



Special Edition: COVID-19 Call to Action

This meeting will be recorded and will be available at www.fmda.org/journalclub.php



FMDA Journal Club

August 19, 2021

Diane Sanders-Cepeda, DO, CMD – Host



*FMDA JOURNAL
CLUB*

Special Edition:
COVID – 19 CALL
TO ACTION

Diane Sanders-Cepeda, DO CMD

Senior Medical Director, UHC Retiree
Solutions

FMDA Vice President & Journal Club Chair

Agenda

COVID SOS & Trends

Clinical Updates

Vaccination Breaking News

Total Cases

37,138,759

Total Deaths

624,344

Total Vaccine Doses Administered

357,554,226

28-Day Cases

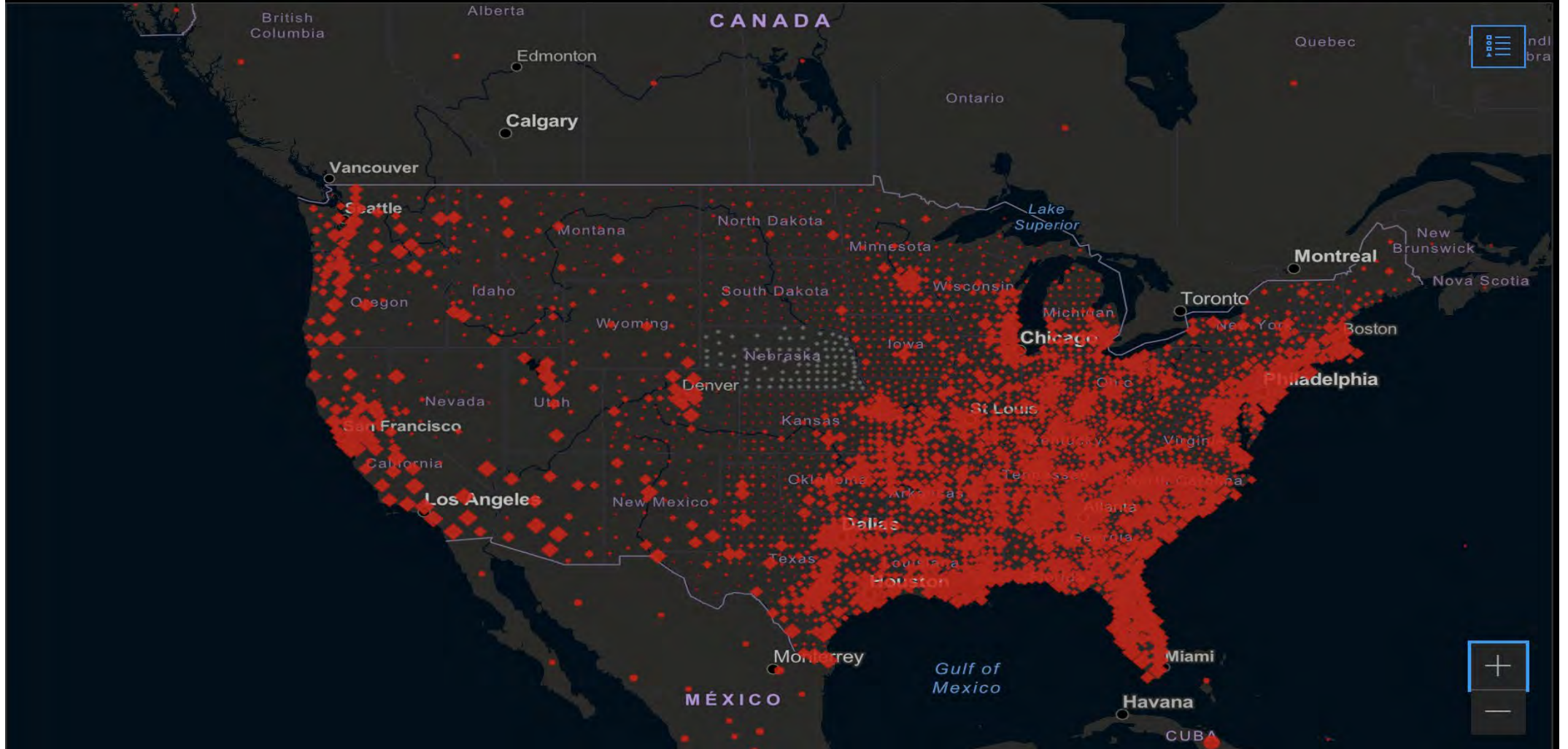
2,843,081

28-Day Deaths

14,466

28-Day Vaccine Doses Administered

15,749,980



COVID-19 Weekly Situation Report: State Overview

Previous week (August 6, 2021 - August 12, 2021)

Published August 13, 2021

All data are provisional and subject to change. Data include only Florida residents.



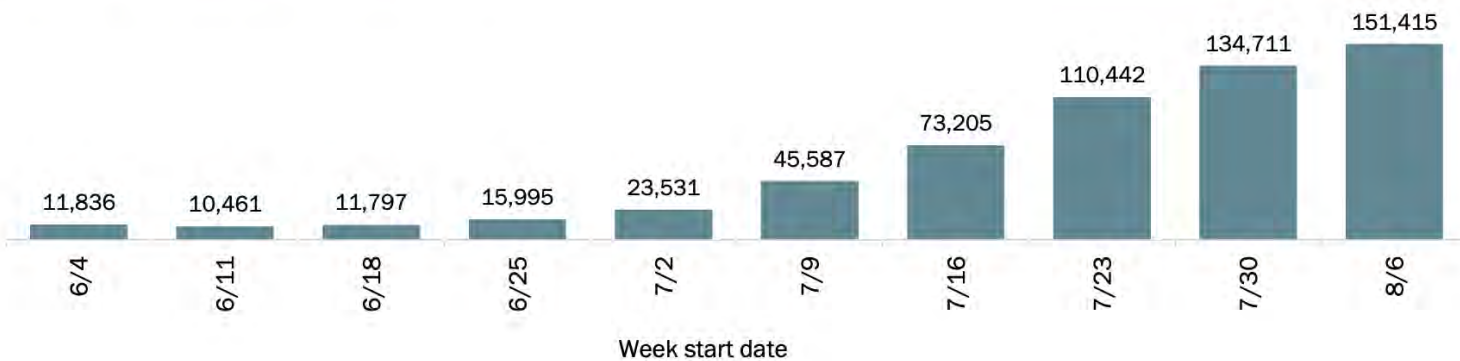
Case data	Previous week	Cumulative
Total	151,415	2,877,214
New case positivity	19.3%	19.1%
Deaths	286	40,766

See additional notes at the end of this report for information on positivity rate, deaths and vaccination status.

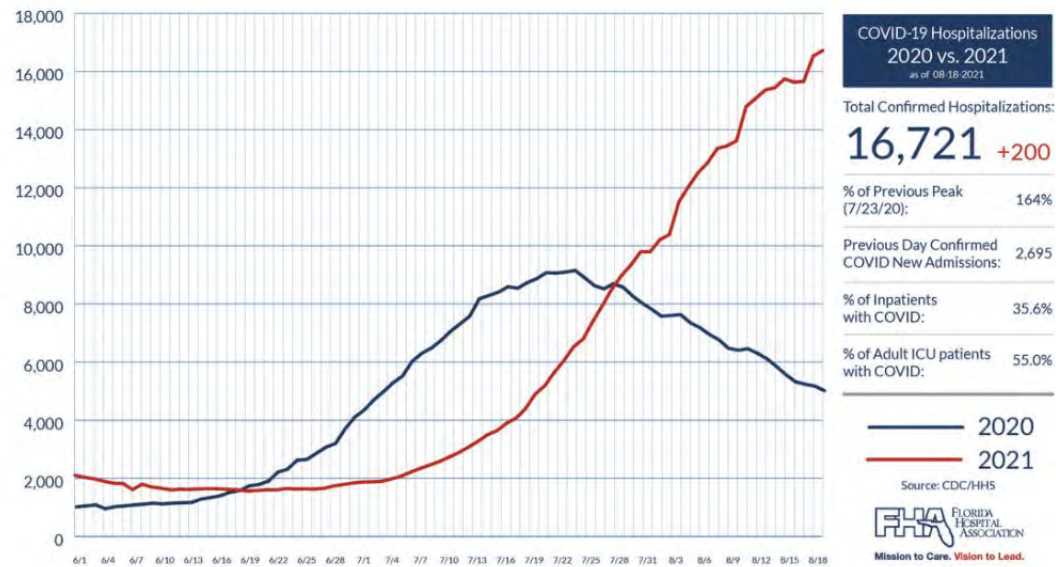
Vaccine data	Previous week	Cumulative
People vaccinated	384,328	12,420,704
First dose	261,396	2,100,860
Series completed	122,932	10,319,844

