

Marvin: Welcome and thank you for joining today's Special Omicron Webinar. Please note that all audience audio connections will be muted until the Q and A portion of the call. Please open the chat panel by using the associated icon located at the bottom of your screen.

If you need technical assistance, please send the chat and address the event services host. To ask a call content related question, please click the Q and A icon located at the bottom of your screen and type your question and send. With that, I'll turn the call over to Bob Mulderig, Deputy Assistant Secretary for Public Housing Investments. Please go ahead.

Bob Mulderig: Thank you so much, Marvin. Good afternoon, everybody, or good morning, depending on where you are in the country. Thank you so much for being with us today. And I want to start by saying thank you for everything you continue to do on a daily basis, providing safe, affordable, decent housing to so many residents nationwide, it is such an important mission that we all have, and our hats are off to all of you who do the good work in the field every day.

And so thank you for that. I always say it's a pleasure to be the head of the office of Public Housing Investments. And I always focus on that last I, the investments I, because what we do in our office, we do a lot of financial and other investment in the capital assets of public housing but we also do a huge amount of investment in the lives of residents, we try to provide both funding resources and other resources to all of you so that you can do the work that you are so good at in providing resources to our residents.

And that's never been more important than it has been in the last two years. I just say, I was thinking as we were getting ready for this webinar that we thought we had COVID fatigue in let's say late 2020, and then we were sure we had COVID fatigue somewhere in, let's say early to mid-2021.

And here we are in January of 2022, still dealing with the threat that COVID vaccine offers to so many of our residents, to all of us and the need to do everything we can to protect residents, to offer them every resource that we can. I know PHAs across the country are doing a phenomenal job, and we're so grateful to you.

And that's part of the reason that we have this important webinar today. We all thought that we were close to ending the virus last, let's say late spring, and then in the summer we had the Delta variant, which really set back a lot of the efforts that had been made toward combating COVID-19. And Delta variant seemed to be getting a little bit in the rear view mirror when the Omicron variant surfaced at the end of November.

And the Omicron variant has brought with the particular challenges, but also I think there are particular resources that are being made available now, so that

we can, again, effectively address this variant as well as the variants that have led us to this point.

So I thank all of you for being here, because I think this is a really, really important webinar at which you'll be able to get some good information about the opportunities available to help you continue, to help your residents fight COVID-19.

The part of the reason we're doing this webinar in this particular juncture of time is because of new efforts that have been launched by the Biden administration. As you know, the Biden administration has now begun to distribute over half a billion at home, rapid COVID-19 tests.

We hope this will be huge benefit toward people knowing if they have a COVID positive infection, and therefore being able to do take the proper steps in addressing that. We're also going to be looking at the efforts that are underway to expand testing capacity and increase access to free testing for every American across the country.

The speakers that we have for today's webinar are really excellent because they're going to help you decode all of the recent guidance related to the Omicron variant, to the current theory on masking, on vaccines, on the booster shots, and everything else.

So it's going to be a really, really important opportunity to get the most up-to-date information from some of the best experts that we can offer to you today. I think this webinar is going to be a really instructive and I'm so happy to have such a terrific group of people to pass this off to you today.

We're going to start by hearing from Bob Burns. Bob is the Director of the National Center for Health and Public Housing. He's going to make some initial comments and then he's also going to introduce Dr. Jose Leon. Who's the Chief Medical officer for the National Center for Health and Public Housing.

These are two terrific resources, we couldn't ask for a better panel to be with us and following their presentation, we'll have plenty of time for your questions and answers. So I want to thank Bob, and Jose, and all the other people who you're going to hear from today, and especially our staff in the office of public housing investments who are in partnership and all of these efforts with the office of Field Policy and Management.

Together, it's been our pleasure to try to deliver to you these important pieces of information so that you can do the best job that you can do in assisting our residents. So with that again, thanks to all of you for being here, I'm going to get out of the way because you really need to hear from the experts. And so I'm happy to turn it over now to Bob Burns from the national center. Bob, you may still be on mute.

