

COVID-19 Update

November 13: New IDPH and City of Chicago Guidelines, Monoclonal Antibody Treatment Emergency Use Authorization and Revised CDC Masking Recommendations

Today's issue features new guidelines from the Illinois Department of Public Health (IDPH) and the City of Chicago, as well as recently released information from the Food and Drug Administration (FDA) regarding emergency use of and coverage for monoclonal antibody treatment. It also includes an update from the Centers for Disease Control and Prevention (CDC) on universal masking.

NEW IDPH AND CITY OF CHICAGO ACTIVITY AND TRAVEL GUIDELINES

On November 12, the IDPH and the City of Chicago released new guidelines recommending that residents limit activities outside their homes to those that are essential, including work, school, and medical care. They also reaffirmed the importance of wearing a mask, physical distancing, hand hygiene, and avoiding gatherings of individuals outside of your immediate circle of family and friends.

All NM facilities remain open, and continue to be a safe environment for physicians, providers and patients. However, NM physicians and employees are strongly encouraged to postpone domestic personal travel, especially to states identified as red or orange on the updated **City of Chicago Emergency Travel Order State by State List**.

Please keep in mind that the City of Chicago has issued an order requiring a 14-day self-quarantine for individuals who live or work in the city and have traveled to these states with certain exceptions. If your planned travel will cause you to self-quarantine when you return, please remember to notify colleagues as appropriate to allow sufficient time to adjust schedules to meet quarantine requirements. New guidelines have been developed for essential workers, and physicians and employees may shorten the quarantine period as described below.

- Anyone traveling from a state designated as orange on the list may get a COVID-19 test no more than 72 hours prior to arrival in Chicago and, if negative, will not have to quarantine.
 - Please refer to the **City of Chicago Emergency Travel Order** for test requirements.
 - If you are unable to arrange for a test prior to your return, you may take a test after arriving in Chicago as long as you quarantine until you receive a negative test result. Complete the **COVID-19 Hotline Employee Triage Questionnaire** to initiate the testing process.

- Anyone traveling from a state designated as red on the list may have a COVID-19 test on Day 5, Day 6 or Day 7 after your return.
 - Please complete the **COVID-19 Hotline Employee Triage Questionnaire**, which will identify next steps and initiate the testing process.
 - If you test negative, you will be cleared by Corporate Health and may return to work on Day 8 or your next scheduled shift.

Test results from NM will be posted to MyNM, powered by MyChart, and physicians and staff should ensure they have an active MyNM account for timely reporting. If you test positive in either of these cases, you must follow NM's standard leave processes.

More information on the order and a current list of states designated as red and orange can be found on the **City of Chicago Emergency Travel Order**. The list of states is updated each Tuesday. Note that if you live in a state designated as red or orange, and travel to Chicago regularly for work at an NM facility, you are not required to quarantine. Make sure to carry your NM ID badge with you.

FDA EUA AND MEDICARE COVERAGE FOR ANTIBODY TREATMENT

On Tuesday, the FDA issued an **emergency use authorization** (EUA) for Eli Lilly's bamlanivimab monoclonal antibody treatment, which may be administered only in outpatient settings via intravenous infusion to eligible patients with mild to moderate COVID-19. According to a **fact sheet** from Eli Lilly, eligible patients include those who are age 12 or older, do not require oxygen therapy due to the virus, and are at high risk for progressing to severe COVID-19 infection and/or hospitalization. The Illinois Health and Hospital Association (IHA) is in close contact with the Illinois Department of Public Health (IDPH) regarding the state's plans for allocating and distributing this treatment to healthcare providers. More details will be provided as they become available.

On Wednesday, the Centers for Medicare & Medicaid Services (CMS) **announced** that Medicare will cover the treatment at no cost to beneficiaries during the public health emergency. The treatment will be available in a range of settings, including physician offices, freestanding and hospital-based infusion centers, and nursing homes. In its announcement, CMS noted that it will not pay for the monoclonal antibody products that providers receive for free; however, reimbursement will be provided for the infusion of the product. At such a time when providers begin to purchase the product, CMS anticipates setting the payment rate for the product at 95% of the average wholesale price for many healthcare providers, consistent with usual vaccine payment methodologies.

See the CMS infusion program instruction document **here**. NM is developing protocols for implementing the monoclonal antibody treatment, and more details on ordering the treatment and how to share information with your patients will be posted next week to the COVID-19 pages on **NM Interactive** and **Physician Forum**.

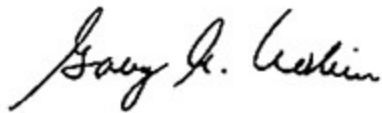
CDC UPDATE ON MASKING

In a new scientific brief also issued on Tuesday, the CDC recommends community use of masks to prevent the transmission of SARS-CoV-2. The brief cites numerous studies that confirm the benefit of universal masking, noting:

Masks are primarily intended to reduce the emission of virus-laden droplets, which is especially relevant for asymptomatic or presymptomatic infected wearers who feel well and may be unaware of their infectiousness to others, and who are estimated to account for more than 50% of transmissions. Masks also help reduce inhalation of these droplets by the wearer. The community benefit of masking for SARS-CoV-2 control is due to the combination of these effects; individual prevention benefit increases with increasing numbers of people using masks consistently and correctly. Adopting universal masking policies can help avert future lockdowns, especially if combined with other non-pharmaceutical interventions such as social distancing, hand hygiene, and adequate ventilation.

For additional information, please review the complete [CDC Scientific Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2](#).

Thank you to all NM physicians and clinicians for your collaboration and leadership as we continue to navigate the pandemic. Your unwavering commitment to providing safe, high-quality, *Patients First* care is deeply appreciated.



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