MI COVID RESPONSE DATA AND MODELING UPDATE

April 19, 2022

Executive Summary

Situational Awareness

- Global and National Trends show continued spread of Omicron BA.2 lineage
  - Many countries in Europe showing early signs of decline
  - U.S. cases increasing at a faster rate
- As of April 14th, 92% of Michigan Counties at Low COVID-19 Community Levels
- 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 greater than 70%
- COVID+ census in hospitals, hospital admission, ICU utilization, and pediatric census is plateaued and, in some areas, starting to increase

Public Health Response

- Current case rates and hospitalizations, and increased access to mitigation, indicate Michigan continues in a post-surge recovery phase
- Vaccinations and Boosters administration remains a critical component during the recovery phase

Epidemiologic Surveillance: Key Messages

Global and National Trends show continued spread of Omicron BA.2 lineage

- Many countries in Europe showing early signs of decline
- U.S. cases increasing at a faster rate

As of April 14th, 92% of Michigan Counties at Low COVID-19 Community Levels

- Nationally and within the state, a majority of counties are classified as low
- This week no Michigan counties were classified as “high”

Case rates in Michigan are slowly increasing, with increases occurring more in the Southeast Michigan

- The proportion of BA.2 in the U.S. and Michigan continues to rise
  - Should case rates follow UK trends, we are expected to peak sometime between end of April and early May
- 65% of SWEEP sites saw an increase in the most recent week and another 20% of sites saw a plateau in trends
- Case trends are increasing for many age groups and for Asian/Pacific Islanders
- Cases within older school age children and LTCF are beginning to increase

Hospitalization Metrics in Michigan showing modest increases

- Two thirds of age groups saw increases for COVID-19 hospital admissions this week
- COVID+ hospital census has shown a slight increase (+3%) but ICU census continues to decline (-3%)

Ongoing response to COVID-19 cycle

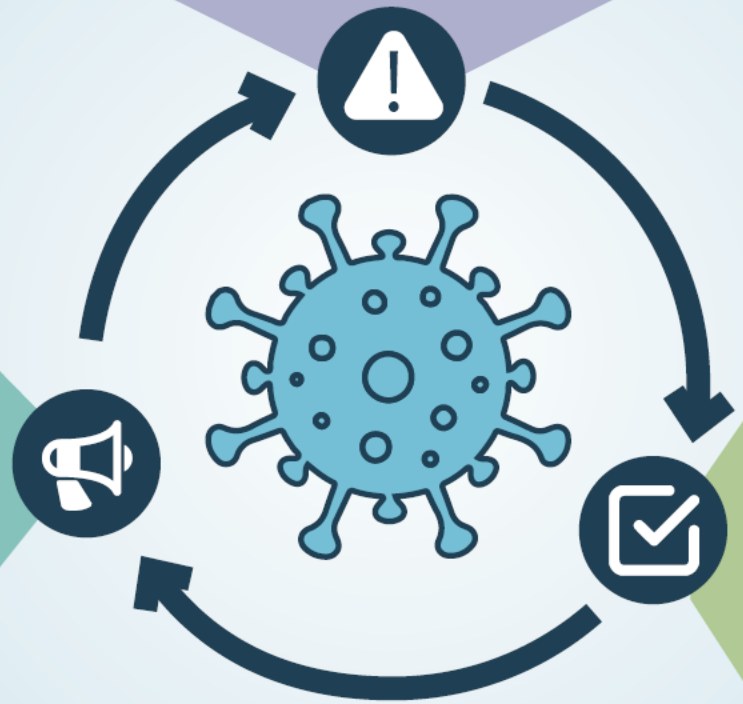
MDHHS
Michigan Department of Health & Human Services

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

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.



Readiness (Pre-Surge)

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.

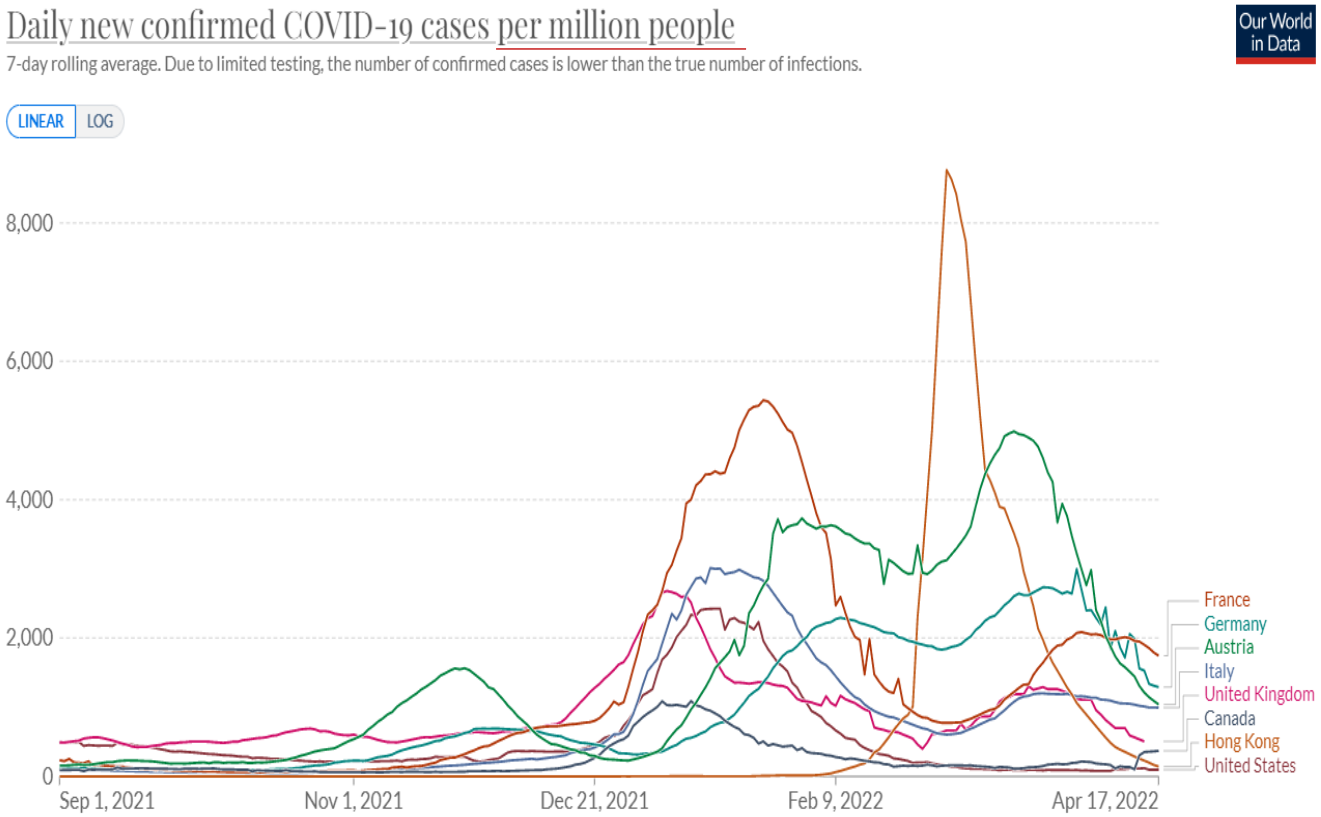
Recovery (Post-Surge)

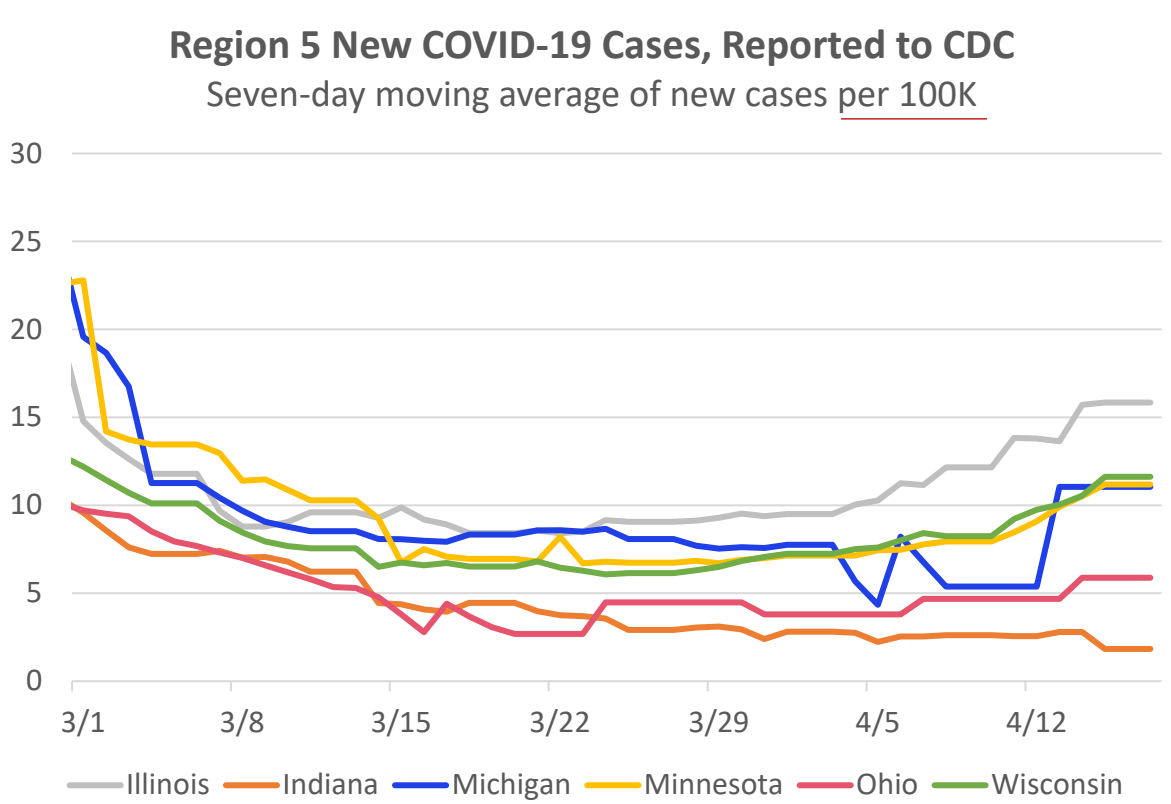
Expect to remain in this phase for longer periods as COVID-19 evolves.

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.

Global and National Trends





Globally, 504,621,243 cases and 6,198,920 deaths (Data* through 4/18/2022)

- Case rates appear to be declining or plateauing in most European countries following second Omicron wave

United States: Reported cases (7-day average) have increased over 23.4% since the prior week¶

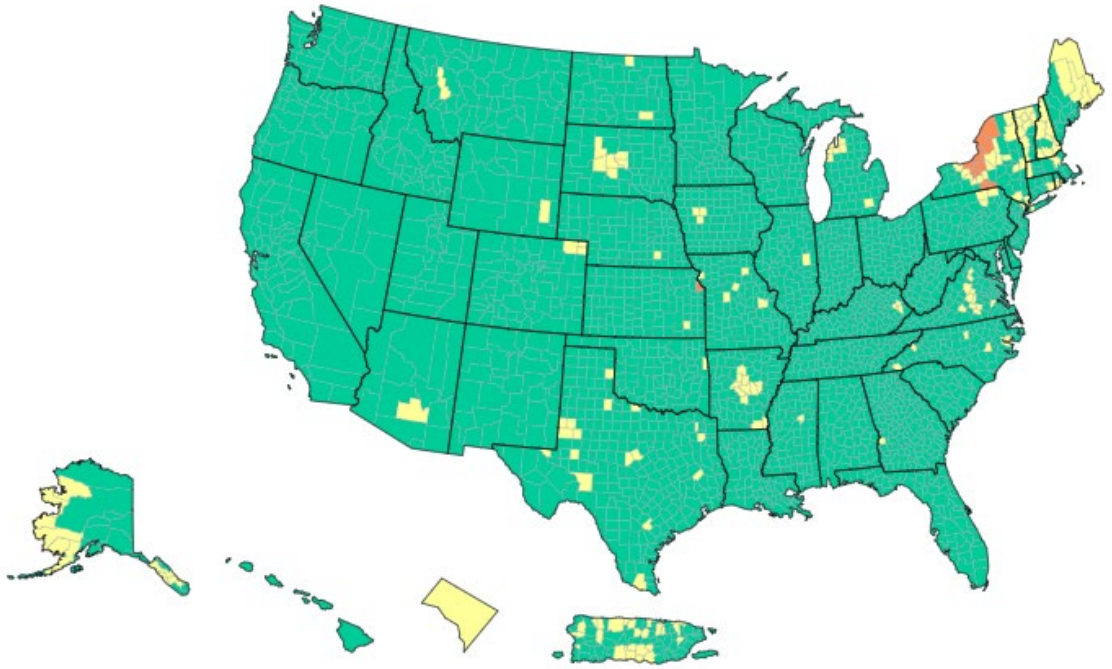
- In the U.S., the case rate is 73.3 cases/100,000 in last 7 days (last week: 59.4 cases per/100,000)

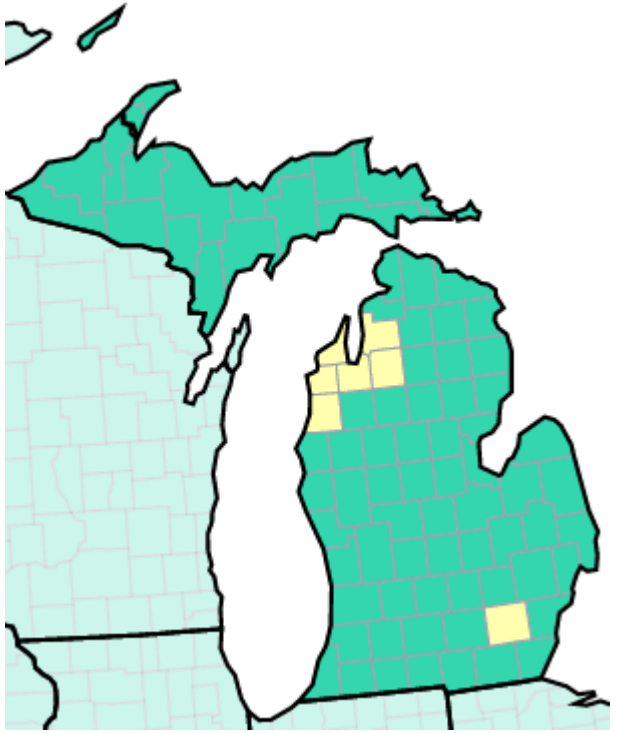
Region 5 (Midwest) states are either plateaued or increasing at the moment

- Illinois and Wisconsin have the highest case rates *in Region 5* (4/15)

Source: * Johns Hopkins Coronavirus Resource Center; ¶ CDC COVID Data Tracker Weekly Review; † CDC COVID Data Tracker – CDC recently updated their methodology for reporting case rates

As of April 14th, No Michigan Counties at High COVID-19 Community Levels





Percent of Counties

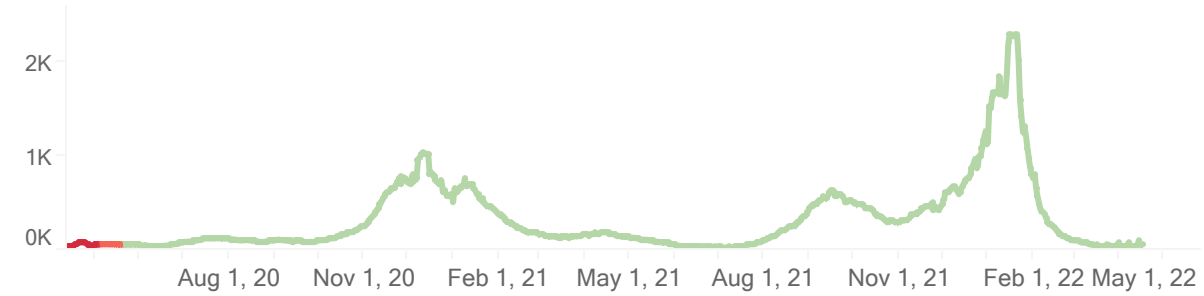
	United States	Michigan
Low	94.1%	91.6%
Medium	5.4%	8.4%
High	<1%	0%

- In the US, <1% of counties have high risk for medically significant disease and healthcare strain; in Michigan, 0% of counties are at high risk.
- Washtenaw county classified as medium risk due to case rates being greater than 200 per 100,000 population (measured at 254.6)
- The counties of Antrim, Manistee, Benzie, Kalkaska, Leelanau, and Grand Traverse were all classified as medium risk because they are all part of the same HSA (Grand Traverse-Manistee HSA) where the hospital admissions per 100,000 is above 10 (measured at 10.1)

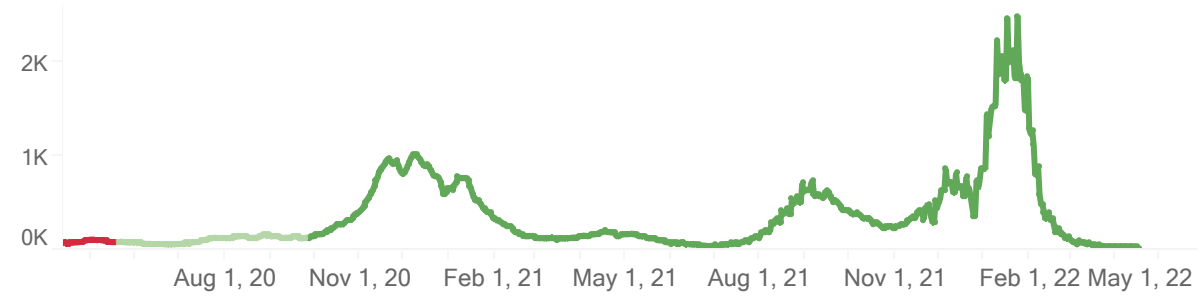
Source: CDC COVID-19 Community Levels https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data-type=CommunityLevels

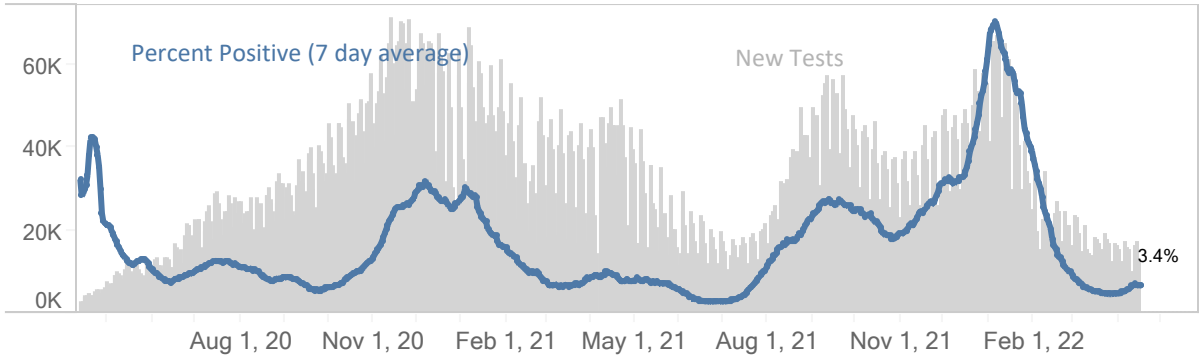
State Comparisons: Ohio and Indiana

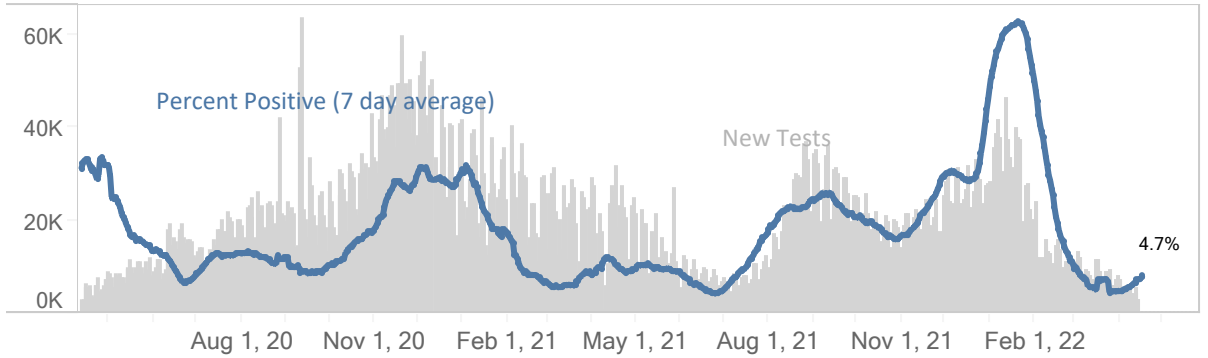
Ohio Confirmed New Cases / 1M (7 days average)

