UNMC[SM]

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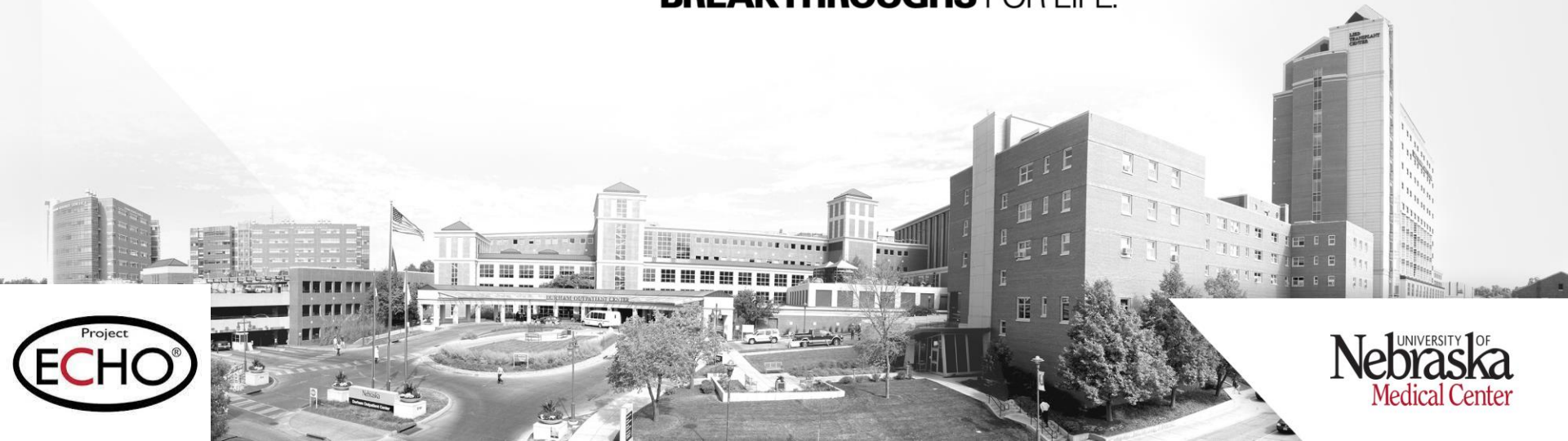

Project ECHO®

University of Nebraska Medical Center

UNMC ID ECHO Project to Reduce COVID-19 Health Disparities Through Quality Improvement

Welcome to Session 13

Project Funded by Nebraska DHHS through a CDC grant

Housekeeping Reminders

- Discussion makes sessions work best!
- Please stay muted unless you are speaking
- We love to see your face!
- Sessions will be recorded and available upon request
- Attendance is taken by filling the survey in the chat

- Reminder: Project ECHO collects registration, participation, questions and answers, chat comments, and poll responses for some ECHO programs. Your individual data will be kept confidential. This data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to create new initiatives.

Subject Matter Experts

Infectious Diseases Team

- M. Salman Ashraf, MBBS
- Erica Stohs, MD, MPH
- Anum Abbas, MD
- Kelly Cawcutt, MD, MS

Quality Improvement Team

- Jeff Wetherhold, QI Consultant
- Gale Etherton, MD
- Mahliqha Qasimyar, MD

Health Equity & Cultural Sensitivity Team

- Nada Fadul, MD
- Mahelet Kebede, HE & CS Consultant
- Shirley Delair, MD
- Jasmine Marcelin, MD
- Andrea Jones, MD
- Precious Davis, Case Manager
- Samantha Jones, Program Manager

CE Disclosures

Project ECHO®

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UNMC ID Health Equity and Quality Improvement ECHO Project

Topics: SDOH 6/6: Social and Community Context. IPC: COVID-19 Management and Treatment Updates

Free Live ECHO Project
May 4, 2022
CID 53868

University of Nebraska Medical Center

TARGET AUDIENCE

This live activity is intended for physicians, APPs, nurses, social workers, case managers, and anyone else interested in learning about health equity in underserved populations.

ACTIVITY DESCRIPTION

Achieving health equity, addressing COVID-19 disparities, and improving the health of all Nebraskans using a quality improvement approach are the goals for our newly launched educational initiative. This COVID-19-focused health equity and quality improvement educational series will use the ECHO model for training healthcare workers.
The course is being offered through the University of Nebraska Medical Center (UNMC) infectious diseases (ID) ECHO program and is funded by the Nebraska Department of Health and Human Services (DHHS) via a CDC grant.

EDUCATIONAL OBJECTIVES

At the conclusion of this live activity, the participants should be better able to:

- Apply a determinants of health approach to providing patient care.
- Describe changes to guidance on COVID-19 management and treatment over the course of the pandemic.
- Articulate the research basis or recent changes in COVID-19 management and treatment.

REQUIREMENTS FOR SUCCESSFUL COMPLETION

In order to receive continuing education credit/credits, you must:

1. Participate in the live activity via ZOOM. Your attendance will be tracked by the course facilitator.
2. Complete the overall evaluation
    a. Instructions on how to access the overall evaluation will be provided on a quarterly basis.
    b. Continuing education credits will be issued for activities you attended.

For questions regarding evaluation and attendance, please contact Nuha Mirghani, MD, MBA, HCM at nmirghani@unmc.edu

ACCREDITED CONTINUING EDUCATION

In support of improving patient care, University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

PHYSICIANS/PHYSICIAN ASSISTANTS

The University of Nebraska Medical Center designates this live activity for a maximum of 1.5 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

NURSES/NURSE PRACTITIONERS

The University of Nebraska Medical Center designates this activity for 1.5 ANCC contact hour(s). Nurses should only claim credit for the actual time spent participating in the activity.

ACCREDITED CONTINUING EDUCATION

As a Jointly Accredited Organization, University of Nebraska Medical Center is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. University of Nebraska Medical Center maintains responsibility for this course. Social workers completing this live activity receive 1.5 interactive continuing education credits.
Social work level of content: Advanced.

This program has been pre-approved by The Commission for Case Manager Certification to provide continuing education credit to CCM® board certified case managers. The course is approved for 1.5 CE contact hour(s).
Activity code: I00050543 Approval Number: 220001389
To claim these CEs, log into your CCMC Dashboard at www.ccmcertification.org.

DISCLOSURE INFORMATION

As a jointly accredited provider, the University of Nebraska Medical Center (UNMC) ensures accuracy, balance, objectivity, independence, and scientific rigor in its educational activities and is committed to protecting learners from promotion, marketing, and commercial bias. Faculty (authors, presenters, speakers) are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or other options available when utilizing trade names to ensure impartiality.

All faculty, planners, and others in a position to control continuing education content participating in a UNMC accredited activity are required to disclose all financial relationships with ineligible companies. As defined by the Standards for Integrity and Independence in Accredited Continuing Education, ineligible companies are organizations whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The accredited provider is responsible for mitigating relevant financial relationships in accredited continuing education. Disclosure of these commitments and/or relationships is included in these activity materials so that participants may formulate their own judgments in interpreting its content and evaluating its recommendations.
This activity may include presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

All materials are included with the permission of the faculty. The opinions expressed are those of the faculty and are not to be construed as those of UNMC.

