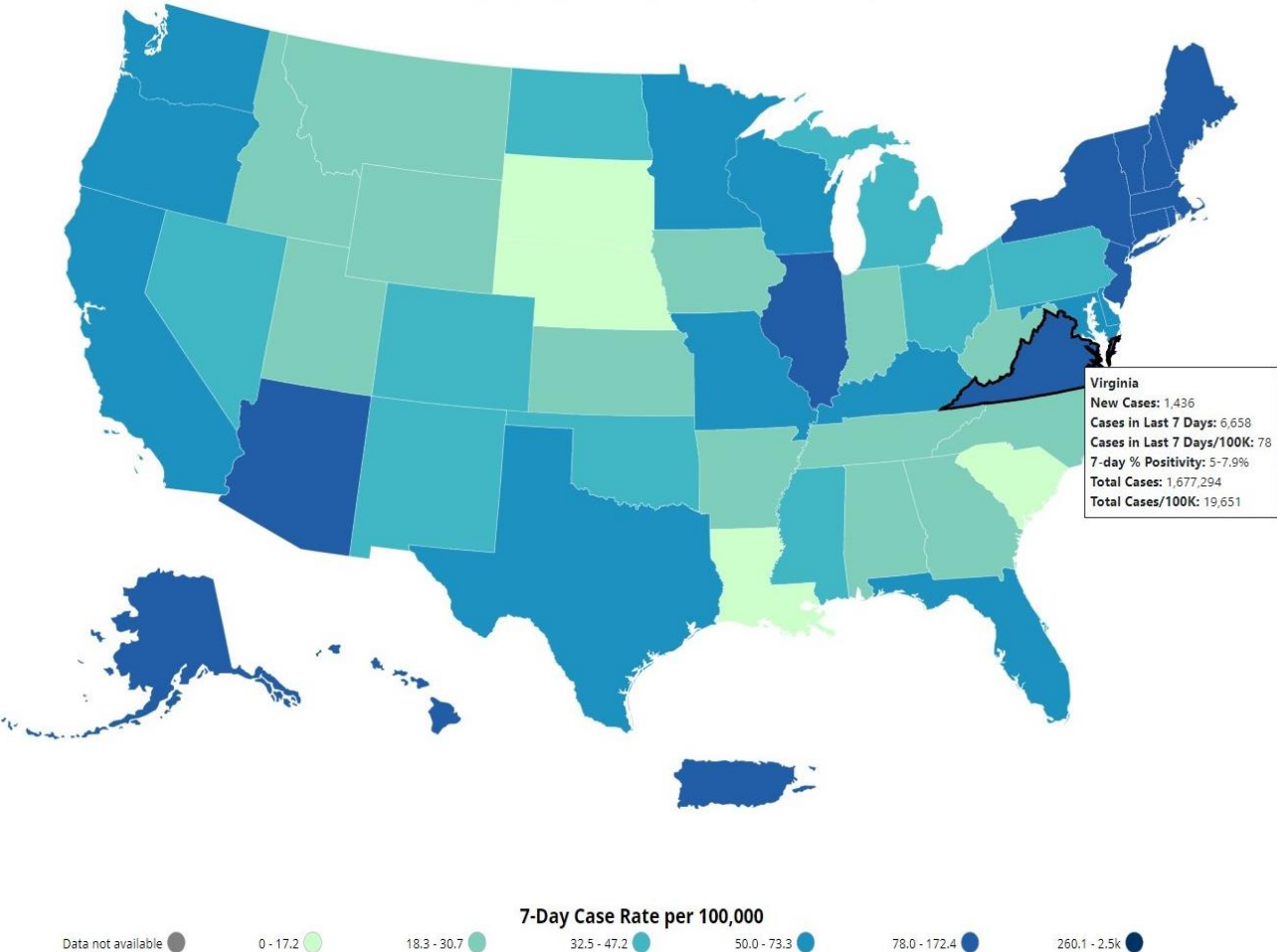

Virginia COVID-19 Surveillance Data Update

April 14, 2022



US COVID-19: 7-Day Case Rate per 100,000, by State/Territory



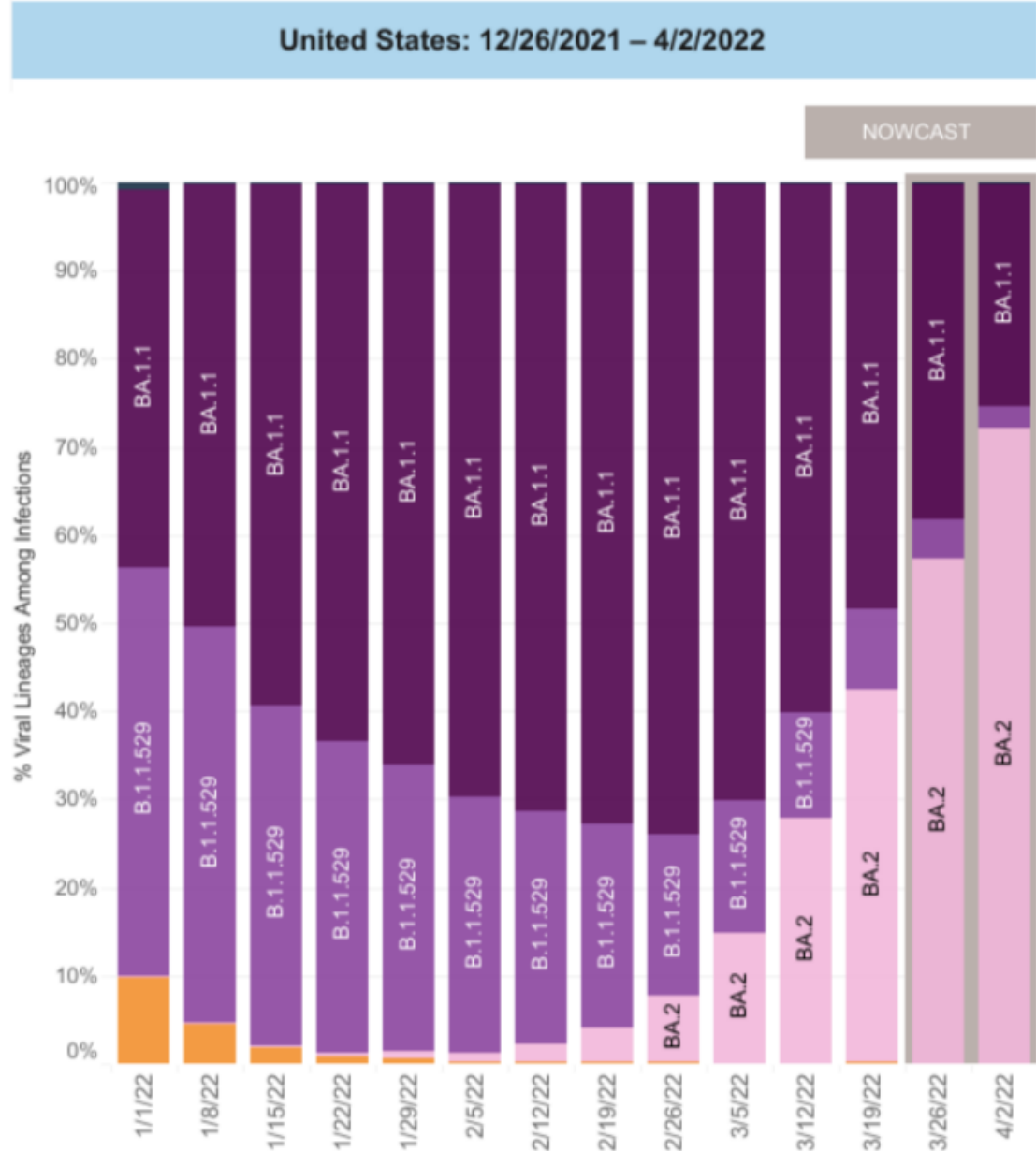
	Cases in the Last 7 Days Per 100k Population
Virginia	78 (+39.5%)
U.S.	59.4 (+8.8%)
Rhode Island	172.4 (+40.2%)
Vermont	172.3 (+15.6%)
New York	153.5 (+21.8%)
New York City	145.8 (+12.2%)

Our Neighbors

Rates Higher than Virginia
District of Columbia, **101.6** (+27.2%)

Rates Lower than Virginia:

Kentucky, **73.3** (+36.8%)
Maryland, **53** (+52.7%)
North Carolina, **32.5** (-5.2%)
West Virginia, **30.7** (-13.3%)
Tennessee, **25.7** (+2.4%)

