COMMONWEALTH of VIRGINIA

Department of Health

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COVID-19 Update for Virginia

February 17, 2022

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:

- CDC Updates Vaccine Recommendations for Immunocompromised Individuals and Those Who Received Passive Antibody Products
- FDA Grants Emergency Use Authorization to Bebtelovimab
- New Isolation and Quarantine Calculators
- National Blood Shortage

CDC Updates Vaccine Recommendations for Immunocompromised Individuals and Those Who Received Passive Antibody Products

On February 11, the Centers for Disease Control and Prevention (CDC) updated their Interim Clinical Considerations for the Use of COVID-19 Vaccines Currently Approved or Authorized in the United States with new recommendations for moderately to severely immunocompromised individuals. For these individuals aged 12 years and older, CDC shortened the interval to receive a booster dose after an mRNA primary series from at least five months to at least three months. In total, these immunocompromised individuals receiving mRNA COVID-19 vaccination should receive four doses: three primary doses and one booster dose.

Immunocompromised individuals aged 18 years and older who received a Johnson & Johnson (J&J) primary vaccine are now advised to get an additional dose of an mRNA vaccine at least four weeks after the first dose of J&J. At least two months after receiving the additional dose, they should receive a booster dose of any COVID-19 vaccine, for a total of three doses. Per CDC, an mRNA vaccine is preferred over the use of J&J vaccine for primary and booster vaccination. Some recipients of the J&J vaccine may have already received a booster dose (Pfizer, Moderna, or J&J vaccine), without having had the second (additional) mRNA vaccine dose. In this situation, regardless of type and timing of vaccine received as the second dose,

administer a Pfizer vaccine or a Moderna vaccine as the third dose at least two months after dose two. See Appendix B of the clinical considerations for vaccine dose information.

On a case-by-case basis, providers caring for patients who are moderately to severely immunocompromised may administer mRNA COVID-19 vaccines outside of the FDA and CDC dosing intervals based on their clinical judgment. Providers should not routinely administer additional doses outside of what is recommended in CDC guidance.

CDC also updated vaccine recommendations for patients who received passive antibody products such as monoclonal antibodies or convalescent plasma. For those who previously received these products for pre-exposure or post-exposure prophylaxis against COVID-19 or treatment of COVID-19, there is now no recommended waiting period for COVID-19 vaccination.

FDA Grants Emergency Use Authorization to Bebtelovimab

On February 11, the U.S. Food and Drug Administration (FDA) granted Emergency Use Authorization to Bebtelovimab (Eli Lilly) for the treatment of COVID-19. Bebtelovimab is a single monoclonal antibody that has shown activity against the Omicron variant and multiple subvariants (BA.1, BA.2, and BA.1.1) in lab testing. Please see the FDA news release about the drug and the EUA package insert.

Per its EUA, Bebtelovimab is indicated for the treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age and older who weigh at least 40 kg) who:

- Have a positive SARS-CoV-2 viral test, and
- Are at high-risk for progression to severe COVID-19, and
- Who are not hospitalized due to COVID-19, and
- For whom alternative COVID-19 treatment options approved or authorized by FDA are not accessible or clinically appropriate

Bebtelovimab should be given as soon as possible after the diagnosis of COVID-19 and within **7 days** of symptom onset. The drug must be administered as a single intravenous injection given over at least 30 seconds (**not** 30 minutes). Patients should be clinically monitored during drug administration and observed for at least one hour post injection.

The U.S. Department of Health and Human Services (HHS) purchased 600,000 treatment courses of Bebtelovimab and product allocation began on February 14, 2022. Virginia received 1,085 doses and VDH will allocate these to monoclonal antibody administration sites in the Commonwealth. Providers wishing to administer this new monoclonal antibody should submit order requests through VaxMax. For more information about Bebtelovimab or other COVID-19 Therapeutics, please email COVID19Therapeutics@vdh.virginia.gov.

New Isolation and Quarantine Calculators

VDH recently launched a new Isolation and Quarantine website that provides simple step-by-step instructions for people who tested positive for or were exposed to COVID-19. The page includes calculators that allow users to generate a personalized timeline of prevention steps to

take. This site can be shared with patients as a helpful tool to help them understand their recommended isolation or quarantine timeline.

National Blood Shortage

The American Red Cross (ARC) is facing a "national blood crisis." The ARC website notes that blood and platelet donations are critically needed to help prevent delays in vital medical care. While all blood types are in high demand, blood types O positive and negative are most needed. Drivers of the current shortage include a 10% decline in overall blood donation since 2020, a 62% decrease in college and high school blood drives due to the COVID-19 pandemic, and blood drive cancellations due to illness, staffing limitations, and weather-related closures. ARC provides 40% of the U.S. blood supply and notes it has had to limit distribution of blood products to hospitals due to the current shortage. The HHS website provides an overview of how blood and plasma are donated, along with pages on blood donation and plasma donation, that include step-by-step instructions on how to give blood, information on eligibility, and potential side effects. Please consider donating blood to ease the current shortage. At your discretion, consider sharing this information with your patients and/or staff.

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

Sincerely,

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