

COVID UPDATES

March 23, 2023

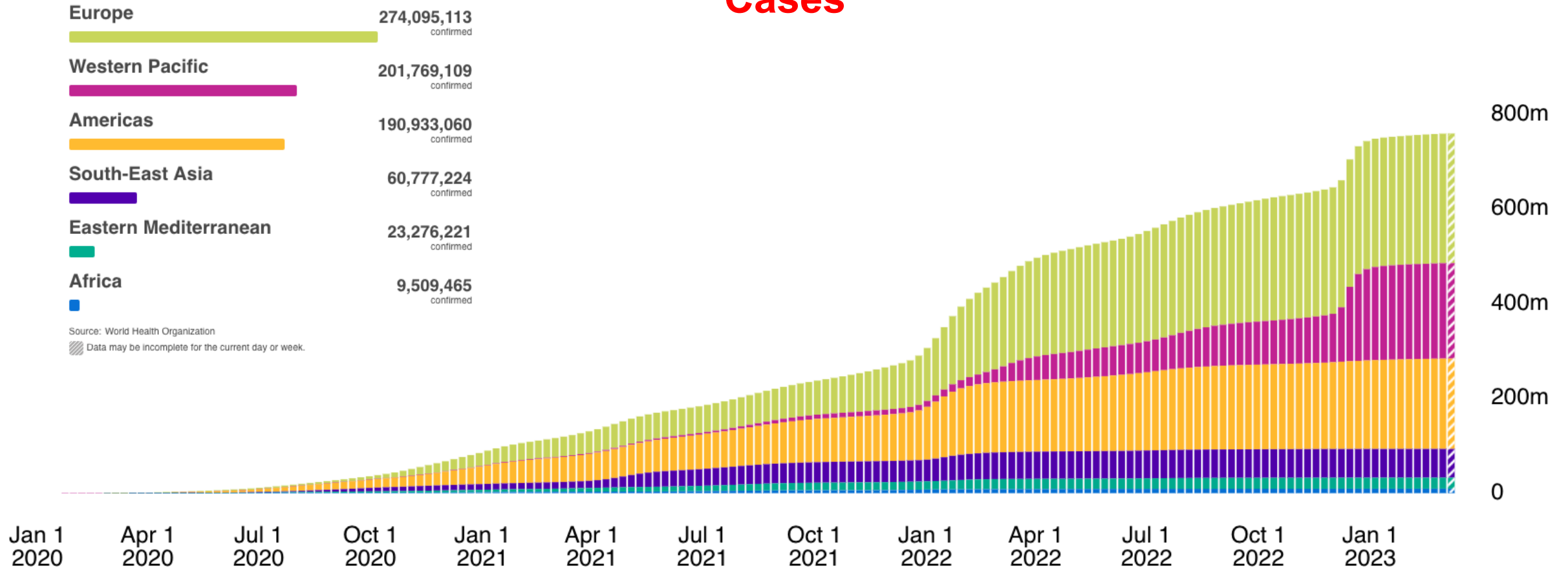
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Overview

- **COVID Globally**
- **COVID in the US**
- **Current Variants**
- **Vaccinations and Boosters**
- **Origins of the virus**

