

Department of Health

COVID-19 Update



January 11, 2022

Charlotte Update

26,377 total cases

- August 2021- 4,660 August 2020- 732
- September 2021- 2,884 September 2020- 378
- October 2021- 764 October 2020- 662
- November 2021- 339 November 2020- 1,387
- December 2021-1,346 December 2020-2,411
- January 2022- 2,265 January 2021- 2,086

New weekly case Positivity 22.5%, State Average 31.2%

- Overall positivity for outbreak 20.4%; State 23.2%
- Approx. 4,435 tests performed last 7 days.

134,411 Vaccinated Roughly 74% of 5+ eligible population.

49,600+ additional doses.

Monoclonal site 6,700+ treatments to date.

Case Trends

Cases & Deaths in Charlotte County, Florida

Data through Sat Jan 08 2022

Total Cases (last 7 days)	1600
Case Rate (last 7 days)	846.96
% Change (last 7 days)	147.68

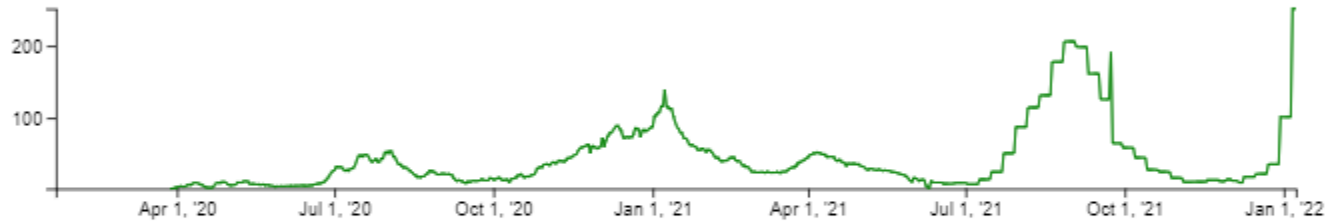
Total Deaths (last 7 days)	<10
Death Rate (last 7 days)	0.00
% Change (last 7 days)	-100

