December 16, 2021

LTC COVID-19 Update

Presented by:

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Indiana Department of Health Team

Indiana Department of Health

IHCA INCAL

INDIANA HEALTH CARE ASSOCIATION

INDIANA CENTER FOR ASSISTED LIVING

Today's Topics

- Omicron, sequencing and boosters – Dr. Vuppalanchi
- Q&A

**Reminder: No December 30 call

LTC Professionals Day at the Statehouse, *this event is FREE for all, details HERE*

The Proficient Infection Preventionist*, a webinar series in 2022, pre-purchase now and save $120, details HERE*

Indiana Department of Health

COVID-19 UPDATES

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MEDICAL DIRECTOR
FOR LONG-TERM CARE

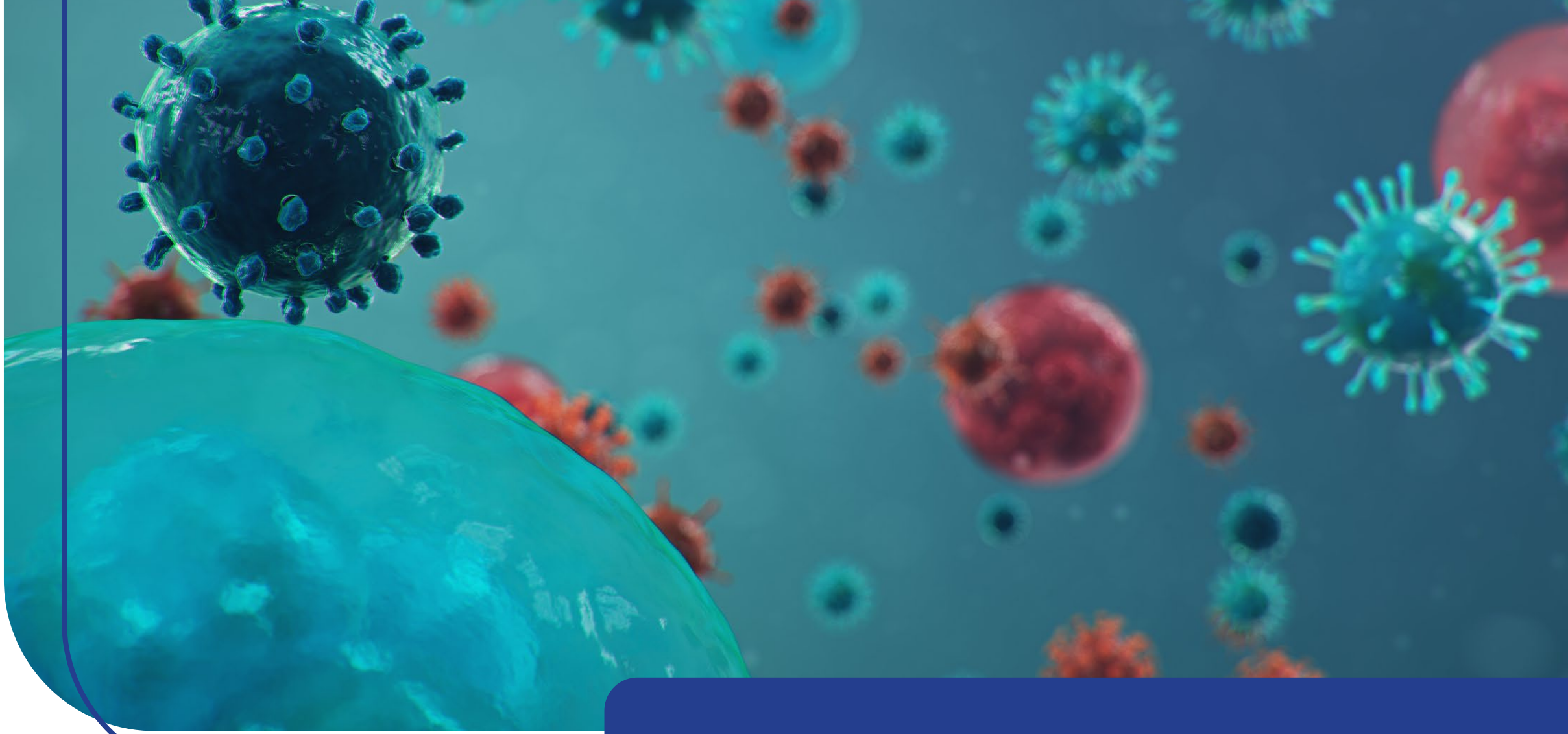
12/16/2021

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Omicron

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Omicron variant

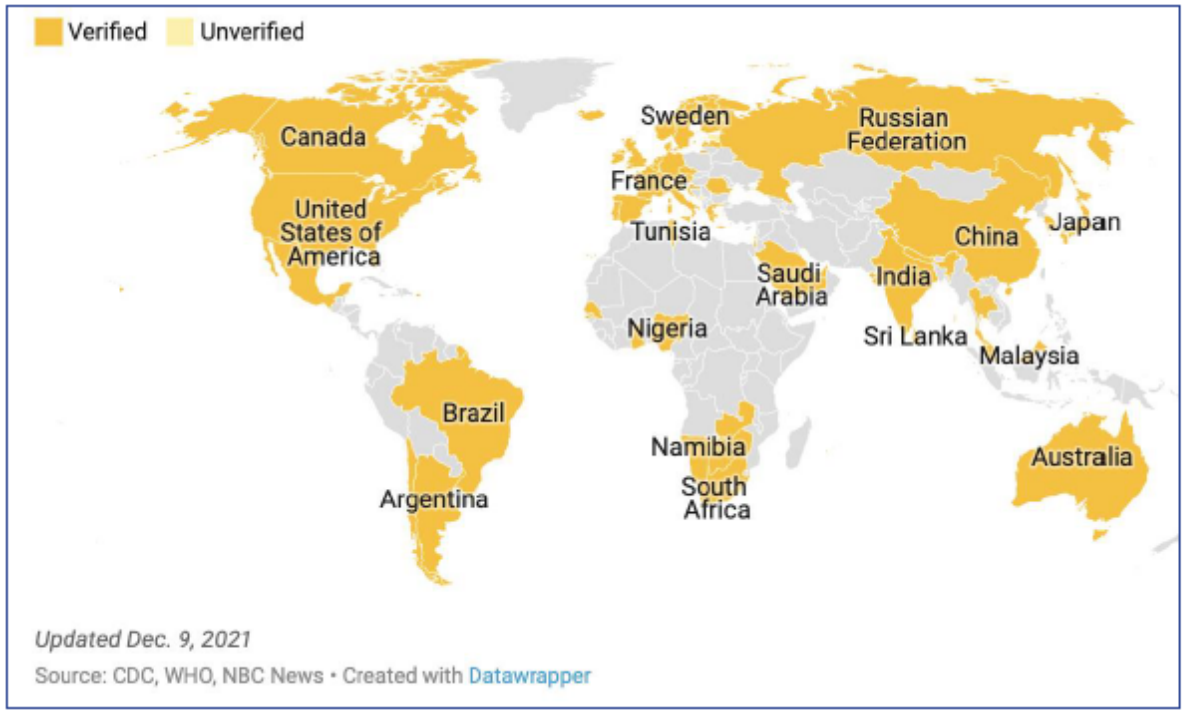
- Nov 24: A new variant B 1.1.529 was reported to the WHO
- Nov 26: WHO declared it as a variant of concern
- SARS-CoV-2 Interagency Group (SIG) established by the US Department of Health and Human Services also classified Omicron as a variant of concern
- Two strains: BA.1 and BA.2

