



**Facts on COVID-19 Therapeutics & Benefits to Older Adults &
People with Disabilities
January 9, 2023**

10:01:37 GOOD MORNING, EVERYONE FOR JOINING US. WE'RE JUST GONNA WAIT ANOTHER MINUTE AS FOLKS ARE COMING INTO OUR WEBINAR

10:02:06 WE'RE JUST GONNA WAIT ANOTHER 30 SECONDS AS FOLKS ARE COMING IN TO JOIN TODAY'S WEBINAR

10:02:30 ALRIGHT! LET'S GO AHEAD AND GET STARTED. GOOD MORNING, EVERYONE.

10:02:35 THANK YOU FOR JOINING US. TODAY'S WEBINAR FACTS ON COVID-19, THE THERAPEUTICS AND BENEFITS TO OLDER ADULTS AND PEOPLE WITH DISABILITIES.

10:02:42 MY NAME IS CONNIE NAKANO. I'M WITH THE DEPARTMENT OF DEPARTMENT OF AGING NEXT SLIDE.

10:02:48 PLEASE JUST TO GET OVER SOME LOGISTICS WITH EVERYONE. PARTICIPANTS ARE ALL MUTED DURING THE PRESENTATION.

10:02:55 WE'LL HAVE A. Q. A. PORTION TOWARDS THE END, AND YOU CAN USE THE RAISE HAND ICON TO RAISE YOUR HAND TO ASK A QUESTION.

10:03:02 LIVE, OR YOU CAN USE THE Q A FUNCTION THAT YOU'LL SEE LOCATED TOWARDS THE BOTTOM OF YOUR SCREEN.

10:03:09 CLOSED CAPTIONING IS ALSO AVAILABLE. YOU CAN ACCESS THAT BY CLICKING THE ICON AT THE BOTTOM OF YOUR ZOOM SCREEN. Q.

10:03:15 A IS AT THE END, AS I NOTED JUST SUBMITTED AGO, AND THE PRESENTATION AND RECORDING WILL BE ARCHIVED. AND YOU CAN VISIT CDAS YOUTUBE CHANNEL TO ACCESS THAT NEXT SLIDE

10:03:28 SO WE GOT A PACKED AGENDA. WE'LL START OFF CARING FROM DIRECTOR SUSAN DEMAROIS FROM DEPARTMENT OF AGING.

10:03:34 THEN WE'LL MOVE ON OVER TO DR. RITA NGUYEN FROM THE CALIFORNIA DEPARTMENT OF

10:03:41 PUBLIC HEALTH, SHE'S THE ASSISTANT STATE PUBLIC HEALTH. WE'LL HEAR FROM KIM RUTLEDGE, THE DEPUTY DIRECTOR OF LEGISLATION AND COMMUNICATIONS FROM DOR, AND THEN WE'LL WRAP WITH Q.

10:03:51 A. SO NOW I'LL TURN IT OVER TO OUR DIRECTOR, SUSAN DEMAROIS.

10:03:55 THANK YOU, CONNIE, AND OUR COMMUNICATIONS TEAM AT THE DEPARTMENT OF AGING FOR ORGANIZING TODAY'S WEBINAR, AND TO OUR NEARLY 200 PARTICIPANTS WHO ARE JOINING US.

10:04:06 WELCOME. I HOPE EVERYONE IS SAFE, AND IF YOU'RE HERE WITH US ON THE WEBINAR, IT MEANS YOU HAVE POWER, AND WHEREVER YOU ARE IN CALIFORNIA TODAY, I HOPE YOU AND YOUR FAMILIES AND YOUR COLLEAGUES ALL REMAIN SAFE, AS WE SEE ANOTHER STORM REACH REACH ALL PARTS OF OUR STATE

10:04:26 TODAY, I JUST WANT TO THANK OUR COLLEAGUES AT THE DEPARTMENT OF PUBLIC HEALTH AND THE DEPARTMENT OF REHABILITATION FOR PARTNERING WITH US ON THIS WEBINAR.

10:04:38 TODAY WE RECEIVE A LOT OF QUESTIONS, MANY, MANY OF US, ON THIS WEBINAR HAVE BEEN AT THIS.

10:04:43 NOW FOR GOING ON 3 YEARS THIS MARCH WITH THE COVID-19 PANDEMIC, AND AS AS THE SCIENCE AND CLINICAL RECOMMENDATIONS CONTINUE TO EVOLVE, THERE'S AN ABUNDANCE OF INFORMATION FOR OLDER ADULTS, PEOPLE WITH DISABILITIES AND FAMILY CAREGIVERS AND WE KNOW IT'S SOMETIMES HARD TO WADE THROUGH ALL

10:05:04 OF THE INFORMATION, AND TO KNOW WHAT'S WHAT ON ANY GIVEN DAY.

10:05:08 SO WE'RE JUST INCREDIBLY GRATEFUL THAT TODAY, DR.

10:05:12 RITA NGUYEN HAS JOINED US FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH TO PROVIDE UP TO THE MINUTE.

10:05:19 JANUARY 2023. GUIDANCE TO OUR AUDIENCE IN PARTICULAR, ON THE TOPIC OF TREATMENTS FOR COVID-19.

10:05:28 I KNOW THAT EVERYONE ON THIS CALL IS CONCERNED ABOUT THE HEALTH AND SAFETY OF OLDER ADULTS.

10:05:34 PEOPLE WITH DISABILITIES AND FAMILY CAREGIVERS, AND IN PARTICULAR ABOUT EQUITY, AND MAKING SURE THAT EVERYONE HAS ACCESS EQUAL ACCESS TO THE TREATMENTS THAT THEY NEED, AND THAT WHATEVER IS AVAILABLE IS OFFERED TO THEM.

10:05:49 AND THEY ACTUALLY UNDERSTAND THEIR OPTIONS. SO TODAY, I'M JUST DELIGHTED TO INTRODUCE ALL OF YOU TO DR.

10:05:54 NGUYEN, SO SHE CAN WALK US THROUGH WHAT IS HAPPENING IN IN EARLY JANUARY 2023, WITH COVID-19 TREATMENTS. WELCOME TO YOU, DR.

10:06:04 WELL.

10:06:08 THANK YOU SO MUCH, SUSAN. I'M REALLY HAPPY TO BE HERE TODAY.

10:06:12 I THINK THIS IS SUCH AN IMPORTANT TOPIC FOR OUR COMMUNITIES. AND, MOST IMPORTANTLY, OUR OLDER DOLLS AND DISABLED COMMUNITIES WHO REALLY HAVE AN OPPORTUNITY THIS WINTER.

10:06:24 THAT'S HAS NOT BEEN POSSIBLE, IN THE ENTIRETY OF THIS 3 YEAR PANDEMIC.

10:06:29 BUT BEFORE I LAUNCH INTO IT I JUST WANNA PROVIDE SOME SLIDES TO GIVE CONTEXT TO WHERE WE ARE IN THIS PANDEMIC AND WHAT THE LATEST DATA IS SHOWING AROUND COVID TRANSMISSION AND HOSPITALIZATION RATES.

10:06:44 SO I'LL START WITH THAT OVERVIEW AND THEN I'LL DIVE MORE INTO THE OPPORTUNITY WE HAVE IN FRONT OF US. AROUND COVID.

10:06:49 THERAPEUTIC. SO THE STATE OF COVID-19 CALIFORNIA.

10:06:54 I CAN'T SPEAK TO THAT THIS YEAR WITHOUT ALSO THINKING ABOUT THE OTHER RESPIRATORY VIRUSES THAT HAVE BEEN CIRCULATING.

10:07:01 I KNOW THIS IS AN OVERWHELMING, SQUIGGLY LINE FIGURE, BUT I'LL DRAW YOUR ATTENTION TO A COUPLE POINTS THAT I THINK YOU ALL CAN REMEMBER TOO CLEARLY.

10:07:11 SO THE THIS IS A COMBINATION OF ALL RESPIRATORY VIRUSES THAT LED TO ADMISSIONS.

10:07:16 THIS DATA IS SPECIFIC TO KAISER PERMANENTE, WHO WE ACTUALLY HAVE ACCESS TO THE DATA.

10:07:20 BUT IT GIVES US A PRETTY GOOD PICTURE OF WHAT'S GOING ON.

10:07:23 POPULATION WIDE. THE FIRST PEAK, YOU SEE, IS ACTUALLY FROM THAT FIRST WINTER WAVE AT THE END OF 2020.

10:07:31 THEN YOU SEE THE DELTA WAVE COMING AFTER THAT.

10:07:34 SO THAT'S SORT OF ON THE RIGHT-HAND SCREEN. AND THEN THE THIRD BIG PEAK.

10:07:39 YOU SEE, THERE IS THE OMER CRIME WAVE, AND SO WHAT YOU'RE SEEING AT THE FAR-RIGHT END IS WHERE WE ARE NOW.

10:07:46 SO THE BLACK LINE COMBINES ALL RESPIRATORY VIRUSES, AND WE HAVE SEEN THAT THE PEAK OF HAS HOSPITALIZATIONS RELATED TO RESPIRATORY VIRUSES IS ABOUT TWO-THIRDS OF THE OMICRAN PEAK.

10:07:58 SO, IF YOU CAN REMEMBER HOW WORRIED WE ALL WERE BACK THEN WITH OVERCON IN THE HOSPITALIZATION RATES, WHERE WE'RE ACTUALLY NOT THAT FAR OFF FROM WHERE WE WERE, WHAT YOU'LL SEE IS THE RED LINE MIGHT BE HARD TO DISCERN ON YOUR SCREEN DEPENDING ON HOW BIG YOUR SCREEN IS THE

10:08:16 COVID HOSPITALIZATIONS. SOME OF THAT GREEN LINE IS ALSO COVID.

10:08:20 THAT'S PNEUMONIA'S AND PNEUMONIA CAN BE CAUSED BY COVID OR FLU, AND OTHERWISE.

10:08:25 BUT WHAT WE'RE SEEING IS THE COMBINATION OF ALL THESE THINGS EQUATES TO HOSPITALIZATION RATES THAT HAVE BEEN ACTUALLY QUITE HIGH AND THANKFULLY.

10:08:32 WE'RE SEEING A LITTLE BIT OF A DOWNTURN NOW.

10:08:34 THERE'S NO BRACING OURSELVES FOR A POST HOLIDAY BUMP POTENTIALLY, BUT IT'S WE'RE HOPEFUL THAT MAYBE THE WORST IN TERMS OF HOSPITALIZATIONS IS BEHIND US.

10:08:46 TRANSMISSIONS IS A DIFFERENT THING, AND I'LL SPEAK TO THAT A LITTLE BIT LATER.

10:08:49 SO THE GOOD NEWS IS THAT DEBTS ARE MUCH LOWER THAN THEY WERE IN PREVIOUS WAVES, AND AGAIN, THE LARGEST PEAK HERE IS FROM THAT FIRST WINTER THE PEAK AFTER THAT WAS DELTA, AND THEN THAT THIRD ONE.

10:09:02 YOU SEE, IS FROM THE OMICRON WAVE THAT LITTLE BUMP THAT COMES RIGHT AFTER YOU CAN PROBABLY SEE.

10:09:09 JULY 2022. THAT WAS FROM OUR SUMMER SURGE, AND THEN THANKFULLY, THE DEATH RATES FROM THIS SEARCH HAVE BEEN MUCH LOWER, THANKS TO VACCINATION RATES AND TREATMENT, AND THIS IS JUST A CLOSE-UP OF WHAT'S BEEN GOING ON.