Disclosures

The accredited provider has mitigated and is disclosing identified relevant financial relationships for the following faculty, planners, and others in control of content prior to assuming their roles:

FACULTY
The below faculty have nothing to disclose:

- Anum Abbas, MBBS
- Precious Davis, MSN, BSN, RN*
- Mahelet Kebede, MPH*

**Indicates on the planning committee*

Disclosures

PLANNING COMMITTEE

M. Salman Ashraf, MBBS
Merck & Co, Inc: Industry funded research/investigator

Erica Stohs, MD, MPH
ReViral Ltd.: Industry funded research/investigator

The below planning committee members have nothing to disclose:

- Valeta Creason-Wahl, HMCC
- Nada Fadul, MD
- Samantha Jones, CSW
- Nuha Mirghani, MD, MBA, HCM
- Renee Paulin, MSN, RN, CWOCN
- Jeff Wetherhold, M.ED
- Bailey Wrenn, MA

www.unmc.edu/cce

POLL

QI Projects

Benefits

1. **Coaching:** Organizations will receive 1:1 coaching on quality improvement and health equity to develop and implement approved QI projects.
2. **Reimbursement:** Organizations are eligible to apply for up to $2,000 in expense reimbursement related to an approved QI project.

Timeline

April

- Project submission is open!

May

- We will share examples and be available to answer questions

June Onward

- Project coaching can begin

Project Information

1. What problem are you trying to address?
2. What leads you to believe this is a problem?
3. What change can you make?
4. What can you measure to know if you are successful?
5. How does this impact COVID-19 management?
6. How does this impact health equity or cultural sensitivity?
7. Are you open to sharing your project with another team?

What is the problem statement you are trying to address?	Our patients have low rates of acceptance for COVID-19 booster shots
What data or information leads you to believe that this is a problem?	COVID-19 vaccination rates (first course and booster)
What change can you make to address this problem?	Develop a communications plan for outreach regarding COVID-19 booster shots for Spanish-speaking patients
What can you measure to know if you are successful?	Number of patients reached, booster acceptance rate, patient-reported comprehension of information
What elements of COVID-19 management are relevant to this project?	Vaccination and vaccine support
In what ways will this project address cultural sensitivity and/or the health equity factors of the community members you work with?	Racial/ethnic identity Citizenship/immigration status Cultural sensitivity Social and community context

Poll Results

Project ECHO®

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Health Equity: Social Determinants of Health Series – Social and Community Context

Presenters: Dr. Precious Davis and Mahelet Kebede, MPH

Project ECHO

UNMC

Objectives

1. Describe the impact that relationships and interactions with family, friends, co-workers, and community members can have on a person's health and well-being.
2. Apply a determinants of health approach to providing patient care.

Social Determinants of Health

Fill in the blank in the chat box.

The conditions in the environments <u>where people are</u> that affect a wide range of health, functioning, and quality of life outcomes and risks.
E.g., ???

Intersectionality

Context Setting

People's relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being.

Many people face challenges and dangers they can't control — like unsafe neighborhoods, discrimination, or trouble affording the things they need. This can have a negative impact on health and safety throughout life.

Context Setting

Let's see what Nebraska rates and access look like!

County Health Rankings and Roadmaps – social associations in Nebraska

County Health Rankings and Roadmaps - violent crime in Nebraska

SOCIAL DETERMINANTS	DISPARITY WITHIN DOUGLAS COUNTY					DISPARITY AMONG COUNTIES				METRO AREA vs. BENCHMARKS				
	NE Omaha	SE Omaha	NW Omaha	SW Omaha	Western Douglas	Douglas County	Sarpy County	Cass County	Pott. County	Metro Area	vs. NE	vs. IA	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)						4.4	0.8	0.1	1.5	3.2	2.9	2.0	4.4		
Population in Poverty (Percent)						11.6	5.7	7.4	11.8	10.2	11.0	11.2	13.1	8.0	
Children in Poverty (Percent)						17.2	6.2	6.9	15.1	14.2	14.8	14.2	19.5	8.0	
No High School Diploma (Age 25+, Percent)						10.0	4.8	5.1	10.6	8.8	8.9	8.0	12.3		
% Unable to Pay Cash for a $400 Emergency Expense	33.1	31.3	12.9	14.6	7.5	20.9	9.4	12.3	22.8	18.7			24.6		
% Worry/Stress Over Rent/Mortgage in Past Year	38.7	36.6	21.2	17.2	6.2	25.8	17.3	19.5	24.2	23.9			32.2		20.1
% Unhealthy/Unsafe Housing Conditions	15.8	12.9	9.0	8.4	6.1	10.8	4.6	4.7	5.8	9.0			12.2		6.1
% Went Without Electricity, Water, or Heat	8.3	13.3	9.1	10.3	7.1	10.1	8.7	6.8	6.1	9.4					5.2
% Worried About Food in the Past Year	35.6	35.1	18.1	12.7	6.3	22.8	10.2	17.0	16.4	19.7			30.0		18.8
% Treated With Less Respect Than Others	32.4	29.7	26.4	19.3	24.3	26.1	22.8	21.8	24.1	25.1					
% Receive Poorer Treatment at Restaurants/Stores	11.1	11.3	7.4	5.8	1.4	8.1	6.8	2.5	8.5	7.7					
% Treated as Less Intelligent	18.8	18.2	13.4	9.4	6.5	13.9	11.8	4.7	14.5	13.3					
% Threatened or Harassed	5.9	8.3	3.9	3.6	0.6	5.0	4.1	2.4	5.6	4.8					
% Disagree That the Community Welcomes All Races/Ethnicities	16.4	13.9	13.0	10.4	10.9	13.0	8.6	8.1	6.1	11.3					

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Social & Community Context

Goal

Increase social and community support.

- Healthy People 2030

Reflection

Enter your response to the question into the chat box.

What social or community supports do you connect your patients/students to?

Social & Community Context

General Examples

- Children who have a parent or adult they can talk to about serious problems or challenges they face, e.g., bullying.
- Effects of day-to-day discrimination and/or racism, e.g., allostatic load – long-term impacts leading to increased risk of chronic disease.
- Refugee community – challenges with language, discrimination, stress to adjust to new culture/lifestyle
- Youth programming, e.g., Girls, Inc., North Star, Boys & Girls Club

Social & Community Context

COVID-19 Examples

- Social supports cut off due to quarantine or isolation.
- Reducing jail and prison populations during COVID-19 to avoid outbreaks.
- Remote work or school – many people socialize in these environments.
- Religious centers were closed - many of these offered food pantries and fellowship for community members.

Social & Community Context

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

SDOH Interplay

Reflection

Enter your response to the question into the chat box.

What social determinants were at play in the video we just watched and how?

How could you address these determinants in your respective positions?

