OKALOOSA COUNTY COVID-19 KEY METRICS
Week 32

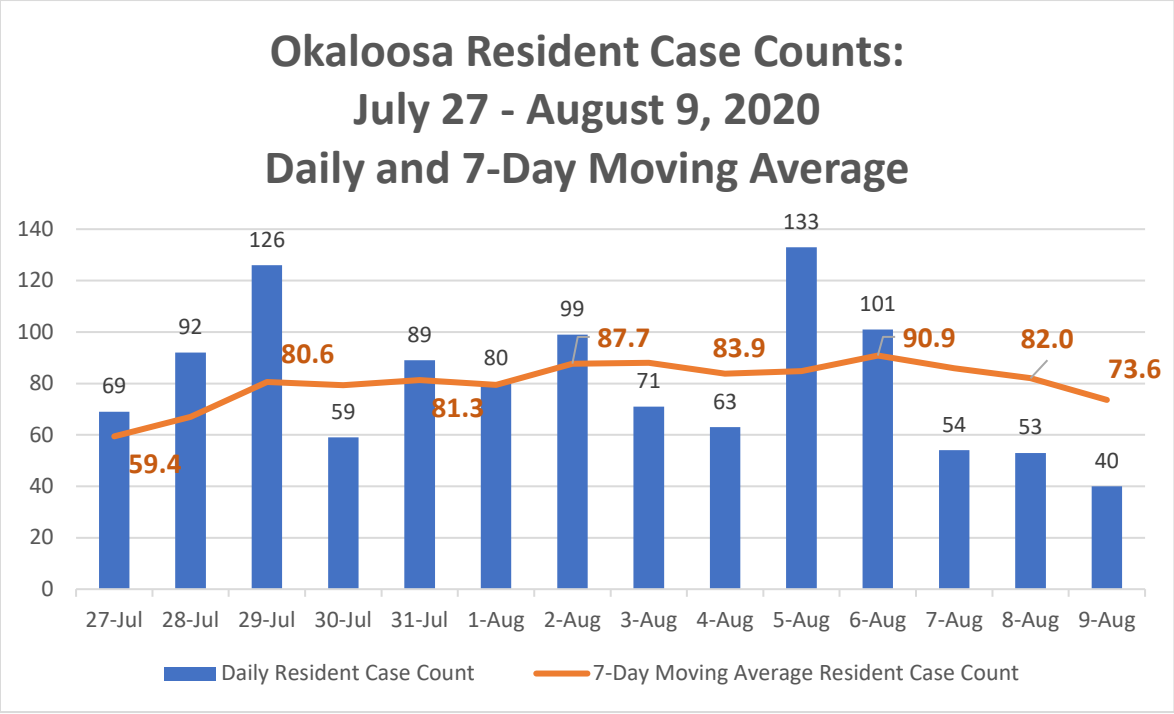
The information in this report is collected and monitored daily and updated weekly to the community. As of August 9, 2020, 3,541 COVID-19 cases are reported for Okaloosa County, an increase of 510 cases since August 3, 2020.

New Confirmed or Probable COVID-19+ Resident Cases over past 14 days:
Reports daily number and 7-day moving average of confirmed (PCR+) or probable (Antigen+) cases.

RATIONALE: Daily new cases reflect the proportion of the outbreak captured by surveillance systems. Number of new cases gives a sense of the size of the epidemic/outbreak in Okaloosa County.

TARGET: Decreasing case count over 14 days **or** at a low level (as defined by CDC* as below 10 cases per 100,000 population over 2 weeks).

*CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening Up America Again. May 2020. Low incidence plateau defined as a very low number of new cases (below 10 cases per 100,000 population over 2 weeks with only minimal change in daily cases.



DOH-Okaloosa
Karen A. Chapman, MD, MPH, Director

New resident cases remained flat for most of the last two weeks. For the past three days, there has been a decline in the 7-day moving average case count as well as actual count. Okaloosa has not seen a sustained decrease in new cases per day over any two-week period since Phase 2 re-opening started in late May.

Cases are not <10/100,000 population over a two-week period.

- Total Cases in 2 weeks (July 27 – August 9) = 1,129
- Rate: **538 cases/100,000 population 2-week period**
- Okaloosa Population = 210,000

Disease burden in Okaloosa remains high.

