

# OKALOOSA COUNTY COVID-19 KEY METRICS

## Week 39

The information in this report is collected and monitored daily and updated weekly to the community. As of September 27, 2020, 4971 COVID-19 cases are reported for Okaloosa County, an increase of 221 cases since September 21, 2020.

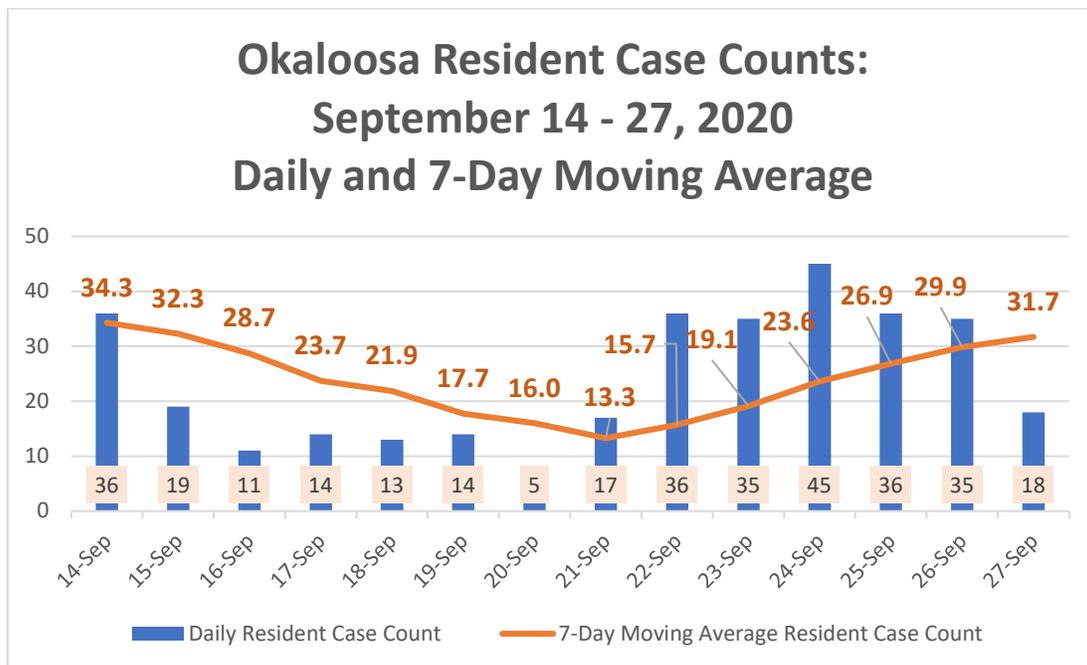
### **New Confirmed or Probable COVID-19+ Resident Cases over past 14 days:**

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).



The decline in new resident case counts during Hurricane Sally appears to have been a result of lack of access to testing during the time period of September 15 – 20. Because of the decline in reported cases during Hurricane Sally, the two-week total is also down and the case rate per 100,000 population remains essentially unchanged from last week.

- Total Cases in 2 weeks (September 14-27) = 334 (down 2 cases in a two-week period)
- Rate: **159 cases/100,000 population 2-week period**
- Okaloosa Population = 210,000

The decline in cases in Week 38 was an artifact due to Hurricane Sally. The cases rose back to a comparable daily count equivalent to Week 37. COVID-19 disease transmission continues in Okaloosa County.

