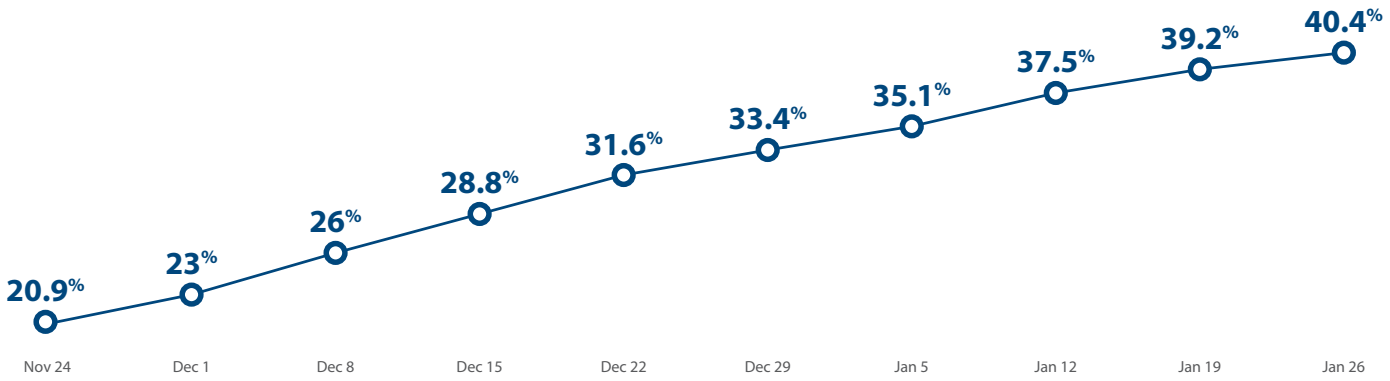
COVID-19: Response Report

Booster Doses

Utah is experiencing a dramatic increase in COVID-19 cases, driven largely by the emergence of the Omicron variant. Studies have shown that a booster dose offers significant protection against the new variant.

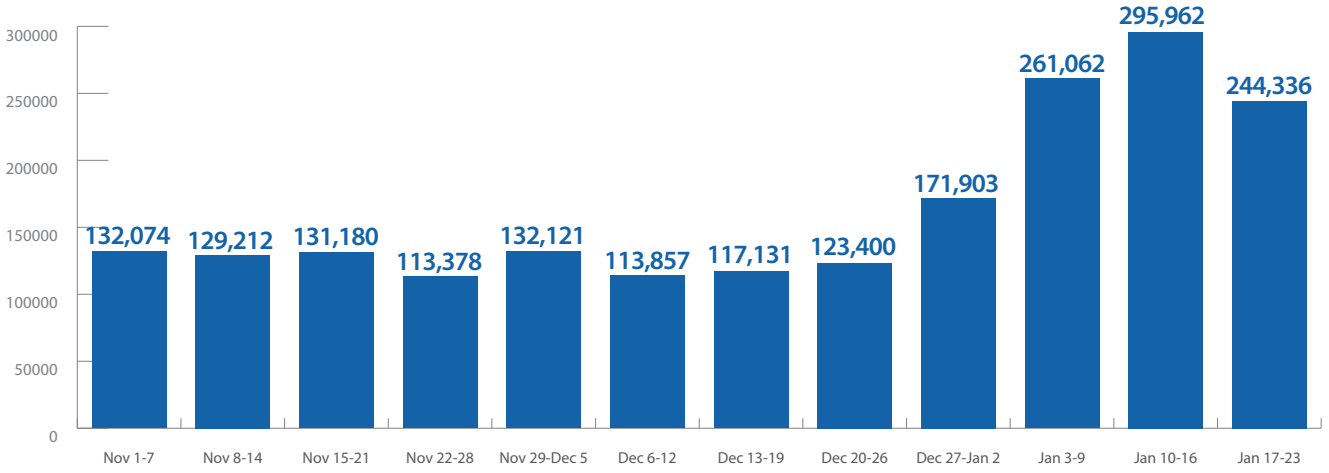
Adults who have received a booster dose



Testing

The surge of cases has also created significant demand at testing locations throughout the state. Being tested at the first sign of symptoms is important in order to receive treatment with either monoclonal antibodies or newly authorized antiviral pills. While both of these treatments are currently in very limited supply, establishing early testing as a regular behavior will be an important element of the COVID-19 response as treatment supply improves.

