

# COVID REPORT #19

FEBRUARY 22, 2022

Contents: Data from 2/17 & 2/10

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**Bottom line: As before, the situation is improving  
but please bear up a bit longer.**

*Next report expected February 28 (Monday schedule)*

# WEEKLY MESSAGE

This week, is it *“Light at the end... ?”* Vaccination is still the best protection against serious illness. However, recovery from omicron appears to prevent infection at least as well as vaccination. Between the two, we may be nearing community “herd” immunity. The Adams numbers last week remained lower (30’s) but still higher than what we’d like to see (Slide #6).

**Metrics:** (i) new Adams cases to drop to < 10/week; (ii) to come off CDC’s “high-transmission” list; (iii) to see fewer hospitalizations; & (iv) to exceed 80% rate of vaccination/boosting (**last criterion just added**).

**How are we doing?** While new cases are dropping, we’re still on CDC’s “high-transmission” list. On the positive side, the Eagle reported only 9 hospitalized patients at Berkshire Health Systems. The peak was several times that. However, our vaccination rate is leaking up ever so slowly, with only 60 shots last week (Slide #12). Currently, 71% of our residents are fully vaccinated & 37% boosted (74% & 40%, respectively, if we only count those eligible – 5y+).

## **MEANWHILE, PLEASE CONTINUE TO:**

- Mask indoors; observe social distancing; avoid large indoor gatherings. Note Slide #16 on mask efficacy.
- Get vaccinated & boosted! (See next slide for information.)
- **We’re getting to a point where only those vulnerable—immunocompromised, with comorbidities, our seniors, etc.—need to consider masking. Let’s mask up & support them so they (we) don’t feel stigmatized.**

# VACCINE INFORMATION

Current recommendations are for all individuals 5 years & over to be vaccinated against the Covid-19 coronavirus (unless there is a medical contraindication). Preference is for a 2-dose mRNA vaccine (Pfizer/BioNTech or Moderna), but the single dose J&J is also acceptable. Pfizer is authorized for all age groups, the other 2 for 18+. *From Medicare, 1/10/22:* Everyone 18+ should get a booster 2 months after their J&J vaccine, or 5 months after completing their primary mRNA vaccine series. Youth ages 12 to 17 should also get a booster of Pfizer-BioNTech 5 months after their primary series. And we're getting closer to vaccines for children under 5!

**Adams Vaccination Status:** Slide #12 shows our vaccination status by age group. Adams saw fewer than 60 shots last week.

**Vaccination & Omicron:** We've known for a while that vaxed individuals are susceptible, but that the infection is much milder. Importantly, vaccination protects one from hospitalization & death. Boosting confers an even greater protection. See Report #16 for recent CDC studies.

## VACCINATION OPTIONS:

- Local vaccination resources & scheduling:  
<https://getvaccinatedberkshires.org/> (None are currently scheduled; check back periodically.)  
<https://home.color.com/vaccine/register/berkshire> (Search for other options)
- Statewide: <https://vaxfinder.mass.gov/>
- Community Health Programs Mobile Unit (offers both testing and/or vaccinations)  
<https://www.chpberkshires.org/mobile/> (Van schedule / **check Monday for the week**)  
Telephone: 1-413-528-0457 (Note: appointments are now required for the Mobile Unit)
- Berkshire Health Systems: Schedule via the Patient Portal or call the Hotline 1-855-262-5465.
- Vaccines are also available at local pharmacies. Contact yours for an appointment.

# MASK & TEST KIT INFORMATION

**“Omicron” masks:** Public health experts advise that tight-fitting, non-cloth masks (N95 or KN95; 95% filtration) provide much better protection against infection than cloth masks for both wearers & those around them. This is because it takes many fewer Omicron virus particles to mount an infection than earlier variants. However, it may be difficult to obtain N95 or KN95 masks. Local medical supply houses can’t get KN95s. While available on the internet, it can be difficult to assure that a particular brand is legitimate & meets specifications. Look for “NIOSH Approved,” as listed on the CDC site below.

## ***MORE INFORMATION ON MASKING:***

- Fitting: Mask should be tight & collapse slightly when inhaling
- Also acceptable: KF94 (“Korean filter”) gives 94% filtration
- Go to CDC ([cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)) & click under “Testing & Masks”
- If you haven’t already, get your free N95 masks from your local pharmacy.

## ***MORE INFORMATION ON TEST KITS:***

- Current studies show that the at-home antigen test kits provide the most reliable indication of infectiousness.
- If you haven’t already, order your test kits from:  
<https://www.covidtests.gov/> or  
Call 1-800-232-0233 (TTY 1-888-720-7489)

# WORKPLACE SAFETY STANDARDS

The impetus for issuing the Emergency Orders on Workplace Safety Standards for Local Businesses & Enterprises (including Special Public Events & “Clubs”) was the recent uptick in Covid-19 cases in town. Data in this Report provide ample evidence that Covid is still with us & surging again. The Delta variant’s high transmission rate has led to this resurgence despite our relatively high vaccination rate here & statewide. Recently added Slide 10 shows case counts since January 2020. Please note: (i) we are about where we were 1 year ago & (ii) we’re just entering winter, when Covid peaked to its highest levels last year.

During the state emergency, Covid cases were to be reported to the Board of Health. That mandate ended last May, when the emergency was lifted. To control virus spread, we need to reestablish this measure to assist us with tracing contacts as quickly as possible. Thus, the emergency order creates 2 mandates: (i) reporting & (ii) suspension of operations & cleaning following an exposure. The 1<sup>st</sup> mandate helps us & the 2<sup>nd</sup> is the sensible response. The remaining requests in the orders amount to strong encouragement to comply with the best practices for stopping the spread of Covid-19.

