

Dear Partner,

HHS Office of Intergovernmental and External Affairs COVID-19 update for February 24, 2021:

Highlights from today's White House COVID-19 Response Team [briefing](#):

Jeff Zients

- **Masks:** From March – May, the Administration will begin to deliver 25 million masks to 60,000 food banks and 1,300 community health centers across the country. The masks will be high quality, American made, washable masks available at no cost to individuals in both children and adult sizes. This announcement furthers the Administrations commitment to ensuring an equitable response to COVID-19.
- **Vaccination Supply:** The 7-day average daily doses administered is 1.4 million and are caught up from the weather related shipping backlogs. The Administration is encouraging states to get needles in arms by extending vaccine clinic hours, offering services 24/7 where possible, adding weekend appointments, and having more staff at hand. If a state does not have the staff to work around the clock and on weekends, the federal government stands ready to help.
- The Navajo Nation has surpassed its goal of administering 100,000 COVID-19 vaccines by the end of February, a figure that represents over half of its residents. Our work to increase supply, increase places to get vaccinated, and increase vaccinators is making a difference.
- **Johnson and Johnson Vaccine:** If the FDA grants an Emergency Use Authorization to Johnson and Johnson, the Administration is ready to rollout this vaccine and anticipates delivering 3-4 million doses next week if the EUA is issued. Johnson and Johnson aims to deliver a total of 20 million doses by the end of March. 100 million doses are required to be delivered by the end of June and the Administration is working to see if this pace and timeframe can be accelerated.

Dr. Walensky

- **National COVID-19 Vaccine Forum:** Over 12,000 participants across the US joined for the forum and all sessions and materials will be posted on the CDC website.
- **Genome Sequencing:** As of February 23<sup>rd</sup>, we now have identified 1,900 cases of variant B117 in 45 states, 46 cases of B1351 variant in 14 states, and 5 cases of P1 variant in 4 states. CDC has a goal of testing 25,000 samples per week in the coming weeks.

Dr. Fauci

- **Update on “Long-COVID”:** Long-COVID, now called Post Acute Sequelae (PASC), is where individuals experience symptoms remaining post-COVID, including fatigue, shortness of breath, sleep disorders, fevers, GI symptoms, anxiety, depression, and brain fog. A recent study from University of Washington found that approximately 30% of patients who were enrolled at University of WA reported persistent symptoms for as long as nine months after illness. Yesterday, the NIH launched a new initiative to study PASC which hopes to answer the following questions:
  - What does the spectrum of recovery from PASC look like across the entire population?

- How many people continue to have symptoms of COVID or develop new symptoms that they did not have as part of their acute infection?
- What is the underlying cause of these prolonged symptoms?
- What makes certain people vulnerable but others recover quickly?
- Does COVID trigger changes in the body that actually increase the risk later on of such abnormalities like chronic heart or brain disorders?

**Continuation of the National Emergency Concerning the Coronavirus Disease 2019 Pandemic:** On March 13, 2020, by Proclamation 9994, the President declared a national emergency concerning the coronavirus disease 2019 (COVID-19) pandemic. The COVID-19 pandemic continues to cause significant risk to the public health and safety of the Nation. For this reason, the national emergency declared on March 13, 2020, and beginning March 1, 2020, must continue in effect beyond March 1, 2021. Therefore, in accordance with section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)), [President Biden is continuing the national emergency declared in Proclamation 9994 concerning the COVID-19 pandemic.](#)

### **Vaccine Updates**

**Johnson & Johnson Vaccine Safety:** The FDA released the [Vaccines and Related Biological Products Advisory Committee Meeting Briefing Document](#) and [Addendum](#) for the Janssen Biotech, Inc. (the Sponsor) request for an Emergency Use Authorization for Johnson and Johnson's single dose vaccine. In clinical trials, the vaccine was 66.1% effective in preventing moderate to severe disease. The VRBPAC will be meeting to discuss this vaccine on February 26, 2021.

