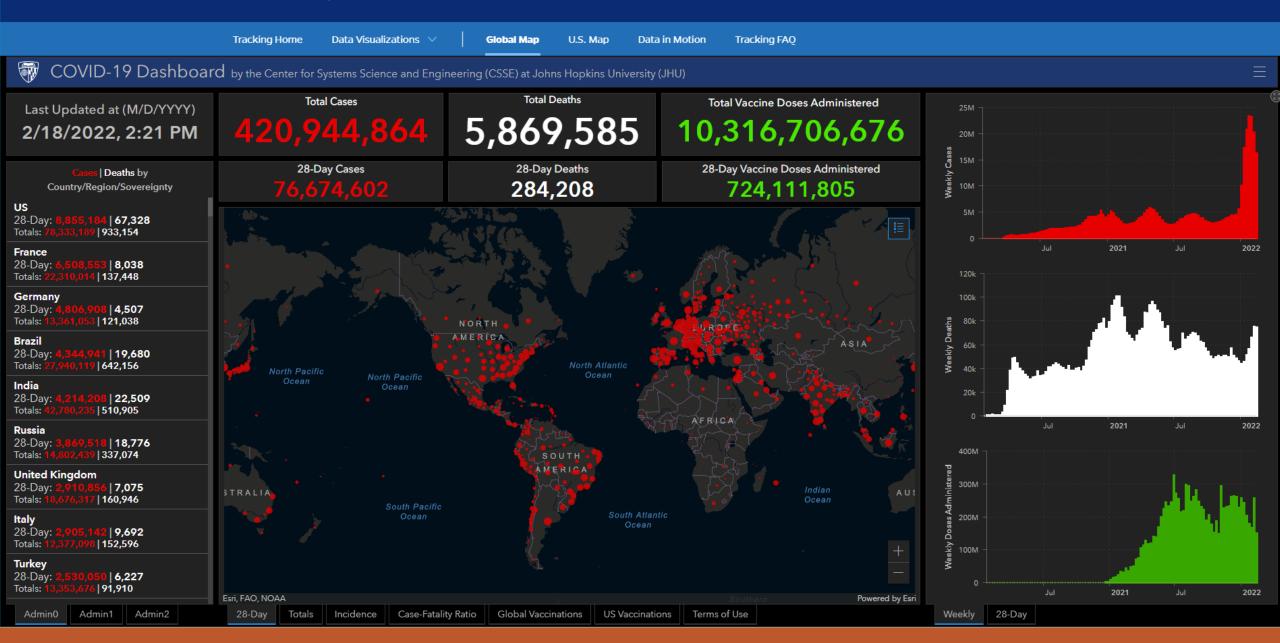
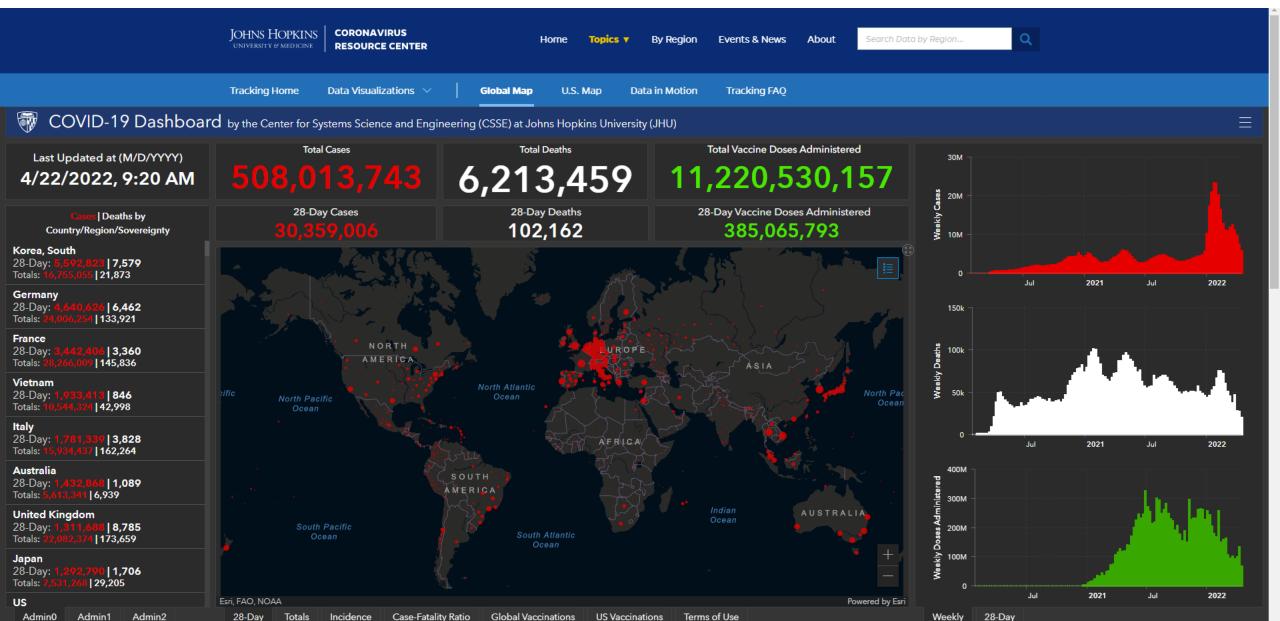
# COVID-19 Trends and Vaccines

