

Peak
Performer Webinar Series

VISTAGE

COVID-19: What's next for businesses?

Presented by:

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EXCLUSIVE
WEBINAR
SERIES

Peak
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VISTAGE

And Prevention of Infection and Severe Illness by Vaccine

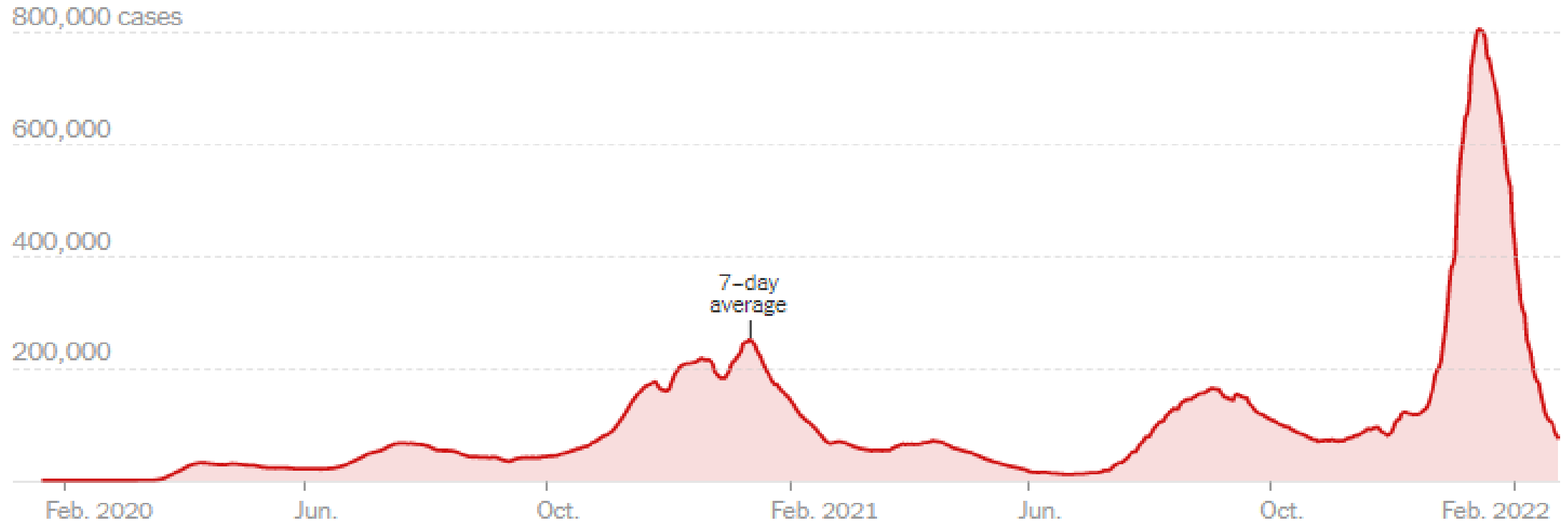
PANDEMIC UPDATE

February 28, 2022

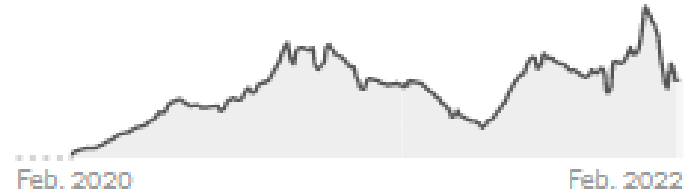
