CDC/IDSA COVID-19 Clinician Call

COVID-19 Treatment Updates Plus the Latest on Omicron
January 8, 2022

Q&A

Below the Q&A transcript from the January 8, 2022, Clinician Call. The views and opinions expressed here are those of the presenters and do not necessarily reflect the official policy or position of the CDC or IDSA. Involvement of CDC and IDSA should not be viewed as endorsement of any entity or individual involved.

1. **Based on the experience, what is the oxygen usage in this wave compared to the Delta wave or Alpha wave?**

   There are early reports out of South Africa and the UK that there has been a lower requirement for mechanical ventilation. There was also a study out of Houston Methodist (preprint) with similar findings. (Dr. Hicks)

2. **What is the estimated R0 of Omicron?**

   We're hearing of an R0 of 2. (Dr. Hicks)

3. **There is no long-term immunity from coronaviruses. Does that mean vaccine every year?**

   We don't know the answer to this yet. We are actively reassessing whether additional booster doses will be needed. A lot of that will depend upon circulation of future variants and whether vaccines tailored to these variants will be needed. (Dr. Hicks)

4. **Have there been any documented cases of person that recovered from the Delta variant and later became ill with Omicron?**

   Yes, we are seeing reinfection with Omicron. (Dr. Hicks)

5. **Any update on how the rapid antigen tests are working at detecting Omicron?**

   FDA is working on this question. We anticipate they will have more to share soon. Please see FDA's website with performance measures contained https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-antigen-diagnostic-tests-sars-cov-2. (Dr. Hicks)

6. **Is there any concern regarding vaccination in someone who had Gullian Barre syndrome 20 years ago?**

   It should be safe to administer the vaccine in patients with past history of GBS. (Dr. Edwards)

7. **Rate of false negatives for antigen and PCR assays?**

   FDA is actively working on this question, but I don't have data to share yet. (Dr. Hicks)

8. **Are N95 respirators required in all outpatient clinical settings? What do we do with patient-facing staff who say that they can't tolerate wearing an N95 respirator all day?**

   Healthcare systems are making decisions based upon their local situations, but CDC does not require N95s for outpatient clinical settings. (Dr. Hicks)

9. **In unvaccinated is Omicron as severe as delta?**

   We don't know yet. A disproportionately high number of hospitalized cases during this Omicron wave are in the unvaccinated. (Dr. Hicks)

10. **Any info on a new variant noted in France?**

    Some lineages (variants) like B.1.640.2 are scientifically interesting for study of viral evolution but have little to no societal impact. In case of B.1.640.2, while it has? 40 mutations, when we pull a NextStrain molecular clock, we see that most viruses' samples from the last little while mutations in the range of 40-70 —> having >40 mutations is not outlier! Furthermore, this lineage doesn't appear to have transmissibility advantage as it was samples as early as last Oct and has not managed to grow, whereas Omicron has managed to become dominant in a shorter timeline. We continuously do random samplings and actively screen for variants, which is how B.1.640.2 was discovered. However, atm we don't see any cause for concern.

11. **What are the recommendations on the use of Paxlovid in transplant patients on immunosuppression given the drug-drug interactions?**

    I will be discussing some of this information in my section of the talk as it relates to transplant patients. (Dr. Hirsch Shumaker)

12. **Since the CDC now recommends an mRNA vaccine over J&J, for patients whose primary series was J&J and recently obtained a J&J booster, what should our recommendation be? Go start another primary series with mRNA vaccine after a couple of months?**

    Rec is currently to receive a booster at least 2 months. No recs for additional vaccine doses at this time (unless immunocompromised). (Dr. Hicks)

13. **If COVID 19 becomes endemic as all evidence suggests how will that change policies related to looking at case numbers versus hospitalization / death rates and testing with limited testing ability (especially related to kids who either have low vaccination rates or are not eligible for the vaccines)**

    CDC is actively discussing what metrics will be most useful going forward. I agree that counting cases is potentially less informative than hospitalizations and deaths. (Dr. Hicks)

14. **Is the reinfection with Omicron High enough that prior infection should not be considered immune enough to be bedded in a Current COVID unit? Should pre ops and pre procedure be tested again even if they had an infection within 90 days?**

    CDC is not requiring individuals with a recent infection within 90 days to quarantine. However, we don't have data yet on risk of re-infection with Omicron so the considerations in healthcare may be different. (Dr. Hicks)

15. **How can we improve our data reporting to adequately report on hospitalizations resulting from COVID-19 separately from those hospitalized for other reasons with COVID-19 being diagnosed incidentally?**

    NYS DOH released this breakdown for pediatric patients:

    https://www.health.ny.gov/press/releases/2022/docs/pediatric_covid-19_hospitalization_report_summary.pdf

16. **When you say "Symptoms" for prioritizing for mAb/ oral tx… what Sx are considered —- just cough SOB fever? How about sore throat, nasal congestion, rhinorrhea for high-risk elderly multiple risk factor patients—- is that considered already for approval for outpatient mAb or oral Tx?**