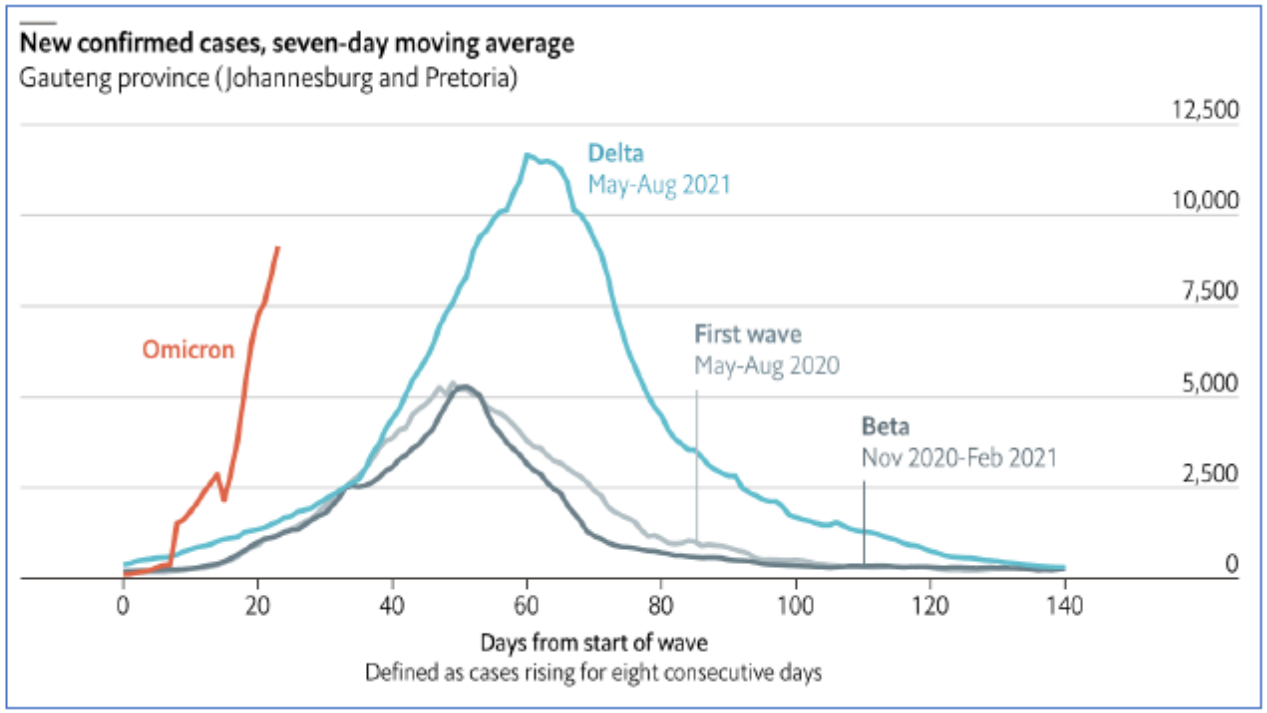
Detectable by current tests but cannot be distinguished.

- Cases have been observed in those with travel history and those without.
- Cases have been reported in those with previous COVID-19 infection with other variants and in those that are fully vaccinated.

Infection prevention measures are very important.

Omicron variant





Omicron is now being reported in 57 countries.

In South Africa, where Omicron has displaced Delta, cases are rising faster than in earlier variant waves.

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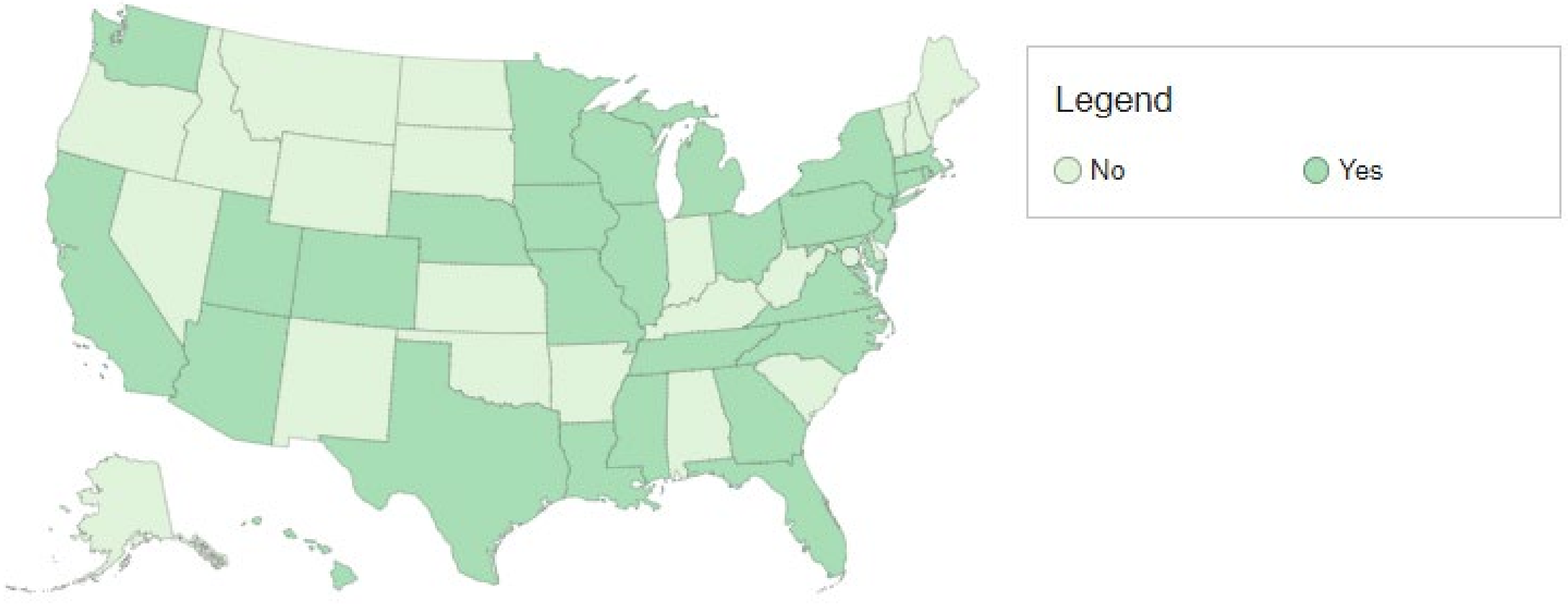
Omicron Variant: In the United States



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https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html

Omicron Variant: What we know

- **How easily does Omicron spread?** The Omicron variant likely will spread more easily than the original SARS-CoV-2 virus and how easily Omicron spreads compared to Delta remains unknown. CDC expects that anyone with Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms. Expected to surpass Delta in the United Kingdom in 2-4 weeks
- **Will Omicron cause more severe illness?** More data are needed to know if Omicron infections, and especially reinfections and breakthrough infections in people who are fully vaccinated, cause more severe illness or death than infection with other variants.
- **Will vaccines work against Omicron?** Current vaccines are expected to protect against severe illness, hospitalizations, and deaths due to infection with the Omicron variant. However, breakthrough infections in people who are fully vaccinated are likely to occur. With other variants, like Delta, vaccines have remained effective at preventing severe illness, hospitalizations, and death. The recent emergence of Omicron further emphasizes the importance of vaccination and boosters.
- **Will treatments work against Omicron?** Scientists are working to determine how well existing treatments for COVID-19 work. Based on the changed genetic make-up of Omicron, some treatments are likely to remain effective while others may be less effective.

https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html

Omicron Variant: MMWR

What is already known about this topic?
SARS-CoV-2 variant B.1.1.529 (Omicron), first reported to WHO on Nov. 24, 2021, has been designated a variant of concern. Mutations in Omicron might increase transmissibility, confer resistance to therapeutics, or partially escape infection- or vaccine-induced immunity.

