Idaho Hospital Association

COVID-19 Report to Members ~ January 11, 2022

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

Reimbursement & Policy

HHS revises hospital COVID-19 data reporting

Last week, HHS updated the **hospital reporting requirements** for hospitals (changes noted beginning on p. 26). While some new elements were added, including therapeutic and pediatric data, overall, it is a reduction in the number of data points hospitals are required to report.

New required data elements include:

- Weekly reporting on Sotrovimab antibody therapeutic treatments on hand and the number administered over the last week will be required beginning January 19.
- For pediatric data, daily reporting will begin February 2 and include several data points regarding total pediatric beds, occupancy, hospitalizations, and admissions by age group.
- Three additional fields regarding influenza have also been added with daily reporting required beginning February 2.

For hospitals reporting through the state's IRTS site, the tabs are expected to be updated over the weekend. **This sheet** shows both the required data elements as well as those that will be inactive once the updates are complete.

HHS is holding short webinars over the next week to discuss the changes as well as answer questions from participants. **Registration** is required.

The everchanging landscape – therapeutic updates

Much has changed with the emergence of Omicron, which may be three times as contagious as prior strains. To respond to this shifting landscape and provide hospitals with critical information for patient care, today AHA **released a bulletin** with a particular focus on the availability and efficacy of therapeutics for patients at risk for severe outcomes.

The bulletin describes how available data indicate that Sotrovimab is currently the only monoclonal antibody that is effective against Omicron, and consequently that it is in very limited supply. Furthermore, during today's press briefing, IDHW representatives stressed that patients who receive either bamlanivimab/etesevimab or casirivimab/imdevimab should be counseled that if they are infected with the Omicron strain that the therapies may potentially be less effective.

Paxlovid and Molnupiravir also appear to be effective against this variant and are available in limited supply under recently issued EUAs. Preventive options for the small proportion of the population at risk of severe COVID-19 but unable to be vaccinated are available via Evusheld. This therapy is intended to be administered prophylactically for those uninfected and not exposed.

Remdesivir remains an effective option for those in the early stages of COVID-19 illness, and supplies remain relatively robust. Hospitals and other transfusion sites can order it commercially.

The bulletin also provides resources on how providers might prioritize patients in the context of limited therapeutic options.

Click to get our COVID-19 Updates