80 to 97) at 23 to 44 weeks. Among adolescents 12 to 18 years of age (median interval since vaccination, 162 days) during the omicron-predominant period, vaccine effectiveness was 40% (95% CI, 9 to 60) against hospitalization for Covid-19, 79% (95% CI, 51 to 91) against critical Covid-19, and 20% (95% CI, −25 to 49) against noncritical Covid-19. During the omicron period, vaccine effectiveness against hospitalization among children 5 to 11 years of age was 68% (95% CI, 42 to 82; median interval since vaccination, 34 days).

Summary

What is already known about this topic?

Protection against COVID-19 after 2 doses of mRNA vaccine wanes, but little is known about durability of protection after 3 doses.

What is added by this report?

Vaccine effectiveness (VE) against COVID-19–associated emergency department/urgent care (ED/UC) visits and hospitalizations was higher after the third dose than after the second dose but waned with time since vaccination. During the Omicron-predominant period, VE against COVID-19–associated ED/UC visits and hospitalizations was 87% and 91%, respectively, during the 2 months after a third dose and decreased to 66% and 78% by the fourth month after a third dose. Protection against hospitalizations exceeded that against ED/UC visits.

What are the implications for public health practice?

All eligible persons should remain up to date with recommended COVID-19 vaccinations to best protect against COVID-19–associated hospitalizations and ED/UC visits.

On March 30, 2022, the Centers for Disease Control and Prevention (CDC) updated its guidance to allow the following groups to receive a second mRNA booster dose at least 4 months after their first booster dose:

- People ages 50 years and older
- People ages 12 to 49 years who are moderately or severely immunocompromised

In addition, people ages 18 years and older who received a primary and booster dose of the Johnson & Johnson/Janssen (Johnson & Johnson) vaccine may receive one mRNA booster dose at least 4 months after their first booster dose.

The recommendation for a second booster dose for mRNA vaccine recipients was informed by data from Israel. Immunogenicity data from an ongoing, open-label, non-randomized clinical study of 274 healthcare workers at one facility in Israel found a higher level of neutralizing antibody levels against SARS-CoV-2, including the delta and omicron variants, two weeks after a second Pfizer or Moderna booster dose, as compared with five months after the initial booster dose. The Israeli Ministry of Health did not identify any new safety concerns related to the approximately 700,000 Pfizer second booster doses administered to adults ages 18 years and older. The recommendation for a second booster dose for Johnson & Johnson vaccine recipients was informed by data from the U.S., which showed that effectiveness against severe COVID-19 was higher when an mRNA booster dose was administered to Johnson & Johnson primary vaccine recipients compared with people who received two doses of the Johnson & Johnson vaccine.

https://www.nejm.org/doi/10.1056/NEJMc2202542?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%200pubmed

2nd Booster Recommendations

A second Booster shot has now been FDA approved and allowed for patients

- 12 and over with moderate to severe immune compromise and
- for all patients 50 and over.
- 18 and over Patients that received Janssen as their 1st booster

The 2nd booster shot would be given for this patient population 4 months or more after their 1st booster dose.

- It is vital that all patients 5 and up have their initial vaccination series and that all individuals 12 and over have had at least one booster when eligible.
- Healthy individuals between 50-64 may opt to selectively delay the timing of their 2nd booster shot, especially if they were recently infected with COVID-19.
- Keep in mind when counseling patients that some immunity will wane with booster shots 4-6 months after vaccination.
- Standing order is signed for 2nd boosters.

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COVID-19 Vaccine Timing by Age

Vaccinate ALL 58

Routine Schedule

Age	Vaccine	Primary Doses			Booster Dose	Consider 2nd Booster
5-11	**Pfizer–Pediatric (5-11)**	**1st Dose**	→ 3 weeks	**2nd Dose**		
12+	**Pfizer/Comirnaty (12+)**	**1st Dose**	→ 3 weeks (8 weeks for some people^)	**2nd Dose** → ≥5 months	**1st Booster** Ages 12-17: Pfizer 18+: Moderna/Pfizer (mRNA preferred) or J&J*	**2nd Booster** Ages 50+: Moderna/Pfizer 18-49: Not currently recommended
18+	**Moderna/Spikevax**	**1st Dose**	→ 4 weeks (8 weeks for some people^)	**2nd Dose** → ≥5 months		→ ≥4 months
18+	**Johnson & Johnson** Pfizer/Moderna preferred*	**1st Dose**	→ ≥2 months		**1st Booster** J&J	**2nd Booster** 18 years + mRNA booster recommended

^ An 8-week interval may be preferable for some people, especially for males 12-39 years.

* Although use of mRNA COVID-19 vaccines is preferred, the Janssen vaccine may be offered in some situations.

View Interim Clinical Considerations for Use of COVID-19 Vaccines for details. Schedule is subject to change.

