COVID update Aug 24 2020

Brigg Reilley MPH

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No disclosures

Opinions expressed only my own

1) Find person 2) Take Action

Has worked with SARS, smallpox, TB, etc

COVID-19 tracing difficult due to asymptomatic/pre-symptomatic spread

Tracing Apps, no gold standard yet, many pros and cons, hard to ‘calibrate’ on level/risk of exposure

Tracing hampered because there is not much to do for contacts

EDITORIAL

Audio Interview: Covid-19 and Contact Tracing

Eric J. Rubin, M.D., Ph.D., Lindsey R. Baden, M.D., and Stephen Morrissey, Ph.D.

Article Figures/Media Metrics

August 20, 2020
N Engl J Med 2020; 383:e73
DOI: 10.1056/NEJMe2028055

Recent selected media

Indian Country and COVID

Covid-19 incidence more than triple among Native Americans, new CDC report says

By **Jacqueline Howard**, CNN

Updated 11:00 AM ET, Fri August 21, 2020

Source: CNN

Navajo Nation has lost more to coronavirus than 13 states 03:54

CASES, DATA & SURVEILLANCE

COVID-19 Hospitalization and Death by Race/Ethnicity

Updated Aug. 18, 2020 Print

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases[1]	2.8x higher	1.1x higher	2.6x higher	2.8x higher
Hospitalization[2]	5.3x higher	1.3x higher	4.7x higher	4.6x higher
Death[3]	1.4x higher	No Increase	2.1x higher	1.1x higher

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CDC COVID-19 race/ethnicity infographic & data sources

https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

Cases: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

Hospitalizations: COVID-NET (https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

Deaths: NCHS Provisional Death Counts (https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm, accessed 08/06/20). Numbers are unadjusted rate ratios.

IHS Coronavirus website

https://www.ihs.gov/coronavirus/

COVID-19 Cases by IHS Area

Data are reported from IHS, tribal, and urban Indian organization facilities, though reporting by tribal and urban programs is voluntary. Data reflect cases reported to the IHS through 11:59 pm on August 21, 2020.

IHS Area	Tested	Positive	Negative
Alaska	125,276	944	106,652
Albuquerque	37,314	1,685	25,828
Bemidji	37,319	1,022	33,948
Billings	48,861	1,311	44,249
California	9,112	610	7,789
Great Plains	49,008	2,080	46,442
Nashville	22,490	1,864	20,457
Navajo	76,179	11,045	57,720
Oklahoma City	119,837	7,261	109,523
Phoenix	54,722	8,667	45,321
Portland	25,031	1,925	22,365
Tucson	6,006	568	5,329
TOTAL	**611,155**	**38,982**	**525,623**

IHS COVID-19 Dashboard

** Zoom in to see stats by IHS Area*

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15.8% positive

[IHS COVID-19 Dashboard]

