

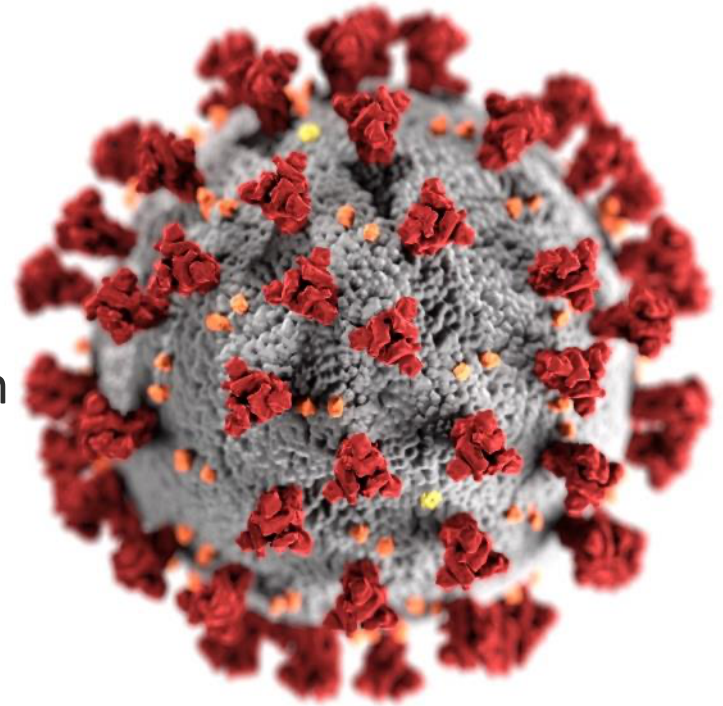
# New and updated COVID-19 public health information

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

# Updates from Food and Drug Administration (FDA)

- FDA authorizes revisions to fact sheets to address SARS-CoV-2 variants for monoclonal antibody products under emergency use authorization (3/18/21)
- Health care providers should review the fact sheets for details regarding specific variants and potential resistance that may make these therapies less effective
- The revised fact sheets are for:
  - Bamlanivimab <https://www.fda.gov/media/143603/download>
  - Bamlanivimab and Etesevimab <https://www.fda.gov/media/145802/download>
  - REGEN-COV (Casirivimab and Imdevimab) <https://www.fda.gov/media/145611/download>
- Revisions include information on the following variants:
  - B.1.1.7 (UK Origin)
  - B.1.351 (South Africa Origin)
  - P.1 (Brazil Origin)
  - B.1.427/B.1.429 (California Origin)
  - B.1.526 (New York Origin)

# Updates from FDA

- FDA continues to advance over-the counter (OTC) and other screening test development (3/31/21)
- Three tests authorized for serial screening of **asymptomatic** persons
  - Quidel QuickVue At-Home OTC COVID-19 test – authorized for OTC at-home serial screening
  - Abbott BinaxNOW (multiple configurations)
    - Abbott BinaxNOW COVID-19 Antigen Self Test – authorized for OTC at-home serial screening
    - Abbott BinaxNOW COVID-19 Ag Card 2 Home Test – authorized for OTC at-home serial screening with telehealth proctor
    - Abbott BinaxNOW COVID-19 Ag 2 Card – authorized for point-of-care serial screening without a prescription
  - BD Veritor System for Rapid Detection of SARS-CoV-2 – authorized for point-of-care serial screening with a prescription
- <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-continues-advance-over-counter-and-other-screening-test-development>

# Updates from HHS

- Biden administration to invest more than \$12 billion to expand COVID-19 testing (3/17/21)
- CDC will provide \$10 billion to states to support COVID-19 screening testing for teachers, staff, and students to assist schools in reopening safely
- CDC will invest \$2.25 billion to address COVID-19-related health disparities and advance health equity among populations who are underserved and at high risk for COVID-19, including racial and ethnic minority groups and people living in rural areas
- CDC to provide recommendations for how to use screening testing to identify, track, and prevent asymptomatic transmission of COVID-19
- <https://www.hhs.gov/about/news/2021/03/17/biden-administration-invest-more-than-12-billion-expand-covid-19-testing.html>



