

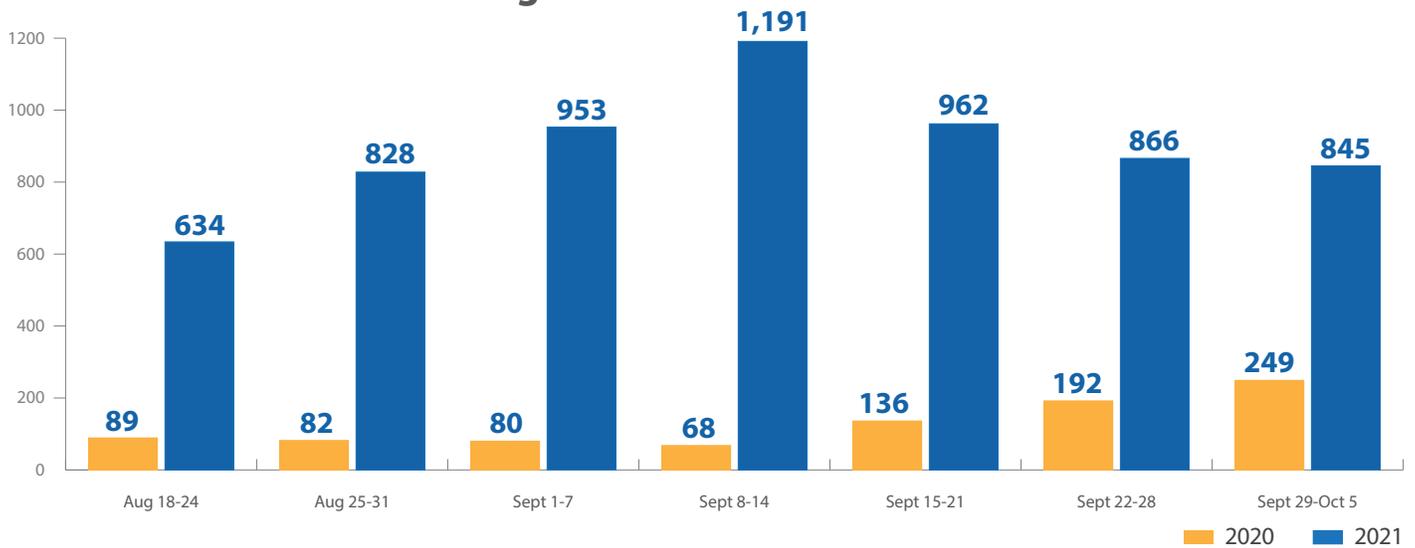
COVID-19 Report: A Focus on Schools and Hospitals

Schools

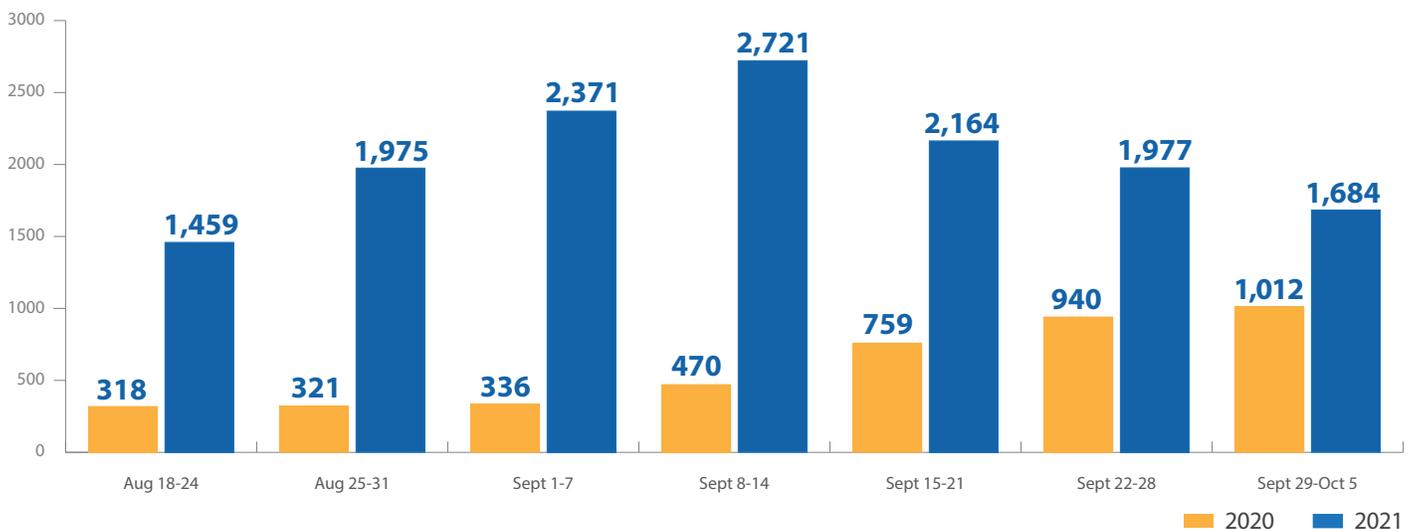
Comparing COVID-19 cases among school-aged children from 2020 and 2021

