

IMMUNIZATION COVID-19 Update

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Question of the Week

What information can someone gain from using the COVID-19 Community Levels tool?

The Centers for Disease Control and Prevention's (CDC) online COVID-19 Community Levels tool is an intuitive and interactive feature that informs the public about county level COVID data and safety measures.

The tool offers insight based upon three levels: low, medium, and high. To determine a specific level, the CDC monitors the number of new hospital admissions, hospital beds in use, and the total number of new COVID cases. In addition, several preventative steps are recommended for each community level.

- Low community level: stay current with COVID-19 vaccines and get tested if symptomatic
- Medium community level: stay current with COVID-19 vaccines, get tested if symptomatic, and individuals who are at high risk of severe illness should speak with a healthcare provider about masking
- High community level: wear a mask inside of public spaces, stay current with COVID-19 vaccines, get tested if symptomatic, and individuals at a high risk for severe illness may need to take additional precautions

[Learn more.](#)



FDA approves first COVID-19 treatment for young children

On April 25, the U.S. Food and Drug Administration expanded approval of the COVID-19 treatment Veklury (remdesivir) to include children ages 28 days and older who weigh about 7 pounds (3 kilograms). The decision makes Veklury the first FDA-approved COVID-19 treatment for children. Prior to, Veklury was approved for certain adults as well as youth who were 12 years and older and weighed about 88 pounds (40 kilograms).

The expanded treatment is available to children who test positive for COVID and are:

- Hospitalized, or
- Not hospitalized and have mild-to-moderate COVID-19 and are at high risk for progression to severe COVID-19, including hospitalization or death.

The FDA cautions that “Veklury is not a substitute for vaccination in individuals for whom COVID-19 vaccination and booster doses are recommended. The FDA has approved two vaccines, and three vaccines are available for emergency use, to prevent COVID-19 and the serious clinical outcomes associated with COVID-19, including hospitalization and death.” Visit [here](#) to learn more about the FDA-approved COVID-19 vaccine.

[Read more about Veklury \(remdesivir\) for children.](#)



CDC issues update on the availability and use of treatments for outpatients with mild to moderate COVID-19 who are at increased risk for severe outcomes of COVID-19

This week, the Centers for Disease Control and Prevention (CDC) alerted providers, jurisdictions, and the general public regarding the availability and use of recommended COVID-19 therapies and also advised against the use of unproven treatments that have known or potential harm for outpatients with mild to moderate COVID-19 who are at increased risk of severe COVID-19. For individuals who fall within this category, there are several treatment options, antiviral medications, and monoclonal antibodies that are widely available.

The following are recommendations from the CDC and the National Institutes of Health's (NIH) guidelines panel:

- Staying up to date with COVID-19 vaccination is the best way to prevent serious outcomes of COVID-19, severe disease, hospitalization and death.
- Systemic corticosteroids are **not recommended** to treat patients with mild to moderate COVID-19 who do not require supplemental oxygen; patients who are receiving dexamethasone or another corticosteroid for other indications should continue therapy for their underlying conditions as directed by their healthcare providers.
- Antibacterial therapy is **not recommended** for the treatment of COVID-19 in the absence of another indication.

See below for the panel's recommendations for approved treatments. Visit [here](#) to learn more about the CDC's updates on availability and use of treatments for **outpatients with mild to moderate COVID-19 who are at increased risk for severe outcomes of COVID-19**.

PATIENT DISPOSITION

Does Not Require Hospitalization or Supplemental Oxygen

PANEL'S RECOMMENDATIONS

All patients should be offered symptomatic man

For patients who are at high risk of progressing of the following treatment options:

Preferred Therapies

Listed in order of preference:

- Ritonavir-boosted nirmatrelvir (Paxlovid)^{b,c}
- Remdesivir^{c,d} (B1la)

Alternative Therapies

For use *ONLY* when neither of the preferred therapies to use, or clinically appropriate. Listed in alphab

- Bebtelovimab^e (CIII)
- Molnupiravir^{c,f} (CIIa)

The Panel **recommends against** the use of **dex systemic corticosteroids** in the absence of an

Rating of Recommendations: A = Strong; B = Moderate; C = Weak

Rating of Evidence: I = One or more randomized trials without major limitations; IIa = Other randomized trials or su trials; IIb = Nonrandomized trials or observational cohort studies; III = Expert opinion

Studies show that COVID-19 was the third leading cause of death in the U.S. in 2021

Two studies released by the CDC's *Morbidity and Mortality Weekly Report* (MMWR) this week examined COVID-19 related death rates in the U.S. and found notable differences between certain racial and ethnic minority groups.

In the study "[Provisional Mortality Data—United States, 2021](#)," researchers found that the overall-adjusted death rate increased by 0.7% in 2021 from 2020. Non-Hispanic American Indian or Alaskan Native and Black or African American populations reported the highest death rate. In addition, COVID-19 was the third leading cause of death after heart disease and cancer.

In the study, "[Provisional COVID-19 Age Adjusted Death Rates by Race and Ethnicity—United States, 2020-2021](#)" researchers found that the disparities in the age-adjusted COVID-19 death rates decreased by 14%–40% for most racial and ethnic groups, including non-Hispanic White people, who accounted for 60%–65% of all people who died; and increased non-significantly (7.2%) for non-Hispanic Native Hawaiian and other Pacific Islander persons (0.2%–0.3% of people who died) compared with non-Hispanic multiracial people." [Read more.](#)

New study provides data on seroprevalence of infection-induced SARS-CoV-2 antibodies

A new study released by the CDC uses seroprevalence as a nontraditional surveillance method to detect COVID-19 infection in the U.S. population. [Seroprevalence](#) involves determining the frequency of individuals in a population that has an element or pathogen in their blood serum. The method provides insight as traditional disease surveillance methods do not capture information from individuals who are asymptomatic, not diagnosed, or not reported. The study period was between September 2021 to February 2022 and includes the onset and peak of the Omicron variant.

