



NORTHEAST

BUSINESS GROUP ON HEALTH

COVID-19 Update

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Monday April 11th, 2022

Daily new confirmed COVID-19 cases & deaths per million people

7-day rolling average. Limited testing and challenges in the attribution of cause of death means the cases and deaths counts may not be accurate.

■ United States

New cases (per 1M)

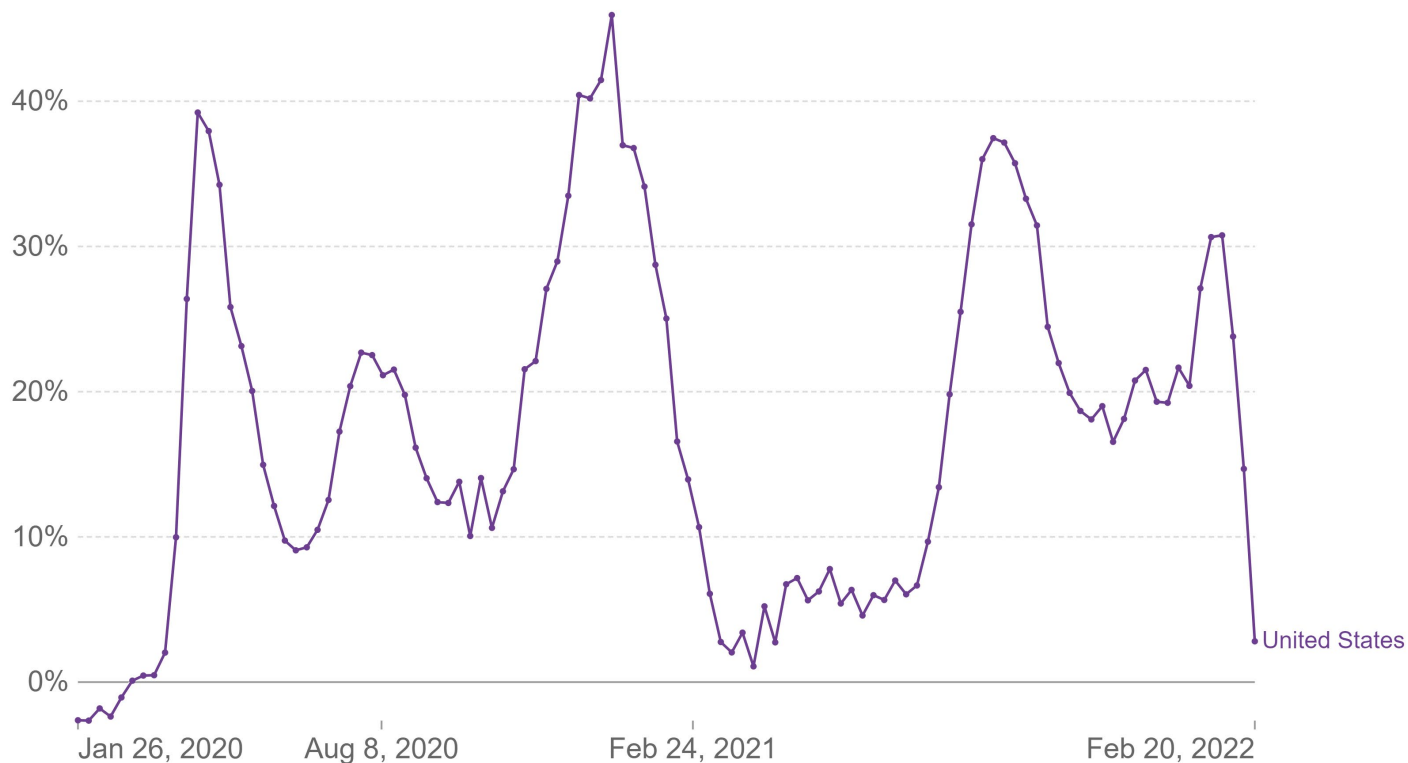


New deaths (per 1M)

