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A Monterey County Health Department bi-monthly newsletter summarizing national, state, and local public health-related issues for county providers.

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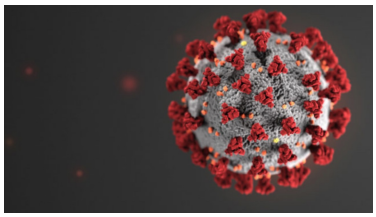


The Centers for Disease Control and Prevention (CDC) provides daily updates and guidance, including a section specific to rural health care, a Toolkit for Tribal Communities, and a vaccine locator by state.

And remember, MCHD publishes daily updates to county COVID-19 data here.

California Department of Public Health Provider Letter on the Use and Availability of Paxlovid and Molnupiravir

Dear Providers,

Two recently FDA authorized oral medications for the treatment of outpatients with mild-to-moderate COVID-19 at risk for progression to severe disease will be available in California by the end of December. These include:

- Paxlovid (nirmatrelvir tablets and ritonavir tablets, co-packaged for oral use) is an oral protease inhibitor. Pfizer announced the results from a trial of 2,246 adults who received either Paxlovid or placebo. All patients had not received a COVID-19 vaccine and had not been previously infected with COVID-19. In the study, Paxlovid significantly reduced the proportion of people with COVID-19 related hospitalization or death from any cause by 88% compared to placebo among patients treated within five days of

symptom onset. Paxlovid has received an EUA authorizing use for the treatment of mild-to-moderate COVID-19 in patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death.

- Molnupiravir is a nucleoside analogue that inhibits SARS-CoV-2 replication by viral mutagenesis. Merck announced results from a trial of 1,433 patients. Enrolled participants had not received a COVID-19 vaccination and had at least one risk factor associated with poor disease outcomes and symptom onset within five days prior to study enrollment. The risk of hospitalization for any cause or death through day 29 was lower with molnupiravir (6.8%) than with placebo (9.7%), for a relative risk reduction of 30%. Molnupiravir is authorized for treatment of mild-to-moderate COVID-19 in adults with positive results of direct SARS-CoV-2 viral testing who are at high risk for progressing to severe COVID-19, including hospitalization or death, and for whom alternative COVID-19 treatment options authorized by FDA are not accessible or clinically appropriate.

Instructions to Providers

Both oral antivirals may only be prescribed for an individual patient by physicians, advanced practice registered nurses, and physician assistants that are licensed or authorized under state law to prescribe drugs in the therapeutic class to which Paxlovid and molnupiravir belong (i.e., anti-infectives).

Providers should carefully review the fact sheet for healthcare providers (available both for Paxlovid and molnupiravir) before prescribing either medication to ensure that the patient's condition warrants treatment, that there are no drug interactions, and that there are contraindications to therapy.

The use of molnupiravir is not recommended during pregnancy. Advise individuals of childbearing potential to use effective contraception correctly and consistently, as applicable, for the duration of treatment as described in the FDA fact sheets. Paxlovid may lead to a risk of HIV-1 developing resistance to HIV protease inhibitors in individuals with uncontrolled or undiagnosed HIV-1 infection.

Unfortunately, supply of both oral antivirals is expected to be limited. Providers should communicate with pharmacies that will be receiving these drugs to ensure that supply exists before sending patients to pick up prescriptions.

Patients meeting the below criteria may be eligible for treatment with Paxlovid or molnupiravir:

- Patients who are symptomatic with mild to moderate COVID-19 AND
- Have positive results of direct SARS-CoV-2 viral testing AND
- Are at high risk for progressing to severe COVID-19 and/or hospitalization

The definition of mild and moderate disease and defined by NIH is below:

- *Mild Illness:* Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise,

headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell) but who do not have shortness of breath, dyspnea, or abnormal chest imaging.
- *Moderate Illness:* Individuals who show evidence of lower respiratory disease during clinical assessment or imaging and who have an oxygen saturation (SpO_2) ≥94% on room air at sea level.

Neither oral option is authorized for treatment in patients requiring hospitalization due to severe or critical COVID-19.

