

# COVID REPORT #16

JANUARY 31, 2022

Contents: Data from 1/27 & 1/20

	<u>Slide(s)</u>
Message ( <b>Status: Not going away fast enough</b> )	2
Vaccine information	3
Emergency Orders: Workplace Safety	4
Adams: Case numbers, age cohorts	5
Public Health Institute Dashboard	6
Berkshire County municipalities	7 & 8
State, county, Adams since August 15	9 & 10
MA case trends from Jan 2020	11
Adams's vaccination status	12
Recent CDC publications on vax status	13-15
Community comments	16

Bottom line: The situation is changing constantly;  
continue to be vigilant.

*Next report expected February 7 (Monday schedule)*



# WEEKLY MESSAGE

I call our current status: ***“Not going away fast enough.”*** Why do I say this? Yes, new case numbers are going down. However, the number of hospitalizations remains constant & ***deaths are going up!***

## ***PLEASE FOLLOW THE USUAL RECOMMENDATIONS:***

- Mask indoors; observe social distancing; avoid large indoor gatherings
- Get vaccinated & boosted! (See next slide for 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://cdc.gov/coronavirus)) & click under “Testing & Masks”
- **Town masking discussion: Most respondents so far would like to see more public masking, whether by mandate or strong public messaging (Slide 16).**



# 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.

**Adams Vaccination Status:** Slide #12 shows our vaccination status by age group. Our rate of boosting has slowed: we're still only about 1 out of 3 (35%). As I said last week, we have a ways to go.

**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 Slides #13-15 for recent CDC studies.**

## VACCINATION OPTIONS:

- Local vaccination resources & scheduling:  
<https://getvaccinatedberkshires.org/> (The Jan 29 clinic was postponed due to the impending storm; check back periodically for rescheduling & additional clinics.)  
<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)  
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.

# 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 1/28/22 (from MAVEN*)			
	Date Range	Days	Cases
Previous case numbers	July	31	16
	August	31	71
	Sep 1 - Sep 28	28	25
	Sep 23 - Oct 12	20	36
	Oct 13 - Oct 28	14	63
(Note the different time spans)	Oct 29 - Nov 4	7	10
	Nov 5 - Nov 11	7	19
	Nov 12 - Nov 18	7	27
	Nov 19 - Nov 25	7	51
	Nov 26 - Dec 2	7	63
Accumative total	Dec 3 - Dec 9	7	58
1,291 cases = 15.7%	Dec 10 - Dec 16	7	16
(Adams pop = 8,227)	Dec 17 - Dec 24	8	24
	Dec 25 - Dec 31	7	67
	Jan 1 - Jan 7	7	97
	Jan 8 - Jan 14	7	103
	Jan 15 - Jan 21	7	73
Current cases	Jan 22 - Jan 28	7	66
Current rate	9.4 new cases/day		
Current cases by age cohort	<5		2
	5-20		16
	21-40		19
	>40		29
Vax status: 45 were listed as vaccinated (70% of those eligible)			
*Massachusetts Virtual Epidemiological Network			



