

Public Health COVID-19 update

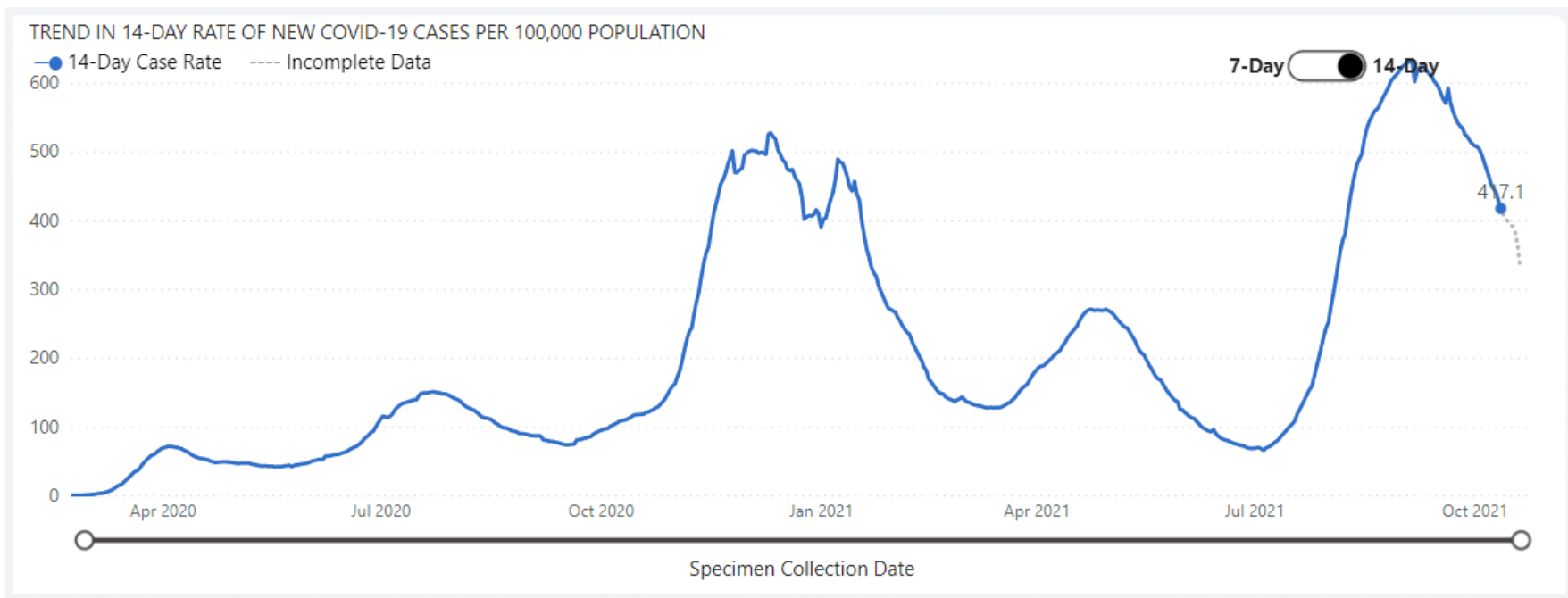
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Oct. 25, 2021



