



# COVID-19 Update for Local Partners

Kansas Department of Health & Environment – January 5, 2023

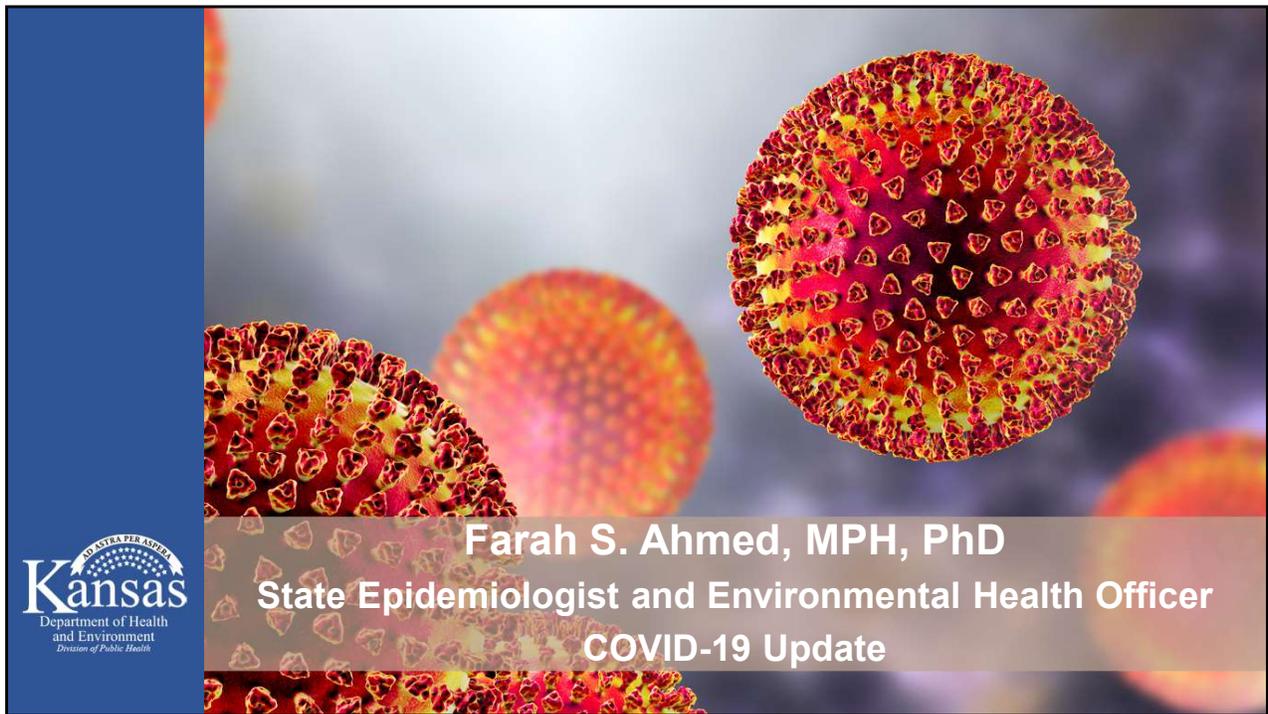


## COVID-19 Update for Local Partners

### Agenda January 5, 2023

- COVID-19 Update – Dr. Farah Ahmed
- SARS-CoV-2 Variants Update – Dr. John Anderson
- COVID-19 Therapies Update – Michael McNulty
- Other Emerging Issues – Dr. Farah Ahmed

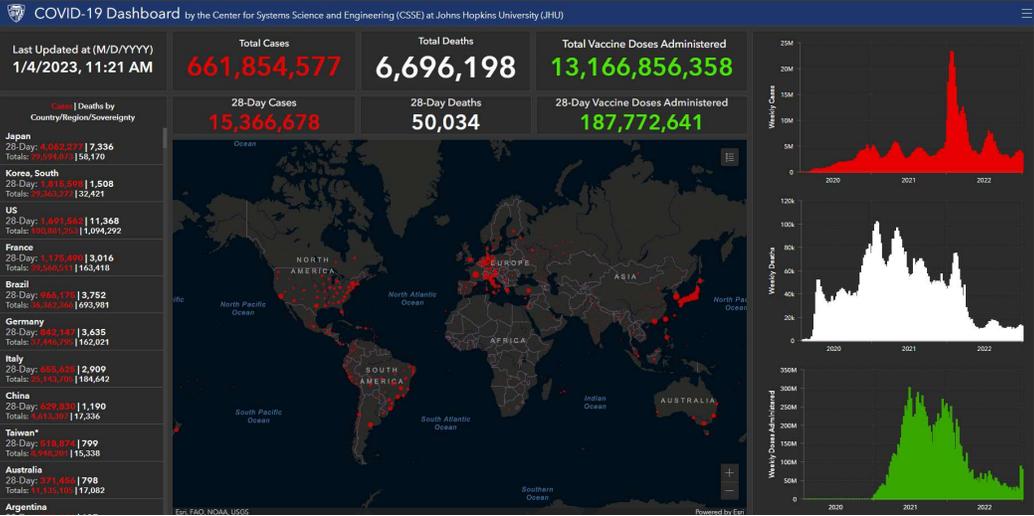
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Good morning everyone.



# COVID-19 Update

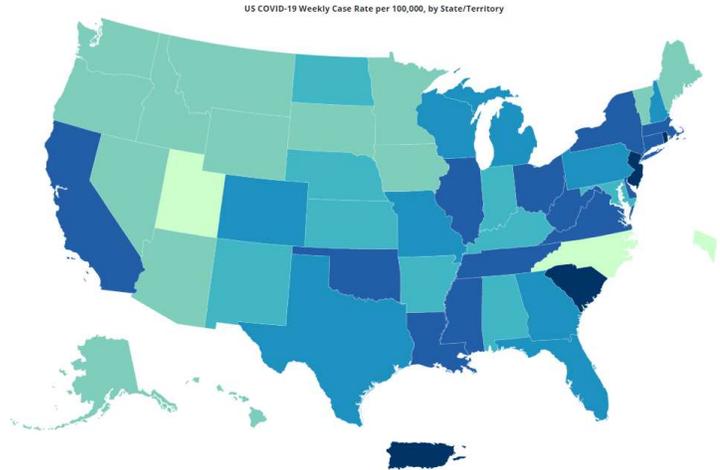


Currently, there are almost 662 million cases and there are almost 6.7 deaths around the world since the beginning of the pandemic.