10:09:24 THIS WINTER SO FAR IN TERMS OF DEATH RATES. AND SO, WE ARE SEEING A DECLINE IN DEATH RATES

10:09:32 SOMETHING THAT EMPHASIZED PARTICULARLY FOR THIS PUPPY, AND THIS AUDIENCE IS THAT THE BURDEN OF HOSPITALIZATIONS AND DEATHS STILL IS A AMONGST THOSE WHO ARE THE OLDEST OR OLDER ADULTS.

10:09:44 AND SO THE PURPLE LINE IS A SUMMARY OF ALL THOSE WHO ARE OLDER THAN 650, NO, ACTUALLY SORRY!

10:09:50 THE PURPLE LINE IS THOSE WHO ARE OVER 80, AND YOU SEE THAT EACH SUBSEQUENT LOWER LINE IS A LOWER AGE GROUP, AND THIS IS THE RATES FOR HOSPITALIZATION.

10:09:59 SO AS YOU MIGHT PREDICT, THOSE WHO ARE OLDER STILL FACE HIGHER RATES OF HOSPITALIZATION

10:10:07 A BIT OF NOT-SO-GREAT INFORMATION IS THAT WE WOULD HAVE THOUGHT WE WOULD HAVE DONE BETTER IN TERMS OF PRIORITIZING AND FOCUSING ON OUR OLDER ADULTS.

10:10:15 BUT WE ACTUALLY SAW OVER THE COURSE OF TIME THIS YEAR THAT THE SHARE OF DEATHS CONTINUED TO BE HIGH AND ROSE AMONG THOSE WHO WERE OLDER THAN 65.

10:10:24 SO THERE'S STILL MORE WORK TO BE DONE, ALTHOUGH THIS POPULATION DOES HAVE THE HIGHEST RATES OF VACCINATION AND BOOSTER RELATIVE TO OTHERS, THERE'S STILL SEVERE UNDERUTILIZATION OF TRYING, AND SO YOU'LL SEE ON THE RIGHT-HAND SIDE THAT MORE THAN 70% OF THE

10:10:45 DEBTS IN CALIFORNIA ARE STILL FROM THOSE WHO ARE 65 AND OLDER

10:10:50 AND SO IN SUMMARY, IF IT'S EASIER TO SEE IN WORDS OVER FIGURES, COVID TRANSMISSION STILL REMAINS MIXED EVEN THOUGH WE'RE SEEING THE DEBTS DECLINE.

10:11:04 SO WE'RE NOT QUITE OUT OF THE WOODS YET.

10:11:05 SOME REGIONS ARE SHOWING THAT THERE'S INCREASING ADMISSIONS.

10:11:09 AFTER BRIEF DECLINES, AND SOME OTHER REGIONS ARE SHOWING SPECIFIC OR DECREASING RATES OF TRANSMISSION.

10:11:14 YOU ALL HAVE PROBABLY BEEN HEARING A FAIR AMOUNT ABOUT THE VARIANT.

10:11:18 XB. 1, 5, WHICH IS WHAT WE'RE ANTICIPATING WILL BE THE PREDOMINANT STRAIN IN CALIFORNIA IN THE COMING WEEKS.

10:11:26 WE REALLY EXPECT THIS TO HAVE A A HIGHER ABILITY TO INFECT AND BE CONTAGIOUS.

10:11:33 AND SO WE'RE KEEPING A CLOSE EYE ON THIS SO FAR IT DOESN'T SEEM AS IF IT'S CAUSING A MORE SEVERE DISEASE.

10:11:40 BUT WE WILL KEEP IT CLOSER FLU. HOSPITALIZATIONS HAVE ALSO STABILIZED SINCE IT PEAKED KIND OF EARLY FOR IT FOR A FLU SEASON AT THE BEGINNING OF DECEMBER, AND THEN RSV.

10:11:55 HAS PEAKED AND CONTINUES TO DECLINE IN CALIFORNIA, BUT IT DOES STILL DRIVE HOSPITAL ADMISSIONS FOR THE YOUNGEST.

10:12:01 THOSE WHO ARE LESS THAN 5. AND SO, THESE ARE NOT THE ONLY RESPIRATORY VIRUSES THIS WINTER.

10:12:08 BUT THERE'S ALSO OTHER RESPIRATORY VIRUSES THAT CONTINUE TO CIRCULATE AT LEVELS THAT WE TYPICALLY EXPECT EVERY YEAR.

10:12:15 AND SO WITH THAT, I'M GONNA SWITCH GEARS A LITTLE BIT TO REALLY FOCUS ON COVID-19 TREATMENTS.

10:12:21 AND WHAT THIS MEANS FOR THIS WINTER SURGE, AND I CAN'T EMPHASIZE ENOUGH HOW YOU UNIQUE THIS MOMENT IS FOR THIS 3 YEAR PANDEMIC, THAT WE'VE BEEN IN TOGETHER THAT IT'S THE FIRST TIME THAT WE'VE HAD A WINTER SURGE OR TREATMENT IS WIDELY AVAILABLE AND FOR ACCESS

10:12:40 AND YET FOLKS, MOST FOLKS IN THE US. STILL AREN'T REALLY FAMILIAR WITH THE CONCEPT THAT TREATMENT SHOULD ACTUALLY BE THE NEW NORM, THAT WHEN YOU TEST POSITIVE FOR COVID, EVERYBODY SHOULD BE SEEKING EVALUATION FOR TREATMENT, AND THAT'S BECAUSE THE VAST MAJORITY OF ADULTS ACTUALLY QUALIFY FOR TREATMENT, I THINK WHAT

10:13:02 HAPPENED IN THE LAST FEW YEARS? IS FOLKS DOUBLE DOWN TOO MUCH ON WHAT IS HIGH RISK AND SORT OF THE SCARCITY MINDSET THAT MEDICATIONS WEREN'T AVAILABLE.

10:13:13 IT TURNS OUT THAT THOSE WHO ARE HIGH RISK THAT'S MOST ADULTS.

10:13:18 IT INCLUDES COMMON CONDITIONS, LIKE DIABETES, OBESITY, PHYSICAL INACTIVITY, WHICH PRETTY MUCH COUNTS MOST ADULTS I KNOW IN MY LIFE, AND ANYONE OVER THE AGE OF 50, REGARDLESS OF IF YOU HAVE ANY OTHER MEDICAL CONDITIONS.

10:13:34 SO I WANTED TO JUST MAKE DRIVE THAT POINT HOME. THE 4 FOLKS GET LOST IN THE WORDS IN MY SLIDE THAT AGAIN WE'RE WE HAVE AN OPPORTUNITY TO REALLY MEET THIS MOMENT.

10:13:43 DURING THIS SURGE, WHILE IT IS. SEEMS LIKE IT IS STABILIZING OR COMING DOWN.

10:13:49 THERE'S STILL A LOT OF FOLKS WHO ARE NOT SEEKING TREATMENT, AND YOU'RE CONSTITUENTS AND STAKEHOLDERS ARE ACTUALLY THOSE WHO ARE AMONGST THE HIGHEST AT RISK.

10:13:57 AND SO I CAN'T THANK YOU ENOUGH FOR THE WORK YOU DO IN GETTING THIS WORD OUT.

10:14:01 AS I REVIEW BACK WHERE WE CAME FROM, AND THIS PANDEMIC, YOU'LL REMEMBER WHEN ALL OUR ALL WE HAD WAS MASKS, AND THEN WE DEVELOPED THE SCIENCE TO HAVE MORE UBIQUITOUS TESTING VACCINES CAME IN LATE 2,020 AND NOW FINALLY, TREATMENTS.

10:14:17 AND I DO RECOGNIZE A LOT OF FOLKS ARE EXHAUSTED FROM THE PANDEMIC, AND DON'T WANT TO THINK ABOUT IT ANYMORE.

10:14:22 AND IT SEEMS LIKE A REAL SHAME, BECAUSE WE'RE ACTUALLY AT THE MOMENT WHERE PEOPLE WERE REALLY DESPERATE FOR THIS MOMENT.

10:14:27 3 YEARS AGO. EVERYBODY REALLY WANTED THERE TO BE THE OPPORTUNITY TO HAVE TREATMENT, AND FOLKS WOULD ALWAYS ASK, I'M COVID POSITIVE.

10:14:36 WHAT DO I DO? AND UNFORTUNATELY, THE ONLY THING WE COULD DO BACK THEN WAS TO ISOLATE AND THEN NOTIFY OUR CLOSE CONTACTS AND FOLKS.

10:14:44 THIS IS SORT OF THE END OF THE MARATHON, WHERE FOLKS ARE GETTING A LITTLE TIRED, AND HAVE FORGOTTEN THAT WE ACTUALLY HAVE PROGRESS IN IN SCIENCE AND TREATMENTS ARE NOW HERE.

10:14:56 IT'S THE MOMENT WE WERE WAITING FOR, AND AGAIN I JUST PUT IT IN WRITING JUST TO DRIVE HOME THE POINT.

10:15:01 IT'S REALLY THE FIRST TIME IN THIS 3 YEAR PANDEMIC THAT WE HAVE TREATMENTS AVAILABLE.

10:15:06 SO WE HAVE TO UNLEARN ALL THAT OLD INFORMATION ABOUT WHAT TO DO WHEN YOU TEST POSITIVE THAT YOU SHOULD ACTUALLY ISOLATE AND SEEK TREATMENT AND THAT'S NOT TO SAY EVERYBODY WILL CALL OFF.

10:15:17 BUT AGAIN, WHAT'S HAPPENED IS, MOST PEOPLE HAVE SORT OF RULED THEMSELVES OUT, AND NOT EVEN TRIED TO GET TREATMENT FOR THIS WINTER.

10:15:27 WE'RE ALSO TRYING TO EMPHASIZE, NOT TO FORGET THE REST OF THE TOOLBOX.

10:15:29 AND SO OH, SOME OF YOU MAY HAVE SEEN CDP, JUST TOP 5 TIPS TO PREVENT WINTER VIRUSES.

10:15:37 AND AGAIN TESTINGS. SORRY TREATMENT IS PART OF IT. BUT REALLY FIRST LINE OF DEFENSE IS VACCINATION AND BOOSTING.

10:15:45 UNFORTUNATELY, THE BOOSTER RATES FOR COVID HAVE BEEN QUITE LOW.

10:15:50 I THINK IF MAYBE WE HAD MARKETED AS THE OMERKRON BOOSTER, PERHAPS FOLKS WOULD HAVE UNDERSTOOD MORE HOW IMPORTANT IT WAS THAT THIS ACTUALLY COVERS THE OMER CON

VARIANT, WHICH IS THE PREDOMINANT VARIANT THAT'S OUT THERE IN THE WORLD NOW AND SO THESE ARE 5 TIPS AND THE LINK TO IT'S ON

10:16:04 THE ON THE DECK. SO, WHAT ARE COVID-19 TREATMENTS?

10:16:08 COVID-19 TREATMENTS ARE MEDS THAT CAN STOP COVID FROM GETTING SERIOUS.

10:16:13 THEY'RE FREE, WIDELY AVAILABLE AND HIGHLY EFFECTIVE. EVEN AGAINST THE LATEST VARIANCE TREATMENTS MUST BE TAKEN WITHIN 5 TO 7 DAYS OF WHEN SYMPTOMS BEGIN.

10:16:23 AND THIS IS WHERE A LOT OF FOLKS HAVE FALLEN.

10:16:27 SOME PITFALLS HERE THAT FOLKS WAIT, SO THEY FEEL WORSE.

