

January 31, 2022

DOH Deputy Secretary Laura C. Parajón, M.D., M.P.H Infectious Disease Bureau Chief Dan Burke IDB Medical Director Miranda Durham, M.D.



NM DOH Mission

To ensure health equity, we work with our partners to promote health and well-being, and improve health outcomes for all people in New Mexico.

Goals



We expand equitable access to services for all New Mexicans



We ensure safety in New Mexico healthcare environments



We improve health status for all New Mexicans



We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals





New Department of Health Secretary: Patrick M. Allen



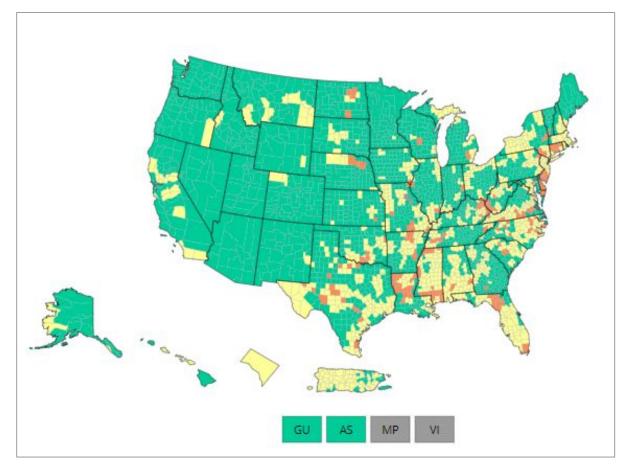
https://www.governor.state.nm.us/2022/12/30/governor-appoints-patrick-m-allen-as-department-of-health-cabinet-secretary/

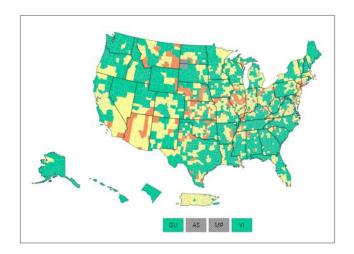


COVID-19 Overview

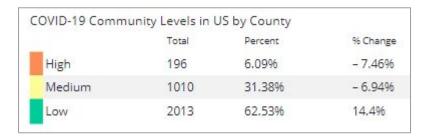
COVID-19 Community Levels

A measure of the impact of COVID-19 illness on health and healthcare systems





data through 12/17/22



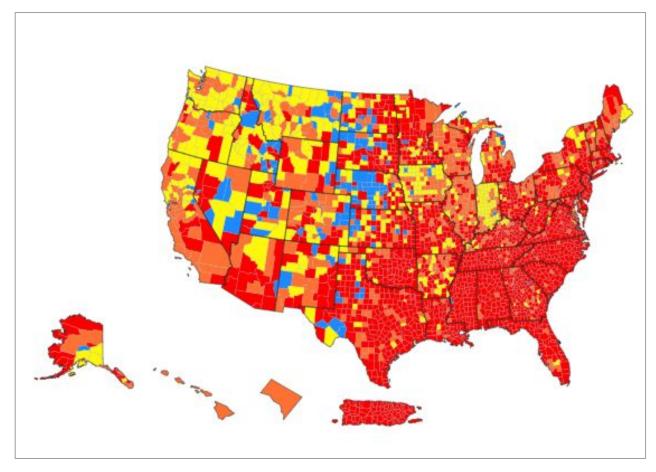
data through 1/20/23



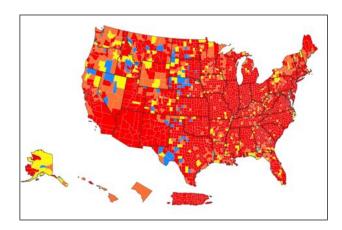
https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties

Community Transmission - CDC

the map for healthcare facilities



1/20/23



12/17/22

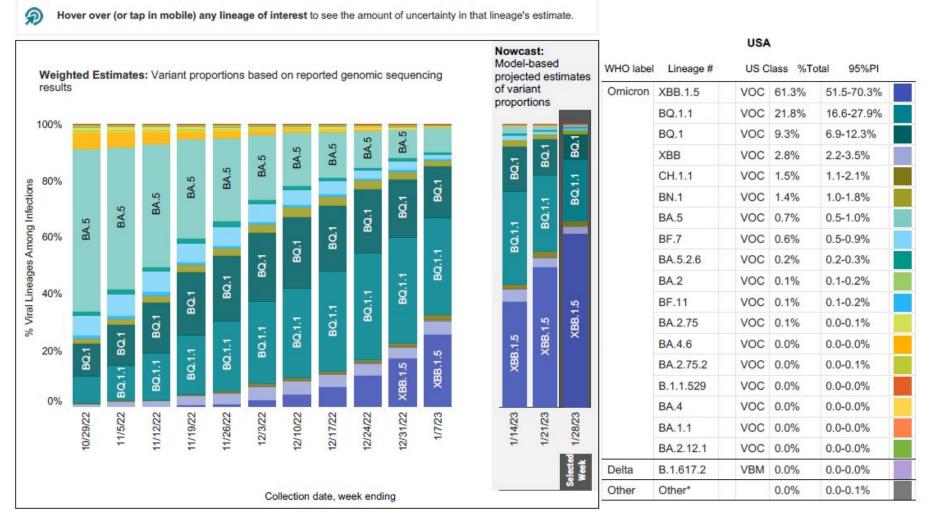
	Total	Percent	% Change
High	1975	61.3%	- 13.69%
Substantial	625	19.4%	4.87%
Moderate	472	14.65%	7.88%
Low	150	4.66%	0.93%



COVID Variants

Weighted and Nowcast Estimates in United States for Weeks of 10/23/2022 Nowcast Estimates in United States -1/28/2023

