

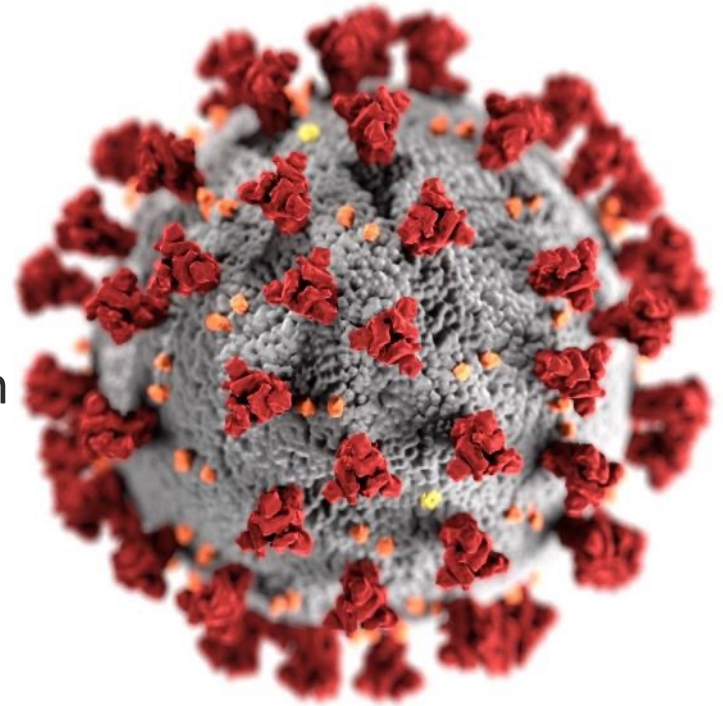
# New and updated COVID-19 public health information

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

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

# Biden Administration Invests \$4 Billion in American Rescue Plan Funding to Combat COVID-19 in Indian Country (4/16/21)

- Funding will support Indian Health Service (IHS), tribal health programs, and urban Indian health programs
- \$600 million to increase COVID-19 vaccinations in Indian Country
  - Mobile vaccination efforts, mass vaccination events, community outreach
- \$1 billion to detect, diagnose, trace, monitor, and prevent COVID-19 infections
  - Contact tracing, drive through and pop-up testing sites, purchase of PPE, medical supplies, tests, and therapeutics
- \$2 billion for tribal health systems due to lost reimbursements for care during the pandemic
- \$84 million for urban Indian organizations, \$140 million for health IT and equipment for telehealth services, and \$500 million to support overall health care services

<https://www.whitehouse.gov/briefing-room/statements-releases/2021/04/16/fact-sheet-biden-administration-invests-4-billion-in-american-rescue-plan-funding-to-combat-covid-19-in-indian-country/>

# Updates from CDC

## **Update on J&J/Janssen COVID-19 vaccine**

- CDC recommends use of J&J/Janssen COVID-19 vaccine
- MMWR: Updated recommendations from the Advisory Committee on Immunization Practices for J&J/Janssen COVID-19 vaccine
- MMWR: Safety monitoring of J&J/Janssen COVID-19 vaccine
- MMWR: Anxiety-related adverse events after J&J/Janssen COVID-19 vaccine

## **Guidance and Resources**

- Updated recommendations for fully vaccinated people
- Updated recommendations for healthcare infection prevention
- COVID-19 vaccine breakthrough case investigations and reporting

## **Other MMWRs**

- Effectiveness of COVID-19 mRNA against COVID-19 hospitalization
- Health care needs after COVID-19 diagnosis

# CDC Recommends Use of Johnson & Johnson's Janssen COVID-19 Vaccine Resume (4/25/21)

- CDC and FDA recommend use of J&J/Janssen COVID-19 Vaccine after a temporary pause
- Increased risk of thrombosis with thrombocytopenia syndrome (TTS), a rare adverse event that involves blood clots with low platelets
  - Nearly all reports of TTS in women <50 years old
- Data review found that J&J/Janssen vaccine's known and potential benefits outweigh its known and potential risks
- Women <50 years old should be aware of the rare but increased risk of TTS and that other COVID-19 vaccine options are available
- CDC and FDA will continue to monitor the safety of all COVID-19 vaccines
- Seek medical care right away if you develop any of the symptoms below in the 3 weeks after receiving the J&J/Janssen Vaccine:
  - Severe or persistent headaches or blurred vision, shortness of breath, chest pain, leg swelling, persistent abdominal pain, easy bruising, or tiny blood spots under the skin beyond the injection site