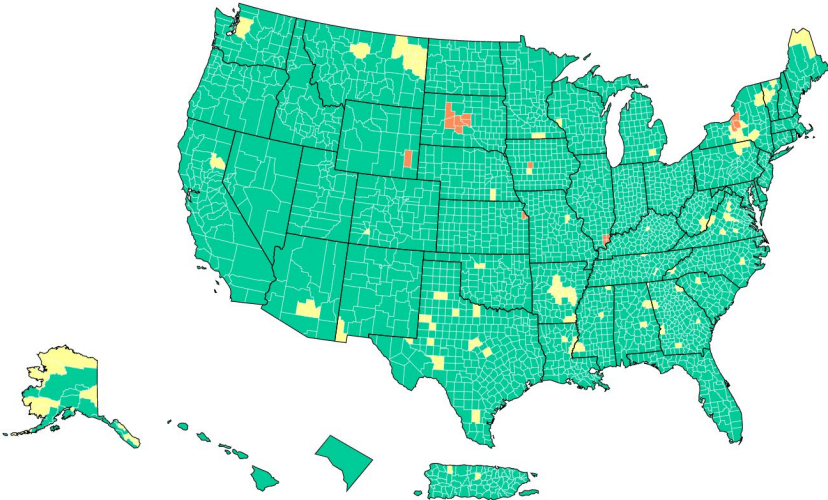


Excess mortality: Deaths from all causes compared to projection based on previous years

The percentage difference between the reported number of weekly or monthly deaths in 2020–2022 and the projected number of deaths for the same period based on previous years. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.



COVID-19 Community Levels of All Counties in US



COVID-19 Community Levels in US by County

	Total	Percent	% Change
High	19	0.59%	0.06%
Medium	123	3.82%	- 0.72%
Low	3082	95.6%	0.66%

New Cases ¹ (per 100,000 population in the last 7 days)	Indicator	Low	Medium	High
<200 cases	New COVID-19 admissions per 100,000 population (7- day total) ²	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds in use by COVID-19 patients (7-day average) ³	<10.0%	10.0-14.9%	≥15.0%
≥200 cases	New COVID-19 admissions per 100,000 population (7- day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds in use by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

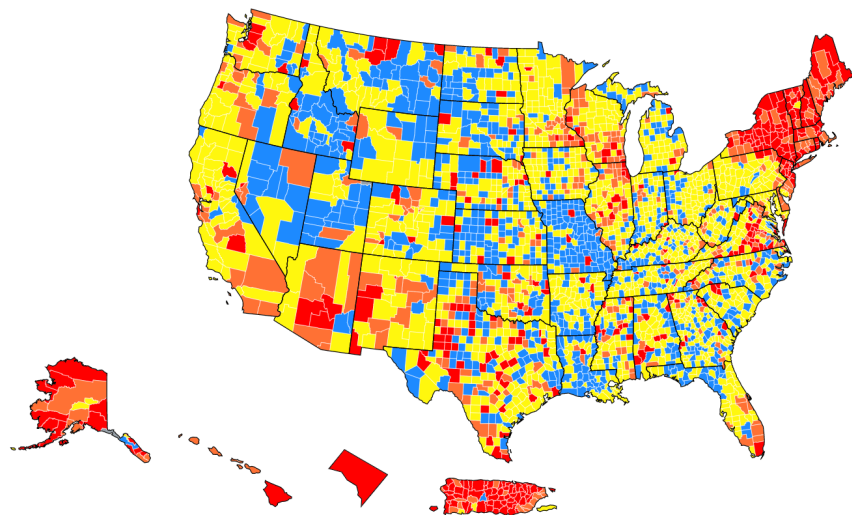
● Low

● Medium

● High

● No Data

Community Transmission of All Counties in US



Community Transmission in US by County

	Total	Percent	% Change
High	403	11.38%	- 0.45%
Substantial	415	11.72%	- 3.7%
Moderate	1525	43.08%	- 0.82%
Low	876	24.75%	4.94%

	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%

● High ● Substantial ● Moderate ● Low ● No Data

Testing

- Testing down
- Many at home tests go unreported

Daily new COVID-19 tests

7-day rolling average. Comparisons across countries are affected by differences in testing policies and reporting methods.

