

COVID-19 (SARS-CoV-2) UPDATES

March 1, 2022

*Karen Relucio, MD
Public Health Officer
Deputy Director of HHSA*

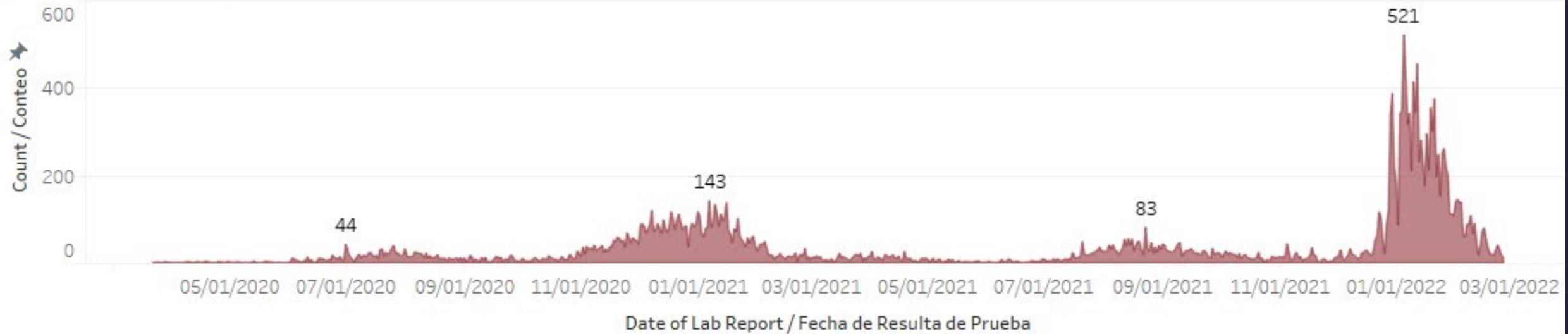


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DAILY CASE COUNTS

Cases per Day / *Casos por Día*



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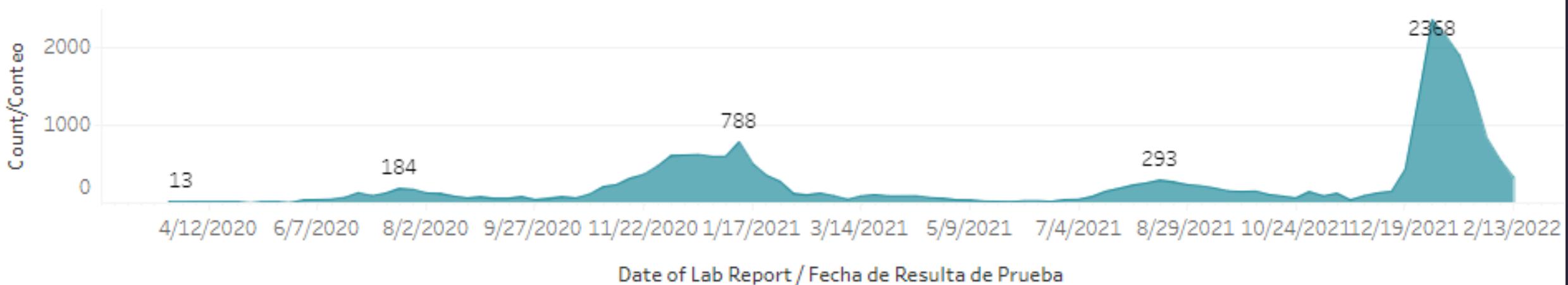


WEEKLY CASE TRENDS

Monthly Summary / Resumen Mensual

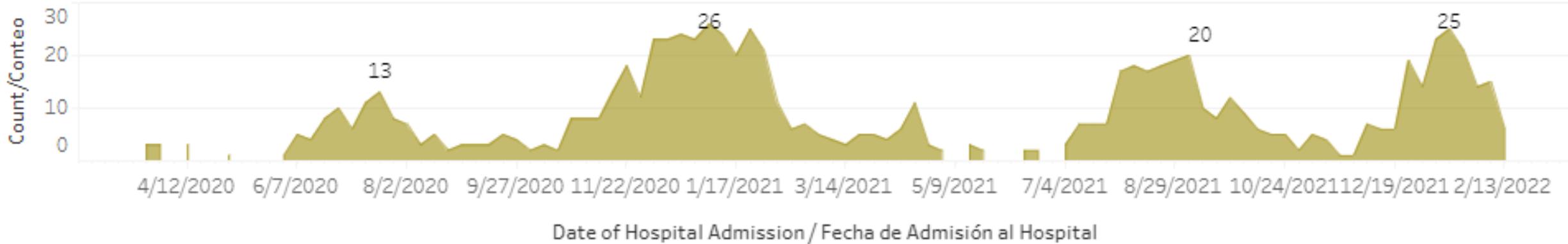
	Cases / Casos	Hospitalizations / Hospitalizaciones	Deaths / Muertes
November	406 ▼13%	12 ▼61%	2 ▼67%
December	1967 ▲384%	32 ▲167%	2 0%
January	8282 ▲321%	93 ▲191%	14 ▲600%

Timeline of Cases by Week / Cronología de Casos por Semana



HOSPITALIZATION TRENDS

Timeline of Hospitalizations by Week / *Cronología de Hospitalizaciones por Semana*

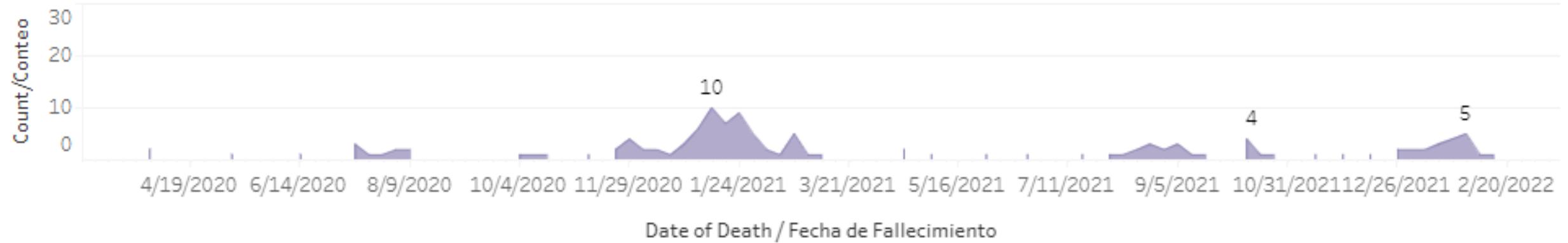


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DEATH TRENDS

Timeline of Deaths by Week / *Cronología de Muertes por Semana*



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POST BLUEPRINT METRICS

Measures	CDPH Estimates for Napa
New Cases per 100,000 population per day 7-day average	25.2
Testing positivity 7-day average	7%
Health equity testing positivity	9.3%

Napa County COVID-19 Response Snapshot

Respuesta al COVID-19 - Resumen del Condado de Napa

Week of / Semana de: 2/20/2022 - 2/26/2022

Epidemiological Stability Estabilidad Epidemiológica

Outbreaks / Brotes



17

Congregate Setting - Entorno De Vivienda Agrupada

Compared to last week / En comparación con la semana pasada

Case doubling time / Tiempo Para Alcanzar La Duplicación En Casos



374

Days/Días

Compared to last week / En comparación con la semana pasada

Hospital Capacity / Capacidad de los Hospitales

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

Total Beds (including Med Surge)

No. total de camas (incluyendo durante sobrecarga médica)



41%

ICU Beds / Camas de UCI



25%

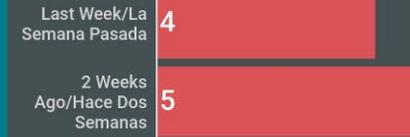
Ventilators / Ventiladores



82%

Disease Severity Gravedad de la Enfermedad

Hospitalizations
Hospitalizaciones[^]



Metric: Deaths/Muertes[^]