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/JJUpdate.html>

## Updated Recommendations from the Advisory Committee on Immunization Practices for Use of the Janssen (Johnson & Johnson) COVID-19 Vaccine After Reports of Thrombosis with Thrombocytopenia Syndrome Among Vaccine Recipients — United States, April 2021

*Early Release / April 27, 2021 / 70*

- On April 13, 2021, CDC and FDA recommended pausing use of the J&J/Janssen COVID-19 vaccine after reports of TTS
- Advisory Committee on Immunization Practices (ACIP) expert work groups met to review safety data and risk-benefit analysis
  - ~7.98 million J&J/Janssen vaccine doses administered
  - 15 cases of TSS identified by VAERS, all in women
    - 13 in women aged 18–49 years

## Updated Recommendations from the Advisory Committee on Immunization Practices for Use of the Janssen (Johnson & Johnson) COVID-19 Vaccine After Reports of Thrombosis with Thrombocytopenia Syndrome Among Vaccine Recipients — United States, April 2021

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- On April 23, 2021 ACIP concluded that benefits of resuming J&J/Janssen COVID-19 vaccination outweighed risks and reaffirmed interim recommendation for use in persons aged  $\geq 18$  years
- New warning for rare clotting events among women aged 18–49 years

Estimated benefits and harms after resuming J&J/Janssen vaccine for 1mo.	No. per million vaccine doses administered			
	Females		Males	
	18–49 y	$\geq 50$ y	18–49 y	$\geq 50$ y
<b>Benefits</b>				
Hospitalizations prevented	297	2,454	272	2,821
ICU admissions prevented	56	661	51	760
Deaths prevented	6	394	6	471
<b>Harms</b>				
TTS cases expected	7	1	1	0

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e4.htm>

## Safety Monitoring of the Janssen (Johnson & Johnson) COVID-19 Vaccine — United States, March–April 2021

*Early Release / April 30, 2021 / 70*

- As of April 21, 2021, 7.98 million doses of J&J/Janssen COVID-19 administered
- 13,725 VAERS reports of adverse events, 97% nonserious and 3% serious
  - 88 deaths reported and reviewed by CDC and FDA: 34 found dead (no details), 23 cardiac arrest or cardiovascular disease, 8 COVID-19, 5 cerebrovascular disease
- V-safe data on 338,765 vaccine recipients
  - 0–7 days after vaccination, 76% reported  $\geq 1$  systemic reaction and 61% reported injection site reaction, 1% reported seeking medical care
  - Fatigue (59%), injection site pain (58%), headache (52%), myalgia (52%) most common
  - Symptoms most common one day after vaccination (16% unable to work)
- Ongoing monitoring for adverse events after vaccination is important for evaluating the balance between risks and benefits for each authorized COVID-19 vaccine



## Anxiety-Related Adverse Event Clusters After Janssen COVID-19 Vaccination — Five U.S. Mass Vaccination Sites, April 2021

*Early Release / April 30, 2021 / 70*

- On April 7, 2021, CDC received reports of clusters of anxiety-related events after administration of J&J/Janssen COVID-19 vaccine from five mass vaccination sites
  - 64 anxiety-related events, including 17 syncope (fainting), among 8,624 recipients
  - 61% women, 20% had fear of needles or history of fainting, no serious adverse events
- Using VAERS data, rates of syncope after J&J/Janssen COVID-19 vaccine were 8.2 per 100,000 doses compared with 0.05 per 100,000 doses for influenza vaccines (2019–20)
- Vaccine providers should be aware of anxiety-related events after vaccination and observe all COVID-19 vaccine recipients for at least 15 minutes after vaccine administration