# Updates from CDC

## Announcements, Guidance, and Resources

- Funding to support community health workers for COVID-19 prevention and control
- COVID-19 vaccination at dialysis centers
- Updated list of underlying medical conditions that increase risk of severe illness from COVID-19
- Updated travel guidance for fully vaccinated people

## MMWRs

- Anxiety or depressive disorder during the COVID-19 pandemic
- Effectiveness of COVID-19 mRNA vaccines among health care workers and other essential and frontline workers
- Death certificate-based COVID-19 mortality surveillance
- Provisional US mortality data

# CDC Plans to Provide \$332 Million to Support Community Health Workers for COVID-19 Prevention and Control (3/25/2021)

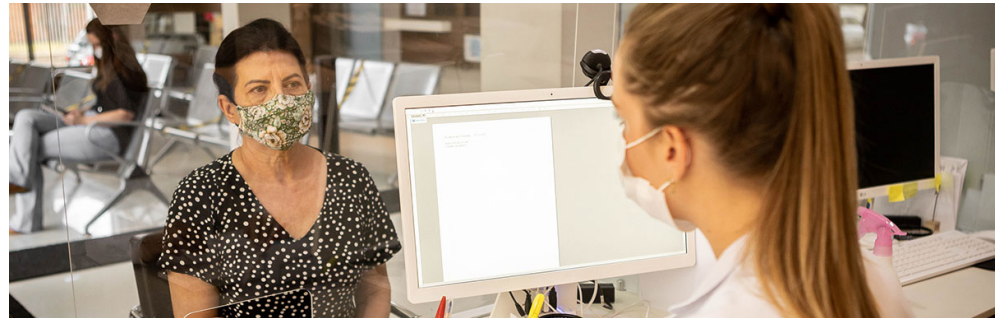
- Funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act will provide critical support to states, localities, territories, tribes, tribal organizations, urban Indian health organizations, or health service providers for tribes
- CDC expects to award funds to approximately 75 organizations through “Community Health Workers for COVID Response and Resilient Communities”
- Applications will be accepted through May 24, 2021, at [www.grants.gov](http://www.grants.gov)
- The funding is intended for recipients to address:
  - Disparities in access to COVID-19 related services, such as testing, contact tracing, and immunization
  - Factors that increase risk of severe COVID-19 illness, such as chronic diseases, smoking, and pregnancy
  - Community needs that have been exacerbated by COVID-19, such as health and mental health care access and food insecurity

<https://www.cdc.gov/media/releases/2021/p0325-community-healthworkers-support.html>

# Vaccinating Dialysis Patients and Healthcare Personnel

- New federal partnership to support COVID-19 vaccination at dialysis centers (3/25/21)
- Over 550,000 people receive dialysis treatments at ≈7,000 dialysis clinics in the US
- People on dialysis who get COVID-19 have a 50% hospitalization rate and a 20%–30% mortality rate
- Chronic kidney disease disproportionately affects racial and ethnic minority groups, including American Indian or Alaska Native people
- Two large dialysis partner organizations, DaVita Inc. and Fresenius Medical Care North America, have enrolled as COVID-19 vaccination providers

<https://www.cdc.gov/vaccines/covid-19/planning/dialysis-partners-jurisdictions.html>



# Updated list of underlying medical conditions that increase a person's risk of severe illness from COVID-19 (3/29/21)

- Updates based on evidence from published reports, scientific articles in press, unreviewed pre-prints, and internal data
- Medical conditions in adults, in alphabetical order (not all-inclusive):

Cancer  
Chronic lung diseases (e.g.,  
COPD, asthma, interstitial  
lung disease)  
Dementia  
Diabetes  
Down syndrome

Heart conditions (e.g. heart  
failure, coronary artery  
disease, hypertension)  
HIV infection  
Immunocompromised state  
Liver disease  
Overweight and obesity  
Pregnancy