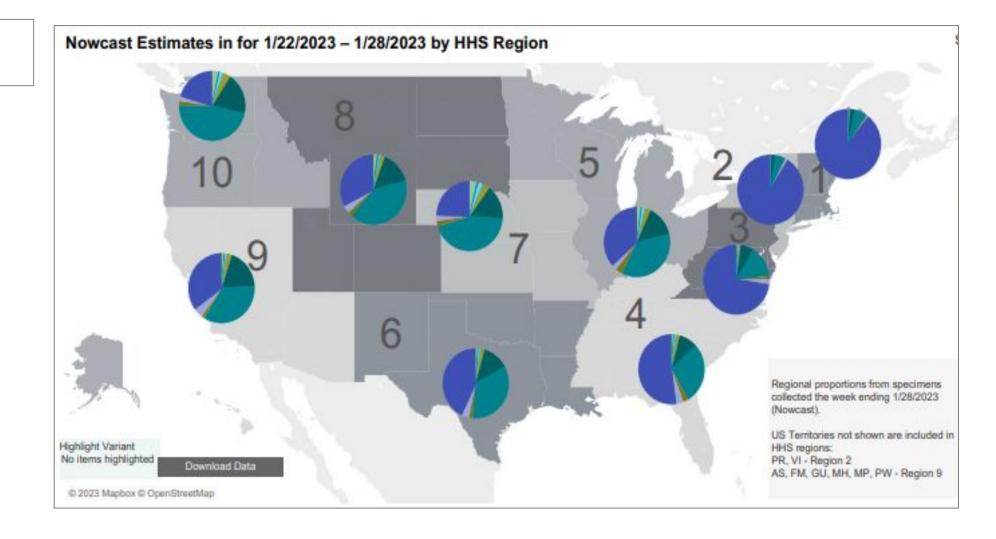
for 1/22/2023 - 1/28/2023



https://covid.cdc.gov/covid-data-tracker/#variant-proportions



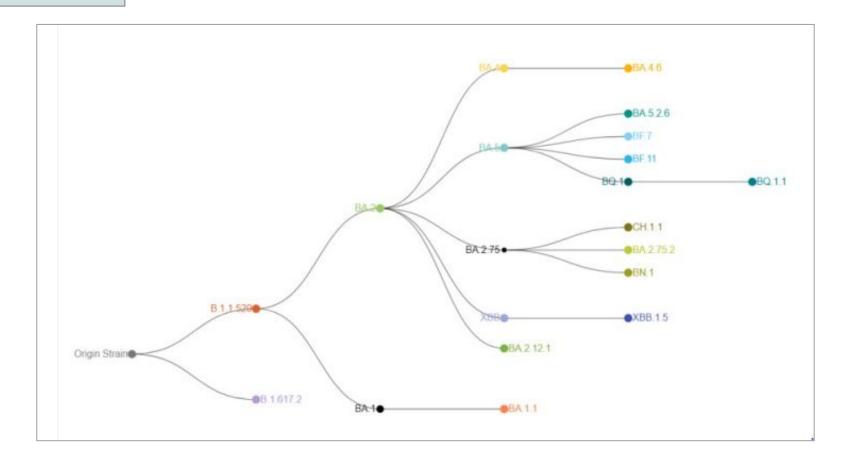
CDC NowCast





https://covid.cdc.gov/covid-data-tracker/#variant-proportions

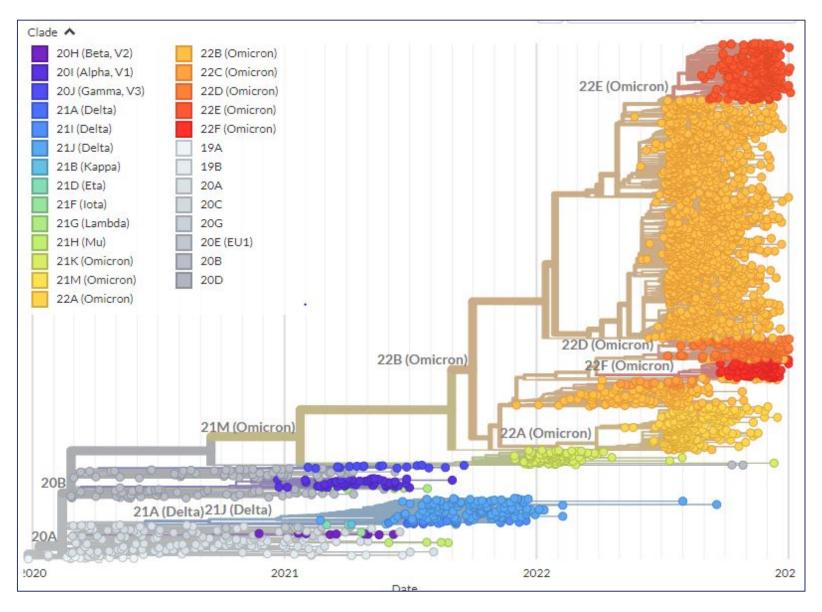
COVID FAMILY TREE



- convergent mutations (XBB.1.5 has similar spike protein changes as BQ.1.1)
- 44% of circulating lineages are BA.4/BA.5-related, the spike component included in bivalent vaccine



https://covid.cdc.gov/covid-data-tracker/#variant-proportions



Variant Summary

- XBB.1.5 (kraken) is the main variant that is increasing in proportion
 - doubling time is 16 days
 - growing in proportion in all HHS regions
- XBB.1.5 may be more transmissable but no evidence that it causes more severe disease
- CH.1.1 (orthrus) is a new variant getting attention
 - a BA.2.75 sub-variant
 - may be more immune evasive than XBB.1.5

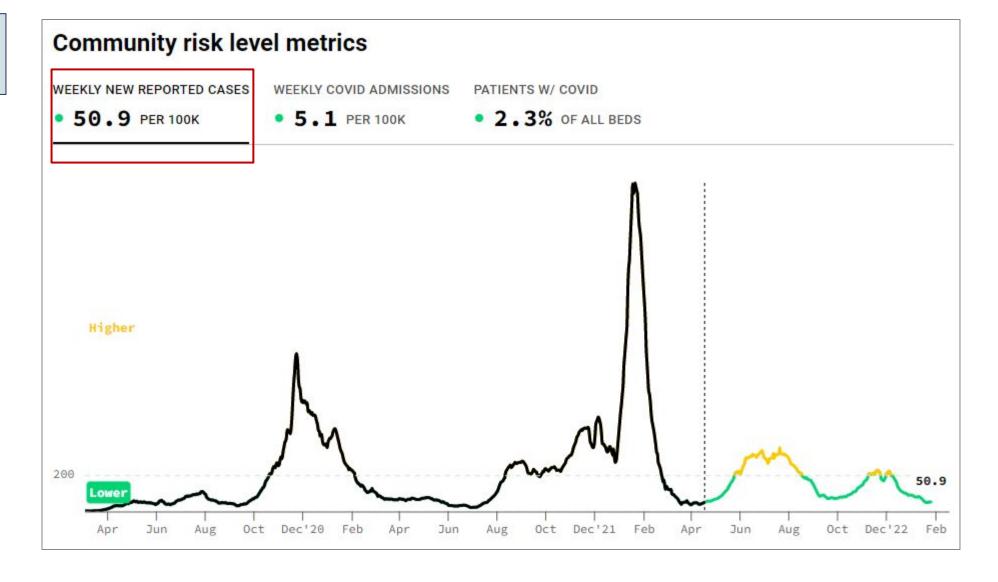
https://cov-lineages.org/lineage_list.html

https://publichealth.jhu.edu/2023/what-you-need-to-know-about-xbb15-the-latest-omicron-variant



COVID in NM - CASES

case counts do not include at-home positive tests

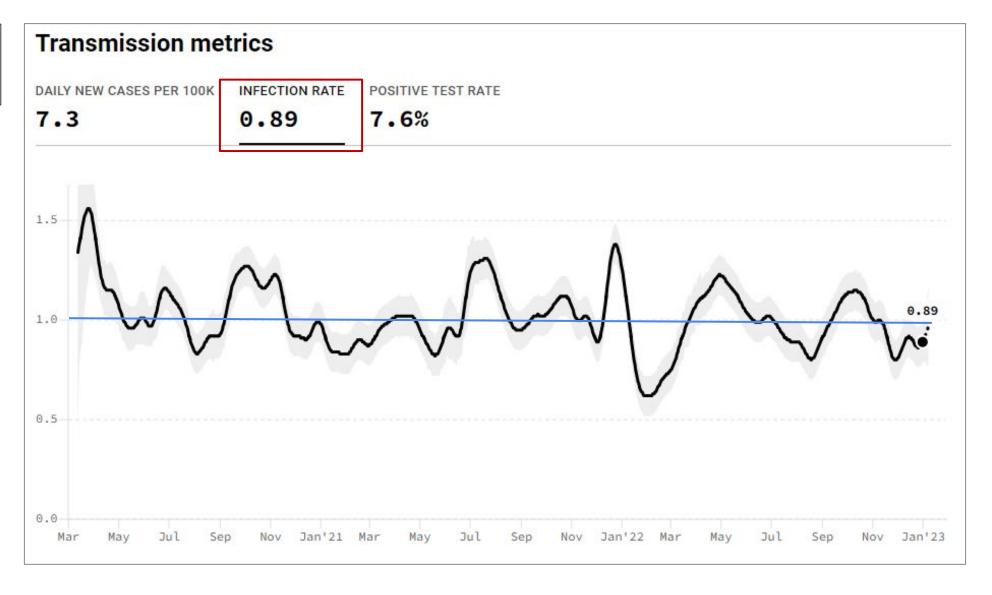




updated 1/27/22

https://www.covidactnow.org/?s=21051026

COVID in NM - "R effective"





