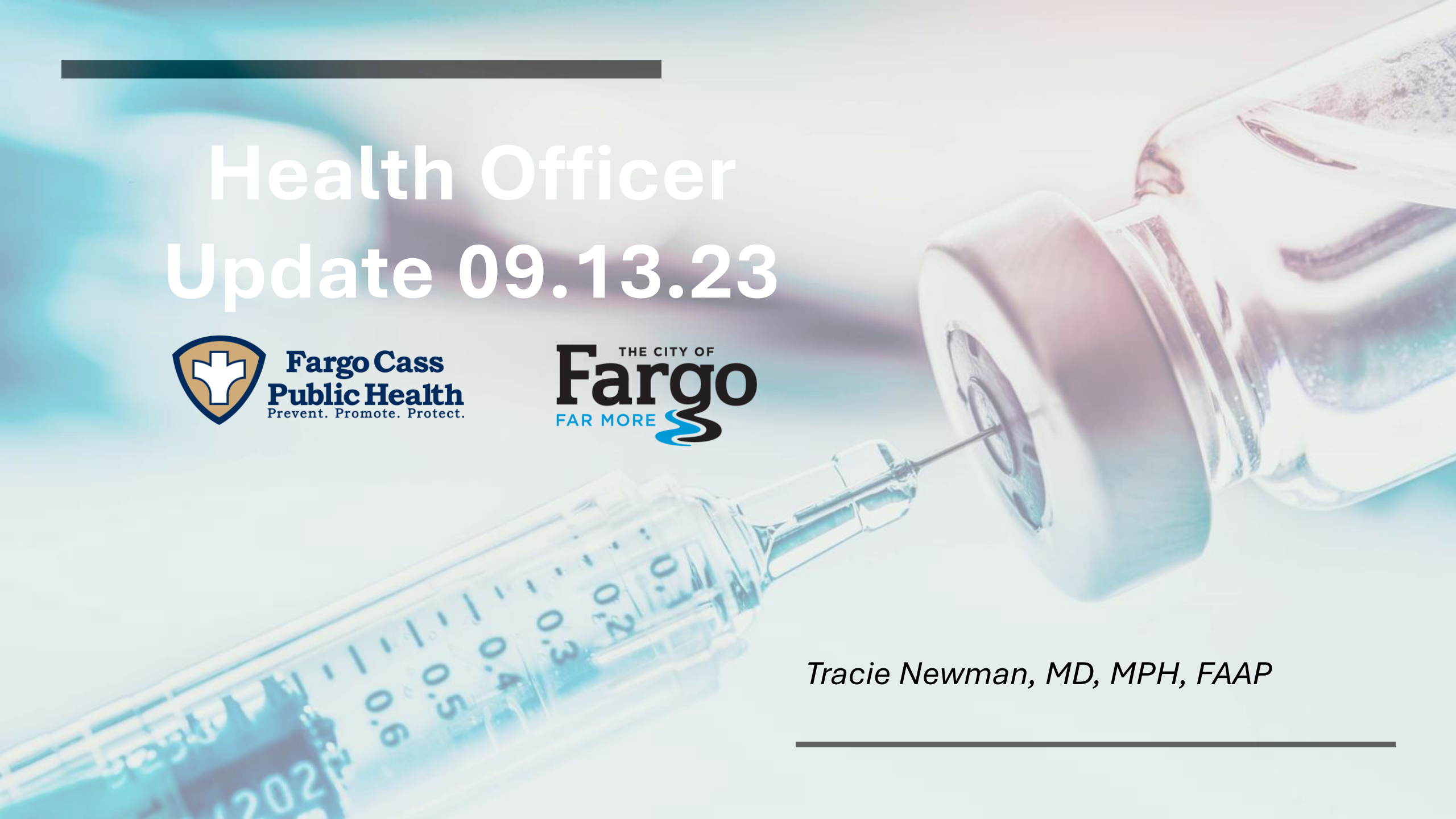
# Health Officer Update 09.13.23

Fargo Cass Public Health
Prevent. Promote. Protect.

