CHICAGO

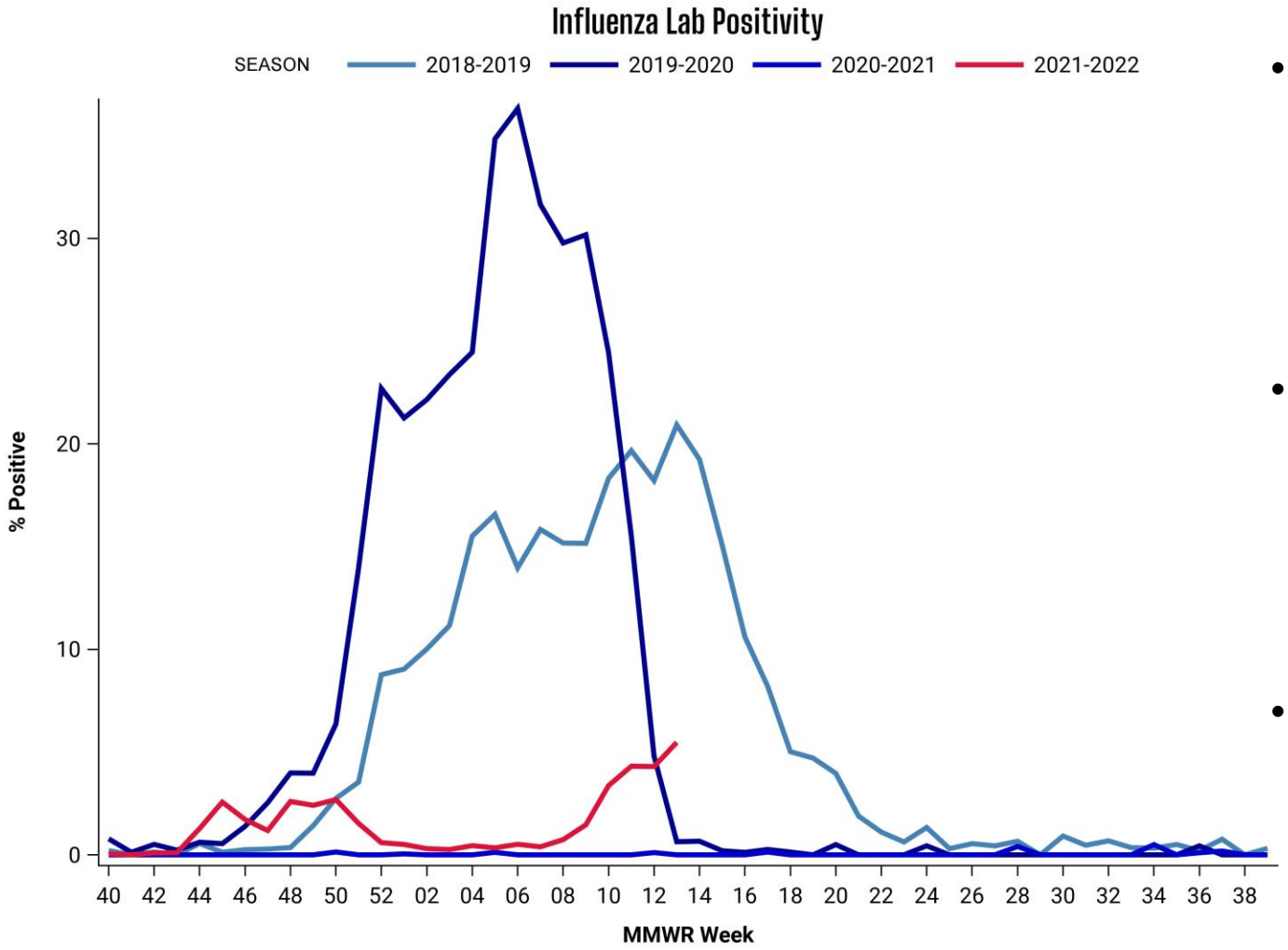
# COVID-19
# Chicago Long Term Care Roundtable

04-14-2022

# Agenda

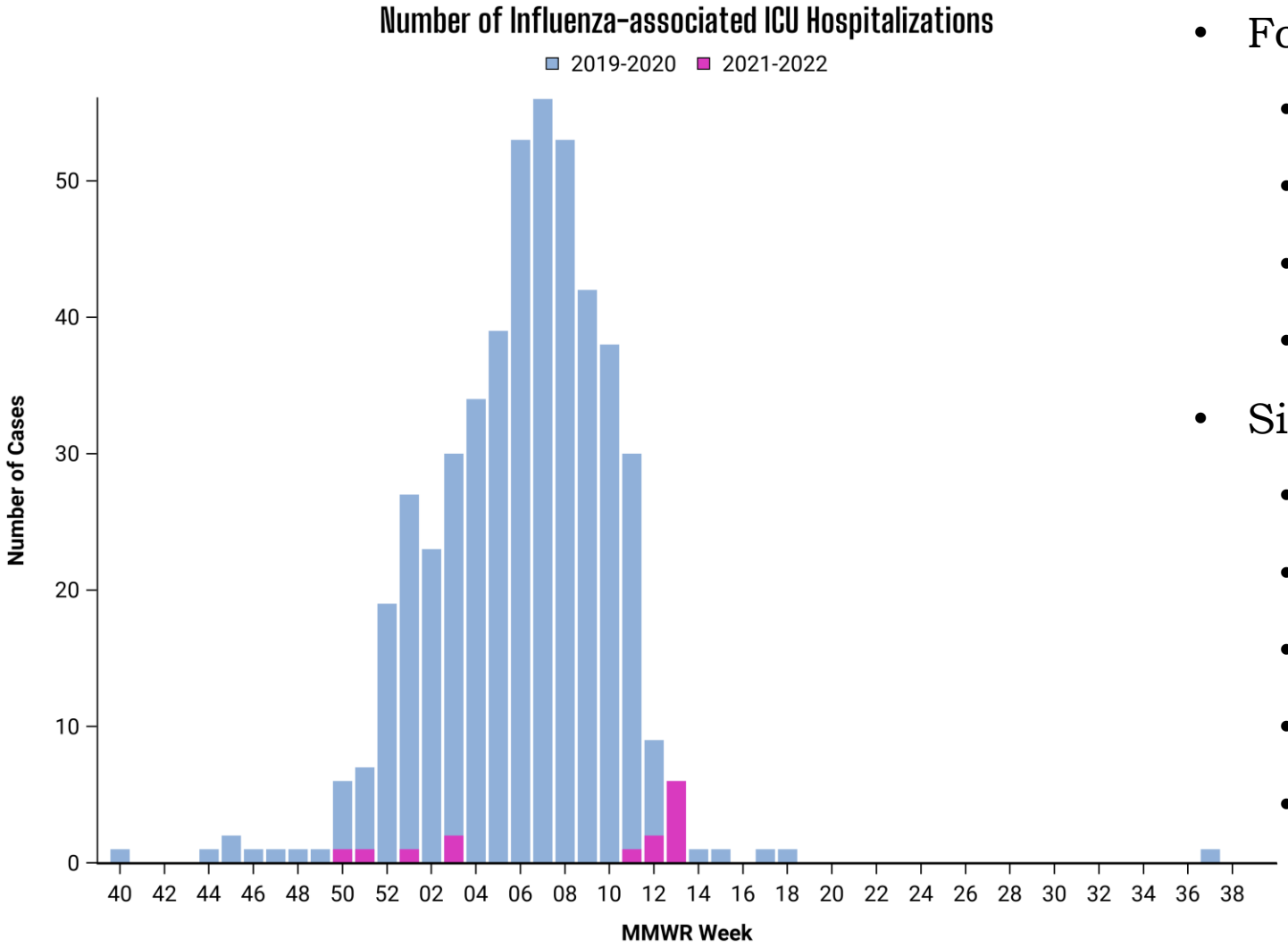
- Influenza Activity
- COVID Epidemiology
- COVID Reminders, Updates, and FAQs
- COVID Therapeutics
- Questions & Answers

# Influenza Laboratory Activity




- For week **3/27/22-4/2/22**
  - Positivity was at 5.5%
  - Highest it has been all season
  - Still well below pre-pandemic levels
- Since October 2021 (start of season)
  - Overall positivity is at 1.5%
  - Compared to 17.5% for the same time period in 2019-2020
- Unclear how easing of COVID-19 mitigation efforts will affect influenza activity in the coming weeks and months

