

# OKALOOSA COUNTY COVID-19 KEY METRICS

## Week 4

### Ending January 31, 2021

This report marks the reinstatement of the DOH-Okaloosa Key Metrics report. This report was last published on November 16, 2020. Apologies for not being able to produce this report due to absence from the workplace due to injury of the author.

With Week 4 (week ending January 31, 2021), this report will switch to every other week. School and long-term care facility analysis will not be included in this week report. County-wide vaccination efforts by all partners will be presented.

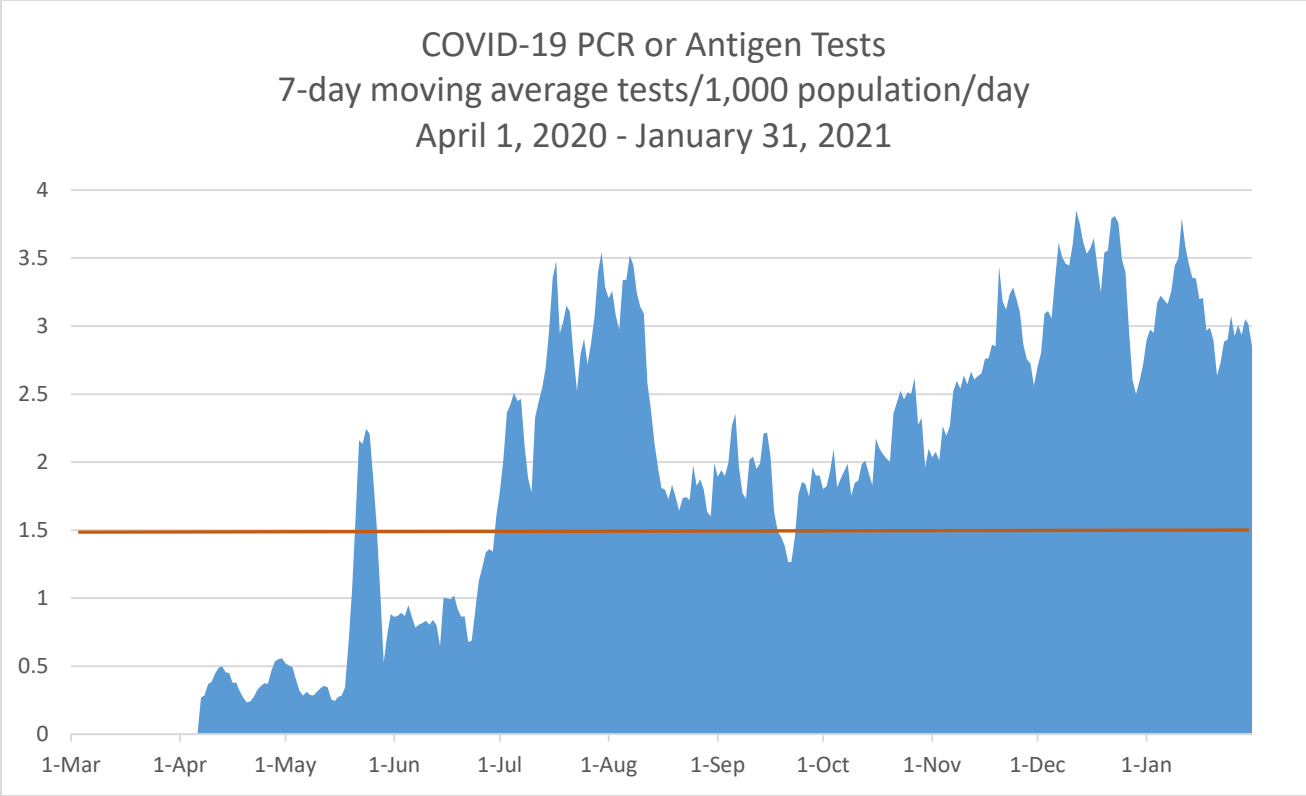
#### **COVID-19 Diagnostic (PCR) and Screening (Antigen) Testing Per Capita**

Reports daily and 7-day moving average total test results received / 1,000 population / day. This is a key indicator to assess trends in numbers of new cases and percent positivity of COVID-19 tests.

