COVID-19 Update

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Medical Director NEBGH

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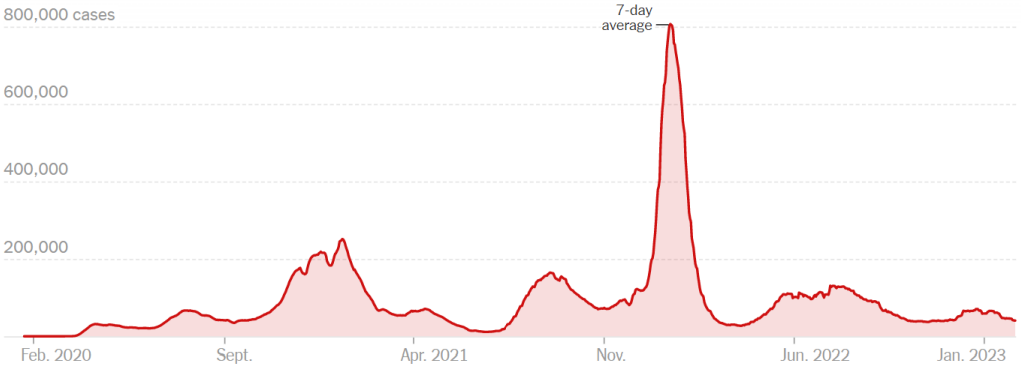
HP2030 HEALTHY PEOPLE 2030 CHAMPION

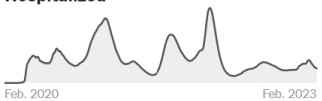
New reported cases

All time | Last 90 days

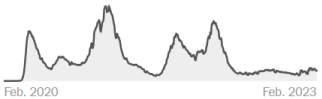


Test positivity rate

Hospitalized



Deaths



	DAILY AVG. ON FEB. 4	PER 100,000	14-DAY CHANGE
Cases	40,680	12	-14%
Test positivity	10%	—	-8%
Hospitalized	30,815	9	-19%
In I.C.U.s	3,880	1	-20%
Deaths	458	<1	-8%