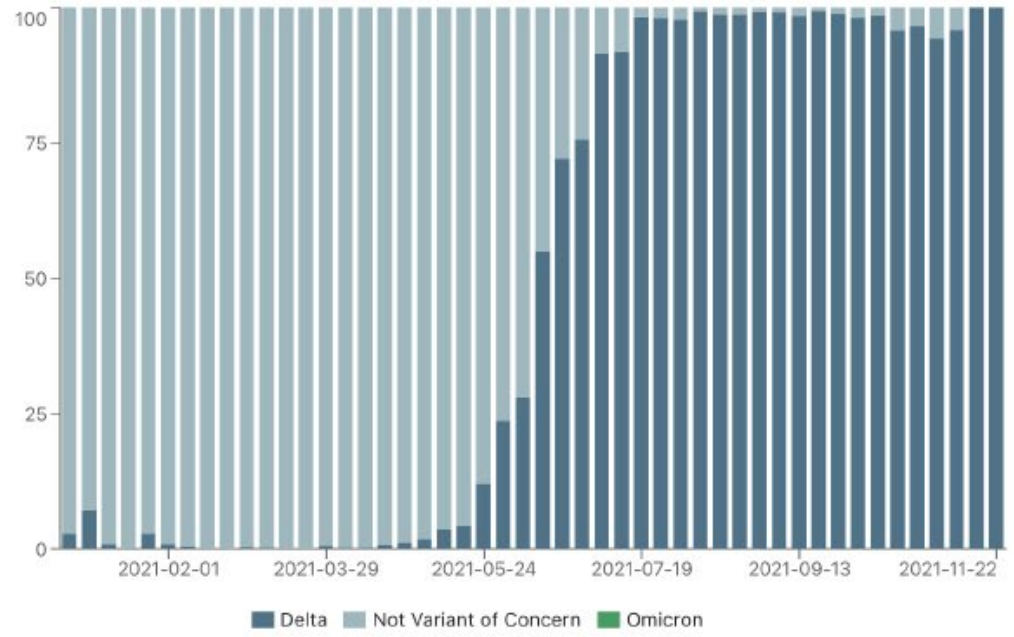
What is added by this report?
During Dec. 1-8, 2021, 22 U.S. states reported at least one COVID-19 case attributed to the Omicron variant. Among 43 cases with initial follow-up, one hospitalization and no deaths were reported.

What are the implications for public health practice?
Implementation of concurrent prevention strategies, including vaccination, masking, improving ventilation, testing, quarantine, and isolation are recommended to slow transmission of SARS-CoV-2, including variants such as Omicron, to protect against severe illness and death from COVID-19.

Omicron Variant: Dashboard

More Info on Variants

Variants



Variant	% of Samples (in current month)	Change in % of Samples (from previous month)
Delta / B.1.617.2	96.1%	-0.2%
Not Variant of Concern	3.9%	0.2%
Omicron / B.1.1.529	0%	0%

Omicron and graph of variant activity by week to be added to dashboard

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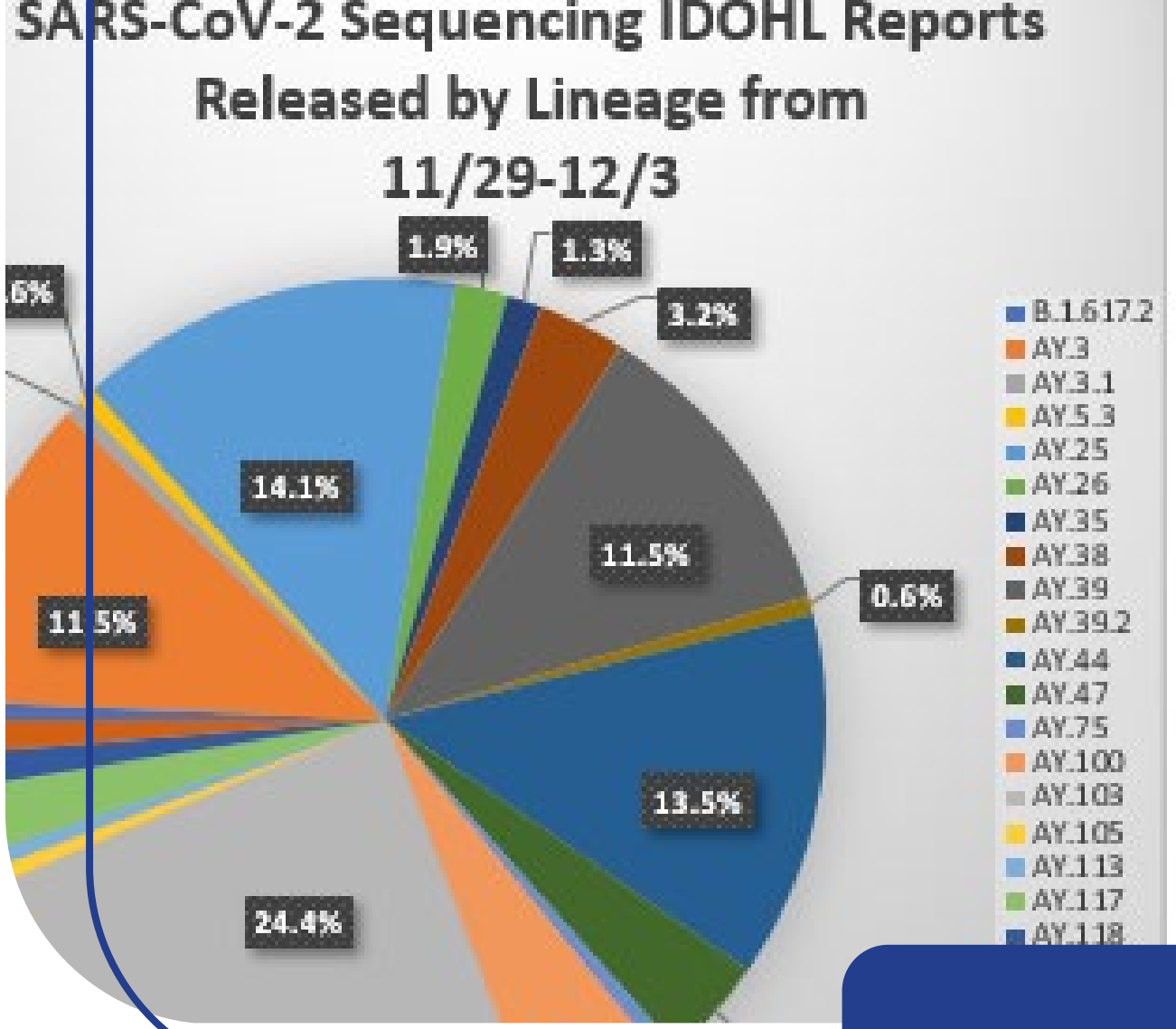

