



CRIHB COVID-19 Updates January 18, 2022

*Please sign-in in the Group
Chat with your name and
Tribe or Indian Health
Program name*



6,416,171 Cases

in California

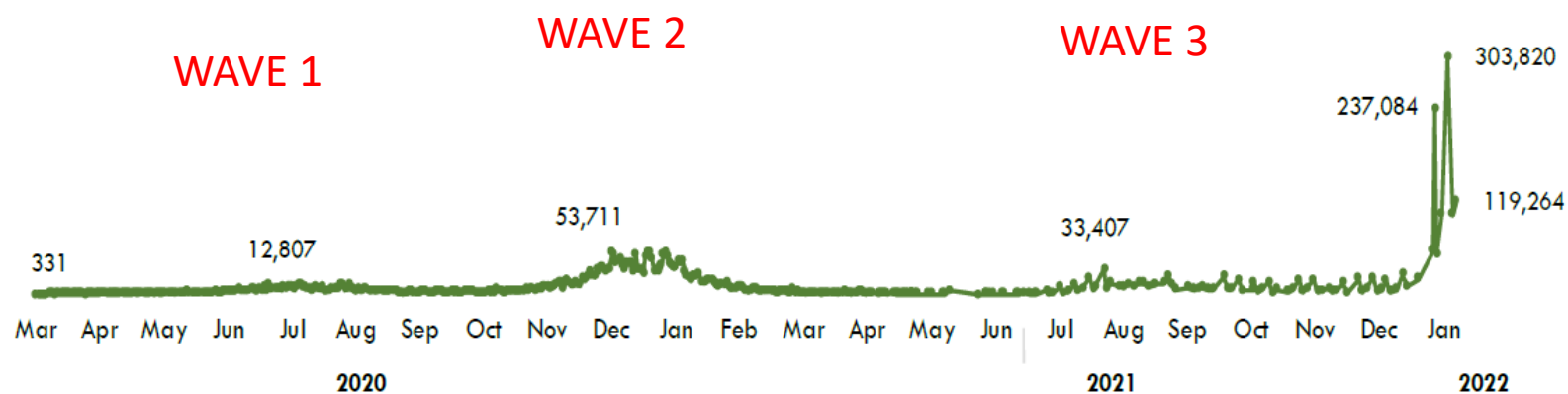
Enter your search term

76,940 Deaths

