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TELEBRIEFING

Upcoming Telebriefing will be **Thursday, November 17, 2022, 2:00-3:00 PM**
For listen mode only, call: 1 (669) 900-6833, when prompted, enter the following Meeting ID: 826 2009 8291. Passcode: 242111
Zoom Meeting Link
Submit Telebriefing Topics
Submit Telebriefing Questions

SECTOR ANNOUNCEMENTS

November 2, 2022

Governor Newsome issued an announcement that the COVID-19 State of Emergency (SOE) will end on February 28, 2023. As a result, any of the CDSS COVID-19 waivers issued pursuant to the SOE and the Governor's Executive Order N-11-22 will be rescinded. Facilities operating under COVID-19 waivers will have to resume regular pre-SOE

operations as all licensing requirements will be reinstated as of March 1, 2023. Please see PIN 22-30-ASC for more information.

Although the SOE will end in February, CDSS recognizes that COVID-19 continues to exist. California has the tools and resources needed to continue fighting COVID-19 when the SOE terminates. These tools include vaccines and boosters, testing, treatments, and other mitigation measures, such as masking, increased indoor ventilation, and infection control regulations. You can find more resources in the Governor's California SMARTER Plan Progress Updates October 2022.

Local health providers are seeing an early spike in flu and respiratory syncytial virus (RSV) cases. Vaccines for the flu and COVID-19, including the new bivalent boosters, are available. If you have residents who are immobile, cognitively impaired, or have behavioral challenges and need onsite vaccination, please email COVID-HealthcareStatus@sdcounty.ca.gov and staff will assist you.

Please find a summary of important resources the County and other partners are currently offering below:

Vaccines and Boosters

- Visit COVID-19 Vaccines to locate vaccination sites for staff or mobile residents.
- If you have residents who need vaccines or new bivalent boosters administered at your facility, our County of San Diego Rapid Response Team can assist. Please email COVID-HealthcareStatus@sdcounty.ca.gov and one of our team members can help you.

Testing

- Visit the County's webpage to find free COVID-19 testing site locations and times.
- If your facility is in need of antigen or Over-The -Counter(no CLIA waiver required) test kits, please email moc.logs.hhsa@sdcounty.ca.gov
- If you have a health plan, you can purchase over-the-counter COVID-19 tests at no cost. See more details here.

Treatment

- Visit Treatment (sandiegocounty.gov) for COVID-19 treatment options near you. Please note since demand for treatment has decreased, our number of local sites has been reduced as well.

Please find information below regarding the latest guidance and resources from county, state, and federal organizations, including new updates:

- PIN 22-30-ASC End of Emergency Related to COVID-19 and expiration of COVID-19 Waivers

For other questions, email COVID-LTC@sdcounty.ca.gov or for more information for long-term care facilities, visit www.coronavirus-sd.com/LTC.

Thank you for your continued efforts and partnership with the County of San Diego!

California Department of Public Health

AFL 22-07.1 to Skilled Nursing Facilities, October 6, 2022
This AFL notifies SNFs of updated California Department of Public Health (CDPH), Centers for Medicare and Medicaid Services (CMS), and Centers for Disease Control and Prevention (CDC) guidance for improving their infection control and prevention practices to prevent the transmission of COVID-19, including guidance for visitation. This AFL provides CDPH guidance for group activities and communal dining. This AFL revision announces that, effective September 17, 2022, the visitation requirements outlined in the August 26, 2021 Public Health Order (PHO) are rescinded. Visitors are no longer required to show proof of vaccination or a negative test to have indoor visitation. Visitors must continue to comply with CDPH Masking Guidance while visiting in these indoor healthcare settings and should continue to maintain all current infection prevention practices to continue protecting these most vulnerable populations.

AFL 21-14.2 to all Intermediate Care Facilities, October 6, 2022
This AFL notifies all ICF/DD-H-N-CN facilities of the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) guidance for improving their infection control and prevention practices to prevent the transmission of COVID-19, including guidance for visitation. This AFL revision announces that, effective

September 17, 2022, the visitation requirements outlined in the August 26, 2021 Public Health Order (PHO) are rescinded. Visitors are no longer required to show proof of vaccination or a negative test to have indoor visitation. Visitors must continue to comply with CDPH Masking Guidance while visiting in these indoor healthcare settings and should continue to maintain all current infection prevention practices to continue protecting these most vulnerable populations.