10:16:31 BUT THEN IT'S YOU'RE OUTSIDE THE WINDOW OF THE THERAPY WORKING.

10:16:35 THE PILLS HAVE TO BE TAKEN WITHIN 5 DAYS. IF YOU DON'T GET TO TREATMENT UNTIL DAY 6 OR 7.

10:16:40 ALL THAT'S AVAILABLE TO YOU IS THE IV FORMULATION OF REM DESIR, WHICH IS JUST MUCH MORE LOGISTICALLY DIFFICULT.

10:16:49 AND SO TIME IS REALLY OF THE ESSENCE. WHEN YOU GET THAT RUNNY NOSE OR THE COUGH.

10:16:56 PEOPLE UNFORTUNATELY, WAIT 3 DAYS BEFORE THEY THINK. OH, MAYBE I SHOULD GET A COVID TEST.

10:17:00 BUT AGAIN THE TIME THE CLOCK IS TAKING YOU HAVE TO GET THE TEST.

10:17:03 THEN GET AN APPOINTMENT WITH CLINICIANS, EITHER FARMINGIST, PHYSICIAN, NURSE, PRACTITIONER, PA.

10:17:12 SO, THEN PRESCRIBE TO YOU. SO THAT'S WHY IT'S SO IMPORTANT.

10:17:15 PEOPLE GET STARTED EARLY BECAUSE THE US. HEALTH CARE DELIVERY SYSTEM IS NOT THE EASIEST TO NAVIGATE.

10:17:21 SO YOU GOT TO GET GOING AS SOON AS YOU START FEELING SYMPTOMS GET TESTED.

10:17:26 SEEK AN APPOINTMENT, AND PICK UP YOUR MEDICATION, OR HAVE IT MAIL TO YOU.

10:17:31 SO THE REASONS TO GET COVID-19 TREATMENTS. THE BIGGEST IS THAT IT PREVENTS SEVERE ILLNESS, HOSPITALIZATION, AND DEATH FROM COVID-19.

10:17:40 BY UP TO 50 TO 88, DEPENDING ON THE STUDY THAT YOU LOOK AT.

10:17:45 IT'S MOST EFFECTIVE FOR OLDER ADULTS. ONE REASON THAT'S PERSONALLY VERY IMPORTANT TO ME IS THAT EARLY EVIDENCE.

10:17:54 BUT GROWING EVIDENCE SUGGESTS THAT TREATMENTS MAY ACTUALLY LOWER THE RISK OF DEVELOPING LONG COVID SYMPTOMS.

10:17:59 SO FOR THOSE FOLKS WHO MIGHT DISMISS A SORE THROAT OR A RUNNY NOSE, OR A HEADACHE, AND THINK IT'S FINE, I'LL JUST HAVE MILES COVID.

10:18:07 I WOULD HATE TO REGRET. IN 3 MONTHS TO 6 MONTHS THAT I'M STILL FEELING FATIGUED AND HAVING BRAIN FOG BECAUSE OF LONG COVID.

10:18:15 SO BEST WAYS TO PREVENT LONG COVID GET YOUR VACCINE, GET THE BOOSTERS, AND THEN GET TREATMENT.

10:18:20 IF YOU ACTUALLY END UP WITH COVID, ADD IT ANTIVIRAL TREATMENTS ALSO HELP PREVENT THE VIRUS FROM MULTIPLYING IN YOUR BODY AND INFECTING MORE OF YOUR CELLS, WHICH CAN HELP YOU TEST NEGATIVE SOONER.

10:18:34 YOU STILL HAVE TO ISOLATE FOR 5 DAYS, BUT FOR THOSE WHO ARE TRYING TO TEST OUT OF ISOLATION SOONER, IT ACTUALLY MAKES THE VIRUS LEVELS PLUMMET IN YOUR BODY.

10:18:43 SO COVID-19 TREATMENTS AND OLDER ADULTS. WE HEAR SOME CONCERN OF WELL, HOW DO I KNOW IT'S SAFE AND OLDER ADULTS?

10:18:50 THE ORIGINAL STUDY DIDN'T HAVE THOSE WHO WERE MUCH OR WHO WERE VERY OLD.

10:18:55 BUT WE'VE HAD SUBSEQUENT STUDIES SINCE THEN, AND SEVERAL HAVE SHOWN THAT TREATMENTS ARE BOTH SAFE AND EFFECTIVE IN THOSE OVER THE AGE OF 80, AND THEY ALL CONSISTENTLY SHOW THAT THE GREATEST BENEFIT IS TO THOSE WHO ARE OVER AGE 65.

10:19:09 THERE WAS A LANCET STUDY. IN AUGUST, OR THE AVERAGE AGE OF PARTICIPANTS WHO RECEIVE TECH.

10:19:17 SLOVID THE PILL. WAS 77, AND THE AVERAGE AGE OF PARTICIPANTS THAT WERE ON THE OTHER PILL LONG.

10:19:24 A PURE REVERSE WAS 80. THEY'RE ALSO, I JUST INCLUDED A COUPLE OF OTHER CITATIONS.

10:19:30 THAT SPECIFICALLY DEMONSTRATED THE EFFECTIVENESS AND THE SAFETY OF FROM DESSEVERE IN PARTICULAR, FOR THOSE OVER THE AGE OF 80

10:19:39 AND SO I'VE SAID THIS AT THE TOP OF THE HOUR, IN PART BECAUSE I JUST WANTED TO EMPHASIZE IT AND DRIVE HOME.

10:19:47 THE POINT IS THAT THE VAST MAJORITY OF ADULTS ARE ELIGIBLE FOR COVID-19 TREATMENT.

10:19:51 SO COVID-19 TREATMENTS ARE RECOMMENDED FOR ANYONE WHO IS 12 YEARS, OR WHO HAS COVID-19 SYMPTOMS SO YOU DO HAVE TO HAVE SYMPTOMS.

10:19:59 CAN'T BE ASYMPTOMATIC, AND THAT YOU TESTED POSITIVE FOR COVID-19, AND THAT YOU HAVE CERTAIN EXPERIENCES OR CONDITIONS THAT PUT YOU AT HIGHER RISK.

10:20:08 AND AGAIN THE DEFINITION OF HIGHER RISK IS ACTUALLY VERY BROAD, DESPITE WHAT PEOPLE THINK, SO THAT IN CALIFORNIA WE'RE GOING WITH THE LATEST EVIDENCE THAT REALLY AGES THE BIGGEST PROTECTION OF SEVERITY OF ILLNESS.

10:20:25 AND SO YOU EVEN START TO SEE THAT JUMP UP AT THE AGE OF 50.

10:20:29 SO ANYONE, REGARDLESS OF ANY OTHER MEDICAL CONDITIONS, IF YOU'RE 50, THAT'S ENOUGH TO QUALIFY BEING ON VACCINATED ALSO WILL QUALIFY YOU BECAUSE THEY ARE CAUSE

THOSE WHO ARE UNVACCINATED ARE INHERENTLY HIGHER RISK AND THEN AGAIN, HAVING COMMON CONDITIONS LIKE DIABETES.

10:20:45 OBESITY, PHYSICS, AND ACTIVITY, THOSE WITH DISABILITIES, SMOKING EITHER PAST OR PRESENT, ASTHMA.

10:20:52 MENTAL HEALTH, CONDITIONS LIKE DEPRESSION, AND MANY, MANY MORE. I'M MEANT TO PUT THE LINK ON HERE.

10:20:59 BUT EVEN IF YOU JUST GOOGLE, CDC. COVID, HIGH RISK CONDITIONS, THE LONG LIST IS THERE, AND I'M SURE IF FOLKS CAN FIND THEMSELVES ON THAT LIST SO HOW DO COVID-19 TREATMENTS WORK THEIR ANTIVIRAL TREATMENTS?

10:21:12 AND THEY STOP THE VIRUS FROM MULTIPLYING IN YOUR BODY.

10:21:14 I'LL ALSO MENTION REBOUND, BECAUSE A LOT OF FOLKS HAVE MENTIONED THAT WAS A REASON WHY THEY DIDN'T WANT TO TAKE PECK.

10:21:21 S, LOVID, BUT IT'S WORTH NOTING. THAT REBOUND ACTUALLY HAPPENS EVEN IF YOU DON'T TAKE COVID TREATMENT.

10:21:28 THAT'S ACTUALLY PART OF WHAT HAPPENS WITH THIS VIRUS AND THE VAST MAJORITY OF PEOPLE WHO TAKE TREATMENT DON'T GET REBOUND.

10:21:35 AND WHEN REBOUND DOES OCCUR, THE SYMPTOMS TEND TO BE MILD.

10:21:38 SO IT'S NOT TREATMENT FAILURE, BECAUSE THE MEDICATION STILL WORK TO PREVENT SERIOUS ILLNESS, AND THAT THE BENEFITS OF TREATMENT GREATLY OUTWEIGH THE RISKS OF REBOUND

10:21:52 SO HERE AT CDPH, JUST LIKE AT CD.

10:21:57 AND WITH, AS I AM SURE, WITH MANY OF YOUR ORGANIZATIONS, EQUITY IS A CORNERSTONE TO THE WORK WE DO, AND SO WE PREDICTED THAT UNFORTUNATELY THERE WOULD BE RACIAL ETHNIC.

10:22:07 SOCIOECONOMIC AND AGE, DISPARITIES. WHEN IT CAME TO TREATMENT, AS WE SAW WITH ALL THE OTHER ASPECTS OF COVID-19.

10:22:14 AND THAT IS BEARING OUT IN THE DATA THAT COMMUNITIES OF COLOR, DESPITE PRESENTING TO CARE JUST AS OTHER RACIAL GROUPS MIGHT PRESENT TO CARE.

10:22:24 WE'RE ACTUALLY BEING PRESCRIBED AT LOWER RATES THAN THEIR WHITE COUNTERPARTS.

10:22:27 AND SO THIS IS INEQUITIES THAT WE NEED TO PAY ATTENTION TO AND ACTUALLY FOCUS OUR EFFORTS SO THAT WE CAN LEVEL THE PLAYING FIELD IN CALIFORNIA, WE'RE ABLE TO BREAK DOWN OUR DISTRIBUTION OF WHO'S GETTING TREATMENT BY THE ZIP CODE THEY LIVE IN AND HOW VULNERABLE HOW SOCIALLY

10:22:48 VULNERABLE. THOSE ZIP CODES ARE.

10:22:50 SO YOU'LL SEE THAT LOW, SOCIAL, VULNERABILITY IS THE TOP LINE.

10:22:56 THAT'S WHAT WE CALL THE HEALTHY PLACES INDEX.

10:22:59 HPI FOR, AND SO THOSE WHO ARE LIVING IN WEALTHIER, MORE WELL-TO-DO ZIP CODES ARE THE ONES WHO ARE ACCESSING PECK SLOVEN MOST READILY, AND THEN NOT SURPRISINGLY, IT'S THE LOWEST QUARARTILE LOWEST INCOME.

10:23:18 ZIP CODES, AND THAT'S THE BLUE LINE ON THE BOTTOM ARE ACCESSING A MUCH LOWER RATES.

10:23:22 AND SO WE REALLY NEED TO BE FOCUSING OUR EFFORTS ON WHAT CAN WE DO TO MAKE TREATMENT MORE ACCESSIBLE FOR THOSE LIVING IN LOWER INCOME ZIP CODE?

10:23:32 IT'S ALSO WORTH NOTING THAT UNDER UTILIZATION IS HAPPENING ACROSS THE BOARD.