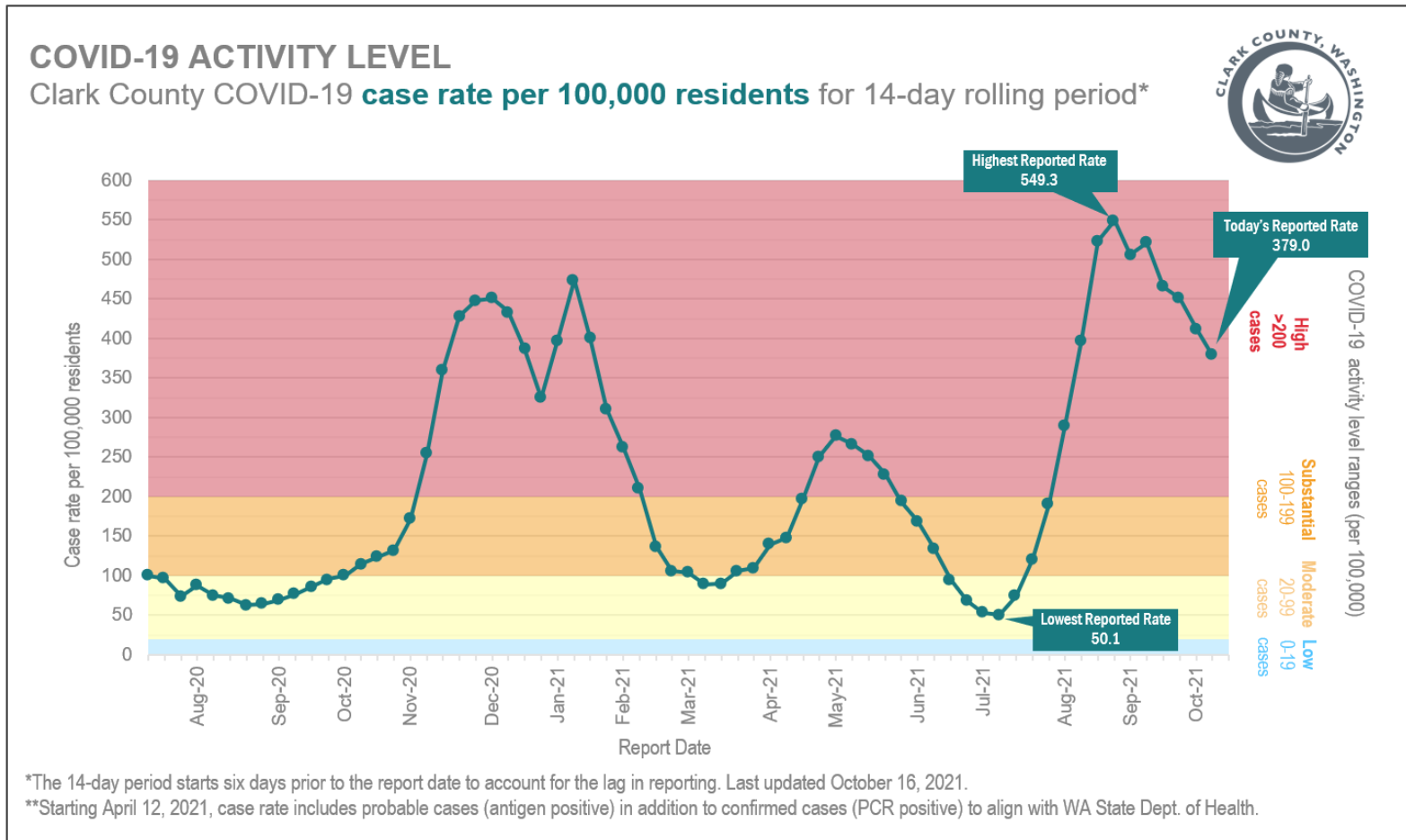
Washington COVID-19 activity

- State rates for COVID-19 cases, hospitalizations and deaths are decreasing but remain high.
 - All are similar to or higher than winter rates.
- Total hospital occupancy is consistently higher than 90% and is expected to persist through the fall.