For a complete list of risk factors for disease progression, including information on the relative risk of severe disease, see the CDC webpage "Underlying Medical Conditions Associated with High Risk for Severe COVID-19".

Treatment should be prioritized in unvaccinated or incompletely vaccinated individuals and vaccinated individuals who are not expected to mount an adequate immune response (e.g., individuals who are immunocompromised or on immunosuppressive medications or individuals aged ≥65 years).

If supply remains limited after applying the above criteria, CDPH recommends additionally prioritizing high-risk patients with *moderate illness* as defined above in the following order:

1. Immunocompromised or on immunosuppressive medications
2. Incompletely vaccinated AND > 65 years of age with risk factors for severe disease
3. > 65 years of age with risk factors for severe disease

Molnupiravir is only authorized for use if alternative COVID-19 treatment options authorized by FDA are not accessible or are not clinically appropriate. In cases where Paxlovid or sotrovimab are not available for treatment and the patient is at high risk, consideration should be given to Remdesivir IV daily for three days or molnupiravir can be considered

Supply and Availability

Supply of these products is expected to be extremely limited. While further allocations from the federal government are expected in early January 2022, the current availability is as follows for the state:

- Paxlovid: 6,180 full treatment courses allocated to California
- Molnupiravir: 28,920 full treatment courses allocated to California

Allocation of both oral antivirals will be to pharmacies and providers able to dispense the medication. The number of courses allocated to each county is determined using the overall COVID-19 cases in that county combined with an equity measure based on the Healthy Places Index (HPI).

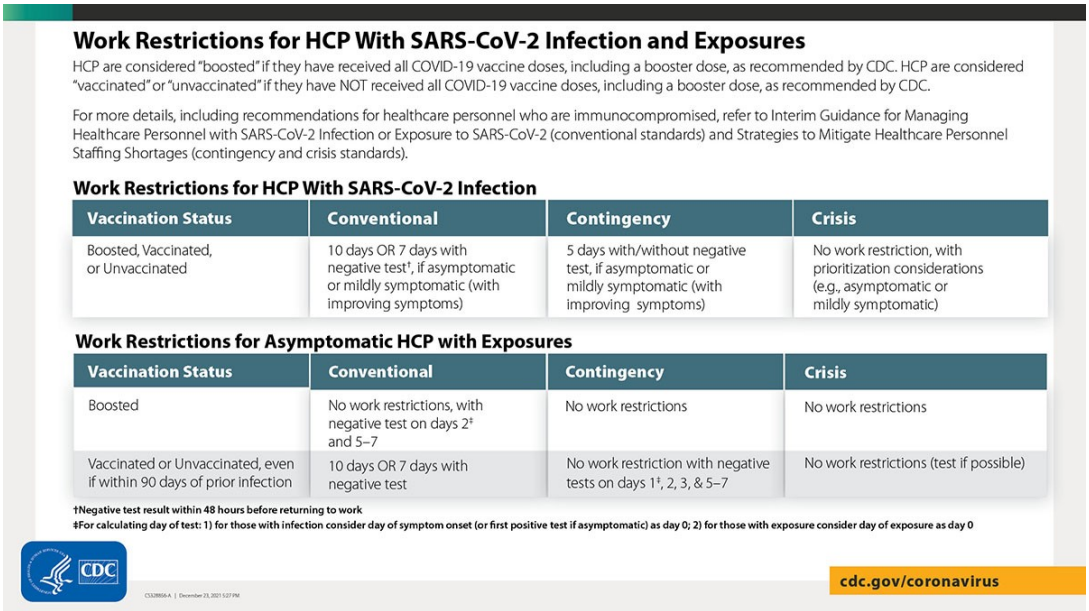
A list of all pharmacies that will be receiving products will be posted on the CDPH website and is available here.

Best wishes,

The CDPH COVID-19 Therapeutics Team

CDC Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2

On December 23, due to concerns about increased transmissibility of the SARS-CoV-2 Omicron variant, CDC guidance was updated to enhance protection for healthcare personnel (HCP), patients, and visitors, and to address concerns about potential impacts on the healthcare system given a surge of SARS-CoV-2 infections. These updates will be refined as additional information becomes available to inform recommended actions. Complete guidelines are available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html. A summary table is included below. The California Department of Public Health (CDPH) has not yet officially adopted these recommendations. Additional guidance from CDPH is expected shortly.



Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test†, if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2‡ and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1‡, 2, 3, & 5–7	No work restrictions (test if possible)

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CDC

cdc.gov/coronavirus

California Department of Public Health All Facilities Letter 21-29.1 Dated December 27, 2021: COVID19- Testing, Vaccination Verification and Personal Protective Equipment for Health Care Personnel (HCP) at Health Care Facilities.

On December 27, the California Department of Public Health issued an updated All Facilities Letter due to increasing circulation of more transmissible variants of the SARS-CoV-2 virus and rapidly increasing COVID-19 cases

across California. This AFL revision notifies all facilities of the December 22, 2021, California Public Health Order and requires HCP to be up to date with vaccinations and receive boosters by February 1, 2022, unless exempt.

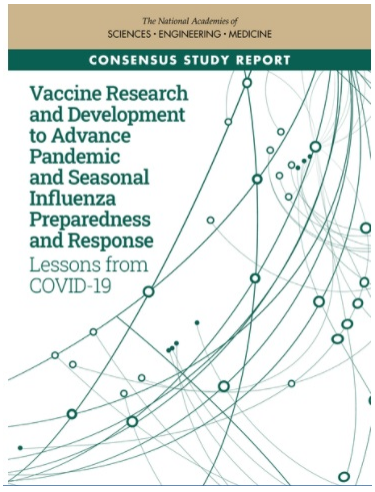
This revision also updates the testing requirements to at least weekly COVID-19 testing for unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster. Facilities must begin testing of all booster-eligible HCP who have not yet received their booster by December 27, 2021, and be in full compliance by January 7, 2022. The full letter is available at: https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-21-29.aspx.

California Immunization Requirements for Covered Workers

COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1st and 2nd doses	Booster dose 6 mos after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose 2 mos after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

a. Those workers currently eligible for booster doses per the Table above must receive their booster dose by no later than February 1, 2022. Workers not yet eligible for boosters must be in compliance no later than 15 days after the recommended timeframe above for receiving the booster dose.

Advancing Pandemic and Seasonal Influenza Vaccine Preparedness and Response



The National Academies of Sciences Engineering Medicine expands efforts in the COVID-19 response by providing a Pandemic and Seasonal Influenza Vaccine Prepared Collection that includes vaccine research and development, resilient supply chains, public health interventions, and the need for global coordination. The collection navigates how these unpreceded actions impart to and advance future pandemic and seasonal influenza vaccine preparedness efforts. To view preparedness collection and learn more click here.

The National Academy of Medicine also conducted a webinar about findings and the recommendations from four reports on Advancing Pandemic and Seasonal Vaccine Preparedness and Response: Harnessing Lessons from the Efforts to Mitigate the COVID-19 Pandemic. The reports assess the global impact capabilities, technologies, processes, and policies developed for COVID-19 and seasonal influenza global preparedness and response. The four reports include Countering the Pandemic Threat though Global Coordination on Vaccine Imperative, Vaccine Research and Development to Advance

Pandemic and Seasonal Influenza Preparedness and Response: Lessons from COVID-19, Public Health Lessons from Non-Vaccine Influenza Intervention: Looking Past COVID-19, and Globally Resilient Supply Chains for Seasonal and Pandemic Influenza Vaccine. To access the recorded webinar here.

Influenza

Influenza Activity Present in Monterey County

Detection of influenza virus is increasing at Respiratory Network Laboratories across California. While activity is currently classified as “sporadic” in California, influenza has been detected in Monterey County. Influenza A(H3) has been identified by the Monterey County Public Health Laboratory, which is consistent with the predominant subtype found in other areas of California. Traditionally, influenza seasons where influenza A(H3) predominate are more severe, particularly among at-risk groups such as older adults and young children.

While it is too soon to determine if this season’s influenza vaccine is a good match for circulating strains, Monterey County Health Department recommends that providers encourage their unvaccinated patients to get vaccinated against influenza. Influenza vaccine is widely available at local pharmacies and is offered at many of the Health Department’s COVID-19 community vaccination clinics. Patients can find a location near them at www.vaccines.gov or https://myturn.ca.gov/.

