

## What We Know Now

February 23, 2023

*A weekly compilation of the latest news surrounding the COVID-19 pandemic from 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 Partnership Clinic received the Olathe Mayor's Children's Fund award



On February 21<sup>st</sup>, Olathe Mayor's Children's Fund awarded Health Partnership Clinic (HPC) \$7,990 to provide support to their adolescent dental care services. Amy Falk, Health Partnership Clinic CEO, accepted the award on behalf of HPC and the HPC Board of Directors. This award acknowledged the significant adolescent health impacts that Health Partnership Clinic's make on the communities they serve.

Congratulations to Health Partnership Clinic.

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### KDHE/Governor's Office/Statehouse

#### As of 2/22/23: KDHE COVID DATA

[Latest statistics](#): 934,180 positive cases, 10,034 deaths, and 50 MIS-C cases. There were 1,975 new cases and 5 new deaths reported.

Updated on 2/22/2023: According to the [Kansas WebIZ vaccination tracker](#), 5,155,295 doses have been administered in Kansas. 3,734,450 people have had their first dose; 1,046,069 have had their second dose; and 374,777 have had a bivalent booster dose. 12.4% of Kansans have been vaccinated with the bivalent booster.

For the week of 2/11/23 – 2/17/23, 24 counties of the 105 Kansas counties were considered to be [areas of high transmission](#), with at least 100 cases per 100,000 residents. 31 counties have substantial rates of transmission, (50-99 cases per 100,000), while 33 counties had moderate transition rates (10-49 cases per 100,000). 17 counties had low transmission rates, with fewer than 11 cases per 100,000.

**COVID-19 Update for Local Partners** will take place Thursday, **March 2nd, 2023** at 10am CT. You can register for the webinar [here](#). Password: KDHECOVID

### HRSA

**CONGRATULATIONS! Two Years and 23M+ Vaccines Administered**

Two years ago, the Biden-Harris Administration recognized the importance of ensuring equity in COVID-19 vaccine distribution. The [Health Center COVID-19 Vaccine Program](#) directly allocated COVID-19 vaccines to health centers. To date, HRSA-supported health centers in and outside of the program have administered more than 23 million vaccines. A historic achievement! Take a moment away from your to-dos and look back at these past two years.

You've been creative, patient, and tireless in getting your communities vaccinated. It's not an exaggeration to say that the Vaccine Program dramatically raised the profile of the entire Health Center Program. Now, leaders in government and health care want to know, "How can health centers help?" And that's because of you!

Building on your success, in late 2021/early 2022, HRSA added COVID-19 Response Programs to ensure access to masks, testing supplies, and therapeutics. More recently, HRSA awarded Expanding COVID-19 Vaccination funding to support your continued work to get people vaccinated. Our [January 17 webinar](#) featured examples of your partnerships that leverage trusted messengers in addressing vaccine confidence issues.

As a reminder, any HRSA-supported health center is welcome to join the COVID-19 Response Programs. Submit a ticket via the [BPHC Contact Form](#) if you're interested.

### **Advisory Committee on Immunization Practices 2023 Recommended Immunization Schedules**

- Changes in the [2023 immunization schedules for children and adolescents ages 18 or younger](#) include new or updated recommendations for flu; pneumococcal disease; measles, mumps, and rubella (MMR); and COVID-19 vaccines. [Learn about all the changes.](#)
- Changes in the [2023 adult immunization schedule](#) include new or revised recommendations for flu and pneumococcal disease vaccines. [Learn about all the changes.](#)

### **Provider Relief Fund Reporting Period 4**

The Provider Relief Fund (PRF) [Reporting Portal](#) is open until 11:59 p.m. ET on Friday, March 31. Providers who received one or more PRF (General or Targeted) and/or American Rescue Plan Rural payments exceeding \$10,000, in the aggregate, from July 1, 2021 to December 31, 2021, must report on their use of funds during Reporting Period 4 to comply with [PRF Reporting Requirements](#) (PDF). Find information and resources on the [PRF Reporting webpage](#).

### **Clinical Rounds: Prescribing COVID-19 Oral Antivirals**

Join a special, extended COVID-19 Response Program Office Hours session. Clinical experts from the White House and HHS' Administration for Strategic Preparedness and Response (ASPR) will provide an overview of the COVID-19 therapeutics landscape. Then panelists from Ammonoosuc Community Health Services in New Hampshire and El Rio Health Center in Arizona will share best practices from their Test-to-Treat programs, discuss how quick access to lifesaving COVID-19 treatment is becoming the standard for high-quality primary care, and pose clinical questions to our experts. The discussion will highlight the management of challenging drug interactions.

