MI COVID RESPONSE DATA AND MODELING UPDATE

March 29, 2022

Executive Summary

CDC COVID-19 Community Levels

- CDC updates Community Levels for every U.S county weekly and provides recommends for individuals and communities as what COVID-19 prevention strategies to implement
- As of March 24th, 89% of Michigan Counties at Low COVID-19 Community Levels

Harm Reduction

- Current case rates and hospitalizations, and increased access to mitigation, indicate Michigan continues in a post-surge recovery phase
- Statewide recommendations on universal masking dialed down in recovery. Support individuals making informed choices about their own
 masking decisions
- Individuals at risk of severe outcomes had higher prevalence of COVID-19 infection in Michigan; vaccination, testing and treatments need to be available to individuals with these conditions
- Unvaccinated people aged 12 and older had greater risks of testing positive and dying in January and February

Situational Awareness

- Nationally, and in Michigan, most metrics are plateauing at near 1-year lows
 - We are closely monitoring the emergence of the Omicron BA.2 wave in Europe to determine threat
- Michigan is seeing an increase in BA.2 with the limited number of specimens being sequenced
 - Nationally, the proportion of specimens sequenced as BA.2 is now greater than 50%
- A greater number of wastewater facilities are reporting plateaus or increases this week compared to previous weeks
- Transmission within settings like schools and long-term care facilities are declining but this decline is slowing
- COVID+ census in hospitals, hospital admission, ICU utilization, and pediatric census is declining or plateaued

CDC COVID-19 Community Levels: Key Messages

As of March 17th, 84% of Michigan Counties at Low COVID-19 Community Levels

- Nationally and within the state, the proportion of counties at low continue to increase
- This week 6 Michigan counties were classified as "high"
 - The 7% of counties in Michigan at high are part of a single HSA (Grand Traverse, MI Manistee, MI) where there are 21.7 COVID-19 admissions per 100k
 - Additional epidemiologic data suggest that there currently isn't a surge that is impacting healthcare capacity, rather critically ill individuals outside the HSA may be directed to hospitals within the HSA because of the ability to provide critical care services

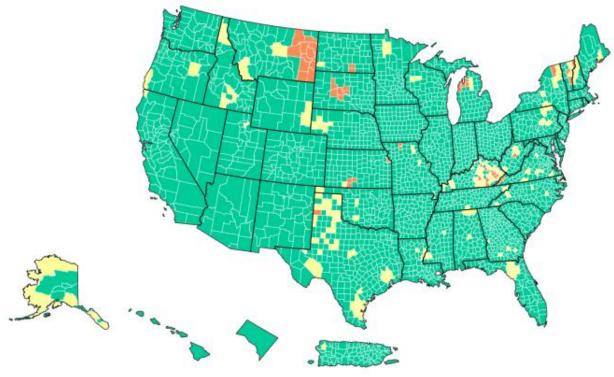
CDC Community Levels and COVID-19 prevention strategies are available here

- Levels for each individual county can be viewed at the link above
- Guidance is provided for individual, household and community leaders at all three levels

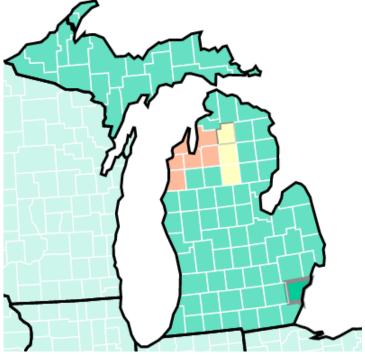
Case rates in parts of Michigan are no longer at a steady decline

- Statewide data are showing potential signs of plateau
- From MiStartMap: 26 counties are currently showing a increasing or plateauing trends

As of March 24th, 89% of Michigan Counties at Low COVID-19 Community Levels



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Percent of Counties

	United States	Michigan
Low	91%	89%
Medium	7%	4%
High	2%	7%

- 91% or US Counties and 89% of Michigan counties are at low risk for medically significant disease and healthcare strain
- The 7% of counties in Michigan at high are part of a single HSA (Grand Traverse, MI Manistee, MI) where there are 21.7 COVID-19 admissions per 100k
 - Additional epidemiologic data suggest that there currently isn't a surge that is impacting healthcare capacity, rather critically ill individuals outside the HSA may be directed to a few hospitals within the HSA because of the ability to provide critical care services

CDC new COVID-19 Community Levels are Publicly Available

Link: <u>https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html</u>

- Easy to access dashboard available on the CDC's website
 - Filter by State and County to get level
 - Or download nationwide database to view all U.S. counties
- Updated at least once weekly (Thursday or Friday)

COVID-19 by County

Updated Mar. 11, 2022 Languages - Prin

Know Your COVID-19 Community Level

COVID-19 Community Levels are a new tool to help communities decide what prevention steps to take based on the latest data. Levels can be low, medium, or high and are determined by looking at hospital beds being used, hospital admissions, and the total number of new COVID-19 cases in an area. Take precautions to protect yourself and others from COVID-19 based on the COVID-19 Community Level in your area.



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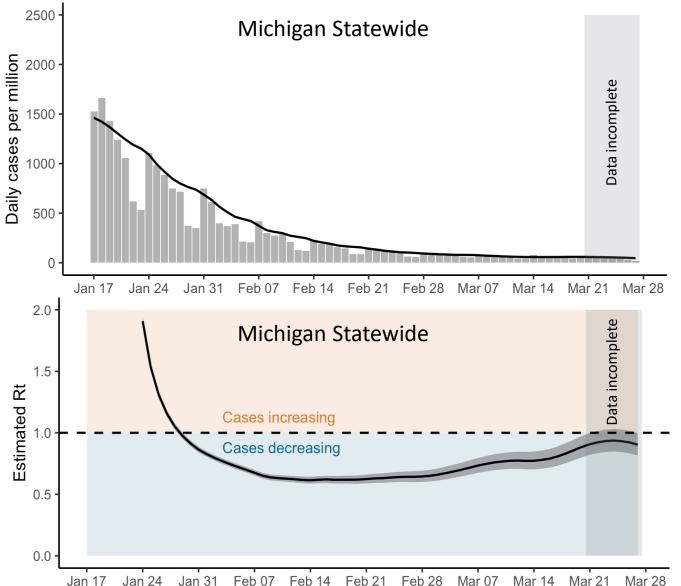
COVID-19 County Check

Find community levels and prevention steps by county.

elect a Location (all fields required)			
Michigan	✓ Ingham County	~	Go
Start Over			
Low			
n Ingham County, Michigan , community level is	Low.		
• Stay up to date with COVID-19 vaccines			
• <u>Get tested</u> if you have symptoms			
People may choose to mask at any time. People COVID-19 should wear a mask.	with symptoms, a positive test, or exposure to some	one with	

If you are immunocompromised, learn more about how to protect yourself.

Case rates in Michigan are plateauing, with some counties showing potential signs of increase or plateau



Five counties currently showing increases and 21 in high incidence plateaus (via <u>mistartmap.info</u> as of 3/28/22, data through 3/20/22). Increasing counties:



Sources: MDSS cases plotted by onset date, if available (otherwise lab specimen collection date or referral date are used).

Harm Reduction: Key Messages

The Michigan COVID-19 response cycle can be broken down into three key phases (Recovery, Readiness, Response)

 Current case rates and hospitalizations, and increased access to vaccines, testing and therapies, indicate Michigan continues in a post-surge recovery phase of the cycle

Masking is still an important component of our layered mitigation strategies

• Statewide recommendations on universal masking has been dialed down in the recovery phase, and at this time we support individuals making informed choices about their own masking decisions

Vaccinations and Boosters administration remains a critical component during the recovery phase,

- CDC says certain individuals over the age of 50 may receive an additional booster dose
- MDHHS now has an additional tab for booster data on the vaccine dashboard
- Unvaccinated people in Michigan had 2.9 times the risk of testing positive for COVID-19 in February compared to people up to date on their vaccination
 - In January, unvaccinated people in Michigan had 2.7 times the risk of testing positive for COVID-19 and 25 times the risk of dying from COVID-19 compared to people up to date on their vaccination
- There remains opportunities to inform parents about the benefits and safety of adult and child COVID-19 vaccines

Vaccination, masking and testing can aid in safe travel during spring break

- Do **NOT** travel if you are sick or awaiting COVID test results or a close contact recommended to quarantine.
- Remember **masking** is still required on public transportation and indoor transportation hubs (airports, train stations)
- Vaccinate or boost before travel <u>Coronavirus COVID-19 Vaccine (michigan.gov)</u>
- **Testing** is widely available

Ongoing to the second s



A surge is expected due to a new variant, local outbreak, seasonal changes.

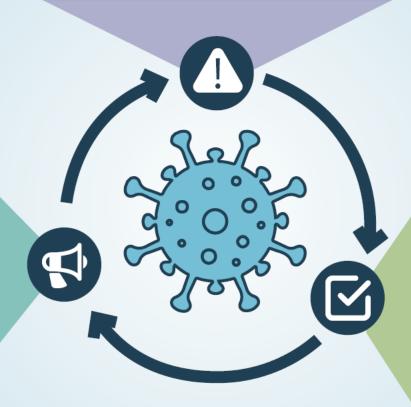
Expect increased illness severity and overwhelmed hospital capacity.

- Educate public regarding new risks.
- Ensure enough supplies of tests, masks and medications.

Response (Surge)

A surge means rapid response by local and state public health.