AFL 21-34.4 to All Facilities, October 5, 2022
This AFL revision notifies all facilities of the Public Health Order – Health Care Worker Vaccine Requirement and State Public Health Order – Adult Care Facilities and Direct Care Worker Vaccine Requirement issued September 13, 2022. The routine diagnostic screening COVID-19 testing requirements for all unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster are rescinded.

AFL 22-21 to Skilled Nursing Facilities, October 5, 2022
This AFL supersedes AFL 19-22, and releases updated guidance on Enhanced Standard Precautions for Skilled Nursing Facilities

AFL 22-13.1 to Skilled Nursing Facilities, October 5, 2022
This AFL revision provides updated testing recommendations from the California Department of Public Health (CDPH) for SNFs. This AFL revision incorporates the September 13, 2022 amended Public Health Order which maintains the current vaccination and booster requirement for healthcare personnel (HCP) but rescinds the requirement for routine diagnostic screening testing for unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster.

AFL 22-20 to Skilled Nursing Facilities, September 12, 2022
This AFL provides guidance recommending that all SNF residents with symptomatic COVID-19 be evaluated by a prescribing clinician to be considered for COVID-19 therapeutics. In addition, SNFs should evaluate all residents for any oral COVID-19 therapeutics drug-drug interaction risk, renal and hepatic impairment in advance of a COVID-19 diagnosis and indicate such information in charts to facilitate access to appropriate therapeutics when a COVID-19 diagnosis is made. This AFL also provides information regarding available guidance and resources for evaluating, prescribing, and obtaining COVID-19 therapeutics for SNF residents. This AFL encourages SNFs to provide information for healthcare personnel (HCP) who test positive for COVID-19 to obtain treatment with appropriate therapeutics.

AFL 20-83.2 to Skilled Nursing Facilities and Intermediate Care Facilities, August 31, 2022

This AFL notifies SNFs and ICFs of the appellate court's decision in *California Advocates for Nursing Home Reform (CANHR), et al. v. Sonia Angell, Director of CDPH,* regarding the interdisciplinary team (IDT) process codified in HSC section 1418.8. The AFL provides guidance and clarification to facilities regarding the court's decision pertaining to the IDT process.This AFL clarifies an IDT's authority to administer antipsychotic medications and create or change certain orders according to HSC section 1418.9. This AFL clarifies that a patient representative serving as part of the IDT must be unaffiliated with the facility. This revision announces the extension of the date by which facilities must identify a patient representative before the facility may initiate an IDT to make treatment decisions pursuant to HSC section 1418.8 to January 27, 2023.

AFL 22-13 to Skilled Nursing Facilities, June 9, 2022
This AFL incorporates updated recommendations from the California Department of Public Health (CDPH) for SNFs conducting diagnostic screening testing of SNF HCP and response testing of SNF residents and HCP to prevent spread of COVID-19 in the facility informed by CDC recommendations and Centers for Medicare and Medicaid Services requirements. This AFL includes updated CDC guidance related to quarantine and outbreak investigations. This AFL revision incorporates the January, 25 2022 amended Public Health Order requiring SNF HCP to receive boosters and complete their primary series and booster dose by March 1, 2022, unless exempt. This revision also updates the testing requirements to require twice weekly COVID-19 testing for unvaccinated exempt HCP and booster-eligible HCP who have not yet received their booster. CDPH continues to recommend that all HCP in SNFs (including those that have completed their primary series and booster dose) undergo at least twice weekly screening testing wherever feasible.

Recent AFLs

California Department of Social Services

NEW! PIN 22-30-ASC to All Adult and Senior Care Licensees, November 1, 2022
PIN 22-30-ASC supersedes PIN 22-21-ASC, dated June 29, 2022, and notifies Adult and Senior Care (ASC) licensees and Continuing Care Retirement Community providers that the

California Department of Social Services (CDSS) is rescinding all COVID-19 waivers on February 28, 2023. In addition, this PIN advises licensees and providers that all licensing requirements will be reinstated on March 1, 2023.

