VOL. 2, NO. 19 • FRIDAY, SEPTEMBER 30, 2022

HEALTH MATTERS



Promoting better health for a stronger community



BY GETTING fully vaccinated for the flu and COVID-19, you can help protect yourself and others during a possible fall surge.

Be ready for a possible fall COVID-19, flu surge

Getting vaccinated may prevent overwhelming healthcare system

lu activity remained low last season because of vaccinations, social distancing, masking, and limited travel – measures that were taken by many people to avoid COVID-19.

Now that COVID-19 pandemic restrictions are lifting, it's possible flu viruses and the virus that caus-

es COVID-19 will both spread this fall and winter, health experts warn. If that's the case, healthcare systems could potentially be overwhelmed.

Washington State Department of Health officials are suggesting people continue taking a variety of steps to not only

See **PREVENT**, page 2



GETTING VACCINATED is considered the best way to avoid COVID-19 and the flu.

PREVENT: Vaccinate to stop spread of viruses

Continued from page 1

prevent the flu, but also to help slow the spread of COVID-19. The most effective step you can take to prevent getting the flu and COVID-19 is to get vaccinated for both.

Getting a flu vaccine won't protect against COVID-19, but offers benefits, including:

Flu vaccination reduces the risk of flu illness, hospitalization, and death. If you still get sick with the flu, being vaccinated has been shown to reduce the severity of illness in many cases.

Flu vaccination cannot give you the flu nor does it increase your risk of getting COVID-19.

Getting a flu vaccine can save healthcare resources for the care of patients with COVID-19 and can help you and your loved ones avoid preventable trips to healthcare facilities.

The more people who are vaccinated against flu, the less likely it will spread

in your community, which not only protects you, but also the most vulnerable, such as adults 65 years and older, adults with chronic health conditions, pregnant women, babies and young children, and healthcare personnel and other essential workers who are at higher risk of exposure to flu.

Flu vaccine is your best protection against flu

DOH officials recommends a yearly flu vaccine for everyone ages 6 months and older, including pregnant and nursing people. If you are 65 or older, talk to your provider about flu vaccine and other important vaccines for your age group.

It takes two weeks for the flu vaccine to protect you from flu. The flu vaccine does not protect against coronavirus, colds, or other viruses that cause respiratory illness.

The flu vaccine keeps many people from getting the flu. However, some people who get the flu vaccine may

still get sick. If you do get the flu, the vaccine may reduce the severity of your illness. It will also lower your chance of needing to go to the hospital.

By getting the flu vaccine you also protect your family and community.

You may also stop spread of the flu by covering your coughs and sneezes, washing your hands for 20 seconds with soap and water, social distancing when possible, not touching your eyes and nose, cleaning and disinfecting surfaces such as door knobs, light switches and counter tops, and staying home when you're sick.

Those steps, as well as wearing a well-fitted face mask will help to prevent the spread of the flu and COVID-19.

What's new for flu for 2022-23

It's best to get your family vaccinated for flu by October, but flu vaccine is still available through winter. You may visit your local doctor's office, pharma-

See **SURGE**, page 4

CONCERNED ABOUT COVID OR FLU?

STOP THE SPREAD OF ILLNESS!





WITH SOAP AND WARM WATER FOR 20 SECONDS **OR MORE. CAN'T WASH HANDS? USE HAND SANITIZER.**





GET VACCINATED

AGAINST COVID AND FLU.





CLEAN AND DISINFECT

FREQUENTLY USED SURFACES LIKE TABLES, COUNTERS, LIGHT SWITCHES, DOOR KNOBS, AND TV REMOTE CONTROLS.





KEEP HANDS AWAY

FROM FACE TO STOP THE SPREAD OF GERMS.





IF YOU FEEL SICK, STAY HOME

FROM WORK, SCHOOL, AND OTHER EVENTS OR **ACTIVITIES. IF NEEDED, SEEK MEDICAL CARE.**





Island County COVID Response

www.islandcountywa.gov





DURING FALL, as more people congregate indoors, it's best to be fully vaccinated for the flu and COVID-19 to prevent spread.

SURGE: Protect yourself and others this fall

Continued from page 2

cy or clinic event in your area. See http://www.vaccinefinder.org or call the Help Me Grow Washington hotline at 1-800-322-2588 for help finding a flu vaccine location near you.

In Washington state, all children under age 19 get flu vaccines and other recommended vaccines at no cost.

The provider may charge an administration fee to give the vaccine. You can ask them to waive this fee if you cannot afford it.

Most insurance plans, including Medicare part B, cover the cost of flu vaccine for adults.

Flu and COVID-19 vaccines can both be received in the same day, or even the same visit for convenience.

If you do feel sick with the flu, it's important to know when to stay home and when to get emergency medical care.

COVID-19 and flu similarities

COVID-19 and the flu share many symptoms, among them: fever, headache, cough, muscle aches, shortness of breath or difficulty breathing, sore throat, tiredness, nausea or vomiting and/or a runny or stuffy nose.

Symptoms of the flu or COVID-19 can range from none to

mild or severe.

Because of their similarities, diagnosing whether you have COVID-19 or the flu can be difficult based on symptoms alone. Testing may help to determine if you have COVID-19 or the flu. It's also possible to have both COVID and the flu at the same time.

Differences between the flu and COVID-19

Causes of the flu and COVID-19 are different, and both have different complications and levels of severity. Both are spread in different ways and each has its own vaccines and forms of treatments.

Symptoms of the flu may appear in one to four days after exposure while COVID-19 symptoms may appear two to 14 days after exposure.

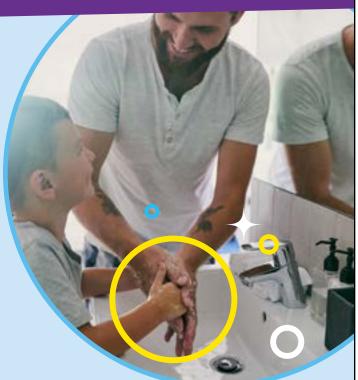
So far, COVID-19 seems to be more contagious, particularly the most recent variants, and therefore spreads more quickly than the flu.

Mortality rate for COVID-19 is also higher than the flu, according to health experts. Both can result in more severe complications such as death, stroke, pneumonia, organ failure, heart or brain inflammation, heart attack or acute respiratory distress.

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- · Before, during, and after preparing food
- · Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- · After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

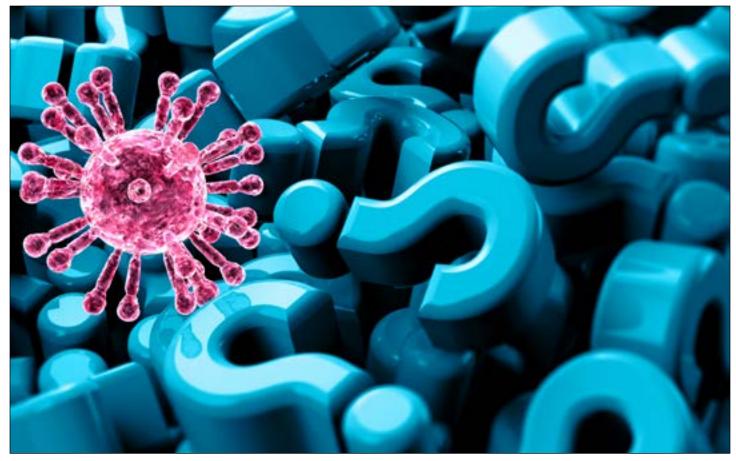


www.cdc.gov/handwashing

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



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FOUR COVID-19 vaccines are currently approved for use in the United States.

What to know about the COVID vaccines authorized in the U.S.

here are four approved or authorized COVID-19 vaccines in the United States.

They are:

• Pfizer-BioNTech and Moderna COVID-19 vaccines are mRNA vaccines.

- **Novavax** COVID-19 vaccine is a protein subunit vaccine.
- Janssen/Johnson & Johnson (Janssen/J&J) COVID-19 vaccine is a viral vector vaccine and can be given in some situations.

These vaccines are given as a shot in the muscle of the upper arm in most people or in the thigh of a young child. COVID-19 vaccine ingredients are considered safe for most people. Nearly

all of the ingredients in COVID-19 vaccines are ingredients found in many foods — fats, sugar, and salts.

None of the COVID-19 vaccines affect or interact with our DNA, and the following are not included in the vaccines:

- No preservatives such as thimerosal or mercury or any other preservatives.
- No antibiotics such as sulfonamide or any other antibiotics.
- No medicines or therapeutics such as ivermectin or any other medications.
- No tissues such as aborted fetal cells, gelatin, or any materials from any animal.
- No food proteins such as eggs or egg products, gluten, peanuts, tree nuts, nut products, or any nut byprod-

ucts. (COVID-19 vaccines are not manufactured in facilities that produce food products).

- No metals such as iron, nickel, cobalt, titanium, or rare earth alloys. They also do not have any manufactured products like microelectronics, electrodes, carbon nanotubes or other nanostructures, or nanowire semiconductors.
- No latex. The vial stoppers used to hold the vaccine also do not contain latex.

After the body produces an immune response, it discards all of the vaccine ingredients, just as it would discard any substance that cells no longer need.

This process is a part of normal

See **COVID-19**, page 12

How Protein Subunit COVID-19 Vaccines Work

Understanding the virus that causes COVID-19.

Coronaviruses, like the one that causes COVID-19, are named for the crown-like spikes on their surface, called **spike proteins**. These **spike proteins** are ideal targets for vaccines.

What is a protein subunit vaccine?

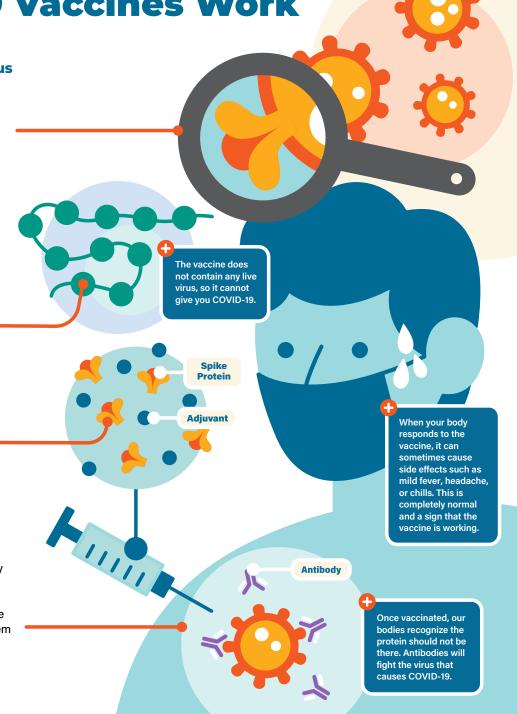
Protein subunit vaccines are a type of vaccine that contains harmless copies of the COVID-19 spike protein. These vaccines do not contain the entire virus.

What is in the vaccine?

The vaccine contains virus pieces called **spike protein** and another ingredient called an **adjuvant**.

How does it work?

When you are vaccinated, nearby cells pick up the proteins. The immune system recognizes that these proteins do not belong. The adjuvant helps the immune system produce antibodies and activate other immune cells to fight off future infections.



GETTING VACCINATED?

For more information about COVID-19 vaccine, vist **cdc.gov/coronavirus**



CDC outlines response to MPV outbreak in congregate settings

onkeypox, or MPV, is a disease that can cause flu-like symptoms and a rash. In general, infectious diseases involving person-to-person contact may spread more easily within congregate settings and may spread among staff and residents.

At this time, only one case of monkeypox has been reported in Island County, and health officials believe that case was successfully contained.

Nonetheless, the CDC advises preparation for potential outbreaks.

Congregate living settings are facilities

or other housing where people who are not related reside in close proximity and share at least one common room, such as a sleeping room, kitchen, bathroom, or living room, according to the CDC.

Congregate living settings can include:

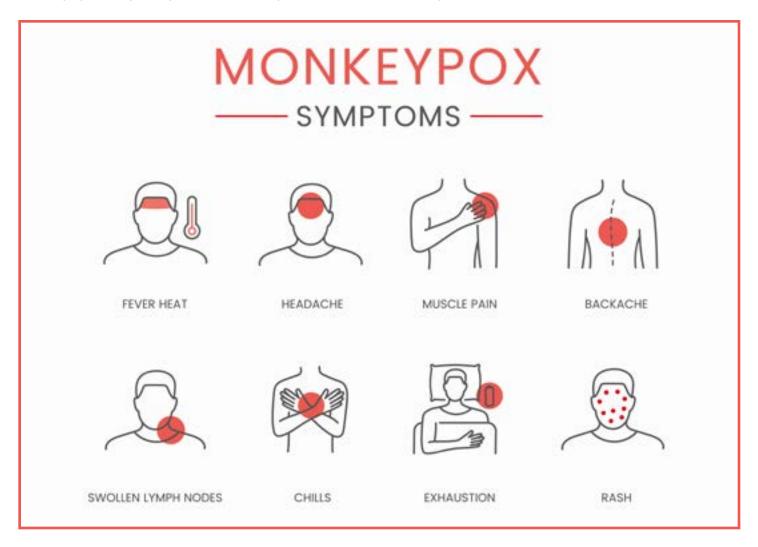
- Correctional and detention facilities.
- Homeless, emergency, and domestic violence shelters and transitional housing.
 - Group homes.
- Dormitories at institutions of higher education such as colleges and

universities.

- Seasonal worker housing.
- Residential substance use treatment facilities.
 - Assisted living communities.
 - Hotels, motels, and hostels.

For guidance on healthcare settings see CDC's Infection Control: Healthcare Settings page. In this article, a "resident" refers to anyone living in a congregate setting, including students, guests, people who are incarcerated, and other types of residents.

See MPV, page 9



MPV: CDC outlines response guidelines

Continued from page 8

If a monkeypox case is identified in a congregate living facility, the CDC advises health officials take the following actions:

- Communicate with staff and residents provide clear information to staff and residents about monkeypox prevention, including the potential for spread through close, sustained physical contact, including sexual activity. Provide prevention guidance including considerations for safer sex. Institutions of higher education and shelters for youth can share additional information for young adults. Keep messages fact-based to avoid introducing stigma when communicating about monkeypox.
- **Respond to cases** consider the following actions to respond to cases in the facility:

Test and medically evaluate staff and residents who are suspected to have monkeypox.

<u>Isolate</u> staff who have monkeypox away from congregate settings until they are fully recovered. Flexible sick leave policies for paid staff members are critical to prevent spread of monkeypox.

Isolate residents with monkeypox away from others, to the extent possible, until there is full healing of the rash with formation of a fresh layer of skin, which typically takes two to four weeks.

Some congregate living facilities may be able to provide isolation onsite while others may need to move residents off-site to isolate. Isolation spaces should have a door that can be closed and a dedicated bathroom that other residents do not use.

Multiple people who test positive for monkeypox can stay in the same room.

If it is not possible to follow isolation recommendations fully, consult CDC's web page on <u>Preventing Spread</u> to Others.

Consult your state, tribal, local, or territorial health department before ending isolation.

Reduce the number of staff who

are entering the isolation areas to staff who are essential to isolation area operations.

Residents who are not under isolation for monkeypox should not enter the isolation area.

Residents with monkeypox should help <u>clean and disinfect</u> the isolation spaces they occupy regularly to limit contamination.

Dedicated laundry space should be identified for residents in isolation. If dedicated laundry space is not able to be identified, refer to <u>Cleaning and Disinfecting Your Home</u>, <u>Workplace</u>, <u>and Other Community Settings for Monkeypox</u> for additional laundering options.

• Manage waste appropriately.

Generally, management of waste should continue as normal. Facilities should comply with state and local regulations for handling, storage, treatment, and disposal of waste.

Healthcare facilities should follow guidance specifically for that setting.

The person with monkeypox should use a dedicated, lined trash can in the room where they are isolating. Any gloves, bandages, or other waste and disposable items that have been in direct contact with skin should be placed in a sealed plastic bag, then thrown away in the dedicated trash can.

The person with monkeypox or other facility staff should use gloves when removing garbage bags and handling and disposing of trash.

If professional cleaning services are used, treat and/or dispose of waste in accordance with applicable state, local, tribal, and territorial laws and regulations for waste management. For more information, the Department of Transportation has monkeypox-specific information in Appendix F-2 of this document.

If Someone May Have Been Exposed.

Facilities should work with their state, tribal, local, or territorial health department to identify and monitor

the health of any staff or residents who might have had <u>close contact</u> with someone who has monkeypox. Contact tracing can help identify people with exposure and help prevent additional cases. However, this might not be feasible in all settings.

<u>Use exposure risk assessment</u> <u>recommendations</u> to identify people who had high degree of exposure to someone with monkeypox, where possible. The state, tribal, local, or territorial health department can provide <u>post-exposure vaccination</u> for people with high degree exposures.

In facilities where contact tracing is not feasible, staff and residents who spent time in the same area as someone with monkeypox should be considered to have intermediate or low degree of exposure, depending on the characteristics of the setting and exposure (e.g., level of crowding).

Post-exposure vaccination is not necessary for low or intermediate degree exposures unless deemed appropriate by the state or local health department.

Ensure access to hand washing. Soap and water or hand sanitizer with at least 60% alcohol should be available at all times and at no cost to all staff and residents. Anyone who touches the rash, or clothing, linens, or surfaces that may have had contact with the rash, should wash their hands immediately.

Provide appropriate personal protective equipment for staff entering isolation areas.

Employers are responsible for ensuring that workers are protected from exposure to Monkeypox virus and that workers are not exposed to harmful levels of chemicals used for cleaning and disinfection. Staff who enter isolation areas should wear a gown, gloves, eye protection, and a NIOSH-approved particulate respirator equipped with N95 filters or higher. Staff should consult CDC guidance for Cleaning and Disinfecting Your Home, Workplace, and Other Community Settings for Monkeypox for further details on how to clean and disinfect isolation areas.

Monkeypox (MPV)

What You Need to Know



Monkeypox virus (MPV) infection is a disease that can cause rashes and other symptoms. Learn how you can protect yourself and those around you from MPV.



MPV is spread through close contact with a symptomatic person.

MPV is spread by direct contact with the skin or body fluids of an infected person. It can also spread by touching contaminated objects (such as bedding or clothing) or by respiratory droplets during direct and prolonged face-to-face contact. It is not a sexually transmitted infection (STI).



Symptoms of MPV can vary.

MPV usually causes a rash that starts as flat spots that become raised fluid-filled blisters that can be painful. Some people have just a few spots on one part of the body while others have many all over the body. Other symptoms can include fever, headache, and swollen lymph nodes.



Prevention is essential to reducing transmission.

Avoid skin-to-skin contact with anyone who has open wounds or rashes, and don't share clothing or other items with them. Reduce the number of people you have close, intimate, or sexual contact with. If you have been exposed or are at high risk for infection, ask about getting the MPV vaccine.



Vaccination is available for people exposed to MPV or at high risk.

If your symptoms have not started, post-exposure vaccination within 4 days of exposure may be an option to reduce or prevent symptoms. Talk to your medical provider or local clinic.



Seek out care immediately.

If you have a new or unexplained rash and think it might be MPV, talk to your medical provider or local clinic. Antiviral medications are available to treat MPV if you have severe pain or other symptoms, or have a condition such as a weakened immune system that makes you more likely to get severely ill.

For more information, visit doh.wa.gov/Monkeypox or call 1-833-829-HELP

If you were exposed to MPV:

If you have been exposed and do not have symptoms yet, talk to a healthcare provider about vaccination.

How can I get vaccinated?

People who are close contacts of cases or those at high risk of infection can get vaccinated by their medical providers or local clinic.

Vaccine considerations

If you receive an MPV vaccination, you should still practice other prevention measures, such as not having skin-to-skin contact with someone with MPV infection. You are not considered fully vaccinated until two weeks after your second dose. The vaccine may not be 100% effective so continue to watch for any MPV symptoms.

If you think you have MPV:

- Cover your rash.
- Isolate yourself from others.
- Immediately talk to your health care provider. It is important to call as soon as you think you have symptoms of the disease.

If you have been diagnosed with MPV:

Until the scabs are gone and the skin below has healed, do the following:

- Separate yourself from other people and animals (mammals like pets or rodents).
- Restrict family, friends, or other visitors to those with an essential need to be in the home.
- Do not let others touch your skin, especially any areas with a rash.
- Keep lesions covered.
- Do not share bedding, towels, dishes, or utensils.
- Wash your hands often with soap and water or use an alcohol-based hand sanitizer.
 Consider using disposable gloves to cover hand lesions.
- Wash your own laundry and dishes.
- Routinely clean and disinfect commonly touched surfaces and items.
- Avoid use of contact lenses to prevent unintentional infection of the eye.
- Do not kiss, hug, cuddle, sleep, play sports, or have sex with others.
- Wear a well-fitting mask, especially when seeing a health care provider or while you have fever or respiratory symptoms.



For more information, visit doh.wa.gov/Monkeypox or call 1-833-829-HELP

DOH 348-907 August 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.



COVID-19: *Updated boosters can restore earlier protections*

Continued from page 6

body functioning.

Pfizer-BioNTech and Moderna mRNA COVID-19 vaccines

mRNA vaccines use mRNA created in a laboratory to teach our cells how to make a protein — or even just a piece of a protein — that triggers an immune response inside our bodies. The mRNA from the vaccines is broken down within a few days after vaccination and discarded from the body.

Novavax protein subunit COVID-19 vaccine

Protein subunit vaccines contain pieces (proteins) of the virus that causes COVID-19. The virus pieces are the spike protein. The Novavax COVID-19 vaccine contains another ingredient called an adjuvant. It helps the immune system respond to that spike protein.

After learning how to respond to the spike protein, the immune system will be able to respond quickly to the actual virus spike protein and protect you against COVID-19.

Janssen/Johnson & Johnson viral vector COVID-19 vaccine

Viral vector vaccines use a harmless, modified version of a different virus (a vector virus), and not the virus that causes COVID-19. The vector virus delivers important instructions to our cells on how to recognize and fight the virus that causes COVID-19.

Updated (bivalent) boosters

People who are fully vaccinated have lower risk of severe illness, hospitalization and death from COVID-19.

Updated COVID-19 boosters, the bivalents, can help restore protection that has decreased since previous vaccination. The updated boosters provide added protection against the most recent omicron subvariants that are more contagious than the previous ones.

The most recent subvariants, BA.4 and BA.5, are very closely related to the original variant, omicron, with very small differences between itself and the original variant.

Contact your local pharmacy or medical provider to see if they have the updated/bivalent vaccines and ask about their appointment and walk-in options.

Safety of COVID-19 Vaccines

COVID-19 vaccines have undergone—and will continue to undergo—the most intensive safety monitoring in U.S. history. Evidence from the hundreds of millions of COVID-19 vaccines already administered in the Unit-

ed States, and the billions of vaccines administered globally, demonstrates that they are safe and effective.

Side Effects

Side effects that happen within seven days of getting vaccinated are common but are mostly mild. Side effects throughout the body (such as fever, chills, tiredness, and headache) are more common after the second dose of a Pfizer-BioNTech, Moderna, or Novavax COVID-19 vaccine.

Adverse Events

Severe allergic reactions to vaccines are rare but can happen.

There is a rare risk of myocarditis and pericarditis associated with mRNA COVID-19 vaccination, mostly among males ages 12–39 years. The rare risk may be further reduced with a longer interval between the first and second dose.

Cases of myocarditis and pericarditis have also been reported in people who received Novavax COVID-19 vaccine.

There is a potential cause-and-effect relationship between Janssen/J&J COVID-19 vaccine and a rare and serious adverse event. It is blood clots with low platelets (thrombosis with thrombocytopenia syndrome, or TTS).

TTS occurs at a rate of about four cases per million Janssen/Johnson & Johnson doses and has resulted in deaths. Because of this risk, vaccination with COVID-19 vaccines other than Janssen/J&J vaccine is preferred.

Learn more from the CDC about vaccine safety monitoring after a vaccine is authorized or approved for use.

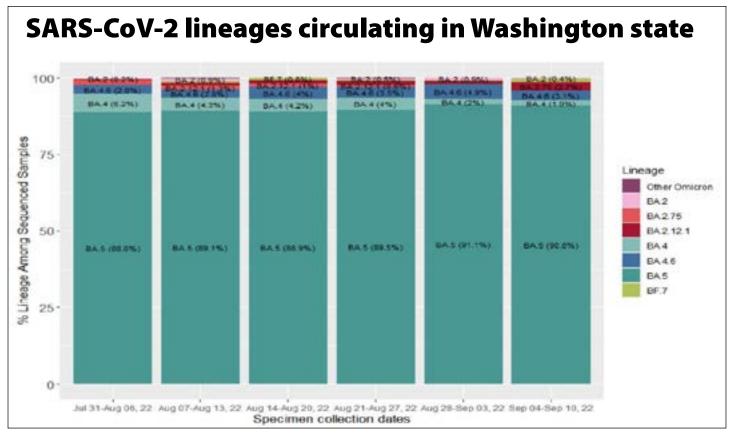
If You Are Allergic

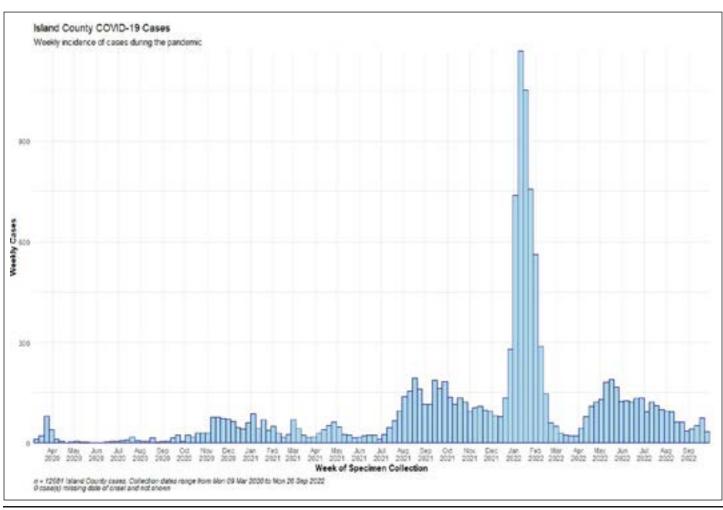
If in the past you have had a severe allergic reaction to an ingredient in a COVID-19 vaccine or if you have a known allergy to an ingredient in a COVID-19 vaccine, you should not get that COVID-19 vaccine. Examples:

If you are allergic to polyethylene glycol (PEG), you should not get Pfizer-BioNTech or Moderna COVID-19 vaccines.

If you are allergic to polysorbate, you should not get Novavax or Janssen/ J&J COVID-19 vaccines.

If you aren't able to get one type of COVID-19 vaccine, talk to your doctor about your options for getting a different type of COVID-19 vaccine.





COVID-19 DATA

WADOH Transmission Level	CDC Community Impact Level MEDIUM		
SUBSTANTIAL			
7-day Case Rate – 92.65	7-day Case Rate	7-day COVID-19 Hospitalization Rate	COVID-19 Occupancy 7-day Average
50-99.99	<200	10-19.9	<10%

Case and hospitalization rates are evaluated in different time frames by different organizations. As a <u>result</u> 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
08/20/2022 - 09/02/2022	95	86,350	110.02
08/27/2022 - 09/09/2022	68	86,350	78.75
09/03/2022 - 09/16/2022	89	86,350	103.06
09/10/2022 - 09/23/2022	128	86,350	148.23

No. of COVID-19 cases in Washington state: 1,811,191 *

No. of COVID-19 deaths in Washington

state: 14,284 *

No. of COVID-19 deaths in Island County: • *

* As of Sept. 27, 2022

Summary Table of Island County Count Positive COVID-19 Cases

Date	Count	Change	
09/06/2022	12475	+44	
09/13/2022	12532	+57	
09/20/2022	12600	+68	
09/27/2022	12681	+81	

Island County Total Known Positive COVID-19 Cases by Location

Location	Positive Count	Death Count	
Camano Island	2998	17	
Clinton	620	6	
Coupeville	924	15	
Freeland	546	7	
Greenbank	129	0	
Langley	427	2	
Oak Harbor	7036	52	
Missing Accurate Zip	1	0	
Total	12681	99	

Number of Island County residents	Population (6 months+)
who have initiated primary series	eligible to be vaccinated
60,387	84,974

7-Day Hospitalization Rate

Date	N	Population	Rate per 100,000
08/24/2022 - 08/30/2022	6	86,350	6.95
08/31/2022 - 09/06/2022	0	86,350	0.00
09/07/2022 - 09/13/2022	3	86,350	3.47
09/14/2022 - 09/20/2022	11	86,350	12.74



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



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

