COVID-19 (SARS-CoV-2) UPDATES

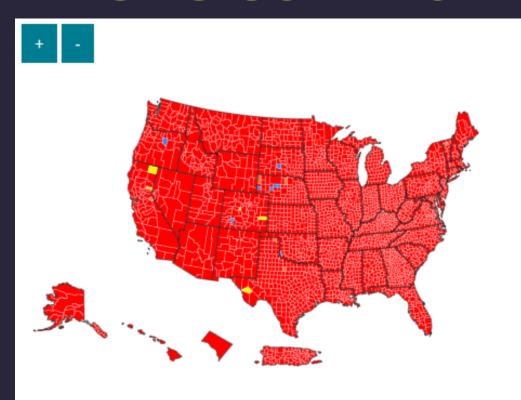
February 8, 2022

Karen Relucio, MD
Public Health Officer
Deputy Director of HHSA





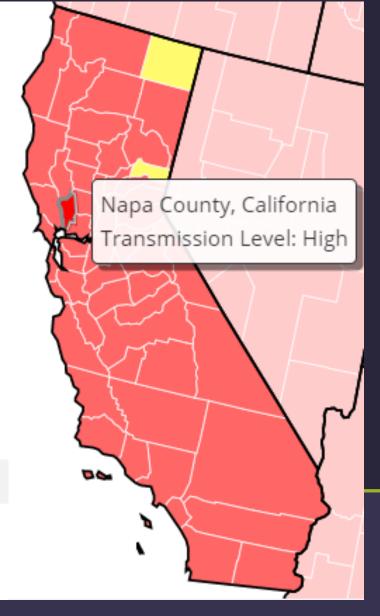
CDC COMMUNITY TRANSMISSION MAP



Community Transmission in US by County

	Total	Percent	% Change
High	3198	99.26%	-0.5%
Substantial	8	0.25%	0.22%
Moderate	5	0.16%	0.09%
Low	9	0.28%	0.12%

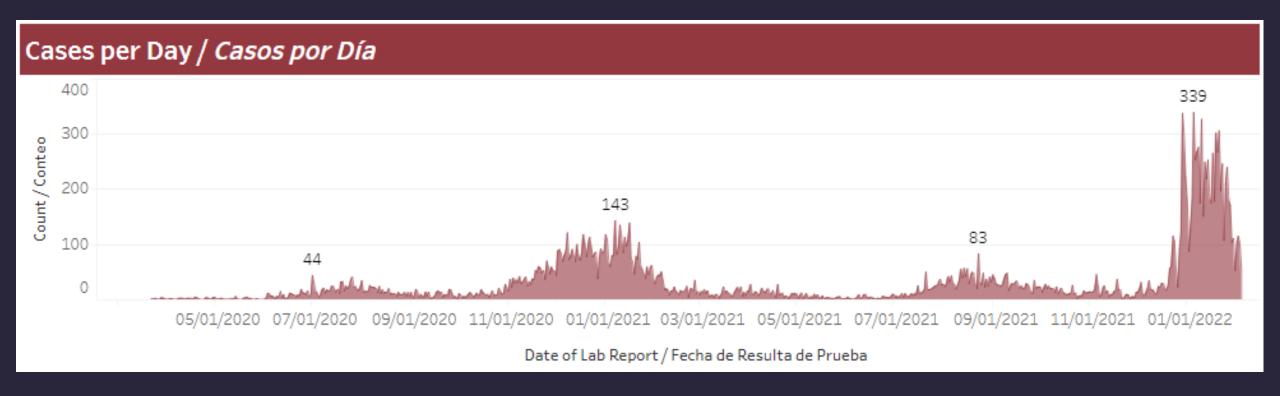
How is community transmission calculated?



● High ● Substantial ○ Moderate ● Low ● No Data

Current 7-days is Mon Jan 31 2022 - Sun Feb 06 2022 for case rate and Sat Jan 29 2022 - Fri Feb 04 2022 for percent positivity. The percent change in counties at each level of transmission is the absolute change compared to the previous 7-day period.

DAILY CASE COUNTS





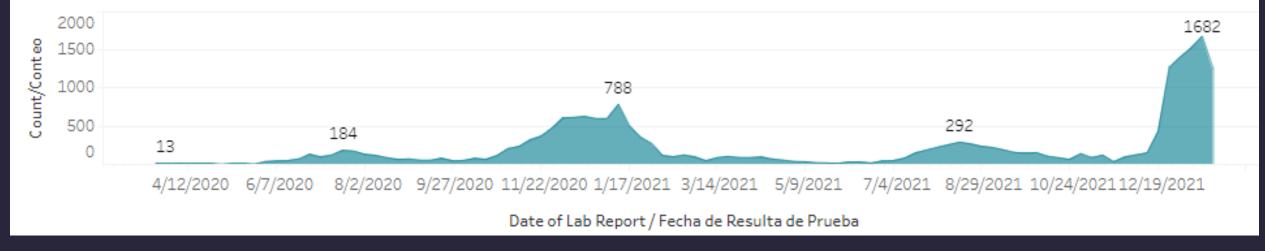


WEEKLY CASE TRENDS

Monthly Summary / Resumen Mensual

	Cases / Casos	Hospitalizations / Hospitalizaciones	Deaths / Muertes
November	406 ▼13%	12 ▼61%	2 ▼67%
December	1871 ▲361%	31 ▲158%	1 ▼50%
January	6211 \$\(_{\)232\%	90 190%	8 4700%

