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Date: 2/18/2022  
 Priority: High  
 Topic: Omicron COVID-19 risk reduction in moderately to severely immunocompromised patients  
 Audience: Humboldt County medical community

Due to changes with Omicron variant, in the past few months we have seen many changes to COVID-19 therapeutics and vaccine recommendations from CDC, NIH and CDPH. This memo is to update our medical community on these changes in order to improve outcomes for the most vulnerable members of our community, those who have **moderate to severe immune compromise and those at highest risk for severe COVID-19**. Review of recent local data on COVID-19 hospitalizations and deaths in this population for Humboldt County suggests **these updates to practice have the ability to significantly reduce the number of hospitalizations and deaths locally**. Using available therapeutics more broadly in our immunocompromised patients and those at highest risk along with increasing vaccination and boosters in this population will decrease COVID-19 morbidity and mortality going forward.

- **CDC vaccination update:** Please review updates to [CDC interim guidance for COVID-19 vaccination of moderately to severely immunocompromised patients](#).

The [latest update from CDC on February 11<sup>th</sup>, 2022](#), recommends **increasing the number of doses in a primary series for those who are moderately to severely immunocompromised by one dose**, or three doses for the Janssen vaccine series and four doses for an mRNA vaccine series. The tables below highlight differences in recommendations for the general population vs immunocompromised population.

Additionally, **boosters significantly reduce risk of hospitalization and death based on our local data**. Continue to encourage all patients with [risk factors for severe COVID-19](#) to become fully vaccinated and boosted to reduce likelihood of progression to severe disease. **Please note changes in timing of boosters as well.**

TABLE 2: COVID-19 vaccination schedule for the primary series in the *general population*

Primary series vaccine manufacturer	Age group	Number of doses in primary series	Number of booster doses	Interval between 1st and 2nd dose	Interval between primary series and booster dose
Pfizer-BioNTech	5–11 years	2	NA	3 weeks	NA
Pfizer-BioNTech	≥12 years	2	1	3 weeks	≥5 months
Moderna	≥18 years	2	1	4 weeks	≥5 months
Janssen	≥18 years	1	1	NA	≥2 months



DHHS Administration  
 phone: (707) 441-5400  
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Behavioral Health  
 phone: (707) 268-2990  
 fax: (707) 476-4049

Social Services  
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Table 3: COVID-19 vaccination schedule for people with *moderate or severe immunocompromise*

Primary vaccination	Age group	Number of primary vaccine doses	Number of booster doses	Interval between 1st and 2nd dose	Interval between 2nd and 3rd dose	Interval between 3rd and 4th dose
Pfizer-BioNTech	5–11 years	3	NA	3 weeks	≥4 weeks	N/A
Pfizer-BioNTech	≥12 years	3	1	3 weeks	≥4 weeks	≥3 months
Moderna	≥18 years	3	1	4 weeks	≥4 weeks	≥3 months
Janssen	≥18 years	1 Janssen, followed by 1 mRNA	1	4 weeks	≥2 months	N/A

- **NIH oral and IV therapeutics updates:** Please review [NIH updates on therapeutics available for non-hospitalized patients with mild to moderate COVID-19 who are at high risk of disease progression.](#)

For non-hospitalized patients with mild to moderate COVID-19 who are at [high risk of disease progression](#), the NIH panel recommends using one of the following therapeutics (listed in order of preference): Paxlovid (oral), Sotrovimab (IV infusion), Remdesivir (IV infusion), or Molnupiravir (oral). **Betelovimab monoclonal antibody has also recently been given EUA for treatment of Omicron.**

While focus of these therapeutics should continue to be on those at highest risk, **given increases in availability of therapeutics locally they should also be considered in lower risk patients based on NIH risk criteria (all 4 tiers).** We encourage the use of [NIH guidelines on use in different risk groups based on availability of therapies.](#)