# Interim Public Health Recommendations for Fully Vaccinated People (4/27/21)

- Fully vaccinated people do not need to wear a mask outdoors, except in crowded venues
- Fully vaccinated people should still wear a well-fitted mask in indoor public settings

Unvaccinated People	Your Activity	Fully Vaccinated People
	<b>Outdoor</b>	
	Walk, run, or bike outdoors with members of your household	
	Attend a small, outdoor gathering with fully vaccinated family and friends	
	Attend a small, outdoor gathering with fully vaccinated and unvaccinated people	
	Dine at an outdoor restaurant with friends from multiple households	
	Attend a crowded, outdoor event, like a live performance, parade, or sports event	

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html>

# Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination (4/27/21)

- Updated COVID-19 testing recommendations
  - Anyone with COVID-19 symptoms should receive a viral test regardless of vaccination status
  - Fully vaccinated, asymptomatic healthcare personnel (HCP) exposed to COVID-19 can work but should be tested immediately and 5–7 days after exposure
  - Fully vaccinated, asymptomatic HCP may be exempt from screening testing, except if the facility is experiencing an outbreak
- Updated guidance for visitation in acute care facilities
  - Visitation should be prioritized for visitors important for patient well-being and care
  - Indoor visitation should be limited to compassionate care situations for patients with COVID-19 or in quarantine
- Updated guidance for visitation in residential care facilities and more information available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-after-vaccination.html>



# COVID-19 Breakthrough Case Investigations and Reporting

- A small percentage of people fully vaccinated against COVID-19 will develop COVID-19 illness
- Vaccine breakthrough = SARS-CoV-2 detected in a respiratory specimen collected  $\geq 14$  days after completing the primary series of an authorized COVID-19 vaccine
- CDC is coordinating with state health departments to investigate and monitor vaccine breakthrough cases
- Healthcare providers that identify a vaccine breakthrough case should
  - Report the case to the state health department
  - Request that specimen be held for further testing
  - Report vaccine breakthrough cases that result in hospitalization or death to VAERS

## CDC data as of 4/20/21

Number of fully vaccinated people	>87 million
Number of vaccine breakthrough infections reported to CDC	7,157
Females	4,580 (64%)
People aged $\geq 60$ years	3,265 (46%)
Asymptomatic infections	2,078 (31%)
Hospitalizations	498 (7%)
Deaths	88 (1%)

## Effectiveness of Pfizer–BioNTech and Moderna Vaccines Against COVID–19 Among Hospitalized Adults Aged $\geq 65$ Years — United States, January–March 2021

Early Release / April 28, 2021 / 70

- Study conducted at 24 hospitals in 14 states
- Participants were adults aged  $\geq 65$  with COVID-19-like illness admitted during Jan 1– Mar 26, 2021
  - Case-patients = tested positive for SARS-CoV-2 (n = 187)
  - Controls = tested negative for SARS-CoV-2 (n = 230)
  - Vaccine effectiveness (VE) calculated by comparing odds of SARS-CoV-2 vaccination in case-patients and controls using the equation  $VE = 100\% \times (1 - \text{odds ratio})$  using logistic regression (adjusted for U.S. Census region, month, age, sex, race and ethnicity, and previous hospitalizations in the past year)
- Adjusted VE was 94% (95% CI 49%–99%) for full vaccination and 64% (95% CI 28%–82%) for partial vaccination
- Real-world data show that COVID-19 vaccines significantly reduce the risk for COVID-19–associated hospitalization in older adults

## Health Care Utilization and Clinical Characteristics of Nonhospitalized Adults in an Integrated Health Care System 28–180 Days After COVID-19 Diagnosis — Georgia, May 2020–March 2021

*Early Release / April 23, 2021 / 70*

- Study used electronic health record data to examine longer-term health care needs after mild or moderate COVID-19 disease
  - Included 3,171 patients aged  $\geq 18$  years who tested positive for SARS-CoV-2 during Apr 4–Sep 17 and were not hospitalized and not pregnant
- 2,177 (69%) patients had  $\geq 1$  outpatient visits 28–180 days after COVID-19 diagnosis
  - Outpatient visits more common among adults aged  $\geq 65$  years, women, Black adults, and those with  $\geq 3$  underlying health conditions
  - 32 (1.5%) hospitalized, 1,617 (68%) had a new primary diagnosis, and 823 (38%) visited a new specialist
  - New specialty visits potentially related to COVID-19 included dermatology (16%), behavioral/mental health (11%), gastroenterology (11%), and cardiology (10%)
- Some nonhospitalized adults might have continued health care needs months after COVID-19 diagnosis. Clinicians and health care systems should be aware of potential post-COVID conditions.

