

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



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Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

February 7, 2021

COVID-19 Situation Report #46

COVID-19: Florida vaccine summary

Vaccination data through Feb 5, 2021 as of Feb 6, 2021 at 12:05 AM

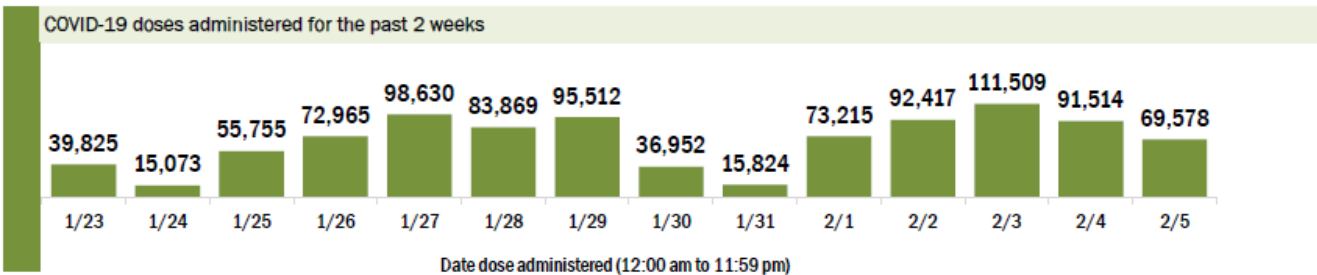
Data in this report are provisional and subject to change.

Data in this summary pertain to COVID-19 vaccines approved by the U.S. Food and Drug Administration and have been issued an Emergency Use Authorization. These data summarize the number of people who have received either their first dose or have completed the series for a COVID-19 vaccine. A person can only be counted in one category, first dose or series complete. After individuals receive their second dose, they are moved from the first dose column to the series completed column.

COVID-19 doses administered in Florida	
Doses administered	2,579,175
Total number of doses of the COVID-19 vaccine that have been administered in Florida.	

Persons vaccinated for COVID-19 in Florida	
Total people vaccinated	1,951,940
First dose	1,324,705
Series completed	627,235
First dose: received their first dose of the COVID-19 vaccine.	
Series complete: received all recommended doses of the COVID-19 vaccine to be considered fully immunized.	

Demographic summary	First dose	Series complete	Total people vaccinated
Age group	1,324,705	627,235	1,951,940
16-24 years	13,426	12,437	25,863
25-34 years	35,057	52,823	87,880
35-44 years	43,935	64,393	108,328
45-54 years	56,654	73,324	129,978
55-64 years	90,808	82,661	173,469
65-74 years	602,584	188,174	790,758
75-84 years	349,897	107,256	457,153
85+ years	132,344	46,167	178,511
Race	1,324,705	627,235	1,951,940
White	844,444	402,810	1,247,254
Black	65,228	32,335	97,563
American Indian/Alaskan	4,544	1,899	6,443
Other	153,732	121,378	275,110
Unknown	256,757	68,813	325,570
Other race includes Asian, native Hawaiian/Pacific Islander, or other.			
Ethnicity	1,324,705	627,235	1,951,940
Hispanic	93,516	65,686	159,202
Non-Hispanic	604,667	322,464	927,131
Unknown	626,522	239,085	865,607
Gender	1,324,705	627,235	1,951,940
Female	755,419	374,477	1,129,896
Male	562,478	251,568	814,046
Unknown	6,808	1,190	7,998