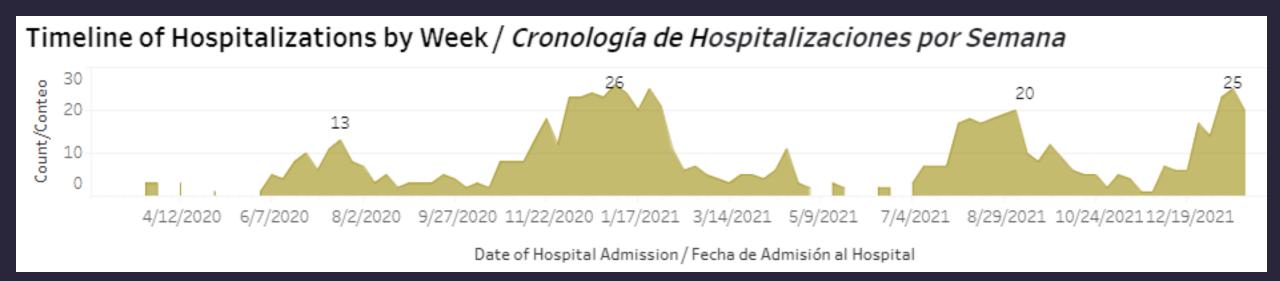
Timeline of Cases by Week / Cronología de Casos por Semana







HOSPITALIZATION TRENDS







DEATH TRENDS



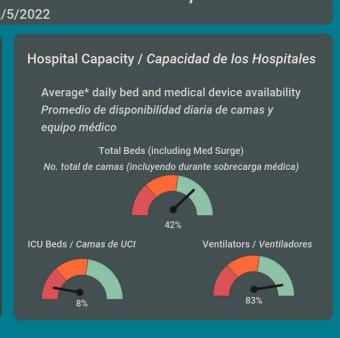




POST BLUEPRINT METRICS

Measures	CDPH Estimates for Napa
New Cases per 100,000 population per day 7-day average	97.6
Testing positivity 7-day average	16.2%
Health equity testing positivity	24.8%

Napa County COVID-19 Response Snapshot Respuesta al COVID-19 - Resumen del Condado de Napa Week of / Semana de: 1/30/2022 - 2/5/2022 **Epidemiological Stability** Estabilidad Epidemiológica Outbreaks / Brotes Compared to last week Entorno De / En comparación con la semana pasada Agrupada Case doubling time / Tiempo Para Alcanzar La Duplicación En Casos Compared to last week / En comparación con *7-Day average / Promedio de 7 días





^Previous week's data may change due to a lag in reporting / Los datos de la semana anterior pueden cambiar debido a un retraso en los informes.

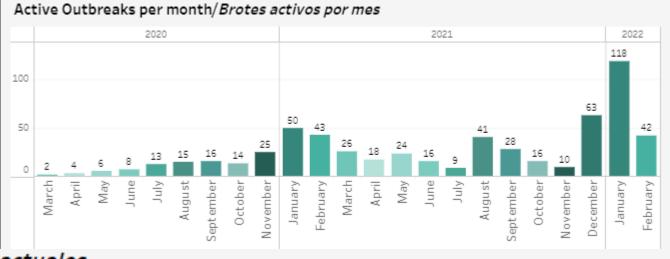
Source/Fuente: Napa County Public Health, CA Department of Public Health, CA Emergency Medical Systems





OUTBREAKS

We are no longer reporting school outbreaks or exposures due to the high volume of cases and the challenges in reporting them to PH.



Current Outbreaks/Brotes actuales

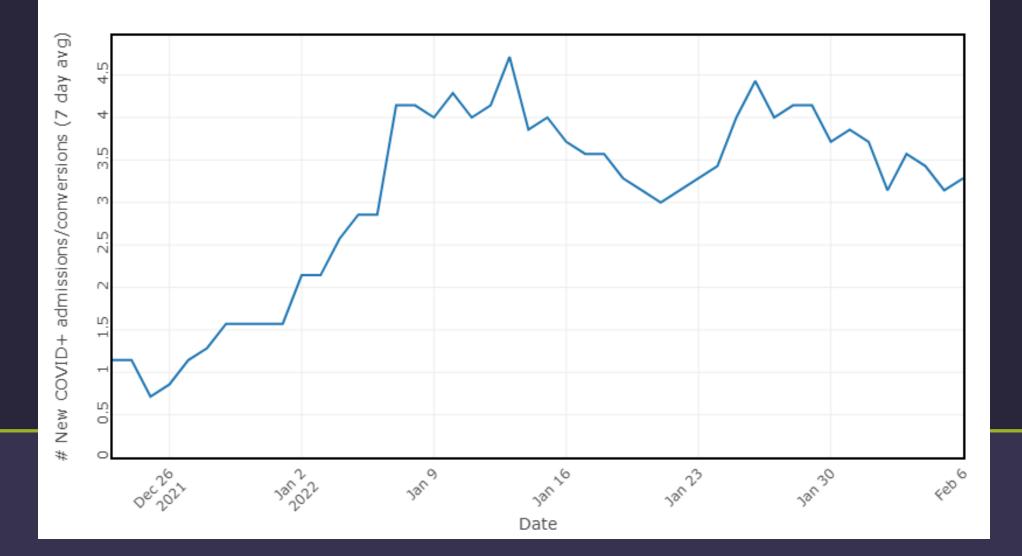
	Closed	Open	Grand Total
Congregate setting/Entorno de vivienda agrupada	51	27	78
Workplace/ Entorno laboral	146	17	163





