

COVID-19 Public Health Updates

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Joint CDC and FDA statement on vaccine boosters (7/8/2021)



- People who are fully vaccinated against COVID-19 are protected from severe disease and death, including from variants
- People who are not vaccinated remain at risk and are encouraged to get vaccinated as soon as possible
- **Americans who have been fully vaccinated do not need a booster shot at this time**
- FDA, CDC, and NIH are engaged in a science-based, rigorous process to consider whether or when a booster might be necessary
 - Continuing to review new data as it becomes available
 - Will keep the public informed
 - Prepared for booster doses if the science demonstrates that they are needed

<https://www.fda.gov/news-events/press-announcements/joint-cdc-and-fda-statement-vaccine-boosters>

FDA revises fact sheets for the Johnson & Johnson (Janssen) COVID-19 Vaccine for increased risk of Guillain-Barré Syndrome (7/13/2021)

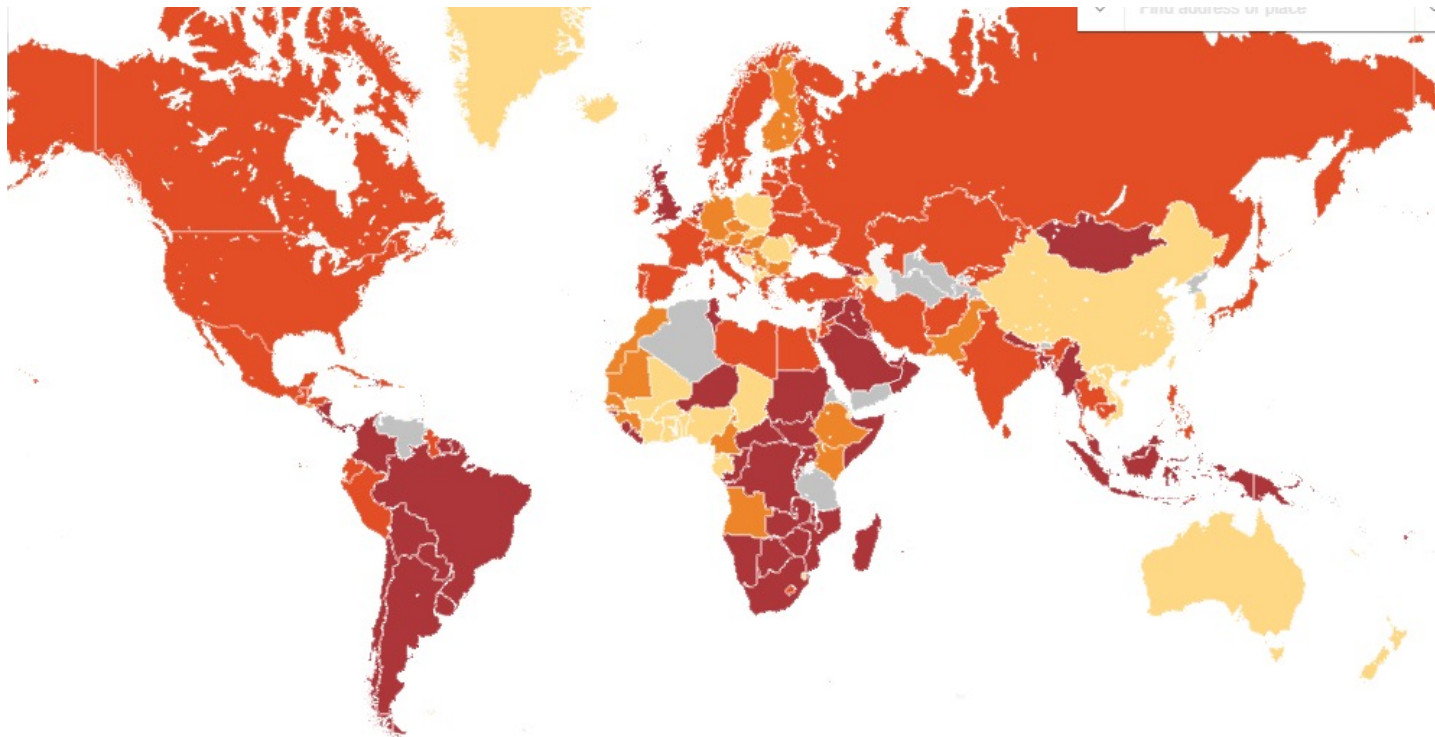
- Guillain-Barré Syndrome (GBS) is a neurological disorder in which the body's immune system damages nerve cells, causing muscle weakness or paralysis
- Vaccine Adverse Event Reporting System (VAERS) identified 100 reports of GBS following vaccination with the J&J/Janssen vaccine after ~12.5 million doses
 - No similar signal seen with the Moderna or Pfizer-BioNTech COVID-19 vaccines
- J&J/Janssen fact sheets revised to include information and warning about GBS
- Recipients should seek medical attention right away if they develop any of the following symptoms during the 42 days after receiving the Janssen COVID-19 Vaccine: weakness or tingling sensations, especially in the legs or arms, that's worsening and spreading to other parts of the body; difficulty walking; difficulty with facial movements, including speaking, chewing or swallowing; double vision or inability to move eyes; or difficulty with bladder control or bowel function

