

ISSUE 11

OCTOBER | 2022

JUST THE FACTS

A MONTHLY NEWSLETTER FROM YOUR
METRO HEALTH CLINICIAN AMBASSADORS



CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

It's October, and cool mornings and pumpkin spice are in the air. As we observe the changing colors of the leaves, the crispness of the air, and the animals preparing for long cold winters, it's also time to prepare for fall and winter illnesses that will inevitably circulate, including flu, COVID-19 and even unseasonable Respiratory Syncytial Virus. Encourage your patients to protect themselves by getting their flu shots (everyone 6 months and older) as well as the updated COVID-19 booster (12 years and older). The flu vaccine is free at any Metro Health Pop-up Clinic for anyone six months and older. You can find a list of pop-up clinics [here](#), or call 3-1-1 and select option 8.



MONTHLY HIGHLIGHTS

STANDARDS OF CARE FOR THE HEALTH OF TRANSGENDER AND GENDER DIVERSE PEOPLE, VERSION 8 (SOC8)

On Sept. 15, updated Standards of Care for the Health of Transgender and Gender Diverse People, Version 8 (SOC8) was released. This version builds on one released in 2012 and includes guidance for primary care, mental health, and reproductive health of transgender and gender diverse persons. The new version is the product of five years of scientific work among a multidisciplinary team consisting of over 120 healthcare and academic professionals around the world. You can access the document [here](#).

Breast Cancer Awareness Month



October is Breast Cancer Awareness Month.

Did you know that according to the CDC, there were 5,843 new cases of female breast cancer between 2015-2019 in Bexar County alone? There were 1,023 deaths from female breast cancer during those same years. CentroMed and University Health offer free Breast and Cervical Cancer Services (BCCS) to uninsured and underinsured U.S. citizens and legal immigrants with a household income at or below 200% of Federal Poverty Guidelines. BCCS is a part of the National Breast and Cervical Cancer Early Detection Program, a federal program that provides breast and cervical cancer screening and diagnostic evaluations to low income, uninsured or underinsured women. Women without breast cancer symptoms can qualify for a breast exam, mammograms, pelvic exams, pap smears and case management. Women with symptoms can receive biopsies, ultrasounds, colposcopy, and LEEP procedures. For more information, please visit hhs.texas.gov/providers/health-services-providers/womens-health-services/breast-cervical-cancer-services

Academic Detailing Sessions

You can now self-schedule your virtual academic detailing sessions with the Clinician Ambassador team! Just click below, or scan the QR code.



SIGN UP HERE



For before- or after-hours visits or in-person visits, please email lucinda.zeinelabdin2@sanantonio.gov or complete this [Provider Interest Form](#).



MAKE YOUR VOICE HEARD!

CMS SEEKS PUBLIC COMMENT TO PROMOTE EFFICIENCY, REDUCE BURDEN, AND ADVANCE EQUITY

The Centers for Medicare and Medicaid Services (CMS) is seeking public input on accessing healthcare and related challenges, understanding provider experiences, advancing health equity, and assessing the impact of waivers and flexibilities provided in response to the COVID-19 Public Health Emergency. The request for information (RFI) is to gather feedback related to challenges and opportunities to assist in improving health equity efficiency across the healthcare system. The RFI is open for submissions until Nov. 4.

Access the web-based comment form [here](#).

SA KIDS B.R.E.A.T.H.E.

New! The wildly successful SA Kids BREATHE program will now have a regular section in Just the Facts to keep providers up-to-date on how they are transforming the lives of children with asthma and their families.



Serving children with asthma ages 3-17 years living in the City of San Antonio.

SA Kids B.R.E.A.T.H.E.
Building Relationships, Effective **ASTHMA** Teaching in Home Environments

IS YOUR PATIENT HAVING TROUBLE BREATHING?

SA Kids BREATHE is a NO-COST home asthma education program that supports your practice with active case management and feedback to you, the healthcare provider.

What will patients learn?

- How To Use Asthma Devices
- What Can Trigger Asthma
- About Your Child's Asthma Medicine

Anyone can refer to the program!

Who provides these services?

- Community Health Workers (CHWs)
- Guided by a Certified Asthma Educator
- Translation services available

Free home or virtual visits

CITY OF SAN ANTONIO
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For a version of this poster or patient handouts, call 210-207-7282 or email sakidsbreathe@sanantonio.gov

Educational Opportunities

Join the **Texas Hypertension Control Summit: Tour of Texas** free virtual series featuring healthcare organizations from around the State of Texas. The November session will be from noon to 1:30 p.m. on **Nov. 17** and will feature Central & South Texas Health Centers + Updates from a Payor Perspective. Register here.

