

Department of Health

COVID-19 Update



January 24, 2022

Charlotte Update

28,445 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- 6,066 January 2021- 2,086

New weekly case Positivity 28.4%, State Average 26.8%

- Overall positivity for outbreak 22.5%; State 25.7%
- Approx. 5,257 tests performed last 7 days.

135,433 Vaccinated Roughly 74% of 5+ eligible population.

52,211+ additional doses.

Monoclonal site 7,774+ treatments to date.

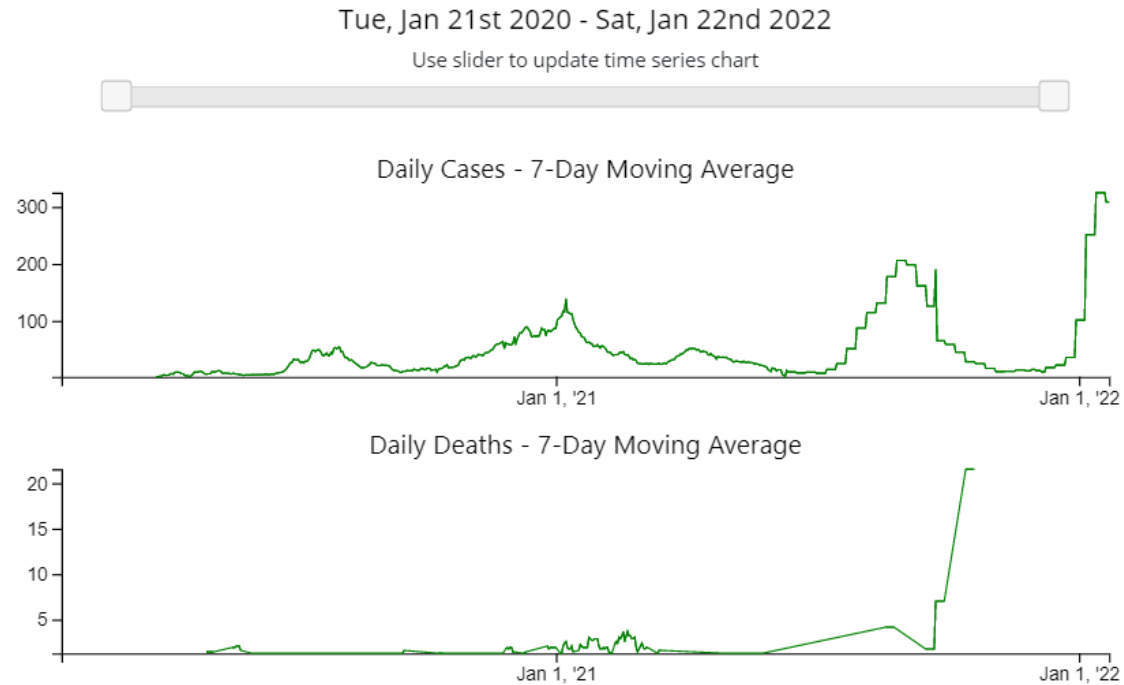
Case Trends

Cases & Deaths in Charlotte County, Florida

Data through Sat Jan 22 2022

Total Cases (last 7 days)	1963
Case Rate (last 7 days)	1039.12
% Change (last 7 days)	-5.08

Total Deaths (last 7 days)	<10
Death Rate (last 7 days)	suppressed
% Change (last 7 days)	



