



HHS/ASPR COVID-19 Clinical Rounds
Grand Rounds for EMS, Critical Care, and Emergency Department:
Omicron

12/16/2021 session

Registration, Chat, Q & A, and Polling

Questions from Registration:

- Booster dose vaccination and fate of mutations covid19 strains.
- Boosters & how often or frequency.
- compare data on myocarditis/pericarditis from COVID to vaccine in graph
- COVID-19 info sharing
- Free treatment
- How are EMS services strategically organizing vaccine delivery/administration?
- How can the COVID-19 Vaccine help in the case of emerging new strains like Omicron?
- How does this impact our PPE requirements
- How to manage the impending disruption to usual [prior] management?
- I am a primary care Physician Assistant in the Army and would like to stay up to date on current COVID-19 best practices
- If we are boosted, or know we have antibodies per blood test, are we immune from covid?
- Medical staffing going forward, address a large disaster with Covid, planning, and agencies staying in their lane.
- omicron variant spread, complacency
- with regard to the vaccine, I want to know that each time there is a new variant, we will make a new vaccine
- Rare side effects of the Janssen and Pfizer vaccine
- Supply chain issues
- Threat of Omicron
- What can health care coalitions do?
- What is expected in the long range for the pandemic. Will it eventually end regardless of vaccination only over a much longer

Crowdsourcing Responses from the Chat In your experience, what has been most effective at convincing parents to get their children vaccinated for COVID-19?

- Unfortunately nothing specific- we are dealing with staffing and the Delta surge
- Educated ourselves as best as possible on symptoms, severity, etc. Watched physician from S. Africa speak on symptoms so we may be able to recognize need to test in ED based on non-traditional delta symptoms.
- mainly ensured that members have been following all recent guidelines, ensuring vaccination and boosters for all eligible members

- Not sure it falls under preparedness, but accepting the challenge to pair the range of holiday ales with the range of mAbs does occupy the mind.
- No changes at my two EMS agencies, one of which is hospital based, and they sent out a message saying “here is booster information, for those who are interested.” A resounding endorsement (mike drop)

Questions and comments from the Chat:

- Good morning colleagues from Oregon
- Top o' the morning from Oregon. Lilah tov,
- Hello everyone from rainy Tel Aviv :)
- Good morning from ND
- No changes at my two EMS agencies, one of which is hospital based, and they sent out a message saying “here is booster information, for those who are interested.” A resounding endorsement (mike drop)
- After just reopening, Canada is talking about closing the Border again.
- Omicron is going to cause havoc in schools and overwhelm nurses there
- Was reading a Reuters article this morning from a researcher in MA saying Omicron may have picked up a snippet of viral sequence from other viruses.
- early readouts on the vaccines (the mRNA’s) spoke about a 3 shot dosing regime, but the idea of 2 doses was deemed adequate and would also allow for more people to be vaccinated in the initial wave
- Side-by-Side Overview of Outpatient Therapies:
<https://www.phe.gov/emergency/events/COVID19/therapeutics/Pages/Side-by-Side-Overview-of-mAbs-Treatment.aspx>
- N95 masks for every patient encounter should be the standard. Colleagues in CAN, AUS, NZ, and the EU report that they are being given surgical masks and they are ONLY BEING provided FFP/N95 for confirmed COVID cases or for AGP’s.
- fatigue!!!!
- Thanks for all of that great information!
- Agree with Dan. It's like donning a ballistic vest only when you see a gun.
- what are the thoughts on boosters, same as the first 2? or pick another vaccine that’s different from the first 2?
- Think good to keep South Africa's demographics in mind - much younger population. Likely US should plan on higher hospitalization rate w/ Omicron.
- “PollyAnna phenomenon” is the actual scientific term. e.g. Keflex cures the common cold
- Hear hear.
- there is increasing data that heterologous vaccination is superior though I don’t think there is an actual EUA for that. (Footnote to Dr. Nestor Sosa, infectious disease at UNM who reviews the pertinent literature every week)
- you are an amazing spokesperson for this issue. Hope national platforms call you to help educate America
- Is there any evidence of benefit to following a mRNA vaccine with a J&J booster?
- I know some hospitals had done away with employee COVID leave after vax became readily available. Wonder if it'll return as we see more breakthrough infections.
- I agree with COVID fatigue, and the fact that there are a majority of patients that acquire COVID, so that fuels a mindset that COVID is no big deal (can’t be further from the truth). What I try to tell people is that viral load/viral dose that you are exposed to and that you acquire will

determine how sick you will become. This is why we see people who are young and healthy who die.

