

COVID-19 Update

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June 21, 2021

Bellingham City Council Meeting



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COVID-19 Case Trends

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Overview of COVID-19 trends

- Case rates are down from peaks in November 2020, post-holiday January 2021 surge, and April-May 2021 surge.
- Case rates vary by county sub-area, all are decreasing.
- Concern re: susceptible people as more transmissible variants spread, as weather cools this fall and winter, more indoor exposure to cold, dry air.

COVID-19 DISEASE ACTIVITY

Data as of June 17, 2021 11:59PM PT

Select a key metric

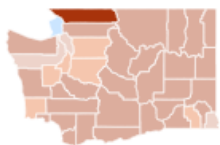
Rate per 100K newly diagnosed cases

New hospitalizations per 100K people

Effective reproductive number (R)

Select a County

All



- 75 or more
- 50 to <75
- 25 to <50
- 10 to <25
- +0 to <10
- zero cases

Chart View

Tabular View

COVID-19 disease activity

Rate of newly diagnosed confirmed and probable COVID-19 cases

This graph shows the trend of the rate of newly diagnosed confirmed and probable COVID-19 cases per 100,000 people during a two week period. The most recent period is from May 28 through Jun 10. The Department of Health defines low disease activity as having fewer than 25 cases per 100,000 people during the prior two weeks.

Learn More



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7 Day 14 Day

Rate per 100K of newly diagnosed confirmed and probable cases during the prior two weeks **125.4**

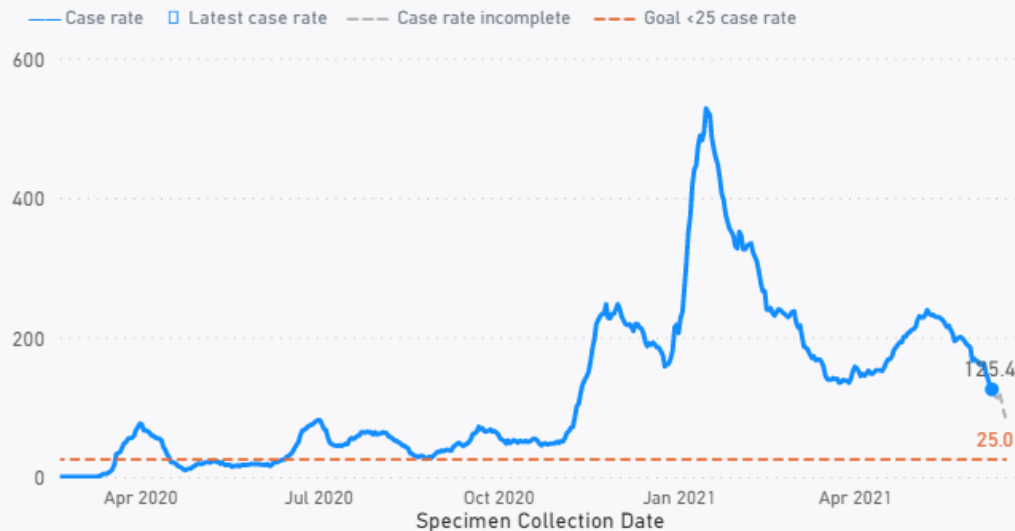
Meeting goal of fewer than 25 cases (confirmed and probable) per 100,000 people **No**

Supporting detail

Population **228,000**

Confirmed and probable cases in the prior two weeks **286**

Rate per 100K of newly diagnosed confirmed and probable cases during the prior two weeks



Sources: Washington State Department of Health and the Washington State Office of Financial Management

COVID-19 DISEASE ACTIVITY

Data as of June 17, 2021 11:59PM PT

Select a key metric

Rate per 100K newly diagnosed cases

New hospitalizations per 100K people

Effective reproductive number (R)

Select a County

Whatcom

COVID-19 disease activity

Rate of newly hospitalized COVID-19 patients during the past week

This graph shows the trend of the rate of newly hospitalized COVID-19 patients per 100,000 people during the past week. Hospitalizations among confirmed and probable cases are included. The most recent period is from Jun 1 through Jun 07.

[Learn More](#)



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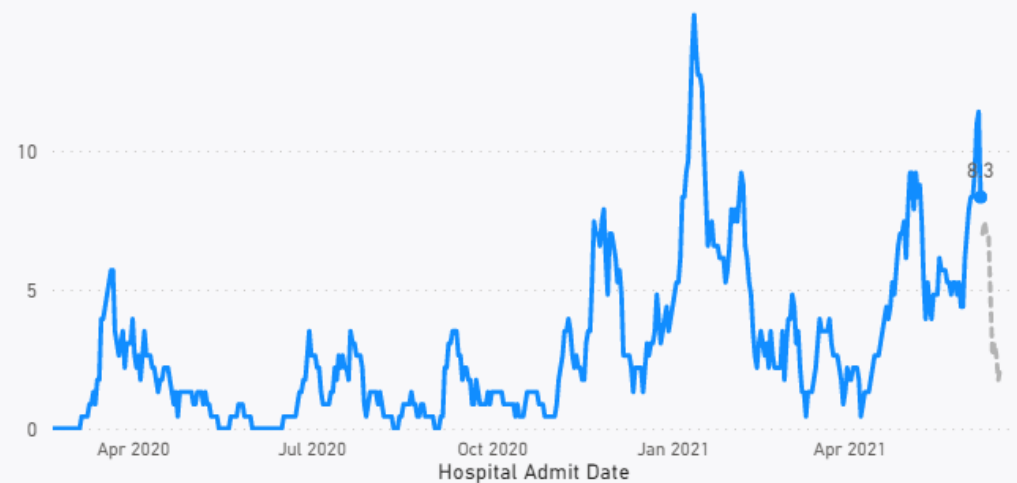
Rate of newly hospitalized COVID-19 patients per 100K people during the past week **8.3**

