

Job Corps Center Physicians Monthly Teleconference

John Kulig MD MPH

Drew Alexander MD

Sara Mackenzie MD MPH

Gary Strokosch MD

Region 1 Boston & Region 2 Philadelphia

Region 4 Dallas

Region 6 San Francisco

Region 3 Atlanta & Region 5 Chicago

HIPAA compliant messages [use @jobcorps.org email address](mailto:jobcorps.org)

Wednesday, February 22nd, 2023

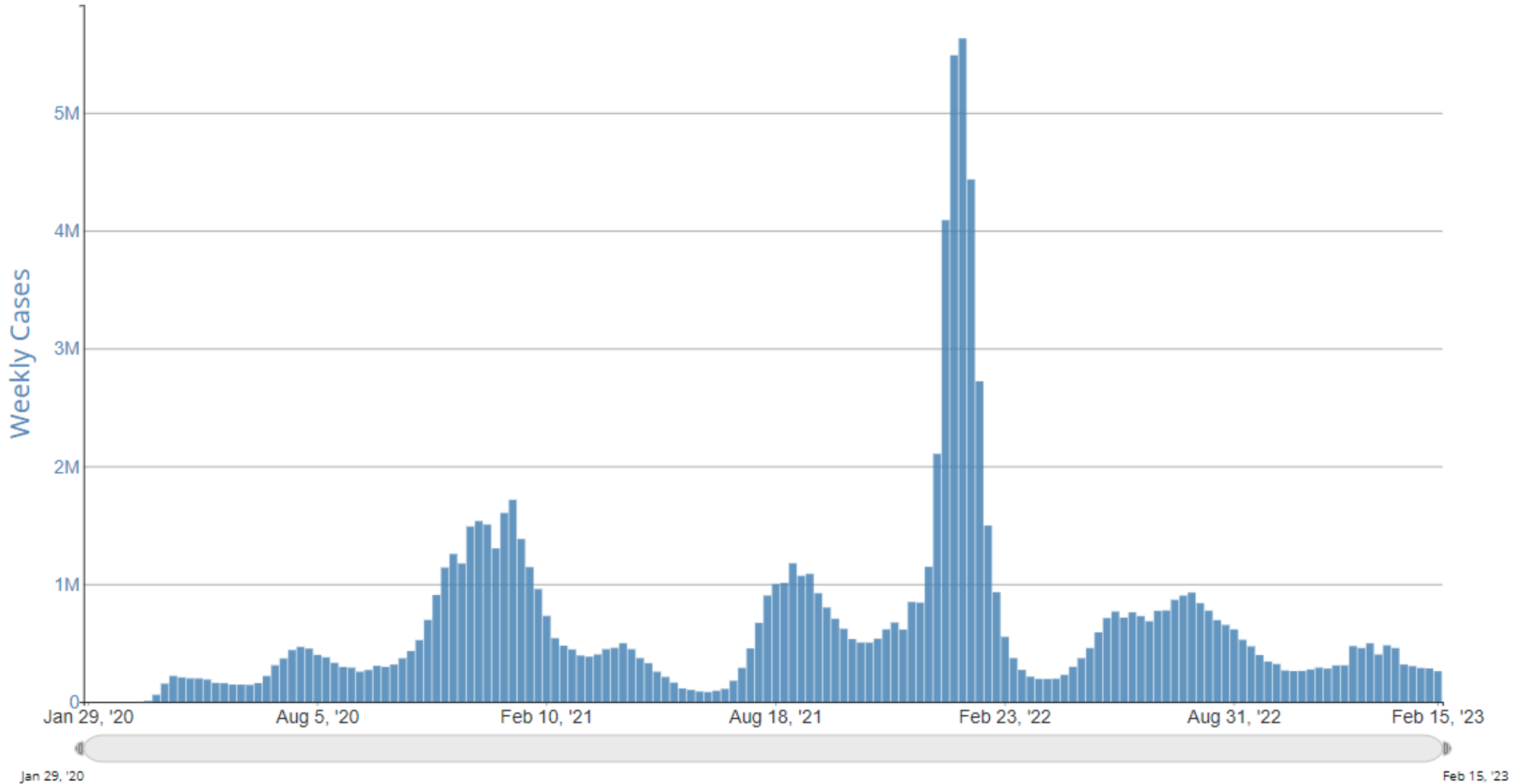


WAR ON COVID



**YOU
ARE
HERE**

Weekly Trends in Number of COVID-19 Cases in The United States Reported to CDC





2-21-2023 COVID Cases Breakdown

A NHO owned 8(a), eligible for Native exemption from competitive thresholds allowing directed awards up to \$22 Million per 13 CFR 124.506 (b).

