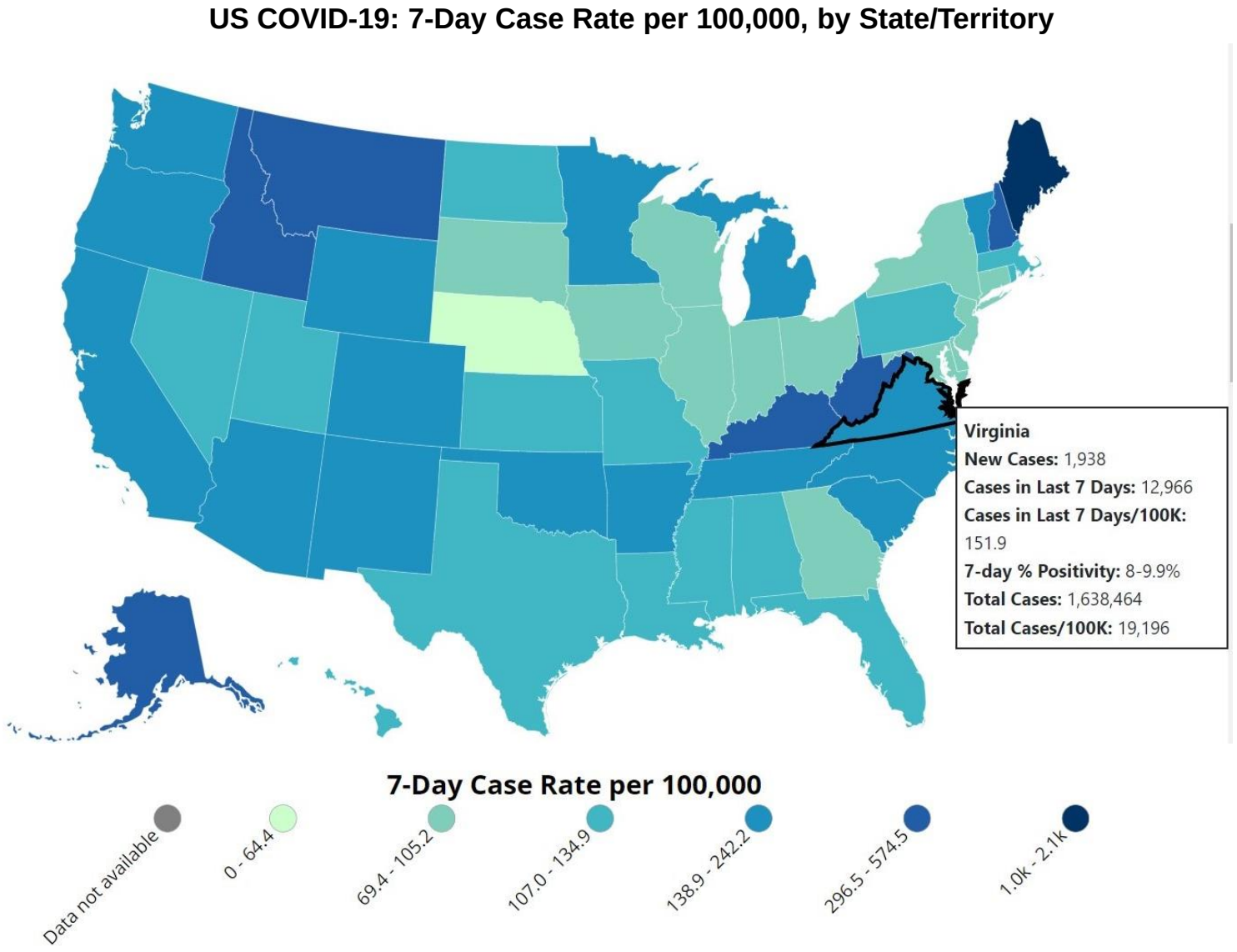
Virginia
COVID-19 Surveillance Data Update

February 28, 2022

VIRGINIA'S HEALTH IS IN OUR HANDS.
Do your part, stop the spread.

National: Weekly COVID-19 Case Rate

Updated 2/28/22



	Cases in the Last 7 Days Per 100k Population
Virginia	151.9 (-31.3%)
U.S.	145.1 (-31.2%)
Maine	1,017.1 (-55.4%)
Idaho	574.5 (-9.8%)
Montana	381.3 (-20.0%)

Our Neighbors

Rates Higher than Virginia

West Virginia, **365 (**+13.7%)
Kentucky, **363.4** (-12.9%)
Tennessee **194.4 (**-40.0%)
North Carolina, **185.2** (-17.7%)

