

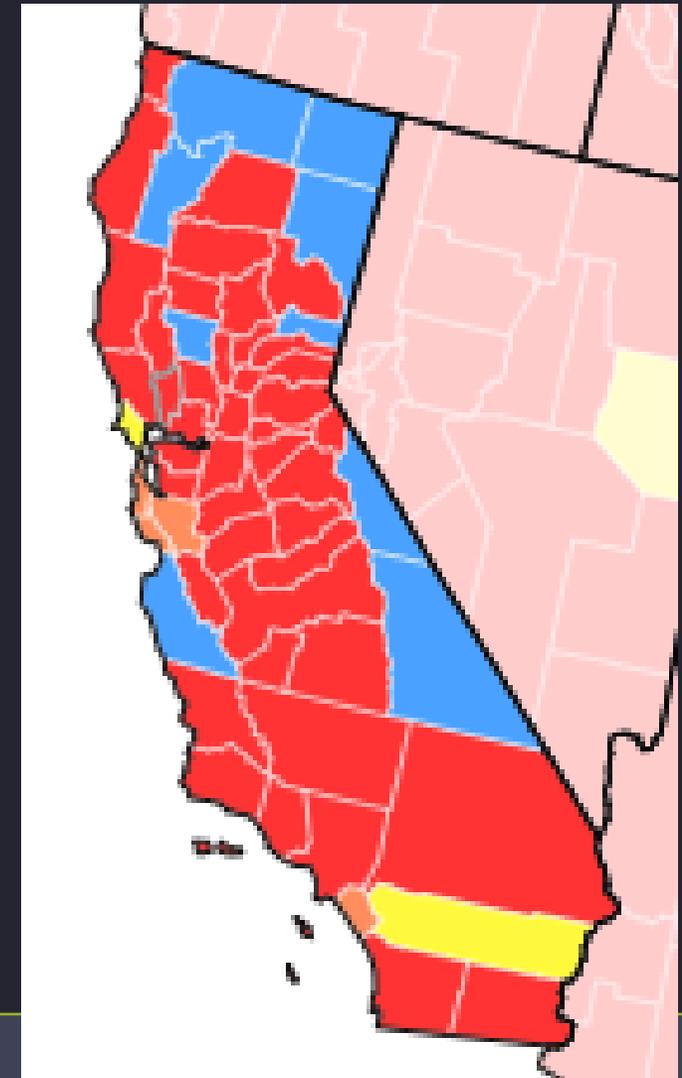
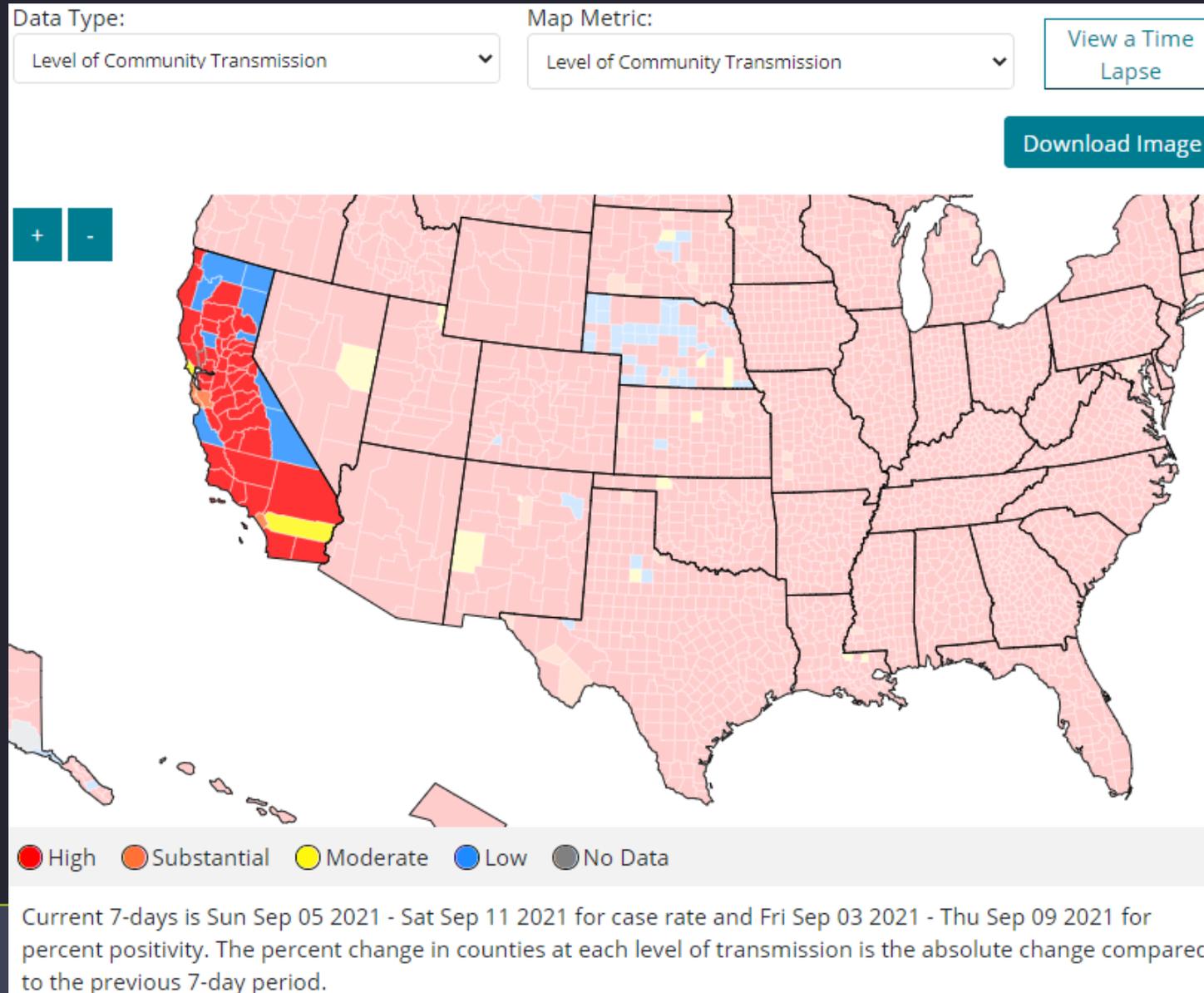