Bob Burns: I'm sorry guys. Yeah, I want to just thank Bob for welcoming us and for Jason Naraji for all his work and partnership in putting this series together, it's really been outstanding. And for a long time we've been working in Health and housing and health and public housing in particular, and we had longed over the years for the kind of partnership that I feel that we have right now and also the expanding partnership between HUD, and HHS, and HRSA, and PIH is really, really something to see.

As we go ahead, I just want to make a couple of remarks and then I'll just touch on the agenda for a second. But first, just to say that in a minute, Dr. Leon is going to go through kind of all of the issues and the agenda Free At-Home Tests, Omicron or Oh-my-cron, the masks, jab it up, Flurona and get into the details and all the questions brought about by all the changes regarding the vaccine, and Omicron, and the masks, and the need for testing, and the types of tests, and all that kind of good stuff.

But at the heart of it, what we're hoping is to really continue and build on, expand, or even start off for some folks that partnership between health centers, and housing agencies, and the residents who live there across the board, and also to encourage housing agencies to look at the community health centers, schools, departments of public health, state and local, the primary care association and their states and other resources, local resources, in addition to the CDC resources to get the information they need.

And those partnerships can be in the form of communicating information about doing different testing or vaccination sites, or maybe assisting with enabling services, a ride, or sharing community health workers, all the things that have worked during this whole kind of COVID experience for the last two plus years.

So I hope that will really continue and can really build on that. But joining us now is going to be Jose Leone. Jose is our Chief Medical officer at the National Center for Health and Public Housing. He has 25 years plus in health centers and emergency medicine, and has just been a kind of a stall wart in identifying what works and providing just the right information at the right time for health centers and housing agencies alike. So at this point, I'm going to turn it over to my friend and colleague, Dr. Jose Leon. Jose?

Jose Leon: Thank you, Bob, and good afternoon, good morning to you, depend on where you are in the country. Is such a great pleasure to be part of this conversation. And so before we have some updates on COVID-19 and what is happening, and we are overwhelmed sometimes with information, and sometimes what is true today probably is not going to be tomorrow.

We have [inaudible 00:08:48] experts and scientists working on COVID-19, so there's always something new. And it's very difficult to stay, to get all the information and assimilate all the information at this every day. But it's important to mention the new website at, the covidtests.gov. This is effort by Biden administration to offer at home rapid tests to everyone who is trying to

get tested, or who is trying to know whether or not they have been infected, or they have been somehow affected by COVID, or they have family members.

So these At-Home-Test are also available at community health centers and local pharmacies and retailers, so if you are working with a community health centers, or if you are a community health center, you know that this is a priority, and we are very happy to provide health services to underserved, vulnerable populations included those living in public housing, people experiencing homelessness, migrant, and agricultural workers.

These special populations are always a priority for health centers and is extremely important also to let the audience know that the information on the website is available in English and in Spanish. So again, the website is [www.covidtests.gov](http://www.covidtests.gov), and you can order your test. And this is a great research for all of those who are trying to get the rapid test. Next slide, please.

So HRSA is also working with community health centers and they are offering at-home self-tests. These are for health centers on Medicare certified rural health clinics. So of December 21st, community health centers are eligible to participate in the program.

We're very pleased to obtain some numbers from HRSA and all, even though this is not a requirement for health centers, most of the health centers are right now working and trying to obtain the at-home self-test for their patients, so that we can have a better understanding how the pandemic is affecting our population and our communities. Next slide.

And before we get into the Omicron and all the information that we know that we were hearing about, it's really important to know that there are some variance of concern and basically what this is every time that the virus mutates there is a concern on how the virus can affect the immune system of those who are either vaccinated or unvaccinated.

And the work of the virus is basically to, is to pass all the genetic information that the virus has inside and the infect cells and the idea or what the virus is trying to do it just to transmit the RNA or anti-DNA and all the genetic codes that they have inside. So variants of concern are those who are they can have an increase in transmissibility, or severity of symptoms, or sometimes the public health measures cannot be effective.

So that's the reason why, and sometimes WHO or the who, the World Health Organization has some variants of concern in, we are very familiar with all of them, and the last two that we've been hearing about are Delta and Omicron variants. There are others every time that there is an outbreak, and there is a new variant, these are variants of interest or under consideration, just to make sure that we know everything about the new variant and how this variant can affect our populations. Next slide.

