AAPCHO
ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

National Indian Health Board

How to Avoid COVID-19, Flu, and RSV this Holiday Season

Wednesday, December 7, 2022

1:00-2:10pm PT / 4:00-5:10pm ET

Moderator

Audrianna Marzette (She/Her)

Public Health Policy and Programs Manager

National Indian Health Board

Darby Galligher, MPH (she/her)

Project Coordinator

National Indian Health Board

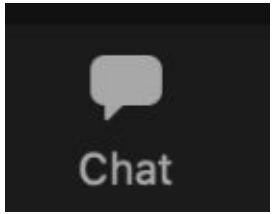
National Indian Health Board

AAPCHO
ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

Session Objectives

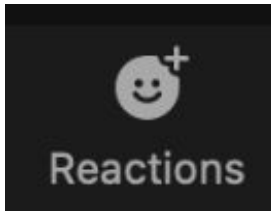
1. Increase awareness of current community vaccination coverage among Asian American, Native Hawaiian/Pacific Islander and American Indian/Alaska Native populations;
2. Identify strategies to prevent the spread of COVID-19, flu, and RSV in community settings;
3. Share tools, resources, and interim guidance to support health care settings to manage cases and protect healthcare workers.

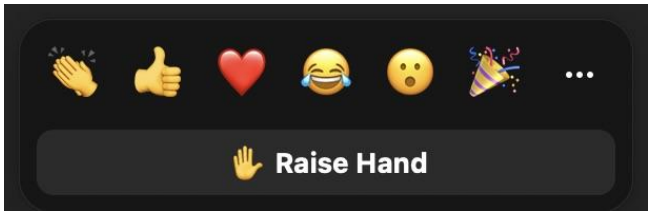
Tech and Accessibility

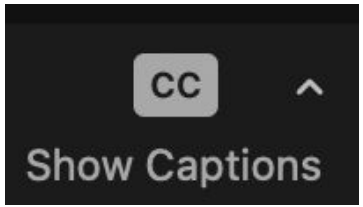


Windows:
Ctrl+T

Mac: ⌘**+K**







Windows:
Alt+Y

Mac:
Option+Y

AAPCHO
ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

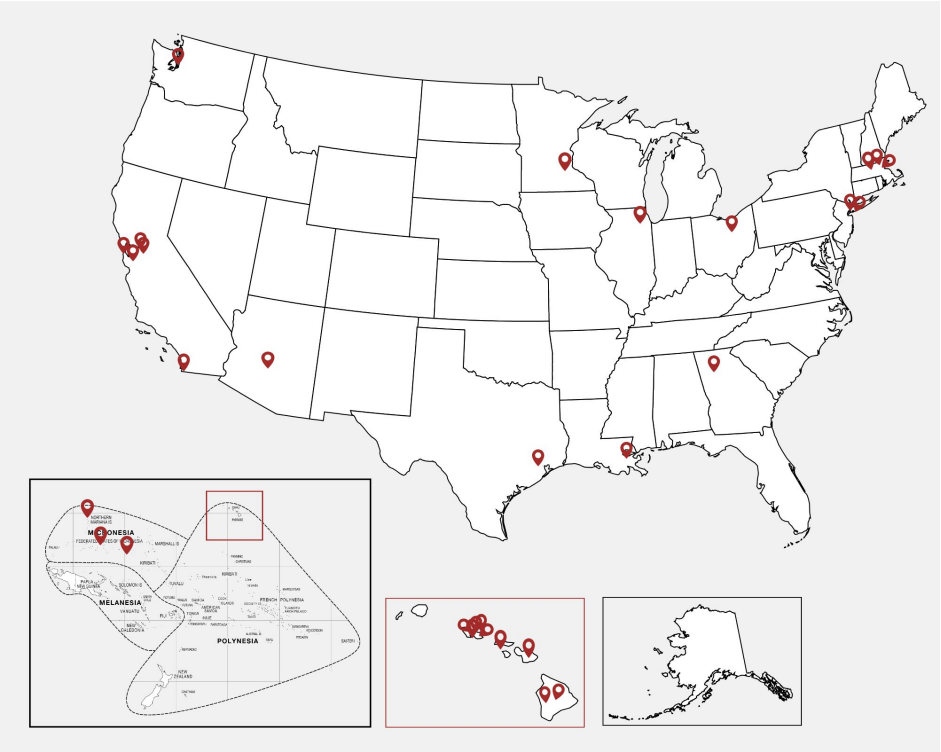
National Indian Health Board

NIHB Mission Statement: Established by the Tribes to advocate as the united voice of federally recognized American Indian and Alaska Native Tribes, NIHB seeks to reinforce Tribal sovereignty, strengthen Tribal health systems, secure resources, and build capacity to achieve the highest level of health and well-being for our People.

Public Health Policy and Programs (PHPP) Vision Statement: Working together to empower Sovereign Tribal Nations to improve equity, policy, and public health systems that build thriving Native communities now and for the next seven generations.

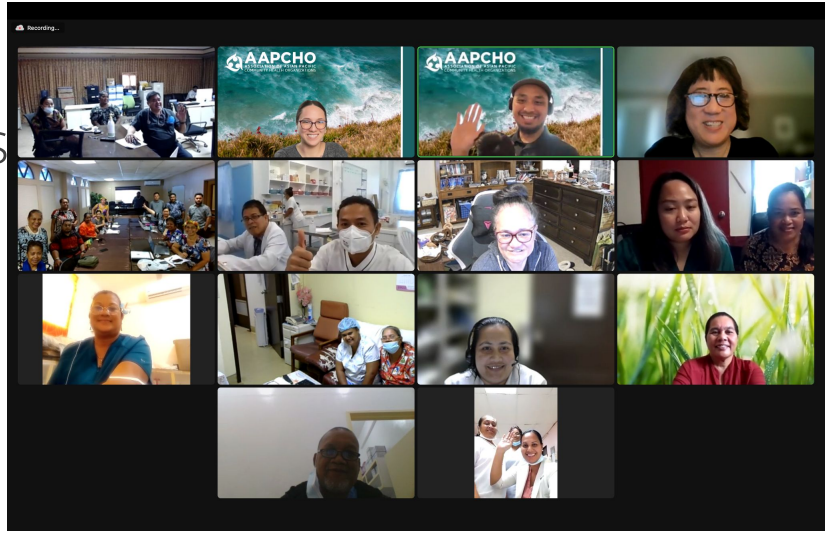
Mission & Impact

AAPCHO is dedicated to promoting **advocacy**, **collaboration**, and **leadership** that improves the health status and access of Asian Americans (AAs), Native Hawaiians (NHs), and Pacific Islanders (PIs) within the United States, the U.S. territories, and the Freely Associated States.



Overview of CHERN

The COVID-19 and Other Infectious Diseases Health Equity Response Network (CHERN) is a national partnership of health centers dedicated to improving clinical outcomes among Asian, Asian American, Native Hawaiian, and Pacific Islander (A/AA and NH/PI) patients at risk for emerging infectious diseases.



COVID-19 Management training with USAPI health ministries, March 2022

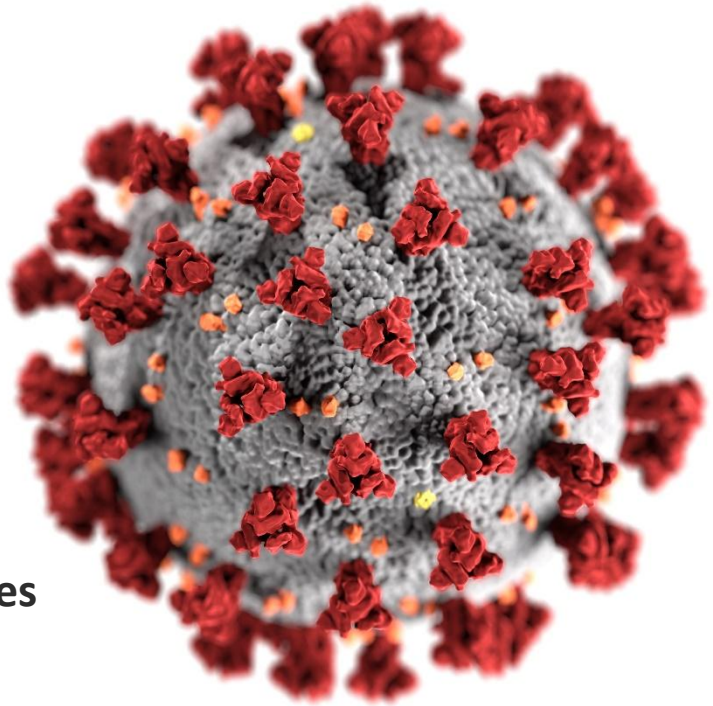
Flu and COVID-19 Data Update and Review of RSV Public Health Emergency

Emily Koumans, MD, MPH
Clinical Disease and Health Systems Team Lead, CDC COVID-19 Response

COVID-19 Vaccination Recommendations Update

LCDR Hilda Razzaghi, PhD, MSPH
Epidemiologist, CDC Division of Immunization Services

COVID-19 Vaccination Coverage and Recommendations for COVID-19 Vaccines

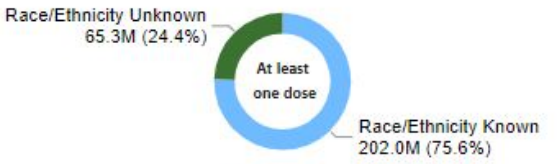


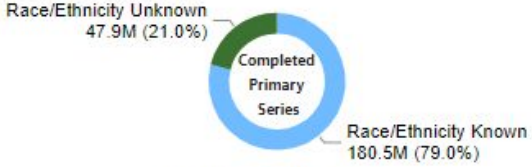
Hilda Razzaghi, PhD, MSPH
Epidemiologist/Vaccine Data Lead
Immunization Services Division
National Center for Immunization & Respiratory Diseases
Centers for Disease Control and Prevention

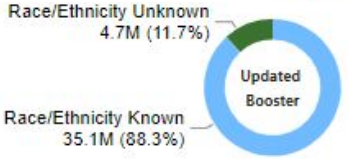
cdc.gov/coronavirus

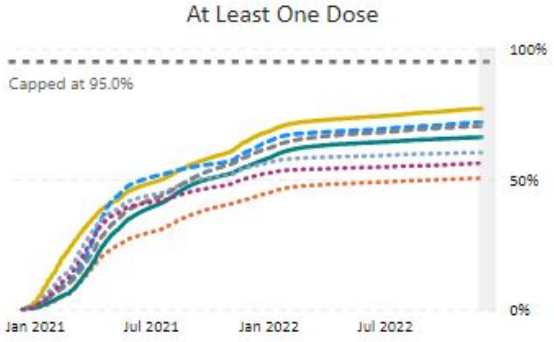
COVID-19 Vaccination Coverage by Race and Ethnicity and Date Administered, United States: 12/14/2020-11/30/2022

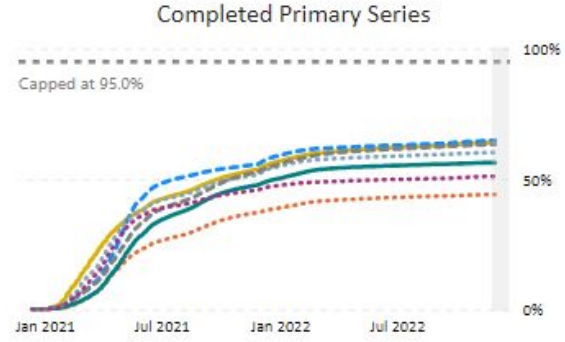
	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	Multiracial, NH	NHOPI, NH	White, NH
At Least One Dose	77.0%	71.8%	50.4%	66.1%	60.2%	70.3%	56.1%
Completed Primary Series	64.1%	64.9%	44.1%	56.3%	60.2%	63.3%	51.1%
Updated (Bivalent) Booster Dose	10.4%	14.9%	6.3%	5.7%	19.6%	8.2%	12.9%

