



Provider Update

February 28, 2023

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

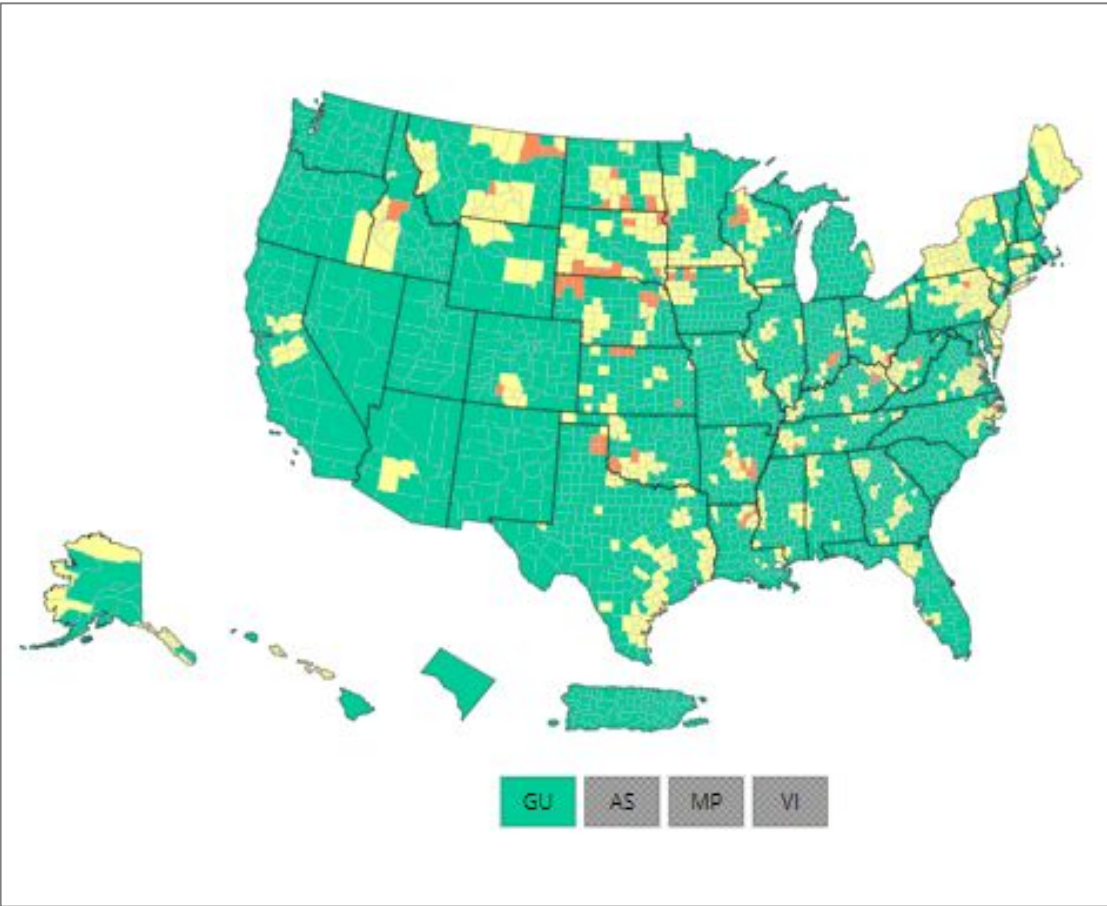


We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

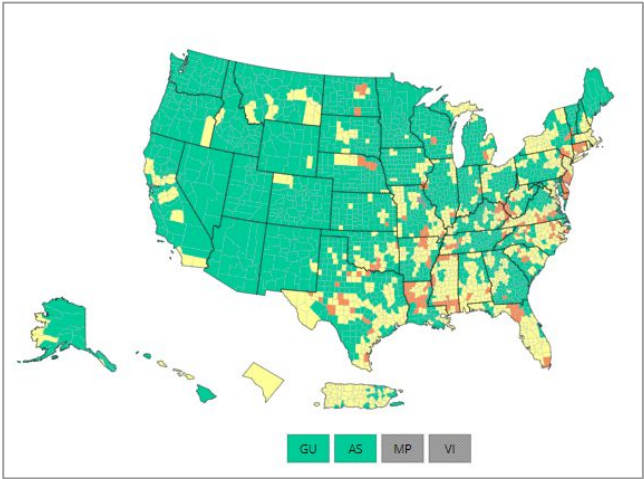
COVID-19 Overview

COVID-19 Community Levels

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



data through 2/26/23



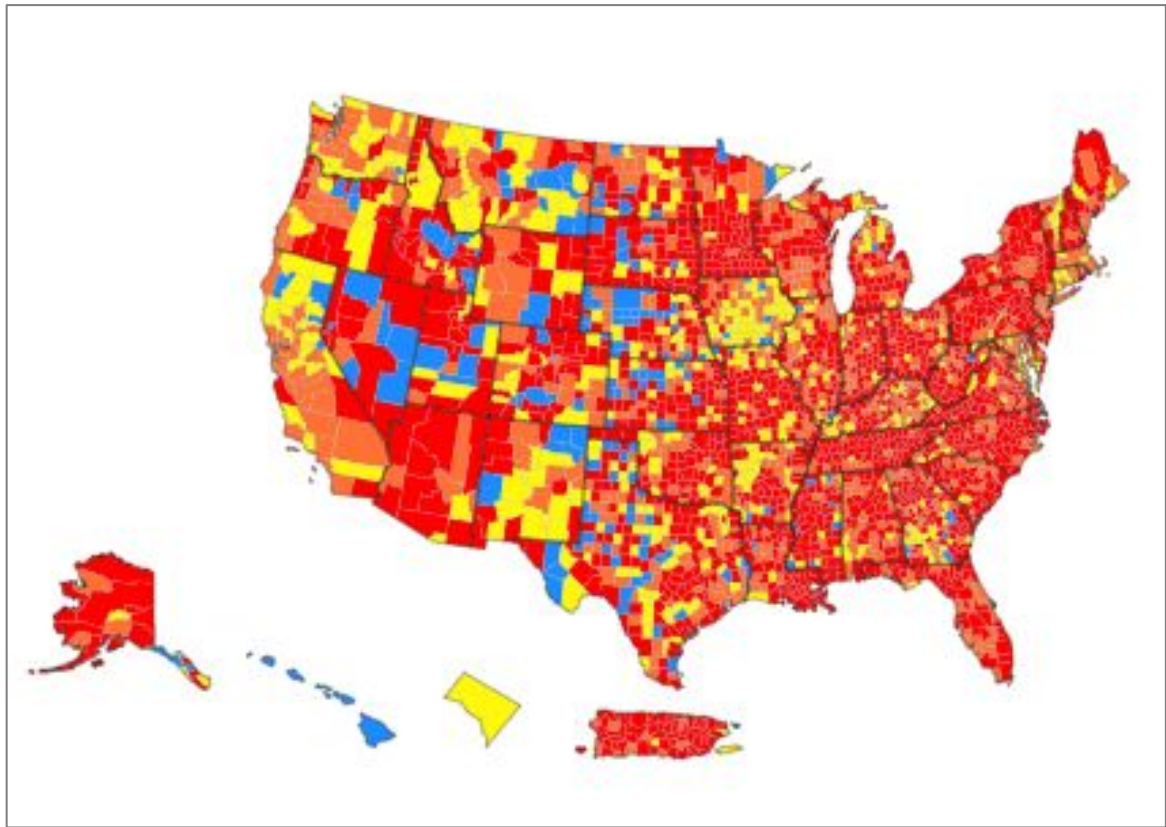
data through 1/20/23

COVID-19 Community Levels in US by County			
	Total	Percent	% Change
High	67	2.08%	- 0.46%
Medium	655	20.34%	0.13%
Low	2499	77.58%	0.33%

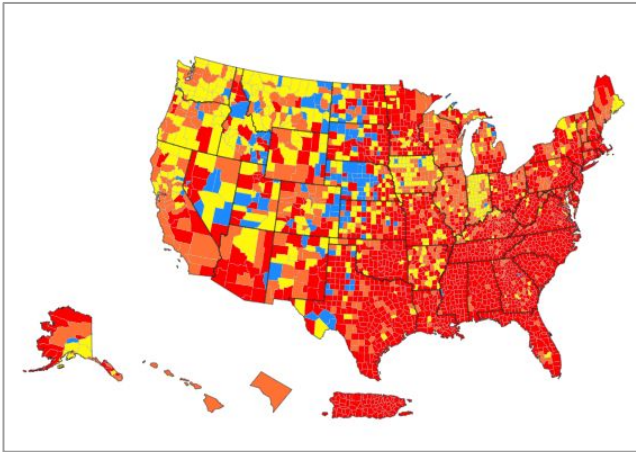
[How are COVID-19 Community Levels calculated?](#)

Community Transmission - CDC

the map for healthcare facilities



2/26/23



1/20/23

Community Transmission in US by County			
	Total	Percent	% Change
High	1764	54.75%	- 3.54%
Substantial	777	24.12%	1.99%
Moderate	502	15.58%	1.21%
Low	179	5.56%	0.34%

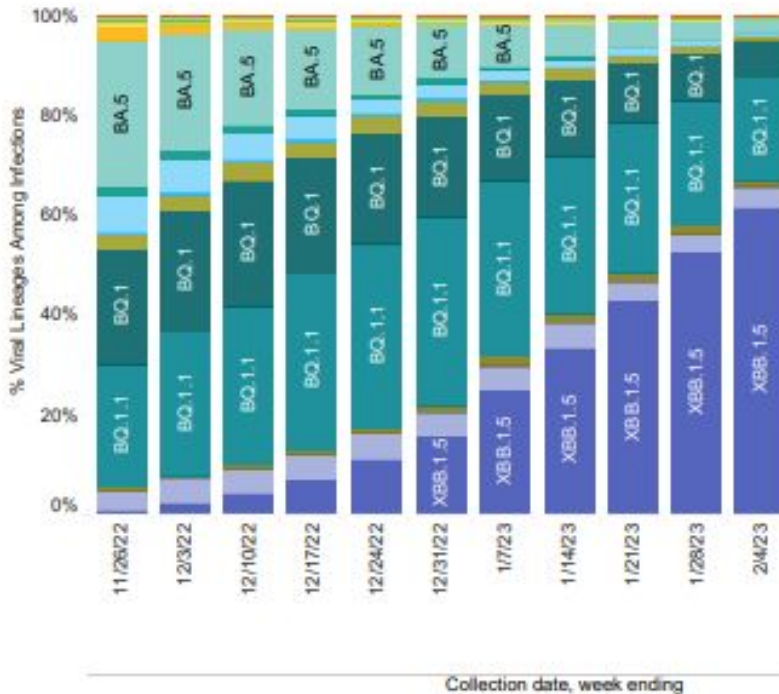
COVID Variants

Weighted and Nowcast Estimates in United States for Weeks of 11/20/2022 – 2/25/2023

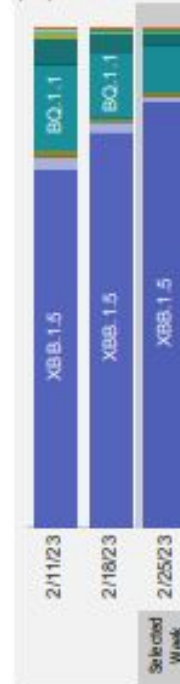


Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.