# Influenza-Associated ICU Hospitalizations



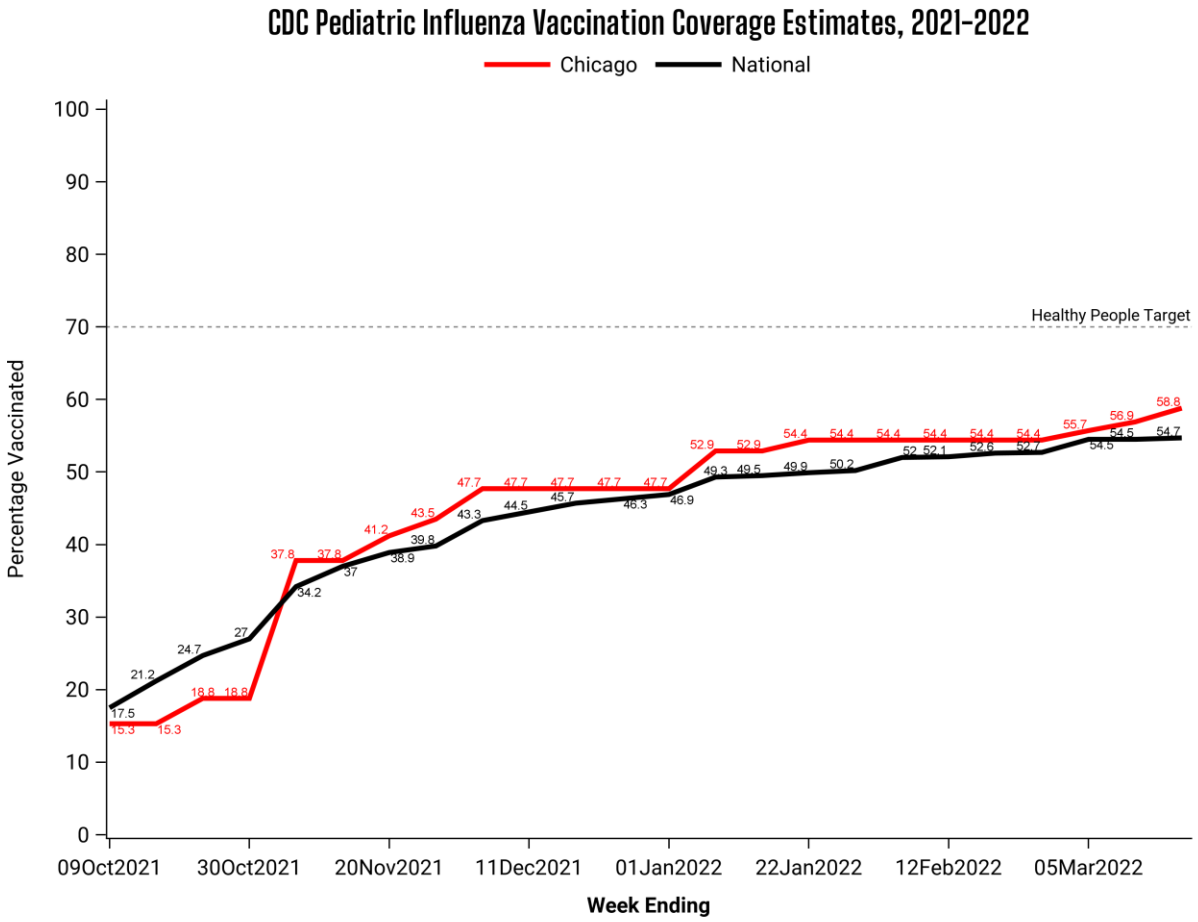

- For week **3/27/22-4/2/22**
  - Six cases reported
  - 2 (33%) reported a flu shot
  - 3 (50%) were <18 years of age
  - 5 (83%) were African-American
- Since October 2021 (start of season)
  - 14 cases have been reported
  - 5 (36%) reported a flu shot
  - 8 (57%) between 25-64 years
  - 8 (57%) were African-American
  - No Deaths reported

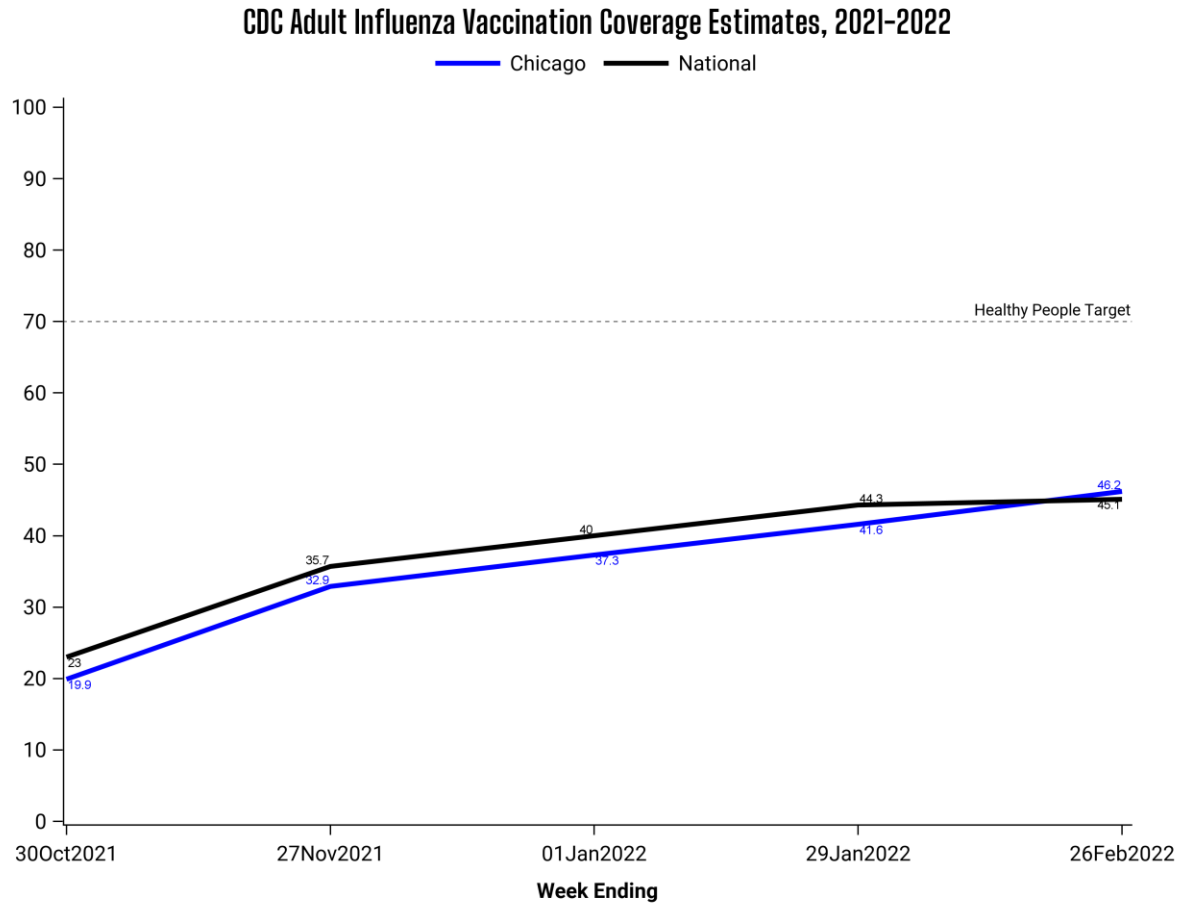
# Long-Term Care Influenza Outbreak Reporting

- No influenza outbreaks have been reported among Chicago LTC facilities
- 16 outbreaks have been reported in Illinois so far this season
- Influenza outbreaks should be reported to CDPH as soon as possible
- **Confirmed influenza outbreak**: Two or more cases of ILI occurring within 72 hours among residents in a unit of the facility with **at least one** of the ill residents having laboratory-confirmed influenza (i.e., reverse transcription polymerase chain reaction [RT-PCR], viral culture, or rapid test).
- When influenza is circulating in the surrounding community, a high index of suspicion should be maintained
- Important to test residents for COVID-19 and influenza during this time

# Influenza Vaccination Coverage Estimates

Source: https://www.cdc.gov/flu/fluvaxview/dashboard/vaccination-dashboard.html



# Influenza and Respiratory Virus Report

*Surveillance Week 13 (March 27-April 2, 2022)*

## Chicago Influenza and Respiratory Virus Surveillance Report

CDPH Chicago Department of Public Health

Lori E. Lightfoot, Mayor | **April 8, 2022** | Allison Arwady, MD, MPH, Commissioner

Online Influenza Dashboard

### Influenza Surveillance in Chicago

The Chicago Department of Public Health utilizes various surveillance indicators to monitor influenza activity in Chicago. This includes surveillance for influenza-associated intensive care unit (ICU) hospitalizations, monitoring circulating influenza viruses, as well outpatient and emergency department visits that are due to influenza-like illness (ILI). Influenza surveillance data are typically aggregated by week. This report is updated on Fridays for the previous Saturday through Sunday. On all graphs, the week ending date is displayed. Ending dates are accurate for the current season but are approximations for all other years. All data presented here are preliminary and may change as more reports are received. Reported percentages for previous seasons represent final, end of season data and may differ from previously published reports. All data presented on this page, except where otherwise noted, are available through the Chicago Data Portal[1].