Florida Department of Health

St. Lucie County

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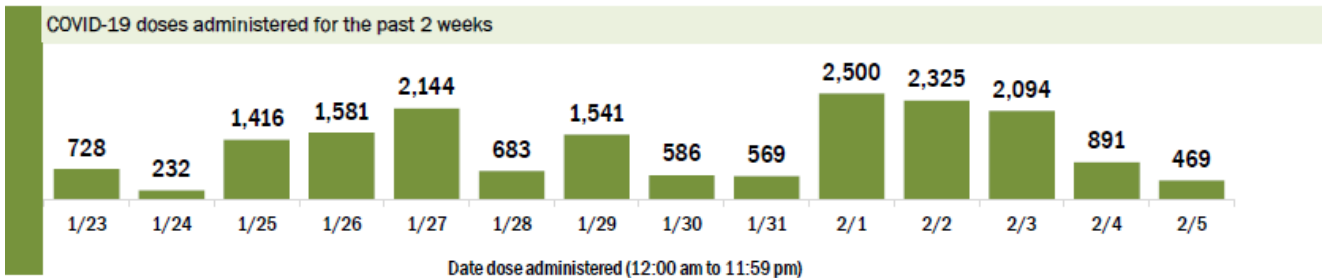
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COVID-19 doses administered in Florida	
Doses administered	38,094
Total number of doses of the COVID-19 vaccine that have been administered in Florida.	

Persons vaccinated for COVID-19 in Florida	
Total people vaccinated	28,432
First dose	18,770
Series completed	9,662
First dose: received their first dose of the COVID-19 vaccine.	
Series complete: received all recommended doses of the COVID-19 vaccine to be considered fully immunized.	

Demographic summary	First dose	Series complete	Total people vaccinated
Age group	18,770	9,662	28,432
16-24 years	129	124	253
25-34 years	315	436	751
35-44 years	500	631	1,131
45-54 years	667	936	1,603
55-64 years	1,098	1,140	2,238
65-74 years	9,023	3,893	12,916
75-84 years	5,268	1,948	7,216
85+ years	1,770	554	2,324
Race	18,770	9,662	28,432
White	12,557	7,215	19,772
Black	883	588	1,471
American Indian/Alaskan	101	37	138
Other	2,115	1,369	3,484
Unknown	3,114	453	3,567
Other race includes Asian, native Hawaiian/Pacific Islander, or other.			
Ethnicity	18,770	9,662	28,432
Hispanic	720	502	1,222
Non-Hispanic	9,733	6,676	16,409
Unknown	8,317	2,484	10,801
Gender	18,770	9,662	28,432
Female	10,723	5,642	16,365
Male	8,024	4,019	12,043
Unknown	23	1	24



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This week we focused on 2nd dose vaccinations. On February 1-3 at the St. Lucie County Fairgrounds, we vaccinated 5,737 people and another 150-155 each day at our main health department site on Milner Drive.

We will host a second shot COVID-19 walk up vaccination event on Tuesday and Wednesday - February 9th and 10th from 9am- 3pm at the MIDFLORIDA Credit Union Event Center, 9221 Civic Center Place, Port St. Lucie. This event is **ONLY** for clients that received their first COVID-19 vaccination at the same venue on January 19th and 20th. If a first shot was not received at the above noted event, the person is not eligible for this event and will be turned away at the gate.

Clients at this event were given a vaccination card with the date of return for their second shot. They should bring this COVID-19 Vaccination Record Card. Those that received an Eventbrite ticket should bring that as well. If an eligible person did not receive a ticket, it is likely the email entered was inaccurate and could not be delivered successfully. Those without the ticket will be checked against the allowed list and admitted if they are eligible.

2nd SHOT VACCINATION EVENT INFORMATION

- *Arrive at your scheduled appointment time. Arriving early will not gain you access prior to your appointment time.*
- *Bring your Eventbrite registration ticket, completed consent form, a valid form of identification, and your COVID 19 Vaccination Record Card.*
- *This clinic requires walking and standing in line to the vaccination point. Lines may be long, so plan for water, snacks, and medications if necessary. We do our best to move people inside for waiting, but there may be some waiting outside.*
- *You must wear a mask and maintain physical distance of at least 6 feet at all times. We do our best to move people inside for waiting, but there may be some waiting outside.*
- *A 15 to 30-minute observational period is recommended after your vaccine is administered.*

We will also host a first shot COVID-19 walk up vaccination event pm Thursday February 11th at the MIDFLORIDA Credit Union Event Center from 9 am- 3pm for 1,800 people. These appointments will be offered to those who are next on the waiting list. Those on the waiting list who still need a vaccine should monitor their email closely over the next few days and respond quickly if they receive an invitation so they can secure one of the open appointments.