Weighted Estimates: Variant proportions based on reported genomic sequencing results



Nowcast: Model-based projected estimates of variant proportions



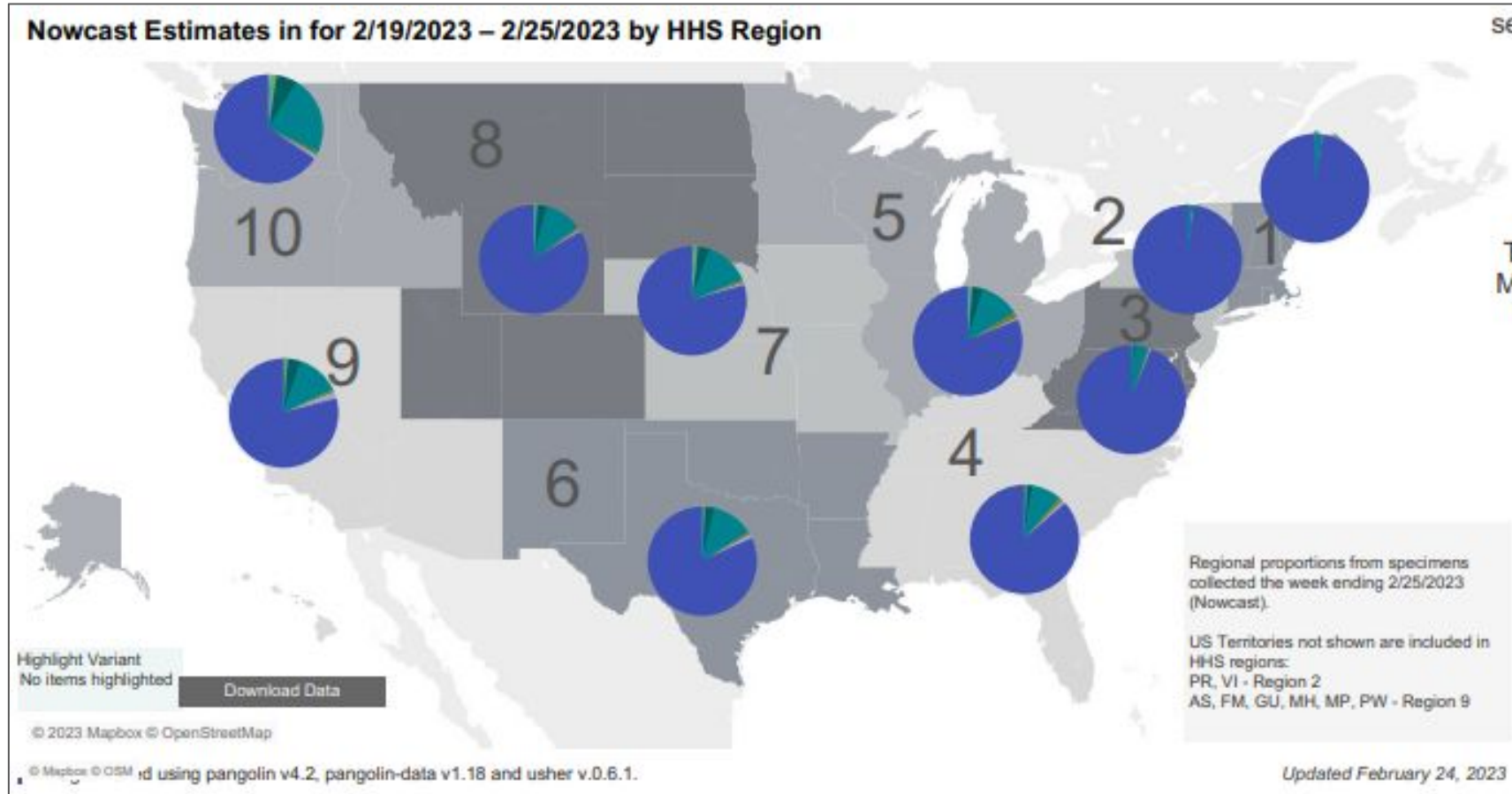
Nowcast Estimates in United States for 2/19/2023 – 2/25/2023

USA

WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	XBB.1.5	VOC	85.0%	79.8-89.1%	
	BQ.1.1	VOC	9.4%	6.8-12.8%	
	BQ.1	VOC	2.6%	1.9-3.6%	
	XBB	VOC	1.2%	0.9-1.6%	
	CH.1.1	VOC	0.9%	0.7-1.3%	
	BN.1	VOC	0.4%	0.3-0.6%	
	BA.5	VOC	0.1%	0.1-0.2%	
	BF.7	VOC	0.1%	0.1-0.2%	
	BA.2	VOC	0.0%	0.0-0.1%	
	BA.5.2.6	VOC	0.0%	0.0-0.1%	
	BF.11	VOC	0.0%	0.0-0.0%	
	BA.2.75	VOC	0.0%	0.0-0.0%	
	BA.2.75.2	VOC	0.0%	0.0-0.0%	
	BA.4.6	VOC	0.0%	0.0-0.0%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
	BA.2.12.1	VOC	0.0%	0.0-0.0%	
	BA.4	VOC	0.0%	0.0-0.0%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		0.1%	0.0-0.1%	

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

CDC NowCast



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

Morbidity and Mortality Weekly Report (MMWR)

Notes from the Field: Epidemiologic Characteristics of SARS-CoV-2 Recombinant Variant XBB.1.5 — New York City, November 1, 2022–January 4, 2023

Weekly / February 24, 2023 / 72(8);212–214

Elizabeth Luoma, MPH¹; Rebecca Rohrer, MPH¹; Hilary Parton, MPH¹; Scott Hughes, PhD¹; Enoma Omoregie, PhD¹; Faten Taki, PhD¹; Jade C. Wang, MS¹; Saymon Akther, PhD¹; Helly Amin¹; Carolyn Chang, MPH¹; Iris Cheng, MS¹; Steve Di Lonardo, MSc¹; Meredith Eddy, MPH¹; Lauren Firestein, MPH¹; Wenhui Li, PhD¹; Michelle Su, PhD¹; Ellen H. Lee, MD¹ ([VIEW AUTHOR AFFILIATIONS](#))

- XBB.1.5 emerged rapidly in NYC during November–December 2022
- Preliminary findings from NYC do not suggest more severe disease among patients infected with XBB.1.5 compared with patients infected with BQ.1

[Notes from the Field: Epidemiologic Characteristics of SARS-CoV-2 Recombinant Variant XBB.1.5 — New York City, November 1, 2022–January 4, 2023 | MMWR \(cdc.gov\)](#)

COVID in NM - CASES

case counts do
not include
at-home positive
tests

Community risk level metrics

WEEKLY NEW REPORTED CASES

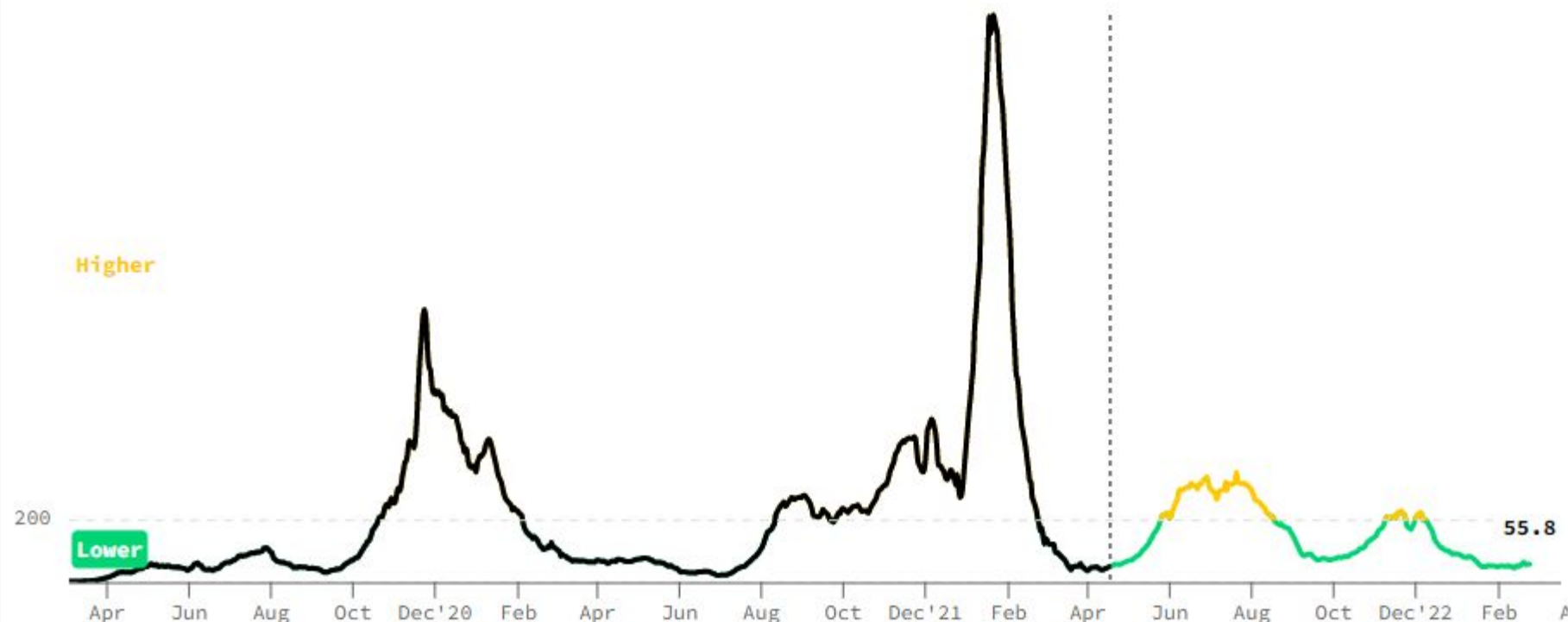
● **55.8** PER 100K

WEEKLY COVID ADMISSIONS

● **3.8** PER 100K

PATIENTS W/ COVID

● **2.0%** OF ALL BEDS



updated 2/26/23

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

COVID in NM - "R effective"