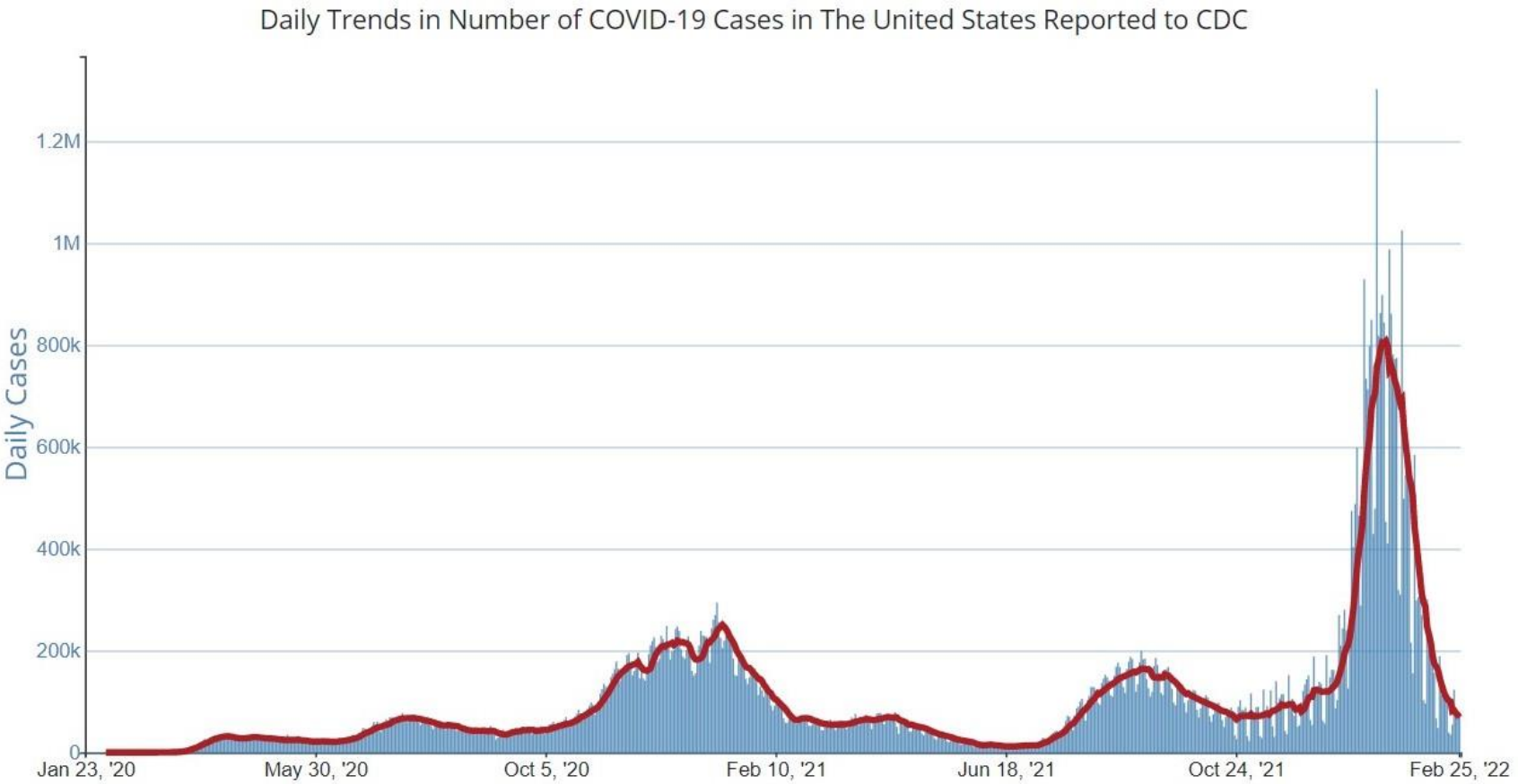
Rates Lower than Virginia:

District of Columbia, **89.1** (-28.1%)
Maryland, **73.8** (-9.1%)

Source CDC COVID Data Tracker Please note rate change comparisons are from the previous week's data.

National: Cases, Hospitalizations, and Deaths

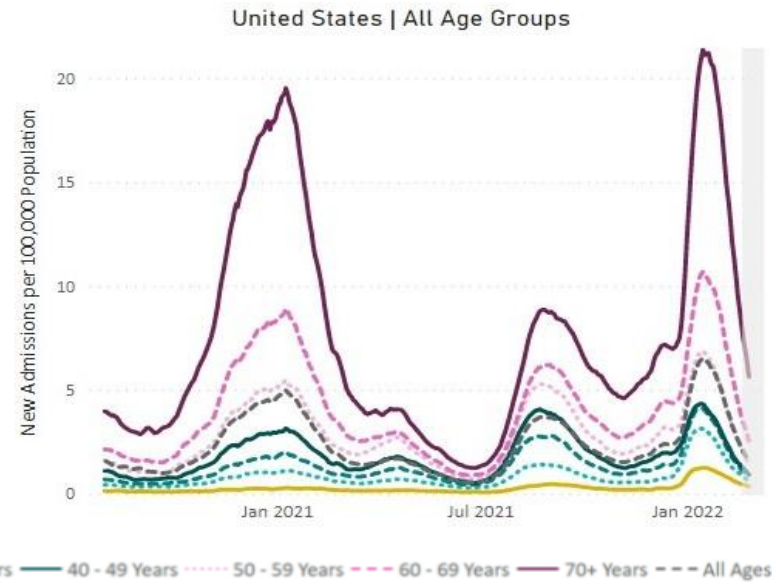
Updated 2/28/22



Compared to last week, **cases** decreased to 68,815 (7-day MA) per day (-35.0%)

Hospitalizations decreased to 5,012 (7-day MA) per day (-32.7%)

Deaths decreased to 1,732 (7-day MA) per day (-11.9%)

