IMMUNIZATION COVID-19 Update

April 7, 2022 | Issue 54

Question of the Week

Are masks still required in healthcare facilities?

This is an often-asked question following the expiration of the public health emergency declaration by Gov. Edwards. There is no order by the State Health Officer mandating masking in healthcare facilities. However, our public health recommendations have not changed. They align with current CDC guidance:

- Source control and physical distancing (when physical distancing is feasible and will not interfere with provision of care) are recommended for everyone in a healthcare setting. This is particularly important for individuals, regardless of their vaccination status, who live or work in areas with substantial to high community transmission.

The following allowances could be considered for individuals who are up to date with all recommended COVID-19 vaccine doses (who do not otherwise meet the criteria described above) in healthcare facilities located in areas with low to moderate community transmission. These individuals might choose to continue using source control if they or someone in their household is immunocompromised or at increased risk for severe disease, or if someone in their household is not up to date with all recommended COVID-19 vaccine doses.

- Could choose not to wear source control or physically distance when they are in well-defined areas that are restricted from patient access (e.g., staff meeting rooms, kitchen).
    - They should wear source control when they are in areas of the healthcare facility where they could encounter patients (e.g., hospital cafeteria, common halls/corridors).

HRSA supplemental claims for reimbursement for uninsured and underinsured ended on April 5

Due to the lack of supplemental funding from Congress, HRSA stopped accepting claims for reimbursement of costs associated with administering COVID-19 vaccines to uninsured and underinsured individuals effective on April 5, 2022 at 11:59 p.m.
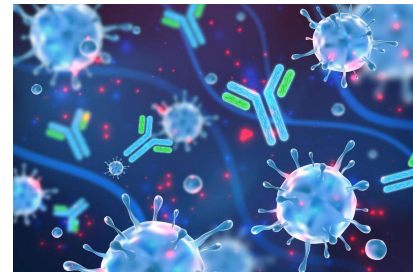
The Centers for Disease Control and Prevention strongly encourages providers to stay in the CDC COVID-19 Vaccination Program, and CDC expects participating providers will continue to administer these lifesaving vaccines at no cost to patients to ensure equitable access for all individuals. Where CDC becomes aware of a provider engaging in any of the following, CDC will consider taking any and all appropriate measures, including the possibility of rescinding the CDC provider agreement:

- Administering COVID-19 vaccine at any out-of-pocket cost to the recipient
- Denying anyone vaccination, or differentially reducing appointment access, based on the vaccine recipient's coverage status or network status
- Charging an office visit or other fee if COVID-19 vaccination is the sole medical service provided
- Requiring additional medical services to receive COVID-19 vaccination
- Seeking any reimbursement, including through balance billing, from the vaccine recipient

For further information please see the CDC COVID-19 Vaccination Program Provider Requirements and Support **webpage**.

FDA restricts use of monoclonal antibody Sotrovimab to treat COVID-19 due to the Omicron BA.2 Variant

On Tuesday, April 5, 2022 the U.S. Food and Drug Administration (FDA) restricted the use of the monoclonal antibody Sotrovimab nationwide. The FDA states that because data show Sotrovimab is highly unlikely to be active against the Omicron BA.2 lineage, which now accounts for a majority of new COVID-19 cases in all regions of the country, Sotrovimab is no longer authorized to treat COVID-19. Accordingly, shipments of Sotrovimab from the federal government will cease until further notice.

As of April 5, 2022, U.S. **Centers for Disease Control and Prevention (CDC) Nowcast data** estimated BA.2 accounts for 72% of all new cases nationally and 67% of new cases in U.S. Health and Human Services (HHS) Region 6, which includes Louisiana.

Monoclonal antibody providers that have remaining Sotrovimab doses on hand are asked to maintain their stock in appropriate storage, if able, in the event it may be of use in the future.

The oral therapeutics Paxlovid (nirmatrelvir/ritonavir) and Lagevrio (molnupiravir) as well as the monoclonal antibody Bebtelovimab are likely to retain activity against the BA.2 variant and remain available. Patients and clinicians can access the HHS Therapeutics Locator to find available supply: **https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/**

The FDA has updated the **Fact Sheet** for Sotrovimab to reflect product use restrictions.
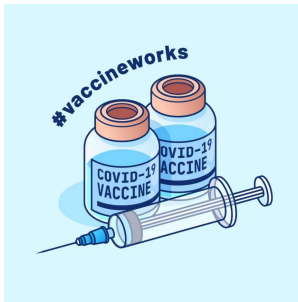
Note to Providers from HHS:

*Health care providers should review the Antiviral Resistance information in Section 15 of the authorized Fact Sheets for each monoclonal antibody and oral antiviral therapy available under an **EUA** for details regarding specific variants and resistance. Health care providers should also refer to the CDC website (**https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-proportions.html**) and information from state and local health authorities regarding reports of viral variants of importance in their region to guide treatment decisions.*

*COVID-19 therapies available under an EUA must be used in accordance with the terms and conditions for the respective authorization, including the authorized labeling. The Letters of Authorization may be accessed at: **https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization#coviddrugs**.*

*Please contact **COVID19Therapeutics@hhs.gov** with any questions.*

The full FDA statement can be found here.

