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
American Lung Association

VITO GEARITY
Senior Program Manager
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Assoc. Dean of Clinical Affairs,
University of the Incarnate Word

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Associate Chief Medical Officer
Premier Health

bit.ly/NHMACOVIDBriefing
Welcome

Vito Gearity
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, ¾ 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.
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
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

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

Rates presented likely underestimate actual rates of RSV. Hospitalization rates are based only on those who had positive test results for RSV through a test ordered by a health care professional; not all people hospitalized with respiratory illness are tested for RSV. Lighter-colored dashed lines for the current season indicate potential reporting delays and interpretation of trends should exclude data from recent weeks.
RSV Statistics in the Latino Community

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

Rates of RSV-Associated Hospitalization, 2022-2023 (All ages)

Rates presented likely underestimate actual rates of RSV. Hospitalization rates are based only on those who had positive test results for RSV through a test ordered by a healthcare professional; not all people hospitalized with respiratory illnesses are tested for RSV. Lighter-colored dashed lines for the current season indicate potential reporting delays and interpretation of trends should exclude data from recent weeks.
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:

- **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
CDC Clinician Outreach and Communication Activity (COCA)

- **Where:** On the COCA Call webpage at: [https://www.emergency.cdc.gov/coca/calls/2022/callinfo_012423.asp](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://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  332,212
Total Cases Reported*  New Weekly Cases*
Jan 12, 2023 - Jan 18, 2023

47,458.86  62,396.57  -23.9%
Current 7-Day Average**  Prior 7-Day Average**  Change in 7-Day Average
Jan 12, 2023 - Jan 18, 2023
Jan 05, 2023 - Jan 11, 2023

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

<table>
<thead>
<tr>
<th>Peak</th>
<th>Reporting Week End</th>
<th>Weekly Total - New Cases</th>
<th>7-Day Daily Average</th>
<th>% Change From Current Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020 - Spring</td>
<td>Apr 08, 2020</td>
<td>219,473</td>
<td>31,353</td>
<td>51.4%</td>
</tr>
<tr>
<td>2020 - Summer</td>
<td>Jul 22, 2020</td>
<td>466,693</td>
<td>66,670</td>
<td>-28.8%</td>
</tr>
<tr>
<td>2020 - Winter</td>
<td>Jan 13, 2021</td>
<td>1,714,377</td>
<td>244,911</td>
<td>-80.6%</td>
</tr>
<tr>
<td>2021 - Spring</td>
<td>Apr 14, 2021</td>
<td>496,751</td>
<td>70,264</td>
<td>-33.1%</td>
</tr>
<tr>
<td>2021 - Summer</td>
<td>Sep 01, 2021</td>
<td>1,175,796</td>
<td>167,971</td>
<td>-71.7%</td>
</tr>
<tr>
<td>2021 - Winter</td>
<td>Jan 19, 2022</td>
<td>5,620,914</td>
<td>804,273</td>
<td>-94.1%</td>
</tr>
<tr>
<td>2022 - Summer</td>
<td>Jul 27, 2022</td>
<td>926,393</td>
<td>132,342</td>
<td>-64.1%</td>
</tr>
</tbody>
</table>

* The graph displays data for Mar 05, 2020, to date. The totals include cases reported since Jan 21, 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

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

CDC

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

Peak in New Admissions and Highest 7-Day Moving Average

<table>
<thead>
<tr>
<th>Peak</th>
<th>New Admissions</th>
<th>Date</th>
<th>New Admissions</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Peak</td>
<td>17,966</td>
<td>Jan 09, 2021</td>
<td>16,497</td>
<td>Jan 09, 2021</td>
</tr>
<tr>
<td>2nd Peak</td>
<td>12,961</td>
<td>Aug 24, 2021</td>
<td>12,284</td>
<td>Aug 27, 2021</td>
</tr>
<tr>
<td>Latest Peak</td>
<td>22,513</td>
<td>Jan 12, 2022</td>
<td>21,515</td>
<td>Jan 15, 2022</td>
</tr>
</tbody>
</table>

Graph showing the new admissions of patients with confirmed COVID-19 in the United States from August 01, 2020 to January 17, 2023.
Daily Trends in COVID-19 Deaths

**Weekly Change in COVID-19 Deaths, United States**
January 22, 2020 - January 18, 2023

- **Total Deaths Reported**: 1,099,866
- **New Weekly Deaths**: 3,953
- **Current 7-Day Average**: 564.71
- **Prior 7-Day Average**: 601.29
- **Change in 7-Day Average**: -6.1%

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

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

*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

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

https://covid.cdc.gov/covid-data-tracker/#variant-proportions
U.S. Vaccination Program – Coverage by Age