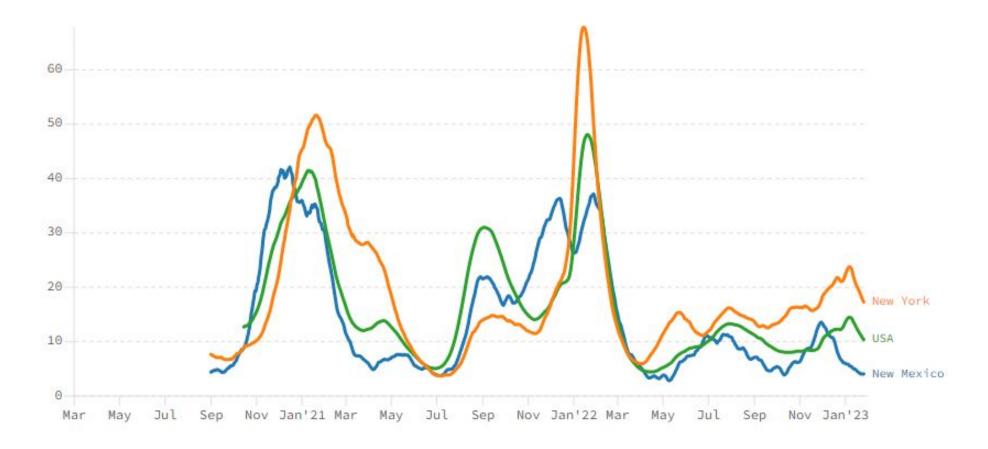
updated 1/27/23

https://www.covidactnow.org/?s=21051026

METRIC
Hospitalizations (w/ COVID per 100k)

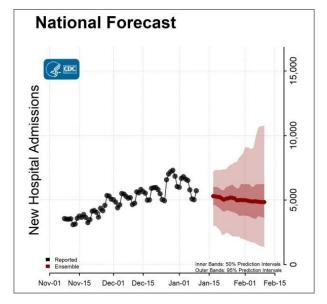
PAST # OF DAYS
All time

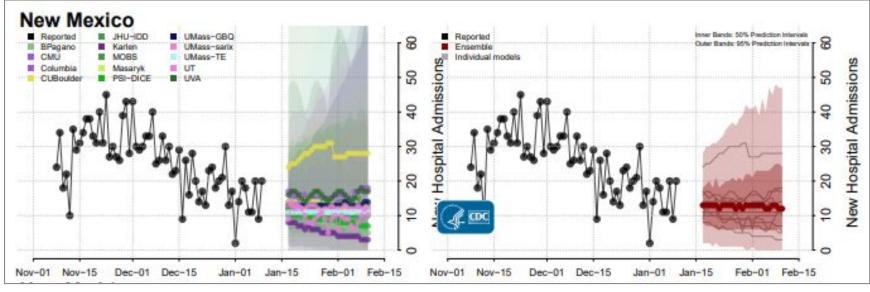
LOCATIONS
New Mexico; New York; USA





New Hospital Admissions - Modeling

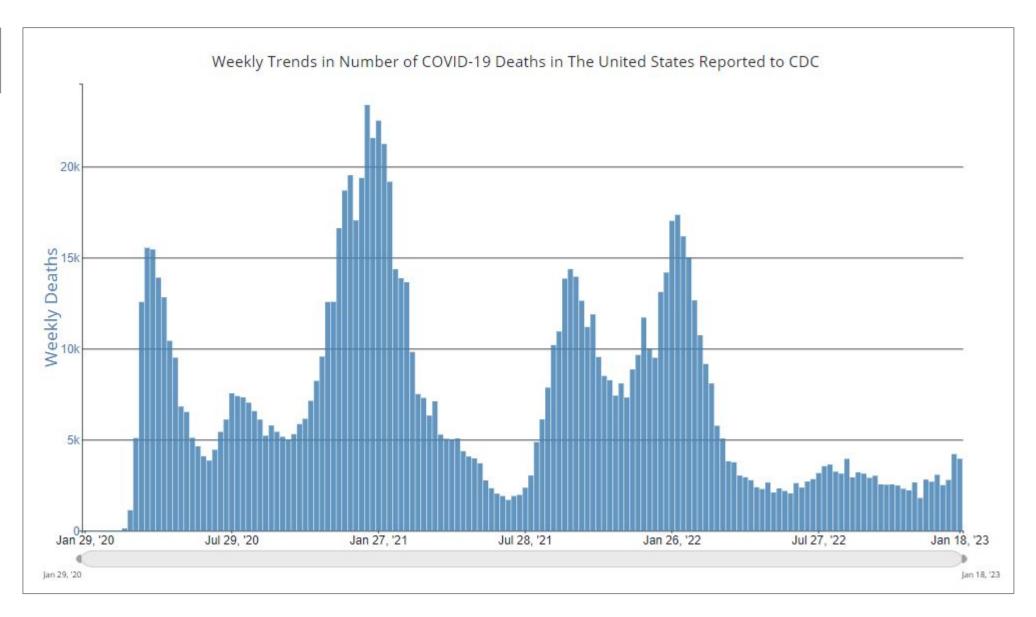








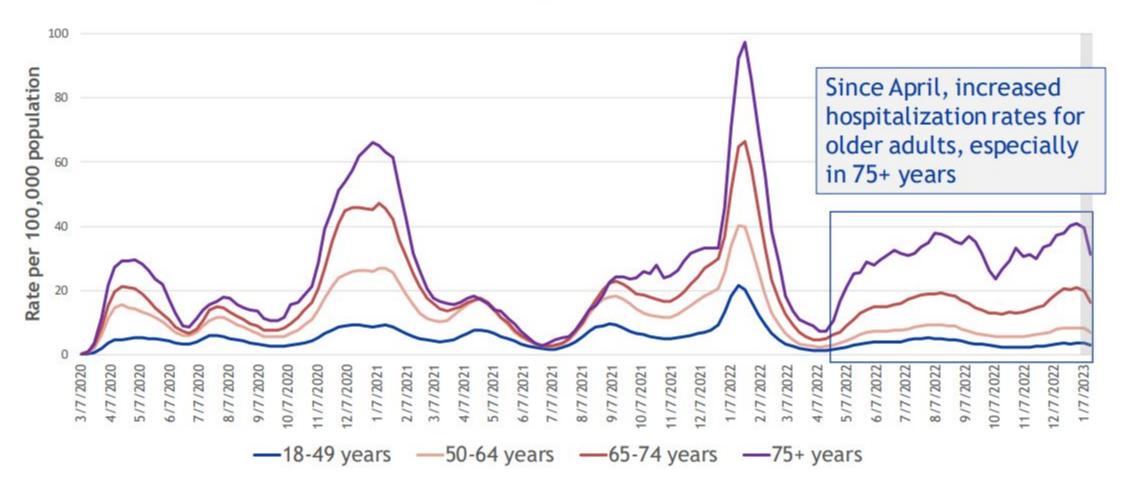
National Deaths from COVID





https://covid.cdc.gov/COVID-data-tracker/#trends weeklydeaths select 00

Weekly Trends in COVID-19-Associated Hospitalization Rates (3-Week Moving Average) Among Adults by Age Group COVID-NET, March 2020 - January 14, 2023



Grey shaded area denotes the most recent 2 weeks where reporting is <95% complete.

