



Winter is Coming – PALTC Preparedness for COVID's Next Surge

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



FMDA Journal Club

December 21, 2022

Swati Gaur, MD, MBA, CMD, AGSF – Special Guest

Diane Sanders-Cepeda, DO, CMD – Host

Respiratory viral threat: Current score and blitz

Swati Gaur MD, MBA, CMD, AGSF

Alliant Health Solutions (QIO)

Northeast Georgia Health System

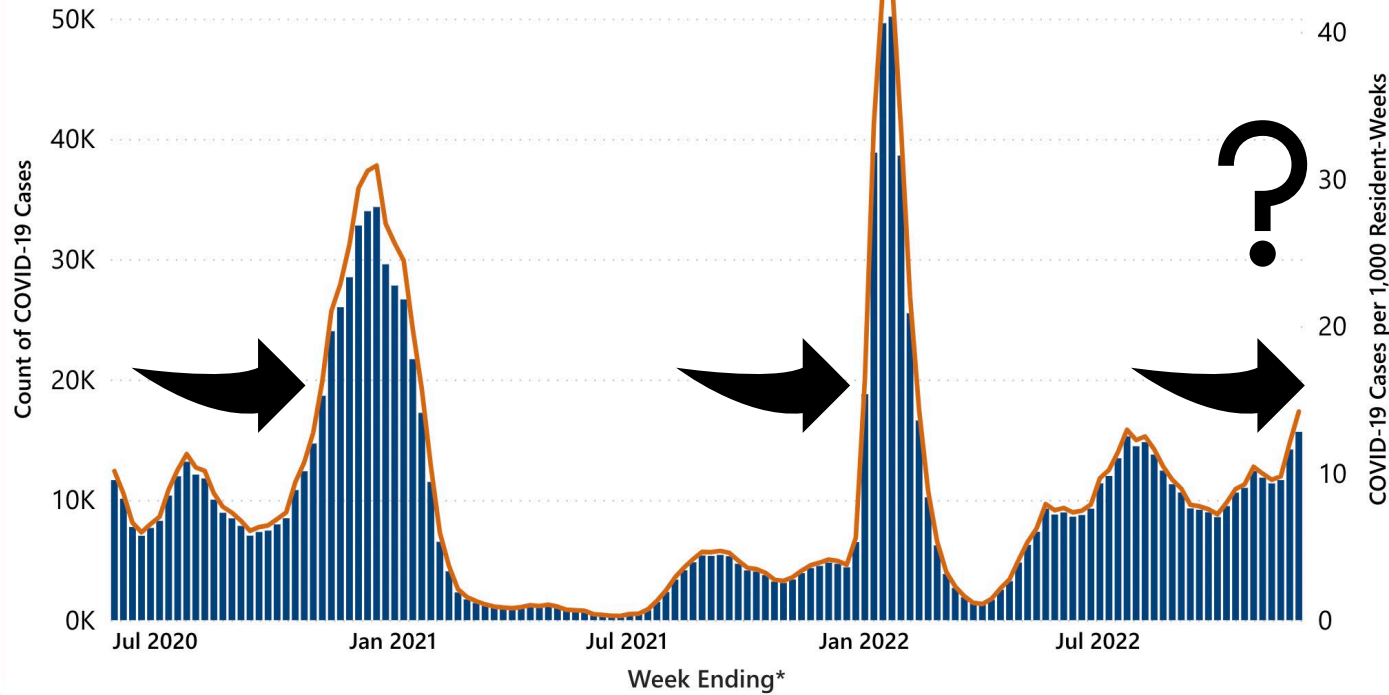
- Assess the current threat
- Review the evidence-based resources available to us
- Plan our blitz against the respiratory viral threat
- Discuss common questions/ myths



Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week— United States



● Count COVID-19 Cases — Rate of COVID-19 Cases



Display by FEMA/HHS Region

All

Display by State

All

* Data are likely accruing, all data can be modified from week-to-week by facilities

For the purpose of creating this time-series graph, data that fail certain quality checks or appear inconsistent with surveillance protocols are assigned a value based on their patterns for data-entry or excluded from analysis

Data source: Centers for Disease Control and Prevention, National Healthcare Safety Network. **Accessibility:** [Right click on the graph area to show as table]

For more information: <https://www.cdc.gov/nhsn/tc/covid19/index.html>

Data as of 12/5/2022 5:30 AM

Go back Confirmed Resid...

141%



Resident cases: FL



Confirmed COVID-19 Cases among Residents and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