# Public Health Institute of Western Massachusetts

publichealthwm.org/covid-19/data/Berkshire

Based on best available data as of 1/27/22

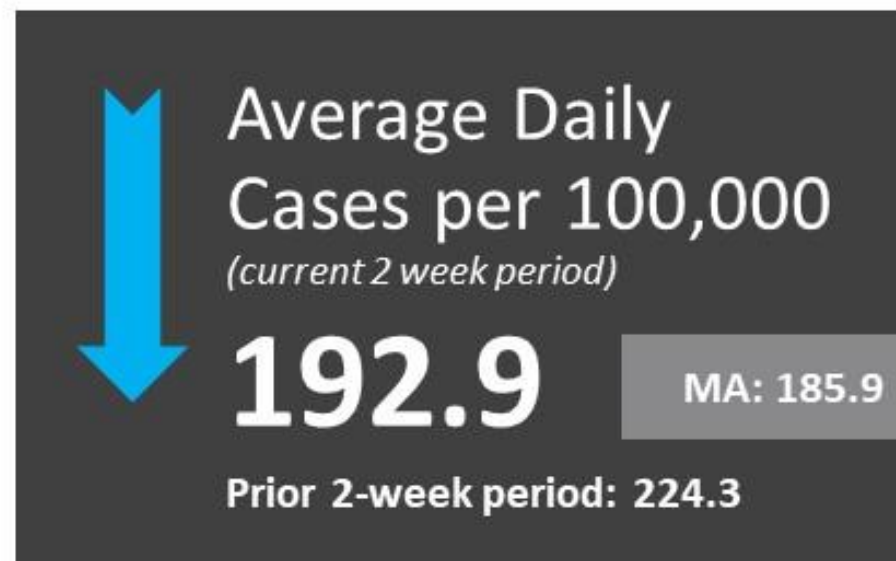
## Berkshire County COVID-19 Data

Western Mass COVID-19  
County Data Dashboard

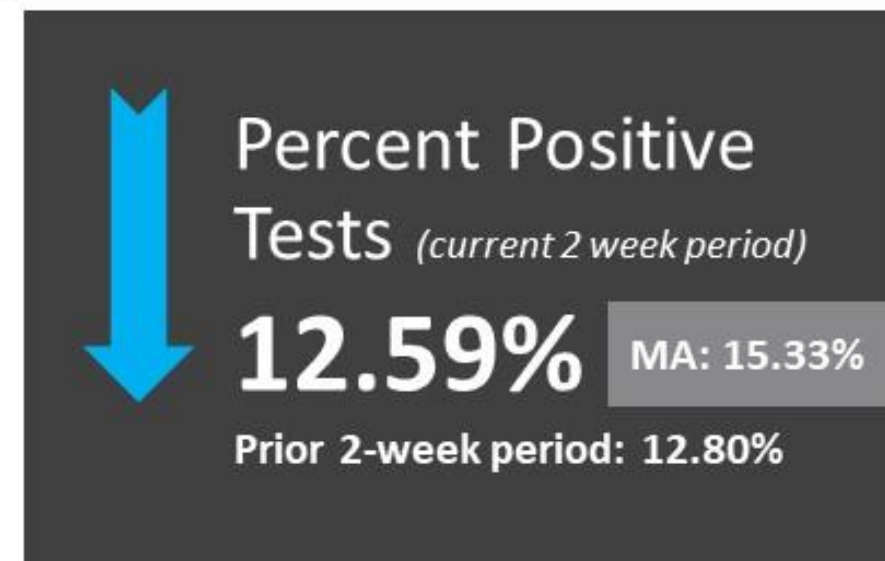
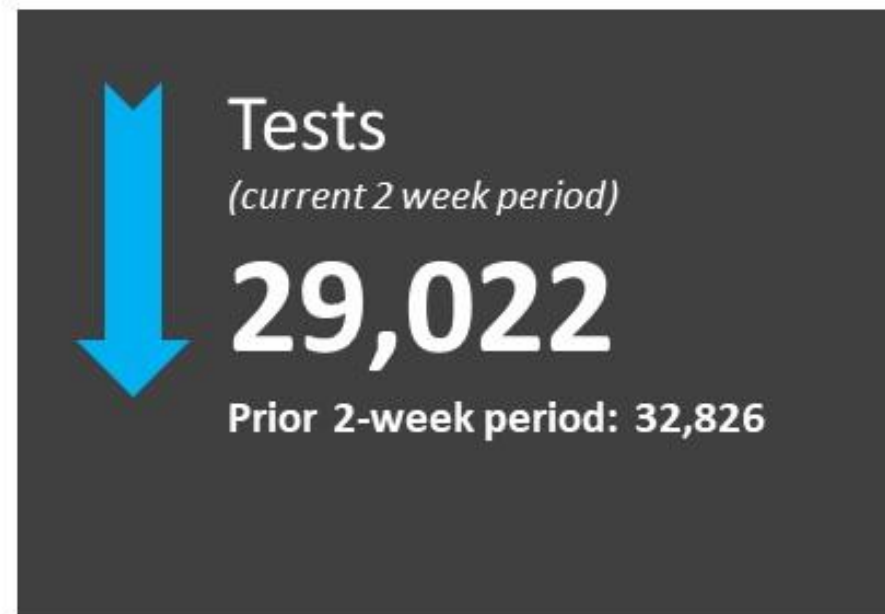
Current 2-Week Period: Jan 9, 2022–Jan 22, 2022

