

COVID-19 update

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Washington COVID-19 activity

- Statewide COVID-19 case rate is beginning to decrease after the latest wave peaked in mid-May. Hospitalization rate remains high.
 - 7-day case rate through June 8 is 239.2 cases per 100,000 people.
 - At peak in mid-May it was 274 per 100,000.
 - 7-day hospitalization rate through June 8 is 7.7 admissions per 100,000.

State Summary

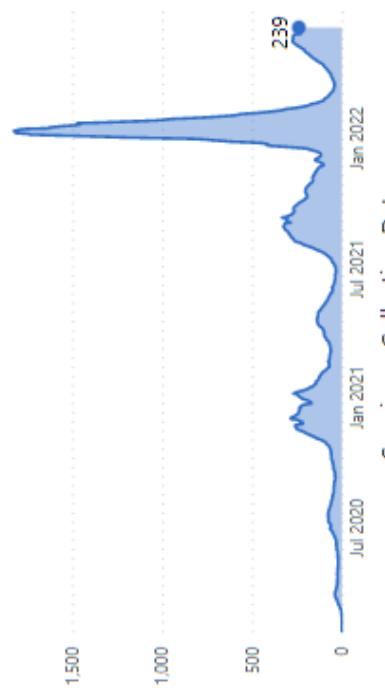
239 CASES PER 100,000 POPULATION

9% OF HOSPITAL BEDS OCCUPIED BY COVID-19 PATIENTS

68% OF POPULATION COMPLETING PRIMARY SERIES

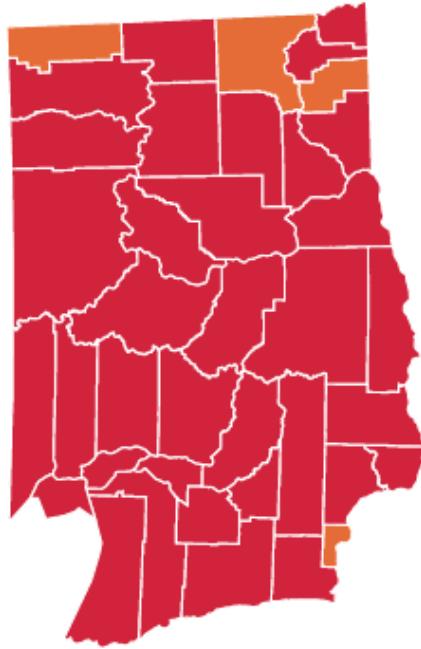