TEXAS HYPERTENSION
CONTROL SUMMIT 2022
VIRTUAL SUMMIT SERIES

Seeking Pediatric Providers for IPACE Pilot

Spread the word! There are still a few spots available for pediatric training on Positive and Adverse Childhood Experiences. CME credit is available for providers completing all 3 sessions. If you or another provider you know would be interested, you can self-schedule a virtual session or complete the [Provider Interest Form](#) for an in-person or before/after business hours session.



Seeking Pediatric Providers

Integrating Positive and Adverse Childhood Experiences Into Pediatric Care (IPACE)

Register Now!

Call: 210-602-5169 or
Email: Lucinda.Zeinlabdin2@sanantonio.gov
Bianca.Ramirez@sanantonio.gov

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MONKEYPOX (MPV) UPDATES

Eligible patients can now self-register for the MPV vaccine by visiting the Metro Health [website](#).

Outpatient treatment for monkeypox consists primarily of supportive care, with oral tecovirimat (TPOXX) for people at risk for severe disease. Clinicians contemplating the use of tecovirimat should take into account 1) the lack of data on tecovirimat effectiveness in people with monkeypox (vs. smallpox), 2) lack of data indicating which patients benefit the most from tecovirimat, and 3) concern for the development of resistance to tecovirimat, which could render the drug ineffective for any treated patients (CDC.gov). TPOXX works by inhibiting a viral protein called VP37 shared by all orthopoxviruses, including smallpox virus and monkeypox virus.

The Food & Drug Administration (FDA) has identified several genetic pathways for orthopoxviruses to become resistant to tecovirimat through amino acid substitutions in the viral VP37 drug target. Many of the resistance pathways require only a single amino acid change to cause a substantial reduction in tecovirimat antiviral activity.

CDC recommends use of tecovirimat in people with severe disease or high risk of severe disease. Patients with severe disease may exhibit conditions such as hemorrhagic disease, a large number of lesions (such that they are confluent), sepsis, encephalitis, ocular or periorbital infections, or other conditions requiring hospitalization. People also may need tecovirimat if they have lesions in a location that can result in scarring or strictures that cause dysphagia, require parenteral feeding or catheterization, or require surgical intervention.

People at high risk for severe disease include those with severe immunocompromise, such as uncontrolled HIV, cancers, organ transplants, or people undergoing cancer treatment or taking high-dose corticosteroids. Pediatric, pregnant or breastfeeding persons, and people with conditions that affect skin integrity such as psoriasis, impetigo, burns, etc. should also be considered high risk. For patients who are eligible, administer tecovirimat early in the course of illness, along with supportive care and pain control. Clinicians who wish to prescribe tecovirimat for diagnosed monkeypox can contact Metro Health Epidemiology at 210-207-8876 to access the public health stockpile. In addition, strongly consider testing for HIV when you test for monkeypox, as people with uncontrolled HIV can decompensate quickly.

You can read CDC guidance here:

[cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat](https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat)

Patient information about TPOXX treatment for monkeypox can be found here:

[cdc.gov/poxvirus/monkeypox/if-sick/treatment](https://www.cdc.gov/poxvirus/monkeypox/if-sick/treatment)

MONKEYPOX UPDATES CONT.

MONKEYPOX PAIN MANAGEMENT 'DEAR COLLEAGUE' LETTER

The pain associated with Monkeypox infections in the 2022 outbreak has been reported in many cases to be severe, and out of proportion to the expected level of pain caused by other lesions from sexually transmitted infections. On July 27, CDC Director Rochelle Walensky issued a "Dear Colleague" letter about pain management for monkeypox. The letter reminds clinicians that pain control is an essential part of managing this infection. Read the letter [here](#). For more clinical considerations for pain management, visit cdc.gov/poxvirus/monkeypox. According to the Texas Department of State Health Services (DSHS), both systemic and topical treatments should be considered, including over-the-counter analgesics and topical lidocaine. In some cases, clinicians may consider prescription pain medications such as gabapentin or opioids.

MONKEYPOX TRANSMISSION TO HEALTHCARE PERSONNEL IS RARE

A CDC Morbidity and Mortality Weekly Report (MMWR) on Sept. 23 described 313 Colorado healthcare workers who were exposed to monkeypox between May and July 2022. The providers wore differing combinations of personal protective equipment (PPE). None of the exposed healthcare workers subsequently developed monkeypox within 21 days of exposure. This small study suggests that the risk of transmission of monkeypox to healthcare workers in clinical settings is low. Read more [here](#).

NEW PCV15 RECOMMENDATION

The Advisory Committee on Immunization Practices (ACIP) recently recommended use of PCV15 for pneumococcal conjugate vaccination of persons aged <19 years, according to currently recommended PCV13 dosing and schedules. Risk-based recommendations on use of PPSV23 have not changed.