    Oral antivirals such as nirmatrelvir/ritonavir, molnupriravir, sotrovimab are for patients with mild to moderate symptoms, cough, fever, congestion, etc. Patients with shortness of breath should be evaluated and may require hospitalization for oxygen therapy and therefore would be better suited for dexamethasone, remdesivir x 5 days. (Dr. Hirsch Shumaker)

17. **Can Evusheld be given during the vaccination series?**

    In general, best course would be complete the vaccination series, then administer EVUSHELD at least 2 weeks post last vaccine. (Dr. Farley)

18. **Some patients refer had a "bad" symptom but not an allergic reaction, and they are afraid to get the second or booster dose. Are those patients candidate for MAB prophylaxis?**

    The CISA response group would be happy to discuss the adverse reactions and determine whether subsequent doses of vaccine would be contraindicated. Often the reactions seen are not caused by the vaccines, but that can be discussed with vaccine experts. (Dr. Edwards)

19. **Are there concerns about resistance to PIs in Paxlovid? should we use molnupiravir and Paxlovid to decrease the resistance? as we do with HIV therapy.**

    There is no data on combination antiviral therapy for COVID-19 currently and this approach is not recommended. (Dr. Hirsch Shumaker)

20. **What is the practical significance of the drug interactions with Paxlovid, given the short course? The manufacturer does not give recommendations.**

    I think this is an question that does not have a clear cut answer. Ritonavir is a very potent inhibitor of CYP3A4 and the severity of interaction depends largely on the medication and consequence of higher levels. For example, I would not feel comfortable with a 5-day course of Paxlovid in a patient receiving flecainide due to risk of fatal arrhythmias. However, managing a patient on warfarin would be less of a concern. Fortunately, ritonavir is not a new drug and there is a great deal of data on managing these interactions and consequences of interactions. (Dr. Hirsch Shumaker)

21. **Can Paxlovid be given during pregnancy?**

    It can be given in pregnancy. There is no prohibition to its use in pregnant women. (Dr. Edwards)

22. **Do we know about LONG Haul issues from Omicron?**

    We're looking for this, but it's a bit too early to say. We should know in a few more weeks. (Dr. Hicks)

23. **Do the guidelines have a preference in ranking the choice of therapeutic in the mild to moderate no hospitalized pts**

    Included thoughts on ranking in my slides. Let me know if that addressed your question. (Dr. Gandhi)

24. **Dr Gandhi how to do you prioritize prior vaccination in decision making? Especially those with risk factors for severe disease.**

    If immunocompromised, put them at top of list regardless of vaccine status. From there, generally following the NIH prioritization statement that I showed. Let me know if that answers your question (it's a great question). (Dr. Gandhi)

25. **How do we know the NNT will be similar with Omicron, given its milder illness?**

    That's a critical question. We don't yet know the answer. (Dr. Gandhi)

26. **How about Decadron? Where does it stand?**

    I have been using 6 mg per day for up to 10 days. There are some data on 12 mg per day but not definitively better than 6 mg per day. (Dr. Gandhi)

27. **Has cobicistat been tried with nirmatrlvir instead of ritonavir to reduce the drug interactions?**

    Hasn't been tested as far as i know. cobi would have similar DDI as rtv. (Dr. Gandhi)

28. **is the role of ritonavir in Paxlovid to increase Bioavailability of the active agent?**

    Hasn't been Nirmatrelvir is a substrate of CYP3A4 so ritonavir inhibits the metabolism, thereby providing higher levels of nirmatrelvir. Nimatrelvir is not recommended for use without ritonavir. (Dr. Hirsch Shumaker)

29. **Can you please clarify this isolation guidelines for schools?**

    https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-contact-tracing/about-isolation.html (Dr. Hicks)

30. **Do you give mAb if patient has just "rhinorrhea, increased sneezing "No fever no cough or other Sx: if 73 yrs old multiple RF: DM, CKD3, HTN Dyslip, urinary bladder cancer in Situ completely treated just by excision 7 yrs ago**

    I would say the patient has mild-moderate symptoms and fits high risk for progression to severe disease if sotorvimab is available to the patient. (Dr. Hirsch Shumaker)

31. **Patient admitted to hospital, tested positive for COVID asymptomatic. While in hospital, 10 days isolation recommended. Discharge home on Day 4. How long do they continue isolation at discharge- 5 days or 10 days?**

    Once they transition to the community, as long as they remain asymptomatic or mild can discontinue isolation at 5 days--but only with strict adherence to mask wear. (Dr. Hicks)

32. **Inhaled fluticasone OK with only 5 d Paxlovid?**

    Great question. Hard to say, but to be safe I would suggest using beclomethasone inhaled instead which he know does not interact. There is a paper on this (S. Boyd is the first author), but we don't know how significant 5 day ritonavir is. (Dr. Hirsch Shumaker)

33. **Would Evusheld be effective for delta variant?**

    Yes, it should be. (Dr. Gandhi)

34. **Can vaccination be given near one of the 2 Rx antibiotics?**

    Do you mean antivirals, molnupiravir or Paxlovid? I am not aware of any limitations specific to the antivirals in relation to COVID vaccination. (Dr. Hirsch Shumaker)