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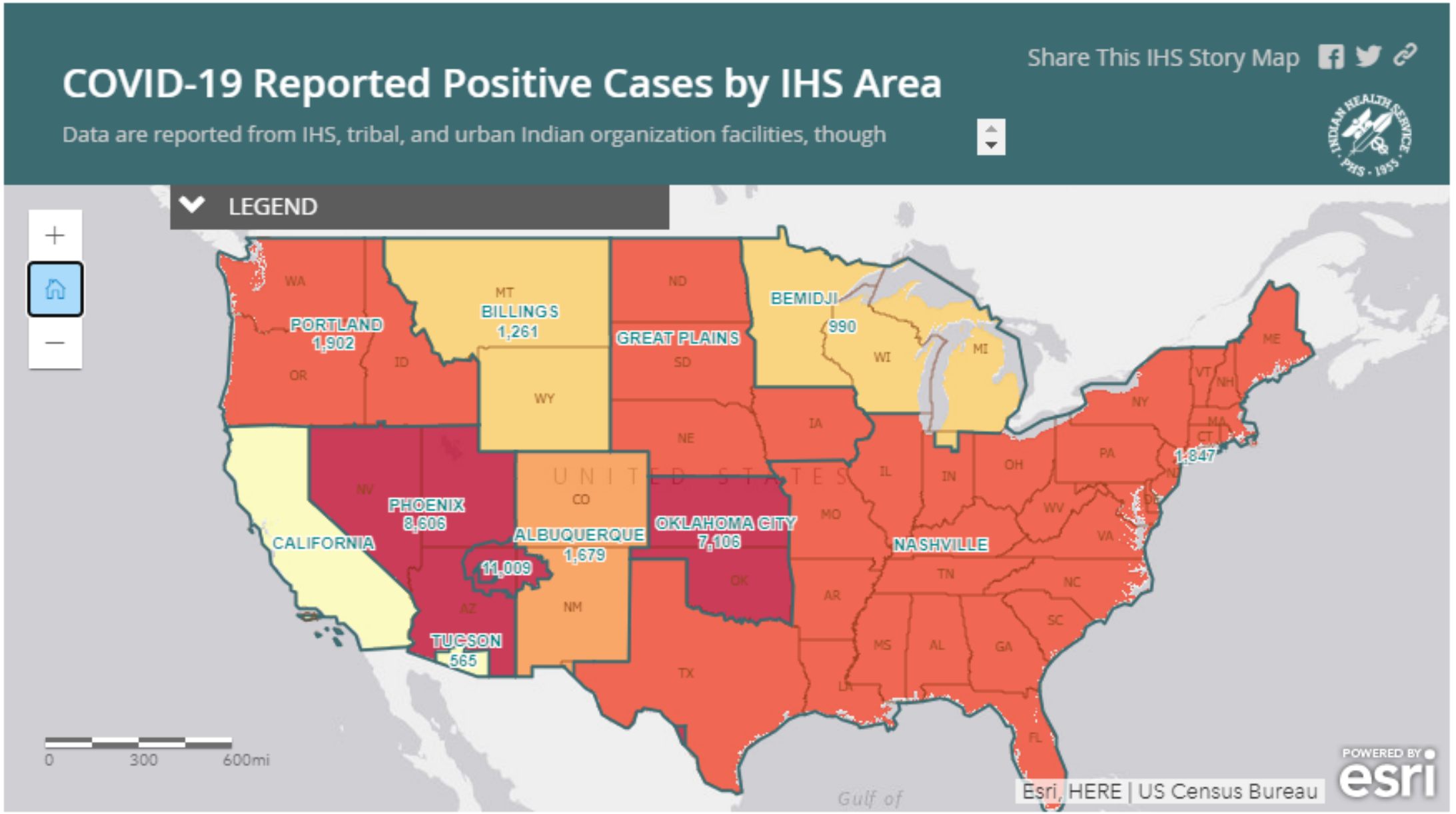
Does not necessarily reflect rates or recent trends


COVID-19 Reported Positive Cases by IHS Area
Share This IHS Story Map
Data are reported from IHS, tribal, and urban Indian organization facilities, though
LEGEND
PORTLAND
1,902
BILLINGS
1,261
GREAT PLAINS
BEMIDJI
990
PHOENIX
8,606
CALIFORNIA
ALBUQUERQUE
1,679
11,009
OKLAHOMA CITY
7,106
NASHVILLE
1,847
TUCSON
565
UNITED STATES
0
300
600mi
Esri, HERE | US Census Bureau
POWERED BY esri

New/Updated Guidance of Note

CDC

Schools

Influenza Vaccine Season

FDA

Selecting Respirators

Protective Barrier Enclosure EUA rescinded

Convalescent Plasma EUA issued

Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season

Recommendations and Reports / August 21, 2020 / 69(8);1–24

Lisa A. Grohskopf, MD[1]; Elif Alyanak, MPH[1,2]; Karen R. Broder, MD[3]; Lenee H. Blanton, MPH[1]; Alicia M. Fry, MD[1]; Daniel B. Jernigan, MD[1]; Robert L. Atmar, MD[4] (View author affiliations)

Main points

For each recipient, a licensed and age-appropriate vaccine should be used. Inactivated influenza vaccines (IIVs), recombinant influenza vaccine (RIV4), and live attenuated influenza vaccine (LAIV4) are expected to be available. Most influenza vaccines available for the 2020–21 season will be quadrivalent, with the exception of MF59-adjuvanted IIV, which is expected to be available in both quadrivalent and trivalent formulations.