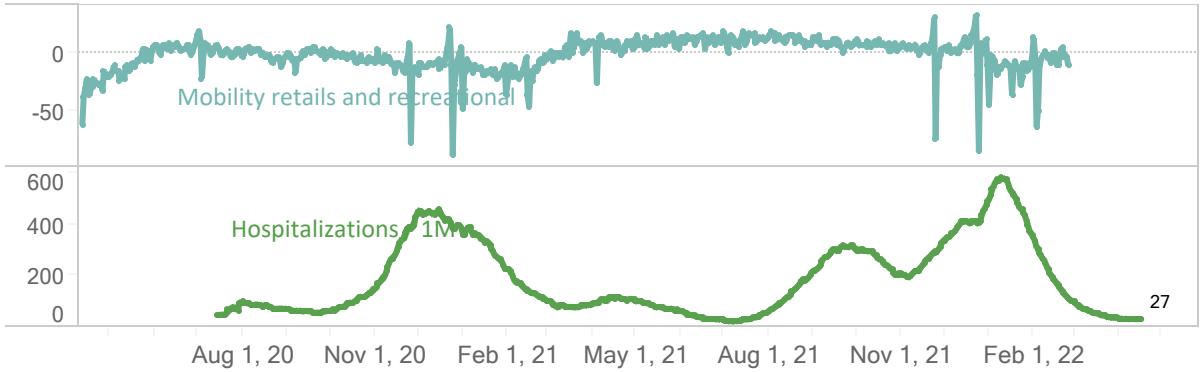


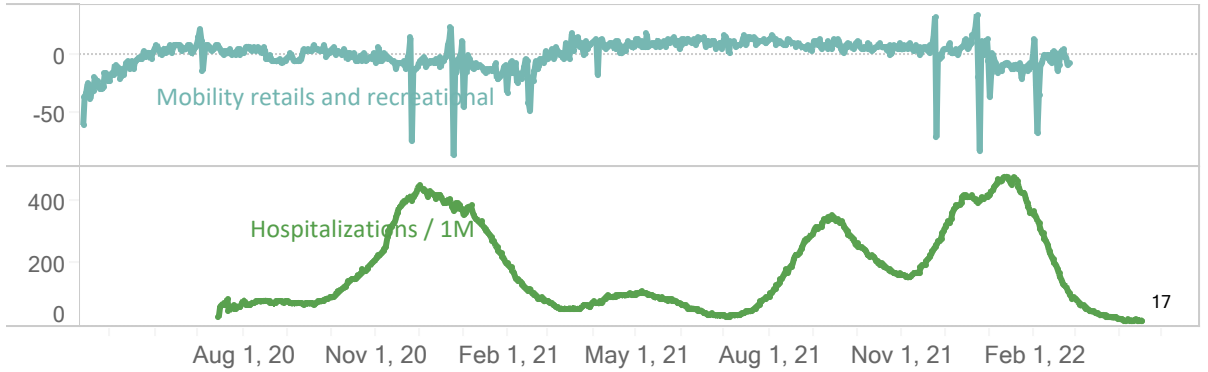
Indiana Confirmed New Cases / 1M (7 days average)



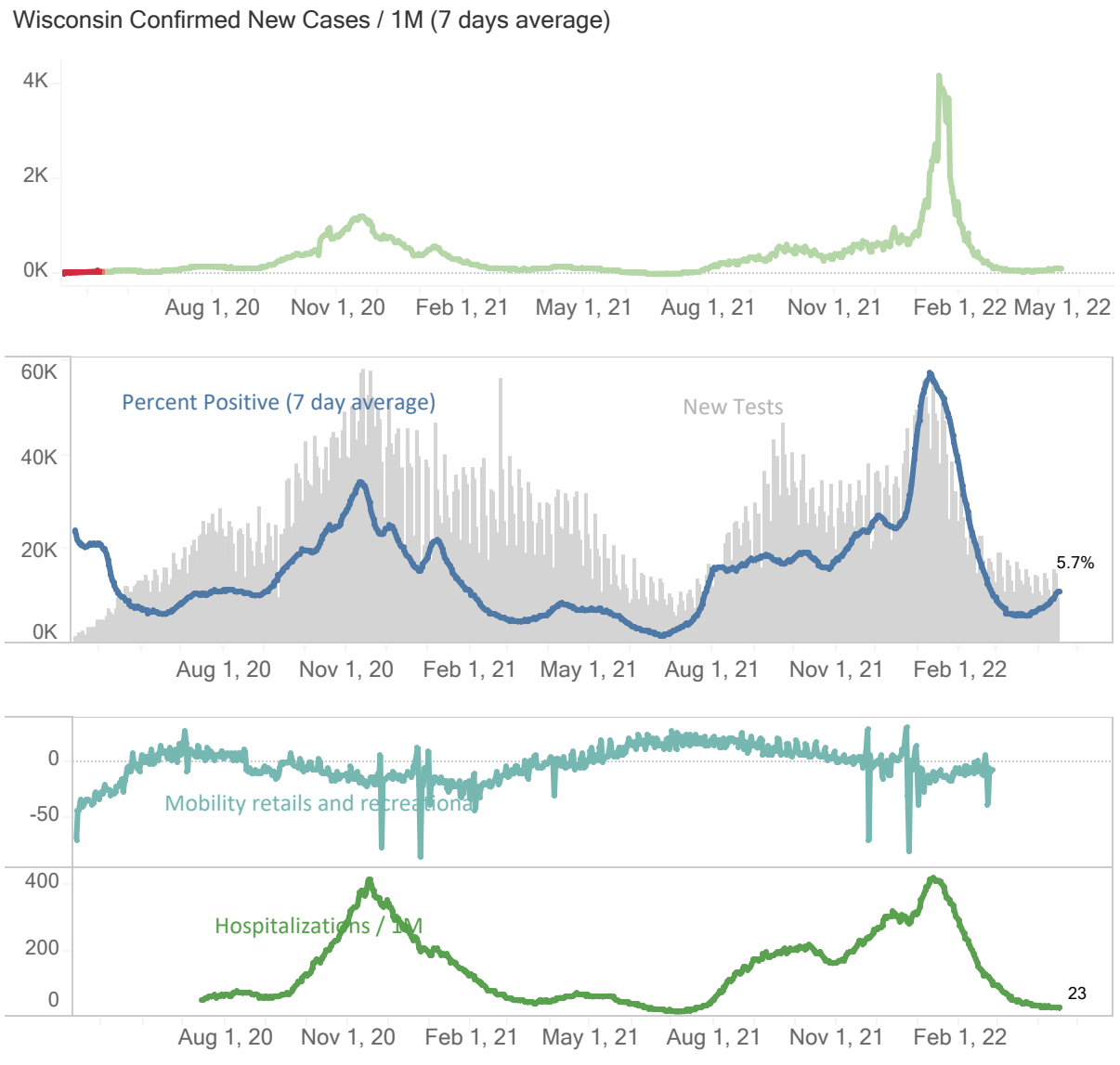


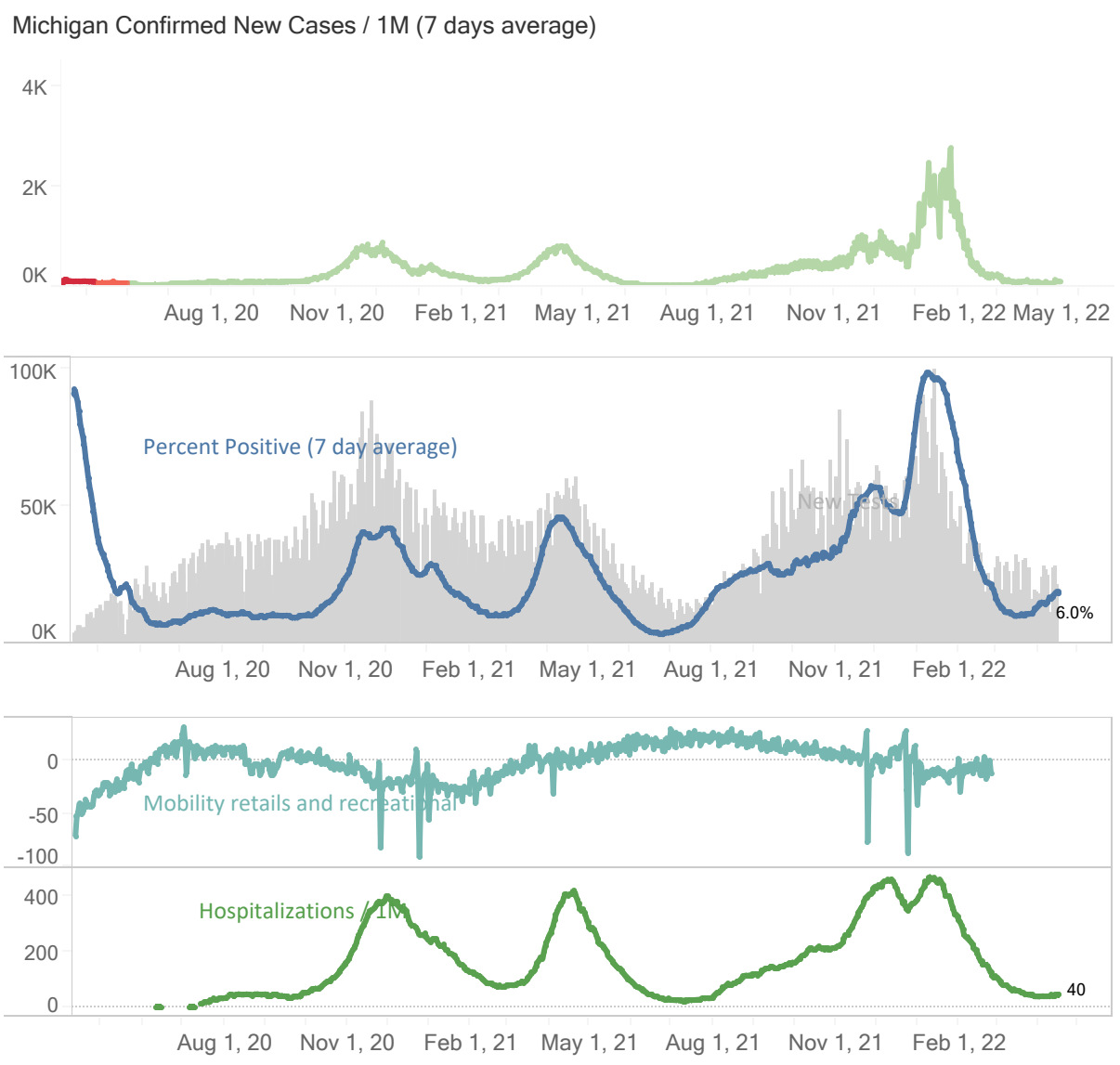






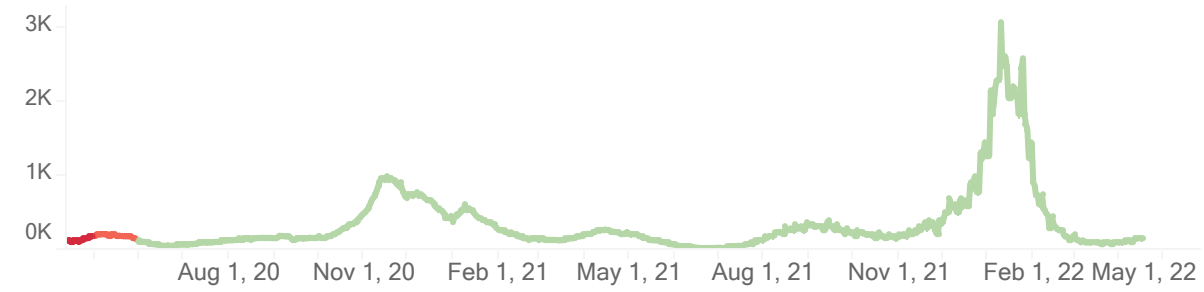
State Comparisons: Wisconsin and Michigan



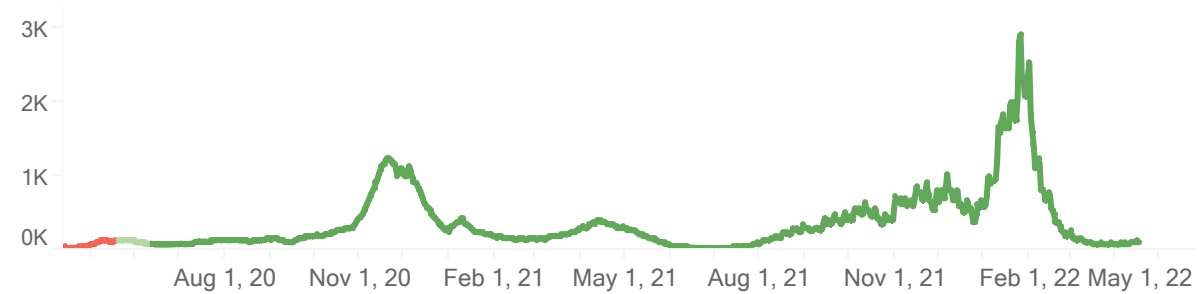


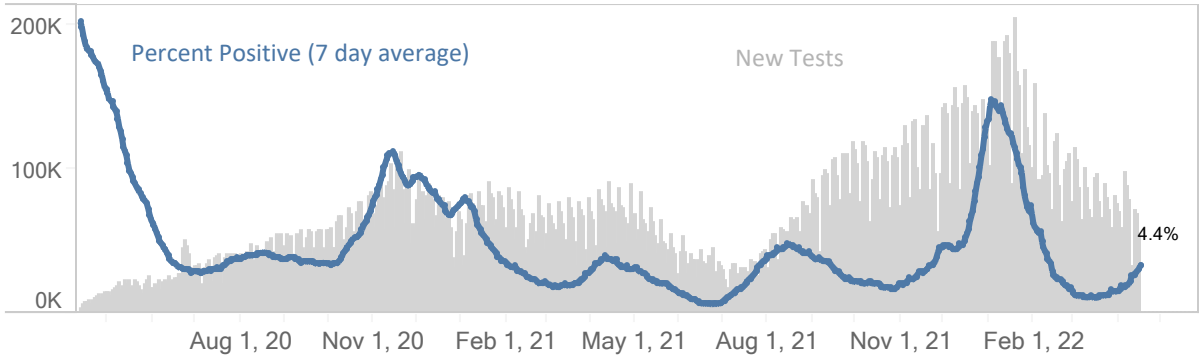
State Comparisons: Illinois and Minnesota

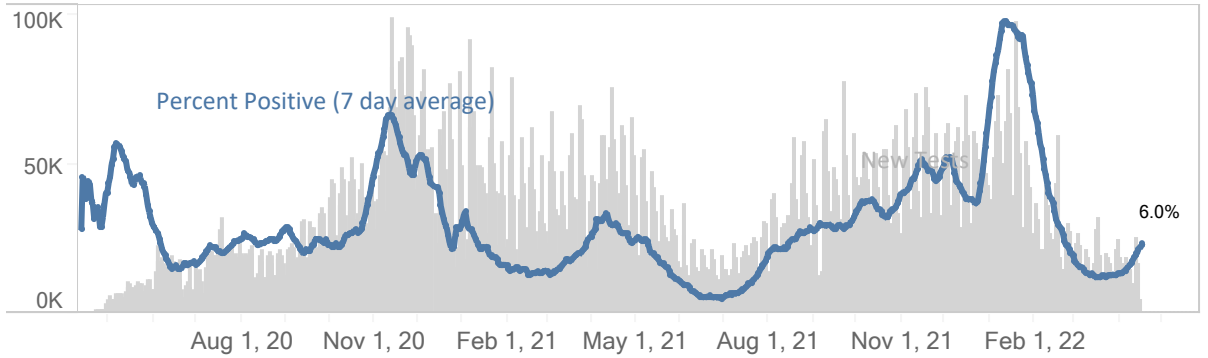
Illinois Confirmed New Cases / 1M (7 days average)

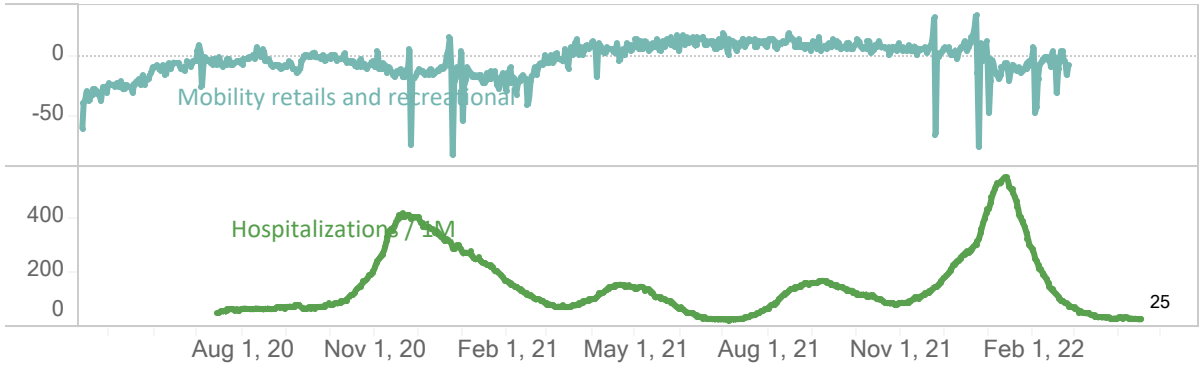


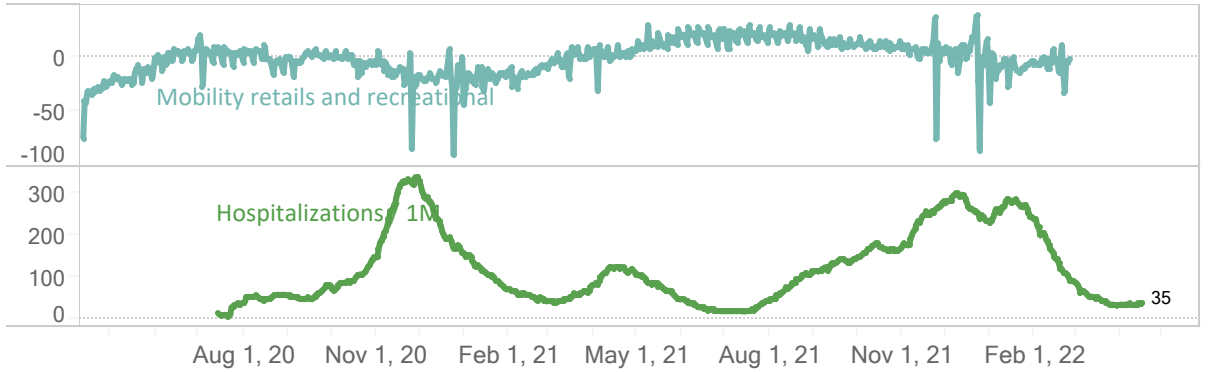
Minnesota Confirmed New Cases / 1M (7 days average)







