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Summary of Guidance for Minimizing the Impact of COVID-19 on Individual Persons, Communities, and Health Care Systems — United States, August 2022

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Summary

What is already known about this topic?

High levels of immunity and availability of effective COVID-19 prevention and management tools have reduced the risk for severe illness and death.

What is added by this report?

To prevent medically significant COVID-19 illness and death, persons must understand their risk, take steps to protect themselves and others, and know what to do if they become ill. Recommendations for prevention and management of severe illness and death are emphasized, including testing, treatment, and isolation for at-risk persons.

What are the implications for public health practice?

Medically significant illness, death, and long-term sequelae can be reduced through vaccination and therapeutics to prevent severe illness, complemented by use of multiple prevention methods to reduce exposure risk and an emphasis on promptly accessing care and high-risk therapies.

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Introduction

In SARS-CoV-2, the virus that causes COVID-19, continues to circulate globally, high levels of vaccine and infection-induced immunity and the availability of effective treatments and prevention tools have substantially reduced the risk for medically significant COVID-19 illness (severe acute illness and post-COVID-19 conditions) and death (1). Nevertheless, some persons are at high risk for severe illness and death, including persons with underlying medical conditions (2) and those who are unvaccinated (3). Focusing on sustainable measures to further reduce population risk for severe illness and death and to minimize disruption to the broader society, including educational, and economic activity (4), individual risk for medically significant COVID-19 depends on a person's risk exposure to SARS-CoV-2 and their risk for severe illness and death if infected. Although the majority of persons in the United States are at low risk for severe illness and death, some persons are at high risk for medically significant illness. Persons at high risk for medically significant illness can reduce their risk for severe illness and death by substantially reduced by immunity derived from vaccination, previous infection, or both, as well as timely access to effective biomedical prevention measures and treatments (5). Persons who are at high risk for severe illness and death should understand their risk, take steps to protect themselves and others, and know what to do if they become ill. Use of immunity in the population and currently circulating variants to inform a strategic approach to minimizing impact of COVID-19 illness and death should include reliance on vaccination and therapeutics to prevent severe illness, use of multicomponent prevention measures where feasible, and particular emphasis on protecting persons at high risk for severe illness and death through prompt access to effective treatments and care. This report provides a framework for minimizing the impact of COVID-19 on individual, community, and health care system levels. Recommendations include reduce the risk for medically significant illness and death, including to protect persons at high risk for severe illness; trust ensures that all persons have access to information to understand their individual risk, as well as efficient and equitable access to prevention, treatment, and care; and care ensures that persons who are at high risk for severe illness and death have access to care and support ensuring that persons. Confidence that, 1) disease risk is low, 2) effective drugs are available, and 3) care is available if a person becomes ill, minimizes other needed, 3) receive testing and seek medical care, and 4) receive testing if they are symptomatic, and isolate for 5) days if they are infected.

Vaccines and Therapeutics to Reduce Medically Significant Illness

COVID-19 vaccination: COVID-19 vaccines are highly protective against severe illness and death and provide a lesser degree of protection against asymptomatic and mild illness (6). Vaccination also reduces the risk for post-COVID-19 conditions (7). Although vaccine-induced immunity wanes, vaccination remains a key component of overall protection against severe illness and consequences (8). Although vaccine-induced immunity wanes, vaccination remains a key component of increased protection against infection and transmission after the most recent dose, although protection can wane over time. The rates of COVID-19-associated hospitalization and death are substantially higher among persons who are unvaccinated (3). Although the majority of persons in the United States are at low risk for severe illness and death, data from 2021 and 2022 suggest that vaccination before infection also provides some protection against post-COVID-19 conditions, and that vaccination among persons who develop COVID-19 conditions might help reduce their symptoms (9). Continuing to exercise vaccination coverage and ensuring that persons are up to date with vaccination are essential to reducing the risk for severe illness and death and post-COVID-19 conditions. Although the majority of persons in the United States are at low risk for severe illness and death that includes people aged 18 years and older, persons who have underlying medical conditions, age, disability status, and underlying medical conditions, which might be substantially reduced by timely demand from vaccination, previous infection, or both, as well as timely access to effective biomedical prevention measures and treatments (10). Persons who are at high risk for severe illness and death should understand their risk, take steps to protect themselves and others, and know what to do if they become ill. Use of immunity in the population and currently circulating variants to inform a strategic approach to minimizing impact of COVID-19 illness and death should include reliance on vaccination and therapeutics to prevent severe illness; use of multicomponent prevention measures where feasible, and particular emphasis on protecting persons at high risk for severe illness and death through prompt access to effective treatments and care. This report provides a framework for minimizing the impact of COVID-19 on individual, community, and health care system levels. Recommendations include reduce the risk for medically significant illness and death, including to protect persons at high risk for severe illness; trust ensures that all persons have access to information to understand their individual risk, as well as efficient and equitable access to prevention, treatment, and care; care ensures that persons who are at high risk for severe illness and death have access to care and support ensuring that persons. Confidence that, 1) disease risk is low, 2) effective drugs are available, and 3) care is available if a person becomes ill, minimizes other needed, 3) receive testing and seek medical care, and 4) receive testing if they are symptomatic, and isolate for 5) days if they are infected.

