

Monthly Healthcare Provider & Public Health Partner Webinar

Updates on COVID-19, Monkeypox, & Other Emerging Public Health Issues

October 13, 2022

Call Schedule

- We are cancelling the webinar scheduled for Thursday, November 10th (conflicts with the annual NH Immunization Conference)
 - Register now at <https://nhipconference.com/>
- Next webinar will be Thursday, December 8th from 12-1 pm
- We will schedule an ad-hoc call in-between, if needed
- Same call-in information

Agenda

- COVID-19 updates
- Ebola outbreak in Uganda
- Monkeypox virus outbreak update

Updated CDC Healthcare Infection Prevention & Control Guidance

THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network

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September 27, 2022, Time 1420 (2:20PM EDT)

NH-HAN 202209271



COVID-19 Pandemic, Update # 66 ***Updated CDC Infection Prevention and Control*** ***Recommendations for Healthcare Personnel***

Key Points and Recommendations:

- Review CDC's updated COVID-19 [Infection Prevention and Control Recommendations for Healthcare Personnel](#), including setting-specific considerations for dialysis facilities, emergency medical services, dental facilities, nursing homes, and other residential care settings.
- Review CDC's updated [Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure](#)

CDC's Infection Prevention & Control Guidance

- Review the details of CDC's guidance – what is provided here is a very high-level summary
- Vaccination status is no longer used to differentiate recommendations
- No need to actively screen visitors – recommends posting visual alerts and establish a process to make employees, patients, and visitors aware of steps to prevent transmission
- PPE recommendations haven't changed for managing patients with suspect or confirmed COVID-19
- Still using the old “[Community Transmission](#)” metrics to inform recommendations

CDC's Infection Prevention & Control Guidance

- Recommends face masks for everyone when community transmission is HIGH, otherwise it's at facility discretion (with some exceptions)
- Universal PPE: face masks (respirators in certain circumstances) and eye protection for healthcare workers when caring for patients in areas of HIGH transmission
- Test for any symptoms of COVID-19 (see detailed testing recommendations)
- Updated screening testing recommendations after an exposure (3 tests)
- No longer recommends universal asymptomatic screening testing for healthcare workers at LTCFs (at facility discretion)
 - Admission testing for new nursing home residents is still recommended when community transmission is HIGH (otherwise at facility discretion)
- Duration of isolation for infected patients and healthcare providers continues to be more strict (compared to general population recommendations)

Updated COVID-19 Bivalent Omicron Booster Vaccine Recommendations

Bivalent Omicron Booster Recommendations

- All persons **5 years of age or older** who have completed at least a COVID-19 vaccine primary series are recommended to receive a single bivalent Omicron booster starting at least 2 months after completion of the primary series or last monovalent booster.

Bivalent Omicron Booster Recommendations

Vaccination history	→	Next dose
Primary series	At least 2 months →	1 bivalent booster dose
Primary series + 1 booster	At least 2 months →	1 bivalent booster dose
Primary series + 2 booster	At least 2 months →	1 bivalent booster dose

Bivalent Omicron Booster Administration

- **Pfizer-BioNTech** Bivalent Booster (for persons 5+ years of age)

Age indication	Vaccine composition	Vaccine vial cap color	Label border color	Dilution required	Dose	Injection volume
5–11 years	Bivalent	Orange	Orange	Yes	10 µg	0.2 mL
12 years and older	Bivalent	Gray	Gray	No	30 µg	0.3 mL

- **Moderna** Bivalent Booster (for persons 6+ years of age)