**Note for the 2021-2022 season:** The COVID-19 pandemic has influenced influenza activity and surveillance in several ways. Surveillance indicators that monitor outpatient and emergency department visits for influenza-like illness will capture visits for other respiratory illnesses, like COVID-19, that have similar symptoms. Additionally, health care seeking behavior has changed during the COVID-19 pandemic which may limit our ability to monitor influenza activity. As a result, our typical indicators may be less reliable in measuring influenza activity and should be interrupted with caution and in context with other respiratory pathogens circulating at the time. COVID-19 mitigation measures, like masking and social distancing may also change the timing and intensity of influenza activity this year. Information about the current COVID-19 situation in Chicago can be found on the COVID-19

### Expanded Respiratory Virus Laboratory Surveillance

The table below includes respiratory virus PCR data from several hospital laboratories in Chicago as well as one commercial laboratory serving Chicago facilities. The data represented in the table are a subset of all the respiratory virus testing performed in Chicago and may include both Chicago and non-Chicago residents. The facilities reporting data are the largest medical centers in Chicago and represents nearly half of all acute care hospitals in the city. The charts below represent the same data as in the table for the current season, but includes data from the previous two seasons.

| | Week Ending April 2, 2022 | | Since October 3, 2021 | |
|---|---|---|---|---|
| **Respiratory Pathogen PCR** | **# Tested** | **% Positive** | **# Tested** | **% Positive** |
| Influenza* | 3,003 | 5.5% | 93,811 | 1.5% |
| RSV* | 2,183 | <1% | 70,014 | 2.5% |
| SARS-CoV-2* | 5,033 | 3.5% | 186,285 | 12.9% |
| Parainfluenza | 1,209 | <1% | 30,670 | 1.4% |
| Rhinovirus/Enterovirus | 750 | 11.9% | 19,366 | 17.2% |
| Adenovirus | 750 | 4.4% | 19,366 | 2.8% |
| Human Metapneumovirus | 750 | 5.9% | 19,396 | 2.4% |
| Seasonal Coronaviruses | 1,209 | 6.0% | 30,483 | 1.5% |

* represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens (e.g. BioFire) .

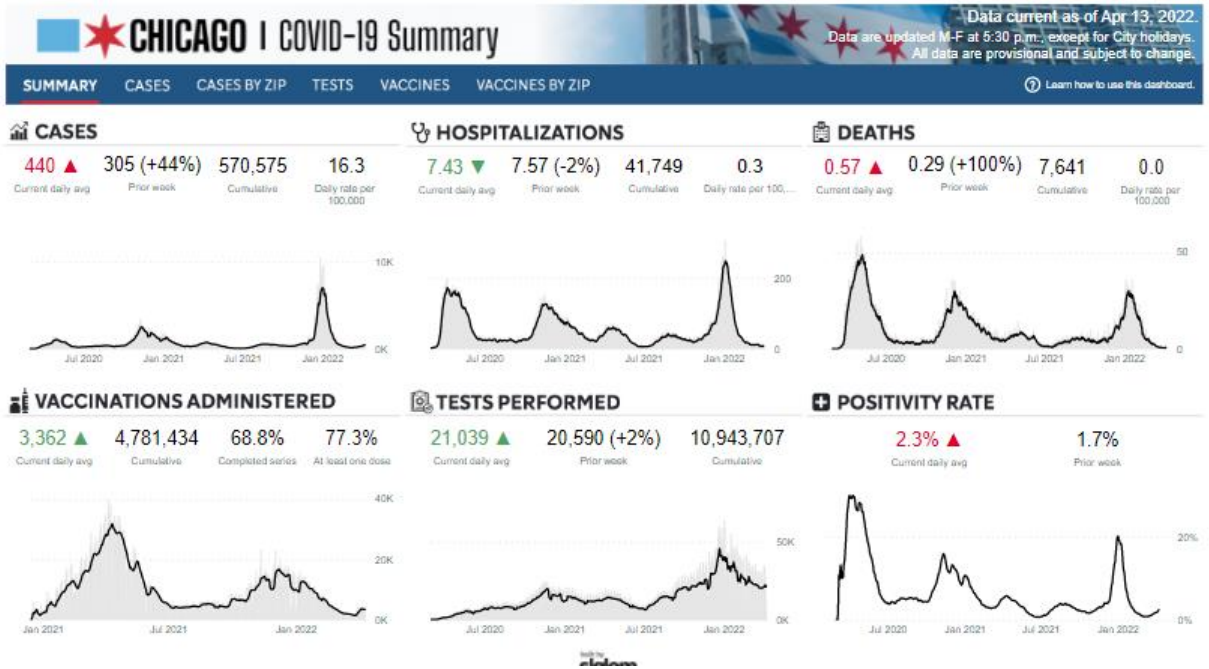
Visit www.chicago.gov/flu for influenza-related information and surveillance reports
Receive a pdf version of this report sent to you email.
Sign up with your IP contact

# Chicago Dashboard


Learn more about COVID-19 Community Levels here.

Data are updated M-F at 5:30 p.m., except for City holidays.

*With Chicago Public Schools on spring break the week of April 11-15, there will be significantly fewer test results reported and test positivity might temporarily increase in the next couple weeks. In general, test positivity has a reduced utility due to the widespread use of point-of-care and at-home tests. That is why the CDC's* ***COVID-19 Community Levels*** *do not rely on percent positivity to measure the impact of COVID-19 illness on communities.*