## ***IMPORTANT NOTES:***

- Privacy: Confidentiality will be maintained. Personal information will only be known to the Board of Health & our health agents (Code Enforcement & Public Health Nurse).
- We will only use provided information to ascertain the source of an infection or to alert potential contacts so they may take necessary measures (e.g., testing, quarantine, etc.).
- An employer will **not** be held accountable if an employee fails to report his/her positive test.
- Finally, the Board of Health has the authority to issue such emergency orders without hearing public comment (see MA code & statute cited in the order). The rationale is that time may be of the essence. The board has the responsibility to weigh benefits & burdens in protecting public health with such an order. However, we are still subject review via appeal (noted in the order).



Adams Data as of 2/18/22 (from MAVEN*)			
Previous case numbers	Date Range	Days	Cases
	July	31	16
	August	31	71
	September	30	29
	Oct 1 - Oct 28	28	84
	Oct 29 - Nov 4	7	10
(Note the different time spans)	Nov 5 - Nov 11	7	19
	Nov 12 - Nov 18	7	27
	Nov 19 - Nov 25	7	51
	Nov 26 - Dec 2	7	63
	Dec 3 - Dec 9	7	58
Accumative total	Dec 10 - Dec 16	7	16
1,484 cases = 18.0%	Dec 17 - Dec 24	8	24
(Adams pop = 8,227)	Dec 25 - Dec 31	7	67
	Jan 1 - Jan 7	7	97
	Jan 8 - Jan 14	7	103
	Jan 15 - Jan 21	7	73
	Jan 22 - Jan 28	7	66
	Jan 29 - Feb 4	7	84
	Feb 5 - Feb 11	7	35
Current cases	Feb 5 - Feb 11	7	31
Current rate	4.6 new cases/day		
Current cases by age cohort	<5		2
	5-20		10
	21-40		9
	>40		10
Vax status: 18 were listed as vaccinated (62% of those eligible)			
*Massachusetts Virtual Epidemiological Network			

**BHS: 9 county hospitalizations (2/18/22)**

# Public Health Institute of Western Massachusetts

publichealthwm.org/covid-19/data/Berkshire

Based on best available data as of 2/17/22

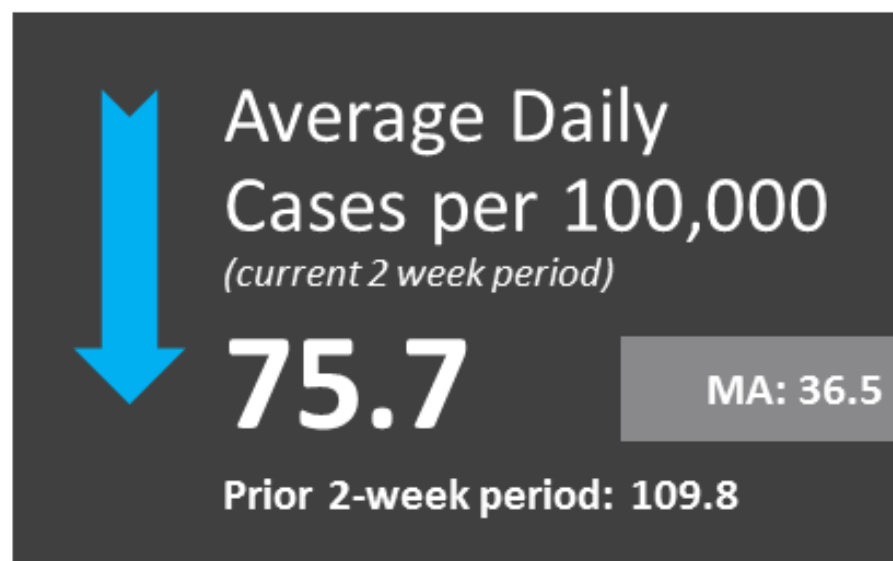
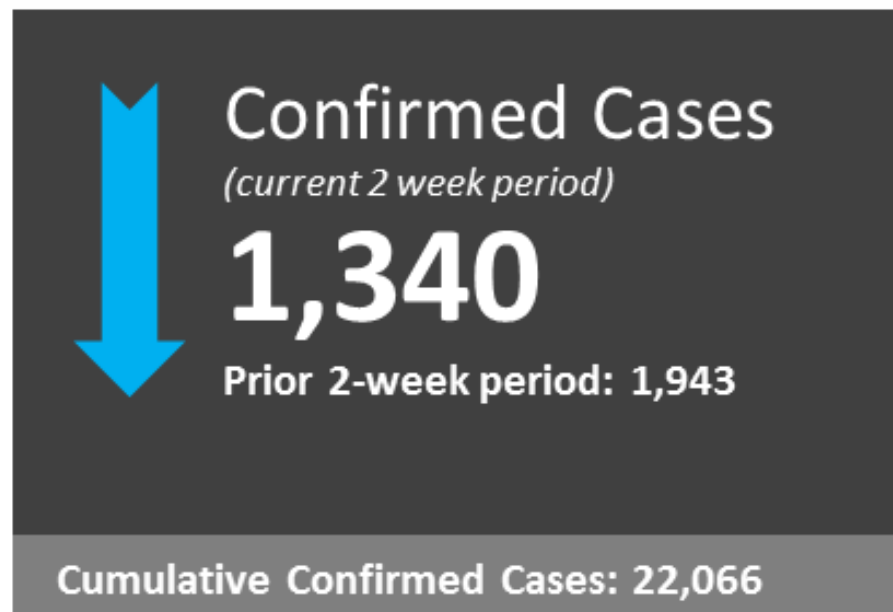
## Berkshire County COVID-19 Data