Omicron, what you need to know, Omicron is behaving as a mild cold. The symptom sometimes are running nose, sore throat, nasal congestion. The cough is a bit different, when we had the first COVID-19 cases, as cough was one of the main symptoms, and we knew that someone who was coughing and had fever because of the pandemic, we had to test this patient for COVID-19.

Now, the virus has mutated, it has changed, and the symptoms are a little bit milder, but it doesn't mean that can cause some complications to those who are not vaccinated or who are immunocompromised. The virus is expressed more easily than the original COVID-19 virus, and breakthrough infections. We have seen some breakthrough infections in people who are vaccinated, or who had the condition, who had COVID-19 in the past, and yet they are having another infection.

So either you have an active immunity or a passive immunity due to the vaccines, you can still have Omicron, even though the vaccine are protecting against severe illness and hospitalization. Next slide.

So the question is, what can I do? What can I protect myself and my loved ones against Omicron? First, if you haven't received the vaccine, the COVID-19 vaccine, please get the vaccine. We have three vaccines, two mRNA vaccines, and the J and J vaccine. If you have not received a booster dose, please get your booster dose.

Also, a mask, wear a mask in public indoor setting. This is extremely important and we are going to discuss a little bit more about the new recommendations. And please, if you have symptoms considered taking a test before you have any kind of meeting. The best measure to protect against from COVID-19 is to get vaccinated, and that is something that public health specialists and public health people are just trying to communicate every single day.

The vaccine is the best way to protect us and to protect all relative from getting COVID-19. And even if you get the disease, even if you get a breakthrough infection, you are making sure that you are not ending up in a hospital or you are not having severe symptoms. Next slide.

We've been hearing about masks, and respirators, and all recommendations have been somehow changing from the very beginning that we had COVID-19. And right now, CDC has some specific recommendations on how you can select a mask. There are four things that are very important to mention, regardless of the type of a mask, clothes mask are not recommended at this moment, CDC is recommending to wear a mask that has at least two or more layers.

The mask, regardless of the mask that you're using or that you are wearing, the mask must cover your nose and mouth completely. The mask needs to fit against the size of your face and the mask doesn't have gaps, that's something that you need to make sure. And ideally, you should wear a mask with a nose

wire to prevent air from leaking out of the top of the mask, that these are some recommendation, that these are the current recommendation from the Center for Disease Control.

The other thing that I will like to mention is how you dispose off the mask. Sometimes, regardless of whether you are using a, I'm sorry, you are wearing a KN95 Respirator or an N95 Respirator, we tend to touch its surface, the outer surface of the mask, and that's the part that gets contaminated.

So every time that you dispose of your mask is always, always recommended to wash your hands following the CDC recommendations, 20 seconds, with soap and water. And if you don't have soap and water available, then use any of the alcohol based sanitizers.

But the best respirator, as we know are the N95 respirators, these are NIOS approved. However, at this moment, these are just limited to healthcare professional, is my understanding that this morning, the president, the Biden administration said that they are going to offer around 400 million N95 respirators.

So people will have access to these masks, these are not easy to wear, so their recommendation is to always follow the manufacturing instructions and make sure that you follow the CDC recommendations as well as how you can wear this mask and make making sure that the mask that you are wearing is, I mean, it is completely covering your nose and it's fitting against the side of your face and don't have any gaps, that's the most important part of masking. And again, and the way that you dispose of the mask, that's extremely important.

Next slide please. Moving on, we are going to briefly discuss the recommendations on booster shots is one of the questions that we get is when patients by any reason have received a third dose of the vaccine as part of the primary series. So there is a little bit of confusion on whether or not they're going to need a booster dose, if you know someone or if you have someone who has a weakening immune system, and this person has received a recommendation to get a third dose as part of the primary series, the person or the patient all always needs the booster shot following the recommended interval.

So five months after the third dose. But for those who are not immunocompromised, the booster dose is recommended five months after the second shot and that's something that we need to consider when we are vaccinating our patients.

It's extremely important to mention that about 55% of people in the United States are illegible for the COVID-19 booster dose but they haven't gotten the booster dose. So if you are working with patients or you are public housing agency and you know someone who needs the booster dose, always you can

contact the health centers, or the pharmacies, or wherever this patient can get a booster dose. So we are making sure that this person doesn't have severe symptoms or is hospitalized because of COVID. Next slide please.