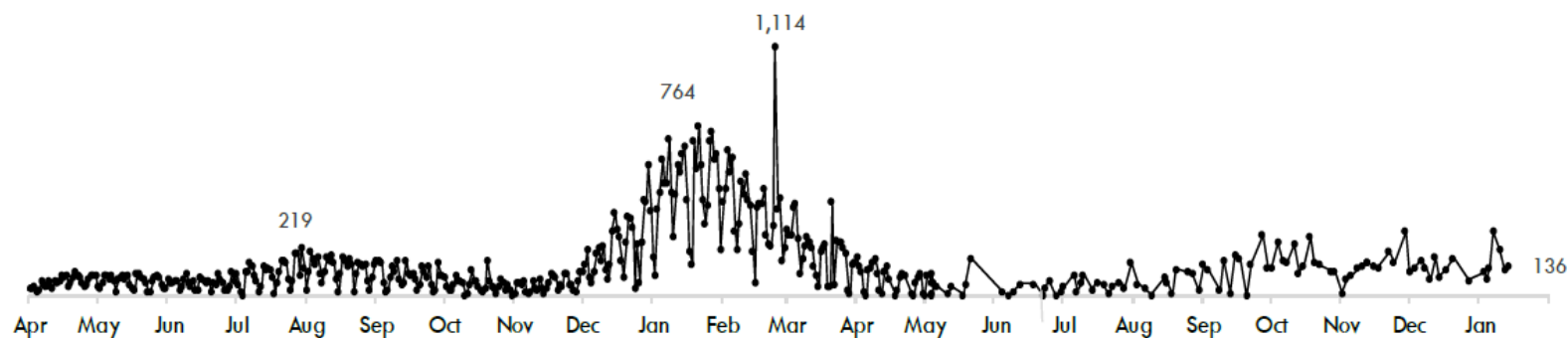
in California

WAVE 4

New Confirmed Cases in California by Date



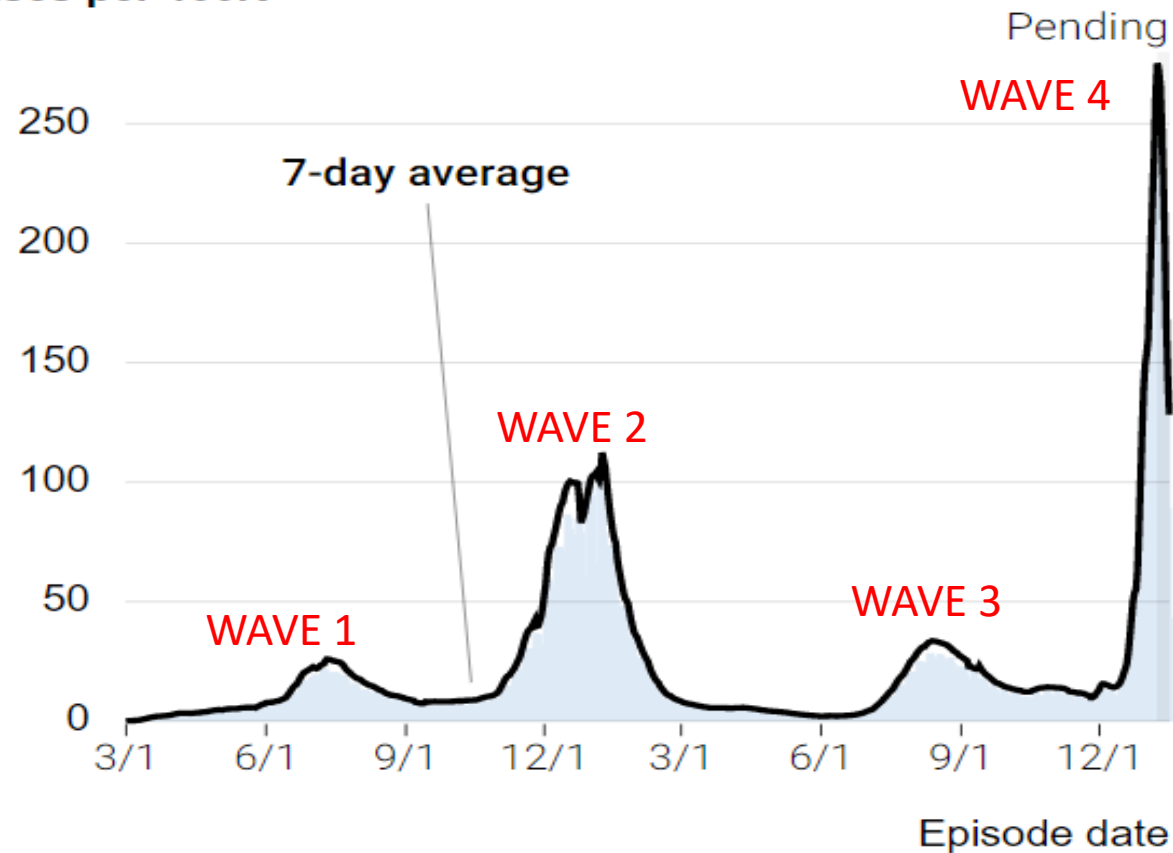
New Confirmed Deaths in California by Date



COVID-19 cases in California

272.4 cases per 100K (7-day average)