Our World
in Data

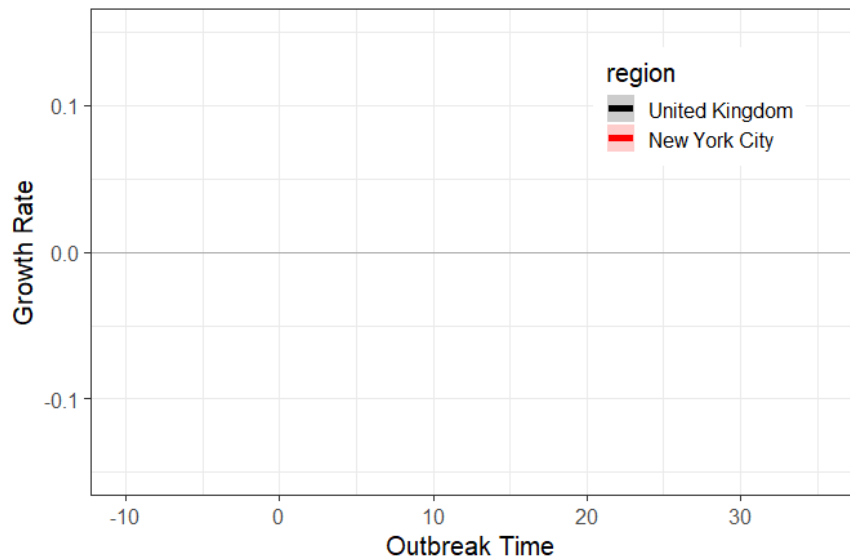


Source: Official data collated by Our World in Data

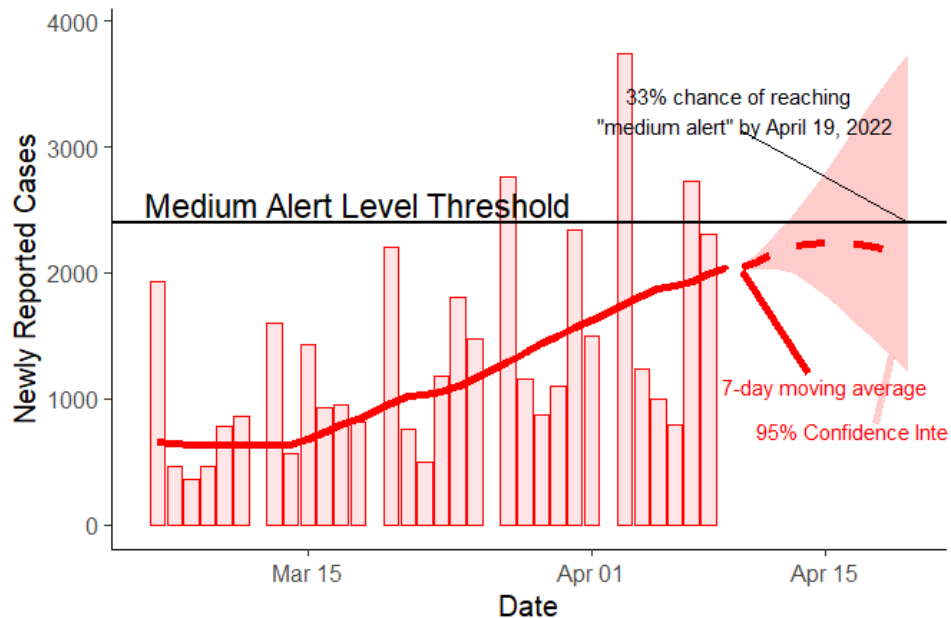
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New York

BA.2 Outbreak Tracker | Date: 2022-02-21



Forecast of NYC COVID-19 Cases



https://github.com/reptalex/NYC_BA2_dashboard

Living with COVID

California is first to unveil plan to live with virus; 'stealth omicron' could be more dangerous than initial version: COVID-19 updates

Jorge L. Ortiz, John Bacon and Jeanine Santucci USA TODAY

Opinion: The Gridiron Club outbreak shows what living with covid-19 looks like



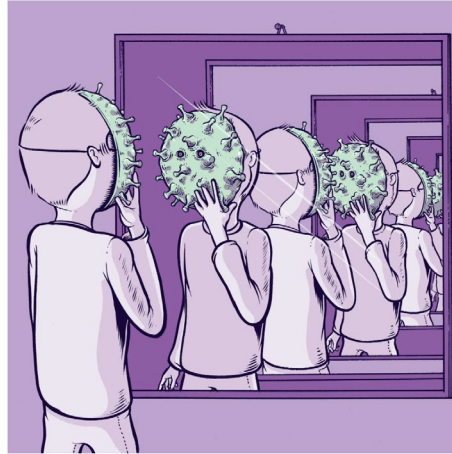
By Leana S. Wen
Contributing columnist

The Washington Post

The New York Times

How Will We Live if Covid Is Here to Stay?