Vaccine age groups	Population	Vaccinated
Total	19,119,043	65%
12-19	1,972,084	44%
20-29	2,744,987	45%
30-39	2,784,698	54%
40-49	2,669,253	63%
50-59	2,925,172	71%
60-64	1,438,783	79%
65+	4,584,066	86%

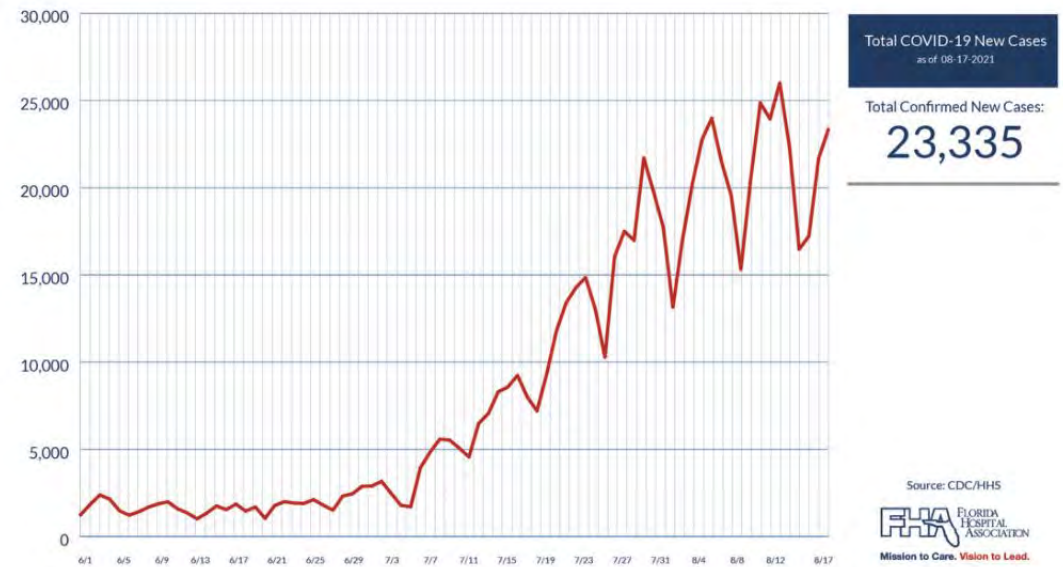
New cases for the past 10 weeks



FLORIDA COVID-19 UPDATE FOR AUGUST 18, 2021



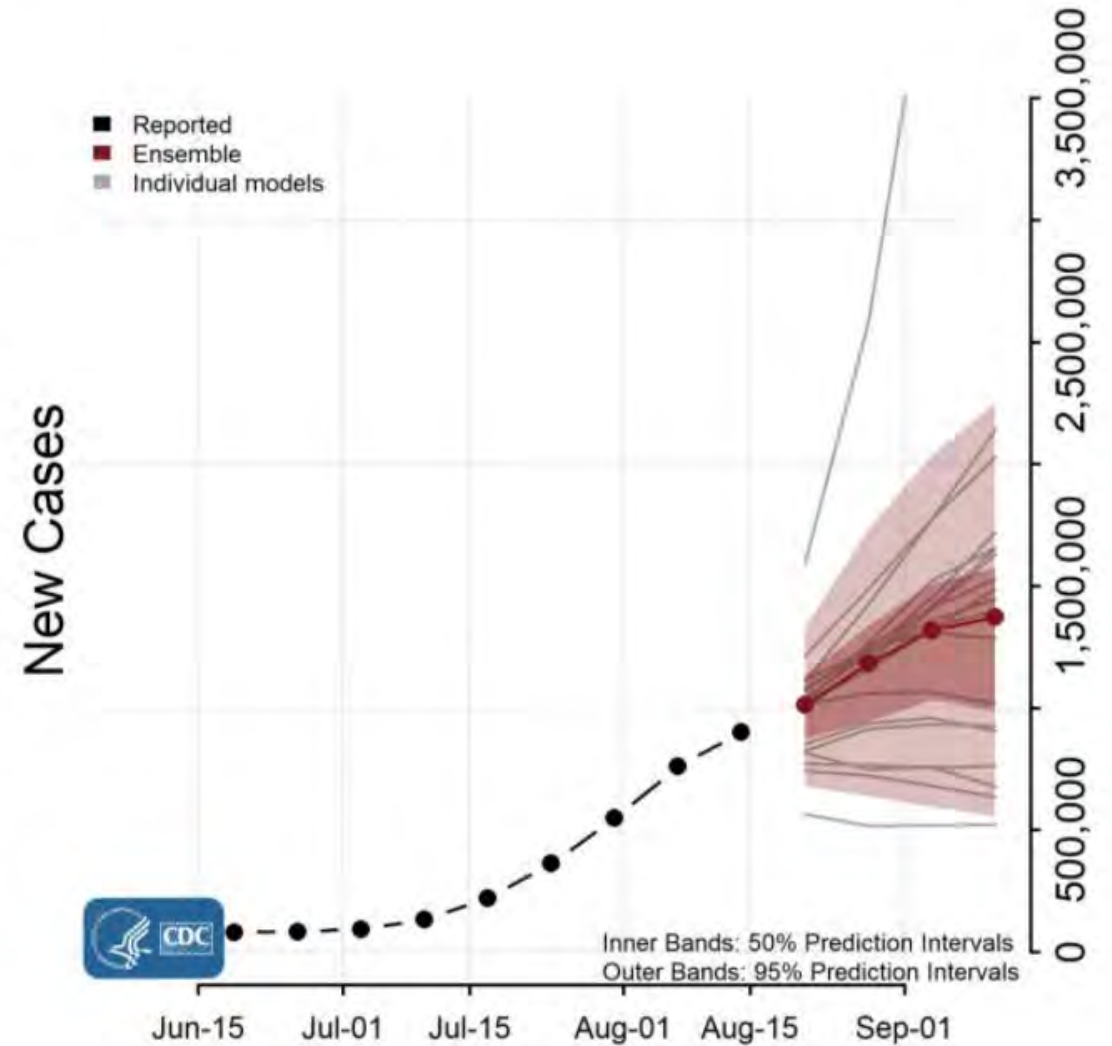
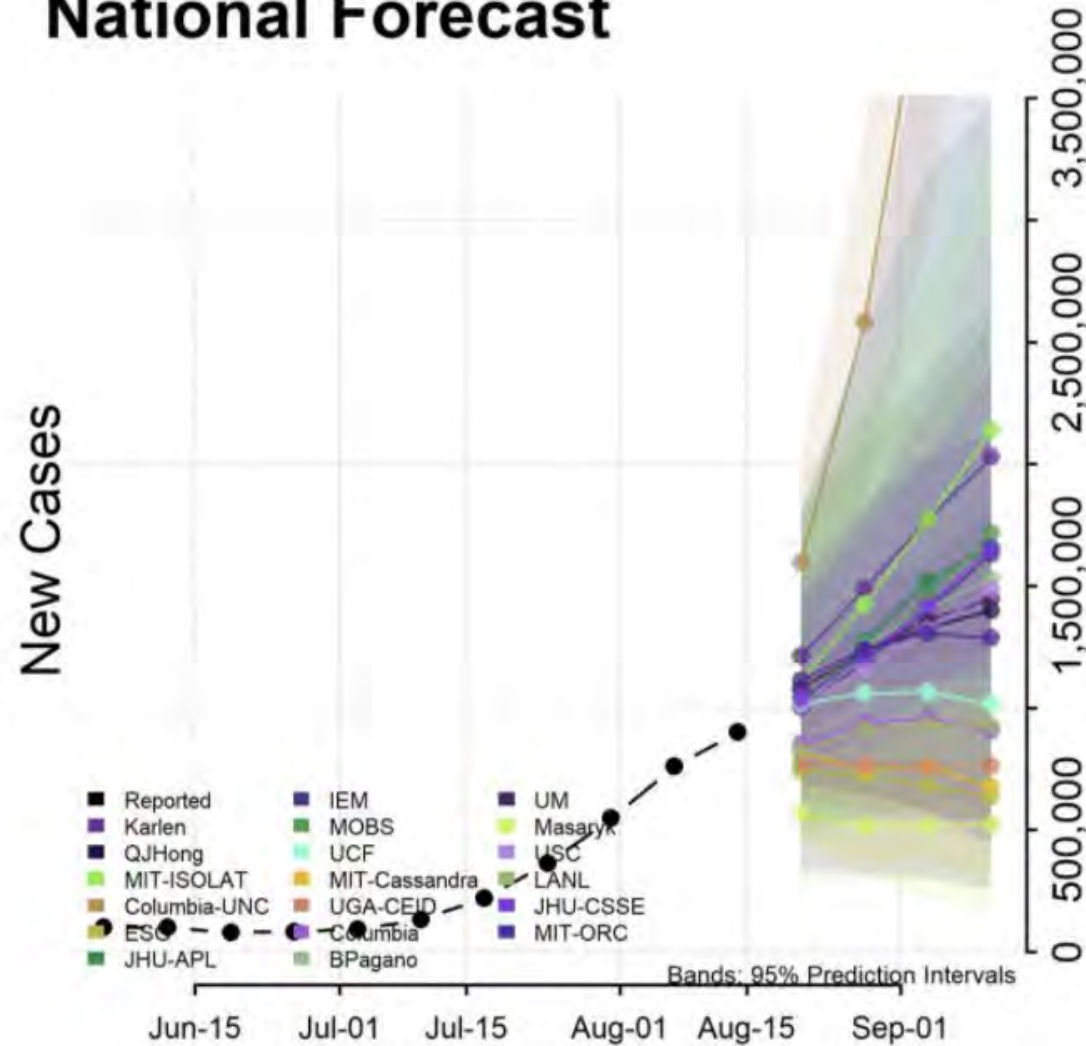
COVID-19 Hospitalizations: 16,521