- it is a good questions and I some hospital are starting to talk about screening testing again for vaccinated and unvaccinated
- not that I have seen. Some evidence that Moderna is holding up a bit better than Pfizer and both better than J&J. I chose to get a Moderna after my 2 does Pfizer initial vaccines
- My wife (PICU RN, fully vaxxed + booster) had to miss 2 shifts for r/o COVID. Negative, but their staffing is critical every day even though we mostly dodged the worst of the pedi surge.
- agreed. Where I work it is hard to get anyone to wear any mask - but clearly there is a difference in mask types and benefits and I wish we would all upgrade ;-)
- Pediatric hospitalizations are rising in the US
- that's worrisome data
- hearing early reports of milder illness may come back to bite us since that info is spreading fast & likely to get entrenched before we understand this variant. Countering that message if we need to will be very challenging
- Encouraging discussion about novel staffing models with my health care system, rotating non-clinical nurses into clinical roles. Also on the state response level encouraging discussion of "regional" teams and compact agreement between states, lots of people on state responders lists not being utilized.
- I like the verbiage some professionals use that we have "evolving science" when trying to explain to people who are weary of why we have new information that differs from what we told them in early 2020
- Has there been any mention of how often the booster will be utilized (annually?) and data on its effectiveness on the Omicron ?
- I wish we could get to where you are in Israel! Testing everyday at work? I would feel so much better about working with my colleagues
- that is great! Thinking outside the box and load-balancing to help each other is going to be the only way to get through this.
- sounds like a great topic for a future rounds.
- speaking of a problem in EMS that is similar to our challenge in the US (reimbursement only for transport).
- it has been hard working in the public health space trying to explain health care in the US - and the separation between these two worlds has made it harder to respond
- In Israel what % of sub variants tested are Omicron? Also sounds like subtyping testing in Israel is very limited Is that correct?
- In Israel sub variants testing is done based on clinical criteria and is not as large as we would like to
- Also we are the victims of our own success. I have had individuals say why get vaccinated i can take a pill now right (referring to ritonovir) is a constant battle of education and trying to combat misconceptions.
- Israel health authorities are conducting constant research on the protection of the vaccine. This is how we learned about the waininf effect of the 2nd dose.
- Seems like these poll results can serve as a baseline
- As of yesterday, we have 6 confirmed Omicron cases in San Diego with at least one without travel history representing local transmission.
- These omicron questions are tricky bc the testing to see if they are omicron is (1) not available (2) takes a while. Considering that Cornell in nearly Ithaca NY closed due to omicron cases, it's

obviously in my rural area, but who would know yet. And as an EMS worker, I don't anyone would advise me if I had cared for an omicron patient.

- Same in Israel. We are victims of success
- Varies here, even by unit w/in single hospitals.
- Last I saw the handful of Omicron cases in OR were fully vaxxed - have you seen otherwise?
- Out on the fringes of Critical Care Access emergency medicine, we see less Covid-19 illness than urban facilities. Not so much C-19 admissions, but severe restriction in our ability to transfer patients with other medical problems to tertiary care.
- Willing AND ABLE...Able has been the challenge all across the Rocky Mtn West
- So hard with competing technologies and a million phone calls :(
- We receive near daily reports of all the hospitals on diversion where EMS can no take patients
- ABLE is the issue....all of us are willing.
- (Cannot take pts)
- Willing, yes. Able, no.
- California just enacted an indoor public mask mandate statewide effective yesterday for one month, but enforcement is variable
- EMS is willing and able to transfer, however beds are very hard to find on any given day. Often making far distance transfers the only options - if any at all
- In MT and ID, we have had requests to receive pts from as far away as TX, OK, MI and have at times reached out to >10 facilities before finding a place for transfer (sometimes even for routine admissions, not just specialty care)
- Mostly because of the vaccine mandate, HCW have left
- Nurses are leaving for traveling jobs and more money....also nurses are getting sick - HUGE shortage
- We are hearing anecdotes of ED nurses quitting daily...sometimes walking out during a shift probably need to drop off at the top of the hour. There is a serious concern about the staff shortages and then layer on potential absences from omicron. we need to 1. figure out what work is less essential and eliminate it 2. see if someone else could do that work (such as pharmacy pass medications). and 3. how can we best protect our workforce and keep them on the job both physically and mentally.
- Rate increasing to point that I wonder if it's already become a positive feedback loop.
- Elective surgeries are being delayed again here in my region.
- I wanna go work in the 2% where staff isn't leaving... please ID yourself, lol
- Qualified yes: only due to MA. Some agencies unable to consistently cover their home territory.
- I know multiple emergency physicians who have left clinical medicine and taken jobs are chart reviewers for insurance companies and legal firms. Most of them are in the early stages of their careers and less than 10 years out of residency completion.
- RE: utility of existing monoclonals against omicron variant -- see, <https://thehill.com/policy/healthcare/586087-regeneron-says-antibody-therapy-loses-potency-against-omicron>
- While we can respond to calls, we may not have a transport ambulance available
- On this EMS response question- likely vastly difference between urban/rural and state by state
- We can respond & transport, but are wait/wall time increasing across Northern Virginia so transfer of care delayed.