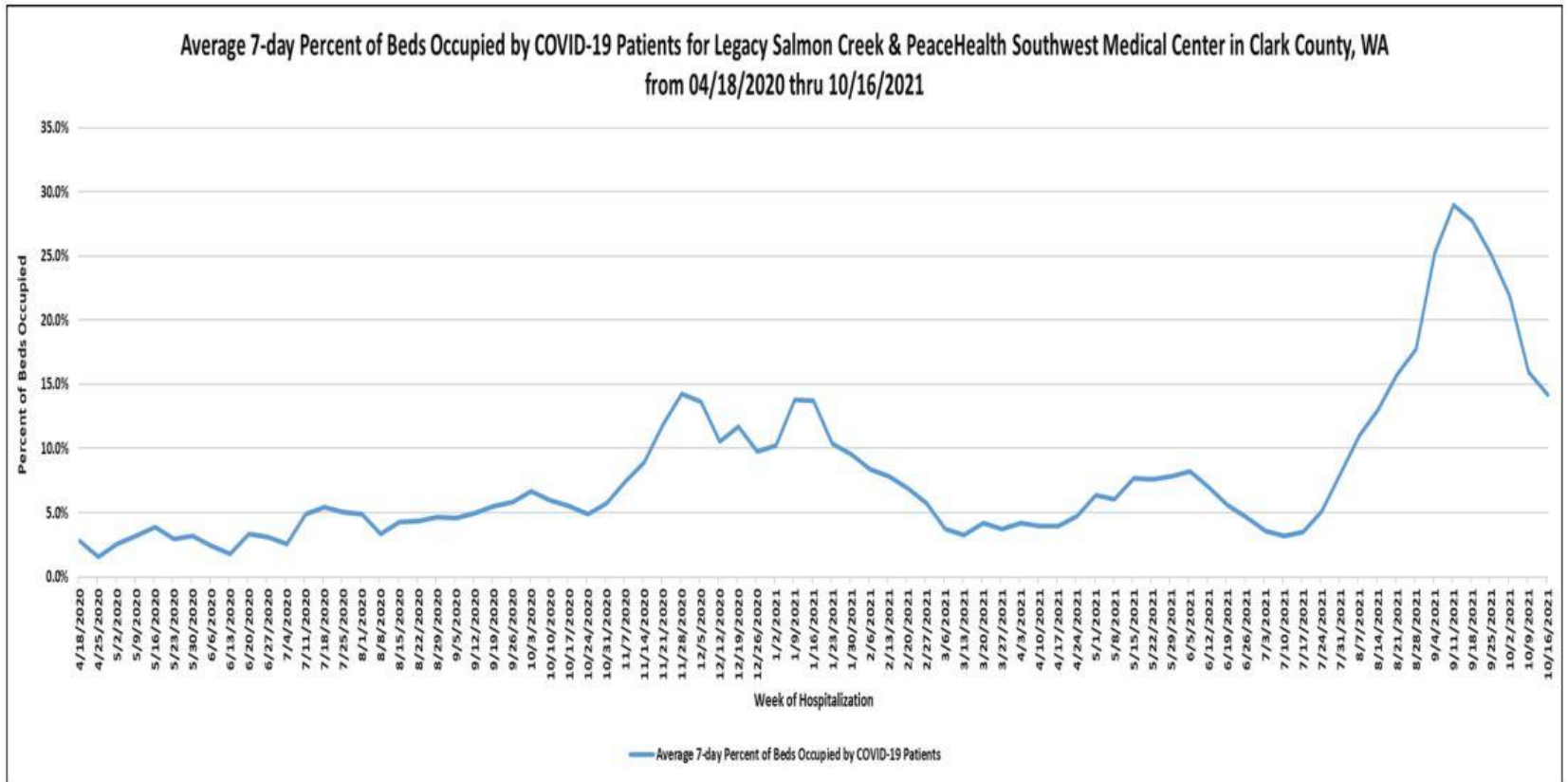
Clark County COVID-19 activity

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



Clark County COVID-19 activity

- Hospitalizations are also decreasing but remain similar to rates during winter.
 - Hospital beds about 93% occupied and ICU beds about 70% occupied.
 - 15% of beds and 30% of ICU beds are occupied by COVID-19 cases.