COVID-19 New Cases: 23,335

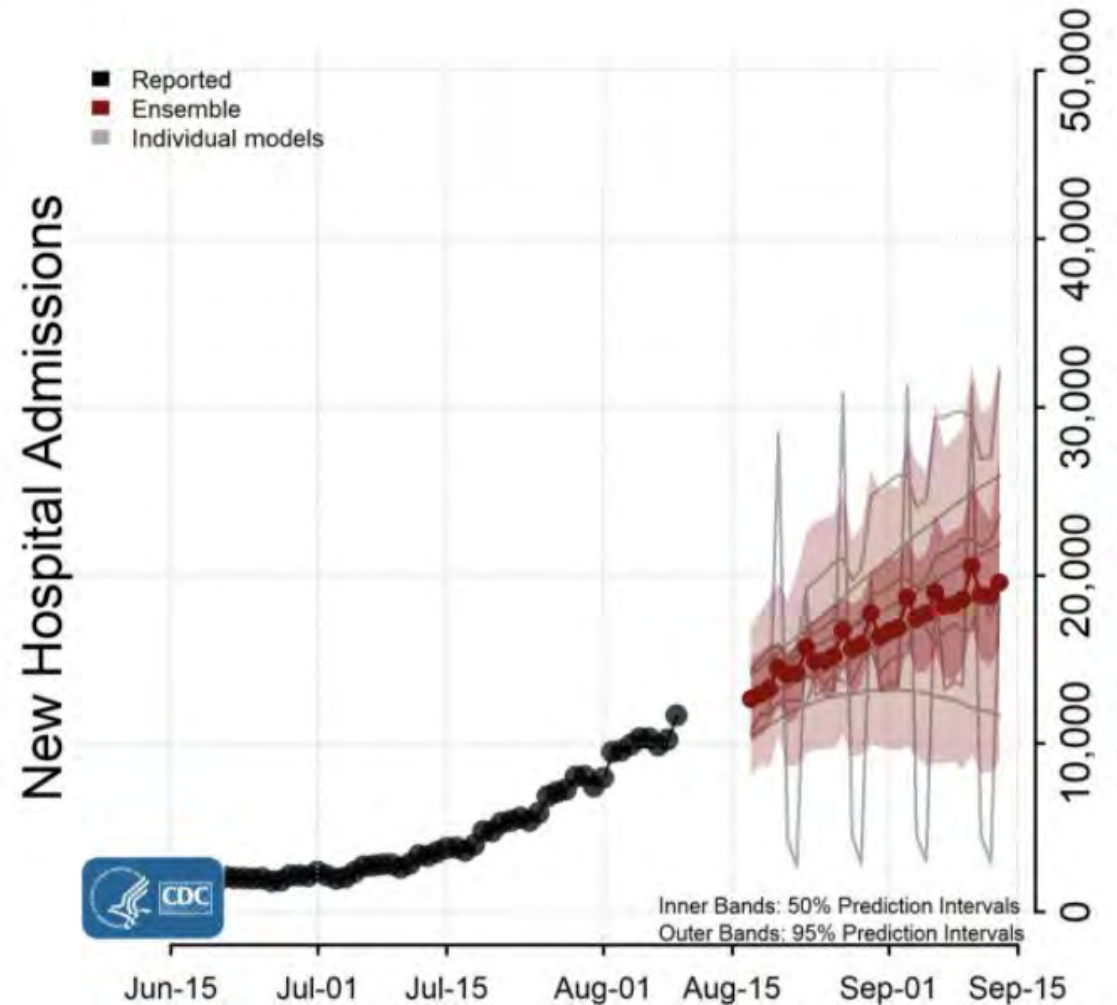
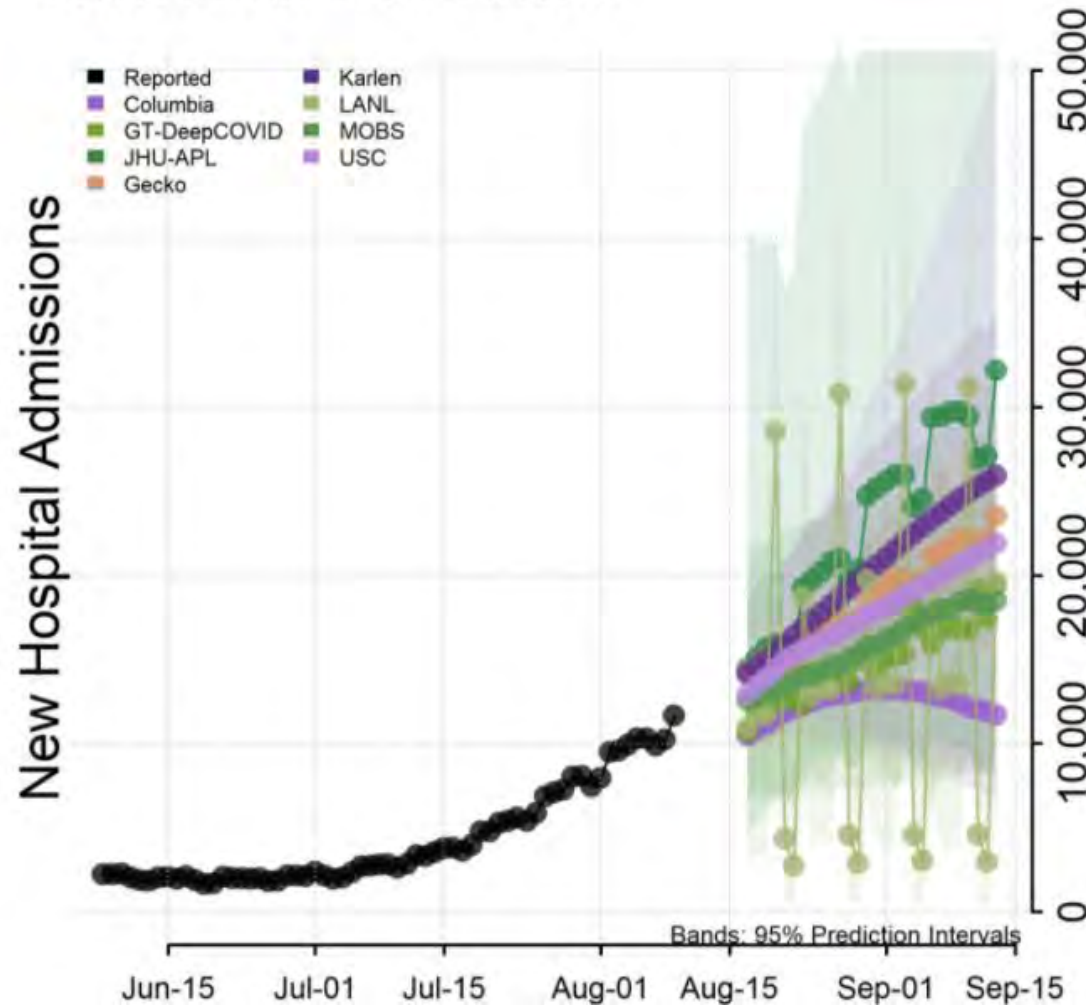
National Forecasts

