WELCOME! We will start in just a moment.

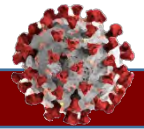
Today's training will include information about COVID-19 Treatment Options.

If you are new to these meetings – welcome! We are happy to have you.

Thank you for your patience. We will begin shortly.

Resources for New Users

- Troubleshooting CCTO Access Errors Job Aid
- CD Manual Main Page (general CI/CT resources)
- Scripts Page (contains links to sample scripts for CI/CT and vaccine outreach)
- CCTO Training Resources Page (contains job aids, micro-training links, system updates, etc.)
- AHEC Training Page (contains the recorded CCTO onboarding training, links to previous recorded live sessions – including today's)



Live Training-
COVID-19 Treatment Options

December 20, 2022

You were asked this riddle in last training's feedback survey…

What can go up a chimney down but can't go down a chimney up?

The answer is….

An umbrella

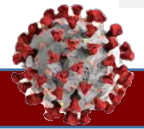
Honorable Mentions:

Smoke, Santa, a smoky umbrella

Number of people who got the answer to this riddle right:

7

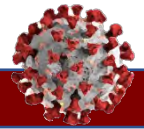
(about 38% of survey responders)



Agenda for Today's Training

Q&A will be monitored throughout each module and reviewed at the end of the presentation.

Topics	Presenters
Overview of COVID-19 Treatment Options	**LaQuoia Johnson** *Pharmacist Consultant-CDC Foundation* **Sara Bratton** *Pharmacist Consultant-CDC Foundation* **Elizabeth Murray** *COVID-19 Project Manager*
User Feedback and Q&A – ***Please use the "Questions/Chat" feature in the control panel***	