Display by State

FL

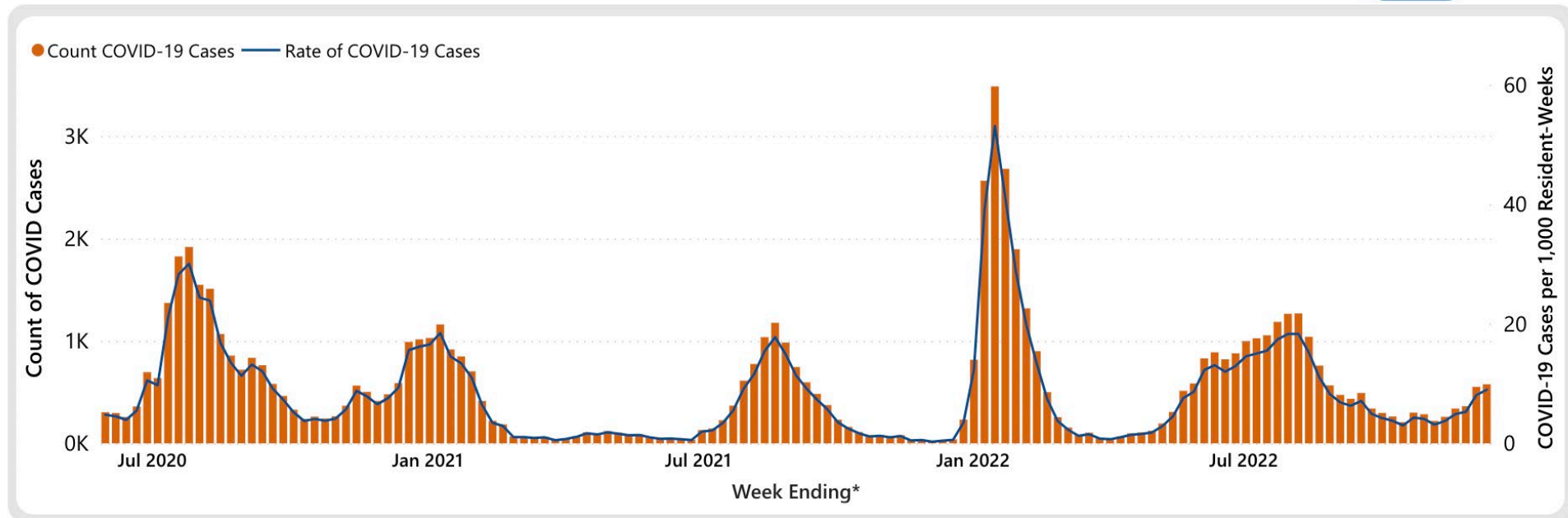
Display by FEMA/HHS Region

All

Cases



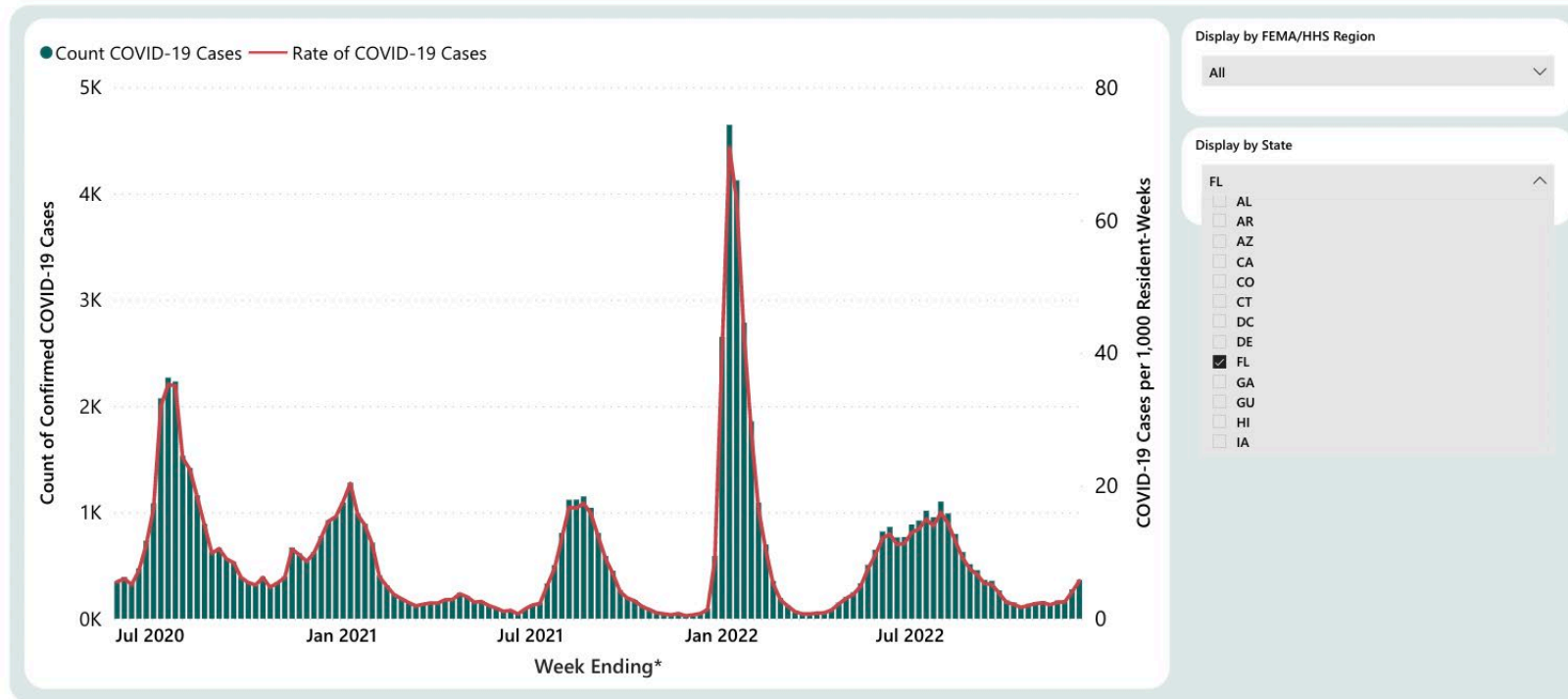
Deaths



Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week—United States



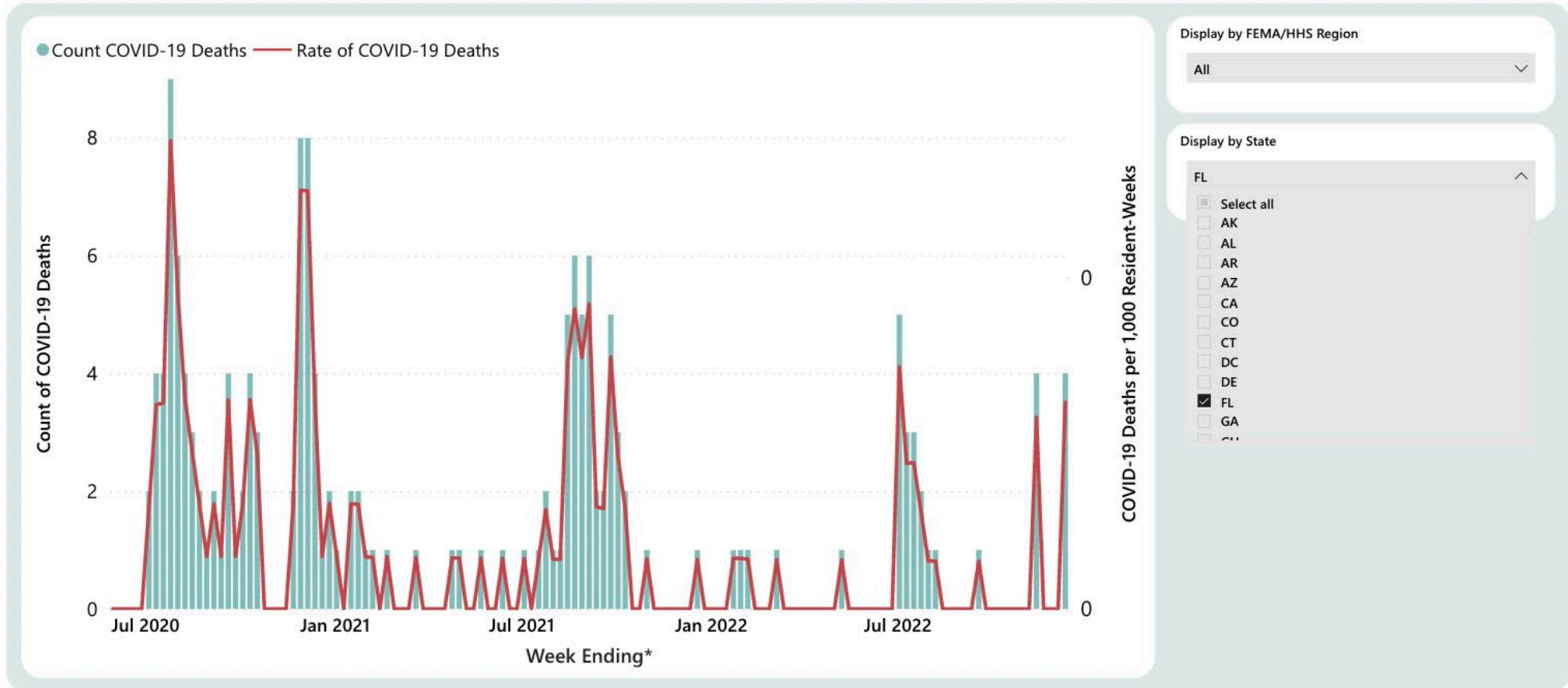
Confirmed COVID-19 Cases among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week — United States



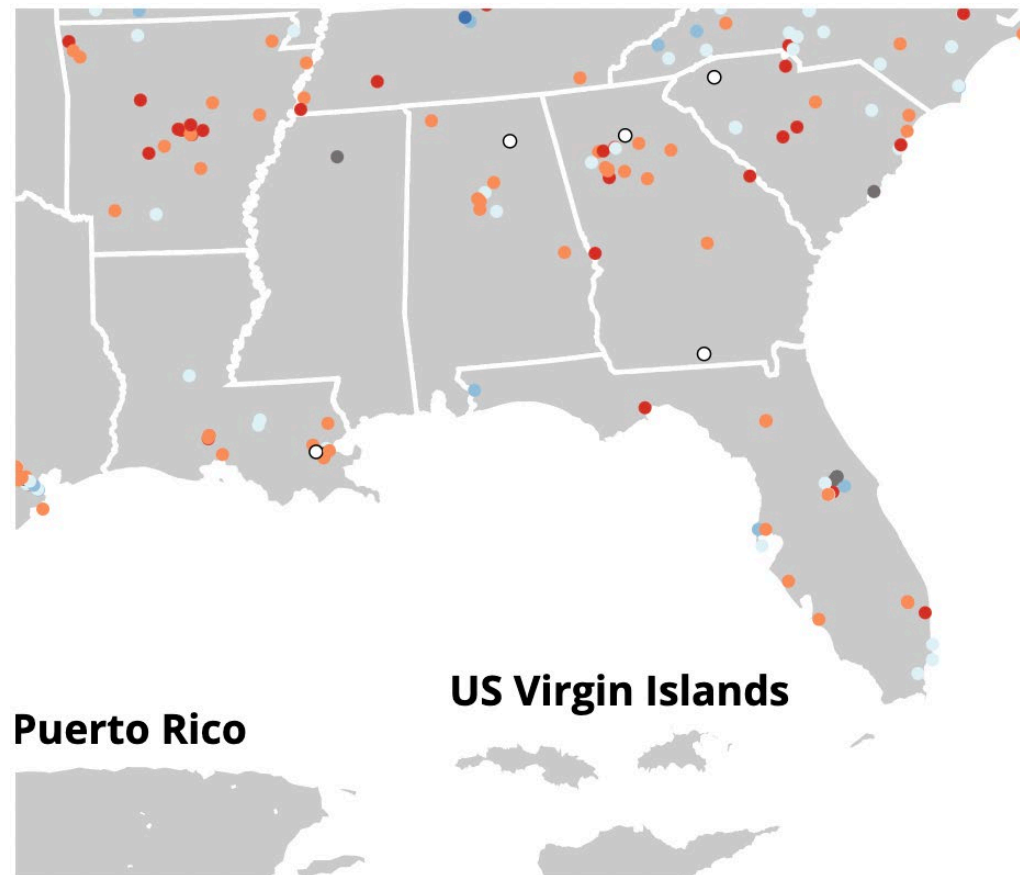
COVID-19 Deaths among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week — United States



COVID-19 Deaths among Staff and Rate per 1,000 Resident-Weeks in Nursing Homes, by Week — United States



Wastewater surveillance



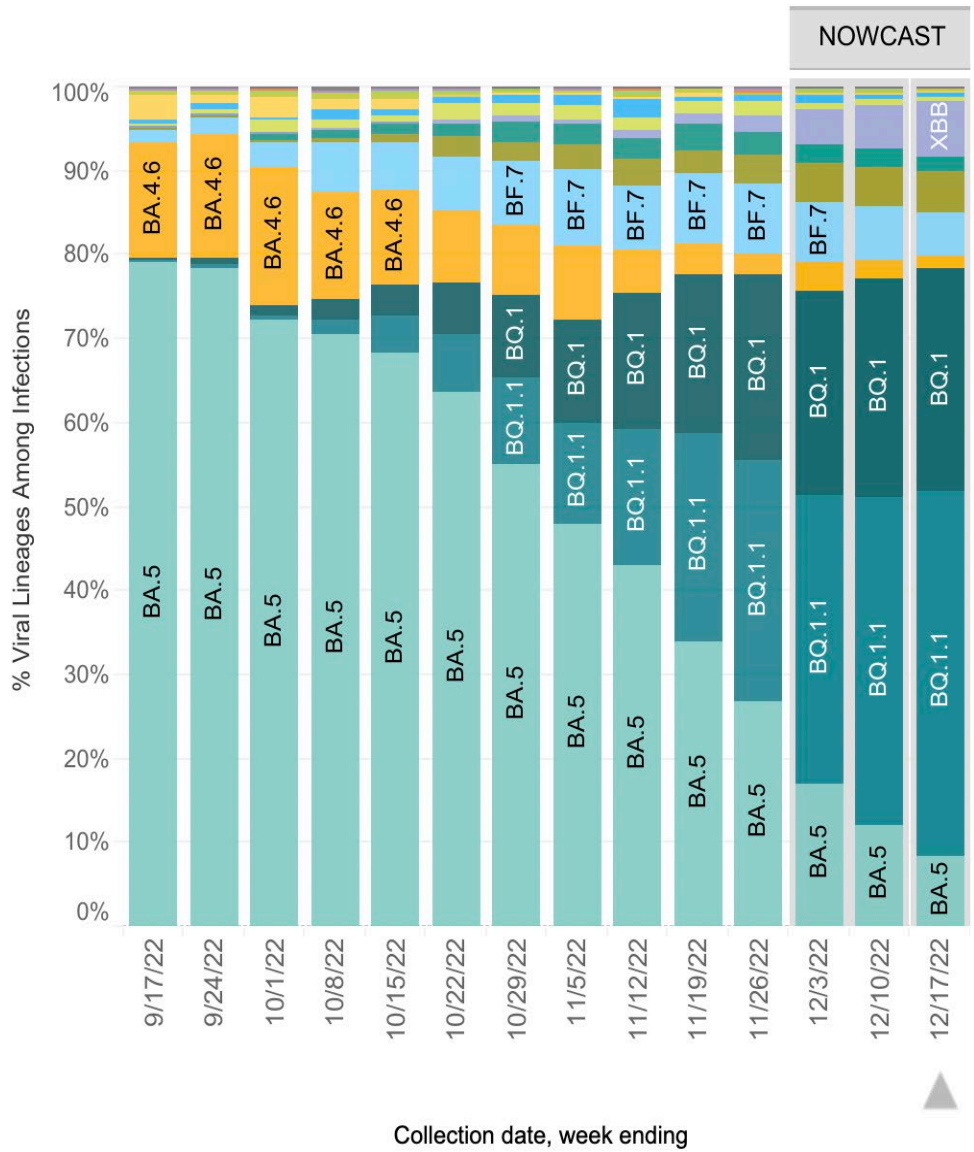
HHS Region 4: 12/11/2022 – 12/17/2022 NOWCAST

HHS Region 4: 9/11/2022 – 12/17/2022

Region 4 - Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	BQ.1.1	VOC	43.3%	39.3-47.3%	
	BQ.1	VOC	26.7%	24.0-29.6%	
	BA.5	VOC	8.5%	7.2-10.0%	
	XBB	VOC	6.5%	2.6-14.5%	
	BF.7	VOC	5.2%	4.4-6.1%	
	BN.1	VOC	4.9%	3.9-6.1%	
	BA.5.2.6	VOC	1.8%	1.2-2.6%	
	BA.4.6	VOC	1.5%	1.1-1.9%	
	BF.11	VOC	0.7%	0.5-0.9%	
	BA.2.75	VOC	0.5%	0.4-0.6%	
	BA.2	VOC	0.3%	0.2-0.4%	
	BA.2.75.2	VOC	0.2%	0.1-0.3%	
	BA.4	VOC	0.0%	0.0-0.0%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
BA.2.12.1	VOC	0.0%	0.0-0.0%		
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		0.0%	0.0-0.0%	

Variant data



Collection date, week ending



COVID-19 Weekly Cases per 100,000 Population by Age Group, HHS Region 4 March 01, 2020 - November 19, 2022*