- Increased supplies for testing, masking and medications.
- Increased masking, testing and social distancing efforts.





Visit <u>Michigan.gov/Coronavirus</u> for current COVID-19 information.



Recovery (Post-Surge)

Expect to remain in this phase for longer periods as COVID-19 evolves.

Monitor conditions that may lead to surges, such as a new variant.

- Encourage vaccines to decrease COVID-19 risks.
- Strengthen community support with local stakeholders.
- Empower community members to make best choices for individual situations.

When to Wear a Well-Fitting Mask

Please be respectful of others' choices.

MDHHS recommends mask use in the following settings:

You might also consider masking in these settings:



During Isolation and Quarantine.

• Those with COVID-19 infection and their contacts should wear a mask when around others.



If you, or those around you, are at high risk for infection or severe disease.

- Immunocompromised or have other medical conditions that increase risk.
- Unvaccinated.



When you are in a congregate setting.

• Long term care, health care or correctional facility.



When you are in an area with a local or federal mask policy.

• Counties, schools, businesses or other settings may have mask policies.



If you feel the risk of exposure is high.

• Crowded indoor settings; a potential for unvaccinated individuals.



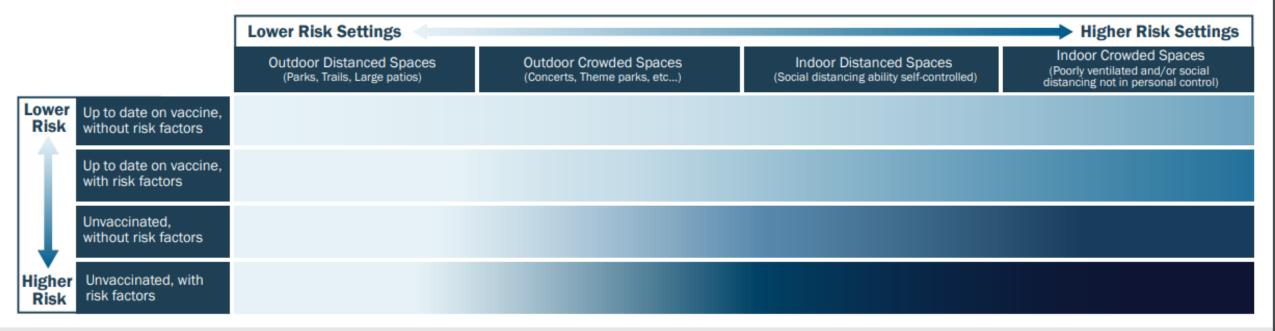
If you simply feel more comfortable wearing a mask.

Understanding Personal and Household Risk

Protect yourself from COVID-19 by understanding levels of risk, practicing good hygiene and hand washing, staying home when sick, and staying up to date with vaccinations. Masking is a personal and local community choice. Know your risk; know that others may have a risk different from yours. Respect the choice.

Masking is a proven way to reduce your risk of COVID-19.

When making decisions about risk, consider the setting, your vaccination status and current level of community transmission in addition to the personal and family risk factors* noted below.



Up to Date on vaccine includes any booster doses as defined by the CDC. Additionally, individuals who have tested positive for COVID-19 in the past 90 days would fall into similar risk categories as those who are up to date on vaccination.

* **Risk factors** include older adults (60+) and those who have serious chronic medical conditions like heart disease, diabetes or lung disease (at any age), and those who live in high-risk congregate settings (like nursing homes, corrections facilities and shelters). If you live with others who have risk factors, consider their health in addition to your personal health.



Visit <u>Michigan.gov/Coronavirus</u> for current COVID-19 information.

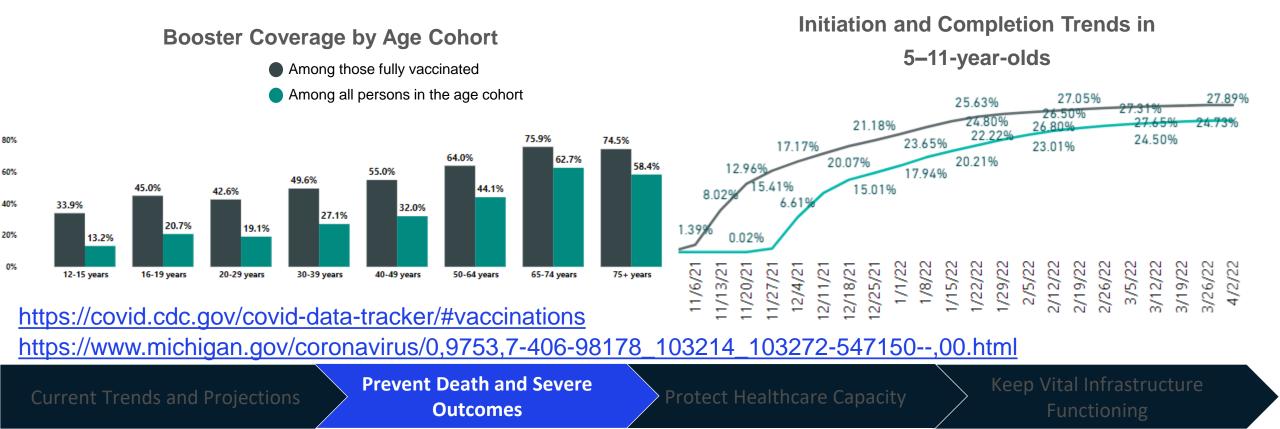
Considerate Mask Use

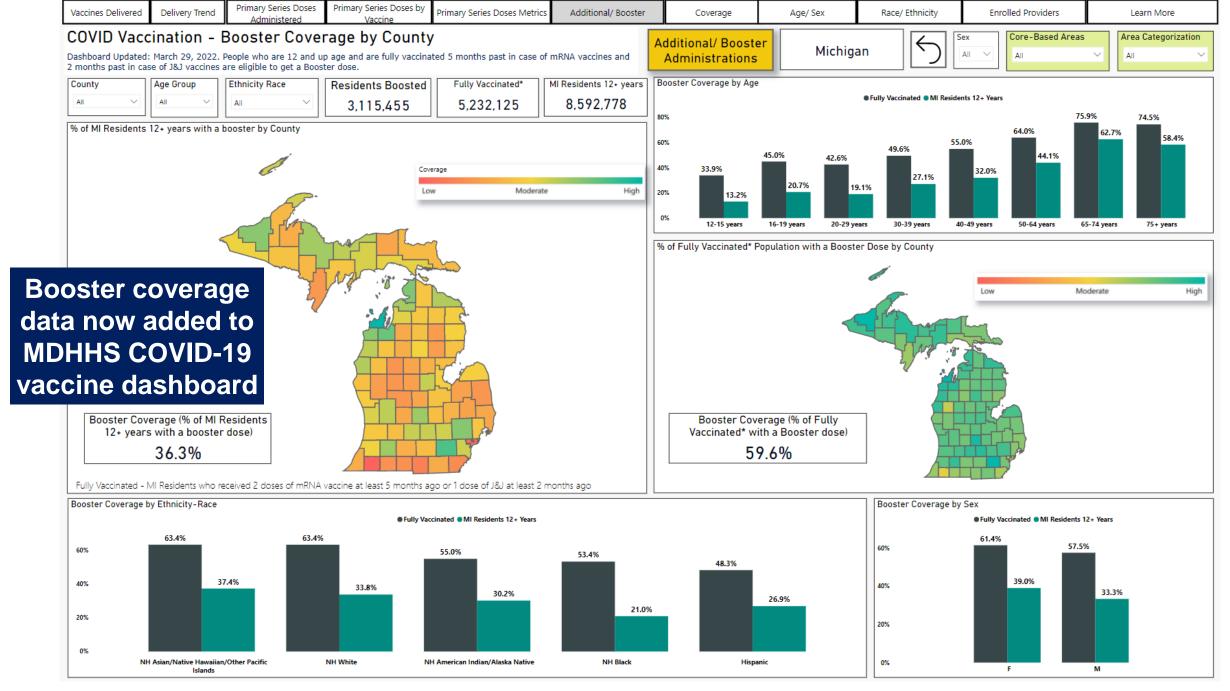
- Masking is one of the most considerate things you can do for other vulnerable members of your community
 - Extra precautions are needed to protect our friends, neighbors, and loved ones who are at increased risk of severe illness.
 - People who are at increased risk of severe illness—and family, friends, and coworkers who spend time with them—should consider taking extra precautions even when the COVID-19 Community Level is low.
 - These precautions can include wearing masks and getting tested before gathering together
 - If you think you are at increased risk of severe COVID-19, talk to your healthcare provider about the precautions you should take
- Be respectful of others decision to wear a mask, regardless of the reason



Vaccinations and Boosters

- Over 15.4 million COVID-19 vaccine doses have been administered in Michigan
 - Over 6.6 million Michiganders have received at least one dose (66.6%)
 - Over 5.9 million Michiganders have completed a primary series (59.7%)
 - Over 3.19 million additional/booster doses have been administered in Michigan
 - 53.5% of the fully vaccinated population has received a booster
 - 75.8% of the fully vaccinated population 65 years of age or older has received a booster





https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214_103272-547150--,00.html

Completed vaccination among Skilled Nursing Residents and Staff is plateauing

86.5% of SNF residents are fully vaccinated; 34 of 53 states/territories

82.9% of SNF staff are fully vaccinated, 43 of 53 states/territories2.2% of SNF staff are partially vaccinated