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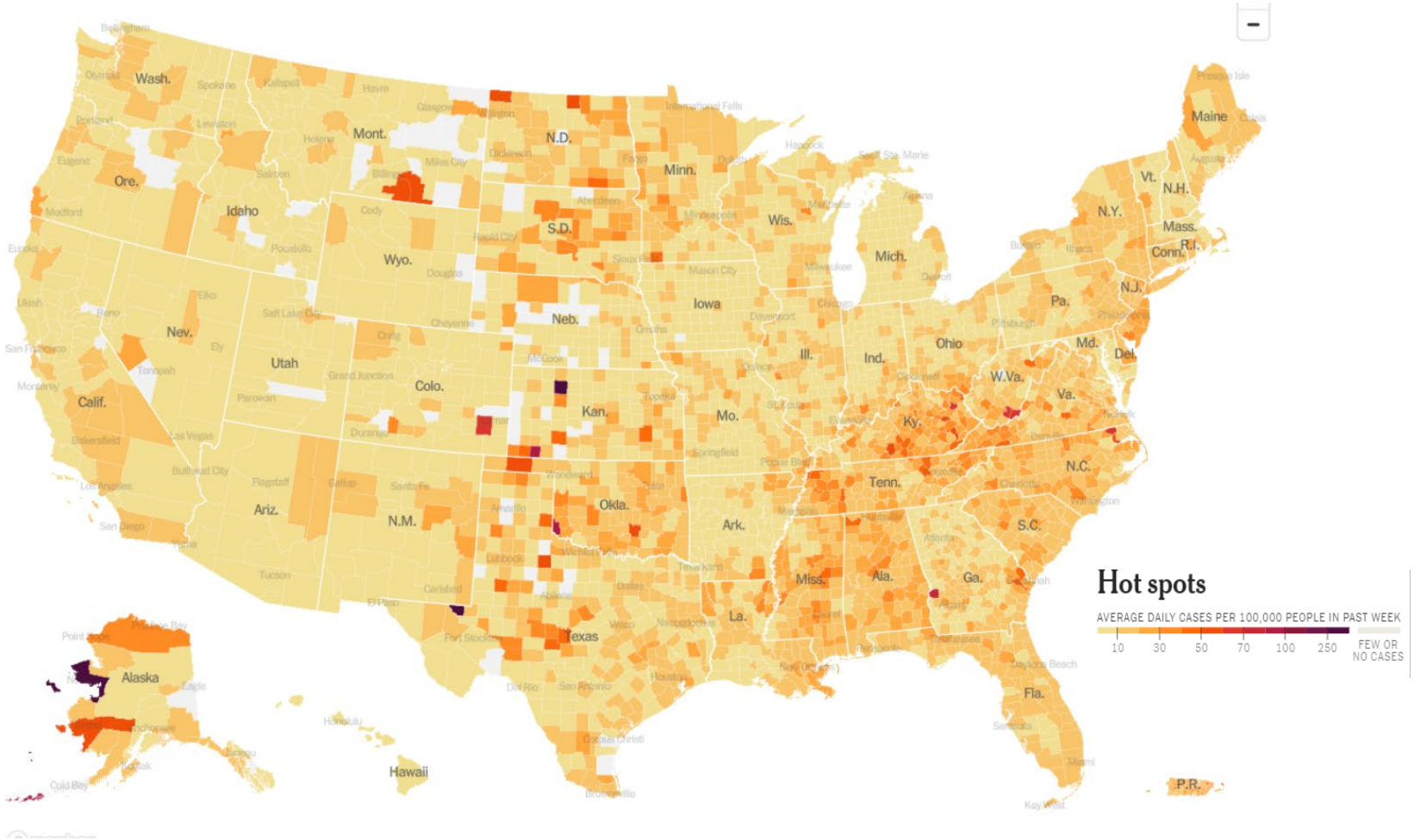

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So Where Do We Go From Here?

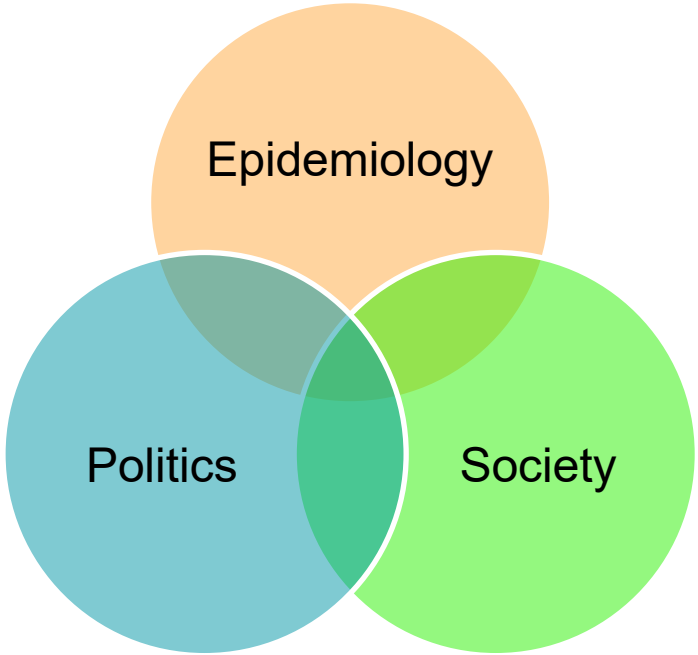
- The WHO's Emergency Committee just renewed the pandemic as a Public Health Emergency of International Concern (Suggesting until end of 2023)
- The White House announced that they are ending the pandemic as an emergency in mid-May

So, are we still in an emergency?

