

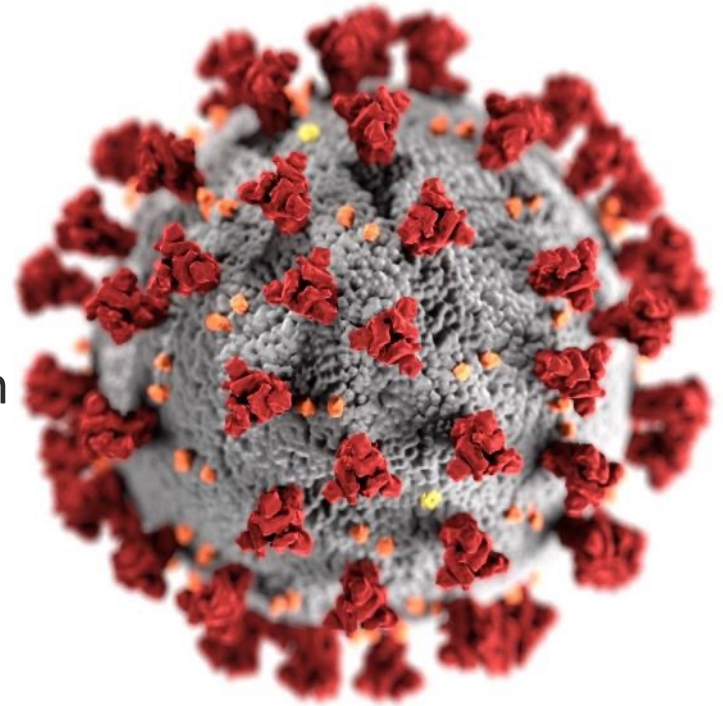
# New and updated COVID-19 public health information

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Assigned to Idaho Division of Public Health  
Indian Country COVID-19 teleECHO

April 19, 2021



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

# Updates from Food and Drug Administration (FDA)

- FDA issues Emergency Use Authorization (EUA) for the Symbiotica COVID-19 Self-Collected Antibody Test System (4/6/21)
- Prescription test for detection of IgG antibodies to SARS-CoV-2 in fingerstick dried blood samples
  - Samples collected at home and sent to Symbiotica lab for analysis
- Clinical performance evaluated using dried blood samples from 32 COVID-19 patients ( $\geq 8$  days after positive SARS-CoV-2 RT-PCR) and 51 negative controls
  - Sensitivity 100%
  - Specificity 98%
  - Not yet evaluated in persons who have received a COVID-19 vaccine
- EUA summary: <https://www.fda.gov/media/147368/download>

# Updates from FDA

- FDA recommends transition from use of decontaminated disposable respirators - letter to health care personnel and facilities (4/9/21)
  - Based on increased domestic supply of NIOSH-approved respirators
- FDA recommends that health care personnel and facilities:
  - Limit decontamination of disposable respirators
  - Transition away from crisis capacity strategy for respirators
  - Increase inventory of available NIOSH-approved respirators
- FDA letter: <https://www.fda.gov/medical-devices/letters-health-care-providers/fda-recommends-transition-use-decontaminated-disposable-respirators-letter-health-care-personnel-and>
- CDC has updated “Strategies for Optimizing the Supply of N95 Respirators” webpage in accordance with increased supply: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>



# Updates from FDA

- FDA revokes Emergency Use Authorization for monoclonal antibody bamlanivimab (4/16/21)
  - Revoked bamlanivimab **when administered alone**
- Based on the sustained increase of SARS-CoV-2 viral variants that are resistant to bamlanivimab alone resulting in the increased risk for treatment failure
- Alternative monoclonal antibody therapies remain available under EUA, including REGEN-COV (casirivimab and imdevimab, administered together), and bamlanivimab and etesevimab
  - FDA believes that these alternative monoclonal antibody therapies remain appropriate to treat patients with mild-to-moderate COVID-19 in accordance with EUA

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-revokes-emergency-use-authorization-monoclonal-antibody-bamlanivimab>