Total test conducted



Schools

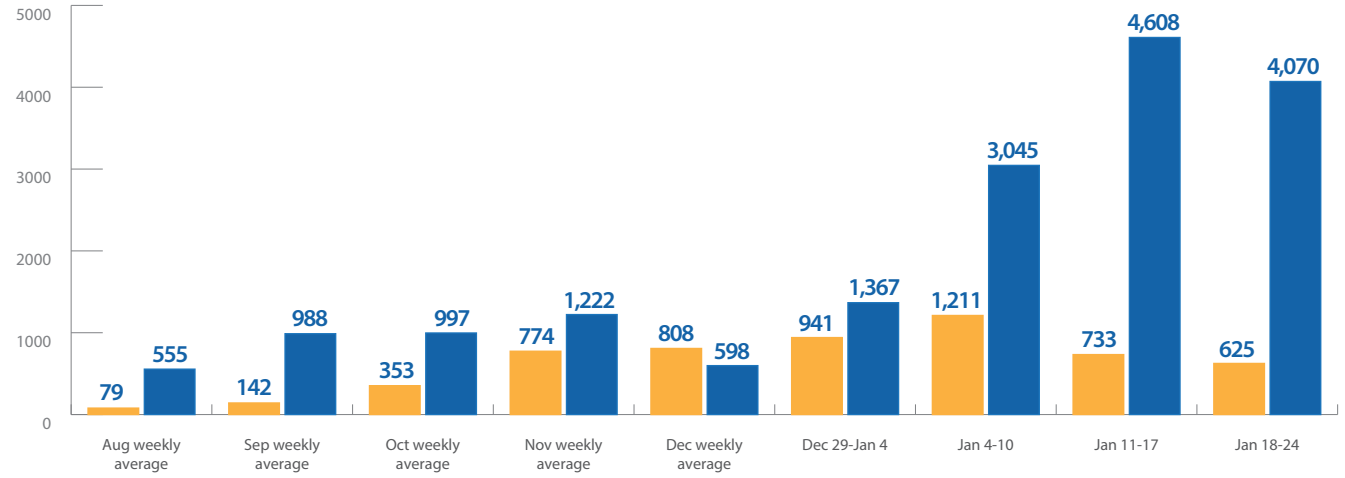
Increase in child vaccination rates

Children ages 5-17 are now eligible to receive the COVID-19 vaccine. Children ages 5-11 have been eligible to receive the vaccine since November 2021. Children ages 12-17 years old have been eligible to receive the COVID-19 vaccine since earlier in 2021.