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

**Data Collected April 22, 2021 – November 26, 2022**

<table>
<thead>
<tr>
<th>Group Category</th>
<th>AI/AN, NH</th>
<th>Asian, NH</th>
<th>Black, NH</th>
<th>Hispanic/Latino</th>
<th>NHAPI, NH</th>
<th>White, NH</th>
</tr>
</thead>
<tbody>
<tr>
<td>At Least One Dose</td>
<td>72.3%</td>
<td>97.9%</td>
<td>89.2%</td>
<td>87.6%</td>
<td>85.6%</td>
<td>87.3%</td>
</tr>
<tr>
<td>Completed Primary Series</td>
<td>68.8%</td>
<td>97.5%</td>
<td>84.9%</td>
<td>84.3%</td>
<td>83.2%</td>
<td>84.9%</td>
</tr>
<tr>
<td>Updated (Bivalent) Booster Dose Among Adults with a Completed Primary Series</td>
<td>18.6%</td>
<td>21.5%</td>
<td>19.4%</td>
<td>12.7%</td>
<td>10.1%</td>
<td>29.4%</td>
</tr>
</tbody>
</table>

#### Data Collection Period

- **At Least One Dose**
  - Oct 2021: 50%
  - Jan 2022: 50%
  - Apr 2022: 50%
  - Jul 2022: 50%
  - Oct 2022: 50%

- **Completed Primary Series**
  - Oct 2021: 0%
  - Jan 2022: 0%
  - Apr 2022: 0%
  - Jul 2022: 0%
  - Oct 2022: 0%

- **Updated (Bivalent) Booster Dose**
  - Sep 2022: 0%
  - Oct 2022: 50%
  - Nov 2022: 100%

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**Data Source:** National Immunization Survey Adult COVID Module (NIS-ACS); Visual Evolution: CDC OPR 005: Situational Awareness Public Health Science Team

**Last Updated:** Jan 26, 2023

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Additional: Data from adults aged 12 years are collected by telephone interview using a random-digit-dialed sample of all 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 2022 only). Puerto Rico and the U.S. Virgin Islands. Data are weighted to represent the non-institutionalized U.S. population and include possible individuals who can reach from non-electronic sample frames (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 series 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.
Sars COV-2 Antivirals

1 Attachment and entry
2 Translation of viral proteins
3 Proteolysis

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

Protease inhibitor:
Nirmatrelvir/ritonavir (Paxlovid)

Molnupiravir (Lagevrio)
Remdesivir (Veklury)

Modified from https://www.science.org/doi/epdf/10.1126/science.acx9605
COVID-19 ANTIVIRALS  Active Against New Variants

<table>
<thead>
<tr>
<th></th>
<th>1) Nirmatrelvir/r</th>
<th>2) Remdesivir</th>
<th>3) Molnupiravir</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficacy</td>
<td>Relative risk reduction: 88% (EPIC-HR)</td>
<td>Relative risk reduction: 87% (PINETREE)</td>
<td>Relative risk reduction: 30% (MOVe-OUT)</td>
</tr>
<tr>
<td></td>
<td>Absolute risk: 6.3% → 0.8%</td>
<td>Absolute risk: 5.3% → 0.7%</td>
<td>Absolute risk: 9.7% → 6.8%</td>
</tr>
<tr>
<td></td>
<td>NNT: 18</td>
<td>NNT: 22</td>
<td>NNT: 35</td>
</tr>
<tr>
<td>Pros</td>
<td>Highly efficacious</td>
<td>Highly efficacious</td>
<td>Oral regimen</td>
</tr>
<tr>
<td></td>
<td>Oral regimen</td>
<td>Studied in pregnancy</td>
<td>Not anticipated to have drug interactions</td>
</tr>
<tr>
<td></td>
<td>Ritonavir studied (safe) in pregnancy</td>
<td>Few/no drug interactions</td>
<td></td>
</tr>
<tr>
<td>Cons</td>
<td>Drug drug interactions</td>
<td>Requires IV infusion on 3 consecutive days</td>
<td>Lower efficacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Concern: mutagenicity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Not recommended in pregnancy/children</td>
</tr>
</tbody>
</table>

Modified from Table in Gandhi RT, Malani P, del Rio C, JAMA, Jan 14, 2022
COVID-19 RISK CONTINUUM

COVID-19 Risk Continuum

LOWER RISK

Age
<30

Medical Conditions
(e.g., diabetes, chronic kidney disease, obesity, lung disease, pregnancy)
None

Vaccination Status
Full vaccination plus boosting

Immunosuppression
(illustrative therapies and conditions – there may be significant variation in risk within each category)
None

HIGHER RISK

30-49

50-69

≥70

2

3+

Full vaccination

Partial vaccination

Unvaccinated

Corticosteroids

Biologics (e.g., anti-tumor necrosis factor)

Antimetabolites (e.g., mycophenolate)

Solid organ transplant

Lymphodepletion (e.g., anti-CD20*)

AIDS

Stem cell transplant

Hematological malignancy

The most important risk factor is increasing age.

Sociodemographic factors and non-pharmaceutical interventions affect exposure risk

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General Guidance for our Patients

Protect yourself and others

PEOPLE WITH WEAKENED IMMUNE SYSTEMS:

Take EVUSHED, 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
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(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!