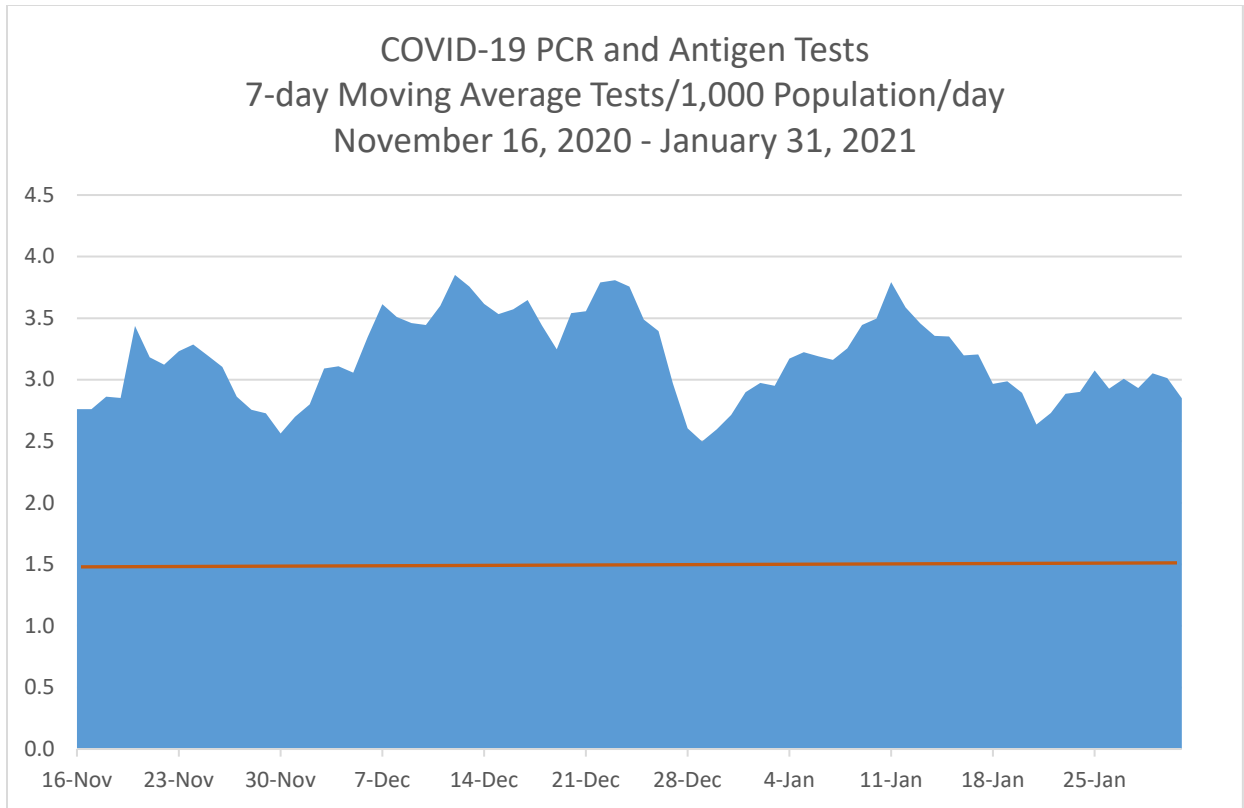
**RATIONALE:** The number of cases and percent of positive tests can be interpreted only with comprehensive surveillance and testing of suspect cases in the order of 1.5 /1,000 population/day.

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

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



Testing resources were slow to roll out in the US and as a result it was not until late June 2020 before testing was adequate to interpret disease trends in our county. Only once since June 2020, did the 7-day average for testing drop below the expectation and this occurred during Hurricane Sally when testing operations for most providers were not operational due to hurricane conditions.