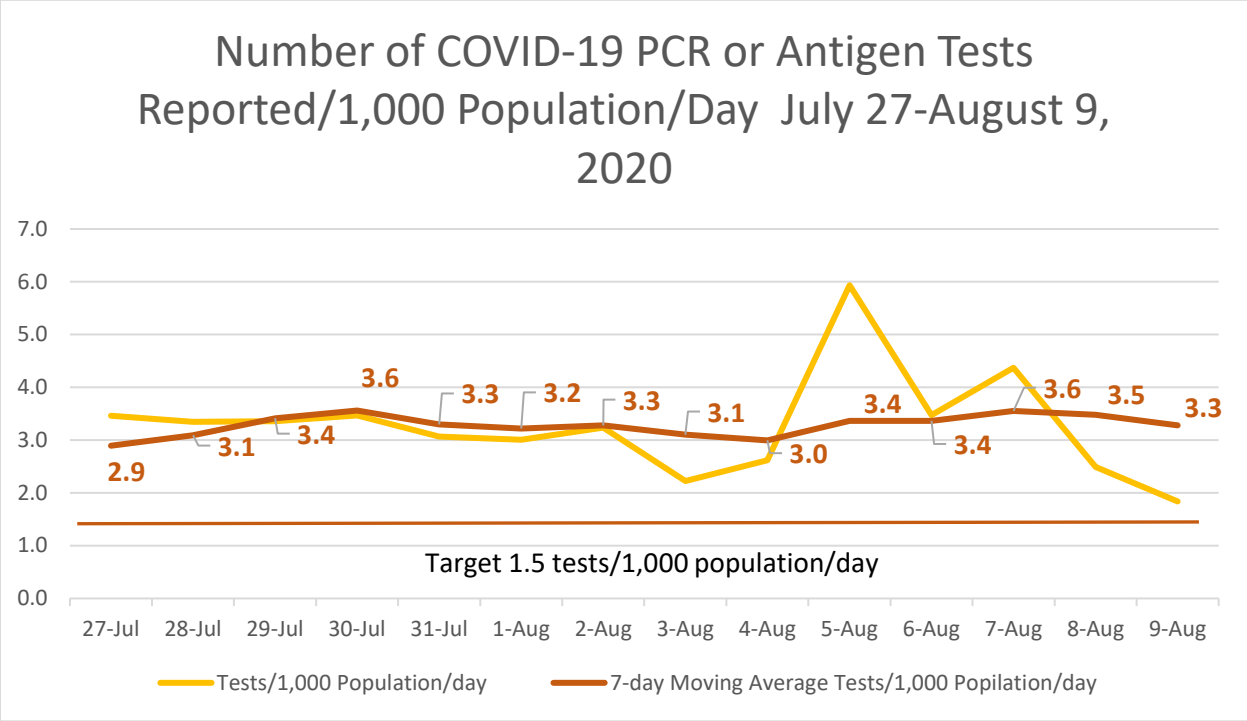
COVID-19 Diagnostic (PCR) and Screening (Antigen) Testing Per Capita

Reports daily and 7-day moving average total test results received / 1,000 population / day.

RATIONALE: The number of cases and percent of positive tests can be interpreted only with comprehensive surveillance and testing of suspect cases in the order of 1.5 /1,000 population/day.

TARGET: 1.5 tests / 1,000 population / day*

*Resolve to Save Lives. Tracking COVID-19 in the United States. Essential Indicators. July 21, 2020.



Okaloosa County receives an average of 3.3 test results/1,000 population/day, exceeding this expectation of at least 1.5 COVID-19 diagnostic or screening tests (positive and negative results) per 1,000 population per day.

There is adequate testing of the population to be able to interpret the burden of disease in the County based on the case count and the percentage of positive COVID-19 diagnostic or screening tests received.

Percent Positive COVID-19 Tests:

Reports daily and 7-day moving average percentage of all positive COVID-19 diagnostic (PCR) and screening (Antigen) tests (regardless of provider) for Okaloosa County residents.