Though some information may be geared toward COVID-19 Response Program participants, we encourage *all* HRSA-supported health centers to attend these sessions.

Tuesday, February 28

12:00 – 1:30 p.m.

[Registration page](#)

## **New HRSA Grant! Advanced Nursing Education Nurse Practitioner Residency and Fellowship Program:**

This program is to prepare new Advanced Practice Registered Nurses (APRNs) to effectively provide primary care by supporting the establishment, expansion and/or enhancement of existing community-based Nurse Practitioner (NP) residency and fellowship training programs. The program focuses on the integration of behavioral health and/or maternal health into primary care by training new primary care providers, behavioral health providers (psychiatric/mental health NPs) and/or Certified Nurse Midwives to transition from education completion to practice, in community-based settings. Other nonprofit private or public entities such as Rural Health Clinics, FQHCs, or HRSA-supported health centers are able to apply. [Applications are due April 11.](#)

## **NEW: HRSA Makes \$30 Million Available for Health Centers to Expand Early Childhood Development Service**

February 17, 2023, find the article [here](#).

Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services (HHS), announced the availability of approximately \$30 million for HRSA-funded health centers to expand early childhood development care through increased screenings and follow-up services.

“HRSA-funded health centers are dedicated to meeting the unique needs of their communities – including providing key preventive services and care to help their youngest patients thrive,” said Administrator Carole Johnson. “This funding will strengthen and expand the availability of early childhood screenings and follow-up services that are vital for ensuring that kids get the support they need and have the tools to lead healthy, happy lives.”

Health centers provide essential preventive and primary care services to underserved communities across the country. Children undergo rapid physical, cognitive, linguistic, and emotional growth and development at this stage, and screening efforts help identify developmental or behavioral conditions, language delays, or other needs, such as food insecurity and housing instability, that can contribute to gaps in school readiness and impact a student’s ability to succeed.

Health centers that receive these awards will use the funding to strengthen their capacity to provide more children with recommended developmental screenings and follow-up services, including by developing the health center workforce necessary to deliver these services and focusing on the patient and caregiver experience. Applications are due in [Grants.gov](#) on March 17, 2023 and in [HRSA Electronic Handbooks](#) on April 18, 2023. Visit the [Early Childhood Development Technical Assistance Webpage](#) for the notice of funding opportunity, technical assistance information, and other resources.

## **Centers for Disease Control and Prevention (CDC)**

### **REMINDER: Evaluating and Supporting Children and Adolescents Presenting with Post-COVID Conditions (COCA Call)**

Post-COVID conditions (PCC), also referred to as Long COVID or post-acute sequelae of SARS-CoV-2 infection (PASC), is an umbrella term for the wide range of health consequences that are present 4 or more weeks after SARS-CoV-2 infection. Most children infected with SARS-CoV-2 have asymptomatic infection or mild acute symptoms with low rates of hospitalization and death. However, some children and adolescents, including those with mild or asymptomatic infection, develop post-acute manifestations of SARS-CoV-2 infection.

During this COCA Call, presenters will discuss evaluating and supporting post-COVID conditions in children and adolescents and the recommended clinical approach to identifying and managing PCC in children and adolescents

based on the “Multi-Disciplinary Collaborative Consensus Guidance Statement on the Assessment and Treatment of PASC in Children and Adolescents” published by the American Academy of Physical Medicine and Rehabilitation. (AAPM&R)

**Date:** Thursday, February 23, 2023

**Time:** 1:00 PM – 2:00 PM

**Webinar Zoom Link:** click [here](#)

**Passcode:** 617516

**Webinar ID:** 161 715 3478

[Free Continuing Education \(CE\)](#) will be offered for this COCA Call.

### **CDC Guidance on Single-Dose Vials – Featuring HRSA-funded Health Centers!**

CDC recently released guidance on single-dose vials of the updated (bivalent) Pfizer-BioNTech COVID-19 vaccine for people 12 years of age and older. This single-dose vaccine is available for ordering. It provides greater flexibility for vaccine administration partners to expand access and availability of the updated vaccine. [CDC's update](#) (PDF) includes examples of how health care systems and organizations are using the single-dose vials – including two stories of HRSA-funded health centers.