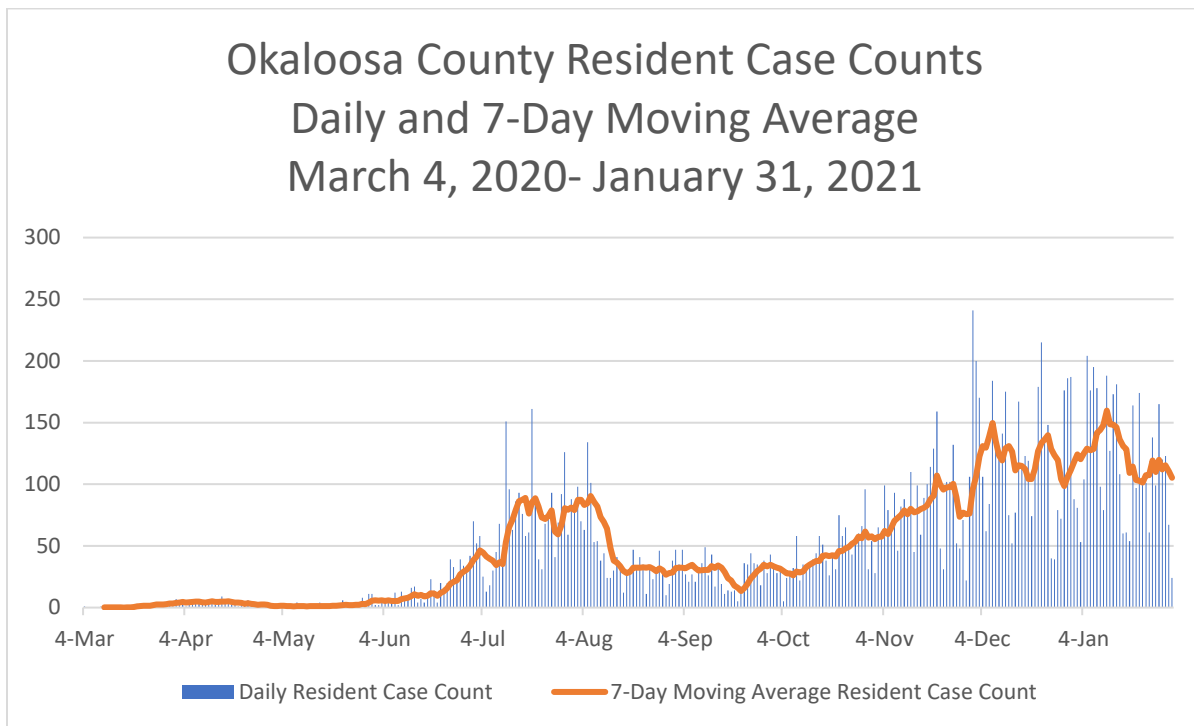


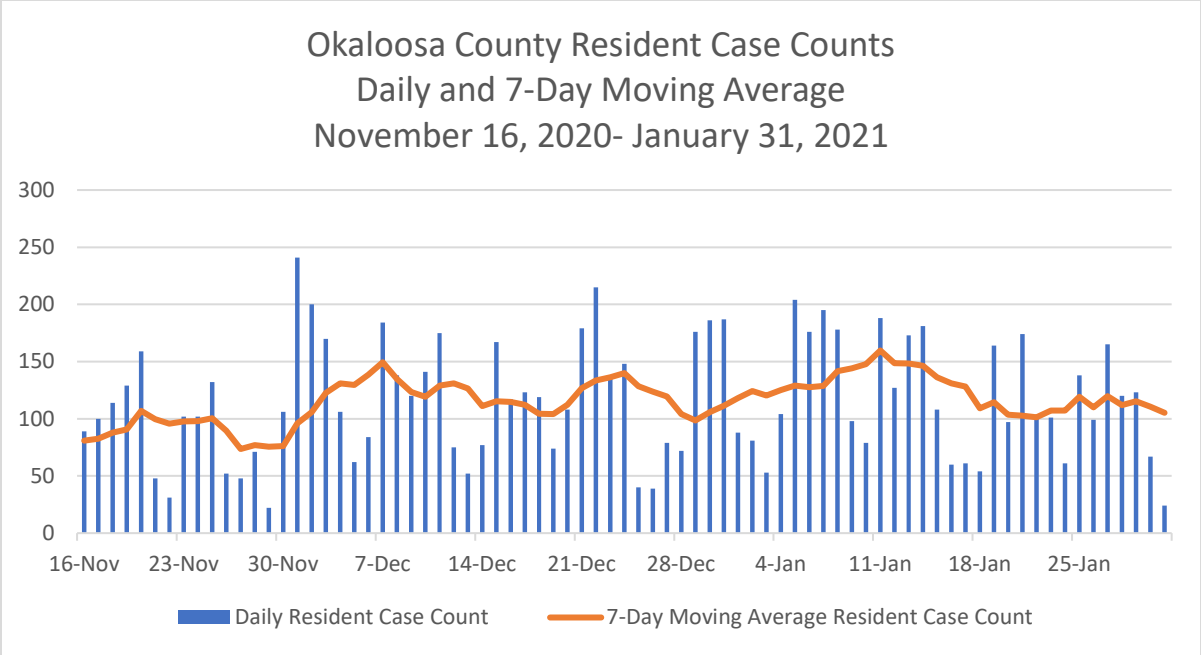
Since November 16, 2020, levels of testing for COVID-19 (PCR or antigen) remain adequate to interpret the burden of disease in Okaloosa County. In fact, since late November 2020, levels of testing have been generally above 2.5 tests/1,000 population/day. This most assuredly reflects more testing options available in the private sector. Access to testing services was not hindered by the need for the Health Department to discontinue testing services on or about the week of January 11, 2021 due to the need to re-direct limited manpower and resources toward COVID-19 vaccination efforts.

Okaloosa County meets or exceeds this key metric. Therefore, any increase in COVID-19 disease burden in the community is not simply because of more testing, it is because there is more disease in the county.

**New Confirmed or Probable COVID-19+ Resident Cases – Course of Pandemic and November 16 – January 31, 2021**

The past two months of this pandemic have seen the highest disease burden in our county since the start of the pandemic. The 7-day moving average resident case count was 68 per day last July/August during our first peak of disease but in the past two months the average resident case count per day has increased to 122. The post-Thanksgiving and December/New Year’s holiday season case surge, as had been nationally predicted due to many people disregarding recommendations to avoid holiday celebrations with members outside of your household, happened in Okaloosa County. Since December 2020 case counts have consistently exceeded 100 new diagnoses per day.





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

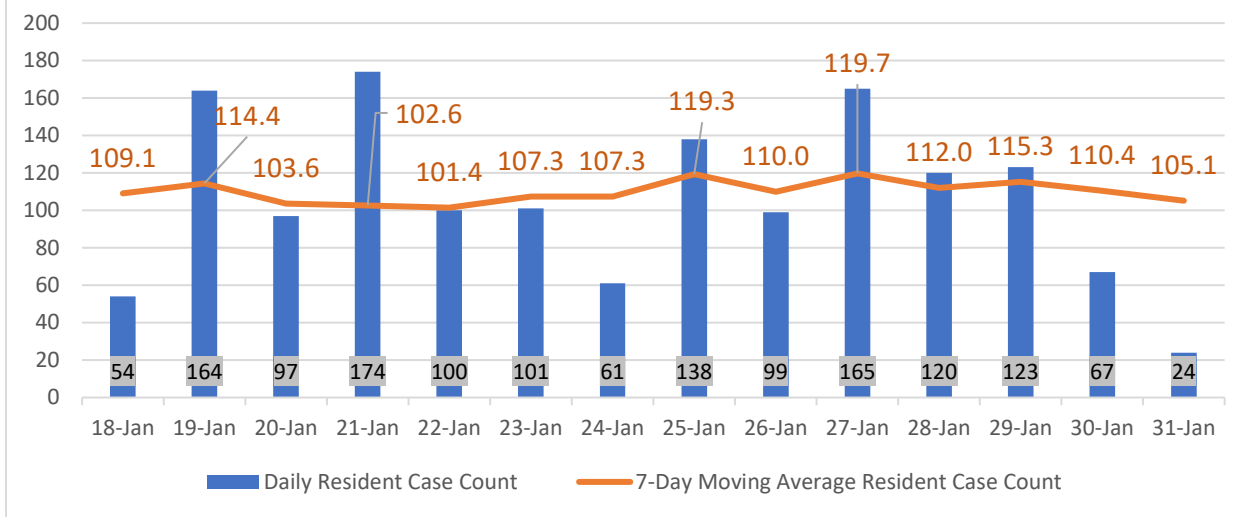
Reports daily number and 7-day moving average of confirmed (PCR+) or probable (Antigen+) cases.