10:23:37 AND WE'RE SEEING IT HAPPEN EVEN IN THE MOST VULNERABLE POPULATIONS, AMONG WHICH WE WOULD CONSIDER THE SKILLED NURSING FACILITY RESIDENTS.

10:23:44 AND YOU'LL SEE THAT THANKFULLY. WE'VE MADE PROGRESS OVER TIME.

10:23:49 SO THE BLUE LINE SHOWS THE PERCENTAGE OF COVID CASES IN SKILLED NURSING FACILITIES THAT GOT TREATED.

10:23:56 AND SO YOU CAN SEE EARLIER ON THE YEAR WE WERE QUITE LOW IN THE 10 TO 15 WHICH TO ME AS A CLINICIAN IS HEARTBREAKING THAT ONLY ABOUT 10% OF OUR SNIFF RESIDENTS WHO WERE POSITIVE WERE GETTING TREATED. THANKFULLY.

10:24:08 WE'VE IMPROVED OVER TIME WE'RE CLOSER TO 35 BUT THAT'S STILL NOT ENOUGH, BECAUSE THIS IS THE SECTOR WHERE WE'RE SEEING THE GREATEST MORTALITY AND BURDEN OF COVID-19.

10:24:20 AND SO WE'VE CREATED A NUMBER OF TOOLKITS THAT WE'VE PUSHED OUT TO SKILLED NURSING FACILITIES AND TO RESIDENTIAL CARE FACILITIES FOR THE ELDERLY.

10:24:30 A LOT OF THIS IS SYSTEMS. CHANGE IS GETTING SNIFFS AND RCFS TO HAVE IT PART OF STANDARD WORK THAT ANY POSITIVE CASE THAT'S SYMPTOMATIC MUST BE EVALUATED BY A CLINICIAN FOR TREATMENT BY VIRTUE OF LIVING IN THESE FACILITIES.

10:24:45 THEY ARE HIGH RISK, THEY QUALIFY. IT'S JUST A MATTER OF NAVIGATING DRUG INTERACTIONS.

10:24:51 AND YOU CAN SEE THAT CALIFORNIA. WE DO. OKAY, WE COULD DO BETTER WE'RE RANK 18 IN TERMS OF SHARE SNIFF CASES.

10:24:59 WE WERE IN THE, I THINK, CLOSE TO RANK 40 EARLIER THIS YEAR.

10:25:03 SO THIS ISN'T APPROPRIATE, BUT THERE'S ROOM TO GO.

10:25:07 SO VERY IMPORTANTLY. HOW DO FOLKS ACCESS? COVID-19 TREATMENTS BEFORE I DIVE IN?

10:25:14 I WILL SAY OUR HEALTH CARE SYSTEM IS NOT THE EASIEST TO NAVIGATE, ESPECIALLY FOR OLDER ADULTS.

10:25:19 PEOPLE WHO ARE PEOPLE WHO DON'T SPEAK ENGLISH, AND SO I DO RECOGNIZE.

10:25:25 THERE'S A LOT OF OPTIONS HERE AND THAT'S PART OF IT IS LIKE WE DON'T HAVE A SINGLE SYSTEM THAT EVERYONE CAN GO TO BUT I'LL GO THROUGH IT AND TRY TO EMPHASIZE A FEW TAKE AWAYS

10:25:36 THINGS. SO, LOTS OF OPTIONS. THE COVID-19 PILLS ARE STILL FREE.

10:25:41 THERE IS CONCERN THAT LATER THIS YEAR THE HILL WILL BECOME COMMERCIALIZED, AND THEN THE FEDERAL GOVERNMENT WON'T BE ABLE TO PROVIDE THEM FOR FREE ANYMORE.

10:25:50 YOUR INSURANCE IS OBLIGATED TO COVER IT, THOUGH FOR 6 MONTHS AFTER THE END OF THE STATE OF EMERGENCY YOU DON'T HAVE TO HAVE INSURANCE, OR YOU, US.

10:26:00 CITIZENSHIP. CURRENTLY. SO, WHAT WE TRY TO RECOMMEND IS THAT FOLKS TRY TO ACCESS THROUGH THEIR DOCTORS OR URGENT CARE CENTER, BECAUSE YOUR DOCTOR WILL KNOW YOUR MEDICAL RECORDS THE BEST.

10:26:09 BUT ALSO THE STATE WON'T ALWAYS BE ABLE TO HAVE A PLAN.

10:26:13 B IN PLACE, AND THAT WE NEED TO BE ABLE TO RELY ON OUR HEALTH CARE DELIVERY SYSTEMS TO TAKE CARE OF OUR PATIENTS.

10:26:20 AND SO THAT WOULD BE, YOU KNOW, OPTION NUMBER ONE, AND IF YOU DON'T, IF YOU HAVE INSURANCE, CAN CALL THE NUMBER ON THE BACK OF YOUR INSURANCE TO GET AN APPOINTMENT, THERE'S ALSO TEST TO TREAT LOCATIONS ACROSS THE STATE THE FEDERAL GOVERNMENT PUT TOGETHER, A LOCATOR AND YOU CAN CALL

10:26:37 THIS STATEWIDE HOTLINE TO HELP NAVIGATE AND FIND A TEST TREAT LOCATION.

10:26:42 WE RECOGNIZE THAT THE REALITY OF THIS IS THAT A LOT OF FOLKS STILL HAVE TROUBLE GETTING ACCESS TO CARE, ESPECIALLY WITHIN 24 H OF SEEKING IT.

10:26:51 AND SO THE STATE DID STAND UP. A STATE TELEHEALTH LINE.

10:26:56 AND IT'S REALLY MEANT TO FOCUS ON EQUITY.

10:26:58 POPULAR, SO THOSE WHO ARE UNINSURED. LET ME USE A COLOR.

10:27:04 OLDER ADULTS WHO HAVE, WHO HAVE DIFFICULTY ACCESSING TREATMENT RURAL AREAS.

10:27:08 AND SO WE'VE TRIED TO BE VERY INTENTIONAL ABOUT HOW WE'VE PUSHED OUT THIS RESOURCE.

10:27:14 AND I DO KNOW ALL OF YOU. TAKE CARE OF THIS HIGH-RISK SETTING. SO, I DO.

10:27:17 DO WANT TO EMPHASIZE THAT THIS IS AVAILABLE, THAT IF THEY TEST POSITIVE TODAY THEY CAN GO TO THIS WEBSITE.

10:27:23 SESAME CARE.COM SLASH COVID CALIFORNIA, OR CALL THAT LINE, AND THEY CAN GET AN APPOINTMENT WITHIN AN HOUR FOR SOMEONE WHO CAN PRESCRIBE TO THEM, AND THEN FOLKS SHOULD ALSO KNOW THAT SOME PHARMACIES CAN ALSO PRESCRIBE AND FOLKS CAN CALL THE PHARMACY IN ADVANCE SO I WOULD SAY THE

10:27:40 TAKEAWAY HERE IS IF IS YES, TRY TO SEEK THROUGH YOUR HEALTH CARE SYSTEM.

10:27:47 IF ALL ELSE FAILS, WE DO HAVE A SAFETY NET SYSTEM RIGHT NOW IN PLACE, AND THAT'S SESAME CARE BUT AGAIN, IT WON'T ALWAYS BE AROUND.

10:27:54 AND SO FOLKS DO NEED TO LEARN HOW TO HAVE A PLAN AND GET ACCESS TO TREAT

10:28:00 AND SO FOR THOSE WHO HAVE DIFFICULTY WITH GETTING OUT OF THE HOME WHICH MANY OF YOUR STAKEHOLDERS IS PROBABLY RENTS TRUE.

10:28:09 WALGREENS ACTUALLY ANNOUNCED A FREE PRESCRIPTION DELIVERY FOR PECK SLOVAT.

10:28:13 THE PILL, AND THEY GUARANTEE THAT ANYONE CAN GET IT.

10:28:17 SAME DAY OR NEXT DAY, DEPENDING ON HOW CLOSE YOU ARE TO A WALGREENS, AND THIS IS REGARDLESS OF YOUR INSURANCE STATUS.

10:28:24 AND SO, WALGREENS IS ONE OPTION, AND THE WAY THAT PATIENTS CAN ACCESS THAT IS THAT WHEN THEY'RE TALKING TO THE PRESCRIBER, YOU WOULD ASK THAT THEM TO SEND IT TO A PHARMACY THAT DELIVERS WHETHER THAT BE WALGREENS OR ANOTHER, OR IF YOU KNOW THAT YOU'RE

10:28:46 YOUR NURSE PRACTITIONER SET IT TO A PRIVACY YOU COULD CALL THAT PHARMACY, AND ASK, DO YOU HAVE A DELIVERY OPTION?

10:28:49 I WOULD LIKE THAT. WHAT'S REALLY IMPORTANT IS THAT PATIENTS SHOULD VERIFY THAT THE MODIFICATIONS WILL COME IN TIME, BECAUSE AGAIN, YOU HAVE TO TAKE PILLS WITHIN 5 DAYS OF SYMPTOMS STARTING.

10:29:03 SO IF YOU'RE ON DAY 4 OR DAY 5, AND THEY'RE TELLING YOU THEY CAN'T GET YOU THE SHIPMENT IN TIME AND IDEALLY WILL BE ABLE TO FIND WAYS TO PICK UP THE MEDICATION AND START THAT

10:29:17 WE HAVE LOTS OF RESOURCES. WE'VE DEVELOPED POSTERS, FLYERS, SOCIAL MEDIA.

10:29:23 WE HAVE AN ONLINE TOOLKIT. THE LINK IS IN THE NEXT SLIDE.

10:29:27 I BELIEVE, AND WE'RE HAPPY, REALLY HAPPY. AND WE'LL LOVE FOR YOU TO SHARE THIS, BECAUSE AGAIN, WE'RE TRYING TO CHANGE THE NORM HERE DON'T RECOGNIZE THAT THE NORM SHOULD BE.

10:29:38 IF YOU TEST POSITIVE AND HAVE SYMPTOMS, SEEK TREATMENT, WE ALSO HAVE EVEN MORE OUR MATERIALS THAN WHAT WE HAVE POSTED ONLINE, WHICH INCLUDE TALKING POINTS, MORE HANDOUTS, EMAIL TEMPLATES.

10:29:50 WE'RE TRYING TO GET MORE UPLOADED AND SO HERE'S JUST A SAMPLE OF THE CONTENT THAT WE'VE CREATED AND DIFFERENT VISUALS.

10:29:59 THE LINK IS THERE FOR THE ONLINE TOOLKIT. AND THEN YOU CAN EMAIL OUR TEAM FOR ANY OTHER CONTENT.

10:30:06 YOU MIGHT WANT, AND BECAUSE YOUR STAKEHOLDER GROUP IS OUR PRIORITY EQUITY FOCUS, WE'RE ALSO HAPPY TO MAKE EVEN MORE TAILOR-MADE CONTENT IF IT WOULD BETTER SERVE YOUR CONSTITUENTS.

10:30:19 SO PLEASE DO REACH OUT TO OUR TEAM

10:30:22 SO IN SUMMARY I WILL SEE TREATMENT IS PART OF THE EQUATION.

10:30:28 WELL, WHEN WE TALK ABOUT THE CONCEPT OF TEST TO TREAT, IT MEANS YOU HAVE TO FIRST TEST, THEN YOU HAVE TO FIND THE MONEY.

10:30:36 WHO CAN PRESCRIBE TO YOU. THEN YOU HAD TO GO PICK UP WITH A MESS IN, SO I JUST HAVE A LOT OF EMPATHY FOR HOW DIFFICULT THIS VOYAGE CAN BE FOR PEOPLE.