NEW HOSPITAL ADMISSIONS

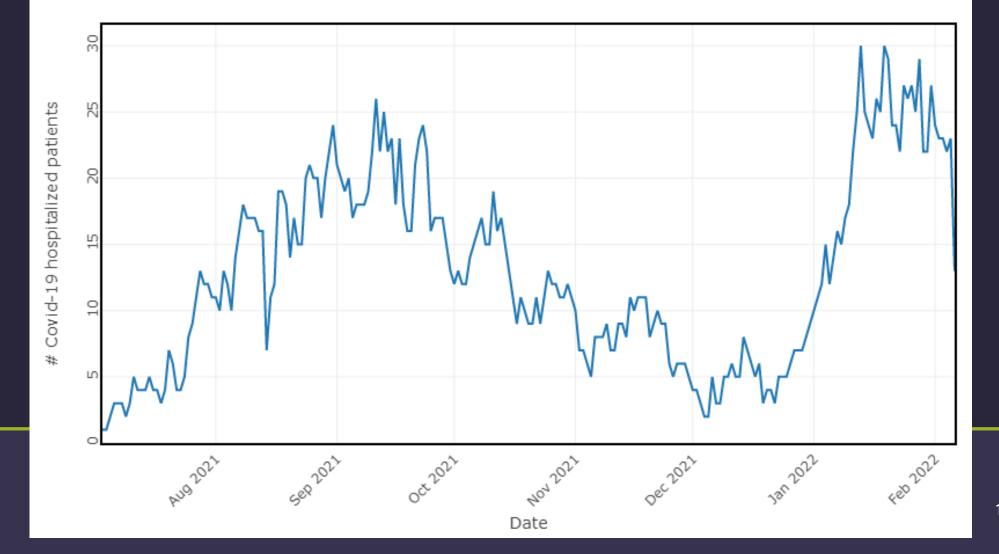
New hospital admissions/conversions (7 day avg) for Napa





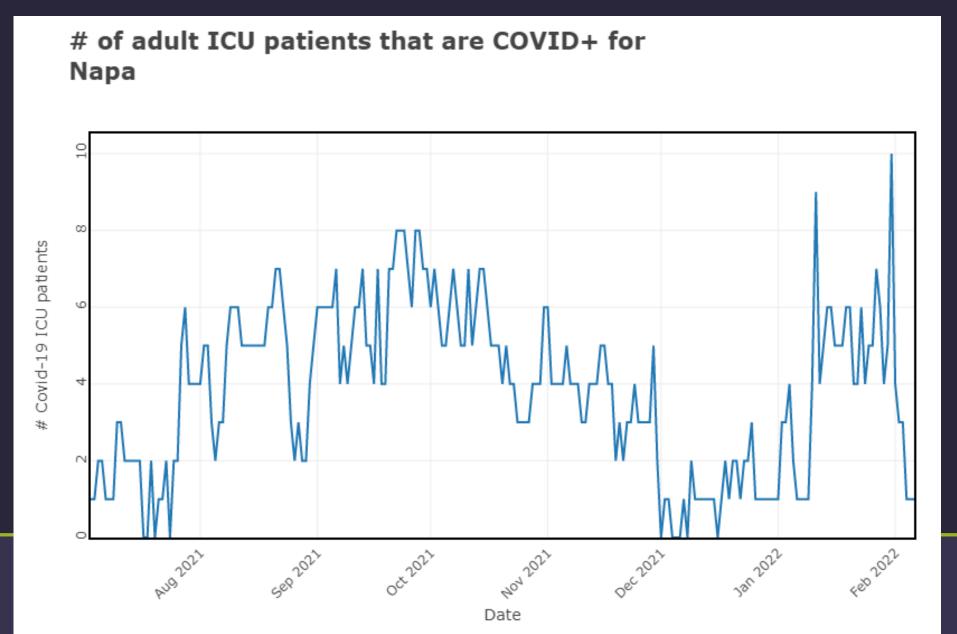
HOSPITALIZED PATIENTS THAT ARE COVID+

of hospitalized patients that are COVID+ for Napa





ADULT ICU PATIENTS THAT ARE COVID+





New Admissions (last 7 days)	21
Rate of New Admissions per 100 be [last 7 days)	eds 16.99
Rate of New Admissions per 100k people (last 7 days)	15.25
% Change (last 7 days)	-27.59

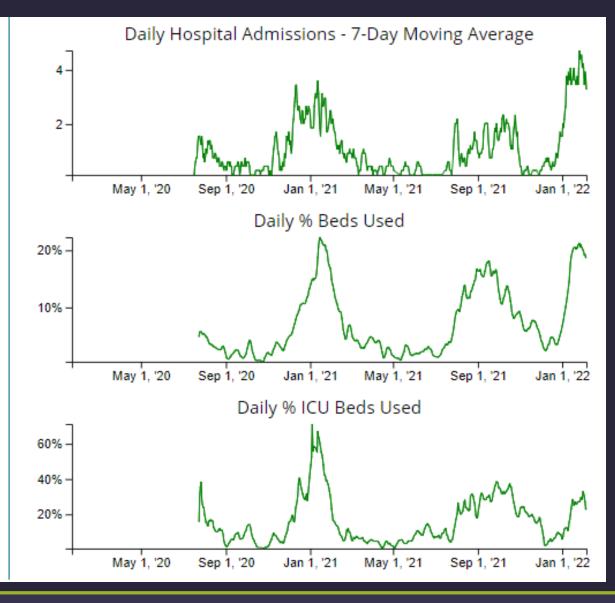
17.11

-1.55

% Beds Used (last 7 days)

% Change (last 7 days)