Population **228,000**

Newly hospitalized COVID-19 patients during the past week **19**

Rate of newly hospitalized COVID-19 patients per 100K people

— Hospitalization rate —●— Latest rate - - - Hospitalization (incomplete data)



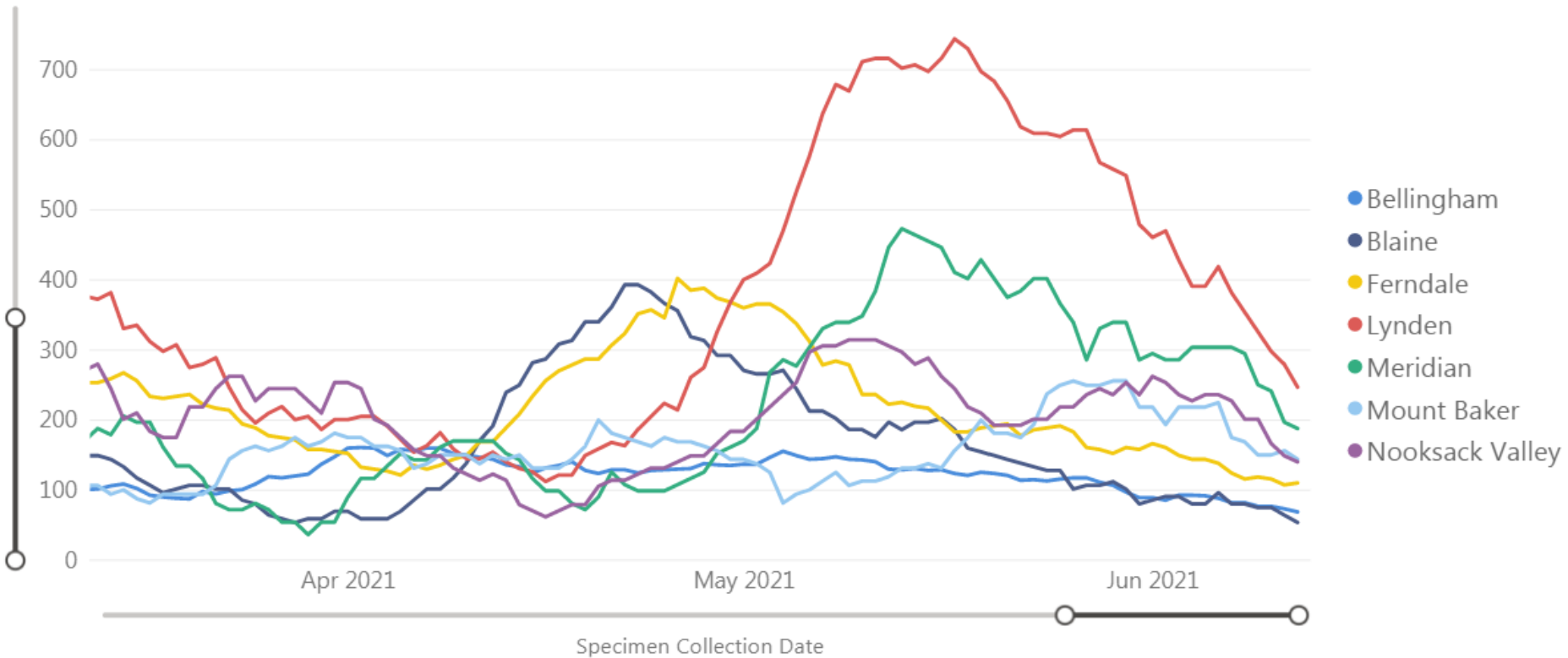
Sources: Washington State Department of Health and the Washington State Office of Financial Management

Chart View

Tabular View

Case Rates: Whatcom County Sub-County Areas

New confirmed COVID-19 cases per 100,000 people during the prior two weeks



Data for the past 14 days is considered preliminary and may change due to data reconciliation. Sub-county areas are defined by school district boundaries.




Vaccination Coverage

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[Where and when are vaccinations being given?](#) |
 [How many people are getting vaccinated?](#) |
 [Who is getting vaccinated?](#) |
 [People Initiating Vaccination](#) |
 [People Fully Vaccinated](#)


COVID-19 IN WASHINGTON STATE [People Initiating Vaccination \(Receiving at least 1 dose\)](#) DATA AS OF 6/16/2021 PT

This chart shows the number of people in Washington initiating vaccination (receiving at least 1 dose). People initiating vaccination represent the total number of people who have received at least one dose of any type of COVID-19 vaccine. Individuals who are fully vaccinated are included in the count of both People Initiating Vaccination and People Fully Vaccinated. Please note, the measures "vaccines given" and "people vaccinated" are not comparable. Vaccines given counts number of doses given in a location. People vaccinated counts number of Washington residents initiating vaccination and

SELECT COUNTY

Pend Oreille County

 Pierce County

 San Juan County

 Skagit County

 Skamania County

 Snohomish County

 Spokane County

 Stevens County

 Thurston County

 Wahkiakum County

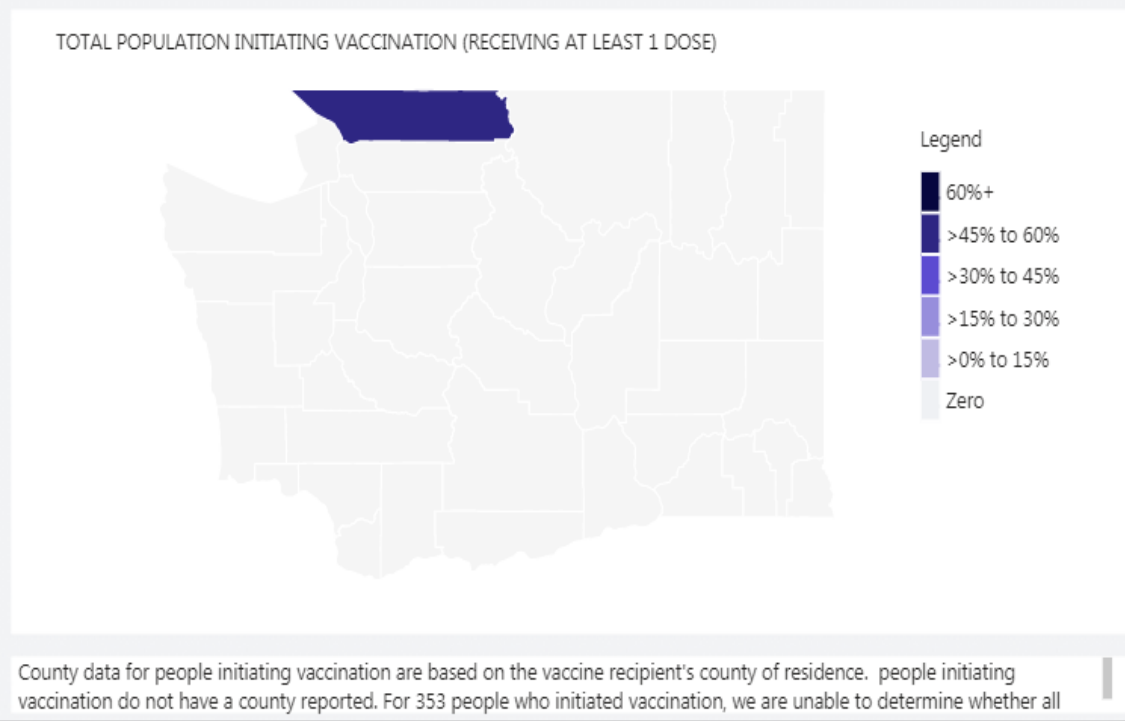
 Walla Walla County

 Whatcom County

 Whitman County

 Yakima County

Percent of Total Population Initiating Vaccination	58.0%
Percent of Total Population Fully Vaccinated	51.6%
Percent of Population Initiating Vaccination (16+)	68.1%
Percent of Population Fully Vaccinated (16+)	61.1%
Percent of Population Initiating Vaccination (12+)	66.5%
Percent of Population Fully Vaccinated (12+)	59.2%



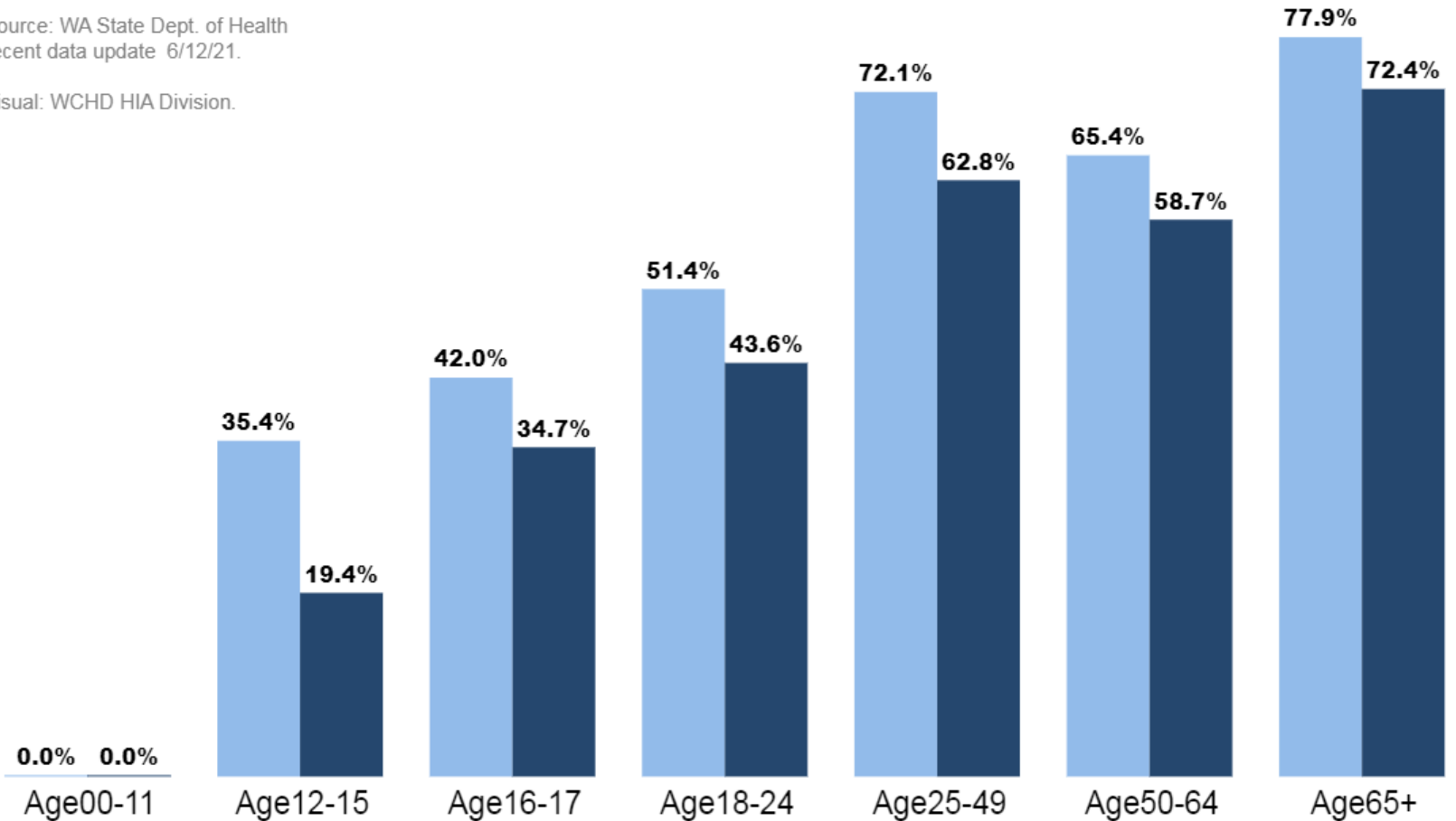
County-level information can be found on Local Health Jurisdiction [\(LHJ\) websites](#)

Whatcom County: Percent of Age Group Vaccinated for COVID-19

● Vaccination Initiated ● Vaccination

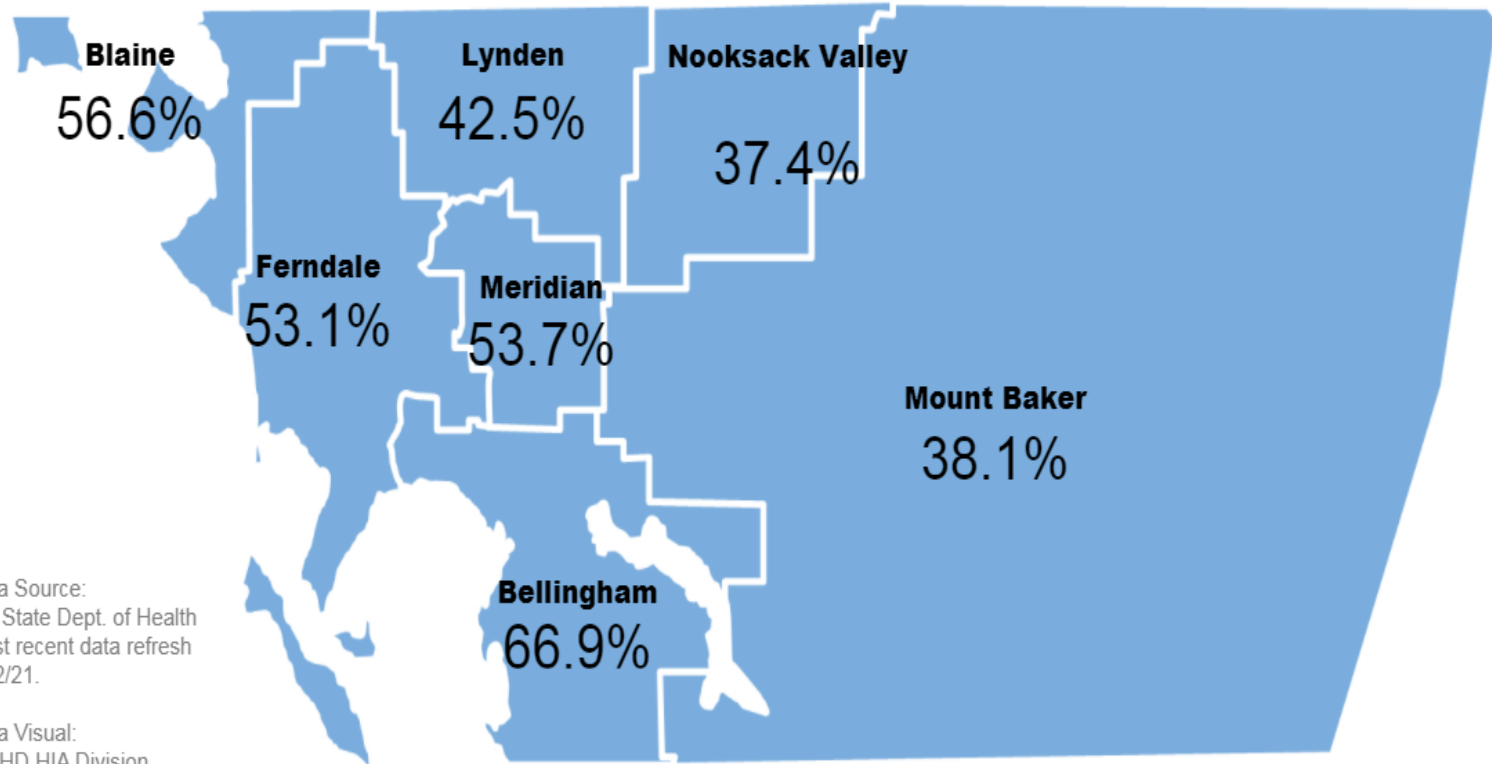
Data Source: WA State Dept. of Health
Most recent data update 6/12/21.

Data Visual: WCHD HIA Division.





Whatcom County: Percent of Population who have Initiated COVID-19 Vaccination by Sub-County Area



Data Source:
WA State Dept. of Health
Most recent data refresh
6/12/21.

Data Visual:
WCHD HIA Division.



SARS-CoV-2 Variants

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Variant overview

- Proportion of cases due to specific variants changes over time as more transmissible variants spread and become the dominant strains.
- Alpha (B.1.1.7) was dominant strain after original strains, 50% more transmissible.
- Gamma (P.1) and Delta (B.1.617.2) even more transmissible than Alpha, anticipate Delta being dominant strain by late summer, early fall.
Different timelines by region.



Washington State follows the [Center for Disease Control and Prevention's](#) variants of concern.

These include:

Name	Area of emergence	CDC designation	Cumulative Washington cases detected	Earliest specimen collection date	Most recent specimen collection date
B.1.1.7	United Kingdom	Variants of concern	5,629	2021-01-07	2021-06-03
B.1.351	South Africa	Variants of concern	147	2021-01-29	2021-05-24
P.1	Brazil	Variants of concern	1,133	2021-02-06	2021-06-02
B.1.427	California	Variants of concern	361	2020-12-11	2021-05-20
B.1.429	California	Variants of concern	2,750	2020-11-20	2021-06-01
B.1.526*	New York	Variants of interest	345	2021-01-21	2021-06-02
B.1.525	New York	Variants of interest	66	2021-02-05	2021-05-13
P.2	Brazil	Variants of interest	37	2021-01-28	2021-04-20
B.1.617**	India	Variants of interest	206	2021-03-22	2021-06-02

*Includes B.1.526 and B.1.526.1 **Includes B.1.617, B.1.617.1, B.1.617.2, and B.1.617.3

- Sequencing can be performed on stored specimens at any time, so the earliest collection date may change as additional specimens are sequenced.

Pend Oreille	2	0	1	0	0	0	0	0	0
Pierce	442	12	68	18	309	23	2	2	4
San Juan	6	0	0	0	0	0	0	0	0

8

County	B.1.1.7 count	B.1.351 count	P.1 count	B.1.427 count	B.1.429 count	B.1.526* count	B.1.525 count	P.2 count	B.1.617* * count
Skagit	112	0	9	1	12	0	0	0	0
Skamania	2	0	0	0	0	0	0	0	0
Snohomish	821	15	114	31	266	26	4	1	12
Spokane	67	1	59	4	34	6	1	0	1
Stevens	0	0	1	0	0	0	0	0	1
Thurston	81	4	5	4	24	2	0	0	0
Walla Walla	3	0	3	7	4	1	0	0	0
Whatcom	254	1	91	5	21	8	2	0	0
Whitman	40	0	1	6	6	1	0	0	0
Yakima	135	11	33	92	373	12	1	8	10

*Includes B.1.526 and B.1.526.1 **Includes B.1.617, B.1.617.1, B.1.617.2, and B.1.617.3

