Cochise County
BOS Work Session

COVID-19 Overview

Cochise Health and Social Services

8/27/2021

COVID-19 Work Session 8/27/21 | Agenda

Welcome and Opening Remarks – Alicia M. Thompson, DrPH, MSW

COVID-19 Trends – Martha Montano, MPH

Variants and COVID-19 Complications – Erik McLaughlin, MD

Vaccine Overview – Denise Whisman

Q&A - BOS

COVID-19 Work Session 8/27/21 | Welcome

PHEP Personnel Changes at CHSS

- Addition of a Deputy Director of Operations
  - Ben Wilson, MS – BTWilson@cochise.az.gov
- New PHEP Coordinator
  - Denise Whisman – DWhisman@cochise.az.gov
- New PHEP Specialist
  - Nathalie O'Shea – NOShea@cochise.az.gov

COVID-19 Work Session 8/27/21 | Reporting

ADHS

Arizona Administrative Code✦ Requires Providers to:

Report Communicable Diseases

to the Local Health Department

✉*O	Amebiasis	☎	Glanders	O	Respiratory disease in a health care institution or correctional facility
✉	Anaplasmosis	✉	Gonorrhea	◑*	Rubella (German measles)
☎	Anthrax	◑	*Haemophilus influenzae*, invasive disease	◑	Rubella syndrome, congenital
✉	Arboviral infection	✉	Hansen's disease (Leprosy)	◑*O	Salmonellosis
✉	Babesiosis	◑	Hantavirus infection	O	Scabies
✉	Basidiobolomycosis	◑	Hemolytic uremic syndrome	◑*O	Shigellosis
☎	Botulism	◑*O	Hepatitis A	☎	Smallpox
◑	Brucellosis	✉	Hepatitis B and Hepatitis D	◑	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
✉*O	Campylobacteriosis	✉	Hepatitis C	✉	Streptococcal group A infection, invasive disease
✉	Chagas infection and related disease (American trypanosomiasis)	✉*O	Hepatitis E	✉	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
✉	Chancroid	✉	HIV infection and related disease	✉	*Streptococcus pneumoniae* infection (pneumococcal invasive disease)
◑	Chikungunya	◑	Influenza-associated mortality in a child	✉[1]	Syphilis
✉	*Chlamydia trachomatis* infection	◑	Legionellosis (Legionnaires' disease)	✉*O	Taeniasis
◑*	Cholera	◑	Leptospirosis	✉	Tetanus
✉	Coccidioidomycosis (Valley Fever)	◑	Listeriosis	✉	Toxic shock syndrome
✉	Colorado tick fever	✉	Lyme disease	◑	Trichinosis
O	Conjunctivitis, acute	◑	Lymphocytic choriomeningitis	◑	Tuberculosis, active disease
✉	Creutzfeldt-Jakob disease	✉	Malaria	◑	Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)
◑*O	Cryptosporidiosis	☎	Measles (rubeola)	☎	Tularemia
◑	*Cyclospora* infection	◑	Melioidosis	◑	Typhoid fever
✉	Cysticercosis	☎	Meningococcal invasive disease	◑	Typhus fever
◑	Dengue	◑	Mumps	◑	Vaccinia-related adverse event
O	Diarrhea, nausea, or vomiting	☎	Novel coronavirus infection (e.g., SARS or MERS)	☎	Vancomycin-resistant or Vancomycin-intermediate *Staphylococcus aureus*
☎	Diphtheria	◑	Pertussis (whooping cough)	✉	Varicella (chickenpox)
✉	Ehrlichiosis	☎	Plague	◑*O	*Vibrio* infection
☎	Emerging or exotic disease	☎	Poliomyelitis (paralytic or non-paralytic)	☎	Viral hemorrhagic fever
☎	Encephalitis, parasitic	✉	Psittacosis (ornithosis)	✉	West Nile virus infection
◑	Encephalitis, viral	◑	Q fever	☎	Yellow fever
◑	*Escherichia coli*, Shiga toxin-producing	☎	Rabies in a human	◑*O	Yersiniosis (enteropathogenic *Yersinia*)
✉*O	Giardiasis	◑	Relapsing fever (borreliosis)	◑	Zika virus infection

Key:

☎ Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected or an occurrence is detected.

* Submit a report within 24 hours after a case or suspect case is diagnosed, treated, or detected,

1 Submit a report within one working day if the case or suspect case is a pregnant woman.

◑ Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.

