

What We Know Now

January 26, 2023

A weekly compilation of the latest news surrounding the COVID-19 pandemic from the Community Care Network of Kansas. If developments happen that require immediate attention, Community Care will provide special updates as needed. We will also continue to monitor monkeypox, influenza, and others to include information about them in What We Know Now, as conditions warrant. We remain committed to keeping you informed with the latest information to help you respond to current and changing conditions.

Community Care Spotlight

Health Ministries Clinic and Community Engagement Go Hand in Hand



Health Ministries Clinic not only provides high-quality integrated health care, but they are superstars in the communities they serve. Recently, Health Ministries Clinic hosted a booth at Et Cetera Shop in Newton to provide health information and amazing giveaways like COVID tests, thermometers, adult and children's multi-vitamin gummies, Clorox disinfecting wipes, hand sanitizers, kids stickers, dental bags including- toothbrushes, floss and toothpaste, candy canes, and HOT APPLE CIDER! What a great way to engage the community, hand out health resources and goodies, and enjoy all the smiles.

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KDHE/Governor's Office/Statehouse

As of 1/25/23: KDHE COVID DATA

[Latest statistics](#): 926,022 positive cases, 9,944 deaths, and 50 MIS-C cases. There were 2,148 new cases and 41 new deaths reported since 1/25/23.

Updated on 1/25/2023: According to the [Kansas WebZ vaccination tracker](#), 5,136,151 doses have been administered in Kansas. 3,728,224 people have had their first dose; 1,042,895 have had their second dose; and 365,033 have had a bivalent booster dose. 12.1% of Kansans have been vaccinated with the bivalent booster.

For the week of 1/14/23 – 1/20/23, incidence rates in Kansas have declined. 11 counties of the 105 Kansas counties were considered to be [areas of high transmission](#), with at least 100 cases per 100,000 residents. 36 counties have substantial rates of transmission, (50-99 cases per 100,000), while 40 counties had moderate transition rates (10-49 cases per 100,000). 18 counties had low transmission rates, with fewer than 11 cases per 100,000.

The next COVID-19 Update for Local Partners will take place Thursday, **February 2nd, 2023** at 10am CT. **You can register for the webinar here:** https://us02web.zoom.us/webinar/register/WN_rd61wl-bRh-KNAUow7olxA .
Password: KDHECOVID

Centers for Disease Control and Prevention

Updates on COVID-19 Vaccine Availability

CDC advises health centers of the following changes to COVID-19 vaccine availability. These changes will take effect on Tuesday, January 31, for health centers ordering through states/jurisdiction, and on Wednesday, January 25, for those ordering through the Health Center COVID-19 Vaccine Program.

- The Emergency Use Authorization (EUA)-labeled Pfizer BioNTech adult (12+) monovalent vaccine (NDC 59267-1025-04) will no longer be available to order. The Biologics License Application (BLA)-labeled (COMIRNATY) product (NDC 00069-2025-10) will replace it. These are identical products, except for the labeling and the process they went through to be approved by FDA.
- Novavax will no longer be available. This product is set to expire on Tuesday, February 28, and will not receive a shelf-life extension.

Health Center COVID-19 Vaccine Program Participants: If you need more Novavax, include it in your order today or tomorrow.

Updates to COVID-19 Testing and Treatment for the Current SARS-CoV-2 Variants (1/24/23, link [here](#))

As SARS-CoV-2 variants evolve, circulating variants have increased transmissibility and ability to evade the immune system, which changes the treatment and prevention options for COVID-19. Clinicians should understand the nuances of current SARS-CoV-2 testing and treatment to prevent hospitalizations and deaths among people at elevated risk of severe disease.

During this COCA Call, subject matter experts will provide an overview of COVID-19 epidemiology and the current variant landscape, address current Centers for Disease Control and Prevention testing guidance and the National Institutes of Health and Infectious Disease Society of America COVID-19 treatment guidelines, and discuss risk assessment and considerations for treatment options.