## COVID-19 Update

- Total cases: 100,622,056
- Weekly case rate: 121.2/100,000



As of 1-4-2023. Available at [https://covid.cdc.gov/covid-data-tracker/#cases\\_casesper100klast7days](https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days)

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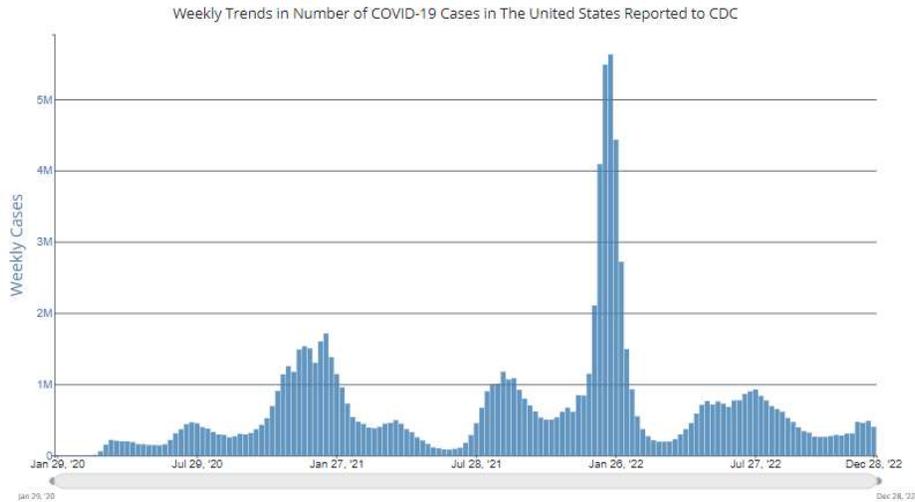
As of yesterday:

Total cases in the US: 100,622,056 reported cases since the beginning of the pandemic.

This map shows the 7 day rate of cases per 100,000 population.



## COVID-19 Update



As of 1-4-2023. Available at [https://covid.cdc.gov/covid-data-tracker/#trends\\_dailycases](https://covid.cdc.gov/covid-data-tracker/#trends_dailycases)

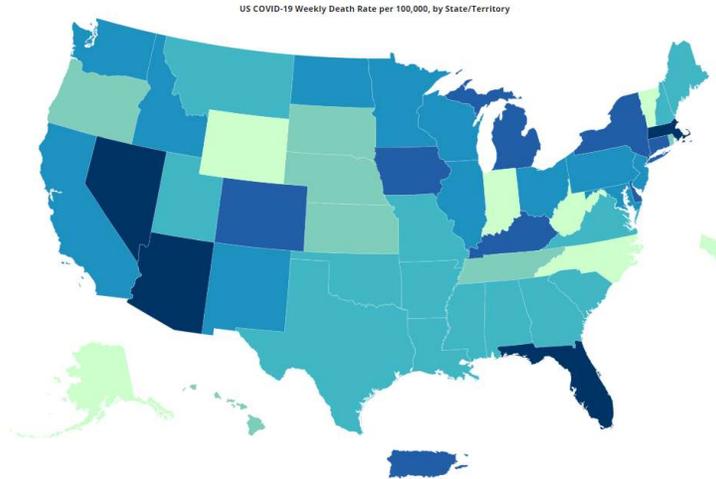
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Looking at CDC’s weekly trend map, last month we talked about a slight increase in cases since about the end of October and that seems to have increased a little more sharply in December.



## COVID-19 Update

- Total deaths: 1,088,481



As of 1-4-2023. Available at [https://covid.cdc.gov/covid-data-tracker/#cases\\_deathsper100k](https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100k)

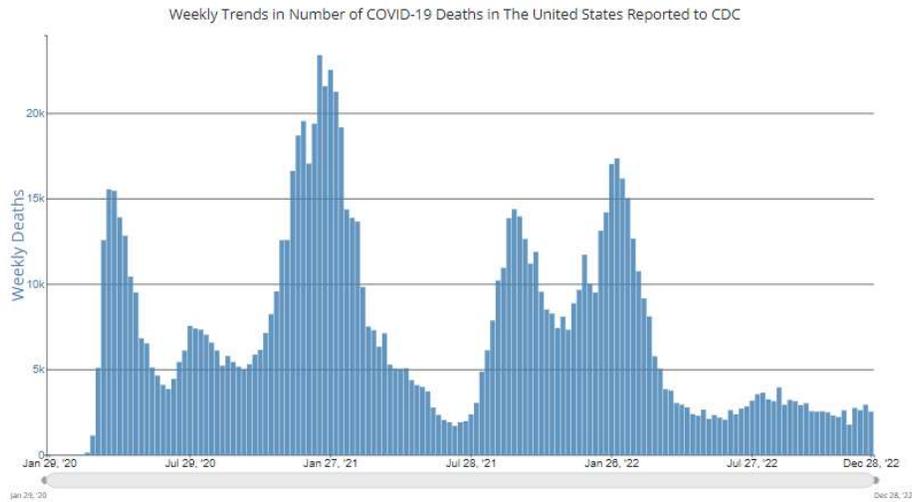
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As of yesterday in the US: 1,088,481 deaths since the beginning of the pandemic.

This map shows the 7 day death rate per 100,000 population.



## COVID-19 Update



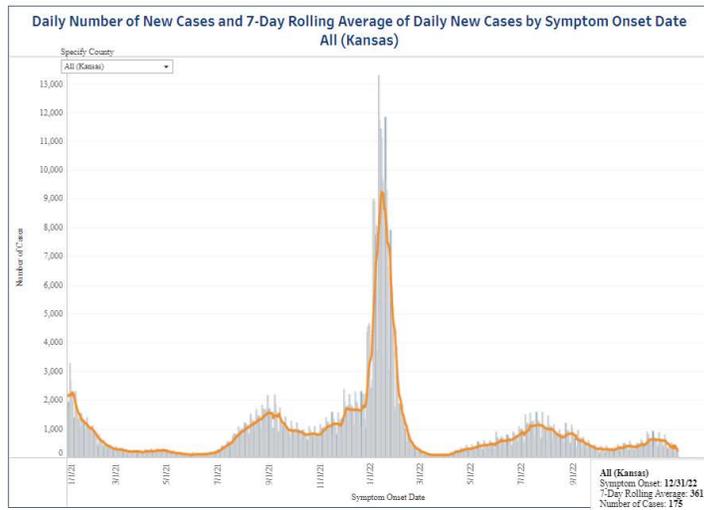
As of 1-4-2023. Available at [https://covid.cdc.gov/covid-data-tracker/#trends\\_dailydeaths](https://covid.cdc.gov/covid-data-tracker/#trends_dailydeaths)

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Last time, we talked about weekly deaths generally decreasing from about mid October. We do see some fluctuating up and down from the end of November through December.



## COVID-19 Update



Available at: <https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>; Data updated Wednesday 1/4/2023.

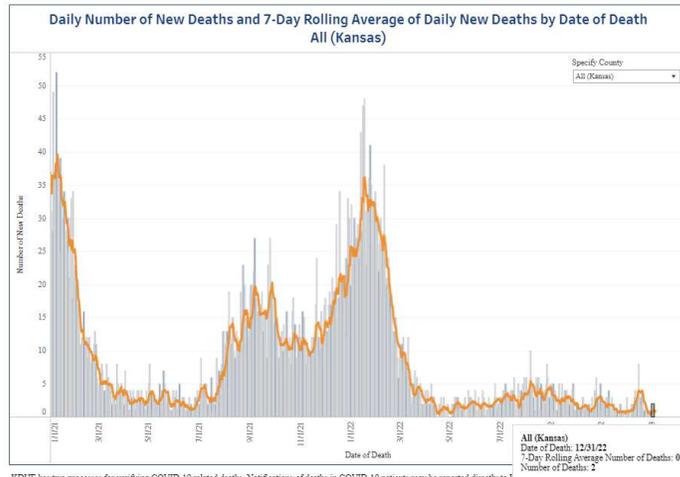
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Looking at the situation in Kansas:

Cutting off the most recent 5 days to allow for lags in reporting, we see that the 7 day rolling average number of new cases by symptom onset date (not date reported) was 361.1 new cases per day on December 31. A month ago, it was 405 new cases per day.



