

COVID AND THE FAITH COMMUNITY MARCH 7, 2022

CHANGES AND DECISIONS

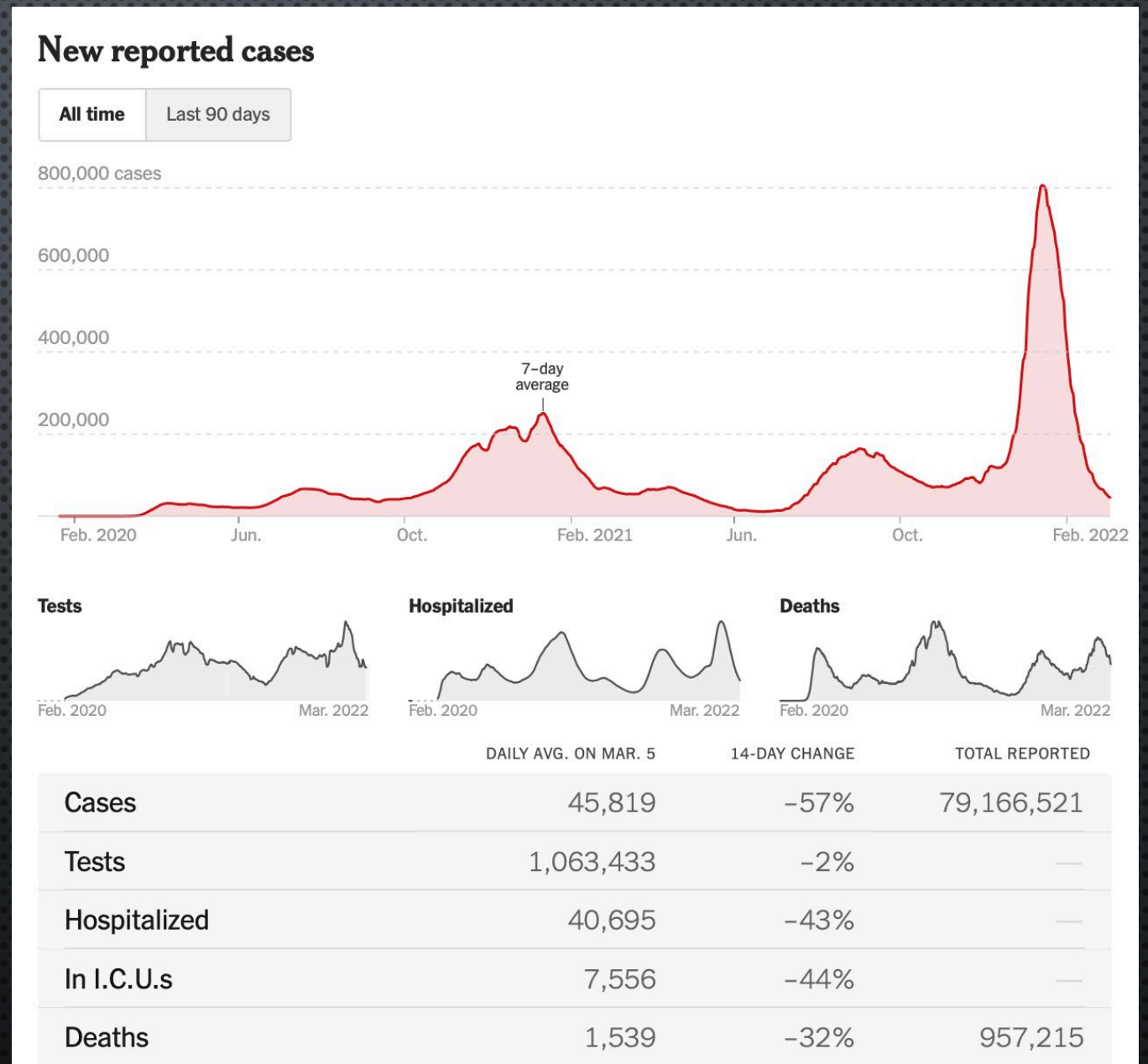
SUBJECTS FOR TODAY

- ROUNDUP OF NATION, STATE AND LOCAL SITUATIONS
- CDC'S NEW INDICATOR METRICS AND GRAPHIC FORMAT
- THE GREAT UNMASKING AND THE FAITH COMMUNITY