CDC launches website to help consumers find free COVID-19 testing sites (1/24/23, link [here](#))

Today CDC launched the [COVID-19 Testing Locator website](#), which will allow consumers to search for free COVID-19 testing sites near them. The locator is part of the CDC Increasing Community Access to Testing (ICATT) program, which provides access to COVID-19 testing, focusing on communities at a greater risk of being impacted by the pandemic, people who do not have health insurance, and surge testing in state and local jurisdictions.

Tests offered may include laboratory-based [nucleic acid amplification tests \(NAATs\)](#), including polymerase chain reaction (PCR) tests, and rapid [antigen point-of-care \(POC\) testing](#). Results are typically provided within 24–48 hours. Testing is available at pharmacies, commercial laboratory sites, community sites, and retail locations.

COVID-19 testing is available at no-cost at ICATT sites to people with or without health insurance who are experiencing [symptoms](#) or [have been exposed](#) to someone with COVID-19. The tests are billed to third-party payers, such as Medicare, Medicaid, and private health insurers. People without health insurance do not have to pay for COVID-19 testing at ICATT locations. Consumers can access the Testing Locator at testinglocator.cdc.gov.

MMWR: Early Estimates of Bivalent mRNA Booster Dose Vaccine Effectiveness in Preventing Symptomatic SARS-CoV-2 Infection Attributable to Omicron BA.5– and XBB/XBB.1.5–Related Sublineages Among Immunocompetent Adults — Increasing Community Access to Testing Program, United States, December 2022–January 2023 (1/25/2023, link [here](#)).

The SARS-CoV-2 Omicron BA.2-related sublineage XBB.1.5 is gaining predominance nationwide. Vaccine effectiveness against XBB and XBB.1.5 is unknown. This study found that using spike (S)-gene target presence as a proxy for BA.2 sublineages, including XBB and XBB.1.5, during December 2022–January 2023, the results showed that a bivalent mRNA booster dose provided additional protection against symptomatic XBB/XBB.1.5 infection for at least the first 3 months after vaccination in persons who had previously received 2–4 monovalent vaccine doses. Among 29,175 nucleic acid amplification tests (NAATs) with SGTF or SGTP results available from adults who had previously received 2–4 monovalent COVID-19 vaccine doses, the relative VE of a bivalent booster dose given 2–3 months earlier compared with no bivalent booster in persons aged 18–49 years was 52% against symptomatic BA.5 infection and 48% against symptomatic XBB/XBB.1.5 infection.

MMWR: Reasons for Receiving or Not Receiving Bivalent COVID-19 Booster Vaccinations Among Adults — United States, November 1–December 10, 2022 (1/20/23, link [here](#))

Bivalent COVID-19 booster vaccines increase protection against infection and severe disease. However, few eligible U.S. residents have received a bivalent booster dose, and factors underlying low coverage are unclear. An online opt-in survey of 1,200 previously vaccinated U.S. residents found that the most common reasons for not getting a bivalent booster dose were lack of awareness about eligibility or availability and overconfidence in immunity; reasons varied by age group.

All eligible adults should receive a bivalent COVID-19 booster vaccine. To help increase bivalent booster dose coverage, health care and public health professionals should use evidence-based strategies to inform persons about booster vaccine recommendations and waning immunity.

CDC’s website, [Community Features](#), offers examples of how to partner to get people vaccinated.

Additional COVID updates include:

- [Cases in the US](#)
- [COVID-19 Forecasts: Deaths](#)
- [Reporting COVID-19 Vaccinations in the United States](#)

HRSA

Telehealth Policy Updates: 1/25/23, link [here](#)

As the public health emergency ends, more resources and guidance will be made available to keep you and your staff up to date regarding the latest changes to telehealth policies. Federal legislation continues to expand and extend telehealth services. The Consolidated Appropriations Act of 2023 [extended many telehealth flexibilities](#) authorized during the COVID-19 [public health emergency](#) through the end of 2024. Visit [Telehealth.HHS.gov](#) to learn about [recent telehealth policy updates](#) including for rural health, behavioral health, and other telehealth access options.