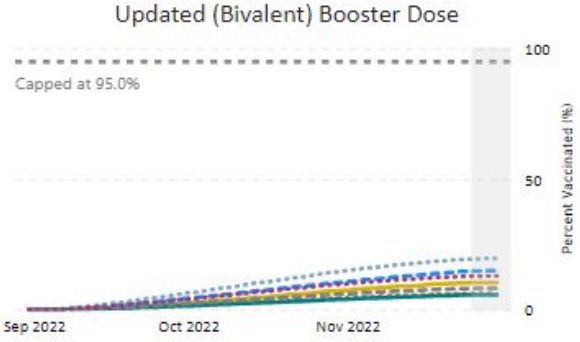












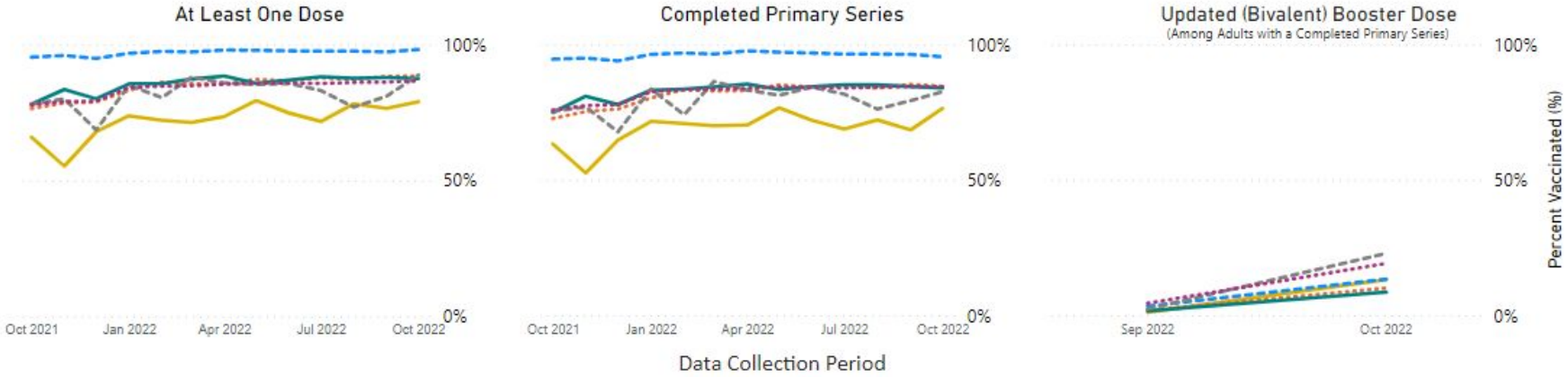
Date Administered

AI/AN = American Indian/Alaska Native; NH = Non-Hispanic/Latino; NHOPI = Native Hawaiian or Other Pacific Islander; 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.

CDC COVID Data Tracker: Vaccination Demographics Trends

COVID-19 Vaccination Coverage among People 18 years and older by Race and Ethnicity, National Immunization Survey Adult COVID Module: Data Collected 04/22/2021-10/29/2022

	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	NHOPI, NH	White, NH
At Least One Dose	79.0%	98.2%	88.5%	87.5%	88.8%	86.7%
Completed Primary Series	76.5%	95.5%	84.6%	84.0%	82.6%	84.5%
Updated (Bivalent) Booster Dose Among Adults with a Completed Primary Series	13.2%	13.4%	10.1%	8.6%	22.9%	19.2%



AI or AN: American Indian or Alaska; Native NHOPI: Native Hawaiian or Other Pacific Islander; NH = non-Hispanic

Data from adults aged ≥18 years are collected by telephone interview using a random-digit-dialed sample of cell telephone numbers stratified by state, the District of Columbia, five local jurisdictions (Bexar County TX, Chicago IL, Houston TX, New York City NY, and Philadelphia County PA), and Guam (April-July 2021 only), Puerto Rico, and the U.S. Virgin Islands. Data are weighted to represent the non-institutionalized U.S. population and mitigate possible bias that can result from incomplete sample frame (exclusion of households with no phone service or only landline telephones) or non-response. Survey weights were also calibrated to jurisdiction-level vaccine administration data reported to CDC. Estimates for Guam are not included in the jurisdiction views because of issues with survey weighting. All responses are self-reported. Estimates should be interpreted with caution when there is a small sample size or wide confidence interval. More information including coverage at the jurisdiction level can be found at COVIDVaxView.

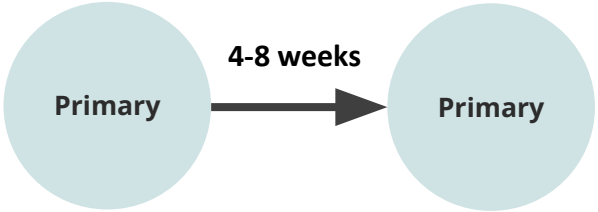
CDC COVID Data Tracker: Vaccination Demographics Trends

COVID-19 Vaccination Schedule for People Who Are NOT Moderately or Severely Immunocompromised

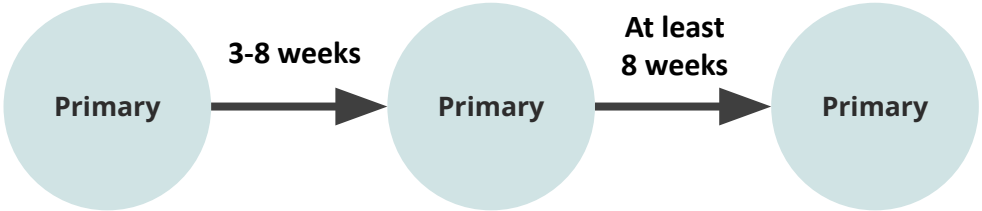
Clinical Guidance for COVID-19 Vaccination | CDC

Pediatric Schedule: Ages 6 months–4 Years

Ages 6 months–4 years
(Primary Series: Moderna)

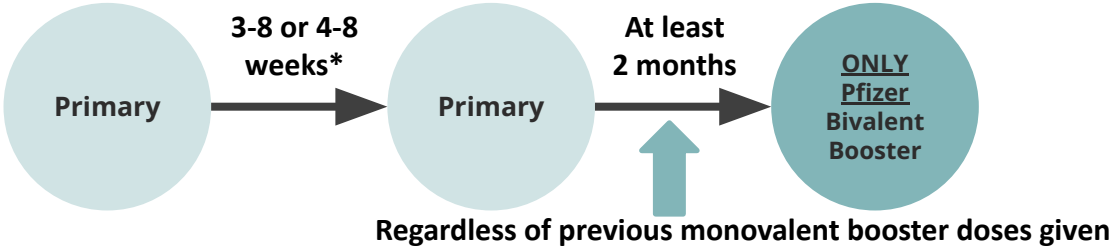


Ages 6 months–4 years
(Primary Series: Pfizer-BioNTech)

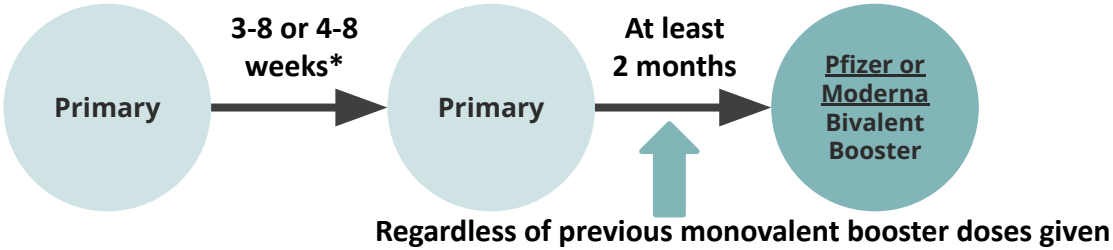


Pediatric Schedule: Ages 5–11 Years

Ages 5 years
(Primary Series: Moderna or Pfizer-BioNTech)



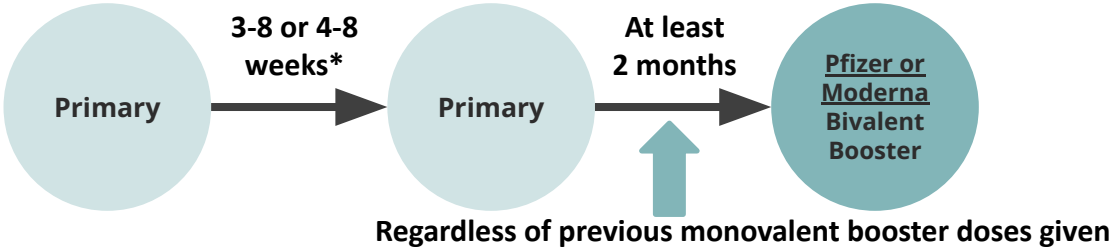
Ages 6–11 years
(Primary Series: Moderna or Pfizer-BioNTech)



*3-8 week interval for Pfizer-BioNTech; 4-8 week interval for Moderna

Pediatric Schedule: Ages 12-17 Years

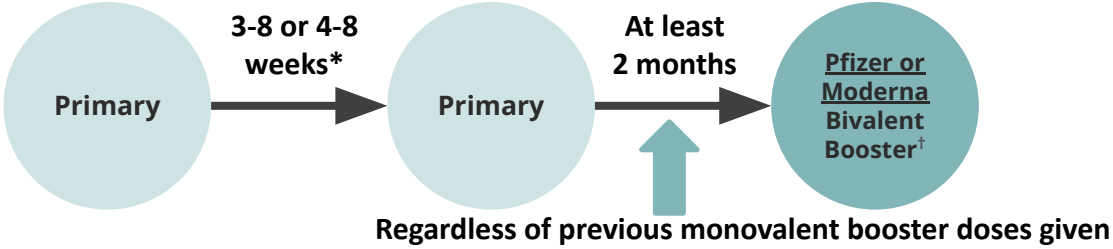
Ages 12–17 years
(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)



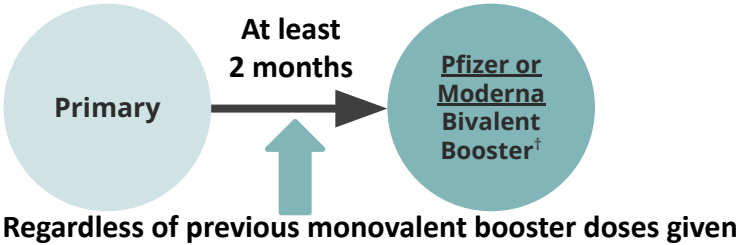
*3-8 week interval for Novavax or Pfizer-BioNTech; 4-8 week interval for Moderna

Adult Schedule: Ages 18 Years and Older

Ages 18 years and older
(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)



