

CCH COVID Guidelines, this document undergoes frequent changes

Testing, Risk Stratification, D/C Criteria & mAb Prioritization

V. 1/12/22

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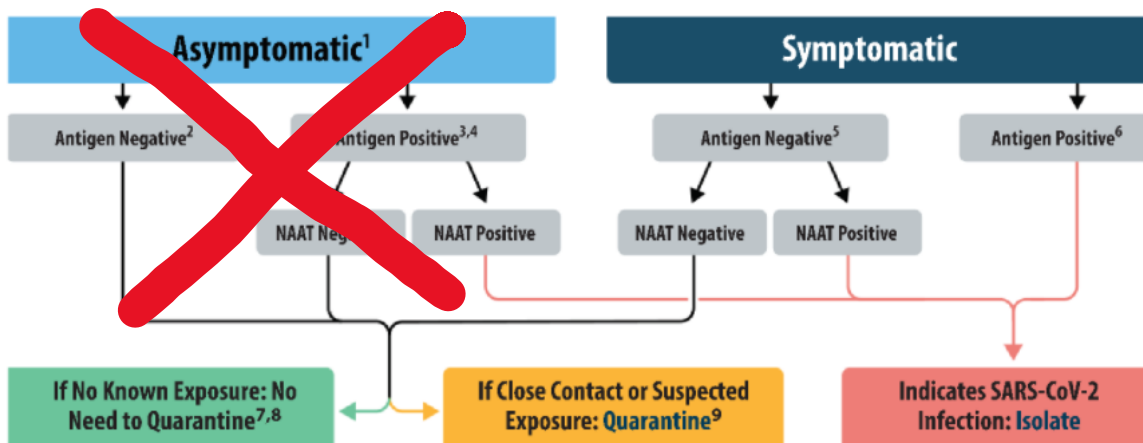
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Symptomatic Patients - Testing for COVID:

- For symptomatic patients presenting to a clinical site may follow the CDC algorithm below
- <https://www.cdc.gov/coronavirus/2019-ncov/lab/resources/antigen-tests-guidelines.html>
- If COVID positive:
 - Transfer to AR (La Quinta) if patient cannot isolate at their current location
 - Patients at PAR or other site may be able to safely isolate at their current location

Using Antigen Tests for SARS-CoV-2 in Congregate Living Settings

Figure 1. Antigen Test Algorithm for Congregate Living Settings



Risk Stratification/Follow up Schedule at Activated Respite – Park Avenue Inn

- **Next follow up - 3 dys**
 - These are lower risk patients including:
 - Age < 50
 - No or low severity of documented chronic health conditions
 - Asymptomatic or very mild symptoms (example loss taste/smell, low fever, mild cough, etc.)
 - Fully vaccinated
 - Check patient Q 3 days physically or by phone (Salvation Army physically hands meals to patients hence, patients are checked > 1 X/day)
 - **Next follow up - 2 days**
 - These are intermediate risk patients including:
 - Age 50-64
 - Infant > 3 month and < 1 year old
 - Check patient QOD physically or by phone
 - **Next follow up - daily**
 - These are higher risk patients including:
 - Age ≥ 65
 - Transfer from hospital
 - Any acute or chronic supplemental oxygen
 - Concern for ETOH W/D
 - Pregnant
 - Infants 1 day – 3 months
 - Pulse ox < 89 or severe SOB symptoms
 - Significant change in vital signs
 - Check patient QD physically or by phone
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- ❖ Risk category and follow up schedule is determined by provider at each visit; should be adjusted based on clinical course.
 - ❖ Timing of follow up visit (in-person/phone) should be clearly stated in “impression” within NexGen/communicated with RN/EMT/MA

