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July 14, 2022
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Public Health Update with the Indiana Department of Health

July 20, 2022

Webinar: Agenda and Chat Rules

- Opening Remarks
- Housekeeping
- Presentation
- Q&A
- Closing Remarks

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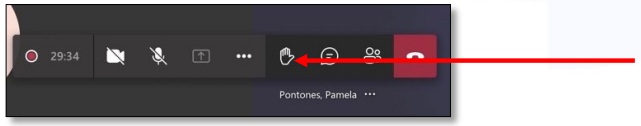
  - Raise your hand to verbally ask your question



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Polling: Question 1

Ambulatory Care Community-based Government Home Health

Hospital Long-term Care Pharmacy Other

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Indiana Department of Health

COVID-19 UPDATE

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MEDICAL DIRECTOR

7/20/2022

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

COVID-19 in children and pediatric vaccine

Indiana Department of Health

COVID-19 was a leading cause of death among children ages 0 – 4 years

March 1, 2020 – April 30, 2022

Age group	Rank of COVID-19 among causes of death
<1 year	**4**
1 – 4 years	**5**
5 – 9 years	5
10 – 14 years	4
15 – 19 years	4

Based on death certificate data from the National Center for Health Statistics. COVID-19 based on cumulative total incidence of COVID-19 deaths from March 1, 2020-April 30, 2022.

Source: Preprint: Flaxman S, Whittaker C, Semenova E et al. Covid-19 is a leading cause of death in children and young people ages 0-19 years in the United States. medRxiv 2022.05.23.22275458; doi: https://doi.org/10.1101/2022.05.23.22275458

Pediatric vaccine preventable diseases: Deaths per year in the United States prior to recommended vaccines

	Hepatitis A[1]	Meningococcal (ACWY)[2]	Varicella[3]	Rubella[4]	Rotavirus[5]	COVID-19[6]
Age	<20 years	11–18 years	5–9 years	All ages	<5 years	6 months – 4 years
Time period	1990–1995	2000–2004	1990–1994	1966–1968	1985–1991	Jan 2020–May 2022
Average deaths per year	**3**	**8**	**16**	**17**	**20**	**86**

[1]Vogt TM , Wise ME, Bell BP, Finelli L. Declining hepatitis A mortality in the United States during the era of hepatitis A vaccination. J Infect Dis2008; 197:1282–8.
[2]National Notifiable Diseases Surveillance System with additional serogroup and outcome data from Enhanced Meningococcal Disease Surveillance for 2015-2019.
[3]Meyer PA, Seward JF, Jumaan AO, Wharton M. Varicella mortality: trends before vaccine licensure in the United States, 1970-1994. J Infect Dis. 2000;182(2):383-390. doi:10.1086/315714
[4]Roush SW , Murphy TV; Historical comparisons of morbidity and mortality for vaccine-preventable diseases in the United States. JAMA 2007; 298:2155–63.
[5] Glass RI, Kilgore PE, Holman RC, et al. The epidemiology of rotavirus diarrhea in the United States: surveillance and estimates of disease burden. J Infect Dis. 1996 Sep;174 Suppl 1:S5-11.
[6] https://data.cdc.gov/NCHS/Provisional-COVID-19-Deaths-Counts-by-Age-in-Years/3apk-4u4f/data. Accessed 5/14/22

Outcome: Symptomatic Lab-confirmed COVID-19

Moderna COVID-19 vaccine: Children ages 6 months–5 years

Population	Events/Vaccine (n/N)	Events/Placebo (n/N)	Vaccine efficacy[a] (95% confidence interval)
Per protocol population			
CDC case definition[b], no evidence of prior infection, ≥14 d post dose 2	170/4105	95/1371	40.3% (23.9% , 53.3%)
CDC case definition[b], *seropositive[c] or seronegative*, ≥14 d post dose 2	181/4791	97/1597	37.8% (20.9%, 51.1%)
CDC case definition[b], sensitivity analysis including home tests, ≥14 d post dose 2	253/4105	133/1371	36.6% (22.4%, 48.1%)
Adult trial case definition[d] ,no evidence of prior infection, ≥14 d post dose 2	108/4105	61/1371	40.9% (19.6%, 56.8%)

[a] Manufacturer vaccine efficacy estimates calculated using incidence rates. For GRADE, vaccine efficacy calculated from the relative risk
[b] Requires at least 1 prespecified clinical symptom and a positive RT-PCR
[c] Approximately 10% of participants were seropositive at baseline
[d] Requires at least 2 prespecified systemic symptoms or at least 1 respiratory symptom and a positive RT-PCR

Outcome: Symptomatic Lab-confirmed COVID-19

Pfizer COVID-19 vaccine: Children ages 6 months–4 years

Population	Events/Vaccine (n/N)	Events/Placebo (n/N)	Vaccine efficacy[a] (95% confidence interval)
Evaluable efficacy[b]			
With or without[c] evidence of prior infection (≥7 d post Dose 3), **ages 6–23 months**	1/386	2/184	76.2 (-161.2, 97.8)
With or without[c] evidence of prior infection (≥7 d post Dose 3), **ages 2–4 years**	2/606	5/280	81.5 (5.3, 96.4)
With or without[c] evidence of prior infection (≥7 d post Dose 3), **ages 6mo–4 years**	3/992	7/464	80.0 (22.8, 94.8)

[a]Manufacturer vaccine efficacy estimates calculated using incidence rates. For GRADE, vaccine efficacy calculated from the relative risk

[b]All eligible randomized participants who received all vaccinations as randomized and had no other important protocol deviations as determined by the investigator