Snapshot of DOH-St. Lucie Vaccinations

	1st Dose	2nd Dose	2nd Doses Remaining	Total Doses Given
Moderna Total Vaccinated	2,082	1,471	611	3,553
Pfizer Total Vaccinated	12,750	4,934	7,816	17,684
Total Vaccinated	14,832	6,405	8,427	21,237
2nd Doses Due 2/5/21 to 2/11/21				
Moderna 2nd Dose Total Needed	200			
Pfizer 2nd Dose Total Needed	2,899			
Total Due	3,099			

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Recommendations for COVID-19 Vaccinations:

Updated recommendations on interchangeability of vaccine products

- **mRNA COVID-19 vaccines are not interchangeable:**
 - However in exceptional situations in which the first-dose vaccine product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimal interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time.

(New) Currently research is being done to test the immune response using mixed types of COVID-19 vaccines:

[Covid: Oxford trial to test efficacy of mix of vaccines for individuals | Vaccines and immunisation | The Guardian](#)

- **mRNA COVID-19 vaccines are not interchangeable.** Strategies to assure that people get the same vaccine are:
 - “Providing COVID-19 vaccination record cards to vaccine recipients, asking recipients to bring their card to their appointment for the second dose, and encouraging recipients to make a backup copy (e.g., by taking a picture of the card or their phone).
 - Encouraging vaccine recipients to enroll in **VaxText**, a free text message-based platform to receive COVID-19 vaccination second-dose reminders.
 - Making an appointment for the second dose before the vaccine recipient leaves, to increase the likelihood that patients will present at the same vaccination site for the second dose.

Updated language on vaccination of persons with a history of SARS-CoV-2 infection

Updated language includes:

- “Data from clinical trials indicate that mRNA COVID-19 vaccines can safely be given to persons with evidence of a prior SARS-CoV-2 infection.”
- “Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection for the purposes of vaccine decision-making is not recommended.”
- “While there is no recommended minimum interval between infection and vaccination, [current evidence](#) suggests that the **risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity. Thus, while vaccine supply remains limited, persons with recent documented acute SARS-CoV-2 infection may choose to temporarily delay vaccination, if desired,** recognizing that the risk of reinfection, and therefore the need for vaccination, may increase with time following initial infection.”

New vaccination recommendations with a history of dermal fillers

- mRNA COVID-19 vaccines may be administered to persons who have received injectable dermal fillers who have no contraindications to vaccination. No additional precautions are needed. However, these persons should be advised to contact their healthcare provider for evaluation if they develop swelling at or near the site of dermal filler following vaccination. This appears to be temporary and can be resolved by medical treatment.

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Additional resources on vaccine excipients (Appendix B)

- “The language added in Appendix B is “As of January 21, 2021, mRNA COVID-19 vaccines are the only currently available vaccines in the United States that contain PEG, though several vaccines contain polysorbate (more information can be found in [CDC’s vaccine excipient summary](#)).”

<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

The mRNA COVID-19 vaccine series consist of two doses administered intramuscularly:

- Pfizer-BioNTech (30 µg, 0.3 ml each): 3 weeks (21 days) apart
- Moderna (100 µg, 0.5 ml): 1 month (28 days) apart

