New Hampshire Coronavirus Disease 2019 Weekly Call for Healthcare Providers and Public Health Partners

June 3, 2021

Ben Chan Elizabeth Talbot Beth Daly Lindsay Pierce

Thursday noon-time partner calls will focus on science, medical, and vaccine updates geared towards our healthcare partners

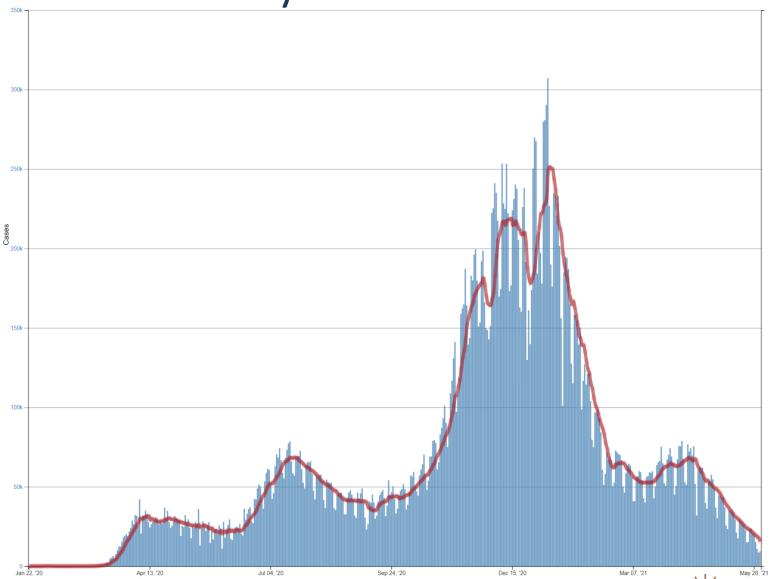


Agenda

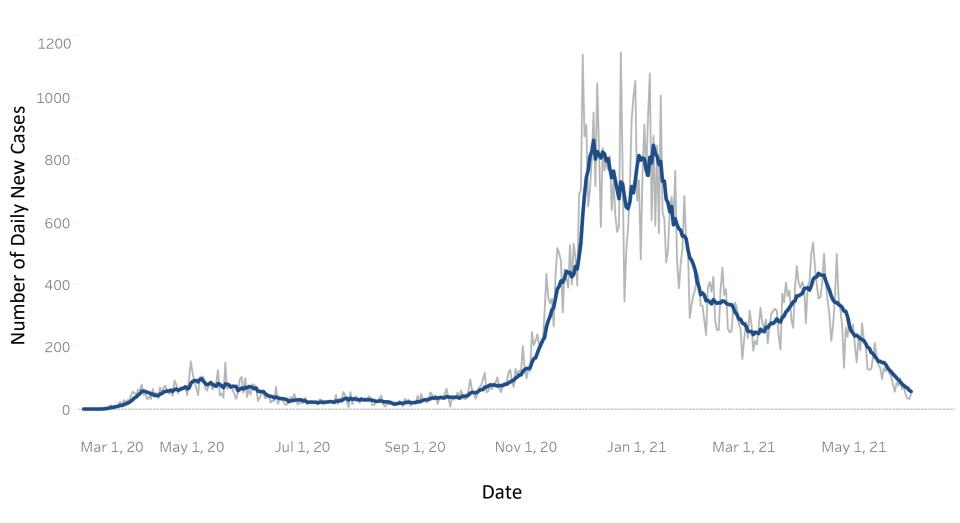
- Epidemiology update & current level of community transmission
- CDC's Healthcare infection prevention and control recommendations
- Face mask use
- Myocarditis/pericarditis update
- Clarifying quarantine period for partially vaccinated persons exposed to COVID-19 or after international travel
- Questions & Answers (Q&A)