Western Mass COVID-19  
County Data Dashboard

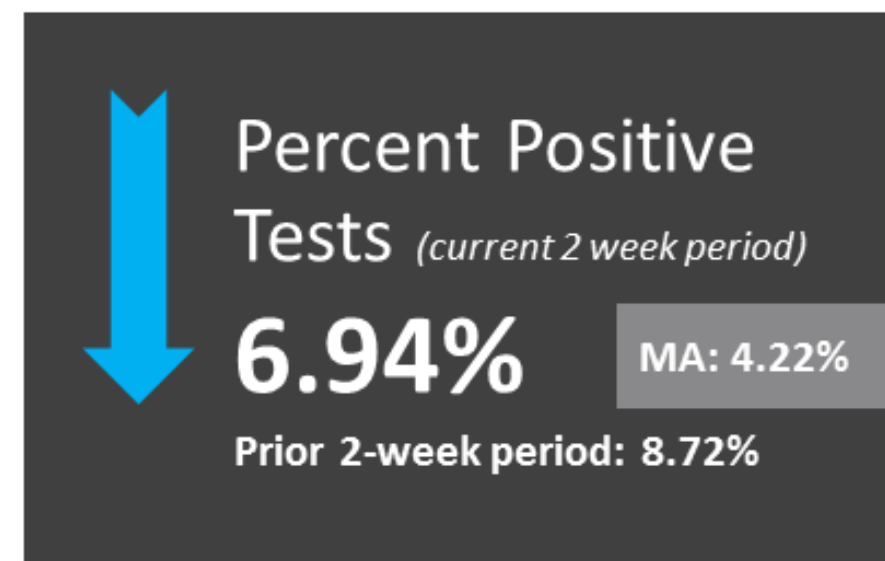
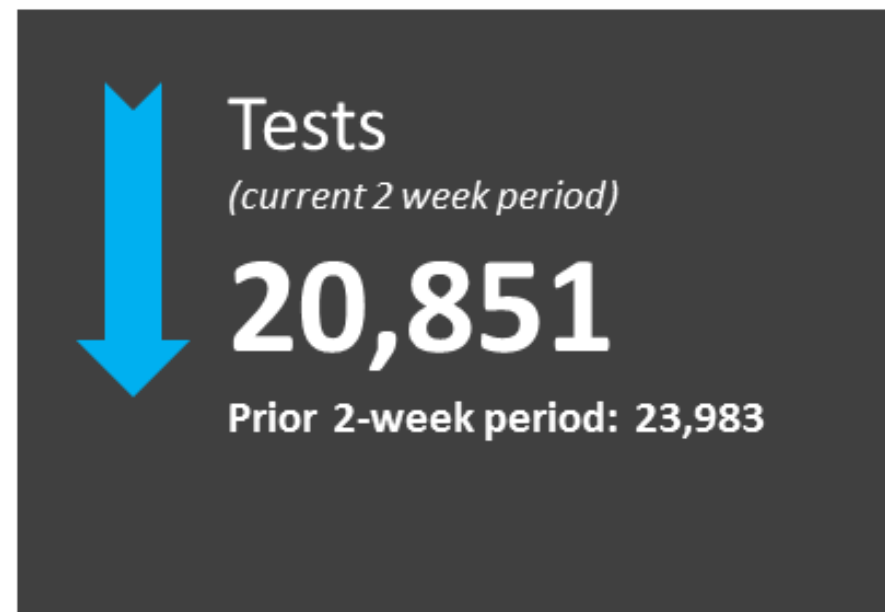
Current 2-Week Period: Jan 30–Feb 12, 2022

Prior 2-Week Period: Jan 23–Feb 5, 2022

### CASES



### TESTS



### DEATHS



Symbols indicate change when compared to prior two-week period. **For New Cases, Incidence per 100,000, and Total Tests:** Higher (upward arrow) means the number in the current two-week period is higher than the prior period. Lower (downward arrow) means the number in the current two-week period is lower than prior two-week period. No change (equal sign) means the number in the current two-week period is the same as the prior period. **For Percent Positivity:** Less than 0.10% difference in the percent positivity is considered No change (equal sign).

Data sources: MDPH, 2/17 and 2/10 COVID-19 Weekly Public Health Report Raw Data & COVID-19 Daily Dashboard <https://www.mass.gov/info-details/covid-19-response-reporting>.