Sickle cell disease or  
thalassemia  
Smoking  
Solid organ or blood stem cell  
transplant  
Stroke or cerebrovascular  
disease  
Substance use disorders











# Interim Public Health Recommendations for Fully Vaccinated People

- Updated travel recommendations for fully vaccinated people (4/2/2021)
- Fully vaccinated people do not need to get tested or quarantine if traveling domestically
- For international travelers, a negative test result or documentation of recovery from COVID-19 is still required before boarding a flight to the United States

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

## WHAT YOU CAN DO ONCE YOU HAVE BEEN FULLY VACCINATED

### Activity

|  |   |
|--|---|
| Visit inside a home or private setting without a mask with other fully vaccinated people of any age                                    |  |
| Visit inside a home or private setting without a mask with one household of unvaccinated people who are not at risk for severe illness |  |
| Travel domestically without a pre- or post-travel test   |  |
| Travel domestically without quarantining after travel  |  |
| Travel internationally without a pre-travel test depending on destination  |  |
| Travel internationally without quarantining after travel   |  |
| Visit indoors, without a mask, with people at <a href="#">increased risk for severe illness from COVID-19</a> .                        |  |
| Attend medium or large gatherings  |  |

## Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021

*Early Release / March 26, 2021 / 70*

- Data from Household Pulse Survey (new online survey tool from CDC and U.S. Census Bureau)
  - Sample size 790,633 from Aug 19, 2020–Feb 1, 2021
- Percentage of adults with recent symptoms of an anxiety or a depressive disorder increased from 36.4% to 41.5%
- Percentage of those reporting an unmet mental health care need increased from 9.2% to 11.7%
- Increases largest among adults aged 18–29 years and those with less than a high school education
- Trends in mental health can be used to evaluate the impact of strategies addressing adult mental health status and care during the pandemic and to guide interventions for disproportionately affected groups

## Interim Estimates of Vaccine Effectiveness of BNT162b2 and mRNA-1273 COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel, First Responders, and Other Essential and Frontline Workers — Eight U.S. Locations, December 2020–March 2021

*Early Release / March 29, 2021 / 70*

- Data from HEROES-RECOVER longitudinal study conducted in eight locations
- Included health care personnel, first responders, and other essential and frontline workers
- Weekly RT-PCR testing for SARS-CoV-2
- Vaccine effectiveness (VE) study period: mid-Dec 2020 through Mar 13, 2021
- Hazard ratios comparing unvaccinated person-days to partial or full immunization person-days used to calculate VE
- 3,950 participants in the vaccine effectiveness analytic sample were analyzed
  - 25.0% unvaccinated; 75.0% vaccinated with  $\geq 1$  dose
  - 5.2% had SARS-CoV-2 infection diagnosed by RT-PCR

## Interim Estimates of Vaccine Effectiveness of BNT162b2 and mRNA-1273 COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel, First Responders, and Other Essential and Frontline Workers — Eight U.S. Locations, December 2020–March 2021

| COVID-19 mRNA vaccination status                                       | Person-days | SARS-CoV-2 infections |                                      | Unadjusted VE % (95% CI) | Adjusted VE % (95% CI) |
|--|-------------|-----------------------|--------------------------------------|--------------------------|------------------------|
|  |             | No.                   | Incidence rate per 1,000 person-days |                          |                        |
| Unvaccinated   | 116,657     | 161                   | 1.38                                 | N/A                      | N/A                    |
| Partially immunized (≥14 days after first dose and before second dose) | 41,856      | 8                     | 0.19                                 | 82 (62–91)               | 80 (59–90)             |
| Fully immunized (≥14 days after second dose)                           | 78,902      | 3                     | 0.04                                 | 91 (73–97)               | 90 (68–97)             |

- mRNA COVID-19 vaccines are highly effective for preventing SARS-CoV-2 infection in real-world conditions
- COVID-19 vaccination is recommended for all eligible persons