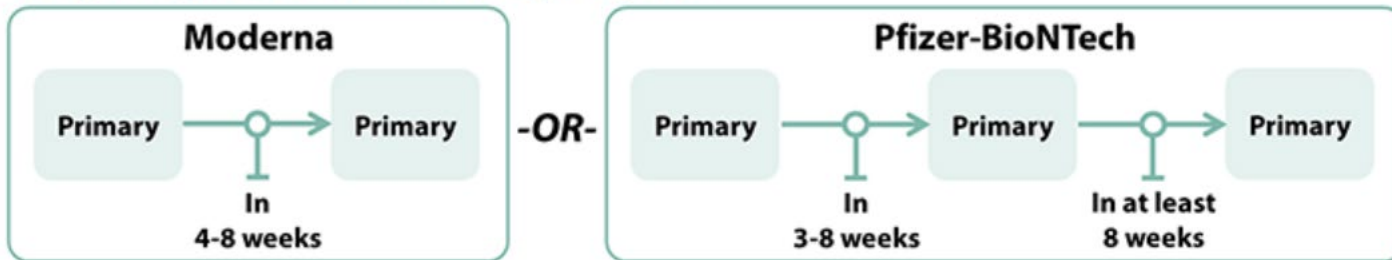
Age indication	Vaccine composition	Vaccine vial cap color	Label border color	Dilution required	Dose	Injection volume
6–11 years	Bivalent	Dark blue	Gray	No	25 µg	0.25 mL
12 years and older	Bivalent	Dark blue	Gray	No	50 µg	0.5 mL

Additional Important Clarifications

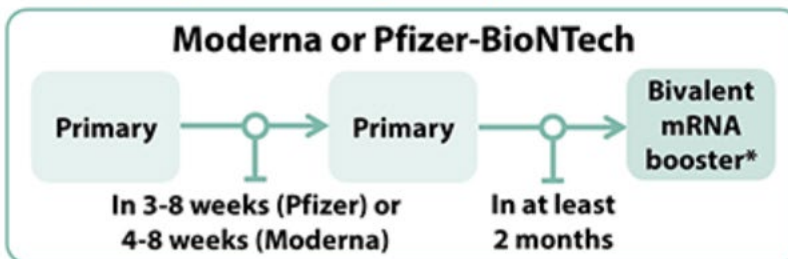
- Bivalent vaccines can **ONLY** be used for booster doses (not primary series vaccination)
- Original monovalent vaccines can **NO LONGER** be used as booster doses and should **ONLY** be used for primary series vaccination