Cases among school-aged children from the first 7 weeks of school are **3.5 times higher** this year than they were last year. This school year started with a higher number of cases, fewer safety protocols in place, and the highly transmissible Delta variant. Preliminary reports from local health departments suggest Test to Stay protocols have been effective in containing the spread of COVID-19 in schools. The downturn in cases and the downward trend in cases the last 3 weeks is encouraging.

Positive cases of children ages 5-10



Positive cases of children ages 5-17



Data on school-level cases, case counts by elementary, middle, and high school-aged youth, hospitalizations and vaccinations among school-aged youth, and information on MIS-C cases is available at coronavirus.utah.gov/case-counts/#schools.



Children have low COVID-19 vaccination rates

Children ages 12-17 years old are eligible to receive the COVID-19 vaccine, yet there are only two health districts with more than 60% of children who are fully vaccinated against COVID-19. Schools can request to host a mobile vaccination clinic by visiting coronavirus.utah.gov/vaccine-event-request.

	Local Health District	Children who got at least one dose	Percent of children who got at least one dose	Children who are fully vaccinated	Percent of children who are fully vaccinated	Percent increase in number of children who are fully vaccinated from last week
<40% fully vaccinated	TriCounty	1,958	30.9	1,298	20.5	3.9
	Central Utah	2,543	29.4	1,991	23	5.2
	Southwest Utah	7,309	31.1	5,645	24	4.6
	Southeast Utah	1,181	32.2	917	25	2
	Utah County	34,253	49.4	27,375	39.5	3.7
<60% fully vaccinated	Bear River	9,766	50.7	7,996	41.5	2.6
	San Juan	778	47.6	705	43.1	2
	Weber-Morgan	13,850	53.4	12,005	46.3	2.4
	Tooele County	4,515	55	3,818	46.5	3.1
	Wasatch County	2,018	53.4	1,769	46.8	2.8
	Salt Lake County	68,506	65.6	60,761	58.1	1.8
<80% fully vaccinated	Davis County	26,046	67.3	23,253	60.1	1.6
	Summit County	2,978	74	2,534	62.9	1.7

Local health districts which saw an increase of 5% or more in the number of fully vaccinated children from last week are highlighted in green.

Schools at or above the Test to Stay threshold

[Utah Code](#) requires schools to do a Test to Stay event when:

- Two percent (2%) of the students in the school have tested positive for COVID-19 in the last 14 days (in schools with 1,500 or more students).
- Schools with fewer than 1,500 students have 30 students test positive for COVID-19 within the last 14 days.

The table below shows the results of Test to Stay events held within the last week, as reported to the UDOH by the local health departments. This data DOES NOT include the number of students who tested positive to trigger the Test to Stay event. Local health departments will have the most accurate and timely data to determine public health actions in specific schools and it may not be fully reflected in this report.

This means there are actually more students than shown in the table who can't attend school in-person because they are infectious and can spread the virus to others. Other students may be on quarantine due to an exposure to COVID-19 or participating in remote learning because they didn't participate in the testing event.

