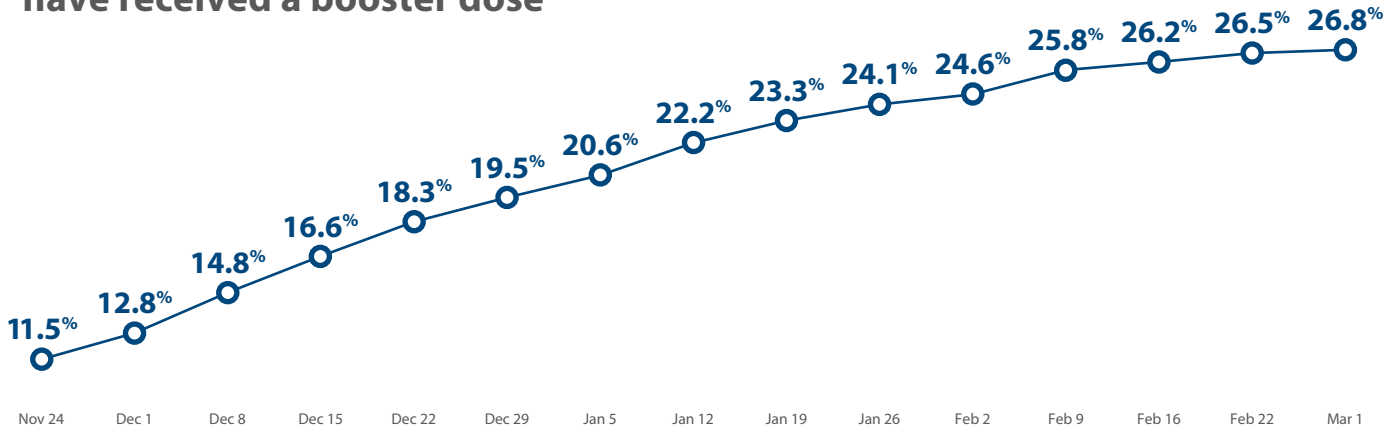


COVID-19: Response Report

Booster Doses

The graph below shows the percent of all Utahns who have received a booster dose. This is a change from the graph from previous weeks which showed the percent of vaccinated Utahns who received a booster dose. It was changed to better highlight the proportion of all Utahns who have the highest level of vaccination protection as data shows that a booster dose is needed to protect people against infection and as the youngest children are still not eligible for vaccination.

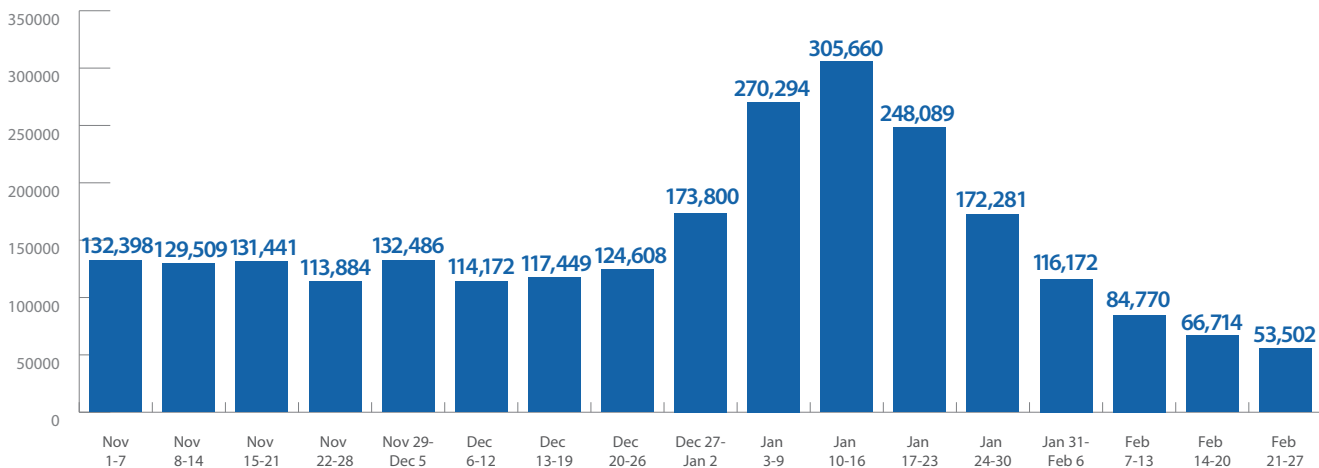
Percent of all Utahns who have received a booster dose



