



The Rapid Response Podcasts



COVID-19 Updates: What We Know Now *Releases monthly*

Newest Episodes:

- Long COVID
- SHEA Spring 2022 Recap



COVID-19 Allies in Infection Prevention





SAFE HEALTHCARE FOR ALL

SHEA COVID-19 Resources:





This program is designed to give US hospital epidemiologists who oversee infection control programs the skills, knowledge, and tools to provide effective leadership during facility-level outbreaks and large-scale public health emergencies.

- Simulations
- Tools Kits
- On-demand Webinars
- On-demand Workshop Sessions
- Expert Guidance on Incident Management and HICs, Crisis Strategies, Communication Guidance and Much More

www.ortp.shea-online.org



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COVID-19 Real-Time Learning Network



Specialty Society Collaborators:

- American Academy of Family Physicians
- American Academy of Pediatrics
- American College of Emergency Physicians
- American College of Physicians
- American Geriatrics Society
- American Thoracic Society
- Pediatric Infectious Diseases Society
- Society for Critical Care Medicine
- Society for Healthcare Epidemiology of America
- Society of Hospital Medicine
- Society of Infectious Diseases Pharmacists

With funding from the Centers for Disease Control and Prevention, IDSA has launched the COVID-19 Real Time Learning Network, an online community that brings together information and opportunities for discussion on latest research, guidelines, tools and resources from a variety of medical subspecialties around the world.

www.COVID19LearningNetwork.org
@RealTimeCOVID19 | #RealTimeCOVID19



SAFE HEALTHCARE FOR ALL

WE'VE UPDATED ALL MODULES!

The SHEA Prevention Course in HAI Knowledge and Control (Prevention CHKC) is online, interactive, and designed to give frontline personnel what they need to know to prevent healthcare-associated infections (HAIs).

Access for **FREE** using promo code **TOWNHALL** at checkout!

Prevention 😽

PreventionCHKC.org

Learning CE



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ICHE Journal – Fast Tracking COVID Article Submissions



Infection Control & Hospital Epidemiology publishes scientifically authoritative, clinically applicable, peer-reviewed research on control and evaluation of the transmission of pathogens in healthcare institutions and on the use of epidemiological principles and methods to evaluate and improve the delivery of care. Major topics covered include infection control practices, surveillance, antimicrobial stewardship, cost-benefit analyses, resource use, occupational health, and regulatory issues.



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Music: www.bensound.com

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ASHE JOURNAL

High quality articles across the full spectrum of antimicrobial stewardship and healthcare epidemiology.

Exceptional author experience through constructive peer review, competitive turnaround times, immediate online publication, a streamlined production process, and social media promotion.

Global, **open access journal**, bringing the widest possible impact, reach and discoverability of your research.

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SEE YOU NEXT YEAR!

We hope to see you in Seattle, Washington for SHEA Spring 2023 April 12-14.

DWeek

Important Dates:

- Abstract & Travel Award Submission Deadline May 4
- Case Submission Deadline May 4
- Registration is scheduled to open for members May 3 & nonmembers on May 31.

Join Us LIVE in Washington, DC Oct. 19-23, 2022

SHEA Webinar

COVID-19 Town Hall Round 75

In Case of Technical Difficulties:

• Audio:

- Select one form of audio only (computer speakers or telephone connection)
- For full participation, you will need to join by computer

• If you are having trouble joining:

- Use the emailed invitation to join via the URL, or call in with the provided phone numbers
- <u>https://support.zoom.us</u>



Webinar Recording Access:



This webinar will be recorded and uploaded to LearningCE's <u>Rapid Response Program</u>



Streaming Live on SHEA's Facebook page



Useful Features:



- **<u>Chat</u>**: Talk to each other or ask SHEA Staff questions if you are having technical difficulties
- **<u>Q&A</u>**: Type in your question to be read aloud by SHEA Staff and answered by the Panelists



REPORTED COVID-19 CASES IN THE UNITED STATES Cumulative Cases – 84,661,832



Source: New York Times 6-5-22



CDC COVID-19 COMMUNITY LEVELS



June 5, 2022

Source – https://covid.cdc.gov/covid-data-tracker/#countyview?list_select_state=all_states&list_select_county=all_counties&datatype=CommunityLevels&null=CommunityLevels

HOSPITALIZATIONS AND ICU ADMISSIONS FOR COVID-19 IN THE UNITED STATES



Hospitalizations Decreased 5% from two weeks earlier

Source: New York Times 6-5-22



Source: New York Times 6-5-22







COVID-19 BOOSTER DOSES IN THE UNITED STATES

CUMULATIVE DOSES ADMINISTERED 103.64 M



This Week's COVID-19 News

- 1. A **New England Journal of Medicine** study found that booster doses with mRNA vaccines afford additional protection against Omicron variants.
- 2. Another paper in the **New England Journal of Medicine** demonstrated that a single dose of vaccine after infection reinforced protection against reinfection .
- 3. A research letter in **JAMA** demonstrated that, among active NBA players, booster vaccination was associated with a significant reduction in incident infections during the Omicron wave.
- 4. A paper from **JAMA Internal Medicine** described a Norwegian population-based cohort study that found a lower risk of a positive COVID test during the first 4 months of life among infants born to mothers who were vaccinated during pregnancy..
- 5. A commentary in **The Lancet** argues that Policy makers need to work with social scientists to achieve pandemic preparedness in the future.
- 6. A feature story in the **British Medical Journal** describes ongoing clinical trials of modified vaccines that provide coverage for specific variants and coverage against a broad group of sarbecoviruses, the subgenus to which SARS–CoV and SARS-CoV-2 belong.
- 7. A paper in **Clinical Infectious Diseases** demonstrated the efficacy of Paxlovid in preventing severe disease and mortality in high-risk patients..
- 8. A website operated by **BNO News** described provides up-to-date case tracking for monkeypox in the world..
- 9. A **CDC press release** from CDC indicated that sequencing data definitively demonstrate that at least two separate monkeypox are underway in the US

