

COVID-19 update

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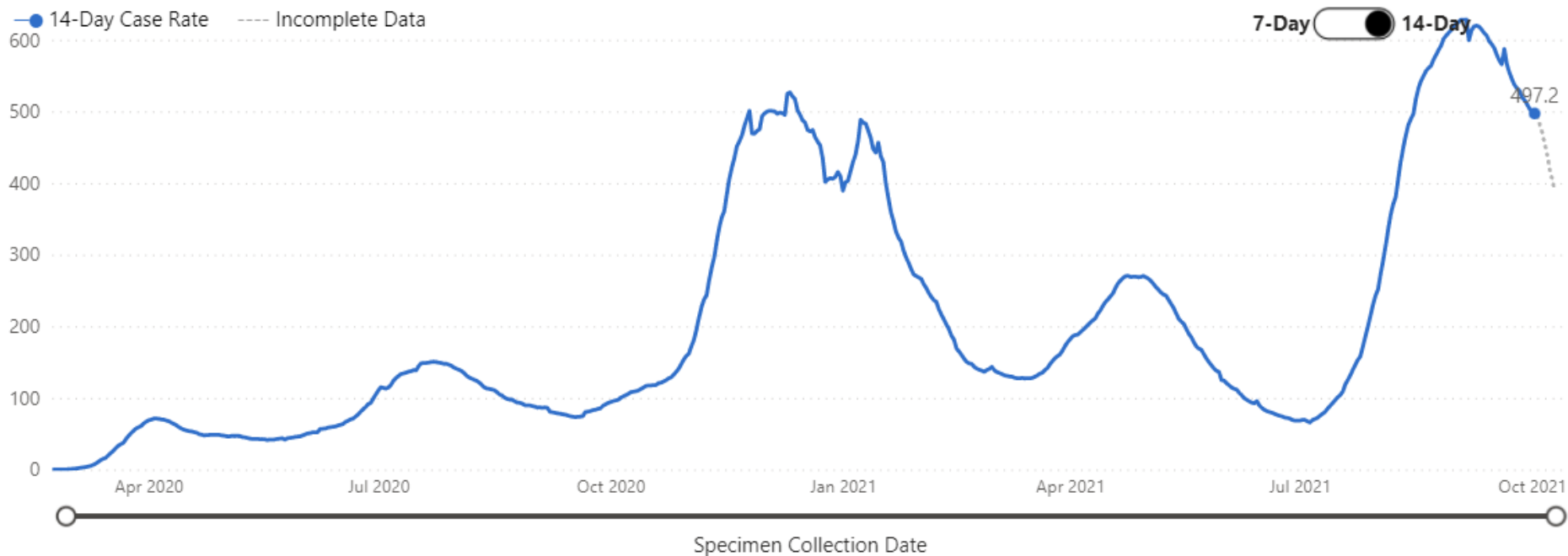
Oct. 13, 2021



Washington COVID-19 activity

- State COVID-19 virus activity is decreasing but remains very high.
- COVID-19 hospitalization rate is also decreasing but remains higher than during winter months.

TREND IN 14-DAY RATE OF NEW COVID-19 CASES PER 100,000 POPULATION



COVID-19 impact on unvaccinated

- State COVID-19 case, hospitalization and death rates continue to be highest among those who are unvaccinated.
- DOH compares rates among fully vaccinated and unvaccinated populations by three age groups:

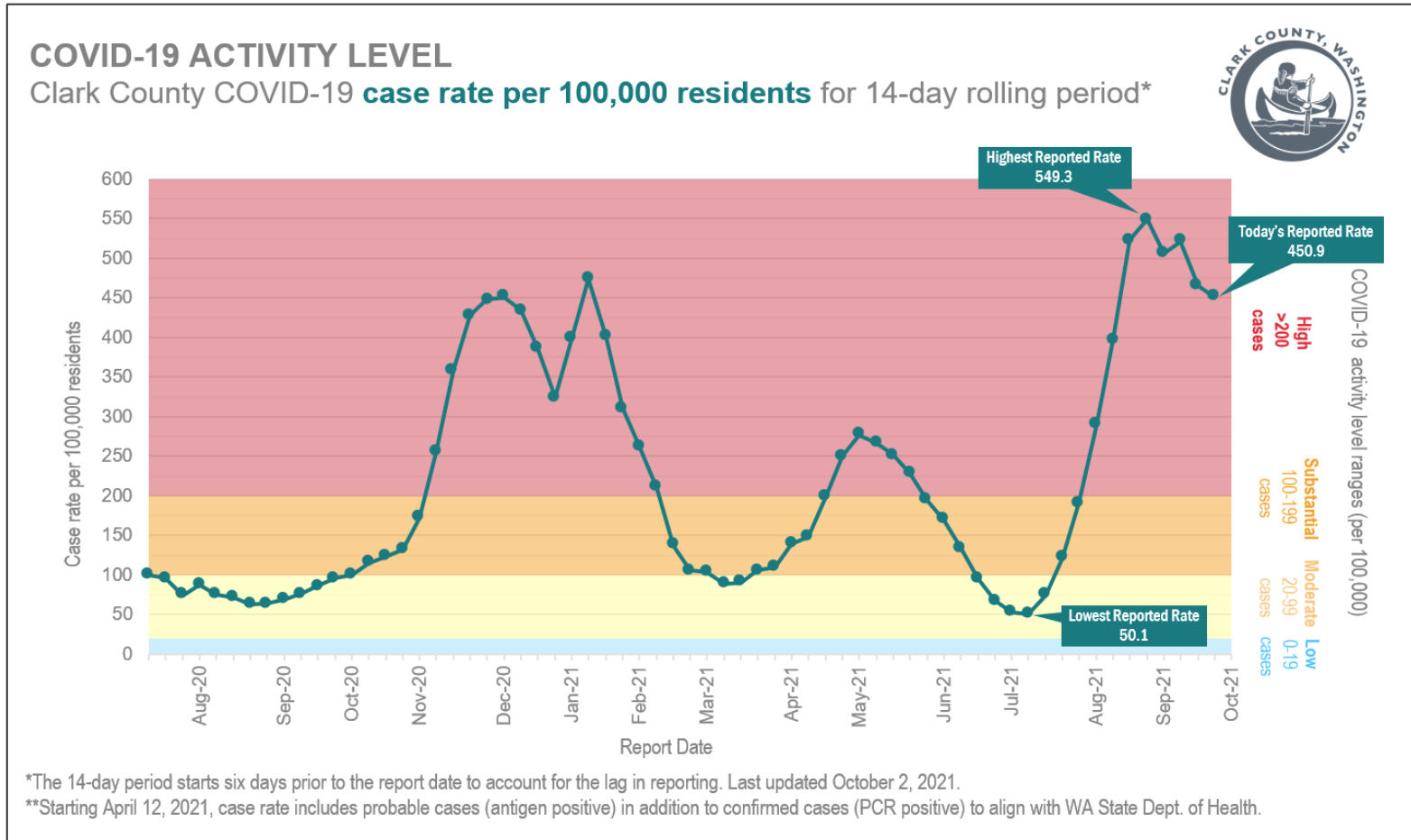
Age group	Case rate	Hospitalization rate	Death rate
12-34 years old	6x higher in unvaccinated	26x higher in unvaccinated	Not available
35-64 years old	5x higher in unvaccinated	20x higher in unvaccinated	Not available
65 years and older	4x higher in unvaccinated	10x higher in unvaccinated	9x higher in unvaccinated

Death rate comparison not available for younger age groups due to relatively small number of deaths and the instability in rates when assessing by vaccination status.



