Georgia Board of Public Health

January 11, 2022

Agenda

• Call to order	James Curran, M.D., M.P.H.
• Roll Call	Mitch Rodriguez, M.D., Secretary
• Approval/Adoption of Minutes	Mitch Rodriguez, M.D., Secretary

Epidemiology Update: COVID-19

Board of Public Health / Cherie L. Drenzek, DVM, MS, State Epidemiologist / Jan. 11, 2022

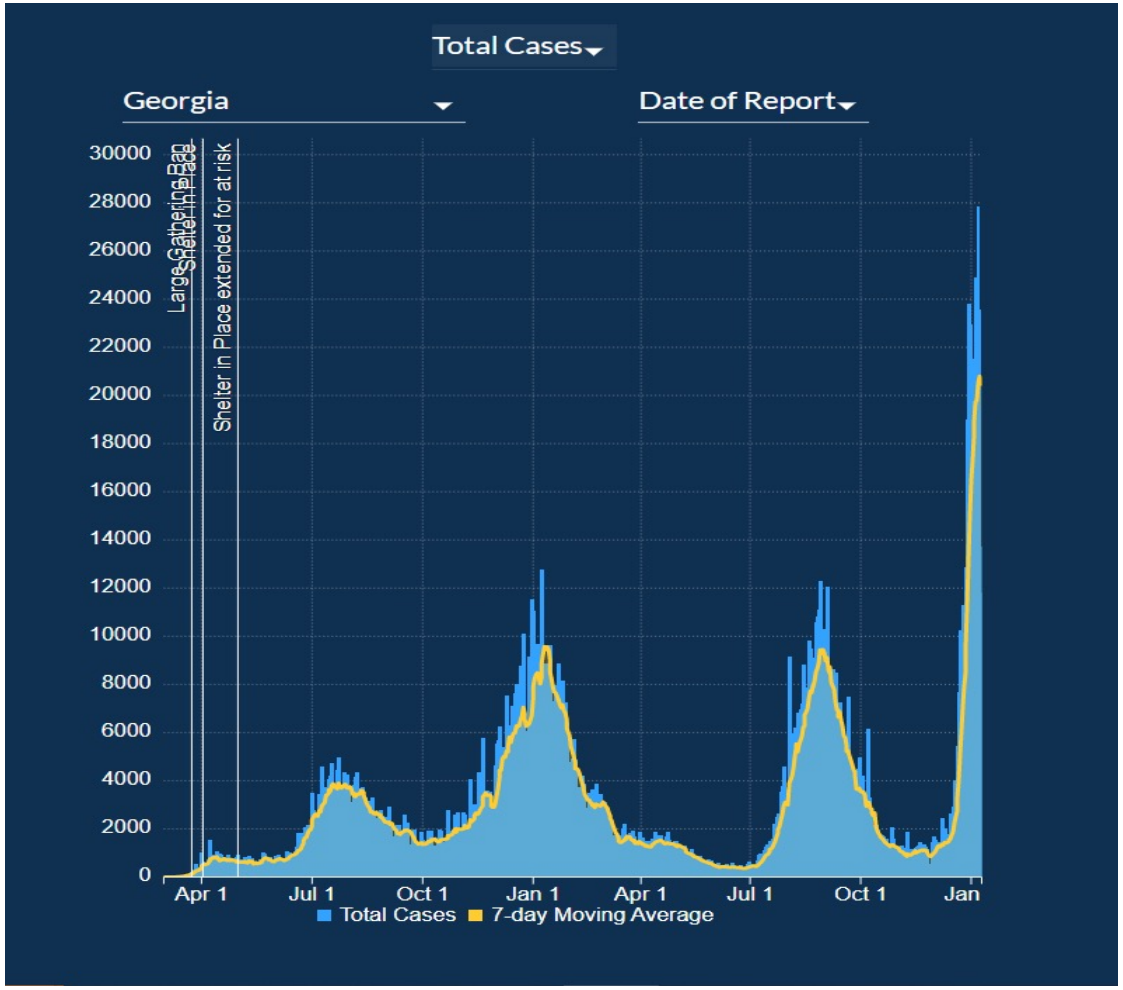
Snapshot of COVID-19 in Georgia (1/11/22)

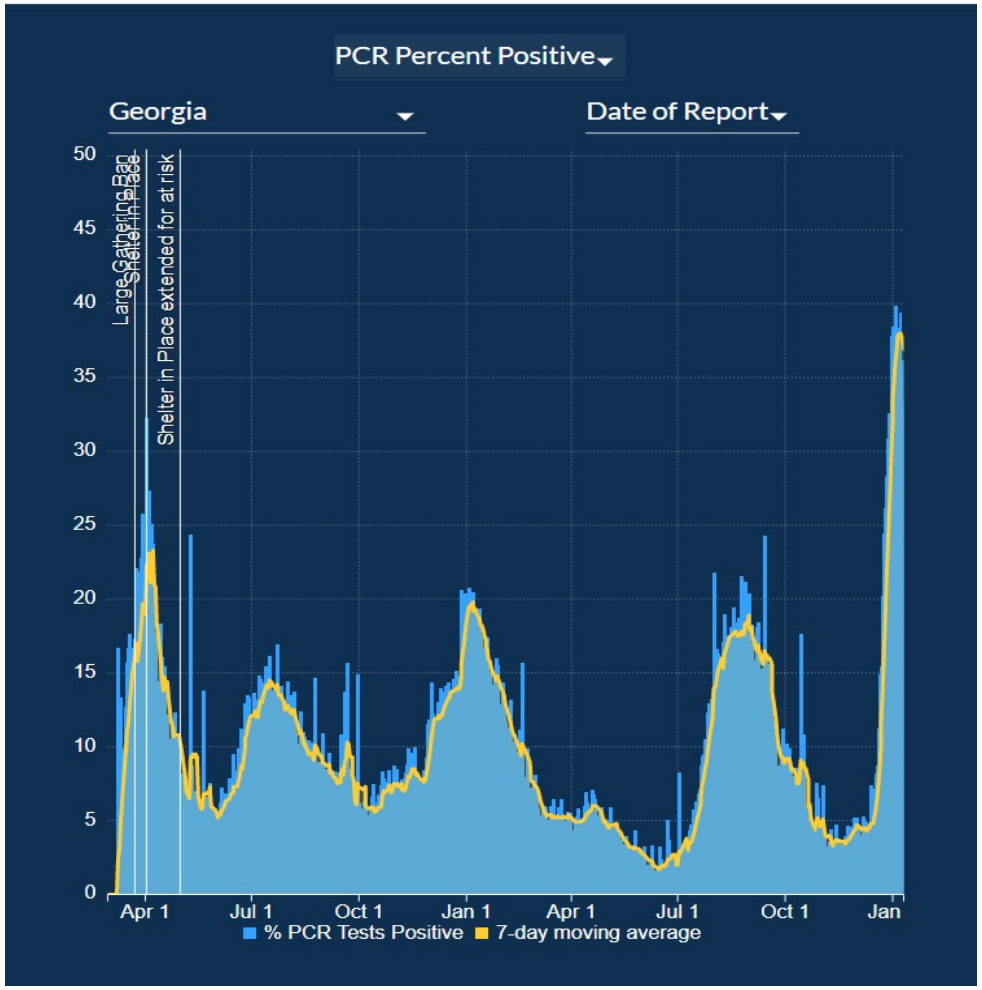
- Cumulative >2M cases, >97K hospitalizations, 32K deaths
- The Delta wave subsided in November, followed by a huge Omicron surge in early December, with rapidity of spread and case rates far beyond any previous waves
- Preliminary data indicate that Omicron is much more transmissible, results in fewer hospitalizations and deaths than other variants, and that vaccine effectiveness may be lowered but improves with a booster dose.
- Omicron comprises about 97% of all COVID cases now in Georgia
- The Georgia Omicron wave has seen daily case numbers increased by **>16X** in a month (from 1,500 to 25,000; the "vertical" signature)