Source: COVID-NET; https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html Accessed Jan 20, 2022.

COVID-19 Cumulative Cases and Deaths per 100,000 Population by Age Group, United States, January 2, 2022 - January 18, 2023 (Omicron Variant Period)

Age group	COVID-19 Cases per 100,000 Population	COVID-19 Deaths per 100,000 Population
0 - 1 years	12,165.8	3.8
2 - 4 years	7,879.8	0.8
5 - 11 years	9,814.9	0.6
12 - 17 years	10,918.4	0.9
18 - 49 years	13,960.2	7.2
50 - 64 years	11,684.0	44.3
65 - 74 years	10,173.5	129.7
75+ years	11,758.9	510.5



Cumulative COVID-19-Associated Hospitalizations per 100,000 Population by Age Group, COVID-NET, January 2, 2002 - January 14, 2023 (Omicron Variant Period)

Age group	Cumulative Rate
<6 months	902.0
6 - 23 months	260.9
2 - 4 years	88.4
5 - 11 years	40.1
12 - 17 years	66.4
18 - 49 years	245.1
50 - 64 years	488.2
65 - 74 years	977.9
75+ years	1803.0

Source: COVID-NET; https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html Accessed Jan 20, 2022.



Covid Changes

- Federal Public Health Emergency ends May 11, 2023
- Medicaid extension (continuous enrollment provision) ending March 31, 2023: <u>10 Things to Know</u>
 About the Unwinding of the Medicaid Continuous Enrollment Provision | KFF
- Legislators extended telehealth flexibilities for another two years.
- Commercialization of vaccine and treatments



COVID Testing

CDC launches new website to help people find COVID testing: https://testinglocator.cdc.gov/

CDC is updating testing guidance to place more emphasis on diagnostic testing (symptoms and exposures) and de-emphasising screening testing (coming soon)

People can continue to test positive on rapid antigen tests longer than they are infectious

FDA continues to monitor test performance with new variants
Updates are published on the website: SARS-CoV-2 Viral Mutations: Impact on COVID-19 Tests | FDA





Covid Therapeutics

- Paxlovid (oral) remains effective at preventing hospitalization and death in people at high risk.
 - rebound usually mild and self limited
 - second and longer treatment courses are being studied
 - concerns about rebound should not prevent people from taking/prescribing paxlovid
- Molnupiravir (oral) remains a second line option for COVID treatment
- Remdesivir (IV) remains effective against current variants but is difficult to find as outpatient treatment.
- NIH Treatment Guidelines: <u>Coronavirus Disease 2019 (COVID-19) Treatment Guidelines</u>



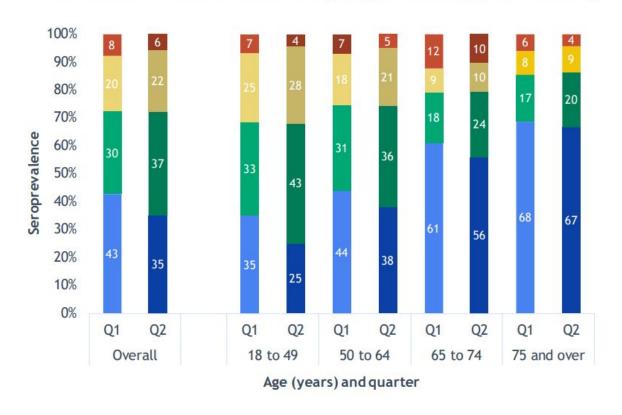
Living with COVID-19

Moving Forward

- We have immunity:
 - Immunizations continue to protect against the most serious consequences of COVID-19
 - 90% of people have antibodies from vaccination, infection, or both (but recency of vaccination and infection has an effect on protection)
- We have masks: Masks continue to be a key tool against COVID-19
- We have treatments: Paxlovid continues to be effective in preventing hospitalization and death in high risk patients



Seroprevalence by Vaccine and Infection History Among U.S. Adult Blood Donors by Age Group, January-June 2022



- No immunity
- Infection only induced immunity
- Both vaccine and infection induced immunity
- Vaccine only induced immunity

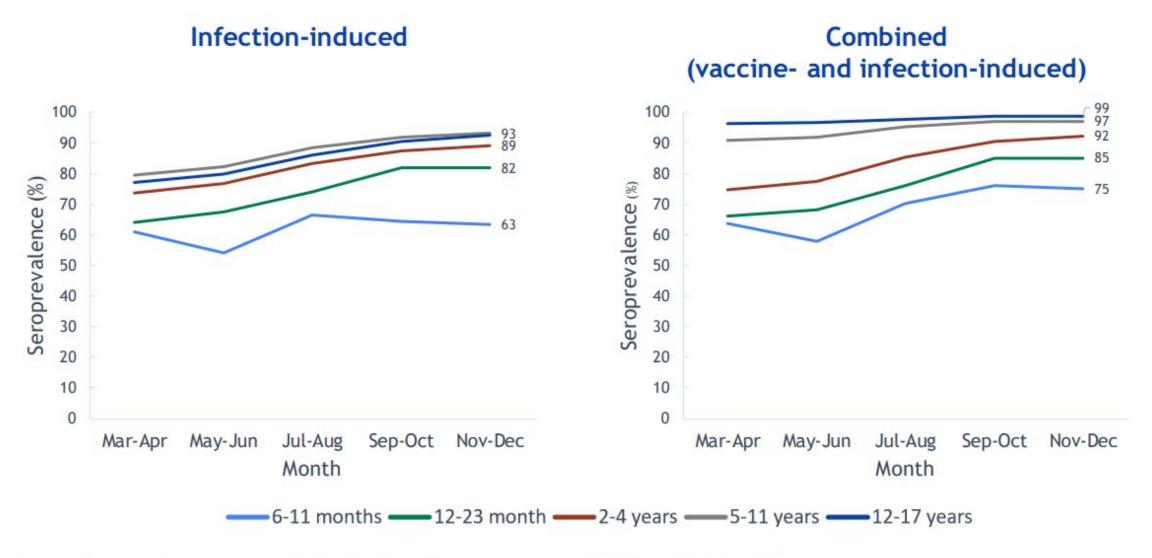
Q1 = Jan. - Mar. 2022

Q2 = Apr. - Jun. 2022

Source: https://covid.cdc.gov/covid-data-tracker/#nationwide-blood-donor-seroprevalence-2022