Prior 2-Week Period: Jan 2, 2022–Jan 15, 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, 1/20 and 1/27 COVID-19 Weekly Public Health Report Raw Data & COVID-19 Daily Dashboard <https://www.mass.gov/info-details/covid-19-response-reporting>.

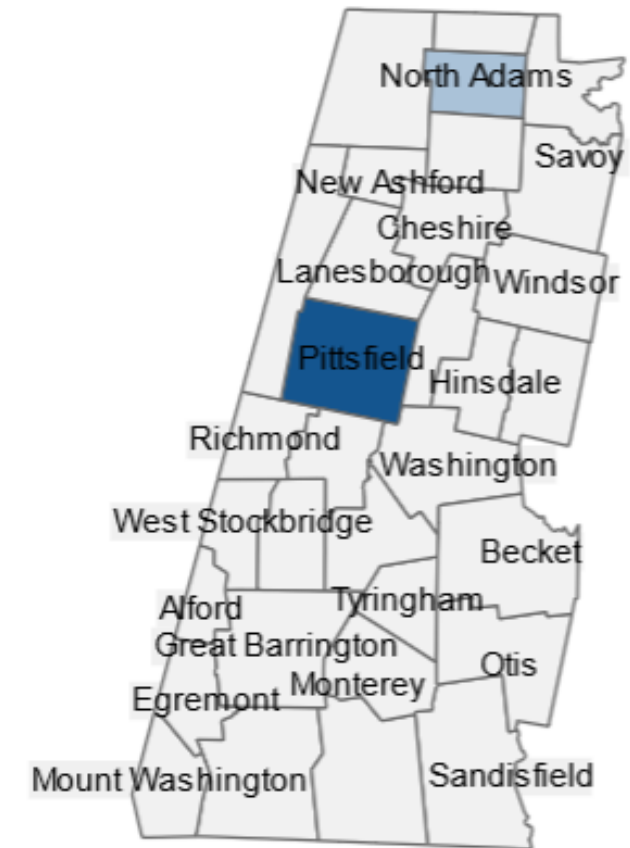
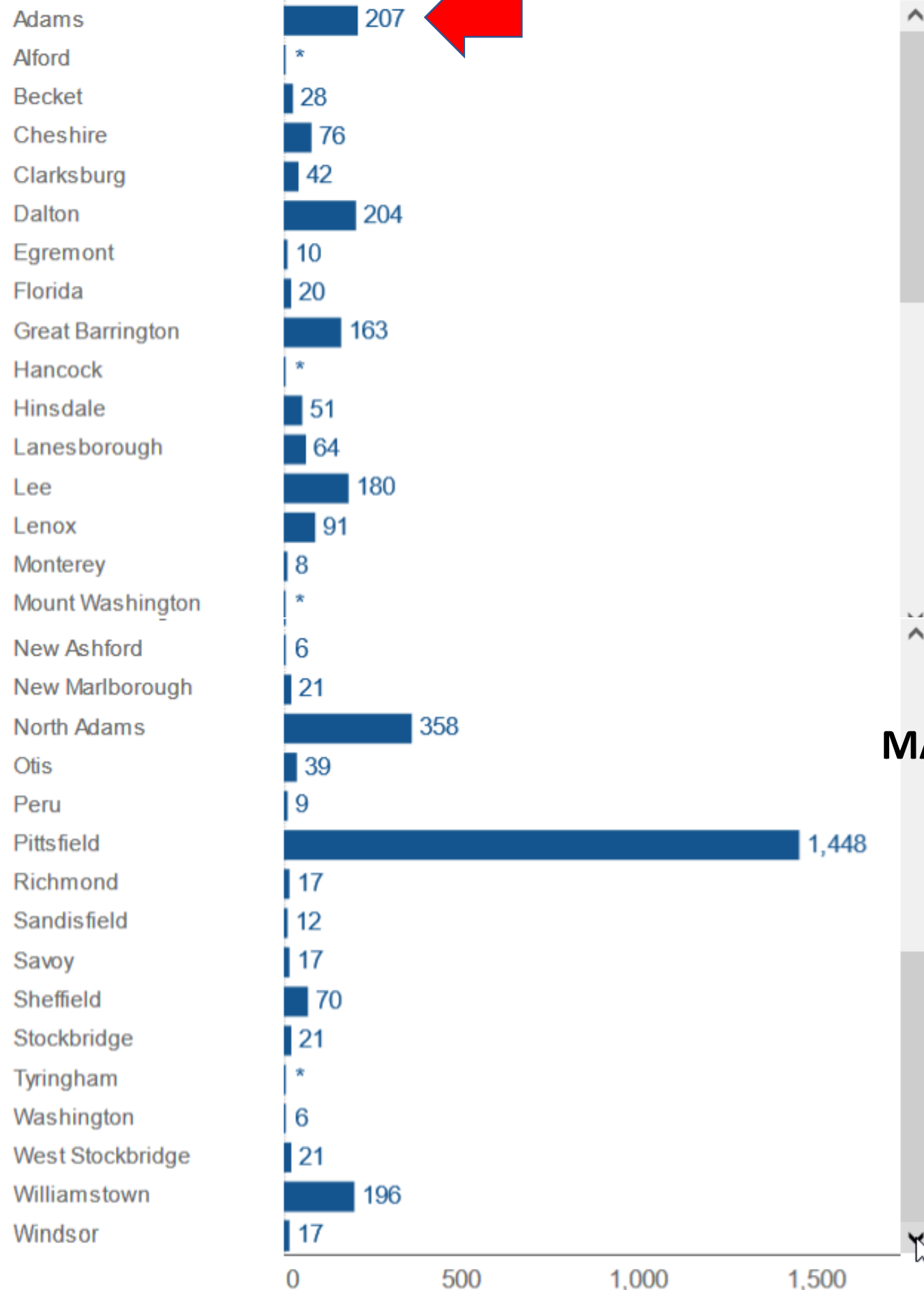