Cases per 100K

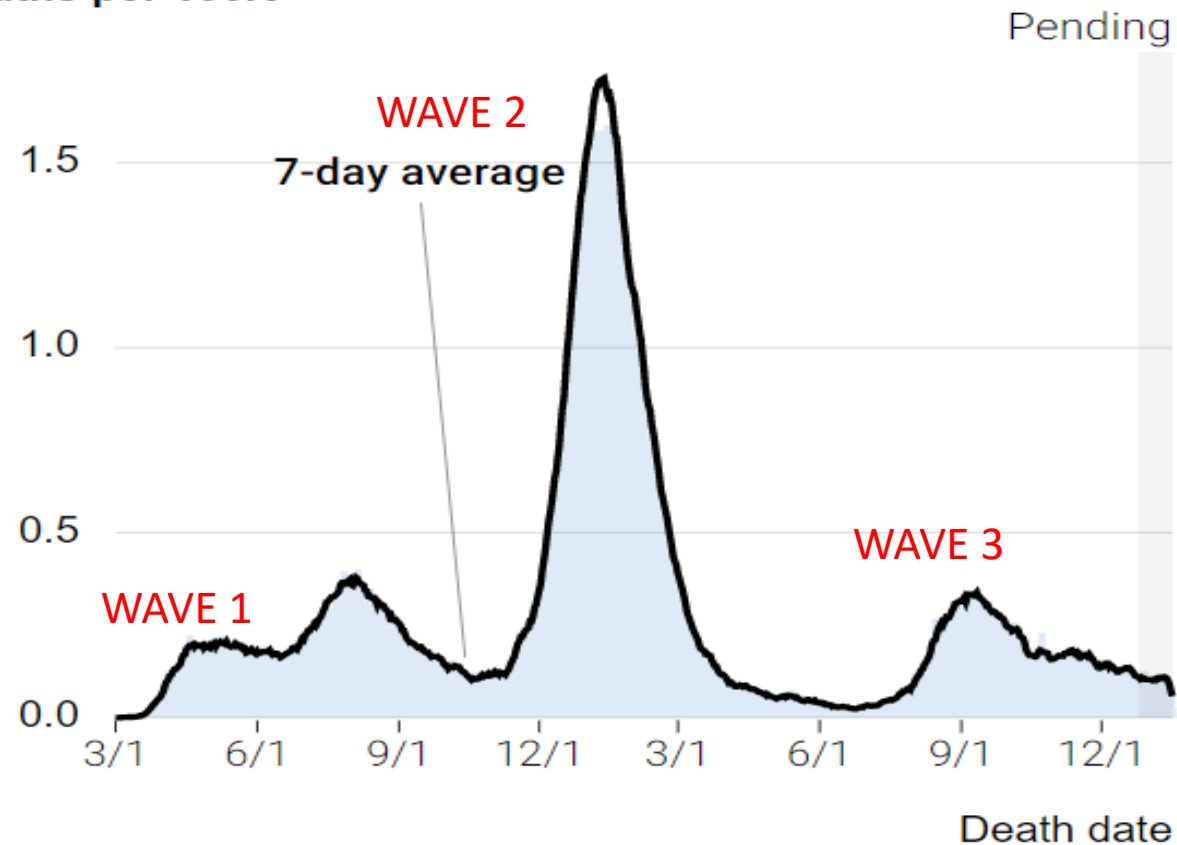


As of 1/18/2022. Source: California Department of Public Health (CDPH)

COVID-19 deaths in California

0.1 deaths per 100K (7-day average)