Pediatric Infection-Induced and Combined (Vaccine- and Infection-Induced) Seroprevalence from U.S. Commercial Laboratories — March-December 2022

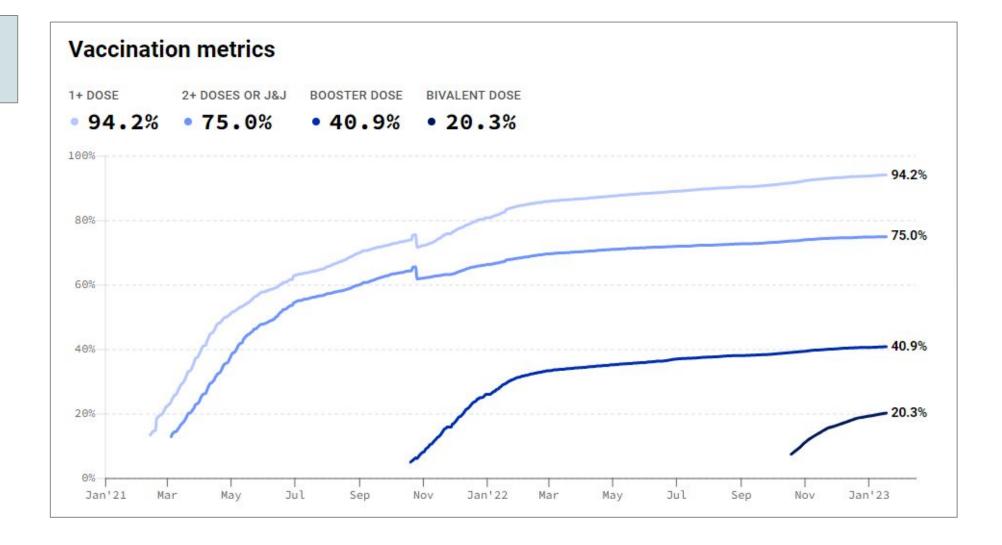




Vaccine Updates



New Mexico COVID Vaccine Metrics





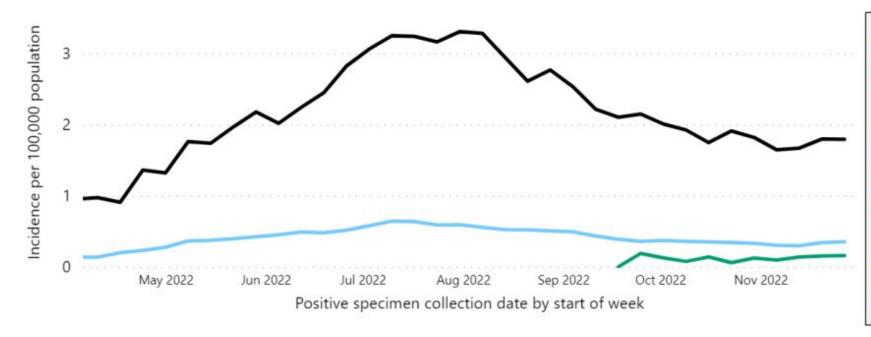
COVID Vaccines by Race/Ethnicity

Race/Ethnicity Group	Percent of Eligible Population of Bivalent boosted
American Indian or Alaska Native	25.6%
Asian or Pacific Islander	28.1%
Black or African American	25.4%
Hispanic or Latino	22.1%
White	33.4%

updated 1/18/23



Death Rates by Vaccination Status and Receipt of Bivalent Booster Doses Among People Ages ≥12 Years April 3-December 3, 2022 (23 U.S. Jurisdictions)



In November 2022, people ages 5 years and older with bivalent booster had 13 times lower risk of dying from COVID-19, compared to unvaccinated people and 2 times lower risk of dying from COVID-19 than people vaccinated without a bivalent booster

Unvaccinated Vaccinated without updated booster
 Vaccinated with updated booster

[&]quot;Includes either a booster or additional dose.

https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status. Accessed Jan 25, 2023

COVID Hospitalizations by Vaccination Status

In November 2022, compared to adults ages 18 years and older who received an updated COVID-19 bivalent booster dose, monthly rates of COVID-19-associated hospitalizations were **16.0x Higher in Unvaccinated** and **2.7x Higher in Vaccinated Adults without an updated booster.***

29.9x Higher

in Unvaccinated Adults Ages 18-49 Years

3.2x Higher

in Adults Ages 18-49 Years Vaccinated but Without an Updated booster 13.6x Higher

in Unvaccinated Adults Ages 50-64 Years

2.9x Higher

in Adults Ages 50-64 Years Vaccinated but Without an Updated booster 13.5x Higher

in Unvaccinated Adults Ages 65 Years and Older

2.5x Higher

in Adults Ages 65 Years and Older Vaccinated but Without an Updated booster



CDC COVID Data Tracker: COVID-NET Hospitalizations by Vaccination Status

COVID Vaccines

- FDA VRBPAC meeting January 26, 2023
- ACIP meeting February 22 24, 2023
- J&J will not be available in the US after February 2023
- No additional shelf life extensions are anticipated for monovalent vaccines (but many granted extensions in December)
- A new Novavax presentation SDV and/or 5 dose vials is expected later in the year
- Commercialization: VFC (Vaccines for Children) will cover COVID vaccine
- What's next?
 - lots of work being done on nasal (mucousal vaccines)
 - combined flu/covid vaccines
 - more durable immunity



Vaccine Effectiveness

- There's more to it than the neutralizing antibodies
- On January 25th, CDC published a new MMWR on bivalent mRNA booster dose vaccine effectiveness in preventing symptomatic COVID: https://www.cdc.gov/mmwr/volumes/72/wr/mm7205e1.htm?s_cid=mm7205e1_w
- Looking at BA.2 sublineages, including XBB and XBB.1.5 (new sub variants), during December 2022—January 2023, the results showed
 that a bivalent mRNA booster dose provided additional protection against symptomatic XBB/XBB.1.5 infection for at least the first 3
 months after vaccination in persons who had previously received 2–4 monovalent vaccine doses.
- Moderna Study: receiving a bivalent Moderna booster vs. monovalent booster results in higher neutralizing antibodies to Omicron BA.4/5, as well as emerging variants (ie. XBB.1), with a safety profile similar to monovalent primary series. Moderna has an ongoing study of BA.1 bivalent COVID-19 vaccines as the primary series, which met immunogenicity endpoints and was well tolerated in children



VRBAC Meeting

FDA VRBPAC meeting January 26, 2023

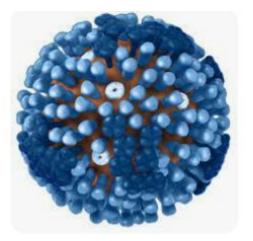
- **Recommendation**: Overall, the totality of evidence supports the use of the same vaccine strain composition for primary and booster COVID-19 vaccinations. The Committee recommended harmonizing the vaccine strain composition of primary series and booster doses used in the U.S. to a single composition (bivalent)
- **Safety Signal** (Pfizer bivalent)- the FDA review of data pulling from Medicaid, VA, VAERS, etc. databases did not identify a safety signal for increased risk of ischemic stroke, similar to other international data sets. The FDA analysis did, however, identify a safety signal for increased risk myocarditis and pericarditis for the 18-35 years age group who received the Pfizer bivalent booster.
- Immunization Schedule he Committee also considered a simplified immunization schedule for future periodic COVID-19
 vaccination campaigns, which could include a 2 dose series for children and immunocompromised adults, and 1 dose for all
 other older children and adults.
- Strain Selection Since variant-proof vaccines do not yet exist, current Spike-based vaccines may need periodic updating to maintain effectiveness as COVID-19 continues to evolve. VRBPAC will continue this discussion, specifically on the strain selection process in June 2023. Pfizer needs 100 days from strain selection to market.