Coronavirus Globally

Cases



Coronavirus Globally

Deaths

Americas

2,936,859
deaths

Europe

2,200,096
deaths

South-East Asia

803,925
deaths

Western Pacific

407,519
deaths

Eastern Mediterranean

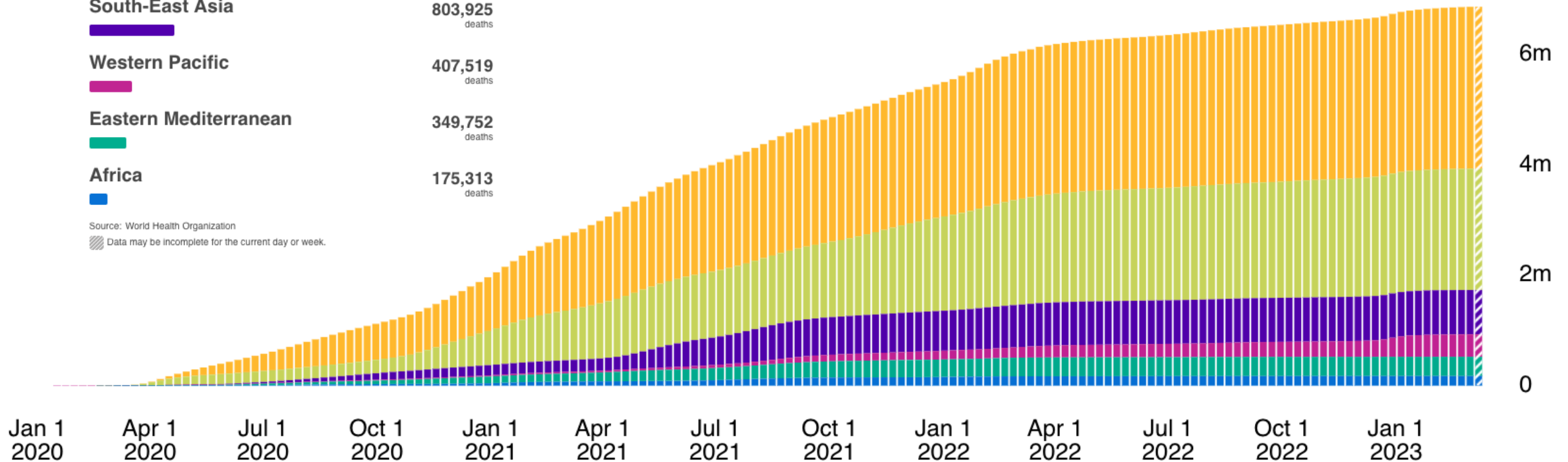
349,752
deaths

Africa

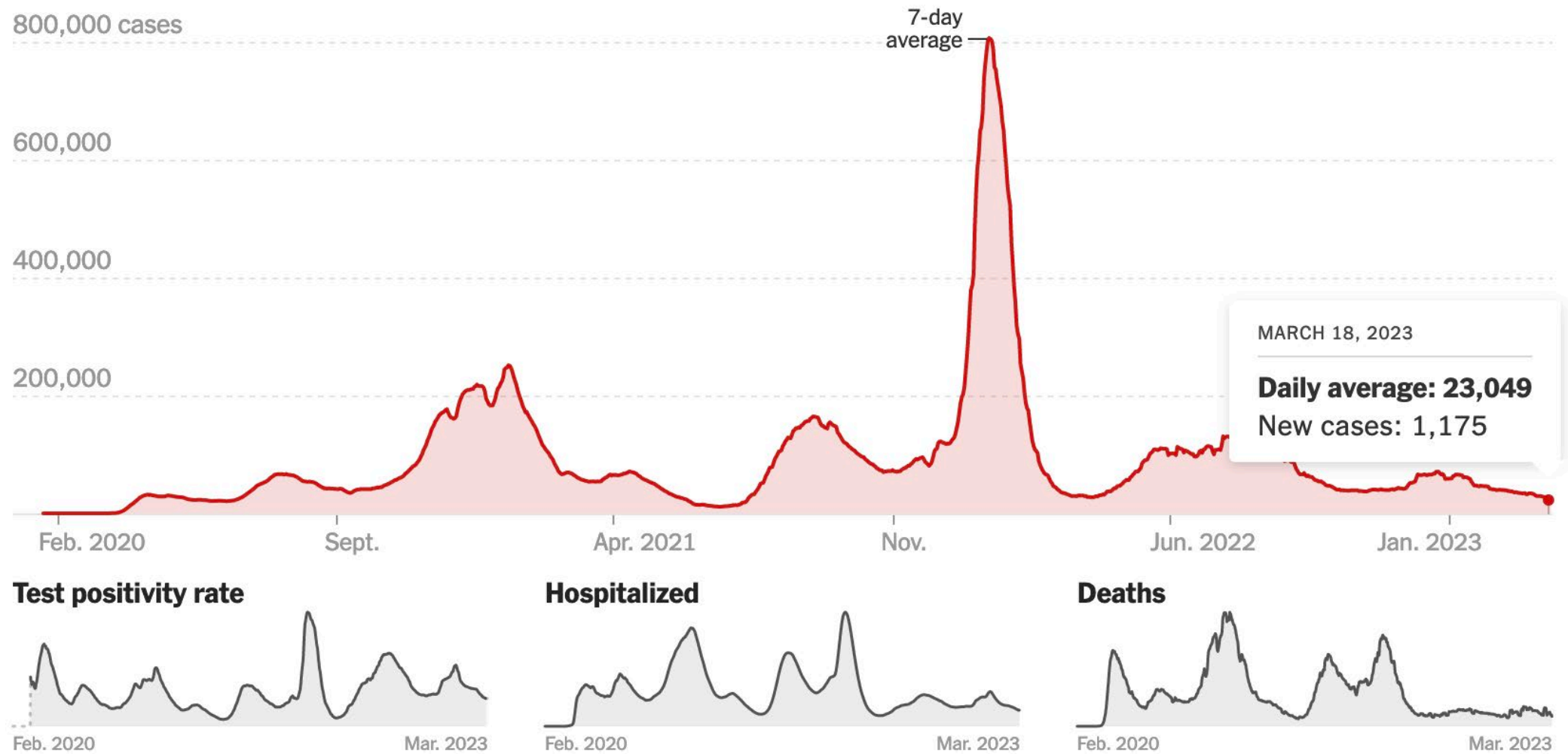
175,313
deaths

Source: World Health Organization

▨ Data may be incomplete for the current day or week.