Transmission metrics

DAILY NEW CASES PER 100K

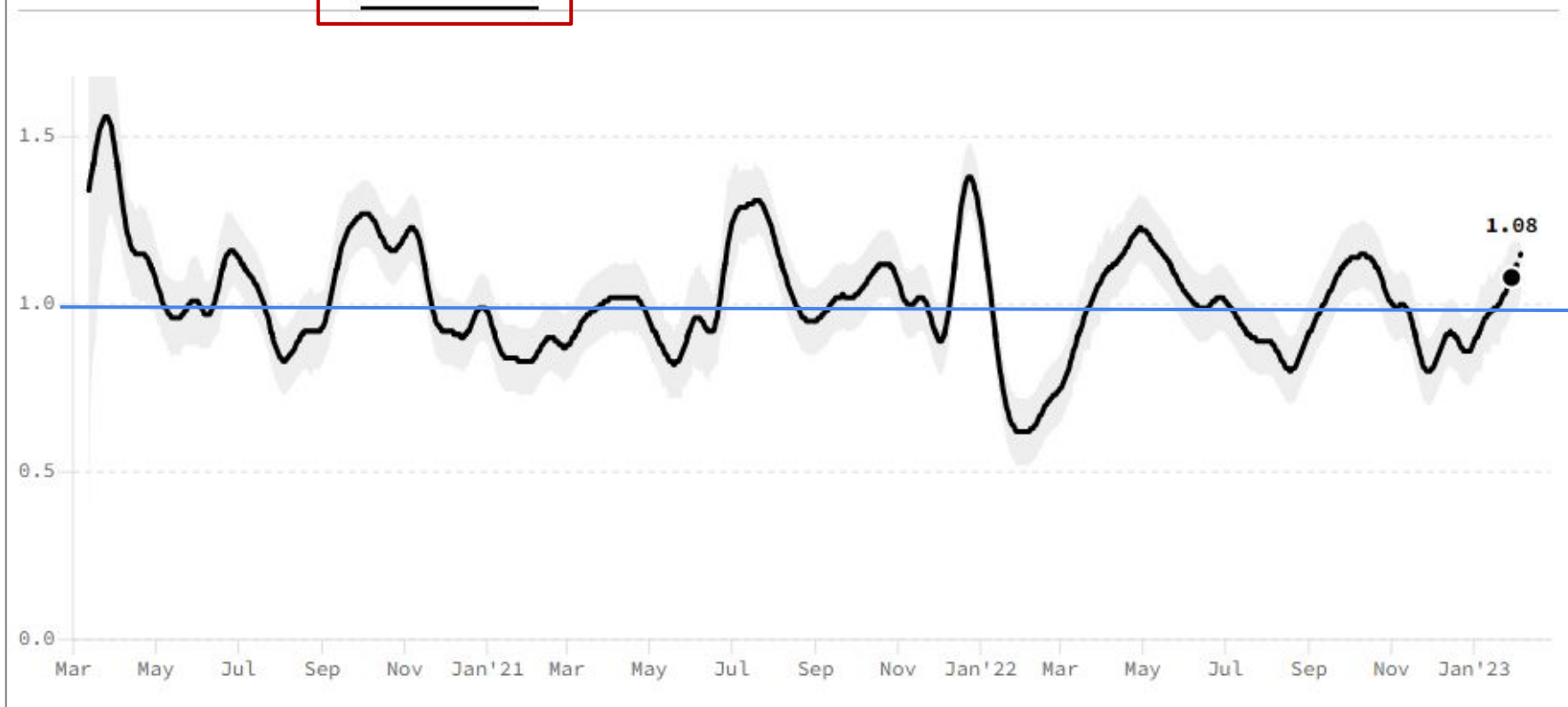
8.0

INFECTION RATE

1.08

POSITIVE TEST RATE

7.9%



updated 2/26/23

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

All metrics

METRIC

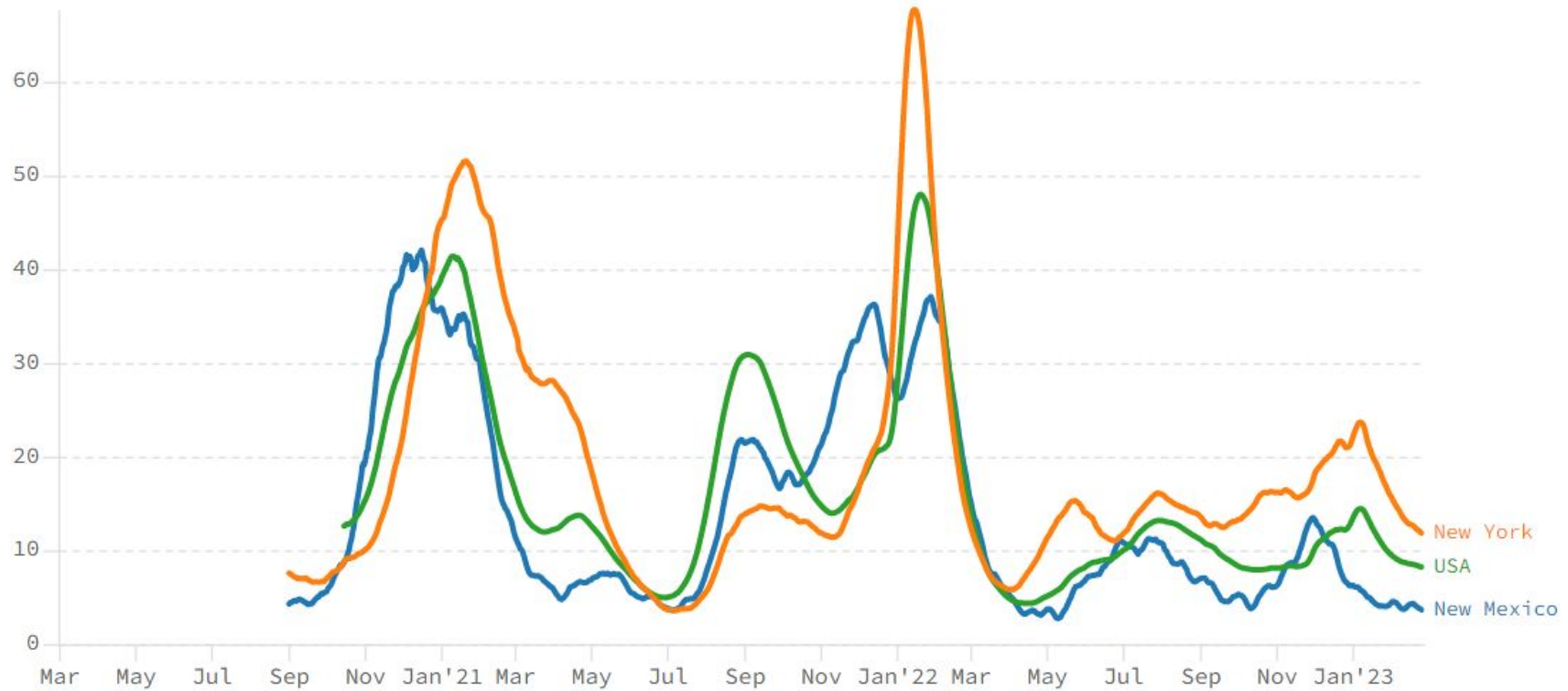
Hospitalizations (w/ COVID per 100k) ▼

PAST # OF DAYS

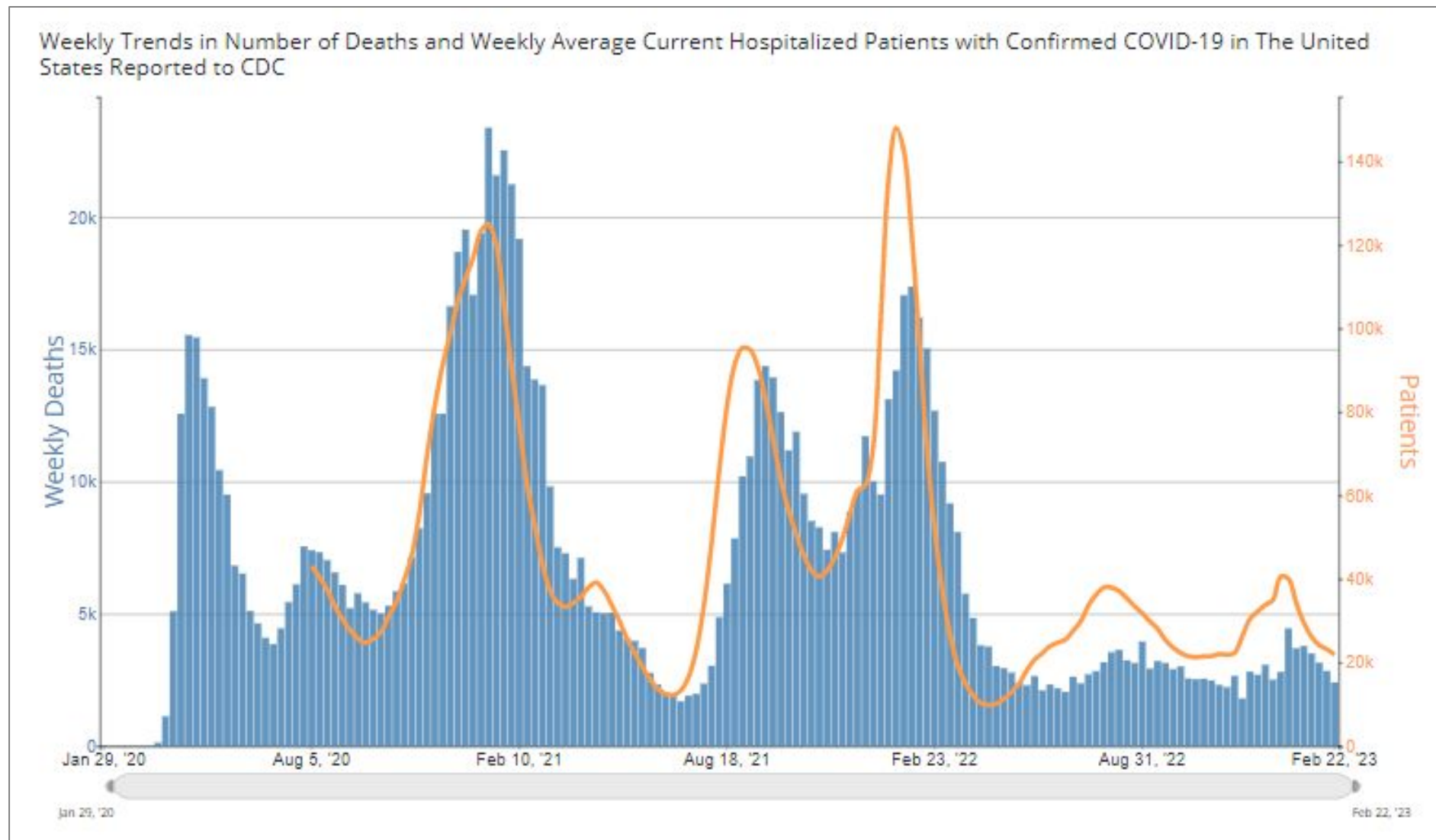
All time ▼

LOCATIONS

New Mexico; New York; USA ▼



National Deaths from COVID



Ending the Public Health Emergency

The “Public Health Emergency” is a group of declarations which allowed many flexibilities.

FDA	Immunization EUAs	
Stafford Act (FEMA)	support to states	ending May 11
Public Health Emergency	Medicaid Expansion (recently uncoupled from the PHE) - ending March 31	ending May 11
National Emergency		ending May 11
PrEP Act		
State Declarations		

[What ending the emergency actually means \(substack.com\)](https://www.substack.com)

Ending the Public Health Emergency


Understanding Some of the Changes:

1. **Antigen tests** - already commercialized - the PHE requires health insurers to reimburse for up to eight antigen tests, per person, per month. After May, insurers will be able to choose whether to reimburse for those tests or not.
2. **Vaccines** - Vaccines will be free until the “stockpile” is used up or the recommendations change. After that, the vaccine will be covered by insurance. The Affordable Care Act (and Inflation Reduction Act) requires insurance to cover vaccines recommended by ACIP.
3. **Paxlovid** - Same for Paxlovid - it will be free until the stockpile is used up and then will be privatized. The price will be determined by Pfizer, and the price that individuals pay at the pharmacy will depend on health insurance.
4. **Data** - look for changes to national surveillance data. CDC cannot compel labs to report negative data so “test positivity” will likely stop being reported. But surveillance from CDC wastewater projects and genomic sequencing will continue. Reporting cadence for hospitalizations will likely slow.

[What ending the emergency actually means \(substack.com\)](https://substack.com)


COVID Testing


- NIH has site for reporting home covid tests: [Make My Test Count](#)

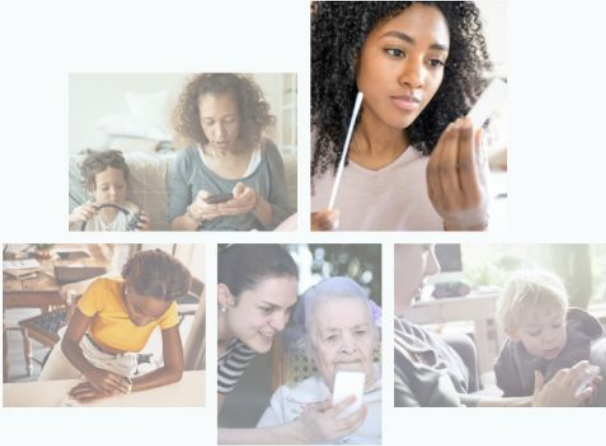
English ▾


Report COVID-19 home test results to help your community.
You can report negative or positive tests for yourself or any member of your family.

What was your COVID-19 home test result?

 Positive

 Negative



 *Your answers are anonymous, secure, and cannot be traced back to you.*

COVID Testing

- CDC launches new website to help people find COVID testing: [Testing Location | CDC.gov](https://www.cdc.gov/testing/location/)

Search for No-Cost COVID-19 Testing



Use this website to find a location convenient for you, then call them or visit their website to make an appointment.

Select distance in miles:

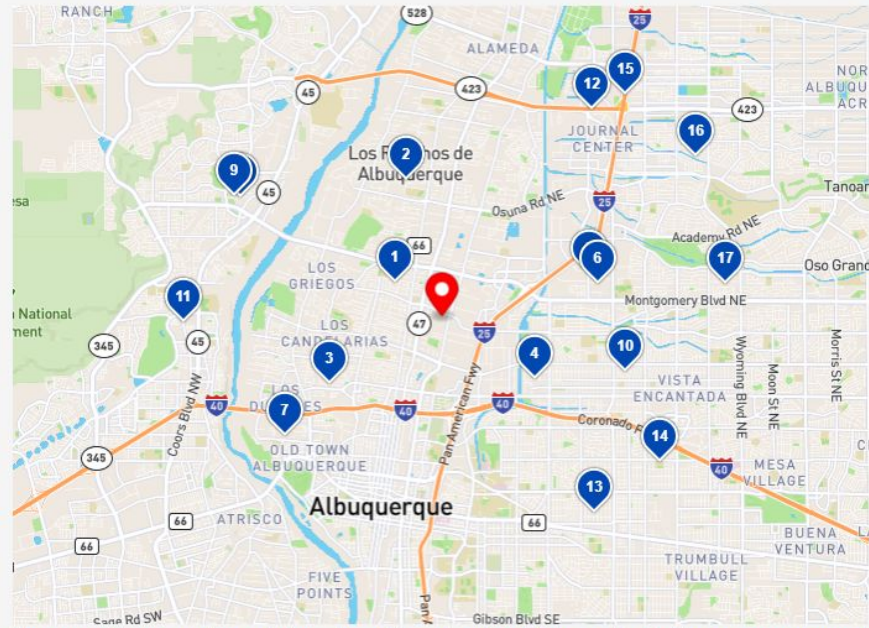
Enter a 5-digit ZIP code or street address:

Albuquerque, New Mexico 87107, Unit...

Search

1. Walgreens
4700 4th St NW
Albuquerque, NM 87107
0.5 miles [Directions](#)
Find out more and schedule a test at [Walgreens](#).

2. Walgreens
6605 4th St NW
Los Ranchos, NM 87107
1.8 miles [Directions](#)
Find out more and schedule a test at [Walgreens](#).