*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

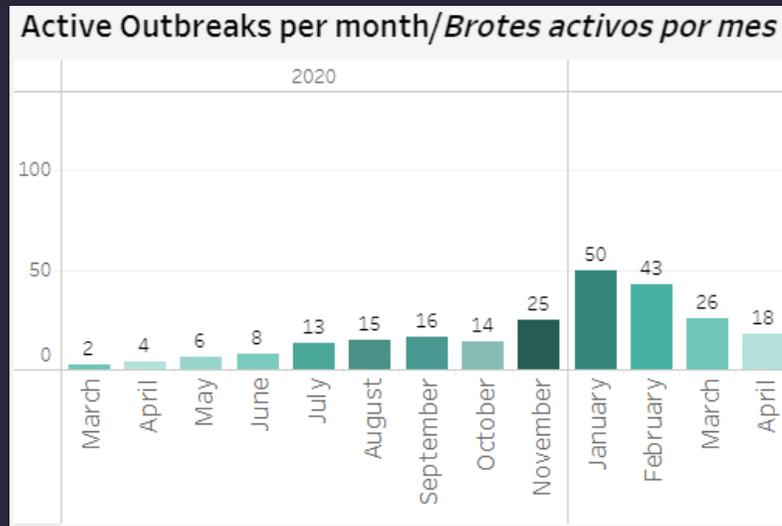


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OUTBREAKS

We are no longer reporting school outbreaks or exposures



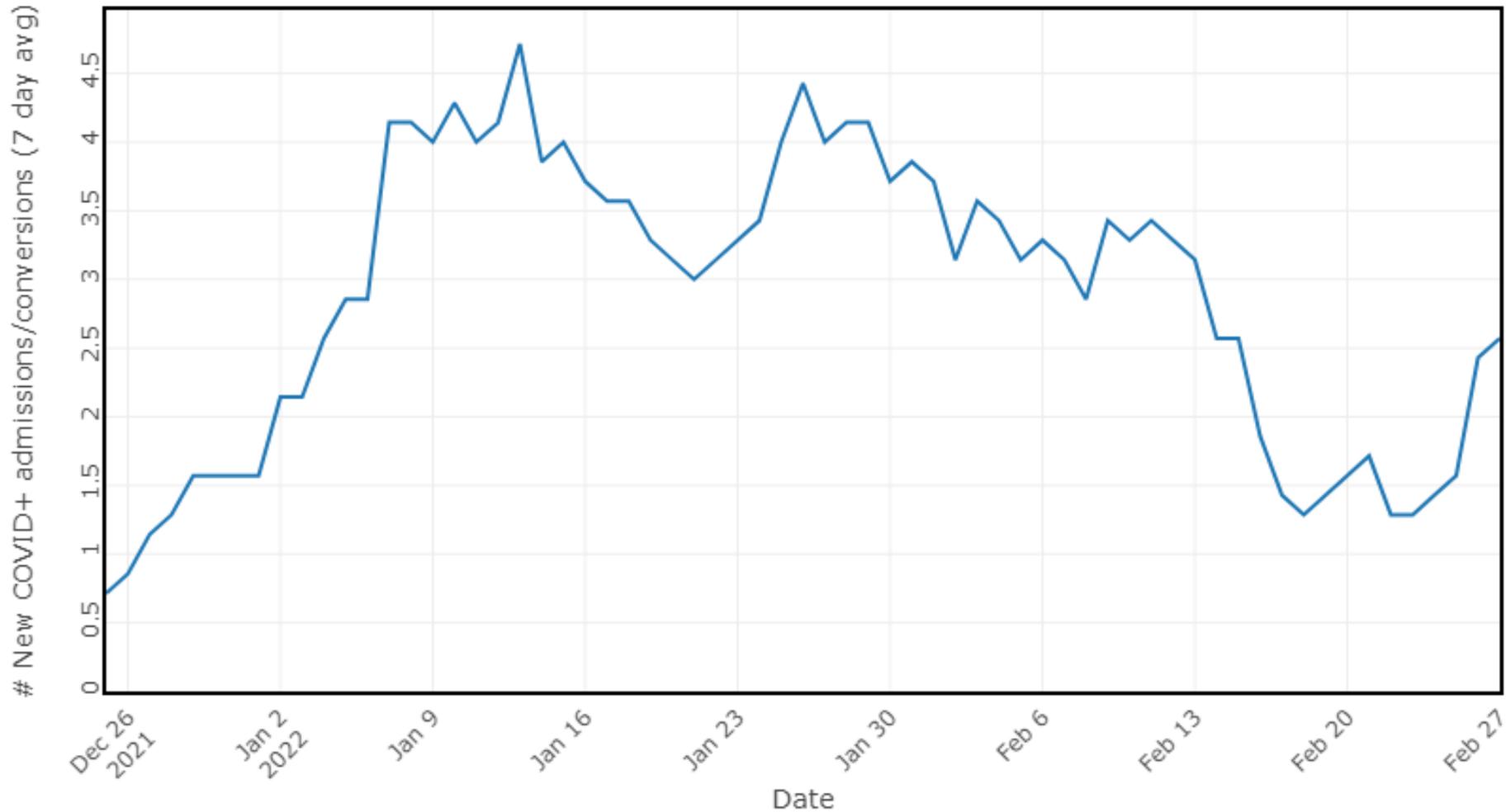
Current Outbreaks / *Brotos actuales*

	Closed	Open	Grand Total
Congregate setting / Entorno de vivienda agrupada	63	17	80
Workplace / Entorno laboral	163	2	165