Tue, Jan 21st 2020 - Sat, Jan 8th 2022

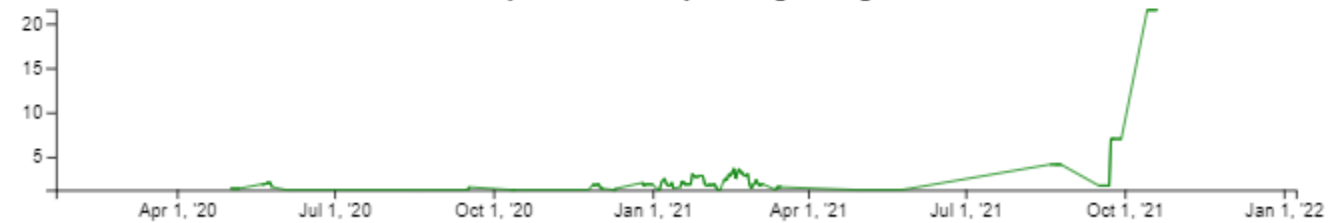
Use slider to update time series chart



Daily Cases - 7-Day Moving Average



Daily Deaths - 7-Day Moving Average



Testing

Testing in Charlotte County, Florida

Data through Thu Jan 06 2022

% Positivity (last 7 days) 28.17

% Change (last 7 days) 9.44

Data through Sun Jan 02 2022

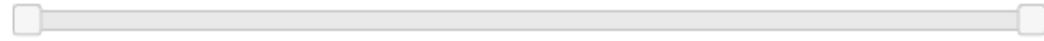
Tests Performed (last 7 days) 4435

Test Rate (last 7 days) 2277.73

% Change (last 7 days) 64.5

Tue, Jan 21st 2020 - Sat, Jan 8th 2022

Use slider to update time series chart



7-day Percent Positivity



Daily Tests Performed - 7-Day Moving Average



Hospitalizations

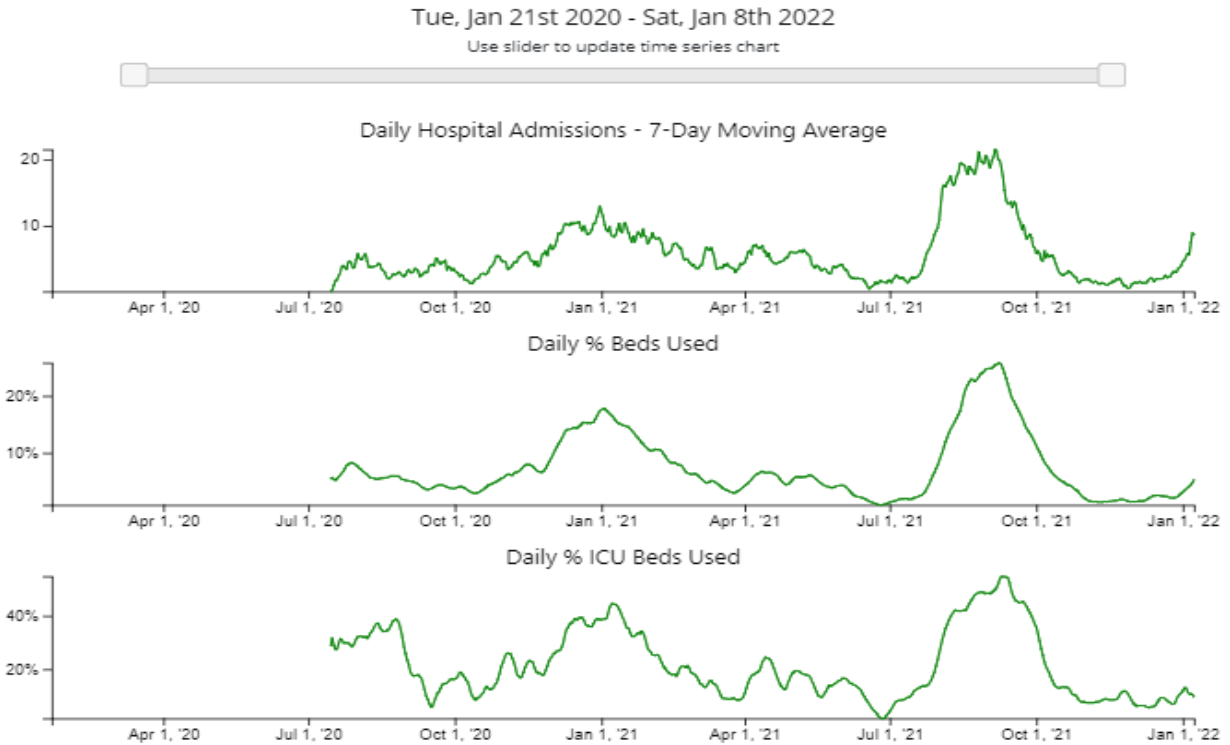
Hospitalizations in Charlotte County, Florida

Data through Fri Jan 07 2022

New Admissions (last 7 days)	57
Rate of New Admissions per 100 beds (last 7 days)	8.6
Rate of New Admissions per 100k people (last 7 days)	30.17
% Change (last 7 days)	119.23

% Beds Used (last 7 days)	4.53
% Change (last 7 days)	1.68

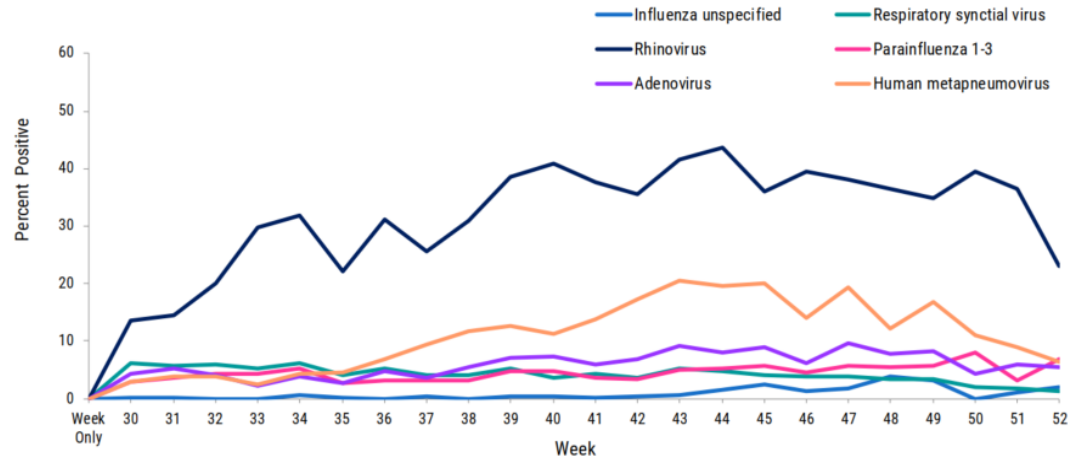
% ICU Beds Used (last 7 days)	9.69
% Change (last 7 days)	-0.73



