

NHMA Virtual Briefing Series Session #19: Mediating the COVID-19, Influenza, and RSV Tridemic in Latinx Communities

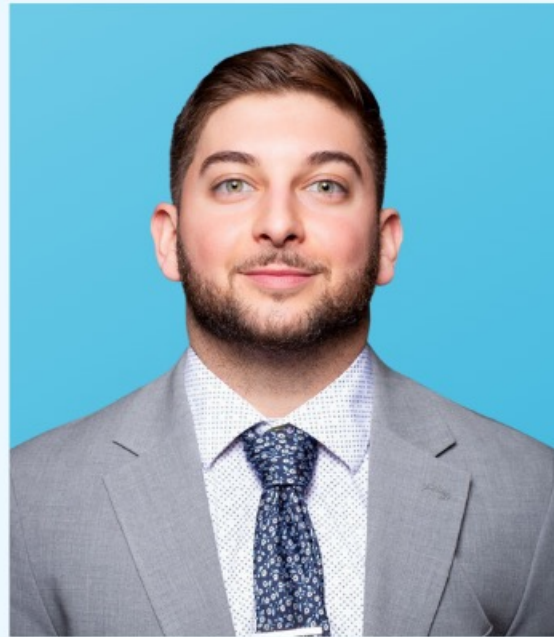
January 31, 2023 | 3:00-4:15PM [Share this opportunity with your networks!](#)

The NHMA COVID-19 Virtual Briefing Series addresses timely lessons learned by physicians and healthcare providers from the COVID-19 pandemic on managing chronic care patients, mental health, the future of healthcare delivery, elderly issues, and terminal illness planning.



JUANITA MORA, M.D.

National Spokesperson | Allergist/Immunologist
American Lung Association | CEO, Chicago Allergy Center



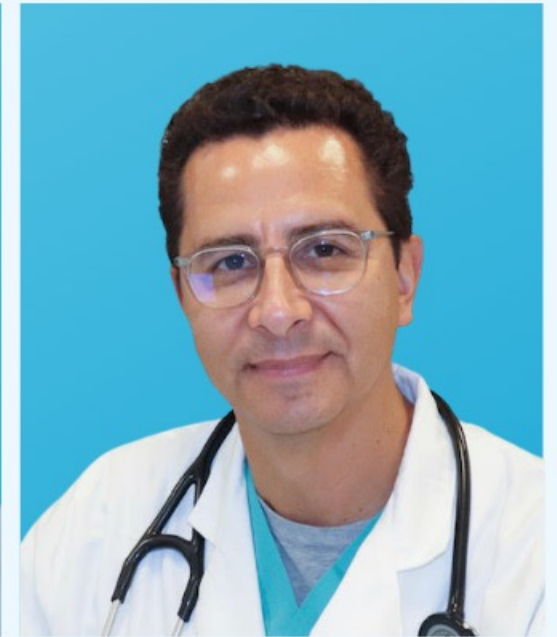
VITO GEARITY

Senior Program Manager
NHMA



**DAVID E. GARZA, DO,
MS.MEdL, FACP, dist.**

Assoc. Dean of Clinical Affairs,
University of the Incarnate Word



HECTOR CABRERA, MD, MPH

Associate Chief Medical Officer
Premier Health

bit.ly/NHMACOVIDBriefing



Welcome



Vito Garity

Senior Program Manager

National Hispanic Medical Association

Housekeeping

- All participant microphones will be muted, but please feel free to type your question into the Q & A box for the panelists to address during our Q & A session at the end.
- Please fill out the short post-webinar survey that will be emailed out after the event and also shown as a QR code at the end – Raffle prizes are available upon completion.
- Recording will be housed on NHMAmd.org and sent out one week after the event.

Vaccinate For All Updates

- CDC released two dashboards
 - [Respiratory Virus Hospitalization Surveillance Network \(RESP-NET\) Interactive Dashboard](#)
 - [Emergency Department Visit Data for Multiple Respiratory Diseases Dashboard](#)
- The Food and Drug Administration is expected to decide by spring whether to approve Pfizer's vaccine to prevent respiratory syncytial virus, or RSV, in adults ages 60 and older.
- The Food and Drug Administration is proposing a once-a-year regimen for coronavirus immunizations — a shift from the agency's previous strategy of pressing for new boosters to fend off differing variants.
- ***Vaccination in the Latino community is still a problem***
- Two years after FDA's COVID vaccine approval, Hispanic people have been less likely than their White counterparts to receive a vaccine, [according to the Kaiser Family Foundation. \(Source\)](#).
- Once Medicaid terminations resume, the majority of those who will lose coverage will be people of color. Over 4 million Latinos, 2 million African Americans, and over 5 million children will lose Medicaid, $\frac{3}{4}$ of whom will remain eligible but terminated for admin reasons.



David E. Garza, DO, MS.MEdL, FACOFP, dist.

Assoc. Dean of Clinical Affairs

University of the Incarnate Word School of Osteopathic Medicine



RSV and It's Impact on the Latino Community

JUANITA MORA,MD

NATIONAL MEDICAL SPOKESPERSON, AMERICAN LUNG ASSOCIATION

CEO/PHYSICIAN, CHICAGO ALLERGY CENTER

RSV

- ▶ **Respiratory Syncytial Virus, or RSV, is a common respiratory virus that can infect people of all ages.**
 - ▶ **RSV is so common that nearly 100% of children have been infected with the virus by age two.**
 - ▶ **RSV is the leading cause of hospitalizations in all infants.**
 - ▶ **RSV is spread from person to person through close contact with someone who is infected via secretions from coughing and sneezing or touching objects such as toys or doorknobs that have the virus on them.**

RSV-Underlying Risk Factors in Infants

- ▶ **Most people, including infants, develop only mild symptoms similar to that of a common cold but for some, it can be severe and even life threatening.**
- ▶ **If you have contact with an infant or young child, especially if they were:**
 - ▶ **Born prematurely,**
 - ▶ **Are very young,**
 - ▶ **Have chronic lung or heart disease,**
 - ▶ **A weakened immune system, or**
 - ▶ **Have neuromuscular disorders,**
 - ▶ **You should take extra care to keep the infant healthy.**
 - ▶ **These are the HIGH RISK infants for complications from RSV.**

Besides Infants- who else is at risk for RSV ?