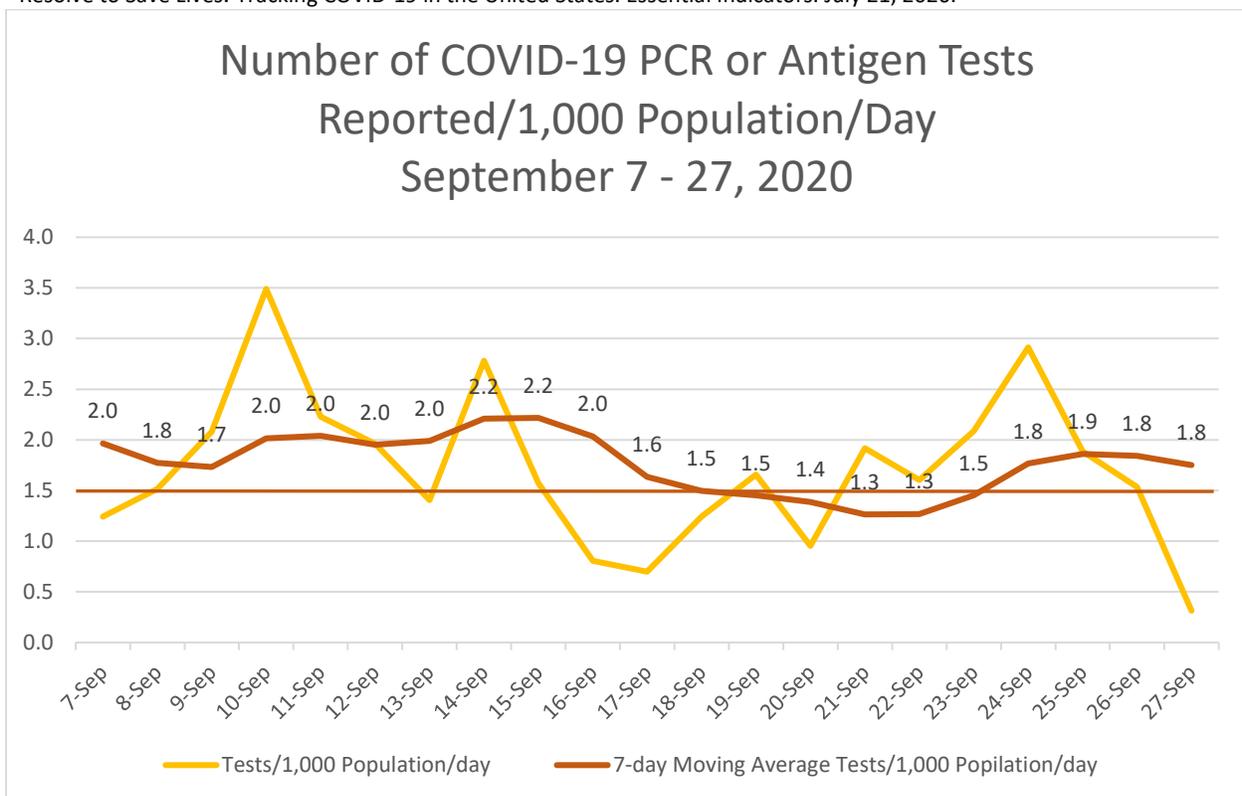
**COVID-19 Diagnostic (PCR) and Screening (Antigen) Testing Per Capita**

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.



The decline in the number of tests being returned to the County has slowly picked up during Week 39. September 27 is a noted day. The number of test results returned statewide was very low and as a result extremely low numbers of results were reported for Okaloosa on Sunday. Nevertheless, there is adequate testing (PCR or antigen) 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.