#### **MMWR:**

***COVID-19 Bivalent Booster Vaccination Coverage and Intent to Receive Booster Vaccination Among Adolescents and Adults — United States, November–December 2022 (February 17, 2023, find article [here](#))***

#### **What is already known about this topic?**

COVID-19 bivalent booster vaccination has been recommended for persons aged  $\geq 12$  years since September 1, 2022.

#### **What is added by this report?**

Based on interviews conducted during November–December 2022, only 27.1% of adults and 18.5% of adolescents who had completed a COVID-19 primary series received a bivalent booster, and coverage was lower among Black and Hispanic persons. An additional 39.4% of adults were open to booster vaccination, and an additional 52.0% of adolescents had parents who were open to booster vaccination for their children. Those in rural areas had much lower primary series completion rate and up-to-date vaccination coverage.

#### **What are the implications for public health practice?**

Health care provider recommendations for booster vaccination, dissemination of information about the safety of vaccine by trusted messengers and reducing barriers to vaccination could improve COVID-19 booster vaccination coverage.

***COVID-19 Vaccination Coverage and Demographic Characteristics of Infants and Children Aged 6 Months–4 Years — United States, June 20–December 31, 2022 (February 17, 2023, find article [here](#))***

#### **What is already known about this topic?**

Although severe COVID-19 hospitalization and death occur more commonly among adults, young children are also affected.

#### **What is added by this report?**

As of December 31, 2022, coverage with  $\geq 1$  COVID-19 vaccine dose among young children (those aged 6 months–4 years) was 10.1%, and 5.1% had completed the primary series. Coverage among young children varied by

jurisdiction, urbanicity, race, and ethnicity. Five months after the COVID-19 vaccines became available to young children, their vaccination coverage is substantially lower than that in older children.

### **What are the implications for public health practice?**

Enhanced evidence-based practices are needed to decrease barriers to vaccination and increase parental COVID-19 vaccine confidence to improve COVID-19 vaccination coverage among young children to reduce associated morbidity and mortality.

***Preliminary Estimates of Effectiveness of Monovalent mRNA Vaccines in Preventing Symptomatic SARS-CoV-2 Infection Among Children Aged 3–5 Years — Increasing Community Access to Testing Program, United States, July 2022–February 2023 (February 17, 2023, find article [here](#))***

### **What is already known about this topic?**

Since June 2022, COVID-19 primary series vaccination has been recommended for young children with either Moderna for children aged 6 months–5 years or Pfizer-BioNTech for children aged 6 months–4 years; however, post authorization vaccine effectiveness data are limited.

### **What is added by this report?**

Complete monovalent Moderna and Pfizer-BioNTech primary series vaccination provides protection for children aged 3–5 and 3–4 years, respectively, against symptomatic SARS-CoV-2 infection for at least the first 4 months after vaccination.

### **What are the implications for public health practice?**

Children should stay up to date with COVID-19 vaccines, including completing the primary series; those who are eligible should receive a bivalent vaccine dose. Continued vaccine effectiveness monitoring in young children is needed.

### **Additional COVID updates include:**

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

## **NACHC:**

### **Medicaid Unwinding Period Begins for Redeterminations:**

Some states have initiated their first Medicaid renewals this month. NACHC is asking PCAs to stay engaged with our federal policy team during this process. If your state has begun renewals, we would like to hear from you regarding the notification letters being sent to patients. Please contact us at [federalpolicy@nachc.org](mailto:federalpolicy@nachc.org).

The following are NACHC resources to assist health centers and their partners throughout this redetermination process.

- **Listening Sessions:** We invite health centers, PCAs and advocates to join our redeterminations listening session to discuss patient engagement and emerging challenges at the state level. We encourage outreach and enrollment staff and consumer board members to join this discussion. Please register [here](#) for the session on **February 24 at 2:00-3:00 pm ET**.

- **Join the Medicaid Redetermination Noddlepod:** To stay up-to-date on NACHC’s online information sharing platform. Register [here](#).
- [CMS Medicaid and CHIP Continuous Enrollment Unwinding Webinar](#) will be held next week on **February 22 at 12 pm ET**.

**CMS PHE Transition Roadmap:**

CMS has [released a fact sheet](#) of the flexibilities that will and not be affected by the end of the COVID-19 public health emergency. Some key items to note are that out-of-pocket expenses for certain treatments may change depending on an individual’s health care coverage. Medicaid programs will continue to cover COVID-19 treatments without cost sharing through September 30, 2024. Major Medicare telehealth flexibilities will not be affected. As well as Medicaid telehealth flexibilities will also not be affected.