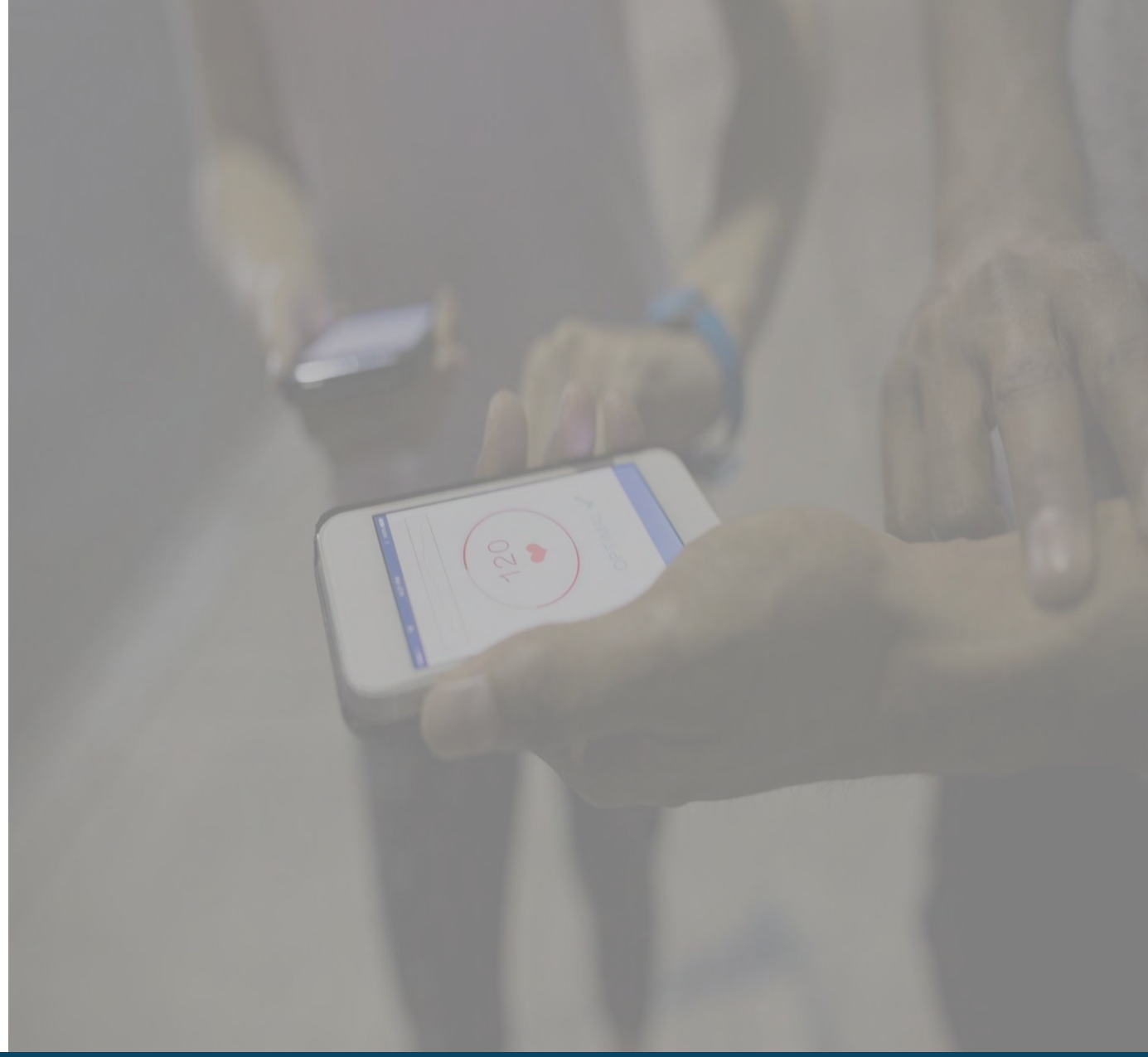


COVID-19 Treatment Overview

CI/CT Education Program

December 2022

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES



Today is December 20th, 2022

Case patient: Ms. Johnson
Age: 56 y.o.
Vacc. Status: Vaccinated, but not up to date
COVID-19 + date: 12/18/2022
Symptoms: sore throat, cough, headache, sinus congestion

MS. JOHNSON'S SOCIAL DETERMINANTS OF HEALTH

- Lives alone
- Retired; on disability
- Thinks she may have contracted COVID-19 from a holiday party she attended on 12/10 (10 days ago)
- Ms. Johnson's symptoms began on 12/16 (4 days ago)
- She is concerned about running out of insulin and food while isolating

What are Ms. Johnson's treatment options?

A. Ms. Johnson does not need to be treated because her symptoms are mild. She only needs to isolate.
B. Ms. Johnson can take Tylenol and Ibuprofen while she isolates.
C. Ms. Johnson could take an oral antiviral to treat COVID-19 for 5 days to reduce her risk of hospitalization and/or death.
D. Ms. Johnson no longer qualifies for oral antiviral therapy because it's been longer than 5 days since her symptoms started.

What are Ms. Johnson's treatment options?

A. Ms. Johnson does not need to be treated because her symptoms are mild. She only needs to isolate.
B. Ms. Johnson can take Tylenol and Ibuprofen while she isolates.
C. **Ms. Johnson could take an oral antiviral to treat COVID-19 for 5 days to reduce her risk of hospitalization and/or death.**
D. Ms. Johnson no longer qualifies for oral antiviral therapy because it's been longer than 5 days since her symptoms started.