COVID-19 (SARS-CoV-2) UPDATES

September 14, 2021

Karen Relucio, MD
Public Health Officer
Deputy Director of HHSA

CDC COMMUNITY TRANSMISSION MAP

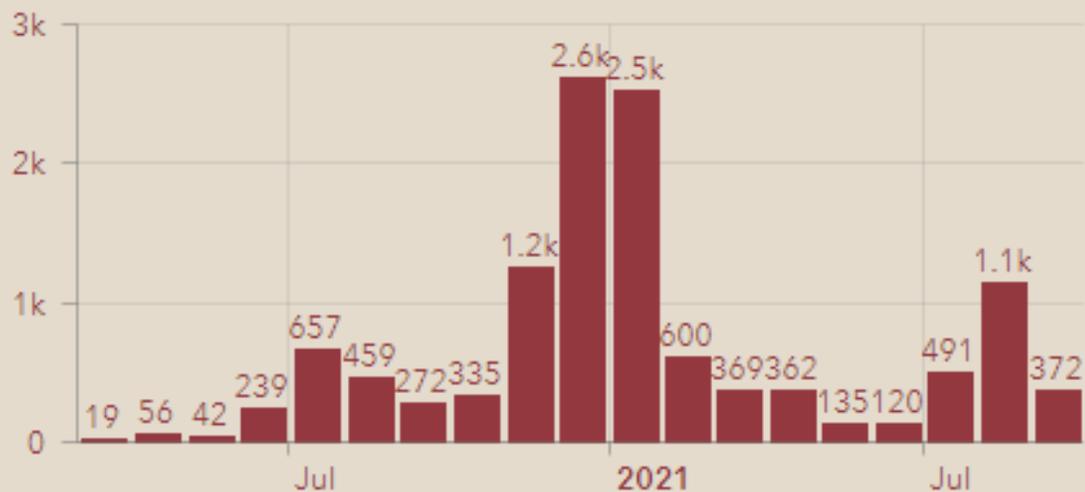




CASE TRENDS

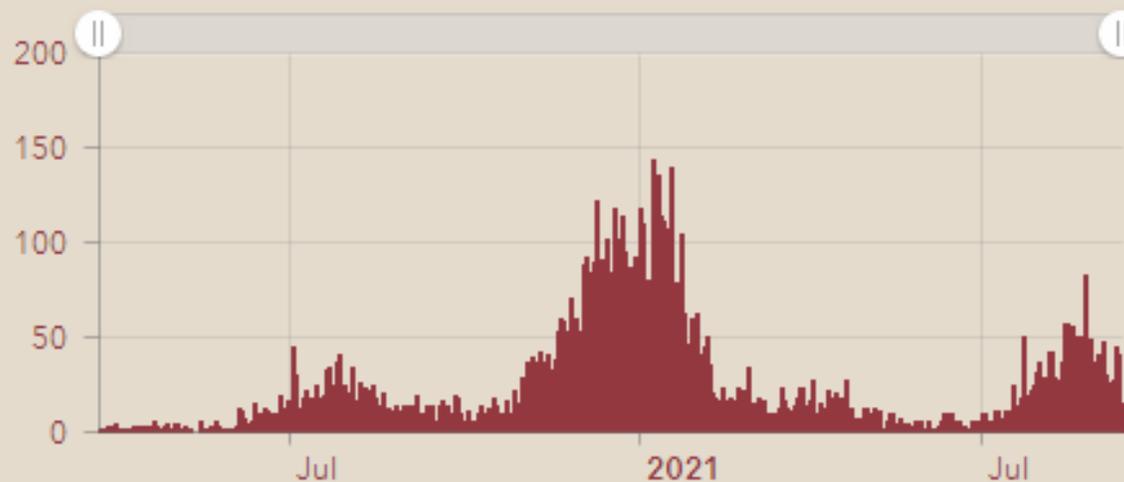
New Cases by Month /

Casos Nuevos por Mes



Daily Cases /

Casos Diarios



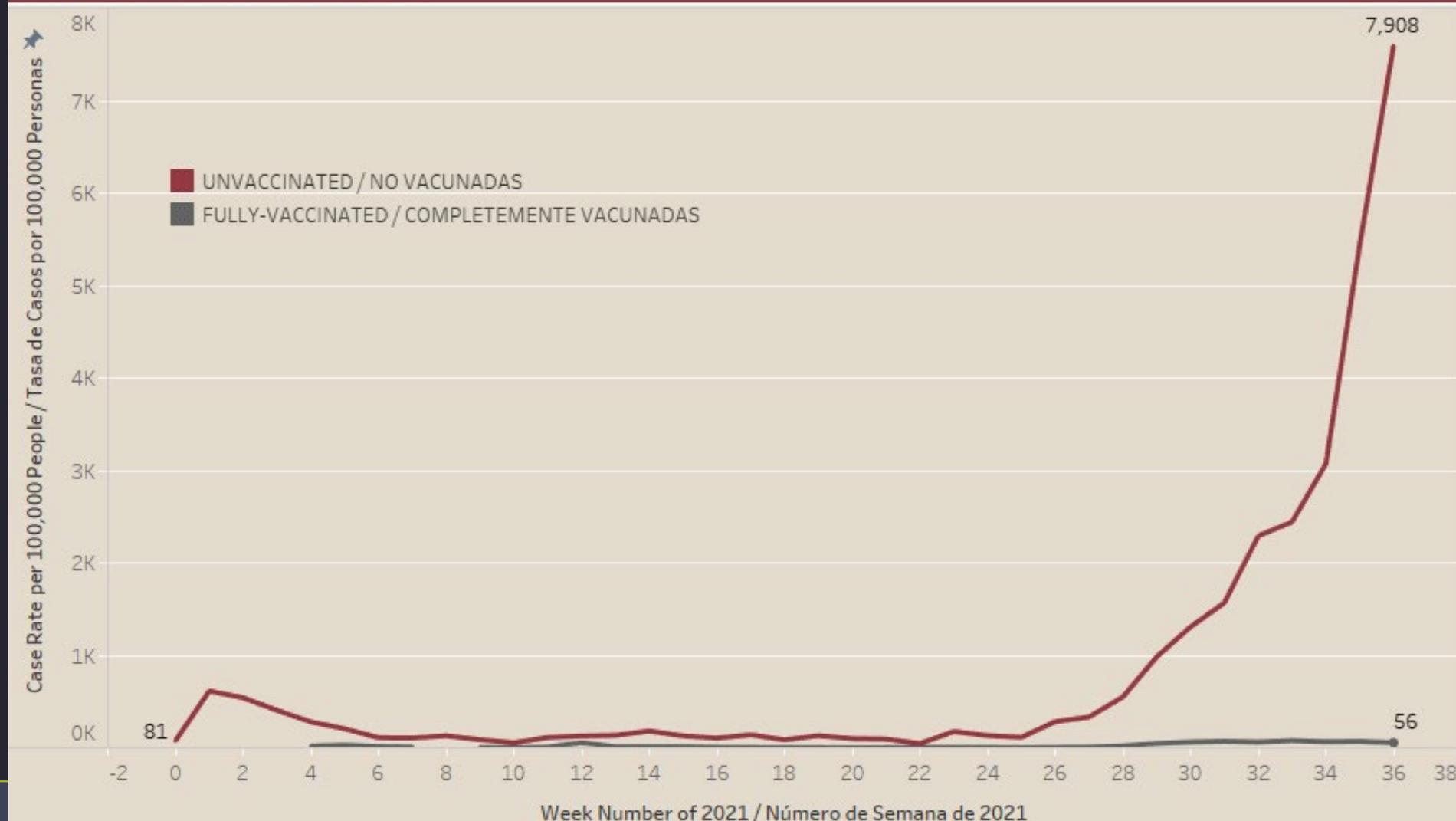


Case rates in unvaccinated 141 times higher than vaccinated.

Last updated September 13, 2021.

Case Rate Among Unvaccinated and Fully-Vaccinated/Fully-Immune Populations

Tasa de Casos Entre Poblaciones No Vacunadas y Completamente-Vacunadas/ Completamente-Inmunes



POST BLUEPRINT METRICS



Measures	CDPH Estimates for Napa
New Cases per 100,000 population per day 7-day average	18.7
Testing positivity 7-day average	3.8%
Health equity testing positivity	4.3%

Napa County COVID-19 Response Snapshot / Respuesta Al COVID-19 - Resumen Del Condado De Napa

Epidemiological Stability / Estabilidad Epidemiológica

Metric: Case doubling time / Métrica: Tiempo Para Alcanzar La Duplicación En Casos



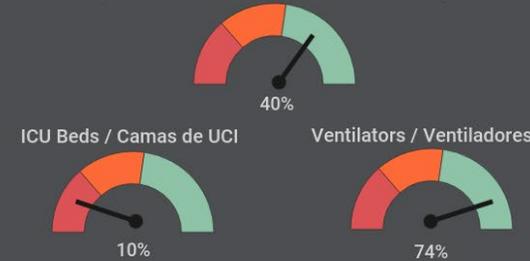
Metric: Outbreaks / Métrica: Brotes



Hospital Capacity / Capacidad De Los Hospitales

Metric: Average* daily bed and medical device availability / Métrica: Promedio de disponibilidad diaria de camas y equipo médico

Total Beds (including Med Surge) / No. total de camas (incluyendo durante sobrecarga médica)



Metric: Greater than 14 day supply of PPE / Métrica: suministro de equipo de protección médico mayor a 14 días

- QVMC
- St. Helena - Data Unavailable

Disease Severity / Gravedad De La Enfermedad

Metric: Hospitalizations / Métrica: Hospitalizaciones[^]



5.0% Cases were hospitalized / Casos hospitalizados

1.3% Cases were in ICU / Casos en la unidad de cuidados intensivos

Metric: Deaths / Muertes[^]



0.8% Cases died / Casos que han fallecido

*7-Day average / Promedio de 7 días

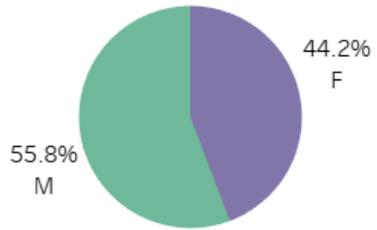
[^]Previous week's data may change due to a lag in reporting / Los datos de la semana anterior pueden cambiar debido a un retraso en los informes.