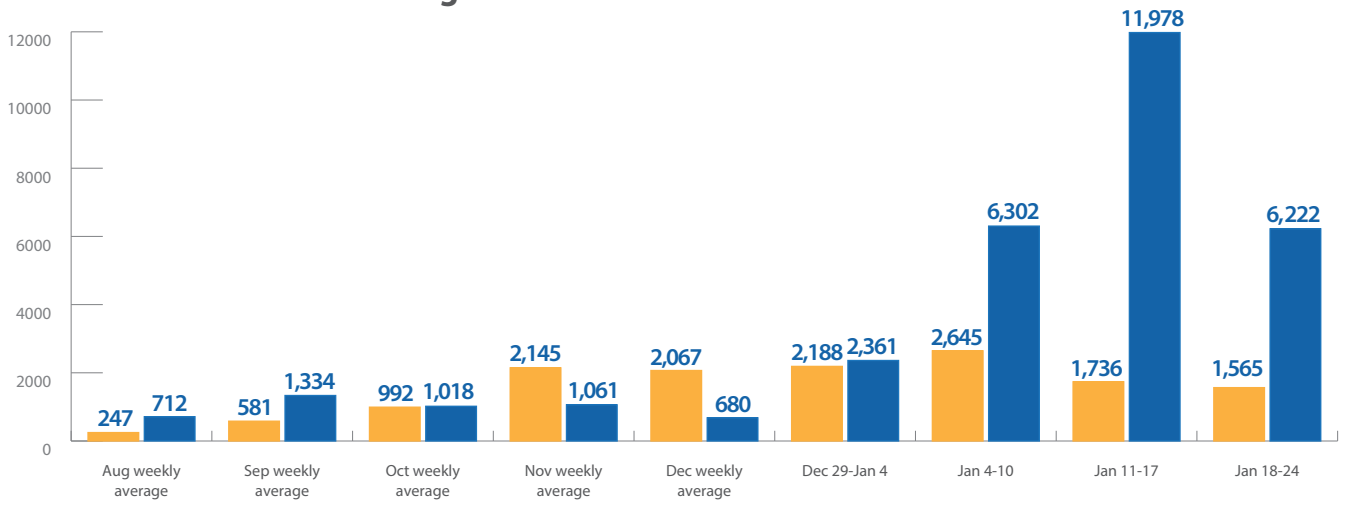
	Local Health District	5-11 year olds who are fully vaccinated	Percent of 5-11 year olds who are fully vaccinated	12-17 year olds who are fully vaccinated	Percent of 12-17 year olds who are fully vaccinated
>60% Ages 12-17 fully vaccinated	Summit County	1,610	41.8	2,877	72
	Davis County	13,120	29.2	26,276	67
	Salt Lake County	34,635	29	68,971	65.5
>40% Ages 12-17 fully vaccinated	Weber-Morgan	5,371	17.9	14,022	53.4
	Tooele County	1,601	16.7	4,489	53.2
	Wasatch County	902	21.6	2,072	51.5
	Bear River	3,202	14.2	9,552	48.6
	San Juan	461	26.4	801	48.5
	Utah County	16,968	20.6	33,283	47
>20% Ages 12-17 fully vaccinated	Southeast Utah	422	10.4	1,161	30.9
	Central Utah	685	7.8	2,624	30.2
	Southwest Utah	1,956	7.5	7,336	30
	TriCounty	496	6.8	1,723	26.6