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



Schools

Increase in child vaccination rates

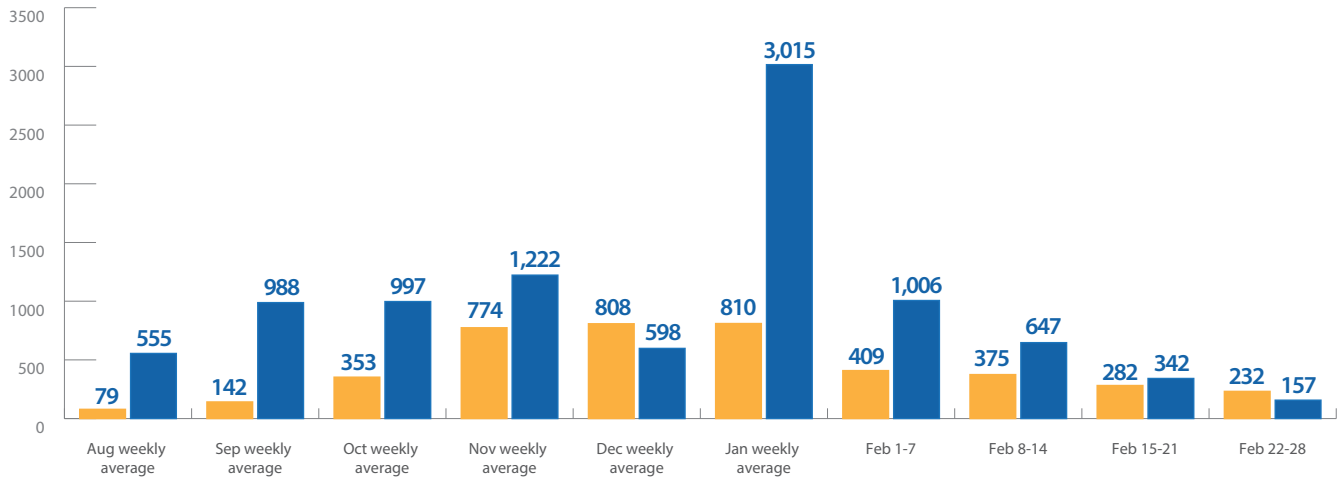
Children ages 5-17 are eligible to receive the COVID-19 vaccine. The table below shows the number of children in the 5-11 and 12-17 year age groups who are fully vaccinated by local health district.

	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	1,768	45.9	2,931	73.3
	Davis County	15,332	34.1	26,912	68.6
	Salt Lake County	41,023	34.4	71,063	67.5
>40% Ages 12-17 fully vaccinated	Weber-Morgan	6,565	21.8	14,512	55.3
	Tooele County	2,109	22	4,660	55.3
	Wasatch County	1,100	26.3	2,177	54.1
	San Juan	552	31.6	833	50.4
	Bear River	4,074	18	9,797	49.9
	Utah County	20,859	25.4	34,886	49.2
>20% Ages 12-17 fully vaccinated	Southeast Utah	478	11.8	1,225	32.6
	Central Utah	914	10.4	2,749	31.7
	Southwest Utah	2,568	9.9	7,716	31.5
	TriCounty	637	8.7	1,787	27.6