## Death Certificate–Based ICD–10 Diagnosis Codes for COVID–19 Mortality Surveillance — United States, January–December 2020

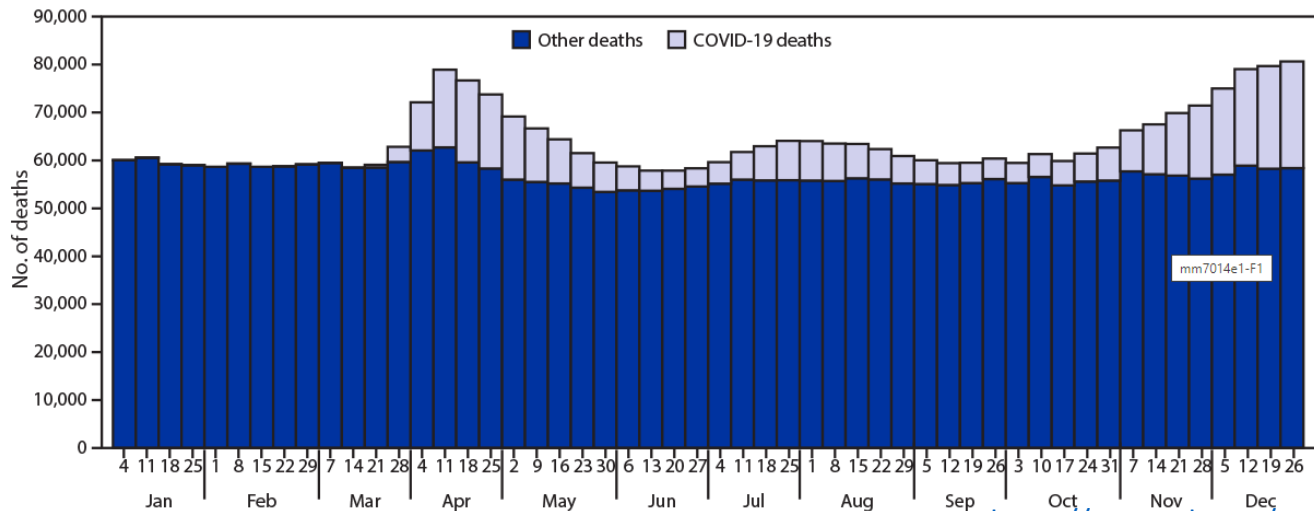
Early Release / March 31, 2021 / 70

- CDC assessed 378,048 death certificates from 2020 listing the ICD-10 code for COVID-19
- |              |  |
|--------------|--|
| <b>5.5%</b>  | COVID-19 only  |
| <b>34.0%</b> | COVID-19 and $\geq 1$ chain of event condition (e.g. pneumonia, respiratory failure)           |
| <b>17.8%</b> | COVID-19 and $\geq 1$ significant contributing condition (e.g. hypertension, diabetes)         |
| <b>40.1%</b> | COVID-19 and $\geq 1$ chain of event condition and $\geq 1$ significant contributing condition |
| <b>2.5%</b>  | COVID-19 with no plausible chain-of-event or significant contributing condition                |
- Findings support accuracy of COVID-19 mortality surveillance using official death certificates
- High-quality documentation of death certificate diagnoses is essential
- Continued messaging to and training of professionals who complete death certificates remains important