COVID-19 Vaccination for People NOT Moderately-Severely Immunocompromised

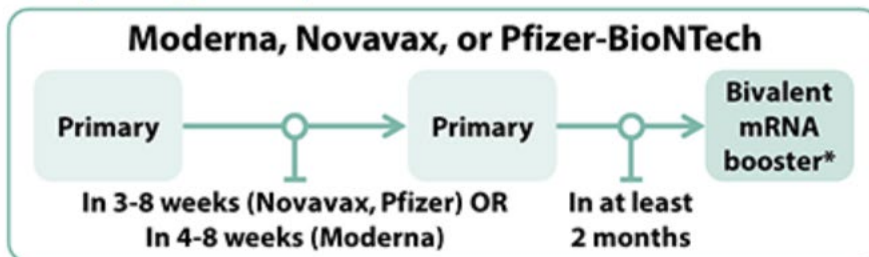
People ages 6 months through 4 years



People ages 5 through 11 years

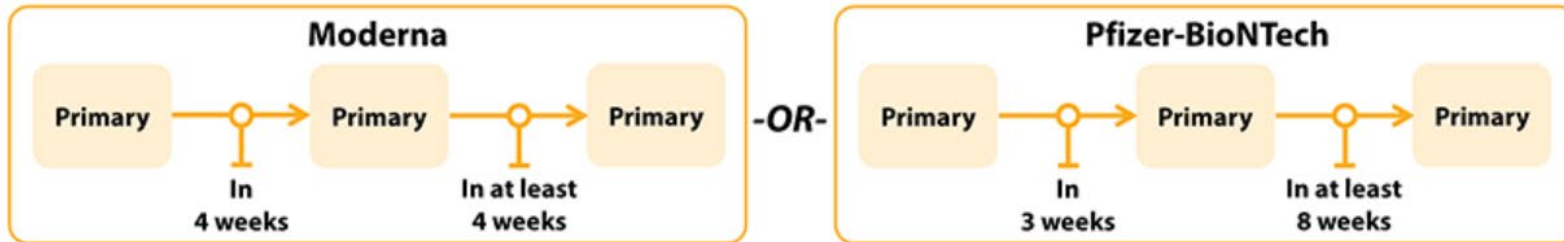


People ages 12 years and older

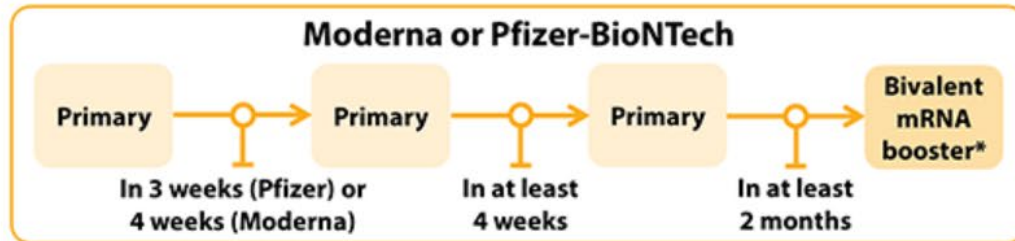


COVID-19 Vaccination for People Who ARE Moderately-Severely Immunocompromised

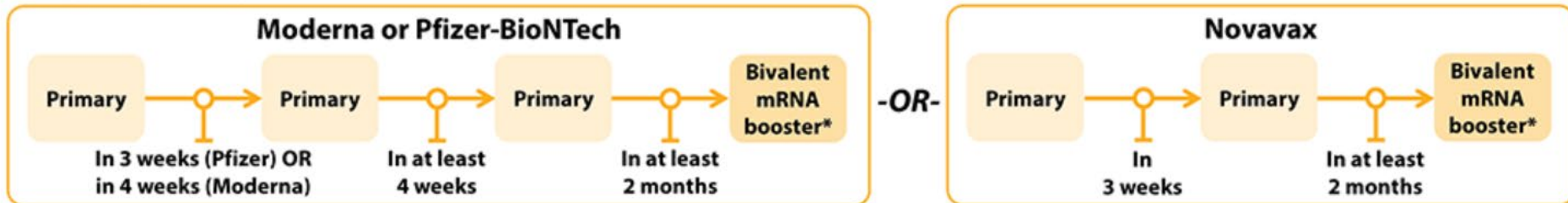
People ages 6 months through 4 years



People ages 5 through 11 years



People ages 12 years and older



