

COVID REPORT #23

MARCH 28, 2022

Contents: Data from 3/24 & earlier

	<u>Slide(s)</u>
Message (Status: Out of the woods; vigilance)	2
Vaccine, masking, & test kit information	3 & 4
Emergency Orders: Workplace Safety	5
Adams: Case numbers, age cohorts (on hold)	6
Public Health Institute Dashboard	7
Berkshire County municipalities	8 & 9
State, county, Adams since 8/15/21	10 & 11
Adams's vaccination status (past 2 weeks)	12
MA case & death trends from Jan 2020	13 & 14
Recent CDC publication, mask efficacy	15 & 16
Community comments (see Report #16)	
Bottom line: Yes, we're eager to get back to real life!	
But please remember what it took to do it.	

Next report expected April 11 (every other week)

WEEKLY MESSAGE

This week, we're ***"Out of the woods, but should stay vigilant."*** Adams numbers remain low. From the state's data, we're only seeing a few new cases per week (I no longer receive weekly reports from our public health nurse. ***Thanks to all for doing your part!***)

Metrics: (i) new cases <10/week; (ii) staying off CDC's "high-transmission" list; (iii) fewer hospitalizations; & (iv) >80% rate of vaccination/boosting

Where are we? Only our vaccination rate lags. New cases remain low (unless I hear otherwise). We're low-transmission on CDC's list. Hospitalizations were not available but assumed to be low again. Now is the time to get vaccinated and/or boosted. Currently, we have 72% residents fully vaccinated with 39% boosted (74% & 41%, respectively, counting those eligible, 5y+; see Slide #12).

MEANWHILE, PLEASE CONTINUE TO:

- Get vaccinated & boosted! (See next slide for information.) It's still the best protection & lowers risk of severe illness if infected.
- Respect masking & vaccination proof to help each other feel safe & protected.
- The Department of Public Health recommends masking for vulnerable individuals—seniors, immunocompromised, with comorbidities, etc.—and unvaccinated individuals to avoid spread & to protect themselves.
- ***Stay vigilant: we're monitoring the appearance of the BA.2 omicron variant.***
- ***Workplace Safety Standard will likely be rescinded at our April 6 public meeting.***

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. **It's now recommended that vulnerable individuals receive a 2nd booster; check with your doctor.** And we're still waiting for the Pfizer vaccine to be approved for children under 5.

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:

- Berkshire Health Systems will offer weekly vaccine clinics for children ages 5-11 starting Saturday, March 5, from 8 AM – noon at the BHS Vaccine Center, 505 East St, Pittsfield. Appointments are required through the Patient Portal or the Hotline 1-855-262-5465.
- 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)
- Vaccines are also available at local pharmacies. Contact yours for an appointment.
- Other 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/>

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. Check with the manufacturer’s website to see if the expiration date has been extended (quite common).
- 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 1st mandate helps us & the 2nd 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:

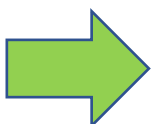
May be rescinded April 6!

- 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).

Chart not
updated
since
March 4

Adams Data as of 3/4/22 (from MAVEN*)			
2021 case numbers	Date Range	Days	Cases
	July	31	16
	August	31	71
	September	30	29
	October	31	88
	November	30	193
	December	31	183
2022 case numbers	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
	Feb 12 - Feb 18	7	31
	Feb 19 - Feb 25	7	7
Accumative total** 1,523 cases = 18.5%	Feb 26 - Mar 4	7	5
Current cases	Not available		
Current rate			
Current cases by age cohort (all in ages 18y-56y)	<5		
	5-20		
	21-40		
	>40		
No new data available since March 4			
*Massachusetts Virtual Epidemiological Network; **Adams pop = 8,227			

Berkshire county
hospitalizations
(3/26/22)
Not available



Public Health Institute of Western Massachusetts

publichealthwm.org/covid-19/data/Berkshire

Based on best available data as of 3/24/22

Berkshire County COVID-19 Data

Western Mass COVID-19
County Data Dashboard

Current 2-Week Period: Mar 6–Mar 19, 2022

Prior 2-Week Period: Feb 27–Mar 12, 2022

CASES

TESTS

DEATHS



Confirmed Cases
(current 2 week period)

