

COVID-19 WHERE ARE WE NOW?

AND SOME TOOLS YOU NEED AS WE BEGIN TO DE-
IMPLEMENT SOME PANDEMIC PUBLIC HEALTH MITIGATIONS

TODAY'S AGENDA

- A DATA DRIVEN APPROACH FOR DE-IMPLEMENTING PUBLIC HEALTH MITIGATIONS
- REVIEW OF THE CURRENT NATIONAL, STATE AND LOCAL SITUATION
- LIFE SAVING MEDS FOR THE VULNERABLE
- Q'S & PERHAPS A'S



A DATA FOCUSED APPROACH

HOW PEOPLE OF FAITH PROTECT THE VULNERABLE

THIS IS NOT ABOUT REDUCING INDIVIDUAL RISK

IT'S ABOUT PROTECTING THE VULNERABLE AND HOSPITAL SYSTEMS

Riding the waves: (De)implementation of public health mitigation layers

Purpose: To leverage various public health tools to decrease the risk of individual-level infection. But also, perhaps more importantly (particularly among fully vaccinated), empower individuals to reduce transmission in a community, so hospital systems and the vulnerable are not at undue risk.

THIS APPROACH IS BASED ON THE MODELING OF EPIDEMIOLOGIST KATELYN JETELINA AND COLLEAGUES

- AS THE FAITH COMMUNITY ENTERS A PERIOD OF RAPID CHANGE IN THE PANDEMIC, WE NEED A DECISION MAKING FRAMEWORK THAT
 - IS INFORMED BY SCIENCE AND DATA
 - THAT IS COMPREHENSIBLE AND FLEXIBLE ENOUGH CHANGE AS CASE WAVES CREST AND FALL
 - THAT PROTECTS THE VULNERABLE PEOPLE AND ALLOWS FUNCTIONAL HOSPITALS
 - THAT GIVES PEOPLE A CHANCE TO LIVE IN NORMALITY AS MUCH AS POSSIBLE

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Mask** indoors in public	Yes	Yes	No	No
Antigen testing (Symptomatic)	Positive? Trust result Negative? Retest in 24 hours		Positive or Negative? Retest	Negative? Trust Positive? Retest
Isolation (if positive test)	Test-to-exit***			
Exposure****	Not boosted: Quarantine for 5 days Boosted: No quarantine, test 5 days after exposure			No quarantine, test 5 days after exposure
Community-level action	Improve ventilation in spaces, improve equitable access to antigen tests, ramp up supply of antivirals, continue vaccination campaigns locally and globally, strengthen surveillance, research long COVID19 and treatments, & fight disinformation.			
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HIGH LEVELS OF VACCINATION UNLIKELY IN NEAR FUTURE

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85% VAX RATES are SADLY, UNLIKELY
Carolina is currently 59%
Orange county, 80%

USE DATA AVAILABLE FROM THE CDC TO DETERMINE LEVEL OF RISK

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Transmission Severity indicators

THERE ARE FOUR ZONES OF RISK. RED IS THE HIGHEST RISK. ZONES ARE DETERMINED BY (1) THE NUMBER OF NEW CASES/100K PERSONS/7DAYS AND (2) THE TEST POSITIVITY RATE.

WHAT DOES LIFE LOOK LIKE IN THESE ZONES?

AS THIS WAVE SUBSIDES AND OUR ZONE IMPROVES,
OUR ABILITY TO SAFELY RESUME OUR NORMAL INTERACTIONS IMPROVES –ALL WHILE
PROTECTING THE VULNERABLE AND HOSPITALS

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Finally, testing, quarant
Isolation changes