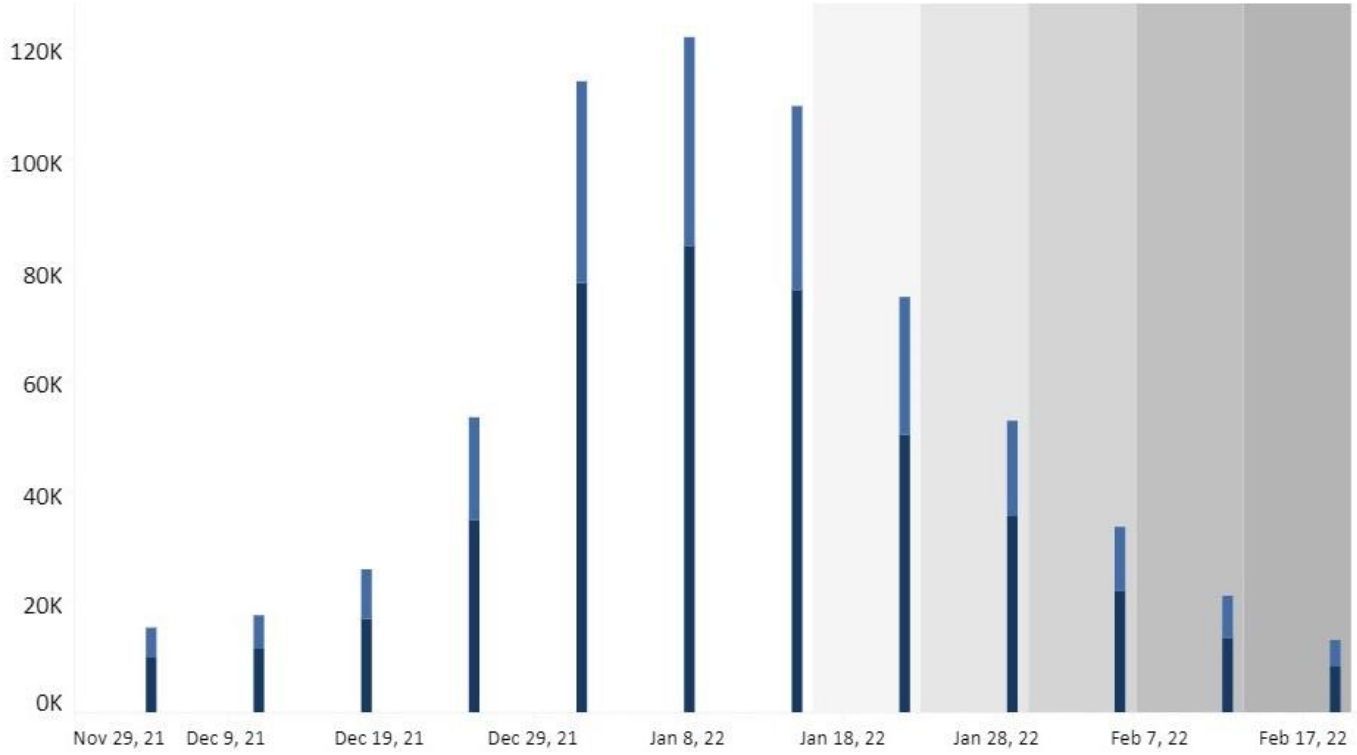


Source: CDC COVID Data Tracker

Virginia: Cases, Hospitalizations, and Deaths

Updated 2/28/22

Cases by Date of Symptom Onset, Past 13 weeks



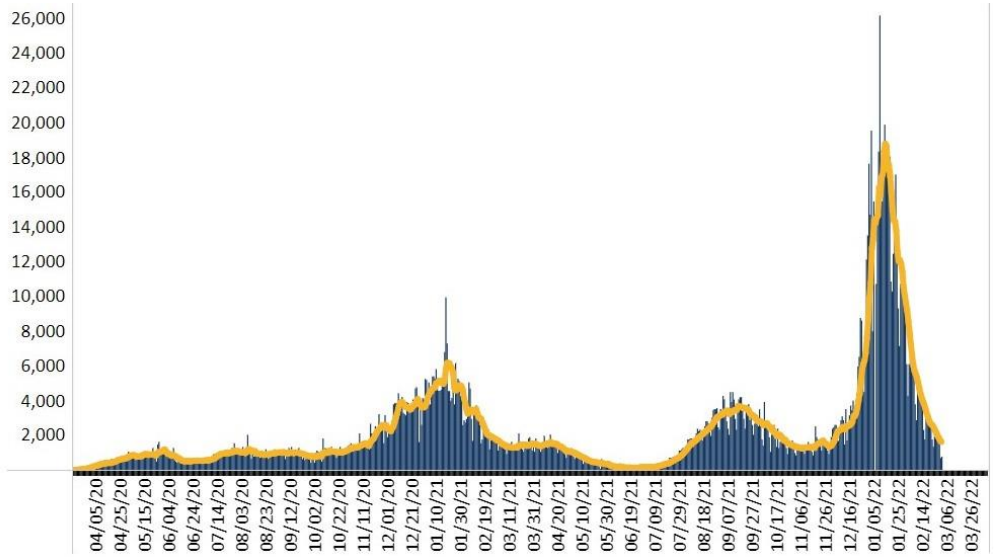
Gray shaded area illness may not have been reported yet

Compared to last week, **cases decreased** to 1,975 (7-day MA) from 2,858 per day (-30.9%)

Hospitalizations decreased to 1,161 per day (7-day MA) (-28.2%)

Deaths decreased to 82 (-65.4%) (Date of Death)

