

Infection Control and Public Health Weekly Meeting

Wednesday, March 3, 2022; 12:30 – 1:00 pm

COVID-19 and Public Health Updates (Health Commissioners)

- Region Six ... 245 COVID-19 hospitalized (10%) / 46 ICU (22%) / 38 vents
- COVID-19 inpatients peaked at 1,033 (39%) and 200 ICU (Jan 14)
- 4.1% positive test rate (2,134 tests) – 14 county (peak 34%)
- CDC ACIP COVID-19 mRNA dosing interval for primary increased to 8 weeks
- SARS-CoV-2 remains Class A reportable disease in Ohio
- Clermont Harm Reduction starting HIV and Hepatitis C testing (Mondays, 3-5 pm)
- More realistic CDC mask requirements will help preserve the ability for public health to issue requirements in the future, including indoor masking.

CDC Updated Mask Requirements

- CDC recommends mask requirements continue only in communities experiencing "high" rates of transmission. Southwest Ohio counties currently show "medium" threat level.
- Healthcare facilities are not included, and we continue universal source control (masks on patient / staff).
- COVID-19 isolation requirements unchanged (5 days from symptom onset or test plus 5 days masking).

Visitor Restrictions and Mask Requirements

- All health systems at two visitors, which could likely be the standard for the foreseeable future.
- Systems have evaluating relaxing mask requirements in non-clinical areas and pure administration areas. The recommendation of this committee is to follow the updated CDC indoor mask requirements. At this time, healthcare systems and health departments in Southwest Ohio may NOT require facemasks in non-clinical areas.
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Non-Clinical Areas Mask Requirements

- Recommendation for non-clinical areas to follow CDC indoor mask recommendations health systems and public health.
- Clinical spaces (face to face clinician and patients) continue to require masks.
- Unvaccinated employees required to wear masks which includes city buildings. Currently the city of Cincinnati still has a requirement that in city buildings unvaccinated staff and visitors require masks.

Defining Non-Clinical Areas of Healthcare Facilities (including Public Health)

- ODH Bureau of Infectious Diseases considers any area that “accepts insurance” as a clinical area.
- The committee recommends a clearly defined “physical separation” of clinical and non-clinical spaces with appropriate signage.
- Vaccine administration areas are considered clinical areas.
- Behavioral health consultations are clinical areas due to face to face with potential to have “distance”.

Eye Protection for Non-COVID-19 Patient Care in the Hospital

- Requirement can be linked to CDC requirements of 50 cases per 100k population per week. Hamilton county is 78 and Clermont county just under 100. Nursing homes and post-acute have same requirement for this case rate by county.
- Dental clinics and aerosolizing procedures (such as nebulizer) continue to require eye protection.

Pre-procedure COVID-19 Testing

- Discussion ongoing when to discontinued universal pre-procedure testing based on CDC definitions of community transmission and recommendations. The committee recommends using the CDC metric of 50 cases per 100k population per week as a metric for “community levels.”
- Continue to risk stratify the procedure (waiting 4-6 weeks for elective surgery post COVID-19) based on a positive test.
- Universal fitted N95 respiratory precautions for intubation (aerosolizing procedures).

Anticipated Supply Chain Shortages (Kevin Connor)

- Impact from Russia invasion of Ukraine, mostly energy related (backbone of all supplies)
- Most contracts fixed pricing, many with surcharge for fuel cost increases
- Titanium will be short commodity over next 6-12 months (orthopedic implants). Mined in the Russia and Ukraine area.
- Baby formula (Abbot recall) and electrolyte drinks (plastics shortage)
- Significant shortages of blood draw vacutainer tubes (more blood draws due to COVID-19)
- Shortage of aluminum crutches resolved
- Adequate amounts of PPE. Dwell time for container ships better on both coasts.

Availability of Outpatient Treatment

- Doses of Sotrovimab available
- Courses of Paxlovid available. Anticipate significant availability by June.
- Courses of Molnupiravir most available
- Evusheld pre-exposure prophylaxis dose increased from 150 mg to 300 mg
- FQHCs still have not been able to order Paxlovid

Bebtelovimab (Still waiting for doses)

- 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

FDA Double Dose of Evusheld Pre-Exposure Prophylaxis Dosing to Cover Omicron Subvariants

- *Evusheld* dosage increased from 150 mg of tixagevimab and 150 mg of cilgavimab to 300 mg of tixagevimab and 300 mg of cilgavimab
- Higher dose more likely to prevent infection by the COVID-19 Omicron subvariants
- FDA recommends providers reach out to patients who previously received an initial lower dose of *Evusheld* so they can return for an additional 150 mg of tixagevimab and 150 mg of cilgavimab
- Any subsequent repeat dosing will be timed from the date of this additional *Evusheld* dose.