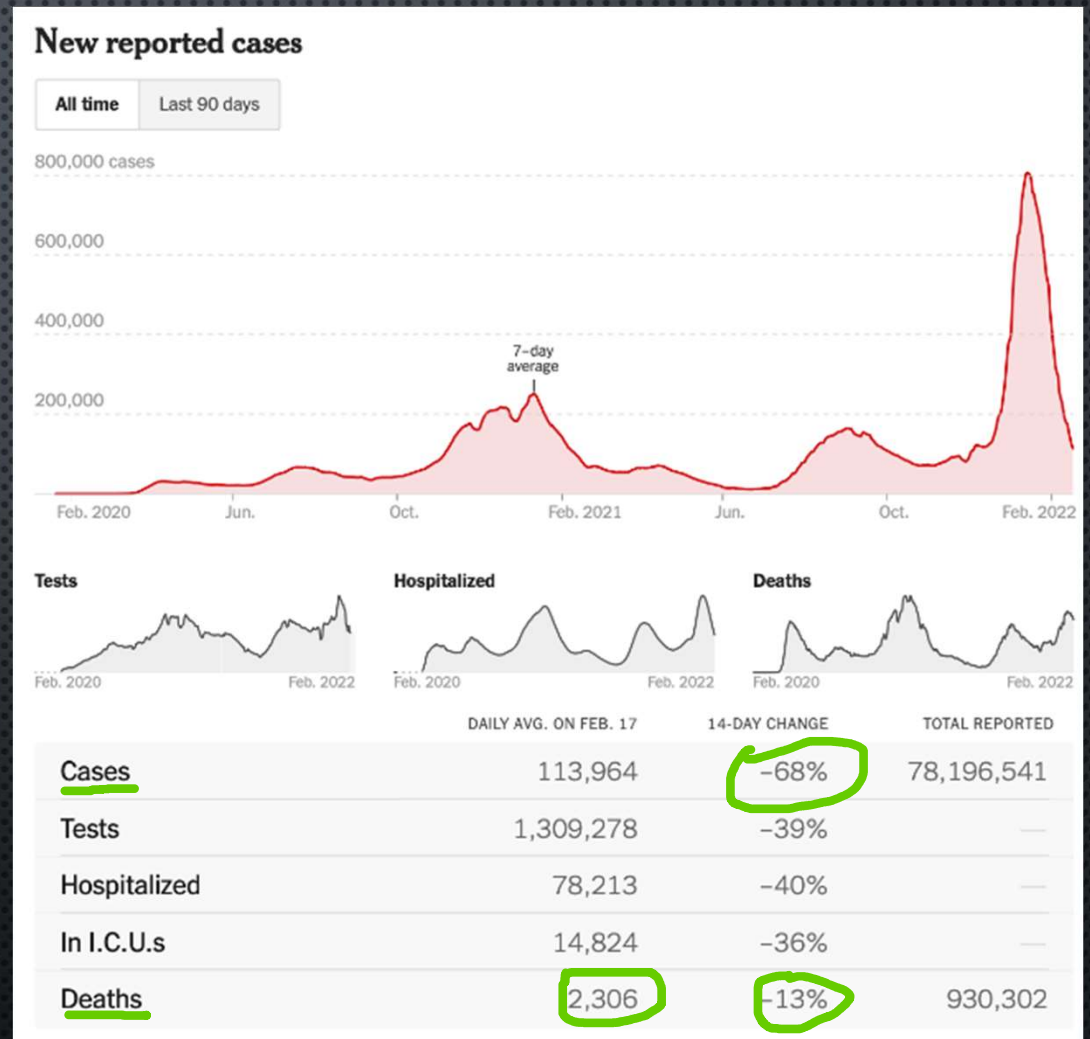
IMPORTANT INFORMATION TESTING, ISOLATION AND COMMUNITY ACTION

- AS THE RISK LEVEL DECLINES, OUR APPROACH TO TEST INTERPRETATION SHOULD CHANGE—DRIVEN BY PRE-TEST PROBABILITY.
 - WHEN THE RISK OF BECOMING INFECTED IS HIGH, A POSITIVE TEST SHOULD BE TRUSTED.
 - WHEN THE RISK OF INFECTION IS VERY LOW, A POSITIVE TEST SHOULD BE VIEWED WITH SUSPICION AND REPEATED
- NOTE ESPECIALLY THE LOWER PANEL. VENTILLATION, AND EDUCATING THE VULNERABLE ABOUT RAPID ACCESS TO ANTIVIRALS ARE CRITICAL

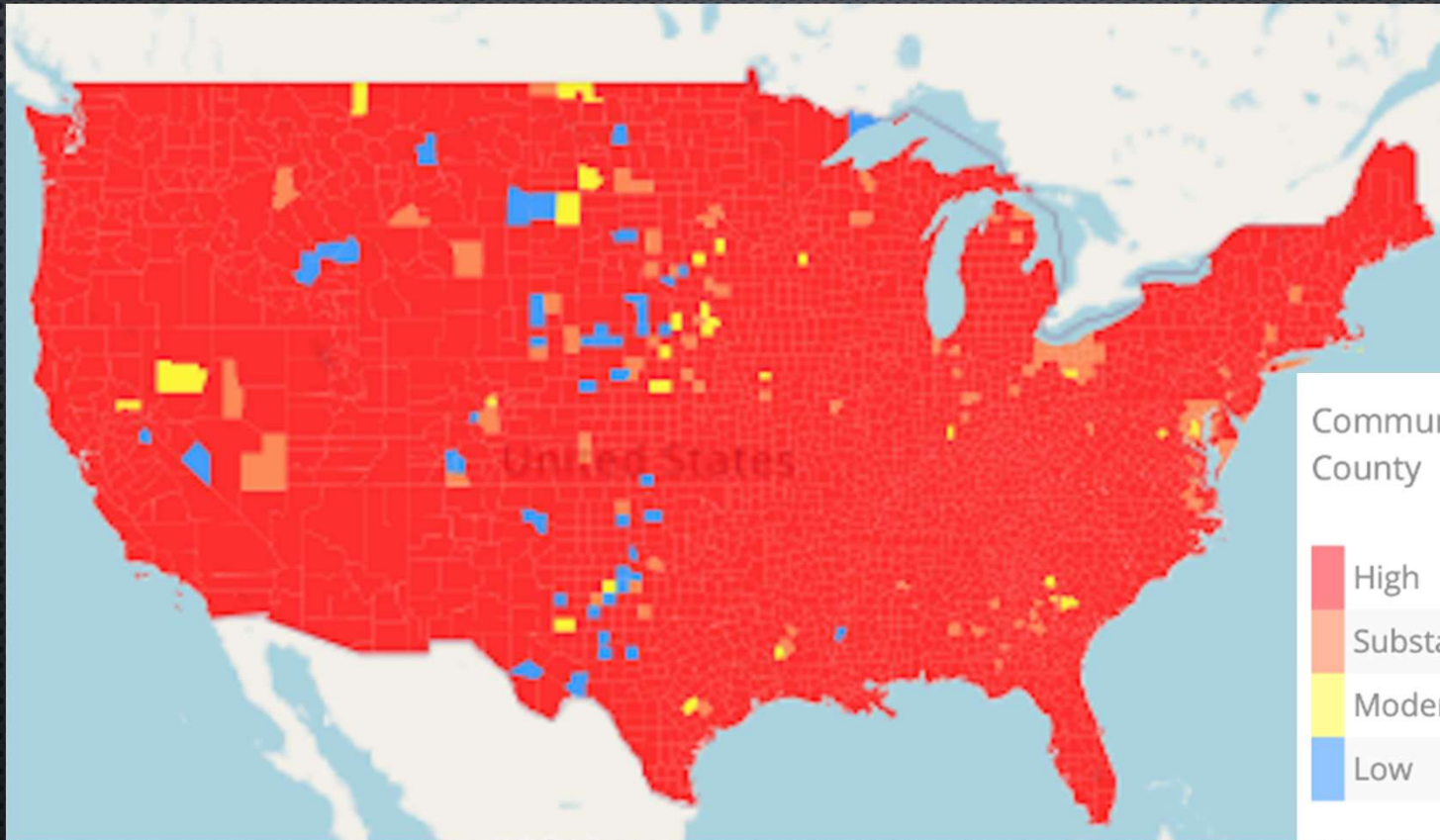
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SITUATION IN THE U.S.

- NEW CASES ARE DOWN 80% SINCE THEIR PEAK IN MID JANUARY
 - BUT ARE STILL ABOVE 100,000/DAY
 - DEATHS STILL 2300/DAY
- HOSPITALIZATIONS AND ICU ADMITS ARE DOWN MORE THAN 35% IN TWO WEEKS
- CASES ARE CURRENTLY DECLINING IN EVERY STATE