[c]Approximately 30% of participants were seropositive at baseline

Vaccine-associated myocarditis in young children

- Risk of myocarditis after mRNA COVID-19 vaccination, if any, in young children is unknown
  - No cases occurred during clinical trials (n=7,804 with at least 7 days of follow-up)
- Based on the epidemiology of classic myocarditis and safety monitoring in children ages 5-11 years, myocarditis after mRNA COVID-19 vaccination in young children is anticipated to be rare
  - Underlying epidemiology of myocarditis fundamentally **different** in infants
  - Dose used in young children **lower** than dose used in older children

Summary

Known and potential benefits

- Clinical trials provide data for protection against **symptomatic infection**
- Clinical trials were not powered to detect efficacy against severe disease in young children, but similar patterns expected to what is seen in everyone ages 5 years and over, with **higher** protection against **severe disease**
- Emerging data in adults suggest that post-COVID conditions may be less likely to occur in vaccinated individuals
- Vaccination in this age group may also provide parents with **increased confidence** to return to pre-pandemic activities, improving social interactions in young children

Moderna: 6 months to 17 years

Product*	Recipient Age	For Most People		Those Who **ARE** Moderately or Severely Immunocompromised	
		Doses	Interval Between Doses†‡	Doses	Interval Between Doses†‡
Moderna (Blue vial cap with magenta-bordered label)	**6 months through 5 years**	**Total doses: 2 doses**		**Total doses: 3 doses**	
		Dose 1 to 2	At least 4–8 weeks‡	Dose 1 to 2	At least 4 weeks
				Dose 2 to 3	At least 4 weeks
Moderna (Blue vial cap with purple-bordered label	**6 through 11 years**	**Total doses: 2 doses**		**Total doses: 3 doses**	
		Dose 1 to 2	At least 4–8 weeks‡	Dose 1 to 2	At least 4 weeks
				Dose 2 to 3	At least 4 weeks
Moderna (Red vial cap with blue-bordered label)	**12 through 17 years**	**Total doses: 2 doses**		**Total doses: 3 doses**	
		Dose 1 to 2	At least 4–8 weeks‡	Dose 1 to 2	At least 4 weeks
				Dose 2 to 3	At least 4 weeks

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COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older (cdc.gov)

Moderna: 18 and older

Product*	Recipient Age	For Most People		Those Who **ARE** Moderately or Severely Immunocompromised	
		Doses	Interval Between Doses†‡	Doses	Interval Between Doses†‡
Moderna (Red vial cap with a blue-bordered label)	**18 years and older**	**Total number: 3 or 4 doses**		**Total number: 5 doses**	
		Dose 1 to 2	At least 4–8 weeks‡	Dose 1 to 2	At least 4 weeks
		Dose 2 to 3	At least 5 months	Dose 2 to 3	At least 4 weeks
		Dose 3 to 4	At least 4 months for persons ages 50 years and older	Dose 3 to 4	At least 3 months
				Dose 4 to 5	At least 4 months

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COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older (cdc.gov)

Moderna Dosing

Product††	Age Indications‡‡	Diluent	Dosage (amount injected)	
Type: mRNA vaccine				
Moderna (Blue vial cap with magenta-bordered label)	6 months through 5 years	NONE	Any dose in the primary series. Booster doses are not recommended for this age group.	0.25 mL
Moderna (Blue vial cap with purple-bordered label	6 through 11 years	NONE	Any dose in the primary series.	0.5 mL
	18 years and older	NONE	Booster dose only.	0.5 mL
Moderna (Red vial cap with blue- bordered label)	12 years and older	NONE	Any dose in the primary series.	0.5 mL
	18 years and older	NONE	Any dose in the primary series.	0.5 mL
			Booster dose	0.25 mL

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COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older (cdc.gov)

Pfizer: 6 months to 17 years

Product*	Recipient Age	For Most People		Those Who **ARE** Moderately or Severely Immunocompromised	
		Doses	Interval Between Doses†‡	Doses	Interval Between Doses†‡
Pfizer-BioNTech (Maroon vial cap with maroon-bordered label)	**6 months through 4 years**	**Total number: 3 doses**		**Total number: 3 doses**	
		Dose 1 to 2	At least 3–8 weeks‡	Dose 1 to 2	At least 3 weeks
		Doses 2 and 3	At least 8 weeks	Dose 2 to 3	At least 8 weeks
Pfizer-BioNTech (Orange vial cap with orange-bordered label)	**5 through 11 years**	**Total number: 3 doses**		**Total number: 4 doses**	
		Dose 1 to 2	At least 3–8 weeks‡	Dose 1 to 2	At least 3 weeks
		Dose 2 to 3	At least 5 months	Dose 2 to 3	At least 4 weeks
				Dose 3 to 4	At least 3 months
Pfizer-BioNTech (Purple vial cap with a purple-bordered label or gray vial cap with gray-bordered label)	**12 years through 17 years**	**Total number: 3 doses**		**Total number: 5 doses**	
		Dose 1 to 2	At least 3-8 weeks‡	Dose 1 to 2	At least 3 weeks
		Dose 2 to 3	At least 5 months	Dose 2 to 3	At least 4 weeks
				Dose 3 to 4	At least 3 months
				Dose 4 to 5	At least 4 months

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[COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older (cdc.gov)]

Pfizer: 18 and older

Product*	Recipient Age	For Most People		Those Who **ARE** Moderately or Severely Immunocompromised	
		Doses	Interval Between Doses†‡	Doses	Interval Between Doses†‡
Pfizer-BioNTech (Purple vial cap with a purple-bordered label or gray vial cap with gray-bordered label)	**18 years and older**	**Total number: 3 or 4 doses**		**Total number: 5 doses**	
		Dose 1 to 2	At least 3-8 weeks‡	Dose 1 to 2	At least 3 weeks
		Dose 2 to 3	At least 5 months	Dose 2 to 3	At least 4 weeks
		Dose 3 to 4	At least 4 months for persons ages 50 years and older	Dose 3 to 4	At least 3 months
				Dose 4 to 5	At least 4 months

