COVID-19 Update for NASW

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Current COVID-19 Landscape

- Last met in November 2021
- As of February 10, 2022, Omicron is the predominant variant across the country.
  - Cases are dropping.
- COVID-19 cases and hospitalizations in January 2022 were the highest since the beginning of the pandemic, fueled by the rapid spread of the Omicron variant.
- However, per a recent CDC study, severe outcomes during the Omicron period appear lower than during previous high transmission periods.
  - COVID-19 hospital stays were shorter, with fewer intensive care unit stays. Fewer deaths.
  - Why?


Boosters Work!

- Omicron is less severe than previous variants, like Delta, especially amongst the **vaccinated**, but it should not be categorized as mild.

- CDC’s hospital surveillance system found:
  - Among adults ages 50–64 years, the COVID-19-associated hospitalization rate in December 2021 among those who were unvaccinated was **45 times** higher than among those who were fully vaccinated and received an additional or booster dose.
  - Among adults ages 65 years and older, compared to persons who were fully vaccinated and received an additional or booster dose, rates of COVID-19-associated hospitalizations were **51 times** higher among adults who were unvaccinated.

What’s Next?

New variants are expected: Viruses constantly change through mutation, and new variants of a virus are expected to occur. Sometimes new variants emerge and disappear. Other times, new variants persist. All variants of the virus that causes COVID-19 are being tracked in the United States and globally during this pandemic.

Pandemic fatigue: Best thing to do to protect yourself from COVID is to continue to follow key prevention strategies and be up to date on your vaccination

- Find ways to have community
- Allot time for things you enjoy
- Create a schedule
- Focus on what you can control

Pandemic vs. Endemic

- **An EPIDEMIC** is a disease that affects a large number of people within a community, population, or region. It is actively spreading, and new cases of the disease substantially exceed what is expected.

- **A PANDEMIC** is an epidemic that's spread over multiple countries or continents.

- **ENDEMIC** is a disease that is a constant presence, like malaria in parts of Africa, or influenza in the US.

- COVID-19 is not yet endemic.
- When a disease is endemic, it is no longer unpredictably disruptive.
- Keep in mind that endemic does not imply it's not harmful or that it's suddenly mild, just that it's much more stable and predictable.
- We need an equilibrium between level of transmission and level of immunity in the population
- Endemicity is geographic location-based
- Even endemic diseases such as Influenza can have shifts with new variants, so it's a fluid situation.
- Endemic diseases also still require important control measures including most importantly vaccination.

Source: Intermountain Healthcare. What’s the difference between a pandemic, an epidemic, endemic, and an outbreak? Available at: https://intermountainhealthcare.org/blogs/topics/live-well/2020/04/whats-the-difference-between-a-pandemic-an-epidemic-endemic-and-an-outbreak
COVID Vaccines
Overview of Approved COVID-19 Vaccines for the General Population

- Pfizer’s vaccine, branded as Comirnaty, is fully approved by the FDA for people 16 years of age and older.

- Moderna’s vaccine, branded as Spikevax, is fully approved by the FDA for people 18 years of age and older.

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Ages Recommended</th>
<th>Primary Series</th>
<th>Booster Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>5+ years old</td>
<td>2 doses</td>
<td>Everyone ages 18 years and older should get a booster dose of either Pfizer-BioNTech or Moderna (COVID-19 vaccines) 5 months after the last dose in their primary series. Teens 12-17 years old should get a Pfizer-BioNTech COVID-19 Vaccine booster 5 months after the last dose in their primary series.</td>
</tr>
<tr>
<td>Moderna</td>
<td>18+ years old</td>
<td>2 doses</td>
<td>Everyone ages 18 years and older should get a booster dose of either Pfizer-BioNTech or Moderna (COVID-19 vaccines) 3 months after the last dose in their primary series.</td>
</tr>
<tr>
<td>Johnson &amp; Johnson’s Janssen</td>
<td>18+ years</td>
<td>1 dose</td>
<td>Everyone ages 18 years and older should get a booster dose of either Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) at least 2 months after the first dose of J&amp;J/Janssen COVID-19 vaccine. You may get J&amp;J/Janssen in some situations.</td>
</tr>
</tbody>
</table>

**When Fully Vaccinated**: 2 weeks after 2nd dose
### Special Considerations for the Immunocompromised

#### mRNA Vaccines (Pfizer/Moderna)

- A **3-dose primary series** is recommended for people ages 5 years and older who are moderately or severely immunocompromised.
- A **booster** is recommended for people 12 years and older after completion of primary vaccination.
- This results in a total of **4-doses**.

