

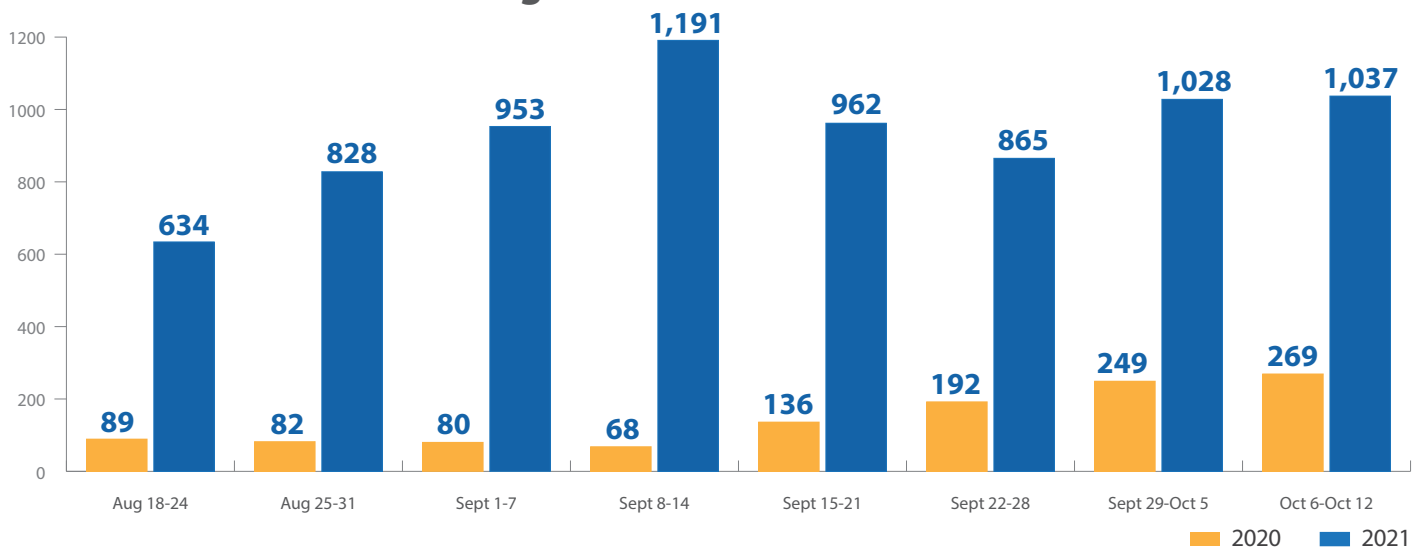
COVID-19 Report: A Focus on Schools and Hospitals

Schools

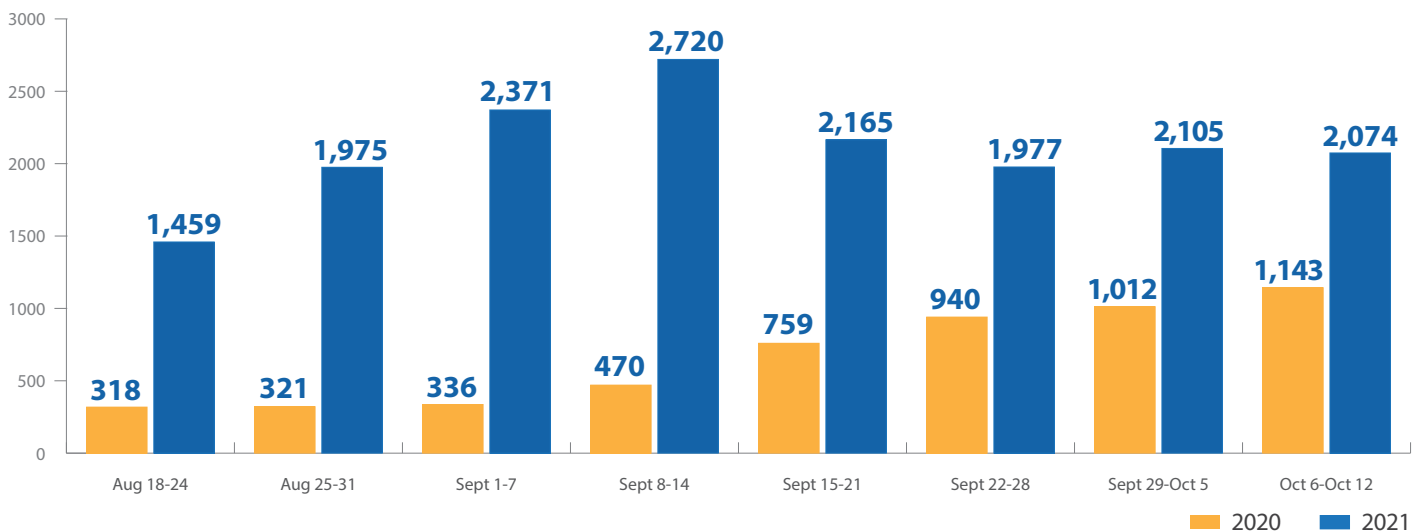
Comparing COVID-19 cases among school-aged children from 2020 and 2021