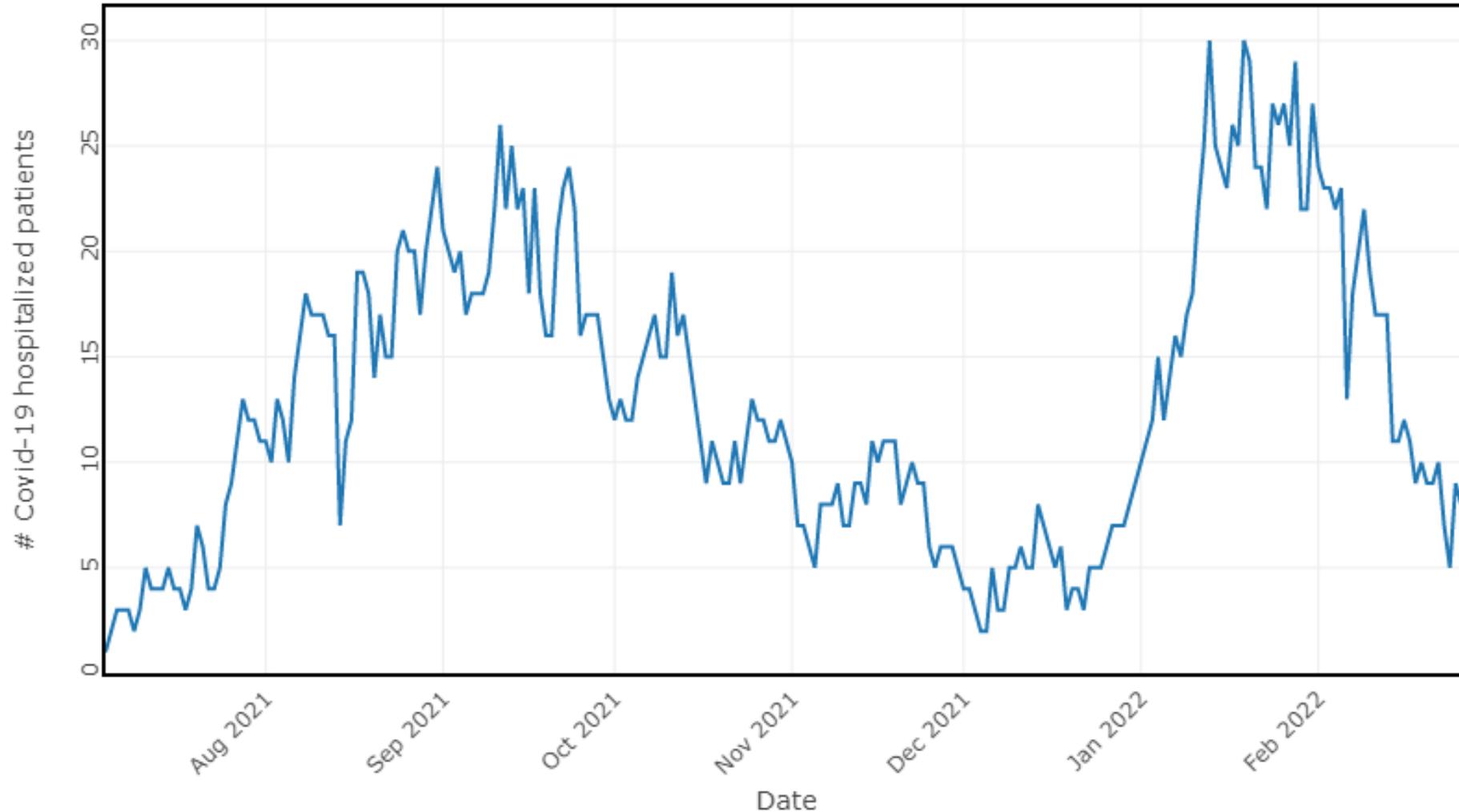
NEW HOSPITAL ADMISSIONS

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



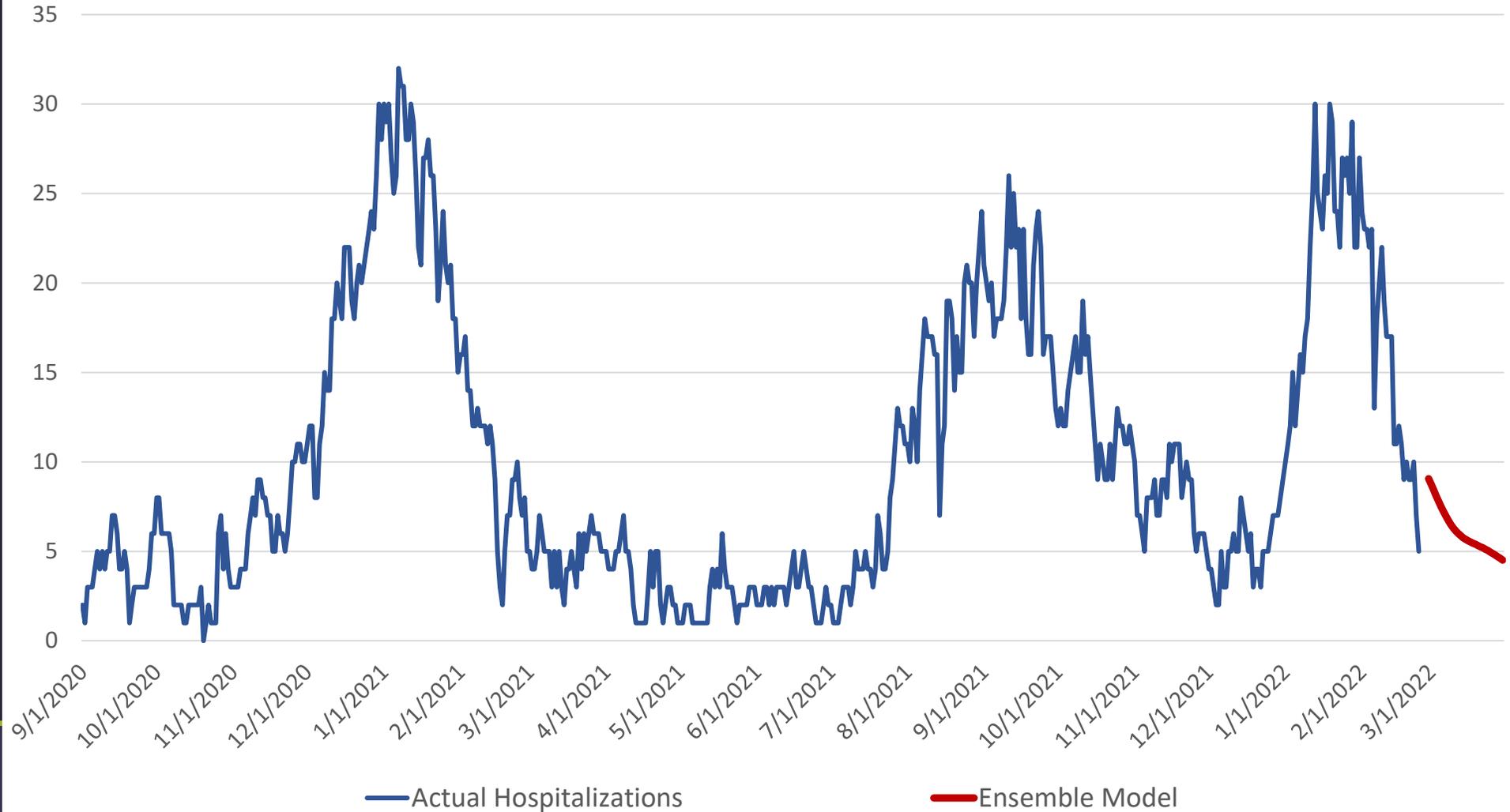
HOSPITALIZED PATIENTS THAT ARE COVID+

of hospitalized patients that are COVID+ for Napa



HOSPITAL SHORT-TERM FORECAST

Hospitalization Forecast

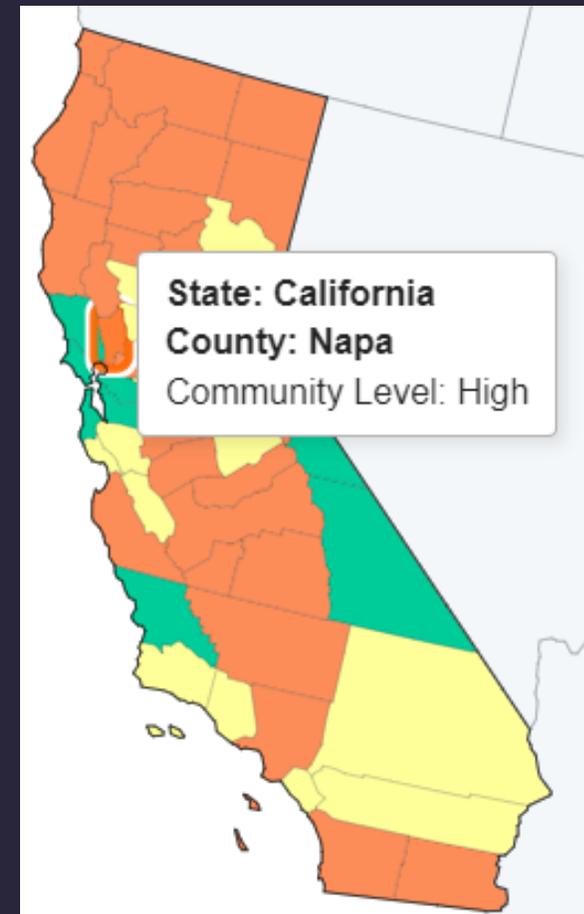


The ensemble forecast takes the median of all the forecasts available (e.g. COVID ActNow, Johns Hopkins, Stanford)



CDC CHANGES MAP FROM TRANSMISSION TO COMMUNITY LEVEL

- Combination of three metrics:
 - New COVID-19 admissions per 100,000 population in the past 7 days
 - Percent of staffed inpatient beds occupied by COVID-19 patients
 - Total new COVID-19 cases per 100,000 population in the past 7 days



