Summit County Public Health Chamber Update 12/10/2020



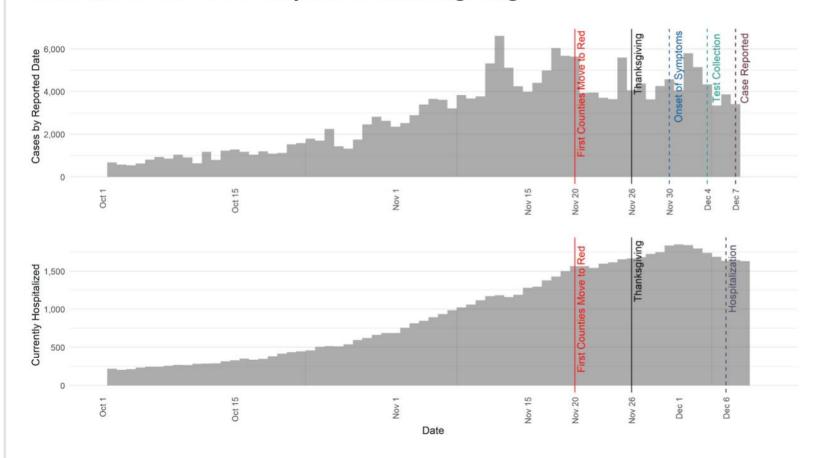
State Updates

Weekly Epi Trends

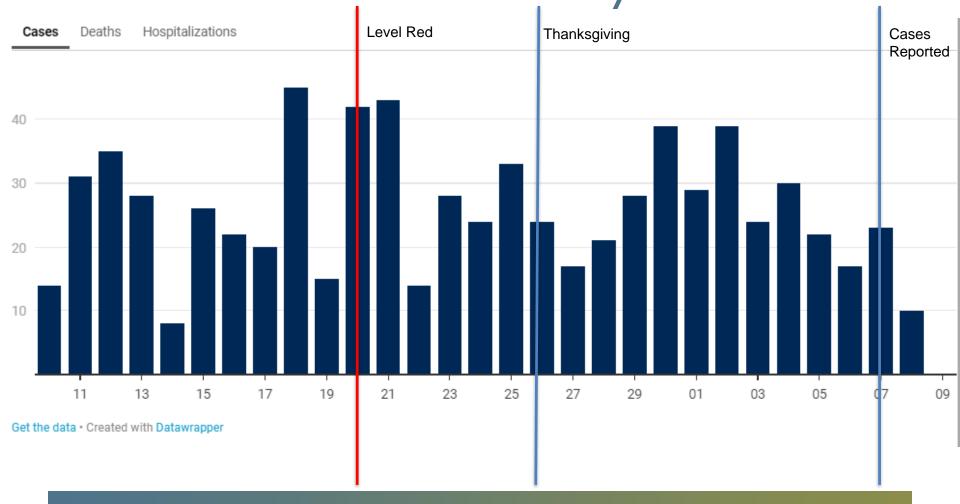
- Cases and percent positivity increased slightly last week while hospitalizations decreased
- The impact of Thanksgiving on reported cases and hospitalizations should be observable starting Dec 6th/7th but we have not yet seen an increase. It is unclear if another few days is needed to see the impact or if measures put in place prior to Thanksgiving are suppressing the impact of the holiday.
- We appear to be in an unstable equilibrium with a relative plateau in the last 3-4 weeks