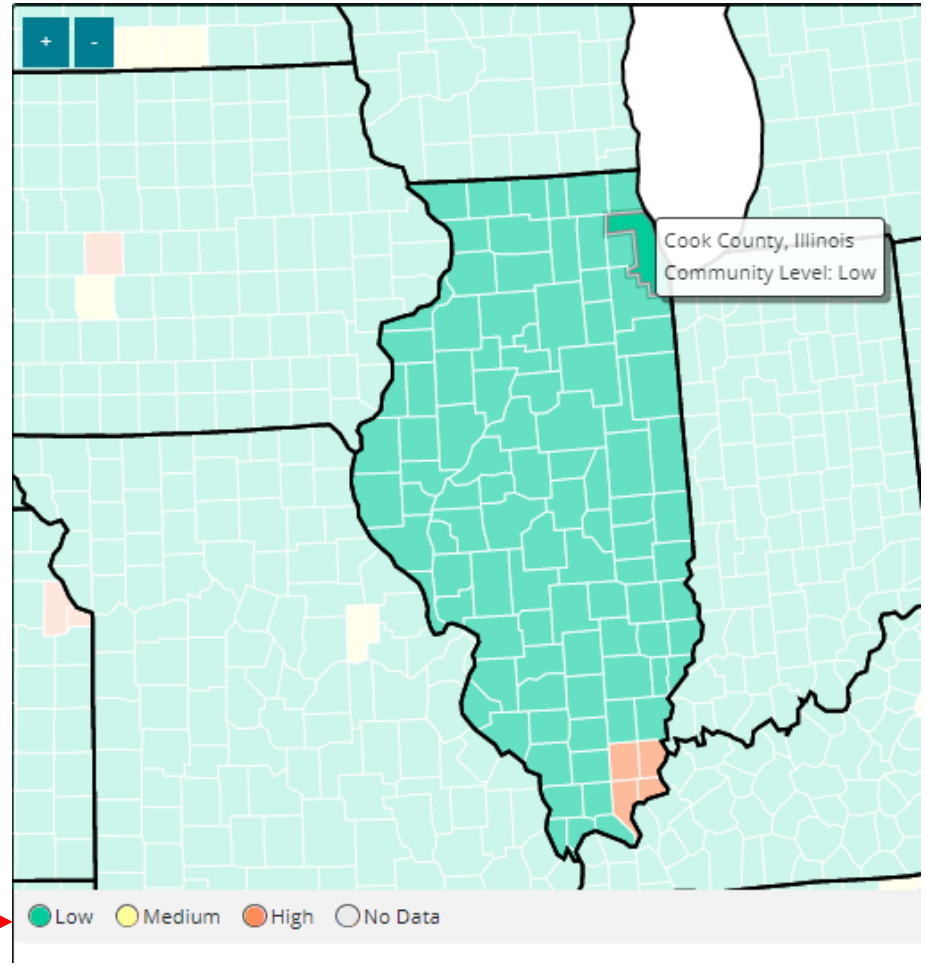

Don't look here



**Source:** https://www.chicago.gov/city/en/sites/covid-19/home/covid-dashboard.html

# CDC COVID-19 Community Level Map

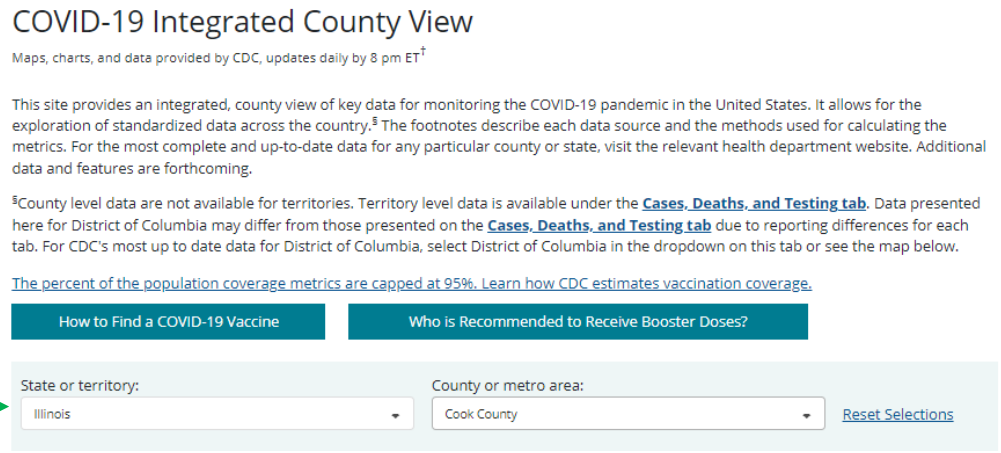
This map is for travel and the general public, **NOT** for healthcare settings (including SNFs)




**Hint**: If it has green in the legend, you are not looking at the right map

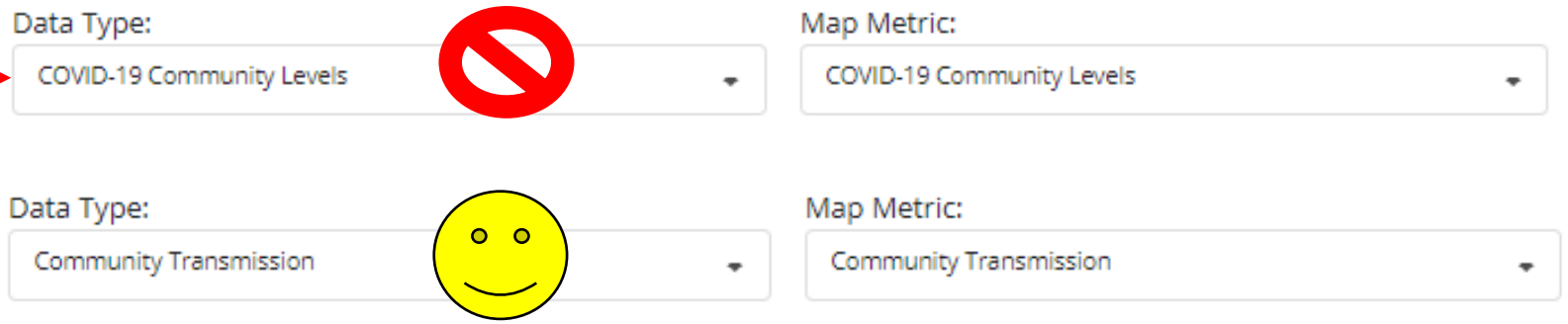
**Source**: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=CommunityLevels

# Getting from COVID-19 Community Level Map to Community Transmission Map

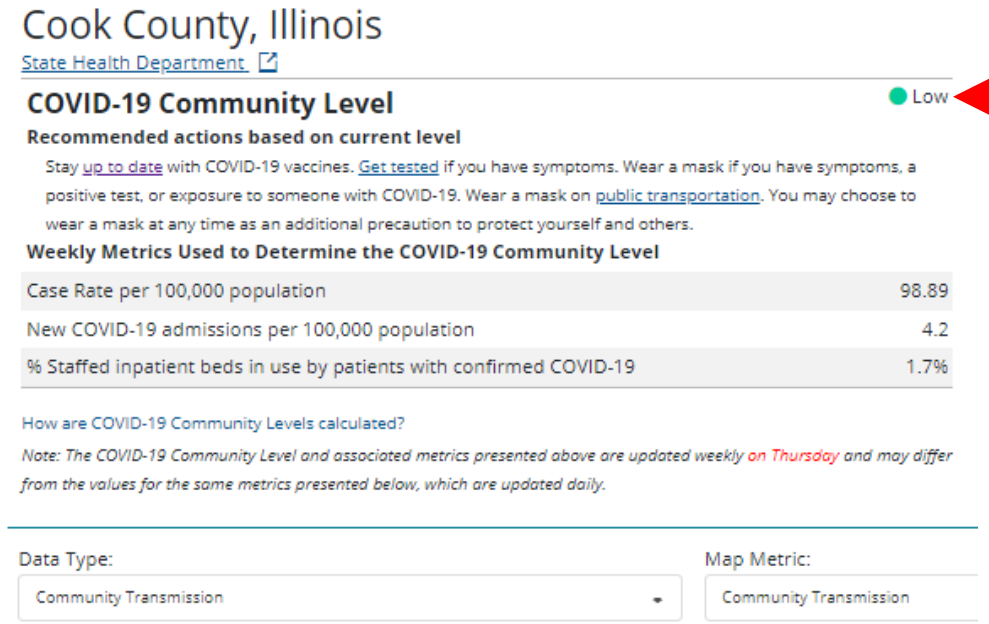



Make sure you select "Illinois" and "Cook County"

Change the data type from "COVID-19 Community Levels" to "Community Transmission"



# CDC COVID-19 Community Transmission Map

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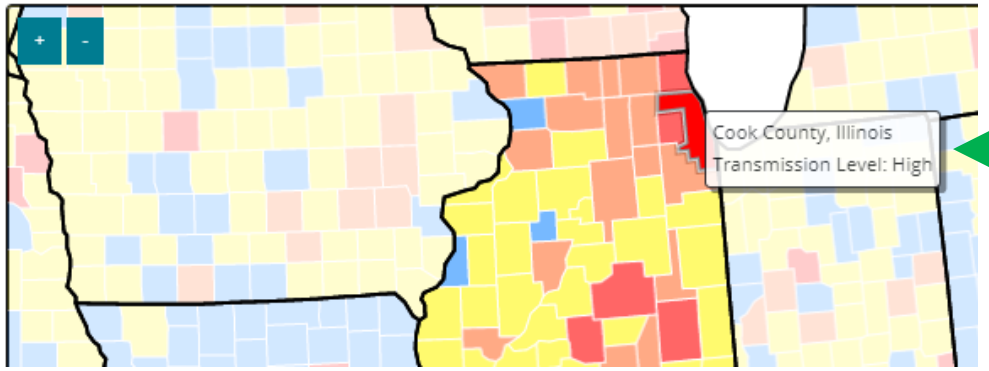


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**Source:** https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Illinois&data-type=Risk&list_select_county=17031

# Reminder: CDC COVID Data Tracker

| **Indicator - If the two indicators suggest different transmission levels, the higher level is selected** | **Low Transmission Blue** | **Moderate Transmission Yellow** | **Substantial Transmission Orange** | **High Transmission Red** |
|---|---|---|---|---|
| Total new cases per 100,000 persons in the past 7 days | 0-9.99 | 10-49.99 | 50-99.99 | ≥100 |
| Percentage of NAATs[1] that are positive during the past 7 days | 0-4.99% | 5-7.99% | 8-9.99% | ≥10.0% |

# CDC COVID-19 Variant Proportions


**HHS Region 5: 4/3/2022 – 4/9/2022 NOWCAST**

**Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin**

| WHO label | Lineage # | US Class | %Total | 95%PI |
|---|---|---|---|---|
| Omicron | BA.2 | VOC | 83.7% | 80.7-86.4% |
| | B.1.1.529 | VOC | 16.3% | 13.6-19.3% |
| Delta | B.1.617.2 | VOC | 0.0% | 0.0-0.0% |
| Other | Other* | | 0.0% | 0.0-0.0% |