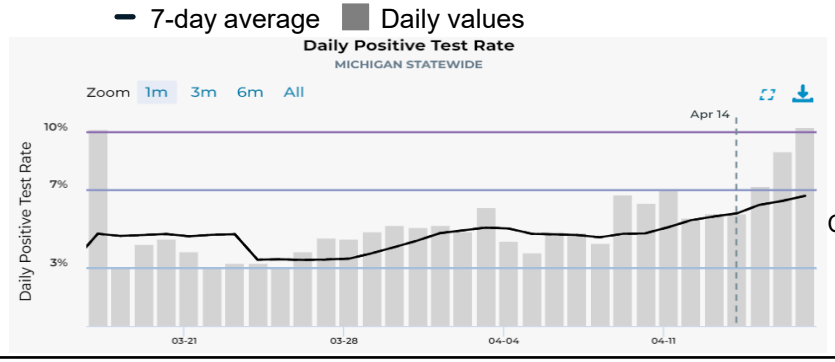




Recent statewide trends

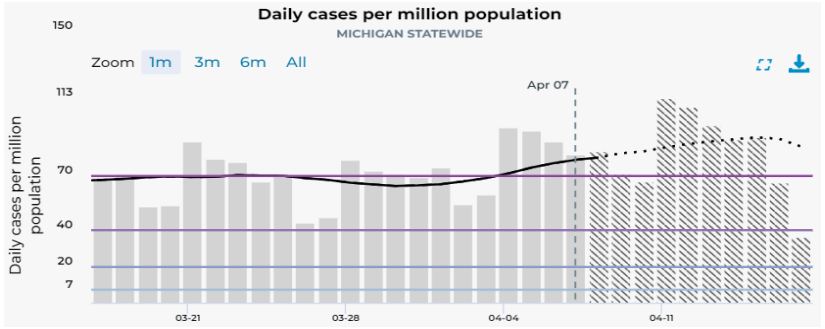
Statewide trends

Positivity, %



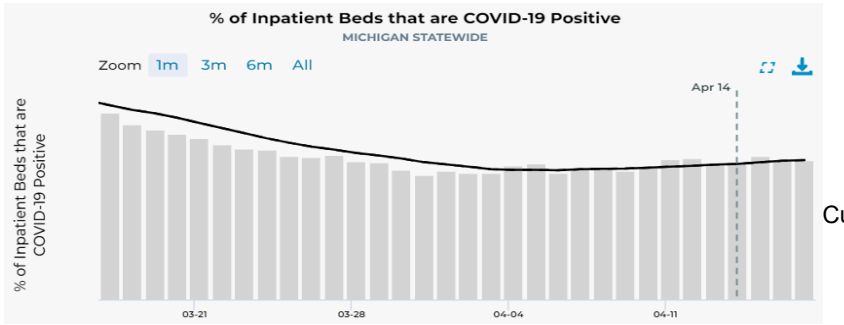
Current: 6.7%

Daily cases per million



Current: 83.5

Daily hospitalization rate, %

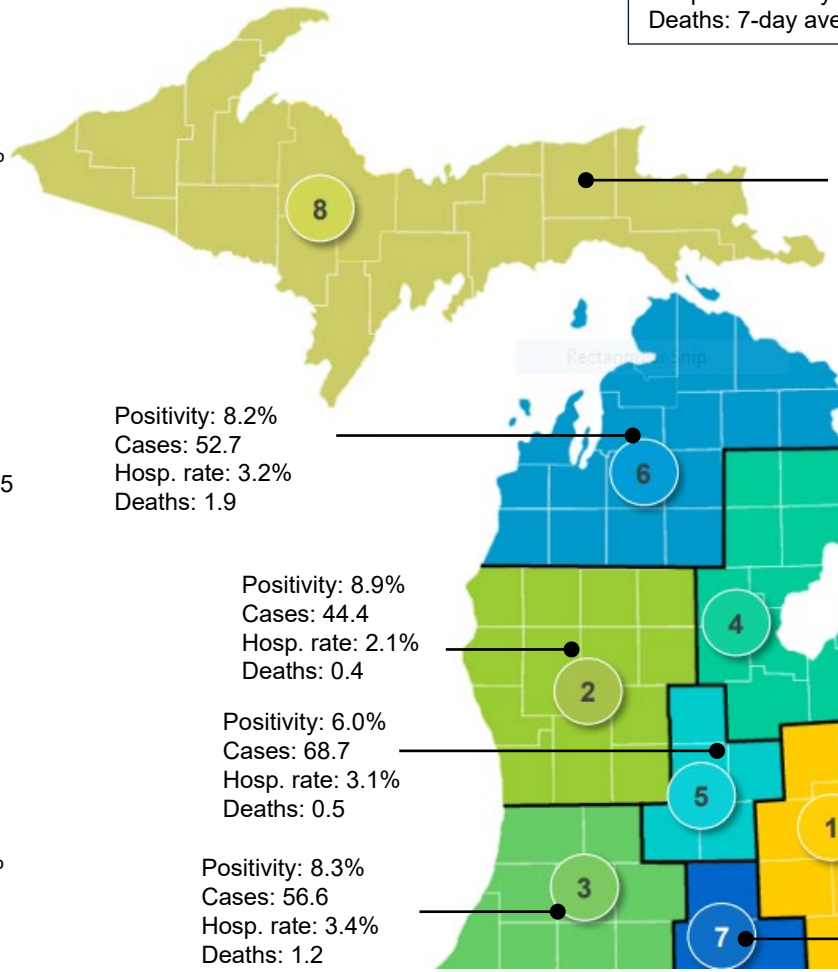


Current: 2.5%

Source: https://mistartmap.info/

MERC Regional breakdown: Positivity, cases, hospitalization rate, and deaths

Positivity: 7-day average positivity, %
Cases: 7-day average cases per million
Hosp. rate: 7-day average hospitalization rate, %
Deaths: 7-day average deaths per million



Positivity: 4.3%
Cases: 35.7
Hosp. rate: 1.3%
Deaths: 0.0

Positivity: 8.2%
Cases: 52.7
Hosp. rate: 3.2%
Deaths: 1.9

Positivity: 8.9%
Cases: 44.4
Hosp. rate: 2.1%
Deaths: 0.4

Positivity: 6.1%
Cases: 34.1
Hosp. rate: 1.6%
Deaths: 0.7

Positivity: 6.0%
Cases: 68.7
Hosp. rate: 3.1%
Deaths: 0.5

Positivity: 6.5%
Cases: 114.5
Hosp. rate: 2.5%
Deaths: 0.4

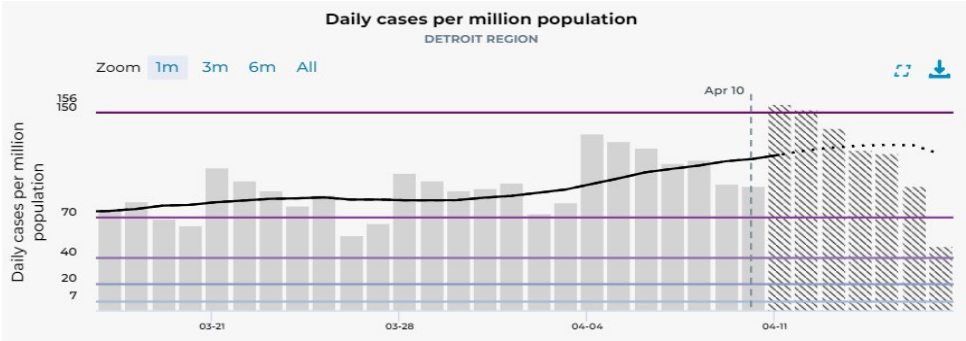
Positivity: 8.3%
Cases: 56.6
Hosp. rate: 3.4%
Deaths: 1.2

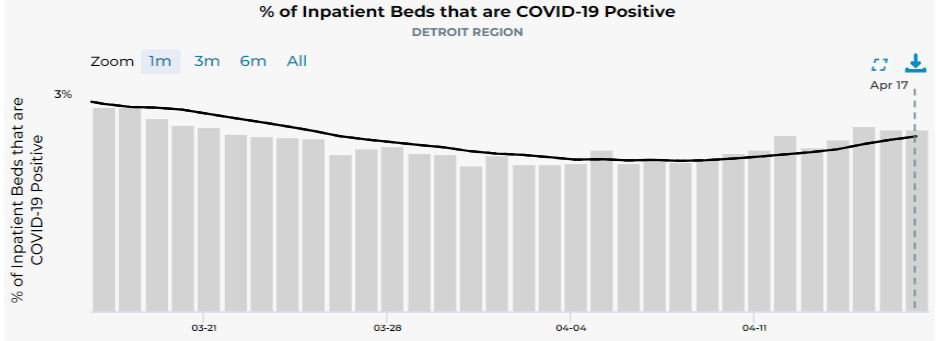
Positivity: 6.6%
Cases: 47.6
Hosp. rate: 3.4%
Deaths: 0.9

Recent trends: Case Rates*

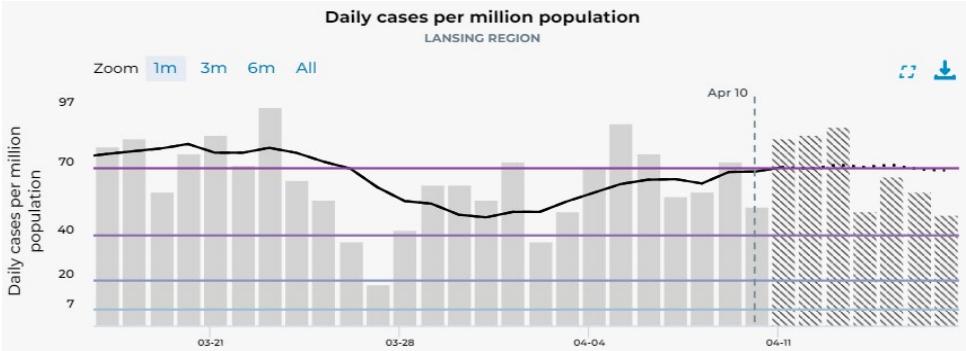
Recent trends: Hospital Capacity

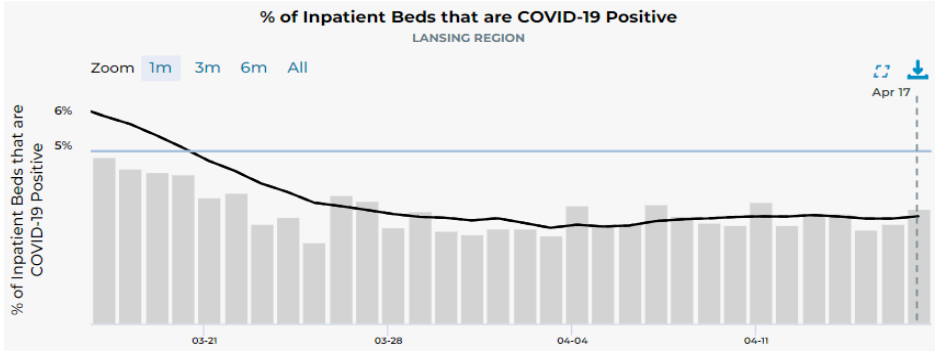
Detroit MERC Region



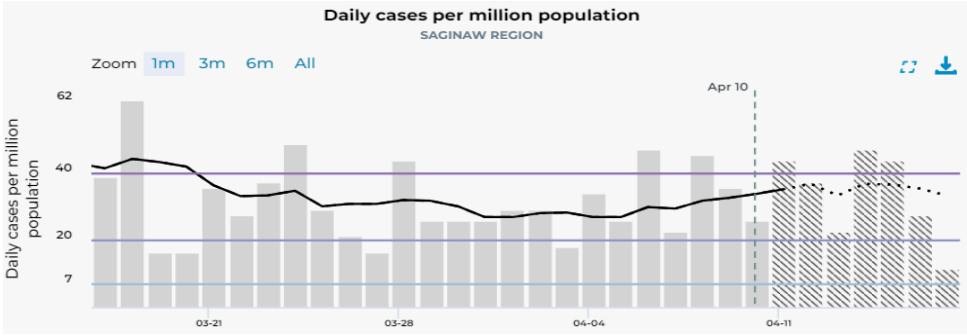


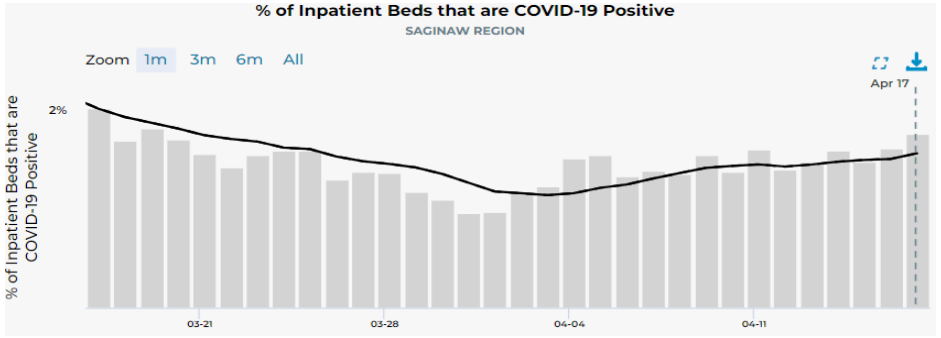
Lansing MERC Region





Saginaw MERC Region





All charts represent data from 03/17/22 – 04/17/22

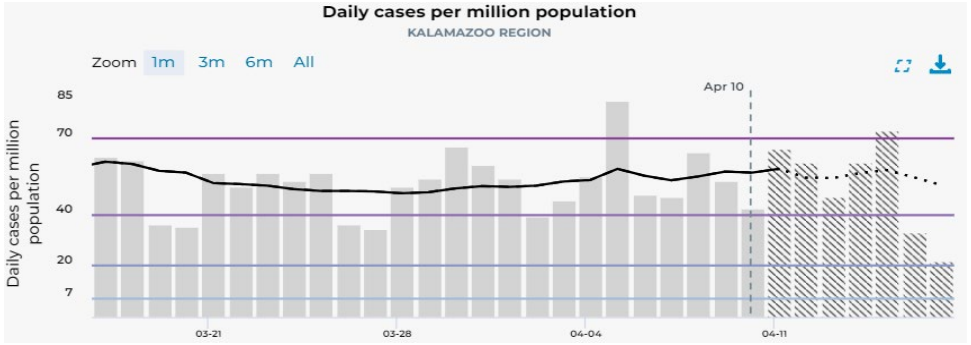
*Case rates reported by onset date are subject to backfill

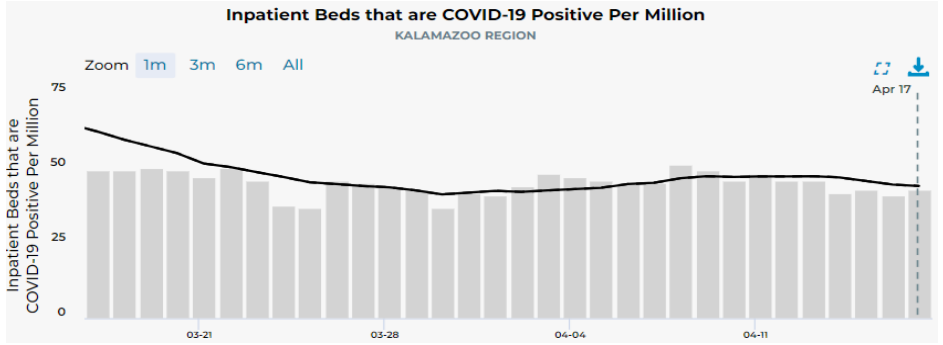
Source: MI Start Map; MDOC excluded

Recent trends: Case Rates*

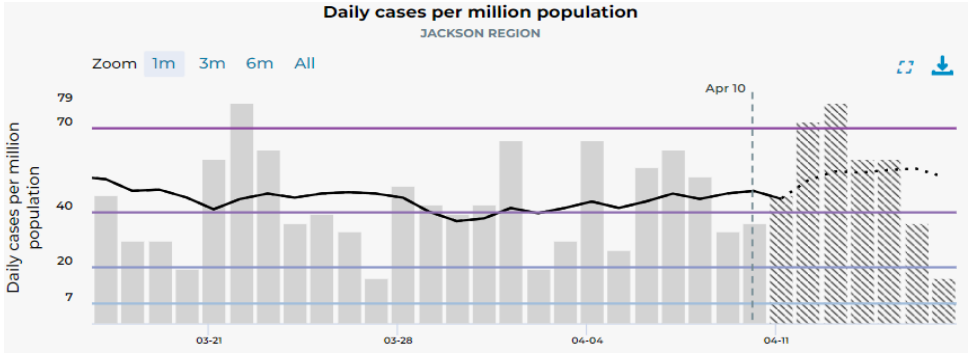
Recent trends: Hospital Capacity

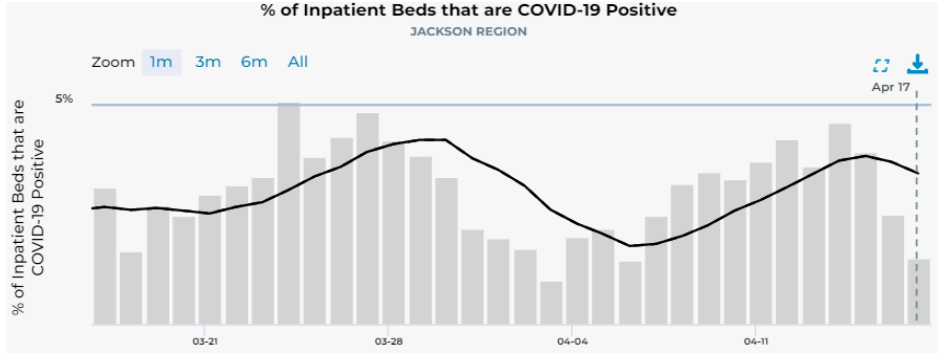
Kalamazoo MERC Region



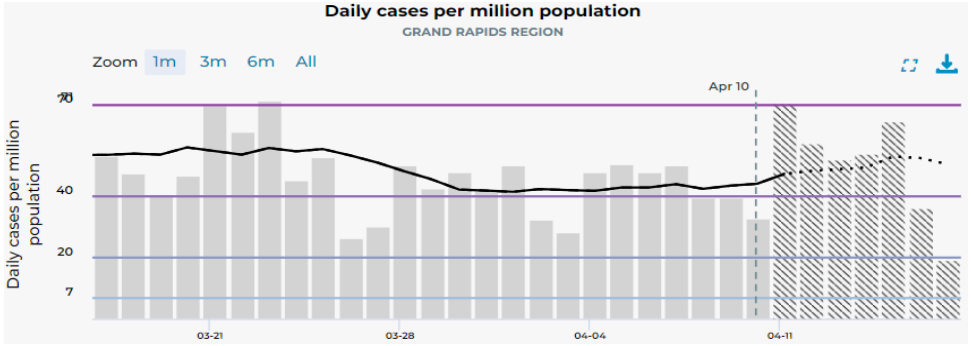


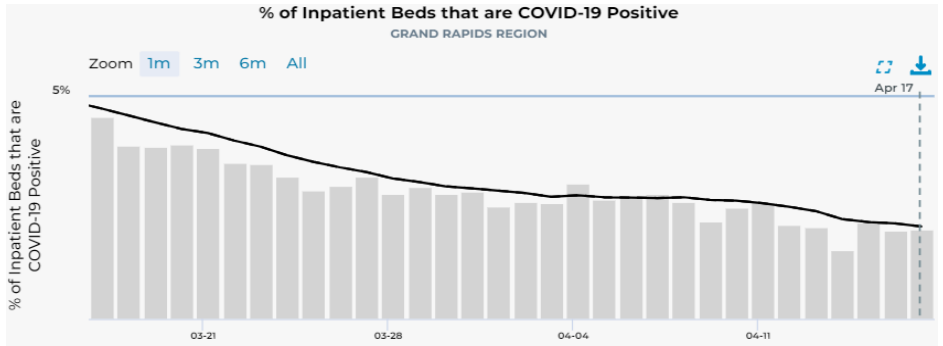
Jackson MERC Region





Grand Rapids MERC Region





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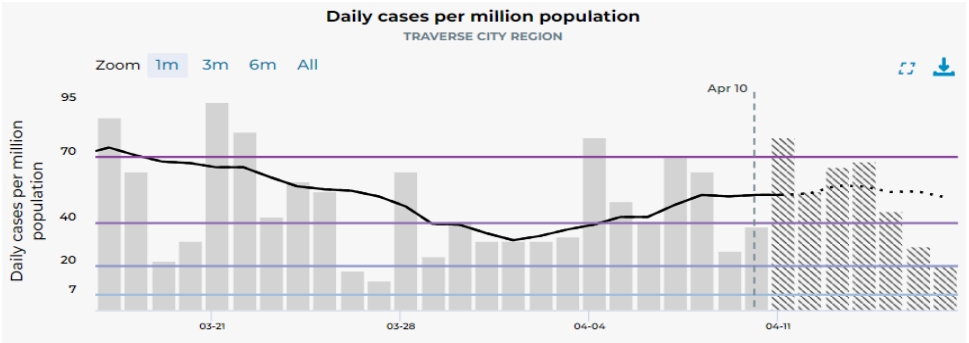
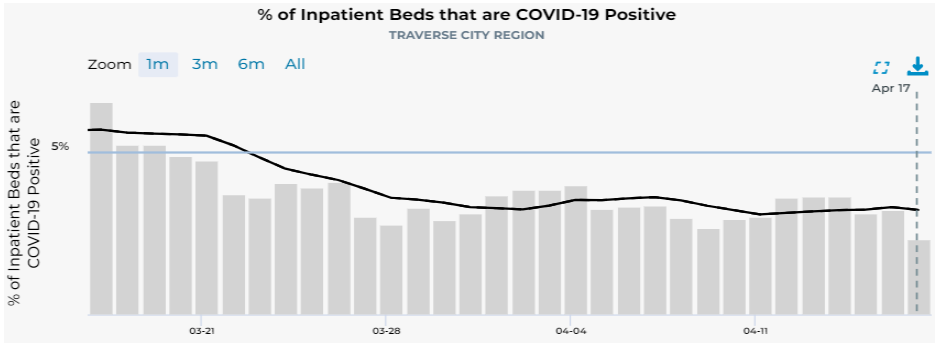
Source: MI Start Map; MDOC excluded

