CRIHB COVID-19
Updates
January 18, 2022

Please sign-in in the Group Chat with your name and Tribe or Indian Health Program name
COVID-19 cases in California

272.4 cases per 100K (7-day average)

As of 1/18/2022. Source: California Department of Public Health (CDPH)
COVID-19 deaths in California

As of 1/14/2022. Source: CDPH
COVID-19 cases in AIAN
COVID-19 hospitalizations in California

14,639 COVID-19 hospitalized patients
430 more patients hospitalized from prior day total (3.0% increase)

As of 1/14/2022. Source: CDPH
COVID-19 hospitalizations in California

As of 1/18/2022. Source: COVID-NET
Daily new cases are at very high levels

<table>
<thead>
<tr>
<th>Daily New Cases</th>
<th>Infection Rate</th>
<th>Positive Test Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>California COVID-19 threat level: Very High</strong></td>
<td>297.9 PER 100K</td>
<td>1.49</td>
</tr>
<tr>
<td>COVID-19 NOT CONTAINED, BUT DAILY NEW CASES ARE AT SEVERE LEVELS</td>
<td>COVID-19 IS STILL SPREADING, AT HIGH LEVELS</td>
<td>INDICATES VERY HIGH TESTING POSITIVITY</td>
</tr>
<tr>
<td><strong>California COVID-19 threat level: High</strong></td>
<td>18.1 PER 100K</td>
<td>1.00</td>
</tr>
<tr>
<td>COVID NOT CONTAINED, BUT DAILY NEW CASES ARE AT MEDIUM LEVELS</td>
<td>COVID IS STILL SPREADING, BUT AT MEDIUM LEVELS</td>
<td>INDICATES LOW TESTING POSITIVITY</td>
</tr>
</tbody>
</table>

As of 1/14/2022. Source: CDPH

As of 12/19/2021. Source: CDPH
Variants of concern

• Omicron variant
  • At least 2 to 4 times more transmissible than the Delta variant

<table>
<thead>
<tr>
<th>Week Ending</th>
<th>Alpha</th>
<th>Beta</th>
<th>Gamma</th>
<th>Delta</th>
<th>Epsilon</th>
<th>Lambda</th>
<th>Mu</th>
<th>Omicron</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/5/22</td>
<td>2.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>6.5%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>91.3%</td>
</tr>
</tbody>
</table>

Note: Only a fraction of cases are sequenced. In December of 2021, 5% of cases in California had been sequenced. This percent is expected to increase.

As of 1/14/2022. Source: CDPH
Vaccines administered in California

Data from California Department of Public Health (CDPH) does not include vaccines administered by Federal entities such as Indian Health Service, Department of Defense, U.S. Federal Bureau of Prisons, and Veterans Affairs.

67,170,758
Doses administered

3,248,960
People partially vaccinated

27,161,371
People fully vaccinated

Doses administered by county of residence

<table>
<thead>
<tr>
<th>County</th>
<th>Doses Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles</td>
<td>17,335,500</td>
</tr>
<tr>
<td>San Diego</td>
<td>6,020,559</td>
</tr>
<tr>
<td>Orange</td>
<td>5,544,828</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>4,074,933</td>
</tr>
<tr>
<td>Alameda</td>
<td>3,281,599</td>
</tr>
</tbody>
</table>

As of 1/14/2022. Source: CDPH
American Indian or Alaska Native = 54.2%

As of 1/12/2022. Source: CDPH
Booster status by race/ethnicity in California

American Indian or Alaska Native = 41.6%

Note: Population estimates do not include “other” or “unknown” race and ethnicity categories, therefore their percentage of state population is not available. Some race/ethnicity groups in this county may have small populations. Where the county of residence was not reported, the county where vaccinated is used. Data is not shown where there are fewer than 11 records in a group.

As of 1/12/2022. Source: CDPH
Outbreaks in Tribal communities

• Multiple Tribal communities in California experiencing COVID-19 surges in cases
• Staff shortages at clinics
54.2% of California American Indians and Alaska Natives (AIAN) have been fully vaccinated and 41.6% have been boosted.

This means that there are still 45.8% of AIAN who may not be fully vaccinated (primary series).

Evidence indicates that those who are vaccinated experience less severe symptoms and a decreased chance of hospitalization and death if they are infected with COVID-19.

Need to increase the number of individuals vaccinated.
Tools in the fight against COVID-19

- Get vaccinated
- Get boosted
- Wear a mask
- Get tested
Contact Information

Epidemiologic or data-related assistance:
Aurimar Ayala, MPH
Epidemiology Manager
California Rural Indian Health Board, Inc.
aayala@crihb.org
Selected Therapeutics Review for Omicron

Thomas J. Kim, MD, MPH
Monoclonal Antibodies
Monoclonal Antibody Therapy

• Antibodies targeting spike protein of SARS-CoV-2
• Given as early as possible, within 10 days
• Decreases hospitalization/death in high-risk unvaccinated individuals, and hospitalization in vaccinated
• Better data still needed