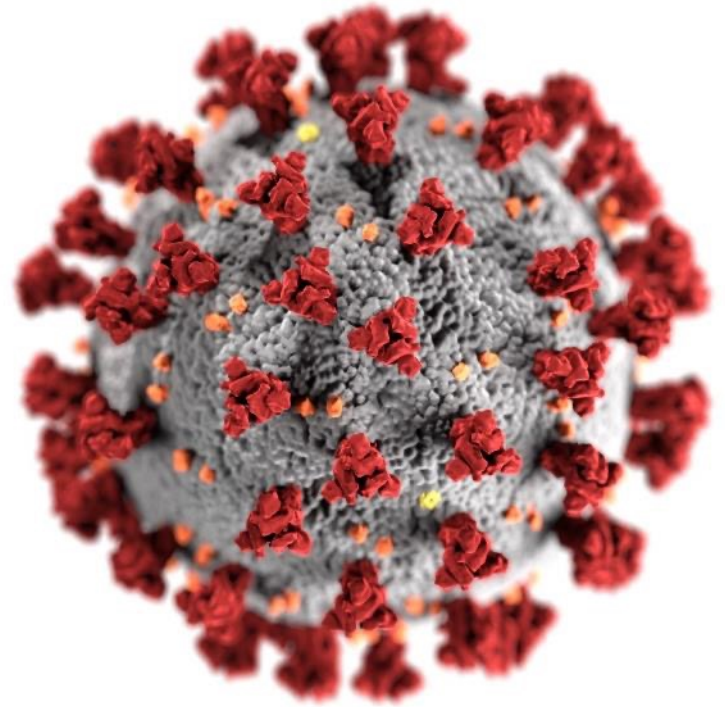
# References

## Updates (additional references)

- <https://www.fda.gov/media/146304/download> (revised Janssen COVID-19 Vaccine Fact Sheet for Healthcare Providers Administering Vaccine)
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/why-measure-effectiveness/breakthrough-cases.html> (CDC's What You Should Know About the Possibility of COVID-19 Illness After Vaccination)

## MMWRs

- MacNeil JR, et al. Updated Recommendations from the Advisory Committee on Immunization Practices for Use of the Janssen (Johnson & Johnson) COVID-19 Vaccine After Reports of Thrombosis with Thrombocytopenia Syndrome Among Vaccine Recipients — United States, April 2021. MMWR Morb Mortal Wkly Rep. ePub: 27 April 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7017e4>
- Shay et al. Safety Monitoring of the Janssen (Johnson & Johnson) COVID-19 Vaccine — United States, March–April 2021. MMWR Morb Mortal Wkly Rep. ePub: 30 April 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7018e2>
- Hause AM et al. Anxiety-Related Adverse Event Clusters After Janssen COVID-19 Vaccination — Five U.S. Mass Vaccination Sites, April 2021. MMWR Morb Mortal Wkly Rep. ePub: 30 April 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7018e3>
- Tenforde MW, et al. Effectiveness of Pfizer-BioNTech and Moderna Vaccines Against COVID-19 Among Hospitalized Adults Aged ≥65 Years — United States, January–March 2021. MMWR Morb Mortal Wkly Rep. ePub: 28 April 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7018e1>
- Hernandez-Romieu AC, et al. Health Care Utilization and Clinical Characteristics of Nonhospitalized Adults in an Integrated Health Care System 28–180 Days After COVID-19 Diagnosis — Georgia, May 2020–March 2021. MMWR Morb Mortal Wkly Rep. ePub: 23 April 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7017e3>



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.