**Funding Opportunity for PCAs:**

NACHC, through funding from the Leon Lowenstein Foundation, has a new grant opportunity for Primary Care Associations (PCAs). The [State-level Mobile Unit Capacity Building](#) grant invites applications to support and improve the sustainability and operational effectiveness of mobile units at community health centers. Applications are due by March 15, 2023. Read the [full announcement and apply](#).

**National Institutes of Health (NIH)**

**Teen Brains Aged Prematurely During COVID-19 Pandemic (article link [here](#))**

In a small study supported by the National Institute of Mental Health (NIMH), researchers found that teen brains looked as though they had aged an average of about 3 years during only 10 months of the pandemic. This effect mirrors what is known to happen in teen brains after they are exposed to adversity or traumatic events like violence, neglect, and family dysfunction.

After pandemic shutdowns, teens reported more anxiety and depression. They also internalized problems more than the teens interviewed before the pandemic.

Brain scans showed that parts of the brain involved in memory and emotion — the hippocampus and the amygdala — were thicker in post-shutdown teen brains. The cortex — the area involved in executive functions, such as self-control and problem-solving — was thinner. These changes are normal in brain development, but they appear to have happened faster during the pandemic shutdowns.

These findings underscore the serious struggle that adolescents experienced during pandemic shutdowns and should be taken into consideration by health care providers, mental health professionals, parents, and others who work with teens. Prematurely aging brains can correlate with depression, anxiety, and addiction in the future and a higher risk of cancer, diabetes, and heart disease.

The results are also important for the scientific community. Researchers who conduct studies with teens who have been living through the pandemic cannot assume that their brains have developed at the same rate as teens’ brains before the pandemic.

**NIH RECOVER research identifies potential long COVID disparities (Published 2/16/23, article link [here](#))**

Black and Hispanic Americans appear to experience more symptoms and health problems related to [long COVID\(link is external\)](#), a lay term that captures an array of symptoms and health problems, than white people, but are not as likely to be diagnosed with the condition, according to new research funded by the National Institutes of Health. The findings – from two different studies by NIH’s [Researching COVID to Enhance Recovery\(link is external\)](#) (RECOVER) Initiative – add to a growing body of research aimed to better understand the complex symptoms and other issues associated with long COVID that millions have experienced.

“This new evidence suggests that there may be important differences in how long COVID manifests in different racial and ethnic groups,” said Mitchell S.V. Elkind, M.D., a professor of neurology and epidemiology at Columbia University, New York City, and chief clinical science officer for the American Heart Association. “However, further research is needed to better understand the mechanisms for these differences in symptoms and access to care, and also if diagnostic codes assigned by clinicians may play a role.”

### **How Does COVID-19 During Pregnancy Affect Child Development? (article link [here](#))**

In preliminary findings from a small study supported by the National Institute of Mental Health and the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, researchers compared data and found that babies whose mothers had COVID-19 while pregnant were more likely to be diagnosed with neurodevelopmental disorders in their first year than babies of people who did not have COVID-19 during pregnancy.

The researchers looked at the anonymous electronic health records of 7,466 patients who delivered babies between March and September 2020, before COVID-19 vaccines were available. According to those records, 222 of those people tested positive for COVID-19 while they were pregnant.

Next, the researchers looked at the first year of health records for the 7,772 babies of those pregnancies (some patients gave birth to multiple children). During their first year, babies are expected to hit many speech and motor skill milestones, such as playing games, putting objects in a container, or picking up small pieces of food between a thumb and finger. Not all babies hit these milestones at the same time. But if a baby has certain delays, a doctor may diagnose them with a neurodevelopmental disorder, which is recorded in the electronic health record.

The researchers found that 6% of the babies who were exposed to COVID-19 during pregnancy were diagnosed with neurodevelopmental disorders in their first year. The risk of these disorders was highest for the babies of pregnant people who tested positive for COVID-19 during their third trimester.

By comparison, only 3% of the babies who were not exposed to COVID-19 during pregnancy were diagnosed with neurodevelopmental disorders.

### **COVID-19 Disrupts Gut Microbes (February 2023 NIH Newsletter: article link [here](#))**

A [new study](#) showed that COVID-19 can disrupt the gut’s microbes and allow harmful bacteria into the bloodstream.

