



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**This is an official
MS Health Alert Network (HAN) Alert**

MESSAGE ID: MSHAN-20211228-00548-ALT (Health Alert)

RECIPIENTS: All Physicians, Hospitals, ERs, ICPs, NPs, and
Healthcare Providers – Statewide

Tuesday, December 28, 2021

SUBJECT: General COVID-19 Update—5th Wave: Omicron
Variant, Monoclonal Antibodies and Antivirals, and
Updated Isolation and Quarantine Guidelines

Dear Colleagues,

Background

- The number of cases, hospitalizations, and outbreaks due to COVID-19 in Mississippi has rapidly increased over the last week (see [Charts and Maps - Mississippi State Department of Health \(ms.gov\)](https://www.ms.gov/health/alerts) for complete data).
 - For the week of 12/21-12/27, 8,344 new COVID-19 cases occurred, representing an 80% increase in the number of COVID-19 cases compared to the previous week.
 - Hospitalizations have increased at a very rapid rate as well, with 400 total admissions for COVID-19 reported on 12/27/2021, compared to just 239 on 12/24/2021.
 - Outbreaks in nursing home settings have almost doubled in the last week, up to 63 total outbreaks on 12/27/2021.
 - There is an increased demand for testing in the last week as well and the percent positivity has increased to approximately 11% statewide.
 - Mississippi is currently experiencing High Levels of Community Transmission in all parts of the state. See the [CDC COVID Data Tracker](https://www.cdc.gov/covid19/data-tracker) for transmission information.
 - All these indicators point to very rapid growth of COVID-19 infection and transmission and indicate that we have now entered our 5th wave of COVID-19 in the state.
- A growing proportion of cases due to the Omicron variant are being identified through virologic surveillance. For the week ending December 25, 2021, the Omicron variant accounted for approximately 13% of all samples sequenced in the state, up from approximately 8% in the previous week. This likely represents an underestimate of the impact of Omicron on the state, with samples collected in the last two weeks still pending sequencing.
- The Omicron variant is significantly more infectious than the Delta variant, potentially 50% more, and we anticipate this variant will become the predominant strain in Mississippi in the coming days to weeks.
- Prior infection or vaccination may not protect against developing symptomatic infection, however growing evidence indicates that vaccination, especially booster doses, can prevent severe illness, hospitalizations, and deaths.



Therapeutics

Monoclonal Antibodies

- The recent allocation of monoclonal antibodies from Federal supplies has been significantly curtailed, with only a very limited number of doses of the Regen-COV (132 doses), Bamlanivimab/Etesevimab (110 doses) and Sotrovimab (126 doses) provided to the state.
- The Regen-COV and Bamlanivimab/Etesevimab products are not effective against the Omicron variant, and further allocations of Federal supplies to the states have been paused.
- Sotrovimab retains activity and is still effective against the Omicron variant, but the supply is extremely limited.
- MSDH is actively working to obtain additional allocations of monoclonals from Federal supplies, including Regen-COV.
- MSDH is distributing the very limited supply of monoclonals available to hospital Centers of Excellence in the state and **recommends continued utilization of all three monoclonals while we continue to detect the Delta variant in the state. This recommendation may change as more sequencing data becomes available.**
- With the limited supply of monoclonals, providers should consider prioritizing individuals 65 and older or severely immunocompromised individuals for monoclonal administration. See EUA
 - [Regeneron EUA HCP Fact Sheet 12222021 \(fda.gov\)](#)
 - [GSK Sotrovimab Fact Sheet for HCP 12222021 \(fda.gov\)](#)
 - [Fact Sheet For Health Care Providers Emergency Use Authorization \(Eua\) Of Bamlanivimab And Etesevimab 12222021 \(fda.gov\)](#)

Antivirals

- Mississippi will receive a very limited supply of oral antivirals for the outpatient treatment of COVID-19: Molnupiravir and Paxlovid.
- We anticipate additional allocations of these antivirals to the state in mid-January, but currently only <3,000 doses have been allocated to Mississippi to date.
- Molnupiravir has demonstrated a 30% reduction in severe illness, while Paxlovid has demonstrated an 89% reduction in severe illness.
- Both are indicated for use in the outpatient setting and should be started within 5 days of symptom onset.
- The limited supply of these oral antivirals will be distributed later this week to hospital Centers of Excellence and Federally Qualified Health Centers that have agreed to dispense these medications to high-risk patients (≥ 65 years or severe immunocompromised).
- See:
 - [FACT SHEET FOR HEALTHCARE PROVIDERS: EMERGENCY USE AUTHORIZATION FOR PAXLOVID \(fda.gov\)](#)
 - [FACT SHEET FOR HEALTHCARE PROVIDERS: EMERGENCY USE AUTHORIZATION FOR MOLNUPIRAVIR \(fda.gov\)](#)



Evusheld Monoclonal Antibodies

- Evusheld is a combination product of two long-acting monoclonal antibodies that can be used for pre-exposure prophylaxis in persons 12 years of age or older who are moderately to severely immunocompromised or are not recommended to receive COVID-19 vaccination due to a history of a vaccine contraindication ([Evusheld Healthcare Providers FS 12202021 \(fda.gov\)](https://www.fda.gov/oc/2021/12/evusheld-healthcare-providers-fs-12202021)).
- To date, Mississippi has only been allocated 888 doses.
- MSDH is distributing this limited supply to Cancer Treatment Centers and Transplant Centers in the state for prioritization for severely immunocompromised individuals seen in these settings who are unlikely to mount an adequate immune response to vaccination.