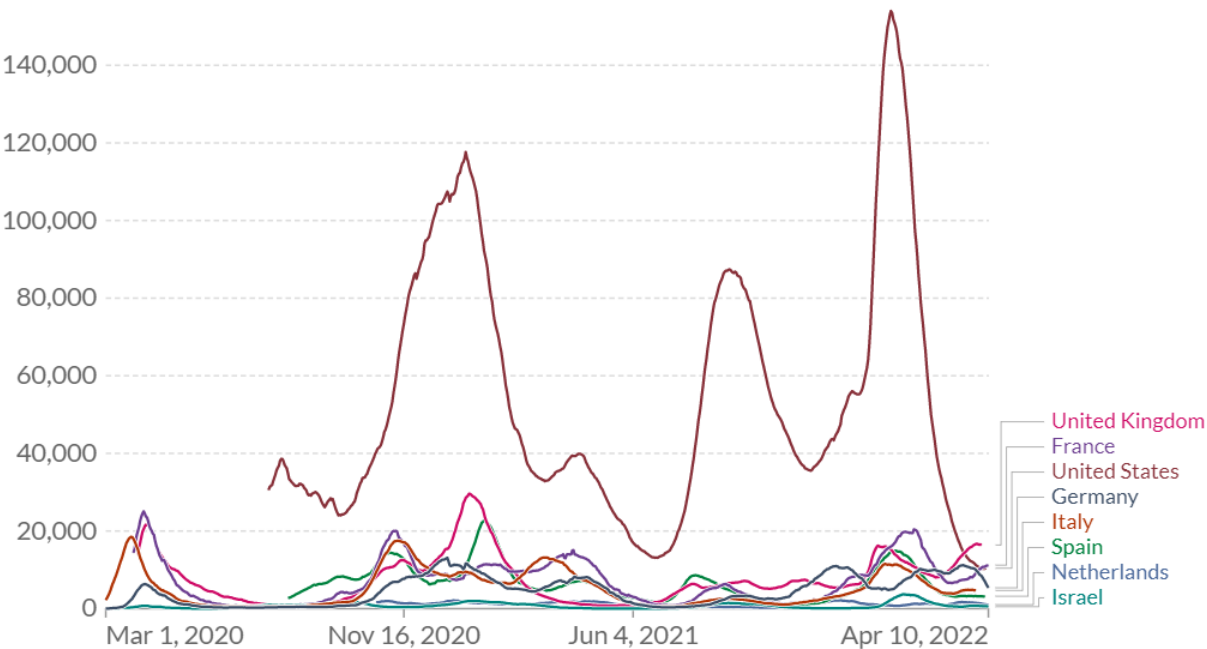


- BA.2 is increasing in the US, and as of 4/2/22 accounts for 72.2% of cases.
- BA.2 is considered more transmissible than the original Omicron strain
- Hospital admissions in UK continue to show a steady increase

Weekly new hospital admissions for COVID-19

LINEAR LOG + Add country

Our World in Data

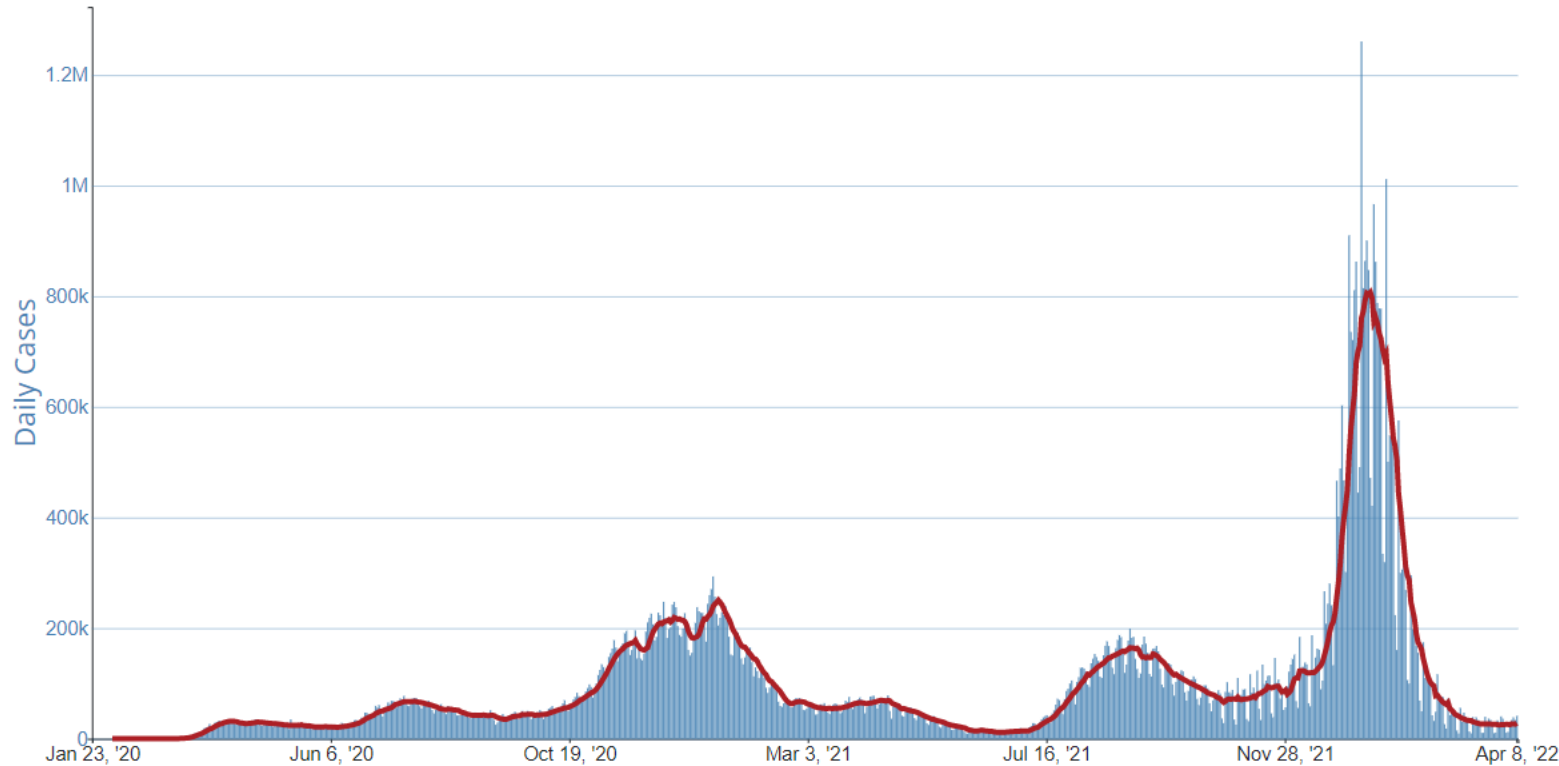


Source: Official data collated by Our World in Data - Last updated 10 April 2022, 18:54 (London time)
OurWorldInData.org/coronavirus • CC BY

National: Cases, Hospitalizations, and Deaths

Updated 4/11/22

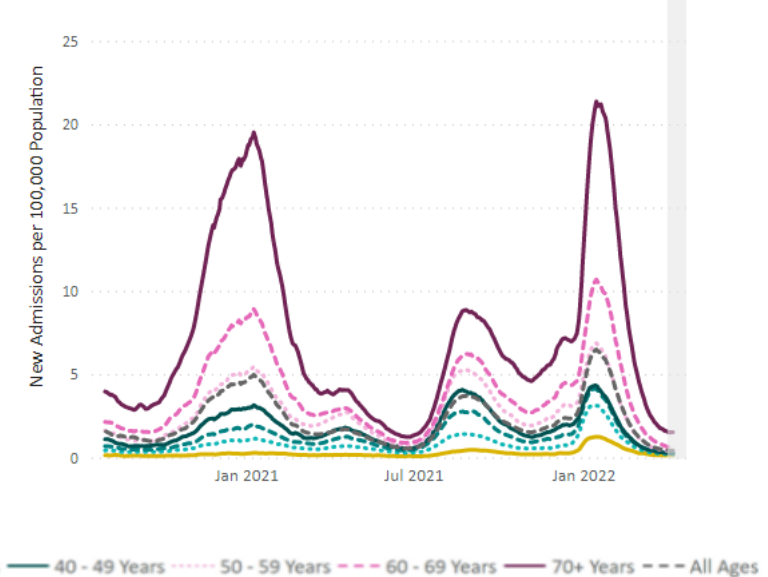
Daily Trends in Number of COVID-19 Cases in The United States Reported to CDC



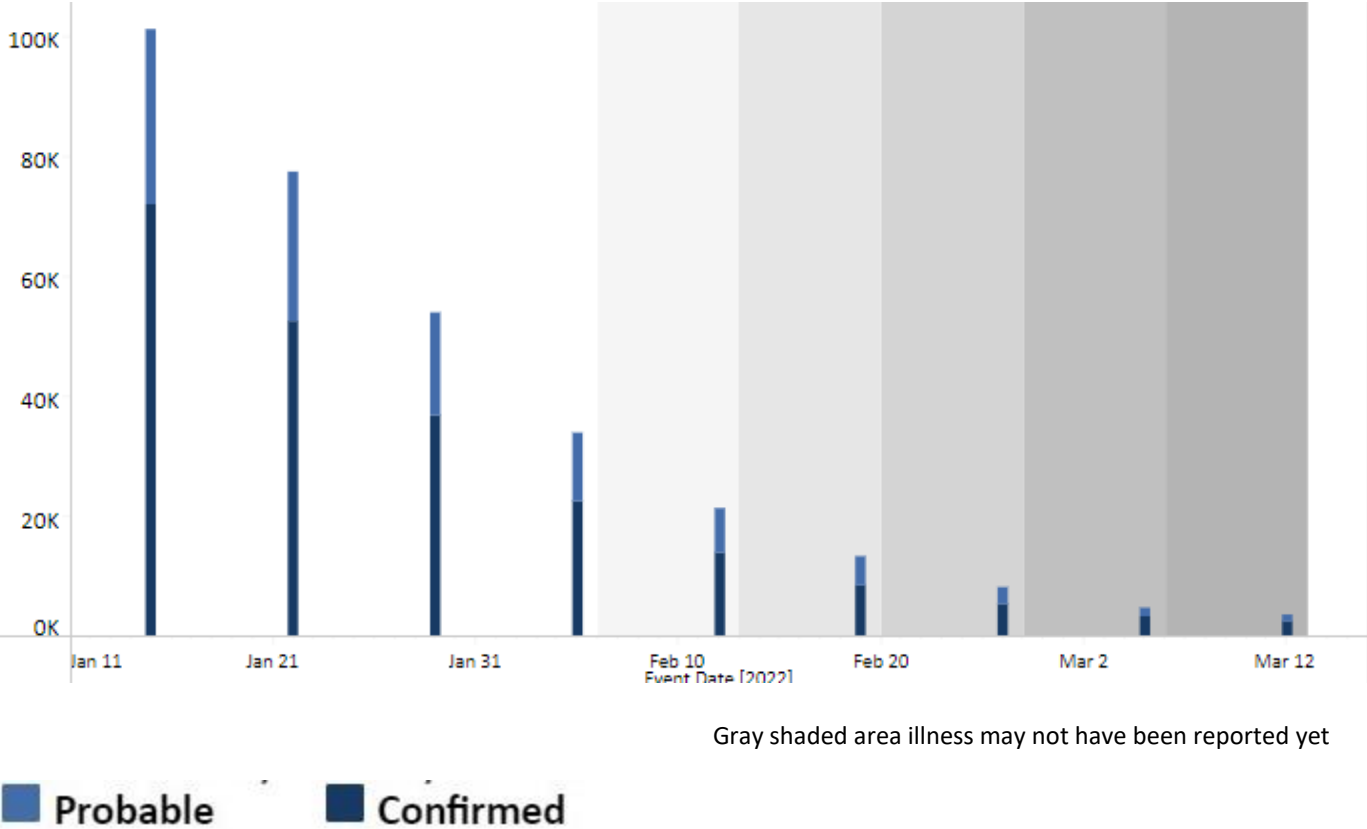
Compared to last week, **cases increased to 28,169** (7-day MA) per day (+9.6%)