NATIONAL CASES PLUMMET

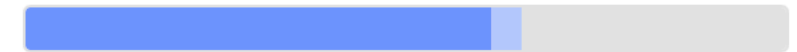
- NEW CASE REPORTS ARE AT THE LOWEST LEVEL SINCE LAST SUMMER
- HOSPITALIZATIONS ARE DOWN 2/3'S FROM JANUARY PEAK
- EVERY STATE IS BETTER THAN IT WAS AT THE OMICRON PEAK
- CURRENTLY, NO DANGEROUS VARIANT ON THE HORIZON



IN NC: CASES, HOSPITALIZATIONS, DEATHS PLUMMET



VACCINATION PROGRESS



Daily new cases >

● **20.0** PER 100K

Infection rate >

● **0.71**

Positive test rate >

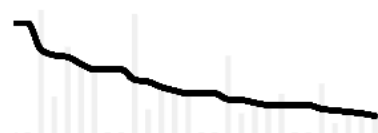
● **5.1%**

% Vaccinated >

65.2% 1+ DOSE

PAST 30 DAYS

Cases >



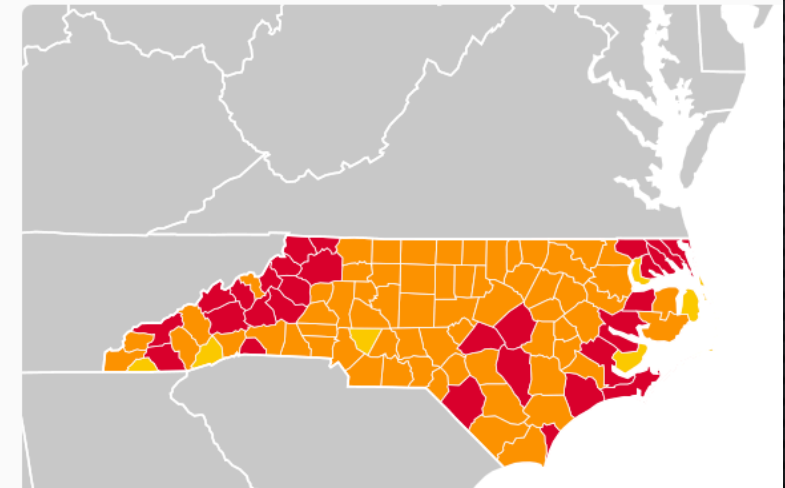
Hospitalizations >



Deaths >



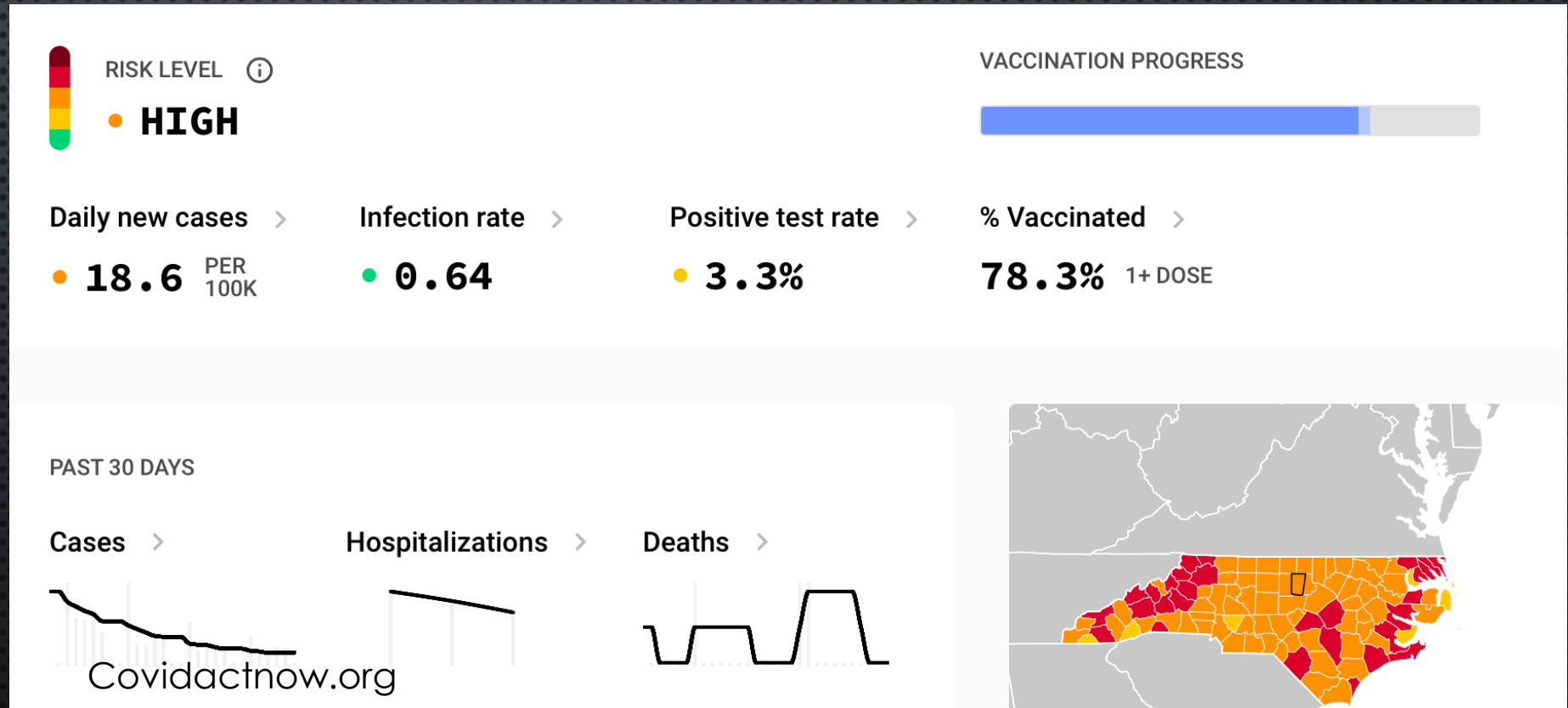
Data from covidactnow.org



County

ORANGE COUNTY NUMBERS ARE FALLING

- NEW CASES FALL 61% IN TWO WEEKS
- HOSPITALIZATIONS DOWN ALMOST 30% IN TWO WEEKS
- UNC ICU CAPACITY STILL AT 87%



CDC MAKES SIGNIFICANT CHANGES TO ADVICE METRICS AND GRAPHICS

OLD SYSTEM

Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
Total new cases per 100,000 persons in the past 7 days	0-9	10-49	50-99	≥100