- ▶ **Older Adults > 65 years of age**
- ▶ **People who are immunocompromised:**
 - ▶ **Diabetes**
 - ▶ **High Blood Pressure**
 - ▶ **Cardiac Disease**
 - ▶ **COPD/Emphysema**
 - ▶ **Asthma**
 - ▶ **Smokers**
 - ▶ **Cancer**
 - ▶ **Underlying immunocompromised state**

Warning Signs when to take Child/Older Adult with RSV to the ED

- ▶ **Signs of labored breathing**
 - ▶ **Dry cough that is getting worse**
 - ▶ **Intercostal Retractions**
 - ▶ **Unable to speak in complete sentences because too SOB**
 - ▶ **Turning Blue in Color**
 - ▶ **Oximeter Reading less than 92% RA**
- ▶ **Signs of Dehydration**
 - ▶ **Less output wet diapers/urine output**
 - ▶ **Not responsive**
- ▶ **Fever that does not respond to medications**

RSV- Statistics in children in the US

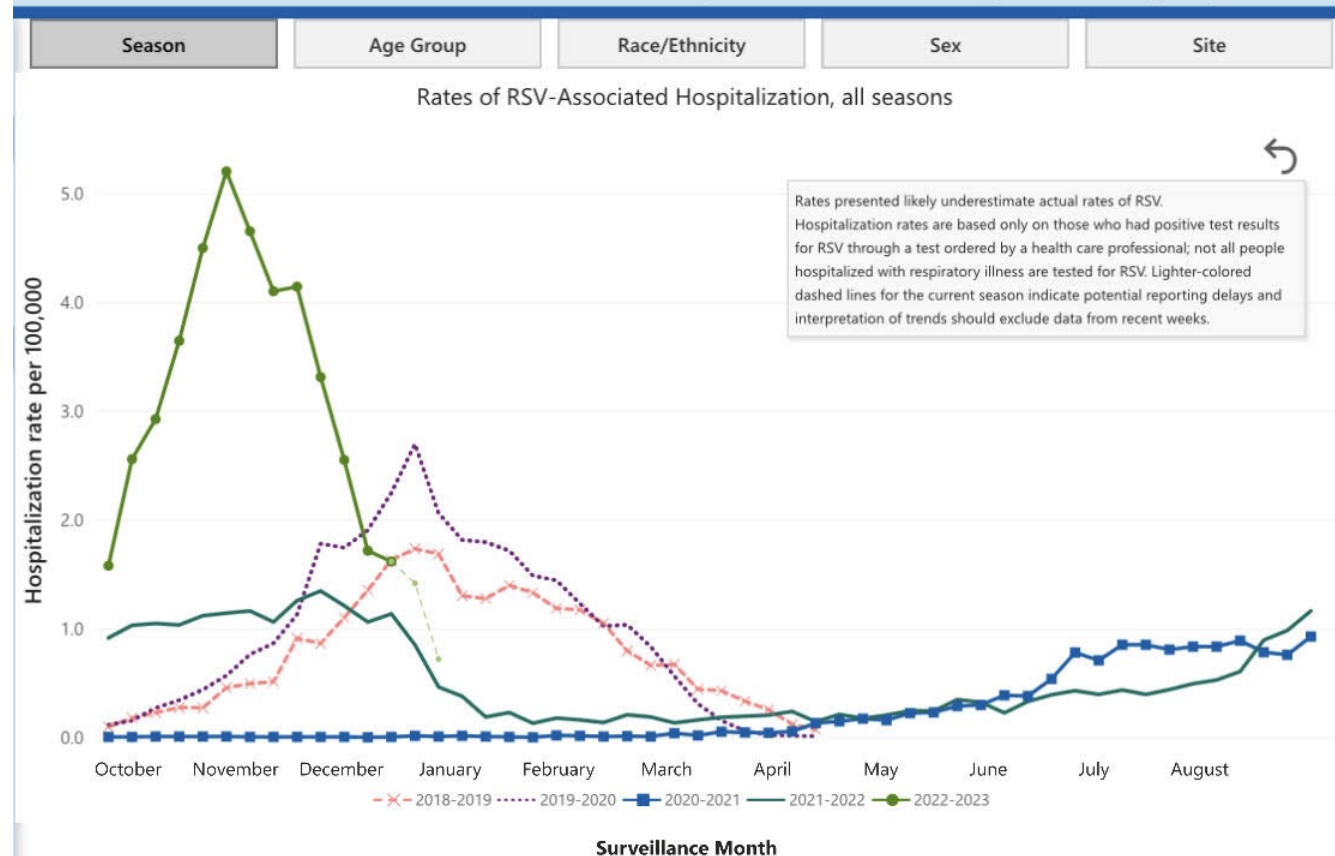
- ▶ **Each year in the United States, an estimated 2.1 million outpatient visits occur in children younger than five years of age due to RSV infection.**
- ▶ **Each year in the United States, an estimated 58,000 children younger than five years of age are hospitalized due to RSV infection.**
- ▶ **One to two out of every 100 children younger than 6 months of age with RSV infection may need to be hospitalized.**
- ▶ **500 children die from RSV each year (CDC)**

RSV Statistics in Adults

- ▶ **Each year in the United States, an estimated 177,000 adults are hospitalized due to RSV infection.**
- ▶ **14,000 adults die from RSV each year (CDC)**
- ▶ **Most Adults who die from RSV are > 65 years old**