COUNTY LEVELS OF TRANSMISSION 2.19.22

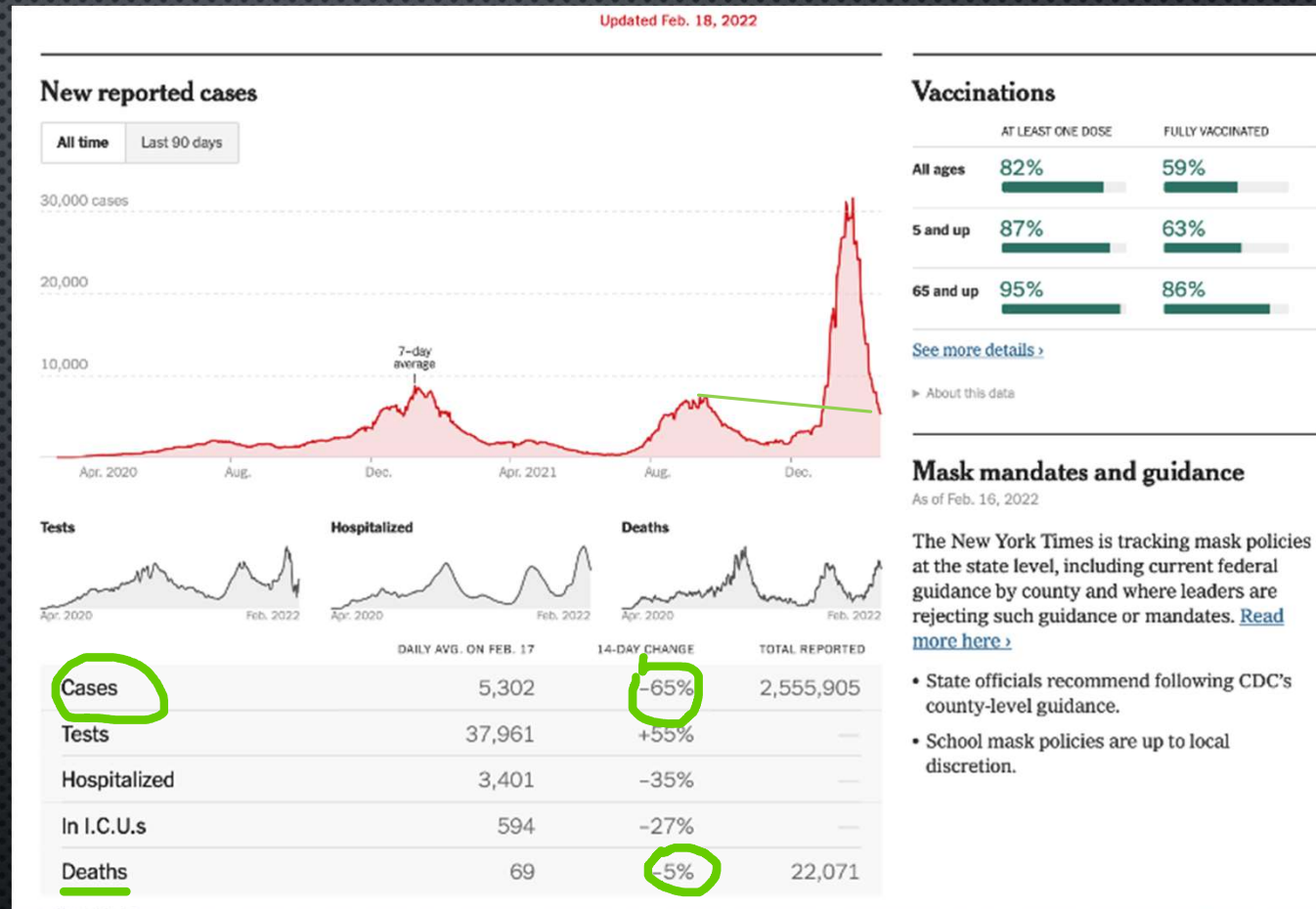


Community Transmission in US by County

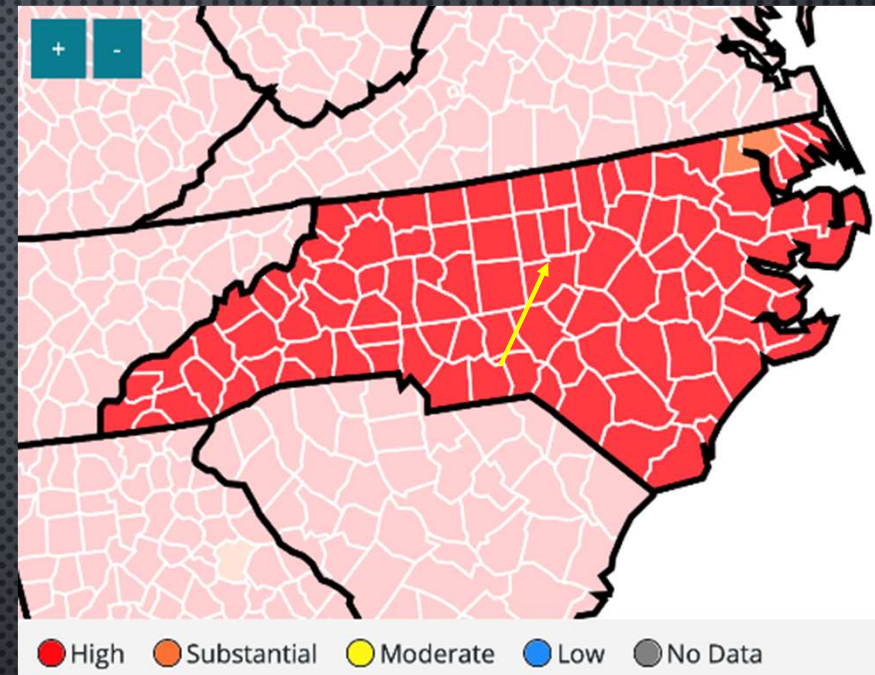
	Total	Percent	% Change
High	2984	92.61%	-5.52%
Substantial	152	4.72%	3.94%
Moderate	36	1.12%	0.87%
Low	49	1.52%	0.74%

NC CASES FALL QUICKLY

- THE NUMBER OF NEW CASES HAS FALLEN 65% OVER TWO WEEKS
- DEATH RATES ARE FINALLY DROPPING
- BUT NEW CASE RATES ARE STILL VERY NEAR THE DELTA PEAK