Cases by Date Reported, All Reporting Timeline

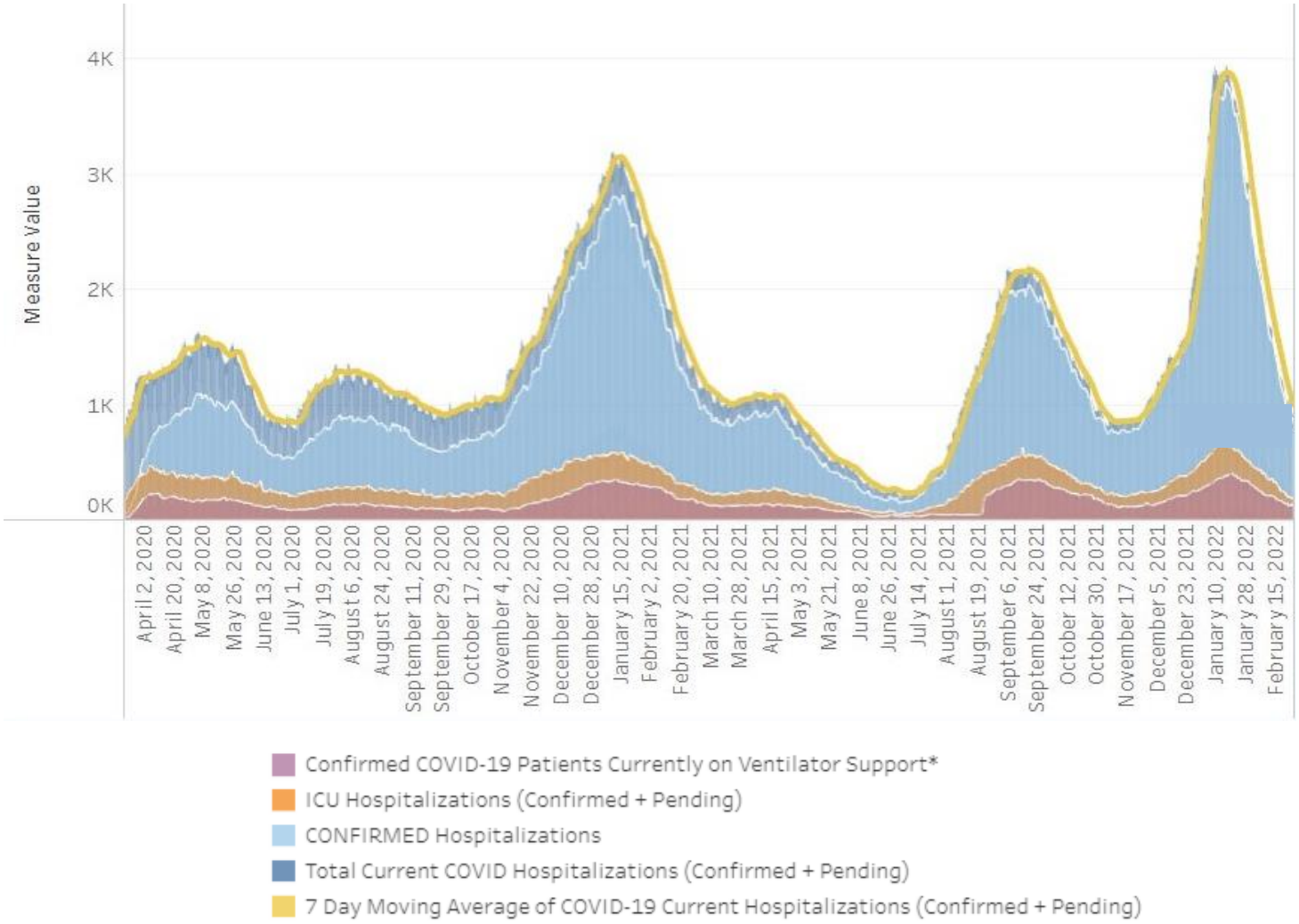


Source: Cases – Coronavirus (virginia.gov), Cases and Deaths - Coronavirus (virginia.gov), VHHA Hospitalizations – Coronavirus (virginia.gov), Data represent a 7-day moving average

Virginia Hospitalization Trends

Updated 2/28/22

COVID-19 in Virginia Hospitals



- Compared to last week hospitalizations **decreased to 1,161** (7-day MA) from 1,617 (-26.8%)
- Compared to last week. ICU hospitalizations have **decreased to 198** from 297 (-33.3%)
- **121 patients** are currently on ventilator support (-30.9%)

Source: VHHA Hospitalizations - Coronavirus (virginia.gov)

