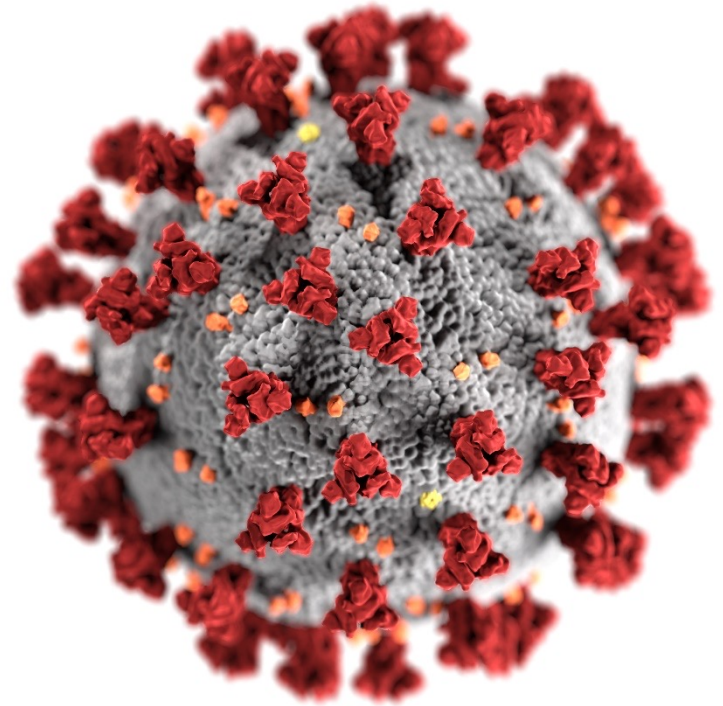


# New and updated COVID-19 public health information

**Ethan “Eitan” Bornstein, MD**  
**Epidemic Intelligence Service Officer,**  
**Centers for Disease Control and Prevention**

Assigned to Northwest Portland Area Indian  
Health Board (NPAIHB)

December 15, 2021



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

# Outline

- Omicron variant announcement
- Updated travel recommendations
- CDC resources to promote COVID-19 Vaccination
- COVID-19 Related MMWRs
  - Risk for Stillbirth Among Women With and Without COVID-19 at Delivery Hospitalization — United States, March 2020–September 2021
  - Health Care Access and Use Among Adults with Diabetes During the COVID-19 Pandemic — United States, February–March 2021



# Omicron B.1.1.529 Variant

- **How easily does Omicron spread?** This variant likely will spread more easily than the original SARS-CoV-2 virus. How easily compared to Delta remains unknown. CDC expects that anyone with Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms.
- **Will Omicron cause more severe illness?** More data are needed to know if Omicron infections, and especially reinfections and breakthrough infections in people who are fully vaccinated, cause more severe illness or death than infection with other variants.



<https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html>

# Omicron B.1.1.529 Variant (Continued)

- **Vaccine:** Current vaccines are expected to protect against severe illness, hospitalizations, and deaths due to infection with the Omicron variant. However, breakthrough infections in people who are fully vaccinated are likely to occur. With other variants, like Delta, vaccines have remained effective at preventing severe illness, hospitalizations, and death.
- **Treatments:** Research to determine how well existing treatments for COVID-19 work is ongoing. Based on the changed genetic make-up of Omicron, some treatments are likely to remain effective while others may be less effective.



<https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html>

# Omicron Announcement and Booster Doses

- The recent emergence of the Omicron variant (B.1.1.529) further emphasizes the importance of vaccination, boosters, and prevention efforts needed to protect against COVID-19.
- CDC has strengthened its recommendation on booster doses for individuals who are 18 years and older. Everyone ages 18 and older should get a booster shot either 6 months after their initial Pfizer-BioNTech or Moderna series or 2 months after their initial J&J/Janssen vaccine.
- The Pfizer booster will be available to 16- and 17-year-olds at least six months after they received their second dose of the Pfizer-BioNTech vaccine.