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[COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older (cdc.gov)]

Pfizer dosing

Product††	Age Indications‡‡	Diluent	Dosage (amount injected)	
Pfizer-BioNTech (Maroon vial cap with maroon-bordered label)	6 months through 4 years	2.2 mL 0.9% sodium chloride (normal saline, preservative-free)	Any dose in the primary series. Booster doses are not recommended for this age group.	0.2 mL
Pfizer-BioNTech (Orange vial cap with orange-bordered label)	5 through 11 years	1.3 mL 0.9% sodium chloride (normal saline, preservative-free)	Any dose in the primary series and booster doses.	0.2 mL
Pfizer-BioNTech (Purple vial cap with a purple-bordered label)	12 years and older	1.8 mL 0.9% sodium chloride (normal saline, preservative-free)	Any dose in the primary series and booster doses.	0.3 mL
Pfizer-BioNTech (Gray vial cap with a gray- bordered label)	12 years and older	NONE	Any dose in the primary series and booster doses.	0.3 mL

COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older (cdc.gov)

Janssen: 18 and older

Product*	Recipient Age	For Most People		Those Who **ARE** Moderately or Severely Immunocompromised	
		Doses	Interval Between Doses†‡	Doses	Interval Between Doses†‡
Janssen§	18 years and older	**Total number: 2 or 3 doses**		**Total number: 4 doses**	
		Dose 1 to 2	At least 8 weeks	Dose 1 to 2	At least 4 weeks (mRNA vaccine)¶
		Dose 2 to 3	At least 4 months for persons ages 50 years and older (mRNA vaccine)**	Dose 2 to 3	At least 8 weeks§
				Dose 3 to 4	At least 4 months (mRNA vaccine)¶

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COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older (cdc.gov)

Janssen dosing

Product	Age Indications	Diluent	Dosage (amount injected)	
Type:Viral Vector Vaccine				
Janssen[§§] (Blue Cap)	18 years and older	NONE	Primary and booster dose.	0.5 mL

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[COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older (cdc.gov)]

COVID-19 vaccine

- COVID-19 vaccination is recommended for everyone ages 6 months and older, regardless of a history of symptomatic or asymptomatic SARS-CoV-2 infection. This includes people with prolonged post-COVID-19 symptoms and applies to primary series and booster doses. This recommendation also applies to people who experience SARS-CoV-2 infection after receiving any COVID-19 dose.
- Everyone ages 5 years and older should receive at least 1 booster dose of COVID-19 vaccine if eligible (i.e., if a booster dose is FDA-approved or FDA-authorized for use in a specified population). Recommendations for booster dose(s) vary based on age, COVID-19 vaccine product, and immunocompetence.
- Janssen COVID-19 vaccine should only be used in limited situations; Pfizer-BioNTech or Moderna COVID-19 vaccines are preferred for primary and booster vaccination

- COVID-19 Vaccine Interim COVID-19 Immunization Schedule for 6 Months of Age and Older (cdc.gov)
- Clinical Guidance for COVID-19 Vaccination | CDC

Instructions

- Complete the primary series with same product. If the vaccine product previously administered cannot be determined or is no longer available, any age-appropriate mRNA COVID-19 vaccine product may be administered at least 28 days after the first dose. Any COVID-19 vaccine product (age appropriate) may be administered for a booster dose. It does not need to be the same product used for the primary series.
- Persons with a recent SARS-CoV-2 infection may consider delaying a primary series or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic).
- Some studies in adolescents and adults have shown the small risk of myocarditis associated with mRNA COVID-19 vaccines might be reduced and peak antibody responses and vaccine effectiveness may be increased with an interval longer than 4 weeks. An 8-week interval may be optimal for people who are not moderately or severely immunocompromised and ages 6 months–64 years, especially for males ages 12–39 years.

Notes

- mRNA COVID-19 vaccines are preferred over Janssen COVID-19 Vaccine for both primary and booster doses; an mRNA COVID-19 vaccine must be used for the second booster dose.
- An 8-week interval may be optimal for some people ages 6 months–64 years, especially for males ages 12–39 years. A shorter interval (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for people who are moderately or severely immunocompromised; adults ages 65 years and older; and in situations in which there is increased concern about COVID-19 community levels or an individual's higher risk of severe disease.
- People ages 18–49 who received Janssen COVID-19 Vaccine as both their primary dose and first booster dose may receive a second booster dose using an mRNA vaccine at least 4 months after the first booster dose.

Novavax COVID-19 Vaccine

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Trial details

- The vaccine was assessed in an ongoing randomized, blinded, placebo-controlled study conducted in the United States and Mexico.
- The effectiveness of the vaccine was assessed in clinical trial participants 18 years of age and older who did not have evidence of SARS-CoV-2 infection through 6 days after receiving the second vaccine dose. Among these participants, approximately 17,200 received the vaccine and approximately 8,300 received saline placebo.
- Overall, the vaccine was 90.4% effective in preventing mild, moderate or severe COVID-19, with 17 cases of COVID-19 occurring in the vaccine group and 79 cases in the placebo group. No cases of moderate or severe COVID-19 were reported in participants who received the vaccine, compared with 9 cases of moderate COVID-19 and 4 cases of severe COVID-19 reported in placebo recipients.
- In the subset of participants 65 years of age and older, the vaccine was 78.6% effective. **The clinical trial was conducted prior to the emergence of delta and omicron variants.**

Severe allergic reactions

European Medicines Agency:

- Following PRAC's (Pharmacovigilance Risk Assessment Committee) assessment, anaphylaxis (severe allergic reaction) will be included in the EU product information as a side effect of Nuvaxovid together with an update of the existing advice for managing risk of anaphylaxis (see box below). The frequency category will be 'not known', as it is generally difficult to robustly estimate side effect frequencies from spontaneously reported cases of suspected side effects.
    - The European Commission granted conditional marketing authorization in December 2021 for use of the Novavax vaccine in individuals aged 18 and over.