Hospitalizations decreased to **1,394** (7-day MA) per day (-6.2%)

Deaths decreased to **516** (7-day MA) per day (-11.0%)



Cases by Date of Illness for Virginia, Past 13 weeks

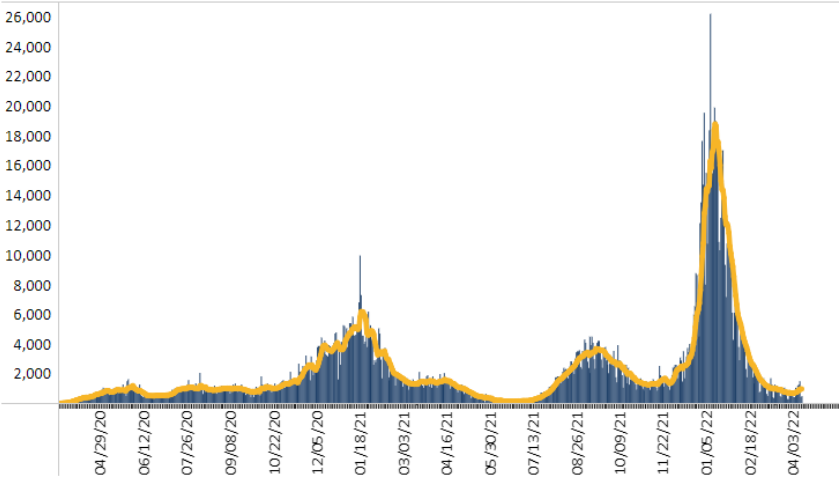


Compared to last week, **cases Increased** to 871 (7-day MA) from 859 per day (+1.4%)

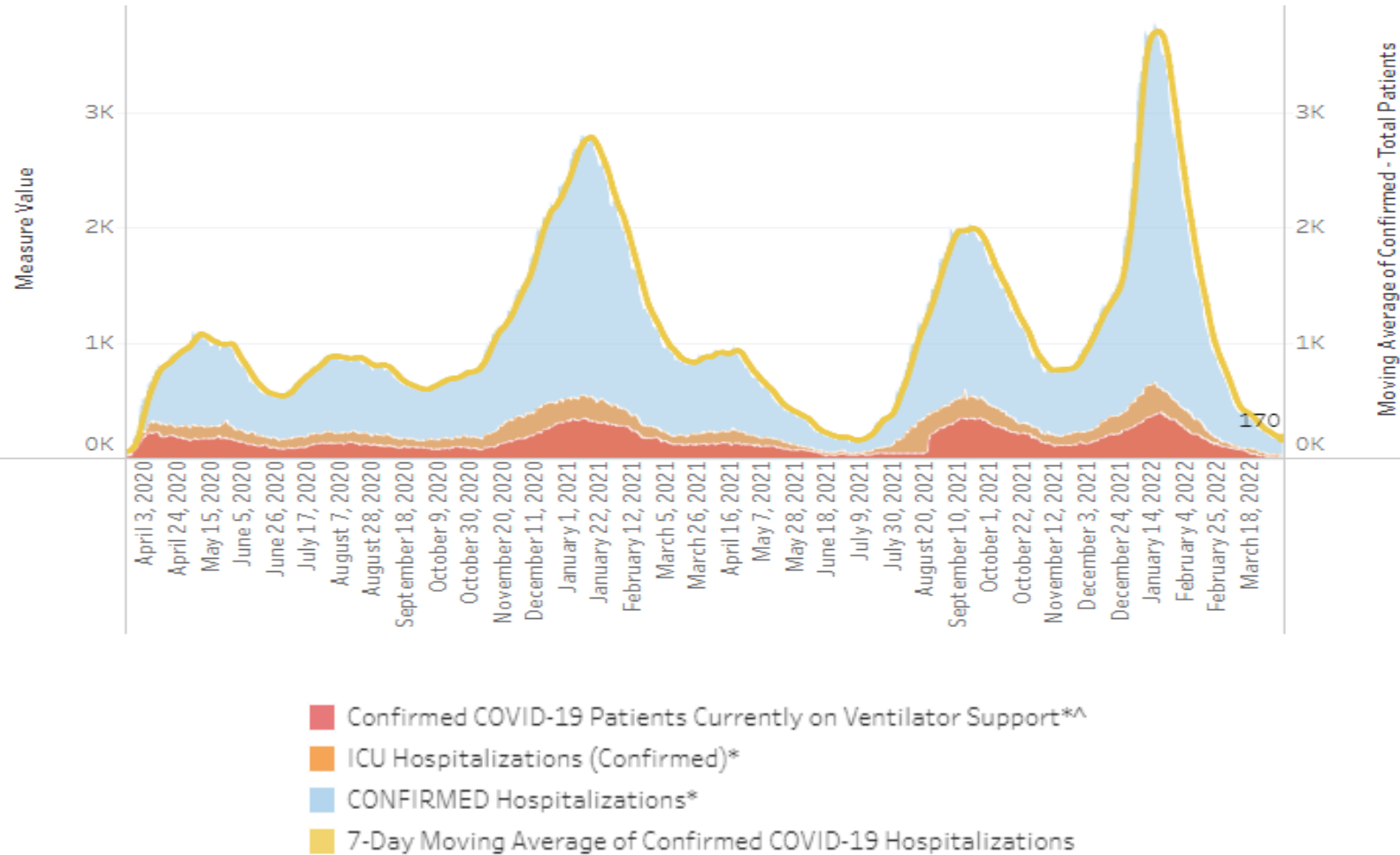
Hospitalizations decreased to 185 per day (7-day MA) (-22.7%)

Deaths decreased to 79 (-38.3%) (Date of Death)

Cases by Date Reported, All Reporting Timeline



COVID-19 in Virginia Hospitals



- Compared to last week hospitalizations **decreased to 185** (7-day MA) from 430 (-22.7%)
- Compared to last week ICU hospitalizations **decreased to 32** from 38 (-15.8%)
- **11 patients** are currently on ventilator support (-31.3%)

COVID-19 Burden in Virginia LTCFs

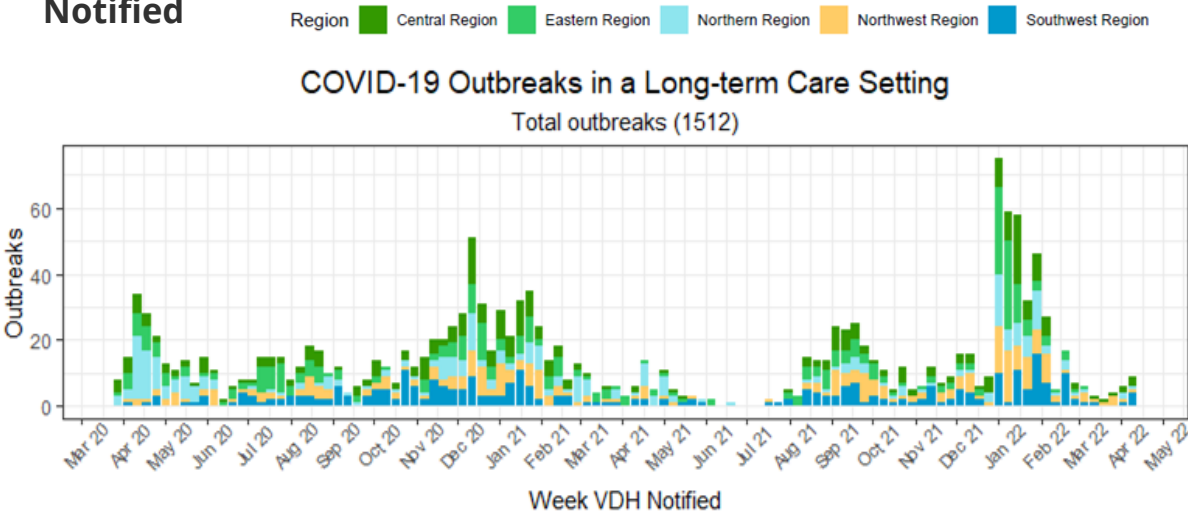
Questions can be directed to: hai@vdh.virginia.gov