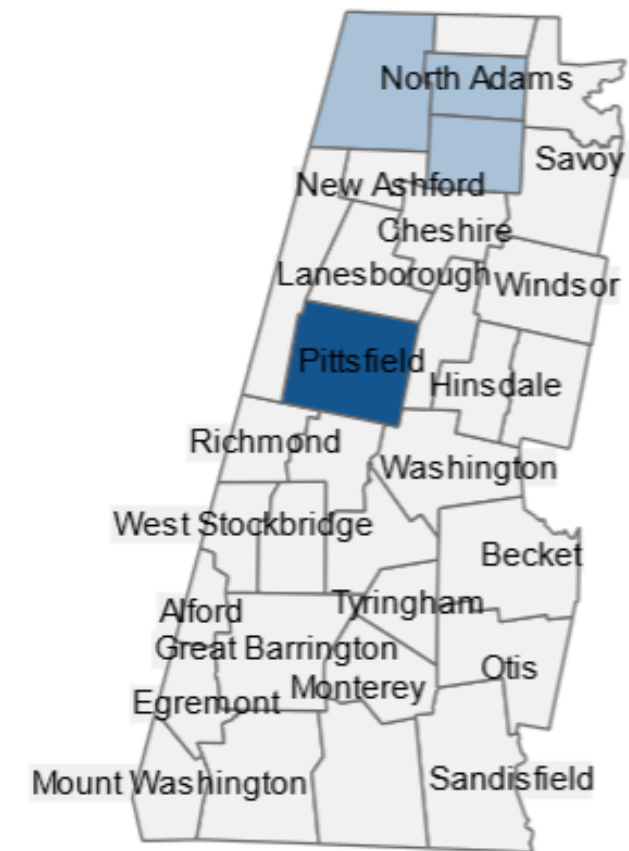
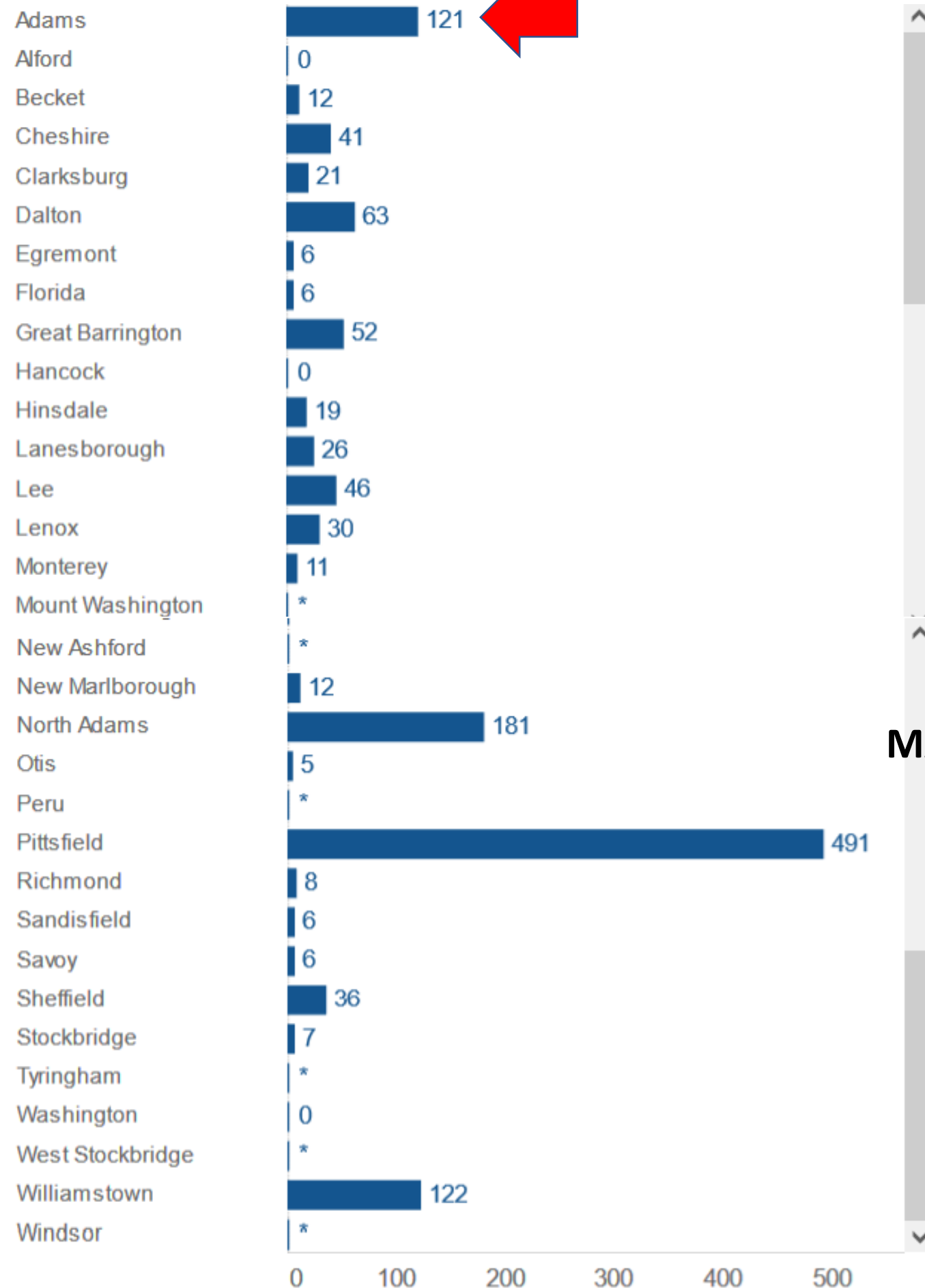


Note that most panels also list data for previous week.

**Cumulative deaths = 394 (1 per 327 persons in the county\*)**

\*April 2020 population = 129,026 per US Census data (calculation revised 1/14/2021)

