Infection Control and Public Health Weekly Meeting

Thursday, January 13, 2022; 12:30 – 1:05 pm

COVID-19 and Public Health Updates (Health Commissioners)
- Region Six … **981** COVID-19 hospitals (32% inpts) / 179 ICU (19%) / 133 vents
- Last week there with 825 hospitalized with 177 ICU (128 vents)
- <u>33.2%</u> test results returned positive in 14 county region, highest so far in the pandemic with City of Cincinnati 40.5% positivity rate
- CDC sticking to same guideline: 'Any mask is better than no mask' and not recommending N95s
- Message to "Not go to the ER for testing" with increasing mass test sites

Percent of hospitalized patients who are COVID positive (7 day moving average)

Hamilton County Declares State of Emergency Resolution (Jan 11) for 60 Days
- Same declaration the commissioners put into effect in Mar 2020 which expired in Oct 2021
- Hamilton County Emergency Management Agency will activate the Emergency Operations Center to coordinate response efforts
- Clermont County EOC never deactivated

Visitor Policies and Restrictions
- All systems at ONE visitor per patient, difficult to execute. Enforcement mostly falls to the individual nursing units. Could benefit from general announcement from Health Collaborative.
- Requiring medical grade masks for visitors? Christ not requiring. TriHealth recommending and providing at front door. Mercy similar to TriHealth.

Elective Surgery and Procedures – OR Governance Committees
- Continue to evaluate case by case basis.
- Patients cancelling surgeries (COVID positive)
- Letters to surgeons that includes scripting that patients should call ahead to make sure their surgery is on schedule (like calling an airline)

COVID-19 RT-PCR "No Cost" Testing Sites (Dr. Calhoun)
- Hamilton county opening mass testing sites staffed by Ohio National Guard
- Crossroads Church in Mason (Jan 10, 900 tests / day, PCR Drive-Thru testing M-F 7am-7pm)
- UC MRI Center between Old Shriners Hospital and garage by appointment up to lab max of 1000 tests per weekday, TAT < 24 hrs, 7 days per week (Jan 11) will be closed Monday (MLK Day), PCR Drive-Thru Testing. Walk up available. M-F 7:30am-3pm, Weekends 10am-4pm.
- Riverbend Music Center (live Jan 12, PCR Drive-Thru testing M-F 7am-7pm, Ethos Labs)
- Billing HRSA if no insurance. UC Health labs would be available in Epic "Care Everywhere"
- Site pending at Montgomery next week and site possible in Clermont County pending ONG.

Urgent Care Testing
- Antigen Testing
- Encounter fee in addition to administration fee
- People receiving bills up to $80

Cincinnati Health Department / ODH COVID-19 Test Sites in Minority Communities
Some RT-PCR available but mostly antigen tests.   All are not operation every day. Listed on Test and Protect Site.
- Corinthian Baptist Church (9am-4pm Mondays *closed on MLK Day, Jan 17)
- New Prospect Baptist Church (9am-4pm Tuesdays and Wednesdays)
- Truth and Destiny Church (9am-4pm Thursdays)
- Santa Maria Community Services
- Urban League of Greater Southwest Ohio (9am-4pm Fridays)

COVID-19 Testing
- Role for pooled testing? Earlier done by UC for screening testing with lower positivity rates and reflex confirmation process. CPS has been doing some pooled testing. Calling positive tests.
- Pooled testing was more reasonable when reagent was less available. There is now more availability of reagent and instruments.

Is there any role for SARS-CoV-2 antibody tests?
- Unclear what results mean, especially with changing SARS-CoV-2 variants.
- May be helpful for immunosuppressed patient to determine vaccine efficacy and may qualify for Evusheld monoclonal antibody depending on which antibody lab is using (must be spike protein).

