## **Mercy Health Clinician COVID-19 Update**

February 23, 2022; 12:30 – 1:00 pm *Zoom* https://bsmh.zoom.us/j/4143572261

Guest: David Hartley, PhD, MPH; UC Department of Pediatrics (model predictions)

#### **COVID-19 Mercy Health and Region Six Situational Awareness**

- Region Six ... 316 COVID-19 hospitalized (13%) / 71 ICU (22%) / 52 vents
- COVID-19 inpatients peaked at <u>1,033</u> (39%) and 200 ICU (Jan 14)
- <u>6.3%</u> positive test rate (2,240 tests) 14 county (peak 34%)
- Healthcare-associated infections started trending upward during the pandemic
- After <u>February 14</u>, federal, state, accreditation, and CMS-contracted surveyors will begin monitoring for full COVID-19 vaccine compliance subject to roll-out plan

Hospitalized COVID-19 Patients Mercy Health Cincinnati

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02-23-22	MHA	MHC	MHF	TJH	West	Mercy	UC	TriHe	Christ
COVID pos	5	15	7	5	7	39	108	59	24
ICU	1	5	4	1	2	13	31 (3)	16	7
COVID pend	0	0	7	2	1	10			
Census	167	100	191	167	198	823			
ER boarders	2	0	1	0	11	14	49		5
Staff out	1	0	0	3	0	4			

**UCMC 88 / UCWC 20** 

#### **Epic Admission Order Upgrade (2/16)**

- Admission (ADT) order in orderset needs to be released prior to releasing signed and held orders. Admission order auto released (2/22)
- Patient ADT status available and updated (smartlink and story board)
- Most recent admission order is active (such as admission order placed by transfer center or status change from utilization review)
- ED admit metrics may be affected (2/15 2/22)

Level of Care ... Acute (med / surg), Intermediate (PCU), Intensive Care (ICU)



#### **Pre-procedure COVID-19 Testing**

- Continue universal pre-procedure testing (unable to risk stratify the patient)
- Risk stratify the procedure (waiting 4-6 weeks for elective surgery post COVDI-19)
- Universal respiratory precautions for intubation (aerosolizing procedures)

#### **COVID-19 Test Order Questions (Exhibit 1)**

- Order questions required for reporting to various government agencies
- Basis for ODH statistics for symptomatic, long term care and healthcare employees

#### **Ambulatory COVID-19 Treatments**

- Sotrovimab neutralizing activity against the BA.2 subvariant of Omicron (pre-clinical data)
- Pseudotyped Virus-like particle assessment indicate that **bebtelovimab retains activity against**Omicron (B.1.1.529/BA.1, South Africa origin), Omicron [+R346K] (BA.1.1), and Omicron BA.2 variant lineages
- In authentic SARS-CoV-2 assays, bebtelovimab retained activity against variant virus isolates from Omicron (B.1.1.529/BA.1) lineages.

#### Bebtelovimab formulary review (expect to receive next week)

- FDA EUA (2/11) age 12 and up (> 40 kg) high risk progression to severe COVID-19 (\$1200 per dose) provided by allocation by HHS / ODH
- Single 175 mg infusion over 30 seconds (IV push) within 7 days onset of symptoms
- Pregnancy or recent pregnancy risk factor for high risk progression to severe COVID-19

#### **Availability of Outpatient Treatmnet**

- Doses of Sotrovimab available at all five infusion centers (20 total)
- Courses of Paxlovid available at all five hospital retail pharmacies (30 total)
- Courses of Molnupiravir available at al five hospital retail pharmacies (over 200 total)

#### Home COVID-19 Antigen Test Kits Contain Sodium Azide (NaN<sub>3</sub>)

- Sodium azide, preservative liquid reagent in several SARS-CoV-2 antigen test kits
- Ingestion can cause hypotension, dizziness, headaches or palpitations.
- Exposure can cause skin, eye or nasal mucosa irritation. Wash hands after use.
- Cincinnati Children's based Drug and Poison Information Center logged 38 cases of sodium azide exposure
- Risk is low when these tests are used and disposed of properly