Percentage of Nucleic Acid Amplification Test results that are positive during the past 7 days (PCR tests)	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%

4 Levels

Two parameters

NEW SYSTEM

New Cases (per 100,000 population in the last 7 days)	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

3 Levels

Three parameters, 2 are new

WHY DID THE CDC MAKE THIS PIVOT?

BECAUSE MUCH HAS CHANGED IN THE PANDEMIC SINCE THE ROLL OUT OF ADVISORY SYSTEM IN SEPTEMBER 2020

- THERE ARE RELATIVELY HIGH RATES OF VACCINATION IN THE POPULATION AS A WHOLE
- OMICRON CAUSED HIGH RATES OF INFECTION INDUCED PROTECTION IN THE UNVACCINATED
- WIDESPREAD AVAILABILITY OF BOOSTERS AND THERAPEUTICS FOR THE POPULATION AT RISK
- BROAD ACCESS TO VACCINE, TESTING GENERALLY



WHY DID THE CDC MAKE THIS PIVOT? (CONTINUED)

THE INDICATORS NEEDED TO DRIVE
ADVICE IN THIS PHASE OF
THE PANDEMIC HAVE CHANGED

THE DATA USED TO INFORM THE OLD
ADVISORY SYSTEM DID NOT:

- REFLECT THE AMOUNT OF MEDICALLY
SIGNIFICANT DISEASE, OR
- DESCRIBE LOCAL HOSPITAL STRAIN.
- LITTLE CAPACITY TO PREDICT THE
NEAR FUTURE



CDC'S GOAL WAS TO
FIND COMMUNITY
INDICATORS THAT:

WOULD PROVIDE ADVANCE
NOTICE OF THE LIKELY
OCCURRENCE OF

- SEVERE DISEASE
- HOSPITAL OVERWHELM
- DO SO 3 WEEKS IN
ADVANCE AND CUE
ADVICE TO MITIGATE THOSE
RISKS



CDC'S ANALYSIS OF ITS EXTENSIVE DATA PRODUCED A COMBINATION OF 3 INDICATORS THAT RELIABLY PRODUCED ADVANCED WARNING

- NEW CASES PER 100,000 POPULATION IN THE LAST SEVEN DAYS
- NEW COVID-19 HOSPITAL ADMISSIONS PER 100,000 POPULATION (7-DAY TOTAL)
- PERCENT OF STAFFED INPATIENT HOSPITAL BEDS OCCUPIED BY COVID-19 PATIENTS (7-DAY AVERAGE)

(All measured at the county level)



THE NEW RISK INDICATOR (advance warning) CHART

CDC's COVID-19 Community Levels and Indicators

New Cases (per 100,000 population in the last 7 days)	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9%	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

The COVID-19 community level is determined by the higher of the inpatient beds and new admissions indicators, based on the current level of new cases per 100,000 population in the past 7 days

Quick find by county [here](#) Detailed information for individual and institutions actions [available here](#)

Flesh out each level

LOWEST LEVEL OF ALERT

- NO MASKING ADVISORY (¹THOUGH FREE TO DO SO)
- NO RESTRICTIONS ON GATHERINGS.
- MOST DAY TO DAY LIFE NORMAL
- NOTE DETAILED GUIDANCE TO INDIVIDUALS AND INSTITUTIONS

¹At all levels, people can wear a mask based on personal preference, informed by personal level of risk. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.

The full text of this and the next two pages are found at the bottom [of this page.](#)

COVID-19 Community Level	Individual- and household-level prevention behaviors	Community-level prevention strategies (as recommended by state or local authorities)
Low	<ul style="list-style-type: none"> • Stay up to date with COVID-19 vaccines and boosters • Maintain improved ventilation throughout indoor spaces when possible • Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19 • If you are immunocompromised or high risk for severe disease <ul style="list-style-type: none"> – Have a plan for rapid testing if needed (e.g., having home tests or access to testing) – Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies 	<ul style="list-style-type: none"> • Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity • Maintain improved ventilation in public indoor spaces • Ensure access to testing, including through point-of-care and at-home tests for all people <ul style="list-style-type: none"> – Communicate with organizations and places that serve people who are immunocompromised or at high risk for severe disease to ensure they know how to get rapid testing • Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations

INTERMEDIATE LEVEL

- MASKING:
IMMUNOCOMPROMISED AND
HIGH RISK (INCLUDING SENIORS)
TALK WITH PROVIDER ABOUT
MASKING AND RISK REDUCTION
 - NO MASKING ADVISORY TO
OTHERS
- NO ADVISORY ON LARGE
GATHERINGS
- ADVICE TO INSTITUTIONS ON
HELPING HIGHER RISK PERSONS.

Medium

- If you are immunocompromised or [high risk](#) for severe disease
 - Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing)
 - Have a plan for rapid testing if needed (e.g., having home tests or access to testing)
 - Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies
- If you have household or social contact with someone at [high risk](#) for severe disease
 - consider self-testing to detect infection before contact
 - consider wearing a mask when indoors with them
- Stay up to date with COVID-19 vaccines and boosters
- Maintain improved ventilation throughout indoor spaces when possible
- Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19
- Protect people at [high risk](#) for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information
- Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate
- Implement enhanced prevention measures in high-risk congregate settings (see guidance for [correctional facilities](#) and [homeless shelters](#))
- Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity
- Maintain improved ventilation in public indoor spaces
- Ensure access to testing, including through point-of-care and at-home tests for all people
 - Communicate with organizations and places that serve people who are immunocompromised or at [high risk](#) for severe disease to ensure they know how to get rapid testing
- Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations

HIGHEST RISK LEVEL

- EVERYONE (INCLUDING K-12) WEAR A WELL-FITTING MASK
- AT RISK PERSONS CONSIDER N-95 GRADE MASK
- HIGH RISK PERSONS AVOID NON ESSENTIAL INDOOR ACTIVITIES
- HIGH RISK PERSONS TALK WITH HEALTH CARE PROVIDERS.
- ENHANCED PREVENTION MEASURES IN HIGH RISK SETTINGS (REASONABLY INCLUDES HOUSES OF WORSHIP)