COVID-19 Vaccine Timing by Age

Vaccinate ALL 58

Schedule if Moderately or Severely Immunocompromised

Age	Vaccine	Primary Doses					Booster Dose	Consider 2nd Booster
5-11	**Pfizer–Pediatric (5-11)**	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose						
12+	**Pfizer/ Comirnaty (12+)**	1st Dose → 3 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥3 months					**1st Booster** — Ages 12-17: Pfizer; **18+:** Pfizer/ Moderna (mRNA preferred) or J&J*	**2nd Booster** — Ages 12-17: Pfizer; **18+:** Moderna/ Pfizer
18+	**Moderna/ Spikevax**	1st Dose → 4 weeks → 2nd Dose → ≥4 weeks → 3rd Dose → ≥3 months						≥4 months
18+	**Johnson & Johnson** — Pfizer/Moderna preferred*	1st Dose → 4 weeks → 2nd Dose of Moderna or Pfizer → ≥2 months						
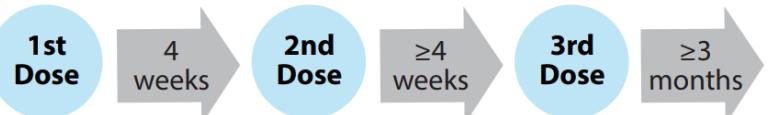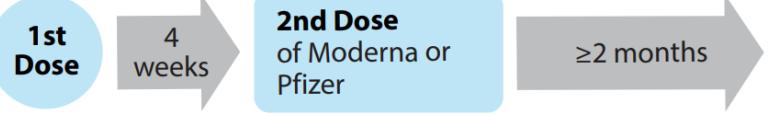
*Although use of mRNA COVID-19 vaccines is preferred, the Janssen vaccine may be offered in <u>some situations</u>.

View <u>COVID-19 Vaccines for Moderately or Severely Immunocompromised People</u> for details. Schedule is subject to change.

COVID Vaccine Additional Updates

- COVID-19 Vaccine approved for people 5 and older
- 3rd Doses are approved for moderate to severe immune deficiency for people 5 and over
- Vaccine for Kids <5 will not be reviewed until sometime in April 2022 to assess for effectiveness after 3rd dose

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Masking at AltaMed

- All patients 2yrs of age and over and all staff must continue to wear a mask while in any AltaMed facility regardless of vaccination status at all times unless actively eating or drinking.
  - For patients 2 and over that arrive to clinic with a KN95 mask or N95 mask, they may continue to wear this protective mask while in clinic.
  - For patients with loose fitting or cloth masks, please ask them to put on a clinic provided surgical mask or higher grade mask that is available for patient distribution which may be worn over their mask if requested.

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MEDICINES TO TREAT AND PREVENT COVID-19

If you are at <u>high risk of getting very sick</u>[±] from COVID-19 contact a doctor right away - even if your symptoms are mild. If you test positive for COVID-19, you may be eligible for medicines that *treat* COVID-19 and help keep you out of the hospital. **Don't delay: the medicines work best when they are given as soon as possible after symptoms start.**

Talk to your doctor. If you need help finding a doctor, call 2-1-1. You can also call the Public Health Call Center **1- 833-540-0473**, open 7 days a week, 8:00 am – 8:30 pm.

There are 2 types of medicine available to prevent or treat COVID-19:
- **Antivirals** prevent viruses from "multiplying" in the body
- **Monoclonal antibodies** bind to the virus and help the body to get rid of it

There is currently *no* cost for these COVID-19 medications, but the treating facility may charge for administering the drug. Medicare and Medicaid cover *all* costs. If you have private insurance, check with your plan to see if it covers all costs. If you do not have insurance, ask the treatment facility if there are fees.

Epic Project Updates: **Covid/URI Fast Track**

- "COVID" in *Rooming > Screenings → flows into your Note & Covid lab ORDER!*

- This is necessary for reporting Covid cases

- **Tip:** *.covidflow* brings in the flowsheet answers to your note

Screenings

| Covid | TB Screening | GAD-7 | Fall Risk | ADLs | PHQ-9 | He |
| Gender Identity/Sexuality | Geriatric Assessment | Opioid Risk | KATZ | | | |

⊞ Covid Screening ✎

➕ New Reading

Office Visit from
12/2/20
2329 ✎

Need Work Note?
Is the patient here for a work note or form? — No

Symptoms
Is patient symptomatic? — Yes !
Patient reports the following symptoms — Fever >100.4F;
Symptoms started on (date) — 11/5/2020

Chief Complaint
Patient presents with
- Cough

Covid-19 Flowsheet Screening:
Need Work Note?
Is the patient here for a work note or form? : No
Symptoms
Is patient symptomatic?: (!) **Yes**
Patient reports the following symptoms: (!) **Fever >100.4F, Cough worsening chronic cough)**
Symptoms started on (date): 11/05/20

- Positive test results should be immediately directed to a provider to make decision on if patient needs immediate COVID treatment. Add on to a provider's schedule onsite or schedule immediately with a telehealth provider.
- Make sure to write a nurse note to document screening questions.