Timeline to Observed Impact of Thanksgiving

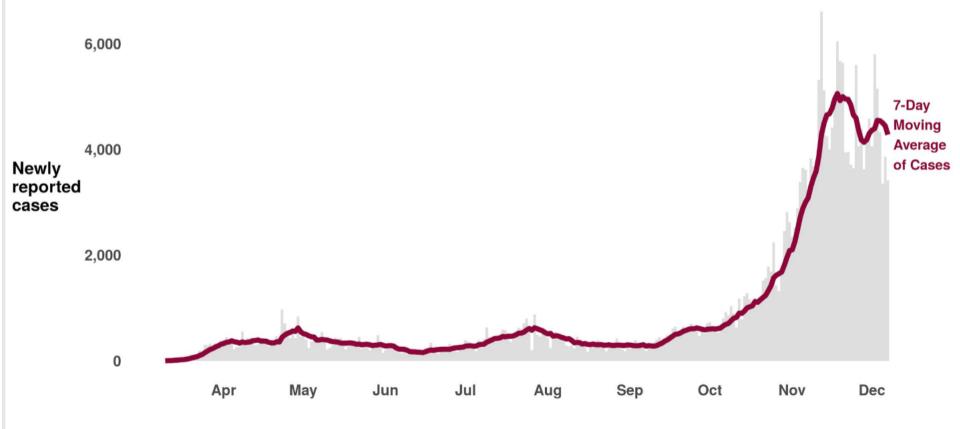


Timeline Observed Impact of Thanksgiving Summit County





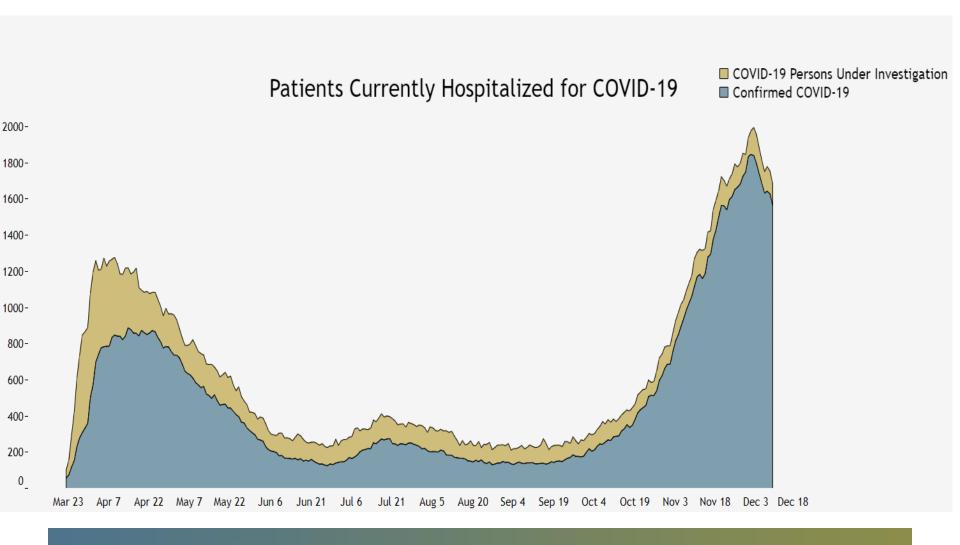
Daily Case Counts and 7 Day Moving Average Trend



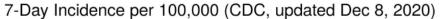


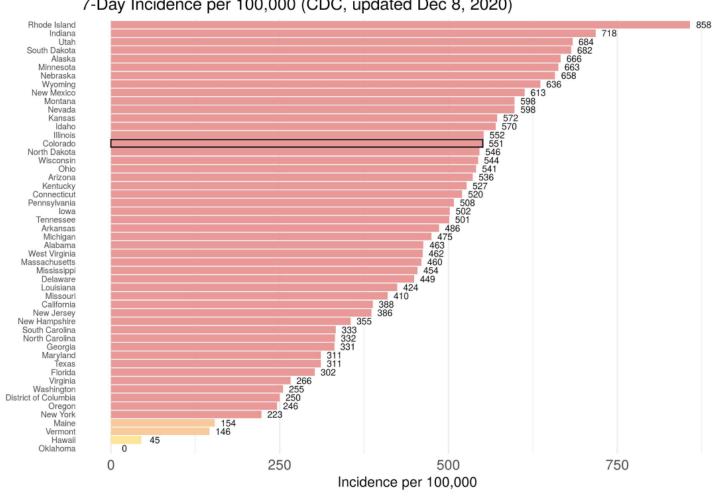
5 of the last 14 days have an upward trend in the 7-day moving average of newly reported cases.