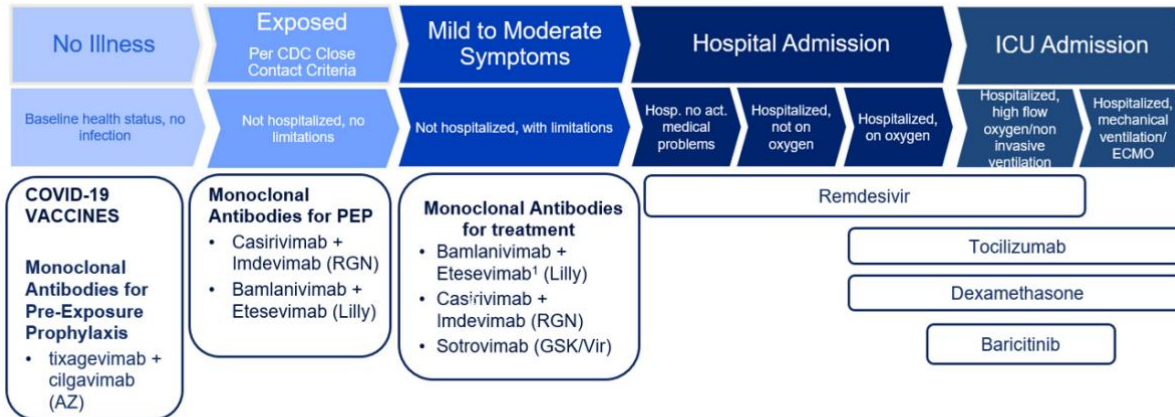
Isolation LOS Protocol

- Updated guidance from CDC 12/27/21
 - <https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>
 - Isolation decreased to: 5 days followed by masking for 5 days for qualified individuals
- Given latest guidance from CDC
 - LOS may be shortened (from 10 days to 7 days, day 0 = onset of sxs or test pos whichever is first, with discharge on Day 7) if patients meet the following criteria:
 - Improving/minimal symptoms AND
 - Afebrile for 24 hours (without use of antipyretics) AND
 - Not immunocompromised AND
 - Not previously hospitalized AND
 - “Fully vaxxed” or have received mAb infusion
 - Given unique patient population of PEH, LOS will be adjusted as below to balance risk and bed capacity when AR bed capacity < 25 beds
 - May need to consider shortening LOS for fully vaccinated to 5 days, with conversations with Public Health and I.D. Experts and Partners.
 - Not fully vaccinated, LOS = 7 days
- For outside referrals from Ed/inpatient hospital settings:
 - Clients will generally not be admitted to AR if they require less than 2 additional days of isolation.
 - ED/Hospital staff can call the Activated Respite line as needed for further questions or clarification.
- Definitions:
 - Day 0 = onset of sxs or test pos whichever is earlier (LOS of 7 days = patient can be d/c'd on day 8).
 - Unvaccinated against COVID-19: individual is <14 days from completion of a 2 shot series with Moderna or Pfizer or 1 shot series with J&J COVID-19 vaccinations or they have not received any type of COVID-19 vaccine.
 - Fully vaccinated against COVID-19: Individual is >14 days from completion of a 2 (or 3 if immunocompromised) shot series with Moderna or Pfizer or 1 shot series with J&J COVID-19 vaccinations.
 - Boosted against COVID-19: Individual has completed a 2 (or 3 if immunocompromised) shot series with Moderna or Pfizer or 1 shot series with J&J COVID-19 vaccinations plus an additional dose of a mRNA vaccine (Pfizer or Moderna) and are >14 days from the administration of the booster dose.
 - Symptoms of COVID-19: Fever (subjective or $\geq 100^{\circ}\text{F}$), cough, shortness of breath, chills, muscle or joint aches, headache, rhinorrhea, sore throat, vomiting, diarrhea, loss of smell and/or loss of taste

Treatment, Post-Exposure Prophylaxis (PEP) and Prioritization for Treatment



Summary of COVID-19 Preventative Agents & Therapeutics



Ref: <https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Documents/USG-COVID19-Tx-Playbook.pdf>

- mAb:
 - Regeneron:
 - Effectiveness is significantly attenuated against Omicron and is not a treatment option in Colorado given the high prevalence of Omicron
 - Sotrovimab:
 - Only for COVID pos patients (not post-exp prophylaxis)
 - Available currently at UCH however, given very limited only being administered to very high risk patients (i.e: s/p transplant, immunosuppressed....)
 - UCH mAb Nurse Line: 720-907-0979 (I did not get through when I tried calling....!)

- Antivirals:
 - Paxlovid: CCH is expecting to receive 100 patient doses
 - The dosing regimen consists of two 150-mg nirmatrelvir tablets and one 100-mg ritonavir tablet taken together twice daily for 5 days.
 - Renal impairment requires dose reduction; patients with severe liver or kidney disease should not receive treatment.
 - Coadministration with drugs metabolized by CYP3A or those inducing the enzyme may be dangerous.
 - See: <https://www.jwatch.org/na54483/2021/12/29/two-oral-treatments-outpatients-with-covid-19>

Length of Isolation and Quarantine (I & Q) for Families

S/B = Situation/Background:

- Families who have both positive and negative family members are challenging to house in AR, due to possible risk of **quarantined** family members obtaining COVID from **isolated** family members late in their quarantine process.
- 92% of transmission among family members who will acquire COVID, do so early during the contact period.
- New CDC recommendations note that quarantine can be shortened ¹.