NORTH CAROLINA KEY METRICS



- TOTAL NEW CASES/100K PERSONS OVER THE LAST 7 DAYS: **350**

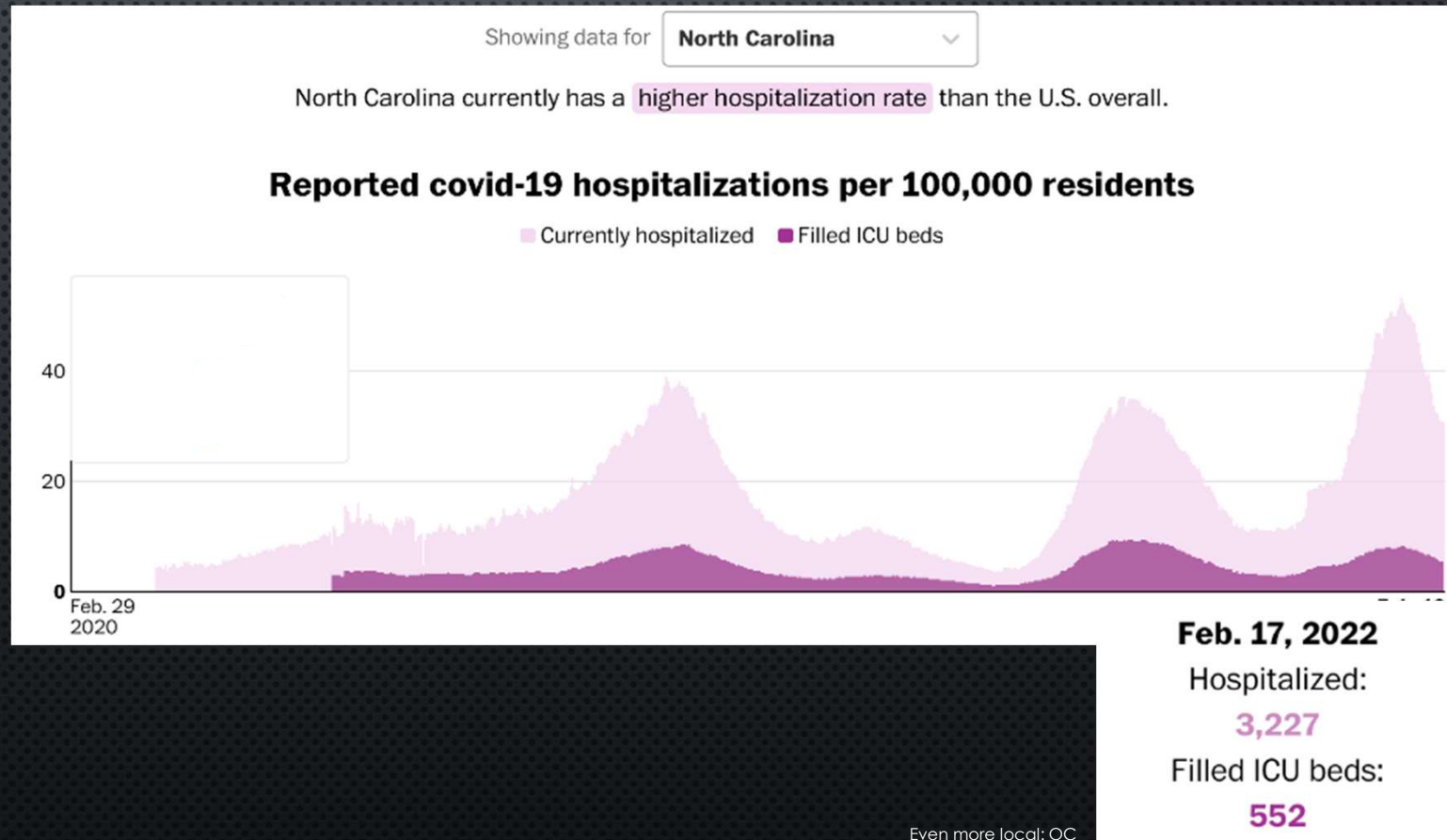
- PERCENTAGE OF PCR TESTS THAT ARE POSITIVE DURING THE LAST 7 DAYS: **7.8%**

Community Transmission Levels	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9.99	10-49.99	50-99.99	≥100
Percentage of NAATs that are positive during the past 7 days	0-4.99%	5-7.99%	8-9.99%	≥10.0%

Hospitalizations

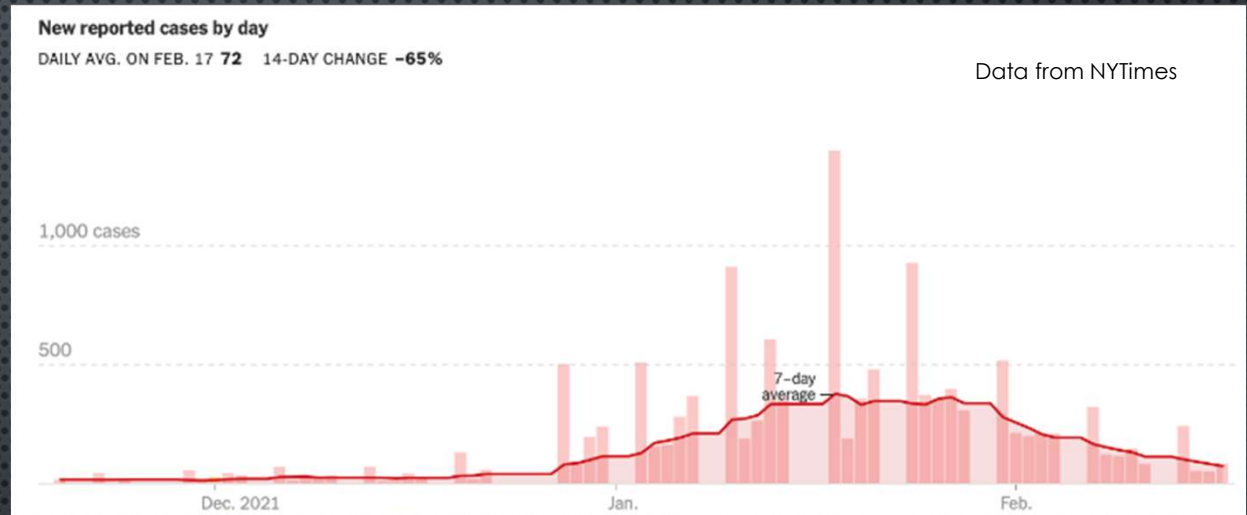
NC HOSPITALIZATIONS

- HOSPITALIZATIONS IN NC ARE FALLING, BUT STILL QUITE HIGH RELATIVE TO THE REST OF THE COUNTRY
- IT'S NOT JUST THE BEDS, IT'S THE NURSES.
 - ONE IN FIVE HEALTH CARE PROVIDERS LEFT THEIR JOBS IN THE LAST TWO YEARS
 - BEDS WITHOUT SKILLED NURSES ARE JUST FURNITURE



ORANGE COUNTY STILL IS A HIGH RISK TRANSMISSION ZONE

- NEW CASE RATE/100K PERSONS/7DAYS = **383**
- PCR TEST POSITIVITY = **7.93%**
- VAX RATE = 80%
 - GETTING CLOSER TO 85% AND ENTERING **THE BLUE ZONE**