Recent trends: Case Rates*

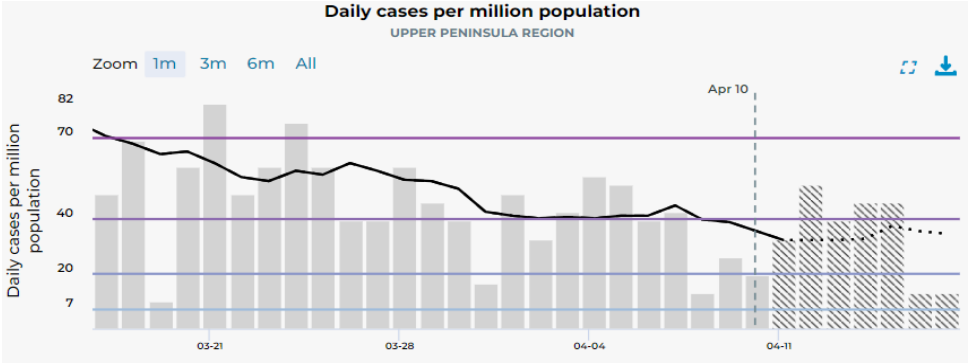
Recent trends: Hospital Capacity

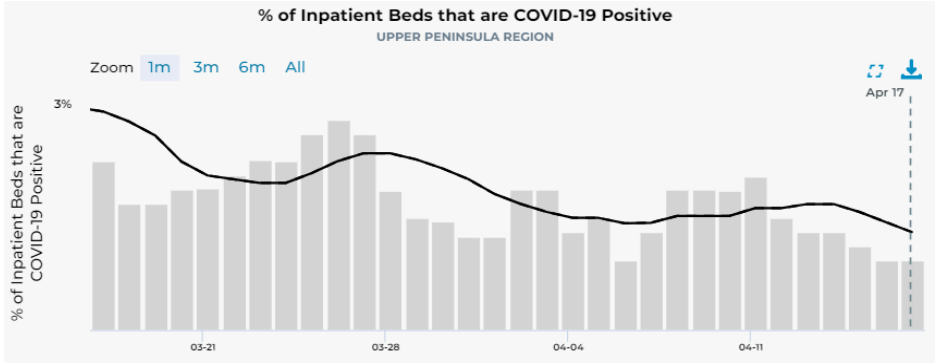
Traverse City MERC Region





Upper Peninsula MERC Region





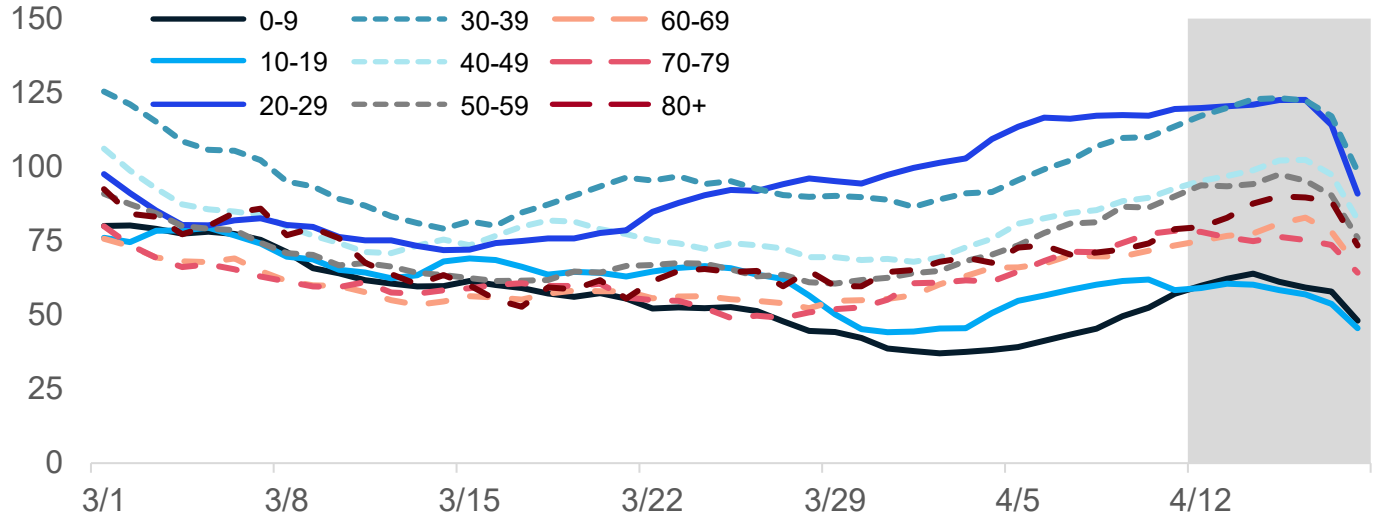
All charts represent data from 03/17/22 – 04/17/22

*Case rates reported by onset date are subject to backfill

Source: MI Start Map; MDOC excluded

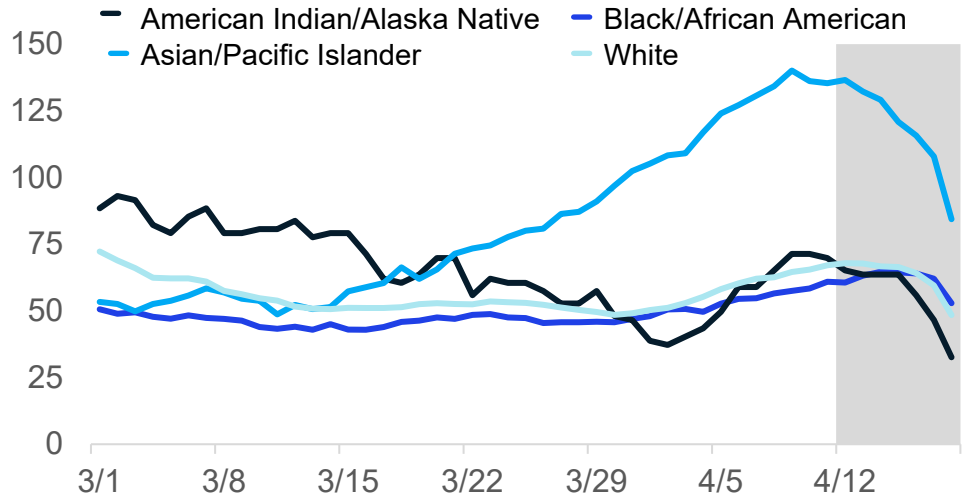
Case rate are plateaued or increasing for stratified groups

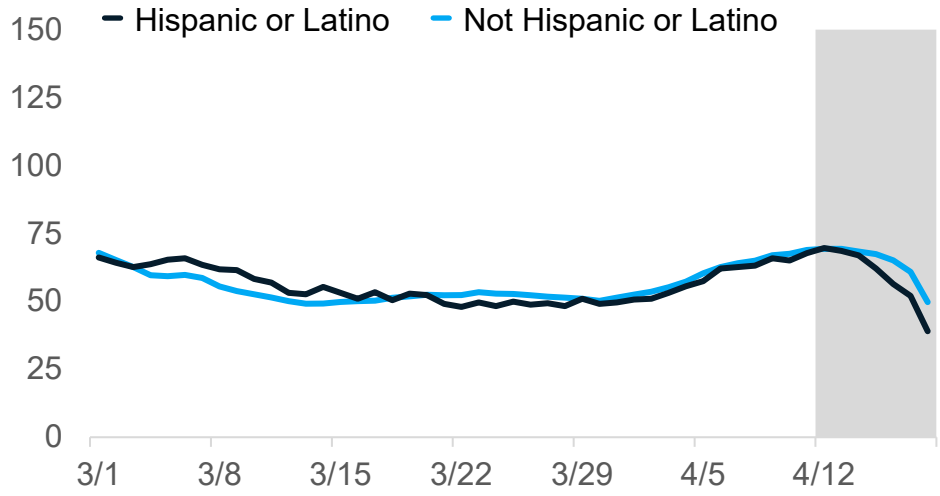
Daily new confirmed and probable cases per million by age group (7-day rolling average)



- Case rates by onset date for all age groups are between 57.1 and 119.5 cases per million (through 4/11)
- Case counts and case rates are highest for 20-29-year-olds this week, followed by 30–39-year-olds and the 40–49-year age groups

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



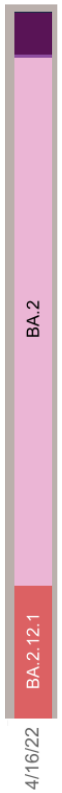


- Case rates are highest for Asian/Pacific Islander populations (135.4 cases/million)
- 18% of cases missing race in last 30 days

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

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

SARS-CoV-2 Variants Circulating in the United States, Apr 10 – Apr 16 (NOWCAST)



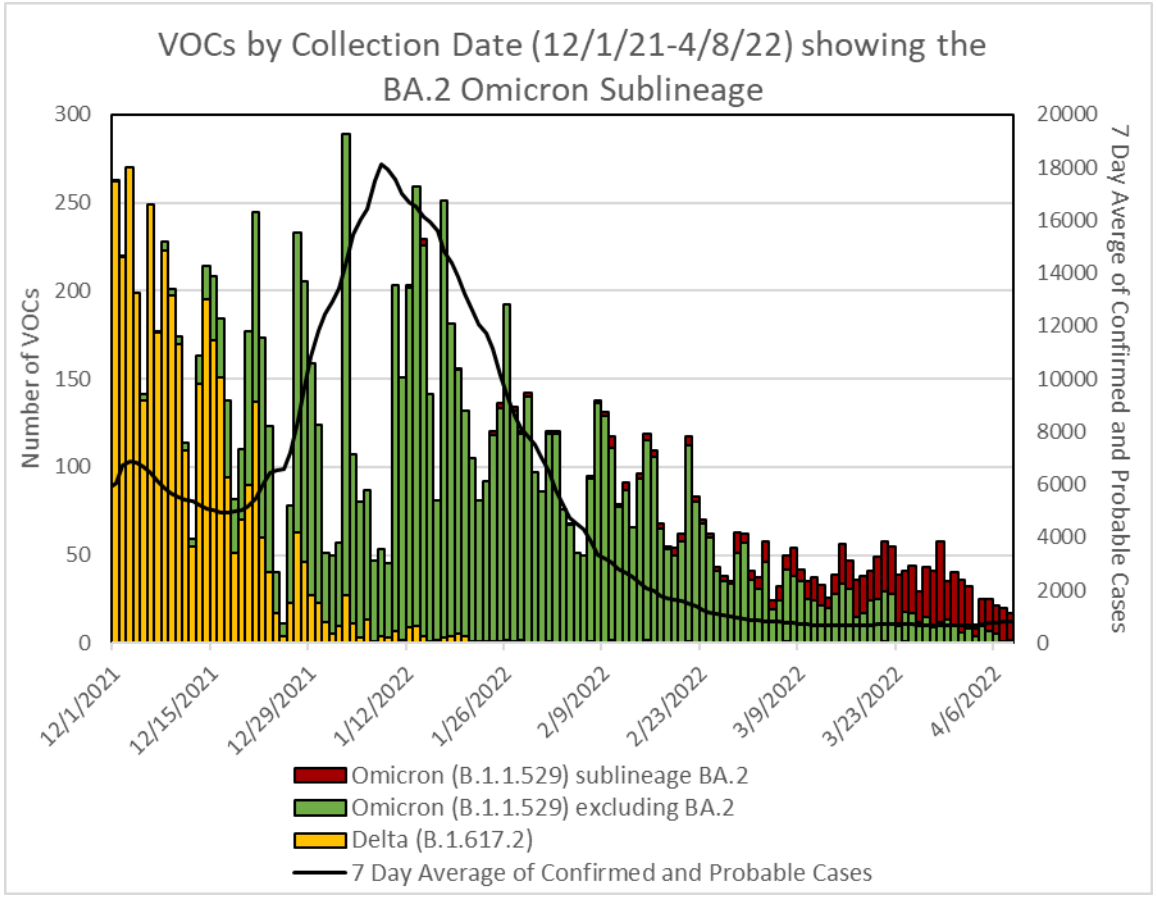
USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.2	VOC	74.4%	68.3-79.7%
	BA.2.12.1	VOC	19.0%	13.4-26.0%
	BA.1.1	VOC	6.1%	5.1-7.3%
	B.1.1.529	VOC	0.5%	0.3-0.6%
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, BA.4, BA.5 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 aggreagated with BA.2.

Data last updated April 19, 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



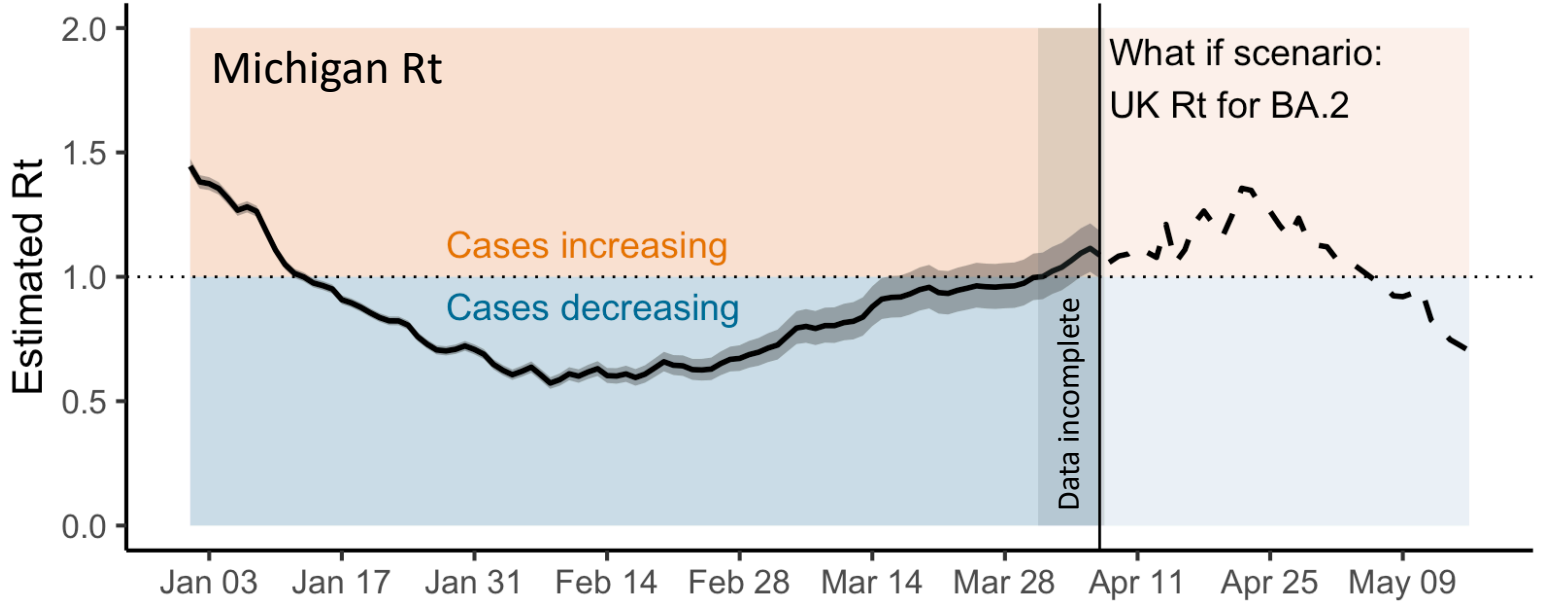
- Since March 15, there have 934 VOC specimens sequenced
- Cumulatively, 785 Omicron BA.2 specimens identified from 50 counties and City of Detroit

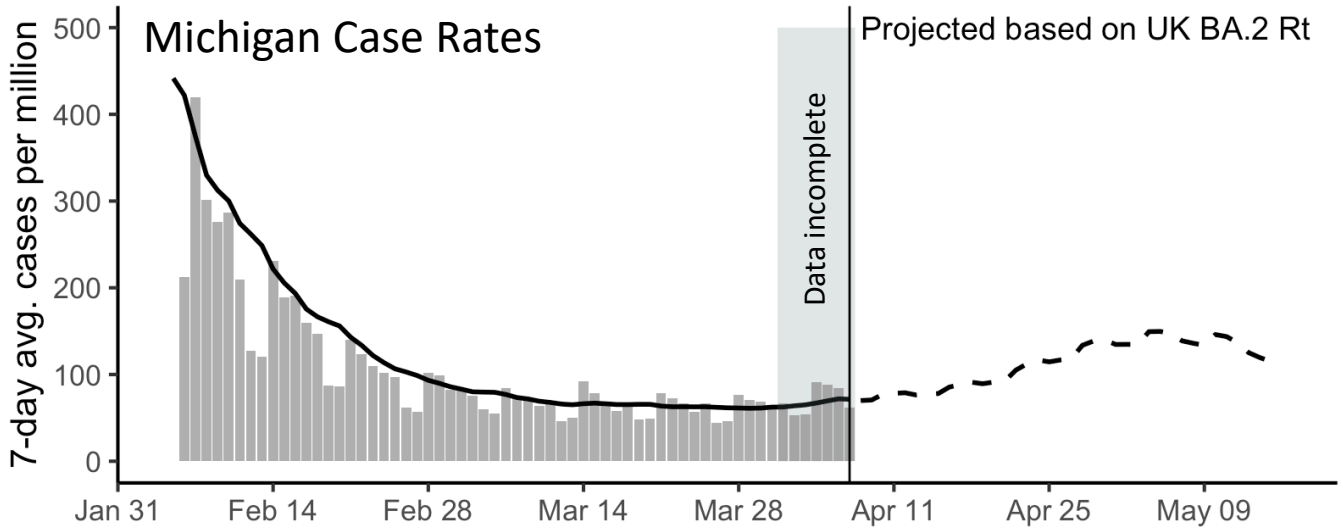
Emerging Variant Update

- Omicron continues to be the predominant variant of concern, including all its sublineages
  - There are several sublineages of this variant, including BA.4, BA.5, BA.2.12.1, and several recombinants of BA.1 and BA.2, most notable the XE recombinant
- Most of these sublineages are just a small fraction of specimens sequenced internationally and nationally
  - Here in the U.S., BA.2 remains the most predominant but the proportion of BA.2.12.1 is increasing faster than other lineages
- In the UK, XE appears to have a slight growth advantage over BA.2 in the UK but is still less than 1% of cases
- BA.2.12.1 is the most common circulating strain in Northeastern U.S., where cases are on the rise
- Globally, BA.4 and BA.5 have only been identified in a handful of countries with around 200 specimens sequenced
  - To date, there does not appear to be an increase in transmissibility, change in hospital epidemiology, or additional evasion of current counter measures compared to predominant Omicron variant

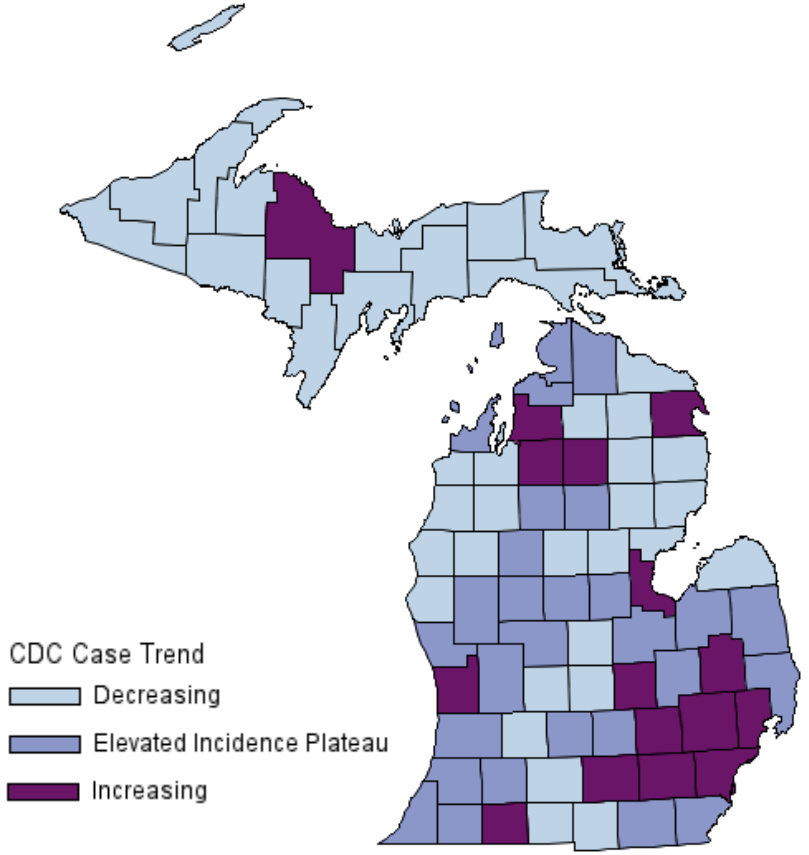
Sources: UKHSA technical briefings, WHO science briefing , GSAID – COVID sequencing

Case rates in Michigan are plateauing, projections based on UK suggest a coming increase, although not to the levels of BA.1 wave





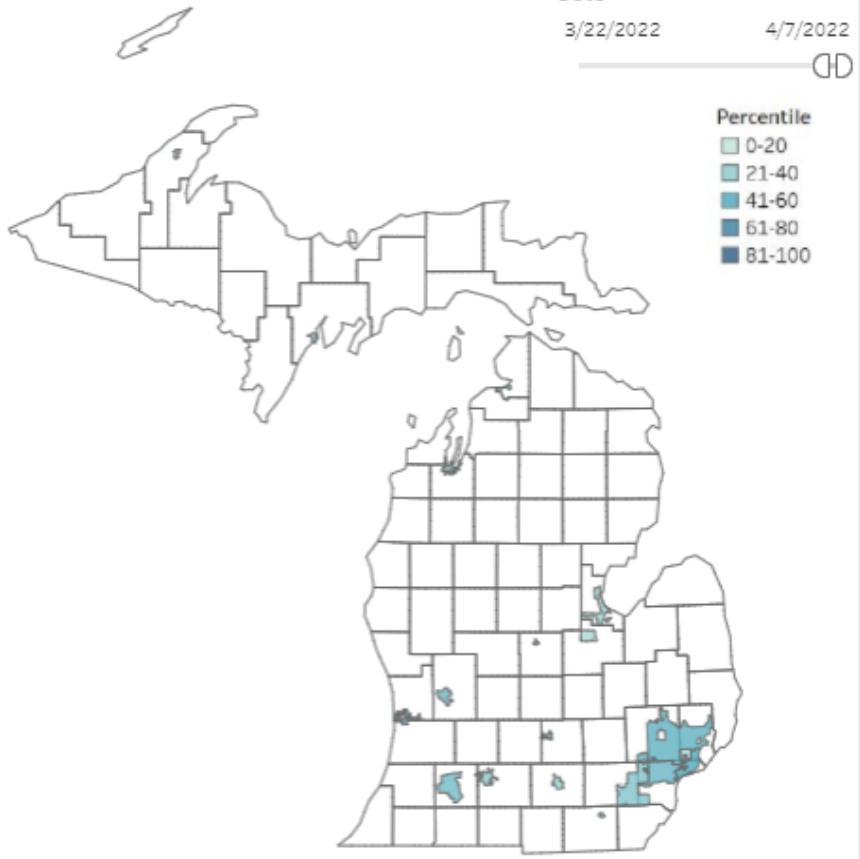
Sixteen counties currently showing increases and 28 in elevated incidence plateaus (via mistartmap.info as of 4/18/22, data through 4/10/22).