National Forecast

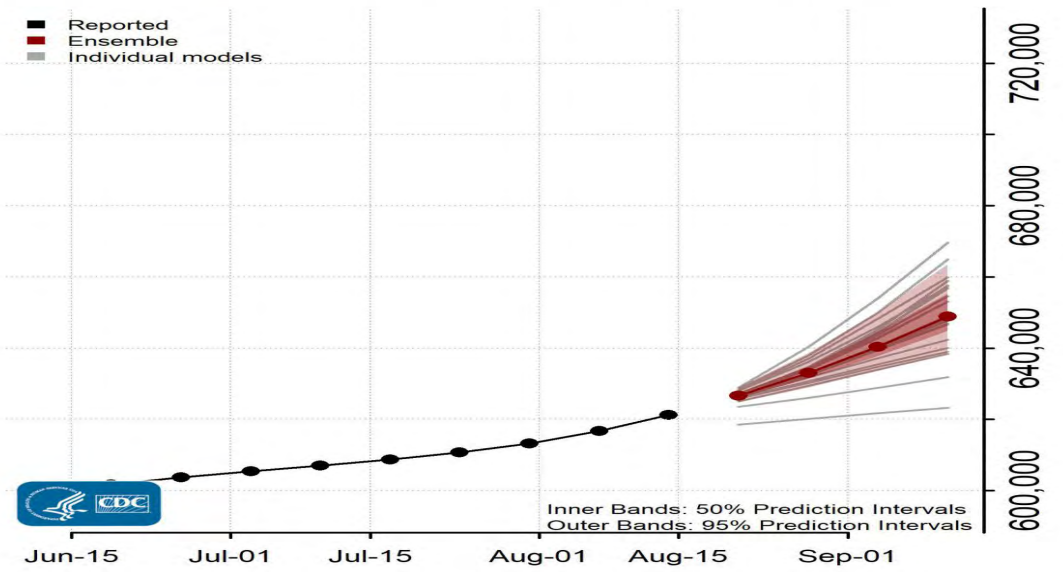
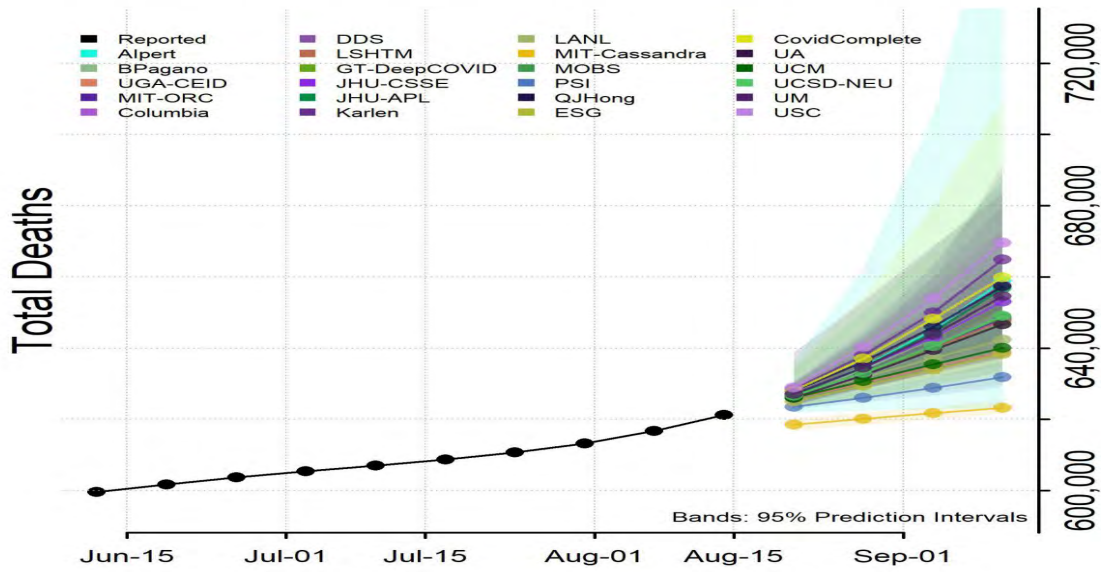
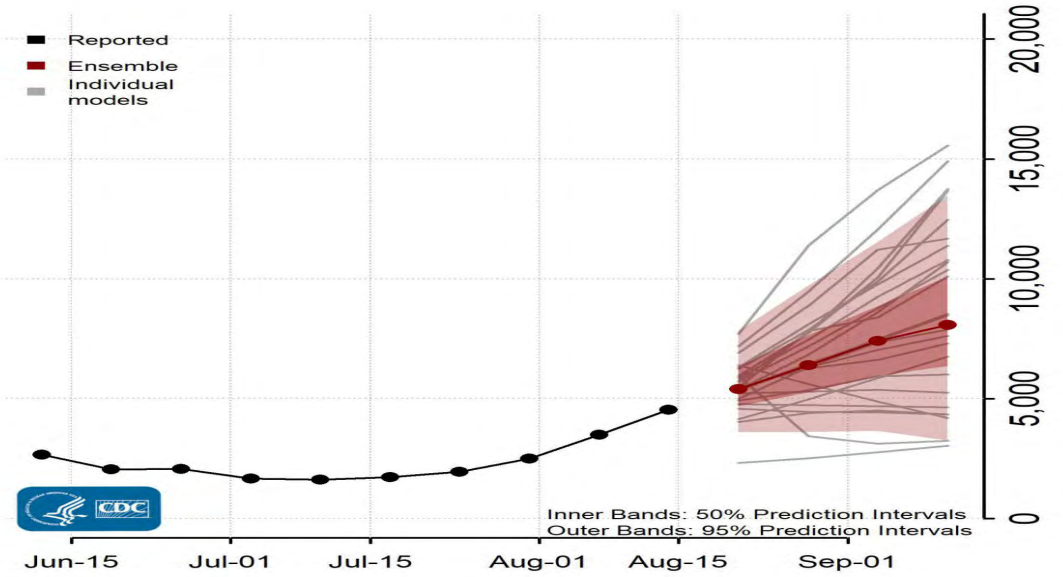
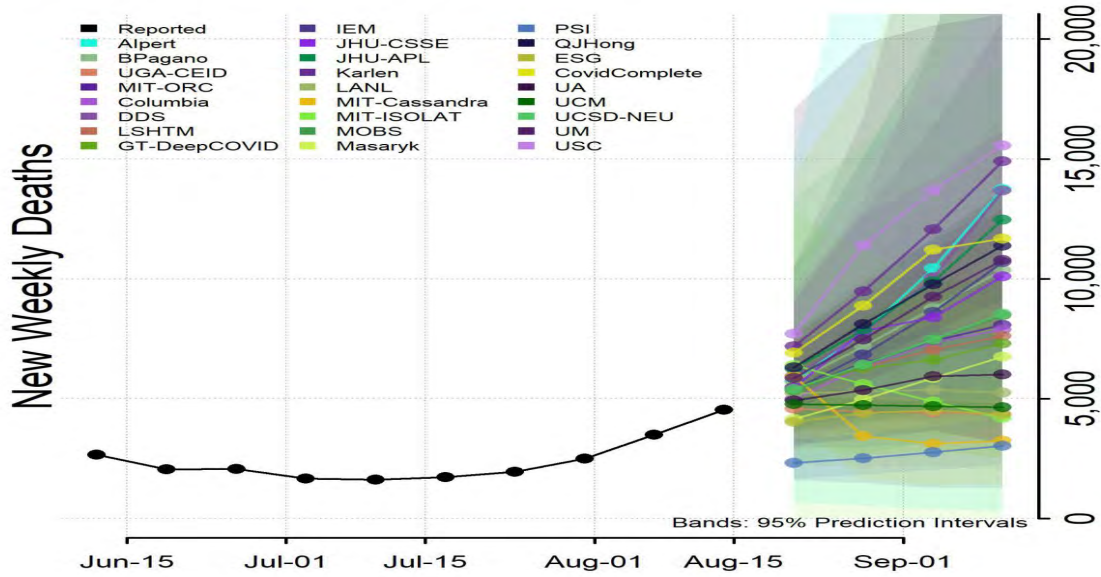


National Forecasts

National Forecast



National Forecast



Clinical Updates

BREAKTHROUGH INFECTIONS

```
graph TD; A[BREAKTHROUGH INFECTIONS] --> B[VARIANTS]; B --> C[MONOCLONAL AB];
```

A flowchart with three horizontal bars. The top bar is blue and contains the text 'BREAKTHROUGH INFECTIONS'. A light blue arrow points from the right side of this bar to the right side of the middle bar. The middle bar is green and contains the text 'VARIANTS'. A light green arrow points from the right side of this bar to the right side of the bottom bar. The bottom bar is a darker green and contains the text 'MONOCLONAL AB'.