Comparing COVID-19 cases among school-aged children from 2020-2021 and 2021-2022

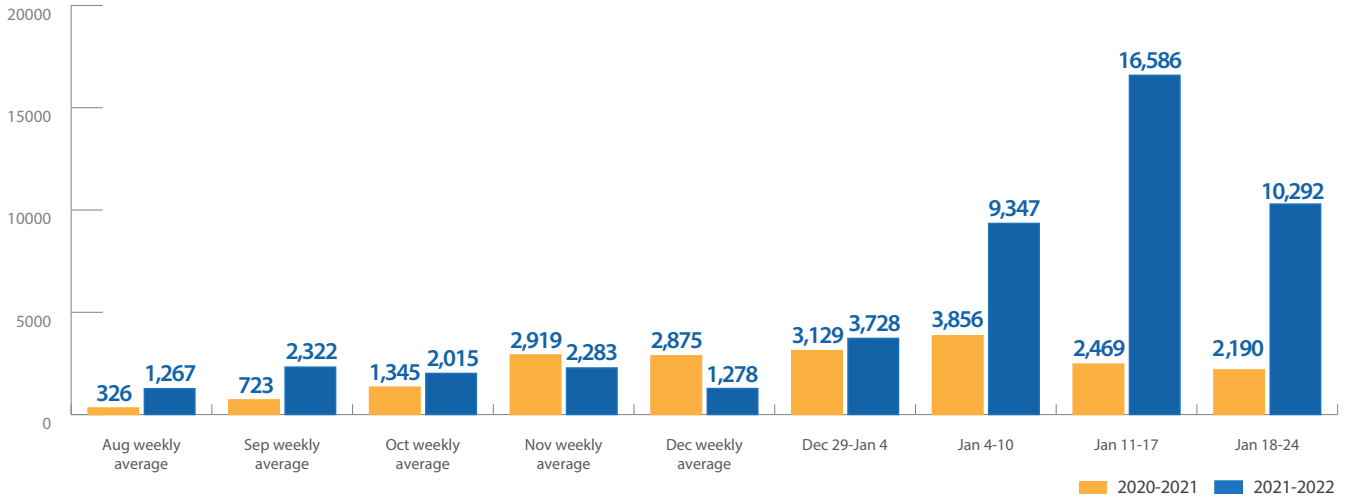
Positive cases of children ages 5-10



Positive cases of children ages 11-17



Positive cases of children ages 5-17

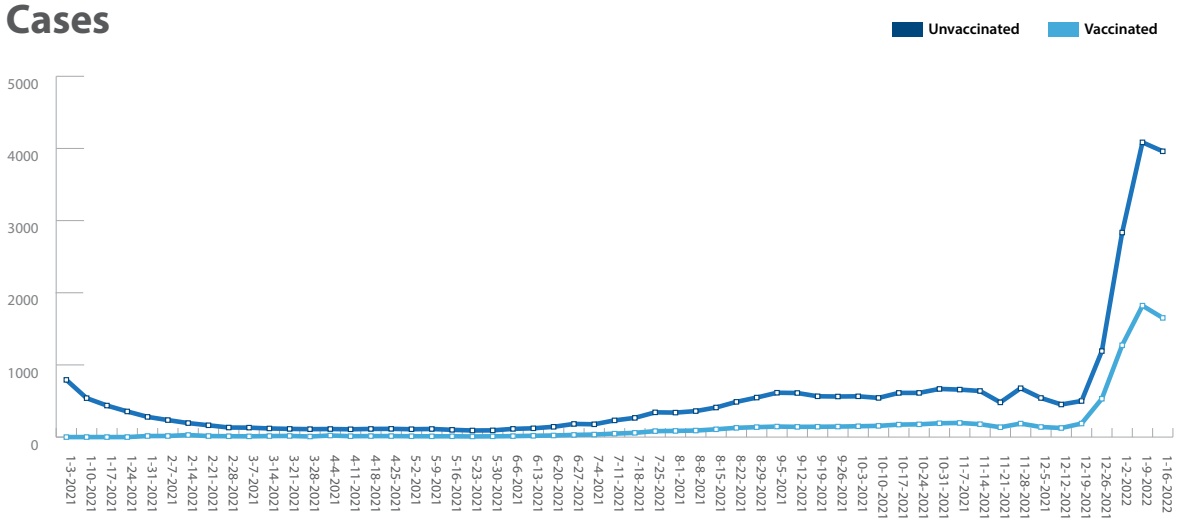


Data on school-level cases, case counts by elementary, middle, and high school-aged youth, hospitalizations and vaccinations among school-aged youth, and information on MIS-C cases is available at coronavirus.utah.gov/case-counts/#schools.