#### Janssen/J&J Vaccines

- A **primary** Janssen/J&J vaccine dose is recommended for people ages 18 years and older who are moderately or severely immunocompromised, followed by a **second** (additional) dose using an mRNA COVID-19.
- A **booster** is recommended for people 12 years and older after completion of primary vaccination.
- This results in a total of **3-doses**.

#### Self-Attestation

- Immunocompromised individuals can **self-attest** if they are immunocompromised. Immunocompromised individuals should not be denied a 4th dose of COVID-19 vaccine if they do not have medical records documenting their health condition.

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**Table 3: COVID-19 vaccination schedule for people with moderate or severe immunocompromise**

<table>
<thead>
<tr>
<th>Primary vaccination</th>
<th>Age group</th>
<th>Number of primary vaccine doses</th>
<th>Number of booster doses</th>
<th>Interval between 1st and 2nd dose</th>
<th>Interval between 2nd and 3rd dose</th>
<th>Interval between 3rd and 4th dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>5-11 years</td>
<td>3</td>
<td>NA</td>
<td>3 weeks</td>
<td>≥4 weeks</td>
<td>N/A</td>
</tr>
<tr>
<td>Pfizer-BioNTech</td>
<td>≥12 years</td>
<td>3</td>
<td>1</td>
<td>3 weeks</td>
<td>≥4 weeks</td>
<td>≥3 months</td>
</tr>
<tr>
<td>Moderna</td>
<td>≥18 years</td>
<td>3</td>
<td>1</td>
<td>4 weeks</td>
<td>≥4 weeks</td>
<td>≥3 months</td>
</tr>
<tr>
<td>Janssen</td>
<td>≥18 years</td>
<td>1 Janssen, followed by 1 mRNA</td>
<td>1</td>
<td>4 weeks</td>
<td>≥2 months</td>
<td>N/A</td>
</tr>
</tbody>
</table>

CDC recently shortened the interval between completion of a Pfizer/Moderna 3-dose primary series and a booster dose for the immunocompromised from 5-months to 3-months.
Percent of People Receiving COVID-19 Vaccine by Age and Date Administered, United States

December 14, 2020 – February 22, 2022

<table>
<thead>
<tr>
<th>Age Group</th>
<th>At Least One Dose</th>
<th>Fully Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-11 yrs</td>
<td>32.5%</td>
<td>25.1%</td>
</tr>
<tr>
<td>12-17 yrs</td>
<td>67.4%</td>
<td>57.3%</td>
</tr>
<tr>
<td>18-24 yrs</td>
<td>76.3%</td>
<td>61.8%</td>
</tr>
<tr>
<td>25-39 yrs</td>
<td>78.5%</td>
<td>65.6%</td>
</tr>
<tr>
<td>40-49 yrs</td>
<td>85.5%</td>
<td>73.5%</td>
</tr>
<tr>
<td>50-64 yrs</td>
<td>92.0%</td>
<td>80.0%</td>
</tr>
<tr>
<td>65-74 yrs</td>
<td>95.0%</td>
<td>91.1%</td>
</tr>
<tr>
<td>75+ yrs</td>
<td>95.0%</td>
<td>85.4%</td>
</tr>
</tbody>
</table>

Younger Children Vaccination Rates vs. Adolescents

Percentage with at least one dose of a covid vaccine since federal approval

- Ages 5 to 11
- Ages 12 to 15

20% of 12- to 15-year-olds got their first shot within 15 days of it being available...

