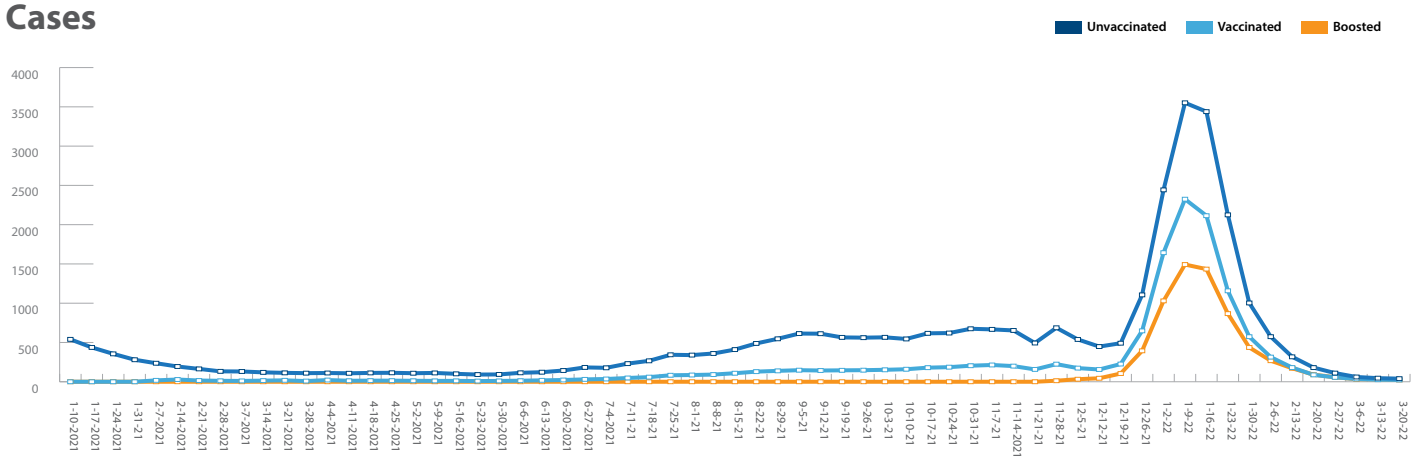
COVID-19: Response Report

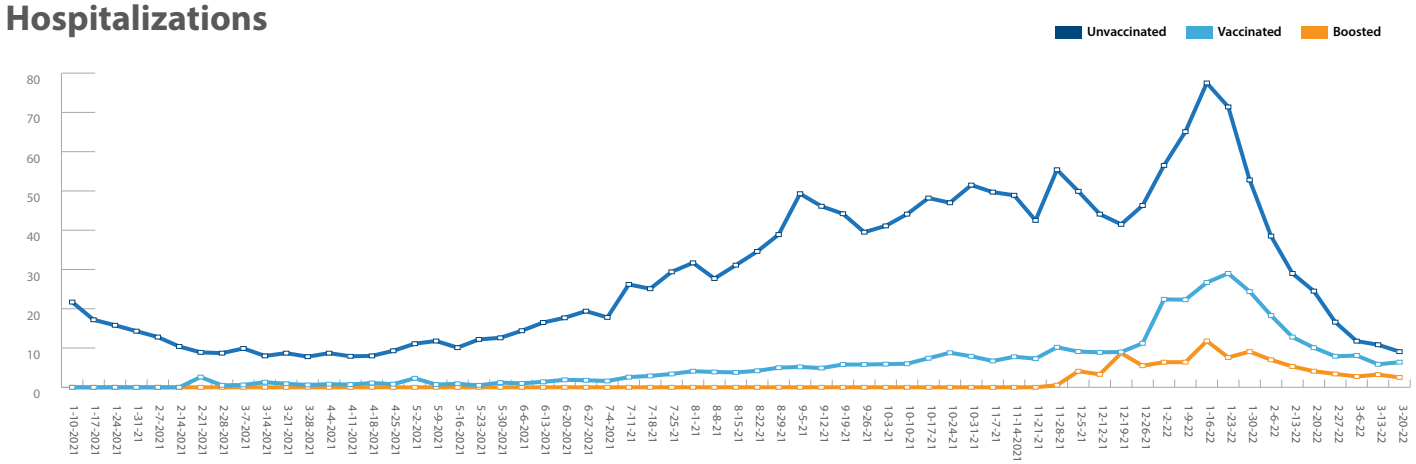
Boosted vs Vaccinated vs Unvaccinated Rates