U.S. National Daily Incidence of COVID-19

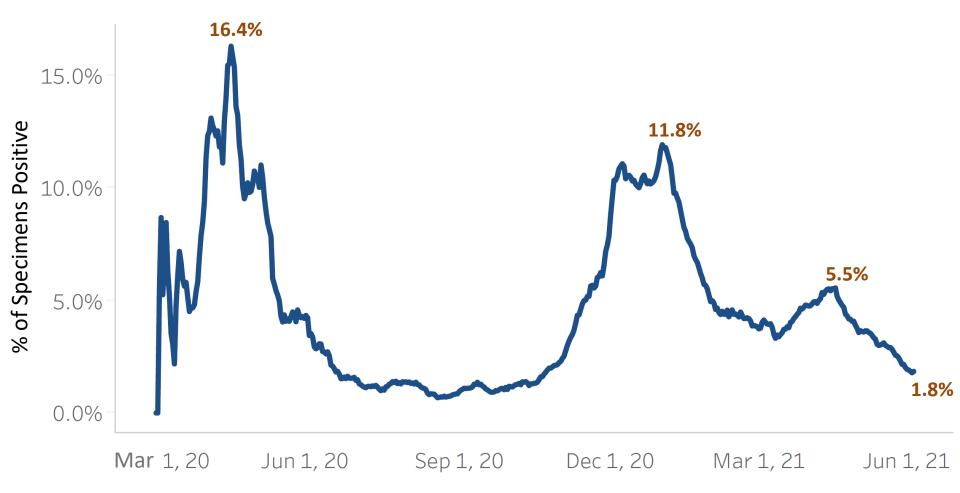


Number of New COVID-19 Cases per Day in NH





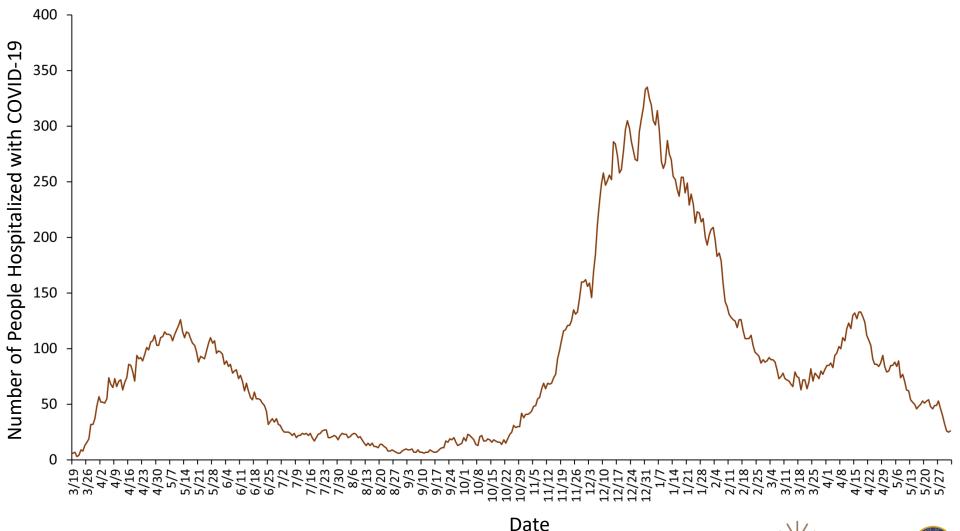
% of Tests (Antigen and PCR) Positive for COVID-19 (7-Day Average)