New reported cases

SARS-CoV-2 Positive Cases: United States

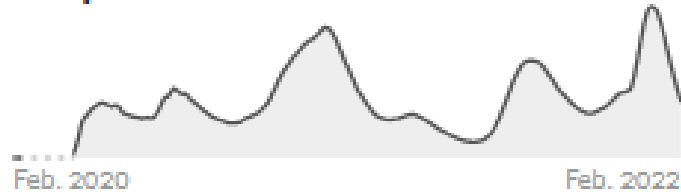
All time Last 90 days



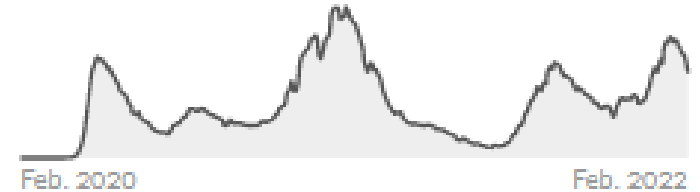
Tests



Hospitalized



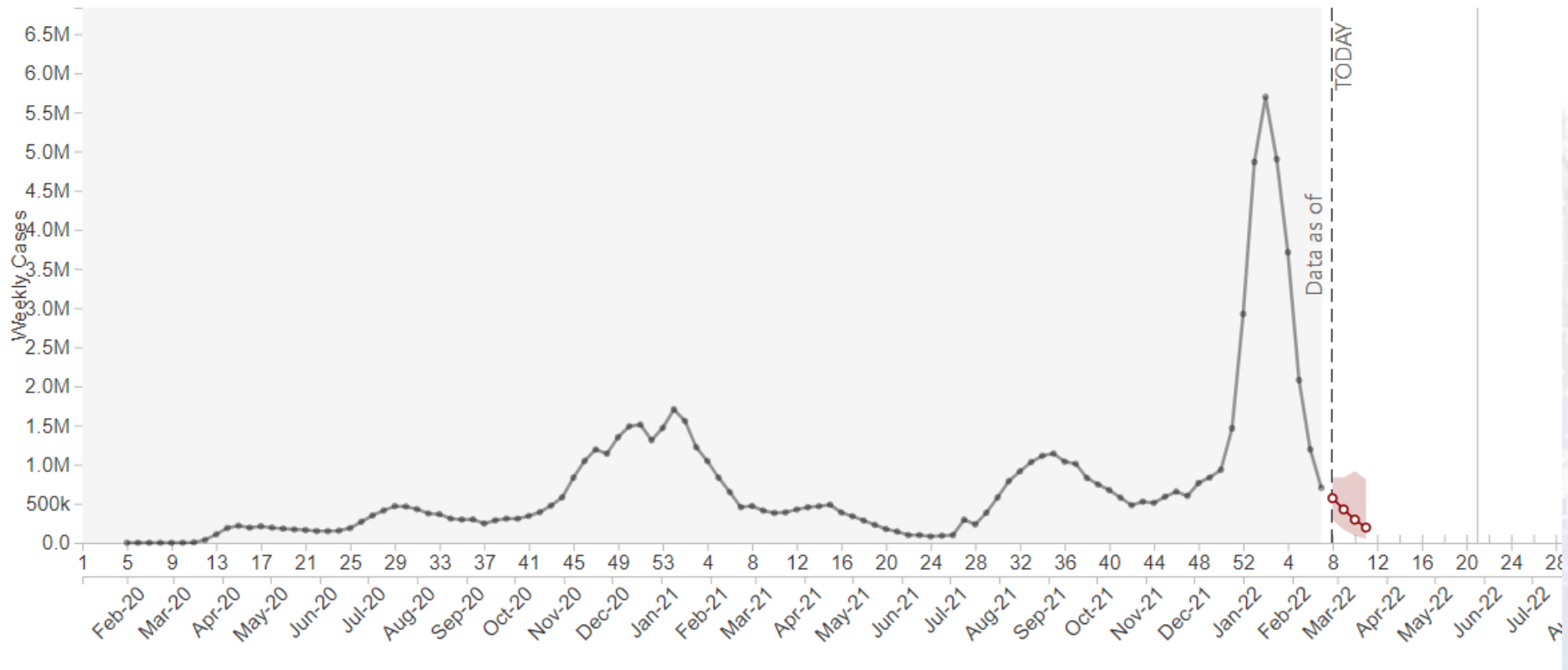
Deaths



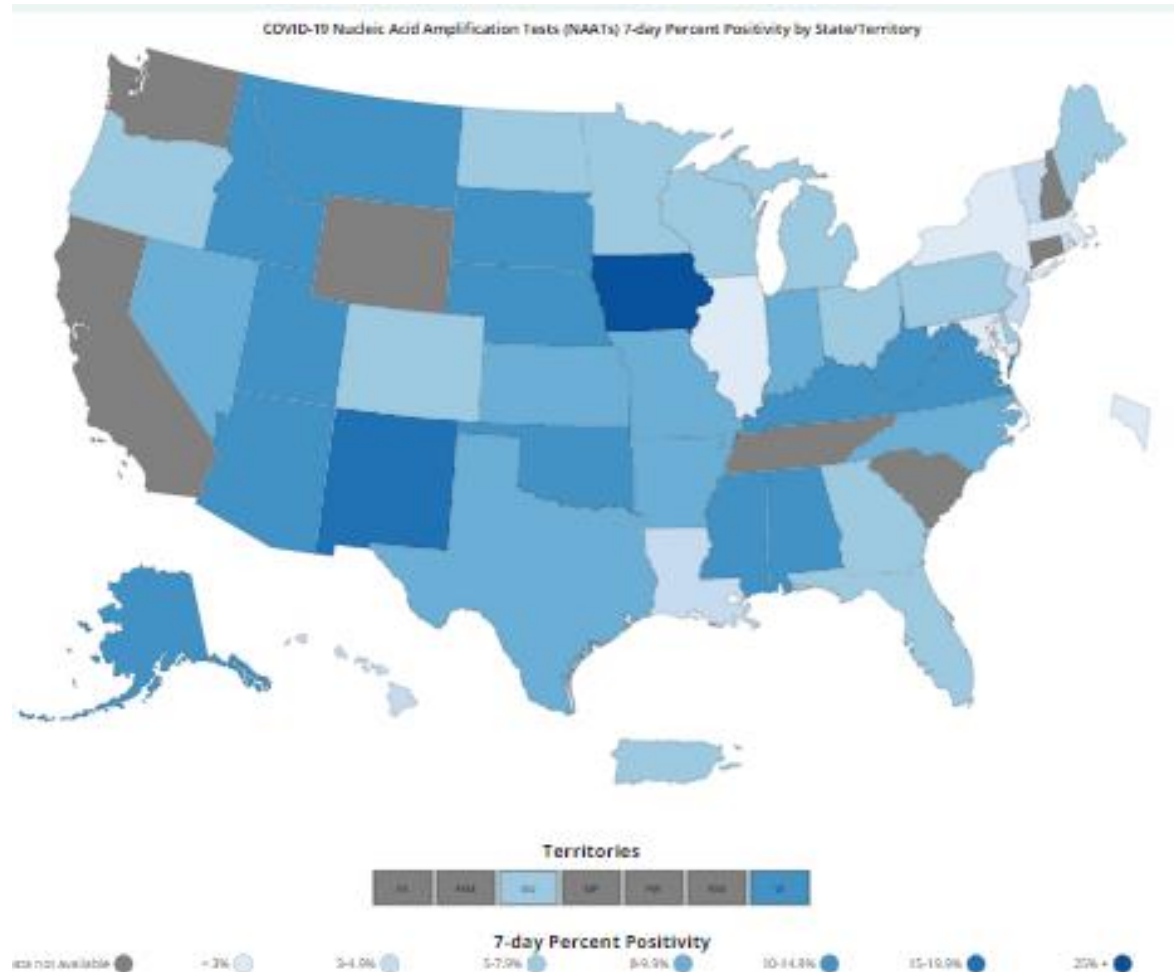
“One-Month” COVID-19 Forecast



Observed and forecasted weekly COVID-19 cases in the United States



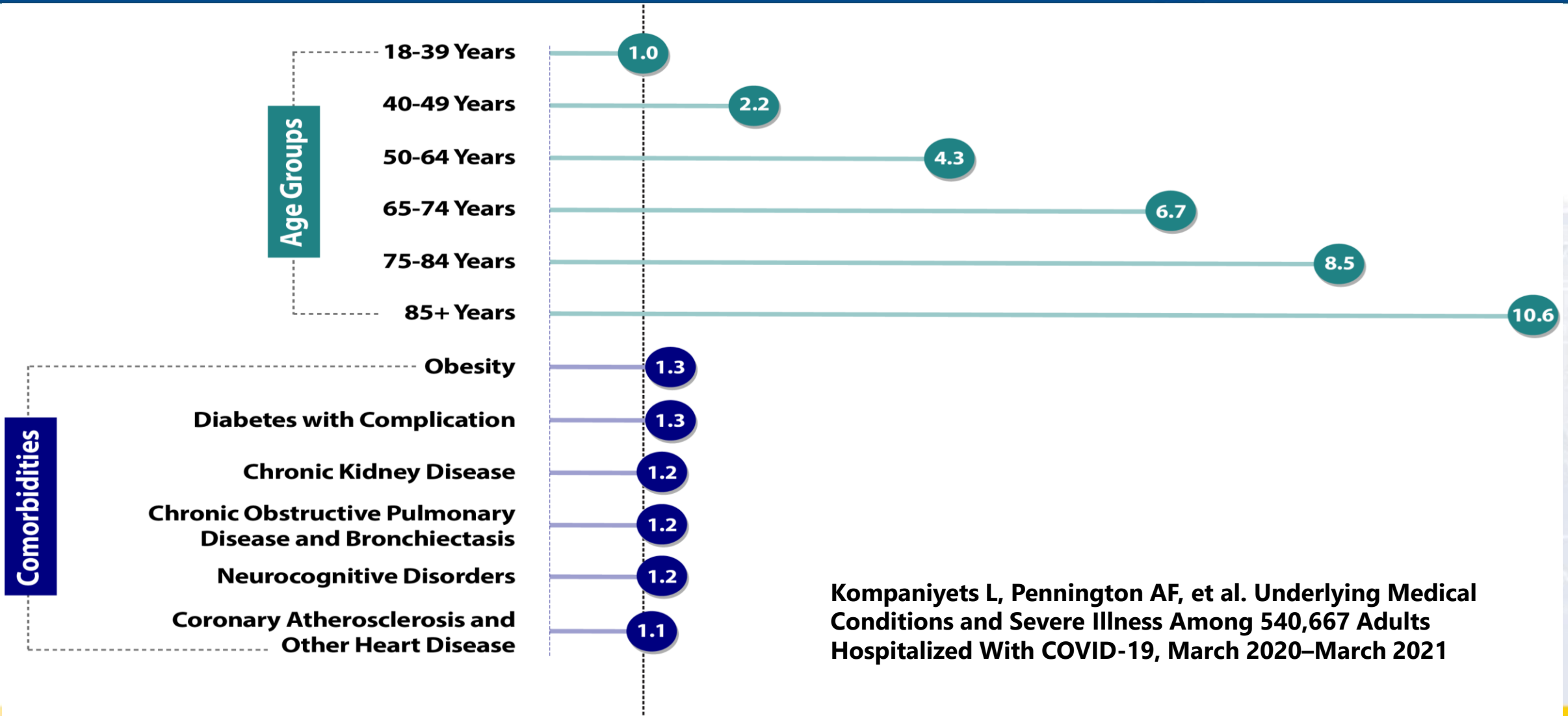
