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Maine Health Alert Network (HAN) System

PUBLIC HEALTH ALERT

To: All HAN Recipients
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: **COVID-19 Testing, Vaccines, Treatment, Reporting, Guidance, and Resources**
Date / Time: Monday, May 22, 2023, at 11:00AM
Pages: 5
Priority: Normal
Message ID: 2023PHADV020

COVID-19 Testing, Vaccines, Treatment, Reporting, Guidance, and Resources

Summary

COVID-19 infections, hospitalizations, and deaths have decreased substantially in recent months. SARS-CoV-2, the virus that causes COVID-19, continues to circulate worldwide and new variants are expected to continue to appear. Vaccines continue to provide the best protection against infection and severe illness. Medications that reduce progression to severe disease are widely available for people at highest risk for severe disease. The U.S. Public Health Emergency ended on May 11, 2023, resulting in changes to reporting requirements and availability of certain metrics guiding certain healthcare infection control and individual- and community-level prevention practices. U.S. CDC and Maine CDC remain dedicated to preventing severe disease and death from COVID-19, particularly for populations at higher risk, and will continue working to reduce the negative impact of COVID-19.

Background

- COVID-19 continues to impact Maine, but at much lower levels than what has been seen in recent months. As of May 15, 2023, a total of 7,454 hospitalizations and 3,050 deaths have been reported in Maine. [COVID-19 hospitalizations and deaths](#) in the state in recent weeks are at the lowest levels seen since summer 2021.
- Vaccines and treatments are crucial to reducing the impacts of COVID-19. As of May 10, 2023, at least 95% of the Maine population has received at least one dose of COVID-19 vaccine, 84% had completed a primary series, and 31% had received at least one updated vaccine dose. Among persons age 65 years and older, 72% had received at least one updated vaccine dose. As of May 22, 2023, patients in Maine had received 12,989 doses of COVID-19 monoclonal antibodies and 46,767 doses of COVID-19 antiviral medications.
- The end of the U.S. Public Health Emergency indicates changes to certain reporting requirements and data sources. U.S. CDC recently updated healthcare infection control guidance but has not revised guidance for testing. U.S. CDC is reviewing COVID-19 guidance, which Maine CDC follows, and will update it as needed.

- Hospitalizations and deaths are considered more accurate representations of severe disease. Wastewater surveillance and syndromic surveillance are the best indicators of the fluctuations in COVID-19 community transmission burden. Reported case numbers are less indicative of the total because many infections are asymptomatic, and many infections are identified using at-home tests that are not reported to public health.

Testing for COVID-19

- U.S. CDC recommends [testing for COVID-19](#) if you have symptoms or if you have been exposed to COVID-19.
- All COVID-19 tests should be used by their expiration dates. Many tests have had expiration dates extended beyond the date listed on the package. For extended expiration dates, see <https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests#list>
- Maine CDC's prior standing order extending the expiration date of COVID-19 tests is no longer in effect.

COVID-19 Vaccines

- Staying up to date on COVID-19 vaccines is the single most important intervention to reduce the impact of COVID-19 on the individual and population level. The national vaccine distribution program continues to be in place and COVID-19 vaccines are not yet available on the commercial market.
- For people who are not moderately or severely immunocompromised:
 - At the time of initial vaccination, depending on vaccine product, children ages 6 months–4 years are recommended to receive 2 or 3 updated COVID-19 vaccine doses; children age 5 years are recommended to receive 1 or 2 updated COVID-19 vaccine doses
 - People ages 6 years and older who are unvaccinated or previously received only monovalent vaccine doses are recommended to receive 1 updated COVID-19 vaccine dose
 - People ages 65 years and older have the option to receive 1 additional updated COVID-19 vaccine dose
- For people who are moderately or severely immunocompromised:
 - At the time of initial vaccination, people ages 6 months and older are recommended to receive 3 updated COVID-19 vaccine doses
 - People ages 6 months and older who previously received only monovalent doses are recommended to receive 1 or 2 updated COVID-19 vaccine doses, depending on age and vaccine product
 - People who previously received a 1 or more updated COVID-19 vaccine doses have the option to receive 1 or more additional updated COVID-19 vaccine doses
- Pfizer and Moderna's monovalent COVID-19 vaccines are no longer authorized for use and have been replaced by their updated (bivalent) products.
- The Janssen/J&J COVID-19 vaccine is no longer available in the U.S.
- People 12 years and older who are unable or choose not to get an updated Pfizer-BioNTech or Moderna COVID-19 vaccine may consider receiving the Novavax COVID-19 vaccine.
 - Novavax does not have an updated (bivalent) booster available, however, people who receive it to complete a vaccine series, would be considered up-to-date.
- Providers can use the following expiry tools to check expirations of their COVID-19 inventory:
 - Pfizer: <https://lotexpiry.cvdvaccine.com/>
 - Moderna: <https://modernacovid19global.com/en-US/vial-lookup>
 - Novavax: <https://us.novavaxcovidvaccine.com/hcp>
- Providers who administered COVID-19 vaccines during the Public Health Emergency will continue to have access to COVID-19 vaccines for administration to patients.
- The PREP Act has extended authority to pharmacies to administer COVID-19 vaccinations to adults and children ages 3 years and up through December 2024.
- The [HHS Bridge Access Program](#) will help transition into commercialization. This program will maintain access to COVID-19 vaccination for uninsured adults through pharmacies and local health centers.