Test to Stay events the week of 9/28/2021 to 10/5/2021

Name of school	Date of Test to Stay event	# of students tested	# of students who tested positive	Percent positivity from Test to Stay	School enrollment*
Buffalo Point Elementary	10/1	812	28	3.5%	837

*School enrollment data is based on the 2020-2021 school year as reported to the UDOH by the Utah State Board of Education (USBE). Statewide enrollment data for the current 2021-2022 school year is not publicly available from the USBE until late fall 2021.

In-person school days lost due to isolation for COVID-19

School-aged children who test positive for COVID-19 must isolate at home for 10 days from the date they first had symptoms or from the date of their positive test.



Total school-aged cases in the past 10 days

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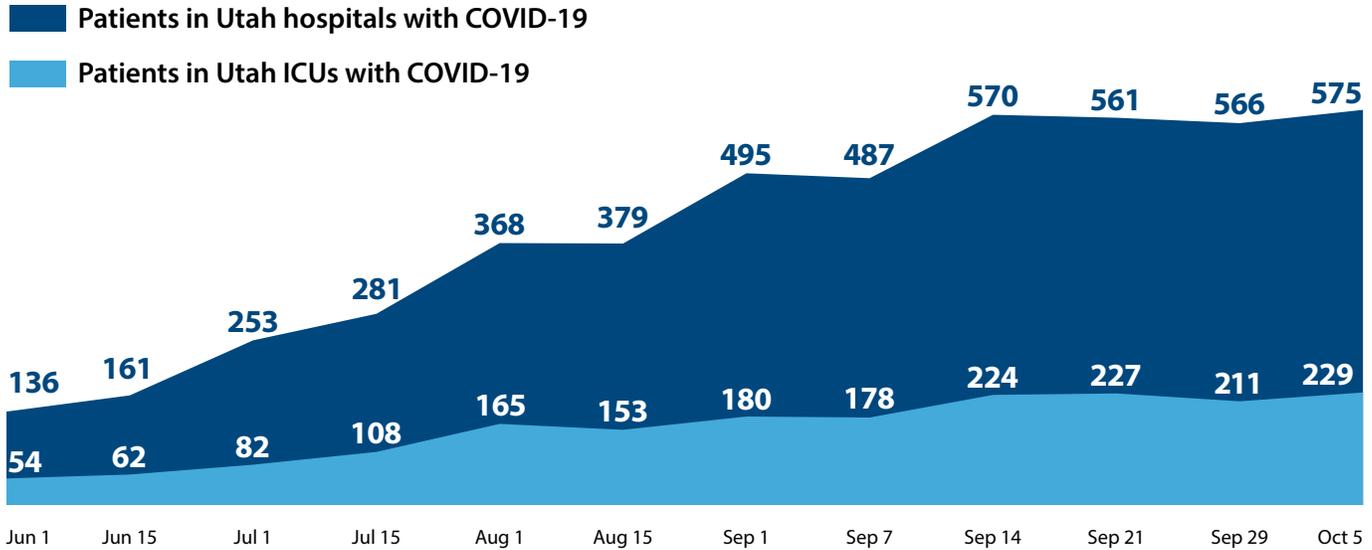


*Assumes a school-aged child will miss an average of 7 days of in-person instruction during their isolation period



COVID-19 related hospitalizations

The number of patients being treated for COVID-19 in hospitals and ICUs has increased dramatically since the beginning of summer. From June through September, the number of patients hospitalized for COVID-19 increased by more than 300%. Currently, a sustained plateau at peak occupancy levels, including in ICUs, has put immense strain on Utah hospitals.

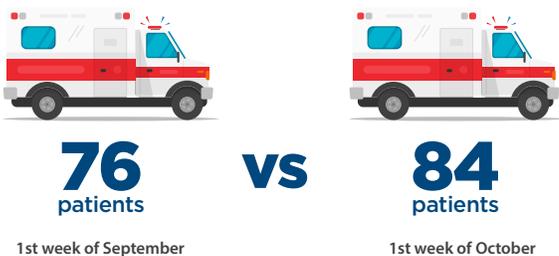


Pressure on hospitals

Patient transfers are another indicator of the current demand on hospitals. Patients may need to be transferred to another hospital for many reasons: hospitals may not have the equipment needed or specialized staff to treat patients with cardiac problems, severe injuries from car crashes, burns or COVID-19, etc. Currently, many transfers occur because the hospital where the patient originally arrives does not have enough staffed ICU beds when the person arrives at the ER. This need for patient transfers affects all patients.