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-july-13-2021>

CDC COVID-19 travel recommendations by destination

Webpage showing map with risk assessment level for COVID-19 by country:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notice.html>



- Level 4: COVID-19 Very High
- Level 3: COVID-19 High
- Level 2: COVID-19 Moderate
- Level 1: COVID-19 Low
- Level Unknown: COVID-19 unknown

Note: All air passengers coming to the United States are required to have a negative COVID-19 test result or documentation of recovery from COVID-19 before they board a flight to the United States.

Updated July 19, 2021

CDC guidance for families with vaccinated and unvaccinated members (updated 7/16/2021)

How can I protect my unvaccinated child?

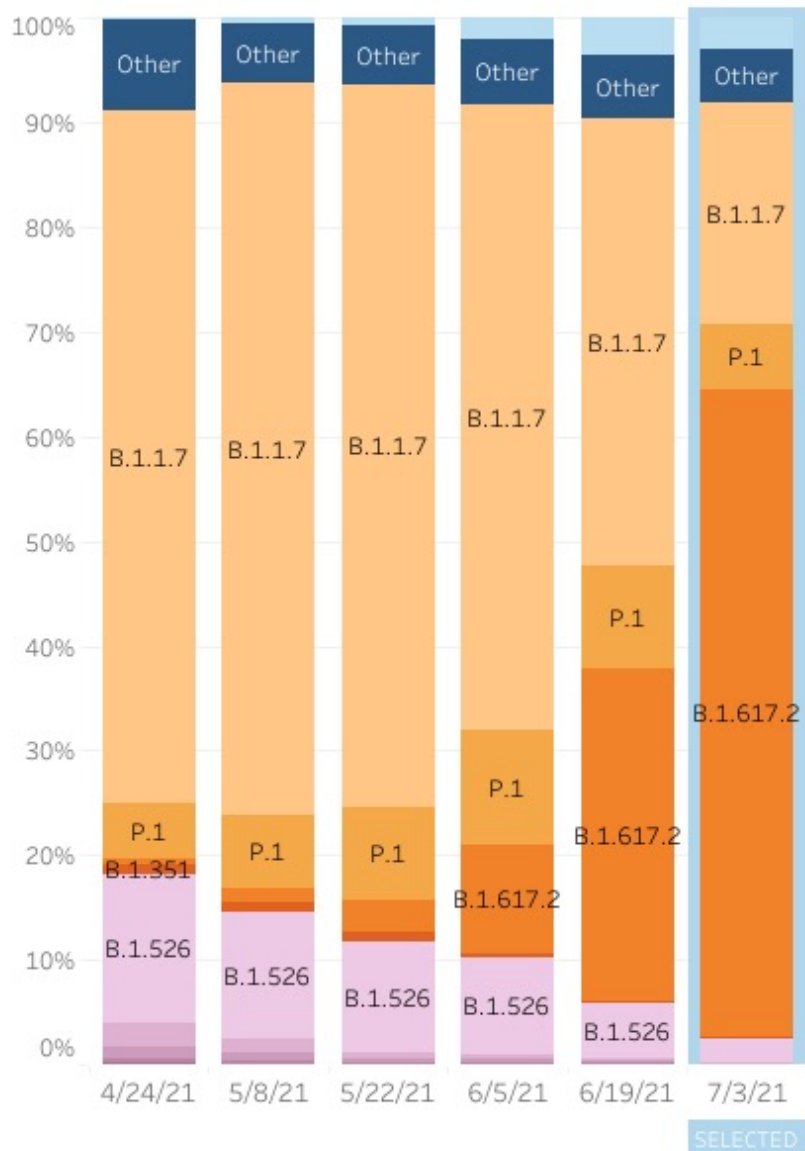
- Get vaccinated yourself.
- If your child is 2 years and older, make sure that they wear a mask in public settings.
- If your child is younger than 2 years or cannot wear a mask, limit visits with people who are not vaccinated and keep distance between your child and other people in public.