PUBLIC HEALTH UPDATE

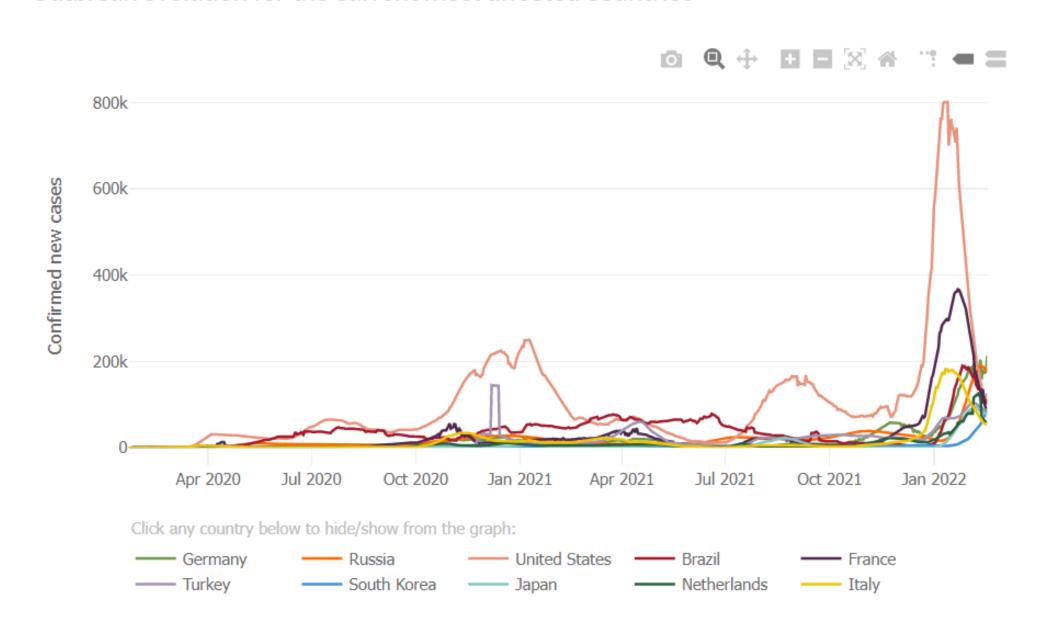
# COVID-19 Worldwide





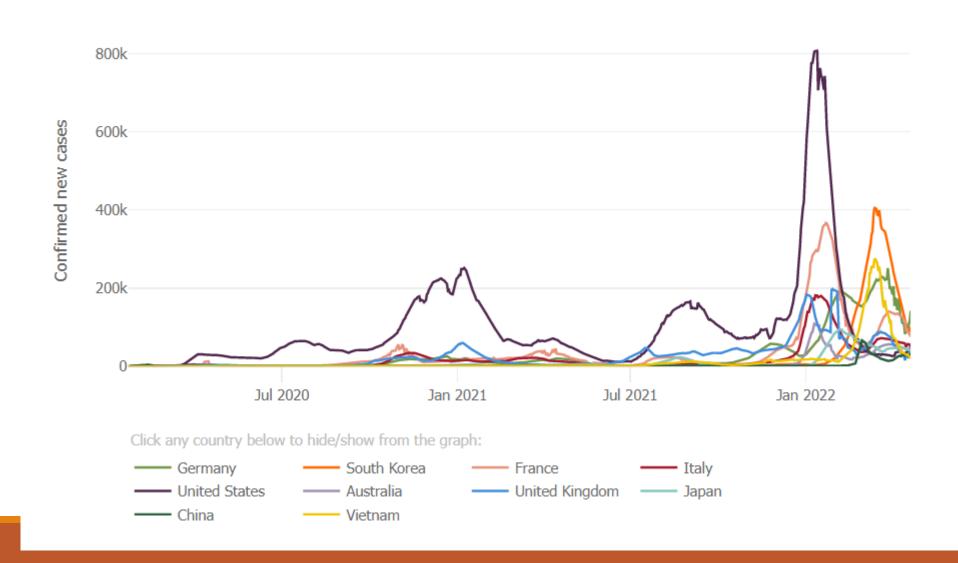
#### DAILY CONFIRMED NEW CASES (7-DAY MOVING AVERAGE)

Outbreak evolution for the current most affected countries



#### DAILY CONFIRMED NEW CASES (7-DAY MOVING AVERAGE)

Outbreak evolution for the current most affected countries



## COVID-19 United States

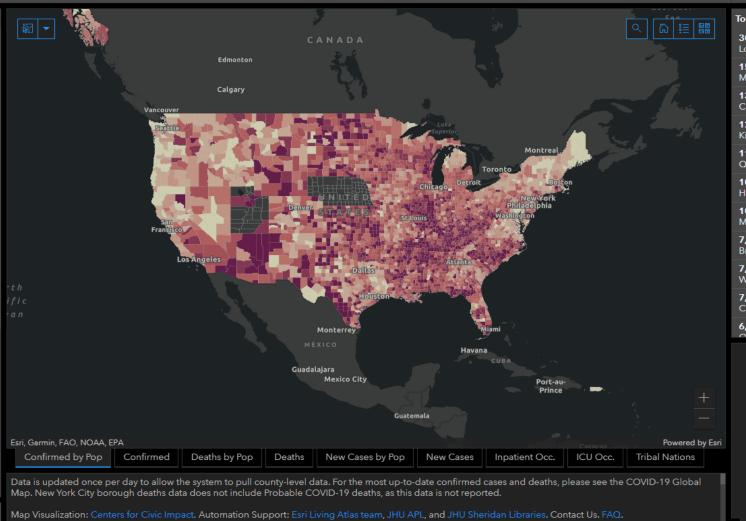
Global Map **Tracking Home** Data Visualizations U.S. Map **Data in Motion** Tracking FAQ



Clark

#### COVID-19 United States Cases by County Johns Hopkins University

### **Top 25 Confirmed Cases by County** Los Angeles Maricopa Miami-Dade Cook Harris San Diego Kings Queens Riverside Broward Orange San Bernardino Dallas Tarrant Bexar



Please select from list Please select from list **Top 20 Counties by Number of Deaths** 30,300 deaths Los Angeles 15,486 deaths Maricopa 13,884 deaths Cook 12,617 deaths Kings 11,668 deaths Queens 10,554 deaths Harris 10.153 deaths Miami-Dade 7,646 deaths Bronx 7,530 deaths Wayne 7,333 deaths Clark 6,450 deaths 60M 40M