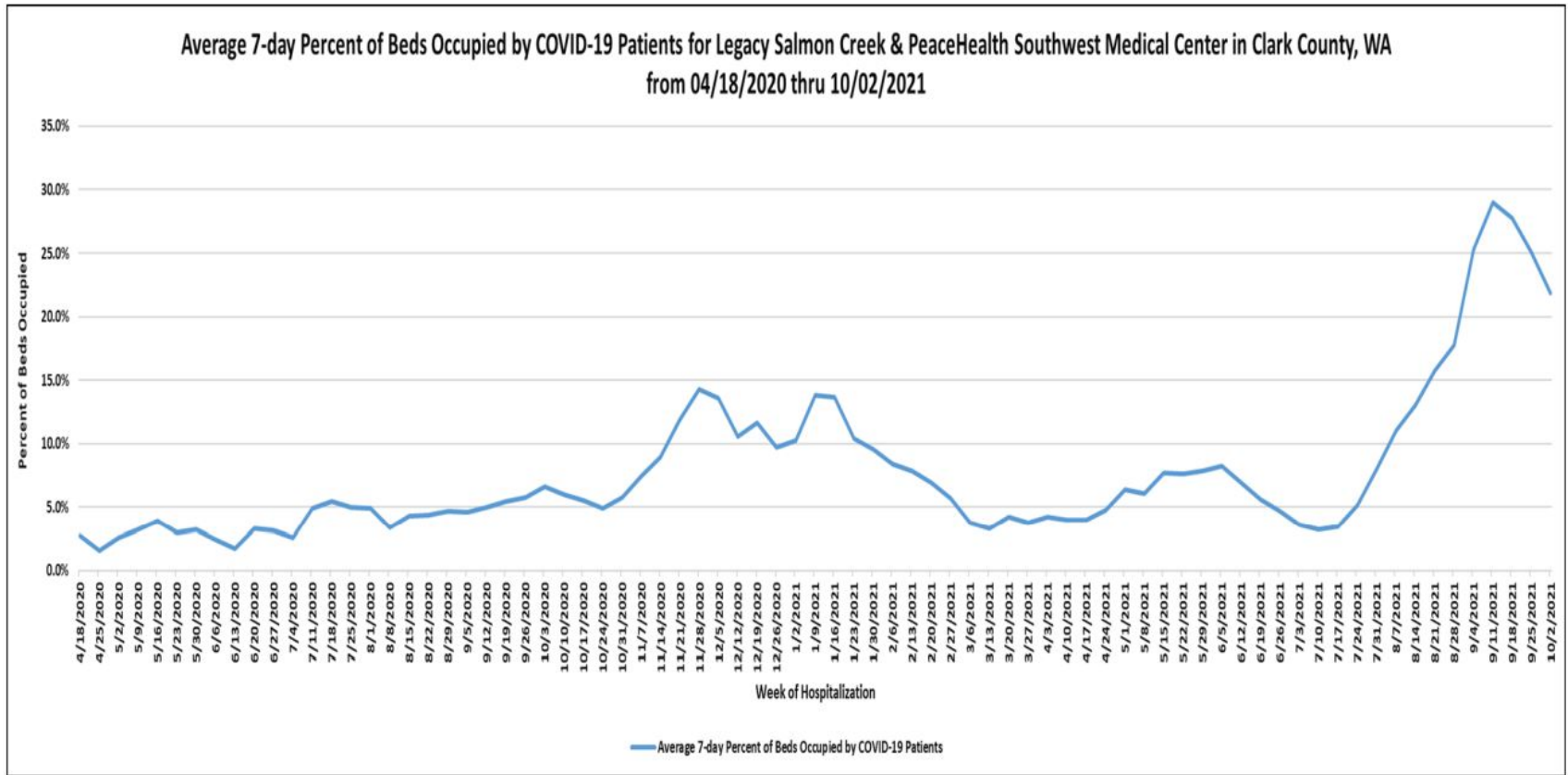
Clark County COVID-19 activity

- COVID-19 activity in Clark County is slowly decreasing but remains high.



Clark County COVID-19 activity

- Hospitalizations are also decreasing but remain higher than during winter.
 - Hospital beds and ICU beds are about 89% occupied.
 - 18% of beds and 40% of ICU beds are occupied by COVID-19 cases.



COVID-19 vaccination

- COVID-19 vaccination continues to increase slowly statewide and locally.
 - Statewide: 69% of residents 12+ years old are fully vaccinated
 - Clark County: 63% of residents 12+ years old are fully vaccinated

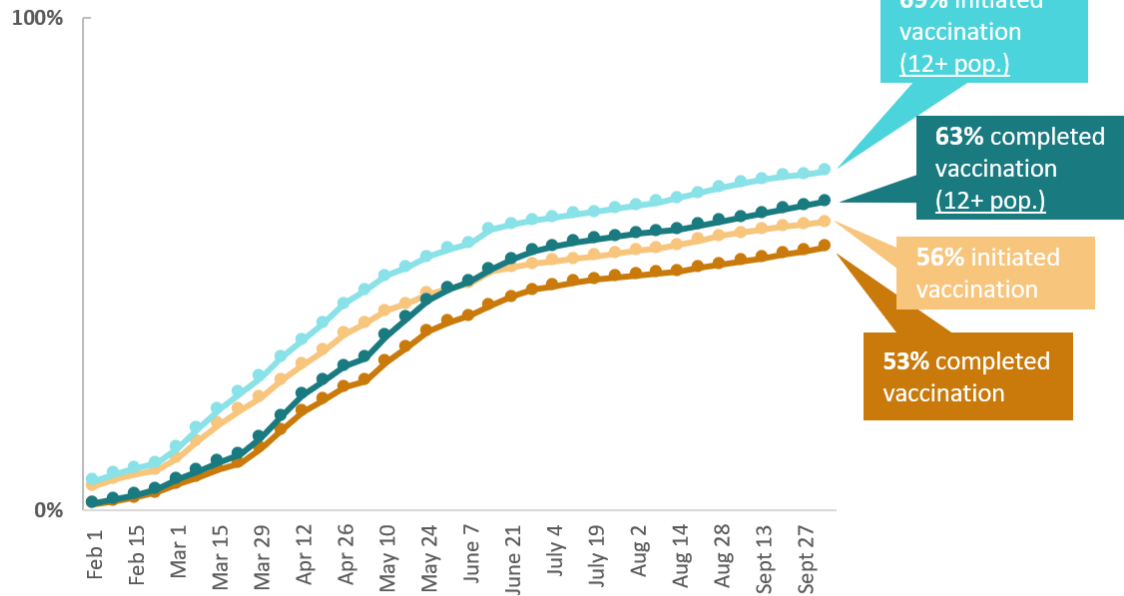
As of October 4, 2021

543,065 doses of COVID-19 vaccine have been administered in Clark County.

292,046 people in Clark County have *initiated vaccination.

265,730 people in Clark County have completed vaccination.

Percent of the Clark County population that have *initiated and completed vaccination against COVID-19



*People initiating vaccination represent the total number of people who have received at least one dose of any type of COVID-19 vaccine. People who are fully vaccinated represent the number of people who have received a second dose of a two-dose vaccine or one dose of a single-shot vaccine. Individuals who are fully vaccinated are included in the count of both people initiating vaccination and people fully vaccinated.