The recommendations in regards to the mRNA vaccines is if the patient is 12 to 17 years of age, the minimum interval, the interval between the second dose and the booster dose is five months. And that is from patient from 12 and older, they need to receive the Pfizer vaccine. If the patient is 18 and older, they can also get the Moderna vaccine. As you know, the Pfizer vaccine is the only one recommended for patients who are younger than 18. Next slide.

There have been some changes regarding quarantine and isolation. I am going to briefly mention the difference between isolation and quarantine. Sometimes we get confused, but quarantine is a strategy to prevent transmission of COVID, if you've been in contact with someone who has just been diagnosed with COVID-19, and isolation is a term that is used to separate people with confirmed or suspected COVID-19, people who are in isolation should stay home until safer for them to be around others.

For both the quarantine and the isolation, the day zero is the first day that you either tested positive or you had symptoms. And day one is the first full day after your symptoms developed. So these are some considerations when this is another question that we receive from patients when they say, "Okay, when is my day zero? When is my day five? When do I need to finalize my isolation period or my quarantine period?"

So it is basically day zero, from the first day that you got symptoms or you tested positive. Next slide, please. CDC recently updated the isolation and quarantine recommendations. And the... Next slide, please.

And if you tested positive for COVID, you have to stay home from day one to day five, and after day six, to day six to 10, you can leave your house and continue to wear a mask around others unless, you still have symptoms, if you have running a fever or you are coughing, then you need to stay home until your symptoms resolve. Next slide.

Now, if you were exposed to COVID and you received the booster dose of the recommended vaccines, then you don't need to stay home, basically you have to wear a mask around others for 10 days. Ideally, you should get a test on day five, but if you develop symptoms or if your test comes back positive, then you have to follow the isolation guidelines or recommendations. Next slide.

So also if you were exposed to COVID-19 and you are unvaccinated or vaccinated, and you receive the vaccines, the primary series, the two doses over six months ago, or if you haven't been boosted, or if you received the J and J vaccine, and over two months ago, and you haven't received the booster dose, please stay home again, on day five, get tested and continue to wear a mask

around other from day six to 10, unless you have, or you develop symptoms.  
Next slide.

We've been hearing this term of Flurona. And it's a bit confusing, some people believe that this is a new disease or a new condition. And it is basically what the combination when someone tests positive for this flu on COVID-19.

One of the main concerns when you have a co-infection is the severity of symptoms, especially if you are unvaccinated and if you are a senior or you have any underlying condition, what we have to do is to make sure that we receive both the COVID-19 vaccine, that we have received the booster dose, and we have not received the Influenza vaccine, and we have to receive the Influenza vaccine, making sure that it takes around two weeks to develop antibodies when you receive the flu vaccine.

So this is extremely important, there have been some cases in the United States and around the world on seniors, and again, on people with underlying conditions, on children are at higher risk to develop severe symptoms or get hospitalized because of the combination because having this coinfection, which is the flu and the coronavirus infection or COVID. Next slide, please.

Why is this so important? The reason is that the activity level is increasing, the flu activity level is increasing. Next. The last report from CDC is that there are some mistakes where we are seeing increasing the number of patients who are being diagnosed with the flu.

So we need to make sure that again, the best way to prevent the flu with COVID is to get vaccinated. And it's always, always important regardless of the time or regardless of the season, sometime people ask a question, is it too late to get the flu vaccine? And the answer is, is never too late to get the flu vaccine.

So we don't know exactly when the peak of the flu season is, sometimes we can say, "Oh, December, January," and it takes two weeks to develop antibodies, that's not always the case, we have seen outbreaks of the flu even late in April. So make sure that you receive the vaccine, so you don't get the flu and COVID at the same time. Next slide.

When we compare the flu map and the COVID-19 map, we see that COVID is high. So is all the countries is red, is high. So we need to make sure that we help our patients or relatives and all our loved ones to get vaccinated. The vaccine has proof to be effective, we haven't seen cases of side effects or multiple or systemic effects, the vaccines are safe.