- For metro regions, more units pulled to periphery as smaller, more rural providers can't maintain sufficient staffing. Even if someone responds it takes a lot longer, ditto transfer of care at ED.
- Paramedic coverage in rural areas is relatively shallow, and the usual problems have worsened: When one ambulance & crew is busy, there may / not be a second coverage. We have had significant delays for ground ambulance outbound transfers. At what point does one call for air transport?
- absolutely, our rural area might tone out 3 little rural ambulance corps and finally get one at 25 minutes. So yes, the pt was transported, but not exactly timely. And then it takes 30 minutes to get to a hospital, or 75 min to a cath lab or other specialty facility
- To qualify one no answer, someone responds, but it may not be a transporting agency or ALS personnel for longer than is appropriate by any metric of standards of care.
- Absolutely agree the misunderstanding of both the healthcare & public health systems by the public & by each other. The common good message needs to be explored more deeply In more in-depth community conversations The quick discussions don't work & create more pushback & mistrust
- the I's should become a poster & shared like a manifesto in the best sense of the word.
- I would say a clerkship in public health for trainees would provide value added!
- Sadly Public Health docs are getting threatened in places across the country...and some are resigning and leaving b/c of this. Just for repeating the science of what we know about this pandemic
- We're fortunate to have a pair of EIS officers on 2-yr COVID assignment at our state health dept.
- The Community needs to be the Frontline!!
- Excellent points about rural America--lacing Broadband and Cell towers- how can people prepare?
- My recent conversations with paramedics include the appearance of roof mounted exhaust fans = negative pressure modular ambulances.
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- Multiple Studies are clear that healthcare only accounts for ~10-15 % of prevention of premature death & illness
- Happy holidays all !

Q&A

Question	Answer
When will second boosters be indicated / useful? Maybe 6 months after a first booster? Guessing	The data is suggesting 6 months is likely. If we had been vaccinating during a non-pandemic, it is probable that we would have spread dose #1 and dose#2 further apart during initial vaccination...but the need to rapid get a ring of protection with vaccination argued for that initial vaccination schedule
Do we have data on who is getting sick? Eg, health care workers at work in spite of	

PPE. Or what are the habits of people who get omicron- people who wear cloth mask, surgical mask, usually are maskless...	
If "protected" by vaccination, but breakthroughs are happening, do we expect that the incubation time period is elongated with delta and omicron? we see symptoms develop after the typical 3-5 day? ex: illness symptoms develop days 7-10?	
any info on whether monoclonal antibody treatments are effective/ useless with Omicron?	https://www.medrxiv.org/content/10.1101/2021.12.07.21267432v4 Take a look at this article that I heard presented and reviewed by Dr. Nestor Sosa, ID at UNM

Polling

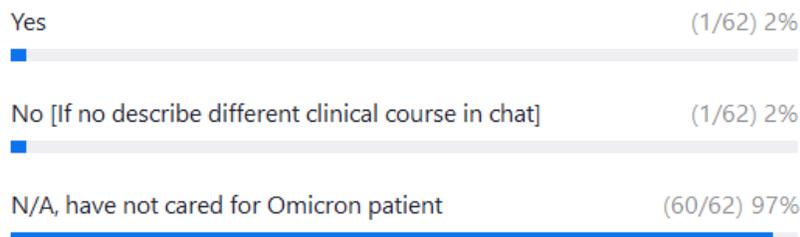
1. I am aware that an EMT, paramedic, nurse, or physician, has provided care for at least one Omicron variant confirmed COVID-19 patient. (Single Choice) *