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

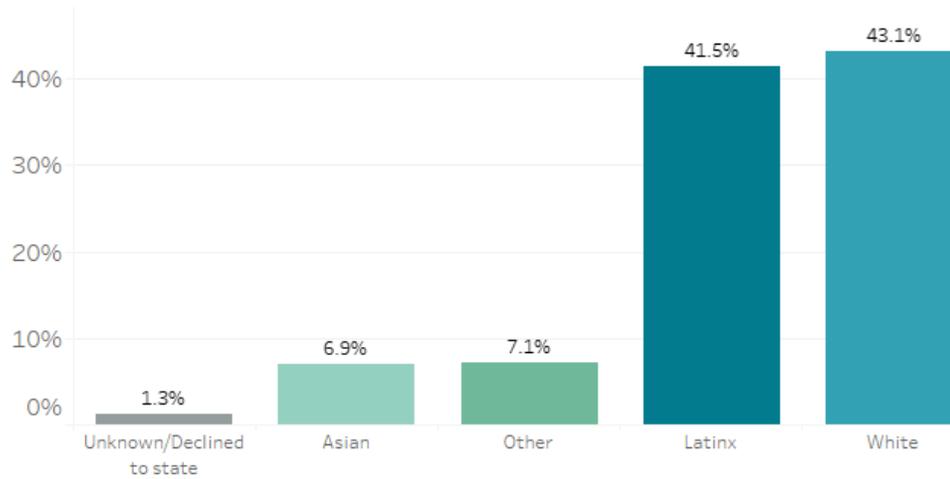
COVID-19 HOSPITALIZATIONS



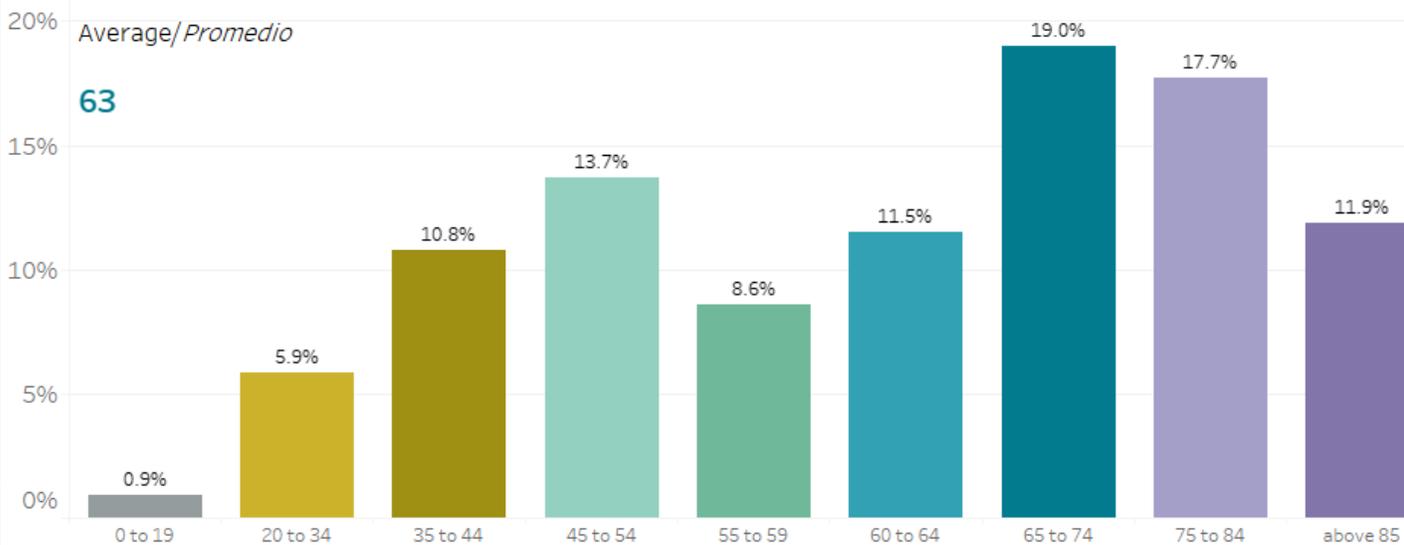
Gender/Género



Race & Ethnicity/ Raza y Etnia



Age/Edad



559 total (19 new + 1 readmit)*

Comorbidities Status Among Hospitalized

Comorbidities	76.7%
None	14.7%
Unknown	8.6%

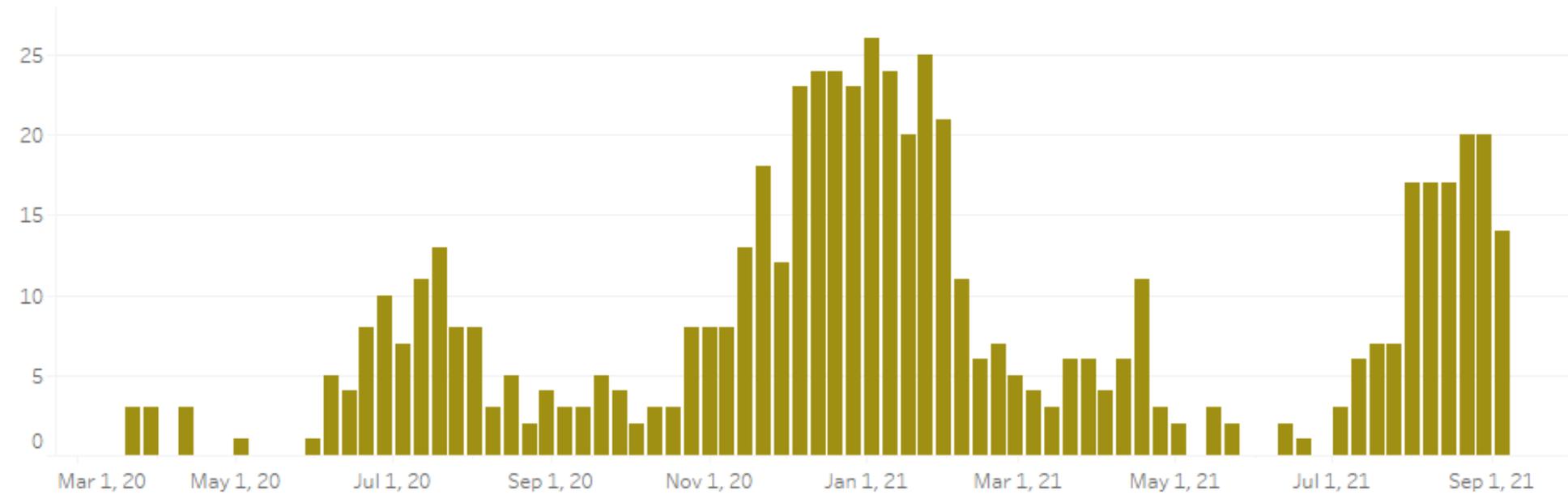
Top 3 Most Common Comorbidities

Diabetes	42.4%
Hypertension	52.2%
Obesity	28.7%

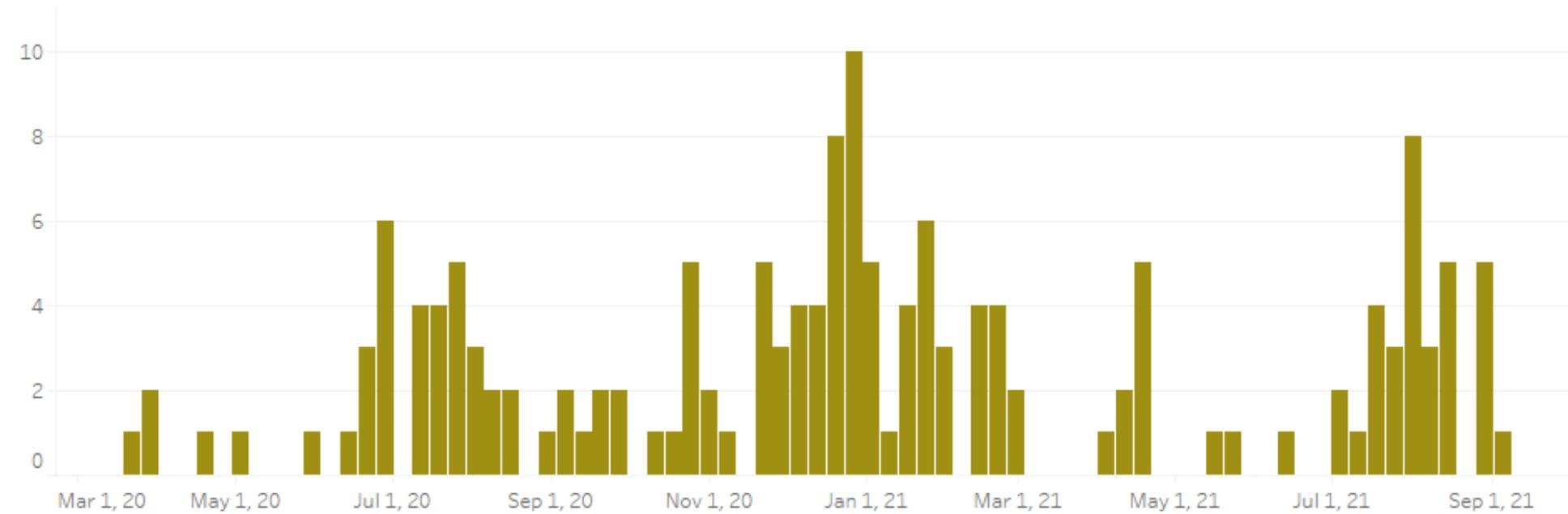
*Since last presentation Unknown includes cases still under investigation.



Hospitalization Admit Date/*Fecha de admisión al hospital*



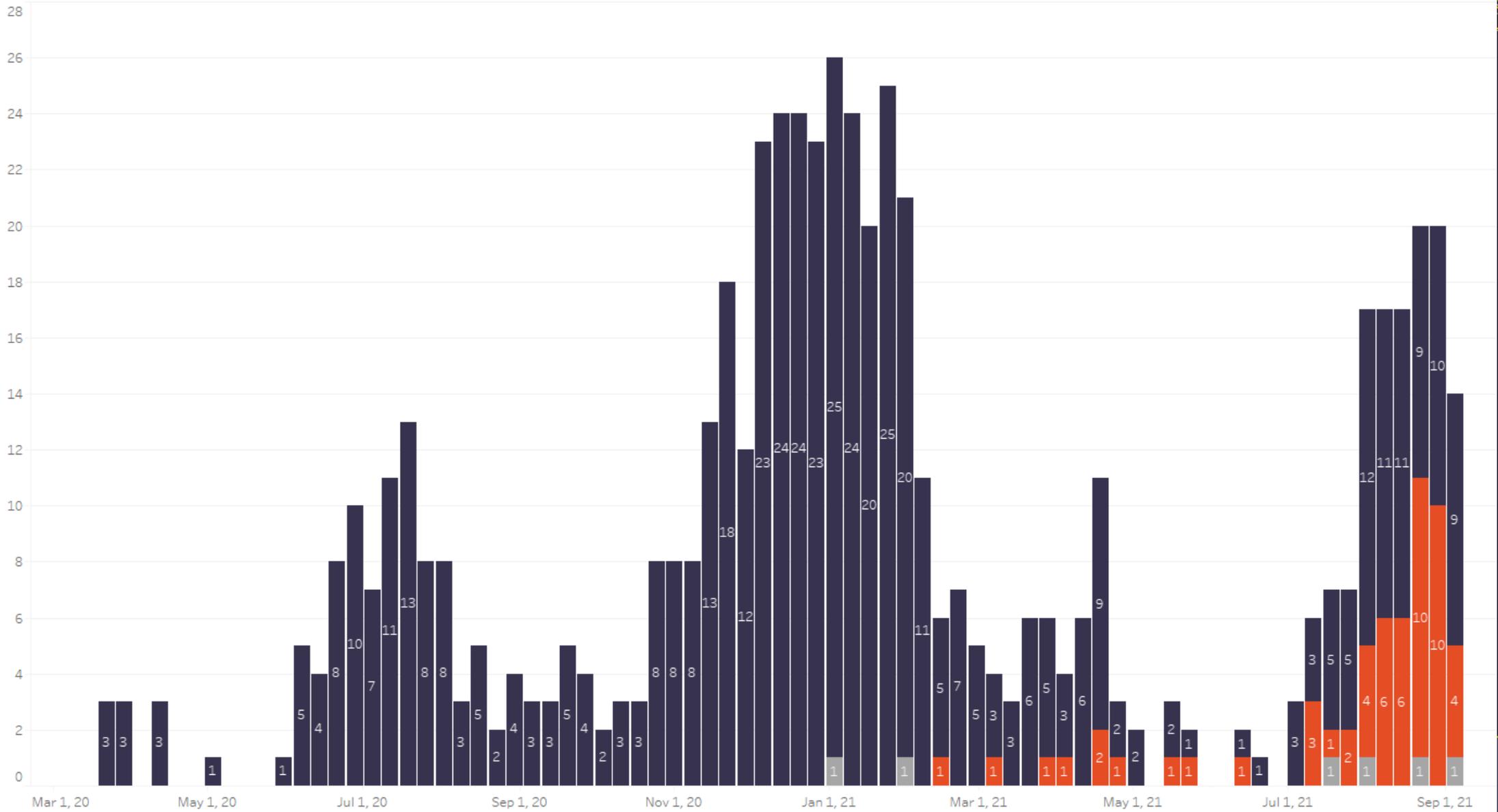
ICU Admit Date/*Fecha de admisión a la UCI*