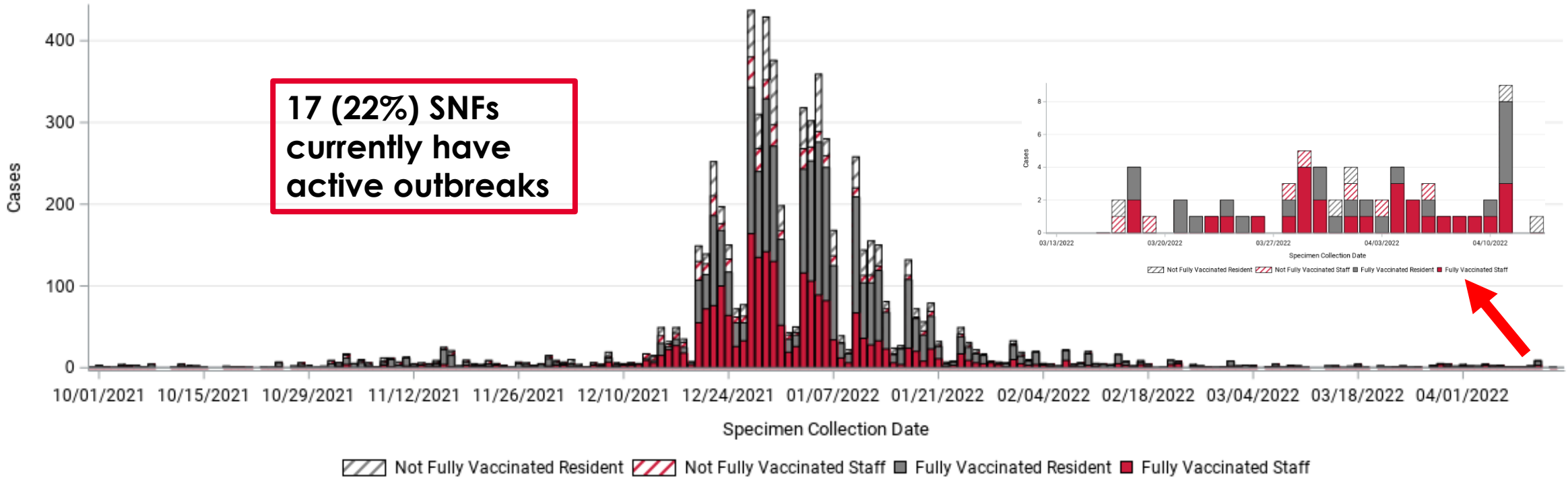
* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region.



**Source**: https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Data as of 4/12/2022

# The number and size of SNF outbreaks continue to remain relatively low, but total SNF cases have increased by 26% in the past two weeks




Data Sources: INEDSS (Illinois state) and REDCap (facility self report)

A fully vaccinated case occurs when the positive test specimen was collected at least 14 days after the individual completed their COVID vaccination

Fully vaccinated cases may be underestimated due to delayed reporting

# Reminder: Minimum Routine Staff Testing Frequency

| Vaccination Status | Testing Frequency |
|---|---|
| **Unvaccinated** | 2x a week* |
| **Partially Vaccinated** | 2x a week* |
| **Vaccinated but not up to date**** | 2x a week* |
| **Up to date** | No required routine testing |

*Based on Executive Order and related Emergency Rules*

* Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing broad-based testing.
** An individual has not received all COVID-19 vaccinations for which they are eligible, as outlined under "up to date"

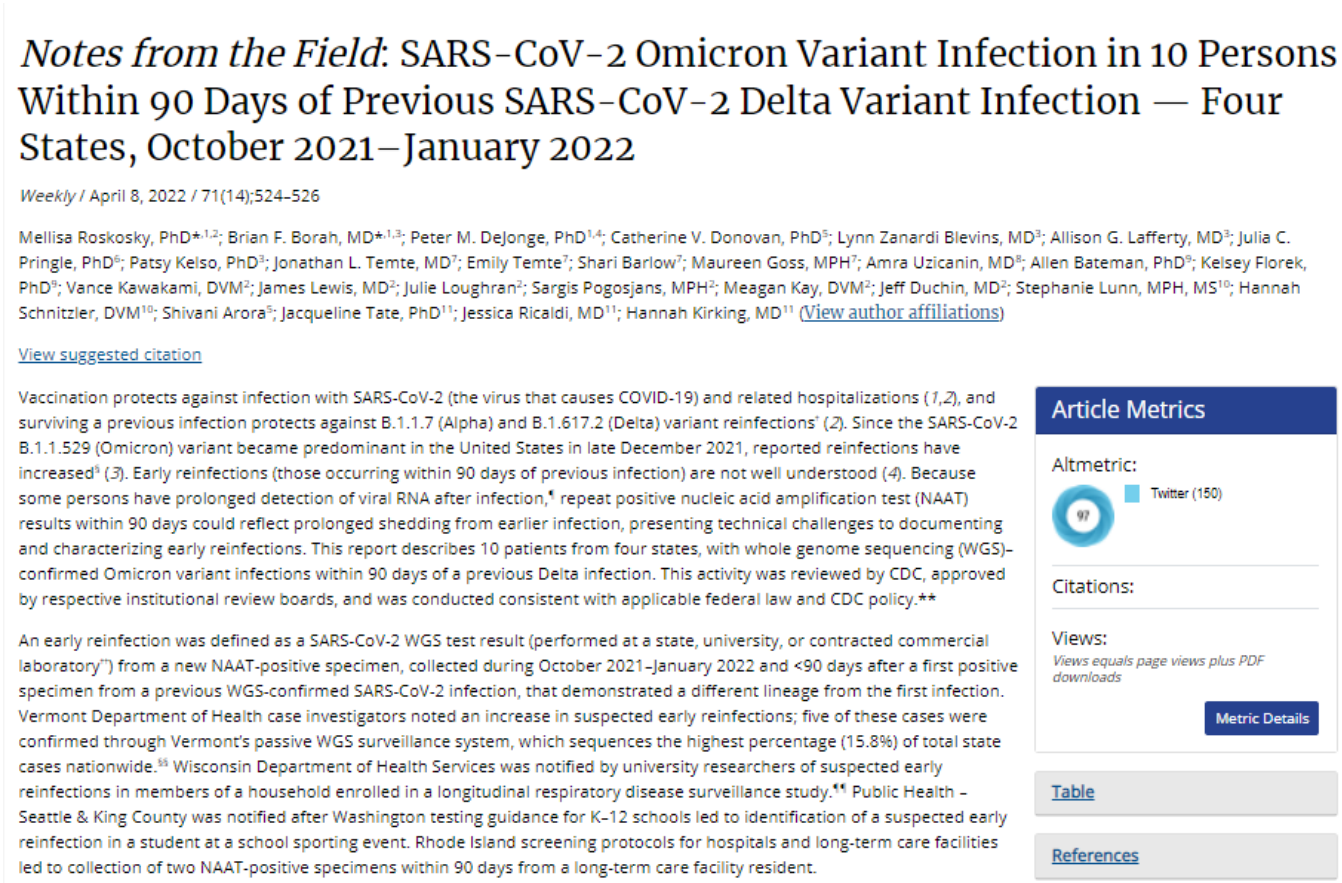
Source: https://ilsos.gov/departments/index/register/volume46/register_volume46_issue_9.pdf

# Reminder: Minimum Routine Resident Testing Frequency

| Vaccination Status | Routine Testing Frequency |
|---|---|
| **Unvaccinated*** | No required routine testing** |
| **Partially vaccinated*** | No required routine testing** |
| **Vaccinated but not up to date*** | No required routine testing** |
| **Up to date*** | No required routine testing** |
| **New and readmissions, regardless of vaccination status, *when community transmission is low or moderate*** | No required routine testing** |
| **New and readmissions, regardless of vaccination status, *when community transmission is substantial or high*** | Must be tested upon admission (unless tested within the 72 hours prior to admission) ***and*** at 5-7 days post-admission |

*Excluding new/readmissions when community transmission is substantial or high
**Unless symptomatic, had a high-risk exposure, or your facility is in outbreak and performing broad-based testing.

# New MMWR: Reinfection <90 Days is Possible



## *Notes from the Field*: SARS-CoV-2 Omicron Variant Infection in 10 Persons Within 90 Days of Previous SARS-CoV-2 Delta Variant Infection — Four States, October 2021–January 2022

*Weekly* / April 8, 2022 / 71(14);524–526

Mellisa Roskosky, PhD*[1,2]; Brian F. Borah, MD*[1,3]; Peter M. DeJonge, PhD[1,4]; Catherine V. Donovan, PhD[5]; Lynn Zanardi Blevins, MD[3]; Allison G. Lafferty, MD[3]; Julia C. Pringle, PhD[6]; Patsy Kelso, PhD[3]; Jonathan L. Temte, MD[7]; Emily Temte[7]; Shari Barlow[7]; Maureen Goss, MPH[7]; Amra Uzicanin, MD[8]; Allen Bateman, PhD[9]; Kelsey Florek, PhD[9]; Vance Kawakami, DVM[2]; James Lewis, MD[2]; Julie Loughran[2]; Sargis Pogosjans, MPH[2]; Meagan Kay, DVM[2]; Jeff Duchin, MD[2]; Stephanie Lunn, MPH, MS[10]; Hannah Schnitzler, DVM[10]; Shivani Arora[5]; Jacqueline Tate, PhD[11]; Jessica Ricaldi, MD[11]; Hannah Kirking, MD[11] (View author affiliations)