204

Prior 2-week period: 262

Cumulative Confirmed Cases: 22, 910



Tests
(current 2 week period)

13, 417

Prior 2-week period: 13,775

Deaths
(current 2 week period)

4

Cumulative Confirmed &
Probable Deaths: 368



Average Daily
Cases per 100,000
(current 2 week period)

11.5

Prior 2-week period: 14.8

MA: 9.0



Percent Positive
Tests (current 2 week period)

1.65%

Prior 2-week period: 2.08%

MA: 1.70%

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 (equals 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, 3/27 and 3/17 COVID-19 Weekly Public Health Report Raw Data & COVID-19 Daily Dashboard <https://www.mass.gov/info-details/covid-19-response-reporting>.

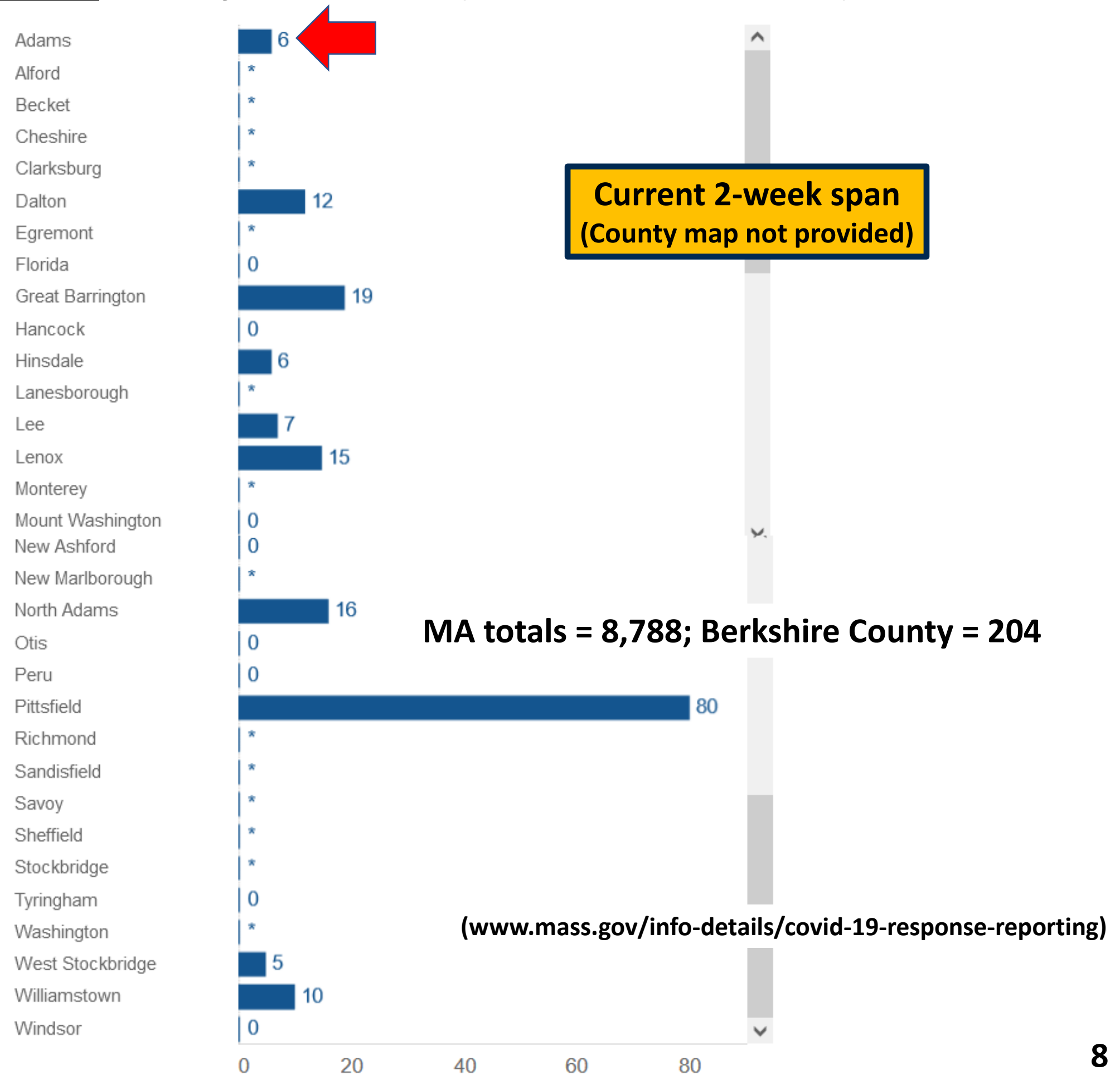


Note that most panels also list data for previous week.

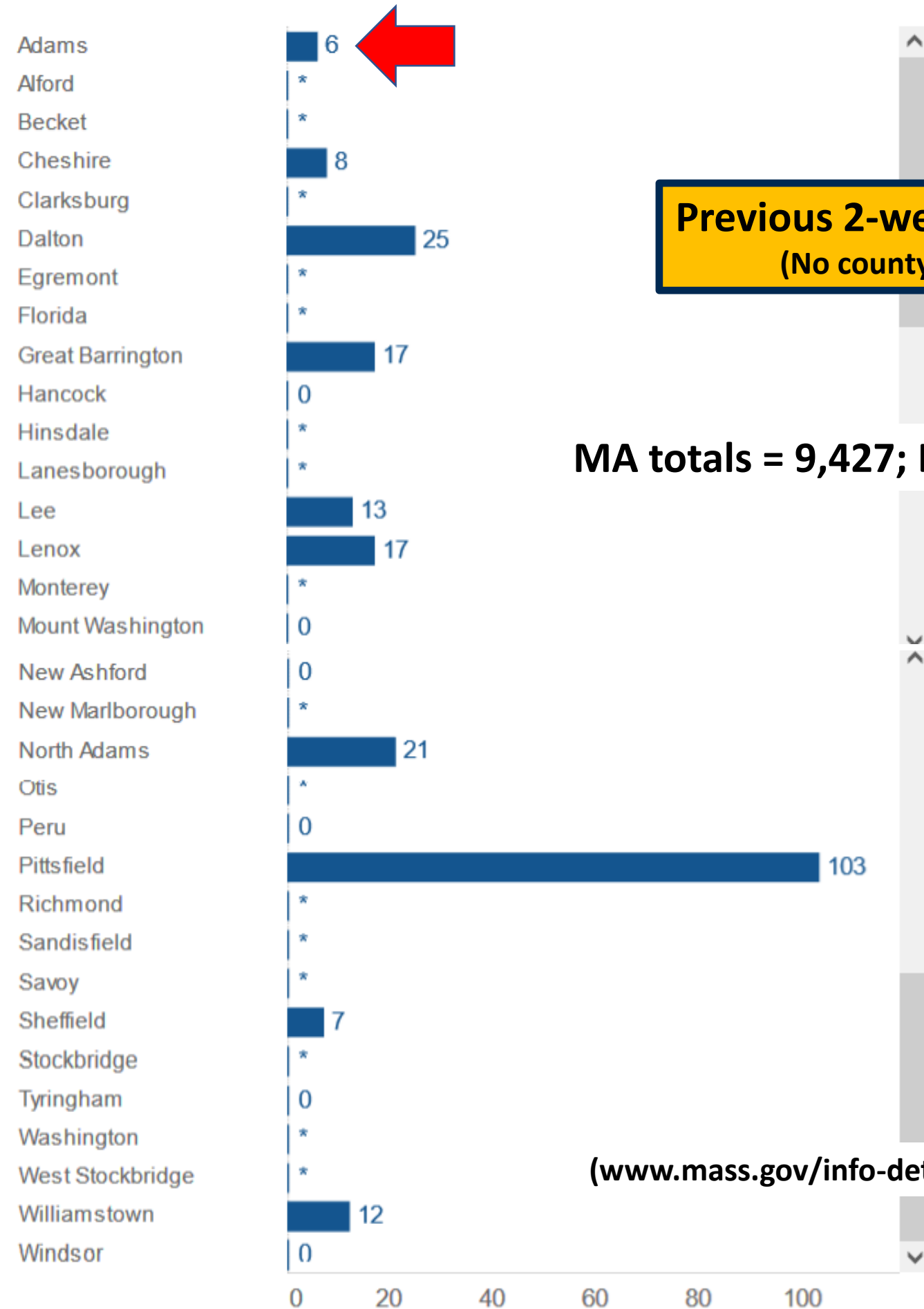
Cumulative deaths = 368 (1 per 351 persons in the county*)

