Special and Vulnerable Populations COVID-19 Forum

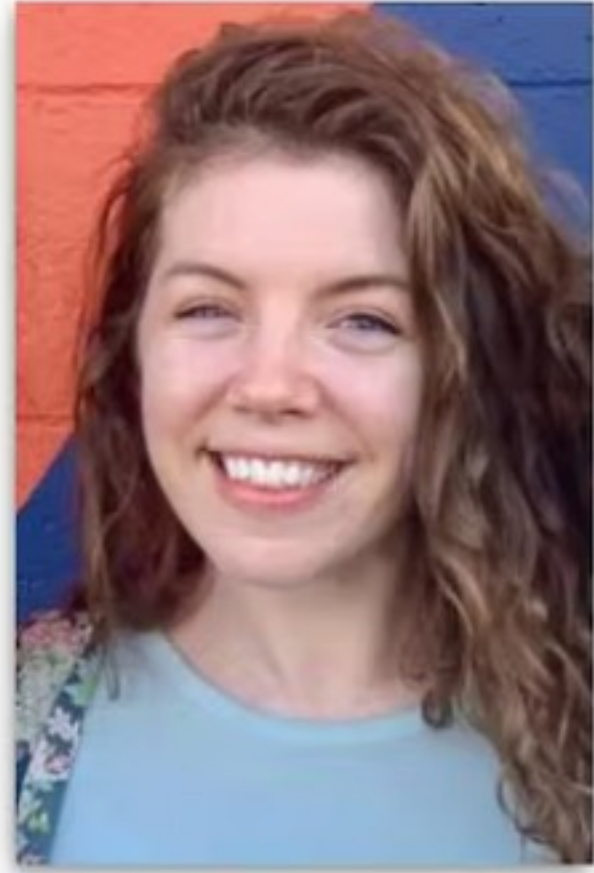*January 27, 2023*

Zoom Etiquette

- All participants muted upon entry, please raise hand if you would like to unmute
- Cameras on (if possible)
- Use the chat box to introduce yourself or ask/answer questions

National Training and Technical Assistance Partners (NTTAPs)

Today's Facilitators

Arielle Mather, MPH (she/her)
Program Manager
National Center for Equitable Care for Elders

Alaina Boyer, PhD (she/her)
Director of Research
National Health Care for the Homeless Council

Today's Agenda

- Welcome and Introductions
- Long COVID Updates
  - Dr. Jennifer Cope, CDC
- Where we've been and where we are going (Group reflection)
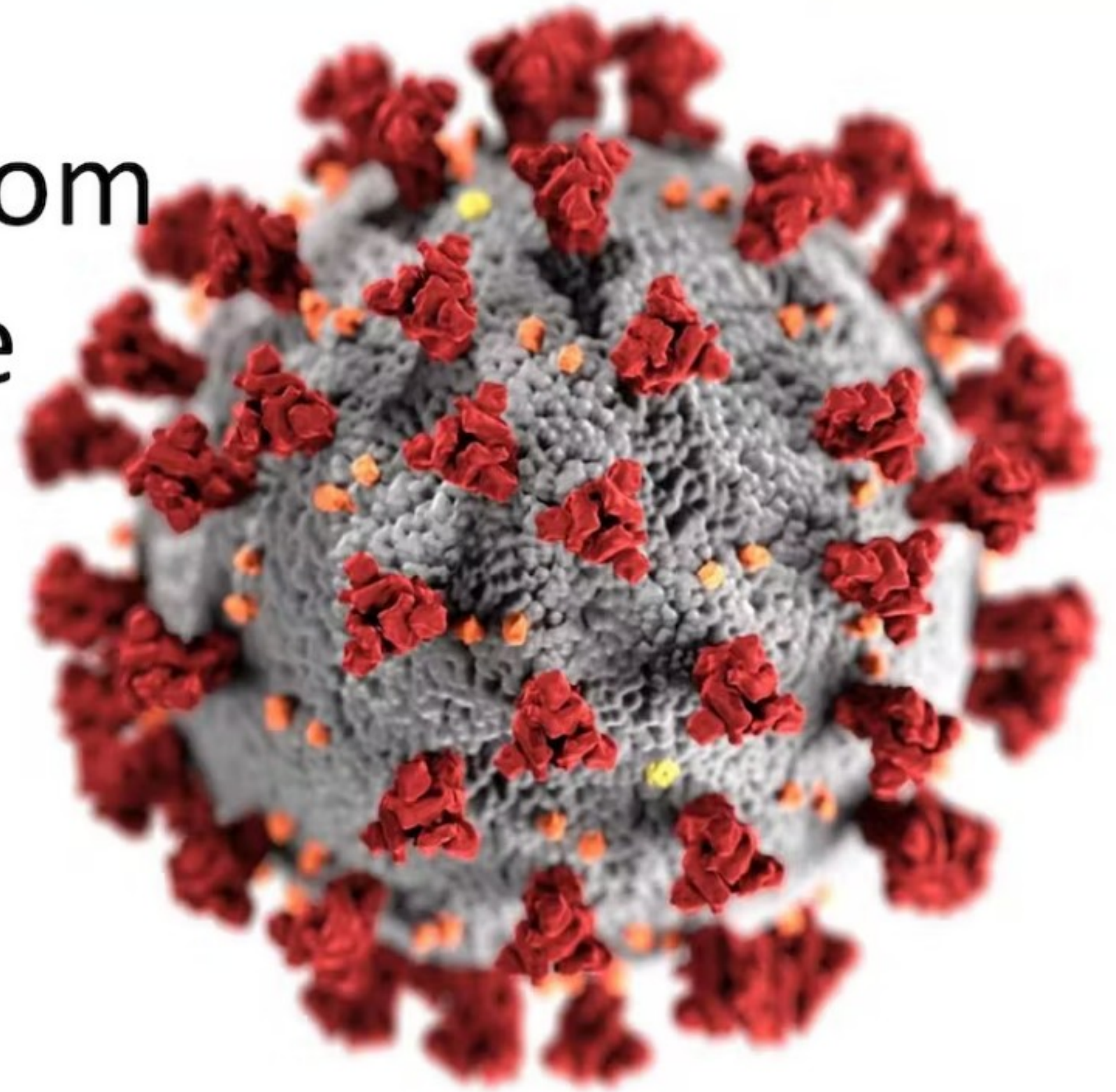- Evaluation & Close

Today's Speaker

Jennifer Cope, MD, MPH;
Captain USPHS; Team Lead
Post-COVID Conditions,
CDC

Understanding Long COVID: From epidemiology to clinical care

Jennifer Cope, MD, MPH
Team Lead, Post-COVID Conditions Team
Chronic Viral Diseases Branch

cdc.gov/coronavirus

Objectives

- Provide an update on COVID and other respiratory viruses

- Outline a framework for understanding post-COVID conditions or Long COVID

- Estimate the occurrence of Long COVID

- Discuss strategies for diagnosis and management of Long COVID patients

COVID Data Tracker Daily Update as of 1/18/2023

Daily Update for the United States

Cases
New Cases (Weekly Total)

414,721

Case Trends

Nov 2022 — Jan 2023

Deaths
New Deaths (Weekly Total)

3,907

Death Trends

Nov 2022 — Jan 2023

Hospitalizations
New Admissions (Daily Avg)

5,004

Admission Trends

Nov 2022 — Jan 2023

Vaccinations
% 5+ with Updated Booster Dose

15.9%

People Age 5+

CDC COVID Data Tracker: Home

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XBB.1.5 is the predominant variant circulating in the United States