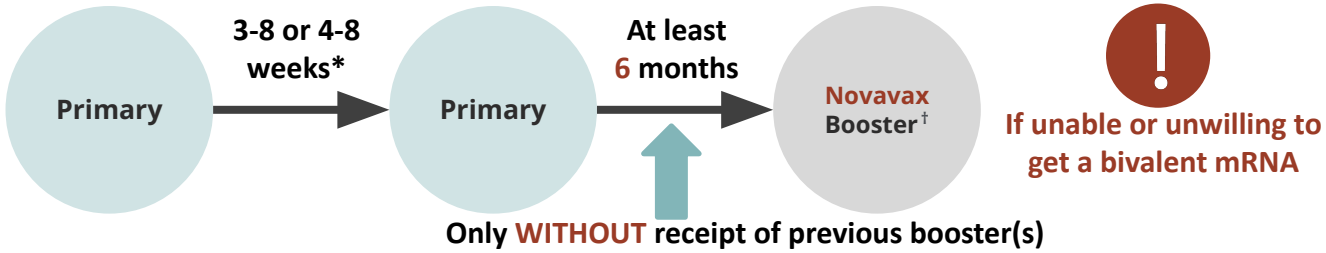
Ages 18 years and older
(Primary Series: Janssen)



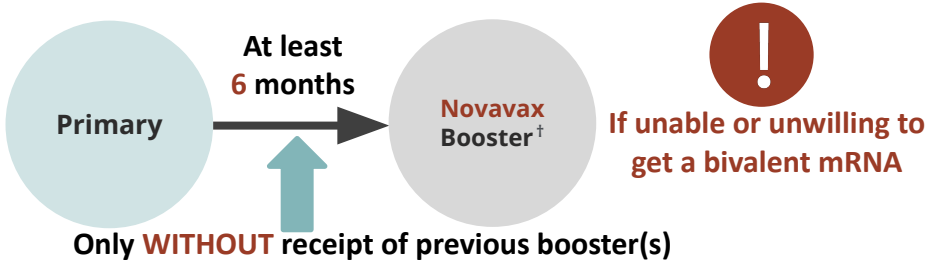
*3-8 week interval for Novavax and Pfizer-BioNTech; 4-8 week interval for Moderna
† A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who are unable to receive an mRNA vaccine (i.e., contraindicated) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated

Adult Schedule: Ages 18 Years and Older

Ages 18 years and older
(Primary Series: Moderna, Novavax, or Pfizer-BioNTech)



Ages 18 years and older
(Primary Series: Janssen)



*3-8 week interval for Novavax and Pfizer-BioNTech; 4-8 week interval for Moderna
† A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who completed any FDA-approved or FDA-authorized monovalent primary series, have not received a previous booster dose(s), and are unable to receive an mRNA vaccine (i.e., contraindicated or not available) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated

Booster Recommendations

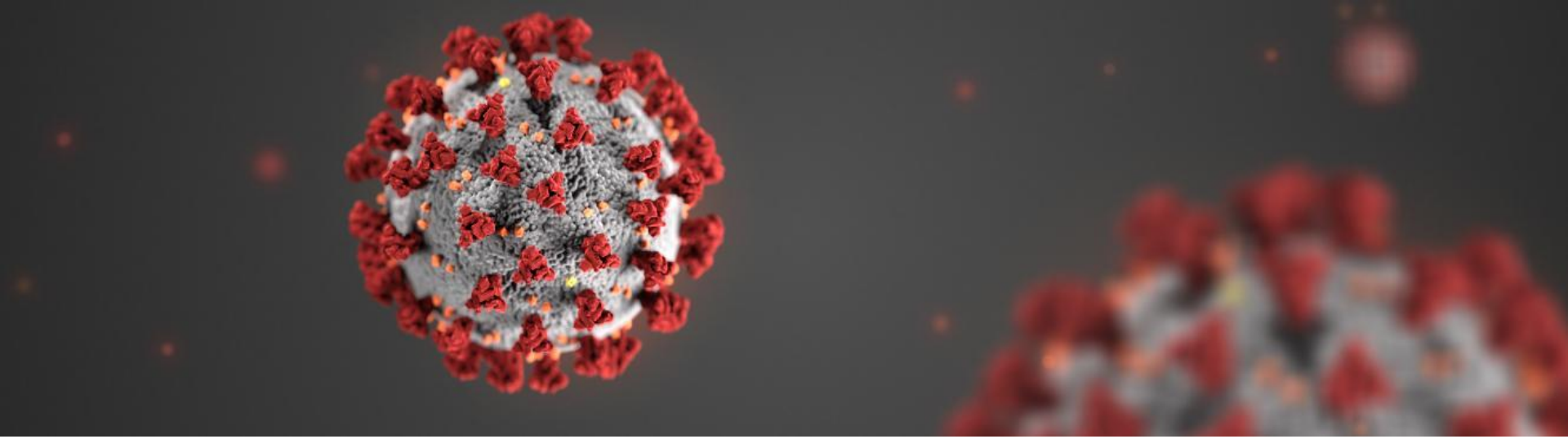
Summary

An **mRNA bivalent** booster is the **default** recommendation

Novavax monovalent booster is an **acceptable option** when the patient is **unable or unwilling** to receive the default

Staying Up To Date

- CDC encourages people to “Stay up to date with your COVID-19 vaccines”.
- Staying up to date keeps people current with COVID-19 vaccine recommendations.
- People are up to date if they have completed a primary series and received the most recent booster dose recommended for them by CDC.



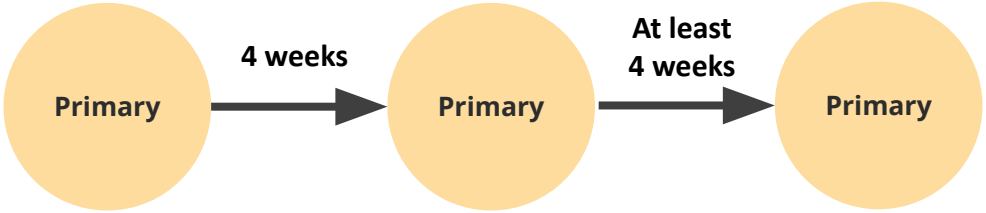
For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

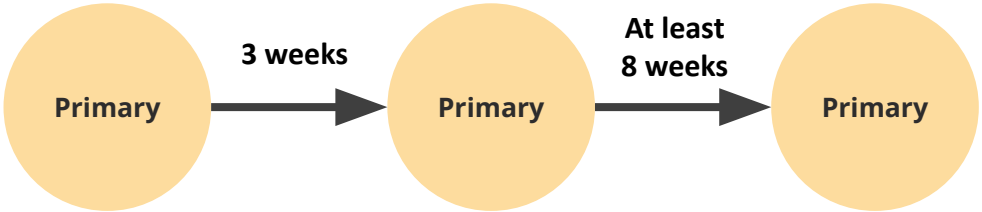
COVID-19 Vaccination Schedule for People Who ARE Moderately or Severely Immunocompromised

Pediatric Schedule: Ages 6 months–4 Years (Moderately or Severely Immunocompromised)

Ages 6 months–4 years
(Primary Series: Moderna)

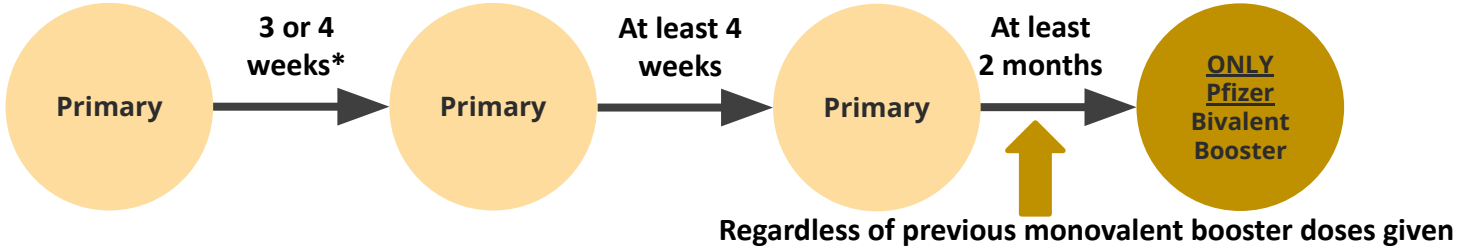


Ages 6 months–4 years
(Primary Series: Pfizer-BioNTech)



Pediatric Schedule: Ages 5–11 Years (Moderately or Severely Immunocompromised)

Ages 5 years
(Primary Series: Moderna or Pfizer-BioNTech)

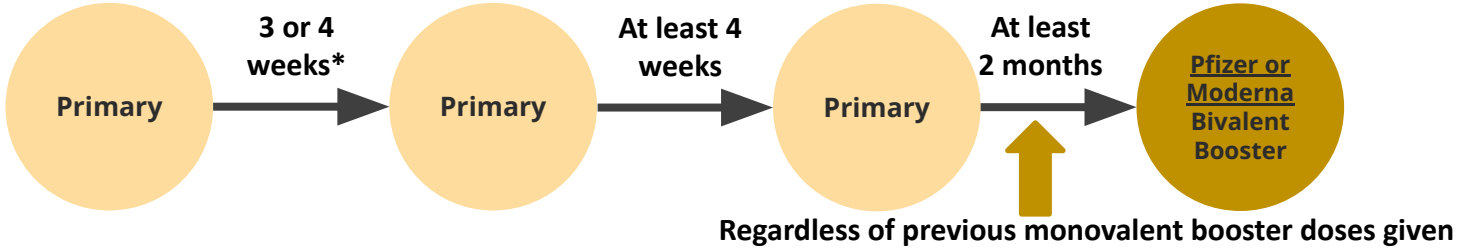


Ages 6–11 years
(Primary Series: Moderna or Pfizer-BioNTech)

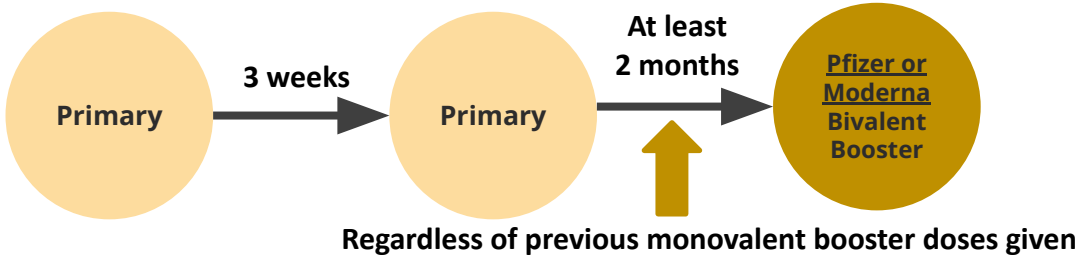
*3-week interval for Pfizer-BioNTech; 4-week interval for Moderna

Pediatric Schedule: Ages 12–17 Years (Moderately or Severely Immunocompromised)

Ages 12–17 years
(Primary Series: Moderna or Pfizer-BioNTech)



Ages 12–17 years
(Primary Series: Novavax)



*3 week interval for Novavax or Pfizer-BioNTech; 4 week interval for Moderna

Adult Schedule: Ages 18 years and older (Moderately or Severely Immunocompromised)

Ages 18 years and older
(Primary Series: Moderna or Pfizer-BioNTech)

Primary → 3 or 4 weeks* → Primary → At least 4 weeks → Primary → At least 2 months → **Pfizer or Moderna Bivalent Booster**

Regardless of previous monovalent booster doses given

Ages 18 years and older
(Primary Series: Novavax)