WEEKLY HOSPITALIZATIONS BY VACCINATION STATUS



Hospitalization Admit Date/ Fecha de admisión al hospital



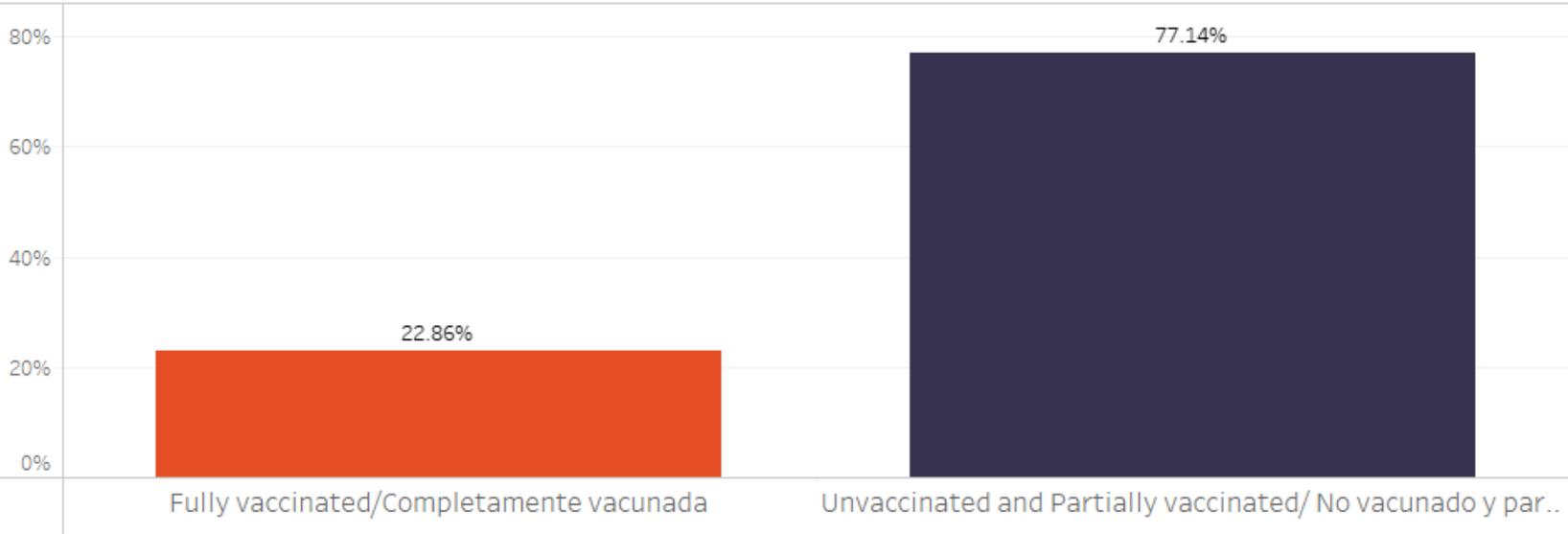
COVID-19 HOSPITALIZATIONS



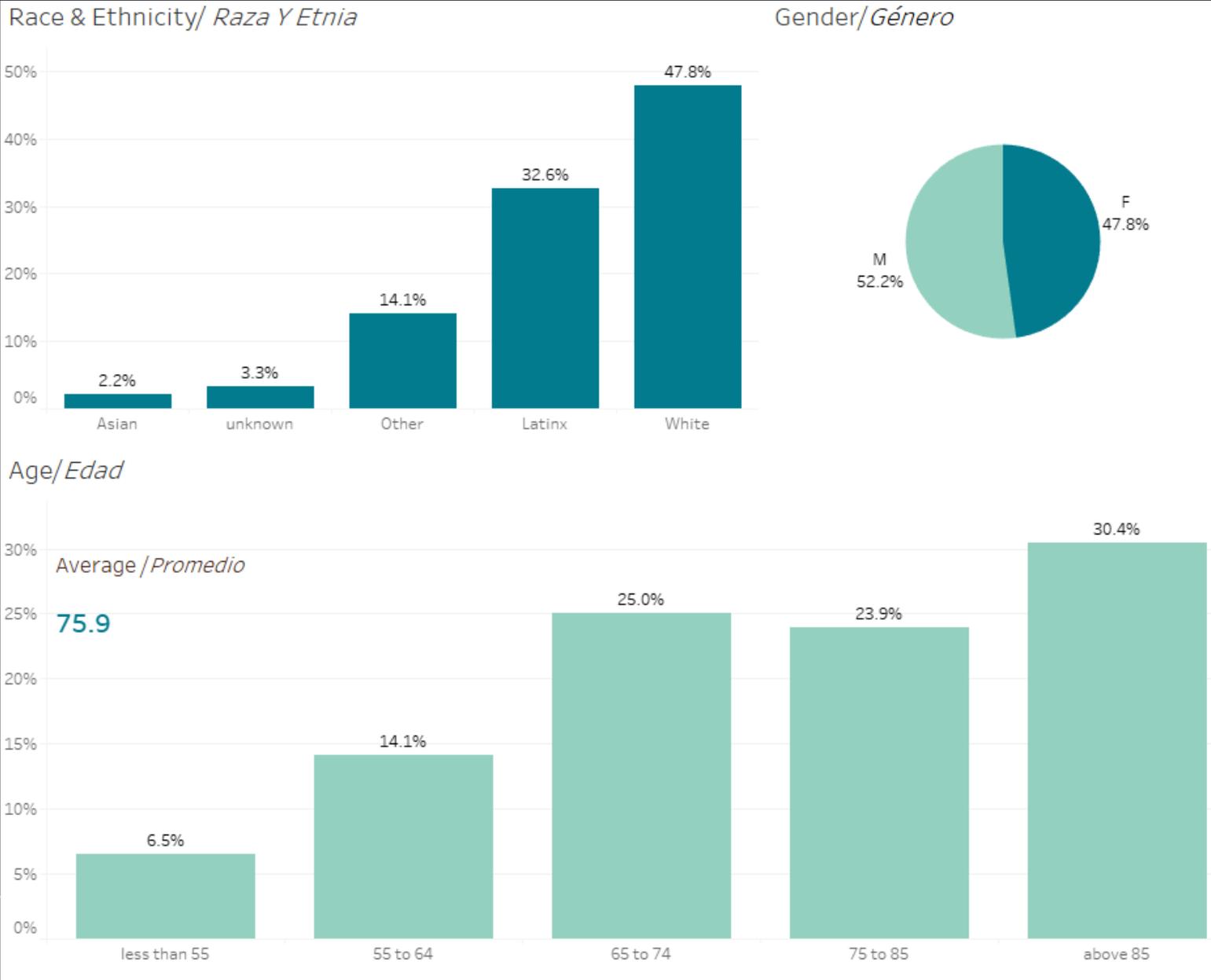
Vaccination status of hospitalized cases/*Estado de vacunación de casos hospitalizados*



Vaccination status of cases in ICU/*Estado de vacunación de casos en la UCI*



COVID-19 DEATHS DEMOGRAPHICS



- 92 people (85 residents, 7 long-term care residents) have died of COVID-19 since March 2020

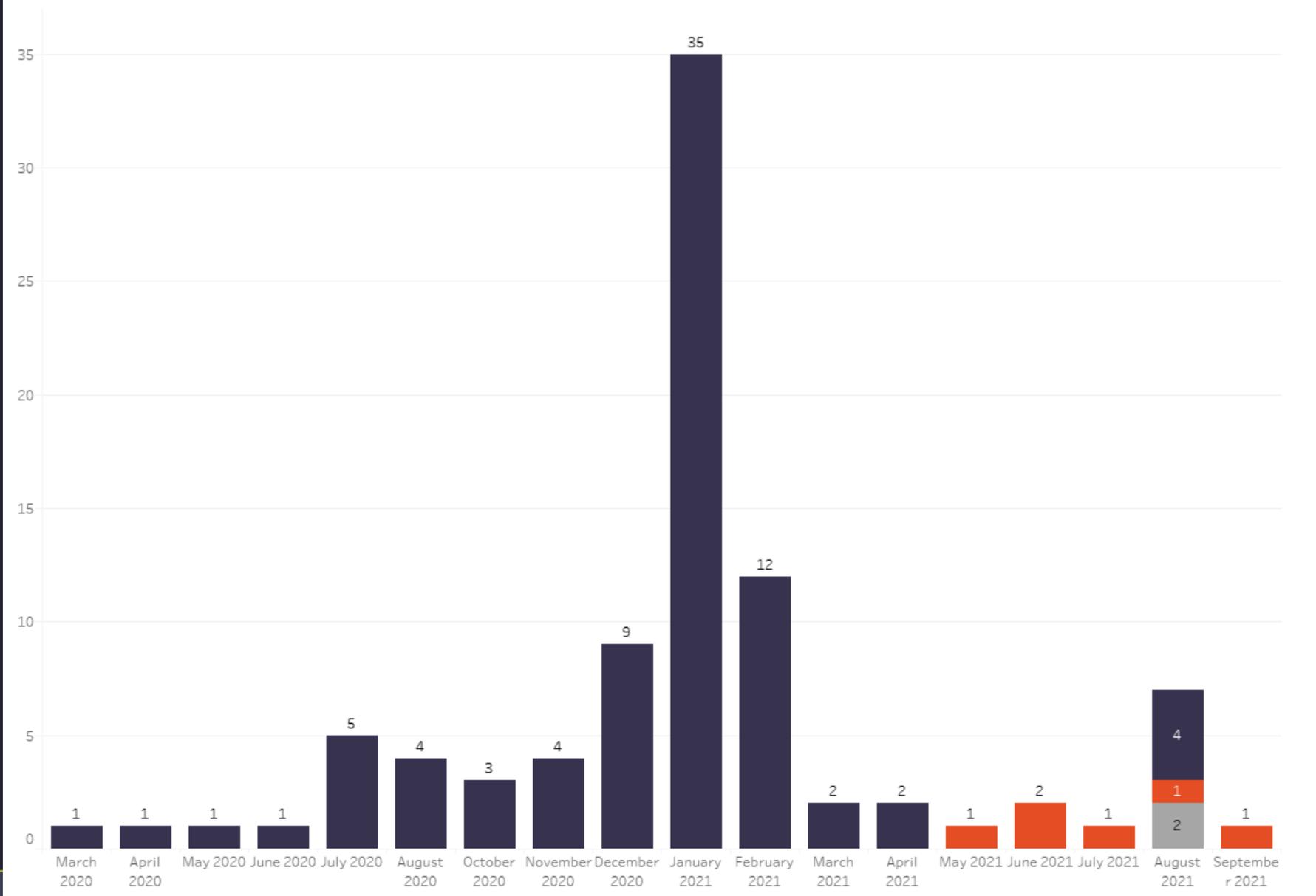
Average age at death according to vaccination status

Unvaccinated/ No vacunado	Vaccinated/ Vacunado
72	84

Date of Death by vaccination status / *Fechas de muertes por estado de vacunación*