CAGE Code: 7BHT9

DUNS Number: 079719608

Locations: Headquarters in Maryland; offices in VA, HI, CA

www.4S-LLC.com

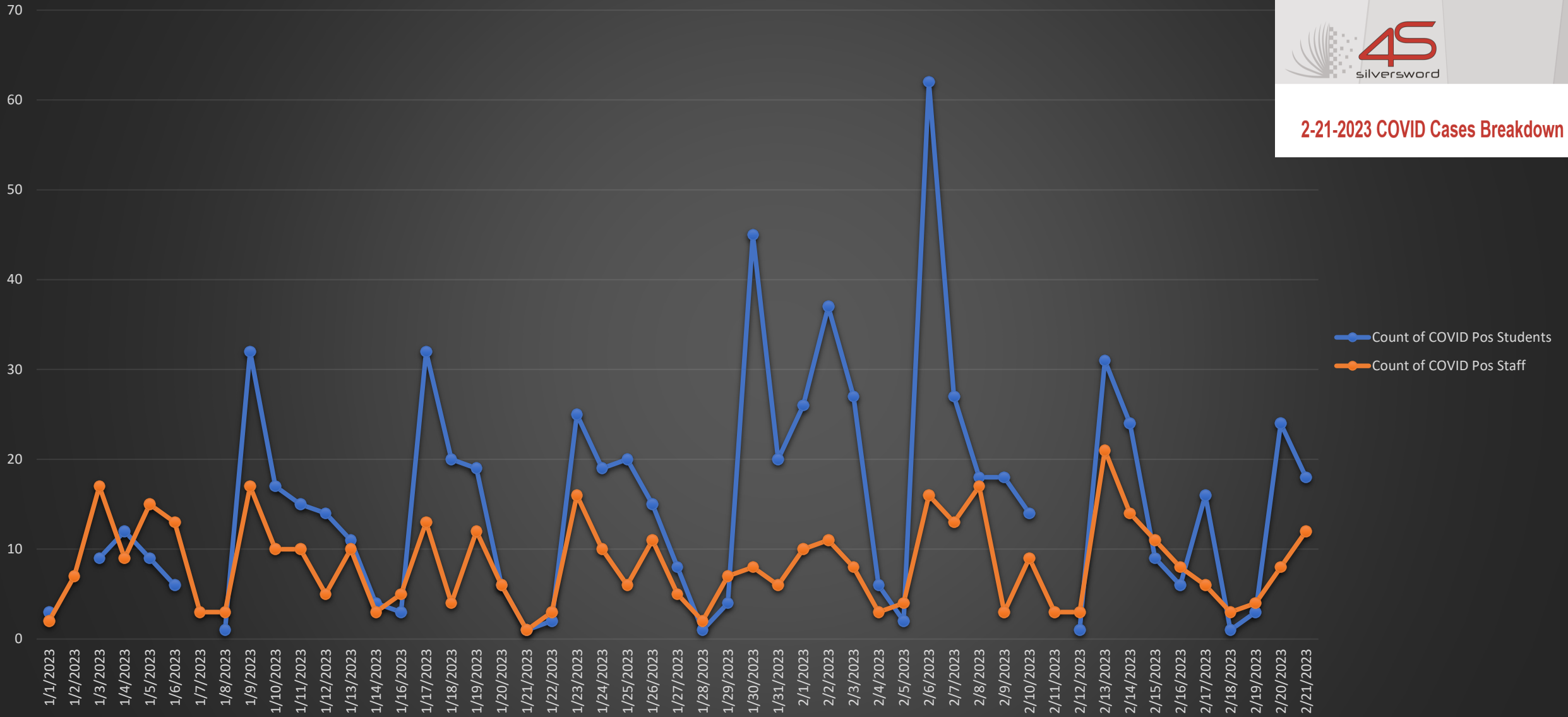
Phone: 443.693.7331

Fax: 703.682.6804

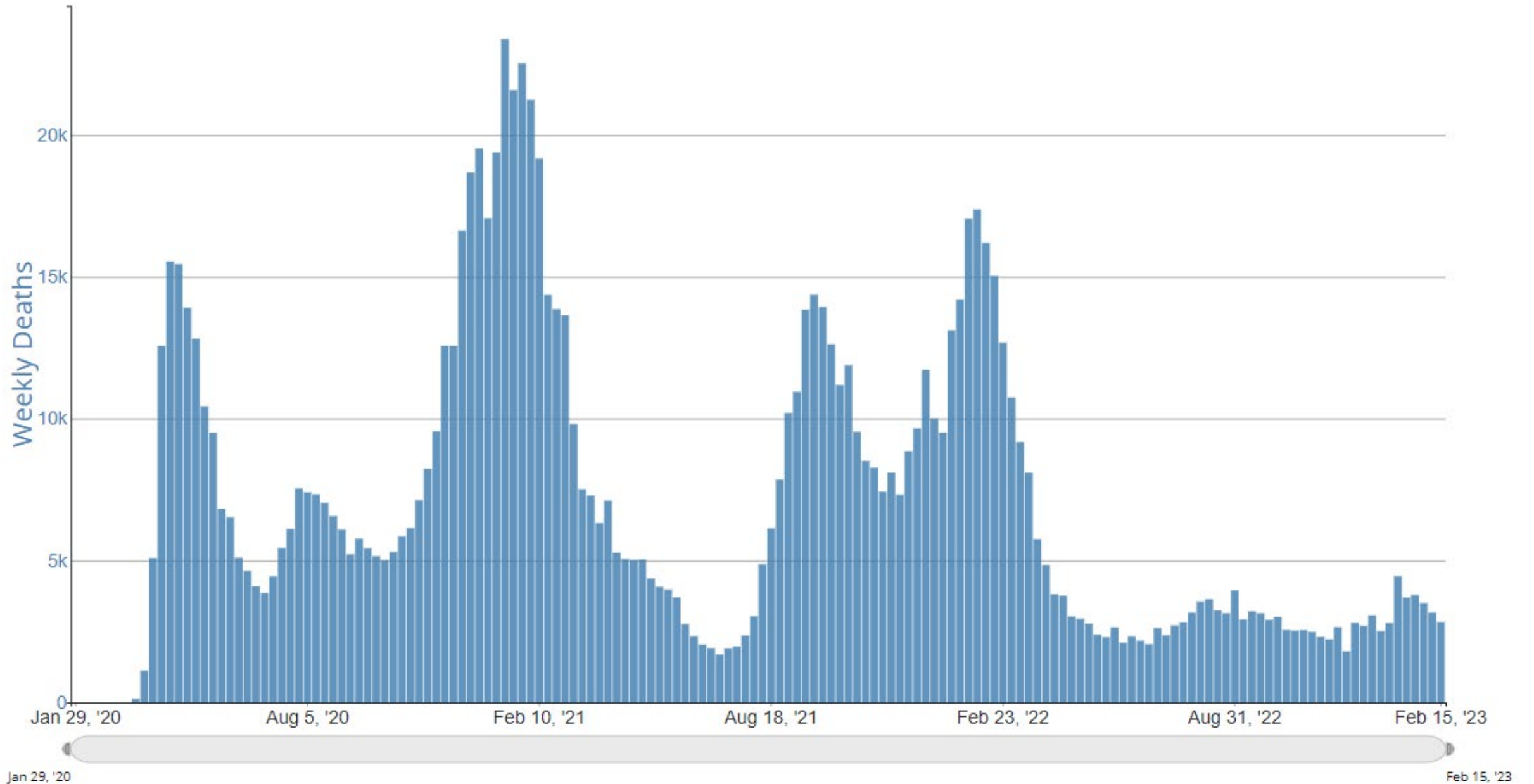
Email: info@4s-LLC.com



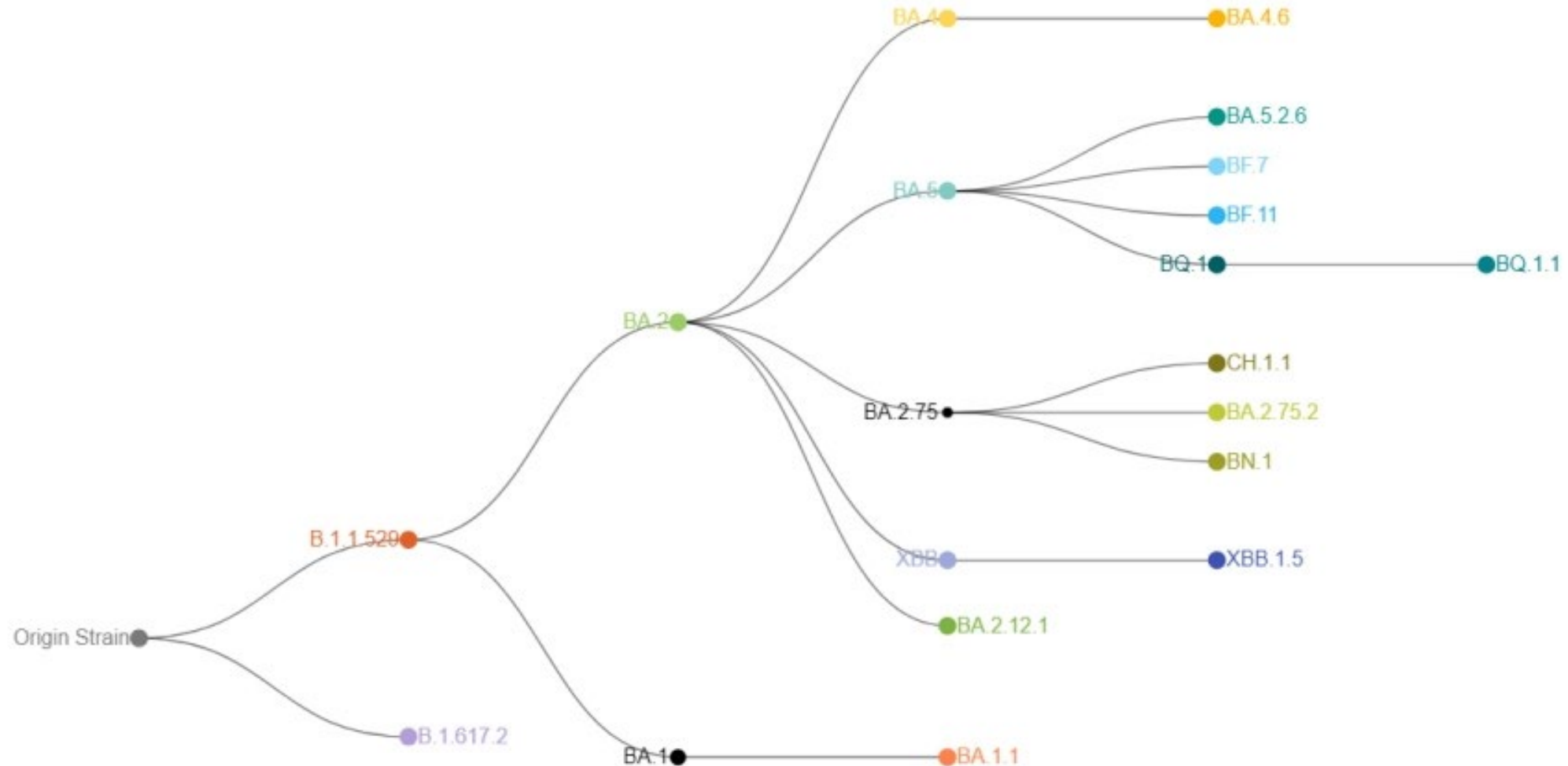
COVID Cases Since 1/1/2023



Weekly Trends in Number of COVID-19 Deaths in The United States Reported to CDC