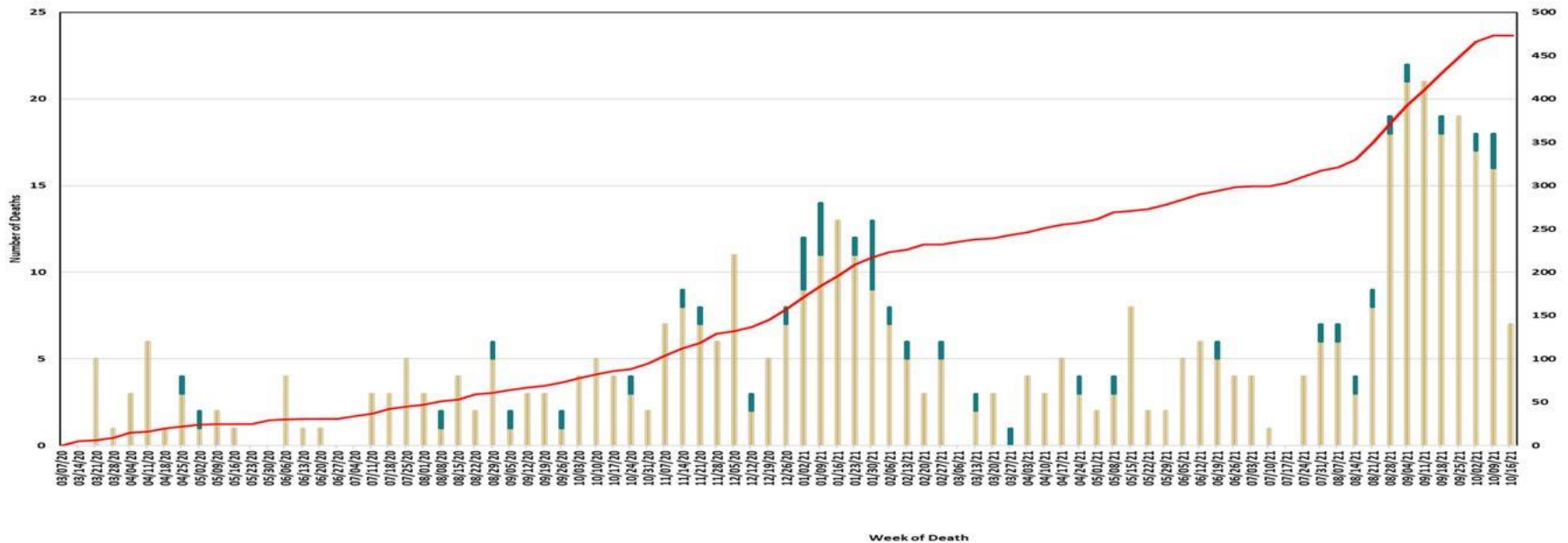
Clark County COVID-19 activity

- COVID-19 deaths began to increase in late August and remain high.

Clark County COVID-19 Related Deaths* by Week of Death

*Confirmed deaths are deaths occurring among those who have a positive COVID-19 test and whose death certificate includes COVID as a cause or contributing factor.
 *Suspect deaths are natural deaths within 28 days of testing positive for COVID-19 but they do not have COVID as a cause or contributing factor on the death certificate.

Number of Confirmed Deaths
 Number of Suspect Deaths
 Cumulative Suspect and Confirmed Deaths



COVID-19 vaccination

- COVID-19 vaccination continues to increase slowly statewide and locally.
 - Statewide: 70% of residents 12+ years old are fully vaccinated
 - Clark County: 64% of residents 12+ years old are fully vaccinated

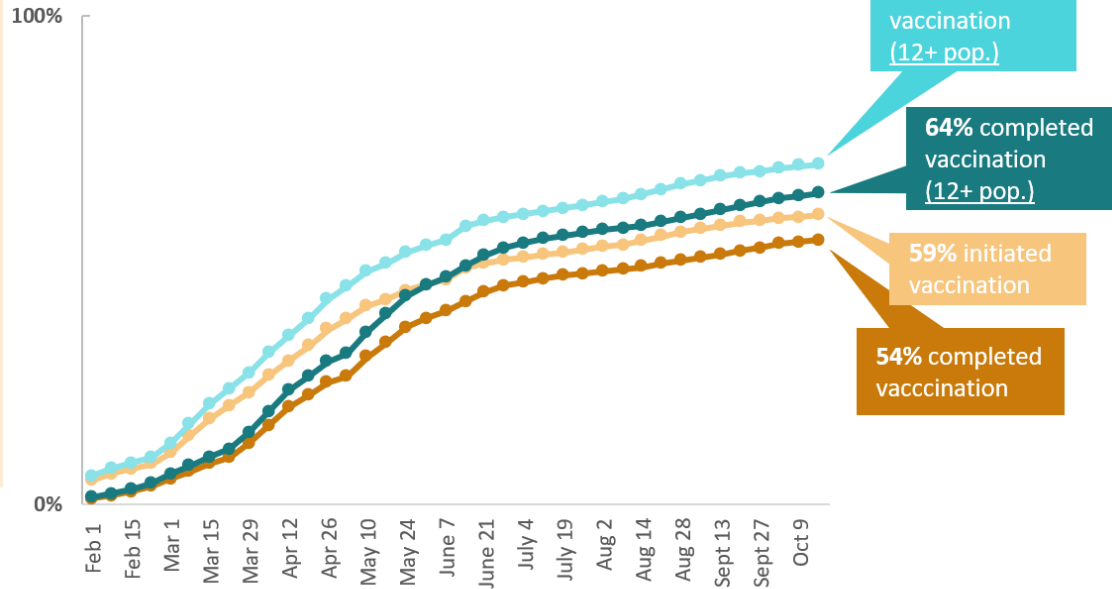
As of October 16, 2021

561,509 doses of COVID-19 vaccine have been administered in Clark County.

