HEALTH MATTERS

Island County COVID Response Community Guidance
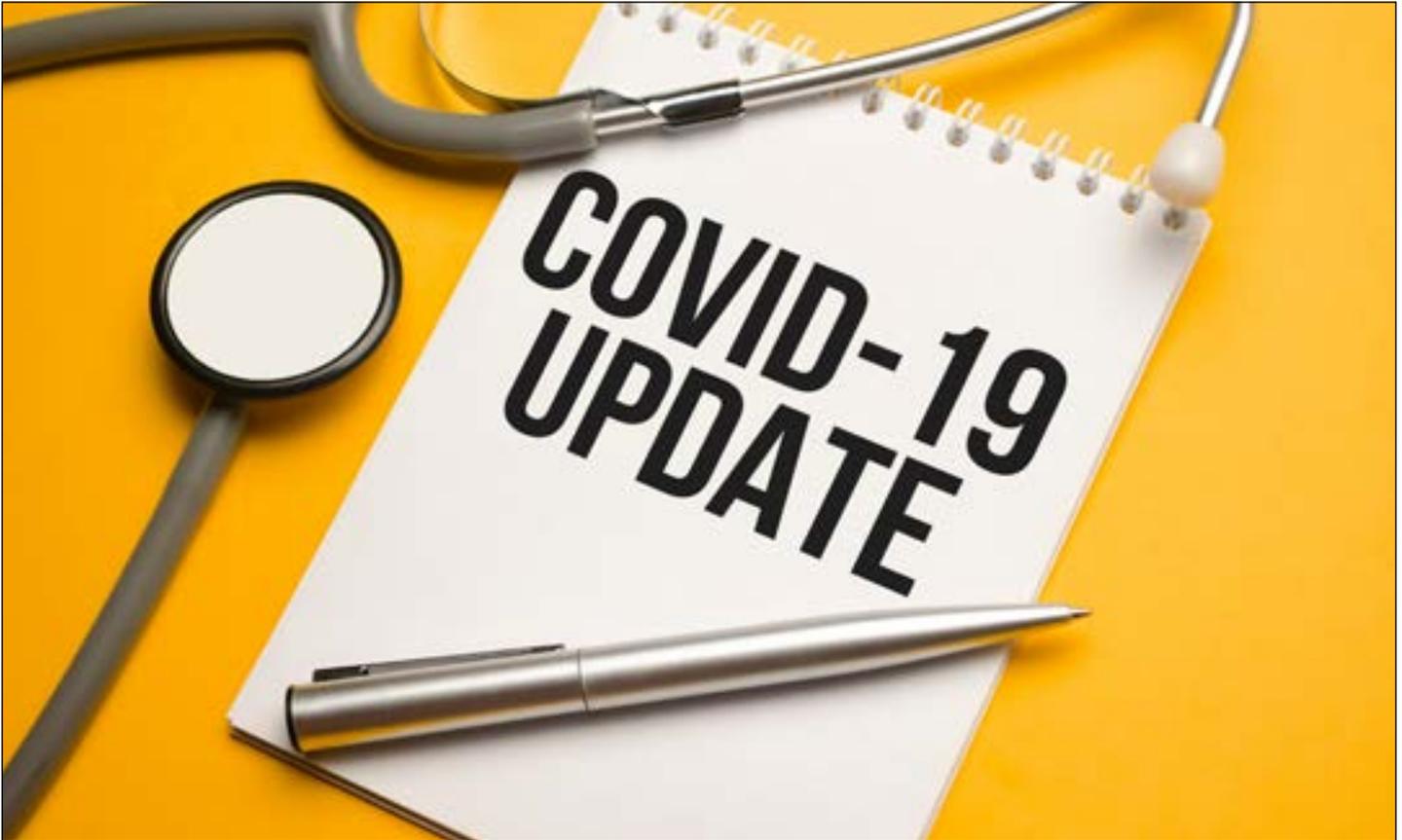
THE CDC *released updated COVID-19 guidance.*

With many 'tools' available, CDC adapts COVID guidance

Vaccinations making severe illness less likely

The CDC streamlined its COVID-19 guidance on Aug. 11 to help people better understand their risk, how to protect themselves and others, what actions to take if exposed to COVID-19, and what actions to take if they are sick or test positive for the virus.

Although COVID-19 continues to circulate globally, the CDC says there are so many tools available to reduce the severity of infection that there is significantly less risk of severe illness, hospitalization and death compared to earlier in the pandemic.

CDC: *COVID-19 guidelines streamlined*

"We're in a stronger place today as a nation, with more tools — like vaccination, boosters and treatments — to protect ourselves, and our communities, from severe illness from COVID-19," said Greta Massetti, PhD, MPH, MMWR author.

"We also have a better understanding of how to protect people from being exposed to the virus, like wearing high-quality masks, testing, and improved ventilation," she said. "This guidance acknowledges that the pandemic is not over, but also helps us move to a point where COVID-19 no longer severely disrupts our daily lives."

In support of the update CDC is:

• **Continuing to** promote the importance of being up to date with vaccination to protect people against serious illness, hospitalization, and death. Protection provided by the current vaccine against symptomatic infection and transmission is less than that against severe disease and diminishes over time, especially against the currently circulating variants. For this reason, it is important to stay up to date, especially as new vaccines become available.

• **Updating its** guidance for people who are not up to date on COVID-19 vaccines on what to do if exposed to someone with COVID-19. This is consistent with the existing guidance for people who are up to date on COVID-19 vaccines.

• **Recommending that** instead of quarantining if you were exposed to COVID-19, you wear a high-quality mask for 10 days and get tested on day five.

UPDATED CDC GUIDELINES

ISLAND COUNTY COVID RESPONSE COMMUNITY GUIDANCE
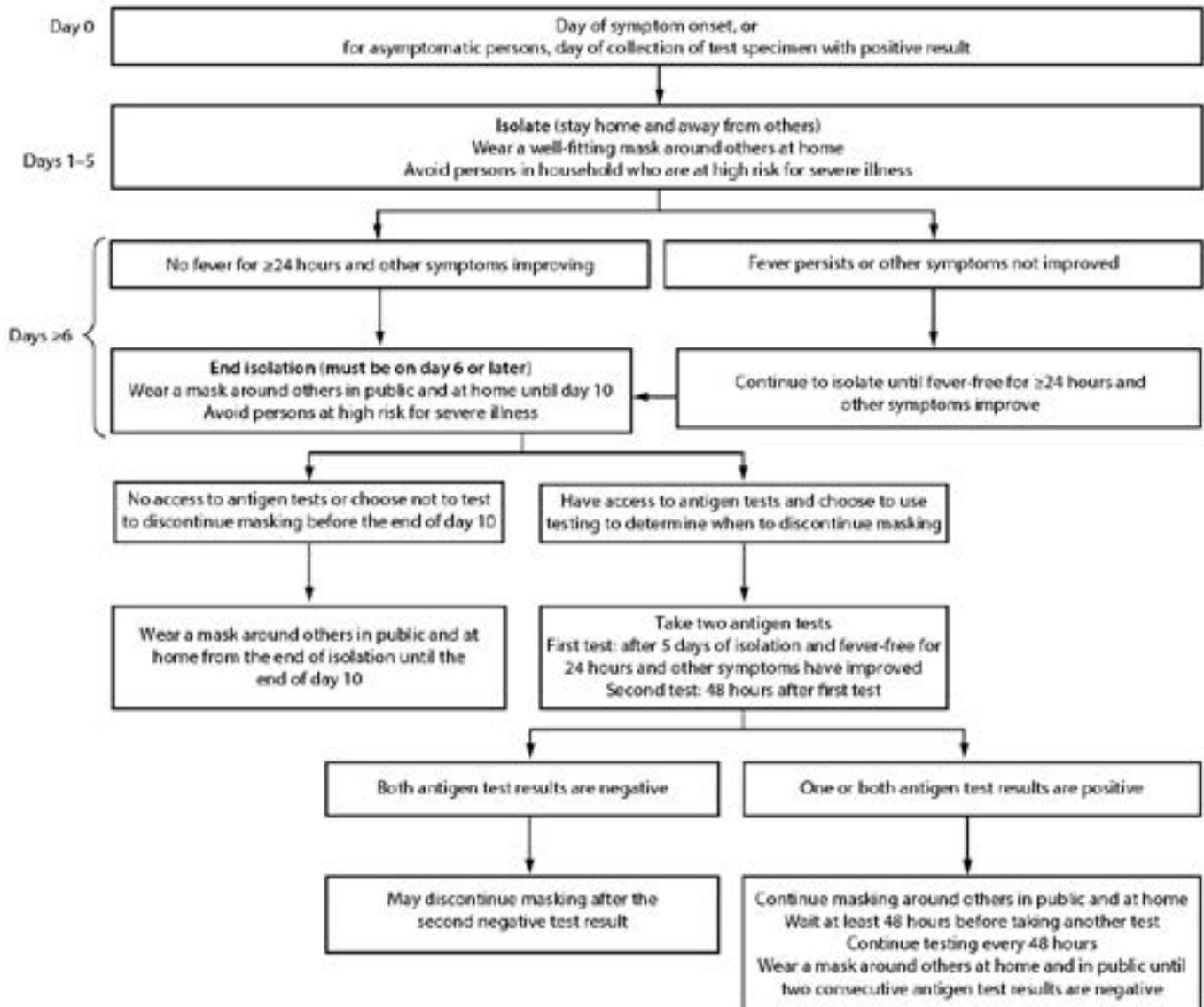
GETTING VACCINATED *and boosted remains the best way to avoid serious illness from COVID-19, says the CDC.*

UPDATED: *CDC releases new guidance*

• **Reiterating that** regardless of vaccination status, you should isolate from others when you have COVID-19.

— You should also isolate if you are sick and suspect that you have COVID-19 but do not yet have test results.

— If your results are positive, follow CDC's full isolation recommendations.

— If your results are negative, you can end your isolation.

• **Recommending that** if you test positive for COVID-19, you stay home for at least five days and isolate from others in your home. You are likely most infectious during these first five days. Wear a high-quality mask when you must be around others at home and in public.

— If after five days you are fever-free for 24 hours without the use of medication, and your symptoms are improving, or you never had symptoms, you may end isolation after day five.

— Regardless of when you end isolation, avoid being around people who are more likely to get very sick from COVID-19 until at least day 11.

— You should wear a high-quality mask through day 10.

• **Recommending that** if you had moderate illness — if you experienced shortness of breath or had difficulty breathing — or severe illness (you were hospitalized) due to COVID-19 or you have a weakened immune system, you need to isolate through day 10.

• **Recommending that** if you had severe illness or have a weakened immune system, consult your doctor before ending isolation. Ending isolation without a viral test may not be an option for you. If you are unsure if your symptoms are moderate or severe or if you have a weakened immune system, talk to a healthcare provider for further guidance.

• **Clarifying that** after you have ended isolation, if your COVID-19 symptoms worsen, restart your isolation at day zero. Talk to a healthcare provider if you have questions about your symptoms or when to end isolation.

• **Recommending** screening testing of asymptomatic people without known exposures will no longer be recommended in most community settings.

• **Emphasizing that** physical distance is just one component of how to protect yourself and others. It is important to consider the risk in a particular setting, including local COVID-19 community levels and the important role of ventilation, when assessing the need to maintain physical distance.

Actions to take will continue to be informed by the COVID-19 community levels, launched in February.

CDC officials said they will continue to focus efforts on preventing severe illness and post-COVID conditions, while ensuring everyone has the information and tools they need to lower their risk.

The updated guidance is intended to apply to community settings. In the coming weeks, the CDC said that it will be working to align stand-alone guidance documents, such as those for healthcare settings, congregate settings at higher risk of transmission, and travel.

WHILE WE *have learned to address COVID-19, mostly through getting vaccinated, the virus has not gone away.*

DOH clarifies changes to CDC guidelines

In response to the Aug. 11 release of updated COVID-19 guidelines by the CDC, the Washington State Department of Health is aiming to clarify some of the new recommendations on quarantining and isolation.

Quarantine means staying away from others when you have been in close contact with someone with COVID-19. **Isolation** means staying away from others when you test positive for COVID-19.

The recommendations for quarantine and isolation no longer differ by vaccination status.

While the CDC updated its COVID-19 guidelines, officials said many of the recommendations remain the same and are rooted in the most effective strategies to protect ourselves against COVID-19: get vaccinated and stay up-to-date with boosters; test if you have symptoms or have been exposed

to COVID-19; isolate if you test positive; and wear a mask if you are in an area with a high COVID-19 Community Level.

The CDC also continues to recommend that people take additional precautions if they are at higher risk for severe COVID-19.

In light of the CDC's announcement, the Public Health Communications Collaborative updated its "Answers to Tough Questions" to answer questions about the new guidelines.

QUARANTINE AND ISOLATION

The CDC updated recommendations for quarantine (staying away from others when you have been in close contact with someone with COVID-19) and isolation (staying away from others when you test positive for COVID-19).

The recommendations for quaran-

tine and isolation no longer differ by vaccination status.

Quarantine
Question: *What happens if you're exposed to COVID-19?*

Answer: If you are exposed to COVID-19, you should wear a high-quality mask for 10 days and get tested on day 5. The CDC no longer recommends quarantining if you are exposed.

Isolation
Question: *What happens if you test positive?*

Answer: If you test positive for COVID-19, or if you're sick and suspect you have COVID-19 and are awaiting test results, you should isolate from others, regardless of vaccination status.

If you test positive for COVID-19, you should isolate from others for

WHEN TO *isolate and quarantine under current COVID-19 guidelines explained by the state Department of Health.*

DOH: *When you should isolate, quarantine*

at least five days. If you had mild or asymptomatic COVID-19 and are fever-free after five days, you can end isolation and wear a high-quality mask through day 10. But if you had moderate or severe COVID-19 or you are immunocompromised, you should isolate through day 10.

If you ended isolation but your COVID-19 symptoms recur or worsen, you should restart your isolation period back to day zero.

IF YOU TEST POSITIVE

The latest CDC guidance recommends that people who test positive for COVID-19 should stay home and away from others (isolate) for at least five days after testing positive. During this time period you are most infectious.

CDC recommendations for ending isolation:

• If you had mild or asymptomatic COVID-19 and are fever-free after five days, you can end isolation but should wear a high-quality mask through day 10.

• If you had moderate illness (short-ness of breath or trouble breathing) or severe illness (you were hospitalized), or you are immunocompromised, you should isolate through day 10.

• If you ended isolation but your COVID-19 symptoms recur or worsen, you should restart your isolation from day 0.

In addition to isolating, you should notify people you have been in close contact with, which the CDC defines as someone who was less than six feet from you for at least 15 minutes. If you have had symptoms, you should notify all the people you had close contact with, starting from two days prior to the onset of symptoms up until you tested positive and began isolating. If you are asymptomatic, you should notify all of your close contacts within the two days leading up to your positive test.

If you are symptomatic, you should monitor your symptoms. The risk of severe illness from COVID-19 is elevated for some groups — including older adults, people with underlying medical conditions, immunocompromised people, and pregnant or recently pregnant women. If you are at an increased risk for severe illness or have worsening symptoms over time, you should consult a health provider. If you experience emergency warning symptoms — such as difficulty breathing or chest pain — you should seek medical care immediately.

Regardless of when you end isolation, you should wear a mask through day 10. You can shorten this if you have access to rapid antigen testing and test negative twice, 48 hours apart.

IF YOU ARE EXPOSED
TO COVID19

The CDC recommends that anyone who comes into close contact with someone who has COVID-19 should wear a high-quality mask as soon as you find out you were exposed, and for 10 full days after exposure. The CDC recommends that you get tested for COVID-19 after five days. If you test positive, isolate immediately. Even if you test negative, you should continue wearing a high-quality mask when around others at home and indoors in public through day 10.

THE FDA *has offered some steps people can take to reduce the chance of getting a false negative on a COVID-19 test.*

Steps reduce risk of false negative

The U.S. Food and Drug Administration (FDA) is advising people to perform repeat, or serial, testing following a negative result on any at-home COVID-19 antigen test, to reduce the risk an infection may be missed (false negative result) and to help prevent people from unknowingly spreading the SARS-CoV-2 virus to others.

The FDA recommends repeat testing following a negative result whether or not you have COVID-19 symptoms.

At-home COVID-19 antigen tests detect proteins, called antigens, from the SARS-CoV-2, the virus that causes COVID-19. At-home COVID-19 antigen tests are less likely to detect the SARS-CoV-2 virus than molecular tests, such as polymerase chain reaction (PCR) tests. This is especially true early in an infection or in people who do not have COVID-19 symptoms.

Currently, all at-home COVID-19

antigen tests are FDA-authorized for repeat, or serial use. This means people should use multiple tests over a certain time period, such as two to three days, especially when the people using the tests don't have COVID-19 symptoms.

On Aug. 11, the FDA is highlighting the continued need for repeat, or serial testing when people get a negative result with an at-home COVID-19 antigen test, including recommending additional testing over a longer period of time.

Over the course of the COVID-19 pandemic, public health scientists have continued to learn about the SARS-CoV-2 virus and the impact of variants on diagnostic tests that detect SARS-CoV-2.

The Aug. 11 recommendations are based on the latest study results from people with likely omicron infection showing that repeat testing after a

negative at-home COVID-19 antigen test result increases the chance of an accurate result. COVID-19 diagnostic testing remains a cornerstone of our nation's fight against COVID-19. At-home COVID-19 antigen tests, while not perfect, provide a fast and convenient COVID-19 testing option.

Recommendations

Before you use a COVID-19 antigen test:

• Be aware that at-home COVID-19 antigen tests are less accurate than molecular tests. COVID-19 antigen tests may not detect the SARS-CoV-2 virus early in an infection, meaning testing soon after you were exposed to someone with COVID-19 could lead to a false-negative result, especially if you don't have symptoms. This is the

TESTS: *Reduce risk of false negative*

reason why repeat testing is important.

• If you plan to use at-home COVID-19 antigen tests, have several tests on hand so you can test more than once. You do not need to use the same brand of test each time for repeat testing.

Visit At-Home OTC COVID-19 Diagnostic Tests for a list of all FDA-authorized home tests and for more information about who can use a test and for what ages.

• Be aware the FDA expects similar performance with Point of Care COVID-19 antigen tests performed at a clinic or doctor's office. A negative POC COVID-19 antigen test result should also be followed up with repeat, or serial testing, and an at-home test could be used.

When you use an at-home COVID-19 antigen test, follow the test's step-by-step instructions exactly to perform the test and to read the test's results.

After you use an at-home COVID-19 antigen test:

• If you receive a positive result initially or after a repeat test, this means the test detected the SARS-CoV-2 virus and you most likely have COVID-19.

• Follow the CDC guidance for people with COVID-19, including to stay home, isolate from others and seek follow-up care with a health care provider to determine the next steps.

• If you receive a negative result, the test did not detect the SARS-CoV-2 virus at the time of that test.

• If you have COVID-19 symptoms, test again 48 hours after the first negative test, for a total of at least two tests.

If you get a negative result on the second test and you are concerned that you could have COVID-19, you may choose to test again 48 hours after the second test, consider getting a laboratory molecular-based test, or call your health care provider.

• If you do not have COVID-19 symptoms and believe you have been exposed to COVID-19, test again 48 hours after the first negative test, then 48 hours after the second negative test, for a total of at least three tests.

If you get a negative result on the second test, test again 48 hours after the second test.

If you get a negative result on the third test and you are concerned that you could have COVID-19, you may choose to test again using an antigen test, consider getting a laboratory molecular-based test, or call your health care provider.

• If you get a positive result on any repeat test with an at-home COVID-19 antigen test, you most likely have COVID-19 and should follow the CDC guidance for people with COVID-19.

COVID-19 diagnostic tests detect the SARS-CoV-2 virus. At-home COVID-19 diagnostic tests are FDA-authorized for self-testing at home, or anywhere.

The FDA has authorized both molecular and antigen COVID-19 diagnostic tests for home use.

Most at-home COVID-19 tests are antigen tests and do not detect the SARS-CoV-2 virus as well as molecular tests, most of which are lab-based. Molecular COVID-19 tests are generally expected to detect the SARS-CoV-2 virus at least 95% of the time when someone is infected.

However, at-home COVID-19 antigen tests are generally expected to detect the SARS-CoV-2 virus at least 80% of the time when someone is infected.

When you perform an at-home COVID-19 antigen test and you get a positive result, the results are typically accurate. However, if you perform an at-home COVID-19 antigen test, you could get a false negative. This means that the test may not detect the SARS-CoV-2 virus that is in your nasal swab sample.

This could happen if you test soon after you get an infection, especially if you don't have COVID-19 symptoms.

If you receive a false negative test result, you may unknowingly spread the SARS-CoV-2 virus to others.

When at-home COVID-19 antigen tests were initially FDA-authorized, the FDA says it knew that, for people to get accurate results, test instructions would need to include directions for repeat, or serial, testing.

The FDA required each at-home COVID-19 antigen test manufacturer to assess how well their test works when used by people with and without COVID-19 symptoms following repeat testing instructions.

The FDA collaborated with the National Institutes for Health and University of Massachusetts Chan Medical School to design a comprehensive study to assess at-home COVID-19 antigen test performance.

The study included more than 7,000 participants.

The study participants collected their nasal sample and performed an at-home COVID-19 antigen test. Participants who got a negative test result performed repeat testing every 48 hours, over 14 days.

All participants also collected their nasal sample using a home collection kit and then sent the sample to clinical laboratory for testing with an FDA-authorized molecular test.

The study compared the performance of at-home COVID-19 antigen tests to performance of a laboratory-based molecular test.

Results from the study show that repeat testing over a longer time frame improves test performance and increases the likelihood that an at-home COVID-19 antigen test will detect an infection.

These results have further guided the FDA's thinking that repeat testing after a negative result with an at-home COVID-19 antigen test reduces the risk of a false negative result.

Reporting Problems With Your Device

If you think you had a problem with your COVID-19 test, the FDA encourages you to report the problem through the MedWatch Voluntary Reporting Form.

Health care personnel employed by facilities that are subject to the FDA's user facility reporting requirements should follow the reporting procedures established by their facilities.

"I WANT TO GET BACK TO SEEING MY FRIENDS IN CLASS."

I GOT MY
COVID-19
VACCINE!

Safe and effective COVID-19 vaccines are available for everyone ages 6 months and older. Learn more: www.cdc.gov/covid-19/children-teens.html

COVID-19 VACCINATION
IS THE BEST WAY TO HELP PROTECT CHILDREN AGAINST SEVERE COVID-19

GET READY FOR **SCHOOL** WITH **COVID-19 VACCINES**

COVID-19 VACCINES are now available and recommended for **children 6 months and older**. With children in school, COVID-19 vaccination is the best way to help protect them from severe illness.

Just like adults, COVID-19 can cause long-term health problems, hospitalization, and even death in children with or without underlying health conditions. Children who have previously had COVID-19 should still get vaccinated, as vaccination offers added protection.

Encourage parents to contact their health care provider,
local health department, pharmacy, or visit **VACCINES.GOV**
to find a vaccine for their children.

cdc.gov/coronavirus

OMICRON BA.5

Protect yourself. Protect others.

You're doing great! Don't let down your guard.
Stay safe by continuing to:

- Take a rapid home test before gathering or traveling
- Keep COVID-19 vaccinations and boosters up to date
- Gather safely, preferably outdoors

- Mask up in crowded spaces
- Wash your hands with soap and water
- If you're sick, STAY HOME!

Get free at-home test kits online at
www.sayyescovidhometest.org and *www.covid.gov/tests*

Contact Island County COVID Response if you are symptomatic and want to be tested, are planning a large event and need home-test kits, or to get more information about protecting yourself against COVID-19.

Call 360-678-2301. Hours are 8 a.m. to 4:30 p.m. Monday-Friday

CDC committed to vaccine equity

COVID-19 has caused more than 1,030,000 deaths in the United States since the start of the pandemic and was the third leading cause of death in 2020 and 2021, according to the CDC.

Throughout the pandemic, people from racial and ethnic minority groups — Black, Hispanic/Latino, American Indian and Alaskan Native (AI/AN) and Native Hawaiian and other Pacific Islander (NHOPI) have been disproportionately affected by death from COVID-19 compared with white people.

These inequities have decreased over time, but have not been eliminated, according to the CDC.

CDC's COVID Data Tracker shows that lower proportions of people who are Black, Hispanic/Latino, AI/AN, or NHOPI have received a second booster dose than white and Asian people.

There are many factors that create challenges to vaccination access and acceptance, often disproportionately affecting racial and ethnic minority groups.

Factors include gaps in education, income and wealth; job access and working conditions; racism and other forms of discrimination; unequal healthcare access and quality; transportation and neighborhood conditions; and lack of trust as a result of past medical racism, according to the CDC.

Efforts to maintain sufficient up-to-date vaccination must respond to community needs.

COVID-19 vaccines available in the United States are effective at protecting people — especially those who are boosted — from getting seriously ill, being hospitalized, and even dying.

Because COVID-19 vaccines are readily available, the nation is closer than ever to ending the COVID-19 pandemic in the United States.

Yet challenges remain in ensuring all people have fair and just access to COVID-19 vaccination.

CDC officials said they are committed to ongoing work to promote vaccine equity.

SARS-CoV-2 lineages circulating in Washington state

Island County COVID-19 Cases
Weekly incidence of cases during the pandemic

n = 12351 Island County cases. Collection dates range from Mon 09 Mar 2020 to Thu 18 Aug 2022
1 case(s) missing date of onset and not shown
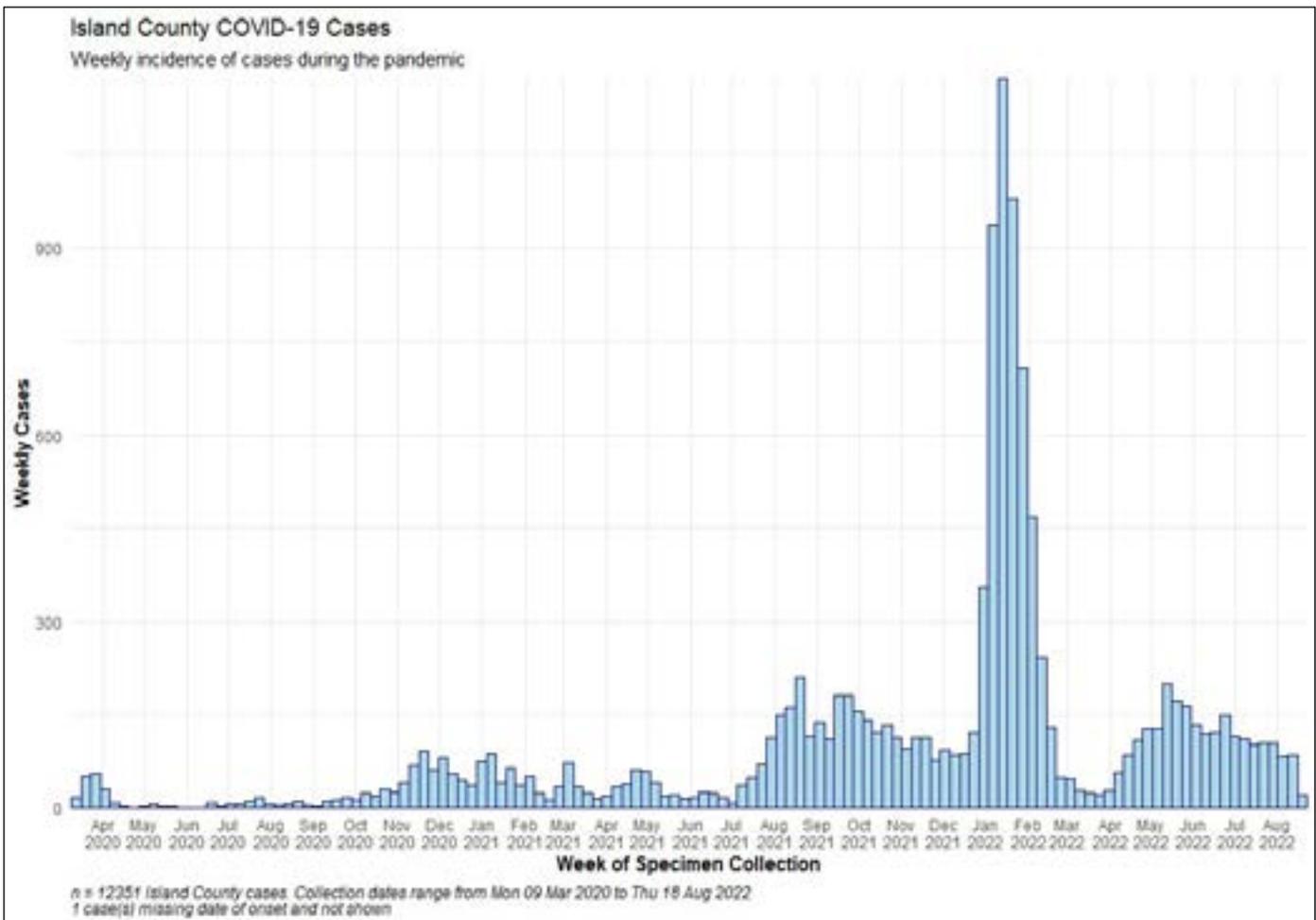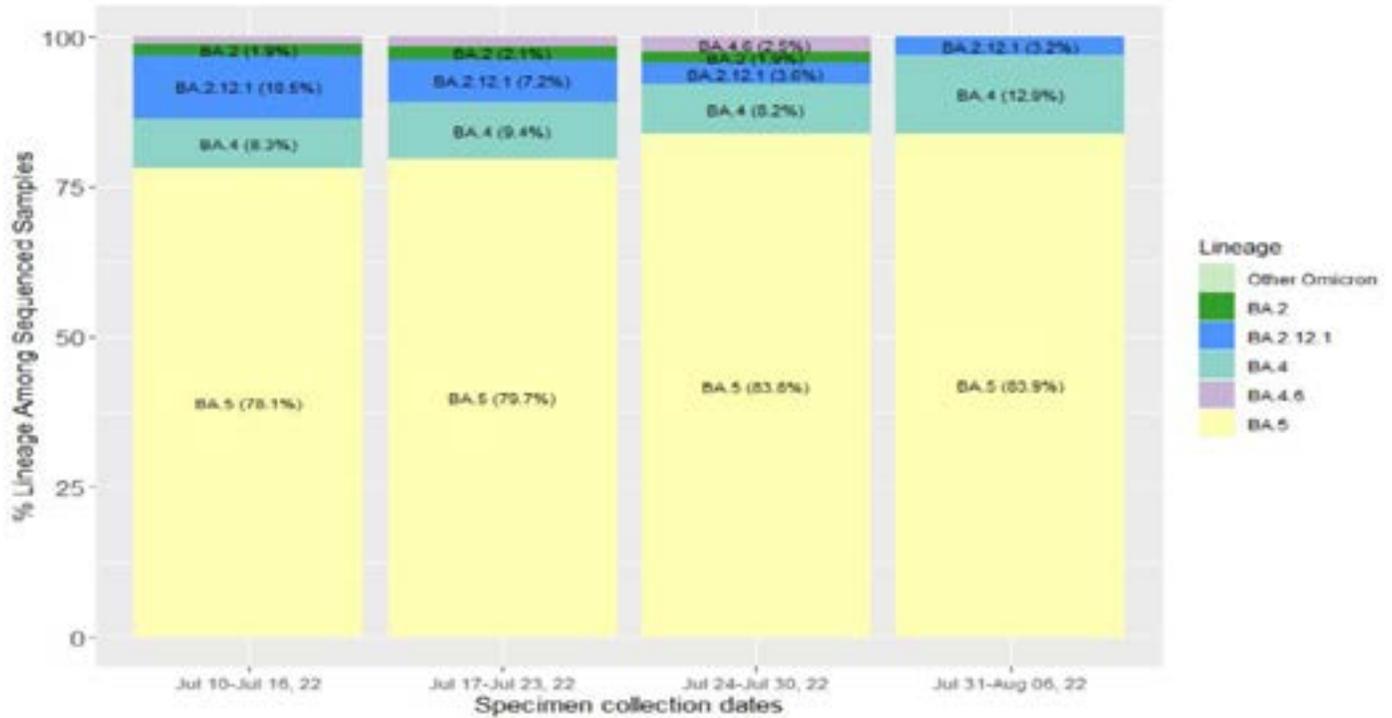
WADOH Transmission Level	CDC Community Impact Level		
SUBSTANTIAL	LOW		
7-day Case Rate – 78.75	7-day Case Rate	7-day COVID-19 Hospitalization Rate	COVID-19 Occupancy 7-day Average
50-99.99	<200	<10	<10%

Case and hospitalization rates are evaluated in different time frames by different organizations. As a result estimates may differ and be more or less current and complete depending on that evaluation frame.

14-Day Case Rate

Date	N	Population	Rate per 100,000
07/13/2022 – 07/26/2022	185	86,350	214.24
07/20/2022 – 08/02/2022	185	86,350	214.24
07/27/2022 – 08/09/2022	172	86,350	199.19
08/03/2022 – 08/16/2022	146	86,350	169.07

No. of COVID-19 cases in Washington state: **1,767,284** *

No. of COVID-19 Deaths in Washington state: **13,886** *

No. of COVID-19 Deaths in Island County: **91** *

* As of Aug. 18, 2022

Summary Table of Island County Count Positive COVID-19 Cases

Date	Count	Change
07/28/2022	12068	+96
08/04/2022	12169	+101
08/11/2022	12270	+101
08/18/2022	12351	+81

Island County Total Known Positive COVID-19 Cases by Location

Location	Positive Count	Death Count
Camano Island	2893	14
Clinton	600	5
Coupeville	901	15
Freeland	531	7
Greenbank	119	0
Langley	408	2
Oak Harbor	6888	48
Missing Accurate Zip	11	0
Total	12351	91

Vaccinated Island County Residents

Number of Island County residents who have initiated primary series	Population (6 months+) eligible to be vaccinated
60,045	84,974

Data as of 11:59 p.m. August 15, 2022
Source: Washington State Department of Health Data Dashboard

7-Day Hospitalization Rate

Date	N	Population	Rate per 100,000
07/18/2022 – 07/24/2022	7	86,350	8.11
07/25/2022 – 07/31/2022	9	86,350	10.42
08/01/2022 – 08/07/2022	5	86,350	5.79
08/08/2022 – 08/14/2022	6	86,350	6.95

Questions (and Answers) About **Children and Teens and COVID-19 Vaccines**
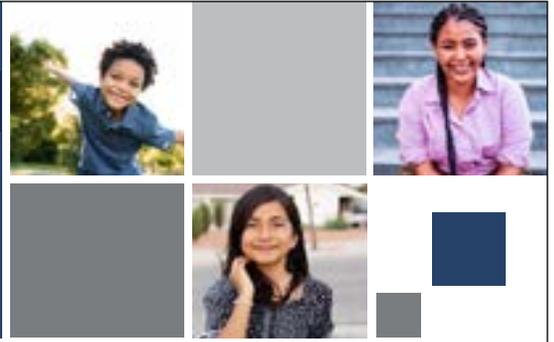
Everyone ages 6 months and older should get a COVID-19 vaccine to protect their health. Extensive research shows the benefits far outweigh the risks. As a parent or caregiver, you probably have questions about how safe the vaccines are for children and how well they work. This fact sheet answers some common questions.

Why should my child get vaccinated against COVID-19?

Children and teens are just as likely as adults to get COVID-19. They can have both short- and long-term complications from COVID-19. In rare cases, the complications from infection can lead to death. Vaccines significantly lower the chances of children becoming seriously ill with COVID-19.

How do I know the vaccine is effective in children?

Clinical trials have shown that vaccines protect both adults and children against COVID-19 and Long COVID. Evidence from the millions of children and teens who have been vaccinated show that COVID-19 vaccines lower the risk of infection and serious illness.

How do I know the vaccine is safe for my child?

COVID-19 vaccines were made available in the U.S. only after evidence showed that their benefits are greater than their risks. After clinical trials showed that vaccines were safe and effective in adults, researchers conducted trials involving thousands of children. These trials found no serious safety concerns. Since the vaccines were authorized, millions of children and teens between the ages of 5 and 17 have been vaccinated against COVID-19. Children ages 6 months to 4 years are now eligible for COVID-19 vaccines, and clinical trials have shown the vaccines to be safe for this age group too.

The evidence is clear: the benefit of increased protection against serious illness or death far outweighs the risk of serious side effects. Scientists at the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC), along with independent safety experts, continue to closely monitor the safety of the vaccines.

Do children get a different dose than adults do?

Young children respond differently to medicines and vaccines than adults. That's because as children grow and change, so do their immune systems. Clinical trials focused on finding the appropriate dose for each age group. The right dose provides the best protection with the fewest side effects. Based on the results of these trials, adolescents ages 12 years and older receive the same dose of the Pfizer-BioNTech vaccine as adults. Children 11 years and younger receive smaller doses based on their age.

NIH National Institutes of Health
Community Engagement Alliance