Confirm COVID-19 Diagnosis
- When patients are admitted with presumed COVID-19 pneumonia based on a reported positive antigen (or other test) in the community, confirm the diagnosis with a SARS-CoV-2 NAAT or RT-PCR so that you know what you are treating.
- Implications for CMS reimbursement and reporting COVID-19 inpatients.
- Do NOT need to retest pre-procedure if within 90 days of confirmed COVID-19 infection

Inpatient COVID-19 Treatment Algorithm
- Mercy removing remdesivir from treatment recommendation (duplication with systemic steroid)

NIH Outpatient Treatment Recommendations (in order of preference)
1. Paxlovid (nirmatrelvir 300 mg plus ritonavir 100 mg) orally twice daily for 5 days
2. Sotrovimab 500 mg, administered as a single intravenous (IV) infusion
3. ~~Remdesivir 200 mg IV on Day 1, followed by remdesivir 100 mg IV on Days 2 and 3~~
4. Molnupiravir 800 mg orally twice daily for 5 days

Monoclonal Antibody Infusions – Sotrovimab
- Allocations of sotrovimab on Wednesdays
- Hospital pharmacists may automatically substitute sotrovimab for bamlanivimab/etesevimab or casirivimab/imdevimab as outlined in the attached collaborative practice agreement (CPA).

Paxlovid and Mulnupiravir available in very limited supplies
- How to distribute through hospital retail pharmacies in equitable manner
- Locally about 50-100 courses of Paxlovid and 500 courses of Molnupiravir.
- Recommend patient call pharmacy ahead of dropping off prescription to assure availability and have a non-COVID positive caregiver drop off/pick up the prescription
- Possible use in hospital with patients positive for COVID-19 and admitted with other diagnoses

False positive RPR Reactivity with Recent SARS-CoV-2 Vaccination
- Historically, false positive RPRs have been linked to vaccinations.

- FDA issued alert that false positives have been reported on the BioPlex 2200 platform (reported 10-18% of individuals recently vaccinated last five months)
- False reactivity also observed in some patients with natural COVID-19 infection.
- BioPlex RPR test has been used as a confirmatory test following a positive total syphilis IgG/IgM. This "reverse algorithm" for syphilis testing is initiated by ordering a <u>total syphilis IgG/IgM</u>.

Evusheld **(tixagevimab / cilgvimab IM) AstraZeneca**
- Dosing tixagevimab 150 mg / 1.5 ml IM injection PLUS cilgavimab 150 mg / 5 ml IM injection.
- Pre-exposure prophylaxis for whom vaccination not effective or not recommended
- Doses available locally, not yet given.

Blood Supply (Dr. Oh)
- American Red Cross hospitals on allocation / rationing
- Local Hoxworth blood supply remains health

Next Zoom Call … **<u>Thursday, January 20</u>** (12:30 – 1:00 pm)

Positive cases over last 7 days per 100,000 population over time (14 County Region)
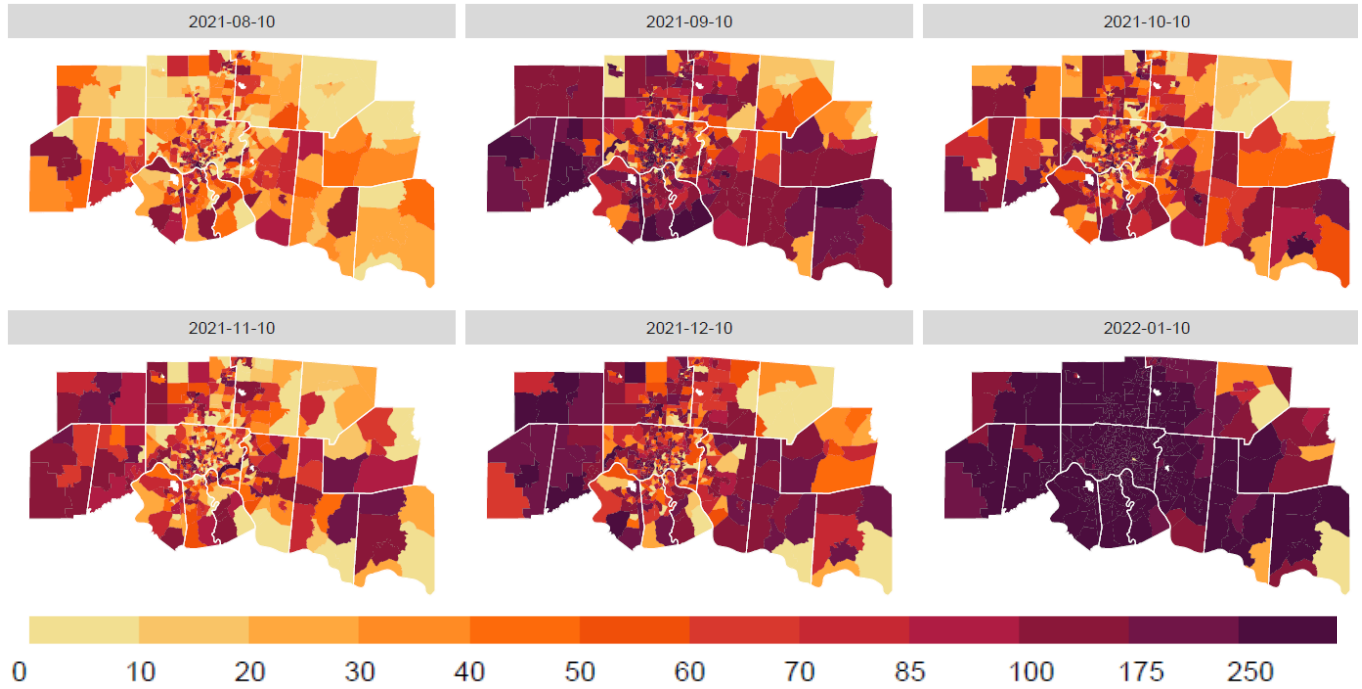
Number of COVID positive patients in Region 6 hospitals