Note that most panels also list data for previous week.

**Cumulative deaths = 367 (1 per 352 persons in the county\*)**

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

# 1/27/22 data: 14-day case counts (Jan 9 – Jan 22, 2022)

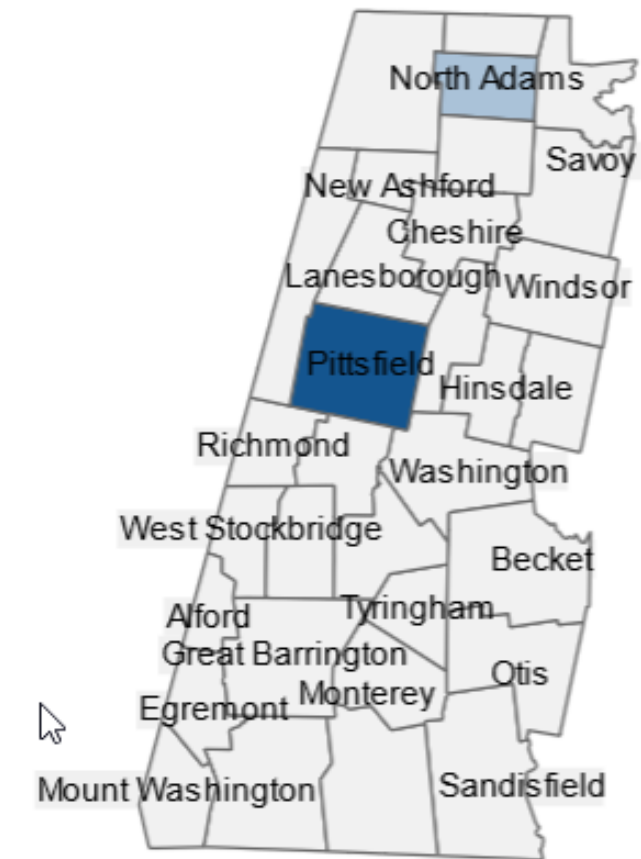
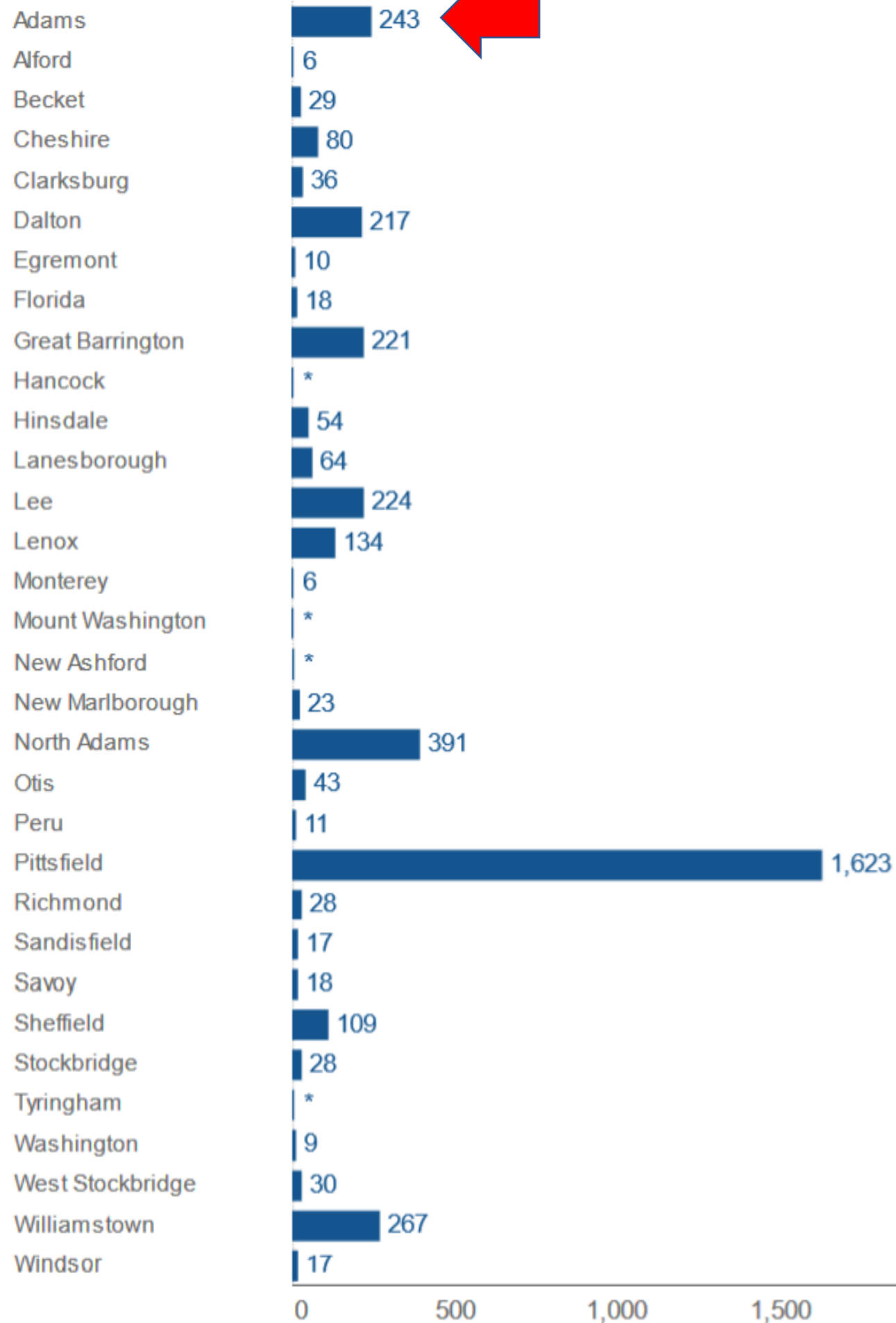


