

Infection Control and Public Health Weekly Meeting

Thursday, March 24, 2022; 12:30 – 1:05 pm

COVID-19 Situational Awareness

- Region Six ... 129 COVID-19 hospitalized (5%) / 22 ICU (17%) / 18 vents
- 1.7% positive test rate (2,071 tests)
- Region six and Health systems numbers updated on Mondays
- ODH dashboard updated on Thursdays at 8 pm
- Wastewater surveillance of SARS-CoV-2 RNA sparse and inconsistent
- Omicron BA.2 Subvariant 35% New U.S. COVID-19 Cases (3/13 – 3/19)
- Europe surge may be following rather than leading
- Health department vaccine clinic activity relatively low but continuing

Aligning Local, ODH, and CDC generated data maps (Dr Hartley)

COVID Testing and Treatment for Uninsured (March 23)

- Health Resources & Services Administration (HRSA) uninsured program stopped accepting claims for testing and treatment due to insufficient funds
- HRSA will only pay on vaccination-related claims through April 5

Potential for Fourth Vaccine Dose

- Pfizer / BioNTech submitted FDA EUA for age > 65 (3/15)
- Moderna vaccine submitted for FDA EUA for age > 18 (3/17)
- FDA VRBAC meeting April 6 to “discuss considerations for COVID-19 vaccine booster doses and the process for COVID-19 vaccine strain selection to address current and emerging variants”

Prolonged Post-Covid Syndromes and Illness

- Cardiac Risk
- Type 2 Diabetes
- Hypercoagulable state (antiphospholipid syndrome)

Post-Covid Pre-Op Risk Stratification

- Vaccination status mediation of risk. No evidence on perioperative outcomes after SARS-CoV-2 vaccination and the omicron variant (ASA)
- COVIDSurg Collaborative study (May 2020) found elevated mortality risk up to seven weeks after infection
- Impact of deconditioning (including children)

Post-Acute and Long-Term Care Updates (Chris Chirumbolo)

- Esther’s Law (video surveillance of nursing home residents) went into effect this week. Allows residents or POA to place a camera (not hidden) in the room for monitoring. Room marked that it is “under video surveillance.”
- Surveillance testing based on CDC community transmission level (prior map of less than 10 cases per 100k in a week). Non “up to date” staff must be tested (about 50% staff).
- COVID-19 therapies (oral paxlovid / molnupiravir and IV sotrovimab / bebtelovimab)
- Pre-exposure prophylaxis for immunosuppressed, still do not have.
- About 65% of post-acute admissions from hospitals are boosted. Working with hospitals and public health to reconcile. Must be quarantined for at least a week and tested prior to hospital discharge.

Evusheld for Immunosuppressed (7 million eligible)

- HHS current supply to treat 420,000
- Expect 430,000 more doses by end of year

OSHA Compliance Hospital Visits

- Visiting hospitals in Cincinnati region to review all complaints in the last 2 years. Visited Jewish Hospital (3/22). Good Sam (3/24).
- Visiting hospitals in Cincinnati region to review all complaints in the last 2 years.
- Environmental compliance to standards and questions around COVID vaccination compliance and PPE policies.

Supply Chain Update (Kevin Connor)