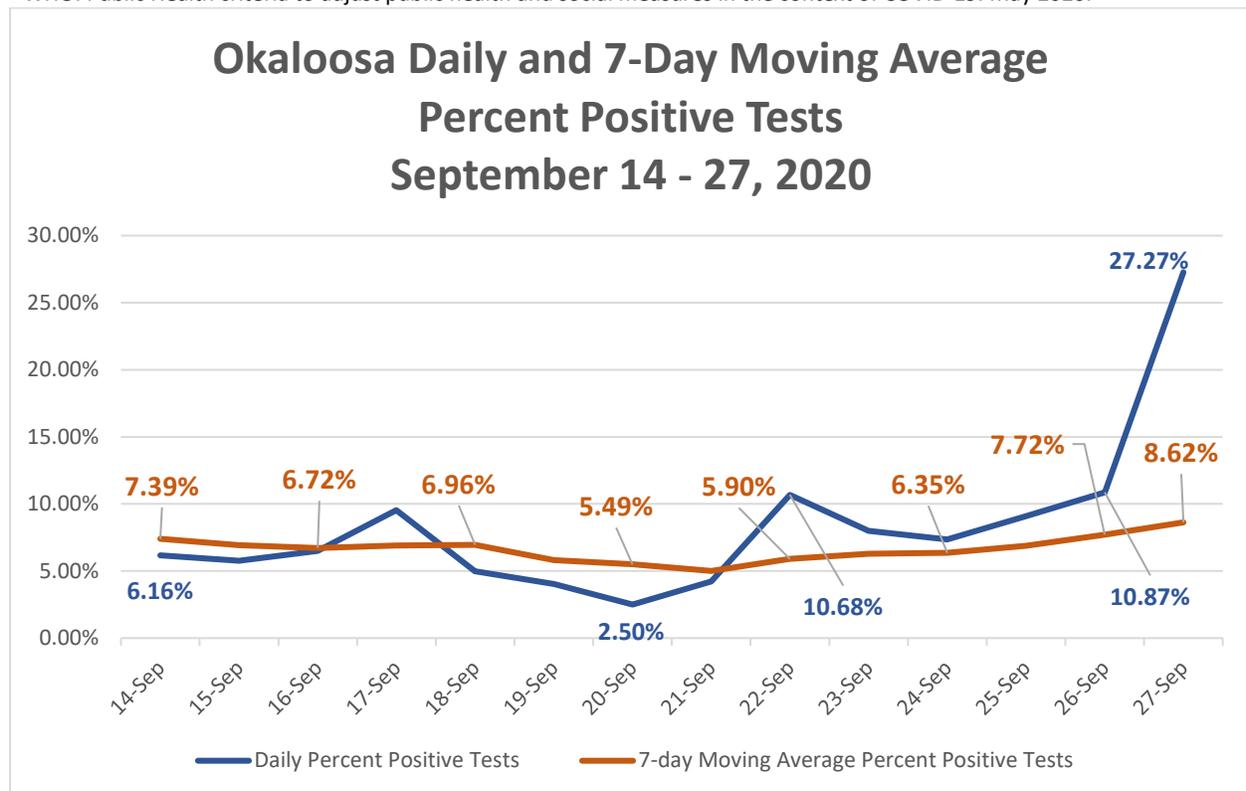
## **Percent Positive COVID-19 Tests:**

Reports daily and 7-day moving average percentage of all positive COVID-19 diagnostic and screening 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).

**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.



As with the other indicators the downward trend last week was due to Hurricane Sally and has returned to the percent positivity levels equivalent to the week before the hurricane. Okaloosa remains above the <5% target and has seen no change in trend (except due to the impact of the hurricane on testing) since mid-August.