Importance of Bivalent Boosters

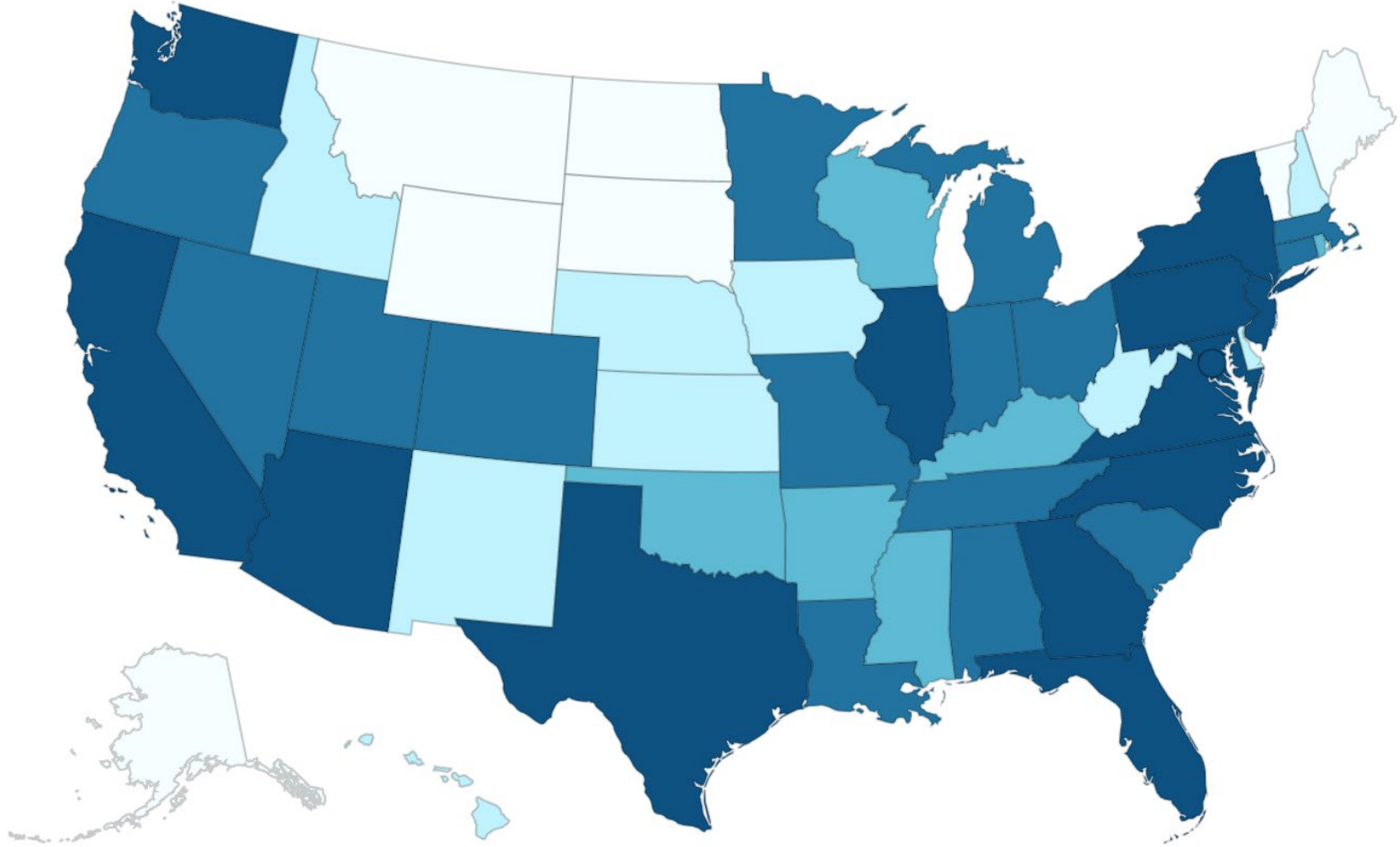
- Improved protection against currently circulating SARS-CoV-2 strains (BA.4/5) compared with monovalent vaccines
- Broader immune response and protection against variants
- Potentially longer duration of protection
- Decrease in severe disease and healthcare utilization
- Timing vaccination before seasonal increase in COVID-19 can prevent infection and symptomatic disease, and help prevent lost days of productivity (school, work, etc.)