2020-01-22 2020-06-17 2020-11-11 2021-04-07 2021-09-01 2022-01-26

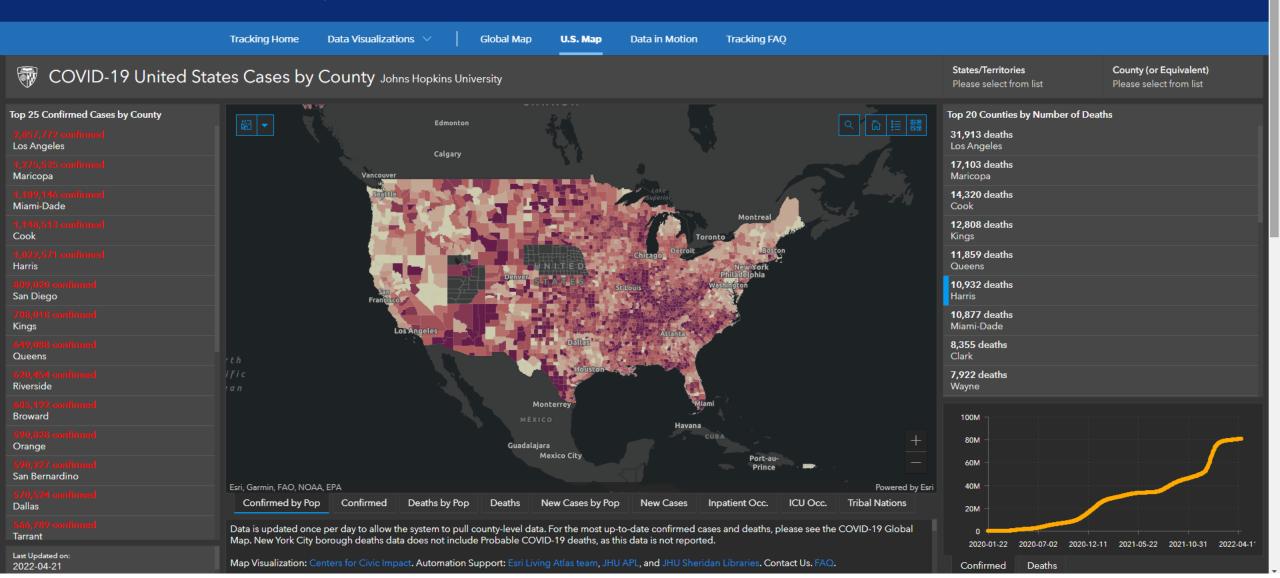
County (or Equivalent)

States/Territories

Confirmed

Deaths



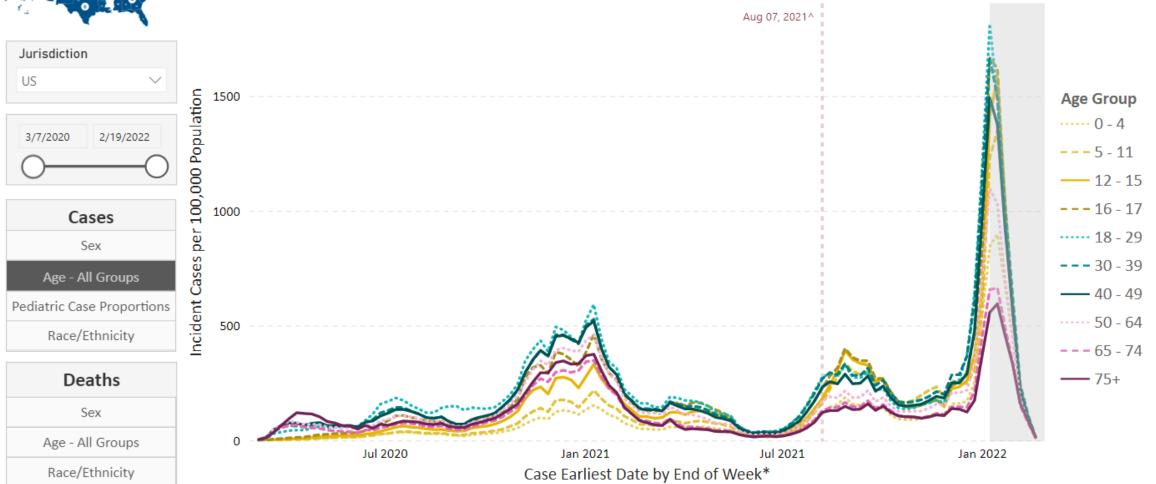


#### COVID-19 Weekly Cases per 100,000 Population by Age Group, United States



March 01, 2020 - February 19, 2022\*





US: The most recent line level case record was reported during the week ending on Feb 19, 2022. Percentage of cases reporting age by date - 99.96%.

US territories are included in case and death counts but not in population counts. Potential six-week delay in case reporting to CDC denoted by gray bars.

^Case rates during the week ending Aug 07, 2021 are reflective of a data reporting artifact from South Dakota. Surveillance data are provisional, and as additional clinical date data becomes available, the case rates over time are subject to change.

<sup>\*</sup>Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC. The date for the current week extends through Saturday.

### COVID-19 Weekly Cases and Deaths per 100,000 Population by Age, Race/Ethnicity, and Sex

View Footnotes and Additional Information



US

#### COVID-19 Weekly Cases per 100,000 Population by Age Group, United States March 01, 2020 - April 23, 2022\*



Age Group ..... 0 - 4

**---** 16 - 17

····· 18 - 29 **---** 30 - 39

**-** 40 - 49

..... 50 - 64 <del>- - -</del> 65 - 74

<del>----</del> 75+

Jan 2022



Jurisdiction

3000

2500

2000

1500

1000

500

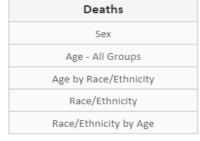
Population

100,000

Incident Cases per

3/7/2020 4/23/2022

Cases		
	Sex	
Ag	e - All Groups	
Age b	y Race/Ethnicity	
Pediatric Case Proportions		
Race/Ethnicity		
Race/	Ethnicity by Age	



US: The most recent case record was reported during the week ending on Apr 23, 2022. Percentage of cases reporting age by date - 99.91%.