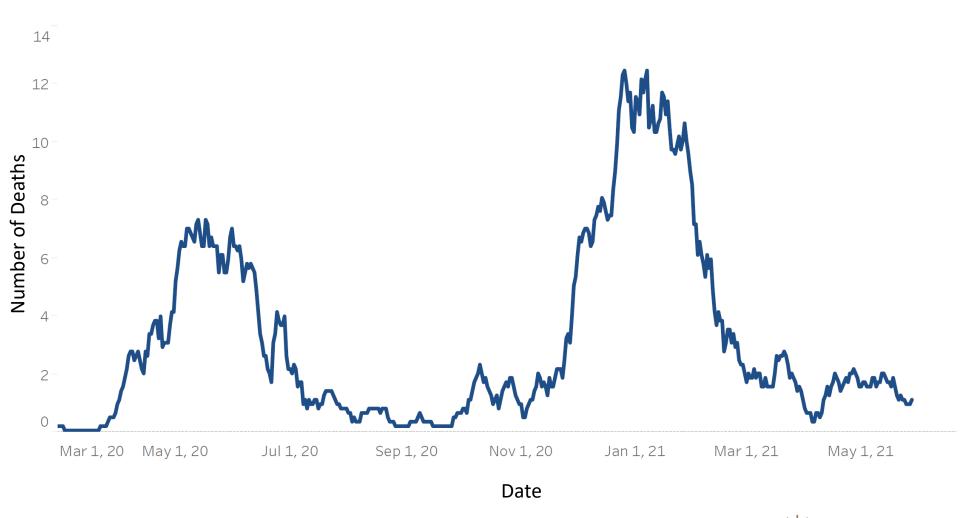
Date Laboratory Test Completed



Number of People Hospitalized with COVID-19 Each Day in NH (Hospital Census)



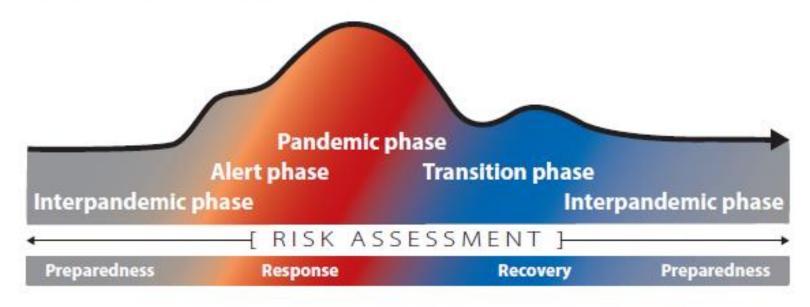
Average Number of COVID-19 Deaths per Day in NH (Based on Date of Death)





COVID-19 Pandemic Transition Phase

Figure 1. The continuum of pandemic phases^a



This continuum is according to a "global average" of cases, over time, based on continued risk assessment and consistent with the broader emergency risk management continuum.



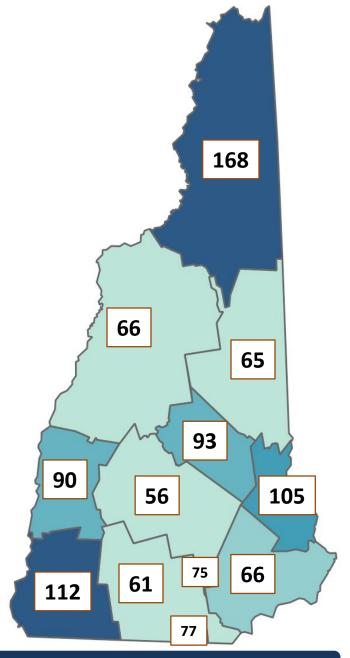
NH's Level of Community Transmission Metrics

Criteria	Level of Community Transmission					
Criteria	Minimal	Moderate 5 – 10% 50 – 100	Substantial			
Test Positivity (7-day average of the % of antigen & PCR tests that are positive)	<5%	5 – 10%	>10%			
Rate of New Infections (Total # of new cases per 100,000 persons in the last 14 days)	<50	50 – 100	>100			

The community transmission level is assigned based on the highest level identified by either one of the criteria



Total Number of New Infections per 100,000 Persons in the Last 14 Days



Data as of: 6/2/2021



Level of Community Transmission

Statewide Level of Transmission

Moderate

Minimal Moderate Substantial

New Cases per 100k over 14 days

77.4

7-Day Total Test Positivity Rate

1.8%

Data as of: 6/2/2021



Healthcare Infection Prevention and Control Recommendations



CDC's Infection Prevention and Control Recommendations for HCP During the Pandemic