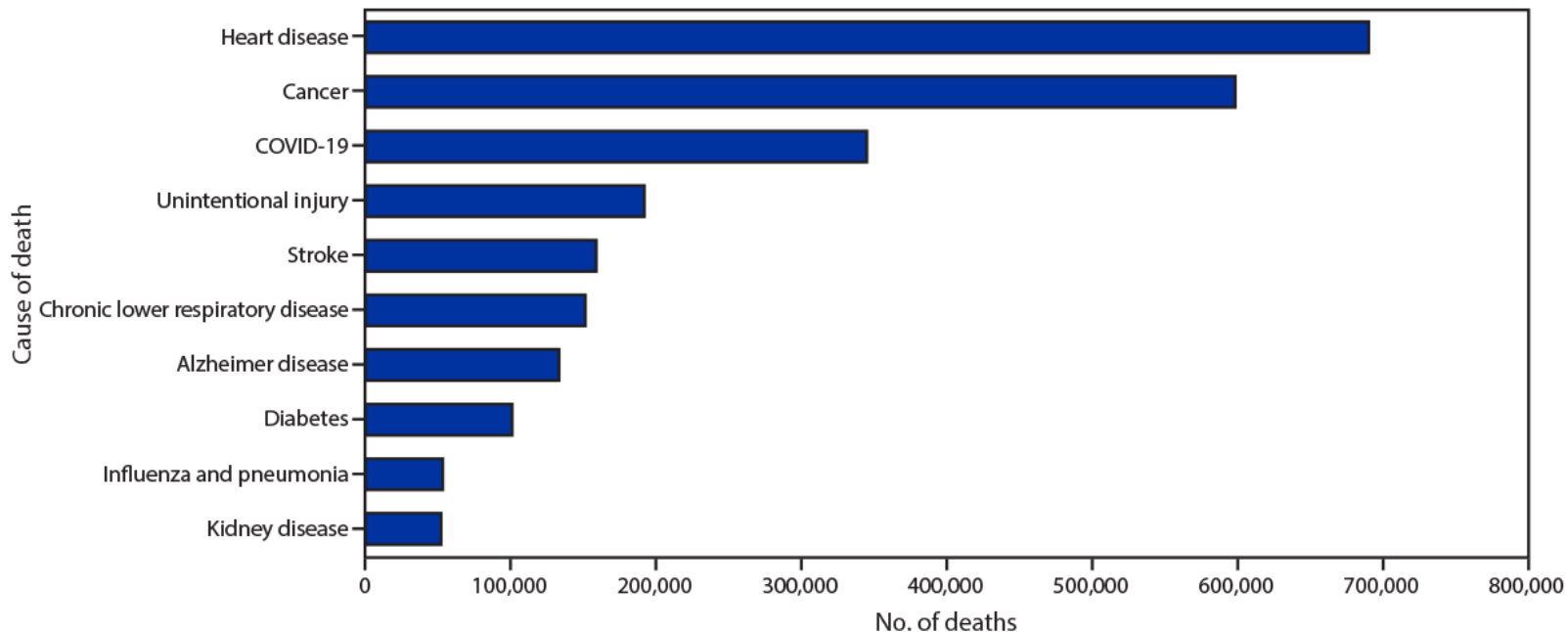
## Provisional Mortality Data — United States, 2020

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- CDC's National Vital Statistics System collects and reports annual mortality statistics using data from U.S. death certificates
- In 2020,  $\approx 3,358,814$  deaths occurred; age-adjusted death rate increased by 15.9% vs. 2019



## Provisional Mortality Data — United States, 2020



- COVID-19 was the third leading cause of death, reported as the underlying cause or a contributing cause for 11.3% of deaths

# Provisional Mortality Data — United States, 2020

- COVID-19 death rates were highest among persons aged  $\geq 85$  years (1798 per 100,000)
- Age-adjusted COVID-19 death rates higher among males than females (115 vs 73 per 100,000)
- COVID-19 death rates highest among AI/AN and Hispanic persons
- Data can inform efforts to reduce COVID-19-associated deaths, including and among persons most affected

| Race/Ethnicity   | Total deaths<br>(rate per<br>100,000) | COVID-19<br>deaths<br>(rate per<br>100,000) |
|--|---------------------------------------|---|
| Hispanic   | 304,488 (724.1)                       | 68,469<br>(164.3)                           |
| White, non-Hispanic  | 2,467,419<br>(827.1)                  | 228,328<br>(72.5)                           |
| Black, non-Hispanic  | 443,116<br>(1,105.3)                  | 59,871<br>(151.1)                           |
| Asian, non-Hispanic  | 90,519 (457.9)                        | 13,334<br>(66.7)                            |
| American Indian or Alaska Native,<br>non-Hispanic          | 24,279<br>(1,024.0)                   | 4,504<br>(187.8)                            |
| Native Hawaiian or other Pacific<br>Islander, non-Hispanic | 4,424 (828.4)                         | 679 (122.3)                                 |
| Multiracial, non-Hispanic                                  | 15,434 (378.8)                        | 1,125<br>(31.8)                             |
| Unknown  | 9,135 (—)                             | 1,573 (—)                                   |



