Mid-Atlantic Permanente Medical Group

COVID-19 Update for NASW

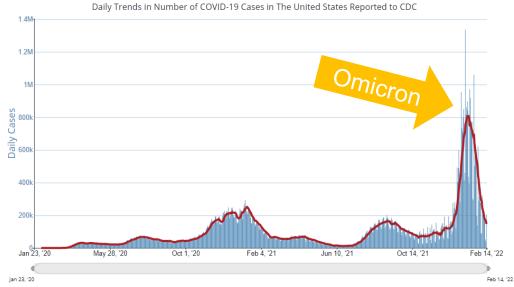
Dr. Mona K. Gahunia Associate Medical Director Infectious Diseases/Internal Medicine February 2022



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?

Source: CDC COVID Data Tracker Weekly Review. Trends Interpretive Summary for February 11, 2022. Accessed February 16, 2022. Available at: https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html#print



Source: CDC COVID Data Tracker. Trends in Number of COVID-19 Cases and Deaths in the US Reported to CDC, by State/Territory. Accessed February 16, 2022. Available at: https://covid.cdc.gov/covid-data-tracker/#trends_dailycases

Daily Trends in Number of COVID-19 Deaths in the United States Reported to CDC

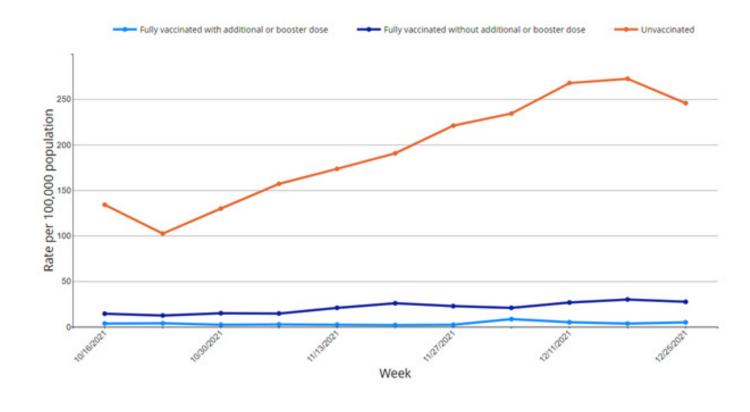
7-Day moving average



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-19associated hospitalizations were 51 times higher among adults who were unvaccinated.

Hospitalization Rates by Vaccination Booster Status in Adults Aged ≥ 65 Years



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

Source: CDC COVID-19. Understanding Variants. Available at:

https://www.cdc.gov/coronavirus/2019-ncov/variants/understanding-variants.html

- 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 its 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.

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.

Pfizer-BioNTech [1]

Moderna [1]

Johnson & Johnson's Janssen [1,2]

Ages Recommended

5+ years old

Ages Recommended

18+ years old

Ages Recommended

18+ years

Primary Series

2 doses Given 3 weeks (21 days) apart [3] **Primary Series**

2 doses Given 4 weeks (28 days) apart [3] **Primary Series**

1 dose

Booster Dose

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.

Booster Dose

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. **Booster Dose**

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 [&]/Janssen COVID-19 vaccine. You may get J&J/Janssen in some situations.

When Fully Vaccinated⁴

Source: CDC COVID-19.

2 weeks after 2nd dose

When Fully Vaccinated⁴ 2 weeks after 2nd dose

When Fully Vaccinated⁴

2 weeks after 1st 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.

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

	Primary vaccination	Age group	Number of primary vaccine doses	Number of booster doses	Interval between 1st and 2nd dose	Interval between 2nd and 3rd dose	Interval between 3rd and 4th dose	
ı	Pfizer-BioNTech	5–11 years	3	NA	3 weeks	≥4 weeks	N/A	
ı	Pfizer-BioNTech	≥12 years	3	1	3 weeks	≥4 weeks	≥3 months	4
ı	Moderna	≥18 years	3	1	4 weeks	≥4 weeks	≥3 months	(
J	Janssen	≥18 years	1 Janssen, followed by 1 mRNA	1	4 weeks	≥2 months	N/A	

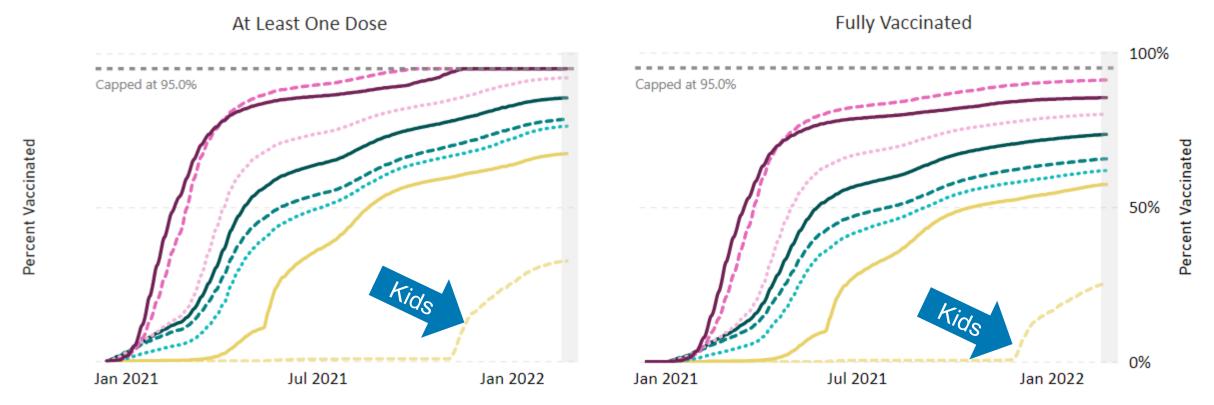
CDC recently shortened the interval between completion of a Pfizer/Moderna 3-dose primary series and a booster dose for the immunocompromised from 5-months to 3months