# COVID-19 Update



KDHE has two processes for verifying COVID-19 related deaths. Notifications of deaths in COVID-19 patients may be reported directly to KDHE and are matched in our disease surveillance system. When the death certificate is received by the KDHE Office of Vital Statistics, we verify the cause of death and date of death in our surveillance system. In the second process, we regularly review COVID-19 deaths in the death registration system and update any COVID-19 deaths missing in the surveillance system. In both processes, the death certificate data is the final source of data. Therefore, the number of deaths reported here by date of death may not match the total number of deaths reported if the date of death has not been verified yet from the death certificate.

Available at: <https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>; Data updated Wednesday 1/4/2023.

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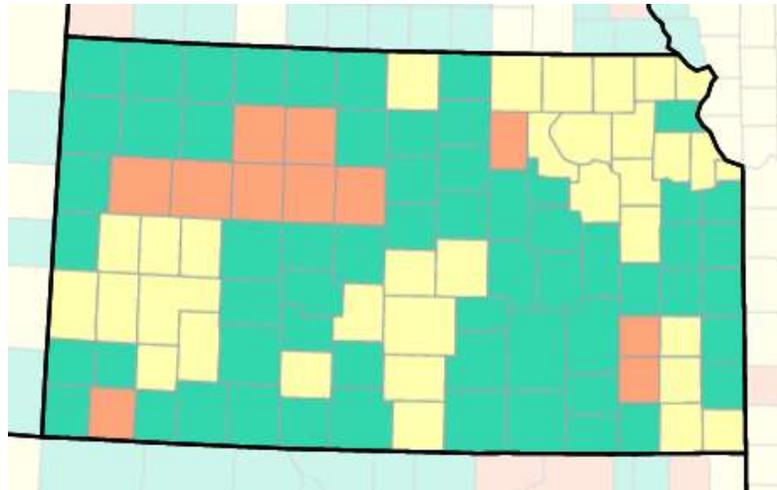
The 7 average number of deaths on December 31 was 2 deaths per day. You'll notice what looks like a spike around mid to late December when we had about 3-4 deaths reported per day.



## COVID-19 Update: Community Levels



CDC recommends use of [COVID-19 Community Levels](#) to determine the impact of COVID-19 on communities and to take [action](#).



Available at: [https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=Kansas&data-type=CommunityLevels&null=CommunityLevels](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Kansas&data-type=CommunityLevels&null=CommunityLevels) ; Map updated Thursday 12/29/2022.

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Looking at CDC's Community Level Map, still a lot of green and yellow, same as last month.

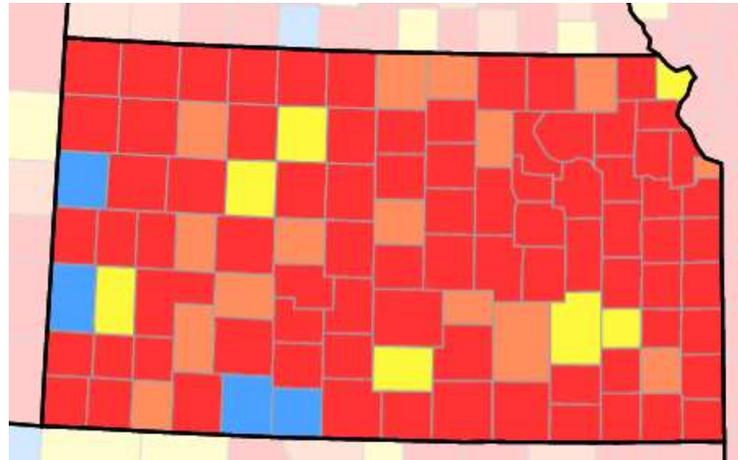
Time Period: COVID-19 Community Levels were calculated on Thu Dec 29 2022. New COVID-19 cases per 100,000 population (weekly total) are calculated using data from Thu Dec 22 2022 - Wed Dec 28 2022. New COVID-19 admissions per 100,000 population (7-day total) and Percent of inpatient beds occupied by COVID-19 patients (7-day average) are calculated using data from Wed Dec 21 2022 - Tue Dec 27 2022.



## COVID-19 Update: Community Transmission Levels



CDC also provides [Transmission Levels](#) (also known as Community Transmission) to describe the amount of COVID-19 spread within each county. Healthcare facilities use Transmission Levels to determine [infection control interventions](#).



Available at: [https://covid.cdc.gov/covid-data-tracker/#county-view?list\\_select\\_state=Kansas&data-type=Risk&null=Risk](https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=Kansas&data-type=Risk&null=Risk) Updated: 12/29/2022

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And this is the Community Transmission Levels map which healthcare facilities are supposed to use to determine infection control measures. It looks similar to last month.

Current 7-days is Thu Dec 22 2022 - Wed Dec 28 2022 for case rate and Tue Dec 20 2022 - Mon Dec 26 2022 for percent positivity. The percent change in counties at each level of transmission is the absolute change compared to the previous 7-day period.



## COVID-19 Update: Updated Literature

### Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Hospitalization Among Immunocompetent Adults Aged $\geq 65$ Years — IVY Network, 18 States, September 8–November 30, 2022

Weekly / December 30, 2022 / 71(5152);1625–1630

On December 16, 2022, this report was posted online as an MMWR Early Release.

Diya Surie, MD<sup>1\*</sup>; Jennifer DeCuir, MD, PhD<sup>1\*</sup>; Yuwei Zhu, MD<sup>2</sup>; Manjusha Gaglani, MBBS<sup>3,4</sup>; Adit A. Ginde, MD<sup>5</sup>; David J. Douin, MD<sup>5</sup>; H. Keipp Talbot, MD<sup>2</sup>; Jonathan D. Casey, MD<sup>2</sup>; Nicholas M. Mohr, MD<sup>5</sup>; Anne Zepeski, PharmD<sup>6</sup>; Tresa McNeal, MD<sup>3,4</sup>; Shekhar Ghamande, MD<sup>3,4</sup>; Kevin W. Gibbs, MD<sup>7</sup>; D. Clark Files, MD<sup>7</sup>; David N. Hager, MD, PhD<sup>8</sup>; Harith Ali, MBBS<sup>9</sup>; Leyla Taghizadeh<sup>9</sup>; Michelle N. Gong, MD<sup>10</sup>; Amira Mohamed, MD<sup>10</sup>; Nicholas J. Johnson, MD<sup>11</sup>; Jay S. Steingrub, MD<sup>12</sup>; Ithan D. Peltan, MD<sup>13</sup>; Samuel M. Brown, MD<sup>13</sup>; Emily T. Martin, PhD<sup>14</sup>; Akram Khan, MD<sup>15</sup>; William S. Bender, MD<sup>16</sup>; Abhijit Duggal, MD<sup>17</sup>; Jennifer G. Wilson, MD<sup>18</sup>; Nida Qadir, MD<sup>19</sup>; Steven Y. Chang, MD, PhD<sup>19</sup>; Christopher Mallow, MD<sup>20</sup>; Jennie H. Kwon, DO<sup>21</sup>; Matthew C. Exline, MD<sup>22</sup>; Adam S. Luring, MD, PhD<sup>23</sup>; Nathan I. Shapiro, MD<sup>24</sup>; Cristie Columbus, MD<sup>4,25</sup>; Natasha Halasa, MD<sup>2</sup>; James D. Chappell, MD, PhD<sup>2</sup>; Carlos G. Grijalva, MD<sup>2</sup>; Todd W. Rice, MD<sup>2</sup>; William B. Stubblefield, MD<sup>2</sup>; Adrienne Baughman<sup>2</sup>; Kelsey N. Womack, PhD<sup>2</sup>; Jillian P. Rhoads, PhD<sup>2</sup>; Kimberly W. Hart, MA<sup>2</sup>; Sydney A. Swan, MPH<sup>2</sup>; Nathaniel M. Lewis, PhD<sup>1</sup>; Meredith L. McMorrow, MD<sup>1</sup>; Wesley H. Self, MD<sup>2</sup>; IVY Network (VIEW AUTHOR AFFILIATIONS)