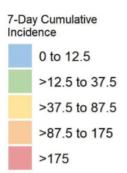




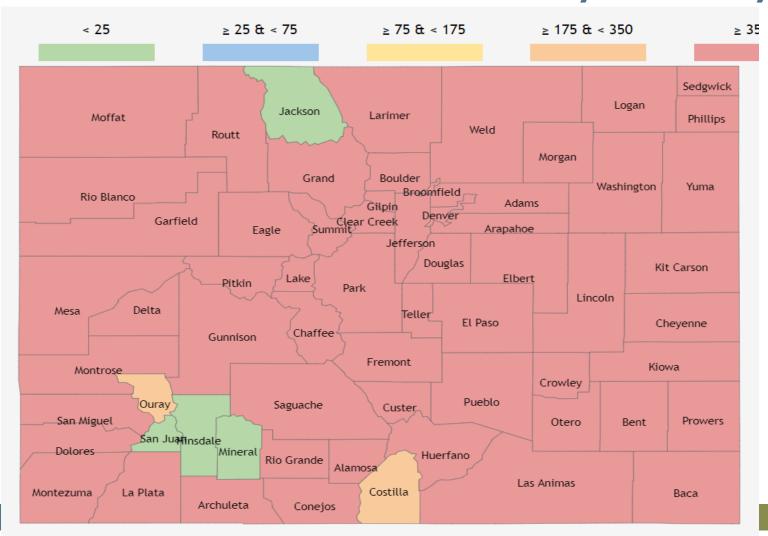








Two Week Incidence Rate by County





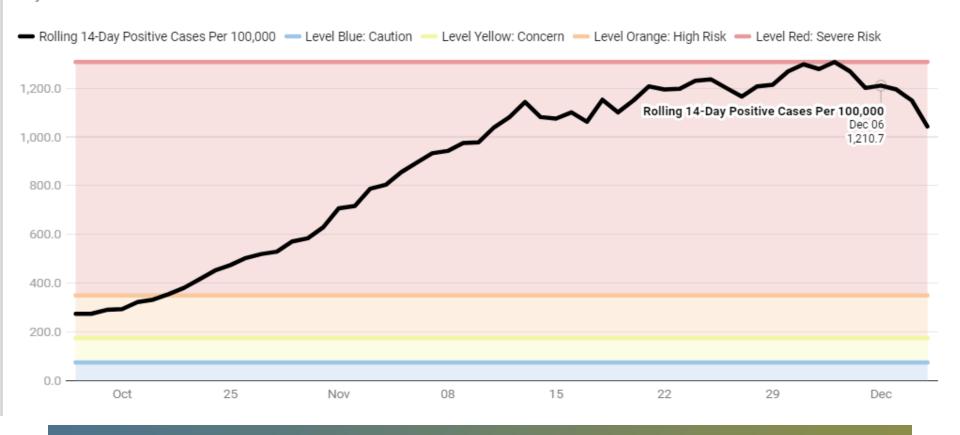
Summit County Two-Week Cumulative Incidence: 1,149

Summit County Two-Week Average Positivity: 9.8%

14 Days of Declining or Stable Hospitalizations in Summit County

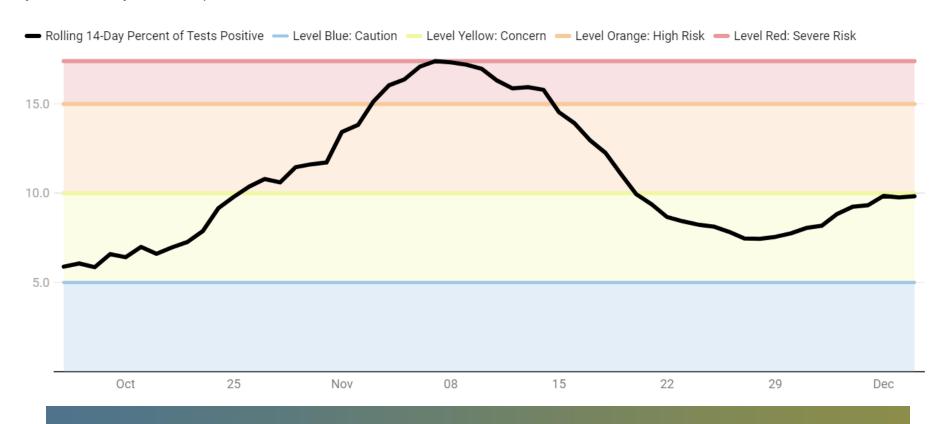
COVID-19 Cases Per 100,000

This chart shows the number of new positive cases per 100,000 people in the Summit County resident population over the previous 14 days.



Test Positivity Rate

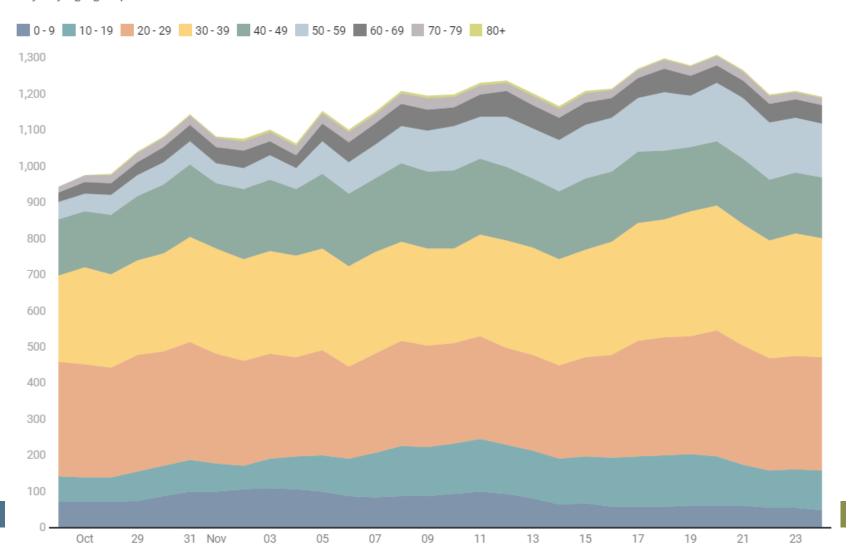
This chart shows the percentage of positive PCR tests relative to the total number of COVID-19 PCR tests performed on Summit County residents over the previous 14 days. A polymerase chain reaction (PCR) test is a molecular diagnostic test that can show if you have an active infection of the novel coronavirus. The data in this chart do not include antibody tests, which look for antibodies that are made by your immune system in response to the virus.





COVID-19 Cases Per 100,000 by Age Group

This chart shows the number of new positive cases per 100,000 people in the Summit County resident population over the previous 14 days by age group.





Unintended Consequences

- Suicides
- Overdoses
- BH needs
- Economic security
- Food security
- Housing
- Child abuse/neglect

- Intimate Partner
 Violence
- Healthcare needs
- Remote learning
- Business closures
- Burnout
- Others?

Light at the End of the Tunnel



Prioritization Philosophy

Our focus in determining vaccine prioritization has been based on:

- 1 How we can save the most lives.
- 2 Ending the crisis that has been brought on by the pandemic as quickly as possible.



Phase I: COVID-19 Vaccines



- 2 doses (21d)
- Efficacy: 95%
- Begins arriving in December



- 2 doses (28d)
- Efficacy: 94.5%
- Begins arriving in December

These vaccines are more effective than the flu vaccine and comparable to the efficacy rate of the measles component of the MMR vaccine.



COVID-19 VACCINE DISTRIBUTION

PHASE 1 Winter



PHASE 2 Spring



PHASE 3





Highest-risk health care workers and individuals:

- · People who have direct contact with COVID-19 patients for 15 minutes or more over a 24-hour period.
- · Long-term care facility staff and residents.

1B

Moderate-risk health care workers and responders:

- · Health care workers with less direct contact with COVID-19 patients.
- · Workers in home health/hospice and dental settings.
- · EMS, firefighters, police, correctional workers, dispatchers, funeral services, other first responders, and COVID-19 response personnel.

Higher-risk individuals and essential workers:

- · People age 65 or older.
- · People of any age with obesity, diabetes, chronic lung disease, significant heart disease, chronic kidney disease, cancer, or are immunocompromised.
- · People who interact directly with the public at work, such as grocery store workers and school staff.
- · People who work in high density settings like farms and meat-packing plants.
- · Workers serving people that live in high-density settings.
- · Other health care workers not covered in Phase 1.
- · Adults who received a placebo during a COVID-19 vaccine clinical trial.

The general public:

· Anyone age 18-64 without high risk conditions.

*Timeline subject to change based on supply chain. Prioritization subject to change based on data, science, availability.





















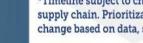












Vaccines Don't Save Lives, Vaccinations Save Lives



Contact Tracing Team update

- 1714 individuals with COVID-19 isolated since start
- 2297 close contacts quarantined since start
- 140 cases that were previously quarantined that became infected with COVID-19
- 13 quarantine or isolation orders issued since start
- Employees of hospitality and food and beverage industries are two common and recurring themes with positive cases
- Commonly seeing disease transmission occur as a result of gatherings
- Employers are regularly helping identify close contacts in the workplace making the CTT's process more efficient
- School liaison and ski liaison are in place to help with cases and contact tracing specialty areas

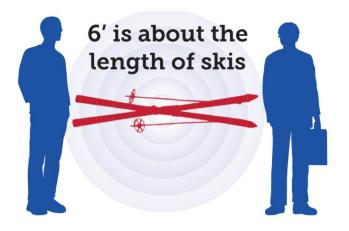
Quarantine Guidance

- The options for a shortened quarantine apply only in the following situations:
- If an exposed individual does not develop symptoms, they may be released from quarantine after completing Day 7 if they have a negative molecular or antigen test collected within 48 hours of ending quarantine. The test should be collected no sooner than Day 5 after the exposure.
- An individual may stop quarantining after completing 10 days of quarantine without a test if they do not develop any symptoms.
- Under no circumstance should the quarantine end before seven full days have passed.
- I4 days remains the gold standard for quarantine and people should monitor for symptoms for the full I4 days regardless if they end quarantine prior.



Skiing/Snowboarding Risk Assessment

- **✓** Ventilation
- **✓** Face Coverings
- **✓** Physical Distancing
- ✓ Duration
- **✓** Exclusion of Sick







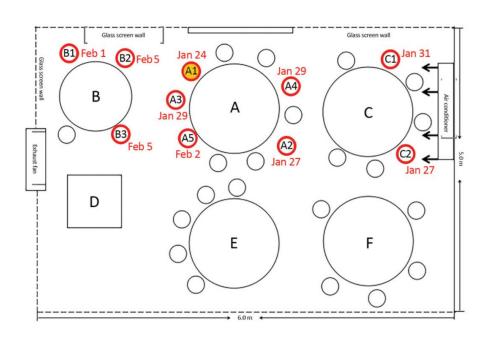




Restaurant Risk Assessment

- **X** Ventilation
- **X** Face Coverings
- **✓** Physical Distancing
- **X** Duration
- **✓** Exclusion of Sick







"Outdoor" Dining Options



COVID-19 GUIDANCE

Temporary Outdoor Structures for Restaurants and Events

As Colorado starts to experience colder months, the state is looking for ways to provide guidance for restaurants and events to safely provide temporary structures for people to eat outdoors. Depending on the erection or construction of these spaces, and the available ventilation, they will be considered an indoor or outdoor setting and must follow the appropriate capacity requirements. This document outlines the guidance restaurants must follow to provide a safe environment for their customers to eat in these temporary structures. The charts below explain the criteria the state uses to classify a setting as indoors or outdoors and the capacity requirements for each.

In the table below, a wall is defined as any material type that can reasonably restrict aerosols from passing through may be considered a "wall." For example, a loose, mesh mosquito net is not finely-knit enough to reduce airflow and will not stop any particles or aerosols. A fabric sheet curtain and a tarp or plastic barrier are considered a wall because the material would prevent aerosols from passing through.

Temporary outdoor structures classification

Features	Classification	Description
4 walls with ceiling	Indoor	Having 3-4 walls obstructs air flow, and will confine air.
3 walls closed, 1 side open	Indoor	
2 <u>non-adjacent</u> sides open enough to provide air flow through the space	Outdoor	With outdoor scenarios, open-air ventilation that lacks the confinement created by wall structures allows air movement. Air movement allows droplets/aerosls containing the COVID-19 virus to disperse rapidly to low concentrations, and move "out" of the space. When there is no air movement, as is the case in most indoor environments, virus particles are trapped inside the space. The virus then recirculates and the concentration of the virus increases as people continue to





Relief Efforts and Financial Assistance



- For more info on Level Red
 - https://covid19.colorado.gov/covid-19-dial
- For local questions
 - 668-9730
 - o covidquestions@summitcountyco.gov
- For business resources:

https://www.summitcountyco.gov/1347/Business-Resources

- To report violation of PHO
 - o 668-8600