COVID-19 and Public Health Updates (Health Commissioners)
- 862 hospitalized in region six with a lower (but still significant) proportion 182 (129 vents) in the ICU – similar proportions to Ohio Zones 1 and 2 (increased Omicron).
- COVID-19 patients now represent 27% of all inpatient and 22% of ICU patients.
- 30.1% test results returned positive in 14 county region, highest so far in the pandemic
- Ohio reached 70% adults fully vaccinated (6700 per day receiving first vaccine dose), locally less
- Ohio administered over 1 million booster doses in December
- Testing availability concern in the community, conflicting guidelines for need for testing
- ODH interpretation of CDC isolation (5 days) and quarantine protocols (especially schools), letters later than return to work / school and concern about the utility of contact tracing with shorter isolation times

COVID-19 Inpatients Last 30 Days

COVID-19 ICU Patients Last 30 Days

Staff and Medical Staff COVID-19 Isolation for FIVE Days (plus masking)
- The five-day clock starts at onset of symptoms (if symptomatic) or positive test (if asymptomatic) for return to work AND afebrile for at least 24 hours (without acetaminophen).
- Since healthcare facilities are mask mandates, the mask recommendation is covered when working in healthcare.
- Testing at end of five days required by UC (concern for some percent that continues to transmit). Antigen testing with PCR optional.
- Long term care testing at return to work at day five with antigen test (around 50% positive and usually turn negative by day seven). Small numbers around 30.
- Boosted staff and residents clearly lower positive rates. Will have more data to present next week.

Visitation policies, any changes given current Omicron variant surge?
- Mercy Hospitals reducing to 1 visitor, other systems indicated similar decisions. UC reducing to 1 visitor. TriHealth reducing to 1 visitor. Christ already reduced to 1 visitor. Kettering has been at 1 visitor.
- Shifting work to remote when possible and meetings to virtual.
Requiring medical grade masks for visitors and patients?
Mercy will next week. TriHealth recommending. UC recommending. Christ not yet discussed but would recommend.

COVID-19 Testing Thresholds – Role of Antigen Testing
- The analytical limit of detection (concentration at which the test picks up 95% of positive control specimens) or median tissue culture infectious dose (TCID50) dilution of a virus required to infect 50% of a given cell culture.
- Binax Now Antigen card: 140.6 TCID50 / mL
- Roche Cobas RT-PCR: <0.009 TCID50 /mL
- Small preprint study released yesterday found that, among a case study of 30 people who took nasal rapid antigen tests and saliva PCR tests at the same time, four of them transmitted the virus following a false negative rapid antigen test.

Potential for Crisis Staffing Standards of Care
- Nursing units 20-30 call-offs per shift, many ICUs staffing 1:3 (and sometimes 1:4) and PCUs (1:3-5) stretch more on night shifts. Med/Surg staffing 1:5-6 (closer to 1:6 on night shifts
- Not yet at the level of sick employees working but preparing and assuring all other avenues explored. If that occurs, then ALL elective procedures have been postponed.
- Essentially turning PACUs into ICUs and staffed by PACU nurses and Anesthesia

Elective Surgery and Procedures
- Hospital peroperative committees meeting, changing criteria include staff available, need for overnight stay, type of surgery, hospital census and capability
- Continue to evaluate case by case basis with consistency across the sites to avoid moving cases from one site to another (most of northern and central Ohio have postponed elective cases)
- Patients should call ahead to make sure their surgery is on schedule (like calling an airline)

Monoclonal Antibody Infusions – Sotrovimab
- Mercy still infusing Lilly product. TriHealth only infusing sotrovimab (1/3). UC only infusing sotrovimab (12/26). Christ checking.
- State sent out more doses of bamlanivimab / etesevimab (Lilly) this week.
- HHS restarted distribution for areas with less than 80% Omicron variant as measured by genetic sequencing and Nowcast estimates, which includes region six (today)
- Zones 1 and 2 have ceased infusions of these two products and only infusing the limited supplies of sotrovimab.
- Southwest Ohio changing from Delta to Omicron
- Once the Omicron variant represents > 80% of circulating SARS-CoV-2 we will infuse only sotrovimab as supplies become available (likely 2/3rd week of January).
- Long term care pharmacies giving Regeneron for monoclonal
- ACRMC is using Lilly next 10 days, just got Sorrovimab and going to offer on Monday

