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Updated Information on Availability and Use of Treatments for Outpatients with Mild to Moderate COVID-19 Who are at Increased Risk for Severe Outcomes of COVID-19

Action Requested:

- 1) Review the most updated [COVID-19 treatment guidelines](#) and prescribe COVID-19 therapeutics for patients when clinically indicated. There are considerable differences in efficacy, risk profiles, and use restrictions between the two oral antivirals. In addition, initiating treatment with these oral antivirals must begin within five days of symptom onset to be effective. Please see [NIH's COVID-19 Treatment Guidelines](#) for important therapeutic considerations, such as the potential for significant drug-drug interactions with ritonavir-boosted nirmatrelvir (Paxlovid) and dosing regimens for patients with renal impairment.
- 2) Share information on access to outpatient COVID-19 treatments with patients, including pharmacies where antivirals for [COVID-19 are distributed and Test to Treat locations](#).
- 3) Do not use dexamethasone and other systemic corticosteroids to treat patients with mild to moderate COVID-19 who do not require hospitalization or supplemental oxygen; these drugs have no proven benefit in these patients and can cause harm.
- 4) Do not use antibacterial therapy to treat COVID-19 in the absence of another indication; these drugs have no benefit for treating viral infections and can cause harm.
- 5) To prevent serious outcomes of COVID-19, including severe disease, hospitalization, and death, encourage all patients to remain up to date with COVID-19 vaccination.
 - People who are immunocompromised or severely allergic to COVID-19 vaccines may receive tixagevimab co-packaged with cilgavimab (Evusheld), a long-acting combination monoclonal antibody therapy given by intramuscular injection for pre-exposure prophylaxis of COVID-19. To find Evusheld distribution locations, providers can go to the [COVID-19 Therapeutics Locator](#), call the support line at 1-800-232-0233 (TTY 888-720-7489), or contact their individual state or territorial health planners.

Background:

Early outpatient treatment of COVID-19 can avert serious, potentially life-threatening illness and reduce burden on the healthcare system. For patients with mild to moderate COVID-19 who are not hospitalized and who are at [increased risk](#) for severe COVID-19 outcomes, several [treatment options](#), including antiviral medications and monoclonal antibodies, are now widely available and accessible.

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Systemic corticosteroids are [not recommended](#) to treat patients with mild to moderate COVID-19 who do not require supplemental oxygen; patients who are receiving dexamethasone or another corticosteroid for other indications should continue therapy for their underlying conditions as directed by their healthcare providers. Antibacterial therapy is [not recommended](#) for the treatment of COVID-19 in the absence of another indication.

Staying [up to date](#) with COVID-19 vaccination is still the best way to prevent serious outcomes of COVID-19, including severe disease, hospitalization, and death.

References

Health Alert Network (HAN) No. 463 -Updated Information on Availability and Use of Treatments for Outpatients with Mild to Moderate COVID-19 Who are at Increased Risk for Severe Outcomes of COVID-19:

<https://emergency.cdc.gov/han/2022/han00463.asp>

CDC COVID-19 Treatment website: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/treatments-for-severe-illness.html>

NIH COVID-19 Treatment Guidelines:

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

Office of the Assistant Secretary for Preparedness & Response COVID-19 Medication Locator: <https://covid-19-test-to-treat-locator-dhhs.hub.arcgis.com/>

CDC Interim Clinical Considerations for Use of COVID-19 Vaccines:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

Highly Pathogenic Avian Influenza A(H5N1) Virus: Recommendations for Human Health Investigations and Response

Action Requested:

- 1) Consider the possibility of HPAI A(H5N1) virus infection in persons showing signs or symptoms of respiratory illness who have had contact with potentially infected birds (e.g., handling, slaughtering, defeathering, butchering, culling, preparation for consumption); direct contact with water or surfaces contaminated with feces or parts (carcasses, internal organs, etc.) of potentially infected birds; and persons who have had prolonged exposure to potentially infected birds in a confined space.
- 2) Immediately notify Thurston County Public Health and Social Services of suspect cases to facilitate testing for HPAI A(H5N1) virus infection by calling Thurston County Public Health and Social Services at (360) 867-2500 Monday-Friday 8-5pm or calling the afterhours line at 1-800-986-9050.