**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.

\*CDC Activities and Initiatives Supporting the COVID-19 Response and the President’s Plan for Opening Up America Again. May 2020.

## Okaloosa County Resident Case Counts Daily and 7-Day Moving Average January 18 - 31, 2021



In Week 4, the 7-day average case counts indicate Okaloosa continues to experience a community-wide outbreak of COVID-19.

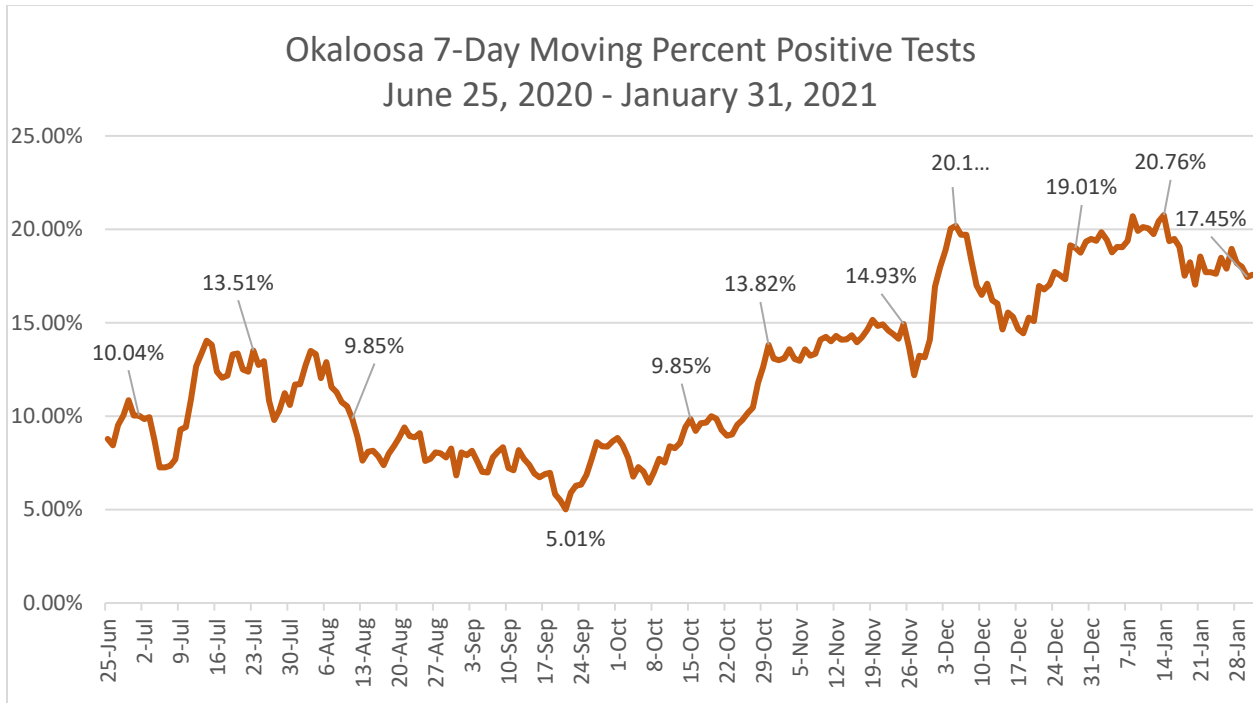
### **Percent Positive COVID-19 Tests:**