Coronavirus in the U.S



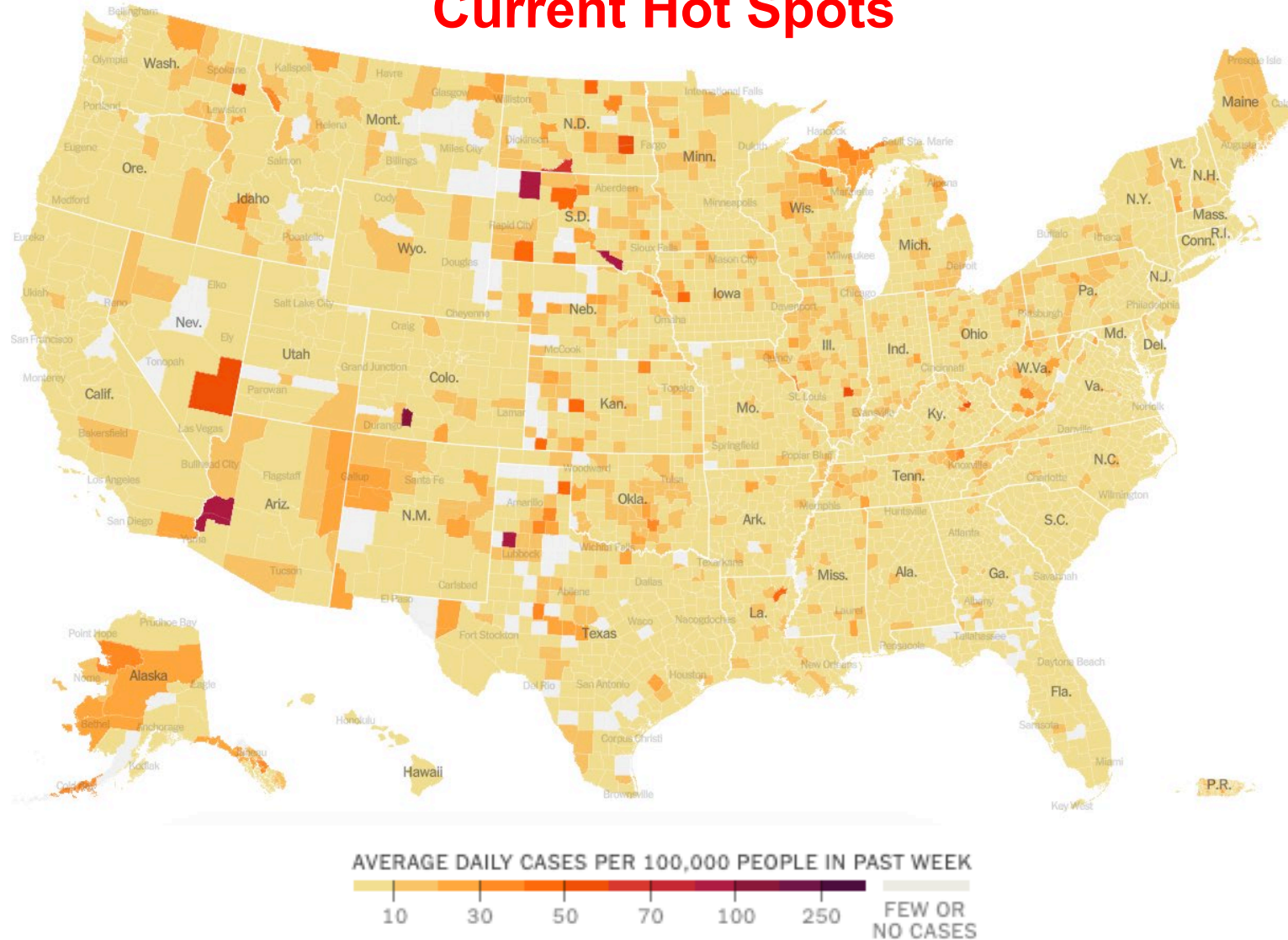
Coronavirus in the U.S

- **Reported cases, test positivity, hospitalizations, and deaths have all decreased nationally in the past two weeks**
 - Hospitalizations have been falling steadily for several weeks and are now just below 23,000 nationwide, the lowest rate seen since May
 - In some states, for example Alabama and Montana, hospitalizations have fallen by more than 35 percent since early March

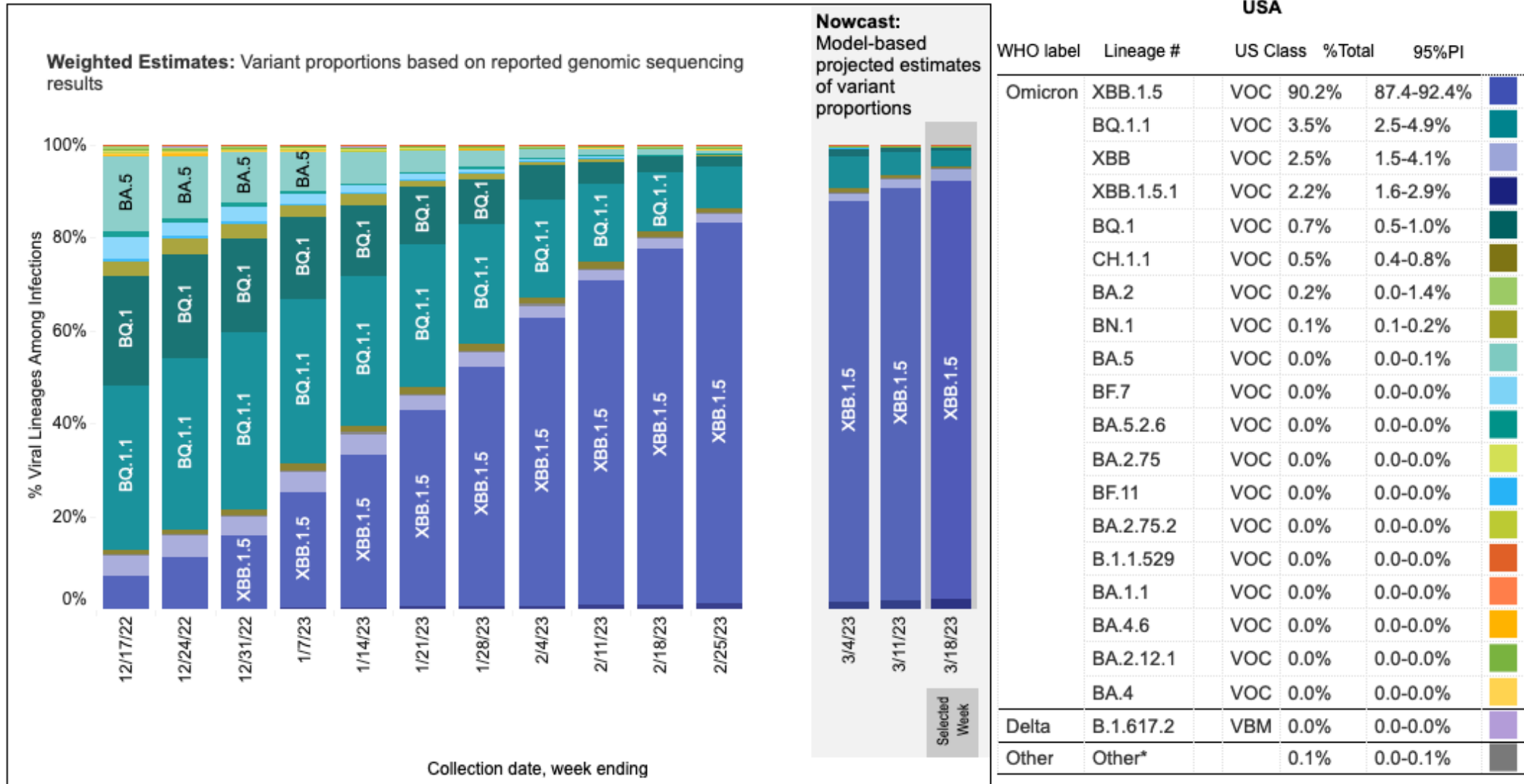
	Daily Average (3/20)	Per 100,000	14-day Change
Cases	22,591	7	-32%
Test positivity	7.2%	- - -	-14%
Hospitalizations	22,522	7	-14%
ICU	3,013	<1	-11%
Deaths	290	<1	-44%

