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White House announces additional resources to aid school COVID testing

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The White House announced it will increase the number of COVID-19 tests available to schools by 10 million per month, including 5 million rapid tests and 5 million polymerase chain reaction tests.

The ramp-up is part of an effort to help schools stay open and implement screening testing and test-to-stay programs. It is expected to more than double the volume of testing done in U.S. schools in November 2021.

In addition, the administration plans to:

- deploy federal surge testing units to support free testing access for students, school staff and families at community testing sites;
- connect schools with COVID-19 testing providers to set up school testing programs using American Resource Plan Funds; and
- offer new training, resources and materials to implement test-to-stay protocols in schools.

A new fact sheet summarizes the resources, which were detailed in a White House press briefing Wednesday.

The move comes amid more than 1 million new cases of COVID-19 a day due to the omicron variant.

Study compares variants

During the briefing, Centers for Disease Control and Prevention (CDC) Director Rochelle P. Walensky, M.D., M.P.H., shared results of a new preprint study from Kaiser Permanente Southern California with CDC collaboration and funding. The study found substantially reduced risk of severe clinical outcomes in patients infected with omicron compared with those who had the delta variant.

"The data in this study remain consistent with what we are seeing from omicron in other countries … and provide some understanding of what we can expect over the coming weeks as cases are predicted to peak in this country," Dr. Walensky said.

She said the sudden, steep rise in cases is resulting in unprecedented daily case counts, sickness, absenteeism and strains on the health care system.

"We must all do our part to protect our hospitals and our neighbors and reduce the further spread of this virus….This means getting vaccinated and getting boosted; wearing a mask in public indoor settings in areas of high transmission — and currently that's over 99% of our counties; and testing before you gather with others," Dr. Walensky said.

Update on therapeutics

During the briefing, Anthony Fauci, M.D., chief medical adviser to President Joe Biden, gave an update on therapeutics and their prioritization for patients. He said information on therapies in the pipeline can be viewed at www.clinicaltrials.gov.

The administration has expedited research, development, manufacturing and procurement, with more courses of effective treatment than at any other point in the pandemic, noted Jeff Zients, White House Coronavirus Response coordinator.

This includes securing a "significant supply" of the antiviral Paxlovid from Pfizer. The U.S. purchased 20 million treatment courses and is accelerating delivery of these pills, he said. The first 10 million should be on hand by the end of June, months earlier than expected.

"We continue to work with Pfizer to help them further expand their manufacturing capacity, including through the Defense Production Act, if needed … using every tool at our disposal," Zients said.

The government also is working to increase supply of other treatments.

While no clinical data are available on Paxlovid in children, the therapeutic resulted in an 88% reduction in the risk of hospitalization or death in adult patients during clinical trials, said Stephanie Troy, M.D., a senior medical officer in the Division of Antivirals, Center for Drug Evaluation and Research at the Food and Drug Administration.

“The authorized adult dose is expected to result in comparable serum exposures in patients 12 years of age or older and weighing at least 40 kilograms, so the authorization was extended to this population,” Dr. Troy said during a Wednesday presentation with the CDC’s Clinician Outreach and Communication Activity (COCA).

A priority list showed a preference for Paxlovid, followed by sotrovimab, remdesivir and molnupiravir. While the first three therapeutics are available to COVID-19 patients ages 12 and up, molnupiravir is for use only in patients 18 and older.

Presenters recommended use of the therapeutics in individuals who may derive the most benefits from the treatment, including those who are at the highest risk for progression to severe or critical disease. Factors to determine who may be at highest risk for progression include a patient’s age, vaccination status, immune status and clinical factors such as obesity, diabetes and cardiovascular disease.

During the COCA call, Alice K. Pau, Pharm.D., said foremost in determining a preference list was efficacy of the available therapeutics. Dr. Pau serves as executive secretary of the National Institutes of Health COVID-19 Treatment Guidelines Panel and is a staff scientist at the National Institute of Allergy and Infectious Diseases.

“Certainly, we look at the availability to populations that are of interest, which includes children as well as (pregnant individuals),” Dr. Pau said. “The first three drugs are pretty much head-to-head compared with placebo in reducing by over 80% of the cases. … Molnupiravir would only be recommended if the other three choices are not available.”

Despite the increase in therapeutics, experts are underscoring the importance of primary precautions to avoid infection rather than relying on therapies to treat the disease.

During an AAP town hall last week, Yvonne “Bonnie” A. Maldonado, M.D., FAAP, chair of the AAP Committee on Infectious Diseases, discussed the shortage of antivirals. “So really ramping that up is going to be important,” she said. “We really also don't want that to be a replacement for people getting vaccinated.”

New CPT code

In other COVID news, the American Medical Association announced a new vaccine administration code for the third dose of Pfizer’s pediatric COVID-19 vaccine:

0073A Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose More information is available on AMA’s vaccine code finder resource.