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

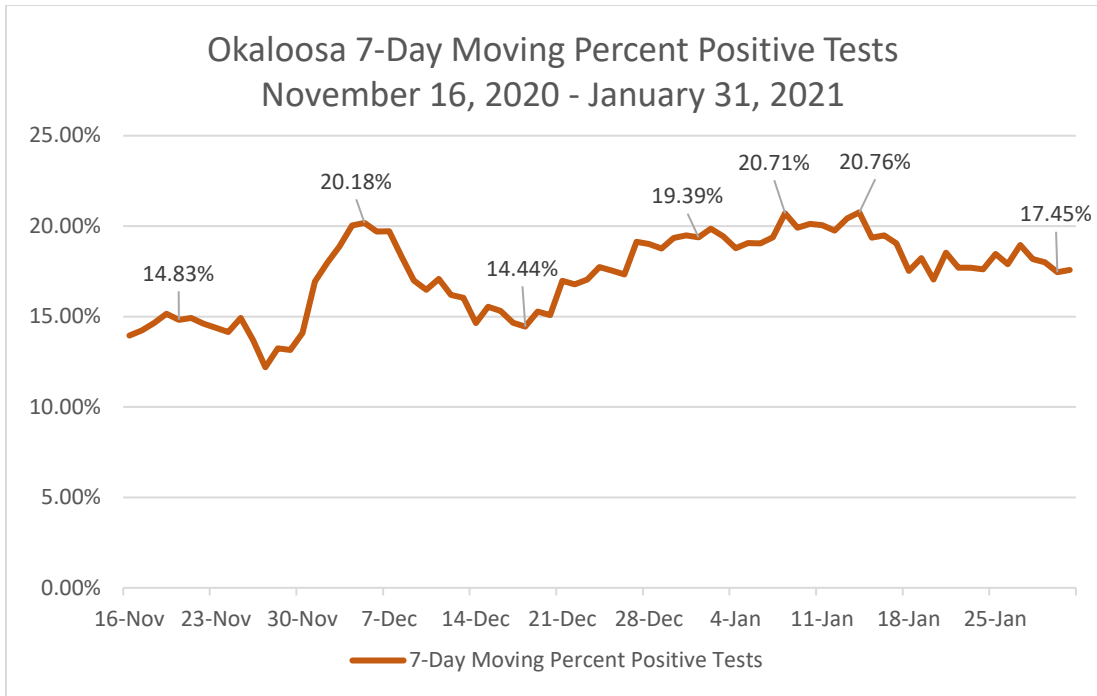
**RATIONALE:** Test positivity is another important indicator of the burden of disease in the area (county). The percent of positive tests can be interpreted only with comprehensive surveillance and testing of suspect cases in the order of 1.5 /1,000 population/day, which Okaloosa County achieves (see first metric in report).

**TARGET:** 5% or less of tests for COVID-19 are positive for at least 2 weeks.

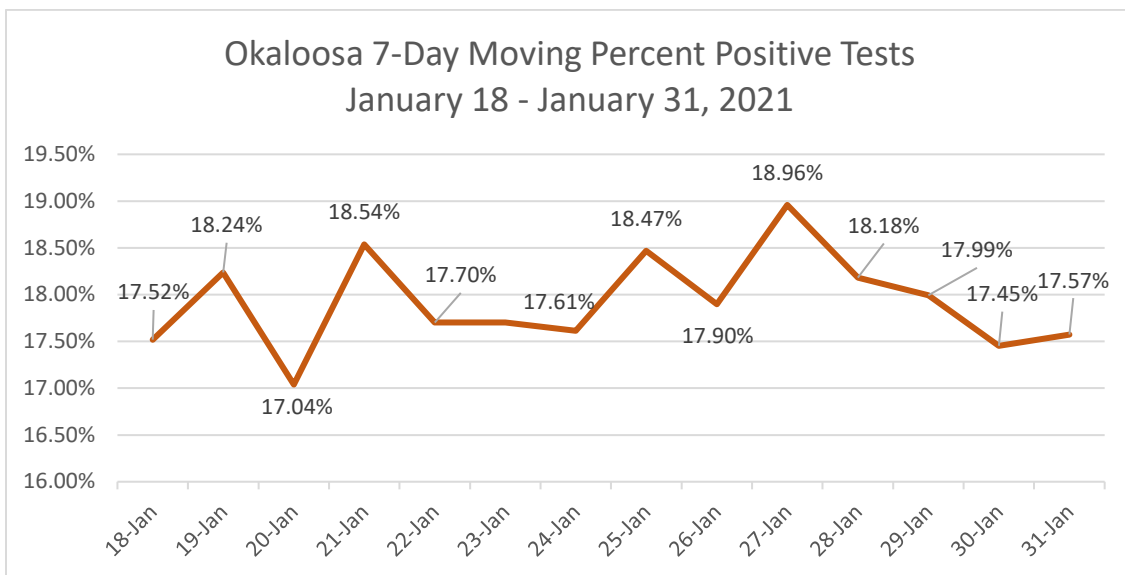
\*WHO. Public Health criteria to adjust public health and social measures in the context of COVID-19. May 2020.



While Okaloosa dipped below 10% consistently during the period of August 11 – October 25, 2020, we never consistently dipped below 5% for at least 2 weeks. Since late October, percent of positive tests has risen consistently, with a surge first occurring in the period after Thanksgiving, a dip around December 18, 2020, and holiday surge into the month of January.



Since mid-December, Okaloosa’s percent positivity has been consistently above 15%. For the past two weeks, Okaloosa’s percent positivity has been consistently above 17%.