Chronic Disease Updates

Hypertension

Managing the Comorbidities of Obesity, Cardiovascular Disease, & Diabetes Webinar

Jonathan Q Purnell, MD
Interim Director, Center for Preventive Cardiology
Knight Cardiovascular Institute
Oregon Health & Science University

Join Managing the Comorbidities of Obesity, Cardiovascular Disease, &

Diabetes Webinar on **January 10th at 12:00-2:00PM PST** to learn more about how to manage the comorbidities of obesity, cardiovascular disease, and diabetes. Presenter Jonathan Q Purnell, MD, Interim Director, Center for Preventive Cardiology Knight Cardiovascular Institute Oregon Health & Science University will present data regarding existing and evolving new therapies within these topics.

Dr. Purnell is board certified in both Endocrinology Obesity Medicine. He leads Preventative Cardiology at Oregon Health & Science University (OHSU). His research and area of interest include learning and understanding the causes and consequences of obesity, metabolic syndrome, dyslipidemia, and diabetes in humans. His most recent research focused on the mechanism of free fatty acids induced insulin resistance, metabolic studies of pregnant women, and the use of advanced MRI techniques to dive into how the brain responds to change in diet and weight regulatory hormones. In addition, Dr. Purnell is also the Medical Director of the Interdisciplinary Weight Management Program and a member of the Knight of Cardiovascular Institute Preventative Cardiology group at OHSU, both of which include physicians who provide integrated management of patients with obesity, diabetes, and cardiovascular disease. To register, click here.

Diabetes

Health Care Access and Use Among Adults with Diabetes During the COVID-19 Pandemic:

Diabetes affects one in 10 persons in the United States. Persons with diabetes are at high risk for severe COVID-19 and the COVID-19 pandemic has affected many with diabetes care and management. Between February-March 2021, after a conducted survey among adults with diabetes, those aged 18-29 reported the most disruption in access to and use of medical care. Respondents also reported diabetes related stress that led to negative impacts on disease management, difficulty accessing diabetes care, including vaccination intent, and prevention of COVID-19. To view article click here

Medicare Diabetes Prevention Program (MDPP) Final Rule

On November 2, 2021, the Center for Medicare & Medicaid Services issued the Calendar Year 2022 Physician Fee Schedule final rule, which finalized changes to the MDPP expanded model intended to boost supplier enrollment, intending to increase beneficiary participation and access to services that can help them develop and maintain healthy behaviors to prevent onset of type 2 diabetes. The Final Rule is effective January 1, 2022. Some of the outcomes are:

- Fee waived for new MDPP supplier enrollees.
- Shortened MDPP services period to one year for those that start the program after January 1, 2021. The MDPP program now aligns with Centers for Disease Control's Diabetes Prevention Recognition Program's guidelines of a 12-month long program.
- Redistribution of the Ongoing Maintenance sessions phase performance payments to increase reimbursement amounts for the core maintenance sessions.

For more information about the final rule, clickhere.

Umbrella Hub Arrangements Basics Webinar Recording

Umbrella hub arrangements connects community-based organizations with healthcare payment systems to pursue sustainable reimbursements for the National DPP lifestyle change program. The Umbrella Hub Arrangements Basics webinar presents viewers with general information about who, what, and why of this model. To view the webinar, please click here.

Screening Recommendations from the U.S. Preventative Task Force

On August 24th, 2021, the U.S. Preventative Service Task Force (USPSTF) released the final recommendation statement for prediabetes and type 2 diabetes screening. The USPSTF recommends screening for prediabetes and type 2 diabetes in adults aged 35 to 70 years who have overweight or obesity. For more details, here.

Remission: Proposed Term backed by American Diabetes Association

A consensus report published in Diabetologia states, "remission" should be used to describe the condition of patients with type 2 diabetes who achieve and maintain an A1C level lower than 6.5% for three months following the end of glucose-lowering pharmacotherapy. A fasting plasma glucose lower than 7 mmol/L (126< mg/dl) as measured via continuous glucose monitor values can serve as an alternate if A1C cannot be used. The report was a collaboration between representatives from the American Diabetes Association, the European Association for the Study of Diabetes, Diabetes UK, the Endocrine Society, and the Diabetes Surgery Summit. For more information, click here.