RSV Statistics in the Latino Community

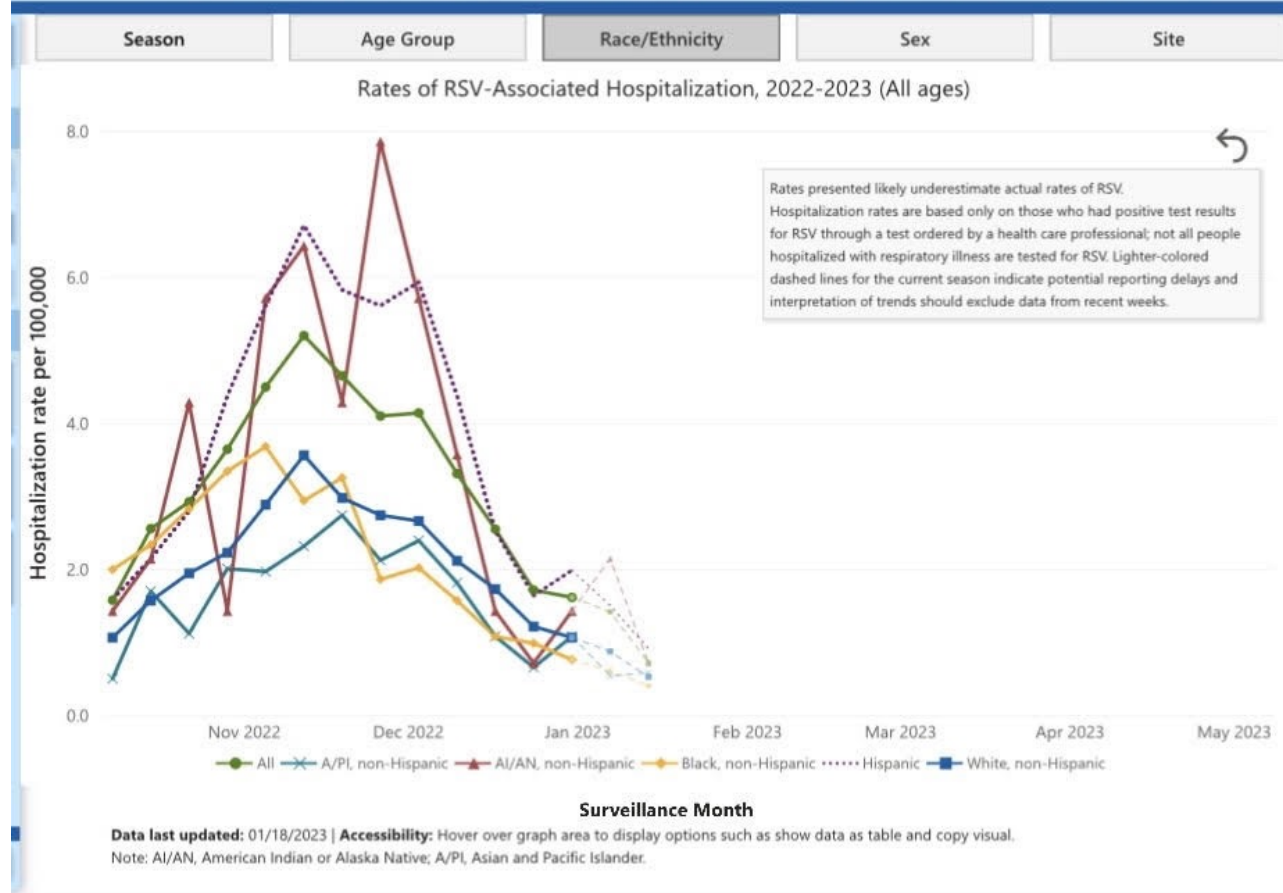
2022-2023 season, the overall rate of RSV-associated hospitalizations was 44.6 per 100,000 people.



Data last updated: 01/18/2023 | Accessibility: Hover over graph area to display options such as show data as table and copy visual.
Note: AI/AN, American Indian or Alaska Native; A/PI, Asian and Pacific Islander.

RSV Statistics in the Latino Community

2022-2023 season, the overall rate of RSV-associated hospitalizations was 44.6 per 100,000 people.



Risk factors that made the Latino Community hard hit by RSV

- ▶ **Multi-generational homes (where children brought home infection from daycare/school to grandparents and infection spread was easier in that setting)**
- ▶ **Higher prevalence of Asthma as an underlying risk factor in inner city Latino children**
- ▶ **Lack of education and identifying when to take child/older adult to the ED**
- ▶ **Lack of medical access- as due to COVID-19- many pediatricians and primary care doctors still don't see sick children/older adults without a negative COVID-19 test**

RSV Vaccine Development

▶ **RSV Vaccine Development:**

- **Moderna** mRNA RSV vaccine for 60+: phase 3
- **Pfizer** maternal RSV vaccine (bivalent protein based vaccine): phase 3
- **Pfizer** vaccine for 60+ (protein based vaccine): FDA accepted priority BLA review on December 7, 2022
- **GlaxoSmithKline** recombinant subunit adjuvanted RSV vaccine for 60+: FDA accepted priority BLA review in November 2, 2022
 - **GSK stopped their maternal vaccination trials**
- **Janssen** protein vaccine for 60+, phase 3

▶ **Monoclonal Antibodies in Development:**

- **Sanofi/AstraZeneca** nirsevimab for infants/children up to 24 months: BLA accepted for review by the FDA on January 5th
- **Merck** clesrovimab for infants/children: in clinical trials, trial completion date expected in April 2026

How do we Bridge the Gap in Health Disparities in the Latino Community when it comes to RSV?

- ▶ **Protection and education are key.**
- ▶ **Discuss masks and importance of providing free, reliable online resources to keep our children, older adults and immunocompromised safe.**
- ▶ **Encouraging the Latino community to get the RSV vaccine once available. As a medical community- we need to be at the forefront by providing:**
 - ▶ **Reliable and Trusted Resources In Spanish**
 - ▶ **Websites/Hotlines in Spanish**
 - ▶ **Vaccination Campaign through the national media on TV/radio to encourage and educate our Latino community on the RSV vaccine once available to the public.**
 - ▶ **Providing RSV vaccines once available in local community clinic with easy medical access**



COVID - 19 UPDATE

JANUARY 31, 2023

- **Where:** On the COCA Call webpage at:
https://www.emergency.cdc.gov/coca/calls/2022/callinfo_012423.asp
- Subscribe to receive notifications about upcoming COCA Calls and other COCA products and services at [emergency.cdc.gov/coca/subscribe.asp](https://www.emergency.cdc.gov/coca/subscribe.asp)