View suggested citation

Vaccination protects against infection with SARS-CoV-2 (the virus that causes COVID-19) and related hospitalizations (*1*,*2*), and surviving a previous infection protects against B.1.1.7 (Alpha) and B.1.617.2 (Delta) variant reinfections† (*2*). Since the SARS-CoV-2 B.1.1.529 (Omicron) variant became predominant in the United States in late December 2021, reported reinfections have increased§ (*3*). Early reinfections (those occurring within 90 days of previous infection) are not well understood (*4*). Because some persons have prolonged detection of viral RNA after infection,¶ repeat positive nucleic acid amplification test (NAAT) results within 90 days could reflect prolonged shedding from earlier infection, presenting technical challenges to documenting and characterizing early reinfections. This report describes 10 patients from four states, with whole genome sequencing (WGS)–confirmed Omicron variant infections within 90 days of a previous Delta infection. This activity was reviewed by CDC, approved by respective institutional review boards, and was conducted consistent with applicable federal law and CDC policy.**

An early reinfection was defined as a SARS-CoV-2 WGS test result (performed at a state, university, or contracted commercial laboratory††) from a new NAAT-positive specimen, collected during October 2021–January 2022 and <90 days after a first positive specimen from a previous WGS-confirmed SARS-CoV-2 infection, that demonstrated a different lineage from the first infection. Vermont Department of Health case investigators noted an increase in suspected early reinfections; five of these cases were confirmed through Vermont's passive WGS surveillance system, which sequences the highest percentage (15.8%) of total state cases nationwide.§§ Wisconsin Department of Health Services was notified by university researchers of suspected early reinfections in members of a household enrolled in a longitudinal respiratory disease surveillance study.¶¶ Public Health – Seattle & King County was notified after Washington testing guidance for K–12 schools led to identification of a suspected early reinfection in a student at a school sporting event. Rhode Island screening protocols for hospitals and long-term care facilities led to collection of two NAAT-positive specimens within 90 days from a long-term care facility resident.



Source: https://www.cdc.gov/mmwr/volumes/71/wr/mm7114a2.htm?s_cid=mm7114a2_e&ACSTrackingID=USCDC_921-DM79259&ACSTrackingLabel=This%20Week%20in%20MMWR%20-%20Vol.%2071%2C%20April%208%2C%202022&deliveryName=USCDC_921-DM79259

# Reminder: Isolation for Previously Positive Residents who Test Positive Again

| Symptom Status | PCR + | | Rapid + | | Not Tested |
|---|---|---|---|---|---|
| | 30-90 days after a previous positive | >90 days after a previous positive | 30-90 days after a previous positive | >90 days after a previous positive | Once isolation period has been completed for initial infection |
| Asymptomatic* | No need to isolate | Isolate for 10 days in the COVID unit | Isolate 10 days in a private room in the PUI/orange zone | Isolate for 10 days in the COVID unit | No need to isolate |
| Symptomatic (new onset) | Isolate 10 days in a private room in the PUI/orange zone | Isolate for 10 days in the COVID unit | Isolate for 10 days in a private room in the COVID unit | Isolate for 10 days in the COVID unit | Isolate for 10 days (or as determined based on an alternate diagnosis) in a private room in the PUI unit |

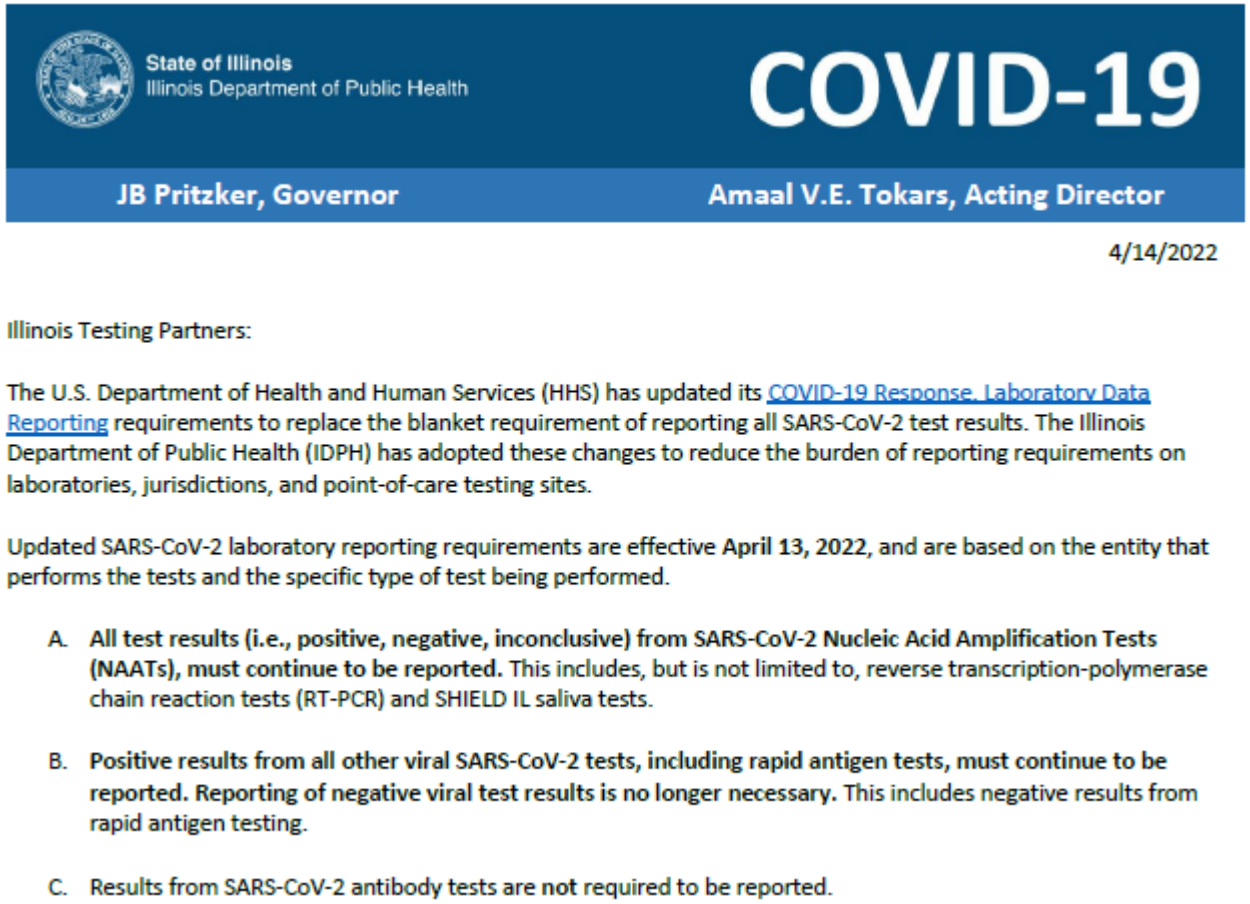
*Asymptomatic residents are **not** indicated for retesting until >90 days after their prior infection. However, we are aware that these individuals may be retested in some instances (e.g., some hospitals test all admissions for COVID, regardless of their prior COVID history)

# Request for Information

If you have a resident or staff member who tests positive between 30-90 days after a previous COVID infection, please email CDPHHAIAR@cityofchicago.org

# Update: COVID-19 Reporting Requirements

- Must continue to report all **positive** PCR and rapid antigen test results
- No longer need to report **negative** rapid antigen test results



State of Illinois
Illinois Department of Public Health

COVID-19

JB Pritzker, Governor

Amaal V.E. Tokars, Acting Director

4/14/2022

Illinois Testing Partners:

The U.S. Department of Health and Human Services (HHS) has updated its COVID-19 Response, Laboratory Data Reporting requirements to replace the blanket requirement of reporting all SARS-CoV-2 test results. The Illinois Department of Public Health (IDPH) has adopted these changes to reduce the burden of reporting requirements on laboratories, jurisdictions, and point-of-care testing sites.

Updated SARS-CoV-2 laboratory reporting requirements are effective **April 13, 2022**, and are based on the entity that performs the tests and the specific type of test being performed.

A. **All test results (i.e., positive, negative, inconclusive) from SARS-CoV-2 Nucleic Acid Amplification Tests (NAATs), must continue to be reported.** This includes, but is not limited to, reverse transcription-polymerase chain reaction tests (RT-PCR) and SHIELD IL saliva tests.