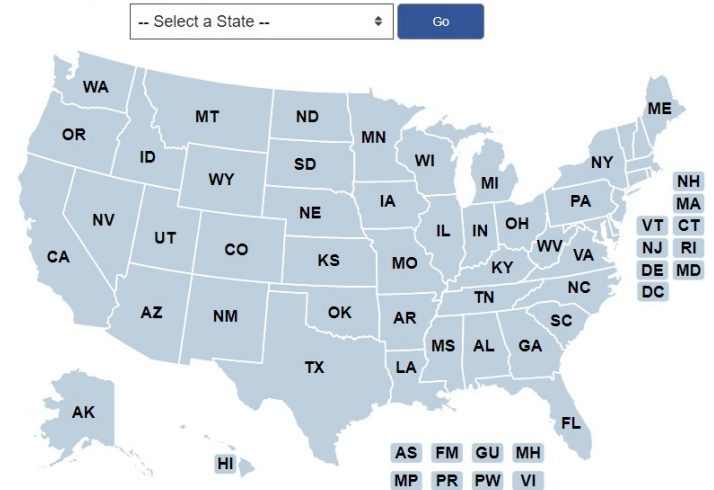
# Updates from HHS

- HHS announces expansion of COVID-19 vaccine program to all community health centers across the country (4/7/2021)
- All Health Resources and Services Administration (HRSA)-funded health centers now invited to participate in the Health Center COVID-19 Vaccine Program
  - Number of invited community health centers grows from 950 to 1,470
  - ~70% of people vaccinated through the program are from racial or ethnic minority groups
- Searchable website showing participating and invited health centers:  
<https://www.hrsa.gov/coronavirus/health-center-program/participants>

## Health Center COVID-19 Vaccine Program Participants

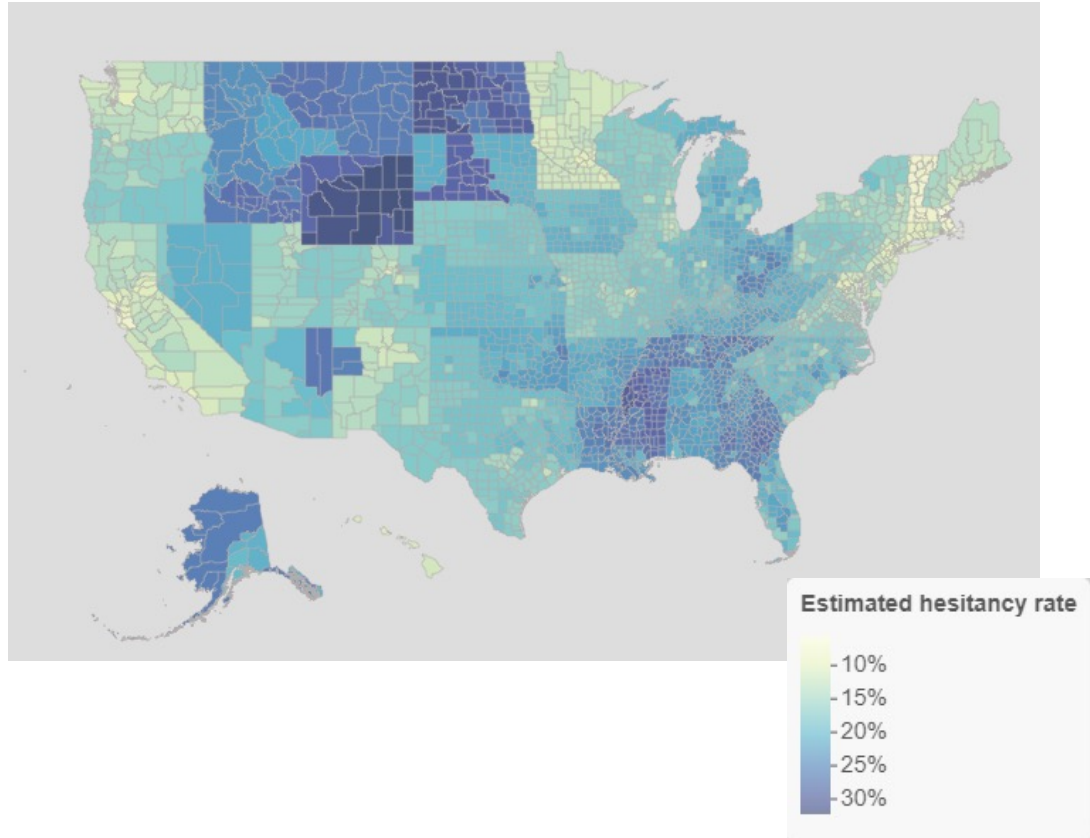
The [Health Center COVID-19 Vaccine Program](#), a partnership between HRSA and CDC, has begun incrementally at select HRSA-funded health centers that specialize in caring for hard-to-reach and disproportionately affected populations. The goal is to address health equity in vaccine delivery by providing a direct supply of COVID-19 vaccines to health centers who serve these populations.