Percentage of Current Residents with Completed COVID-19 Vaccinations COVID-19 Vaccination Coverage and Reporting among Staff in Nursing Homes, by Week per Facility Note: This shows the average percentage among facilities who have reported vaccination data in the current or prior 100% week. 1/27/22 CMS Rule Phase 1 100 **Requirement Deadline** of Residents with Completed Vaccinations 11/5/21 CMS Healthcare 90 Worker COVID-19 80 Michigan Vaccination Final Rule 86 49% vaccinated 70 Ś 60% Staff Receiving Announced 60 50 40% 40 30 20 20% 10 Week Endina States

https://data.cms.gov/covid-19/covid-19-nursing-home-data

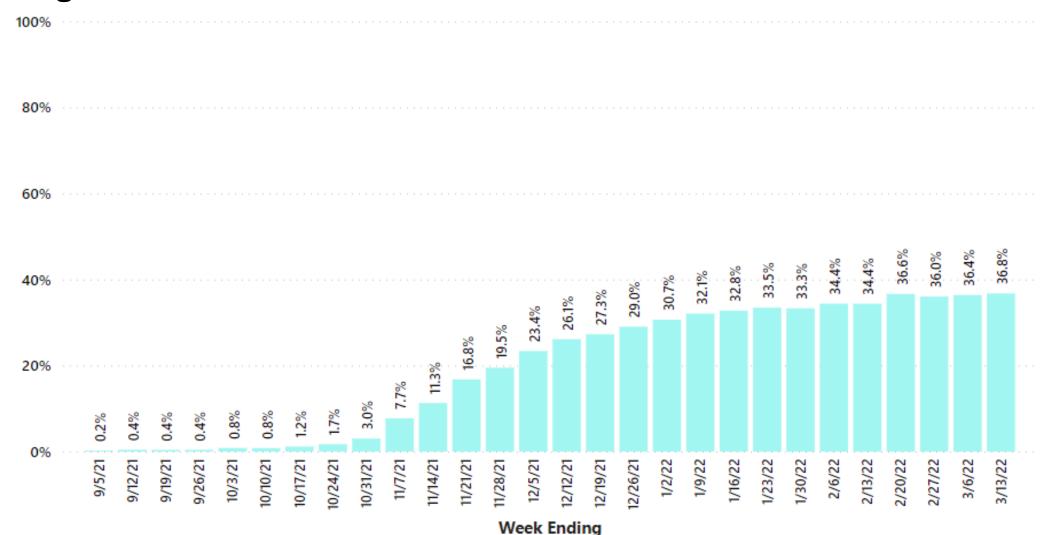
https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html

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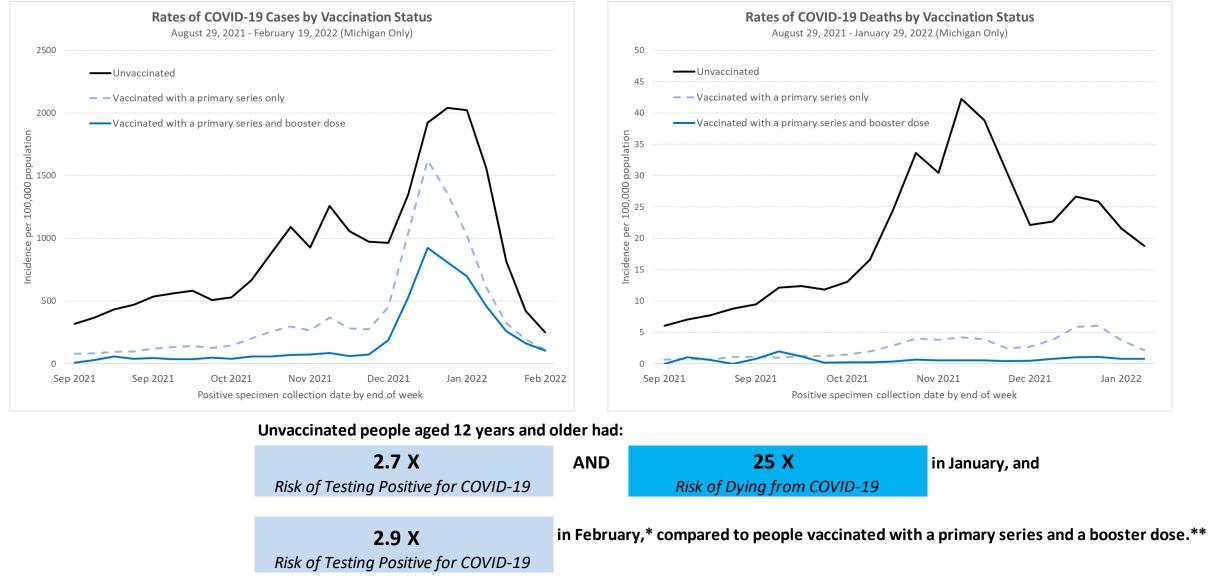
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Percentage of Staff in Nursing Homes with Completed Vaccination and Receiving Additional Primary or Booster Dose by Week in Michigan is plateauing



Unvaccinated people in Michigan had 2.9 times the risk of testing positive for COVID-19 in February compared to people up to date on their vaccination



*These data reflect cases among persons with a positive specimen collection date through February 19, 2022, and deaths among persons with a positive specimen collection date through January 29, 2022. Please note that these provisional data are subject to change. **Data on immune status are unavailable, thus an additional dose in an immunocompromised person cannot be distinguished from a booster dose. ISSUE BRIEF COVID-19 RAPID RESPONSE SURVEY FINDINGS

THE LINK BETWEEN PARENTS' AND CHILDREN'S VACCINATION IN DETROIT

MARCH 2022 By Lydia Wileden

DETROIT METRO AREA

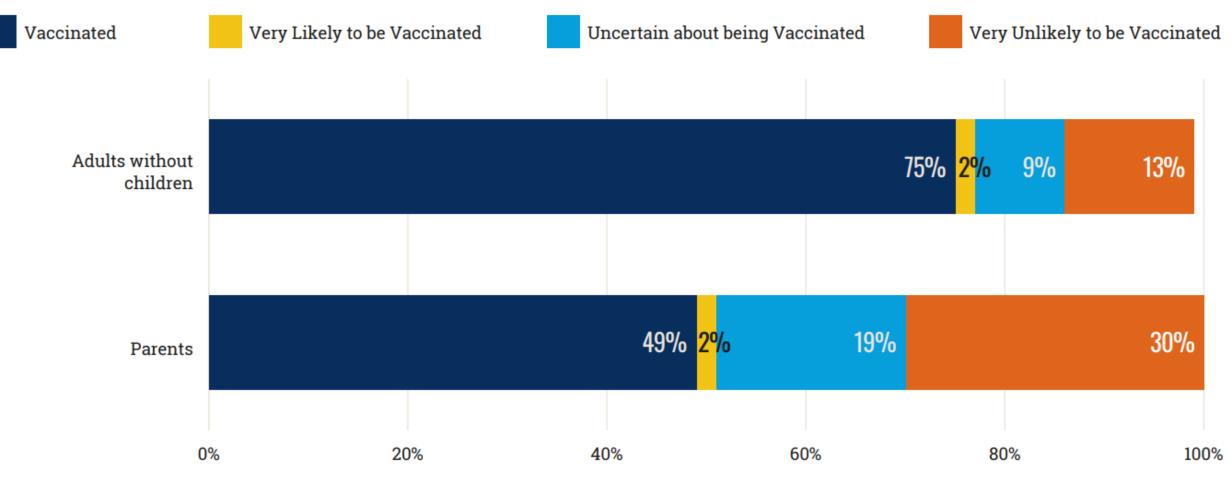
https://detroitsurvey.umich.edu/wpcontent/uploads/2022/03/DMACS-Briefparent-child-vaccinations-March2022.pdf

OVERVIEW

This report is part of a series of reports highlighting findings from the most recent survey of the Detroit Metro Area Communities Study (DMACS). The survey was fielded between November 3 and December 15, 2021, and captures the views of a representative sample of 1,900 Detroit residents. This report focuses on the vaccination status of parents-defined as adults living with one or more children under the age of 18 for whom they have custody-and how parents' willingness to vaccinate is associated with the vaccination status of their children. It also highlights parents' reasons for avoiding vaccination, trust in the vaccine generally and for kids specifically, and perceptions of how safe social activities are during the pandemic. It extends our <u>August 2021 findings</u> that showed adults living with children were more hesitant about getting the COVID-19 vaccine than other adults. Results have been weighted to reflect the population of the City of Detroit.