Coronavirus in the U.S

Current Hot Spots



Variant Proportions in the US



Vaccine Administration

Oxford - AstraZeneca (Vaxzevria/Covishield)

180 countries



Pfizer - BioNTech (Comirnaty)

160 countries



Moderna (Spikevax)

110 countries



Sinopharm - Beijing (BBIBP-Corv)

95 countries



Gamaleya (Sputnik V)

67 countries



Sinovac (CoronaVac)

65 countries



Johnson & Johnson - Janssen (Ad26.COV2.S)

103 countries



Sinopharm - Wuhan

3 countries



Bharat Biotech (Covaxin)

31 countries



Vector Institute (EpicVacCorona)

2 countries



Novavax (Nuvaxovid/Covovax)

33 countries



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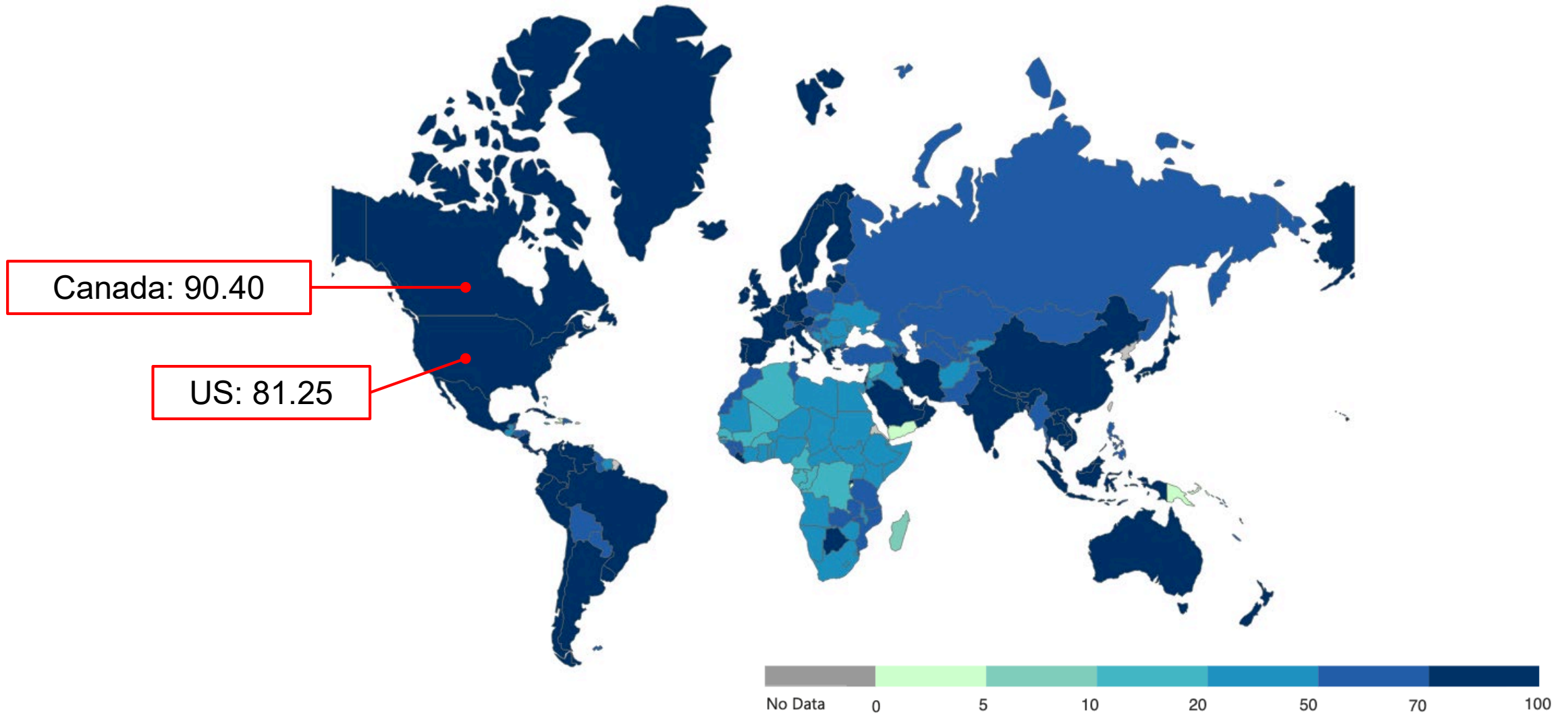
Novavax (Nuvaxovid/Covovax)