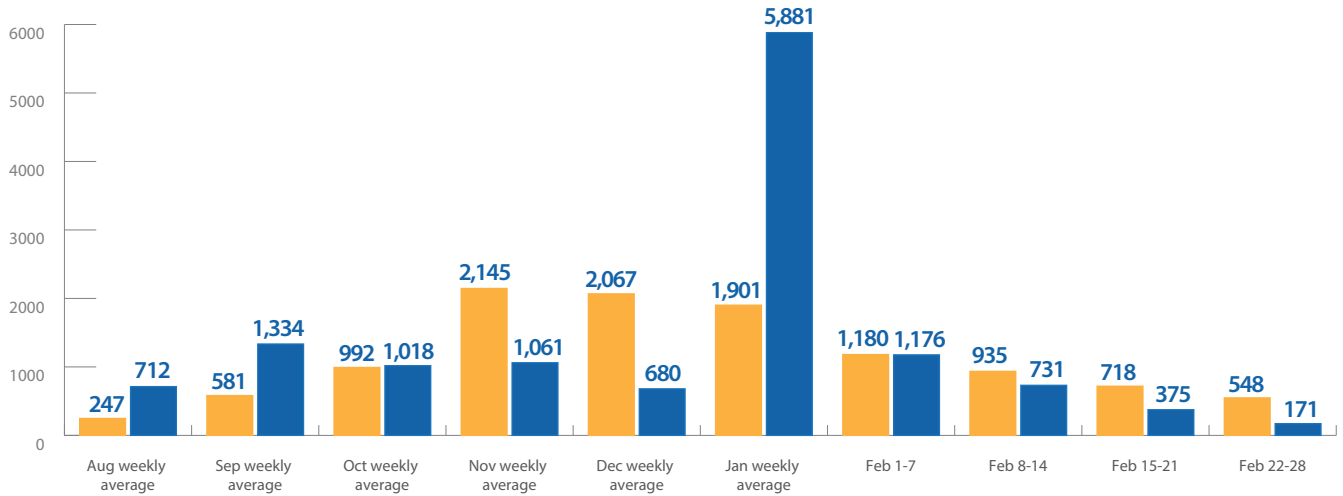


Comparing COVID-19 cases among school-aged children from 2020-2021 and 2021-2022

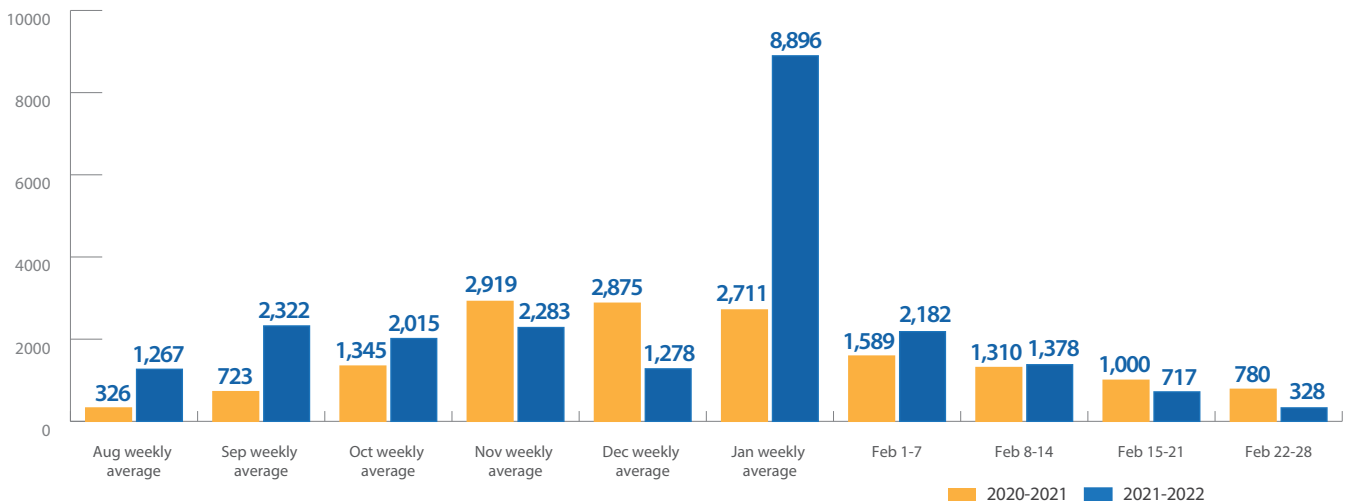
Positive cases of children ages 5-10



Positive cases of children ages 11-17



Positive cases of children ages 5-17

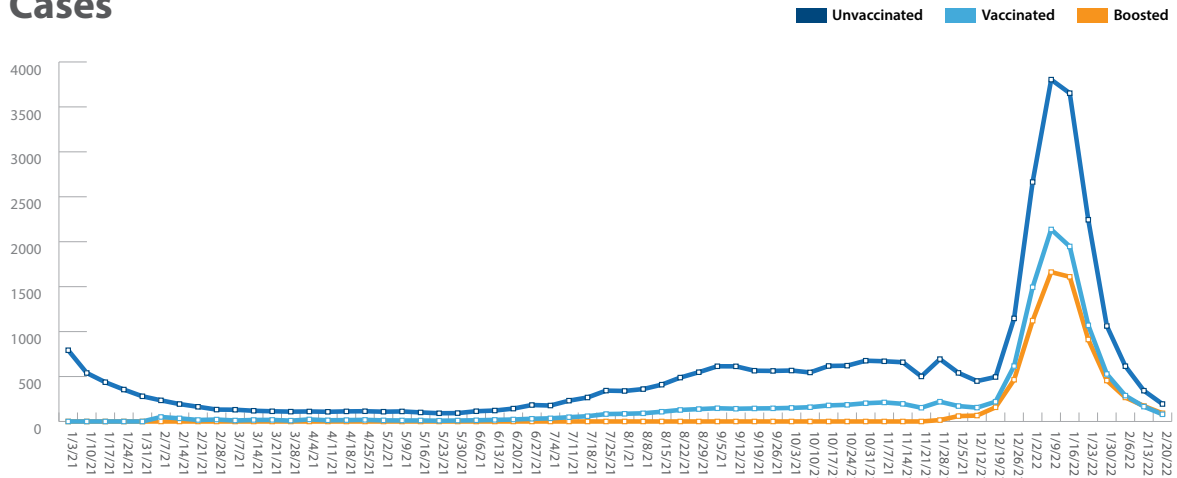


