

COVID-19 Update

Dr Mark Cunningham-Hill

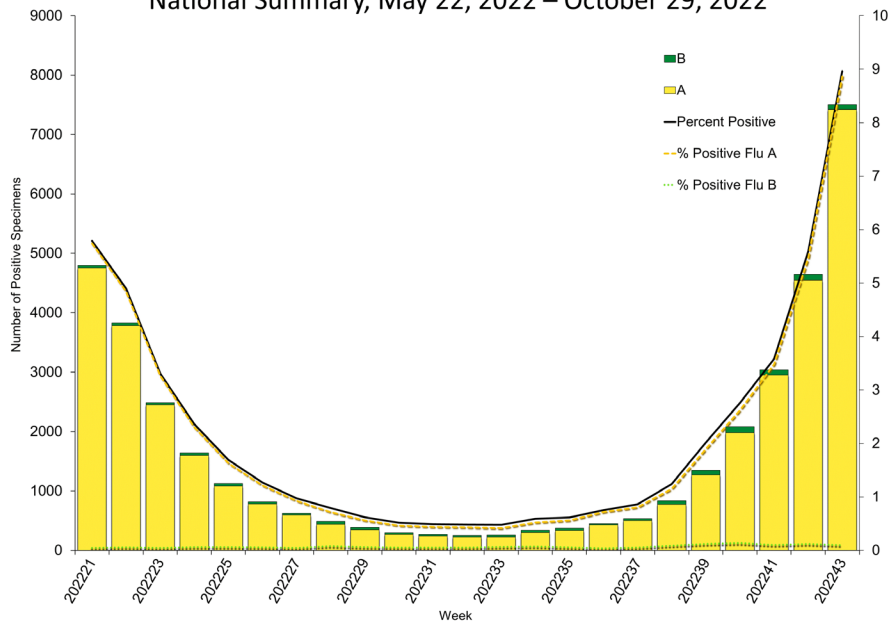
Medical Director NEBGH

Monday, November 7th, 2022

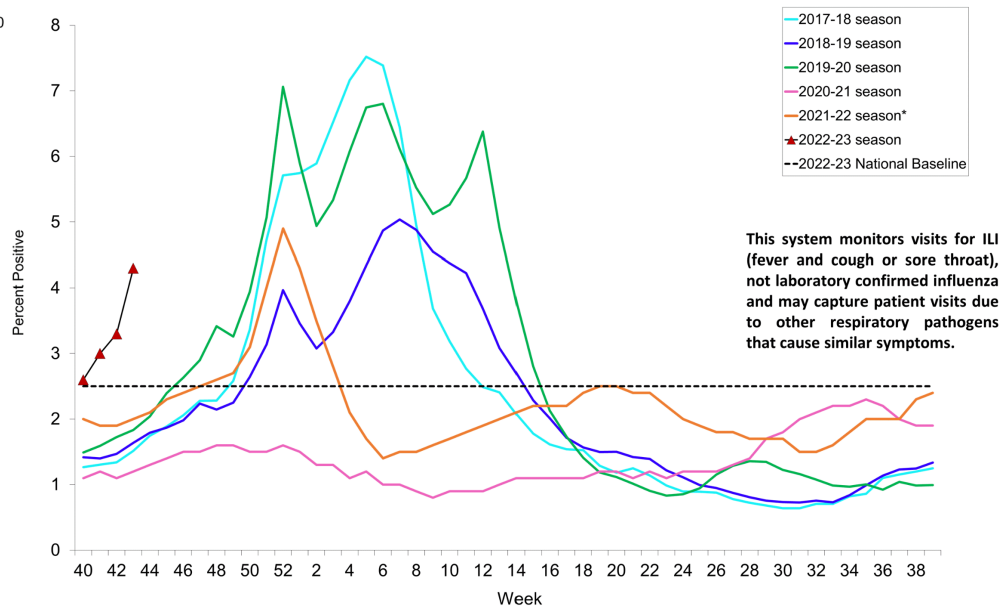