MONTHLY DEATHS BY VACCINATION STATUS

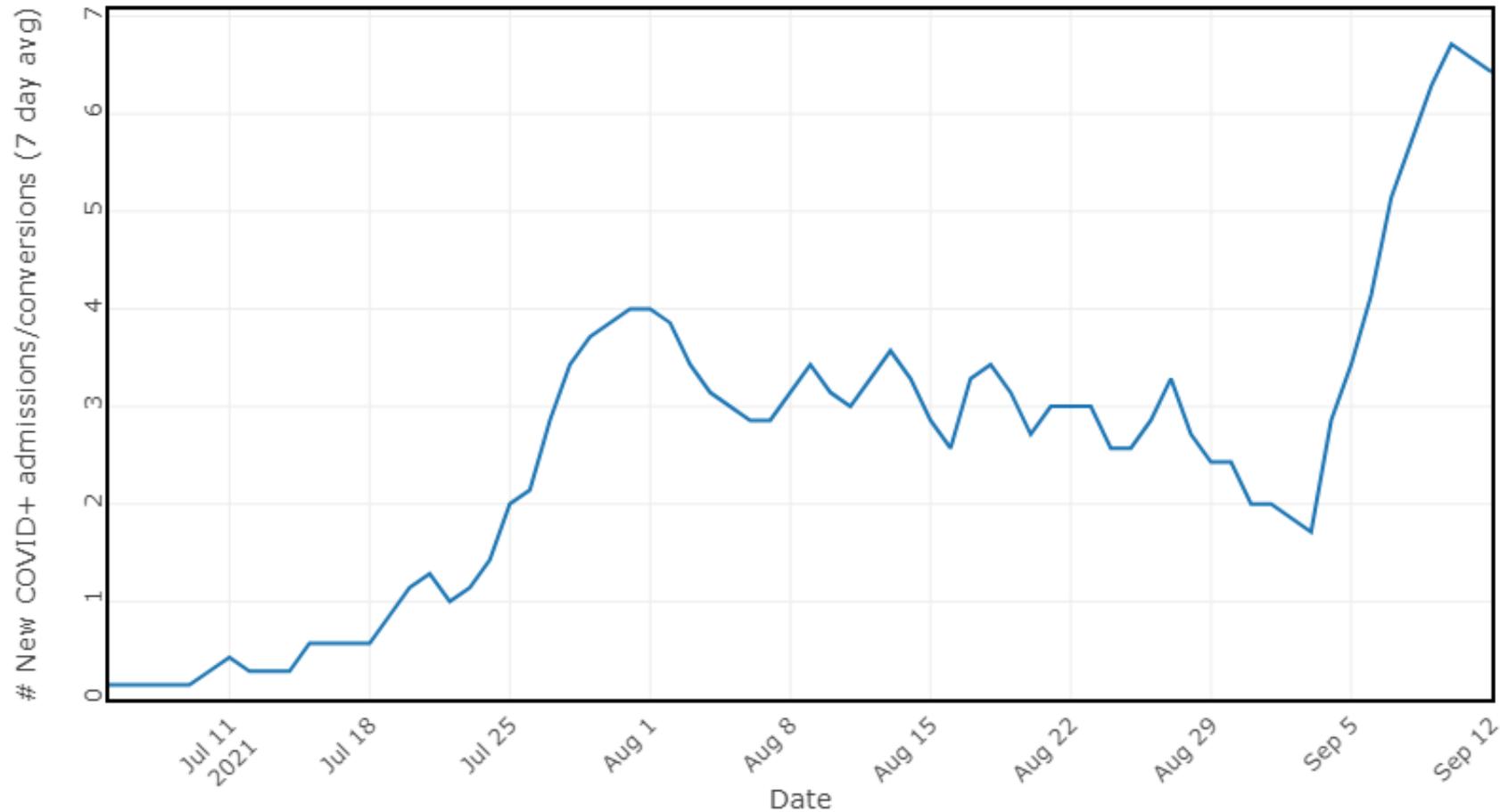


- Unvaccinated/ No vacunado
- Fully Vaccinated/ Vacunado
- Unknown/ Desconocido

NEW HOSPITAL ADMISSIONS (7 DAY AVG) SINCE JULY 2021



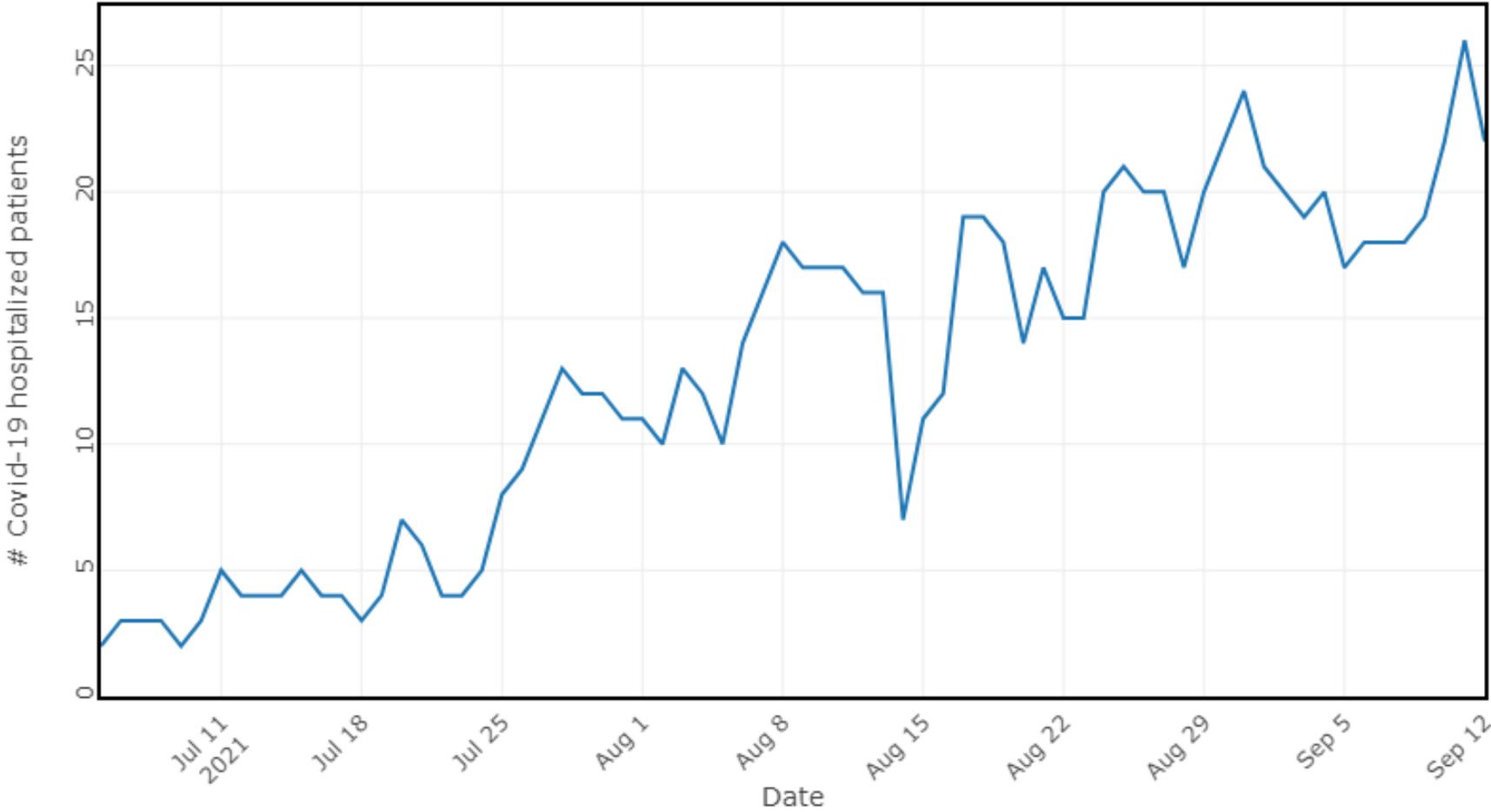
New hospital admissions/conversions (7 day avg) for Napa



OF HOSPITALIZED PATIENTS THAT ARE COVID+



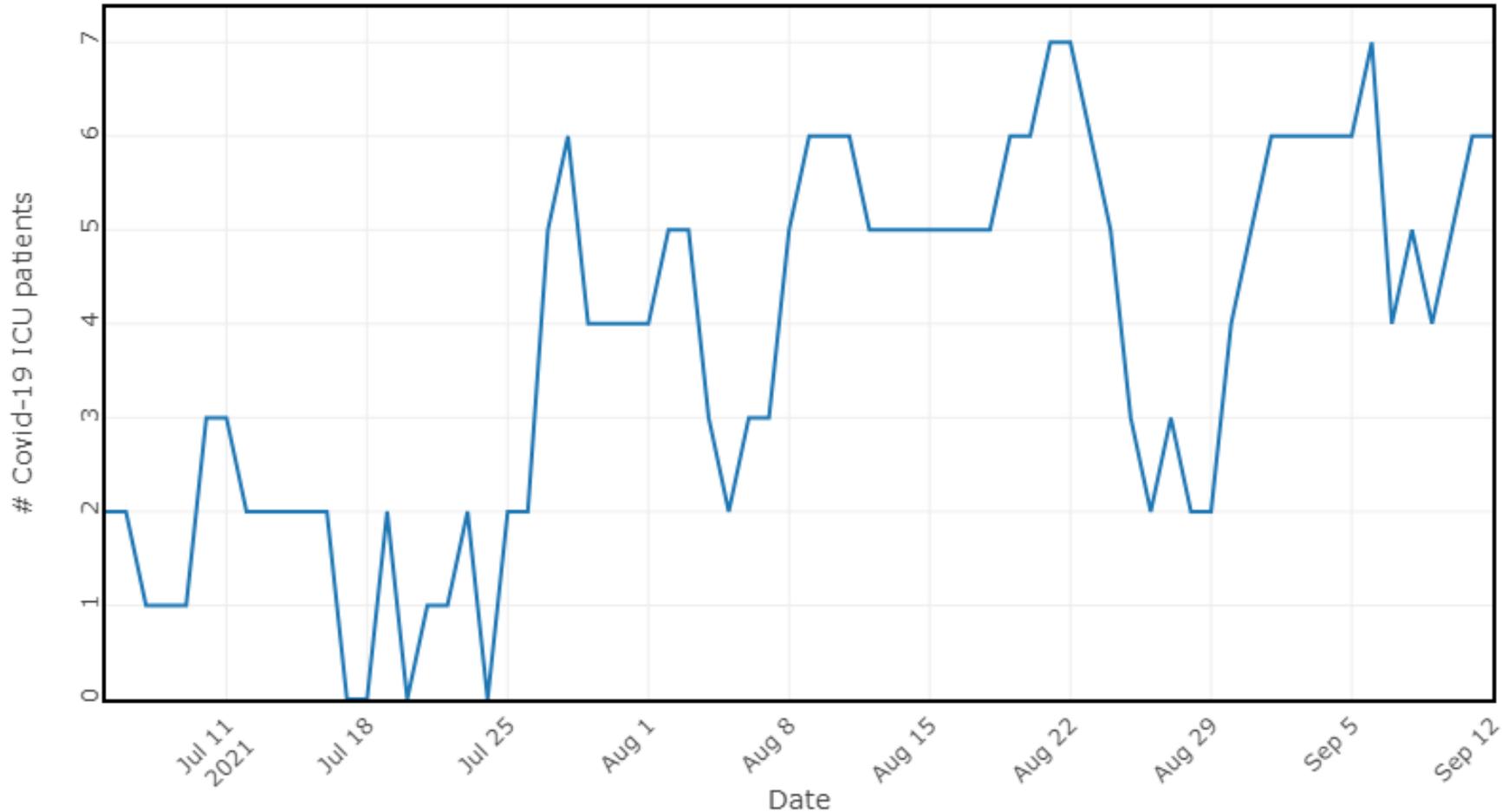
of hospitalized patients that are COVID+ (hosp w/ ED) for Napa