Influenza vaccination of persons aged ≥6 months to reduce prevalence of illness caused by influenza will ***reduce symptoms that might be confused with those of COVID-19.*** *Prevention of and reduction in the severity of influenza illness and reduction of outpatient illnesses, hospitalizations, and intensive care unit admissions through influenza vaccination also* ***could alleviate stress on the U.S. health care system.*** *Guidance for vaccine planning during the pandemic is available at https://www.cdc.gov/vaccines/pandemic-guidance/index.html.*

Populations at Higher Risk for Medical Complications Attributable to Severe Influenza

All persons aged ≥6 months who do not have contraindications should be vaccinated annually. However, vaccination to prevent influenza is particularly important for persons who are at increased risk for severe illness and complications from influenza and for influenza-related outpatient, emergency department, or hospital visits. When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons at higher risk for medical complications attributable to severe influenza who do not have contraindications. These persons include (no hierarchy is implied by order of listing):

- All children aged 6 through 59 months;
- All persons aged ≥50 years;
- Adults and children who have chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
- Persons who are immunocompromised due to any cause (including but not limited to immunosuppression caused by medications or human immunodeficiency virus [HIV] infection);
- Women who are or will be pregnant during the influenza season;
- Children and adolescents (aged 6 months through 18 years) who are receiving aspirin- or salicylate-containing medications and who might be at risk for experiencing Reye syndrome after influenza virus infection;
- Residents of nursing homes and other long-term care facilities;
- American Indians/Alaska Natives; and
- Persons who are extremely obese (body mass index ≥40 for adults).

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COMMUNITY, WORK & SCHOOL

Operating schools during COVID-19: CDC's Considerations

Operating Schools During COVID-19

Updated Aug. 21, 2020 Languages Print

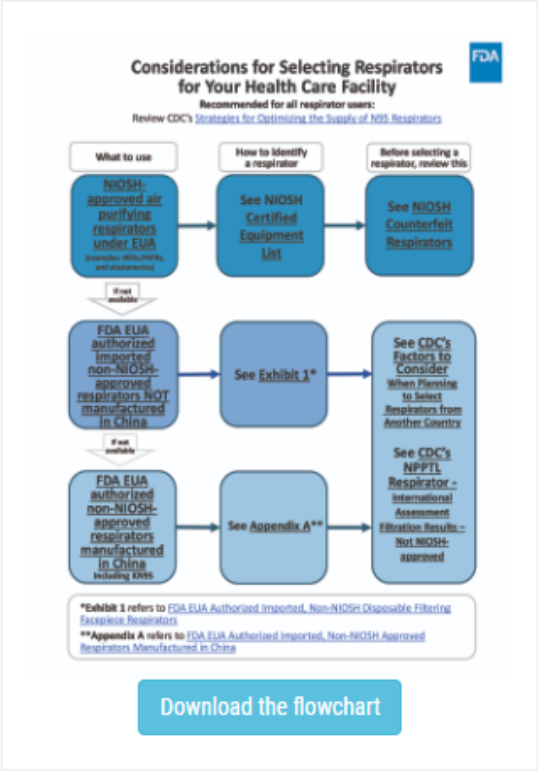
https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html

Explanation of continuum of risk: Low, Some, Medium, Higher, Highest

- *Expanded considerations on planning and preparing schools before opening*
- *Updated considerations on ventilation*
- *Updated considerations on food service*
- *Updated considerations for students who may be unable to wear cloth face coverings*
- *Updated considerations for students with special healthcare needs and disabilities*
- *Updated considerations on cohorting, staggering, and alternating strategies*
- *Updated considerations on recognizing signs and symptoms of COVID-19 and screening*
- *Updated considerations on coping and support*
- *Updated considerations on making plans for accommodations*
- *Updated considerations for Direct Service Providers (DSPs)*