10:30:44 BUT AGAIN, JUST TO EMPHASIZE THE VOIP STARTS WITH TESTING.

10:30:48 YOU HAVE TO SET, YOU HAVE TO FIRST SUSPECT YOU HAVE COVID TO GET TESTED, AND THAT YOU HAVE COMMITTED.

10:30:55 THEN IMMEDIATELY, THEY TRY TO DO TREATMENT. EVALUATION, AND AGAIN CALL YOUR DOCTOR URGENT CARE.

10:31:00 THEIR TEST TO TREAT LOCATIONS, YOU COULD CALL OUT HOW TO HELP YOU FIND ONE, AND IF YOU DON'T HAVE INSURANCE OR YOU CAN'T REACH A PROVIDER WITHIN 24 H, THERE'S THE STATE TIMELINE, AND THEN FOR JUST DANCING, YOU CAN REQUEST THAT THE PRESCRIPTION THAT

10:31:16 DELIVERS, AND JUST MAKE SURE YOU TAKE IT THAT THE DELIVERIES ARE WRITING IN TIME TO TAKE THOSE WITHIN 5 DAYS.

10:31:24 IF YOU'RE BETWEEN 5 AND SUNDAY, THEN ALL THAT YOU QUALIFY FOR IS REM DESIR.

10:31:30 THE IV. FORMULATION, WHICH IS VISITS OVER THE COURSE OF 3 DAYS, WHICH IS JUST BURDENSOME, SO

10:31:40 THAT WAS A LOT SO IF YOU CAN'T REMEMBER ANYTHING, I SAID, HERE'S OUR TREATMENT WEBSITE.

10:31:45 AND WE HAVE, LINE WHERE YOU COULD TALK TO A REAL HUMAN BEING WHO WILL HELP YOU TO NAVIGATE AND ANSWER YOUR QUESTIONS ABOUT TREATMENT, HOW TO ACCESS IT.

10:31:54 AND AGAIN THE LENGTH OF THE TOOLKIT AND CONTACTS FROM OUR TEAM.

10:32:00 IF YOU WOULD NEED ANYTHING ELSE. AND WITH THAT I THINK I THINK THAT'S IT.

10:32:06 THANK YOU FOR YOUR TIME, AND YOUR COLLECTIVE PARTNERSHIP IN THIS IMPORTANT WORK TO THAT'S LITERALLY LIFE SAVING WORK.

10:32:13 SO THANK YOU FOR YOUR ATTENTION.

10:32:18 THANK YOU VERY MUCH, DR. NGUYEN, FOR ALL THAT VALUABLE INFORMATION.

10:32:22 DEFINITELY A LOT OF RESOURCES. I THINK, FOR A LOT OF US TO BE ABLE TO UTILIZE AND PROMOTE OUT TO A LOT OF THOSE THAT WE SERVE.

10:32:30 SO WE'LL GET INTO Q. A. IN JUST A FEW MINUTES RIGHT BEFORE WE GET INTO Q.

10:32:34 AND A I WANTED TO TURN IT OVER TO KIMBERLEY RUTLEDGE, DEPUTY DIRECTOR OF BUDGET AND COMMUNICATIONS FOR CALIFORNIA DEPARTMENT OF REHABILITATION.

10:32:42 WELCOME KIM

10:32:43 THANK YOU, CONNIE, AND THANK YOU. DR. NGUYEN, FOR ALL OF THE REALLY REALLY HELPFUL INFORMATION I'M HERE TODAY AGAIN FOR US, CONNIE MENTIONED FROM THE CALIFORNIA DEPARTMENT OF REHABILITATION TO SPECIFICALLY TALK ABOUT THE IMPORTANCE OF THESE COVID THERAPEUTICS AND BASICALLY ALL

10:33:03 OF THE THINGS THAT WE CAN BE DOING TO PREVENT AND OR MITIGATE THE NEGATIVE EFFECTS OF COVID WITHIN OUR COMMUNITIES, AND SPECIFICALLY WITHIN THE DISABILITY COMMUNITY.

10:33:16 I JUST WANNA TAKE A MOMENT A PERSONAL PRIVILEGE TO SAY THAT I'M A PERSON WITH A PHYSICAL DISABILITY MYSELF, AND I HAD COVID LAST SUMMER LAST JULY AND SPENT THE FIRST 2 DAYS AFTER I TESTED POSITIVE DOING EVERYTHING I COULD TO GET ONE OF THESE THERAPUTICS

10:33:40 I IT WAS IN JULY. IT WAS BEFORE THESE THERAPEUTICS WERE VERY COMMON, BUT I WAS, YOU KNOW, LUCKY BECAUSE OF THE WORK I DO, AND EVERYTHING TO KNOW ABOUT THEM.

10:33:48 AND SO I, YOU KNOW, DID SOME VERY BIG NAVIGATION OF MY OWN HEALTH CARE SYSTEM, AND WITH MY OWN PHYSICIAN, AND WAS ABLE TO START PAXILVID WITHIN 3 DAYS OF TESTING POSITIVE.

10:34:05 AND I WILL SAY THAT EVEN THOUGH I DIDN'T HAVE A TERRIBLY SEVERE CASE OF COVID, THANKS TO ALSO HAVING BEEN VACCINATED AND BOOSTED, JUST THE FACT THAT I HAD THIS MEDICATION AVAILABLE TO ME, I WAS ABLE TO TAKE IT WITHIN 5 DAYS OF MY COVID

10:34:21 DIAGNOSIS. I WAS TESTING NEGATIVE AND BACK TO WORK.

10:34:25 WITHIN A WEEK, AND DON'T HAVE THE LINGERING EFFECTS OF LONG COCOA AFTERWARDS.

10:34:30 SO AS A PERSON WITH A DISABILITY WHO HAS FIRSHTHAND HAD THE EXPERIENCE OF HAVING COVID.

10:34:39 AND TAKING ONE OF THESE THERAPEUTICS, I CAN SAY THAT THEY REALLY DO WORK, AND IT REALLY IS VERY IMPORTANT.

10:34:45 SO BRIEFLY. I KNOW THAT THE EARLIER PRESENTATIONS PUT A LOT OF FOCUS ON THE OLDER ADULT COMMUNITY.

10:34:54 AND I WANT TO TAKE JUST A COUPLE MINUTES TO TALK ABOUT PEOPLE WITH DISABILITIESAND HOW REALLY ALL OF THE RESOURCES THAT ARE OUT HERE THAT ARE AVAILABLE, OR EVERY THAT IS IMPORTANT FOR PEOPLE WITH DISABILITIES TO ACCESS AS OLDER ADULTS.

10:35:10 SO THIS IS YOUNGER PEOPLE WITH DISABILITIES, INCLUDING CHILDREN, NEED TO BE INCLUDED IN ALL OF THESE DISCUSSIONS, AND IT REALLY GOES BACK TO WHAT DR. NGUYEN

10:35:20 MENTIONED EARLIER MASKING. IT'S STILL IMPORTANT FOR INDIVIDUALS WHO ARE IMMUNE, COMPROMISE, OR MAY HAVE PRE-EXISTING CONDITIONS THAT WOULD INCREASE THEIR CHANCES OF HAVING COVID AS WELL AS CAREGIVERS AND PEOPLE WHO HAVE INTERACTIONS WITH THIS POPULATION SO YOU KNOW I KNOW THAT MASKING

10:35:44 IS BECOME LARGELY OUT OF VOGUE, AND NOBODY ENJOYS WEARING A MASK.

10:35:49 BUT IT IS STILL VERY IMPORTANT, ESPECIALLY FOR INDIVIDUALS WHO ARE AT HIGHER RISK OF HAVING SEVERE COVID.

10:35:58 THAT'S VACCINATIONS. AGAIN. THERE'S A LOT OF PEOPLE WHO ARE NOT GETTING THE BOOSTERS IN ALL COMMUNITIES, INCLUDING THE OLDER ADULTS AND PEOPLE WITH DISABILITIES.

10:36:08 AND SO BEING UP TO DATE ON THOSE VACCINES IS CRITICAL EVEN FOR YOUNGER PEOPLE, ESPECIALLY YOUNGER PEOPLE WHO HAVE ANY KIND OF PRE-EXISTING CONDITION, LIKE PEOPLE, ARE HAVING ISSUES WITH VACCINE ACCESS, GETTING COVID TESTS BECAUSE TESTING IS STILL VERY IMPORTANT.

10:36:31 SO YOU KNOW THAT IT'S COVID AND NOT FLU OR RSV OR SOMETHING ELSE BEFORE STARTING A THERAPEUTIC.

10:36:38 AND ALSO HAVING ACCESS TO PPE AND MASKS. ALL OF THESE ARE AVAILABLE THROUGH THE INDEPENDENT LIVING CENTERS THAT ARE THEIR OFFICE DATE, THAT ARE OVER SEEN BY THE DEPARTMENT OF REHABILITATION.

10:36:52 I BELIEVE THAT SOMEONE FROM THE TECH TEAM WILL BE PUTTING A LINK IN THE CHAT THAT YOU CAN GO TO FIND THE INDEPENDENT LIVING CENTER IN YOUR AREA.

10:37:03 THESE CENTERS DO A VARIETY OF THINGS AROUND COVID RELIEF, AND THEY'VE RECEIVED A LOT OF MONEY FROM THE FEDERAL GOVERNMENT TO HELP OUT WITH THIS.

10:37:12 SO THEY WILL HELP ANYBODY OF ANY AGE WITH A DISABILITY.

10:37:16 GET ACCESS TO A VACCINE OR A BOOSTER.

10:37:21 MOST OF THE INDEPENDENT LIVING CENTERS IN CALIFORNIA. STILL HAVE A PRETTY GOOD STOCKPILE OF FREE COVID TESTS THAT THEY WILL SUPPLY TO THE DISABILITY POPULATION.

10:37:34 THEY STILL HAVE LOTS OF PPE FOR YOURSELF OR CAREGIVERS.

10:37:39 IF SOMEBODY IS INFECTED WITH COVID, AND STILL NEEDS CARE TO STAY SAFE AS A PART OF THE PANDEMIC AS WELL, EVEN THOUGH OUR LIVES HAVE LARGELY RETURNED TO NORMAL.

10:37:53 THERE ARE A LOT OF PEOPLE WITH PRE-EXISTING CONDITIONS WHO ARE STILL SPENDING A LOT OF TIME KEEPING THEMSELVES SAFE AND ISOLATED.

10:38:02 AND SO THE INDEPENDENT LIVING CENTERS ALSO WILL PROVIDE ACCESS TO TRANSPORTATION ACCESS TO FOOD SERVICES, AND PEOPLE NEED THAT.

10:38:13 OTHER ACTIVITIES, TO COMBAT ISOLATION AND LONELINESS AND ASSISTANCE, FINDING PERSONAL CARE THAT IS STILL AN ISSUE FOR MANY PEOPLE, ESPECIALLY AS BOTH INDIVIDUALS AND

CAREGIVERS ARE ALL GETTING COVID AT THIS POINT, HAVING THOSE BACKUP RESOURCES FOR YOUR PERSONAL CARE OR BACKUP RESOURCES, IF YOU NEED TO BE ABLE TO GET

10:38:41 TO, A PHARMACY, OR GET TO YOUR VACCINE, OR BE ABLE TO GET A TEST.

10:38:45 SO PLEASE USE THOSE RESOURCES THROUGH THE INITIAL LIVING CENTERS.