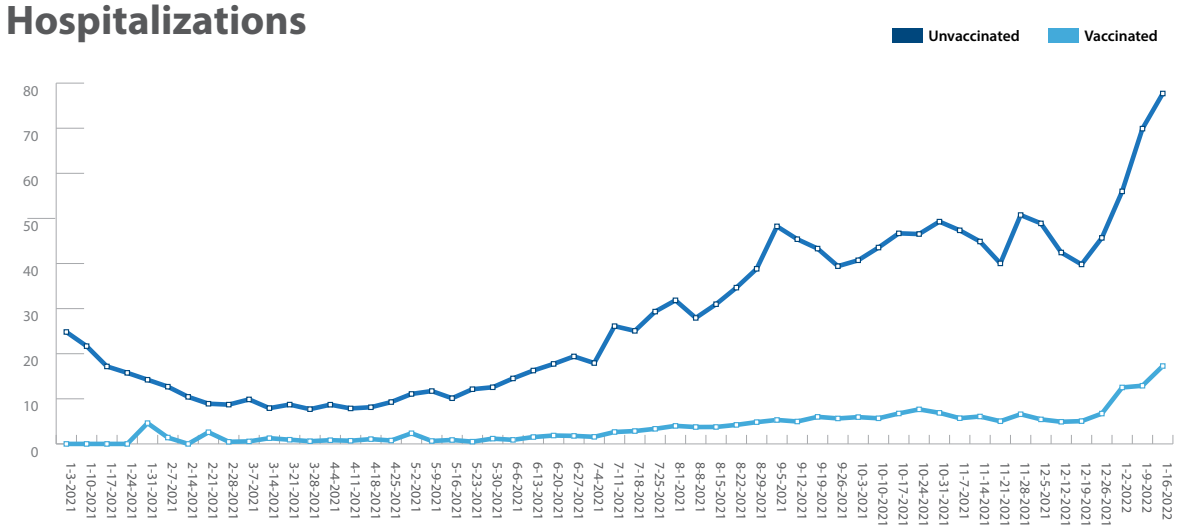
Vaccinated vs Unvaccinated Rates

The charts below show the 7-day rates of cases, hospitalizations, and deaths among vaccinated and unvaccinated people. The rates are age adjusted, and represent the number of cases, hospitalization, or deaths per 100,000 people in the population.