% ICU Beds Used (last 7 days)	20.77
% Change (last 7 days)	-5.85

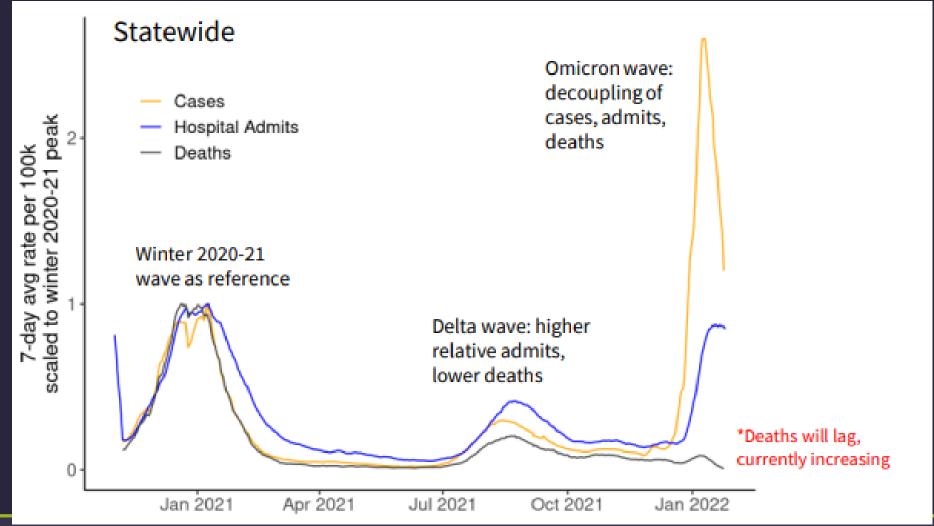


HOSPITAL UTILIZATION: CDC





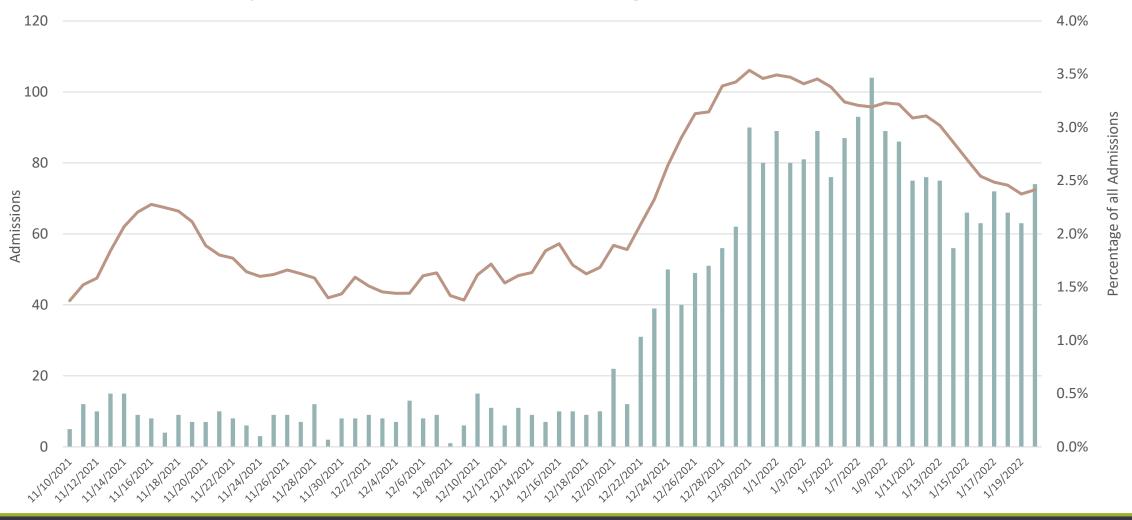
DECOUPLING OF HOSPITAL ADMISSIONS AND DEATHS





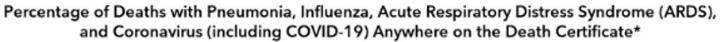


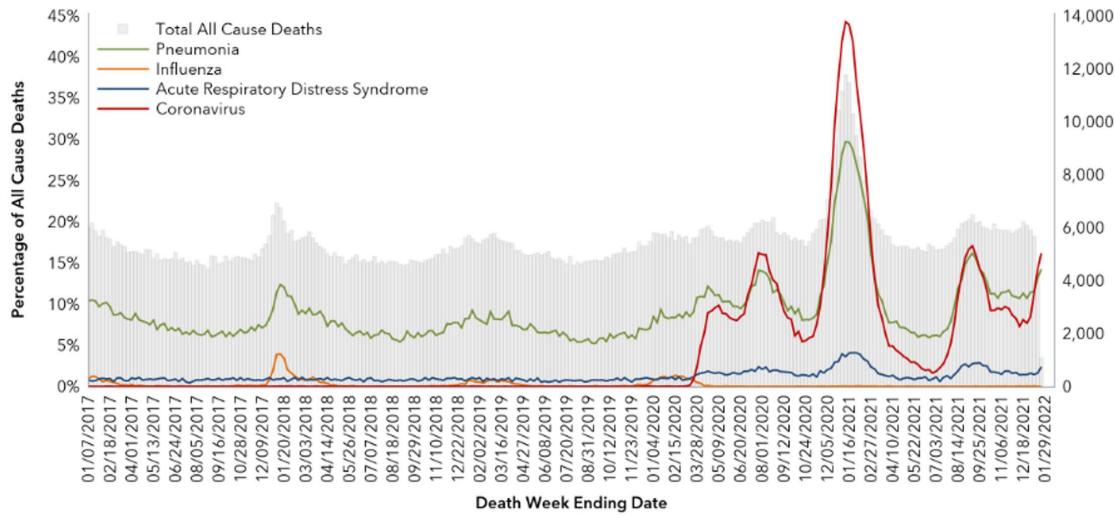
Daily COVID+ Admissions in Children Aged 0-17 Years, California