**MA totals = 181,290; Berkshire County = 3,413**

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

**Current 2-week span**

# 1/20/22 data: 14-day case counts (Jan 2 – Jan 15, 2022)



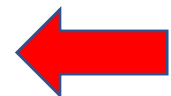
**MA totals = 271,940; Berkshire County = 3,969**

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

**Previous 2-week span reported**

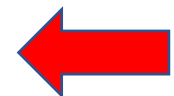


Case Counts (total per 2 weeks shown)			
Date range*	MA	County	Adams
8/15-8/28	19,049	380	46
8/29-9/11	22,489	350	23
9/12-9/25	22,175	326	14
9/26-10/9	18,528	309	25
10/10-10/23	17,081	441	59
10/24-11/6	17,738	579	43
11/7-11/20	29,741	781	68
11/21-12/4	46,475	1,063	129
12/5-12/18	65,835	951	50
12/19-1/1	147,905	1,691	99
12/26-1/8	260,623	3,200	190
1/2-1/15	271,940	3,969	243
1/9-1/22	181,290	3,413	207



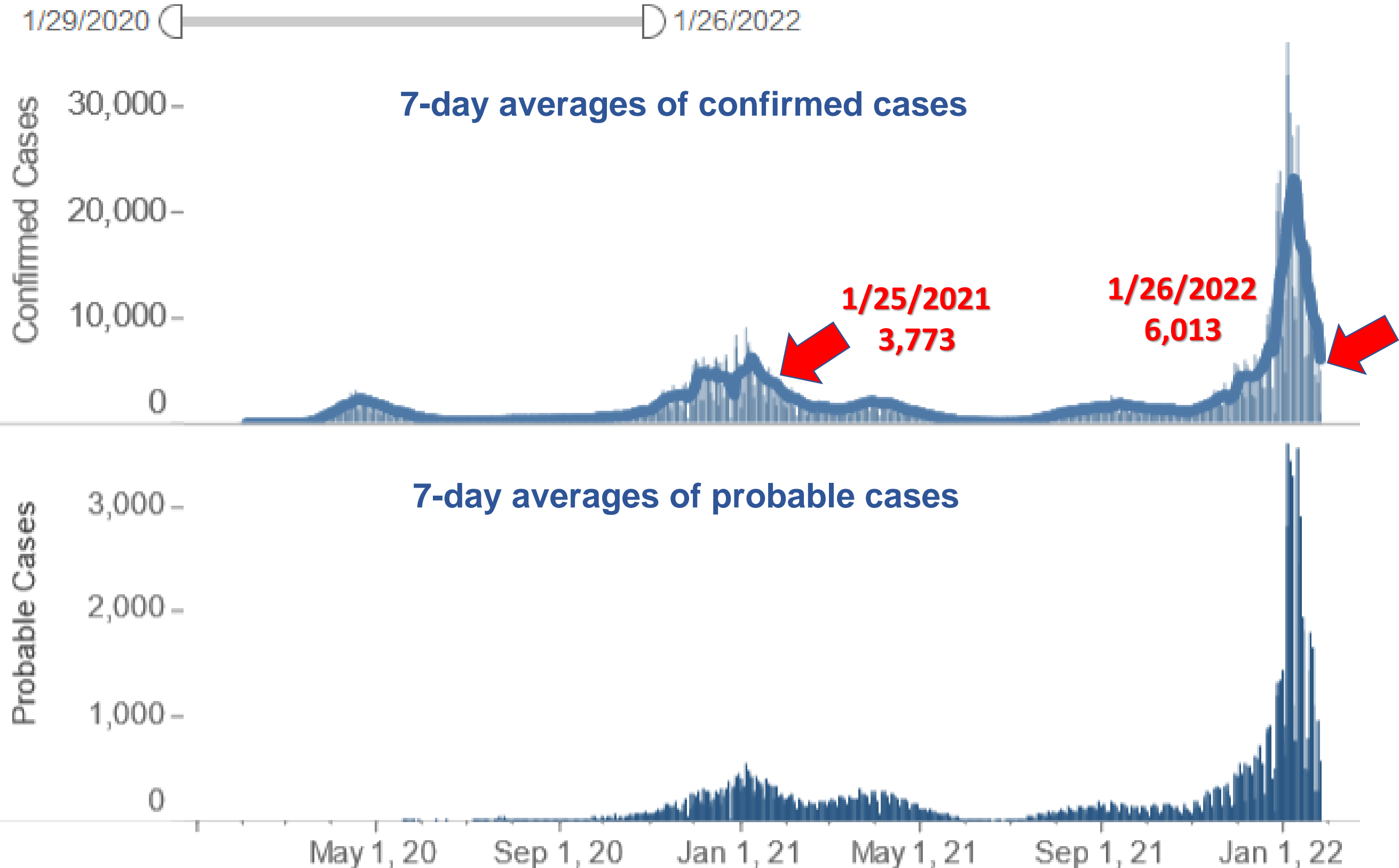
**\*Note that every other previous 2-week ranges are shown in earlier data.**

