COVID-19: Response Report

Schools

COVID-19 vaccines available for ages 5+

COVID-19 vaccines are now widely available throughout the state for 5-11 year olds. Doctors offices, pharmacies, and local health departments are all offering vaccines for this age group. There are several community vaccination events scheduled throughout the state as well.

To find a vaccine location visit coronavirus.utah.gov/vaccine-distribution.

68,019

18.6% of all 5-11 year olds have received their first dose as of Nov. 30, 2021

Increase in child vaccination rates

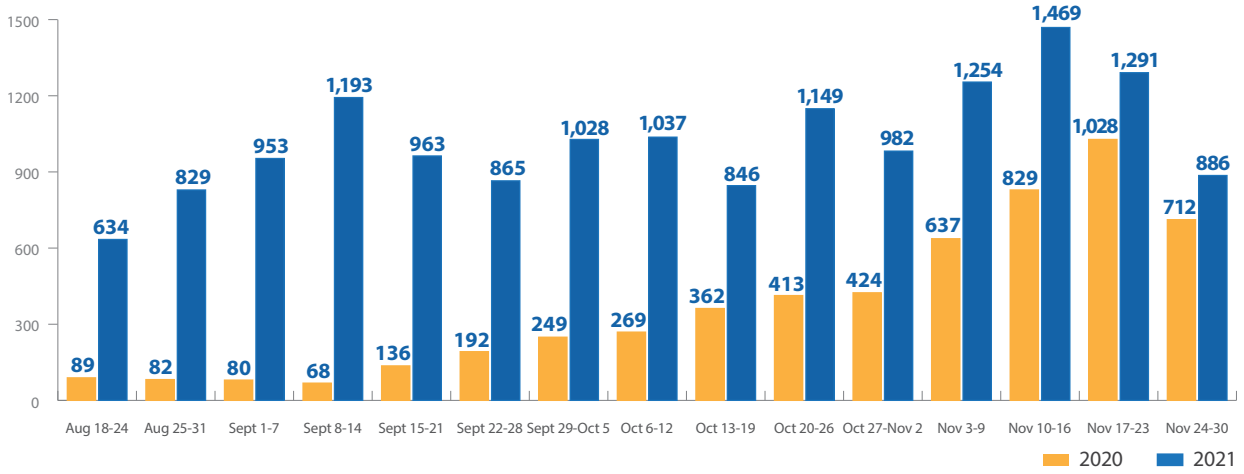
Children ages 5-17 are now eligible to receive the COVID-19 vaccine. Children ages 5-11 have been eligible to receive the vaccine since early November, as a result few have had the time to be fully vaccinated yet. Children ages 12-17 years old have been eligible to receive the COVID-19 vaccine since earlier in 2021, yet there are only three health districts with more than 60% of children in this age group who are fully vaccinated against COVID-19.

	Local Health District	5-11 year olds who have received one dose	Percent of 5-11 year olds who have received one dose	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	1,521	39.5	2,705	67.7
	Davis County	11,382	25.3	25,059	63.9
	Salt Lake County	29,567	24.8	65,459	62.1
>40% Ages 12-17 fully vaccinated	Weber-Morgan	4,463	14.8	13,211	50.3
	Tooele County	1,563	16.3	4,225	50.1
	Wasatch County	700	16.7	1,932	48
	Bear River	3,119	13.8	8,983	45.7
	San Juan	416	23.8	744	45
	Utah County	11,774	14.3	30,815	43.5
>20% Ages 12-17 fully vaccinated	Southeast Utah	379	9.4	1,056	28.1
	Central Utah	544	6.2	2,397	27.6
	Southwest Utah	1,519	5.8	6,712	27.4
	TriCounty	433	5.9	1,594	24.6