Legend

High

Low

Medium

N/A

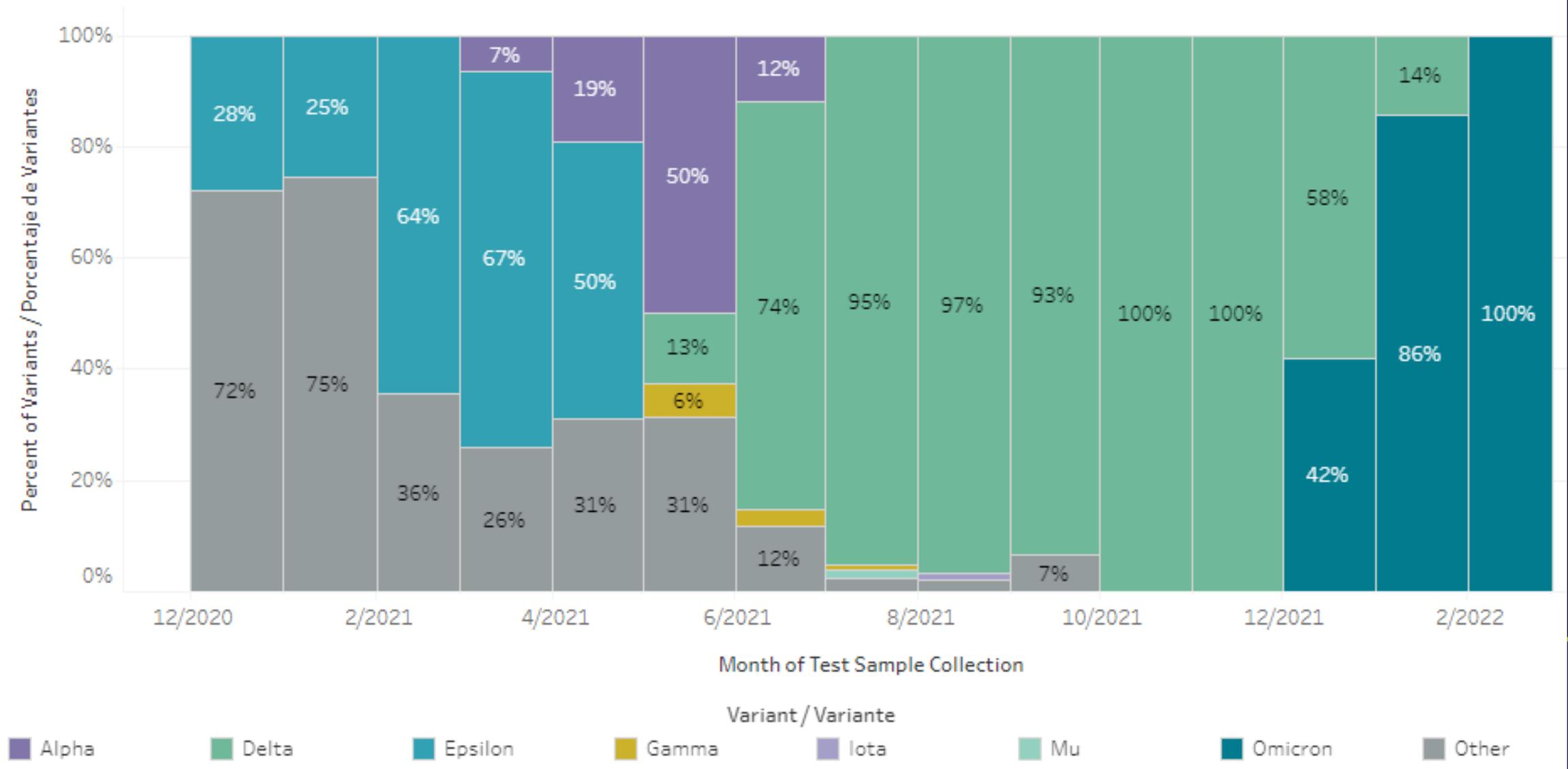


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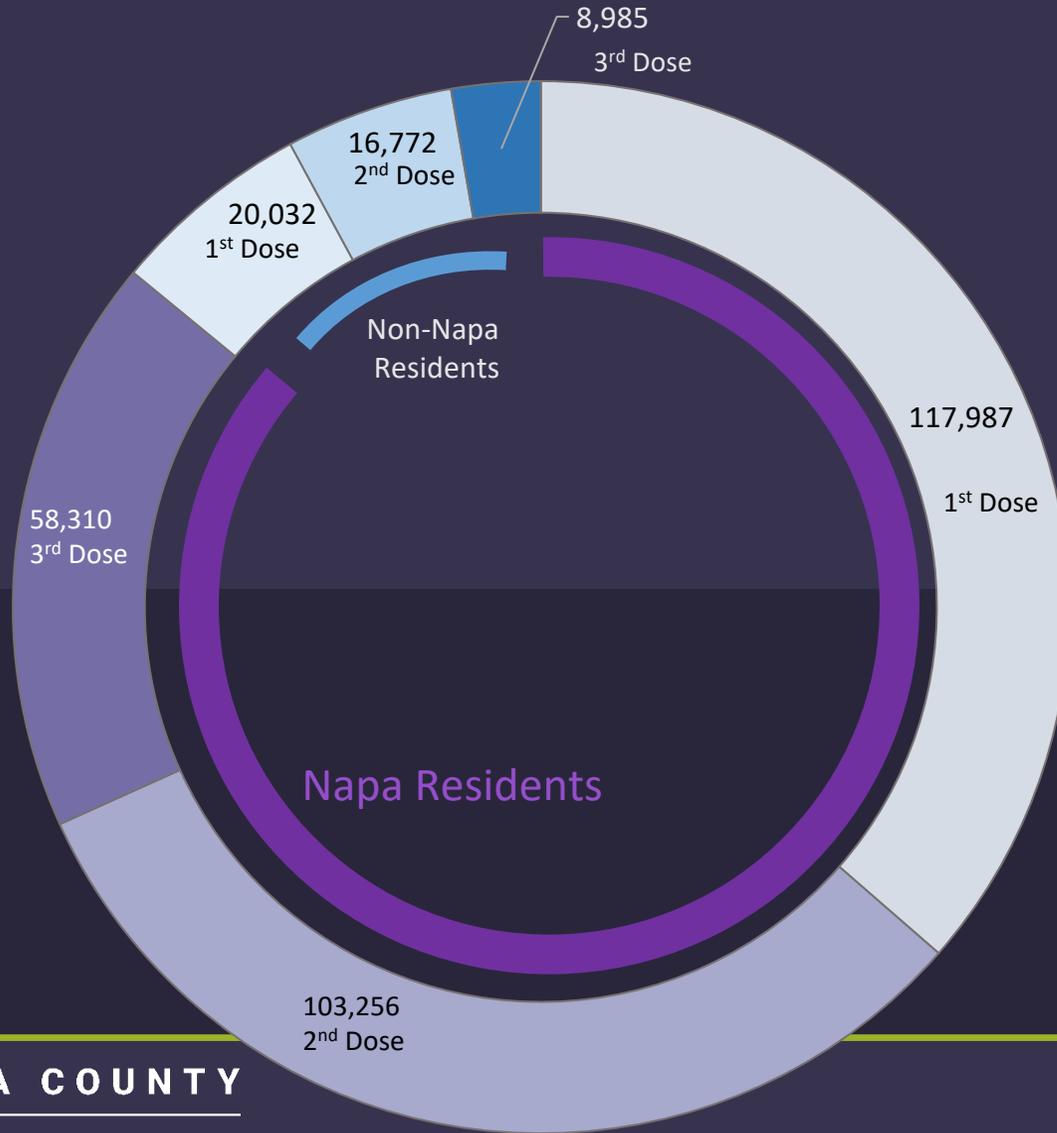


VARIANTS IN NAPA COUNTY

Variants by Month / *Variantes por Mes*



DOSES ADMINISTERED TO RESIDENTS & NON-RESIDENTS



Total Doses Administered in Napa County = 324,946 (+2,083 since last week)

Total Doses Administered to Napa Residents = 280,264 (+1,633 since last week)

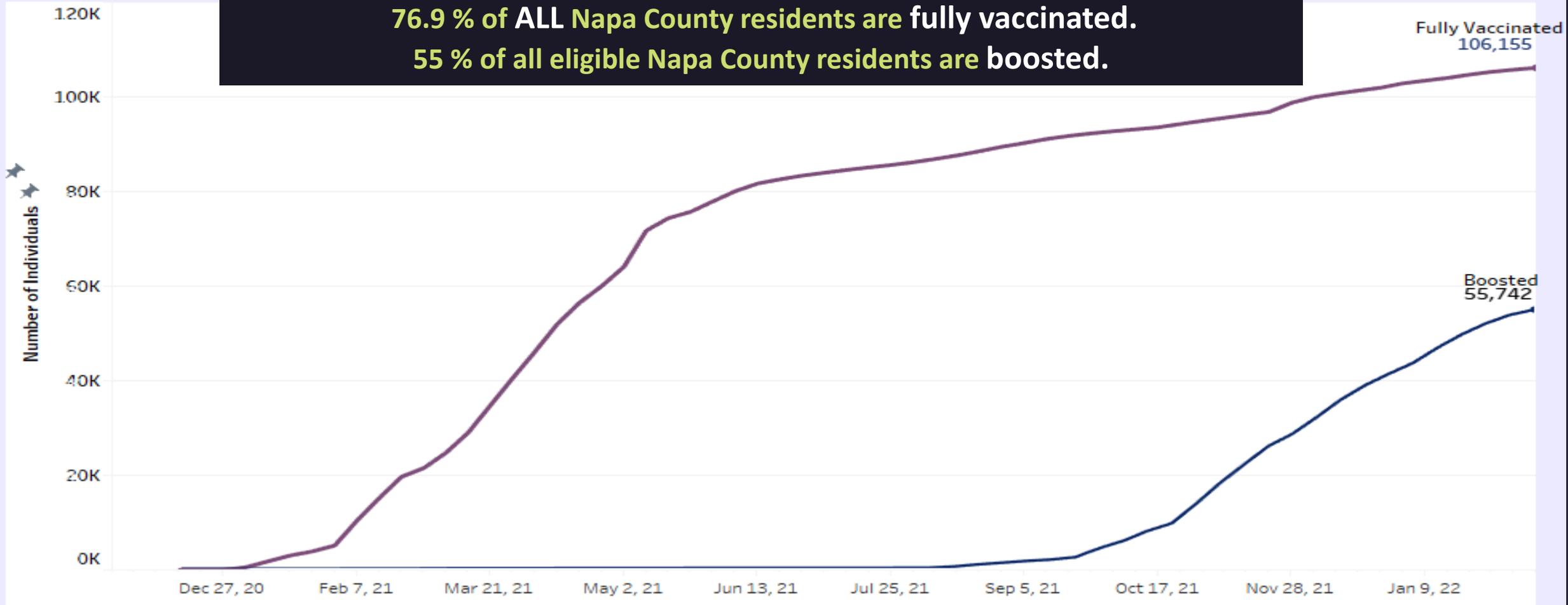
UPDATED: 2/24/2022



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**90 % of eligible Napa County residents partially vaccinated.
81 % of eligible Napa County residents are fully vaccinated.
76.9 % of ALL Napa County residents are fully vaccinated.
55 % of all eligible Napa County residents are boosted.**