10:38:51 SO I WANT TO ALLOW FOR ENOUGH TIME FOR Q. A.

10:38:55 BUT AGAIN, ALL OF THIS INFORMATION IS SO IMPORTANT FOR ALL OF OUR POPULATIONS, BUT ESPECIALLY PEOPLE WITH DISABILITIES.

10:39:03 SO THANK YOU FOR THE INVITATION FROM OUR PARTNERS. IT'S DEPARTMENT OF AGING, AND THANK YOU AGAIN TO DR.

10:39:10 NGUYEN FOR ALL OF THE GREAT INFORMATION. THIS MORNING

10:39:13 THANK YOU VERY MUCH, KIM, FOR ALL THAT VALUABLE INFORMATION.

10:39:17 DEFINITELY A LOT OF GREAT INFORMATION FOR OUR POPULATIONS TO BE ABLE TO SHARE OUT SO NOW WE'RE GONNA MOVE OVER TO THE Q. A.

10:39:24 SECTION. I KNOW THERE'S QUITE A FEW QUESTIONS COMING IN THROUGH THE CHAT, SO FEEL FREE TO TYPE IN YOUR QUESTION.

10:39:32 UNDER THE Q. A. ICON AT THE BOTTOM OF YOUR SCREEN, OR YOU CAN CLICK YOUR RAISE HAND, ICON, TO REQUEST YOUR LINE TO BE UNMUTED.

10:39:40 IF YOU'RE DIALING IN PRESS STAR 9 TO RAISE YOUR HANDS, AND OF COURSE, IF YOU HAVE ANY QUESTIONS THAT COME AFTER THE WEBINAR, YOU CAN EMAIL COMMUNICATIONS AT AGING.DOT.

10:39:49 CA.GOV AND ROLLOUT IT APPROPRIATELY SO I'LL GIVE IT A FEW MINUTES FOR YOU TO ENTER SOME QUESTIONS INTO THE CHAT AND RAISE YOUR HAND.

10:39:59 LET'S GO TO THE NEXT SLIDE REALLY QUICK, WHILE WE'RE WAITING.

10:40:01 OR WHILE WE WAIT TO ENTER IN JUST A REMINDER.

10:40:05 AND AGAIN YOU'LL GET A LOT ALL OF THESE LINKS AT THE END OF THE WEBINAR.

10:40:09 WE'LL SEND IT OUT VIA EMAIL AS WELL. BUT FOR THE CDPH COVID TREATMENT TOOLKIT, YOU CAN FIND IT ON THE COVID-19.CA.GOV WEBSITE UNDER THE TREATMENT CAP NEXT SLIDE AND JUST SOME ADDITIONAL RESOURCES FOR EVERYONE TO BE ABLE TO UTILIZE

10:40:30 CDA ALSO HAS COVID OUTREACH AND MARKETING RESOURCE PORTAL.

10:40:34 WHERE YOU CAN ORDER SOME OF FREE MARKETING OUTREACH PIECES THAT'S USED TO PROMOTE VACCINATIONS AND ALSO SOME POVERTY TIPS, USING TO GO ON THE CDA WEBSITE.

10:40:45 AND THERE ARE HIGHLIGHTS CLICK ON THE OUTREACH TOOLKIT NEXT SLIDE

10:40:52 AND HERE AT THE PORTAL YOU'LL SEE THERE'S VACCINATION RESOURCES WHERE THERE'S DIRECT MAIL CARDS, POST CARDS THAT YOU CAN REQUEST THAT ARE FREE.

10:41:00 THAT WILL BE SENT TO YOU WE HAVE OUR AGING RESOURCE GUIDES, AND ALSO AN OUTREACH TOOLKIT AS WELL.

10:41:06 THAT INCLUDES SOCIAL MEDIA POSTS, NEWSLETTER BLURBS, AND A LOT OF RESOURCE TIPS THAT YOU'LL BE ABLE TO UTILIZE WHAT SOCIAL MEDIA LOOKS LIKE.

10:41:18 AND THEN LET'S GO TO ONE MORE SLIDE, AND THEN I JUST WANTED TO NOTE ALSO, THERE IS THE CALHS EMERGENCY RESOURCE GUIDE.

10:41:27 WE ARE GOING THROUGH A HEAVY STORM PERIOD RIGHT NOW. SO, WE'D ALSO LIKE TO ASK ALL OF YOU TO PUSH THIS GUIDE OUT TO THOSE THAT YOU SERVE IN THIS GUIDE.

10:41:37 THERE'S TIPS TO PREPARE PERSONAL EMERGENCY PLAN TO PREPARING MEDICAL DEVICES THAT REQUIRE ELECTRICITY AND INFORMATION ABOUT MENTAL, SOCIAL AND HEALTH CARE SERVICES AS WELL.

10:41:46 SO LET'S GO OVER TO Q. A. I'LL GO OVER TO SOME OF THE QUESTIONS THAT CAME VIA CHAT.

10:41:54 FIRST, LET'S SEE. HMM.

10:41:55 AND I CAN JUMP INTO I'VE BEEN REVIEWING SOME OF THEM, AND I JUST I JUST WANTED TO THANK KIM FOR YOUR REMARKS, AND PARTICULARLY YOUR REMINDER AROUND MASKING WHICH I HAD ON MY SLIDE, BUT I HADN'T MENTIONED AND I DIDN'T MEAN TO MISS SKIP OVER.

10:42:11 IT. BUT MASKING STILL IS A HIGHLY EFFECTIVE TOOL IN OUR TOOLBOX, AND CERTAINLY WHEN CASE RATES ARE HIGHER FOR THOSE WHO ARE AT HIGHER RISK.

10:42:22 CERTAINLY I WE GENERALLY RECOMMEND IT, BUT THOSE POPULATIONS IN PARTICULAR, IF YOU DO WHAT I FEEL LIKE, IT'S AN ALL OR NONE FOR THE REST OF YOUR LIFE, THEN THEN APPLY IT.

10:42:32 YOU KNOW, WITH STRATEGY THAT LIKE WHEN CASE RATES ARE HIGHER, THAT THAT'S WHEN YOU WOULD MASK WHEN YOU'RE IN CROWDED INDOOR SETTINGS, AND I WILL JUST INTRODUCE THAT YOU KNOW I I HAD THE PRIVILEGE TO VISIT JAPAN BACK IN 2018 AND I WAS SURPRISED BY HOW

10:42:46 COMMON MASKING ON AN EVERYDAY BASIS WAS, IT WAS THE FIRST TIME I'D EVER SEEN THAT.

10:42:51 BUT THERE IS JUST CULTURAL ACCEPTANCE THERE AROUND RESPIRATORY ETIQUETTE AND SEE.

10:42:56 AND I PERSONALLY HAVE KIND OF COME TO TERMS WITH THIS.

10:42:59 THIS MIGHT JUST BE. THE NEW NORM IS, YOU KNOW, IF I WANT TO PREVENT CERTAIN ILLNESSES IN MY FAMILY, ESPECIALLY FOR THOSE IN MY, IN MY HOUSEHOLD, YOU'RE ACTUALLY INTO A COMPROMISE THAT I I WEAR A MASK WHEN I'M IN INDOOR PLACES.

10:43:14 OKAY. SO ONE QUESTION THAT I SAW IS WHEN DO YOU SEE? 6. WHEN DO YOU SEE?

10:43:20 SAFE TO REOPEN THE ADULT DAY PROGRAMS. MANY OF THE ELDERLY PEOPLE ARE NERVOUS ABOUT THIS.

10:43:23 THEY WOULD COME BACK TO PROGRAMS AS THEY ARE. STILL MANY INFECTIONS AND OTHERS ON THIS CALL CAN CORRECT ME IF I'M OUT.

10:43:30 BUT ADULT DAY PROGRAMS ARE TECHNICALLY OPEN AND ALLOWED TO OPEN.

10:43:34 MAYBE SOME OF THEM MIGHT HAVE CHOSEN FOR THEMSELVES TO REMAIN CLOSED.

10:43:38 THERE ARE GUIDANCES AND BEST PRACTICES, ADULT DAY PROGRAMS.

10:43:42 AND SO TECHNICALLY, THEY DON'T HAVE TO BE OPEN.

10:43:46 I THINK MAYBE THE QUESTION IS PARTIALLY ABOUT, HOW DO YOU RISK, MITIGATE AND FIND WAYS TO MAKE THIS AS SAFE AS POSSIBLE?

10:43:55 OF WHICH THERE IS GUIDANCE FOR THAT IF FOLKS NEED LINKS THAT CAN FOLLOW UP AFTER THE FACT, I WILL SAY THIS QUESTION GETS TO WHERE WE ARE IN THIS PANDEMIC OF ALWAYS HAVING TO DECIDE RISK BENEFIT, THAT THERE IS ALWAYS A RISK OF GETTING COVID, THE WAYS IN WHICH WE CAN

10:44:13 PERSONALLY RISK MITIGATE IS, STAY UP TO DATE WITH OUR BOOSTERS, WHERE I'M ASKED AND GET TREATMENT.

10:44:20 IF WE DO, COVID THIS IS ALSO RECOGNIZING IMPORTANT AND THEN SOCIAL CONNECTIVITY TO HELP AS WELL.

10:44:28 THIS IS NOT ALL. ONE SIDED EQUATION OF PREVENT THIS IS REALLY IMPORTANT, BUT SAME TIME, I THINK, FOR ALL POPULATIONS, WE NEED TO THINK ABOUT, HOW DO WE BALANCE THAT MENTAL HEALTH AND THE IMPORTANCE OF FOLKS STAYING CONNECTED?

10:44:42 SO WE ADVOCATE THAT FOLKS FIND WAYS TO MITIGATE RISK, AND THEN DECISIONS ARE INDIVIDUAL.

10:44:49 MAYBE WE'LL FIND SOME INTERACTION HIGHER BENEFIT AND MORE.

10:44:55 THAT'S SOMETHING THAT THEY WOULD TAKE A RISK FOR, OR SOME INTERACTIONS THEY MAY NOT SO IT'S JUST A GENERAL PRINCIPLE THAT APPLIES TO ALL OF US.

10:45:02 NOW IN THIS PANDEMIC. SO, I JUST WANTED TO ANSWER THAT ONE LIVE.

10:45:06 AND THEN THERE WAS ANOTHER QUESTION ABOUT PNEUMONIA, VACCINE, AND IF WE SHOULD BE ASSISTING PEOPLE TO BE UP TO DATE, ABSOLUTELY.

10:45:12 YES, SO PNEUMONIA FLU, THESE ARE. THESE ARE BIG KILLERS FOR OLDER ADULTS, AND SO FOLKS SHOULD ALWAYS STAY UP TO DATE WITH VACCINES. I THINK.

10:45:24 WHAT'S UNIQUE ABOUT THE SARS. COV.

10:45:27 2 VIRUS, THE ONE THAT CAUSES COVID-19 IS IT'S A NEW VIRUS WHERE IT'S HAVING.

10:45:32 THAT'S ON EVERY SINGLE ORGAN IN THE BODY. PRACTICALLY AND THEN THERE'S THIS LONG CONCLUDE.

10:45:39 AND SO, FOR A NUMBER OF REASONS, FOLKS SHOULD STAY UP TO DATE ON COVID

10:45:46 I MIGHT THEN HAND IT BACK TO CONNIE TO HELP ME, OTHERWISE I'LL JUST GO ONE BY ONE, AND IF THERE WANTED ME TO ANSWER IN PARTICULAR.

10:45:55 YEAH. LET'S GO THROUGH. LET'S SEE. OOPS.