COVID-19 Treatment

- [COVID-19 treatment](#) can substantially reduce the risk of progressing from mild COVID-19 illness to severe disease, hospitalization, and death. Oral and IV medications should be offered to persons who have COVID-19 symptoms, a positive test (antigen test or PCR test), and one or more [risk factors for severe disease](#), including [age over 50 years](#) (with risk increasing substantially at age ≥65 years), being unvaccinated or not being up to date on COVID-19 vaccinations, or having [specific medical conditions and behaviors](#).
- Maine CDC provides additional clinician resources at [COVID-19: Healthcare Providers](#), including treatment information, clinical guidelines, and educational videos for clinicians seeking to learn how to treat COVID-19.
- See [COVID Treatment in Maine](#) for pharmacies where patients can fill prescriptions for oral drugs and Test-to-Treat sites (e.g., hospitals, clinics, urgent care centers, and pharmacies) where patients can get tested, seen by a clinician, and treated. Some locations offer telemedicine and/or home delivery services.
- Patient information for COVID-19 treatment is also available at [COVID Treatment in Maine](#).
- The U.S. Food and Drug Administration has authorized extensions to the shelf life for certain medication lots. For updated dates, see <https://aspr.hhs.gov/COVID-19/Therapeutics/Pages/Product-Expiry.aspx>.
- COVID-19 antiviral medications continue to be distributed by the U.S. Government through pharmacies and state health departments. Commercialization of antivirals is anticipated to begin later in 2024.

Reporting COVID-19 Cases

- Ending the PHE declaration revoked the [CARES Act](#) authority for HHS to require laboratory result reporting to federal partners.
- Positive molecular and antigen results from a CLIA-licensed or CLIA-waived facility are reportable according to the [Notifiable Conditions Rule](#).
- Antibody tests no longer need to be reported.
- Negative results no longer need to be reported.

Reporting Hospital Capacity

- Daily hospital data reporting will continue through April 2024, in accordance with the federal reporting timeline.

Community Guidance

- [COVID-19 hospital admission levels](#) can help individuals and communities decide which prevention actions they can take based on the latest information. These take the place of the COVID-19 Community Levels, which are no longer being calculated, as they relied on percent positivity data that are no longer calculated.
- For each level, CDC recommends individual-level prevention steps and community-level prevention steps that you can take to help you protect yourself and others from severe impacts of COVID-19.

Healthcare Guidance

- On Monday, May 8, 2023, U.S. CDC released updated [COVID-19 Healthcare Infection Prevention and Control Guidance](#). Updates focused on admission, testing, source control, and broader use of potential metrics.
- The COVID-19 testing percent positivity metric from national COVID-19 electronic laboratory reporting is no longer available. U.S. CDC's COVID-19 Community Transmission Levels, used for healthcare settings, will no longer be calculated, as they involved case and test positivity data.
- Admission testing is at the discretion of the facility. Considerations for testing are detailed in the guidance.
- Source control continues to be recommended for individuals with suspected or confirmed SARS-CoV-2 or other respiratory infection (e.g., those with runny nose, cough, sneeze) and for individuals who have had close contact (patients/residents or visitors) or a higher-risk exposure (healthcare worker) to someone with SARS-CoV-2 infection for 10 days after their exposure.