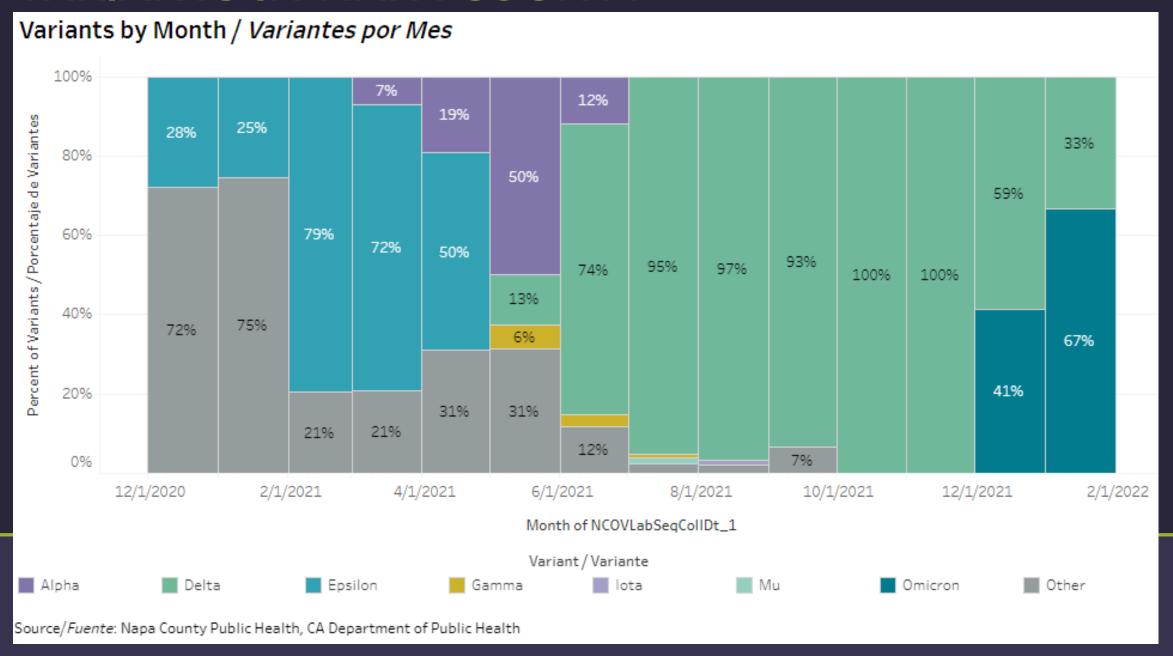




^{*}Reporting lag is approximately 2 weeks. Data are provisional and subject to change.

Total Number of All Cause Deaths

VARIANTS IN NAPA COUNTY



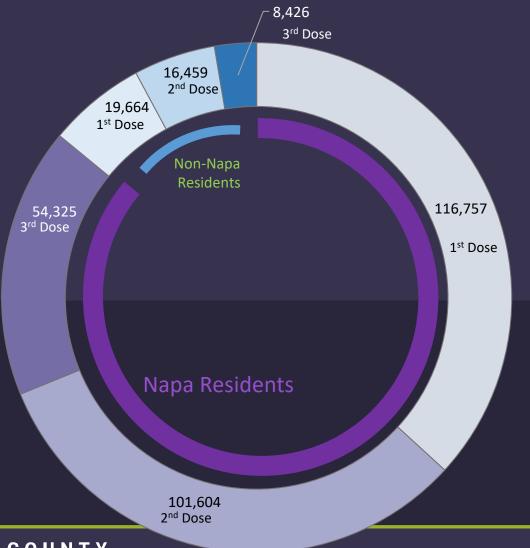
OMICRON SUBVARIANTS

- There are three sublineages of Omicron: BA.1, BA.2 and BA.3
- BA.1 is the dominant Omicron sublineage worldwide
- Frequency of BA.2 cases sequenced is increasing in some countries (Denmark, Norway, Sweden, India, Philippines, and Singapore)
- Early analysis suggests increased growth rate for BA.2 vs. BA.1.
- Hospitalization data from Denmark does not suggest an increased risk of hospitalization due to BA.2





DOSES ADMINISTERED TO RESIDENTS & NON-RESIDENTS



Total Doses Administered in Napa County = 311,586 (+4,922 since last week)

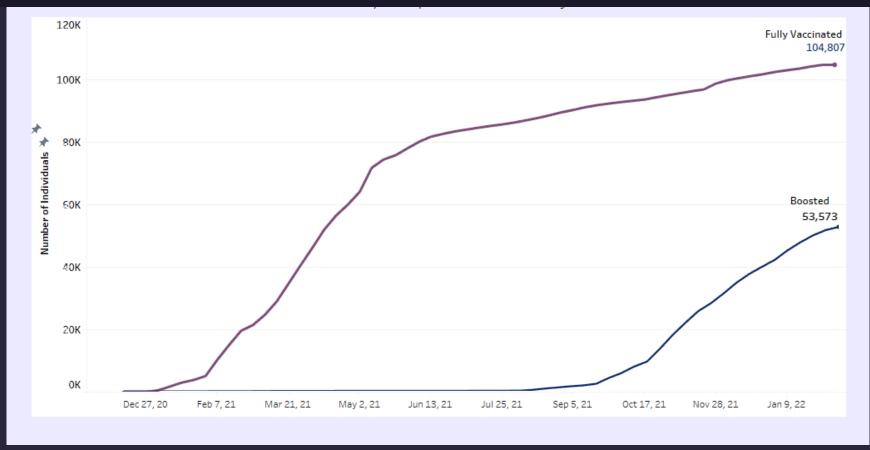
Total Doses Administered to Napa Residents = 273,242 (+3,498 since last week)

Reported as 2/7/2022





89 % of eligible Napa County residents partially vaccinated. 80 % of eligible Napa County residents are fully vaccinated. 75.6 % of ALL Napa County residents are fully vaccinated. 57 % of all eligible Napa County residents are boosted.