TREATMENT OPTIONS

Treatments need to be taken within 5 days of symptoms

Oral Antivirals

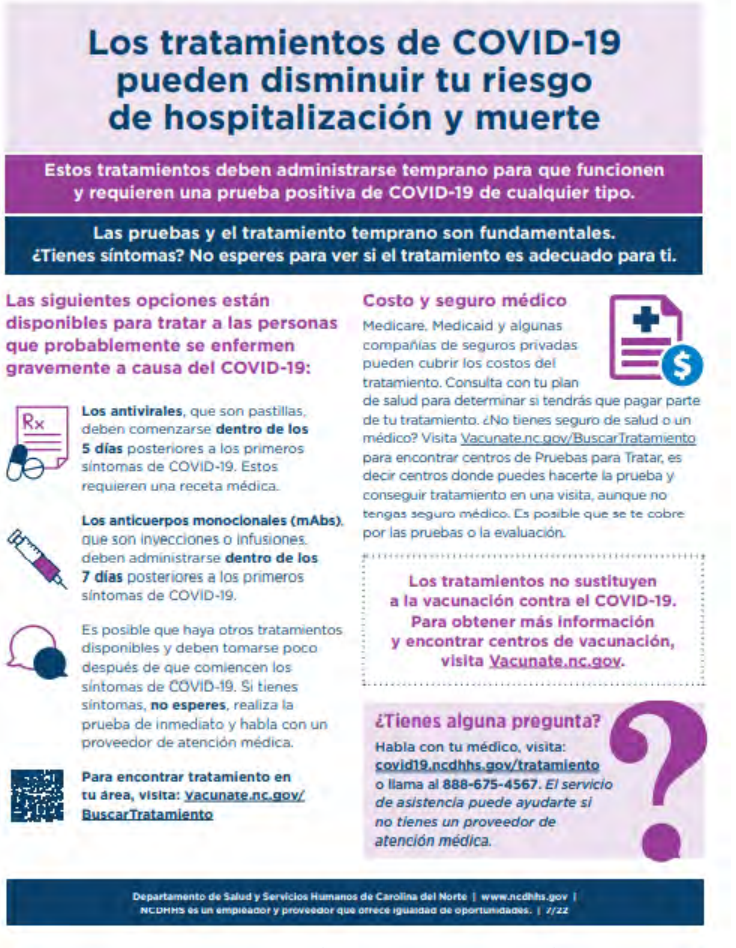
- **Paxolovid is the preferred treatment**
- Mulnupiravir (Legavrio) is 2nd choice if not eligible to take Paxlovid

IV Monoclonal Antibodies

- **Bebtelovimab is the alternative treatment** for those who are not eligible to take Paxlovid

Preventative Therapy

- **EVUSHELD is preventative treatment** for the immunocompromised; given every six (6) months



Los tratamientos de COVID-19 pueden disminuir tu riesgo de hospitalización y muerte

Estos tratamientos deben administrarse temprano para que funcionen y requieren una prueba positiva de COVID-19 de cualquier tipo.

Las pruebas y el tratamiento temprano son fundamentales. ¿Tienes síntomas? No esperes para ver si el tratamiento es adecuado para ti.

Las siguientes opciones están disponibles para tratar a las personas que probablemente se enfermen gravemente a causa del COVID-19:

Los antivirales, que son pastillas, deben comenzarse **dentro de los 5 días** posteriores a los primeros síntomas de COVID-19. Estos requieren una receta médica.

Los anticuerpos monoclonales (mAbs), que son inyecciones o infusiones, deben administrarse **dentro de los 7 días** posteriores a los primeros síntomas de COVID-19.

Es posible que haya otros tratamientos disponibles y deben tomarse poco después de que comiencen los síntomas de COVID-19. Si tienes síntomas, **no esperes**, realiza la prueba de inmediato y habla con un proveedor de atención médica.

Para encontrar tratamiento en tu área, visita: Vacunate.nc.gov/BuscarTratamiento

Costo y seguro médico

Medicare, Medicaid y algunas compañías de seguros privadas pueden cubrir los costos del tratamiento. Consulta con tu plan de salud para determinar si tendrás que pagar parte de tu tratamiento. ¿No tienes seguro de salud o un médico? Visita Vacunate.nc.gov/BuscarTratamiento para encontrar centros de Pruebas para Tratar, es decir centros donde puedes hacerte la prueba y conseguir tratamiento en una visita, aunque no tengas seguro médico. Es posible que se te cobre por las pruebas o la evaluación.