Cases among school-aged children from the first 8 weeks of school are **3.2 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.

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.



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 10/6/2021 to 10/13/2021

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*
Willow Springs Elementary	10/7	498	13	2.6%	682
Edgemont Elementary	10/8	500	41	8.2%	536

*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.



Increase in child vaccination rates

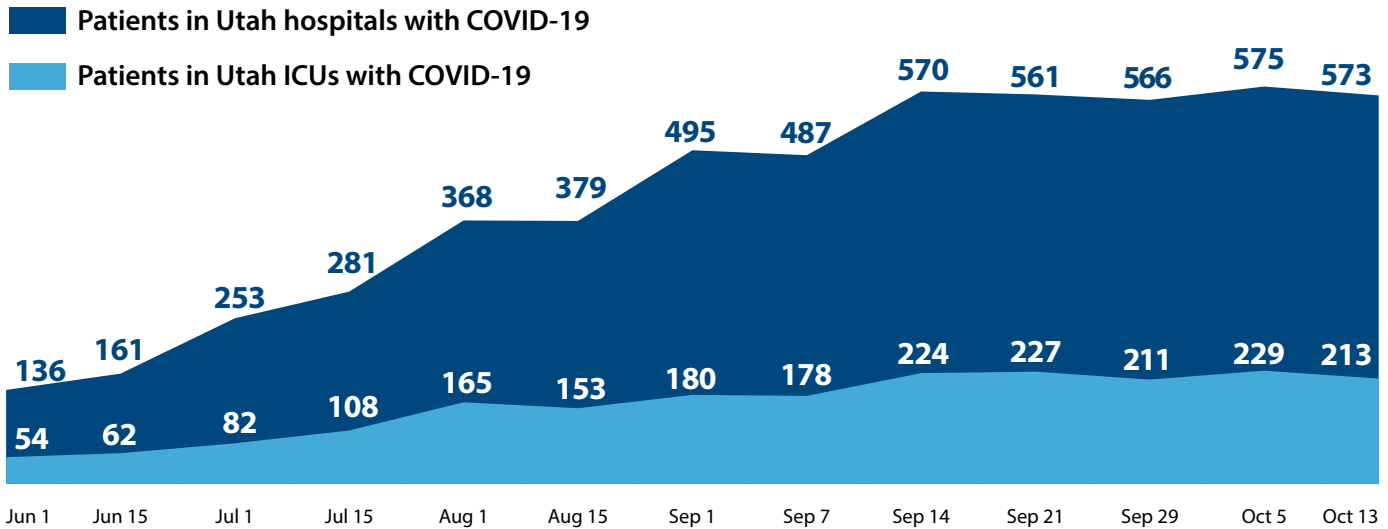
Children ages 12-17 years old are eligible to receive the COVID-19 vaccine, yet there are only two health districts with more than 60% of children who are fully vaccinated against COVID-19.

	Local Health District	Children who are fully vaccinated	Percent of children who are fully vaccinated	Increase in percentage of children who are fully vaccinated since Sept. 1
>60% fully vaccinated	Summit County	2,563	63.7	+7.1
	Davis County	23,619	61	+9.8
>40% fully vaccinated	Salt Lake County	61,616	59	+8.7
	Wasatch County	1,800	47.7	+11.6
	Tooele County	3,882	47.3	+10.2
	Weber-Morgan	12,208	47.1	+10.9
	San Juan	710	43.4	+6.1
	Bear River	8,102	42	+10.1
	Utah County	28,144	40.6	+10.9
>20% fully vaccinated	Southeast Utah	953	26	+6.9
	Southwest Utah	5,843	24.9	+7.9
	Central Utah	2,061	23.9	+8.5
	TriCounty	1,351	21.3	+6.1



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%.