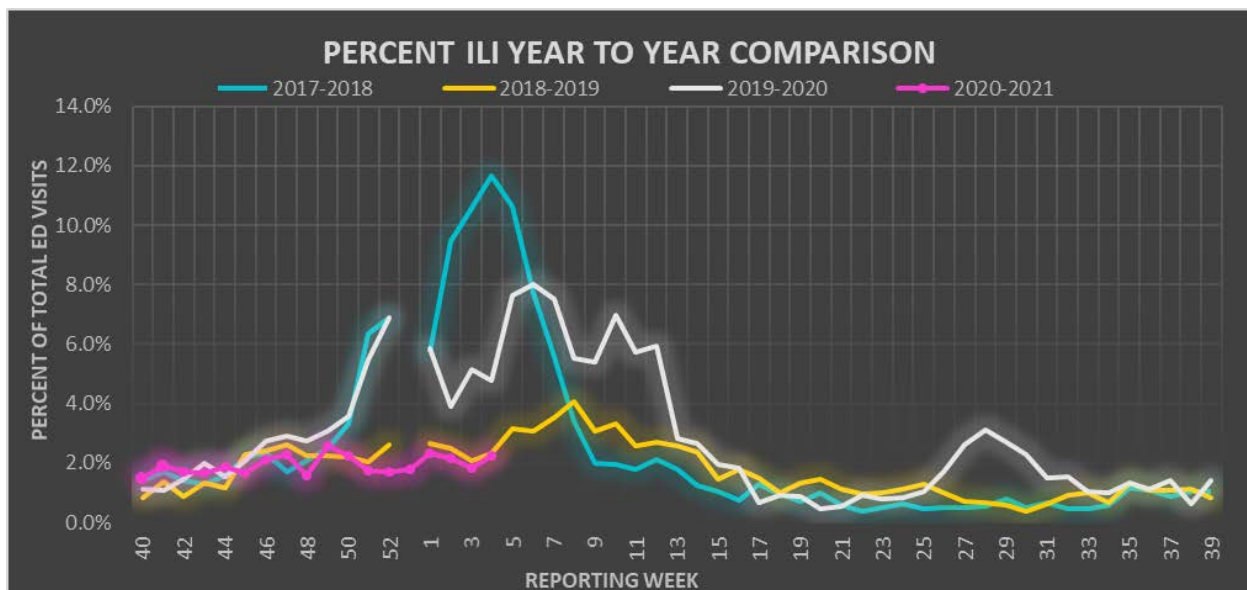
## **Influenza-Like Illness**

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. Influenza monitoring is based on the season of peak influenza which in the northern hemisphere is monitored October 1 – September 30.

**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.

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



Calendar Year 2019-2020 was an unusual year in that we had 53 weeks for reporting purposes. That is why there is a break in the lines for the other three ILI seasons which only had 52 reporting weeks.

The percent of ILI visits to local emergency departments has hovered at about 2% for the past 4 weeks. At this point in the influenza season, the 2020-2021 influenza

season is following a pattern like the 2018-2019 influenza season. 2018-2019 influenza season was a relatively mild year. Whether this ILI season is mild because at risk people are practicing personal responsibility and following practical and easy personal protective measures or because this would have been a mild influenza season if it hadn't been combined with the COVID-19 pandemic is not able to be discerned at this point.

WEEK	VISITS ILI/Total	% ILI of Total ED Visits	WEEK	VISITS ILI/Total	% ILI of Total ED visits
Week 48	32/2038	1.57%	Week *53*	37/2089	1.77%
Week 49	50/1945	2.57%	Week 01	46/1982	2.32%
Week 50	45/1994	2.26%	Week 02	44/2035	2.16%
Week 51	34/1940	1.75%	Week 03	37/2042	1.81%
Week 52	30/1770	1.69%	Week 04	45/2010	2.24%

It is not too late to get an influenza vaccination for 2020-2021. Discuss with your medical provider when to get an influenza vaccination if you are currently eligible for and seeking or have already been vaccinated with the COVID-19 vaccine.