United States: 1/8/2023 – 1/14/2023 NOWCAST

United States: 10/9/2022 – 1/14/2023

USA

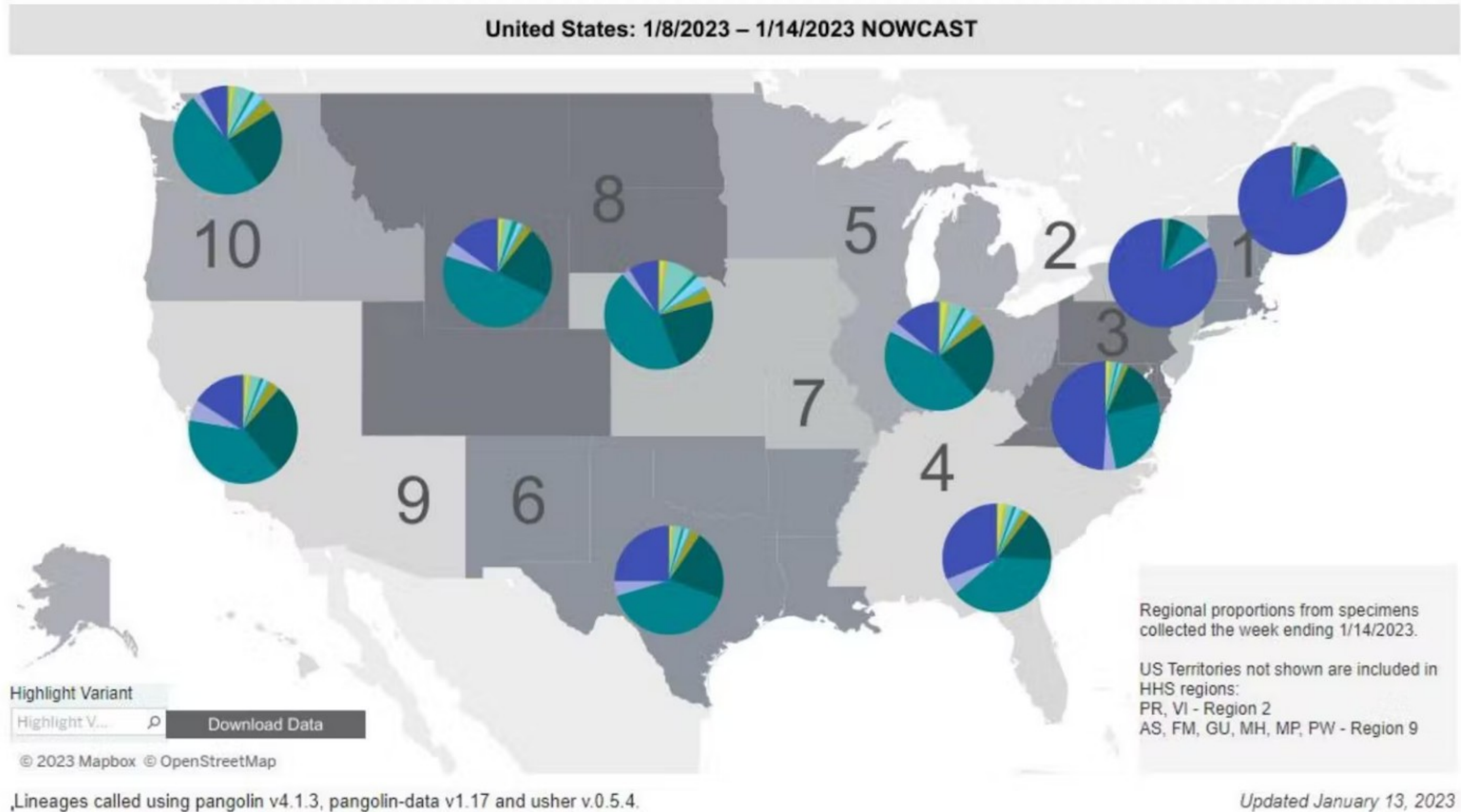| WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	XBB.1.5	VOC	43.0%	26.4-61.1%	
	BQ.1.1	VOC	28.8%	20.5-38.7%	
	BQ.1	VOC	15.9%	11.0-22.2%	
	XBB	VOC	3.9%	3.0-5.1%	
	BA.5	VOC	2.6%	1.8-3.7%	
	BN.1	VOC	2.1%	1.5-3.1%	
	BF.7	VOC	1.4%	0.9-2.1%	
	BA.2.75	VOC	1.3%	0.8-1.9%	
	BA.5.2.6	VOC	0.5%	0.3-0.8%	
	BA.2	VOC	0.2%	0.1-0.4%	
	BF.11	VOC	0.2%	0.1-0.3%	
	BA.4.6	VOC	0.1%	0.1-0.2%	
	BA.2.75.2	VOC	0.1%	0.0-0.1%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
	BA.4	VOC	0.0%	0.0-0.0%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
	BA.2.12.1	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		0.0%	0.0-0.0%	
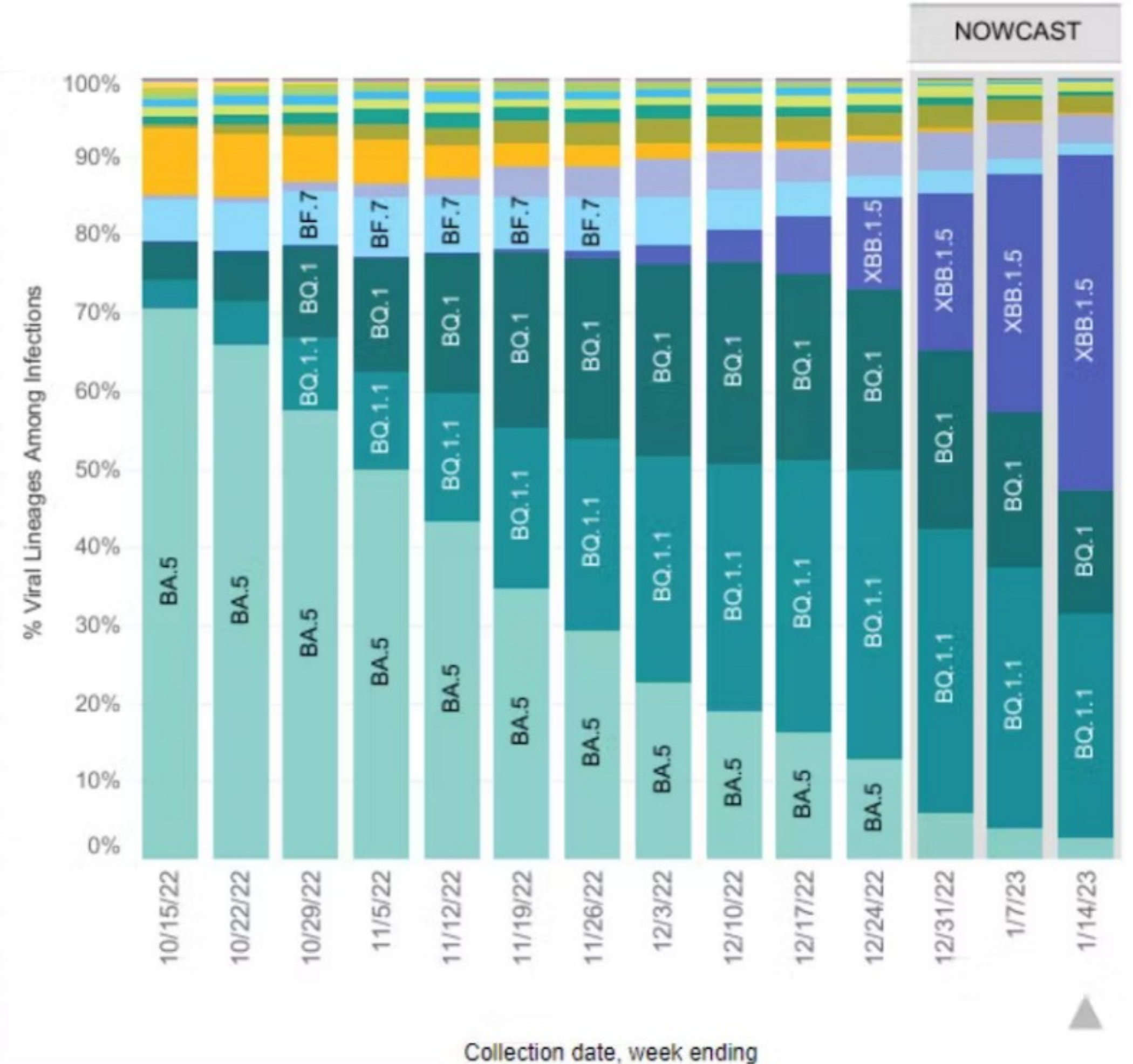
*Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
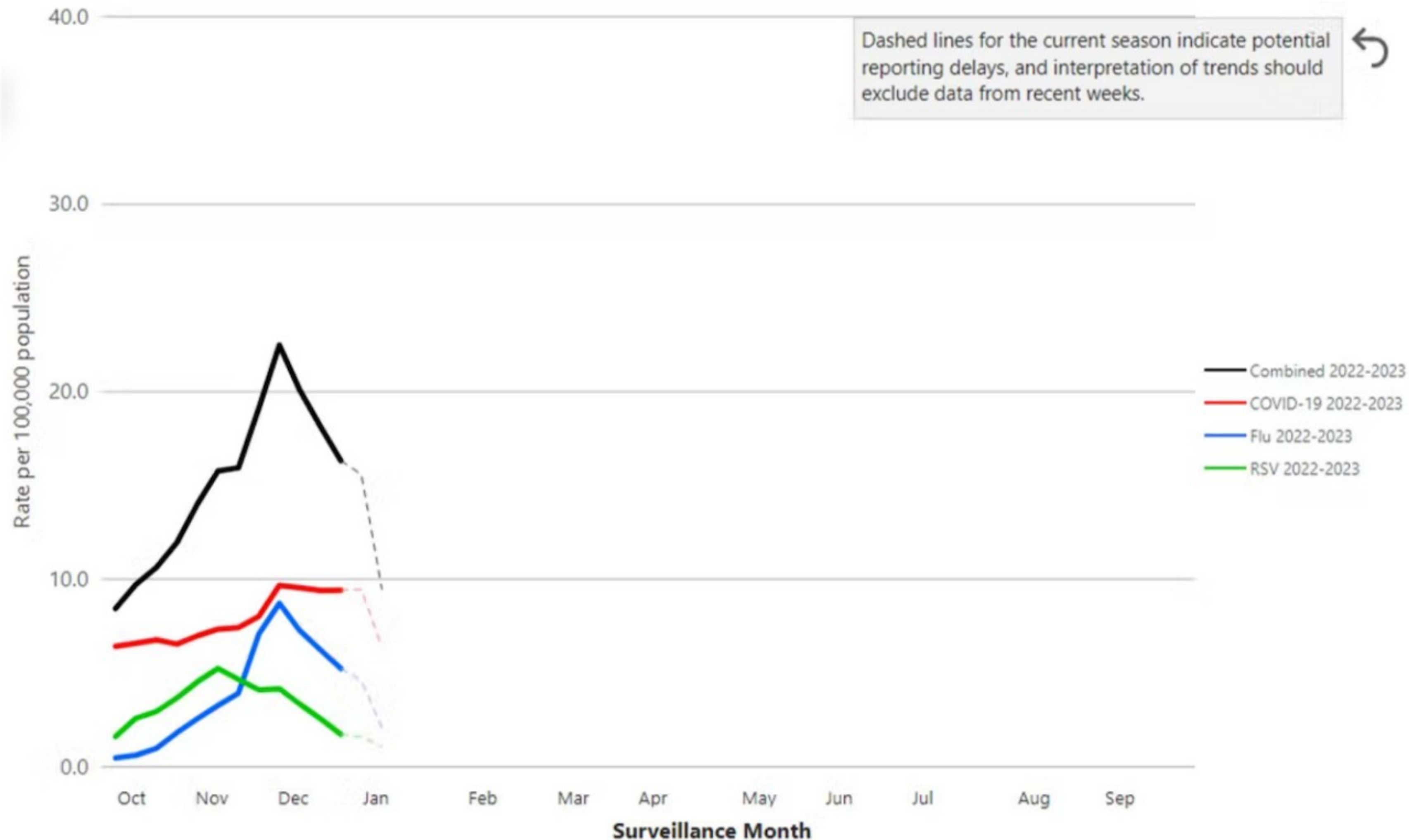
BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75, BA.2.75.2, BN.1,XBB and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, BF.11, BA.5.2.6, BQ.1 and BQ.1.1, sublineages of BA.5 are aggregated to BA.5. Except XBB.1.5, sublineages of XBB are aggregated to XBB. For all the lineages listed in the above table, their sublineages are aggregated to the listed parental lineages respectively. Previously, XBB.1.5 was aggregated to XBB. Lineages BA.2.75.2, XBB, XBB.1.5, BN.1, BA.4.6, BF.7, BF.11, BA.5.2.6 and BQ.1.1 contain the spike substitution R346T.

% Viral Lineages Among Infections — Collection date, week ending (10/15/22 through 1/14/23), NOWCAST

There are regional differences in variant distribution

United States: 1/8/2023 – 1/14/2023 NOWCAST

Regional proportions from specimens collected the week ending 1/14/2023.