Updated 4/11/2022

Key Trends

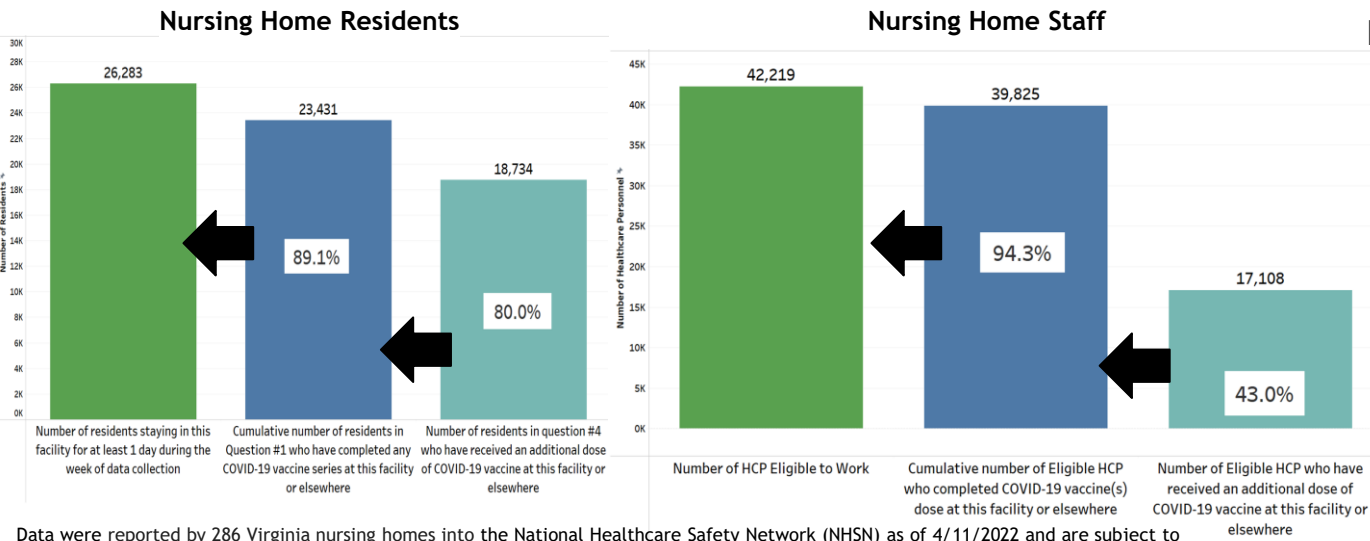
- There were 24 LTCF COVID-19 outbreaks reported in the past 30 days: 0 in Eastern, 8 in Central, 6 in Northwest, 4 in Northern, and 6 in Southwest (see figure top right).
- The number of reported staff and resident cases in nursing homes slightly increased since the last reporting week (see figure bottom right).
 - For the reporting week ending April 10, 2022, 28 resident and 19 staff cases were reported to NHSN. Data for this reporting week are preliminary.
- For reporting week ending April 3, 2022, data reported by 283 nursing homes showed 89% of residents were fully vaccinated; data reported by 283 nursing homes showed 94% of staff were fully vaccinated (see figures bottom left). Of the nursing home residents eligible to receive an additional dose or booster, **80% 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, **43% of staff have received an additional dose or booster** of COVID-19 vaccine.

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



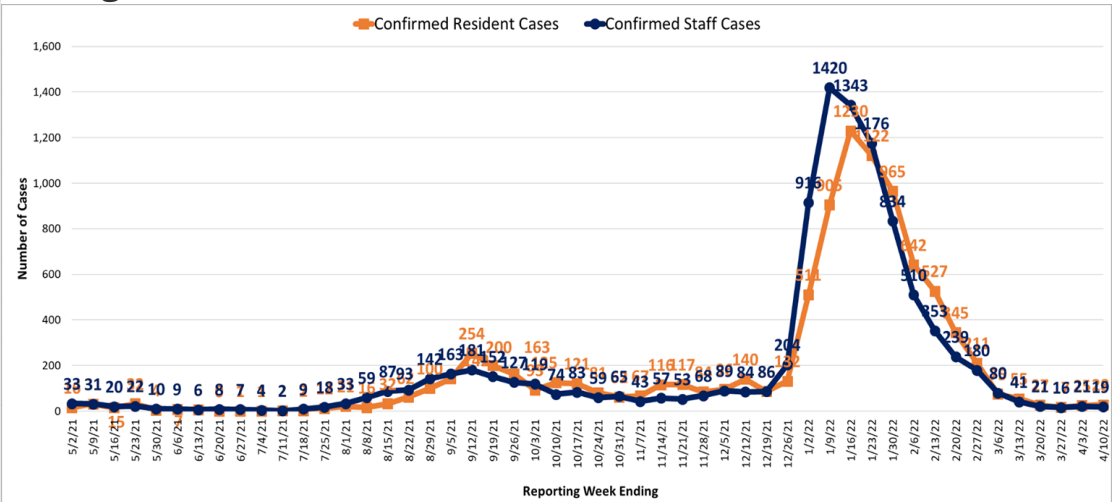
Outbreaks reported from nursing homes, assisted living facilities, and multicare facilities to VDH with a confirmed or suspected etiologic agent of SARS-CoV-2. Data are from the Virginia Outbreak Surveillance System as of 04/10/2022; data are retrospectively updated and subject to change.

COVID-19 Booster Vaccination in Virginia Nursing Homes



Data were reported by 286 Virginia nursing homes into the National Healthcare Safety Network (NHSN) as of 4/11/2022 and are subject to change, including booster eligibility per [updated vaccine guidance](#). In Virginia, 283 nursing homes reported resident vaccination data for reporting week ending 04/03/2022; 283 nursing homes reported staff vaccination data for reporting week ending 04/03/2022. For staff type definitions, refer to [NHSN Table of Instructions](#).

Nursing Home Resident and Staff COVID-19 Cases



Data are from NHSN as of 4/11/2022 and are subject to change. For reporting information, please refer to the NHSN data collection forms: [residents](#), [staff](#).

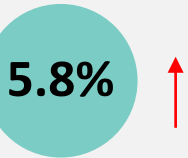
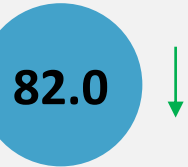
Metrics date: 4/8/2022

New cases per 100k within the last 7 days

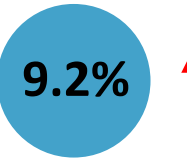
% Positivity 7-day moving average

COVID-like ED visits rate per 100k

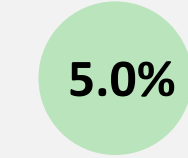
Central



Eastern



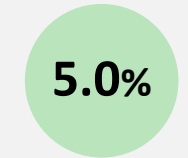
Far Southwest



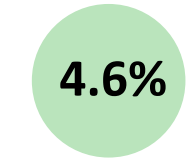
Near Southwest



Northern



Northwest



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

Mental Health in the Public Health Workforce

Updated 4/8/22

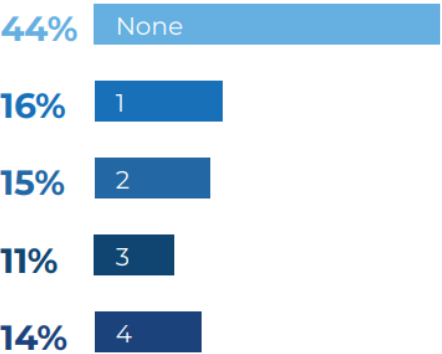
- The COVID response has contributed to increased stress and decreased mental health among the public health workforce.
- 44,732 survey respondents from state & local public health agencies reflected on work engagement & satisfaction, mental health, and intent to leave.

22% rated their mental health as either “fair” or “poor”

Setting	% reporting “fair” or “poor” mental health
State health agency	22%
Big-city health department	25%
Other local health department	20%
Supervisory Status (nationally)	
Executives	24%
Supervisors & managers	22%
Non-supervisors	21%

56% of public health workers reported at least one symptom of PTSD

Number of reported post-traumatic stress symptoms



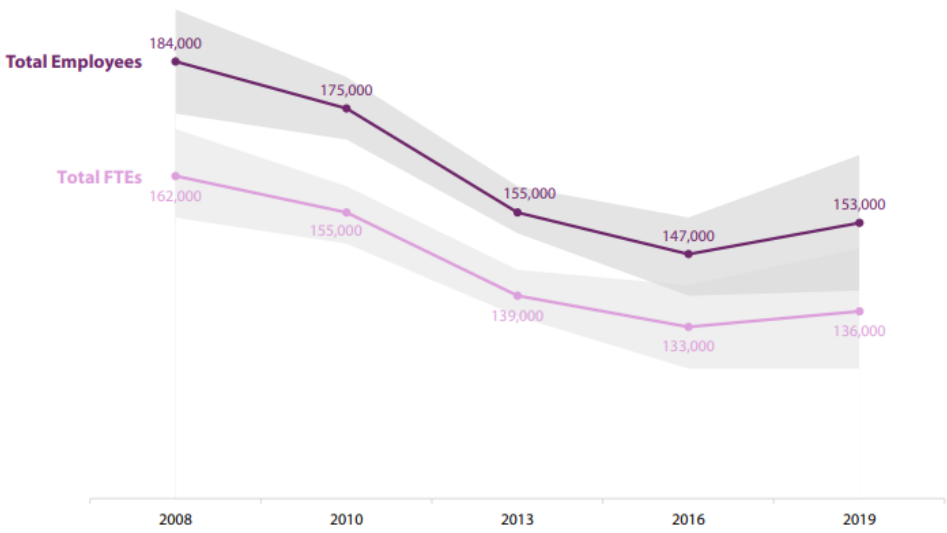
More than 9 out of 10 say the work they do is important



LHD Workforce:

- The U.S. public health system **entered the COVID-19 pandemic** with both a **workforce and fiscal deficit**.
- From 2008-2019:
 - LHD **total employees decreased 17%**
 - **Median per capita spending**, adjusted for inflation, **declined by 14% and 22% for medium and large LHDs respectively**. Small LHDs median per capita spending remained unchanged.
 - Increasing responsibilities, population increases, and an aging population are further straining finances.