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- 3) Recognize the symptoms of HPAI A (H5N1) virus infection which include but are not limited to:
 - Mild illness (e.g., cough, sore throat, fever or feeling feverish, rhinorrhea, fatigue, myalgia, arthralgia, headache) or conjunctivitis (red eye, discharge from eye)
 - Moderate to severe illness: (e.g., shortness of breath or difficulty breathing, altered mental status, seizures)
 - Complications: pneumonia, respiratory failure, acute respiratory distress syndrome, multi-organ failure, meningoencephalitis
- 4) Use PPE when evaluating patients for infection with avian influenza A viruses to include Standard Precautions, plus Contact and Airborne Precautions, including the use of eye protection.
- 5) Consider chemoprophylaxis with neuraminidase inhibitors oseltamivir or zanamivir (one dose twice daily) for any individual meeting exposure criteria:
 - Close exposure (within six feet) to birds, with confirmed avian influenza A virus infection by A(H5N1) virus. Bird exposures can include, but are not limited to handling, slaughtering, defeathering, butchering, culling, or preparing birds for consumption, OR
 - Direct contact with surfaces contaminated with feces or bird parts (e.g., carcasses, internal organs) from infected birds, OR
 - Visiting a live poultry market with confirmed bird infections or associated with a case of human infection with HPAI A(H5N1).
 - Exposure to an infected person - close (within six feet) unprotected (without use of respiratory and eye protection) exposure to a person who is a confirmed, probable, or symptomatic suspected case of human infection with HPAI A(H5N1) (e.g., in a household or healthcare facility).
 - Laboratory exposure (unprotected exposure to HPAI A(H5N1) virus in a laboratory)

Chemoprophylaxis is not routinely recommended for personnel who used proper PPE while handling sick or potentially infected birds or decontaminating infected environments (including animal disposal).

For specific dosage recommendation for treatment by age group please see Influenza Antiviral Medications: Summary for Clinicians

<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>

- 6) Outpatients meeting bird exposure criteria who develop signs and symptoms compatible with influenza should be referred for prompt medical evaluation and empiric initiation of influenza antiviral treatment with a neuraminidase inhibitor, oseltamivir or zanamivir, or the cap-dependent endonuclease inhibitor, baloxavir, as soon as possible. Clinical benefit is greatest when antiviral treatment is administered early, especially within 48 hours of illness onset.

Hospitalized patients who are confirmed, probable, or suspected cases of human infection with HPAI A(H5N1) virus, regardless of time since illness onset are recommended to initiate antiviral treatment with oral or enterically administered oseltamivir as soon as possible. Antiviral treatment should not be delayed while waiting for laboratory testing results.

For detailed guidance on dosing and treatment duration, please see Interim Guidance of the Use of Antiviral Medications for the Treatment of Human Infection with Novel

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Influenza A Viruses Associated with Severe Human Disease

(<http://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm>).

- 7) Obtain respiratory specimen if signs or symptoms consistent with infection with avian influenza A virus are present in a patient with recent exposure to infected birds or contaminated environments. The following specimens should be collected as soon as possible after illness onset or when deemed necessary: a nasopharyngeal swab and a nasal aspirate or wash, or two swabs combined into one viral transport media vial (e.g., a nasal or nasopharyngeal swab combined with an oropharyngeal swab). If these specimens cannot be collected, a single nasal or oropharyngeal swab is acceptable. Patients with severe respiratory disease also should have lower respiratory tract specimens (e.g., an endotracheal aspirate or bronchoalveolar lavage fluid) collected, if possible.
- 8) Inform patients of public health recommendations to avoid unprotected exposure to sick or dead birds, bird feces, litter, or materials contaminated by birds with suspected or confirmed HPAI A(H5N1) virus infection. Personal protective equipment (PPE) includes a properly fitted unvented or indirectly vented safety goggles, disposable gloves, boots or boot covers, a NIOSH-approved respirator (e.g., N95), disposable fluid-resistant coveralls, and disposable head cover or hair cover.
- 9) People exposed to HPAI A(H5N1)-virus infected birds (including people wearing recommended PPE) should monitor for signs and symptoms of influenza beginning after their first exposure and for 10 days after their last exposure.

Background:

A person has tested positive for avian influenza A(H5) virus (H5 bird flu) in the U.S., as confirmed by the Centers for Disease Control and Prevention (CDC) and reported by the Colorado Department of Public Health and Environment on April 28, 2022. This case occurred in a person who had direct exposure to poultry and who was involved in the culling (depopulating) of poultry with presumptive H5N1 bird flu. At this time, there is no evidence of sustained human-to-human transmission of HPAI A(H5N1) virus in the U.S.