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
12/19-1/1	151.7	95.6	85.9
12/26-1/8	267.3	180.8	165.0
1/2-1/15	278.9	224.3	211.0
1/9-1/22	185.9	192.9	179.7



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

# MASSACHUSETTS COVID-19 CASES OVER TIME



1/26/22

Ages	Pop	Per capita	Fully vaxed	% of Age	% of Town	Boosted	% of Age	% of Town
5-11 Yr	573	7%	199	35%	3%	-	0%	0%
12-15 Yr	328	4%	229	70%	4%	28	9%	1%
16-19 Yr	329	4%	247	75%	4%	80	24%	3%
20-29 Yr	1,068	13%	650	61%	11%	202	19%	7%
30-49 Yr	1,941	24%	1,354	70%	23%	570	29%	20%
50-64 Yr	1,885	23%	1,476	78%	25%	808	43%	28%
65-74 Yr	1,014	12%	921	91%	16%	665	66%	23%
75+ Yr	775	9%	717	92%	12%	526	68%	18%
Total	8,227	100%	5,793	70%	100%	2,879	35%	100%

(Data posted 1/27/22)

(+36)

(+58)

1/18/22

Ages	Pop	Per capita	Fully vaxed	% of Age	% of Town	Boosted	% of Age	% of Town
5-11 Yr	573	7%	180	31%	3%	-	0%	0%
12-15 Yr	328	4%	224	68%	4%	18	5%	1%
16-19 Yr	329	4%	246	75%	4%	75	23%	3%
20-29 Yr	1,068	13%	650	61%	11%	192	18%	7%
30-49 Yr	1,941	24%	1,347	69%	23%	558	29%	20%
50-64 Yr	1,885	23%	1,472	78%	26%	793	42%	28%
65-74 Yr	1,014	12%	921	91%	16%	663	65%	24%
75+ Yr	775	9%	717	92%	12%	522	67%	19%
Total	8,227	100%	5,757	70%	100%	2,821	34%	100%

(Data posted 1/20/22)

# Effectiveness of a Third Dose of Pfizer–BioNTech and Moderna Vaccines in Preventing COVID–19 Hospitalization Among Immunocompetent and Immunocompromised Adults — United States, August–December 2021

Weekly / January 28, 2022 / 71(4);118–124

## Summary

### What is already known about this topic?

For adults aged  $\geq 18$  years who received 2 doses of an mRNA COVID-19 vaccine, third doses are recommended. However, the associated benefits in preventing COVID-19 hospitalization are incompletely understood.