Estimated Size of LHD Workforce Over Time, 2008-2019



Sources: https://debeaumont.org/wp-content/uploads/dlm_uploads/2022/03/Stress-and-Burnout-Brief_final.pdf, <https://www.naccho.org/uploads/downloadable-resources/2019-Profile-Workforce-and-Finance-Capacity.pdf>, <https://www.usetinc.org/health-uset/cdc-state-tribal-local-and-territorial-mental-health-survey-respond-by-march-25/>

Use of At-Home COVID-19 Tests

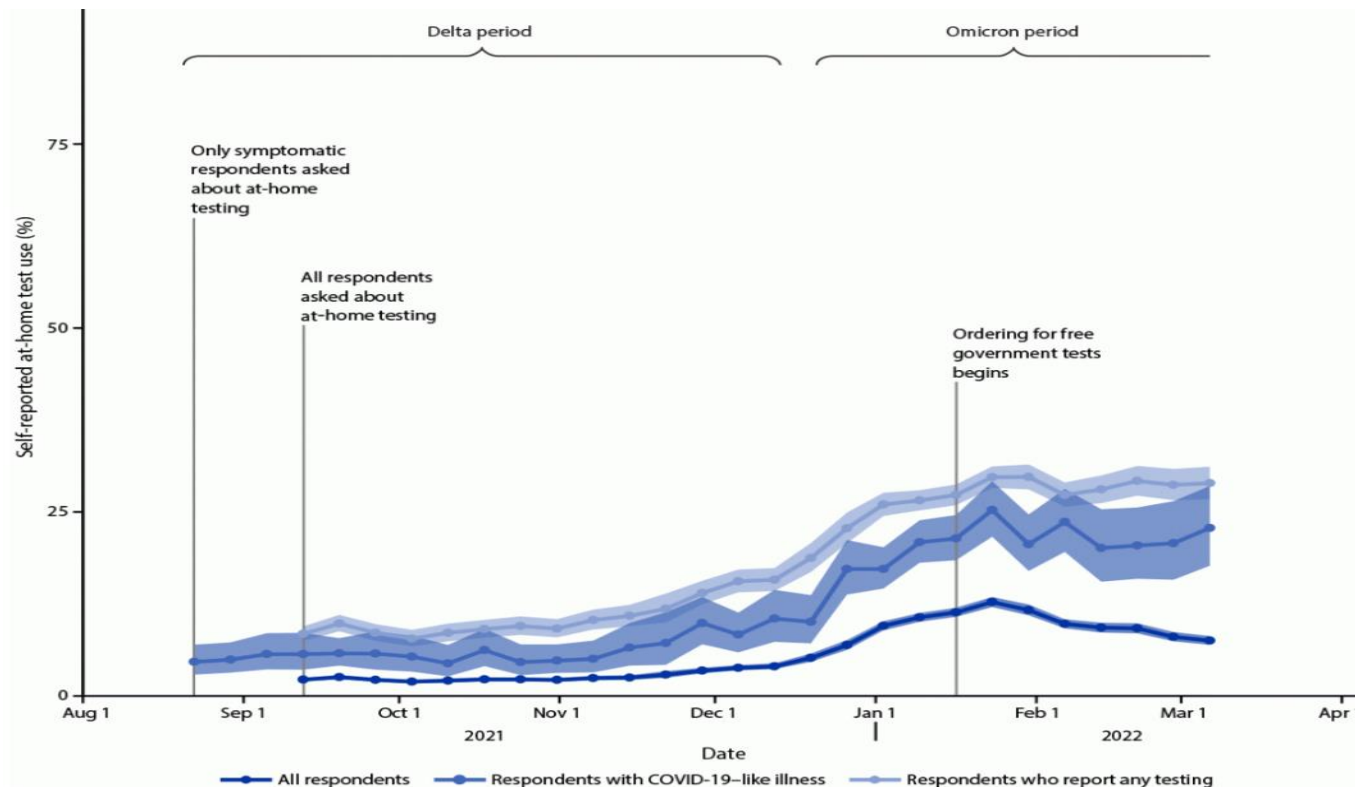
Updated 4/8/22

[Use of At-Home COVID-19 Tests](#) | April 1, 2022, CDC MMWR

Summary: CDC performed a nonprobability-based cross-sectional online survey among 418,279 U.S. adults aged ≥ 18 years during August 23, 2021–March 12, 2022, in which collected information on COVID-19 symptoms, testing practices, demographics, and geography. CDC examined U.S. at-home test use during the Delta and Omicron Waves of the Pandemic.

Key Findings:

- **Self-reported at-home test use increased to 11%** (95% CI = 10.7%–11.3%) **during the January 2022 Omicron wave, a 5x increase compared to October 2021 of the Delta wave at 2%** (95% CI = 1.8%–2.1%)
- **At home test use was more prominent for those identified as white** (5.9%) compared with those who identified as Black (2.8%); **in persons who made >\$150,000** (9.5%) compared with persons who made in the range of \$50,000 – \$74,999 (4.7%), **and in persons with a postgraduate degree** (8.4%) compared to persons who only had a high school degree or less (3.5%)
- Most common reported reasons for at-home test use were for risk assessments, such as COVID-19 exposure concerns (39.4%) and experiencing self-assessed COVID-19 symptoms (28.9%) compared to mandated testing reasons (e.g., required for work or school (10.6%).



Cardiac Complications after SARS-CoV-2 Infection

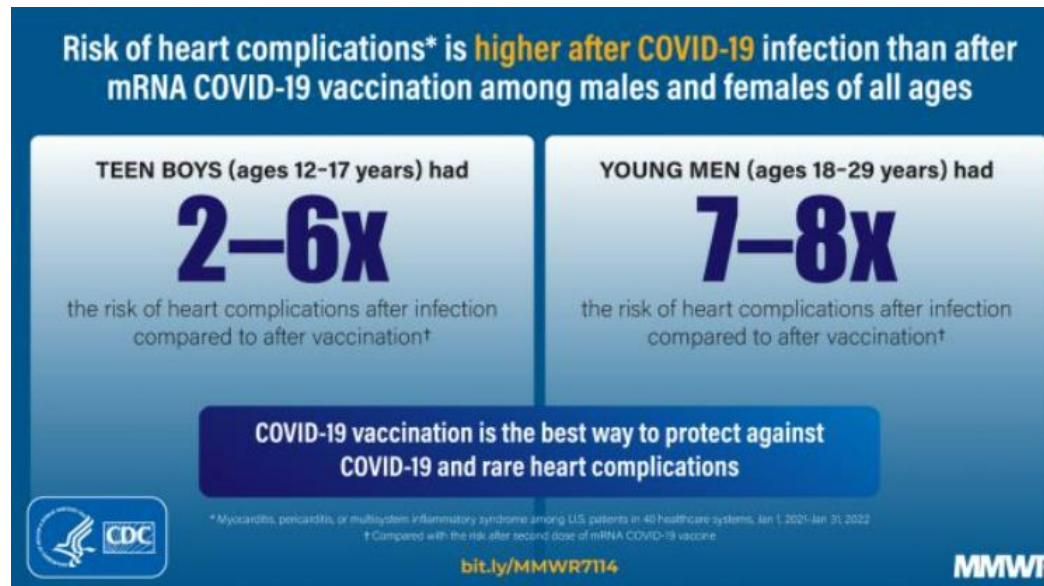
Updated 4/7/22

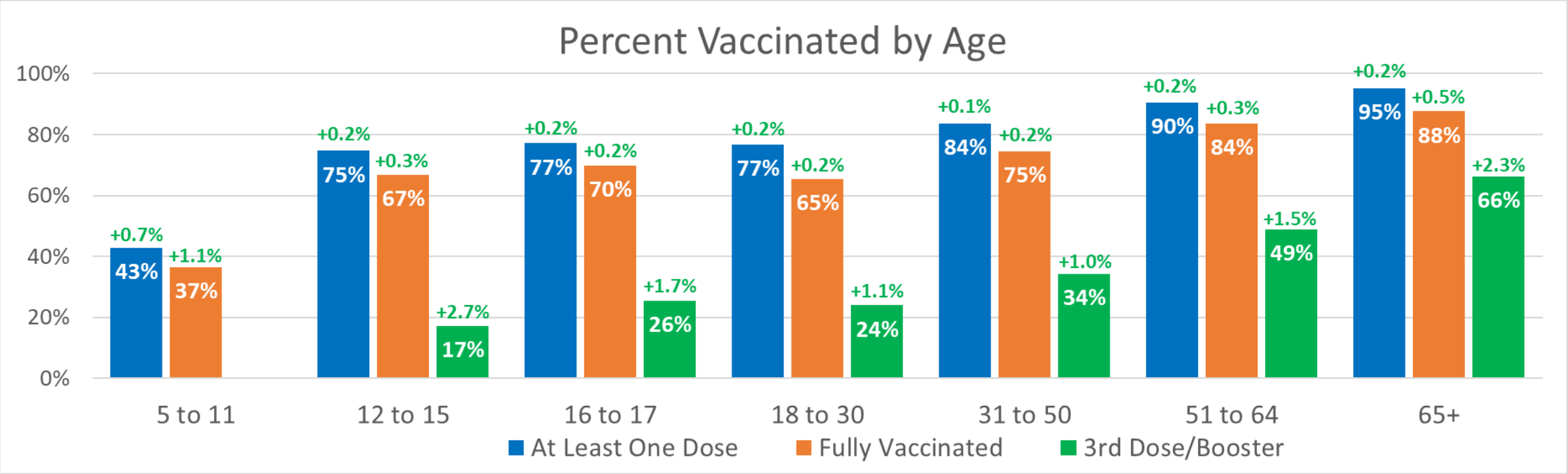
[Cardiac Complications After SARS-CoV-2 Infection and mRNA COVID-19 Vaccination](#) | April 1, 2022 , **CDC MMWR Early Release**