Infection Prevention and Control: COVID-19 Management and Treatment Updates

Presenter: Dr. Anum Abbas

Project ECHO

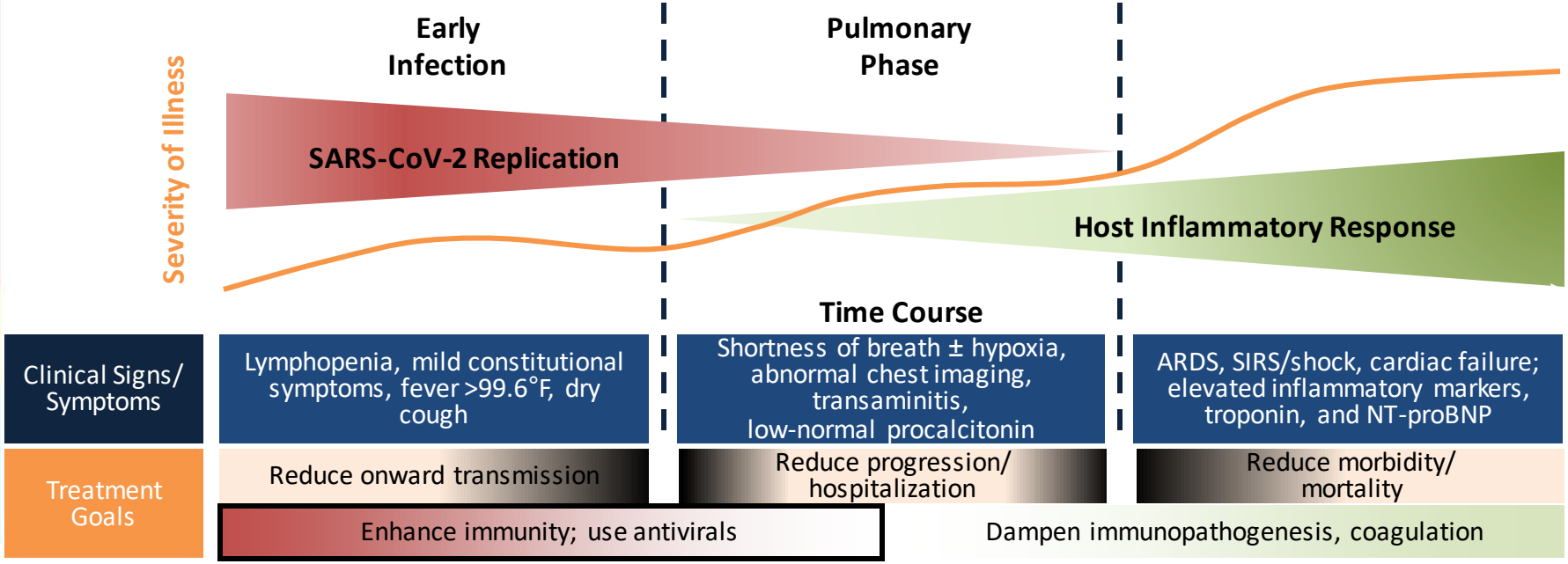
UNMC

Objectives

Describe changes to guidance in COVID-19 management and treatment over the course of the pandemic.

Articulate the research basis for recent changes in COVID-19 management and treatment.

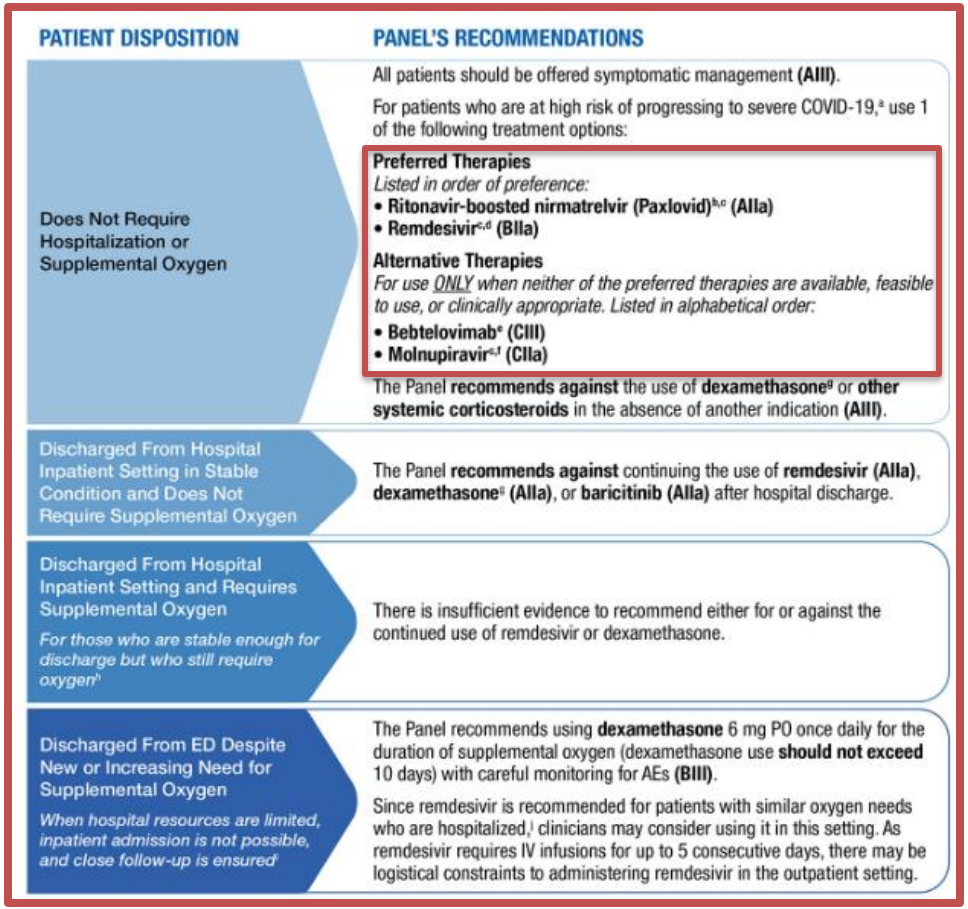
Benefit of Therapeutic Classes Dictated by SARS-CoV-2 Pathogenesis



NIH COVID-19 Treatment Guidelines. Clinical management summary. Last updated December 16, 2021.
Siddiqi. J Heart Lung Transplant. 2020;39:405.

Slide credit: clinicaloptions.com

NIH Guidelines: Therapeutic Management of Nonhospitalized Adults With COVID-19



PATIENT DISPOSITION	PANEL'S RECOMMENDATIONS
Does Not Require Hospitalization or Supplemental Oxygen	All patients should be offered symptomatic management **(AIII)**. For patients who are at high risk of progressing to severe COVID-19,[a] use 1 of the following treatment options: **Preferred Therapies** *Listed in order of preference:* • **Ritonavir-boosted nirmatrelvir (Paxlovid)[b,c] (AIIa)** • **Remdesivir[c,d] (BIIa)** **Alternative Therapies** *For use ONLY when neither of the preferred therapies are available, feasible to use, or clinically appropriate. Listed in alphabetical order:* • **Bebtelovimab[e] (CIII)** • **Molnupiravir[c,f] (CIIa)** The Panel **recommends against** the use of **dexamethasone[g]** or **other systemic corticosteroids** in the absence of another indication **(AIII)**.
Discharged From Hospital Inpatient Setting in Stable Condition and Does Not Require Supplemental Oxygen	The Panel **recommends against** continuing the use of **remdesivir (AIIa)**, **dexamethasone[g] (AIIa)**, or **baricitinib (AIIa)** after hospital discharge.
Discharged From Hospital Inpatient Setting and Requires Supplemental Oxygen *For those who are stable enough for discharge but who still require oxygen[h]*	There is insufficient evidence to recommend either for or against the continued use of remdesivir or dexamethasone.
Discharged From ED Despite New or Increasing Need for Supplemental Oxygen *When hospital resources are limited, inpatient admission is not possible, and close follow-up is ensured*	The Panel recommends using **dexamethasone** 6 mg PO once daily for the duration of supplemental oxygen (dexamethasone use **should not exceed** 10 days) with careful monitoring for AEs **(BIII)**. Since remdesivir is recommended for patients with similar oxygen needs who are hospitalized,[i] clinicians may consider using it in this setting. As remdesivir requires IV infusions for up to 5 consecutive days, there may be logistical constraints to administering remdesivir in the outpatient setting.

https://www.covid19treatmentguidelines.nih.gov/management/clinical-management/nonhospitalized-adults--therapeutic-management/

Debunked Therapies for COVID-19

Hydroxychloroquine

Azithromycin

Ivermectin

Lopinavir-ritonavir

Others!