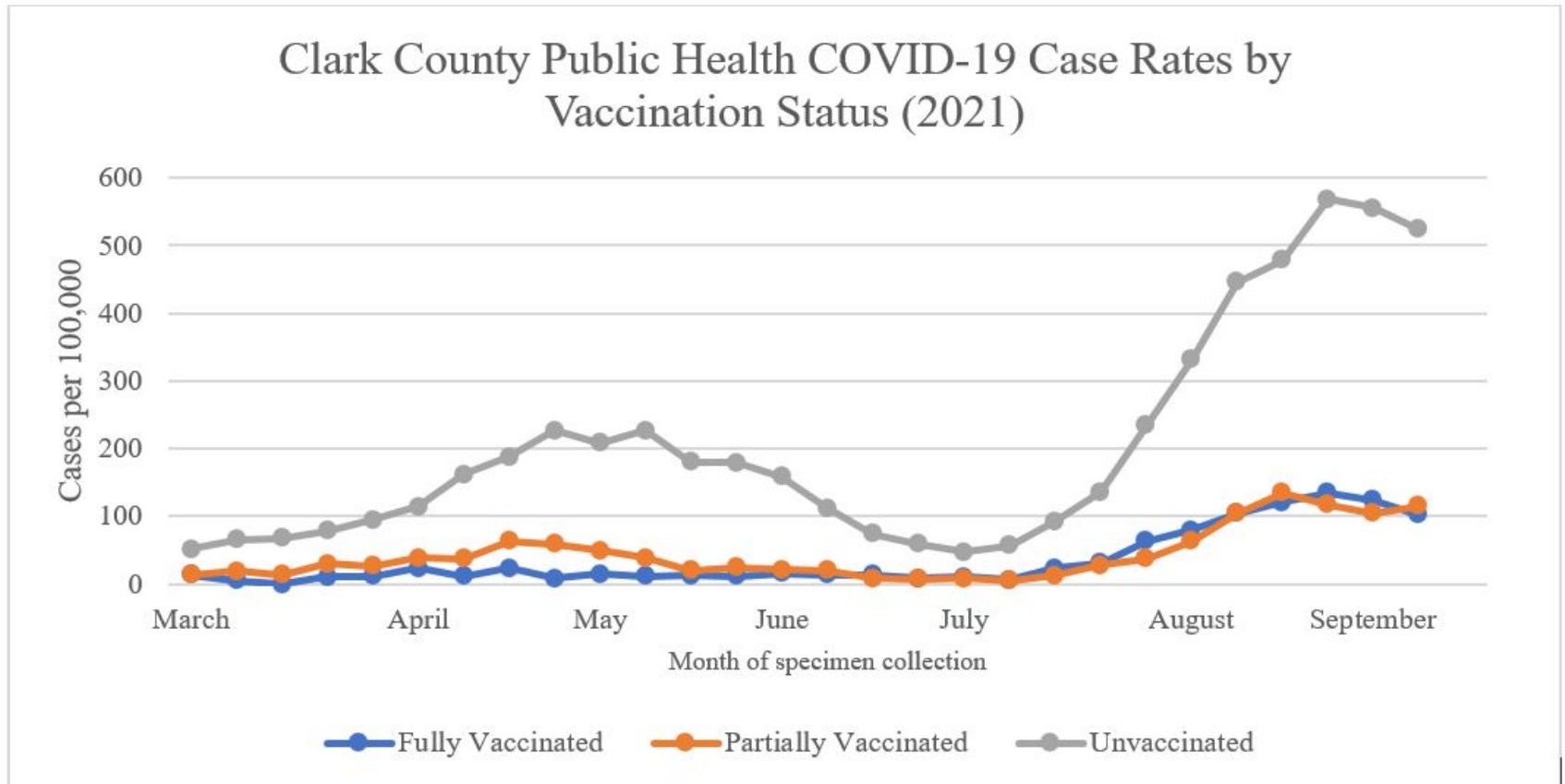
Clark County cases by vaccination status

- Public Health recently looked at Clark County case rates by vaccination status.
 - **Fully vaccinated** = those infected more than two weeks after completing the vaccination series (two doses of Pfizer or Moderna; one dose of Johnson & Johnson)
 - **Partially vaccinated** = those who received only one dose of a two-dose series, and those who completed their vaccination less than two weeks prior to becoming infected
 - **Unvaccinated** = those who have not received any doses of COVID-19 vaccine
- Data shows rates of COVID-19 infection, hospitalization and death continue to be highest among those who are unvaccinated.
 - Rates among unvaccinated are considerably higher than rates among those who are fully vaccinated or partially vaccinated.



