



Group Administrators

An Independent Licensee of the Blue Cross and Blue Shield Association Serving Select Counties in Washington

January 13, 2022

## To Our Valued Clients and Partners,

As we enter the second full year of the pandemic this month, this week is tracking to have the highest number of reported weekly coronavirus cases since the beginning of the pandemic. At the same time there's a massive shortage of COVID-19 PCR and antigen tests to fully measure and report on the actual spread of the virus.

### Regional Stats

Across our region, according to each state's health department, the fully vaccinated rate for people 5 years and older is 52.5% in [Idaho](#), 63.9% in [Utah](#), 65.5% in [Oregon](#), and 71.1% in [Washington](#).

Today, full vaccination rates for those age 5 and over vary widely between states ranging from a low of 48% in Wyoming to a high of 78.3% in Vermont and a national average of 66.7% according to the CDC.

The CDC's now reports at the state-level on the rates of adults 18 years and older who are fully vaccinated AND have received a booster. Oregon is at 46.1%, Idaho is at 40.8%, and Washington is at 45.8% and Utah is at 36.8%. Nationally, this metric ranges from a low of 17.2% in New Hampshire to a high of 57.9% in its neighboring state, Vermont.

The CDC's current US seven-day case count average is about 760,000 per day fueled by a single-day record on January 10<sup>th</sup> of over 1.4 million cases. The daily number of COVID-19 cases is nearly 4 times the previous highest COVID-19 spike in January 2021, yet the daily number of deaths is about half of where it was during the same previous spike, currently averaging about 1700 daily deaths. The good news is that while the case rate is unprecedented, the survival rate is improving. That said, now is not the time to ease protections.

The seven-day hospital admissions count average also surged to near record levels of about 20,000 new admissions per day, with over 140,000 people hospitalized as hospitals race to shut down non-essential services and prepare for an anticipated admissions flood in the coming weeks.

## **Omicron, Omnipresent**

The CDC classified the Omicron variant as a Variant of Concern on November 26, 2021. Omicron was first detected in the US on December 1<sup>st</sup>. One month later, Omicron accounted for over 92% of all COVID-19 cases in the U.S. Today, Omicron is close to 99% of all cases. The Delta variant took over four months to reach similar infection rates. Delta and Omicron remain the only Variants of Concern.

On January 11<sup>th</sup>, Dr. Janet Woodcock, Acting Commissioner of the Food and Drug Administration, in questions following her testimony before the Senate Health, Education, Labor, and Pensions Committee on Capitol Hill, stated, "I think right now, we need to focus on continuity of operations for hospitals and other essential services as this variant sweeps through the population."

## **Booster and Vaccine Update**

Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases and the Chief Medical Advisor to the President, in a White House briefing on Wednesday, January 12<sup>th</sup>, emphasized the importance "that the up-to-date COVID-19 vaccination with boosters prevents severe disease and keeps you out of the hospital". This follows the CDC's recent updates to its CDC's COVID-19 Booster dose recommendations.

On January 3<sup>rd</sup>, the FDA amended the Pfizer EUA to include a booster dose in those 12-15 years of age and shortened the time between the completion of the primary vaccination series and a booster dose to five months and allows for a third primary series dose for certain children 5-11 years of age. The CDC's Advisory Committee on Immunization Practices (ACIP) then followed suit and [expanded booster eligibility](#) accordingly.

On January 7<sup>th</sup>, the FDA amended the Moderna EUA to shorten the time between the completion of primary vaccination and a booster dose to five months for those 18 and older. As of this publication date, the CDC has not yet acted on the FDA's amended Moderna EUA.

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 rules.

## **New COVID Treatments**

Vaccines remain the most effective treatment to reduce the risk of severe COVID-19 infections. Yet, scientists continue the race to develop effective treatments for those facing a fight for their lives with COVID-19 infections. The FDA has recently issued EUAs for new drugs to treat COVID-19 patients. This is welcome news given the spike in COVID-19 hospitalization. One of the new drugs, Pfizer's Paxlovid, has potential broad application for less severe cases.

On December 28th, the FDA updated the [emergency use authorization](#) (EUA) for COVID-19 convalescent plasma. The update limits the authorization to the use of COVID-19 convalescent plasma with high titers of anti-SARS-CoV-2 antibodies for the treatment of COVID-19 in patients with immunosuppressive disease or who are receiving immunosuppressive treatment. These patients may be treated in outpatient or inpatient settings. Additionally, to help assure the manufacture of high titer COVID-19 convalescent plasma, the revisions to the EUA revise acceptable tests and increase qualifying result cutoffs to be used for manufacturing COVID-19 convalescent plasma with high titers of anti-SARS-CoV-2 antibodies.

On December 23rd, the FDA's advisory issued an [emergency use authorization](#) (EUA) 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 22<sup>nd</sup>, 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.

## **Regular COVID Reporting Continues**

All clients currently receive regular reporting on their plan's COVID-related claims and payments. Please contact your Account Manager to receive your latest report or you can access this report in BenefitFocus.

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.

## 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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