What We Know Now

December 15, 2022

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

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CONGRATULATIONS COVER KANSAS AND NAVIGATORS!

Cover Kansas and Navigator’s across Kansas have been working tirelessly throughout open enrollment of the Health Insurance Marketplace. We celebrate you and all your hard work to progress health access and equity as open enrollment comes to a close.

This is a picture of Atchison Community Health Clinic’s table for Navigator Jen who assisted patients to find affordable health insurance. Great Job Jen!

HealthCore Clinic Walk-In COVID-19 Vaccine Clinic

HealthCore Clinic offers a COVID-19 vaccine walk-in clinic every Thursday from 2-5pm. Anyone 6 months or older can get a COVID-19 vaccine from HealthCore Clinic. We also have the updated bivalent boosters, primary series boosters, and 3rd doses available. If you cannot come today, you can schedule your COVID-19 vaccine for a time that works best for you by visiting https://healthcoreclinic.org/gottheshot.

KDHE/Governor’s Office/Statehouse

As of 12/14/22: KDHE COVID DATA

Latest statistics: 909,831 positive cases, 9,702 deaths, and 49 MIS-C cases. There were 4,153 new cases and 10 new deaths reported since 12/14/22.

According to the Kansas Weblz vaccination tracker, 5,070,881 doses have been administered in Kansas. 3,710,900 people have had their first dose; 1,038,288 have had their second dose; and 321,694 have had a bivalent booster dose (biggest increase for vaccines). Only 10.7% of Kansans have been vaccinated with the bivalent booster.

For the week of 12/03/22 – 12/09/22, high areas of transmission have sustained going into the 8th week of increasing COVID-19 infections. 88 counties of the 105 Kansas counties were considered to be areas of high
transmission, with at least 100 cases per 100,000 residents. 11 have substantial rates of transmission, (50-99 cases per 100,000), while 5 counties had moderate transition rates (10-49 cases per 100,000). One county had low transmission rates, with fewer than 11 cases per 100,000.

The next COVID-19 Update for Local Partners will take place Thursday, January 5th, 2023 at 10am CT.

You can register for the webinar here: https://us02web.zoom.us/webinar/register/WN_rd61wI-bRh-KNAUow7olxA

Password: KDHECOVID

KDHE Seeks Feedback on Kansas Highly Infectious Disease and Pandemic Plan.
The Kansas Department of Health and Environment (KDHE) is hosting a public comment period regarding the Kansas Highly Infectious Disease and Pandemic Plan to help prepare for the next highly infectious disease outbreak or pandemic. KDHE, in cooperation with local and state partners, has developed strategies to reduce highly infectious disease or pandemic-related morbidity, mortality, and social disruption in the state.

The plan includes a combination of the former Kansas Ebola Preparedness and Response Plan, Kansas Pandemic Influenza Plan, and other pandemic response planning strategies. The plan will be available for review and public comment from December 9, 2022 to January 9, 2023. Review the Kansas Highly Infectious Disease and Pandemic Plan (PDF).

Comments should be emailed to Michael McNulty by January 9, 2023, using the following format to provide comprehensive feedback:

- Email Subject: Kansas Highly Infectious Disease and Pandemic Plan
- Page Number:
- Sentence or Paragraph Reference:
- Suggested Modification:
- Reason for Suggested Modification:

Pediatric Bivalent Vaccine Update
On December 8, 2022, the U.S. Food and Drug Administration amended the emergency use authorizations (EUAs) of the updated bivalent Moderna and Pfizer-BioNTech COVID-19 vaccines to include use in children down to 6 months of age. On December 9, 2022, the Centers for Disease Control and Prevention (CDC) also expanded the use of updated bivalent COVID-19 vaccines for children ages 6 months through 5 years.

Moderna COVID-19 Vaccine, Bivalent is now authorized for individuals 6 months through 5 years as a booster dose for those who previously completed a Moderna primary series and at least 2 months after their final primary series dose.