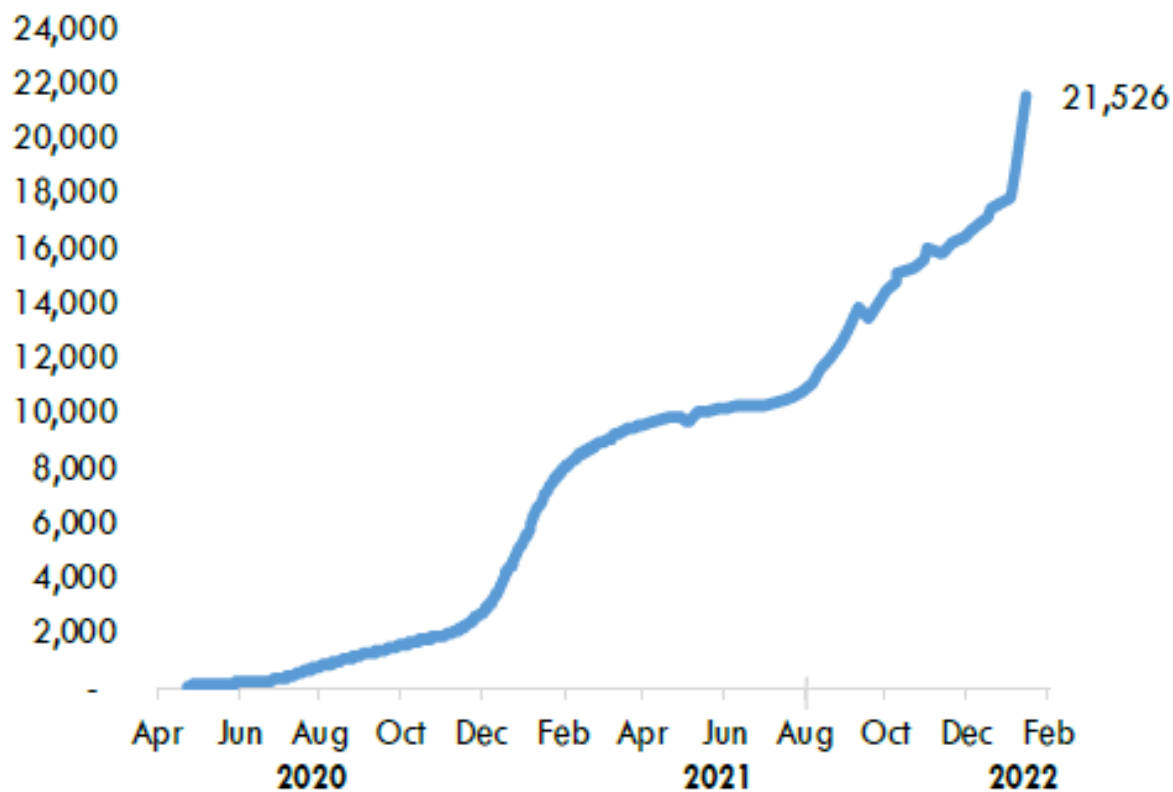
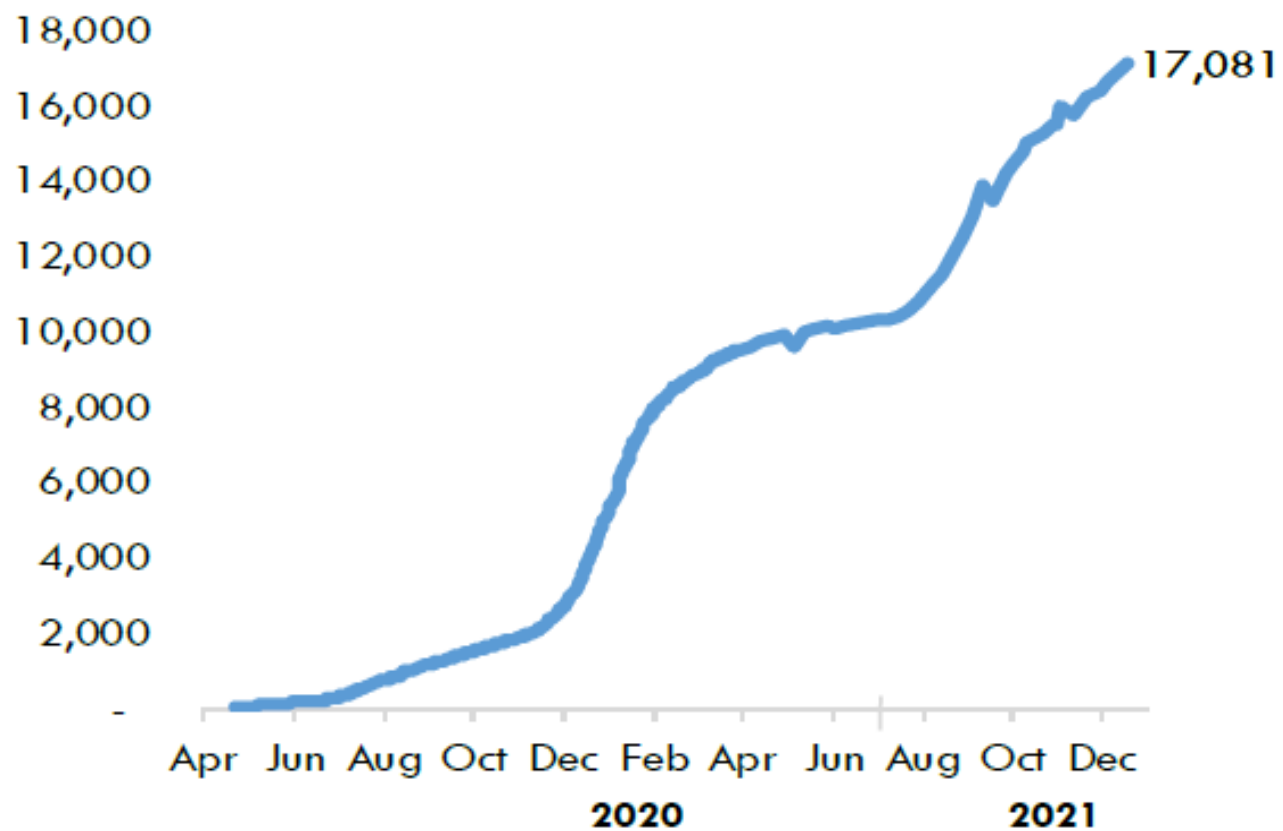
Deaths per 100K