Data on school-level cases, case counts by elementary, middle, and high school-aged youth, hospitalizations and vaccinations among school-aged youth, and information on MIS-C cases is available at coronavirus.utah.gov/case-counts/#schools.

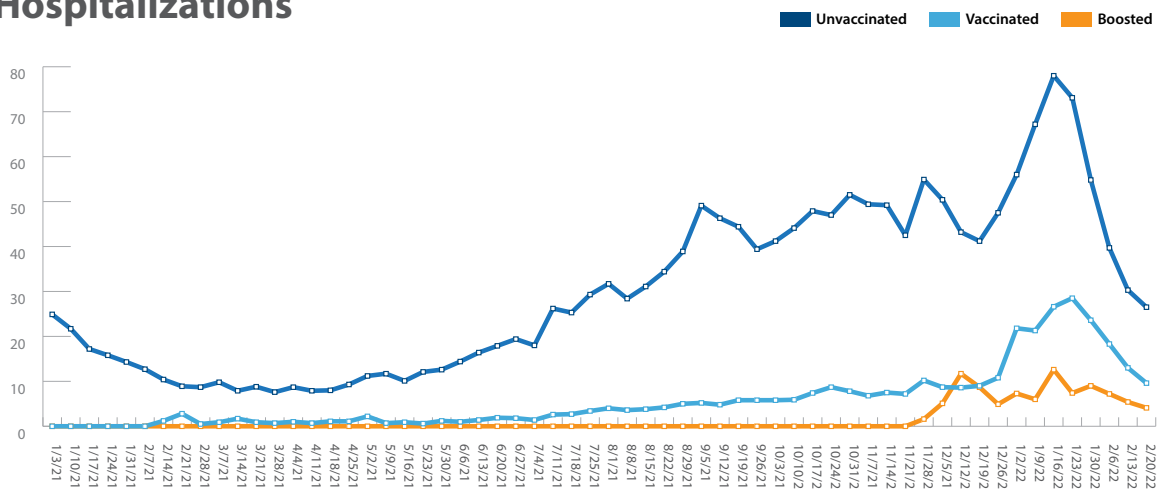
Vaccinated vs Boosted vs Unvaccinated Rates