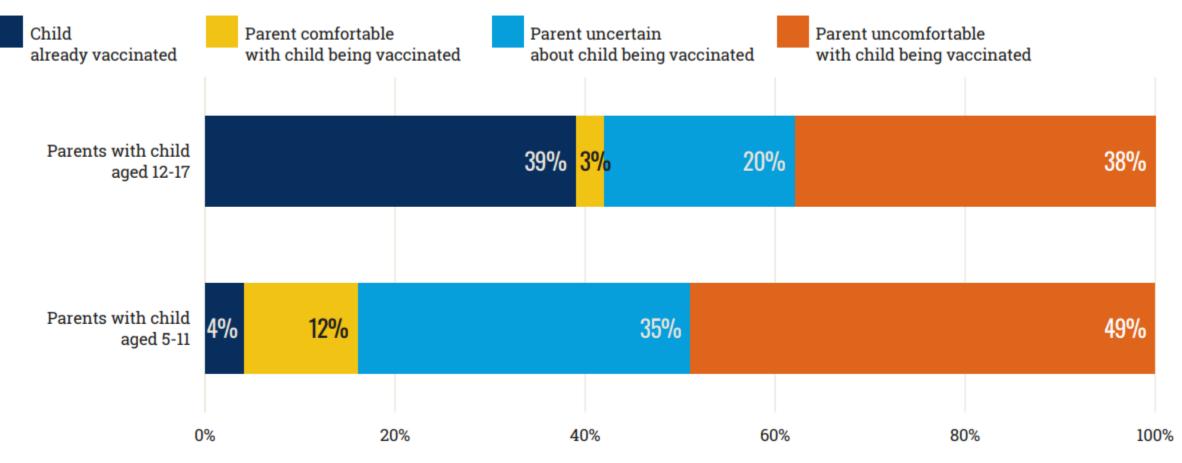
PARENTS ARE LESS LIKELY TO BE VACCINATED AND ARE MORE HESITANT ABOUT GETTING THE COVID-19 VACCINE¹

ADULTS' VACCINATION BY PARENTAL STATUS



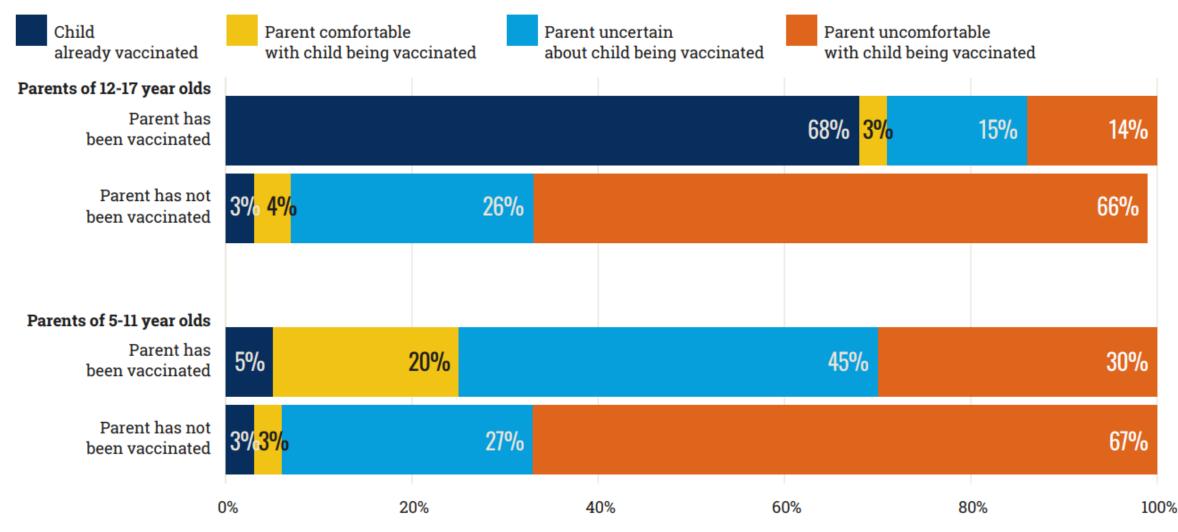
UPTAKE OF VACCINES FOR KIDS REMAINS LOW AND MANY PARENTS Are hesitant to have their children vaccinated

PARENTS' COMFORT VACCINATING CHILDREN



UNVACCINATED PARENTS ARE LESS LIKELY TO HAVE THEIR CHILDREN VACCINATED

PARENTS' COMFORT VACCINATING CHILDREN BY PARENT VACCINE STATUS



COVID Safety Reminders for Spring Break

Travel Considerations:

- Do **NOT** travel if you are sick or awaiting COVID test results or a close contact recommended to quarantine.
- Check your destination's CDC Community Levels (COVID-19 by County | CDC) and travel requirements
- Remember **masking** is still required on public transportation and indoor transportation hubs (airports, train stations)
- Vaccinate or boost before travel <u>Coronavirus COVID-19 Vaccine</u> (michigan.gov)
- Testing is widely available
 - Find a Test Near You Search Results (solvhealth.com)
 - Reorder over-the-counter tests through federal, Mi Backpack, or Rockefeller programs <u>Coronavirus - Test (michigan.gov)</u>
- Discuss these factors and safety plans with travel companions

Returning Considerations:

- Test 3-5 days after returning home
- Avoid contact with elderly or immunocompromised loved ones for 10 days after returning

SAFER TRAVEL CHECKLIST

MAKE SURE YOU ARE FULLY VACCINATED Against Covid-19 Before you travel.



CHECK THE TRAVEL REQUIREMENTS OF THE STATE OR COUNTRY YOU ARE VISITING.



PACK AND WEAR FACEMASKS.



GRAB HAND SANITIZER IN CASE YOU CAN'T Wash hands with soap and water.

Epidemiologic Surveillance: Key Messages

- Nationally, case rates declines are slowing and the Omicron BA.2 surge is continuing in several European countries
 - We are closely monitoring epidemiology of the Omicron BA.2 sub-lineage
 - In the United States, the proportion of specimens sequenced as BA.2 has increased > 50% while the total specimens sequenced has decreased
 - Michigan is also seeing an increase in BA.2 with the limited number of specimens being sequenced
- Eighty percent (16/20) of Michigan sentinel wastewater surveillance sites are showing increases in COVID-19 in the previous 15-days
- Case rates are beginning to plateau for all reported ages, races and ethnic groups
- Case rates among school aged children are also plateauing; but settings of schools and long-term care have seen a
 decline in the number of cases and clusters reported to MDHHS
- Michigan COVID+ hospital admissions, census, and ICU capacity has declined or remained level for all regions and most age groups

Global and National Trends



Globally, 481,121,555 cases and 6,124,475 deaths (Data* through 3/28/2022)

• Several European countries are experiencing case rate increases

United States: Reported cases (7-day average) have decreased over 0.68% since the prior week¹

In the U.S., the case rate is 58.2 cases/100,000 in last 7 days (last week: 58.6 cases per/100,000)

All Region 5 (Midwest) states have plateaued

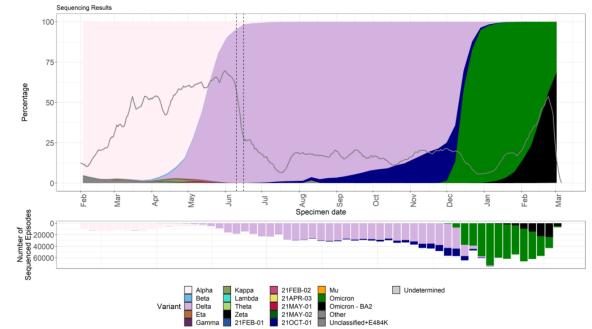
• Illinois and Michigan have the highest case rates *in Region 5* (3/28)

BA.2 UK Technical Report – March 11th

- BA.2 is >80% of the sequences in the UK
- Hospitalization rate is similar to BA.1
- Infection rate in household contacts is 14% with BA.2 vs 11% with BA.1 and in non household contacts is 5% with BA.2 vs 4% with BA.1
- Monitoring in highly infected (30%) and vaccinated population (95%) found that reinfection after BA.1 is possible but unclear how common. About 9% of all recent infections (end of February) are reinfections

SARS-CoV-2 variants of concern and variants under investigation in England: Technical briefing 38

Figure 2. Variant prevalence of available sequenced cases for England from 1 February 2021 as of 8 March 2022 (Find accessible data used in this graph in <u>underlying data</u>. Dashed lines indicate period incorporating issue at a sequencing site. Grey line indicates proportion of cases sequenced.)



https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1060337/Technical-Briefing-38-11March2022.pdf

Identified COVID-19 Cases Caused by Variants of Concern (VOC) in US and Michigan

SARS-CoV-2 Variants Circulating in the United States, Feb 5 – Mar 26 (NOWCAST)

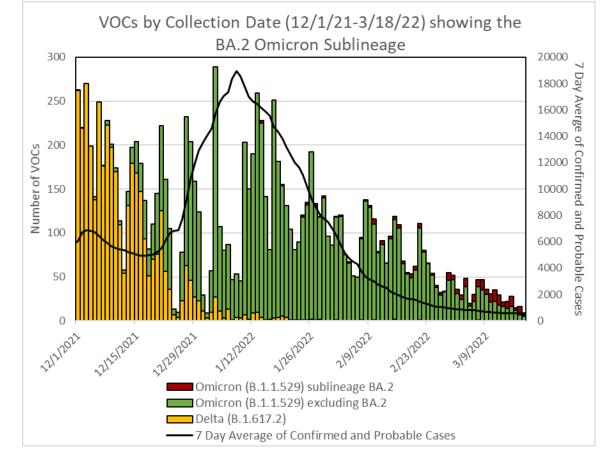
	novichor												
										USA			
								WHO label	Lineage #	US Class	%Total	95%PI	
						BA.1.1	BA.1.1	Omicron	BA.2	VOC	54.9%	50.8-59.1%	
BA.1.1	BA.1.1	BA.1.1	BA.1.1	BA.1.1	BA.1.1	BA			BA.1.1	VOC	40.4%	36.4-44.5%	
			u						B.1.1.529	VOC	4.7%	3.9-5.7%	
					.529			Delta	B.1.617.2	VOC	0.0%	0.0-0.0%	
				B.1.1.529	B.1.1.529	~	BA.2	Other	Other*		0.0%	0.0-0.0%	
B.1.1.529	B.1.1.529	B.1.1.529	B.1.1.529		BA.2	BA.2		above 1% n		east one wee	k period.	"Other" represen	its
			BA.2	BA.2			the aggregation of lineages which are circulating during all weeks displayed. ** These data include Nowcast estimates, wh projections that may differ from weighted estima-					h are modeled	
2/5/22	2/12/22	2/19/22	2/26/22	3/5/22	3/12/22	3/19/22	projections that may differ from weighted estimates generat later dates # AY.1-AY.133 and their sublineages are aggregated wil B.1.617.2. BA.1 and BA.3 are aggregated with B.1.1.529. F regional data, BA.1.1 is also aggregated with B.1.1.529, as currently cannot be reliably called in each region.				egated with 1.1.529. For		