COVID-19 Vaccines Safety Update July 2022 (europa.eu)

FDA issued EUA

- On July 13, 2022, the U.S. Food and Drug Administration issued an emergency use authorization (EUA) for the Novavax COVID-19 Vaccine, Adjuvanted for the prevention of COVID-19 caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in individuals 18 years of age and older.
- The Novavax COVID-19 Vaccine, Adjuvanted is administered as a two-dose primary series, three weeks apart.
- The vaccine contains the SARS-CoV-2 spike protein and Matrix-M adjuvant. Adjuvants are incorporated into some vaccines to enhance the immune response of the vaccinated individual. The spike protein in this vaccine is produced in insect cells; the Matrix M-adjuvant contains saponin extracts from the bark of the Soapbark tree that is native to Chile.
- The U.S. Department of Health and Human Services (HHS) announced 11 June that the government has secured 3.2 million doses of the Novavax COVID-19 vaccine.

Coronavirus (COVID-19) Update: FDA Authorizes Emergency Use of Novavax COVID-19 Vaccine, Adjuvanted | FDA

ACIP met July 19 on Novavax

- ACIP voted 12-0 to recommend a two-dose primary series.
- ACIP recommended 3 weeks interval between the two doses for moderate to severely immunocompromised, 3-8 weeks for not immunocompromised.
- Dr. Walesky has to sign off on the recommendation before it can be given.

Current boosters and fall boosters

Indiana Department of Health

MMWR: New COVID-19 Vaccine Effectiveness Data

A third and fourth COVID-19 vaccine dose offered substantial protection among adults with healthy immune systems who were eligible to receive them during Omicron variant evolution in early 2022, according to a new MMWR published today.

The findings of this study, in conjunction with recently published data showing people infected with BA.2 may also have antibodies that can protect against illness with BA.5, suggest that currently available vaccines may provide protection against serious illness caused by the currently circulating BA.5 variant.

- When BA.1 was the predominant variant, vaccine effectiveness (VE) was 61% for two doses against COVID-19-associated hospitalizations; VE increased to between 85%–92% after receipt of a third/booster dose.
- When BA.2/BA.2.12.1 became predominant, vaccine effectiveness with two doses was 24% against COVID-19-associated hospitalizations and increased to 52%–69% after a third/booster dose.
- Patterns were similar for emergency department and urgent care encounters, with lower VE during BA.2/BA.2.12.1 predominance and higher VE with 3 or 4 doses compared to VE with 2 doses.
- Among adults ages 50 years and older during BA.2/BA.2.12.1, vaccine effectiveness against COVID-19–associated hospitalization was 55% more than 4 months after a booster/third dose and increased to 80% more than a week after the fourth dose

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https://www.cdc.gov/mmwr/volumes/71/wr/mm7129e1.htm?s_cid=mm7129e1_w

Number of boosters

Who Can Get a Booster

Recommended

1 Booster

- Everyone ages 5 years and older should get 1 booster after completing their COVID-19 vaccine primary series, if eligible.

Learn when you should get your 1st booster below.

Recommended

2 Boosters

- Adults ages 50 years and older
- Some people ages 12 years and older who are moderately or severely immunocompromised

Learn when you should get your 2nd booster below.

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Tool to determine booster eligibility

Boosters are an important part of protecting yourself from getting seriously ill or dying from COVID-19. They are recommended for mos people.

Use this tool to determine when or if you (or your child) can get one or more COVID-19 boosters.

Find Out When to Get a Booster >

This tool is intended to help you make decisions about getting COVID-19 vaccinations. It should not be used to diagnose or treat COVID-19.

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[COVID-19 Vaccine Boosters | CDC]

Moderna's booster targeted against omicron

- Moderna announced it is working on two Omicron vaccine candidates, one targeted against the BA.1 sublineage and a second specific to the BA.4 and BA.5 sublineages.
- New clinical data on its bivalent Omicron (BA.1) booster candidate, mRNA-1273.214. One month after administration in previously vaccinated and boosted participants, a 50 µg booster dose of mRNA-1273.214 elicited significantly higher neutralizing antibody responses against the Omicron subvariants BA.4 and BA.5 compared to the currently authorized booster (mRNA-1273) regardless of prior infection status or age (adults over 18, greater or less than 65 years old).
- No data has been released on the BA.4 and BA.5 specific candidate.