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

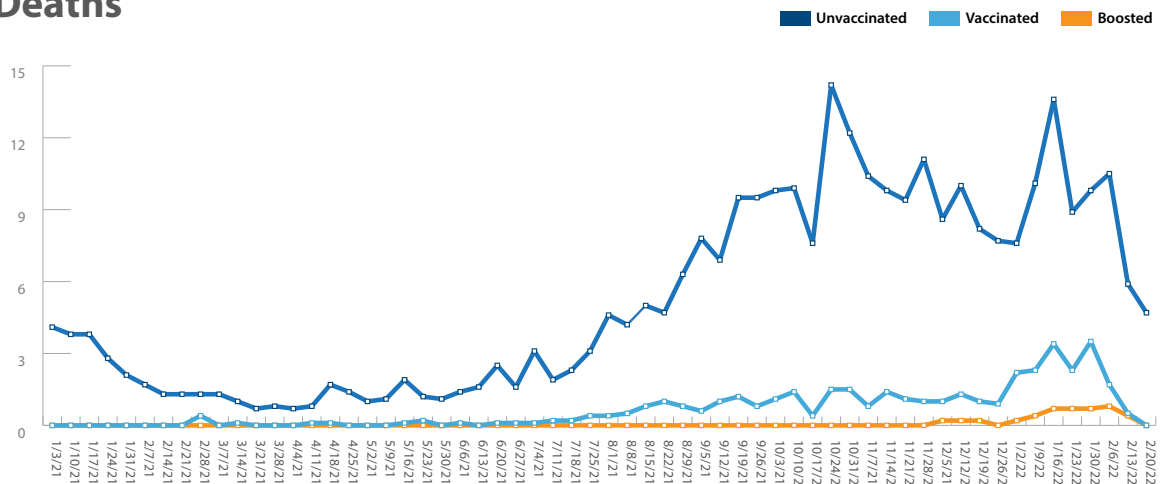
Cases



Hospitalizations

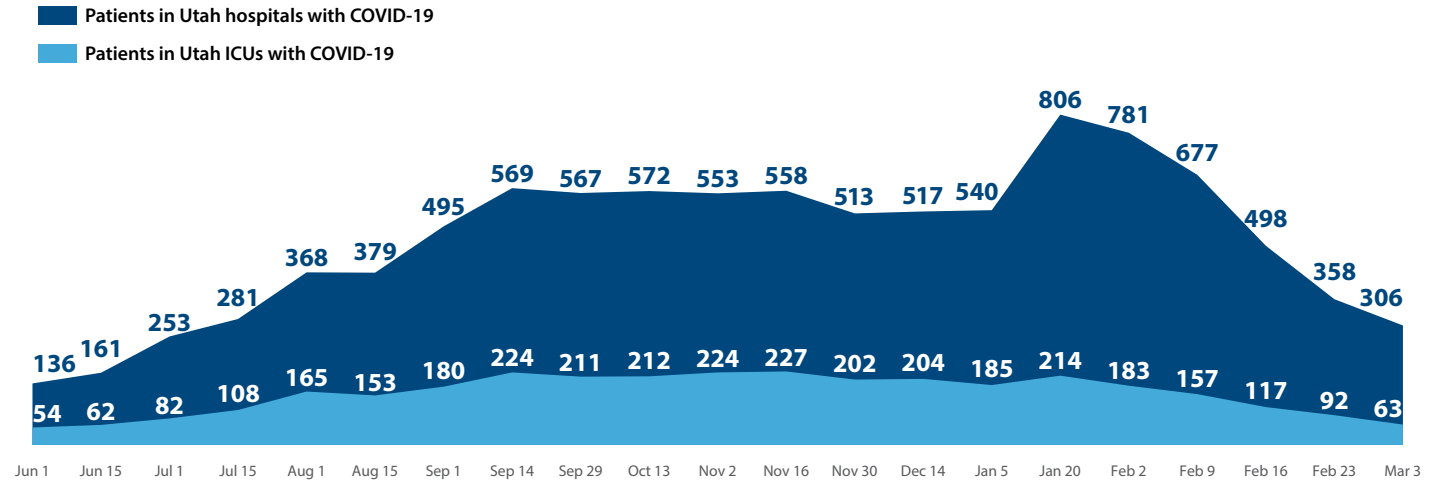


Deaths



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.



Pressure on hospitals

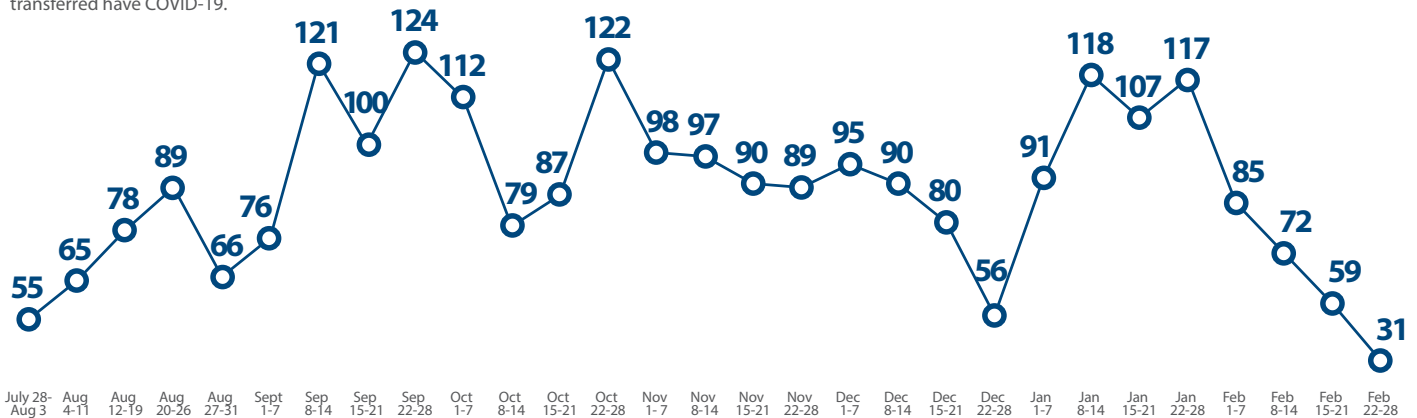
Patient transfers are another indicator of the current demand on hospitals. Patients may need to be transferred to another hospital for many reasons: hospitals may not have the equipment needed or specialized staff to treat patients with cardiac problems, severe injuries from car crashes, burns, or COVID-19,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