1. https://www.who.int/news/item/30-01-2023-statement-on-the-fourteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic

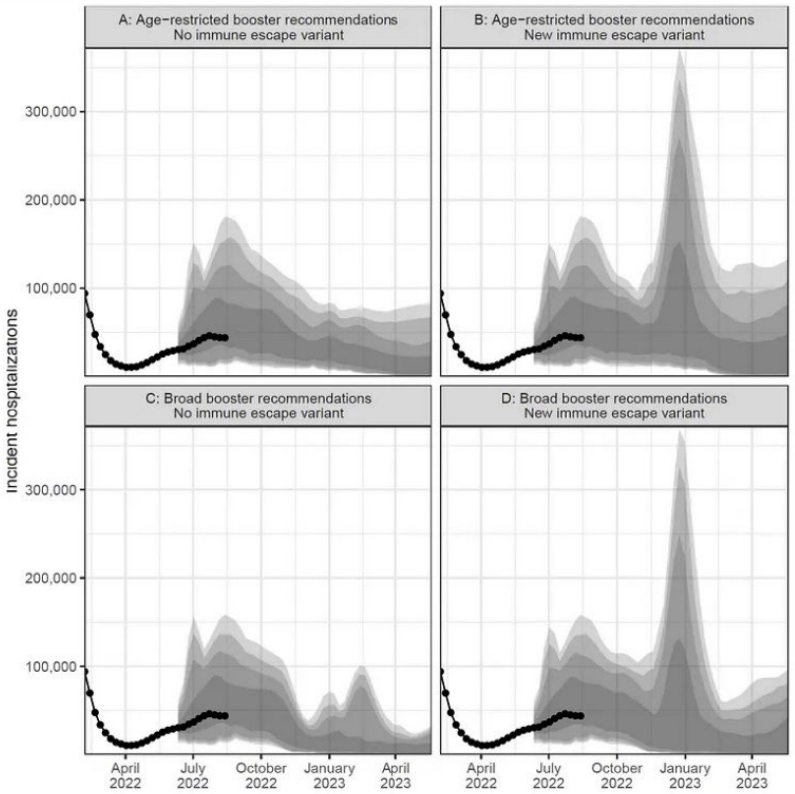
Definition of an Emergency

- There are no set metrics that define a pandemic or when an emergency is over
- It's multifactorial:



This Winter is key

- How well did our immunity hold up against a constantly changing Omicron?
  - According to varying hospitalization models from early fall, the 2022-2023 winter played out as a best-case scenario for COVID-19.
  - Note - Even the best-case scenario, though, led to a peak of 48,000 hospitalizations.



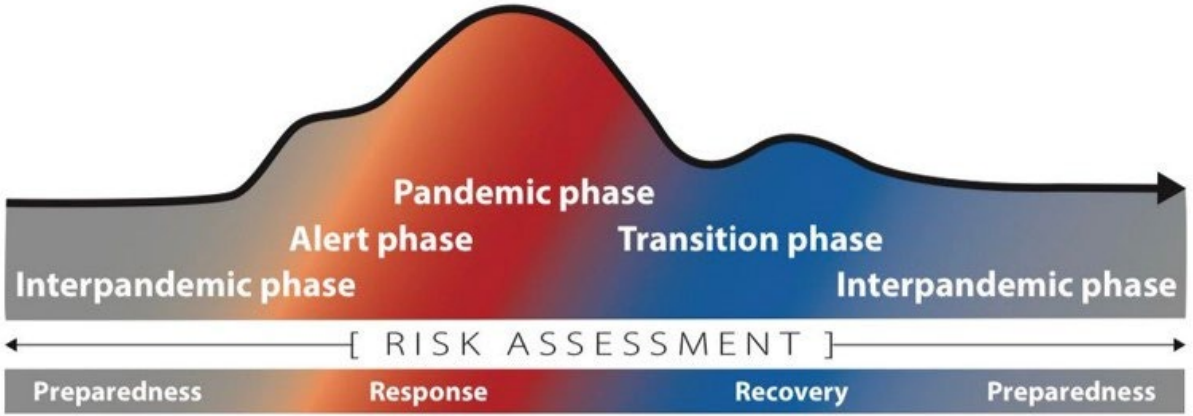
How well did the hospital system cope with COVID + Flu + RSV