NIH Outpatient Treatment Panel for Omicron (in order of preference)
Using this algorithm for distribution of outpatient therapies as they become available
1. Paxlovid (nirmatrelvir 300 mg plus ritonavir 100 mg) orally twice daily for 5 days. Potential for drug interactions via CYP3A4.
2. Sotrovimab 500 mg, administered as a single intravenous (IV) infusion (Omicron > 80%)
3. Remdesivir 200 mg IV on Day 1, followed by remdesivir 100 mg IV on Days 2 and 3 ($7,500)
4. Molnupiravir 800 mg orally twice daily for 5 days (potential for mutations)

Paxlovid and Molnupiravir available in very limited supplies
- Locally about 50-100 courses of Paxlovid and 500 courses of Molnupiravir.
Currently, Paxlovid and Molnupiravir cannot be e-prescribed but are available to order in Epic (must print prescription-consider faxing the prescription to the pharmacy)
- Should be available for e-prescribing within the next week (do not call in to pharmacy)
- Recommend patient call pharmacy ahead of dropping off prescription to assure availability and have a non-COVID positive caregiver drop off/pick up the prescription

**Evusheld (tixagevimab / cilgavimab) AstraZeneca**
- Dosing tixagevimab 150 mg / 1.5 ml IM injection PLUS cilgavimab 150 mg / 5 ml IM injection.
- Pre-exposure prophylaxis for whom vaccination not effective or not recommended
- Doses available locally, not yet given.

**Criteria for Ohio National Guard Deployment**
- Geographies under capacity strain and case trend
- ED strain – Boarders
- Hospital capacity
- Postponing Electives (requiring an overnight stay)

**COVID-19 Vaccine Update**
- FDA authorized Pfizer booster doses for age 12 to 15 years (ACIP meeting Jan 5)
- CDC recommends that immunocompromised 5 to 11 year-olds receive an additional primary dose of vaccine 28 days after their second shot. At this time, only the Pfizer-BioNTech COVID-19 vaccine is authorized for age 5-11 (orange top)
- CDC now recommends Pfizer recipients receive their booster dose 5 months after completing the primary series. Moderna (6-mo) and Janssen J&J (2-mo) intervals unchanged.

**Recommendations for masking in schools**
- School transmission coming home will impact staffing of critical infrastructure
- Upper respiratory mucosal surface infection with easier spread via aerosolization
- Universal source control = medical grade masks for all indoors

Next Zoom Call … **Thursday, January 13** (12:30 – 1:00 pm)
Ohio Case Rates by County – Omicron Spread

December 19, 2021

January 3, 2022

Number of COVID positive patients in Region 6 hospitals
Percent of hospitalized patients who are COVID positive 7 day moving average – Region Six

Percentage of COVID-19 RT-PCR Positive Test Results in 14 county region

Mercy Health Percent COVID-19 Detected Past 30 Days

Past 10 days (12/23 – 1/2) there 2,001 positive tests of 5,421 resulted labs (36.9%)
Emergency Department (43.0%) / Non-hospital (37.3%)
Average turn-around-time for RT-PCR at core lab (24.2 hrs)
Region 5 – CDC Nowcast Variants (OH, MI, IN, IL, WI, MN)

Ohio Regions and COVID-19 Incidence Rates
Region 2 increasing again with R 1.5 (R was 1.0 last week)

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Hospital Census by Region
Plan for 4 mass testing sites with 40 ONG personnel, possibly 5. Deployed by Monday. Listed on Test and Protect website with locations and hours of operation.