



Spokane County Medical Society

COVID-19 2021 Update

October 8th, 2021

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Interim Health Officer

Spokane Regional Health District

Agenda

1. Welcome & Introductions
2. Variants Update
3. Spokane Case Trends
4. COVID-19 Vaccine Approval,
Third Dose & Booster Shots
5. Discussion/Questions



Variants Update

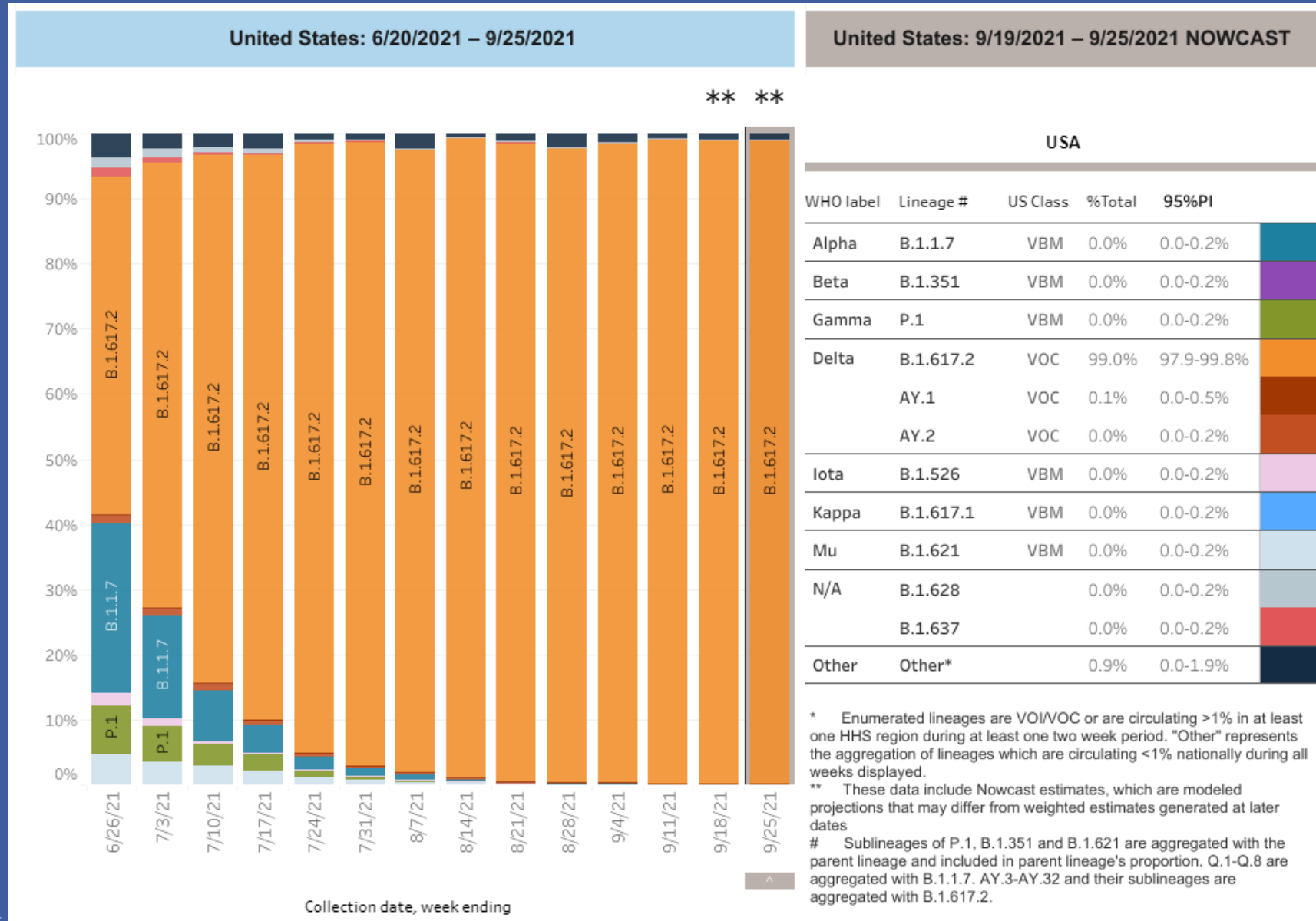
CDC Variant Category Updates:

- Variants of Concern – only one currently
 - Delta (B.1.617.2 and AY sublineages) (note AY is alias for B.1.617.2)
- Variants of Interest
 - None
- Variants of High Consequence
 - None

CDC Variant Category Updates:

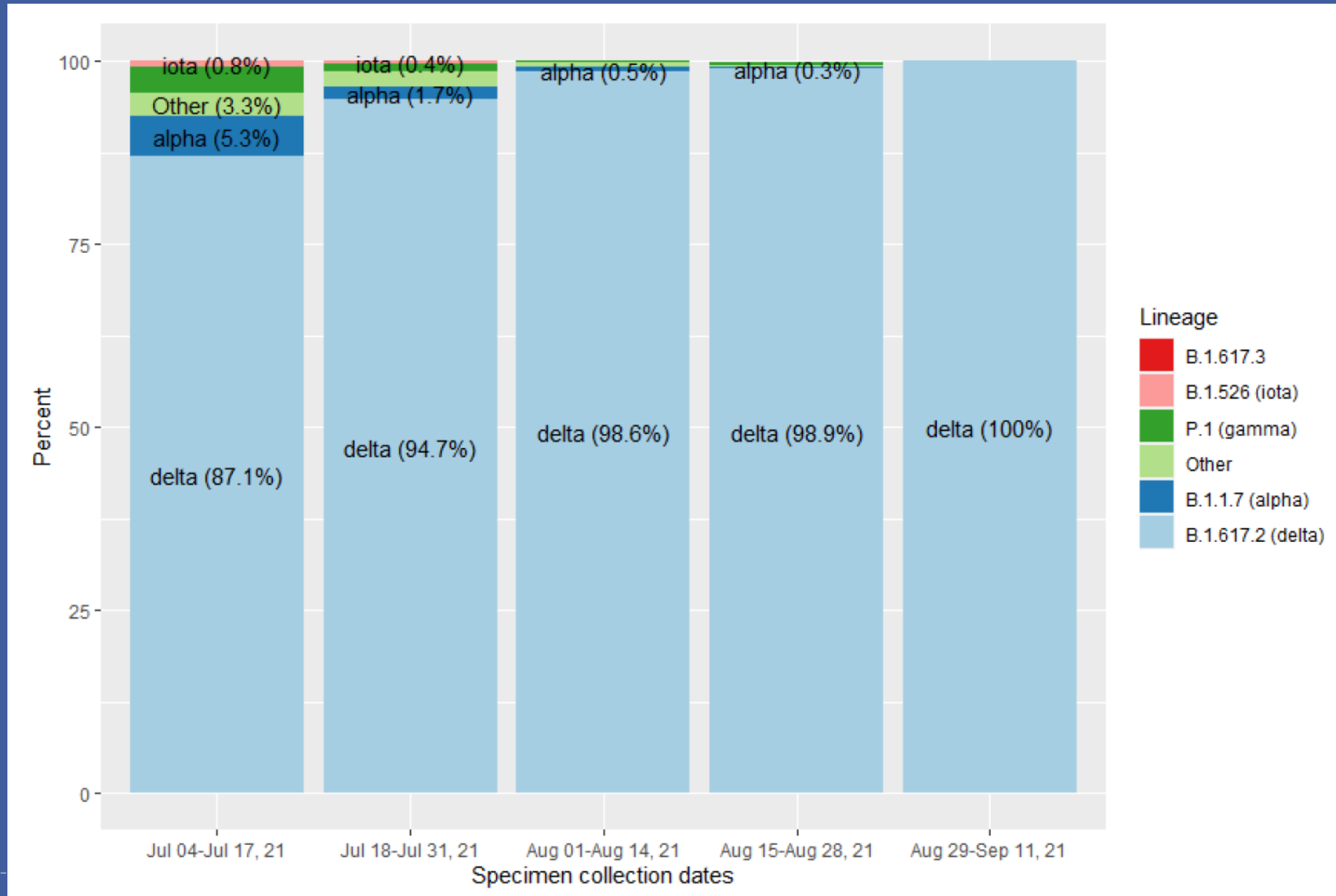
- Added a 'Variants Being Monitored' category
 - Alpha (B.1.1.7, Q.1-Q.8) note: "alias" Q = B.1.1.7
 - Beta (B.1.351, B.1.351.2, B.1.351.3)
 - Gamma (P.1, P.1.1, P.1.2)
 - Epsilon (B.1.427 and B.1.429)
 - Eta (B.1.525)
 - Iota (B.1.526)
 - Kappa (B.1.617.1)
 - B.1.617.3
 - Mu (B.1.621, B.1.621.1) – just added to WDRS
 - Zeta (P.2)