Jan 2021

Jul 2020

US territories are included in case and death counts but not in population counts. Potential six-week delay in case reporting to CDC denoted by gray bars. Weekly data with five or less cases have been suppressed. \*Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC. The date for the current week extends through Saturday. ^Case rates during the week ending Aug 07, 2021 are reflective of a data reporting artifact from South Dakota. Surveillance data are provisional, and as additional clinical date data becomes available, the case rates over time are subject to change.

Case Earliest Date by End of Week\*

Last Updated: Apr 22, 2022

Source: CDC COVID-19 Case Line-Level Data, 2019 US Census, HHS Protect; Visualization: Data, Analytics & Visualization Task Force and CDC CPR DEO Situational Awareness Public Health Science Team

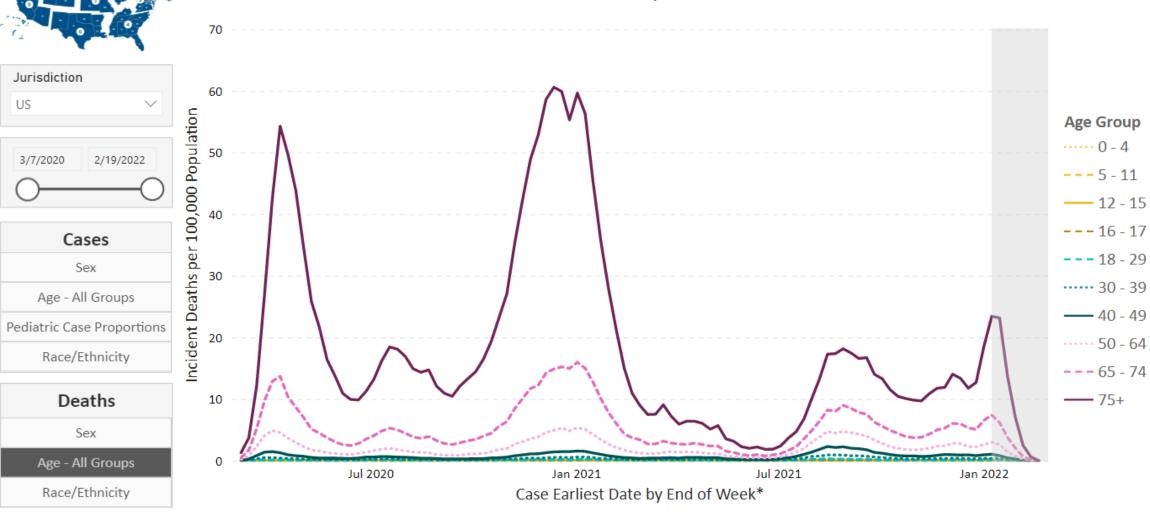
Jul 2021

Aug 07, 2021^

#### COVID-19 Weekly Deaths per 100,000 Population by Age Group, United States



March 01, 2020 - February 19, 2022\*



US: The most recent line level case record was reported during the week ending on Feb 19, 2022. Percentage of deaths among reported cases - 1.27%. Percentage of deaths reporting age by date - 99.96%. US territories are included in case and death counts but not in population counts. Potential six-week delay in case reporting to CDC denoted by gray bars.

Last Updated: Feb 18, 2022

<sup>\*</sup>Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC. The date for the current week extends through Saturday.

### COVID-19 Weekly Cases and Deaths per 100,000 Population by Age, Race/Ethnicity, and Sex

View Footnotes and Additional Information

4/23/2022

Cases

Sex

Age - All Groups

Age by Race/Ethnicity

Pediatric Case Proportions

Race/Ethnicity

Race/Ethnicity by Age

**Deaths** Sex

Age - All Groups

Age by Race/Ethnicity

Race/Ethnicity

Race/Ethnicity by Age

# THE RESERVE OF

Jurisdiction

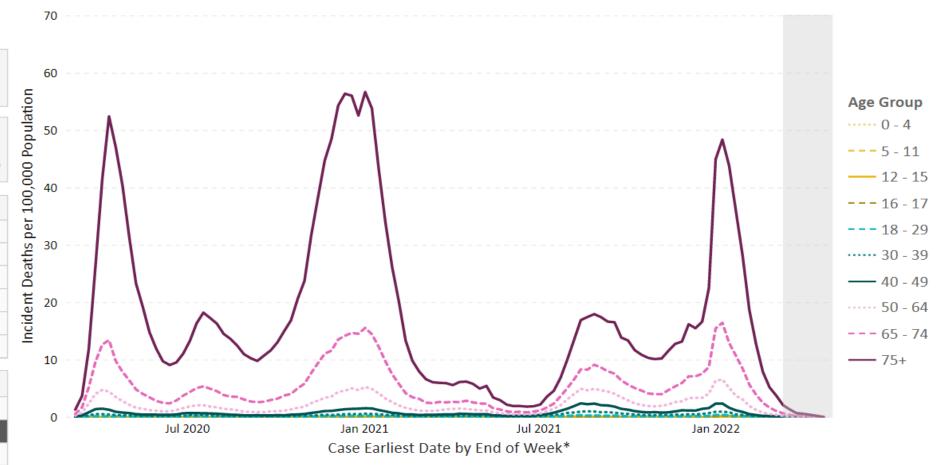
3/7/2020

US

#### COVID-19 Weekly Deaths per 100,000 Population by Age Group, United States



March 01, 2020 - April 23, 2022\*



US: The most recent case record was reported during the week ending on Apr 23, 2022. Percentage of deaths among reported cases - 1.17%. Percentage of deaths reporting age by date - 99.91%.

US territories are included in case and death counts but not in population counts. Potential six-week delay in case reporting to CDC denoted by gray bars. Weekly data with five or less deaths have been suppressed.

\*Case Earliest Date is the earliest of the clinical date (related to illness or specimen collection and chosen by a defined hierarchy) and the Date Received by CDC. The date for the current week extends through Saturday.