US Territories not shown are included in HHS regions:
PR, VI - Region 2
AS, FM, GU, MH, MP, PW - Region 9

Highlight Variant

Highlight V...   Download Data

© 2023 Mapbox © OpenStreetMap

Lineages called using pangolin v4.1.3, pangolin-data v1.17 and usher v.0.5.4.
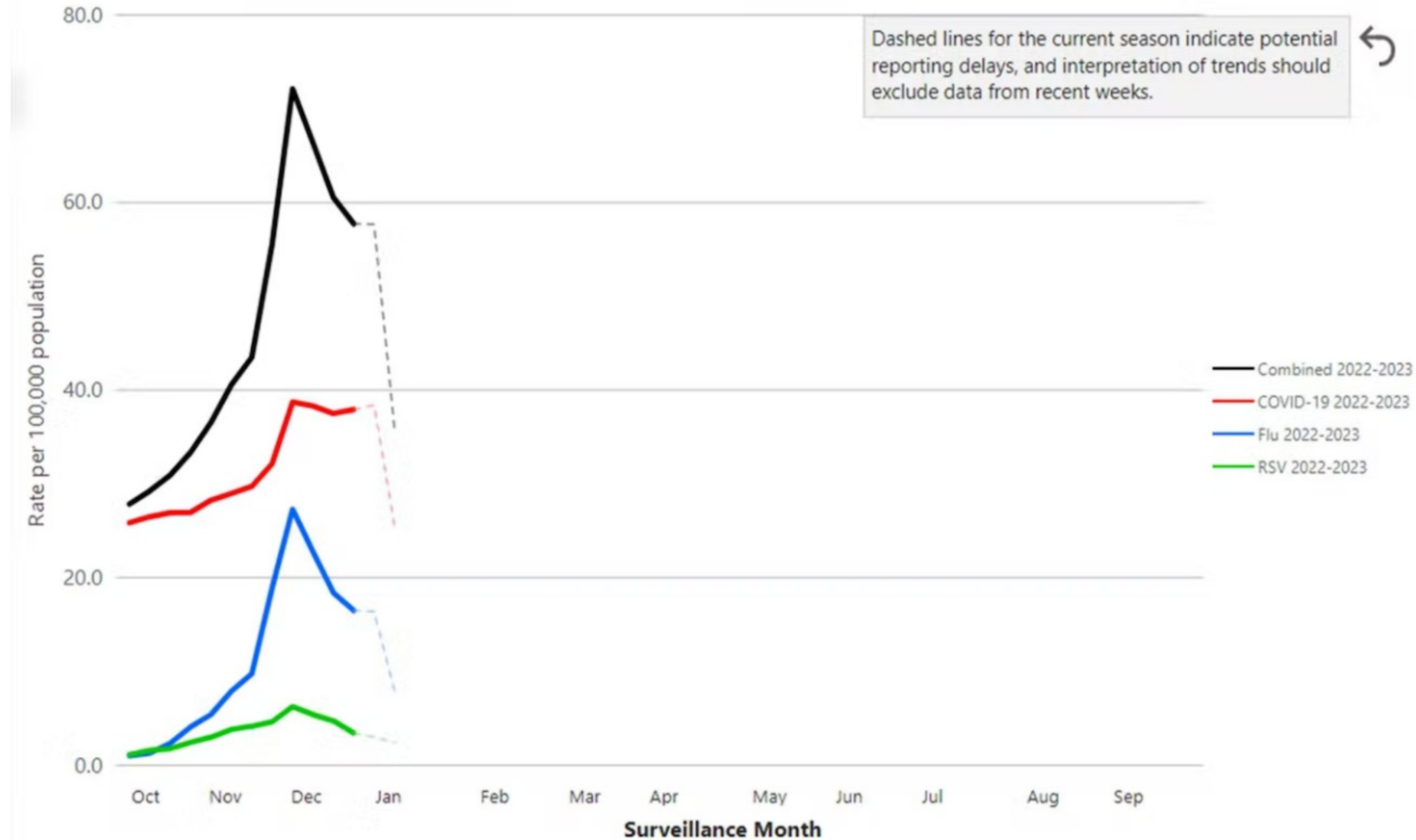
Updated January 13, 2023

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Laboratory-Confirmed COVID-19, Influenza, and RSV-Associated Weekly Hospitalization Rates; RESP-NET, October 1, 2022-January 7, 2023

Dashed lines for the current season indicate potential reporting delays, and interpretation of trends should exclude data from recent weeks.

Legend:
- Combined 2022-2023
- COVID-19 2022-2023
- Flu 2022-2023
- RSV 2022-2023

Y-axis: Rate per 100,000 population (0.0, 10.0, 20.0, 30.0, 40.0)

X-axis: Surveillance Month (Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep)

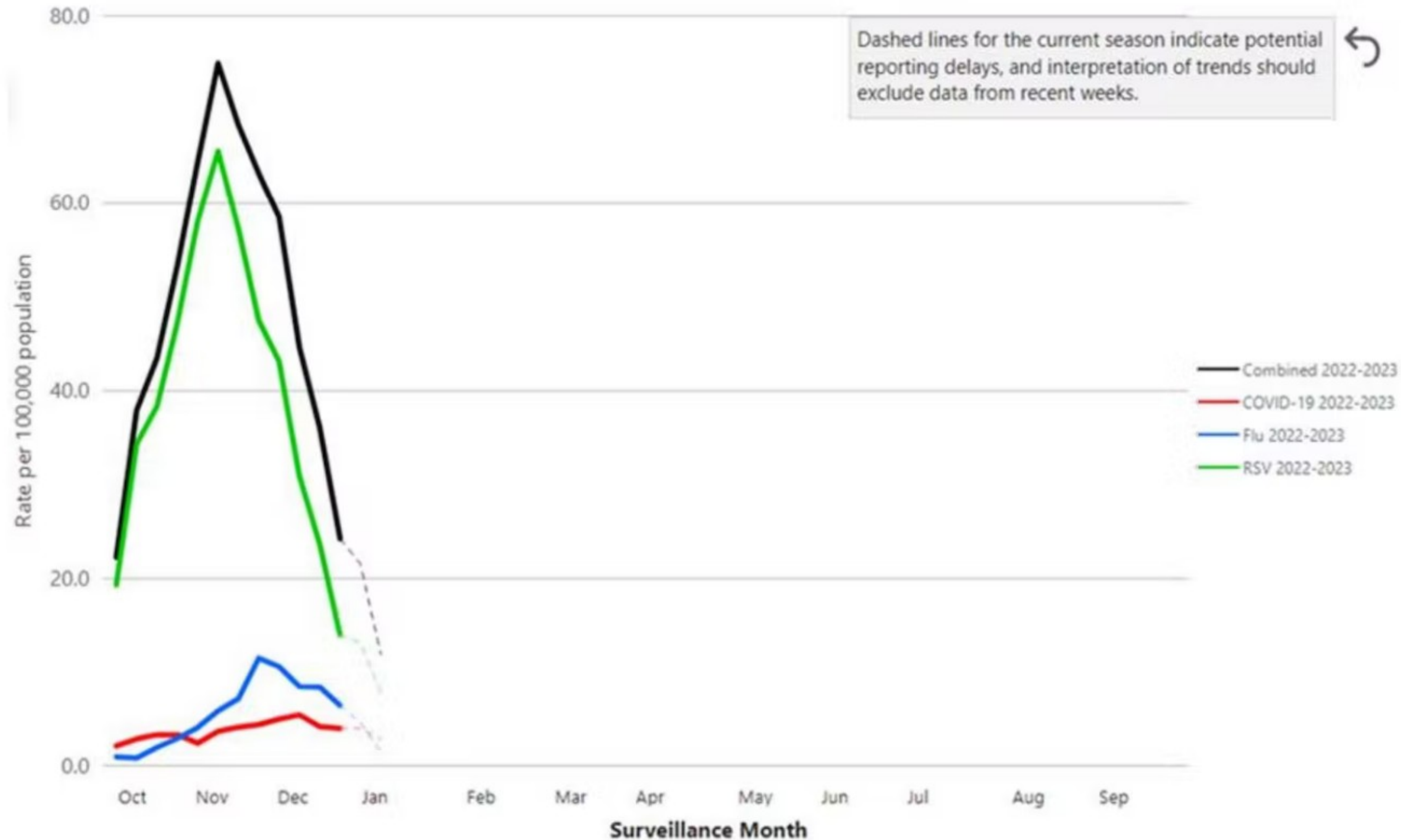Data as of 1/10/2023; preliminary and subject to change

Laboratory-Confirmed COVID-19, Influenza, and RSV-Associated Weekly Hospitalization Rates among Adults Aged 65+; RESP-NET, October 1, 2022-January 7, 2023

Dashed lines for the current season indicate potential reporting delays, and interpretation of trends should exclude data from recent weeks.

Legend:
- Combined 2022-2023
- COVID-19 2022-2023
- Flu 2022-2023
- RSV 2022-2023

Y-axis: Rate per 100,000 population
X-axis: Surveillance Month (Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep)
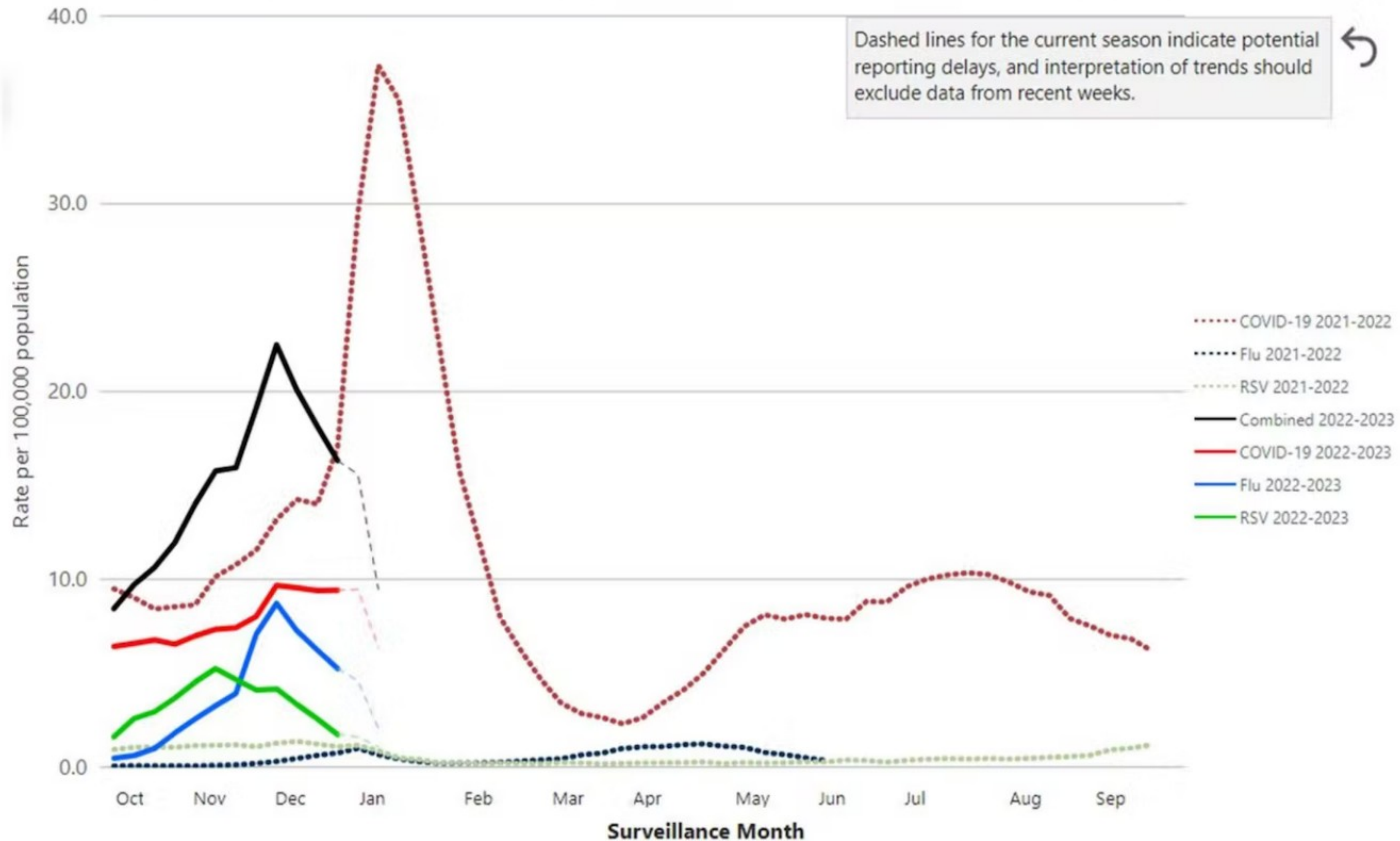
Laboratory-Confirmed COVID-19, Influenza, and RSV-Associated Weekly Hospitalization Rates among Children Aged <5 Years RESP-NET, October 1, 2022-January 7, 2023

Dashed lines for the current season indicate potential reporting delays, and interpretation of trends should exclude data from recent weeks.