295,643 people in Clark County have *initiated vaccination.

270,328 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.



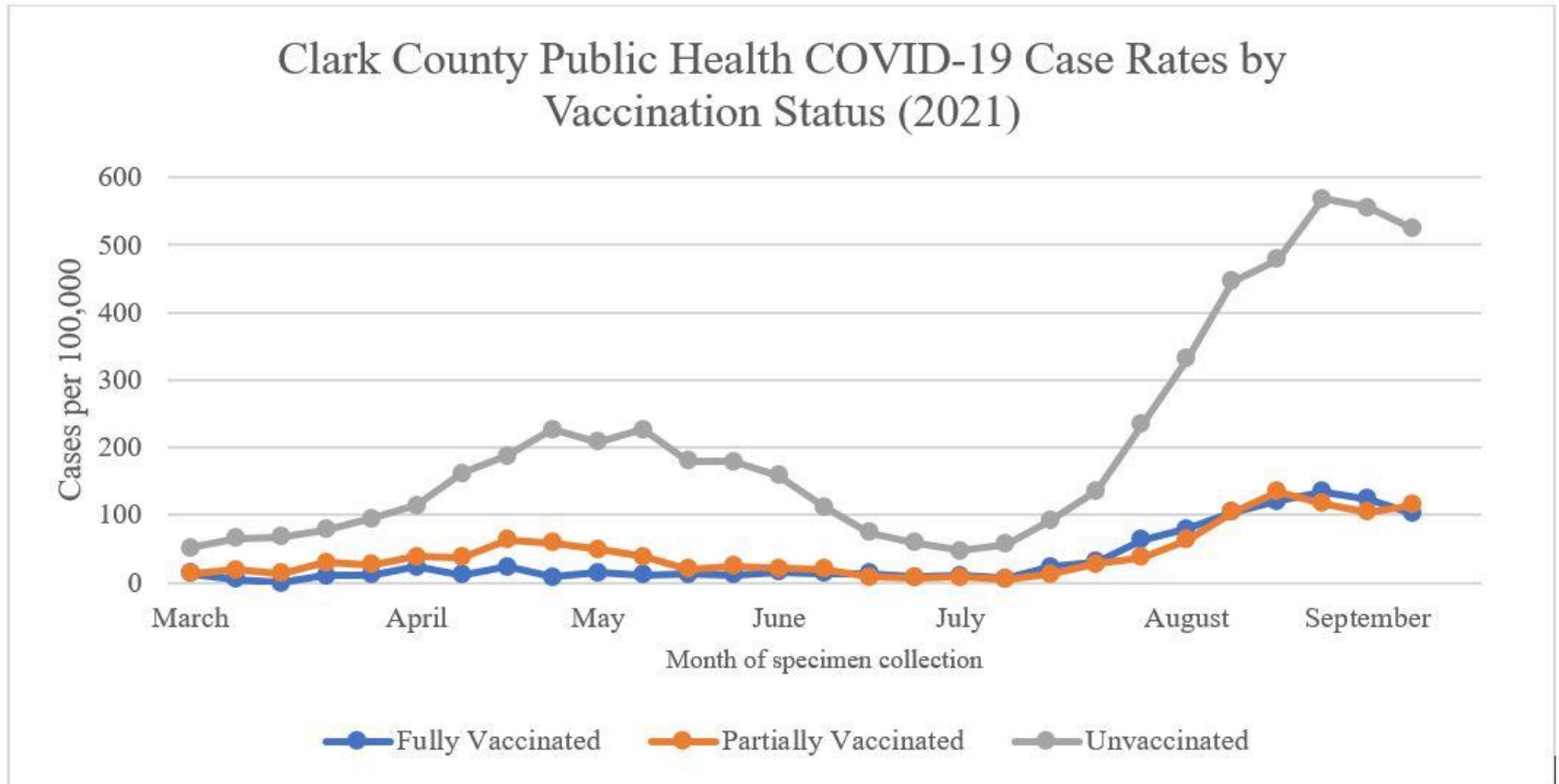
Clark County cases by vaccination status

- Clark County 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.
 - **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