VARIANTS

MONOCLONAL AB



Reduced Risk of Reinfection with SARS-CoV-2 After COVID-19 Vaccination — Kentucky, May–June 2021

Alyson M. Cavanaugh, DPT, PhD^{1,2}; Kevin B. Spicer, MD, PhD^{2,3}; Douglas Thoroughman, PhD^{2,4}; Connor Glick, MS²; Kathleen Winter, PhD^{2,5}

TABLE 2. Association of SARS-CoV-2 reinfection* with COVID-19 vaccination status — Kentucky, May–June 2021

Vaccination status	No. (%)		OR (95% CI) [†]
	Case-patients	Control participants	
Not vaccinated	179 (72.8)	284 (57.7)	2.34 (1.58–3.47)
Partially vaccinated [¶]	17 (6.9)	39 (7.9)	1.56 (0.81–3.01)
Fully vaccinated [§]	50 (20.3)	169 (34.3)	Ref
Total	246 (100)	492 (100)	—

What is added by this report?

Among Kentucky residents infected with SARS-CoV-2 in 2020, vaccination status of those reinfected during May–June 2021 was compared with that of residents who were not reinfected. In this case-control study, being unvaccinated was associated with 2.34 times the odds of reinfection compared with being fully vaccinated.

What are the implications for public health practice?

To reduce their likelihood for future infection, all eligible persons should be offered COVID-19 vaccine, even those with previous SARS-CoV-2 infection.

Vaccines have made Covid-19 far less lethal. A fully-vaccinated 80-year-old now has the same mortality risk as an unvaccinated 50-year-old

Risk of catching and dying from Covid* (log scale), by age group, before and after full vaccination



*Risk is the population fatality rate, e.g. before vaccines roughly 1% of all 80-year-olds in England had died from Covid

Source: FT analysis of data from Public Health England

© FT

The NEW ENGLAND JOURNAL *of* MEDICINE

CORRESPONDENCE

**Breakthrough Infections in BNT162b2-Vaccinated
Health Care Workers**

The NEW ENGLAND
JOURNAL *of* MEDICINE

ESTABLISHED IN 1812

AUGUST 12, 2021

VOL. 385 NO. 7

Effectiveness of Covid-19 Vaccines against the B.1.617.2
(Delta) Variant

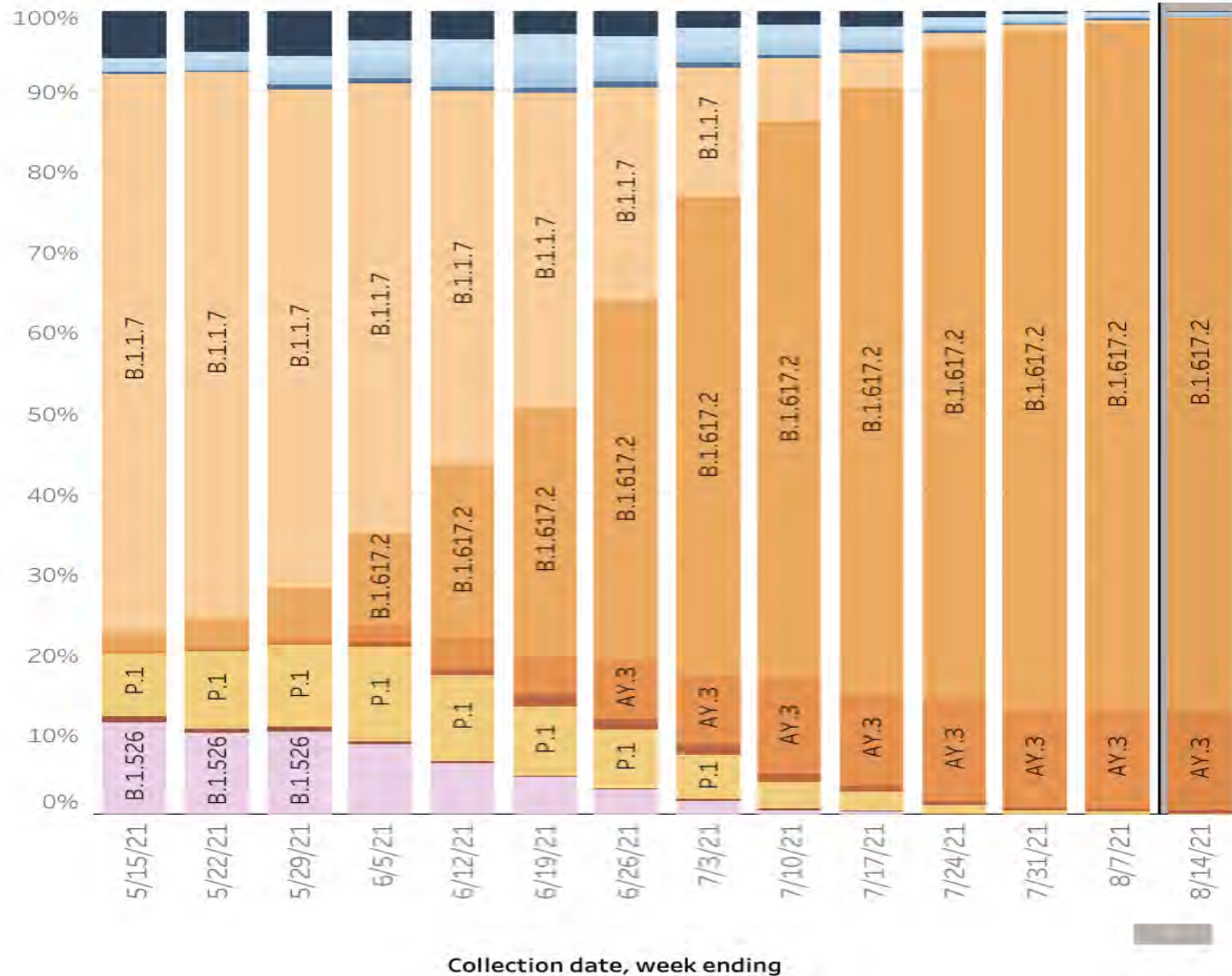
Jamie Lopez Bernal, F.F.P.H., Ph.D., Nick Andrews, Ph.D., Charlotte Gower, D.Phil., Eileen Gallagher, Ph.D., Ruth Simmons, Ph.D., Simon Thelwall, Ph.D., Julia Stowe, Ph.D., Elise Tessier, M.Sc., Natalie Groves, M.Sc., Gavin Dabrera, M.B., B.S., F.F.P.H., Richard Myers, Ph.D., Colin N.J. Campbell, M.P.H., F.F.P.H., Gayatri Amirthalingam, M.F.P.H., Matt Edmunds, M.Sc., Maria Zambon, Ph.D., F.R.C.Path., Kevin E. Brown, M.R.C.P., F.R.C.Path., Susan Hopkins, F.R.C.P., F.F.P.H., Meera Chand, M.R.C.P., F.R.C.Path., and Mary Ramsay, M.B., B.S., F.F.P.H.