SARS-CoV-2 Variants Circulating in the United States



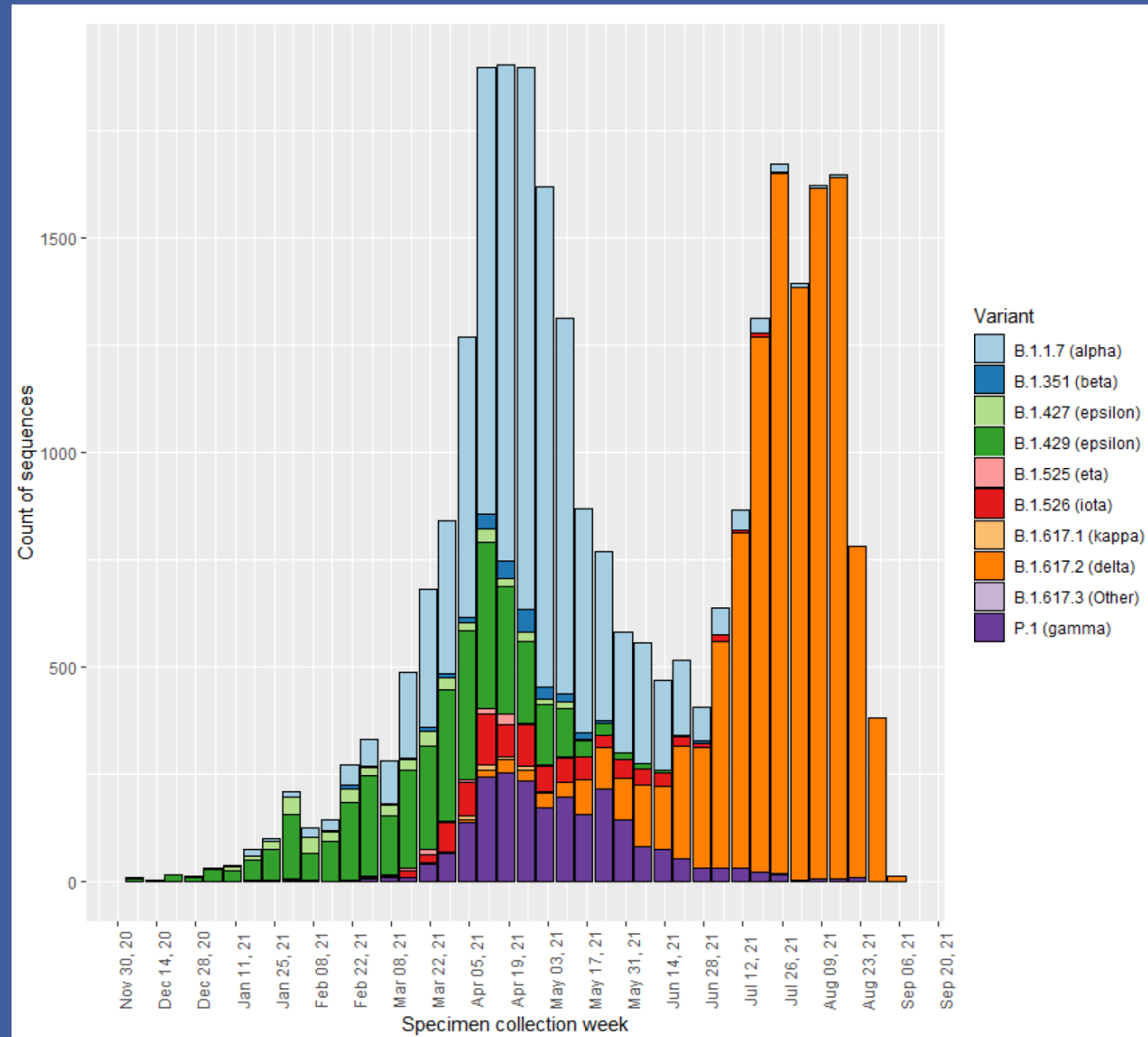
As of 9/29/21

Variants Circulating in Washington State



SARS-CoV-2 Variants Circulating in Washington State

Name	Area of emergence	CDC designation	Cumulative Washington cases detected
B.1.1.7 (alpha)	United Kingdom	Variant of concern	9,472
B.1.351 (beta)	South Africa	Variant of concern	258
P.1 (gamma)	Brazil	Variant of concern	2,224
B.1.617.2 (delta)	India	Variant of concern	11,240
B.1.427 (epsilon)	California	Variant of interest*	422
B.1.429 (epsilon)	California	Variant of interest*	3,415
B.1.526 (iota)	New York	Variant of interest	864
B.1.525 (eta)	New York	Variant of interest	79
B.1.617.1 (kappa)	India	Variant of interest	46
B.1.617.3	India	Variant of interest	2



Is the COVID-19 Delta Variant Spreading in Spokane County?

SARS-CoV2 Variant of Interest	Epsilon (B.1.427)	Epsilon (B.1.429)	Eta (B.1.525)	Iota (B.1.526)	Kappa (B.1.617.1)	B.1.617.3	Zeta (P.2)
Number of cases reported in Spokane County	4	51	4	51	1	0	0

SARS-CoV-2 Variant of Concern	Alpha (B.1.1.7)	Beta (B.1.351)	Delta (B.1.617.2)	Gamma (P.1)
Number of cases reported in Spokane County	185	1	638	126