Snapshot of COVID-19 in Georgia (1/11/22)

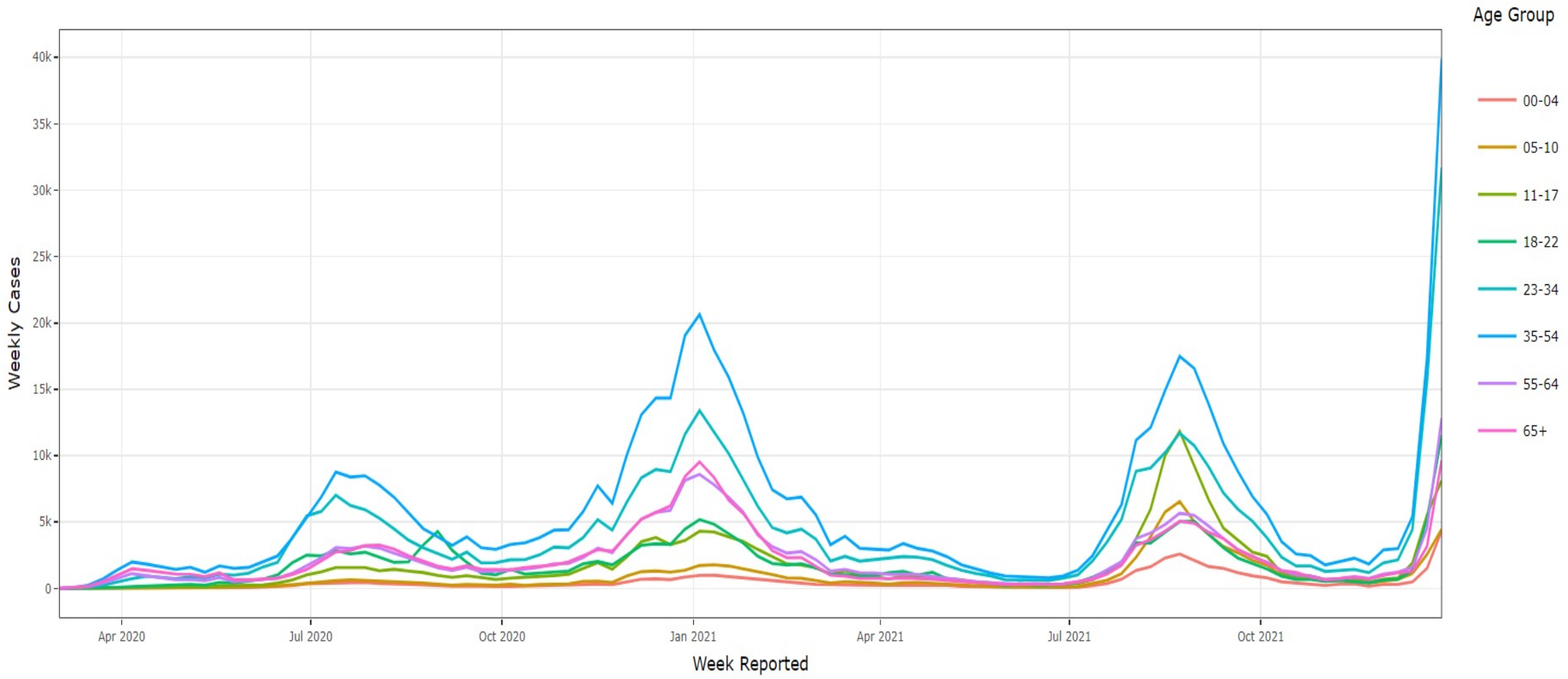
- Hospitalizations have increased by >5X during the last month, but remain below previous waves (and are "decoupled" from case number surges)
- Death numbers are holding steady/slightly increasing during the Omicron surge (but can lag)
- 62% of Georgians have had at least one dose of COVID vaccine.
- **Despite increases in breakthrough infections due to Omicron, most all COVID deaths and hospitalizations have still occurred among unvaccinated individuals.**
- The national picture looks the same, with record-breaking case rates in the last three weeks and hospital capacities strained in many places.