975 confirmed

170 in ICU
132 on ventilators
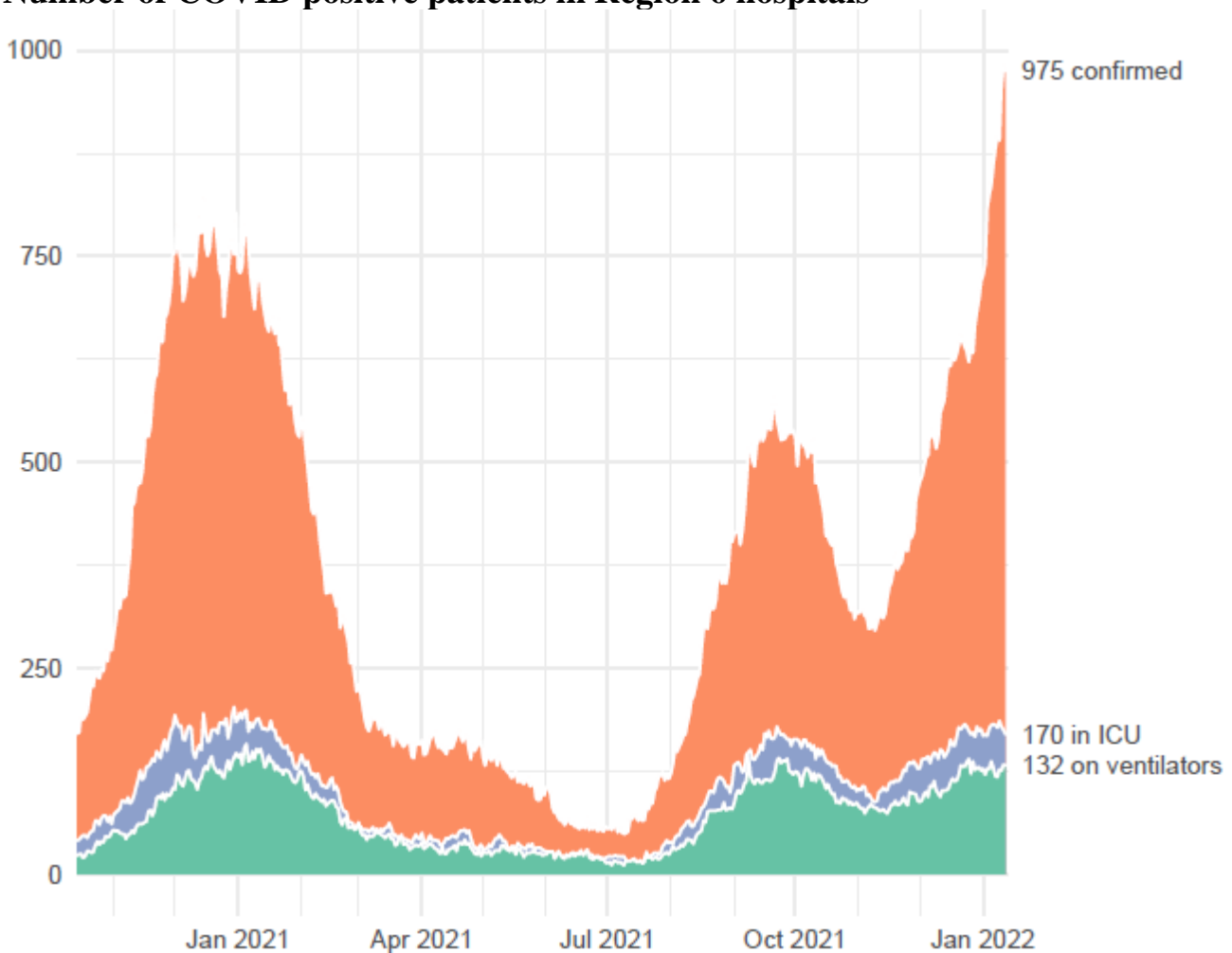
Percentage vaccinated by ZIP code
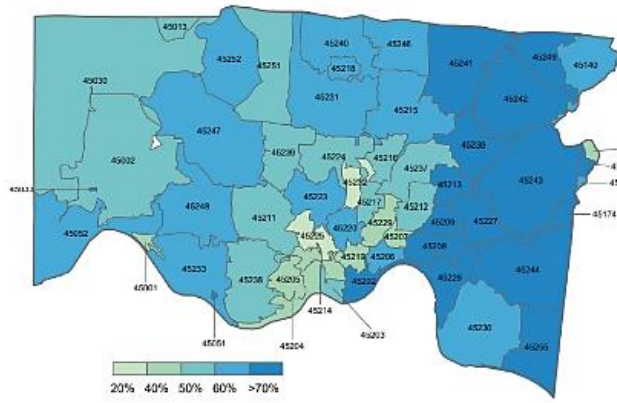
COVID-19 cases per 100,000 population in last 14 days