Data last updated Mar 28, 2022

Source: MDSS

[¶] Sequence specimens are from the most recent week by onset date which may change as more specimens are sent in

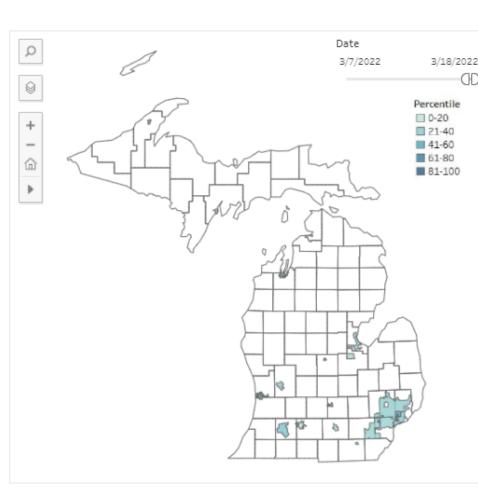
VOC Distribution in Michigan



- Since February 15, there have 1,487 VOC specimens sequenced
- 217 Omicron BA.2 specimens identified from 33 counties and City of Detroit
- Limitations of not sequencing every case reported

Michigan COVID-19 SWEEP Sentinel Wastewater Dashboard

The map below shows 20 sewershed sites in Michigan where wastewater is being monitored for the presence of SARS-CoV-2, the virus that causes COVID-19. These sentinel sites serve as a subset of wastewater surveillance in Michigan distributed across the Michigan Economic Recovery Council (MERC) Regions. Click on each site on the map to see wastewater and clinical case data over time. In the top right corner of the map, slide the white buttons to select the time period for which the site-specific percentile is calculated.



Site	Sewershed Population	Consecutive Weeks of Virus Detection	Trend As Of	15-Day Trend
Alma WWTP	8976	0	3/14/2022	+
Battle Creek WWTP	51093	0	3/16/2022	
Bay City WWTP	34000	0	3/17/2022	+
Delhi Township WWTP	22500	23	3/10/2022	
Escanaba WWTP	12600	29	3/16/2022	+
GLWA Detroit River Inter	ce 492000	74	3/16/2022	
GLWA North Interceptor-	1482000	51	3/16/2022	→
GLWA Oakwood-	840600	75	3/16/2022	→
Grand Rapids WWTP	265000	32	3/17/2022	-
Holland WWTP North	45606	0	3/16/2022	-
Holland WWTP South	36912	0	3/16/2022	-
Jackson WWTP	90000	35	3/18/2022	→
Kalamazoo WWTP	150000	1	3/17/2022	1
Petoskey WWTP	7900	0	3/17/2022	1
Portage Lake WWTP	14000	27	3/16/2022	1
Saginaw Township WWT	P 40000	0	3/17/2022	1
Tecumseh WWTP	8680	10	3/18/2022	+
Traverse City WWTP	45000	1	3/17/2022	1
Warren WWTP	135000	27	3/10/2022	1
Ypsilanti WWTP	330000	35	3/17/2022	

Abbreviations: GLWA - Great Lakes Water Authority; WWTP - Waste Water Treatment Plant

Definitions and descriptions of data calculations can be found in the "About" tab.

Current results reflect data that were uploaded to MDHHS as of 3/23/2022. Labs are required to report test results to local partners within 24 hours. Data is subject to change as additional wastewater data and case data are received.

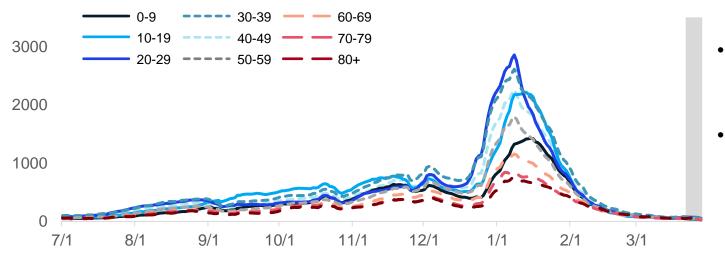


Sentinel Summary

- 20% (4/20) of sentinel sites are showing declines in the previous 15days
- 35% (7/20) of sentinel sites are showing increasing trends over last 15days
- The remaining 45% of sites have plateaued over the last 15 days.

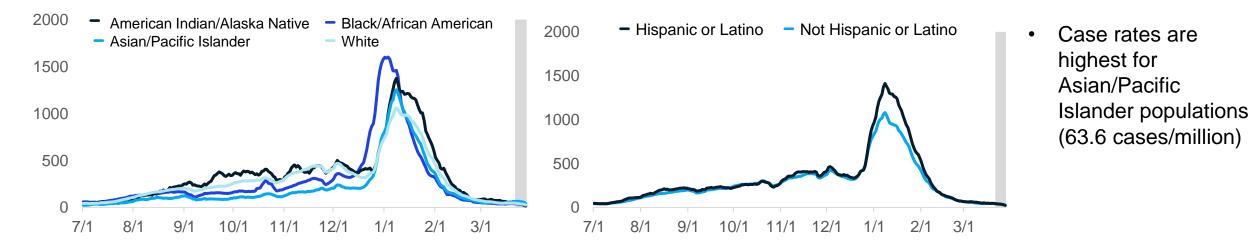
Case rate are beginning to plateau for all reported ages, races and ethnic groups

Daily new confirmed and probable cases per million by age group (7-day rolling average)



- Case rates by onset date for all age groups are between 46.9 and 80.7 cases per million (through 3/14)
- Case counts and case rates are highest for 30-39-year-olds this week, followed by 40-49 and 20–29-year-olds

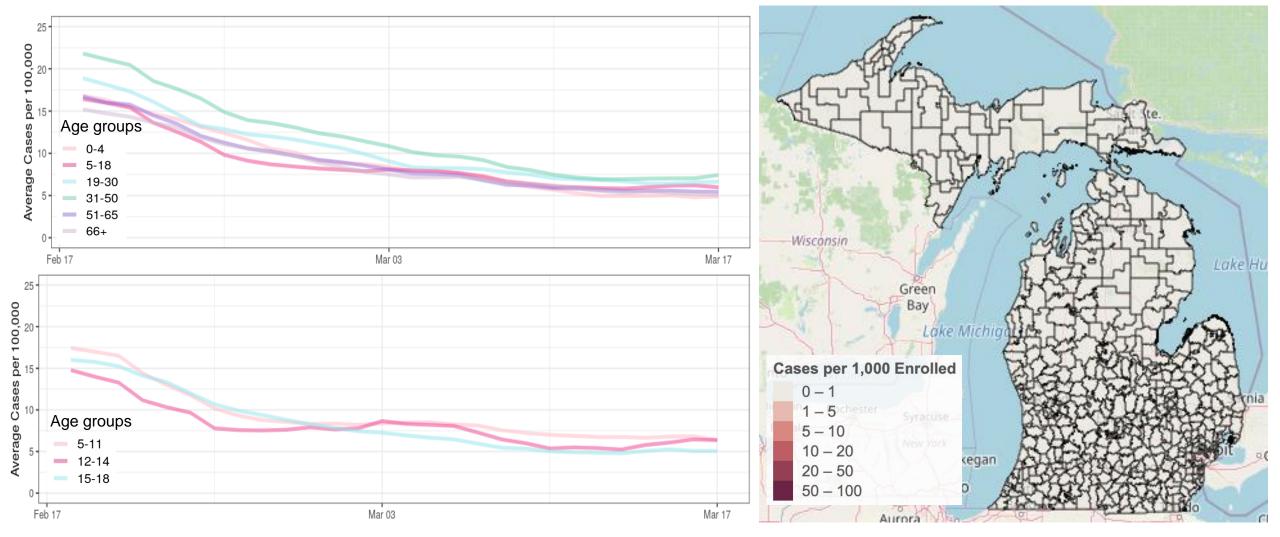
Daily new confirmed and probable cases per million (7 day rolling average) by race & ethnicity category



Note: Case information sourced from MDHHS and reflects date of onset of symptoms Source: MDHHS – Michigan Disease Surveillance System