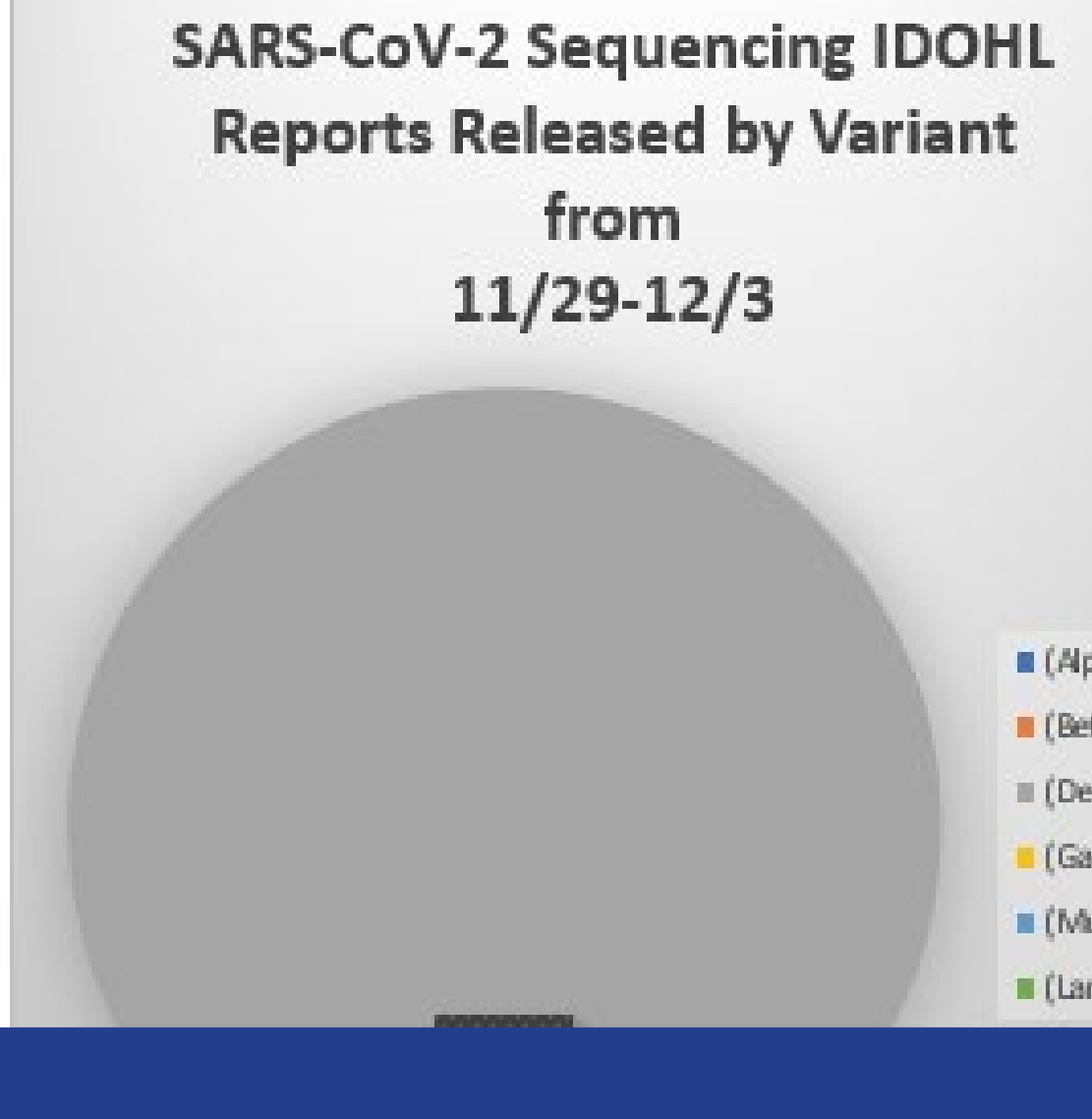

Sequencing

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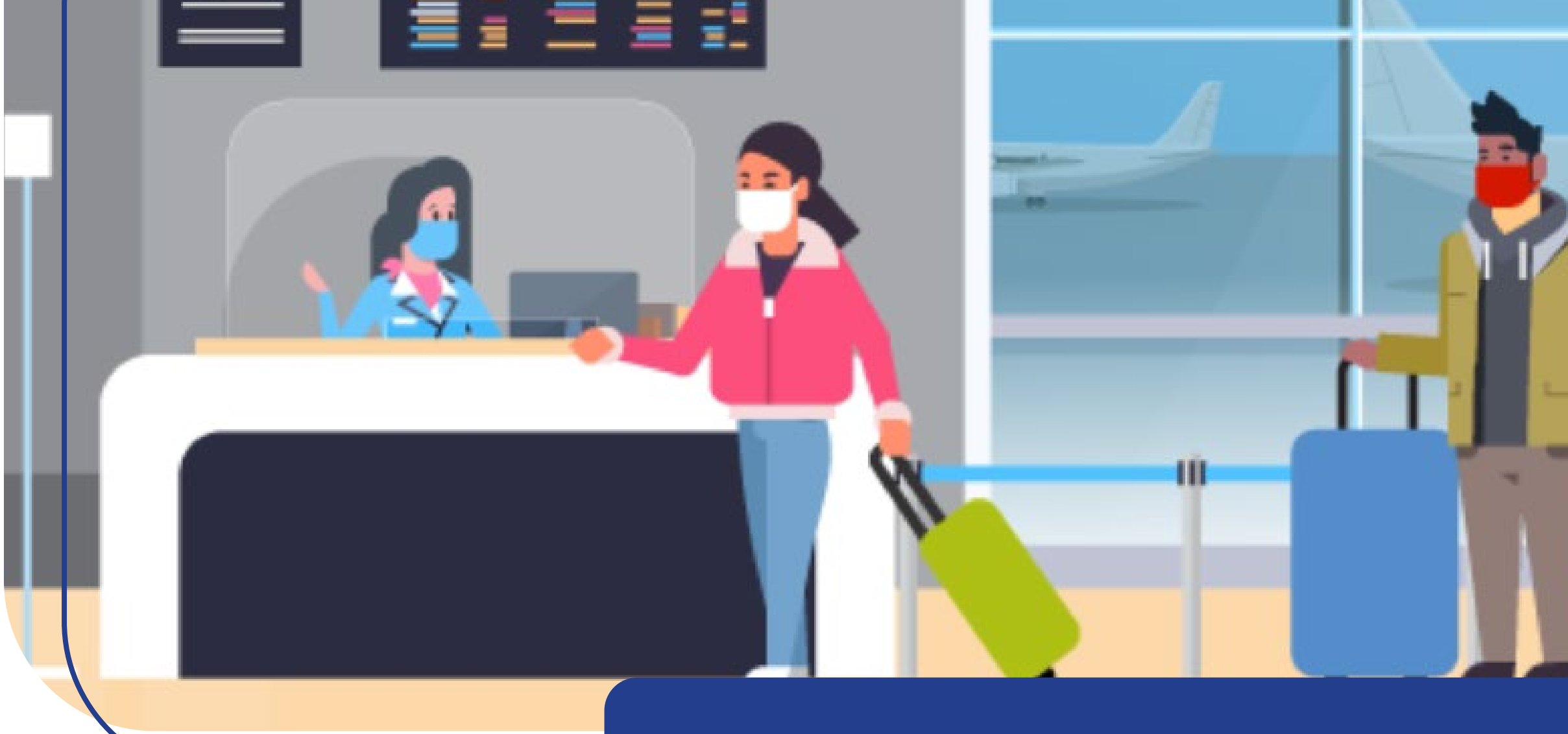
Process

- IDOH will contact a few facilities each day to gather their information, explain the process, and email the paper form required for the sequencing
- Langham will deliver the test kits the next day
- Facility to collect nasopharyngeal samples from five known cases, ideally within seven days of start of illness or positive test, label and refrigerate
- Fill a paper form for each person
- Langham will pick up the specimens and the paper forms
- The lab will perform sequencing on specimens with appropriate CT value
- IDOH will notify if Omicron is identified
- No change in guidance regardless of the variant



Travel updates

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Travel Guidance

- Delay travel until vaccinated.
- Infection prevention throughout before, during, and after.
- Before travel, check the destination status, restrictions, testing needs.
  - If not vaccinated, get tested 1-3 days before your trip.
- After travel, self-monitor, test if symptoms
  - If not vaccinated, test at 3-5 days after travel, self-quarantine for 7 days even if negative test (10 days if not testing).
- All passengers entering the US by air must show a **negative viral test within one day of travel** or show documentation of recovery from COVID-19 in the 90 days before.