Percent of People Receiving COVID-19 Vaccine by Age and Date Administered, United States



December 14, 2020 - February 22, 2022

	5-11 yrs	— 12-17 yrs	····· 18-24 yrs	25-39 yrs	— 40-49 yrs	50-64 yrs	65-74 yrs	— 75+ yrs
At Least One Dose	32.5%	67.4%	76.3%	78.5%	85.5%	92.0%	95.0%	95.0%
Fully Vaccinated	25.1%	57.3%	61.8%	65.6%	73.5%	80.0%	91.1%	85.4%



Date Administered

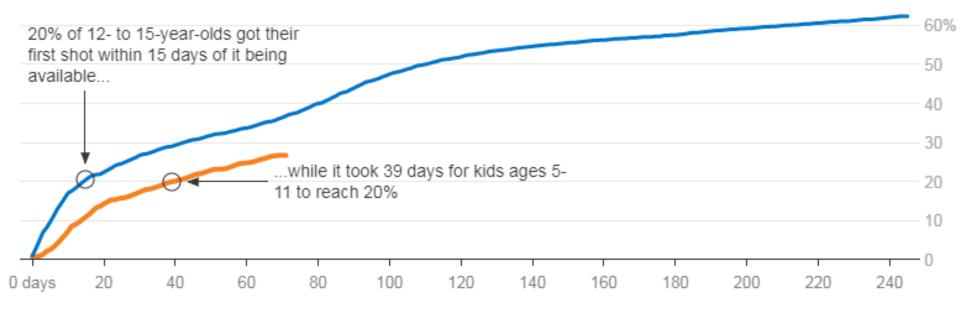


Younger Children Vaccination Rates vs. Adolescents

Young Children Slower to Get Vaccinated Than Adolescents

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





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: Not enough is known about the longterm effects of the COVID-19 vaccine 76% in children Their child might experience serious side effects from the COVID-19 71% vaccine The COVID-19 vaccine may negatively impact their child's fertility in 66% the future Their child might be required to get the 53% COVID-19 vaccine even if they don't want them to They might need to take time off work to bring their child to get vaccinated or 35% to care for them if they experience side effects They won't be able to get the vaccine 25% for their child from a place they trust They might have to pay an out-of-25% pocket cost to get the COVID-19 vaccine for their child They will have difficulty traveling to a 19% place to get their child vaccinated KFF COVID-19 NOTE: Among parents or guardians of children ages 5-11. See topline for full guestion wording. **Vaccine Monitor** SOURCE: KFF COVID-19 Vaccine Monitor (October 14-24, 2021)

Another common concern not listed in the figure:

Why get the vaccine if my child has already had COVID?

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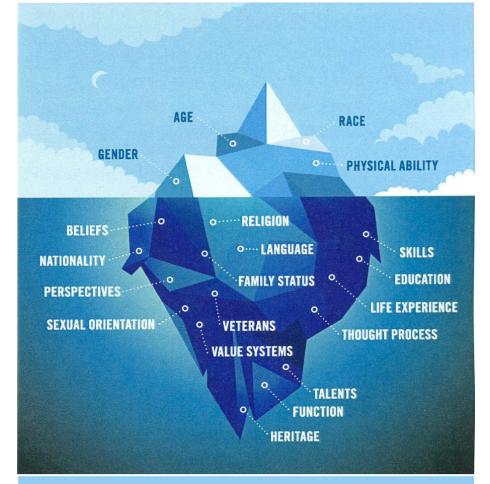
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Source: Kaiser Family Foundation. 2021.



Combatting Hesitancy Amongst Parents of Young Children

- Time and experience with the vaccine will help
- Repeated conversations with trusted messengers
 - 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.
 - Share some of the known risks of getting COVID in children:
 - Risk of myocarditis is much higher from COVID than from the vaccine
 - Children can get very sick and be hospitalized from COVID
 - Still learning about the long-term impact of the disease on adults and children
 - 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:

- Listen first
- Lead with empathy and follow it up with facts
- Discuss your own experience
- Help them identify their own reason for getting vaccinated
- Help them find the vaccine free to everyone



Despite the Protection Boosters Offer, Booster Take Up is Low

Eligible People, No Booster Dose (updated Wednesdays)	Count	Percent
Total	84,755,218	50.2%
Population ≥ 12 Years of Age	84,755,218	50.2%
Population ≥ 18 Years of Age	77,736,597	48.9%
Population ≥ 65 Years of Age	14,691,143	34.2%

Summary

- As health care professionals, we must balance people's desire to return to "normal" with what we know will keep them safe.
 - 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.