Influenza is on the increase

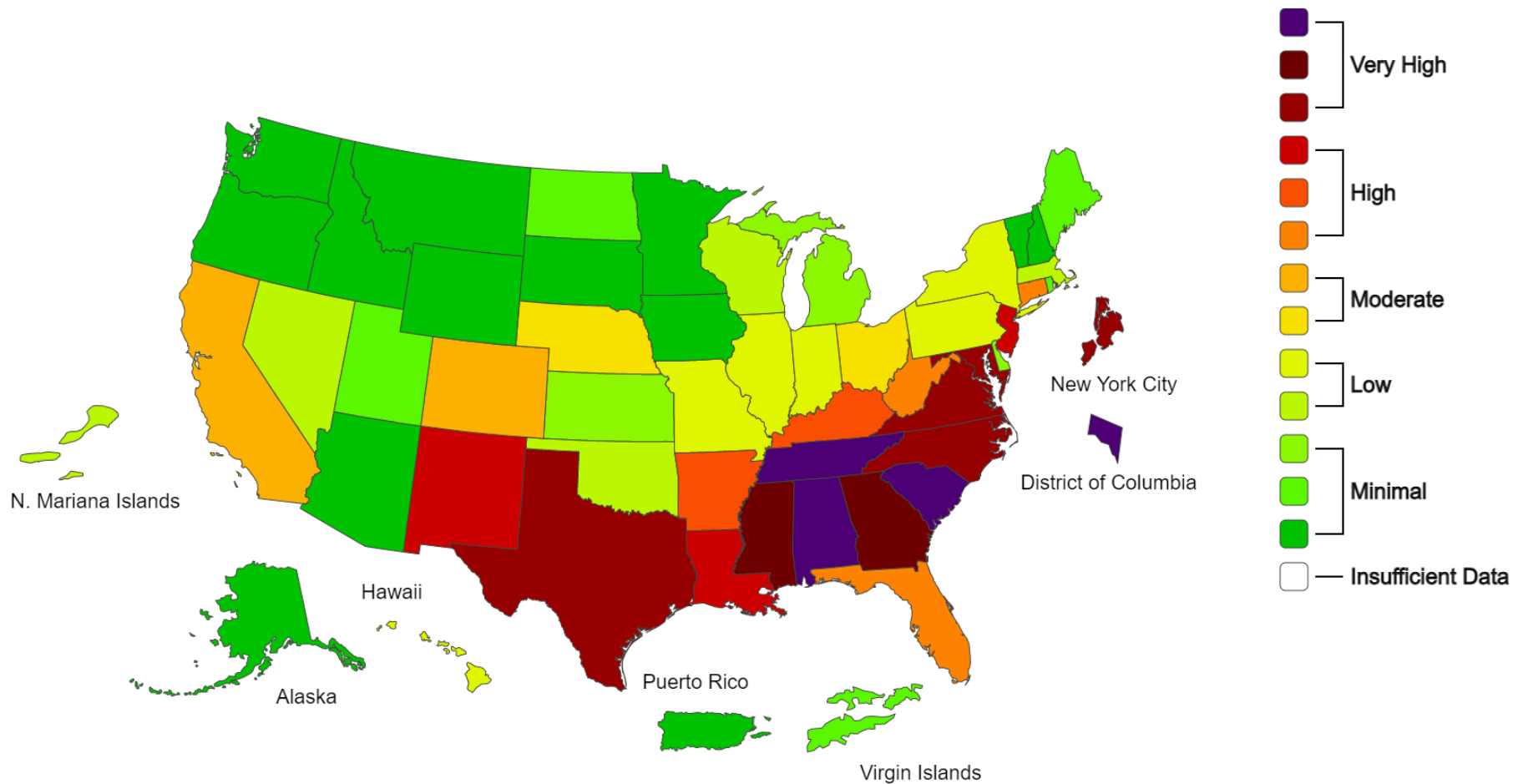
Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories,
National Summary, May 22, 2022 – October 29, 2022