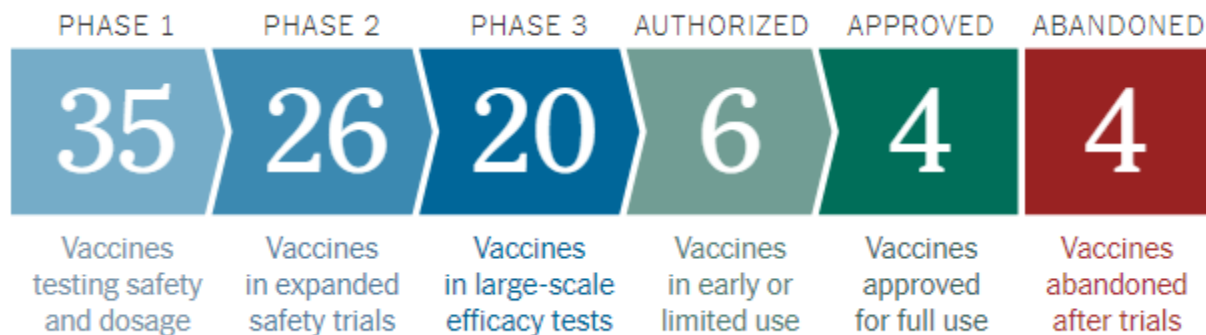
Persons should not be scheduled to receive the second dose earlier than recommended (i.e., 3 weeks [Pfizer-BioNTech] or 1 month [Moderna]). However, second doses administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid. Doses inadvertently administered earlier than the grace period should not be repeated.

The second dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the second dose of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series.

V-safe After Vaccination Health Checker

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html?ACSTrackingID=USCDC_2067-DM46749&ACSTrackingLabel=Masks%20Protect%20You%20%26%20Me%20%7C%20COVID-19&deliveryName=USCDC_2067-DM46749

COVID-19 Vaccines



As of February 6, 2021

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Emergency Use Authorization

Pfizer-BioNtech and Moderna vaccines are authorized for use under “Emergency Use Authorization and are approved for full use.

(New) Johnson and Johnson – Janssen’s Vaccine Applied for Emergency Use Authorization

Single dose vaccine in Phase 3-no cold storage is needed

Uses Adenovirus 26 as the viral vector virus

Successfully used Adenovirus 26 to develop an Ebola Virus vaccine

Current data suggests that the vaccine is 70% effective at preventing COVID-19 with one dose and 72% effective at preventing severe disease and death.

Emergency Use Authorization explained:

<https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>

Vaccines Under Development

AstraZeneca-Oxford Vaccine: (Phase 3 Clinical Trial in progress, results expected soon).

Phase 2 & 3 combined

Vector virus is chimpanzee adenovirus, ChdOx1.

Two doses 28 days apart.

Phase 2/3 in UK & India and Phase 3 in the US & S. Africa

Current results yield an efficacy rate of 70%

Novavax: (Currently conducting Clinical Trials through the University of South Florida)

Phase 2 & 3 combined

Phase 3 trial enrolling up to 15,000 volunteers in the United Kingdom

Nearing completion but on hold in order to gear up manufacturing the vaccine.

INOVO: (Currently conducting Phase 2 & 3 clinical trials)

Phase 1 resulted in 94% immune response

Want more information?

- The COVID Call Center is available 24 hours a day, 7 days a week and can be reach at 1-866- 779-6121 or by emailing COVID-19@flhealth.gov.
- The vaccine page can be found here: <https://floridahealthcovid19.gov/covid-19-vaccines-in-florida/>
- [Frequently Asked Questions about COVID-19 Vaccination](#)

Vaccine Myth Busters

***What are some of the “myths” that people believe that prevent them from getting a vaccine when available?**

1. Researcher rushed the vaccine (Operation Warp Speed) so it’s safety and effectiveness can’t be trusted.

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2. The technology used to create the vaccine is new and can't be trusted.
3. COVID-19 vaccine gets into cells and changes your DNA.
4. Getting vaccine can give you COVID-19.
5. There are metallic particles in the vaccine that could be used to track people.
6. The COVID-19 vaccine was made with or contains controversial substances.
7. Getting COVID-19 vaccine means you will not have to wear a mask or take other COVID-19 precautions.
8. I already had COVID-19 so I don't need the vaccine.
9. COVID-19 vaccine can affect women's fertility.
10. The side effects of COVID-19 are dangerous.
11. If you get vaccinated a microchip is implanted in you and is the "mark of the beast".