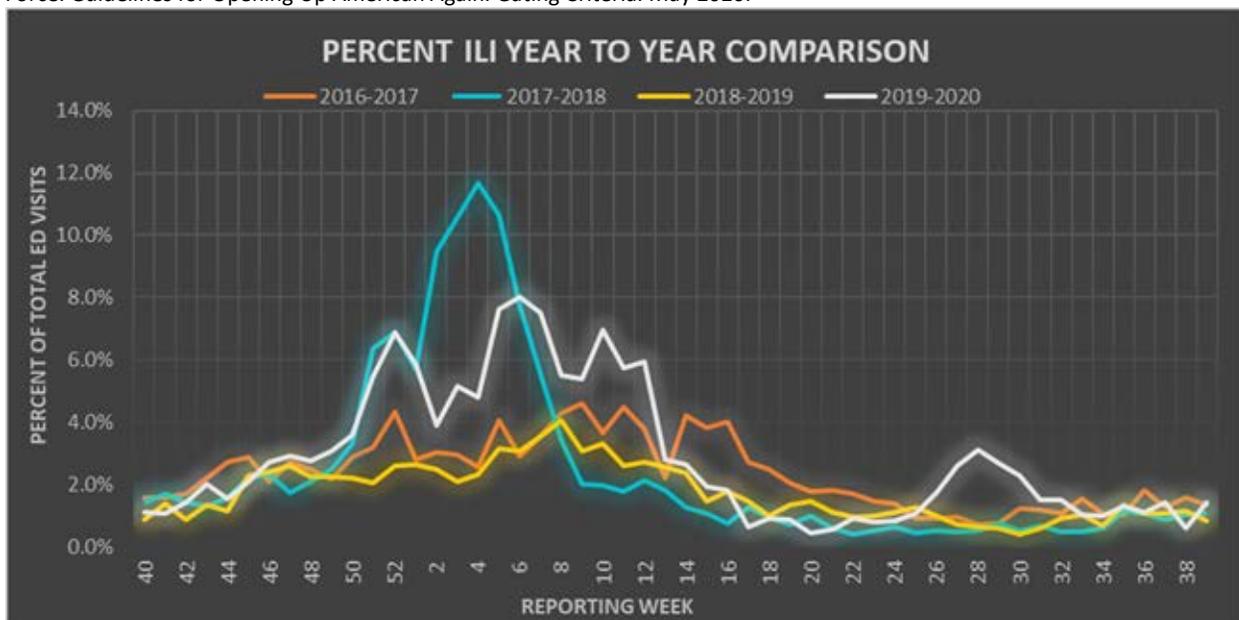
## Influenza-Like Illness

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.



In Week 39, percentage of emergency department visits for ILI remains below 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 30	48/2117	2.27%	Week 35	26/1974	1.32%
Week 31	32/2117	1.51%	Week 36	22/1984	1.11%
Week 32	32/2107	1.52%	Week 37	30/2112	1.42%
Week 33	21/2015	1.04%	Week 38	12/1977	0.61%
Week 34	19/1918	0.99%	Week 39	28/1955	1.40%

