Regence
Group Administrators
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To Our Valued Clients and Partners,

Globally, the countries that began to spike with the BA.2 Stealth Omicron virus last month, continue to surge; currently, South Korea, Vietnam, several western European countries, Australia, Japan, Brazil, and Russia each outnumber the 28-day cases reported in the U.S. and by large margins. South Korea's raw 28-day average is more than 11 times that of the U.S. and Germany and Vietnam are both more than 6 times that of the U.S. In the U.S., the Omicron epidemiological curve has dropped dramatically over the last month. The U.S. 7-day average case count is down to less than 30,000 cases, a number that we have not seen since July of last year.

In a White House press briefing on April 5th, Dr. Anthony Fauci, spoke about Long COVID and about the mental health and substance-use challenges "caused by or exacerbated by the pandemic". Dr. Fauci announced that HHS will be leading an interagency national research action plan on Long COVID "to coordinate both public- and private-sector work to advance our understanding of Long COVID and to accelerate efforts to prevent, detect, and treat it."

Regional Stats

Across our region, according to each state's health department, the fully vaccinated rate for people 5 years and older is 54.4% in Idaho, 66.5% in Utah, 73.2% in Oregon, and 73.9% in Washington.

Today, full vaccination rates for those age 5 and over vary widely between states ranging from a low of 54% in Alabama to a high of 86.2% in Rhode Island and a national average of 69.8% according to the CDC (Centers for Disease Control).

The CDC now reports at the state level on the rates of people 12 years and older who are fully vaccinated AND have received a booster. Oregon is at 53.6%, Idaho is at 42.3%, Washington is at 52.5%, and Utah is at 45%. Nationally, this metric ranges from a low of 27% in North Carolina to a high of 62.7% in Vermont and a national average of 46.8%.

Stealth Omicron Variant Dominating

The CDC and the WHO (World Health Organization) started tracking a new Omicron variant pango-lineage BA.2, aka "Stealth Omicron" in January. BA.2 accounted for 0% of U.S. cases for the week ending 1/8/22, 1.0% of cases for the week ending 2/5/22, and 11.6% of cases for the week ending 3/3/22, and 72.2% of case for the week ending 4/2/22. The good news is that BA.2 does not appear to be more deadly than the original Omicron.

The CDC classified the Omicron variant as a Variant of Concern on November 26, 2021. Omicron was first detected in the US on December 1st. One month later, Omicron accounted for over 92% of all COVID-19 cases in the U.S. Today, including BA.2, Omicron is close to 100% of all cases. The Delta

variant took over four months to reach similar infection rates. Delta and Omicron remain the CDC's only Variants of Concern and as of 4/6/22, the CDC reports the Delta variant at 0% of the total U.S. COVID-19 cases.

Booster and Vaccine Update

On March 29th, the CDC recommended a third shot series (a second booster) for high-risk individuals and people over the age of 50 no less than four months after their prior dose. Yet, no vaccine exists for children under the age of 5, and the anticipated emergency use authorization of a vaccine for this age group is unknown.

Dr. Fauci, in a White House briefing on April 5th asked for patience in response to questions from the press about the timing of a vaccine for the six-month to under-five age group. He explained that the two companies developing vaccines for this age group will likely have different dosing and regimens once all the data is analyzed and the companies come back with their recommendations to ensure safe use of their vaccines.

The CDC has updated its vaccine and booster recommended schedule here.

While the federal Public Health Emergency declaration remains in place, plans are required to cover COVID-19 vaccines including boosters that have emergency use approval (EUA) by the FDA and follow CDC recommendations. Additionally, once a vaccine receives full FDA approval, it is considered a covered preventive care benefit under the CARES Act, which applies to all non-grandfathered group health plans under the ACA (Affordable Care Act) rules.

COVID Treatment Options

On April 5th, the Food and Drug Administration (FDA) pulled its authorization of the GlaxoSmithKline and Vir Biotechnology's sotrovimab monoclonal antibody therapy to treat COVID-19. The FDA shared data showing that sotrovimab at current dosage is unlikely to be effective against the BA.2 variant. This comes a year and one week after sotrovimab received emergency use authorization (EUA). The FDA had previously amended its EUA by restricting sotrovimab shipments to several states in the Northeast, Puerto Rico, and the U.S. Virgin Islands.

Vaccines remain the most effective treatment to reduce the risk of severe COVID-19 infections. This new Test-to-Treat program funds direct allocation of anti-viral treatments; Merck (molnupiravir) and Pfizer (Paxlovid), to pharmacy-based clinics, health centers, and long-term care facilities. The FDA granted emergency use authorization for both of these treatments in late December 2021. Distribution of these oral antiviral pills begins this week to participating pharmacy-based clinics. We do not have information yet on the details of the participating clinics.

What do we know about these oral antiviral treatments?

HHS now has a robust public information page explaining everything you might want to know about oral antivirals to help the body fight off serious COVID-19.

The FDA first issued an emergency use authorization on December 23rd, 2021, for Merck's molnupiravir antiviral pill for the treatment of mild-to-moderate coronavirus disease (COVID-19) in adults with

positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death, and for whom alternative COVID-19 treatment options authorized by the FDA are not accessible or clinically appropriate. Molnupiravir is available by prescription only and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset.

Molnupiravir is not authorized for use in patients younger than 18 years of age because molnupiravir may affect bone and cartilage growth. It is not authorized for the pre-exposure or post-exposure prevention of COVID-19 or for initiation of treatment in patients hospitalized due to COVID-19 because benefit of treatment has not been observed in people when treatment started after hospitalization due to COVID-19.

On December 22nd, 2021, the FDA issued an emergency use authorization (EUA) for Pfizer's Paxlovid (nirmatrelvir tablets and ritonavir tablets, co-packaged for oral use) for the treatment of mild-to-moderate coronavirus disease (COVID-19) in adults and pediatric patients (12 years of age and older weighing at least 40 kilograms or about 88 pounds) with positive results of direct SARS-CoV-2 testing, and who are at high risk for progression to severe COVID-19, including hospitalization or death. Paxlovid is available by prescription only and should be initiated as soon as possible after diagnosis of COVID-19 and within five days of symptom onset. We are currently working with our contracted PBM partners to how this drug will be covered on your Pharmacy benefit plans.

During the State of the Union address on March 1st, President Biden announced it would be launching a new initiative as part of its National COVID-19 Preparedness Plan "so people can get tested at a pharmacy and, if they prove positive, receive the antiviral pills on the spot at no cost". One week later, on March 1st, the Biden Administration and the Department of Health and Human Services published its 'Test-to-Treat' fact sheet and FAQ.

As part of the Test-to-Treat program, on March 29th, the federal Office of the Assistant Secretary for Preparedness & Response (ASPR) launched a new website locator to help people find COVID-19 medications and testing.

Be sure to remind people that the US government authorized a second round of free COVID-19 at-home tests kits. Ordering is easy at COVID Home Tests | USPS.

We're Here for You

Our focus, dedication, and support remain steadfast as we navigate these unique times with you. Know that our Care Management nurses are reaching out to those members diagnosed with COVID-19 to help them access the care and resources they need to recover safely. Thank you for your continued trust in our organization. We are in this with you and hope that you and yours stay safe and healthy. Please reach out to your Account Manager if you have any questions or if there's anything we can do to help.

Best Regards,

Lindsay Harris, MPP *President*

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