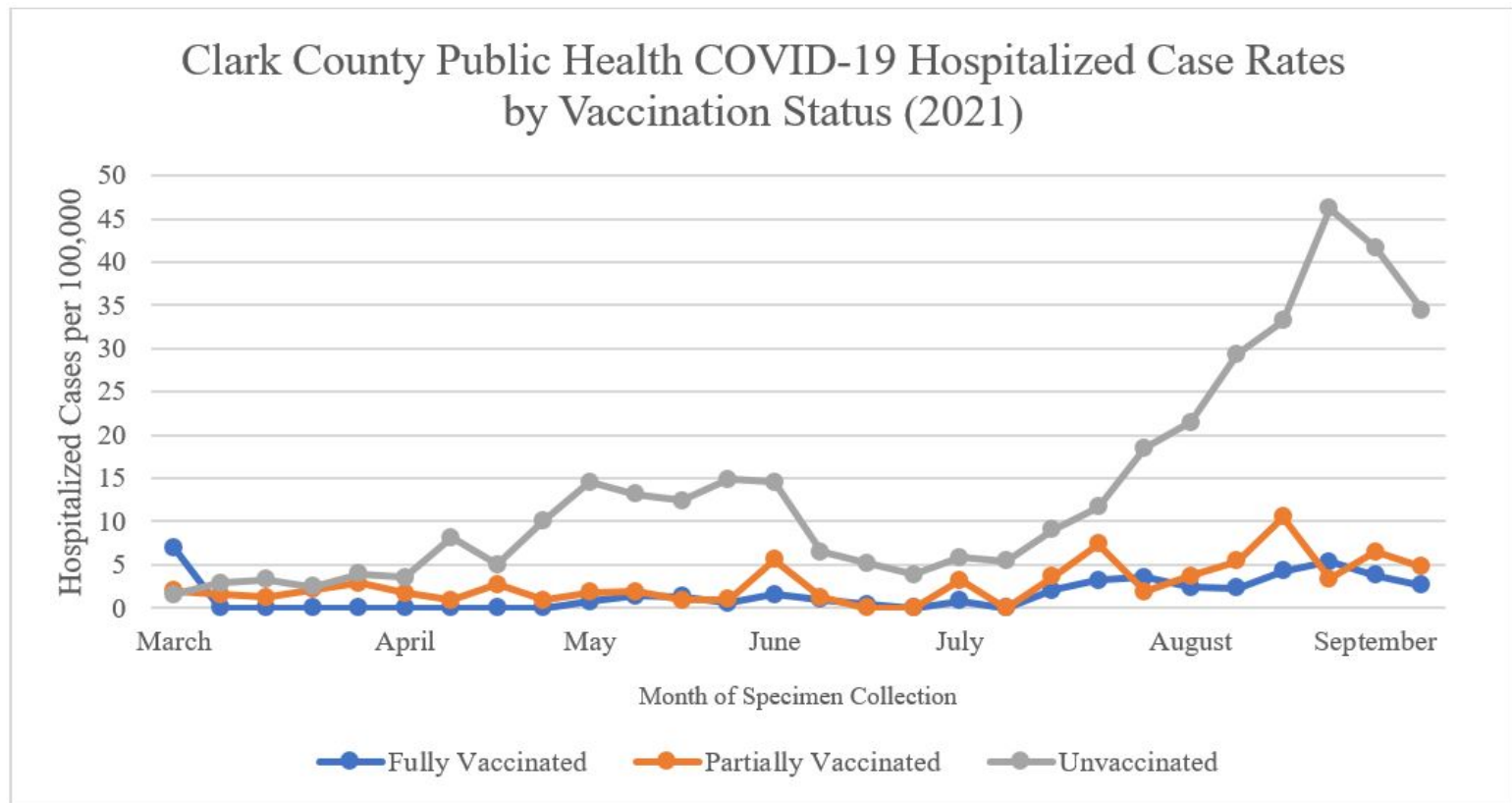
Clark County cases by vaccination status

- During the most recent week of complete data, the rate for unvaccinated cases was **5 times higher** than fully vaccinated cases.