Outpatient COVID-19 Therapeutic Options

Monoclonal antibodies

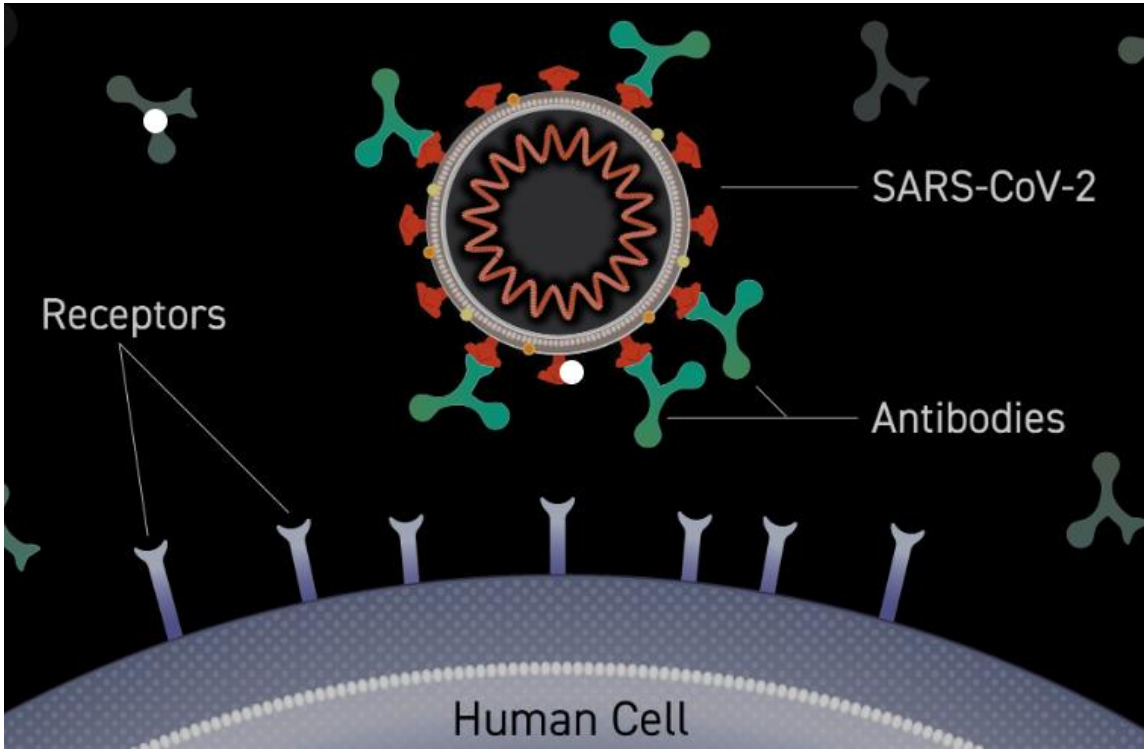
Oral antivirals

-Molnupiravir

-Niramatrelvir/ritonavir (Paxlovid)

Intravenous Remdesivir

Monoclonal Antibodies



mAbs block viral entry into cells by binding spike protein on SARS-CoV-2

Monoclonal Antibody Treatment Indications

- Those with mild-moderate COVID-19 at high risk for progression to severe disease.
- Must be given within 7 days of symptom onset.

Older age (≥ 65 years)
Obesity
Pregnancy
Chronic kidney disease
Diabetes mellitus
Immunosuppression (disease or treatment)
Cardiovascular disease (including congenital heart disease) or hypertension
Chronic lung diseases
Sickle cell disease
Neurodevelopmental disorders
Dependence on a medical related technology (e.g., tracheostomy, gastrostomy)

mAb Therapy Limitations and Warnings

Agents NOT recommended with Omicron and Omicron BA.2

- -Bamlanivimab plus etesevimab
- -Casirivimab plus imdevimab
- -Sotrovimab

Not authorized

- -Hospitalized due to Covid 19
- -New O2 need

Warnings

- -Hypersensitivity reactions can occur
- -Infusion related reactions (<1%)

Slide courtesy:
Dr. Andrew Watkins
Dr. T Van Schooneveld

Current mAb: Bebtelovimab

- Effective against all known variants
- Single IV infusion over 30 seconds
- Observation for 1 hour after injection
- Within 7 days of symptom onset
- Limited clinical data so not preferred

Remdesivir

-Nucleotide analogue that inhibits SARS-CoV-2 RNA polymerase

-Approved by FDA October 2020 for therapy

-Several inpatient trials

- -ACTT-1
- -DisCoVeRy
- -WHO Solidarity
- -GS-US-5774

Remdesivir

Outpatient trial data: PINETREE Study

- Double-blind trial of early short course remdesivir (3 days) vs placebo

- Inclusion: Unvaccinated patients
  - Over 60 without risk factors
  - Over 12 with 1 risk factor
  - Symptom onset within 7 days
  - ≤ 4 days from positive PCR test

- Exclusion:
  - O2 requirements
  - Previously hospitalized or treated for Covid-19

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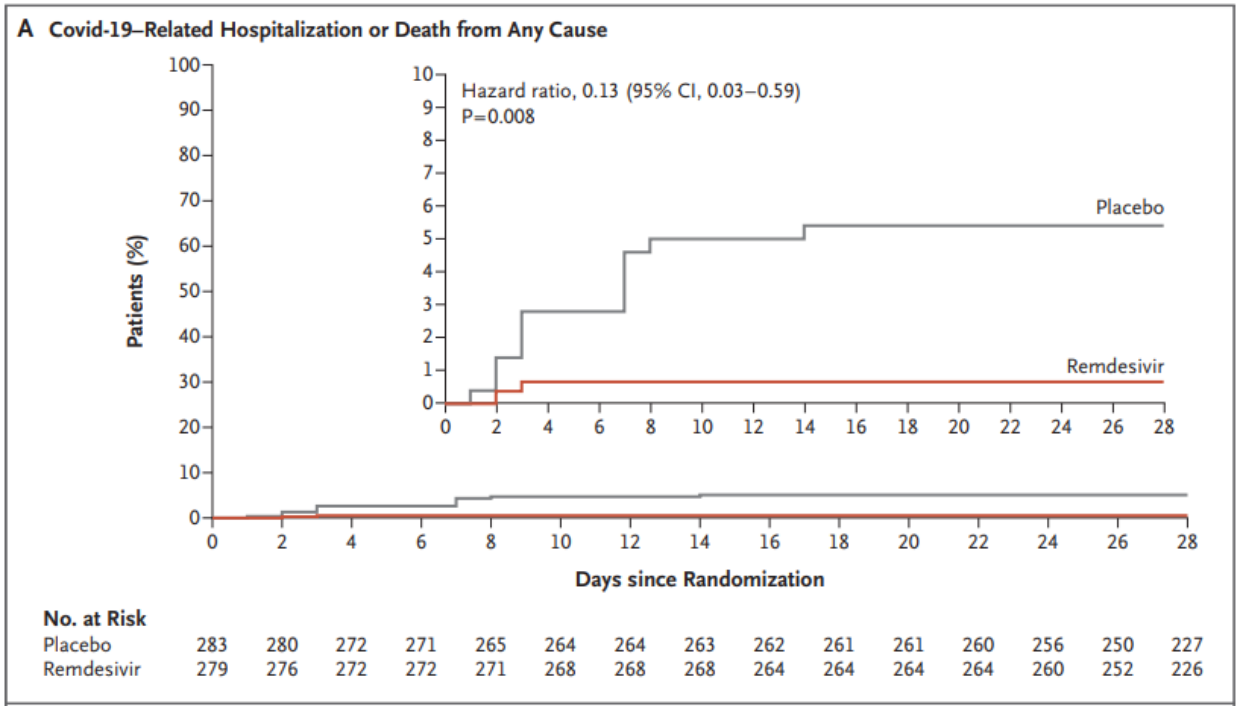
Gottlieb RL, et al. NEJM. 2022.