Total COVID-19 Cases

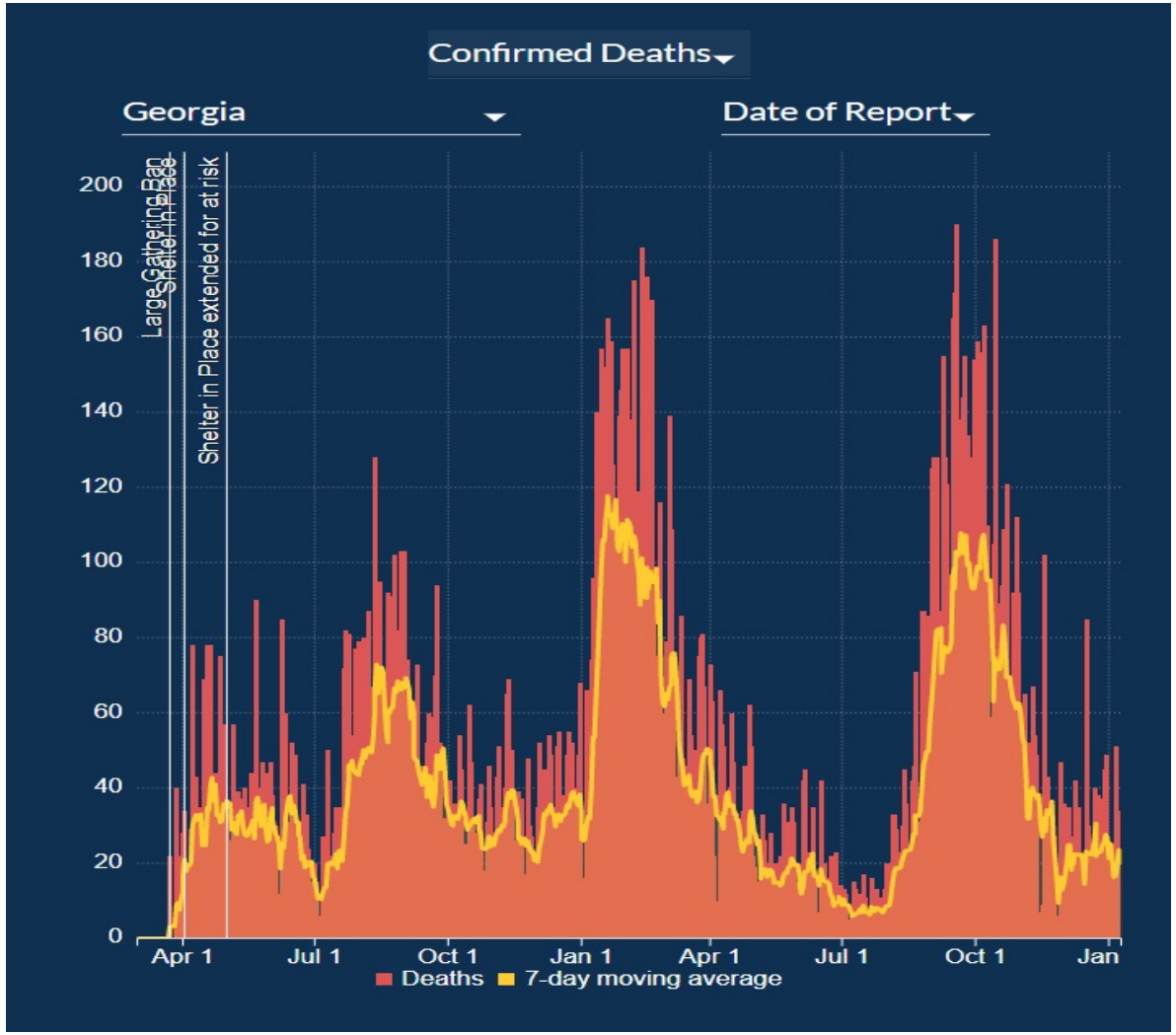




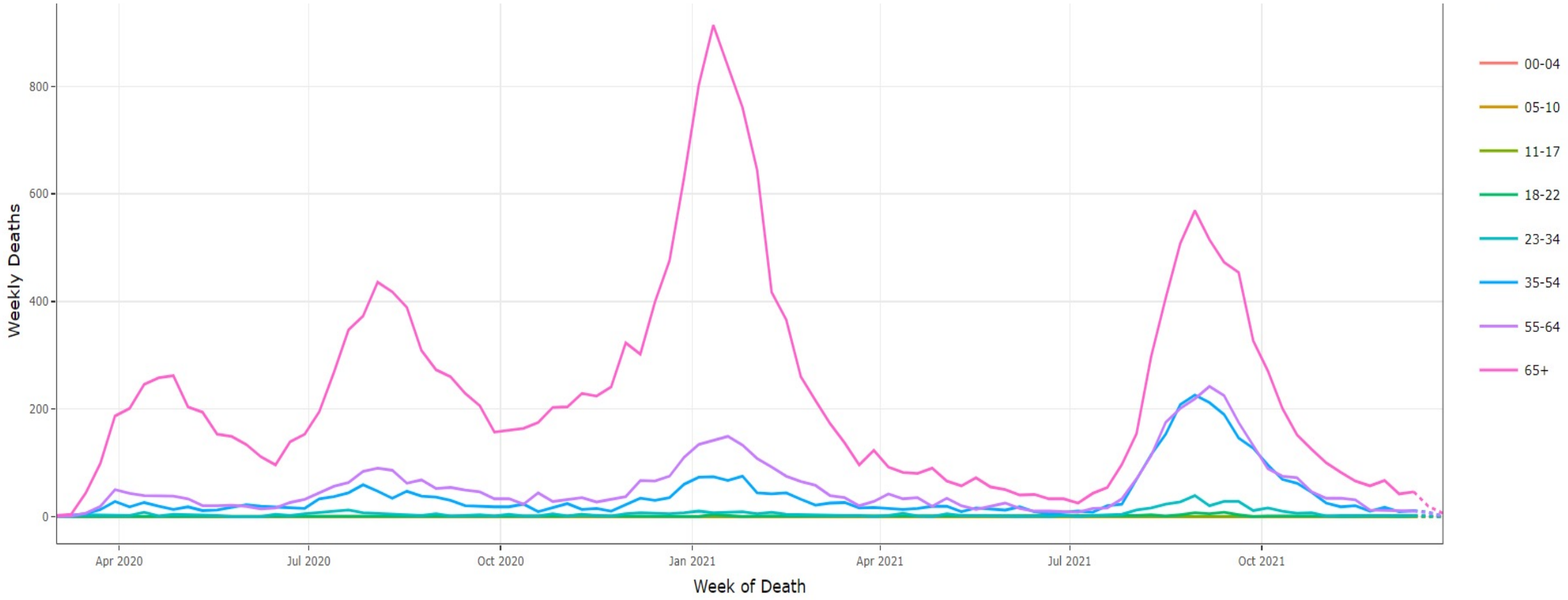
COVID-19 Cases by Age Group



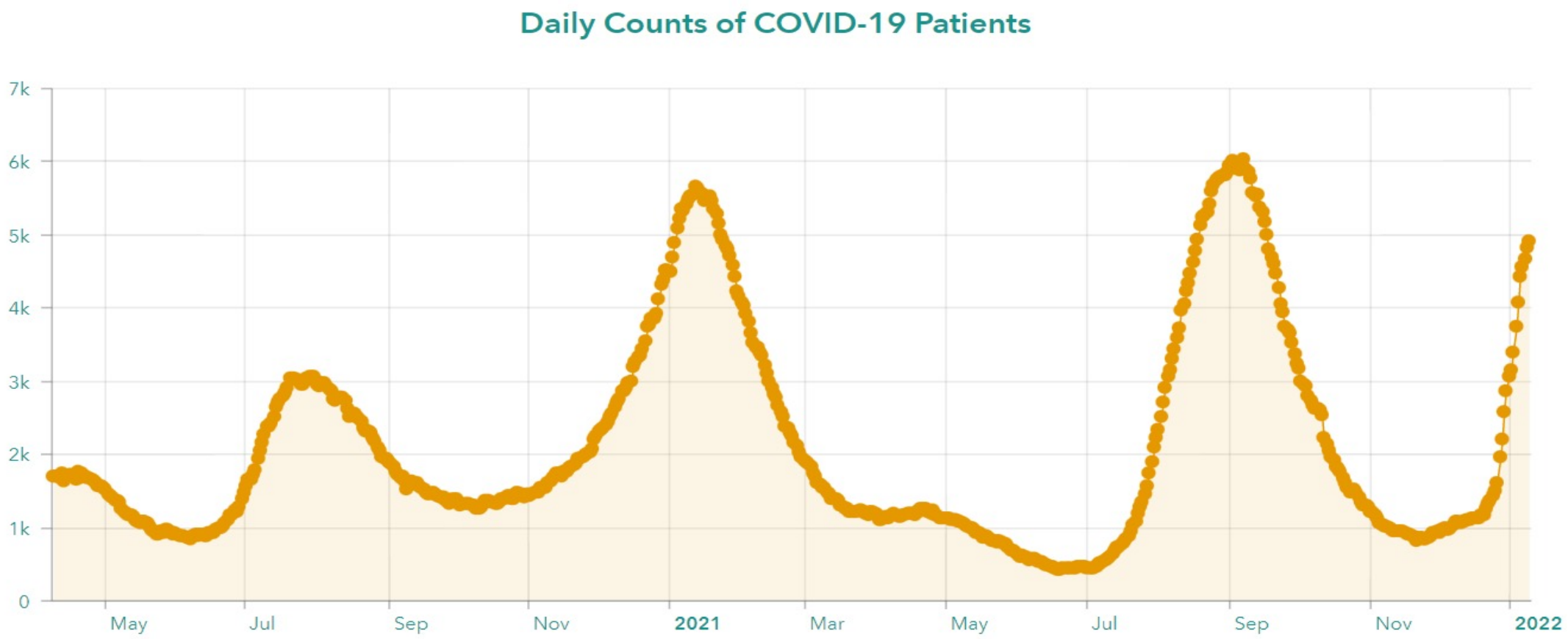
COVID-19 Deaths



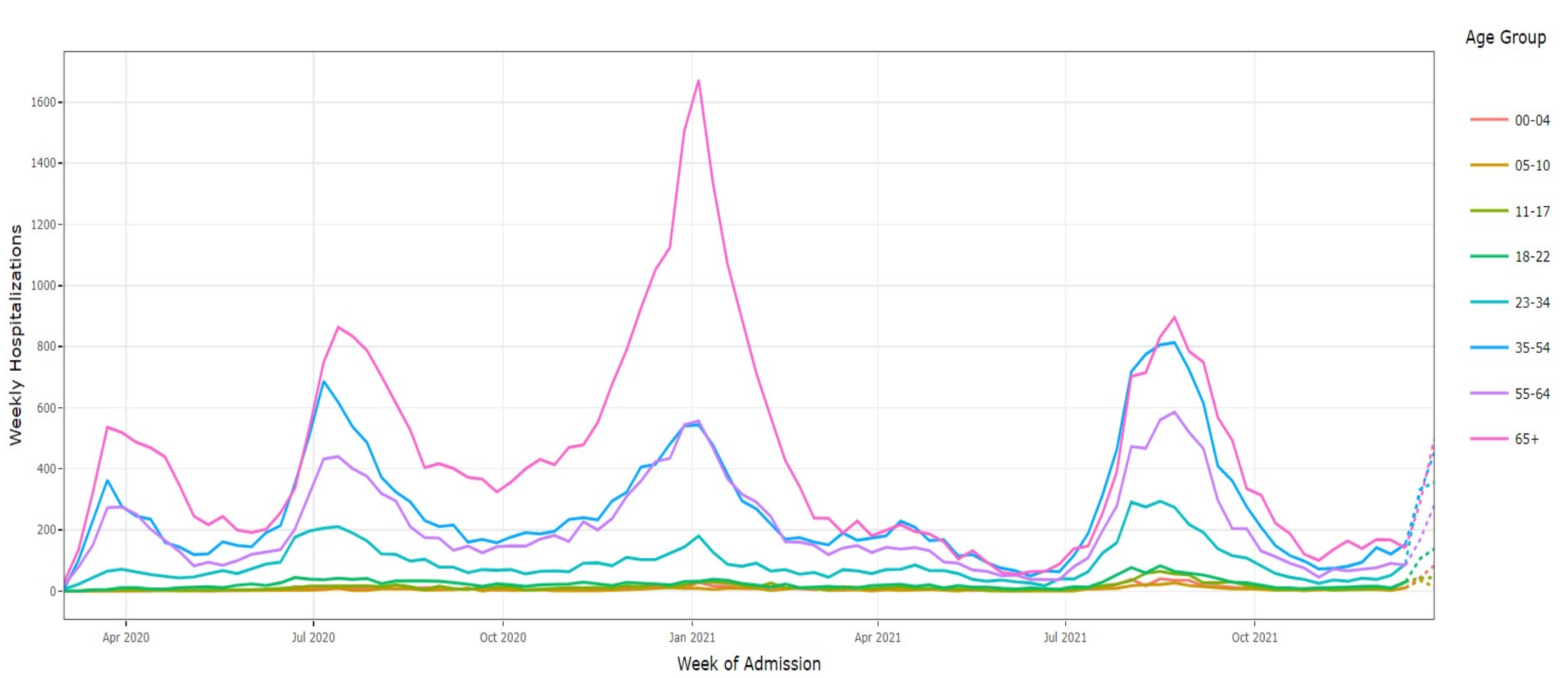
Death Trends by Age Group

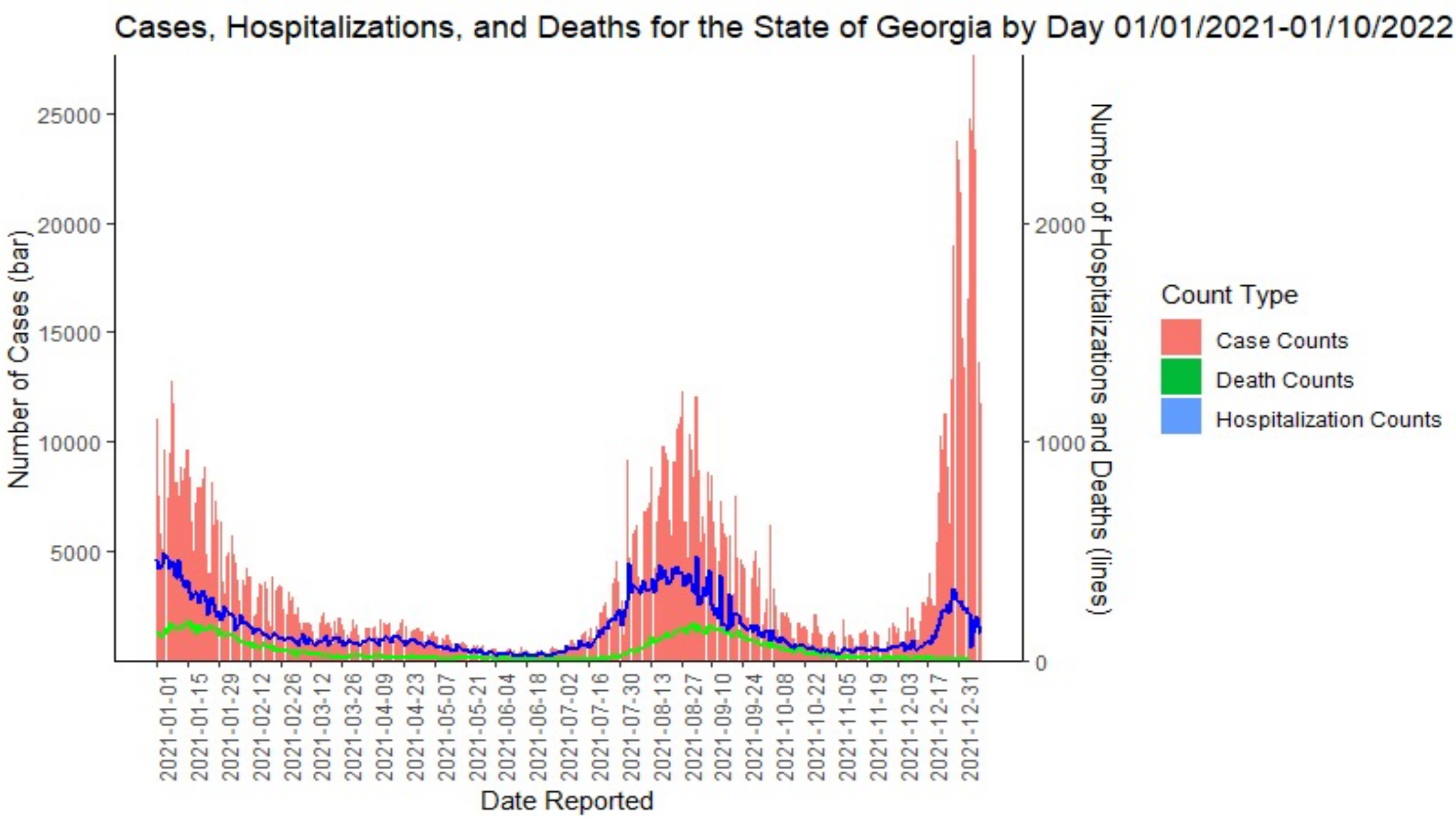


COVID-19 Hospitalizations



Hospitalization Trends by Age Group




Cases, Hospitalizations, and Deaths for the State of Georgia by Day 01/01/2021-01/10/2022
Number of Cases (bar)
25000
20000
15000
10000
5000
Number of Hospitalizations and Deaths (lines)
2000
1000
0
Count Type
Case Counts
Death Counts
Hospitalization Counts
2021-01-01
2021-01-15
2021-01-29
2021-02-12
2021-02-26
2021-03-12
2021-03-26
2021-04-09
2021-04-23
2021-05-07
2021-05-21
2021-06-04
2021-06-18
2021-07-02
2021-07-16
2021-07-30
2021-08-13
2021-08-27
2021-09-10
2021-09-24
2021-10-08
2021-10-22
2021-11-05
2021-11-19
2021-12-03
2021-12-17
2021-12-31
Date Reported

Breakthrough Cases and Deaths

Total COVID-19 breakthrough cases reported January 2, 2021 to January 05, 2022	**186,539**
Female	113,404 (60.8%)
People aged ≥ 65 Years	31,109 (16.7%)
Total Hospitalizations[a]	5,387 (2.9%)
