



**Yes, It's Still Here, and So Is the Flu – An Update on COVID-19  
and the Seasonal Flu**

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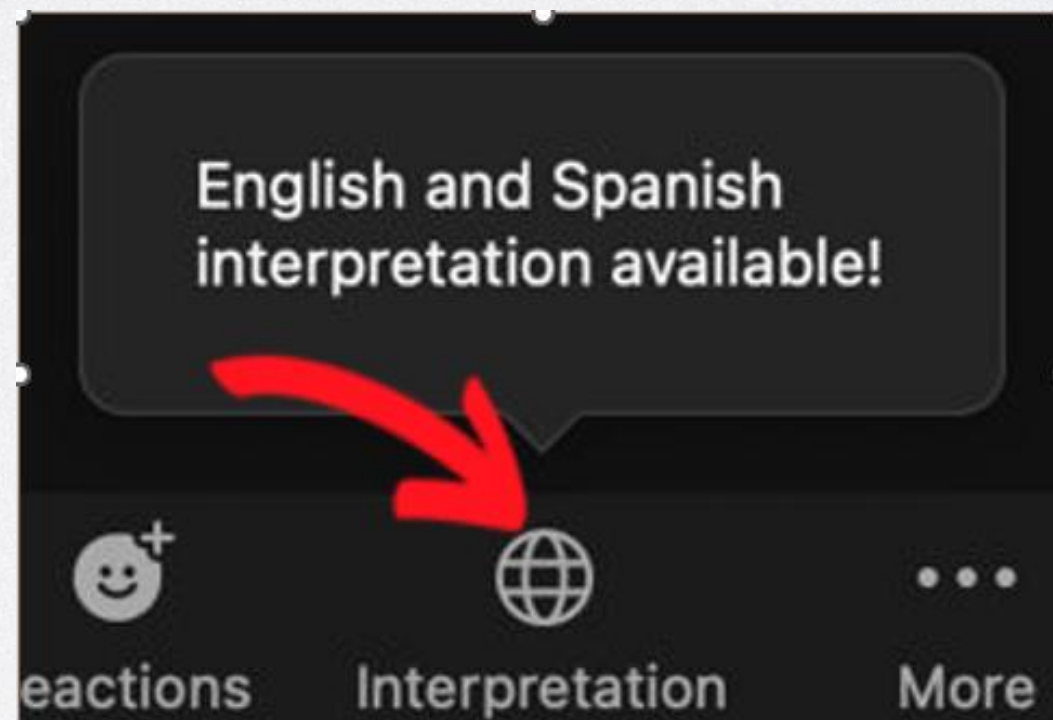


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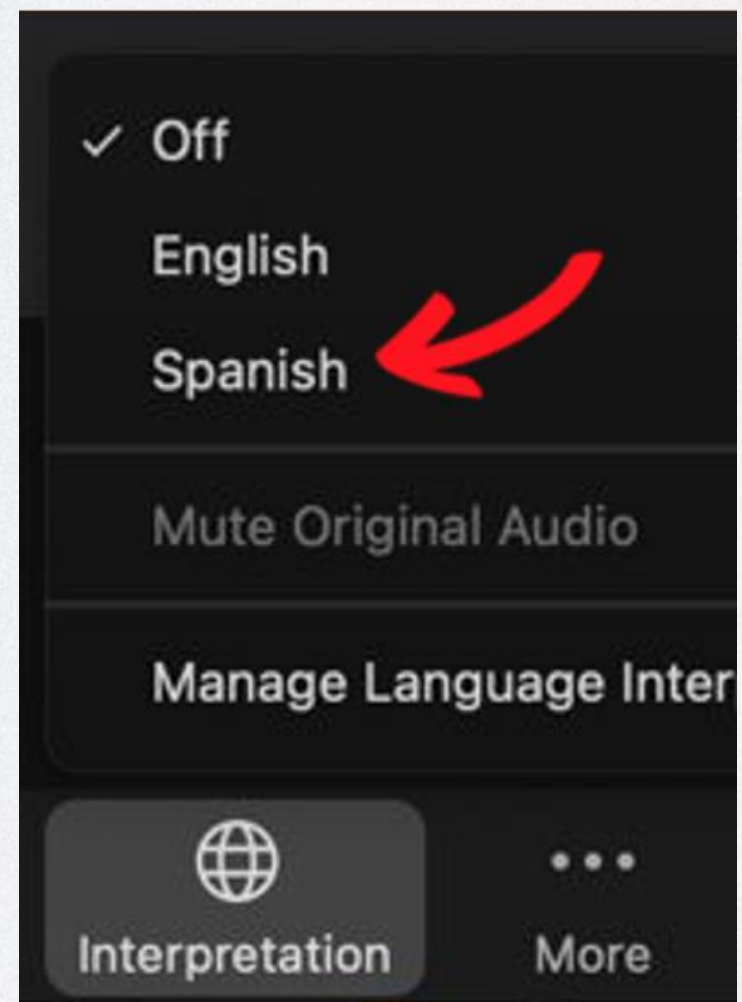


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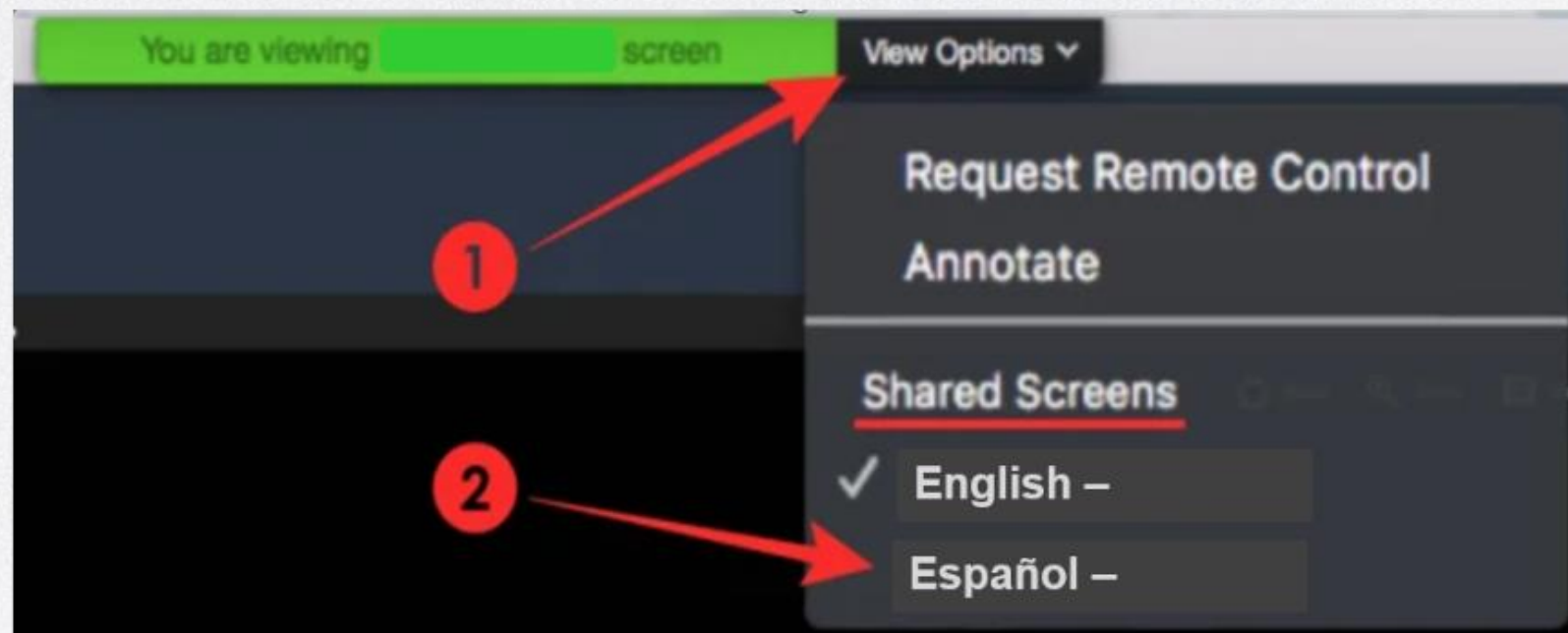