Ebola Outbreak in Uganda

See slides from CDC's COCA Call/Webinar conducted on 10/12/22:
https://emergency.cdc.gov/coca/calls/2022/callinfo_101222.asp

Monkeypox Virus Outbreak Update

Monkeypox Infections by State



○ 1 to 10

● 51 to 100

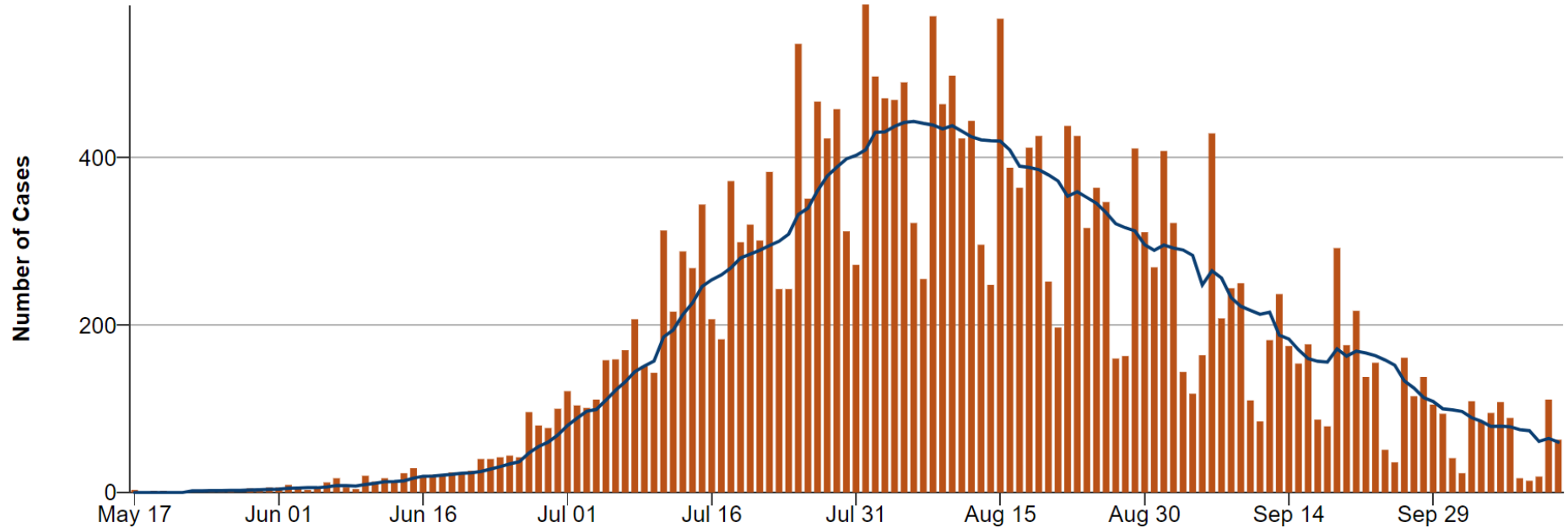
● >500

● 11 to 50

● 101 to 500

<https://www.cdc.gov/poxvirus/monkeypox/response/2022/us-map.html>

United States Monkeypox Epi Curve



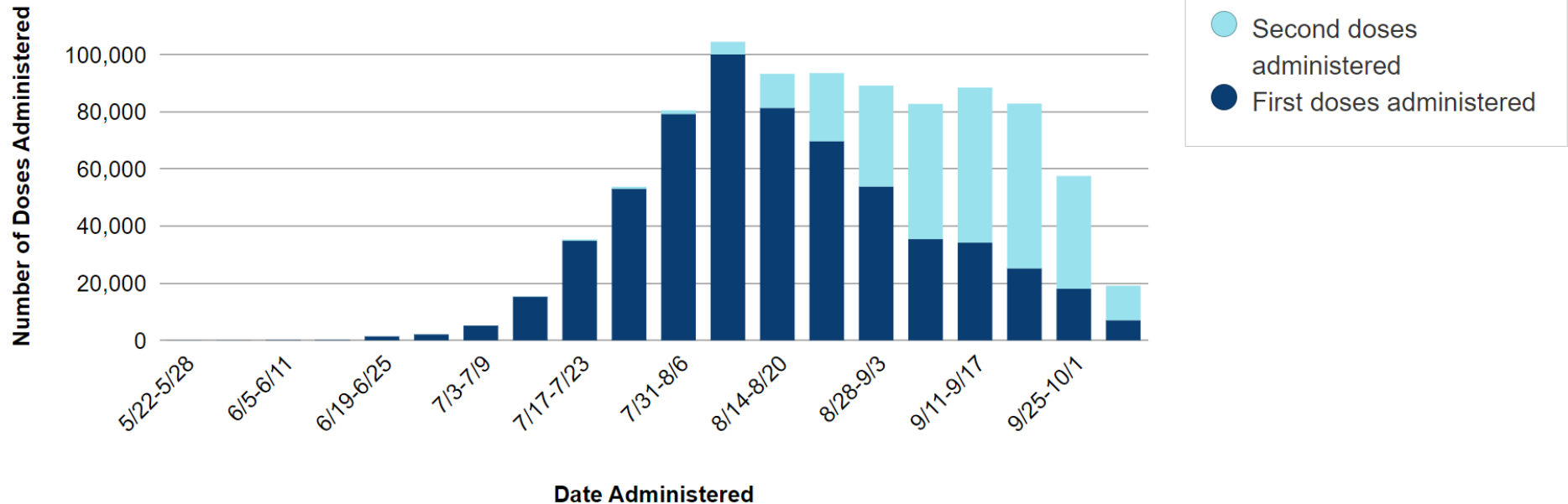
<https://www.cdc.gov/poxvirus/monkeypox/response/2022/mpx-trends.html>

JYNNEOS Vaccine Doses Administered in U.S.

906,325

Doses Administered in the 54 U.S. Jurisdictions Reporting Data as of October 11, 2022.