COVID-19-Related Deaths	1,302 (0.7%)
Fully Vaccinated	171,069 (91.7%)
Fully Vaccinated with an Additional Dose or Booster	15,470 (8.3%)

Summary

- The SARS-CoV-2 Omicron variant arrived in late November as the Delta wave was subsiding and resulted in skyrocketing, record-breaking case counts in a matter of weeks (same nationally and globally).
- Omicron wave case counts in Georgia were more than double any previous peak and more than 16X what they were at the end of the Delta wave.
- Outbreaks are significantly increasing, especially in LTCFs (>half of all)
- Hospitalizations are rising but lower than cases ("decoupling") and deaths are holding steady (up to date vaccination is a strong contributor but the hospitals are beginning to be impacted)
- Vaccination, **Boosters**, masks, isolation/quarantine are critical for stopping these increases.

Questions

For more information, please contact:

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COVID-19 Therapeutics

Board of Public Health / Alexander Millman, M.D. / January 11, 2022

Outpatient COVID-19 Therapeutics

Monoclonal Antibodies

-REGEN-COV, Bam/ete, sotrovimab

-Evusheld (pre-exposure prophylaxis only)

Intravenous Antiviral

-Remdesivir

Oral Antivirals

-Molnupiravir

-Paxlovid

Monoclonal Antibodies-Treatment

- Prior to mid-December 2021, bam/ete, REGEN-COV, and sotrovimab were the only recommended therapies for non-hospitalized patients with mild to moderate COVID-19 who are at high risk of progressing to severe disease
- Omicron has numerous mutations in the spike protein and is predicted to have markedly reduced susceptibility to bam/ete and REGEN-COV.
- Sotrovimab is the only available monoclonal antibody that is anticipated to have activity against Omicron

Monoclonal Antibodies-Pre-exposure prophylaxis

- Evusheld is authorized for individuals who are moderately to severely immunocompromised and may not mount an adequate immune response to COVID-19 vaccines and individuals with a history of severe adverse reactions to COVID-19 vaccines and/or components of the vaccines
- In vitro testing of Evusheld demonstrates a reduction in potency against omicron, but the clinical significance of this is unknown at this time
- Evusheld is still recommended as pre-exposure prophylaxis for the eligible individuals