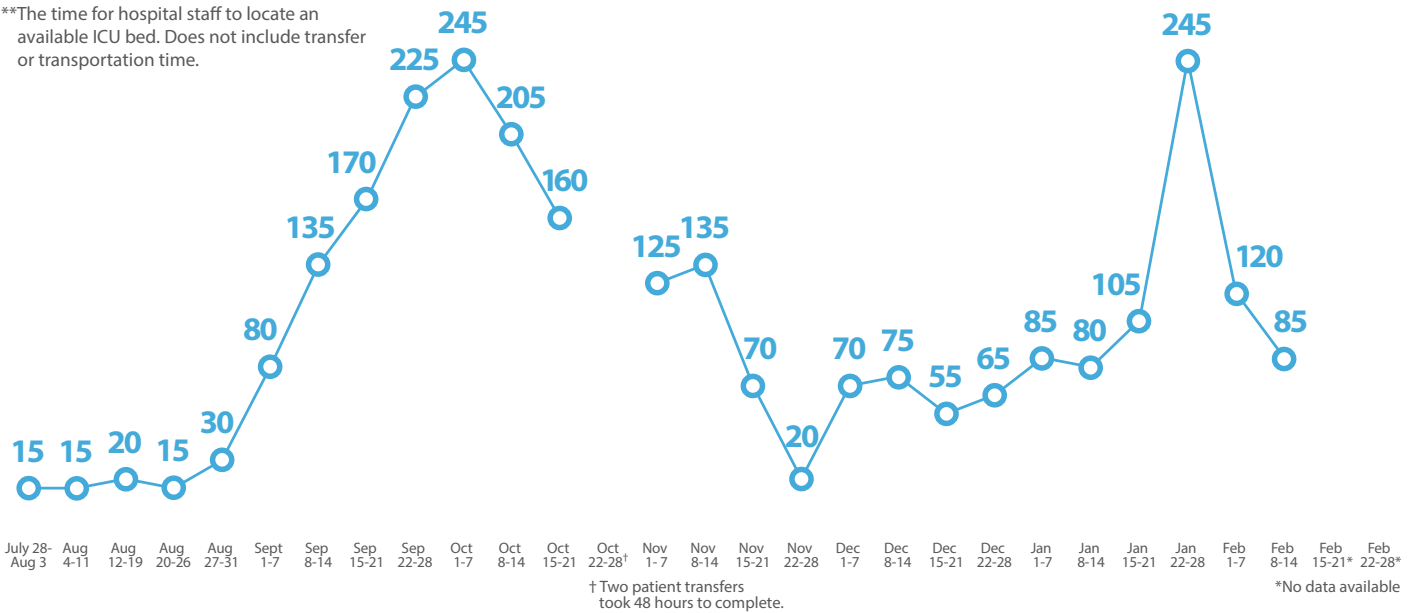
*People who needed to be transferred to another hospital for higher levels of care. Not all patients who need to be transferred have COVID-19.



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.

*No data available



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.