Remdesivir: PINETREE Study



Primary Outcome: Hospitalization due to COVID/death due to any cause

Remdesivir 0.7% vs Placebo 5.3% (95% CI 0.03-0.59; p=0.008)

Gottlieb RL, et al. NEJM. 2022

Remdesivir

Inpatient 200mg IV once, then 100mg IV daily X 4 days
- 5 days is equivalent to 10 days in most patients

Outpatient 200mg IV once, then 100mg IV daily X 2 days

Adverse effects rare
- Nausea, increased PT without increased INR, rare hypersensitivity reactions
- Elevations in LFTs
- Can often continue (stop if 10X normal or 5X normal with symptoms)

No renal adjustments or drug-drug interactions

Should not be withheld in pregnancy if indicated

Slide courtesy:
Dr. Andrew Watkins
Dr. T Van Schooneveld

Molnupiravir

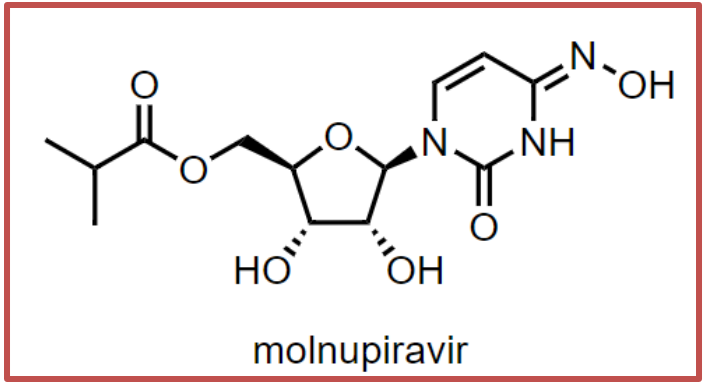
-Nucleoside analalogue which introduces mutations in SARS-CoV-2 DNA.

-EUA for treatment of adults with mild-moderate COVID-19 at high risk for progession to severe disease

- -Not preferred therapy
- -Within 5 days of symptom onset
- -Positive COVID-19 test

-Not recommended in:

- -Pregnancy or breast feeding
- -Hospitalized with COVID-19
- -<18 years of age



molnupiravir

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 FEBRUARY 10, 2022 VOL. 386 NO. 6

Molnupiravir for Oral Treatment of Covid-19 in Nonhospitalized Patients

A. Jayk Bernal, M.M. Gomes da Silva, D.B. Musungaie, E. Kovalchuk, A. Gonzalez, V. Delos Reyes, A. Martín-Quirós, Y. Caraco, A. Williams-Diaz, M.L. Brown, J. Du, A. Pedley, C. Assaid, J. Strizki, J.A. Grobler, H.H. Shamsuddin, R. Tipping, H. Wan, A. Paschke, J.R. Butterton, M.G. Johnson, and C. De Anda, for the MOVe-OUT Study Group*

-Double blind randomized controlled trial among unvaccinated adults with COVID 19.

-Positive test, symptom onset within 5 days

-At least 1 risk factor for severe disease

-Delta most common variant

Molnupiravir

-Reduced risk of hospitalization and death but did not achieve statistical significance (6.8% vs 9.7% in placebo)

-Mortality (10 deaths among trial participants)

- -1/709 (0.1%) Molnupiravir
- -9/699 (1.3%) Placebo

-No difference in adverse effects between two groups

Molnupiravir

Dosed 800mg PO BID X 5 days

- No renal or hepatic dose adjustments
- No medication interactions
- With or without food

Avoid in breast feeding (and for 4 days after)

Avoid in pregnancy (potential fetal harm)

Contraception recommended

- Women for 4 days after
- Men for 3 months after (no data but theoretical transmission mutated germ cells)

Slide courtesy:
Dr. Andrew Watkins
Dr. T Van Schooneveld

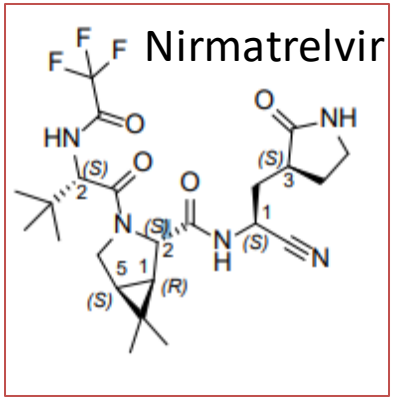
Paxlovid (Nirmatrelvir/Ritonavir)

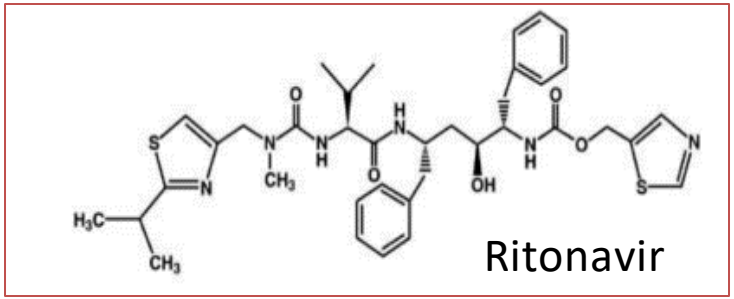
-Nirmatrelvir/ritonavir is a combination of oral protease inhibitors

-Ritonavir CYP3A inhibitor and increases levels of Nirmatrelvir

-EUA for treatment of mild-moderate COVID-19 infection in persons 12+ at high risk of progression to severe disease