- CDC's <u>universal</u> PPE recommendations (i.e. PPE for all patient care encounters) are dependent on level of community transmission
- In areas with "moderate to substantial" community transmission:
 - Follow Standard Precautions (and transmission-based precautions if necessary for another medical condition)
 - Wear, at a minimum, a well-fitted face mask
 - Wear an N95 or higher-level respirator for all aerosol generating procedures
 - Wear eye protection (goggles or face shield) during all patient care encounters
- In areas with "minimal to no community" community transmission:
 - Adhere to standard and transmission-based precautions
 - Wear a well-fitted facemask



THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network Health.Alert@nh.gov

October 14, 2020 Time 0900 (9:00 AM EDT)

NH-HAN 20201014



Coronavirus Disease 2019 (COVID-19) Pandemic, Update # 22 Community Transmission of COVID-19 Increasing in NH

The CDC recommends providers working in areas with higher community transmission should practice both universal masking and also wear eye protection during all patient care encounters, even if SARS-CoV-2 infection is NOT suspected (if COVID-19 is suspected, providers should wear all appropriate COVID-19 PPE, as previously recommended in prior HANs). This guidance to implement universal mask and eye protection for all patient care encounters in areas of higher COVID-19 transmission is because providers are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. CDC also recommends that in these areas of higher transmission a N95 or higher-level respirator (instead of a facemask) be used for all aerosol generating procedures and surgical procedures that might pose a higher risk for transmission if a patient were to have SARS-CoV-2 infection. Based on NH's definitions of community transmission, we recommend that these steps be taken for all patient care encounters in areas that reach NH's level of "substantial" community transmission.



Community Transmission is Decreasing

- We recommend that healthcare facilities can deescalate use of universal PPE when the level of community transmission (based on NH's criteria) decreases to "moderate", including deciding to no longer require:
 - Universal eye protection during all patient care encounters
 - N95 or higher-level respirators for all aerosol generating procedures
- Universal facemasks are still recommended
- All recommended PPE should still be used when evaluating a patient with suspected or confirmed COVID-19



Face Mask Use



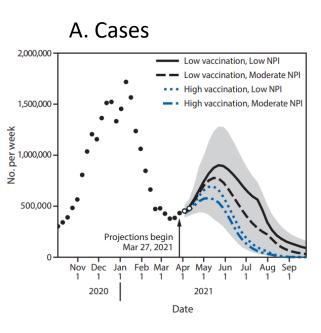
Multiple Factors Contribute to a Person's Risk of

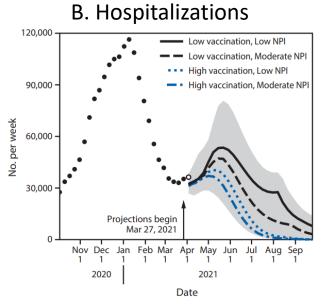
COVID-19

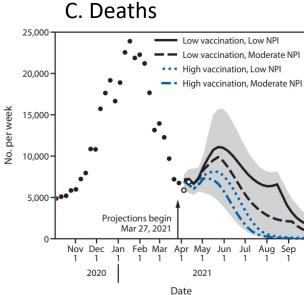




Modeling of Future COVID-19 Cases, Hospitalizations, and Deaths, by Vaccination Rates and Nonpharmaceutical Intervention Scenarios — United States, April–September 2021











