

# HEALTH MATTERS



Island County COVID Response Community Guidance

## 'R' number going in right direction

### Be optimistic, but don't breathe a sigh of relief just yet

**C**ase rates and hospitalizations are two metrics used to understand how many people are infected or hospitalized for COVID-19.

And then there's the  $R_0$  number, a means used to rate a disease's ability to spread among a given population.

In a nutshell, the  $R_0$  number – the "R" standing for "reproduction" – is the average number of people to whom one infected person will pass the virus.

More useful when tracking a pandemic such as COVID-19 is the "effective reproductive number," said Jamie Hamilton, an epidemiologist for the Island County COVID Response Team. "The effective reproductive number can be a good guide in determining how easily COVID-19 is spreading in a population, and whether we can expect more or fewer cases in the future."

"The effective reproductive number, often referred to as  $R_t$  or  $R_e$ , describes the number of secondary cases each positive case infects at a particular time," he explained. "When  $R_e$  is greater than one, it means each case is, on average, infecting more than one other person and that case rates are growing."

"When  $R_e$  is less than one, each case is, on average, infecting fewer than one other person, so case rates are decreasing," he said.

"Here in Island County, over the course of the pandemic, we have had some of the lowest total unadjusted rates of disease, hospitalization and death from COVID-19 in the state," said Hamilton.

■ Washington Gov. Jay Inslee announced Feb. 17 that, as of March 21, masks will likely no longer be required in most indoor settings, including schools and childcare facilities.

See story on page 4



**Jamie Hamilton** is an epidemiologist for Island County Public Health.

# OPTIMISTIC: 'R' going in right direction

## Continued from page 1

“However, the more transmission there is around the world, the more opportunity there is for a new variant to evolve that might challenge our preexisting immunity – and our community – once again.”

And when it comes to Island County, the R number is clearly headed in the right direction, Hamilton said.

“Any time that cases are decreasing  $R_t$  is below one, and the sharper the decline in case rates, the lower  $R_t$  will be at any point in time,” Hamilton said. “If  $R_t$  is more than 1, the virus will spread to more and more people, and the case rate will continue to go up. Unchecked, this can give rise to an epidemic. If  $R_t$  is 1, then the disease is spreading at a stable rate. If  $R_t$  is less than 1, then the case rate will decline as the disease becomes less and less prevalent.”

“It would be far more helpful for each of us to imagine how our personal behavior can change the pandemic by changing our personal R number,” said Island County Public Health Officer Dr. Howard Leibrand.

“The takeaway message is that everything we do to make the virus spread less quickly can be measured in retrospect by the changing R number,” said Leibrand.

“Think about the extremes. Someone with the virus who has no contact and gives it to no one has an R of zero. Someone with the virus who gives it to 40 people at a ‘superspreader’ event has an R of 40.”

There’s little likelihood that COVID-19 will disappear, however.

“Unfortunately, the elimination of COVID-19 is not a realistic goal,” Hamilton said. “As a result, we will be hoping to see our  $R_t$  stay under one as we move further from our omicron peak, and then, eventually, hovering around one for the foreseeable future, indicating that transmission has stabilized at a low rate.”

“The short-term message that is most important right now is that we shouldn’t alter our behavior too soon and too drastically and end up reversing the very good downward trend



**Hamilton** talks with coworker Melissa Hartmann.

that we currently see. “There’s still enough disease in the community that we could drop our guard and encourage it to spread, and thus lose some of that downward momentum.”

“Hopefully, most people are immune so that that won’t happen, but I’m not gonna breathe a sigh of relief for another two to three weeks,” Leibrand said.

## Epidemic, pandemic or endemic?

What is the difference between a pandemic, epidemic and endemic?

According to the Centers for Disease Control, an outbreak is called an epidemic when there is a sudden increase in cases. As COVID-19 began spreading in Wuhan, China, it became an epidemic.

Because the disease then spread across several countries and affected a large number of people, it was classified as a pandemic.

“An infectious disease starts as an individual case, spreads to a cluster, and then becomes an outbreak,” explained Island County Public Health Officer Dr. Howard Leibrand. “If nothing is done to stop the spread, it soon becomes a regional epidemic. And if an epidemic continues to spread to many countries, it is declared a

pandemic.”

“These all have to do with the number of people involved and the geographic distribution of the illness,” he said.

“Once a pandemic has played out, it becomes an endemic,” Leibrand said.

“This means that the illness continues to exist in the community, but at much lower rates and in a much more sporadic pattern.”

“Endemic disease can change back to epidemic and pandemic disease in basically two ways, one preventable and the other not. If we fail to get boosted at regular intervals or fail to follow common-sense infection control practices we could trigger another cluster, another outbreak, another epidemic and maybe another pandemic,” Leibrand said.

# WHO says BA.2 remains 'variant of concern'

As part of ongoing work to track variants, the World Health Organization's Technical Advisory Group on SARS-CoV-2 Virus Evolution (TAG-VE) met Feb. 22 to discuss the latest evidence on the Omicron variant of concern, including its sublineages BA.1 and BA.2.

Based on available data of transmission, severity, reinfection, diagnostics, therapeutics and impacts of vaccines, the group reinforced that the BA.2 sublineage should continue to be considered a variant of concern and that it should remain classified as Omicron.

The group emphasized that BA.2 should continue to be monitored as a distinct sublineage of Omicron by public health authorities.

The Omicron variant of concern is currently the dominant variant circulating globally, accounting for nearly all sequences reported to GISAID.

Omicron is made up of several sublineages, each of them being monitored by WHO and partners.

Of them, the most common ones are BA.1, BA.1.1 (or Nextstrain clade 21K) and BA.2 (or Nextstrain clade 21L). At a global level, the proportion of reported sequences designated BA.2

has been increasing relative to BA.1 in recent weeks, however the global circulation of all variants is reportedly declining.

BA.2 differs from BA.1 in its genetic sequence, including some amino acid differences in the spike protein and other proteins.

Studies have shown that BA.2 has a growth advantage over BA.1. Studies are ongoing to understand the reasons for this growth advantage, but initial data suggest that BA.2 appears inherently more transmissible than BA.1, which currently remains the most common Omicron sublineage reported. This difference in transmissibility appears to be much smaller than, for example, the difference between BA.1 and Delta.

Further, although BA.2 sequences are increasing in proportion relative to other Omicron sublineages (BA.1 and BA.1.1), there is still a reported decline in overall cases globally.

Studies are evaluating the risk of reinfection with BA.2 compared to BA.1.

Reinfection with BA.2 following infection with BA.1 has been documented, however, initial data from population-level reinfection studies

suggest that infection with BA.1 provides strong protection against reinfection with BA.2, at least for the limited period for which data are available.

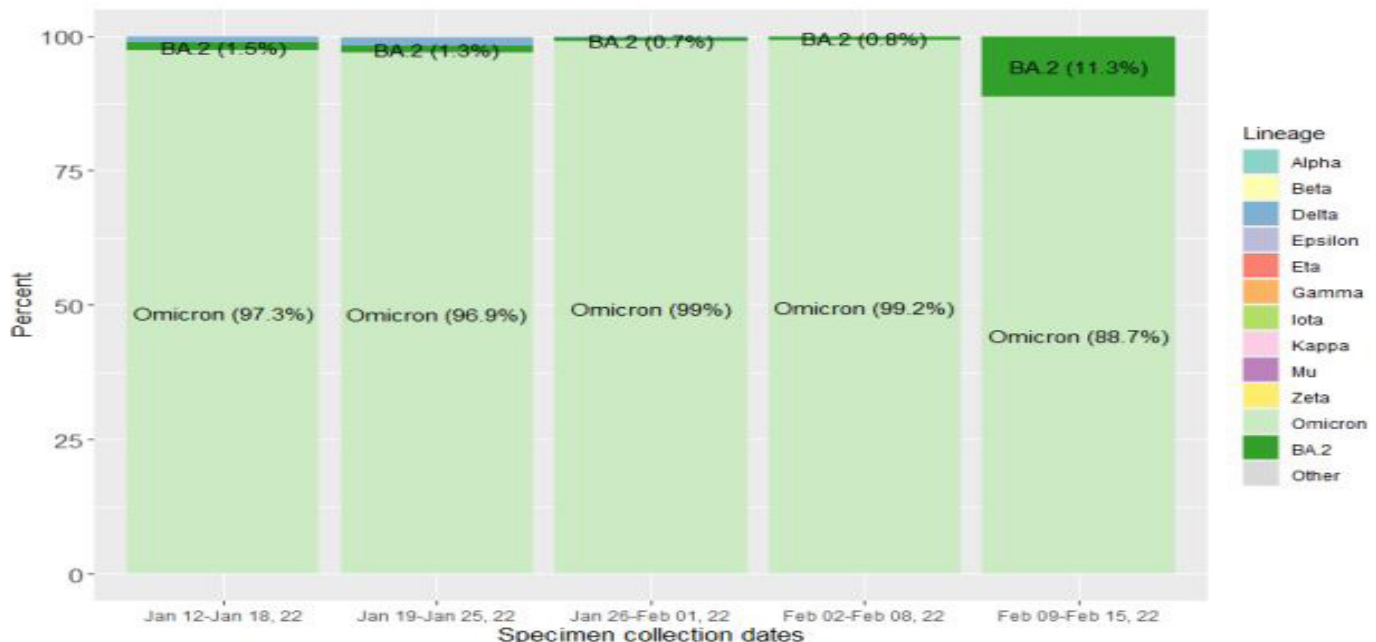
While reaching the above determination, the TAG-VE also looked at preliminary laboratory data from Japan generated using animal models without any immunity to SARS-CoV-2 which highlighted that BA.2 may cause more severe disease in hamsters compared to BA.1.

They also considered real-world data on clinical severity from South Africa, the United Kingdom, and Denmark, where immunity from vaccination or natural infection is high: in this data, there was no reported difference in severity between BA.2 and BA.1.

WHO will continue to closely monitor the BA.2 lineage as part of Omicron and requests countries to continue to be vigilant, to monitor and report sequences, as well as to conduct independent and comparative analyses of the different Omicron sublineages.

The TAG-VE meets regularly and continues to discuss available data on transmissibility and severity of variants, and their impact on diagnostics, therapeutics, and vaccines.

## SARS-CoV-2 Lineages Circulating in Washington State



# Mask rules lifting most places March 21

With dropping hospitalization rates, improving vaccination rates and broad access to masks and tests, Gov. Jay Inslee Feb. 17 announced the state can soon move into a less restrictive phase of the COVID-19 response.

Beginning March 21, face masks will no longer be required in most settings, including K-12 schools and childcare facilities.

The lifting of statewide measures does not prohibit local governments from the ability to enact measures in response to COVID-19 activity in their communities, Inslee said.

“The virus has changed significantly over the past two years, and so has our ability to fight it,” Inslee said. “While caution is still needed, we are entering a new phase of the pandemic.”

Inslee and leaders from the state Department of Health said the combination of dropping COVID-19 hospitalization rates and efficacy of vaccines in preventing severe illness and hospitalization are important indicators that statewide requirements can begin to loosen.

“Vaccination remains our most essential protection against severe illness and death from COVID-19. It’s also crucial to prevent our hospitals from being overwhelmed again,” Inslee said. “If you’ve been procrastinating, now is the time to get the shot.”

Unvaccinated adults are 16 times more likely to be hospitalized for COVID-19.

By the end of March, statewide COVID-19 hospital admissions are projected to fall to levels that no longer overwhelm hospital systems, according to Inslee.

While most indoor mask requirements will likely be lifted, masks will still be required in health care settings such as hospitals, outpatient and dental offices, long-term care settings and correctional facilities.

Also, beginning March 1, vaccine verification for large events will no longer be required.

Businesses and local governments can still choose to implement vaccination or face mask requirements for workers or customers, and school districts can still choose to have students and teachers wear masks.

Federal law still requires face masks

in certain settings such as public transportation and school buses.

The statewide mask requirements for most indoor settings will expire March 21. There are some exceptions to protect medically vulnerable people or to comply with federal requirements.

## Guidance for K-12 schools will be updated

The week of March 7, DOH will issue updated guidance for K-12 schools to go into effect March 21. The guidance will be released early to help schools prepare for this transition.

Schools will still be required to report COVID-19 cases and outbreaks, and cooperate with public health authorities in responding to these consistent with procedures for other communicable diseases, according to the governor’s office.

Students and staff with symptoms of COVID-19 will continue to be required to quarantine away from school buildings. Schools must also ensure access to testing for staff and students who have symptoms of or who may have been exposed to COVID-19.

If a student or staff member tests positive for COVID-19, they must remain at home and follow the CDC and DOH isolation protocol.

DOH will also shift existing require-

ments regarding distancing, ventilation, and sanitation so they become recommendations.

Until Monday, March 21, the [K-12 Schools Requirements 2021-22](#) remain in effect.

“Our students, educators and school employees and families have been incredibly resilient as we’ve navigated the impacts of the pandemic,” said Superintendent of Public Instruction Chris Reykdal.

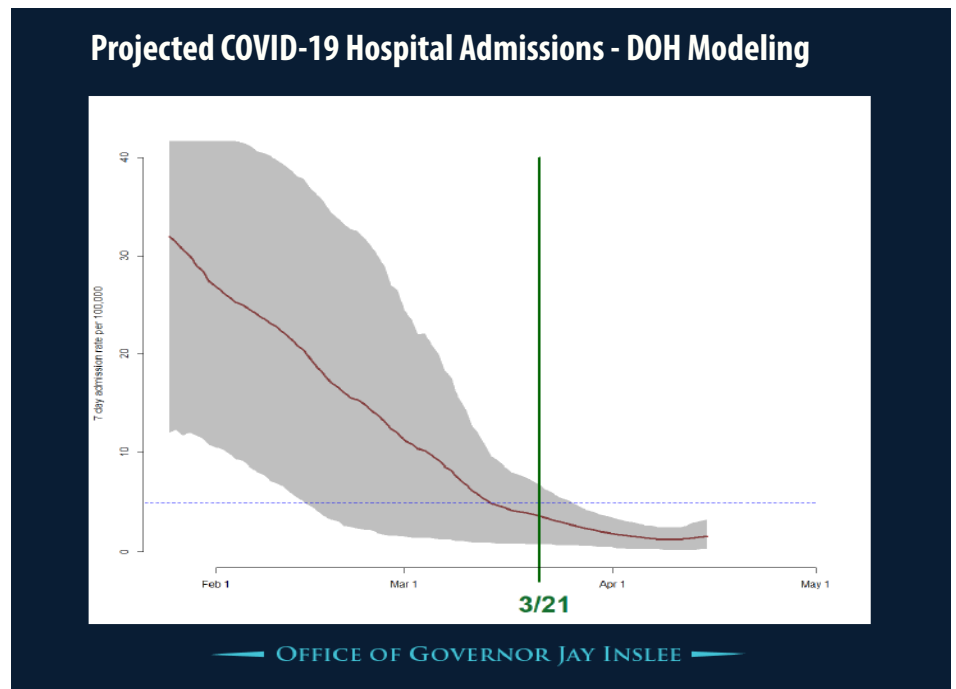
“Our efforts over the past two years have led us to this moment. Nearly all of our school employees are vaccinated, the number of vaccinated students increases each day, and we have one of the most robust COVID-19 school testing programs in the country,” Reykdal said.

“Moving away from a statewide mask mandate to masks being encouraged is a safe next step as we move from pandemic to endemic.”

## Safe workplace protocols remain in place

COVID-19 remains a recognized workplace hazard. When masks are no longer required in the workplace, employers must continue taking steps to assess COVID-19 transmission risks to employees and taking steps to

See **MASKS**, page 5



# MASKS: Mandate to ease

Continued from page 4

minimize those risks. Risks vary depending on the work space and conditions. Possible steps could include promoting vaccination, improving ventilation, offering face masks, encouraging social distancing or installing sneeze guards or barriers.

Employers are still required to notify workers of potential exposures when a co-worker has a suspected or confirmed case of COVID-19. In worksites with 50 or more employees, report outbreaks of 10 or more confirmed cases to the state Department of Labor & Industries.

Employers must also allow workers to continue to wear masks if they choose.

In 2021, the Legislature passed SSB 5254, which protects a worker's right to wear a face covering and other protective devices during a public health emergency. The governor is amending an existing worker safety and protection emergency order, [Proclamation 21-08](#), to reflect this [new state law](#).

Proclamation 21-08 already prohibits employers from taking adverse action against a worker for taking COVID-related health actions, including getting vaccinated and taking time off to get vaccinated or seek treatment, and it will now also protect workers from any adverse action for wearing a face covering while we remain in a state of emergency.



## Working together, we can beat COVID-19

Two years into this pandemic, we've all learned to adapt to a new way of living – thinking about our friends, family and neighbors as much as we do ourselves. We do this by masking up properly, keeping at least six feet apart, staying home when you're sick, and, most importantly, getting vaccinated for COVID-19.

Yes, we are making strides, but we cannot let down our guard. To bring this pandemic to an end, we need to work together.

### And this is how we can do it:

#### Continuing safe practices

**GET VACCINATED:** The most important thing anyone can do to prevent spread of COVID-19 is to get fully vaccinated.

People ages 5 and older are now eligible to get a COVID-19 vaccine, which is safe, effective and free.

Everyone 12 and older should get a booster shot.

To find local vaccination sites, visit [www.vaccines.gov](http://www.vaccines.gov) online or call the Island County COVID Response Call Center at 360-678-2301.

**WEAR A MASK:** It isn't an act of oppression, nor is it unhealthy to wear a mask. It's a simple barrier to help prevent your respiratory droplets from reaching others. Studies show that masks reduce the spray of droplets when worn over the mouth and nose. You should wear a mask even if you do not feel sick.

**WASH YOUR HANDS:** It's easy and one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and through the entire community.

**KEEP YOUR DISTANCE:** Put at least six feet between yourself and others. This helps protect those at higher risk of severe illness from COVID-19.

**IF YOU FEEL SICK, STAY HOME:** Get tested if you have symptoms of COVID-19, including fever, cough, nausea, diarrhea, sore throat, fatigue, body/muscle aches, loss of taste/smell, congestion or shortness of breath.

#### Getting good information

**WITH SOCIAL MEDIA,** we're flooded with information about COVID-19. Unfortunately, not all of it is accurate. In fact, misinformation is detrimental to the effort to end this pandemic.

That begs the question, "where can I go for the most up-to-date, accurate information about COVID-19?"

Locally, you can go to [www.islandcountywa.gov](http://www.islandcountywa.gov) and click on "Island County COVID-19 Public Health Information." That will take you to the COVID Response website, which is rich with local information about who should get vaccinated for COVID-19, and where the vaccines are available.

There's also information about local pharmacies and other locations that offer testing.

If you are symptomatic for COVID-19, you can call the **Island County COVID Response Call Center** at 360-678-2301 to make an appointment for a rapid-antigen test.

**Other reliable sources of COVID-19 information are:**

- The Washington State Department of Health at [www.doh.wa.gov](http://www.doh.wa.gov)
- Centers for Disease Control and Prevention at [www.cdc.gov](http://www.cdc.gov) and its vaccine locator at [www.vaccines.gov](http://www.vaccines.gov)

#### Looking out for others

**IN ADDITION TO** getting vaccinated, masking up, washing your hands, social distancing and staying home when you feel sick, there's more you can do to help others.

**Here are some ideas:**

- **Locate and contact your local food bank** to see how you can help families in need during this pandemic.

- **Give blood** if you are able. The Red Cross and other organizations are in dire need of blood. They offer safe, healthy ways to donate.

- **Volunteer your time**, it's a great way to give back to your community. Opportunities to volunteer abound on Whidbey and Camano islands.

- **Check on neighbors and family members**, especially those who live alone, are elderly, have health or mobility issues or are caring for children. Schedule time to remotely connect to let them know they are not alone.

- **Support frontline health workers and first responders**, even if it's just saying "thank you."

- **Support local businesses, schools and child care centers.**
- **Stay informed about COVID-19 and stay calm.**

Island County COVID Response Call Center 360-678-2301 ■ [www.islandcountywa.gov](http://www.islandcountywa.gov)

# Studies: Boosters safe, offer protections

Data from two recent CDC reports showed COVID-19 vaccine boosters remain safe and continue to be highly effective against severe disease over time.

In the first study, CDC reviewed data from two of its vaccine safety monitoring systems, v-safe and the Vaccine Adverse Event Reporting System, or VAERS.

They found that people 18 years and older who received the same mRNA vaccine brand for all their vaccinations experienced fewer adverse reactions following the booster dose than they did after their second dose of mRNA vaccine.

Ninety two percent of reports to VAERS were not considered serious, and headache, fever and muscle pain were among the most commonly reported reactions.

V-safe data found medical care was rarely received after a booster dose.

A second study reveals that a third dose of mRNA vaccine continues to offer high levels of protection against severe disease, even months after administration, underscoring the importance of staying up to date when eligible after receiving a primary series.

CDC examined data on 93,000 hospitalizations and 241,000 emergency department and urgent care visits across 10 states during the Delta and Omicron



**TWO CDC** studies showed COVID-19 boosters are not only safe, but also offer a high-level of protection against the virus.

waves. In the study, about 10% of people were boosted and over 50% of people hospitalized were over 65 years old.

During Omicron, vaccine effectiveness against hospitalization was 91% during the first two months after a third dose and remained high, at 78%, four or more months after a third dose.

Boosters are safe and effective, and CDC continues to recommend everyone 5 and older remain up to date with

recommended COVID-19 vaccinations, to ensure optimal protection against hospitalizations and severe outcomes.

For most people, that means getting a booster dose five months after receiving an mRNA vaccine or two months after receiving Johnson and Johnson's Janssen vaccine.

CDC is continuing to closely monitor the effectiveness of COVID-19 vaccines to help inform public health efforts.

## WA Verify reaches milestone of one million

The state Department of Health's WA Verify, the state's Digital COVID-19 Verification Record system, has now generated more than a million QR codes for Washington residents.

Wa Verify makes it easier and faster for people to provide digital proof of their COVID-19 vaccination status.

DOH's Office of Innovation and Technology worked closely with partners at MITRE, Microsoft, and the state of California to create [WAVerify.org](https://www.wa.gov/verify). Since launching in October 2021, WA Verify has created 1,000,057 QR codes and counting, and currently supports more than 40 languages.

"Thanks to WA Verify, Washingtonians all across our state have been able to successfully access their digital COVID-19 vaccination records to show

proof of vaccination at businesses, restaurants, events, and more," said Secretary of Health Umair A. Shah, MD, MPH. "If you have not utilized this tool yet, I highly encourage you to do so today. It is easy, fast and convenient – and helps ensure you always have proof of your COVID-19 vaccination with you."

WA Verify draws COVID-19 records from the state's immunization system.

To use the tool, people enter their name, date of birth, and an email or phone number associated with their vaccination record. If the information matches an official record, they will receive a text or email with a link to their digital COVID-19 verification record.

The digital record includes a QR code that, when scanned by a SMART Health Card reader, will display the person's COVID-19 vaccination information and can be easily added to Android or iPhone digital wallets or printed on paper.

Those who received an additional dose and/or booster dose after generating their initial QR code through WA Verify will need to repeat the process to receive an updated QR code that reflects their up to date vaccination status.

To ensure updated vaccination information has been submitted to the state's Immunization Registry, DOH recommends people wait at least three days after getting vaccinated to retrieve their digital verification record and QR code through WA Verify.

# Q&A looks at vaccinating kids

Parenting isn't easy, especially during a pandemic. You're trusted to make daily decisions — around school, child care, socializing, travel — that impact the safety of your child and your family. It's a difficult and sometimes lonely position to be in. Fortunately, there's a choice you don't have to make alone.

On Feb. 10, the state Department of Health held a question-and-answer interview with Dr. Elias Kass, a naturopathic doctor at Intergalactic Pediatrics in Seattle, about the decision to vaccinate your child against COVID-19 — specifically children ages 5–11.

The conversation comes as COVID-19 cases among children continue to rise across the United States. Research from the American Academy of Pediatrics finds that more than 1.1 million children were diagnosed with COVID-19 during the week of Jan. 20.

That number is double what it was just two weeks before.

**Question:** Thank you for joining us, Dr. Kass. We know parents have a lot of questions about the vaccine, especially when it comes to safety. Is the vaccine necessary for children?

**Dr. Kass:** We know kids can and do get sick from COVID-19. Early in the pandemic that risk was lower. But that's completely changed with the new variants, and with restrictions easing for adults leading to more community transmission. I've seen more COVID-19 cases in my office in the last month than I have during the entire pandemic.

Unfortunately, some of these kids can get very sick and can have long-lasting effects from their illness. Some kids and teens have even died from COVID-19—1,266 kids in the U.S. as of Feb 10. It's become one of the top 10 causes of death for kids age 5–11. And it's hard to predict which kids may be at a higher risk of severe illness or death.

**Question:** How can we trust that the vaccine works if infections are increasing?

**Dr. Kass:** The vaccine is giving your child's body a head start in fighting the virus. That's the goal of the vaccine.

We know the vaccine decreases the



**Parents who** have young children and are vaccine hesitant had concerns addressed during a DOH Q&A on Feb. 10.

chances of your child having a severe illness or dying. We see less hospitalization among vaccinated children.

We also see fewer cases of a condition called Multisystem Inflammatory Syndrome-Children, or MIS-C, among vaccinated children. MIS-C is a rare but very serious post-COVID-19 condition that affects different organs and systems in the body, like the heart, lungs, brain, and skin. Even kids who have a mild COVID-19 infection can later get MIS-C.

**Question:** How can we trust the vaccine won't impact a child's development?

**Dr. Kass:** It's not biologically realistic for the vaccine to cause long-term developmental problems in children. We have lots of studies on other vaccines to back this up. These vaccines are extensively tested to ensure they don't cause problems in a child's development.

But unlike vaccines, COVID-19 infection can cause problems for children for years after infection, like it does with adults.

The choice is not between the vaccine or nothing; the choice is between the vaccine or a potentially severe disease. The vaccine is the only way we

can prevent much of the damage that COVID-19 can cause.

**Question:** A 5-year-old can be a lot smaller than an 11-year-old. Will all kids in this age group have protection at that dosage?

**Dr. Kass:** The dosage is picked in the early phases of the vaccine trials. Health experts aim to find the dose that provides the best protection with the fewest side effects. For this reason, they chose 10 micrograms (which is 1/3 the dosage of the adult version) as the dose for kids ages 5–11.

The size of the child doesn't matter for this vaccine. What matters is the maturity of the child's immune system.

That's different from medication. Medicine needs to get to every cell in the body, or a collection of cells in the body. Vaccines only need to get close to the part of the immune system that will take them back to "protection headquarters" in the body to get analyzed. Kids' immune systems don't need as much of the COVID-19 vaccine to accomplish that.

**Question:** What side effects should I watch for after my child gets vaccinated?

See **Q&A**, page 13

# COVID-19 Vaccines

## Common Worries and Facts

### I'M WORRIED...

The vaccine will give me COVID-19.

### ✓ FACT

**You cannot get COVID-19 from the vaccine.**

COVID-19 vaccines do not contain the virus that causes COVID-19.

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### I'M WORRIED...

The vaccines are unsafe and don't work.

### ✓ FACT

**The COVID-19 vaccines are safe and effective.**

Vaccines were tested on tens of thousands of participants in clinical trials. They met FDA's rigorous scientific standards for safety, effectiveness, and manufacturing quality needed to support emergency use authorization or full approval. They were all found to be very good at preventing people from getting sick with COVID-19.

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### I'M WORRIED...

The Johnson & Johnson vaccine contains fetal tissue.

### ✓ FACT

**The Johnson & Johnson vaccine does not contain parts of fetuses or fetal cells.**

The vaccine was created using the same technology as many other vaccines. One piece of the vaccine is made in lab-grown copies of cells that originally came from elective abortions that took place over 35 years ago. Since then, the cell lines for these vaccines have been maintained in the lab. No further sources of fetal cells are used to make these vaccines. This might be new information for some people. However, vaccines for chickenpox, rubella and hepatitis A are made in the same way.

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### I'M WORRIED...

The COVID-19 vaccines cause infertility or impotence.

### ✓ FACT

**The vaccines are not known to interact with your reproductive organs.**

Your worries around reproductive health and vaccines are understandable. Here is what we know: there is no scientific evidence that vaccines cause infertility or impotence. When the vaccine enters your body, it works with your immune system to create antibodies to fight the coronavirus. This process is not known to interfere with your reproductive organs.

For more information, visit [COVIDVaccineWA.org](https://COVIDVaccineWA.org) or call 1-800-525-0127, then press #. Language assistance is available.

**Vaccinate  
WA**  
  
[CovidVaccineWA.org](https://CovidVaccineWA.org)



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### I'M WORRIED...

I don't need the vaccine if I already had COVID-19.

### ✓ FACT

#### **You should still get vaccinated if you already had COVID-19.**

Data show it is uncommon to be re-infected with COVID-19 in the 90 days after you were infected. That means you might have some protection from COVID-19 (called natural immunity) for a little while. However, we don't know how long natural immunity lasts.

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### I'M WORRIED...

The vaccines have microchips that track people.

### ✓ FACT

#### **The vaccines do not contain a microchip or a tracking device.**

The vaccines only contain an active ingredient that helps your body create antibodies to fight COVID-19, plus fats, salts, and sugars.

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### I'M WORRIED...

COVID-19 vaccines are unsafe for people who are pregnant or breastfeeding.

### ✓ FACT

#### **Medical experts in pregnancy and birth recommend the COVID-19 vaccine for people who are pregnant, lactating, or planning to get pregnant.**

Data show the COVID-19 vaccines are safe during pregnancy. In fact, some studies show that a vaccinated parent can even pass antibodies against COVID-19 along to their baby through pregnancy and lactation. Pregnant people are at risk for severe illness from COVID-19, including death. The vaccines are the best protection.

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### I'M WORRIED...

The COVID-19 vaccines will change my DNA.

### ✓ FACT

#### **COVID-19 vaccines do not change or affect your DNA.**

All the vaccines available deliver instructions to our cells to start building protection against the virus that causes COVID-19. The vaccine does not enter the part of the cell where our DNA is kept. Instead, the vaccines work with our body's natural defenses to build immunity.

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### I'M WORRIED...

I'll get a blood clot after getting vaccinated.

### ✓ FACT

#### **The risk of getting blood clots is extremely low.**

For example, the risk is much lower than the risk of getting blood clots from taking birth control, which millions of women use every day. However, the Washington State Department of Health (DOH) recommends you get an mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) instead of the Johnson & Johnson (J&J) vaccine due to the potential risk.

The J&J vaccine is still available if you aren't able or willing to get an mRNA vaccine. Talk to a health care provider about your risk.



**DOH 820-200 January 2022**

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov)

## 7-Day Hospitalization Rate

Date	N	Population	Rate per 100,000
01/25/2022 – 01/31/2022	20	86,350	23.16
02/01/2022 – 02/07/2022	19	86,350	22.00
02/08/2022 – 02/14/2022	20	86,350	23.16
02/15/2022 – 02/21/2022	10	86,350	11.58

## 14-Day Case Rate

Date	N	Population	Rate per 100,000
01/20/2022 – 02/02/2022	1461	86,350	1691.95
01/27/2022 – 02/09/2022	847	86,350	980.89
02/03/2022 – 02/16/2022	543	86,350	628.84
02/10/2022 – 02/23/2022	216	86,350	250.14

## 14-Day Case Rate by Age

Age Range	N	Population	Rate per 100,000	Week to Week Percent Change
Age 0-11	35	12,749	274.53	-64%
Age 12-19	18	5,927	303.69	-70%
Age 20+	163	67,674	240.86	-58%

## Island County Total Known Positive COVID-19 Cases by Location

Location	Positive Count	Death Count
Camano Island	2194	9
Clinton	475	3
Coupeville	748	13
Freeland	415	3
Greenbank	86	
Langley	298	2
Oak Harbor	5477	36
Missing Accurate Zip	59	
<b>Total</b>	<b>9752</b>	<b>66</b>

## Summary Table of Island County Count Positive COVID19 Cases

Date	Count	Change
02/03/2022	9205	+666
02/10/2022	9534	+329
02/17/2022	9686	+152
02/24/2022	9752	+66

No. of COVID-19 cases in Washington state:

**1,414,233** \*

No. of COVID-19 Deaths in Washington state:

**11,522** \*

No. of COVID-19 Deaths in Island County:

**66** \*

\* As of Feb. 24, 2022

## Vaccinated Island County Residents

Number Of Island County Residents That Have At Least One Dose Of Vaccine

**58,180\*\***

Population (5+) Eligible To Be Vaccinated

**80,039\*\***

Data As Of 02/21/2022 At 11:59 PM

County	Cases	Hospitalizations	Deaths
<a href="#">Adams</a>	4864	272	36
<a href="#">Asotin</a>	4286	202	61
<a href="#">Benton</a>	51150	2221	448
<a href="#">Chelan</a>	19587	775	151
<a href="#">Clallam</a>	10942	463	119
<a href="#">Clark</a>	83578	3500	740
<a href="#">Columbia</a>	604	58	15
<a href="#">Cowlitz</a>	21869	1129	328
<a href="#">Douglas</a>	10811	404	65
<a href="#">Ferry</a>	1366	84	27
<a href="#">Franklin</a>	31942	1152	205
<a href="#">Garfield</a>	384	22	7
<a href="#">Grant</a>	25260	1099	203
<a href="#">Grays Harbor</a>	15915	681	188
<a href="#">Island</a>	9741	398	66
<a href="#">Jefferson</a>	2831	115	25
<a href="#">King</a>	364166	11121	2497
<a href="#">Kitsap</a>	38073	1495	309
<a href="#">Kittitas</a>	7973	226	58
<a href="#">Klickitat</a>	3405	143	42
<a href="#">Lewis</a>	17084	1199	225
<a href="#">Lincoln</a>	2163	120	27
<a href="#">Mason</a>	11979	549	128
<a href="#">Okanogan</a>	8141	435	114
<a href="#">Pacific</a>	3233	142	51
<a href="#">Pend Oreille</a>	2469	132	31
<a href="#">Pierce</a>	182953	7998	1289
<a href="#">San Juan</a>	1134	27	1
<a href="#">Skagit</a>	21635	1078	186
<a href="#">Skamania</a>	1451	47	11
<a href="#">Snohomish</a>	146254	5703	1047
<a href="#">Spokane</a>	120072	6268	1294
<a href="#">Stevens</a>	7884	539	132
<a href="#">Thurston</a>	45538	2176	365
Unassigned	2991	43	7
<a href="#">Wahkiakum</a>	537	25	5
<a href="#">Walla Walla</a>	14962	709	132
<a href="#">Whatcom</a>	36211	1420	262

# Well-being of children during COVID studied

Last week, the Centers for Disease Control released two new reports in MMWR that provide important insights on the health and well-being of children and adolescents during the COVID-19 pandemic.

The first report looked at pediatric emergency department visits. The study found that overall pediatric emergency department visits decreased in 2020, 2021 and in January 2022 compared with visits in 2019, while COVID-19-related emergency department visits increased across all pandemic years and among pediatric age groups.

There were also increases in the weekly number and proportion of emergency department visits for certain types of injuries, some chronic diseases, and visits related to behavioral health concerns, especially among older children (5–11 years) and adolescents (12–17 years).

Factors affecting caregivers during the pandemic, including unavailable

or unpredictable childcare, illness, financial hardship, and mental health concerns, might increase a child’s vulnerabilities.

Loss of a parent or caregiver, increases in other challenges, and disruptions in daily routine due to the COVID-19 pandemic might have also increased a child’s behavioral health concerns and unhealthy coping behaviors.

The second report examined changes in pediatric emergency department visits for mental health conditions and found that adolescent girls (12–17 years) accounted for the largest increases in the number and proportion of emergency department visits for mental health conditions in 2020, 2021, and in January 2022 compared with 2019.

Weekly visits for eating and tic disorders increased for females, and particularly adolescent females (12–17 years), during 2020, 2021, and in January 2022.

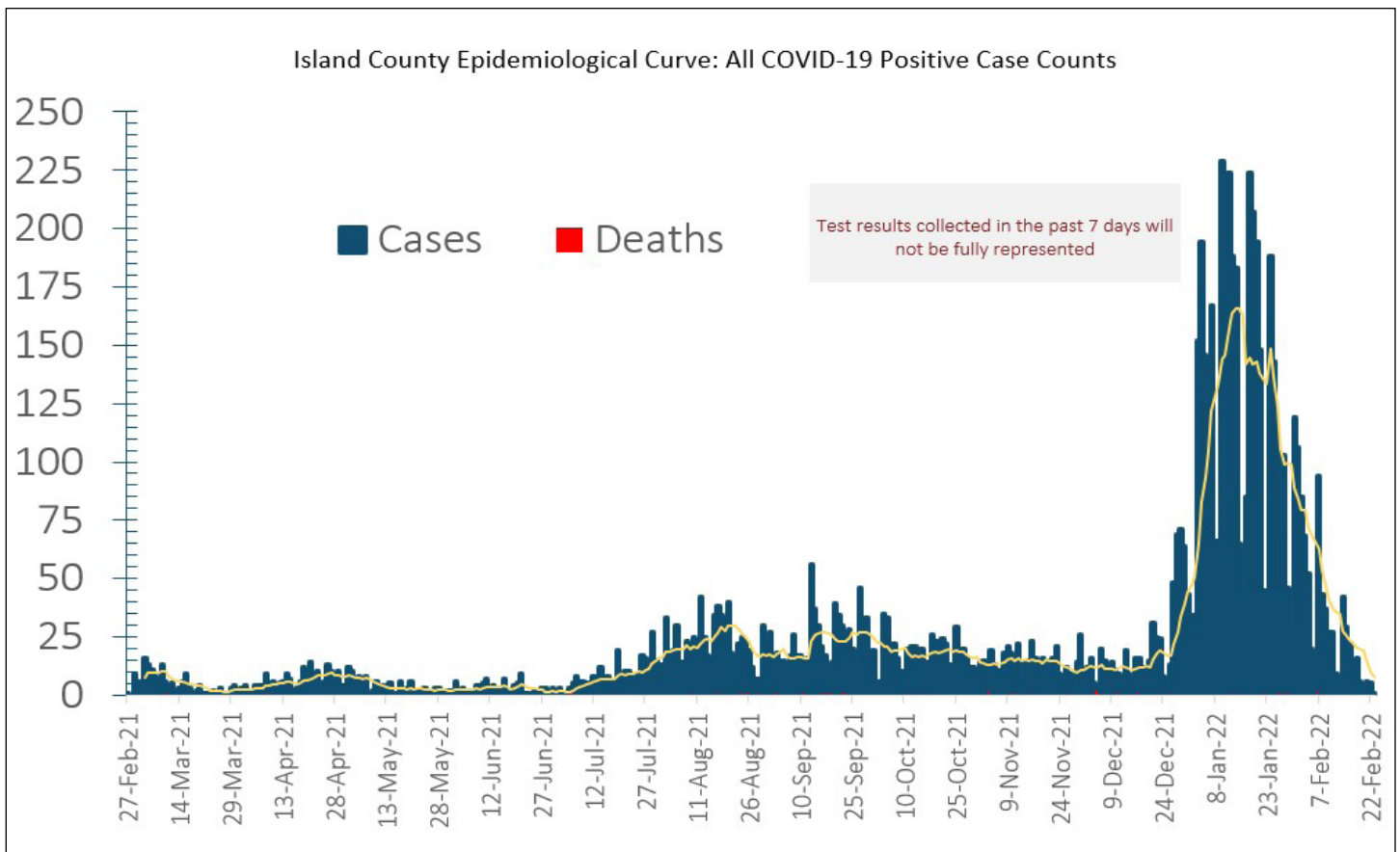
The highly complex nature of individual experiences makes it difficult to

identify a single reason for changes in mental health conditions during the pandemic.

While extended time at home could increase familial support for some youth, it may have increased challenges and stressors among others.

These factors, as well as other pandemic-related stressors that impact families (e.g., increases in parental mental health problems, parental substance use, financial strain, and loss of a parent or caregiver), could have created or increased the risk for mental health conditions.

Early identification and expanded evidence-based prevention and intervention strategies are critical to improving children’s mental health, especially among adolescent females who might have increased need. CDC recommends increased awareness for health concerns among children and adolescents that could arise due to delayed medical care and heightened emotional distress.



# FDA delays meeting to discuss request to authorize Pfizer vaccine for children ages 6 Months to 4 years

On Feb. 11, the U.S. Food and Drug Administration was notified by Pfizer that new data recently emerged regarding its emergency use authorization request for the use of the Pfizer-BioNTech COVID-19 Vaccine in children 6 months through 4 years of age.

As part of its rolling submission, the company informed the FDA of additional findings from its ongoing clinical trial.

Based on the agency's preliminary assessment, and to allow more time to evaluate additional data, the FDA determined that additional information regarding the ongoing evaluation of a third dose should be considered as part of their decision-making for potential authorization.

As a result, the FDA is postponing the Vaccines and Related Biological Products Advisory Committee meeting originally scheduled for Feb. 15.

This delay will give the agency time to consider the additional data, allowing for a transparent public discus-

sion as part of their usual scientific and regulatory processes for COVID-19 vaccines, according to the FDA.

The FDA said it will provide an update on timing for the advisory committee meeting once it receives additional data on a third dose in this age group from the company's ongoing clinical trial and have an opportunity to complete an updated evaluation.

Since the early days of the pandemic, FDA said in a press release that it has always followed the science in this ever-changing situation.

Given the recent omicron surge and the notable increase in hospitalizations in the youngest children to their highest levels during the pandemic so far, FDA officials said they believe it is their responsibility as a public health agency to act with urgency and consider all available options, including requesting that the company provide them with initial data on two doses from its ongoing study.

The goal was to understand if two doses would provide sufficient

protection to move forward with authorizing the use of the vaccine in this age group.

The FDA said its approach has always been to conduct a regulatory review that's responsive to the urgent public health needs created by the pandemic, while adhering to its rigorous standards for safety and effectiveness.

Being able to begin evaluating initial data has been useful in the review of these vaccines, but at this time, they believe additional information regarding the ongoing evaluation of a third dose should be considered.

The FDA said it will ensure the data support effectiveness and safety before authorizing a COVID-19 vaccine for use in our youngest children.

In the meantime, the FDA said, the best way to protect children, including when they are at school or daycare, is to practice social distancing and masking in accordance with public health recommendations, and for their family members and caregivers to get vaccinated or receive a booster dose when eligible.

## Q&A: COVID vaccinations safe for children ages 5-11

### Continued from page 7

**Dr. Kass:** The little kids ages 5–11 don't seem to have many side effects after the vaccine. They may have a low fever or a headache, or some soreness in the arm they got the shot in. But for the most part, kids are fine to go right back to school and their day-to-day life. It's really low drama.

**Question:** *How should you navigate conversations with your partner if you don't agree about vaccinating your child?*

**Dr. Kass:** This is really hard, and I know it's something a lot of families are struggling with. Know that you're not alone if this is something impacting your family.

But also remember, as a parent, your job is to protect your children. And vaccination is an incredibly powerful way to protect your children from

COVID-19. Not vaccinating means you are acting to not protect your children. I encourage parents to voice any potential concerns with their health care provider.

**Question:** *How do you address rumors your kid might be hearing about the vaccine from other kids?*

**Dr. Kass:** The same way you would address any misinformation: remind them it's not true. The child can share their own experience getting the vaccine. They can also ask a trusted adult — like a parent or teacher — for help.

**Question:** *How can I comfort my child if they are nervous about getting the vaccine?*

**Dr. Kass:** We like to do a lot of work and preparation. Show them your excitement but be honest. Let them know

it may hurt for a very short period of time, but then they're going to feel so proud that they got their vaccine and will be protecting themselves and the people they care about.

For the appointment itself, bring something they can be distracted with (like a favorite toy or something they can watch on your phone). Bring a treat they can enjoy while they're waiting afterwards, like a favorite snack. Provide comfort. They may want to sit on your lap, and that's OK. They can also ask their health care provider any questions on their mind.

The Meg Foundation for Pain has great resources for kids who are afraid of needles.

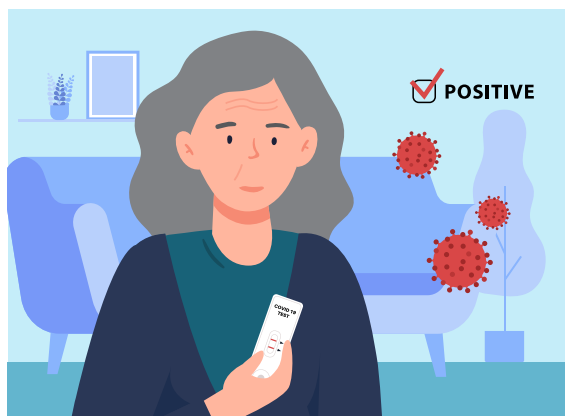
A lot of kids are actually surprised by how little it hurts, since it's such a small amount.

Again, it's very low drama.

# DON'T DELAY: TEST SOON AND TREAT EARLY

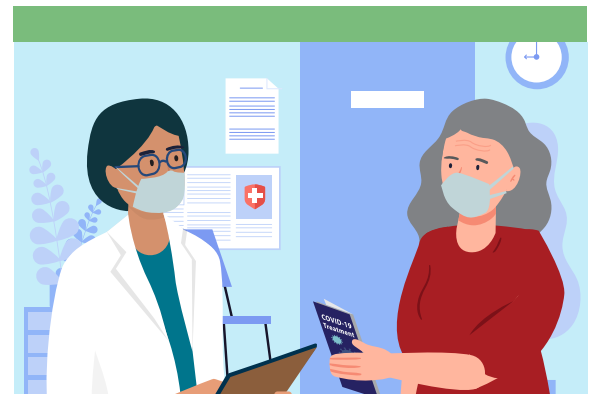
| COVID-19 |

If you are at high risk of getting very sick from COVID-19, and test positive, treatment may be available.



Get tested as soon as possible after your symptoms start.

Contact your healthcare provider right away if your result is positive.



Don't delay. Treatment must be started early to work.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)