Available at: [https://www.cdc.gov/mmwr/volumes/71/wr/mm715152e2.htm?s\\_cid=mm715152e2\\_w](https://www.cdc.gov/mmwr/volumes/71/wr/mm715152e2.htm?s_cid=mm715152e2_w)

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Among immunocompetent adults aged  $\geq 65$  years hospitalized in the multistate IVY Network, a bivalent booster dose provided 73% additional protection against COVID-19 hospitalization compared with past monovalent mRNA vaccination only. All eligible persons should receive a bivalent booster dose and consider additional prevention strategies, including masking in indoor public spaces.



## COVID-19 Update: Updated Literature

### Early Estimates of Bivalent mRNA Vaccine Effectiveness in Preventing COVID-19–Associated Emergency Department or Urgent Care Encounters and Hospitalizations Among Immunocompetent Adults — VISION Network, Nine States, September–November 2022

Weekly / December 30, 2022 / 71(5152);1616–1624

On December 16, 2022, this report was posted online as an MMWR Early Release.

Mark W. Tenforde, MD, PhD<sup>1</sup>; Zachary A. Weber, PhD<sup>2</sup>; Karthik Natarajan, PhD<sup>3,4</sup>; Nicola P. Klein, MD, PhD<sup>5</sup>; Anupam B. Kharbanda, MD<sup>6</sup>; Edward Stenehjem, MD<sup>7</sup>; Peter J. Embi, MD<sup>8,9</sup>; Sarah E. Reese, PhD<sup>2</sup>; Allison L. Naleway, PhD<sup>10</sup>; Shaun J. Grannis, MD<sup>9,11</sup>; Malini B. DeSilva, MD<sup>12</sup>; Toan C. Ong, PhD<sup>13</sup>; Manjusha Gaglani, MBBS<sup>14,15</sup>; Jungmi Han<sup>3</sup>; Monica Dickerson<sup>1</sup>; Bruce Fireman, MA<sup>2</sup>; Kristin Dascomb, MD, PhD<sup>7</sup>; Stephanie A. Irving, MHS<sup>10</sup>; Gabriela Vazquez-Benitez, PhD<sup>12</sup>; Suchitra Rao, MBBS<sup>13</sup>; Deepika Konatham<sup>16</sup>; Palak Patel, MBBS<sup>1</sup>; Kristin E. Schrader, MA<sup>2</sup>; Ned Lewis, MPH<sup>7</sup>; Nancy Grisel, MPP<sup>7</sup>; Charlene McEvoy, MD<sup>12</sup>; Kempapura Murthy, MBBS<sup>15</sup>; Eric P. Griggs, MPH<sup>1</sup>; Elizabeth A. K. Rowley, DrPH<sup>2</sup>; Ousseny Zerbo, PhD<sup>5</sup>; Julie Arndorfer, MPH<sup>7</sup>; Margaret M. Dunne, MSc<sup>2</sup>; Kristin Goddard, MPH<sup>5</sup>; Caitlin Ray, MPH<sup>1</sup>; Yan Zhuang, PhD<sup>2</sup>; Julius Timbol, MS<sup>5</sup>; Morgan Najdowski, MPH<sup>17</sup>; Duck-Hye Yang, PhD<sup>2</sup>; John Hansen, MPH<sup>5</sup>; Sarah W. Ball, ScD<sup>2</sup>; Ruth Link-Gelles, PhD<sup>17</sup> (VIEW AUTHOR AFFILIATIONS)

Available at: [https://www.cdc.gov/mmwr/volumes/71/wr/mm715152e1.htm?s\\_cid=mm715152e1\\_w](https://www.cdc.gov/mmwr/volumes/71/wr/mm715152e1.htm?s_cid=mm715152e1_w)

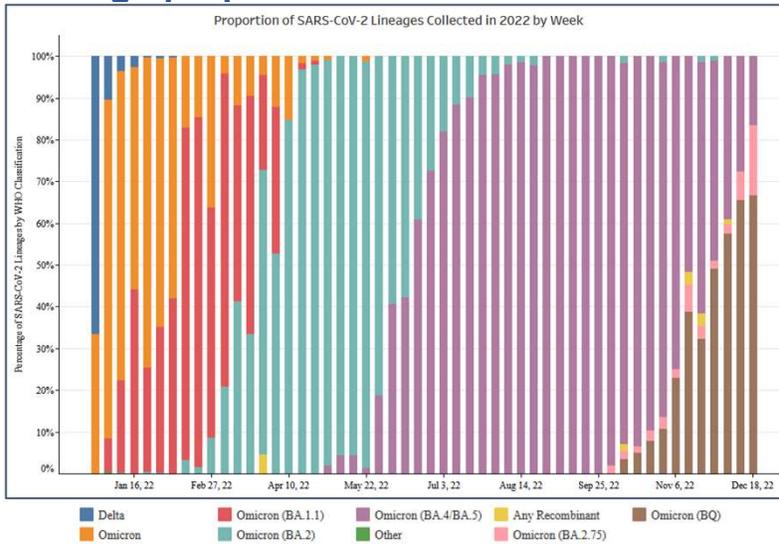
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Bivalent booster doses provided additional protection against COVID-19–associated emergency department/urgent care encounters and hospitalizations in persons who previously received 2, 3, or 4 monovalent vaccine doses. Because of waning of monovalent vaccine-conferred immunity, relative effectiveness of bivalent vaccines was higher with increased time since the previous monovalent dose.