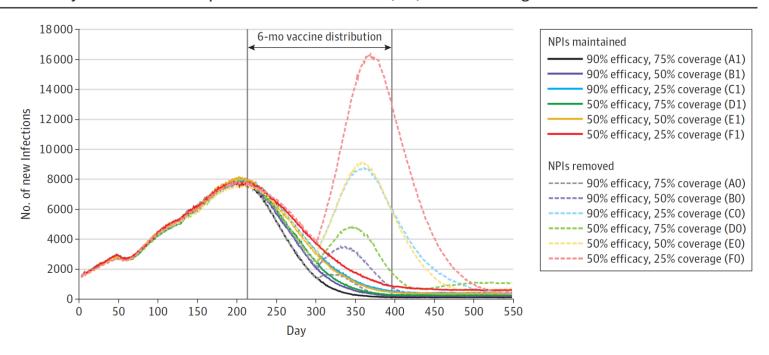


Original Investigation | Infectious Diseases

Association of Simulated COVID-19 Vaccination and Nonpharmaceutical Interventions With Infections, Hospitalizations, and Mortality

Mehul D. Patel, PhD; Erik Rosenstrom, BS; Julie S. Ivy, PhD; Maria E. Mayorga, PhD; Pinar Keskinocak, PhD; Ross M. Boyce, MD, MSc; Kristen Hassmiller Lich, PhD; Raymond L. Smith III, PhD; Karl T. Johnson, BA; Paul L. Delamater, PhD; Julie L. Swann, PhD

Figure 2. Daily New Infections by Vaccination and Nonpharmaceutical Intervention (NPI) Scenarios During the 18-Month Simulation



Modeled new infections by day are shown across varying vaccine efficacy and coverage with NPIs maintained and removed.



Modeling the Impact of Vaccination and NPIs

Table 1. Risk of SARS-CoV-2 Infection From Start of Vaccine Distribution by Vaccination and NPI Scenarios

				Mean (SD)				
Scenario	Vaccine characteris	tic Coverage, %	NPI condition	New infections, No. ^a	Risk ^a	Risk difference ^b	Cumulative infection rate, %c	
A1	Lilicacy, 70	75	NET CONDITION	450 575 (32 716)	0.047 (0.003)	-0.19 (0.01)	13.8 (0.2)	
B1	90	50	1	542 261 (38 087)	0.057 (0.004)	-0.18 (0.01)	14.8 (0.2)	
C1		25		698 192 (50 601)	0.074 (0.005)	-0.16 (0.01)	16.3 (0.2)	
D1		75	Maintained	586 246 (48 548)	0.062 (0.005)	-0.17 (0.01)	15.1 (0.2)	
E1	50	50		672 970 (46 489)	0.071 (0.005)	-0.16 (0.01)	16.2 (0.2)	
F1		25		799 949 (60 279)	0.084 (0.006)	-0.15 (0.01)	17.3 (0.2)	
G1	No vaccine	No vaccine		1 100 664 (61 891)	0.116 (0.006)	-0.12 (0.01)	19.9 (0.2)	
A0		75		527 409 (40 637)	0.056 (0.004)	-0.18 (0.01)	14.7 (0.2)	
В0	90	50		748 572 (57 950)	0.079 (0.006)	-0.16 (0.01)	16.6 (0.2)	
CO		25	1	1 441 841 (95 010)	0.152 (0.009)	-0.08 (0.01)	23.3 (0.2)	
D0		75	Removed	957 149 (89 784)	0.101 (0.009)	-0.13 (0.01)	18.6 (0.2)	
EO	50	50		1 407 563 (103 155)	0.148 (0.010)	-0.09 (0.01)	22.9 (0.2)	
F0, reference		25		2 2 3 1 1 3 4 (1 1 7 8 6 7)	0.235 (0.011)	0.00 (0.02)	30.8 (0.2)	
G0	No vaccine	No vaccine		3 879 088 (125 243)	0.409 (0.009)	0.17 (0.01)	46.5 (0.2)	