Sources: MDSS cases plotted by onset date as for 4/8/22, UK case rates from Our World in Data. Projections are a what-if scenario supposing Michigan's transmission levels (Rt) follow the UK's Rt for the BA.2 wave.

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	4/4/2022	
Battle Creek WWTP	51093	2	4/4/2022	
Bay City WWTP	34000	1	4/7/2022	
Delhi Township WWTP	22500	2	3/31/2022	
Escanaba WWTP	12600	32	4/6/2022	
GLWA Detroit River Interce..	492000	76	3/30/2022	
GLWA North Interceptor-	1482000	53	3/30/2022	
GLWA Oakwood-	840600	77	3/30/2022	
Grand Rapids WWTP	265000	35	4/7/2022	
Holland WWTP North	45606	1	4/6/2022	
Holland WWTP South	36912	1	4/6/2022	
Jackson WWTP	90000	38	4/4/2022	
Kalamazoo WWTP	150000	2	4/7/2022	
Petoskey WWTP	7900	6	4/7/2022	
Portage Lake WWTP	14000	30	4/6/2022	
Saginaw Township WWTP	40000	0	4/7/2022	
Tecumseh WWTP	8680	13	4/5/2022	
Traverse City WWTP	45000	4	4/7/2022	
Warren WWTP	135000	1	3/31/2022	
Ypsilanti WWTP	330000	38	4/2/2022	

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 4/13/2022. 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.

15-Day Trends
- 1000% or more
- 100% to 999%
- 10% to 99%
- 1% to 9%
- -9% to 0%
- -99% to -10%
- -100% to -999%
- -1000% or less

Sentinel Summary

- 15% (3/20) of sentinel sites are showing declines in the previous 15-days
- 65% (13/20) of sentinel sites are showing increasing trends over last 15-days
- The remaining 20% of sites have plateaued over the last 15 days.

Source: MDHHS – Sentinel Wastewater Epidemiology Evaluation Project - https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173-573480--,00.html

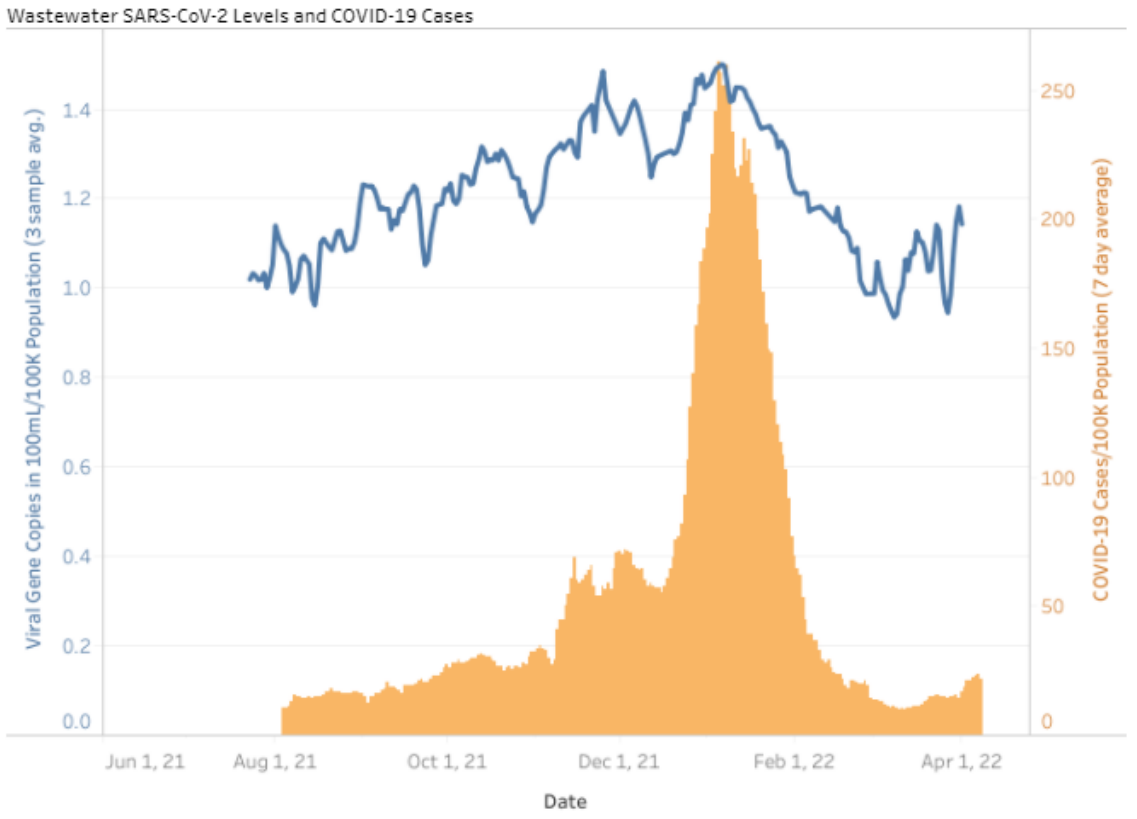
Interpreting Wastewater Should Be In Context with Other Indicators

- When levels of virus in wastewater are low, a modest increase overall in virus level can appear much larger as numbers are translated into percentages
  - This does not necessarily mean we will see major increases in transmission in the community

- When increases are seen within one wastewater site, public health officials compare with neighboring communities and other data sources to understand potential of surges
  - For example, the Ypsilanti WWTP saw increases in SARS-CoV-2 levels which correlated with increasing presence of Omicron BA.2 lineage and then followed by an increase in cases

Ypsilanti WWTP

The most recent sample concentration is higher than 29% of samples collected at this site, which puts it in the 21-40 percentile category. As of 4/2/2022, the change in viral concentration over the past 15 days is increasing.

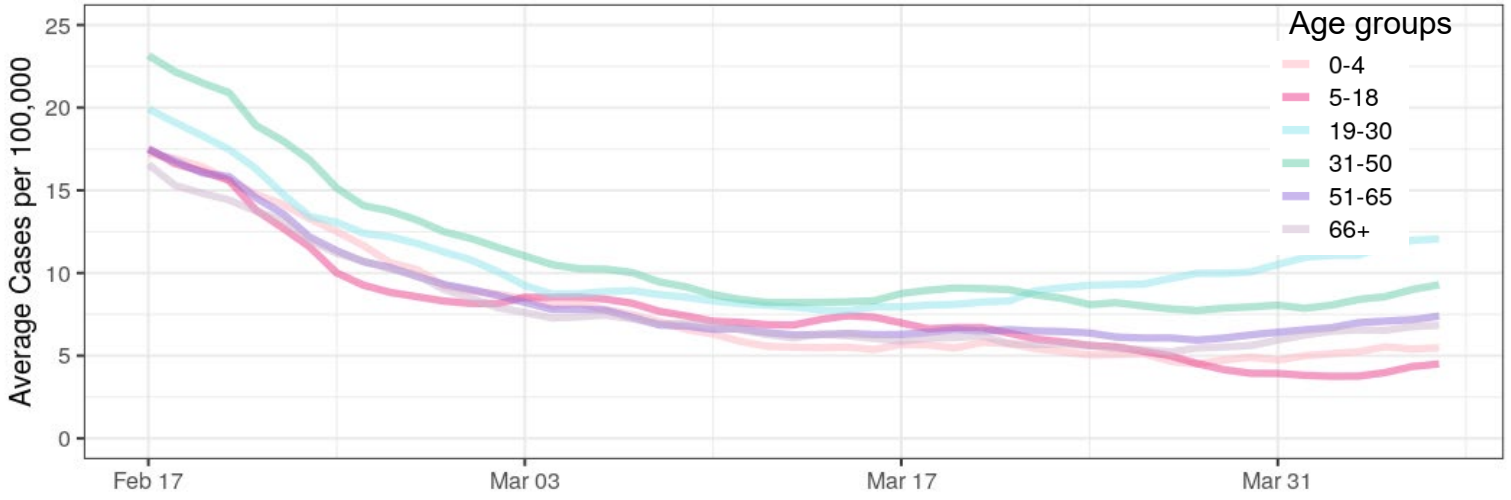


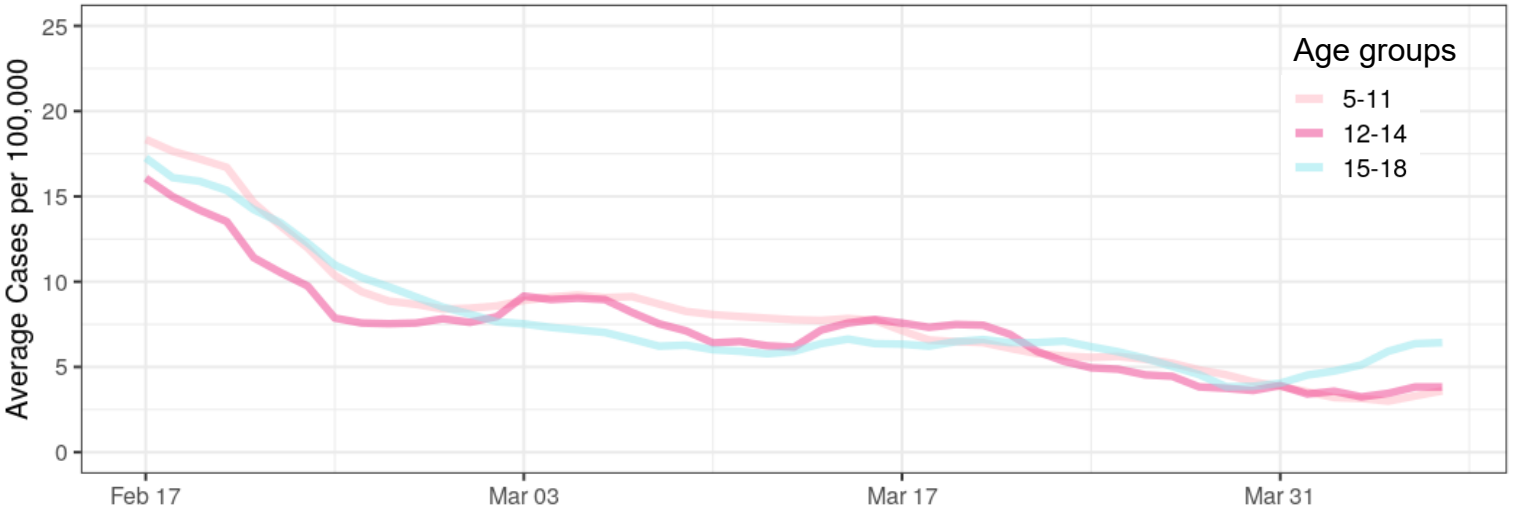
The blue line on the graph shows the levels of SARS-CoV-2, the virus that causes COVID-19, in the wastewater samples collected from Ypsilanti WWTP. Each data point is calculated by averaging the number of viral gene copies detected per 100mL of wastewater in the 3 most recent samples. The orange bars on the graph show the COVID-19 cases reported to MDHHS from the zip codes that the wastewater treatment plant serves (7-day average). Both the virus levels and COVID-19 cases are calculated per 100,000 people. Case data will not be shown on the graph when the average number of cases per 100,000 people is fewer than 10 to protect the confidentiality of individuals with infections.

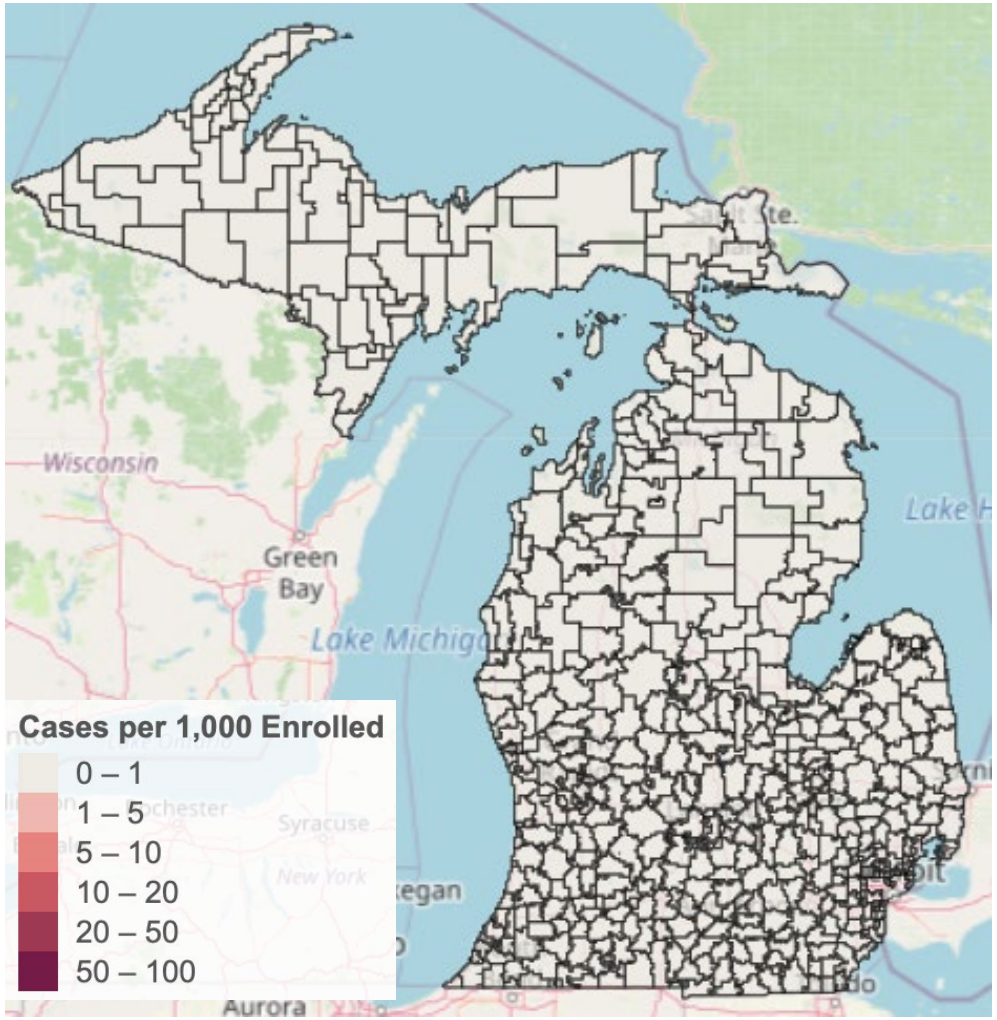
Source: MDHHS – Sentinel Wastewater Epidemiology Evaluation Project - https://www.michigan.gov/coronavirus/0,9753,7-406-98163_98173-573480--,00.html

Slow case rate increase in the school-aged population statewide

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

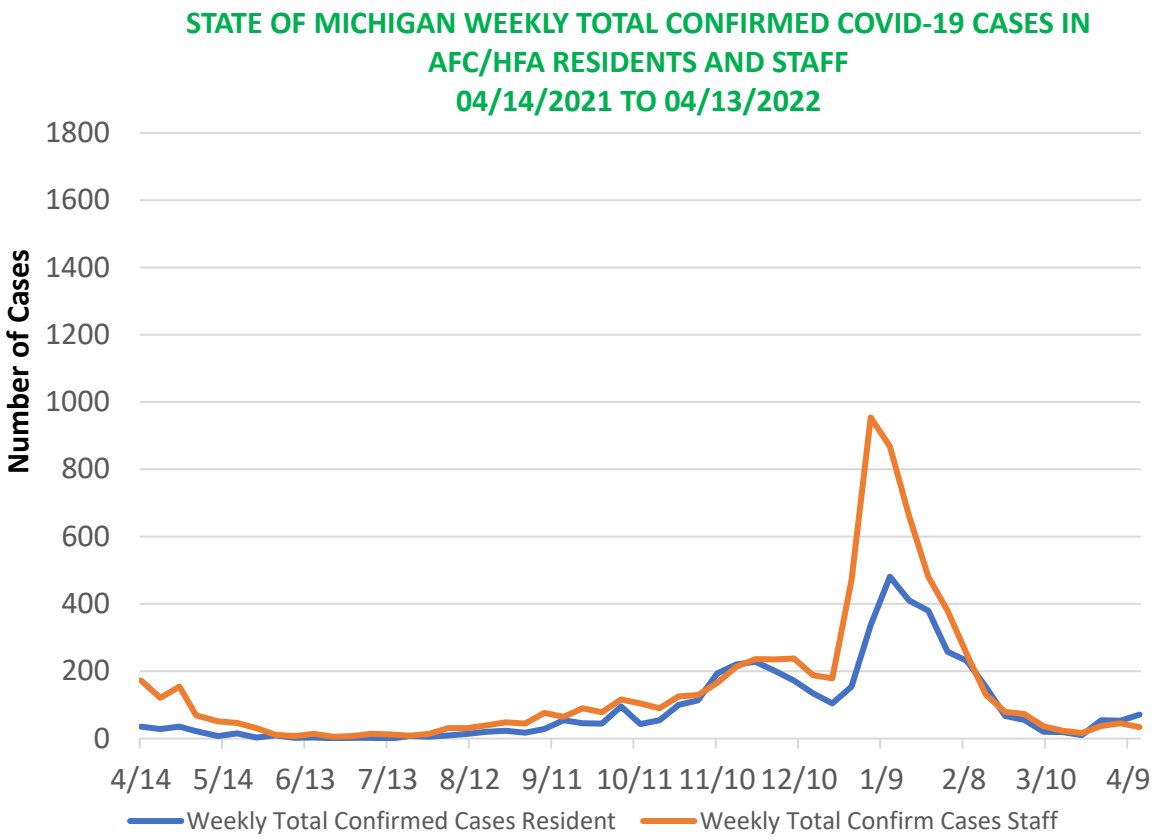


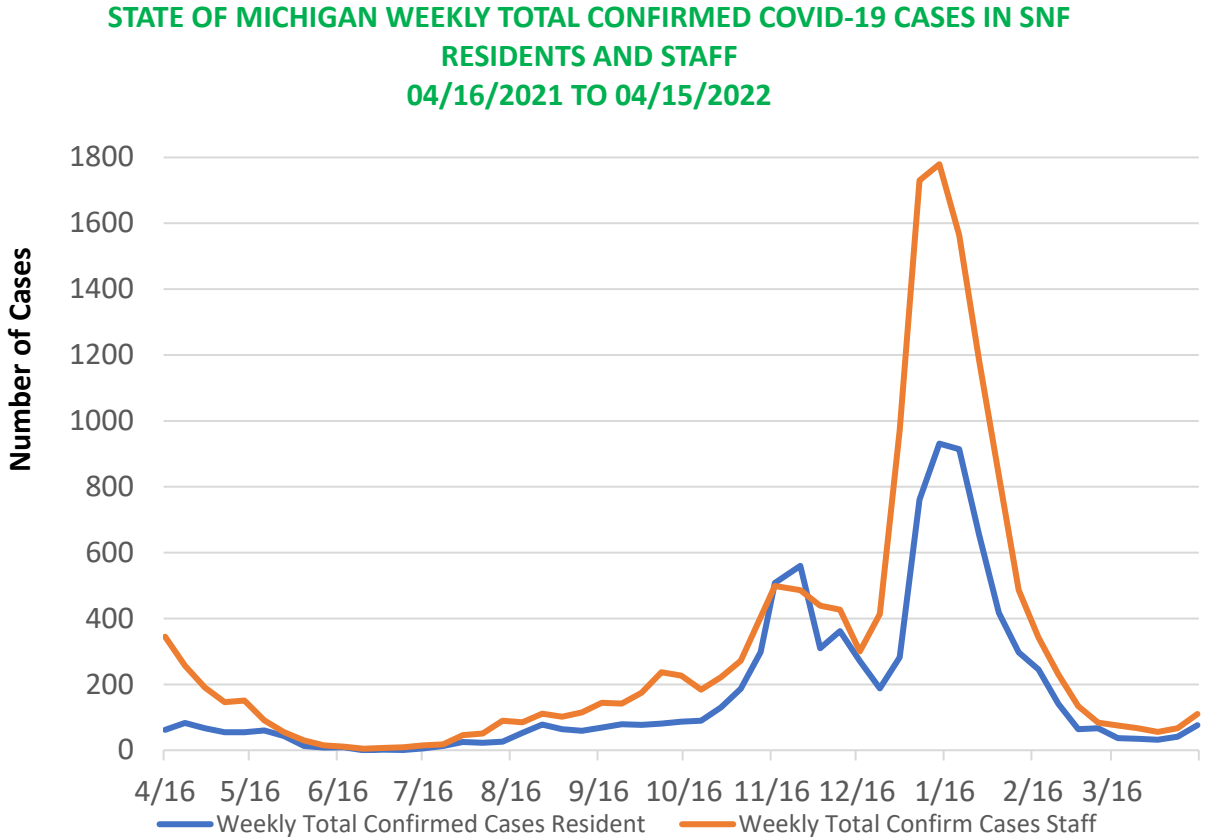




Sources: MDSS case data as of 4/18/2022 (data through 4/6/22), line charts use statewide age group population, map uses ISD enrolled populations from EOG mask tracker data.