Influenza-Like Illness Updates

Circulating Viral Respiratory Pathogens

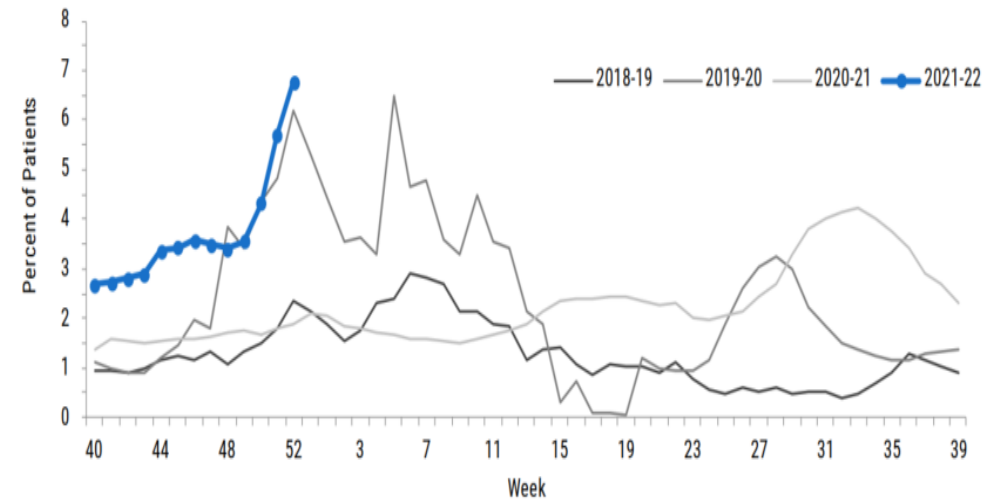
Figure 10: In week 52, the percent of specimens testing positive for **influenza unspecified** and **parainfluenza 1-3** increased while **RSV**, **rhinovirus**, **adenovirus**, and **human metapneumovirus** decreased when compared with previous weeks. This information may change as additional data are received.



▲ Figure 10 shows the percent of laboratory results testing positive for eight common respiratory viruses, as reported by laboratories participating in the National Respiratory and Enteric Virus Surveillance System (NREVSS) and laboratories reporting validated respiratory virus data to the Florida Department of Health via electronic laboratory reporting (n=5), week 30, 2021 to week 52, 2021.

Statewide Activity: Influenza-like-illness

Figure 9: In week 52, the percent of patients with ILI reported by ILINet providers statewide increased and was above levels observed during previous seasons.



▲ Figure 9 shows the percent of patients with influenza-like illness (ILI) reported statewide by ILINet providers (n=352), week 40, 2018 to week 52, 2021.

For ILINet, ILI is defined as a fever $\geq 100^{\circ}\text{F}$ in conjunction with sore throat or cough. This definition was updated starting with the 2021-22 season which impacts comparisons between season.

Strategy/Updates

Who Can Get a Booster Shot

IF YOU RECEIVED Pfizer-BioNTech	Who should get a booster: <ul style="list-style-type: none">Everyone 12 years and older	When to get a booster: <ul style="list-style-type: none">At least 5 months after completing your primary COVID-19 vaccination series	Which booster can you get: <ul style="list-style-type: none">Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situationsTeens 12-17 years old may only get a Pfizer-BioNTech COVID-19 vaccine booster
IF YOU RECEIVED Moderna	Who should get a booster: <ul style="list-style-type: none">Adults 18 years and older	When to get a booster: <ul style="list-style-type: none">At least 5 months after completing your primary COVID-19 vaccination series	Which booster can you get: <ul style="list-style-type: none">Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations
IF YOU RECEIVED Johnson & Johnson's Janssen*	Who should get a booster: <ul style="list-style-type: none">Adults 18 years and older	When to get a booster: <ul style="list-style-type: none">At least 2 months after receiving your J&J/Janssen COVID-19 vaccination	Which booster can you get: <ul style="list-style-type: none">Pfizer-BioNTech or Moderna (mRNA COVID-19 vaccines) are preferred in most* situations

*Although mRNA vaccines are preferred, J&J/Janssen COVID-19 vaccine [may be considered in some situations](#).

- Continue testing and vaccination strategies.
- Monoclonal site will remain open and bill insurances.
- Support onsite testing and vaccinations at targeted locations.
- Expansion of testing availability with partners.
- Continue rapid Infection control assessments.
- Booster shots support per CDC guidance.
- Pediatric Immunizations continue.
- Focus on recovery and pre and post hospitalizations.
- Continued focus on ILI and respiratory illnesses.
- Continue to monitor unmet needs and respond appropriately.

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

Testing Strategy

- Deployed 1200 rapid tests to schools for symptomatic children.
- Distributed 400+ rapid test kits to families at food distribution.
- Retailers catching up on rapid test supplies.
- Limited supply of rapid tests at Tringali Community Center as part of the monoclonal operations.
- Commercial labs continue to test.
- Mid county library site continue to operate.
- Awaiting extension of rapid test kits expiration dates.

EARLY TREATMENT SAVES LIVES

NEW PREVENTATIVE MONOCLONAL ANTIBODY THERAPY EVUSHELD

IT IS A LONG-ACTING MONOCLONAL ANTIBODY THERAPY FOR PRE-EXPOSURE PREVENTION.

REDUCES THE RISK OF DEVELOPING COVID-19 BY 77% IN CLINICAL TRIALS.

THIS PRODUCT IS AUTHORIZED SPECIFICALLY FOR:

- **INDIVIDUALS WHO ARE IMMUNOCOMPROMISED OR ARE TAKING IMMUNOSUPPRESSIVE MEDICATIONS - AND MAY NOT HAVE AN ADEQUATE IMMUNE RESPONSE TO THE VACCINE SUCH AS CANCER PATIENTS OR TRANSPLANT RECIPIENTS.**
- **INDIVIDUALS WITH A HISTORY OF SEVERE ADVERSE REACTIONS TO THE VACCINE OR ITS INGREDIENTS.**

ONLY AUTHORIZED FOR THOSE WHO ARE NOT CURRENTLY INFECTED OR HAVE NOT BEEN RECENTLY EXPOSED TO COVID.

CAN PROVIDE THE PROTECTION IMMUNOCOMPROMISED AND OTHER MEDICALLY VULNERABLE PEOPLE NEED FOR AT LEAST SIX MONTHS.

FLORIDA LEADS IN PREVENTING AND TREATING COVID-19.

Updated CDC Guidance

If You Test Positive for COVID-19 (Isolate)

Everyone, regardless of vaccination status.

- Stay home for 5 days.
- If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
- Continue to wear a mask around others for 5 additional days.

If you have a fever, continue to stay home until your fever resolves.

If You Were Exposed to Someone with COVID-19 (Quarantine)

If you:

Have been boosted

OR

Completed the primary series of Pfizer or Moderna vaccine within the last 6 months

OR

Completed the primary series of J&J vaccine within the last 2 months

- Wear a mask around others for 10 days.
- Test on day 5, if possible.

If you develop symptoms get a test and stay home.

If you:

Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted

OR

Completed the primary series of J&J over 2 months ago and are not boosted

OR

Are unvaccinated

- Stay home for 5 days. After that continue to wear a mask around others for 5 additional days.
- If you can't quarantine you must wear a mask for 10 days.
- Test on day 5 if possible.

If you develop symptoms get a test and stay home

CDC Healthcare Worker Guidance

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered “boosted” if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered “vaccinated” or “unvaccinated” if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test [†] , if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2 [‡] and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1 [‡] , 2, 3, & 5–7	No work restrictions (test if possible)

[†]Negative test result within 48 hours before returning to work

[‡]For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0



Discussion

Thank you.