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

[Graph showing weekly deaths by age group from April 2020 to October 2021.]
COVID-19 Hospitalizations

Daily Counts of COVID-19 Patients
Hospitalization Trends by Age Group
## Breakthrough Cases and Deaths

Total COVID-19 breakthrough cases reported January 2, 2021 to January 05, 2022

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>113,404</td>
<td>(60.8%)</td>
</tr>
<tr>
<td>People aged ≥ 65 Years</td>
<td>31,109</td>
<td>(16.7%)</td>
</tr>
<tr>
<td>Total Hospitalizations^a</td>
<td>5,387</td>
<td>(2.9%)</td>
</tr>
<tr>
<td>COVID-19-Related Deaths</td>
<td>1,302</td>
<td>(0.7%)</td>
</tr>
<tr>
<td>Fully Vaccinated</td>
<td>171,069</td>
<td>(91.7%)</td>
</tr>
<tr>
<td>Fully Vaccinated with an Additional Dose or Booster</td>
<td>15,470</td>
<td>(8.3%)</td>
</tr>
</tbody>
</table>

In November*, unvaccinated or partially vaccinated persons had:

- **2.9X** Greater Risk of Testing Positive for COVID-19
- **4.2X** Greater Risk of Dying from COVID-19

Compared to fully vaccinated persons.
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:
  o Requires intravenous infusion for three consecutive days
  o 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

Prescribing healthcare providers and patients should check with individual locations regarding current availability.
Locating Treatment Providers


# 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.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Risk Group</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>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)</td>
</tr>
<tr>
<td>2</td>
<td>Unvaccinated individuals at risk of severe disease not included in Tier 1</td>
</tr>
<tr>
<td>3</td>
<td>Vaccinated individuals at high risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors)*</td>
</tr>
<tr>
<td>4</td>
<td>Vaccinated individuals at risk of severe disease (anyone aged ≥65 years or anyone aged &lt;65 with clinical risk factors)*</td>
</tr>
</tbody>
</table>

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

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 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 Vaccinated with Additional Dose
34%
% Additional Dose
18%

Vaccines Administered

Percent of population with at least one dose by age group
Covid Vaccine Providers

• Public Health Providers
  o PH Clinics-198
  o FQHCs-106
  o Rural Health Clinics-9

• Hospitals-162

• Medical Providers
  o Family Med-362
  o Internal Med-116
  o OB-GYN-25
  o Pediatricians-240
  o Other specialty-249

• Pharmacies
  o Chain-937
  o 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
  o Survey sent out for LTCFs to complete when needing assistance
  o DPH contracted with a vendor to provide boosters assistance

• Based on survey results, LTCFs connected with:
  o LHDs
  o Pharmacies
  o DPH Vendor
  o Inhouse medical

• Booster Vaccination in skilled nursing facilities (CMS data as of 1/5/2021):
  o Residents-66.5%
  o 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
    o 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
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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The next Board of Public Health meeting will be held February 8, 2022.