PIN 22-29-ASC to All Adult and Senior Care Program Licensees, October 11, 2022
PIN 22-29-ASC supersedes PIN 22-20-ASC, dated June 22, 2022, and informs Adult and Senior Care (ASC) licensees about CDPH resources on COVID-19 vaccines, including how to access COVID-19 vaccines for updated (bivalent) booster doses.

PIN 22-05.2-ASC to All Adult and Senior Care Program Licensees
PIN 22-05.2-ASC supersedes PIN 22-05.1-ASC, dated March 18, 2022, and notifies all Adult and Senior Care (ASC) licensees of updated COVID-19 vaccination, booster, and testing requirements for all workers in ASC facilities, pursuant to the State Public Health Officer Order of September 13, 2022

PIN 22-28-ASC to All Adult and Senior Care Program Residential Licensees
PIN 22-28-ASC provides best practices for visitation related to COVID-19 as a result of the State Public Health Officer Order of September 15, 2022. Effective September 17, 2022, the State Public Health Officer Order of September 15, 2022, rescinds the February 11, 2022, State Public Health Officer Order and the Statewide Waiver of Licensing Standards for Visitation in PIN 22-07-ASC, dated February 7, 2022

PIN 22-06-CCLD to All CCLD Providers and Licensees
PIN 22-06-CCLD notifies all Community Care Licensing Division licensees, providers, and applicants of best practices when initiating a background check and provide step-by-step instructions on how to navigate the application process in the Guardian system.

PIN 22-15.1-ASC to All Adult and Senior Care Program Residential Licensees, September 1, 2022
PIN 22-15.1-ASC supersedes PIN 22-15-ASC, dated May 13, 2022, and updates the definition of close contact, the recommended timeframe to test after an exposure, and duration of resident quarantine. This PIN also provides guidance related to resident cohorting, isolation and quarantine, staffing considerations, and use of Personal Protective Equipment (PPE) based on the resident's COVID-19 status.

PIN-22-23-ASC to All Adult and Senior Care Providers, July 18, 2022
PIN 22-23-ASC provides updated guidance on infection control specific to Adult Day Programs (ADP) during the Coronavirus Disease 2019 (COVID-19) pandemic. Specifically, this PIN provides new guidance on participation in day programs, as well as updated

guidance on mitigation plans, masking, testing, COVID-19 vaccination, visitors, communal dining, public outings, and transportation. All residential Adult and Senior Care (ASC) licensees with participants in an ADP should review this PIN. This PIN supersedes PIN 21-33-ASC, dated July 27, 2021.

PIN 22-18-ASC to all Adult and Senior Care Providers June 03, 2022
PIN 22-18-ASC announces the release of the Infection Control Plan courtesy forms for Adult and Senior Care (ASC) facilities with the exception of Adult Residential Facilities for Persons with Special Health Care Needs.

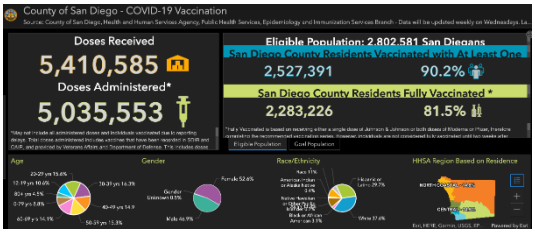
Recent PINs

COVID-19 UPDATES & RESOURCES

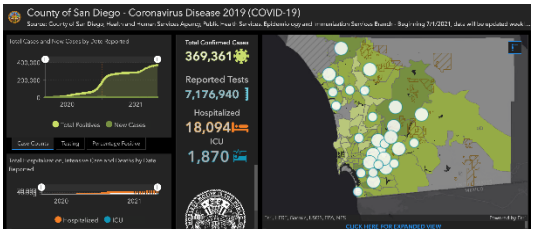
COVID-19 in San Diego County

COVID-19 Watch: Weekly COVID-19 Surveillance Report (10/13/22)

COVID-19 Weekly Update Presentation (10/13/22)



County of San Diego - COVID-19 Vaccination Dashboard



County of San Diego - COVID-19 Dashboard

PREVENTION

COVID-19 Vaccines - Cornerstone of Prevention

Second COVID-19 mRNA boosters are authorized for all persons ≥ 50 years of age and for persons ≥12 years of age with moderate to severe immunosuppression. A study published in the NEJM demonstrated increased Vaccine Effectiveness with the Second Booster, when given at least 4 months after the first booster.

Please email COVID-HealthcareStatus@sdcounty.ca.gov if your facility would like onsite assistance from the Rapid Response Team (RRT) to administer vaccinations and boosters for immobile residents.

EVUSHELD INFORMATIONAL SHEET SUMMARY

LIVE WELL SAN DIEGO

Pre-Exposure Prophylaxis for COVID-19

A Prescription Guide for Providers

Evusheld is a combination of tixagevimab plus cilgavimab monoclonal antibodies issued under Emergency Use Authorization (EUA) for individuals: (1) who do not have COVID-19, (2) who have not been recently exposed to COVID-19, **AND** (3) who are severely to moderately immunocompromised **OR** who are not able to be fully vaccinated **with any available COVID-19 vaccine** due to a history of severe adverse reaction to a COVID-19 vaccine or any of its components.

Dosage and Administration

Evusheld is only for pre-exposure prophylaxis. A negative COVID test is required 5 days prior to administration along with a history of no known recent exposures. If a person has received a COVID-19 vaccine, Evusheld should be administered at least 2 weeks after vaccination. The drug is not authorized for treatment of COVID-19. One dose of Evusheld, administered as two separate gluteal 3 mL injections consecutively (one 300-mg injection per monoclonal antibody), likely provides protection in the 3-month range with new variants. A one-hour observation period is required following treatment. Limited data inform the timing of repeat doses and are not included in the current EUA.
Dosing for individuals who initially received 150 mg of tixagevimab and 150 mg cilgavimab: Initial dose ≤3 months prior: 150 mg tixagevimab and 150 mg cilgavimab; Initial dose >3 months prior: 300 mg tixagevimab and 300 mg cilgavimab.

Evusheld Injection

Evusheld is a combination monoclonal antibody indicated for prevention (pre-exposure prophylaxis) of COVID-19 for adults and pediatric individuals (≥12 years of age, weighing at least 40kg) with moderate or severe immunosuppression or who have had a severe allergic reaction to COVID-19 vaccine. Evusheld reduces the relative risk of getting COVID by up to 77%. Persons eligible include those who:

- Are receiving active cancer treatment
- Received an organ transplant and are taking medicine to suppress the immune system
- Have moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Have advanced or untreated HIV infection
- Take high-dose corticosteroids or other drugs that may suppress their immune response

Evusheld Availability:

Evusheld can be found throughout San Diego at hospital systems, medical groups, and community health centers using the therapeutics locator, and at Family Health Centers of San Diego by completing a treatment request form. For more information, call ASPR at 1-800-232-0233.

If your skilled nursing facility is interested in Evusheld, please email MCSDNursingM_MAT.HHSA@sdcounty.ca.gov for more information. Please note that the County is available to provide both the drug **and** the administration for qualifying patients at your facility.

If your facility is interested in carrying Evusheld, email moc.logs.hhsa@sdcounty.ca.gov to learn more about becoming a provider.

Evusheld Informational Flyer

TREATMENT

PAXLOVID INFORMATIONAL SHEET SUMMARY

LIVE WELL SAN DIEGO

ORAL ANTIVIRAL MEDICATIONS TO TREAT MILD TO MODERATE COVID-19

A Prescription Guide for Providers

PAXLOVID is a combination of nirmatrelvir and ritonavir protease inhibitors issued under Emergency Use Authorization (EUA) for treatment of mild to moderate COVID-19 in adults and children older than 12 years and weighing at least 40 kg. Nirmatrelvir inhibits the SARS-CoV-2 main protease preventing viral replication. Ritonavir inhibits the CYP3A-mediated metabolism of nirmatrelvir, resulting in increased plasma concentrations of nirmatrelvir.

The medication has EUA for those at high risk for progression to severe COVID-19, including hospitalization and death. PAXLOVID is not authorized for patients requiring hospitalization or for pre-exposure or post-exposure prophylaxis.

Dosage and Administration

- Initiate as soon as possible after diagnosis of COVID-19 and **within 5 days** of symptom onset
- 300 mg (two 150-mg tablets) nirmatrelvir and one 100-mg tablet ritonavir all taken together twice daily for 5 days.
- For moderate renal impairment (eGFR ≥30 to <60 mL/min): 150 mg nirmatrelvir (one 150-mg tablet) with 100 mg ritonavir (one 100-mg tablet) taken together twice daily for 5 days.
- PAXLOVID is not recommended in patients with severe renal impairment (eGFR <30 mL/min) or severe hepatic impairment (Child Pugh Class C)
- Take with or without food. Swallow all tablets whole – do not chew, break, or crush tablets.
- If a dose is missed within 8 hours, take as soon as possible and resume normal dosing schedule. If missed by more than 8 hours, do not take the missed dose. Instead take the next dose at the regularly scheduled time.

Paxlovid Oral Therapy - First Line of Therapy

Paxlovid is a combination of protease inhibitors to treat mild to moderate COVID-19 in high-risk outpatient adults and children over 12, weighing at least 40kg. Paxlovid reduces the relative risk of hospitalization and mortality by up to 88%. The potential for Drug Interactions can be checked using the Liverpool COVID-19 Interactions Tool. Please note that there is potential for extensive drug-drug interaction which can either result in high levels of co-administered drug or result in increased clearance. Additionally, dosage and administration must be modified for patients experiencing Renal failure.

Paxlovid Availability:

Paxlovid requires a prescription. The therapeutics locator identifies pharmacies and community health centers that may carry Paxlovid.

Paxlovid Informational Flyer

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4 April 2022

BEBTELOVIMAB INFORMATIONAL SHEET SUMMARY

LIVE WELL SAN DIEGO

Monoclonal Antibody for Treatment of COVID-19

A Prescription Guide for Providers

The U.S. Food and Drug Administration (FDA) issued Emergency Use Authorization (EUA) of intravenous bebtelovimab monoclonal antibody for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg [88 lbs]). Bebtelovimab is a human immunoglobulin G1 (IgG1 variant) monoclonal antibody composed of 449 amino acids produced by a cell culture or cell line. Bebtelovimab binds the spike protein of SARS-CoV-2 virus and blocks attachment to the human ACE2 receptor. Of significance, bebtelovimab is active against the BA.2 Omicron variant.

Dosage and Administration

Dosage of bebtelovimab in adults and pediatric patients (≥12 years of age and weighing at least 40 kg [88 lbs]) is 175 mg/2 mL. The medication should be administered as soon as possible after positive results of SARS-CoV-2 viral testing and within 7 days of symptom onset. The medication is administered as a single intravenous injection over at least 30 seconds. After the entire contents of the syringe has been administered, flush the injection line with 0.9% sodium chloride to ensure delivery of the required dose.

Bebtelovimab Intravenous - Minimum 30 Second Infusion

Monoclonal antibody treatment for mild to moderate COVID-19 reduces risk of hospitalization and death 70% in those with a risk of progression to severe COVID-19.

Bebtelovimab Availability:
Bebtelovimab is available at the Monoclonal Antibody Regional Centers **(MARCs)** located throughout San Diego County to medically eligible individuals who are 12 years of age and older. Call **619-685-2500** to access a MARC site, open 7 days a week, There is no cost to patients, regardless of insurance or immigration status. Provider referral is not required.

If your skilled nursing facility is interested in monoclonal antibody treatment, email MCSDNursingM_MAT.HHSA@sdcounty.ca.gov for more information. Please note that the County is available to provide both the drug **and** the administration for qualifying patients at your facility.

Bebtelovimab can also be found at other sites using the therapeutics locator.

If your facility is interested in carrying Bebtelovimab, email moc.logs.hhsa@sdcounty.ca.gov to learn more about becoming a provider.