Positive Cases Weekly: Need to Know Your Local Situation



Many States, Localities Dropping Mitigation Measures

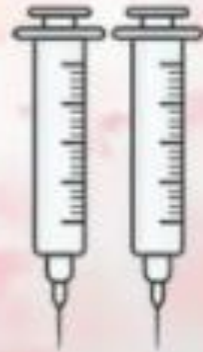
Regardless of Local Rates

Disease severity by age and comorbidities

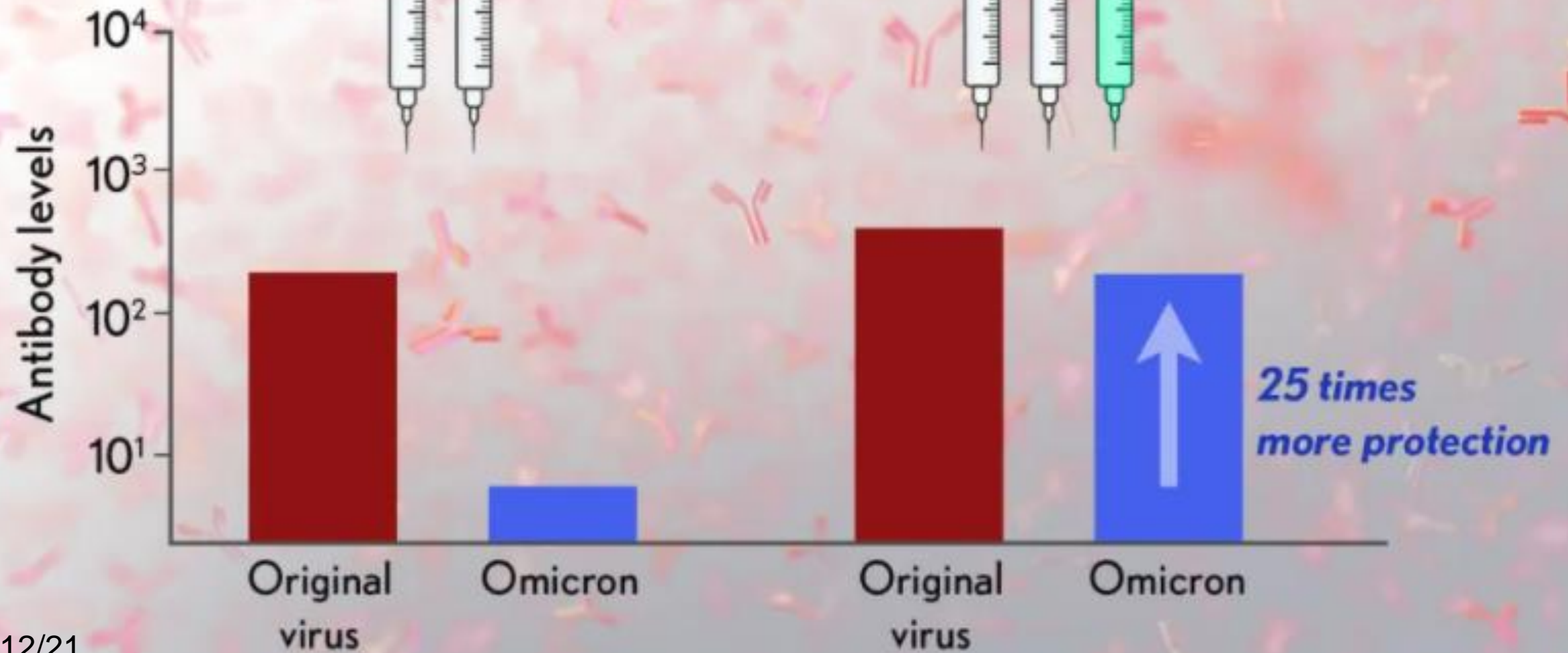


Kompaniyets L, Pennington AF, et al. Underlying Medical Conditions and Severe Illness Among 540,667 Adults Hospitalized With COVID-19, March 2020–March 2021