> **RATIONALE**: Test positivity is an important indicator of the burden of disease in the area (county). The percent of positive tests can be interpreted only with comprehensive surveillance and testing of suspect cases in the order of 1.5 /1,000 population/day, which Okaloosa County achieves (see above metric).
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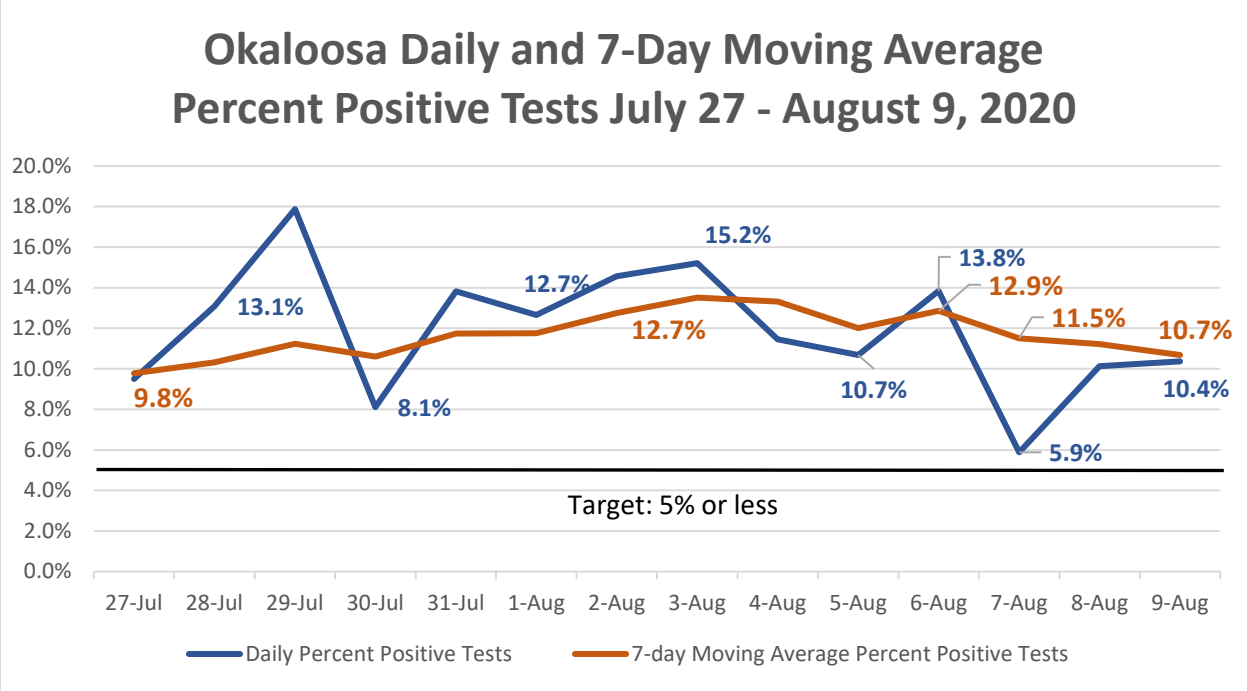
> **TARGET**: 5% or less of tests for COVID-19 are positive for at least 2 weeks.

*WHO. Public Health criteria to adjust public health and social measures in the context of COVID-19. May 2020.



The modest decline we saw in Week 31 did not persist. The percent positive (daily and 7-day average) bumped up slightly during this past two-week. This is still a relatively flat trend. However, there has been a three day in a row decline in percent positive tests which is encouraging. However, Okaloosa remains above 10% and well above the 5% target. We need to push this curve downward through adherence to physical distancing and the wearing of cloth face masks.