Jurisdiction
Region 4

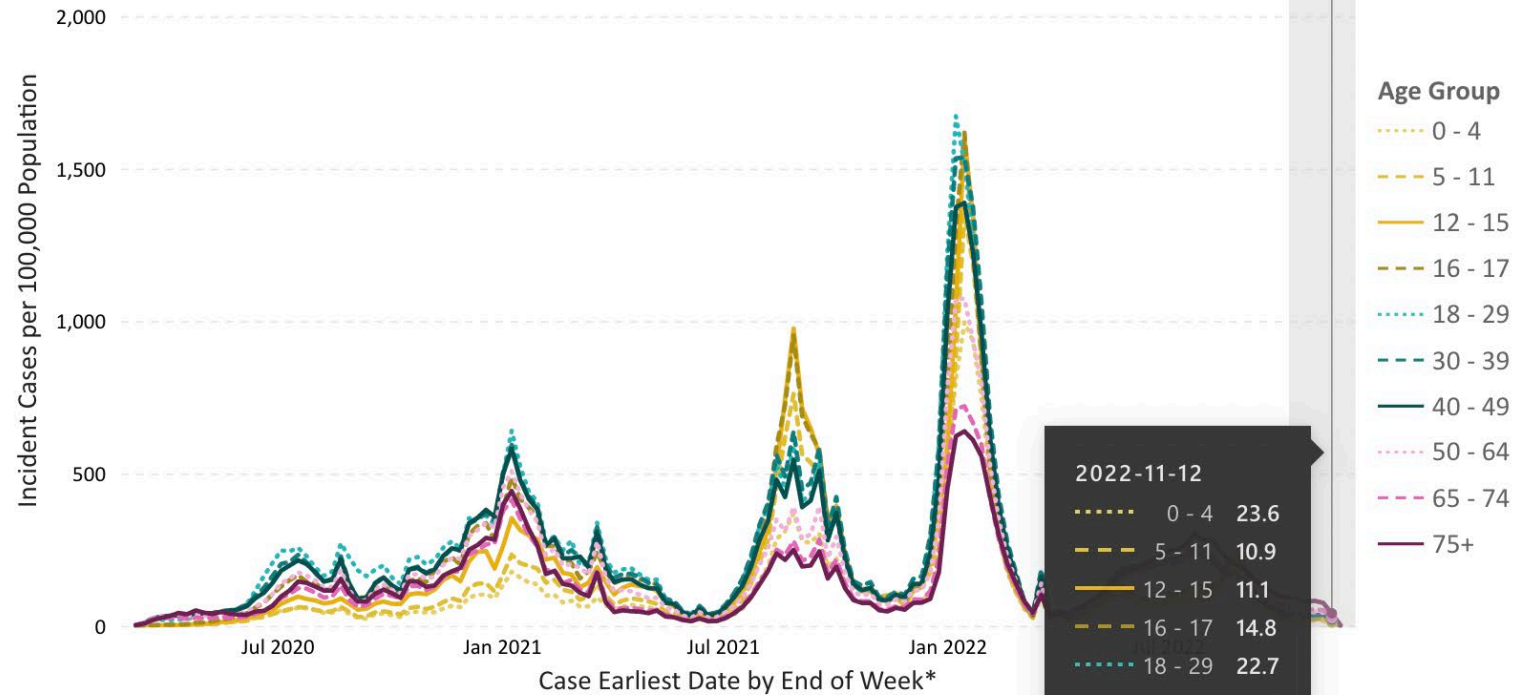
3/7/2020 11/19/2022

Cases

- Sex
- Age - All Groups**
- Age by Race/Ethnicity
- Pediatric Case Proportions
- Race/Ethnicity
- Race/Ethnicity by Age

Deaths

- Sex
- Age - All Groups
- Age by Race/Ethnicity
- Race/Ethnicity
- Race/Ethnicity by Age



Region 4: Includes data up to the week ending on Nov 19, 2022. Percentage of cases reporting age by date - 100.00%.

US territories are included in case and death counts but not in population counts. Potential six-week delay in case reporting to CDC denoted by a shaded area.

*Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date of Report. ^Case rates for South Dakota during the week ending Aug 07, 2021, and Texas during the week ending Jun 25, 2022, are reflective of additional clinical date data becomes available, the case rates over time are subject to change.

Source: CDC COVID-19 Case Line-Level Data, 2019 US Census, HHS Protect; Visualization: Data, Analytics & Visualization Team

Last Updated: Nov 25, 2022

less cases have been suppressed. Current week extends through the data are provisional, and as awareness Public Health Science Team



COVID-19 Weekly Deaths per 100,000 Population by Age Group, HHS Region 4

March 01, 2020 - November 19, 2022*

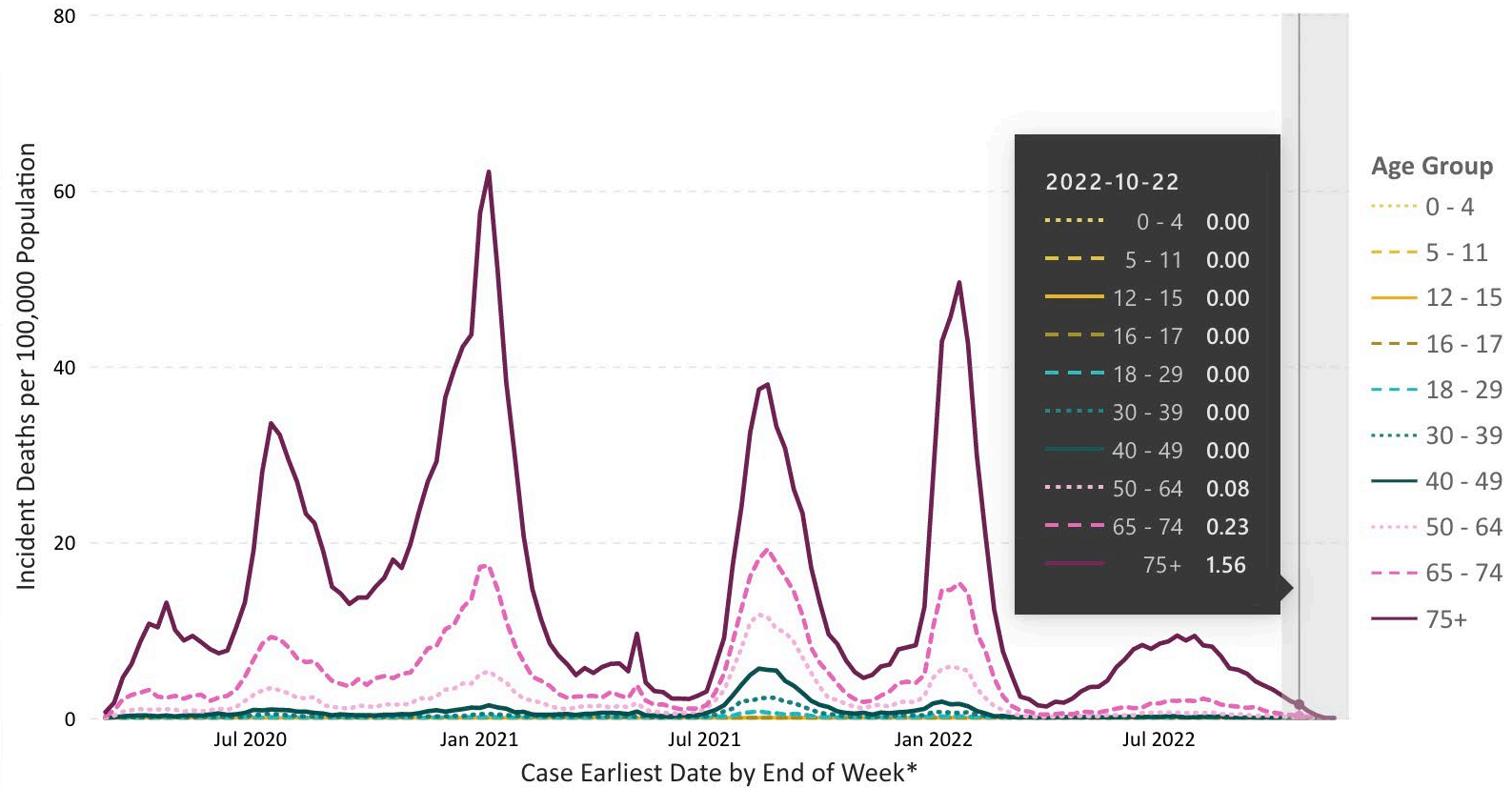


Jurisdiction
Region 4

3/7/2020 11/19/2022

- Cases**
- Sex
 - Age - All Groups
 - Age by Race/Ethnicity
 - Pediatric Case Proportions
 - Race/Ethnicity
 - Race/Ethnicity by Age

- Deaths**
- Sex
 - Age - All Groups
 - Age by Race/Ethnicity
 - Race/Ethnicity
 - Race/Ethnicity by Age



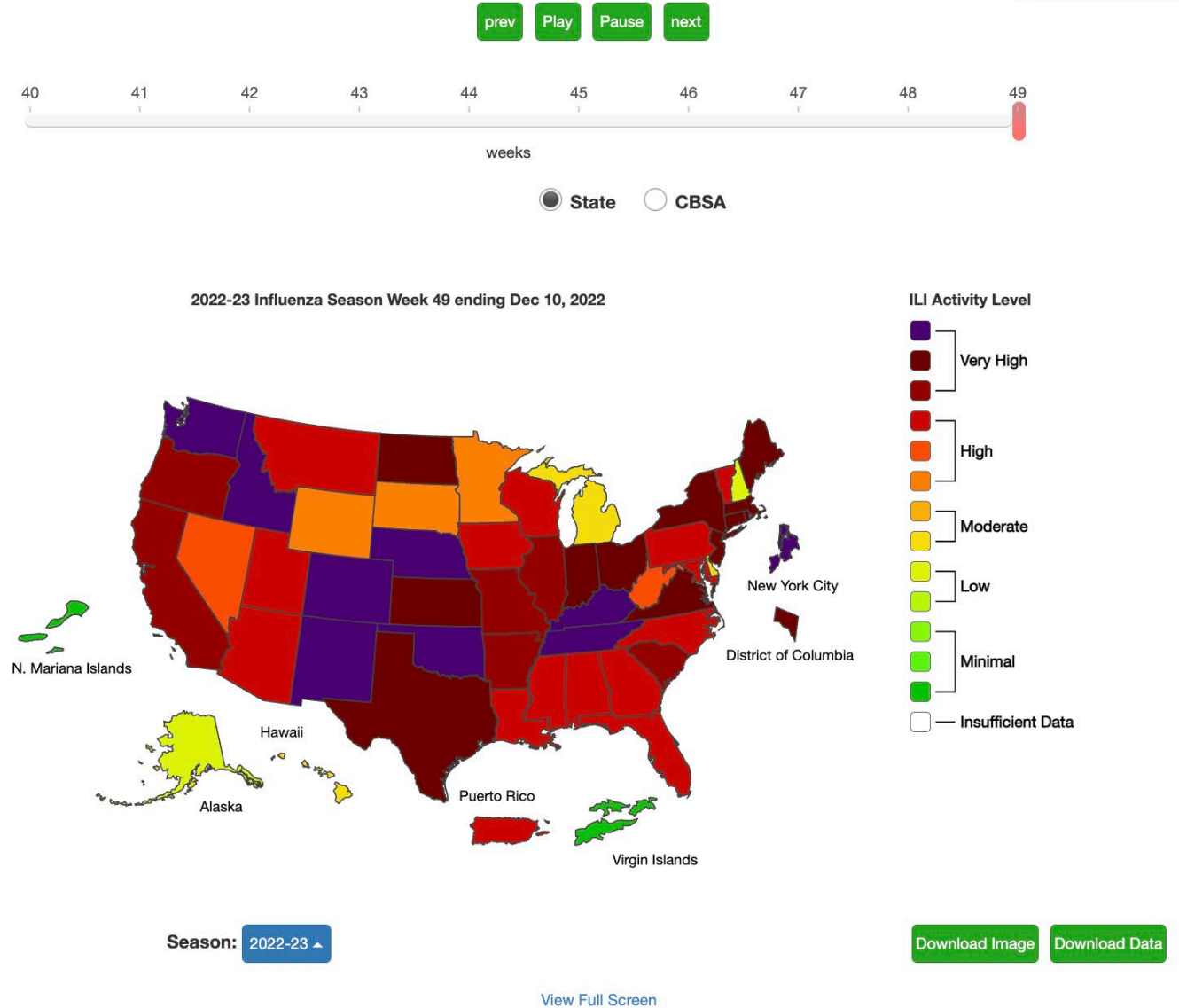
Region 4: Includes data up to the week ending on Nov 19, 2022. Percentage of deaths among reported cases - 1.10%. Percentage of deaths reporting age by date - 100.00%. US territories are included in case and death counts but not in population counts. Potential six-week delay in case reporting to CDC denoted by gray bars. Weekly data with five or less deaths have been suppressed. *Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC. The date for the current week extends through Saturday. ^The death rate for Texas during the week ending Jun 25, 2022, are reflective of a data reporting artifact.