- Triple-demic of COVID, Influenza and RSV – not had that before
- While pediatricians were busy +++ with RSV
- Emergency rooms were busy with sick pateints
- But the hospitals were not swamped with COVID patients
- Reasons being:
  - Current Omicron variants less virulent
  - The ‘Wall of Immunity’
  - Viral to viral interaction

Assuming all remains the same reasonable conclusion is that we are now not in an emergency

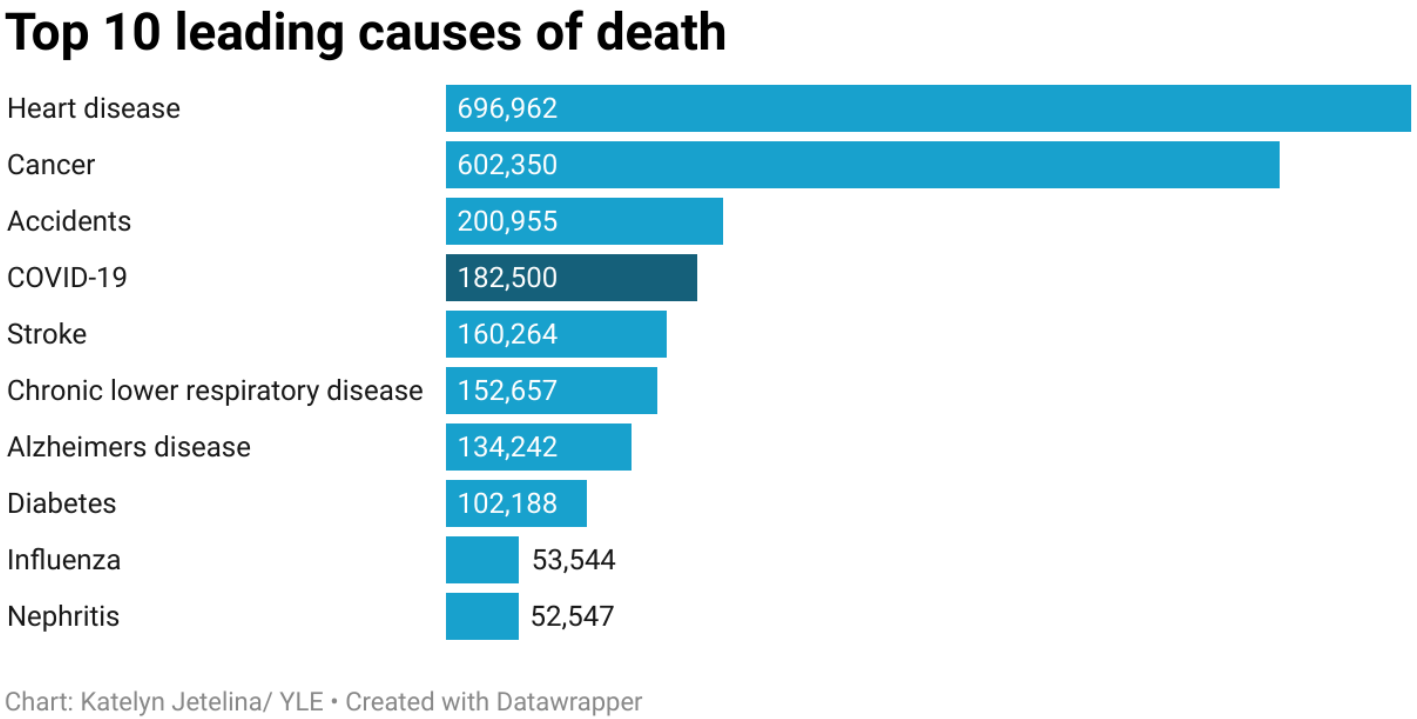
So, if not an Emergency what are we in?