**Vaccine Administration Management System Program:** Our current nationwide network of immunization information systems (IISs) cannot consistently provide real-time data, so CDC developed the [Vaccine Administration Management System \(VAMS\)](#) to meet this need. VAMS is an easy-to-use, secure, online tool to manage vaccine administration from the time the vaccine arrives at a clinic until it is administered to a recipient. VAMS is free for public health-approved clinics, and can be used on computers, tablets, and other mobile devices.

- [Support for VAMS Inventory Managers](#)
- [Support for VAMS Healthcare Professionals](#)
- [Support for VAMS Vaccine Recipients](#)
- [Support for VAMS Organization Coordinators](#)
- [Support for VAMS Third-Party Clinic Healthcare Professionals](#)
- [Support for VAMS Front Desk Staff](#)
- [Support for VAMS Third-Party Clinic Administrators](#)
- [Support for VAMS Jurisdiction POCs](#)
- [Support for VAMS Clinic Administrators](#)

**COVID-19 Vaccination & the Food and Agriculture Sector:** FDA published [COVID-19 Vaccination & the Food and Agriculture Sector](#) to share information and resources to help employers in the Food and Agriculture sector communicate about COVID-19 vaccination to their workforce. The resources are from the FDA, the Centers for Disease Control and Prevention (CDC), and other trusted partners.

### **Testing and Treatment**

**Multisystem Inflammatory Syndrome in Children associated with COVID-19:** CDC updated their resources for [parents for multisystem inflammatory syndrome in children \(MIS-C\)](#). MIS-C is a condition where different body parts can become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. We do not yet know what causes MIS-C. However, we know that many children with MIS-C had the virus that causes COVID-19, or had been around someone with COVID-19. MIS-C can be serious, even deadly, but most children who were diagnosed with this condition have gotten better with medical care.

**Planning Considerations for Monoclonal Antibody Administration:** ASPR updated [their planning considerations for monoclonal antibody administration](#). Hospitals should emphasize early treatment of at-risk individuals to prevent hospitalizations – benefiting both the patient and the healthcare system as a whole. Utilize reputable public messaging resources, such as the [COVID-19 Monoclonal Antibody Therapeutics Digital Toolkit](#).

**Bamlanivimab Plus Etesevimab Combination for the Treatment of COVID-19:** NIH updated the [COVID-19 treatment guidelines panel’s statement on the emergency use authorization of the Bamlanivimab plus Etesevimab combination for the treatment of COVID-19](#). Bamlanivimab and etesevimab are neutralizing monoclonal antibodies that bind to different but overlapping epitopes in the receptor-binding domain of the spike protein of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The bamlanivimab plus etesevimab combination blocks SARS-CoV-2 entry into host cells and is being evaluated for the treatment of COVID-19.

**FAQs for Laboratories:** CDC updated their [frequently asked questions about COVID-19 for laboratories](#).

**Prevention and Control Recommendations for Healthcare Personnel:** CDC updated their interim guidance on prevention and control recommendations for healthcare personnel during the COVID-19 pandemic. These updates include:

- Updated the Implement Universal Use of Personal Protective Equipment section to expand options for source control and patient care activities in areas of moderate to substantial transmission and describe strategies for improving fit of facemasks. Definitions of source control are included at the end of this document.
- Included a reference to [Optimizing Personal Protective Equipment \(PPE\) Supplies](#) that include a hierarchy of strategies to implement when PPE are in short supply or unavailable.

### **Mask Updates**

**New Actions to Deliver Masks to Communities Hit Hard by the Pandemic:** President Biden announced a new effort to make [masks more easily available to communities](#) hard hit by the pandemic. The

Administration will deliver more than 25 million masks to over 1,300 Community Health Centers across the country as well as 60,000 food pantries and soup kitchens, reaching some of the nation's most vulnerable populations. The masks will be available beginning in March and into May. As a result of these actions, an estimated 12 to 15 million Americans will receive masks.

