



Sterilizing Immunity

- Sterilizing immunity is a unique immune status, which prevents effective virus infection into the host
- It is different from the immunity that allows infection but with subsequent successful eradication of the virus – Effective Immunity





Mucosal Vaccines

- 4 mucosal Covid vaccines currently authorized for use:
 - First one was Razi Cov Pars, an intranasal protein unit vaccine (Iran)
 - Sputnik Nasal 2 dose version of the Sputnik vaccine (Russia)
 - CanSino's inhaled vaccine Convidecia Air (China)
 - iNCOVACC intranasal version of ChAd-SARS-CoV-2-S manufactured by Bharat Biotech (India)
- 3 possibly reaching authorization in 2022 or early next year:
 - An intranasal viral vector vaccine from Beijing Wantai BioPharm
 - Mambisa, an intranasal protein subunit vaccine from Cuba
 - Patria, an intranasal viral vector vaccine from Mexico, using a vaccine developed in the US
- Later:
 - 2 vaccines developed in the US, a live attenuated intranasal vaccine from Codagenix, and a viral vector vaccine (adenovirus-based) in tablet form from Vaxart



Data

- Reported data from clinical trials is limited
- China has published data on its Phase 1 and 2 trails for Convidecia Air:
 - Response after inhaled version was slower but longer-lasting than injected (which peaked then declined from day 14),
 - Better for Omicron though not as good for original virus.
 - No measure of mucosal immunity used
- BBV154 (iNCOVACC), Viral vector (adenovirus), Bharat Biotech (India)
 - Small amount of neutralizing antibody data only,
 - Lower than for Covaxin on day of administration but higher on day 42.
 - Reportedly satisfactory for Beta, Delta, and Omicron, but no data provided. Reportedly prevents infection in upper airways, but no data provided.
 - Adverse events rate very
- Razi Cov Pars, Protein subunit (Iran) 41,128 people Razi Cov Pars vs Sinopharm:
 - O There were no hospitalizations for Covid in the Razi Cov Pars group and 5 in the Sinopharm group
 - The rate of Covid was reportedly more than twice as high in the Sinopharm group

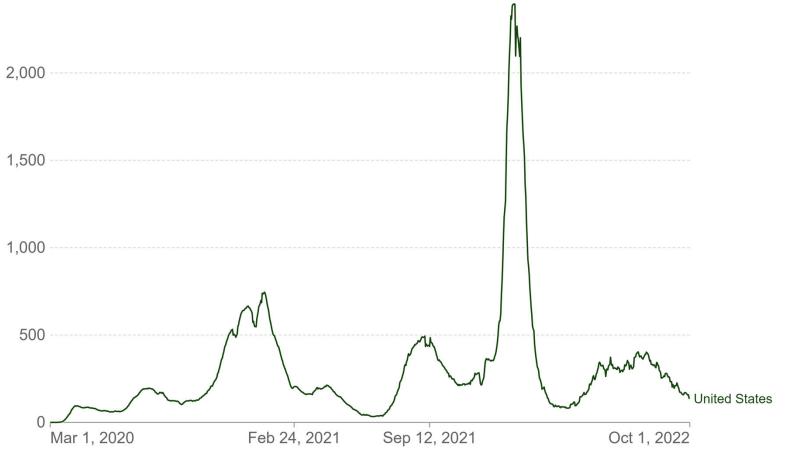




Daily new confirmed COVID-19 cases per million people



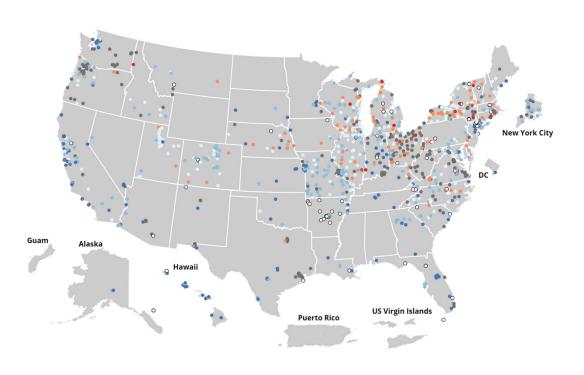
7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.