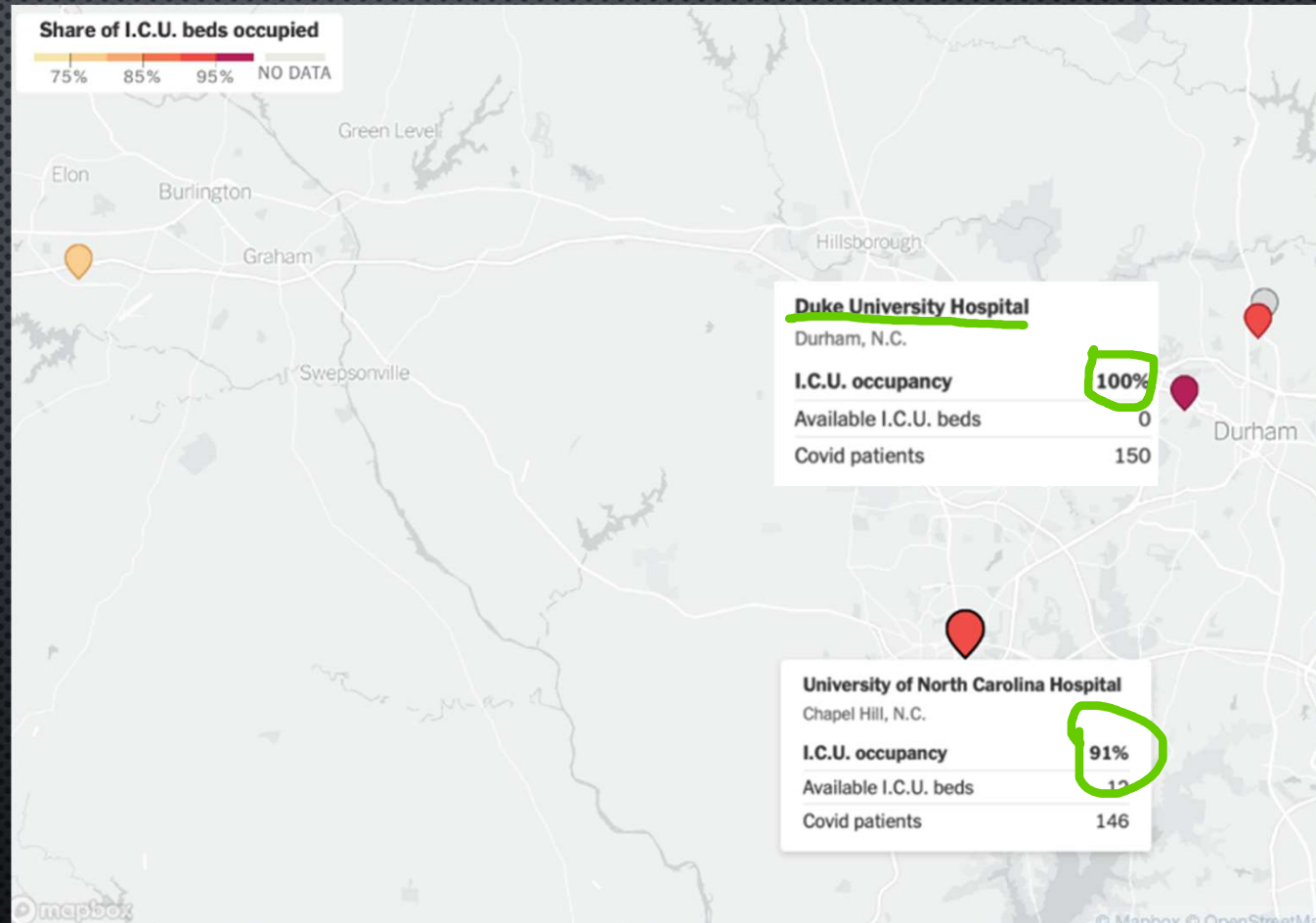


CDC Data	February 18, 2022
Cases	570
Case Rate per 100k (>100 =high transmission)	383.90
% Positivity (<8=moderate positivity)	7.93%
Deaths	<10
% of population ≥ 5 years of age fully vaccinated	79.8%
New Hospital Admissions	76

Local hospital situation

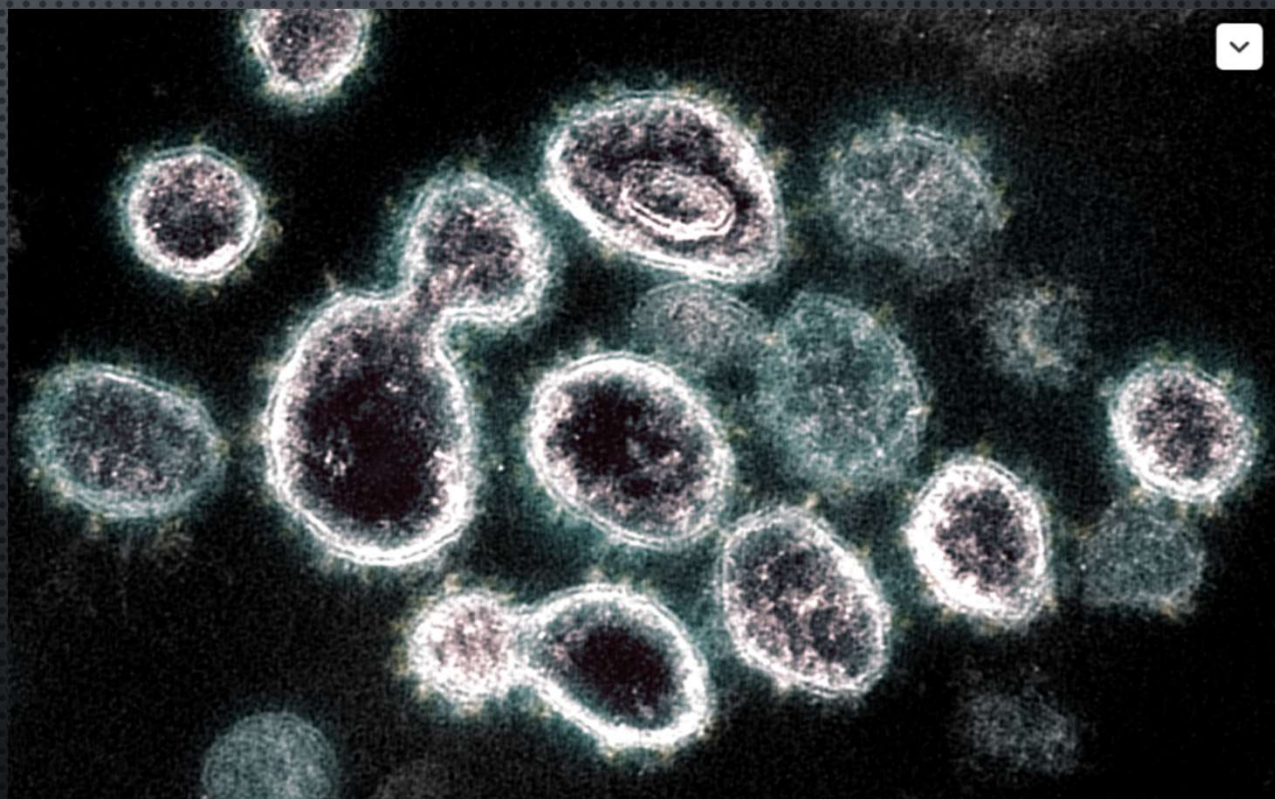
LOCAL ICU CAPACITY STILL OVERWHELMED

- GENERALLY ACCEPTED THAT PATIENT CARE DETERIORATES WHEN ICU CAPACITY IS IN EXCESS OF 85%
- THIS EFFECT IS MULTIPLIED DURING A NURSING SHORTAGE WHEN A NURSE IS ASKED TO CARE FOR MORE THAN THE USUAL NUMBER OF PATIENTS