As of 1/14/2022. Source: CDPH



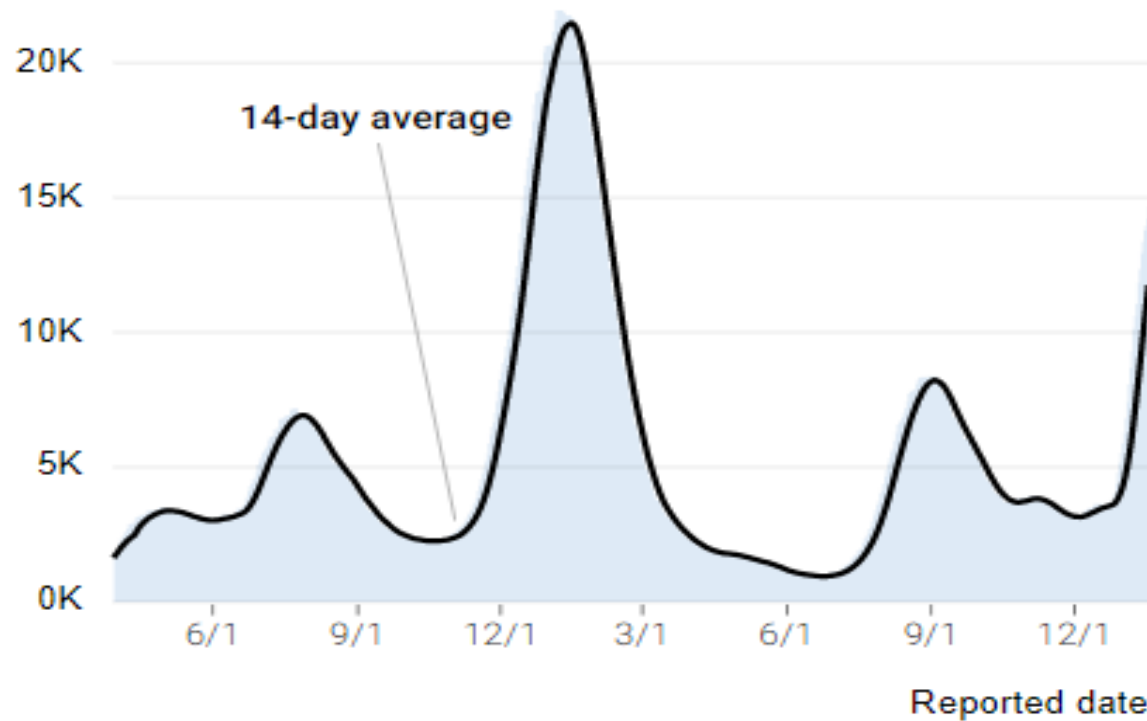
COVID-19 cases in AIAN



COVID-19 hospitalizations in California

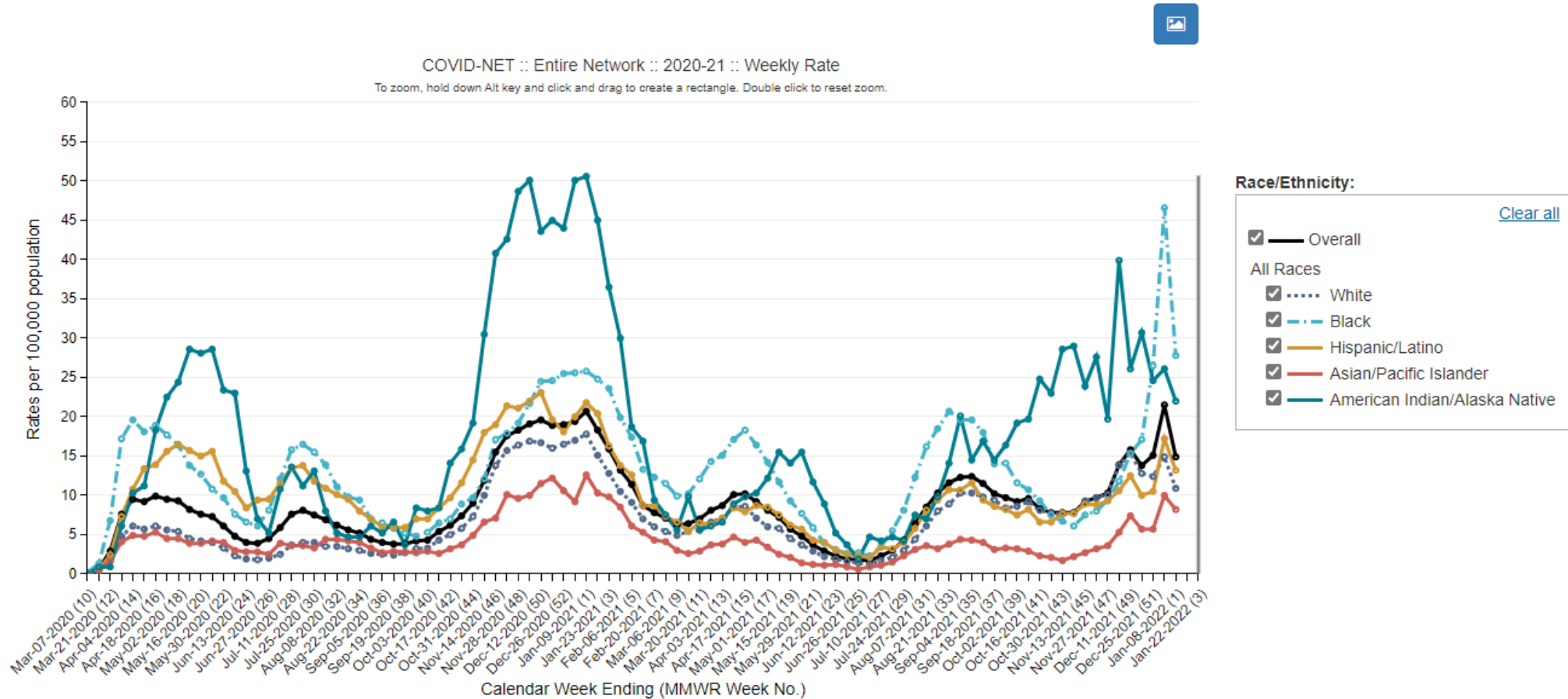
14,639 COVID-19 hospitalized patients

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

California COVID-19 threat level: **Very High**

DAILY NEW CASES

 **297.9** PER 100K

COVID-19 NOT CONTAINED, BUT
DAILY NEW CASES ARE AT SEVERE
LEVELS

INFECTION RATE

 **1.49**

COVID-19 IS STILL SPREADING,
AT HIGH LEVELS

POSITIVE TEST RATE

 **22.7 %**

INDICATES VERY HIGH TESTING
POSITIVITY

As of 1/14/2022. Source: CDPH

California COVID-19 threat level: **High**

DAILY NEW CASES

 **18.1** PER 100K

COVID NOT CONTAINED, BUT
DAILY NEW CASES ARE AT MEDIUM

INFECTION RATE

 **1.00**

COVID IS STILL SPREADING,
BUT AT MEDIUM LEVELS

POSITIVE TEST RATE

 **2.3 %**

INDICATES LOW TESTING
POSITIVITY

As of 12/19/2021. Source: CDPH

Variants of concern

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

Week Ending	Alpha	Beta	Gamma	Delta	Epsilon	Lambda	Mu	Omicron
1/5/22	2.2%	0.0%	0.0%	6.5%	0.0%	0.0%	0.0%	91.3%