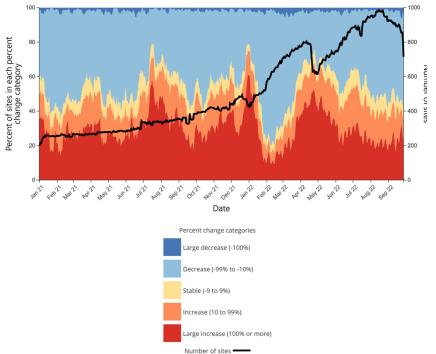
Source: Johns Hopkins University CSSE COVID-19 Data



Wastewater



Percent of sites in each percent change category over time, United States

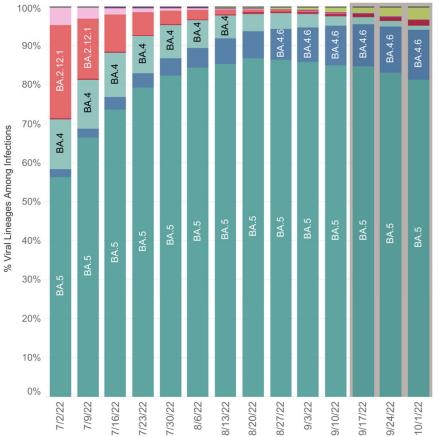




United States: 6/26/2022 - 10/1/2022

United States: 9/25/2022 - 10/1/2022 NOWCAST

NOWCAST



WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	BA.5	VOC	81.3%	79.6-83.0%	
	BA.4.6	VOC	12.8%	11.5-14.1%	
	BF.7	VOC	3.4%	2.6-4.4%	
	BA.2.75	VOC	1.4%	1.1-1.9%	
	BA.4	VOC	1.1%	1.0-1.2%	
	BA.2.12.1	VOC	0.0%	0.0-0.0%	
	BA.2	VOC	0.0%	0.0-0.0%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		0.0%	0.0-0.0%	

^{*} Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

[#] AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. Except BA.2.12.1, BA.2.75 and their sublineages, BA.2 sublineages are aggregated with BA.2. Except BA.4.6, sublineages of BA.4 are aggregated to BA.4. Except BF.7, sublineages of BA.5 are aggregated to BA.5. Sublineages of BA.1.1 and BA.2.75 are aggregated to the parental BA.1.1 and BA.2.75 respectively. Previously, BA.2.75 was aggregated with BA.2, and BF.7 was aggregated with BA.5. Lineages BA.4.6, BF.7, and many BA.2.75 contain the spike substitution R346T.

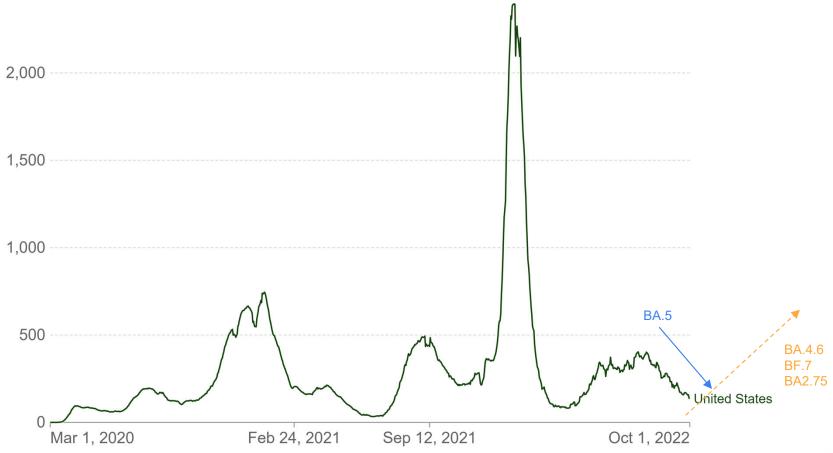


^{**} These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

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



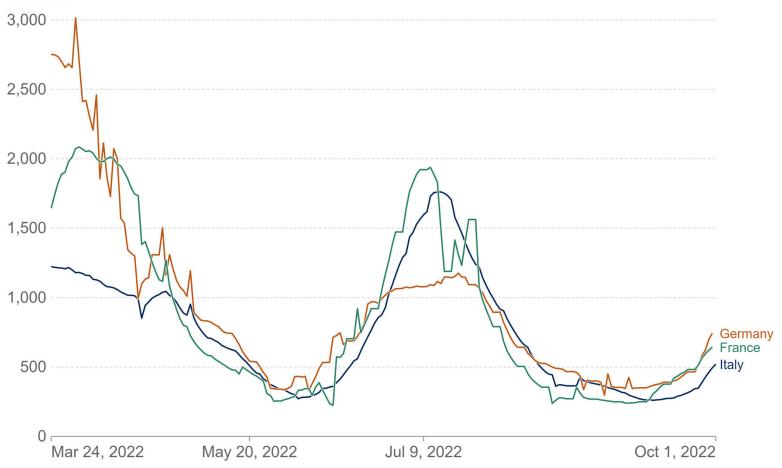
Source: Johns Hopkins University CSSE COVID-19 Data