Summary: CDC performed a study examining electronic health record data from 40 health care systems using the National Patient-Centered Clinical Research Network between January 1, 2021–January 31, 2022. Investigators calculated incidences of cardiac outcomes (myocarditis; myocarditis or pericarditis; and myocarditis, pericarditis, or MIS) among persons aged ≥ 5 years ($n=15,215,178$) who had SARS-CoV-2 infection. Incidences were calculated after first, second, unspecified, or any dose of mRNA vaccines. **The risk for cardiac complications was significantly higher after SARS-CoV-2 infection than after mRNA COVID-19 vaccination for both males and females in all age groups**

Key Findings:

- Incidences of myocarditis, pericarditis, and MIS (cases per 100,000) in males who had been infected vacillated by age; aged 5-11 had 93-133.2 cases, aged 12-17 years had 150.5-180.0 cases, aged 18-29 year had 97.2-140.8 cases, and ≥ 30 years had 109.1-136.8 cases.
- Incidence of myocarditis, pericarditis, and MIS in males after 1 & 2 doses of vaccines again was driven by age aged 5-11 had 25.7-33.7 cases after 1 dose and 0-28.2 after 2 dose, aged 12-17 had 4.9-69 cases 1 dose and 4.6-5.6 after 2 dose, aged 18-29 had 7.2-36.2 cases after 1 dose and 7.4-8.5 cases after 2 dose, aged >30 had 10.7-28.9 cases after 1 dose and 10.8-35.1 cases per 2 doses.
- Incidences of myocarditis, pericarditis, and MIS (cases per 100,000) in females who had been infected only differed between 5-11-year-olds, and >12 -year-olds; aged 5-11 years had 67.3-94.2 cases after infection, 11.6-31.3 cases after 1 dose and 12.4-29.5 cases after 2 dose, aged >12 had 27.1-93.3 cases after infection and 7.4-42.6 cases after 1 dose and 6.7-29 cases after 2 doses.



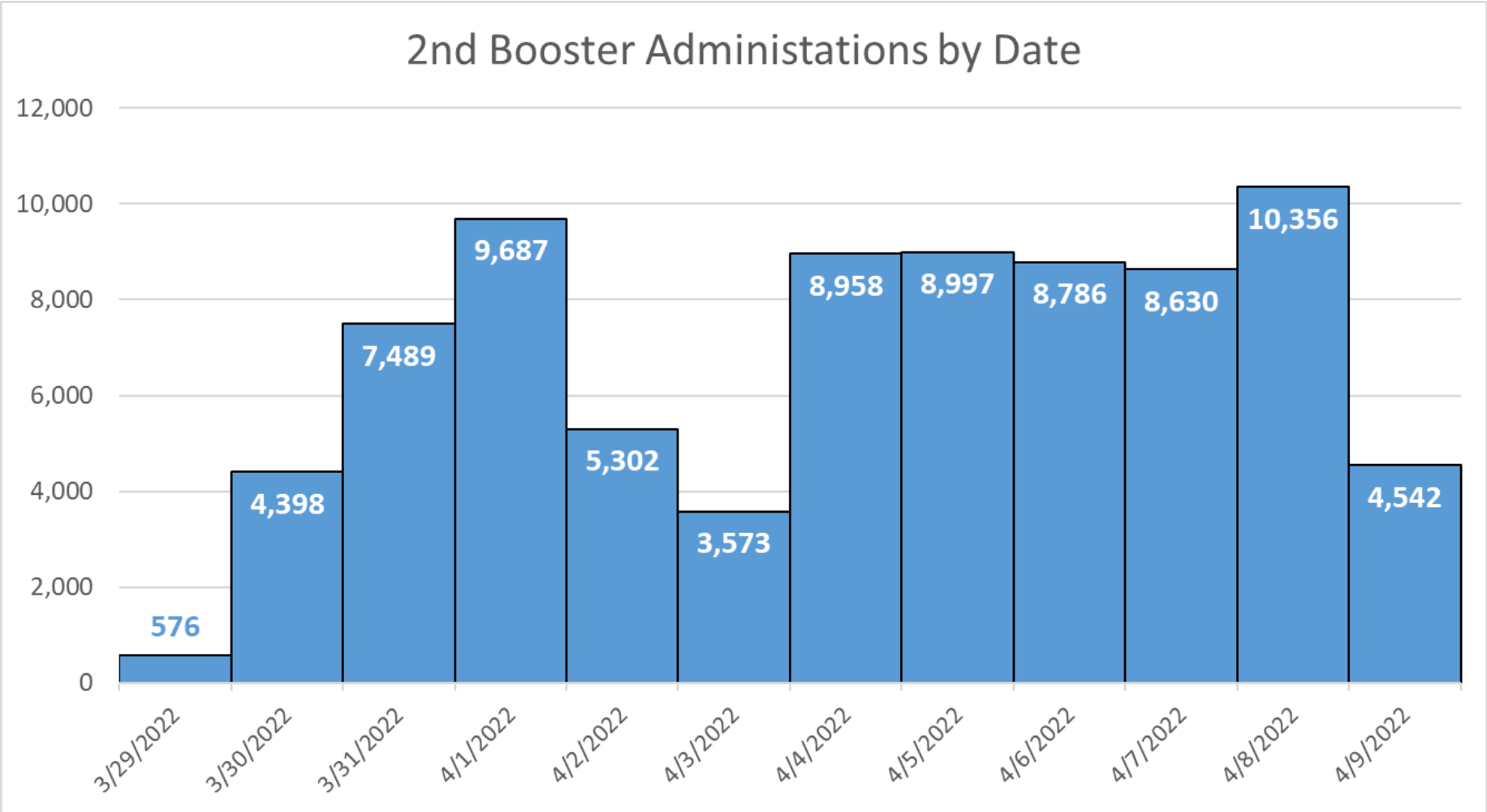


Virginia Vaccination by Age

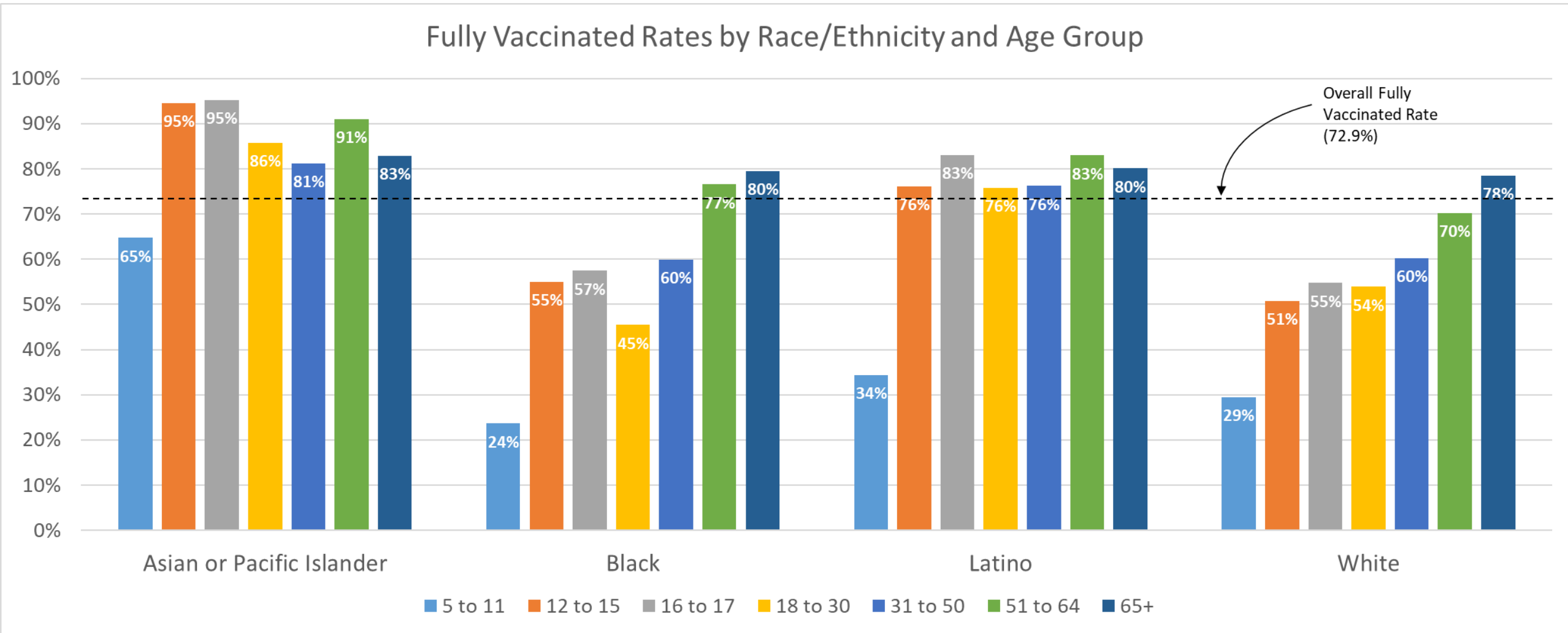
- ✓ **72.9% (+0.3%)** of the Total Population is Fully Vaccinated
- ✓ **40.7% (+2.5%)** of the Total Population is “Up-to-Date” with their Vaccinations
- ✓ **56.6% (+0.7%)** of the Eligible Population and **34.4% (+1.7%)** of Total Population Vaccinated with 3rd Dose/Booster
- ✓ **92.4% (+0.2%)** of the Adult (18+) Population and **58.1% (+0.5%)** of 5 to 17 year olds Vaccinated with at Least One Dose
- Green percent represents percent increase from two weeks prior