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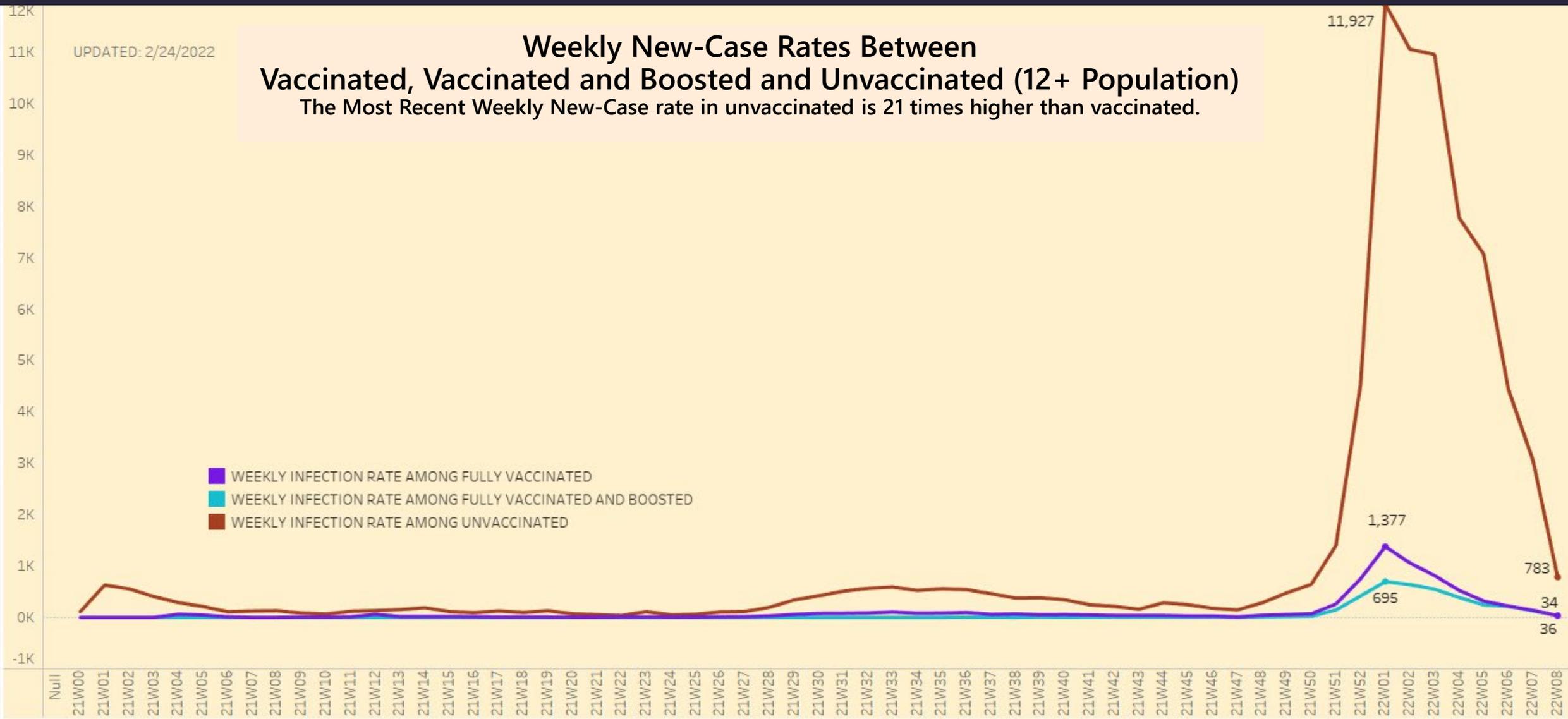
As reported 2/24/2022



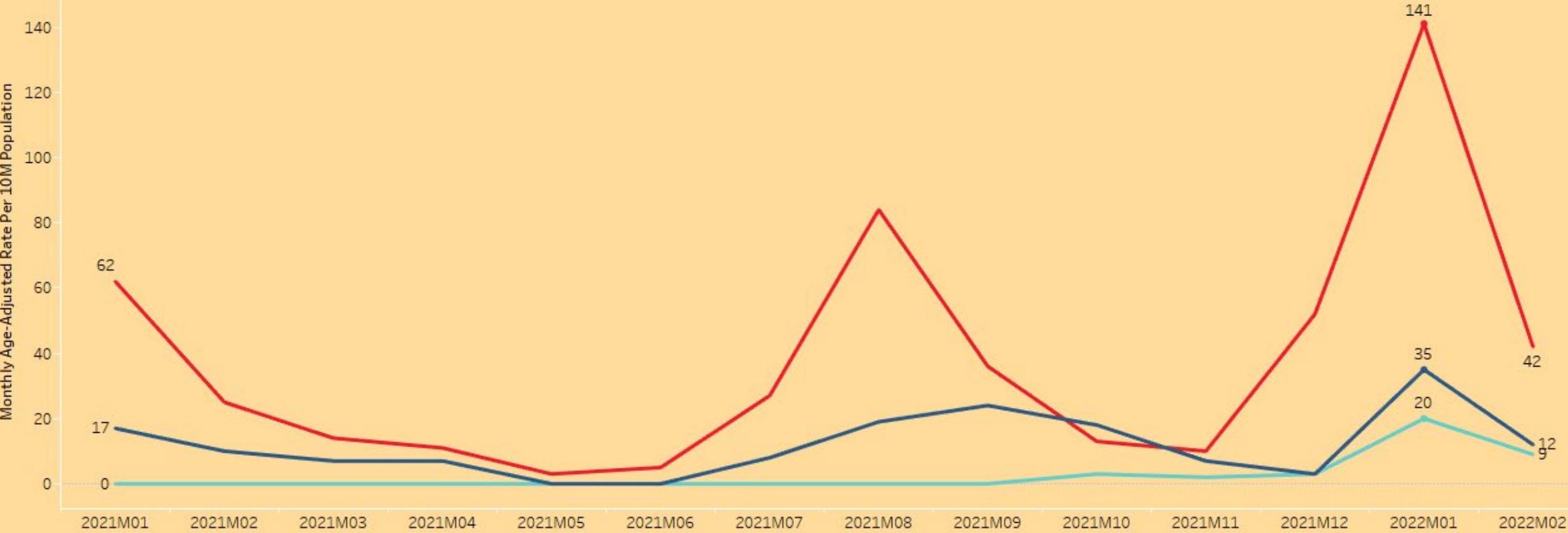
UPDATED: 2/24/2022

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

The Most Recent Weekly New-Case rate in unvaccinated is 21 times higher than vaccinated.



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



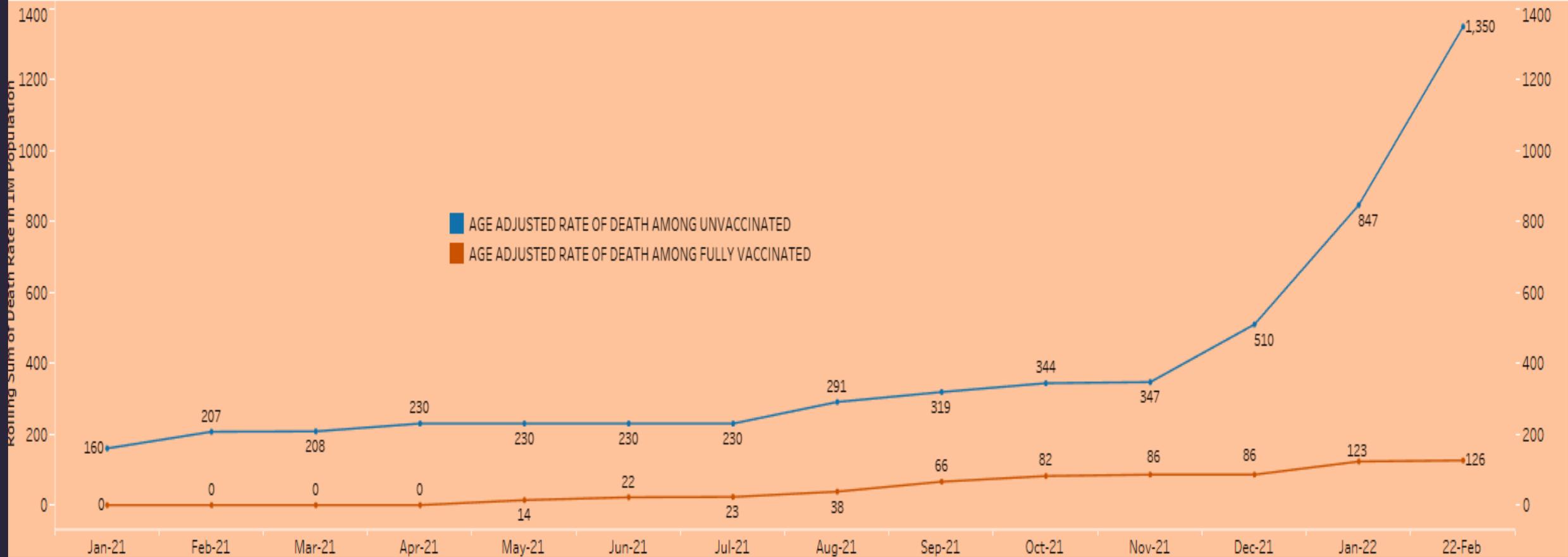
As reported 2/24/2022



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Rolling Sum of Death Rate Among Vaccinated and Unvaccinated Population (adjusted for age)