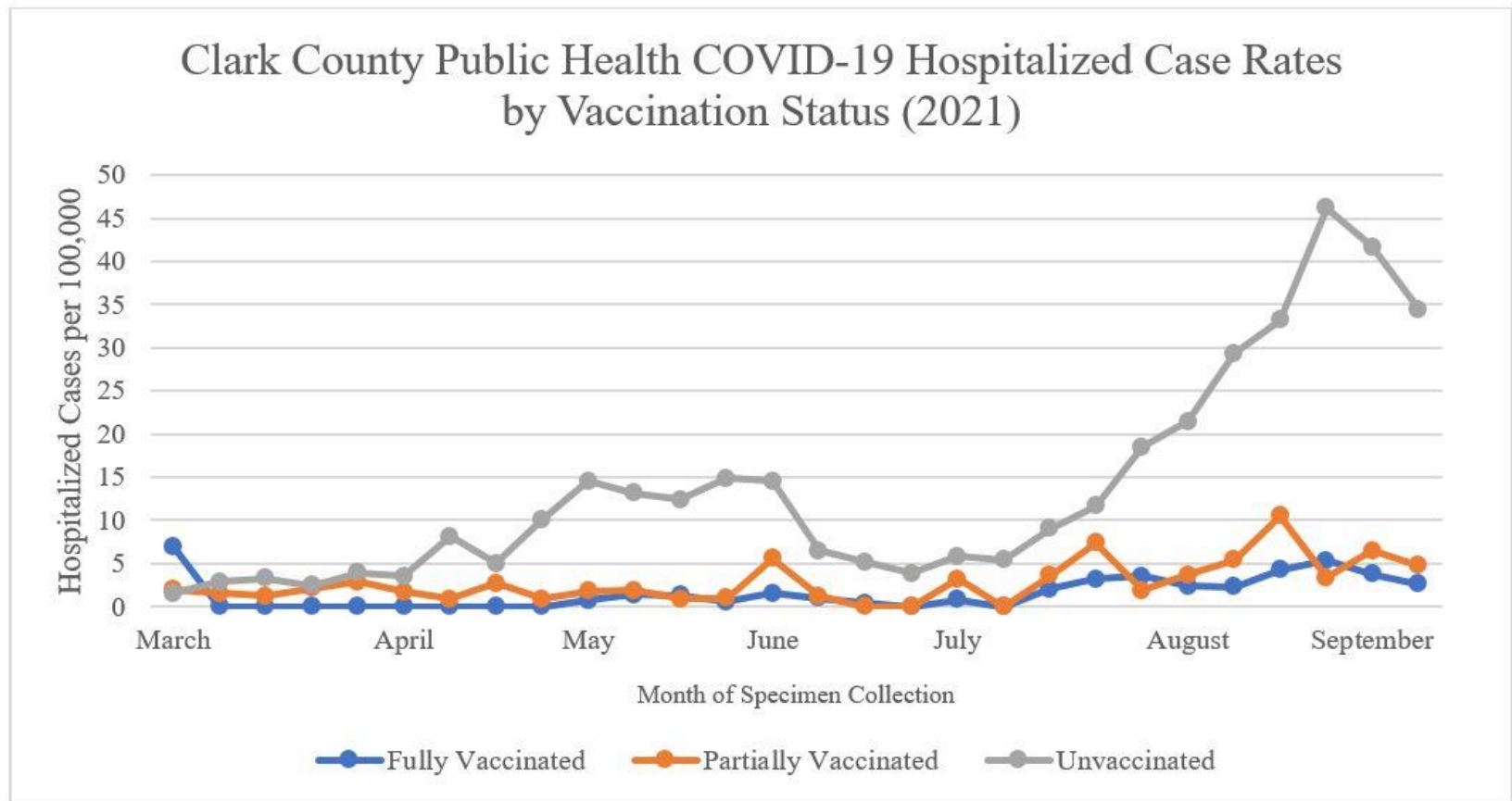
Clark County cases by vaccination status

- As of late September, the rate for unvaccinated cases was **5 times higher** than fully vaccinated cases.