**John Anderson, MPH, PhD**  
**Director Genomic Epidemiology**  
**SARS-CoV-2 Variants Updates**

## Lineage proportions in Kansas

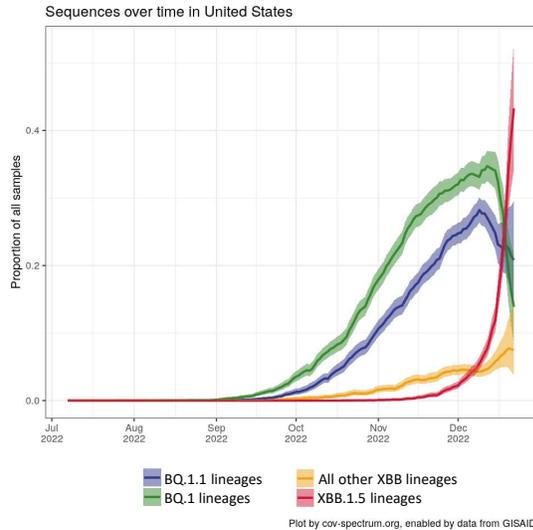


<https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>

- Most cases in Kansas are now due to the BQ lineages.
- Several XBB and BA.2.75 lineages have been identified as well.

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## XBB.1.5 is outcompeting other XBB and BQ lineages nationally



- XBB.1.5 is a recombinant of the SARS-CoV-2 lineages BJ.1 (BA.2.10.1.1) and BM.1.1.1 (BA.2.75.3.1.1.1).
- The XBB.1.5 lineage originated in the USA and most XBB.1.5 cases have been identified in the Northeast USA.
- Two XBB.1.5 cases have been identified in Kansas.
- No data on differences in disease severity between other lineages and XBB.1.5 has been released.

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## Mechanism for XBB.1.5 Advantage

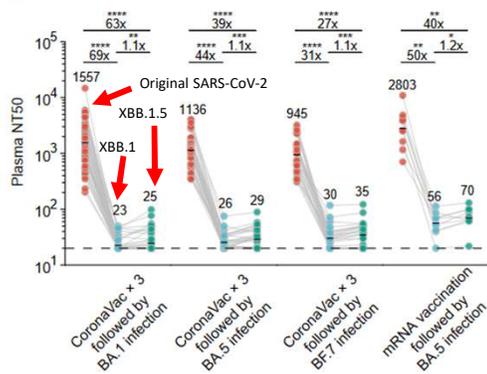
Enhanced transmissibility of XBB.1.5 is contributed by both strong ACE2 binding and antibody evasion

Can Yue, Weiliang Song, Lei Wang, Fanchong Jian, Xiaosu Chen, Fei Gao, Zhongyang Shen, Youchun Wang, Xiangxi Wang, Yunlong Richard Cao

doi: <https://doi.org/10.1101/2023.01.03.522427>

- A recent preprint shows that XBB.1.5 has similar levels of immune evasion to XBB.1.
- XBB.1.5 contains a mutation in the RBD (receptor binding domain) at site 486 that increases its binding affinity for the ACE2 receptor over the XBB.1 and BQ.1/BQ.1.1 lineages.
- The authors speculate that the increase in binding affinity gives XBB.1.5 an advantage over XBB.1 and BQ.1/BQ.1.1 lineages.

### A Immune evasion of XBB.1 vs. XBB.1.5



(A) NT50 against SARS-CoV-2 B.1 (D614G), XBB.1, and XBB.1.5 pseudovirus using plasma from BA.1 (n=50), BA.5 (n=36), or BF.7 (n=30) BTI convalescents with 3 doses of CoronaVac in prior, and BA.5 BTI convalescents with 3 or 4 doses of vaccination in prior including at least two doses of mRNA vaccines (BNT162b2 or mRNA-1273) (n=10).

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**Michael McNulty**  
**Emergency Management Director**  
**Therapies for COVID-19 Update**



## Walgreens Launching Home Delivery of Lagevrio (expanding delivery program of Paxlovid)

- Starting on Dec. 27, 2022, Walgreens expanded the oral antiviral free prescription delivery service to include Lagevrio (in addition to Paxlovid), directly to the doorsteps of Americans.
- Patients with a prescription for Lagevrio or Paxlovid being filled at Walgreens who live in a socially vulnerable community, based on CDC Social Vulnerability Index, will be able to have their Lagevrio prescription delivered to their home at no cost via Walgreens.com and the Walgreens app.
- With more than 8,000 Walgreens locations offering same day delivery services available to anyone who lives within 15 miles of participating Walgreens locations, most Americans have access to this program -about 92% of the population.

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## Legislative Provision to Allow Part D payment of EUA oral antivirals if commercialized while under EUA

- H. R. 2617 enacted to include EUA oral antivirals as covered Part D drugs: [BILLS-117hr2617enr.pdf](#)

**Subtitle D—Other Medicare Provisions SEC. 4131. TEMPORARY INCLUSION OF AUTHORIZED ORAL ANTIVIRAL DRUGS AS COVERED PART D DRUG.** Section 1860D–2(e)(1) of the Social Security Act (42 U.S.C. 1395w–102(e)(1)) is amended—(1) in subparagraph (A), by striking at the end “or”; (2) in subparagraph (B), by striking the comma at the end and inserting “; or”; and (3) by inserting after subparagraph (B) the following new subparagraph: “(C) for the period beginning on the date of the enactment of this subparagraph and ending on December 31, 2024, an oral antiviral drug that may be dispensed only upon a prescription and is authorized under section 564 of the Federal Food, Drug, and Cosmetic Act, on the basis of the declaration published in the Federal Register by the Secretary of Health and Human Services on April 1, 2020 (85 Fed. Reg. 18250 et seq.),”.

- **Allows coverage of COVID-19 oral antivirals (Paxlovid, Lagevrio) by Medicare Part D plans if a product is commercialized while under EUA (prior to change, a product available only under EUA would not have met statutory definition of a covered Part D drug)**
- This does **not** impact current payment structure
- COVID-19 oral antivirals continue to be provided by HHS free of charge; no payment can be sought for USG procured medications
- CMS is already able to cover fully approved oral antivirals under Part D
- There remains ample supply of USG procured product to facilitate continued distribution of free product

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These entities can purchase from their respective distributors:

- Hospitals (ASD, CAH & MPB);
- Non-hospital entities include (ASD & CAH only):
  - Infusion centers or sites;
  - Long term care sites;
  - Skilled nursing facilities
  - Dialysis care;
  - Clinics; and
  - Acute/urgent care

ASD = Amerisource Bergen Specialty Distribution  
CAH = Cardinal Health Specialty Distribution  
MPB = McKesson Plasma and Specialty Distribution

These entities will require attestation from ASD and/or CAH to purchase to ensure appropriate use:

- Retail pharmacies and specialty pharmacies must attest via the Distributor process for:
  - Long-term care sites
  - Skilled Nursing facilities



### **Hospital ordering process**

- Hospitals can place orders with any of the following distributors by calling directly:
- AmerisourceBergen Specialty Distribution, 1-800-746-6273
- Cardinal Specialty, 1-855-855-0708
- McKesson Plasma, 1-877-625-2566

### **Nonhospital ordering process**

- Non-hospitals can contact AmerisourceBergen Specialty Distribution or Cardinal Specialty:
- AmerisourceBergen Specialty: (t) 1-800-746-6273 (e) [C19therapies@AmerisourceBergen.com](mailto:C19therapies@AmerisourceBergen.com)



- Due to the increasing prevalence of SARS-CoV-2 Omicron subvariants that are anticipated to be resistant to Bebtelovimab (i.e., BQ.1, BQ.1.1, XBB), **Bebtelovimab is not currently authorized by the FDA for the treatment of COVID-19 in any region of the United States.**
- The Panel recommends against the use of Bebtelovimab for the treatment of non-hospitalized patients with COVID-19 who are at high risk of progressing to severe COVID-19.