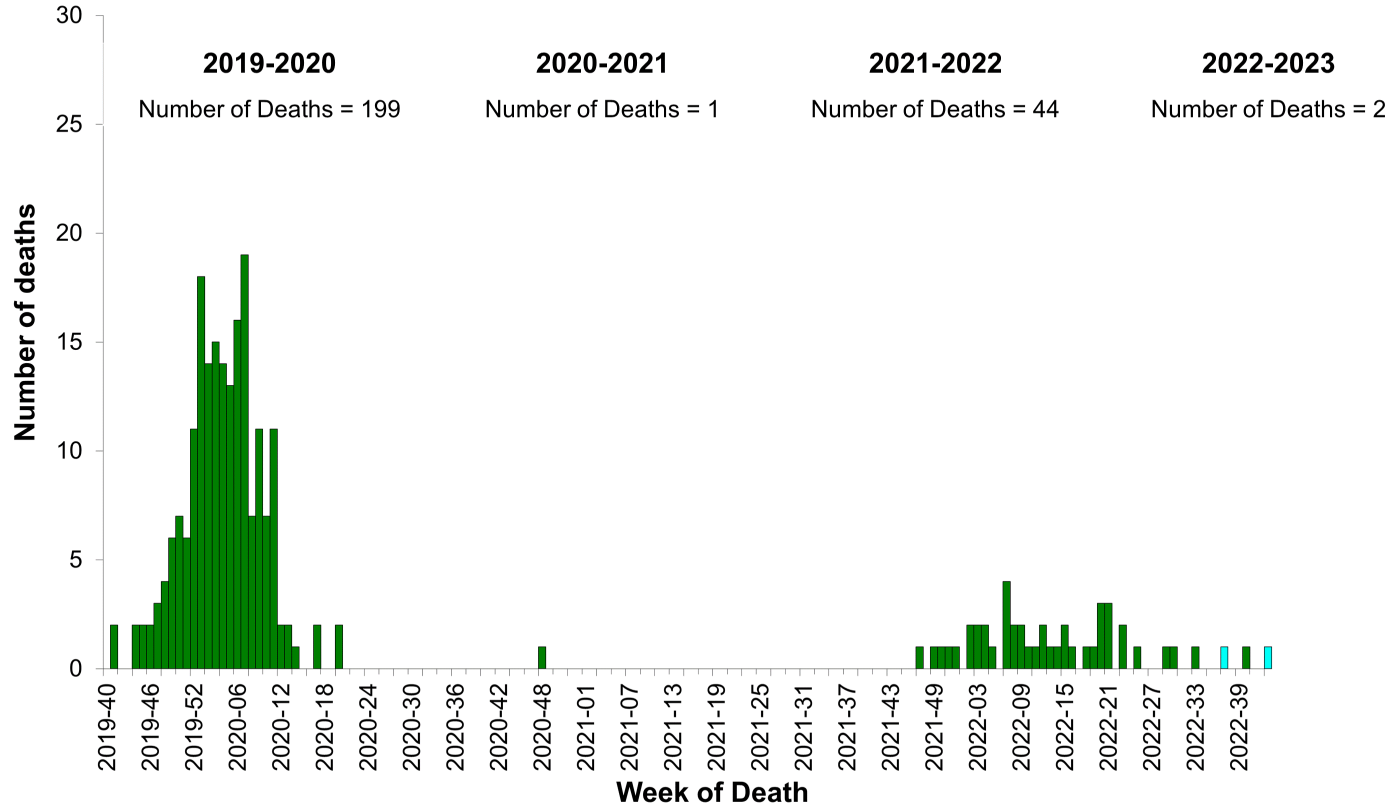
Percentage of Outpatient Visits for Respiratory Illness Reported By
The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),
Weekly National Summary, 2022-2023* and Selected Previous Seasons



2022-23 Influenza Season Week 43 ending Oct 29, 2022



Influenza-Associated Pediatric Deaths by Week of Death, 2019-2020 season to 2022-2023 season