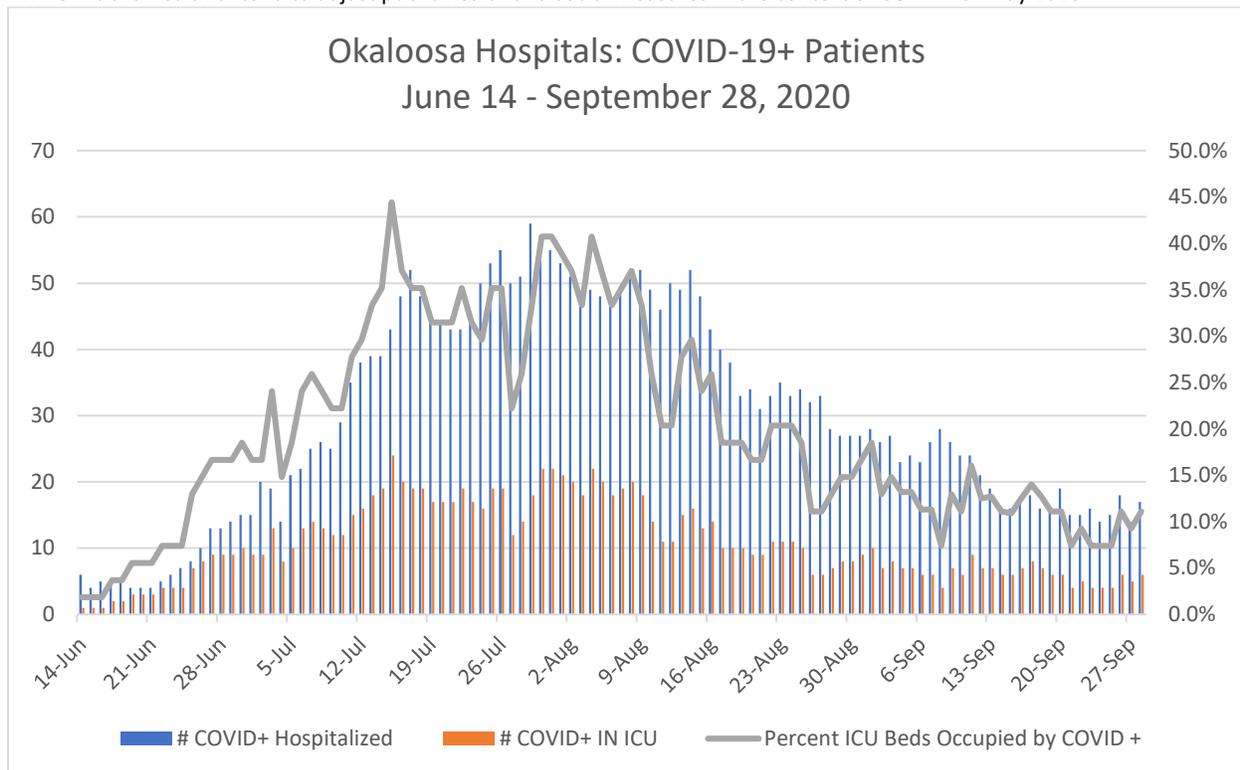
## **COVID-19 Hospital Admits**

Number of COVID+ Hospitalized; Number 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.

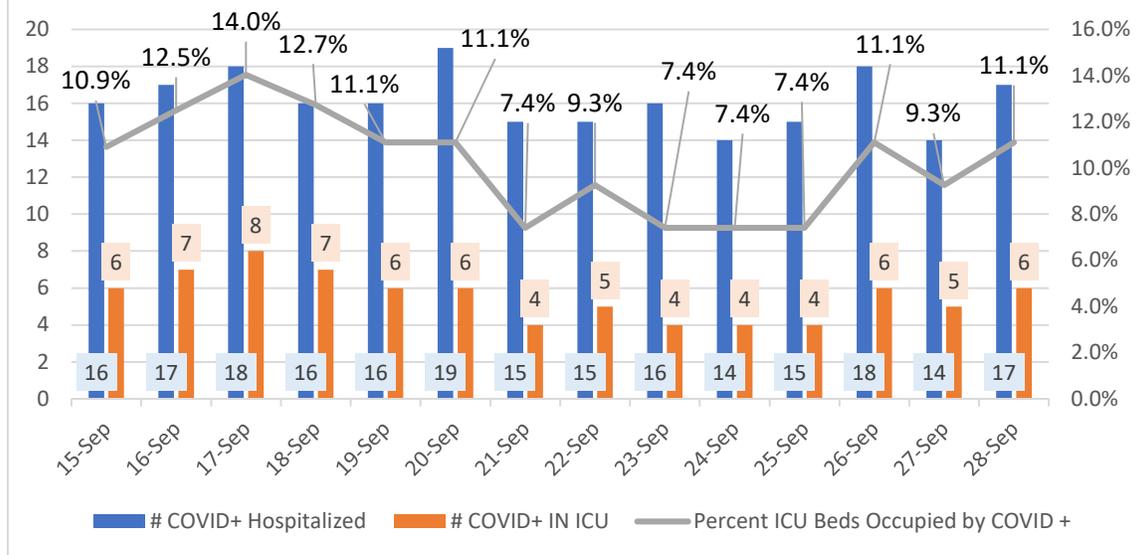
\*WHO. Public Health criteria to adjust public health and social measures in the context of COVID-19. May 2020.



COVID-19 hospitalizations started rising in late June and persisted at high levels until mid-August. Since that time there has been a steady decline in hospitalizations and need for ICU beds.

Over the past two weeks hospitalizations, utilization of ICU beds, and percentage of ICU beds occupied by COVID-19+ patients has plateaued.

## Okaloosa Hospitals: COVID-19+ Patients September 15 - 28, 2020



COVID-19 hospitalizations have plateaued at an average of 16 per day and ICU bed utilization at 10%. COVID-19 patients' occupancy of all staffed hospital beds has plateaued at 4%.

### Deaths

As of September 27, 2020, Okaloosa County has 109 COVID-19 deaths. This is an increase of seven (7) deaths reported since Week 39. It is important to note that Okaloosa had one death occur in the age group of 35-44 years to an individual who was otherwise healthy before contracting COVID-19. This is our first death in the county to a person younger than 75 who did not have a pre-existing condition that increased risk of death. Five of the seven (66.6%) newly reported deaths occurred to persons 75 years and older.