# Updated Travel Recommendations

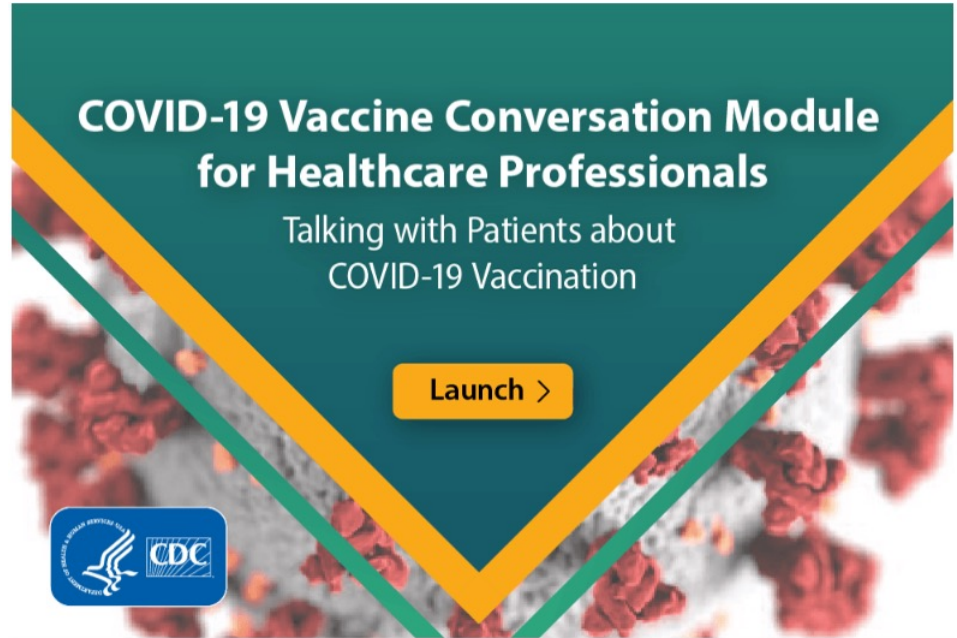
- CDC shortened the timeline for required testing for international travel before departure to the United States.
- As of December 6, all air travelers, regardless of citizenship or vaccination status, are required to show a negative pre-departure COVID-19 viral test taken no more than 1 day before travel to the United States.
- CDC continues to recommend that all travelers get a COVID-19 viral test 3-5 days after arrival, and that unvaccinated travelers should quarantine for 7 days after travel.



<https://www.cdc.gov/media/releases/2021/p1203-covid-testing-tightens-intl.html>

# Promoting COVID-19 Vaccination Resources

- New educational modules for providers are available at:  
<https://www.cdc.gov/vaccines/covid-19/hcp/conversations-module.html>



# MMWRs





# MMWR: Risk for Stillbirth Among Women With and Without COVID-19 at Delivery Hospitalization — United States, March 2020–September 2021

- Main Takeaway:
  - US women with COVID-19 are at increased risk for stillbirth compared to women without COVID-19 with a higher magnitude during the period of SARS-CoV-2 Delta-variant predominance.

[DeSisto CL, Wallace B, Simeone RM, et al. Risk for Stillbirth Among Women With and Without COVID-19 at Delivery Hospitalization — United States, March 2020–September 2021. MMWR Morb Mortal Wkly Rep 2021;70:1640–1645.](#)



# Study Design

- CDC used a large hospital-based administrative database to assess whether a maternal COVID-19 diagnosis documented at delivery hospitalization was associated with stillbirth during March 2020–September 2021:
  - Before (March 2020–June 2021) and during the period of Delta variant predominance (July–September 2021);
  - 1,249,634 deliveries at 736 hospitals;
  - Stillbirth defined as fetal death  $\geq 20$  weeks' gestation using ICD-10 codes;
  - Other demographic variables including age, race/ethnicity, urban or rural location and underlying medical conditions