References available in the chat

Panelists:



Dr. David Henderson NIH Consultant



Dr. Tara Palmore George Washington University School of Medicine & Health Sciences



Dr. Kristina Bryant University of Louisville



Dr. David Weber UNC School of Medicine



Monkeypox brief update June 5, 2022

Tara Palmore, M.D., FACP, FIDSA Professor of Medicine, Division of Infectious Diseases George Washington University School of Medicine & Health Sciences Hospital Epidemiologist, George Washington University Hospital

Monkeypox outbreak

- Zoonotic Orthopoxvirus disease endemic to West and Central Africa.
- Many cases within Nigeria and other endemic countries, occasional cases imported to nonendemic countries.
- Current outbreak was detected in early May in the UK but began earlier.
- Transmission:
 - [from animals via bites or close contact;
 - person-to-person via contact of mucosal surfaces or non-intact skin with open lesions, respiratory droplets, or via aerosolization from fomites (e.g., linens)
 - Unknown: potential for airborne spread from patients who develop MPX pneumonia
 - Unknown: potential for transmission in semen or vaginal fluid
- As of today, 917 cases confirmed on 6 continents, including 27 cases in the U.S. and 80 in Canada
- The vast majority of cases have occurred in MSM

Monkeypox clinical features

- Incubation period: 7-14 days (range 4 to 21 days)
- Infectivity: begins with symptom onset and lasts until all scabs fall off, new skin grown in
- Classical signs/symptoms
 - Classical: 1-3-day prodrome of fever, headache, fatigue, myalgias, lymphadenopathy \rightarrow skin lesions
 - Classical: enanthem → macules → papules → vesicules → pustules → crusts; 10-100s lesions; palms/soles on 75%
 - Bacterial superinfection, genital lesions common in endemic cases
 - Severe end of spectrum: sepsis, pneumonia, encephalitis
 - Highly immunocompromised patients (advanced HIV), young children, pregnant women prone to more severe illness
- This outbreak: **atypical is the new typical**
 - Less virulent of two clades (mortality rate $\leq 1\%$)
 - Prodrome may be mild/nonexistent
 - Skin lesions may be few and isolated to genital, groin, perianal, rectal areas
 - Look for mimics of STIs, and for subtle, even solitary lesions

- As soon as a case is suspected: Isolate, contact public health

Monkeypox skin lesions (UK cases 2018-21)



Adler et al, Lancet Infect Dis 2022

Monkeypox skin lesions from current outbreak



Antinori A, et al. Epidemiological, clinical and virological characteristics of four cases of monkeypox support transmission through sexual contact, Italy, May 2022. Euro Surveill 2022 Jun;27(22)

A. Genital area with rash, crusted monkeypox and hand with pustule



B. Hand



C. Shoulder area



Hammerschlag Y, et al. Monkeypox infection presenting as genital rash, Australia, May 2022. Euro Surveill 2022 Jun;27(22)

Infection control precautions

- Isolate in negative pressure (if available) room out of caution
- PPE: Gown, gloves, respirator, face shield
- Environmental cleaning (EPA List Q)
- Risk assessment for exposed persons work closely with public health, occ health

https://www.cdc.gov/poxvirus/monkeypox/clinicians/monitoring.html

- High –unprotected contact with skin/mucous membranes, lesion, or body fluids
- Intermediate ≤6 ft of unmasked patient for ≥3 hours without at least a surgical mask
- Low/unknown HCP masked but no eye protection
- Consider activities that may cause direct contact, aerosolization of viral particles

Monkeypox testing, PEP, treatment

- Testing Lesion fluid from ≥2 sites (in duplicate) for orthopoxvirus PCR to state lab, then confirmatory MPX sequencing at CDC
- PEP with vaccinia virus vaccines may be offered through CDC to high and intermediate risk contacts
 - Within 4 days of exposure, can prevent infection; after 4 days, can modify infection
 - ACAM2000: 2nd gen version of older, replicating, reactogenic vaccinia virus
 - Jynneos: 3rd gen, replication-deficient modified vaccinia Ankara (MVA), safer and studied in HIV-infected persons CD4 ≥ 200.
- Treatment is largely supportive care
- Antiviral (tecovirimat), available through CDC under eIND, can be used for severe cases/vulnerable hosts
- Awareness and sensitivity, avoidance of stigmatizing, collaboration with public health

Some recommended references

CDC MPX Website: https://www.cdc.gov/poxvirus/monkeypox/clinicians/index.html

Duque et al, Portugal: <u>https://www.eurosurveillance.org/content/10.2807/1560-</u> 7917.ES.2022.27.22.2200424

Vivancos et al, UK: https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2022.27.22.2200422

Antoniri et al, Italy: https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2022.27.22.2200421

Hammerschlag et al, Australia: <u>https://www.eurosurveillance.org/content/10.2807/1560-7917.ES.2022.27.22.2200411</u>

Minhaj et al, US MMWR June 3, 2022: <u>http://dx.doi.org/10.15585/mmwr.mm7123e1</u>

Vaughan et al, UK occupational case in HCW: https://wwwnc.cdc.gov/eid/article/26/4/19-1164_article

Ogoina et al, Nigerian MPX case series preceding this outbreak: https://academic.oup.com/cid/article/71/8/e210/5734993

Adler et al, UK MPX case series preceding this outbreak: <u>https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00228-6/fulltext</u>

CDC COCA Call: <u>https://emergency.cdc.gov/coca/calls/2022/callinfo_052422.asp</u>