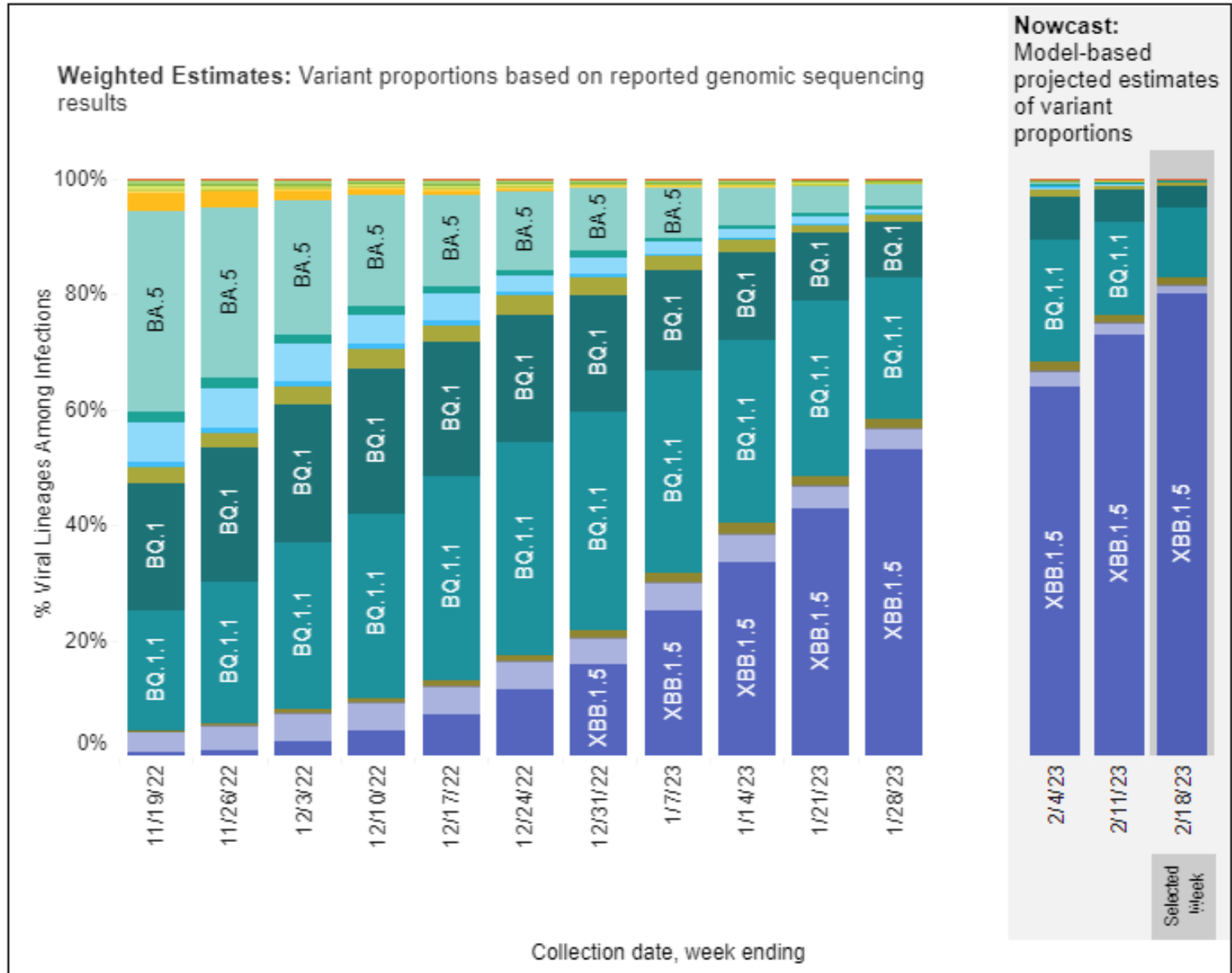


SARS CoV-2 viruses from each lineage



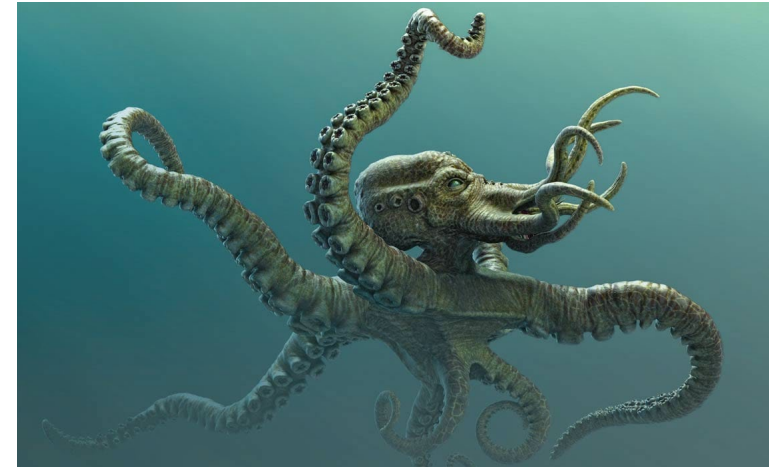
**Weighted and Nowcast Estimates in United States for Weeks of 11/13/2022
– 2/18/2023**

**CDC Genomic Surveillance:
Monitoring Variants**

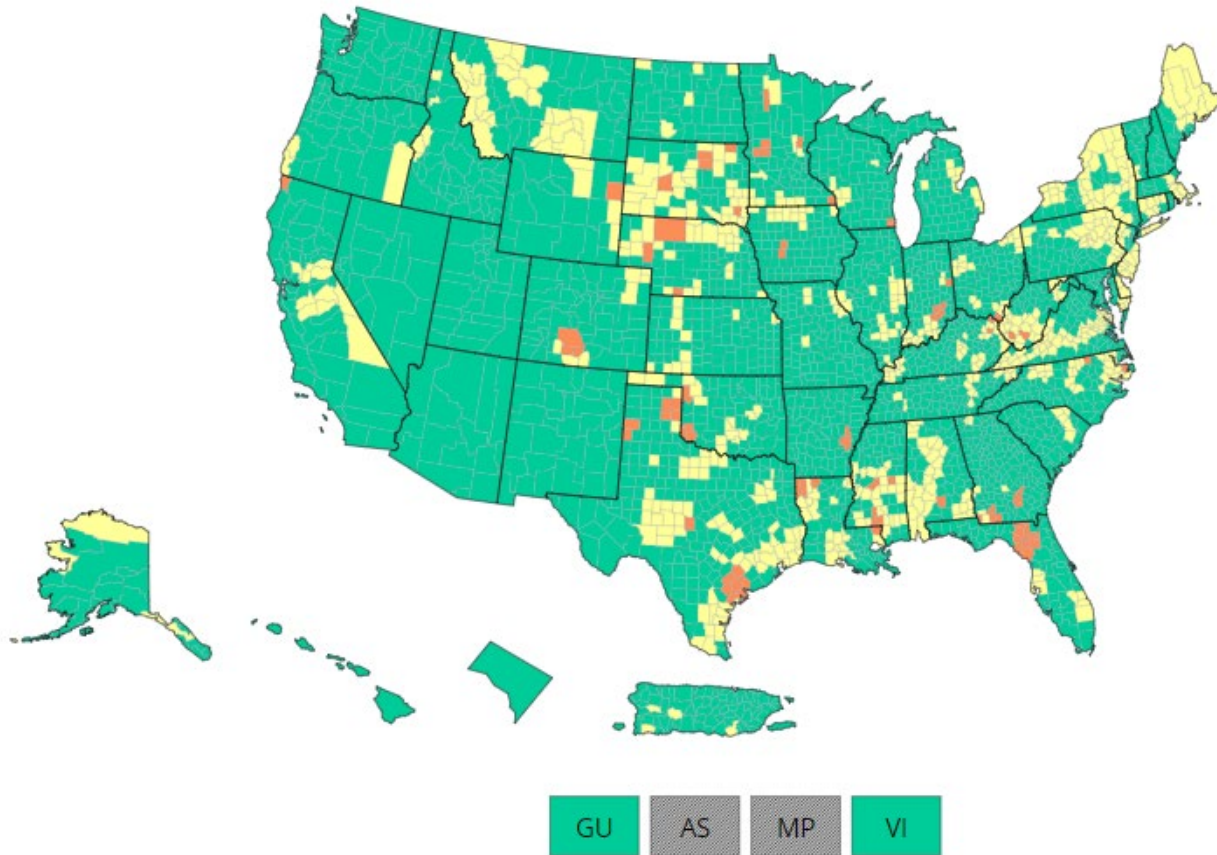


COVID-19 “Kraken Variant” XBB.1.5

- Omicron XBB.1.5 now accounts for about **80%** of all US cases
- Most transmissible variant to date – highly communicable
- Variant is a sublineage of a recombinant of two other Omicron offshoots
- Nicknamed “Kraken”- legendary sea creature and Seattle NHL hockey team
- Symptoms may include runny nose, sore throat, cough, headaches, fever, loss of appetite, diarrhea, body aches, shortness of breath
- Severe illness, altered taste and smell less likely
- XBB.1.5 variant can be detected by standard antigen testing kits