Moderna's Omicron-Containing Bivalent Booster Candidate, mRNA-1273.214, Demonstrates Significantly Higher Neutralizing Antibody Response Against Omicron Subvariants BA.4/5 Compared To Currently Authorized Booster (modernatx.com)

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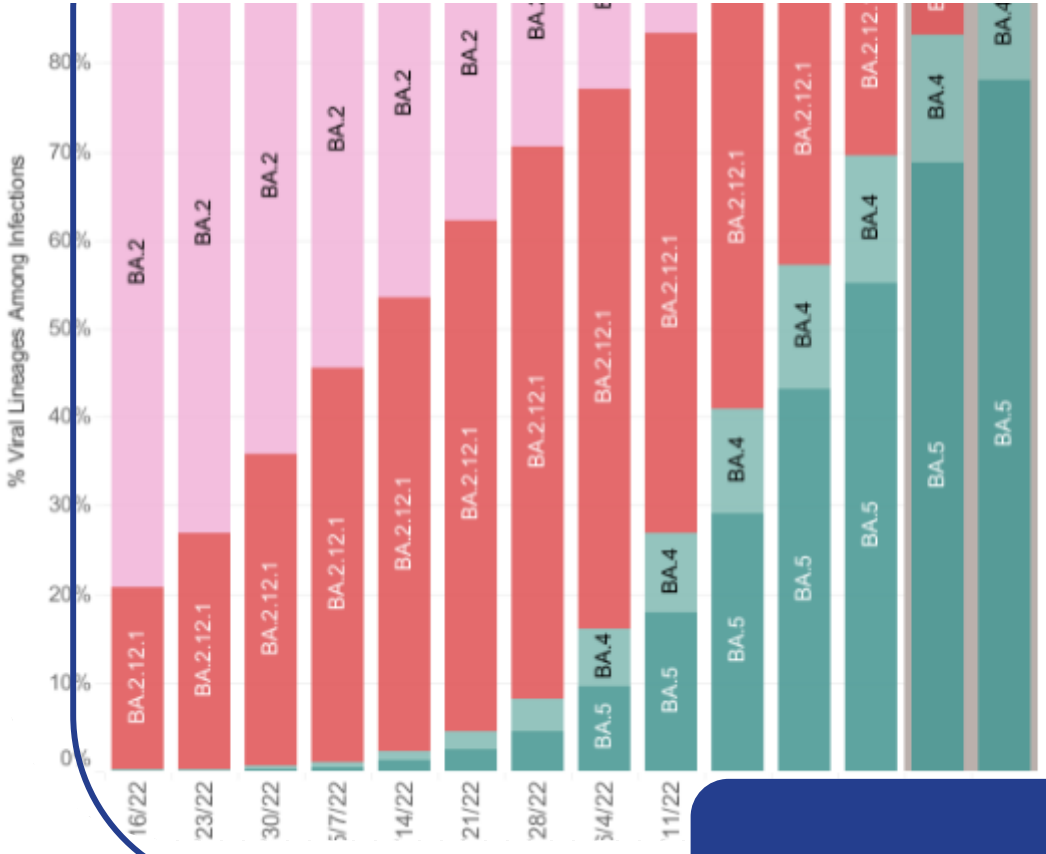
Expect newer formulation for fall booster

- On June 30, 2022, the FDA advised manufacturers seeking to update their COVID-19 vaccines that they should develop modified vaccines that add an omicron BA.4/5 spike protein component to the current vaccine composition to create a two component (bivalent) booster vaccine, so that the modified vaccines can potentially be used starting in early to mid-fall 2022.

Indiana Department of Health

Coronavirus (COVID-19) Update: FDA Recommends Inclusion of Omicron BA.4/5 Component for COVID-19 Vaccine Booster Doses | FDA



Omicron	BA.5	VOC	77.9%	75.8-79.9%
	BA.4	VOC	12.8%	11.3-14.4%
	BA.2.12.1	VOC	8.6%	7.8-9.5%
	BA.2	VOC	0.6%	0.6-0.7%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections t may differ from weighted estimates generated at later dates

AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1

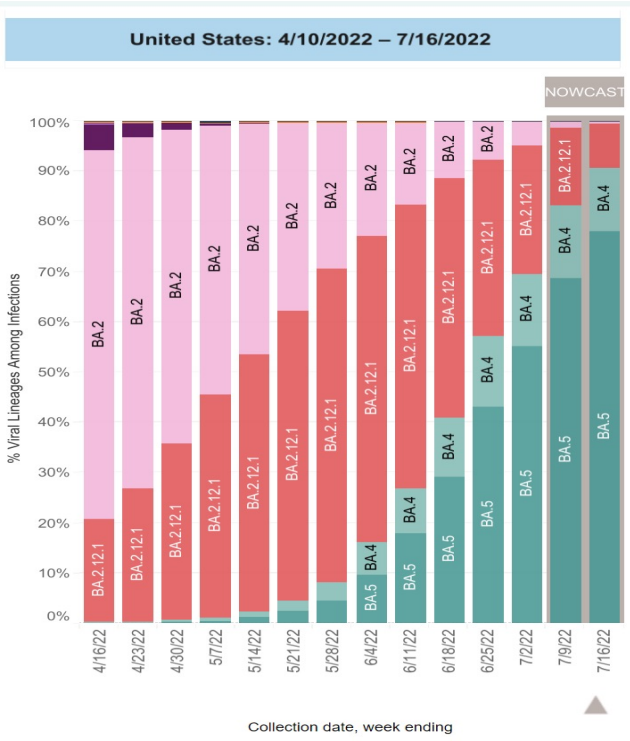
Variants in circulation

Indiana Department of Health

Current dominant variants

- BA.4/BA.5 now account for 80% of COVID cases in US, with BA.5 being dominant
- BA.5 is 67% of cases sequenced in Region 5, which includes Indiana and Great Lakes states, with BA.4 at 16% and BA.2.12.1 at 16%.
- COVID-19 cases and hospitalizations are rising in the United Kingdom due to the Omicron BA.4 and BA.5 sublineages. The total number of positive cases increased by 33% from the week before. There have been more reports of staffing shortages within the healthcare system.