...while it took 39 days for kids ages 5-11 to reach 20%

NOTE: Day 0 is counted as the day the Centers for Disease Control and Prevention approved the vaccine for each age group: May 12, 2021, for 12- to 15-year-olds and Nov. 2, 2021, for 5- to 11-year-olds.

CREDIT: Hannah Recht/KHN

SOURCE: CDC data as of Jan. 12 • Download PNG

## Figure 2

**Long-Term Effects, Serious Side Effects, And Impacts On Fertility Are Among The Top Concerns Parents Have About Vaccinating Their 5-11 Year Old Child**

Percent of parents of children ages 5-11 who say they are very or somewhat concerned about each of the following:

<table>
<thead>
<tr>
<th>Concern</th>
<th>Concerned Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough is known about the long-term effects of the COVID-19 vaccine in children</td>
<td>76%</td>
</tr>
<tr>
<td>Their child might experience serious side effects from the COVID-19 vaccine</td>
<td>71%</td>
</tr>
<tr>
<td>The COVID-19 vaccine may negatively impact their child’s fertility in the future</td>
<td>66%</td>
</tr>
<tr>
<td>Their child might be required to get the COVID-19 vaccine even if they don’t want them to</td>
<td>53%</td>
</tr>
<tr>
<td>They might need to take time off work to bring their child to get vaccinated or to care for them if they experience side effects</td>
<td>35%</td>
</tr>
<tr>
<td>They won’t be able to get the vaccine for their child from a place they trust</td>
<td>25%</td>
</tr>
<tr>
<td>They might have to pay an out-of-pocket cost to get the COVID-19 vaccine for their child</td>
<td>25%</td>
</tr>
<tr>
<td>They will have difficulty traveling to a place to get their child vaccinated</td>
<td>19%</td>
</tr>
</tbody>
</table>

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Another common concern not listed in the figure:

**Why get the vaccine if my child has already had COVID?**
Combatting Hesitancy Amongst Parents of Young Children

• Time and experience with the vaccine will help
• Repeated conversations with trusted messengers
  o Emphasize the safety of the vaccine: Serious side effects that could cause a long-term health problem are extremely unlikely following any vaccination, including COVID-19 vaccination.
  • Vaccine monitoring has historically shown that side effects generally happen within six weeks of receiving a vaccine dose.
  o Share some of the known risks of getting COVID in children:
    o Risk of myocarditis is much higher from COVID than from the vaccine
    o Children can get very sick and be hospitalized from COVID
    o Still learning about the long-term impact of the disease on adults and children
  o Share that the protection that someone gains from having COVID-19 illness varies greatly from person to person. Vaccine-based immunity is consistently very strong including those who had prior infection.


• General tips:
  o Listen first
  o Lead with empathy and follow it up with facts
  o Discuss your own experience
  o Help them identify their own reason for getting vaccinated
  o Help them find the vaccine – free to everyone
Despite the Protection Boosters Offer, Booster Take Up is Low

<table>
<thead>
<tr>
<th>Eligible People, No Booster Dose (updated Wednesdays)</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>84,755,218</td>
<td>50.2%</td>
</tr>
<tr>
<td>Population ≥ 12 Years of Age</td>
<td>84,755,218</td>
<td>50.2%</td>
</tr>
<tr>
<td>Population ≥ 18 Years of Age</td>
<td>77,736,597</td>
<td>48.9%</td>
</tr>
<tr>
<td>Population ≥ 65 Years of Age</td>
<td>14,691,143</td>
<td>34.2%</td>
</tr>
</tbody>
</table>

Summary

• As health care professionals, we must balance people’s desire to return to “normal” with what we know will keep them safe.
  o Lead with empathy and follow it up with facts:
    • The best way to protect yourself from COVID-19 is to get vaccinated, boosted, and continue to follow preventative measures like masking indoors and social distancing.
• We don’t know what the “new normal” will totally look like, but eventually we will switch from pandemic to endemic.
• Much work remains in getting our youngest members of society vaccinated and getting more people boosted.
Questions?