Legend:
- Combined 2022-2023
- COVID-19 2022-2023
- Flu 2022-2023
- RSV 2022-2023

Y-axis: Rate per 100,000 population
X-axis: Surveillance Month (Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep)

https://www.cdc.gov/surveillance/resp-net/dashboard.html

Data as of 1/10/2023; preliminary and subject to change

Laboratory-Confirmed COVID-19, Influenza, and RSV-Associated Weekly Hospitalization Rates; RESP-NET, October 1, 2021-January 7, 2023

Dashed lines for the current season indicate potential reporting delays, and interpretation of trends should exclude data from recent weeks.

Legend:
- COVID-19 2021-2022
- Flu 2021-2022
- RSV 2021-2022
- Combined 2022-2023
- COVID-19 2022-2023
- Flu 2022-2023
- RSV 2022-2023

Y-axis: Rate per 100,000 population
X-axis: Surveillance Month

Post-COVID Conditions: Definition and Framework

Many terms are used to refer to these conditions

- **Long COVID**
  - Commonly used

- **Post-COVID Condition(s)**
  - CDC and WHO

- **Post-Acute Sequelae of SARS-CoV-2 (PASC)**
  - NIH terminology

General framework for understanding post-COVID conditions

General Consequences of Illness and Hospitalization

- Post ICU-syndrome
- Other complications of illness and treatment

Post-Acute Consequences of SARS-CoV-2 Infection (PASC)

- System-specific pathology (e.g., lung fibrosis, stroke)
- Clinically significant symptoms with unclear pathology (e.g., ME/CFS*-like, dysautonomia)

Conditions frequently overlap, patients may experience any combination

*Myalgic Encephalomyelitis/Chronic Fatigue Syndrome

Multiple proposed potential mechanisms for post-COVID conditions
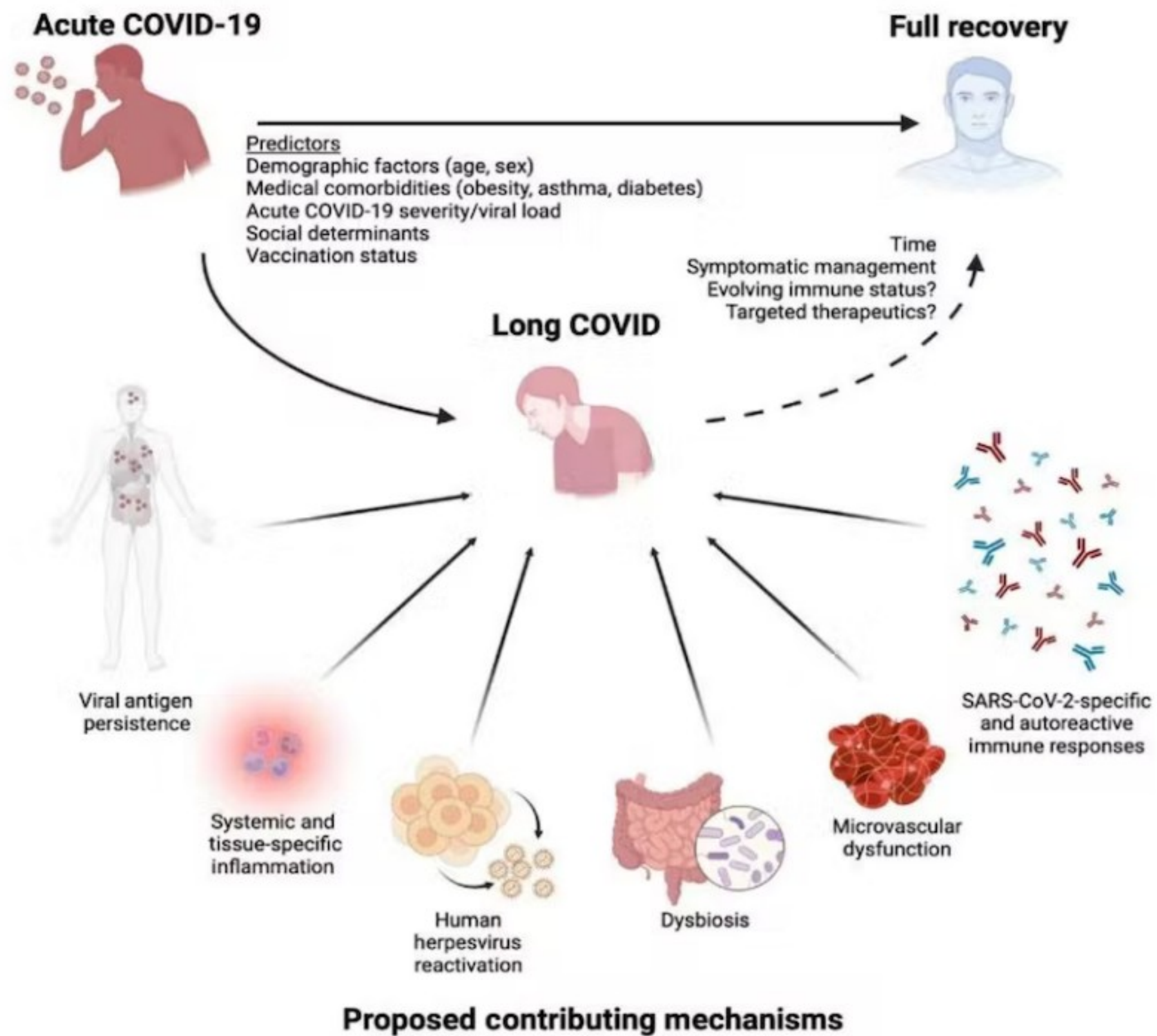
- Proposed mechanisms could include
  - viral persistence
  - systemic and tissue specific inflammation
  - auto immunity
  - microvascular dysfunction

There is no single estimate of post-COVID conditions

Factors that contribute to variability in prevalence estimates of Long COVID

- **Source of enrollment:** HCW, Social Media, Community, Hospital
- **Age and sex:** Elderly, Women
- **Timing of assessment:** 4 wks → 12 m
- **Sociodemographic factors**
- **Vaccine:** Vaccine status, PCR+, SARS-CoV-2 variants
- **Pre-existing health diseases:** Asthma, Cardiovascular Risk factors - Obesity, Prior mental health
- **Sample size, choice of controls, study design:** Sample size, Use of controls, Retrospective vs prospective
- **Variability in methodology used:** Variability in Questionnaire/methodology

▪ Challenges in understanding post-COVID conditions also contribute to reasons the estimates vary

Long COVID: post-acute sequelae of COVID-19 with a cardiovascular focus | European Heart Journal | Oxford Academic (oup.com)

Estimating Occurrence of Post-COVID Conditions

Percent of adults who ever had COVID and currently report having Long COVID

- 14.6% of U.S. adults who ever had COVID currently report Long COVID

- Differs by demographics
  - Higher among females compared to males (17.3% v 9.3%)
  - Lower among Non-Hispanic Asian (6.9%), compared to non-Hispanic White (14.1), non-Hispanic Black (11.4%), and Hispanic (12.7%)

Modeling to estimate US burden of activity-limiting post-COVID conditions

- **On November 1, 2021, at least 3.0–5.0 million adults estimated to have activity-limiting PCC**

- Activity-limiting PCC estimated to occur **following 8.3–13.8% of SARS CoV-2 infections** identified February 1, 2020–September 30, 2021

- Data sources
  - Number at risk: SARS-CoV-2 infections in US adults reported to CDC Feb. 2020–Sept. 2021
  - PCC Risk: UK population-based household testing/survey data for adults who self-reported activity-limiting symptoms at various intervals after infection

- These results are based on currently available data, have limitations

- Model may be iteratively updated to incorporate new data

Point Prevalence Estimates of Activity-Limiting Long-Term Symptoms among U.S. Adults ≥1 Month After Reported SARS-CoV-2 Infection, November 1, 2021 | The Journal of Infectious Diseases | Oxford Academic (oup.com)

Factors associated with an increased occurrence of post-COVID conditions

- Female sex
- Older age
    - Adolescents compared to younger children
    - Older adults compared to younger adults
- Acute disease severity
- Comorbidities
- Lower socio-economic status
- Unvaccinated

Maglietta G et al. Prognostic Factors for Post-COVID-19 Syndrome: A Systematic Review and Meta-Analysis. JCM 2022
Risk factors of post-COVID-19 condition attributed to COVID-19 disease in people aged 50+ in Europe and Israel - ScienceDirect
Hastie. et al. Outcomes among confirmed cases and matched comparison group in the Long COVID in Scotland Study. Nature 2022
Predictors of chronic COVID-19 symptoms in a community-based cohort of adults | PLOS ONE
Frontiers | Hospital admission and vaccination as predictive factors of long COVID-19 symptoms (frontiersin.org)

Duration of post-COVID conditions can vary

- Most patients recover in 4 weeks and the proportion reporting symptoms decreases between 4-12 weeks

- Improvement slows around 12 weeks after infection

- Women and men follow same pattern, but more women report symptoms

UK Coronavirus Infection Survey: Report of symptoms lasting 4 or more weeks- April 2020 – August 2021

95% confidence interval
— Participants who tested positive for COVID-19 — Control participants