Primary → 3 weeks → Primary → At least 2 months → **Pfizer or Moderna Bivalent Booster**

Regardless of previous monovalent booster doses given

Ages 18 years and older
(Primary Series: Janssen)

Primary → At least 4 weeks → Addl. mRNA dose → At least 2 months → **Pfizer or Moderna Bivalent Booster**

Regardless of previous monovalent booster doses given

*3-week interval for Novavax and Pfizer-BioNTech; 4-week interval for Moderna
† A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who are unable to receive an mRNA vaccine (i.e., contraindicated) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated

Adult Schedule: Ages 18 years and older (Moderately or Severely Immunocompromised)

Ages 18 years and older
(Primary Series: Moderna or Pfizer-BioNTech)

Primary → 3 or 4 weeks* → Primary → At least 4 weeks → Primary → At least 6 months → Novavax Booster†

If unable or unwilling to get a bivalent mRNA

Only WITHOUT receipt of previous booster(s)

Ages 18 years and older
(Primary Series: Novavax)

Primary → 3 weeks → Primary → At least 6 months → Novavax Booster†

If unable or unwilling to get a bivalent mRNA

Only WITHOUT receipt of previous booster(s)

Ages 18 years and older
(Primary Series: Janssen)

Primary → At least 4 weeks → Addl. mRNA dose → At least 6 months → Novavax Booster†

If unable or unwilling to get a bivalent mRNA

Only WITHOUT receipt of previous booster(s)

*3-week interval for Novavax and Pfizer-BioNTech; 4-week interval for Moderna
† A monovalent Novavax booster dose (instead of a bivalent mRNA booster dose) may be used in limited situations in people ages 18 years and older who completed any FDA-approved or FDA-authorized monovalent primary series, have not received a previous booster dose(s), and are unable to receive an mRNA vaccine (i.e., contraindicated or not available) or unwilling to receive an mRNA vaccine and would otherwise remain unvaccinated

CDC Resources

- Interim Clinical Considerations
  - Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html
  - Appendices: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html
  - FAQs: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/faq.html
- Product Information by U.S. Vaccines
  - https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html

Individual Infection Prevention Strategies for Travel and Gathering

Chia Wang, MD, MS
Infectious Disease
Consultant, CHERN

‘Tis the Season

Respiratory Viruses and the Holidays

Chia Wang, MD

Infectious Diseases Physician

Dec 7, 2022

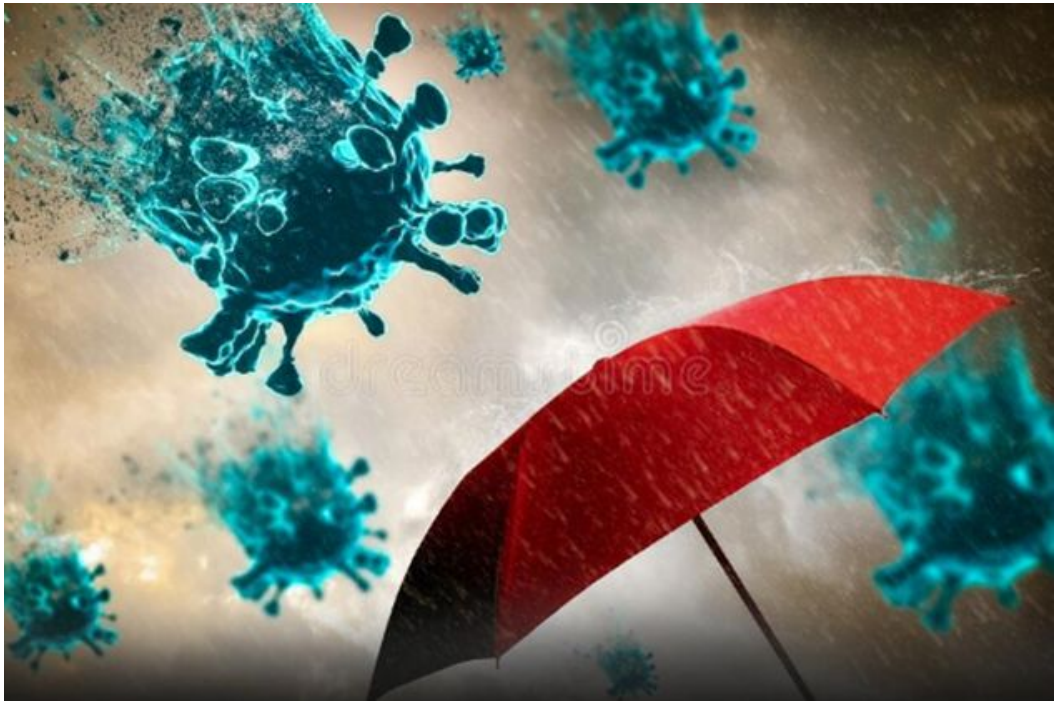
Image from: https://www.amgnational.com/insights/grinch-and-economy/

Objectives

- Update on COVID-19 variants, Flu, RSV
  - Virus review
  - Rates and trends
  - Treatment and vaccines
- How to protect yourself when traveling

Graphic from: https://www.cntraveler.com/story/what-travelers-should-know-as-us-airlines-drop-mask-mandates

OMG! It’s raining viruses



Graphic from: https://www.dreamstime.com/illustration/rain-virus.html

RSV, Flu, and COVID

	Respiratory Syncytial Virus 	Influenza 	Coronavirus 
Properties	•Subtypes A & B •RNA genome •Attachment glycoprotein (G) and the fusion glycoprotein (F)	•4 strains, multiple subtypes •RNA genome •HA and NA surface proteins	•Multiple variants •RNA genome •Spike proteins
Transmission	Droplet	Droplet	Droplet/airborne
Treatment and Prevention	• Supportive care	• Supportive care • Antiviral medication (shortage) • Seasonal flu vaccine	• Supportive care • Antiviral medication (recent change) • Bivalent booster
Diagnosis	Nasal swab, Ag & PCR	Nasal swab, Ag & PCR	Nasal swab, Ag & PCR

COVID-19 + Flu + RSV Test Home Collection Kit

Get Started

Multiple Options

Sample Type: Nasal Swab **Age:** 2+ **Collection Method:** Home Kit HSA/FSA Accepted

Get a combination PCR home collection kit to find out if you have COVID-19, flu, or RSV all with one swab.

With similar symptoms for all three infections, this comprehensive test helps you determine your COVID-19, flu, and RSV status with one short swab.

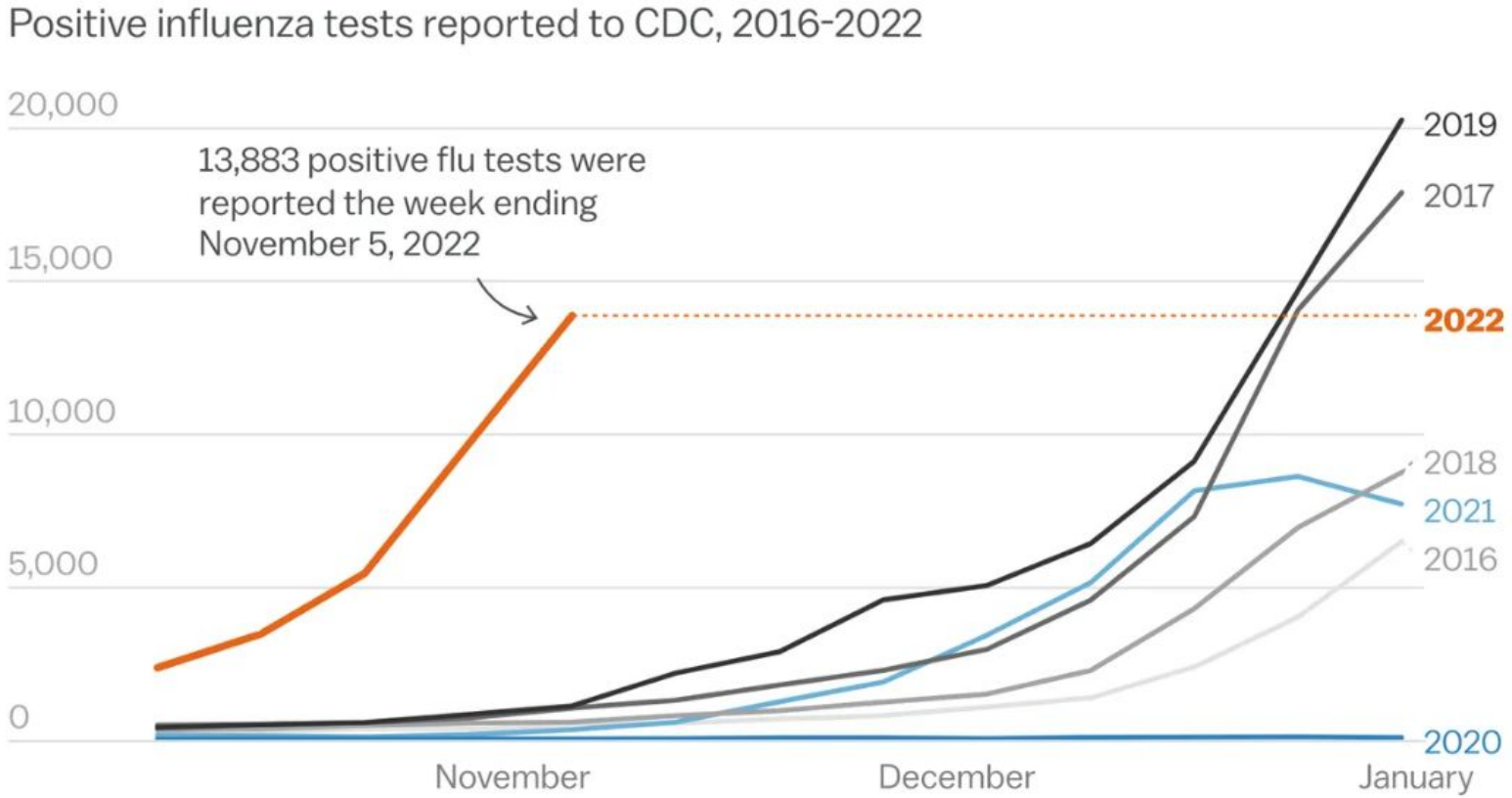
RSV, Flu, and COVID

	Respiratory Syncytial Virus	Influenza	Coronavirus
Contagiousness	Very contagious	Contagious	More contagious
Incubation period	4 - 6 days	1-4 days (comes on quickly)	2-14 days
Duration of illness	7-10 days, but cough for 6 weeks in some	7-14 days, prolonged illness in some	5-14 days, prolonged illness in some
Cough	Common	Common	Common
Fatigue	Common	Common	Common
Headache	Common in adults	Common	Common
Body aches	Rare	Common	Common
Nasal congestion/sore throat	Common	Common	Sometimes
Shortness of breath	Sometimes	Common	Common
Loss of taste or smell	Not common	Not common	Common