Daily Trend in COVID-19 Cases in the United States

Weekly Change in COVID-19 Cases, United States

January 22, 2020 - January 18, 2023



101,873,730

Total Cases Reported*

332,212

New Weekly Cases*

Jan 12, 2023 - Jan 18, 2023

47,458.86

Current 7-Day Average**

Jan 12, 2023 - Jan 18, 2023

62,396.57

Prior 7-Day Average**

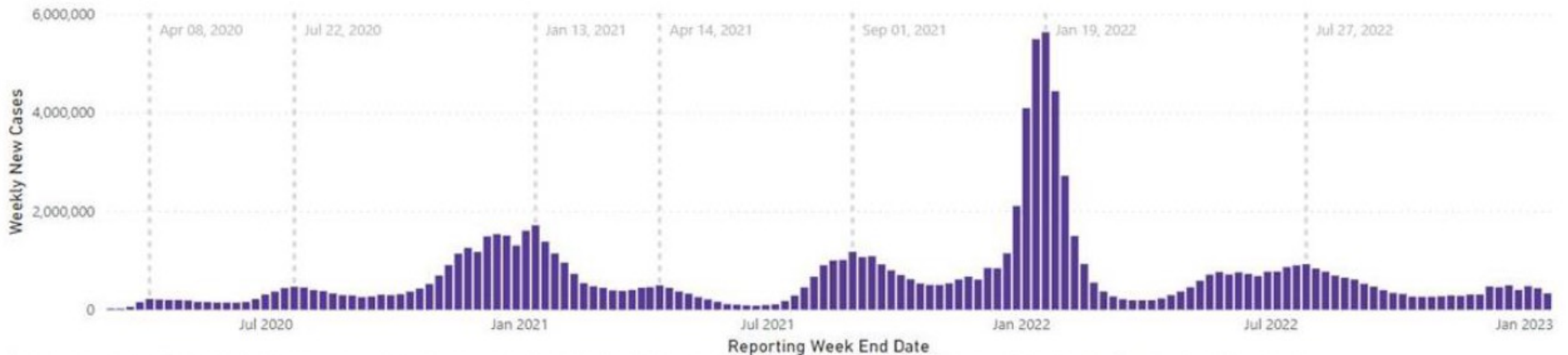
Jan 05, 2023 - Jan 11, 2023

-23.9%

Change in 7-Day Average

Peaks in Weekly Total and Weekly Average of Daily Cases**

Peak	Reporting Week End	Weekly Total - New Cases	7-Day Daily Average	% Change From Current Average
2020 - Spring	Apr 08, 2020	219,473	31,353	51.4%
2020 - Summer	Jul 22, 2020	466,693	66,670	-28.8%
2020 - Winter	Jan 13, 2021	1,714,377	244,911	-80.6%
2021 - Spring	Apr 14, 2021	496,751	70,964	-33.1%
2021 - Summer	Sep 01, 2021	1,175,796	167,971	-71.7%
2021 - Winter	Jan 19, 2022	5,629,914	804,273	-94.1%
2022 - Summer	Jul 27, 2022	926,393	132,342	-64.1%



* The graph displays data for Mar 05, 2020, to date. The totals include cases reported since Jan 22, 2020. The grey bar indicates the latest 6-week period used in calculating the current and prior 7-day daily case averages.

** The histogram, total of new cases in the last week, and weekly averages do not include historical cases reported retroactively that are not yet attributed to the correct date of report.

Of 21,397 historical cases reported retroactively, none were reported in the current week and none in the prior week.

New Admissions of Patients with COVID-19 in the United States

New Admissions of Patients with Confirmed COVID-19, United States August 01, 2020 – January 17, 2023



5,839,044

Total New Admissions
Aug 01, 2020 – Jan 17, 2023

4,614

New Admissions
Jan 17, 2023

4,834

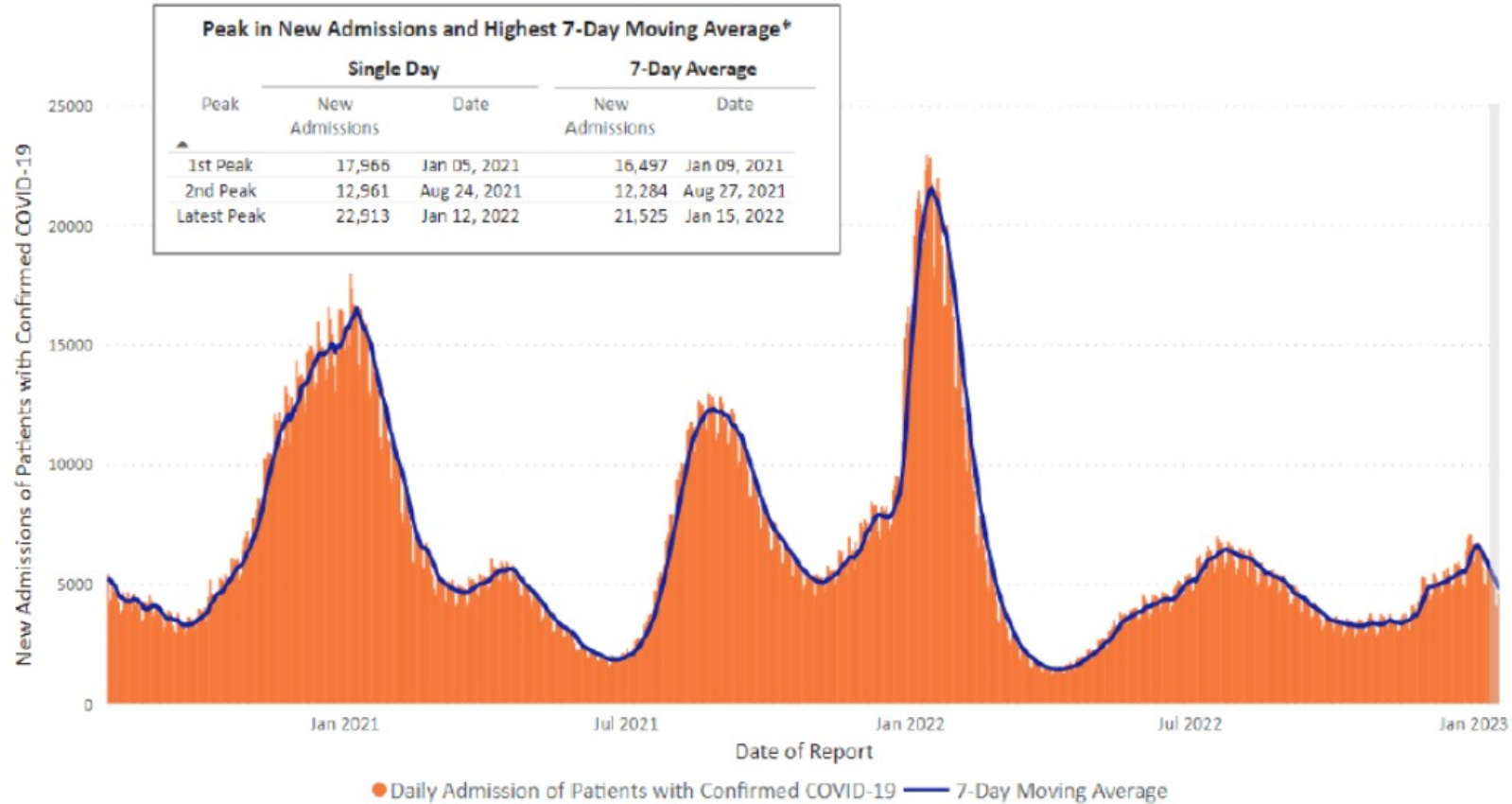
Current 7-Day Average
Jan 11, 2023 – Jan 17, 2023