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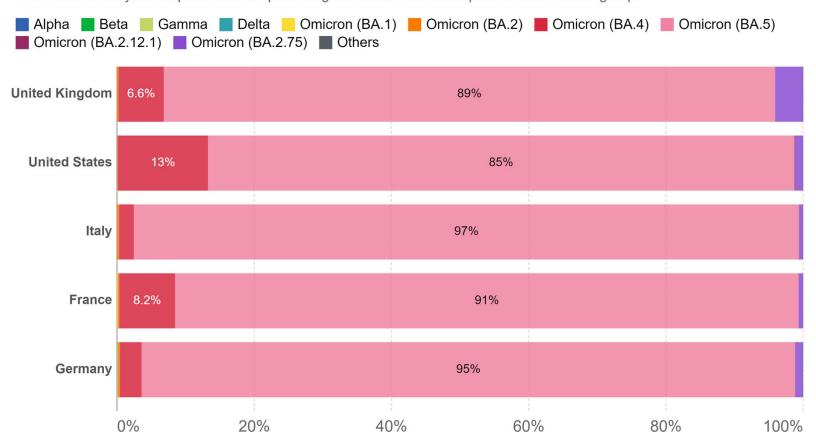
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SARS-CoV-2 sequences by variant, Sep 26, 2022



The share of analyzed sequences in the preceding two weeks that correspond to each variant group.