Last Updated: Apr 22, 2022

Source: CDC COVID-19 Case Line-Level Data, 2019 US Census, HHS Protect; Visualization: Data, Analytics & Visualization Task Force and CDC CPR DEO Situational Awareness Public Health Science Team

# COVID-19 Locally



### Amarillo Public Health Department COVID-19 Report Card: February 18, 2022

ACTIVE CASES TOTAL CASES RECOVERED **DEATHS** CASES **Potter County:** 35,595 -32,133 -663 = 2.799 **Randall County:** 38,039 -34,411 -447 = 3,181

TOTAL: 73,634 - 66,544 - 1,110 = 5,980

CASES
Potter County: +16 -422
Randall County: +14 -327

TOTAL: +30 -749

TESTS

Conducted: 556,277

Pending:

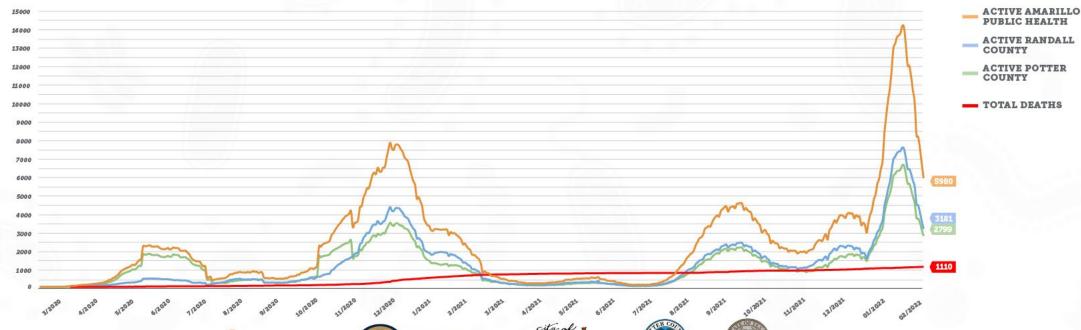
AMARILLO AREA HOSPITALIZATION RATE: 12.35%

The hospitalization rate is calculated by the Texas Department of State Health Services (DSHS) and includes the entire Panhandle Regional Advisory Council (RAC). This area consists of 25 counties including both Potter and Randall counties.

For more details regarding the hospitalization rate, visit the DSHS website at dshs.texas.gov/coronavirus.

For a full data set including demographics, testing details, etc., please visit our complete dashboard located at:

www.amarillo.gov/coviddashboard















### Amarillo Public Health Report: April 22, 2022

WEEKLY
(April 15 - April 21)

7-DAY NEW CASE AVERAGE

11

7-DAY POSITIVITY RATE

3%

NEW COVID-19 CASES

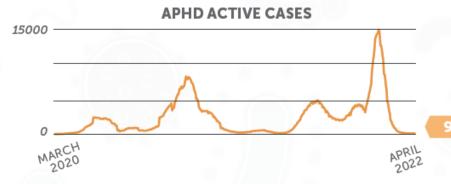
**78** 

NEW COVID-19 DEATHS

36\*

\*This number includes Texas Department of State Health Services previously unreported deaths that range between August 2020 and March 2022.





TOTAL COVID-19 CASES

74,220

TOTAL COVID-19 DEATHS

1,269

\*Due to difference in data processing, time and methodology, there may be descrepancies between information presented in this dashboard and Texas DSHD dashboard- example we include home positive tests.

### HOSPITAL DATA

**3** HOSPITALIZED

100% VACCINATED 0% UNVACCINATED

O IN THE ICU

0% VACCINATED
0% UNVACCINATED

**O** ON VENTILATORS

0% VACCINATED
0% UNVACCINATED

**506** COVID-19 DEATHS

18% VACCINATED
82% UNVACCINATED

**CURRENTLY HOSPITALIZED** 

SINCE AUGUST 1, 2021

These numbers indicate the most current data provided by BSA Health System, Northwest Texas Healthcare System, and Thomas E. Creek VA Medical Center.













35,595

**2,799** 32,133 663

Active Recovered Deaths

Selected County Both Counties

Confirmed Deaths by Age Group

300
200
100
0-19 20-29 30-39 40-49 50-59 60-69 70-79 80+

Selected County

Both Counties

Confirmed Cases by Age Group

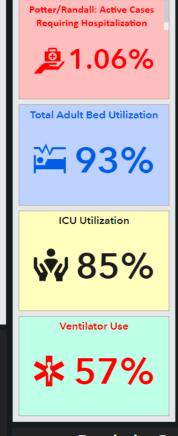
8k
6k
4k
2k
0
0-19 20-29 30-39 40-49 50-59 60-69 70-79 80+