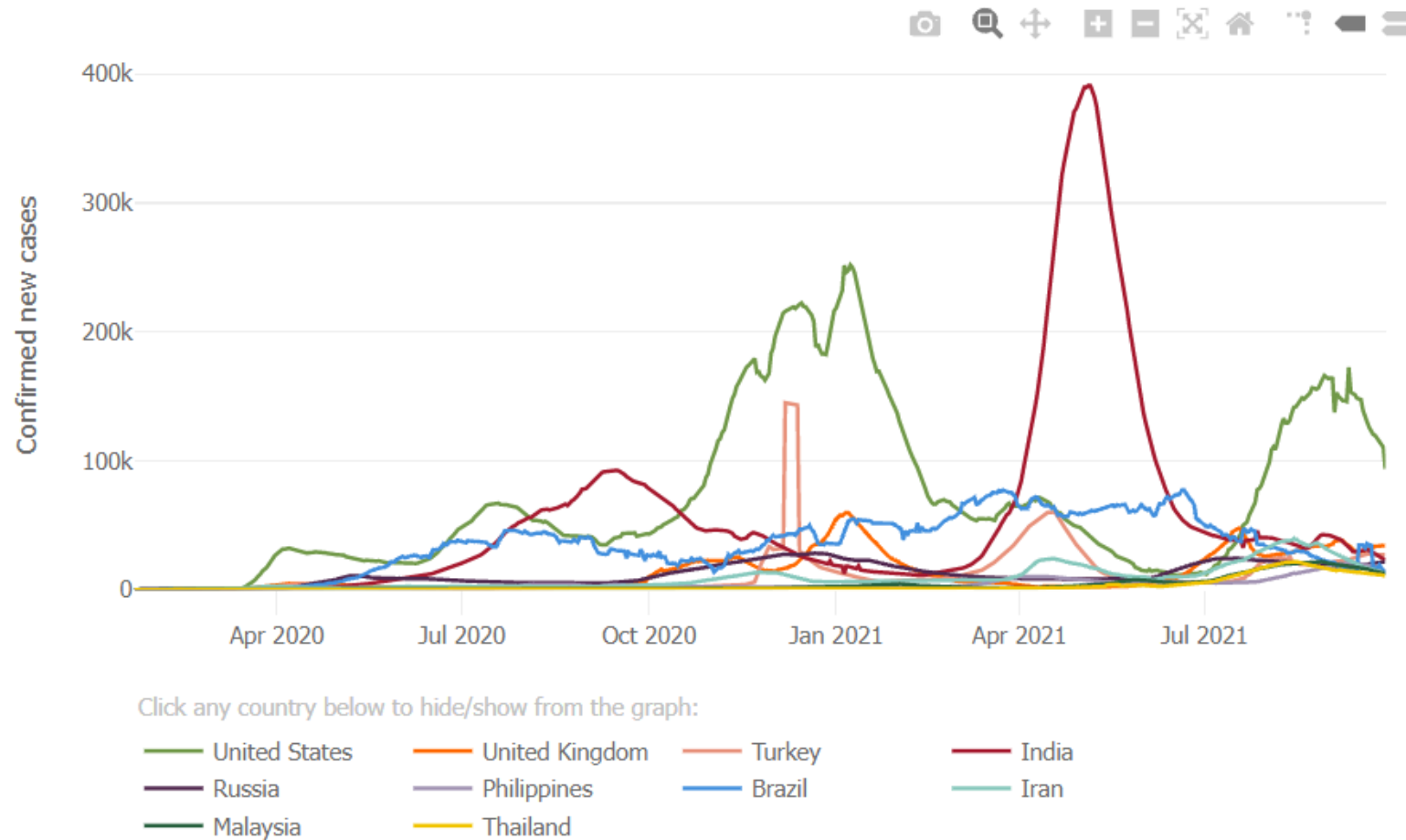


Spokane Case Trends

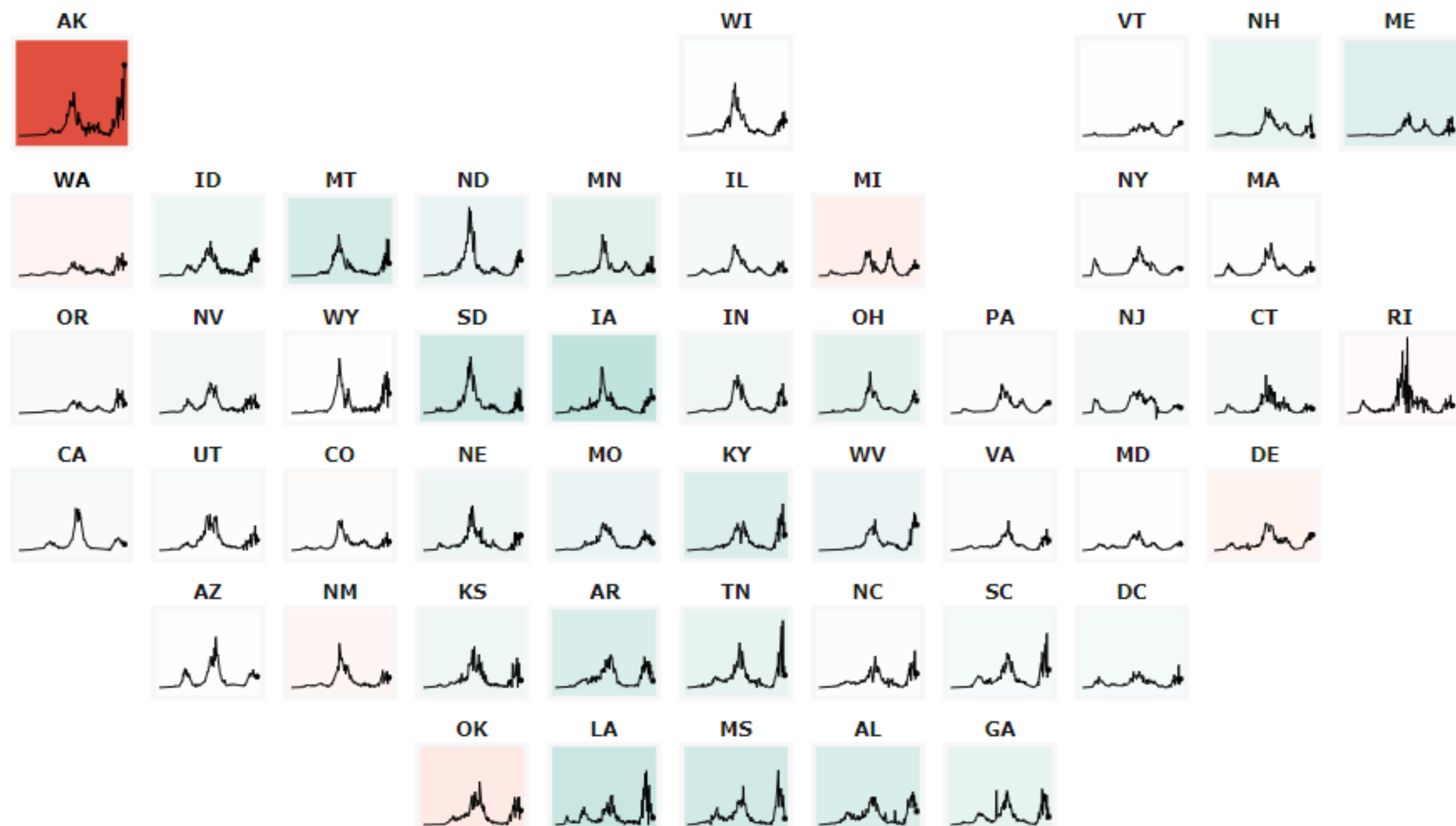
Global Trend Data

DAILY CONFIRMED NEW CASES (7-DAY MOVING AVERAGE)

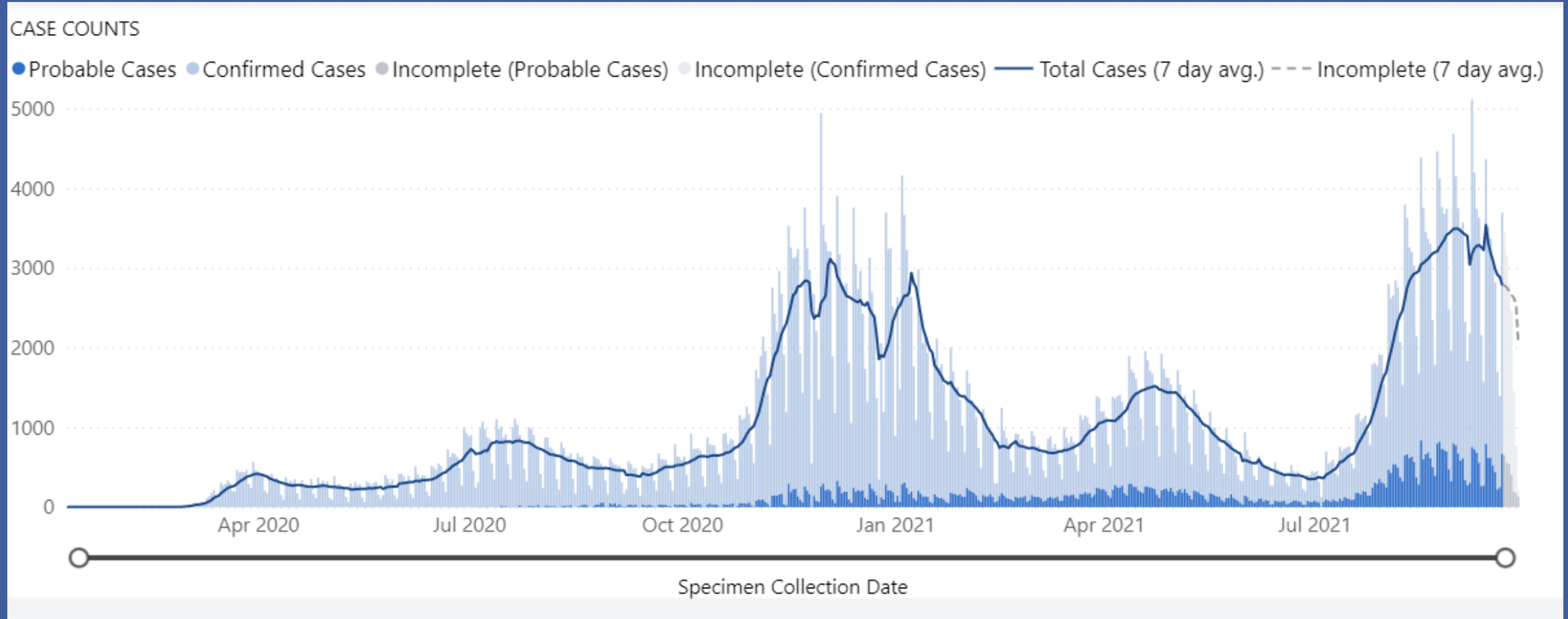
Outbreak evolution for the current most affected countries



Daily New Cases per 100k people. Data shown from 1/22/20 to 9/27/21.

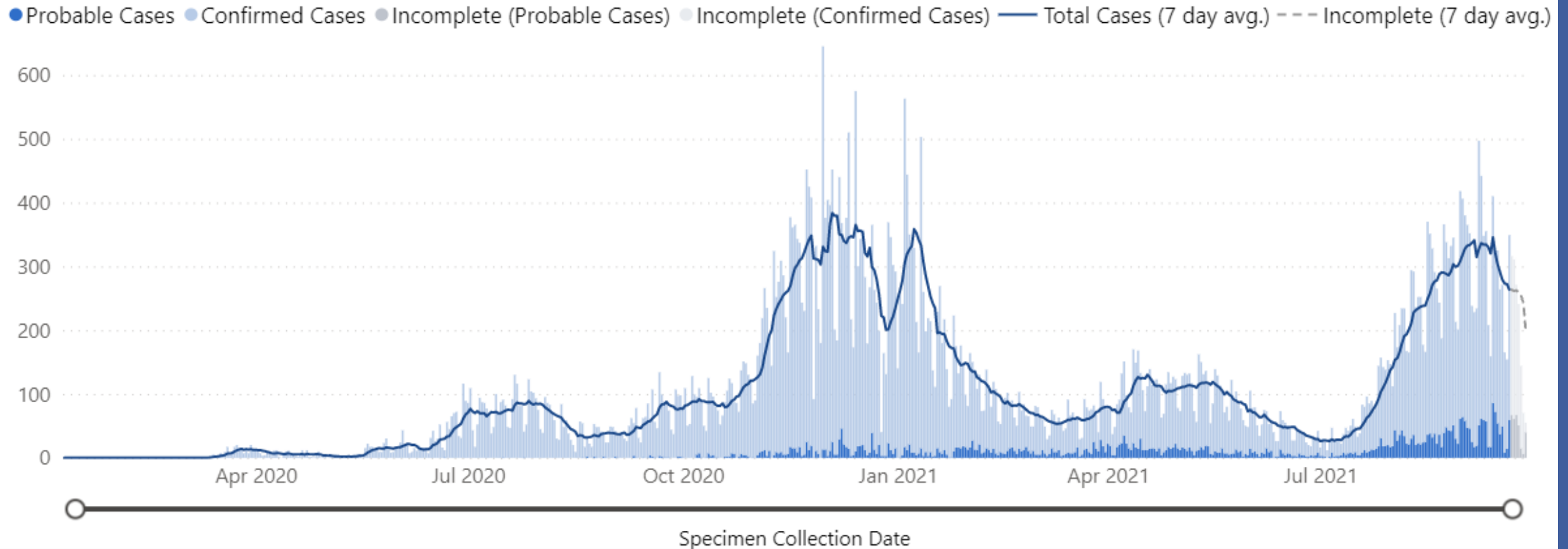


Washington State Data

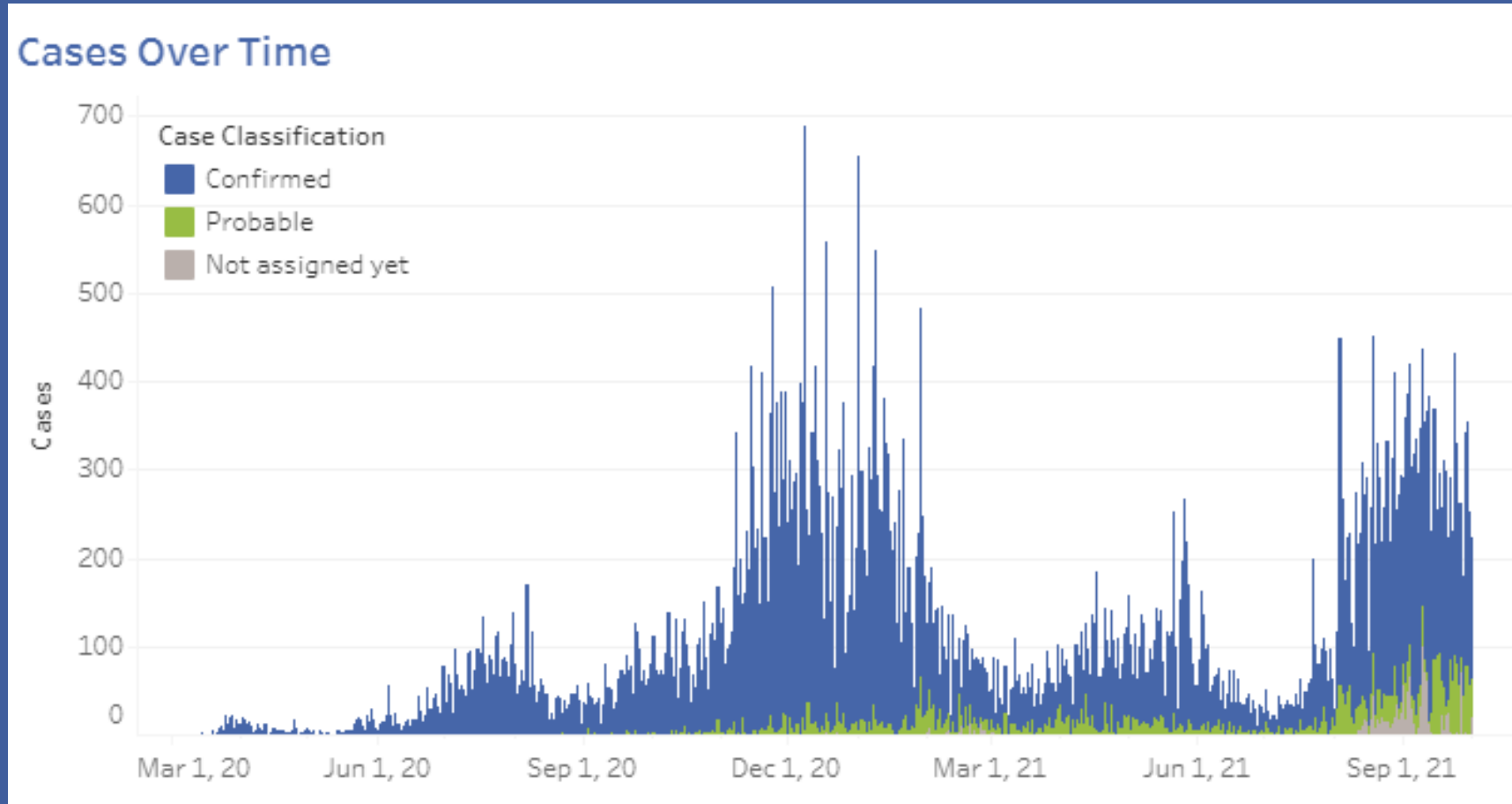


Spokane County Data

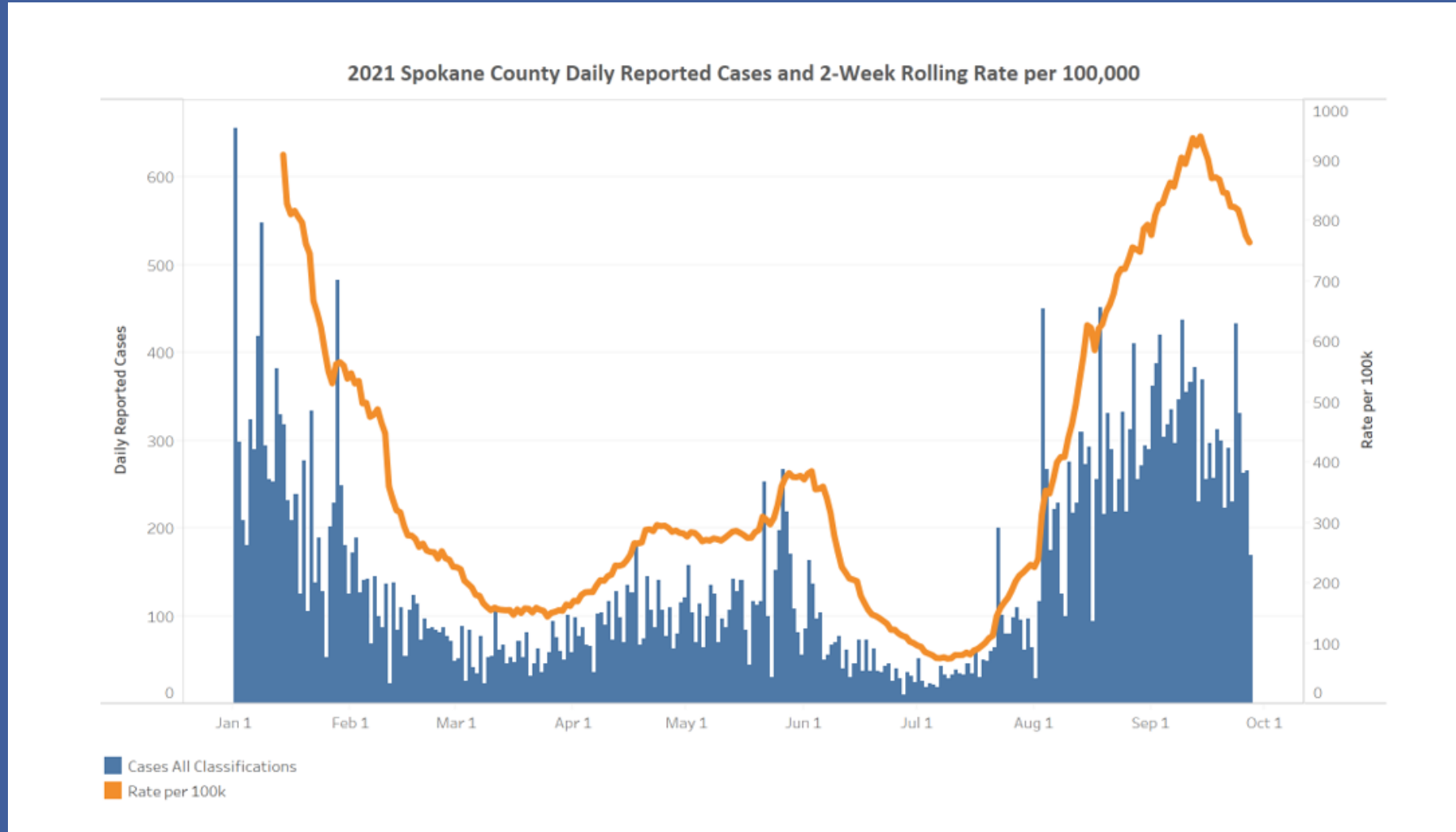
CASE COUNTS



Spokane County SRHD Data



Spokane County Daily Reported Cases



Spokane County Case Data: 9/19/21 – 9/25/21

New Cases: 2069 (2102 previous week)

Daily average: 296 (300 last week)

Two-week total: 4171 (9/12/21 – 9/25/21)

Newly diagnosed cases per 100k: 778 (873 last week)

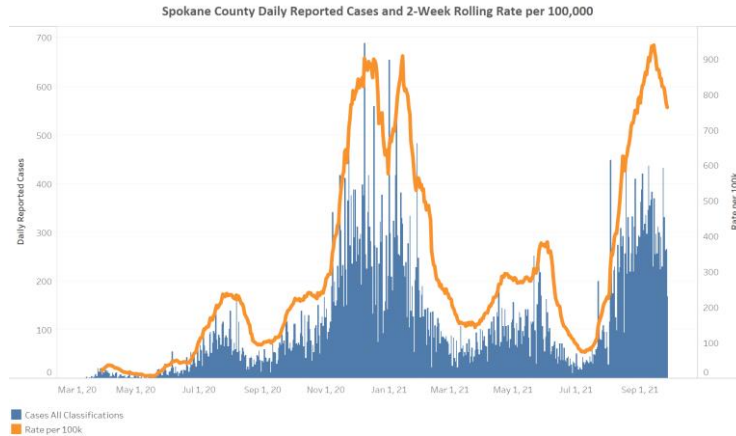
Age	09.12-09.18	09.19-09.25
0-9	292 (14%)	296 (14%)
10-19	338 (16%)	344 (17%)
20-29	348 (17%)	325 (16%)
30-39	334 (16%)	330 (16%)
40-49	225 (11%)	264 (13%)
50-59	219 (10%)	214 (11%)
60-69	196 (9%)	171 (8%)
70-79	85 (4%)	82 (4%)
80-89	31 (1%)	30 (2%)
90+	24 (1%%)	10 (1%)