Action/Recommendations:

1. Length of Isolation for COVID Pos Family Member:

- See above "Isolation LOS Protocol"

2. Quarantine:

- For Family Members whose tests are negative and who have no symptoms follow CDC guideline as below updated 12/27/21 (<https://www.cdc.gov/media/releases/2021/s1227-isolation-quarantine-guidance.html>)

If You Were Exposed to Someone with COVID-19 (Quarantine)

If you:

Have been boosted

OR

Completed the primary series of Pfizer or Moderna vaccine within the last 6 months

OR

Completed the primary series of J&J vaccine within the last 2 months

- Wear a mask around others for 10 days.
- Test on day 5, if possible.

If you develop symptoms get a test and stay home.

If you:

Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted

OR

Completed the primary series of J&J over 2 months ago and are not boosted

OR

Are unvaccinated

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If you can't quarantine you must wear a mask for 10 days.
- Test on day 5 if possible.

If you develop symptoms get a test and stay home

Paxlovid Treatment^[i] Prioritization Risk Groups, modified from CDC recommendations*, 1.18.2022

- a. PEH are biologically older than their chronological age
- b. Expect frequent changes to COVID treatment recommendations, Prioritization Risk Groups, etc.
- c. **As of 1/18/2022, CCH will Rx Paxlovid for Tiers 1 & 2**

Tier 1	Immunocompromised ^[ii] patients Unvaccinated individuals (not “fully vaccinated ^[iii] ”), and at highest risk of severe disease: <ul style="list-style-type: none">- Age ≥ 65 years- Age ≥ 50 years with at least one clinical risk factor
Tier 2	Unvaccinated individuals at risk of severe disease not included in Tier 1: <ul style="list-style-type: none">- Age ≥ 50 years.- Age < 50 with at least one clinical risk factor
Tier 3	Vaccinated individuals at high risk of severe disease: <ul style="list-style-type: none">- Anyone ≥ 65 y/o- Age ≥ 50 with at least one clinical risk factor Note: Vaccinated individuals who have not received their vaccine booster are likely at higher risk for severe disease and should be prioritized for treatment.
Tier 4	Vaccinated individuals at risk of severe disease: <ul style="list-style-type: none">- Anyone ≥ 50 y/o- Age < 50 with clinical risk factors Note: Vaccinated individuals who have not received their vaccine booster are likely at higher risk for severe disease and should be prioritized for treatment.

[i] Paxlovid Treatment Criteria:

- Patient presenting with symptom consistent with COVID
- Patient over 12 y/o and > 40kg
- + PCR and/or +Rapid Ag COVID test
- + Test within 5 days of symptoms
- Patient with mild to moderate symptoms
- No medical contraindications: GFR<30, or Child Pugh C liver disease
- **No prescription contraindications:** <https://www.fda.gov/media/155050/download>
- Patient assessed to be reasonably adherent
- Consult PharmD if patient has HIV and not on HAART or has liver disease or any questions at all.
- UCH Recommends Sotrovimab over Paxlovid if patient is pregnant.

[ii] Immunocompromised patients, (borrowed from UCH/CDC)

1. Patients who are within one year of receiving B-cell depleting therapies (e.g., rituximab, ocrelizumab, ofatumumab, alemtuzumab)
2. Patients receiving Bruton tyrosine kinase inhibitors (e.g., Ibrutinib)
3. Chimeric antigen receptor (CAR)-T cell recipients
4. Post-hematopoietic cell transplant recipients who have chronic graft versus host disease or who are taking immunosuppressive medications for another indication
5. Calcineurin inhibitors (tacrolimus and cyclosporine – excludes topical/ophthalmic administration routes)
6. mTOR-inhibitors (everolimus, sirolimus – excludes topical routes)
7. Mycophenolate, azathioprine, cyclophosphamide in the last 1 month
8. Maintenance prednisone >0.5mg/kg or equivalent (≥ 40mg/day prednisone or equivalent in patients 70kg and above)
9. Patients with hematologic malignancies who are on active therapy

10. Lung transplant recipients
11. Patients who are within one year of receiving a solid-organ transplant (other than lung transplant)
12. Solid-organ transplant recipients with recent treatment for acute rejection with T cell depleting agents (e.g., alemtuzumab, rabbit antithymocyte globulin (ATG)) or B cell depleting agents (e.g., rituximab, ocrelizumab, epratuzumab, ofatumumab, and belimumab)
13. Patients with severe combined immunodeficiencies
14. Patients with untreated HIV who have a CD4 T lymphocyte cell count <50 cells/mm³

iii **“Fully Vaccinated”**: ≥ 14 days after receiving a primary series of COVID-19 vaccines, which is the completion of a two-dose mRNA series or one dose of JnJ vaccine.