- Not yet in the endemic phase – a state of predictability when COVID-19 will eventually fall into seasonal patterns - this will likely take years



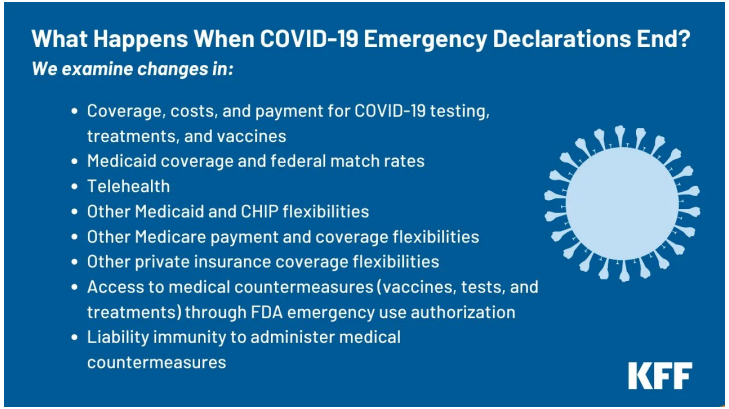
[a] This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.

On Going Risk



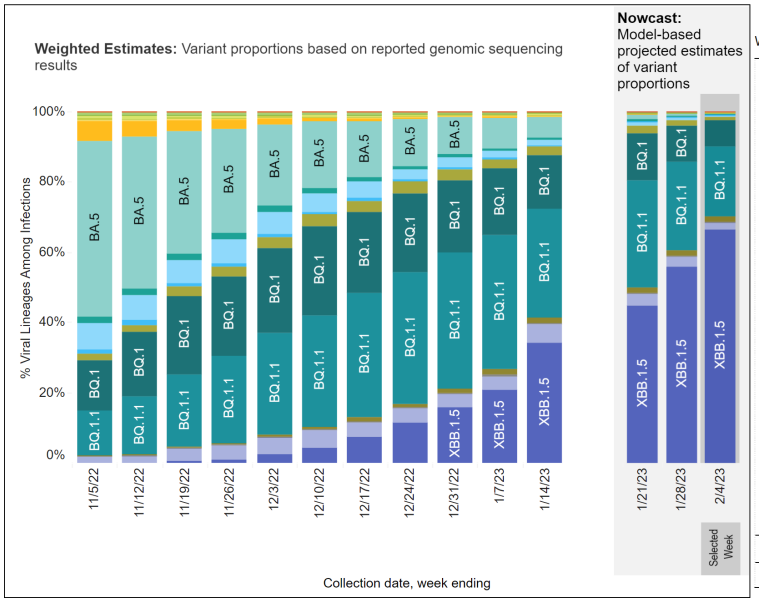
When the Public Health Emergency Ends (5/11/2023)

- The following will stop:
  - End of funding for testing and vaccinations
    - Pfizer says COVID-19 vaccine will cost $110-$130 per dose
  - Requirement for group health plans to reimburse out-of-network providers for tests and related services
- Telehealth:
  - Flexibility for Medicare extended through 2024
  - Waivers of cross licensing requirements may cease
- FDA EUAs remain in place