33 countries



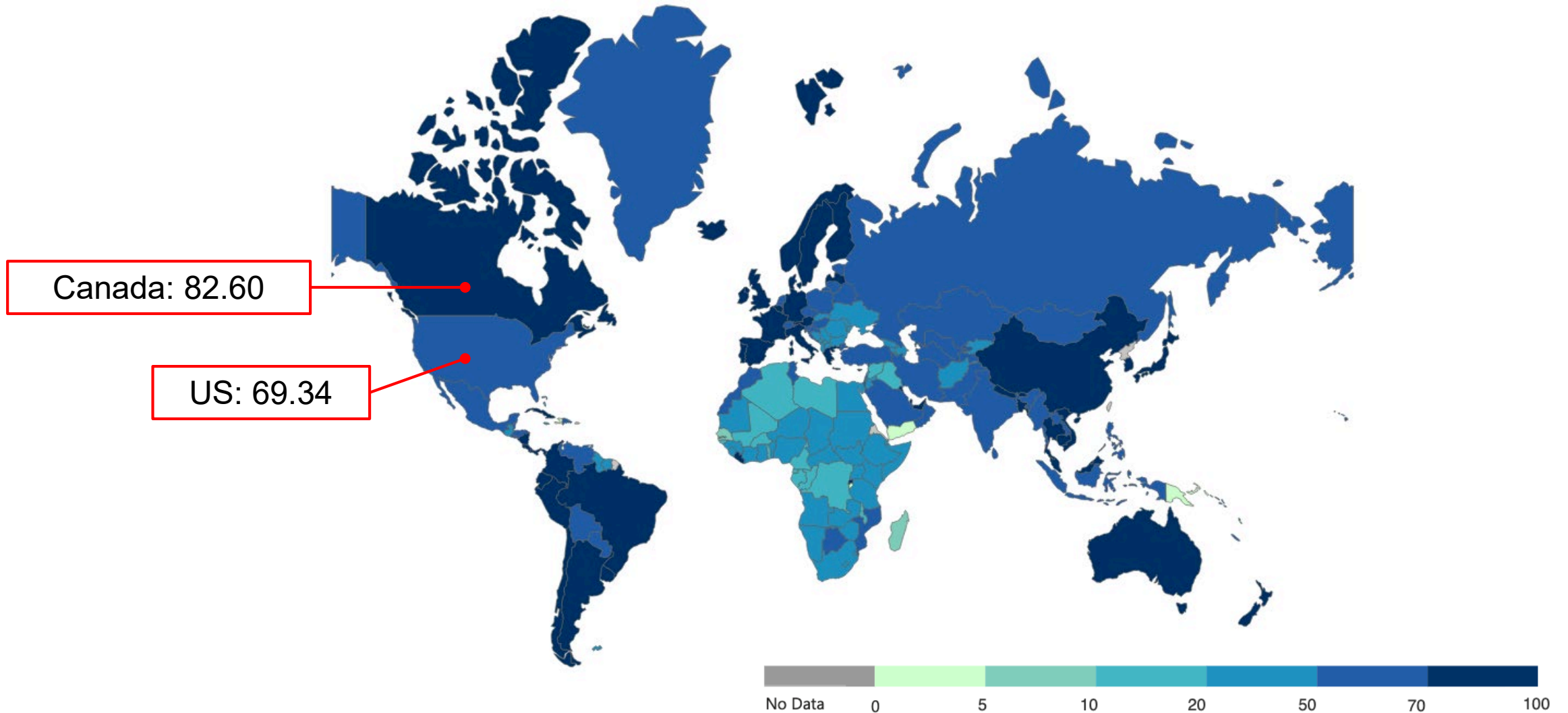
Global Vaccination Rates

People Vaccinated (received at least 1 dose) per 100 people (3/14/2023)