Considerations for Selecting Respirators for Your Health Care Facility

FDA has authorized the emergency use of certain filtering facepiece respirators (FFRs) for use in health care settings by health care personnel (HCP) in accordance with the Centers for Disease Control and Prevention (CDC) recommendations to prevent HCP exposure to pathogenic biological airborne particulates during FFR shortages resulting from the COVID-19 outbreak. In accordance with CDC Strategies for Optimizing the Supply of N95 Respirators, this flowchart and the information below illustrates which Emergency Use Authorization (EUA) applies to specific respirator types and provides links to information on performance factors for each type to consider when selecting respirators for use in health care facilities in the United States.



Download the flowchart

Content current as of:
08/18/2020

Regulated Product(s)
Medical Devices

Flowchart: https://www.fda.gov/media/141263/download

Format: What to use, then identify respirator, then what to consider before you select respirator

-Use NIOSH approved air purifying respirator

- -check certified equipment list
- -check counterfeit respirator list

Flowchart: https://www.fda.gov/media/141263/download

Format: What to use, then identify respirator, then what to consider before you select respirator

-Use NIOSH approved air purifying respirator under EUA

- -check certified equipment list
- -check counterfeit respirator list

-If not available, use respirators under EUA, non-NIOSH approved, not made in China

- consult respirator list reference, “factors to consider” from CDC

Flowchart: https://www.fda.gov/media/141263/download

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-Use NIOSH approved air purifying respirator under EUA

- -check certified equipment list
- -check counterfeit respirator list

-If not available, use respirators under EUA, non-NIOSH approved, not made in China

- consult respirator list reference, “factors to consider” from CDC

-If not available, non-NIOSH approved respirators manufactured in China such as KN95

- Consult FDA and CDC guidance as per above

Protective Barrier Enclosures Without Negative Pressure Used During the COVID-19 Pandemic May Increase Risk to Patients and Health Care Providers - Letter to Health Care Providers

Dear Health Care Provider and Health Care Facility,

The U.S. Food and Drug Administration (FDA) is alerting health care providers (HCP) and health care facilities that the use of passive protective barrier enclosures (those without negative pressure) when treating patients who are known or suspected to have Coronavirus Disease 2019 (COVID-19) may pose an increased health risk to patients and HCPs.

Content current as of:
08/21/2020

Regulated Product(s)
Medical Devices

Health Topic(s)
Coronavirus

FDA NEWS RELEASE

FDA Issues Emergency Use Authorization for Convalescent Plasma as Potential Promising COVID–19 Treatment, Another Achievement in Administration's Fight Against Pandemic

Some points from FDA Summary of Evidence of Effectiveness (1 of 2)

https://www.fda.gov/media/141480/download

Convalescent to treat hospitalized patients with COVID-19 meets the “may be effective” criteria for issuance of an EUA. Potential benefits, lack of alternatives, strong safety profile

Current evidence suggests that benefit is most likely in patients treated early in the course of the disease (e.g., prior to intubation).

Current evidence suggests that units with higher antibody content or neutralization activity are more likely to be effective. The identification of effective antibody levels or neutralizing activity levels is limited by the unavailability of validated assays for this purpose as part of the manufacture of CCP.

Some points from FDA Summary of Evidence of Effectiveness (2 of 2)

https://www.fda.gov/media/141480/download

EAP did not include an untreated (or placebo) control population.

The finding of a **dose-response between antibody level and reduction in mortality provides evidence that the antibody is the active agent** in convalescent plasma for treatment of COVID-19. This is consistent with the long history and biological basis of the use of convalescent plasma in treating infectious diseases.

Summary for Q and A

New COVID-19 American Indian/Alaska Native Data from CDC

IHS Coronavirus data/website

CDC new updates on schools, influenza vaccine season

FDA flowchart respirator procurement

FDA changes EUA on protective barrier enclosures, convalescent plasma

Please highlight topics of most concern for your context:

- Surveymonkey in chat
- David Stephens dstephens@npaihb.org