Oct. 27, 2021

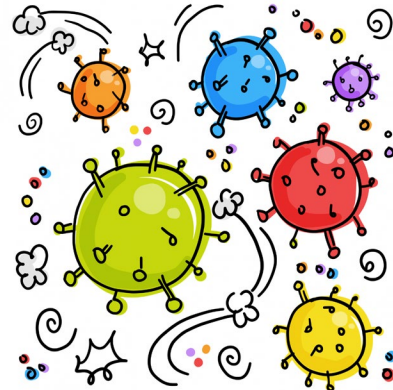


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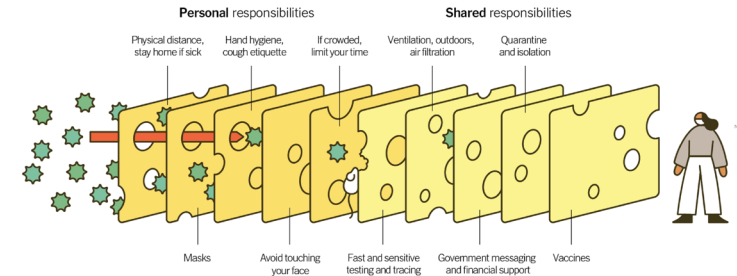
Individual Level

- If you are fully vaccinated and boosted and relatively fit, there is still a reasonably high risk of catching COVID, but your illness is likely to be ‘relatively’ mild.
 - Long-COVID is also a risk
- If you want to get back to life as before then that is okay but don’t assume there are no risks!
- If you want to be a little safer then:
 - Wear a KN95 or better mask in high-risk situations or avoid/minimize exposure e.g., crowded spaces indoors, bars, nightclubs, mass transit, etc.
 - Test if you think you may have COVID or 2-3 days after a high-risk exposure
- If you are protecting high-risk family members:
 - As above plus have people test prior to visiting your house
 - Remember antivirals and prophylactic drugs
- Track your local situation



Organizational Approach

- Duty of care to provide a safe workplace but what does that mean with a highly infectious virus?
- Tools available:
 - Vaccination and booster mandates
 - Masking – for all, those unvaccinated, those who want to
 - Ventilation – MERV13+, ACH, Fresh air dilution, UVA, HEPA units, CO₂ levels, etc.
 - Testing – surveillance and/or suspected cases and potential cases
 - Occupancy levels
- Factors to consider:
 - Compliance with any local requirements
 - Effectiveness of operations – collaboration, productivity, employee engagement, company culture
 - Business risk – what is the impact of a workplace outbreak?
 - Employee factors – employee sentiment, ‘the great resignation’
 - Legal risk



Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong

My Advice

- Don't throw away all your tools at the first sight of green on the CDC map!
- Track locally relevant data and be reactive to change – cautious approach to dropping measures but quicker at reimplementing them
- Double down on ventilation
- Listen to your employees and communicate even when nothing to say!
- Consider the many who are at risk or struggling
- Be prepared – it is not if but when!