Marketing the National DPP to Disproportionately Affected Audiences

The American College of Preventative Medicine (ACPM), the American Medical Association (AMA), and the Black Women's Health Imperative (BWHI) presented *Marketing the National DPP to Disproportionately Affected*

Audiences. This webinar is part of the*Learning Collaborative to Address Diabetes Prevention.* This webinar discusses strategies to increase the volume of your efforts to raise awareness of type 2 diabetes prevention to encourage priority audiences to enroll in the lifestyle change program. It address the importance of planning the right mix of frequency marketing activities, effective messages approaches, and making the most of existing resources. This webinar was featured by Alexis Williams, MPH, MCHES, Team Lead, Health Education and Promotion, Division of Diabetes Translation, CDD; and include some experiences from the field. Click here to access recorded webinar and PowerPoint slides.

Substance Use Prevention and Treatment

Tobacco

Kick It California

The California Smokers' Helpline has rebranded and is now Kick It California. Kick it California provides free educational materials, provider training, and a secure online refer platform to quit services. For more information, click here.

Other

Whole Person Care Program

Monterey County Health Department's Whole Person Care Program Transitions to CalAIM Enhanced Care Management (ECM)

Monterey County's Whole Person Care pilot program is transitioning to Enhanced Care Management (ECM) under CalAIM on January 1, 2022. CalAIM is a program for Medi-Cal enrollees that coordinates access to services to address physical, behavioral, developmental, dental, and long-term care needs in an equitable manner. Central California Alliance for Health (CCAH) will be providing care coordination through ECM providers. Monterey County Health Department Public Health Bureau will be an ECM service provider. The services ECM team will provide include the following:

- Conduct a comprehensive assessment, care plan, and discharge plan
- Work with the client and care team to reach client's health goals
- Make referrals to community partners and CCAH for community supports, such as housing and sobering center
- Accompany client to medical visits
- Provide health education around medical diagnosis
- Assist in obtaining medications and provide instruction on how to take correctly
- Assist in arranging for transportation

ECM does not replace any type of medical care (physical or behavioral health), psychiatric social work/case management, or home health services. To participate in ECM, the Medi-Cal enrollee must meet one of the following:

- Individuals experiencing homelessness who have multiple chronic diseases
- High utilizers of the hospital emergency and inpatient services
- Diagnosed mental health illness

To enroll in ECM, clients must be approved by CCAH. Monterey County Health Department cannot enroll clients. Therefore, the Health Department is unable to accept referrals directly from community partners. If you would like to refer a client for ECM services, please contact CCAH at **831-430-5512**.

For additional information about the Whole Person Care to ECM transition, please call Monterey County Health Department at 831-755-4630. The ECM team looks forward to serving your clients.

Mental Health

Mental Health Service Act (MHSA) Needs Assessment Survey

MONTEREY COUNTY BEHAVIORAL HEALTH
Avanzando Juntos Forward Together

The Mental Health Service Act (MHSA) is conducting an online Needs Assessment Survey to gather community members' input. The MHSA requires counties to prepare Three-Year Plans and Annual Updates of each component and expenditure plan. The community and providers' input is critical to ensure

that the diverse mental health services and needs of Monterey County residents are included in the upcoming FY23 Annual Update. All surveys responses are strictly anonymous. The data from the surveys will be compiled and aggregated and included in a report to be produced by an independent consultant, Evalcorp. The report will inform the planning process for the upcoming MHSA FY23 Annual Update and will be available on the MHSA website in the Spring.

Click here to access survey.

Subscriber's Corner

If you would like to contribute to the next Provider Bulletin, please send in your requests by February 28, 2022.

Contact Krista Hanni for more information at
hannikd@co.monterey.ca.us

Thank you for reading this edition of the MCHD Provider Bulletin.

If you need help or have any questions please contact our PIO, Karen Smith
KlahnK@co.monterey.ca.us

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