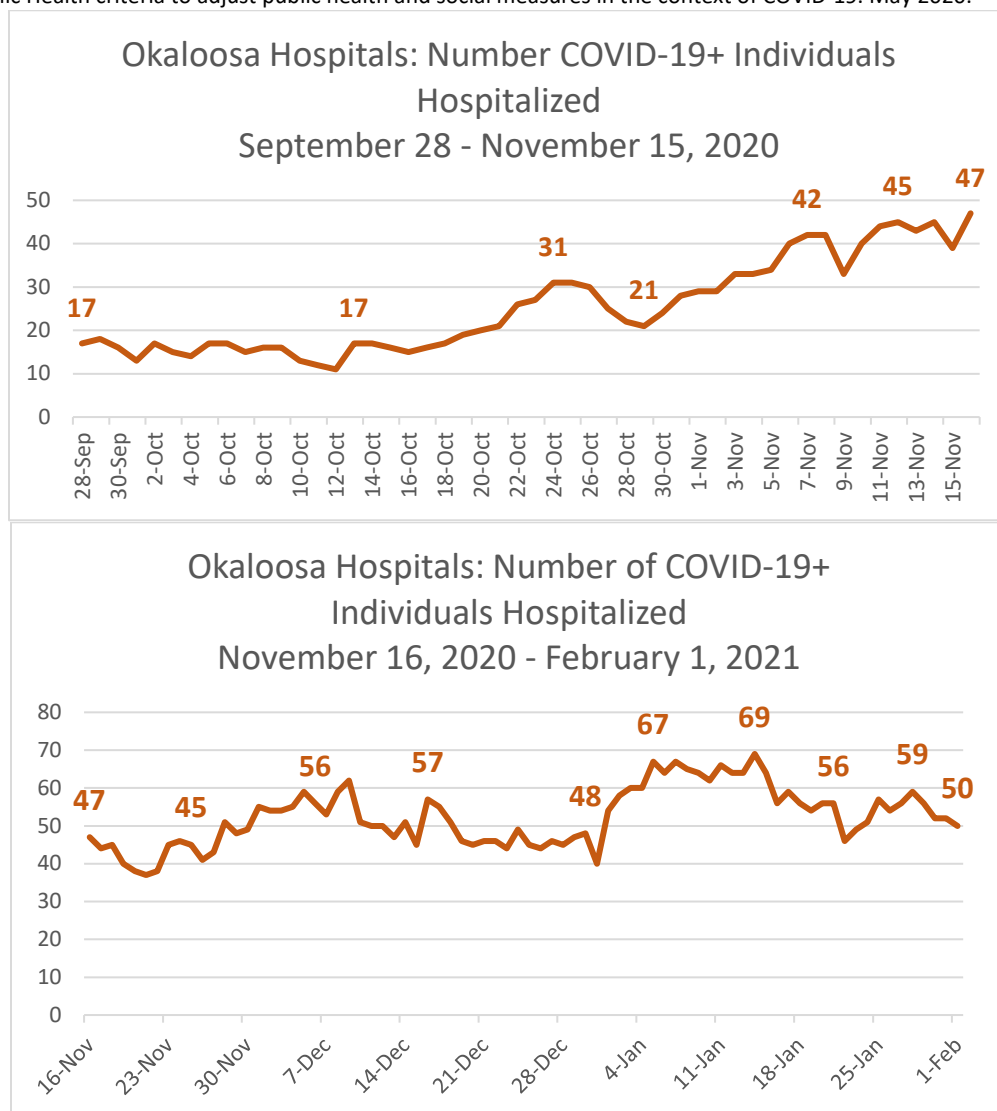
## **COVID-19 Hospital Admits**

Number of COVID+ Hospitalized; Number of COVID+ in ICU.

**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.



In Week 46, ending on November 15, 2020, COVID-19 hospitalizations averaged 43 per day. Here is the average number per day over the following two-week periods:

Two Week Periods	Average Number of People Hospitalized per Day with COVID-19	Average Number of Persons with COVID-19 in an ICU bed
November 16 – 29, 2020	43	11
November 30 – December 13, 2020	54	11
December 14 – 27, 2020	48	10
December 28, 2020 – January 10, 2021	57	14
January 11 – 24, 2021	58	13

In the past week January 26 – February 1, 2021, an average of 54 individuals have been hospitalized per day in Okaloosa hospitals. With an average of 408 acute care hospital beds in Okaloosa in the past week, COVID-19 patients occupied 13.2% of all hospital beds. A community goal should be to keep the need for hospitalizations below 10% by reducing the community transmission of COVID-19 through taking personal responsibility which requires that each one of us practicing personal protective measures:

- WEAR A MASK THAT COVERS YOUR NOSE AND MOUTH
- STAY AT LEAST 6 FEET AWAY FROM OTHERS WHO DO NOT LIVE WITH YOU
- AVOID GATHERINGS OF PEOPLE WHO DO NOT LIVE WITH YOU
- WASH YOUR HANDS

Okaloosa saw a continuous increase in hospitalizations over the past 11 weeks. Utilization of ICU beds increased over the past 4 weeks. Both numbers of people hospitalized and numbers of COVID-19 positive patients needing ICU beds has remained steady with no signs of decline at this time.

## **Deaths**

Between March 4, 2020 and November 15, 2020, 257 days, we lost 139 souls to COVID-19. That is equivalent to about one Okaloosa County resident dying from COVID-19 around every two days.

It took only 77 days (November 16, 2020 – January 31, 2021) to add another 147 souls lost to this devastating pandemic in Okaloosa County. That was approximately two deaths reported every day in those 77 days.

<b>AGE GROUP</b>	<b>DEATHS 1/31/2021</b>	<b>PERCENT</b>	<b>CHANGE FROM 11/15/2020</b>
<b>25-34 YEARS</b>	4	1%	+0
<b>35-44 YEARS</b>	4	1%	+3
<b>45-54 YEARS</b>	13	5%	+7
<b>55-64 YEARS</b>	25	9%	+10
<b>65-74 YEARS</b>	60	21%	+38
<b>75-84 YEARS</b>	82	29%	+40
<b>85+ YEARS</b>	98	34%	+49
<b>TOTAL</b>	<b>286</b>		<b>+147</b>

Of the 286 deaths, 137 (47.9%) occurred to residents of long-term care facilities. Of the total deaths, 240 (83.4%) occurred to Okaloosa residents 65 years and older.

Our elders have a lifetime of experience. They are parents or grandparents for many of us. They are our sisters, brothers, aunts, uncles, friends and former colleagues. They lived through World War II, Vietnam War and the Great Recession. Could it not be possible that our elders have a thing or two to teach us? Especially about handling life's adversity?

Think about reaching out to your older family members and friends. Audio or video call them and ask them to tell your stories of their lifetime of experiences; ask their advice; tell them how much you appreciate and respect them; learn more about your family history and traditions. Once these elders are gone, that opportunity is gone forever.

## **Vaccination Progress**

On December 23, 2020, Governor's Executive Order 20-315 was released outlining the priority groups for vaccinations. These included:

- Long-term care facility residents and staff
- Persons 65 years and older, and
- Health care personnel with direct patient contact

Vaccines were first delivered to Florida's hospitals to begin vaccination of hospital and community-based health care workers around the third week of December.

Vaccines have been provided to local long-term care facilities and assisted living facilities through either the federal pharmacy program (CVS or Walgreens) or a state contractor under the Florida Department of Emergency Management. None of these vaccination events are under the control of the DOH-Okaloosa. However, our collaboration with our long-term and assisted living facilities has allowed us to learn the following:

- 83% of residents took the first dose of the COVID-19 vaccine
- No facility had less than 70% of their residents take the vaccine
- Some second doses are already scheduled and started January 28.

Unfortunately, the uptake of the vaccine by long term care facility staff was dismal. Only 44% of staff in these facilities took the first dose of the vaccine. Only two facilities had 80% or more of their staff accept the vaccine. There was one facility in which no one on the staff accepted the vaccine.

Vaccine first arrived at the DOH-Okaloosa on 12/28/2020. Since that time the DOH-Okaloosa has focused on vaccinating healthcare workers and persons 65 years and older. Twelve vaccinations clinics have been held. Those clinics administered 7,465 doses through February 1, 2021. Most were first doses (6,806). Second dose clinics started on January 27, 2021. As of February 1, 2021, DOH-Okaloosa has provided 659 second doses.

Starting on February 5, 2021, press releases on available vaccine appointment slots will be released on Fridays at noon with reservations starting on the following

Tuesday at noon. Having a set time each week to release vaccine appointments and open for reservations, will hopefully improve expectations and communication with the public. While vaccine demand currently outstrips supply, vaccine continues to arrive weekly in our County both at the Health Department and at region-wide Publix locations.

County-wide progress towards vaccinating persons 65 years and older through February 1, 2021 by all providers is as follows:

- 11,836 individuals Okaloosa residents 65 years and older have received either a first dose or second dose of the COVID-19 vaccine. 35.5% of Okaloosa residents 65 years and older have received at least one dose of the vaccine. 2020 estimated population projection
  - 10,793 first doses administered to Okaloosa's resident 65 years and older (32.4% of the population 65 years and older)
  - 1,043 second doses administered. 3.1% population 65 years and older have received both doses.
- By age group within the 65 years and older population progress through February 1, 2021:
  - 85 years and older: 39.5% received first dose; 5% both doses
  - 75-84 years: 35.4% received first dose; 3.2% both doses
  - 65-74 years: 29.5% received first dose; 2.8% both doses

## SUMMARY

COVID-19 continues to be widespread in Okaloosa with a higher percentage of positive tests than ever recorded in this county. Disease transmission was accelerated in the months of December and January resulting in increases in cases, hospitalizations and deaths.

Since the last report of November 16, 2020, multiple variants of the COVID-19 virus have been identified worldwide. The most dominated variant identified so far in the United States is the B.1.1.7 variant, called the UK variant. Florida and California have identified the most cases of the UK variant. Within Florida, the UK variant has been identified in 187 people from 22 counties through February 3, 2021, including a Northwest Florida county.

According to the CDC:

The UK variant spreads more easily and quickly than other variants. In January 2021, experts in the UK reported this variant may be associated with an increased risk of death compared to other variants. More studies are needed to confirm this finding.

The other two variants, B.1.351 (South African variant) and P.1 (Brazil variant), were first reported in the US at the end of January 2021.

All these variants seem to spread more easily and quickly than other variants of this virus. This may lead to more cases of COVID-19. With an increase in the number of cases, more strain will probably be put on health care resources. More cases could lead to more hospitalizations and potentially more deaths.

The CDC reports that so far, studies suggest that antibodies generated through vaccination with both the Moderna and Pfizer vaccine recognize these variants. However, this is still under close investigation and more studies are underway.

Currently this is what the CDC does not know:

- How widely these new variants have spread
- How the disease caused by these new variants differs from the disease caused by other variants that are currently circulating
- How these variants may affect existing therapies, vaccines, and tests

What does this mean? It is imperative there is rigorous and increased compliance with public health prevention activities such as:

- Wearing a two or three-layer face mask that snugly covers the nose and mouth.
- Avoid gathering in even modest groupings of people who you don't live with.
- Avoid any large gatherings/meetings of people from outside your home.
- When outside your home, especially when indoors, continue to maximize your physical distance (6 feet at least) and your time (no more than 15



minutes cumulative in a 24-hour period within 6 feet of any one person from outside your home).

- Practice good hand hygiene including handwashing or use of 60% or more alcohol-based hand sanitizer, when handwashing facilities are not available.
- Stay home when you have any symptoms associated with COVID-19. Seek medical attention to determine if your symptoms are due to COVID-19. The major reason contacts to cases are notified late into a quarantine period is because people are going to work or school sick and waiting days to seek medical attention and testing.
- Follow isolation and quarantine orders from the health department.
- When it is your turn, get vaccinated with an FDA emergency use authorized COVID-19 vaccine.

For those who are fully vaccinated (have received 2 doses and are 10-14 days after the second dose) or those who have received the first dose, it is also imperative that you continue to follow the above recommendations.

While I know many in Okaloosa have spurned these recommendations, if you are going to change your mind, NOW is the time to do that! If the variants get ahead of us, meaning they mutant to such a degree that current vaccines are significantly less effective, then this pandemic and its impact on our daily lives and our economy could continue for some time to come. None of us want that.