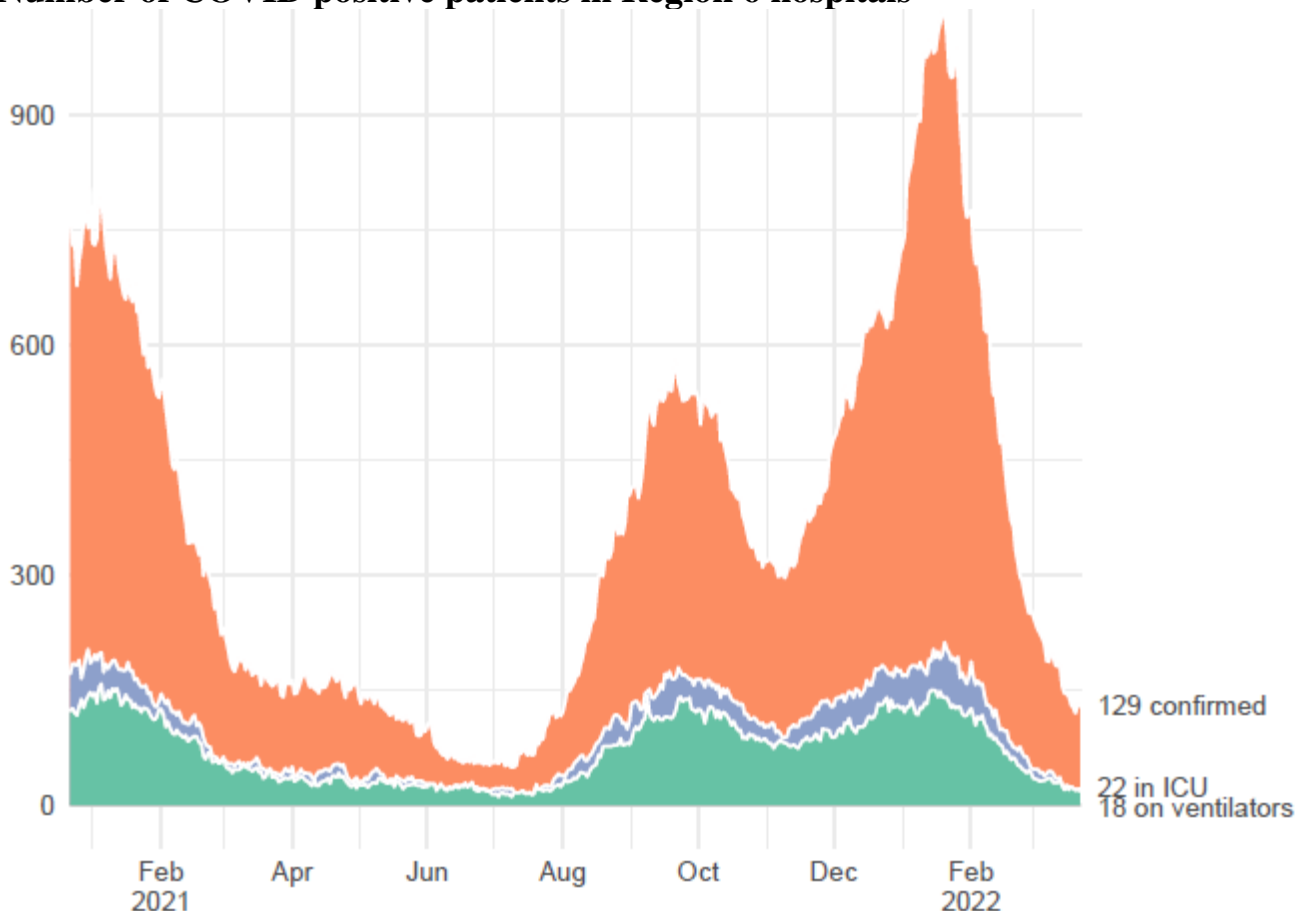
- Matthew 25 taking donations for supplies to Ukraine
- China lockdowns will have impact in the next 2-3 months for medical products and electronics

ODH State Lab Moving to New Laboratory Management System

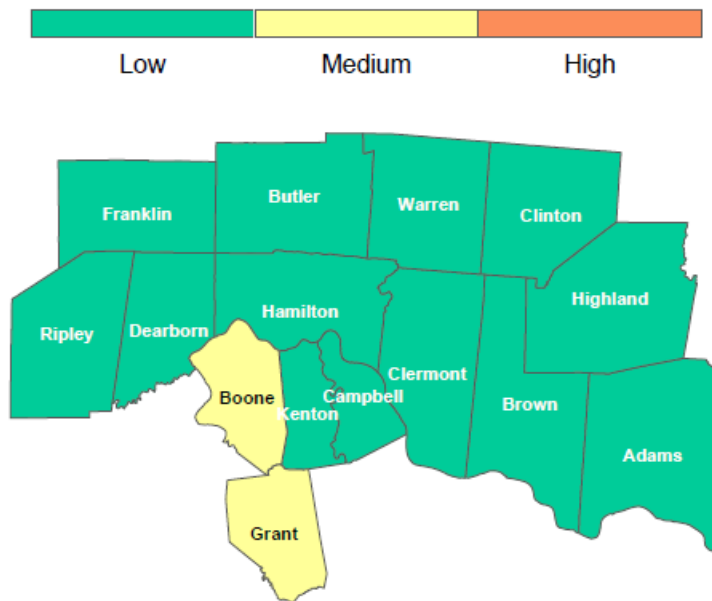
- Web based portal to order tests and complete specimen forms
- Access to results (and status)

Next Zoom Call ... **Thursday, March 31** (12:30 – 1:00 pm)

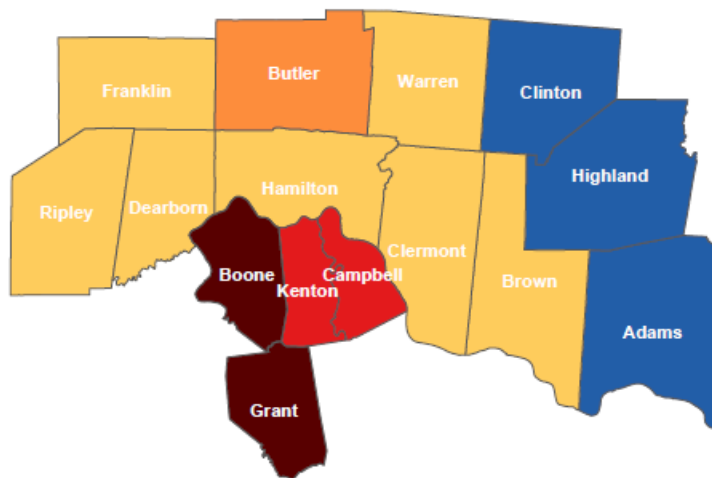
Number of COVID positive patients in Region 6 hospitals