10:45:59 I MIGHT NEED SOME ASSISTANCE ON THE ATTENDEES THAT ARE RAISING THEIR HANDS

10:46:04 I'LL ANSWER ONE REALLY QUICKLY, WHILE YOU'RE THINKING OF THE NEXT ONE.

10:46:10 THE VIOLENT BOOSTER WHICH COVERS OMICRON.

10:46:15 THE QUESTION WAS, I WAS FULLY VACCINATED WITH A BOOSTER.

10:46:16 I HAD EARLY COVID AND I CODE IN EARLY DECEMBER.

10:46:20 IS THERE ANOTHER BOOSTER I SHOULD TAKE? IF SO, WHEN SO, THE BOOSTER SHOULD BE TAKEN 4 TO 6 WEEKS AFTER YOUR LAST VACCINE, IN TERMS OF HOW SOON TO TAKE THE BOOST AFTER AN INFECTION.

10:46:31 YOU CAN WAIT A COUPLE MONTHS. AND ACTUALLY, I'M JUST TRYING TO FIND THE FOR YOU.

10:46:39 THE THOUGHT BEHIND WAITING A FEW MINUTES IS SIMILAR TO WHY YOU WOULD WAIT SO, YOUR LAST COVID VACCINE IS BECAUSE YOUR IMMUNE SYSTEM'S ALREADY PRIMED.

10:46:49 WHAT HAPPENS OVER TIME IS THAT IT FADES, THAT PROTECTION AND SO YOU WANT TO BOOST IT WHEN YOUR ANTIBODY LEVELS ARE COMING DOWN.

10:46:55 SO YOU DON'T NEED TO RUSH TO GET IT SOON AFTER AN INFECTION.

10:47:01 BUT EVENTUALLY, BEING BOTH INFECTED AND HAVING FASCINATION, ACTUALLY IS MORE PROTECTIVE THAN JUST GETTING AN INFECTION.

10:47:09 SO THERE'S STILL BENEFITS. AND WITH EVERY SUBSEQUENT SOVIET INFECTION THE RISK OF DEVELOPING LONG COVID ACTUALLY INCREASES.

10:47:17 SO FOR THOSE WHO HAVE HAD COVID. I KNOW SOME FOLKS THEY WILL NOW I'M LIVING MY POST COVID LIFE.

10:47:23 I CAN UNDERSTAND WHY PEOPLE HAVE THAT SENTIMENT, BUT THERE'S STILL IS IN RISK EVERY TIME YOU HAVE COVID TO DEVELOP LONG COVID

10:47:32 AWESOME. THANK YOU FOR THAT. OKAY, IT LOOKS LIKE THERE IS A CALLER THAT RAISED IN THEIR HAND.

10:47:37 YOLANDA, WILLIAMS, I HAVE JUST UNMUTED YOUR MIC.

10:47:42 DO YOU HAVE A QUESTION THAT WE'D LIKE TO ASK? WHY

10:47:52 GO, LINDA, ARE YOU THERE?

10:48:00 WE WILL GO TO THE NEXT. OKAY? GOOD.

10:48:01 YES, I'M HERE. I'M HERE. CAN YOU HEAR ME?

10:48:05 OKAY.

10:48:07 GO AHEAD AND ASK YOUR QUESTION.

10:48:09 OH, NO! I'M JUST LISTENING

10:48:13 OH, I'LL JUMP IN AND SAY IT'S 3 MONTHS.

10:48:11 OH, OKAY. OKAY.

10:48:15 OH, WAIT ABOUT 3 MONTHS AFTER YOUR LAST COVID INFECTION.

10:48:19 I HAVE TO GET A BOOSTER, OR IF YOU'RE WONDERING HOW LONG SINCE YOUR LAST COVID VACCINE, THEN 4 TO 6 MONTHS. THAT'S THE TIMELINE

10:48:27 PERFECT. I'M SEEING JOCELYN TINA HARROW.

10:48:32 DO YOU HAVE A QUESTION YOU'D LIKE TO ASK BY

10:48:41 JOCELYN IS YOUR MIC, AND MUTED

10:48:47 I'LL JUMP IN WHILE YOU'RE WORKING ON THE NEXT ONE TO ANSWER ANOTHER ONE ABOUT.

10:48:51 ARE THERE ANY UNDERLYING CONDITIONS THAT PREVENT PEOPLE FROM BEING ABLE TO RECEIVE THE ANTIVIRALS?

10:48:56 SO THE ORAL ANTIVIRAL. SO, THE PILLS PAXLOVID

10:49:03 DOES HAVE DRUG DRUG INTERACTION, SO THAT CAN BE TRICKY FOR SOME CLINICIANS TO NAVIGATE.

10:49:08 FOR THE MOST PART MOST MESSAGES CAN BE ADJUSTED OR HELD FOR A FEW DAYS, AND AGAIN SOME CLINICIANS ARE STILL UNFAMILIAR WITH THIS, AND MAY OR ERNESTLY DENY PATIENTS SO THAT'S PART OF THE REASON WHY WE HAVE A STATE TELEHEALTH LINE SO IF YOU FEEL LIKE

10:49:24 YOU WERE WRONGFULLY DENIED. YOU CAN ALSO CALL THE STATE TELEHEALTH LINE FOR A SECOND OPINION.

10:49:29 BUT YES, THERE ARE SOME LEGITIMATE REASONS, SUCH AS HAVING END, STAGE RENAL DISEASE, OR SEVERE LIVER FAILURE OR PREGNANCY WILL DEPEND, WILL THEN DICTATE WHICH OF THE 2 PILLS YOU CAN TAKE.

10:49:46 BUT AGAIN THERE'S 2 2 PILL OPTIONS REM DESSEVERE IS ALSO AN ANTIVIRAL, WHICH OFTEN, WHICH IS SORT OF THE MEDICINE THAT FOLKS CAN USE IF THEY DON'T QUALIFY FOR THE PILLS, FOR WHATEVER REASON, AND SO THE VAST MAJORITY OF FOLKS SHOULD FIND A MEDICATION, THAT

10:50:03 IS ABLE TO WORK FOR THEM I'LL BRIEFLY MENTION THE MONOCLONALS, BECAUSE YOU PROBABLY HEARD THAT TERMINOLOGY MONOCLONAL ANTI-BODIES.

10:50:11 THOSE WERE IN USE, BUT THE MONOCLONAL ANTIBODIES WERE MORE SUSCEPTIBLE TO VERY THE VARIANT CHANGES.

10:50:19 SO NOW THERE ARE NO EFFECTIVE MONOCLONAL ANTIBIOTICS THAT WE'RE CURRENTLY USING.

10:50:24 IF ONE OF THOSE OLDER VARIANTS CAME BACK, THEN THOSE DRUGS TO BE EFFECTIVE AGAIN.

10:50:28 BUT RIGHT NOW WE'RE IN THE TERRITORY OF ANTIVIRALS WHICH THE GOOD NEWS IS, THEY ARE RESISTANT TO THE VARIOUS VARIANTS.

10:50:36 RIGHT NOW

10:50:39 GREAT. THANK YOU FOR THAT. OKAY, LET'S TRY ONE MORE CALLER.

10:50:43 APRIL. THOMAS, YOUR LINE IS UNMUTED.

10:50:49 HEY APRIL, ARE YOU THERE?

10:50:56 OKAY, SEEMS LIKE WE MIGHT BE HAVING SOME DIFFICULTY WITH THE MUTING AND UNMUTING OF MICROPHONES.

10:51:01 SO I'LL JUST GO BACK TO THE CHAT. SOME OF THE CHAT QUESTIONS.

10:51:05 IT LOOKS LIKE THERE WAS A QUESTION ON ABOUT TREATMENT AFTER COVID REBOUND, AND WE'VE HEARD A LOT ABOUT WHAT WOULD REBOUND.

10:51:13 AND I GUESS THE QUESTION ABOUT TREATMENT. DO YOU DO TREATMENT AFTER COVID REBOUND?

10:51:16 MAYBE WE CAN EXPAND A LITTLE BIT ON THAT

10:51:18 YEAH, SO REBOUND CAN HAPPEN WITHIN A COUPLE OF WEEKS OF HAVING TAKEN TREATMENT, OR IT HAPPENS ON ITS OWN.

10:51:27 EVEN IF YOU DIDN'T TAKE TREATMENT, AND IT'S NOT AN INDICATION TO ACTUALLY REPEAT TREATMENT AT THAT TIME.

10:51:33 AND IF YOU'RE EVER IN SHARE, OF COURSE, YOU KNOW, REACH OUT TO YOUR CLINICIAN TO DISCUSS.

10:51:38 YOU KNOW HOW SOON AFTER YOU'RE LESS INFECTION, YOU WERE FEELING THE SYMPTOMS AGAIN.

10:51:43 BUT GENERALLY, IF IT'S WITHIN A FEW WEEKS, AND THERE'S A RESURGENCE OF SYMPTOMS, FOLKS SHOULD GET TESTED. AND ACTUALLY, IF YOU TEST POSITIVE, YOU SHOULD REMAIN IN ISOLATION FOR 5 MORE DAYS.

10:51:58 THERE'S A QUESTION HERE IN THE CHAT ABOUT FOR THOSE THAT ARE HIGH RISK, AND I THINK YOU ADDRESSED IT A LITTLE BIT ABOUT HOW WE'VE GOT A LOT OF THE, YOU KNOW.

10:52:07 NOT THANK YOU MATTERS, BUT A LOT OF THE THINGS THAT YOU CAN DO TO MITIGATE WHETHER IT'S LIKE VACCINATIONS, YOU KNOW, WASHING HANDS, WEARING A MASK, BUT A LOT THAT

ARE HIGH-RISK ARE STILL CONCERNED AND LIVING STILL ISOLATED LIFE, AND JUST ANY RECOMMENDATIONS

10:52:21 ON THAT, OR ADDRESSING THAT.

10:52:24 I'M SORRY. RECOMMENDATIONS ON WHAT

10:52:25 OH, I GUESS THEY SAID. HOW FOR THEM TO RESUME THEIR NORMAL LIVES.

10:52:30 SO I THINK I THINK YOU TOUCHED ON IT A LITTLE BIT EARLIER ABOUT HOW YOU KNOW IT'S STILL, YOU KNOW, YOU CAN WORRY ABOUT MATH

10:52:34 YEAH. BUT I'M HAPPY TO SPEAK AGAIN. IT'S A WHOLE NEW WORLD THAT WE ARE ALL NAVIGATING.

10:52:42 AND YES, ALL STAYING UP TO DATE ON BOOSTERS MASKING LIKE CHOOSING WHAT EVENTS YOU GO TO SO OUTDOORS, ALWAYS MUCH SAFER THAN INDOORS, AND IF YOU ARE INDOORS, THEN INCREASING VENTILATION OPENING THE DOORS AND THE WINDOWS TO THE EXTENT THAT IT'S

10:53:01 SAFE, HAVING PORTABLE HEBA FILTERS, MAKING SURE THAT FANS ARE ON TO CIRCULATE THE AIR.

10:53:08 SO THESE ARE ALL WAYS THAT WE CAN MITIGATE, RISK I CAN SHARE PERSONALLY THAT THAT'S ALSO SOMETHING THAT I'M ALWAYS KEEPING AN EYE ON IS LIKE WHICH EVENTS DO.

10:53:16 I CHOOSE TO GO TO WHICH ONES ARE REALLY IMPORTANT TO ME, AND THEN, WHEN I DO GO, HOW CAN I MAKE IT A SAFER INTERACTION IF SOME OF THE MEETINGS I TAKE?

10:53:26 I TAKE PART IN. FOLKS WILL TEST BEFORE P. TAKING PART IN THE MEETING OR IN THE FOR THE EVENT.

10:53:33 SO THESE ARE ALL WAYS THAT WE CAN MINIMIZE RISK.

10:53:36 AND THEN ALSO JUST BE COGNIZANT OF THE BENEFIT OF GOING FOR YOUR OWN HEALTH, TO BE CONNECTING WITH LOVED ONES OR FRIENDS, OR WHATEVER IT MAY BE.

10:53:48 GREAT. THERE'S A QUESTION ABOUT, YOU KNOW YOU MENTIONED MEDICATIONS ARE AVAILABLE REGARDLESS OF PRESCRIPTION, INSURANCE STATUS.

10:53:55 IF YOU CAN EXPAND ON WHAT THAT MEANS.

10:54:01 YEAH.

10:53:57 ABOUT HOW MEDICATIONS ARE FREE. IS THAT WHAT YOU ASKED? SO RIGHT NOW, THE FEDERAL GOVERNMENT PURCHASED MILLIONS OF COURSES OF PAXLOVID AND MOLTEN PEER REVERE, AND THIS AND THE STATE DISTRIBUTES THEM TO CLINICIANS AND PHARMACIES AND SO THERE IS NO COST TO ANYBODY TO

10:54:15 GET THE PILLS, AND IF YOU EVER ARE CHARGED FOR A PILL, THAT'S THAT WAS AN ERROR.

10:54:22 AND ON OUR WEBSITE, THERE'S A LINK THAT YOU CAN REPORT THE PHARMACY, AND WE CAN HELP YOU FOLLOW UP SO YEAH, THE PILLS ARE FREE.

10:54:29 NOW WE DO ANTICIPATE, SOMETIME EARLY THIS YEAR THAT PFIZER, WHO MANUFACTURES PAXLOVID IS GONNA GO COMMERCIAL AT THAT TIME.

10:54:39 IT WILL BE UP TO HEALTH INSURANCE PLANS TO PAY FOR THE DRUG, AND BECAUSE OF A NEW LAW THAT TOOK PLACE AT THE END OF SEPTEMBER OF 2022, HEALTH PLANS ARE ACTUALLY OBLIGATED TO COVER THE COST OF TREATMENT COVID-19 TREATMENT.

10:54:56 EVEN IF YOU GO OUT OF NETWORK. SO, IF I'M A KAISER PATIENT.

10:54:59 BUT I WANT TO SHOW UP AT A SETTER FACILITY, AND SETTER GIVES ME CARE.

10:55:05 TECHNICALLY, MY INSURANCE COMPANY HAS TO PAY FOR IT, AND THAT IS AN EFFECT, FOR UP TILL 6 MONTHS AFTER THE END OF THE FEDERAL STATE OF EMERGENCY.

10:55:15 SO WE STILL HAVE QUITE A BIT OF TIME WHERE THOSE WHO ARE INSURED ARE COVERED FOR THOSE WHO ARE UNINSURED.

10:55:23 MEDICAL, HAS AN UNINSURED PROGRAM THAT HELPS TO COVER TESTING AND TREATMENT.

10:55:29 AND SO TECHNICALLY RIGHT. NOW, THOSE WHO ARE UNINSURED CAN BE COVERED BY MEDICAL, AND THAT'S FOR THE PAYING FOR THE VISIT TO THE DOCTOR OR THE PHARMACIST TO PRESCRIBE THE ONE UNIQUE THING ABOUT COVID TREATMENT IS THAT A FEDERAL WAIVER.

10:55:44 ENABLED PHARMACIST TO PRESCRIBE. SO, YOU SO A LOT OF THE MAJOR CHAINS LIKE CVS AND WALGREENS?

10:55:51 DO YOU HAVE WORKFLOWS SO THAT THE PHARMACIST CAN PRESCRIBE?

10:55:54 SO RATHER THAN HAVING TO DO TEST, DISPENSE. SORRY TO TEST, PRESCRIBER, AND DISPENSE, YOU COULD ACTUALLY JUST GO TO THE PHARMACY, AND THEY WILL BOTH PRESCRIBE AND DISPENSE

10:56:05 AT A FOLLOW-UP QUESTION ON THAT, WITH THE YEAR SAYING THE PHARMACIST CAN PRESCRIBE THE MEDICATION.

10:56:12 IF SOMEBODY TESTED POSITIVE AT HOME WITH A HOME KIT, DO THEY GO TO THE PHARMACY?

10:56:15 AND THEN THEY NEED TO DO THE TEST THROUGH THE PHARMACY AND THEN GET A PRESCRIPTION, OR HOW OR DO THEY CALL IT?

10:56:21 OR IS THERE A VERIFICATION

10:56:22 YEAH, YOU KNOW EVERY PHARMACY MIGHT BE DIFFERENT. THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH HAS BEEN VERY CLEAR THAT FOLKS SHOULD ACCEPT AT HOME TESTS.

10:56:29 THERE ARE, WE SHOULD REALLY LOWER THE BARS FOR TREATMENT. I THINK IT IS A MINORITY OF BAD ACTORS OUT THERE WHO ARE PRETENDING THAT THEY HAVE COVID YOU GET A PRESCRIPTION, AND IT WOULD BE SUCH A TRAVESTY TO BE CREATING A SYSTEM FOR THAT MINORITY RATHER

10:56:44 THAN CREATING ACCESS TO THOSE WHO ARE ACTUALLY TRYING TO GET TREATMENT.

10:56:47 LEGITIMATELY, SO ON OUR WEBSITE, THAT'S MAIN WEBSITE.

10:56:52 WE EVEN HAVE A PROVIDER LETTER THIS IS TO CLINICIANS TO ENCOURAGE THEM.

10:56:56 LIKE DON'T PLACE SUCH A HIGH BAR OF PROOF AROUND THAT POSITIVE COVID TEST.

10:57:01 YOU KNOW WE MADE APPEALS DIRECTLY TO CLINICIANS TO LOWER THE BAR FOR PRESCRIBING, BECAUSE EVEN MANY PHYSICIANS ARE NOT AS UP TO DATE WITH THIS NEW MEDICATION.

10:57:13 AND WHAT'S CONSIDERED HIGH RISK. SO THAT THAT LETTER TO PHYSICIANS IS ACTUALLY ON OUR SITE, TOO.

10:57:18 WE WE HAVE HAD. PATIENTS HAD TO ACTUALLY BRING THAT TO THE CLINICIAN TO SAY YOU DENIED ME.

10:57:23 I'M I'M 70, I, YOU KNOW, HAVE ALL THESE HEART CONDITIONS LIKE I QUALIFY AND UNFORTUNATELY, THEY'D HAVE TO SHOW THAT STATEMENT TO REMIND THEIR CLINICIAN THAT THEY QUALIFIED.

10:57:34 SO THAT THAT'S ON OUR WEBSITE, TOO.

10:57:37 OKAY. AND THEN THERE WAS A I'LL END IT WITH ONE LAST QUESTION ABOUT RECEIVING TREATMENT AFTER THE 5 TO 7 SYMPTOM WINDOW.

10:57:47 IF A PERSON IS STILL EXPERIENCING SYSTEM OR SYMPTOMS, DO YOU STILL TREAT THAT?

10:57:52 IF IT'S OUT OF THE 5 TO 7 DAY WINDOW

10:57:55 SO UP TO 5 DAYS IS WHEN YOU COULD STILL CALL QUALIFY FOR A PILL.

10:57:59 AFTERWARDS YOU ONLY HAVE THE ID MEDICATION AVAILABLE TO YOU.

10:58:03 SO IT'S JUST MUCH MORE INCONVENIENT. SO THEY 6 OR 7, YOU STILL CAN HAVE TREATMENT ONCE YOU'RE DAY 8, THEN YOU TECHNICALLY DON'T QUALIFY FOR TREATMENT, BECAUSE THE DRUGS WERE APPROVED TO BE TAKEN WITHIN THAT NARROW WINDOW THE MECHANISM OF ACTION IS TO DECREASE THE VIRAL LOAD.

10:58:20 SO IF YOU'RE TOO FAR IN THE VIRAL LOAD, EITHER WON'T BE IN IMPACTED OR IT'S JUST TOO FAR INTO THE INFECTION THAT IT HASN'T BEEN APPROVED FOR THAT LONG.

10:58:31 IT. IT MAY IN THE FUTURE, BUT RIGHT NOW IT'S NOT AUTHORIZED FOR BEING TREATED BEYOND DAY.

10:58:38 5 OR 7. WE SAY 5 TO 7, BECAUSE IT'S LIKE DIFFERENT BETWEEN 5 VERSUS 7.

10:58:41 YEAH, YEAH, RIGHT? HEY, THANK YOU VERY MUCH. I KNOW WE HAVE A LOT OF QUESTIONS STILL IN QUEUE.

10:58:50 AND UNFORTUNATELY, WE COULDN'T GET ALL OF THE QUESTIONS DONE.

10:58:53 LIVE. BUT AGAIN, IF YOU WANT TO SEND YOUR QUESTIONS IN, SEND IT TO COMMUNICATIONS AT AGING.

10:58:59 CA.GOV, WHAT WE'RE GONNA DO IS WE'RE GOING TO PULL IT.

10:59:03 ALL THE QUESTIONS THAT CAME IN THROUGH THE Q. A. AND ALSO ANY ADDITIONAL QUESTIONS, THAT MAY COME IN, AND WE'LL HOLD IT TO DR.

10:59:10 OR ANY OF THE QUESTIONS THAT WE WEREN'T ABLE TO ANSWER.

10:59:13 BUT AGAIN OUR WEBINARS RECORDED, AND IT WILL BE UP ON THE CDA YOUTUBE CHANNEL.

10:59:19 THANK YOU VERY MUCH. DR. NGUYEN, FOR YOUR TIME TODAY.

10:59:24 AND ADDRESSING COVID TREATMENT IT'S VERY VALUABLE INFORMATION.

10:59:27 THANK YOU. KIM RUTLEDGE, FOR INFORMATION WITH ABOUT THE INDEPENDENT LIVING CENTERS AND PEOPLE WITH DISABILITIES, AND I'LL TURN IT OVER TO SUSAN.

10:59:37 OUR DIRECTOR, SUSAN DE MAROIS. IF YOU'D LIKE TO CLOSE US OUT

10:59:41 JUST AGAIN ECHOING CONNIE'S THANKS TO EVERYONE WHO PARTICIPATED, AND THE VOLUME OF QUESTIONS INDICATES TO ME THAT THIS WAS A VERY IMPORTANT WEBINAR TO HOST, BECAUSE WE HAVE STILL QUESTIONS REMAINING THAT SHOWS THAT ALL OF YOU HERE ARE REALLY TRYING YOUR BEST AS WE ARE TO STAY ON TOP OF

11:00:00 INFORMATION, AND TO BE ACCURATE FOR YOURSELVES, FOR YOUR FAMILIES, AND FOR THE PARTICIPANTS, THAT YOU MIGHT SERVE IN YOUR WORK SETTINGS.

11:00:10 SO THANK YOU ALL, AND WE WILL COMMIT TO TAKING QUESTIONS IN AND SHARING OUT THE RESPONSES WITH EVERYONE WHO JOINED US, SO THAT WE CAN ALL BE WELL INFORMED TOGETHER.

11:00:20 THANK YOU AND STAY SAFE TODAY.