

# COVID-19 Update

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#### Daily new confirmed COVID-19 cases per million people

-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of nfections.



ource: Johns Hopkins University CSSE COVID-19 Data

#### How do Pandemics End?



Fade Away



Vaccination



Endemic

#### What does 'Endemic' mean

- Miriam-Webster definition: *belonging or native* to a particular people or country
- En demos In the people
- No one definition -
  - Personal Endemicity when the disease causes only minimal changes in a person's social and economic behavior
  - 2. Society (Epidemiological) Endemicity when COVID-19 occurs at a predictable level and at a level society is comfortable with
  - 3. Bio-economic Endemicity occurs when what the virus does is minimally connected with personal and societal economic activity and knock-on secondary impacts



#### **Current Predictions – Omicron remains dominant**



- Improving scenario cases, hospitalizations and deaths
- Likely modest surge in the fall/winter



## All Depends on What the Virus Does!

- We know the virus will mutate but we don't' know how
  - The virus doesn't necessarily change to become weaker
  - Mutations are random not planned
  - All the virus wants is to survive!
- Two features that help the virus the most are:
  - Infectivity
  - Immune escape
  - Severity has little impact it doesn't make much difference to the virus whether it gives you a runny nose or puts you in the ICU!



#### Potential Variant Scenarios (many more are possible)

	Infectivity	Immune Escape	Severity	Impact
Increased Severity "Delta-Cron"	Similar to, or greater than Omicron	Significant immune escape even from Omicron infections	Similar to Delta	Cases +++ Hospitalizations +++ Deaths ++
Increased Immune Escape	Similar to, or greater than Omicron	Significant immune escape even from Omicron infections	Similar to Omicron	Cases +++ Hospitalizations and deaths depends on Vax effectiveness against severe disease
Lower Severity	Similar to, or greater than Omicron	Some immune escape even from Omicron infections	Milder than Omicron	Cases +++++ Hospitalizations and deaths low

#### So, what should we be doing now?





## Controlling COVID-19

- This is difficult with an evolving (aka mutating) highly infectious virus
- Control also may take time e.g., TB still 10+ million cases and 1.5M die each year
- Control will depend on how we respond and how we implement the tools we have:
  - Vaccines
  - Testing
  - Surveillance
  - o Masks
  - Therapeutics
  - $\circ$  Ventilation
  - Healthcare capabilities
  - Communication and education
    - Public/employee acceptance



#### Control Needs to be Dynamic



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# Why refocus efforts for monitoring COVID-19 in communities?

- Shift from eliminating SARS-CoV-2 transmission towards more relevant metrics given current levels of population immunity and tools available
- Current high levels of population immunity reduce risk of severe outcomes
  - High rates of vaccination in population as a whole
  - Availability of boosters, and booster coverage among populations at high risk
  - In unvaccinated, high rates of infectioninduced protection
- Breadth of tools available for public health and clinical care
  - Broad access to vaccines, therapeutics, testing

- Community measures should focus on minimizing the impact of severe COVID-19 illness on health and society
  - Preventing medically significant illness
  - Minimizing burden on the healthcare system
  - Protecting the most vulnerable through vaccines, therapeutics, and COVID-19 prevention

## **CDC's COVID-19 Community Levels and Indicators**

New Cases (per 100,000 population in the last 7 days)	Indicators	Low	Medium	High
Forwarthan 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
200 or more	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days

#### Example of Organization Framework based on Risk Level

	Low		Medium		High
•	Encourage/support/mandate COVID-19 vaccines and boosters	AI •	I LOW-risk actions plus: Protect people at high risk for	•	All LOW & MEDIUM Risk actions plus:
•	home and have access to testing		<ul> <li>Ensuring equitable access to</li> <li>vascination testing treatment</li> </ul>	•	<ul> <li>Strict mask requirements</li> <li>Higher grade masks</li> </ul>
	throughout indoor spaces Follow CDC (or company)		support services, and information	•	Consider decreased workplace
•	<ul> <li>Follow CDC (or company)</li> <li>recommendations for isolation and quarantine, including getting tested if employees are exposed to COVID-19 or have symptoms of COVID-19</li> <li>For employees who are immunocompromised or high risk for severe disease: <ul> <li>Access to rapid testing if needed (e.g., having home tooto or access to tooting)</li> </ul> </li> </ul>	•	<ul> <li>information</li> <li>Flexible work options</li> <li>Consider implementing testing:</li> <li>Screening those coming into the workplace</li> <li>For people who are exposed to COVID-19</li> <li>Un or partially vaccinated +/- unboosted</li> <li>Consider maintaining or reinstating mask requirements</li> </ul>		density/increased WFH when an option
	<ul> <li>Know to talk to their healthcare provider oral antivirals, monoclonal antibodies, and PrEP</li> </ul>				

## Questions

#### **Upcoming NEBGH virtual events:**

- Mar. 7 Monday COVID-19 Update w/ Dr. Mark
- Mar. 15 Tele-behavioral Health for Employees
- Mar. 22 Prevention and Support for Substance Use Struggles
- June 16 Benefits Leadership for a Changing World: Accept the Challenge!