## 2/17/22 data: 14-day case counts (Jan 30 – Feb 12, 2022)



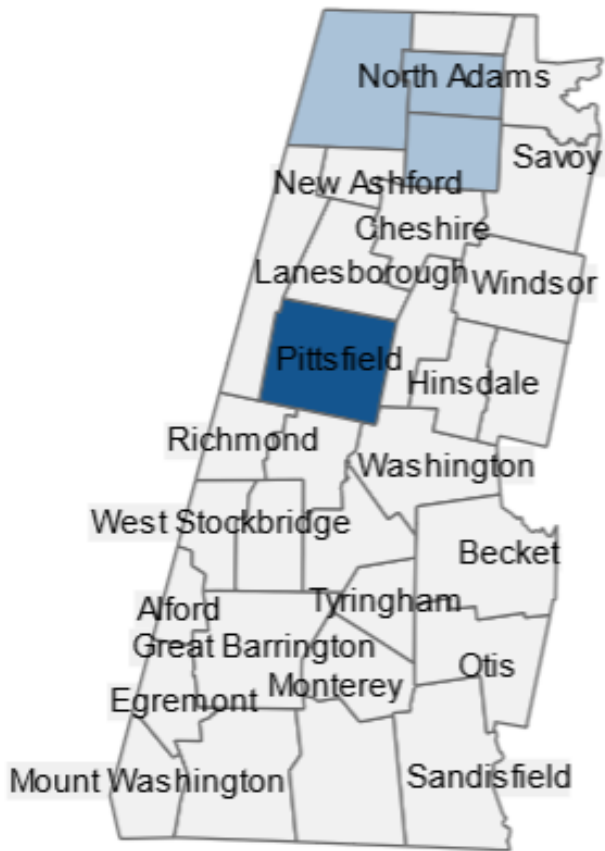
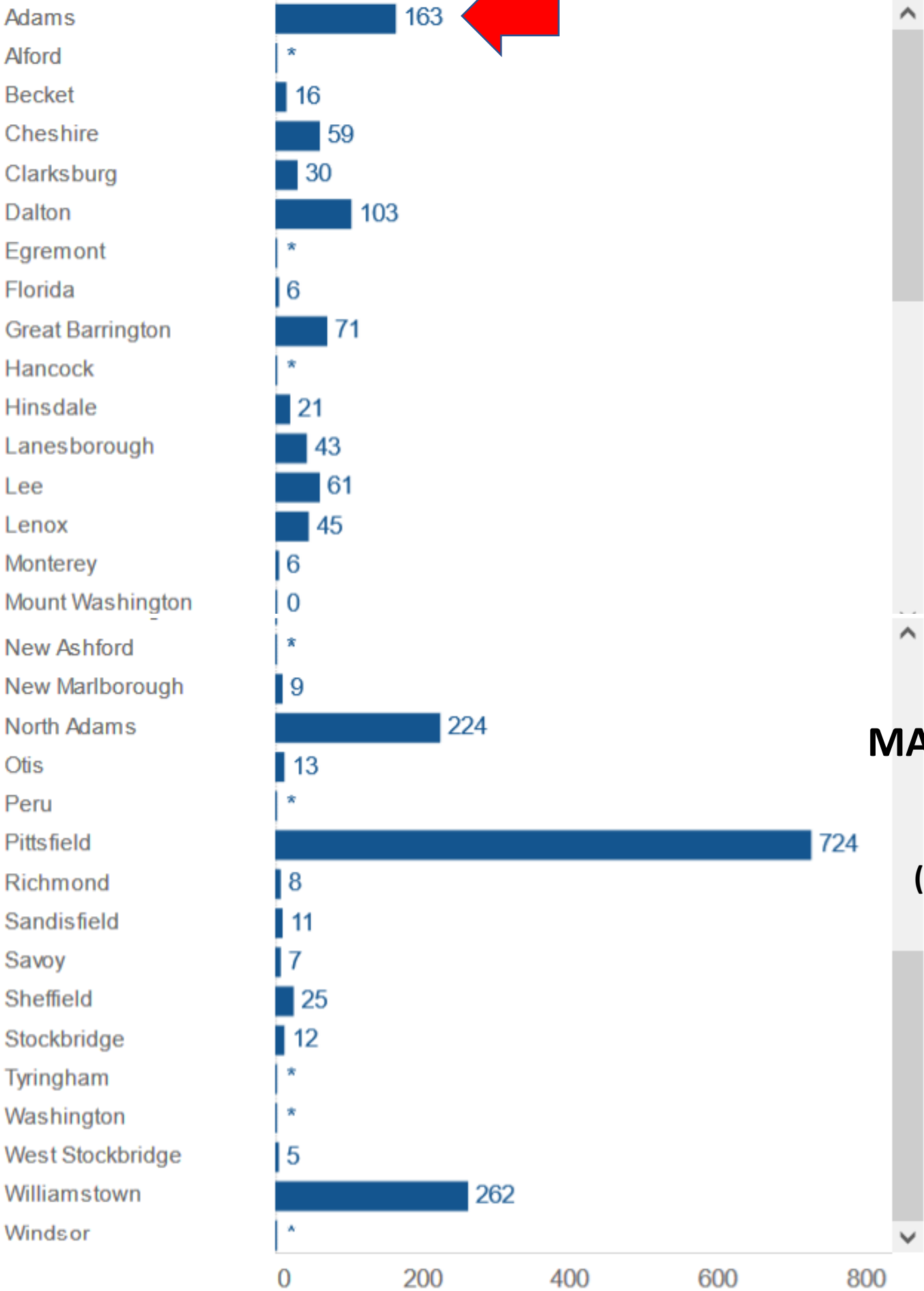
**MA totals = 35,576; Berkshire County = 1,340**

([www.mass.gov/info-details/covid-19-response-reporting](http://www.mass.gov/info-details/covid-19-response-reporting))

**Current 2-week span**



**2/10/22 data: 14-day case counts (Jan 23 – Feb 5, 2022)**

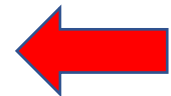


**MA totals = 60,674; Berkshire County = 1,943**

([www.mass.gov/info-details/covid-19-response-reporting](http://www.mass.gov/info-details/covid-19-response-reporting))

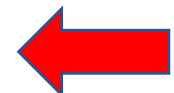
**Previous 2-week span reported**

Case Counts (total per 2 weeks shown)			
Date range*	MA	County	Adams
8/15-8/28	19,049	380	46
8/29-9/11	22,489	350	23
9/12-9/25	22,175	326	14
9/26-10/9	18,528	309	25
10/10-10/23	17,081	441	59
10/24-11/6	17,738	579	43
11/7-11/20	29,741	781	68
11/21-12/4	46,475	1,063	129
12/5-12/18	65,835	951	50
12/26-1/8	260,623	3,200	190
1/9-1/22	181,290	3,413	207
1/16-1/29	107,769	2,634	159
1/23-2/5	60,674	1,943	163
1/30-2-12	35,576	1,340	121