Last Updated: Nov 25, 2022

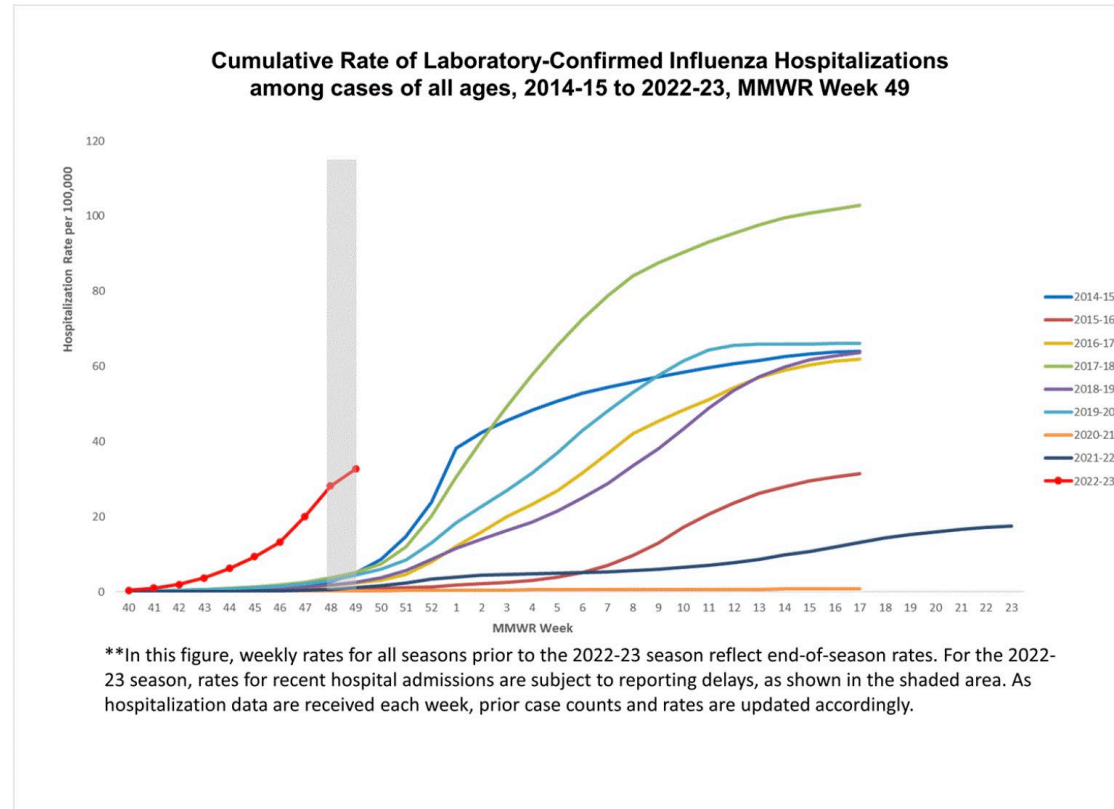
Source: CDC COVID-19 Case Line-Level Data, 2019 US Census, HHS Protect; Visualization: Data, Analytics & Visualization Task Force and CDC CPR DEO Situational Awareness Public Health Science Team

Influenza Like Activity

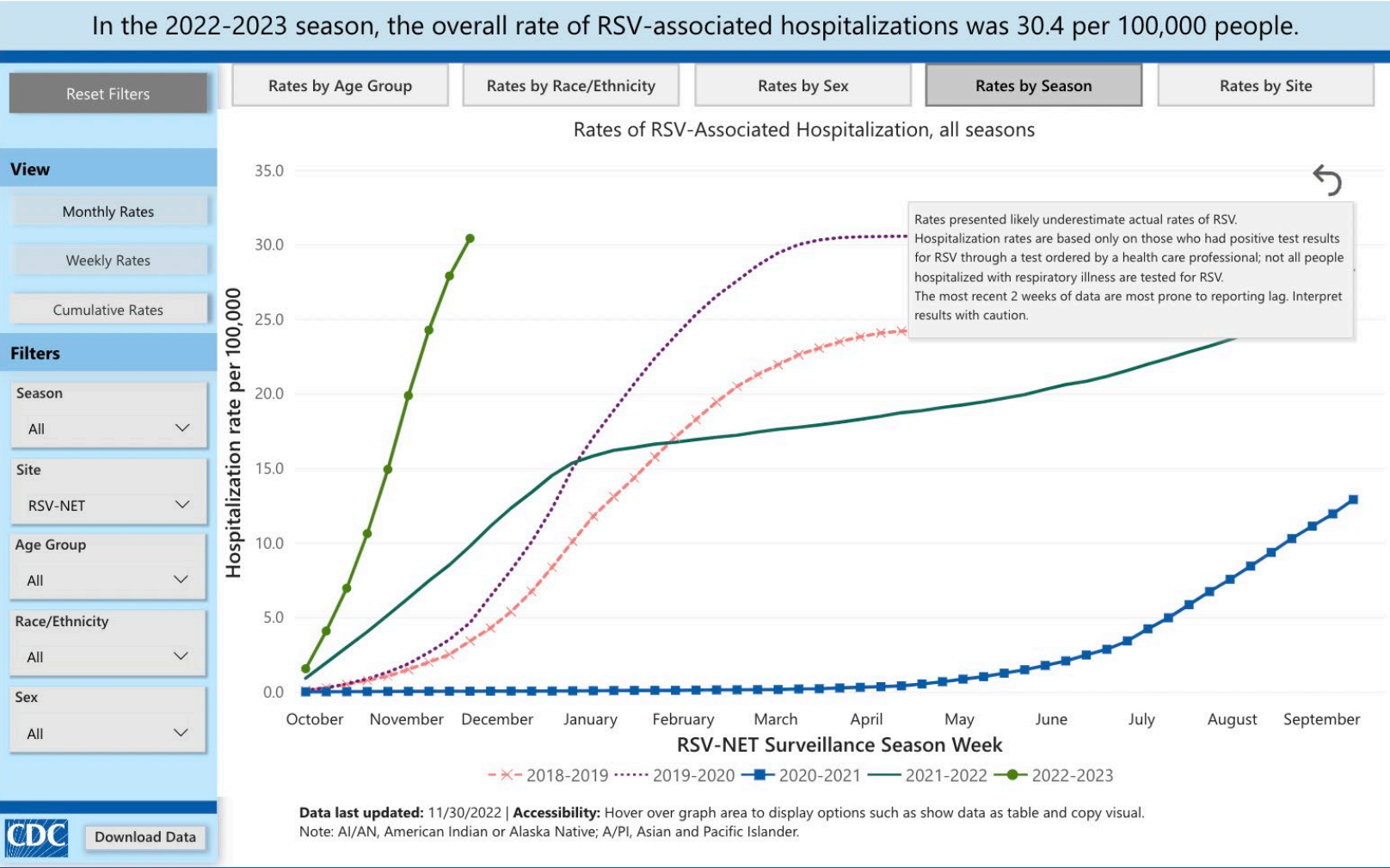
- <https://www.cdc.gov/flu/weekly/index.htm>



Flu hospitalizations

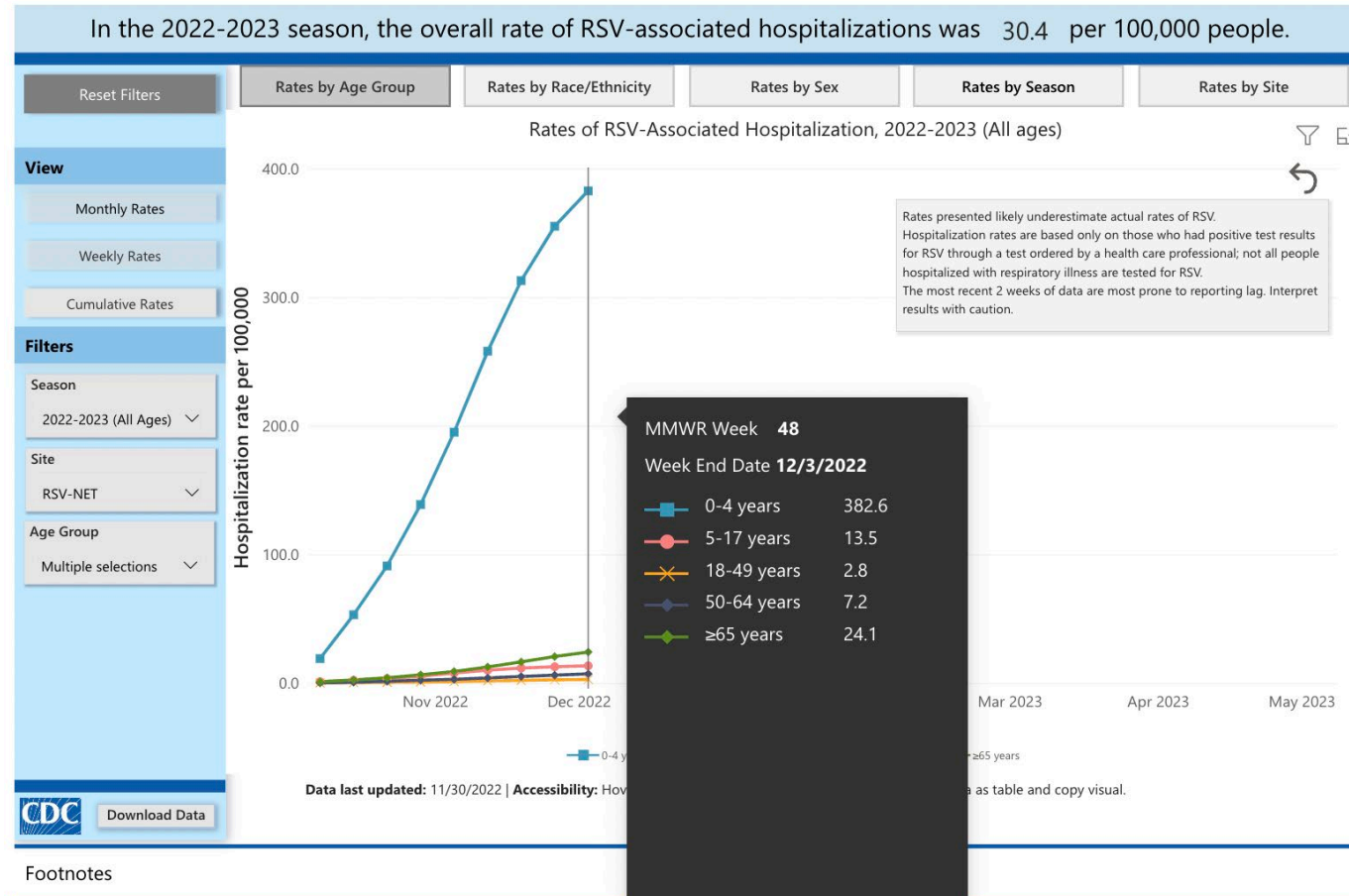


RSV surveillance data



Footnotes

RSV surveillance by age:



Discussion of data on effectiveness of vaccine and treatment for COVID-19

An updated (bivalent) COVID-19 booster provides **additional protection** against symptomatic COVID-19 illness*



COVID-19 spread has increased during the last two winters; **stay up to date with COVID-19 vaccination**