12 weeks post infection

% with symptoms

Weeks
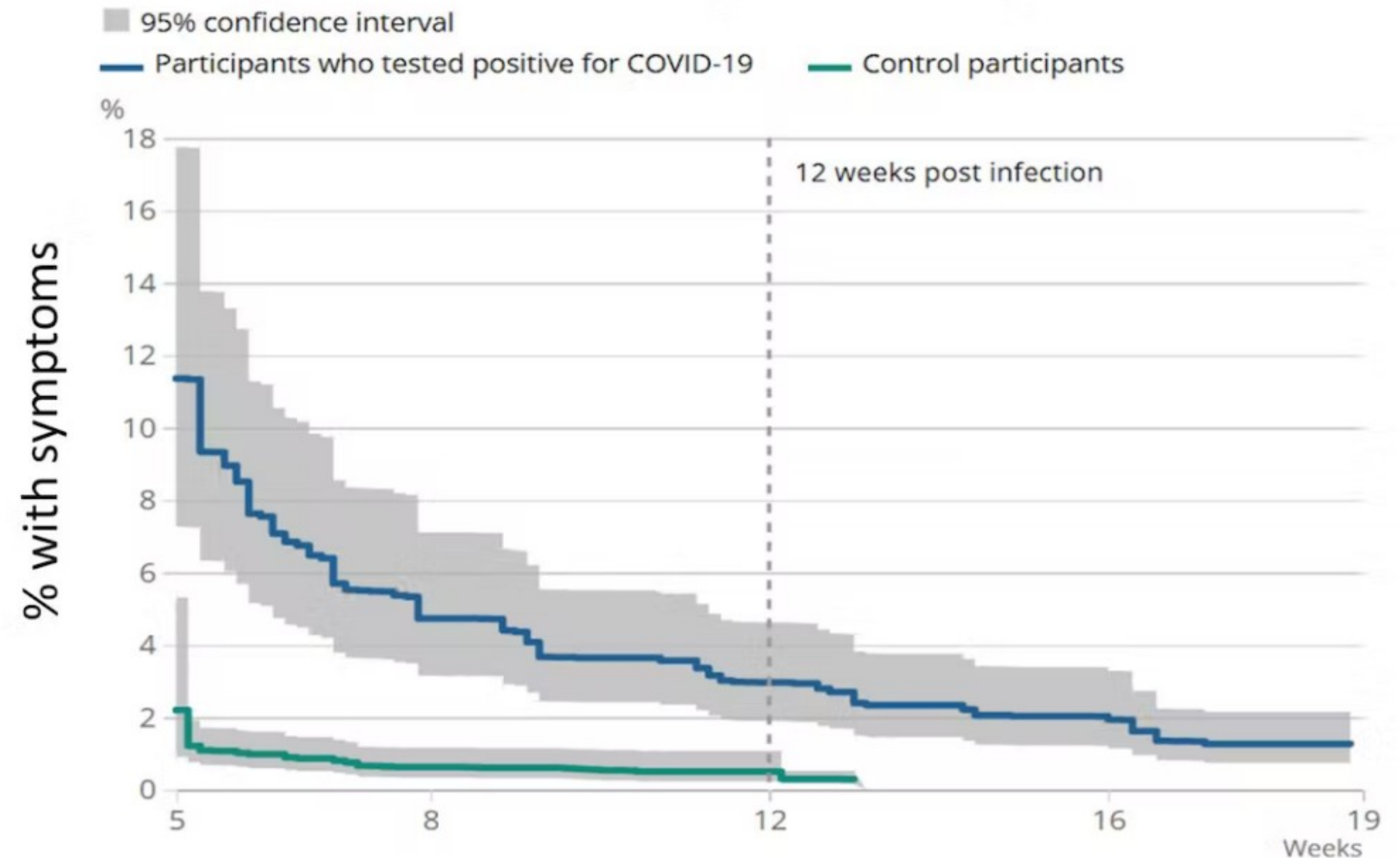
Source: Office for National Statistics - Coronavirus Infection Survey
Technical article, figure 2. Office for National Statistics (ons.gov.uk)

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Post–COVID Conditions Among Adult COVID-19 Survivors Aged 18–64 and ≥65 Years

- Analysis of occurrence of 26 clinical conditions in EHRs during Mar 2020 – Nov 2021 (~63 million unique adult records)
- Patients followed for 30 – 365 days after their initial acute COVID index encounter
- 38% of case-patients and 16% controls experienced at least one incident condition

Approximately **1 in 5 adults** ages 18+ have a health condition that might be related to their previous COVID-19 illness, such as:

- Neurologic and mental health conditions*
- Kidney failure
- Musculoskeletal conditions
- Cardiovascular conditions
- Respiratory conditions
- Blood clots and vascular issues

Talk to your health care provider if you have symptoms after COVID-19

* Adults aged 65 and older at increased risk

CDC.gov

bit.ly/MMWR7121

MMWR

Post-COVID conditions less likely to occur after vaccine breakthrough

- Report of on-going symptoms or new conditions less likely among those **vaccinated** prior to infection compared to **unvaccinated**:

  - **Less likely** to have **symptoms** from 12 weeks to 6 months after infection compared to persons unvaccinated

  - **Lower the occurrence new conditions** in persons with infection after vaccination compared to persons unvaccinated

  - COVID-19 illness among persons vaccinated tends to be less severe, lower risk for post-COVID conditions

- Results focused on adult population, only two studies included adolescents

- Zisis et al. OFID. May 2022
- Impact of COVID-19 vaccination on the risk of developing long-COVID and on existing long-COVID symptoms: A systematic review – ScienceDirect
- UKHSA review shows vaccinated less likely to have long COVID than unvaccinated - GOV.UK (www.gov.uk)

Some studies, but not all, show vaccination after infection improved Long COVID symptoms

- Adults with Long COVID prior to vaccination
    - ~ 30% report improvement of symptoms after vaccination
    - ~ 30% report no change in symptoms

- Most studies cross-sectional, based on self-report of symptoms
- Children and adolescents not included

- Impact of COVID-19 vaccination on the risk of developing long-COVID and on existing long-COVID symptoms: A systematic review – ScienceDirect
- UKHSA review shows vaccinated less likely to have long COVID than unvaccinated - GOV.UK (www.gov.uk)
- Long-Term Symptoms Among Adults Tested for SARS-CoV-2 — United States, January 2020–April 2021 | MMWR (cdc.gov)

Diagnosis and management strategies

Syndromes with post acute sequelae

Central circle: ·Fatigue ·Cognitive dysfunction ·Sleep disturbances ·Pain

Surrounding circles:
- Post-Sepsis Syndrome
- Post-COVID Conditions
- Post Intensive Care Syndrome
- Post Hospital Syndrome
- ME/CFS*
- Post-treatment Lyme Disease
- Post Viral Fatigue Syndrome

* ME/CFS: Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
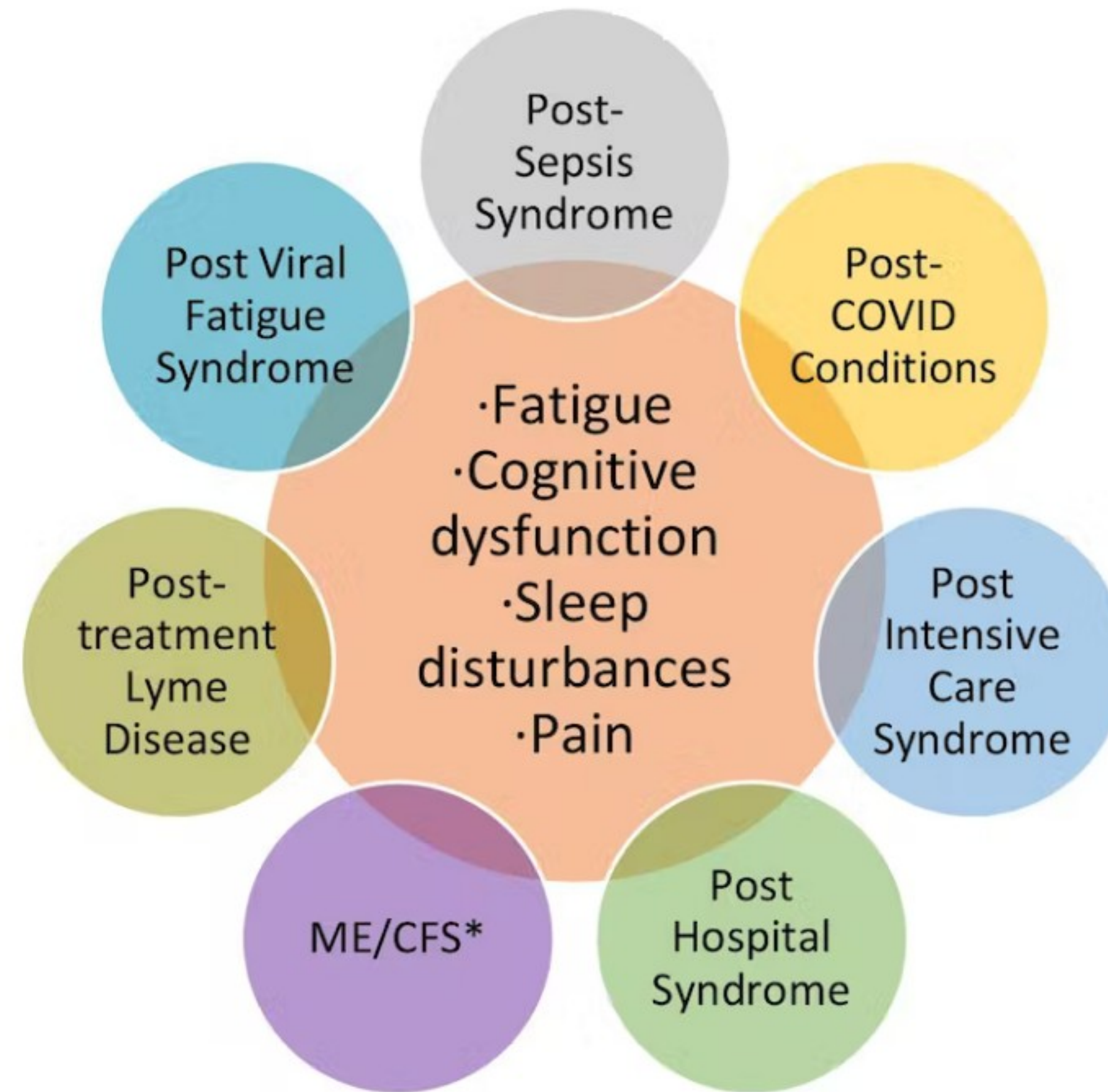
Clinical challenges with post-COVID conditions

- Complex clinical situation presents diagnostic challenges
  - No single diagnostic test
- Patient-reported symptoms are numerous
- Symptoms and debilitation often not explained by objective tests
  - Patients can be misunderstood and stigmatized
- No clinical trial data or management outcomes available

Symptoms seen in post-COVID conditions

General symptoms

- Tiredness or fatigue that interferes with daily life
- Symptoms that get worse after physical or mental effort (also known as "post-exertional malaise")
- Fever

Cardiovascular and Respiratory symptoms

- Dyspnea/shortness of breath
- Cough
- Chest pain
- Heart palpitations

Digestive symptoms

- Diarrhea
- Stomach pain

Neurological symptoms

- Difficulty thinking or concentrating (sometimes referred to as "brain fog")
- Headache
- Sleep problems
- Dizziness when standing up (lightheadedness)
- Pins-and-needles feelings
- Change in smell or taste
- Depression or anxiety

Other symptoms

- Joint or muscle pain
- Rash
- Changes in menstrual cycles

Information for healthcare providers on evaluating and caring for patients with post-COVID conditions