The chart below shows the 7-day rates of cases, hospitalizations, and deaths among Utahns who are boosted, fully vaccinated, and unvaccinated. The rates are age adjusted, and represent the number of cases, hospitalization, or deaths per 100,000 people in the population.

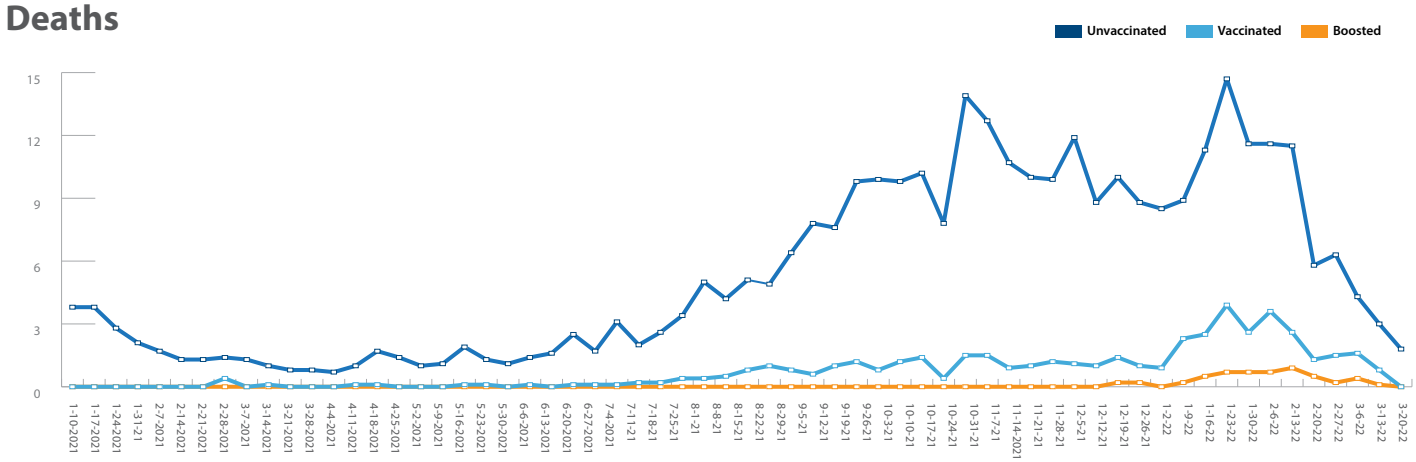
Cases



Hospitalizations

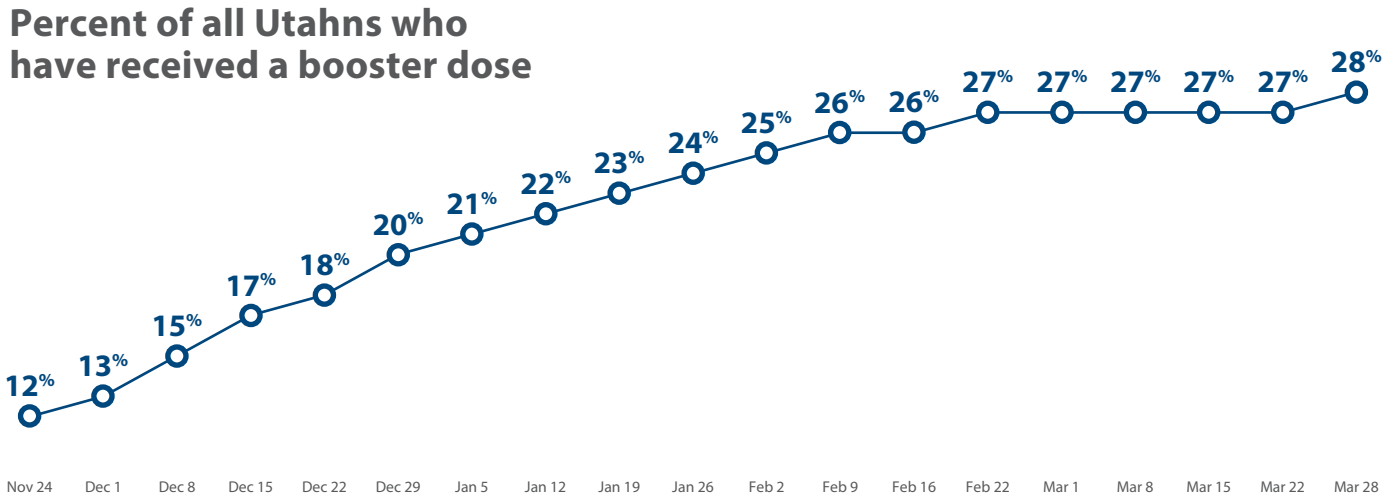


Deaths



Booster Doses

The graph below shows the percent of all Utahns who have received a booster dose. Data shows that people who receive a booster dose have the highest levels of protection against COVID-19. It's important to look at protection from COVID-19 in an entire population rather than only in certain groups of people who are eligible for a booster dose (due to age or current vaccine status) because it more accurately reflects how well our communities - including our youngest children who are not eligible for vaccination yet - are protected from this virus.



