

February 3, 2022 Update for Local Partners Q&A

<p>Is Sotrovimab still being allocated by HHS reporting or is it now through HPOP reporting?</p>	<p>Sotrovimab is still being allocated. Weekly therapeutics reporting on Wednesday for Sotrovimab, BAM/ETE, and REGEN-COV is still required through TeleTracking/HHS Protect.</p>
<p>Could you please share ACIP link for meetings</p>	<p>Here is the ACIP link to the agenda as well as the Webcast Link. https://www.cdc.gov/vaccines/acip/index.html</p>
<p>Can the COVID-19 vaccines be given with other vaccines in children?</p>	<p>COVID-19 vaccines can be co-administered with other vaccines. The CDC Interim Clinical Considerations states, "This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day. If multiple vaccines are administered at a single visit, administer each injection in a different injection site. For people ages 11 years and older, the deltoid muscle can be used for more than one intramuscular injection administered at different sites in the muscle. For children ages 5–10 years, if more than two vaccines are injected in a single limb, the vastus lateralis muscle of the anterolateral thigh is the preferred site because of greater muscle mass." https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Coadministration</p>
<p>It is interesting that Remdesivir was removed for reporting and it is what is being primarily given for Omicron because Sotrovimab is limited in availability. We are to not give BAM/ETE or REGEN-COV at present time for Omicron. The information on treatments for Omicron is not truly reflective through TeleTracking/HHS for what is actually being done for patients.</p>	<p>The reporting is based on what HHS is allocating. As Remdesivir is commercially available, reporting is not required. That said, HHS maintains communication with the manufacturer of Remdesivir to keep a sense on production and distribution.</p>
<p>Can you provide information on which vaccines in use currently are protein-based vaccines, such as what is being used in Novavax?</p>	<p>None of them in current use in the US are protein based</p>
<p>Why do the old COVID variants go away?</p>	<p>It's more along the lines of, when you have a new variant that is more infectious, it quickly starts to find "hosts" to infect thus taking over what is circulating very quickly.</p>
<p>Any chance Paxlovid availability will increase soon? It is only available at a single FQHC in Wichita, and that pharmacy doesn't accept external prescriptions.</p>	<p>Not that we've been made aware of. Wal-Mart should be restocking sites bi-weekly as well.</p>

<p>When should we expect the HPOP emails to register our site?</p>	<p>My goal is either still this week or early next week. Some of the process on our end is still manual and we're looking at adding a lot of sites.</p>
<p>If we are an FQHC and have a Pharmacy are we able to sign up to get therapeutics?</p>	<p>Yes, send me an email with your facility information and we'll work through the process. Mike.McNulty@ks.gov</p>
<p>Do you have any information (science-based evidence) on what we can do for additional precautions intended to mitigate the spread of covid-19 regarding unvaccinated employees?</p>	<p>https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html (general guidance on mitigation strategies). https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/index.html (grouping of scientific briefs on different subjects)</p>
<p>Do you have any resources for risk mitigation for employees that remain unvaccinated (due to exemptions?) Is there any proven benefit for routine (e.g. weekly testing?) Any other recommendations (beyond general precautions of mask wearing, hand washing, distancing, use of telehealth when possible)?</p>	<p>The idea of routine surveillance testing is really around identifying cases faster so that those cases have less of a chance to spread disease to others. There is literature for school settings showing that a robust testing strategy helped control transmission within schools; but the strategies here are based mainly around testing close contacts during their quarantine period and not really surveillance testing. Other than that, it's really an emphasis on the other mitigation strategies everyone is familiar with: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html (general guidance on mitigation strategies). https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/index.html (grouping of scientific briefs on different subjects).</p>
<p>Can you clarify the process for adding pharmacies to the HPOP system - will KDHE be sending the verification email to start the process, or do the pharmacies need to do anything to initiate that process for future KDHE COVID therapy allocation?</p>	<p>KDHE is adding the sites that we've received information for, and a registration email should come to the primary point of contact from HPOP (it may say VPOP as they are sister systems).</p>
<p>If a patient tests positive at our National Guard testing site, we give them the KDHE number/email (785 542-6625) to contact in order to receive a letter for their employer. However, KDHE is emailing us the patient information, so we can issue the Employer Letter. I thought KDHE was to issue the letters? We opted in for all contact tracing.</p>	<p>Please email your question to the EpiHotline. If you can give us details like a specific patient that was told to call the LHD for a work release letter that will help us track it down. If you opted in to have KDHE do all of your case investigations, I think we are issuing the work release letters. I'm not sure if it's an issue with us not being able to get to all cases. Again, please email your specific question to the EpiHotline.</p>
<p>Has there been any discussion regarding when Paxlovid will be distributed to Rural Pharmacies? It is difficult for patients to travel over an hour or longer to obtain from a Walmart or Molnupiravir from a Dillon's.</p>	<p>KDHE is constantly reviewing the availability of product and distribution. Paxlovid is in shorter supply than Molnupiravir currently which presents a large part of the challenge.</p>