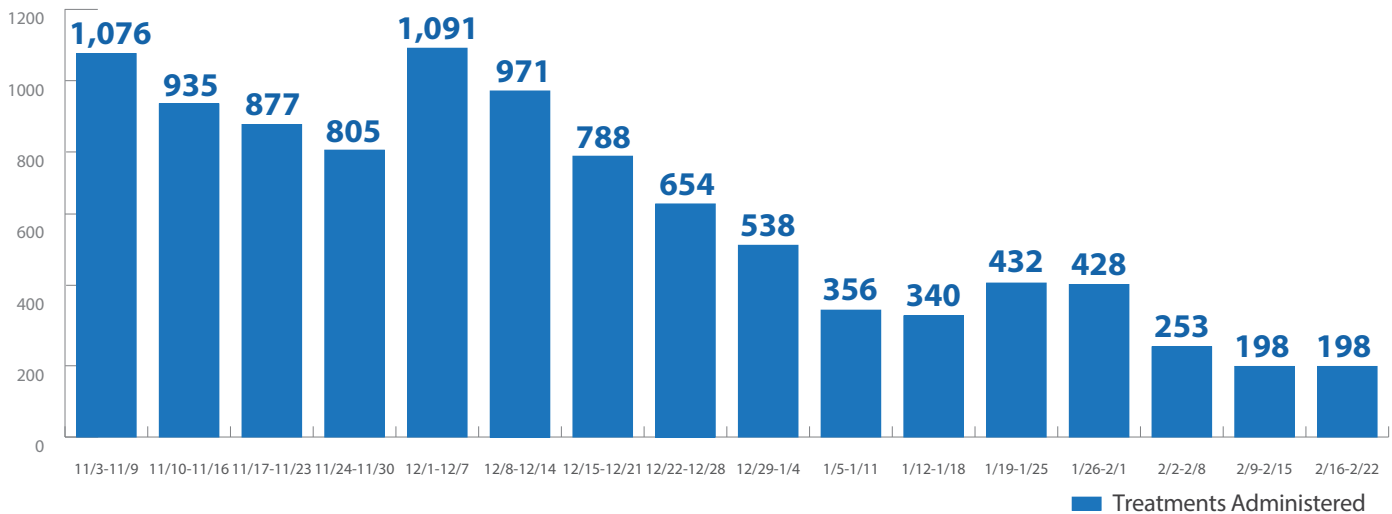
Monoclonal Antibody Administrations

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

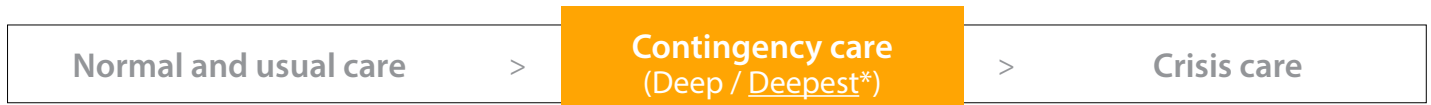
As we move past the Omicron surge, demand for monoclonal antibodies has markedly declined. This is related to multiple factors, including increased protection from vaccines resulting in milder illness and a decreased supply of effective treatments against the Omicron variant. With new treatments that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



Monoclonal Antibody Administrations



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

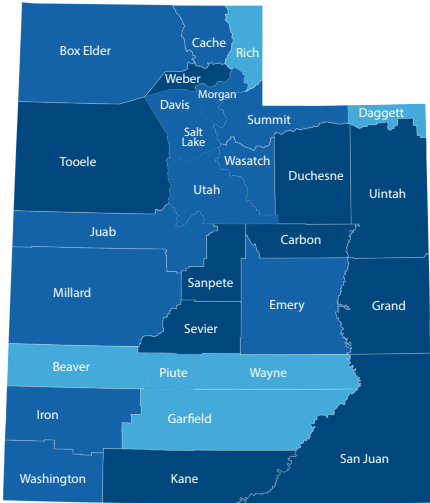
- Trained staff are unavailable or unable to care for the number of patients in the hospital, even after extreme measures are taken
- [Crisis standards of care](#) declared through formal legal or regulatory powers based on a request by the health systems

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.

3/3/2022





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 case rates and ICU utilization are **1.1 to 1.2 times higher** than these thresholds.

Metrics	High	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>16% (1.1x above threshold)</p>
<p>Statewide 14-day case rate is less than 191 cases per 100,000</p>	<p>4,290 per 100,000 people on 1/19/22 (22.5x above threshold)</p>	<p>96 per 100,000 people on 6/1/21 (2x below threshold)</p>	<p>235.5 per 100,000 people (1.2x above threshold)</p>
<p>1,633,000 prime doses of COVID-19 vaccine allocated to the state</p>	<p>Target met May 4, 2021</p>	<p>Target met May 4, 2021</p>	<p>Target met May 4, 2021 2,240,646 people have received at least one dose</p>