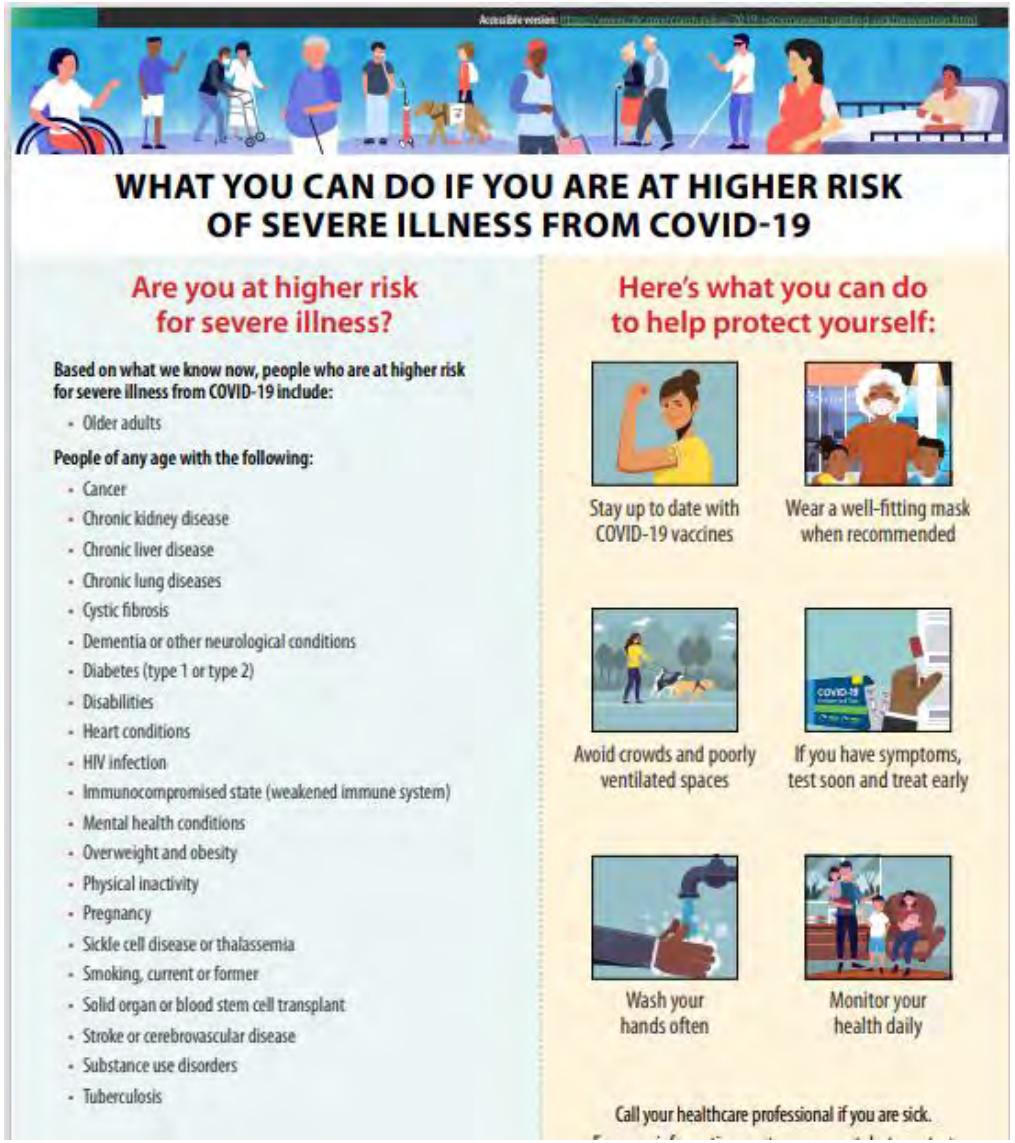
Los tratamientos no sustituyen a la vacunación contra el COVID-19. Para obtener más información y encontrar centros de vacunación, visita Vacunate.nc.gov.

¿Tienes alguna pregunta?

Habla con tu médico, visita: covid19.ncdhhs.gov/tratamiento o llama al 888-675-4567. *El servicio de asistencia puede ayudarte si no tienes un proveedor de atención médica.*

Departamento de Salud y Servicios Humanos de Carolina del Norte | www.ncdhhs.gov | NCDHHS es un empleador y proveedor que ofrece igualdad de oportunidades. | 7/22

[Treatments (ncdhhs.gov)]



WHAT YOU CAN DO IF YOU ARE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

Are you at higher risk for severe illness?

Based on what we know now, people who are at higher risk for severe illness from COVID-19 include:

- Older adults

People of any age with the following:

- Cancer
- Chronic kidney disease
- Chronic liver disease
- Chronic lung diseases
- Cystic fibrosis
- Dementia or other neurological conditions
- Diabetes (type 1 or type 2)
- Disabilities
- Heart conditions
- HIV infection
- Immunocompromised state (weakened immune system)
- Mental health conditions
- Overweight and obesity
- Physical inactivity
- Pregnancy
- Sickle cell disease or thalassemia
- Smoking, current or former
- Solid organ or blood stem cell transplant
- Stroke or cerebrovascular disease
- Substance use disorders
- Tuberculosis

Here's what you can do to help protect yourself:

Stay up to date with COVID-19 vaccines

Wear a well-fitting mask when recommended

Avoid crowds and poorly ventilated spaces

If you have symptoms, test soon and treat early

Wash your hands often

Monitor your health daily

Call your healthcare professional if you are sick.

High-Risk Populations

- Asthma, if it's moderate to severe
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes (Type 1 or Type 2)
- Heart conditions (and possible hypertension)
- Overweight or Obesity (BMI of >25 kg/m^2)
- Smoking
- 50+ years old, and or from racial and/or ethnic minority group, and/or have disabilities

MS. JOHNSON'S SOCIAL DETERMINANTS OF HEALTH

- 56 years old
- Retired on disability
- Symptoms began on 12/16
- Symptoms: Sore throat, cough, headache, sinus congestion
- Tested positive on 12/18
- She is concerned about isolating for a long period of time because she may run out of insulin and food

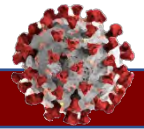
Which of the following is NOT an eligibility requirement for oral antiviral treatment?

A. **Ms. Johnson is at high-risk for disease progression because she is > 50 years old and diabetic.**

B. **Ms. Johnson is retired on disability and lives alone.**

C. **Ms. Johnson is experiencing COVID-19 symptoms.**

D. **Ms. Johnson's symptoms started less than 5 days ago.**



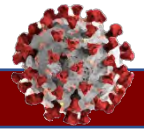
Which of the following is NOT an eligibility requirement for oral antiviral treatment?

A. Ms. Johnson is at high-risk for disease progression because she is > 50 years old and diabetic.

B. **Ms. Johnson is retired on disability and lives alone.**

C. Ms. Johnson is experiencing COVID-19 symptoms.

D. Ms. Johnson's symptoms started 4 days ago.



What is Paxlovid

Remember that you should **never provide medical advice & always advise contacts or case patients to talk to a healthcare provider** to discuss their treatment plan

- **Anti-viral Medication**
  - Works by inhibiting proteins the virus needs to reproduce itself
- **Daily Dosage(s)**
  - Standard: 300 mg of Nirmatrelvir & 100 mg of ritonavir (Three tablets)
  - Renal dose: 150 mg of Nirmatrelvir & 100 mg of ritonavir (Two tablets)
- **Directions**
  - Tablets are taken by mouth two times daily (AM and PM) for 5 days
- **Special Instructions**
  - Swallow whole with or without food
  - May require adjustments to other medication(s)

Who is eligible for Paxlovid

A medical provider must prescribe and advise the patient on dose adjustments, temporary stopping of medication(s), and how to monitor effects during and after the 5-day treatment.

Eligibility

- Non-hospitalized Patients ≥12 years of age and weigh ≥ 40 kg (88lbs)
- Mild to moderate COVID-19 symptoms and high-risk for disease progression
- Patients who are within their first 5 days of symptom onset

Benefits

- 88% effective in preventing hospitalization and/or death
- Expected to maintain effectiveness across all variants
- May reduce risk of Long-COVID-19

Who is NOT eligible for Paxlovid

A medical provider must prescribe and advise the patient on dose adjustments, temporary stopping of medication(s), and the clinical monitoring needed during and after the 5-day treatment.

Contraindicated (Do Not Take)

- Patients who have end-stage renal disease with a GFR < 30 mL/min
- Patients taking rivaroxaban (Xarelto) for thinning the blood
- Patients taking salmerterol (Serevent) for Asthma/COPD

Maybe (Requires dose adjustments)

Patients with or taking:

- *Chronic Kidney disease*
- Statins to lower cholesterol
- Blood thinners for stroke
- Steroids to reduce inflammation
- Hormonal contraceptives for birth control
- Sedatives to treat pain, anxiety, and/or depression

Where can Ms. Johnson get a prescription for oral antivirals?

A. **Ms. Johnson can call her primary care provider.**
B. **Ms. Johnson may be able to get a prescription from a pharmacist.**
C. **Ms. Johnson can get a prescription via the Test to Treat program either in-person or via the State's Telemedicine Program.**
D. **All of the above are ways Ms. Johnson can get a prescription for oral antivirals.**

Where can Ms. Johnson get a prescription for oral antivirals?

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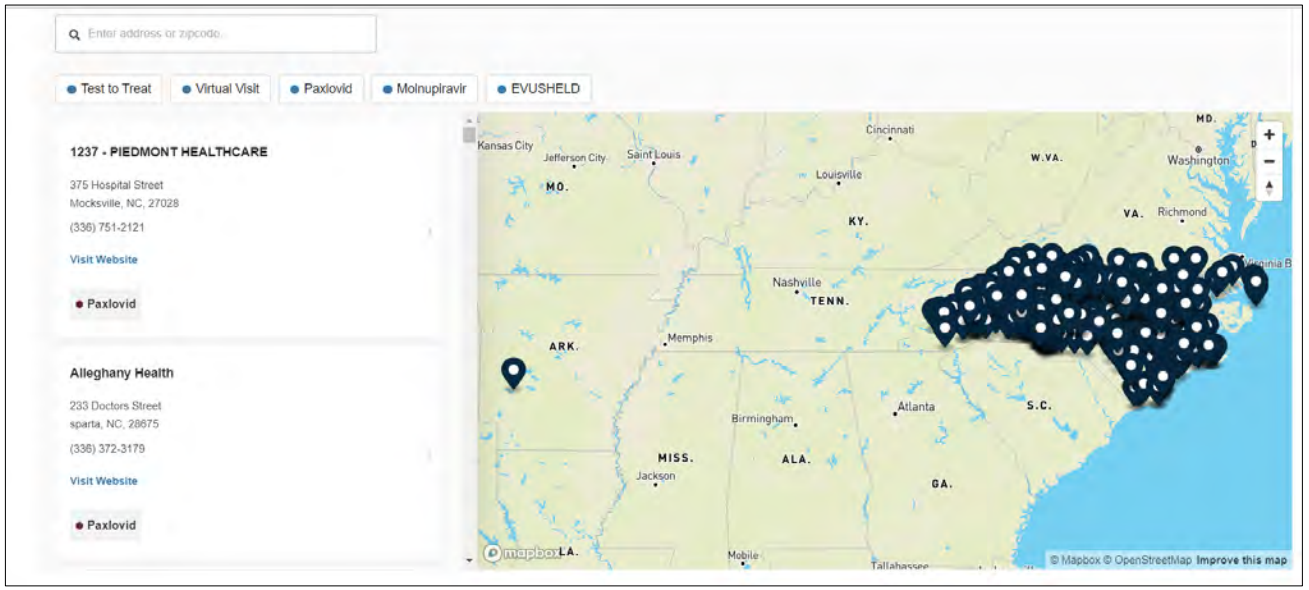
D. **All of the above are ways Ms. Johnson can get a prescription for oral antivirals.**

WHERE TO REFER CASE PATIENTS FOR TREATMENT

- **Primary Care Provider**
- **NC DHHS Website**
  - Test-To-Treat Locations site finder at [Find Treatment | NC COVID-19 (ncdhhs.gov)]
  - CDC Hotline 1-800-232-0233
  - Free Telemedicine Program