Community levels



COVID-19 Community Levels in US by County

	Total	Percent	% Change
High	82	2.55%	0.18%
Medium	651	20.2%	- 0.67%
Low	2489	77.25%	0.49%

● Low ● Medium ● High ● No Data

COVID-19 Community Levels were calculated on Thursday Feb 16, 2023.

Determining COVID-19 Community Levels

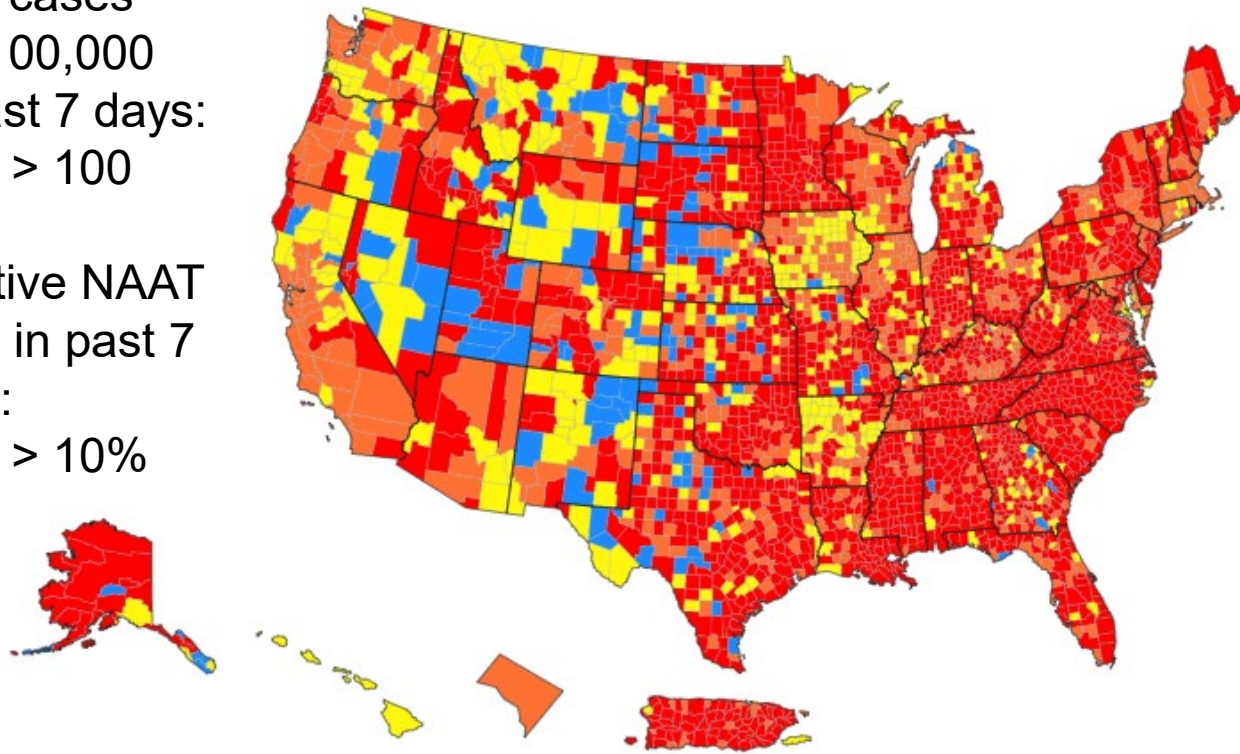
New Cases ¹ (per 100,000 population in the last 7 days)	Indicator	Low	Medium	High
<200 cases	New COVID-19 admissions per 100,000 population (7- day total) ²	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds in use by COVID-19 patients (7-day average) ³	<10.0%	10.0-14.9%	≥15.0%
≥200 cases	New COVID-19 admissions per 100,000 population (7- day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds in use by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 Community Level is determined by the higher of the new admissions and inpatient beds metrics, based on the current level of new cases per 100,000 population in the past 7 days.

Community transmission

New cases
per 100,000
in past 7 days:
High > 100

Positive NAAT
tests in past 7
days:
High > 10%



Community Transmission in US by County

	Total	Percent	% Change
High	1878	58.29%	1.21%
Substantial	713	22.13%	-0.84%
Moderate	463	14.37%	-0.53%
Low	168	5.21%	0.16%

● High ● Substantial ● Moderate ● Low ● No Data

Current 7-days are Feb 9-15, 2023, for case rate and Feb 7-13, 2023, for percent positivity.

Create a COVID-19 Action Plan

If you have a weakened immune system or live with someone who does, create a COVID-19 action plan

Prevention Measures:

Get an updated COVID-19 vaccine



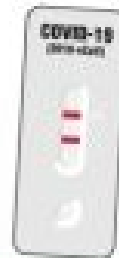
Improve ventilation and spend time outdoors when possible



Learn about testing locations and treatment options **before** getting exposed or sick