Compared to people who are fully vaccinated

People who are not fully vaccinated are:

People who are not fully vaccinated are:

People who are not fully vaccinated are:

97%

127%

240%

More likely to test positive for COVID-19

More likely to get hospitalized for COVID-19

More likely to die of COVID-19

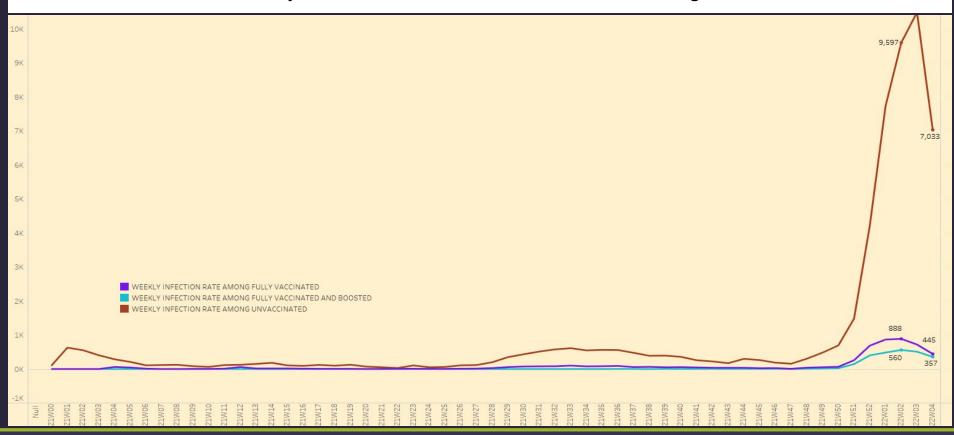
As reported 2/7/2022





Weekly New-Case Rates Between Vaccinated and Unvaccinated (12 + Population)

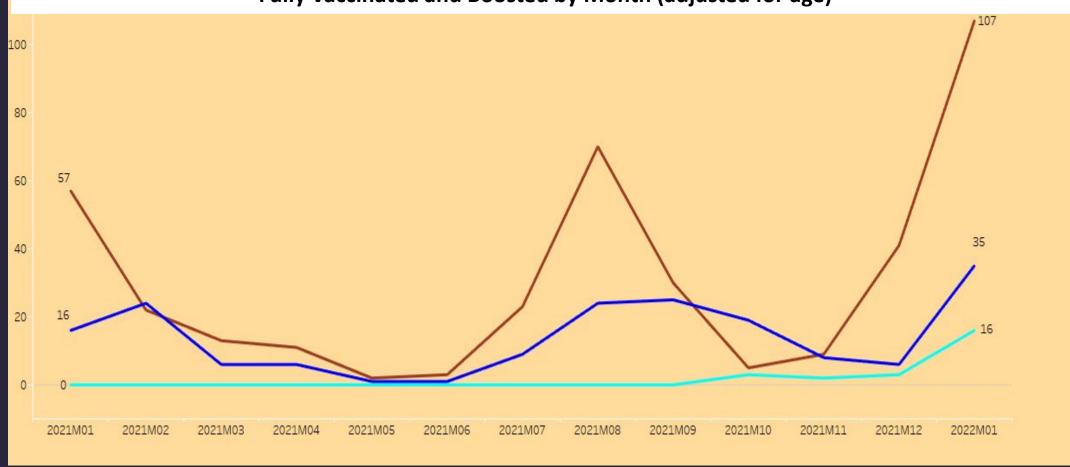
The Most Recent Weekly New-Case rate in unvaccinated is ~16 times higher than vaccinated.





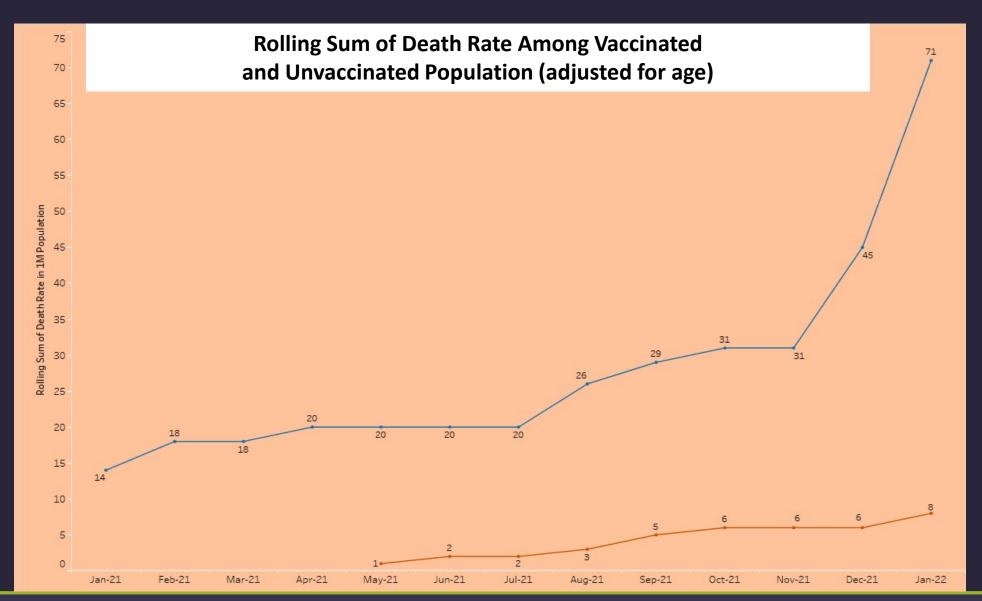


Hospitalization Rate of Covid-19 Among Unvaccinated, Fully Vaccinated and Boosted by Month (adjusted for age)

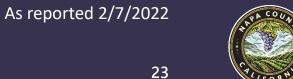












CDPH HEALTHCARE BOOSTER MANDATE EXTENSION DATE

- State Health orders requiring healthcare workers to be boosted, now by March 1, 2022 instead of February 1, 2022
 - Adult Care Facilities and Direct Care Worker Vaccine Requirement Q&A
 - Health Care Worker Vaccine Requirement
 Q&A
 - State and Local Correctional Facilities and Detention Centers Health Care Worker Vaccination Requirement Q&A





STATEWIDE INDOOR MASKING ORDER LIFTS ON 2/16

- Universal indoor masking shall remain required in only specified settings
 - On public transit (includes ride shares)
 - Indoors in K-12 schools and childcare
 - Emergency shelters and cooling and heating centers
 - Healthcare settings
 - State and local correctional facilities and detention centers
 - Homeless shelters
 - Long Term Care Settings & Adult and Senior Care Facilities
- Only unvaccinated persons are required to mask in all indoor public settings
- Fully vaccinated individuals are recommended to continue indoor masking when the risk may be high
- Napa County will likely follow state guidance





CHANGES TO MEGA EVENTS

- Taking effect February 16, 2022
- This guidance will return to thresholds of 1,000 attendees for Indoor Mega Events and 10,000 attendees for Outdoor Mega Events.