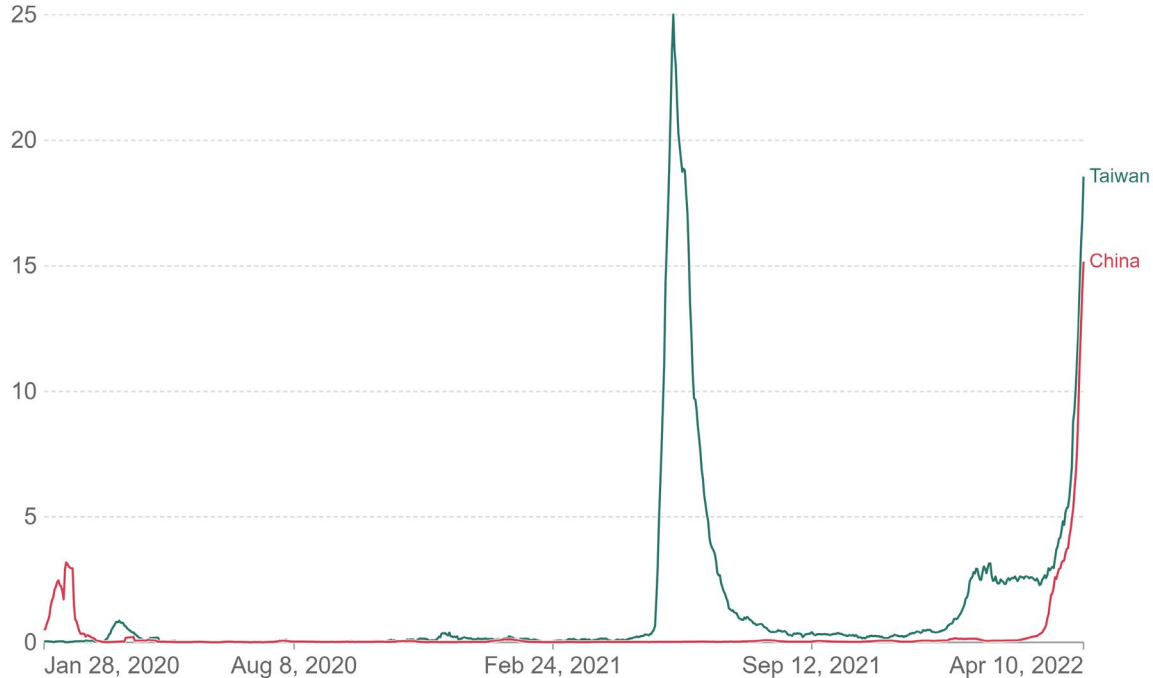


China and Taiwan

Daily new confirmed COVID-19 cases per million people

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

Our World
in Data



Source: Johns Hopkins University CSSE COVID-19 Data

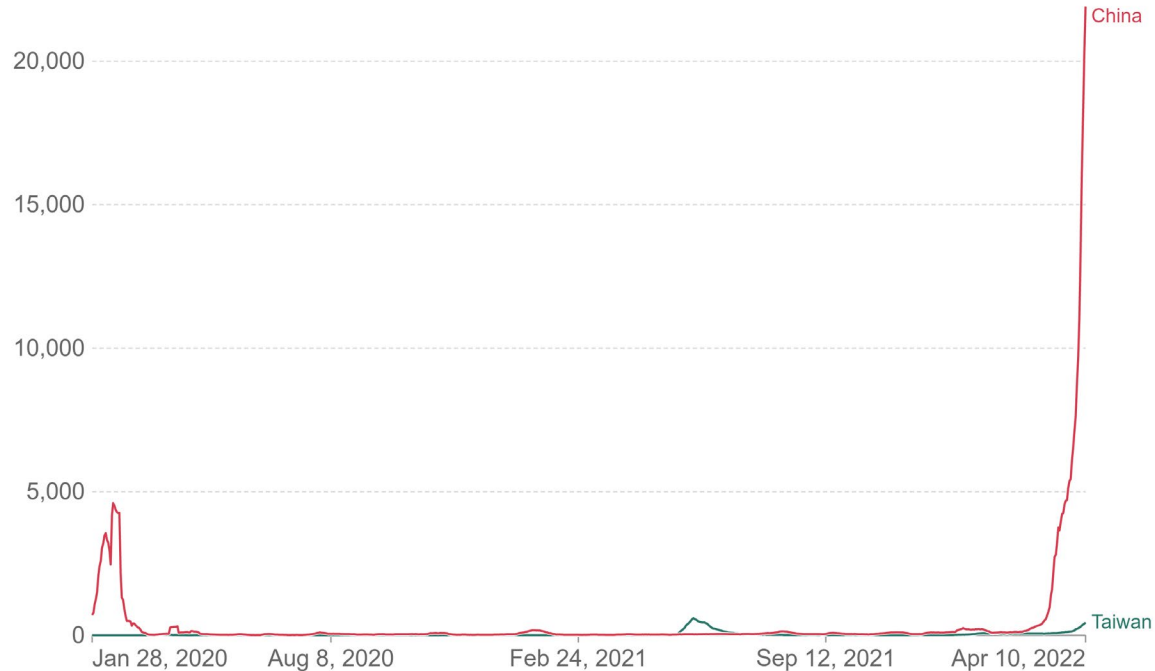
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China and Taiwan