RSV, Flu, and COVID

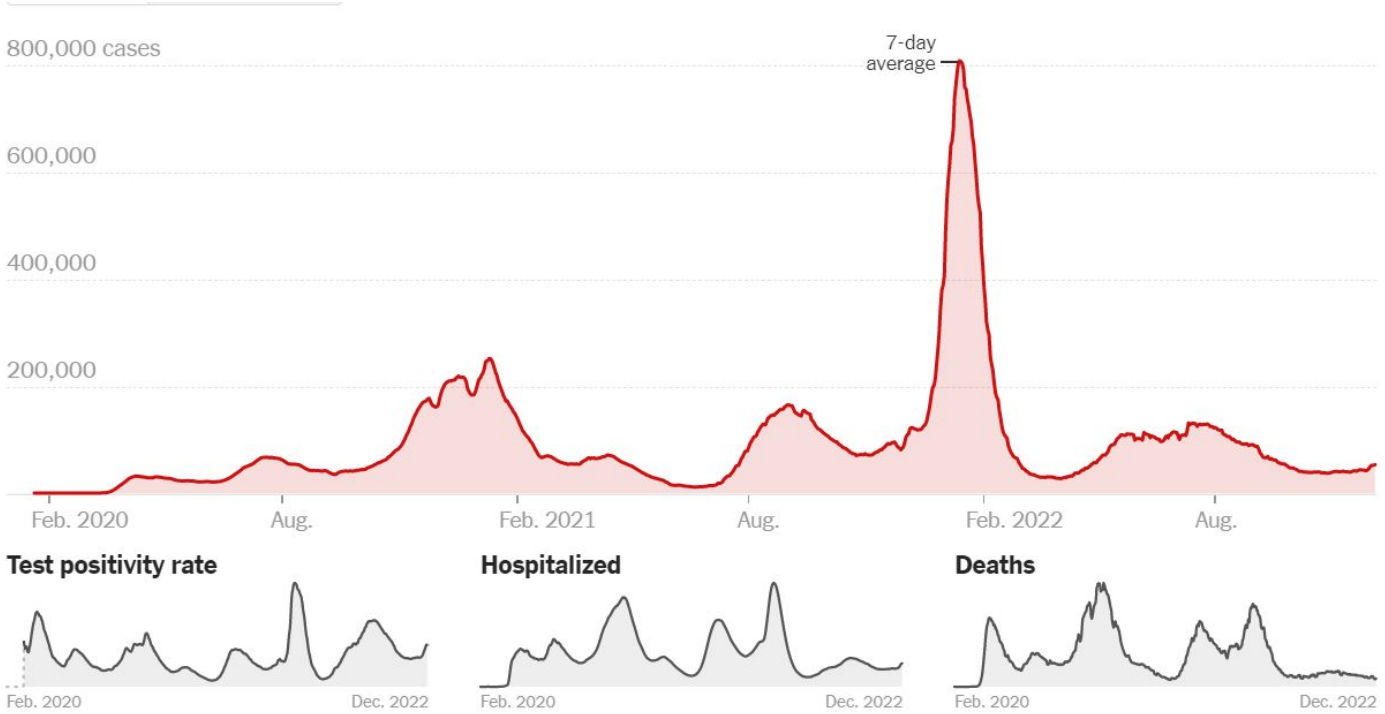
	Respiratory Syncytial Virus	Influenza	Coronavirus
Contagiousness	Very contagious	Contagious	More contagious
Incubation period	4 - 6 days	1-4 days (comes on quickly)	2-14 days
Duration of illness	7-10 days, but cough for 6 weeks in some	7-14 days, prolonged illness in some	5-14 days, prolonged illness in some
Cough	Common	Common	Common
Fatigue	Common	Common	Common
Headache	Common in adults	Common	Common
Body aches	Rare	Common	Common
Nasal congestion/sore throat	Common	Common	Sometimes
Shortness of breath	Sometimes	Common	Common
Loss of taste or smell	Not common	Not common	Common

2022-2023 is shaping up to be an early flu season



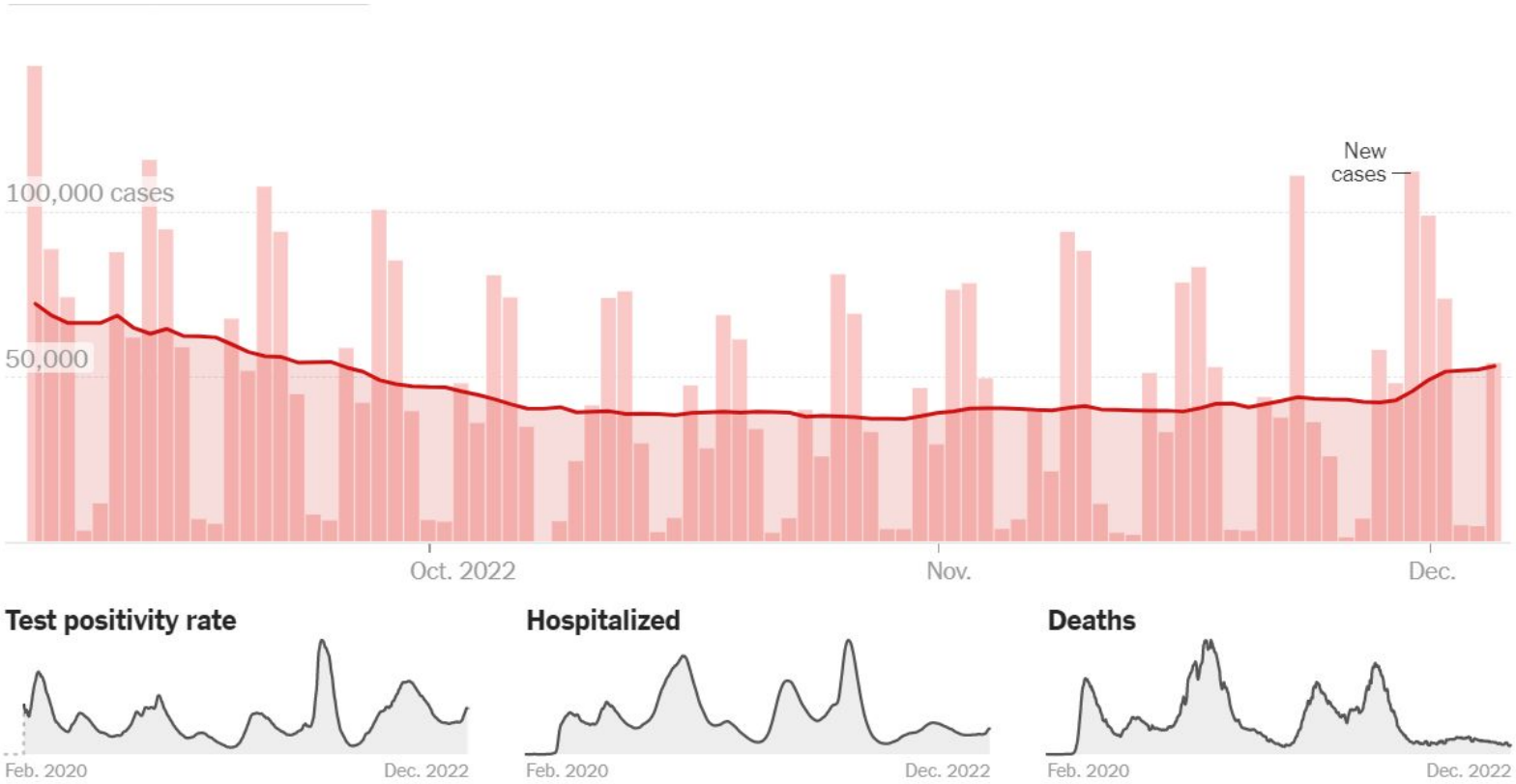
https://www.vox.com/science-and-health/23453765/flu-season-2022-2023-winter-influenza-shot-vaccine

COVID rates Feb 2020 – Dec 2022



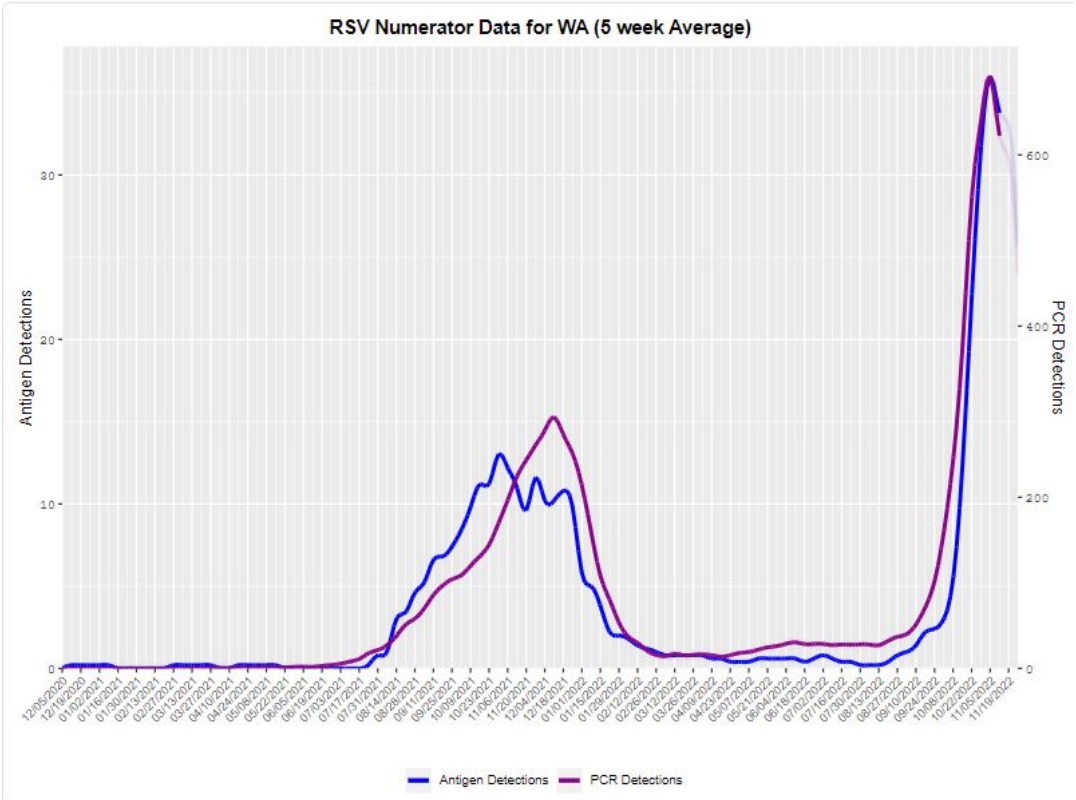
https://www.nytimes.com/interactive/2021/us/covid-cases.html

COVID rates trending upwards over the past 90 days



https://www.nytimes.com/interactive/2021/us/covid-cases.html

Some good news: RSV rates starting to decrease



https://www.cdc.gov/surveillance/nrevss/rsv/state.html#WA

Summary of Flu, COVID, and RSV symptoms and trends

- How can you tell if it's flu or COVID or RSV
  - Only a test can tell you for sure
  - Flu tends to come on more suddenly than COVID or RSV
  - Lost of taste or smell is unique to COVID
- Flu rates are higher than COVID and RSV at this time
- We are starting to see a slight increase in COVID rates, though so far lower than this time next year
- RSV rates are starting to come down, but remain high

Treatment options-- Flu

- Oseltamivir
  - Oral medication frequently used for outpatients
  - Currently we have a shortage, but hopefully this will improve
- Zanamivir
  - Inhaled medication
- Peramivir
  - IV medication used in hospitalized patients
- Baloxivir
  - Single dose oral medication

Treatment options-- RSV

- Symptomatic management only for most patients
- In immunocompromised patients, ribavirin and palivizumab

Vaccine options– soon! A promising vaccine for RSV is currently in advanced stages of development