HOW WE FURTHER PROTECT THE VULNERABLE IN OUR CONGREGATIONS
COVID IS NOW A TREATABLE DISEASE
ACT EARLY TO AVOID HOSPITALIZATIONS AND SAVE LIVES

- THERE ARE NOW A VARIETY OF MEDICATIONS AVAILABLE THAT DRAMATICALLY REDUCE HOSPITALIZATION AND DEATH IN HIGH RISK PATIENTS
- BUT THESE MEDICATIONS **MUST BE GIVEN EARLY** IN THE INFECTION
- IF YOU ARE SOMEONE FOR WHOM YOU PROVIDE CARE IS AT HIGH RISK —**HAVE A PLAN IN PLACE**



Who are those at risk?

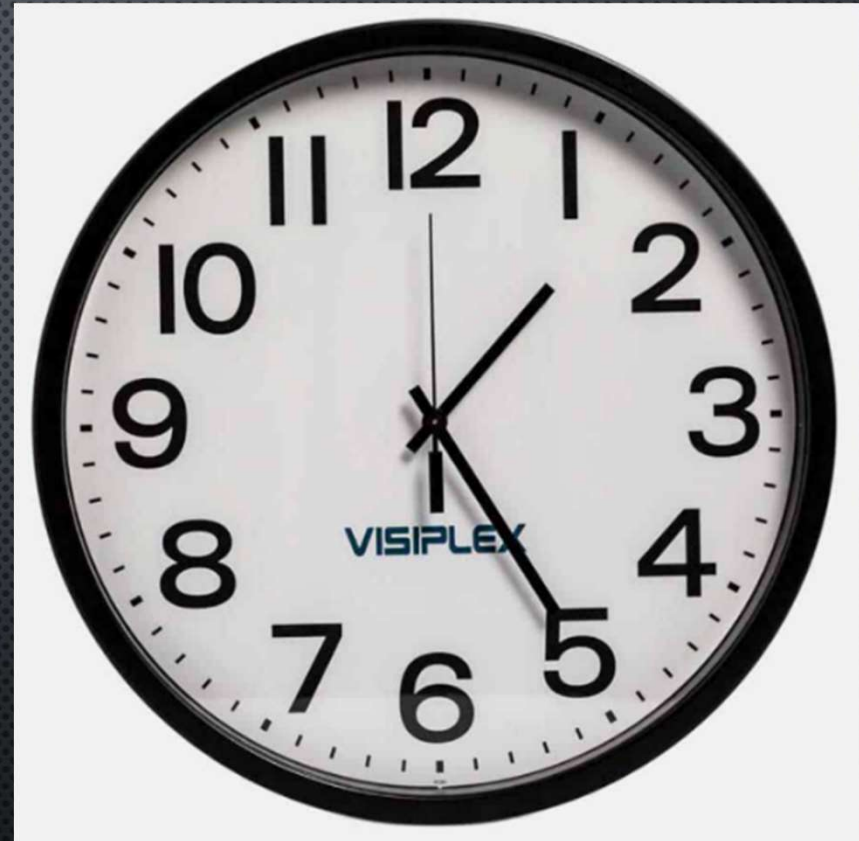
THE VULNERABLE: WHO IS AT RISK FOR POOR OUTCOMES WITH COVID-19?



- ○ OLDER AGE (65 YEARS OR OLDER))
 - ○ OVERWEIGHT OR OBESE
 - ○ CHRONIC KIDNEY DISEASE
 - ○ DIABETES
 - ○ CARDIOVASCULAR DISEASE
 - ○ CHRONIC LUNG DISEASE
 - ○ PREGNANT OR RECENT PREGNANCY
 - ○ SICKLE CELL DISEASE
 - ○ NEURODEVELOPMENTAL DISORDERS
 - ○ MEDICAL-RELATED TECHNOLOGICAL DEPENDENCE
 - ○ CANCER NOT IN REMISSION, SOLID ORGAN TRANSPLANT
 - ○ CURRENTLY RECEIVING IMMUNOSUPPRESSIVE TREATMENT:
SOME INFLAMMATORY OR ARTHRITIS MEDICATIONS,
CHEMOTHERAPY, HIGHER DOSE STEROID TREATMENT
 - ○ LIVER DISEASE
 - ○ POORLY CONTROLLED HIV DISEASE
- (THIS IS A PARTIAL LIST)