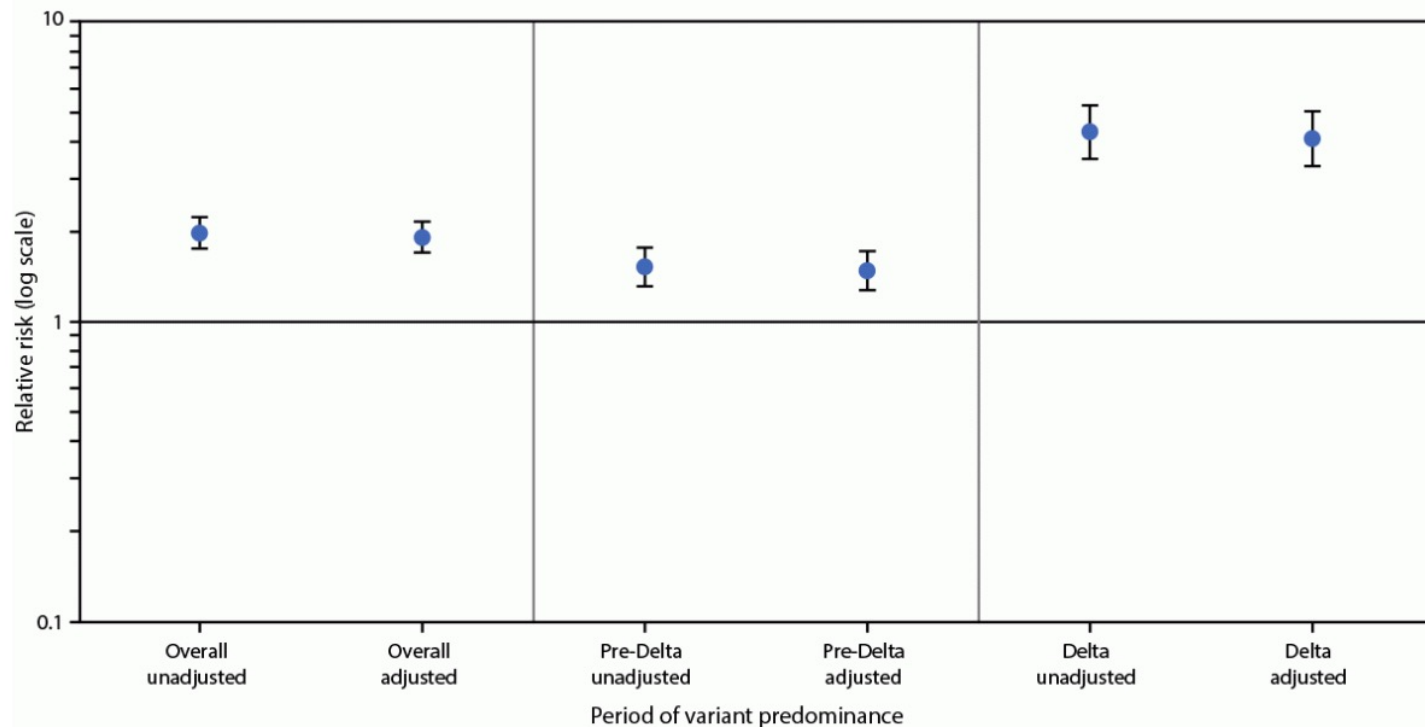


# Results

- Demographics:
  - 53.7% of women were non-Hispanic White.
  - 15.4% had obesity, 11.2% had diabetes, 17.2% had a hypertensive disorder.
  - Overall, 21,653 (1.73%) delivery hospitalizations had COVID-19 documented.

# Results\*

FIGURE. Relative risk for stillbirth among women with COVID-19 at delivery hospitalization compared with those without COVID-19 at delivery hospitalization — Premier Healthcare Database Special COVID-19 Release, United States, March 2020–September 2021<sup>\*,†,§</sup>



\*This study used Poisson regression modeling

# Results

## ■ Stillbirths:

- Total of 8,154 stillbirths were documented, affecting 0.64% and 1.26% of deliveries without COVID-19 and with COVID-19, respectively (aRR = 1.90; 95% CI = 1.69–2.15).
- During the pre-Delta period, 6,983 stillbirths were documented, involving 0.98% of deliveries with COVID-19 compared with 0.64% of deliveries without COVID-19 (aRR = 1.47; 95% CI = 1.27–1.71).
- During the Delta period, 1,171 stillbirths were documented, involving 2.70% of deliveries with COVID-19 compared with 0.63% of deliveries without COVID-19 (aRR = 4.04; 95% CI = 3.28–4.97).
- Risk for stillbirth was significantly higher during the period of Delta predominance than during the pre-Delta period ( $p < 0.001$ ).

# Discussion

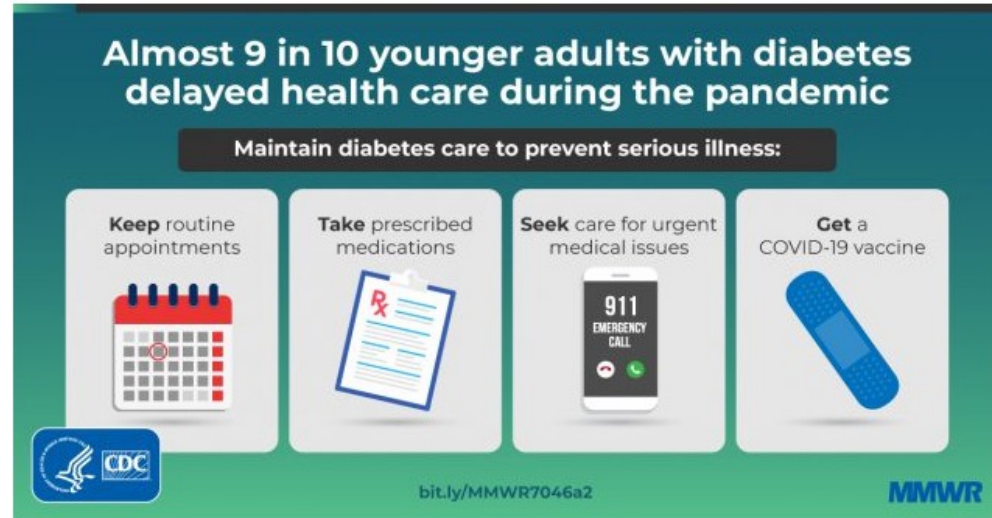
- Stillbirth is overall a rare outcome, but COVID-19 was associated with an increased risk for stillbirth, with a stronger association during the period of Delta variant predominance.
- Placental hypoperfusion and inflammation might occur with maternal COVID-19 infection, these findings might, in part, explain the association between COVID-19 and stillbirth.
- Limitations:
  - Gestational age at time of infection unavailable
  - Universal testing for SARS-CoV-2 among pregnant women may have increased detection of asymptomatic COVID-19
  - No vaccination status data was available for analysis