Waiting for ACIP to weigh in before changes can be implemented

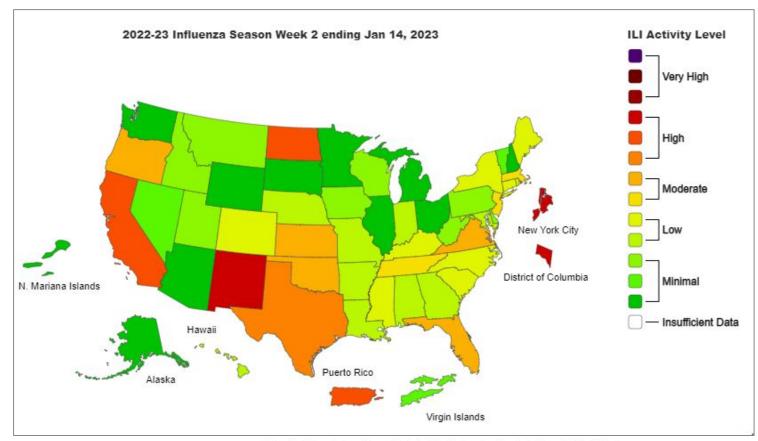




Influenza Updates



Influenza like Illness (ILI) - 2022 - 2023 Influenza season



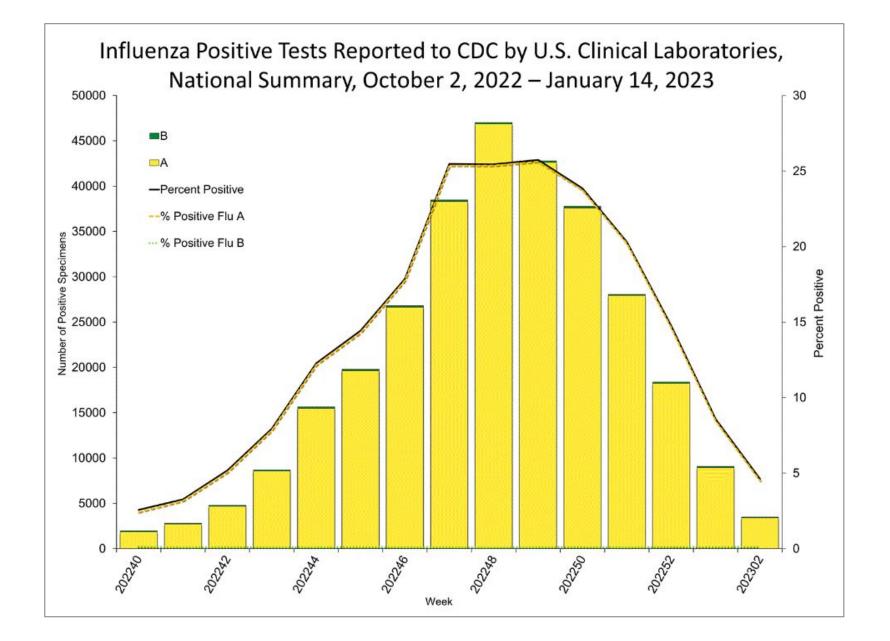


Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

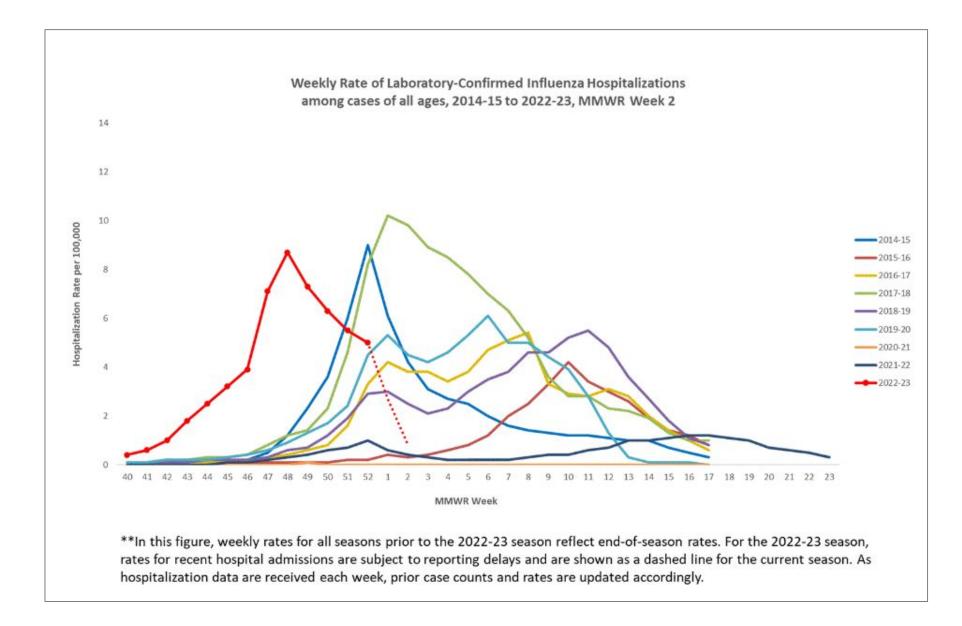
This system monitors visits for respiratory illness that includes fever plus a cough or sore throat, also referred to as ILI, not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.



https://www.cdc.gov/flu/weekly/index.htm



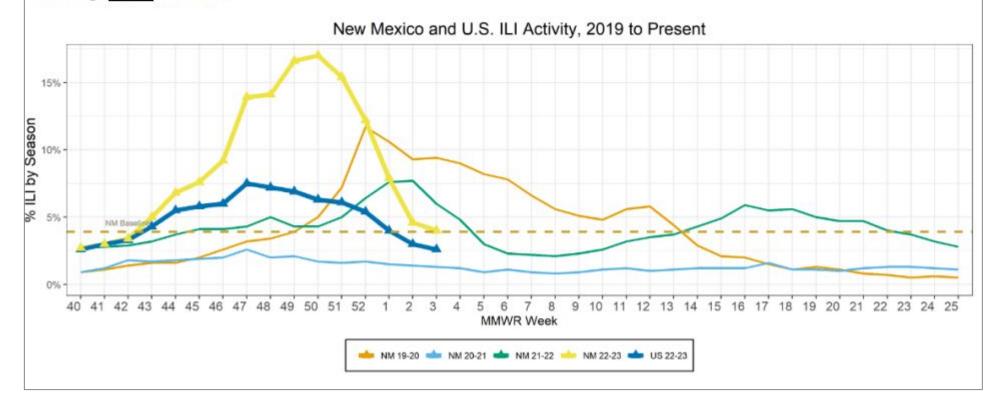






Influenza-Like Illness (ILI) Activity, 2019 to Present

New Mexico Department of Health (NMDOH) is collaborating with 21 ILI sentinel sites and 30 syndromic surveillance sites* for the 2022-2023 season. Sites report weekly on the number of patients that present to their facility with influenza-like illness (ILI). That number is then divided by the total number of patients seen for any reason, resulting in percent of ILI activity. ILI is defined as fever of greater than or equal to 100° F and cough and/or sore throat.