Pfizer-BioNTech COVID-19 Vaccine, Bivalent (Original and Omicron BA.4/BA.5) is now authorized for use in individuals 6 months through 4 years of age as the third dose in the 3-dose primary series. The Pfizer-BioNTech COVID-19 Vaccine, monovalent vaccine, is no longer authorized for use as the third dose of the primary series in individuals 6 months through 4 years of age. Therefore, Pfizer-BioNTech COVID-19 Vaccine and Pfizer-BioNTech COVID-19 Vaccine Bivalent are authorized for use in individuals 6 months through 4 years of age to provide a 3-dose primary series as follows:

**Dose 1:** Pfizer-BioNTech COVID-19 Vaccine, Monovalent
**Dose 2:** Pfizer-BioNTech COVID-19 Vaccine, Monovalent
**Dose 3:** Pfizer-BioNTech COVID-19 Vaccine, Bivalent

These presentations have been added to the Shopify site and providers may begin ordering. At this time there is a very limited number of doses available and KDHE will fill orders as equitably as possible.

Ancillary Kits
Ancillary supplies will be provided, including a variety of 1-inch and 1.5-inch needles and syringes. An ancillary opt-out continues to be available for all non-diluent kits and would be available for Moderna bivalent COVID-19 vaccine for children aged 6 months through 5 years. Pfizer-BioNTech bivalent COVID-19 vaccine for children aged 6 months through 4 years is expected to require diluent, so providers would NOT be able to opt out of receiving ancillary supplies.

Links to Webinars:
- Covid 19 Updated Guidance: Additional Information for Community Congregate Living Settings (e.g., Group Homes, Assisted Living)
- Covid 19 Updated Literature: Paxlovid Associated with Decreased Hospitalization Rate Among Adults with COVID-19 — United States, April–September 2022
- Vaccine Updates: Coronavirus (COVID-19) Update: FDA Authorizes Moderna and Pfizer-BioNTech Bivalent COVID-19 Vaccines for Use as a Booster Dose in Younger Age Groups
- Novavax Booster: CDC Allows Novavax Monovalent COVID-19 Boosters for Adults Ages 18 and Older
- Timing Considerations: People with prior or current SARS-CoV-2 infection
- Expiration Dates: Pfizer Expiration Dates – Possible Extension
- Hot Training Topic: COVID-19 Vaccine Training Modules
- Resources: Interim Clinical Considerations

Centers for Disease Control and Prevention

HAN: Interim Guidance for Clinicians to Prioritize Antiviral Treatment of Influenza in the Setting of Reduced Availability of Oseltamivir
Seasonal influenza activity is high across the United States. The Centers for Disease Control and Prevention (CDC) estimates that in the 2022-2023 season to date, there have been at least 13 million illnesses, 120,000 hospitalizations, and 7,300 deaths from influenza (Weekly U.S. Influenza Surveillance Report | CDC). While the Food and Drug Administration (FDA) has not indicated shortages of oseltamivir (generic or Tamiflu) in any of its forms (capsules, oral suspension), CDC has received numerous anecdotal reports of availability issues for generic oseltamivir in some locations [1]. This may continue to occur in some communities as influenza activity continues.

This Health Alert Network (HAN) Health Advisory provides clinicians and public health officials with guidance for prioritizing oseltamivir for treatment and information on other influenza antivirals that are recommended for treating influenza in areas where oseltamivir is temporarily unavailable. Link to the HAN can be found here.

COVID-19 Personal Action Plan:
CDC created a COVID-19 Personal Action Plan for people to utilize to mitigate COVID-19 exposure, infection, and support treatments. The Personal Action Plan can be downloaded here and edited to fit individual needs. High risk
people are encouraged to share their Personal Action Plan with their providers, family, and friends. Health providers are encouraged to disseminate the COVID-19 Personal Action Plan with their patients.