2022 ACIP Recommended Immunization Schedules (Children and Adults)

- Vaccine-specific changes in the 2022 immunization schedule for adults aged ≥ 19 years include new or updated ACIP recommendations for hepatitis B vaccine (HepB) (2), influenza vaccine (3), pneumococcal vaccines (4), recombinant zoster vaccine (RZV) (5), and COVID-19 vaccine

[CDC Immunization Schedules website.](#)

COVID-19 and Ukraine (vaccination rate 35%)

- Prior to Russian invasion, Covid cases in Ukraine decreased 30% from Omicron peak but still at 61 per 100k population (U.S. currently 20 cases / 100k pop)
- Expected increase in cases from unmasked high-density crowds in subways stations, basements, and refugee transports to Hungary, Poland, Romania, and Slovakia (high vaccination rates and completed Omicron surges)
- Oxygen supplies limited and unsafe to transport in war zone
- Potential for Ukrainian refugees in U.S. low at this time.

- EU has granted Ukrainian nationals and permanent residents the right to live, work, access healthcare, housing and education immediately for up to one year, without the requirement to go through lengthy asylum procedures.
- Ohio received 855 Afghan evacuees (50 for Cincinnati Catholic Health Charities). Measles outbreak in Virginia.

Next Zoom Call ... **Thursday, March 10** (12:30 – 1:00 pm)

Hamilton County active tuberculosis increased from 10 (202) to 31 (2021)

Increased Butler county HIV cases in 2021

COVID-19 Associated Hospitalizations by Vaccination Status in Adults (Jan 2021 – Jan 2022)