● Low ● Moderate ● Substantial ● High

TREND IN 7-DAY RATE OF NEW COVID-19 CASES PER 100,000 POPULATION



7-DAY CASE RATE PER 100,000 POPULATION

Measurement Period: 6/1/2022-6/8/2022

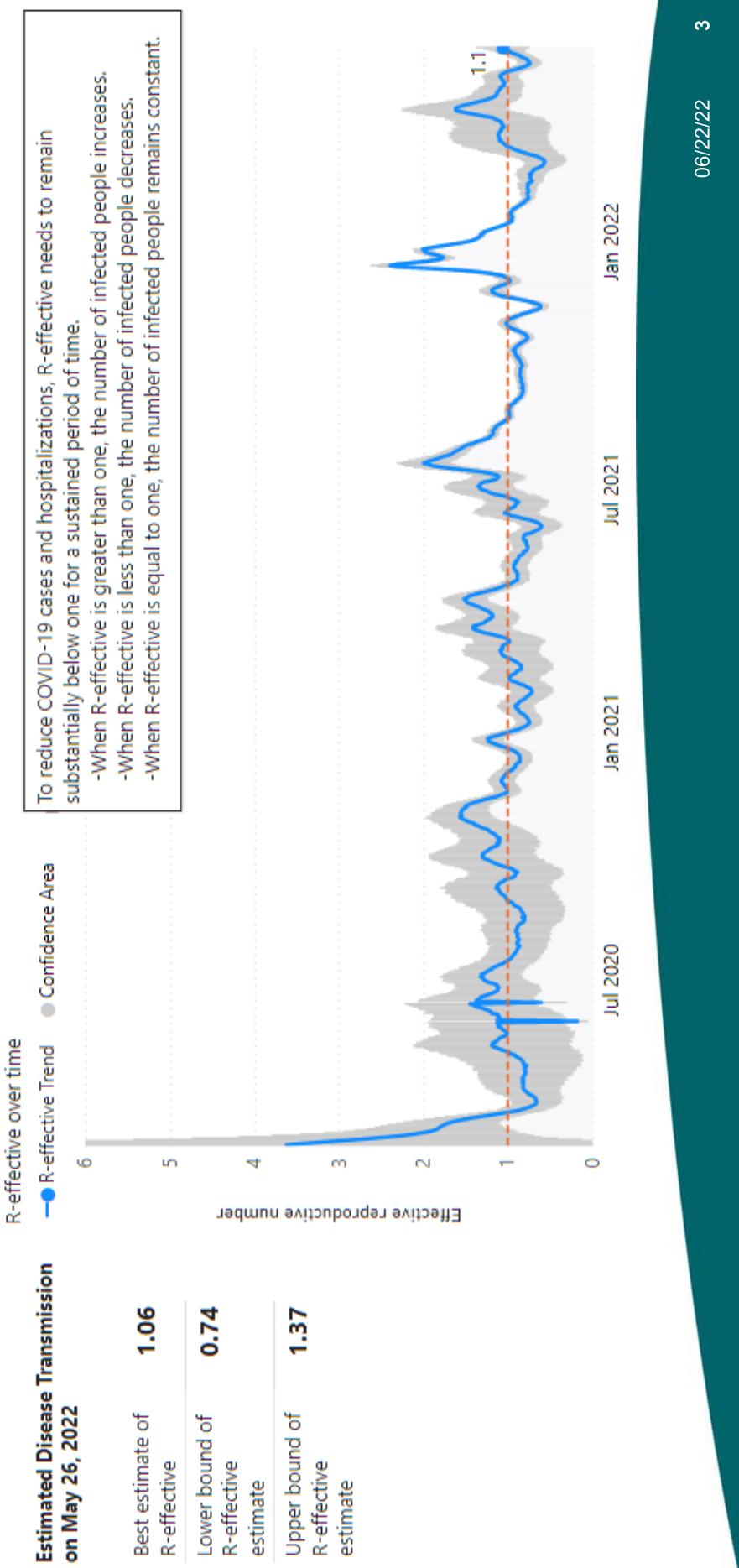


Click on the map for county data



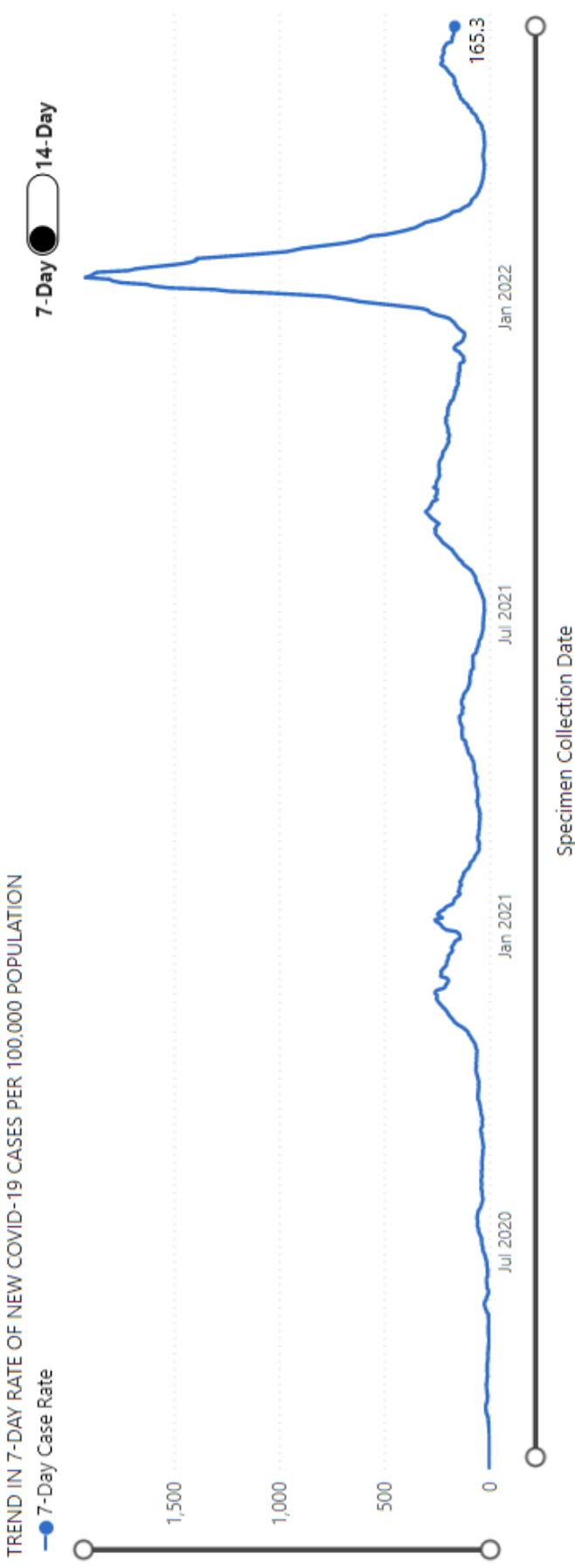
Washington COVID-19 activity

- The statewide reproductive number, which tells us the average number of new people that one person with COVID-19 infects, is about 1.1
 - During the winter omicron peak, the reproductive number reached 2.16.
 - To reduce cases and hospitalizations, the reproductive number needs to be well below 1 for a sustained period of time.