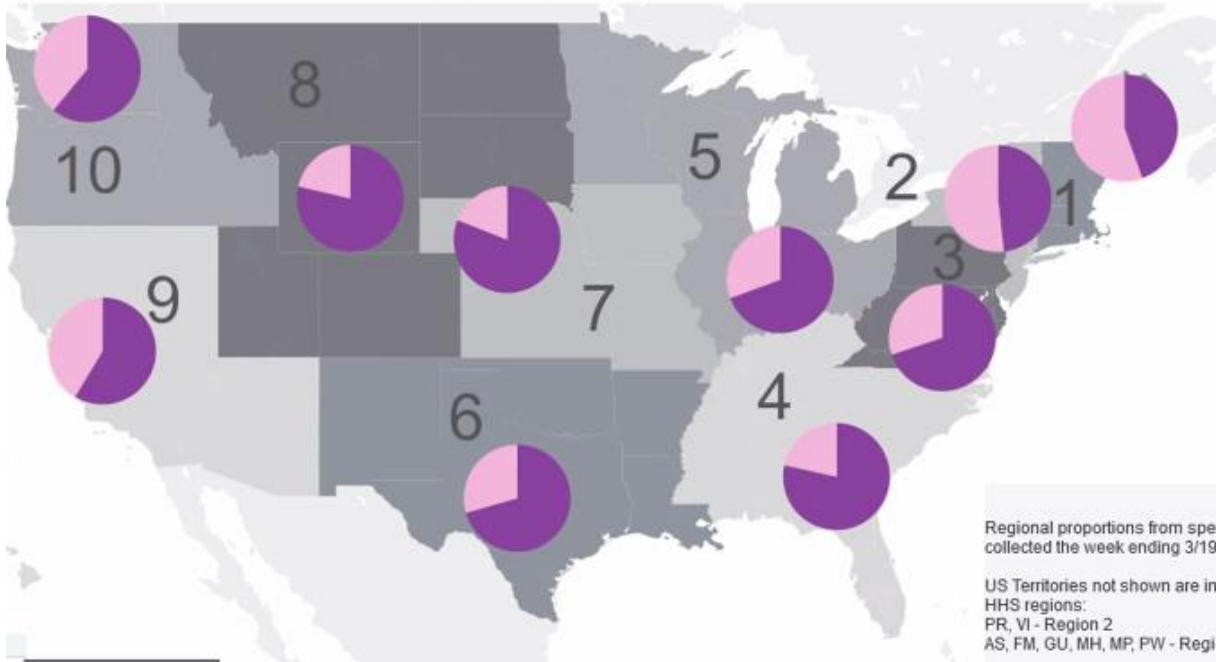
Community Levels



COVID-19 cases per 100,000 population



United States: 3/13/2022 – 3/19/2022 NOWCAST



Treatment of COVID-19 in High-Risk Outpatients^{1,2}

Preferred Treatments⁸ (listed in order of preference)

Nirmatrelvir with ritonavir (*Paxlovid*)

- **Dosage:** 300/100 mg³ PO bid x 5 days
- **Begin** ≤5 days after symptom onset
- **Age/Weight Requirements:** ≥12 years and ≥40 kg
- **Do not use in:** severe renal impairment (eGFR <30 mL/min), severe hepatic impairment (Child-Pugh C), patients taking strong CYP3A inducers⁴ or high-risk, highly CYP3A-dependent drugs (e.g., amiodarone, midazolam)

Sotrovimab

- **Dosage:** 500 mg IV x 1 dose
- **Begin** ≤10 days after symptom onset
- **Monitor patients for 1 hour after infusion**
- **Age/Weight Requirements:** ≥12 years and ≥40 kg

Remdesivir (*Veklury*)

- **Dosage:** 200 mg IV day 1, then 100 mg IV days 2 and 3⁵
- **Begin** ≤7 days after symptom onset
- **Monitor patients for 1 hour after each infusion**
- **Weight Requirement:** ≥3.5 kg
- **Do not use in:** severe renal impairment (CrCl <30 mL/min⁶)

Alternative Treatments⁸ (listed in alphabetical order)

Bebtelovimab

- **Dosage:** 175 mg IV injection over at least 30 seconds
- **Begin** ≤7 days after symptom onset
- **Monitor patients for 1 hour after administration**
- **Age/Weight Requirement:** ≥12 years and ≥40 kg

Molnupiravir

- **Dosage:** 800 mg PO q 12h x 5 days
- **Begin** ≤5 days after symptom onset
- **Age Requirement:** ≥18 years
- **Do not use in:** pregnant/breastfeeding patients⁷

Source: The Medical Letter