And please make sure that you recommend the vaccine, if you have not received the vaccine, get the two doses, and if you have received the primary series and you have not received the booster dose, please get the booster dose.  
Next slide.



These are some link and resources where you can get additional information. You can visit the CDC website or the whitehouse.gov Website, HRSA COVID-19, the covidtests.gov, that we mentioned, and all the resources, including you can visit your department of health, just to make sure that you have all the information that you need.

As I said, this is constantly changing and being on track, and sometimes getting the up-to-date information is difficult for everybody. So let's make sure that we get our information from sources that are either federal sources, or state sources, or medical sources as well. Next slide. All right. So I'm turning the conversation [inaudible 00:32:28].

Speaker 5: Great, thanks so much, Jose, and Bob, and everyone for joining us today, we're now going to go over to the Q and A, and we have a special guest with us, Victoria, Maine joining us from the office of Public Housing and Voucher Programs, who can also address any questions on PHA operational issues.

We've got a lot of great questions in the chat and Q and A, we've been trying to respond to them in real time, but I'm going to try and bucket together, maybe some of the similar questions and more urgent questions and folks, Bob, Jose, anyone can just jump in. I think there's a little bit of confusion well, let me just say at the top, we will be providing as always the recording and slides available on the HUD Exchange. So it usually takes us a little while to get those up there because we have to get the transcript and make everything 508 Compliant.

But if you registered for this, you will receive a follow up email and you can always go onto the HUD Exchange, we have a website with all of our past webinars dating back to last year, and we'll put a link for that in the chat. But substantively, folks were asking Jose, if I can go back to a slide, just about counting the quarantine and isolation days.

So I guess there was a question about what is day zero, right? So let's say, for example, today is Wednesday and I test positive today for COVID, what do I then do? How do I count the days? When is it safe to stop isolating? Can you give a little more guidance on that?

Jose Leon: Sure. If you tested positive today, today is Wednesday, that is your day zero. And then you need to start counting from today, Wednesday until basically Thursday, Friday, Saturday, Sunday, Monday, that is your fifth day after testing positive and that's when you can finalize the isolation or the quarantine period. And just to make sure, as I mentioned previously, that you don't have symptoms but you need to keep wearing a mask if you are going out and you're going to be in contact with others.

Speaker 5: Okay, great. So and let me just go a few slides ahead. We had some more questions kind of just about that guidance. So based on what you were saying, it sounds like if you had a positive COVID-19 test, really the thing to do is the

same, regardless of whether or not you've been vaccinated, right? Stay at home for five days, if you can. And then we had a lot of questions about, well, it says day six through 10, if you have no symptoms, you can leave your house, what should you do if you continue to have symptoms days six through 10?

Jose Leon: You need to stay home until you get better. It's not recommended to go out because you can spread the virus. So if you still have symptoms and remember that these recommendations can vary a little bit based on whether or not you have underlying conditions, for instance. For people who are immunocompromised, the recommendation is to take this is to stay home from at least 10 days.

So even though the recommendation is to stay home and you can just go out after days from day six, please stay home if you still have symptoms. And ideally, if you still have symptoms that you've been in contact with your provider, medical provider, just make sure that you contact your provider and your provider will be able to offer additional recommendations for a particular case.

Speaker 5: Yeah, great point. So folks, if available, could use things like telehealth or contacting their provider depending on their individual circumstances, that's a great point. Some people are immunocompromised, every situation is unique, this is sort of the general guidance.

And then in terms of exposure, so it seems like the key difference here is that if you're up-to-date with your vaccinations, which means for most folks at this point, if they've been boosted but if they've only received their first round of vaccination recently, then they would still be up to date.

But basically, wear a mask around others for the whole 10 days, but then if possible test on day five to confirm, but it looks like here, the key difference is if you're not up-to-date with your vaccination, that days one through five, you should really be staying home to avoid a possible spread.

So it seems like the real advantage from the public health standpoint, if you're vaccinated and up-to-date is that you don't necessarily need to stay at home for those days, one through five. So my colleague Jasmine, from the office of field policy management's also on the line. Jasmine has also been monitoring the Q and A, do you want to throw a question in?