5,861

Prior 7-Day Average
Jan 04, 2023 – Jan 10, 2023

-17.5%

Change in 7-Day Average



Daily Trends in COVID-19 Deaths

Weekly Change in COVID-19 Deaths, United States

January 22, 2020 - January 18, 2023



1,099,866

Total Deaths Reported*

3,953

New Weekly Deaths*

Jan 12, 2023 - Jan 18, 2023

564.71

Current 7-Day Average**

Jan 12, 2023 - Jan 18, 2023

601.29

Prior 7-Day Average**

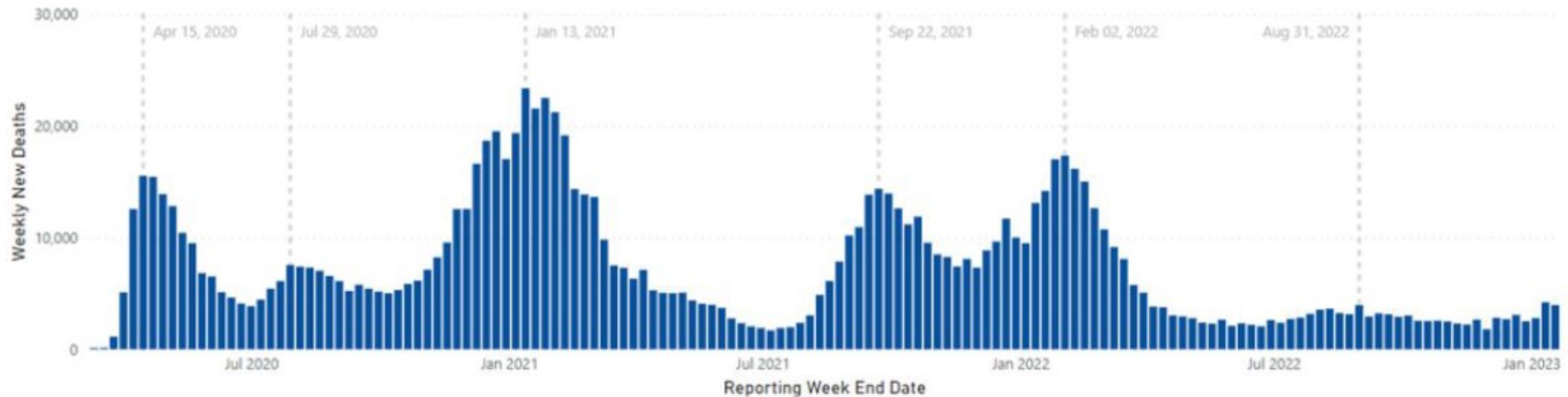
Jan 05, 2023 - Jan 11, 2023

-6.1%

Change in 7-Day Average

Peaks in Weekly Total and 7-Day Average of Daily Deaths**

Peak	Reporting Week End	Weekly Total - New Deaths	7-Day Daily Average	% Change From Current Average
2020 - Spring	Apr 15, 2020	15,539	2,220	-74.6%
2020 - Summer	Jul 29, 2020	7,546	1,078	-47.6%
2020 - Winter	Jan 13, 2021	23,387	3,341	-83.1%
2021 - Summer	Sep 22, 2021	14,372	2,053	-72.5%
2021 - Winter	Feb 02, 2022	17,351	2,479	-77.2%
2022 - Summer	Aug 31, 2022	3,947	564	0.2%



* The graph displays data for Mar 05, 2020, to date. The totals include cases reported since Jan 22, 2020. The grey bar indicates the latest 6-week period used in calculating the current and prior 7-day daily death averages.

** The histogram, total of new deaths in the last week, and 7-day averages do not include historical deaths reported retroactively that are not yet attributed to the correct date of report.

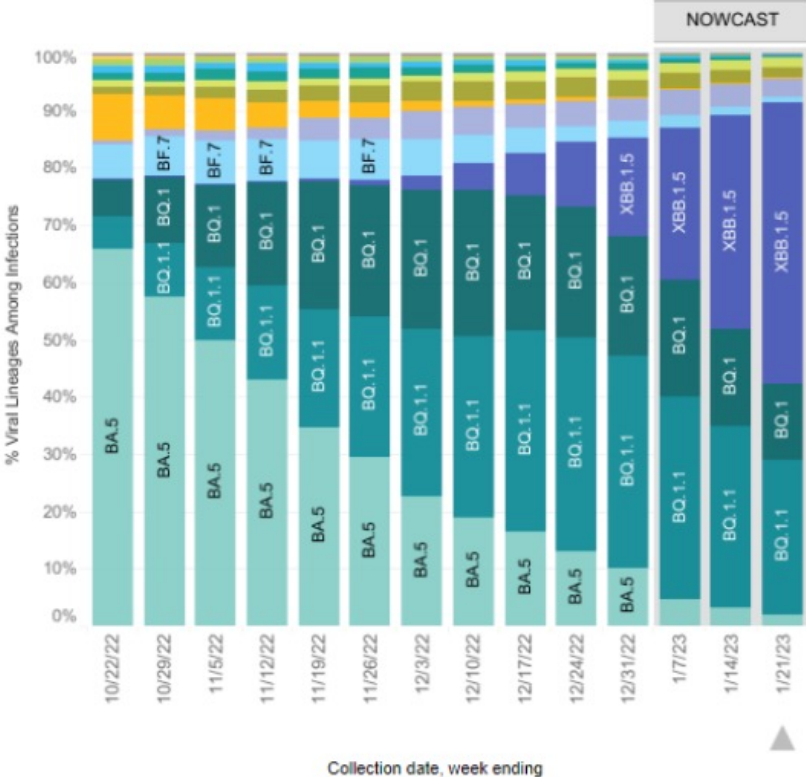


Surveillance for Variants of Concern - NOWCAST

United States: 1/15/2023 – 1/21/2023 NOWCAST

United States: 10/16/2022 – 1/21/2023

USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	49.1%	37.5-60.8%
	BQ.1.1	VOC	26.9%	20.9-33.9%
	BQ.1	VOC	13.3%	10.1-17.4%
	XBB	VOC	3.3%	2.7-4.1%
	BA.5	VOC	2.0%	1.5-2.8%
	BN.1	VOC	1.8%	1.4-2.5%
	BA.2.75	VOC	1.6%	1.2-2.2%
	BF.7	VOC	1.0%	0.8-1.4%
	BA.5.2.6	VOC	0.4%	0.3-0.5%
	BA.2	VOC	0.2%	0.1-0.3%
	BF.11	VOC	0.2%	0.1-0.2%
	BA.4.6	VOC	0.1%	0.0-0.1%
	BA.2.75.2	VOC	0.0%	0.0-0.1%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.4	VOC	0.0%	0.0-0.0%
BA.1.1	VOC	0.0%	0.0-0.0%	
BA.2.12.1	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%



Evusheld resistance found in the following lineages:

- BA.2.75.2
- XBB
- BA.4.6
- BA.5.2.6
- BF.7
- BQ.1
- BQ.1.1
- BF.11

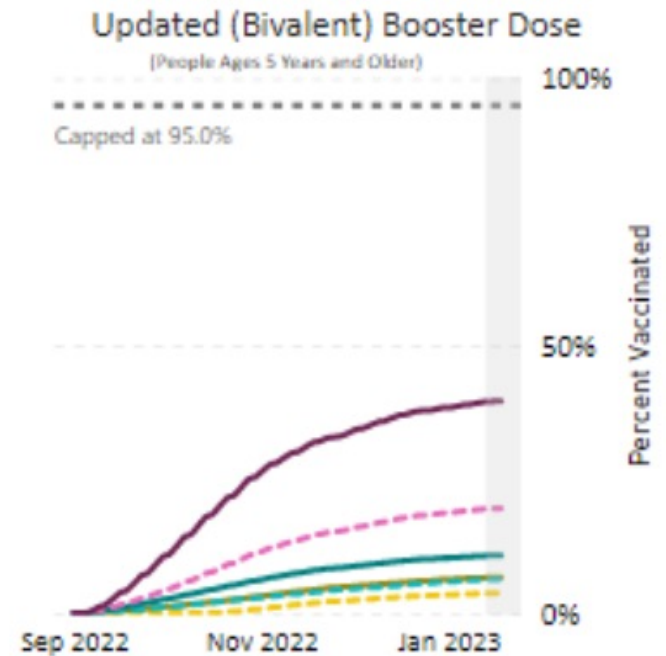
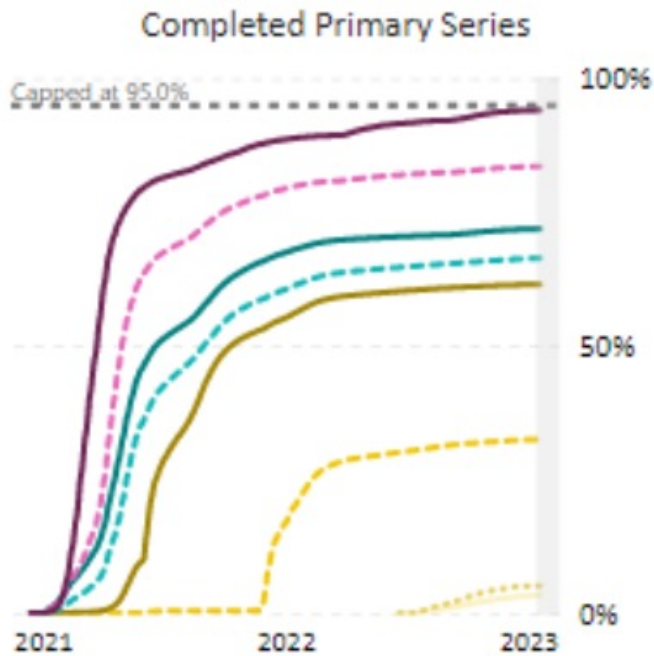
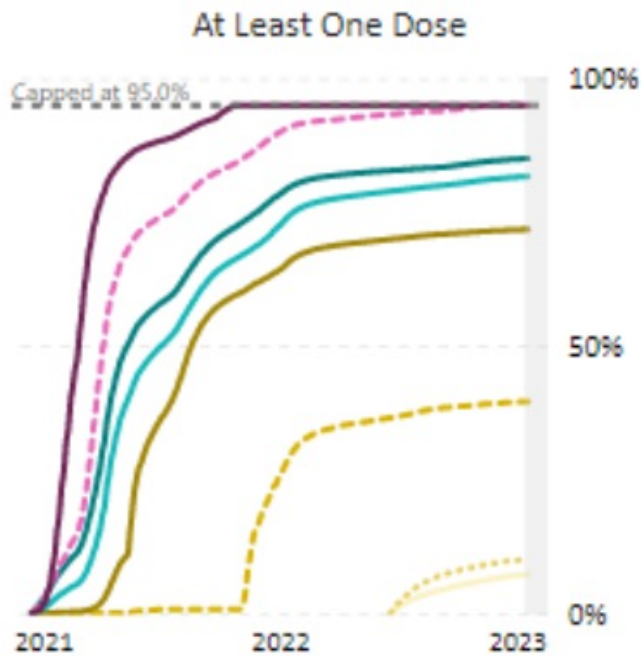
* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
 ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2, BN.1, XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except XBB.1.5, sublineages of XBB are aggregated to XBB. For all the lineages listed in the above table, their sublineages are aggregated to the listed parental lineages respectively. Previously, XBB.1.5 was aggregated to XBB. Lineages BA.2.75.2, XBB, XBB.1.5, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

<https://covid.cdc.gov/covid-data-tracker/#variant-proportions>



U.S. Vaccination Program – Coverage by Age

	<2 yrs	2-4 yrs	5-11 yrs	12-17 yrs	18-24 yrs	25-49 yrs	50-64 yrs	+65 yrs
At Least One Dose	7.3%	10.0%	39.6%	71.8%	81.7%	85.0%	95.0%	95.0%
Completed Primary Series	3.3%	5.1%	32.5%	61.5%	66.4%	71.9%	83.6%	94.1%
Updated (Bivalent) Booster Dose			3.7%	6.7%	6.3%	10.8%	19.6%	39.6%



<https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>



VACCINE EQUITY

Estimated Percent of People 18 Years and Older in Each Race/Ethnicity Group Reporting COVID-19 Vaccination, National Immunization Survey Adult COVID Module