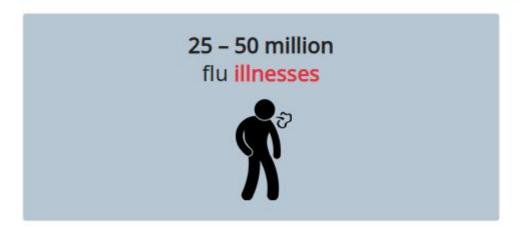


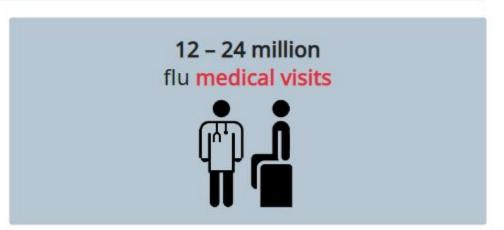


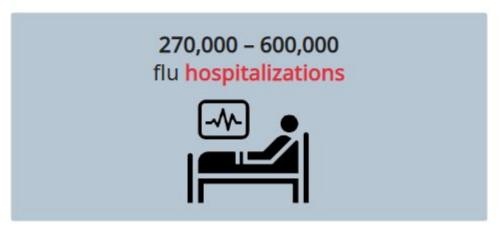
data through 1/21/23

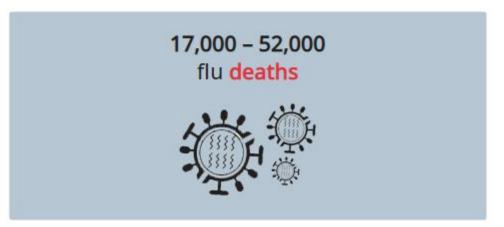
https://www.nmhealth.org/about/erd/ideb/isp/

CDC estimates* that, from October 1, 2022 through January 14, 2023, there have been:







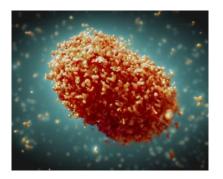


https://www.cdc.gov/flu/about/burden/preliminary-in-season-estimates.htm#:~:text=During%20the%202021%2D2022%20influenza.10%2C000%20hospitalizations%2C%20and%205%2C000%20deaths.



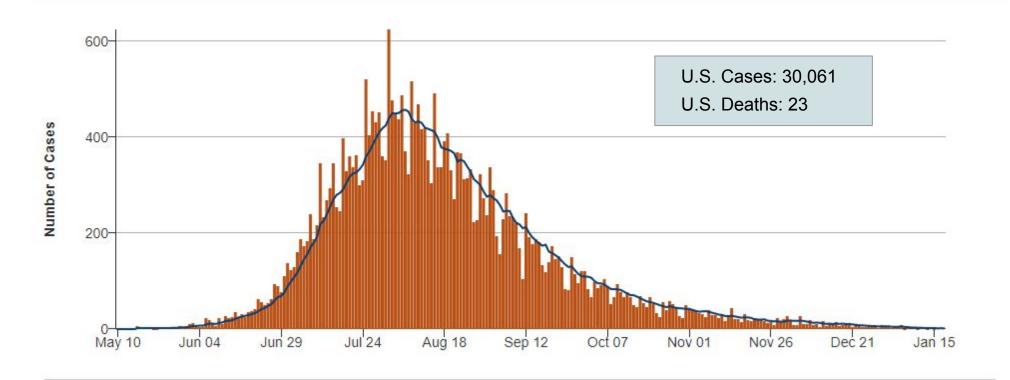


MPOX Updates



US MPOX Trends

Daily Mpox Cases and 7 Day Daily Average





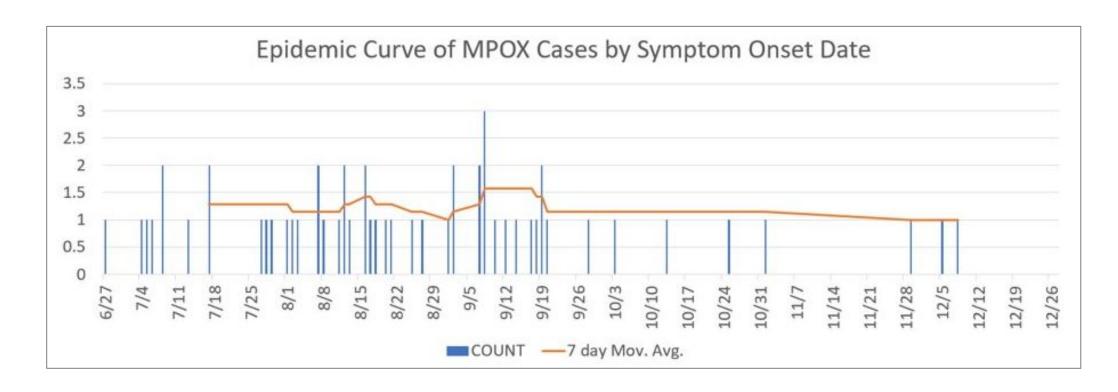
Data Table

https://www.cdc.gov/poxvirus/monkeypox/response/2022/mpx-trends.html

+

MPOX Cases in NM

56 MPOX Cases in NM





New Mexico MPOX Weekly Report

Location	Number of Cases	Percentage of State Total
Bernalillo	39	69%
Santa Fe	7	12%
All other counties, combined	11	19%
State Total	57	100%

 Hospitalizations to date: 3

- The number of hospitalizations and deaths are those that are reported through public health investigation, may be incomplete, and are subject to change.
- JYNNEOS vaccines administered to date:

First doses: 2,954Second doses: 2,241

Deaths to date: 0

Age Range (Years)	Number of Cases	Percentage of State Total
13 and below	0	0%
14 to 19	0	0%
20 to 30	22	39%
31 to 40	18	31%
41 to 50	9	16%
51 to 60	5	9%
Over 60	3	5%
State Total	57	100%

Race	Number of Cases	Percentage of State Total
American Indian or Alaska Native	5	9%
Asian	≤3	
Black or African American	≤3	
White	42	74%
Unknown/Refused to Answer	4	7%
Total	57	-

Sex	Number of Cases	Percentage of State Total
Female	0	0%
Male	57	100%
State Total	57	100%

Ethnicity	Number of Cases	Percentage of State Total
Hispanic or Latino	27	47.5%
Not Hispanic or Latino	27	47.5%
Unknown	3	5%
State Total	57	100%