Research Article: Reduced Risk for Mpox After Receipt of 1 or 2 Doses of JYNNEOS Vaccine Compared with Risk Among Unvaccinated Persons — 43 U.S. Jurisdictions, July 31–October 1, 2022
Among JYNNEOS vaccine-eligible men aged 18–49 years in 43 U.S. jurisdictions, mpox incidence among unvaccinated persons was 9.6 times as high as that among persons who had received 2 vaccine doses and 7.4 times as high as that among persons who had received only the first dose. Preliminary evidence indicates no difference in protection between subcutaneous and intradermal administration routes. Although further study is needed to determine the magnitude and durability of protection, evidence indicates that JYNNEOS vaccination provides protection against mpox. Vaccine-eligible persons should complete the 2-dose vaccination series.

Additional COVID updates include:
- Cases in the US
- COVID-19 Forecasts: Deaths
- Reporting COVID-19 Vaccinations in the United States

HRSA

THIS FRIDAY: Upcoming Changes for Health Center COVID-19 Survey
Beginning with the December 16 Health Center COVID-19 Survey, we are adding another follow-up to the question about whether your health center used mobile vans or hosted vaccination clinics. In addition to asking how many clinics you hosted, we’ll ask how many were hosted in collaboration with a community- or faith-based organization. We will update the Survey User Guide to include this new question by noon on Friday, December 16.

The December 30 survey will have a schedule change: You will have one additional day to respond. Your responses will be due by 11:59 p.m. your local time on Wednesday, January 4, 2023.

NACHC

The National Association of Community Health Centers is partnering with Geiger Gibson Program to recognize and celebrate young colleagues with Emerging Leaders awards presented during NACHC’s annual Policy and Issues Forum, in Washington, D.C. The awards celebrate young leaders whose specific work has helped further the health center mission of health care and better health for medically underserved patients, communities, and special populations. Nominees include those working across the health center movement – at community and farmworker health centers and health centers whose operations cover health care for the homeless or public housing programs, as well as health center networks and state or regional primary care associations. Candidates for the awards are nominated by their organization’s leadership, and awardees are selected by a committee drawn from the Geiger Gibson Distinguished Visitor Program.

The nomination period for the 2023 Emerging Leader Awards is now open! Nominations are due by COB on Tuesday, December 20, 2022. The link to the nominations page is here.

Eligibility Requirements:
To be eligible for the Emerging Leader award, the nominee must meet all of the following requirements:
- Is currently working at a community or farmworker health center, primary care association (PCA) or health center-controlled network (HCCN)
- Has worked at the health center, PCA, or HCCN for at least one year
- Is not older than 35
• Is not the Executive Director/CEO/President of the organization

Award Criteria:
The Emerging Leader Award is designed to highlight and share the accomplishments of exceptional young colleagues working in the health center movement, whether in a health center, PCA, or HCCN. The awards celebrate young leaders whose specific work has helped further the health center mission of accessible, affordable health care and better health for medically underserved patients, communities, and special populations. We welcome nominations of staff in all positions, roles, and disciplines across the organization. The program considers the full range of community health center/network/PCA activities, operations, and candidate accomplishments, with particular emphasis on the following criteria:

• The nominee’s work accomplishments do not simply fulfill their responsibilities, but go above and beyond what is expected, evidencing their leadership capabilities.
• The nominee has lived experience that is reflective of the populations and communities served by the organization.
• The nominee’s efforts are useful to and transferable to other health centers and help advance the overall status of health centers within the health care system.
• The nominee recognizes and demonstrates the “community” aspect of “community health center” through engagement and collaboration with other organizations and community members.
• The nominee has displayed a sense of personal motivation by advancing within their organization in a short time and/or pursuing educational opportunities in a related field.

Media/Scientific Reports


December 15, 2022, the Biden Administration announced plans to focus efforts on making vaccinations, testing, and treatments even more widely available and accessible as COVID-19 cases increase. The Administration’s COVID-19 Winter Preparedness Plan includes:

• Expanding easy access to free COVID-19 testing options in the winter.
  o Making free at-home, rapid COVID-19 tests available through COVIDTests.gov.
    ▪ Starting 12/15/22, all US households can order 4 at-home COVID-19 tests for free
    ▪ Tests will begin shipping 12/19/22
    ▪ People who have difficulty accessing the internet or need additional support placing an order can call 1-800-232-0233 (TTY 1-888-720-7489) to get help in English, Spanish, and more than 150 other languages
  o Distributing more free tests to Americans at trusted locations
    ▪ Distributing free at-home tests at more than 6,500 Department of Housing and Urban Development-assisted rental housing properties serving seniors
    ▪ Expanding a program to distribute free at-home tests to as many as 500 major food banks for them to distribute to people in their communities.
• Making vaccinations and treatments readily available to all Americans as cases rise
  o Offering resources and assistance to increase vaccinations and respond to a possible surge.
    ▪ U.S. Health and Human Services Secretary Xavier Becerra is sending a letter to all governors outlining key actions to prepare for increased cases and hospitalizations this winter
    ▪ Federal supports that are available for their COVID-19 responses:
      • Setting up additional mobile and pop-up vaccination sites

[Image]
• Increased surge testing sites and Test To Treat sites
  o Collaborating with communities to open pop-up and/or mobile vaccination sites.
  o Getting additional resources to community health centers and aging and disability networks to support COVID-19 vaccination efforts.
    ▪ Awarding $125 million to support aging and disability community-based organizations to hold accessible vaccine clinics and provide in-home vaccinations, transportation, and other supportive services to increase COVID-19 vaccinations for older adults and people with disabilities
• Preparing personnel and resources
  o Readying clinical personnel for deployment as needed to support jurisdictions
  o Pre-positioning critical supplies from the Strategic National Stockpile
  o Closely monitoring emerging variants and assessing their potential impacts on testing, treatments and vaccines
• Focusing on protecting the highest-risk Americans
  o Releasing a winter playbook for nursing homes and long-term care facilities
  o Expanding the pool of providers that may administer COVID-19 vaccinations
  o Reaching out to governors on nursing home vaccinations
  o Encouraging hospitals to offer COVID-19 vaccinations to patients before discharge
  o Expanding access to high-quality masks in communities
  o Ensuring that every individual has a plan for COVID-19 this winter
    ▪ CDC has launched a COVID-19 Personal Action Plan, an easy-to-use guide for individuals, caregivers, and clinicians that helps guide individuals through planning for where to access free tests, the location of their closest Test to Treat site, and what to ask their provider on treatments if they test positive. The Personal Action Plan helps lay these steps out in an easy-to-use template so that all Americans – especially those at highest risk for severe illness – can decrease the risk of COVID-19 and, if they become infected, have a plan to quickly seek out treatment and avoid its worst outcomes.

Science Translational Medicine

Research Article: SARS-CoV-2 infection drives an inflammatory response in human adipose tissue through infection of adipocytes and macrophages

Obesity is a known factor associated with COVID-19 severity. However, the precise mechanism by which obesity promotes disease severity is unknown. Here, Martínez-Colón et al. found that SARS-CoV-2, the virus that causes COVID-19, can productively infect mature adipocytes and abortively infect adipose tissue–resident macrophages. Infection of both cell types drove inflammatory responses, and the combination of viral replication and inflammation may help explain why obesity is associated with more severe COVID-19.

Research Article: Infant rhesus macaques immunized against SARS-CoV-2 are protected against heterologous virus challenge one year later

Here, we demonstrate that broadly neutralizing and spike-binding antibodies against variants of concern (VOC), as well as T cell responses, persisted for 12 months. At one year, corresponding to human toddler age, we challenged vaccinated rhesus macaques and age-matched non-vaccinated controls intranasally and intratracheally with a high-dose of heterologous SARS-CoV-2 B.1.617.2 (Delta). Seven of eight control rhesus macaques exhibited severe interstitial pneumonia and high virus replication in the upper and lower respiratory tract. In contrast, vaccinated rhesus macaques had faster viral clearance with mild to no pneumonia. Neutralizing and binding antibody responses to the B.1.617.2 variant at the day of challenge correlated with lung pathology and reduced virus replication. Overall, the Protein+3 M-052-SE vaccine provided superior protection to the mRNA-LNP vaccine,
emphasizing opportunities for optimization of current vaccine platforms. Notably, the observed efficacy of both vaccines one year after vaccination supports the implementation of an early life SARS-CoV-2 vaccine.