

June 10, 2022

To Our Valued Clients and Partners,

We enter our third pandemic summer this month after reaching a sobering milestone last month of one million U.S. COVID-19 since the beginning of the pandemic. The CDC's reported 7-day average U.S. daily new COVID-19 case count as of June 7th is at 105K new cases per day, which is up from 72K new cases per day one month ago and 35K cases per day two months ago. The predicted summer surge is real. The 7-day average daily new case count on any given day in June 2021 did not exceed 17K new cases and in June 2020 did not exceed 43K new cases.

The good news is that the COVID-19 survivability rate has nearly doubled compared to a year ago, largely due to the efficacy of vaccines and boosters in reducing the severity of COVID-19 symptoms. [Long-COVID](#) is the emerging concern for many of those that have survived COVID.

Regional Stats

Across our region, according to each state's health department, the fully vaccinated rate for people 5 years and older is 55.1% in [Idaho](#), 67.3% in [Utah](#), 73% in [Oregon](#), and 74.4% in [Washington](#).

Today, full vaccination rates for those aged 5 and over vary widely between states ranging from a low of 54.7% in Alabama to a high of 87.9% in Rhode Island and a national average of 70.9% according to the CDC (Centers for Disease Control).

The CDC [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 56.4%, Idaho is at 44.6%, Washington is at 55.3%, and Utah is at 47.4%. Nationally, this metric ranges from a low of 27.9% in North Carolina to a high of 64.5% in Vermont and a national average of 48.7%.

Multiple New Omicron Variants and Stealth Subvariant Rising

Over the last month, two new Omicron variants, BA.4 and BA.5 have accelerated from 0.3% and 1% of new cases respectively to 5.4% and 7.6% of cases respectively. While they are following similar percentage growth rates over time as the original Omicron variants, what's interesting is that these newer variants appear to be spreading west to east across the U.S., directionally opposite of the BA.2.12.1 geographical spread pattern. The CDC tracks the proportion of variants by HHS Regions. Region 10 includes WA, OR, ID, and AK. Currently, BA.4 and BA.5 make up 15.8% of the Region 10 new cases and in the Northeast US these variants comprise less than 8% of new cases.

The CDC started tracking the Omicron subvariant BA.2.12.1 in February. This subvariant was less than 1% of cases through early March. Since mid-March BA.2.12.1 has started to overtake earlier

Omicron variants. For the week ending June 4th, it accounted for 62.2% of new cases, up from 39.6% just one month ago.

Worth noting is that this subvariant is spreading east to west across the US. In HHS Region 10 including WA, OR, ID, and AK, BA.2.12.1 grew from 13.9% of cases one month ago to 41.4% of cases today. Whereas, in HHS regions on the East Coast, B.A2.12.1 comprised 40.2% to 66.1% of cases one month ago and now comprises 64.5% to 80.2% of cases.

The CDC and the WHO (World Health Organization) started tracking the 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, reaching its highest proportion at 73.9% for the week ending 4/9/22. BA.2 has tapered down to 24.8% of cases for the week ending 6/4/22. The good news is that all of the Omicron variants and subvariants do not appear to be more deadly than previous variants like Delta.

The CDC classified the original 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, Omicron, including all of its variants, represents 100% of all cases. The Delta variant took over four months to reach similar infection rates. The CDC reports the Delta variant at 0% of the total U.S. COVID-19 cases and has moved it from a Variant of Concern to a Variant Being Monitored. Omicron (and its lineages) remains the CDC's only Variants of Concern and as of 6/7/22.

Booster and Vaccine Update

Upcoming FDA Booster and Vaccine Reviews

On June 14th, the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) will meet to discuss amending the EUA of the Moderna COVID-19 mRNA vaccine to include the administration of the primary series to children and adolescents 6 years through 17 years of age. Then, on June 15th, the VRBPAC will meet to discuss the Moderna EUA request for a COVID-19 vaccine for 6 months through 5 years of age and Pfizer-BioNTech EUA request for 6 months through 4 years of age. The same committee will meet on June 28th to discuss whether and how the SARS-CoV-2 strain composition of COVID-19 vaccines should be modified.

Recent Booster and Vaccine Developments

On June 7th, the VRBPAC met to review and ultimately recommended for FDA approval, the EUA request for Novavax COVID-19 Vaccine, Adjuvanted, a two-dose series, administered three weeks apart, for individuals 18 years of age and old. If approved it would become the 4th vaccine available to adults in the U.S. The Novavax formulation is a more traditional, protein-based vaccine unlike the mRNA Moderna and Pfizer-BioNTech COVID-19 Vaccines currently approved. Many health officials are optimistic that people who have been reluctant to receive existing vaccine options may accept Novavax.

On June 1st, the CDC updated its vaccine and booster recommended schedule. Check it out [here](#).

On May 19th, the CDC expanded the eligibility of COVID-19 vaccine booster doses to everyone 5 years of age and older. The CDC now recommends that children ages 5 through 11 years should receive a booster shot 5 months after their initial Pfizer-BioNTech vaccination series. This followed the FDA's May 17th amendment the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine, authorizing the use of a single booster dose for administration to individuals 5 through 11 years of age at least five months after completion of a primary series with the Pfizer-BioNTech COVID-19 Vaccine.

On May 5th, the FDA limited the authorized use of the Janssen COVID-19 vaccine to individuals 18 and over who cannot or will not receive any other authorized COVID-19 vaccine. The FDA determined that the risk of developing rare blood clots warranted this limitation.

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.

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

The National Institutes of Health (NIH) published information on May 10th about [new research](#) it is funding at the University of Washington, the Washington University School of Medicine, and Northwestern University using 'designed synthetic mini-proteins' that bind to the spike COVID-19 spike proteins and are showing promise as an antiviral nasal spray COVID treatment to prevent infections. The next step is human clinical trials.

On May 26th, the Biden Administration provided an update on its Test-to-Treat program which 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.

Through the Test-to-Treat program, distribution of these oral antiviral pills began earlier this year. Now, there are more than 2,500 Test-to-Treat locations at local pharmacies and community health centers across the U.S. and over 40,000 locations where people oral antivirals are now available. The federal Office of the Assistant Secretary for Preparedness & Response (ASPR) has [a website locator](#) to help people find COVID-19 medications and testing.

On May 9th the FDA gave full approval to baricitinib (Olumiant) for the treatment of COVID-19 in hospitalized adults requiring supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO). This follows the drug's initial Emergency Use Authorization (EUA) in November of 2020 and subsequent revised EUA in July 2021. This treatment remains in EUA status for patients aged 2-17.

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

Additionally, Washington State residents may order additional free COVID Home Test kits from the Department of Health's "[Say Yes, COVID Test](#)" program.

Vaccines remain the most effective treatment to reduce the risk of severe COVID-19 infections.

What do we know about these oral antiviral treatments?

HHS 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 Lagevrio (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 confirm 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.

Updated COVID-19 Member Information and Resources on Our Website

We update our COVID-19 information and resource pages for members regularly. Many members call us with questions that are of a more clinical nature that we do not address on our website. We recommend that members consult their primary care physician for clinical questions. For non-clinical questions, please share this [page](#) with members where they will find links to additional resources on self-care, vaccines, and other useful information.

We're Here for You

Thank you for your continued trust in our organization.

Please reach out to your Account Manager if you have any questions or if there is anything we can do to help. We would also love to hear your feedback on future content and story ideas for this newsletter. Drop us your ideas and feedback at TPAMarketing@accesstpa.com.

Best Regards,

Lindsay Harris, MPP *President and CEO*

Regence Group Administrators