Domestic Travel During COVID-19 | CDC

U.S Citizens, U.S. Nationals, U.S. Lawful Permanent Residents, and Immigrants: Travel to and from the United States | CDC

COVID-19 Travel Recommendations by Destination | CDC

Resident Boosters

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Current booster attestation status

- 614 Facilities have attested to having completed offering boosters.
- 152 have not responded (27 of these have mobile clinic assistance done or scheduled).
  - Probari was able to contact 70 of them and the facilities assured that they will complete the attestation once boosters are done.
  - Probari has not been able to make a connection with 55 of them and are attempting to contact them again.
- 6 facilities are receiving doses from IDOH
- 60 facilities are receiving mobile clinic assistance

Therapeutics

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Evusheld

AstraZeneca evusheld injectable monoclonal antibody for pre-exposure prophylaxis received EUA on Dec. 8

- Distribution logistics still under development
- Very limited initial supply

https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-new-long-acting-monoclonal-antibodies-pre-exposure

Paxlovid- Final Results

- Final data available from all high-risk patients enrolled in EPIC-HR study (n= 2,246) confirmed prior results of interim analysis showing PAXLOVID™ (nirmatrelvir [PF-07321332] tablets and ritonavir tablets) reduced risk of hospitalization or death by 89% (within three days of symptom onset) and 88% (within five days of symptom onset) compared to placebo; no deaths compared to placebo in non-hospitalized, high-risk adults with COVID-19
- The above data have been shared with the U.S. Food and Drug Administration (FDA) as part of an ongoing rolling submission for Emergency Use Authorization (EUA)
- Separately, interim analyses of an ongoing second study in standard-risk adults (EPIC-SR) showed a 70% reduction in hospitalization and no deaths in the treated population, compared to placebo, in the secondary endpoint; the novel primary endpoint of self-reported, sustained alleviation of all symptoms for four consecutive days, as compared to placebo, was not met. The study continues
- An approximate 10-fold decrease in viral load at Day 5, relative to placebo, was observed in both EPIC-HR and EPIC-SR, indicating robust activity against SARS-CoV-2 and representing the strongest viral load reduction reported to date for a COVID-19 oral antiviral agent
- Recent in vitro data confirm that nirmatrelvir is a potent inhibitor of the Omicron 3CL protease, which, combined with existing in vitro antiviral and protease inhibition data from other Variants of Concern (VoC) including Delta, indicates that PAXLOVID will retain robust antiviral activity against current VoCs as well as other coronaviruses

Pfizer Announces Additional Phase 2/3 Study Results Confirming Robust Efficacy of Novel COVID-19 Oral Antiviral Treatment Candidate in Reducing Risk of Hospitalization or Death | Pfizer

Molnupiravir

- FDA advisory committee recommended by a narrow margin on Nov. 30
- FDA has not yet authorized
- Reduced the risk of hospitalization or death from 9.7% in the placebo group (68/699) to 6.8% (48/709) in the molnupiravir group, for an absolute risk reduction of 3.0% (95% confidence interval [CI]: 0.1, 5.9; nominal p-value=0.0218) and a relative risk reduction of 30%
- Nine deaths were reported in the placebo group, and one in the molnupiravir group

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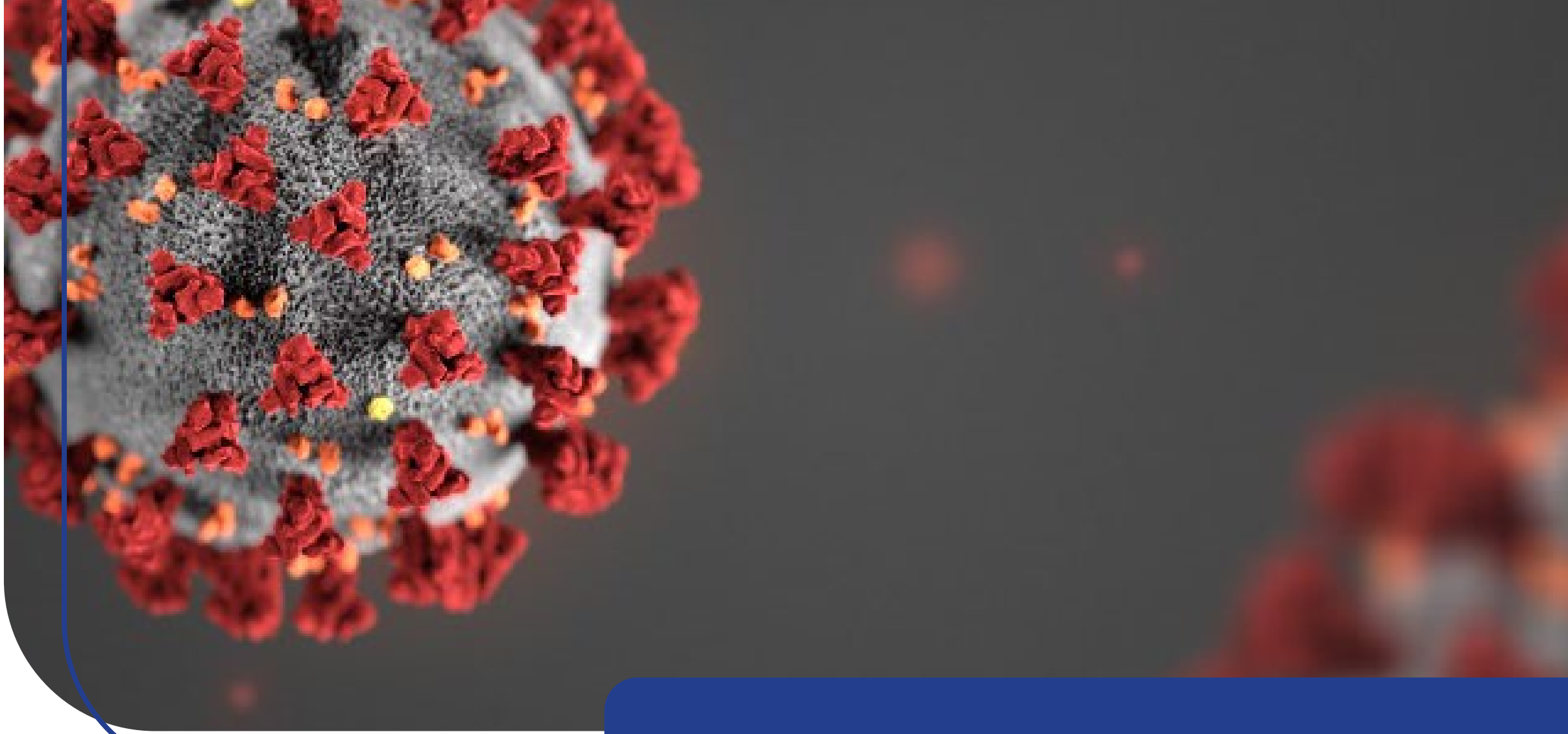
Merck and Ridgeback Biotherapeutics Provide Update on Results from MOVe-OUT Study of Molnupiravir, an Investigational Oral Antiviral Medicine, in At Risk Adults With Mild-to-Moderate COVID-19 - Merck.com