AGE GROUP	DEATHS	PERCENT	CHANGE FROM 8/30
<b>25-34 YEARS</b>	4	4%	+0
<b>35-44 YEARS</b>	1	1%	+1
<b>45-54 YEARS</b>	6	6%	+0
<b>55-64 YEARS</b>	10	9%	+0
<b>65-74 YEARS</b>	13	12%	+1
<b>75-84 YEARS</b>	34	31%	+2
<b>85+ YEARS</b>	41	38%	+3
<b>TOTAL</b>	<b>109</b>		<b>+7</b>

### **Long-Term Care Facilities**

As of September 27, 2020, Okaloosa has one long-term care facilities with 1 COVID-19+ resident under their care. This is down 2 cases from last week. There are no long-term care facilities with 5 or more resident COVID-19+ cases. No long-term care facilities have any COVID-19+ staff. This is a substantial improvement from one month ago.

### **K-12 Public Schools**

Public schools include the Okaloosa County School District, Charter Schools, and Okaloosa Technical College. The report only applies to students or staff who are attending or working in or for a brick and mortar school facility.

It has been four weeks (8/31 – 9/27) since K-12 school has been open in Okaloosa County. During this period there have been 84 cases of COVID-19 in students and school staff. Those 84 cases have resulted in 564 school-based contacts (both students and staff) who were required to go into quarantine.

<b>WEEK</b>	<b>Student Cases</b>	<b>Staff Cases</b>	<b>Student Contacts</b>	<b>Staff Contacts</b>
<b>8/31 – 9/6</b>	11	5	65	6
<b>9/7 – 9/13</b>	7	10	152	10
<b>9/14 – 9/20</b>	13	8	163	5
<b>9/21 – 9/27</b>	21	9	156	7

As of September 28, at 4:30 PM, there are 24 individuals (18 students and 6 staff) who are isolated with COVID-19 infections and another 133 individuals (123 students and 10 staff) in quarantine. These numbers change daily.

To date, we can report that seven cases of COVID-19 are the result of school-based transmission. That means investigators could find no other feasible exposure to the virus for the contact besides the exposure at school to a confirmed case of COVID-19. All transmission was a single case and there was no evidence of an outbreak (2 or more new cases associated with a primary case of COVID-19).

Of the seven new cases, six occurred to students. Four of the cases that occurred due to school-based transmission were at three elementary schools and the other

three cases were associated with a high school. Three of the seven contacts were asymptomatic at time of testing. It is important to get a COVID-19 if you have been identified as a contact to a case of COVID-19. In this situation, 43% of the secondary cases had no symptoms. For the contacts who did develop symptoms, symptom onset ranged from 3 – 11 days after last know exposure to the case. This is consistent with the 2 – 14-day incubation period for this virus.

There was one outbreak that occurred to students of a high school. While exposure did occur at school, the most likely exposure was at a non-school sponsored party where close contact sports activity was played.

## SUMMARY

Hospitalizations are down and have reached a plateau. Many long-term care facilities are COVID free – for both residents and staff.

Okaloosa, however, has never been able to get our percent positivity below 5% for at least two weeks. Our case burden remains high compared to Florida overall.

Even though the State has moved into Phase III because the state overall meets the criteria, Okaloosa has not reached Phase III status on its own. We must continue to push the COVID-19 outbreak curve downward through rigorous adherence to the practice of the following personal protective measures:

- **STAY HOME WHEN YOU ARE SICK!**
  - **If you have symptoms consistent with COVID-19 – stay home – get tested!**
  - **Please don't risk exposing others!**
- Washing hands for at least 20 seconds and washing hands often
- Avoid groups of people and close contact with others
- When outside the home practice physical distancing (at least 6 feet)
- Cover your mouth and nose with an appropriate face mask
- Cover coughs and sneezes
- Clean and disinfect frequently touched surfaces
- Monitor your health daily, which includes staying home when you have COVID-like symptoms or are waiting for results of a COVID-19 test

These protective measures work together to reduce the spread of COVID-19 and can also help to reduce the spread of influenza. **This list of personal protective measures, however, is NOT an ala carte menu. The entire list must be practiced; all are necessary.** Using these practices inconsistently or not at all is not enough to reduce the risk of exposure to the virus. All must be used together in order to provide personal protection for yourself and those around you.