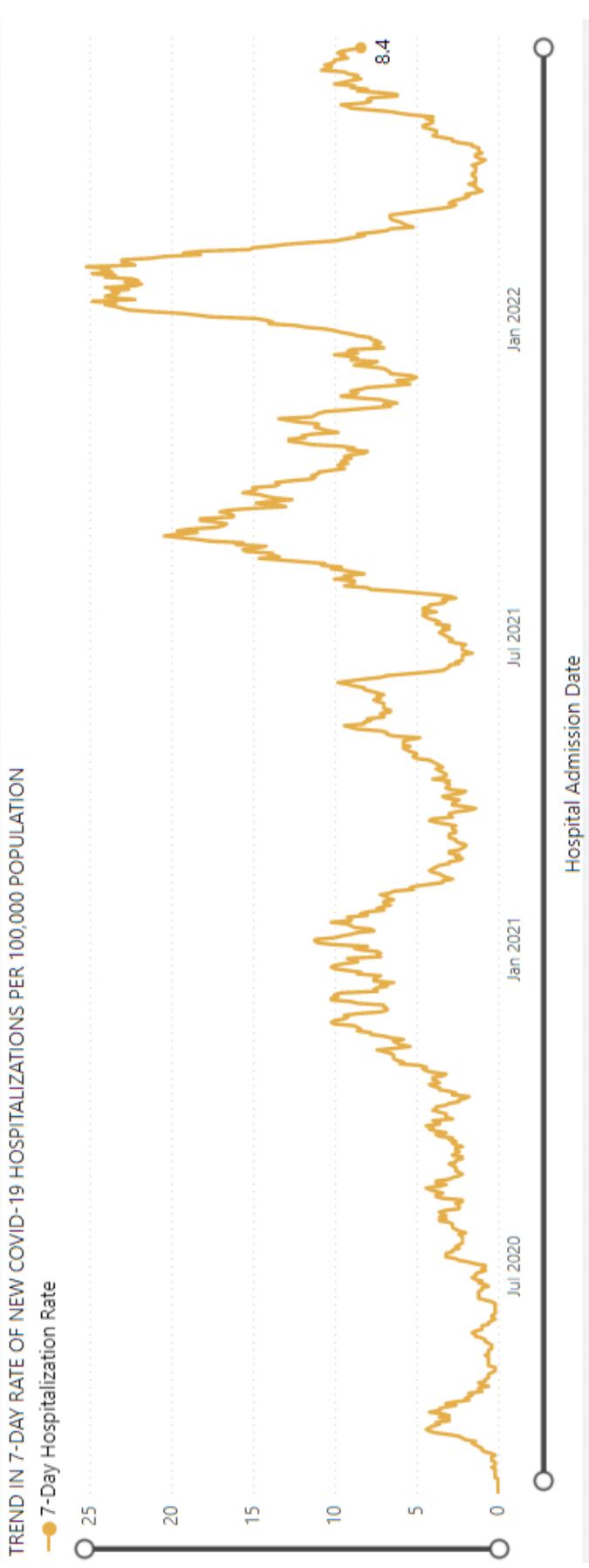
Clark County COVID-19 activity

- Clark County COVID-19 case rate is beginning to decrease after the latest wave peaked in mid-May.
 - 7-day case rate through June 8 is 165.3 cases per 100,000 people.
 - At peak in mid-May it was 232 per 100,000.



Clark County COVID-19 activity

- Clark County COVID-19 hospitalization rate has fluctuated recently but remains higher than the state rate.
 - 7-day hospitalization rate through June 8 is 8.4 admissions per 100,000.
 - At highest point (late-May) it was 11 per 100,000.
 - About 11% of hospital beds are occupied by COVID-19 patients.



Rates by vaccination status

- State DOH calculates case, hospitalization and death rates by vaccination status using the most recent complete data available.
 - Most recent report was issued June 8.
- Report compares rates for those who are unvaccinated, partially vaccinated and completed the primary vaccine series.
- Data has consistently shown that case, hospitalization and death rates among all age groups are highest among people who are unvaccinated.

Age group	Case rates (May 4-31)	Hospitalization rate (April 27-May 24)
12-34 years	1.9 times higher in unvaccinated	3.1 times higher in unvaccinated
35-64 years	2.1 times higher in unvaccinated	3.7 times higher in unvaccinated
65+ years	3.6 times higher in unvaccinated	3.8 times higher in unvaccinated

- COVID-19 death rate among people 65 years and older is **4.1 times higher** in the unvaccinated population (April 13-May 10).