COVID-19 Burden in Virginia LTCFs

Questions can be directed to: hai@vdh.virginia.gov

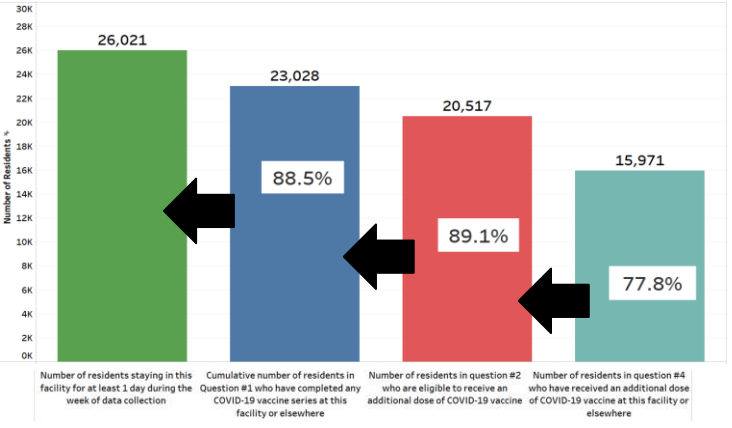
Updated 2/28/2022

Key Trends

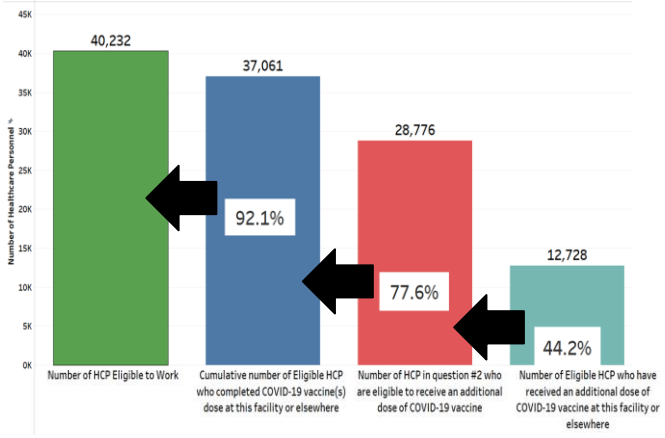
- There were **95 LTCF COVID-19 outbreaks reported in the past 30 days**: 10 in Eastern, 14 in Central, 19 in Northwest, 18 in Northern, and 34 in Southwest *(see figure top right)*.
- The number of reported staff cases has declined in the past couple of weeks. The number of reported resident cases continued to decline during the most recent reporting week *(see figure bottom right)*.
  - For the reporting week ending February 27, 2022, 208 resident and 177 staff cases were reported to NHSN. Data for this reporting week are preliminary.
- For reporting week ending February 13, 2022, data reported by 284 nursing homes showed 89% of residents were fully vaccinated; data reported by 284 nursing homes showed 92% of staff were fully vaccinated *(see figures bottom left)*.
  - Of the nursing home residents eligible to receive an additional dose or booster, **78% of residents have received an additional dose or booster** of COVID-19 vaccine.
  - Of the nursing home healthcare personnel eligible to receive an additional dose or booster, **44% of staff have received an additional dose or booster** of COVID-19 vaccine.

COVID-19 Booster Vaccination in Virginia Nursing Homes

Nursing Home Residents

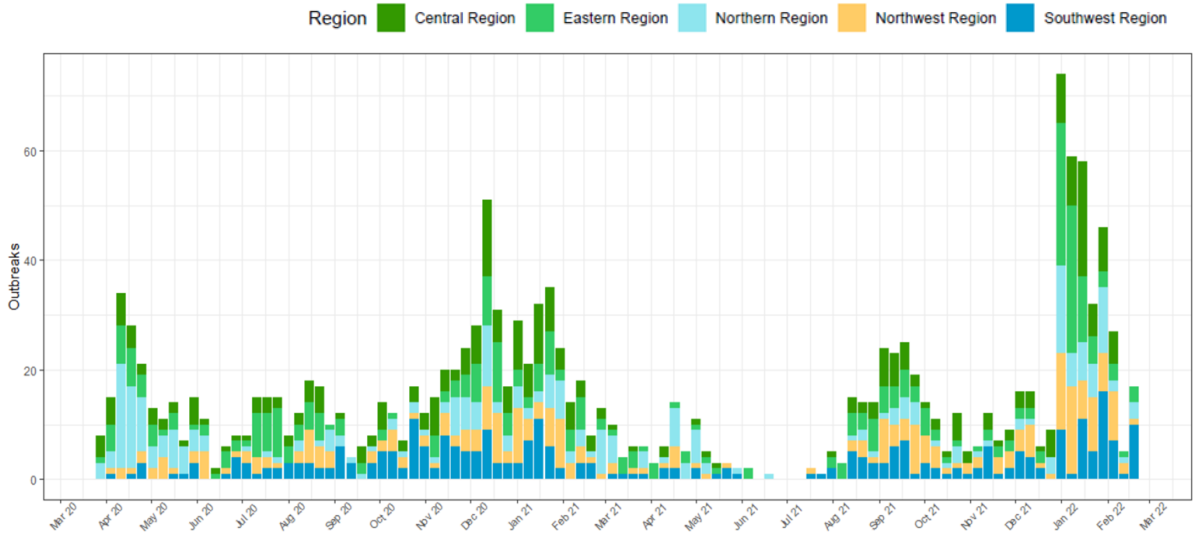


Nursing Home Staff



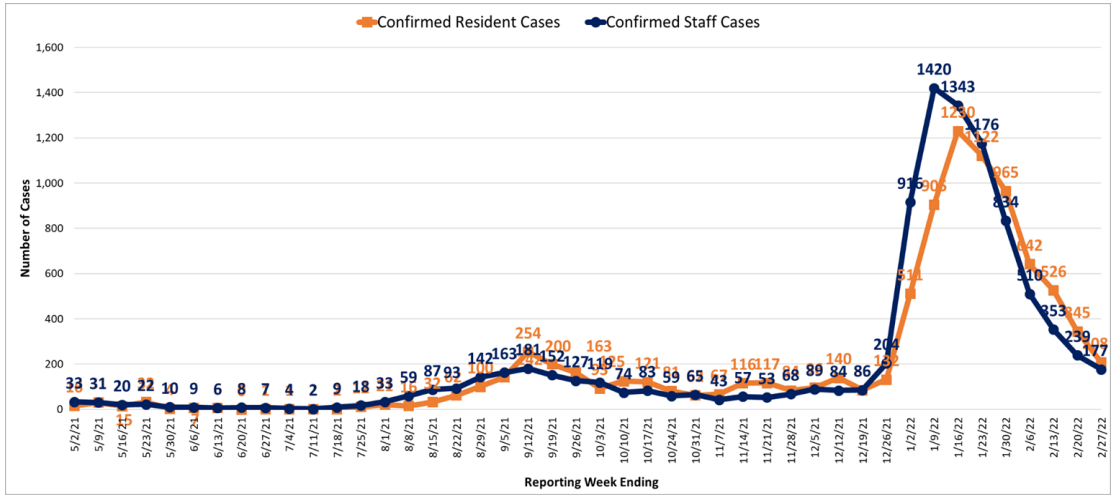
Data were reported by 286 Virginia nursing homes into the National Healthcare Safety Network (NHSN) as of 2/22/2022 and are subject to change, including booster eligibility per updated vaccine guidance. In Virginia, 284 nursing homes reported resident vaccination data for reporting week ending 2/13/2022; 284 nursing homes reported staff vaccination data for reporting week ending 2/13/2022. For staff type definitions, refer to NHSN Table of Instructions.