Vaccine Verification / Negative Testing	Required for Indoor Mega Events Recommended for Outdoor Mega Events
Capacity Limitations	No restrictions
Physical Distancing	No restrictions for attendees, customers, and guests
Masking	Follow current CDPH Guidance for Face Coverings. Refer to CDPH Get the Most Out of Masking for more information on getting the best fit and filtration for your mask
Travelers	Recommend following CDC and CDPH Travel recommendations.





CHANGES TO VISITATION ORDERS EFFECTIVE 2/8

- Removed the following requirement that was put in place on 12/31 for Skilled Nursing Facilities, Intermediate Care Facilities and Adult and Senior Care Residential Facilities:
 - (1) <u>for indoor visitation, verify visitors are vaccinated, have had all</u> <u>recommended booster doses and provide evidence of a negative SARS-CoV-2</u> <u>test</u> within one day of visitation for antigen tests, and within two days of visitation for PCR tests; OR
 - (2) permit only outdoor visitation for those that do not meet all the vaccine or booster requirements. For outdoor visitation, visitors must provide evidence of a negative SARS-CoV-2 test within one day of visitation for antigen tests, and within two days of visitation for PCR tests.





CHANGES TO VISITATION ORDERS

- Unvaccinated or incompletely vaccinated visitors are eligible for indoor visits only if they can show documentation of a negative SARS-CoV-2 test within one day of visitation for antigen tests, and within two days of visitation for PCR tests;
- Unvaccinated or incompletely vaccinated visitors with history of COVID-19 within the prior 90 days may provide documentation of recovery from COVID-19 in lieu of testing
- If a resident is not able to leave their room or otherwise meet with visitors outdoors, the visitation may take place indoors, even for visitors who cannot provide vaccine verification or a negative test; however, these visits cannot take place in common areas, or in the resident's room if the roommate is present





STATE VISITATION ORDERS

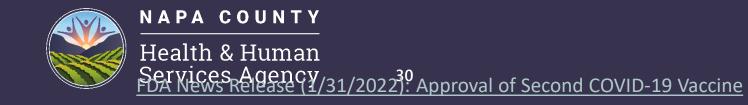
- Long Term Care Visitation State Public Health Officer Order
 - https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Requirements-for-Visitors-in-Acute-Health-Care-and-Long-Term-Care-Settings.aspx
- Skilled Nursing Facility (SNF) Visitation AFL
 - https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-22-07.aspx
- Assisted Living Facility (ALF) Visitation PIN
 - https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2022/ASC/PIN-22-07-ASC.pdf





FDA APPROVAL OF MODERNA COVID-19 VACCINE

- Moderna vaccine has been available under EUA for ≥18 years-old persons since 12/18/2020
- It has met the FDA's approval standards for safety, effectiveness and manufacturing.
 - Effectiveness:
 - 93% VE against COVID-19 infection
 - 98% VE against severe disease
 - Safety:
 - Increased risks for myocarditis in males 18 24 years of age
 - Majority of cases had resolution of symptoms
- The approved Moderna vaccine's brand name is Spikevax.





VACCINES FOR CHILDREN 6 MONTHS THROUGH 4 YEARS OF AGE

- FDA Vaccines and Biological Products Advisory Committee (VRBPAC) will meet on 2/15/22 to discuss a request to amend the Emergency Use Authorization (EUA) of the Pfizer-BioNTech COVID-19 mRNA vaccine for administration to children 6 months through 4 years of age.
- Vaccines for this age group may be available by March





COVID-19 IS A CHILDHOOD ILLNESS

- 4x more deaths than flu
- 11x higher risk of hospitalization
- Poorest Neighborhoods are far behind
- 65% of kids not vaccinated

MAKE NO MISTAKE COVID-19 IS A CHILDHOOD ILLNESS



COVID-19 CAN BE SERIOUS FOR KIDS.



4X MORE DEATHS THAN FLU

8.300

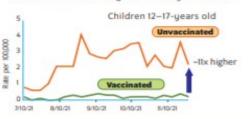
800 DEATHS

Over 800 children have died from COVID-19 in the US, compared to approximately 200 pediatric flu deaths over the past two years. About 1 in 3 children hospitalized with COVID-19 in the US were admitted to the ICU, similar to the rate among adults.

HOSPITALIZATIONS

11X HIGHER RISK OF HOSPITALIZATION

COVID-19 associated hospitalizations in unvaccinated children are 11x higher than fully vaccinated.





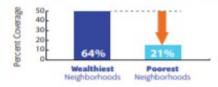
PEDIATRIC VACCINATION COVERAGE IS LOW, ESPECIALLY FOR CALIFORNIA'S MOST VULNERABLE CHILDREN

65% of KIDS NOT VACCINATED

Over 65% of California children ages 5-11 years have yet to receive 1 dose of COVID-19 vaccine, leaving most children vulnerable to Omicron and future variants likely to follow.

POOREST NEIGHBORHOODS ARE FAR BEHIND

Only about 21% of children in California's poorest neighborhoods are vaccinated against COVID-19 compared to 64% in wealthiest neighborhoods.