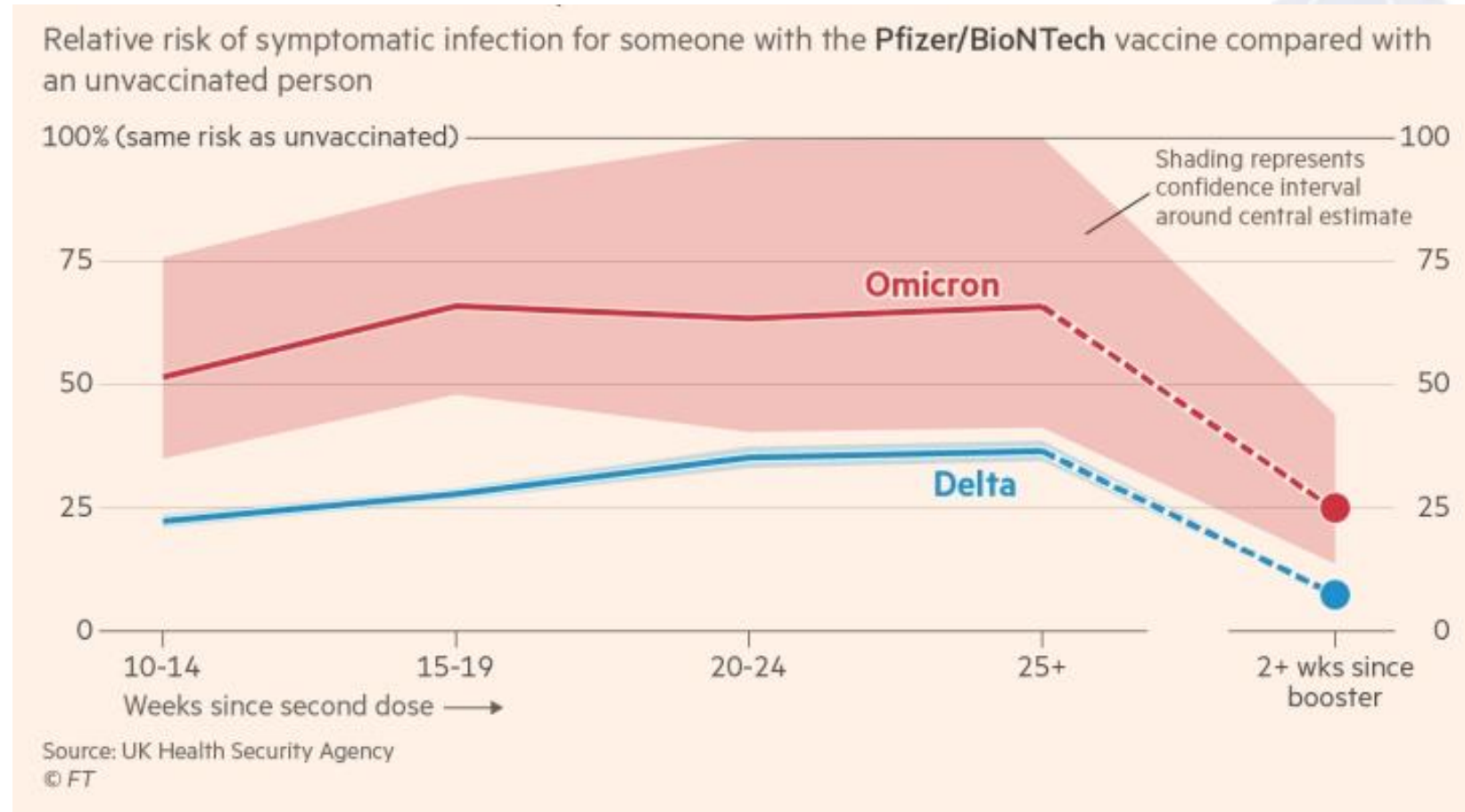
People with two shots



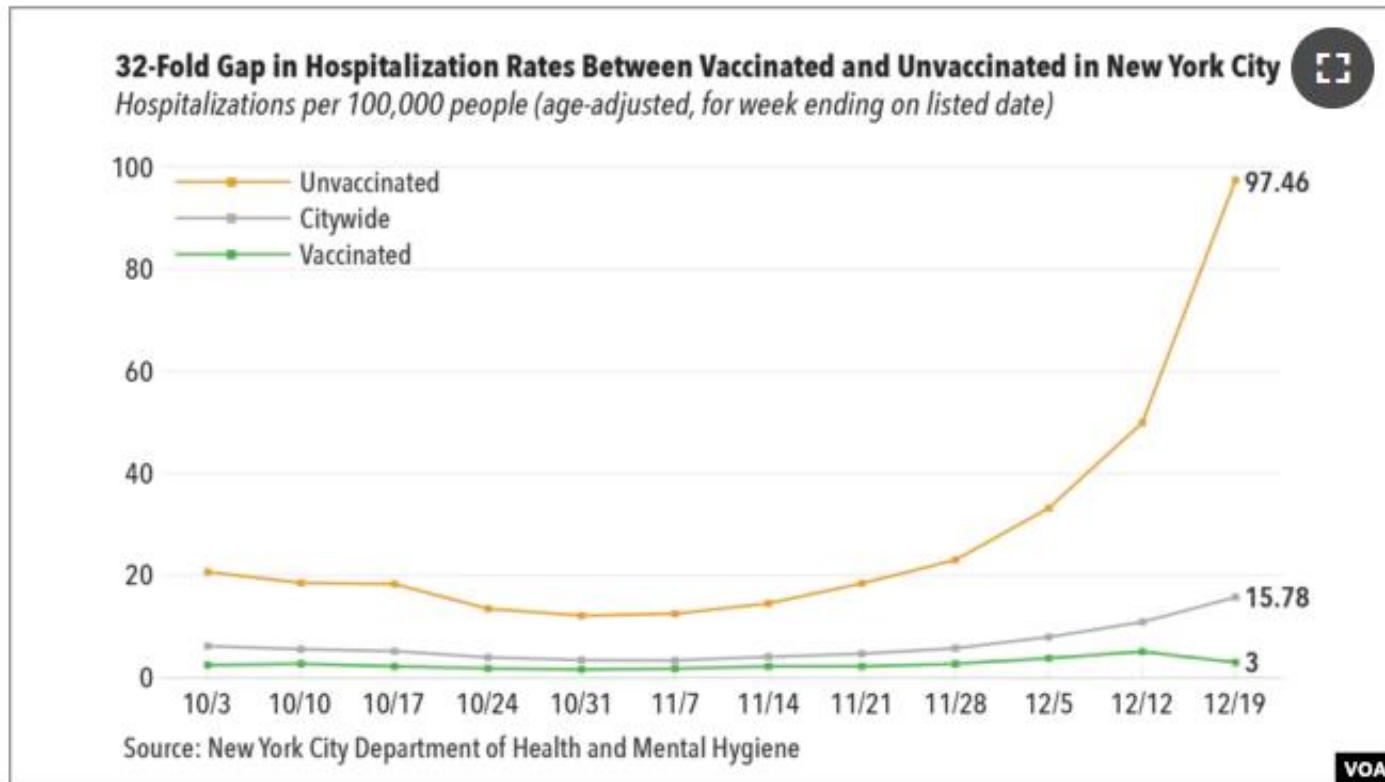
People with two shots and booster



Boosters Have Helped Prevention Infection and Illness



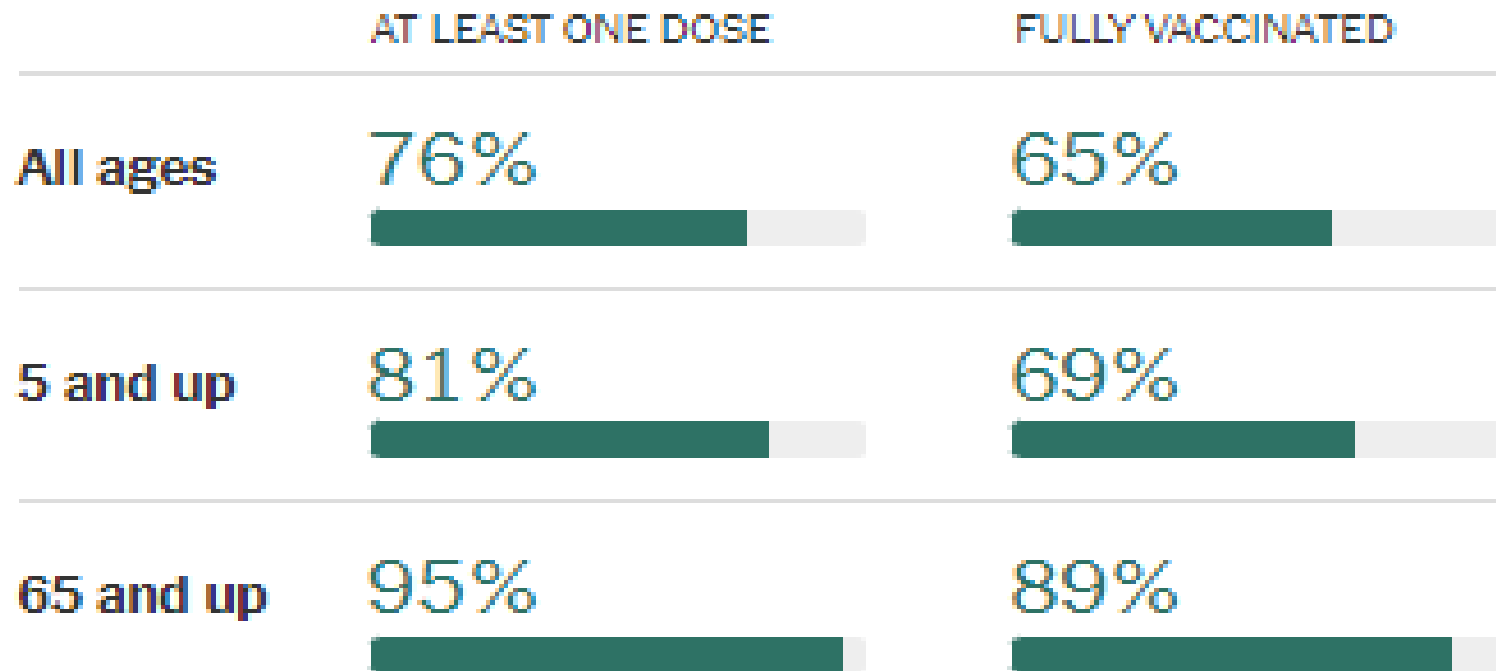
Impact of Vaccination and Boosting



COVID-19 Hospitalization Rates

US Vaccine Status: 2/25/22

Vaccinations



Total Vaccine Doses

Delivered 655,282,365

Administered 531,864,871

Learn more about the [distribution of vaccines.](#)

209.8M

People fully vaccinated

82.5M

People received a booster dose**

At Least One Dose

Fully Vaccinated

Booster Doses

Booster Eligible***

Fully Vaccinated* People with a Booster Dose**

Count

Percent of Fully Vaccinated*

Total

82,450,772

39.3%

Population ≥ 18 Years of Age

80,724,136

42.4%

Population ≥ 50 Years of Age

53,148,448

53.9%

Population ≥ 65 Years of Age

30,194,294

62.5%

[The percent of the population coverage metrics are capped at 95%. Learn how CDC estimates vaccination coverage.](#)