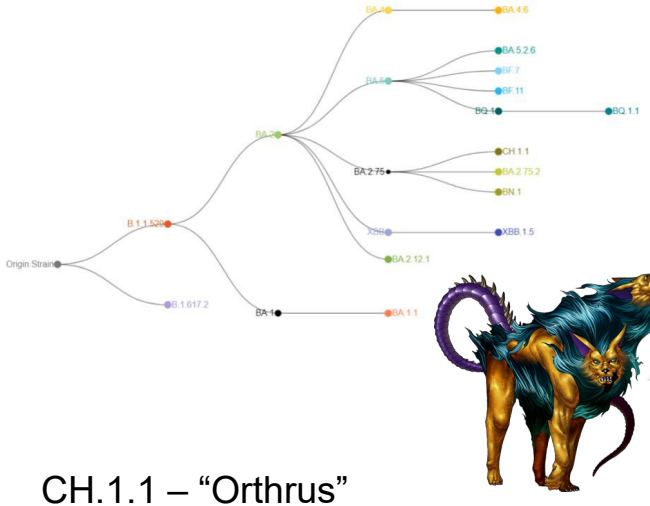
https://www.kff.org/coronavirus-covid-19/issue-brief/what-happens-when-covid-19-emergency-declarations-end-implications-for-coverage-costs-and-access/#access-to-medical-countermeasures

Variants



USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	66.4%	59.8-72.5%
	BQ.1.1	VOC	19.9%	16.2-24.1%
	BQ.1	VOC	7.3%	5.8-9.0%
	XBB	VOC	2.3%	1.8-2.8%
	CH.1.1	VOC	1.6%	1.2-2.0%
	BN.1	VOC	1.1%	0.9-1.4%
	BA.5	VOC	0.5%	0.4-0.7%
	BF.7	VOC	0.5%	0.4-0.6%
	BA.5.2.6	VOC	0.2%	0.1-0.2%
	BA.2	VOC	0.1%	0.1-0.2%
	BF.11	VOC	0.1%	0.1-0.1%
	BA.2.75	VOC	0.0%	0.0-0.1%
	BA.4.6	VOC	0.0%	0.0-0.0%
	BA.2.75.2	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.4	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
	BA.2.12.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.1%	0.0-0.1%

