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DEPARTMENT OF
# HEALTH AND HUMAN SERVICES
Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

October 25, 2022

TO:   Marin County Healthcare Providers

RE:   COVID-19 Update | Vaccine, Testing, Treatment, and Long COVID

## Situation Update

Marin County Public Health continues to monitor COVID-19 activity.  The downward trend in new cases per day and hospitalizations is leveling off, and an increase in the percent positivity signals the possibility of increasing transmission.

While Omicron BA.5 remains the dominant variant in Marin and California, new variants are emerging.  Waning immunity, relaxation of protective behaviors, and more indoor gatherings promote disease transmission.  Marin wastewater is also detecting rises in respiratory syncytial virus (RSV) and influenza activity.

These conditions increase the risk of a surge in respiratory illnesses into clinics and hospitals. Marin County healthcare providers should promote and provide vaccines, evaluate patients with influenza-like illness for COVID, RSV, and flu, and provide antiviral treatment (when clinically indicated) to reduce the risk of hospitalization and death among Marin County's vulnerable residents.

On October 17, California Health & Human Services announced the end of the pandemic State of Emergency at the end of February 2023.  This does not impact Marin County Public Health capacity to monitor and implement strategies to mitigate COVID-19 transmission, protect vulnerable populations, and prevent medical surge.

## Guidance

Vaccinations

- All primary care providers in Marin County should administer seasonal flu, COVID-19, and other Advisory Committee on Immunization Practice (ACIP) recommended immunizations to patients onsite at their clinics.
- All patients over the age of 6 months old should receive their seasonal flu vaccine.
- Patients 50 years and older and those with medical conditions that increase their risk for hospitalization or death should receive the fall 2022 COVID-19 bivalent booster.
- Providers should review Centers for Disease Control and Prevention (CDC) bivalent booster recommendations with eligible patients.
    - Moderna COVID-19 bivalent booster is authorized for use in individuals 6 through 11 years old and 12 years of age and older.
    - Pfizer-BioNTech COVID-19 bivalent booster is authorized for use in individuals 5 through 11 years old and 12 years of age and older.

- o FDA has authorized and CDC has recommended a single booster dose of Monovalent Novavax COVID-19 Vaccine for people ages 18 years and older who have completed their primary vaccination and have not received any previous booster dose(s).
- All healthcare workers, first responders, staff in congregate and higher-risk settings should stay up-to-date with COVID-19 vaccinations, including the fall 2022 bivalent booster, and receive their seasonal flu vaccine.

Testing

- o Test for SARS-CoV-2 by nucleic acid detection or by SARS-CoV-2 antigen detection assay.
  - o If SARS-CoV-2 Test result is positive, administer supportive care. If the patient is at high risk for progression to severe COVID-19, prescribe treatment as recommended per National Institutes of Health COVID-19 Treatment Guidelines (see below).
  - o If SARS-CoV-2 Test result is negative, consider testing for RSV and influenza if results will change clinical management or for infection control decisions (e.g., long-term care facility resident returning to a facility, or a person of any age returning to a congregate setting)
    - If rapid influenza nucleic acid detection assay is positive, prescribe antiviral treatment if clinically indicated.

Treatment

- Providers should review and follow updated guidelines for the Therapeutic Management of Non-hospitalized Adults With COVID-19
  - o Antiviral therapeutic options should be offered to adults who are at high risk of progression to severe disease.
  - o Ritonavir-boosted nirmatrelvir (Paxlovid) is the preferred therapy for the majority of patients who are at high risk of progressing to severe COVID.
    - Paxlovid has drug-drug interactions. Before prescribing, clinicians should review the patient's concomitant medications.

Long COVID

Among non-hospitalized patients with COVID-19, two-thirds are symptom-free by 14 days after symptom onset, and 90% are symptom-free by 21 days. Remaining patients experience persistent (relapsing and/or remitting) symptoms, including cough, fatigue, cognitive blunting (brain fog), anxiety, depression, among others. CDC has updated provider guidance for assessing and managing post COVID conditions.