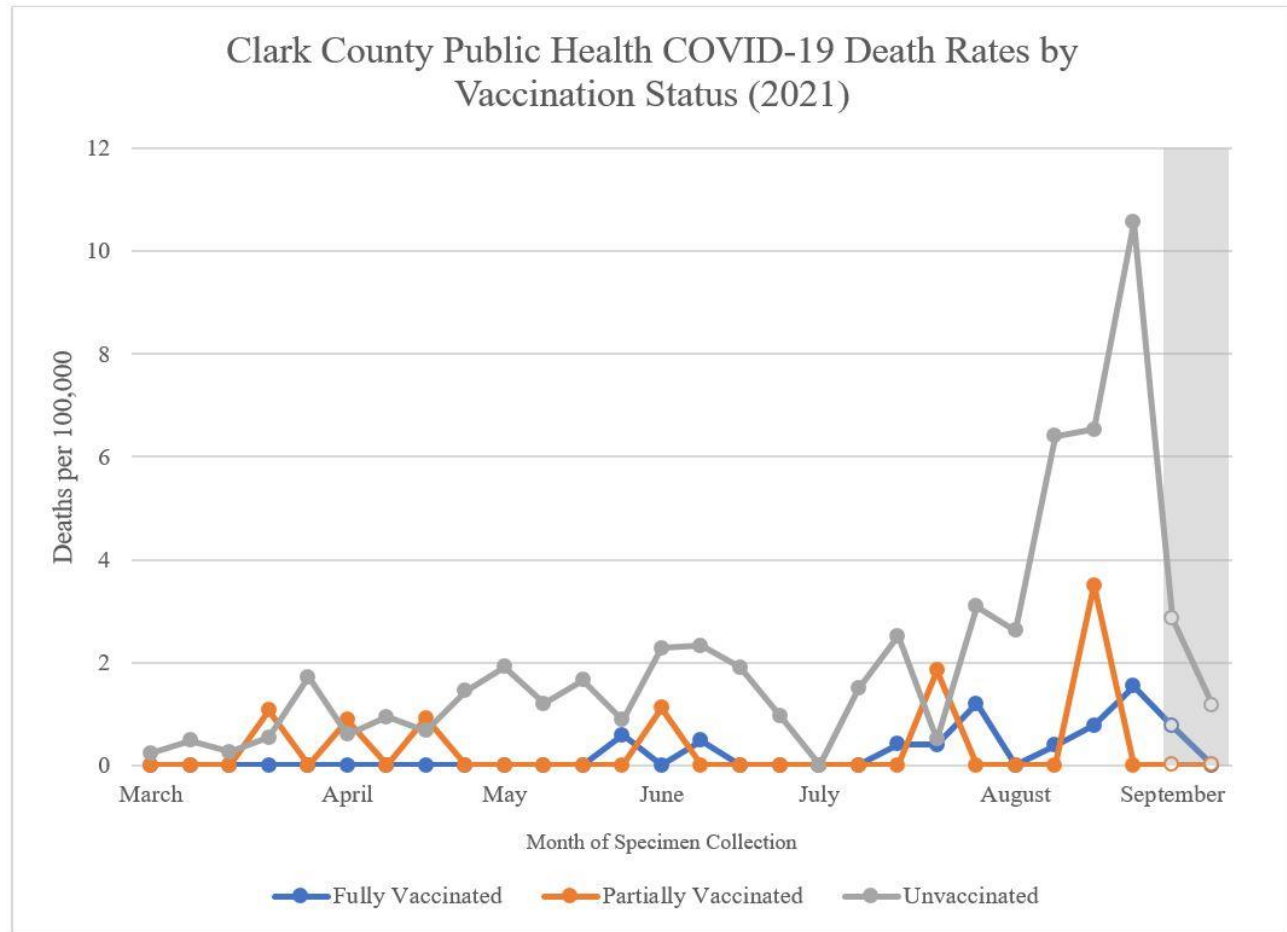
Clark County hospitalizations by vaccination status

- As of late September, the rate for unvaccinated hospitalizations was **13 times higher** than fully vaccinated.



Clark County COVID-19 deaths by vaccination status

- As of mid-September, 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



COVID-19 vaccine boosters

- The CDC recently expanded eligibility for COVID-19 vaccine boosters.
 - Boosters are now available for all three COVID-19 vaccines for certain populations.
- The COVID-19 vaccines continue to be very effective at preventing severe illness that can lead to hospitalization and death.
- But recent data suggests vaccination is becoming less effective at preventing infection or milder illness as time goes on.
 - Still, most COVID-19 cases continue to be in those who are not vaccinated.
- Data from clinical trials show that a booster dose can increase the immune response and provide improved protection against COVID-19, including the delta variant.