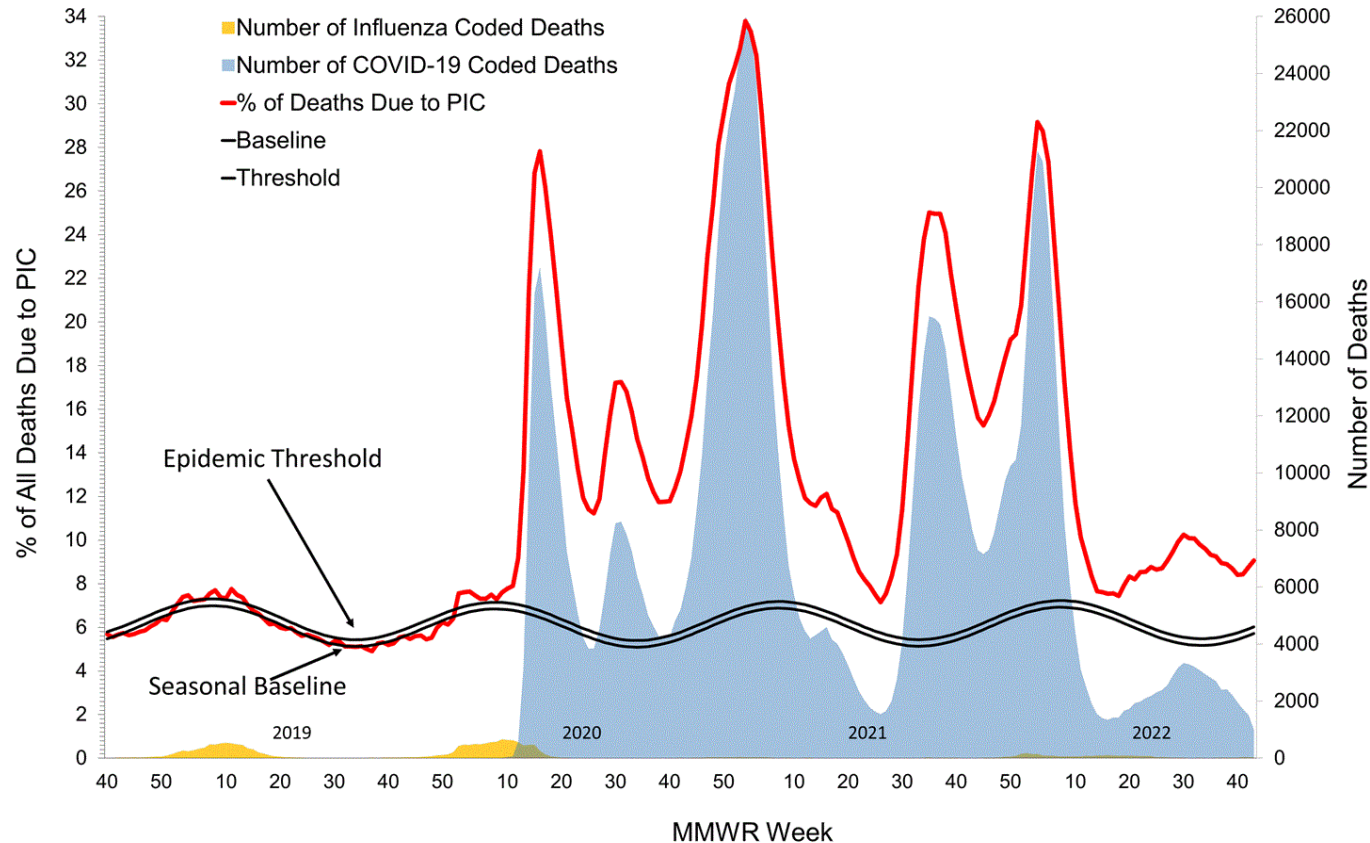


■ Deaths Reported Previous Weeks

■ Deaths Reported Current Week

Pneumonia, Influenza, and COVID-19 Mortality from the National Center for Health Statistics Mortality Surveillance System