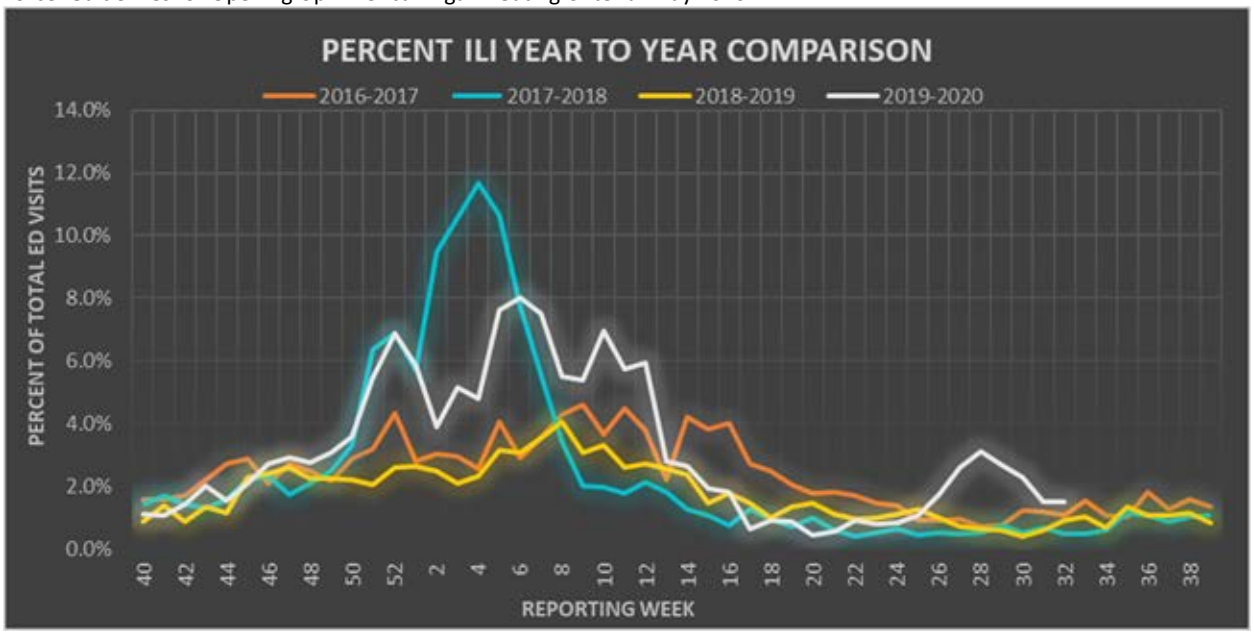
Influenza-Like Illness

Activity levels are based on the percent of emergency department visits due to influenza-like illness (ILI) compared with past year activity at the same time of the year.

RATIONALE: This type of syndromic surveillance* is used to monitor trends in emergency department visits and can be used to potentially detect a rise in COVID-19 cases before a rise in confirmed cases occurs. ILI is defined as fever (temperature of 100° F or greater with cough and/or sore throat without a known cause other than influenza).

TARGET: At or below baseline for the time of year based on past year trends for percent of ILI visits to emergency departments.

*Resolve to Save Lives. Tracking COVID-19 in the United States. Essential Indicators. July 21, 2020. White House Coronavirus Task Force. Guidelines for Opening Up American Again. Gating Criteria. May 2020.



As of Week 32, ILI percent of emergency department visits is close to baseline for this time of year.

WEEK	VISITS ILI/Total	% ILI of Total ED Visits	WEEK	VISITS ILI/Total	% ILI of Total ED visits
Week 24	17/2010	0.85%	Week 29	59/2194	2.69%
Week 25	22/2075	1.06%	Week 30	48/2117	2.27%
Week 26	38/2208	1.72%	Week 31	32/2117	1.51%
Week 27	57/2184	2.61%	Week 32	32/2107	1.52%
Week 28	71/2274	3.12%			