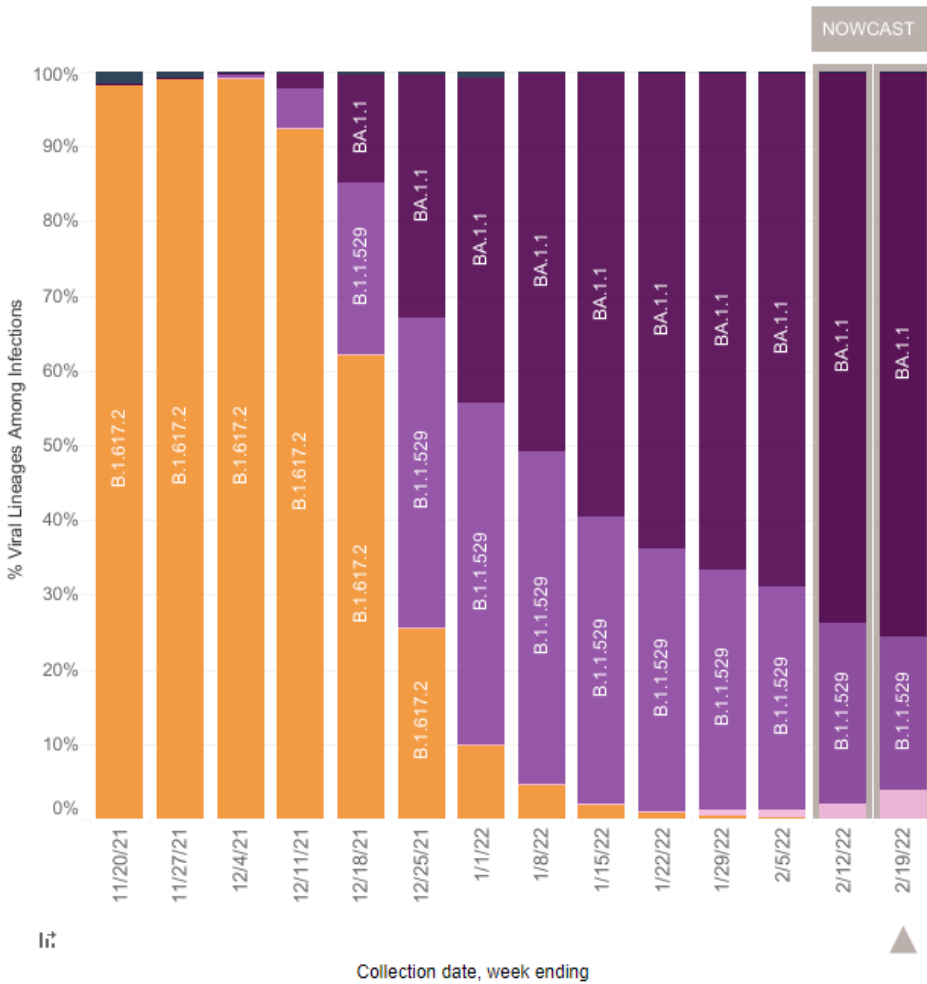
*For surveillance purposes, COVID Data Tracker counts people as being “fully vaccinated” if they received two doses on different days (regardless of time interval) of the two-dose mRNA series or received one dose of a single-dose vaccine.

**The count and percentage of people who received a booster dose includes anyone who is fully vaccinated and has received another dose

Current Variants: US through 2/19/22

United States: 11/14/2021 – 2/19/2022

United States: 2/13/2022 – 2/19/2022 NOWCAST



USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.1.1	VOC	75.6%	71.1-79.7%
	B.1.1.529	VOC	20.6%	16.7-25.1%
	BA.2	VOC	3.8%	3.0-4.8%
Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* 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
 # AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1 and BA.3 are aggregated with B.1.1.529. For regional data, BA.1.1 is also aggregated with B.1.1.529, as it currently cannot be reliably called in each region.

Potential Issues with Omicron subvariant BA.2

- Derived from Omicron
- BA .2 has ~28 mutations in spike protein
 - 20 are different from Omicron
 - Other than by sequencing, cannot readily differentiate by available testing
- Has quickly spread worldwide
 - May be more contagious
 - Mixed information regarding if more severe
 - Vaccination protects

IMMUNIZATION CHANGES

February 28, 2022

14

Vaccine Primary Series

Most Children (≥ 5 yrs) and Adults

Vaccine Administration

	Pfizer-BioNTech			Moderna	Janssen
	Ages 5 through 11 years (orange cap)	Ages 12 years and older (purple cap)	Ages 12 years and older (gray cap)	Ages 18 years and older	Ages 18 years and older
Type of Vaccine	mRNA			mRNA	Viral vector
Primary Series Schedule[†]	2-doses, separated by 21 days; both doses must be the appropriate Pfizer-BioNTech vaccine formulations for recipient's age			2 doses, separated by 28 days; both doses must be Moderna vaccine	1 dose An mRNA COVID-19 vaccine series is preferred over Janssen vaccine for primary vaccination.

Boosters for Some Children and Most Adults

	Pfizer-BioNTech			Moderna	Janssen
	Ages 5 through 11 years (orange cap)	Ages 12 years and older (purple cap)	Ages 12 years and older (gray cap)	Ages 18 years and older	Ages 18 years and older
Booster Schedule*	Not authorized for this age group.	<p>At least 5 months after the last dose of a COVID-19 mRNA vaccine primary series (i.e., after the 2nd dose or the additional [3rd] dose for moderately and severely immunocompromised persons)</p> <ul style="list-style-type: none"> Persons who received a Janssen COVID-19 Vaccine as the primary series should receive a booster dose at least 2 months after the Janssen vaccine. Persons who are moderately or severely immunocompromised and received a primary dose of Janssen COVID-19 Vaccine and an additional mRNA vaccine, should receive a booster dose at least 2 months after receiving the mRNA vaccine. Use of heterologous (mix and match) booster doses is allowed for persons 18 years of age and older. Only a Pfizer-BioNTech vaccine should be administered to patients 12-17 years of age. 		<p>At least 5 months after the last dose of a COVID-19 mRNA vaccine primary series (i.e., after the 2nd dose or the additional [3rd] dose for moderately and severely immunocompromised persons)</p> <ul style="list-style-type: none"> Persons who received a Janssen COVID-19 Vaccine as the primary series should receive a booster dose at least 2 months after the Janssen vaccine. Persons who are moderately or severely immunocompromised and received a primary dose of Janssen COVID-19 Vaccine and an additional mRNA vaccine, should receive a booster dose at least 2 months after receiving the mRNA vaccine. Use of heterologous (mix and match) booster doses is allowed for persons 18 years of age and older. 	<p>mRNA vaccines are preferred¹</p> <p>At least 2 months (8 weeks) after the primary series dose of Janssen COVID-19 Vaccine.</p> <ul style="list-style-type: none"> Persons who are moderately or severely immunocompromised and received a primary dose of Janssen COVID-19 Vaccine and an additional mRNA vaccine, should receive a booster dose at least 2 months after receiving the mRNA vaccine. Persons who received a COVID-19 mRNA vaccine primary series (i.e., after the 2nd dose or the additional [3rd] dose for moderately and severely immunocompromised persons) can receive a Janssen booster dose at least 5 months after the primary series. mRNA vaccines are preferred. Use of heterologous (mix and match) booster doses is allowed. mRNA vaccines are preferred.

Booster Interval Change Severely Immunocompromised



Revised Guidance for a 3-Month Booster Interval After an mRNA COVID-19 Vaccine Primary Series

Current guidance

People who are moderately or severely immunocompromised should receive a booster dose **at least 5 months** after the last (third) dose of an mRNA COVID-19 vaccine.



Revised guidance

People who are moderately or severely immunocompromised should receive a booster dose **at least 3 months** after the last (third) dose of an mRNA COVID-19 vaccine.