THE CITY OF Fargo
FAR MORE



*Tracie Newman, MD, MPH, FAAP*

# FDA approves and ACIP universally recommends newly formulated COVID-19 vaccines

Everyone ≥ 6 months is recommended to get an updated vaccine this fall

Benefits > risks across all age groups, but the vaccines are especially beneficial for people 65 years and older or who are high-risk

Current bivalent vaccines (Pfizer and Moderna) are no longer authorized in the U.S. and should not be given

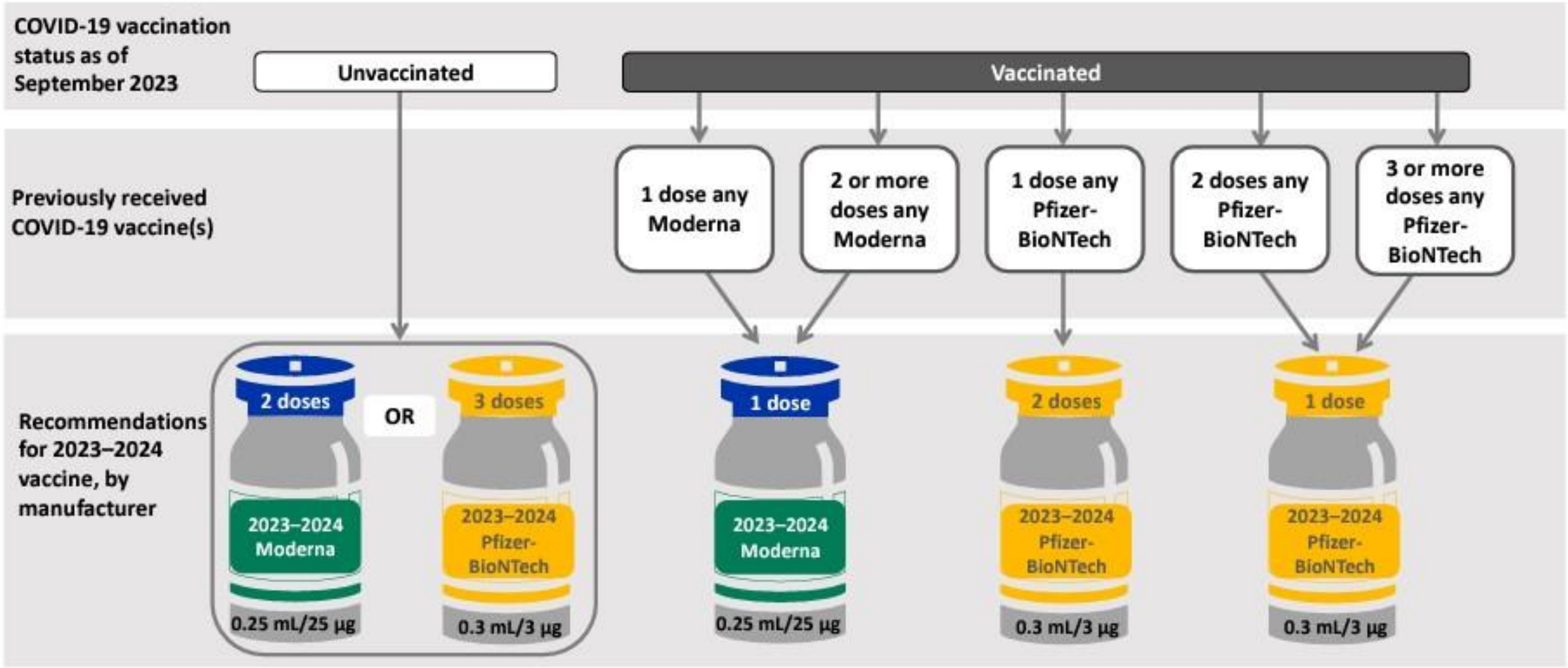
# Recommendations

**≥ 5 years regardless of previous vaccination** - single dose of updated mRNA COVID-19 vaccine at least **2 months** since last dose of any COVID-19 vaccine