*(Lists last updated on Monday, April 12, 2021.)*



# Updates from HHS

- Office of the Assistant Secretary for Planning and Evaluation (ASPE) has developed state, county, and local estimates for COVID-19 vaccine hesitancy (4/6/2021)
- Website includes interactive map, datasets for download, and methodological information: <https://aspe.hhs.gov/pdf-report/vaccine-hesitancy>



# Updates from CDC

## MMWRs

- Stay-at-home orders and mask mandates — Blackfeet Tribal Reservation
- Case investigation and contact tracing — Spirit Lake Tribe
- Emergency department visits by race and ethnicity
- Racial and ethnic disparities in COVID-19 hospitalizations

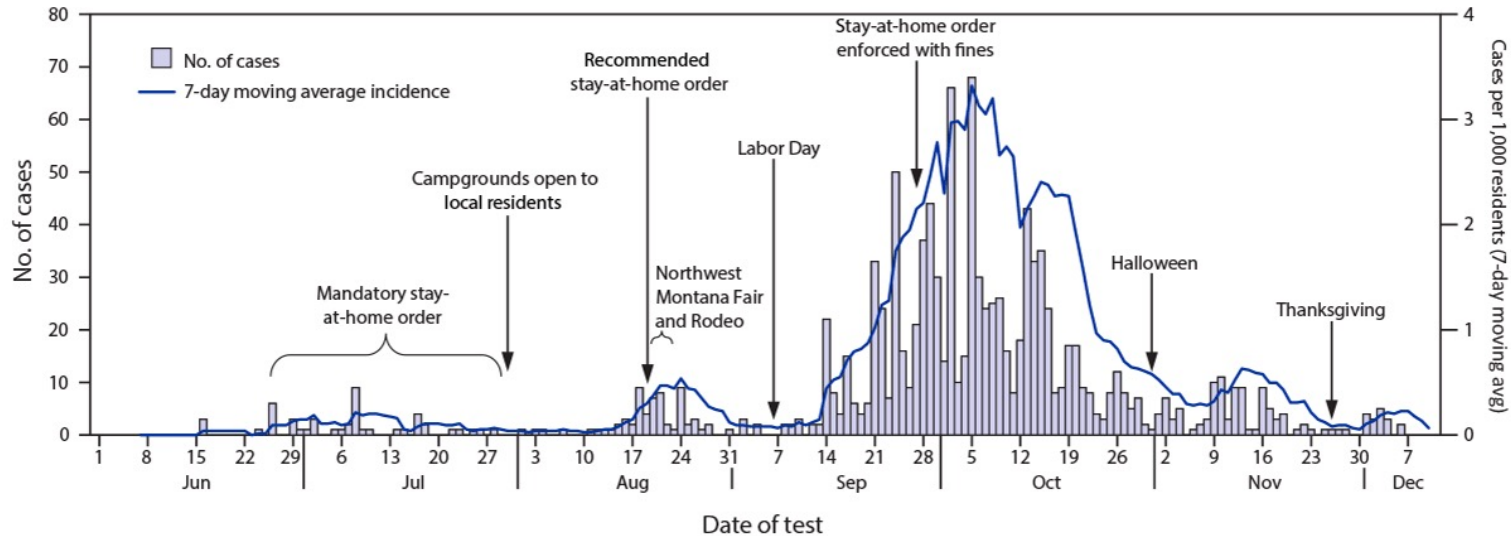
## Use of Stay-at-Home Orders and Mask Mandates to Control COVID-19 Transmission — Blackfeet Tribal Reservation, Montana, June–December 2020

*Weekly* / April 9, 2021 / 70(14);514–518

- Describes COVID-19 mitigation measures at the Blackfeet Tribal Reservation (population 10,629)
  - 1,180 COVID-19 cases detected during Jun 16 – Dec 10, 2020
- Free testing widely available
- Three stay-at-home orders issued; potential for fines and jail time for noncompliance
- Other mitigation measures included:
  - Closing the east gate of Glacier National Park for the summer tourism season
  - Remote learning for public school students
  - Support for people under quarantine or in isolation
    - Medication and food delivery
    - Hotel accommodation for patients unable to isolate at home
  - Providing a Thanksgiving meal to every household