Cases continue are plateaued or increasing in staff and residents in Long Term Care Facilities



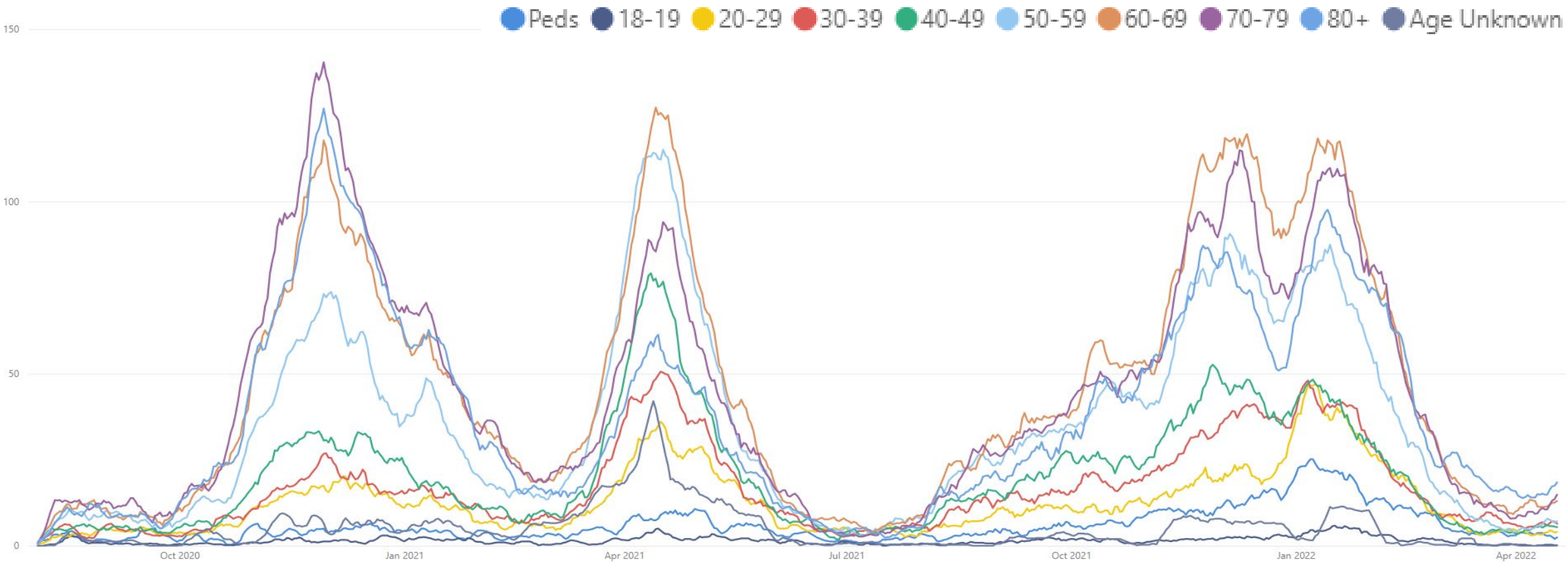


- Case counts in residents are plateaued in AFC/HFA (71) but increased in SNFs (76)
- Case counts in staff increased in both AFC/HFA (39) and SNF (110)

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

The data is from weekly reporting by facilities with bed occupancy of at least 13 beds.

Hospital admissions due to COVID-19 are Low but Increasing



- Trends for daily average hospital admissions increased (+16%) since last week (vs. +10% prior week)
- Two thirds of age groups saw increases this week
- Fewer than 20 daily hospital admissions was seen for every age groups

Source: CHECC & EM Resource

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	1.9	1.3	-41% (-1)
12-17	0.7	0.9	+25% (+<1)
18-19	0.1	0.5	0% (+0)
20-29	3.7	2.7	+13% (+<1)
30-39	6.1	5.1	-7% (-<1)
40-49	5.6	4.7	-3% (-<2)
50-59	7.1	5.3	+25% (+1)
60-69	**12.9**	**10.1**	+14% (+2)
70-79	**14.6**	**19.0**	+40% (+4)
80+	**17.9**	**43.1**	+20% (+3)
Total¶	**71.3**	**6.3**	**+16% (+10)**

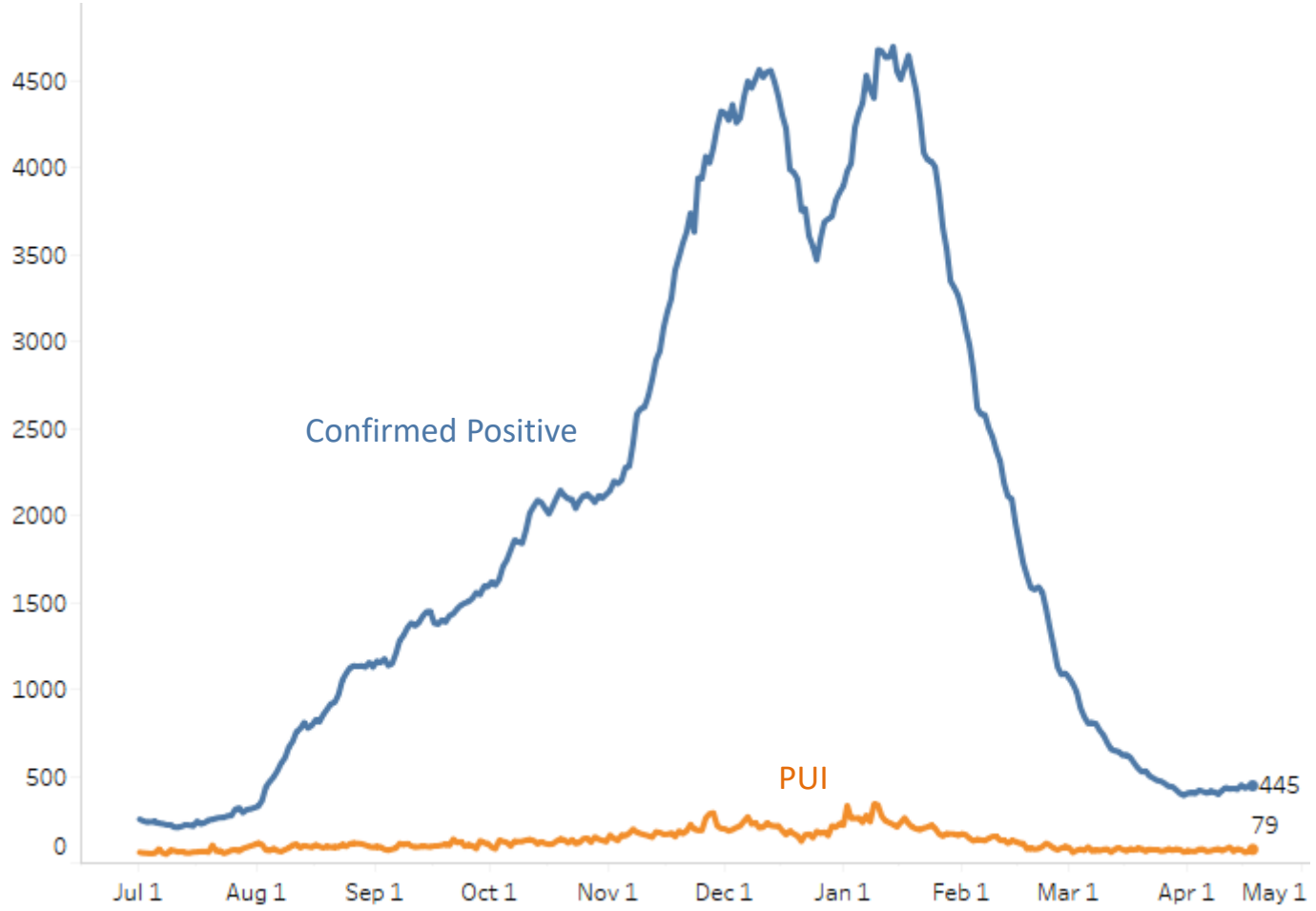
* Rate per 1 million residents; † Rolling 7-day average; ¶ Total may not reflect state due to missing age data
Note: Hospital Admission data reflects date data was submitted
Source: CHECC and EM Resource

- Through April 18, there were an average of 71.3 hospital admissions per day due to COVID-19; an increase from last week (+16%, +10)
- Two thirds of age groups saw increases this week
- The largest one-week count increase was among those 70-79 years (+40%,+4)
- Average daily hospital admission count (17.9 hospital admissions per day) and average daily hospital admission rate (43.1 hospital admissions/million) were highest among 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

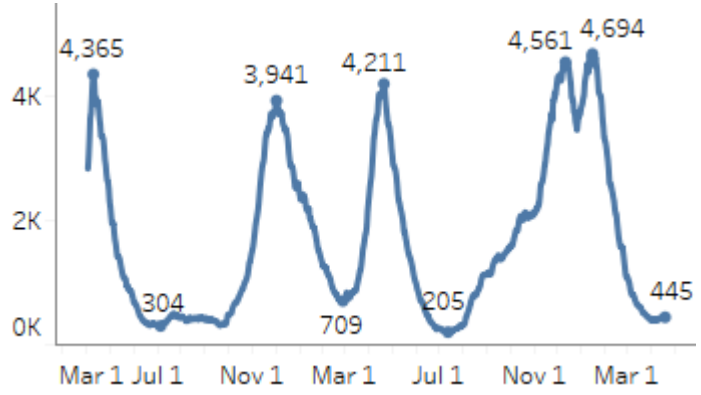
Statewide Hospitalization Trends: Total COVID+ Census

Hospitalization Trends 7/1/2021 – 4/18/2022
Confirmed Positive & Persons Under Investigation (PUI)



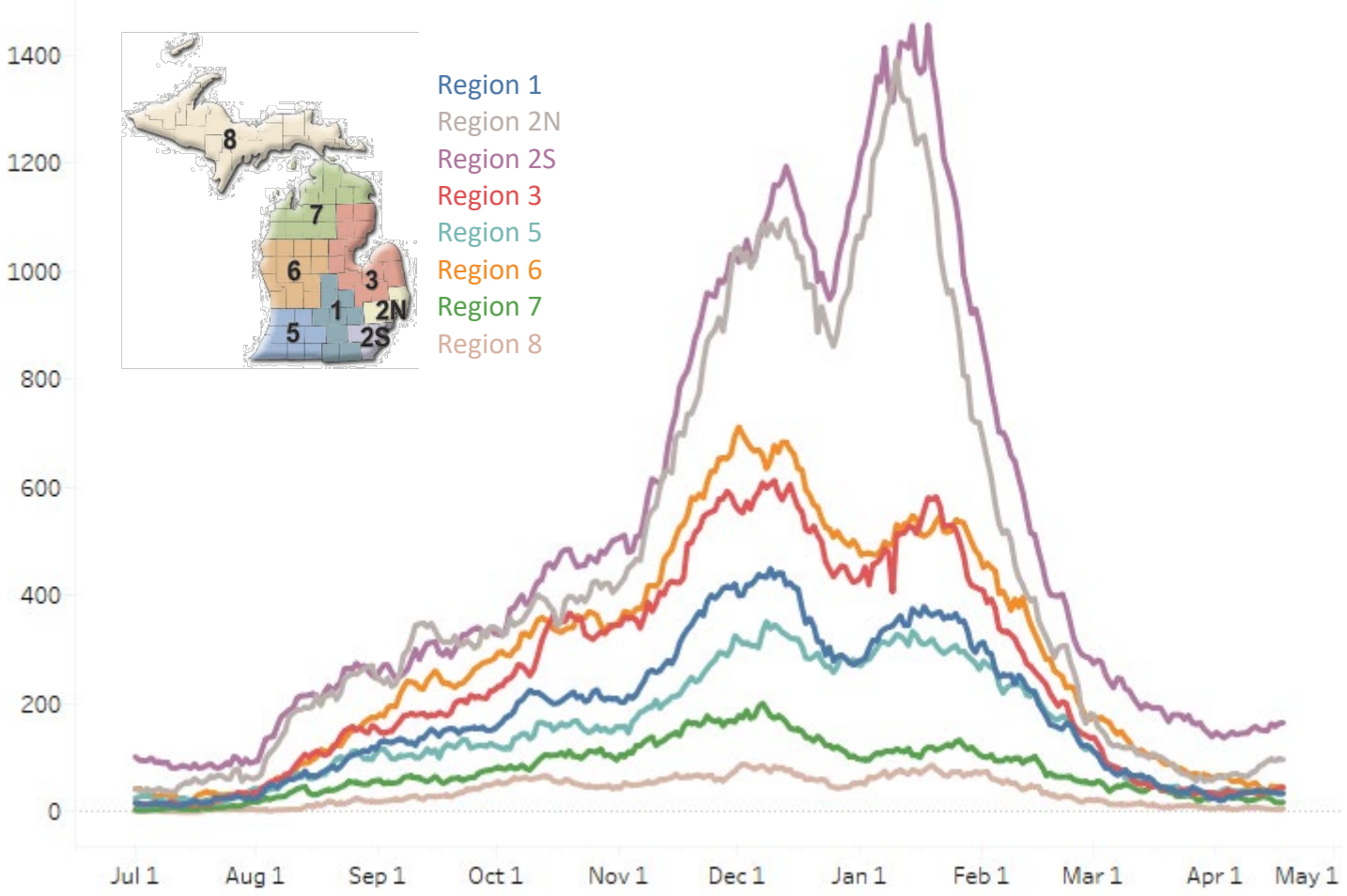
The COVID+ census in hospitals has increased again this week (3% increase). This is the 2nd week of small week over week increases.

Hospitalized COVID Positive Long Term Trend (beginning March 2020)



Statewide Hospitalization Trends: Regional COVID+ Census

Hospitalization Trends 7/1/2021 – 4/18/2022
Confirmed Positive by Region

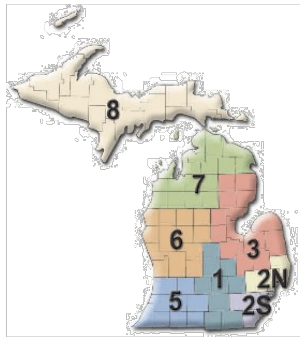


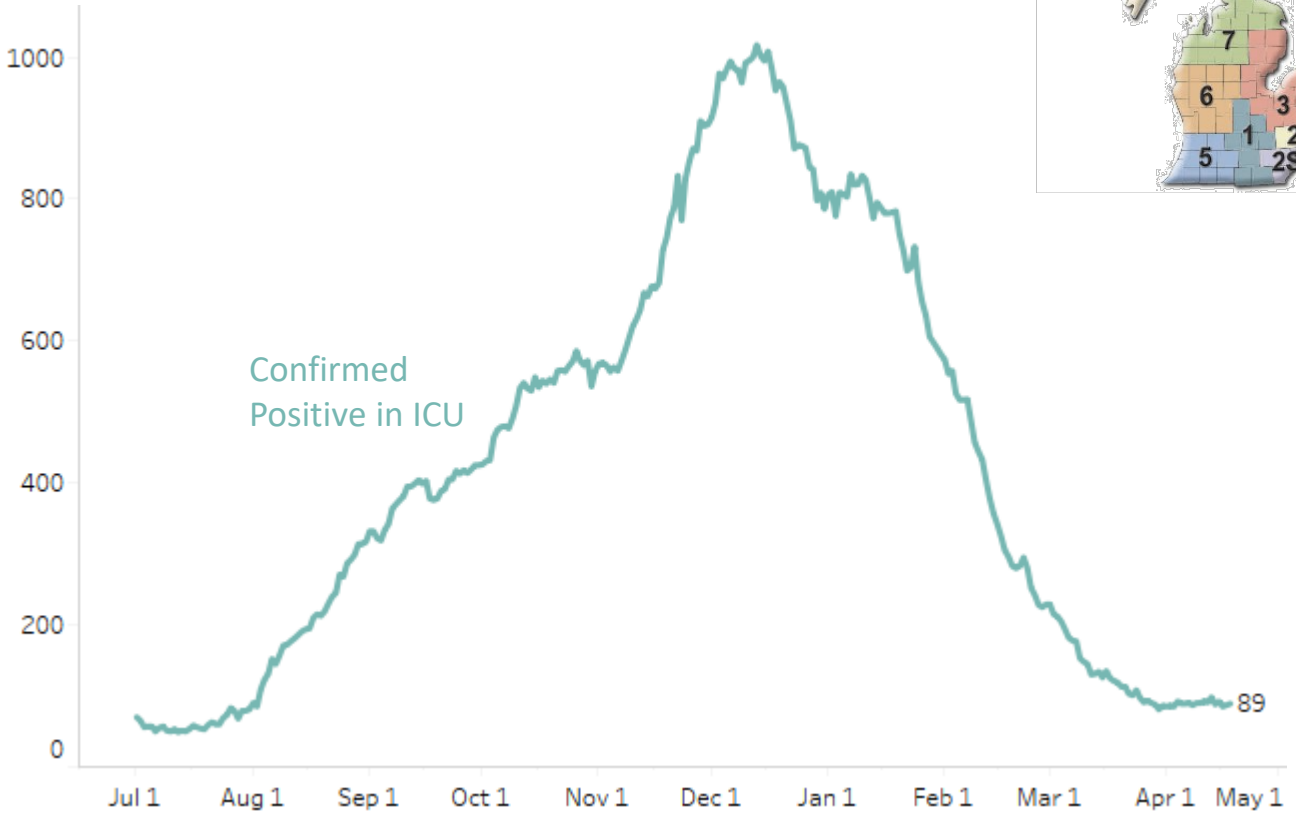
This week the COVID+ hospital census has decreased in Regions 1, 5, 6, 7, and 8. The COVID+ census has increased in Regions 2N, 2S, and 3.

Region	COVID+ Hospitalizations (% Δ from last week)	COVID+ Hospitalizations / MM
Region 1	34 (-13%)	31/M
Region 2N	97 (29%)	44/M
Region 2S	165 (6%)	74/M
Region 3	46 (24%)	41/M
Region 5	35 (-8%)	37/M
Region 6	44 (-19%)	30/M
Region 7	18 (-22%)	36/M
Region 8	6 (-33%)	19/M

Statewide Hospitalization Trends: ICU COVID+ Census

Hospitalization Trends 7/1/2021 – 4/18/2022
Confirmed Positive in ICUs



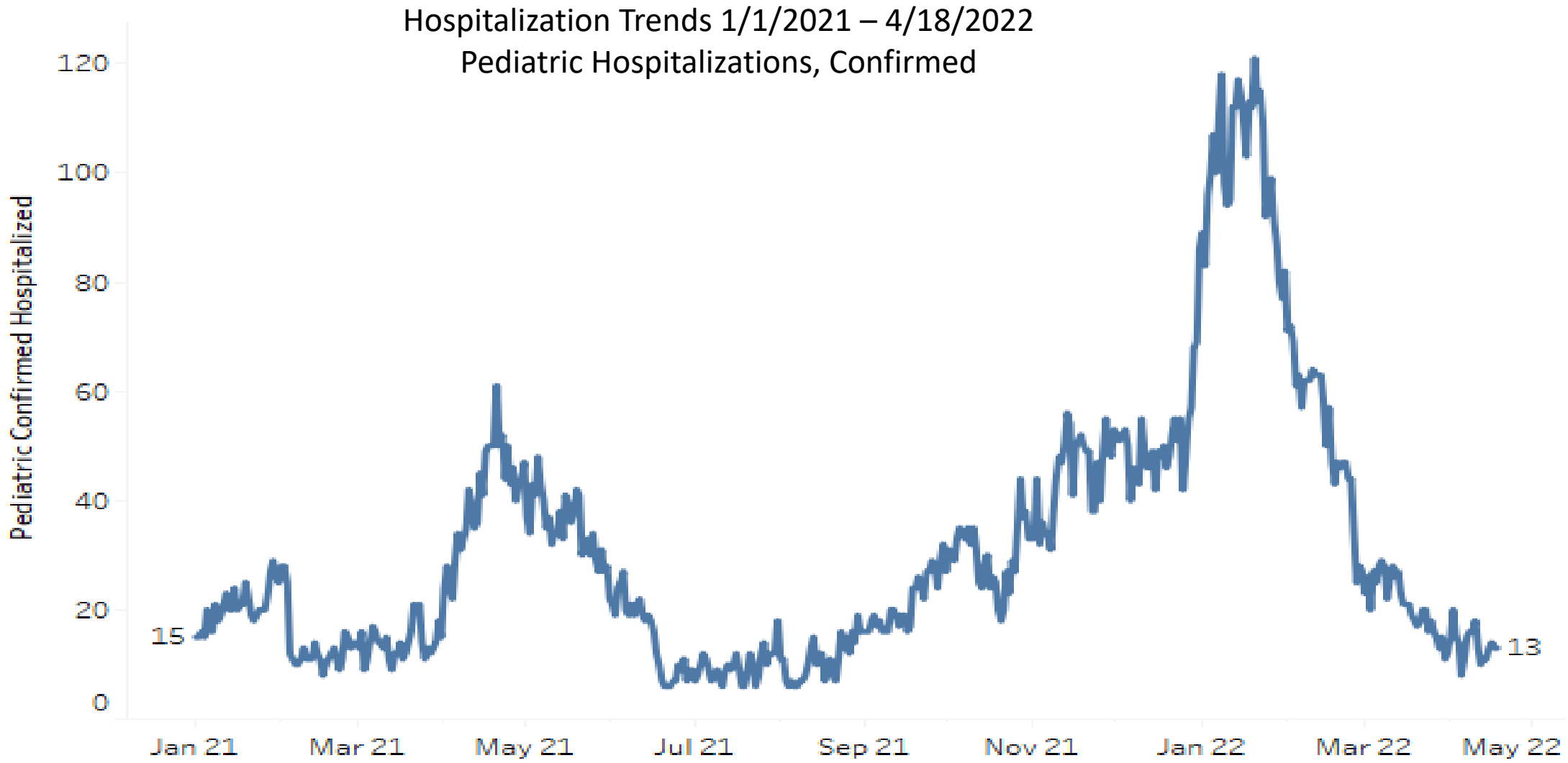


Overall, the census of of COVID+ patients in ICUs is down 3% vs last week and essentially flat over the past 2 weeks. There are less than 100 COVID+ patients in ICU beds across the state.