20% 40% 50% 60% >70%

0 100 200 300 400 500 600 700 800 900 1000 1100
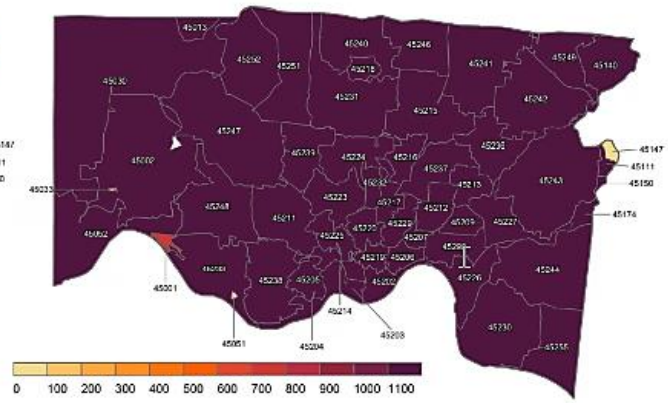
Region 5 – CDC Nowcast Variants (OH, MI, IN, IL, WI, MN)

Alpha   Delta   Omicron

— B.1.617.2 (delta, including sublineages)   — B.1.1.7 (alpha)   — P.1 (gamma)   — B.1.526 (iota)   — Other   — Omicron
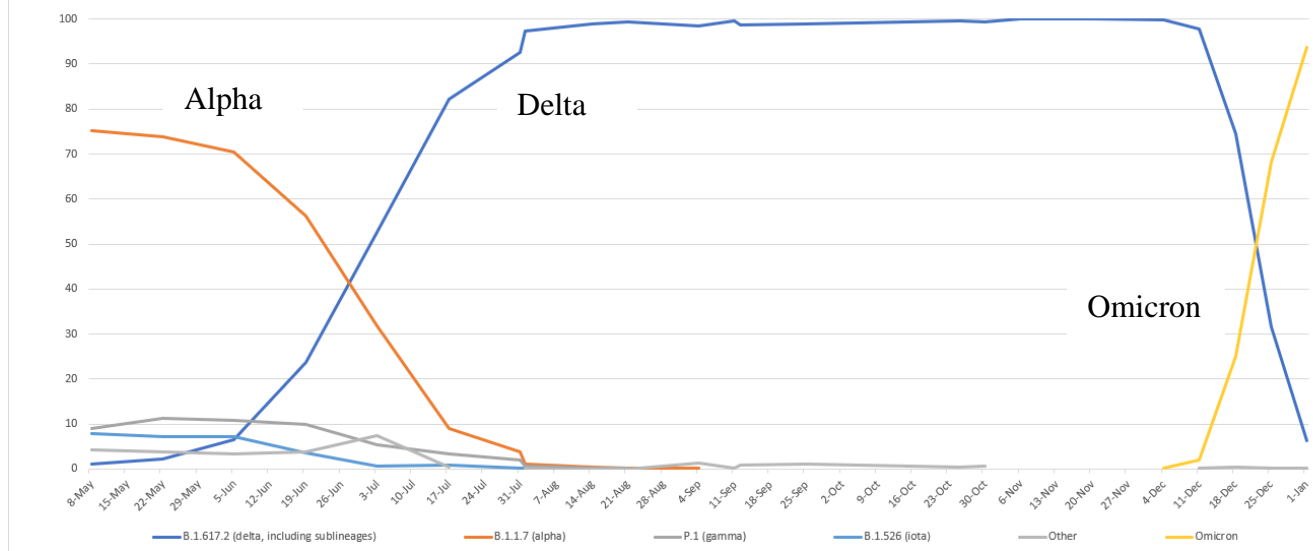
Ohio Regions and COVID-19 Incidence Rates