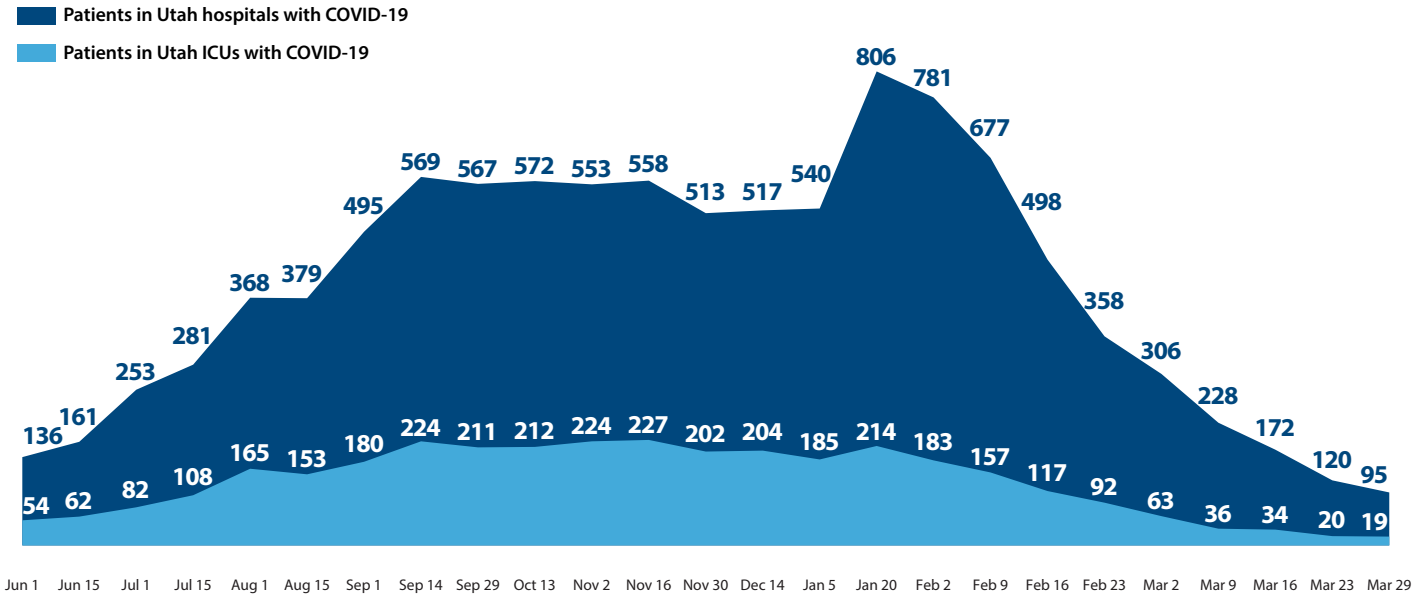
Increase in child vaccination rates

Children ages 5-17 are eligible to receive the COVID-19 vaccine. The table below shows the number of children in the 5-11 and 12-17 year age groups who are fully vaccinated by local health district.

	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	1,818	47.2	2,947	73.7
	Davis County	15,931	35.5	27,131	69.2
	Salt Lake County	42,697	35.8	71,727	68.1
>40% Ages 12-17 fully vaccinated	Weber-Morgan	6,912	23	14,661	55.9
	Tooele County	2,226	23.3	4,716	55.9
	Wasatch County	1,151	27.5	2,199	54.6
	San Juan	573	32.8	833	50.4
	Bear River	4,384	19.4	9,936	50.6
	Utah County	21,920	26.7	36,047	50.9
>20% Ages 12-17 fully vaccinated	Southeast Utah	487	12	1,236	32.9
	Central Utah	962	11	2,785	32.1
	Southwest Utah	2,748	10.6	7,844	32.1
	TriCounty	676	9.2	1,816	28.1

COVID-19 related hospitalizations

Utah hospitals experienced significant strain on their capacity during the month of January when the Omicron variant spread rapidly throughout the state. The number of patients requiring hospitalization has significantly decreased over the past month.



We will no longer report the number of patients needing a hospital transfer or experiencing prolonged wait times to find an ICU bed. After the Omicron surge, we have seen significant declines in the number of patients needing hospital care or hospital transfers to a higher level of care. Hospitals are now able to facilitate their own patient transfers without the support of the Utah Medical Command Response Team.

Continuum of Care

Normal and usual care > Contingency care (Early* / 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)

Early 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 or may have to travel far greater distances than is ideal or normal for care. Care for injuries or medical issues that are not immediately life-threatening may be delayed. For example, during the Omicron surge, hundreds of non-urgent surgeries were delayed. Recently, one hospital received a team of healthcare providers from the Department of Defense to allow more beds to be opened up to start working through their backlog of surgeries. 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 rates of hospitalization due to COVID-19 continue to decrease, some hospitals in Utah are still using early contingency care strategies while others are approaching more normal operations.