Bebtelovimab Informational Flyer

Federal Retail Pharmacy Program (FRPP) Update on COVID-19 Vaccines

The CDC allocates COVID-19 vaccines directly to enrolled retail and LTC pharmacies. Three LTC-specific groups (MHA, Innovatix-PharMerica, and GeriMed) receive federal doses and allocate them to member pharmacies who can then provide vaccines to LTC facilities. Not

every LTC pharmacy in California is enrolled in the the Federal Retail Pharmacy Program (FRPP). To request vaccines from your contracted LTC pharmacy:

1. Enroll in the San Diego Immunization Registry: http://www.sdiz.org/cair-sdir/enrollment.html
2. Contact your pharmacy to determine if they are enrolled in the FRPP.
    - If the LTC pharmacy is enrolled in the FRPP, the pharmacy can subcontract with facilities to also administer the vaccine, and the facility does NOT need to enroll as a vaccine provider.
    - If the LTC pharmacy is **NOT** enrolled in the FRPP, facilities can register to be a vaccinator through https://mycavax.cdph.ca.gov/s/.
3. If your contracted pharmacy cannot assist, you may request assistance from other San Diego LTC pharmacies enrolled in the FRPP:
    - Guardian Pharmacy Services (MHA): cvrs@guardianpharmacy.net
    - Omnicare of San Diego: Chadd.Eno@omnicare.com
    - Pharmerica (Innovatix): ImmunizeLTC@pharmerica.com
    - SNP Pharmacy LLC (MHA): vaccines@snp-rx.com

UPDATED: Please view contact information for additional retail pharmacies that offer on-site clinics:

If you have residents that are immobile or unable to leave the facility (such as those with dementia or behavioral health challenges) and the resources above are not able to accommodate your facility for an on-site vaccination clinic, please email COVID-HealthCareStatus@sdcounty.ca.gov.

CDC Streamlines COVID-19 Guidance

Starting August 11, 2022, the Centers for Disease Control and Prevention streamlined its COVID-19 guidance to help people better understand their risk, how to protect themselves and others, what actions to take if exposed to COVID-19, and what actions to take if they are sick or test positive for the virus. See the CDC website for more information.

San Diego County Surge has Experts Concerned About Long COVID-19

San Diego County has moved into the high-risk level for COVID-19. Case numbers have continued to increase over the last few weeks, which has experts worried about the risk for severe outcomes from infection and long COVID-19. To learn more view the article.

COVID-19 Resources

Visit these links for quick COVID-19 resources in San Diego County.

- COVID-19 Vaccine & Booster
- What to do if you have COVID-19
- What to do if you have been exposed to COVID-19
- COVID-19 Treatment
- Free At-Home COVID-19 Tests

MONKEYPOX RESOURCES & UPDATES

Monkeypox Home Isolation Guidance

On August 18th, 2022 the CDPH released new Monkeypox (MPX) Home Isolation Guidance for people with confirmed MPX and those with MPX symptoms who are waiting to be evaluated or waiting for test results. Please visit CDPH MPX website for more information.

San Diego County Declares Monkeypox a Public Health Emergency

On August 1, 2022, Governor Gavin Newsom declared a State of Emergency as part of California's ongoing response to the monkeypox outbreak. On August 2, 2022, the County of San Diego followed suit by declaring monkeypox a Public Health Emergency.

Keep yourself and your family safe by practicing the following health and harm reduction strategies:

1. Limit close skin to skin contact with multiple partners
2. Know the Signs: Check yourself and ask your partner(s) about recent rashes and illnesses
3. See your healthcare provider if you are experiencing symptoms

For more information visit San Diego County's monkeypox website and sign up to get County News Center stories emailed directly to you.

What is Monkeypox?

Anyone can get monkeypox. While risk remains low, it is important to stay informed about how it spreads and contact your health provider if you have been exposed or have symptoms. To learn more about monkeypox please visit the California Department of Public Health website.

COMMUNITY RESOURCES

Be Prepared for Wildfire & Public Safety

SDG&E continually monitors weather and other climate conditions and may have to shut off power to help prevent a wildfire. All residents in San Diego county could be affected and should be prepared. To learn how to stay informed and how to be prepared visit the SDGE Wildfire Safety website.

SD Emergency App

Download the free SD Emergency App to help you plan, prepare, stay informed and recover from an emergency. Find out more by visiting the Ready San Diego website.

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LIVEWELLSD.ORG

Urgent Need for Blood

There is a critical need for all blood types, and local patients rely on caring blood donors like you to stay healthy and thrive!

Make an appointment today at sandiegobloodbank.org/donate or call (619) 400-8251.