#### **Home COVID-19 Test Kits**

- Store the kits in a high cabinet, preferably locked, and out of sight of children
- When done testing, wrap the contents of the kit and dispose of them out of your home
- Check children's backpacks for kits, in case your child's school sent one home

#### Ohio Poison Information Centers (55 nationwide) 800-222-1222

- Cincinnati Children's Drug and Poison Information Center covers Southwest Ohio and Northeast Ohio, including Akron.
- Nationwide Children's Central Ohio Poison Center handles the other half of the state
- Southwest Ohio Public Health Infectious Disease Call Center 877-774-4636

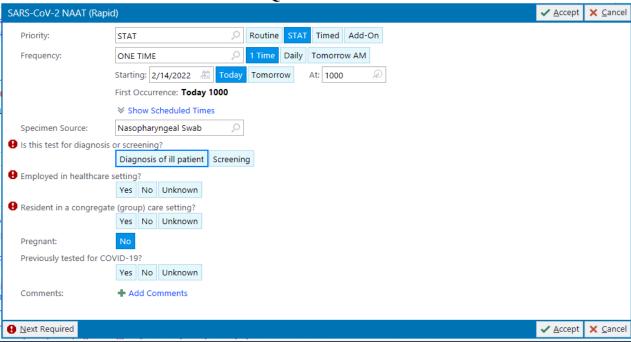
### **Consolidated Instance (Epic)**

- Orderset changes 03-16-22 includes blood transfusion
- Fully optimized by 04-19-22 (last day monthly bucket changes go into production)
- Greeneville go-live 05-21-22
- Richmond go-live 10-08-22
- Hampton Roads go-live 12-10-22

**Next Mercy Health Clinician Zoom Update** ... Wednesday, March 2 (12:30 – 1:00 pm)

Guest: Patty Manning, MD; Chief of Staff Cincinnati Children's Hospital Medical Center Evolving impact of COVID-19 in the pediatric population

#### **Exhibit 1 ... SARS-CoV-2 Order Questions**



#### **Exhibit 2 ... NIH COVID-19 Treatment Guidelines**

Figure 1. Therapeutic Management of Nonhospitalized Adults With COVID-19

#### PATIENT DISPOSITION PANEL'S RECOMMENDATIONS All patients should be offered symptomatic management (AIII). For patients who are at high risk of progressing to severe COVID-19<sup>a</sup> (treatments are listed in order of preference based on efficacy and convenience of use): **Does Not Require** Ritonavir-boosted nirmatrelvir (Paxlovid)<sup>b,c</sup> (Alla) Hospitalization or Sotrovimab<sup>d</sup> (Alla) Supplemental Oxygen Remdesivir<sup>c,e</sup> (Blla) Molnupiravir<sup>c,f</sup> (Clla) The Panel recommends against the use of dexamethasone or other systemic corticosteroids in the absence of another indication (AIII).9 Discharged From Hospital Inpatient Setting in Stable Condition and Does Not The Panel recommends against continuing the use of remdesivir (Alla), dexamethasone<sup>9</sup> (Alla), or baricitinib<sup>9</sup> (Alla) after hospital discharge. Require Supplemental Oxygen Discharged From Hospital Inpatient Setting and Requires Supplemental Oxygen There is insufficient evidence to recommend either for or against the continued use of remdesivir or dexamethasone.