The area on the map can be made larger by scrolling out and smaller by scrolling in. A larger map area may show

MASKING

Access provided by: NPHCO / Public Health Digital Lib

 **Cochrane Library** Trusted evidence. Informed decisions. Better health.

Title Abstract K

Cochrane Reviews ▾ Trials ▾ Clinical Answers ▾ About ▾ Help ▾

Cochrane Database of Systematic Reviews | Review - Intervention [New search](#)

Physical interventions to interrupt or reduce the spread of respiratory viruses

Tom Jefferson, Liz Dooley, Eliana Ferroni, Lubna A Al-Ansary, Mieke L van Driel, Ghada A Bawazeer, Mark A Jones, Tammy C Hoffmann, Justin Clark, Elaine M Beller, Paul P Glasziou, ✉ John M Conly Authors' declarations of interest

Version published: 30 January 2023 [Version history](#)

<https://doi.org/10.1002/14651858.CD006207.pub6> [↗](#)

[Physical interventions to interrupt or reduce the spread of respiratory viruses - Jefferson. T - 2023 | Cochrane Library](#)

Paxlovid Prescribing

NMDOH partnership
with UNM College of
Pharmacy and NM
Poison Control For
COVID-19 Treatment
Access

- New Mexicans with a positive test unable to access Paxlovid can call the NMDOH COVID-19 hotline
- Patients will be screened by call center nurse
- If patient meets criteria a telehealth visit will be conducted by pharmacist or nurse practitioner to review medical history, any recent lab work, and current medications.
- Paxlovid prescribed along with patient education, any changes to current medication, guidance for worsening symptoms or medication side effects.
- Safety net service, currently in pilot phase



1-855-600-3453

For COVID-19 Related Questions

Vaccine Updates

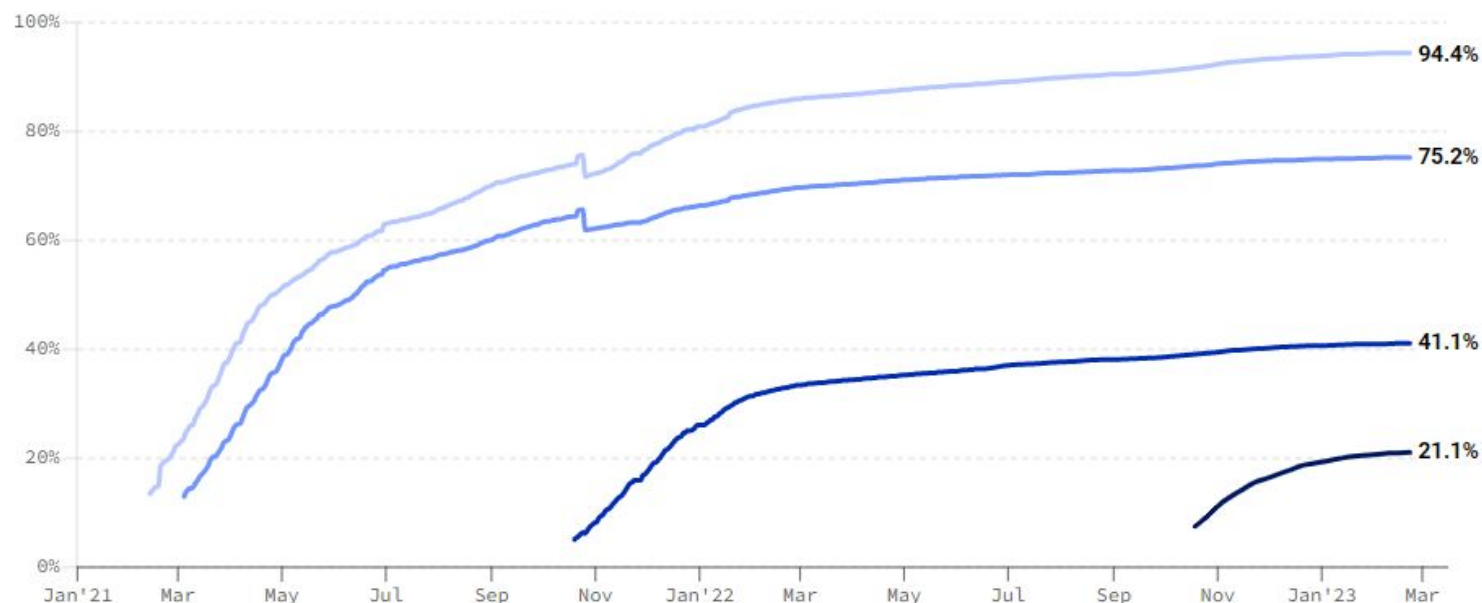


New Mexico COVID Vaccine Metrics

Vaccination metrics

1+ DOSE 2+ DOSES OR J&J BOOSTER DOSE BIVALENT DOSE

● **94.4%** ● **75.2%** ● **41.1%** ● **21.1%**

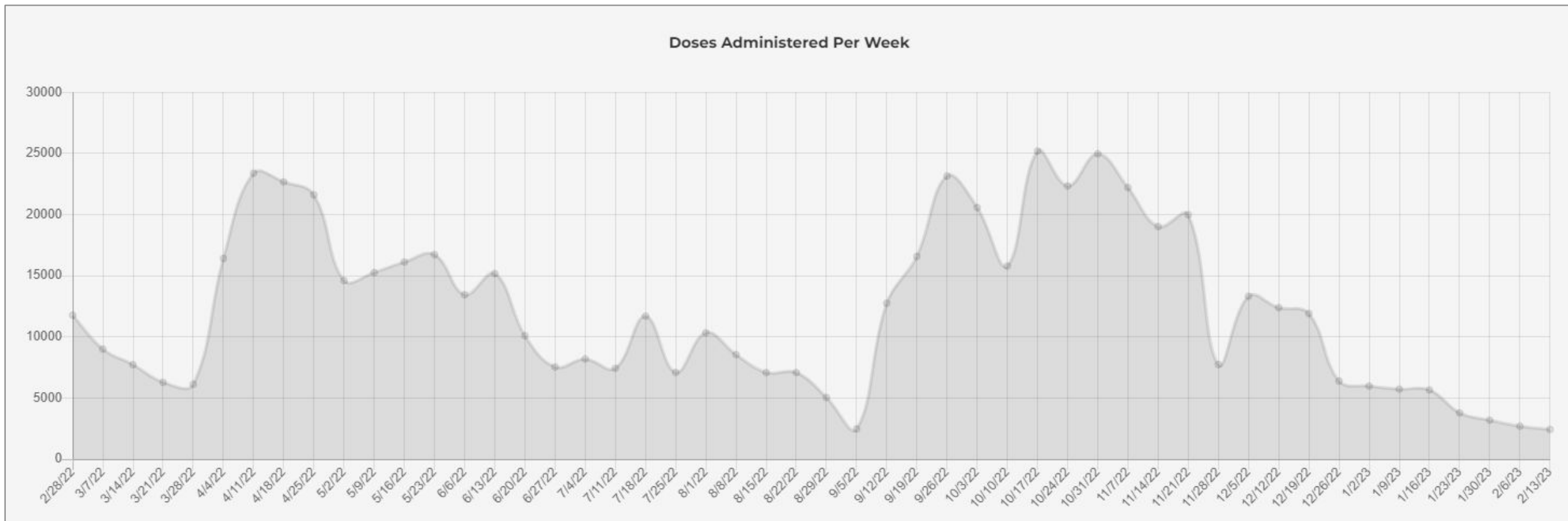


In New Mexico, 1,980,329 people (94.4%) have received at least one dose, 1,576,898 (75.2%) have received at least two doses or a single Johnson & Johnson dose, 861,698 (41.1%) have received a booster dose, and 443,044 (21.1%) have received an updated bivalent booster dose. Anybody who is at least 6 months old is eligible to be vaccinated. Fewer than 0.001% of people who have received a dose experienced a severe adverse reaction. [See more vaccine resources and FAQs.](#) [About this data](#)

Share

https://covidactnow.org/us/new_mexico-nm/?s=45483298

New Mexico COVID Vaccine Administration



<https://vaccinenm.org/public-dashboard.html>

COVID Vaccine News

- J&J has been retired
- All Moderna adult (12+) and pediatric (6-11) monovalent COVID-19 vaccines will expire in early April and ordering will end March 13.
- Moderna is not seeking a shelf-life extension for these vaccines.
- Moderna bivalent vaccines for all age groups will remain available.
- Administration sites should be mindful of patients starting their primary series with Moderna adult (12+) or pediatric (6-11) monovalent vaccines. If people aren't able to complete their primary series with Moderna, a different COVID-19 vaccine may be administered to complete the primary series at a minimum interval of 28 days from the last COVID-19 vaccine dose.
- Pfizer (12+ and 5-11) and Novavax (12+) monovalent vaccines remain available for ordering for primary series vaccination. There is ample supply of both products, and providers can order additional supply.

ACIP Meeting (Feb 22- 24)

1. **Focus on Vaccine Safety** - lots of reassuring data presented
2. **Clarifying Vaccine Program Goals** - “Prevention of severe disease”
3. **Hospitalizations** - still lots of hospitalizations due to COVID
4. **Discussion of Vaccine Effectiveness and Cadence**
5. **Considerations for a Bivalent Primary Series**
 - Simplify the schedule
 - Reduce administration errors
 - Allow continued access to primary series for unvaccinated populations.

ACIP Meeting

1. Focus on Vaccine Safety - lots of data presented on myocarditis and risk of stroke

Estimated COVID-19 hospitalizations prevented vs. potential myocarditis cases for every million **bivalent mRNA COVID-19 booster** doses:
12 – 17-year-olds

Per million doses in 12 – 17-year-olds over 6 months¹

 31 – 136 hospitalizations prevented

 9 – 40 ICU admissions prevented

0 – 1 death prevented



0 myocarditis² cases in 48,066 **males** with a bivalent booster

0 myocarditis² cases in 49,725 **females** with a bivalent booster

Estimated COVID-19 hospitalizations prevented vs. potential myocarditis cases for every million **bivalent mRNA COVID-19 booster** doses:
18 – 49-year-olds

Per million doses in 18 – 49-year-olds over 6 months¹

 117 – 376 hospitalizations prevented

 21 – 69 ICU admissions prevented

4 – 11 deaths prevented



1 myocarditis² case in 186,695 **males** with a bivalent booster

0 myocarditis² cases in 272,406 **females** with a bivalent booster

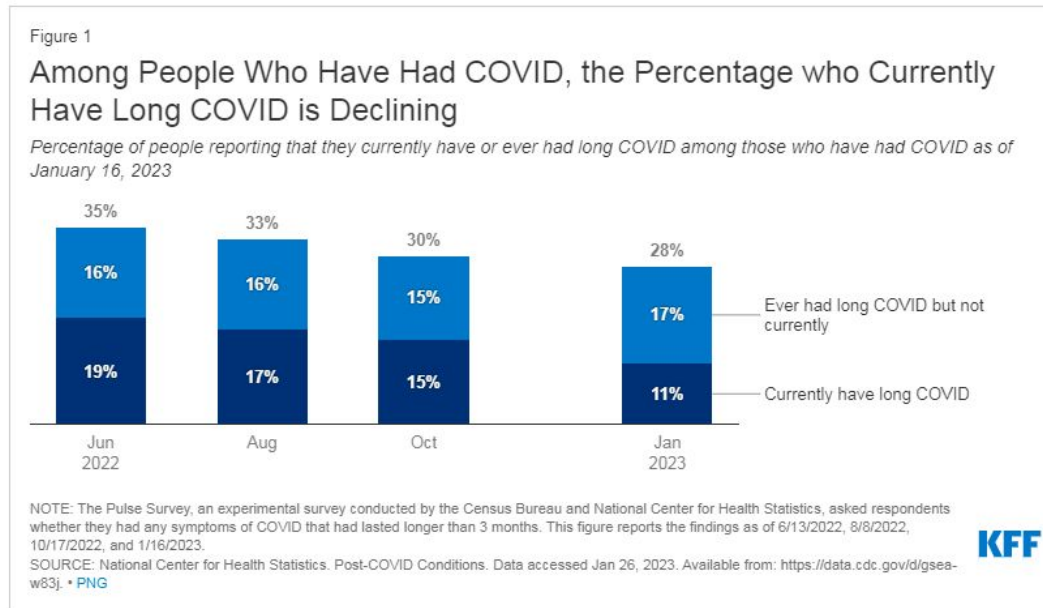
¹Ranges presented for benefits are based on the high and low incidence scenarios presented on slide 7

²Based on preliminary bivalent booster safety data from VSD among persons ages 18–39 years. Among Pfizer-BioNTech recipients, rates per million doses were: 20 (95% CI: 1–53) in males ages 18–29 years; 0 (95% CI: 0–37) in females ages 18–29 years; 0 (95% CI: 0–36) in males ages 30–39 years and 0 (95% CI: 0–26) in females ages 30–39 years. Among Moderna recipients, rates per million doses were: 0 (95% CI: 0–162) in males ages 18–29 years; 0 (95% CI: 0–101) in females ages 18–29 years; 0 (95% CI: 0–85) in males ages 30–39 years and 0 (95% CI: 0–63) in females ages 30–39 years.