Second Booster Administrations Have Started

- CDC's 2nd Booster Authorization occurred on March 29, 2022
- Statewide, **over 82,219** individuals have received their Second Booster



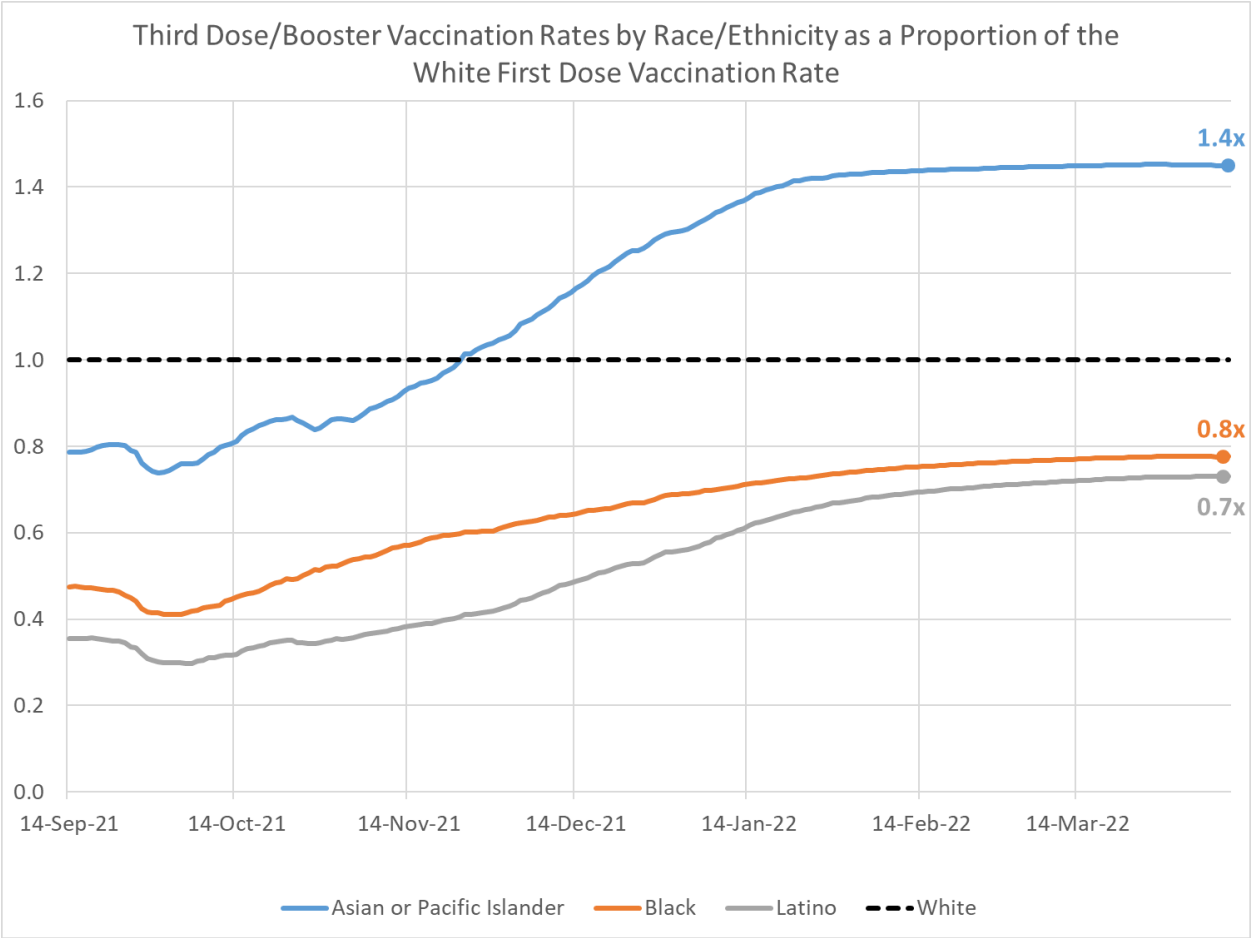
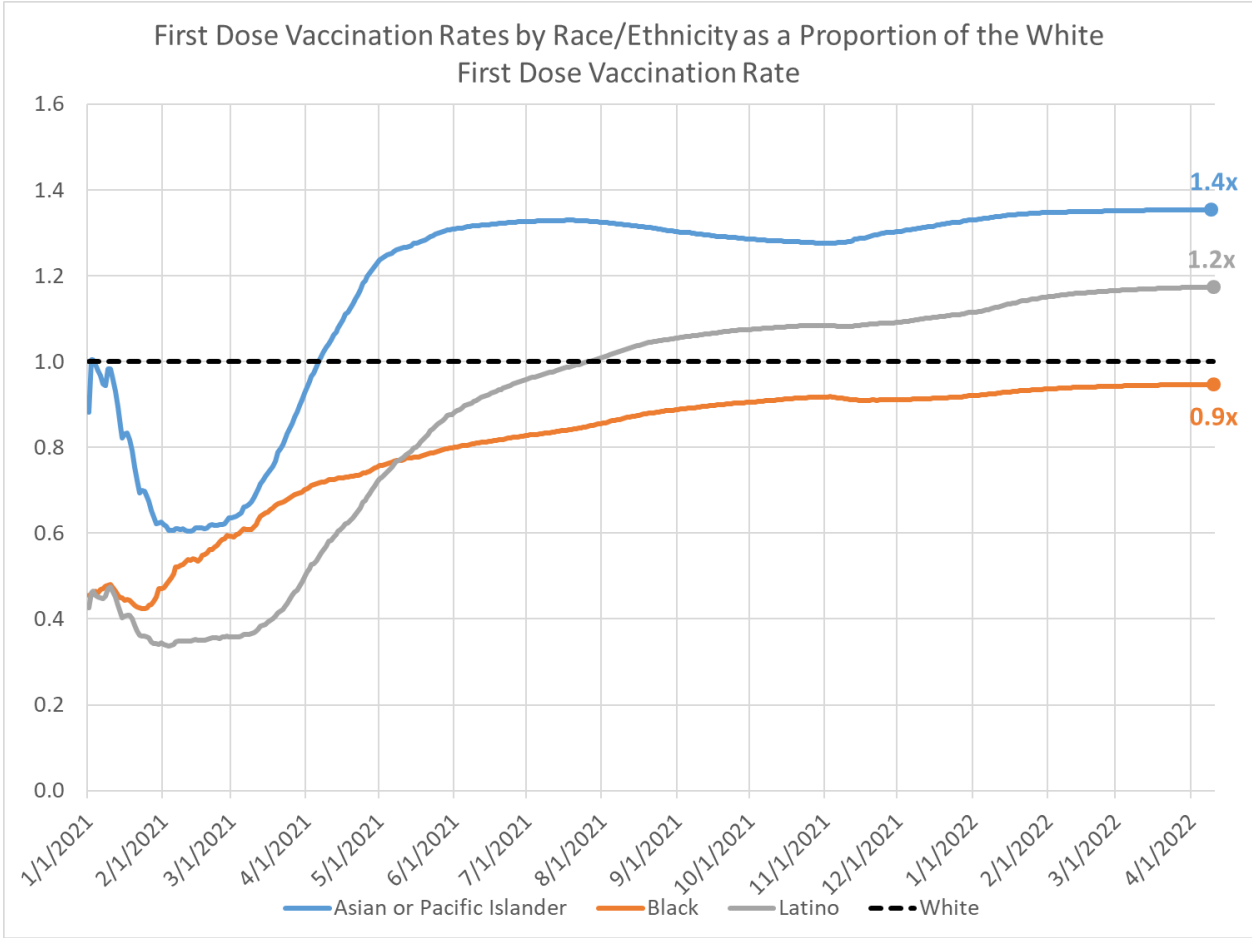
Federal doses not included in this number
Source: [COVID-19 Vaccine Summary – Coronavirus \(virginia.gov\)](#)



Source: [COVID-19 Vaccine Summary – Coronavirus \(virginia.gov\)](#)