## Therapeutics Activity Against Emerging Variants

- Paxlovid/Lagevrio/Veklury are expected to retain activity against all circulating variants based on preliminary data & sequence analysis
  - Additional data is pending
- mAbs currently not authorized for use (Regen-COV, BAM/ETE, sotrovimab, Bebtelovimab) are routinely tested against emerging variants
- FDA issued an EUA to permit the emergency use of the unapproved product, **COVID-19 convalescent plasma with high titers** of anti-SARS-CoV-2 antibodies, for the **treatment of COVID-19 in patients with immunosuppressive disease or receiving immunosuppressive treatment**, in either the outpatient or inpatient setting.
  - COVID-19 convalescent plasma is **not authorized to treat immunocompetent patients** with COVID-19

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## Additional Shelf-Life Extension for Evusheld

- **December 5, 2022** – FDA authorized an additional extension to the shelf-life from 18 or 24 months **to 30 months for all lots of Evusheld** (tixagevimab co-packaged with cilgavimab)
  - As a result of this extension to all Evusheld product, **there are currently no expired Evusheld lots and therefore no returns or on-site destruction of uncompromised product is allowable.**
- This extension applies to all unopened vials of Evusheld that have been held in accordance with storage conditions detailed in the authorized Fact Sheet for Health Care Providers and the Letter of Authorization for Emergency Use Authorization (EUA) 104 for Evusheld.
- Visit ASPR's website to learn more and review the table with co-pack lot numbers, labelled

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## Guidelines for Product Return

- All therapeutic products are property of the USG and must be used in accordance with EUA guidance
- Sites of care cannot donate products to entities outside the U.S. or for use outside the U.S.
- Any returned product will be destroyed, as product integrity cannot be verified
- **Non-expired, authorized product should not be destroyed. No returns of product currently in distribution by the USG.**
- Doses discarded on site (compromised vial, unused diluted vials, etc) should be recorded in HPOP
- **Expiration dates are extended often, check for updates and notices on potential pending updates on any expired or nearly expired product before returning**
- For up-to-date information on expiration dates:
  - [www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension#COVIDtherapeutics](http://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension#COVIDtherapeutics)
  - <https://aspr.hhs.gov/COVID-19/Therapeutics/updates/Pages/default.aspx>
- Upon these considerations, if undamaged product needs to be returned, follow the below instructions:
  - For bam and bam/ete, see The Lilly Return Goods Procedure, detailed guidance can be found at: <https://www.lillytrade.com/>
  - For REGEN-COV, call 844-734-6643
  - For sotrovimab, see the GSK Returns Goods Policy at: [www.gsk-ecs.com](http://www.gsk-ecs.com)
  - For EVUSHELD, see AZ's returns policy for expired EVUSHELD product at: [www.evusheld.com](http://www.evusheld.com) or 1-800-EVUSHLD
  - Reconstituted (diluted) product SHOULD NOT be returned and should be treated as waste per your facility's SOP

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## On Site Destruction of Expired or Unauthorized Product

- For licensed provider locations with destruction procedures in place that follow all federal, state, and local regulations, therapeutics can be destroyed on site only if:
  - Guidelines are followed on what product can be destroyed
    - **Only expired product or unauthorized product that can no longer be stored**
    - **No unexpired product that is currently authorized for use can be destroyed**
  - Sites are following established protocols for destruction and attest in HPOP to following all regulations
  - Quantities of any product destroyed is recorded in HPOP
- The established returns process for each product is still an option for sites who do not have an established method for proper destruction or otherwise prefer to go through the returns process
  - Returned product must also be recorded in HPOP

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## Reporting Compliance

- Reporting for all therapies the facility has received is required by HHS
- Both ADMINISTERED and AVAILABLE are required fields for therapies the facility has
- If none Administered:
- Blank spaces are incorrect
- Zeros are correct

Courses Administered and Available Edit History Save Therapeutic Courses

Therapeutic	Administered	Available	History	Category
Bebtelovimab (0002-7589-01)		20	0:20 on 07/11 by MIKE.MCNULTY@KS...	mAb
Evusheld (0310-7442-02)				mAbSp
Paxlovid (0069-1085-30)		700	0:700 on 07/11 by MIKE.MCNULTY@K...	AV
Lagevrio (molnupiravir) (0006-505-...)		112	0:112 on 07/11 by MIKE.MCNULTY@K...	AV
Renal Paxlovid (0069-1101-20)				AV

Therapeutic	Administered	Available	History
Bebtelovimab (0002-7589-01)	0	20	0:20 on 07/11 by MIKE.MCNULTY@KS...
Evusheld (0310-7442-02)	0		
Paxlovid (0069-1085-30)	0	700	0:700 on 07/11 by MIKE.MCNULTY@K...
Lagevrio (molnupiravir) (0006-505-...)	0	112	0:112 on 07/11 by MIKE.MCNULTY@K...
Renal Paxlovid (0069-1101-20)			

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## Helpful Therapy Resources

- Side-by-Side Overview of Therapeutics Authorized or Approved for the Prevention of COVID-19 Infection or Treatment of Mild-Moderate COVID-19
  - <https://aspr.hhs.gov/COVID-19/Therapeutics/Documents/side-by-side-overview.pdf>
- Federal Response to COVID-19: Therapeutics Clinical Implementation Guide
  - <https://aspr.hhs.gov/COVID-19/Therapeutics/Documents/USG-COVID19-Tx-Playbook.pdf>
- COVID Therapeutics Decision Aid
  - <https://www.phe.gov/emergency/events/COVID19/therapeutics/Documents/COVID-Therapeutics-Decision-Aid.pdf>

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**Federal COVID-19 Therapeutics Clinical Rounds**  
**Registration required for participation, register here**  
**([https://hhsasproea.zoomgov.com/webinar/register/WN\\_CwG-T\\_fsTyWmoTqK1YpwGQ](https://hhsasproea.zoomgov.com/webinar/register/WN_CwG-T_fsTyWmoTqK1YpwGQ))**

**Upcoming Session – Jan 6**

Topic: Current COVID-19 Therapeutics Landscape Overview

**Upcoming Session – Jan 20**

Topic: COVID-19 Call and Resource Centers: best practices/lessons learned



## Therapies Questions

- If you have any questions related to COVID therapy distribution in Kansas, please contact Michael McNulty ([Michael.McNulty@ks.gov](mailto:Michael.McNulty@ks.gov))
- Issues with Logging into and using HPOP – 833-748-1979 or [cars\\_helpdesk@cdc.gov](mailto:cars_helpdesk@cdc.gov)