**Children ages 6 months–4 years** - complete multi-dose initial series (3 doses of Pfizer or 2 doses of Moderna) with at least 1 dose of 2023–2024 COVID-19 vaccine

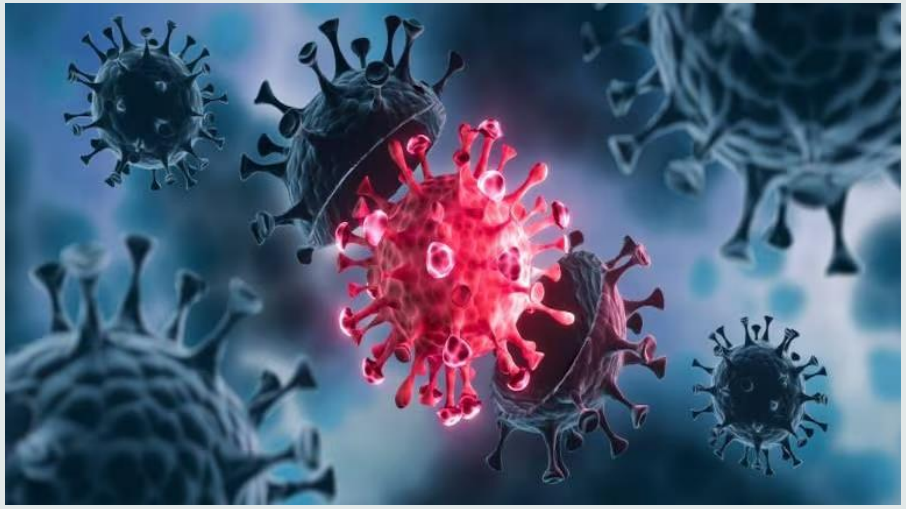
**Immunocompromised** - complete 3 dose initial series with at least 1 dose of 2023–2024 COVID-19 vaccine and may receive 1 or more additional 2023–2024 COVID-19 vaccine doses

## Proposed recommended 2023–2024 COVID-19 mRNA vaccines for people who are NOT immunocompromised, aged 6 months–4 years*