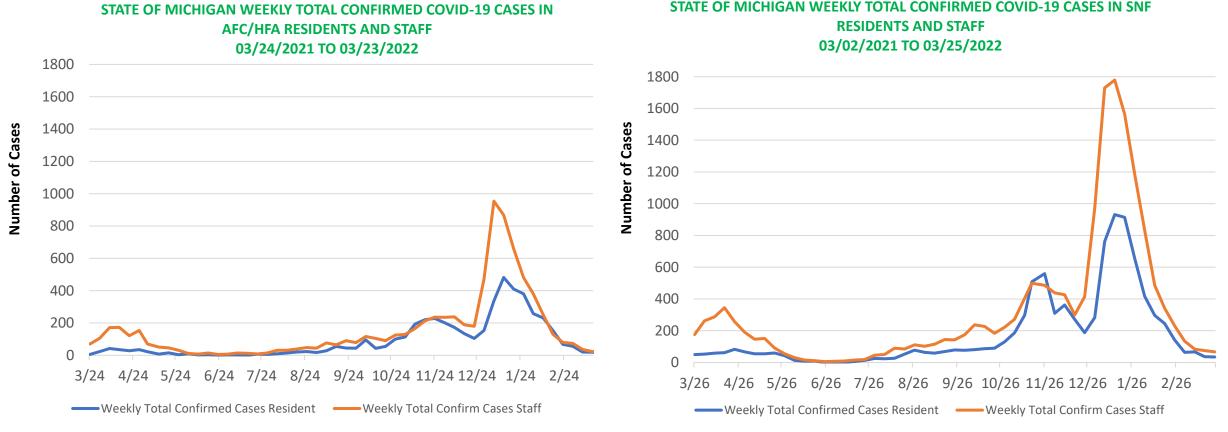
Decline in case rates slowing in the school-aged population statewide

- Case rates in 5–18-year-olds are similar to rates in 19–50-year-olds
- Case rates among all populations (school-aged and non) are plateauing



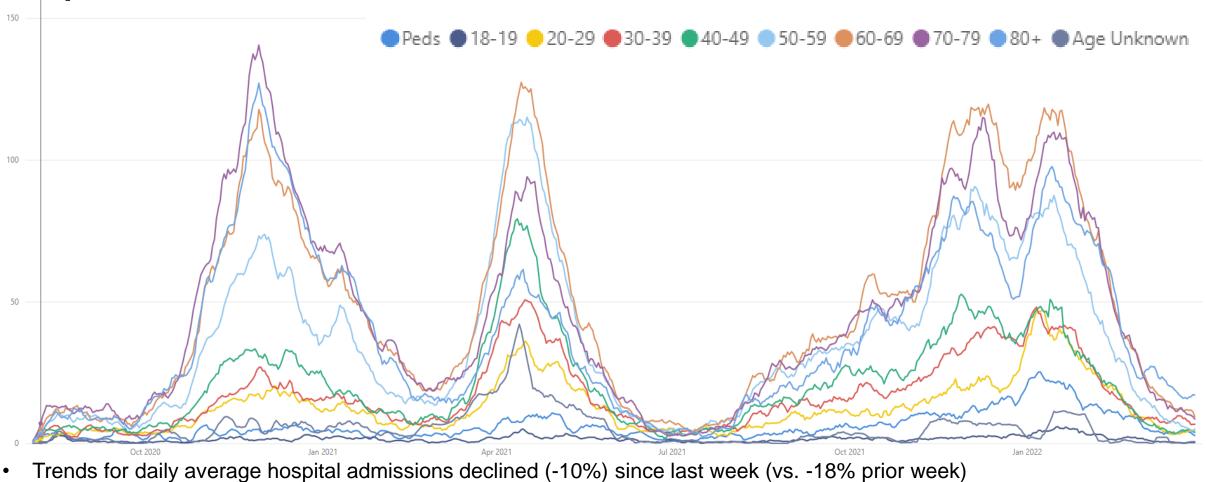
Sources: MDSS case data as of 3/28/2022 (data through 3/17/22), line charts use statewide age group population, map uses ISD enrolled populations from EOG mask tracker data.

Cases continue to decline in staff and residents in Long Term Care Facilities



- Case counts in residents decreased for both AFC/HFA (10) and SNFs (35)
- Case counts in staff continues to decrease in both AFC/HFA (16) and SNF (67)
- As has been the case throughout the Delta and Omicron surges, the number of cases among staff continues to exceed the number of cases among residents

Abbreviations: AFC: Adult Foster Care; HFAs: Homes for the Aged; and SNF: Skilled Nursing Facilities

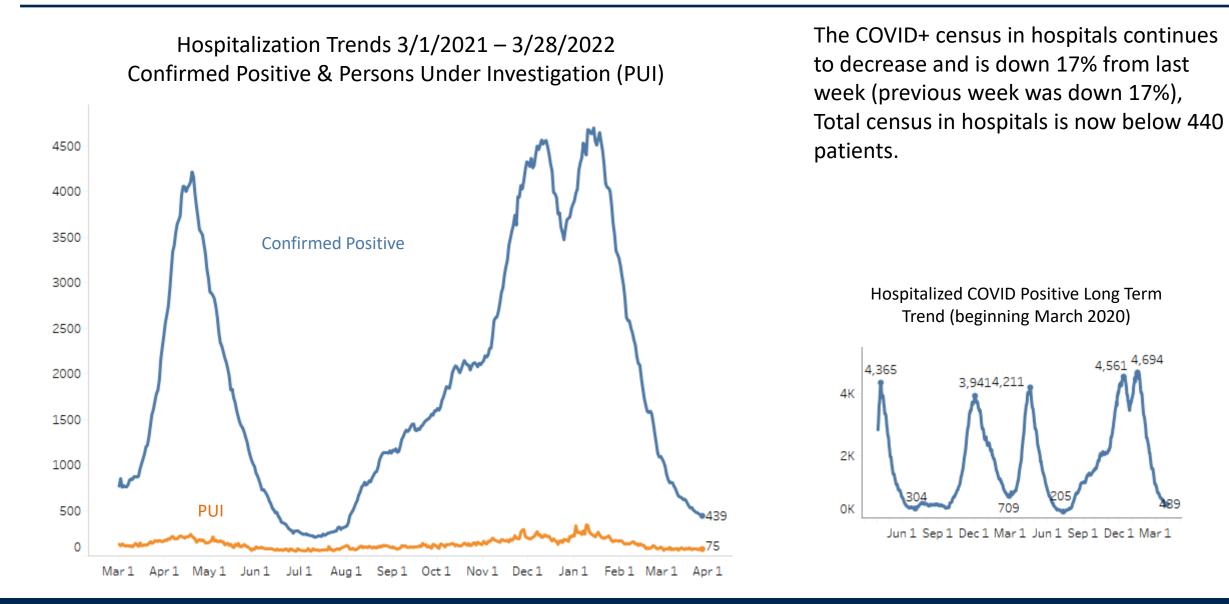


Hospital admissions due to COVID-19 continue to decline

- Many age groups saw declines this week
- Between 10 and 20 daily hospital admissions was seen for each of the age groups of 60-69, 70-79, and 80+

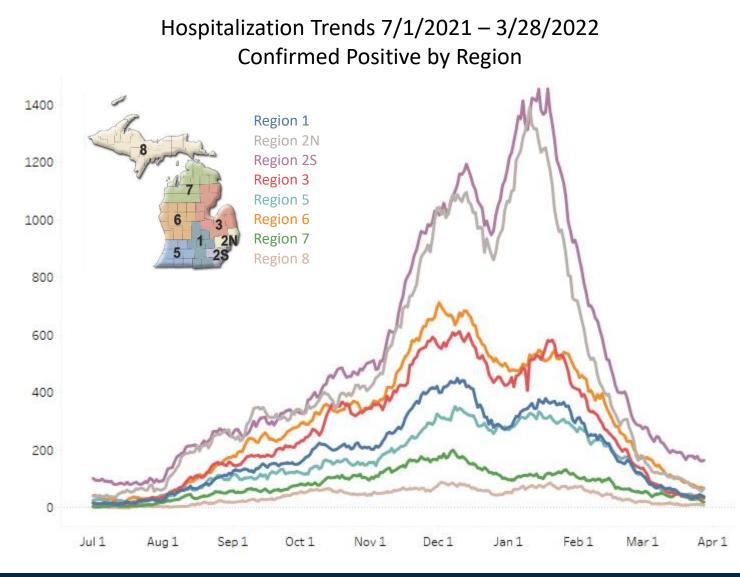
Source: CHECC & EM Resource

Statewide Hospitalization Trends: Total COVID+ Census





Statewide Hospitalization Trends: Regional COVID+ Census

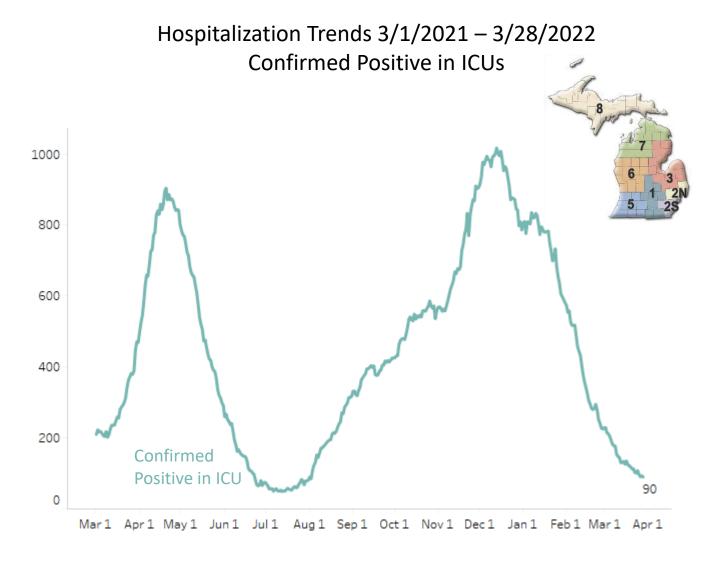


This week hospitalizations have decreased or remained flat in all regions.