**\*Note that every other previous 2-week ranges are shown in earlier data.**

14-Day Average Daily Incidence Rate (per 100,000)			
Date range*	MA	County	Adams
8/15-8/28	19.5	21.5	39.9
8/29-9/11	23.1	19.8	20.0
9/12-9/25	22.7	18.4	12.2
9/26-10/9	19.0	17.5	21.7
10/10-10/23	17.5	24.9	51.2
10/24-11/6	18.2	32.7	37.3
11/7-11/20	30.5	44.1	59.0
11/21-12/4	47.7	60.1	112
12/5-12/18	67.5	53.7	43.4
12/26-1/8	267.3	180.8	165.0
1/9-1/22	185.9	192.9	179.7
1/16-1/29	110.5	148.8	138.0
1/23-2/5	62.2	109.8	141.5
1/30-2/12	36.5	75.7	105.0



**\*Note that every other previous 2-week ranges are shown in earlier data.**

2/15/22

Ages	Pop	Per capita	Fully vaxed	% of Age	% of Town	Boosted	% of Age	% of Town
5-11 Yr	573	7%	229	40%	4%	-	0%	0%
12-15 Yr	328	4%	230	70%	4%	41	13%	1%
16-19 Yr	329	4%	255	78%	4%	99	30%	3%
20-29 Yr	1,068	13%	664	62%	11%	228	21%	7%
30-49 Yr	1,941	24%	1,363	70%	23%	623	32%	20%
50-64 Yr	1,885	23%	1,490	79%	25%	877	47%	28%
65-74 Yr	1,014	12%	920	91%	16%	680	67%	22%
75+ Yr	775	9%	718	93%	12%	537	69%	17%
Total	8,227	100%	5,869	71%	100%	3,085	37%	100%

(Data posted 2/17/22)

(+25)

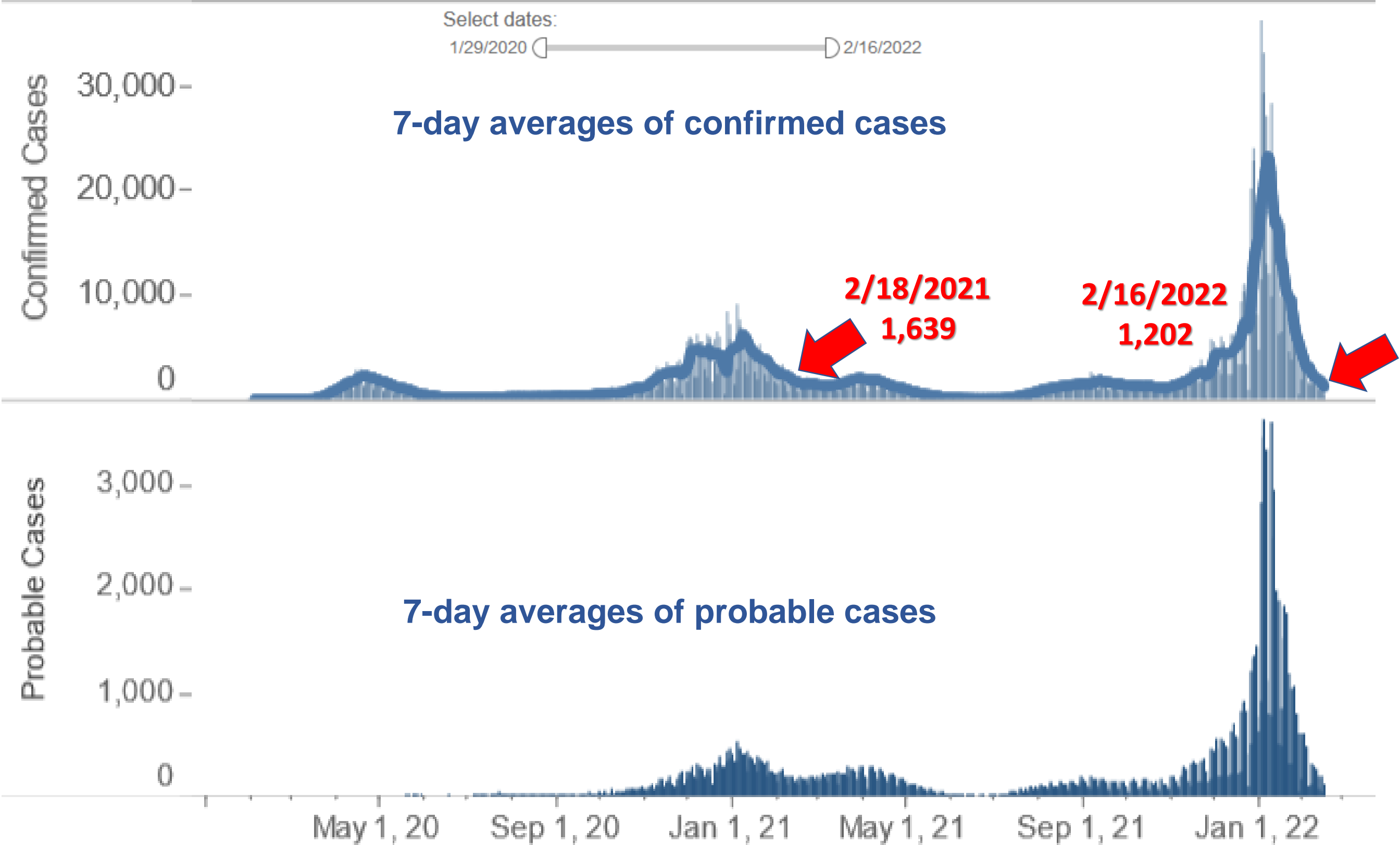
(+34)