THESE MEDS ONLY WORK IN EARLY COVID—MANY ARE IGNORANT OF THEIR EXISTENCE

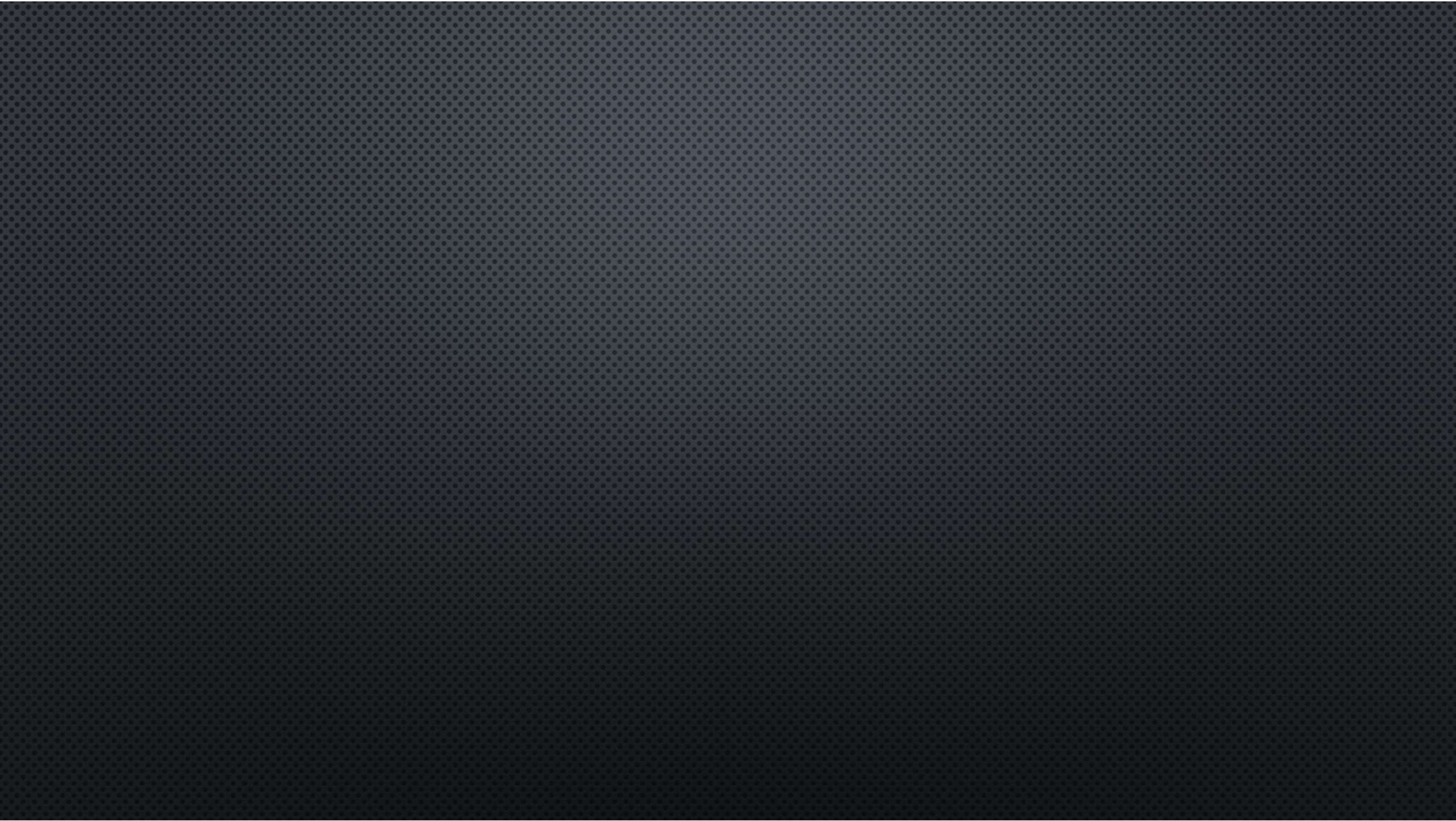
- IDENTIFY PEOPLE WHO MAY BE AT HIGHER RISK
- HAVE SEVERAL COVID RAPID TESTS IN HOUSE
 - KNOW HOW TO USE THE TEST
 - USE THEM AS SOON AS THERE IS ANY SUSPICION OF INFECTION
- IDENTIFY THE CARE PROVIDER WHO YOU WILL CALL IF THERE IS A POSITIVE TEST SO THAT YOU CAN INITIATE TREATMENT QUICKLY
 - CONFIRM WHO YOU SHOULD CALL EVENINGS OR WEEKENDS
- KEEP A LIST OF THE PATIENTS MEDS QUICKLY AVAILABLE
- ACT EVEN IF THE PATIENT SEEMS ONLY MILDLY ILL
 - AFTER THE PATIENT IS SIGNIFICANTLY ILL, THE MEDICINES WILL NOT WORK

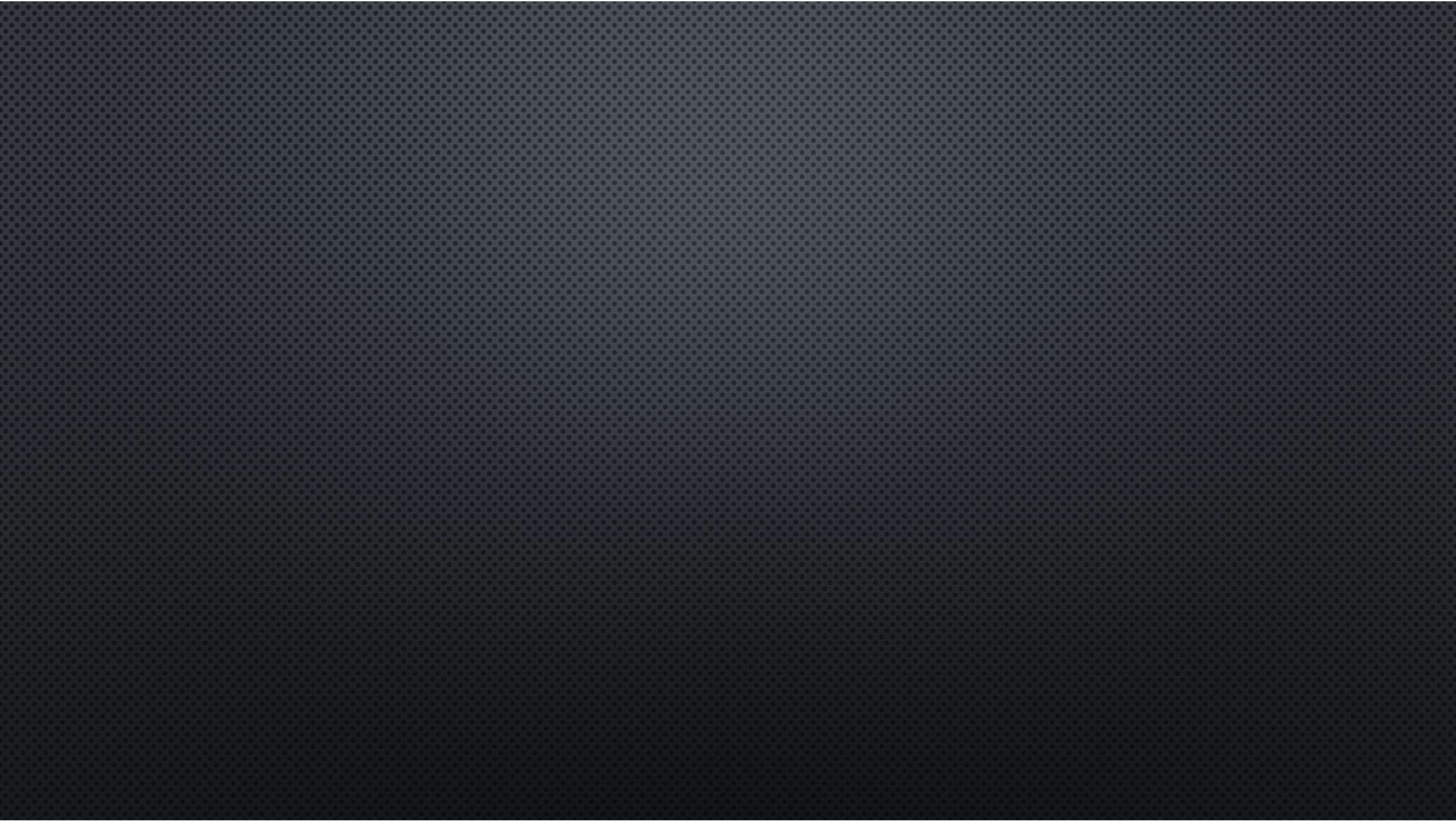


Questions?