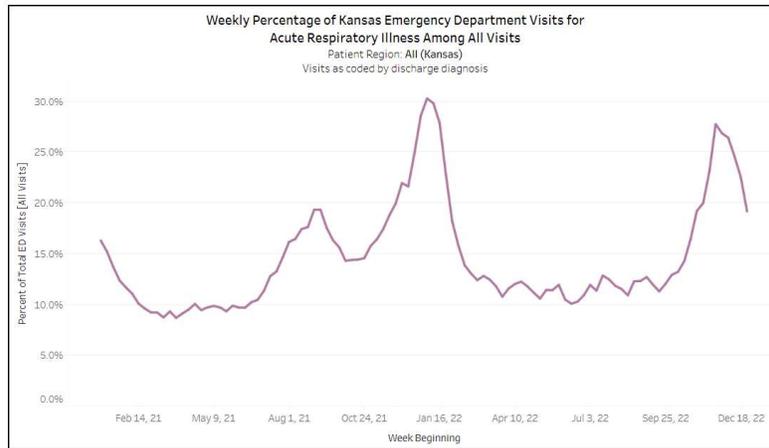
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**Farah S. Ahmed, MPH, PhD**  
**State Epidemiologist and Environmental Health Officer**  
**Other Emerging Issues**



## RSV, Influenza, COVID-19 Emergency Department Update



Acute respiratory illness includes diagnostic codes that are associated with a broad range of acute respiratory illnesses including codes for specific respiratory infections (e.g., influenza, RSV) and for general respiratory illnesses such as cough or pneumonia.

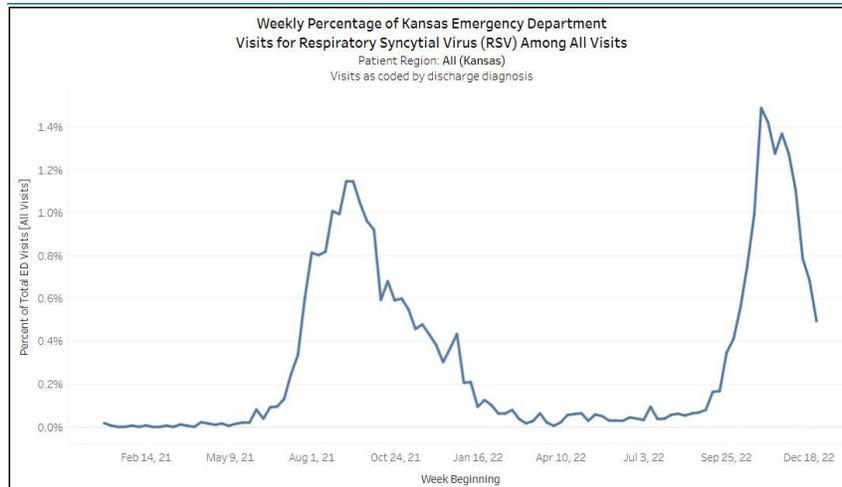
Available at: [https://kshealthdata.kdhe.ks.gov/t/BEPHI\\_COVID-19/views/KSSP/LandingPage?%3Aembed=y&%3AisGuestRedirectFromVizportal=y](https://kshealthdata.kdhe.ks.gov/t/BEPHI_COVID-19/views/KSSP/LandingPage?%3Aembed=y&%3AisGuestRedirectFromVizportal=y)

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Looking at respiratory visits in general, so this includes influenza, RSV, adenovirus, general cough, pneumonia, etc. as a catch all for respiratory illnesses. The week of December 25 through December 31, respiratory related visits made up 19.1% of all ED visits. We can see a sharp decline from about the end of November.



## RSV, Influenza, COVID-19 Emergency Department Update



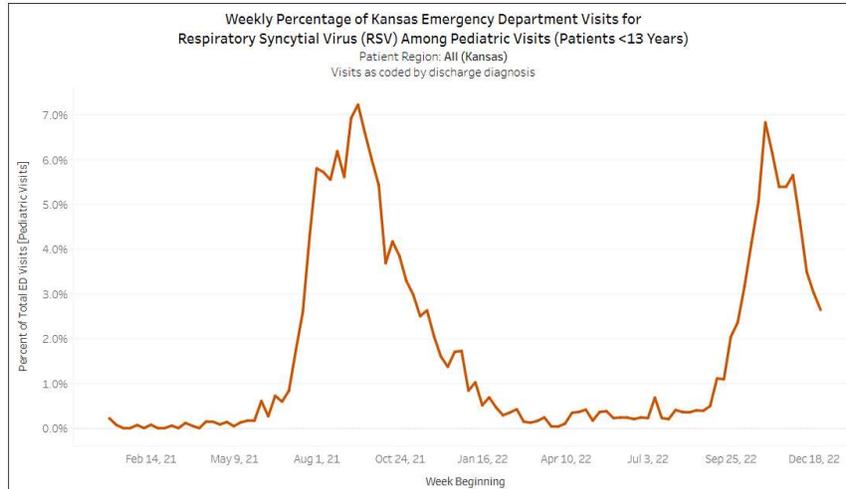
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For the same time period, it looks like we are seeing a decline in the proportion of all visits being attributed to RSV, so RSV related visits making up about 0.5% of all ED visits. And you can see a general decline through November and December.



## RSV, Influenza, COVID-19 Emergency Department Update



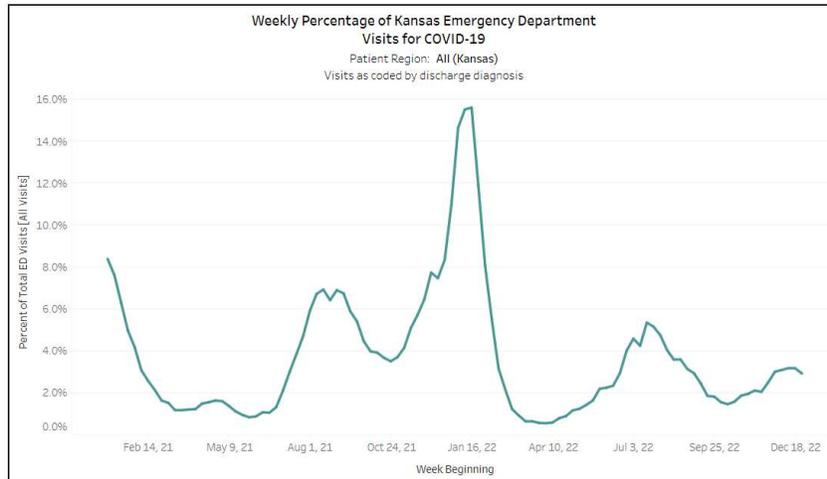
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And we are seeing a similar decline among visits for patients under 13 years old as well, with visits for RSV making up about 2.6% of all visits among children less than 13 years old for the same time period.