Treatments

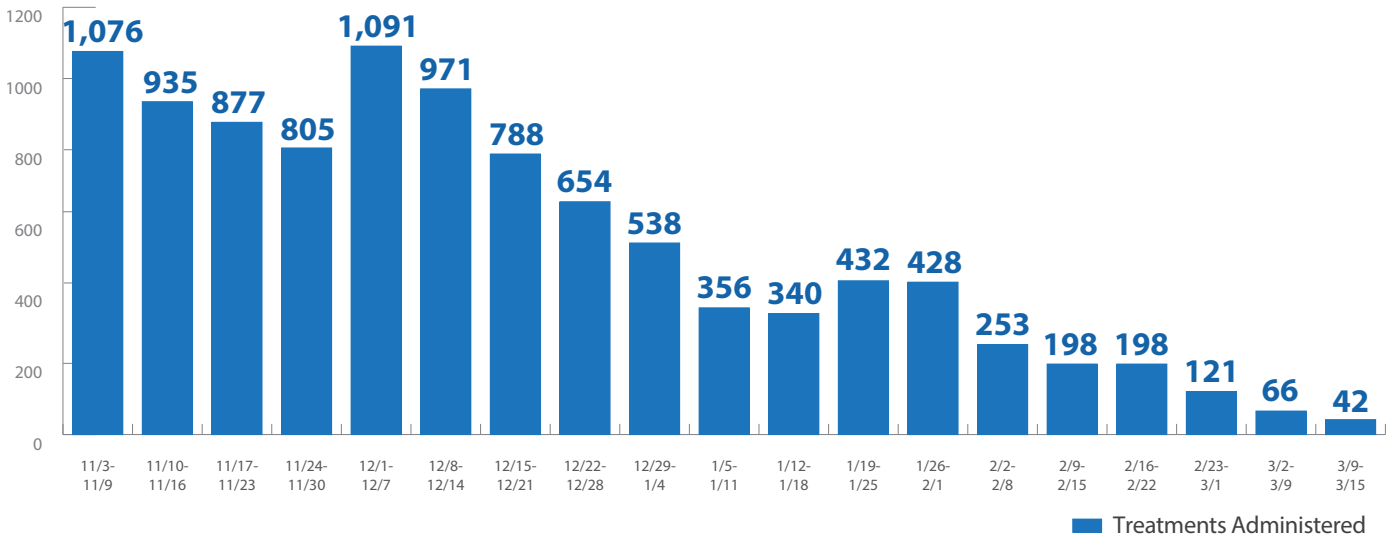
People at risk for severe illness may benefit from new medications available to treat COVID-19. Monoclonal antibody (mAb) treatment has been available since November 2020 and new oral antiviral pills received emergency use authorization (EUA) in December 2021. Supply of new oral antiviral pills is improving and UDOH is distributing these treatments in a growing number of pharmacies across the state. More than 80,000 licensed prescribers have received education on safe and effective prescribing of oral antiviral pills for their patients.

Monoclonal Antibody Administrations

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

As we move past the Omicron surge, demand for monoclonal antibodies has markedly declined. This is related to multiple factors, including increased protection from vaccines resulting in milder illness and a decreased supply of effective treatments against the Omicron variant. With new treatments that have recently come available, we are well-positioned with a good supply of monoclonal antibodies at this time.

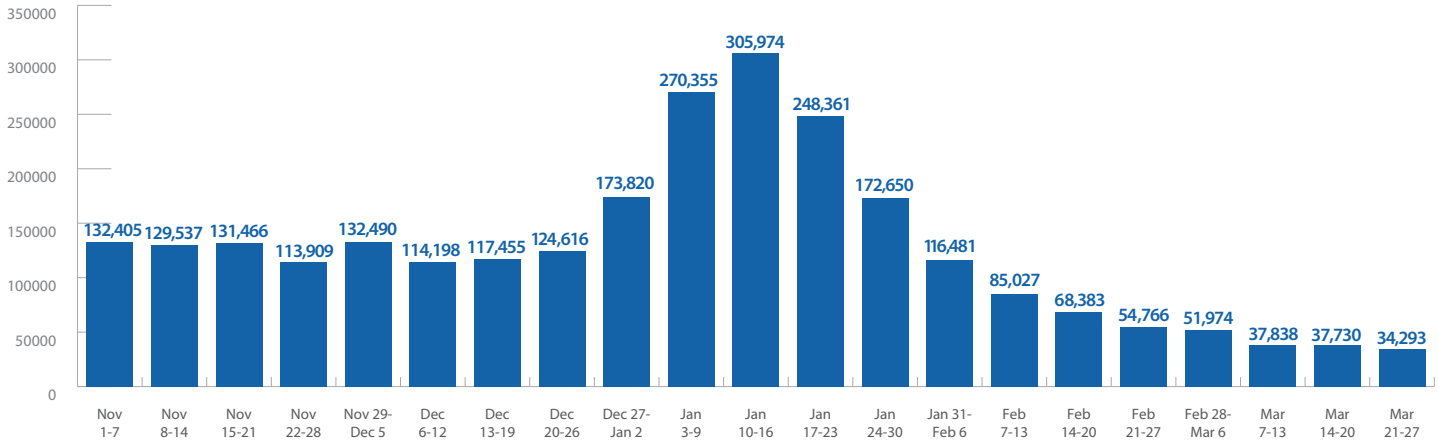
Monoclonal Antibody Administrations



Testing

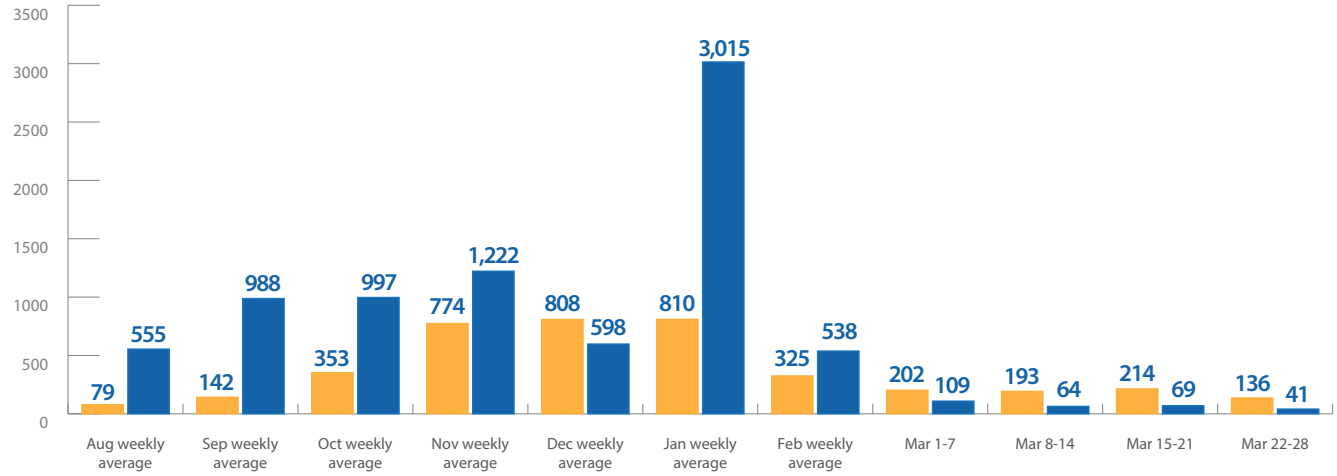
Being tested is important in order to receive treatment with either monoclonal antibodies or antiviral pills. Establishing early testing as a regular behavior will be an important element of the COVID-19 response as treatment supply improves.

Total tests conducted

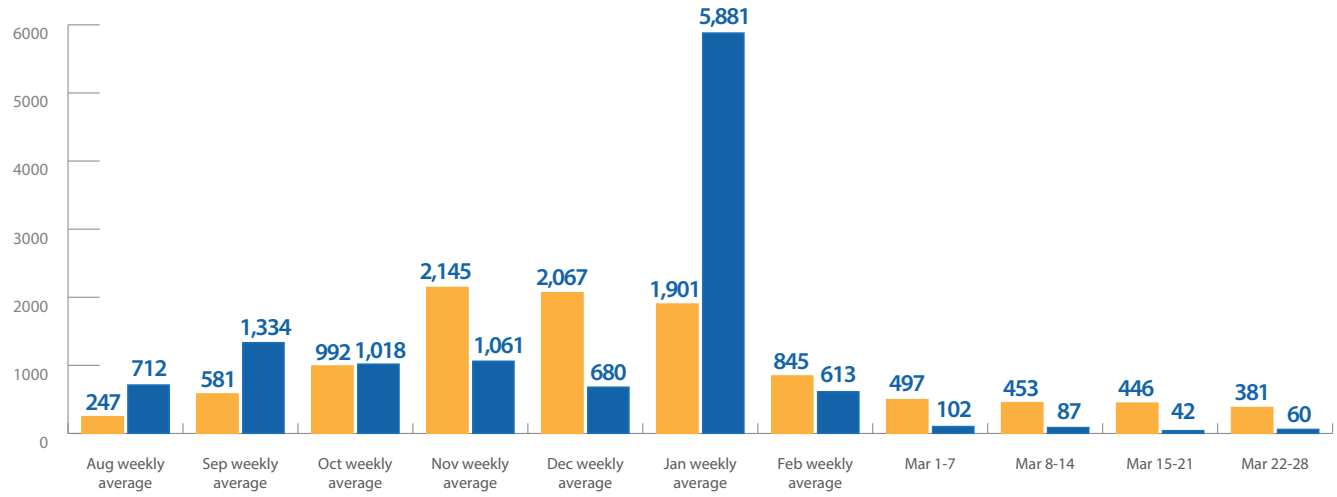


Comparing COVID-19 cases among school-aged children from 2020-2021 and 2021-2022

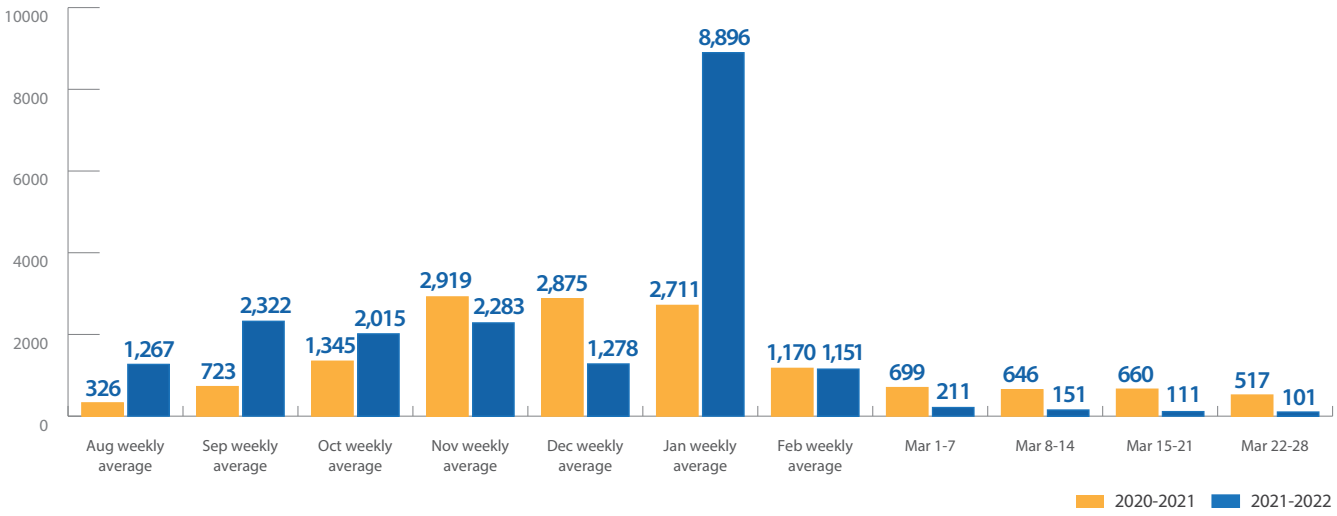
Positive cases of children ages 5-10



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.

CDC Community Levels

Starting March 31, 2022, the Utah COVID-19 Transmission Index will be replaced by the CDC Community Levels tool. We will stop reporting the HB 294 metrics in this report at that time. The CDC Community Levels use data to identify when a community is facing a low, moderate, or high risk from COVID-19.