2/8/22

Ages	Pop	Per capita	Fully vaxed	% of Age	% of Town	Boosted	% of Age	% of Town
5-11 Yr	573	7%	218	38%	4%	-	0%	0%
12-15 Yr	328	4%	230	70%	4%	37	11%	1%
16-19 Yr	329	4%	253	77%	4%	97	29%	3%
20-29 Yr	1,068	13%	662	62%	11%	224	21%	7%
30-49 Yr	1,941	24%	1,360	70%	23%	613	32%	20%
50-64 Yr	1,885	23%	1,484	79%	25%	869	46%	28%
65-74 Yr	1,014	12%	920	91%	16%	676	67%	22%
75+ Yr	775	9%	717	92%	12%	535	69%	18%
Total	8,227	100%	5,844	71%	100%	3,051	37%	100%

(Data posted 2/10/22)

# MASSACHUSETTS COVID-19 CASES OVER TIME



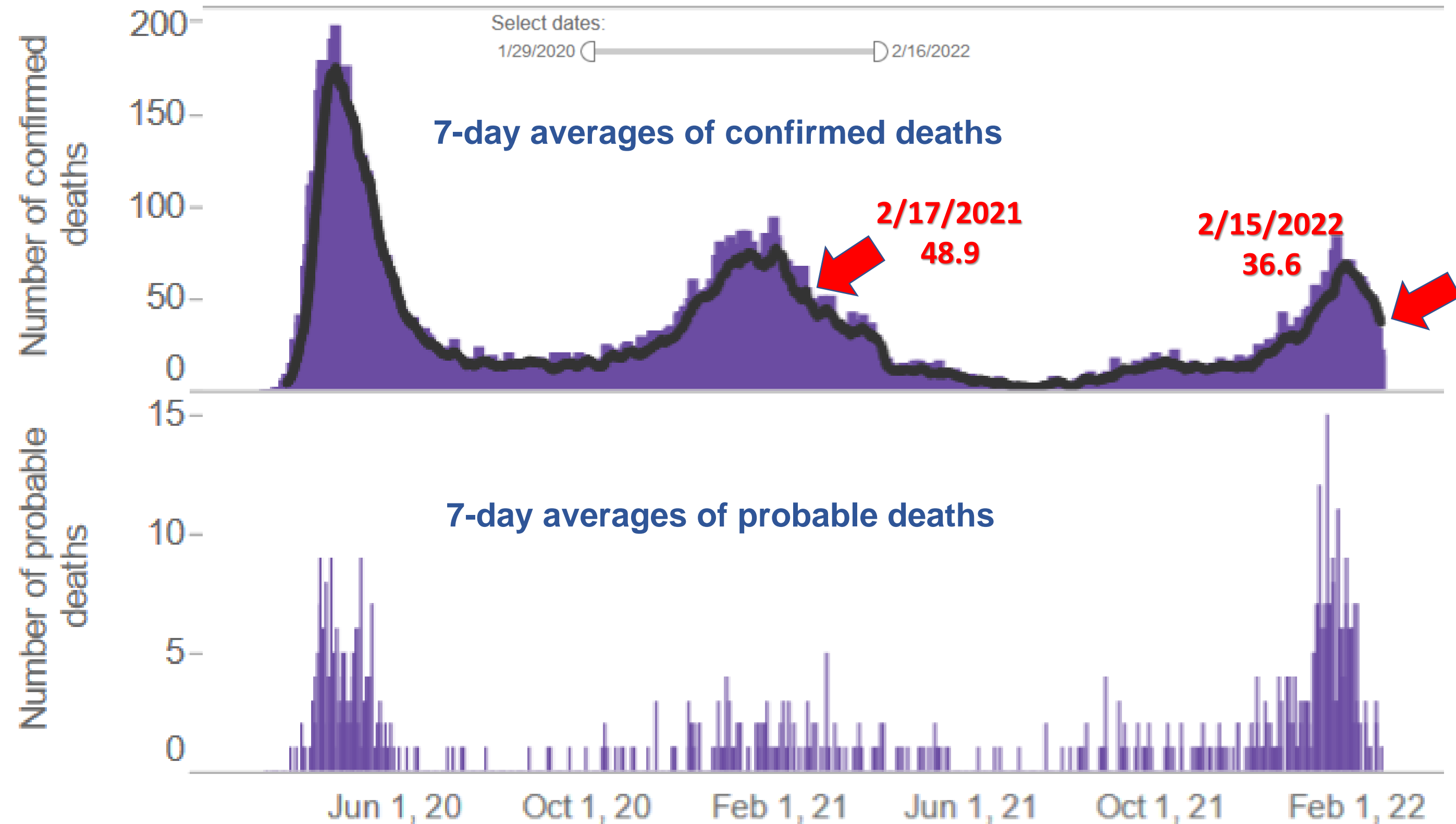
**MA totals (confirmed + probable): Cases = 1,659,075 (23.8%); Deaths = 23,060 (0.33%, about 1/303)**

Notes: 1) MA pop = 6.98M; 2) Some people may have had 2+ cases, so percentage may be lower; 3) You can only die once.

**[[www.mass.gov/info-details/covid-19-response-reporting](http://www.mass.gov/info-details/covid-19-response-reporting) (Covid-19 Cases)]**



# MASSACHUSETTS COVID-19 DEATHS OVER TIME



**MA totals (confirmed + probable): Cases = 1,659,075 (23.8%); Deaths = 23,060 (0.33%, about 1/303)**

Notes: 1) MA pop = 6.98M; 2) Some people may have had 2+ cases, so percentage may be lower; 3) You can only die once.