Testing

Testing in Charlotte County, Florida

Data through Thu Jan 20 2022

% Positivity (last 7 days) 34.71

% Change (last 7 days) 0.78

Data through Sun Jan 16 2022

Tests Performed (last 7 days) 5257

Test Rate (last 7 days) 2699.9

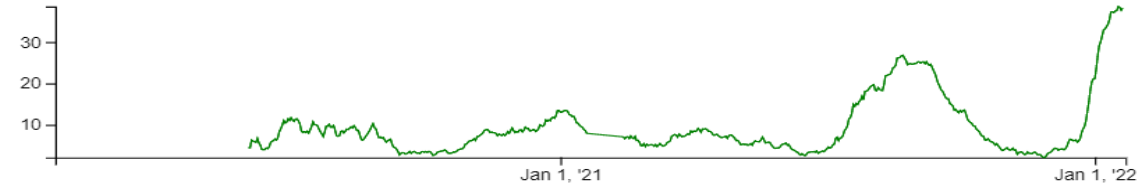
% Change (last 7 days) -12.8

Tue, Jan 21st 2020 - Sat, Jan 22nd 2022

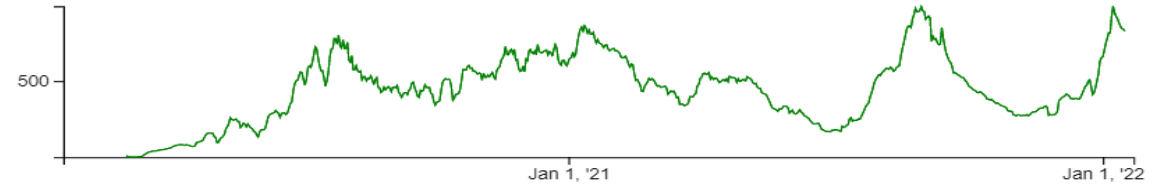
Use slider to update time series chart



7-day Percent Positivity



Daily Tests Performed - 7-Day Moving Average



Hospitalizations

Hospitalizations in Charlotte County, Florida

Data through Fri Jan 21 2022

New Admissions (last 7 days)	93
Rate of New Admissions per 100 beds (last 7 days)	13.01
Rate of New Admissions per 100k people (last 7 days)	49.23
% Change (last 7 days)	16.25

% Beds Used (last 7 days)	10.19
% Change (last 7 days)	2.34

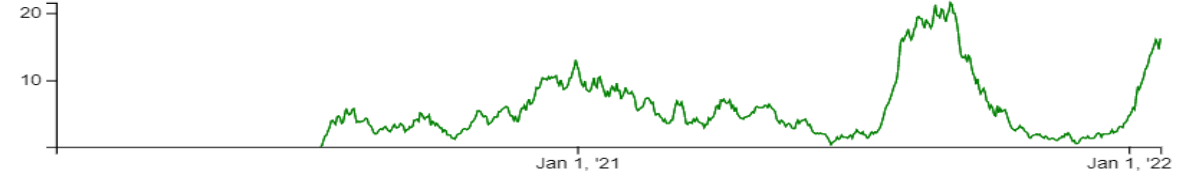
% ICU Beds Used (last 7 days)	19.42
% Change (last 7 days)	8.56

Tue, Jan 21st 2020 - Sat, Jan 22nd 2022

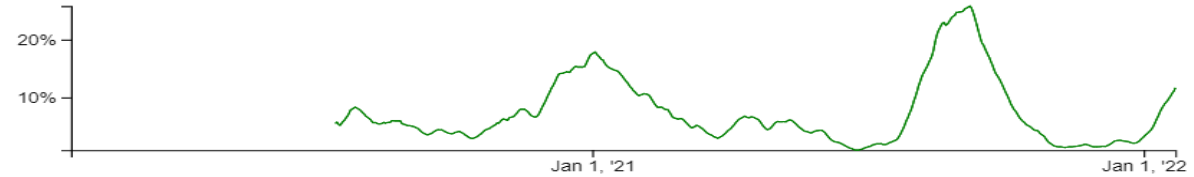
Use slider to update time series chart



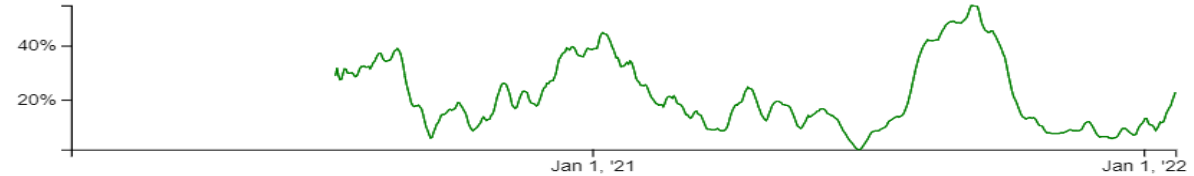
Daily Hospital Admissions - 7-Day Moving Average



Daily % Beds Used



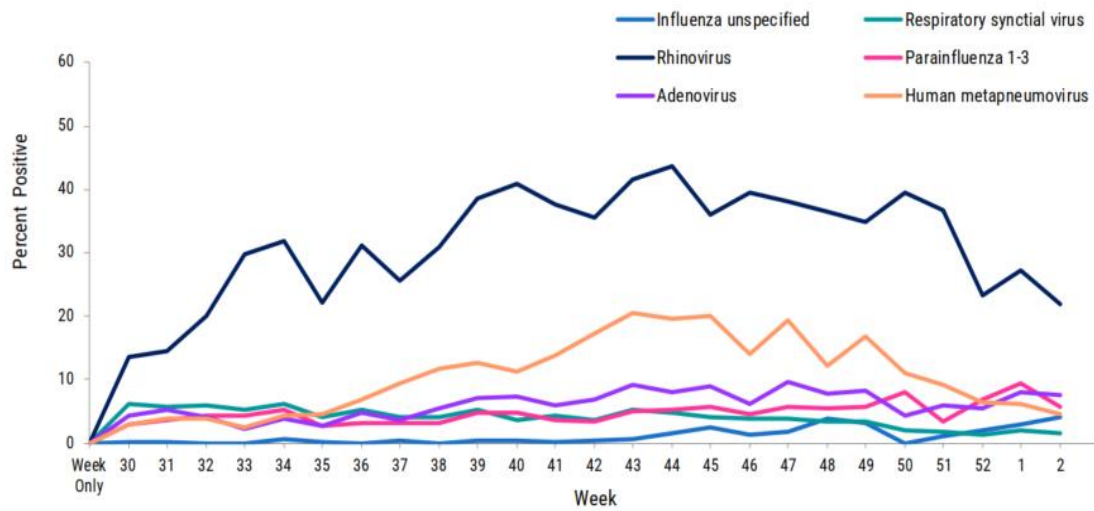
Daily % ICU Beds Used



Influenza-Like Illness Updates

Circulating Viral Respiratory Pathogens

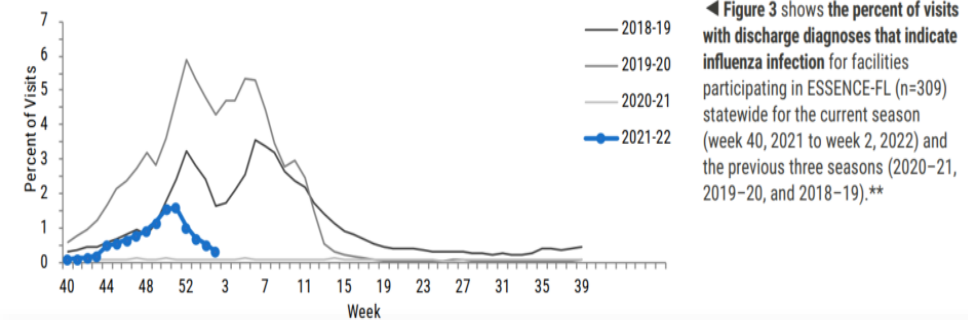
Figure 10: In week 2, the percent of specimens testing positive for **influenza unspecified** increased slightly while **parainfluenza 1-3**, **RSV**, **rhinovirus**, **adenovirus**, and **human metapneumovirus** decreased when compared with previous weeks. This information may change as additional data 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=4), week 30, 2021 to week 2, 2022.

Statewide Activity: Influenza

Figure 3: In week 2, the percent of emergency department visits with a discharge diagnosis of influenza statewide decreased and remained below the previous three-season activity for this time.



◀ Figure 3 shows the percent of visits with discharge diagnoses that indicate influenza infection for facilities participating in ESSENCE-FL (n=309) statewide for the current season (week 40, 2021 to week 2, 2022) and the previous three seasons (2020-21, 2019-20, and 2018-19).**

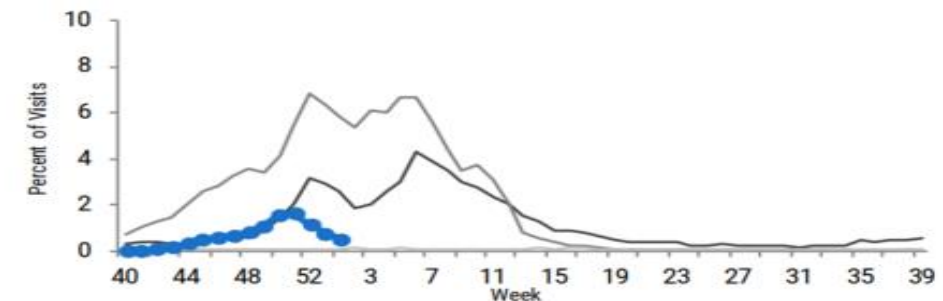


Figure 22: In region 6, influenza activity decreased during week 2 and was within the previous three-seasons for this time.

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.
- Expansion of new therapeutics availability with partner pharmacies.
- Continue rapid Infection control assessments.
- Vaccination efforts continue.
- Focus on recovery.
- Focus on pre and post hospitalizations and transfers to skilled nursing facilities.
- Continued focus on ILI and respiratory illnesses.
- Continue to monitor unmet needs and respond appropriately.
- Federal site opened for home tests.
<https://www.covidtests.gov/>
- Feds will begin mask distribution to partners.

Treatment Options

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.

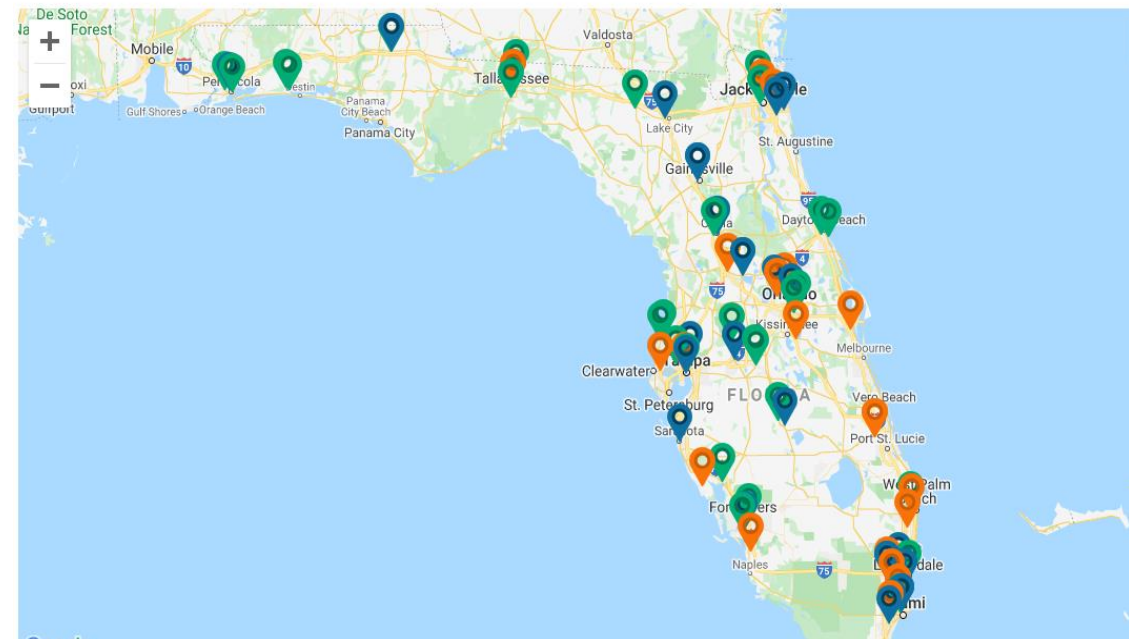
CAN PROVIDE THE PROTECTION IMMUNOCOMPROMISED AND OTHER MEDICALLY VULNERABLE PEOPLE NEED FOR AT LEAST SIX MONTHS.

FLORIDA LEADS IN PREVENTING AND TREATING COVID-19.

Find a COVID-19 Treatment Location

Location Pin Key

-  Monoclonal Antibody Therapy
-  AstraZeneca Evusheld: Preventative Monoclonal Antibody Therapy
-  Paxlovid and Molnupiravir Oral Antiviral



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.