iv **Risk Factors:**

1. BMI over 30
2. CKD with GFR<60
3. Diabetes mellitus Type 1 or 2 with complications
4. Chronic Lung Disease: ILD, Pulm HTN, pulmonary embolism, bronchiectasis, tuberculosis, and COPD (asthma excluded)
5. Heart disease: coronary artery disease or heart failure
6. Chronic liver disease: cirrhosis, fatty liver disease, alcoholic liver disease or autoimmune hepatitis
7. Cancer
8. History of stroke
9. Depression or schizophrenia

*** What Clinicians Need to Know About the New Oral Antiviral Medications for COVID-19, 1.12.2021**

- a. See https://emergency.cdc.gov/coca/ppt/2022/011222_slide.pdf
- b. One of the many important slides is pasted below for reference.

Patient Prioritization Risk Groups

Tier	Characteristics
1	<ul style="list-style-type: none"> • Immunocompromised, not expected to mount an adequate immune response to COVID-19 vaccine or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status; or • Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors).
2	<ul style="list-style-type: none"> • Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥65 years or anyone aged <65 years with clinical risk factors)
3	<ul style="list-style-type: none"> • Vaccinated individuals at high risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors) <p>Note: Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.</p>
4	<ul style="list-style-type: none"> • Vaccinated individuals at risk of severe disease (anyone aged ≥65 years or anyone aged <65 with clinical risk factors) <p>Note: Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.</p>

<https://www.covid19treatmentguidelines.nih.gov>

Activated Respite Action Steps & Contingency Planning in time of Omicron Upswing, 12.30.2021

DJTF Recommendations for Contingency & Crisis Planning, as PEH in Congregate Shelters contract COVID and AR census increases.

Protecting Shelter Staff & Guests: 3 Key Strategies -- "It's not surveillance testing..." :

1. Vaccination *including booster*
- 3.** Masking
- 4.** Ventilation

(Do get tested if any symptoms & procure effective monoclonal antibody (mAb) treatment if eligible.

For all tiers → Recommend activation of National Guard for three reasons:

- a. AR Motel Staffing, Milieux Management, prevention of assaults. National Guard delivers invaluable trauma-informed care and commands authority in less threatening ways.
- b. Help with Medical Assistant job duties including Vital Signs, etc. Up-staffing of CCH employees is not possible if AR census numbers exceed 100 clients, or at lower numbers if workforce is depleted.
- c. Logistics & staffing aid to deliver mAb treatment, on a CDPHE- or otherwise-staffed Monoclonal Mobile, three times weekly.

12/28/2021 – Current state → Assure AR prioritization of high-risk clients:

- d. Shorten Length-of-Stay (LOS) to 7 days for fully vaxed clients & clients with much-improved symptoms. Currently recommend against 5 day LOS for guests living in Congregate Shelters, because 24/7 mask use is not plausible.
- e. Do not test asymptomatic clients
- f. Asymptomatic clients are not admitted, except for rare exceptions. Consult CCH clinical staff.
- g. Clients in Protective Action remain there, unless clearly unable to isolate. Consult CCH clinical staff.

Next Tier, if Capacity is taxed – cannot give dates or exact numbers, census and staffing projections are too mercurial:

- h. Shorten LOS to 7 days for all clients, except for clients with low oxygen (<90% on O2 on room air), age over 65, or concerning clinical symptoms. Consult CCH clinical staff.

Next Tier, if Capacity is taxed further:

- i. Guests/residents who can isolate remain in place. This includes individuals who have their own rooms, access to bathrooms for individuals who are COVID-positive only, and, for example, may require organizations to deliver food.
- j. Shorten LOS to 5 days for all clients, except clients with ongoing significant symptoms, on oxygen, or other factors.
- k. Shelters with widespread COVID are de facto already a COVID-positive cohorting site:
 - o Consider/Implement remain-in-place strategies.
 - o Admitting dozens of individuals to AR with mild symptoms will not decrease spread & will prioritize the wrong individuals for AR.

Next Tier if AR cannot accept any more clients at all:

- l. Shelter Contingency Plans, consider best cohorting strategies, etc.

m. Shelters work with CDPHE and Local Public Health Agencies for further contingency and crisis plans.

- ✓ Recognize that Omicron has likely spread widely within shelters way before we know it, in all of the tiers noted above.
- ✓ See prior AR Capacity & Shelter Surveillance PowerPoint below for prior background information:

Get Vaxxed, Stay masked, Assure Ventilation, distance as possible, get tested rapidly if you have symptoms...



AR Capacity Shelter
Surveillance Keepin