Trends

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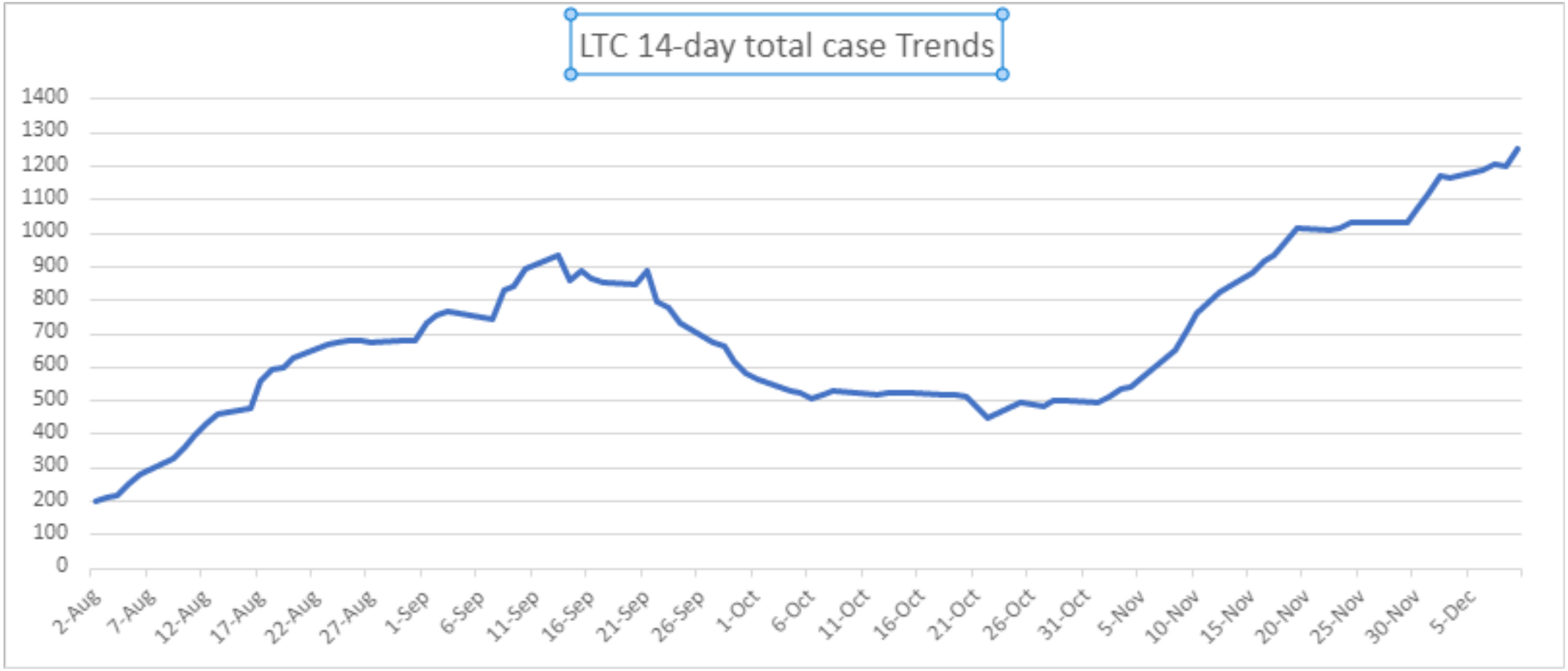
LTC 14-day total case trends



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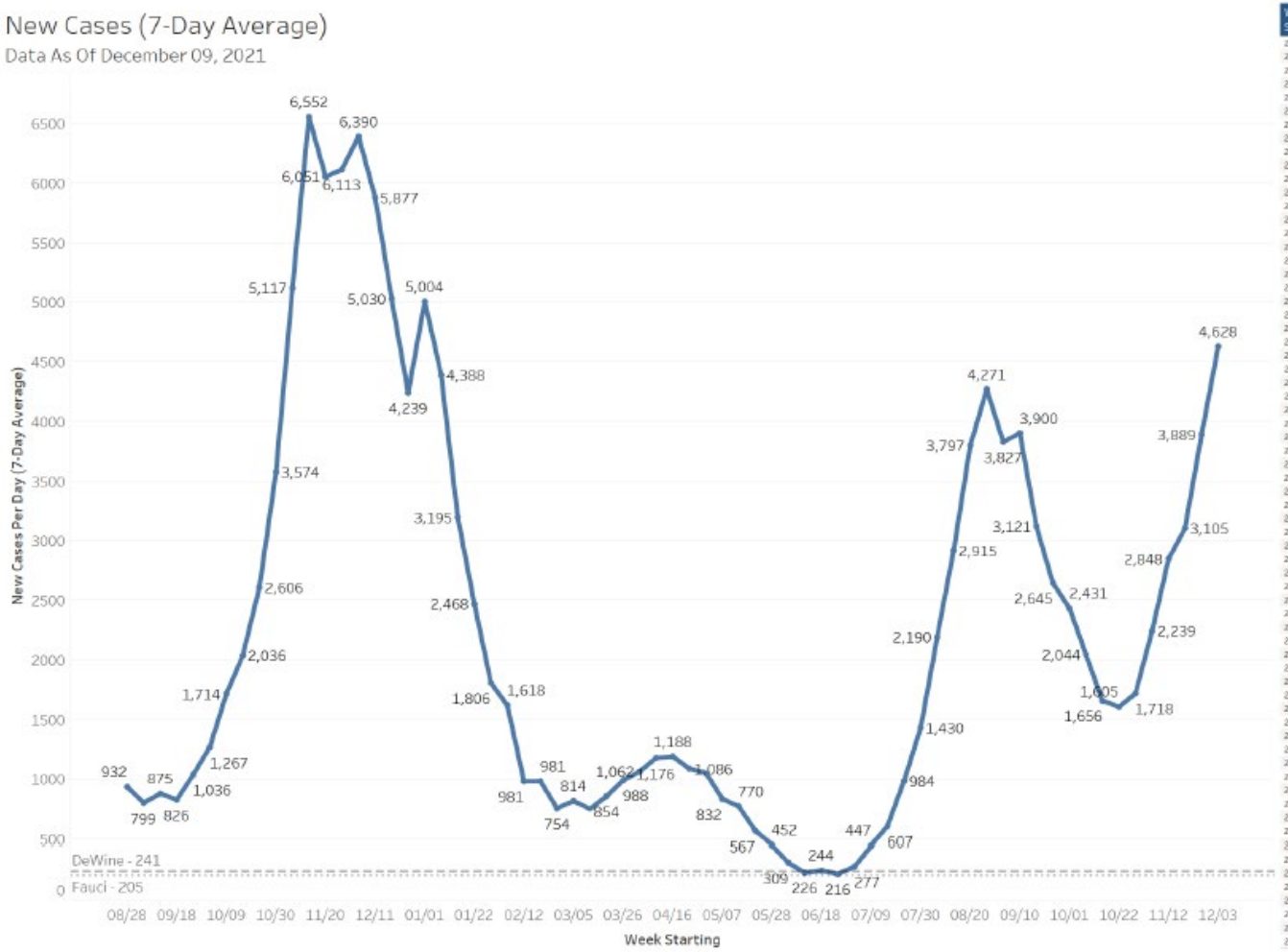
Statewide case trend

Indiana averaged 4,628 cases per day this week.

Cases per day have now surpassed the previous 2021 peak.



Week Starting	New Cases (7-Day Avg)
2020-08-28	932
2020-09-04	799
2020-09-11	875
2020-09-18	826
2020-09-25	1,036
2020-10-02	1,267
2020-10-09	1,714
2020-10-16	2,036
2020-10-23	2,606
2020-10-30	3,574
2020-11-06	5,117
2020-11-13	6,552
2020-11-20	6,051
2020-11-27	6,113
2020-12-04	6,390
2020-12-11	5,877
2020-12-18	5,030
2020-12-25	4,239
2021-01-01	5,004
2021-01-08	4,388
2021-01-15	3,195
2021-01-22	2,468
2021-01-29	1,806
2021-02-05	1,618
2021-02-12	981
2021-02-19	981
2021-02-26	754
2021-03-05	814
2021-03-12	748
2021-03-19	854
2021-03-26	988
2021-04-02	1,062
2021-04-09	1,176
2021-04-16	1,188
2021-04-23	1,086
2021-04-30	1,063
2021-05-07	832
2021-05-14	770
2021-05-21	567
2021-05-28	452
2021-06-04	309
2021-06-11	226
2021-06-18	216
2021-06-25	277
2021-07-02	447
2021-07-09	607
2021-07-16	984
2021-07-23	1,430
2021-07-30	2,190
2021-08-06	2,915
2021-08-13	3,797
2021-08-20	4,271
2021-08-27	3,827
2021-09-03	3,900
2021-09-10	3,121
2021-09-17	2,645
2021-09-24	2,431
2021-10-01	2,044
2021-10-08	1,656
2021-10-15	1,805
2021-10-22	1,718
2021-10-29	2,239
2021-11-05	2,848
2021-11-12	3,105
2021-11-19	3,889
2021-11-26	4,628
2021-12-03	

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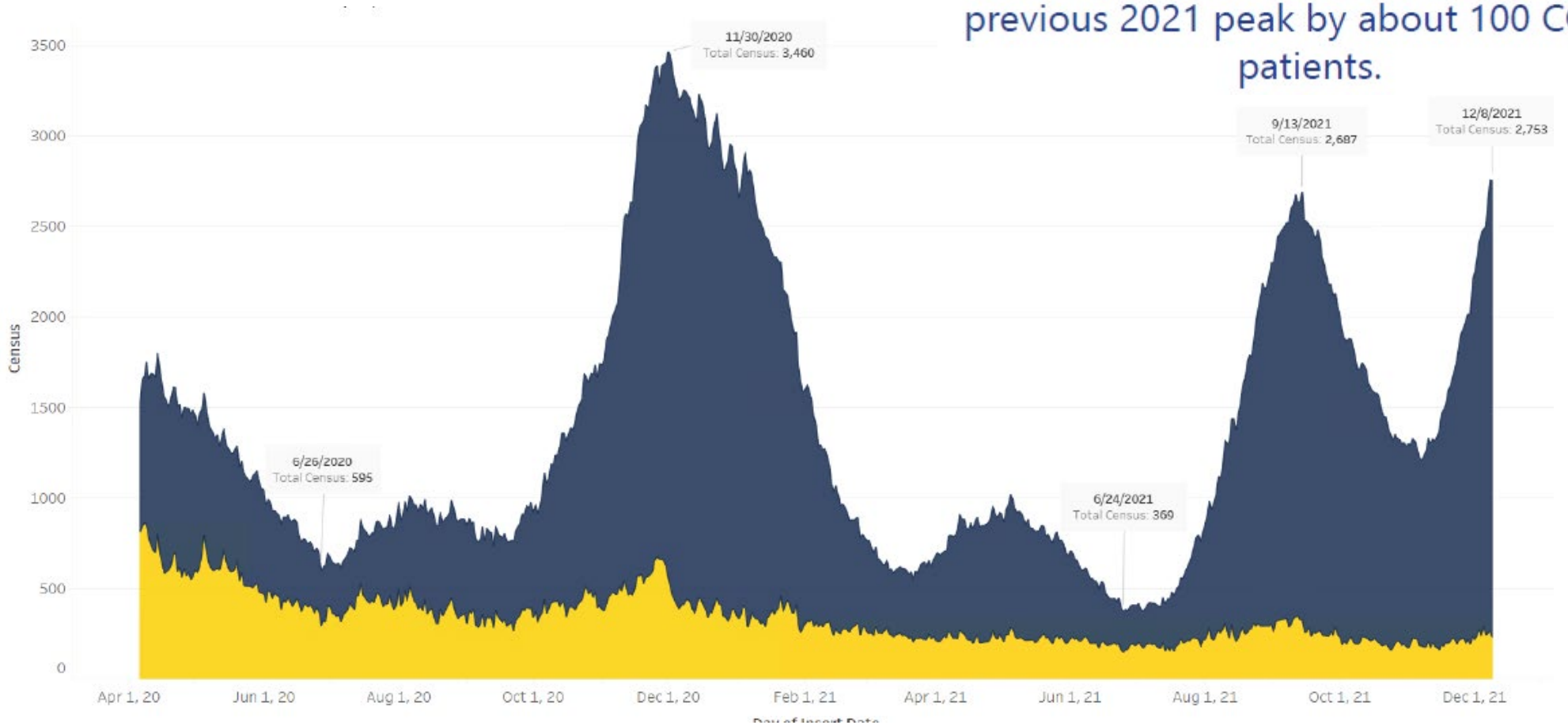
Statewide Hospital Census

On Thursday, Indiana had 2,753 COVID patients in the hospital.

Hospital census has also surpassed the previous 2021 peak by about 100 COVID patients.



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Vaccines are effective

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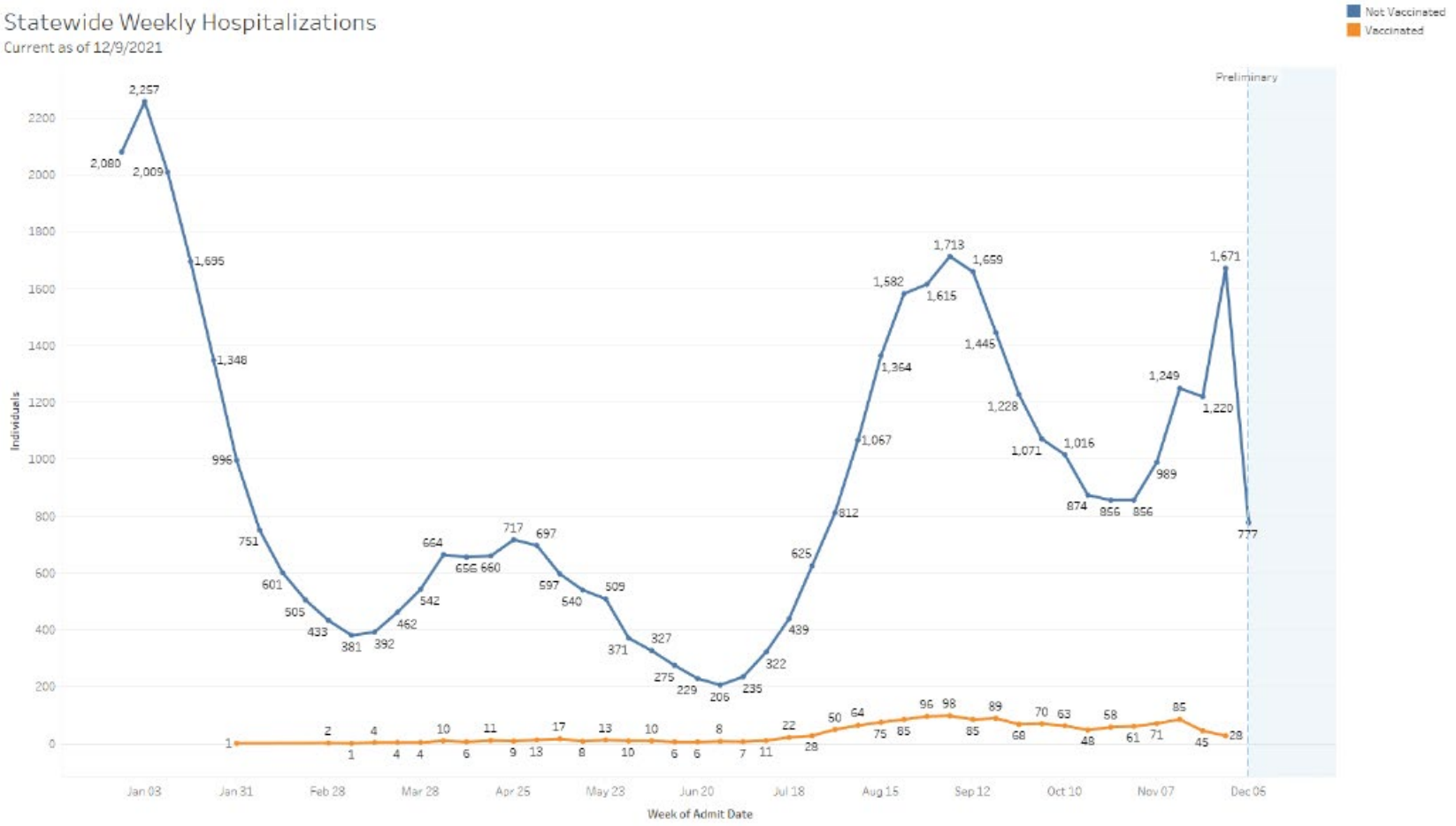
Hospitalizations by Vaccination Status

Hospital admissions are concentrated in those who are unvaccinated.