# Use of Stay-at-Home Orders and Mask Mandates to Control COVID-19 Transmission — Blackfeet Tribal Reservation, Montana, June–December 2020



- Mitigation measures were associated with a 33-fold reduction in COVID-19 incidence from 6.40 cases per 1,000 residents per day on Oct 5 to 0.19 on Nov 7, 2020
- Stay-at-home orders and mask mandates, coupled with robust public health investigations, can reduce COVID-19 incidence

## *Notes from the Field: COVID-19 Case Investigation and Contact Tracing Program — Spirit Lake Tribe, North Dakota, September–November 2020*

Weekly / April 9, 2021 / 70(14);533–534

- Spirit Lake Tribe (~7,500 members) built a tribally managed program for COVID-19 case investigation, contact tracing, and monitoring with CDC support
  - Community members served as case investigators and contact tracers
  - Used CDC’s Text Illness Monitoring system for symptom monitoring
- During Sep 29–Nov 20, 317 COVID-19 cases and 667 close contacts were reported
  - 129 (19.3%) of close contacts diagnosed with COVID-19
  - 80.1% of cases and 78.1% of close contacts (without a COVID-19 diagnosis) were reached within 24 hours
- Program required daily staffing for timely COVID-19 mitigation
- Having case investigators and contact tracers from the community was key
- Multigenerational housing and unstable housing posed challenges
  - Program staff delivered supplies and arranged for temporary shelter at a motel

## Emergency Department Visits for COVID-19 by Race and Ethnicity — 13 States, October–December 2020

Early Release / April 12, 2021 / 70

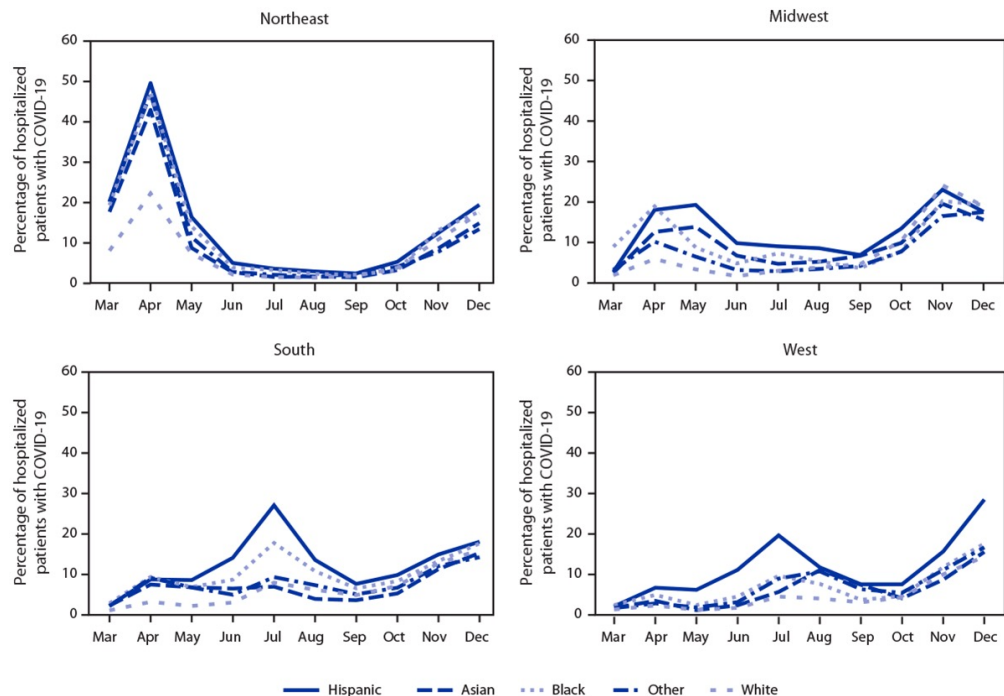
- Emergency department (ED) visit data from 13 states obtained from the National Syndromic Surveillance Program during Oct 1–Dec 31, 2020
- Hispanic and American Indian or Alaska Native persons experienced 1.7x the rate of ED visits for COVID-19 compared with White, non-Hispanic persons
- ED data can provide insight into ongoing areas of racial/ethnic inequity in health status and help prioritize prevention resources