Strategies for providers to help increase vaccine confidence

Addressing and increasing vaccine confidence is a collaborative effort. By definition, **vaccine confidence** is "the belief that vaccines work, are safe, and are part of a trustworthy medical system." The CDC recommends medical provider vaccine standardization as one strategy of increasing vaccine confidence.

In this approach, medical providers provide vaccines as a "default option" during patient visits and integrate vaccination into other medical practice procedures. In doing so, providers can address barriers in policy, mistrust, and health literacy.

In Arizona, for example, the Arizona Department of Health Services Immunization program partnered with The Arizona Partnership for Immunization to offer free training on COVID-19 vaccination to providers. The trainings cover office practices regarding vaccines, vaccine handling and storage, and shot administration. One Arizona based 10-physician practice participated in weekly instructional webinars on COVID-19 vaccine administration and received guidance on vaccine supply and protocol for administration. As a result, that office was able to train staff on how to relay accurate information to patients, and to implement a new scheduling system for vaccine-eligible patients. **Read more**.

CDC public health determination and termination of Title 42 Order

On April 1, the CDC issued a Public Health Determination and terminated **an Order** under 42 U.S.C. §§ 265, 268 and 42 C.F.R. § 71.40 (i.e., "Title 42"), suspending the right to introduce migrants into the United States.

The CDC consulted with the Department of Homeland Security (DHS) regarding the determination and termination, which will be implemented on May 23, 2022. This timeframe will enable DHS to implement appropriate COVID-19 mitigation protocols, such as scaling up a program to provide COVID-19 vaccinations to migrants and prepare for resumption of regular migration under Title 8.

The CDC reported, "After considering current public health conditions and an increased availability of tools to fight COVID-19 (such as highly effective vaccines and therapeutics), the CDC Director has determined that an Order suspending the right to introduce migrants into the United States is no longer necessary."

The measures will allow the CDC and DHS to safely mitigate COVID-19 risk in the U.S. where more than 97.1% of counties are reporting a "low" COVID-19 Community Level. **Read more**.

New data shows effect of COVID-19 on U.S. tuberculosis diagnoses

COVID-19 has likely had an effect on tuberculosis (TB) diagnoses in the U.S. according to **preliminary data** released from the CDC. "In the United States, reported tuberculosis disease diagnoses fell 20% in 2020 and remained 13% lower in 2021 than TB disease diagnoses made prior to the COVID-19 pandemic, according to preliminary CDC data.

Several factors may have contributed to the decline, including masking, physical distancing, healthcare disruptions that may have delayed diagnoses, and potential

misdiagnoses due to similarities in COVID-19 and TB symptoms.

Philip LoBue, MD, FACP, FCCP, Director of CDC's Division of Tuberculosis Elimination said, "Delayed or missed tuberculosis disease diagnoses are threatening the health of people with TB disease and the communities where they live. A delayed or missed TB diagnosis leads to TB disease progression and can result in hospitalization or death –and the risk of transmitting TB to others. The nation must ensure that healthcare providers understand how to diagnose and distinguish TB disease from potential cases of COVID-19."

In ongoing efforts to prevent, control, and raise awareness about TB, the CDC has launched the **Think. Test. Treat TB campaign**. **Read more**.

Medicare beneficiaries gain access to free over-the-counter COVID tests

More than 59 million Americans enrolled in Medicare Part B, including those enrolled in a Medicare Advantage plan, now have access to FDA cleared over-the-counter COVID-19 tests at no cost, the Biden-Harris administration announced this week. Under the new measure, eligible Medicare plan participants can receive up to eight tests per month from participating pharmacies and health care providers throughout the duration of the COVID-19 public health emergency. This is the first time that Medicare has covered an over-the-counter self-administered test at no cost to beneficiaries.

To view a **partial list** of pharmacies and organizations that are participating in the new COVID-19 over-the counter test initiative for people with Medicare Part B, visit **here**.

Individuals looking for a pharmacy that may not be listed in published resources can:
- Call 1-800-MEDICARE (1-800-633-4227) to find access to free tests. TTY users can call 1-877-486-2048.
- Check with their pharmacy or healthcare provider to see if they are participating and will bill Medicare on your behalf.

Pharmacies that would like to be listed can email **Partnerships@cms.hhs.gov**. **Read more**.

Good Reads

- Biden directs federal agencies to support people suffering from long COVID

- Long Covid-19 may remain a chronic condition for millions

- Current COVID vaccines not 'well-matched' against BA.2 -FDA

- WHO: COVID cases and deaths continue to fall globally

- Coronavirus in Louisiana: State reports 246 new cases, 8 new deaths on April 5

- After getting COVID, this Louisiana teen made it his mission to get his peers vaccinated

- Experts eye a new game plan for COVID-19 vaccine

Submit a Question of the Week

GET THE FACTS

COVID-19 SUPPORT HOTLINE:

855-453-0774

Monday - Saturday 8:00 AM - 8:00 PM
Sunday 12:00 PM - 8:00 PM

Learn more at covidvaccine.la.gov

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Do you have a frequently asked question that you would like to submit or have answered in the QOW?

SUBMIT HERE