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid-19-vaccines-myth-versus-fact>

<https://www.highlandernews.org/75622/the-new-covid-19-vaccines-are-not-the-mark-of-the-beast/>

***What are the facts about the speed of Vaccine Development and Vaccine Distrust?**

1. Pandemic plans were already in place from H1N1
2. China identified the genome of the novel coronavirus early on and shared it internationally
3. Substantial funding was granted immediately (Operation Warp Speed and other funders)
4. The clinical trials process was sped up (Clinical Trials in different Phases going on at the same time)
5. Vaccine trials started straightaway (Again due to Operation Warp Speed and other Funding)
6. Research data was collected electronically
7. Studies attracted a huge number of volunteers (high interest in participation)
8. Trials have yielded rapid results (funding from Operation Warp Speed and high interest in vaccine participation).
9. Early vaccines worked well
10. Regulation took place while the studies were continuing but with regulatory scrutiny.

*<https://www.theguardian.com/commentisfree/2020/dec/26/ten-reasons-we-got-covid-19-vaccines-so-quickly-without-cutting-corners>

Understanding mRNA vaccines – Pfizer and Moderna vaccines are both mRNA vaccines. mRNA vaccines **do not use the live virus that causes COVID-19 and cannot give someone COVID-19** <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines/mrna.html>

Safety of COVID-19 vaccines is a top priority

- COVID-19 vaccines are being held to the same safety standards as all vaccines.
- FDA's Vaccines and Related Biological Products Advisory Committee (<https://www.fda.gov/advisory-committees/blood-vaccines-and-other-biologics/vaccines-and-related-biological-products-advisory-committee>) reviews applications for EUAs.
- The Advisory Committee on Immunization Practices (<https://www.cdc.gov/vaccines/acip/index.html>) considers safety and efficacy data before recommending use.
- Both are independent committees composed of scientific and clinical experts.

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- FDA and CDC monitor vaccine safety and side effects once vaccines are in use
ACIP: No Rise in Anaphylaxis Rates After COVID Vax
- [ACIP: No Rise in Anaphylaxis Rates After COVID Vax | MedPage Today](#)

(New) What are the COVID-19 Vaccine Ingredients?

Pfizer-BioNtech:

Active ingredient – mRNA. mRNA is genetic code that instructs cells to make a viral protein that triggers an immune response to COVID-19 in the body

Inactive Ingredients:

Lipids (fats) - used to protect the mRNA and provide somewhat of a “greasy” exterior that helps the mRNA slide inside the cells.

Salts – help balance the acidity in your body

Sugar – helps the molecules maintain their shape during freezing

Moderna:

Active Ingredient – mRNA (same as Pfizer-BioNtech)

Inactive Ingredients:

Lipids (same as Pfizer-BioNtech)

Acids/Acid Stabilizers – to maintain the stability of the vaccine

Salts – to maintain the stability of the vaccine

Sugars – to maintain the stability of the vaccine

(New) CDC panel: No COVID-19 vaccine safety surprises (Publish date: January 28, 2021)

Vaccine and the COVID-19 Variants

- **Mutations in Viruses are common and a natural by-product of them reproducing themselves.**
- **The more times a virus reproduces itself (replicates) the more likely there is for a random mutation or change in the virus. So, **increases in COVID-19 infections means more mutations.****
- **More changes in the virus means vaccines and other control measures such as social distancing, masks, personal and environmental hygiene measures will become less effective.**

(New) Multiple variants of the virus that causes COVID-19 are circulating globally:

<https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant.html>

(New) Variants Circulating in United States and Florida: <https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html>