Pre-exposure prophylaxis: COVID-19 vaccine effectiveness against severe illness and death is lower in persons who are immunocompromised than in those who are not, and persons who are immunocompromised and have COVID-19 are at increased risk for intensive care unit admission and death while hospitalized. Irrespective of their immunocompetence, persons who are hospitalized with COVID-19 are at high risk for severe illness and death. Pre-exposure prophylaxis (PrEP) is a preventive measure that provides adequate immune response (PIR) and protection against severe illness and death (PD) in persons who are immunocompromised and who might not have adequate vaccine effectiveness against severe illness and death (11). PrEP is recommended for persons who are moderately or severely immunocompromised (on benefit from COVID-19 vaccination) and who might not have adequate immune response to COVID-19 vaccination or who might be at high risk for severe illness and death despite receiving vaccination (12). Although PrEP is not a substitute for vaccination, and potential access to treatment therapies, PrEP is a preventive measure that provides adequate immune response and protection against severe illness and death.

Medications to treat COVID-19: Antiviral medications (Lagevrio (molnupiravir) Paxlovid (nirmatrelvir and ritonavir), Veklury (remdesivir)) and monoclonal antibodies (bebtelovimab) are authorized for use in persons who are at high risk for severe illness and death (13). Paxlovid is not recommended for persons who have severe or critical kidney disease, and those with certain medical conditions(14)(15). Antiviral agents reduce risk for hospitalization and death after administered soon after diagnosis. The Federal Trial to Treat Ambulatory Patients Hospitalized or Dying with COVID-19 (Trial to Treat) is a randomized, placebo-controlled, adaptive platform trial evaluating the safety and efficacy of ambulatory treatments ready to further facilitate access (16). Trial to Treat results have shown significant differences in receipt of monoclonal antibody therapies (14) and disparities in dispensing rates for oral antiviral prescriptions by community social vulnerability (17).

COVID-19 Prevention Strategies

Monitoring COVID-19 Community Levels to guide COVID-19 prevention efforts. Persons can use information about the current level of COVID-19 impact on their community to inform their personal risk assessment and decision-making (18). Although the majority of persons in the United States are at low risk for severe illness and death, household risk factors and community risk factors for severe illness and death vary and usually reflect the underlying COVID-19 conditions and demographic and daily geographic areas that might experience increases in severe COVID-19-related outcomes, based on hospitalizations, intensive care bed occupancy, and COVID-19 incidence and deaths (19). Although the majority of persons in the United States are at low risk for severe illness and death, data from 2021 and 2022 suggest that vaccination and testing and use of the health care system. As of COVID-19 Community Levels, and high, medically significant illness, testing, and treatment, prevention, and potential access to treatment therapies, PrEP is a preventive measure that provides adequate immune response and protection against severe illness and death.

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Testing for current infection. Diagnostic testing can identify infections early so that infected persons can take action to reduce their risk for transmitting virus and initiate treatment if they are at high risk for severe illness and death. Persons who have COVID-19 symptoms, or who have had close contact with a person who is testing positive for COVID-19, should seek testing. Persons who have had recent confirmed or suspected exposure to a person with COVID-19 should also seek testing. Persons who are immunocompromised, persons with known exposure, public health officials might consider prioritizing high-risk congregate settings, such as long-term care facilities, homeless shelters, and correctional facilities, for testing and implementation of other mitigation measures (20). Although the majority of persons in the United States are at low risk for severe illness and death, screening testing might complement other mitigation measures in high-risk congregate settings, such as long-term care facilities, homeless shelters, and correctional facilities. Screening testing might be cost-effective in general community settings, especially if testing is conducted at home (21).

Isolation. Symptomatic or infected persons should isolate promptly, and infected persons should remain in isolation for 10 days and wear a well-fitting and high-quality mask if they must be around others at home and in public. Persons who are at high risk for severe illness and death should consult with their health care provider regarding medication and other treatment options and, if they have not received a COVID-19 vaccine, consider vaccination and or regardless of prior infection. Persons who are at high risk for severe illness and death should seek care if they develop signs of severe illness (22). Persons who have access to antigen tests and who choose to use testing to determine when they can discontinue masking should wait to take the first test until at least 5 days after their initial exposure and should continue to test and mask until they have 2 consecutive negative test results. Persons who are immunocompromised or who have had severe illness should consult with their health care provider regarding the optimal time to test after exposure and discontinue masking. If other test result is positive, persons should continue to wear a mask around others and continue testing every 48 hours until they have two sequential negative results (23).

Managing SARS-CoV-2 exposures. CDC now recommends case investigation and contact tracing only in health care settings and certain high-risk congregate settings, such as long-term care facilities, homeless shelters, and correctional facilities. Although the majority of persons in the United States are at low risk for severe illness and death, testing might complement other mitigation measures in