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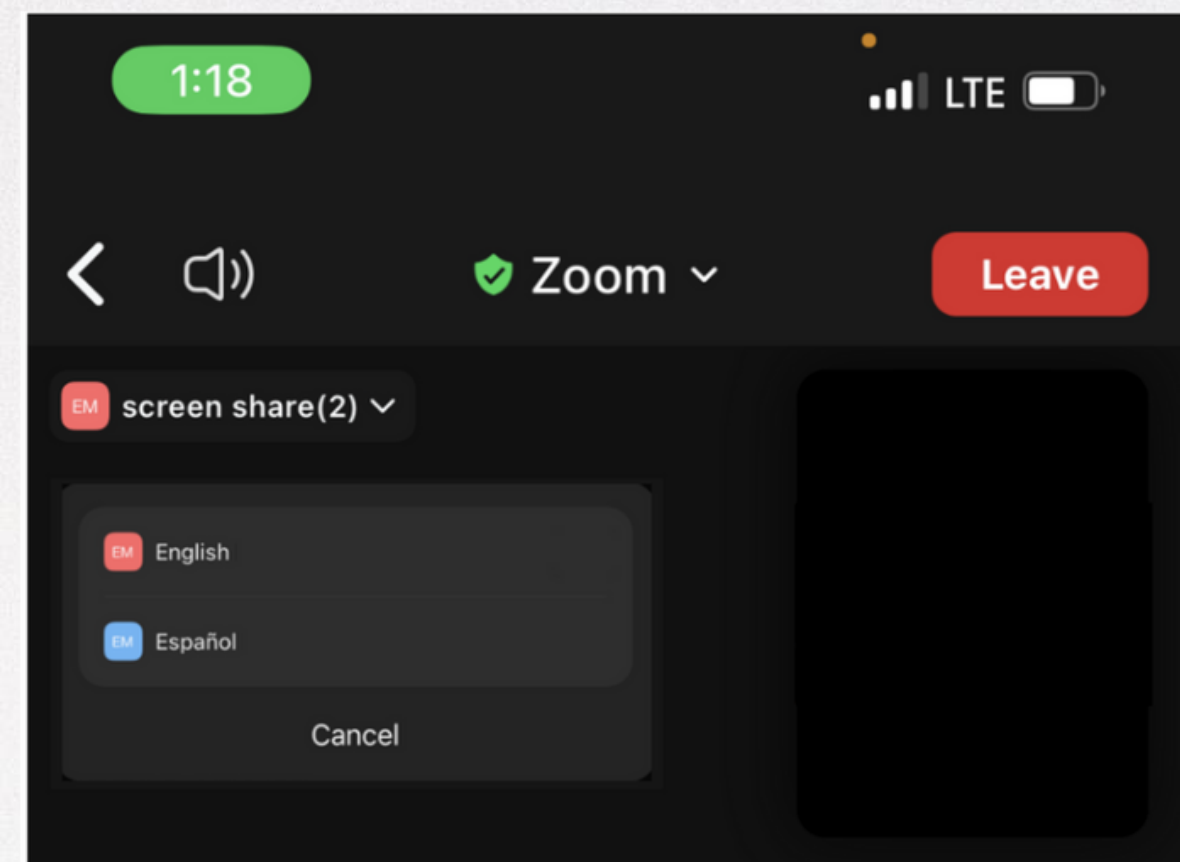
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3. Select "Language Interpretation"
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# Continuing education

**Migrant Clinicians Network is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.**

The AAFP has reviewed Yes, It's Still Here, and So Is the Flu: An Update on COVID-19 and the Seasonal Flu and deemed it acceptable for up to 1.00 Live AAFP Prescribed credit(s). Term of Approval is from 10/10/2024 to 10/10/2024. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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**We have no relevant financial relationships that relate to this presentation, nor do we have any relevant financial relationships with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.**

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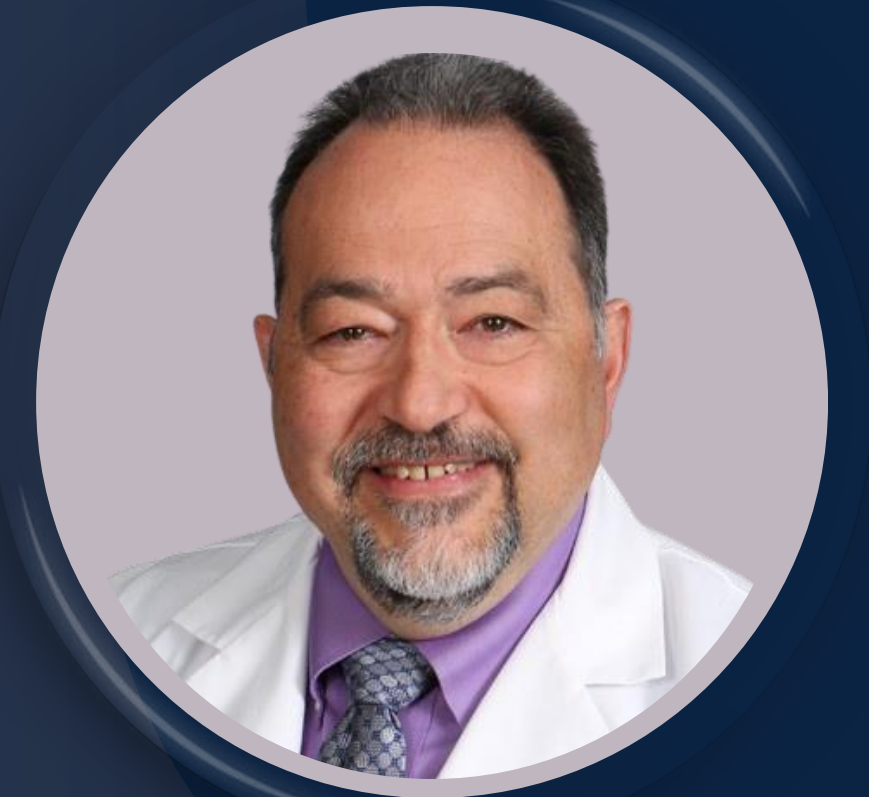




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# Objectives

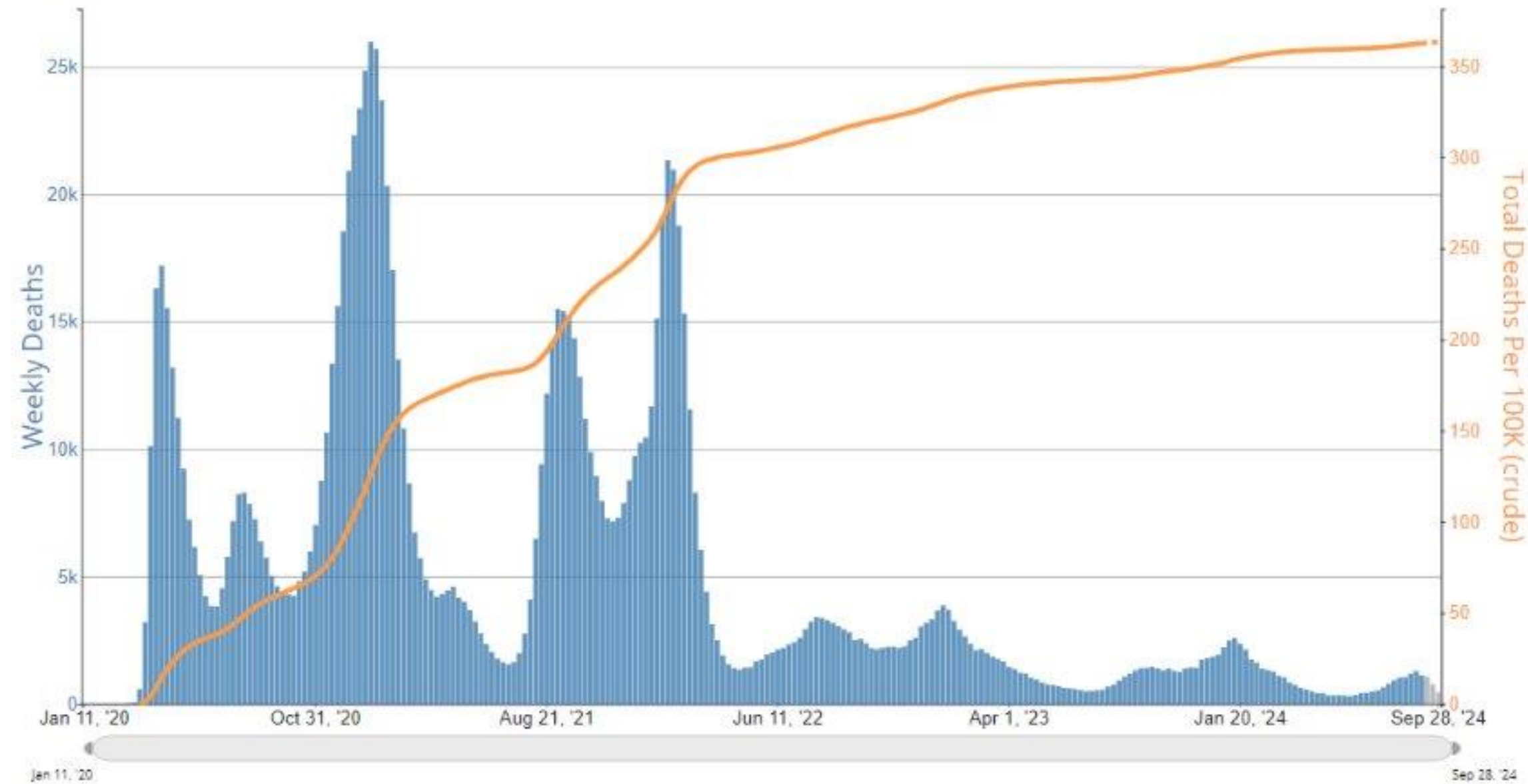
- Discuss the current state of emerging and re-emerging viruses including COVID-19 and influenza
- Review strategies for prevention and treatment of COVID-19 and influenza
- Identify culturally contextual resources that can be used to address COVID-19, influenza, and other issues in respiratory health in farmworker patients





# COVID overview

Provisional COVID-19 Deaths and Total COVID-19 Death Rate per 100,000 Population (Crude), by Week, in The United States, Reported to CDC



- COVID-19 still present
  - much reduction in mortality and acute morbidity
- Fewer ED visits and ICU admissions (October 2024)
- Last week of September: < 447 Deaths/Week



# Who is most vulnerable?

- Elderly
- Co-morbidities
- Immunocompromised

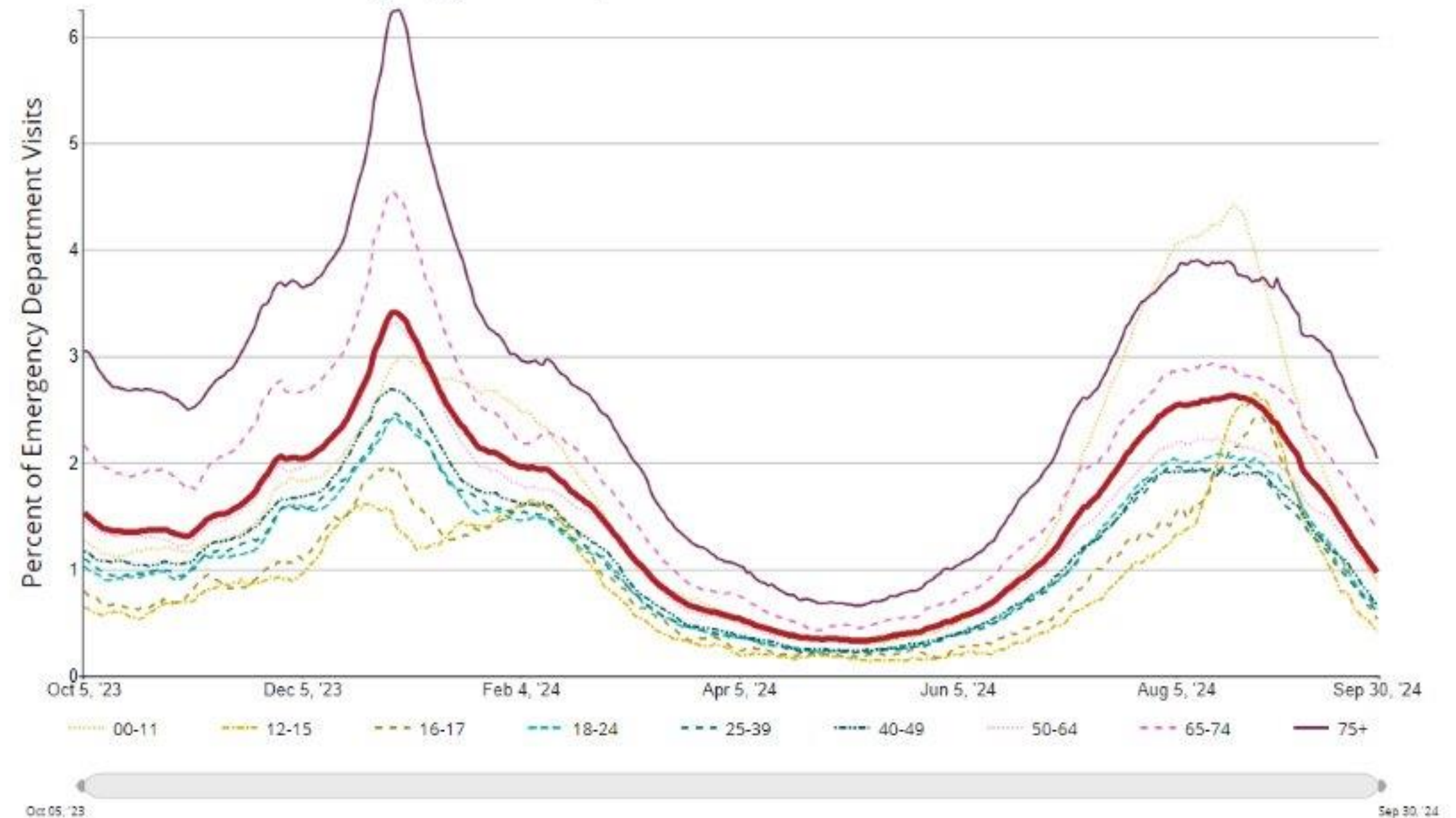




# Young children and COVID ED visits

- Saw more children 0-11 coming to ED for or with COVID
- Saw an unusual spike for ages 12-15 and 16-17

Percentage of Emergency Department Visits with Diagnosed COVID-19 in United States, by Age Group





# KP.3.1.1 Omicron is the dominant variant

**58.7% of COVID cases are KP.3.1.1**

**A new emerging variant is XEC on the horizon**

**New variants:**

- Tend to prelude increases in cases
- Have higher chances of being immune evasive





# Fall 2024 COVID vaccines

- **1 dose of any COVID-19 vaccine**
- **Available Vaccines:**
  - **Moderna (6months+)**
  - **Pfizer-BioNTech (6months+)**
  - **Novavax (12Years+)**
    - If never vaccinated for COVID, those using the Novavax vaccine need two doses.



## When to get vaccinated

- Anytime  $\geq 2$  months after the previous dose of updated COVID-19 vaccine.
- If you recently had COVID-19 you can delay getting a vaccine until 3 months after your infection depending on your level of risk.





# Vaccines for the uninsured

- **Free government covid vaccines ended in September 2024**
- **There may be local immunization programs that provide low- or -no-cost vaccines through your health department or local health center:**
  - Find your **state or local health department**
  - Find your **community health center**





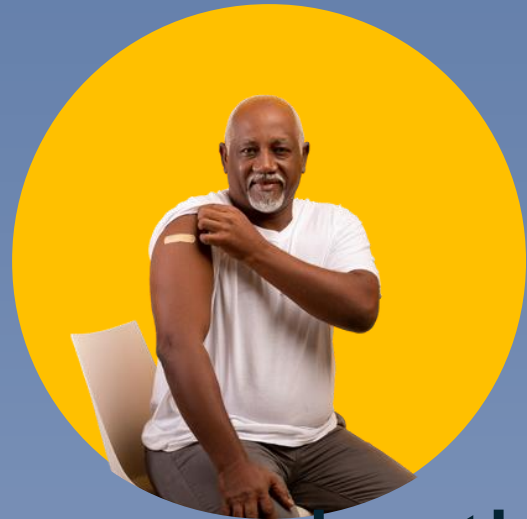
## COVID-19 vaccine snapshot

- **Only 23% of eligible adults received the updated 2023 COVID vaccination**
- **For the 2024 COVID vaccine we anticipate even lower uptake**



# COVID prevention best practices

Still the same...



Keep vaccinations updated



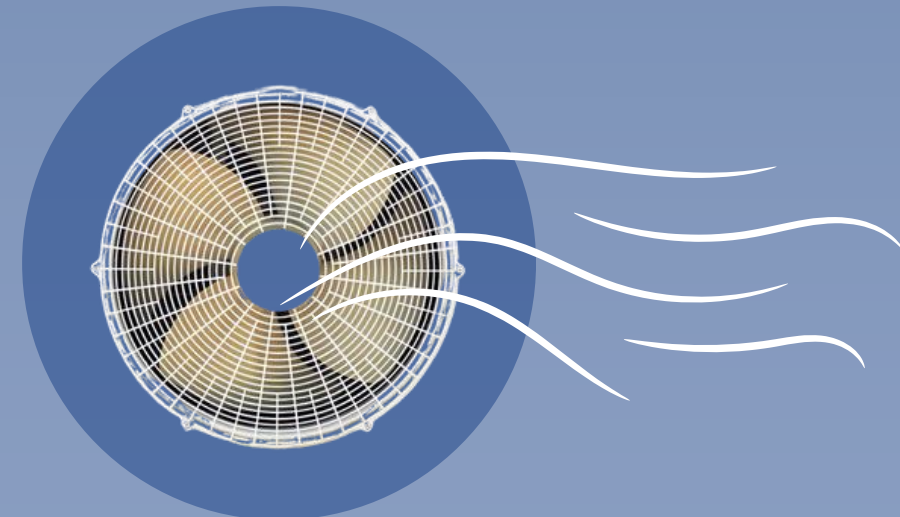
Mask



Wash hands



Distance



Ventilate indoor air



# Masking

- **Masks decrease viral spread**
- **N-95 respirators are still your best protection**
- **Consider your risk and risks of other who are vulnerable**
- **Indoor, crowded spaces**



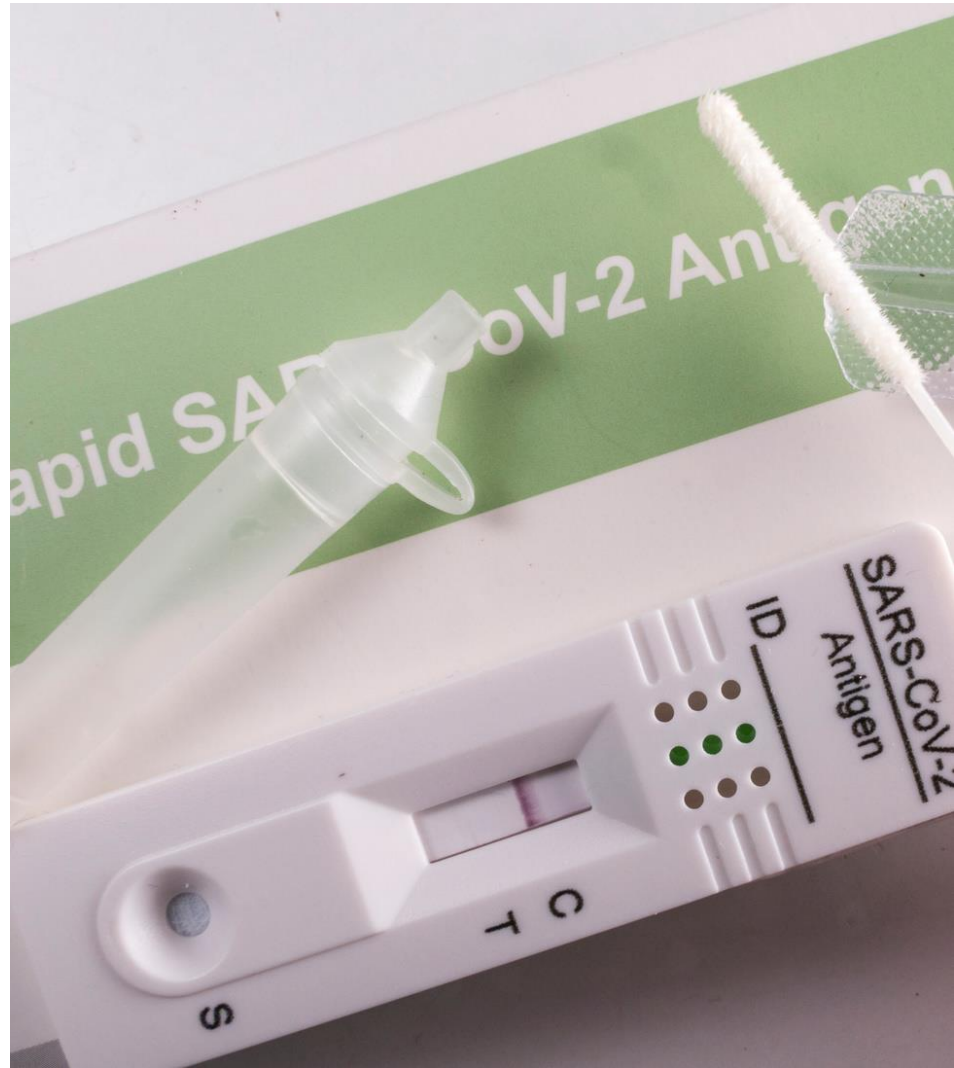


# Ventilation

- Ventilation makes a difference
- Crowded indoor settings increase risk
- Considerations to reduce risk
  - Indoor vs outdoor seating
  - Time spent at a location







# Testing

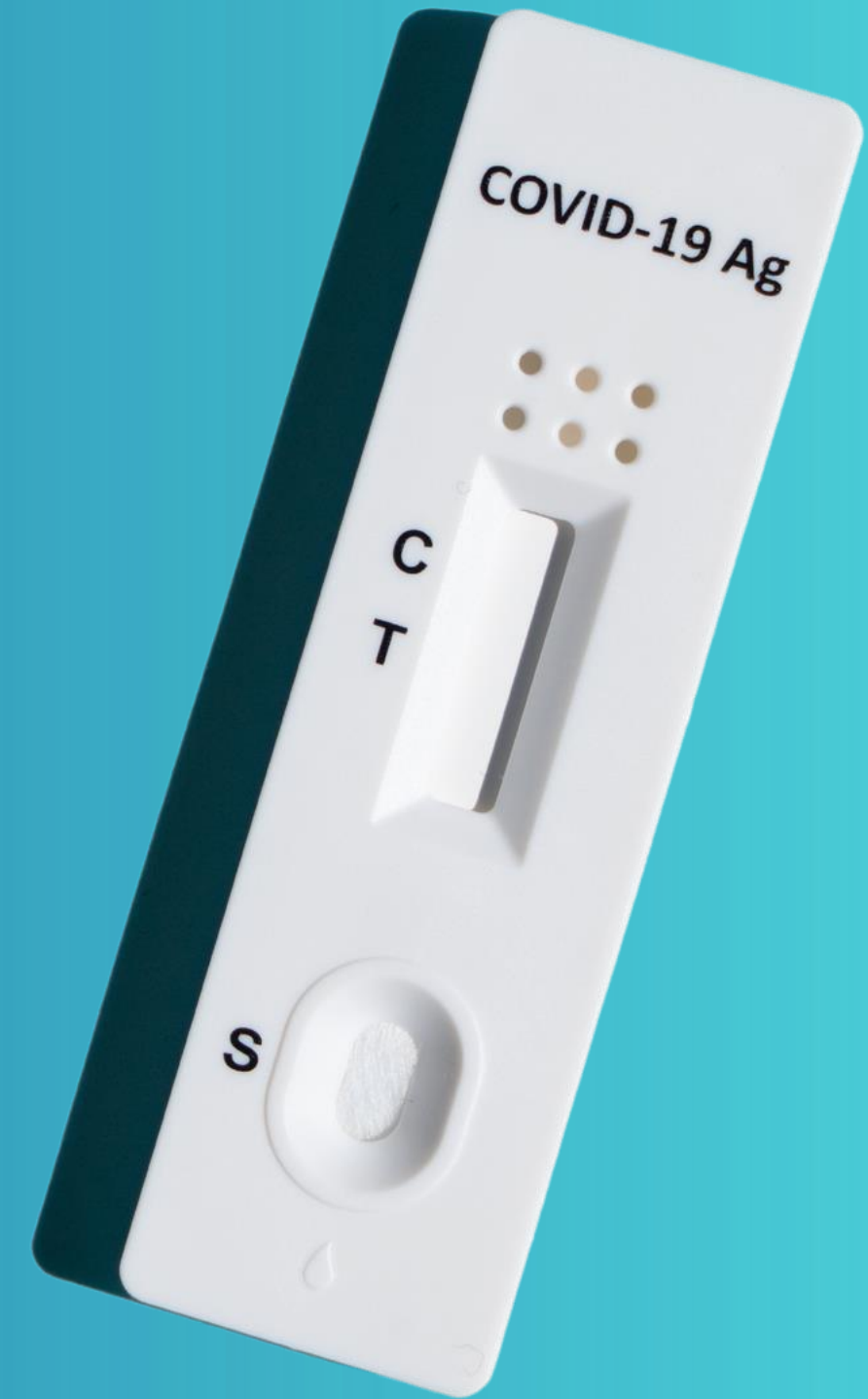
- Still important
- Test even if you think you just have a cold (which could still be COVID or another virus)
- What should I do if I feel sick but test negative for COVID?



# Free COVID-19 tests

Visit [covidtests.gov](https://covidtests.gov)

For assistance in more than 150 languages, call [1-800-232-0233](tel:1-800-232-0233)





# Is staying home still recommended?



I was exposed to or tested positive for COVID-19. Now what?

This timeline is for vaccinated and unvaccinated people.



IF YOU WERE EXPOSED

Testing and masking is best, but not required by the CDC.



IF YOU TEST POSITIVE OR THINK YOU HAVE COVID

Stay at home and away from others until 24 hours after a fever has ended AND overall symptoms are improving.



DURING THE PERIOD OF 5 DAYS AFTER YOU HAVE BEEN FEVER FREE FOR 24 HOURS AND SYMPTOMS ARE IMPROVING

It is recommended to: Test, wear a respirator (like an N95), distance, and improve air quality and hygiene, **especially around those who are most vulnerable.**

For testing and isolation information and information for special populations, environments, or considerations, review the CDC's [Respiratory Virus Guidance](#) or ask your healthcare provider.

**Remember!** COVID at-home tests are more accurate if you test twice. If you are concerned, retest.



Updated:  
April 24, 2024

For more information,  
please visit [cdc.gov](https://www.cdc.gov) & [fda.gov](https://www.fda.gov)

This publication was supported by the National Institute of Environmental Health Sciences of the National Institutes of Health under Award Number U45ES006179. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.

o Important to stay away from the most vulnerable



# Antiviral treatments

## Populations who are at high-risk

- Older (age 50+)
- Cancer, chronic kidney, liver, or lung disease (asthma, COPD)
- Diabetes
- Obesity
- Heart Conditions
- Immunocompromised







## COVID treatment

- **PAXLOVID (Nirmatrelvir/Ritonavir)**
- **Metformin**



# Clinical Considerations for antiviral treatments



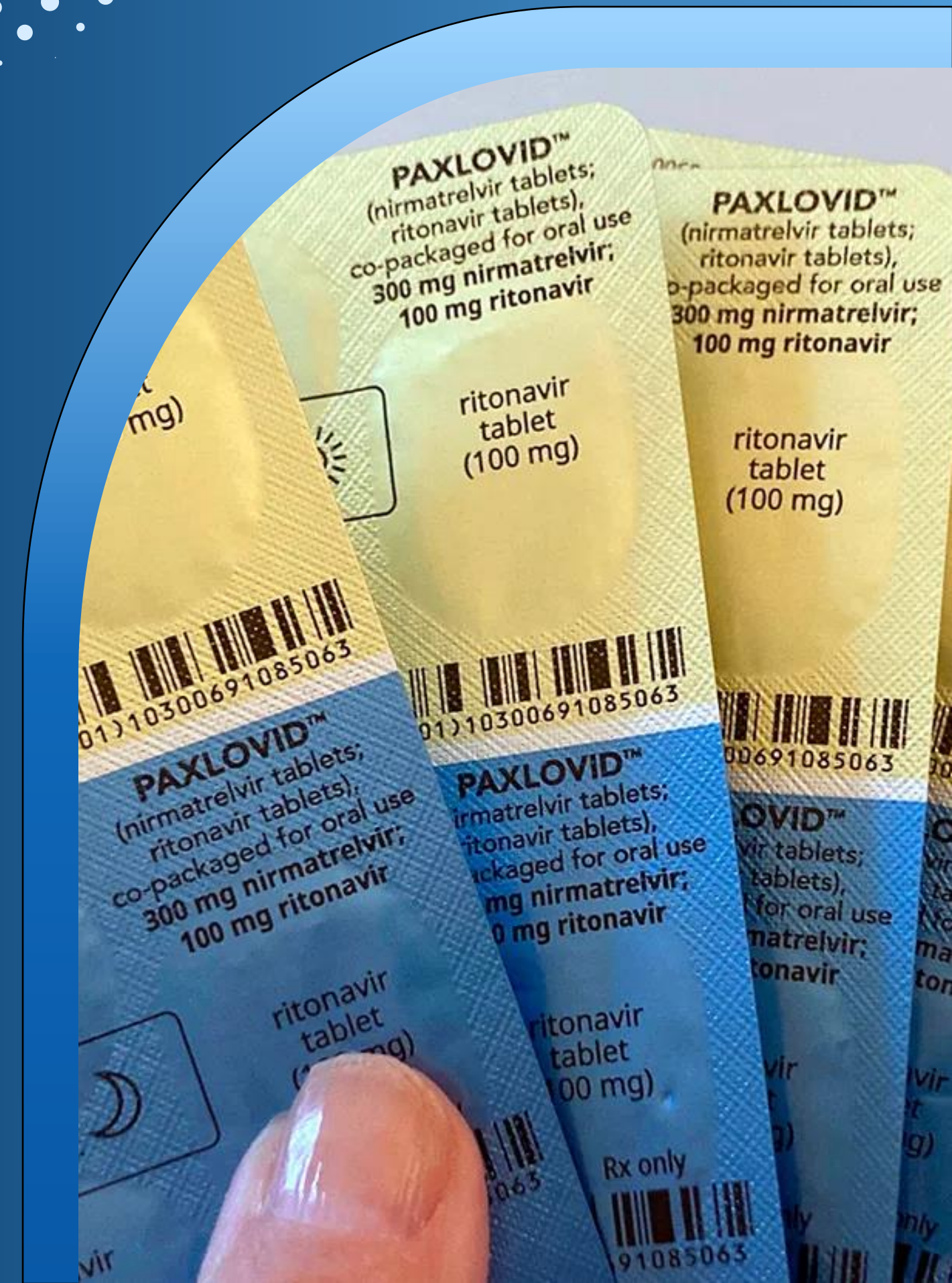
**ANTIVIRAL**

- Interactions with other medications
- Bitter or metallic taste is the most common side effect of Paxlovid
- GI symptoms
- COVID-19 Rebound:
  - 2 - 8 days after initial recovery. Characterized by recurrence of symptoms or a new positive test after testing negative
  - ~20% rebound using Paxlovid
  - Usually mild but patients can be infectious



# Additional considerations

- Paxlovid renal dose is available for people with moderate renal impairment (eGFR > 30 mL/min to < 60 mL/min)
- Paxlovid is not recommended for people with severe renal (kidney) and hepatic (liver) impairment
- Paxlovid reactions to medications for depression and mood disorder








# Tools for drug interactions



<https://www.covid19treatmentguidelines.nih.gov/therapies/antivirals-including-antibody-products/ritonavir-boosted-nirmatrelvir--paxlovid-/paxlovid-drug-drug-interactions/>



Treatment	Who (Among persons who are at high risk of getting sick)	When	How
<a href="#">Nirmatrelvir with Ritonavir (Paxlovid)</a>  <i>Antiviral</i>	Adults; children ages 12 years and older	Start as soon as possible; must begin within 5 days of when symptoms start	Taken at home by mouth (orally)
<a href="#">Remdesivir (Veklury)</a>  <i>Antiviral</i>	Adults and children	Start as soon as possible; must begin within 7 days of when symptoms start	Intravenous (IV) infusions at a healthcare facility for 3 consecutive days
<a href="#">Molnupiravir (Lagevrio)</a>  <i>Antiviral</i>	Adults	Start as soon as possible; must begin within 5 days of when symptoms start	Taken at home by mouth (orally)



# Helping uninsured farmworkers to get treatment

- **PAXCESSTM offers access and affordable options for patients prescribed Paxlovid**
- **<https://paxlovid.iassist.com/>**





# Long COVID or post Covid



- **Long COVID or Post Acute Sequelae of COVID (PASC)**
- **Wide range of new, returning, or ongoing health problems that people experience after being infected with the virus that causes COVID-19**
- **Continuation or development of new symptoms 3 months after initial infection**
- **Symptoms lasting for at least 2 months with no other explanation**





## Long COVID update

- **There are no biomarkers specific to Long COVID**
- **Many Long COVID symptoms are commonly seen outside COVID**
- **One in four patients with Long COVID have significant activity limitations**
  - **Relevant for those who need to be physical**
  - **Farmworkers**
  - **And other migrant and immigrant workers**





# Seasonal influenza

- Influenza A incidence picked up during late summer 2024.
- Influenza B also arrived earlier in the flu season than usual.
- Influenza vaccines (fluvax) usually available by September in the Northern Hemisphere.
- Seasonal Influenza vaccine can be given with other vaccines such as RSV and COVID.
- **It is critical to be vaccinated before your regional flu season begins.**



# H5N1 Avian flu

- Farmworkers in dairy and poultry are at a higher risk of avian flu
- The general public is not at risk
- We are not giving a vaccine for H5N1
- We want people to vaccinate for the seasonal flu so there is no opportunity for mixing viral material







# Respiratory syncytial virus

- **RSV**

- November – April

- **New RSV Injection (with nirsevimab)**

- Monoclonal antibody giving passive immunity
- Available for ages 60+ and pregnant moms

- **Vaccination offers promising results, substantially reducing hospitalizations in infants**



# Considerations for farmworker populations

- Patient occupational history
- Housing
- Co-morbidities
- Higher risk for H5N1
- It makes being vaccinated against COVID and seasonal flu very important
- Culturally contextual outreach





# EOH Screening Questions for the Primary Care Setting

Preguntas para sondear en los lugares de atención a la salud

## 1 OCCUPATION OCUPACIÓN

Describe what you do for work.  
Describa lo que hace en su trabajo.



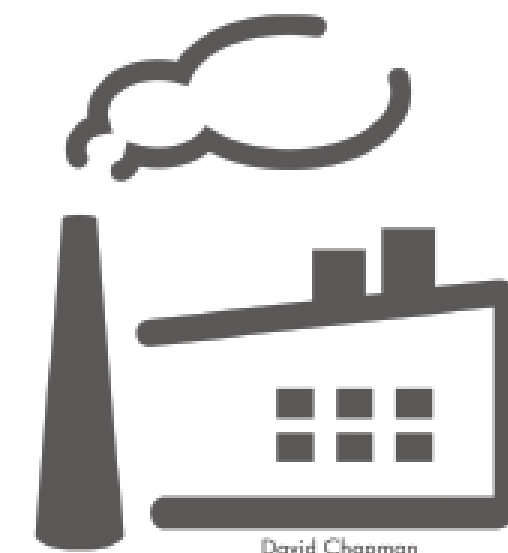
## 2 ACTIVITIES AND CAUSES ACTIVIDADES Y CAUSA

Are there any physical activities that you do – at work or away from work – that you feel are harmful to you?  
¿Hay alguna actividad física-en el trabajo o en otro lugar-que crea usted es dañina para usted?

## 3 SUBSTANCES/PHYSICAL HAZARDS AND CAUSES SUBSTANCIAS/PELIGROS FÍSICOS Y CAUSA

Are you exposed to chemicals, fumes, dusts, noise, and/or high heat at your work or away from work? Do you think these are harming you?

¿Está usted expuesto a químicos, gases, polvo, ruido y/o altas temperaturas en su trabajo o en otro lugar? ¿Piensa usted que estas cosas lo pueden dañar?







## Prevention

- Vaccines

- Hand hygiene

- Personal Protective Equipment

- Ventilation





# Summary

- **We are going to have emerging and re-emerging viruses**
- **Know who is most risk**
  - **Elderly**
  - **Children**
  - **Workers**
- **Ask your patient what they do for work**
- **Prevention still important**
- **Make sure patients have the most up-to-date vaccines**



# Culturally contextual educational materials

- Connect with their reality
- Connect with their values and what is important to them
- Offer practical solutions
- Concrete concepts





# MCN's resource hub

- Editable templates
- Campaigns
- Clinician education
- Outreach tools
- Updated guidance

## COVID-19

COVID-19 hasn't gone away. MCN continually develops strategies and resources around COVID to support health centers, health departments, community groups, and clinicians as they reach out to communities that are often overlooked and give care to patients who might otherwise have nowhere to go. We remain highly concerned for the vulnerable populations that already encounter numerous barriers to health and to care.

New data on COVID-19 – including on new variants of concern, long-term effects including long COVID, vaccine effectiveness and awareness, and recent case counts – continue to refine clinical recommendations. Please continue to review recommendations from the CDC and adjust strategies accordingly.

Please choose from the categories below for more information and recommended resources.



Check out our regularly updated **FAQ!**  
**COVID-19 and Migrant, Immigrant and Food & Farm Worker Patients**

## COVID Vaccine Resources

### MCN Resources



**FAQ: COVID-19 and Migrant, Immigrant, and Food & Farm Worker Patients (English, Spanish)**



**Who Can Get the Updated COVID-19 Vaccine (English, Spanish, Haitian Creole)**



**COVID-19 Vaccine Trifold for General Audiences - (English, Spanish), and Haitian Creole**



**Children and the COVID-19 Vaccine Trifold - (English, Spanish), and Haitian Creole**



**Vaccines, Masks, and COVID Variants | Handout & Template (English, Spanish)**



**MCN/ECMHSP Fliers: What to Expect When Getting the COVID-19 Vaccine (English, Spanish, Haitian Creole)**






## “Vaccination is...” Communication Campaign

MCN developed fully customizable educational materials to promote COVID-19 vaccination across all communities

**Printed Materials | Social Media | Graphics | Videos | Editable Templates**





**Vacúnate  
contra  
COVID-19**

**VACUNACIÓN ES  
ESPERANZA**


Inscríbete aquí  
1-800-000-0000 + website link



**Vacúnate  
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# FAQ: COVID-19 and Migrant, Immigrant, and Food & Farm Workers Patients

<https://www.migrantclinician.org/blog/2024/jan/faq-covid-19-and-migrant-immigrant-and-food-farm-worker-patients.html>



# Fact Sheet: Protecting Ourselves and Others With Respirators and Masks

**FACT SHEET** | **PROTECTING OURSELVES AND OTHERS WITH RESPIRATORS AND MASKS**



We can protect ourselves and others by using respirators to help prevent the spread of infectious diseases like the flu, COVID-19, and other illnesses. This protective equipment is also helpful during and after disasters like flooding and wildfires to prevent our exposure to mold and smoke. Sometimes, when we are not able to get respirators, we can combine the use of disposable facemasks with other prevention strategies to protect ourselves. This fact sheet provides a quick reference on masks and respirators, the most appropriate ways to use them, and information that's important to consider about when to use them.

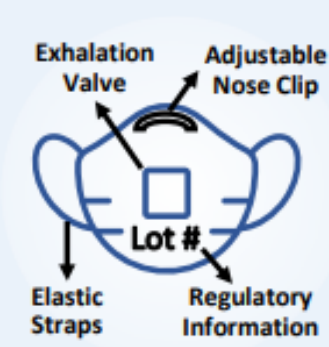
### Types of masks or respirators

When choosing respiratory protection, you should use protection that best suits your level of risk. You may need to consider cost and activity, but the priority is to keep yourself protected for as long as you need protection.

**Remember:** In some cases, your work may require that you use a specific type of respirator.

 Disposable Mask	 Medical Mask	 Respirator (NIOSH Certified and Non-Certified)
<b>Limited filtration</b> Manufacturing is not regulated. It is thrown out after one use.	<b>Medium filtration</b> Manufacturing based on ASTM standards. Example: Surgical Mask. It is thrown out after one use.	<b>High filtration</b> Example: Disposable KN95 or N95. OSHA requires employers to provide a new one each day in settings where a respirator is required. For personal use (for example when shopping), careful reuse is possible.

### RESPIRATOR AND MASK PARTS



All respirators and masks should have elastic or adjustable straps and an adjustable nose clip. Some respirators may have exhalation valves.

Respirators also have regulatory information on the front that includes the number indicating efficiency (N95, N99, N100, R95, R99, R100, P95, P99, P100), lot number, approval number (starts with the letters TC) and the letters "NIOSH" on NIOSH-approved respirators.

When your workplace requires you to use a respirator, you must be fitted. If it is not required in your workplace, you can use a respirator without being fitted.

Medical masks are not individually labeled but come in boxes with quality control, performance, and safety standard identification information called ASTM (Level 1, Level 2, Level 3).

### MASK USE IN FIVE STEPS: Inspection, Donning, Use, Removal, and Storage.

-  **1** Inspect your mask and verify that it is not torn, stretched or dirty.
-  **2** Wash hands for 20 seconds with soap and water. Hold the mask by the straps and place it over the nose and mouth.
-  **3** Always keep the mask on your nose and mouth. Avoid touching it and remove it completely when eating or drinking.
-  **4** Wash hands for 20 seconds with soap and water. Hold the mask by the straps and remove it.
-  **5** Single-use masks must be discarded. Cloth masks should be washed with soap and water and dried. Respirators can be reused by storing them in paper bags and alternating them with others.

### When is it safe to stop wearing respiratory protection?

We have made lots of progress since the start of COVID-19. Vaccines are our best source of protection. But masks and respirators are still needed to protect ourselves and others. Assessing our exposure risk can help us decide whether to use a mask or a respirator. When assessing your risk think about the following questions, if you find yourself in the Medium- or High-risk scenarios you should wear your facial protection.

Individual Factors	Low Risk	Medium Risk	High Risk
<b>Are you vaccinated against COVID-19? How long ago was your vaccination?</b>	Recently vaccinated with the updated vaccine	My vaccine is out of date	I haven't been vaccinated against COVID-19
<b>Do you have any chronic diseases (like heart conditions, diabetes, and obesity) or respiratory conditions (like asthma) that might increase your risk of severe infection? Are you immunocompromised?</b>	<ul style="list-style-type: none"> <li>I don't suffer from chronic diseases or respiratory conditions</li> <li>No, I am not immunocompromised</li> </ul>		<ul style="list-style-type: none"> <li>Yes, I have a chronic/respiratory condition</li> <li>Yes, I am immunocompromised</li> </ul>
<b>How old are you? The older you are, the greater the risk.</b>			I am 65 years old or older
Community Factors			
<b>Do you know your community transmission level?*</b>	COVID Test Positivity <b>Low</b> (9.9% or less)	COVID Test Positivity <b>Medium</b> (10% to 19%)	COVID Test Positivity <b>High</b> (More than 20%)
Type of exposure			
<b>Will your exposure be indoors or outdoors?***</b>	My exposure will be outdoors or in a well-ventilated space		My exposure will be indoors or in a poorly ventilated space
<b>How long will the duration of the exposure be?</b>	Less than 15 minutes (Example: Running an errand)		More than 15 minutes (Example: During my 8-hour workday)
<b>Will the event or place be crowded?</b>	You are at least 6ft away from other individuals		You cannot maintain at least 6 feet of distance between you and other individuals

\*See the CDC's website for community transmission levels: [covid.cdc.gov/covid-data-tracker/#maps\\_positivity-week](https://www.cdc.gov/covid-data-tracker/#maps_positivity-week)  
 \*\*\*For more information, see MCN's resource "Ventilation as an Essential Control Strategy": <https://bit.ly/3M68pit>  
**Resource updated:** 10/13/23  
 This publication was supported by the National Institute of Environmental Health Sciences of the National Institutes of Health under Award Number U45ES006179. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.



# COVID-19 AND OUR COMMUNITY

Better safe than sorry!



@MCN 2023 Material developed with funding from the Thoracic Foundation. The content is the responsibility of the authors and may not represent the official view of the Foundation.

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Content: Alma Galván, Jillian Hopewell, Martha Alvarado and Giovanni Lopez-Quezada. Design and art: Salvador Saenz/Uriel Sáenz.



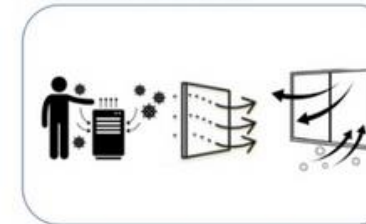
## Ventilation as an essential control strategy to avoid contagion

The main mechanism by which we can get COVID-19 is through the air. This occurs when we breathe in air containing aerosol particles or fine droplets that are contaminated with the virus. These particles are small enough to travel great distances and stay in the air for long periods of time. Enclosed spaces with poor ventilation and lack of controls like face protection, hygiene, and physical distance, present a higher risk of transmission.

### What considerations should we have when we want to implement better ventilation strategies?

The ventilation of a room is classified as “adequate” when the amount of clean air provided is enough to decrease and dilute the amount of virus particles that may be present. Due to the differences between rooms and structures and varying usage of these spaces, individual evaluations should be conducted. There is no single answer on how to ventilate, but combining some of the following strategies with others such as the use of respirators or masks and physical distancing can reduce the risk substantially.

#### ENGINEERING CONTROLS



- Opening of windows for natural ventilation.
- Filters with Minimum Efficiency Reporting Values rated 13 (MERV-13) or higher.
- Independent filtration units with high efficiency filters (HEPA).

#### ADMINISTRATIVE CONTROLS



- Routine cleaning and disinfection of frequent contact surfaces.
- Hand washing and hygiene.
- Physical distance of 6 feet or more.

#### PERSONAL PROTECTION



- Determine the risk of COVID infection based not just on ventilation but also on individual vaccination status, health, and immunity, and length of exposure and crowd density.
- In higher-risk environments, use high-quality protection like a respirator. In medium-risk environments use a medical mask or respirator. It is recommended that you choose a respirator over a mask for increased protection if one is available.

## COVID-19 and Our Community | Flipchart | Migrant Clinicians Network



This resource was created in partnership with the Migrant Clinicians Network.

The National Resource Center for Refugees, Immigrants, and Migrants (NRC-RIM) is funded by the U.S. Centers for Disease Control and Prevention to support state and local health departments working with RIM communities. Learn more at [nrcrim.umn.edu](http://nrcrim.umn.edu). Last update: 07/28/2023.

## Ventilation as an Essential Control Strategy to Avoid Contagion | Migrant Clinicians Network



MIGRANT CLINICIANS NETWORK

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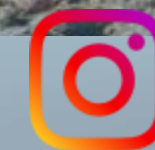
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Submit by  
**October 25th**



# Upcoming webinars



Community Health Worker Climate Resiliency Webinar Series:  
**Migrant Community and Education**

**Thursday, October 17, 2024**  
9:00 am PT/ 11:00 am CT/ 12:00 pm ET+AT

**REGISTER NOW**

[https://us02web.zoom.us/webinar/register/WN\\_zAsRzZQBT1a8z-Uj12abLA](https://us02web.zoom.us/webinar/register/WN_zAsRzZQBT1a8z-Uj12abLA)



Words Matter | A Three-Part Webinar Series

**Session 1:**  
Words and Policies Do Harm:  
Supporting Clinicians  
Serving Immigrants

**Thursday, October 17, 2024**  
10:00 am PT/ 12:00 pm CT/ 1:00 pm ET+AT

**REGISTER NOW**

[https://us02web.zoom.us/webinar/register/WN\\_rz4w1axQRGCfOicSTnkcOw](https://us02web.zoom.us/webinar/register/WN_rz4w1axQRGCfOicSTnkcOw)



**Health Network**

A Care Coordination Program  
for Patients Who Move  
During Treatment

**Thursday, October 24, 2024**  
1:00 pm PT / 3:00 pm CT / 4:00 pm ET & AT

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# Upcoming webinars

## How to Prevent Pesticide Poisoning in Farmworkers

Session 2:  
Public Health & Legal  
Considerations in Pesticide-  
Related Illness in Farmworkers

**Thursday, November 7, 2024**

1:00 pm PT / 3:00 pm CT / 4:00 pm ET / 5:00 pm AT



[https://us02web.zoom.us/webinar/register/WN\\_H31JfmdqQmafc0KFUy4jrA](https://us02web.zoom.us/webinar/register/WN_H31JfmdqQmafc0KFUy4jrA)

**Managing  
Environmental Hazards  
and Mental Health  
and Well-being in  
Post Hurricane Recovery**

**Tuesday, October 22, 2024**

10:00 am PT / 12:00 pm CT / 1:00 p.m. ET+AT



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# Evaluation

Your evaluations are important to us! MCN uses your responses to guide, adapt, and improve our online educational offerings.

Please take a few minutes to submit the evaluation for this webinar. If you would like to receive a Certificate of Attendance, Continuing Nursing Education, or Continuing Medical Education, submission of the evaluation is required.

An Update on COVID-19 and the  
Seasonal Flu