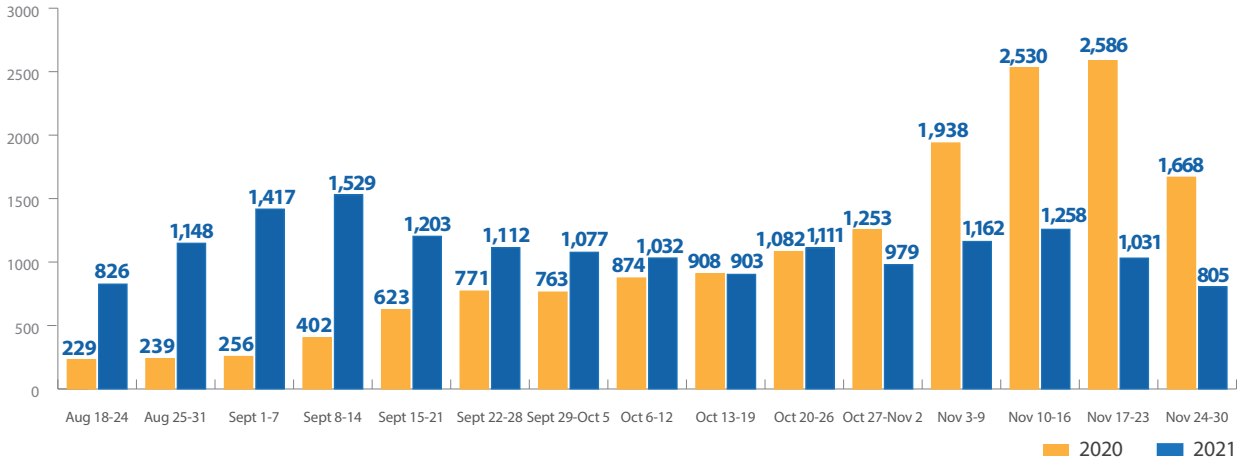
Comparing COVID-19 cases among school-aged children from 2020 and 2021

Cases among school-aged children from the first 14 weeks of school are **1.5 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.

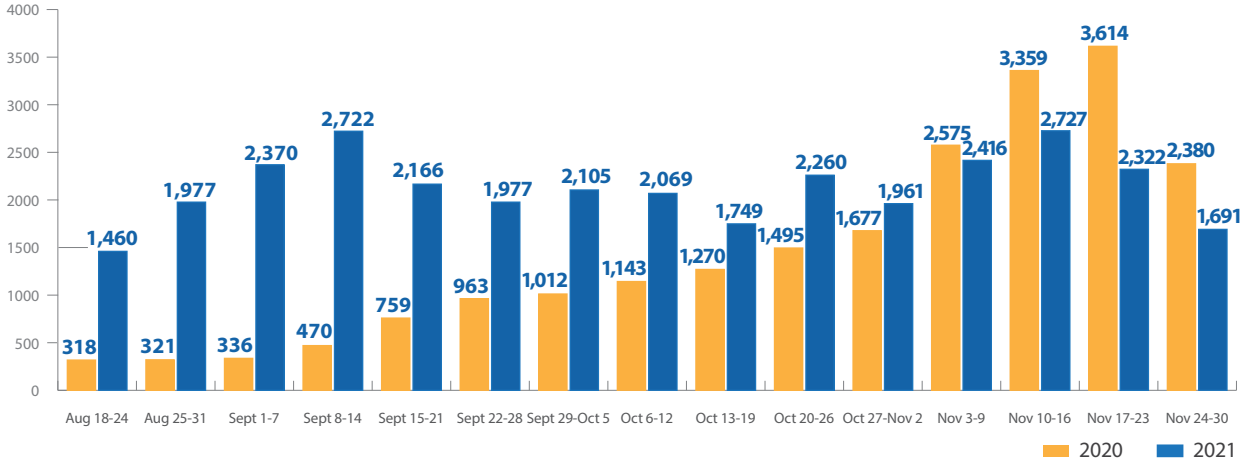
Positive cases of children ages 5-10



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.

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 during the 2021-2022 school year.