Racial/Ethnic groups	No. of all ED visits	No. (%) of COVID-19 ED visits	No. of COVID-19 ED visits per 100,000 population	RR (95% CI)
All	5,794,050	282,220 (4.9)	380	—
Hispanic	759,382	59,204 (7.8)	588	1.77 (1.75–1.78)
AI/AN, non-Hispanic	55,128	3,739 (6.8)	570	1.71 (1.66–1.77)
A/PI, non-Hispanic	125,043	10,788 (8.6)	234	0.70 (0.69–0.72)
Black, non-Hispanic	1,159,086	42,277 (3.6)	463	1.39 (1.38–1.40)
White, non-Hispanic	3,695,411	166,212 (4.5)	333	Ref

## Trends in Racial and Ethnic Disparities in COVID-19 Hospitalizations, by Region — United States, March–December 2020

Early Release / April 12, 2021 / 70

- Data from the Premier Healthcare Database Special COVID-19 Release, analysis includes 655 facilities
- Monthly percentage of hospitalized patients with COVID-19 calculated using discharge codes
- Proportion of hospitalized patients with COVID-19 was highest for Hispanic or Latino patients in all four regions
- Understanding the social determinants of health contributing to racial and ethnic disparities can help address COVID-19–related health disparities



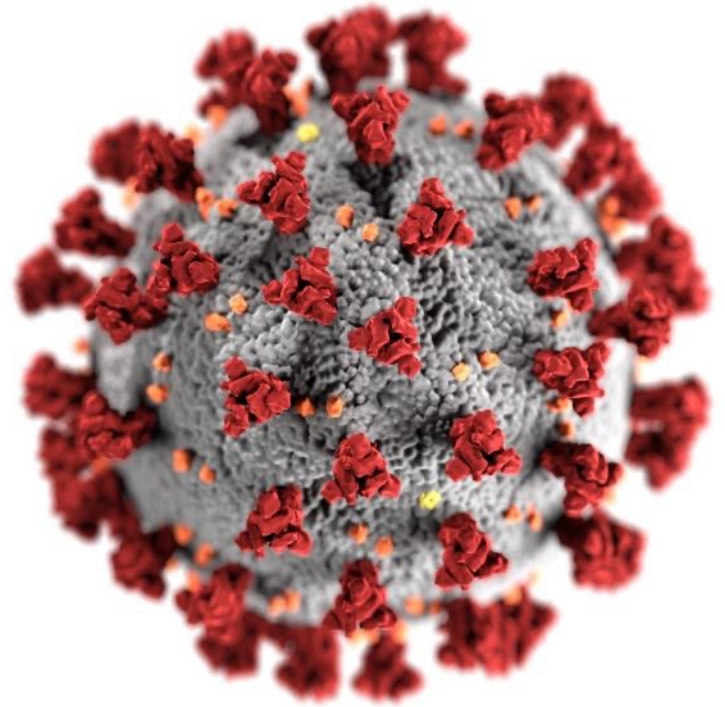
# References

## Updates (additional references)

- <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-issues-emergency-use-authorization-symbiotica-covid-19-self> (FDA issues EUA for Symbiotica COVID-19 Self-Collected Antibody Test System)
- <https://www.hhs.gov/about/news/2021/04/07/hhs-secretary-xavier-becerra-announces-expansion-of-covid-19-vaccine-program-to-all-community-health-centers-across-the-country.html> (HHS Announces Expansion of COVID-19 Vaccine Program to All Community Health Centers Across the Country)

## MMWRs

- Pratt CQ, et al. Use of Stay-at-Home Orders and Mask Mandates to Control COVID-19 Transmission — Blackfoot Tribal Reservation, Montana, June–December 2020. MMWR Morb Mortal Wkly Rep 2021;70:514–518. DOI: <http://dx.doi.org/10.15585/mmwr.mm7014a3>
- Matthias J, et al. Notes from the Field: COVID-19 Case Investigation and Contact Tracing Program — Spirit Lake Tribe, North Dakota, September–November 2020. MMWR Morb Mortal Wkly Rep 2021;70:533–534. DOI: <http://dx.doi.org/10.15585/mmwr.mm7014a4>
- Smith AR, et al. Emergency Department Visits for COVID-19 by Race and Ethnicity — 13 States, October–December 2020. MMWR Morb Mortal Wkly Rep. ePub: 12 April 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7015e3>
- Romano SD, et al. Trends in Racial and Ethnic Disparities in COVID-19 Hospitalizations, by Region — United States, March–December 2020. MMWR Morb Mortal Wkly Rep. ePub: 12 April 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7015e2>



For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [www.cdc.gov](http://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