Even once we push the percent positivity down for Okaloosa, we must keep using face coverings, physical distancing, hand washing, avoiding large groups, and staying home when sick. In order to relax these practices, we will need a large

percentage of the population (>70%) to be immune to COVID-19 through vaccination or infection. Attaining immunity through infection is not recommended, it is very slow, and many more people will die needlessly. This pandemic has been in the United States for nearly 9 months and in Florida for 7 months. Through September 10, 2020, of the nearly 450,000 Floridians tested for antibodies to this virus, only 8.93% have detectable antibody. In Okaloosa, the percent of the population with detectable antibody is 6.24%. We are not there yet.

There have been many questions since school opened about the isolation and quarantine authority of the health department. The power of isolation and quarantine authority is invested in State Government in the United States. It is the role of state governments to protect their residents from contagious infectious diseases. SARS-CoV-2, which causes COVID-19, is a novel (new) viral infection introduced into the human population in 2019 and is highly contagious. As such this novel new disease falls under the authority of the Florida Department of Health (DOH), specifically Florida Statute 381.00315(4) – isolation and quarantine authority; and Florida Statute 381.0031(6) and Florida Administrative Code 64D-3.041 – confidentiality of matters related to disease control. Your county health department is a unit of the Florida Department of Health and delegated the authority to enforce state laws regarding dangerous infectious diseases.

**How long is isolation and when does it start?** Isolation for COVID-19 is 10 days from onset of symptoms or 10 days from date of test, if person is asymptomatic. (Note, the health department is usually notified within 1 day of the diagnosis of a new case of COVID-19.) Example:

- Individual #1 has symptoms consistent with COVID-19 but decides to get tested right away (Day 1) and self-isolate while awaiting test results. Gets test results on Day 3 and on Day 4 is interviewed by the Health Department. Case will have 6 more days of isolation and on Day 11 can return to work or school.
- Individual #2 has symptoms consistent with COVID-19 but decides to go to work. Works for 4 days and decides to see the doctor on Day 5. Is tested for COVID-19 and goes home. Test results come back on Day 7. The Health Department interviews the case on Day 8. Case is now on Day 8 from onset of symptoms and would be required to isolate another 2 days. Can return to work or school on Day 11 from onset of symptoms.

A person with COVID-19 is infectious to other people 48 hours before symptoms start. People may be exposed to a person with COVID-19 before that person even knows they are sick. That is what makes fighting this disease so hard. That is why personal protective measures are so important in limiting the spread of COVID-19 and many infectious diseases, including influenza.

**How long is quarantine and when does it start?** Quarantine is for 14 days from date of last contact with the infected individual. Date of last contact includes any interactions that occurred with other people that meets the definition of close contact (within 6 feet for at least 15 cumulative minutes) during those 48 hours before symptoms develop or date of test, if asymptomatic.

- You were identified as a person with close contact to Individual #1 the day before symptoms of illness started. You are contacted on Day 5 of the case's illness by the health department and notified that you need to quarantine for 14 days from date of last contact. Your date of last contact was Day 5+1 day. You have 8 days of quarantine to complete to reach 14 days from last contact. You can return to work on Day 15 after last contact with case.
- You were identified as a person with close contact to Individual #2 on Day 2 of illness. You are contacted on Day 9 of the case's illness by the health department and notified of the need for a 14-day quarantine. Your date of last contact is Day 9 minus 1 day. You will have 6 days left to quarantine to reach Day 14 and can return to work or school on Day 15 after last contact with the case.

Based on these examples, and in almost all other circumstances, cases will be back to school or work before contacts have completed their quarantine period. While a negative PCR test will not clear you to return to work or school, it is recommended that contacts get a COVID-19 test (PCR preferable) on or about Day 5 after exposure.