Vaccine options-- Flu

- Standard dose flu vaccine
- There are 3 vaccines recommended for those 65 and older
    - Fluzone High-Dose Quadrivalent vaccine,
    - Flublok Quadrivalent recombinant flu vaccine (contains adjuvant)
    - Fluad Quadrivalent adjuvanted flu vaccine (contains adjuvant)
- So far we are only seeing influenza A, and experts estimate that we have a **92-95% match** with the vaccine

https://www.kcra.com/article/california-hits-high-influenza-category-first-west-coast-cdc/41946486

COVID-19 Vaccination Schedule

Vaccine	0 month	1 month	2 month	3 month	4 month
Pfizer-BioNTech (ages 6 months – 4 years)	1st Dose	2nd Dose[1] (3–8 weeks after 1st dose)		3rd Dose (At least 8 weeks after 2nd dose)	
Moderna (ages 6 months –5 years)	1st Dose	2nd Dose[1] (4–8 weeks after 1st dose)			
Pfizer-BioNTech (ages 5 years and older)	1st Dose	2nd Dose[1] (3–8 weeks after 1st dose)		Bivalent Booster Dose[2 3 5] (At least 2 months after last dose)	
Moderna (ages 6 years and older)	1st Dose	2nd Dose[1] (4–8 weeks after 1st dose)		Bivalent Booster Dose[2 3 5] (At least 2 months after last dose)	
Novavax (ages 12 years and older)	1st Dose	2nd Dose[1] (3–8 weeks after 1st dose)		Bivalent Booster Dose[2 3 5] (At least 2 months after last dose)	
Janssen[4] (ages 18 years and older)	1st Dose		Bivalent Booster Dose[2 3 5] (At least 2 months after 1st dose)		

MDHHS
Michigan Department of Health & Human Services

Summary of treatment and vaccines

- Treatments for COVID and Flu are available
  - Viral mutations have reduced the number of COVID treatments available
  - An early flu season has led to a shortage of flu treatment

- Prevention is best!!
  - This year's flu vaccine appears to be a good match (92-95% match)
  - Individuals 65 years or older should try to get one of the recommended flu vaccines for their age group
  - The bivalent COVID vaccine can be administered to individuals 5 years of age or older

COVID 19 Pre-exposure Prophylaxis and Treatments

<u>Pre-exposure prophylaxis</u>

Evusheld (IV monoclonal antibody cocktail)

<u>Treatment</u>

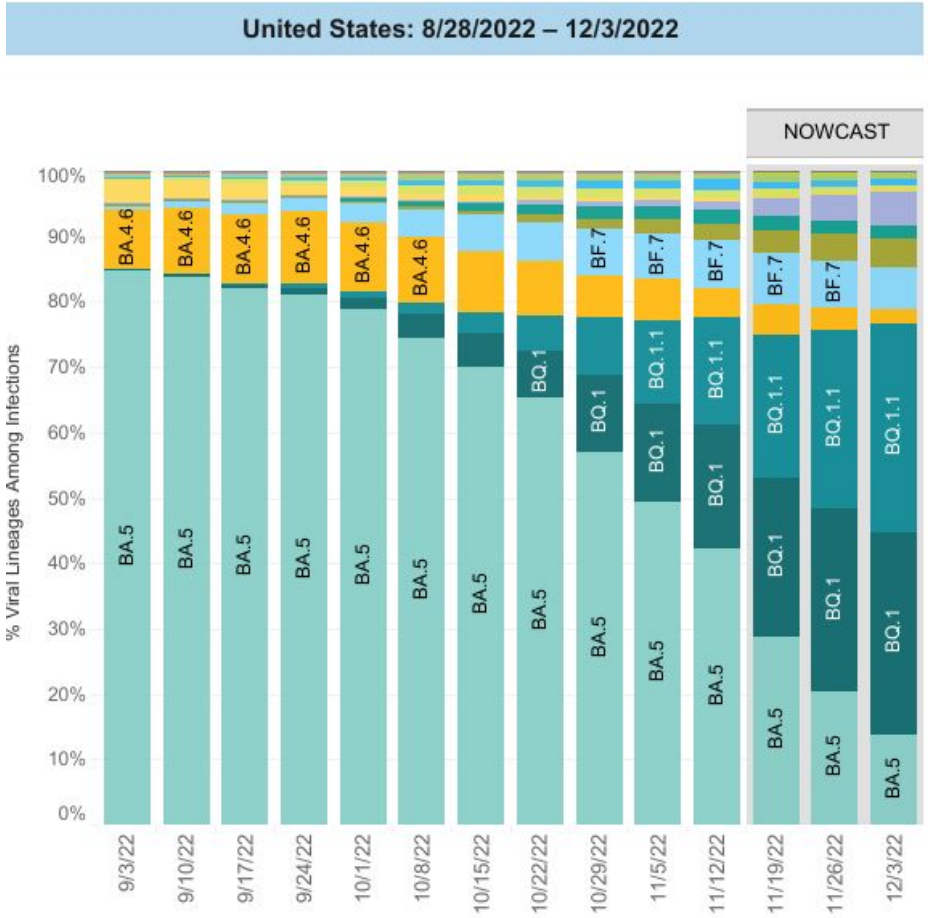
Bebtelovimab (IV monoclonal antibody)

Paxlovid (oral antiviral cocktail)

Molnupiravir (oral antiviral)

Remdesivir (IV antiviral)

COVID 19 Changing Variants—Dec 2022



https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Reduction in efficacy of Evusheld

Lineage with Spike Protein Substitution	Country First Identified	WHO Nomenclature	Key Substitutions Tested	Fold Reduction in Susceptibility* (Pseudotyped VLPs†)	Fold Reduction in Susceptibility* (Authentic virus‡)
BA.5	Multiple country origin	Omicron (BA.5)	G339D+S371F+S373P+ S375F+T376A+D405N+ R408S+K417N+N440K+ L452R+S477N+T478K+ E484A+F486V+Q498R+ N501Y+Y505H	33- to 65-fold	2.8- to 16-fold
BF.7	United States/Belgium	Omicron (BF.7)	BA.4+R346T	>5000-fold[b]	ND
BJ.1	Multiple country origin	Omicron (BJ.1)	G339H+R346T+L368I+ S371F+S373+S375F+ T376A+D405N+R408S+ K417N+N440K+V445P+ G446S+S477N+T478K+ V483A+E484A+F490V+ Q493R+Q498R+N501Y+ Y505H	228- to 424-fold	ND
BQ.1	Nigeria	Omicron (BQ.1)	BA.5+K444T+N460K	>2000-fold[b]	ND
BQ.1.1	Multiple country origin	Omicron (BQ.1.1)	BA.5+R346T+K444T+ N460K	>2000-fold[b]	ND

https://www.fda.gov › media › download

Reduction in efficacy of Bebtelovimab

Activity of Select Monoclonal Antibodies Versus Omicron

Neutralization color coding is based upon synthesized available data regarding change in in vitro neutralization relative to that of an ancestral variant: green <10-fold reduction, yellow 10-100-fold reduction, orange >100-fold reduction.

Change in neutralizing activity adapted from NIH COVID-19 Treatment Guidelines.

Lineage	Tixagevimab and cilgavimab (Evusheld®) in vitro neutralization	Bebtelovimab in vitro neutralization
BA.5†		
BQ.1*		
BA.4		
BA.4.6		
BA.2† BA.2.12.1		
BA.1 BA.1.1		

In vitro activity may not correlate to real-world effectiveness and is only one component of clinical decision-making.

†Sublineages exhibiting additional mutations such as at spike positions 346, 444, 460, and/or 486 (e.g., BA.2.75.2, BN.1 [a BA.2 sublineage], or BF.7 [a BA.5 sublineage]) may show further in vitro immune evasion of tixagevimab and cilgavimab.

*This asterisk denotes that the category encompasses other members of the sublineage including BQ.1.1.

This resource was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention (grant number NU50CK000574).

COVID-19 Real-Time Learning Network

Conclusions

- **SARS CoV2 continues to evolve with new variants that can escape current monoclonal antibodies**
- **Currently available antivirals retain efficacy, but the FDA has withdrawn authorization for the monoclonal antibody treatment**
- **No COVID surge in US (yet)**

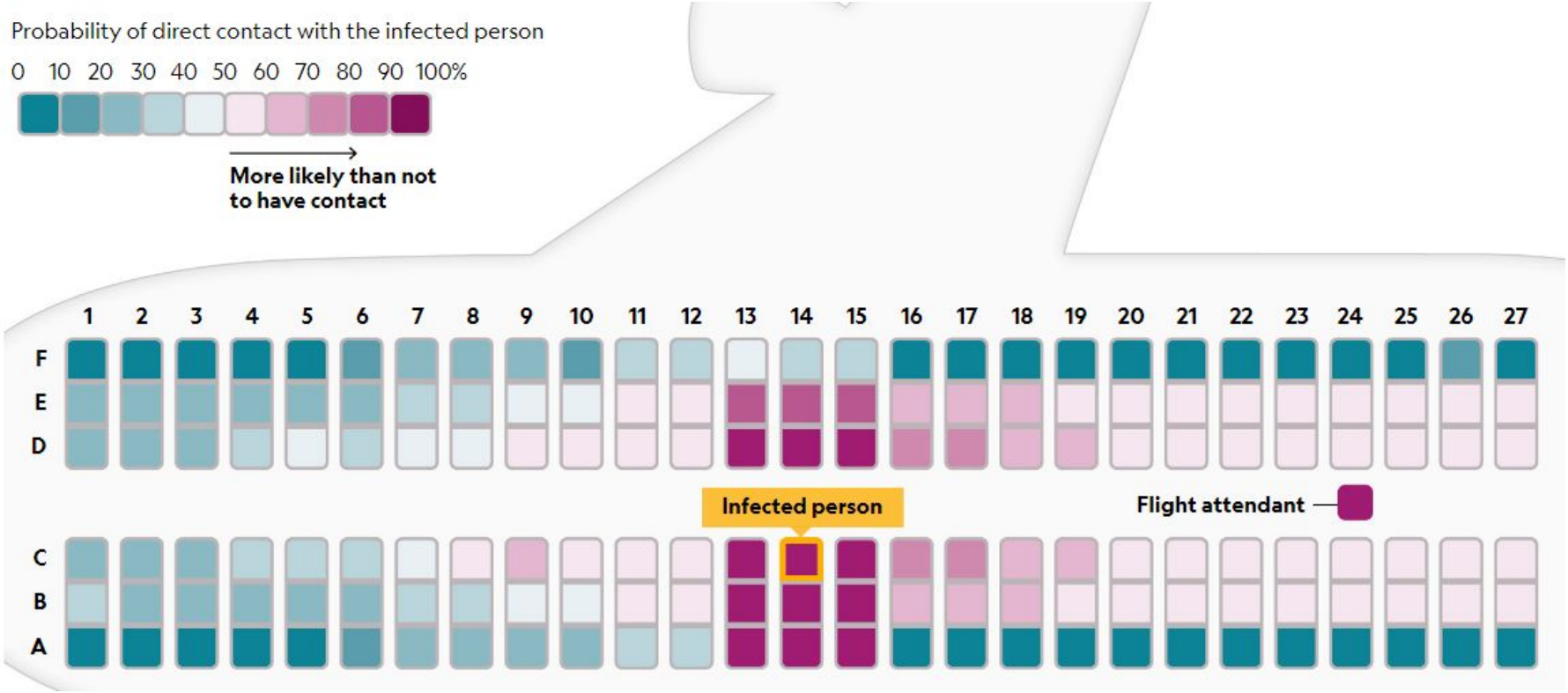

Doubt & Fear
Just Ahead

FAQs regarding travel and respiratory viruses

- Is wearing an N95 worth it?
- Where is best to sit in the airplane?
- How safe is it to go to that conference with 40 other people?
- Can I get a prescription for Paxlovid and have it with me when I travel just in case
- Should I wear gloves to help prevent the spread of viruses?
- Is it ok to share food in the time of COVID?