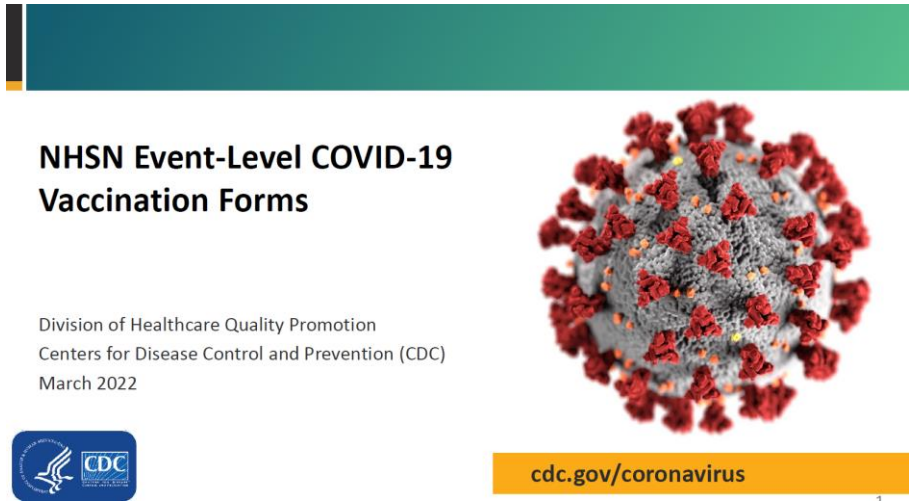
B. **Positive results from all other viral SARS-CoV-2 tests, including rapid antigen tests, must continue to be reported. Reporting of negative viral test results is no longer necessary.** This includes negative results from rapid antigen testing.

C. Results from SARS-CoV-2 antibody tests are not required to be reported.

**Source**: "Updated HHS Reporting Requirements" IDPH SIREN Alert, released 4/14/22

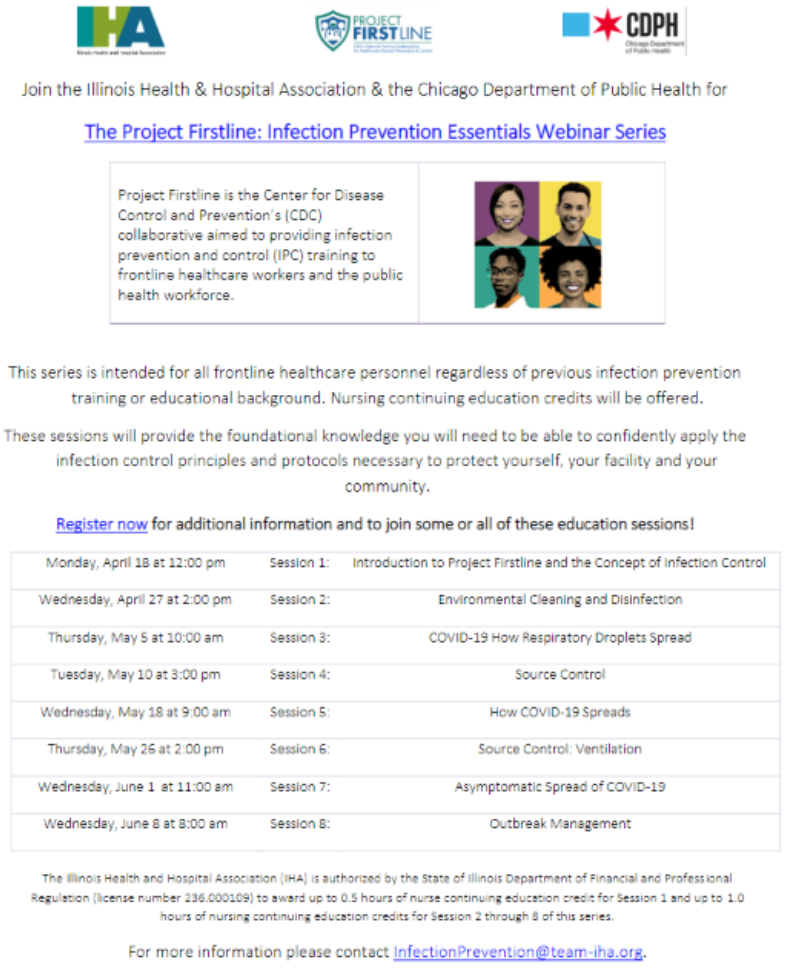
# New: Optional Event-Level COVID-19 Vaccination Forms in NHSN

- New and improved tool that replaces the Excel-based data tracking worksheets
  - The Excel worksheets will be retired in May 2022
- SAMS Level 3 is access is required to report using these forms
- Allows facilities to document vaccination information at the person-level and captures changes in individuals' vaccination status over time
- Removes the need to manually calculate and enter totals in the summary forms
- Allows for users to record religious exemptions to COVID-19 vaccinations
- Training is available via the NHSN website: https://www.cdc.gov/nhsn/pdfs/ltc/covidvax/c19-eventlevel-508.pdf



# New: Project Firstline: Infection Prevention Essentials Webinar Series

- Upcoming series of infection prevention trainings for frontline healthcare workers
- Nursing continuing education credits will be offered
- Registration link: https://web.cvent.com/event/b0e96f24-0ca4-4fa9-9df9-5dd786cfb8fb/regProcessStep1?RefId=18April22ProjectFirstline



Join the Illinois Health & Hospital Association & the Chicago Department of Public Health for

The Project Firstline: Infection Prevention Essentials Webinar Series

Project Firstline is the Center for Disease Control and Prevention's (CDC) collaborative aimed to providing infection prevention and control (IPC) training to frontline healthcare workers and the public health workforce.

This series is intended for all frontline healthcare personnel regardless of previous infection prevention training or educational background. Nursing continuing education credits will be offered.

These sessions will provide the foundational knowledge you will need to be able to confidently apply the infection control principles and protocols necessary to protect yourself, your facility and your community.

Register now for additional information and to join some or all of these education sessions!

| | | |
|---|---|---|
| Monday, April 18 at 12:00 pm | Session 1: | Introduction to Project Firstline and the Concept of Infection Control |
| Wednesday, April 27 at 2:00 pm | Session 2: | Environmental Cleaning and Disinfection |
| Thursday, May 5 at 10:00 am | Session 3: | COVID-19 How Respiratory Droplets Spread |
| Tuesday, May 10 at 3:00 pm | Session 4: | Source Control |
| Wednesday, May 18 at 9:00 am | Session 5: | How COVID-19 Spreads |
| Thursday, May 26 at 2:00 pm | Session 6: | Source Control: Ventilation |
| Wednesday, June 1 at 11:00 am | Session 7: | Asymptomatic Spread of COVID-19 |
| Wednesday, June 8 at 8:00 am | Session 8: | Outbreak Management |

The Illinois Health and Hospital Association (IHA) is authorized by the State of Illinois Department of Financial and Professional Regulation (license number 236.000109) to award up to 0.5 hours of nurse continuing education credit for Session 1 and up to 1.0 hours of nursing continuing education credits for Session 2 through 8 of this series.

For more information please contact InfectionPrevention@team-iha.org.

# New: Staff Focus Groups on COVID-19 Vaccinations

- Three LTC staff focus groups will be held in early May
  - Conducted by an independent third party
  - Text-based and online
  - Option to participate in Spanish or English
  - Will take place at various times of the day to capture all shifts
  - Participating staff will receive a cash incentive

# New: Staff Focus Groups on COVID-19 Vaccinations

- In the coming weeks, we will send you a recruitment letter to share with your staff
  - If possible, please send the letter out electronically and post it at the time clock and in the break room
- Staff who are interested in participating can go to a website and complete a screening questionnaire
- Based on their answers to the screening questionnaire, they will either be invited to participate or told that they do not qualify
  - We are looking for participants with a range of job titles, shifts, demographics, work locations, etc.

# New: In-depth Interviews with LTCF Residents

- Consulting firm will be conducting one-on-one 30-minute interviews via phone with a small number of unvaccinated or unboosted residents
- We will be contacting Administrators at several facilities with low resident vaccination uptake to request that you select a few residents who are eligible and interested in participating
- I will send you a recruitment letter to share with the selected residents
- Eligible/interested residents can call the consulting company to arrange an interview
- Participating residents will receive a cash incentive

# New: In-depth Interviews with Family Members who have Decision Making Powers

- Consulting firm will be conducting one-on-one 30-minute interviews via phone with a small number of family members with decision making powers related to resident vaccination who have not allowed their loved one to get vaccinated or boosted.
- If you have any family members that are eligible and might be interested in participating, please contact me at Elizabeth.Shane@cityofchicago.org.
- I will send you a recruitment letter to share with the family members
- If the family members are interested and eligible, they can call the consulting company to arrange an interview
- Participating family members will receive a cash incentive

# FAQ: Do my staff over 50 need to get the second booster to be considered “up to date” on their COVID-19 vaccinations?

- While it is recommended that those who are immunocompromised and/or over 50 years of age get a second booster if it has been at least four months since their first booster, the second booster is not needed to be considered up to date

# FAQ: On the CDC Community Level Map, Cook County is green, meaning low transmission. Does that mean we can take our face shields off and stop testing new/readmissions?