Total JYNNEOS Vaccine Doses Administered and Reported to CDC



NH's JYNNEOS Vaccination Guidance

- Administer JYNNEOS vaccine to the following persons:
 - Persons who identifies as gay, bisexual, queer, or other men who has sex with men (MSM) and believe they are at risk for monkeypox virus infection
 - A person of any gender or sexual orientation whom a provider thinks is at increased risk for monkeypox virus infection
 - Persons who report in the prior 14 days a known exposure to the monkeypox virus (goal is vaccination within 4 days of an exposure to prevent disease)

CDC's PrEP Vaccine Considerations

Component	Definition	Eligible Populations
Pre-Exposure Prophylaxis (PrEP)	Vaccination before exposure to monkeypox	<ul style="list-style-type: none">• People in certain occupational exposure risk groups*• Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past 6 months have had<ul style="list-style-type: none">◦ A new diagnosis of one or more nationally reportable sexually transmitted diseases (i.e., acute HIV, chancroid, chlamydia, gonorrhea, or syphilis)◦ More than one sex partner• People who have had any of the following in the past 6 months:<ul style="list-style-type: none">◦ Sex at a commercial sex venue◦ Sex in association with a large public event in a geographic area where monkeypox transmission is occurring• Sexual partners of people with the above risks• People who anticipate experiencing the above risks

*People at risk for occupational exposure to orthopoxviruses include research laboratory personnel working with orthopoxviruses, clinical laboratory personnel performing diagnostic testing for orthopoxviruses, and orthopoxvirus and health care worker response teams designated by appropriate public health and antiterror authorities. (see [ACIP recommendations](#)).

https://www.cdc.gov/poxvirus/monkeypox/interim-considerations/overview.html#anchor_1660077319531

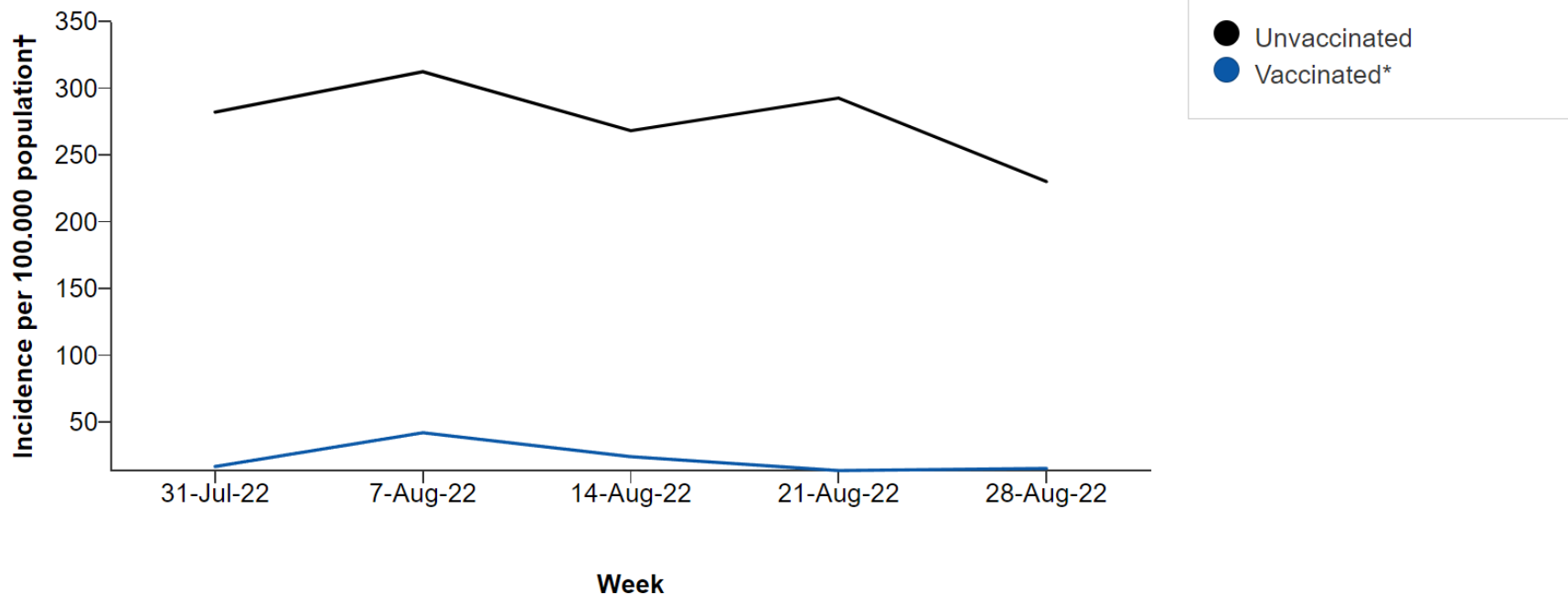
Early JYNNEOS Vaccine Effectiveness Data