Spokane County COVID-19 Update



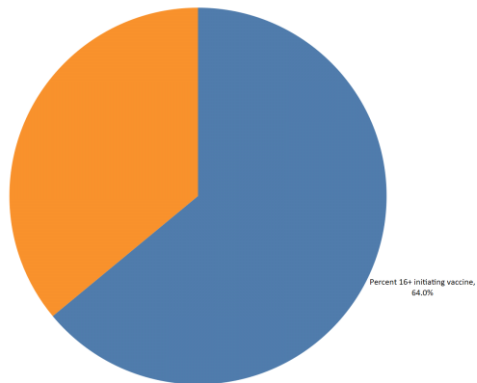
COVID-19 Activity in Spokane County

Cases and Rate



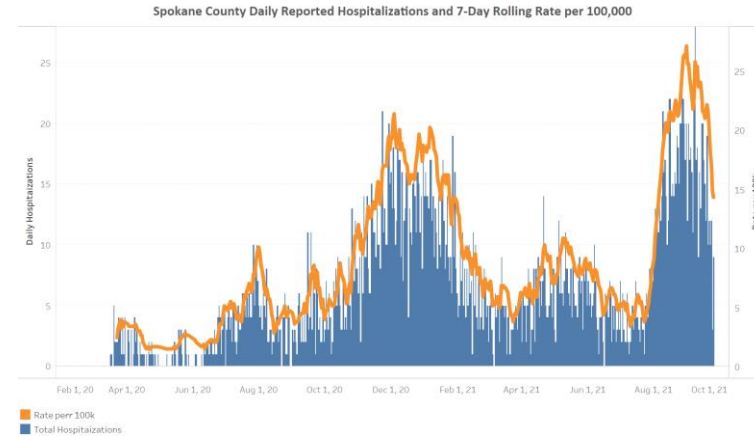
Vaccine Initiation

Vaccine Initiation (1st Dose or More) of Population 16+ in Spokane County

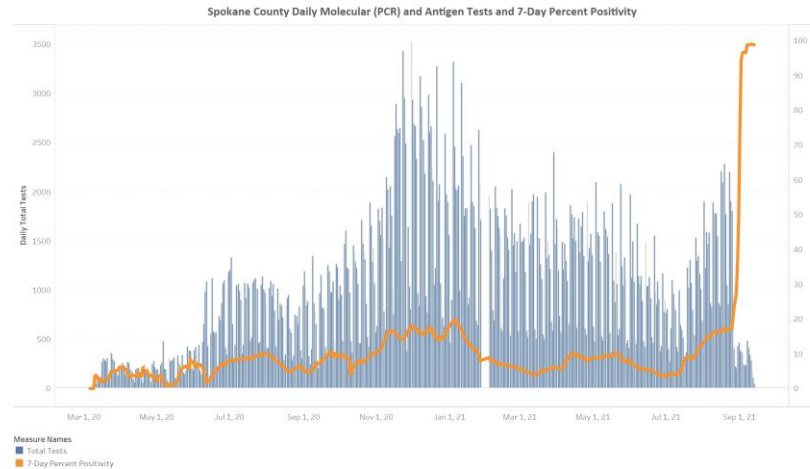


■ Percent 16+ initiating vaccine
■ Percent 16+ yet to initiate vaccine

Hospitalizations



Testing and Positivity



New Admissions of Patients with Confirmed COVID-19 per 100,000 Population by Age Group, United States

Aug 01, 2020 - Sep 27, 2021



By Jurisdiction and Age Group

By Jurisdiction

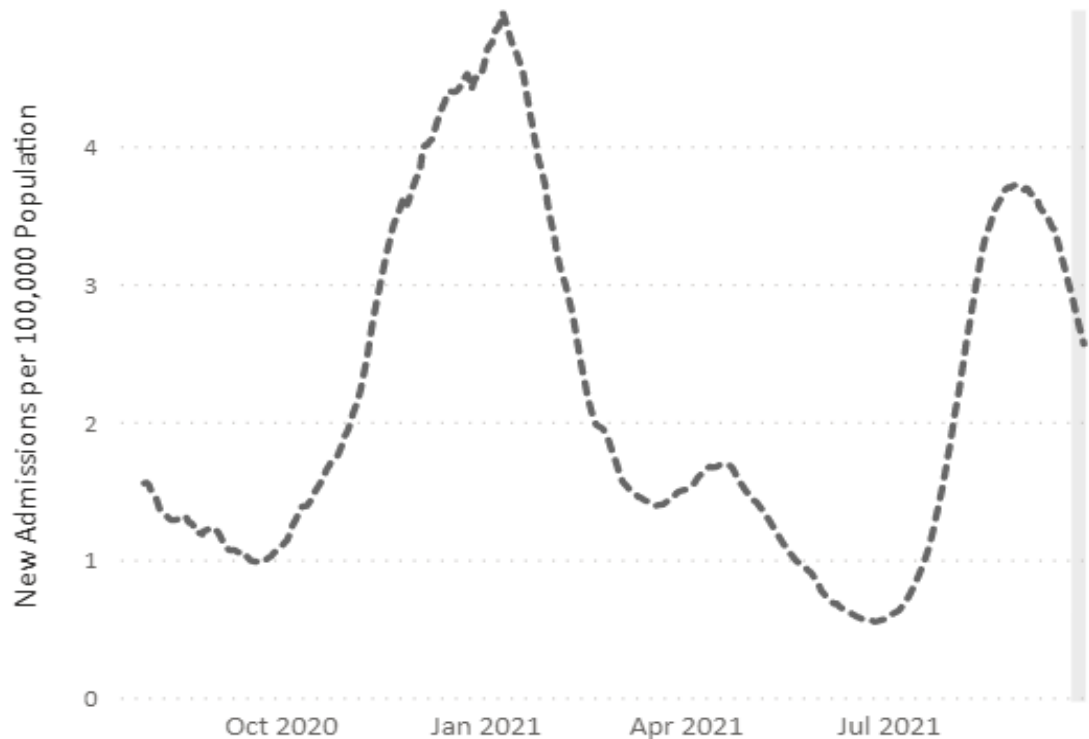
Select a Jurisdiction

United States

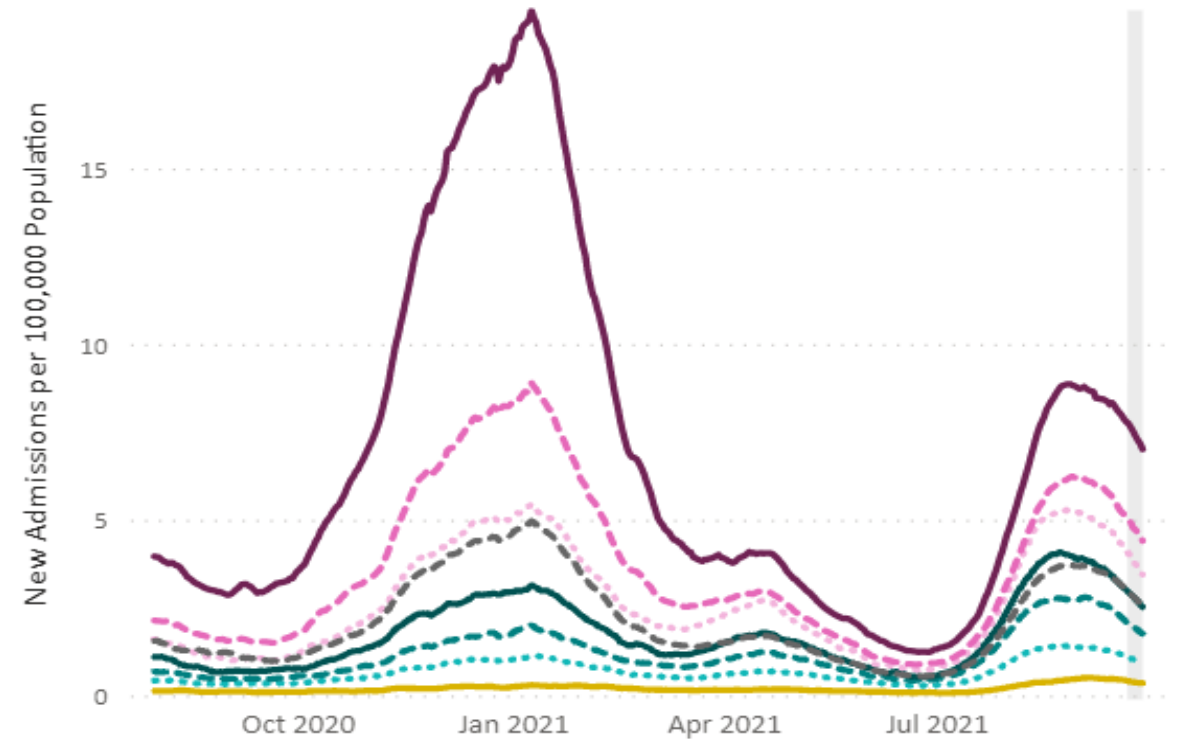
Select an Age Group

All Ages

United States | All Ages



United States | All Age Groups

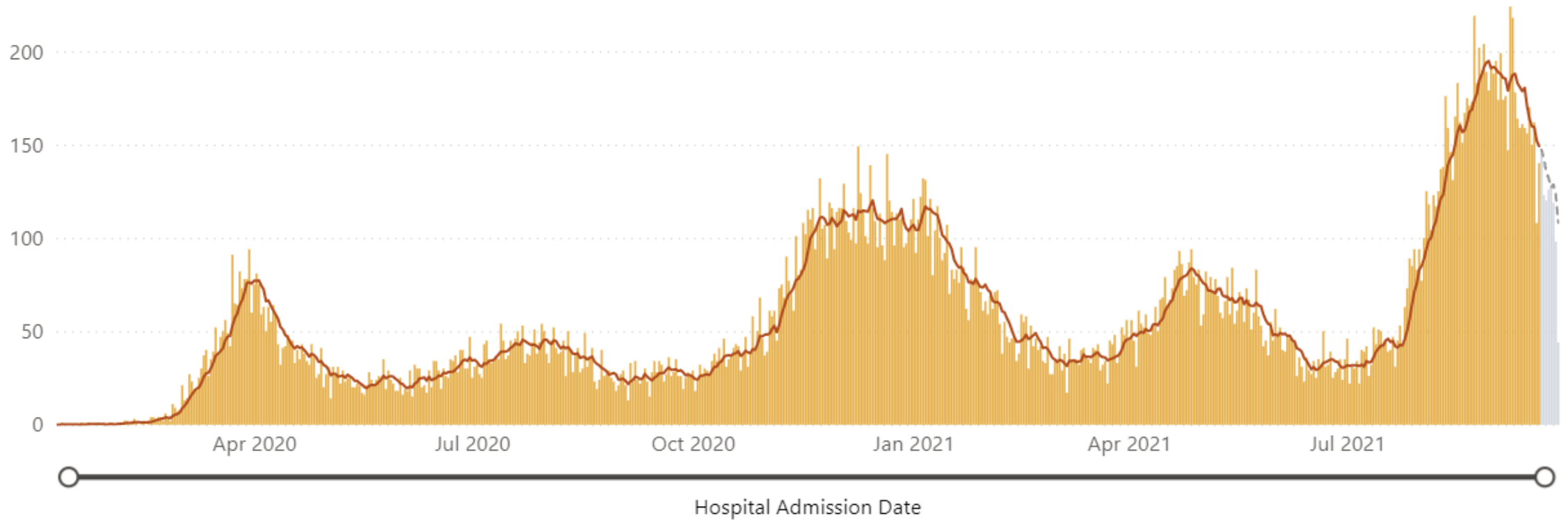


Age Group — 0 - 17 Years — 18 - 29 Years — 30 - 39 Years — 40 - 49 Years — 50 - 59 Years — 60 - 69 Years — 70+ Years — — All Ages

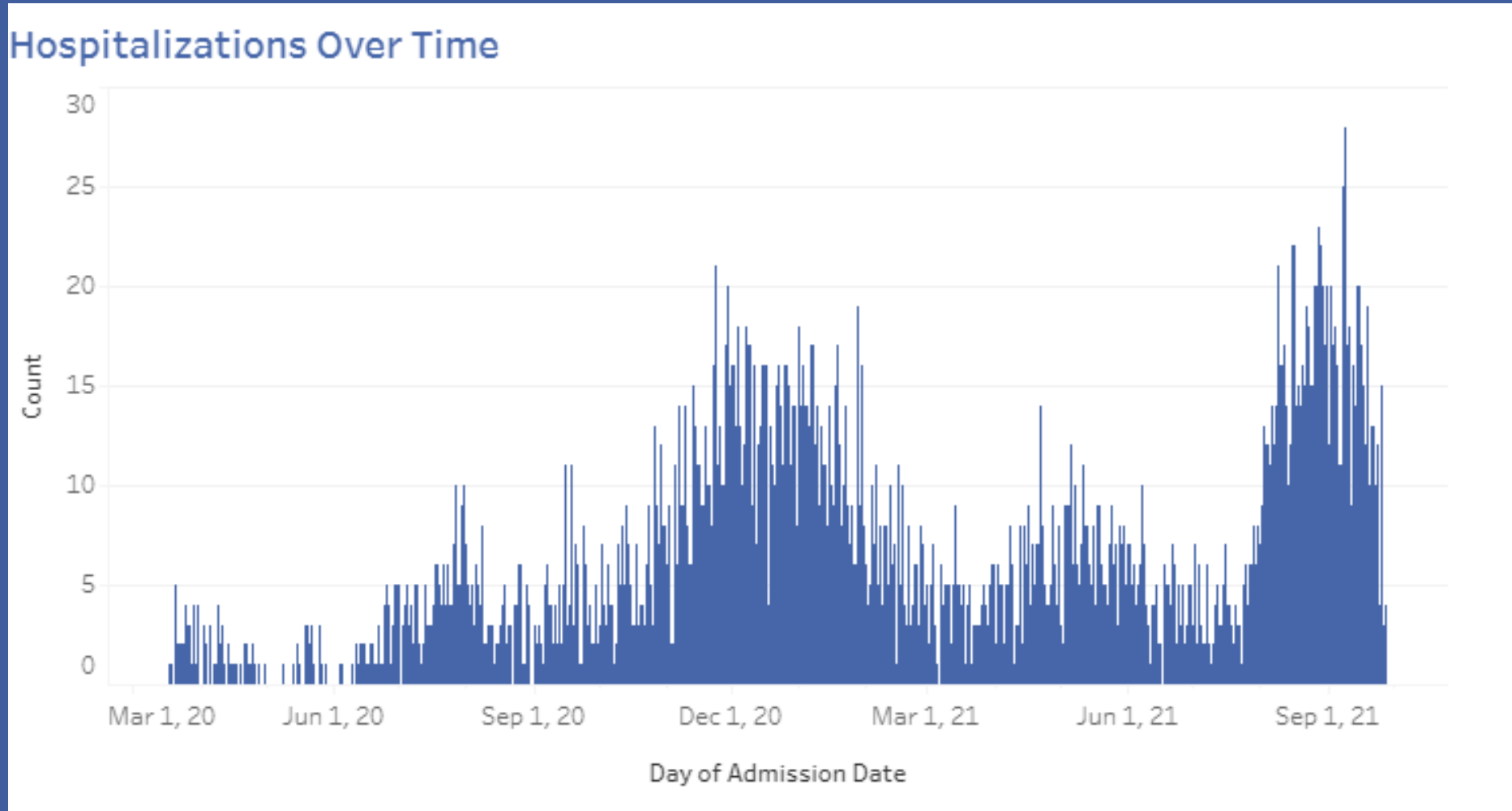
Washington State Hospitalization Data

HOSPITALIZATION COUNTS

● Hospitalizations ● Incomplete — Hospitalizations (7 day avg.) — Incomplete (7 day avg.)



Spokane County SRHD Data



Cases by state



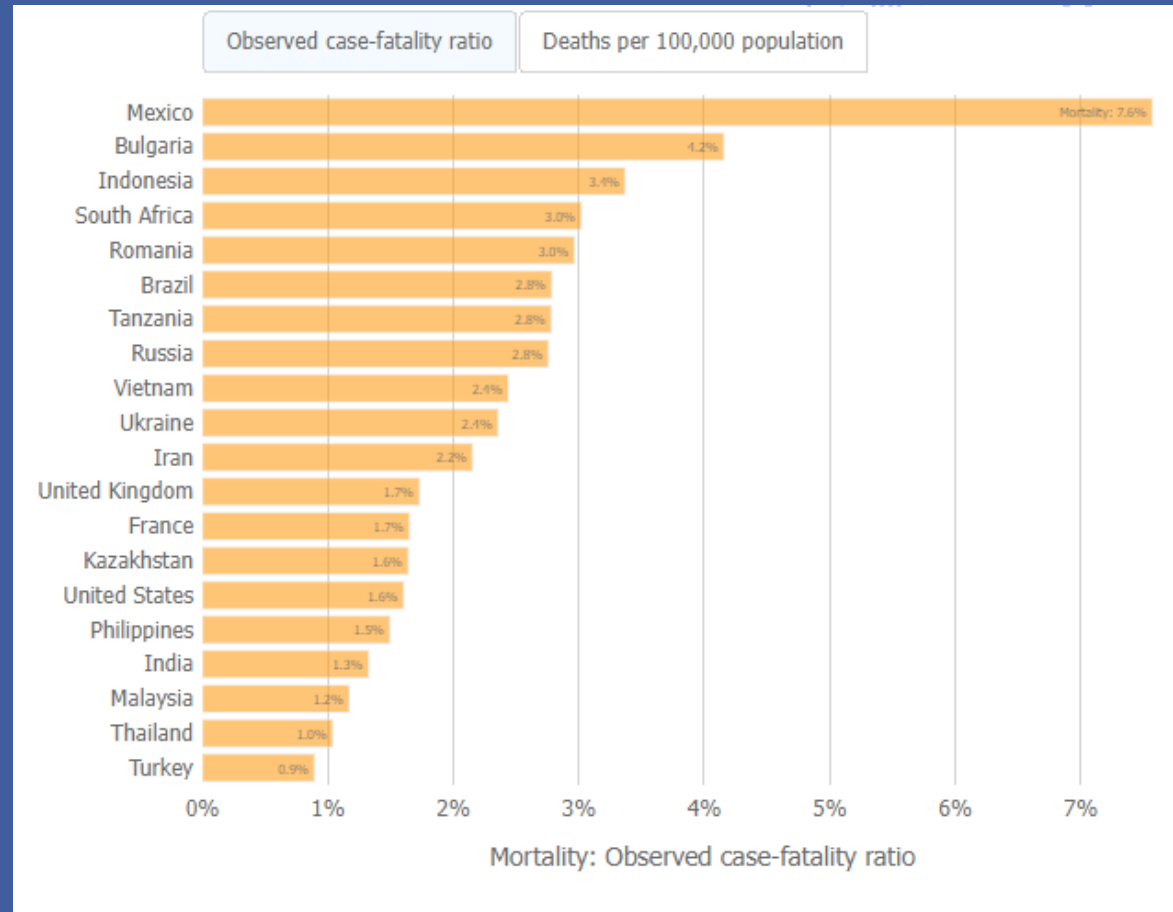
State	Fully vaccinated	Not fully vaccinated
Alaska	4.0%	96.0%
Arizona	5.9%	94.1%
Arkansas	3.6%	96.4%
California	1.4%	98.6%
Connecticut	0.2%	99.9%
Delaware	1.0%	99.0%
District of Columbia	1.3%	98.7%
Idaho	1.2%	98.8%
Indiana	1.1%	98.9%
Maine	1.3%	98.7%
Massachusetts	1.0%	99.0%
Michigan	1.6%	98.4%
Montana	3.2%	96.8%
Nebraska	0.4%	99.6%
Oklahoma	0.8%	99.2%
Oregon	1.9%	98.1%
Rhode Island	1.7%	98.3%
Tennessee	0.4%	99.7%
Utah	3.2%	96.8%
Vermont	1.6%	98.4%
Virginia	0.7%	99.3%
Washington	2.0%	98.0%

Hospitalizations by state



State	Fully vaccinated	Not fully vaccinated
Alaska	5.0%	95.0%
Arkansas	4.7%	95.4%
California	0.8%	99.2%
Delaware	0.6%	99.4%
District of Columbia	0.5%	99.5%
Illinois	1.6%	98.4%
Indiana	0.6%	99.4%
Michigan	1.3%	98.7%
Montana	2.3%	97.7%
New Jersey	0.1%	99.9%
New Mexico	0.3%	99.7%
Oklahoma	0.7%	99.3%
Oregon	3.2%	96.8%
Rhode Island	4.2%	95.8%
Tennessee	0.9%	99.1%
Utah	4.6%	95.4%
Vermont	1.4%	98.6%
Virginia	1.6%	98.4%
Washington	2.2%	97.8%

Mortality In The Most Affected Countries:





COVID-19 Vaccine Approval, Third Dose and Booster Shots

FDA's Full Approval of Pfizer-BioNTech COVID-19 Vaccine



- New name: Comirnaty (COVID-19, Immunity and m-RNA)
- Full Approval for ages 16 and older
- Additional analysis of the effectiveness and safety data; analysis of real-world safety data
- All three vaccines work – they are safe and effective

COVID-19 Vaccine:

What's the difference between a “Booster” and a “3rd Dose?”

3rd Dose

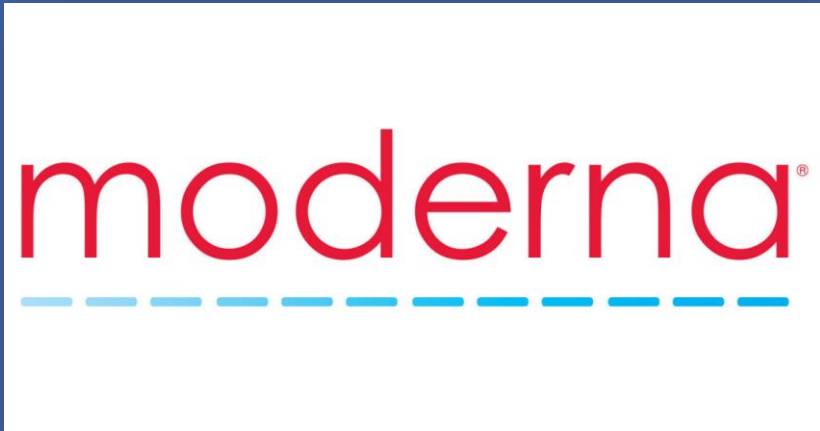
The Centers for Disease Control and Prevention (CDC) recommends an additional dose of the Comirnaty (Pfizer-BioNTech) or Moderna COVID-19 vaccines only to certain immunocompromised groups 28 days after completing their two-dose series in order to reach a full level of protection.

Booster Dose

“Booster dose” is an additional dose of an immunizing agent that is given at a time after the initial immunization to someone who has built enough protection after vaccination that triggers a rapid anamnestic response that outpaces the development of disease.

Authorization of Booster of mRNA for Immunocompromised People

mRNA Vaccines



Moderately and severely immunocompromised people

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of CAR-T-cell or hematopoietic cell transplant (within 2 years of transplantation or taking immunosuppressive therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge, Wiskott-Aldrich syndromes)
- Advanced or untreated HIV infection
- Active treatment with high dose corticosteroids (i.e., ≥ 20 mg prednisone or equivalent per day), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, THF blockers, and other biologic agents that are immunosuppressive or immunomodulatory

Additional considerations

- Chronic medical conditions may be associated with varying degrees of immune deficit
- Patient's clinical team is best able to assess the degree of altered immunocompetence and optimal timing of vaccination, with specific attention paid to current or planned immunosuppressive therapies
- Whenever possible, mRNA COVID-19 vaccination doses (including the primary series and an additional dose) should be given at least two weeks before initiation of immunosuppressive therapies
- Factors to consider in assessing the general level of immune competence of patients with chronic disease include disease severity, duration, clinical stability, complications, comorbidities, and any potentially immune-suppressing treatment
- Utility of serologic testing or cellular immune testing to assess response to vaccination and guide clinical care (e.g., need for an additional dose) has not been established and is not recommended at this time

Importance of infection prevention measures

- Immunocompromised people (including those who receive an additional mRNA dose) should be counseled about the potential for reduced immune response to COVID-19 vaccination and need to follow prevention measures*
 - Wear a mask
 - Stay 6 feet apart from others they don't live with
 - Avoid crowds and poorly ventilated indoor spaces until advised otherwise by their healthcare provider
- Close contacts of immunocompromised people should be strongly encouraged to be vaccinated against COVID-19

COVID-19 Vaccine: Booster Dose of Pfizer

The CDC recommends Pfizer boosters six months after their second dose for:

- Older adults, ages 65 and over and those living in long-term care facilities.
- Adults ages 50-64 at high risk of severe COVID-19, due to underlying medical conditions such as cancer, chronic lung disease, diabetes, and heart conditions, among others.



Cont.

Cont. - COVID-19 Vaccine: Booster Dose

- Adults ages 18-49 at high risk of severe COVID-19 due to underlying medical conditions should consider a booster based on an assessment of their individual benefits and risks and consultation with their medical provider.
- Adults ages 18-64 for people whose jobs put them at high risk for COVID-19, including healthcare workers, teachers, daycare staff, grocery workers, and other essential workers, along with people in congregate care facilities.

Authorization of Booster Doses has not yet been granted for the Moderna or Johnson & Johnson vaccines.

Questions/Discussion