Unpacking Variants



United States: 7/10/2022 – 7/16/2022 NOWCAST

USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.5	VOC	77.9%	75.8-79.9%
	BA.4	VOC	12.8%	11.3-14.4%
	BA.2.12.1	VOC	8.6%	7.8-9.5%
	BA.2	VOC	0.6%	0.6-0.7%
	B.1.1.529	VOC	0.0%	0.0-0.0%
	BA.1.1	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
# AY.1-AY.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1, BA.2 sublineages are aggregated with BA.2. Sublineages of BA.4 are aggregated to BA.4. Sublineages of BA..

Indiana Department of Health

https://covid.cdc.gov/covid-data-tracker/#variant-proportions

BA 2.75

- BA.2.75 is the latest omicron relative catching experts' attention, with three cases recently identified on the West Coast, Time reported July 11. Two cases were detected in California and one in Washington as of July 8, according to data from Helix, which works with the CDC on viral surveillance. The subvariant is gaining traction in India and has also been detected in 10 other countries.
- The variant has a large number of mutations that may make it adept at spreading more quickly and evading antibody protection. Experts have expressed concern it could be even more transmissible than the now dominant BA.5 variant, which has been touted as "the worst version of the virus we've seen," based on its ability to evade immunity from vaccination and prior infections.
- It's been detected in several states in India and appears to be spreading faster than other strains there, experts told Time. "It's still really early on for us to draw too many conclusions," Matthew Binnicker, PhD, director of clinical virology at Rochester, Minn.-based Mayo Clinic, told Time. "But it does look like, especially in India, the rates of transmission are showing kind of that exponential increase," adding that it is too soon to tell whether it will outpace BA.5.

Indiana Department of Health

1st cases of newest omicron subvariant BA.2.75 detected in US: 3 notes (beckershospitalreview.com)

BA.5.2.1

- On 10 June, a Shanghai official said that the country identified a new sublineage of Omicron, BA.5.2.1. The case was found in Pudong District on July 8 and linked to a case from overseas. The health official said that more local cases have been found in Shanghai recently, and the risk of spread remains very high.

Trends

Indiana Department of Health

Community levels vs transmission

- COVID-19 Community Levels refer to the measures of the impact of COVID-19 in terms of hospitalizations and healthcare system strain while accounting for transmission in the community.

- Community Transmission refers to measures of the presence and spread of SARS-CoV-2, the virus that causes COVID-19. (based on percent positivity and number of cases per 100,000)

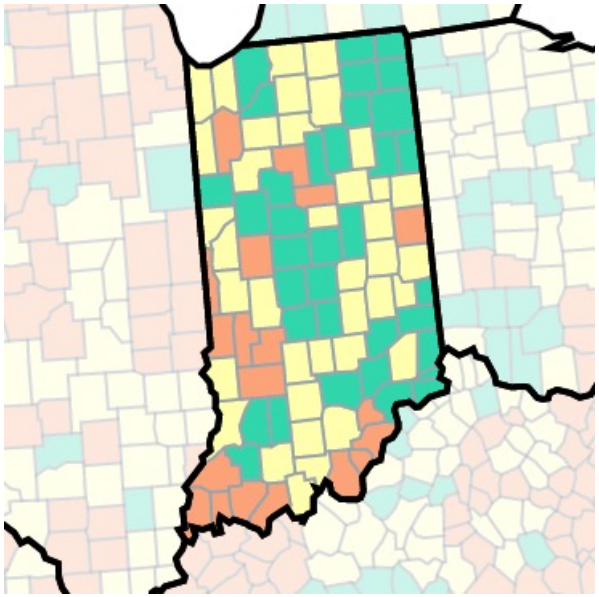
Community Levels

Indiana

State Health Department

7-day Metrics

Cases	11,371
% Positivity	20-24.9 %
Deaths	52
% of Population ≥ 5 Years of Age Fully Vaccinated	60.2%
New Hospital Admissions (7-Day Moving Avg)	100.29



Low | Medium | High

Indiana Department of Health

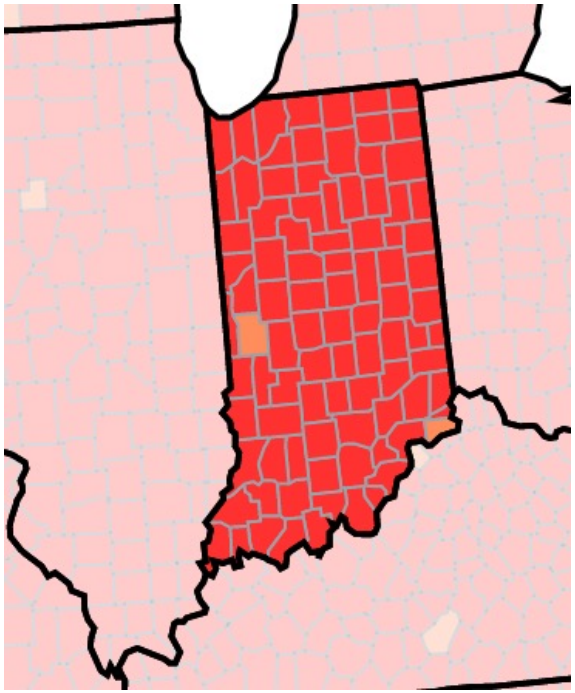
CDC COVID Data Tracker: County View

Community Transmission

Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%



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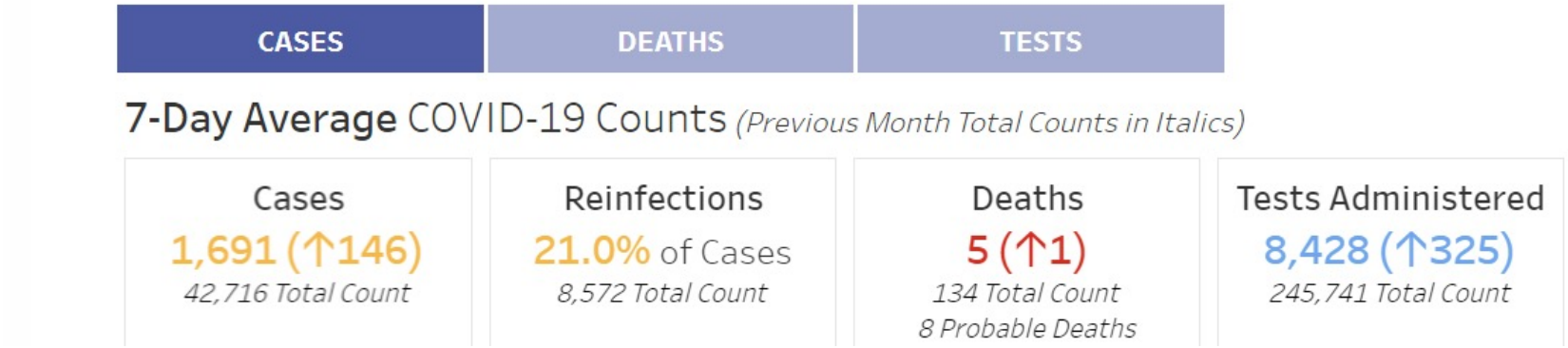
[CDC COVID Data Tracker: County View]

Indiana cases



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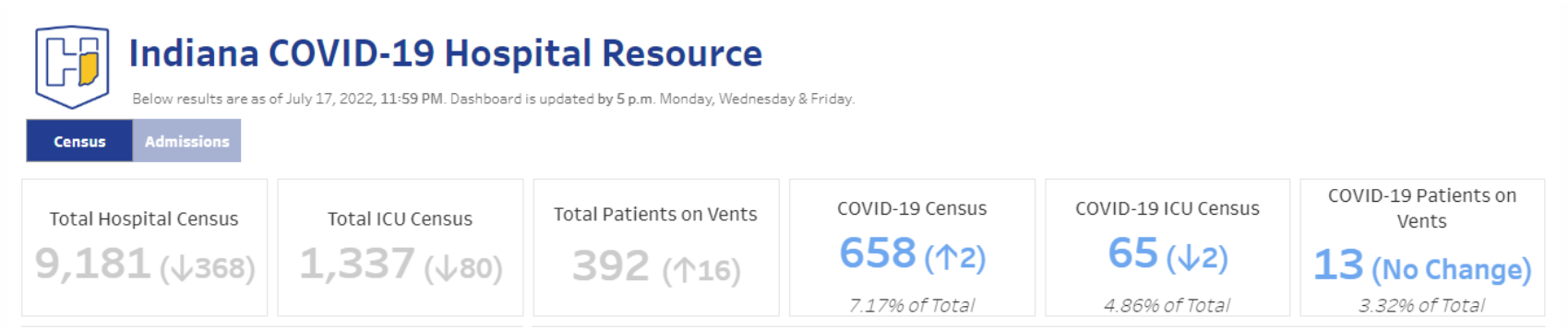
https://www.coronavirus.in.gov/indiana-covid-19-dashboard-and-map/

Hospitalizations



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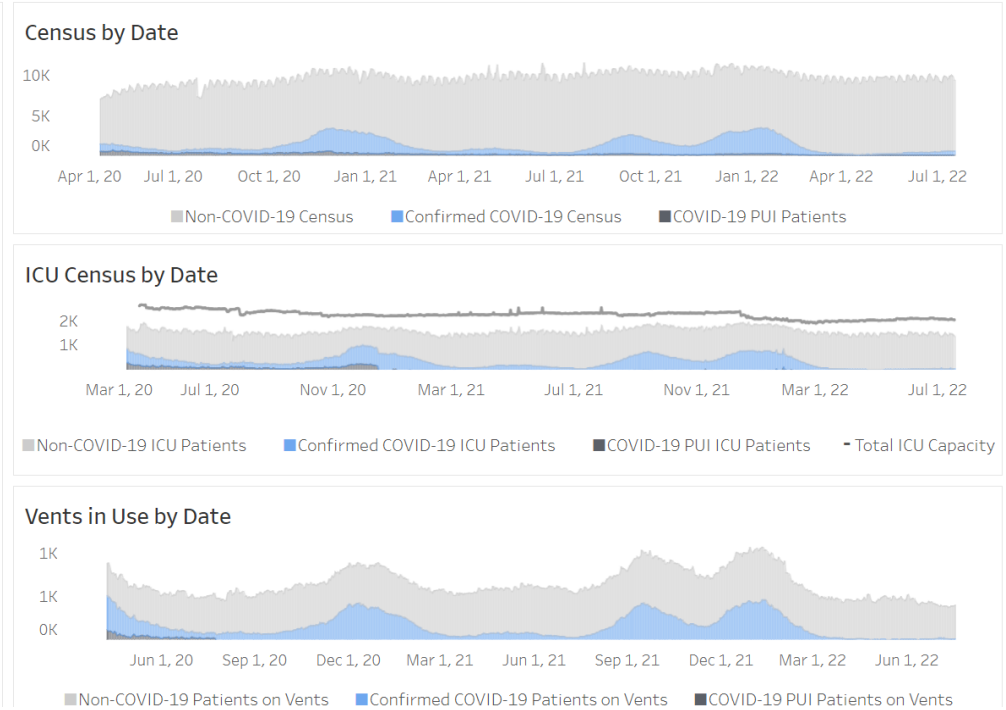
[Novel Coronavirus (COVID-19): Hospital Dashboard (in.gov)]

Hospitalization trends



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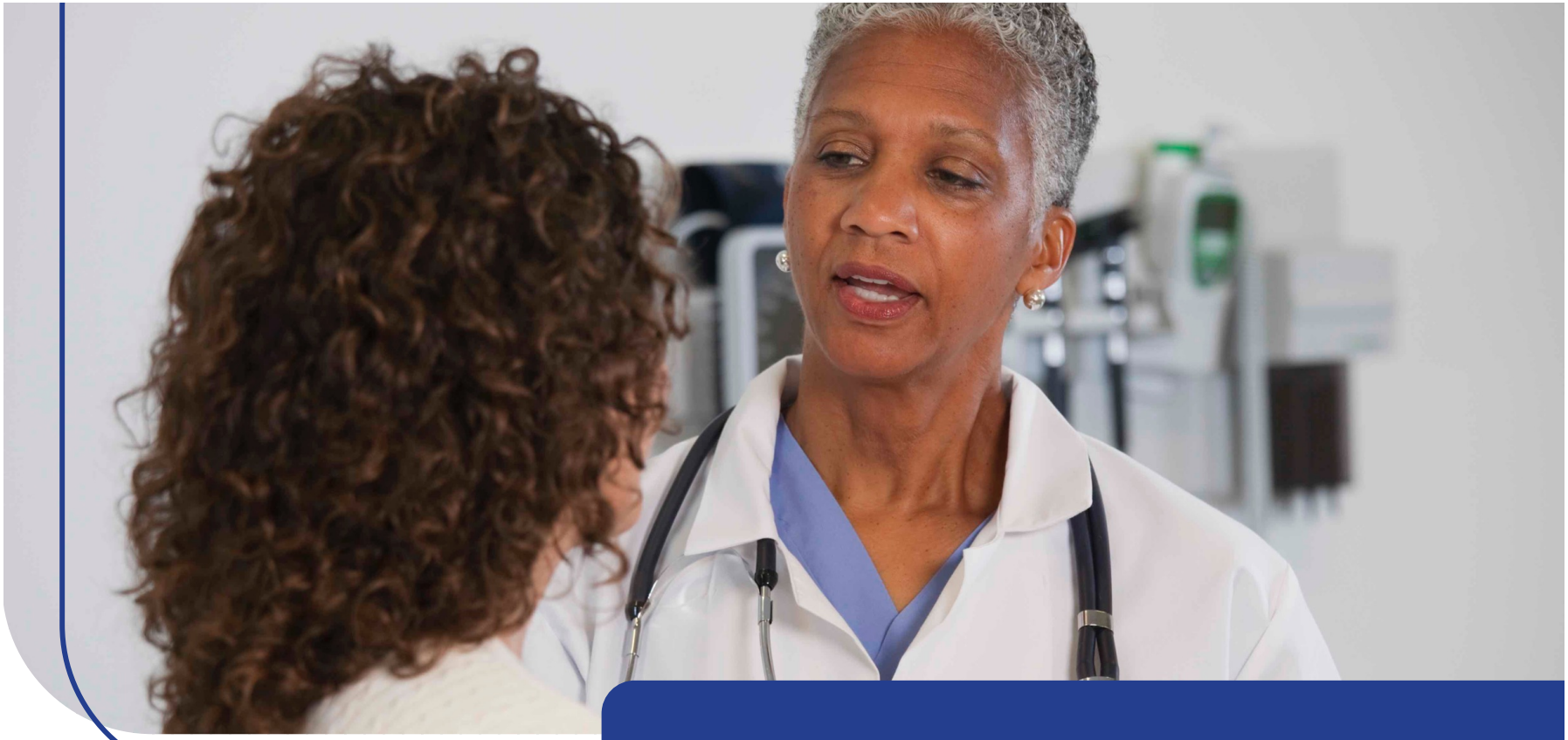
[Novel Coronavirus (COVID-19): Hospital Dashboard (in.gov)]



Other Updates

Indiana Department of Health

Paxlovid Update

- **Paxlovid continues to be recommended for early-stage treatment of mild to moderate COVID-19 among persons at high risk for progression to severe disease**. Paxlovid treatment helps prevent hospitalization and death due to COVID-19. COVID-19 rebound has been reported to occur between 2 and 8 days after initial recovery and is characterized by a recurrence of COVID-19 symptoms or a new positive viral test after having tested negative.
- **A brief return of symptoms may be part of the natural history of SARS-CoV-2 (the virus that causes COVID-19) infection in some persons, independent of treatment with Paxlovid and regardless of vaccination status**. Limited information currently available from case reports suggests that persons treated with Paxlovid who experience COVID-19 rebound have had mild illness; there are no reports of severe disease. There is currently no evidence that additional treatment is needed with Paxlovid or other anti-SARS-CoV-2 therapies in cases where COVID-19 rebound is suspected.

https://emergency.cdc.gov/han/2022/han00467.asp

No Negative Test Required for Travel

- CDC rescinded order requiring negative pre-departure COVID-19 test prior to flight to the U.S.
- Air passengers will not need to get tested and show the COVID-19 test result or documentation of recovery from COVID-19 prior to boarding a flight to the United States.
- COVID-19 pandemic has now shifted to a new phase, due to widespread uptake of highly effective COVID-19 vaccines, availability of effective therapeutics, and increase of high rates of vaccine- and infection-induced immunity at the population level in the United States.
- Each of these measures has contributed to lower risk of severe disease and death across the United States.
- CDC continues to recommend that those travelers boarding a flight to the U.S. get tested for current infection with a viral test as close to the time of departure as possible (no more than 3 days) and not travel if they are sick.

https://bit.ly/3aR1PgS

Questions?

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Your Feedback is Valuable

Question
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