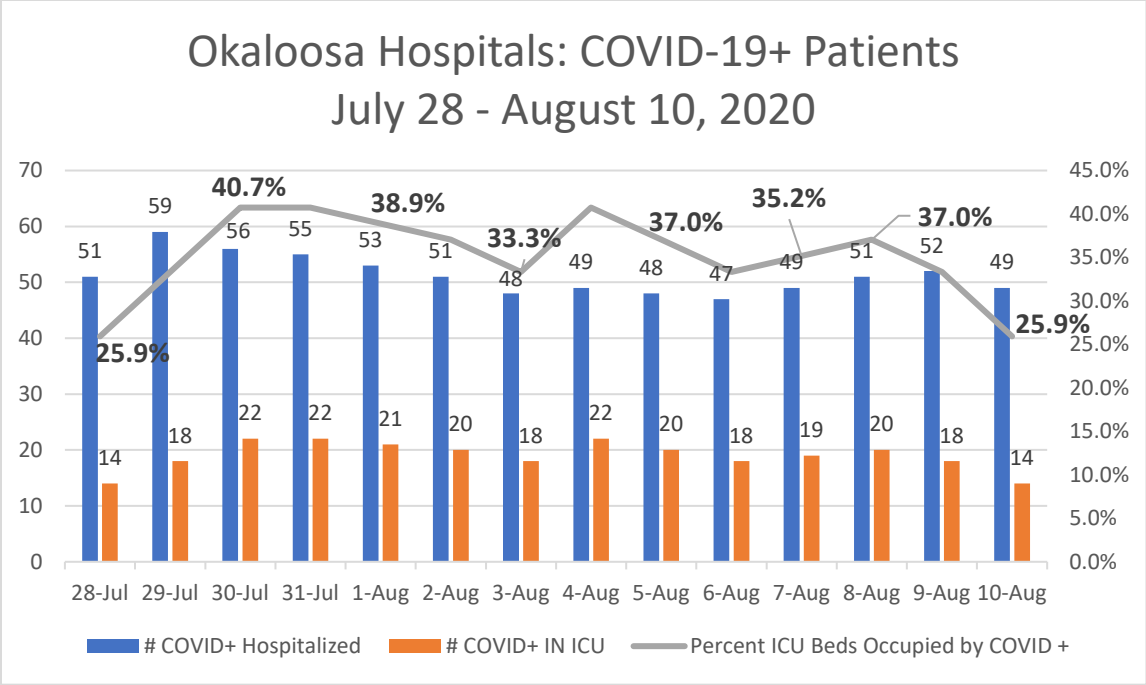
COVID-19 Hospital Admits

Number of COVID+ Hospitalized; Number of of COVID+ in ICU; and percentage of ICU beds occupied by COVID+ patients.

RATIONALE*: Declining hospitalization and use of ICU beds indicates a decline in the number of cases in community, with an approximately ~1-week lag and providing that the criteria for hospitalization has not changed.

TARGET: Continuous decline in the number of hospitalized and ICU admissions of confirmed (PCR test) or probable (Antigen) COVID-19 cases for at least the past two weeks.

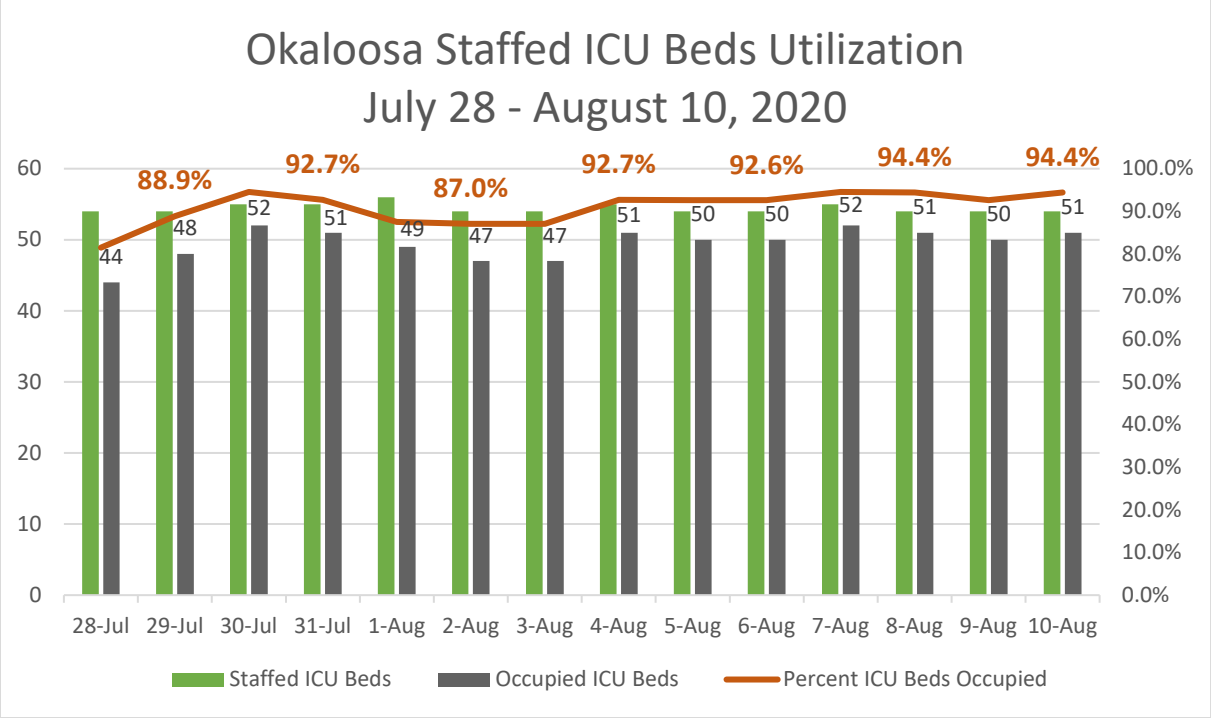
*WHO. Public Health criteria to adjust public health and social measures in the context of COVID-19. May 2020.