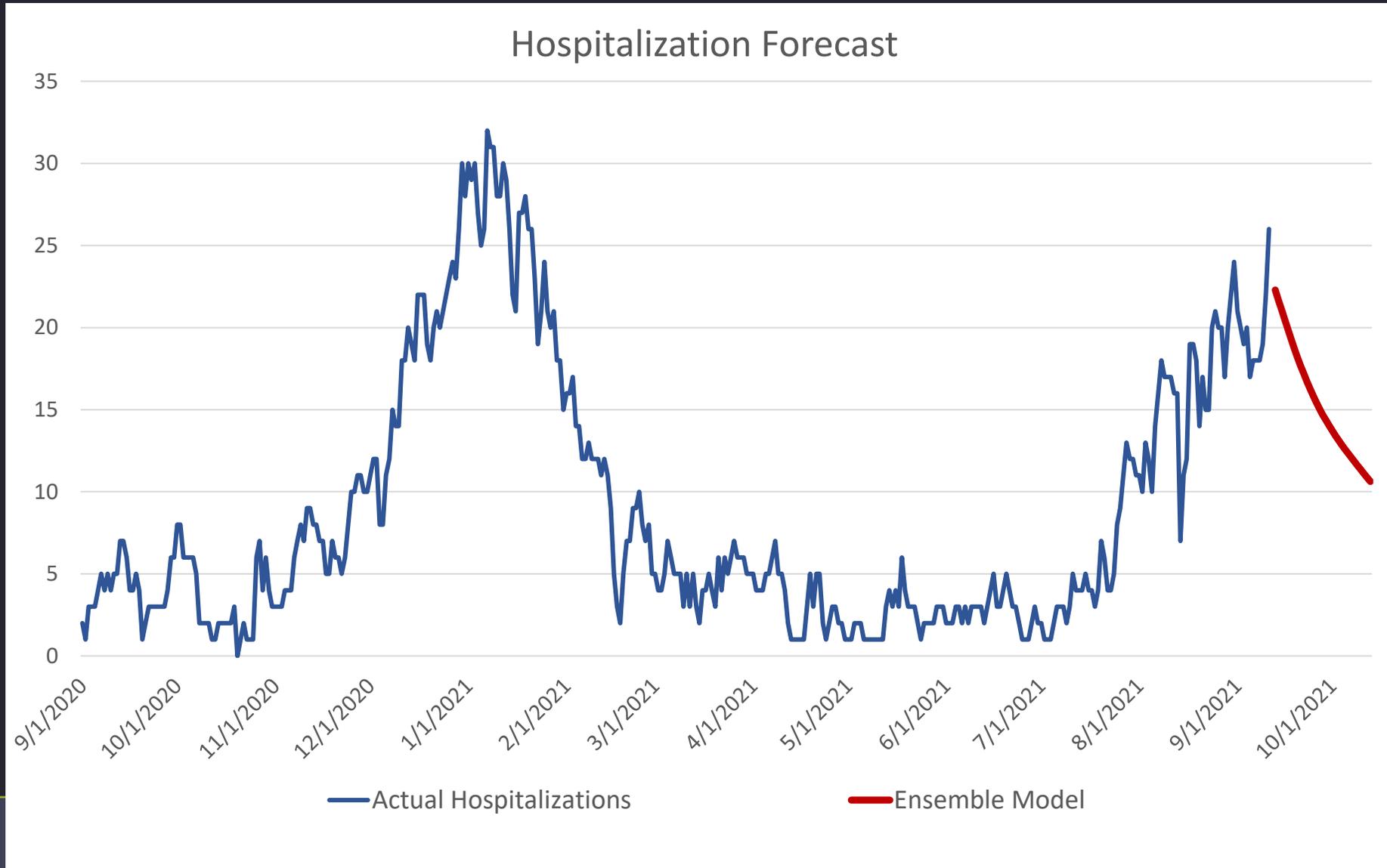
ADULT ICU PATIENTS THAT ARE COVID+



of adult ICU patients that are COVID+ (hosp w/ ED) for Napa



HOSPITAL SHORT-TERM FORECAST

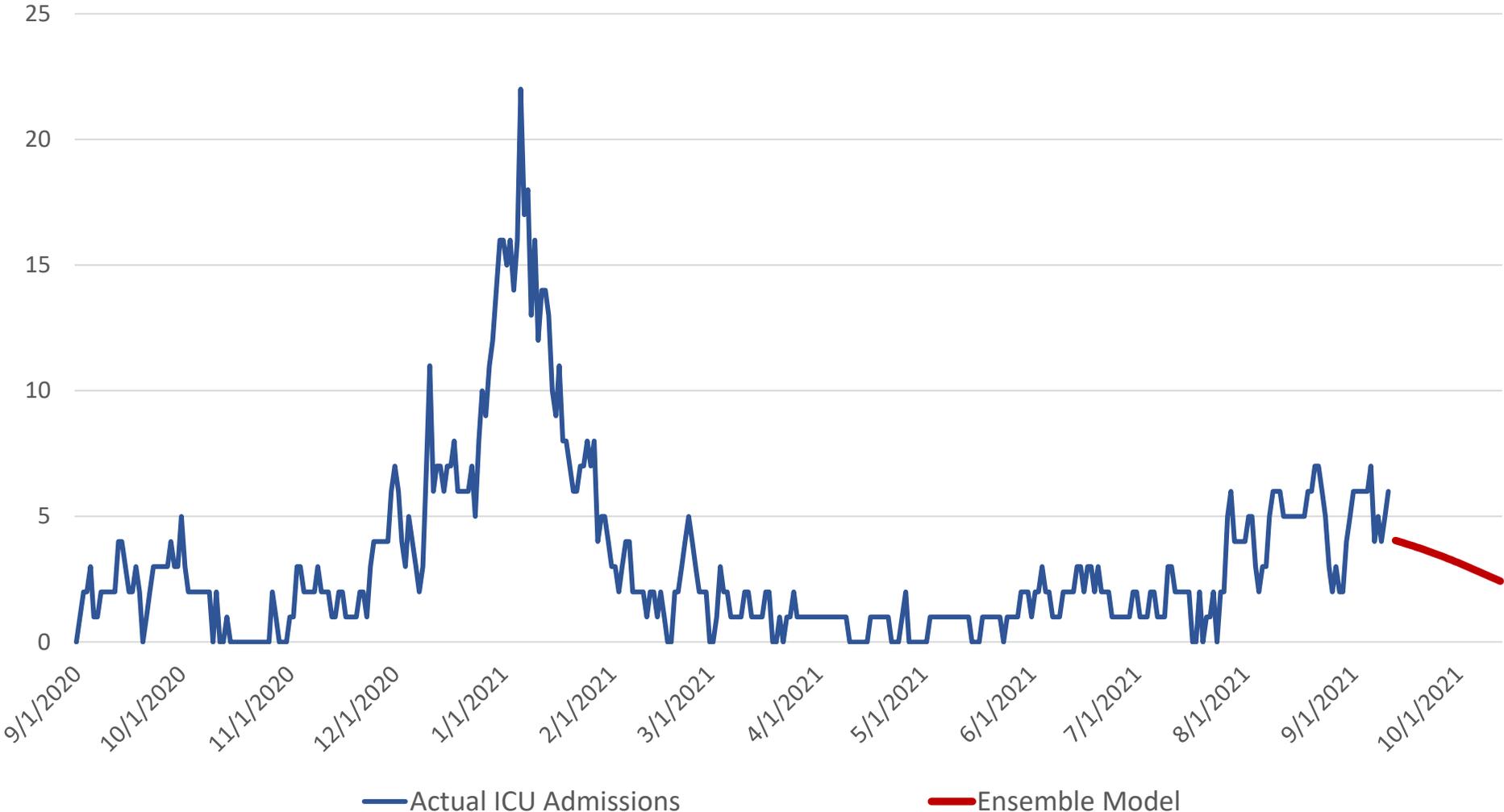


The ensemble forecast takes the median of all the forecasts available (e.g. COVID ActNow, Johns Hopkins, Stanford)

ICU SHORT-TERM FORECAST

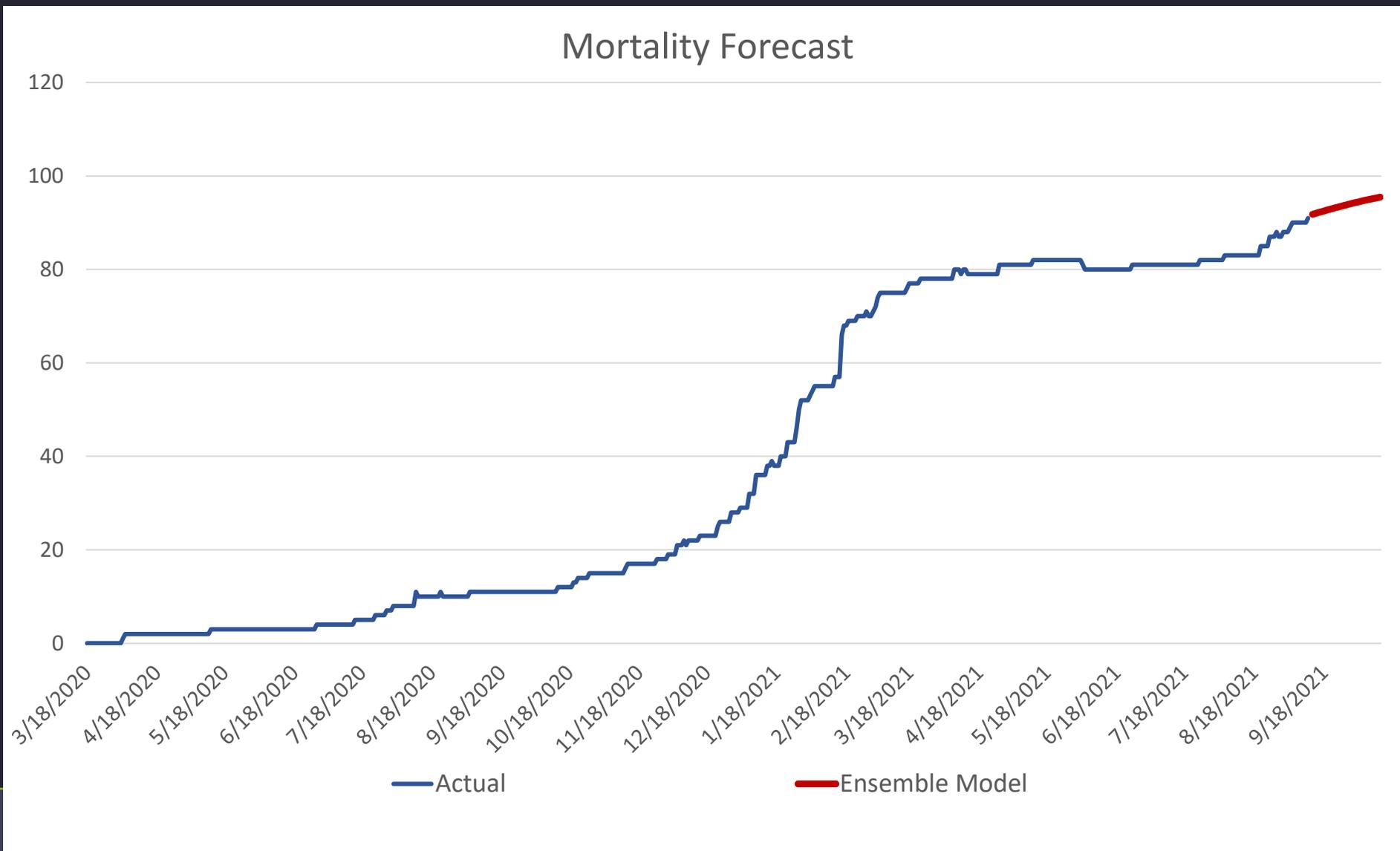


ICU Admissions Forecast





MORTALITY SHORT-TERM FORECAST





OUTBREAKS

Current Outbreaks/*Brotos actuales*

	Closed	Open	Grand Total
Congregate setting/ Entorno de vivienda agrupada	42	7	49
Workplace/ Entorno laboral	62	2	64

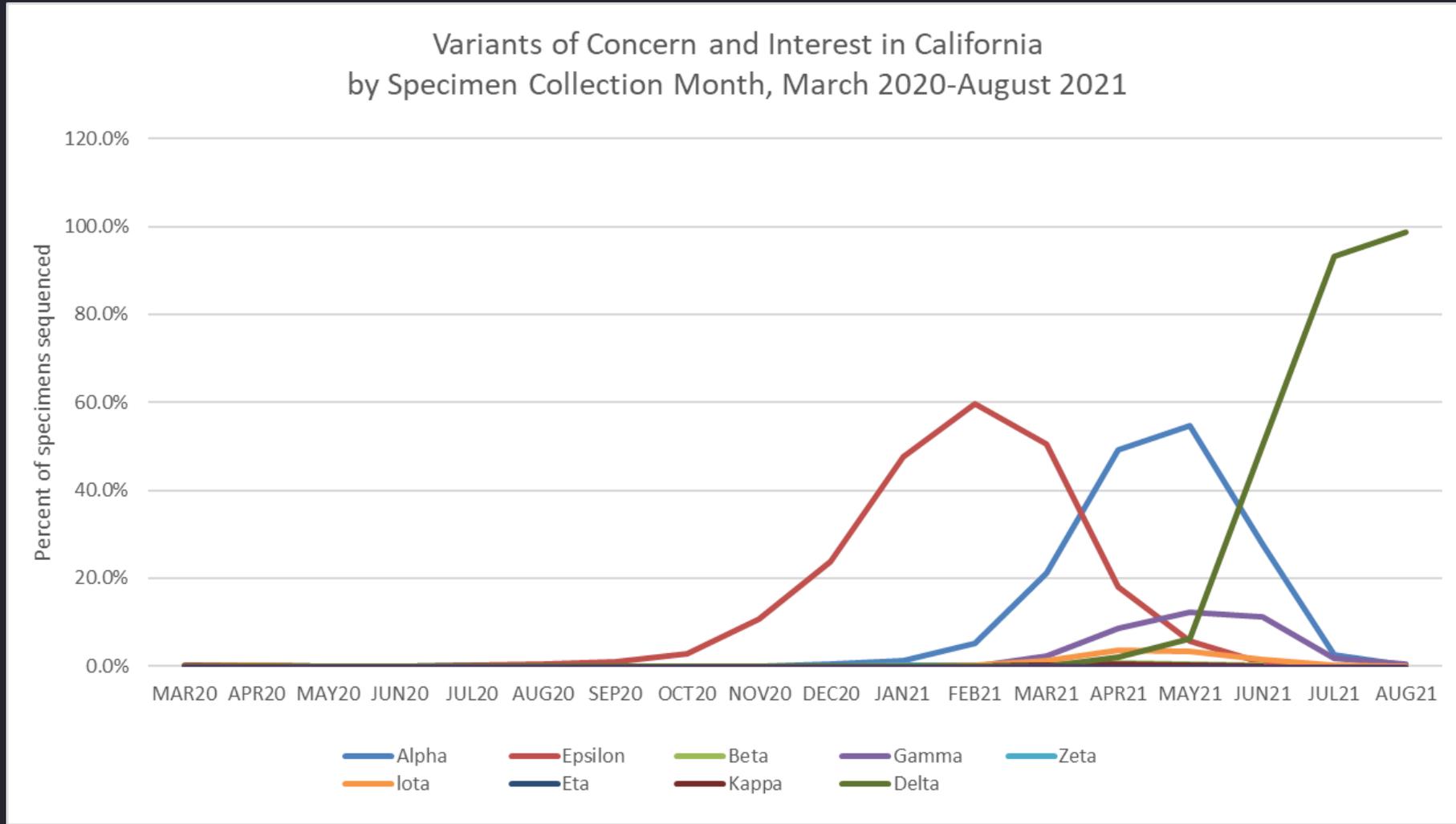
20

Schools currently with exposures/ Escuelas con exposiciones actuales

1

Schools currently experiencing outbreaks/ Escuelas con brotes actuales

VARIANTS ACROSS THE STATE



VARIANTS IN NAPA COUNTY



Variants of SARS-CoV-2 *Variantes del SARS-CoV-2*

Type / Tipo	Name / Nombre	Variant / Variante	
Concern / Preocupación	Alpha	B.1.1.7	11
	Delta	B.1.617.2	32
	Gamma	P.1	1
Interest / Interés	Epsilon	B.1.427 / B.1.429	65
	Iota	B.1.526	3
	Mu	B.1.621	1

TOTAL DOSES ADMINISTERED



Vaccines Administered in Napa County to Date

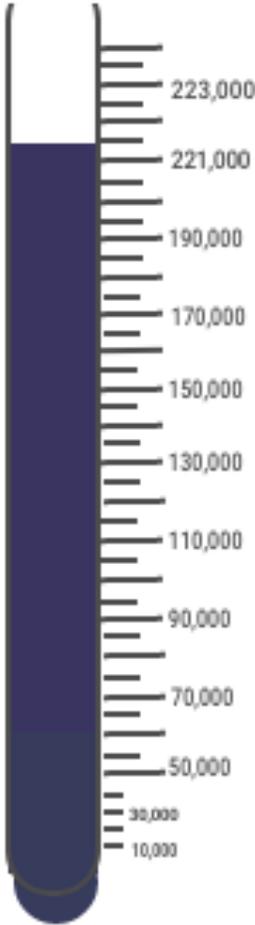
A Tradition of Stewardship
A Commitment to Service

The total number of vaccines administered including Napa County residents, as well as non-residents eligible for vaccination based on place of work.

Cantidad de Vacunas administradas en el condado de Napa

el numero total de vacunas administradas incluye residentes del condado de Napa y personas que no son residentes elegibles debido a su lugar del trabajo.

