



Question	Answer
<p>Are there plans to have payors like Medicaid to begin paying for the Covid vaccines. Currently it is free from the gov.</p>	<p>While you cannot seek reimbursement for the cost of the vaccine itself, you may seek appropriate reimbursement from a program or plan that covers the administration fee for JYNNEOS for the recipient, such as the recipient's private insurance company or Medicaid/Medicare plan.</p>
<p>Our Health Equity and communication depts are requesting that we revise our messaging on our internal hospital intranet regarding that many of the individuals recently diagnosed self-identify as MSM, gay, or bisexual; however, stressing that anyone may get monkeypox. They do not want to use the state's communications for this reason. Any suggestions for dealing with HE and communications teams requesting to suppress the epi of this outbreak.</p>	<p>Don't have a perfect answer. The Health Equity team at DHHS has been working with community partners to establish our messaging. They agree with: "Anyone can get monkeypox. This current outbreak is primarily in men who have sex with men." This addresses both the fact that anyone can get it AND that the virus is affecting one community more than others right now. Next sentence that touches equity is "Black people represent about 2/3 of the cases yet have received slightly more than 1/4 of the vaccines."</p> <p>We have some new communication materials highlighted at the end of this deck and available at on our website that might be helpful. It can be a difficult balance of reducing stigma and being inclusive, but also ensuring those at the most risk are aware of the risk. We have been using data to drive our response and communication and for now, men who have sex with men are at the highest risk of exposure and we want to be sure they have that information.</p>
<p>Are female sex workers currently eligible?</p>	<p>They are eligible if they are living with HIV, on PrEP, have been recently diagnosed with syphilis, or have sex with men who also have sex with men. Clinicians do also have some leeway to provide vaccine to others who are at high risk.</p>
<p>For children 12 years and older receiving their first COVID-19 vaccine, should they receive the old vaccine for their 1st and 2nd doses, or the new vaccine?</p>	<p>Bivalent boosters are only available for individuals 12 years and older who have completed their primary series. The original vaccine needs to be used to complete the primary series in unvaccinated individuals prior to administering the booster dose. https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html</p>
<p>Can pediatric patients diagnosed with a confirmed case of monkeypox received the monkeypox vaccine?</p>	<p>Patients diagnosed with monkeypox are not recommended to receive the vaccine. Close contacts to the case should be vaccinated. https://www.cdc.gov/poxvirus/monkeypox/clinicians/small-pox-vaccine.html#anchor_1545415186164</p>

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

<p>The State's 7/12 guidance for PPE was gloves, gown, eye protection, and SURGICAL MASK or N95 or higher. We notice that this was updated to N95 or higher with the elimination of the surgical mask in yesterday's new guidance. Is N95 absolutely necessary in an outpatient setting? Is wearing a surgical mask considered an Intermediate HCW exposure or is the wearing of all PPE in low risk include an N95 OR surgical mask?</p>	<p>The recommendation for respirator use is based on current CDC guidance, which does not list surgical masks as an alternative option. However, in the HCP exposure assessment section, CDC defines an intermediate exposure as being within 6 feet of an unmasked patient while not wearing a facemask or respirator, which implies that contact while wearing a facemask would fall under the lower risk category. While respirators are preferred if available, a well-fitting surgical mask should provide adequate protection for brief encounters in an outpatient setting where no aerosol-generating procedures are being performed.</p> <p>CDC guidance for reference: https://www.cdc.gov/poxvirus/monkeypox/clinicians/infection-control-healthcare.html</p>
<p>Is IV tecovirimat contraindicated in severe renal impairment because of the carrier vehicle? (Similar to remdesivir)</p>	<p>IV tecovirimat should not be administered to patients with severe renal impairment (CrCl <30mL/min). Oral formulation remains an option for this population. IV tecovirimat should be used with caution in patients with moderate (CrCl 30-49 mL/min) or mild (CrCl 50-80 mL/min) renal impairment as well as pediatric patients < 2 years of age given immature renal tubular function. More at https://www.cdc.gov/poxvirus/monkeypox/clinicians/Tecovirimat.html#:~:text=Tecovirimat%20is%20available%20as%20an,CrCl%20%3C30mL%2Fmin.</p>
<p>Is testing for monkeypox still required to be reported to LHD or can we wait for results? The 9/7 guidance dropped this and just states report per NC Admin Code. Many providers are testing for any rash. Patients are presenting after the HD has denied them testing because they did not meet their case definition or were not approved for testing. Many are demanding testing, and testing is sent even though the clinician states a very low threshold for monkeypox. It's not really a suspicion of monkeypox but unfortunately testing was sent.</p>	<p>NC law requires providers to report when a condition is reasonably suspected. That is true for all reportable conditions and not specific to monkeypox. Reporting is NOT required for all patients prior to testing but is encouraged if the clinician has a high level of suspicion so we can investigate quickly and get PEP to contacts if possible. Also, we encourage clinicians to carefully consider the need for testing in patients who have no plausible risk of exposure and for whom there is low suspicion for monkeypox disease. False positive results have been reported and the likelihood is higher when testing is performed among people unlikely to have a condition.</p>
<p>Back to COVID... We keep hearing that CDC is working on and will soon be releasing new HCF guidelines. Any update on these or insights on when they are expected and what they will contain?</p>	<p>Unfortunately, we don't have any additional information yet about when they will be released or what the changes will be, but we will communicate broadly with providers when the guidance is released to ensure everyone is aware.</p>
<p>Does the State plan to issue written notices with billing and coding guidance for vaccination/administration like with COVID vaccines and other immunizations?</p>	<p>We will be glad to see if we can pull some of that information together and share it with providers.</p>

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<p>You said that patients diagnosed with monkeypox are not recommended to receive the vaccine. Close contacts to the case should be vaccinated but the link you shared say the sooner an exposed person gets the vaccine, the better.</p> <p>CDC recommends that the vaccine be given within 4 days from the date of exposure in order to prevent onset of the disease. If given between 4–14 days after the date of exposure, vaccination may reduce the symptoms of disease, but may not prevent the disease.</p>	<p>Exposed individuals should receive the vaccine as soon as possible to prevent disease. If the patient is already infected, the vaccine will not be of benefit.</p>
<p>Thank you for all you do. May I please suggest that the website entries be labeled with the date or be ordered chronologically. It is difficult to know what you have viewed and what is new. Yesterday's memo does not have a date at all. Unless you were personally notified or saw the press release, you would not know that this was updated.</p>	<p>Thanks for the tip. We'll work on it!</p>