COMMONWEALTH of VIRGINIA

Department of Health

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COVID-19 Update for Virginia

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Dear Colleague:

Thank you for your continued partnership in responding to the COVID-19 pandemic. Please visit the Virginia Department of Health (VDH) website for current clinical and public health guidance, epidemiologic data, and other information. Updates on the following topics are included in this correspondence:

- State Health Commissioner Issues Interim Guidelines for the Prioritization of the Use of Rapid COVID-19 Tests
- CDC Recommends FDA-Approved Moderna COVID-19 Vaccine
- Therapeutics Updates
- CDC and CMS Updates for Infection Prevention in Healthcare Settings
- Keeping Up With COVID Video Series

State Health Commissioner Issues Interim Guidelines for the Prioritization of the Use of Rapid COVID-19 Tests

In response to Governor Youngkin's COVID-19 Action Plan, VDH recently issued new Interim Guidelines for the Prioritization of the Use of Rapid COVID-19 Tests. Due to nationwide challenges in the supply chain, combined with a surge in demand for testing due to the Omicron surge of cases, there is a strain on the COVID-19 testing system in the Commonwealth. Testing remains an important tool to guide the care of individuals and to prevent transmission to others. In general, testing should be prioritized for people who have symptoms and/or have had a known exposure. Additionally, healthcare providers should review the guidelines and prioritize available rapid tests in accordance with the guidance to the extent possible. As cases decline and demand for testing decreases, providers are advised to expand testing as appropriate. As a reminder, a negative test is not required to be released from isolation and quarantine.

Additionally, the U.S. Food and Drug Administration (FDA) recently updated its Molecular Diagnostic Tests for SARS-CoV-2 page to specify which authorized tests are designed with single or multiple viral targets. Tests with single targets are more susceptible to changes in performance due to viral mutations because they are more likely to fail to detect new variants.

In contrast, tests with multiple targets are more likely to continue to perform well with the emergence of new variants.

CDC Recommends FDA-Approved Moderna COVID-19 Vaccine

FDA granted full approval to the Moderna COVID-19 vaccine on January 31 and the Centers for Disease Control and Prevention (CDC) recommended the vaccine for people 18 years of age and older on February 4. The vaccine, which will be marketed as Spikevax, will be the country's second fully approved vaccine to protect against COVID-19 and will be administered as a two-dose primary series. FDA's Emergency Use Authorization (EUA) for Moderna COVID-19 vaccine will continue to cover the two-dose primary series for individuals aged 18 years and older, the administration of a third dose to certain immunocompromised individuals aged 18 years and older, and a single booster dose for individuals aged 18 years and older at the recommended interval following the completion of a COVID-19 vaccine primary series. The FDA-approved vaccine and the FDA-authorized vaccine have the same formulation, and the two can be stored, handled, and used interchangeably. The FDA has updated its Spikevax and Moderna fact sheets for healthcare providers administering vaccines and for recipients and caregivers and should continue to be distributed at the time of vaccination. CDC will be updating their Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States to reflect these changes.

The FDA Vaccines and Related Biological Products Advisory Committee (VRBPAC) will also be meeting on Tuesday, February 15 to discuss Pfizer-BioNTech's data on its COVID-19 vaccine for children aged 6 months to 4 years. The VRBPAC meeting will be able to be viewed via live stream, and additional meeting information will be available on their site.

Therapeutics Updates

On January 24, 2022, the FDA revised the EUA fact sheets for REGEN-COV and bamlanivimab/etesevimab (bam/ete) to limit their use to only when the patient is likely to be exposed or infected with a COVID-19 variant susceptible to these treatments. REGEN-COV and bam/ete are highly unlikely to be effective against Omicron. Due to the Omicron surge, HHS has paused allocations of REGEN-COV and bam/ete until further notice.

Demand for Sotrovimab is decreasing, following a decrease in case rates as well as increased availability of oral antivirals. Molnupiravir is available for providers to order in Vaxmax. Please note that providers should only order Molnupiravir through Vaxmax if the dispensing site is a pharmacy or if the facility has a "Physician Selling Controlled Substances Facility Permit," issued by the Board of Pharmacy. Paxlovid will become available for ordering through Vaxmax when supply is more readily available.

CDC and CMS Updates for Infection Prevention in Healthcare Settings

On February 2, 2022, CDC updated Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic and descriptions are provided regarding "up to date" COVID-19 vaccination status for healthcare personnel, patients, and visitors. CDC continues to emphasize that anyone with even mild symptoms of COVID-19, regardless of vaccination status, should receive a viral test as soon as possible. Asymptomatic patients in any healthcare setting with close contact with someone with SARS-CoV-2 infection, **regardless** of vaccination status, should have a series of two viral tests immediately (but not earlier than 24 hours after the exposure) and, if negative, again 5–7 days after the exposure.

In areas with substantial to high community transmission, CDC recommends a NIOSH-approved N95 or equivalent or higher-level respirator when caring for patients **not** known or suspected to have SARS-CoV-2 infection in the following higher-risk situations: all aerosol-generating procedures; higher-risk surgical procedures; and in situations where additional risks for infection are present. These situations include caring for a patient who is not up to date with their vaccines, the patient is not able to wear source control, or the area is poorly ventilated.

On February 2, 2022, CDC updated Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes and the Centers for Medicare and Medicaid Services updated their nursing home visitation FAQs. In nursing homes, residents who are **not** up to date with all recommended COVID-19 vaccine doses and are new admissions or readmissions should be placed in quarantine, **even** if they have a negative test upon admission; COVID-19 vaccination should also be offered. VDH Recommendations for Hospitalized Patients Being Discharged to a Long-Term Care Facility During the COVID-19 Pandemic were updated February 9, 2022.

VDH Presents Keeping Up With COVID Video Series

VDH's Health Professionals page is excited to announce the *Keeping Up With COVID* video series. Each Monday, the page will feature a new short video on a topic of interest to keep providers up to date on new COVID-19 information.

Thank you for your continued partnership as we respond to the COVID-19 pandemic.

Sincerely,

Colin M. Greene, MD, MPH
Acting State Health Commissioner