# MMWR: Health Care Access and Use Among Adults with Diabetes During the COVID-19 Pandemic — United States, February–March 2021

## ■ Main Takeaway:

Among surveyed adults with diabetes, persons ages **18–29 years** reported the most disruption in access to and use of medical care and the least engagement in prevention of COVID-19.



[Czeisler M&, Barrett CE, Siegel KR, et al. Health Care Access and Use Among Adults with Diabetes During the COVID-19 Pandemic — United States, February–March 2021. MMWR Morb Mortal Wkly Rep 2021;70:1597–1602.](#)



# Study Design

- Internet-based survey was administered to 5,261 U.S. adults aged  $\geq 18$  years during February–March 2021.
- 760 respondents reported having diabetes currently managed by medications or treatment.
- Questions on demographic characteristics, attitudes and beliefs about COVID-19, and access to and use of medical care, including health care or telemedicine visits, delayed care, and loss of health insurance.
- Weighted percentages by age group calculated by logit model and chi-square tests were performed for statistical significance.





# Results

- Among respondents, 760 (14%) who reported having diabetes currently managed with medication.
- Younger adults (aged 18–29 years) with diabetes were more likely to report having missed medical care during the past 3 months (87%; 79) than were those aged 30–59 years (63%; 372) or  $\geq 60$  years (26%; 309) ( $p < 0.001$ ).
- Overall, 44% of younger adults reported difficulty accessing diabetes medications.
- Younger adults with diabetes also reported lower intention to receive COVID-19 vaccination (66%) compared with adults aged  $\geq 60$  years (85%;  $p = 0.001$ ).



# Discussion

- 87% of younger adults (aged 18–29 years) reported delayed receipt of health care.
- Younger adults with diabetes largely did not consider themselves at risk for severe COVID-19 and reported the lowest engagement in preventive behaviors.
- More prevention strategies are needed for young patients with diabetes.
- Limitations:
  - Survey with inherent biases
  - Diabetes self-reported
  - Recall bias about behavior over a year with changing attitudes over the COVID-19 pandemic (surveys from pre-Delta period)



# References

## Links from CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/variants/omicron-variant.html>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

<https://www.cdc.gov/media/releases/2021/p1203-covid-testing-tightens-intl.html>

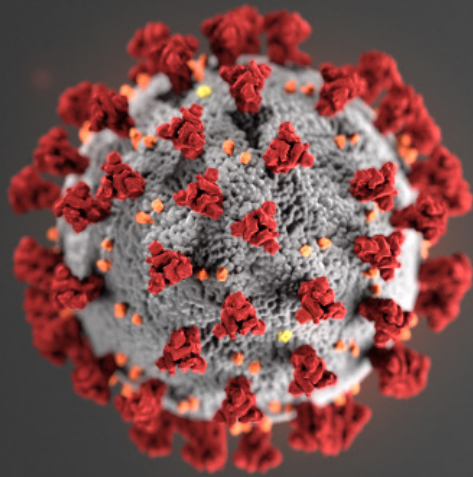
<https://www.cdc.gov/vaccines/covid-19/hcp/conversations-module.html>

## MMWRs:

DeSisto CL, Wallace B, Simeone RM, et al. Risk for Stillbirth Among Women With and Without COVID-19 at Delivery Hospitalization — United States, March 2020–September 2021. MMWR Morb Mortal Wkly Rep 2021;70:1640–1645. DOI: <http://dx.doi.org/10.15585/mmwr.mm7047e1>

Czeisler M&, Barrett CE, Siegel KR, et al. Health Care Access and Use Among Adults with Diabetes During the COVID-19 Pandemic — United States, February–March 2021. MMWR Morb Mortal Wkly Rep 2021;70:1597–1602. DOI: <http://dx.doi.org/10.15585/mmwr.mm7046a2>





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.