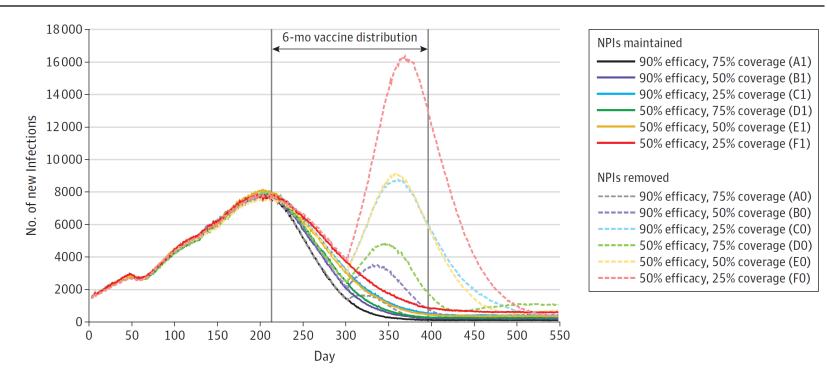
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EO	50	50		1 407 563 (103 155)	0.148 (0.010)	-0.09 (0.01)	22.9 (0.2)
F0, reference		25		2 231 134 (117 867)	0.235 (0.011)	0.00 (0.02)	30.8 (0.2)
G0	No vaccine	No vaccine		3 879 088 (125 243)	0.409 (0.009)	0.17 (0.01)	46.5 (0.2)



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Bureau of Infectious Disease Control

NH Public Health Recommendations for People Who Are <u>Fully</u> <u>Vaccinated</u> When Around Others <u>From</u> Outside the Household May 17, 2021

Should I Wear a Face Mask & Physically Distance in Settings Around Other People?		Other Peoples' Vaccination Status			
		All fully vaccinated	Vaccination status unknown or not all are fully vaccinated		
Location	Indoors	NO*	YES		
	Outdoors	* (C)	NO*		

^{*}Unless required to by a business or organization, or a person desires maximal protection





NH Public Health Recommendations for People Who Are <u>Fully</u> <u>Vaccinated</u> When Around Others <u>From</u> Outside the Household May 17, 2021

- NH DPHS has recommend that everybody, including fully vaccinated people, continue to wear face masks and physically distance when indoors in public settings and around other people who are not fully vaccinated, or whose vaccination status is unknown
- Mitigation measures are intended to be implemented at a population level
- The guidance stated that we would re-evaluate face mask use recommendations in June

Plan to Update Recommendations in Coming Weeks

- As vaccination rates increase (slowly) and community transmission decreases (rapidly), the goal is to pull back on use of some of the recommended community mitigation measures when risk-benefit is in favor of doing so
- As community transmission decreases, the risk to everybody is significantly lower so that even unvaccinated people likely can begin to go without masks in lower-risk settings (e.g., outdoors)
- By mid/end of June you are likely to see updated recommendations on face mask use



Face Mask Use in School and Childcare Settings

- With levels of community transmission decreasing, we have recommended that schools and childcare agencies can remove masks in outdoor settings (regardless of a person's vaccination status... for children and adults), including at recess and during non-contact sports
- Rationale: outdoor settings are lower risk for COVID-19 transmission, and children are less likely to transmit



Vaccination and Mitigation Measures

- Goal: have a high percentage of people who are <u>fully</u> <u>vaccinated</u> (can we get to 70–80% vaccinated?), so that face mask use and other mitigation measures may not be necessary
- People who are not yet vaccinated (or not yet fully vaccinated), should schedule themselves to get a COVID-19 vaccine (everybody 12 years of age and older)
- As we enter the summer months, more people will likely be out in public locations without masks and without strict physical distancing



Multiple Factors Contribute to a Person's Risk of

COVID-19





Myocarditis/Pericarditis Update



VaST Work Group Report, May 24th

- ACIP's COVID-19 Vaccine Safety Technical (VaST) Work Group has been reviewing COVID-19 vaccine safety data on a weekly basis
- Review adverse event reports in two surveillance systems
 - Vaccine Adverse Event Reporting System (VAERS)
 - Vaccine Safety Datalink (VSD)
- Data from VAERS showed that in the 30-day window following dose 2 after mRNA vaccination, there was a higher number of observed myocarditis/pericarditis cases in 16-24 year olds compared to expected numbers
- No updated numbers provided other than to characterize as rare events, and cases appear to be mild