CORONAVIRUS DISEASE 2019
(COVID-19)

cdc.gov/coronavirus

Post-COVID Conditions: Information for Healthcare Providers (cdc.gov)
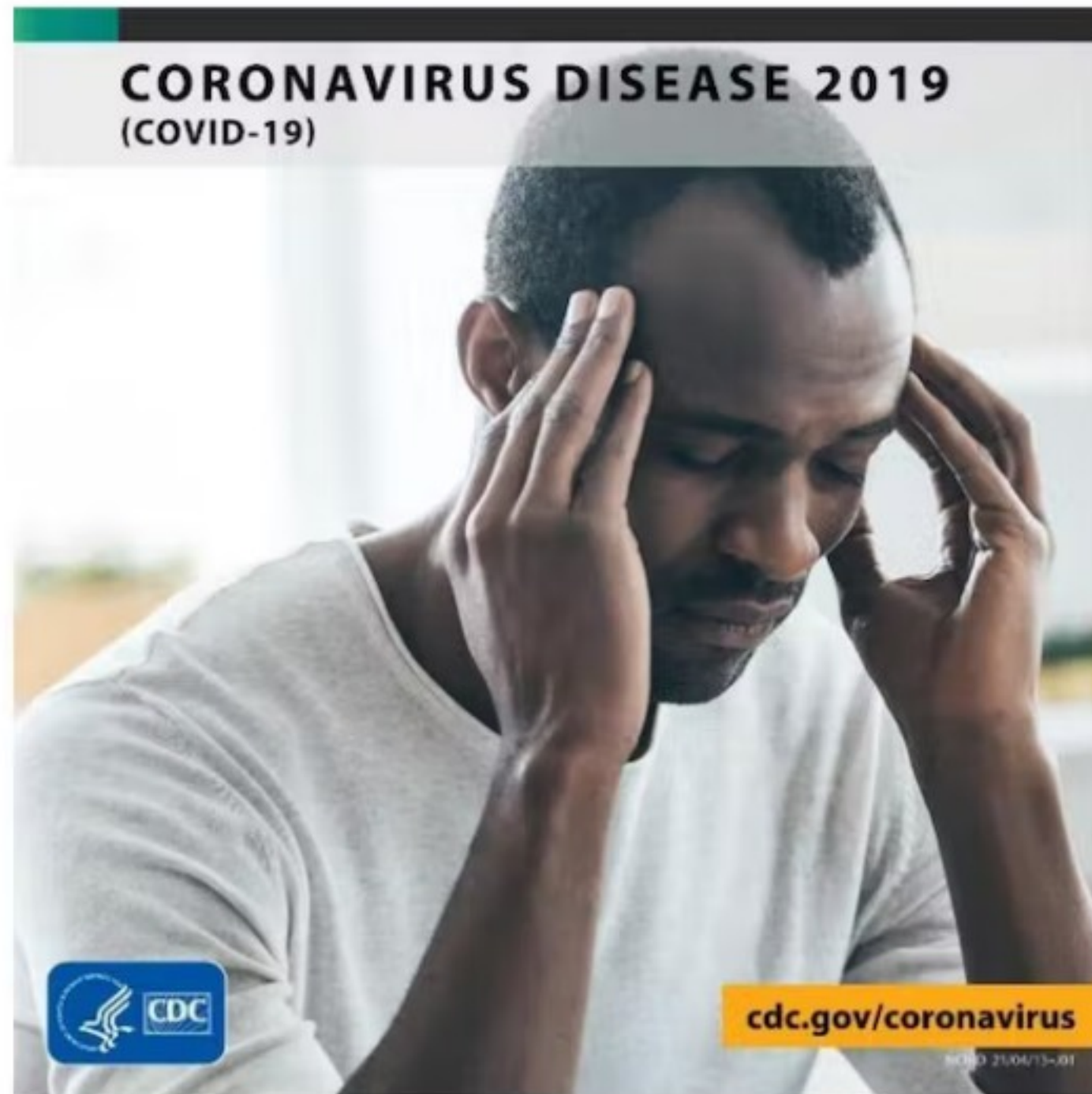
- Most post-COVID conditions can be diagnosed and managed by primary care
- Many post-COVID conditions may be diagnosed based on history and physical exam, routine tests may be normal
- Consider conservative diagnostic approach in the first 4 to 12 weeks
- Symptoms persisting beyond three months should prompt further evaluation
- **Listen to and validate patients' experiences and partner with patients to identify achievable health goals**

U.S. ICD-10 CM code for post-COVID conditions (as of October 1, 2021)
U09.9 Post COVID-19 condition

Healthcare Provider Appointments for Post-COVID Conditions

- **Listen to the patient's story**
- Questions to ask:
  - What is your activity level?
  - What activities make your illness worse?
  - What improves or worsens your symptoms?
- Outline next steps:
  - Additional tests needed
  - When test results will be available
  - When to return for next visit

https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/post-covid-appointment/index.html

Healthcare Appointment Checklist for Post-COVID Conditions | COVID-19 |

This checklist is designed to help patients and caregivers get the most out of appointments with healthcare providers for post-COVID conditions.

Before the Appointment

☐ Ask the new provider's office if they need **paperwork** signed so your medical records can be sent to them directly.

☐ Keep a **journal or a list** for a week or two to document your activities, symptoms, their severity, and anything that made you feel better or worse.

☐ Prepare a brief **report** that summarizes your experience and symptoms and describes your best and worst days.

☐ Make a list of your **current medications/supplements**.

☐ Make a list of **questions to ask your healthcare provider**. Identify which ones are a priority for you (in case time is limited).

☐ Make a **plan for remembering** your conversation with your healthcare provider — e.g., taking notes or bringing a friend.

☐ If needed, arrange **transportation** to your appointment.

During the Appointment

☐ Tell your provider the most important **symptoms or issues** you'd like to discuss.

☐ Answer the **provider's questions**.

☐ Share your **medication/supplement list**.

☐ Discuss your **level of activity**.

☐ **Ask your own questions**, starting with your priorities and issues.

☐ Make sure you understand the **next steps**, such as tests, follow-up, referrals, and future appointments.

☐ Ask for an **appointment summary**. If needed, ask the provider to write down or print out any instructions, medication names, or diagnoses.

After the Appointment

☐ **Make appointments** for follow up.

☐ **Record future appointments**, including tests, in your calendar. If others will go with you or drive you to future appointments, make sure the appointments are on their calendars too.

☐ Follow your **provider's instructions** to the best of your ability.

☐ Contact your provider's office with any **questions or clarifications**.

☐ Continue to record symptoms and keep your **journal**, so you can refer to updates or changes during your next appointment.

☐ Update and keep track of **medications and supplements**.

CS 325714-D | 09/07/2021

RESOURCES

Multidisciplinary collaborative consensus guid... the assessment and treatment of fatigue in p... of SARS-CoV-2 infection (PASC) patients

Joseph E. Herrera DO, William N. Niehaus MD, Jonathan Whiteson MD, Alb... MD, MBA, Talya K. Fleming MD, Soo Yeon Kim MD, Huma Naqvi MD, Sarah... MD, Monica Verduzco Gutierrez MD, Jason Maley MD, Eric Herman MD, Be...

Multi-disciplinary collaborative consensus guidance statement on the assessment and treatment of breathing discomfort and respiratory sequelae in patients with post-acute sequelae of SARS-CoV-2 infection (PASC)

Jason H. Maley MD, George A. Alba MD, John T. Barry PT, DPT, Matthew N. Bartels MD, MPH, Talya K. Fleming MD, Christina V. Oleson MD, Leslie Rydberg MD, Sarah Sampsel MPH ✉ ... See all authors ⌄

Multi-disciplinary collaborative consensus guidance statement on the assessment and treatment of cognitive symptoms in patients with post-acute sequelae of SARS-CoV-2 infection (PASC)

Jeffrey S. Fine MD, FAAPMR, Anne Felicia Ambrose MD, MS, Nyaz Didehbani PhD, Talya K. Fleming MD, Lissette Glashan MS, CCC-SLP, CBIS, Michele Longo MD, MPH ... See all authors ⌄

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CDC Clinician Outreach and Communication Activity (COCA) Call

To subscribe for COCA updates:

https://emergency.cdc.gov/coca/subscribe.asp

Long COVID and Fatiguing Illness Recovery Program Webinars

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- 10 of 12 webinars completed
  - Sample topic: Neurocognitive manifestations of post-acute sequelae of SARS-CoV-2 (*Michelle Haddad, PhD, Emory University, February 2022*)
  - Next webinar: November 10, 2022
- Attendance: ~500 Zoom users per month
  - Clinicians
  - Subject matter experts
  - Patient and caregivers

Long COVID & Fatiguing Illness Recovery Program ECHO

Thursday, February 10, 2022
12:00-1:00pm PST

Neurocognitive Manifestations of PASC
Michelle Haddad, PhD
Director of Post-COVID Neuropsychology Clinic
Director of Inpatient Neuropsychology
Departments of Rehabilitation Medicine & Neurology
Emory University School of Medicine

Agenda
Presentation Slides

To register: Click Here

For resources from past sessions, click here

Please contact LCecho@salud.unm.edu with any questions.

This program is open to all healthcare professionals and all Long COVID and ME/CFS patient-lived experience experts interested in learning more about the treatment of Long COVID and ME/CFS.

To register: Webinar Registration - Zoom

Services and Supports for Longer-Term Impacts of COVID-19

Purpose

To outline the mechanisms across USG that assist people who are experiencing needs related to the longer-term effects of COVID-19.

Catalogs over 200 existing services and supports available to individuals experiencing Long COVID, health care workers who work with and treat individuals experiencing Long COVID, individuals experiencing longer-term impacts of COVID-19, including mental health and substance use challenges, and individuals dealing with losing a caregiver, family member, or loved one to COVID-19.