Jasmine: Sure. So there's been some questions about testing and kind of pulling a few together. What would you say is the role of home testing for combating the spread, given the higher propensity for false results that [inaudible 00:38:07] put out there?

Jose Leon: Excellent question. The at-home-test is useful when you have a positive result, you are making sure or you know that you have COVID, but if you have a

negative result, that doesn't mean that you don't have COVID, especially if you have symptoms.

So if you have symptoms and even if you have used the at-home-test, ideally you should get one of the viral test, the PCR or the nap test to confirm the result. The other issue with at-home-test is that you need to read the instructions carefully and ideally you should receive some instructions from whomever is providing the at-home-test to you.

Once you have the test and you add the test strip into the reagents in the tube, I'm not sure whether you are familiar with this, it cannot be more than 10 minutes because it can give you a false negative result. So that doesn't mean that the test is not working, it means that we are not following the instructions correctly.

But again, if the outcome test is very useful, if you test positive, that means you have COVID, but if you have symptoms and the test is negative is ideally we have to confirm it with a PCR test.

Speaker 5: Great, thanks. So it sounds like a positive result is certainly helpful, right? Because it tells you most likely you have COVID and so you should isolate accordingly, but a negative result doesn't necessarily for the at-home-test, mean you're in the clear, although taking them one after another, maybe each day or confirming with the PCR test is one way of being sure.

So it sounds like these are just a really great tool, but they're not necessarily foolproof in that sense. A lot of questions, let me throw a question to Victoria, meaning some operational kind of questions, which I don't know if you may be able to speak to, but people are really wondering, in terms of wearing masks to be safe in the workplace.

I think it's really hard for folks to know, is somebody wearing a mask properly? Is it really the right kind of mask? Is there any guidance that HUD is providing about safe masking for HUD employees or for grantees or PHS? And then also Jose, maybe if you can speak to, I think there's a lot of concern also just about counterfeit masks and how can you really tell if a mask is safe and is actually legitimate, if you all, can speak to those.

Victoria: Sure. Good afternoon, everyone. No, HUD is not issuing guidance on masks. However, we would certainly refer everyone to CDC guidance on masks. That being said, people who work at housing authorities are going into people's homes and to the extent that we realize that some people may be nervous about having someone come in, who's mask has slipped down below their nose.

So certainly it's a good business practice and respectful of residents to make sure staff have appropriate masks when they are interacting with the public, and with residents, and section eight participant.

Speaker 5: Great. Thank you. Yeah. I think that's really important to note that we don't have HUD specific guidance, but we're following the sort of CDC and FDA guidance around these. Jose, if you want to talk a little bit about making, not only how do you know that the mask is legitimate but also people are asking, how often, how many times can you reuse a mask? If N95 is not available, what's the next preference from there? If you can kind of speak to that.

Jose Leon: Sure. The N95, as we mentioned, is the best respirator or the best mask, is NIH approved. So if you are able to get one of them, and as we mentioned, they will be available, the Biden administration is offering 400 million of the N95 respirators.

If they are not available, the next option is the KN95 respirator or respirators. The difference is that these are approved by organization that is similar to the Center for Disease Control use, they are manufacturing China.

I've seen others from Great Britain as well, these are KN95. It is very difficult to say whether these are real or are not contra-respirators or masks, but just make sure that you follow the Center for Disease Control recommendations. And it's extremely, extremely, extremely important that you have at least two layers of protection that you have the mask that the proper mask that fits your face and you cover your nose and your mouth.

But honestly, there are so many places where you can [inaudible 00:44:25] this mask, so make sure that whatever you are getting your mask is a place that you've been having or you've been buying this mask and do not go to places where you believe that you're not going to get a real mask, basically.

Now in regards to when you have to dispose of the mask, if you are wearing a KN95 or N95, you can wear them for couple of days, unless the mask gets sold, or dirty, or you see that there are some stains on the mask that can affect the permeability of the mask.

So if that is the case, you can get rid of the mask. In regards to the other type of mask, like a surgical mask, for instance, in health settings, the recommendation is to dispose of mask every four hours but for the general public is recommended that you can use it for 24 hours or one day, and then you can dispose of the mask.