Intravenous Antiviral

- Remdesivir is currently approved by the FDA for use in hospitalized individuals, and outpatient treatment would be an off-label indication
- Outpatient treatment for nonhospitalized patients with mild to moderate COVID-19 should be initiated within 7 days of symptom onset
- Treatment is expected to have activity against omicron
- Limitations:
    - Requires intravenous infusion for three consecutive days
    - Must be administered in settings able to manage severe hypersensitivity reactions

Oral Antivirals

- On December 22 and 23, 2021, FDA issued EUAs for Paxlovid and molnupiravir
- Treatment with Paxlovid or molnupiravir is for nonhospitalized patients with mild to moderate COVID-19 who are at high risk of disease progression within 5 days of symptoms onset
- Both treatments have activity against omicron
- Limitations:
  - Paxlovid: drug-drug interactions, dose adjustments for certain medical conditions
  - Molnupiravir: Not recommended in pregnancy or children

Availability and Supply Challenges

- Availability of monoclonal antibodies and oral antibodies are extremely limited nationally.
- Georgia receives allocations of these products from HHS that are then distributed to enrolled providers (10 January allocations)
    - Sotrovimab: ~1,180 treatment courses for 1-week allocation cycle
    - Evusheld: ~2,200 courses for 1-week allocation cycle
    - Oral antivirals: ~12,460 treatment courses for 2-week allocation cycle
- **Providers must report usage and inventory to HHS. Accurate reporting is critical as this affects our future allocations**
- Allocations are not expected to increase significantly prior to the end of January

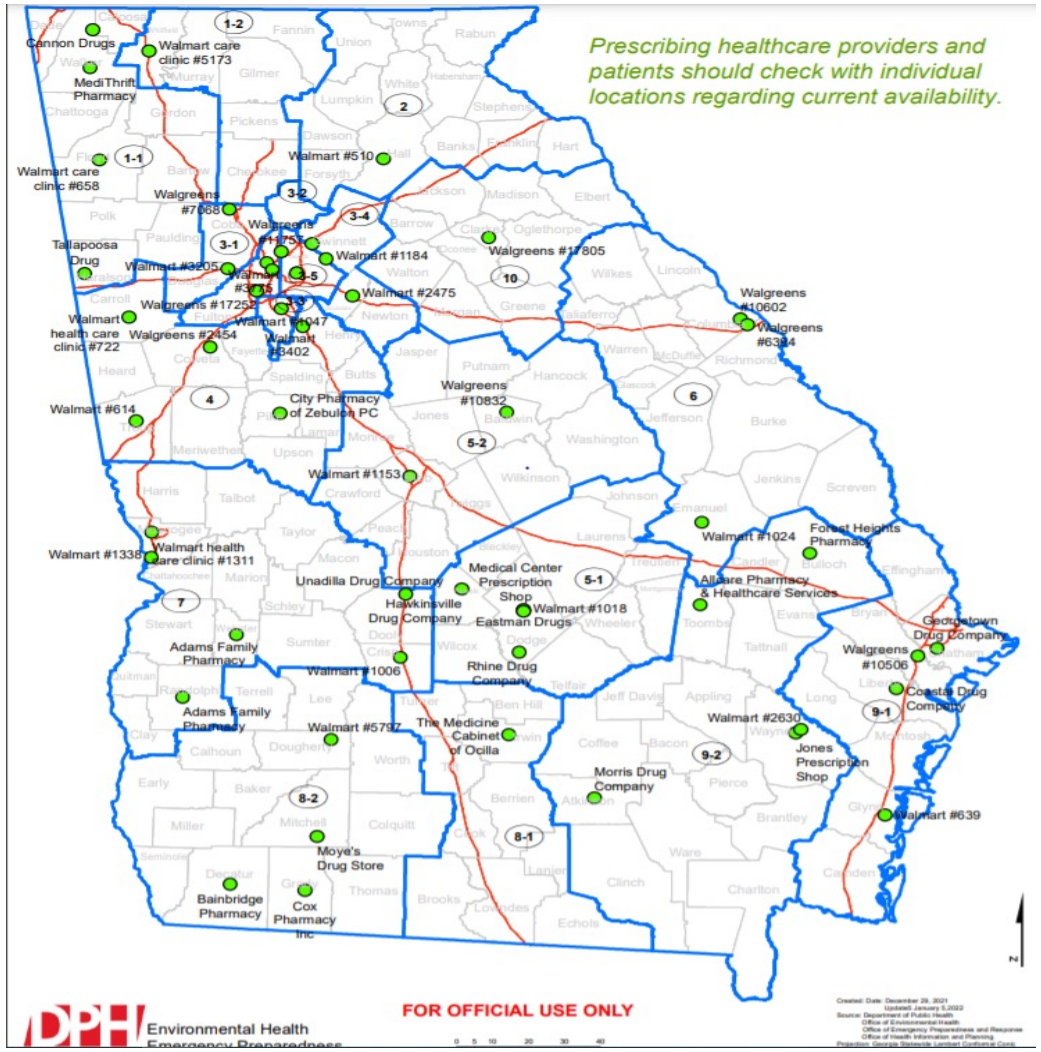
Availability and Supply Challenges

- Monoclonal antibodies (treatment)
  - Currently 325+ enrolled providers throughout the state
  - Process for placing order requests has been in place since September when HHS placed all jurisdictions on allocations
  - Although all products have available in recent allocation cycles, HHS has indicated that bam/ete and REGEN-COV allocations may be paused in the future when omicron proportion exceeds 80% in CDC NOWCAST model
- Evusheld
  - Enrolled providers include Regional Coordinating Hospitals and several institutions with large populations of immunocompromised patients
  - Eligible patients can be referred for treatment
- Remdesivir
  - Not on federal allocation, available for direct purchase

Availability and Supply Challenges

- Oral Antivirals
  - Per HHS guidance on managing limited initial allocations, DPH has partnered with Walmart, Walgreens, and Good Neighbor Pharmacy Group (a group of small independent pharmacies) to ensure state-wide coverage
  - Several factors that were considered in identifying locations included geography, vaccination coverage, social vulnerability index, access to other COVID-19 therapeutics such as monoclonal antibodies, and ability of pharmacy partner sites able to accept the initial order
  - We are working with these pharmacy partners to onboard additional pharmacy locations in other areas not currently served
  - As allocations increase, an ordering process will be made available to other therapeutics partners interested in dispensing these products

Availability and Supply Challenges



Locating Treatment Providers

Monoclonal Antibodies: https://combatcovid.hhs.gov/possible-treatment-options-covid-19/monoclonal-antibodies-high-risk-covid-19-positive-patients

Evusheld and oral antivirals: https://healthdata.gov/Health/COVID-19-Public-Therapeutic-Locator/rxn6-qnx8/data