**Types of Masks:** There are many [types of masks](#) you can use to protect yourself and others from getting and spreading COVID-19. When choosing a mask, choose one that fits snugly. Learn more about how to choose a mask that fits well and offers the best protection.

### **Information for Specific Populations**

**Coronavirus Self-Checker:** The [Coronavirus Self-Checker](#) is an interactive clinical assessment tool that will assist individuals ages 13 and older, and parents and caregivers of children ages 2 to 12 on deciding when to seek testing or medical care if they suspect they or someone they know has contracted COVID-19 or has come into close contact with someone who has COVID-19. The online, mobile-friendly tool asks a series of questions, and based on the user's responses, provides recommended actions and resources.

### **Reopening Information:**

**K-12 Operational Strategy:** CDC updated their [operational strategy for K-12 schools through phased mitigation](#). As communities plan safe delivery of in-person instruction in K-12 schools, it is essential to decide **when** and **under what conditions** to help protect students, teachers, and staff and slow the spread of SARS-CoV-2, the virus that causes COVID-19. It is critical for schools to open as safely and as soon as possible, and remain open, to achieve the benefits of in-person learning and key support services. To enable schools to open safely and remain open, it is important to adopt and consistently implement actions to slow the spread of SARS-CoV-2 both in schools and in the community. This operational strategy presents recommendations based on the best-available evidence at the time of release. As science and data on COVID-19 continue to evolve, guidance and recommendations will be updated to reflect new evidence.

**Cleaning, Disinfection and Hand Hygiene in Schools:** CDC updated their resources for school administration on [cleaning, disinfection, and hand hygiene](#). Reducing the risk of exposure to SARS-CoV-2, the virus that causes COVID-19, by cleaning and disinfection is an integral part of opening schools that will require careful planning. This toolkit is intended to aid school administrators as they consider how to protect the health, safety, and wellbeing of students, teachers, other school staff, families, and communities and prepare for educating students this fall.

### **Research**

**COVID-19 Outbreak among Attendees of an Exercise Facility:** CDC released an MMWR on [a COVID-19 outbreak among attendees of an exercise facility](#) in Chicago, IL. In August 2020, 55 COVID-19 cases were identified among 81 attendees of indoor high-intensity classes at a Chicago exercise facility. Twenty-two (40%) persons with COVID-19 attended on or after the day symptoms began. Most attendees (76%) wore masks infrequently, including persons with (84%) and without COVID-19 (60%). To reduce SARS-CoV-2 transmission in fitness facilities, attendees should wear a mask, including during high-intensity activities when  $\geq 6$  feet apart. In addition, facilities should enforce physical distancing, improve

ventilation, and encourage attendees to isolate after symptom onset or receiving a positive SARS-CoV-2 test result and to quarantine after a potential exposure to SARS-CoV-2 and while awaiting test results. Exercising outdoors or virtually could further reduce SARS-CoV-2 transmission risk.

**Community Transmission of SARS-CoV-2 at Three Fitness Facilities:** CDC released an MMWR on [community transmission of SARS-CoV-2 at three fitness facilities in Hawaii](#). Twenty-one COVID-19 cases were linked to an index case in a fitness instructor, who, along with a patient who was also an instructor, taught classes <1 day, 1 to <2 days, and ≥2 days before symptom onset; aggregate attack rates were 95%, 13%, and 0%, respectively. To reduce SARS-CoV-2 transmission in fitness facilities, staff members and patrons should wear a mask, and facilities should enforce consistent and correct mask use (including during high-intensity activities) and physical distancing, improve ventilation, and remind patrons and staff members to stay home when ill. Exercising outdoors or virtually could further reduce SARS-CoV-2 transmission risk.

**NIH Launches New Initiative to Study “Long COVID”:** A new [NIH initiative to identify the causes and ultimately the means of prevention and treatment of individuals who have been sickened by COVID-19](#), but don’t recover fully over a period of a few weeks. NIH issued the first in a series of [Research Opportunity Announcements \(ROAs\)](#) for the newly formed NIH PASC Initiative. Through this initiative, we aim to learn more about how SARS-CoV-2 may lead to such widespread and lasting symptoms, and to develop ways to treat or prevent these conditions. We believe that the insight we gain from this research will also enhance our knowledge of the basic biology of how humans recover from infection, and improve our understanding of other chronic post-viral syndromes and autoimmune diseases, as well as other diseases with similar symptoms.