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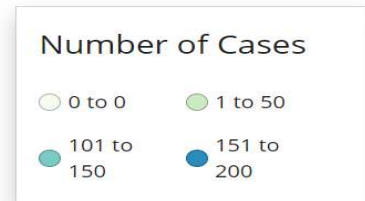
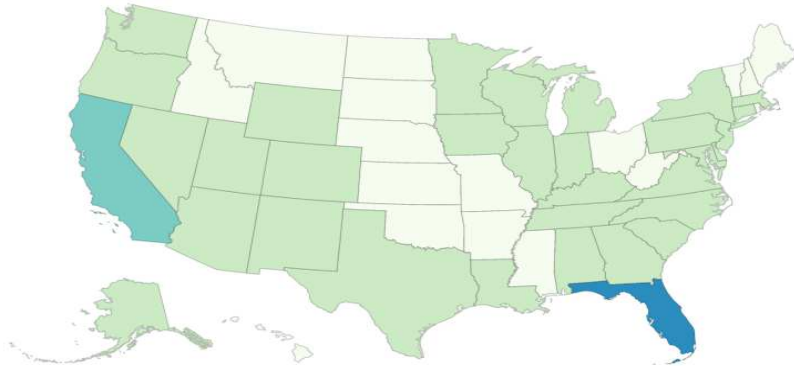


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Emerging Variant Cases in the United States*†



Territories AS GU MH FM MP PW PR VI



Variety of Variants:

- The United Kingdom (UK) identified a variant called B.1.1.7 with many mutations in the fall of 2020. This variant spreads more easily and quickly than other variants. In January 2021, experts in the UK reported that this variant may be associated with an increased risk of death compared to other variant viruses, but more studies are needed to confirm this finding. It has since been detected in many countries around the world. This variant was first detected in the US at the end of December 2020.
- In South Africa, another variant called **B.1.351** emerged independently of B.1.1.7. Originally detected in early October 2020, B.1.351 shares some mutations with B.1.1.7. Cases caused by this variant have been reported in the US at the end of January 2021.
- In Brazil, a variant called **P.1** emerged that was first identified in travelers from Brazil, who were tested during routine screening at an airport in Japan, in early January. This variant contains a set of additional mutations that may affect its ability to be recognized by antibodies.

Some of the potential consequences of emerging variants are the following:

- **Ability to spread more quickly in people.** There is laboratory and epidemiologic evidence that the 614G variant spreads more quickly than viruses without the mutation.
- **Ability to cause either milder or more severe disease in people.** There is no evidence that these recently identified SARS-CoV-2 variants cause more severe disease than earlier ones.
- **Ability to evade detection by specific diagnostic tests.** Most commercial polymerase chain reaction (PCR) tests have multiple targets to detect the virus, such that even if a mutation impacts one of the targets, the other PCR targets will still work.
- **Decreased susceptibility to therapeutic agents such as monoclonal antibodies.**
- **Ability to evade natural or vaccine-induced immunity.** Both vaccination against and natural infection with SARS-CoV-2 produce a “polyclonal” response that targets several parts of the spike protein. The virus would likely need to accumulate multiple mutations in the spike protein to evade immunity induced by vaccines or by natural infection.

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Pfizer/BioNTech and Moderna -- are testing vaccines to double-check that they're effective against the variants. There is currently no evidence that the vaccines will not be effective against the new variant. Vaccines are designed to stimulate immunity in multiple ways so that viral mutation in one area does not render the vaccine ineffective. <https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/scientific-brief-emerging-variants.html>

(New) Masks:

In States with Mask Mandates, hospitalization growth rates declined by up to 5% after the mandates were enacted:

Decline in COVID-19 Hospitalization Growth Rates Associated with Statewide Mask Mandates — 10 States, March–October 2020

https://www.cdc.gov/mmwr/volumes/70/wr/mm7006e2.htm?s_cid=mm7006e2_e&ACSTrackingID=USCDC_921-DM48520&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20February%205%2C%202021&deliveryName=USCDC_921-DM48520

Even after vaccination, masks are necessary as it is not known whether you can still become infected with COVID-19 without symptoms (be asymptomatic) and still be infectious to others.

Masks must be **over the nose** and mouth and snug against your face to be protective to you and others.