**[[www.mass.gov/info-details/covid-19-response-reporting](http://www.mass.gov/info-details/covid-19-response-reporting) (Covid-19 Cases)]**

Morbidity & Mortality Weekly Report (MMWR); Kristin L. Andrejko et al. (<https://www.cdc.gov/mmwr/>)

# Effectiveness of Face Mask or Respirator Use in Indoor Public Settings for Prevention of SARS-CoV-2 Infection — California, February–December 2021

Early Release / February 4, 2022 / 71

## Summary

### What is already known about this topic?

Face masks or respirators (N95/KN95s) effectively filter virus-sized particles in laboratory settings. The real-world effectiveness of face coverings to prevent acquisition of SARS-CoV-2 infection has not been widely studied.

### What is added by this report?

Consistent use of a face mask or respirator in indoor public settings was associated with lower odds of a positive SARS-CoV-2 test result (adjusted odds ratio = 0.44). Use of respirators with higher filtration capacity was associated with the most protection, compared with no mask use.

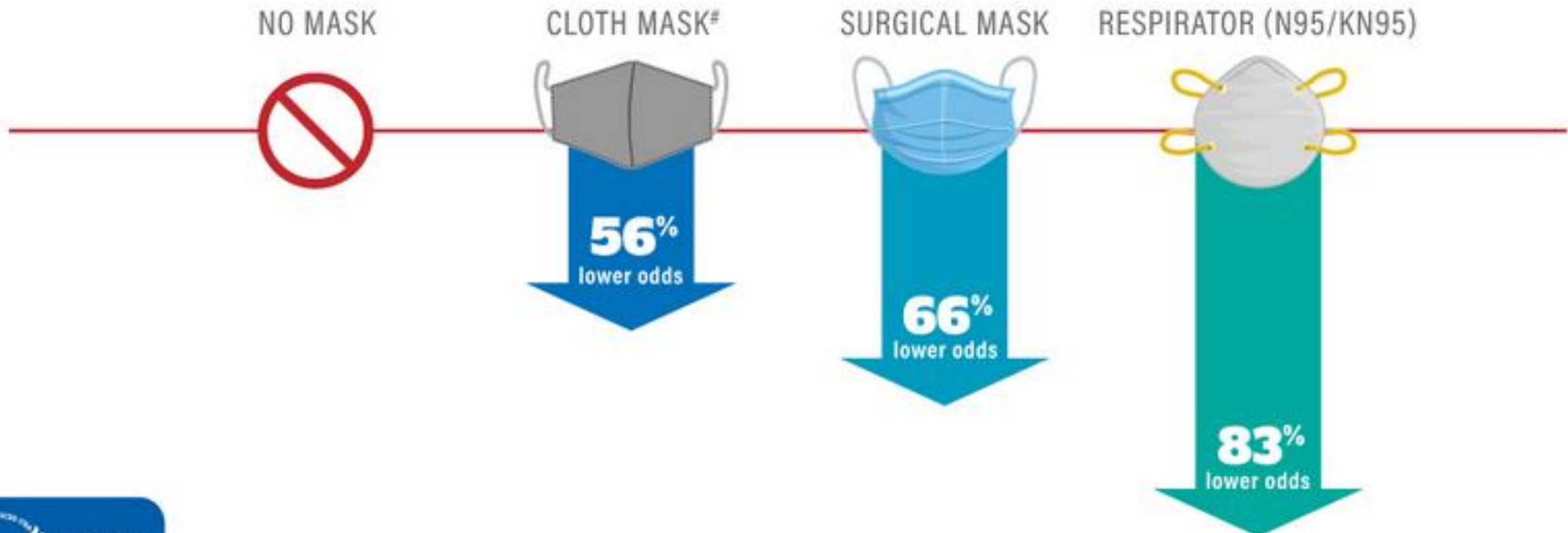
### What are the implications for public health practice?

In addition to being up to date with recommended COVID-19 vaccinations, consistently wearing a comfortable, well-fitting face mask or respirator in indoor public settings protects against acquisition of SARS-CoV-2 infection; a respirator offers the best protection.

People who reported always wearing a mask in indoor public settings were less likely to test positive for COVID-19 than people who didn't\*

## WEARING A MASK LOWERED THE ODDS OF TESTING POSITIVE

Among 534 participants reporting mask type<sup>†</sup>



[bit.ly/MMWR7106](https://bit.ly/MMWR7106)

\* Matched case-control study, 1,828 people, Feb 10-Dec 1, 2021

<sup>†</sup> Compared people with similar characteristics (e.g., vaccination)

<sup>‡</sup> Not statistically significant

**MMWR**

# ADDITIONAL INFORMATION

The following material from the CDC (<https://www.cdc.gov/coronavirus/>): Click on “Quarantine & Isolation” link for all the details.

## ***RECOMMENDATIONS / GUIDELINES:***

- **Quarantine:** Quarantine if you have been in close contact (within 6 feet of someone for a cumulative total of 15 minutes or more over a 24-hour period) with someone who has COVID-19, unless you have been fully vaccinated. People who are fully vaccinated do NOT need to quarantine after contact with someone who had COVID-19 unless they have symptoms. However, fully vaccinated people should get tested 5-7 days after their exposure, even if they don't have symptoms and wear a mask indoors in public for 14 days following exposure or until their test result is negative.
- **Isolation (for individuals positive for Covid-19):** People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or infected should separate from others, stay in a specific “sick room” or area, and use a separate bathroom (if available). To calculate your 10 full day isolation period, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed. If you test positive for COVID-19 and never develop symptoms, day 0 is the day of your positive viral test (based on the date you were tested) and day 1 is the first full day after your positive test. If you develop symptoms after testing positive, your 10-day isolation period must start over. Day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed.