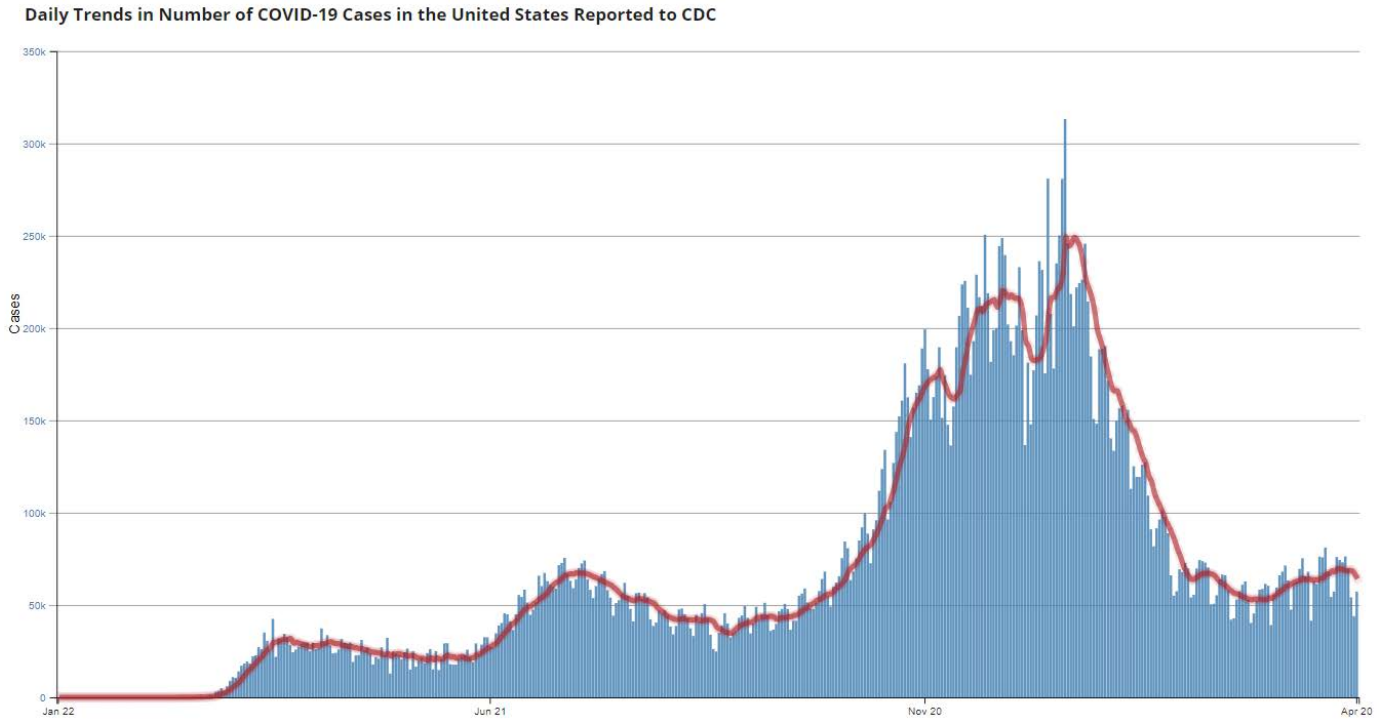
COVID-19 update

Alan Melnick, MD, MPH, CPH

April 28, 2021

US

- Current COVID-19 data, compared with last week:
  - 10.1% decrease in COVID-19 cases
  - 1.6% increase in hospitalizations
  - 3.7% decrease in COVID-19 related deaths



Washington

- COVID-19 transmission is increasing statewide.
  - Population immunity is helping but isn't enough to counteract risky behavior.
  - Estimated reproductive number in Washington: 1.29

- Statewide case counts and hospital admissions are increasing.
  - Cases increasing in most counties, including five largest counties, almost all medium-sized counties and many small counties.

- Case rates are increasing across all ages, except people 70 and older.
  - Data shows sharp increases in people ages 10-49 years and shallower increases in children 0-9 years and adults 50-69 years.

- Cases associated with variants are increasing.
  - 32% statewide increase in positive tests for variants over the past week, with the largest increase detected for the P.1 variant.

Clark County

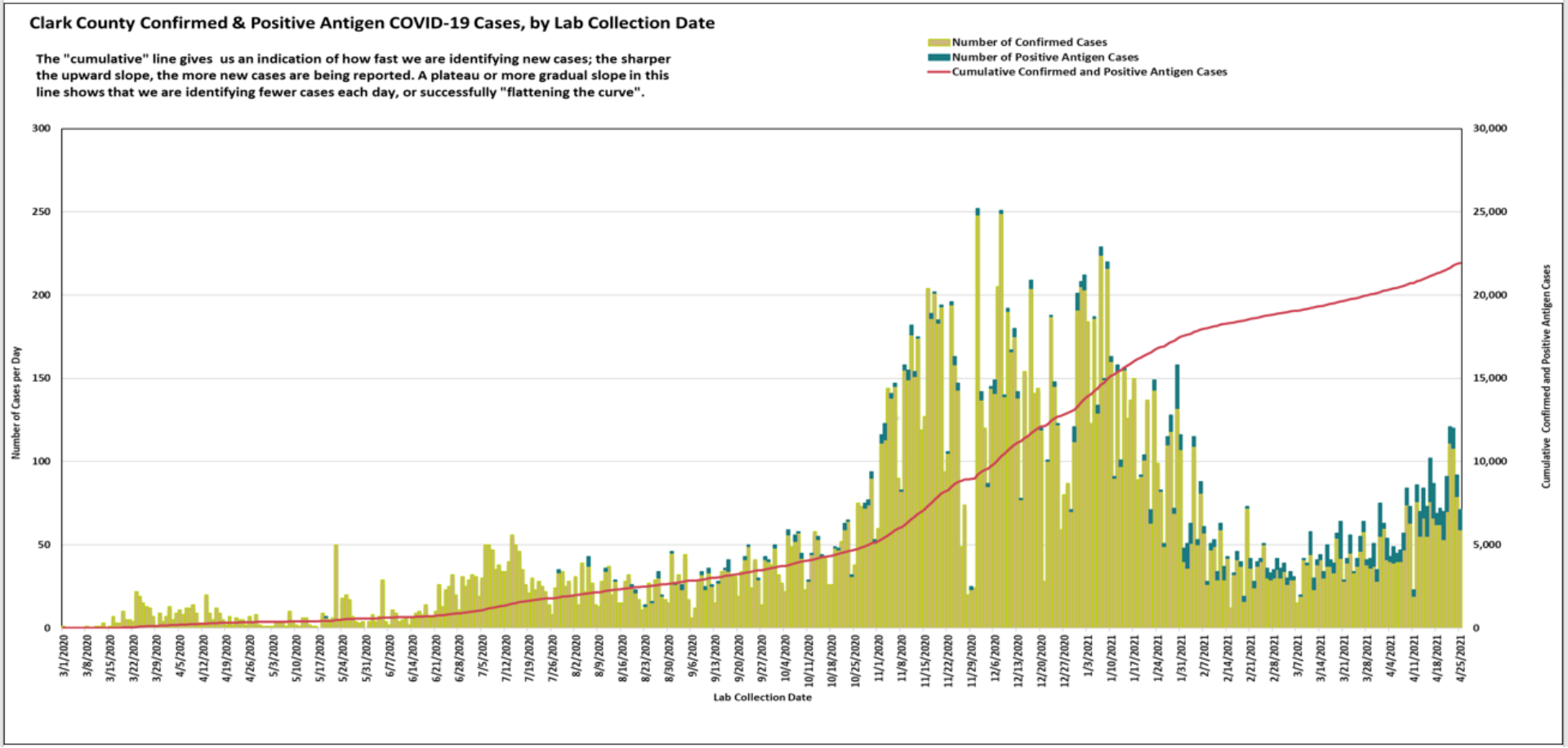
- Case numbers are increasing.
  - Last week, Clark County averaged 80 new cases per day, up from 69 per day the previous week.
  - This time last month, Clark County averaged 43 cases per day.

- Case numbers increasing across all age groups with the biggest increase among younger adults, specifically those 20-49 years old.

- Clark County's COVID-19 activity rate is also increasing.
  - The rate has increased each week since March 15, from 88.8 cases up to 198.1 this week.

- Hospitalizations for COVID-19 cases remain around 5%.
  - May be beginning to increase.

Clark County



Clark County

as of April 27

Number of confirmed cases	21,101
Number of antigen probable cases	945
Number of active cases	646
Number of total deaths	255
Rate per 100,000	198.1

SARS-CoV-2 variants

- B.1.1.7 (UK), B.1.427 and B.1.429 (California) are most prevalent variants in Washington.
  - All three have been detected in Clark County.

- B.1.1.7 (UK):
  - Spreads more easily and quickly than other variants.
  - Recent study of 55,000 UK patients considered to be relatively low-risk diagnosed with SARS-CoV-2 in the UK between October 2020 to January 2021 showed an overall 1.6-fold increase in risk of death compared with infection with previous strains.
  - So far, studies suggest the COVID-19 vaccines currently authorized for use are effective against the B.1.1.7 variant.

- B.1.427 and B.1.429 (California):
  - Evidence they are slightly more contagious
  - Some COVID-19 antibody treatments may be less effective against the strains.

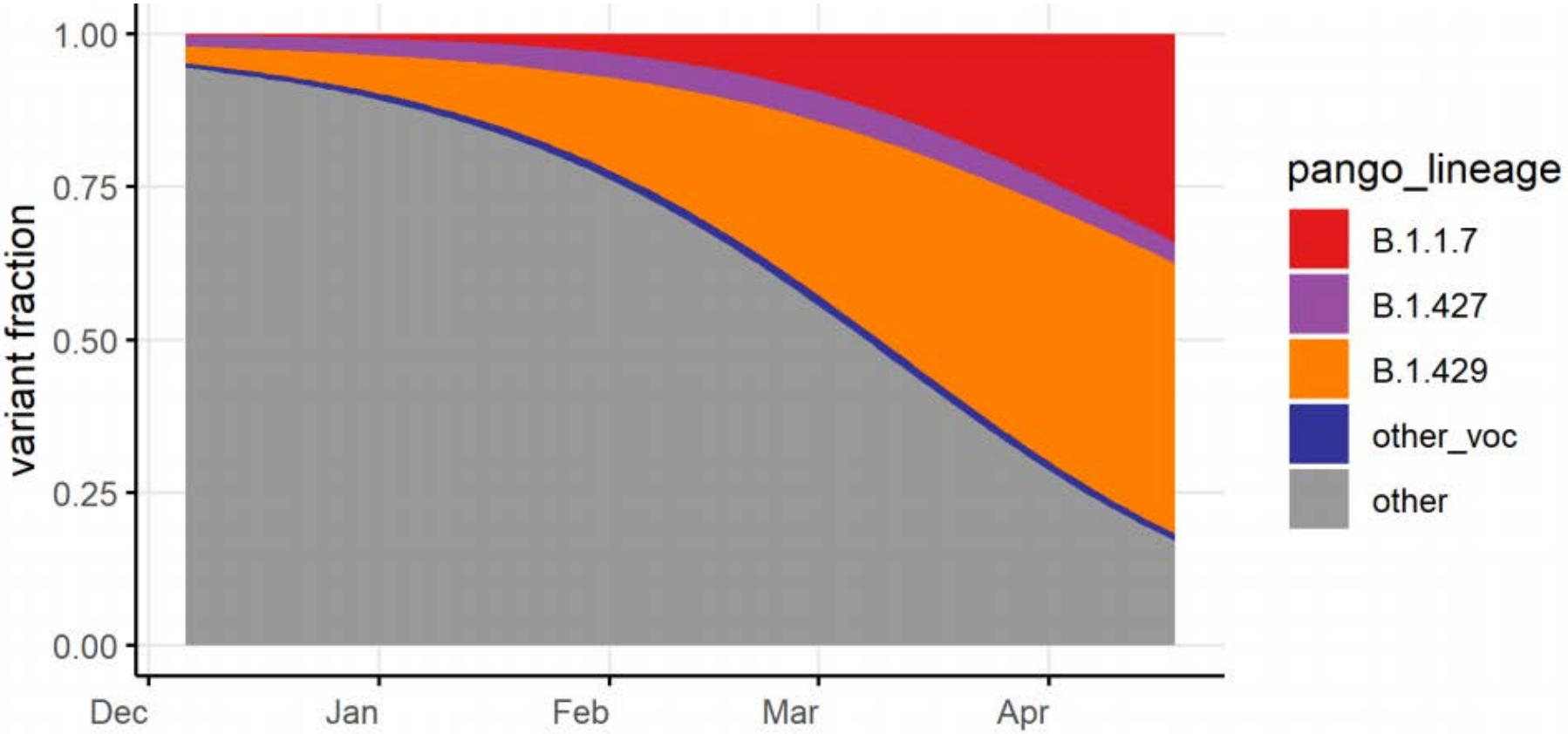
SARS-CoV-2 variants

- Estimated 80-95% of SARS-CoV-2 infections in Washington state are attributed to variants of concern.

- 50-60% of COVID-19 cases in Washington are attributable to B.1.1.7 variant
  - Doubling time is about 13 days

- About 30-35% of COVID-19 cases in Washington are attributable to California variants (B.1.427 and B.1.429)
  - Doubling time is slower, about 52 and 27 days, respectively

SARS-CoV-2 variants



Variant cases

Variant	Number of cases	Change since last week	% increase since last week
B.1.1.7 (UK)	876	+376	43%
B.1.351 (S. Africa)	26	+4	15%
P.1 (Brazil)	116	+82	71%
B.1.427 (Cali)	236	+30	13%
B.1.429 (Cali)	1,391	+342	25%
B.1.526 (NY)	53	+40	75%
B.1.525 (NY)	21	+3	14%
P.2 (Brazil)	26	+10	38%

Clark County variant cases detected:

- B.1.1.7 (UK): **12** (+6)
- B.1.427 (Cali): **1** (no change)
- B.1.429 (Cali): **4** (+1)

Healthy Washington – Roadmap to Recovery

- Clark County is currently in Phase 3.
  - Next evaluation of metrics takes place Monday, May 3 with any changes going into effect Friday, May 7.

- To remain in Phase 3, Clark County needs to meet at least one metric:
  - 14-day COVID-19 activity rate at or below 200 per 100,000 residents **OR**
  - 7-day rate of new hospitalization per 100,0000 residents at 5 or fewer

- Clark County's COVID-19 activity rate is on track to exceed 200 cases per 100,000.

- The hospitalization rate is a little more uncertain.
  - The rate can vary considerably day to day.
  - On Monday, our rate of new admissions was 2.2 per 100,000 over 7 days.

Tower Mall testing site

- COVID-19 testing site at Tower Mall will close at the end of the day Friday, April 30.
  - Partnership between Public Health, city of Vancouver, CRESA and Curative.

- More than 10,000 free COVID-19 tests have been administered at the site since opening Jan. 12.

- Testing site was opened to meet need for testing – particularly free, no-barrier testing – when access was extremely limited.

- Testing has become more available in recent months, resulting in an overall decline in tests being administered at Tower Mall.
  - Public Health and city of Vancouver decided to close testing site and focus resources on expanding COVID-19 vaccination operations at Tower Mall.

Clark County vaccine allocation

- State vaccine allocation to Clark County continues to be good.
  - Through the first 11 weeks, Clark County received an average of 4,175 first doses of COVID-19 vaccine from the Washington State Department of Health.
  - In the last nine weeks, Clark County has received an average of 12,600 first doses per week.

- In addition to allocation from the state, local pharmacies are receiving vaccine from the federal government.
  - Tower Mall vaccination site also utilizes federal vaccine program through Safeway.

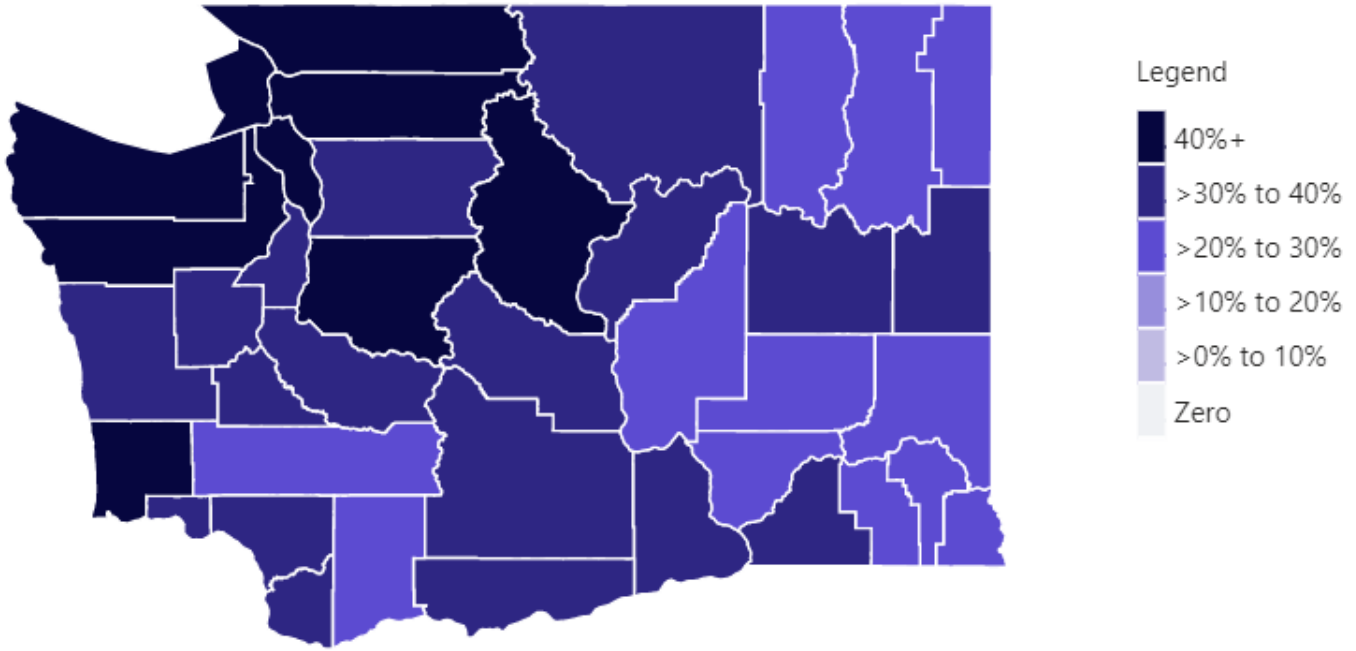
- Beginning to see appointments filling more slowly or going unfilled.
  - Locally and across the state.

COVID-19 vaccine administered

as of Saturday, April 23

- **274,126** doses administered in Clark County
- **176,052** Clark County residents (35.3%) have received at least one dose
- **122,478** Clark County residents (24.5%) are fully vaccinated

PEOPLE INITIATING VACCINATION (RECEIVING AT LEAST 1 DOSE)



Vaccine breakthrough cases

- While the COVID-19 vaccines have been shown to be very effective, they are not 100% effective – no vaccine is.
  - This means a very small percentage of people who are vaccinated may get COVID-19.

- A vaccine breakthrough case is someone who tests positive for COVID-19 more than two weeks after being fully vaccinated.
  - Two weeks after the second dose of Pfizer or Moderna.
  - One week after Johnson & Johnson vaccine.

- As of April 3, state Department of Health identified 217 cases of vaccine breakthrough in 24 counties.

- For comparison, more than 1.7 million Washington residents were fully vaccinated at the time.
  - That's about .01% of fully vaccinated people getting COVID-19.

Vaccine breakthrough cases

- In Clark County, Public Health has identified 55 cases of vaccine breakthrough, as of Monday, April 26.

- For comparison, nearly 122,500 Clark County residents were fully vaccinated, as of Saturday, April 23.
  - That's about .04% of fully vaccinated people in Clark County getting COVID-19.

- The small number of vaccine breakthrough cases demonstrates how effective the COVID-19 vaccines are at preventing illness.

Public Health vaccination efforts

- Public Health continues to partner with city of Vancouver and Safeway to operate the Tower Mall vaccination site.
  - Site operates Friday, Saturday, Monday and Tuesday
  - Capacity for 1,000 doses per day
  - Preparing to expand operations to offer evening hours, beginning in early May.

- Hosted a one-day vaccination clinic at Fruit Valley Community Learning Center (elementary school) on Saturday.
  - Initial outreach to Fruit Valley and surrounding neighborhoods, and the BIPOC communities.
  - Opened appointments to everyone on Thursday afternoon, and accepted walk-ins at the event on Saturday.
  - Vaccinated about 700 people with Pfizer.
    - Will return May 15 for second doses.

- Planning to host a similar one-day event in Woodland on May 8.

Johnson & Johnson vaccine

- On April 13, the FDA and CDC recommended a pause on Johnson & Johnson vaccine pending review of 6 reported cases of rare and severe blood clots in combination with low levels of blood platelets in people who received J&J vaccine.
  - The decision was made in an abundance of caution.

- Response demonstrates how well the robust vaccine safety monitoring systems work. Potential safety concern was identified quickly, and vaccines were paused to allow for further investigation.

- The Advisory Committee on Immunization Practices (ACIP) met on Friday, April 23 to review the cases and voted to reaffirm its recommendation of the J&J COVID-19 vaccine.
  - Those concerned about the increased risk of the J&J vaccine can instead get Moderna and Pfizer vaccines.

- People who receive the J&J vaccine and develop severe headache, abdominal pain, leg pain or shortness of breath within 3 weeks of vaccination should contact their health care provider.

CDC guidance

- The CDC updated guidance around face coverings for people who are fully vaccinated on Tuesday.

- Fully vaccinated people do not need to wear face coverings when participating in outdoor activities or recreation, except for in certain crowded settings and venues.
  - No mask needed when attending small outdoor gathering with fully vaccinated and unvaccinated people, dining at an outdoor restaurant with people from multiple households.
  - Should still wear a mask when attending crowded outdoor events, like a live performance, parade or sports event.

- Fully vaccinated people also:
  - Can gather indoors with other fully vaccinated people without masks.
  - Can gather indoors with another household of unvaccinated people without masks or distancing.
  - Do not have to quarantine if they've been in close contact with someone who tests positive, as long as they do not develop symptoms.

COVID-19 disparities and inequities

COVID-19 disparities and inequities

- Health disparities are the differences in health outcomes between population groups.
- Health disparities are closely linked with differences in social, economic, educational and environmental conditions and access to health care resources, also known as health inequities.
  - Examples include housing, health care access, access to fresh food, education and systemic racism.
- If we are to eliminate disparities and strive for the highest level of health for all people, we must address health inequities.

COVID-19 disparities and inequities

- Throughout the pandemic, we've seen COVID-19 disproportionately impact communities of color in Clark County, and across the state and country.
  - Access to testing
  - COVID-19 infections, hospitalizations and deaths
  - COVID-19 vaccination rates

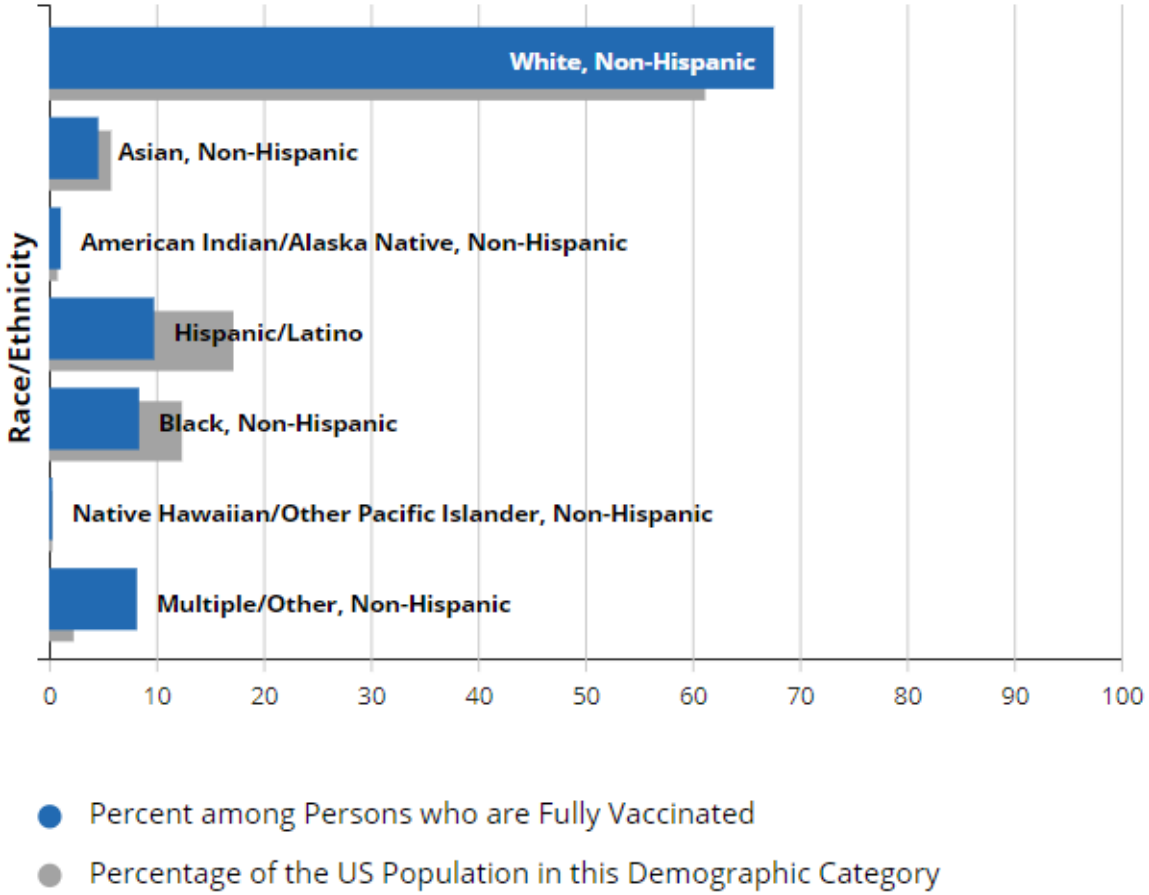
Risk for COVID-19 infection, hospitalization and death by race/ethnicity:

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases[1]	1.6x	0.7x	1.1x	2.0x
Hospitalization[2]	3.5x	1.0x	2.8x	3.0x
Death[3]	2.4x	1.0x	1.9x	2.3x

Source: CDC

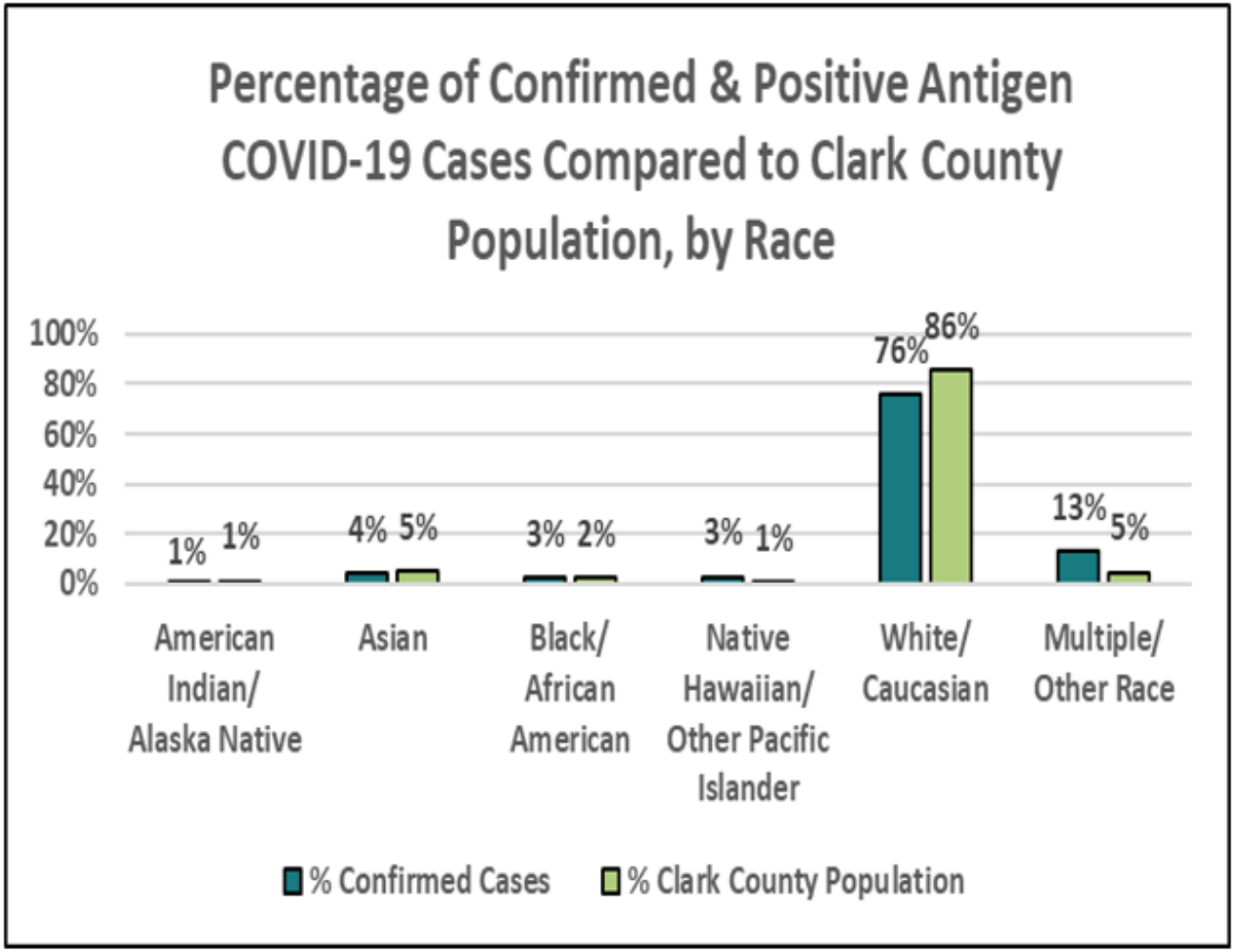
US vaccination data

People fully vaccinated by race/ethnicity



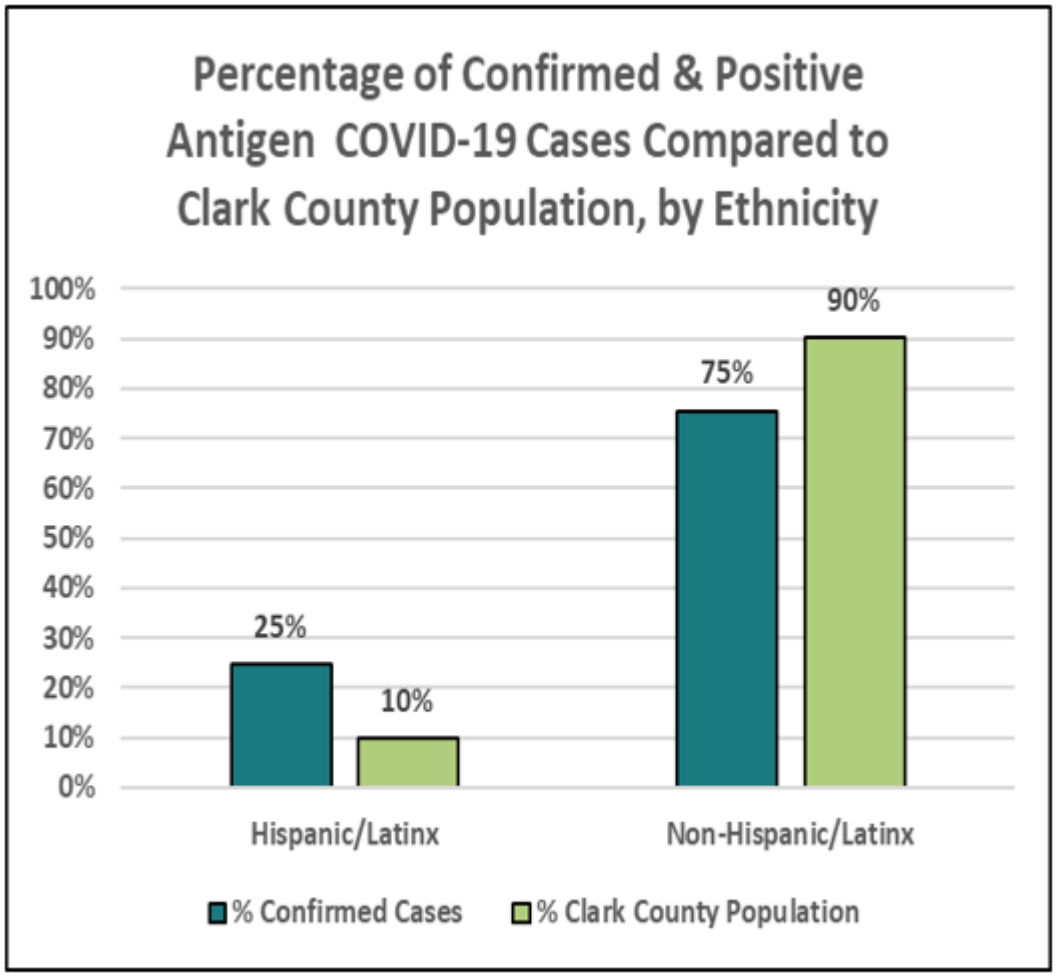
Source: CDC

Clark County COVID-19 data



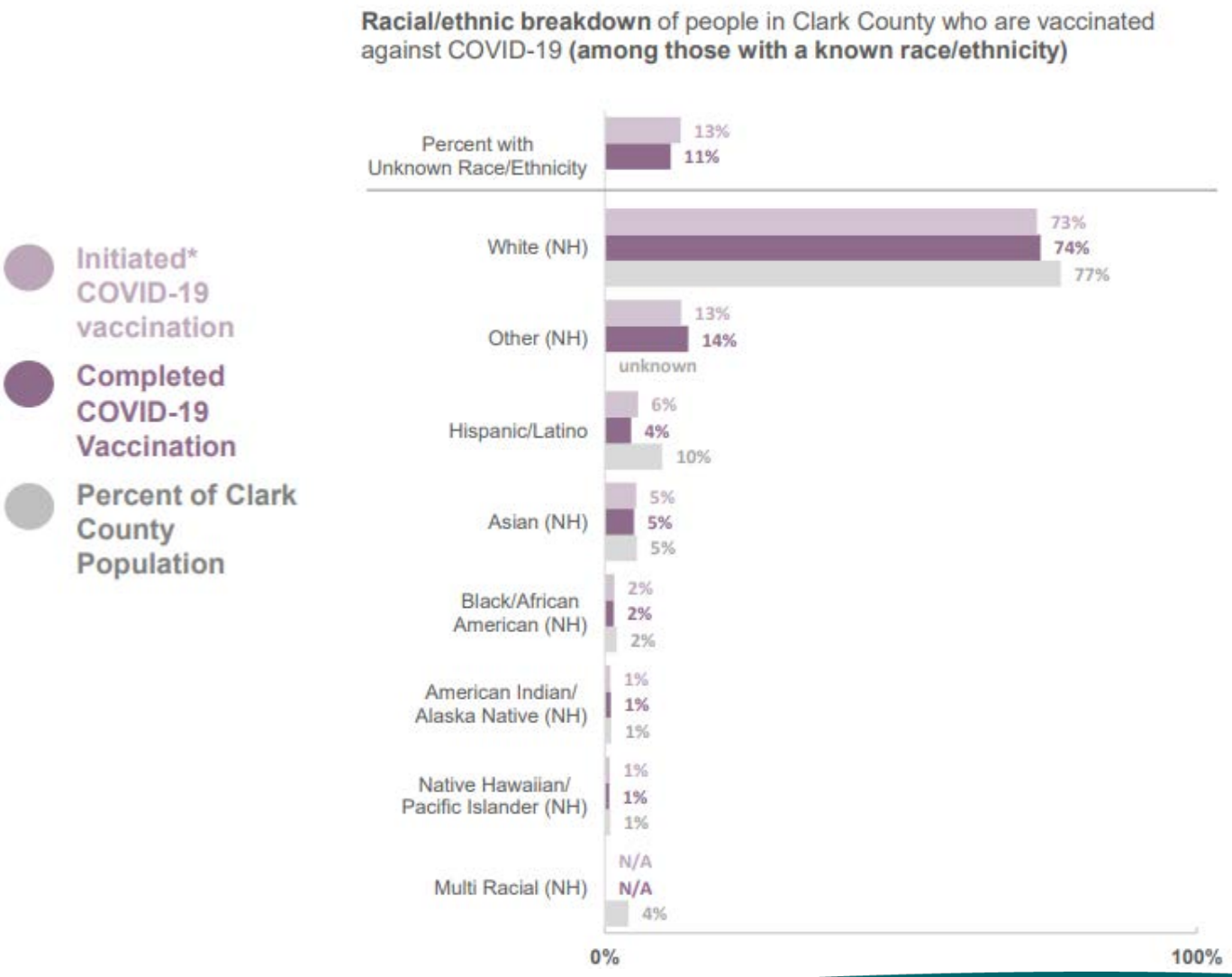
*For 11,612 residents, Race was unknown/missing, and are not included above.

Clark County COVID-19 data



*For 10,932 residents, Ethnicity was unknown/missing, and are not included above

Clark County vaccination data



COVID-19 in racial and ethnic minority groups

- Health differences between racial and ethnic groups are often due to economic and social conditions that are more common among some racial and ethnic minorities.

- Factors influencing racial and ethnic minority group health include:
  - Living conditions
    - Densely populated areas, multi-generational households
  - Work circumstances
    - Jobs in manufacturing, service industry, agriculture
    - Lack of paid sick leave
  - Underlying health conditions
    - Higher prevalence of underlying medical conditions
  - Lower access to care
    - No health insurance, less access to testing, cost of care

Identifying barriers

- COVID-19 infections and testing:
  - Uninsured or under insured and/or no health care provider impacted ability to access testing
  - Lack of paid sick time to stay home when ill

- COVID-19 vaccinations:
  - Billing requirements (asking for health insurance, social security information and/or identification)
  - Phased eligibility system meant only certain members of household could get vaccinated
  - Online appointment systems (many times only in English)
  - Requirement to use vaccine within 7 days meant short windows of time for scheduling appointments
  - Vaccination site hours during working hours

Addressing barriers

- COVID-19 infections and testing:
  - Free, no-barrier testing site at Tower Mall
  - Work with facilities experiencing outbreaks to arrange for on-site testing of employees

- COVID-19 vaccinations:
  - No requirement for identification and health insurance, ensure messaging makes it clear these aren't required
  - Hosting vaccination clinics at businesses with diverse workforces and previously impacted by COVID-19 outbreaks (food processing facilities) and in areas of the community with limited access (Fruit Valley, Woodland)
  - Working with community partners to reserve appointments for populations disproportionately impacted by COVID-19
    - Establishing dedicated phone lines staffed by people who speak their languages to help with appointment scheduling
  - Offering weekend clinics, adding evening hours

Addressing barriers

- There’s still more work to do to reduce COVID-19 disparities.
- Public Health continues to partner with community organizations to identify barriers and work together on strategies to remove those barriers.
- Public Health also continues to advocate for policy changes to reduce barriers, such as the COVID-19 vaccine administration billing process.
- Actions like Board of Health’s resolution declaring racism a public health crisis helps to guide Public Health’s work in reducing health inequities and disparities.