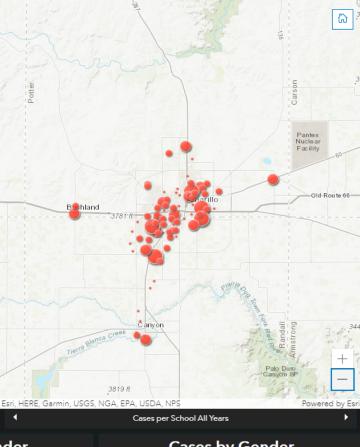
Selected County

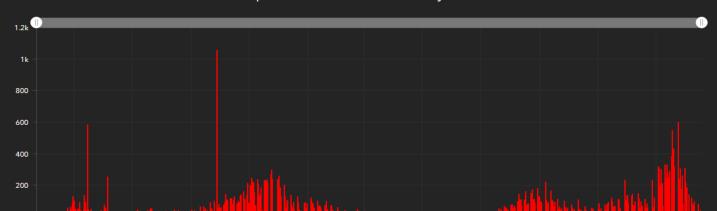
Both Counties



2022







Mar

May

Reported Cases & Deaths by Date



Selected County

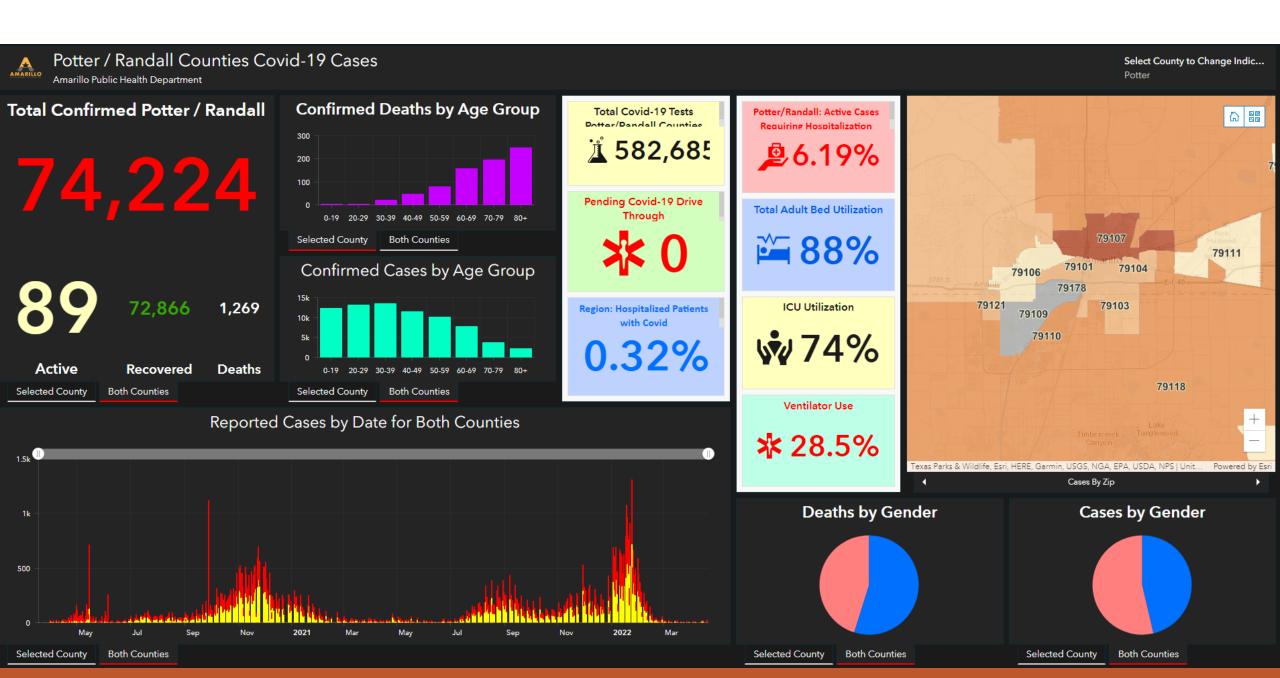
Jul

Both Counties

Sep

Nov

2021



# Vaccine Update

### Vaccine Update

On January 31, 2022, the FDA announced the second approval of a COVID-19 vaccine: Moderna's Spikevax.

Pfizer's FDA approved vaccine Comirnaty.

On January 21, 2022, Novavax announced submission of a request to the US FDA for and EUA for their COVID-19 vaccine for individuals 18+

More to come on Pfizer's vaccine for children 6 months to 4 years.



# COVID-19 Vaccines Approved or Authorized in the United States

February 22, 2022

	Age	Vaccine Vial Cap Color	Age Vaccine Vial Dilution Primary S		y Series	Boos	ter Dose <sup>b</sup>
	Indication		Required	Dose	Injection Volume	Dose	Injection Volume
Pfizer	5 – 11 years	Orange	Yes	10 mcg	0.2 mL <sup>a</sup>	NA	NA
Pfizer	≥ 12 years	Purple	Yes	30 mcg	0.3 mL	30 mcg	0.3 mL
Pfizer	≥ 12 years	Gray	No	30 mcg	0.3 mL	30 mcg	0.3 mL
Moderna	≥ 18 years	NA	No	100 mcg	0.5 mL	50 mcg	0.25 mL
J&J's Janssen <sup>c</sup>	≥ 18 years	NA	No	5×10 <sup>10</sup> viral particles	0.5 mL	5×10 <sup>10</sup> viral particles	0.5 mL

a: Dose based on age at the time of the vaccination



b: Booster doses may be mix and match for individuals >18 yrs, mRNA vaccines are preferred: Booster dose may be mix-and-match vaccine

c: mRNA COVID-19 vaccines are preferred over the J&J COVID-19 vaccine



### **COVID-19 Vaccination Schedule**

February 22, 2022

	General Population ( Ages 5 - 64 Years) <sup>a</sup>			
	Number of Doses in Primary Series	Number of Booster Doses	Interval between 1st Dose and 2nd Dose	Interval between 2 <sup>nd</sup> Dose and Booster Dose <sup>b</sup>
Pfizer (5-11 years) (orange cap)	2	NA	3 weeks	NA
Pfizer (≥12 years) (purple → gray cap)	2	1	3-8 weeks <sup>a</sup>	≥ 5 months
Moderna (≥18 years)	2	1	4-8 weeks <sup>a</sup>	≥5 months
J&J's Janssen (≥18 years) <sup>c</sup>	1	1	NA	≥ 2 months (between dose 1 and booster dose)

a: An 8-week interval may be optimal for some people ages 12 years and older, especially for males ages 12 to 39 years. A shorter interval (3 weeks for Pfizer; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately to severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease: COVID-19 vaccination schedule for the primary series in the general population

b: Booster doses may be mix and match for individuals >18 yrs, mRNA vaccines are preferred : Booster dose may be mix-and-match vaccine

c: mRNA COVID-19 vaccines are preferred over the J&J COVID-19 vaccine



### **COVID-19 Vaccination Schedule**

February 22, 2022

	Adults <u>&gt;</u> 65 years & Individuals Who Need Rapid Protection <sup>a</sup>			
	Number of Doses in Primary Series	Number of Booster Doses	Interval between 1 <sup>st</sup> Dose and 2 <sup>nd</sup> Dose	Interval between 2 <sup>nd</sup> Dose and Booster Dose <sup>b</sup>
Pfizer (purple → gray cap)	2	1	3 weeks	≥ 5 months
Moderna	2	1	4 weeks	≥ 5 months
J&J's Janssen <sup>c</sup>	1	1	NA	≥ 2 months (between dose 1 and booster dose)

a: A **shorter interval** (3 weeks for Pfizer; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately to severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease.