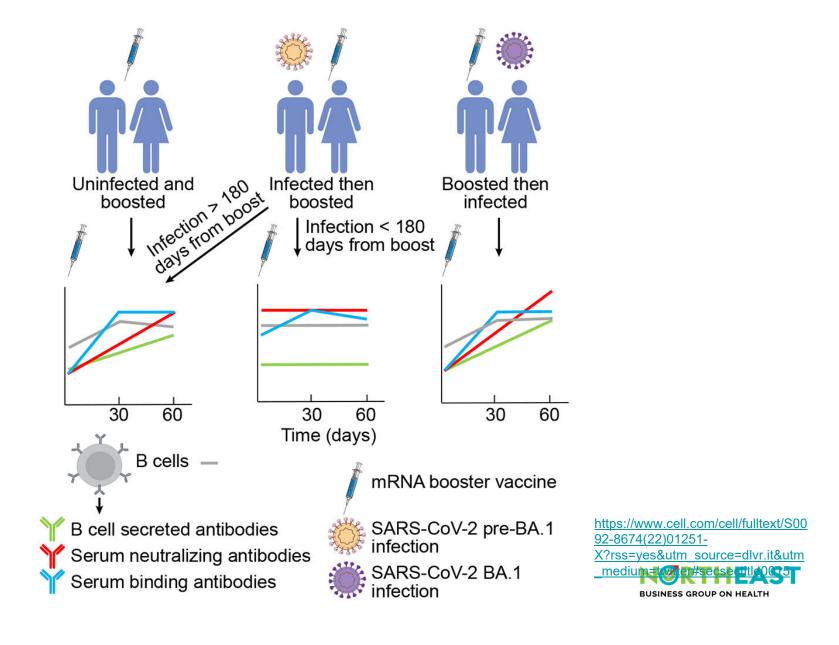
Source: GISAID, via CoVariants.org

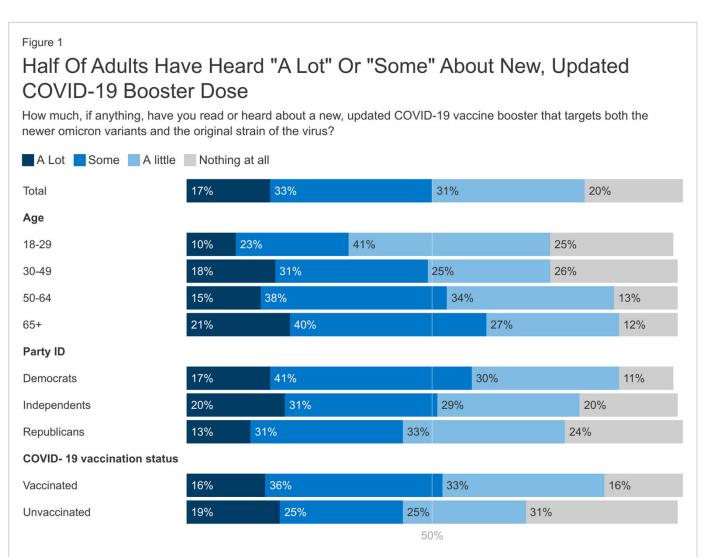
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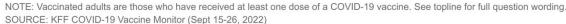
Note: This share may not reflect the complete breakdown of cases, since only a fraction of all cases are sequenced. Recently-discovered or actively-monitored variants may be overrepresented, as suspected cases of these variants are likely to be sequenced preferentially or faster than other cases.











KFF COVID-19 Vaccine Monitor



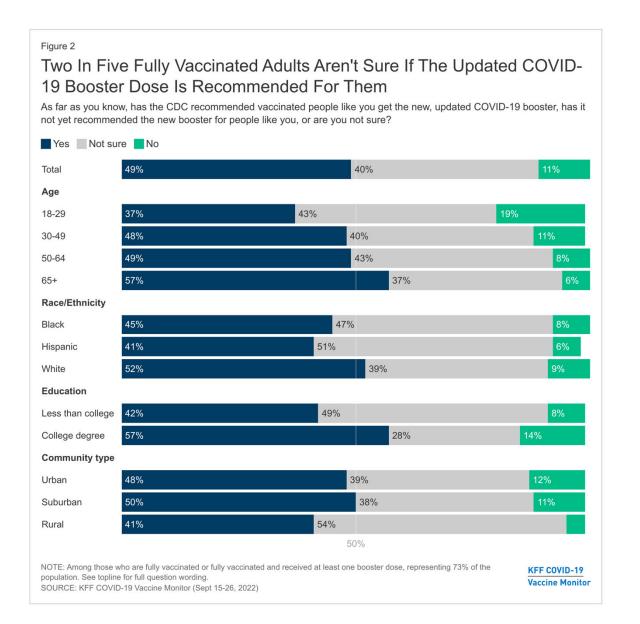


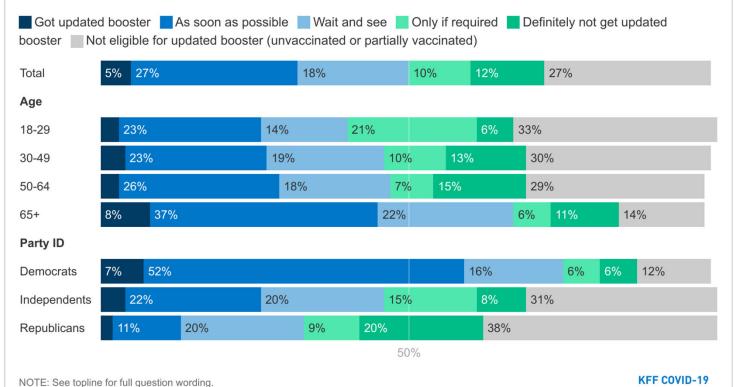


Figure 3

SOURCE: KFF COVID-19 Vaccine Monitor (Sept 15-26, 2022)

A Third Of Adults Say They Have Either Gotten The Updated COVID-19 Booster Or Are Planning To "As Soon As Possible"

Have you received a dose of the new, updated COVID-19 booster that has been available since early September, or not? If not, as you may know, the CDC currently recommends that all adults who have received a COVID-19 vaccine get a dose of the new, updated COVID-19 booster after a certain amount of time has passed since their initial vaccination or last booster dose. Do you think you will...?



KFF COVID-19 Vaccine Monitor



People ages 12 years and older are recommended to receive 1 age-appropriate bivalent mRNA booster dose after completion of any FDA-approved or FDA-authorized monovalent primary series or previously received monovalent booster dose(s)









Questions

Upcoming NEBGH virtual events:

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