CDPH HAS UPDATED ITS MASKING RECOMMENDATIONS

- General public took effect yesterday, February 28
- Schools and childcare will take effect on March 11



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PREVIOUS MASKING GUIDANCE

	REQUIRED	STRONGLY RECOMMENDED	RECOMMENDED	OPTIONAL
Public Indoor (Vaccinated)		<input checked="" type="checkbox"/>		
Public Indoor (Unvaccinated)	<input checked="" type="checkbox"/>			
Schools & Childcare (Vaccinated & Unvaccinated)	<input checked="" type="checkbox"/>			
Health Care (Vaccinated & Unvaccinated)	<input checked="" type="checkbox"/>			
Long-Term Care (Vaccinated & Unvaccinated)	<input checked="" type="checkbox"/>			
Jails & Prisons (Vaccinated & Unvaccinated)	<input checked="" type="checkbox"/>			

Adopted from California Health and Human Services Agency

PROPOSED masking guidance in California

	REQUIRED	STRONGLY RECOMMENDED	RECOMMENDED	OPTIONAL	
Vaccinated & Unvaccinated	Public Indoor (Effective end of day February 28)		<input checked="" type="checkbox"/>		
	Schools & Childcare (Effective end of day March 11)		<input checked="" type="checkbox"/>		
	Health Care	<input checked="" type="checkbox"/>			
	Long-Term Care	<input checked="" type="checkbox"/>			
	Jails & Prisons	<input checked="" type="checkbox"/>			

NOTE: Locals may have additional requirements beyond the state requirements based on local conditions including community vaccine rates or vaccination rates in schools and childcare facilities.

NAPA COUNTY IS FOLLOWING STATE MASKING GUIDANCE

- We have a continued decline in hospitalizations
- Before imposing a local order for large numbers of people, should evaluate the existence of effective lesser restrictive means to achieve disease control.
- We have now reached that point as we have multiple tools
 - High community vaccination rates
 - More available therapeutics
 - More testing
 - More availability of upgraded masks
- A more precise approach to protect those at risk is available
- There are federal and state roadmaps to respond to future variant surges

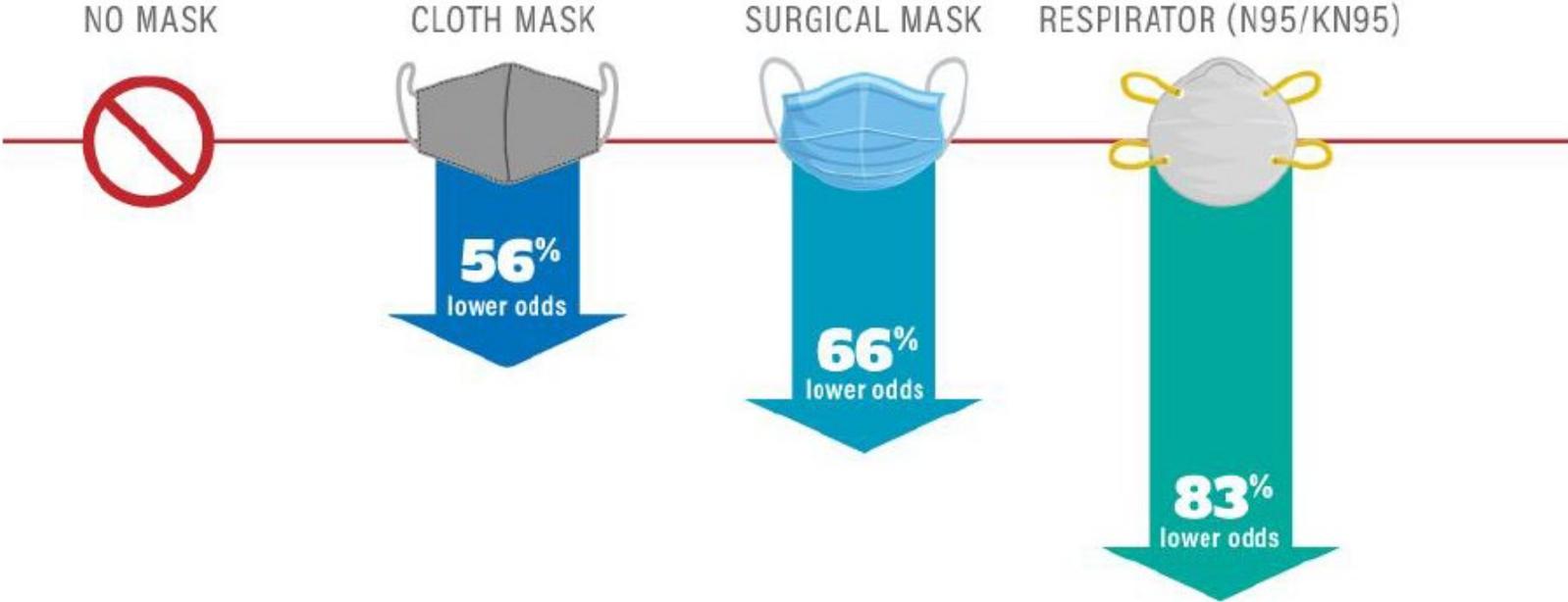


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Masks have been effective at lowering the odds of COVID-19 infection and reducing transmission

WE STILL STRONGLY RECOMMEND MASKING



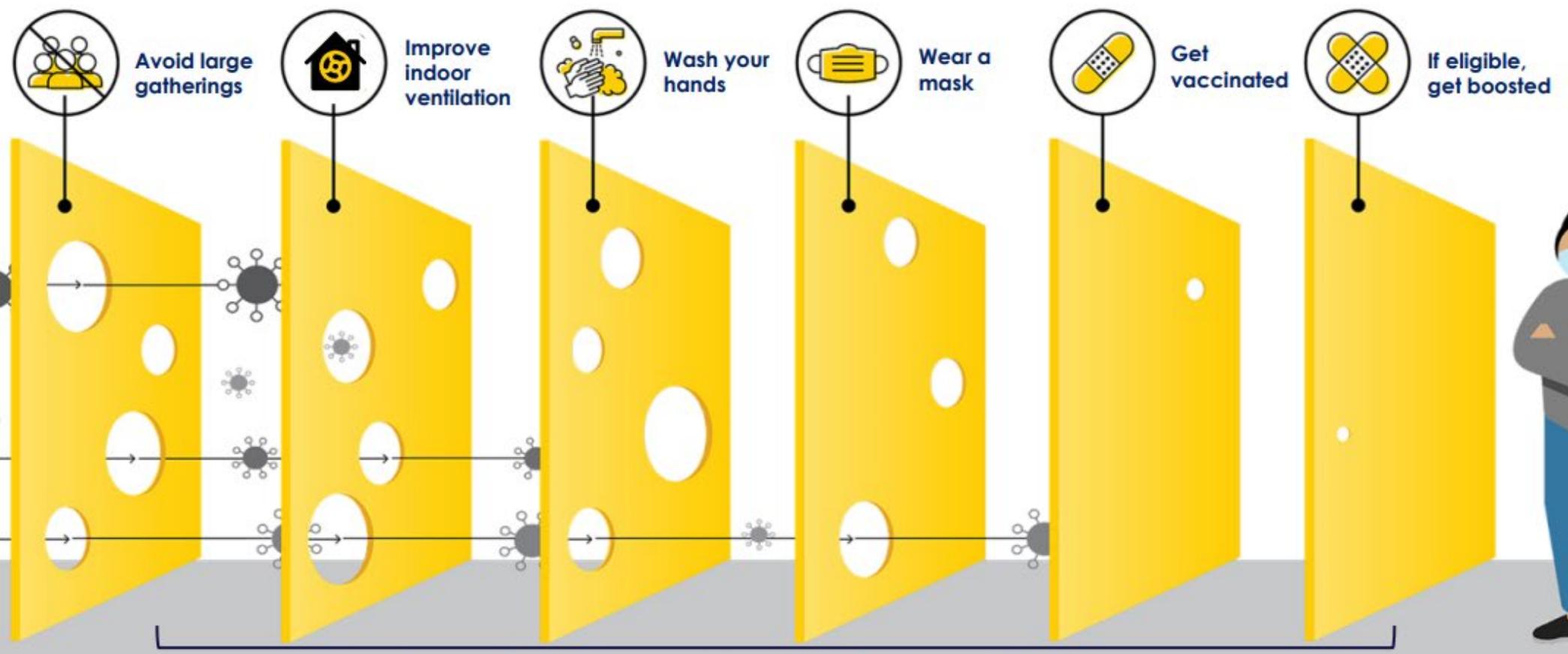
Source: [CDC MMWR](#)