Starting in January, the U.S. Department of Agriculture's (USDA) Animal and Plant Health Inspection Service (APHIS) detected highly pathogenic avian influenza (HPAI) A(H5N1) virus in wild birds in the United States followed by multiple detections in U.S. commercial poultry and backyard bird flocks.

Influenza A viruses infect the respiratory and gastrointestinal tracts of birds causing birds to shed the virus in their saliva, mucous, and feces. Human infections with avian influenza A viruses can happen when enough virus gets into a person's eyes, nose, or mouth or is inhaled. People with close or prolonged unprotected contact with infected birds or contaminated environments are at greater risk of infection. Illnesses in humans from avian influenza A virus infections have ranged from mild (e.g., eye infection, upper respiratory symptoms) to severe illness (e.g., pneumonia) resulting in death.

The spread of avian influenza A viruses from one infected person to another has been reported in other countries, but is very rare, and when it has happened, it has not led to sustained spread among people. At this time, CDC considers the human health risk to the U.S. public from these newly identified HPAI A(H5N1) viruses to be low; however, people with close or prolonged, unprotected contact with infected birds or contaminated environments are at greater risk of infection. While there is little information about the spectrum of illness that could result from human infections with current H5N1 bird flu viruses, currently, CDC considers this virus as having the potential to cause severe disease in humans.

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Resources:

- Health Alert Network (HAN) No. 464 – Highly Pathogenic Avian Influenza A(H5N1) Virus: Recommendations for Human Health Investigations and Response: <https://emergency.cdc.gov/han/2022/han00464.asp>
- [General information about avian influenza viruses and how they spread:](https://www.cdc.gov/flu/avianflu/avian-in-humans.htm) <https://www.cdc.gov/flu/avianflu/avian-in-humans.htm>
- [Past Outbreaks of Avian Influenza in North America:](http://www.cdc.gov/flu/avianflu/past-outbreaks.htm) <http://www.cdc.gov/flu/avianflu/past-outbreaks.htm>
- [Transmission of Avian Influenza A Viruses Between Animals and People:](http://www.cdc.gov/flu/avianflu/virus-transmission.htm) <http://www.cdc.gov/flu/avianflu/virus-transmission.htm>
- [H5 Viruses in the United States:](http://www.cdc.gov/flu/avianflu/h5/index.htm) <http://www.cdc.gov/flu/avianflu/h5/index.htm>
- [General information about Avian Influenza viruses in birds:](http://www.cdc.gov/flu/avianflu/avian-in-birds.htm) <http://www.cdc.gov/flu/avianflu/avian-in-birds.htm>
- [Avian Influenza: Information for Health Professionals and Laboratorians:](http://www.cdc.gov/flu/avianflu/healthprofessionals.htm) <http://www.cdc.gov/flu/avianflu/healthprofessionals.htm>
- [Reported Human Infections with Avian Influenza A Viruses:](https://www.cdc.gov/flu/avianflu/reported-human-infections.htm) <https://www.cdc.gov/flu/avianflu/reported-human-infections.htm>
- [Guidance on Testing and Specimen Collection for Patients with Suspected Infection with Novel Influenza A Viruses with the Potential to Cause Severe Disease in Humans :](https://www.cdc.gov/flu/avianflu/severe-potential.htm) <https://www.cdc.gov/flu/avianflu/severe-potential.htm>
- [Recommendations for Worker Protection and Use of Personal Protective Equipment \(PPE\) to Reduce Exposure to Novel Influenza A Viruses Associated with Severe Disease in Humans:](https://www.cdc.gov/flu/avianflu/h5/worker-protection-ppe.htm) <https://www.cdc.gov/flu/avianflu/h5/worker-protection-ppe.htm>

THANK YOU FOR REPORTING

COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION
THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT
412 LILLY RD NE
OLYMPIA, WA, 98506-5132
DISEASE REPORTING: (360)786-5470



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TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting non-immediately reportable conditions (24 hours a day)	Phone: 360-786-5470 Fax: 360-867-2601
Day time immediately reportable conditions – Call detailed information to the 24-hour Notifiable Condition Reporting Line at 360-786-5470. Messages are picked up hourly. If a call back can't wait call 360-867-2500 and ask staff to locate a Communicable Disease staff.	Phone: 360-786-5470
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is immediately notifiable	1-877-539-4344

Communicable Disease Updates are posted online at: <http://bit.ly/CDUpdatePHSS>