Children, ages 5-11 (as of January 26, 2022).

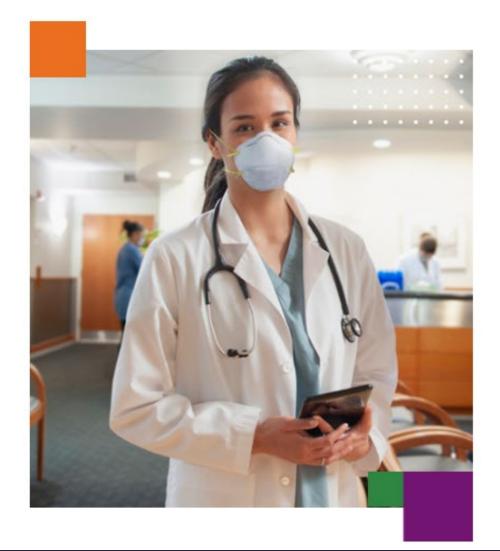


California COVID-19 Vaccination Program

IMM-1415-VFC (1/26/22)







COVID-19 Treatments

Talk with your healthcare provider to find out if you qualify for a COVID-19 treatment. You may be eligible if you: have recently tested positive for COVID-19, have been in close contact with someone who has tested positive, are immunocompromised, or have had a severe adverse reaction to a COVID-19 vaccine (meaning you cannot be fully vaccinated). Treatments may help you recover faster from COVID-19 or protect you against COVID-19.

Learn More





SARS-CoV-2 Negative (-) SARS-CoV-2 Positive (+) **Prophylaxis** Treatment Mild Illness or Moderate Illness Exposed Not Exposed Monoclonal Long-Acting **Monoclonal Antibodies Treatment Options** Antibodies Monoclonal Bamlanivimab/etesevimab Casirivimab/imdevimab Antibody Bamlanivimab/ (REGEN-COV) etesevimab Tixagevimab Sotrovimab Casirivimab/ /cilgavimab imdevimab **Antivirals** (EVUSHELD) (REGEN-COV) Nirmatrelvir/ritonavir (PAXLOVID) Molnupiravir (LAGEVRIO) Remdesivir (VEKLURY)

Bamlanivimab/etesevimab and casirivimab/imdevimab are not effective against the Omicron variant and are currently not authorized for use in any US state per the FDA.





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Bamlanivimab/etesevimab and casirivimab/imdevimab are not effective against the Omicron variant and are currently not authorized for use in any US state per the FDA.





TREATMENT

- Your health care provider will consider several factors when determining if an outpatient treatment is right for you:
 - Recently around someone with COVID-19
 - Tested positive for COVID-19 with mild symptoms
 - Mild symptoms: fever, cough, sore throat, malaise, headache, muscle pain, nausea, vomiting, diarrhea, loss of taste and smell. No shortness of breath, dyspnea, or abnormal chest imaging.
 - Tested positive for COVID-19 with moderate symptoms
 - Moderate symptoms: evidence of lower respiratory disease during clinical assessment, shortness of breath and/or difficulty breathing but with oxygen levels ≥94%.
 - Potential for developing serious illness from COVID 19 that may lead to hospitalization or even death.





TESTING

- Multiple test sites experiencing less wait times
- State-contracted testing site has increased lanes and operating hours, but demand is down
- Home test kits being distributed from CDPH to
 - Department of Social Services licensed Adult and Childcare facilities through regional resource centers for visitors, staff and clients
 - County offices of education for public and private schools
- CLIA-waived tests distributed from CDPH to local health jurisdictions for use in staff in hospitals, outpatient settings, congregate facilities





IS COVID-19 REALLY ENDEMIC YET?

- Endemic is a disease outbreak that is consistently present but limited; disease spread and rates are predictable.
- Epidemic as an unexpected increase in the number of disease cases in a specific geographical area.
- Pandemic cuts across international boundaries, which leads to large-scale social disruption, economic loss, and general hardship





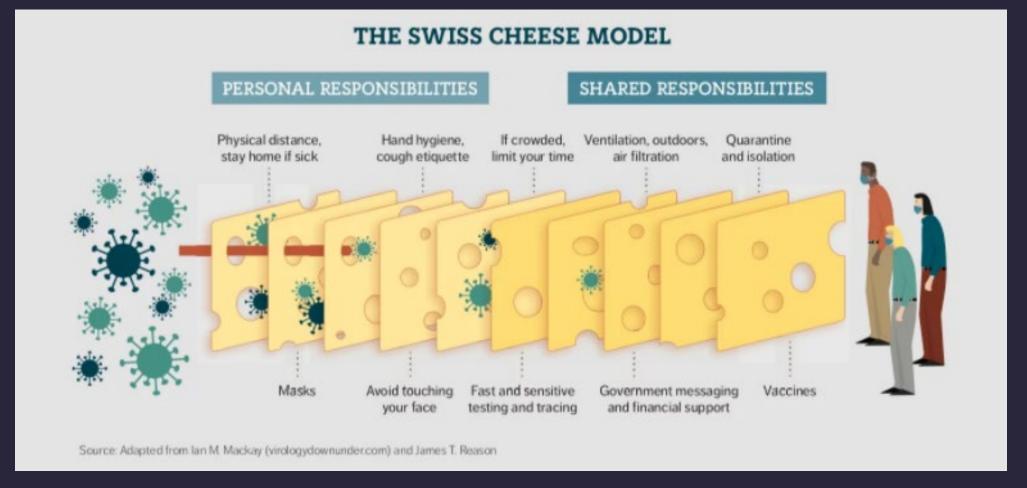


COVID-19 TOOLBOX





LAYERED COVID PREVENTION



Multiple layers improve success in protecting healthcare capacity and keeping schools open