ABSTRACT

United States: 5/9/2021 – 8/14/2021

United States: 8/8/2021 – 8/14/2021 NOWCAST

** **



USA

WHO label	Lineage #	Type	%Total	95%PI
Alpha	B.1.1.7	VOC	0.3%	0.0-1.0%
Beta	B.1.351	VOC	0.0%	0.0-0.2%
Gamma	P.1	VOC	0.2%	0.0-0.7%
Delta	B.1.617.2	VOC	86.1%	82.6-89.4%
	AY.3	VOC	12.3%	9.1-15.7%
	AY.2	VOC	0.3%	0.0-1.0%
	AY.1	VOC	0.1%	0.0-0.2%
Eta	B.1.525	VOI	0.0%	0.0-0.2%
Iota	B.1.526	VOI	0.0%	0.0-0.2%
N/A	B.1.621		0.4%	0.0-1.0%
	B.1.621.1		0.1%	0.0-0.5%
	B.1.628		0.1%	0.0-0.5%
	A.2.5		0.0%	0.0-0.2%
	B.1.626		0.0%	0.0-0.2%
	B.1.617.1	VOI	0.0%	0.0-0.2%
	B.1.617.3	VOI	0.0%	0.0-0.2%
Other	Other*		0.0%	0.0-0.2%

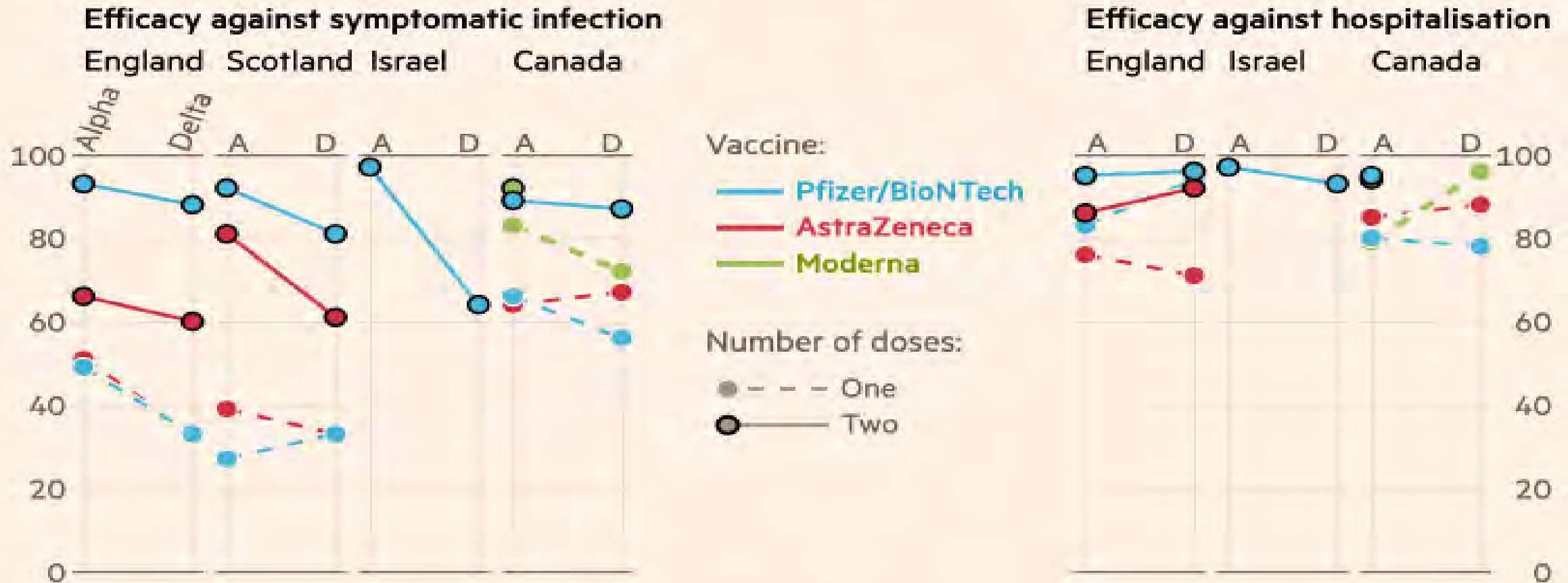
* Enumerated lineages are VOI/VOC or are circulating >1% in at least one HHS region during at least one two week period; remaining lineages are aggregated as "Other".

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

Sublineages of P.1 and B.1.351 are aggregated with the parent lineage and included in parent lineage's proportion. AY.3.1 is aggregated with its parent lineage AY.3. AY.4-AY.12 aggregated with B.1.617.2

How vaccine efficacy compares against the Alpha and Delta variants

Vaccine efficacy against infection and hospitalisation for each variant, by vaccine manufacturer, number of doses and country of study