' February 11, 2022 / 71(6);212–216

People in window seats are the least likely to come in contact with an infected person



National Geographic, March 6, 2020

Many experts feel that COVID transmission on airplanes is less likely than in other indoor settings

Researchers at the Harvard T.H. Chan School of Public Health concluded that the multiple layer of measures, including the wearing of face masks and more frequent disinfection, together with the aircraft airflow systems, results in a very low risk of COVID-19 transmission on aircraft.

--HEPA filters

--Top to bottom airflow

--Cabin air is refreshed 20-30 times an hour (About 10 times more than most office buildings)

How safe is it to go to that conference?

Virginia Mason Franciscan Health

Can I get a prescription of paxlovid to take with me just in case?

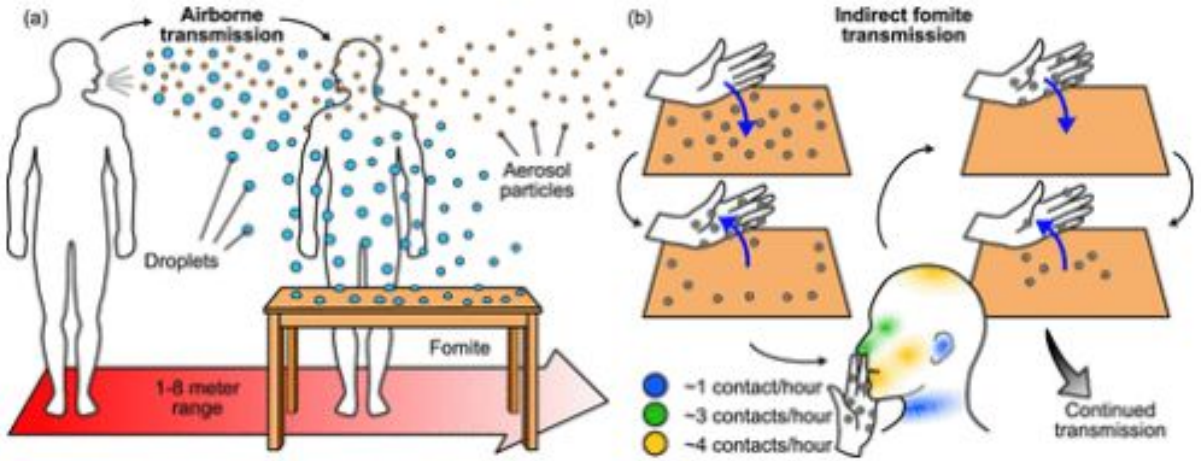
Virginia Mason Franciscan Health

Paxlovid is under Emergency Use Authorization (EUA)

----------EUA FOR PAXLOVID ----------

The U.S. Food and Drug Administration has issued an EUA for the emergency use of the unapproved PAXLOVID which includes nirmatrelvir, a SARS-CoV-2 main protease (Mpro: also referred to as 3CLpro or nsp5 protease) inhibitor, and ritonavir, an HIV-1 protease inhibitor and CYP3A inhibitor, for the treatment of mild-to-moderate coronavirus disease 2019 (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.

What is a fomite?



- **The ability of a pathogen to be transmitted via fomites depends in part on how hardy they are outside of the body**
- **It also depends on how much virus there is, and on environmental conditions**
- **Handwashing is key!**

https://www.nature.com/articles/d41586-021-00251-4

Can you get COVID by sharing food?

- **Sharing food can transmit disease, but not so much for respiratory viruses**
- **The biggest risk with sharing food involves breathing in the virus– but risk is mitigated by vaccine!**

Conclusions

- What part of travel presents the highest vulnerability?
  - Indoor spaces!
- What can I do to keep myself safe?
  - Be up to date with vaccination
  - Mask
  - Have rapid tests with you for early diagnosis/have plan to get treatment
  - Frequent hand washing
- What can I do to keep others safe?
  - Don’t go if you have cold symptoms, or wear a mask
  - If visiting the elderly or immunocompromised, test before you go

Community-Based Strategies for Preventing Spread and Reducing Stigma

Darnell Aparicio
Public Health Outreach Manager, Lake County Tribal Health Consortium

A PUBLIC HEALTH APPROACH TO COMBATING INFECTIOUS DISEASE

Darnell A. Aparicio

AGENDA

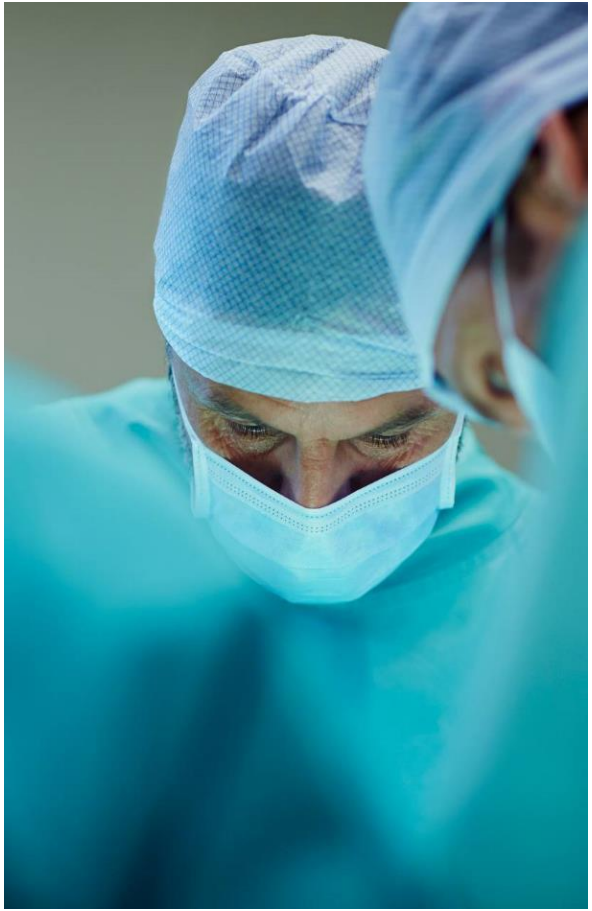
Introduction: What is COVID-19

Topic One: Timeline

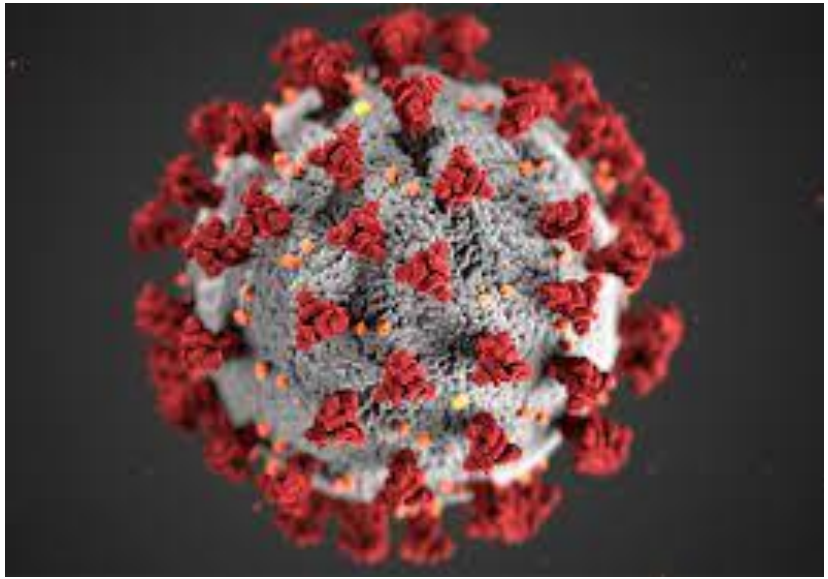
Topic two: How to deal with it?

Topic three: Other respiratory diseases Influenza, RSV

Topic three: Closing



INTRODUCTION



- What is (SARS-CoV-2) COVID-19:
- COVID-19 is a respiratory illness
- Caused by a type of virus called the Coronavirus
- This novel (new) corona virus was first discovered in Whuhan China which is thought to be the origin
- On January 31st, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States
- Problem? Today we are inundated with a plethora of new flu and RSV cases, both viruses pose additional threats to the healthcare system as Emergency Departments and healthcare facilities are becoming overwhelmed by the conundrum of all three viruses

TIMELINE

March 2020

- On March 11th, 2020, we established and in-house Standard Operating Procedure using a phase-based approach detailing Phase I, II, & III of what we would do throughout the course of the pandemic. We were the first clinic to have one established and neighboring counties and Medical facilities requested to meet with us to mimic our approach. We had visits from Mendocino and Lake County Public Health and local Hospitals.

March 2020 continued

- March 13th, 2020, we announced that we were suspending Out of County Transportation beginning Monday March 16th we established a team of Community Health Representatives to serve as our company wide COVID-19 screeners. The team received firsthand training from our Medical Nurse Manager and learned how to screen patients and employees

March 2020 Continued

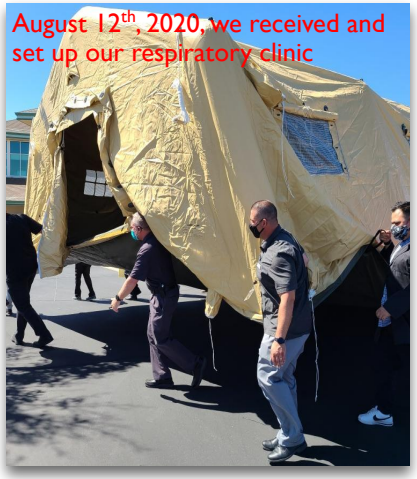
- March 19th, 2020, the state of California issued a Shelter In Place order minus essential workers
- March 20th, 2020, we set up a screening booth at the front entrance
- March 24th, 2020, a team came in and Fit-tested our employees who were working in high-risk areas

April 2020

- April 5th, 2020, Lake County Public Health reported the first positive case of COVID-19
- April 7th, 2020, Lake County Tribal Health Consortium implemented a cover and mask protocol clinic wide

April 2020,

we received what I would like to describe as a bit of a game changer. We received the Abbott GeneXpert RT-PCR (Reverse Transcriptase Polymerase Chain Reaction) machine. The ability to be able to control a portion of the pandemic utilizing real time efforts. Prior to the arrival of GeneXpert we had to swab PCR for send out through quest diagnostics and the arrival time during large clusters or outbreaks was producing 7–10-day lag times. What I really like about this machine is that we not only have knowledge of the patients testing positive for COVID, however, it tests for Influenza A, Influenza B, and RSV. It helps to minimize not only the lag time of send outs, but it also produces results for patients so that they get a better understanding of virus they may have. And on the absolute plus side of things, the lag time is 40 minutes. In the early portion of the pandemic everyone would assume that any type of cold that they caught was COVID. I had to remind the patients that the Flu was still in existence, and that other viruses i.e., Adenovirus, Norovirus, Human metapneumovirus, all mimicked the same sets of symptoms experienced in patients who were positive with COVID-19