### What is added by this report?

In a study of hospitalized adults, compared with receipt of 2 mRNA COVID-19 vaccine doses, receipt of a third dose increased vaccine effectiveness against hospitalization among adults without and with immunocompromising conditions, from 82% to 97% and from 69% to 88%, respectively.

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

Administration of a third COVID-19 mRNA vaccine dose as part of a primary series among immunocompromised adults, or as a booster dose among immunocompetent adults, provides improved protection against COVID-19–associated hospitalization.



# COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021

Weekly / January 28, 2022 / 71(4);125–131

## Summary

### What is already known about this topic?

Data are limited regarding the risks for SARS-CoV-2 infection and hospitalization after COVID-19 vaccination and previous infection.

### What is added by this report?

During May–November 2021, case and hospitalization rates were highest among persons who were unvaccinated without a previous diagnosis. Before Delta became the predominant variant in June, case rates were higher among persons who survived a previous infection than persons who were vaccinated alone. By early October, persons who survived a previous infection had lower case rates than persons who were vaccinated alone.

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

Although the epidemiology of COVID-19 might change as new variants emerge, vaccination remains the safest strategy for averting future SARS-CoV-2 infections, hospitalizations, long-term sequelae, and death. Primary vaccination, additional doses, and booster doses are recommended for all eligible persons. Additional future recommendations for vaccine doses might be warranted as the virus and immunity levels change.

**Morbidity & Mortality Weekly Report (MMWR); A G Johnson et al.**

# **COVID-19 Incidence and Death Rates Among Unvaccinated and Fully Vaccinated Adults with and Without Booster Doses During Periods of Delta and Omicron Variant Emergence — 25 U.S. Jurisdictions, April 4–December 25, 2021**

*Weekly* / January 28, 2022 / 71(4);132–138

## **Summary**

### **What is already known about this topic?**

Although COVID-19 vaccine effectiveness decreased with emergence of the Delta variant and waning of vaccine-induced immunity, protection against hospitalization and death has remained high.

### **What is added by this report?**

In 25 U.S. jurisdictions, decreases in case incidence rate ratios for unvaccinated versus fully vaccinated persons with and without booster vaccine doses were observed when the Omicron variant emerged in December 2021. Protection against infection and death during the Delta-predominant period and against infection during Omicron emergence were higher among booster vaccine dose recipients, especially among persons aged 50–64 and  $\geq 65$  years.

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

COVID-19 vaccination protected against SARS-CoV-2 infection, even as the Omicron variant became predominant. All eligible persons should stay up to date with COVID-19 vaccination.

# COMMUNITY INPUT

16 respondents, all private citizens

## ***COMMENTS:***

- **Masking:** Most wanted to see more public masking. For a mandate, there were 6 for & 1 opposed; 6 others wanted a strong advisory.
- **Vaccinations:** Many noted that they were vaccinated; no one was opposed. Several expressed the importance of being vaccinated.  
Vaccine requirement for indoor activities – 1  
More vaccine clinics in town – 2
- Other specific comments:  
Shopping elsewhere – 4  
More public awareness – 4 (2 noting information on mask type)  
Engage businesses  
People should be aware of the need to comply  
Feels let down by Adams  
No indoor dining  
Adams should distribute masks  
Adams should institute a testing program

Several respondents were very detailed in their recommendations. For instance, a public awareness campaign should include all means available: town calendar, social media groups, etc.

# 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.