Data from start of outbreak to 1/18/2023

https://www.nmhealth.org/about/phd/idb/mpv/





Resources



COVID Vaccine Expiry Extensions

- Pfizer has received shelf-life extensions of all TRIS products (i.e., all mRNA COVID-19 vaccines including both monovalent and bivalent vaccines).
- Expiry is now 18 months from the date of manufacture (stored ULT frozen).
- Please use the <u>Pfizer-BioNTech COVID-19 Vaccine Expiry</u> tool to check expiration dates.
- Moderna has now received shelf-life extensions of all wave 1 and wave 2 monovalent COVID-19 vaccines (complete list below)
- Some of the lots are MOD 10 (ages 12+) and some are MOD 5 (ages 6-11)
- All Moderna lots that have received shelf-life extensions are for primary series use only.
- Please use the <u>Moderna Vial Expiration Checker</u> tool to check expiration dates.

https://modernacovid19global.com/en-US/vial-lookup

https://lotexpiry.cvdvaccine.com/



COVID Vaccine Expiry Lookup Tools

- Moderna
 - https://eua.modernatx.com/covid19vaccineeua/providers/vial-lookup
- Janssen
 - https://vaxcheck.jnj/
- Novavax
 - https://us.novavaxcovidvaccine.com/hcp
- Pfizer
 - https://lotexpiry.cvdvaccine.com/



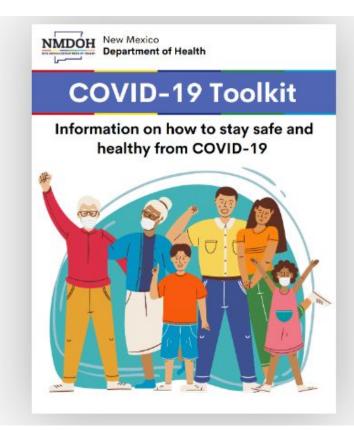
COVID-19 Toolkit

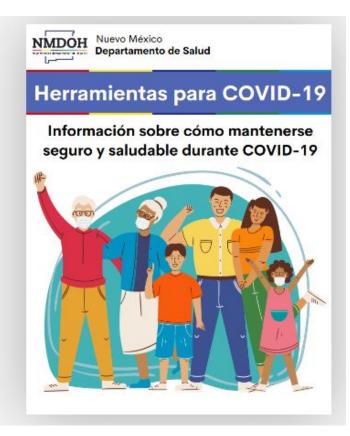
We now have many tools to fight COVID: masking, vaccines, treatment, testing, and social distancing. We have reached a new place in New Mexico where we can lift nearly all public health requirements that prevented many COVID cases, hospitalizations, and deaths. It is now possible for us to manage COVID-19 in our homes and in our communities.

This toolkit provides COVID-19 support and guidance for New Mexico communities and individuals.

DOWNLOAD THE FULL TOOLKIT - ENGLISH

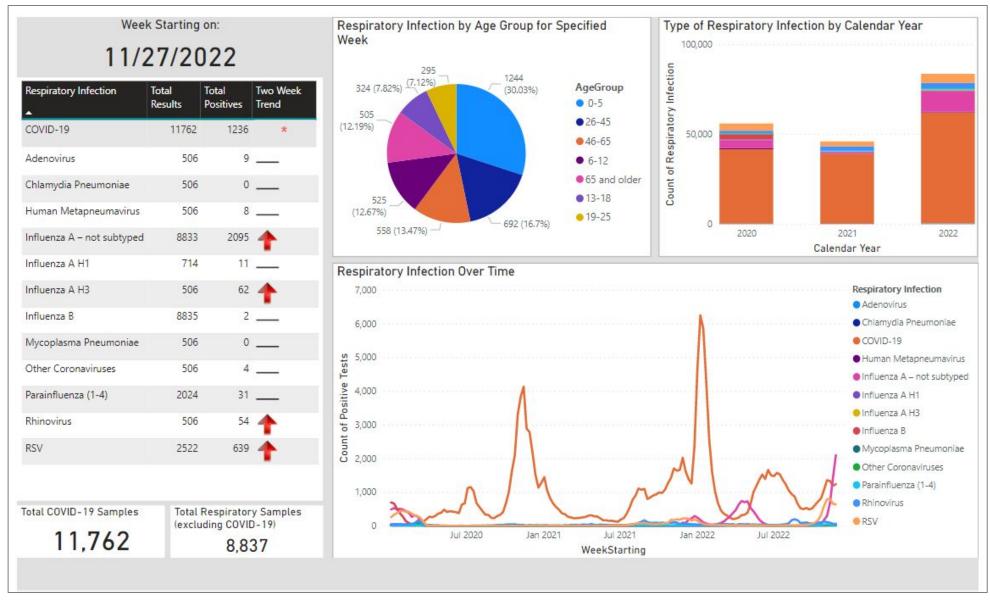
DOWNLOAD THE FULL TOOLKIT - SPANISH





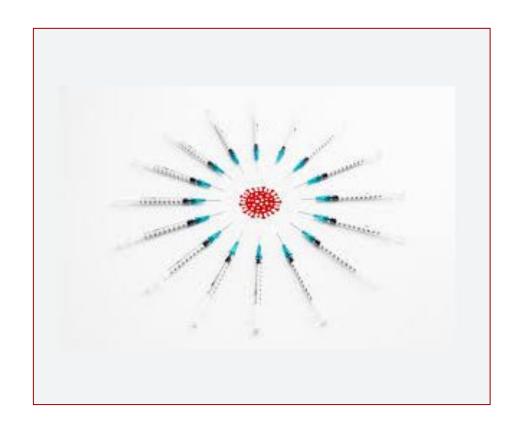








https://www.tricore.org/insights-innovation/infectious-disease-information-center/

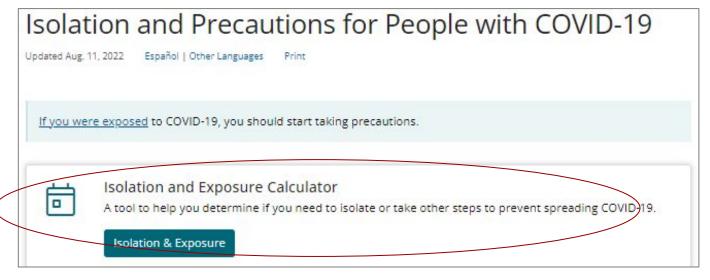


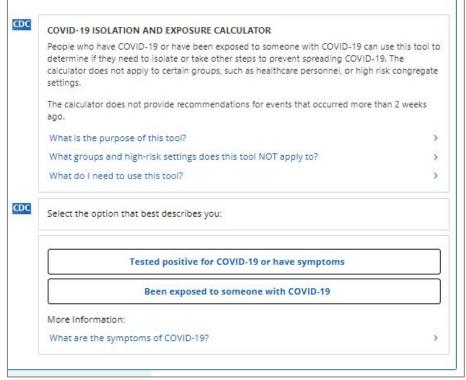
Immunization Office Hours (weekly Thursdays @ 4pm) with Edward Wake

Join on your computer or mobile app

Click here to join the meeting

Isolation and Quarantine Calculator:What to do if I get COVID?









CDC BOOSTER TOOL - updated

Find Out When You Can Get Your Booster



Boosters are an important part of protecting yourself from getting seriously ill or dying from COVID-19. They are recommended for most people.

Use this tool to determine when or if you (or your child) can get one or more COVID-19 boosters.

Find Out When to Get a Booster >

This tool is intended to help you make decisions about getting COVID-19 vaccinations. It should not be used to diagnose or treat COVID-19.

Restart

Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC