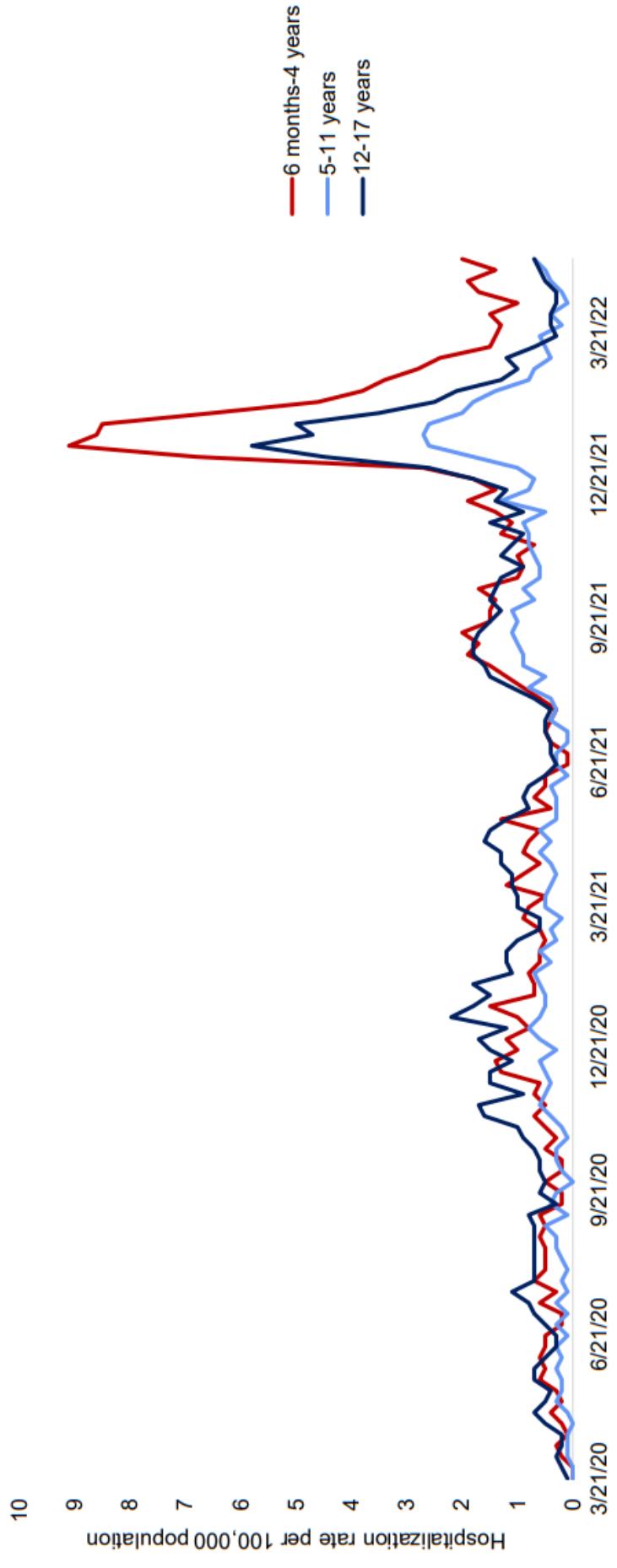
COVID-19 and youth

- According to CDC data, nationwide since the pandemic began:
 - **13.4 million youth** (ages 0-17) have been infected with COVID-19
 - **131,501 youth** (ages 0-17) have been hospitalized
 - **1,546 youth** (ages 0-17) have died
- Of those:
 - **2.5 million cases** were among kids 0-4 years
 - **485 deaths** were among kids 0-4 years
- A March 2022 report from the CDC showed that while the omicron variant was predominant (Dec 2021-Feb 2022), infants and children ages 0-4 years were **hospitalized at approximately 5 times the rate** of the previous peak when delta variant was predominant.
 - Weekly COVID-19-associated hospitalization rates peaked at 14.5 per 100,000 infants and children ages 0-4 years
 - 63% of hospitalized infants and children had no underlying medical conditions
 - Infants less than 6 months old accounted for 44% of hospitalizations, although no differences were observed in indicators of severity by age



COVID-19-associated hospitalizations among children and adolescents ages 6 months – 17 years, COVID-NET

March 21, 2020 – May 7, 2022



Source: COVID-NET, https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html. Accessed 5/21/2022