*April 2020 population = 129,026 (US Census data; 1/14/21); MDPH also revised death stats. 7

3/24/22 data: 14-day case counts (Mar 6 – Mar 19, 2022)



3/17/22 data: 14-day case counts (Feb 27 – Mar 12, 2022)

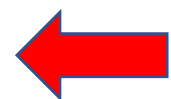


**Previous 2-week span reported
(No county map provided)**

MA totals = 9,427; Berkshire County = 262

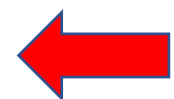
(www.mass.gov/info-details/covid-19-response-reporting)

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
1/23-2/5	60,674	1,943	163
2/6-2/19	23,325	850	66
2/13-2/25	15,662	456	38
2/20-3/5	11,176	306	10
2/27-3/12	9,427	262	6
3/6-3/19	8,788	204	6



***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
1/23-2/5	62.2	109.8	141.5
2/6-2/19	23.9	48.0	57.3
2/13-2/25	16.1	25.8	33.0
2/20-3/5	11.5	17.3	8.7
2/27-3/12	9.7	14.8	5.2
3/6-3/19	9.0	11.5	5.2



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

3/22/22	Ages	Pop	Per capita	Fully vaxed	% of Age	% of Town	Boosted	% of Age	% of Town
	5-11 Yr	573	7%	240	42%	4%	-	0%	0%
	12-15 Yr	328	4%	229	70%	4%	58	18%	2%
	16-19 Yr	329	4%	257	78%	4%	107	33%	3%
	20-29 Yr	1,068	13%	669	63%	11%	255	24%	8%
	30-49 Yr	1,941	24%	1,371	71%	23%	655	34%	20%
	50-64 Yr	1,885	23%	1,496	79%	25%	909	48%	28%
	65-74 Yr	1,014	12%	919	91%	16%	689	68%	21%
	75+ Yr	775	9%	718	93%	12%	543	70%	17%
	Total	8,227	100%	5,899	72%	100%	3,216	39%	100%

(Data posted 3/24/22)

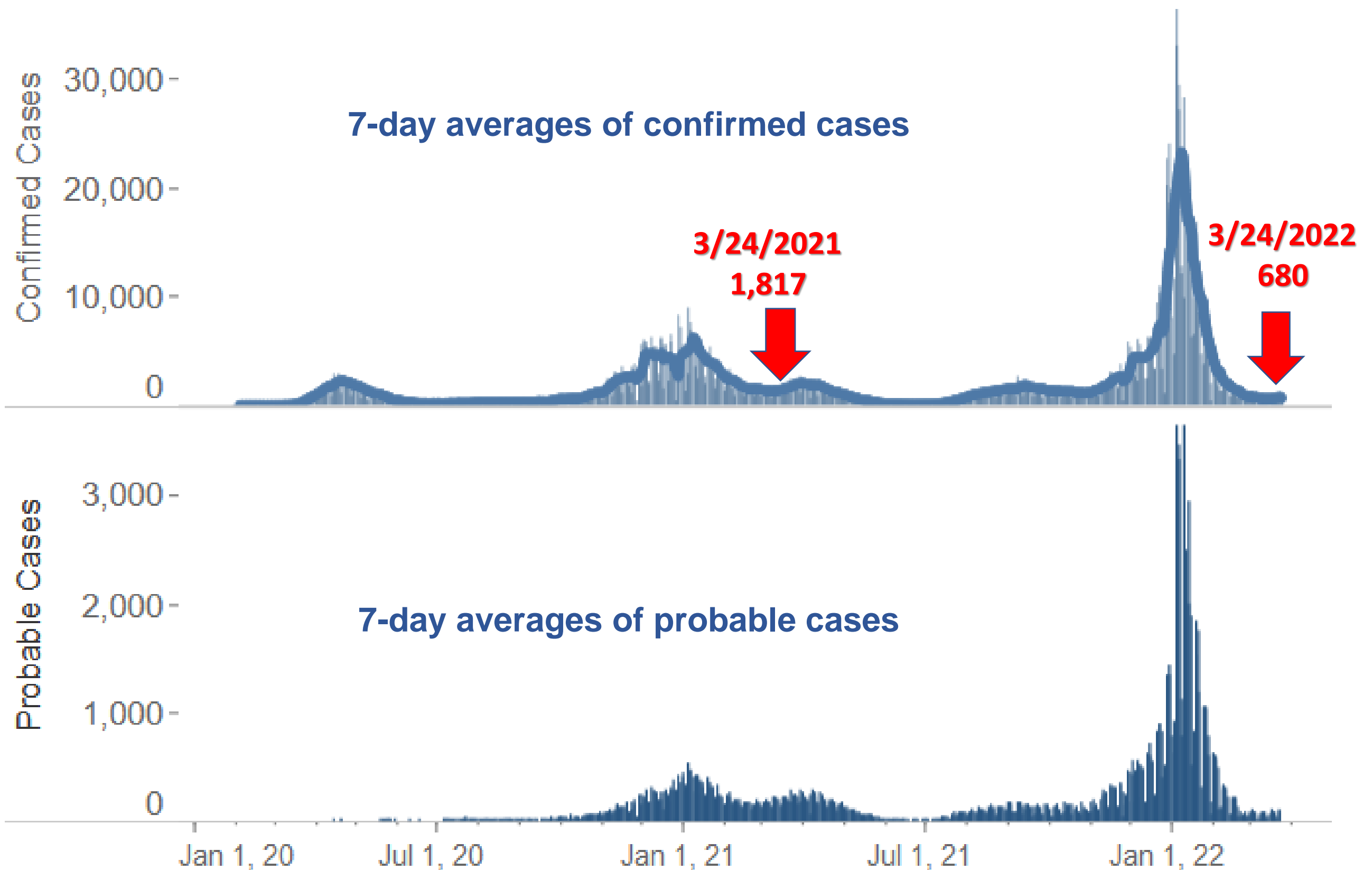
(+4)

(+26)

3/15/22	Ages	Pop	Per capita	Fully vaxed	% of Age	% of Town	Boosted	% of Age	% of Town
	5-11 Yr	573	7%	238	42%	4%	-	0%	0%
	12-15 Yr	328	4%	229	70%	4%	52	16%	2%
	16-19 Yr	329	4%	257	78%	4%	107	33%	3%
	20-29 Yr	1,068	13%	670	63%	11%	252	24%	8%
	30-49 Yr	1,941	24%	1,371	71%	23%	651	34%	20%
	50-64 Yr	1,885	23%	1,493	79%	25%	900	48%	28%
	65-74 Yr	1,014	12%	919	91%	16%	686	68%	22%
	75+ Yr	775	9%	718	93%	12%	542	70%	17%
	Total	8,227	100%	5,895	72%	100%	3,190	39%	100%

(Data posted 3/17/22)

MASSACHUSETTS COVID-19 CASES SINCE JAN 2020

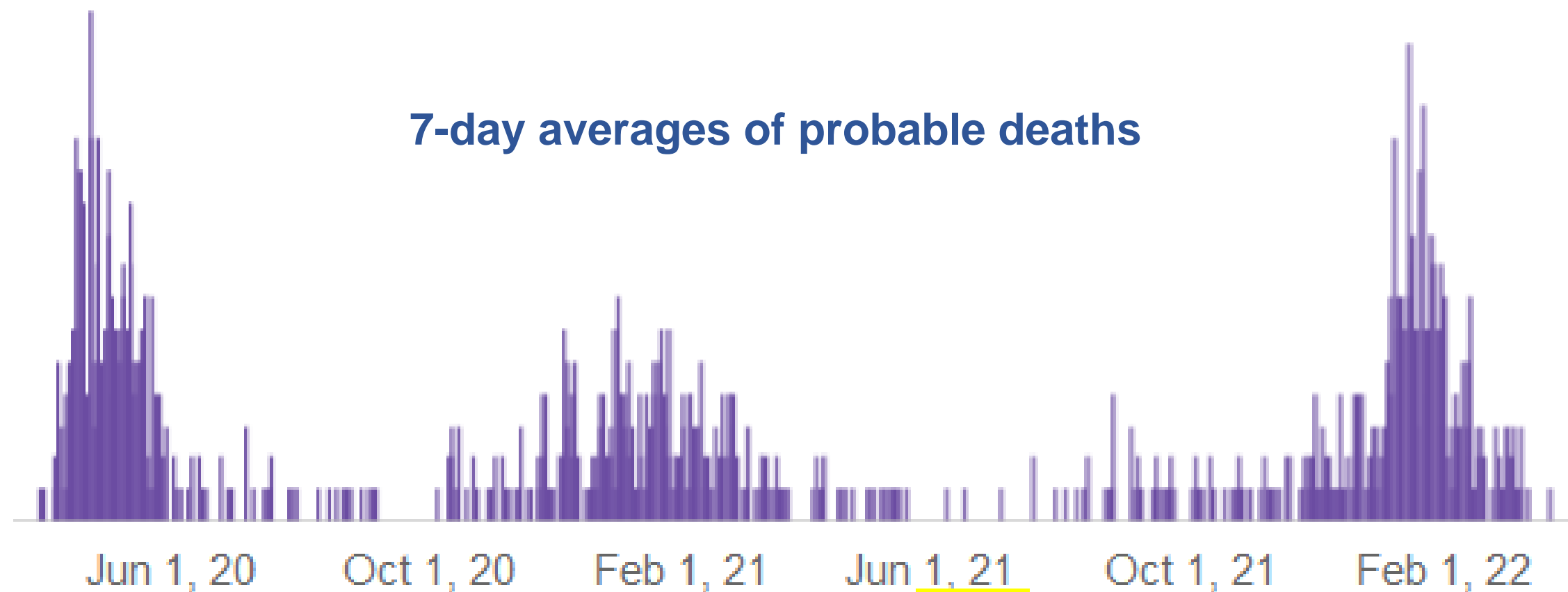
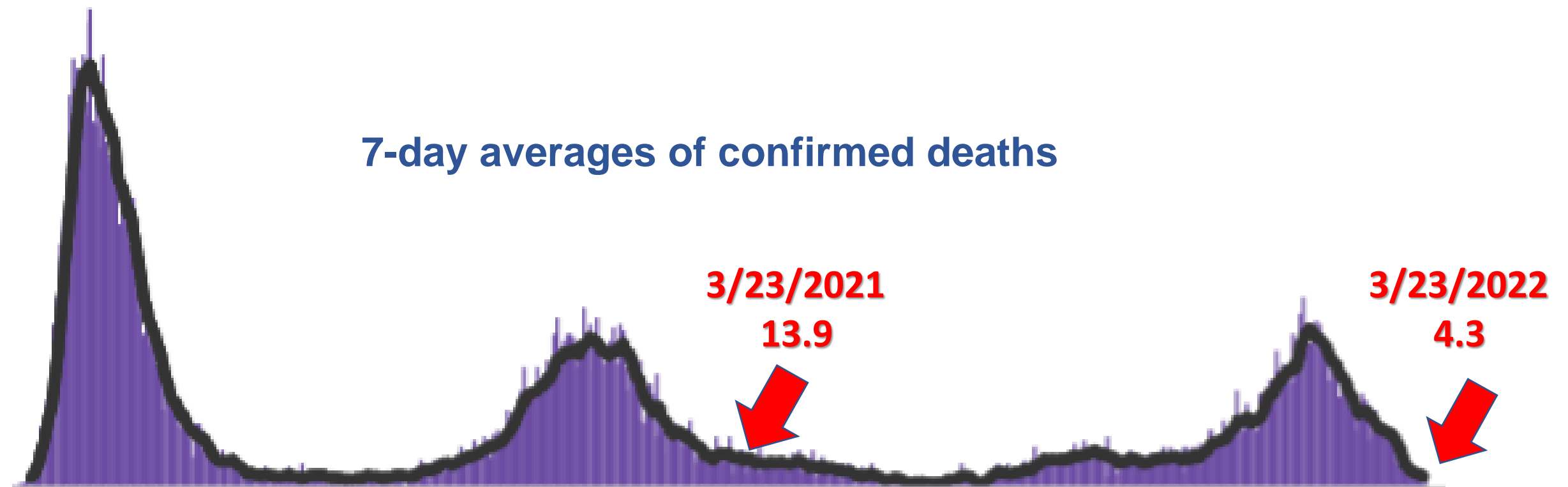


MA totals (confirmed + probable): Cases = 1,692,177 (24.2%)

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

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

MASSACHUSETTS COVID-19 DEATHS SINCE JAN 2020



MA total (confirmed + probable): Deaths = **20,072** (0.29%, about 1/347)

Notes: 1) MA pop = 6.98M; **2) Data have been corrected for updated DPH reporting system (narrows Covid death definition).**

[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.

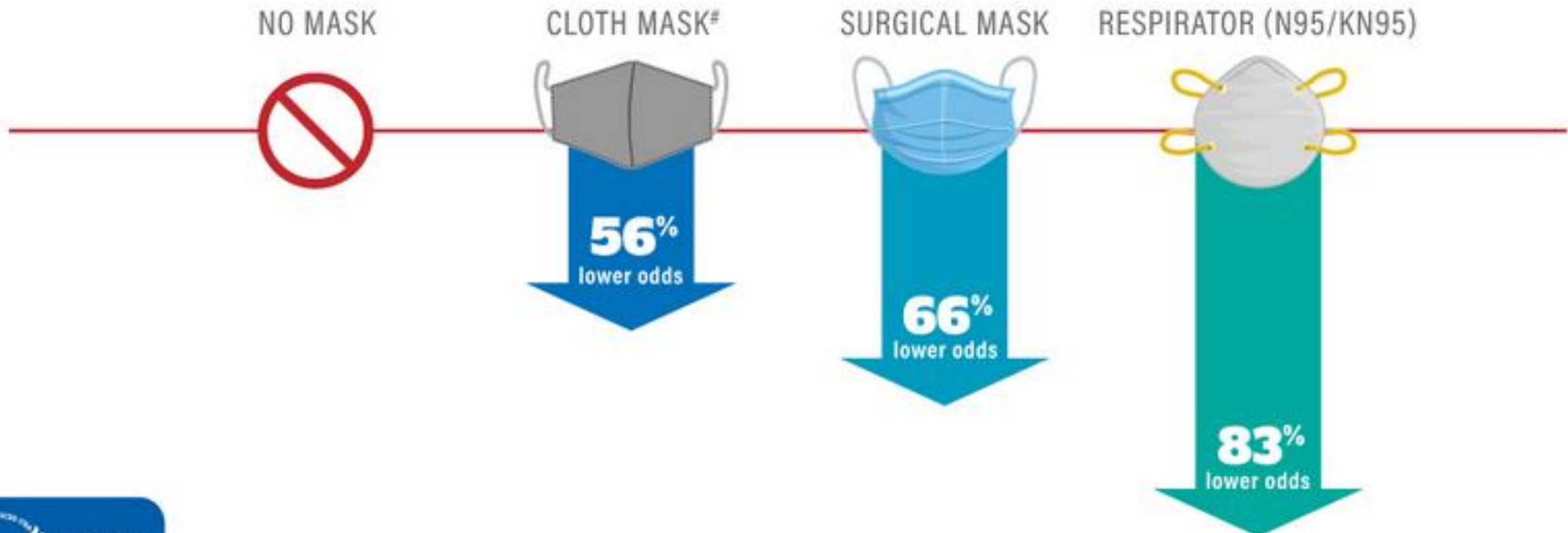
What are the implications for public health practice?

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[†]



bit.ly/MMWR7106

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

[†] Compared people with similar characteristics (e.g., vaccination)

[‡] 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.