High

- Wear a well-fitting mask¹ indoors in public, regardless of vaccination status (including in K-12 schools and other indoor community settings)
- If you are immunocompromised or [high risk](#) for severe disease
 - Wear a [mask or respirator](#) that provides you with greater protection
 - Consider avoiding non-essential indoor activities in public where you could be exposed
 - Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing)
 - Have a plan for rapid testing if needed (e.g., having home tests or access to testing)
 - Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies
- If you have household or social contact with someone at [high risk](#) for severe disease
 - consider self-testing to detect infection before contact
 - consider wearing a mask when indoors with them
- Stay up to date with COVID-19 vaccines and boosters
- Maintain improved ventilation throughout indoor spaces when possible
- Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19
- Consider setting-specific recommendations for prevention strategies based on local factors
- Implement healthcare surge support as needed
- Protect people at [high risk](#) for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information
- Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate
- Implement enhanced prevention measures in high-risk congregate settings (see guidance for [correctional facilities](#) and [homeless shelters](#))
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- Ensure access to testing, including through point-of-care and at-home tests for all people
 - Communicate with organizations and places that serve people who are immunocompromised or at [high risk](#) for severe disease to ensure they know how to get rapid testing
- Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations

THE LARGER COMMUNITY IS LIFTING MASK MANDATES.

- MARCH 7, MASKS OPTIONAL AT
 - UNC
 - NC STATE OFFICES AND AGENCIES.
 - ORANGE COUNTY OFFICES
- CHAPEL HILL-CARRBORO SCHOOLS:
OUTDOOR MASKING OPTIONAL MARCH 7
 - INDOOR MASKING REQUIRED FOR AT LEAST
ANOTHER MONTH.
- ORANGE COUNTY SCHOOL DISTRICT:
MASKING OPTIONAL MARCH 10



MASKING IN THE FAITH COMMUNITY

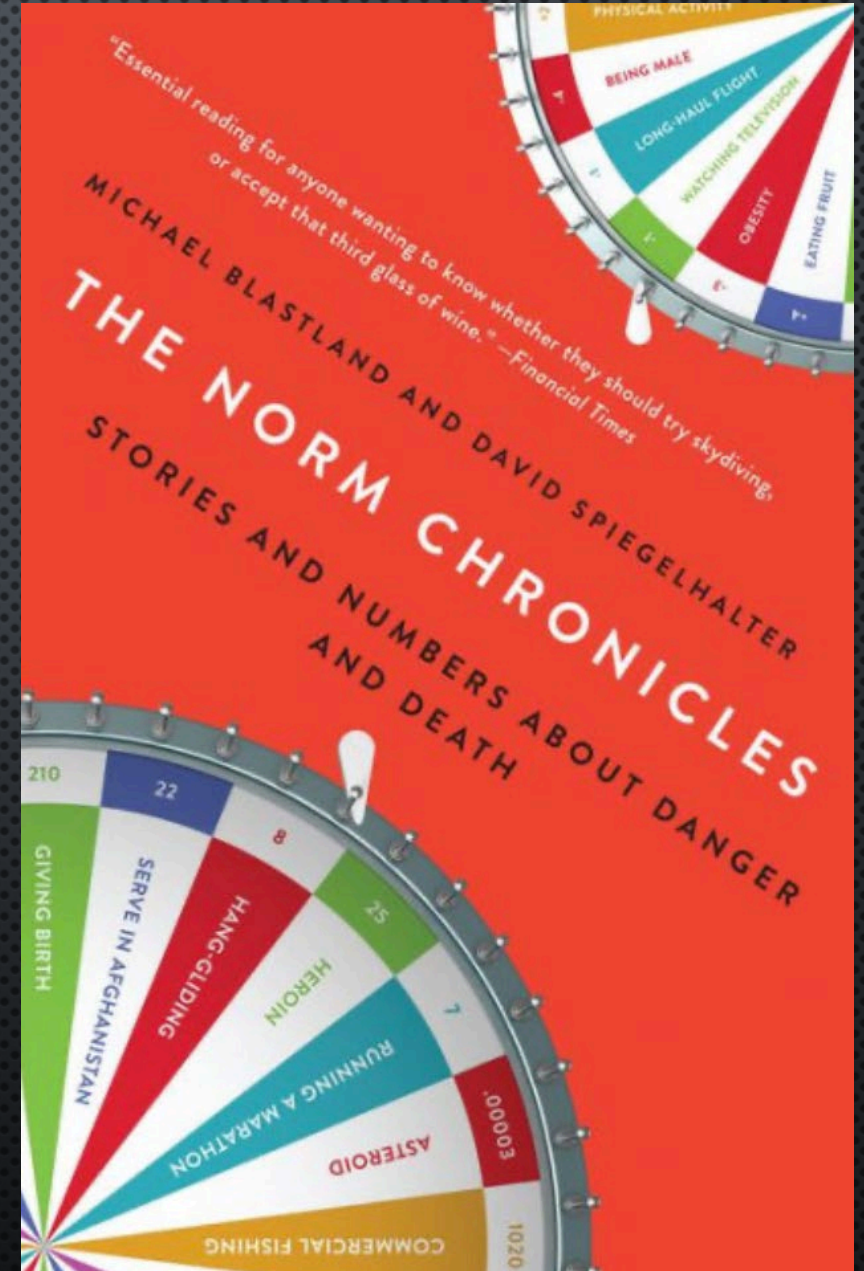
AS LONG AS THERE ARE PEOPLE WHO ARE MEDICALLY COMPROMISED BY ADVANCED AGE OR MEDICAL CONDITION, WHO WANT TO PARTICIPATE IN PERSON IN LIFE OUR CONGREGATIONS, IT SEEMS APPROPRIATE THAT THE REST OF US ALLOW THEM SAFE PARTICIPATION AND MASK UNTIL THE RISK OF INFECTING THEM IS VERY LOW.