NIH Usage Guidance in Supply Constrained Settings

When logistical or supply constraints exist, the NIH Panel recommends that clinicians prioritize their use for patients at highest risk of clinical progression

Tier	Risk Group
1	Immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status; *or* Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors
2	Unvaccinated individuals at risk of severe disease not included in Tier 1
3	Vaccinated individuals at high risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors)*
4	Vaccinated individuals at risk of severe disease (anyone aged ≥65 years or anyone aged <65 with clinical risk factors)*

*Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease

https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-patient-prioritization-for-outpatient-therapies/

NIH Treatment Guidelines Panel

For non-hospitalized patients with mild to moderate COVID-19 who are at high risk of disease progression, the NIH Panel recommends using one of the following:

- Paxlovid
- Sotrovimab
- Remdesivir
- Molnupiravir

Per HHS Therapeutics Team, institutions that have the capability of differentiating omicron versus delta may consider using that information to determine if an individual patient would benefit from the use of Regen-CoV or bam/ete

Summary

- New treatments have become available for treatment of mild to moderate COVID-19 in non-hospitalized patients
- Supplies of these products are extremely limited and not expected to increase in the near future
- Based on guidance from NIH treatment panel, patients at highest risk for severe COVID-19 should be prioritized for treatment in the setting of limited available supplies
- Vaccination and boosting remains the best and most widely available tool for preventing severe illness and death from COVID-19

Questions

For more information, please contact:

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COVID Vaccination & Testing

Board of Public Health / Chris Rustin, Dr.PH, M.S., R.E.H.S. / Jan. 11, 2022

Covid Vaccination Statistics

GEORGIA

VACCINES ADMINISTERED

ADMINISTERED

13,654,609

ADMINISTERED PER 100K

131,245

RESIDENTS VACCINATED

At Least One Dose

6,360,242

% At Least One Dose

61%

Fully Vaccinated

5,565,733

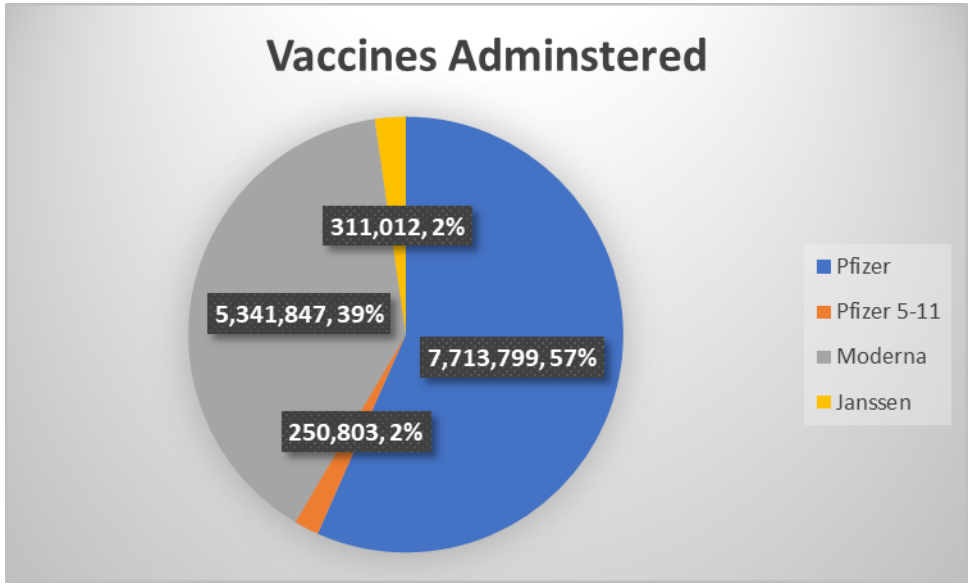
% Fully Vaccinated

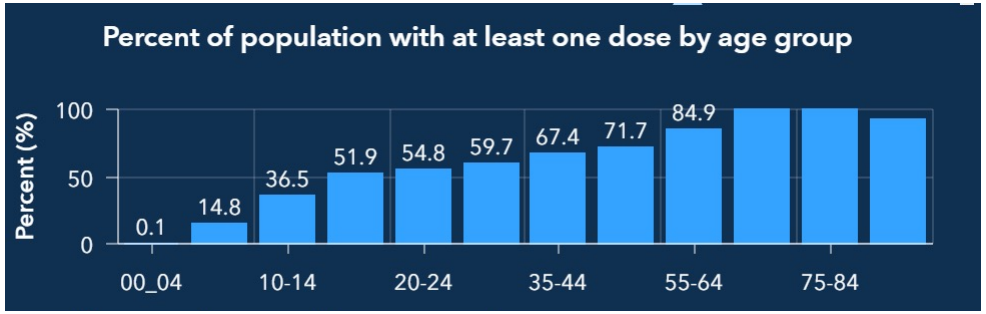
53%

Additional Dose

1,903,492

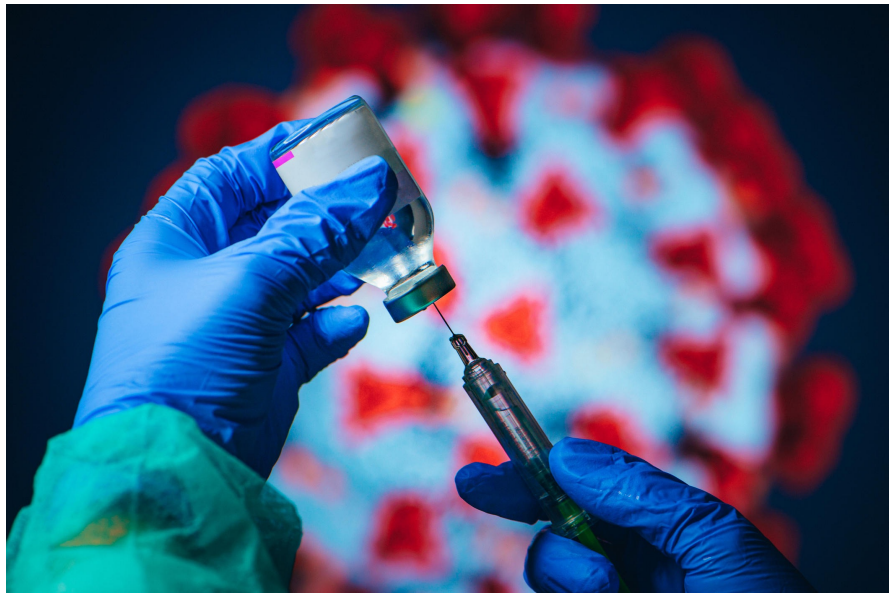
% Fully Vax with Additional Dose	% Additional Dose
34%	18%