Get tested if you've been exposed or have symptoms*



Wash your hands often



Wear a well-fitting respirator or mask and maintain distance in crowded spaces



*Talk to your doctor about treatment options if you test positive

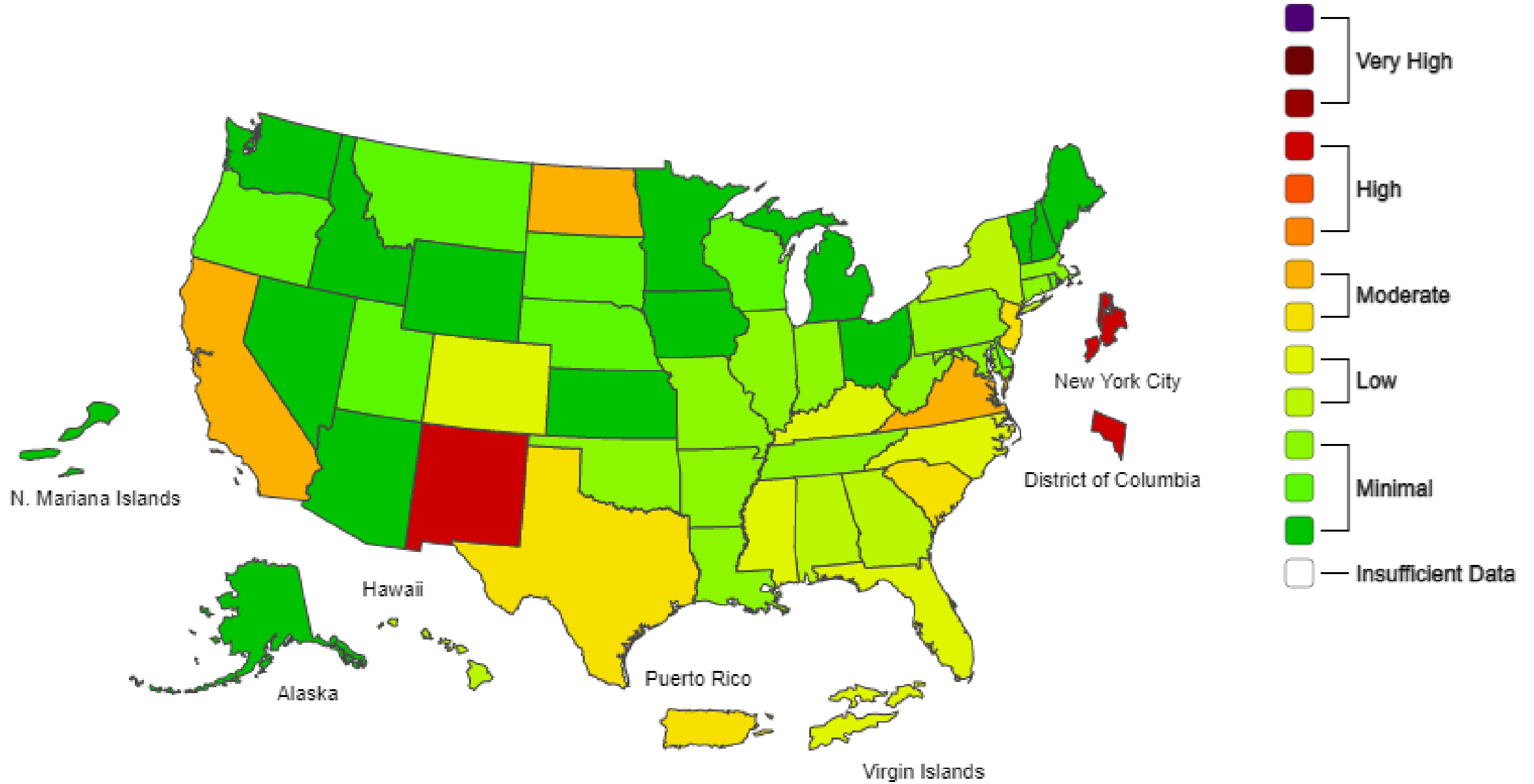
bit.ly/mm7205e3

JANUARY 27, 2023

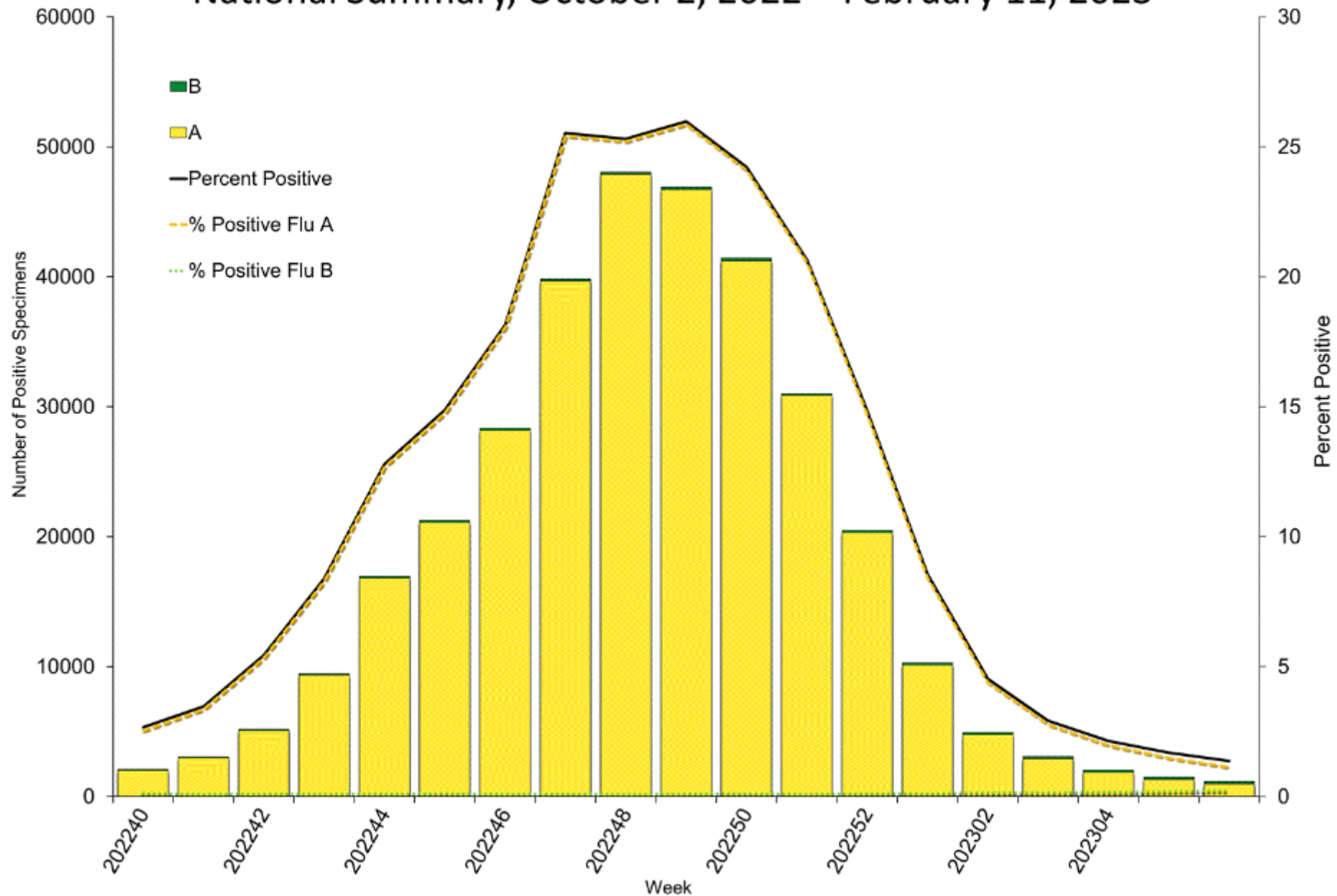
MMWR

2022-23 Influenza Season Week 6 ending Feb 11, 2023

ILI Activity Level



Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, October 2, 2022 – February 11, 2023



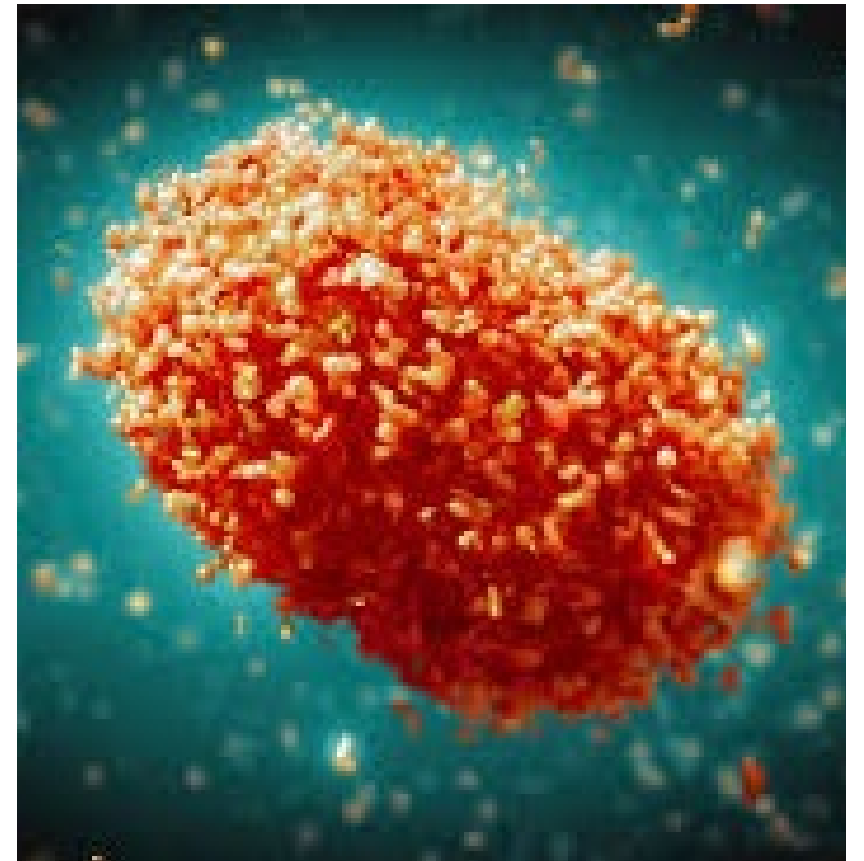
Key Points: Seasonal Influenza

- Seasonal influenza activity remains low nationally.
- Of influenza A viruses detected and subtyped during week 6, 44% were influenza A(H3N2) and 56% were influenza A(H1N1).
- CDC estimates that, so far this season, there have been at least 25 million illnesses, 280,000 hospitalizations, and 18,000 deaths from flu.
- The majority of influenza viruses tested are in the same genetic subclade as and antigenically similar to the influenza viruses included in this season's influenza vaccine.
- All viruses collected and evaluated this season have been susceptible to the influenza antivirals peramivir, zanamivir, and baloxavir. All but one virus (99.9%) have been susceptible to oseltamivir.

Change in Terminology

- Following a series of consultations with global experts, WHO will use the new preferred term “mpox” as a synonym for monkeypox. Both names will be used simultaneously for one year while “monkeypox” is phased out.
- The WHO said it hoped the chosen name mpox would “minimize any ongoing negative impact of the current name.”
- CDC is updating webpages with the term "mpox" to reduce stigma and other issues associated with prior terminology.