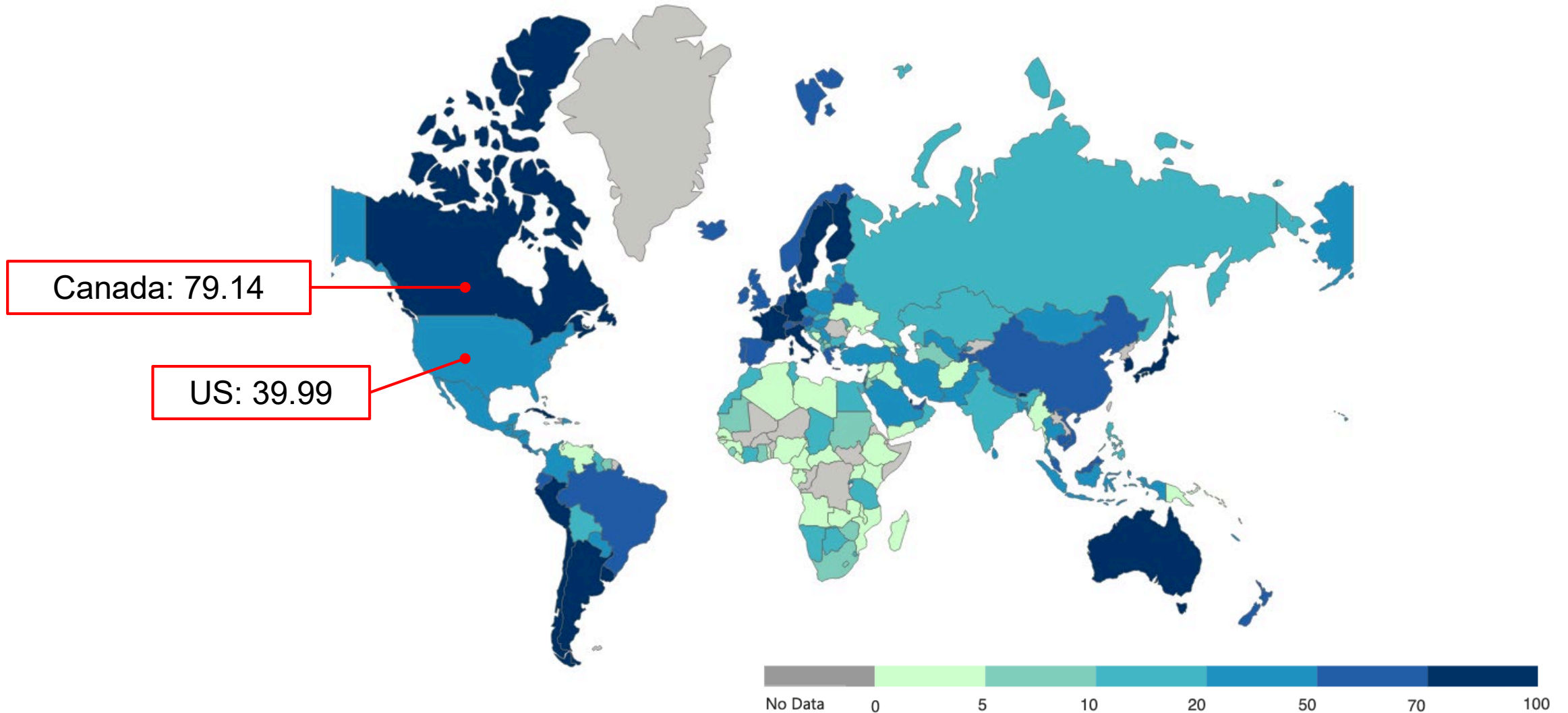
Global Vaccination Rates

People Vaccinated (completed the primary series) per 100 people (3/14/2023)



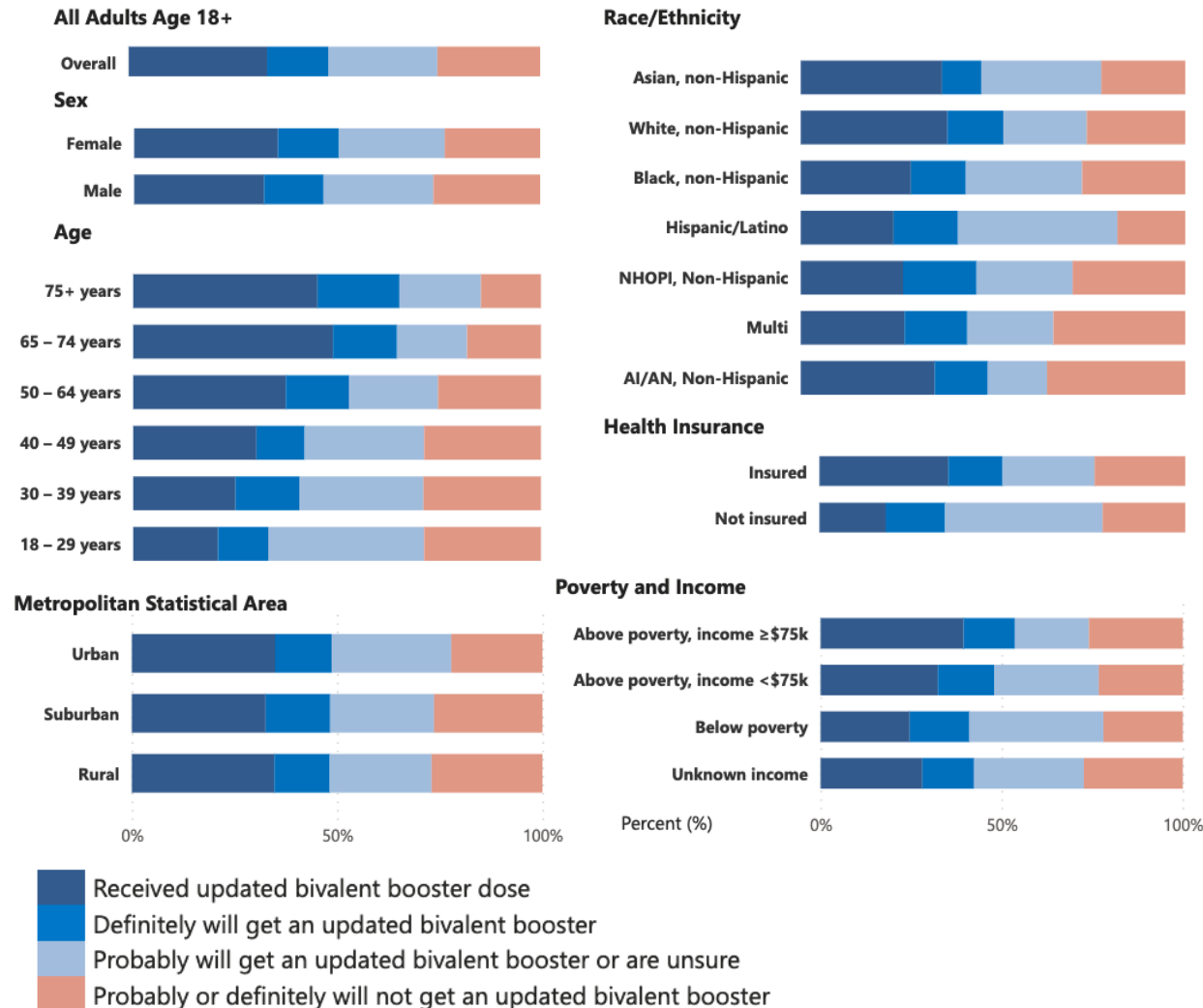
Global Vaccination Rates

Cumulative Booster Doses Administered per 100 people (3/14/2023)