All regions have 5% or fewer ICU beds filled with COVID+ patients.

Region	Adult COVID+ in ICU (% Δ from last week)	ICU Occupancy	% of ICU beds COVID+
Region 1	8 (33%)	81%	4%
Region 2N	16 (-11%)	74%	3%
Region 2S	37 (-8%)	80%	5%
Region 3	8 (-11%)	85%	3%
Region 5	8 (60%)	67%	5%
Region 6	6 (-14%)	76%	3%
Region 7	5 (-17%)	71%	3%
Region 8	1 (0%)	52%	1%

Statewide Hospitalization Trends: Pediatric COVID+ Census



Harm Reduction: Key Messages

Currently in Recovery Phase of Michigan COVID-19 response cycle and most counties are at the low CDC Covid Community Level:

- Stay up to date on vaccine and get tested if feeling ill
- Empowering community members to make best choices for their individual circumstances

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

- Unvaccinated people in Michigan had 1.8 times the risk of testing positive for COVID-19 in February compared to people up to date on their vaccination
  - In February, unvaccinated people in Michigan had 2.8 times the risk of testing positive for COVID-19 and 16 times the risk of dying from COVID-19 compared to people up to date on their vaccination
- Vaccination coverage has increased modestly with greatest increases in the percent who have received a booster dose
- MDHHS now has an additional tab for booster coverage data on the vaccine dashboard
- COVID-19 vaccinations remain safe and effective to prevent spread and severe disease

Protect Yourself, Protect Your Community

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

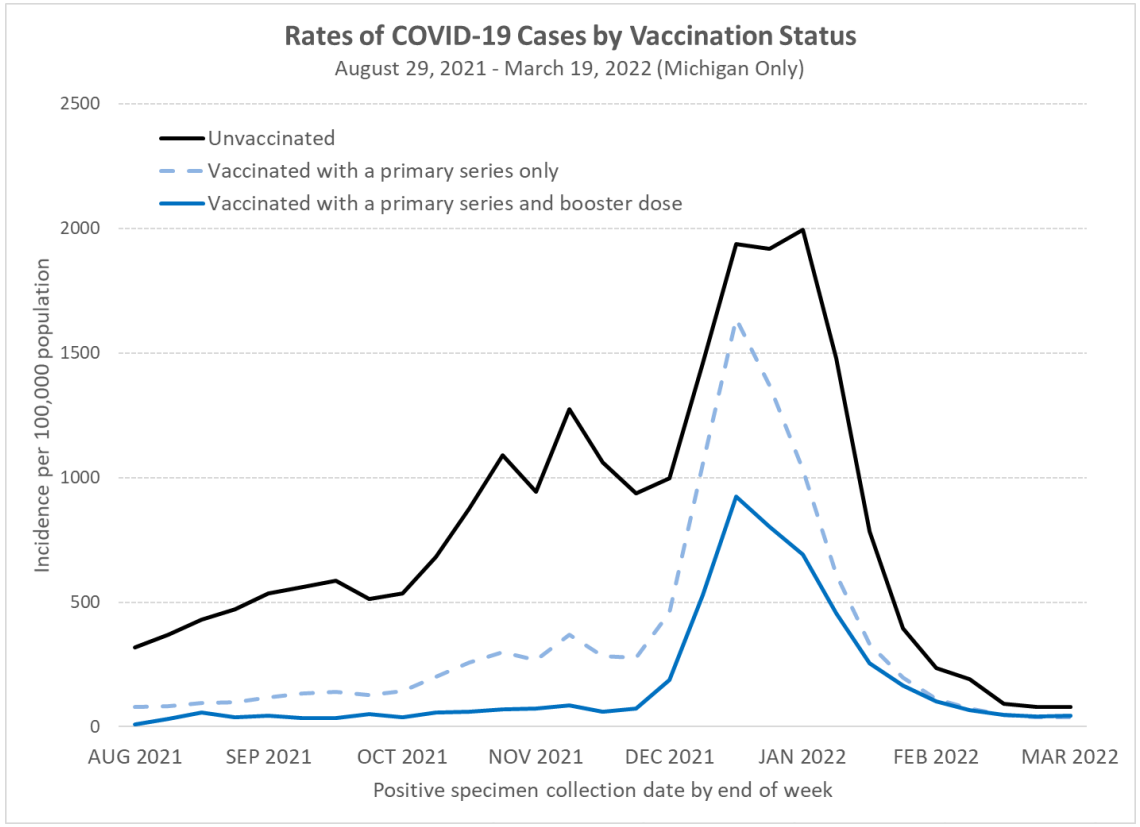
Over-the-counter tests allow for testing at home; an important addition to on-site antigen and PCR testing.

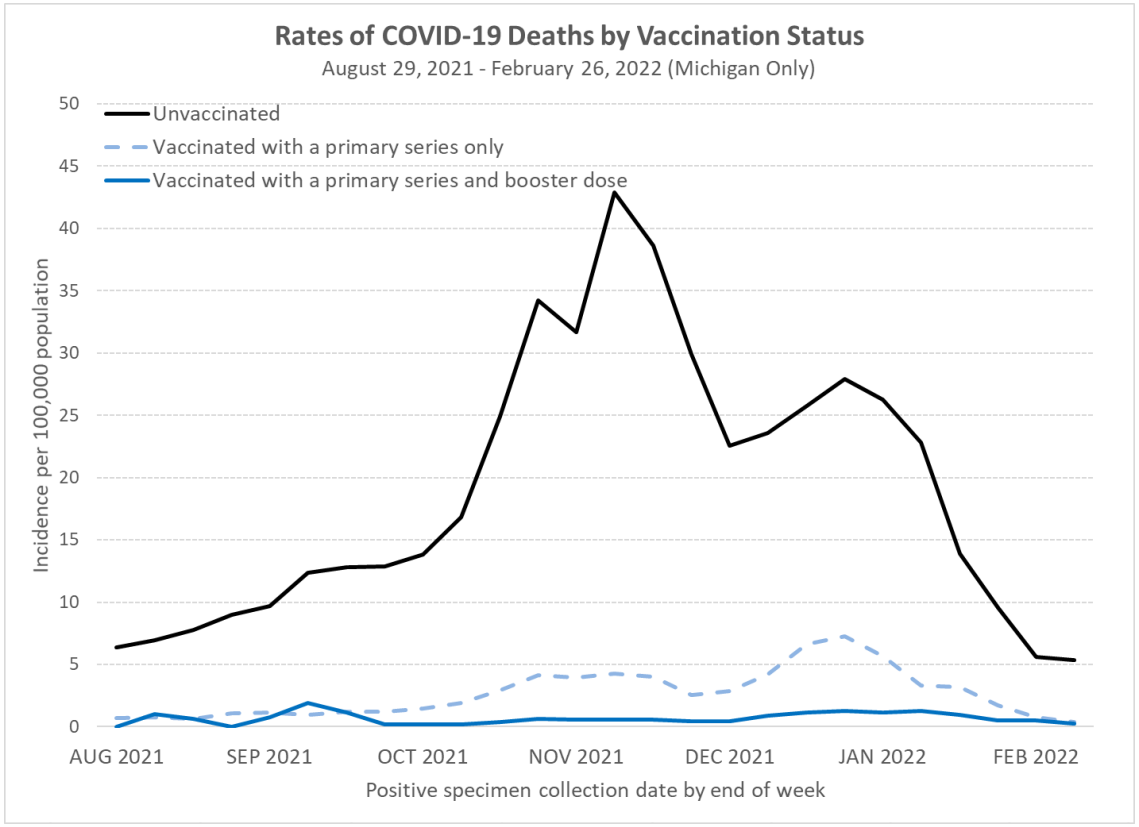
Treatment

Protect against severe outcomes

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

Unvaccinated people in Michigan had 1.8 times the risk of testing positive for COVID-19 in March compared to people up to date on their vaccination





Unvaccinated people aged 12 years and older had:

2.8 X
Risk of Testing Positive for COVID-19

AND

16 X
Risk of Dying from COVID-19

in February, and

1.8 X
Risk of Testing Positive for COVID-19

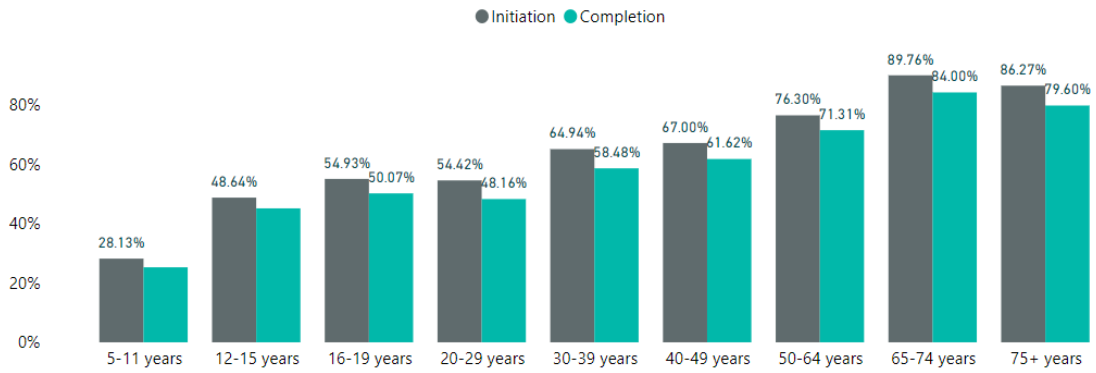
in March,* compared to people vaccinated with a primary series and a booster dose.**

*These data reflect cases among persons with a positive specimen collection date through March 19, 2022, and deaths among persons with a positive specimen collection date through February 26, 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.

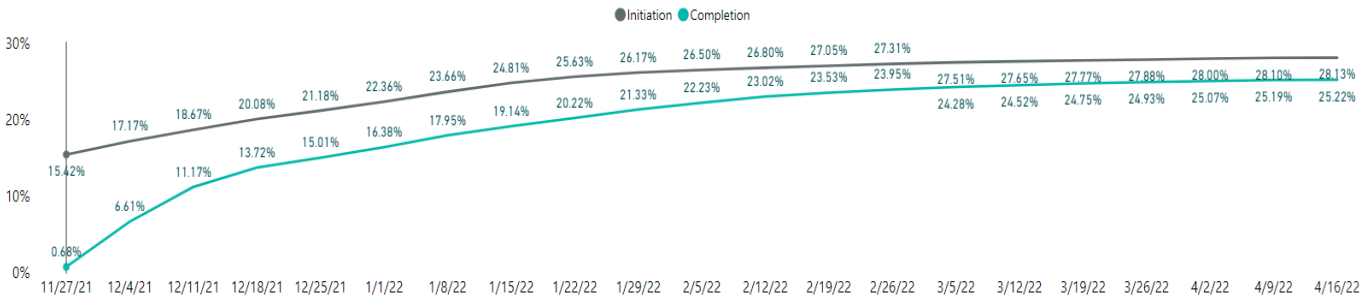
Vaccinations and Boosters

- Over 15.7 million COVID-19 vaccine doses have been administered in Michigan
  - Over 6.6 million Michiganders have received at least one dose (66.8%)
  - Nearly 6 million Michiganders have completed a primary series (60%)
  - Over 3.23 million additional/booster doses have been administered in Michigan
    - 54% of the fully vaccinated population has received a booster
    - 76.2% of the fully vaccinated population 65 years of age or older has received a booster

COVID-19 Vaccine Coverage by Age Group



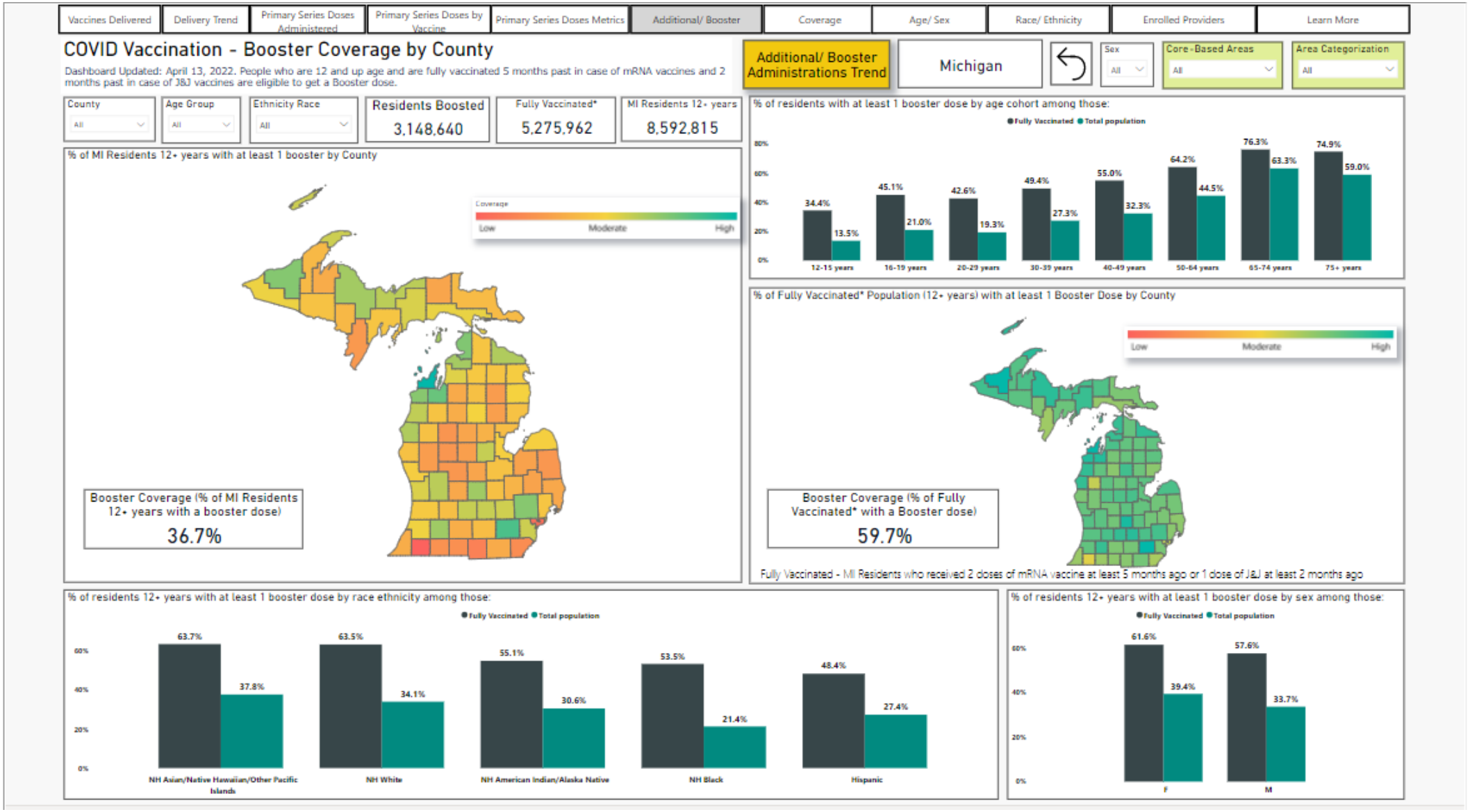
Initiation and Completion Trends in 5–11-year-olds



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

https://covid.cdc.gov/covid-data-tracker/#vaccinations

Additional Doses and Booster Coverage



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

CDC Authorizes 2nd Booster for those moderately to severely immunocompromised or those 50 years of age and above

Four months after receipt of a first booster dose of Pfizer BioNTech, Moderna or Janssen (Johnson & Johnson), the following are now authorized and individuals may choose to receive:

- A second booster dose of the Pfizer-BioNTech COVID-19 vaccine or Moderna COVID-19 vaccine may be administered to individuals 50 years of age and older.
- A second booster dose of the Pfizer-BioNTech COVID-19 vaccine may be administered to moderately or severely immunocompromised individuals 12 years of age and older.
- A second booster dose of the Moderna COVID-19 vaccine may be administered to moderately or severely immunocompromised individuals 18 years of age and older.

The CDC definition for Up to Date on COVID-19 Vaccine is not changed:

- A person is up to date with their COVID-19 vaccination if they have received **all recommended doses in the primary series and one booster when eligible**. Getting a second booster is not necessary to be considered up to date at this time.

Michigan currently has over **2.5 million** adult COVID vaccine doses:

- 1.03 million Pfizer
- 1.2 million Moderna
- 0.27 million J&J

If you are interested in an additional/booster dose, you should not feel the need to wait.