Delays in getting into a hospital aren't just inconvenient, they can also impact the care a patient receives or the ability of a family to visit a patient during their hospital stay.

Patients needing a transfer*



Wait time to find an ICU Bed**



*People who needed to be transferred to another hospital for higher levels of care. Not all patients who need to be transferred have COVID-19.

**The time for hospital staff to locate an available ICU bed. Does not include transfer or transportation time.

Continuum of Care



*Utah's current level

Normal and usual care

- No need for extra staffing/shifts
- Patients are cared for in usual areas of the hospital based on their treatment needs
- All patients get resources as needed
- Supplies aren't limited

Contingency care

(patient care may be diminished)

Contingency

- Normal hospital operations are stressed
- Extra staffing/shifts needed
- Conservation of supplies
- Double bunking (putting 2 patients in a single room)

Deep contingency (challenges in providing the best care to every patient)

- Elective procedures and surgeries may be postponed
- Providers are responsible for treating more patients at one time than what is normal
- Diversion of ICU patients to other locations or systems
- Rural hospitals increase the use of tele-critical care support

Deepest contingency (quality of care will likely be less than normal)

- Cancellation of surgeries
- Severe staffing shortages and extreme ratio of patients to providers
- Providers must help treat patients outside their speciality areas or scope of practice
- Patients are treated in rooms or areas of the hospital that are not normally used or equipped for their treatment needs
- Pressure on load-leveling means patients both in-state and out-of-state cannot be transferred to hospitals with the staff and equipment they need or in a timely manner

Crisis care

- Trained staff are unavailable or unable to care for the number of patients in the hospital, even after extreme measures are taken
- [Crisis standards of care](#) declared through formal legal or regulatory powers based on a request by the health systems

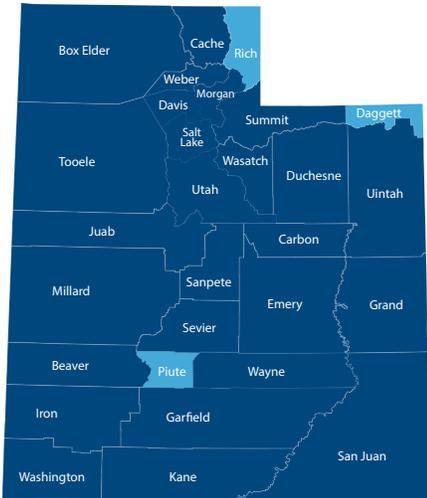
Surges in COVID-19 can overwhelm hospital capacity to the point that patient care may be diminished. Patients may not receive the best care they deserve. Patients and families may have to travel far greater distances than is ideal or normal for care or to secure a hospital bed. Care for injuries or medical issues that are not immediately life-threatening may be delayed.

In the last week, one large referral center hospital is experiencing a physician shortage for the first time in the pandemic. In addition, rural hospital ICUs are experiencing higher occupancy levels this week, often exceeding 90%. This is because of limited availability of ICU beds at referral center hospitals; rural patients needing a higher level of care would be transferred to these hospitals under normal circumstances.

Hospital capacity changes minute-by-minute as contingency plans are implemented. These strategies are not listed in any particular order and serve as examples for what must be done to preserve patient care as best as possible. Hospitals may be at different points on the continuum of care across the state. As the number of hospitalized patients changes, some or all of these strategies may be needed. At this time, many hospitals in Utah are using deepest contingency care.

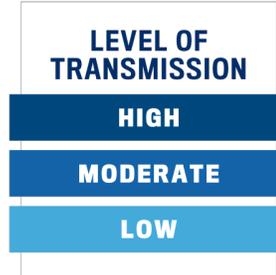
10/7/2021





COVID-19 Transmission Index

The COVID-19 Transmission Index places counties in high, moderate, or low levels of transmission using defined public health metrics. These levels correspond directly to case rates, positivity rates, and ICU utilization. The transmission index is updated weekly on Thursdays.



Visit coronavirus.utah.gov/utah-health-guidance-levels to see your county's current transmission level.