Daily new confirmed COVID-19 cases

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

Our World
in Data



China

- Main outbreak in Shanghai and Jilin Province
- Shanghai is the most significant with 25,173 new cases recorded yesterday (Approximately 1,000 cases per million) but they are testing millions of people
 - 2 weeks of lockdown but maybe moving to designate 3-tiers of risk to neighborhoods with some restrictions lifting for the lower risk
 - Some factories – employees are lockdown at work
 - Any positive case moved to government isolation – sustainability of this approach
 - Food delivery challenges
 - Need special pass to access healthcare but telehealth and pharmacy delivery available



China – Zero-COVID Policy

- Paper published in Nature medicine may indicate a change in China's approach
- Rationale for moving to a 'Living with COVID' approach:
 - Low death rate
 - High vaccination rates
 - Balance between COVID-19 and other socioeconomic issues
- Preparation:
 - Expand online clinical services
 - Train millions of local healthcare workers to provide better services for mild COVID-19 cases
 - Stockpile antivirals, personal protective equipment, N95 masks, ventilators and relevant traditional Chinese medications
- If it is adopted by choice, it will be a step-wise approach.
- The virus may dictate the timing!

correspondence

China can prepare to end its zero-COVID policy

To the Editor — To date, mainland China has promptly blocked hundreds of COVID-19 outbreaks that are associated with imported cases, enabling it to maintain the zero-COVID policy for more than 20 months¹. Although tremendously costly, this zero-case policy could have saved an estimated one million lives, compared with the global average mortality of COVID-19 (as of 16 February 2022). Many people in China and around the world are wondering if and when mainland China will change its zero-case policy to one of living with SARS-CoV-2. We believe that this change will happen sooner or later, as SARS-CoV-2 will probably become a seasonal infection in 2022 and circulate in humans indefinitely^{2,3}.

There are several reasons why this change could be feasible in 2022 (Table 1). The number of fatal cases in China has been low. Of the total 24,249 new COVID-19 cases confirmed in mainland China from 15 May 2020 to 15 February 2022, only two people died before 15 March 2022 (case fatality rate (CFR) of 0.008%), although many had pneumonia⁴. This low CFR can mitigate any social panic. Indeed, the global CFR of SARS-CoV-2, which was around 80 times higher than that of seasonal influenza (~0.12%) in April 2020, will be likely less than 2 times higher than that of seasonal influenza in 2022 (ref.⁵) due to the effects of mass vaccination, immunity from infection and the highly transmissible but relatively low-pathogenicity Omicron variant. Furthermore, COVID-19 vaccination coverage reached more than 85% in mainland China, with each person inoculated with around 2.2 doses on average⁶.

The change from a zero-COVID approach will come with many advantages, but also great challenges (Table 1). The change should better balance the control of COVID-19 versus other socioeconomic issues. The change should also better balance the control of COVID-19 versus other diseases, as the zero-COVID approach has occupied vast public health resources. Moreover, living with the virus in a highly vaccinated population can lead to robust herd immunity against various SARS-CoV-2 variants through repeated natural mild infections^{7,8}.

The greatest challenge of moving away from the zero-COVID approach in populous mainland China is that SARS-CoV-2 cases could surge rapidly, with high case numbers

for months after stringent control measures are lifted. The rising cases could overwhelm healthcare systems (Table 1), which could greatly increase the COVID-19 CFR. SARS-CoV-2 is currently circulating in Japan, South Korea and Hong Kong at high levels⁹, which should be observed closely as natural pilot experiments to evaluate the risk of the change in mainland China. It should be noted that the COVID-19 vaccination rate is low in Hong Kong, particularly in elderly people, which may render the COVID-19 outbreak there more severe than in mainland China.