FINAL SESSION: Special and Vulnerable Populations COVID-19 Forum

Join several HRSA-funded National Training and Technical Assistance Partners (NTTAPs) and their featured speaker from CDC’s Post-COVID Conditions Team – Dr. Jennifer Cope – for a session focusing on long COVID and its status, challenges, and promising practices. You’ll have the chance to provide feedback and identify health center needs relative to COVID-19 and preparedness for future outbreaks and other emergencies.

Friday, January 27

1:00 - 2:00 p.m.

[Registration page](#)

HHS:

2023 Federal Poverty Guidelines: link [here](#)

Office of the Assistant Secretary for Planning and Evaluation has released 2023 HHS Poverty Guidelines.

The [Poverty Guidelines API](#) is now available with the 2023 data. Join our [listserv](#) to stay up-to-date on the latest news regarding the poverty guidelines. The poverty guidelines are issued each year in the Federal Register by the Department of Health and Human Services. The guidelines are a simplification of the poverty thresholds for use for administrative purposes — e.g., determining financial eligibility for certain federal programs.

FDA:

Vaccines and Related Biological Products Advisory Committee January 26, 2023 Meeting Announcement (link [here](#))

The FDA is considering a major shift in the nation's COVID vaccine strategy. "FDA anticipates conducting an assessment of SARS-CoV-2 strains at least annually and to engage VRBPAC in about early June of each year regarding strain selection for the fall season," the FDA wrote in its briefing document, adding that updated vaccines would be readied for use by September each year.

The agency notes that if a more dangerous COVID variant were to emerge, it might reconsider the vaccine strain at other times of the year on an "as-needed and emergent basis."

According to the [NPR](#), The goal is to simplify vaccination against COVID and perhaps adopt an approach similar to what is used for the flu vaccine, with annual updates to match whatever strain of the virus is circulating. Under the new approach, most people would be advised to simply get whatever the latest version of the vaccine is annually each fall like the flu vaccine. They wouldn't have to worry about how many shots they've already gotten and which one they got when. Those who still need to receive two doses initially, such as young children and older people, would use the same formulation for all three shots. The NPR article also looks at questions of the efficacy of COVID vaccines, arguments for alternate vaccine strategies, and endemic COVID.

Media/Scientific Reports

Oxford Academic Cardiovascular Research: Association of COVID-19 with short- and long-term risk of cardiovascular disease and mortality: a prospective cohort in UK Biobank (Published 1/19/23)

Link to the study can be found [here](#). This study shows that a patient's increased risk for developing major cardiovascular disease lasts for at least 18 months after infection. In the short-term (within 21 days of infection), people recovering from COVID had four times higher risk of developing major cardiovascular disease and 81 times higher risk for death.

Reuters: Omicron subvariant XBB.1.5 makes up nearly half of U.S. COVID cases- CDC

1/20/23: The fast-spreading Omicron XBB.1.5 is estimated to make up nearly half of U.S. COVID-19 cases, data from the Centers for Disease Control and Prevention (CDC) showed on Friday, putting it on track to become the dominant subvariant in the country.

It is estimated to account for 49.1% of COVID cases in the country in the week ended Jan. 21, a jump from 37.2% [last week](#). The subvariant is an offshoot of XBB, a combination of two other Omicron sub-variants, that has been rapidly gaining ground in United States, particularly in the northeast.

USA Today:

How often do you need a COVID booster? (1/20/23, link [here](#))

Once a year, according to Yale researchers who examined the long-term outcomes from a booster schedule. They found that [annual boosters will prevent huge outbreaks](#) while not putting an undue burden on people.

Data shows boosters reduced infections by:

- More than 93% when given twice a year
- 75% when given once a year
- 55% when given every year and a half
- 24% given every three years

You're going to be hearing a lot about boosters this week. That's because on Thursday, 1/26/23, the [Vaccines and Related Biological Products Advisory Committee](#) is meeting to update guidelines for COVID-19 vaccinations. They won't vote on how often to get shots, but you can expect lots of discussion and other nuanced changes to keep the vaccines up to date and make the process less confusing. You can watch a livestream of the meeting [here](#).