Total:
219,907

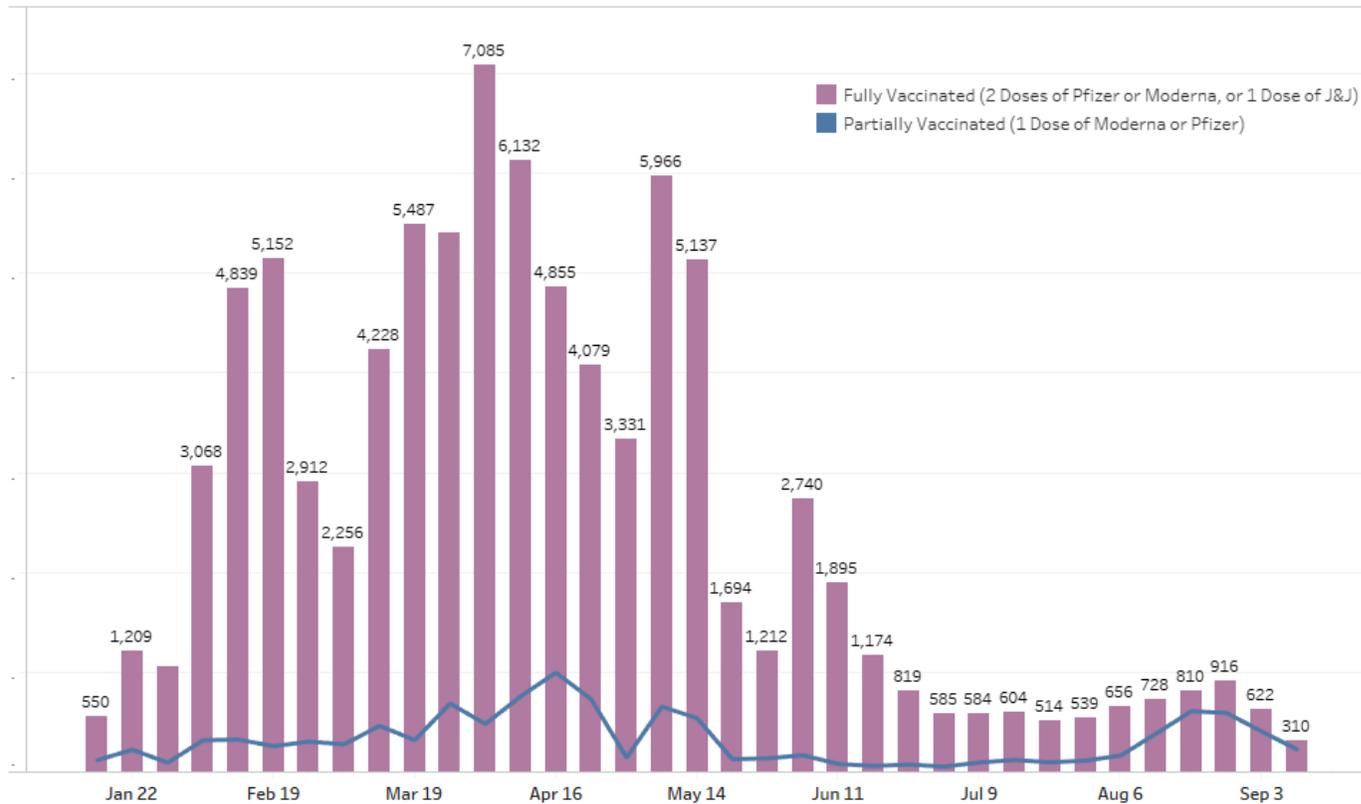


***Number of Doses Administered to Napa County Residents = 190,130**

VACCINES ADMINISTERED TO RESIDENTS



- ~ 85% of eligible Napa County residents partially vaccinated
- ~ 88% of eligible Napa County residents are fully vaccinated



SUMMARY OF CDPH STATE HEALTH ORDERS



- Staff from healthcare settings, high risk congregate settings* and K-12 schools require proof of vaccination or need to be tested at least once weekly (twice weekly for acute care and long-term care facilities)
- Visitors to acute care settings, skilled nursing facilities, intermediate care facilities and adult and senior care residential facilities must show proof of vaccination or proof of a negative test obtained 72 hours prior to visit.
- All workers who provide services or work in facilities licensed by CDPH, DHCS and CDSS** must receive one dose of one dose series or two doses of two dose series by September 30, 2021 unless they have a religious or medical exemption
- All workers who provide healthcare services in correctional facilities should must receive one dose of one dose series or two doses of two dose series by 10/14/21 unless they have religious or medical exemption

*acute care settings, skilled nursing facilities, intermediate care facilities and adult and senior care residential facilities, homeless shelters, and corrections

** acute care hospitals, skilled nursing facilities, intermediate care facilities, acute psychiatric hospitals, adult day healthcare centers, PACE centers, ambulatory surgery, chemical dependency recovery hospitals, clinics and doctors' offices, congregate living health facilities, dialysis centers, hospice, pediatric day and respite facilities, residential substance use treatment and mental health treatment facilities

SUSTAINED EFFECTIVENESS OF MRNA VACCINES IN PREVENTING HOSPITALIZATION



- Assessed vaccine effectiveness (VE) of mRNA vaccines against COVID-19–associated hospitalization sustained over 24-week period, including groups at higher risk for severe COVID-19
 - Overall VE against hospitalization was 86% (95% CI = 82%–88%)
 - 90% (95% CI = 87%–92%) among immune-competent patients
 - 63% (95% CI = 44%–76%) among patients with immunocompromising conditions
- VE for illness onset March–May (Alpha dominant) was 87% (95% CI = 83%–90%)
- VE during June–July (Delta dominant) was 84% (95% CI = 79%–89%) → ongoing monitoring is needed as new SARS-CoV-2 variants emerge.

CDC ACIP DISCUSSION ON BOOSTERS



- Discussed framework for booster dose recommendations
 - Prevent severe disease in most at risk populations (LTCF residents and older adults (>65 or >75 years of age))
 - Support strained healthcare infrastructure
 - Evaluate time since initial vaccination series
 - No formal recommendation made yet
- FDA will have to authorize booster doses before ACIP can make recommendations – ACIP will meet again on 9/29
- Completing COVID 19 primary series (2 doses) is top priority

ADDITIONAL DOSES VS. BOOSTER DOSES



Recommended for Immunocompromised

- An additional mRNA COVID-19 vaccine dose is recommended for moderately to severely immunocompromised people after an initial 2-dose primary mRNA vaccine series.
- An additional doses is administered when the immune response following a primary vaccine series is likely to be insufficient.
- An additional mRNA COVID-19 dose is recommended only for patients with moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments.

Not Yet Authorized or Recommended

- According to the CDC, vaccine recipients may be eligible for a COVID-19 booster shot beginning in the fall, with individuals being eligible starting 8 months after they received their second dose of an mRNA vaccine (either Pfizer-BioNTech or Moderna).
- Still subject to authorization by the U.S. Food and Drug Administration and recommendation by CDC's Advisory Committee on Immunization Practices (ACIP).
- FDA is conducting an independent evaluation to determine the safety and effectiveness of a booster dose of the mRNA vaccines.
- ACIP will decide whether to issue a booster dose recommendation based on a thorough review of the evidence. Stay tuned for upcoming guidelines.

PREPARING FOR BOOSTERS AND VACCINATING HARD TO REACH, CO-VACCINATION WITH FLU, TDAP



- Pharmacies
- Healthcare facilities
- Long-term care facilities – partnership with Safeway
- Farmworkers centers – St. Helena Hospital Foundation
- Public Health/St. Helena Hospital Foundation
 - School-based clinics
 - Employer-based clinics
 - Home visits
 - Community events
 - Combined flu/COVID clinics

Napa County Public Health Immunization Calendar						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9/12/2021	9/13/2021	9/14/2021	9/15/2021 McPherson 3-5 pm 41 2nd dose Pfizer	9/16/2021	9/17/2021 Andaz Hotel ? 9 2nd dose Moderna	9/18/2021
			Vet's Home 2-3pm 17 2nd dose Pfizer / J&J			
9/19/2021	9/20/2021	9/21/2021	9/22/2021	9/23/2021	9/24/2021	9/25/2021
9/26/2021	9/27/2021	9/28/2021	9/29/2021	9/30/2021	10/1/2021	10/2/2021
PUC Core Week		Parents CAN - Fuller Park [SHHF] 4-7pm Flu / COVID			Mezzetta's [SHHF] 2nd dose	
10/3/2021	10/4/2021	10/5/2021	10/6/2021	10/7/2021	10/8/2021	10/9/2021
Bi-National - Kaiser 10-2 1st dose Pfizer			Phillips 3-6pm Flu/1st dose Pfizer			
10/10/2021	10/11/2021	10/12/2021	10/13/2021	10/14/2021	10/15/2021	10/16/2021
		Yountville Comm. Center 10-1 Flu / 1st Dose COVID	McPherson 3-6 Flu / 1st dose Pfizer			
10/17/2021	10/18/2021	10/19/2021	10/20/2021	10/21/2021	10/22/2021	10/23/2021
	ACMS 4-6 Flu/1st dose Pfizer					
10/24/2021	10/25/2021	10/26/2021	10/27/2021	10/28/2021	10/29/2021	10/30/2021
Bi-National (HHS) 2nd dose Pfizer	Napa Senior Center 10-1 Flu/1st Dose Pfizer		Phillips 2nd dose if needed			
10/31/2021	11/1/2021	11/2/2021	11/3/2021	11/4/2021	11/5/2021	11/6/2021
PUC Core Week		Yountville Comm. Center 2nd dose if needed	McPherson 2nd dose if needed			
11/7/2021	11/8/2021	11/9/2021	11/10/2021	11/11/2021	11/12/2021	11/13/2021
	ACMS 4-6 2nd dose if needed					
11/14/2021	11/15/2021	11/16/2021	11/17/2021	11/18/2021	11/19/2021	11/20/2021
	Napa Senior Center 11-12 2nd Dose if needed					



MONOCLONAL ANTIBODIES

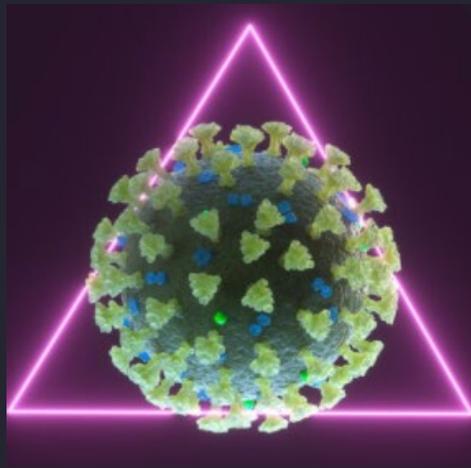
- FDA issued an emergency use authorization (EUA) for the use of casirivimab/imdevimab for:
 - Treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age or older weighing at least 40 kilograms [about 88 pounds]) who test positive for COVID 19 are at high risk for progressing to severe disease.
 - Post-exposure prophylaxis of COVID-19 in individuals who are at high risk for progression to severe COVID-19, including hospitalization or death, and are not fully vaccinated or who are not expected to mount an adequate immune response to complete SARS-CoV-2 vaccination
- May only be administered in settings in which health care providers have immediate access to medications to treat a severe infusion reaction, such as anaphylaxis.
- Patients are clinically monitored during treatment and observed for at least 60 minutes after medication administration (either intravenously or subcutaneous injection)
- Working with healthcare partners to make this available in Napa County



MONOCLONAL ANTIBODIES ELIGIBILITY

- Body mass index (BMI) of at least 25
- Chronic kidney disease
- Diabetes
- Immunosuppressive disease
- Receiving immunosuppressive treatment
- At least 65 years of age
- Cardiovascular disease
- Chronic lung disease
- Sickle cell disease
- Neurodevelopmental disorders
- Medical related technological dependance

ESCAPING THE DELTA SURGE



Vaccinate Napa
Together we can end the pandemic.