To prepare for the end of the zero-COVID policy, we propose that development of online healthcare services should be widely and rapidly promoted, so that mild COVID-19 cases can be seen at home. This could prevent hospitals from being overwhelmed and greatly reduce the risk of nosocomial infections, including to healthcare workers¹⁰. By June 2021, mainland China had constructed more than 1,600 online hospitals with more than 239 million users¹¹, providing a solid foundation for the rapid development of online healthcare services.

Local healthcare workers in community clinics are critical to control the COVID-19

pandemic. By 2021, 970,036 community hospitals had been established in mainland China, employing more than 3 million healthcare workers (around 1 community hospital for every 1,400 residents)¹². These millions of local healthcare workers can be trained to provide better online and offline healthcare services for mild COVID-19 cases¹³.

Mainland China should also stockpile antivirals, personal protective equipment, N95 masks and ventilators, particularly at community hospitals. Traditional Chinese medications should also be considered, as they have a profound role in Chinese society and may help relieve mild respiratory symptoms.

It is our view that mainland China should consider changing stepwise from the zero-COVID approach in April or May 2022. By this time, vaccination immunity will not have declined much and most parts of the country will be warm. There is some evidence that SARS-CoV-2 is less transmissible in warmer months¹⁴, when co-infection with other respiratory pathogens will also be less frequent.

Regardless of when the zero-COVID policy changes, preparations should be implemented in advance to confront the challenges.

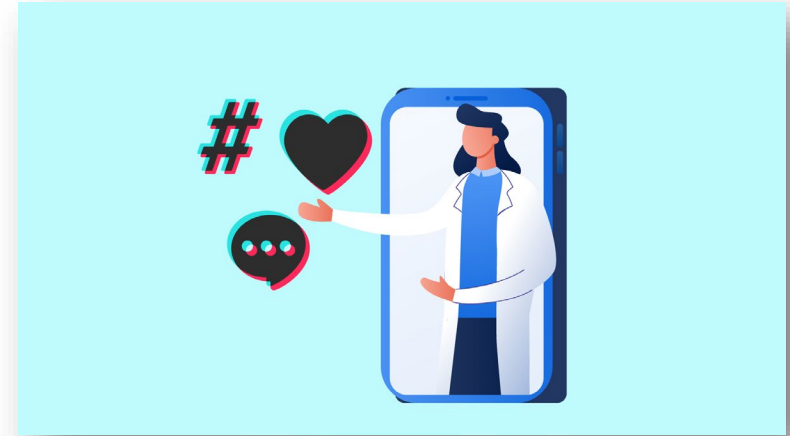
Table 1 | Key factors to consider in ending China's zero-COVID policy

Factor	Rationale
Feasibility	From 15 May 2020 to 15 February 2022 there were only two COVID-19 deaths in mainland China The global SARS-CoV-2 CFR in 2022 appears to be less than two times higher than that of seasonal influenza Vaccination coverage has reached more than 85% in mainland China, and each person has been inoculated with 2.2 doses on average
Advantages	A better balance between COVID-19 and other socioeconomic issues A better balance between COVID-19 and other diseases Generate robust herd immunity against future potential variants through repeated mild infections
Challenges	COVID-19 cases will surge rapidly and stay high for months Healthcare systems could be overwhelmed by too many patients, which could increase greatly the COVID-19 fatality rate
Strategies for preparedness	Expand online clinical services to reduce in-person patients and nosocomial infections Train millions of local healthcare workers to provide better services for mild COVID-19 cases Stockpile antivirals, personal protective equipment, N95 masks, ventilators and relevant traditional Chinese medications

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Mental Health is Going Viral

- Therapists are turning to Tik Tok and other social media platforms – APA recently issued guidelines¹ but still limited regulations/controls
- Therapists linked to providers
- Many unqualified people offering advice
- Social media algorithms mean one search filters and drives more posts
Potentially dangerous rabbit holes of misinformation and self diagnosis



1. <https://www.apa.org/about/policy/guidelines-optimal-use-social-media.pdf>

Questions

Upcoming NEBGH virtual events:

- **April 18** – Special Edition COVID-19 Update: Long COVID w/ Mount Sinai's Dr. Zijian Chen
- **April 27** – Mental Health Parity Refresh
- **June 16** - Benefits Leadership for a Changing World: Accept the Challenge!