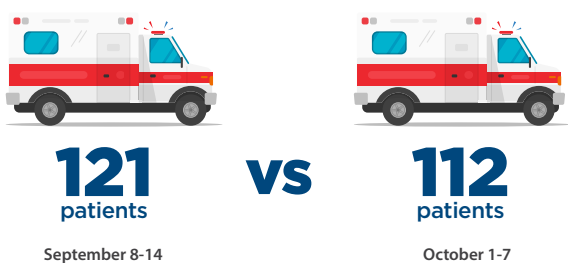


Pressure on hospitals

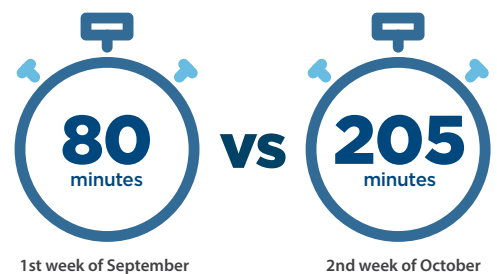
Patient transfers are another indicator of the current demand on hospitals. Patients may need to be transferred to another hospital for many reasons: hospitals may not have the equipment needed or specialized staff to treat patients with cardiac problems, severe injuries from car crashes, burns or COVID-19, 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.

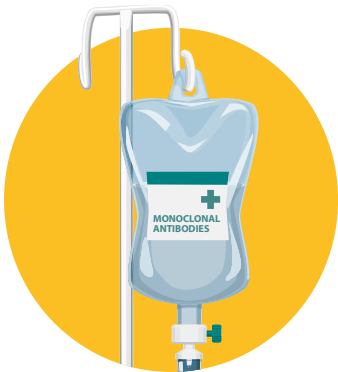
**The time for hospital staff to locate an available ICU bed. Does not include transfer or transportation time.

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.

To help raise awareness of this treatment, the Utah Department of Health is actively promoting it through the state's coronavirus media campaign. The campaign incorporates media, outdoor advertising, online video, and a robust website (coronavirus.utah.gov/noveltherapeutics) that includes a personal risk-score calculator to determine eligibility.

The Utah Department of Health, and its hospital partners, currently have adequate stock of treatments to meet demand. 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.



Week	mAb Treatments Ordered	mAb Treatments Administered
9/22-9/28	1,608	503
9/29-10/5	1,740	458



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

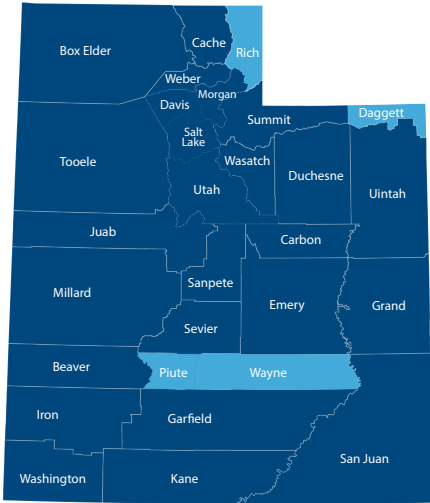
Crisis care

- 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.

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.

10/14/2021



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 and specific data points.



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 **2.9 to 3.2 times higher** than these thresholds.

Metrics	2021 Peak	2021 Low	Current
<p>Statewide 7-day average COVID-19 ICU utilization is less than 15%</p>	<p>46% on 10/7/21 (3.1x above threshold)</p>	<p>5% on 5/11/21 (3.0x below threshold)</p>	<p>44.1% (2.9x above threshold)</p>
<p>Statewide 14-day case rate is less than 191 cases per 100,000</p>	<p>1,295 per 100,000 people on 1/9/21 (6.8x above threshold)</p>	<p>96 per 100,000 people on 6/1/21 (2x below threshold)</p>	<p>611 per 100,000 people (3.2x above threshold)</p>
<p>1,633,000 prime doses of COVID-19 vaccine allocated to the state</p>	<p>Target met May 4</p>	<p>Target met May 4</p>	<p>Target met May 4 1,917,641 people have received at least one dose</p>