January 12, 2023

LTC COVID-19 Update

Presented by:

Lori Davenport, Director of Regulatory & Clinical Affairs

Indiana Department of Health Team





Today's Topics

- Quick follow-up from last week Lori Davenport
- Invasive Group Streptococcal Infections Lauren Milroy, Epidemiologist
- Clinical Update Dr. Vuppalanchi
- Q&A

5-Star Work Plans, a 6-week webinar series, purchase by Jan. 18 and save \$\$\$, details <u>HERE</u>

Mission Possible: SNF Department Head Briefing, a 12-month webinar series, purchase by Jan. 20 and save \$\$\$, details <u>HERE</u>



th LSC Intensive Workshop, a 2-day in-person workshop, details <u>HERE</u>



Q&A from last week

Previously, a facility/administrators were not allowed to look up their vaccination status of their employees on CHIRP as it is considered HIPAA violation.

Now that facilities have the option to be enrolled as a sub provider of COVID-19 boosters and get single dose vaccine and can administer it to the employee – for this, they need to verify previous doses before administration of new dose. Can a nursing home look up the history on CHIRP of their employee if they are enrolled as a sub provider and administering the boosters to their employees ?

Answer – Dave McCormick

Looking up employee's vaccination status in CHIRP is a problem if they were looking up without consent.

Suggest – have the employee sign and date a form that they authorize their record to be accessed that day for the purpose for receiving a vaccine.

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Answer – Dave McCormick

Always have documentation that is in the employee file that provides consent for each time you look an employee up in CHIRP.



Single Dose Vials

Not all LTC pharmacies have single dose vials available.



CHIRP use – training

Training resources for using CHIRP are in the Invest LMS Training module located on the CHIRP homepage.

Individuals can access the Invest LMS Training module without having access to the CHIRP system.

Chirp.in.gov



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Date: January 12, 2023



Main

Home

Login

Patient

Job Queue

Answers

Vaccinations
 Scheduled Reports

Change Password

CHIRP Children and Hoosier Immunization Registry Program

IMPORTANT NOTICE: Soon, we will be implementing SSO (Single Sign-On) and you will be required to have an Access Indiana account in order to continue using CHIRP. YOU WILL NOT BE ABLE TO USE CHIRP WITHOUT AN ACCESS INDIANA ACCOUNT. To register for your account, please visit https://access.in.gov and register for your account using the same email address that you use with your CHIRP account. Check back here for updates on the cutoff date and important instructions for this implementation. For Access Indiana assistance, please call 1-866-960-3023 8:00 AM - 9:00 PM, M - F, 9:00 AM - 1:00 PM Sat. Thank you for your cooperation,

Lead Enhancements

IDOH

Thank you for the important work that you do to protect the health of Hoosiers.



Effective Jan. 1, providers will have the ability to enter blood lead test results directly into CHIRP as a means for submitting results to IDOH. Lead results can be found on the main menu on the left side of the screen. Please note that blood lead test results entered directly into CHIRP will remain editable after submission and are entered similar to vaccine administration.

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Version: 5.78.0



Help Desk

1-888-227-4439

E-Mail

If you have questions, please contact Sky Kolan at the Indiana Department of Health at skolan@health.in.gov.

We are aware that the School Action report currently displays students with vaccination status that are "Not yet due" along with the ones that are "Past due". We are working with the vendor to exclude "Not yet due", however we currently don't have a timeline for this.

We have identified new processes that will help speed up the processing of letters. Please use the following steps:

- 1. Go to "School Reports"
- 2. Select "Action Report or Action Report Notice/Letter"
- 3. Select a school and "Series"
- Select the option to "Run Report or Run Letters". On this page you can search (Ctrl + F key) and type "Past due" to search for students with past due vaccines.

Please call the help desk at 1-888-227-4439 for more detailed instructions. We sincerely apologize for the inconvenience

Attention: CHIRP will be under the vendor's maintenance window every Monday between 7 PM and 10 PM. CHIRP and PHC-Hub will be unavailable during this time to allow for the vendor to make system updates. We sincerely apologize for any inconvenience.







Indiana Department of Health INVASIVE GROUP A STREPTOCOCCAL INFECTIONS (iGAS) UPDATES

LAUREN MILROY, MPH VACCINE PREVENTABLE DISEASE EPIDEMIOLOGIST

1/12/23

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.





Invasive Group A *Streptococcus* (iGAS) Updates

Group A Streptococcus (GAS)

- Streptococcus pyogenes (gram positive cocci)
- Common cause of many types of infections:
 - Strep throat/scarlet fever
 - Impetigo
 - Skin and soft tissue infections
 - Bloodstream infections
 - Streptococcal toxic shock syndrome
 - Other invasive infections
- Transmission via respiratory droplets and direct contact
- Only invasive GAS (iGAS) infections are reportable in Indiana



Invasive Group A Streptococcus (iGAS) Cases, Indiana, 2013-2022



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iGAS Cases by Month, Indiana, 2017-2022

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iGAS Cases by Age, Indiana, 2013-2022

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Proportion of iGAS Cases Residing in Long-Term Care (LTC) Facilities, Indiana, 2019-2022



Age Distribution of Indiana iGAS cases by Long-term Care Residents, 2019-2022*

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*Preliminary data for 2019-2022 combined. Cases with unknown LTC residence are excluded.

iGAS Clinical Presentation among LTC Residents, 2019-2022*

- 98% of cases had a positive blood culture
- 5% presented with streptococcal toxic shock syndrome (STSS)
- Other clinical presentations:*
 - Cellulitis: 25%
 - Pneumonia: 10%
 - Osteomyelitis: 4%
 - *With bacteremia or positive culture from another sterile body site
- Non-invasive presentations (e.g., wound infections) not captured in surveillance data



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iGAS Case Fatality Rate by LTC Residents, Indiana, 2019-2022*





*Preliminary data for 2019-2022 combined. Cases with unknown LTC residence are excluded.

GAS Outbreaks in Long-term Care

- GAS is a well-documented cause of outbreaks in long-term care facilities (LTCFs)
- Often associated with gaps in infection control practices
- May result in significant morbidity and mortality for residents
- Outbreaks may be prolonged, with cases occurring over several months
- Even one case of invasive GAS in a LTCF warrants further investigation
- Two or more GAS cases within a 4-month period typically triggers outbreak investigation and response
- Notify public health of any iGAS cases or suspected outbreaks in longterm care facilities



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GAS Outbreak Control

- Strong adherence to proper infection control:
 - Hand hygiene
 - Transmission-based precautions
 - Proper wound care practices
- Close monitoring of residents and staff for early signs and symptoms of GAS infections (invasive and non-invasive)
- Proper isolation, testing and treatment of symptomatic residents and staff
- Screening and decolonization (if deemed necessary)
- Close collaboration with public health



Questions?

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CLINICAL UPDATES

SHIREESHA VUPPALANCHI, M.D. MEDICAL DIRECTOR

1/12/23



Group A *Streptococcus* (iGAS) Infections

Increase in Pediatric Invasive Group A Streptococcal Infections

In November 2022, CDC was notified of a possible increase in iGAS infections among children at a hospital in Colorado.

Potential increases in pediatric iGAS cases in other states were subsequently noted by contributors to the Infectious Diseases Society of America's provider-based Emerging Infections Network and by certain jurisdictions participating in CDC's Active Bacterial Core Surveillance System (ABCs).

This increased number of pediatric iGAS cases in some jurisdictions has occurred in the setting of increased circulation of respiratory syncytial virus (RSV), influenza viruses, SARS-CoV-2, and other respiratory viruses. While the overall number of cases has remained relatively low and iGAS infections remain rare in children, CDC is investigating these reports.



GAS Infections

- Strep throat (streptococcal pharyngitis)
- Scarlet fever
- Impetigo
- Cellulitis
- Wound infections
- Invasive infections (iGAS) cause high mortality rates and require immediate treatment, including appropriate antibiotic therapy
 - o Bloodstream infections/sepsis
 - Streptococcal toxic shock syndrome (STSS) can develop very quickly into low blood pressure, multiple organ failure, and even death
 - Necrotizing fasciitis: spreads quickly locally, and beyond and can cause death



Colonization

- Throat
- Skin (including wounds)
- Vagina
- Rectum

Colonized individuals are less contagious but can still spread the bacteria.



Transmission

- Respiratory droplets
- Direct contact with infected wounds
- Contact with contaminated, shared equipment (e.g., shared wound care supplies)
- Transmission can occur through infected and colonized people.



Risk factors for iGAS infections

- People with concurrent or preceding viral infections, such as influenza and varicella (chickenpox), are at increased risk for iGAS infection
- People aged 65 years or older
- American Indian and Alaska Native populations
- Residents of long-term care facilities
- People with medical conditions such as diabetes, malignancy, immunosuppression, chronic kidney, cardiac, or respiratory disease
- People with wounds or skin disease
- People who inject drugs or who are experiencing homelessness





Infection prevention and control

Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Streptococcal disease (group A <i>Streptococcus</i>) Skin, wound, or burn Major	Contact + Droplet + Standard	Until 24 hours after initiation of effective therapy	Until drainage stops or can be contained by dressing.
Streptococcal disease (group A <i>Streptococcus</i>) Skin, wound, or burn Minor or limited	Standard		If dressing covers and contains drainage.
Streptococcal disease (group A <i>Streptococcus</i>) Endometritis (puerperal sepsis)	Standard		

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31 Precautions | Appendix A | Isolation Precautions | Guidelines Library | Infection Control | CDC

Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

Infection/Condition	Type of Precaution	Duration of Precaution	Precautions/Comments
Streptococcal disease (group A <i>Streptococcus</i>) Pharyngitis in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A <i>Streptococcus</i>) Pneumonia	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A <i>Streptococcus</i>) Scarlet fever in infants and young children	Droplet + Standard	Until 24 hours after initiation of effective therapy	
Streptococcal disease (group A <i>Streptococcus</i>) Serious invasive disease	Droplet + Standard	Until 24 hours after initiation of effective therapy	Outbreaks of serious invasive disease have occurred secondary to transmission among patients and healthcare personnel [162, 972, 1096-1098]. Contact Precautions for draining wound as above; follow recommendations for antimicrobial prophylaxis in selected conditions [160].

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<u>Precautions | Appendix A | Isolation Precautions | Guidelines Library | Infection Control | CDC</u>

Infection Control: Hand Hygiene

- Ensure routine, proper hand hygiene
 - Monitor staff for hand hygiene adherence
 - Provide feedback to staff
 - Encourage preferential use of alcohol-based sanitizer (unless hands are visibly soiled)
 - Make hand sanitizer readily available inside and outside patient rooms



Infection Control – Wound Care

- Maintain proper wound care, including:
 - Proper hand hygiene
 - Proper use of PPE
 - Proper storing, handling, and transport of medications and supplies
 - Proper cleaning/disinfection of reusable equipment and other items
 - Proper disposal of used materials
 - Audits of wound care practices and feedback to staff on adherence



Infection Control – PPE

- Maintain appropriate transmission-based precautions:
 - Routine standard precautions (for all residents)
 - Droplet precautions for residents with pharyngitis, wound infections or suspected invasive disease (e.g. sepsis)
 - Contact precautions for patients with draining wounds that cannot be covered
- Ensure appropriate PPE is readily available
 - Droplet precautions staff use of face and eye protection, such as goggles and a facemask or face shield
 - Contact precautions staff use of gown and gloves
- Use PPE whenever there is an expectation of exposure to infectious material. (i.e., coughing, suctioning, etc.)



Infection Control – Other

- Other considerations for best practices:
 - Follow routine cleaning/disinfection protocols
 - Audits of environmental cleaning practices
 - Audits of cleaning and disinfection of reusable equipment and items
 - Signage about basic prevention:
 - Reminders about hand hygiene technique and indications
 - Reminders to avoid working or visiting while ill



CDC IP and Control Assessment Tool

Wound Dressing Change Observations										
All supplies are gathered before dressing change ¹	HH performed before dressing change	Clean gloves donned before dressing change ²	Multi-dose wound care meds are used appropriately ³	Dressing change performed in manner to prevent cross- contamination ⁴	Gloves removed after dressing change completed	HH performed after dressing change completed	Reusable equipment cleaned and/or disinfected appropriately ⁵	Clean, unused supplies discarded or dedicated to one resident	Wound care performed /assessed regularly ⁶	Wound care supply cart is clean ⁷
O Yes	O Yes	O Yes	O Yes	O Yes	O Yes	O Yes	O Yes	O Yes	O Yes	O Yes
O No	O No	Ο Νο	O No	O No	Ο Νο	Ο Νο	O No	O No	O No	Ο Νο
O NA*	Ο ΝΑ	O NA	O NA	Ο ΝΑ	Ο ΝΑ	O NA	O NA	Ο ΝΑ	Ο ΝΑ	O NA
O Yes	O Yes	O Yes	O Yes	O Yes	O Yes	O Yes	O Yes	O Yes	O Yes	O Yes
O No	O No	Ο Νο	O No	Ο Νο	Ο Νο	Ο Νο	Ο Νο	O No	O No	Ο Νο
Ο ΝΑ	Ο ΝΑ	Ο ΝΑ	O NA	Ο ΝΑ	Ο ΝΑ	Ο ΝΑ	Ο ΝΑ	Ο ΝΑ	Ο ΝΑ	O NA



Source: CDC. Infection Prevention and Control Assessment Tool for Long-term Care Facilities. <u>https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html</u>

Recommendations for providers

- Offer prompt vaccination against influenza and varicella to all eligible persons who are not up to date
- Consider iGAS as a possible cause of severe illness, including in children and adults with concomitant viral respiratory infections. Illness due to iGAS in persons with known viral infections may manifest as persistent or worsening symptoms following initial improvement.
- Educate patients, especially those at increased risk, on signs and symptoms of iGAS requiring urgent medical attention, especially necrotizing fasciitis, cellulitis and toxic shock syndrome
- Notify appropriate local or state public health departments as soon as possible about unusually aggressive or severe iGAS cases affecting children younger than 18 years of age or clusters of iGAS infections in persons of any age



Recognize infections early

Evaluate patients promptly for GAS infection if any suggestive signs or symptoms

- New fever
- Early signs of wound infection, increasing or changing drainage
- Sore throat
- A red, warm, or swollen area of skin that spreads quickly
- Severe pain, including pain beyond the area of the skin that is red, warm, or swollen



Suspected GAS

- Implement appropriate transmission-based precautions until:
 - $\circ~$ GAS is ruled out OR
 - Residents are treated according to the tables from previous slides
- Maintain a low threshold for obtaining wound cultures



Educate Staff

- Ensure all staff are educated about Group A Strep prevention and proper infection control
- Encourage staff to monitor for signs and symptoms of GAS infection
- Report suspected infections to designated facility staff
- Ensure staff do not work when ill



Criteria to return to work or school

When to return to work, school after illness

People with strep throat should stay home from work, school, or daycare until they:

• No longer have a fever

AND

- Have taken antibiotics for at least 12 hours
- It is still important to complete the full course of prescribed antibiotics



Strep Throat: All You Need to Know | CDC

Surveillance

- Maintain a list of residents and staff diagnosed with GAS infections. (included in GAS toolkit)
- Actively monitor for new cases for 4 months after last case identified
 - Timeline resets if new cases are identified
- Report any new cases (invasive or non-invasive, resident or staff) to IDOH



Screening

- Culturing residents/staff to identify and treat carries of GAS bacteria
 - May be recommended if initial control measures do not stop transmission
- Decision to screen is made by the facility in conjunction with public health authorities



Resources

- LTCF GAS Toolkit includes
 - Background on GAS
 - Investigation and Control Measures
 - Line list, wound care checklist, hand hygiene audit form
 - Other resources (including CDC IP and Control Assessment Tool)
- Group A Strep Quick Facts





Respiratory pathogens in circulation - Tripledemic

CHIRP Quick Reference Guide

Documenting Historical Doses in CHIRP

What is CHIRP?

The Children and Hoosier Immunization Registry Program (CHIRP) is secure web-based application that works as an immunization registry program designed to permanently store a person's immunization records in electronic format. Healthcare providers use the registry to review vaccination records for their patients and record all newly administered vaccines per Indiana Code 16-38-5-2.

Why do I need to document in CHIRP?

For VFC Providers, doses administered must be entered into CHIRP at the time of vaccination unless data is going to be entered "off-site." Then data must be entered within 24 hours of vaccination.

What do I need to document in CHIRP?

Per NCVIA, all providers must submit to the registry the patient's first and last name, date of birth, address, race, gender, funding source, and vaccination presentation or code [using approved immunization information system (IIS) code type].



XBB.1.5—What We Know

- Most contagious omicron variant
 - Mask use down, exposures up following holiday gatherings/travel, low bivalent booster uptake
 - o Binds more tightly to ACE 2 receptor than other variants
- Impact on vaccine
 - o Bivalent vaccines are BA.4 and BA.5 based. XBB variants are BA.2 lineage viruses.
 - Probably a subtle difference (lower) in neutralization of antibodies for XBB
 - Vaccine neutralization with XBB is still above the limit of detection for bivalent boosters, so still provides protection
 - CDC publishing data on vaccine efficacy in MMWR in February/March
- Similar severity of illness: more severe in those not up to date on vaccine
- No impact on testing, so rapid tests should still be able to detect it
- FDA will share info on therapeutic effectiveness



XBB.1.5—What We Know



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https://covid.cdc.gov/covid-data-tracker/#variant-proportions

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COVID-19 Community Levels and Transmission



Indiana State Health Department					
7-day Metrics					
Cases	7,414				
% Positivity	N/A %				
Deaths	0				
% of Population \ge 5 Years of Age with a Completed a Primary Series	61.3%				
New Hospital Admissions (7-Day Moving Avg)	125.86				





CDC COVID Data Tracker: County View

Maps, charts, and data provided by CDC, updates Mon-Fri by 8 pm ET

Hospital Census

Indiana COVID-19 Hospital Resource Dashboard

Below results are as of 1/3/2023 11:59 PM. Dashboard updates by 5 p.m. on Wednesdays.





Novel Coronavirus (COVID-19): Hospital Dashboard (in.gov)

Subvariant Proportions by Region

United States: 1/1/2023 - 1/7/2023 NOWCAST

USA

HHS Region 1: 1/1/2023 - 1/7/2023 NOWCAST

WHO label US Class %Total 95%PI Lineage # Omicron BQ.1.1 VOC 34.4% 26.7-43.0% XBB.1.5 14.0-46.5% VOC 27.6% BQ.1 VOC 21.4% 16.1-27.7% XBB VOC 4.9% 4.0-6.1% BA.5 VOC 3.7% 2.7-5.0% 3.0% BN.1 VOC 2.1-4.1% BF.7 VOC 2.2% 1.6-3.0%

Region 1 - Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

WHO label	Lineage #	US Cla	ss %Tota	al 95%PI	
Omicron	XBB.1.5	VOC	71.6%	62.1-79.6%	
	BQ.1.1	VOC	13.1%	9.7-17.5%	
	BQ.1	VOC	8.5%	6.2-11.5%	
	XBB	VOC	2.0%	1.2-3.5%	
	BA.5	VOC	2.0%	1.1-3.5%	
	BF.7	VOC	1.2%	0.8-1.9%	

HHS Region 5: 1/1/2023 – 1/7/2023 NOWCAST

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

٧H	O label	Lineage #	US Clas	s %Tota	al 95%PI	
Or	nicron	BQ.1.1	VOC	44.9%	40.9-48.9%	
		BQ.1	VOC	26.4%	24.3-28.6%	
		XBB.1.5	VOC	7.3%	4.1-12.2%	
		BA.5	VOC	5.3%	4.6-6.2%	
		BN.1	VOC	3.9%	3.2-4.9%	
		XBB	VOC	3.9%	2.7-5.4%	
		BF.7	VOC	3.7%	3.0-4.6%	



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Weekly Influenza Report: Week 52 Report Date: Friday, Jan. 6, 2023

*Influenza-like illness – Week ending December 31, 2022				
ILI Activity Code	High			
Percent of ILI reported by sentinel outpatient providers	4.4%			
Percent of ILI reported by emergency department & urgent care chief complaints	4.35%			
Percent positivity of influenza specimens tested at IDOH	0%			
Number of influenza-associated deaths this season	94			
Number of long-term care facility outbreaks this season	29			

*The ongoing COVID-19 pandemic may impact Indiana's sentinel and syndromic ILI data.



https://www.in.gov/health/erc/files/Weekly-Flu-Report Week-52 2022-2023.pdf

ILI in Sentinel Provider Clinics





ILI in ED and Urgent Care Chief Complaints

Percent of Patients with Influenza-Like Illness (ILI) Chief Complaint in Emergency Departments & Urgent Cares, Indiana, 2022-2023 – – Baseline 10.00 2011-12 2012-13 9.00 - 2013-14 2014-15 8.00 2015-16 % Influenza-like Illness 7.00 2016-17 - 2017-18 6.00 · 2017-18 5.00 - 2018-19 2020-21 4.00 - 2021-22 - 2022-23 3.00 2.00 1.00 0.00 40 42 48 50 52 11 13 15 17 19 5 9 46 MMWR Reporting Week



Influenza-associated Mortality

Data are obtained from the National Electronic Disease Surveillance System Base System (NBS). Influenzaassociated deaths are reportable within 72 hours of knowledge; however, not all cases are reported in a timely manner so data in this report are subject to change as additional cases are back-reported.

Number of Influenza-a Ages*, Indiana, 2	Number of Influenza-associated Deaths for all Ages*, Indiana, 2022-2023 Season		Breakout of Ages* for Pediatric-associated Influenza Deaths, 2022-2023 Season		
Age Category, years	Season total		Pediatric Age Category	Season total	
0-4	-		0-5 months	-	
5-24	2		6-23 months	-	
25-49	8		2-4 years	-	
50-64	22		5-11 years	1	
65+	62		12-17 years	1	
Total	94		Total	2	

*Due to changes in the reporting rule as of 12/2015, influenza-associated deaths are reportable if either laboratory confirmed or listed as cause of death on death certificate. Therefore, case counts are not directly comparable to previous seasons in which influenza-associated deaths were only reportable by laboratory confirmation.

Counties with ≥5 Laboratory Confirmed Influenza-Associated Deaths for All Ages, 2022-2023 Season					
County	Season Total	County	Season Total		
Allen	6	Clark	5		
Lake	8	Marion	12		







Therapeutics

Evusheld might not protect against XBB 1.5

Update [1/6/2023] from FDA

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- FDA is closely monitoring the emergence of the XBB.1.5 subvariant, a SARS-CoV-2 Omicron variant that is currently estimated to account for 28% of circulating variants in the U.S.
- Because of its similarity to variants that are not neutralized by Evusheld (e.g., XBB), FDA does not anticipate that Evusheld will neutralize XBB.1.5. This means that Evusheld may not provide protection against developing COVID-19 for individuals who have received Evusheld and are later exposed to XBB.1.5
- Waiting for additional data to verify that Evusheld is not active against XBB.1.5



Important Updates on COVID-19 Therapeutics for Treatment and Prevention

Dec. 20, 2022:

- Centers for Disease Control and Prevention (CDC) issued Health Alert Network (HAN) Health Update to supplement the CDC HAN Health Advisories issued on April 25, and May 24, to emphasize to healthcare providers, public health departments, and the public that the majority of Omicron sublineages circulating in the United States have reduced susceptibility to the monoclonal antibody bebtelovimab and the monoclonal antibody combination cilgavimab and tixagevimab (Evusheld).
- Antiviral therapeutics for the treatment of COVID-19, ritonavir-boosted nirmatrelvir (Paxlovid), remdesivir (Veklury), and molnupiravir (Lagevrio), retain activity against currently circulating Omicron sublineages. These medications can prevent severe disease, hospitalization, and death and are widely available but have been underused.



Questions?

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THANK YOU!





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