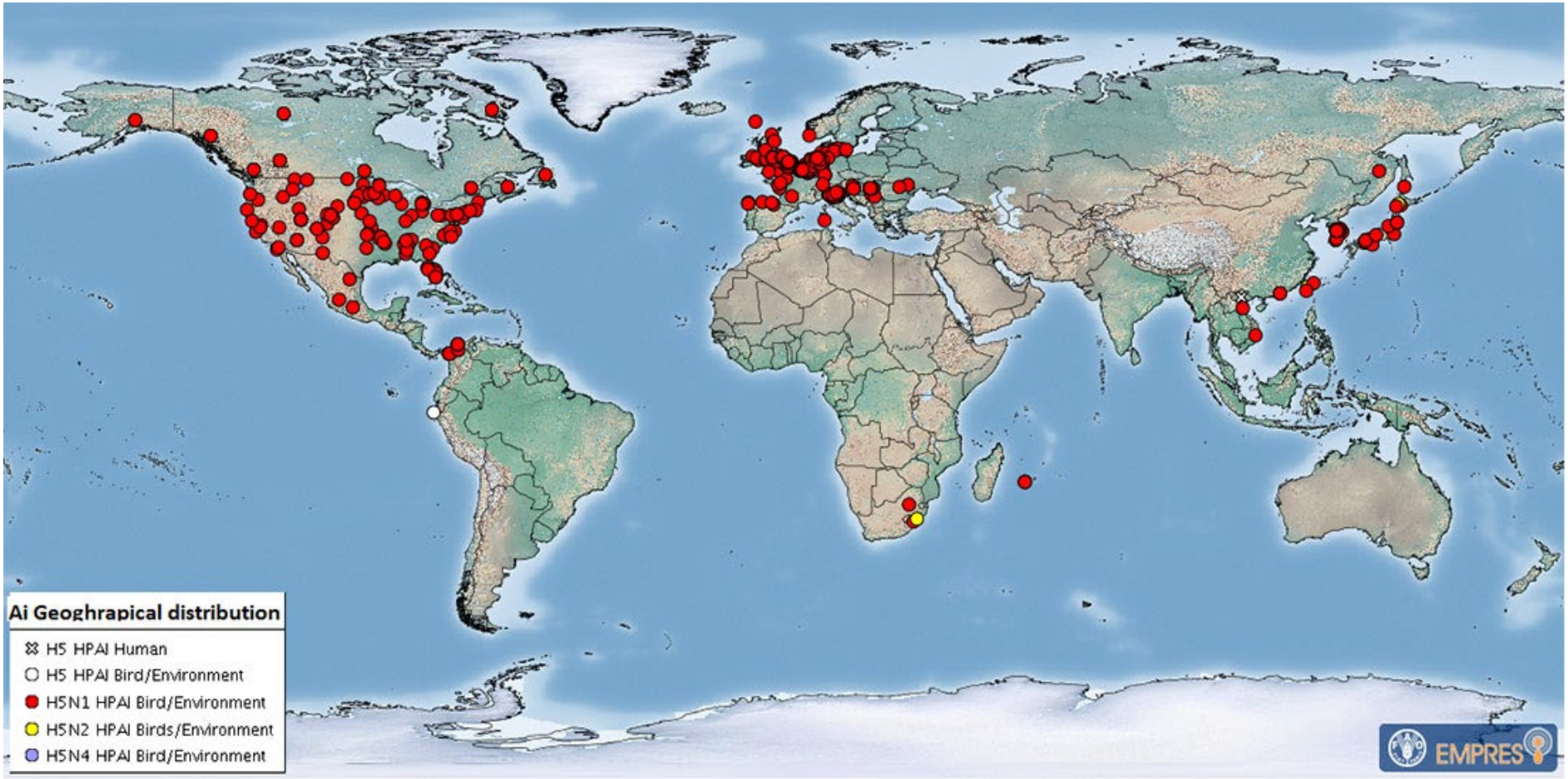


CH.1.1 – “Orthrus”

- Gradually increasing 1.6%
- Highly immune evasive – 1 study says the bivalent vaccine may be less effective
- First seen in July 2022 and accounts for 10-30% of cases in NZ, HK and UK
- Doesn’t seem to be more virulent

Emergency Maybe Over – But Still Work to be Done

- **Individuals**:
  - People need to keep getting vaccinated and boosted
- **Organizations:**
  - Educate on, and support, vaccination
  - Invest in improved ventilation systems
  - Protect the most vulnerable
- **Public Health:**
  - Invest in wastewater monitoring
  - Continue to report hospitalizations
  - Transparent and effective communication
  - Continued vaccine innovation is needed
- **Society:**
  - Strengthen healthcare systems
  - Prepare for the next pandemic – Loss trust, social media information echo-systems, and mis/disinformation, polarization … means we are LESS prepared then before the pandemic



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Increased Spread to Other Mammals

- UK – otters and foxes
- Spain – Mink outbreak with mink-to-mink transmission
- US –
  - Skunks, Kodiak and Grisly Bears, racoons, red fox and a bottlenose dolphin in the wild
  - Cougar and tigers in a zoo
  - 110 reported cases in mammals
  - 6,111 cases in wild birds across 50 states
  - 58.2M in poultry farms across 47 states
  - 1 case in a human

- Avian flu can cause a range of illness in humans – from mild to fatal. The case fatality rate for A(H5) and A(H7N9) subtype virus infections among humans is much higher than that of seasonal influenza infections.
- Concern if someone infected with H5N1 and seasonal flu at the same time that this may enable H5N1 to be more transmissible to humans and human to human

Questions

Upcoming NEBGH events

- **Feb. 8** – Promote Immune Fitness Among Your Employees!
- **Feb. 13** – The Dobbs Decision: What's New and What's Brewing
- **Feb. 16** – Retaining and Recruiting Employees: Tackling Two Essential Benefits Challenges
- **Feb. 20** – NO Bi-Weekly COVID-19 Update w/ Dr. Mark
- **June 15** – 12th Annual Health & Wellness Benefits Conference

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IN-PERSON EVENT