b: Booster doses may be mix and match for individuals >18 yrs, mRNA vaccines are preferred : Booster dose may be mix-and-match vaccine

c: mRNA COVID-19 vaccines are preferred over the J&J COVID-19 vaccine



### **COVID-19 Vaccination Schedule**

February 22, 2022

	Moderately or Severely Immunocompromised <sup>a</sup>				
	Number of Doses in Primary Series	Number of Booster Doses	Interval between 1 <sup>st</sup> Dose and 2 <sup>nd</sup> Dose	Interval between 2 <sup>nd</sup> dose and 3 <sup>rd</sup> Dose	Interval between 3 <sup>rd</sup> Dose and Booster dose <sup>b</sup>
Pfizer (5-11 years) (orange cap)	3	NA	3 weeks	<u>&gt;</u> 4 weeks	NA
Pfizer (≥12 years) (purple → gray cap)	3	1	3 weeks	<u>&gt;</u> 4 weeks	≥ 3 months
Moderna (≥18 years)	3	1	4 weeks	<u>≥</u> 4 weeks	≥ 3 months
J&J's Janssen (≥18 years) <sup>c</sup>	1 Dose Janssen, followed by 1 Dose of mRNA vaccine	1	4 weeks	≥2 months	N/A

a: A **shorter interval** (3 weeks for Pfizer; 4 weeks for Moderna) between the first and second doses remains the recommended interval for: people who are moderately to severely immunocompromised; adults ages 65 years and older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease: COVID-19 Vaccination schedule for people with moderate or severe immunocompromise



b: Booster doses may be mix and match for individuals >18 yrs, mRNA vaccines are preferred : Booster dose may be mix-and-match vaccine c: mRNA COVID-19 vaccines are preferred over the J&J COVID-19 vaccine

### **Pfizer COVID-19 Vaccine Formulations**

February 7, 2022

	FUTURE PRODUCT*	PRODUCTS	
	Dilute Before Use	Dilute Before Use	Do Not Dilute
Pfizer COVID-19 Vaccine	Pediatric Formulation*	Pediatric Formulation	Adolescent/Adult Formulation
Age Group	6 months to 4 years	5 to 11 years	12 years and older
Vial Cap Color	MAROON	ORANGE	GRAY
Dilution Needed	YES (2.2 mL)	YES (1.3 mL)	NO
Dose	0.2 mL after dilution (3 mcg)	0.2 mL after dilution (10 mcg)	0.3 mL (30 mcg)
Total Doses per Vial	10 doses per vial (after dilution)	10 doses per vial (after dilution)	6 doses Per Vial (NO dilution)

#### Storage Options

Thermal Shipper	X	X	x
Ultra-Low Temperature Freezer	9 months	9 months	9 months
Freezer	DO NOT STORE	DO NOT STORE DO NOT STORE	
Refrigerator	10 weeks	10 weeks	10 Weeks
Room Temperature	12 hours prior to first puncture	12 hours prior to first puncture	12 hours prior to first puncture
After First Puncture	Discard after 12 hours	Discard after 12 hours	Discard after 12 hours

NOT yet authorized by the FDA

### **Pfizer COVID-19 Vaccine Formulations**

Pfizer COVID-19 Vaccine	Pediatric Formulation <sup>1</sup> (100 doses/pack)	Adolescent/Adult Formulation <sup>1</sup> (1,170 dose/pack)
Age Group	5 to 11 years	12 years and older
	ORANGE	PURPLE
Vial Cap Color		
Dilution Needed	YES	YES
Dose (after dilution)	0.2 mL (10 mcg)	0.3 mL (30 mcg)
Total Doses per Vial (after dilution)	10 doses	6 doses
	STORAGE OPTIONS	
Thermal Shipper	х	30 Days <sup>2</sup>
Ultra-Low Temperature Freezer	<b>6 months</b> (date Printed on the vial)	<b>9 months</b> (date printed on the vial + 3 months)
Freezer	X	2 weeks
Refrigerator	10 weeks	1 month
Room Temperature (after dilution)	12 hours	6 hours

Pfizer is moving away from the Purple capped vials.

<sup>2.</sup> Dry ice replenishment every 5 days

In December, compared to fully vaccinated persons in each group shown below, the monthly rates of COVID-19 associated hospitalizations were:

16X Higher in Unvaccinated Adults Ages 18 Years and Older

**8x** Higher

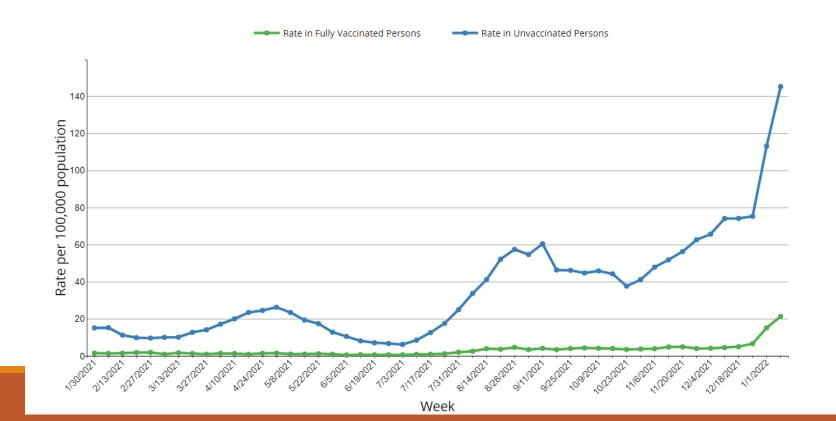
in Unvaccinated Adolescents Ages 12-17 Years 12x Higher

in Unvaccinated Adults Ages 18-49 years **17x** Higher

in Unvaccinated Adults Ages 50-64 years 17x Higher

in Unvaccinated Adults Ages 65 Years and Older

Age-Adjusted Rates of COVID-19-Associated Hospitalizations by Vaccination Status in Adults Ages ≥18 Years, January 2021–January 2022