Group Category

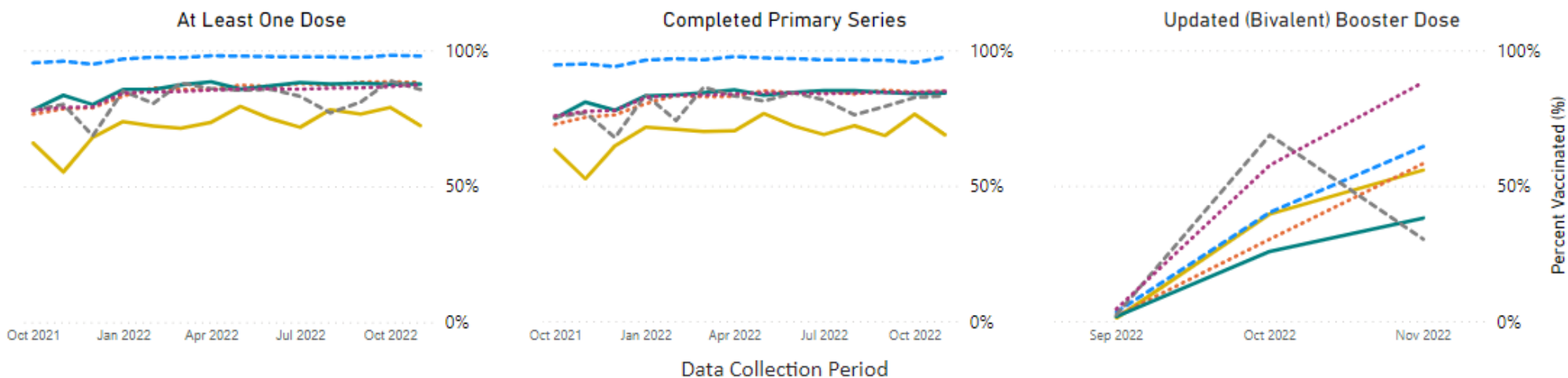
All

Data Collected April 22, 2021 – November 26, 2022

Vaccine Survey Data

Vaccine Administered Data

	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	NHOPI, NH	White, NH
At Least One Dose	72.3%	97.9%	88.2%	87.6%	85.6%	87.3%
Completed Primary Series	68.8%	97.5%	84.9%	84.3%	83.2%	84.9%
Updated (Bivalent) Booster Dose Among Adults with a Completed Primary Series	18.6%	21.5%	19.4%	12.7%	10.1%	29.4%



AI or AN: American Indian or Alaska; Native NHOPI: Native Hawaiian or Other Pacific Islander; NH = non-Hispanic

Data from adults aged ≥18 years are collected by telephone interview using a random-digit-dialed sample of cell telephone numbers stratified by state, the District of Columbia, five local jurisdictions (Bexar County TX, Chicago IL, Houston TX, New York City NY, and Philadelphia County PA), and Guam (April-July 2021 only), Puerto Rico, and the U.S. Virgin Islands. Data are weighted to represent the non-institutionalized U.S. population and mitigate possible bias that can result from incomplete sample frame (exclusion of households with no phone service or only landline telephones) or non-response. Survey weights were also calibrated to jurisdiction-level vaccine administration data reported to CDC. Estimates for Guam are not included in the jurisdiction views because of issues with survey weighting. All responses are self-reported. Estimates should be interpreted with caution when there is a small sample size or wide confidence interval. More information including coverage at the jurisdiction level can be found at [COVIDVaxView](#).

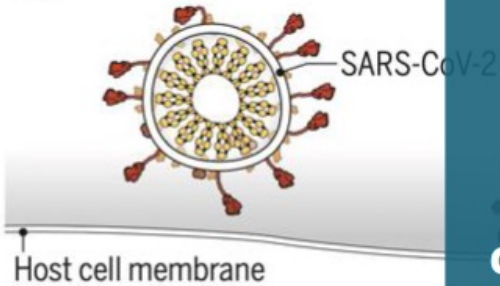
Last Updated: Jan 26, 2023

Data source: National Immunization Survey Adult COVID Module (NIS-ACM); Visualization: CDC CPR DEO Situational Awareness Public Health Science Team



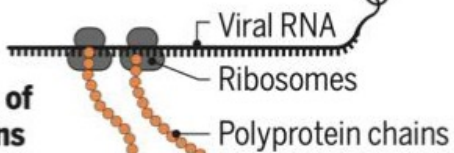
Sars COV-2 Antivirals

1 Attachment and entry

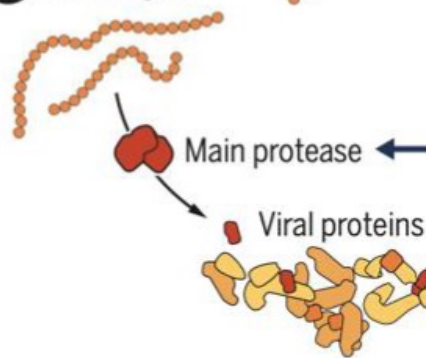


Anti-spike monoclonal antibodies, including bebtelovimab: Not active against most circulating SARS CoV-2 variants

2 Translation of viral proteins



3 Proteolysis

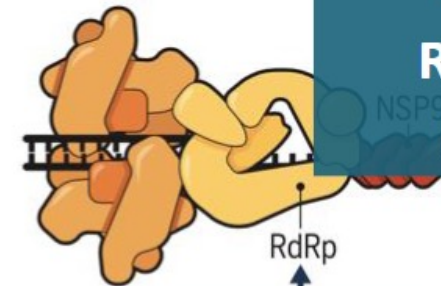


Protease inhibitor: Nirmatrelvir/ritonavir (Paxlovid)

Modified from <https://www.science.org/doi/epdf/10.1126/science.acx9605>

4 RNA replication

Replication transcription complex

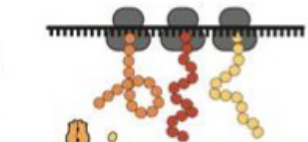


molnupiravir (Merck)

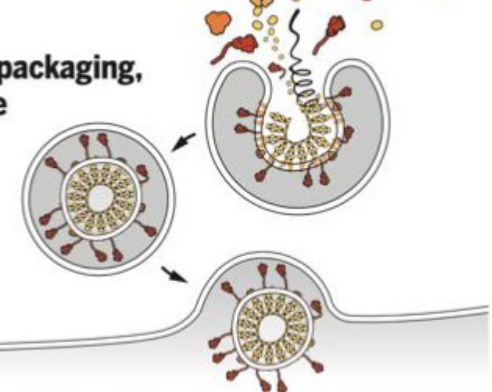
Molnupiravir (Lagevrio)

Remdesivir (Veklury)