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Metrics by Vaccination Status

During the month of November:

- 81% of COVID cases
- 82% of COVID deaths
- 94% of COVID hospitalizations

were in those who were unvaccinated.

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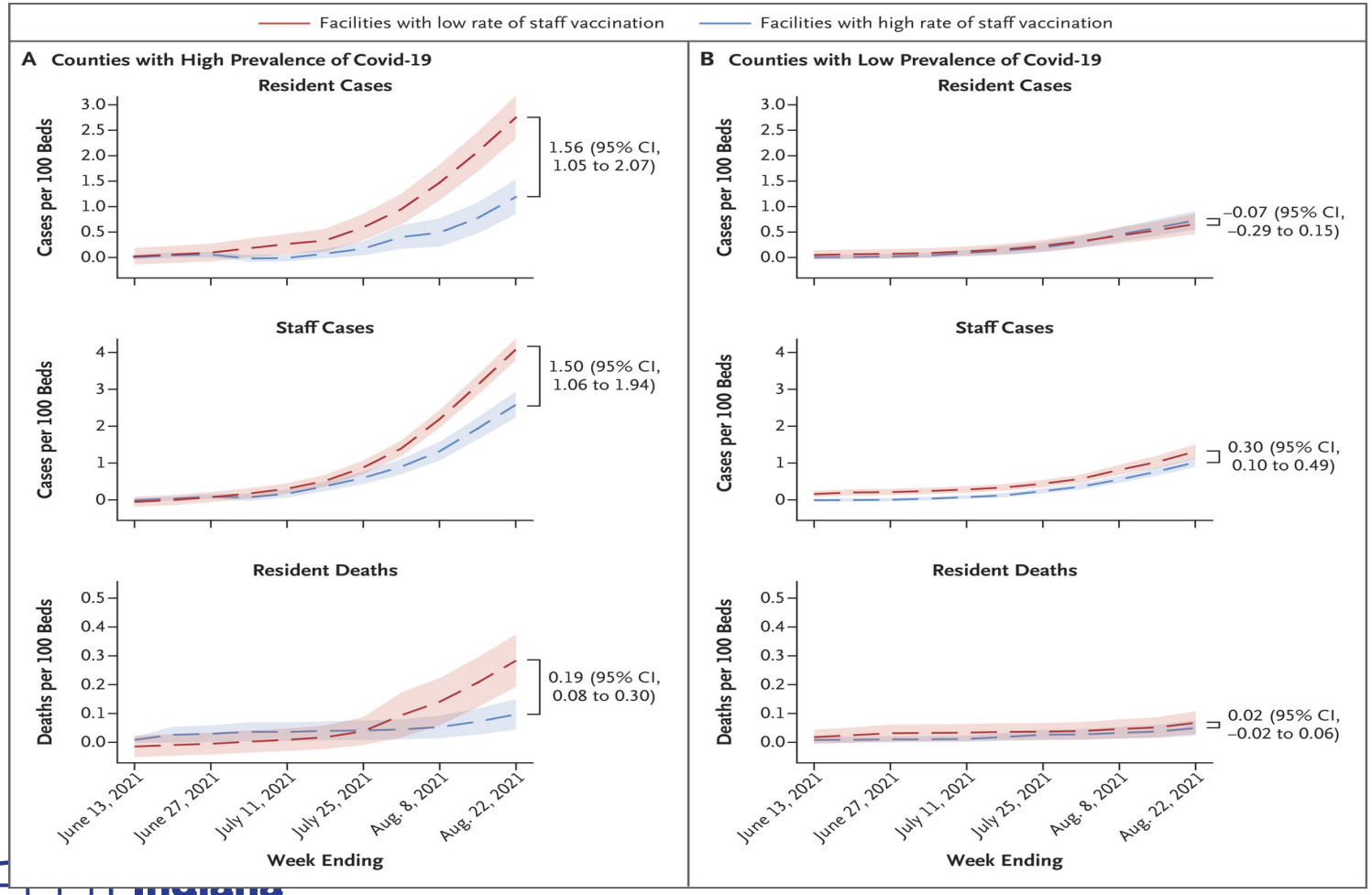
LTC staff vaccination can help save residents' lives



In the presence of high community prevalence of Covid-19, nursing homes with low staff vaccination coverage had higher numbers of cases and deaths than those with high staff vaccination coverage.

https://www.nejm.org/doi/full/10.1056/NEJMc2115674

Influenza

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Influenza vaccine

- CDC recommends that healthcare providers continue to recommend and offer influenza vaccination to persons aged six months and older because influenza activity is ongoing.
- Vaccination protects against four different viruses and is likely to reduce hospitalization and death associated with currently circulating influenza viruses and other influenza viruses that might circulate later in the season.

Medications

There are two oral influenza antiviral medications approved by the U.S. Food and Drug Administration (FDA) commonly available by prescription to treat influenza virus infection that can also be used for PEP following influenza exposure. These include oseltamivir (trade name Tamiflu®), and baloxavir marboxil (trade name Xofluza)

Treatment

- CDC recommends influenza antiviral treatment as soon as possible for patients with suspected or confirmed influenza who are:
  - o Hospitalized
  - o Outpatients at increased risk for complications
  - o Outpatients with progressive disease
- Influenza antiviral treatment may be offered to patients with uncomplicated influenza based on clinician judgment to shorten their illness duration or lessen symptoms. The use of antiviral treatment in patients with uncomplicated influenza might help lessen the stress on healthcare systems when both influenza and SARS-CoV-2 are co-circulating.
- Antivirals are most effective when started within two days after the beginning of the illness. It is also possible that antiviral treatment started after 48 hours may offer some benefit.
- Potential also exists for co-infection of influenza and SARS-CoV-2 viruses. In such situations, influenza antivirals can be given for influenza like illness.
- Because of the importance of early treatment, decisions about starting antiviral treatment should not wait for laboratory confirmation of influenza. However, COVID-19 should be excluded with a rapid diagnostic assay if one is available.

Post exposure prophylaxis

- Both oseltamivir and baloxavir are FDA-approved for influenza PEP. The efficacy of PEP in reducing virus acquisition to uninfected household contacts is high for oseltamivir (68%-89%)13 and baloxavir (86%).
- In general, before the COVID-19 pandemic, CDC did not recommend widespread or routine use of influenza antiviral medications for PEP in the community.
- However, PEP has been recommended previously in closed settings such as long-term care facilities or crowded group settings such as refugee resettlement facilities. In these situations, CDC has recommended using clinical judgment for antiviral PEP for certain exposed non-ill close contacts of persons with suspected or confirmed influenza. Given the unique considerations of influenza outbreaks in various settings in the context of co-circulation with SARS-CoV2, influenza antiviral PEP might be considered for persons
  - Who have had recent close contact with a person with influenza (e.g., roommates)
  - In confined quarters (e.g., dormitories, shelters, prisons) with increasing incidence of influenza
  - Who are at increased risk for severe illness from influenza
  - Who have had recent close contact with a person with influenza and will be traveling for the holidays to reduce transmission during travel as well as to reduce transmission to family members or friends who may be at higher risk for influenza complications

Questions?

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THANK YOU!