Region	Incidence Rate (cases/day/100K)	R
1	169	1.12
2	128	0.73
3	147	1.12
4	186	1.06
5	156	0.91
6	196	1.17
7	146	1.18
8	153	1.19

Inpatient COVID-19 treatment algorithm

BON SECOURS MERCY HEALTH

Treatment Algorithm for COVID-19 in Hospitalized Patients

Clinical Considerations
- Serum antibody status
- Symptom onset
- Oxygenation requirements/respiratory support status
- Imaging
- Cultures (including relevant fungal cultures and tests)

Suspected/Confirmed COVID-19 (+) and requiring hospitalization

Immune modulators/Antivirals

Steroids: reevaluate after 10 days of therapy

Oxygenation Requirements

HFNC (≥6L)/NRB/NIV/MV/ECMO or rapidly increasing O2 requirements

Nasal Cannula (1-5L)

Dexamethasone IV/PO 6 mg daily (or equivalent steroid)

CRP <7.5mg/dL (or 75mg/L)

CRP ≥ 7.5mg/dL (or 75mg/L)

Suspected viral phase

If symptom onset <7 days: Remdesivir 200mg x 1 dose, then 100mg daily x 4 days or until clinical deterioration or hospital discharge (whichever is sooner)

Suspected inflammatory phase

Dexamethasone IV/PO 6 mg daily **OR** dexamethasone IV/PO 20 mg daily x 5 days followed by 10 mg daily (or equivalent steroid)

Dexamethasone IV/PO 6 mg daily **OR** dexamethasone IV/PO 20 mg daily x 5 days followed by 10 mg daily (or equivalent steroid)

Elevated inflammatory biomarkers? ANY ELEVATION of CRP (Baseline CRP ≥ 7.5mg/dL (or 75mg/L), D-dimer, LDH, or Ferritin

OR

Key:
HFNC- High Flow
NIV- Non-invasive ventilation
MV- Mechanical ventilation
NRB- Non-rebreather mask
NC- Nasal cannula

+

<6L NC O2: Consider Baricitinib
≥6L NC O2: GIVE Baricitinib

Tocilizumab 8 mg/kg* Max dose= 800mg and one total dose

Yes

Baricitinib x 14 days or until discharge (whichever is sooner)

Do not give baricitinib and remdesivir together

Baricitinib Dosing
eGFR≥60 mL/min= 4mg PO/NG daily
eGFR 30 to <60 mL/min= 2 mg PO/NG daily
eGFR 15-29 mL/min= 1 mg PO/NG daily

Do not give baricitinib and tocilizumab together

last updated October 19, 2021

Vaccination Question to Households with Children – Hamilton County

Q: When, if ever, do you plan to have your child(ren) ages 12 - 17 get the COVID-19 vaccine?

Category	Total 168	Vaccinated	UnVaccinated
Immediately (within weeks)	24%	47%	6%
Within 3 months	12%	17%	8%
Within 6 months	0%	0%	0%
within 9 months	3%	7%	0%
Within 12 months	5%	3%	6%
Never	56%	27%	81%