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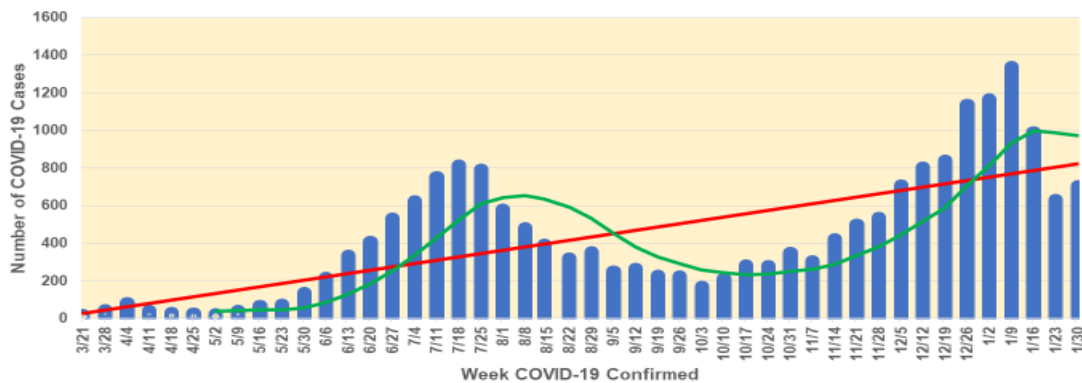
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St. Lucie COVID-19 Outbreak

This graph shows cumulative cases of COVID-19 since the March 2020 beginning of the COVID-19 outbreak in St. Lucie County. Cases remained low until the end of May. Starting in early June cases increased through mid-August and represented the first peak of the outbreak. Cases declined and remained lower during most of August through October. Starting at the end of October case numbers built steadily, reaching an all-time high during the week of January 9, 2021. **Levels of COVID-19 during the Week of 1/9/21 were 65% higher than the previous peak during the Week of July 18.** Cases are trending down slightly but continue to remain high.

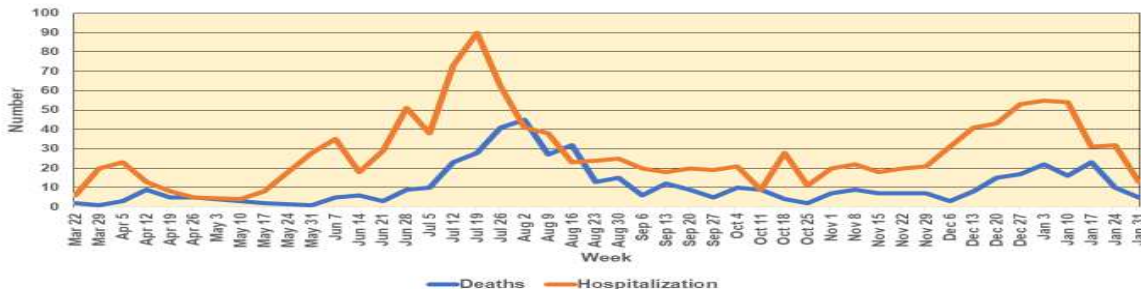
***Cumulative COVID-19 Cases by Week Case Confirmed with Linear and 7-day Rolling Average Trend Lines**
St. Lucie County, Florida
2020-2021
(Provisional Data)



*Data for the week of 1/30 is lacking data from 2/5 but is otherwise complete.

Current COVID-19 case numbers have been going up and are at the **highest levels since the beginning of the outbreak**, yet there are fewer hospitalizations and deaths currently when compared to the previous peak during June-July. It should be noted that deaths often trail hospitalizations by 2-3 weeks. Treatment methods are improved as we have learned more.

COVID-19 Hospitalizations and Deaths by Week of Death
St. Lucie County, Florida
2020-2021
(Provisional Data)



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Current COVID-19 Testing Activity:

From 1/22-2/4, the average positivity rate was **10.4% (9% decrease)** with an average of **1217 tests daily (2% increase)** and an average of **126 cases daily (7% decrease)**.