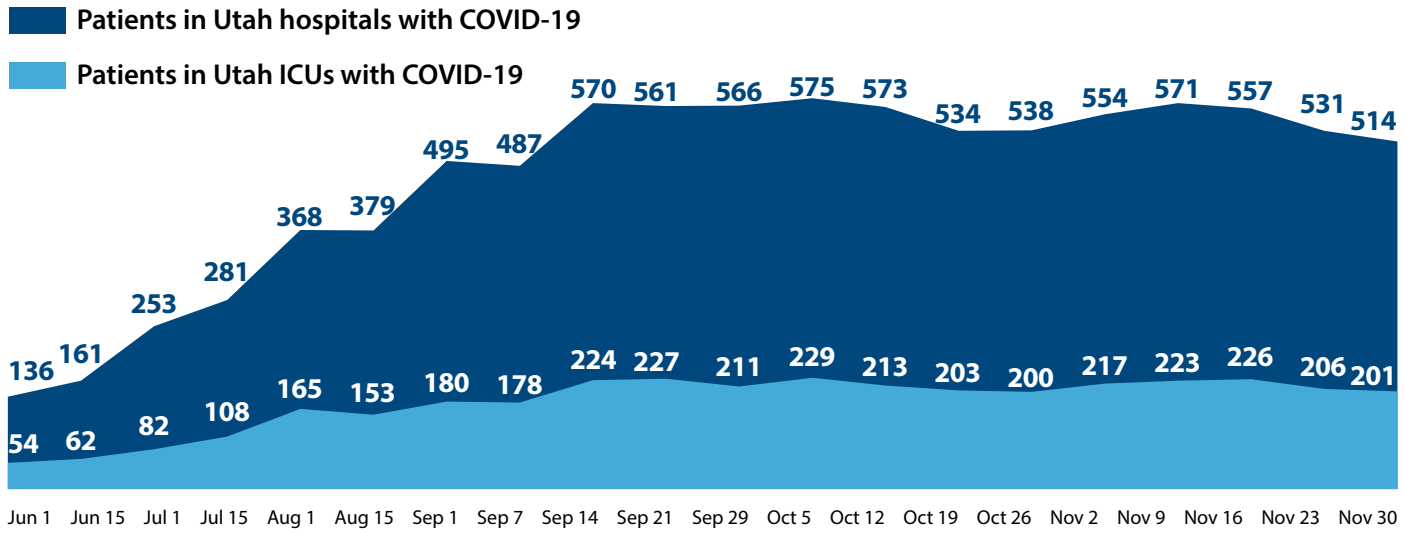
Test to Stay events during the 2021-2022 school year

Week	Name of school	# of students tested	# of students who tested positive	Percent positivity from Test to Stay	School enrollment*
11/23-29	None				
11/16 - 11/22	Soldier Hollow Elem.	81	2	2.5%	280
	HC Burton School	571	25	4.4%	669
	Oakcrest School	330	39	12%	652
10/13-11/15	None				
10/6-10/12	Willow Springs Elementary	498	13	2.6%	682
	Edgemont Elementary	490	40	8.2%	536
9/29-10/5	Buffalo Point Elementary	760	27	3.8%	837
9/22-9/28	Mountain Crest High	1,286	42	3.3%	1,484
9/15-9/21	Tooele High	1,603	38	2.4%	1,552
	Antelope Elementary	598	10	1.7%	572
9/8-9/14	American Preparatory Academy	1,033	35	3.4%	459
	Syracuse Elementary	808	15	1.9%	821

**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.*

COVID-19 related hospitalizations

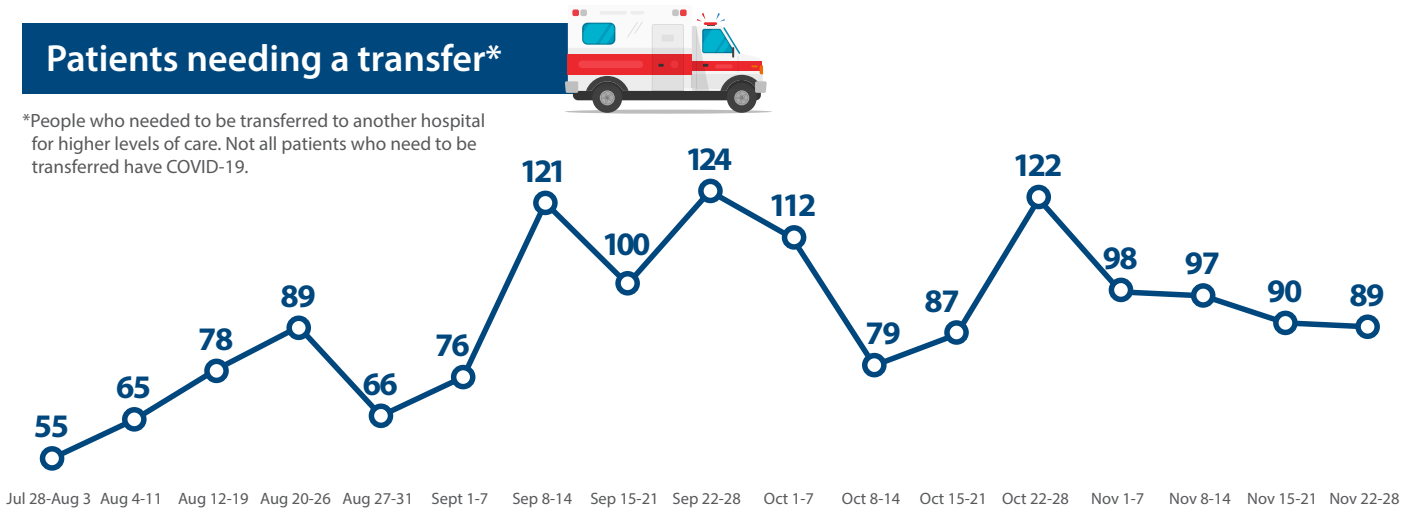
The number of patients being treated for COVID-19 in hospitals and ICUs has increased dramatically since the beginning of summer. From June through today , the number of patients hospitalized for COVID-19 increased by nearly 278%.