All regions have fewer than 75/Million Population hospitalized with COVID.

Region	COVID+ Hospitalizations (% Δ from last week)	COVID+ Hospitalizations / MM	
Region 1	39 (-7%)	36/M	
Region 2N	68 (-21%)	31/M	
Region 2S	165 (-8%)	74/M	
Region 3	33 (-21%)	29/M	
Region 5	37 (-18%)	39/M	
Region 6	68 (-24%)	46/M	
Region 7	20 (-44%)	40/M	
Region 8	9 (0%)	29/M	

Statewide Hospitalization Trends: ICU COVID+ Census



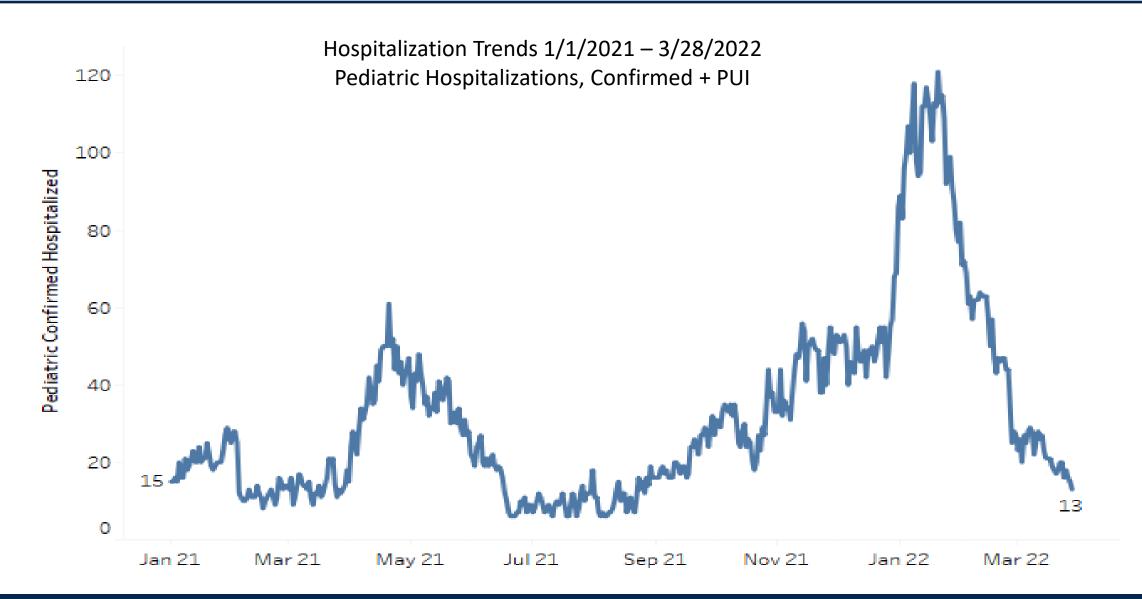
Overall, the volume of COVID+ patients in ICUs has decreased by 20% from last week (previous week was down by 16%). There are now less than 100 COVID+ patients in ICU beds across the state.

All regions have 6% or fewer of ICU beds filled with COVID+ patients.

Region	Adult COVID+ in ICU (% Δ from last week)	ICU Occupancy	% of ICU beds COVID+
Region 1	6 (-14%)	78%	3%
Region 2N	10 (-17%)	65%	2%
Region 2S	43 (-20%)	73%	6%
Region 3	10 (-23%)	82%	4%
Region 5	5 (<mark>25%</mark>)	64%	3%
Region 6	8 (-20%)	73%	3%
Region 7	5 (-55%)	76%	4%
Region 8	3 (<mark>50%</mark>)	56%	5%



Statewide Hospitalization Trends: Pediatric COVID+ Census





Vaccines

Protect against severe outcomes

Vaccines are available for ages 5 and up. Boosters are available for ages 12 and up.

Masks, Distancing & Ventilation

Prevent spread

People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask. Masking may also be based on personal preference and informed by personal level of risk.



Tests

Prevent spread

Over-the-counter tests allow for testing at home; an important addition to on-site antigen and PCR testing.

Treatment

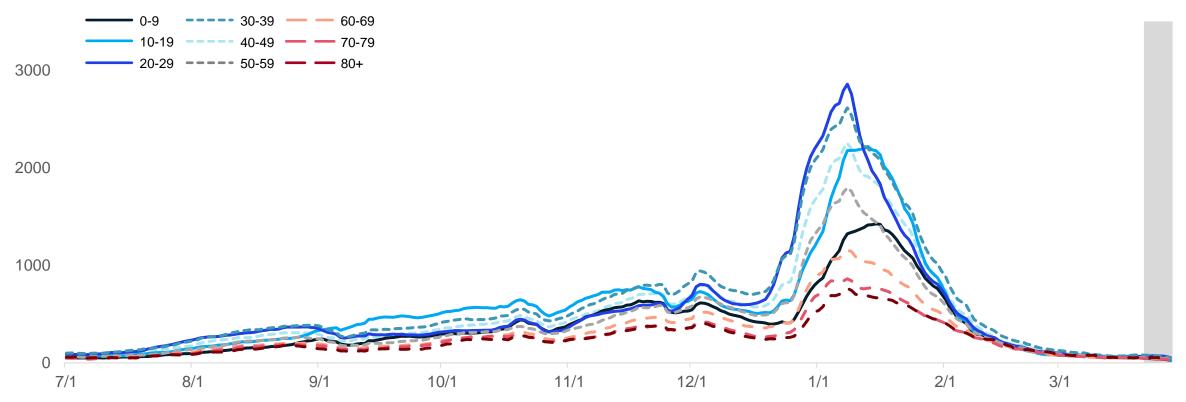
Protect against severe outcomes

Oral antivirals and monoclonal antibodies can reduce the risk of hospitalization and death from COVID-19.

APPENDIX

Case Rate Trends by Age Group

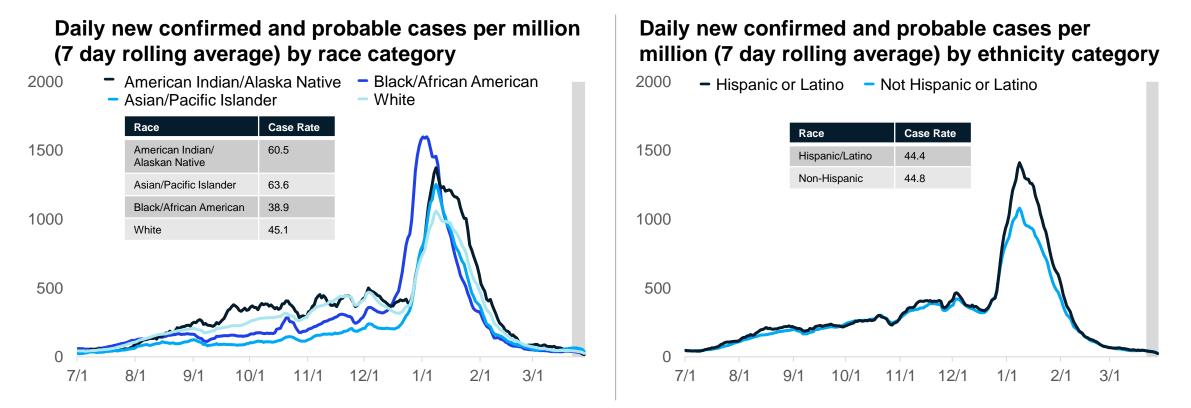
Daily new confirmed and probable cases per million by age group (7-day rolling average)



- Case rate trends for all age groups experienced a plateau over the last week
- Case rates by onset date for all age groups are between 46.9 and 80.7 cases per million (through 3/21/22)
- Case counts and case rates are highest for 30-39-year-olds this week, followed by 40-49, and 20-29 year-olds

Note: Case information sourced from MDHHS and reflects date of onset of symptoms Source: MDHHS – Michigan Disease Surveillance System

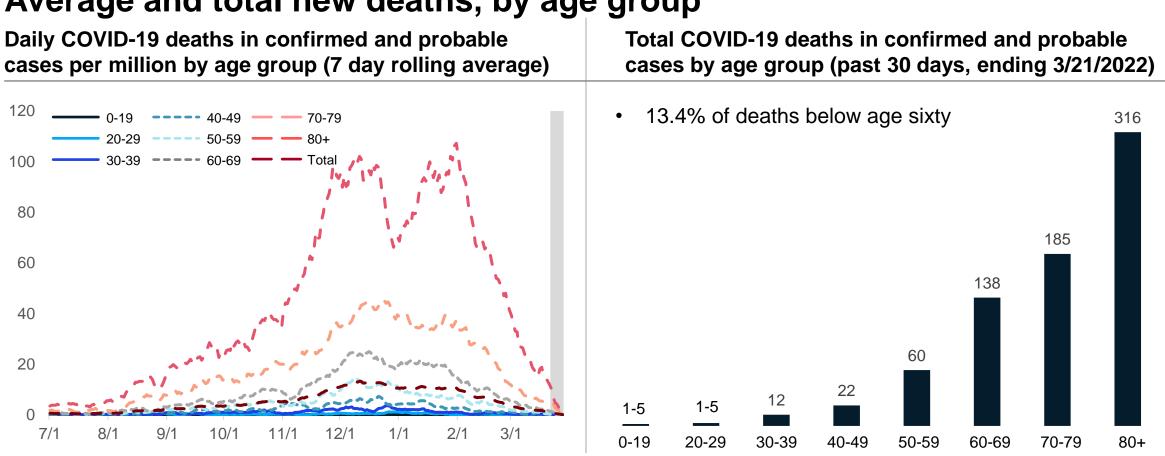
Case Rates by Reported Racial and Ethnic Group