Use the controls to focus on a specific region and/or 2-week interval

HHS Region

USA

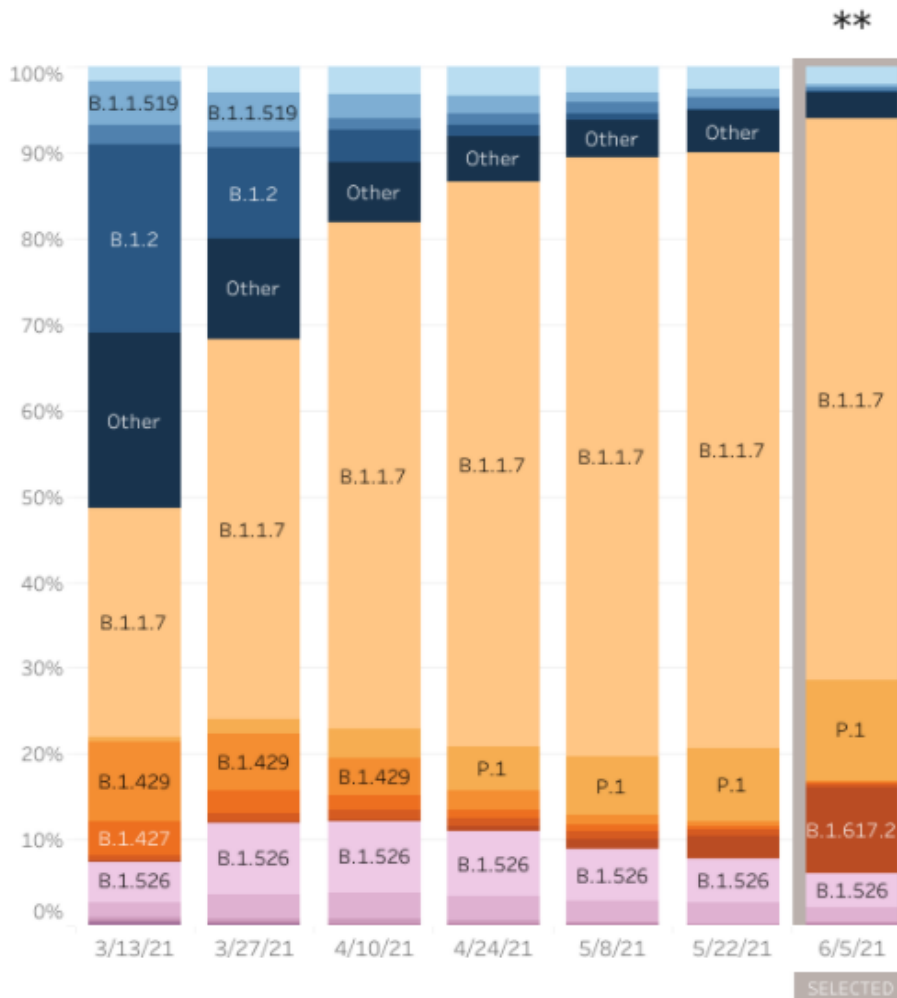
● Nowcast On
○ Nowcast Off

Two weeks ending

6/5/2021

United States: 2/28/2021 – 6/5/2021

United States: 5/23/2021 – 6/5/2021 NOWCAST



Collection date, two weeks ending

USA

	Lineage	Type	%Total	95%PI	
Most common lineages #	B.1.1.7	VOC	65.5%	60.4-70.6%	■
	P.1	VOC	11.6%	8.1-15.3%	■
	B.1.617.2	VOC	9.9%	6.6-13.5%	■
	B.1.526	VOI	4.0%	2.1-6.3%	■
	B.1.526.2		1.9%	0.6-3.6%	■
	B.1.526.1	VOI	1.8%	0.6-3.3%	■
	B.1		0.4%	0.0-1.2%	■
	B.1.1.519		0.4%	0.0-1.2%	■
Additional VOI/VOC lineages #	B.1.2		0.1%	0.0-0.3%	■
	B.1.351	VOC	0.5%	0.0-1.5%	■
	B.1.429	VOC	0.3%	0.0-0.9%	■
	B.1.617.1	VOI	0.2%	0.0-0.6%	■
	B.1.427	VOC	0.1%	0.0-0.6%	■
	B.1.525	VOI	0.1%	0.0-0.6%	■
	P.2	VOI	0.0%	0.0-0.3%	■
	Other*	Other	3.2%	0.9-6.3%	■

* Other represents >200 additional lineages, which are each circulating at <1% of viruses

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

Sublineages of P.1 and B.1.351 (P.1.1, P.1.2, B.1.351.2, B.1.351.3) are aggregated with the parent lineage and included in parent lineage's proportion.

United States: 5/23/2021 – 6/5/2021 NOWCAST

Use the controls to focus on a specific region and/or 2-week interval

HHS Region

Region 10 - Alaska, Idaho, Oreg...

● Nowcast On

○ Nowcast Off

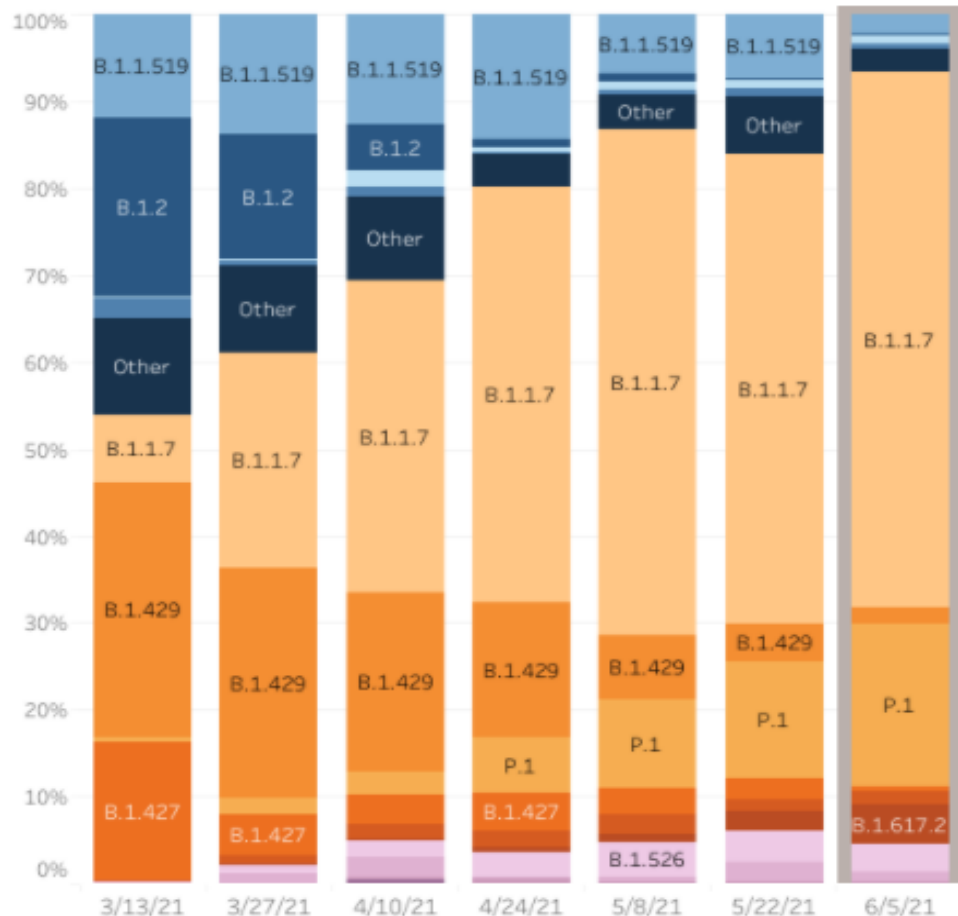
Two weeks ending

8/5/2021

HHS Region 10: 2/28/2021 – 6/5/2021

HHS Region 10: 5/23/2021 – 6/5/2021 NOWCAST

**



Collection date, two weeks ending

Region 10 - Alaska, Idaho, Oregon, and Washington

	Lineage	Type	%Total	95%PI	
Most common lineages #	B.1.1.7	VOC	61.8%	42.9-78.6%	■
	P.1	VOC	18.7%	7.1-35.7%	■
	B.1.617.2	VOC	4.5%	0.0-14.3%	■
	B.1.526	VOI	3.3%	0.0-10.7%	■
	B.1.1.519		2.2%	0.0-7.1%	■
	B.1.429	VOC	1.7%	0.0-7.1%	■
	B.1.351	VOC	1.5%	0.0-7.1%	■
	B.1.526.1	VOI	1.1%	0.0-7.1%	■
	B.1.526.2		0.9%	0.0-7.1%	■
	B.1		0.7%	0.0-3.6%	■
Additional VOI/VOC lineages #	B.1.2		0.1%	0.0-3.6%	■
	B.1.427	VOC	0.6%	0.0-3.6%	■
	B.1.525	VOI	0.1%	0.0-3.6%	■
	B.1.617.1	VOI	0.1%	0.0-3.6%	■
Other*	P.2	VOI	0.0%	0.0-3.6%	■
	Other		2.5%	0.0-10.7%	■

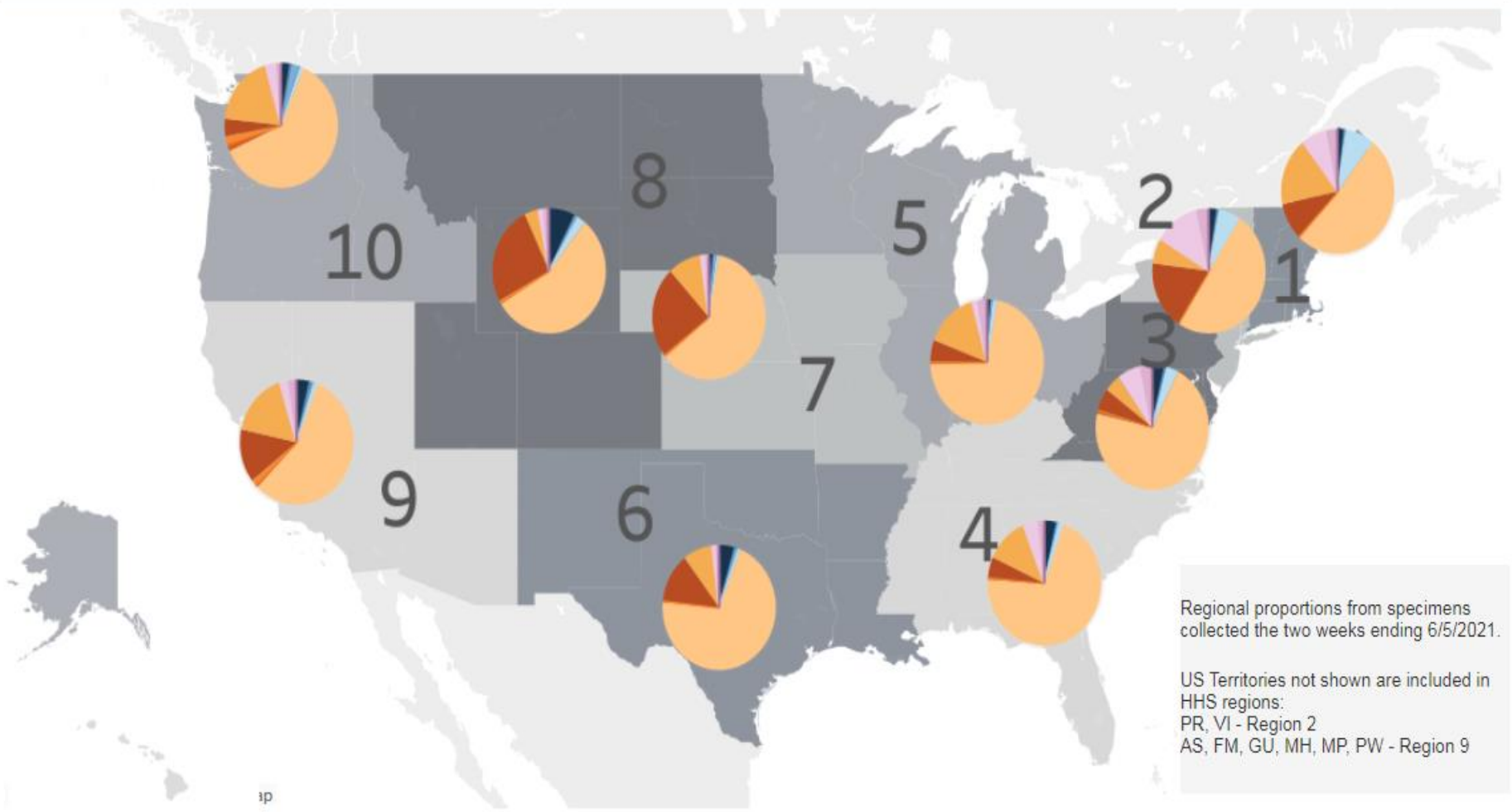
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Sublineages of P.1 and B.1.351 (P.1.1, P.1.2, B.1.351.2, B.1.351.3) are aggregated with the parent lineage and included in parent lineage's proportion.

SELECTED

United States: 5/23/2021 – 6/5/2021 NOWCAST



Regional proportions from specimens collected the two weeks ending 6/5/2021.

US Territories not shown are included in HHS regions:
PR, VI - Region 2
AS, FM, GU, MH, MP, PW - Region 9

Updated June 15, 2021

COVID-19 Treatment and Prevention

- Clinical guidance provided by WCHD is based on consensus guidelines, primarily those from NIH, CDC, and national medical specialty societies.
- The guidelines are based on a thorough and ongoing critical review of the results, study methods, and analyses used in relevant studies.
- Speculative or promising treatments need to be evaluated for safety and efficacy before they are disseminated by public health.
- Expert panels, like the CDC Advisory Committee on Immunization Practices, the FDA Advisory Boards, and the NIH COVID-19 Treatment Guidelines Panel, provide that evaluation of the evidence.

Vaccines - from Research to Approval

FDA – Data monitoring and safety board must approve application for clinical trials

- Phase 1 trial - safety of the vaccine candidate. Escalating doses given to healthy volunteers to determine side effects and tolerability.
- Phase 2 trial - expands recruitment and may include participants with health conditions such as obesity, cancer, and diabetes. Active recruitment for participants of various demographics. Continued testing of the safety of the vaccine and its initial efficacy and how it affects the immune system.
- Phase 3 trial - recruit thousands of participants to measure the efficacy of the vaccine in preventing disease.

- Manufacturers submit their data with applications for EUA or licensing. Reviewed by FDA teams and by independent advisory board (VRBPAC)
- Key to rapid development of COVID-19 vaccines was multiple vaccine platforms, previous development of vaccines for SARS-CoV-1, MERS, and others, and gene sequencing and sharing of genome within weeks of initial isolation of SAR-CoV-2
- Simultaneous Phase 2 and 3 trials, with public funding of trials allowed for compression of timeline with maintenance of safety review.
- VAERS, v-safe, Vaccine Safety Datalink (VSD), Clinical Immunization Safety Assessment (CISA) for post-authorization safety surveillance

COVID-19 Vaccine Safety and Efficacy

- Although response of variants to vaccines vary, all provide significant protection against current VOC, markedly reduce risk of severe disease/hospitalization/death, and reduce transmission.
- New info on Delta variant response to vaccines show little efficacy from first dose mRNA vaccine, need full series to have significant protection.
- FDA and CDC reviewing rare cardiac inflammation events following mRNA vaccine, clotting events following adenovirus vector vaccines. Vaccine safety system is identifying issues and investigating.
- Risk of cardiac inflammation is higher and more severe with COVID-19 infection than from vaccine. AAP, ACC, CDC strongly recommend vaccination.

Summary

- Virus is suppressed, not eliminated. We are all safer when transmission is less.
- Those without prior immunity are susceptible.
- Vaccine is safest and most effective protection.
- Those at risk should continue to mask, distance, avoid gatherings with unvaccinated.
- Current status is good and improving. Concern remains for variants that are more transmissible, more virulent, and less responsive to neutralizing antibodies (from vaccine or prior infection)

References/Data Sources

- <https://www.whatcomcounty.us/3427/COVID-19-Data>
- <https://coronavirus.wa.gov/what-you-need-know/roadmap-recovery-metrics>
- <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/data-tables/420-316-SequencingAndVariantsReport.pdf>
- <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>
- <https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html#Concern>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html>
- <https://www.covid19treatmentguidelines.nih.gov/about-the-guidelines/>

Vaccine Safety

- FDA COVID-19 Vaccine Safety Updates, Vaccines and Related Biological Products Advisory Committee (VRBPAC), June 10, 2021 <https://www.fda.gov/media/150054/download>
- CDC Advisory Committee on Immunization Practices (ACIP) meeting 6/23/21 will provide update on mRNA vaccines and cardiac inflammation and discuss COVID-19 mRNA vaccines in adolescents and young adults: benefit-risk discussion <https://www.cdc.gov/vaccines/acip/meetings/downloads/agenda-archive/agenda-2021-06-23-508.pdf>
- CDC Vaccine Safety Programs
- <https://www.cdc.gov/vaccinesafety/index.html>