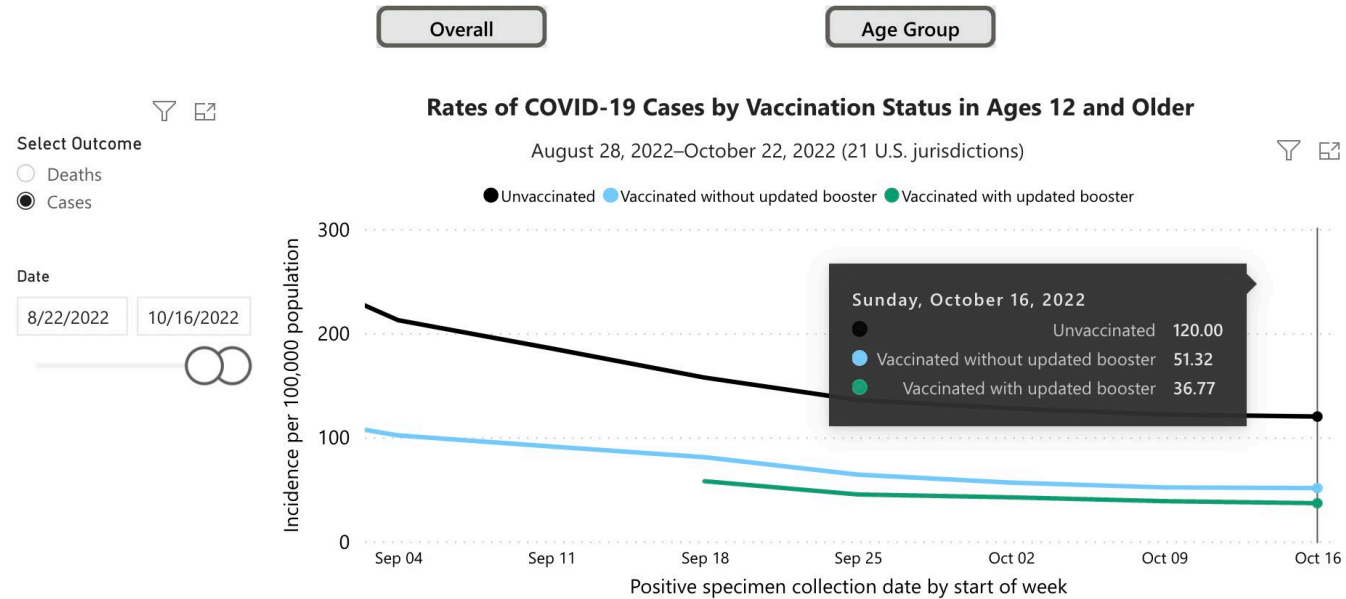
* Among immunocompetent adults with COVID-19-like symptoms, the vaccination status of 121,687 adults with a positive COVID-19 test was compared to that of 238,939 adults with a negative COVID-19 test

bit.ly/mm7148e1

NOVEMBER 22, 2022

MMWR

Lower case count: Bivalent boosters



People aged 12 and older vaccinated with an updated (bivalent) booster had:

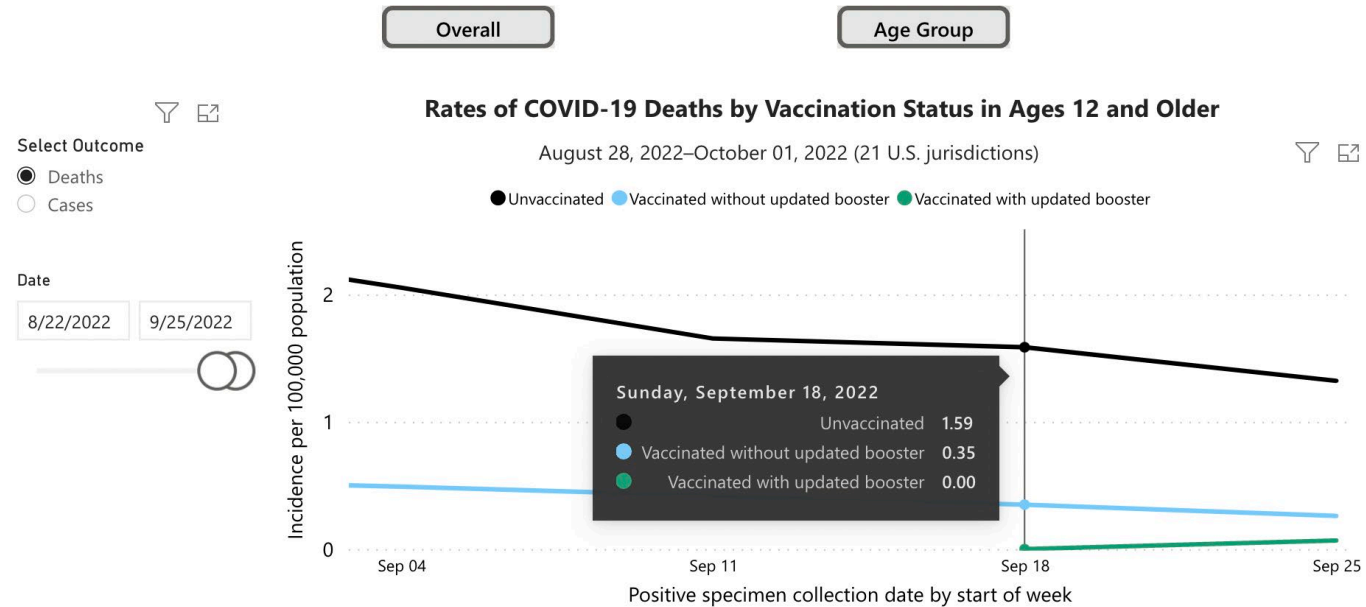
14.9X
lower risk of dying from COVID-19

in September 2022, and

3.2X
lower risk of testing positive for COVID-...

in October 2022, compared to unvaccinated people.

Lower death rate: Bivalent booster



People aged 12 and older vaccinated with an updated (bivalent) booster had:

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lower risk of testing positive for COVID-19

in October 2022, compared to unvaccinated people.

<https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status>



Flu vaccine

Flu vaccine effective in decreasing risk of severe symptoms and hospitalization by ~50%


For admitted patients it decreased ICU admission and duration of hospitalization

Infection control

- <https://doi.org/10.1093/infdis/jiac195>

JOURNAL ARTICLE EDITOR'S CHOICE

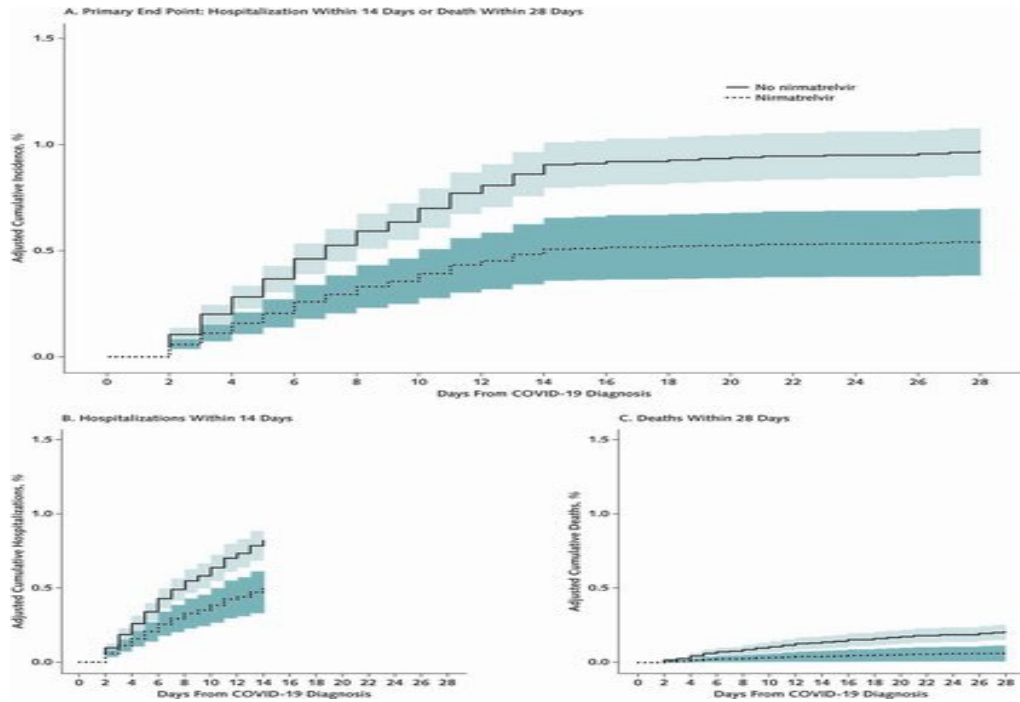
Fit-Tested N95 Masks Combined With Portable High-Efficiency Particulate Air Filtration Can Protect Against High Aerosolized Viral Loads Over Prolonged Periods at Close Range

Shane A Landry , Dinesh Subedi, Jeremy J Barr, Martin I MacDonald, Samantha Dix, Donna M Kutey, Darren Mansfield, Garun S Hamilton, Bradley A Edwards, Simon A Joosten

The Journal of Infectious Diseases, Volume 226, Issue 2, 15 July 2022, Pages 199–207,
<https://doi.org/10.1093/infdis/jiac195>

Published: 10 May 2022 **Article history** ▼

Treatment: Paxlovid



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LATEST ISSUES IN THE CLINIC JOURNAL CLUB MULTIMEDIA CME / MOC AUTHORS / SUBMIT

Original Research | 13 December 2022

Nirmatrelvir Plus Ritonavir for Early COVID-19 in a Large U.S. Health System FREE

A Population-Based Cohort Study

Scott Dryden-Peterson, MD, MSc , Andy Kim, BS , Arthur Y. Kim, MD , ... [View all authors](#) 

[Author, Article, and Disclosure Information](#)

<https://doi.org/10.7326/M22-2141>

Eligible for CME Point-of-Care



Real-world data shows early treatment for COVID-19 helps prevent hospitalization

Adults* prescribed Paxlovid for mild-to-moderate COVID-19 were

51% less likely

to be hospitalized than those who weren't

* regardless of vaccination status



IF YOU HAVE COVID-19 SYMPTOMS:

1 TEST

Use a self-test, locate a test site, or find a Test to Treat location

2 TALK

If you test positive, talk to a health care professional about treatment

3 TREAT

Start treatment within 5 days

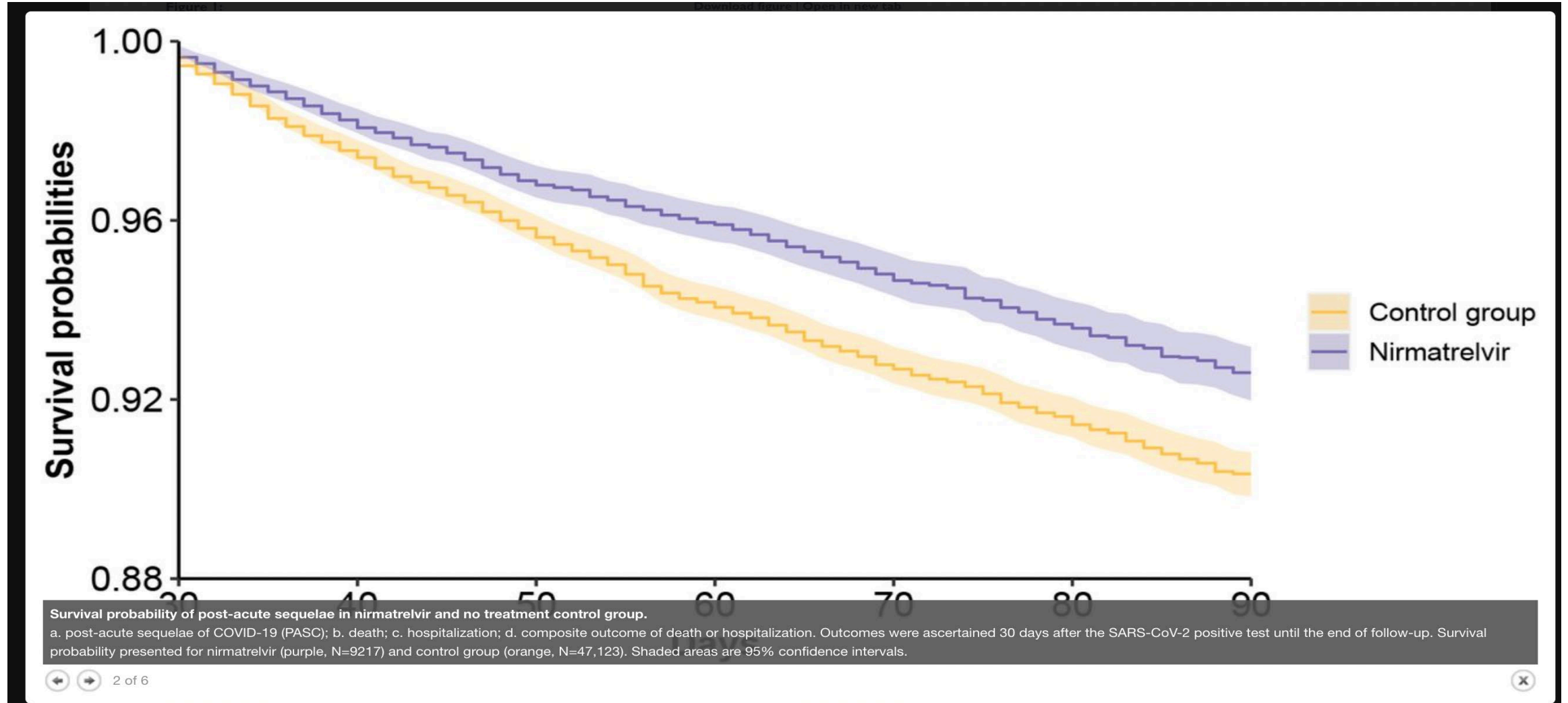


bit.ly/mm7148e2

NOVEMBER 22, 2022

MMWR

Nirmatrelvir and the Risk of Post-Acute Sequelae of COVID-19



Early treatment (HAN- Dec 20)

- First-line therapy,
 - ritonavir-boosted nirmatrelvir (Paxlovid™) or
 - remdesivir (Veklury®),
- Second-line therapy,
 - molnupiravir (Lagevrio™)

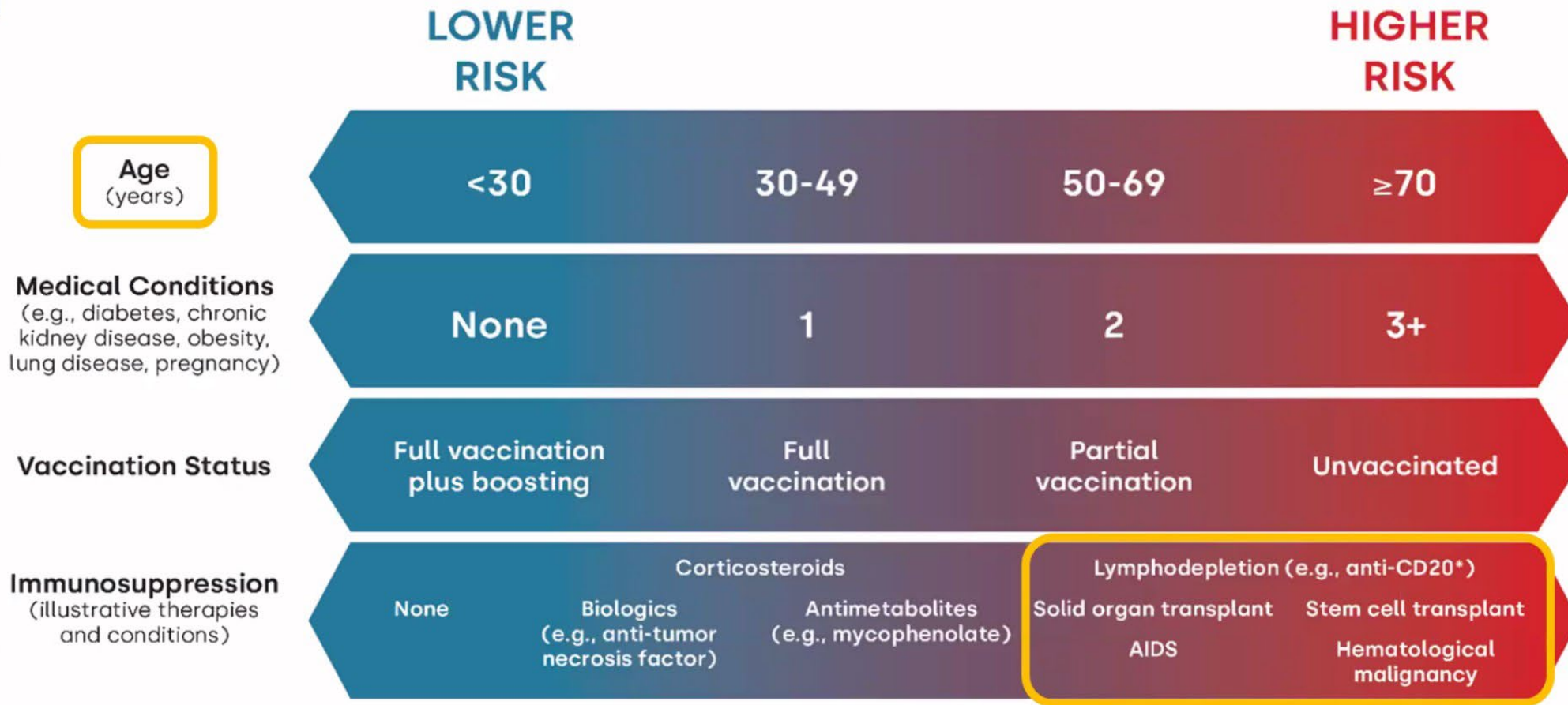
~~Bebtelovimab~~

Therapeutics

- (1) are aged 50 years and older, or
- (2) have [an underlying condition](#), or
- (3) have [moderate to severe immunosuppression](#),

Regardless of their vaccination status, all of these groups of people should be tested for SARS-CoV-2 as soon as possible after symptom onset and receive treatment within 5 to 7 days of symptom onset with one of several [treatment options](#).

COVID-19 Risk Continuum



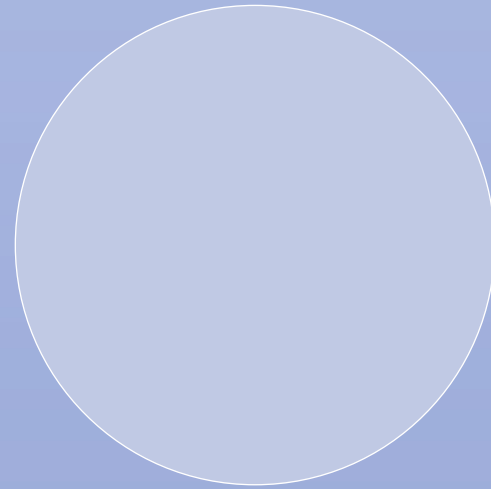
Sociodemographic factors and non-pharmaceutical interventions affect exposure risk

Original illustration by Dr. William Werbel. Adapted for the



CLINICAL SURVEILLANCE

- Low threshold for testing
- Expand surveillance symptoms
- Increase frequency



TEST

- COVID-19 Ag test + Flu/RSV/COVID-19 PCR



Transfer to COVID-19 unit

Institute standing orders (lab, Supp Rx, monitor) (communication to IP, CP, MD, DON, Adm)

- IP- contact tracing, PPE determination, freq of testing
- CP- assessment for Pax/ Lagevrio- d/w MD create recommendations - communication to individual providers
- MD, DON, Adm - Vaccine boost, comm to fam



QSO

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality

Ref: QSO-23-03-All

DATE: November 22, 2022
TO: State Survey Agency Directors
FROM: Directors, Quality, Safety & Oversight Group (QSOG) and Survey & Operations Group (SOG)
SUBJECT: The Importance of Timely Use of COVID-19 Therapeutics

Memorandum Summary

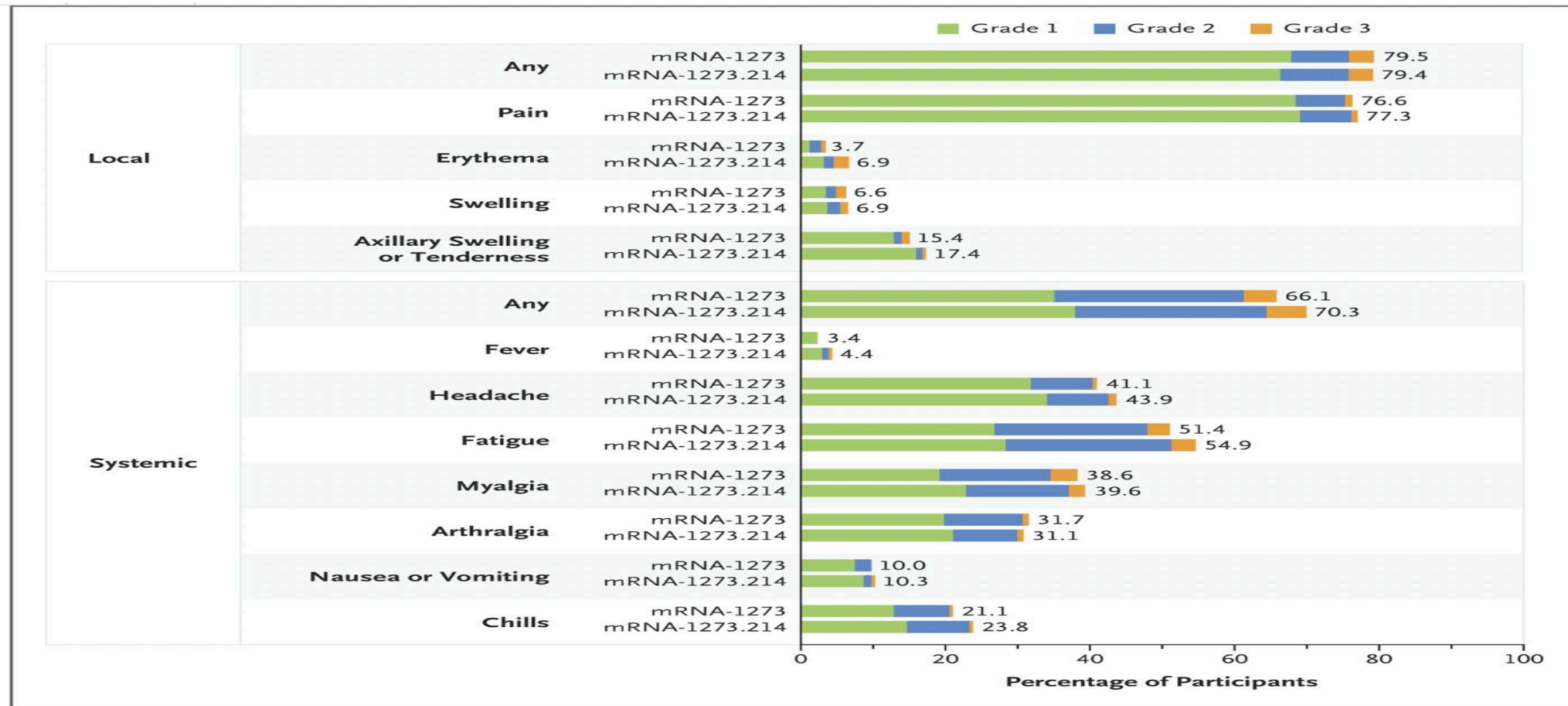
- *Providers and suppliers, especially those delivering care in congregate care settings, should ensure their patients and residents are protected against transmission of COVID-19 within their facilities, as well as receiving appropriate treatment when tested positive for the virus.*
- *Further, all providers and suppliers should continue to implement appropriate infection control protocols for COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>) and Influenza (<https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>).*
- *This memo discusses the importance of the timely use of available COVID-19 therapeutics, particularly for high-risk patients who test positive for the virus.*

Discuss common questions/ myths

https://quality.allianthealth.org/wp-content/uploads/2022/11/Bivalent-Myths-and-Facts-ver-2_508.pdf

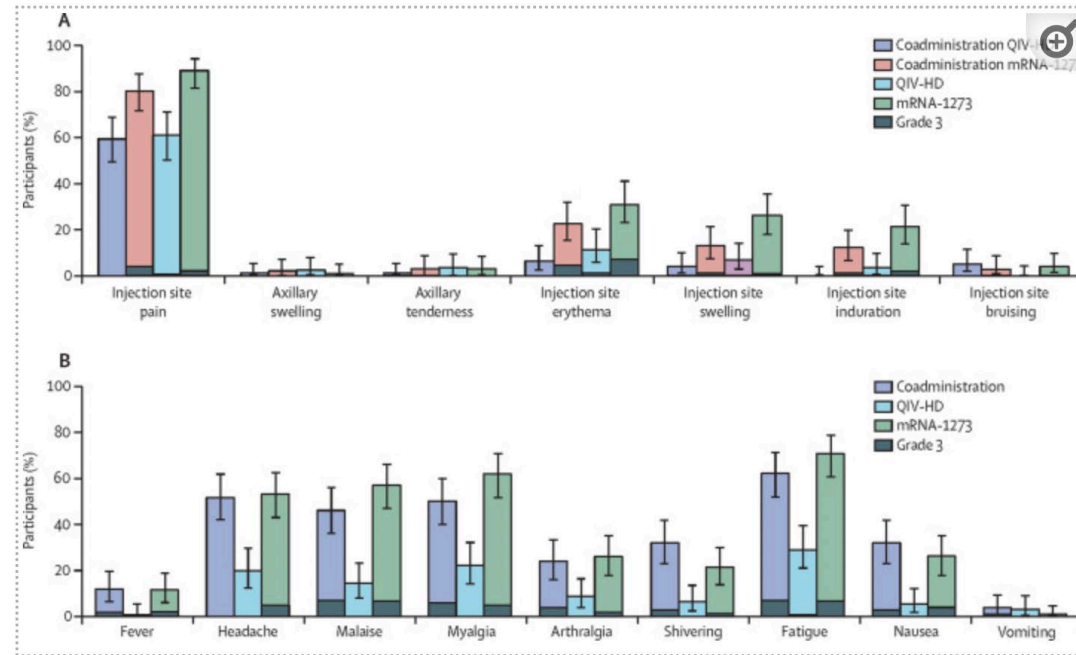
https://paltc.org/sites/default/files/Vax%20and%20Pax%20toolkit_11_14_FI_NAL.pdf

The reaction to bivalent is higher: NO



The reaction to coadministration is worse: NO

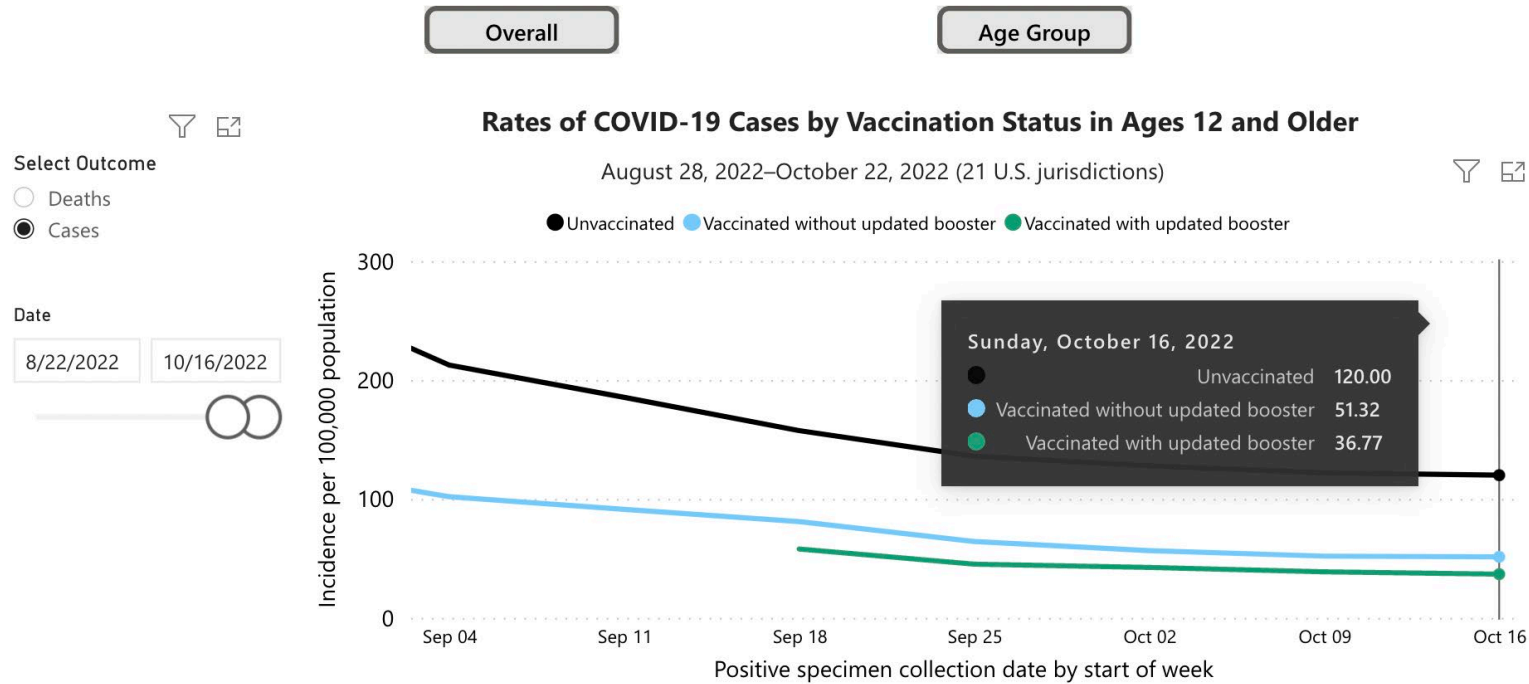
Figure 2



Solicited injection site reactions (A) and solicited systemic reactions (B) occurring up to 7 days after injection (immunogenicity analysis set)

Error bars show 95% CIs. Coadministration QIV-HD shows the solicited reactions observed in the QIV-HD-injected limb of participants in the coadministration group.

Coadministration mRNA-1273 shows the solicited reactions observed in the mRNA-1273-injected limb of participants in the coadministration group. QIV-HD=high-dose quadrivalent influenza vaccine.



People aged 12 and older vaccinated with an updated (bivalent) booster had:

14.9X
lower risk of dying from COVID-19


in September 2022, and

3.2X
lower risk of testing positive for COVID-...

in October 2022, compared to unvaccinated people.

Bivalent
 booster does
 not prevent
 illness: It
 DOES

We have to wait 3 months after COVID-19 to give bivalent: NO can give as soon as noncontagious

Can I get vaccinated against COVID-19 while I am currently sick with COVID-19? 

No. You should wait to be vaccinated until after you [complete your isolation period](#). People who have symptoms will end isolation at a different time than people who do not have symptoms. This also applies to people who have been vaccinated but get COVID-19 before getting any additional or booster doses. Additionally, you *may* consider delaying your next vaccine (primary dose or booster) by 3 months from when your symptoms started or, if you had no symptoms, when you received a positive test.



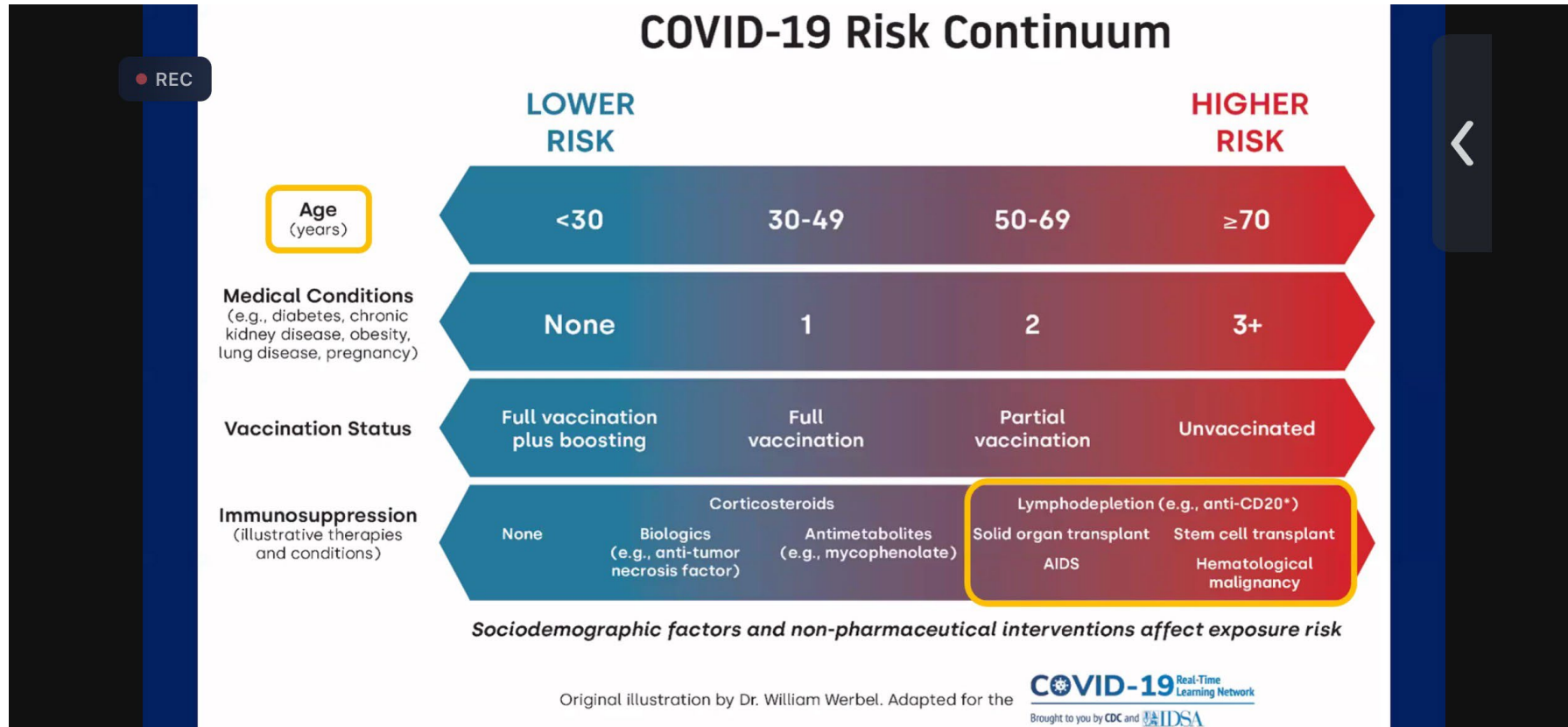
We need to withhold vaccine drive if there is outbreak: No, there is even more urgency

I have to wait for vaccine clinics to give vaccine: NO

- Reach out to your QIO (quality improvement organization)
 - <https://qioprogram.org/locate-your-qio>
- Become a self provider for bivalent (Medical Directors) (GA)
 - <https://dph.georgia.gov/covid-vaccine-information-providers>
- Fill out this LTCF COVID-19 Vaccine Bivalent Booster Administration Assistance Survey (GA)
 - <https://www.surveymonkey.com/r/LTCFVaxAssist>

Therapeutics Myth:

Need to wait for symptoms to develop: NO



Paxlovid causes rebound: Anecdotal

Viral and Symptom Rebound in Untreated COVID-19 Infection

Rinki Deo, Manish C. Choudhary, Carlee Moser, Justin Ritz, Eric S. Daar, David A. Wohl, Alexander L. Greninger, Joseph J. Eron, Judith S. Currier, Michael D. Hughes, Davey M. Smith, Kara W. Chew, Jonathan Z. Li, the ACTIV-2/A5401 Study Team

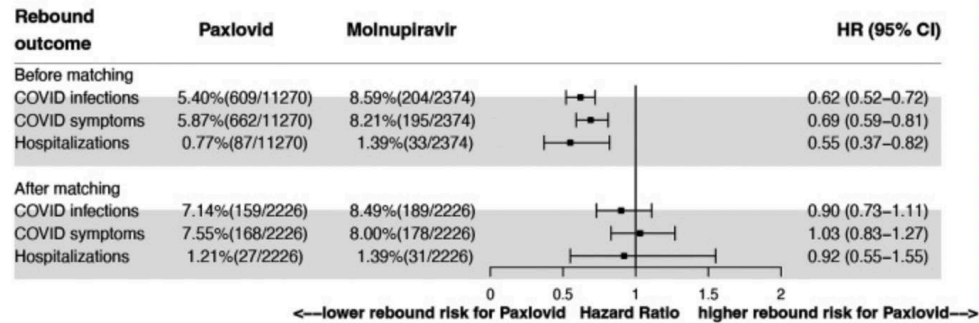
doi: <https://doi.org/10.1101/2022.08.01.22278278>

- Viral rebound 12%
- Symptom rebound 24%

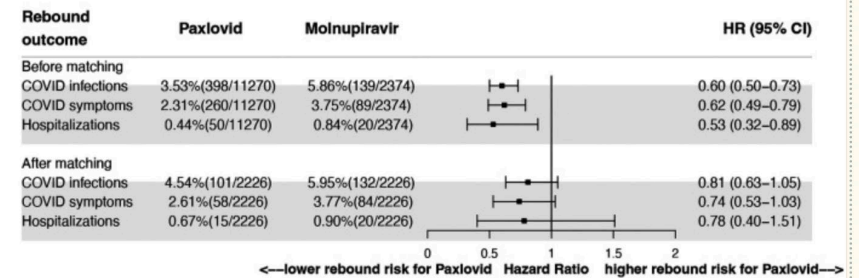
Paxlovid causes rebound: Anecdotal

(b)

30-day risk for COVID-19 rebounds in patients who take Paxlovid vs Molnupiravir (before and after propensity-score matching)



7-day risk for COVID-19 rebounds in patients who take Paxlovid vs Molnupiravir (before and after propensity-score matching)

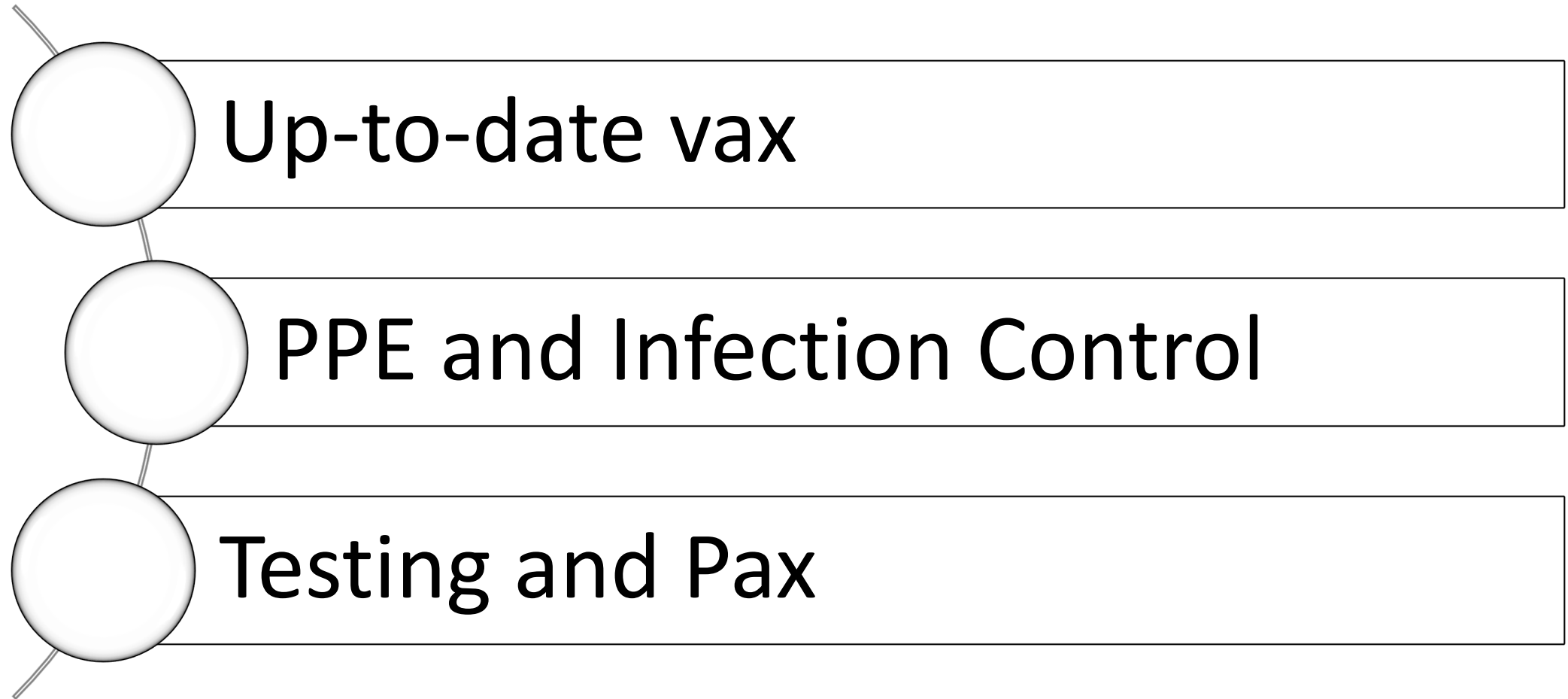


(b)

ICYMI: HAN Dec 14

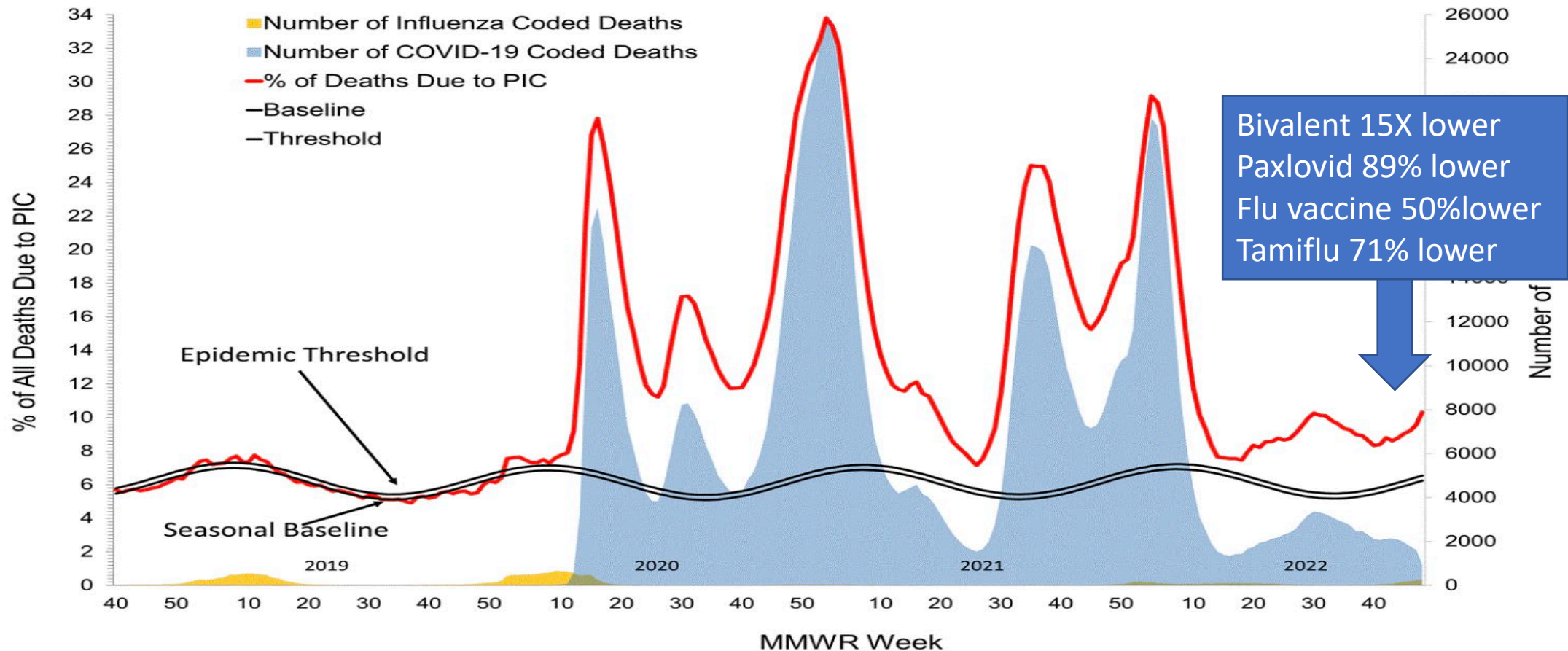
- **When an influenza outbreak is not occurring, prioritize oseltamivir for early treatment of influenza in residents of congregate settings such as long-term care facilities (LTCFs), who test positive for influenza.**
- **In the setting of laboratory confirmed [influenza outbreaks in LTCFs](#):**
 - **Early empiric antiviral treatment** of suspected influenza in residents is [recommended](#)[4]. Once an influenza diagnosis is confirmed through testing, post-exposure antiviral chemoprophylaxis of exposed residents is [recommended](#) [4].
 - Because institutional outbreaks can be prolonged, consider using a **limited duration treatment dosage (twice daily for 5 days)** for post-exposure oseltamivir instead of extended use of oseltamivir chemoprophylaxis (once daily), with ongoing active daily monitoring and influenza testing for all residents with new illness signs and symptoms.
 - If oseltamivir is not available, **baloxavir, zanamivir, or peramivir** may be used for treatment of influenza.
 - Although baloxavir may be used for treatment, there are no available data on using baloxavir in LTCFs for treatment or post-exposure chemoprophylaxis.

Updated CDC Guidance Rests on Up-to-date Vaccine Status for Staff and Residents



Eye on the ball: Vax and Pax Blitz

Pneumonia, Influenza, and COVID-19 Mortality from the National Center for Health Statistics Mortality Surveillance System
Data as of December 8, 2022





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