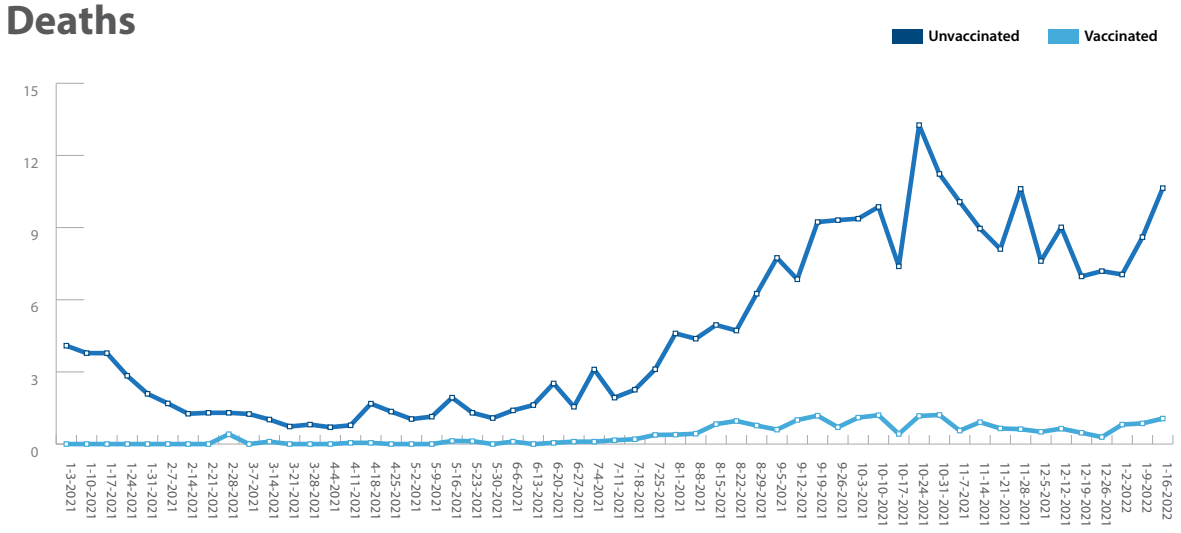
Cases



Hospitalizations



Deaths



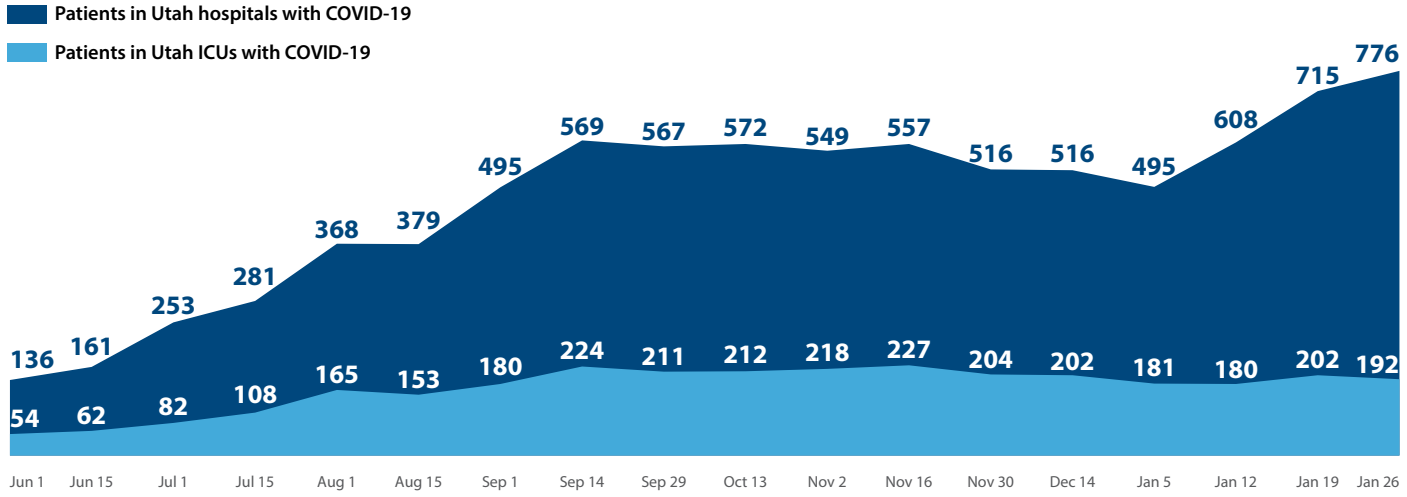
1/27/2022

Test to Stay

The Test to Stay program was formally paused on January 14. The State Legislature recently passed House Bill 183 which will significantly change the Test to Stay program moving forward. As a result, these data are no longer being reported.

COVID-19 related hospitalizations

Significant caseload growth, driven by the arrival of the Omicron variant in late December 2021, has placed additional, significant strain on Utah hospitals. Since early January, when the first Omicron patients were admitted to hospitals, the number of patients hospitalized for COVID-19 throughout the state has increased by 57%.



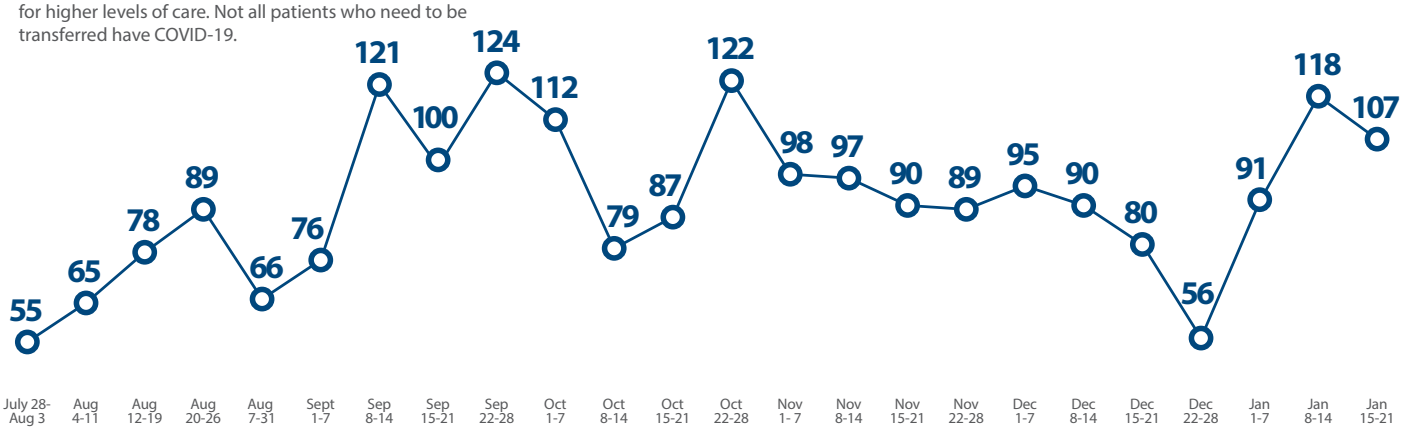
Pressure on hospitals

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.

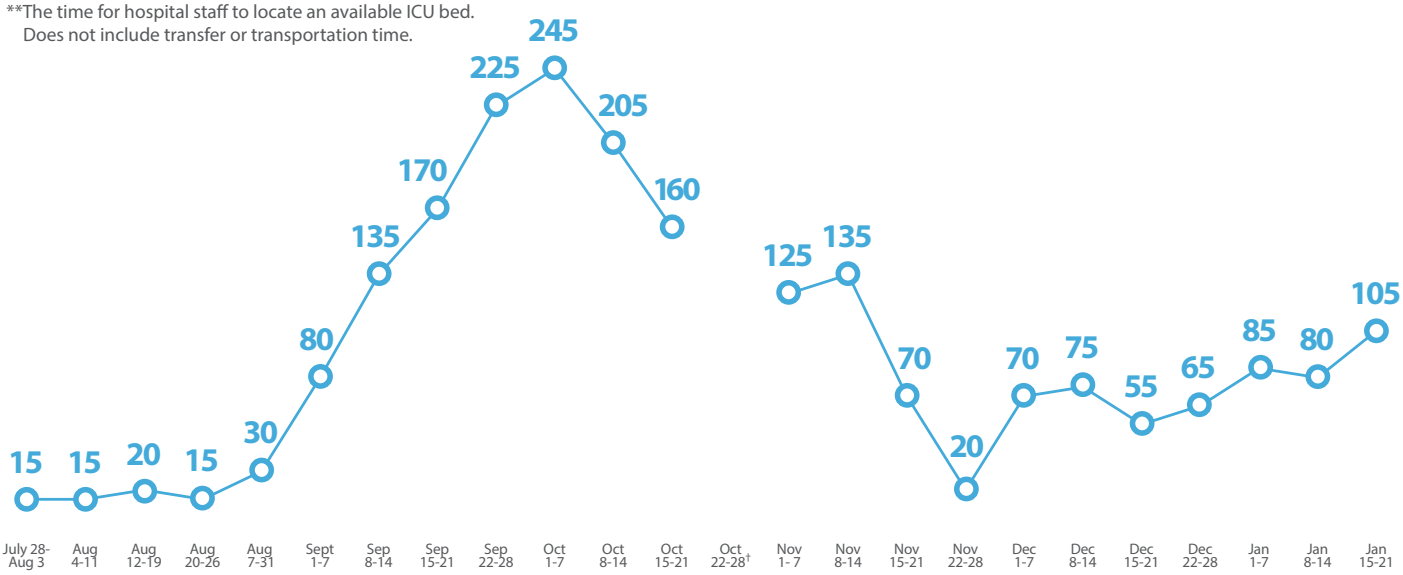
Patients needing a transfer*

*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.



Wait time to find an ICU bed (minutes)**

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



† Two patient transfers took 48 hours to complete.

Treatments

People at high risk for severe illness may benefit from new medications available to treat COVID-19. Monoclonal antibody (mAb) treatment has been available since November 2020 and new oral antiviral pills received emergency use authorization in December 2021. Supply of these new medications is improving, but is extremely limited currently.

Based on current case counts in Utah, at least 4,200 Utahns at highest risk of severe illness from COVID-19 are eligible for treatment each week. But less than 1,000 combined available treatments (mAb and antiviral pills) were allocated to Utah each week.

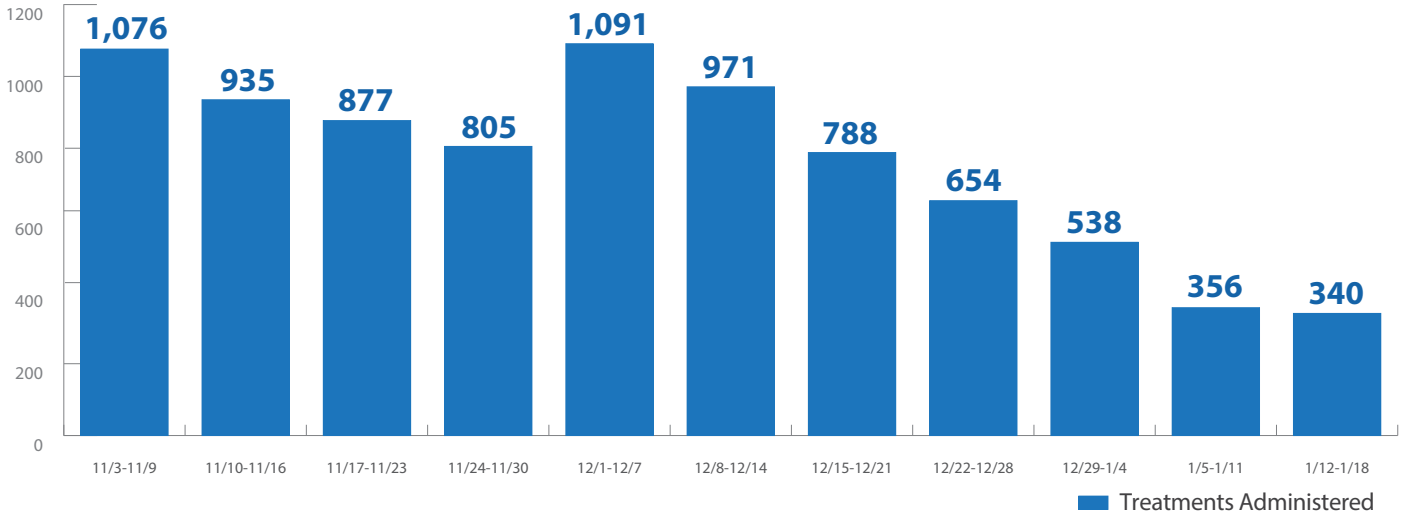
UDOH has distributed this very limited supply across the entire state, but only a fraction of Utahns eligible to receive treatment will have access.

Monoclonal Antibody Administrations

To date, more than 15,000 mAb treatments have been administered by UDOH and healthcare providers.

Unfortunately, the two most available mAb treatments are not effective against the Omicron variant, which now represents more than 90% of infections in Utah. As a result, there has been a dramatic reduction in viable doses available for weekly administrations.

Monoclonal Antibody Administrations



Continuum of Care

Normal and usual care	>	**Contingency care** (Deep / Deepest*)	>	Crisis 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.

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.

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 and specific data points.

LEVEL OF TRANSMISSION

- **HIGH**
- **MODERATE**
- **LOW**

HB 294 Metrics

House Bill 294 terminated certain COVID-19 public health orders when thresholds for case rates, intensive care unit (ICU) utilization, and vaccinations were met. On May 4, 2021, these thresholds were met and the public health orders ended. Currently, the state's case rates and ICU utilization are **2.6 to 22.5 times higher** than these thresholds.

Metrics	High	Low	Current
Statewide 7-day average COVID-19 ICU utilization is less than 15%	**46% on 10/7/21** (3.1x above threshold)	**5% on 5/11/21** (3.0x below threshold)	**39.5%** (2.6x above threshold)
Statewide 14-day case rate is less than 191 cases per 100,000	**4,290 per 100,000 people on 1/19/22** (22.5x above threshold)	**96 per 100,000 people on 6/1/21** (2x below threshold)	**4,187 per 100,000 people** (22.5x above threshold)
1,633,000 prime doses of COVID-19 vaccine allocated to the state	**Target met May 4**	**Target met May 4**	**Target met May 4** 2,203,488 people have received at least one dose