[Rare reports of myocarditis after mRNA COVID-19 vaccines \(cdc.gov\)](https://www.cdc.gov/rare-reports/myocarditis-after-mrna-covid-19-vaccines/)

ACIP Meeting

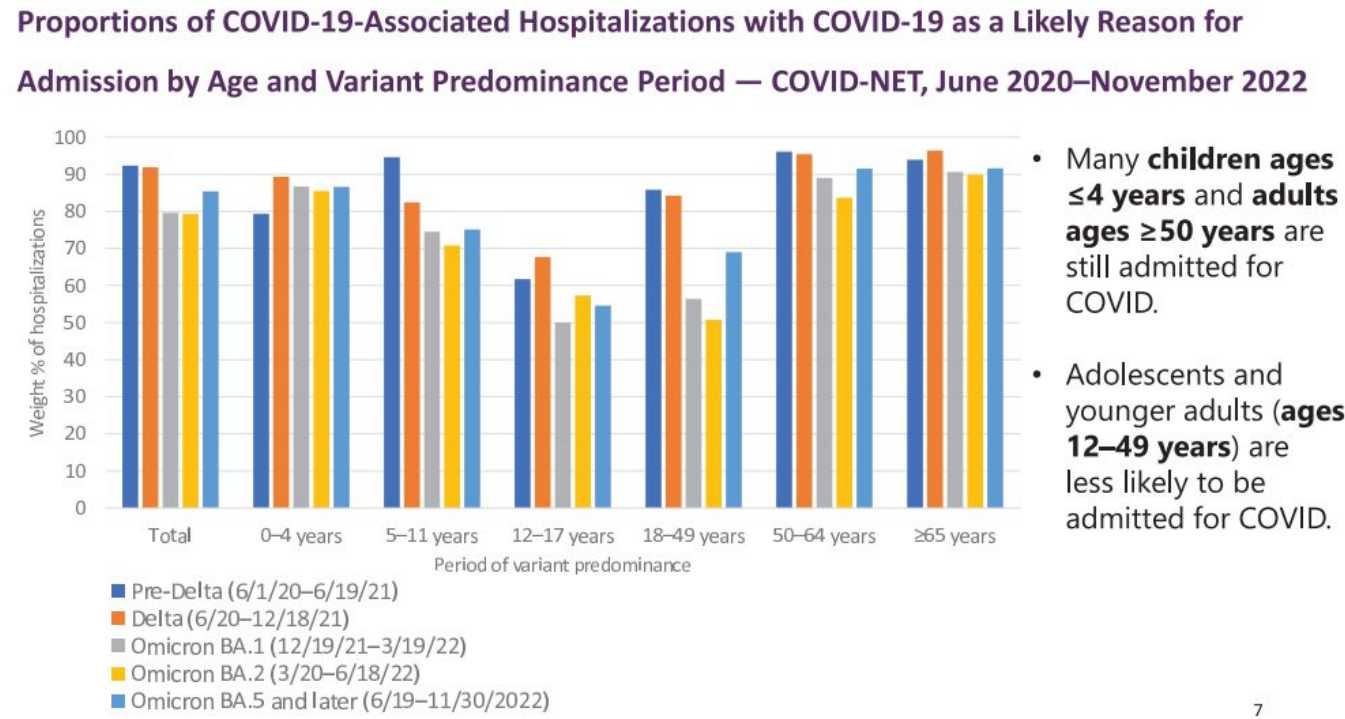
2. Clarifying Vaccine Program Goals - “Prevention of severe disease”



<https://www.kff.org/policy-watch/long-covid-what-do-latest-data-show/>

ACIP Meeting

3. Hospitalizations - still lots of hospitalizations “for” COVID for youngest and older age groups



ACIP Meeting

4. Vaccine Cadence and Effectiveness

COVID-19 Vaccine Effectiveness: VE wanes after several months post vaccination for both monovalent and bivalent products, especially for older adults.

Bivalent booster protection against emergency department/urgent care encounters and hospitalizations in adults: For those who have not received a bivalent dose, there is limited remaining protection against ED/UC visits and hospitalization. VE is **only 17%** for older adults who have received just their primary series (median time since last dose = 352 days).

ACIP Meeting

4. Vaccine Cadence and Effectiveness

ACIP decided there was “insufficient evidence” to suggest older adults need another bivalent dose at this time.

This could change in the future based on:

- Hospitalization rates among those who got the bivalent start to increase
- Other signals of waning vaccine effectiveness of bivalent vaccine
- SARS-CoV-2 significantly mutates

<https://www.kff.org/policy-watch/long-covid-what-do-latest-data-show/>

ACIP Meeting

5. Considerations for a Bivalent Primary Series

- The Work Group was **supportive** of a transition of the mRNA COVID-19 vaccine primary series from monovalent (original) to bivalent (original plus Omicron BA.4/5)

Policy considerations for bivalent primary series

- Policy on bivalent primary series will be coordinated with **FDA** for regulatory action, and **CDC/ACIP** for recommendations for use



COVID Vaccines

Number of mRNA COVID-19 vaccine products currently

Moderna: 5 products



Pfizer-BioNTech: 6 products



Possible number of mRNA COVID-19 vaccine products with a bivalent primary series

Moderna: 2 products



Pfizer-BioNTech: 3 products



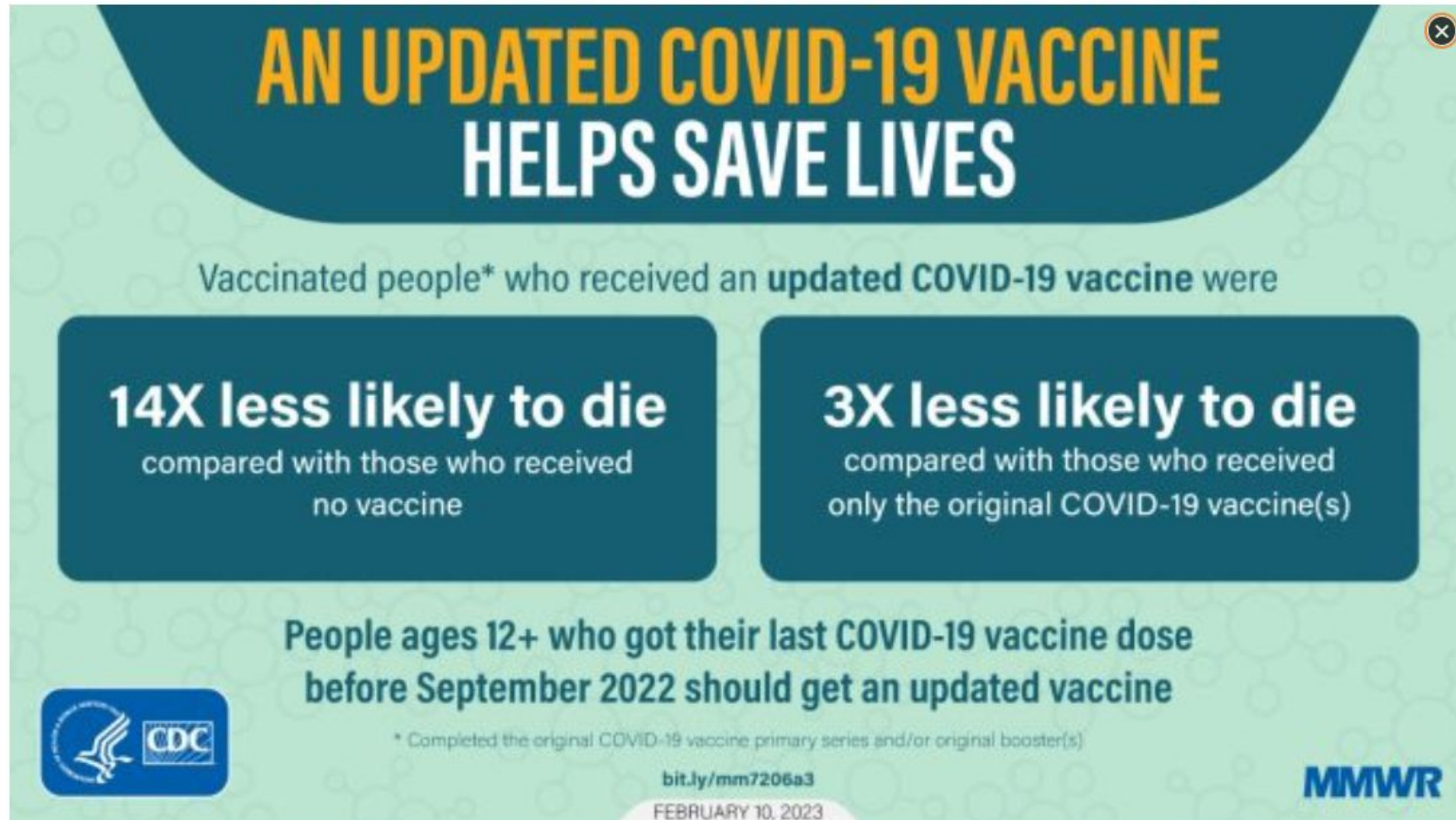
VRBAC Meeting

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

MMWR - Feb 10



[COVID-19 Incidence and Mortality Among Unvaccinated and Vaccinated Persons Aged ≥12 Years by Receipt of Bivalent Booster Doses and Time Since Vaccination — 24 U.S. Jurisdictions, October 3, 2021–December 24, 2022 | MMWR \(cdc.gov\)](#)

COVID Vaccine Schedule

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

COVID-19 Vaccination Schedule Infographic for People who are NOT Moderately or Severely Immunocompromised

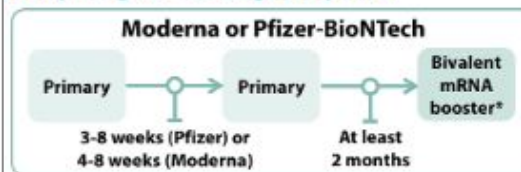
People ages 6 months through 4 years



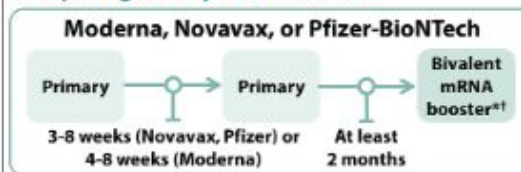
People age 5 years



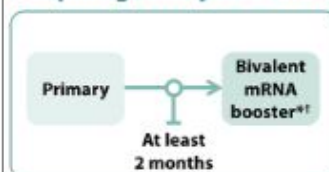
People ages 6 through 11 years



People ages 12 years and older



People ages 18 years and older who previously received Janssen primary series dose‡



*For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.

†A monovalent Novavax booster dose may be used in limited situations in people ages 18 years and older who completed a primary series using any COVID-19 vaccine, have not received any previous booster dose(s), and are unable or unwilling to receive an mRNA vaccine. The monovalent Novavax booster dose is administered **at least 6 months** after completion of a primary series.