To find a place to get tested for COVID in St. Lucie County (updated 2/3/21)

<https://www.stlucieco.gov/home/showdocument?id=7832>

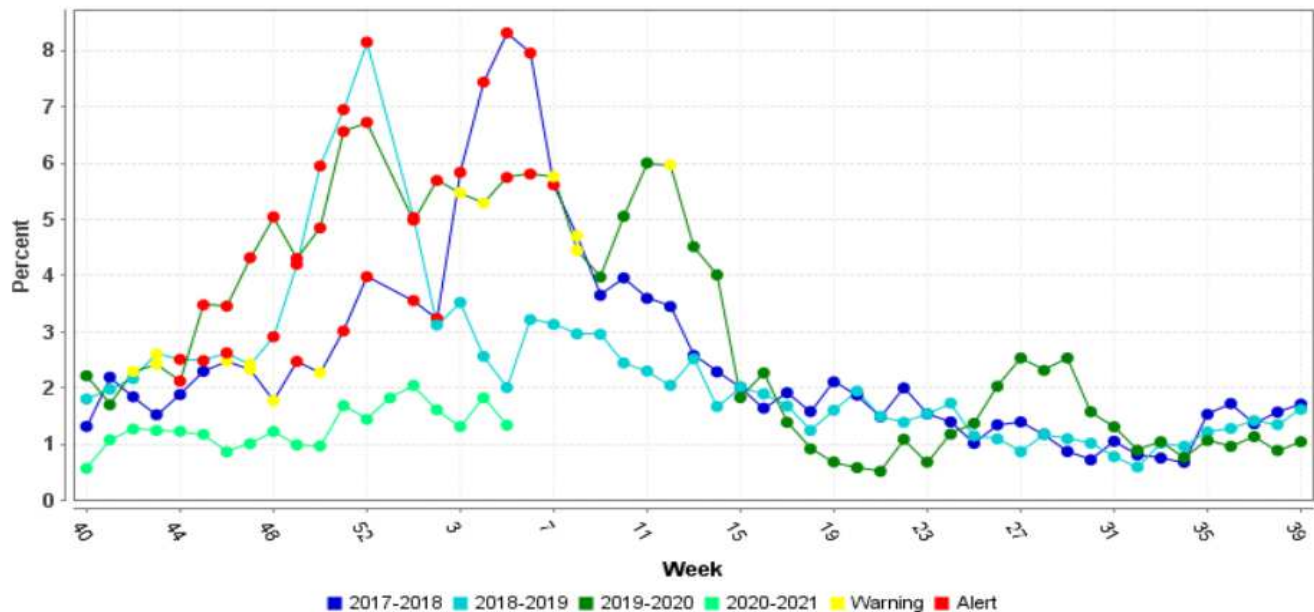
Influenza

National Influenza Surveillance

- Here you will find the Weekly U.S. Influenza Surveillance Report-**FLUVIEW** (bookmark for updates) <https://www.cdc.gov/flu/weekly/index.htm>

The graph below represents **St. Lucie Emergency Department Data** reflecting 4-years of Data from ESSENCE. Influenza season officially begins in early October (Week 40 in 2020). Currently we are in **Week 5 of 2021**. The graph shows **unusually low rates of Influenza-Like activity compared to previous years**.

Percent of St. Lucie Emergency Department Visits for Influenza-Like Illness, 2017-2021



Statewide Influenza activity continues to be lower than the previous 3 season average.

To find a place to get your flu shot in St. Lucie County (updated 2/3/2021)

<https://www.stlucieco.gov/Home/ShowDocument?id=7911>

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Hot Topics

Demographic Characteristics of Persons Vaccinated During the First Month of the COVID-19 Vaccination Program — United States, December 14, 2020–January 14, 2021

[Demographic Characteristics of Persons Vaccinated During the First Month of the COVID-19 Vaccination Program — United States, December 14, 2020–January 14, 2021 | MMWR \(cdc.gov\)](#)

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Necessity of 2 Doses of the Pfizer and Moderna COVID-19 Vaccines

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