- Source control is recommended more broadly as described in [U.S. CDC's Core IPC Practices](#) in the following circumstances:
 - By those residing or working on a unit or area of the facility experiencing a SARS-CoV-2 or other outbreak of respiratory infection; universal use of source control could be discontinued as a mitigation measure once the outbreak is over (e.g., no new cases of SARS-CoV-2 infection have been identified for 14 days); or
 - Facility-wide or, based on a facility risk assessment, targeted toward higher risk areas (e.g., emergency departments, urgent care) or patient populations (e.g., when caring for patients with moderate to severe immunocompromise) during periods of higher levels of community SARS-CoV-2 or other respiratory virus transmission (described in the [Appendix](#) of the webpage noted above)
 - Have otherwise had source control recommended by public health authorities (e.g., in guidance for the community when [COVID-19 hospital admission levels](#) are high)
- Individuals can also use source control based on personal preference, informed by their perceived risk level.
- Updated considerations and metrics for implementing broader use of masking can be found on the updated [COVID-19 Healthcare Infection Prevention and Control Guidance](#) website.
- Transmission-based precautions (isolation) recommendations have not changed and continued to be recommended for persons with suspected and confirmed SARS-CoV-2.
- Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 [Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) the same.
- See the [COVID-19 Healthcare Infection Prevention and Control Guidance](#) website for full guidance.

Messages for Patients

- Know your risk: We may be “done” with COVID-19, but COVID-19 may not be done with us. Individuals over age 65 and those who are immunocompromised are at [greatest risk](#) of contracting COVID-19 and suffering the most severe consequences, including hospitalization and death.
- [Get vaccinated](#): Everyone over the age of 6 months is eligible for an updated vaccine; individuals between 6 months to 5 years of age may be eligible for at least one dose of the updated vaccine, depending on the number of doses they’ve previously received and their age. Vaccines remain [readily available across Maine](#).
- [Test](#): Symptoms of COVID-19 may seem like the common cold or flu. It’s important to continue to test for COVID-19 if you feel unwell, or if you’ve been exposed to someone who is sick with COVID-19 so that you can take the appropriate next steps, such as quarantining, isolation, treatment, or a combination of these.
- [Get treated](#): Treatment is available for people who have COVID-19 and are at higher risk for severe disease. Medication is highly effective at preventing a mild or moderate case of COVID-19 from getting much worse and possibly becoming life-threatening. Don’t wait until you’re very ill to reach out about treatment. Find a provider who can evaluate you and provide a prescription to be filled at a local pharmacy.
- [Isolation guidance](#): If you test positive for COVID-19, follow guidance for isolation and mask around others.

Long COVID Resources

- U.S. CDC has provided clinical resources at [Post-COVID Conditions: Information for Healthcare Providers](#).
- Maine CDC has provided additional collected clinical resources at [Long COVID Resources for Clinicians](#).

For More Information

- [MMWR: COVID-19 Surveillance After Expiration of the Public Health Emergency Declaration — United States, May 11, 2023](#)
- [MMWR: Correlations and Timeliness of COVID-19 Surveillance Data Sources and Indicators — United States, October 1, 2020–March 22, 2023](#)
- [FACT SHEET: Actions Taken by the Biden-Harris Administration to Ensure Continued COVID-19 Protections and Surge Preparedness After Public Health Emergency Transition](#) (White House)

- [Interim Clinical Considerations for COVID-19 Treatment in Outpatients](#) (U.S. CDC)
- [COVID-19: Maine Data](#) (Maine CDC)
- [COVID-19: Wastewater Testing Data](#) (Maine CDC)
- [COVID-19 Public Health Emergency \(PHE\)](#) (U.S. HHS)
- [Fact Sheet: End of the COVID-19 Public Health Emergency](#) (U.S. HHS)
- [Fact Sheet: HHS Announces Intent to Amend the Declaration Under the PREP Act for Medical Countermeasures Against COVID-19](#) (U.S. HHS)
- [Fact Sheet: HHS Announces 'HHS Bridge Access Program For COVID-19 Vaccines and Treatments' to Maintain Access to COVID-19 Care for the Uninsured](#) (U.S. HHS)
- [PREP Act Questions and Answers](#) (ASPR)