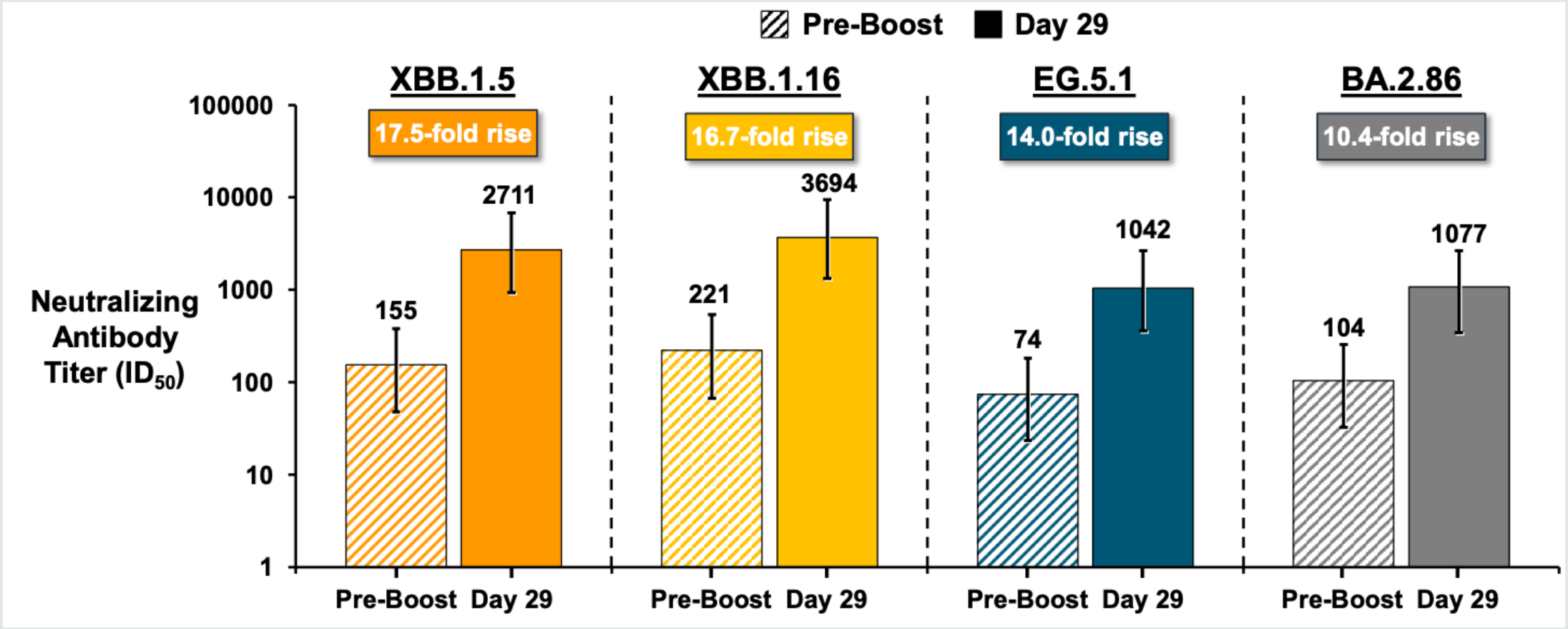

*For information about administration intervals and people who transition from age 4 years to age 5 years during an mRNA vaccination series, see Table 1 in the Interim Clinical Considerations for Use of COVID-19 vaccines.

# Latest COVID-19 Variant: BA.2.86



- Less contagious
- Numerous mutations; escapes immunity well
- Previous infection with XBB variant helps protect against BA.2.86
  - New COVID vaccines this fall to include XBB (Good news)
- BA.2.86 cases reported in 10 countries
  - Wastewater detection in U.S., Switzerland, Thailand, Spain
- Paxlovid is effective
- Monoclonal antibodies aren’t effective (also don’t work against XBB)
- Antigen tests detect

# Updated Vaccine formula will provide protection against current strains, including BA.2.86

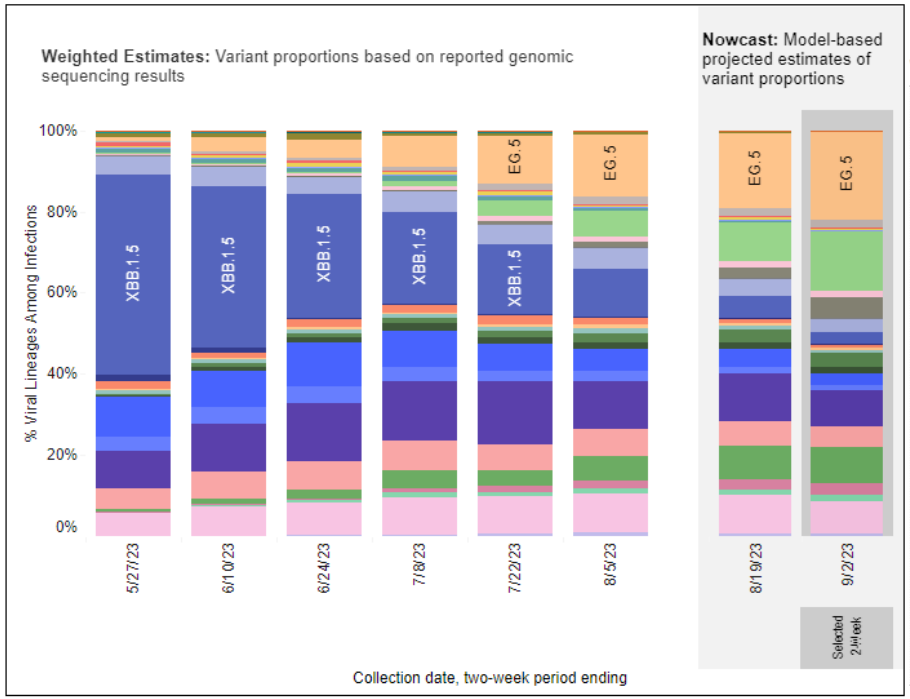


# U.S. Variants

- EG.5 spreading quickly, but not expected to be more severe than current / previous variants (low public health risk)
- BA.2.86 being watched closely due to mutations
- Current increases in U.S. cases & hospitalizations likely driven by XBB infections, not BA.2.86
- Omicron wave continues as SARS-CoV-2 mutates into subvariants, which causes illness and death

**Weighted and Nowcast Estimates in United States for 2-Week Periods in 5/14/2023 – 9/2/2023**

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.




**Nowcast Estimates in United States for 8/20/2023 – 9/2/2023**

USA

| WHO label | Lineage # | %Total | 95%PI |
|---|---|---|---|
| Omicron | EG.5 | 21.5% | 19.0-24.3% |
| | FL.1.5.1 | 14.5% | 10.5-19.6% |
| | XBB.1.16.6 | 9.2% | 7.6-11.0% |
| | XBB.1.16 | 8.9% | 7.8-10.3% |
| | XBB.2.3 | 8.1% | 7.0-9.2% |
| | HV.1 | 5.1% | 3.3-7.9% |
| | XBB.1.16.1 | 5.0% | 4.2-6.0% |
| | XBB.1.5.70 | 3.5% | 2.6-4.7% |
| | XBB | 3.3% | 2.7-4.1% |
| | XBB.1.5 | 3.1% | 2.6-3.7% |
| | XBB.1.9.1 | 3.0% | 2.5-3.5% |
| | XBB.1.16.11 | 2.8% | 1.8-4.5% |
| | EG.6.1 | 1.8% | 1.2-2.7% |
| | GE.1 | 1.6% | 1.1-2.4% |
| | XBB.1.5.72 | 1.6% | 1.2-2.1% |
| | XBB.1.42.2 | 1.3% | 0.7-2.3% |
| | XBB.1.9.2 | 1.1% | 0.9-1.3% |
| | XBB.1.5.10 | 0.9% | 0.7-1.2% |
| | XBB.1.5.68 | 0.8% | 0.5-1.1% |
| | XBB.2.3.8 | 0.7% | 0.4-1.2% |
| | FD.1.1 | 0.6% | 0.4-0.8% |
| | FE.1.1 | 0.5% | 0.3-0.8% |
| | XBB.1.5.59 | 0.4% | 0.3-0.6% |
| | CH.1.1 | 0.4% | 0.3-0.6% |
| | EU.1.1 | 0.1% | 0.1-0.2% |
| | XBB.1.5.1 | 0.0% | 0.0-0.1% |
| | BA.2.12.1 | 0.0% | 0.0-0.1% |
| | BA.5 | 0.0% | 0.0-0.0% |
| | BQ.1 | 0.0% | 0.0-0.0% |
| | FD.2 | 0.0% | 0.0-0.0% |
| | B.1.1.529 | 0.0% | 0.0-0.1% |
| Other | Other* | 0.0% | 0.0-0.1% |

# Ways to Protect Yourself

- ✓ COVID-19 vaccines (expected mid-September)
- ✓ Stay home when sick
- ✓ Get tested if sick
- ✓ If high risk, seek treatment
- ✓ High-quality mask, if choose to wear one
- ✓ Improve ventilation
- ✓ Hand hygiene

# RSV Prevention

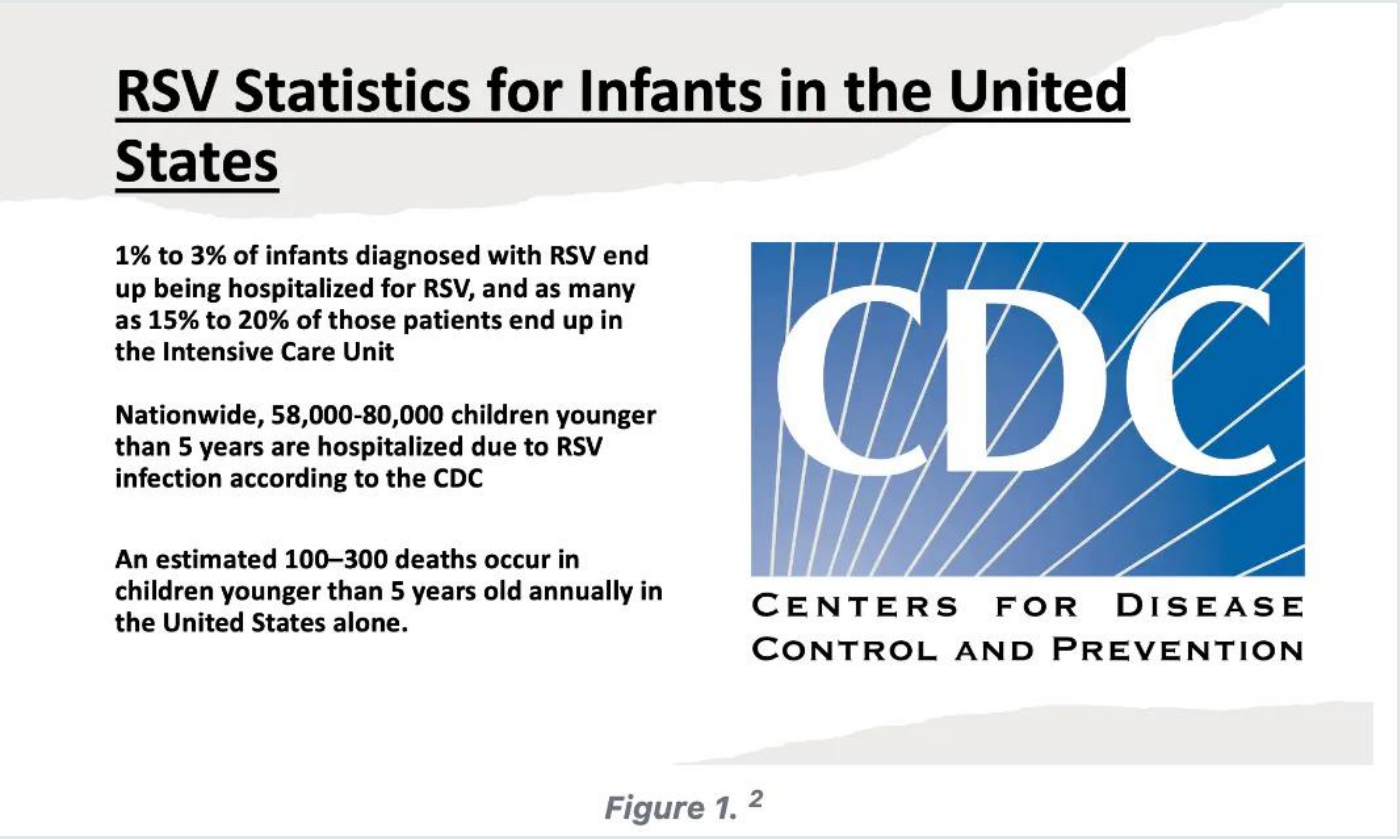



*Figure 1.* [2]

- RSV is #1 reason for infant hospitalization in U.S.
- No real treatment and previously no approved vaccine
- New this year:
  - Maternal vaccine (RSVpreF)
  - Monoclonal antibody (Nirsevimab) for all infants (Synagis already available for high-risk infants).
  - RSV vaccine for adults ≥ 60

# Resources

8-30-2033 Update on SARS CoV-2 Variant BA.2.86 | CDC

CDC COVID Data Tracker: Variant Proportions

Moderna - Sept 12 2023 ACIP - 2023-2024 COVID-19 Vaccine_AC (cdc.gov)

Changing the RSV prevention landscape (contemporarypediatrics.com)