Site Finder filtered by Zip Code

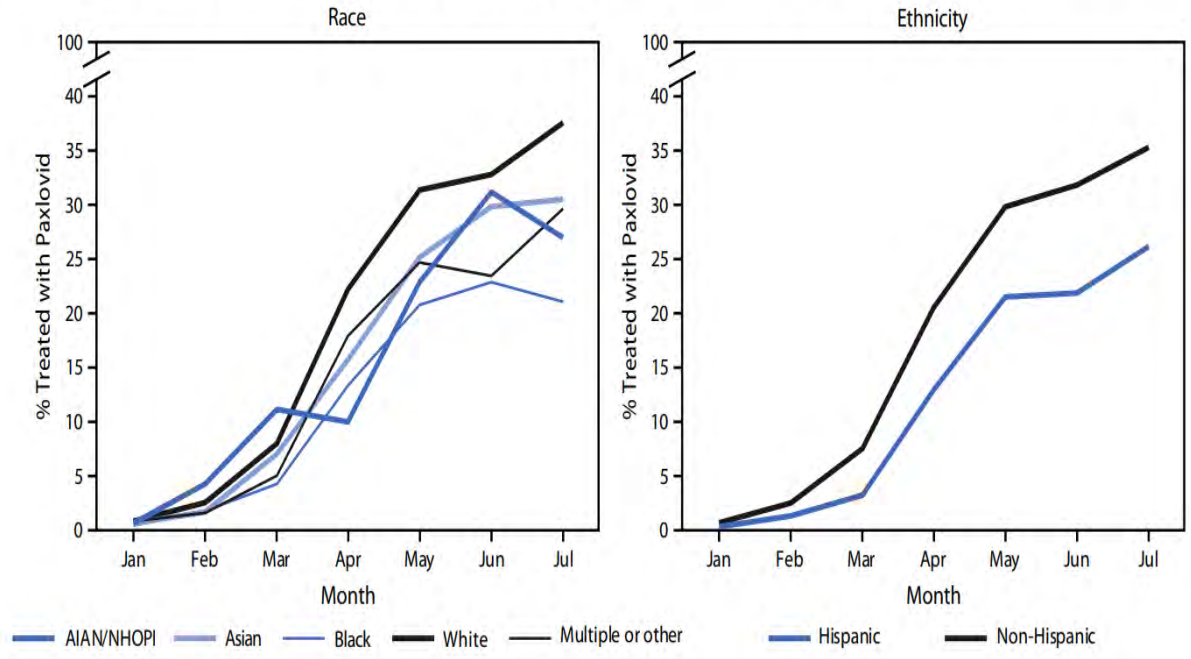


WHERE TO REFER CASE PATIENTS FOR TREATMENT

- NC DHHS partnership with StarMed to expand Test-to-Treat via Telemedicine now LIVE
- Free to under/uninsured
- Consultation available in multiple languages and ASL
- Starmed.care/nc or
  704-941-6000 from 9AM-7PM

PAXLOVID: A LOOK AT THE EQUITY GAPS IN TREATMENT

FIGURE. Monthly percentage of COVID-19 patients aged ≥20 years prescribed Paxlovid,* by race and ethnicity† — PCORnet, the National Patient-Centered Clinical Research Network, 30 U.S. sites, January–July 2022



- Paxlovid treatment among adults aged ≥ 20 years was 35.8% lower among Black patients (20.5% treated) vs. White patients (31.9% treated).
- Paxlovid treatment was 24.9%, 23.1%, and 19.4% lower among multiple or other race, AIAN/NHOPI, and Asian patients
- 29.9% lower in Hispanic than non-Hispanic patients

Racial and Ethnic Disparities in Outpatient Treatment of COVID-19 — United States, January–July 2022 (cdc.gov)

What are some potential barriers to treatment?

A. Lack of awareness and access to treatment.

B. Previous negative experiences and mistrust of the health care system.

C. Racial/ethnic bias and discrimination by health care practitioners.

D. All of the above are potential barriers to treatment.

What are some potential barriers to treatment?

A. Lack of awareness and access to treatment.

B. Previous negative experiences and mistrust of the health care system.

C. Racial/ethnic bias and discrimination by health care practitioners.

D. **All of the above are potential barriers to treatment.**

WHAT YOU DO MATTERS…

COVID-19 Treatment Updates cont.

Section 4: Treatments for COVID-19

"Next, I'd like to give you some information about your treatment options for COVID-19 that may help you feel better faster and could help prevent hospitalization. Would you be interested in hearing more?"

IF INTERESTED IN LEARNING MORE: "Currently, there are two oral antivirals available which can be found at most local pharmacies. The two antivirals are called Paxlovid and Lagevrio (molnupiravir).

Oral antiviral treatments are medicines that fight the virus that causes COVID-19 and can be given to you in the form of a pill. These medications can be helpful for people who are at a higher risk for severe infection and hospitalization. The treatments are authorized for high-risk* individuals with COVID-19, which may include those over 50 years old or people with conditions like heart disease, obesity, COPD, moderate to severe asthma, diabetes, or anything that may result in a weakened immune system.

COVID-19 treatments do not replace the benefit of COVID-19 vaccines. Vaccines still provide the best protection against severe disease and death; however, these treatments are options that may prevent hospitalization for some patients if taken within five days after symptoms start.