COVID, RSV and the flu: A case of viral interference? (1/21/23, link [here](#))

Three years into the pandemic, COVID-19 is still going strong, causing wave after wave as case numbers soar, subside, then ascend again. But this past autumn saw something new — or rather, something old: the return of the flu. Plus, [respiratory syncytial virus \(RSV\)](#) — a virus that makes few headlines in normal years — ignited in its own surge, creating a “[tripledeemic](#).”

In the ongoing pandemic, it's still hard to say how much of a role, if any, interference played in shutting down RSV and flu in populations around the globe.

During the first COVID wave in 2020, Ellen Foxman, an immunologist at Yale School of Medicine, thinks that not enough people had COVID for it to be interfering with other viruses on a grand scale. (RSV underwent an [unusual summer peak in 2021](#) as people eased up on masking and other precautions.)

But by the second COVID winter, in 2021-2022, Richard Webby, a virologist at St. Jude Children's Research Hospital in Memphis, thinks he sees population-level evidence for interference. Influenza was starting to pick up in the fall, he said, but then the omicron variant of COVID burst onto the scene. Flu rates fell — even though people were back at work and school and traveling for the holidays.

The coronavirus had a big advantage that season, he said, because many people still lacked immunity to it. It doesn't mean COVID will always edge out influenza in the future.

In the third COVID winter now underway in the Northern Hemisphere, conditions are different yet again. Many people now have immunity to COVID, from a recent bout or from vaccination, but fewer have experienced RSV or flu in recent memory. That set the scene for flu and RSV to stage a massive dual comeback, hitting early and hard.

WebMD Health News

Highly Anticipated HIV Vaccine Fails in Large Trial (1/19/23, link [here](#))

The only [HIV vaccine](#) nearing the completion of testing trials is not effective at preventing [HIV](#), officials announced Wednesday. The vaccine had been in development since 2019 and was given to 3,900 study participants through October 2022, but data shows it does not protect against HIV compared to a placebo, according to developer [Janssen Pharmaceutical](#).

Experts estimate the failure means there won't be another potential vaccine on the horizon for 3 to 5 years, *The New York Times* [reported](#). "It's obviously disappointing," Anthony Fauci, MD, former head of the National Institute of Allergy and Infectious Diseases, told [MSNBC](#), noting that other areas of HIV treatment research are promising. "I don't think that people should give up on the field of the HIV vaccine."

No safety issues had been identified with the vaccine during the trial, which studied the experimental treatment in men who have sex with men or with transgender people. There is no cure for HIV, but disease progression can be managed with existing treatments. HIV attacks the body's immune system and destroys white blood cells, increasing the risk of other infections. More than 1.5 million people worldwide were infected with HIV in 2021 and 38.4 million people are living with the virus, according to [UNAIDS](#).

Mpox: Dermatology Registry Data Pinpoints Unique Signs (1/23/23, link [here](#))

Data from a dermatology [monkeypox \(mpox\) registry](#) reveal that patients struck during the 2022 worldwide outbreak experienced two nontraditional findings: Skin lesions that frequently appeared before systemic illness and a much lower overall numbers of lesions.

[Esther Freeman, MD, PhD](#), Director of Global Health Dermatology at Massachusetts General Hospital, Boston, said, "Mpox appeared to manifest differently than in previous outbreaks with morphologic and clinical evolutions much different than previously reported in endemic and prior outbreaks." "Dermatologists should continue to keep mpox on the differential as it continues to circulate at low levels in the population and is a mimicker of many other common skin diseases."

According to the [Centers for Disease Control and Prevention](#), as of Jan. 20, 2023, there have been 30,061 cases of mpox in the United States during the outbreak that began in 2022; 23 people died. Worldwide, the number of cases neared 85,000. A vaccination effort began last summer, and the number of cases soon plummeted. The national [daily case count in January](#) has been in the single digits.