Other Pediatric Vaccine Preventable Diseases: Hospitalizations per Year Prior to Recommended Vaccines

	Hepatitis A ¹	Varicella ² (Chickenpox)	Vaccine-type Invasive Pneumococcal Disease ³	COVID-19 ⁴
Age	5–14 years	0–4 years	0–4 years	6 months–4 years
Time period	2005	1993–1995	1998–1999	Year 1: April 2020–March 2021 Year 2: April 2021–March 2022
Hospitalization Burden (Annual rate per 100,000 population)	<1	29–42	40 5	Year 1: 29.8 Year 2: 89.3

¹<https://www.cdc.gov/mmwr/preview/mmwrhtml/ss5603a1.htm>

²Davis MM, Patel MS, Gebremariam A. Decline in varicella-related hospitalizations and expenditures for children and adults after introduction of varicella vaccine in the United States. Pediatrics. 2004;114(3):786–792. doi:10.1542/peds.2004-0012

³Centers for Disease Control and Prevention (CDC). Direct and indirect effects of routine vaccination of children with 7-valent pneumococcal conjugate vaccine on incidence of invasive pneumococcal disease—United States, 1998–2003. MMWR Morb Mortal Wkly Rep. 2005 Sep 16;54(36):893–7. PMID: 16163262.

⁴COVID-NET data, Accessed May 21, 2022.

⁵Vaccine-type invasive pneumococcal disease annual rate for children <5 years in 1998–1999 was 80 per 100,000, of which about 50% were hospitalized.