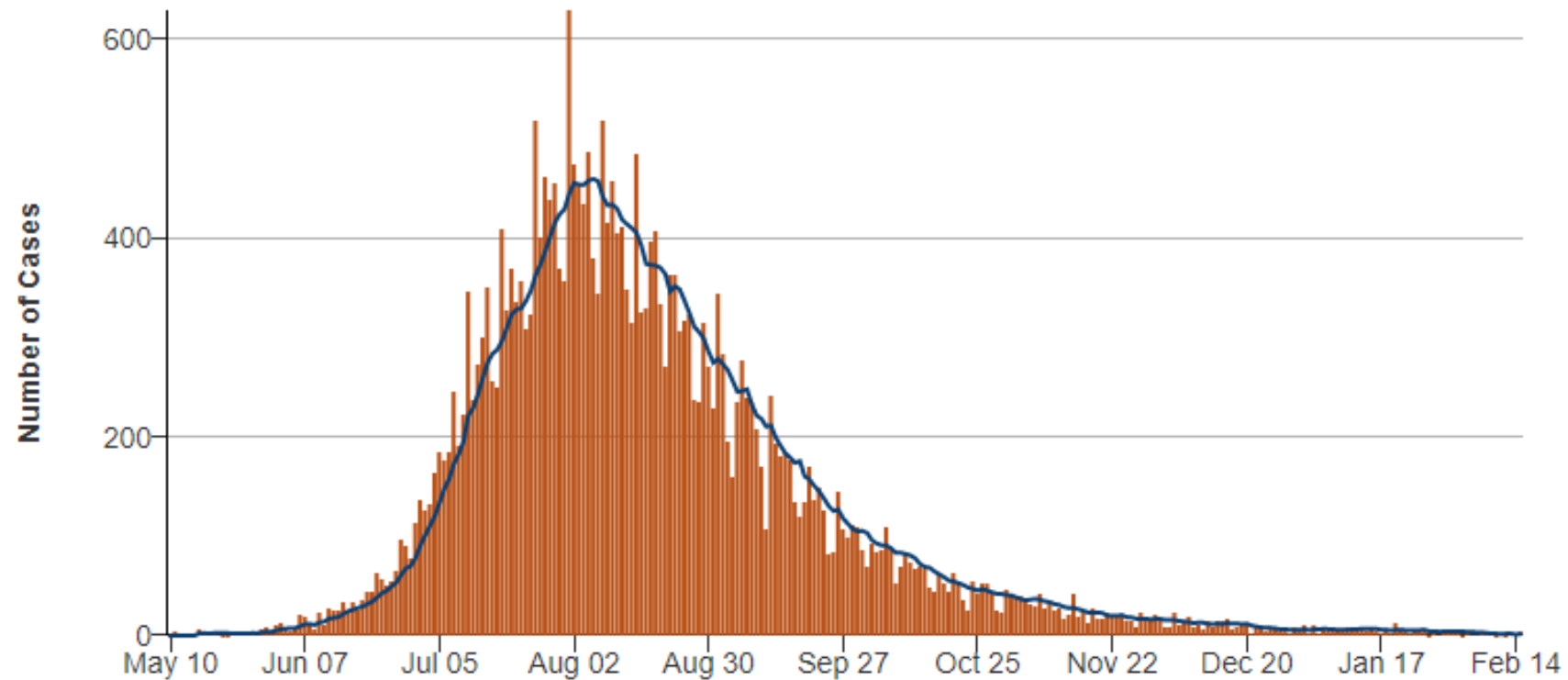
<https://www.who.int/news/item/28-11-2022-who-recommends-new-name-for-monkeypox-disease>



Mpox Trends in US

Trends of mpox cases reported to CDC during the 2022 outbreak by date*

Daily Mpox Cases and 7 Day Daily Average



A New Approach to Vaccination Education

Five evidence-based recommendations for communicating about vaccinations:

1. Talk about the benefits of vaccination for the common good.
2. Talk about improving vaccination access as a preventive public health measure.
3. Focus on how vaccines are beneficial to children's and adolescents' long-term health and wellbeing.
4. Use a computer updates metaphor to explain how the immune system improves its performance through vaccination.
5. Use a literacy metaphor to explain how the immune system learns how to respond to viruses through vaccination.

<https://www.frameworksinstitute.org/publication/reframing-the-conversation-about-child-and-adolescent-vaccinations/>

A New Approach to Vaccination Education

The recommendations are designed to carry out an overall narrative shift.

Recommendations 1, 2, and 3 have been designed specifically to help shift the focus from the individual to the collective, by tapping into widely shared values and talking about what's at stake in the issue.

Recommendations 4 and 5 are metaphors that have been designed to shift the focus from talking about vaccines fighting a disease, which leads to people overemphasizing risk, to explaining how the immune system prepares the body for the virus.

These metaphors expand people's understanding of vaccines as “trainers” that help the body prepare itself to become proficient in fighting illness, reducing fear about what vaccines might do to the body.

<https://www.frameworksinstitute.org/publication/reframing-the-conversation-about-child-and-adolescent-vaccinations/>

Doxycycline Post-exposure Prophylaxis (DoxyPEP)

- Doxycycline 200 mg (2 pills) po once within 24 hours after condomless sex for Chlamydia, gonorrhea, and syphilis prophylaxis. Off label use – not FDA approved.
- UCSF study: Chlamydia and syphilis infections were more than 70% lower, and gonorrhea infections were 55% lower in each three-month period in those who took DoxyPEP.
- French study: diagnosis of any bacterial STI at any site: hazard ratio = 0.57 (0.13–0.62), $P = .014$.
- Studies to date were conducted among MSM, with and without HIV infection.

Doxycycline Post-exposure Prophylaxis (DoxyPEP): Concerns

- Development of antibiotic resistance
- Daily use vs three times a week maximum
- Discontinuation for gastrointestinal side effects or photosensitivity rash
- Increasingly less effective against gonorrhea
- The “morning after pill” for preventing bacterial STIs
- Daily use for treatment of acne and for malaria prophylaxis
- Single dose for prevention of Lyme disease after a tick bite

<https://www.vox.com/science-and-health/2022/10/25/23402228/doxy pep-doxycycline-pep-morning-after-sti-chlamydia-syphilis>

Changes in Prescribing Buprenorphine (Suboxone) for Opioid Use Disorder

- On January 12, 2023, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Drug Enforcement Administration (DEA) issued guidance on removal of the X-waiver.
- An X-waiver is no longer required to treat patients with buprenorphine for opioid use disorder.
- All prescriptions for buprenorphine will only require a standard DEA registration number.
- There are no longer any limits or patient caps on the number of patients a prescriber may treat with buprenorphine for opioid use disorder.
- Existing state laws or regulations still apply.
- New training requirements for all prescribers will go into effect on June 21, 2023.

<https://www.acep.org/news/acep-newsroom-articles/x-waiver-no-longer-required-to-treat-opioid-use-disorder/>

SAHM 2023

ANNUAL MEETING



Collaborations in Adolescent Health

Improving Clinical Care Through Translational Science

Tuesday, March 7-Friday, March 10, 2023 • Sheraton Grand Chicago Riverwalk



**Text or email Dr. Kulig if you are attending the SAHM meeting and would like to meet.
508.369.6527 or jwkulig@gmail.com
Leave your contact information.**

Open Forum



<https://www.surveymonkey.com/r/PJ6Y6FC>

Job Corps Center Physicians Monthly Teleconference

Next call: Wednesday, March 29th, 2023

→ Note 5th Wednesday! ←

John Kulig MD MPH

Region 1 Boston & Region 2 Philadelphia

Drew Alexander MD

Region 4 Dallas

Sara Mackenzie MD MPH

Region 6 San Francisco

Gary Strokosch MD

Region 3 Atlanta & Region 5 Chicago

HIPAA compliant messages: use @jobcorps.org email address

<https://www.surveymonkey.com/r/PJ6Y6FC>