In December, compared to fully vaccinated persons with additional or booster doses in each age group shown below, the monthly rates of COVID-19-associated hospitalizations were:

44X Higher in Unvaccinated Adults Ages 18 Years and Older

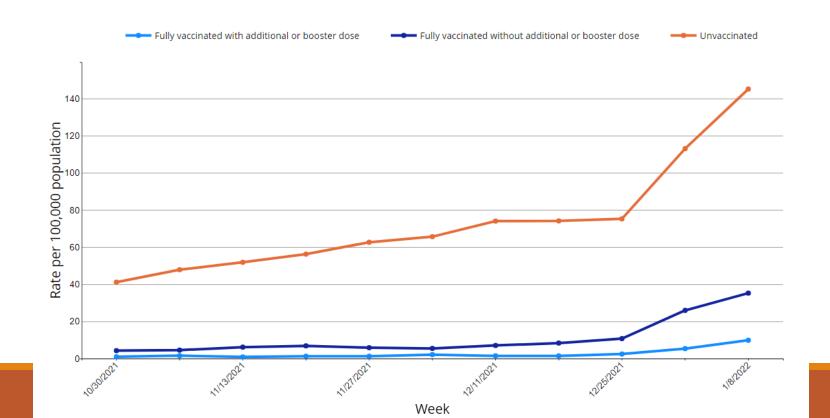
**30x** Higher

in Unvaccinated Adults Ages 18-49 years 45x Higher

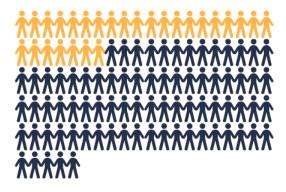
in Unvaccinated Adults Ages 50-64 years **51x** Higher

in Unvaccinated Adults Ages 65 Years and Older

Age-Adjusted Rates of COVID-19-Associated Hospitalizations by Vaccination Status in Adults Ages ≥18 Years, October 2021–January 2022



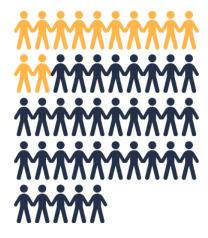
### Amarillo Public Health COVID-19 Hospitalization Report



**105 HOSPITALIZED** 

25.7% VACCINATED

74.3% UNVACCINATED



45 IN THE ICU

26.7% VACCINATED

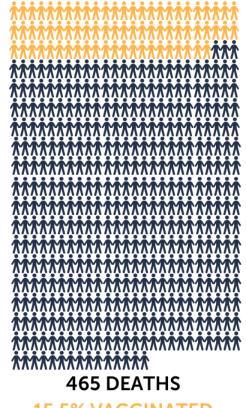
73.3% UNVACCINATED



29 ON VENTILATORS

17.2% VACCINATED

82.8% UNVACCINATED



15.5% VACCINATED

84.5% UNVACCINATED

SINCE AUGUST 1, 2021





# Special Populations

### Vaccine in Pregnancy

The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine, the two leading organizations representing specialists in OB care, recommend that all pregnant and lactating individuals be vaccinated against COVID-19.

COVID-19 Vaccination Considerations For Obstetric-Gynecologic Care Practice Advisory <a href="https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care">https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care</a>

### Vaccine for Children and Adolescents

o"The American Academy of Family Physicians applauds the U.S. Food and Drug Administration (FDA)'s milestone authorization of the first COVID-19 vaccine for children ages 5-11. The FDA has determined that the COVID-19 vaccine is safe and effective, and it is important that children and adolescents be vaccinated, when eligible, to protect their own health, as well as that of their families and communities. The rise in pediatric COVID-19 infections and hospitalizations due to the Delta variant underscores the need to vaccinate this age group, as the risk for severe and long-lasting adverse health outcomes in unvaccinated children is increasing. The benefits of vaccination greatly outweigh any potential risks for this population.

OReceipt of 2 doses of Pfizer-BioNTech vaccine is highly effective in preventing MIS-C in persons aged 12–18 years. These findings further reinforce the COVID-19 vaccination recommendation for eligible children.

American Academy of Family Physicians <a href="https://www.aafp.org/news/media-center/statements/covid-19-vaccines-children.html">https://www.aafp.org/news/media-center/statements/covid-19-vaccines-children.html</a>

### Patients with Cancer

#### **GET VACCINATED!**

People with underlying medical conditions, including immunocompromised and cancer should be vaccinated.

To help protect people with cancer from COVID-19, it is important that their family members, loved ones, and caregivers get vaccinated.

#### **DELAY VACCINATION?**

Patients who have just received a stem cell transplant or CAR-T therapy: based on data that other vaccine have had limited efficacy during periods when these patients are their most immunosuppressed.

Aggressive chemotherapy: recommend delay vaccination until cell counts recover.

### Amarillo Public Health Resources

- OAmarillo Alerts Webpage: www.amarilloalerts.com
- oCOVID Vaccinations: Monday-Friday 8:00-5:00 850 Martin Road, Free, appointments available.
- OAdult and Childhood vaccine: Monday-Friday 8:00-5:00 850 Martin Road, Low cost, appointments available.
- OHealth Advisories: Communication to providers. We need YOUR email addresses.

### Additional Resources

Enroll to be a COVID-19 vaccine provider in Texas: <a href="https://www.dshs.state.tx.us/coronavirus/immunize/provider-enrollment.aspx">https://www.dshs.state.tx.us/coronavirus/immunize/provider-enrollment.aspx</a>

Enroll to be a Texas Vaccine for Children provider in Texas:

Information for Providers - Texas Vaccines for Children

### Questions

Casie Stoughton, MPH RN

Casie.Stoughton@amarillo.gov