Number and Region of LTCF COVID-19 Outbreaks by Date VDH Notified



Outbreaks reported from nursing homes, assisted living facilities, and multicare facilities to VDH with a confirmed or suspected etiologic agent of SARS-CoV-2. Data are from the Virginia Outbreak Surveillance System as of 2/27/2022 and are subject to change.

Nursing Home Resident and Staff COVID-19 Cases



Data are from NHSN as of 2/28/2022 and are subject to change. For reporting information, please refer to the NHSN data collection forms: residents, staff.

Virginia: Regional Metric Summary

Updated 2/28/22

Metrics date: 2/25/2022

	Central	Eastern	Far Southwest	Near Southwest	Northern	Northwest
New cases per 100k within the last 7 days	166.9 ↓	112.3 ↓	456.3 ↓	283.2 ↓	99.1 ↓	175.3 ↓
% Positivity 7-day moving average	10.2% ↓	8.2% ↓	20.6% ↓	12.8% ↓	5.3% ↓	10.4% ↓
COVID-like ED visits rate per 100k	11.8 ↓	7.0 ↓	20.8 ↓	15.1 ↓	4.2 ○	8.1 ↓

Burden	Level 0	Level 1	Level 2	Level 3	Level 4
New Cases	<10	10-49		50-100	>100
% Positivity	<3	3-5	5-8	8-10	>10
CLI ED Visits	<4		4-5.9		≥6

Symbol	Trend
↑	Increasing
↓	Decreasing
○	Fluctuating

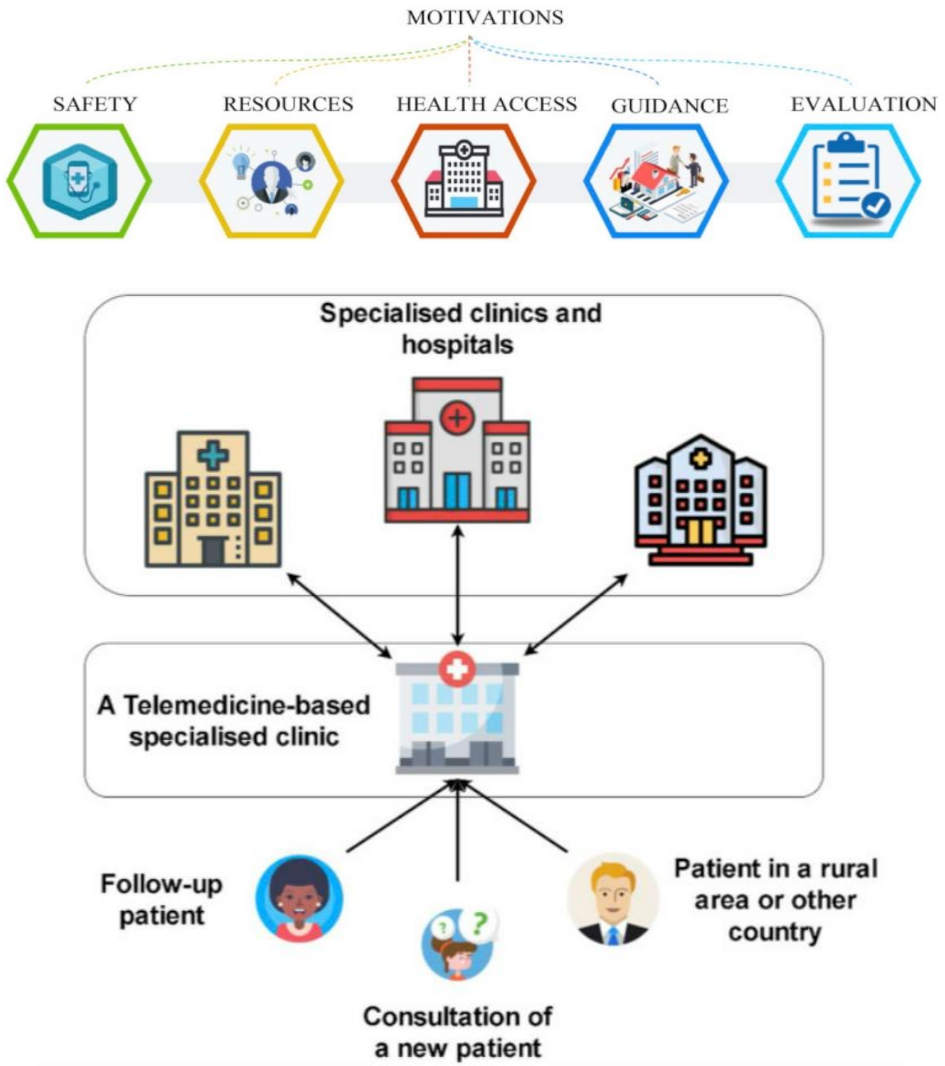
Please note: the methods used this week have changed slightly; data is now compared from Friday to Friday.

Source: Region Metrics – Coronavirus

*Data represents a 7-day moving average, trends compared to 1 week ago comparing end of week totals from Friday to Friday.