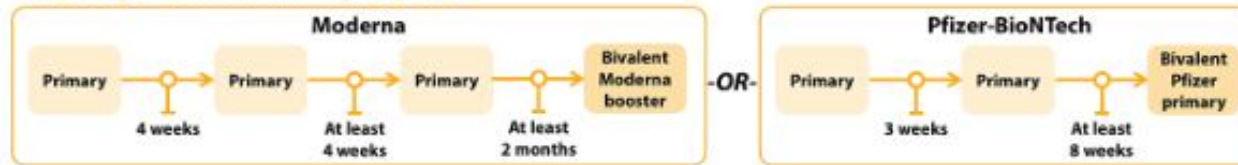
‡Janssen COVID-19 Vaccine should only be used in certain limited situations. See: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a>

COVID Vaccine Schedule

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html>

COVID-19 Vaccination Schedule Infographic for People who ARE Moderately or Severely Immunocompromised

People ages 6 months through 4 years



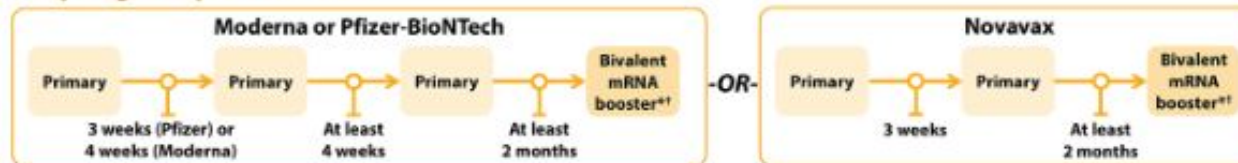
People age 5 years



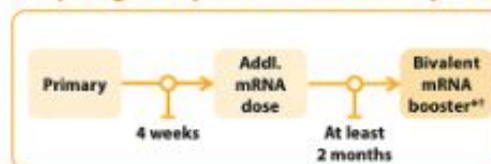
People ages 6 through 11 years



People ages 12 years and older



People ages 18 years and older who previously received Janssen primary series dose‡

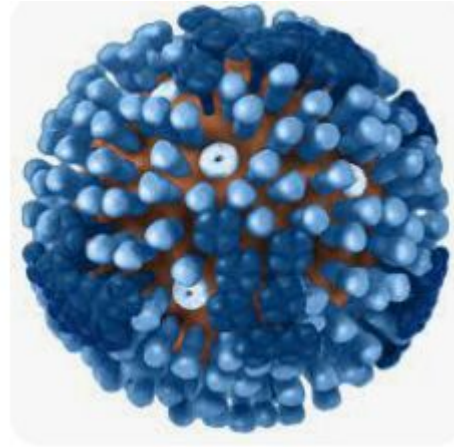


*For people who previously received a monovalent booster dose(s), the bivalent booster dose is administered at least 2 months after the last monovalent booster dose.

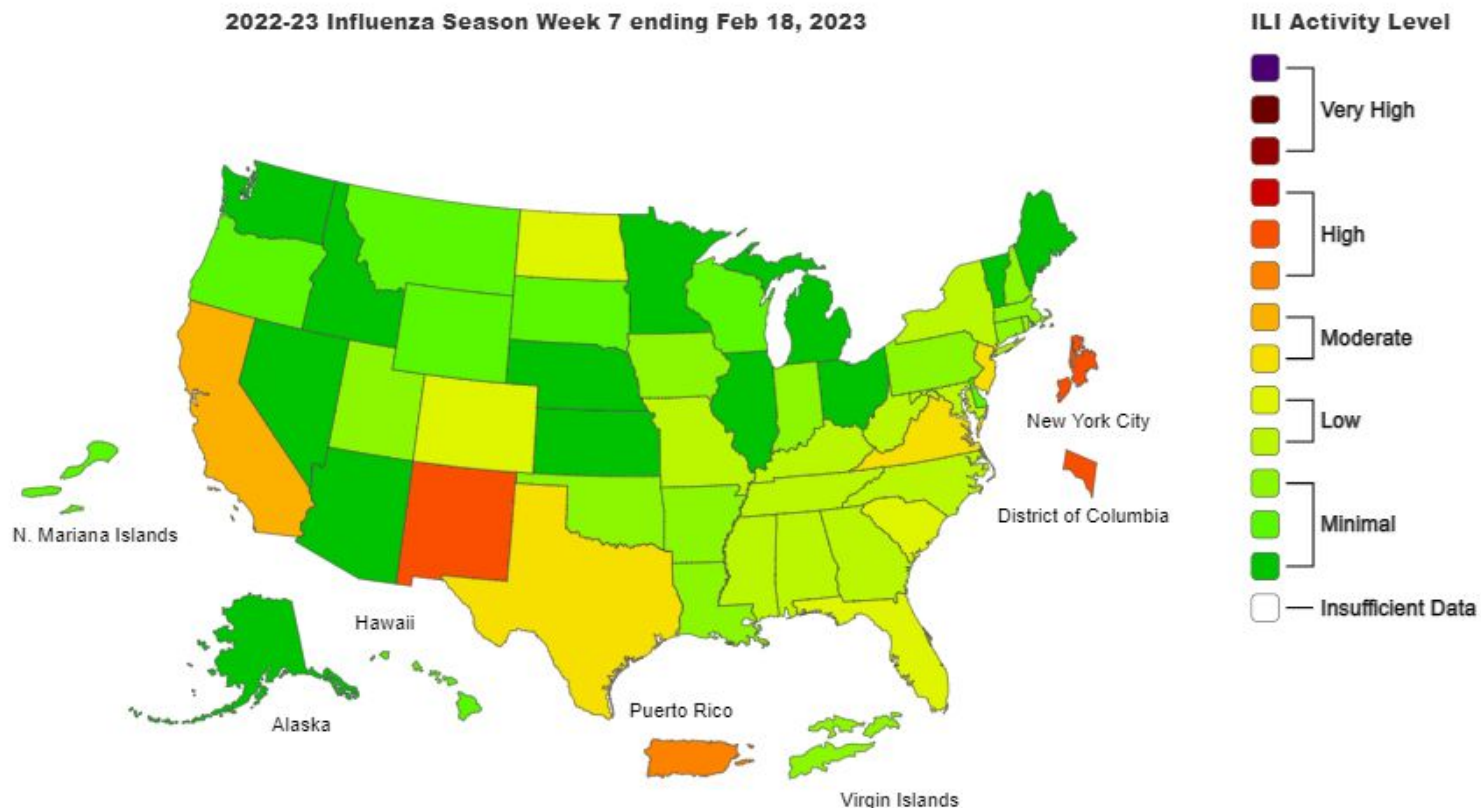
†A monovalent Novavax booster dose may be used in limited situations in people ages 18 years and older who completed a primary series using any COVID-19 vaccine, have not received any previous booster dose(s), and are unable or unwilling to receive an mRNA vaccine. The monovalent Novavax booster dose is administered at least 6 months after completion of a primary series.

‡Janssen COVID-19 Vaccine should only be used in certain limited situations. See: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us-appendix.html#appendix-a>

Influenza Updates



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

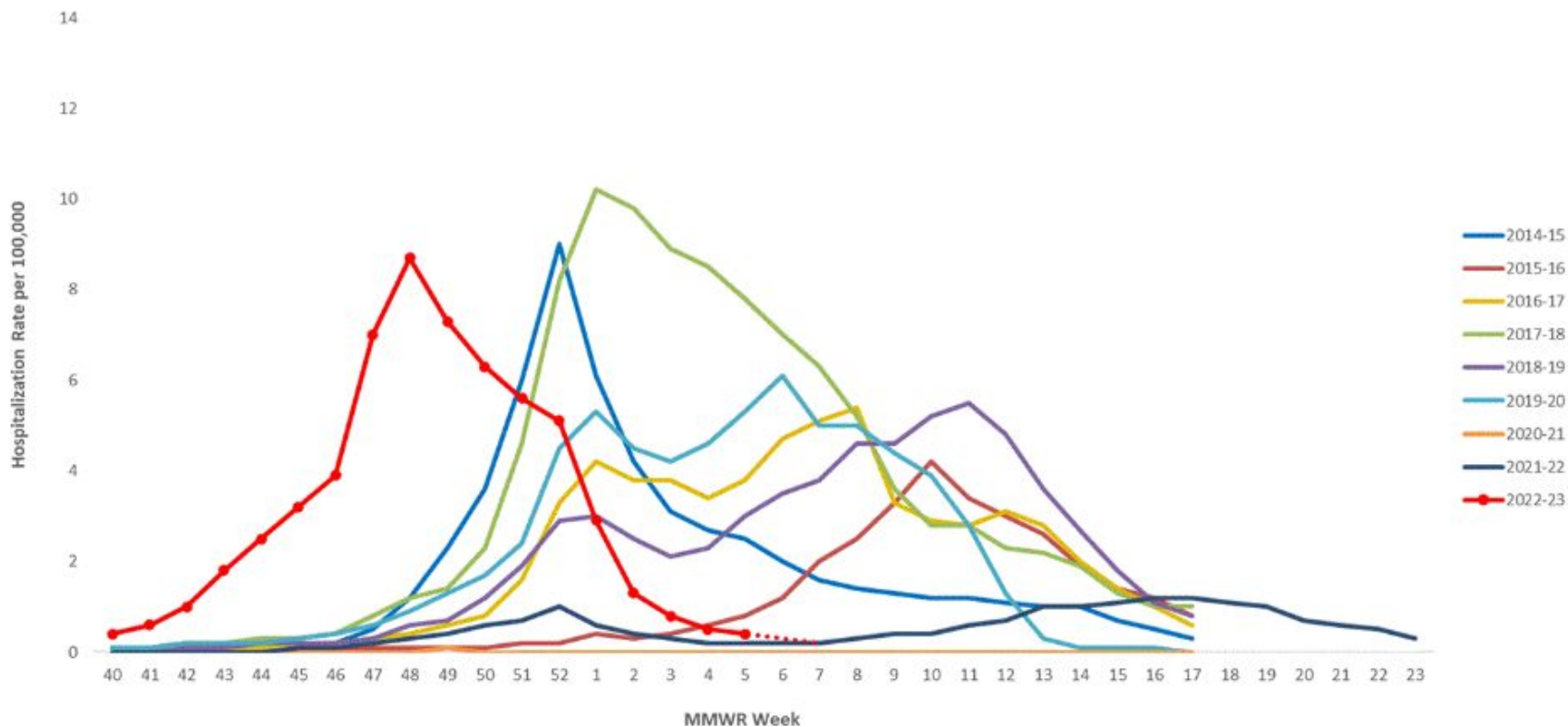


Outpatient Respiratory Illness Activity Map Determined by Data Reported to ILINet

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.

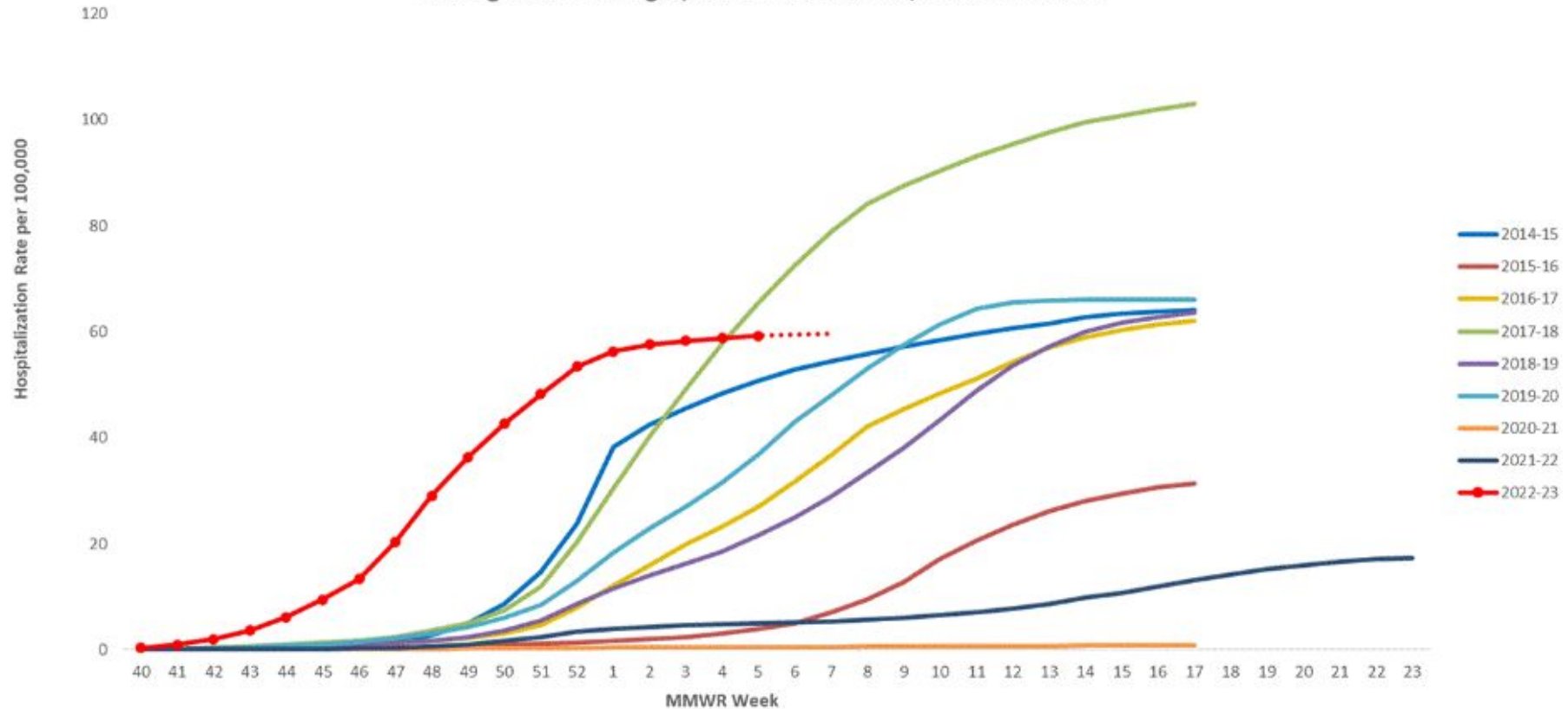
<https://www.cdc.gov/flu/weekly/index.htm>

Weekly Rate of Laboratory-Confirmed Influenza Hospitalizations
among cases of all ages, 2014-15 to 2022-23, MMWR Week 07



**In this figure, weekly rates for all seasons prior to the 2022-23 season reflect end-of-season rates. For the 2022-23 season, rates for recent hospital admissions are subject to reporting delays and are shown as a dashed line for the current season. As hospitalization data are received each week, prior case counts and rates are updated accordingly.

Cumulative Rate of Laboratory-Confirmed Influenza Hospitalizations
among cases of all ages, 2014-15 to 2022-23, MMWR Week 07

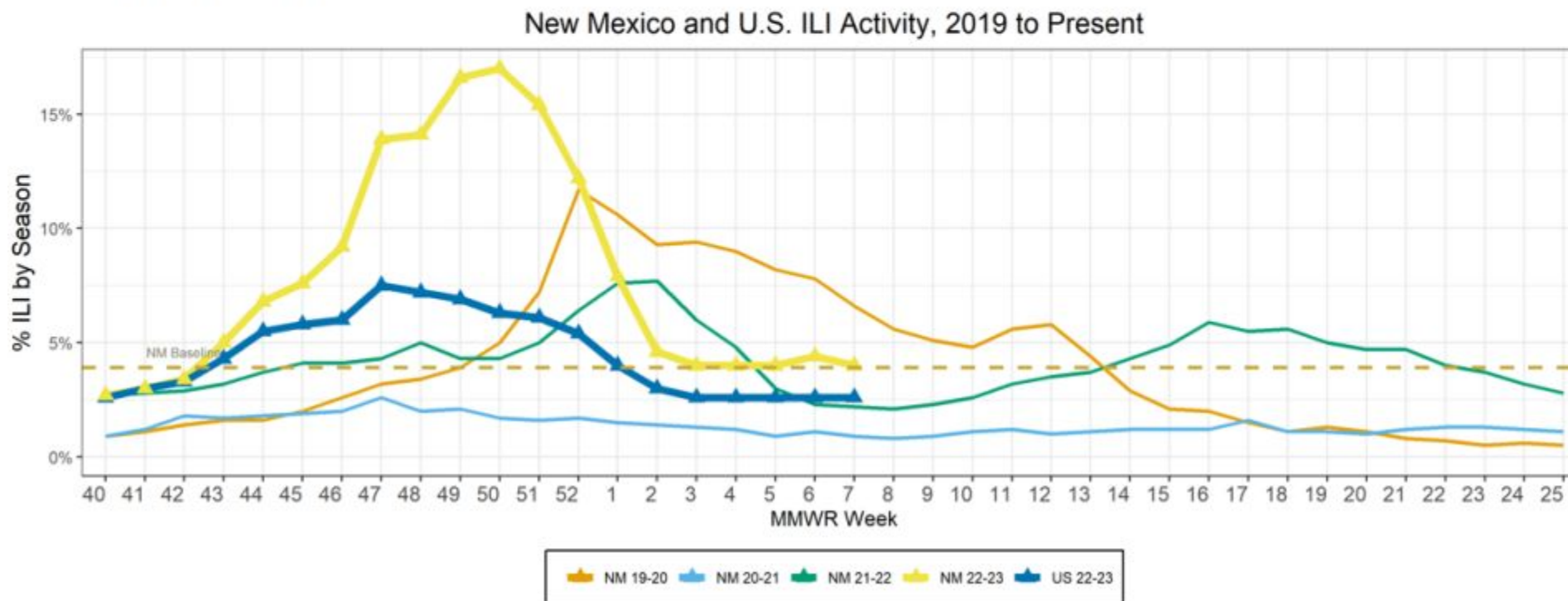


**In this figure, weekly rates for all seasons prior to the 2022-23 season reflect end-of-season rates. For the 2022-23 season, rates for recent hospital admissions are subject to reporting delays and are shown as a dashed line for the current season. As hospitalization data are received each week, prior case counts and rates are updated accordingly.

<https://www.cdc.gov/flu/weekly/index.htm#NCHSMortality>

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.

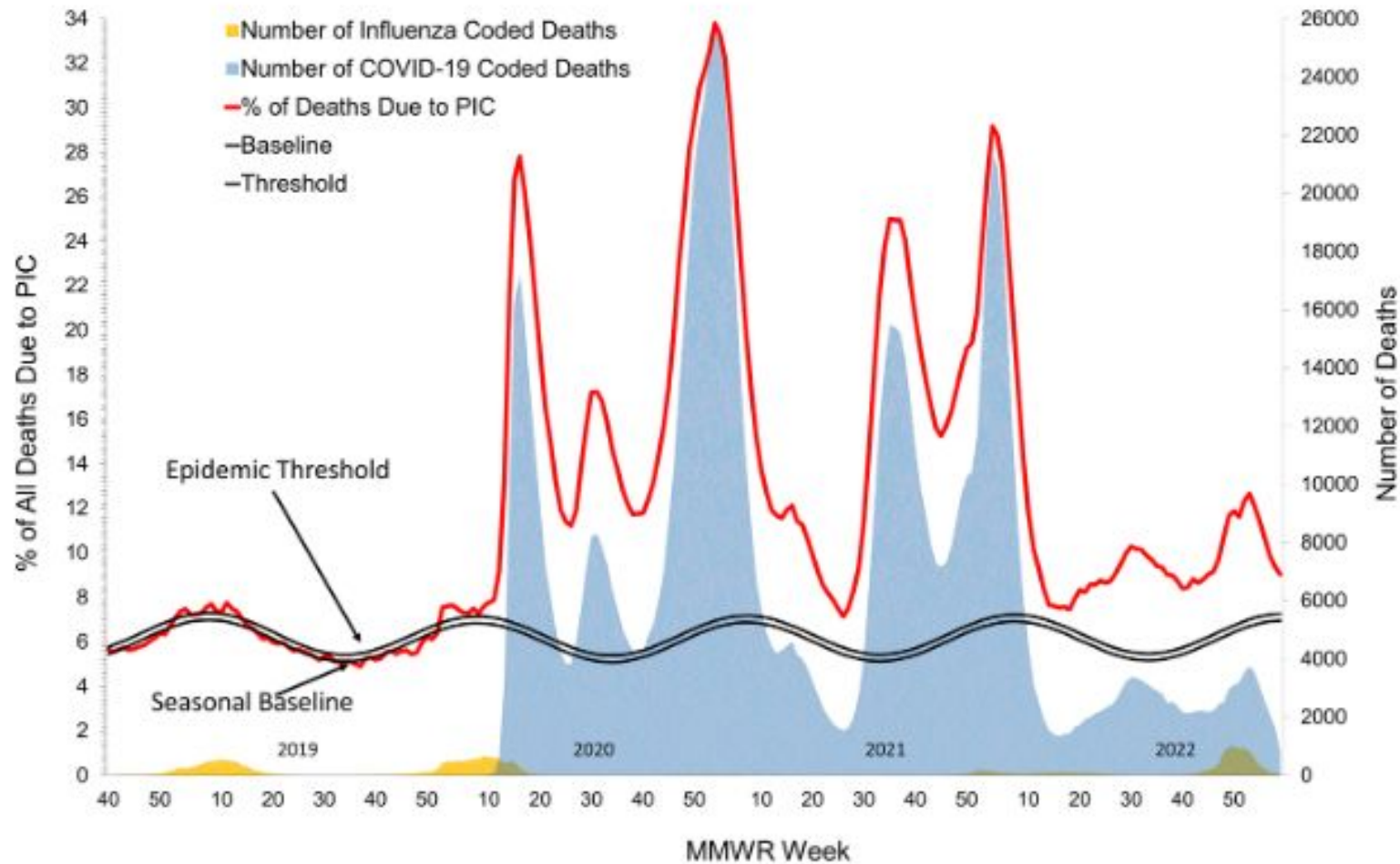


data through 2/18/23

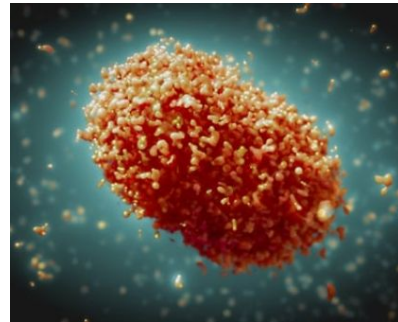
<https://www.nmhealth.org/data/view/infectious/2754/>

Pneumonia, Influenza, and COVID-19 Mortality from the National Center for Health Statistics Mortality Surveillance System

Data as of February 23, 2023

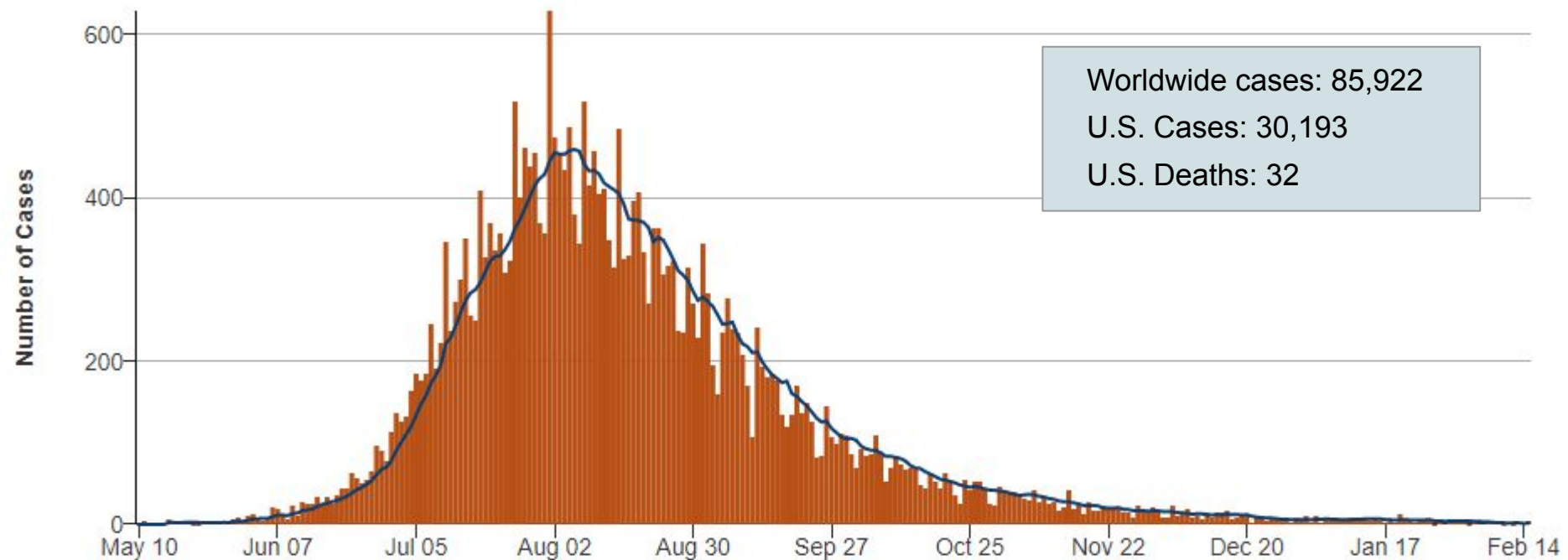


MPOX Updates

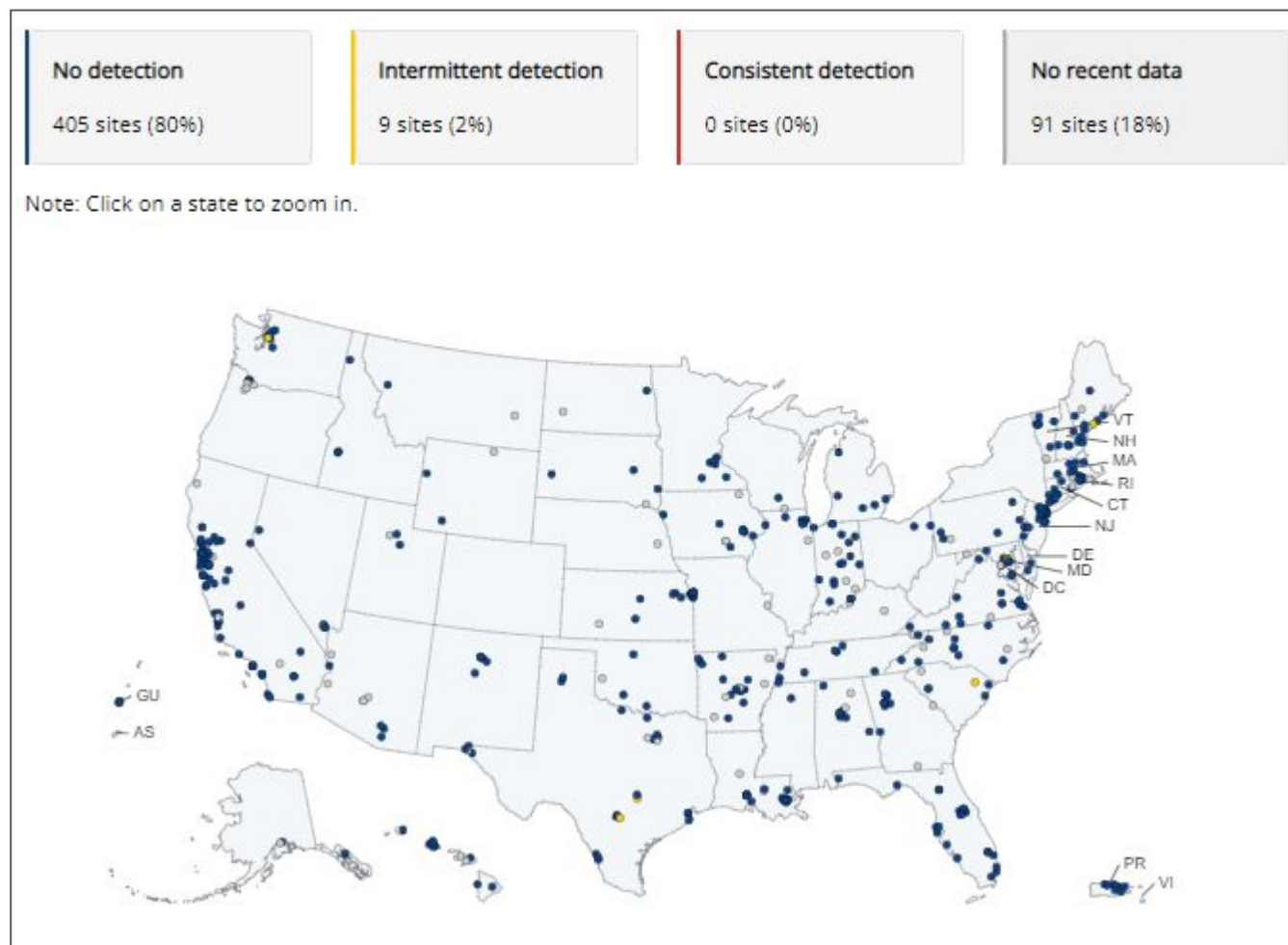


US MPOX Trends

Daily Mpox Cases and 7 Day Daily Average



Mpox virus detection in wastewater in the past 4 weeks



<https://www.cdc.gov/poxvirus/monkeypox/cases-data/wastewater-surveillance.html>

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 [Pfizer-BioNTech COVID-19 Vaccine Expiry](#) 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 [Moderna Vial Expiration Checker](#) 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/covid19vaccine-eua/providers/vial-lookup>
- Janssen
 - <https://vaxcheck.jnj/>
- Novavax
 - <https://us.novavaxcovidvaccine.com/hcp>
- Pfizer
 - <https://lotexpiry.cvdvaccine.com/>

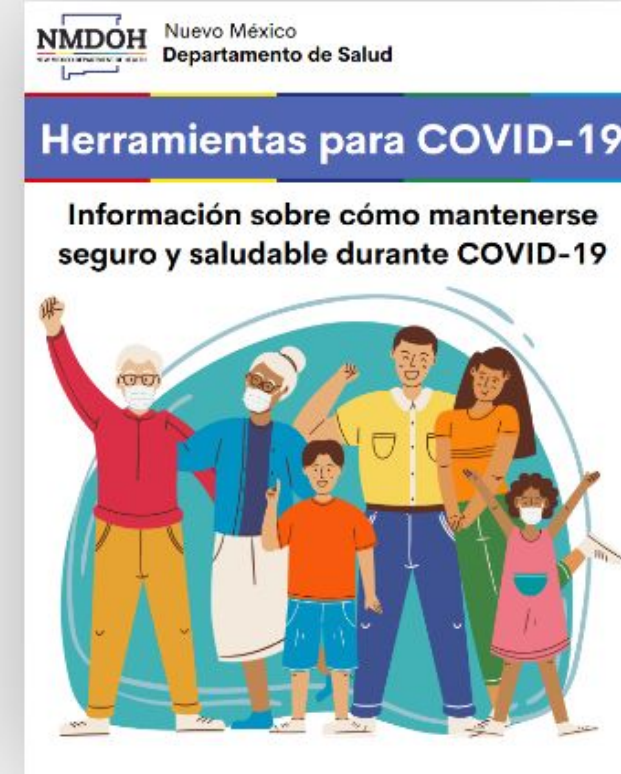
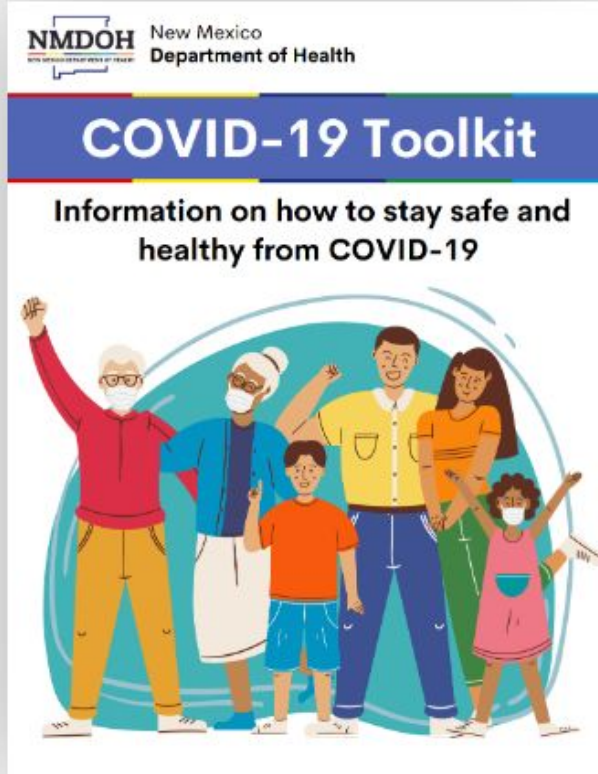
COVID-19 Toolkit

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](#)



[NMDOH - Coronavirus Updates](#) | [Coronavirus Updates in New Mexico \(nmhealth.org\)](#)

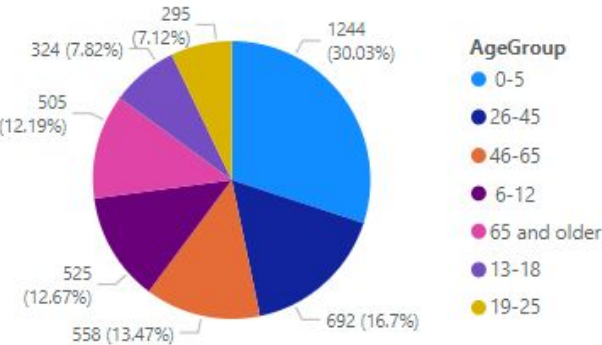
Week Starting on:
11/27/2022

Respiratory Infection	Total Results	Total Positives	Two Week Trend
COVID-19	11762	1236	*
Adenovirus	506	9	—
Chlamydia Pneumoniae	506	0	—
Human Metapneumavirus	506	8	—
Influenza A – not subtyped	8833	2095	↑
Influenza A H1	714	11	—
Influenza A H3	506	62	↑
Influenza B	8835	2	—
Mycoplasma Pneumoniae	506	0	—
Other Coronaviruses	506	4	—
Parainfluenza (1-4)	2024	31	—
Rhinovirus	506	54	↑
RSV	2522	639	↑

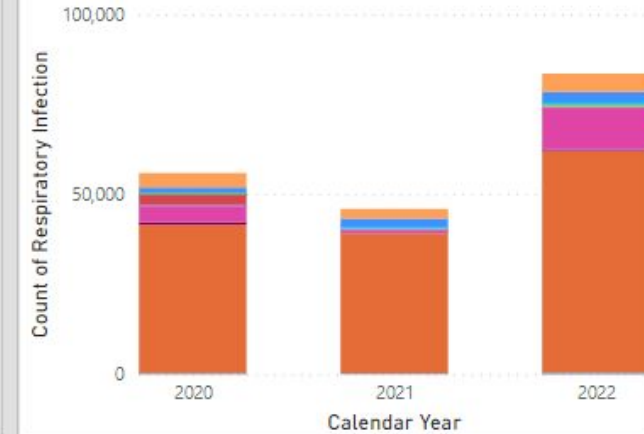
Total COVID-19 Samples
11,762

Total Respiratory Samples
(excluding COVID-19)
8,837

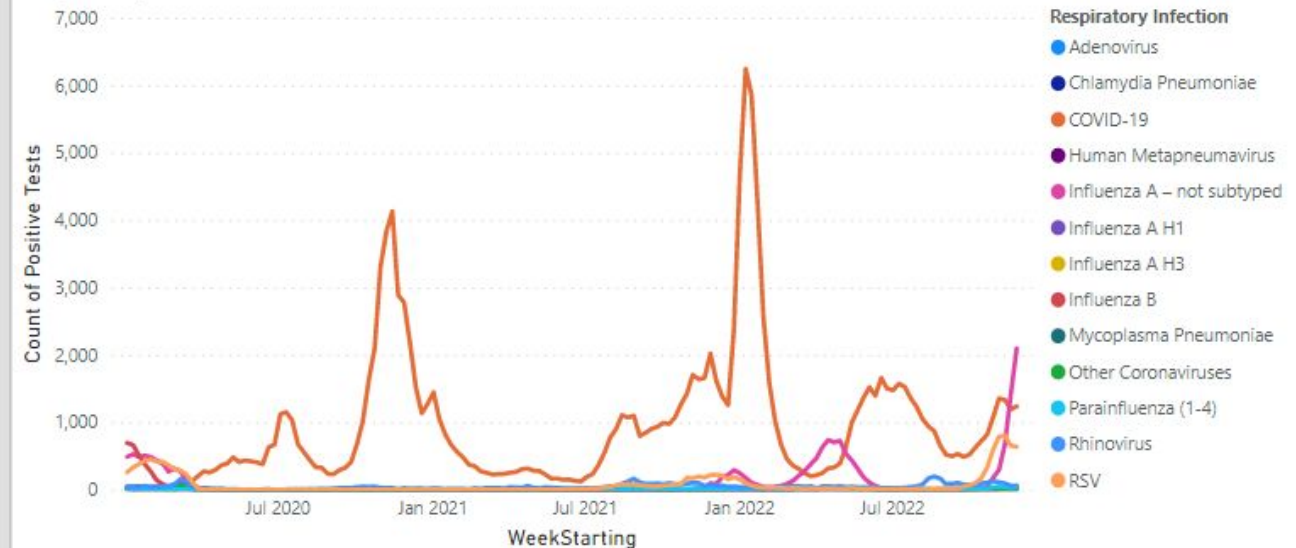
Respiratory Infection by Age Group for Specified Week



Type of Respiratory Infection by Calendar Year



Respiratory Infection Over Time





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?

Isolation and Precautions for People with COVID-19

Updated Aug. 11, 2022 [Español](#) | [Other Languages](#) [Print](#)

[If you were exposed](#) to COVID-19, you should start taking precautions.



Isolation and Exposure Calculator

A tool to help you determine if you need to isolate or take other steps to prevent spreading COVID-19.

Isolation & Exposure



COVID-19 ISOLATION AND EXPOSURE CALCULATOR

People who have COVID-19 or have been exposed to someone with COVID-19 can use this tool to determine if they need to isolate or take other steps to prevent spreading COVID-19. The calculator does not apply to certain groups, such as healthcare personnel, or high risk congregational settings.

The calculator does not provide recommendations for events that occurred more than 2 weeks ago.

[What is the purpose of this tool?](#) >

[What groups and high-risk settings does this tool NOT apply to?](#) >

[What do I need to use this tool?](#) >



Select the option that best describes you:

[Tested positive for COVID-19 or have symptoms](#)

[Been exposed to someone with COVID-19](#)


More Information:

[What are the symptoms of COVID-19?](#) >

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>

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](#)



THANK YOU!