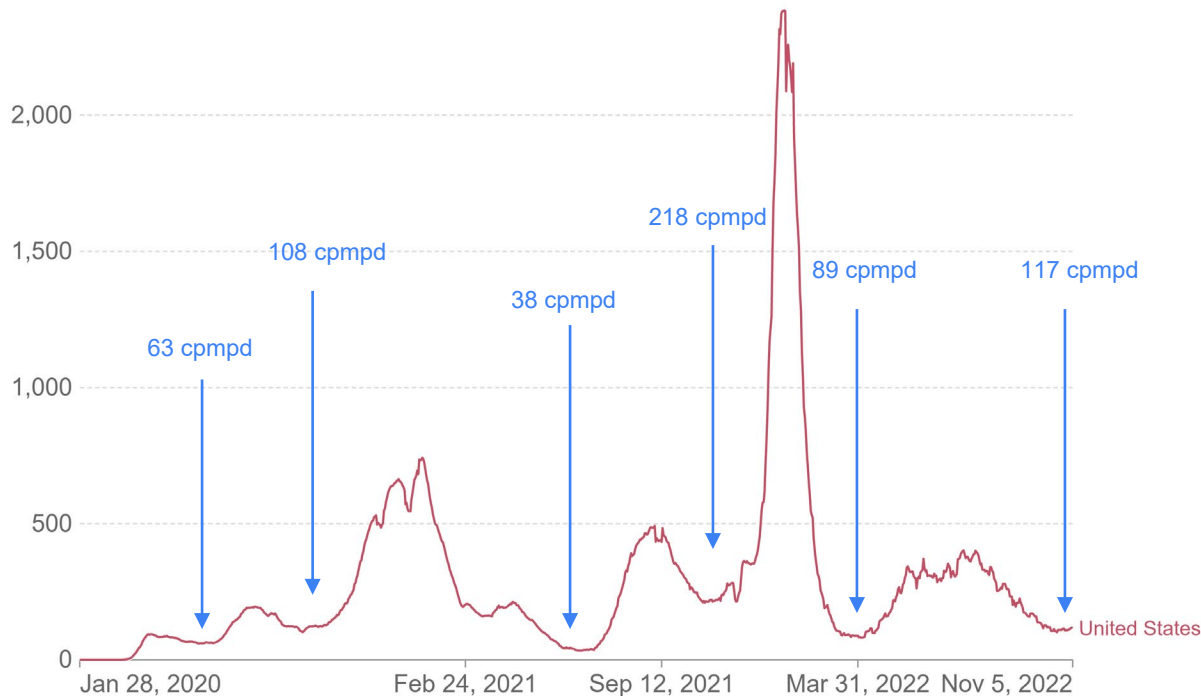
Data as of November 3, 2022



Current state - COVID

Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

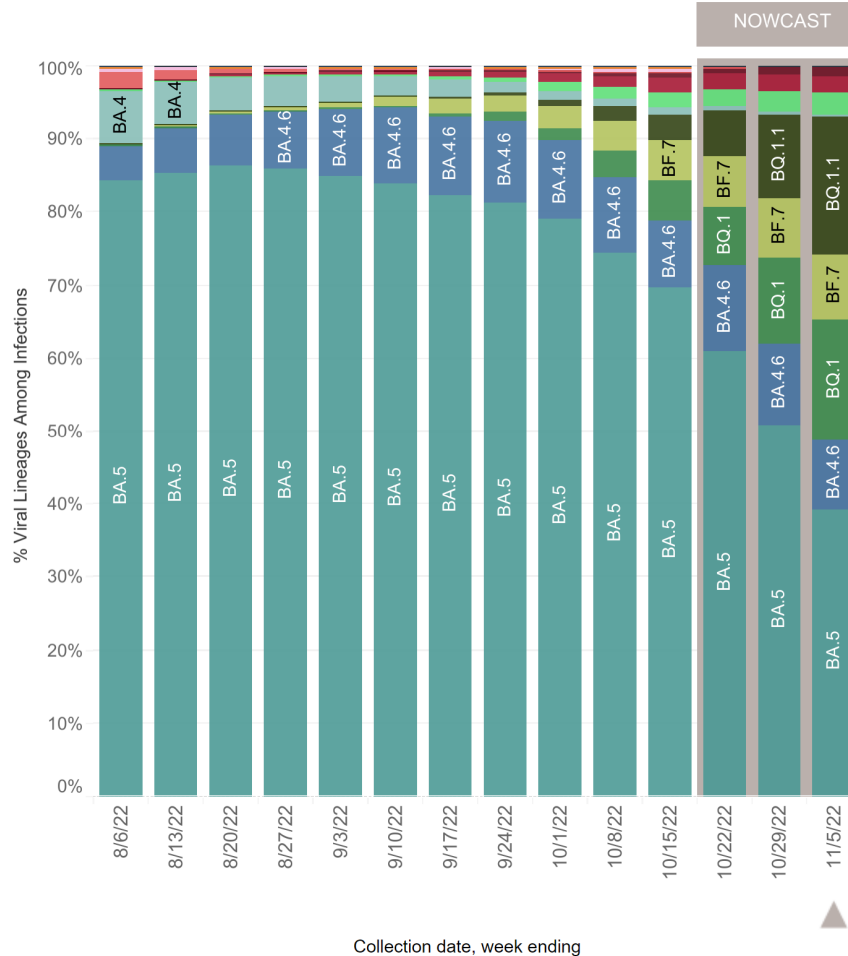


Cases and hospitalizations are both increasing again

Source: Johns Hopkins University CSSE COVID-19 Data

United States: 7/31/2022 – 11/5/2022

United States: 10/30/2022 – 11/5/2022 NOWCAST



USA					
WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	BA.5	VOC	39.2%	36.2-42.3%	
	BQ.1.1	VOC	18.8%	15.7-22.4%	
	BQ.1	VOC	16.5%	13.6-20.0%	
	BA.4.6	VOC	9.5%	8.6-10.5%	
	BF.7	VOC	9.0%	7.9-10.1%	
	BA.5.2.6	VOC	3.1%	2.5-3.7%	
	BA.2.75	VOC	2.3%	1.9-2.8%	
	BA.2.75.2	VOC	1.3%	0.9-1.7%	
	BA.4	VOC	0.2%	0.2-0.3%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
	BA.2.12.1	VOC	0.0%	0.0-0.0%	
	BA.2	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		0.1%	0.0-0.1%	

* 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

BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2 and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. For all the lineages listed in the above table, their sublineages are aggregated to the listed parental lineages respectively. Previously, BA.5.2.6 were aggregated with BA.5. Lineages BA.2.75.2, BA.4.6, BF.7, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

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



December 14, 2020 – November 02, 2022

CDC is preparing jurisdictional and regional updated (bivalent) booster dose trend data to display in the coming weeks.



	<2 yrs	2-4 yrs	5-11 yrs	12-17 yrs	18-24 yrs	25-49 yrs	50-64 yrs	+65 yrs
At Least One Dose	5.7%	8.6%	38.9%	71.3%	80.9%	84.4%	94.9%	95.0%
Completed Primary Series	2.2%	3.9%	31.8%	61.1%	65.8%	71.3%	83.1%	93.4%
Updated (Bivalent) Booster Dose			0.5%	2.6%	2.5%	5.3%	9.8%	23.0%

Location
United States

12/14/2020 11/2/2022

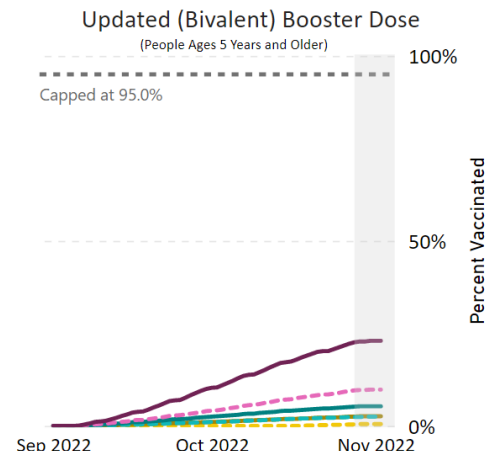
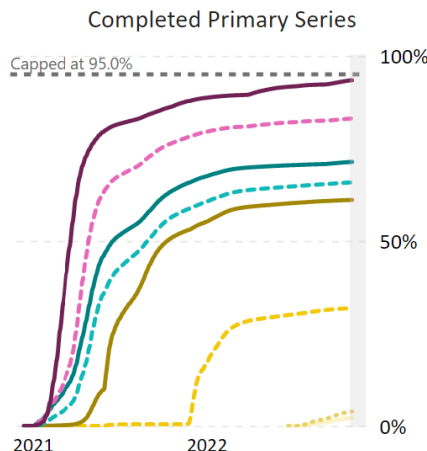
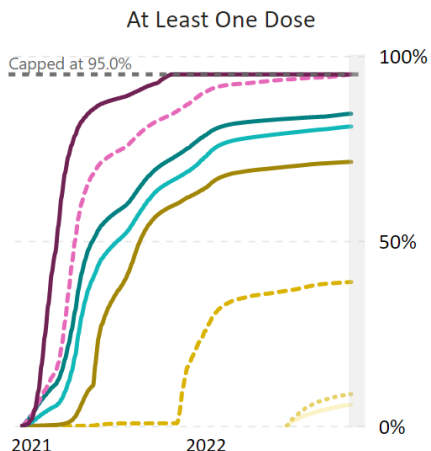
Vaccinations

Sex

Age

Females by Age

Males by Age



Date Administered

People receiving at least one dose: total count represents the total number of people who received at least one dose of COVID-19 vaccine. **People with a completed primary series:** total count represents the number of people who have received a dose of a single-shot COVID-19 vaccine, or the second dose in a 2-dose COVID-19 vaccine series. **People with an updated (bivalent) booster dose:** total count represents the number of people who received an updated (bivalent) booster dose; CDC uses US Census estimates for the total populations within each specified demographic group regardless of prior vaccination status as denominators. Due to the time between vaccine administration and when records are reported to CDC, vaccinations administered during the last week may not yet be reported. This reporting lag is represented by the gray, shaded box.

Last Updated: Nov 02, 2022

Data source: VTricks, IIS, Federal Pharmacy Program, Federal Entities Program, U.S. Census Bureau 10-year July 2019 National Population Estimates; Visualization: CDC CPR DEO Situational Awareness Public Health Science Team

Triple Threat of Influenza, RSV and COVID

- Challenges for organizations:
 - Increasing absence:
 - Acute illness – Flu, RSV and COVID
 - Caregiving needs
 - Long-COVID
 - Managing range of employee views and concerns
 - Increased concern (or excuse) about coming into the office
 - How to protect those who are most vulnerable

The Question is after 2.5 years of a pandemic have organizations the will or energy to prepare and take action for another wave of infectious diseases?

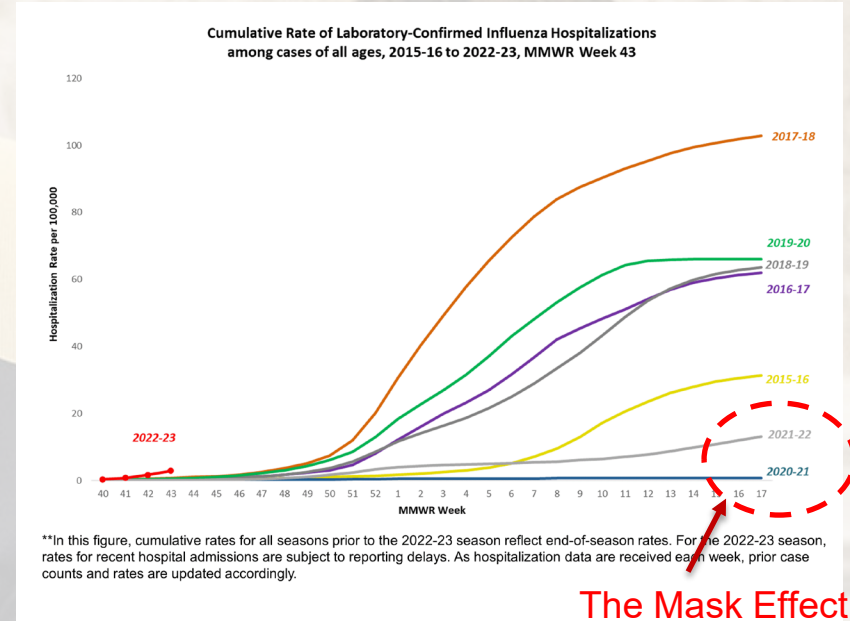
Vaccines – Influenza and COVID

While mandates are difficult there is still much that organizations can do:

- Provide Information
- Make It Easy for Employees to Get Vaccinated
- Communicate Your Organization's Commitment to Vaccination
 - Lead By Example
 - Develop Effective Communication Campaigns
 - Consider Incentives
- Collaborate with DE&I Leadership and ERGs
- Fight Misinformation
- Promote Immune Fitness as Part of Your Well-being Strategy
- Make Sure Vaccinations Don't Require Out-of-Pocket Expense
- Collect Vaccination Data About Your Employee Population

Masking

- Masks **really do** help reduce infections
- Consider keeping or reintroducing mask requirements in all/certain situations
- Mask positive culture
- Provision of masks
- Lead by example!



Ventilation

- Filtration:
 - MERV13 or higher
 - Additional portable HEPA filtration units in high-risk areas
- Air exchanges:
 - Aim for 3-8 air changes per hour
- Dilution:
 - Maintain 25+% fresh air mix
 - Consider monitoring CO₂ levels in high occupancy spaces – aim for 800ppm
- Germicidal UVA
 - Upper room GUVA
 - Induct GUVA
- Expert opinion:
 - If not yet done, consider getting an expert opinion

Case Management

- Make sure employees know to stay home if sick!
- Minimize financial impact of taking sick days
- Return to work policies post COVID:
 - Follow CDC or enhanced protocol –
 - include negative tests to return to work
 - Masking policy
- Contact tracing
 - Exception versus the rule probably most pragmatic

Testing

- Encourage testing if someone is concerned about symptoms or exposure
- Testing prior to large in-person events or high-risk meetings
- Consider availability and cost of tests – reduce barriers
- Business travel



Working From Home vs Working From An Office



NORTHEAST

BUSINESS GROUP ON HEALTH

LIVE

BREAKING

NEWS

NEBGH PANDEMIC BREAKING NEWS

Paxlovid and Long-COVID (PASC)

- Just published large VA study demonstrated that those treated with Paxlovid had reduced Long-COVID sequelae
 - 9+K in Rx versus 47K control; mean age 65, 12% female
- Key findings
 - 26% reduction in PASC sequelae
 - 48% reduction of death and 30% reduction in hospitalizations after the acute phase (Paxlovid also reduces risk +++ in acute phase)
 - Reduced risk of 10 of 12 post-acute sequelae in the cardiovascular system (dysrhythmia and ischemic heart disease), coagulation and hematologic disorders (deep vein thrombosis, and pulmonary embolism), fatigue, liver disease, acute kidney disease, muscle pain, neurocognitive impairment, and shortness of breath

Figure 2b. Post-acute death

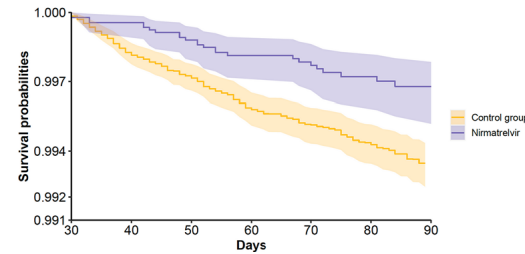
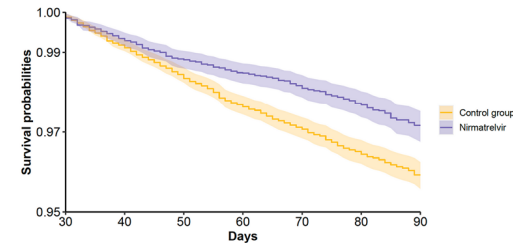


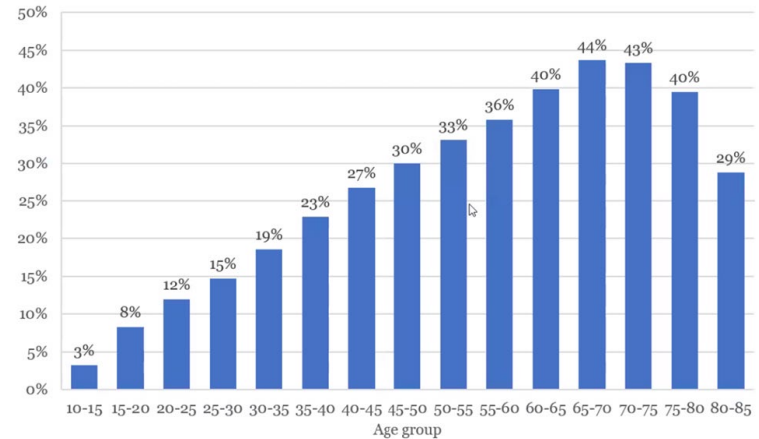
Figure 2d. Post-acute death or hospitalization



Now 3 Ways of Treating Long-COVID

1. Don't catch COVID – 100% effective!
2. Get vaccinated and boosted – 30-50% effective
3. Treat COVID with Paxlovid – especially for higher risk patients

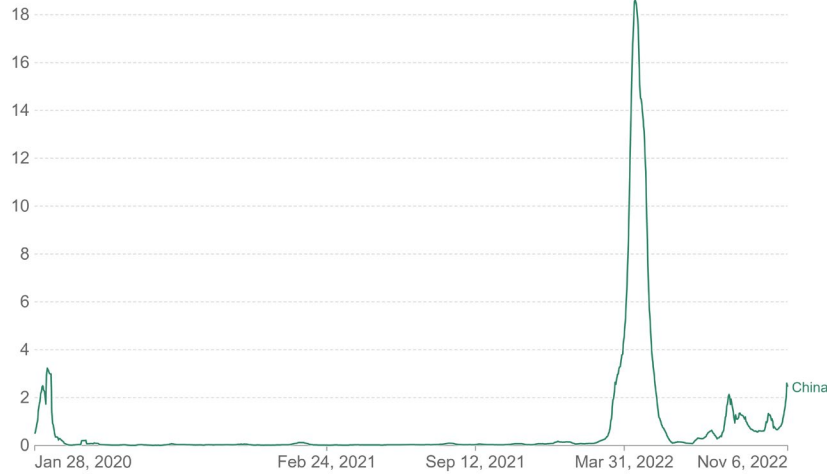
Paxlovid utilization by age group



China

Daily new confirmed COVID-19 cases per million people

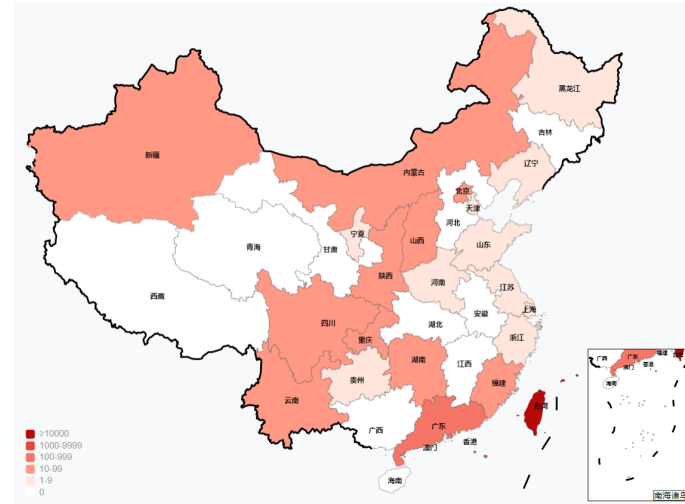
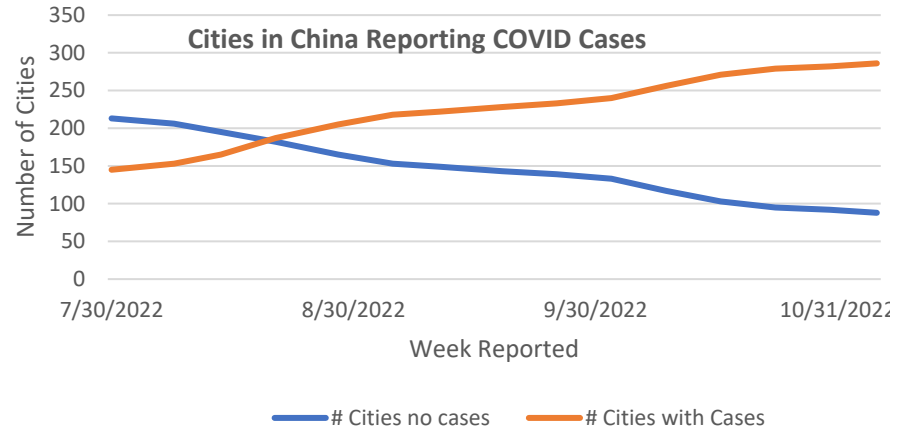
7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.



Source: Johns Hopkins University CSSE COVID-19 Data

Our World
in Data

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Questions

Upcoming NEBGH virtual events:

- **Nov. 10** – 2022 Mid-Term Elections: What They Mean for Employers
- **Nov. 17** – Up and Comers with Sandi Stein
- **Nov. 22** - Monday Bi-Weekly COVID-19 Update w/ Dr. Mark
- **Dec. 1** – Getting the Bang out of Your Navigation Buck
- **Dec. 6** – 28th Annual Tribute to Leadership