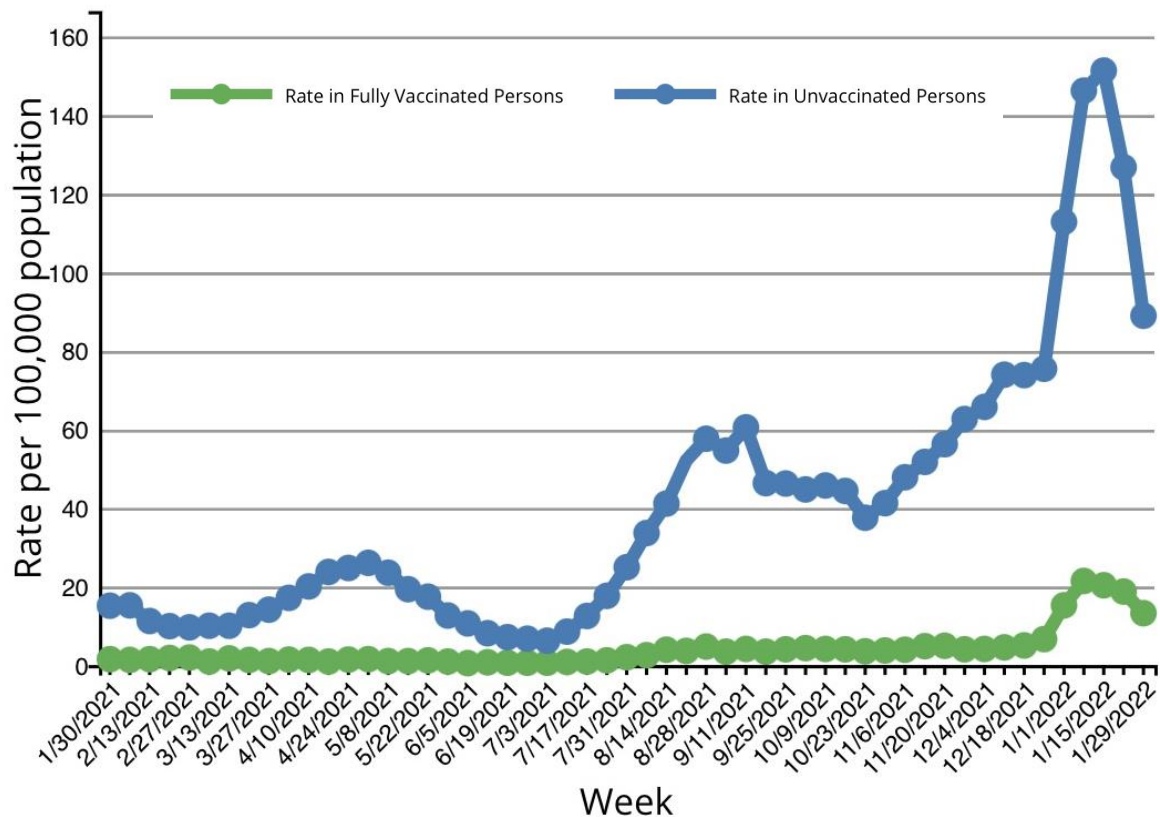
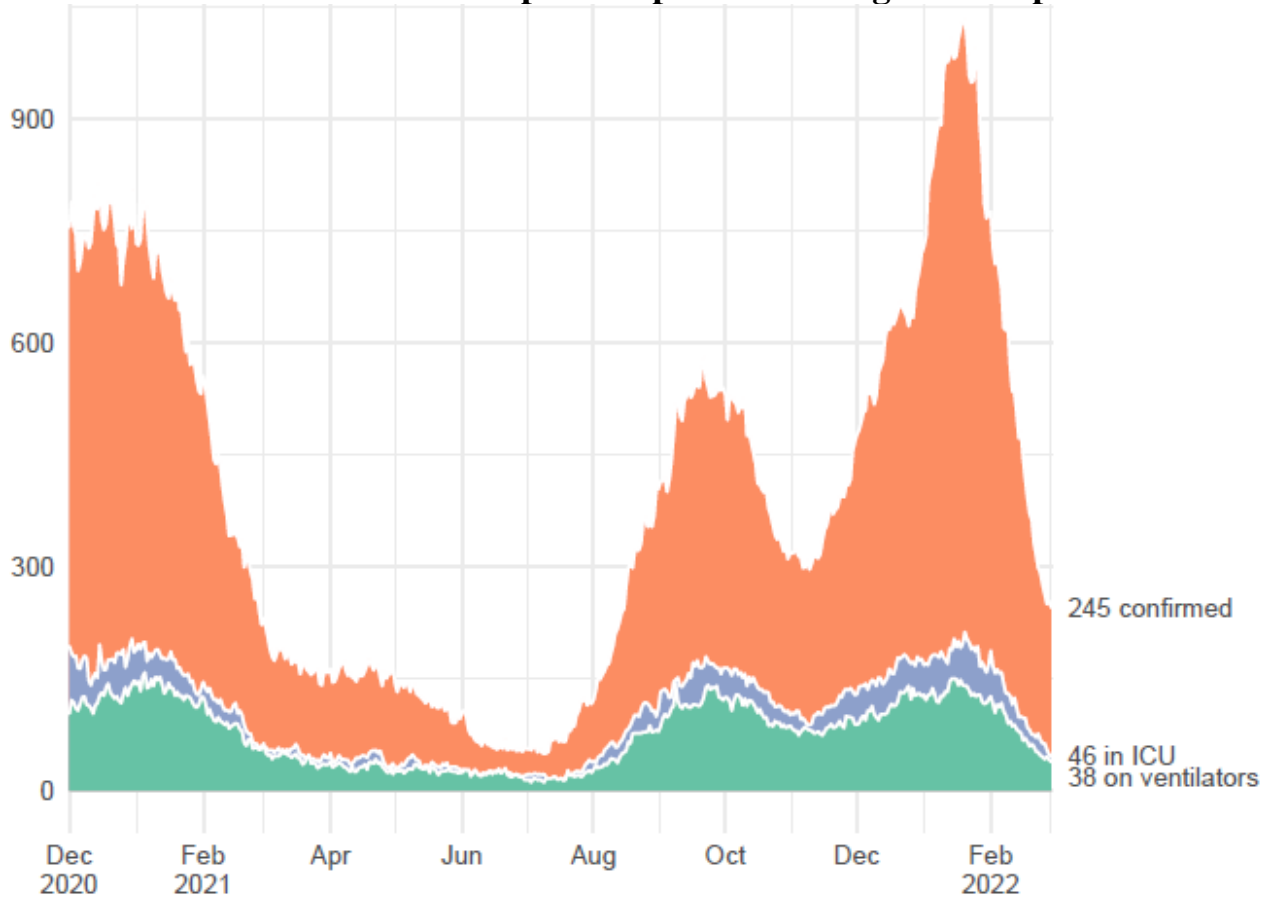