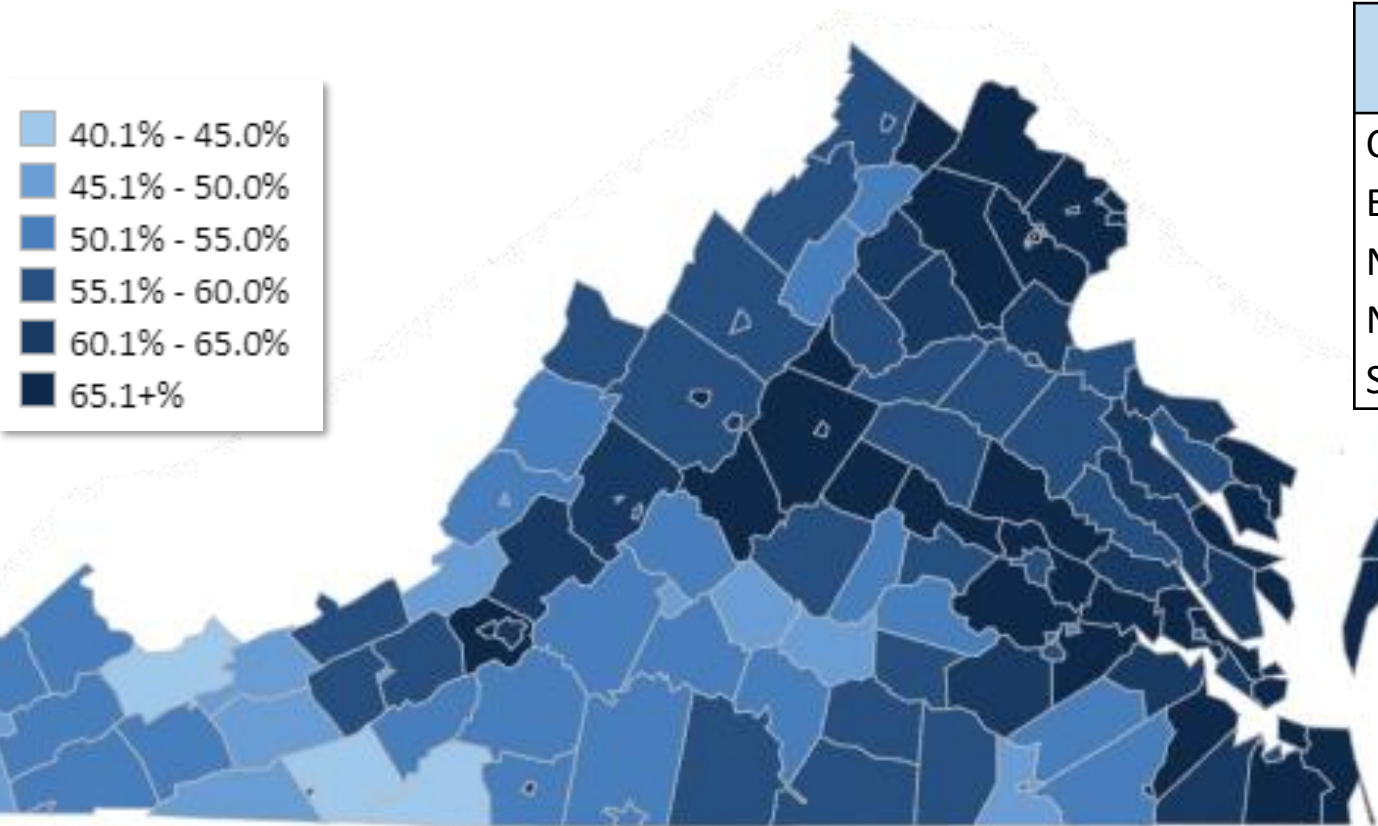
Vaccination Parity Rates Throughout the Pandemic

- The Black Population's Vaccination Rates are currently at 0.9x relative to the White Population's Rates
- The Parity between Latino and White Populations is much lower for Latinos when it comes to Third Dose/Booster Rates relative to First Dose (**0.7x** vs **1.2x**)



Source: [COVID-19 Vaccine Summary – Coronavirus \(virginia.gov\)](#)

Percent of the Total Population Fully Vaccinated by Locality



Vaccination Rates by Region

Region Name	Fully Vaccinated	Up-to-Date
Central	62.7%	38.2%
Eastern	58.7%	33.7%
Northern	73.4%	47.3%
Northwest	60.4%	36.3%
Southwest	53.3%	30.2%

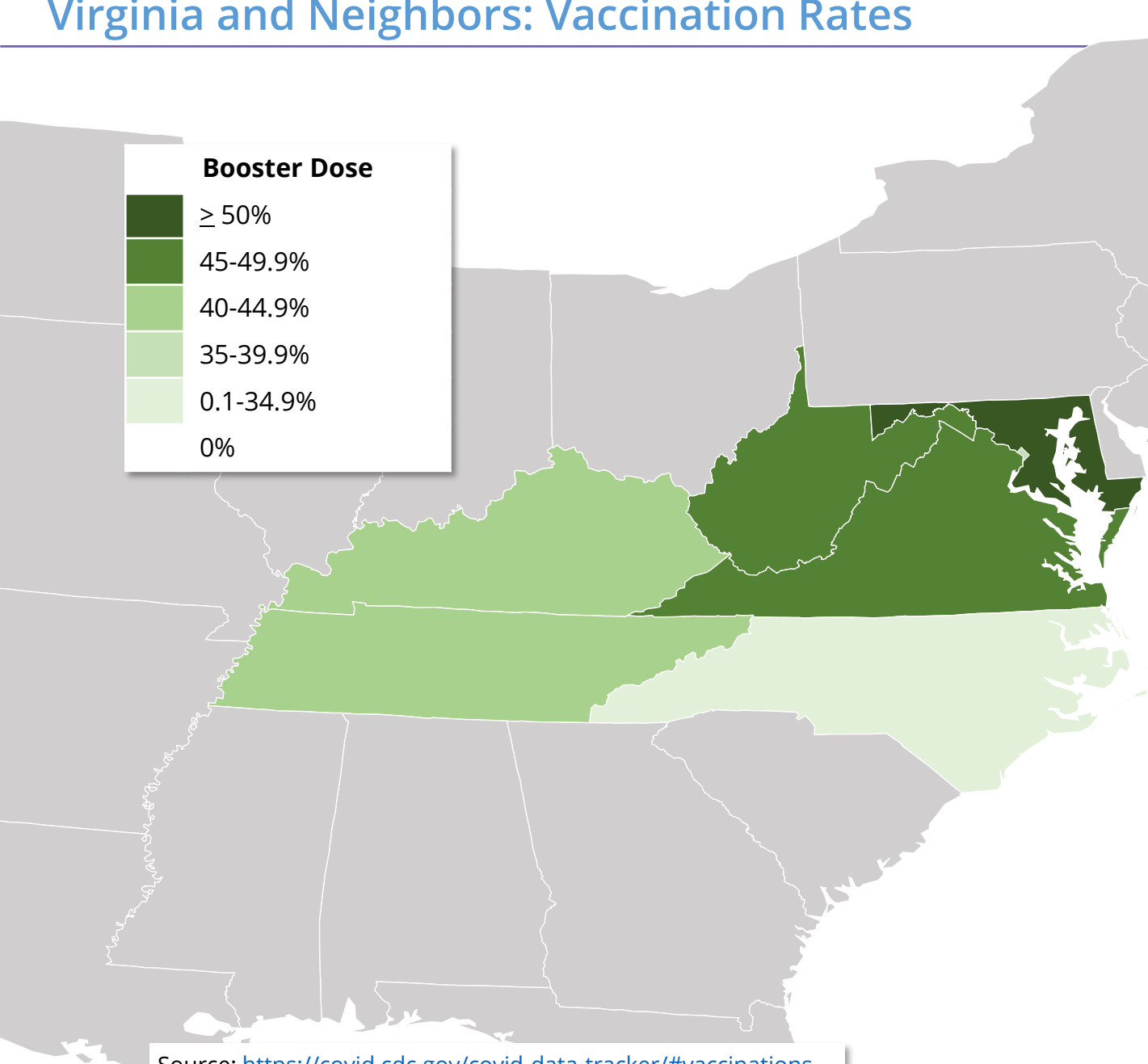
- 22 out of 133 Localities have a fully vaccinated rate below 50%
- 15 out of 133 Localities have a fully vaccinated rate above 70%
- There is a disparity across Urban and Rural areas by Age Groups, with Rural Adolescents the Lowest Vaccinated group

2013 SRHP Isserman Classification	5 to 11	12 to 17	16 to 17	18 to 30	31 to 50	51 to 64	65+	Grand Total
Mixed Urban	41%	69%	73%	68%	69%	81%	88%	71%
Urban	38%	69%	75%	60%	72%	81%	85%	70%
Mixed Rural	25%	49%	56%	54%	60%	73%	81%	62%
Rural	17%	41%	47%	48%	54%	68%	77%	58%
Grand Total	33%	62%	67%	59%	67%	78%	83%	67%

Federal doses not included in this number
Source: [COVID-19 Vaccine Summary – Coronavirus \(virginia.gov\)](#)

Virginia and Neighbors: Vaccination Rates

Updated 4/11/22



	At Least One Dose*	Fully Vaccinated*	Booster Dose**
Nationwide	77.2% (+0.4%)	65.8% (+0.5%)	45.2% (+1.6%)
D.C.	95.0% (+0.0%)	73.3% (+0.7%)	36.9% (+1.9%)
Kentucky	65.9% (+0.3%)	57.1% (+0.2%)	43.8% (+0.7%)
Maryland	86.5% (+1.1%)	75.8% (+1.5%)	50.1% (+0.6%)
North Carolina	83.5% (+0.6%)	60.3% (+0.8%)	26.2% (+1.2%)
Tennessee	61.9% (+0.3%)	54.2% (+0.4%)	43.4% (+0.9%)
Virginia**	85.2% (+0.2%)	72.8% (+0.4%)	46.8% (+0.6%)
West Virginia	64.7% (+0.3%)	57.3% (+0.4%)	45.2% (+0.7%)

*Total population, includes out-of-state vaccinations
**Percent of fully vaccinated people with a booster dose
***Differs from previous slide because all vaccination sources (e.g., federal) are included
**** Green percent represents percent increase from three weeks prior

Source: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>