Services and Supports for
Longer-Term Impacts of
COVID-19

August 2022
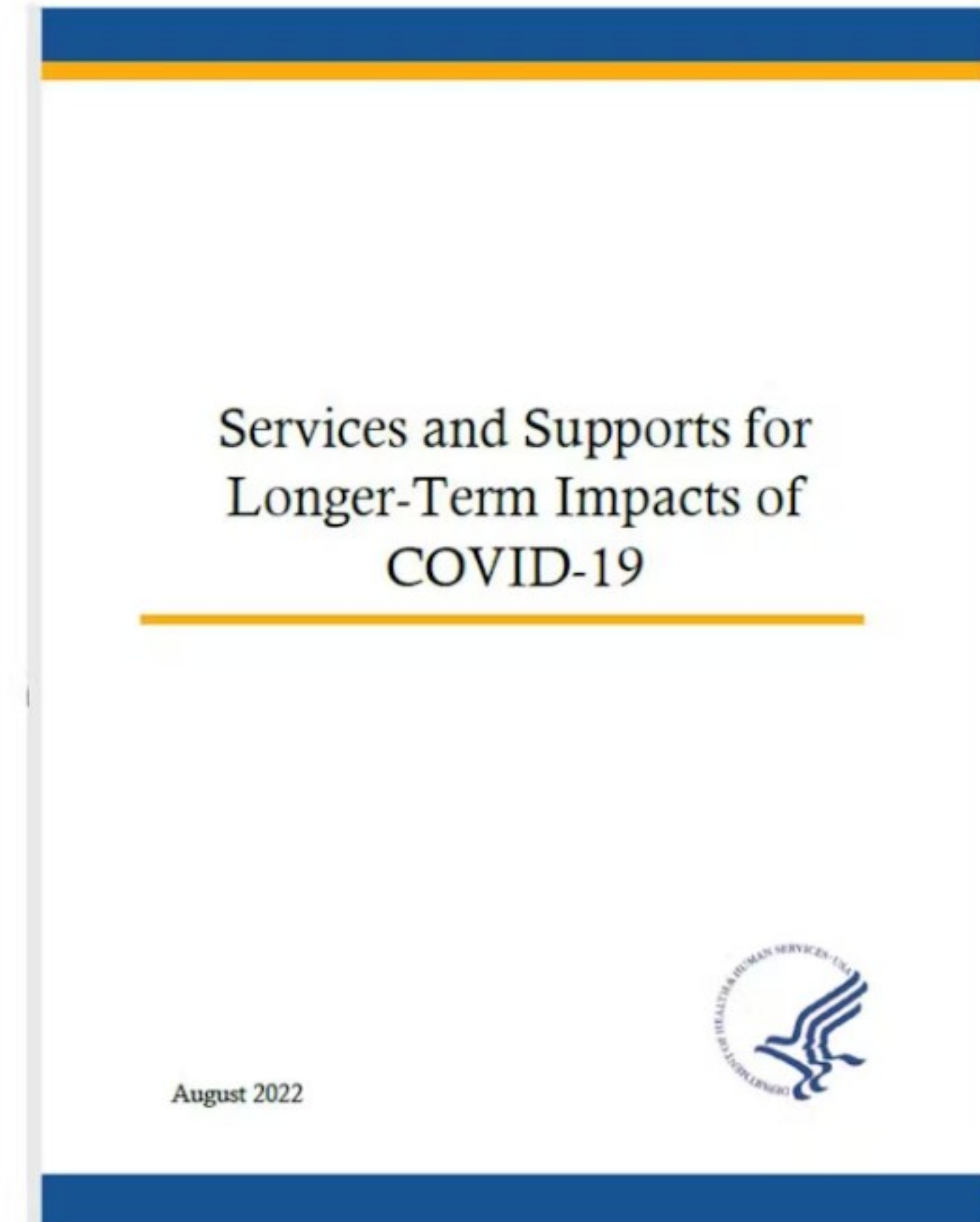
National Research Action Plan on Long COVID

Purpose

To advance progress in prevention, diagnosis, and treatment of Long COVID; and provision of services and supports for individuals, families, and communities experiencing Long COVID.

Audience

- Intended for U.S. government agencies and to inform Congress and researchers both public and private, including academia.
- Relevant to state policymakers, foundations and other funders of research, healthcare and service personnel, public health partners, Long COVID patients and advocacy groups, pharmaceutical companies, and the general public.

National Research
Action Plan on Long COVID

August 2022

Important take home messages

1. **Post-COVID conditions are heterogeneous**
   - Standard surveillance methods may not capture all disease
   - Epidemiologic studies must characterize different subtypes and risk factors

2. **Estimates on the occurrence of post-COVID conditions range widely depending on methodology used**
   - Likely not uncommon following SARS-CoV-2 infection

3. **Management of post-COVID conditions will require consistent engagement with patients and continued interagency collaboration**
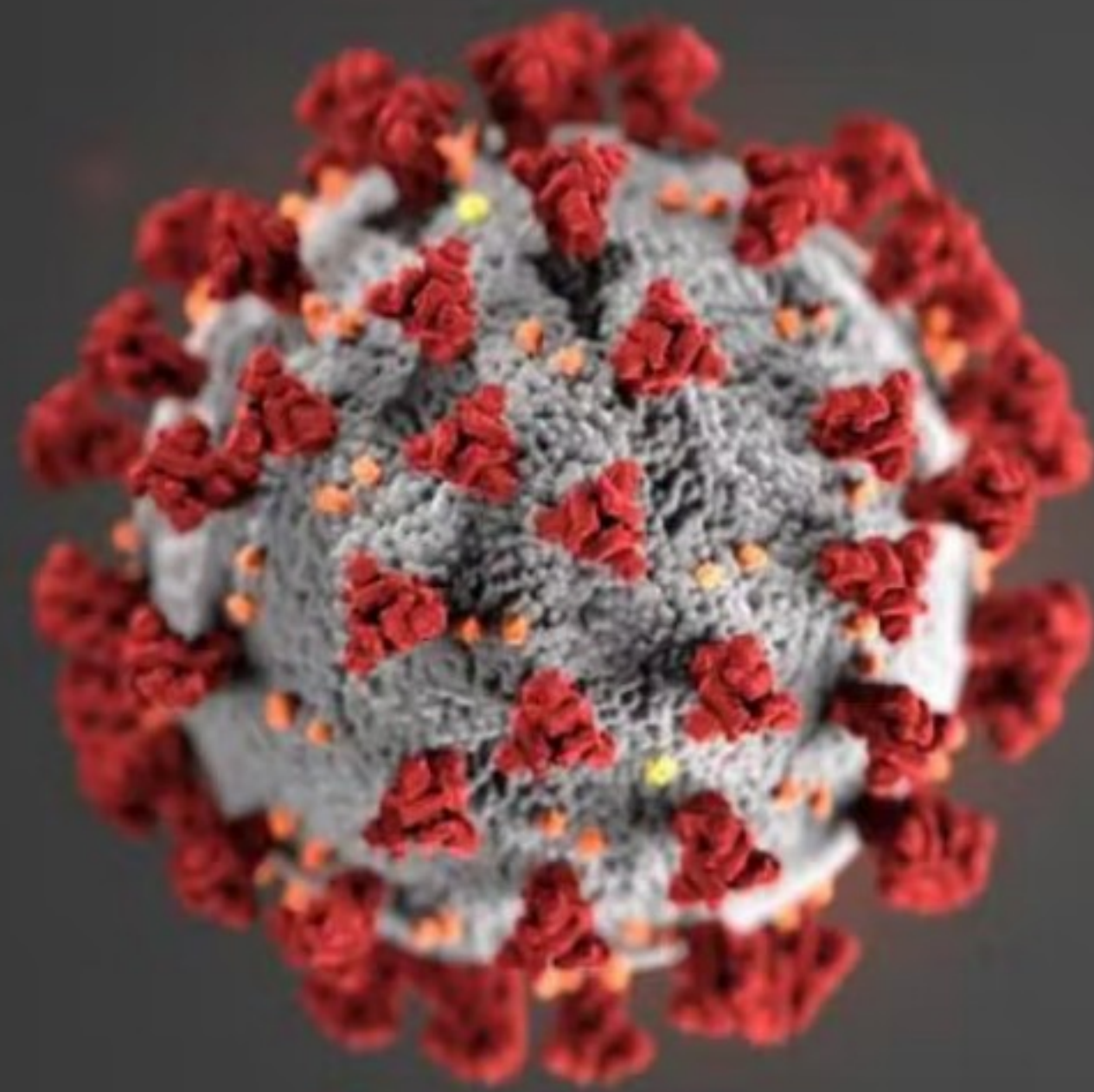
For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348   www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Questions for Guest Speaker?

Audience Polling

Go to

www.menti.com

Enter the code

Or use QR code

Special and Vulnerable Populations COVID-19 Forum

Where we've been….

Session 1: 9/24/21 - Introductions

Session 2: 11/19/21 - Vaccine Confidence Strategy

Session 3: 1/28/22 - Workforce Wellness & Resilience

Session 4: 3/25/22 - Impact of COVID-19 on Patient Mental and Behavioral Health

Session 5: 5/20/22 - Breakout Discussions on Forum

Session 6: 722/22- Therapeutics and Equity; COVID-19 Sub Variants; Childhood vaccination
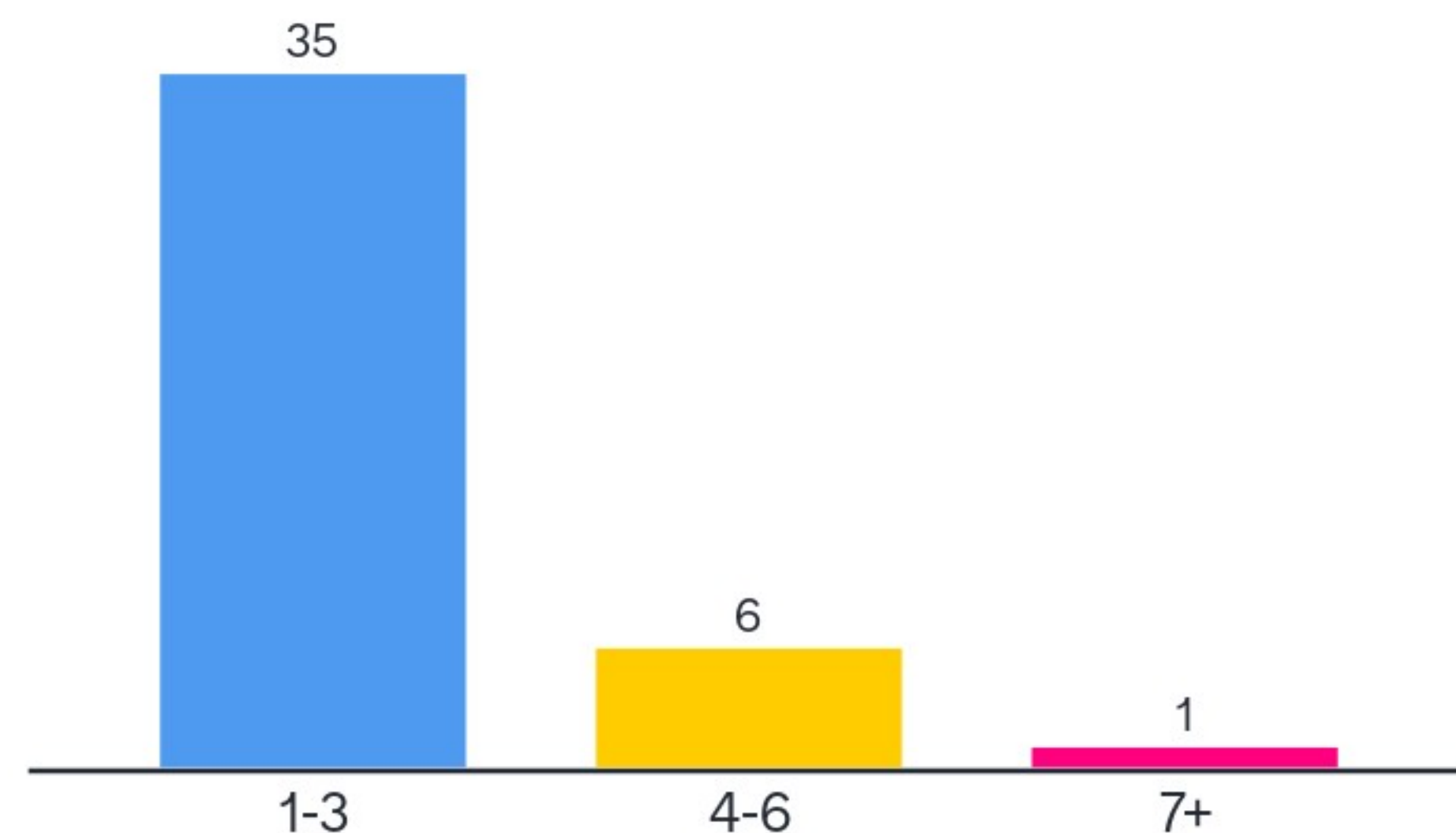
Session 7: 9/23/22 - COVID-19 Bivalent Boosters; Monkeypox

Session 8: 11/18/22 - Incorporating COVID-19 Clinical Care within Clinic Workflows (COVID-19 Program Update, Access to Oral Therapeutics, Flu, RSV)

Session 9: 1/27/23 - Long COVID and Wrap-Up

How many sessions did you attend?