Covid Vaccine Providers

- Public Health Providers
  - PH Clinics-198
  - FQHCs-106
  - Rural Health Clinics-9
- Hospitals-162
- Medical Providers
  - Family Med-362
  - Internal Med-116
  - OB-GYN-25
  - Pediatricians-240
  - Other specialty-249
- Pharmacies
  - Chain-937
  - Independent-327



Current Vaccines Distributed

- Pfizer-Tris (12 and above) – 300 dose increments (No diluent required)
- Pfizer (5-11 years) – 100 dose increments
- Moderna (18 and above) – 100 dose increments
- Janssen (J&J) (18 and above) – 100 dose increments

The 1150 and 450 dose Pfizer packaging has been discontinued - still some inventory throughout the state

Covid Boosters and Additional Dose

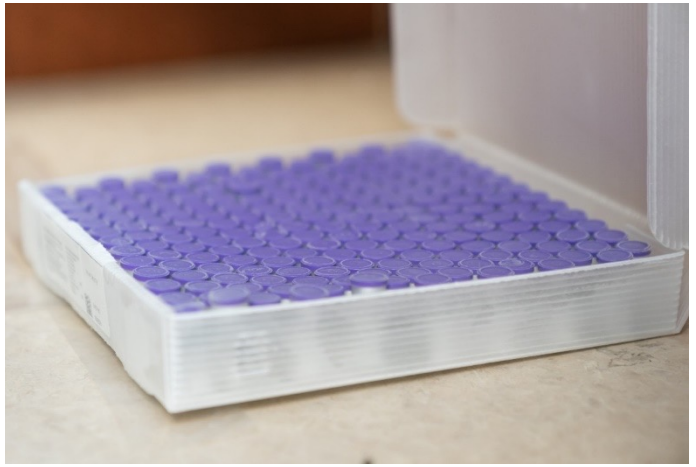
- Pfizer - 12 years and older are recommended to get a booster shot 5 months instead of 6 months after their initial Pfizer series
    - Note: Pfizer is the only vaccine approved for children
    - Moderately or severely immunocompromised 5–11-year-olds should receive an additional primary dose of the Pfizer-BioNTech COVID-19 vaccine 28 days after their second shot.
- Moderna - 18 years and older are recommended to get a booster shot 5 months instead of 6 months after their initial Moderna series
- Janssen - 18 years and older are recommended to get a booster shot 2 months after their initial JJ series

Long-term Care Facilities Boosters

- DPH partnered with the Georgia Health Care Association to distribute information to LTCFs on providing boosters to residents and staff
  - Survey sent out for LTCFs to complete when needing assistance
  - DPH contracted with a vendor to provide boosters assistance
- Based on survey results, LTCFs connected with:
  - LHDs
  - Pharmacies
  - DPH Vendor
  - Inhouse medical
- Booster Vaccination in skilled nursing facilities (CMS data as of 1/5/2021):
  - Residents-66.5%
  - Staff-26.6%

Small Vaccine Packaging Update

- DPH developed a system of repackaging and redistributing Pfizer in smaller quantities (120 dose/60 dose)
- Vaccines now shipped from manufacturer in smaller quantities, DPH moved to emergency requests only
- Statistics (May 2021-January 2022)
  - 176 providers
  - 876 shipments
  - Number of doses shipped: 87,960
    - Pfizer Adult (12 & up): 78,900 doses
    - Pfizer Ped (5 – 11): 9,060 doses



Jails and Correctional Facilities

DPH contracted with a vendor to prioritize jails and correctional facilities for covid vaccination and most recently **testing**

- 142 jails/correctional facilities
- 35,441 vaccines administered (Moderna, Pfizer, JJ)
  - 13,036 1st dose
  - 10,394 second dose
  - 3,528 additional dose
  - 8,483 boosters

State Covid Call Center

- Since early 2021, DPH contracted with a turn-key vendor to operate a virtual call center
  - 97 (avg) call agents open 7 days per week including holidays
  - Agents can answer general questions related to vaccines and booster or refer the client to the appropriate subject matter experts
  - Agents assist the public with scheduling vaccine appointments at public health sites in the state
    - 346,411 contacts made
      - 266,504 calls (98.9% answered within 8 seconds)
      - 59,492 outbound outreach calls
      - 10,947 chats
      - 9,468 articles viewed via chat

Testing-Specimen Point of Collection (SPOCs)

Since December 1, DPH operates **163** SPOC sites statewide managed by health departments or contracted vendors

- Mako Medical
  - 362 staff
  - 58 sites
- LTS Labs
  - 268 staff
  - 35 sites
- Viral Solutions (*new vendor)*
  - 800 staff
  - 2 DPH sites with a third soon
- *Surge sites since Omicron*
  - *7 surge sites*

Specimens Collected Last 7 Days

District	Sum PCR Tests	Sum Antigen Tests	Total All Tests
DISTRICT 10	4,182	0	4,182
DISTRICT 1-1	3,623	0	3,623
DISTRICT 1-2	3,668	265	3,933
DISTRICT 2	4,412	126	4,538
DISTRICT 3-1	5,963		5,963
DISTRICT 3-2	7,994		7,994
DISTRICT 3-3	2,359		2,359
DISTRICT 3-4	6,564	0	6,564
DISTRICT 3-5	869	0	869
DISTRICT 4	5,041	39	5,080
DISTRICT 5-1	1,317	0	1,317
DISTRICT 5-2	1,149	0	1,149
DISTRICT 6	3,225	0	3,225
DISTRICT 7	4,292	24	4,316
DISTRICT 8-1	188	230	418
DISTRICT 8-2	3,585	623	4,208
DISTRICT 9-1	8,330		8,330
DISTRICT 9-2	1,979		1,979
Total	**68,740**	**1307**	**70,047**

Rapid Test Kits

- Due to high demand, there is a shortage of rapid testing supplies across the country. DPH is researching various suppliers and purchasing testing supplies as they become available

- DPH has distributed **909,720** rapid tests to:
  - LHDs
  - LTCFs
  - Shelters/Confinement facilities FQHCs
  - EMS/Fire agencies
  - Shelters
  - Hospitals
  - Mental health facilities
  - Colleges

School Testing Program

The DPH school testing program allows K-12 schools to enroll with a DPH testing vendor to provide covid testing free of charge for students, faculty, staff, and family members

- Schools currently participating - **103**
- Schools enrolled January 1-7 - **10**
- Schools currently working on an MOU – **17**
- Schools working on profile - **19**

Questions

For more information, please contact:

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Next Meeting

The next Board of Public Health meeting will be held February 8, 2022.