Exhibit 1 ... Number of COVID positive patients in Region 6 hospitals



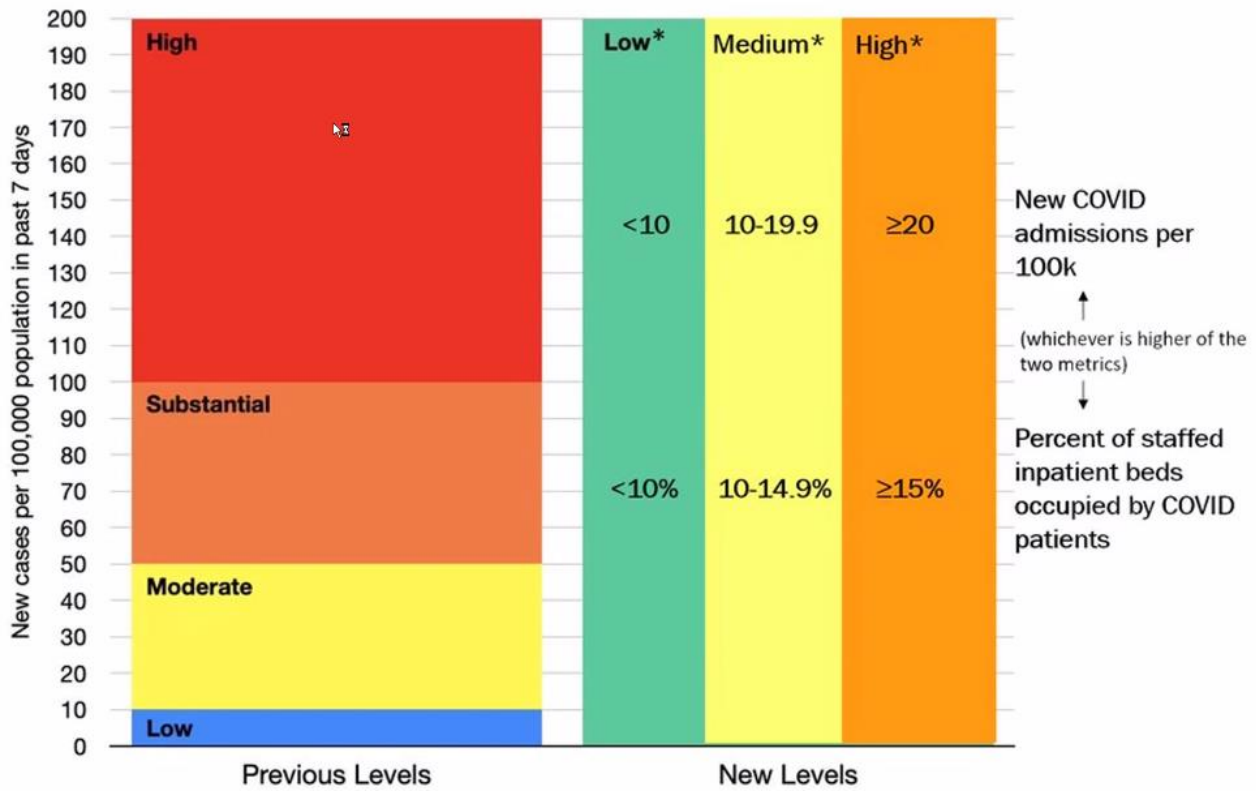
COVID-19 Seven Day Average Incidence per 100k Population



Region	Incidence Rate (cases/day/100K)	R	CDC Classification – Previous Scheme
1	9.6	0.75	substantial
2	6.8	0.91	moderate
3	11.1	0.83	substantial
4	9.3	0.77	substantial
5	6.6	0.83	moderate
6	12.5	0.87	substantial
7	23.8	0.74	high
8	12.9	0.71	substantial

Source: David Hartley, PhD; Cincinnati Childrens Hospital Medical Center

Previous and New CDC COVID-19 Community Transmission Levels



* The overall "community level" also depends on hospital admissions and hospital capacity