COVID-19 vaccine boosters

Pfizer and Moderna

- The following groups are eligible for a booster dose **6 months or more** after completing the two-dose series:
 - 65 years and older
 - Age 18+ who live in long-term care settings
 - Age 18+ who have underlying medical conditions
 - Age 18+ who work or live in high-risk settings

Johnson & Johnson

- Recommended for everyone 18 and older who received the Johnson and Johnson vaccine **2 months or more** ago.
- People who are eligible for a booster dose can choose which vaccine they receive as a booster dose (can be different than primary doses).
- Pfizer and Johnson & Johnson booster doses are the same as the first/second doses.
 - Moderna booster doses are ½ doses.



COVID-19 vaccine for children

- The Pfizer vaccine is currently available for people 12 years and older.
 - Pfizer is the only vaccine authorized for people younger than 18.
- The FDA and CDC advisory committees are meeting soon to review data and consider allowing Pfizer vaccine for children 5-11 years old.
 - FDA committee meets Oct. 26
 - CDC committee meets Nov. 2-3
- After FDA and CDC decisions, Western States Scientific Safety Review Work Group will review the data and determine if states should adopt the CDC recommendations.
- Then DOH will authorize vaccine providers to administer Pfizer vaccine to children 5-11 years old.
- The vaccine may be available for children 6 months and older this winter.



Vaccine safety monitoring

- The COVID-19 vaccines are under the most intense safety monitoring in US history.
- Several systems are used to monitor vaccine safety:
- **Vaccine Safety Datalink (VSD):** Collaboration between CDC and nine large health care organizations, including Kaiser Permanente.
 - VSD uses electronic health data from each participating site, including the kind of vaccine given to each patient, date of vaccination, and other vaccinations given on the same day.
 - VSD also uses information on medical illnesses that have been diagnosed at doctors' offices, urgent care visits, emergency department visits, and hospital stays.
 - Using VSD data, rates of adverse events that occur in people who have received a particular vaccine are compared to the rate of adverse events that occurs in a similar group of people who have not received that vaccine.



Vaccine safety monitoring

- **V-safe:** CDC's smartphone-based tool that uses text messaging and web surveys to gather information about side effects experienced after receiving a COVID-19 vaccine.
 - Allows CDC to monitor safety in near real time.
- **The Vaccine Adverse Event Reporting System (VAERS):** An early warning system 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.
- 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 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 15.2 million J&J doses administered (.0003%).	Most cases occurred in women younger than 50 years old.
Guillain-Barré Syndrome	About 233 preliminary reports identified in VAERS after more than 15.2 million J&J doses administered (.0015%).	Cases largely reported about 2 weeks after vaccination and mostly in men, many 50 years and older.



VAERS

Adverse event	Number of reports	Additional information
Myocarditis and pericarditis	CDC and FDA have confirmed 945 reports of myocarditis or pericarditis. VAERS has received 1,638 reports.	Most cases reported after mRNA COVID-19 vaccination, particularly in male adolescents and young adults. More than 388 million doses of mRNA vaccine administered.
Death	<p>VAERS received 8,878 reports of death after more than 408 million administered doses (0.0022%).</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 providers to report any death after COVID-19 vaccination to VAERS, even if it's unclear whether the vaccine was the cause.</p>

- A King County woman in her 30s recently died from TTS, which developed after she received the Johnson & Johnson COVID-19 vaccine.
 - CDC has reported only three other confirmed deaths nationally.



Flu vaccination

- Flu activity was low last year because of flu vaccination and COVID-19 restrictions.
 - With many of the COVID-19 restrictions lifted this year, flu has a higher chance of spreading in the community.
- Flu vaccination is the best way to prevent flu illness and hospitalization, which can help reduce the burden on our hospitals.
 - COVID-19 hospitalizations continue to be levels higher than we saw last winter.
- Flu shots are safe and recommended for everyone 6 months and older every year.
- Getting vaccinated now ensures protection when flu activity picks up and will provide protection throughout flu season.
- People who are not yet vaccinated against COVID-19 – or those who are eligible for a booster dose – can safely get flu and COVID-19 vaccines at the same time.