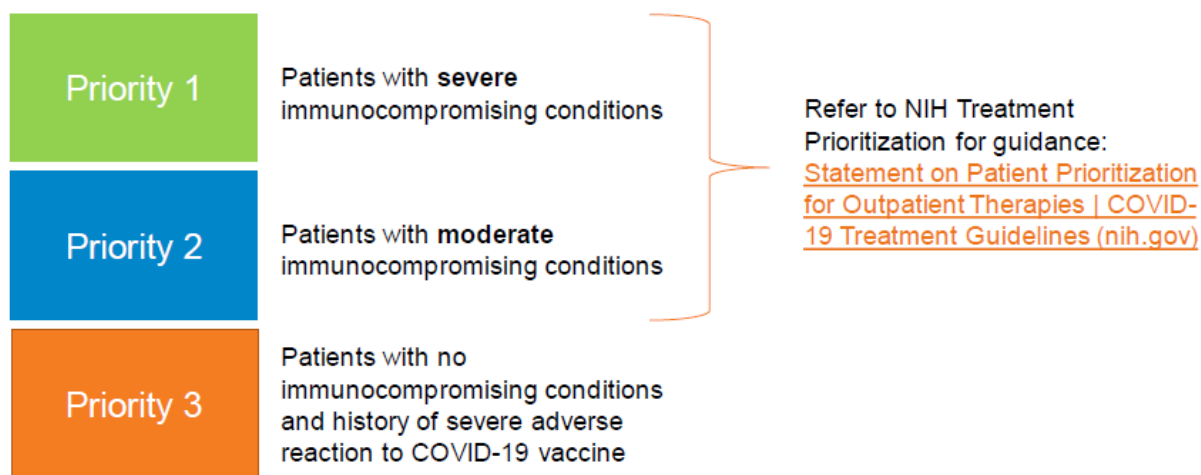
Tier	Risk Group
1	<ul style="list-style-type: none"> <li>● Immunocompromised individuals not expected to mount an adequate immune response to COVID-19 vaccination or SARS-CoV-2 infection due to their underlying conditions, regardless of vaccine status (see Immunocompromising Conditions below); or</li> <li>● Unvaccinated individuals at the highest risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with additional risk factors).</li> </ul>
2	<ul style="list-style-type: none"> <li>● Unvaccinated individuals at risk of severe disease not included in Tier 1 (anyone aged ≥65 years or anyone aged &lt;65 years with clinical risk factors)</li> </ul>
3	<ul style="list-style-type: none"> <li>● Vaccinated individuals at high risk of severe disease (anyone aged ≥75 years or anyone aged ≥65 years with clinical risk factors)</li> </ul> <p><b>Note:</b> Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.</p>
4	<ul style="list-style-type: none"> <li>● Vaccinated individuals at risk of severe disease (anyone aged ≥65 years or anyone aged &lt;65 with clinical risk factors)</li> </ul> <p><b>Note:</b> Vaccinated individuals who have not received a COVID-19 vaccine booster dose are likely at higher risk for severe disease; patients in this situation within this tier should be prioritized for treatment.</p>

Locally two infusion centers are accepting referrals for monoclonal antibody infusions and oral antivirals: Providence/Saint Joseph's Hospital in Eureka (707-269-3607) and Mad River Community Hospital in Arcata (707-822-3621 x4212). Please call these infusion centers for updated provider referral forms and availability of products. **Provider referrals are required.**

Pharmacies that dispense oral COVID-19 therapeutics can be found at the [Health and Human Services COVID-19 Therapeutics Locator](#) website which shows a GIS map of locations. The map also contains locations with Evusheld monoclonal antibody. **Provider prescriptions or referrals are required.**

- **Update on use of Evusheld:** Please review CDPH recommendations for use of Evusheld for pre-exposure prophylaxis in certain high risk patient populations.

Use of Evusheld in higher risk populations should continue to be the focus, but given increasing supplies, providers should **consider expanded use for pre-exposure prophylaxis in lower risk patients who have contraindications to COVID-19 vaccination.** Evusheld is not authorized in unvaccinated individuals unless full vaccination is not possible due to a history of severe adverse reaction to COVID-19 vaccines. We recommend use of the following CDPH COVID-19 Therapeutics Committee prioritization strategy.



Together these updated recommendations for the expanded use of all COVID-19 therapeutics active against Omicron along with increased COVID-19 vaccination in our [immunocompromised patients and those at highest risk](#) in Humboldt County have the potential to significantly lower morbidity and mortality for our community. Thank you for your consideration and for all the dedication and hard work throughout the COVID-19 pandemic.

Best regards,

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Embedded links:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#vaccination-people-immunocompromised>

<https://covid-19-therapeutics-locator-dhhs.hub.arcgis.com/>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

<https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-therapies-for-high-risk-nonhospitalized-patients/>

<https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-patient-prioritization-for-outpatient-therapies/>

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Phone/fax numbers:

Providence St. Joseph's Hospital Ambulatory Infusion department:

707-269-3607 (phone)

707-269-3755 (fax)

Mad River Community Hospital Ambulatory Infusion department (Vicki Gibney, RN, CRN):

707-822-3621 x 4212 (phone)

707-825-4460 (fax)