CDC

1. Kamar, N., Abravanel, F., Martion, O. (2021). Assessment of 4 Doses of SARS-CoV-2 Messenger RNA–Based Vaccine in Recipients of a Solid Organ Transplant. *Infectious Diseases*, 4(11), e2136030.
2. Benotmane, I., Bruel, T., Planas, D., et al. (2021). A fourth dose of the mRNA-1273 SARS-CoV-2 vaccine improves serum neutralization against the delta variant in kidney transplant recipients. *medRxiv*. Preprint. doi.org/10.1101/2021.11.25.21266704
3. Alejo, J.L., Mitchell, J., Chiang, T., et al. (2021). Antibody Response to a Fourth Dose of a SARS-CoV-2 Vaccine in Solid Organ Transplant Recipients: A Case Series. *Transplantation*, 105(12), e280-281.
4. Munro, A., Janani, L., Cornelius, V. (2021). Safety and immunogenicity of seven COVID-19 vaccines as a third dose (booster) following two doses of ChAdOx1 nCov-19 or BNT162b2 in the UK (COV-BOOST): a blinded, multicentre, randomised, controlled, phase 2 trial. *Lancet*, 398, 2258-76.
5. Atmar, R.L., Lyke, K.E., Deming, M.E. (2021). Heterologous SARS-CoV-2 booster vaccinations-preliminary report. *medRxiv*. Preprint. doi: 10.1101/2021.10.10.21264827

Vaccination Schedule for Immunocompromised



REVISED COVID-19 Vaccination Schedule for People Who Are Moderately or Severely Immunocompromised

Vaccine	Vaccination Schedule			
Pfizer-BioNTech (ages 5 years and older)	1st dose	2nd dose (21 days after 1 st dose)	3rd dose (at least 28 days after 2 nd dose)	Booster dose* (at least 3 months after 3 rd dose)
Moderna (ages 18 years and older)	1st dose	2nd dose (28 days after 1 st dose)	3rd dose (at least 28 days after 2 nd dose)	Booster dose* (at least 3 months after 3 rd dose)
Janssen (ages 18 years and older)	1st dose	Additional dose† (at least 28 days after 1 st dose)		Booster dose* (at least 2 months after additional dose)

CDC

*Any COVID-19 vaccine can be used for the booster dose in people ages 18 years and older, though mRNA vaccines are preferred. For people ages 12–17 years, only Pfizer-BioNTech can be used. People ages 5–11 years should not receive a booster dose.
 †Only Pfizer-BioNTech or Moderna COVID-19 Vaccine should be used

Improving access to potentially life-saving drugs

NEW THERAPIES

February 28, 2022

19

Summary of COVID-19 Preventative Agents & Therapeutics



Remdesivir

COVID-19 VACCINES

Monoclonal Antibodies for PrEP

- Tixagevimab + cilgavimab (AZ)

Monoclonal Antibodies for PEP

- Casirivimab + Imdevimab (RGN)**
- Bamlanivimab + Etesevimab (Lilly)**

Oral Antivirals

- Paxlovid (Pfizer)
- Molnupiravir (Merck)

Monoclonal Antibodies for treatment

- Sotrovimab (GSK/Vir)
- Bamlanivimab + Etesevimab¹ (Lilly)**
- Casirivimab + Imdevimab (RGN)**

Tocilizumab

Dexamethasone

Baricitinib

****No significant activity against Omicron variant**
[NIH COVID-19 Treatment Guidelines Panel's Statement on SARS-CoV2 Monoclonal Antibodies or Remdesivir for the Treatment of COVID-19 in Nonhospitalized Patients When Omicron is the Predominant Circulating Variant](https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-anti-sars-cov-2-mabs-and-rdv-and-omicron/)
<https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-anti-sars-cov-2-mabs-and-rdv-and-omicron/>