Discharged From ED Despite New or Increasing Need for Supplemental Oxygen

For those who are stable enough for discharge but who still require

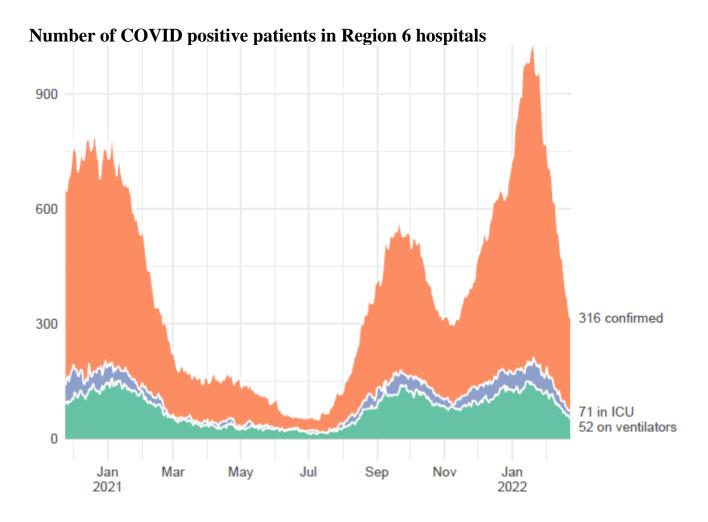
When hospital resources are limited, inpatient admission is not possible, and close follow-up is ensured

The Panel recommends using **dexamethasone** 6 mg PO once daily for the duration of supplemental oxygen (dexamethasone use **should not** exceed 10 days) with careful monitoring for AEs (BIII).

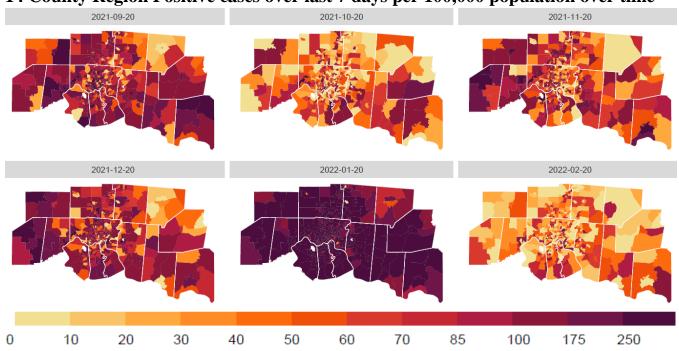
Since remdesivir is recommended for patients with similar oxygen needs who are hospitalized, clinicians may consider using it in this setting. Given that remdesivir requires IV infusions for up to 5 consecutive days, there may be logistical constraints to administering remdesivir in the outpatient setting.

Rating of Recommendations: A = Strong; B = Moderate; C = Optional

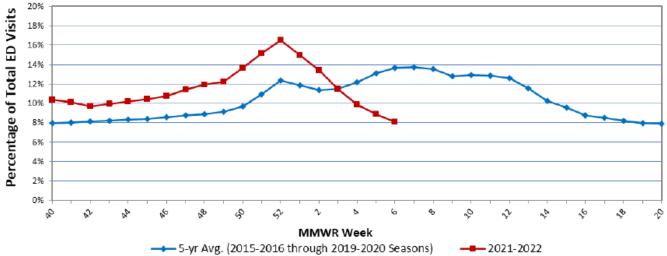
Rating of Evidence: I = One or more randomized trials without major limitations; IIa = Other randomized trials or subgroup analyses of randomized trials; IIb = Nonrandomized trials or observational cohort studies; III = Expert opinion



# 14 County Region Positive cases over last 7 days per 100,000 population over time







Ohio Confirmed Influenza-associated Hospitalizations by MMWR Week; 2021-2022 Influenza Season (n=570)

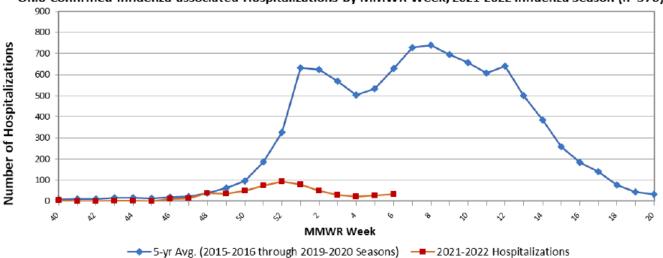


FIGURE. Weekly COVID-19-associated hospitalization rates\* among children and adolescents aged 0-17 years, by age group — COVID-NET, 14 states,† July 3, 2021-January 22, 2022