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

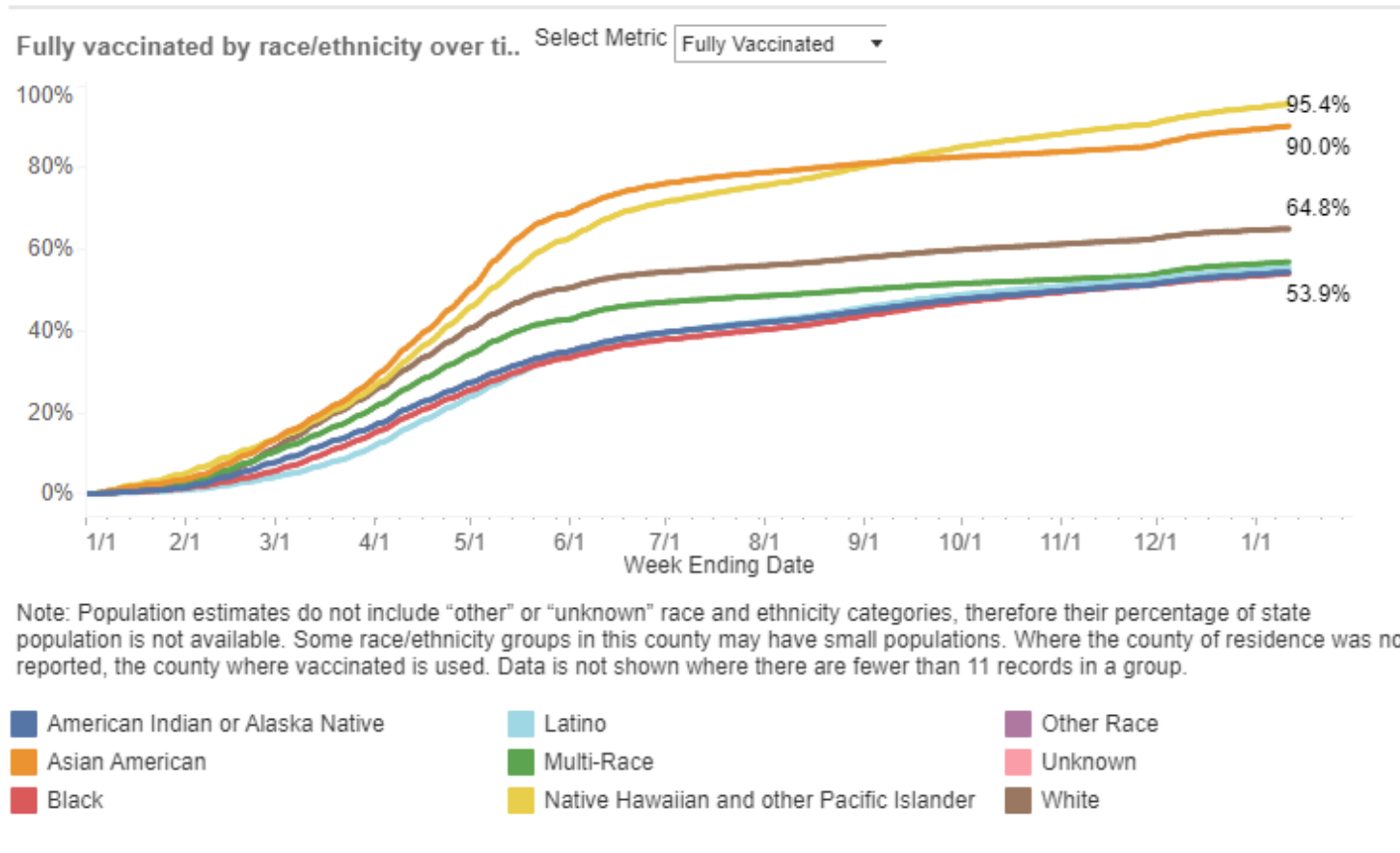


Doses administered by county of residence

Los Angeles	17,335,500
San Diego	6,020,559
Orange	5,544,828
Santa Clara	4,074,933
Alameda	3,281,599