TIMELINE

August 2020

- August 14th, 2020, we began the use of the respiratory and testing clinic

September 2020

- September 8th, 2020, we began to see a sharp rise in COVID-19 cases

November 2020

- November 26th, 2020, we received several calls regarding symptomatic patients after hours
- November 27th, 2020, we connected with Lake County Public Health Officer Dr. Gary Pace and held a mass testing site at one of the local Native American Reservations we tested a total of 167 patients and received a 158 positive results

December 2020

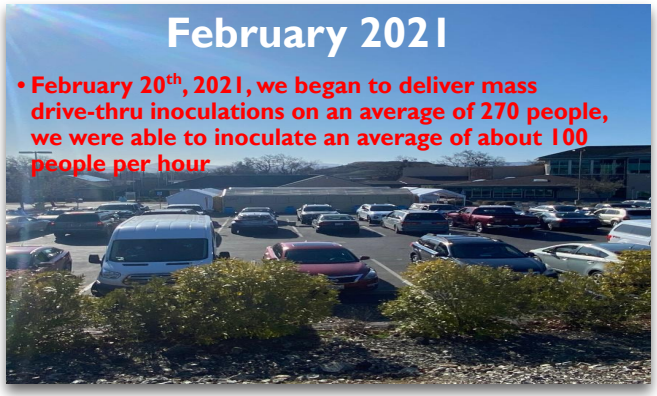
- December 9th ,2020, we followed up mass testing with an additional testing clinic and tested a total of 67 patients
- December 16th, 2020, we followed up with an additional testing clinic and tested 20 patients
- December 17th, 2020, we established C.E.R.T COVID Emergency Response Team a group of staff that would remain on call in the event of a future outbreak during the Holidays

January 2021

- January 4th, 2021, we began our COVID-19 Inoculation roll-out with staff
- January 11th, 2021, we began our patient inoculations with Native Patients only. At this time, we had a very limited number of doses that were issued to us 1,000 in total which accounted for a total of 500 patients as the Moderna vaccine consisted of 500 primers and 500 boosters

February 2021

- **February 20th, 2021, we began to deliver mass drive-thru inoculations on an average of 270 people, we were able to inoculate an average of about 100 people per hour**



June- September 2021

- June 2021, we began to see a sharp increase in the Delta variant
- July 2021, we saw a steep increase in the Delta variant
- August 202, we were inundated with many patients who had experienced the Delta variant and were severely ill. We formed testing clinics for school age children to try and get ahead of the outbreak before the children returned to school. Many of the children we tested were positive.
- September of 2021 Delta began to taper off, however already did its damage

END OF 2020- BEGINNING OF 2021

MOBILE CLINIC 2022

This is our mobile clinic that has two patient exam rooms, equipped with a refrigerator, restroom, built in back up generator. This mobile unit is utilized to administer vaccines to tribes within our localized area. The area that we live in is very rural, so each tribe is located within a 110-mile radius.

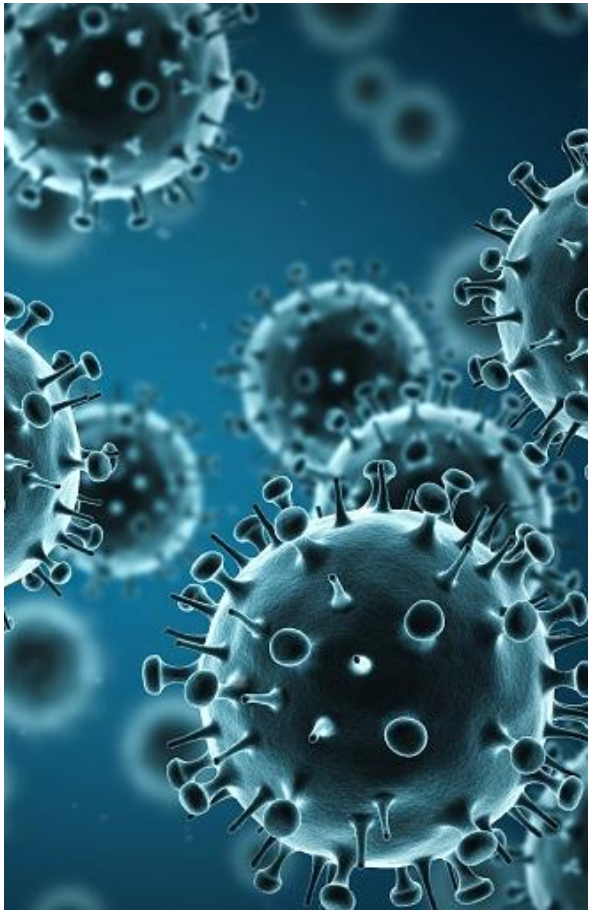
TOPIC : HOW TO DEAL WITH IT!

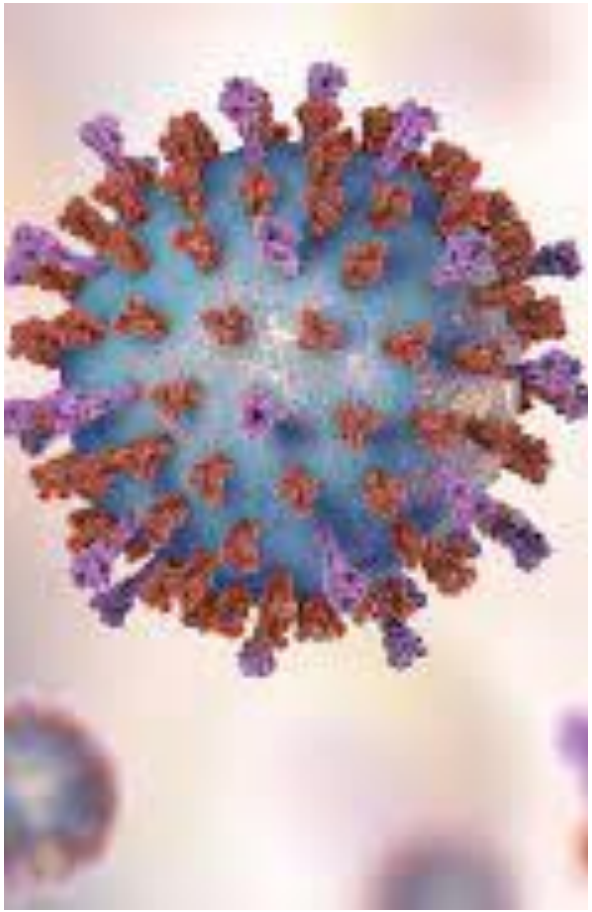
Testing, inoculations, masking, understanding stigma and vaccine hesitancy within Tribal Partnerships.

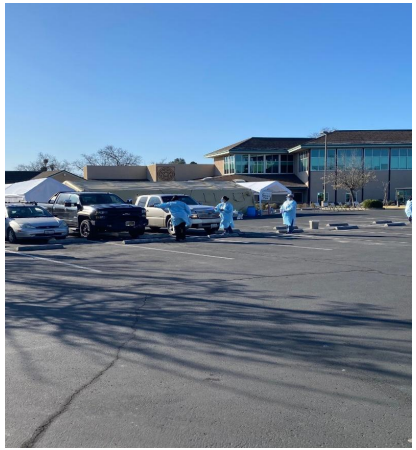
THE WAY TO GET STARTED IS TO, QUIT TALKING AND BEGIN DOING.

INFLUENZA & RSV

Today with Influenza we are seeing some of the highest numbers that we have seen in two decades. RSV is also on the rise, and it presents what we would refer to as a Tripledemic. I would strongly encourage those that want to gather to try their best to refrain from doing so. COVID, RSV, and Influenza all thrive in an enclosed and non-ventilated area, the weather is cold which leads to more exposure and less social distancing while enclosed in a home setting. If you do plan to gather, I will strongly urge masking to avoid exposure of droplets from possibly infected family members. If you plan to travel by plane, I also encourage masking to avoid long term exposure. The use of single use plates and spoons is encouraged as we try to avoid handling fomites (sources of infection) although low risk is involved still likely. Single use cups with names printed on them with a sharpie is encouraged as well. At Lake County Tribal Health, we still follow mask mandates. To date we have not experienced any significant outbreaks. Most employees who have encountered COVID-19 or Influenza have done so through community transmission families, friends, social gatherings, etc.








SUMMARY

In summary we described methods to be useful in a clinical setting or in a communal setting. We have discussed standard precautions to be utilized when gathering and for those that plan to travel. We summarized a timeline of events that led to proactive efforts. And we summarized successful partnerships with state agencies that assisted us with distribution of inoculations and testing efforts.

THANK YOU

Darnell A. Aparicio

Email address:
daparicio@lcthc.org

Website:

www.lcthc.com

Q&A

Resources

Centers for Disease Control and Prevention

Increased Respiratory Virus Activity, Especially Among Children, Early in the 2022-2023 Fall and Winter, CDC Health Advisory Network, Released November 4, 2022

2022-2023 Seasonal Influenza Testing and Treatment During the COVID-19 Pandemic, CDC Clinician Outreach Communication Activity, Released November 15, 2022

Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the COVID-19 Pandemic, Updated September 23, 2022

Additional Workforce Resources

Infection Prevention and Control for the Emergency Medical Services and 911 Workforce, Agency for Healthcare Research and Equality, November 2022

Strategies to Mitigate Healthcare Personnel Staffing Shortages, CDC, Updated September 23, 2022

National COVID-19 Resiliency Network

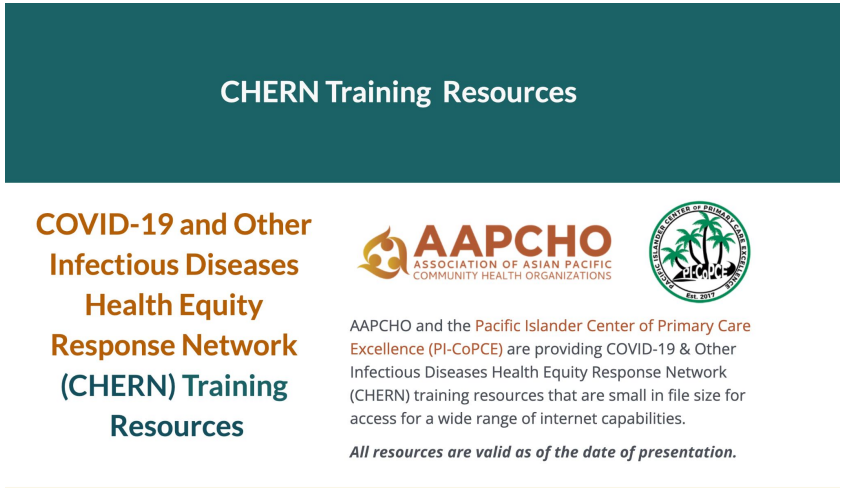
The National COVID-19 Resiliency Network (NCRN) has resources, publications, and supportive care available in 13 languages.

The NCRN support finder helps locate COVID-19 testing and vaccination as well as other supportive services by zip code.

National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM)

NRC-RIM offers resources, information, and culturally/linguistically appropriate materials for responding to infectious disease outbreaks like COVID-19 and Monkeypox. They offer materials that are community vetted in over 30 different languages. Access their toolkit, **Staying Healthy and Safe During Winter Holidays**, or browse their **COVID-19 Get The Facts campaign** resources.

CHERN Training Resources Page



Visit the **Training Resource page** to access all training recordings, audio, transcripts, and slide PDFs.

AAPCHO
ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

National Indian Health Board

Questions?