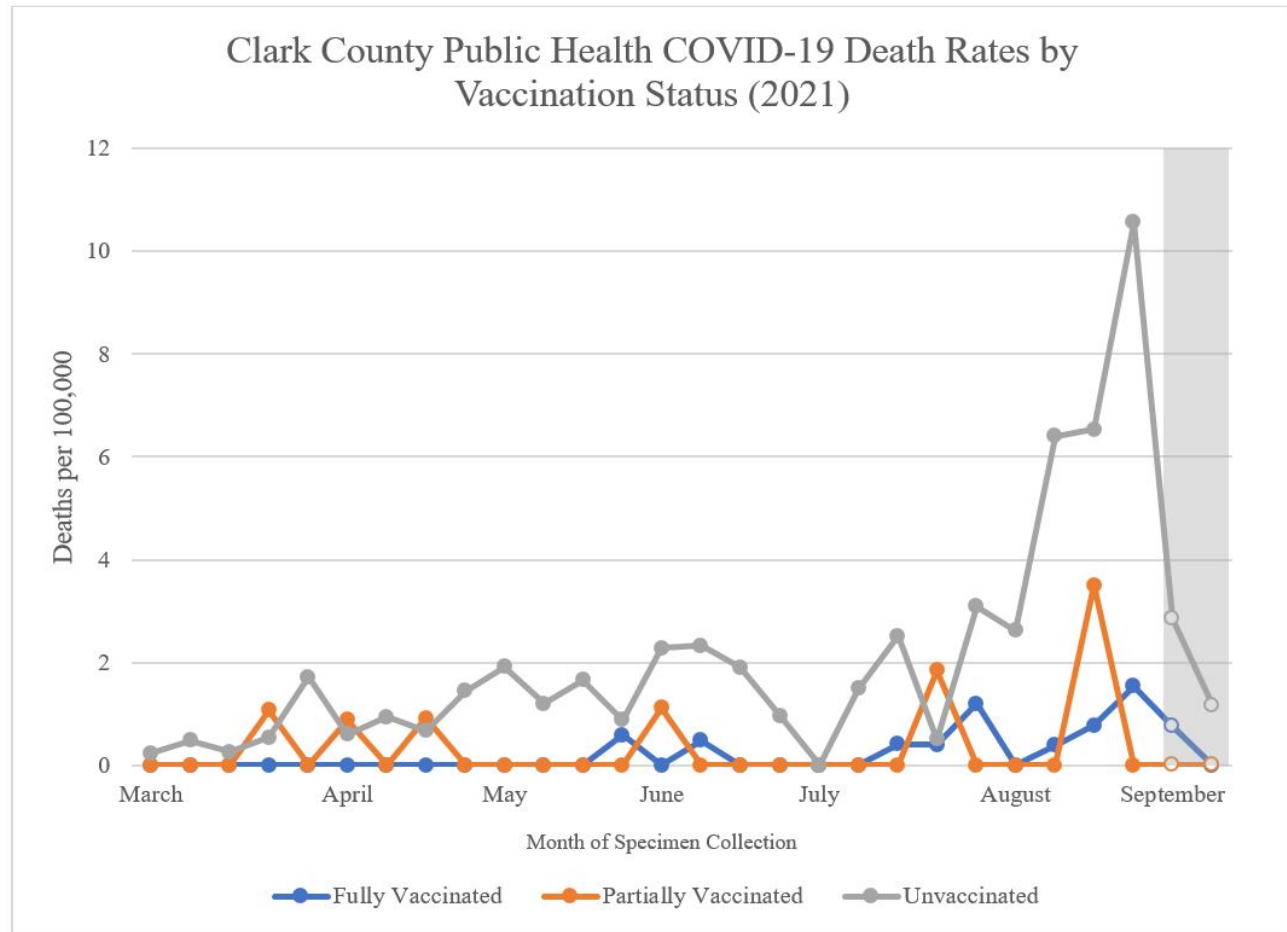
Clark County hospitalizations by vaccination status

- During the most recent week of complete data, the rate for unvaccinated hospitalizations was **13 times higher** than fully vaccinated.



Clark County COVID-19 deaths by vaccination status

- During the most recent week of complete data, the rate for unvaccinated deaths was nearly **7 times higher** than fully vaccinated.
- Death reporting is delayed an average of 10-12 days until death certificate is recorded by DOH.
- DOH considers death data for previous 32 days incomplete.



Unfilled data points in gray shading indicate reporting for this week is not yet final



VAERS

- The Vaccine Adverse Event Reporting System, or VAERS, is an early warning system that monitors the safety of vaccines.
 - VAERS is part of the larger vaccine safety system in the US that ensures vaccines are safe. It is not the only monitoring system.
- VAERS is managed by the CDC and FDA.
- A VAERS report can help to identify problems that may be related to a vaccine.
- A report to VAERS does not mean that the vaccine caused an adverse event.
 - Reports may include incomplete, inaccurate, coincidental and unverified information.
- Anyone can submit reports of possible adverse reactions, and those submissions are listed on the VAERS website.
 - It's not a list of verified outcomes of vaccination.