Which brings us to the concept of risk

UNDERSTANDING RISK TO SENIORS AND THE IMMUNOSUPPRESSED —THE MICROMORT

- THE AUTHORS OF THIS BOOK DEVELOPED A WAY OF HELPING US UNDERSTAND RISK
- A **MICROMORT** REPRESENTS A ONE IN A MILLION CHANCE OF DYING



Show how this works

A MICROMORT (MM) IS A 1 IN MILLION CHANGE OF DYING

RELATIVE RISKS IN MICROMORTS

Activity	Unit	MM
Flight	One flight	0.02
Driving	250 miles	1
Motorcycle	25 miles	4
General anesthesia	1 procedure	5
Scuba diving	1 trip	5
Skydiving	1 trip	7
Driving	Annual	100 (U.S.); 31 (U.K.)
Giving birth	1 birth	210 (U.S.), 120 (U.K.), 40 (Sweden), 11,000 (Chad)
Active service in Afghanistan	Full year in 2011	5,000
Baby's first year of life	1 year	6,600
Heroin use	1 year	19,700

MicroMort (one in a million chance of dying) per activity. Data from *Norm Chronicles* by Blastland & Spiegelhalter (2014). Table developed by Dr. Katelyn Jetelina/YLE

RISK OF DYING FROM COVID DURING THE OMICRON WAVE

- FOR A BOOSTED 65+ YEAR OLD, THE RISK WAS GREATER THAN A SOLDIER SPENDING A YEAR IN AFGHANISTAN
- FOR THE IMMUNOSUPPRESSED, THE RISK WAS LIKELY SEVERAL TIMES THAT OF A 65+ YEAR OLD
- WHEN COVID TRANSMISSION RATES ARE LOW, THE RISK IS PROPORTIONATELY LOWER.
- TAKE HOME: SENIORS AND THE IMMUNOCOMPROMISED ARE AT MUCH GREATER RISK THAN OTHERS

Activity	Unit	MM
Flight	One flight	0.02
Driving	250 miles	1
Motorcycle	25 miles	4
General anesthesia	1 procedure	5
Scuba diving	1 trip	5
Skydiving	1 trip	7
Driving	Annual	100 (U.S.); 31 (U.K.)
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Age	Unvaccinated	Not boosted	Boosted
0-4	227	-	-
5-17	Data unavailable		
18-49	404	90	48
50-64	4994	1033	516
65+	28978	15489	6023

MicroMort (or one in a million chance of dying) from a COVID-19 infection during the Omicron wave, using CDC case and mortality data from January 1, 2022. Calculations made by Katelyn Jetelina/YLE.

TO INSURE SAFE
PARTICIPATION FOR THE
VULNERABLE IN GROUP
SETTINGS, THE FAITH
COMMUNITY SHOULD
CONSIDER MASKING
UNLESS WE ARE IN THE
LOWEST CDC ZONE
(GREEN)