## RSV, Influenza, COVID-19 Emergency Department Update



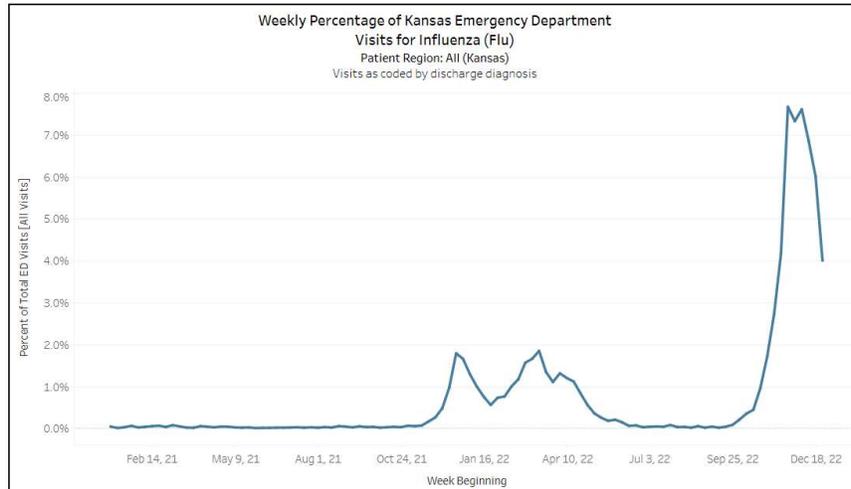
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Last month we had talked about COVID related ED visits starting to creep up a little bit. Last month they were representing about 2.3% of all ED visits and this month about 2.9%.



## RSV, Influenza, COVID-19 Emergency Department Update



Available at: [https://kshealthdata.kdhe.ks.gov/t/BEPHI\\_COVID-19/views/KSSP/LandingPage?%3Aembed=y&%3AisGuestRedirectFromVizportal=y](https://kshealthdata.kdhe.ks.gov/t/BEPHI_COVID-19/views/KSSP/LandingPage?%3Aembed=y&%3AisGuestRedirectFromVizportal=y)

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ED visits for influenza have also been generally decreasing since about the second week in December, making up about 4% of all ED visits the week of December 25 through December 31.

*Extra: Currently is not a nationwide generic Tamiflu, oseltamivir phosphate oral suspension shortage, HHS is aware there may be localized shortages where demand is especially high. Kansas has 303,888 bottles of 75 mg Tamiflu capsules in the state stockpile purchased with H1N1 funds and SGF. Only a handful of, less than 5, facilities have asked about Kansas stockpile of Tamiflu and these were only fact-finding questions and not requests.*



## Mpox Update

### Confirmed Cases

**84,075**

Total Cases

**82,884**

In locations that have not historically reported mpox

**1,191**

In locations that have historically reported mpox

### Locations with cases

**110**

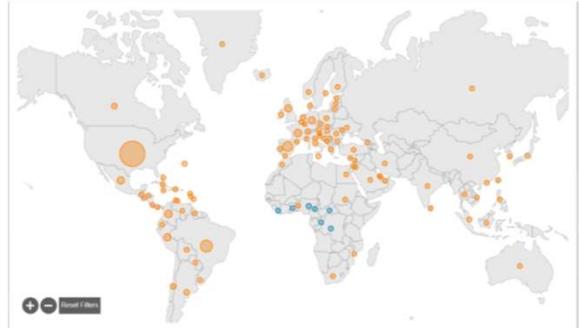
Total

**103**

Has not historically reported mpox

**7**

Has historically reported mpox



Available at: <https://www.cdc.gov/poxvirus/monkeypox/response/2022/world-map.html>; Data updated Wednesday 1/4/2023.

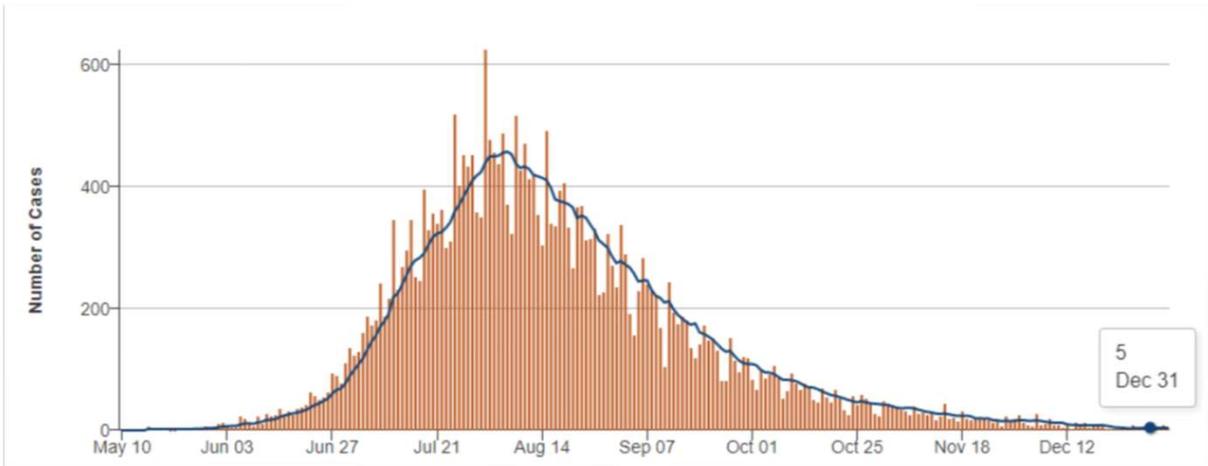
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Globally, there are a total of **84,075** cases as of January 4<sup>th</sup>.

The US has the most cases, followed by Brazil, Spain, France, Colombia, United Kingdom, Germany, Peru, Mexico, Canada, Chile, Netherlands, and Argentina which all have more than 1000 cases each.



## Mpox Update



Available at: <https://www.cdc.gov/poxvirus/monkeypox/response/2022/mpx-trends.html>; Data updated Wednesday 1/4/2023.

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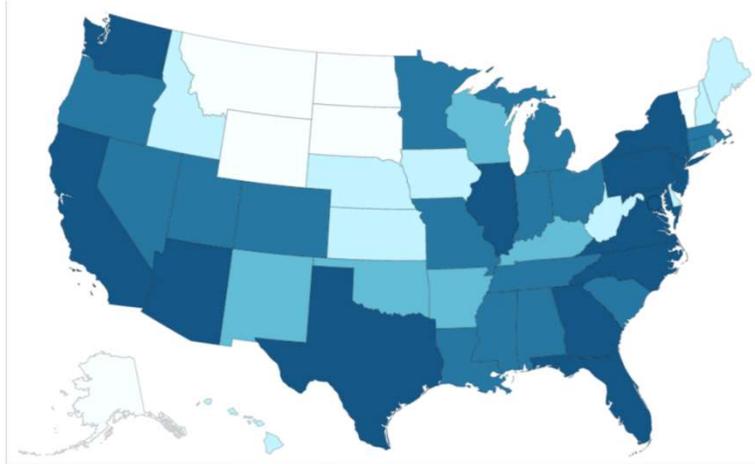
The US is averaging about 5 new cases per day as of December 31.



## Mpox Update

**US:** 29,913 cases  
20 deaths

**KS:** 47 cases



Available at: [2022 U.S. Map & Case Count | Mpox | Poxvirus | CDC](#); Data updated Wednesday 1/4/2023.  
Kansas data available at: <https://www.kdhe.ks.gov/1923/Monkeypox>; Data updated Wednesday 1/4/2023

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The US has about **29,913** total confirmed monkeypox/orthopoxvirus cases as of December 4<sup>th</sup>.

As of 1/4/2023, Kansas has identified 47 cases that is 10 since last month.



Questions | Thank You  
Next Meeting: February 2, 2023