Updated Recommendations for Healthcare Personnel Work Restrictions and Isolation and Quarantine

Healthcare Personnel Work Restrictions

- The Centers for Disease Control and Prevention (CDC) has provided updated Guidance for Managing Healthcare Personnel with COVID-19 Infection or Exposure (see summary below).

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).


Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test [†] , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 [‡] and 5-7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5-7	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work
[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

 [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

- MSDH is recommending healthcare facilities and providers in the state adhere to the updated guidance (see [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 | CDC](https://www.cdc.gov/media/releases/2021/s1215-covid-19-healthcare-personnel.html)) for the full guidance).
- Please be aware that MSDH recommends that exposed healthcare workers may continue to work if deemed essential, remain asymptomatic and wear a mask while at work during the quarantine period.



Shortened Isolation and Quarantine Period

- CDC has provided updated guidance for a shortened isolation period when infected, and a shortened quarantine period when exposed (see summary below).

If You Test Positive for COVID-19 (Isolate)

Everyone, regardless of vaccination status.

- Stay home for 5 days.
- If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
- Continue to wear a mask around others for 5 additional days.

If you have a fever, continue to stay home until your fever resolves.

If You Were Exposed to Someone with COVID-19 (Quarantine)

If you:

Have been boosted

OR

Completed the primary series of Pfizer or Moderna vaccine within the last 6 months

OR

Completed the primary series of J&J vaccine within the last 2 months

- Wear a mask around others for 10 days.
- Test on day 5, if possible.

If you develop symptoms get a test and stay home.

If you:

Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted

OR

Completed the primary series of J&J over 2 months ago and are not boosted

OR

Are unvaccinated

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If you can't quarantine you must wear a mask for 10 days.
- Test on day 5 if possible.

If you develop symptoms get a test and stay home

- MSDH will be updating any state specific guidance to align with the most current CDC guidance but recommends the public and providers adhere to the newest updated guidance.

See [CDC Updates and Shortens Recommended Isolation and Quarantine Period for General Population | CDC Online Newsroom | CDC](#)

Regards,

Paul Byers, MD
State Epidemiologist



Alerting Message Specification Settings

Originating Agency: Mississippi State Department of Health
Alerting Program: MS Health Alert Network (MS HAN)
Message Identifier: MSHAN-20211228-00548-ALT
Program (HAN) Type: Health Alert
Status (Type): Actual ()
Message Type: Alert
Reference: MSHAN-00548
Severity: Unknown
Acknowledgement: No
Sensitive: Not Sensitive
Message Expiration: Undetermined
Urgency: Undetermined
Delivery Time: 600 minutes

Definition of Alerting Vocabulary and Message Specification Settings

Originating Agency: A unique identifier for the agency originating the alert.

Alerting Program: The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

Message Identifier: A unique alert identifier that is generated upon alert activation (MSHAN-yyymmdd-hhmm-TTT (**ALT=Health Alert**, **ADV=Health Advisory**, **UPD=Health Update**, **MSG/INFO=Message/Info Service**)).

Program (HAN) Type: Categories of Health Alert Messages.

Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Health Info Service: Provides Message / Notification of general public health information; unlikely to require immediate action.

Status (Type):

- Actual: Communication or alert refers to a live event
- Exercise: Designated recipients must respond to the communication or alert
- Test: Communication or alert is related to a technical, system test and should be disregarded

Message Type:

- Alert: Indicates an original Alert
- Update: Indicates prior alert has been Updated and/or superseded
- Cancel: Indicates prior alert has been cancelled



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Error: Indicates prior alert has been retracted

Reference: For a communication or alert with a Message Type of “Update” or “Cancel”, this attribute contains the unique Message Identifier of the original communication or alert being updated or cancelled. “n/a” = Not Applicable.

Severity:

Extreme: Extraordinary threat to life or property
Severe: Significant threat to life or property
Moderate: Possible threat to life or property
Minor: Minimal threat to life or property
Unknown: Unknown threat to life or property

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required (Yes or No).

Sensitive:

Sensitive: Indicates the alert contains sensitive content
Not Sensitive: Indicates non-sensitive content

Message Expiration: Undetermined.

Urgency: Undetermined. Responsive action should be taken immediately.

Delivery Time: Indicates the timeframe for delivery of the alert (15, 60, 1440, 4320 minutes (.25, 1, 24, 72 hours)).