



COVID-19 Report to Members ~ December 28, 2021

Reports are sent on Tuesdays, unless there's breaking news.

Sending hope and gratitude for 2022

As strains of Auld Lang Syne and lists of the top this or that begin to inundate us, most begin to reflect on the year that was and anticipate (not always optimistically) the year to come.

Surprisingly, when looking back to an extraordinary, troubling, challenging, and sometimes shocking year, your team at IHA isn't dismayed. Despite all that COVID threw at you, you rose to the challenge again and again. You stood tall when others tried to push you down. You went above and beyond to care not only for patients but each other. In a time that demanded more than you thought you had to give, you gave more.

For those of us supporting you, seeing you in action was an inspiration – sometimes heartbreaking and often frustrating – but an inspiration, nonetheless. You banded together to care for patients, often finding solutions that were unheard of a year ago. You supported each other and didn't waver on your commitments to your communities.

It has never been more apparent what an honor it is to represent you. When we look back at the year, you are the shining light during some very dark times and we're confident that your light will continue to shine in to 2022 and beyond.

On behalf of all of us at IHA, thank you for showing what it means to care and for your heroic efforts on behalf of every Idahoan.

Reimbursement & Policy

Updated guidance for healthcare workers

The CDC has issued [updated quarantine and isolation guidance](#) for healthcare workers based not only on vaccination status but also on the staffing status of the hospital.

With another surge expected due to the spread of Omicron, the new guidance will allow infected or exposed healthcare workers to return to work sooner if their hospital is in contingency or crisis mode. The guidelines allow infected healthcare worker to return to work after seven days if they are asymptomatic and test negative. That time may be reduced if there are staffing shortages.

The updated model takes into account vaccination status, exposure level, illness severity, and the hospital's operation status. Additional details can be found [here](#).

Resources & Information

Oral antiviral treatments authorized

Last week, the FDA authorized two oral antivirals to treat COVID in patients with mild to moderate symptoms and who are at high risk for severe illness.

Pfizer's [Paxlovid](#) is authorized for those 12 years of age and older, while Merck's [molnupiravir](#) is for adults only. Both are available by prescription and should be initiated as soon as possible after diagnosis and within five days of symptom onset.

Changes in monoclonal antibody therapy distribution

HHS and the FDA [announced last week](#) that allocations of some monoclonal antibody therapies are being paused.

The therapies – bamlanivimab and etesevimab combined, etesevimab, and REGEN-COV – have not been shown to be effective against the Omicron variant. However, based on the currently available data, sotrovimab appears to be effective against Omicron. Production and delivery of sotrovimab continues, with 300,000 doses expected in January.

Updated Provider Fact Sheets have been published with specific information ([bamlanivimab](#), [etesevimab](#) and [REGEN-COV](#)). Updates are expected as the CDC and NIH continue to research Omicron and the other variants and how they interact with the monoclonal antibody therapies.

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