66/66 (100%) answered



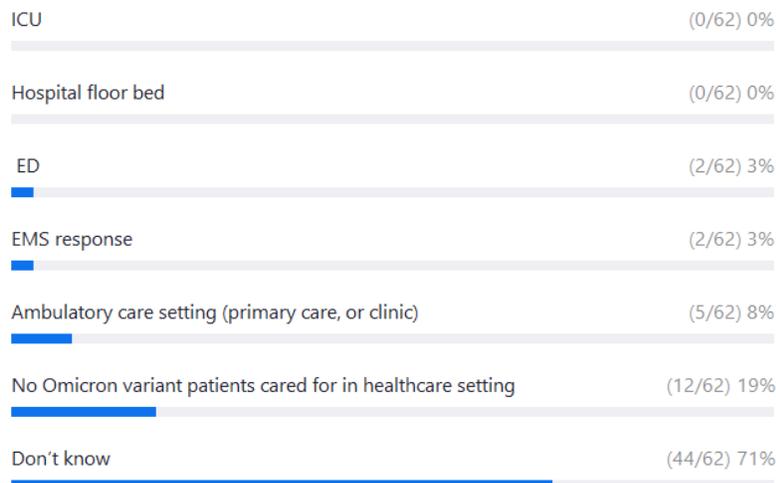
1. The Omicron confirmed patients I or my colleagues have cared for have the same clinical course as other COVID-19 patients: (Single Choice) *

62/62 (100%) answered



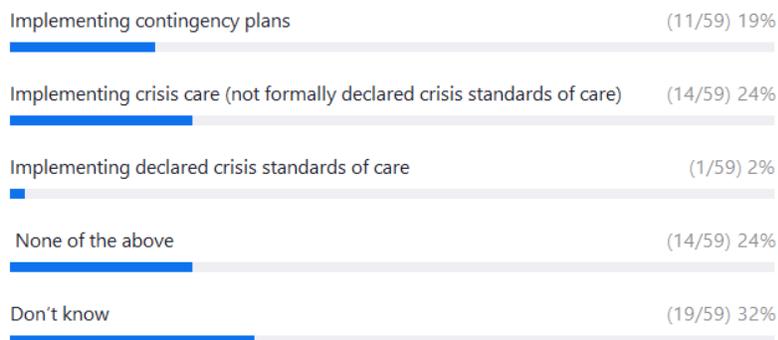
1. Omicron variant confirmed COVID-19 patients in our region have been cared for in which of the following? SELECT ALL THAT APPLY (Multiple Choice) *

62/62 (100%) answered



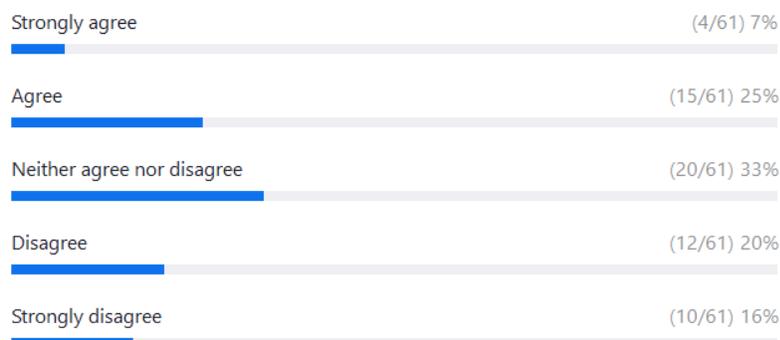
1. Our clinicians are currently: (Single Choice) *

59/59 (100%) answered



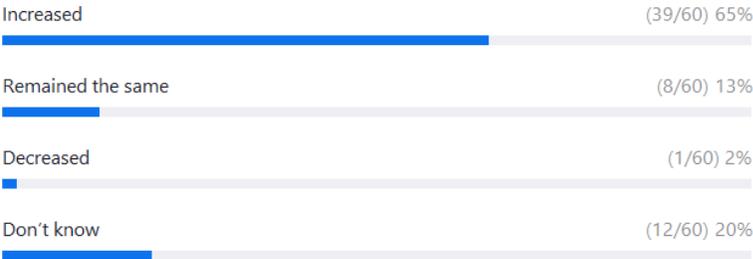
1. Almost all healthcare organizations in my region are currently willing and able to transfer/accept patients to load balance a surge of patients: (Single Choice) *

61/61 (100%) answered



1. Over the past 3 months the rate at which clinicians are leaving our healthcare organization has: (Single Choice) *

60/60 (100%) answered



1. In the past 30 days, EMS organizations in our region have been able to respond to all 9-1-1 medical emergency calls: (Single Choice) *

63/63 (100%) answered