As of 1/14/2022. Source: CDPH

Fully vaccinated by race/ethnicity in California

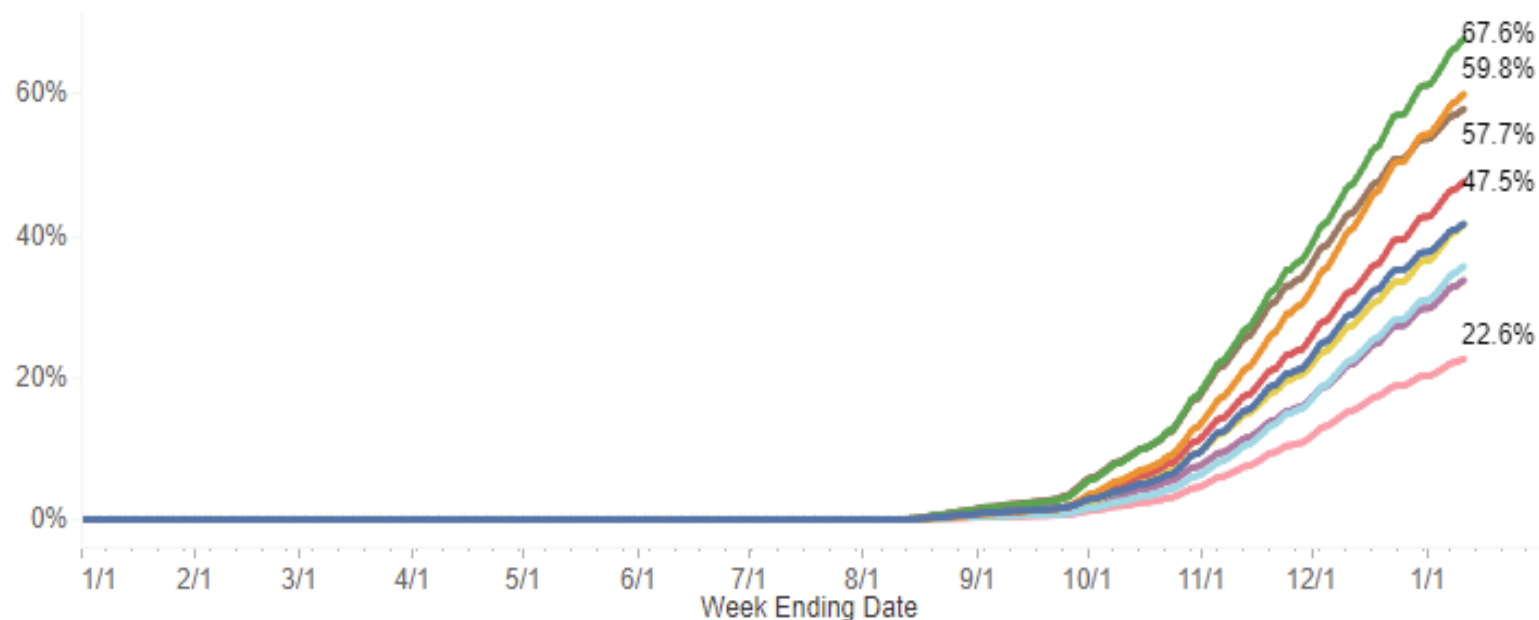


American Indian
or Alaska Native
= 54.2%

As of 1/12/2022. Source: CDPH

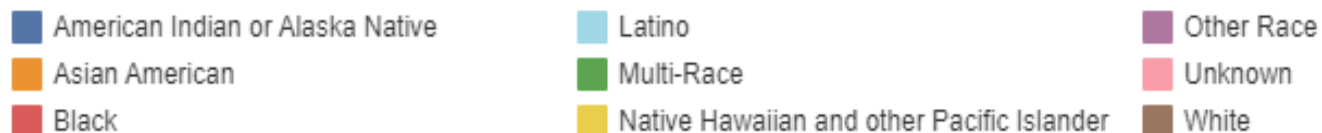
Booster status by race/ethnicity in California

Booster status by race/ethnicity over time



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



Need to increase the number of individuals vaccinated

- 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



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

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Selected Therapeutics Review for Omicron

Thomas J. Kim, MD, MPH



CRIHB

The California Rural Indian Health Board, Inc.



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

Criteria for Monoclonal Antibody Treatment and Post Exposure Prophylaxis

Older age (≥ 65 years)
Obesity or being overweight (eg, adults with BMI >25 kg/m ² , or, if age 12 to 17, have BMI $\geq 85^{\text{th}}$ percentile for age and sex)
Pregnancy
Chronic kidney disease
Diabetes mellitus
Immunosuppression (immunosuppressive disease or treatment)
Cardiovascular disease (including congenital heart disease) or hypertension
Chronic lung diseases (eg, chronic obstructive pulmonary disease, asthma [moderate to severe], interstitial lung disease, cystic fibrosis, pulmonary hypertension)
Sickle cell disease
Neurodevelopmental disorders (eg, cerebral palsy) or other medically complex conditions that confer medical complexity (eg, genetic or metabolic syndromes and severe congenital anomalies)
Dependence on a medical-related technology (eg, tracheostomy, gastrostomy, or positive pressure ventilation [unrelated to COVID-19])

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

Paxlovid (Pfizer) → *preferred antiviral*

- 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)

CRIHB COVID-19 Update Meeting Notes

CRIHB STAFF
ATTENDEES:
Aurimar Ayala
Dr. Thomas Kim
Kathleen Jack

DATE: Tuesday, January 18th, 2022 (3:30 PM-4:30 PM, PST)

HOST: CRIHB

MEETING RECORDING: <https://us02web.zoom.us/rec/share/teCsTHgqBCholRXLa6bsUHF4WeSD-8o1NKH5fMdSq1LthV8zG7OPjK8nPrsElpl9.10H56soNAGHyNik7?startTime=1642548772000>

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