How do I protect a family member with a weakened immune system?

- People with weakened immune systems may NOT be protected even if they are fully vaccinated. They should continue to take all precautions recommended for unvaccinated people, including wearing a mask.
- Any family member who is not fully vaccinated should keep taking steps to protect themselves and others, like wearing a mask and staying 6 feet from others in public.

Estimated proportions of SARS-CoV-2 lineages



CDC's national genomic surveillance program identifies and monitors the spread of SARS-CoV-2 variants:

<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

Data from 6/20/2021 – 7/3/2021:

Lineage	Type	%Total	95%CI
B.1.617.2	Delta	VOC	61.7% 55.8-67.4%
B.1.1.7	Alpha	VOC	21.2% 18.1-24.7%
P.1	Gamma	VOC	6.3% 4.8-8.4%
B.1.621			3.0% 2.1-4.2%
B.1.526	Iota	VOI	2.5% 1.8-3.5%
B.1.427	Epsilon	VOI	0.1% 0.0-0.2%
B.1.351	Beta	† VOC	0.0% 0.0-0.1%
B.1.429	Epsilon	† VOI	0.0% 0.0-0.1%
B.1.525	Eta	† VOI	0.0% 0.0-0.1%
B.1.617.3		† VOI	0.0% 0.0-0.0%
B.1.617.1	Kappa	† VOI	0.0% NA
Other			5.1% 3.7-7.0%

MMWR: Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, March–April 2021

- Persons who worked at a state, tribal, local, or territorial health department during 2020 were invited to participate in an online survey during March 29–April 16, 2021
- 26,174 respondents; 53.0% reported symptoms of at least one mental health condition in the preceding 2 weeks, including depression (32.0%), anxiety (30.3%), PTSD (36.8%), or suicidal ideation (8.4%)

Worked directly on COVID-19 response activities	92.6%
Worked ≥41 hours in a typical week since March 2020	59.2%
Felt overwhelmed by workload or family/work balance	72.0%
Felt bullied, threatened or harassed because of work	23.4%
Received a diagnosis of COVID-19	12.6%

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- Prevalence of mental health outcomes and severity of increased with percentage of work time spent on COVID-19 response and number of work hours in a typical week
- Public health workers unable to take time off from work were nearly 2x as likely to report symptoms of an adverse mental health condition. Reasons why people couldn't take time off from work (n = 8,586) included:
 - concern about falling behind on work (64.4%)
 - no work coverage (60.6%)
 - feeling guilty (59.0%)
 - employer did not allow time off from work (18.2%)
- Strategies to reduce mental health symptoms among public health workers during public health emergencies include expanding staffing, implementing flexible schedules to reduce the need for long work hours, and encouraging workers to take regular breaks and time off

MMWR: Use of mRNA COVID-19 Vaccine After Reports of Myocarditis Among Vaccine Recipients: Update from the Advisory Committee on Immunization Practices — United States, June 2021

- Elevated risk for myocarditis (inflammation of the heart muscle) among mRNA COVID-19 vaccinees has been observed, particularly in males aged 12–29 years
- As of June 11, 2021, VAERS identified 1,226 reports of myocarditis after mRNA vaccination among ~296 million doses
 - Median age 26 years; 57.5% in persons aged <30 years; 76.2% male
 - Median symptom onset interval of 3 days after vaccination
 - 76% occurred after receipt of dose 2 of mRNA vaccine
- CDC conducted rapid review of 323 cases of myocarditis in persons aged <30 years reported during May 1–June 11, 2021
 - Median age 19 years, 90.1% male
 - 92% had onset of symptoms within 7 days of vaccination
 - 96% were hospitalized, 95% discharged at time of review, no deaths
- ACIP reviewed an assessment of benefits and risks

MMWR: Use of mRNA COVID-19 Vaccine After Reports of Myocarditis Among Vaccine Recipients: Update from the Advisory Committee on Immunization Practices — United States, June 2021

- On June 23, 2021, ACIP concluded that benefits of COVID-19 vaccination clearly outweighed risks of myocarditis
- COVID-19 vaccination continues to be recommended for all persons aged ≥ 12
- Information regarding the risk for myocarditis should be disseminated to providers and the public
 - Fact sheets and emergency use authorizations updated by FDA
- CDC guidance for evaluation and management of myocarditis after mRNA COVID-19 vaccine:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/myocarditis.html>

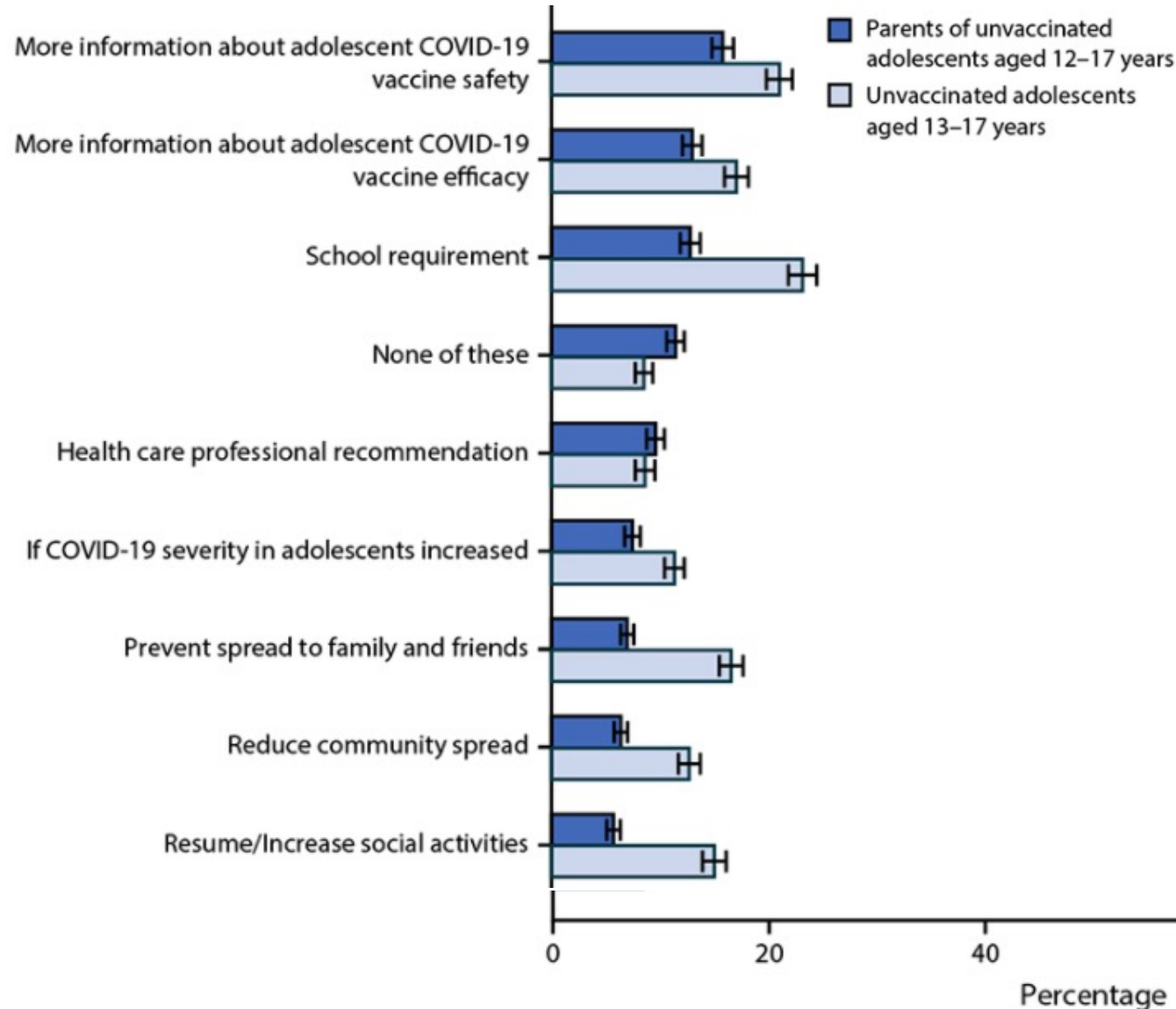
Sex/Benefits and harms from mRNA vaccination	No. per million vaccine doses administered in each age group (yrs)	
	12–29	≥ 30
Male - Benefit		
COVID-19 cases prevented	11,000	15,300
Hospitalizations prevented	560	4,598
ICU admissions prevented	138	1,242
Deaths prevented	6	700
Male - Harm		
Myocarditis cases expected	39–47	3–4
Female - Benefit		
COVID-19 cases prevented	12,500	14,900
Hospitalizations prevented	922	3,484
ICU admissions prevented	73	707
Deaths prevented	6	347
Female - Harm		
Myocarditis cases expected	4–5	1

MMWR: Acceptability of Adolescent COVID-19 Vaccination Among Adolescents and Parents of Adolescents — United States, April 15–23, 2021

- Surveys to assess acceptability of COVID-19 vaccination administered during April 15–23, 2021 to adolescents aged 13–17 years and parents of adolescents aged 12–17 years
- Results from 1,022 parents
 - 27.6% of parents with adolescents aged 16–17 years reported that their adolescent had received a COVID-19 vaccine
 - Parents who identified as female, Hispanic, or who had less than a bachelor’s degree reported lowest adolescent COVID-19 vaccination receipt
 - 55.5% of parents with unvaccinated adolescents aged 12–17 years reported that they “definitely will” or “probably will” have their adolescent child receive a COVID-19 vaccine
- Results from 985 adolescents
 - 26.1% of adolescents aged 16–17 years reported that they had received a COVID-19 vaccine
 - 51.7% of unvaccinated adolescents aged 12–17 years reported that they “definitely will” or “probably will” have their adolescent child receive a COVID-19 vaccine
 - Results similar across demographic groups

MMWR: Acceptability of Adolescent COVID-19 Vaccination Among Adolescents and Parents of Adolescents — United States, April 15–23, 2021

- Among parents who did not indicate “definitely will get the vaccine” for their adolescent, most common reported factors to increase intent for vaccination were more information about safety (16.3%) and efficacy (13.4%)
- Among adolescents who did not indicate “definitely will get the vaccine,” most common reported factors to increase vaccination intent were more information about safety (21.7%) and efficacy (17.6%) and school requirements (23.9%)
- Efforts to effectively communicate the benefits and safety of COVID-19 vaccination for adolescents could help increase vaccine confidence and vaccination coverage



References

Updates (additional references)

- <https://www.fda.gov/media/146304/download> (updated Janssen COVID-19 Vaccine fact sheet for providers)
- <https://www.fda.gov/media/146305/download> (updated Janssen COVID-19 Vaccine fact sheet for recipients and caregivers)
- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> (CDC information on travel and COVID-19)
- <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html> (SARS-CoV-2 Variant Classifications and Definitions)
- <https://www.fda.gov/media/144413/download> (updated Pfizer-BioNTech COVID-19 Vaccine fact sheet for providers)
- <https://www.fda.gov/media/144637/download> (updated Moderna COVID-19 vaccine fact sheet for providers)

MMWRs

- Bryant-Genevier J et al. Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic — United States, March–April 2021. MMWR Morb Mortal Wkly Rep 2021;70:947–952. DOI: <http://dx.doi.org/10.15585/mmwr.mm7026e1>
- Gargano JW et al. Use of mRNA COVID-19 Vaccine After Reports of Myocarditis Among Vaccine Recipients: Update from the Advisory Committee on Immunization Practices — United States, June 2021. MMWR Morb Mortal Wkly Rep 2021;70:977–982. DOI: <http://dx.doi.org/10.15585/mmwr.mm7027e2>
- Scherer AM, Gedlinske AM, Parker AM, et al. Acceptability of Adolescent COVID-19 Vaccination Among Adolescents and Parents of Adolescents — United States, April 15–23, 2021. MMWR Morb Mortal Wkly Rep 2021;70:997–1003. DOI: <http://dx.doi.org/10.15585/mmwr.mm7028e1external icon>