✉ Submit a report within five working days after a case or suspect case is diagnosed,

COVID-19 Work Session 8/27/21

Arizona Administrative Code: Title 9
R9-6-302. Local Health Agency Control

Measures A local health agency shall:

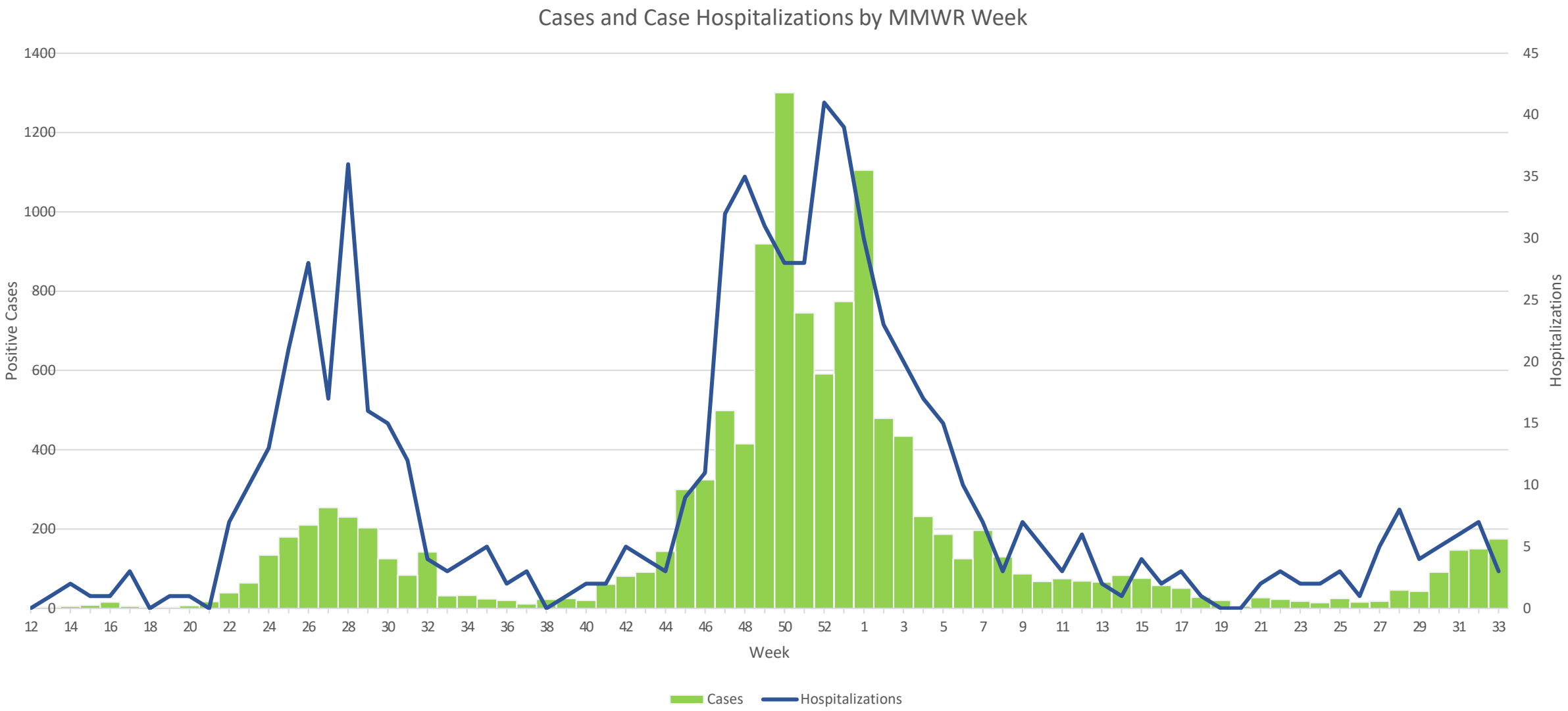
1. Review each report received under Article 2 for completeness and accuracy
2. Confirm each diagnosis
3. Conduct epidemiologic and other investigations required by this Chapter or in cooperation with the Department
4. Facilitate notification of known contacts
5. Conduct surveillance
6. Determine trends
7. Implement control measures, **quarantines, isolations**, and exclusions as required by the Arizona Revised Statutes and this Chapter
8. Disseminate surveillance information to health care providers
9. Provide health education to a disease case or contact to reduce the risk of transmission of the respective disease
10. Report to the Department, as specified in R9-6-206 and this Article

COVID-19 Work Session 8/27/21 | Isolation & quarantine

A.R.S 36-788. Isolation and quarantine during a state of emergency or state of war emergency

A. During a state of emergency or state of war emergency as declared pursuant to section 36-787, the department or local health authority must initiate an investigation if that agency has reasonable cause to believe that a highly contagious and fatal disease exists within its jurisdiction. Subject to the provisions of this article, **persons who have contracted the disease or who have been exposed to the disease may be subject to isolation and quarantine** if the director determines that quarantine is the least restrictive means by which the public can be protected from transmission of the disease, due to the nature of the disease and available preventive measures, or refusal by an individual to accept less restrictive measures to prevent disease transmission. Diseases for which isolation and quarantine may be ordered do not include acquired immune deficiency syndrome or other infection caused by the human immunodeficiency virus.

COVID-19 Work Session 8/27/21 | COVID-19 Trends



COVID-19 Work Session 8/27/21 | COVID-19 Trends

As of 8/26/21

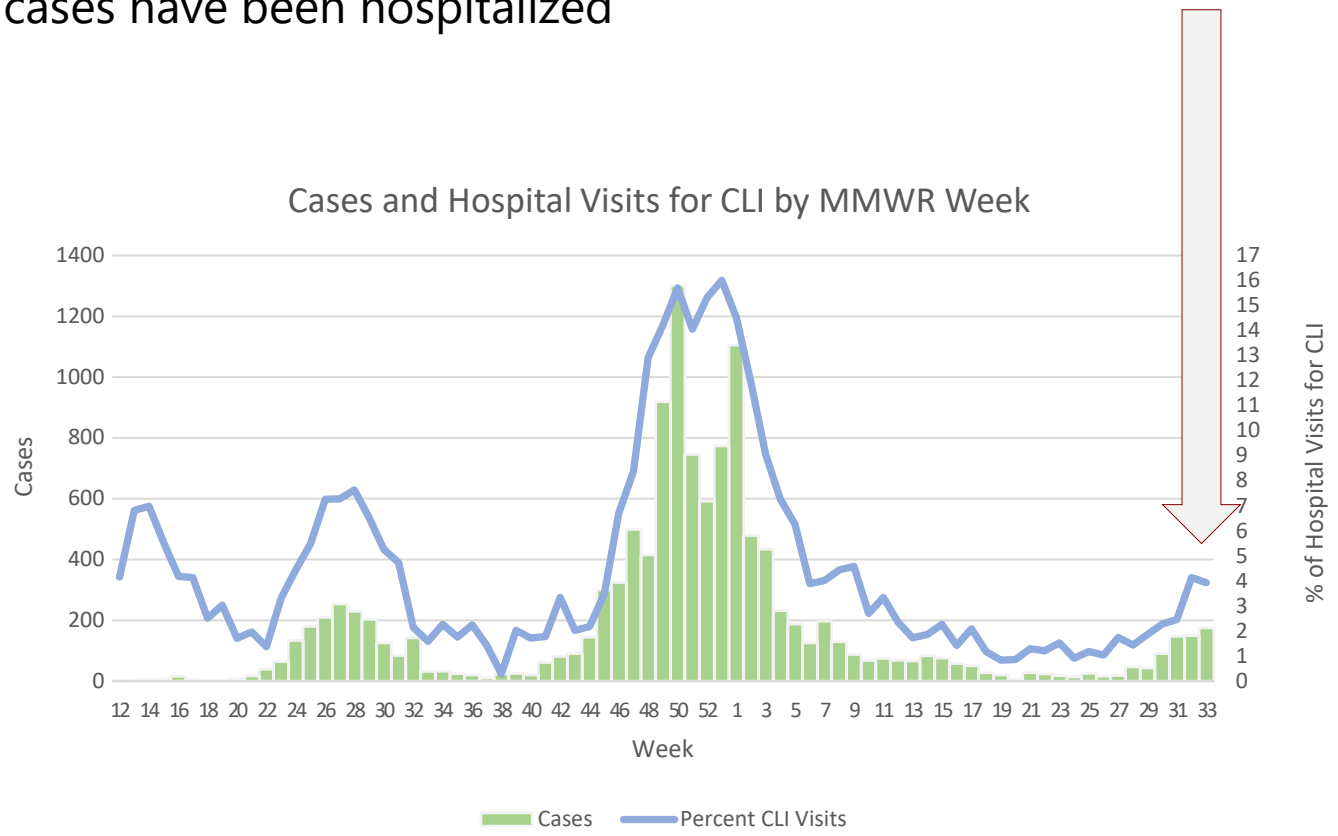
Confirmed cases: **13,004**
Hospitalizations: **775 (6%)**
Deaths: **305 (2.3%)**

Age groups:

40% of Cochise County cases are
In the 20-44 age group

50% of this group is fully vaccinated

Despite the rise of confirmed cases – No breakthrough cases have been hospitalized



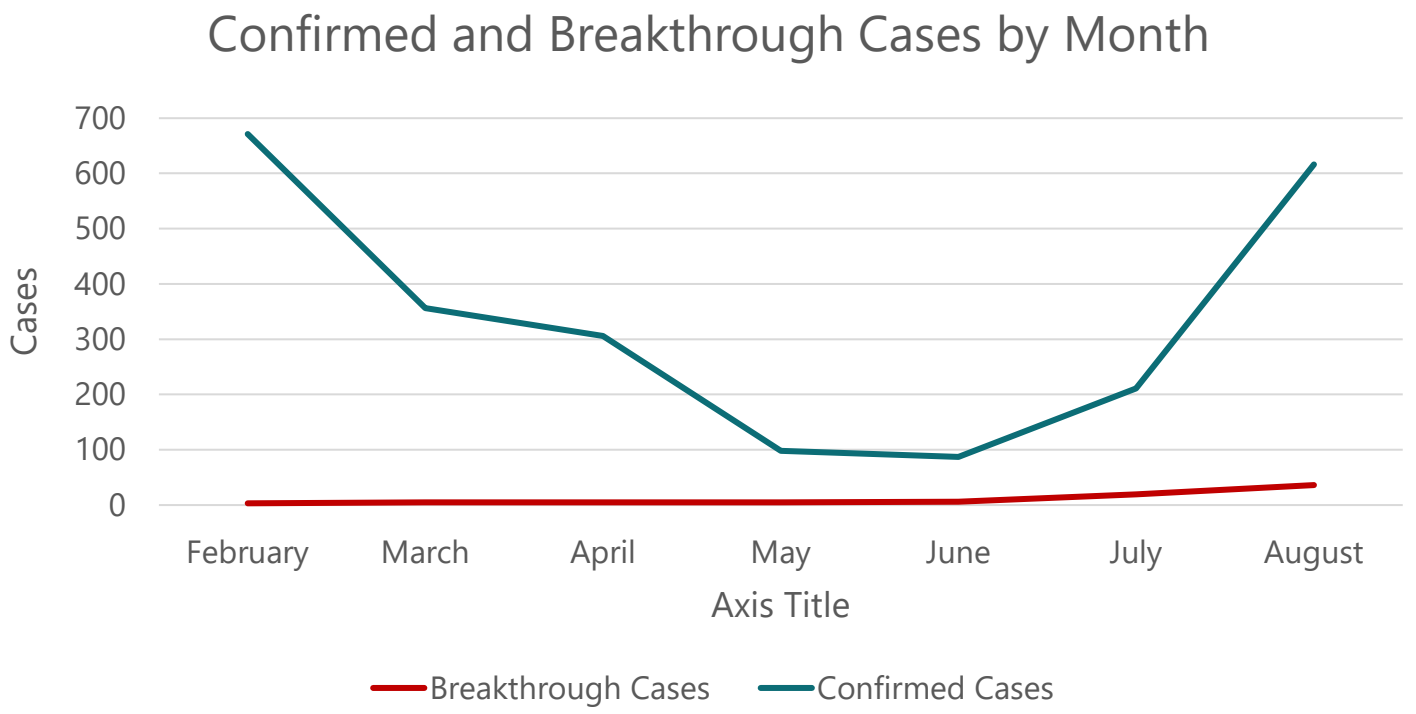
COVID-19 Work Session 8/27/21 | COVID-19 Trends

As of 8/25/21

Breakthrough Cases in Cochise County

Month	Breakthrough Cases	Confirmed Cases
February	3	671
March	5	356
April	5	306
May	5	98
June	6	87
July	19	211
August	36	616

A Breakthrough Case is defined as someone who is **fully vaccinated** and tests positive for COVID-19

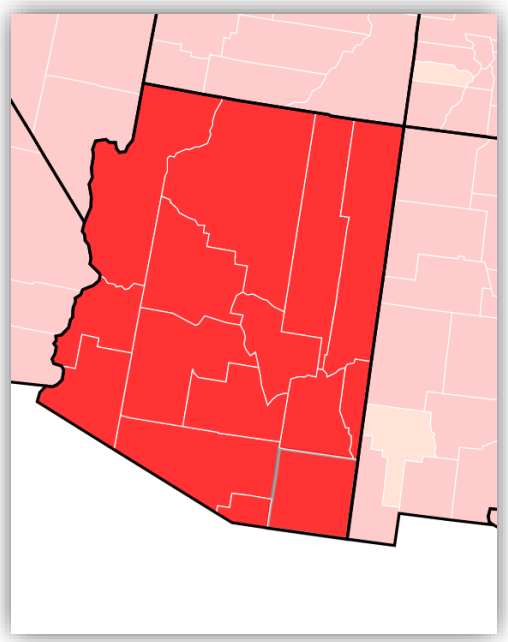


COVID-19 Work Session 8/27/21 | COVID-19 Trends

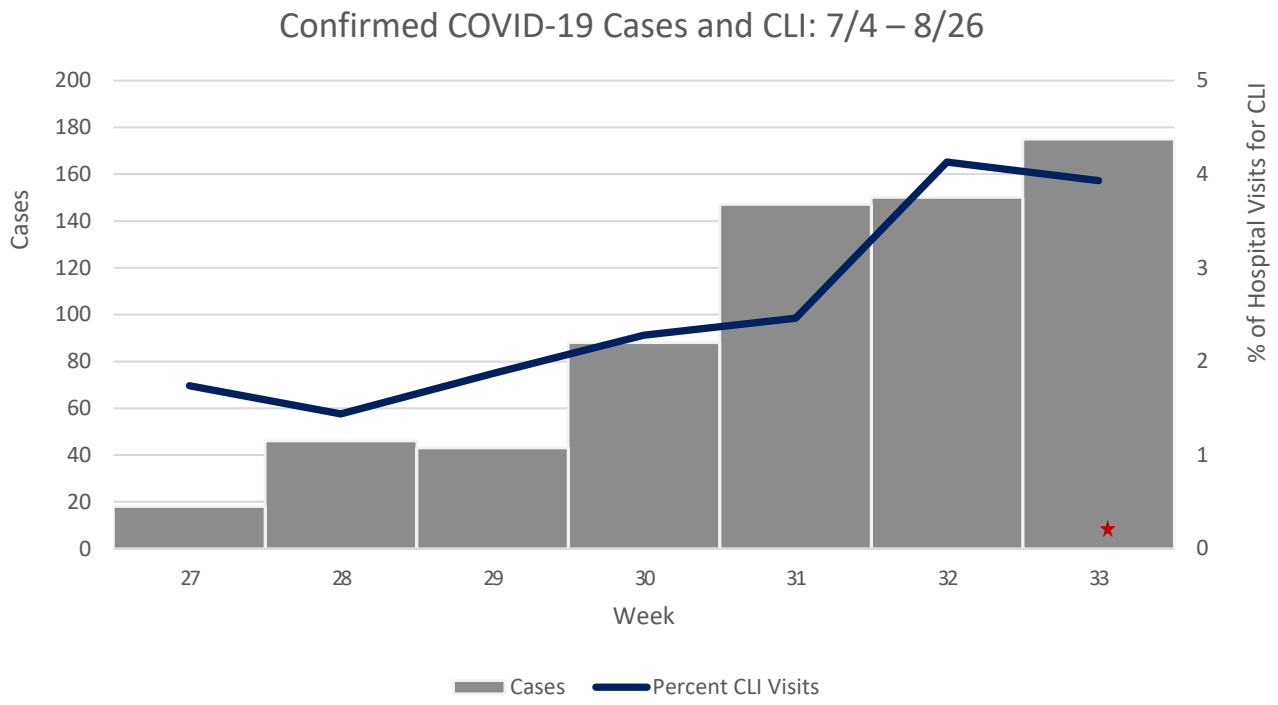
As of 8/26/21

Transmission level: High

Source: https://covid.cdc.gov/covid-data-tracker/#county-view



Active cases past 14 days: 416

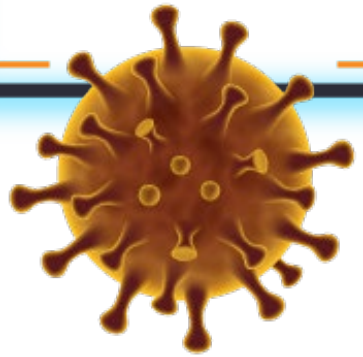


★ We are still in week 33

Variants and Strains of SARS CoV-2 | Delta Variant

WHO Label

Delta



First Identified

India

Attributes

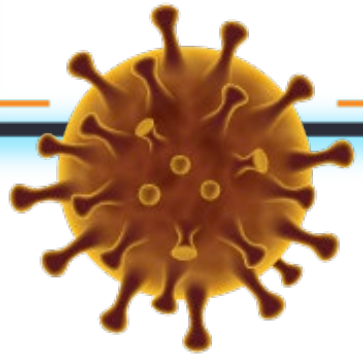
- Increased transmissibility
- Potential reduction in neutralization by some EUA monoclonal antibody treatments
- AY.1 and AY.2 are currently aggregated with B.1.617.2. As data are available, CDC will continue to evaluate the independent classification of AY.1 and AY.2.

May cause more severe illness and spreads faster
MAB treatments less effective

SARS CoV-2 | Delta Strain

WHO Label

Delta



First Identified

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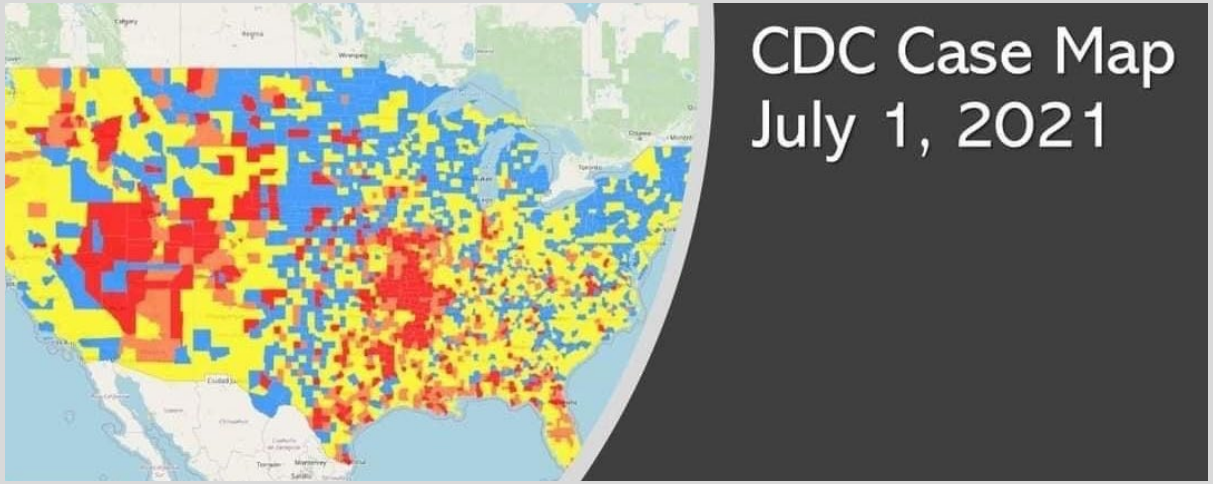
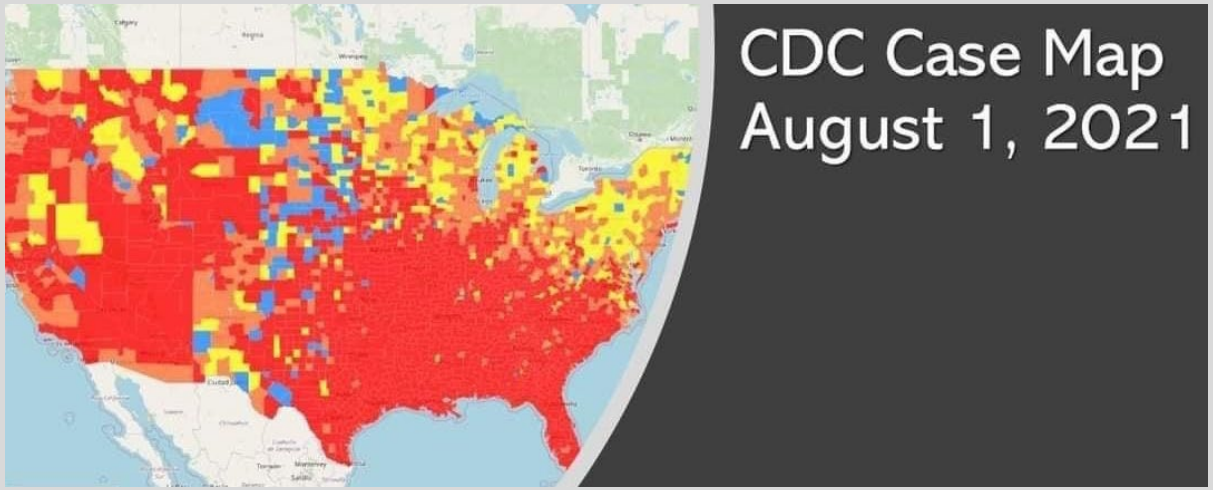
May cause more severe illness and spreads faster

MAB treatments less effective





SARS CoV-2 | Delta Strain

First Identified

India

May cause more severe illness and spreads faster

MAB treatments less effective

- July 2021 saw a rapid rise in reported cases
- The Delta variant is more than 2xs as contagious
- Some data suggests Delta causes more severe illness in unvaccinated people
  - Studies from Canada and Scotland show Delta patients are more likely to be hospitalized
- Fully vaccinated people have much less severe illness
- Fully vaccinated people can still get Delta and spread Delta to others
  - Much shorter window of time

https://www.cdc.gov/coronavirus/2019-ncov/variants/delta-variant.html

SARS CoV-2 | Delta Strain

First Identified

India

May cause more severe illness and spreads faster

MAB treatments less effective

- Unvaccinated people are at the greatest risk
- Hospitalizations are up 30%
- 98-99% of all COVID deaths are now in unvaccinated people
  - https://www.nytimes.com/interactive/2021/08/10/us/covid-breakthrough-infectionsvaccines.html
  - 7-73% higher rate of death in unvaccinated people
- States with lower vaccination rates are seeing higher rates of hospitalization
- Hyperlocal outbreaks can occur in pockets of communities
- There is a lot more to learn about Delta
- Vaccination is the best protection

SARS CoV-2 | Delta Strain

First Identified

India

May cause more severe illness and spreads faster

MAB treatments less effective

Vaccine Efficacy and DELTA

BNT162b2 vaccine, the effectiveness of two doses was 93.7% (95% CI, 91.6 to 95.3) among persons with the alpha variant and 88.0% (95% CI, 85.3 to 90.1) among those with the delta variant. With the ChAdOx1 nCoV-19 vaccine, the effectiveness of two doses was 74.5% (95% CI, 68.4 to 79.4) among persons with the alpha variant and 67.0% (95% CI, 61.3 to 71.8) among those with the delta variant.

BNT162b2 vaccine is made by Pfizer

ChAdOx1 is made by Moderna

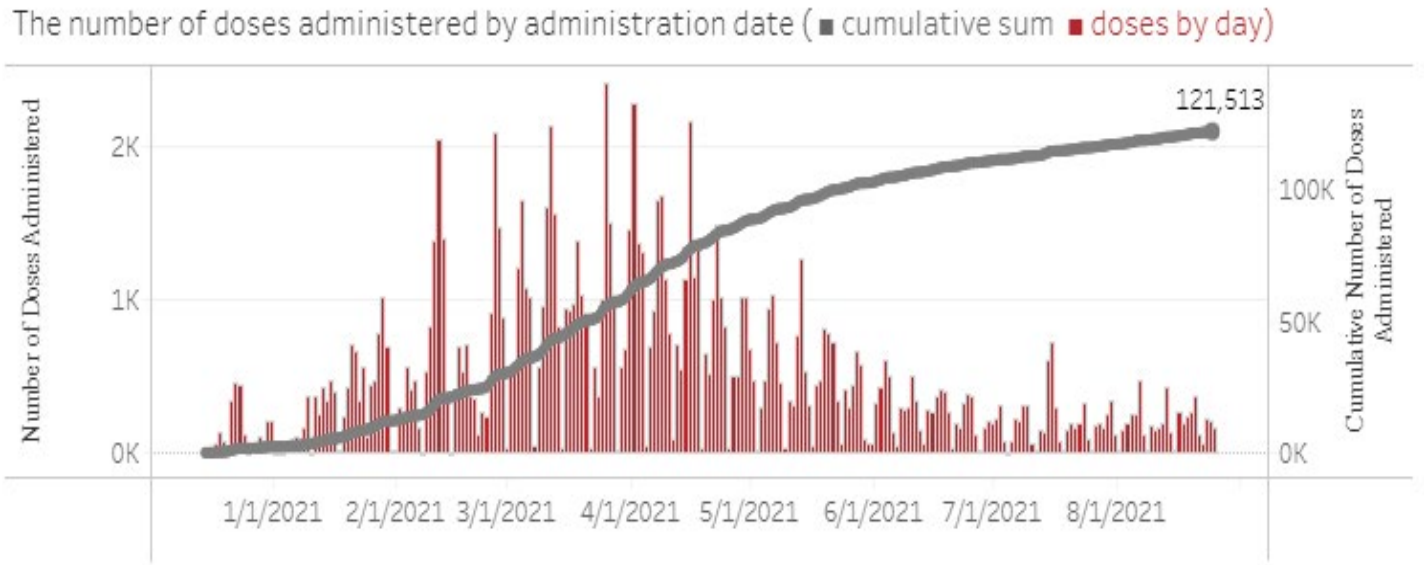
https://www.nejm.org/doi/full/10.1056/NEJMoa2108891

COVID-19 Work Session 8/27/21 | Vaccine Trends

As of 8/26/21

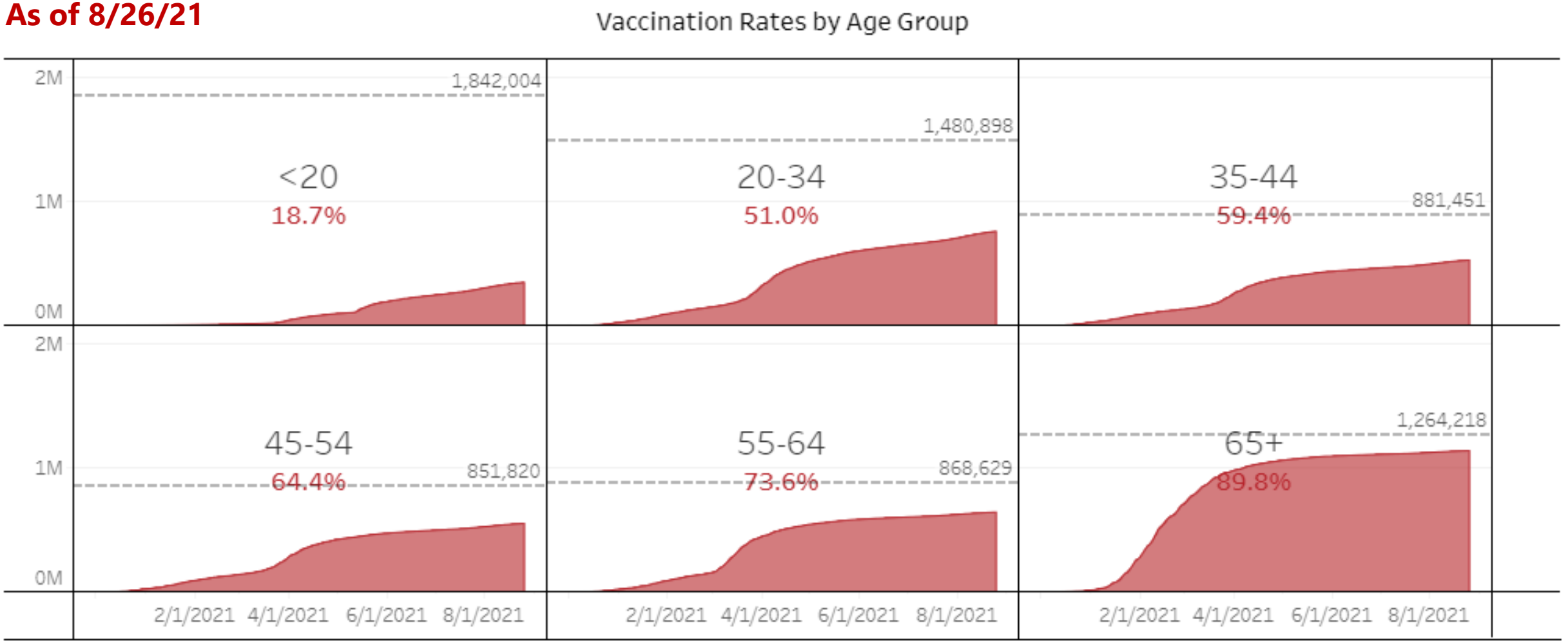
Administered:	**121,513**
Percent people vaccinated:	**52.3%**
Number people Fully vaccinated:	**59,870**

We are 5th in the state for percent vaccinated!



COVID-19 Work Session 8/27/21 | Vaccine Trends

As of 8/26/21



Data updated: 8/26/2021

COVID-19 Work Session 8/27/21 | Vaccine Updates

Third Dose for Immunocompromised

- The FDA has authorized a third mRNA (Pfizer and Moderna) shot for immunocompromised individuals
  - The CDC estimates this applies to approximately 3% of US adults – more information can be found here: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html

- Providers should make every attempt to match the third dose type to the original two-dose series that person received; however, if that is not possible, using the other vaccine for the third dose is permitted if circumstances warrant

- The third dose of mRNA COVID-19 vaccine should be administered at least 28 days after the second mRNA COVID-19 vaccine dose

- There is no difference in how a third dose of mRNA is administered
  - Wherever a first or second dose is available – a third dose is available

- Our current healthcare/vaccine infrastructure should be sufficient to meet the demand from this relatively small population

For immunocompromised individuals, the 3-dose series is now the standard

A decision on second dose for immunocompromised who received Janssen is still pending

COVID-19 Work Session 8/27/21 | Vaccine Updates

Increased Demand on the Horizon

- As cases increase, demand increases
- mRNA boosters expected for the general public by the end of September
- Studies on vaccines for children ages 5-11 being conducted
  - Eligibility for this age group *could* open up by late Fall – nothing confirmed yet

- We will maintain communication with our onboarded vaccine providers to gauge strain on the system
  - We will adjust accordingly and open up large-scale PODs if the demand warrants it

COVID-19 Work Session 8/27/21 | Vaccine Updates

Availability

- There are more options for people than ever before

- Getting calls about boosters?
  - Direct the individual to their primary care provider to determine eligibility
  - Find vaccines:
    - https://www.vaccines.gov/
    - https://podvaccine.azdhs.gov
    - https://www.cochisecovid.com/pages/vaccines

QUESTIONS/COMMENTS?