VAERS

- The information collected by VAERS can quickly provide CDC and FDA with a warning of a potential safety problem with a vaccine.
- Patterns of adverse events, or an unusually high number of adverse events reported after a particular vaccine, are called signals.
 - If a signal is identified through VAERS, the CDC and FDA may conduct further studies to find out if the signal represents an actual risk.
- For example, reports suggested an increased risk of a rare adverse event that involves blood clots with low platelets (thrombosis with thrombocytopenia syndrome or TTS) after the use of Johnson & Johnson COVID-19 vaccine.
- Most TTS reports were in adult women younger than 50 years old.
 - For women 50 and older and men of all ages, this adverse event is even more rare.



VAERS

- After receiving 6 reports among 6.8 million doses of J&J vaccine administered up until that time, the CDC and FDA paused the use of J&J vaccine to investigate further.
- CDC conducted an individual-level analysis that assessed the risks and benefits of receiving versus not receiving a J&J COVID-19 vaccine during the 1-month period after the J&J vaccine pause.
- For every 1 million doses of the J&J vaccine administered to women 18-49 years old, 297 hospitalizations, 56 ICU admissions, and six deaths related to COVID-19 could be prevented, compared with seven expected TTS cases.
- CDC determined the J&J vaccine's known and potential benefits far outweigh its known and potential risks.
 - As a result, the pause on J&J vaccine was lifted.



VAERS

- CDC does advise women younger than 50 to be aware of the rare but increased risk of TTS.
 - Women younger than 50 should also know about other available COVID-19 vaccine options for which this risk has not been seen.
- Information about TTS risks and treatment has been given to providers, as well as educational materials for patients that outline symptoms of TTS.
- The response by the CDC and FDA demonstrates how well the robust vaccine safety monitoring systems work.



VAERS

- The number of VAERS reports alone cannot be interpreted or used to reach conclusions about the existence, severity, frequency, or rates of problems associated with a vaccine.
- The number of VAERS reports submitted varies each year.
- About 85-90% of the reports described *mild* side effects such as fever, arm soreness, or mild irritability.
- The remaining reports are classified as *serious*, which means that the reported adverse event resulted in permanent disability, hospitalization, prolongation of an existing hospitalization, life-threatening illness, congenital deformity/birth defect or death.
- While these events *can happen* after vaccination, they are rarely *caused by* the vaccine.



VAERS

- The COVID-19 vaccines are under the most intense safety monitoring in US history.
- The CDC is providing regular updates on serious adverse events of interest on [its website](#).

Adverse event	Number of reports	Additional information
Anaphylaxis	2 to 5 people per million vaccinated.	Anaphylaxis is rare and can occur after any vaccination.
Thrombosis with thrombocytopenia syndrome (TTS)	CDC and FDA identified 47 confirmed reports of people who got the J&J vaccine and later developed TTS, after more than 14.9 million J&J doses administered (.0003%).	Most cases occurred in women younger than 50 years old.



VAERS

Adverse event	Number of reports	Additional information
Guillain-Barré Syndrome	About 219 preliminary reports identified in VAERS after more than 14.9 million J&J doses administered (.0015%).	Cases largely reported about 2 weeks after vaccination and mostly in men, many 50 years and older.
Myocarditis and pericarditis	CDC and FDA have confirmed 906 reports of myocarditis or pericarditis. VAERS has received 1,590 reports.	Most cases reported after mRNA COVID-19 vaccination, particularly in male adolescents and young adults.
Death	<p>VAERS received 8,390 reports of death after more than 396 million administered doses (0.0021%).</p> <p>Review of available death certificates, autopsy, and medical records has not established a causal link to COVID-19 vaccines.</p>	<p>Reports indicate a plausible causal relationship between the J&J vaccine and TTS, which has caused deaths.</p> <p>FDA requires healthcare providers to report any death after COVID-19 vaccination to VAERS, even if it's unclear whether the vaccine was the cause.</p>



Washington TTS death

- Last week, DOH and Public Health – Seattle & King County announced the death of a King County resident, a woman in her 30s.
- The woman's cause of death was determined to be TTS, which developed after she received the Johnson & Johnson COVID-19 vaccine.
 - CDC confirmed the diagnosis.
- This was the first confirmed death in Washington from the rare adverse event.
 - CDC has reported only three other confirmed deaths nationally.