COVID-19 is a leading cause of death among children

ages 0–19 years

March 1, 2020–April 30, 2022

Age group	Rank of COVID-19 among causes of death
<1 year	4
1–4 years	5
5–9 years	5
10–14 years	4
15–19 years	4

- Top causes for <1 year: conditions originating in the perinatal period; congenital malformations, deformations and chromosomal abnormalities; accidents (unintentional injuries)
- Top causes 1–4 years: accidents (unintentional injuries); congenital malformations, deformations and chromosomal abnormalities; malignant neoplasms; assault (homicide)



Pediatric vaccine preventable diseases: Deaths per year in the United States prior to recommended vaccines

	Hepatitis A ¹	Meningococcal (ACWY) ²	Varicella ³	Rubella ⁴	Rotavirus ⁵	COVID-19 ⁶
Age	<20 years	11–18 years	5–9 years	All ages	<5 years	6 months – 4 years
Time period	1990–1995	2000–2004	1990–1994	1966–1968	1985–1991	Jan 2020–May 2022
Average deaths per year	3	8	16	17	20	86

¹Vogt TM, Wise ME, Bell BP, Finelli L. Declining hepatitis A mortality in the United States during the era of hepatitis A vaccination. *J Infect Dis*2008; 197:1282–8.

²National Notifiable Diseases Surveillance System with additional serogroup and outcome data from Enhanced Meningococcal Disease Surveillance for 2015–2019. Meyer PA, Seward JF, Jumaan AO, Wharton M. Varicella mortality: trends before vaccine licensure in the United States, 1970–1994. *J Infect Dis*. 2000;182(2):383–390. doi:10.1086/315714

³Roush SW, Murphy TV; Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. *JAMA* 2007; 298:2155–63. Glass RI, Kilgore PE, Holman RC, et al. The epidemiology of rotavirus diarrhea in the United States: surveillance and estimates of disease burden. *J Infect Dis*. 1996 Sep;174 Suppl 1:S5–11.

⁴https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Counts-by-Age-in-Years/3apk-4u4f/data. Accessed May 14, 2022



COVID-19 vaccine for kids

- COVID-19 vaccines are now recommended for children as young as 6 months old.
 - Last week, the FDA updated the emergency use authorizations for Pfizer and Moderna and the CDC updated its recommendations to include COVID-19 vaccine for children as young as 6 months old.
- The CDC is shipping vaccine to health care providers and local health departments (including CCPH), which will distribute the vaccine to providers.
 - Vaccine appointments should be available in the coming days.
- Pfizer vaccine is now authorized for children 6 months through 4 years.
 - 3 doses – second dose administered 3 weeks after the first, third dose administered 8 weeks after the second
- Moderna vaccine is now authorized for children 6 months through 5 years.
 - 2 doses – second dose administered 4 weeks after the first



COVID-19 vaccine for kids

- Clinical trials provide safety data in nearly 8,000 vaccinated young children.
- Clinical trials provide data for protection against symptomatic infection.
- Clinical trials were not powered to detect efficacy against severe disease in young children, but similar patterns expected to what is seen in everyone ages 5 years and over, with higher protection against severe disease
- Emerging data in adults suggest that post-COVID conditions may be less likely to occur in vaccinated individuals.



COVID-19 vaccine for kids

- Trials showed efficacy after 2 doses of Moderna COVID-19 vaccine in kids 6 months to 5 years was consistent with real-world vaccine effectiveness in all other ages during omicron predominance.
 - Antibody levels after 2 doses in children ages 6 months to 5 years produces similar antibody levels after 2 doses in individuals ages 18-25 years.
 - Side effects consistent with other recommended vaccines in this age group
- Trials showed antibody levels after 3 doses of Pfizer COVID-19 vaccine in children ages 6 months to 4 years produces similar antibody levels after 2 doses in individuals ages 16 to 24 years.
 - Side effects similar after each of the 3 vaccine doses and similar to reactions seen in placebo recipients.



COVID-19 vaccine

- COVID-19 vaccines and booster doses are also recommended for everyone 5 years and older.
 - Some populations – people who are 50 years and older, and people who are moderately to severely immunocompromised – should get a second booster dose at least 4 months after their first booster dose.
- To schedule an appointment for a vaccine or booster dose, contact your health care provider or:
 - Search on VaccineLocator.doh.wa.gov
 - Search on VaccineFinder.org
 - Call 833.VAX.HELP
 - Text your zip code to 438829 (GETVAX)

Websites will be updated to include vaccine for children 6+ months old as vaccine appointments become available.