The two additional serotypes covered by PCV15, but not by PCV13, account for about 8% of acute otitis media caused by *Streptococcus pneumoniae*, 15% of invasive pneumococcal disease in children under 5, and 23% of invasive pneumococcal disease in children ages 5-18. Read more [here](#).

Children who have begun their PCV series with PCV13 can complete it with PCV15. Children who have completed the series do not need an additional dose.

TABLE OF CURRENT COVID-19 THERAPEUTICS

Determining the optimal COVID-19 treatment plan for your patients just got easier with this side-by-side comparison of the currently authorized treatments. View the [table](#) for more information.

BIVALENT BOOSTERS ARE HERE

The FDA recently issued emergency use authorizations (EUA) for updated, bivalent COVID-19 mRNA boosters, and the CDC recommends these vaccines if at least 2 months have passed since one's last dose. (It is no longer necessary to count booster doses, which is a good thing.) The Moderna® bivalent booster is authorized for persons aged 18 and older, and the Pfizer bivalent booster is authorized in those 12 years and older. EUAs for monovalent COVID-19 mRNA boosters are no longer valid for individuals aged 12 and older.



BIVALENT BOOSTER FINDER ON VACCINES.GOV

Your patients can now quickly find updated bivalent COVID-19 boosters using the new search function on Vaccines.gov. Simply enter a 5-digit zip code to find nearby vaccine providers.



[Click For more information](#)

CDC UPDATES INTERIM GUIDANCE ON WORK RESTRICTIONS AND TESTING INTERVALS FOR HEALTHCARE WORKERS (HCWs) WITH HIGHER RISK COVID-19 EXPOSURES

New guidance was issued Sept. 23 on best practices for healthcare workers (HCWs) with higher risk exposures to COVID-19. Higher risk exposures are classified as prolonged close contact (15 minutes) with someone with confirmed SARS-CoV-2 infection who was not wearing a mask, when the HCW was not wearing recommended PPE.

Following a higher risk exposure, the HCW should test on **days 1, 3, and 5** if negative. Work restrictions are not necessary for asymptomatic HCWs after these exposures, regardless of vaccination status, unless the individual is unable to reliably mask for the recommended 10 days post exposure, is moderately to severely immunocompromised, or works on a unit with patients who are moderately to severely immunocompromised.

HCWs who are restricted from work may return after day 7 (day 0 is the day of the exposure), as long as they do not develop symptoms and all testing was negative; or on day 10 following exposure, if no testing is performed and no symptoms develop. Read the guidance [here](#). You can also review the new testing interval recommendations [here](#).

COVID CORNER

CDC also stated that source control (masking) can vary by healthcare institution when Community Transmission levels are not high. When Community Transmission levels are high, source control is still recommended for everyone in a healthcare setting when they are in areas where they could encounter patients.

It is acceptable to maintain source control for the sake of simplicity and to prevent other respiratory infections such as influenza and RSV that are outside the scope of the CDC's recent guidance.

STUDY FINDS SPECIMENS FROM OMICRON BA.1 SUBLINEAGE HAVE HIGHER THRESHOLD VALUES ON PCR THAN PRE-OMICRON VARIANTS

A recent longitudinal study conducted on non-hospitalized COVID-19 patients in the San Francisco Bay Area from July 2021 through March 2022 indicated that specimens from patients with the Omicron BA.1 sublineage had higher cycle threshold (Ct) values than specimens from previous lineages. Although Ct values are mostly used to assist lab personnel in interpreting results and are not reported with the lab results, false negatives may be possible in cases where there is high suspicion of infection and a high cycle threshold. Read the study [here](#).

CONSIDERATIONS FOR INITIATING COVID-19 VACCINATION IN PERSONS WITH A HISTORY OF MIS-C/MIS-A

MIS-C and MIS-A are rare, but severe inflammatory conditions occur in adults, children, and adolescents after infection with SARS-CoV-2. Although data is limited on vaccination in those who have experienced these severe sequelae, experts suggest that benefits of vaccination outweigh the risk of recurrence of MIS-C/A symptoms or myocarditis following vaccination, as long as 90 days have passed since MIS-C/A diagnosis, and clinical recovery has occurred, including return to baseline cardiac function. Read the [Interim Clinical Considerations](#) for more details.

YOUR CLINICIAN AMBASSADORS

Schedule an appointment with us today!



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For health alerts from Metro Health text "DOCALERT" to 1-844-824-COSA (1-844-824-2672)

Message and data rates apply.



You can now self-schedule your virtual academic detailing sessions with the Clinician Ambassador team!

Scan Here