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.

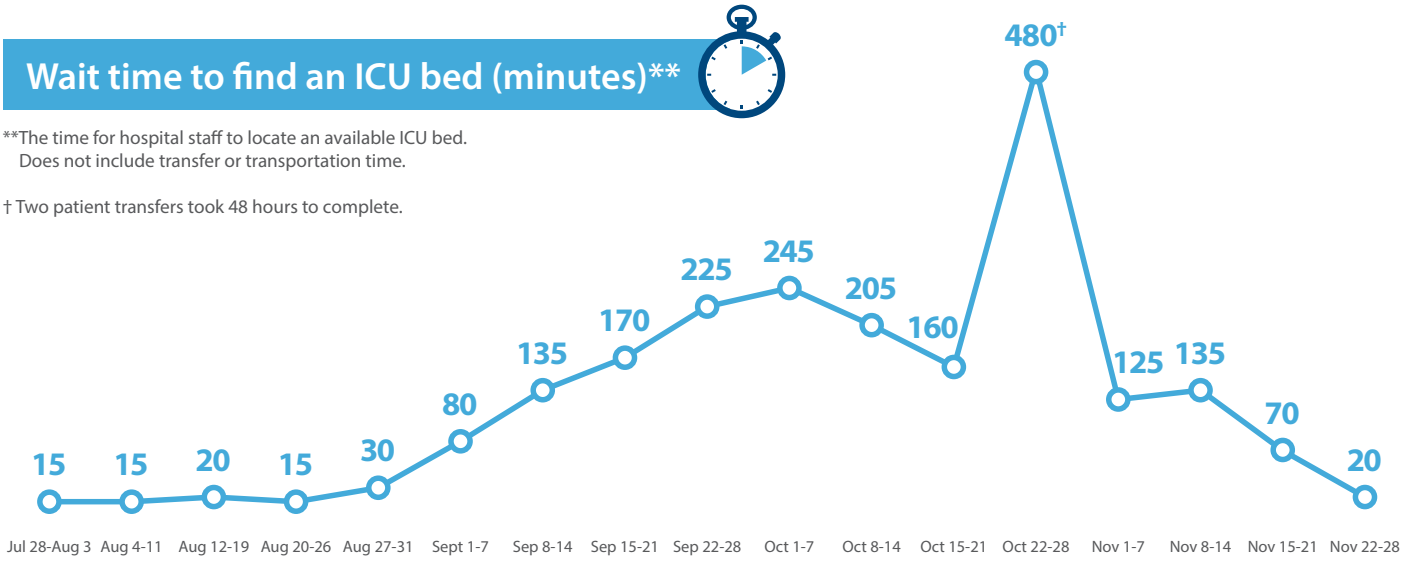
Delays in getting into a hospital aren't just inconvenient, they can also impact the care a patient receives or the ability of a family to visit a patient during their hospital stay.



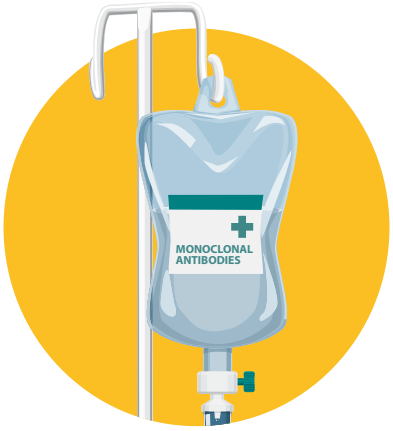
Wait time to find an ICU bed (minutes)**