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Multiple layers of protection against COVID-19 infection



Spend more time outdoors & Stay home if sick



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CDC PREVENTION STEPS TO TAKE BASED ON COVID-19 COMMUNITY LEVEL

- Layered prevention strategies limit severe disease and reduce the potential for strain on the healthcare system.
- Gives individual/household recommendations and community recommendations

Low	Medium	High
<ul style="list-style-type: none"> • Stay up to date with COVID-19 vaccines • Get tested if you have symptoms 	<ul style="list-style-type: none"> • If you are at high risk for severe illness, talk to your healthcare provider about whether you need to wear a mask and take other precautions • Stay up to date with COVID-19 vaccines • Get tested if you have symptoms 	<ul style="list-style-type: none"> • Wear a mask indoors in public • Stay up to date with COVID-19 vaccines • Get tested if you have symptoms • Additional precautions may be needed for people at high risk for severe illness
<p>People may choose to mask at any time. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.</p>		



CONSIDERATIONS FOR IMMUNOCOMPROMISED AND HIGH-RISK INDIVIDUALS

- Wear a mask or respirator that provides you with greater protection
- Consider avoiding non-essential indoor activities in public where you could be exposed
- Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing)
- Have a plan for rapid testing if needed (e.g., having home tests or access to testing)
- Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies



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<https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>



CALIFORNIA'S SMARTER PLAN

- Shots
- Masks
- Awareness
- Readiness
- Testing
- Education
- Rx –treatments

Ability to administer at least **200,000 vaccines per day** on top of existing pharmacy and provider infrastructure

Maintain a stockpile of **75 million high quality masks** and the ability to distribute them as needed

Maintain ability to promote vaccination, masking, and other mitigation measures in all **58 counties**. Support engagement with at least **150 community based organizations**

Maintain wastewater surveillance in all regions and enhance respiratory surveillance in the healthcare system while continuing to sequence at least **10% of positive** COVID-19 test specimens. Ability to add **3,000** clinical staff within **2 – 3 weeks** of need and across various healthcare facility types

Maintain commercial and local public health capacity statewide to perform at least **500,000 tests per day** (PCR and antigen)

Expand **school-based vaccination sites by 25%** as eligibility expands

Ensure local entities can order effective therapeutics **within 48 hours**



CDPH HEALTHCARE BOOSTER ORDER UPDATE

- There has been a growing body of evidence suggesting that a combination of history of SarsCoV2 vaccination and infection can lead to a strong “hybrid” immunity after recovery from infection.
- Allows for workers with completed primary vaccination series and recent infection to defer booster dose by up to 90 days from infection.
 - Healthcare workers: [Order](#) [Q&A](#)
 - Correctional facilities and detention health workers: [Order](#) [Q&A](#)
 - Adult care facilities and direct care workers: [Order](#) [Q&A](#)



CAL OSHA UPDATES

- Provided updates to the FAQ for testing regarding over-the-counter tests
- Provided updates to the FAQ for masking, adjusting to CDPH masking guidance
- Provided more information on exclusion pay and benefits



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FDA VRBPAC MEETINGS FOR COVID 19 VACCINES FOR CHILDREN 6 MO TO 4 YEARS

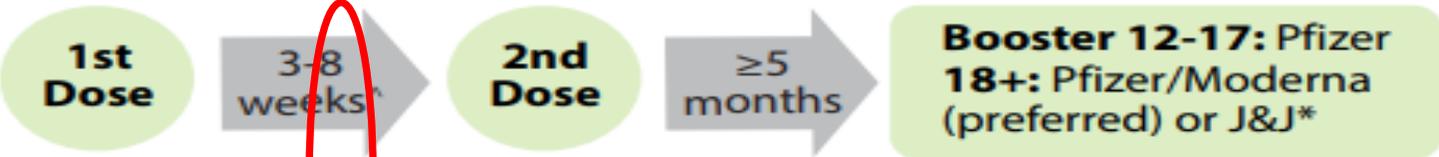
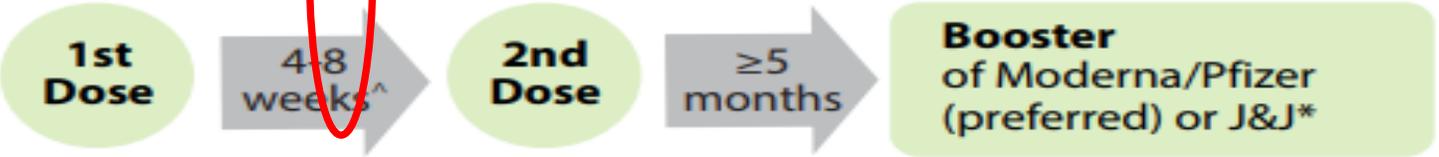
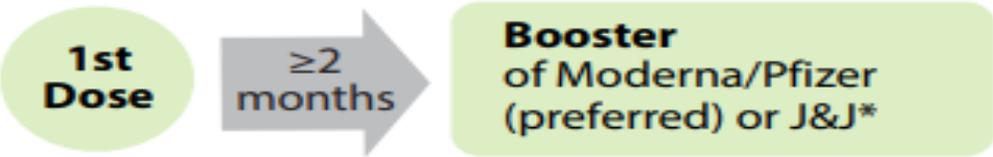


- VRBPAC Meeting on Pfizer COVID-19 Vaccines for Children 6 months through 4 years
 - February 15, 2022, 9:30AM – 2PM (8:30AM – 5:00PM ET)

POSTPONED

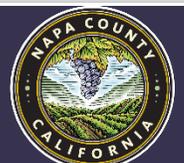


COVID-19 Vaccine Timing by Age

Age	Vaccine	Routine Schedule
5-11	Pfizer– Pediatric (5-11)	
12+	Pfizer/ Comirnaty (12+)	
18+	Moderna/ Spikevax	
18+	Johnson & Johnson Pfizer/Moderna preferred*	



Age	Vaccine	Schedule if Moderately or Severely Immunocompromised
5-11	Pfizer– Pediatric (5-11)	
12+	Pfizer (12+)	
18+	Moderna/ Spikevax	
18+	Johnson & Johnson Moderna/Pfizer preferred*	



SARS-CoV-2 Negative (-) <i>Prophylaxis</i>		SARS-CoV-2 Positive (+) <i>Treatment</i>
Not Exposed	Exposed	Mild Illness or Moderate Illness
Treatment Options Long-Acting Monoclonal Antibody ➤ Tixagevimab /cilgavimab (EVUSHELD)	Monoclonal Antibodies ➤ Bamlanivimab/etesevimab ➤ Casirivimab/imdevimab (REGEN-COV)	Monoclonal Antibodies ➤ Bamlanivimab/etesevimab ➤ Casirivimab/imdevimab (REGEN-COV) ➤ Sotrovimab
		Antivirals ➤ 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.



SARS-CoV-2 Negative (-) <i>Prophylaxis</i>		SARS-CoV-2 Positive (+) <i>Treatment</i>
Not Exposed	Exposed	Mild Illness or Moderate Illness
Treatment Options Long-Acting Monoclonal Antibody ➤ Tixagevimab /cilgavimab (EVUSHELD)	Monoclonal Antibodies ➤ Bamlanivimab/etesevimab ➤ Casirivimab/imdevimab (REGEN-COV)	Monoclonal Antibodies ➤ Bamlanivimab/etesevimab ➤ Casirivimab/imdevimab (REGEN-COV) ➤ Sotrovimab ➤ Bebtelovimab
		Antivirals ➤ 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.