Category	Value
1-3	35
4-6	6
7+	1

What do you wish you knew at the beginning of the pandemic in relation to emergency preparedness and response?

How to help with testing support

the amount of work it would take! and the staffing needs we would have!

What websites to use to find current research, processes, protocols

How to handle communicating to the public in light of constant changes without losing our credibility

Coping

Inadequacy of our supply chain

How to support and protect staff

PPE

PPE and supply inventory

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What do you wish you knew at the beginning of the pandemic in relation to emergency preparedness and response?

Staffing

Where to find actual information

CHWs as a resource

Where to stock up on PPE

I wish i knew about organizations like this one back then

How necessary it is to deliver clear, concise information. Public trust on Public Health Agencies is key

Coping

What our resources were and where they were coming from

How much time the pandemic will last and how tiring it is. I wish I had known to pace myself in taking care of COVID pts at outpatient setting

27

What do you wish you knew at the beginning of the pandemic in relation to emergency preparedness and response?

Coping

reliable resources and consistent messaging

That this was going to be a long journey and there was no single source of truth for information

How racially skewed media discussing everything would be. How little collaborative efforts there would be.

Not to have purchased over priced masks. Would have had masks in storage

How the inequalities in society would be exacerbated

How to keep myself/patients safe with lack of PPE

Better support for our healthcare staff

Engage community-based organizations early on

27

What do you wish you knew at the beginning of the pandemic in relation to emergency preparedness and response?

Misinformation or lack of information

Coping

Information on presentation and treatment of other post-viral conditions

We should have outbreak specific CHWs in workforce

Food Banks

Religious orgs

Private connections already made prior to pandemic has been the only positive.

Farm Owners for MSAWs

schools of nursing and medical schools to help with outreach testing and vaccination clinics can be great resources

27

What do you wish you knew at the beginning of the pandemic in relation to emergency preparedness and response?

checking state immunization records and offering/recommending at all encounters

Which community partnerships have been most impactful/helpful in addressing patient needs?

community pharmacies	Health Departments	Public Health
CDC	The county health departments	Food pantries, churches, health departments
Community Based Organizations (CBO)	Church	Pharmacies

30

Which community partnerships have been most impactful/helpful in addressing patient needs?

CHWs

Similar CBO's

Partnerships with community organizations led by and serving specific under-resourced populations

Local churchesLocal refugee servicesLocal homeless shelters

WHO, CDC, NIH, adjacent provinces to learn what they are doing

Safety

Hopsitals with testings at the beginning odlf the pandemic, then UWMC creating a Long Covid Clinic

Community based organization

Federally qualified health centers

30

Which community partnerships have been most impactful/helpful in addressing patient needs?

Religious orgs	Local hospitals	Home health and health departments
N/a	Vaccine Clinics in a nearby community center	Discovered local organizations that addressed needs not covered by insurance
Housing	N/a	Community Health Centers (CHW's, Promotores de Salud)

30

Which community partnerships have been most impactful/helpful in addressing patient needs?

Health departments/ networks + non profits/ CBO

Organizations able to provide interpreted & translated information about COVID-19 in culturally responsive ways

trusted messengers within the communities

Food programs, CBO's

Schools & universities

Free vaccines and free tests from the Feds and King County

There have not been many active partnership in our area...Los Angeles County -regarding Long Covid

Pharmacists willing to volunteer

Farm owners and staff for MSAWs

30

Which community partnerships have been most impactful/helpful in addressing patient needs?

We need more info and resources for identifying and treating long covid

Private connections made prior to pandemic declaration began was only positive.

DHEC created a list of volunteers to help with vaccines

eCW needs a CDSS to track vaccination status and when next are due

funding for CHWs

30

How have you incorporated COVID-19 vaccines into clinical workflows and immunization practices/schedules?

Collaborate with mobile vaccine clinics and community partners

One-stop vaccine appointments

Constant education & re-education

Routine vaccine offered at visits in addition to walk in immunizations at several sites

Having medical assistants or CHWs ask if they would like to have this vaccine too and the benefits of doing it now vs later

Pop-up vaccine clinics, offering it when other vaccines are due

Creating culturally relevant material

Widely provided in pharmacies who offer all vaccines and education

Mobile clinics

20

How have you incorporated COVID-19 vaccines into clinical workflows and immunization practices/schedules?

Vaccines at the point of care.

Free vaccination

Yes, providers at our FQHC offers the vaccine to all patients who comes in person. Reminders during phone appts helps as well. Offering it with other vaccines

I have been fortunate to help set up severalCovid Vax clinics through community FBOs

Vaccines are given at 4 of our 7 clinics as part of our wellness exams. Use of state vaccine registry on all patients to ensure offering every possible need is met

Pop up vaccine clinics in vulnerable communities

Addressing concerns of bundling covid vaccine with others

Providing the information on COVID vaccine during outreach events.

Stable vaccine sites in communities

20

How have you incorporated COVID-19 vaccines into clinical workflows and immunization practices/schedules?

Having patients become more involved in their vaccination planning

Too loaded of a ques for a quick answer. Current HHS and medicaid system is extremely dysfunctional. I have had to BEG AND DEMAND for vaxes and some have been denied!!!

Vaccine clinics offered to community organizations, schools and built into outpatient lab services

20

What remaining recovery or stabilization needs do health centers have that can be addressed by HRSA?

Psychosocial, psychological supports	Mental health	Standard of Care Protocols
Outreach to vulnerable pops. Need better ways to reach people.	Standard of care	continuing education as research evolved
Information in different languages	More resources available not just for patients, but for the staff as a focus	Funding for CHWs

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What remaining recovery or stabilization needs do health centers have that can be addressed by HRSA?

Funding for more permanent positions. Ex: admin & CHWs

Remote supports for moral distress, care partners and frontline staff.

Broadband outreach

Peer support groups

Subsidizing cost of vaccines for adults

Success stories of outreach

Migrant workers

Networking with somebof the organizations on this line

Mentorship. Giving vaccines to those who ask to have them!

What remaining recovery or stabilization needs do health centers have that can be addressed by HRSA?

CHW support to vulnerable countries communities.

Support for Long COVID as well as acute COVID research

Stable internet!

Information booklet to give to patients

Continue education to health professionals and community

Funding/ Training for Outreach Teams (CHW's, Promotores de Salud)

Online library of training, resources, and work done accross states.

Preventative health strategies.

CHW supports née to continue....

21

What remaining recovery or stabilization needs do health centers have that can be addressed by HRSA?

Expanding tele-health services

Outreach materials in different languages

More education on normal aging. No more ageism assumptions and older adults.

Better definition of syndrome

Expanding releases of information for natural disasters. More contact information.

How has this experience (COVID-19) changed your perspective on emergency preparedness going forward?

Blessed are the flexible

How under-prepared we are

We need to improve on nearly EVERY LEVEL.

The need for trainings

We need to have "go to" organizations to lead emergency/pandemic response to reduce duplication of creating new resources/protocols that ALL healthcare organizations can use

Expect The Unexpected

We should have basic steps prepared for other situations

How exec leadership can derail processes that were in place.

Responding faster to the underserved

25

How has this experience (COVID-19) changed your perspective on emergency preparedness going forward?

Communication is key, CDC fumbles with their own guidelines at times

You need to have positions dedicated to this and not just having all the random positions take bits of it

we need to be better prepare with community health workers trained in outbreak response

Trusted source of accurate information. What organization will step up in the next emergency and be a leader that can be trusted

there were as many responses as number of local health departments - need more federal coordination

How important collaboration is

I will always stay prepared

Need to vote in leaders who understand the role of healthcare and government so that we are supported not hampered or denied.

Not to live in fear but be prepared for all outcomes. It's okay to change your approach midstream.

25

How has this experience (COVID-19) changed your perspective on emergency preparedness going forward?

We need to listen to the disabled community and other communities that have experience dealing with whatever emergency we are working on

Taking into account the diverse needs of elderly and disabled individuals who have limited or no social supports......

Need for a greater digital platform to share information

Health literacy

Protocols and practice

Funding is keyFlexibility is key

If you have a solid EP program in place, it will be easier to address the new/unforseeable crisis

need to have proper/better funding for emergency preparedness and being open to change

We need to function like those Aid groups who can response to disasters STAT!

25

How has this experience (COVID-19) changed your perspective on emergency preparedness going forward?

At least we can telework now

We need more and more consistent funding

Expand releases of information. Outside support systems.

Find ways to stop dysinformation.

Need to educate policy makers so emergency preparedness will go forward quickly

What to do when your phone won't work. Internet down and vulnerable populations.

Recognition of personal and professional anxiety and stress that arises

funding and financial support for CHW as frontline Outreach workers

standard of communication from all areas

25

How has this experience (COVID-19) changed your perspective on emergency preparedness going forward?

Plan ahead.

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New NTTAP Resources

National Center for Farmworker Health
- COVID-19 Educational Resources for Agricultural Workers
- COVID-19 Resources for HCs and FW Serving Organizations
- COVID-19 Resources on Ag Employers
- Combatting COVID-19 Promising Practices

Farmworker Justice
Long COVID Issue Brief: Farmworker Rights and Protections

National Nurse-Led Care Consortium
Mental Well-being and Burnout: 2-Part Learning Collaborative Series
Begins February 09, 2023 1:00 PM EST
This 2-part learning collaborative series will address the COVID-19's lingering impact on mental health. Session one will focus on the field of nursing and session two will explore mental health disparities exacerbated by the pandemic.

COVID-19 Translated Resources from ASIA Ohio and Mass League

QuickVue At-Home Test Translations

- Arabic
- Burmese
- Chinese
- Dari
- English
- Haitian Creole
- Hindi
- Ilokano
- Ka'Ren
- Khmer
- Laotian
- Nepali
- Pashto
- Portuguese
- Spanish
- Swahili
- Tagalog
- Thai
- Urdu
- Vietnamese
- Visayan

https://bit.ly/OTCCOVI
D19-InLanguageFlyers

EVALUATION

Please take the time to complete the Forum evaluation via Zoom, and help us improve this activity for future sessions.

Thank you!