**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.



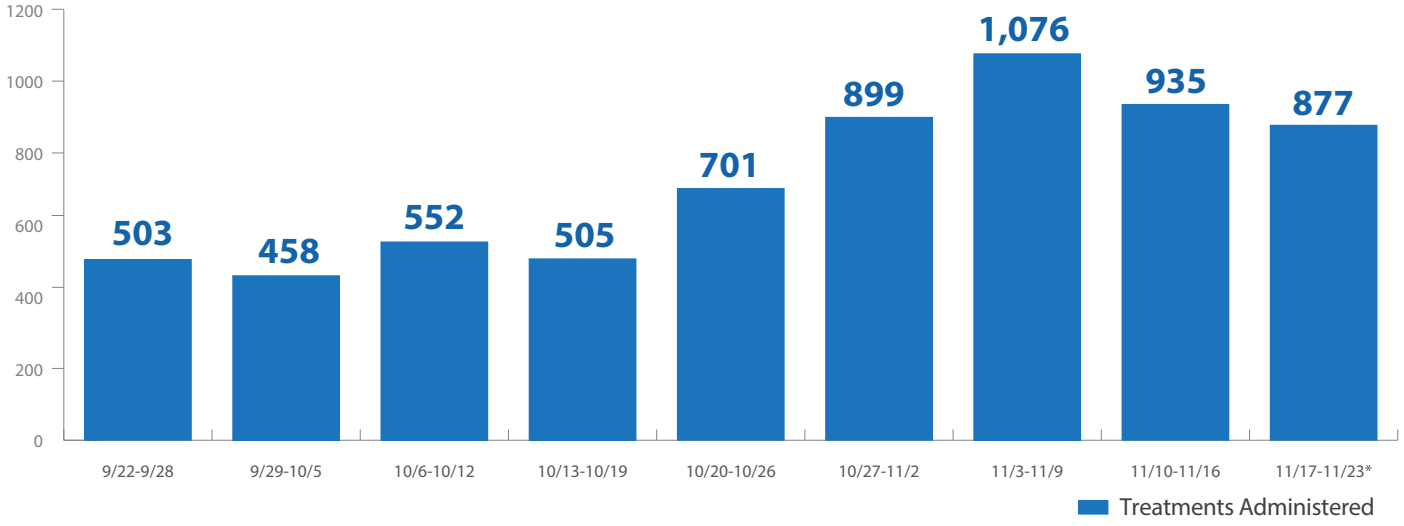
Monoclonal Antibody Administrations



People who test positive for COVID-19 and are at high risk for severe illness may benefit from monoclonal antibody treatment (mAb). Monoclonal antibodies are given to people through an intravenous (IV) infusion. These infusions are usually given in an outpatient infusion center.

On September 22, the Department implemented a reporting system to more accurately track the number of mAb treatments administered statewide. Prior to September 22, it is estimated approximately 7,100 mAb treatments had been administered throughout the state.

Monoclonal Antibody Administrations



Many treatment facilities were closed on Thanksgiving day.

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

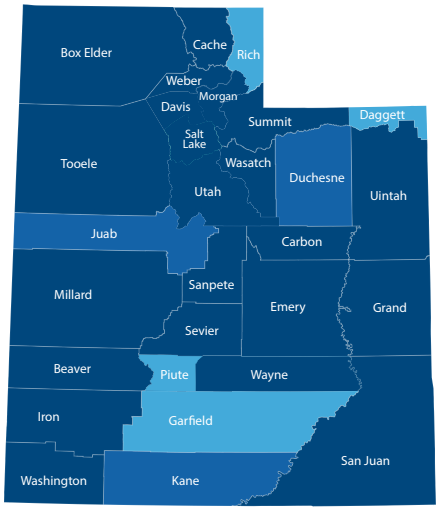
Deepest contingency (quality of care will likely be less than normal)
- Cancellation of surgeries
- Severe staffing shortages and extreme ratio of patients to providers
- Providers must help treat patients outside their speciality areas or scope of practice
- Patients are treated in rooms or areas of 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 **2.7 to 3.0 times higher** than these thresholds.

Metrics	2021 Peak	2021 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)	**40%** (2.7x above threshold)
Statewide 14-day case rate is less than 191 cases per 100,000	**1,295 per 100,000 people on 1/9/21** (6.8x above threshold)	**96 per 100,000 people on 6/1/21** (2x below threshold)	**577 per 100,000 people** (3.0x 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** 2,075,126 people have received at least one dose