Idaho Hospital Association

COVID-19 Report to Members ~ March 8, 2021

Reports are sent on Mondays and Thursdays, unless there's breaking news.

Reimbursement & Policy

Updated guidance for vaccinated individuals

Today, the CDC **updated guidance** for those fully vaccinated to include how they should interact with others. To be fully vaccinated, it must be at least two weeks since the final dose of Pfizer or Moderna or two weeks after the Johnson & Johnson vaccine.

This new guidance states that those who are fully vaccinated can:

- gather indoors with other fully vaccinated people without wearing a mask, and
- gather indoors with unvaccinated people from one other household without masks, unless any of those people or anyone they live with has an increased risk for severe illness.

After the final vaccination and two-week waiting period, individuals who have been around someone who tests positive do not need to stay away from others or get tested unless symptoms occur. However, those in group or congregational settings are still encouraged to quarantine for 14 days and get tested even without symptoms if they are exposed.

As of Friday, over 156,000 Idahoans have received either both of their doses or the single dose Johnson & Johnson vaccine. An additional 121,226 are awaiting their second dose. Today, state officials reported that more than 30,000 people have signed up on the state's vaccine registration site. Some health districts have been able to move to priority group 2.3 ahead of the March 15 target set by the Governor.

Senate passes relief bill

On Saturday, the next relief package – the American Rescue Plan Act of 2021 – moved another step closer to being enacted. Due to some changes made by the Senate, the modified version will have to be voted on once again by the House, where it is expected to pass without additional changes. From there the $1.9 trillion bill goes to President Biden for his signature.

While much of the news has focused on what this bill will do for individuals, there are many provisions impacting healthcare and hospitals, including $8.5 billion to help rural healthcare providers with expenses and lost revenue. For details on how this relief bill could impact hospitals, see the **AHA's Special Bulletin**.

Resources & Equipment

Body Mass Index and COVID-19

In their MMWR Early Release article published today, ***Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death***, Kompaniyets and colleagues at CDC analyzed data from the Premier Healthcare Database Special COVID-19 Release (PHD-SR) on 148,494 adults from 238 U.S. hospitals who received a COVID-19 diagnosis during an emergency department or inpatient visit.

Obesity (body mass index ≥30 kg/m^2) is a risk factor for severe COVID-19 and is considered to be a high-risk medical condition for COVID-19 vaccine prioritization by the Advisory Committee on Immunization Practices (ACIP). The author stratified BMI into 7 categories, 4 of which were gradations of obesity. 50.8% of persons included in the study had obesity. Adjusting for age, sex, race/ethnicity, payer, hospital urbanicity, census region, and admission month, obesity was a risk factor for both hospitalization and death, exhibiting a dose-response relationship with increasing BMI category.

Compared to those with a healthy weight (18.5–24.9 kg/m^2), patients with a BMI ≥45 kg/m^2 (severe obesity) were 1.6 times more likely to be hospitalized, 1.16 times more likely to be admitted to ICU, and 2.1 times more likely to require invasive mechanical ventilation. Among persons aged <65, the risk of death was twice as high for the highest obesity category compared to healthy weight. Compared to those with a healthy weight, patients who were underweight (<18.5 kg/m^2) had 1.2 times higher risk for hospitalization, 1.03 times higher risk for ICU admission, and 1.1 times higher risk of death, making a J-shaped relationship between BMI and the 3 outcomes.

This study was consistent with prior studies in terms of finding increased risk of severe COVID-19 among persons with obesity and added information about the dose-response relationship between BMI and hospitalization, ICU admission, invasive mechanical ventilation, and death. The findings suggest that increasingly intensive management of obese patients with COVID-19 may be warranted, based on higher BMI. The study was limited by only including patients who received care at a hospital.

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