Centers for Disease Control and Prevention

MMWR

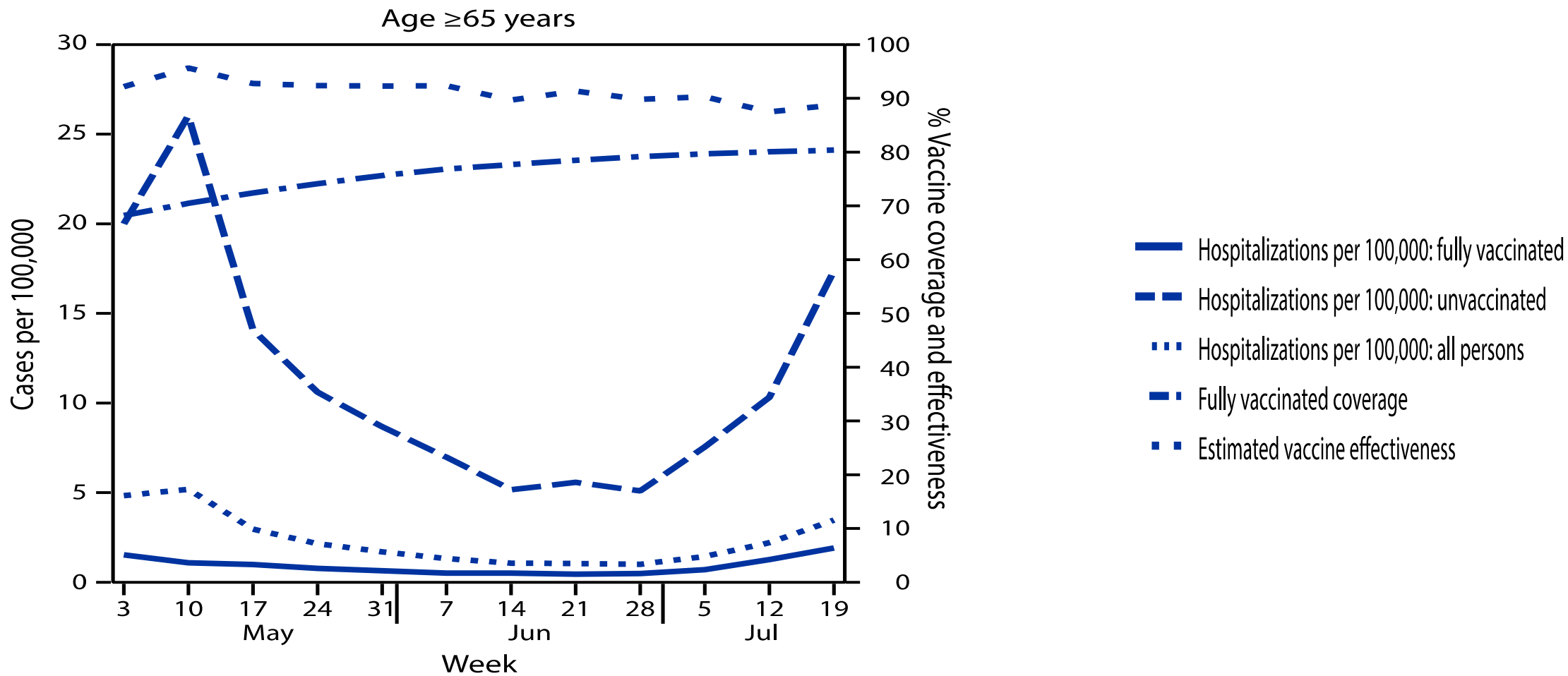
Morbidity and Mortality Weekly Report

Early Release / Vol. 70

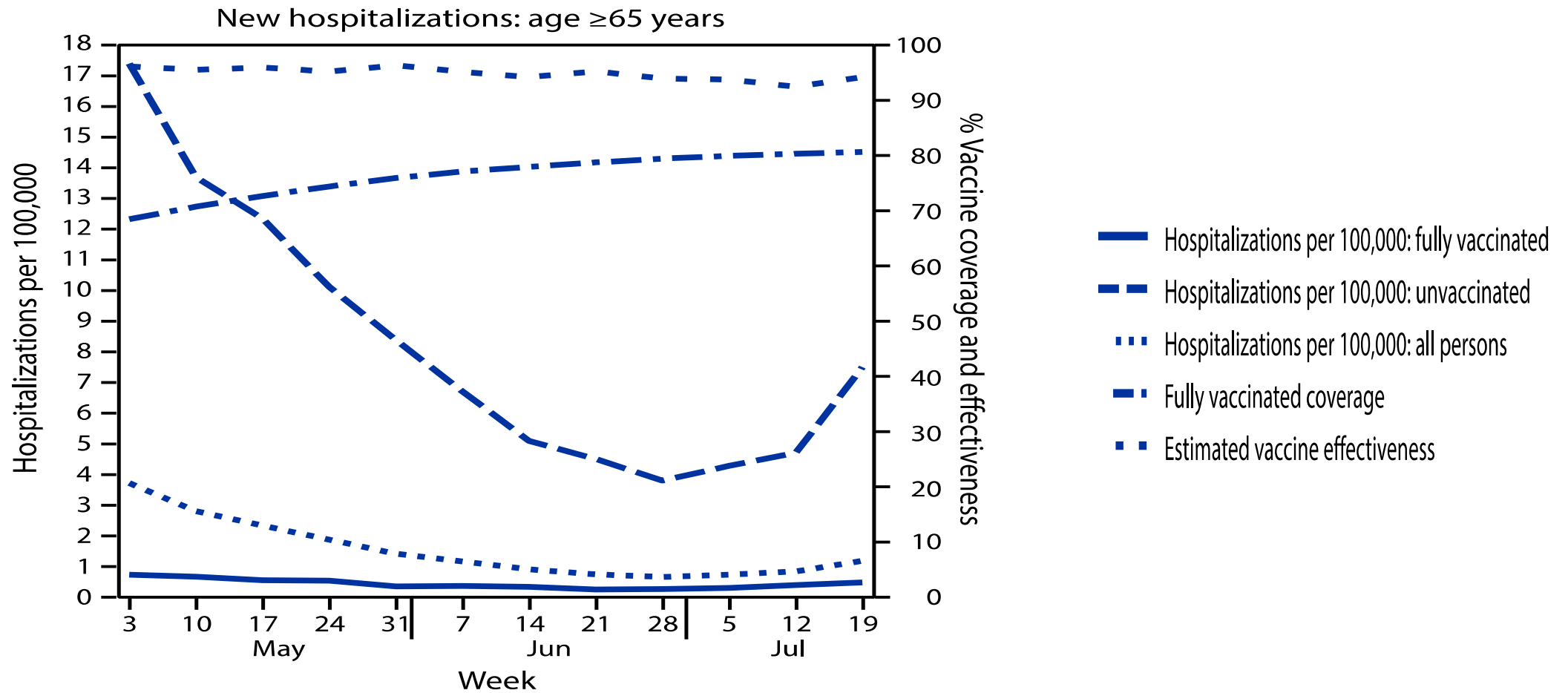
August 18, 2021

New COVID-19 Cases and Hospitalizations Among Adults, by Vaccination Status — New York, May 3–July 25, 2021

Eli S. Rosenberg, PhD^{1,2}; David R. Holtgrave, PhD²; Vajeera Dorabawila, PhD¹; MaryBeth Conroy, MPH¹; Danielle Greene, DrPH¹; Emily Lutterloh, MD^{1,2}; Bryon Backenson, MS^{1,2}; Dina Hoefler, PhD¹; Johanne Morne, MS¹; Ursula Bauer, PhD¹; Howard A. Zucker, MD, JD¹





New COVID-19 cases among fully vaccinated and unvaccinated adults, vaccine coverage, and estimated vaccine effectiveness, by age — New York, May 3–July 25, 2021



New hospitalizations with laboratory-confirmed COVID-19 among fully vaccinated and unvaccinated adults, vaccine coverage, and estimated vaccine effectiveness, by age — New York, May 3–July 25, 2021

What about
Monoclonal
Antibodies
Utilization?





Three outpatient mAbs have been granted EUA for the treatment of COVID-19 based on their potential to reduce progression to severe disease and hospitalization in patients at high risk:

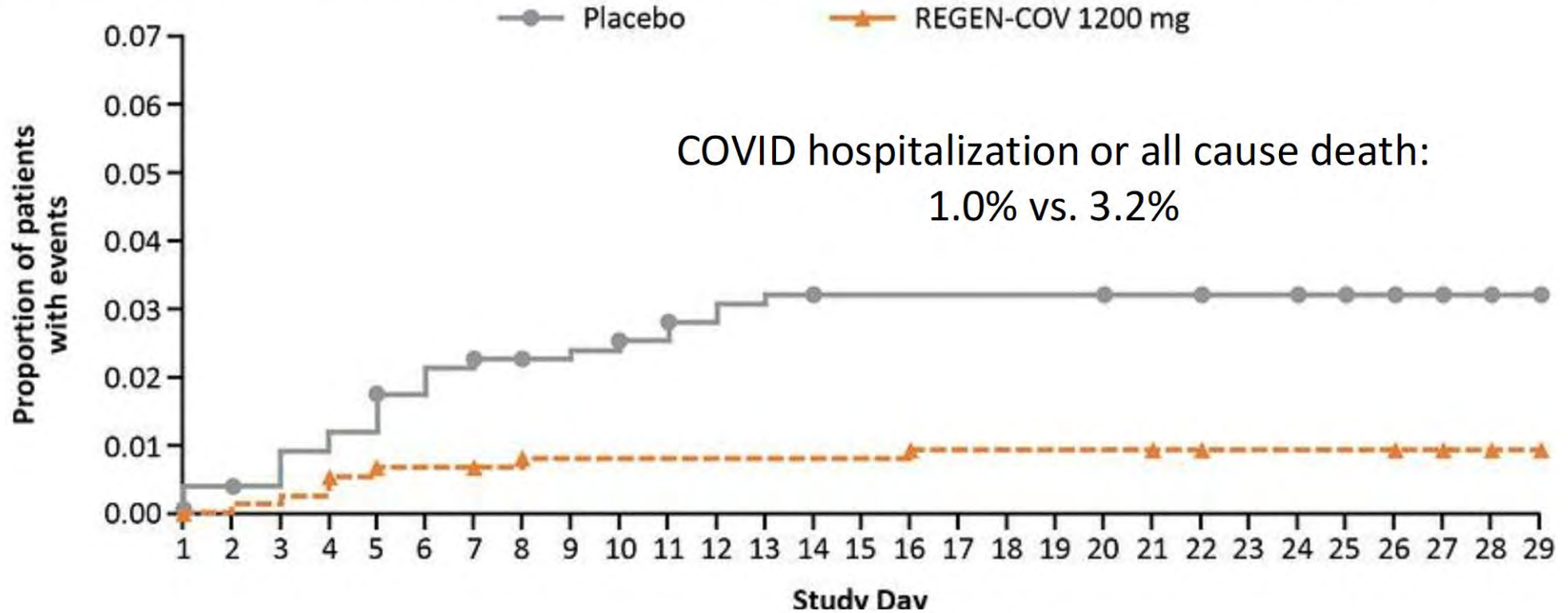
] Post-exposure prophylaxis

- REGEN-COV (casirivimab and imdevimab)

] Active COVID-19 infection in patients at higher risk for severe COVID-19 with mild to moderate symptoms

- REGEN-COV (casirivimab and imdevimab)
- Bamlanivimab/Etesevimab (currently paused¹)
- Sotrovimab (commercially available)

Covid-19-related Hospitalization or All-Cause Death* – REGEN-COV 1200 mg IV Single Dose



Monoclonal Antibody & Variants

Alpha (B.1.1.7)	susceptible to the authorized antibodies
Beta (B.1.351), Gamma (P.1)	Marked reduction in susceptibility to bam/ete (distribution paused in US) Casirivimab/imdevimabn(REGEN – COV), sotrovimab expected to retain activity
Delta (B.1.617.2)	Marked reduction in susceptibility to bam; modest reduction in susceptibility to bam/ete Casirivimab/imdevimab (REGEN – COV), sotrovimab expected to have activity



Vaccination Breaking News

FDA: Emergency Use Authorization (EUA) Amendment

- **August 12, 2021:** FDA Authorizes Additional Vaccine Dose for Certain Immunocompromised Individuals*
- – Other fully vaccinated individuals do not need an additional dose right now
- – Amendment applies to:
 - – **Pfizer-BioNTech** COVID-19 vaccine (BNT162b2) (≥12 years old) – **Moderna** COVID-19 vaccine (mRNA-1273) (≥18 years old)
- ▪ Due to insufficient data, the EUA amendment for an additional dose does not apply to Janssen COVID-19 vaccine or to individuals who received Janssen COVID-19 as a primary series. CDC and FDA are actively engaged to ensure that immunocompromised recipients of Janssen COVID-19 vaccine have optimal vaccine protection

*<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-additional-vaccine-dose-certain-immunocompromised>

Immunocompromised People

People with medical conditions or people receiving treatments that are associated with moderate to severe immune compromise.¹