Unvaccinated people had:

14 times the risk of monkeypox disease compared to people who were vaccinated*

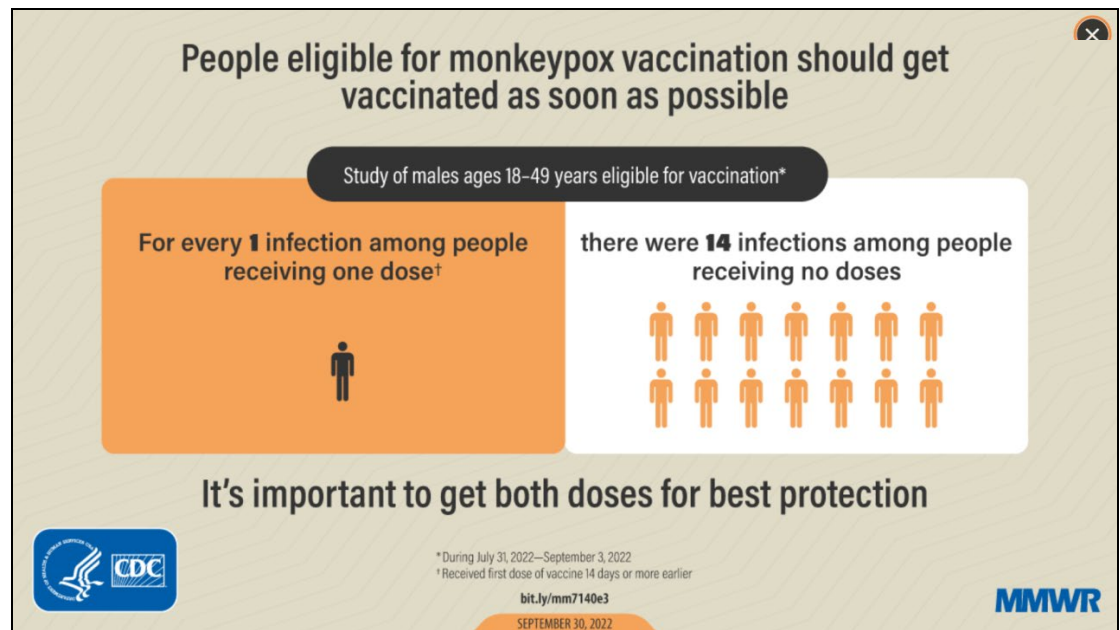
Rates of Monkeypox Cases by 1st Dose Vaccination Status

July 31, 2022 – September 3, 2022 (32 U.S. jurisdictions)



Study Considerations and Limitations

- Preliminary data for 1-dose vaccination
- Rate calculations based on number of MSM with HIV and persons on HIV PrEP (population denominator)
- Analysis doesn't account for if a person was vaccinated for PEP, PEP++, or PrEP
- Analysis doesn't account for differences in health seeking behavior (e.g. testing) or avoidance of high-risk activities



Effectiveness of a single-dose Modified Vaccinia Ankara in Human Monkeypox: an observational study

- Israeli cohort study to evaluate vaccine effectiveness (VE) of 1-dose of JYNNEOS vaccine PrEP
- Participants were followed for at least 25 days after vaccination
- 1,970 persons eligible for vaccination during study timeframe (44% vaccinated, 56% unvaccinated)
 - MPX infections occurred in 15 unvaccinated participants and 3 vaccinated participants (adjusted Hazard Ratio was 0.21)
- VE for 1-dose of JYNNEOS PrEP: **79% reduction in infection risk**
- Durability of 1-dose protection is unknown

Importance of 2nd Doses

- Preliminary data is showing that a single dose is effective at preventing monkeypox virus infection in the short term
- JYNNEOS should be administered as a 2-dose series for the greatest and most durable protection (we don't know how long the monkeypox virus will be circulating)
- Continue to refer at-risk patients for JYNNEOS vaccination and help communicate the importance of people returning for their second doses

Q&A

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