NIH Recommendations Outpatient Therapies of COVID-19

Nonhospitalized
with mild to
moderate COVID-
19, but at high risk
of progression

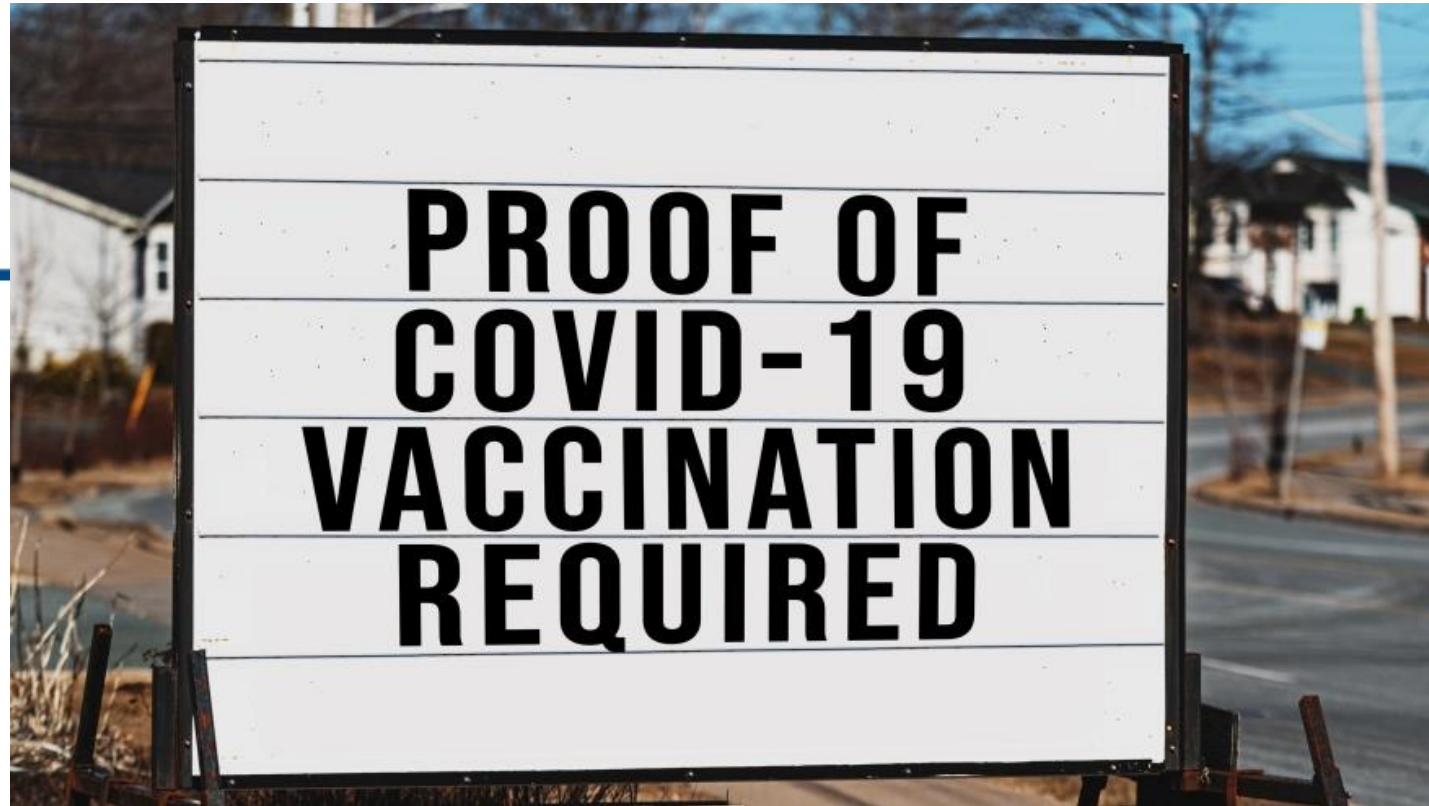
Prevention of Hospitalization or Death*

Green: Highly effective

Orange: Less effective

1. Nirmatrelvir/ritonavir (Paxlovid)
 - Many drug interactions
2. Sotrovimab or Bebtelovimab (monoclonal antibodies)
 - Single IV infusion
3. Remdesivir
 - Three day IV infusions
4. Molnupiravir
 - Pregnancy risk

Mandates



Covid: England ending isolation laws and mass free testing

By Mary O'Connor
BBC News

🕒 3 days ago | 💬 Comments



Coronavirus pandemic



| Boris Johnson has announced the end of coronavirus restrictions in England

All Covid restrictions will end in England on Thursday and free mass testing will stop from 1 April.

February 28, 2022

Guidance

COVID-19

[Your Health](#)[Vaccines](#)[Cases & Data](#)[Work & School](#)[Healthcare Workers](#)[Health Depts](#)[Science](#)[More](#)[Community, Work, & School](#)[Health Equity – Promoting Fair Access to Health](#)[Cleaning, Disinfecting, & Ventilation](#)**Workplaces & Businesses**[Workplace Vaccination Program](#)[Post Vaccine Considerations for Workplaces](#)[Testing in Non-Healthcare Workplaces](#)[Consent Elements and Disclosures for Workplace Testing](#)[Contact Tracing in Non-Healthcare Workplaces](#)[Specific Industries](#)[Investigating and responding to COVID-19 cases in non-healthcare work settings](#)[Schools, Child Care, and Colleges](#)[Retirement & Shared Housing](#)[Homeless Populations](#)

Workplaces and Businesses

Plan, Prepare, and Respond

Updated Oct. 18, 2021 [Languages](#) [Print](#)

Workplace Prevention Strategies

To prevent and reduce transmission and maintain healthy business operations in non-healthcare workplaces

CDC has archived several workplace-related guidance documents, factsheets, and toolkits. The Occupational Safety and Health Administration (OSHA) provides resources to prevent COVID-19 exposure and infection in the workplace. For the most current requirements, guidance, and tools, see [OSHA COVID-19 Resources](#).

Vaccination

[Workplace Vaccination Program](#)[Post-vaccination Considerations for Workplaces](#)[Vaccines for COVID-19](#)

Health and Safety Practices

[Types of Masks and Respirators](#)[Ventilation in Buildings](#)[Cleaning and Disinfecting](#)

Testing and Contact Tracing

[COVID-19 Testing](#)[Consent Elements and Disclosures for Workplace Testing](#)

CDC

OSHA



Coronavirus Disease (COVID-19)



OSHA Withdraws Vaccination and Testing Emergency Temporary Standard

Agency will focus on a permanent COVID-19 Healthcare Standard

OSHA Requirements

- Regulations
- Emergency Temporary Standards
 - Vaccination and Testing

UPDATED 1/26/22

Guidance

- For Everyone
 - Mitigating and Preventing the Spread of COVID-19 in the Workplace

UPDATED 8/13/21

Highlights and Tools

- Vaccines.gov
- [CDC Coronavirus \(COVID-19\) Page](#)
- [CDC Workplaces and Businesses Page](#)
- [Job Accommodation Network \(COVID-19\)](#)

EMERGENCY TEMPORARY STANDARD

COVID-19 Vaccination and Testing ETS



Statement on the Status of the OSHA COVID-19 Vaccination and Testing ETS

(January 25, 2022)

The U.S. Department of Labor's Occupational Safety and Health Administration is withdrawing the vaccination and testing emergency temporary standard issued on Nov. 5, 2021, to protect unvaccinated employees of large employers with 100 or more employees from workplace exposure to coronavirus. The withdrawal is effective January 26, 2022.

Although OSHA is withdrawing the vaccination and testing ETS as an enforceable emergency temporary standard, the agency is not withdrawing the ETS as a proposed rule. The agency is prioritizing its resources to focus on finalizing a permanent COVID-19 Healthcare Standard.

OSHA strongly encourages vaccination of workers against the continuing dangers posed by COVID-19 in the workplace.

How Should Individuals and Businesses Face COVID-19 Moving Ahead?

- Know your community rates and emerging variants
 - Consider revising or reimplementing protective measures
- Promote immunization
- Enhance ventilation in workspaces (at least 4 exchanges/hr)
- At risk for severe disease (immunocompromised) and probable poor response to vaccine
 - Continue mitigation strategies (facemask, testing)
 - Most infection acquired at home not work

3 COVID-driven Issues Facing Businesses

- Harder to return to normal operations than institute crisis changes
 - Remote work, for some (medically-driven)?
 - Handwashing always a good idea
- Health and vaccination policies
 - Emphasize health and safety of employees
- Burnout
 - Employee mental health is worse
 - Support systems
 - Retention concerns; increased stressors on those who remain; labor shortage

Future Trends?

- Better medications to treat COVID-19
 - Oral and effective if used early
 - Moving from emergency use to full FDA approval
- Home testing for respiratory illness
 - Here to stay? Facilitates early diagnosis to obtain medications
- Vaccines
 - Probable update of vaccine component for new variants
 - Likely for older adults and those who are immunosuppressed
 - Unclear if additional boosters or updated vaccines needed for all

Questions