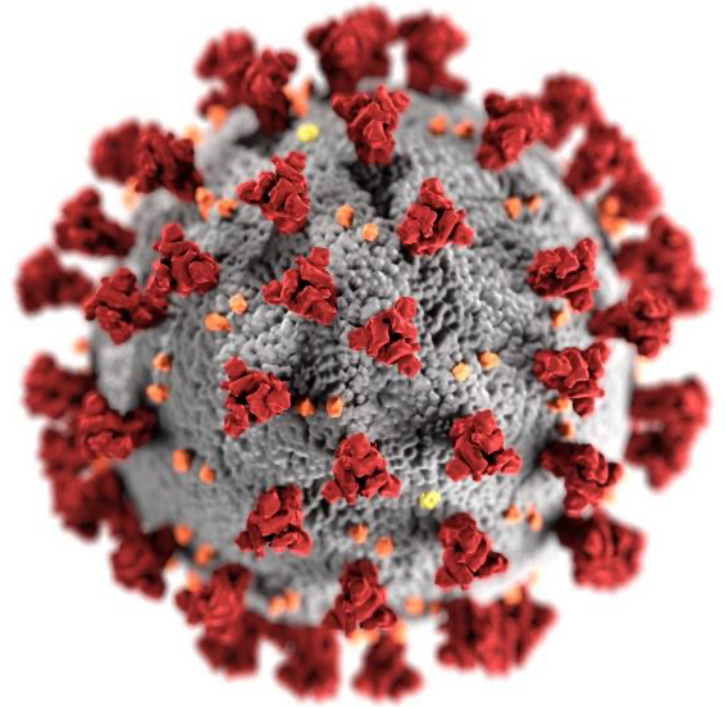
# References

## Updates (additional references)

- <https://www.fda.gov/drugs/drug-safety-and-availability/fda-authorizes-revisions-fact-sheets-address-sars-cov-2-variants-monoclonal-antibody-products-under> (FDA authorizes revisions to fact sheets to address SARS-CoV-2 variants for monoclonal antibody products under EUA)
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlying-evidence-table.html> (Evidence for underlying medical conditions that increase a person's risk of severe illness from COVID-19)
- <https://www.cdc.gov/media/releases/2021/s0325-vaccines-dialysis-centers.html> (Media Statement from CDC Director Rochelle P. Walensky, MD, MPH, On COVID-19 Vaccination at Dialysis Centers)
- <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html> (CDC People with Certain Medical Conditions)

## MMWRs

- Vahratian A, et al. Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. MMWR Morb Mortal Wkly Rep. ePub: 26 March 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7013e2>
- Thompson MG, et al. Interim Estimates of Vaccine Effectiveness of BNT162b2 and mRNA-1273 COVID-19 Vaccines in Preventing SARS-CoV-2 Infection Among Health Care Personnel, First Responders, and Other Essential and Frontline Workers — Eight U.S. Locations, December 2020–March 2021. MMWR Morb Mortal Wkly Rep. ePub: 29 March 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7013e3>
- Gundlapalli AV, et al. Death Certificate–Based ICD-10 Diagnosis Codes for COVID-19 Mortality Surveillance — United States, January–December 2020. MMWR Morb Mortal Wkly Rep. ePub: 31 March 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7014e2>
- Ahmad FB, et al. Provisional Mortality Data — United States, 2020. MMWR Morb Mortal Wkly Rep. ePub: 31 March 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7014e1>



For more information, contact CDC  
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