Weekly Digest of COVID-19 Guidelines

DEDEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services

- Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements and Revised COVID19 Focused Survey Tool

NIH

- Outpatient Management of Acute COVID-19
    - The Panel provides recommendations for screening, triage, and therapeutic management of patients with mild to moderate COVID-19 who do not require hospitalization.
- Use of Colcichine
    - Based on the results of a large, randomized, placebo-controlled trial in outpatients with COVID-19, the Panel has determined that there are insufficient data to recommend either for or against the use of colchicine in nonhospitalized patients with COVID-19. The Panel recommends against the use of colchicine in hospitalized patients, except in a clinical trial
- Therapeutic Management of Adults with COVID-19T
    - This section has been updated to incorporate recommendations for when to use combination anti-SARS-CoV-2 monoclonal antibodies and tocilizumab (in combination with dexamethasone) in certain patients with COVID-19. This section also includes a detailed discussion of the rationale behind these recommendations.
- (4/23) COVID-19 vaccine responses to be studied in people with immune deficits

CDC

- (5/5) EARLY RELEASE: Identification of and Surveillance for the SARS-CoV-2 Variants B.1.427 and B.1.429 - Colorado, January-March 2021
    - Given delays in sequencing results and increasing proportions of variant cases, all COVID-19 cases should be considered potential variant cases upon initial report.
- (5/5) EARLY RELEASE: Rapid Emergence and Epidemiologic Characteristics of the SARS-CoV-2 B.1.526 Variant - New York City, New York, January 1-April 5, 2021
    - Although the SARS-CoV-2 B.1.526 variant emerged rapidly in NYC, early evidence suggests that this variant, even with the E484K mutation, does not lead to more severe disease and is not associated with increased risk for breakthrough infection or reinfection compared with other sequenced SARS-CoV-2 viruses.

- (4/29) Linked Clusters of SARS-CoV-2 Variant B.1.351 - Maryland, January-February 2021
    - These were the first identified clusters of B.1.351 in the United States with no link to travel. Completed contact investigations, expanded genetic sequencing, and universal prevention strategies, including vaccination, masking, and distance, might prevent the spread of SARS-CoV-2 variants of concern, including B.1.351.
- (4/29) Updated Recommendations from the Advisory Committee on Immunization Practices for Use of the Janssen (Johnson & Johnson) COVID-19 Vaccine After Reports of Thrombosis with Thrombocytopenia Syndrome Among Vaccine Recipients - United States, April 2021
    - On April 23, the Advisory Committee on Immunization Practices concluded that the benefits of resuming Janssen COVID-19 vaccination among persons aged ≥18 years outweighed the risks and reaffirmed its interim recommendation under FDA's Emergency Use Authorization, which includes a new warning for rare clotting events among women aged 18–49 years.
    - Resuming use of the Janssen COVID-19 vaccine will ensure flexibility, choice, and improved access. Education about TTS risk with Janssen COVID-19 vaccine is critical.
- (4/29) Postvaccination SARS-CoV-2 Infections Among Skilled Nursing Facility Residents and Staff Members - Chicago, Illinois, December 2020-March 2021
    - Twenty-two possible breakthrough SARS-CoV-2 infections occurred among fully vaccinated persons ≥14 days after their second dose of COVID-19 vaccine. Two thirds of persons were asymptomatic.
    - SNFs should prioritize vaccination and follow recommended COVID-19 infection prevention and control practices, including following work restrictions, isolation, quarantine, testing of residents and staff members, and use of personal protective equipment.
- (4/28) Effectiveness of Pfizer-BioNTech and Moderna Vaccines Against COVID-19 Among Hospitalized Adults Aged ≥65 Years — United States, January–March 2021 (CDC MMWR)
    - In a multistate network of U.S. hospitals during January–March 2021, receipt of Pfizer-BioNTech or Moderna COVID-19 vaccines was 94% effective against COVID-19 hospitalization among fully vaccinated adults and 64% effective among partially vaccinated adults aged ≥65 years.
    - SARS-CoV-2 vaccines significantly reduce the risk for COVID-19–associated hospitalization in older adults and, in turn, might lead to commensurate reductions in post-COVID conditions and deaths.
- (4/27) Guidance for Fully Vaccinated People
    - Fully vaccinated people no longer need to wear a mask outdoors, except in certain crowded settings and venues.
- (4/29) COVID-19 Science Update released: April 30, 2021 Edition 87

IDSA

- (5/3): Version 4.2.1 has been released and contains endorsement from the Pediatric Infectious Diseases Society.