The researchers first studied mice infected with SARS-CoV-2, the virus that causes COVID-19. They found that the virus caused changes to the gut lining. Mice with the virus also had fewer types of microbes in their guts.

Next, the team studied the microbes in stool samples from 96 people with COVID-19. In one of every four samples, a single type of bacteria dominated. Some of these bacteria were resistant to antibiotics, which makes them

difficult to kill. The people who had infections in their blood tended to have a less diverse mix of microbes in the gut. The type of bacteria found in their blood was also seen in their gut.

Together, these results suggest that SARS-CoV-2 can upset the balance of gut microbes. This allows harmful bacteria to thrive in the gut. It also alters the gut lining to let these bacteria more easily spread from the gut to the bloodstream.

“Now that we have uncovered the source of this bacterial imbalance, physicians can better identify those coronavirus patients most at risk of a secondary bloodstream infection,” says Dr. Ken Cadwell of New York University, who co-led the study with colleague Dr. Jonas Schluter.

## **Media/Scientific Reports**

### **Yahoo News, Prevention:**

**COVID Antibodies Could Last Longer Than We Thought, According to New Study (by Korin Miller, 2/21/23, find article [here](#))**

The only upside of dealing with [COVID-19](#) is the reassurance that you likely won't have to experience the virus again soon. But just how long COVID antibodies last has been a matter of debate for some time.

“We don't know, exactly,” says William Schaffner, M.D., infectious disease specialist and professor of medicine at the Vanderbilt University School of Medicine in Nashville. “Part of that is because COVID has complicated things for us by coming up with new variants that are a little different from the previous variants that are out there.”

Thomas Russo, M.D., a professor and chief of infectious diseases at the University at Buffalo in New York, agrees. “Our data are somewhat imperfect,” he says. “The studies come out and the variants are staying ahead of our clinical data to a degree.”

However, a recent large study published in [The Lancet](#) suggests that you may get longer protection from being infected with COVID-19 than experts previously thought. What may happen from person to person, though, is a little complicated. Here's what you need to know about how long COVID immunity lasts, and why doctors still recommend you get a booster shot if you've had the virus.

A new study published in [The Lancet](#) found that the immunity you get from being infected by COVID-19 is as protective as vaccination when it comes to severe disease and death. The study, which is the largest meta-analysis to date on immunity after having COVID-19, analyzed data from 65 studies from 19 countries and compared the risk of getting the virus again in people who had just recovered from it to those who hadn't been infected. (Worth noting: Newer Omicron subvariants like BQ.1 and the currently circulating subvariants weren't in the study.)

The researchers found that having COVID-19 lowered the risk that someone would be hospitalized and die from a COVID reinfection by 88% for at least 10 months.

However, people could still be reinfected with the virus (especially an Omicron subvariant) which indicated that, while protection against hospitalization and death stayed high for the study period, protection against having symptoms of the virus fades faster.

Having had COVID-19 before the Omicron variants emerged didn't seem to help much. People who had previous infection with a different variant were 74% likely to be protected from reinfection after a month, but that dipped to 36% by 10 months.

### **Medscape:**

**Paxlovid Doesn't Increase Risk for Rebound COVID Infection: Study (2/15/23, by Lisa O'Mary, article [here](#))**

People who took the antiviral Paxlovid to treat COVID-19 infections were not more likely to get back-to-back bouts of the virus, a new study shows.

The findings offer clarity amid concerns that the use of Paxlovid, which works by stopping the spread of the virus in the body, increased the risk of COVID-19 rebound.

"Rebound is a re-emergence of symptoms and an uptick in viral load after a period of recovery," the Center for Infectious Disease Research and Policy explained in a [summary](#) of the study.

Researchers found that patients who received Paxlovid, another antiviral called Lagevrio, or no antiviral medication had rebounds at similar rates, ranging from 4.5% to 6.6%.

The [study](#) was published Monday in the journal *The Lancet Infectious Diseases* and included 4,592 people in Hong Kong who were hospitalized within 3 days of a COVID diagnosis. The study period was from Feb. 26, 2022, to July 3, 2022, which is the time that the Omicron subvariant BA.2.2 was predominant.

The study further found that the risk of rebound was tied to being 18 to 65 years old (compared to older patients), having chronic medical conditions, and receiving steroid treatment. Another finding, which the authors noted was important, was that it appeared Paxlovid did not make rebounds more severe. People who got Paxlovid and had a rebound infection were not more likely to be admitted to the intensive care unit, need a ventilator to help them breathe, or die.