- No. Healthcare settings, including skilled nursing facilities, should **not** look at the community level maps to determine whether they need to test or wear eye protection.
- Instead, healthcare settings must look at the community transmission rate map. On that map, Cook County is currently experiencing high transmission, thus all new/readmissions, regardless of vaccination status, need to be tested upon admission and again between days 5-7 post-admission and all staff need to wear eye protection when on patient care units or interacting with residents.



Source: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Illinois&data-type=Risk&list_select_county=17031

# FAQ: I have a few staff who are not up to date on their vaccines. Are they required to wear N95s at all times in the facility?

- CMS, CDC, IDPH, and CDPH guidance around N95 use is not based on an individual's vaccination status.

- N95s must be worn by all staff, regardless of vaccination status:
  - When caring for residents under transmission-based precautions for COVID
  - When performing aerosol-generating procedures
  - When returning to work early under a contingency staffing strategy following a positive COVID test
    - Note: Facilities should not be using contingency staffing strategies at this point

# FAQ: I have an asymptomatic resident that is up to date on their COVID-19 vaccinations and was just readmitted from the hospital. Can I put them in the same room as an unvaccinated resident who has been here for a few months?

- Yes, they can be placed in the same room.

- Residents who are up to date and asymptomatic do not need to be quarantined upon new or readmission. However, they should be tested upon (re)admission, if not tested in the 72 hours preceding (re)admission, and again 5-7 days after (re)admission.

# FAQ: I have an asymptomatic resident that <u>is not</u> up to date on their COVID-19 vaccinations and was just readmitted from the hospital. Can I put them in the same room as an up-to-date resident who has been here for a few months?

- No, they cannot be placed in the same room.

- Residents who are not up to date must be placed in a 10-day quarantine in a private room following (re)admission and tested upon (re)admission, if not tested in the preceding 72 hours, and again 5-7 days after (re)admission.

# Outpatient Therapeutics Effective Against Omicron BA.2

| | |
|---|---|
| Paxlovid (antiviral) Fact Sheet | • Oral medication, 5-day course<br>• Treat within **5 days** of positive test or symptom onset.<br>• **Multiple Drug Interactions**<br>• Safe in pregnancy |
| Remdesivir (antiviral) Fact Sheet | • 3-dose IV Infusion over 3 days<br>• Treat within **7 days** of positive test or symptom onset.<br>• Few/no drug interactions |
| Bebtelovimab (mAb) Fact Sheet | • Single IV Push<br>• Treat within **7 days** of positive test or symptom onset.<br>• Typically, safe in pregnancy<br>• Few/no Drug Interactions |
| Lagevrio (molnupiravir) (antiviral) Fact Sheet | • Oral medication, 5-day course<br>• Treat within **5 days** of positive test or symptom onset.<br>• Use only if unable to treat with other options.<br>• **Multiple side effects affecting people of reproductive age.** |

https://www.chicagohan.org/covid-19/therapeutics

# Case presentation from early February 2022

- 76 y/o male, with a history of NHL s/p recent chemotherapy, develops slight nasal congestion. His PCR test came back positive for COVID. He was up to date with his vaccinations.
- On day 9 post symptom onset he presents to the ED with SOB, DOE, and generalized fatigue.
- His SpO2 was 90% on RA and was started on 2L O2.
- It was too late for direct acting anti-virals but he was started on dexamethasone.
- Hospital day 2: increasing tachypnea and hypoxia. O2 was increased.
- Hospital day 3: Elevated inflammatory markers, Tx w/ tocilizumab
- Hospital day 4: Transferred to ICU and placed on high flow O2.
- Hospital day 5: On FIO2 80% O2, ICU team discussing intubation.
  - As he nears possible death, he has not seen his family due to still being on COVID isolation.
  - What is missing in his therapy?

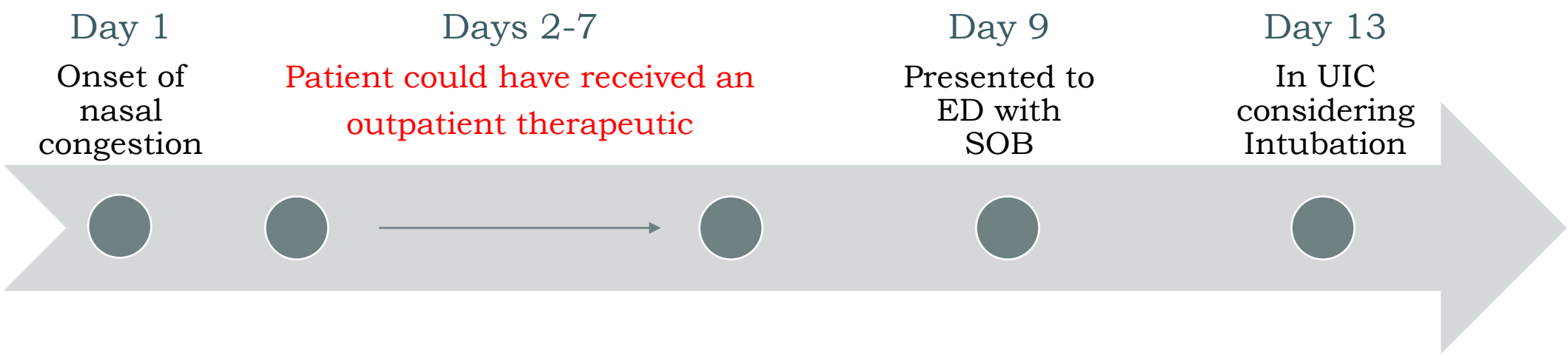
Extracted from: February 17, 2022: Webinar on COVID Treatment for High-Risk Populations

# Indications for Treatment

| | |
|---|---|
| Paxlovid (antiviral) Fact Sheet | • Outpatients with mild-to-moderate COVID-19 in people at high risk of developing moderate to severe disease.<br>• Adults and children > 12 who weigh > 40kg (88lbs) |
| Remdesivir (antiviral) Fact Sheet | • FDA approved for in-patient or hospitalized patients with COVID-19 and now can also be used off-label for non-hospitalized patients to prevent severe COVID-19. |
| Bebtelovimab (mAb) Fact Sheet | • Outpatients with mild-to-moderate COVID-19 in people at high risk of developing moderate to severe disease.<br>• Adults and children > 12 who weigh > 40kg (88lbs) |
| Lagevrio (molnupiravir) (antiviral) Fact Sheet | • Outpatients with mild-to-moderate COVID-19 in people at high risk of developing moderate to severe disease.<br>• Adults ≥ 18 |

High Risk for Severe COVID-19
COVID-19 Symptoms

# Case Presentation Timeline



Paxlovid:
(ritonavir/nirmatrelvir)

- Many drug/drug interactions
- Don't be too intimidated
  - Long history of using ritonavir in HIV.
  - For the full list of drug-drug interactions visit: https://www.covid19treatmentguidelines.nih.gov/therapies/antiviral-therapy/ritonavir-boosted-nirmatrelvir--paxlovid-/

| Common Drug/Drug Interactions with Paxlovid | Dose Adjustments |
|---|---|
| **Do not use w/ Paxlovid**<br>• Clopidogrel, rivaroxaban<br>• Sildenafil or tadalafil (for pulmonary HTN)<br>• Phenytoin<br>• Colchicine<br>• Amiodarone<br>• *Continued in link*<br><br>**Hold or dose reduction while taking Paxlovid**<br>• Atrovastatin, simvastatin, rosuvastatin<br>• Tacrolimus, sirolimus<br>• Clonazepam, midazolam (benzo)<br>• Tramadole, hydrocodone, oxycodone<br>• Vardenaphil, sildenafil (for ED)<br>• *Continued in link* | • Moderate Renal Impairment (eGFR ≥ 30 to < 60mL/min) **nirmatrelvir dose reduction** - be sure to notify pharmacists of PMH<br>• Severe renal impairment = **NOT** recommended<br>• Severe hepatic impairment = **NOT** recommended. |

# Access to COVID-19 Therapeutics

1. Talk with your on-site Provider and Pharmacy
2. IDPH COVID-19 Therapeutics finder
3. Reach out to CIMPAR for on-site bebtelovimab administration.
    - Email: COVID19-therapeutics@cimpar.com
    - Phone Number: 708-665-1819

Christy.Zelinski@cityofchicago.org
312-746-4023

# Reporting COVID Therapeutics Usage in NHSN

- NHSN therapeutic pathway of COVID module
- Report only new counts for the reporting week, not cumulative.
- Enter 0 if no therapeutics were administered for that reporting week.
- For each therapeutic, 2 questions are asked.
  - How many residents were treated with stock stored at the facility? – Directly received from HHS
  - How many residents were treated with stock stored outside the facility? – Obtained via LTC Pharm

# Questions & Answers

## A special thanks to:

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**For additional resources and upcoming events, please visit the CDPH LTCF HAN page at:**
https://www.chicagohan.org/covid-19/LTCF