For information about NC's COVID-19 Telemedicine Program:

- Visit www.starmed.care/nc or call 407-941-6000
- Available 7 days a week, 9am to 7pm
- No cost passed to patient, regardless of insurance status
- Personal insurance will be billed, if available
- ID not required to participate
- Website and registration form available in 7 languages
- Consultations available in more than 200 languages (including ASL)
- Prescriptions sent to pharmacy of choice or mail-ordered overnight
- Time-limited program, estimated to last until mid-March

For information and FAQs:
https://covid19.ncdhhs.gov/treatment

To find a treatment location:
https://covid19.ncdhhs.gov/FindTreatment

For information about COVID-19 treatment, call:

- 1- 800-232-0233 (English & Spanish)
- 1-888-720-7489 (TTY)

Last edited: 12/20/2022

Understanding Treatment Options for COVID-19

Last Update: 12/20/2022

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

As a contact tracer or case investigator, you may receive questions from case patients, contacts, or loved ones in your community regarding the latest COVID-19 treatment options, including the use of antiviral pills or monoclonal antibodies for the treatment of COVID-19. **This document will provide you with basic facts that you can share with others.**

This information is provided for your reference only to help you respond to questions raised by others. You should not provide medical advice or recommend any course of treatment.

What are COVID-19 treatments? How are they different from the vaccine?

- **Antiviral pills for treatment of COVID-19** are oral treatments that work to keep the COVID-19 virus from replicating, thereby reducing viral load and symptom severity. Antiviral pills must be started within 5 days of symptom onset and requires a prescription.
- Antiviral pills have received an Emergency Use Authorization (EUA) as a treatment option for mild to moderate COVID-19 in certain high-risk case patients. **Antivirals reduce risk of severe symptoms and/or hospitalization** in certain high-risk individuals.
- **They do not replace vaccines,** which protect from COVID-19 by triggering the body's natural immune response and provide the best protection against severe disease, hospitalization, and death.

Who is eligible for COVID-19 treatments and when?

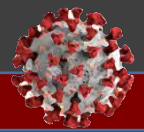
WHO

- **High-risk adults and youth (age 12 and older who weigh at least 88lbs) may be eligible for treatment. High-risk factors include:**
  - *Older age (>50)*
  - *Obesity or being overweight*
  - *Pregnancy*
  - *Chronic kidney disease*
  - *Cerebral palsy or other developmental conditions*
  - *Other non-medical factors such as race or ethnicity may also put individuals at higher risk for severe COVID-19*
  - *A weakened immune system*
  - *Heart disease including high blood pressure*
  - *Lung disease such as COPD, asthma, or cystic fibrosis*
  - *Sickle cell disease*
  - *Regular use of a feeding tube or ventilator*
  - *Diabetes*

WHEN

- **Treatments must be administered:**
  - **As soon as possible after a positive COVID-19 test result *and***
  - **FOR ANTIVIRALS: within 5 days of a person's first COVID-19 symptoms. These pills cannot be used longer than 5 days.**

Support Resources



Where to go for training support

CT Process Questions: Contact Your Supervisor

- If you have process-based questions about contact tracing workflows, policies, and procedures beyond the CCTO software, **contact your supervisor directly**, as these may vary on local levels

Access Support: CD Manual & Knowledge Center

- **"CCTO Help Desk & IT Support" on the CD Manual** for NCID/ServiceNow/CCTO access support job aids
- **ServiceNow Knowledge Center** for job aids on tech issues (login, NCID, password reset, etc.)

CCTO Tool Help: Training Materials and Office Hours

- FAQs, Training Resources, System Updates, Process Documentation and Scripts (Found on the NC DPH Communicable Disease Manual Coronavirus Page)
- Patient Education Tools, CCTO trainings and slides and recorded live sessions posted to the AHEC Portal
- ***Check your email for ongoing CCTO office hours opportunities and regular live trainings***

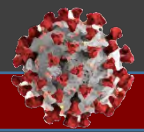
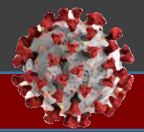
CCTO Tool Help & Suggestions: ServiceNow (SNOW)

- Register for ServiceNow and then visit the DHHS Contact Tracing ServiceNow Portal to log in using your NCID and submit **CCTO questions and suggestions**

If you have a process-based question on contact tracing requiring specific guidance…

- **Consult state CT guidance in the CD Manual Contact Tracing Instructions**
- **Consult federal CT guidance on the CDC website**

Participant Feedback



Questions?