COVID
QUESTIONS?







HOW DO WE KNOW WHEN IT'S SAFE TO UNMASK OR RESUME A MORE NORMAL LIFE?

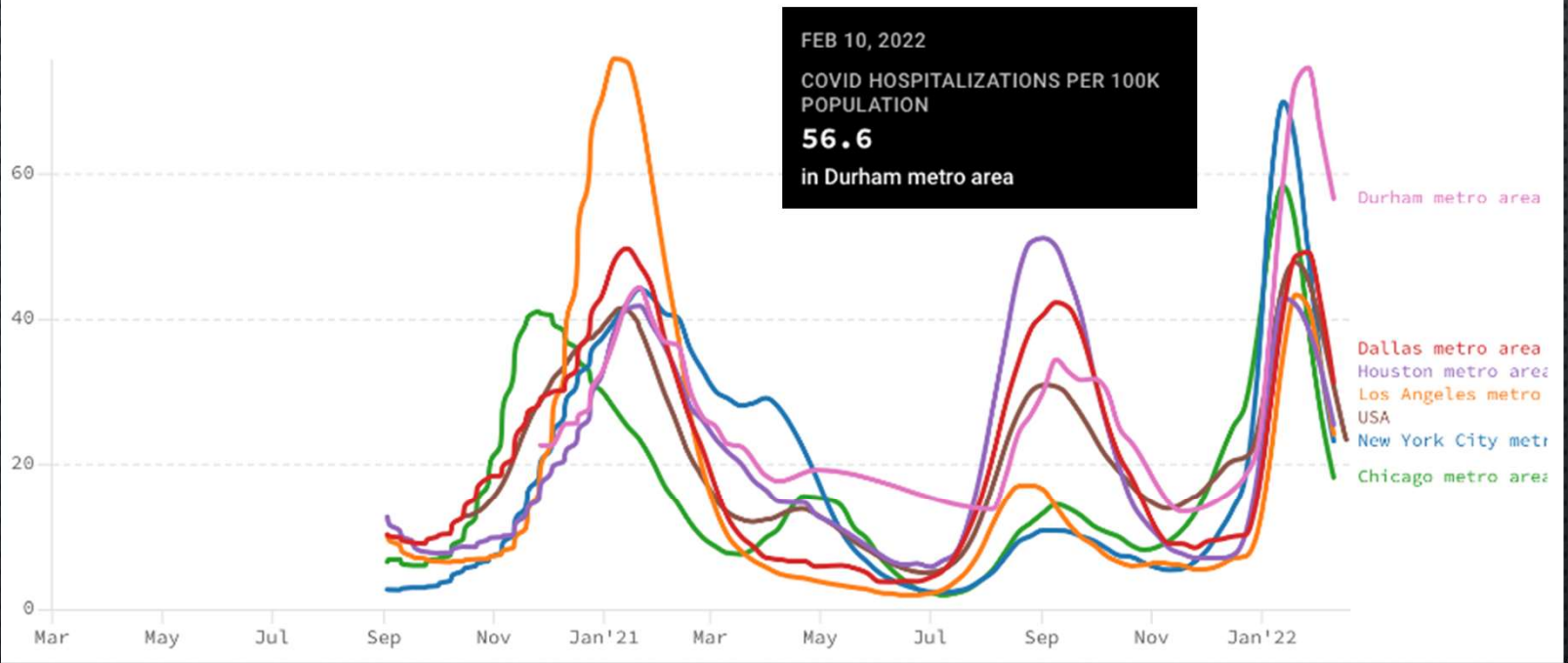
- WE'RE ALL WEARY OF COVID AND EAGER TO GET BACK TO A MORE NORMAL LIFE, BUT WE NEED TO MAKE SMART AND DISCIPLINED DECISIONS.
- FOCUS ON:
 - NUMBER OF NEW CASES/100K PERSONS/WEEK
 - TEST POSITIVITY RATE
 - THE ABILITY OF OUR HOSPITALS TO RESUME NORMAL, QUALITY CARE FOR ALL PROBLEMS

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METRIC
Hospitalizations per 100K

PAST # OF DAYS
All time

LOCATIONS
New York City metro, NY-NJ-PA; Los Angeles m...



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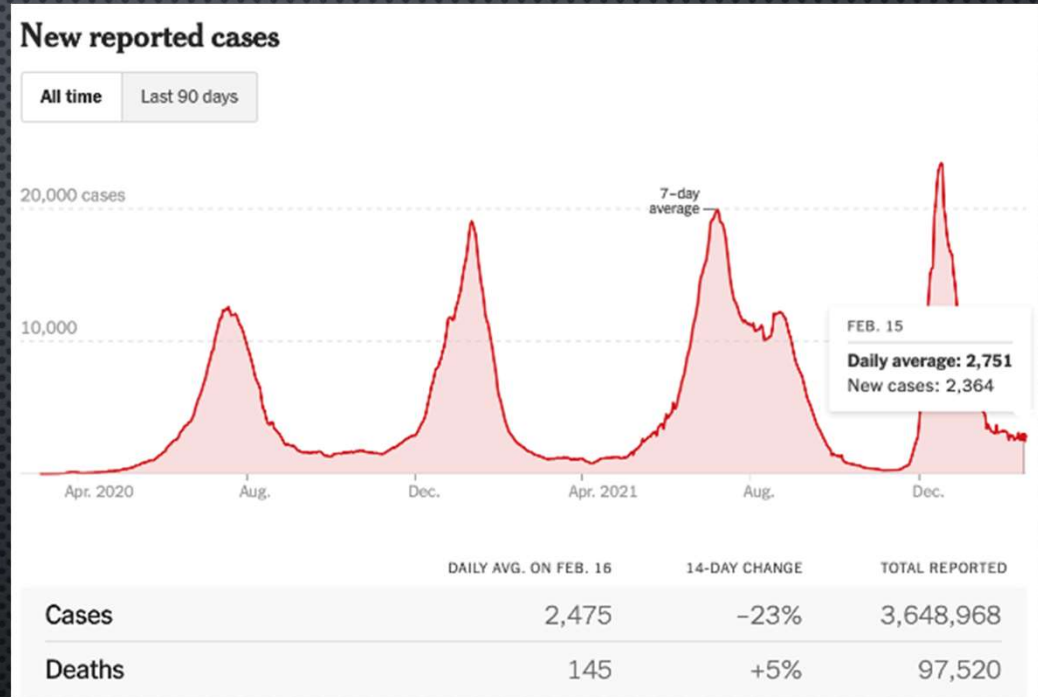
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SOUTH AFRICA
OMICRON NOW
DECLINING MUCH
SLOWER



UTILIZE TOOLS BASED ON TRANSMISSION RISK

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