-Within 5 days of symptom onset
-Positive COVID-19 test

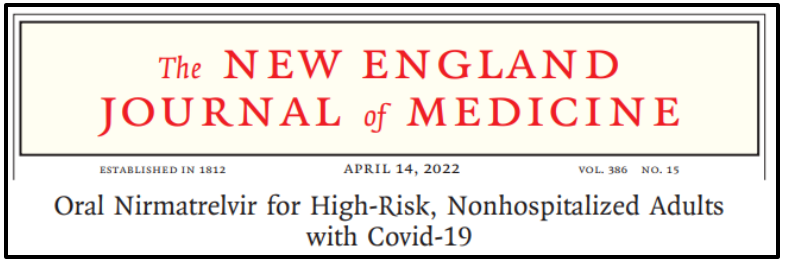




EPIC-HR Study

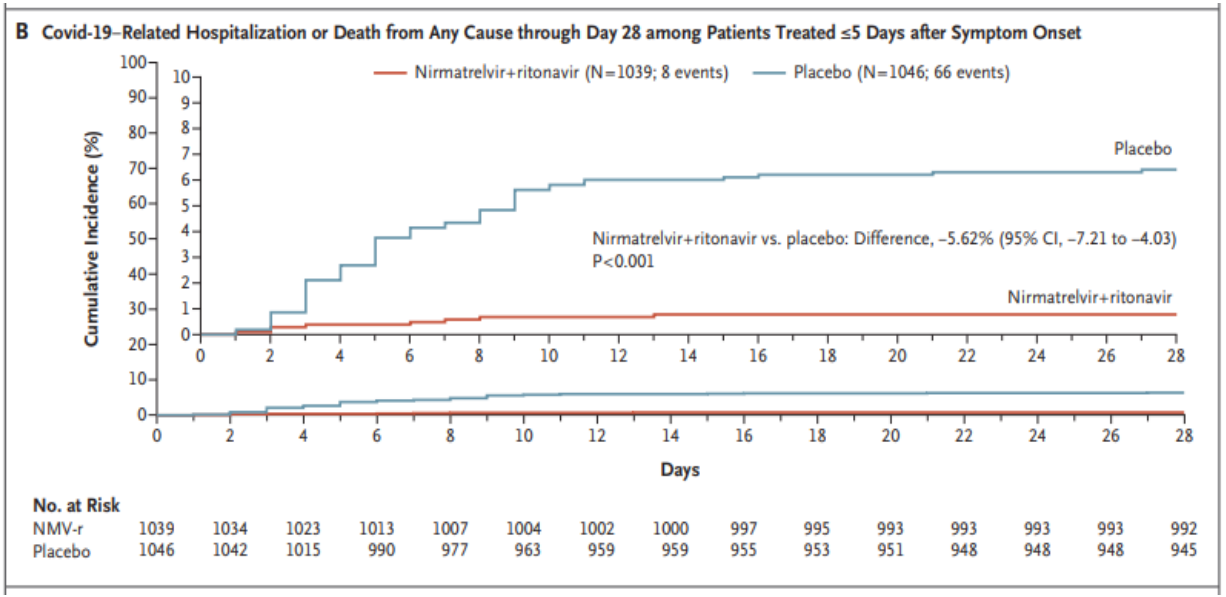
-Phase 2-3 double-blind, randomized, controlled trial among unvaccinated outpatient adults

-Niramatrelvir/ritonavir BID x 5 days vs placebo BID x 5 days



Hammond, et al. NEJM. 2022

EPIC-HR Outcomes



COVID-19 hospitalization or death at D28:

Paxlovid 8 (0.8%) vs 66 (6.3%) in placebo

88% RRR (95% CI 75%-94%)

-Decreased SARS-CoV-2 viral load at day 5, 10-fold
-Similar adverse drug reactions (dysgeusia, diarrhea, HTN)

Hammond, et al. NEJM. 2022

Drug Interactions with Paxlovid

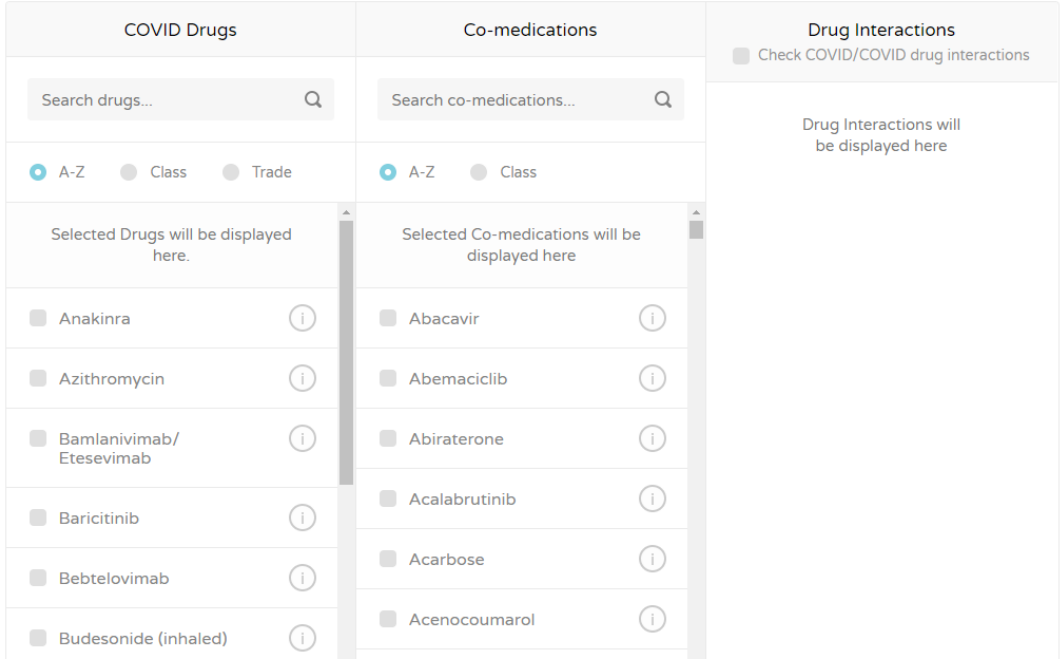
Prescribe an Alternative COVID-19 Therapy For cases where drug-drug interaction management strategies are not possible or feasible, or the potential risks of such strategies outweigh the potential benefits.		
Amiodarone	Flecainide	Propafenone
Apalutamide	Glecaprevir/pibrentasvir	Quinidine
Bosentan	Ivabradine	Rifampin
Carbamazepine	Lumacaftor/ivacaftor	Rifapentine
Clopidogrel[a]	Lumateperone	Sildenafil for PH
Clozapine	Lurasidone	St. John's wort
Disopyramide	Meperidine (pethidine)	Tadalafil for PH
Dofetilide	Midazolam (oral)	Tolvaptan
Dronedarone	Phenobarbital	Vardenafil for PH
Enzalutamide	Phenytoin	Voclosporin
Eplerenone	Pimozide	
Ergot derivatives	Primidone	

-Serious drug interactions can occur with ritonavir use (CCYP3A inhibitor)

-May need to hold, alternate or closely monitor certain concomitant meds

UNIVERSITY OF LIVERPOOL

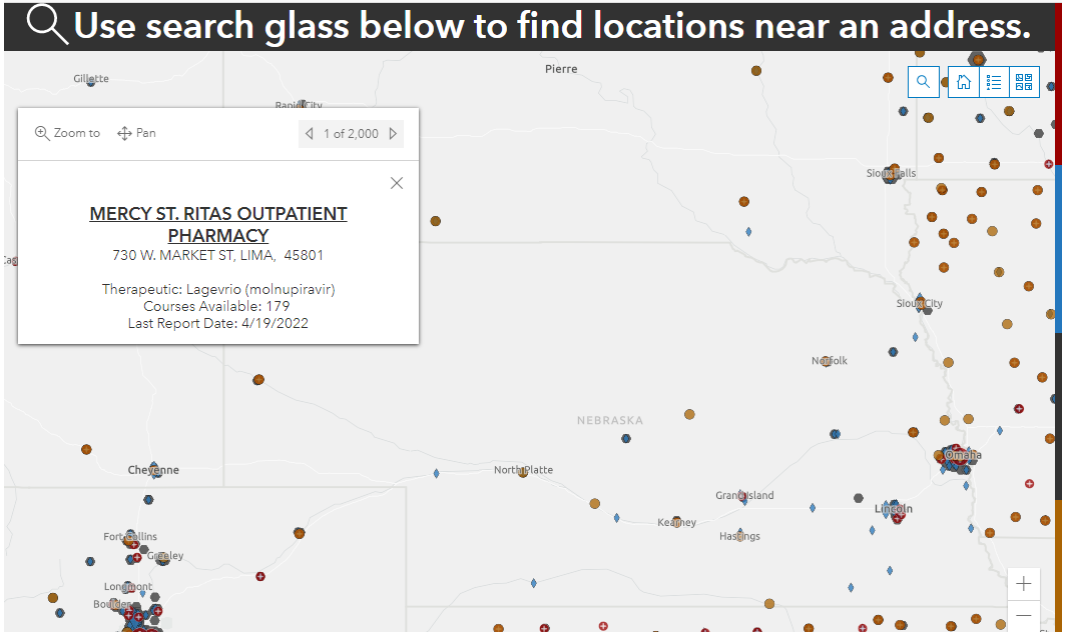
https://www.covid19-druginteractions.org/



Project ECHO

COVID Therapeutics Locator

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



Summary

- Several treatment options for COVID-19 management in the outpatient setting.

- Therapies in order of preference:
  - Paxlovid
  - Remdesivir
  - mAb
  - Molnupiravir

- Supply of therapeutics is increasing and online tools to assist with locators of treatments and drug interactions.

Discussion

Common Questions

Reflect on the updates you heard on therapies earlier in the session.

What questions about therapeutics do you hear most frequently from your community?

Exercise: SDOH

Reflect on the updates you heard on therapies earlier in the session.

What social determinants of health might impact your communities' questions or willingness to accept therapies?

Communications

Reflect on the updates you heard on therapies earlier in the session.

How can you use your networks to share information on COVID-19 therapies in your community?

Interventions

Reflect on the updates you heard on therapies earlier in the session.

What changes could you make in your facility to improve acceptance of therapeutics?

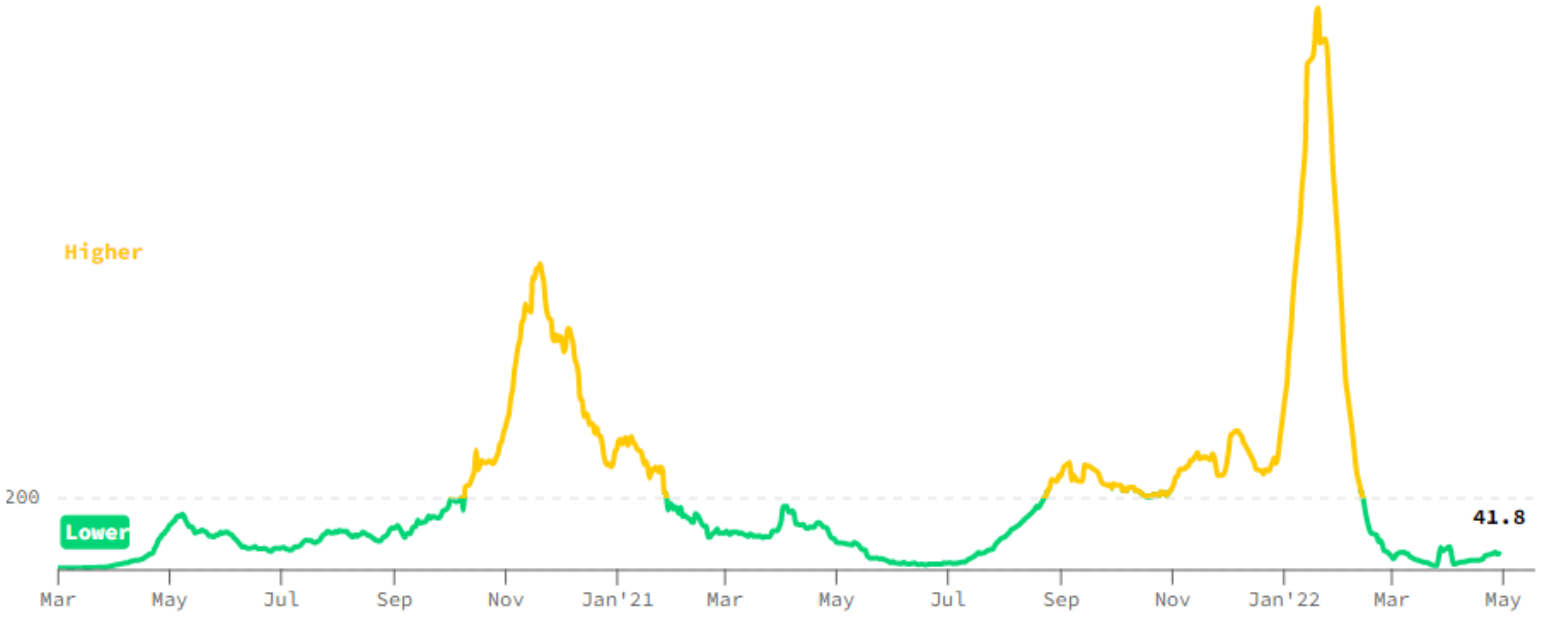
Current State of COVID-19 in Nebraska

Project ECHO®

UNMC

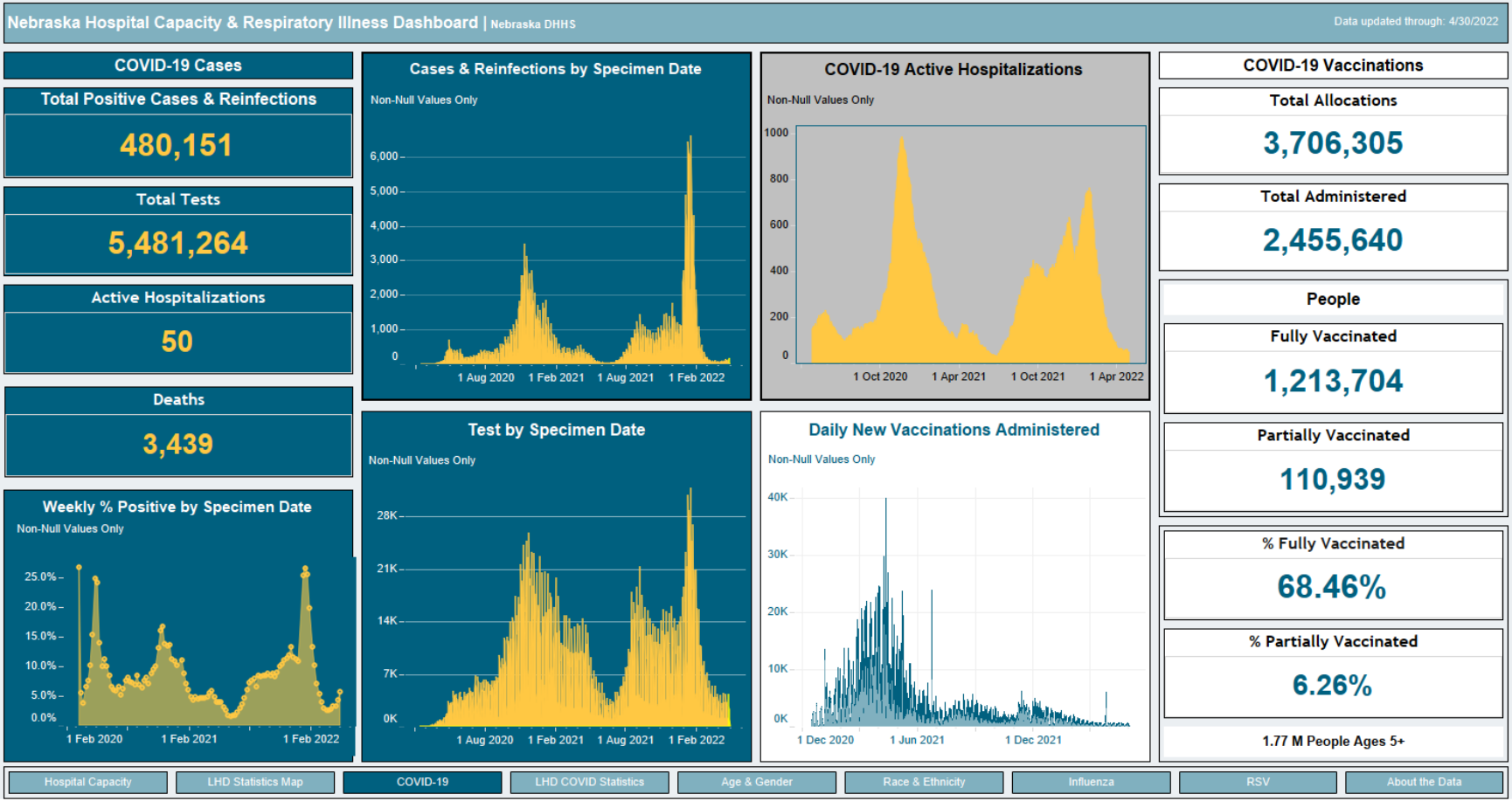
NE COVID-19 Updates

WEEKLY NEW REPORTED CASES	WEEKLY COVID ADMISSIONS	PATIENTS W/ COVID
41.8 PER 100K	2.1 PER 100K	1.0% OF ALL BEDS

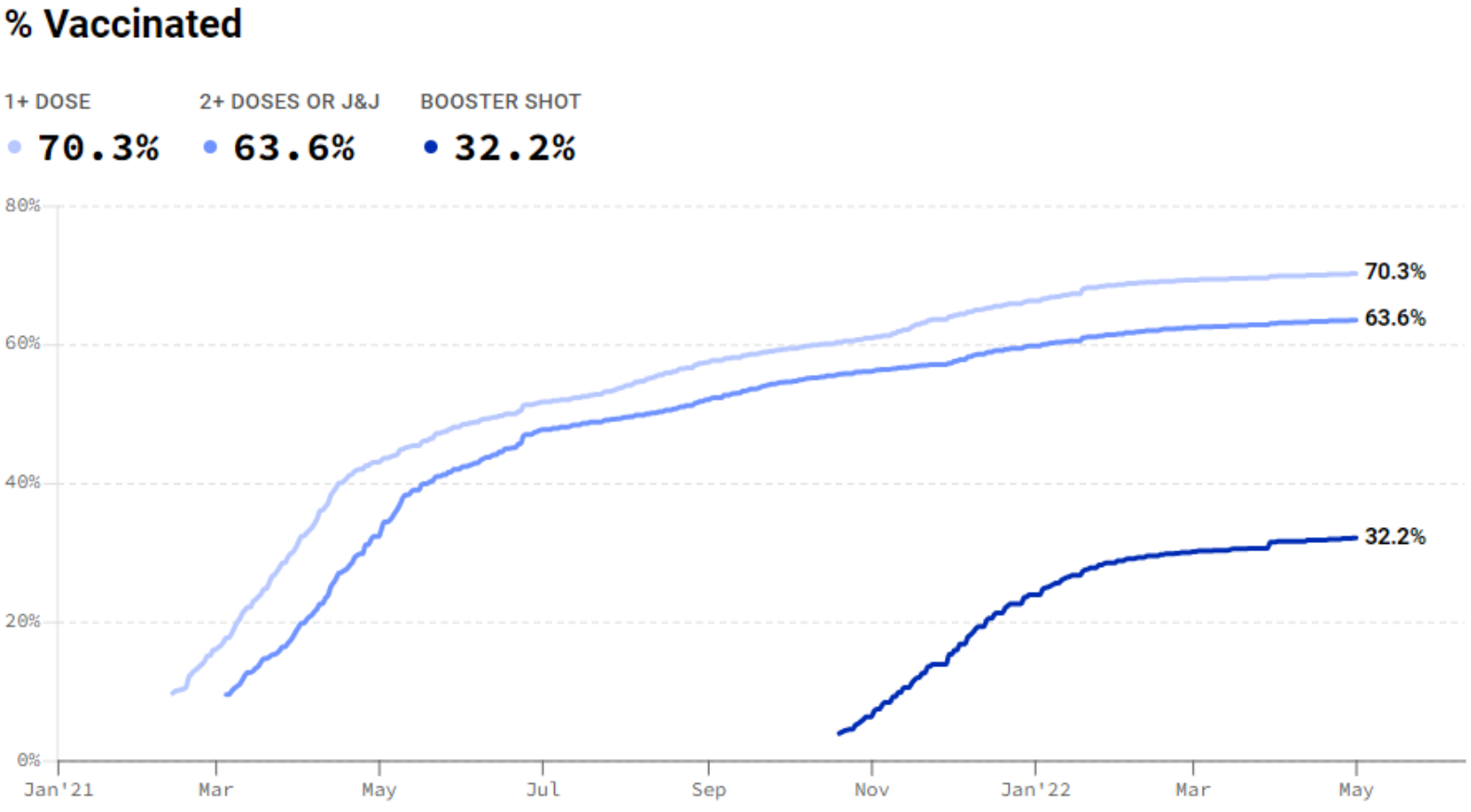


https://covidactnow.org/us/nebraska-ne/?s=33202135

NE COVID-19 Updates



COVID-19 NE Updates



https://covidactnow.org/us/nebraska-ne/?s=33202135

Nebraska COVID-19 Statistics

Week	Daily New Cases/ 100K	Infection Rate	Positive Test Rate	Number of Hospitalizations	ICU Capacity Used	*Vaccinated 1+
11/01/21	29.6	1.03	12.8%	413	80%	61%
11/15/21	44.0	1.15	14.8%	455	86%	62%
12/1/21	38.1	0.94	17.6%	545	80%	64%
12/15/21	47.4	1.01	16.2%	637	85%	65%
1/5/22	89.7	1.30	25.1%	532	84%	66.7%
1/19/22	209.6	1.33	35.4%	643	82%	67%
1/31/22	165	1.02	34.5%	754	92%	69%
2/16/22	26.7	0.41	15.6%	459	79%	69%
2/28/22	7.1	0.39	9.5%	279	72%	69%
3/16/22	4.8	0.73	6.0%	152	66%	69%
4/6/22	5.6	1.11	3.5%	65	71%	70%
4/20/22	3.2			54	67%	70%

*Percent of the entire state population vaccinated, regardless of eligibility/age.

https://covidactnow.org/us/nebraska-ne/?s=24951410
https://datanexus-dhhs.ne.gov/views/Covid/1_DailyCharts?%3AisGuestRedirectFromVizportal=y&%3Aembed=y

Nebraska COVID-19 Statistics

Week	Weekly Cases/ 100K	Weekly Admits	Number of Hospitalizations	Hospitalizations with COVID	Vaccinated[1] 1+	Fully Vaccinated[2]
4/20/22	22.2	2.5	54	1%	70%	68.3%
5/4/22	41.8	2.1	50	1%	70%	68.5%

[1]Percent of the entire state population vaccinated, regardless of eligibility/age. [2]If eligible (5y+) per NE DHHS.

https://covidactnow.org/us/nebraska-ne/?s=24951410
https://datanexus-dhhs.ne.gov/views/Covid/1_DailyCharts?%3AisGuestRedirectFromVizportal=y&%3Aembed=y

POLL

Wrap-Up

1. You will receive today's presentation, in addition to a one-page key-takeaways document and next session's agenda through email.

2. Next session will be on **May 18th** on:

- ***Cultural Sensitivity: Communications Across Cultures***
- ***Infection Prevention and Control: Long-term Complications of COVID-19 Infection(Part 2)***

Poll Results

Thank You!