COVID-19 Testing

-
- Both types of COVID-19 rapid tests are widely available to order for clinic use at AltaMed. (ID-Now and Quidel Antigen)
  - ID-NOW test cartridges can be ordered through McKesson and there is no restriction on ordering at this time.
  - Quidel COVID-19 Antigen test kits may be ordered through the supply chain. Only order the necessary amount to avoid any kits from expiring or being damaged during storage.
  - There is a shortage on the printer paper used for the ID-NOW analyzers but you may use and order the Siemens Urinalysis Analyzer Printer paper as a replacement for the time being if needed.
  - Quidel test kits can be distributed to staff for home use

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Updated Recommendation for COVID Testing

Reason For Testing	Antigen COVID Test for Patients in All Clinic Sites*	ID Now COVID Test	Fulgent COVID PCR Test
COVID Like Symptoms <7 days		X	
COVID Like Symptoms >7 days			X
Exposure to Someone with COVID			X
ID Now unavailable	X		X
Prior positive test in the last 90 days or to Retest with Antigen on or after Day 5 to come out of Iso early	X	X (antigen preferred)	
Other Reason not recommended	X		X

*All sites may order quidel rapid test kits for patient testing, distribution for patients requiring follow up testing and for staff members to take home (2 kits per staff member at a time).

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Updated Isolation And Quarantine for General Public

Scenario	Isolation Duration	Follow up test	Isolation Ends
Positive Covid Test	Isolate for 5 days	Antigen test on Day 5 or after. If unable to test or choose not to continue Isolation for 10 days	If Neg Ag test- Yes <u>Must</u> wear well-fitting mask for next 5 days around others
Negative Covid Test & Symptoms	Isolate until symptoms improved and Fever Free for 24 hours.	Home Antigen test on Day 5 or after. If unable to test or choose not to continue Isolation for 10 days	If Neg Ag test- Yes <u>Must</u> wear well-fitting mask for next 5 days around others
Exposure to someone with Covid-19 & Unvaccinated or Booster Eligible but have not received booster dose.	Quarantine for 5 days	Home Antigen test on Day 5 or after ok. Clinic PCR best. If unable to test or choose not to continue Isolation for 10 days	If Neg Ag or PCR test- Yes <u>Must</u> wear well-fitting mask for next 5 days around others
Exposure to someone with Covid-19 & Boosted OR Fully Vaccinated but not yet eligible for booster	No Quarantine Wear well-fitting mask around others for 10 days	Home Antigen test Day 5 or after ok Clinic PCR best.	NA

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COVID Treatment

- Sotrovimab is no longer recommended for the treatment of COVID-19 in individuals at high risk for developing severe COVID-19 as it has been found to be less effective with the BA.2 Omicron subvariant.
  - They may increase the dose for Sotrovimab so that it will be more effective as a treatment.
  - In the meantime, continue to use Paxlovid as the treatment of choice for patients within 5 days of symptoms onset.
  - For patients that cannot use Paxlovid: Bebtelovimab or Remdesivir would be the drugs of choice. We continue to work on securing access to the most up to date treatments for our patients. Bebtelovimab should be available through our usual MAB referral process but the order form should be updated.
  - Evushield should be considered for those with moderate to severe immune suppression as a pre-exposure prophylaxis against COVID.
  - Therapeutics Locator
  - https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/

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COVID-19 Treatment Contd

- Paxlovid can be ordered for patients with a positive COVID-19 test (home test if reliable may be used).

- Given our current robust supply, we may expand treatment to Risk group 1-4

- Prioritize treatment for symptomatic patients that are vaccinated or unvaccinated with additional risk factors for progressing to severe disease (this may be updated as supply increases/decreases)

- AltaMed patients are able to arrange for delivery but keep in mind that patients must start therapy within 5 days of symptom onset and we need to reconcile all meds to eval for significant drug drug interactions that may preclude treatment.

- Prescriptions can only be filled at AltaMed through the AltaMed Commerce Pharmacy or to other outside pharmacies listed on the external database.

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COVID-19 Treatment Guidelines

Coronavirus Disease 2019 (COVID-19) Treatment Guidelines

VIEW GUIDELINES

The COVID-19 Treatment Guidelines Panel's Interim Statement on Patient Prioritization for Outpatient Anti- SARS-CoV-2 Therapies or Preventive Strategies When There Are Logistical or Supply Constraints

Last Updated: December 23, 2021

https://www.covid19treatmentguidelines.nih.gov/

Tier	Risk group
1	Immunocompromised individuals regardless of vaccine status **or** Unvaccinated individuals age ≥75 y or age ≥65 y with additional risk factors*
2	Unvaccinated individuals age ≥65 y or age <65 y with risk factors*
3	Vaccinated individuals age ≥75 y or age ≥65 y with additional risk factors*
4	Vaccinated individuals age ≥65 y or age <65 y with risk factors*

Risk factors for progressing to severe COVID include advanced age, cancer, cardiovascular disease, chronic kidney disease, chronic lung disease, diabetes, immunocompromised, obesity, pregnancy, sickle cell disease, other conditions

*https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html

Appendix