Rise of Telehealth in the COVID Age

Updated 2/25/22



Inception

COVID-19 pandemic triggered a rapid shift from traditional healthcare to telehealth bringing rise to new challenges and motivations:

Telehealth Improvements:

- **Enhanced Safety:** Online & phone visits decreased risk of exposure and transmission of COVID-19
- **Increased Resources:** Alleviated overcrowding of hospitals and doctors' offices and protected medical resources (beds, PPE, etc.)
- **Expanded Health Access:** Increased overall access to medical services
- **Improved Guidance:** Allowed healthcare practitioners to receive guidance on telehealth practices and technologies
- **Real-Time Evaluation:** Practitioners evaluated effectiveness of practice in real time

Telehealth Considerations for Sensitive Populations:

- Existing health disparities may be exacerbated and impact minority communities
- Rural communities may not have the bandwidth to use new technologies
- Age can play a factor in ability to use new technologies
- People in poverty may not be able to afford the technology needed for telehealth

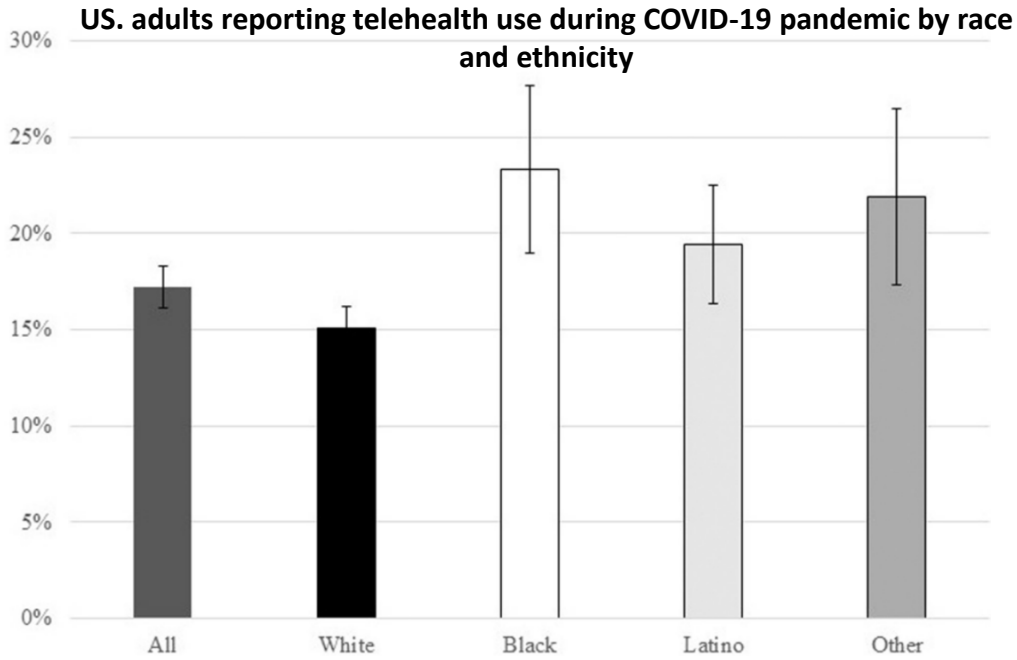
Sources: Telehealth utilization during the Covid-19 pandemic: A systematic review (nih.gov), Who Is (and Is Not) Receiving Telemedicine Care During the COVID-19 Pandemic - American Journal of Preventive Medicine (ajpmonline.org), Racial and ethnic differences in self-reported telehealth use during the COVID-19 pandemic: a secondary analysis of a US survey of internet users from late March | Journal of the American Medical Informatics Association | Oxford Academic (oup.com)

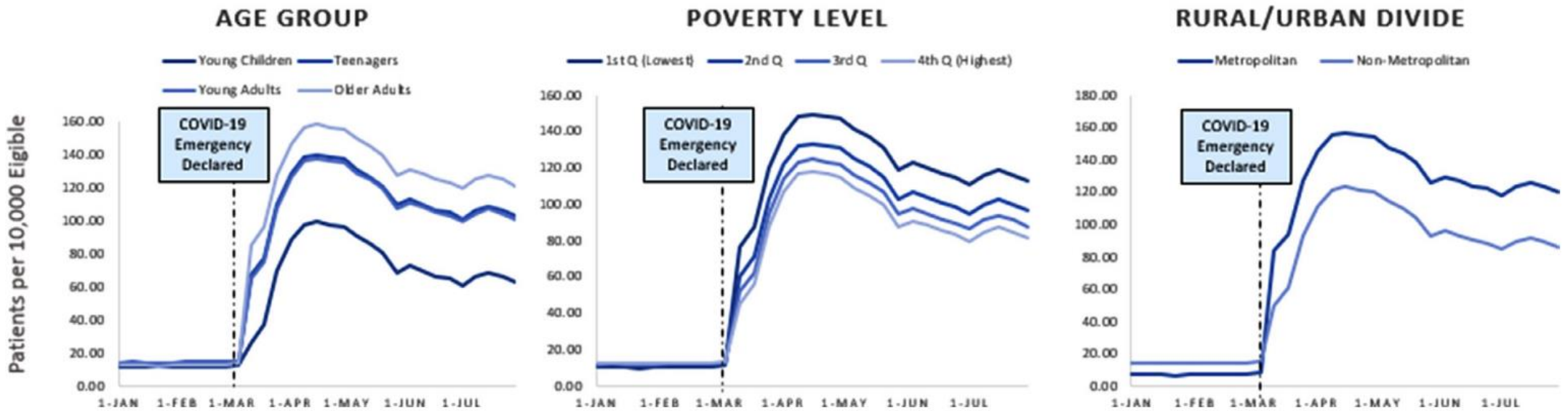
Early Takeaways of COVID Telehealth Recipients

Updated 2/25/22

Takeaways:

- **Greatest** users of telehealth during the pandemic were **older adults living in wealthier metropolitan areas**
- **Lowest** users of telehealth during the pandemic were **young children, living in poorer non-metropolitan communities**
- Across all ethnicities, **Black adults** reported the most telehealth use





Source: [Who Is (and Is Not) Receiving Telemedicine Care During the COVID-19 Pandemic - American Journal of Preventive Medicine (ajpmonline.org)]

Vaccination and Long COVID; COVID-19 and Maternal Morbidity and Mortality

Updated 2/21/22

The effectiveness of vaccination against long COVID A rapid evidence briefing: **February 2022.**
Briefing reviews peer-reviewed scientific papers.