Okaloosa continues to see ongoing admissions to area hospitals for COVID-19 including a significant percentage requiring ICU care (generally more than 33% of ICU beds occupied by COVID+ patients) with only intermittent periods of decline. There is still no continuous decline in the number of people admitted to area hospitals over a 2-week period.

During all but one day in the past 2 weeks, Okaloosa ICU beds exceeded 85% occupancy. Between August 4 and 10, Okaloosa hospitals have had less than 5 available ICU beds. On average during this 2-week, 5 ICU beds were vacant per day.

This gives the hospitals little surge capacity in ICU beds. Our ICU facilities could be quickly stressed if any of the 80 COVID-19 positive residents being cared for in our long-term facilities (seven facilities as of Week 31 with positive residents on-site) in Okaloosa County needs admission and/or ICU care.



Deaths

Since August 2, 2020 (Week 31), Okaloosa County has had an additional 11 COVID-19 deaths bringing the total number of deaths to 41. As of Week 32, 76% of deaths have occurred to people 75 years and older. Persons 45 – 74 account for 19.5% of our resident deaths and 5% to individuals age 25-34 years.

SUMMARY

Okaloosa has sustained transmission of the virus that causes COVID-19. The situation has flattened although the number of cases per day and cases per 100,000 population per 2 weeks remains persistently high and the positivity rate remains well above the target of 5%.

COVID-19 spreads mainly from person to person through respiratory droplets produced when an infected person coughs, sneezes, talks, or raises their voice (e.g. while shouting, chanting, or singing). These droplets can land in the mouths or noses of people who are nearby or maybe inhaled into the lungs. Even asymptomatic people (people who are infected but do not have symptoms) can transmit the virus to others. Some where between 35-40% of people infected with the virus do not have symptoms.

So why is it important to wear a mask? To help protect people around you, especially those at higher risk of severe illness from COVID-19 and workers who frequently come into close contact with other people (in stores, restaurants, workplaces). Cloth face coverings over the nose and mouth act as a barrier to trap the respiratory droplets (that carry the virus) that people expel from their nose and mouth. To work well, masks must be worn by most people, if we are all to come together to reduce the spread of this virus.

See the following videos of how a mask affects the spread of respiratory droplets:

Visualizing Speech
Mask Affects Spread of Cough
Cloth Faces Mask Reduce Spread – this video states that surgical masks work best but 2- to 3-layer cloth masks still reduce the spread of respiratory droplets

WHO, the President's Coronavirus Task Force and the CDC recommend that all people wear cloth face coverings in public settings, especially when physical distancing is difficult.

There is emerging evidence from clinical and laboratory studies that shows cloth face coverings reduce the spray of droplets when worn over the nose and mouth. Because this virus spreads with close contact (within 6 feet), the use of cloth face

coverings is particularly important in settings where people are close to each other and physical distancing is difficult.