• Challenge:
  • limited availability
  • IV administration
  • Effectiveness is susceptible to new variants
<table>
<thead>
<tr>
<th>Criteria for Monoclonal Antibody Treatment and Post Exposure Prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Older age (≥65 years)</td>
</tr>
<tr>
<td>Obesity or being overweight (eg, adults with BMI &gt;25 kg/m², or, if age 12 to 17, have BMI ≥85th percentile for age and sex)</td>
</tr>
<tr>
<td>Pregnancy</td>
</tr>
<tr>
<td>Chronic kidney disease</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>Immunosuppression (immunosuppressive disease or treatment)</td>
</tr>
<tr>
<td>Cardiovascular disease (including congenital heart disease) or hypertension</td>
</tr>
<tr>
<td>Chronic lung diseases (eg, chronic obstructive pulmonary disease, asthma [moderate to severe], interstitial lung disease, cystic fibrosis, pulmonary hypertension)</td>
</tr>
<tr>
<td>Sickle cell disease</td>
</tr>
<tr>
<td>Neurodevelopmental disorders (eg, cerebral palsy) or other medically complex conditions that confer medical complexity (eg, genetic or metabolic syndromes and severe congenital anomalies)</td>
</tr>
<tr>
<td>Dependence on a medical-related technology (eg, tracheostomy, gastrostomy, or positive pressure ventilation [unrelated to COVID-19])</td>
</tr>
</tbody>
</table>
Monoclonal Antibody Therapy: **Sotrovimab**

- EUA for non-hospitalized patients
- Single 500 mg IV dose
- Mild-moderate disease
  - Not requiring oxygen treatment
  - With risk factors
- 583 person study: reduced hospitalization/death by 85% by Day 29; more data needed
- Preferred treatment for Omicron
  - DHHS paused allocation of casirivimab/imdevimab (Regeneron) and bamlanivimab/estesevimab (Lilly) if > 80% Omicron prevalence
Antivirals Therapies
Molupiravir (Merck)

- Four 200 mg capsules taken twice daily for 5 days
- Contraindicated in < age 18, pregnancy; avoid in child bearing age in females (bone/cartilage toxicity)
- Taken as soon as diagnosis known, within 5 days of symptoms
- Found to be lower than expected effectiveness
- About 30% decreased risk of hospitalization → not good enough
  - Monoclonal antibody treatment decrease about 85%
  - Paxlovid decreases about 90%, good safety profile
- May be due to less effectiveness to Delta variant
• **Nirmatrelvir / Ritonivir**
• **EUA Dec 2021**
• **Indication**
  • Age 12+ with a high risk of progression to severe illness (immunocompromised, elderly, unvaccinated)
  • Mild to moderate disease
  • Initiate as soon as possible after diagnosis, within 5 days of symptom onset
• **Course**
  • Oral pill (300/100mg), twice daily x 5 days
• **Adverse reactions**
  • High blood pressure (1%), diarrhea (3%), muscle ache (1%), CYP3A drugs
Paxlovid Effectiveness

High Risk Patient Study (unpublished)
- 2246 patients
- Adults, unvaccinated
- At least one risk factor for severe disease
- Paxlovid given within 3 days of symptom onset
- 89% decreased risk of hospitalization at Day 28

Standard Risk Patient Study (unpublished)
- 991 patients
- Adults
  - Vaccinated, at least one risk factor for severe disease
  - Unvaccinated, no risk factors
- Paxlovid given within 3 days of symptom onset
- No statistical significance in decrease hospitalization
Paxlovid distribution

- Distribution is by DHHS
- Scare supplies (~200,000 pill packs delivered)
  - 4 million packs by end of month
  - 20 million purchased by DHHS
- Last week: UCSF had 40 packs!
- Pledge of ramped up production
- Unlikely to significantly meet Omicron surge
- IHS – have allocated 20 packs thus far (Carolyn Pumares)
Topics discussed:
- COVID-19 Case and Vaccine Trends in California
- COVID-19 Variants:
- COVID-19 case and Vaccine Trends among AIAN:
- Monoclonal Antibody Therapy:
- Antiviral Therapies

COVID-19 Case and Vaccine Trends in California:
- As of January 2022, there are 119,264 cases
- Significant increases in daily new cases, infections rates, and positive test rate
- 272 cases per 100,000 on average
- 27 million people in California are vaccinated

COVID-19 Variants:
- Significant increases are due to the transmission of the Omicron variant

COVID-19 case and Vaccine Trends among AIAN:
- Compared with 17,081 cases in December, there are currently (as of January 2022) 21,526 cases among AIAN
- Currently 54.2% fully vaccinated AIAN individuals overall in CA; significantly lower compared to other race/ethnicity groups
- 41.6% of AIAN community have received the booster

Monoclonal Antibody Therapy:
- Antibodies target protein of SARS-CoV-2
- Given within 10 days
- Decreases hospitalization and death rates in high-risk unvaccinated individuals as well as decreases hospitalization rates in vaccinated individuals
- Eligibility:
  - Pre-existing conditions
  - 65 years or older
  - Pregnant

Antiviral Therapies- Paxlovid:
- Within 5 days of symptom onset
- Oral pill taken twice daily for 5 days
- Eligibility:
  - Immunocompromised & age 12 or older
  - Elderly
  - Unvaccinated