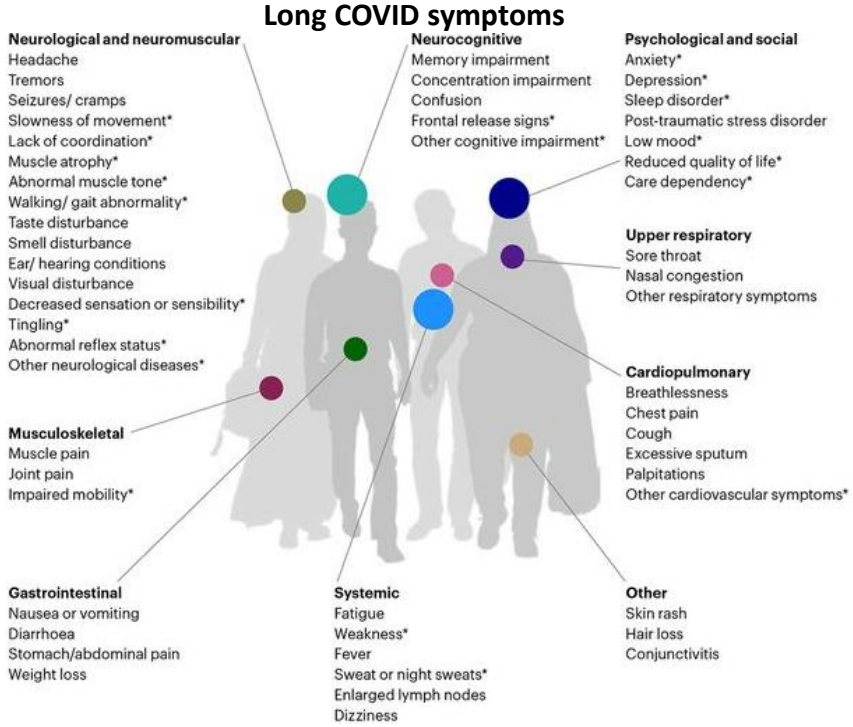
Summary: Review from UK Health Security Agency of 15 studies examining whether vaccinations against COVID-19, before or after infection, were effective against long COVID. These studies only included people who were infected with COVID-19.*

Key Findings: ****Six of 8 studies assessing vaccination before COVID-19 infection suggest that **vaccinated cases were less likely to develop symptoms of long COVID following infection.

Three of 4 studies comparing unvaccinated people with long COVID who were subsequently vaccinated to those who remained unvaccinated suggested that **people with long COVID were less likely to report long COVID symptoms shortly after vaccination, and over longer periods, than people with long COVID who were not subsequently vaccinated**. In 3 of 5 studies following vaccination of people with long COVID, **there was a higher proportion of people with long COVID who reported unchanged symptoms following vaccination (up to 70%) than people whose symptoms improved or worsened.**

***Limitations**: Risk of bias across all studies due to differences in people who were vaccinated and unvaccinated, the measurement of outcomes, and in the selection of participants.

**2/8 studies measuring individual long COVID symptoms suggest that vaccinated cases were less likely to have the following symptoms in the medium or long term (from 12 weeks beyond 6 months) than unvaccinated cases: fatigue, headache, weakness, muscle pain, dizziness, and shortness of breath, among others.



Graphic: https://gh.bmj.com/content/6/9/e005427

Maternal Outcome Comparing Individuals With and Without a Positive SARS-CoV-2 Result and Stratified by COVID-19 Severity	
Maternal Outcomes	**Adjusted Relative Risk (95% CI)**
With and Without a Positive SARS-CoV-2 Result	
Death or serious morbidity	1.41 (1.23 - 1.61)
Cesarean birth	1.05 (0.99 - 1.11)
With and Without a Positive SARS-CoV-2 Result Among Those With **Asymptomatic or Mild Infection**	
Death or serious morbidity	1.11 (0.94 - 1.32)
Cesarean birth	1.00 (0.93 - 1.07)
With and Without a Positive SARS-CoV-2 Result Among Those With **Moderate, Severe, or Critical Infection**	
Death or serious morbidity	2.06 (1.73 - 2.46)
Cesarean birth	1.17 (1.07 - 1.28)

Red indicates statistically significant results

Association of SARS-CoV-2 Infection With Serious Maternal Morbidity and Mortality From Obstetric Complications: **February 7, 2022**

Summary: A retrospective cohort study of 14,104 pregnant and postpartum patients who delivered in 2020 at 17 US hospitals evaluating the association of SARS-CoV-2 infection with serious maternal morbidity or mortality from obstetric complications. The study was conducted prior to the availability of SARS-CoV-2 vaccination.

Key Findings: Compared to those without a positive SARS-CoV-2 test results, SARS-CoV-2 infection was associated with maternal death or serious morbidity from obstetric complications. **In subgroup analyses, the association between maternal death or serious morbidity and cesarean birth was limited to those with more severe COVID illness and not found in women with mild or asymptomatic COVID infections**.