

December 29, 2021

To our patients,

Since our last email, Covid infections, guidelines and treatments have continued to rapidly change.

OMICRON:

This variant has emerged as the dominant strain in the US in less than a month and currently >250,000 cases of Covid-19 are reported each day! While the South African and now other data imply that this variant may cause less severe disease, it is much more infectious. The sheer speed and volume of infection has resulted in enough severe cases that the healthcare system is once again strained to its maximum without ever being able to recover from the Delta variant, which is still prevalent in our communities. Unlike the previous variants, Omicron is less likely to cause a loss of taste and smell. It is more likely to cause sore throat and upper respiratory symptoms as well as gastrointestinal symptoms. It can still lead to reduced oxygenation levels and it is still quite deadly.

With an ever-increasing amount of scientific data to sift through, the CDC has updated several guidelines. It is hoped that these updates may allow people to safely return to schools, jobs and other activities more quickly. The definition of a “**close exposure**” to Covid has not changed. Being within 6 feet of a person who is contagious for 15 minutes total out of a 24 hour period of time constitutes a close exposure.

The most recent data suggests that the peak period of transmission seems to be from 2 days before the onset of symptoms or positive test until about 3 days after onset of symptoms. (This is actually what is observed for many of the viruses we deal with.)

Based on this more recent information, the CDC has updated their recommendations:

For those with CLOSE EXPOSURE:

- 1) For those who are A) unvaccinated or B) those >6 months out from their 2nd Pfizer or Moderna vaccine (2 months from the 1st J&J vaccine) without a booster dose and have a “close exposure” to a Covid-19 case – Quarantine for 5 days and then wear a high-quality mask(N-95) for another 5 days.
 - 2) For those who are fully vaccinated including booster doses – you do NOT need to quarantine but should wear a high-quality mask for 10 days
- In both groups, it is recommended to get a PCR test on day 5.
 - If you develop symptoms or test positive, you should then switch into the infection protocol (discussed below) and self-quarantine for 5 days or until a negative PCR test confirms that your symptoms are not Covid-19.

For those with documented INFECTION:

- 1) If you test positive but have no symptoms or fever, you should quarantine for 5 days and wear a high-quality mask for another 5 days.
- 2) If you test positive and have fever or other symptoms, you should quarantine for 5 days from the onset of symptoms or the positive test or until the fever is resolved AND your symptoms are improving (whichever is the longer period of time.) You should then wear a mask for another 5 days. No testing is required to discontinue quarantine since the PCR test can read positive for up to 2 weeks after the risk of transmission has decreased.

TESTING:

There are 2 types of tests: Rapid antigen and PCR.

PCR is the gold standard and detects pieces of genetic material from the virus. It is highly sensitive and unlikely to lead to a false negative result.

Rapid Antigen tests detect pieces of the virus protein and require a higher viral load to turn positive. For this reason, the rapid tests are more useful when you have symptoms. When you do not have symptoms, the risk of a false negative report increases. Overall, they catch about 85% of Covid cases...that's good but it's not great!

Of course, the difficulty is that the PCR test takes 1-2 days to get a result. When you are looking at getting together with family and friends, the rapid test may be the most realistic option since it tells you if you are infectious at that moment in time! The PCR test has a wider window since it can determine if you are incubating the virus in the day or so before you might have symptoms. The CDC recommends that if you have symptoms and have a negative rapid test, you should retest 2 or more times waiting at least 24 hours between tests. Alternatively, Many people will follow a negative rapid antigen test with a PCR test.

TREATMENTS:

With time, we are acquiring more tools to treat and/or prevent infection. The best strategy remains vaccination! We continue to recommend full vaccination (2 doses of mRNA + booster or 2 doses of J&J) for all of our patients. It is the best chance to avoid infection and if infected it is the best chance to avoid death. The very well publicized side-effects of the vaccines generally don't cause long-term harm and the rare deaths reported pale in comparison to the deaths from the disease itself.

While there are breakthrough infections in vaccinated people, the ICU occupancy and deaths continue to largely involve the unvaccinated population.

Several monoclonal antibodies (such as the Regeneron medication) have been shown to be ineffective against Omicron and Overlake has stopped giving this specific therapy. There are other monoclonal antibody treatments (Sotrovimab) that are more effective and these are dosed as needed through the ER. In general, we don't order these treatments in the outpatient setting.

PAXLOVID is the Pfizer pill recently given Emergency Use Authorization (EUA) by the FDA. It is a combination of 2 medications that is indicated for mild to moderate Covid-19 symptoms in those >age 12 and weight >88lbs. **It is not indicated for prevention.** Currently, while approved, it is not available at pharmacies due to short supply. This will likely change over the next few months.

MOLNUPIRAVIR is the Merck pill also given an EUA. It is for mild to moderate Covid-19 symptoms **only** when other treatment is inaccessible or not appropriate.

EVUSHELD is a medication that is for pre-exposure **only for people with moderate to severe immunocompromised state or adverse or allergic reaction to vaccine.** It is a series of 2 injections and is a longer acting antibody to protect against Covid for about 6 months. Unfortunately, we have only found it at Seattle Cancer Care Alliance (SCCA). They are giving it to immunocompromised cancer patients by lottery due to its limited availability. We have not been able to identify anyone else in the community who is currently providing this medication.

Some Side notes:

- Israeli data has suggested a 4th dose of vaccine may be useful. While this is credible data, there is no compelling data from other sources to support this and the CDC has not recommended further vaccination beyond the booster doses. Understanding that these things continue to change over time, we follow the CDC guidelines as our best attempt to objectively evaluate the data and do not endorse a 4th dose of vaccine.
- Several people have asked about prescriptions for the newer medications briefly discussed above. As noted, most are not even available, but the CDC has made it clear that as a scarce resource these medications are meant only for **infected people.** As such, until there is a more plentiful supply and the guidelines change, we will not be attempting to get any of these medications for people to have on hand or to add to their travel kits.

This is a lot of information! There are a lot of variables and each person seems to have a slightly different situation when it comes to Covid exposure, treatment, travel, etc. We can't cover each special situation in this email but hope this overview gives you a framework of the current changes. As always, feel free to reach out to us with questions and concerns.

Wishing you good health as we head into the new year,

Drs. Kaner and Mills.