According to the CDC: "The national commercial laboratory seroprevalence study is a repeated, cross-sectional national survey that estimates the proportion of the population in 50 U.S. states, the District of Columbia, and Puerto Rico who have infection-induced antibodies to SARS-CoV-2. Sera are tested for anti-nucleocapsid (anti-N) antibodies, which are produced in response to infection but are not produced in response to vaccines currently authorized in the United States. During December 2021-February 2022, seroprevalence increased from one in three of the population to three in five. Seroprevalence decreased by age with children and adolescents having the highest seroprevalence and persons aged 65 and older the lowest. These findings show a high infection rate for the Omicron variant, especially among children. Seropositivity for anti-N antibodies should not be interpreted as immunity from subsequent infection." [Read the full study.](#)



LDH Northshore regional medical director, staff honored by Louisiana National Guard

Dr. Gina Lagarde, regional medical director for the Louisiana Department of Health's (LDH) Office of Public Health for the Northshore region, and members of her emergency preparedness (EP) staff were recently recognized by the Louisiana National Guard (LANG) with its Distinguished Civilian Service Award during a recent ceremony at the Hammond Parish Health Unit.

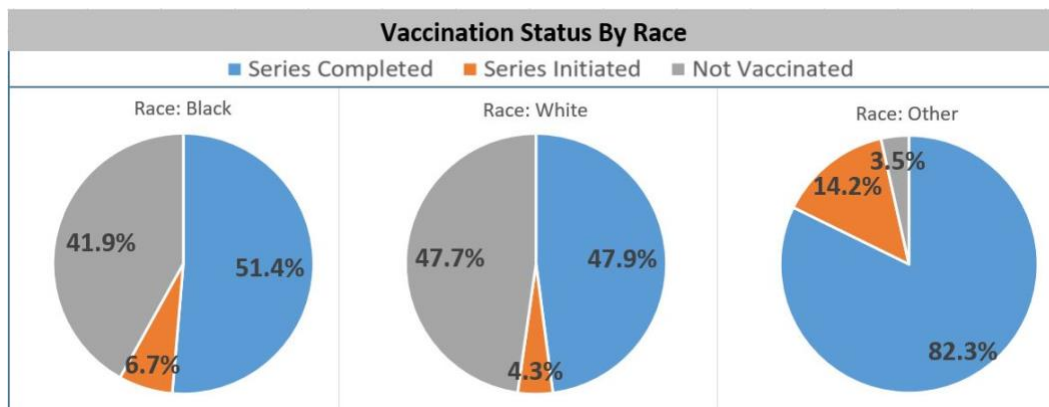
Under Dr. Lagarde's leadership, LANG has conducted or supported more than 40,000 COVID-19 tests, administered more than 17,000 vaccines in the five parishes and supported food bank operations since 2020. LANG also completed more than 700 Hot Shot missions, which allow for rapid response to a host of urgent needs statewide including moving supplies and equipment.

Dr. Lagarde is responsible for overall daily public health needs in Region 9, which encompasses Livingston, St. Helena, St. Tammany, Tangipahoa and Washington parishes. For the past two years, Dr. Lagarde was charged with coordinating a comprehensive response to COVID-19.

Also honored with the Distinguished Civilian Service Award were LANG Brig. Gen. Patrick Bossetta for his role as COVID-19 coordinator, Region 9 Hospital Nurse Coordinator Rhonda Baham, Region 9 Public Health Emergency Response Coordinator (PHERC) Heather Gagliano and PHERC Thomas Jordan (retired). [Read more.](#)



Louisiana COVID-19 vaccine demographics



Good reads

- [No Louisiana COVID patients on ventilators](#)
- [Louisiana to expand COVID wastewater test to 100 sites, starting with Jazz Fest](#)
- [The US is in 'transition phase' of pandemic, Fauci says](#)
- [Long COVID-19 may be caused by abnormally suppressed immune system in some people, small UCLA-led study](#)
- [PTSD symptoms are common for family of Covid-19 ICU patients, study says](#)
- [A common virus is suddenly linked to hepatitis in children, Alabama doctors are trying to figure out why](#)
- [Three out of every 1,000 Americans alive in 2020 died of covid-19](#)

WHO IS ELIGIBLE FOR THE BOOSTER?

WHAT DID YOU GET?	WHEN CAN YOU GET A BOOSTER?	WHEN CAN YOU GET A 2ND BOOSTER?*	WHO IS ELIGIBLE FOR A BOOSTER?*
Pfizer	5 months after 2nd dose	4 months after 1st booster dose	12 years and older for 1st booster
Moderna	5 months after 2nd dose	4 months after 1st booster dose	18 years and older for 1st booster
Johnson & Johnson	2 months after initial shot	4 months after 1st booster dose	18 years and older for 1st booster

*We recommend you talk to your doctor about the best time to get your 2nd booster shot
** for 2nd dose eligibility, you must be age 50+. Also eligible are people age 12 and older with moderate or severe immunosuppression

Call 211 or visit covidvaccine.la.gov to find out when and where you can get vaccinated.




Submit a Question of the Week

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

[SUBMIT HERE](#)

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