EVUSHELD

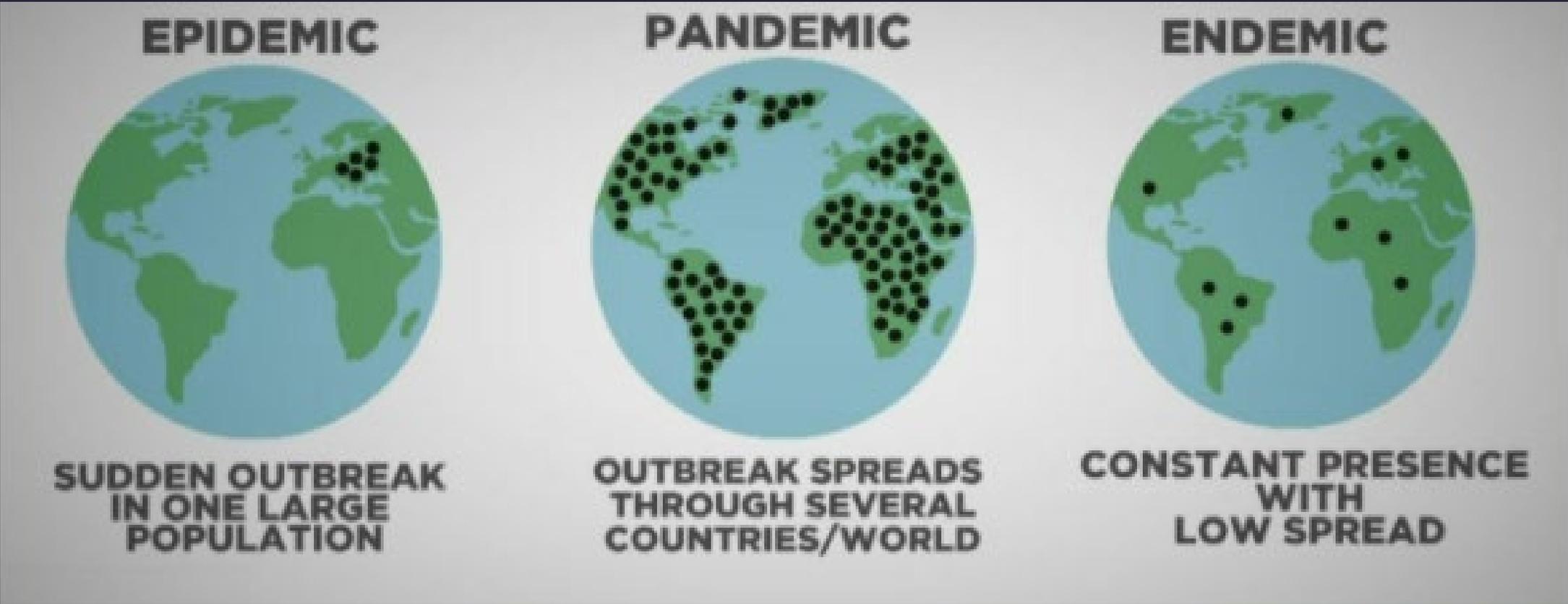
- The FDA recently announced a modification to the Emergency Use Authorization for Evusheld, which is used to prevent COVID-19 among those who are immunocompromised.
- Evusheld now should be administered as an initial dose of 600mg.
- Individuals who already received the previously authorized initial 300mg dose should receive a second Evusheld dose as soon as possible.



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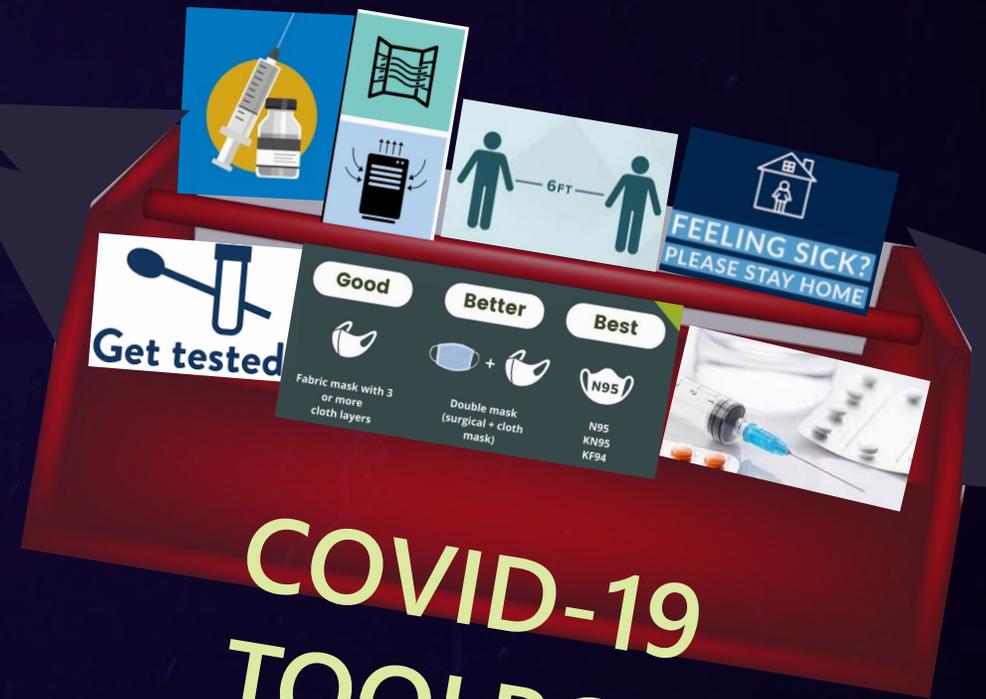
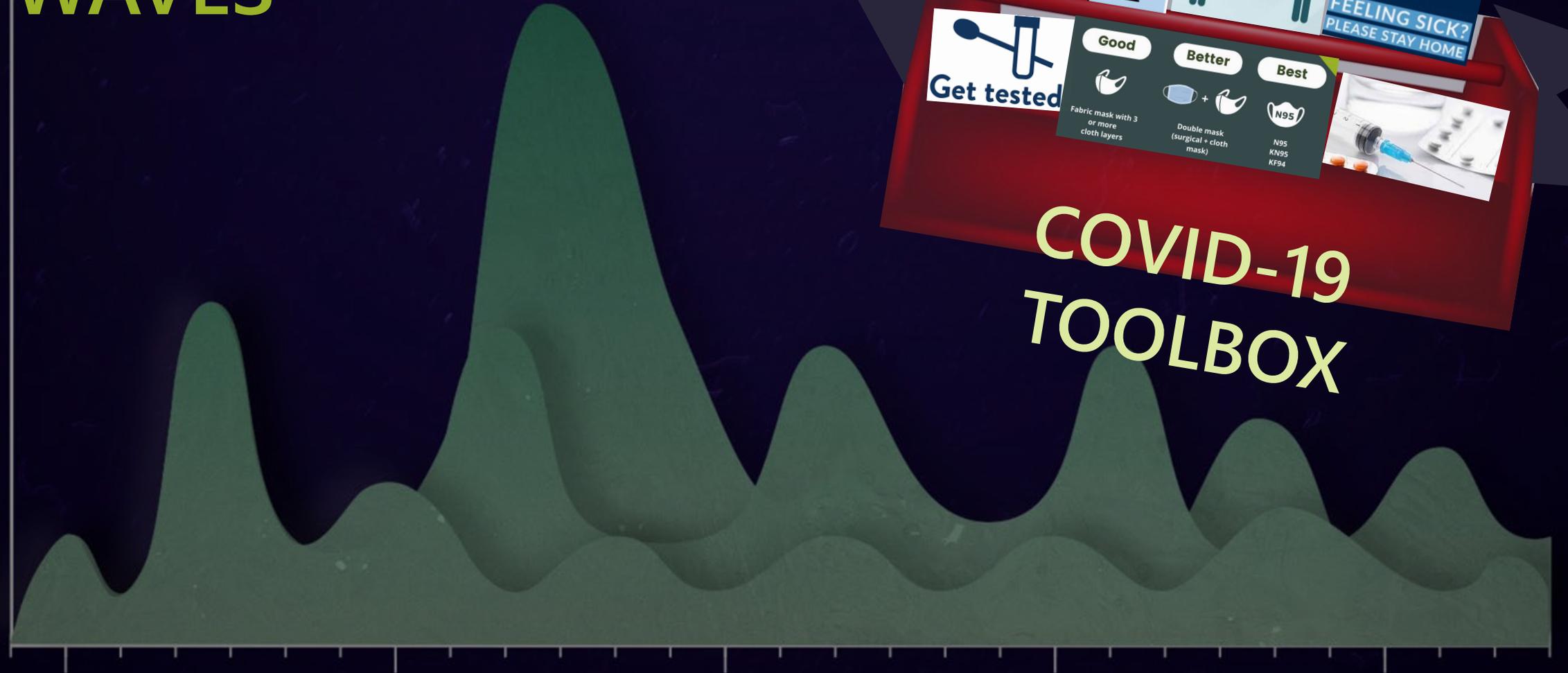
GETTING TO "ENDEMIC" IS A JOURNEY AND NOT A DESTINATION



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RIDING THE COVID WAVES



COVID-19 TOOLBOX