- Active or recent treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ or recent hematopoietic stem cell transplants
- Severe primary immunodeficiency
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids, alkylating agents, antimetabolites, tumor-necrosis (TNF) blockers, and other biologic agents that are immunosuppressive or immunomodulatory

Immunocompromised People

- **Additional Dose of mRNA COVID-19 Vaccine**
 - **Pfizer-BioNTech** COVID-19 vaccine (BNT162b2) (≥ 12 years old)
 - **Moderna** COVID-19 vaccine (mRNA-1273) (≥ 18 years old)
- Additional dose after an initial 2-dose primary series of mRNA COVID-19 vaccine, in immunocompromised people
 - **Heterologous additional dose is permitted**
 - Administered **at least 28 days** after completion of the primary mRNA COVID-19 vaccine series



HEALTH AND SCIENCE

U.S. will begin wide distribution of Covid booster shots next month, saying vaccine protection wanes over time

PUBLISHED WED, AUG 18 2021-10:30 AM EDT | UPDATED WED, AUG 18 2021-9:04 PM EDT



Berkeley Lovelace Jr.
[@BERKELEYJR](#)

SHARE





CDC Newsroom



[Newsroom Home](#)

[Press Materials](#)

[CDC Newsroom Releases](#)

[2021 News Releases](#)

[2020 News Releases](#)

[2019 News Releases](#)

Joint Statement from HHS Public Health and Medical Experts on COVID-19 Booster Shots

Media Statement

For Immediate Release: Wednesday, August 18, 2021

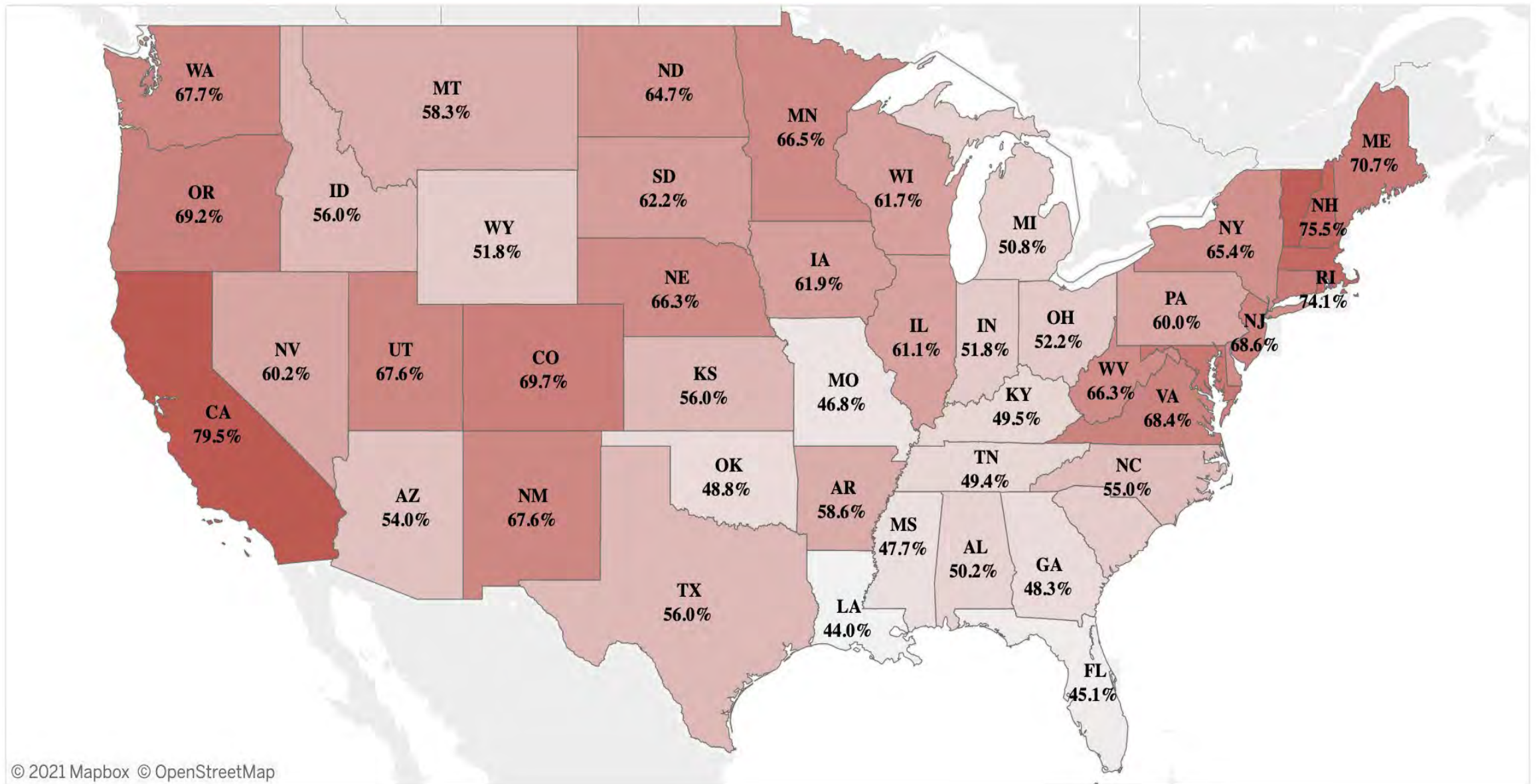
Contact: [Media Relations](#)

(404) 639-3286



CMS.GOV NEWSROOM

**Biden-Harris Administration Takes Additional Action to Protect America's
Nursing Home Residents from COVID-19**



AARP NH DASHBOARD – 7/18/2021 (updated 8/12/2021)

FMDA SNF VACCINATION CONFIDENCE INITIATIVE

FMDA Launches COVID-19 Nursing Facility Staff Vaccination Confidence Initiative

West Palm Beach, Fla. — FMDA – The Florida Society for Post-Acute and Long-Term Care (PALTC) Medicine announces the launch of its vaccination confidence initiative focused on Florida skilled nursing facilities with the lowest staff vaccination rates. Under the auspices of FMDA's Quality Advocacy Coalition with support from the United Health Foundation, the program aims to increase vaccination rates at skilled nursing facilities (SNF) by engaging with the staff in-person and virtually to provide knowledge, open discussion, and education through presentations and videos from world-class experts in PALTC.

FMDA is the official state affiliate and one of the largest chapters of AMDA – The Society for Post-Acute and Long-Term Care Medicine. It is also a Specialty Society of the Florida Medical Association and liaises with the Florida Osteopathic Medical Association.

“There is a lot concern and hesitancy towards the vaccine from staff in Florida’s SNFs. We want to address those concerns and provide ease of mind when it comes to getting vaccinated. It is vital to the health of our most vulnerable that we protect them,” said Leonard Hock, Chairman of the Board, FMDA.

Current data trends show a very low vaccination rate among certain nursing facilities. Florida’s Agency for Health Care Administration’s statewide data as of June 4, 2021, showed self-reported vaccination rates from 696 SNF facilities in Florida as follows: 1. **75.86** percent of SNF residents have been vaccinated, 2. **41.31** percent of SNF staff have been vaccinated, and 3. **42,330** SNF staff have been vaccinated out of a total of **102,279** statewide. This means **59,180** SNF staff have NOT been vaccinated.

“This data provides some perspective on the tough road ahead,” said FMDA President Dr. Angel Tafur. “While not totally surprising, this is very disappointing. Moreover, this is an indication of the scope and urgency of the challenge,” he added.

For more information regarding **FMDA’s COVID-19 SNF Staff Vaccination Confidence Initiative**, visit www.fmda.org or contact FMDA at (561) 689-6321.

A close-up, shallow depth-of-field photograph of a desk. In the foreground, an open notebook with lined pages is visible, with a black pen resting on it. To the right, a white smartphone is partially visible. In the background, a laptop keyboard and a pair of glasses are out of focus. A semi-transparent white circle is overlaid on the right side of the image, containing the text 'Open Discussion' with a horizontal line underneath the word 'Discussion'.

Open Discussion



Questions

Diane Sanders-Cepeda, DO CMD

diane_sanders-cepeda@uhc.com

Ian Cordes, Executive Director of FMDA

ian.cordes@fmda.org



THE FLORIDA SOCIETY
FOR POST-ACUTE AND
LONG-TERM
CARE MEDICINE

**400 Executive Center Drive, Suite 208
West Palm Beach, FL 33401**

www.fmda.org; www.bestcarepractices.org



This meeting has been recorded and will be available at www.fmda.org/journalclub.php