Speaker 5: Great, thanks. So let me ask a question actually to kind of think about where we are now, almost two years into the pandemic. A few people have been asking in the chat, at this point we've had vaccines available for over a year, some folks are getting boosted, the White House is now sending test kits and they're also available at community health centers, and pharmacies, and other locations, also the announcement this morning that masks will be made available, and again, available from other locations like pharmacies.

So with all of those tools at our disposal, people are wondering, well, where is this all going? There's a feeling that for those who are unvaccinated, there's a stronger level of protection from Omicron than there was for the original variants before vaccines were available.

Jose, can you talk a little bit just about sort of the different impact that Omicron is having right now on those who are unvaccinated versus those who are vaccinated and particularly as it relates to severe hospitalization and death.

Jose Leon: Of course, for those who are not vaccinated or who have not received a booster dose, we are seeing more hospitalizations. And when compared to those who have been vaccinated, even though we haven't seen a death related to, or at least I am not aware of any deaths related to those who have received the vaccine and/or have Omicron, but those cases, those who have been hospitalized, those who have been intubated are those patients who have not received the vaccine and then patient who probably have more than six months without getting a booster dose.

Speaker 5: Great, thank you. So it sounds like for those who are unvaccinated, Omicron is still just as dangerous if not more dangerous than the original variants, but of course, we have a higher level of protection now, thanks to vaccines and other measures.

So just to talk then about I guess, Flurona in the flu shot. So last year we didn't really have any much flu at all in the country. As you said this year, it looks like the rates are much higher. Can folks get their flu shot at the same time as a COVID shot? Is it too late to get a flu shot? What's the best way people can protect against flu? Not that we've seen cases of people being infected with both.

Jose Leon: That's a great question, Jason. Yes, you can get the flu vaccine at the same time. The flu vaccine is an inactivated vaccine, it means it doesn't have live viruses. This so when you have a vaccine that is inactive, you can get that vaccine with any other vaccine, I would like to expand a little bit because we are talking about COVID-19 and booster doses, but the flu vaccine can be given, even if you are receiving other types of vaccines at the same time.

Now, we have the children who are getting behind their schedule, vaccination schedule. So if this is a six month and older or older, and they need older vaccines and recommended for their age, like just to mention DTaP for measles or Varicella or the... And then they can get both vaccine at the same time. And adults or those who are getting the booster dose of the COVID-19 or the primary series, they can also get both vaccines at the same time.

And it's never too late to get the flu vaccine, CDC has data on outbreaks even in early April. So right now we are in January, if you have not received the flu vaccine, this is the time to get the vaccine.

Speaker 5: Great. Thank you, Jasmine, do you have any questions in from that? I know we still have a lot of questions coming in through the Q and A and in chat.

Jasmine: Yeah. So can you speak to the CDC's reduction of the quarantine time? How long can an infected person stay contagious? Was this all kind of related to hospitalization rates or kind of the lessened effect of Omicron or the number of people who are vaccinated now? I mean, how do all these factors play a role in that decision to reduce the quarantine time?

Jose Leon: I'm sorry, you broke a little bit, can you just repeat the question one more time?

Jasmine: Sure. So the CDC has reduced the quarantine time to five days. And so the question, the number of questions kind of asked about the rationale behind that and what it's related to, how long can infected people stay contagious? Is it related to the number of people that are vaccinated right now? Or is it more about... Can you hear me now? Am I still-

Jose Leon: Yeah, I can hear you.

Jasmine: Okay. Or is it more about the Omicron sort of lessened effects in some individuals?

Jose Leon: This is a great question. As we know, the recommendations have changed based on what we know about the virus. In the beginning, we started to say, "Oh, 14 days," Then we went down to 10 days now, five. And this is the period of time when we are more contagious, but we have to consider that each case is unique, that this is average time.

And if you have symptoms after day five, you need to stay home. And that's the take home message that, oh, today is day six, so I finalize my isolation period, but I still have, I am running a fever, or I am still coughing, or I have an underlying condition such as diabetes. Ideally, if you have any of those, even if the recommendation is to go out and wear a mask, please stay home.

Speaker 5: Great. Thank you. I know we only got a couple more minutes and we have with us today, Joe YO, from the office of Field Policy and Management, and to help close us out, a lot of great questions in the Q and A that we couldn't get to. So we do these webinars every month and actually, we'll have another one coming up in February, depending on what the latest topics are at that point, and we have our COVID-19 bulletins that we've been sending out for the past year.

So we'll put some links into the chat for folks to register for those bulletins, staying up-to-date with the bulletins is really the best way to continue to receive information from HUD about the latest guidance from the CDC, FDA, and other HHS sources.

I do just want to give Bob Burns a chance to see if you have any closing thoughts from sort of the health center perspective and also just wanted to note for a lot of folks, if you haven't looked already, we've probably answered about half questions that came through the Q and A features.

So you may want to check there to see if your question was answered and many people ask sort of the similar questions. So we'll leave it up for a little while for folks, if they want to get into the Q and a and kind of look at the questions and answers through there. But Bob, any sort of closing thoughts from you?

Bob Burns: Just one quick thing, I mean, the HRSA COVID-19 testing program really just got kicked off during Christmas. So we've just gotten some basic reports and I think in the last couple of weeks, they've already gotten over 7 million tests, ordered 7 million testing kits for the various health centers around the country.

And so those numbers are only going to grow, so as people are looking for that information, they have it. And also there were some questions about community based testing sites, and I just put in the chat, a locator that's available on the HHS site and it's on a state by state basis. And hopefully that will be helpful to people as they're trying to find out [inaudible 00:55:06] testing sites are in their neighborhoods, and in their cities, and towns and so on.

And just to reiterate, please, if you're in a housing agency, reach out to your health center, health centers reach out to your housing agencies to coordinate all of the above, whether it's testing or vaccination or enabling services for residents, particularly elderly, disabled.

And honestly, I guess everybody just has to get used to the fact that this thing is evolving and there's just tons of new information, and as you could tell by the careful explanations that Jose gave, there really quite nuanced. So you have to kind of give them a second look, just to be clear on what the next steps are.

Speaker 5: Great. Thank you so much, Bob and Jose, and thank you for all of the great questions and engagement from folks on the webinar today. I'm going to now take this opportunity to hand off to Jill Yu from the office Field Policy and Management to help close us out.

And again, in the chat, I've put information on how to register if you aren't already receiving our bulletins, that those are available as well as I'll be putting some information about how to access the HUD Exchange for folks who aren't aware of the HUD Exchange, it's a great resource, and we have all of the webinars from the past year available on there that you can view on your own time, along with the resources that are 508 compliant. So once again, thank you for everyone for being with us today for all the work that you're doing during this very difficult pandemic, and I'll hand it over to Joe.

Jill Yu:

Great. Thank you so much, Jason. So hi, everyone. My name is Jill Yu, and I'm with HUD's office Field Policy and Management also referred to as FPM. So I currently serve as the acting Chief of staff of this program office and, but my permanent role is that I oversee the national implementation of many of our HUD secretarial initiatives and special initiatives.

And by the way, just to add more context to FPM, because it is federal speak, our office oversees essentially all of HUD's field offices. And by the nature of our literal physical positions in the community, our HUD staff on the ground have been heavily involved in the education and outreach efforts surrounding COVID-19.

So first, I just want to thank our partners with HUD's office of public and Indian housing, our partners at HHS, HRSA, the many stakeholders on this call, and really all of those who have helped with HUD's efforts in educating these about COVID-19 vaccines and recent updates from CDC.

And of course, I would be remiss if I didn't acknowledge Jason, and Nahaji, and Jasmine [inaudible 00:57:56] for continued partnership and organizing the series of webinars. I mean, the fact is communicating facts regarding COVID to HUD households and our residents, it's paramount in its efforts, it's so important for getting important messages out.

We want to encourage those who need more information assistance with setting up vaccine clinics to reach out to our HUD field offices. I mean, and together, this will help us bring COVID to a close as soon as possible. And just sharing as someone who's been personally affected by this pandemic, both my families, my friends, my community, it's important to promote the need, the urgency, the value of vaccines and sharing factual guidance to the communities that we serve. So thank you for taking time, thank you and gratitude for attending this webinar. Have a good day. Bye.

Marvin:

That concludes our conference. Thank you for using event services, you may now disconnect.