CDC's <u>Clinical Considerations</u>: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines Among Adolescents and Young Adults

- Ask about recent COVID-19 vaccination in adolescents and young adults presenting with symptoms of myocarditis/pericarditis (acute chest pain, SOB, palpitations)
- Initial evaluation for myocarditis/pericarditis: consider ECG, cardiac enzymes, inflammatory markers, etc.
- Evaluate for other causes of myocarditis and pericarditis, including acute COVID-19, prior SARS-CoV-2 infection, and other viral or bacterial etiologies
- For follow-up of patients with myocarditis, consult the <u>American Heart</u> Association and American College of Cardiology recommendations
- Report all cases of myocarditis/pericarditis after COVID-19 vaccination into VAERS
- "Most cases... have responded well to medications and rest and had prompt improvement of symptoms"
- CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older

Determining quarantine period in vaccinated persons not yet fully vaccinated



Post Exposure Quarantine for Vaccinated Persons

Example 1 – becomes "fully vaccinated" during travel

May 2021

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
							1	
	2	3	4	Final dose	6	7	8	
	9	10	11	12	13	14	15	
	Left NH			14 days post vax	Fully vaccinated		Return to NH	
Travel	16	17	18	19	20	21	22	
					Day 1 – Post "Exposure"	' Day 2 – Post "Exposure"	Day 3 – Post "Exposure"	
	Quarantine 23 Day 4 – Post "Exposure"	Quarantine 24 Day 5 – Post "Exposure"	Quarantine 25 ' Day 6 – Post "Exposure"	Quarantine 26 Day 7 – Post "Exposure"	Quarantine 27 Day 8 – Post "Exposure"	Quarantine 28 " Day 9 – Post "Exposure	Quarantine 29 Day 10 – Post "Exposure"	

End Quarantine

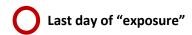


Post Exposure Quarantine for Vaccinated Persons

Example 2 – becomes "fully vaccinated" after travel

May 2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	Final dose	6	7	8
Left NH						Return to NH
9	10	11	12	13	14	15
Quarantine 16	Quarantine 17	Quarantine 18	14 days post vax Quarantine	Fully vaccinated Quarantine	Quarantine 21	Quarantine 22
Day 1 – Post "Exposure"	Day 2 – Post "Exposure	"Day 3 – Post "Exposure	"Day 4 – Post "Exposure"	Day 5 – Post "Exposure"	Day 6 – Post "Exposure	' Day 7 – Post "Exposu
Quarantine	Quarantine	Quarantine	End Quarantine			
23	24	25	26	27	28	29
Oay 8 – Post "Exposure"	Day 9 – Post "Exposure	e"Day 10 – Post "Exposure	3"			



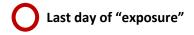
Travel



Post Exposure Quarantine for Vaccinated Persons Example 2 – close contact to a case during 14 days after vaccination

May 2021

			-			
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	Final dose	6	7	8
9	10	11	12	13	14	Close Contact 15
Quarantine 16	Quarantine 17	Quarantine 18	14 days post vax Quarantine	Quarantine 20	Quarantine 21	Quarantine 22
Day 1 – Post "Exposure"	Day 2 – Post "Exposure	"Day 3 – Post "Exposure"		Day 5 – Post "Exposure"	Day 6 – Post "Exposure	" Day 7 – Post "Exposure
Quarantine	Quarantine	Quarantine	End Quarantine			
23	24	25	26	27	28	29
Day 8 – Post "Exposure"	Day 9 – Post "Exposure	"Day 10 – Post "Exposure	"			





Bottom Line

- Count quarantine days starting from the last day of potential "exposure"
- "Exposure" could be contact to a case or travel when not fully vaccinated (or immune through infection within last 90 days)
- Becoming "fully vaccinated" during the quarantine period does not mean that you stop quarantine
 - Quarantine is based on your vaccination status at the time of the exposure
 - The full quarantine period should be carried out



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