Is there a matrix or summary of current antivirals and therapeutics name, description, how to access, etc.?	Here is a link to a chart https://www.coronavirus.kdheks.gov/DocumentCenter/View/2452/Medical-Countermeasures-Chart
What is to be given for post exposure prophylaxis?	There isn't anything currently available for post-exposure prophylaxis.
If the free home tests are shipped during a cold snap will that affect the test and if so, are the results reliable?	We are not able to definitively say what would change the reliability of a given test. Each test comes with storage guidelines. It is not clear if during shipment they would actually exceed those guidelines even if outside air temperature may exceed them.
Why would a protein-based vaccine be perceived as better than current vaccines?	It is more like the vaccines people have been getting for decades, so they are more comfortable with it. It is a personal preference issue not a science issue.
Who do I email about getting a new employee added to this weekly call?	Please email me, Madison.Bush@ks.gov , with that person's email, and I will get them a link!
Is the Novovax Covid vaccine available for ordering? If yes, how do I order it and how many do I need to order?	Not in the US, Not authorized or approved for use yet by FDA and CDC
Are we still expecting that the volume of oral antiviral agents coming into the state will remain approximately the same for the next 4-6 weeks? (no increase in volume until at least March?)	Correct. We are expecting level allocations for the next few weeks, possibly to the end of March.
Any news on the development of a COVID/Influenza combo vaccine for next season?	Novavax has discussed this as a possibility with tier vaccine if approved.
What other types of vaccines (NOT COVID vaccines) are protein-based vaccines similar to Novavax? You mentioned that there has been a long history of use of these types of vaccines.	Hepatitis B would be an example of a protein-based vaccine.
On the HPOP, you say you are adding sites you've 'received information for' - how do pharmacies begin that process/send you the information to initiate the process?	We've been working with the Kansas Pharmacists Association so I would reach out to them. For hospital pharmacies, we've been working with the Kansas Hospital Association.
Any insights on Bharat Biotech's Covaxin, availability in US, including nasal... perhaps for next time... https://www.nytimes.com/2022/02/02/health/covid-vaccine-nasal.html?searchResultPosition=1	Have not seen any indication of moving toward authorization in the near future in the US
The Pre vaccination check list that we have pt fill out prior to giving the vaccines?	https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form-sp.pdf https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf

What are other non Covid vaccines we use that are protein based?	Hep B would be an example
Is there any kind of antigen test available to LHD's or only PCR testing?	We may have some tests available. Work with your County EM to place an order and we will see what we can provide.
I haven't heard much about the Pevnar 20 is it available to order and if so, will it totally replace the Pevnar 13 ? Same question I have about the new meningococcal vaccine Menquad ? (spelling may not be correct)	Please send this to Becky.Prall@ks.us so she can provide you materials.
is the flu vaccine protein based? if so, would a combo of current Covid vaccines and flu be possible?	Novavax is considering a combo vaccine for development