Updates since last week:

- Cases per million are plateauing for all reported racial and ethnic groups
- In the past 30 days, 19.5% (↓1.5%) of race data and 25% (↓2%) ethnicity data was either missing or reported as unknown

Note: Case information sourced from MDHHS and reflects date of death of confirmed and probable cases. Source: MDHHS – Michigan Disease Surveillance System



Average and total new deaths, by age group

- Through 3/21, the 7-day avg. death rate is more than 12 daily deaths per million people for those over the age of 80 ٠
- In the past 30 days, there were between 1 and 5 deaths among confirmed and probable COVID-19 cases under the age of 30 ٠
- 30-day proportion of deaths among those under 60 years of age is 13.4% ٠

Identified COVID-19 Cases Caused by Variants of Concern (VOC) in **US and Michigan**

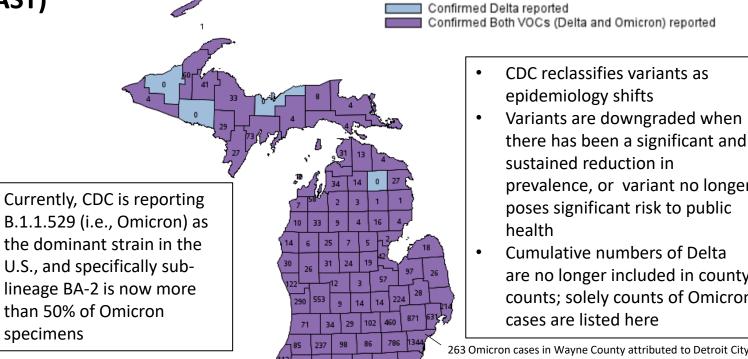
specimens

SARS-CoV-2 Variants Circulating in the United States, Feb 5 – Mar 26 (NOWCAST)

										USA		
								WHO label	Lineage #	US Class	%Total	95%PI
						BA.1.1	BA.1.1	Omicron	BA.2	VOC	54.9%	50.8-59.1%
BA.1.1	BA.1.1	BA.1.1	BA.1.1	BA.1.1	BA.1.1	BA			BA.1.1	VOC	40.4%	36.4-44.5%
			Ē						B.1.1.529	VOC	4.7%	3.9-5.7%
					.529			Delta	B.1.617.2	VOC	0.0%	0.0-0.0%
				529	B.1.1.529		BA.2	Other	Other*		0.0%	0.0-0.0%
B.1.1.529	1.1.529	B.1.1.529	B.1.1.529	B.1.1.529	5	BA.2		* Enume	rated lineages	are US VOC	and linea	pes circulating
B.1	B.1.	B.1		BA.2	BA.2			above 1% n the aggrega	ationally in at le	east one wee s which are ci	k period.	"Other" represents
			BA.2	B/				** These		owcast estimation		h are modeled as generated at
2/5/22	2/12/22	2/19/22	2/26/22	3/5/22	3/12/22	3/19/22	3/26/22	later dates # AY.1-A B.1.617.2. E	Y.133 and thei 3A.1 and BA.3 a, BA.1.1 is als	ir sublineages are aggregate	s are aggr ed with B.	egated with 1.1.529. For

regional data, BA.1.1 is also aggregated with B.1.1.529, as it currently cannot be reliably called in each regio

Variants of Concern in Michigan, Mar 28



epidemiology shifts Variants are downgraded when

- sustained reduction in prevalence, or variant no longer poses significant risk to public
- Cumulative numbers of Delta are no longer included in county counts; solely counts of Omicron cases are listed here

263 Omicron cases in Wayne County attributed to Detroit City

Variant **MI Reported Cases # of Counties MDHHS VOC Sequenced Prev.**[¶] B.1.617.2 (delta) 31,011 83 <1% B.1.1.529 (omicron) 79 7.813 >99%

Data last updated Mar 28, 2022

Source: MDSS

¹ Sequence specimens are from the most recent week by onset date which may change as more specimens are sent in

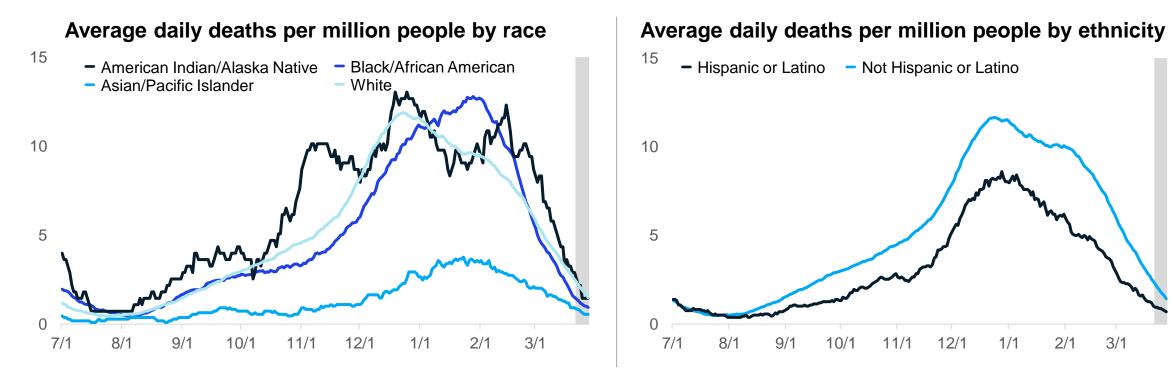
Vital Infrastructure: K-12 school clusters and outbreaks, week ending March 24

Number of reported outbreaks/clusters decreased since last week (101 to 79), with many ongoing outbreaks closing and 6 or fewer new outbreaks by grade level.

Region	Number of reported cases, #	📕 # Ongoing - Excluding New 📃 # I	Number of New outbreaks	Range of cases per outbreak
Region 1	257 0		9	6-61
Region 2n	3 3		2	3
Region 2s	94 72		24	3-23
Region 3	1,475 7		27	3-153
Region 5	36 0		2	8-28
Region 6	482 0		10	11-145
Region 7	227 0		4	6-119
Region 8	19 0		1	19
Total	2,593	82	79	3-153
Grade level	Number of reported cases, #	# Ongoing - Excluding New 📕 # I	Number of outbreaks	Range of cases per outbreak
Pre-school - elem	. 904 26		43	3-82
Jr. high/middle sc	hool 633 31		16	3-96
High school	1,056 25		20	3-153
			٥	0
Administrative	φο		0	0

Many factors, including the lack of ability to conduct effective contact tracing in certain settings, may result in significant underreporting of outbreaks. This chart does not provide a complete picture of outbreaks in Michigan and the absence of identified outbreaks in a particular setting in no way provides evidence that, in fact, that setting is not having outbreaks. NOTE (10/4): MDHHS adopted the new <u>CSTE school cluster and outbreak definition</u> which impacts how transmissions within school-sponsored settings are reported to the health department Source: LHD Weekly Sitreps

30-day rolling average daily deaths per million people by race and ethnicity



- Deaths are lagging indicator of other metrics
- Currently, American Indian/Alaska Natives have the highest death rate (2.89 deaths/million)

Note: Death information sourced from MDHHS and reflects date of death of confirmed and probable cases. Source: MDHHS – Michigan Disease Surveillance System

Hospital Admissions and Admission Rates by Age Group

Daily new hospital admission per million by age group (7-day rolling average)

Age Group	Average [†] daily number of hospital admissions	Average [†] Daily Hospital Admission Rate*	One Week % Change (Δ #)
0-11	2.6	1.8	+20% (+<1)
12-17	0.4	0.6	-40% (-1)
18-19	0.3	1.1	-0% (-0)
20-29	4.6	3.3	+39% (+1)
30-39	6.6	5.4	-32% (-3)
40-49	4.1	3.5	-0% (-0)
50-59	4.6	3.4	-35% (-2)
60-69	11.1	8.7	-6% (-1)
70-79	9.3	12.1	-2% (-3)
80+	17.1	41.4	+1% (+<1)
Total [¶]	61.4	5.4	-10% (-7)

* Rate per 1 million residents; † Rolling 7-day average; ¶ Total may not reflect state due to missing age data Note: Hospital Admission data reflects date data was submitted Source: CHECC and EM Resource

- Through Mar 28, there were an average of 61.4 hospital admissions per day due to COVID-19; a decrease from last week (-10%, -7)
- Many age groups saw decreases this week
- The largest one-week count decrease was among those 30-39 and 70-79 years (both -3)
- Average daily hospital admission count (17.1 hospital admissions per day) were highest among those aged 80+
- Average daily hospital admission rate (41.4 hospital admissions/million) were highest for those aged 80+
- Fewer than 20 daily hospital admissions were seen for all age groups

Note: for some age groups, small changes in number of hospitalization admissions can cause large change in One Week Percent Change