5 Transcription and translation of structural and accessory proteins



6 Assembly, packaging, and release

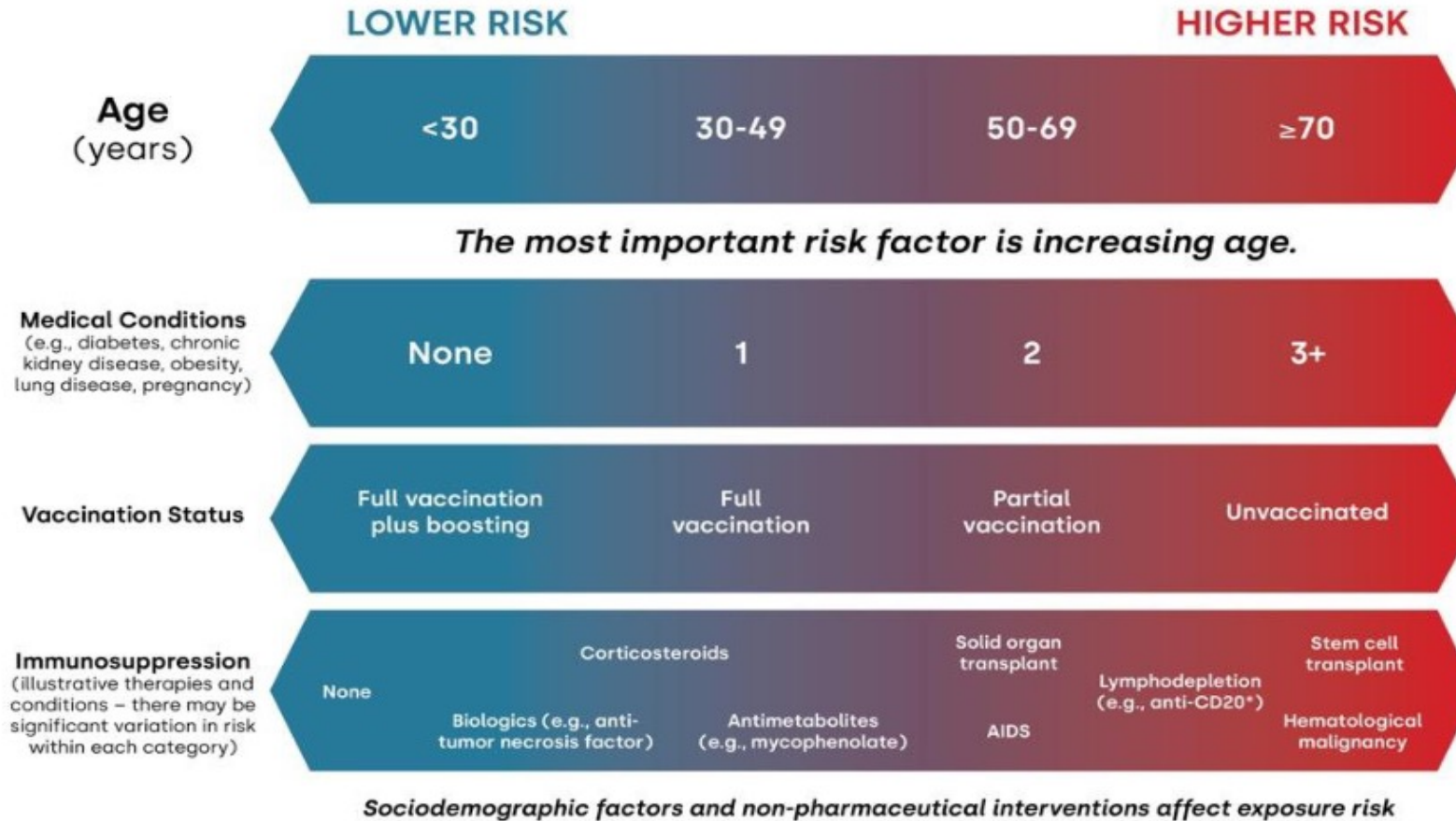


COVID-19 ANTIVIRALS Active Against New Variants

	1) Nirmatrelvir/r	2) Remdesivir	3) Molnupiravir
Efficacy (hospitalization/death in unvaccinated, high risk)	<ul style="list-style-type: none"> • Relative risk reduction: 88% (EPIC-HR) • Absolute risk: 6.3% → 0.8% • NNT: 18 	<ul style="list-style-type: none"> • Relative risk reduction: 87% (PINETREE) • Absolute risk: 5.3% → 0.7% • NNT: 22 	<ul style="list-style-type: none"> • Relative risk reduction: 30% (MOVE-OUT) • Absolute risk: 9.7% → 6.8% • NNT: 35
Pros	<ul style="list-style-type: none"> • Highly efficacious • Oral regimen • Ritonavir studied (safe) in pregnancy 	<ul style="list-style-type: none"> • Highly efficacious • Studied in pregnancy • Few/no drug interactions 	<ul style="list-style-type: none"> • Oral regimen • Not anticipated to have drug interactions
Cons	<ul style="list-style-type: none"> • Drug drug interactions 	<ul style="list-style-type: none"> • Requires IV infusion on 3 consecutive days 	<ul style="list-style-type: none"> • Lower efficacy • Concern: mutagenicity • Not recommended in pregnancy/children

Modified from Table in Gandhi RT, Malani P, del Rio C, JAMA, Jan 14, 2022

COVID-19 Risk Continuum



© 2022, Infectious Diseases Society of America. Reprinted with permission.

This resource was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention (grant number NU500K000574). The Centers for Disease Control and Prevention is an agency within the Department of Health and Human Services (HHS). The contents of this resource do not necessarily represent the policy of CDC or HHS, and should not be considered an endorsement by the Federal Government.

Original illustration by Dr. William Werbel. Adapted for the

COVID-19 Real-Time Learning Network
Brought to you by CDC and AIDSA

Protect yourself and others

PEOPLE WITH WEAKENED IMMUNE SYSTEMS:

~~Take EVUSHELD, if prescribed, to prevent COVID-19 before exposure~~



PEOPLE AT HIGH RISK FOR SEVERE ILLNESS:

Find out where you can get treatment or prevention medication on CDC's website



EVERYONE:



Get recommended vaccines and boosters



Improve ventilation



Get tested if you have symptoms or have been exposed



Wear a mask when recommended



Stay home when you're sick or test positive



[People Who Are Immunocompromised](#)

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Contacts



HECTOR CABRERA, MD, MPH

PREMIER HEALTH
Associate Chief Medical Officer

10319 Jefferson Hwy
Baton Rouge, LA 70809
(225) 214-9352 - office
(504) 621-5457 - cell
hcabrera@phcurgentcare.com

Q and A

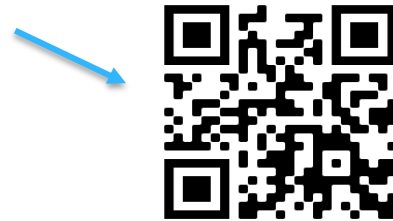


- Please participate in the discussion by asking questions using the Q and A box during this time.

NHMA Programs Update



- **NHMA 26th Annual Conference:** Chicago, IL – April 27 – April 30th, 2023: Hyatt Regency Chicago
- **NHMA VaccinateForAll Campaign**
 - Websites launched – HispanicHealth.info & Vaccinateforall.org
 - Register for FREE to join over 200+ individuals and organizations the champions today!



NHMA Upcoming Events

- Register here



If you have any questions about our programs or events, please email us at nhma@nhmamd.org.

Thank You

- Please remember to complete our post-webinar survey to be entered to win a \$25 Amazon e-gift card!



[facebook.com/
NHMAmd.org](https://facebook.com/NHMAmd.org)



[@NHMAmd](https://www.instagram.com/@NHMAmd)



[bit.ly/
NHMALinkedIn](https://bit.ly/NHMALinkedIn)



[@NHMAmd](https://www.twitter.com/@NHMAmd)



[NHMA@
NHMAmd.org](mailto:NHMA@NHMAmd.org)