**People with SARS-CoV-2 Antibodies May Have a Low Risk of Future Infection:** People who have had [evidence of a prior infection with SARS-CoV-2, the virus that causes COVID-19, appear to be well protected against being reinfected with the virus](#), at least for a few months, according to a newly published study from the National Cancer Institute (NCI). This finding may explain why reinfection appears to be relatively rare, and it could have important public health implications, including decisions about returning to physical workplaces, school attendance, the prioritization of vaccine distribution, and other activities. For the study, researchers at NCI, part of the National Institutes of Health, collaborated with two health care data analytics companies (HealthVerity and Aetion, Inc.) and five commercial laboratories. The findings were published on Feb. 24 in JAMA Internal Medicine.

**Monoclonal Antibodies Against MERS Coronavirus:** A randomized, placebo-controlled [Phase 1 clinical trial of two monoclonal antibodies \(mAbs\)](#) directed against the coronavirus that causes Middle East respiratory syndrome (MERS) found that they were well tolerated and generally safe when administered simultaneously to healthy adults. Together, the findings from the clinical trial and the preclinical mouse studies “demonstrate the potential efficacy and utility of monoclonal antibody therapy for the prevention or treatment of MERS-CoV and lays the groundwork for the development of spike-targeted mAb therapies for other infectious disease threats, including SARS-CoV-2,” which causes COVID-19. The trial was sponsored by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health.

**COVID-19 Lessons Learned from Southeast Michigan:** ASPR released their [Southeast Michigan 2020 COVID-19, Region 2-South / 2-North response](#) and lessons learned. On February 28, 2020, Governor

Whitmer activated the State's Emergency Operation Center (SEOC) to prepare for potential COVID-19 cases. Michigan confirmed its first two cases of COVID-19 on March 10, 2020 in Wayne and Oakland Counties. This would be the beginning of Southeast Michigan's COVID-19 ground zero response.

**Case Forecasts:** This week's national ensemble predicts that the number [of newly reported COVID-19 cases](#) will likely decrease over the next 4 weeks, with 142,000 to 584,000 new cases likely reported in the week ending March 20, 2021. The state- and territory-level ensemble forecasts predict that over the next 4 weeks, the number of new reported cases per week will likely decrease in 37 jurisdictions. Trends in numbers of future reported cases are uncertain or predicted to remain stable in the other states and territories.

**Death Forecasts:** This week's national ensemble predicts that the number of [newly reported COVID-19 deaths](#) will likely decrease over the next 4 weeks, with 4,300 to 12,600 new deaths likely reported in the week ending March 20, 2021. The national ensemble predicts that a total of 526,000 to 548,000 COVID-19 deaths will be reported by this date. The state- and territory-level ensemble forecasts predict that over the next 4 weeks, the number of newly reported deaths per week will likely decrease in 26 jurisdictions. Trends in numbers of future reported deaths are uncertain or predicted to remain stable in the other states and territories. View [previous death forecasts](#).

**Hospitalization Forecasts:** This week's national ensemble predicts that the number [of new daily confirmed COVID-19 hospital admissions](#) will likely decrease over the next 4 weeks, with 1,300 to 5,000 new confirmed COVID-19 hospital admissions likely reported on March 22, 2021. The state- and territory-level ensemble forecasts predict that over the next four weeks, the number of daily confirmed COVID-19 hospital admissions will likely decrease in 45 jurisdictions. Trends in numbers of future reported hospital admissions are uncertain or predicted to remain stable in the other states and territories. View [previous hospitalization forecasts](#).

Marvin Figueroa, Director  
Office of Intergovernmental and External Affairs  
U.S. Department of Health and Human Services  
Washington, D.C.