Bivalent Booster Intentions in the US

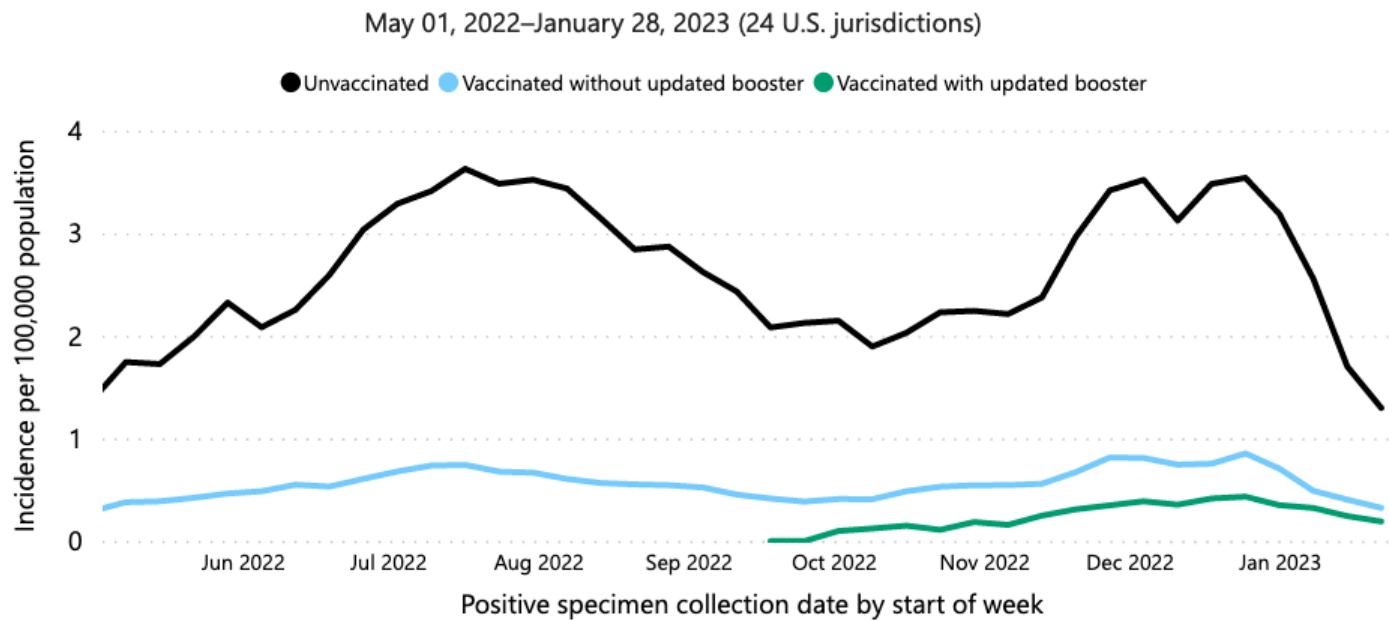
Among adults who completed the primary series



- Overall, 48.4% either received the updated bivalent booster dose (33.6%) or reported that they will definitely get an updated bivalent booster (14.8%)
- 26.5% will PROBABLY get the updated bivalent booster
- 25% PROBABLY or DEFINITELY WILL NOT get the updated bivalent booster.

Vaccination Effectiveness

Ages 18 Years and Older



- As of January 2023, people 18+ fully vaccinated with the bivalent booster had:
 - 7.9x lower risk of dying from COVID-19 compared to unvaccinated people
 - 1.7x lower risk of dying from COVID-19 compared to vaccinated people without the the bivalent booster

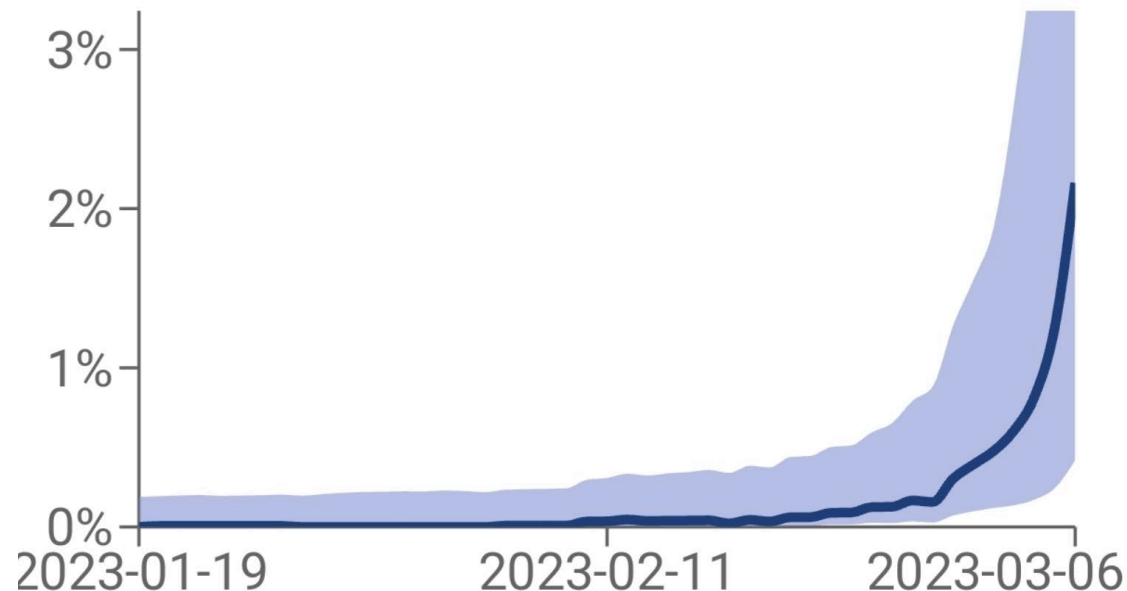
Effect of COVID-19 on Pediatric Oncology