Below is a listing of recent studies supporting the use of cloth face coverings for source control for the COVID-19 virus:

- Rothe C, Schunk M, Sothmann P, et al. Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany. The New England journal of medicine. 2020;382(10):970-971. PMID: 32003551
- Zou L, Ruan F, Huang M, et al. SARS-CoV-2 Viral Load in Upper Respiratory Specimens of Infected Patients. The New England journal of medicine. 2020;382(12):1177-1179. PMID: 32074444
- Pan X, Chen D, Xia Y, et al. Asymptomatic cases in a family cluster with SARS-CoV-2 infection. The Lancet Infectious diseases. 2020. PMID: 32087116
- Bai Y, Yao L, Wei T, et al. Presumed Asymptomatic Carrier Transmission of COVID-19. Jama. 2020. PMID: 32083643
- Kimball A HK, Arons M, et al. Asymptomatic and Presymptomatic SARS-CoV-2 Infections in Residents of a Long-Term Care Skilled Nursing Facility — King County, Washington, March 2020. MMWR Morbidity and mortality weekly report. 2020; ePub: 27 March 2020. PMID: 32240128
- Wei WE LZ, Chiew CJ, Yong SE, Toh MP, Lee VJ. Presymptomatic Transmission of SARS-CoV-2 — Singapore, January 23–March 16, 2020. MMWR Morbidity and Mortality Weekly Report. 2020;ePub: 1 April 2020. PMID: 32271722
- Li R, Pei S, Chen B, et al. Substantial undocumented infection facilitates the rapid dissemination of novel coronavirus (SARS-CoV2). Science (New York, NY). 2020. PMID: 32179701
- Furukawa NW, Brooks JT, Sobel J. Evidence Supporting Transmission of Severe Acute Respiratory Syndrome Coronavirus 2 While Presymptomatic or Asymptomatic [published online ahead of print, 2020 May 4]. Emerg Infect Dis. 2020;26(7):10.3201/eid2607.201595. Link
- Oran DP, Topol Prevalence of Asymptomatic SARS-CoV-2 Infection: A Narrative Review [published online ahead of print, 2020 Jun 3]. Ann Intern Med. 2020;M20-3012. PMID: 32491919
- National Academies of Sciences, Engineering, and Medicine. 2020. Rapid Expert Consultation on the Possibility of Bioaerosol Spread of SARS-CoV-2 for the COVID-19 Pandemic (April 1, 2020). Washington, DC: The National Academies Press. https://doi.org/10.17226/25769.
- Schwartz KL, Murti M, Finkelstein M, et al. Lack of COVID-19 transmission on an international flight. CMAJ. 2020;192(15):E410. PMID: 32392504
- Anfinrud P, Stadnytskyi V, Bax CE, Bax A. Visualizing Speech-Generated Oral Fluid Droplets with Laser Light Scattering. N Engl J Med. 2020 Apr 15. doi:10.1056/NEJMc2007800. PMID: 32294341
- Davies A, Thompson KA, Giri K, Kafatos G, Walker J, Bennett A**.** Testing the efficacy of homemade masks: would they protect in an influenza pandemic? Disaster Med Public Health Prep. 2013;7(4):413-8. PMID: 24229526
- Konda A, Prakash A, Moss GA, Schmoldt M, Grant GD, Guha S. Aerosol Filtration Efficiency of Common Fabrics Used in Respiratory Cloth Masks. ACS Nano. 2020 Apr 24. PMID: 32329337
- Aydin O, Emon B, Saif MTA. Performance of fabrics for home-made masks against spread of respiratory infection through droplets: a quantitative mechanistic study. medRxiv preprint doi: https://doi.org/10.1101/2020.04.19.20071779, posted April 24, 2020.
- Ma QX, Shan H, Zhang HL, Li GM, Yang RM, Chen JM. Potential utilities of mask-wearing and instant hand hygiene for fighting SARS-CoV-2. J Med Virol. 2020. PMID: 32232986
- Leung, N.H.L., Chu, D.K.W., Shiu, E.Y.C. *et al.*Respiratory virus shedding in exhaled breath and efficacy of face masks. *Nat Med*. 2020. PMID: 32371934
- Johnson DF, Druce JD, Birch C, Grayson ML. A quantitative assessment of the efficacy of surgical and N95 masks to filter influenza virus in patients with acute influenza infection. Clin Infect Dis. 2009 Jul 15;49(2):275-7. PMID: 19522650
- Green CF, Davidson CS, Panlilio AL, et al. Effectiveness of selected surgical masks in arresting vegetative cells and endospores when worn by simulated contagious patients. Infect Control Hosp Epidemiol. 2012;33(5):487-494. PMID: 22476275