- **Slightly increased rate of severe disease (23.5%)**
 - Persistently low WBC counts
 - 8.3% required intubation
- **Delays in cancer chemotherapy in 67%**
 - 2-87 days
 - Both symptomatic and asymptomatic

Summer Forecast 2023

New Surge in India driven by Omicron XBB.1.16

- First detected in January 2023 (2 cases)
- February 2023, 59 cases
- March 2023 ??
- In India, single day case diagnosis rates have gone from $< 300/\text{day}$ to now $> 1000/\text{day}$
- No deaths (to date)
- I'm more afraid of H3N2



The Origins of the COVID Pandemic

What we know and do not know



ARTERRA/Universal Images Group/Getty Images/FILE

Samples known to be positive for SARS-CoV-2 found to have Raccoon Dog DNA as well

Raccoon dogs traded at Huanan Seafood Market in Wuhan, China

Does NOT mean SARS-CoV-2 came from Raccoon Dogs, but may implicate them as an intermediate host

Most evolutionary biologists who have looked at the genetic sequences believe SARS-CoV-2 emerged as a zoonosis

It will be impossible to fully exonerate the possibility of a laboratory leak

Experience at Camp Ta-Kum-Ta

- As best as we can, exclude undetected COVID19 cases in staff and campers coming into camp
- “Closed Bubble” during camp week
- Best practices to limit spread if undetected COVID19 in Summer Week Staff/Campers

Excluding COVID19 cases in Staff and Campers

COVID19 incubation period is 2-10 days

- Pre-camp testing required
 - *Rapid antigen within 72h*
 - *In Week prior to camp*
 - *Minimize travel, large social gatherings*
 - *Mask in group settings (indoors and outdoors)*
 - *Alert Camp leadership if you or any close* contacts test positive for COVID19 within 10 days of camp arrival*
 - *Alert Camp leadership if you yourself feel unwell***

Excluding COVID19 cases in Staff and Campers

- Upon arrival, all staff and campers were tested by PCR on mid-nasal swab
 - More sensitive than rapid antigen
 - Can stay positive for longer after recovery
 - Any positive test will be disqualifying from participation

Excluding COVID19 cases in Staff and Campers

- Staff
 - Responsible for daily self-testing (antigen)
 - Honor system (sort of... trust but verify)
- Campers
 - Medical team each took ownership of one camper cabin

Plans for suspected COVID19 cases in Staff and Campers

- Immediate quarantine
 - Separate camper/staff quarantine trailers
 - Testing by PCR
 - Positive test result = home immediately

Closed Bubble During Camp Week

- No visitors
- Deliveries will be remote hand-off or camp-staff evacuated
- No leaving camp grounds except for medical/appropriations runners (who will remain KN95 masked for entirety of off-campus time)
- Morning activities ok, avoid contact with non-camp

Limit spread if undetected COVID19 in Summer Week Staff/Campers

- PODS
 - **Think of it as 6 “mini” camps**
 - Principle: You can be unmasked around your POD members; if any non-POD members are present, MASK
 - Sleeping arrangements will be with POD members
 - All eating/pavilion experiences will be by POD

What happens if someone tests positive?

- *In addition to immediate dismissal to home
- That person's POD will immediately quarantine
 - Procedures and details forthcoming
- All POD members will be tested by PCR
 - Asymptomatic and test-negative = can stay at camp
 - Symptomatic OR test-positive = home
- 3 or more total incident cases of COVID19 during the week (TOTAL) = **camp ends early**

2022 Outcomes

- A number of staff and campers excluded pre-camp week for exposures and/or symptoms
- Zero positive PCR tests upon arrival among staff and campers
- 3 individuals tested for symptoms during camp week – all COVID negative
- Zero positive antigen tests on daily testing

The rules we operate under outside of camp are
insufficient here

Experience at Camp Ta-Kum-Ta: Summer 2023

- Level of immunity in community is higher than last year
 - Natural disease
 - Vaccination
- Currently (and subject to change), low levels of SARS-CoV-2 activity
- Current strains, although MORE transmissible, are less virulent
 - Does not mean a more virulent strain could emerge

Current plans

- All campers and staff required to be fully vaccinated as per CDC guidelines (including bivalent boosters)
 - Medical exceptions only with Medical Staff approval
- Home Ag test within 72 hrs of arrival
- Exclusion for any URI symptoms active upon arrival
- PCR test all campers and staff upon arrival
 - No further testing unless symptomatic
- Masking optional
- No “POD”_s***

Questions/Discussion