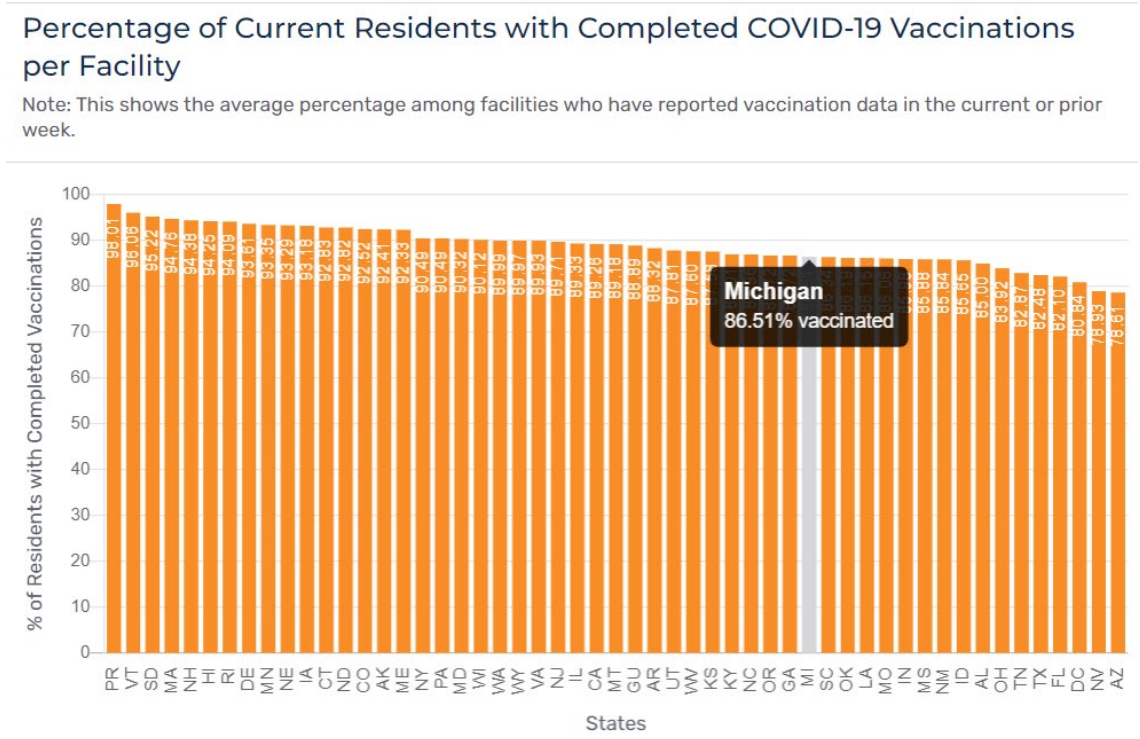
Completed vaccination among Skilled Nursing Residents and Staff is plateauing

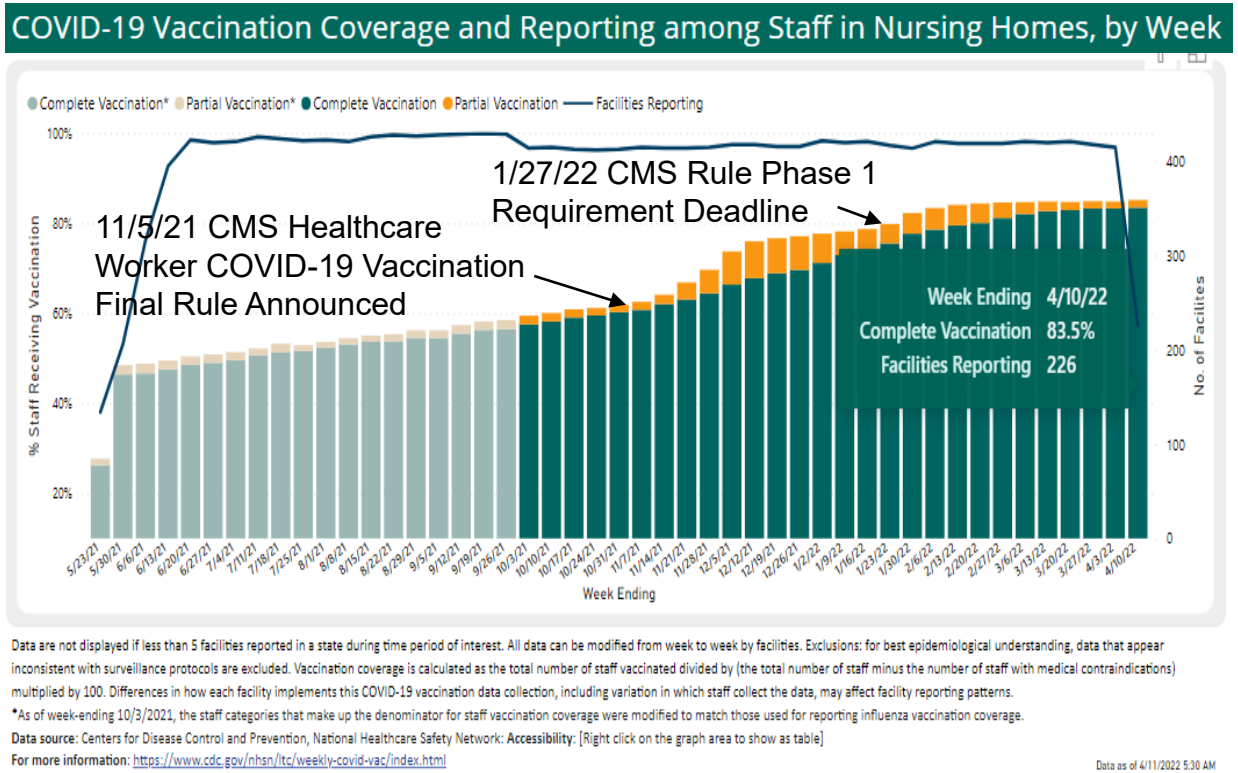
86.51% of SNF residents are fully vaccinated; 35 of 53 states/territories

83.5% of SNF staff are fully vaccinated, 45 of 53 states/territories

1.7% of SNF staff are partially vaccinated

Week ending 11/7, 63.6% of staff initiated COVID-19 vaccine, compared to 82.4% the week ending 1/30 (nearly a 30% increase)





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

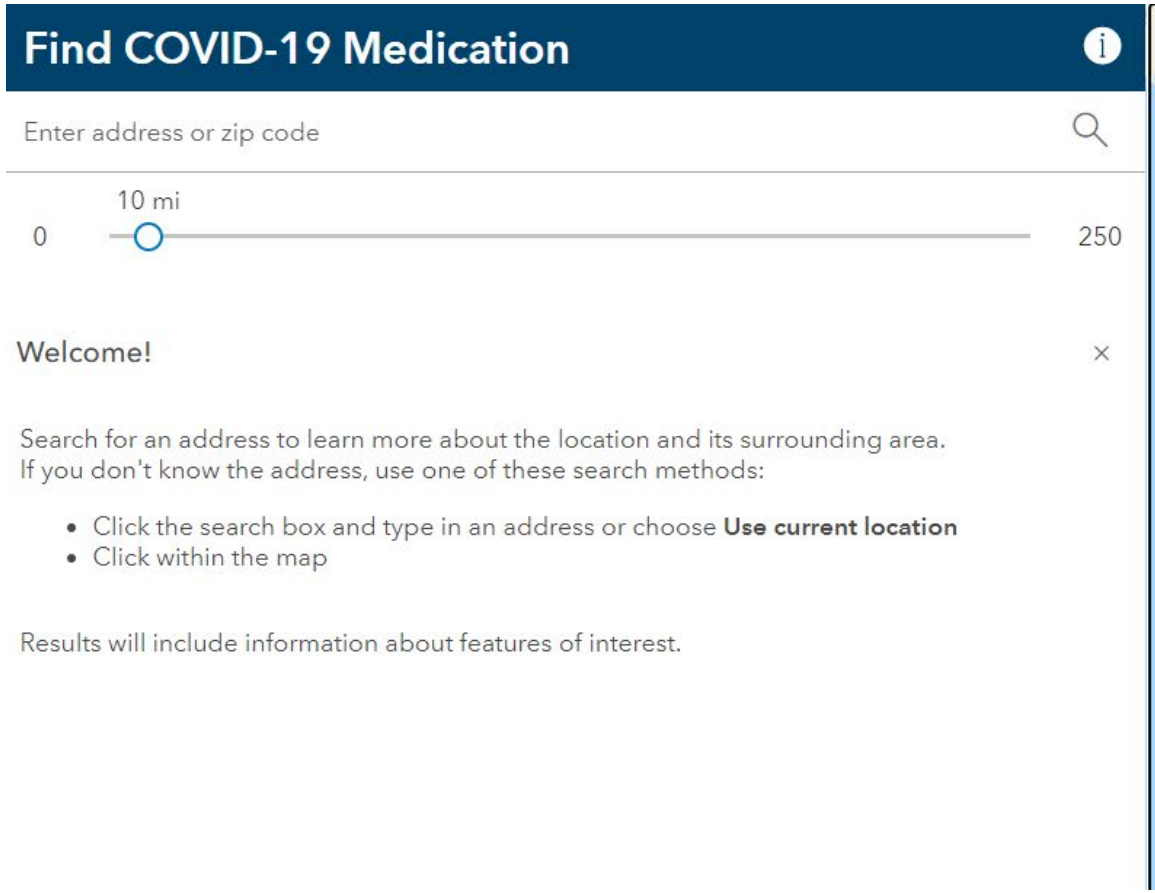
https://www.cdc.gov/nhsn/covid19/ltc-vaccination-dashboard.html

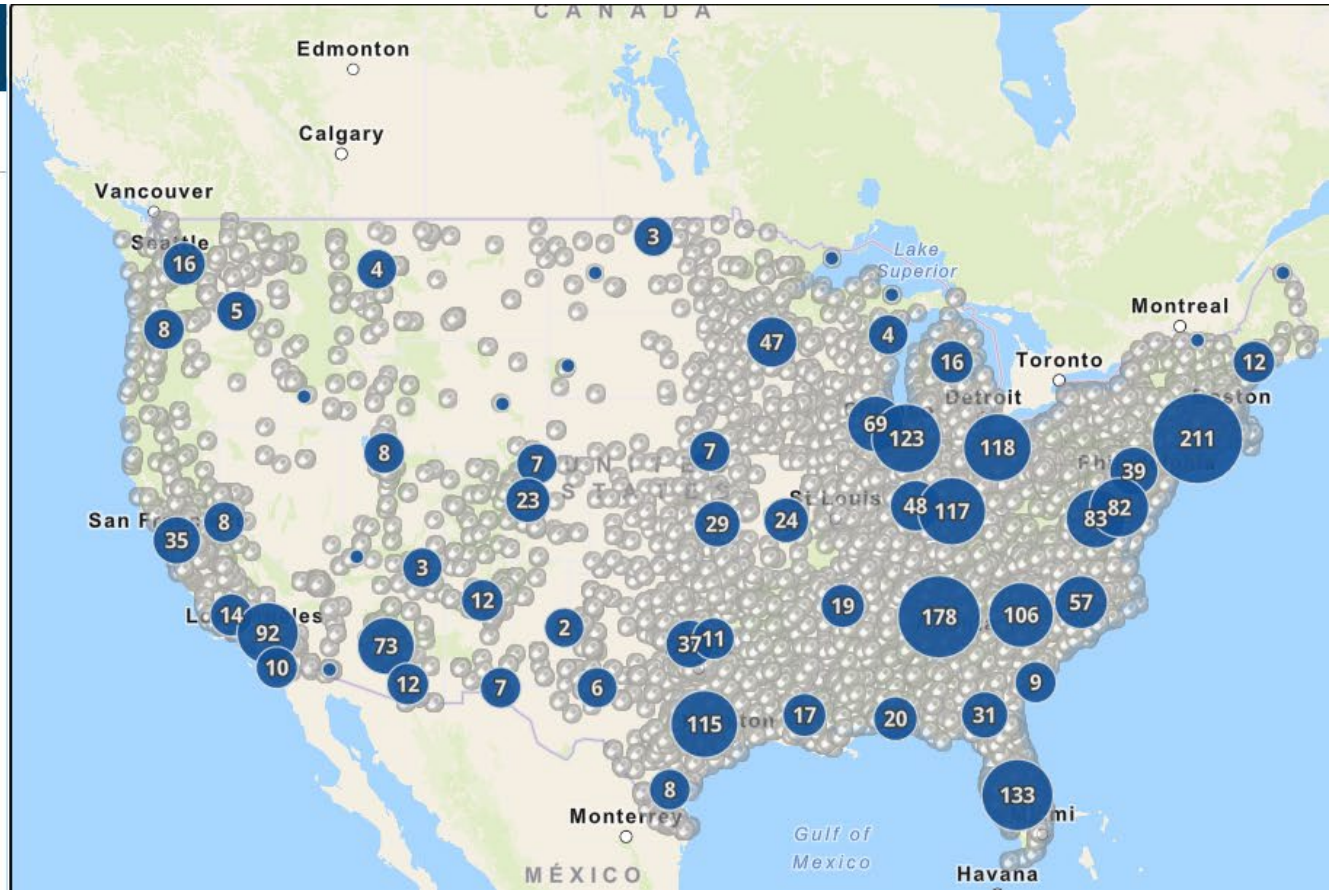
Federal website assists COVID positive residents find treatment

COVID-19 resources available on federal website: [COVID.gov]

Test-to-Treat program simplifies access to COVID treatment: [Find a Test-to-Treat location near you]

- If you have COVID-19 symptoms, do not wait to get treated
- You must take oral COVID-19 medication within 5 days of your first COVID-19 symptoms
- Use the tool to find a location that is right for you

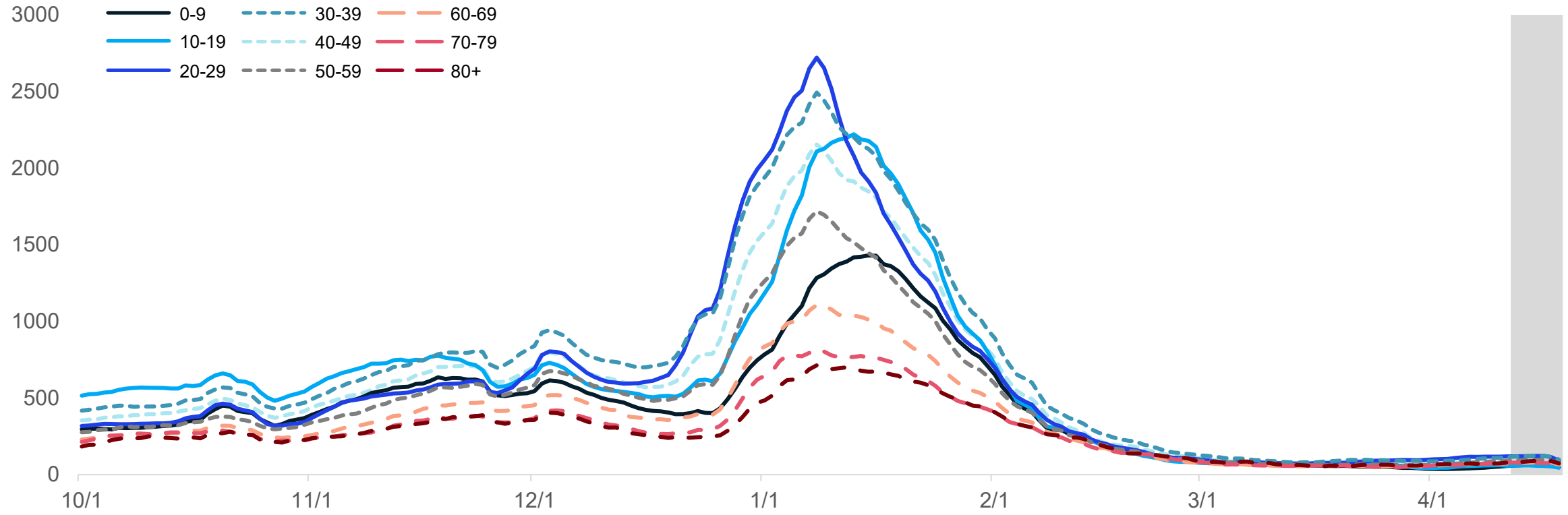




APPENDIX

Case Rate Trends by Age Group

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

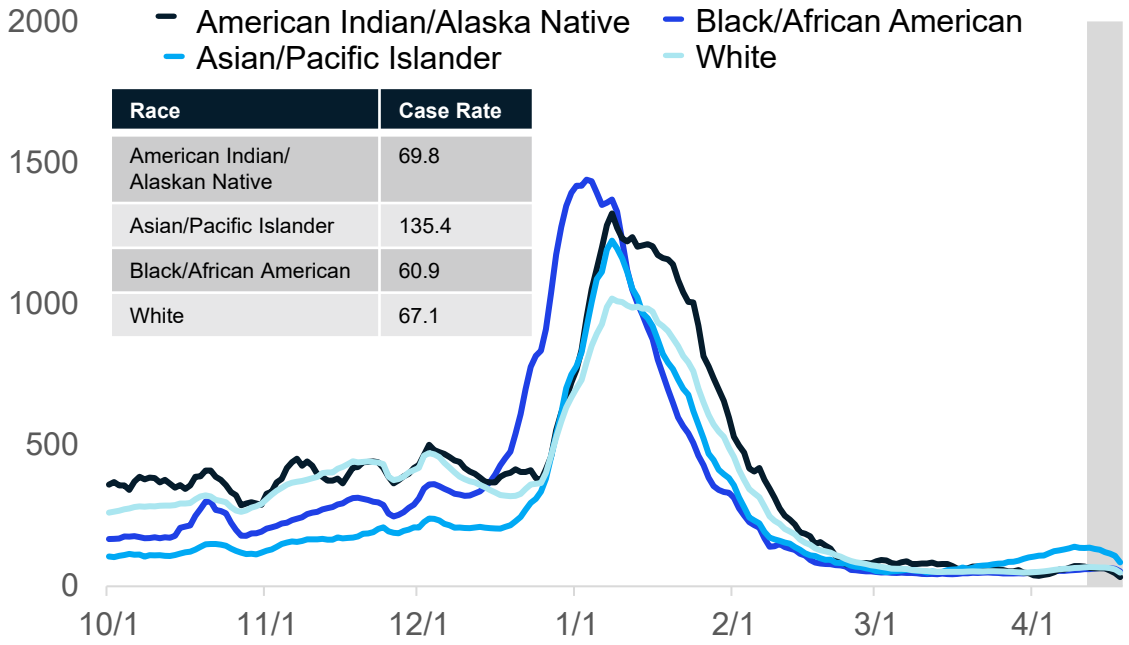


- Case rate trends for all age groups experienced a plateau over the last week
- Case rates by onset date for all age groups are between 57.1 and 119.5 cases per million (through 4/11/22)
- Case counts and case rates are highest for 20-29-year-olds this week, followed by 30–39 and the 40-49 age groups

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

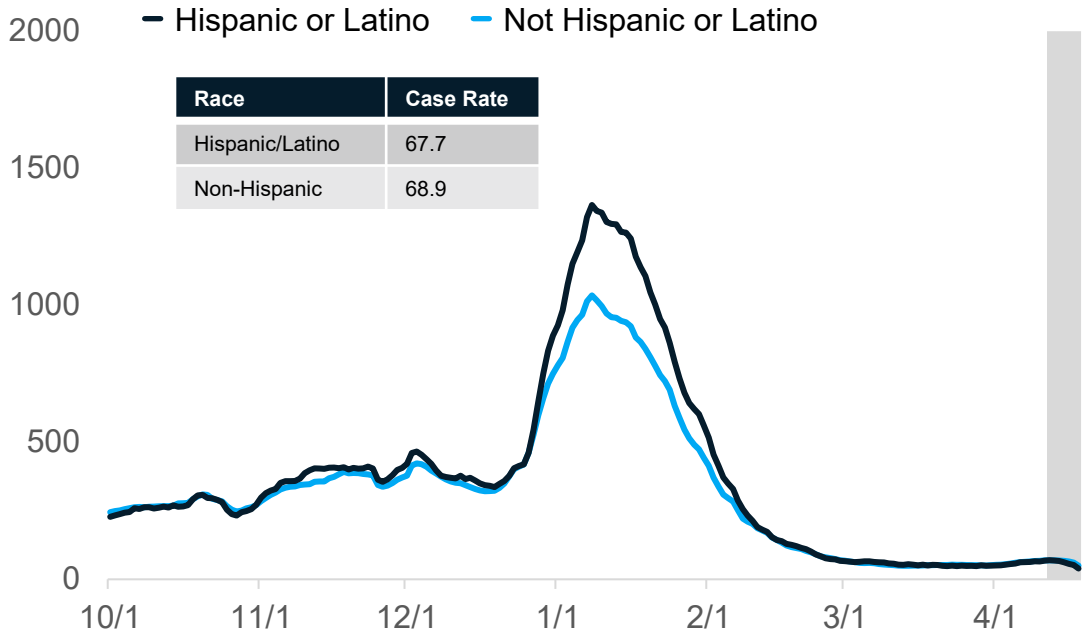
Case Rates by Reported Racial and Ethnic Group

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



Race	Case Rate
American Indian/ Alaskan Native	69.8
Asian/Pacific Islander	135.4
Black/African American	60.9
White	67.1

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



Race	Case Rate
Hispanic/Latino	67.7
Non-Hispanic	68.9

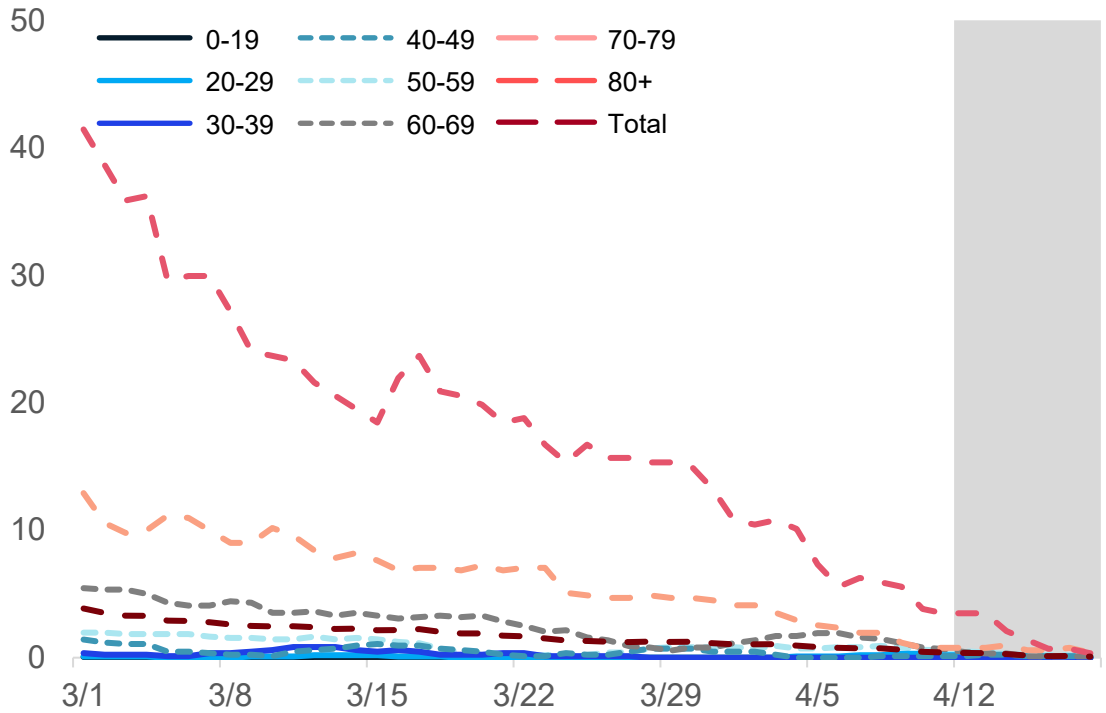
Updates since last week:

- Cases per million are increasing at the same rate for all reported racial and ethnic groups, with the exception of Asian/Pacific Islander
- In the past 30 days, 18.6% (↓ 0.5%) of race data and 23.4% (↓ 1.0%) 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

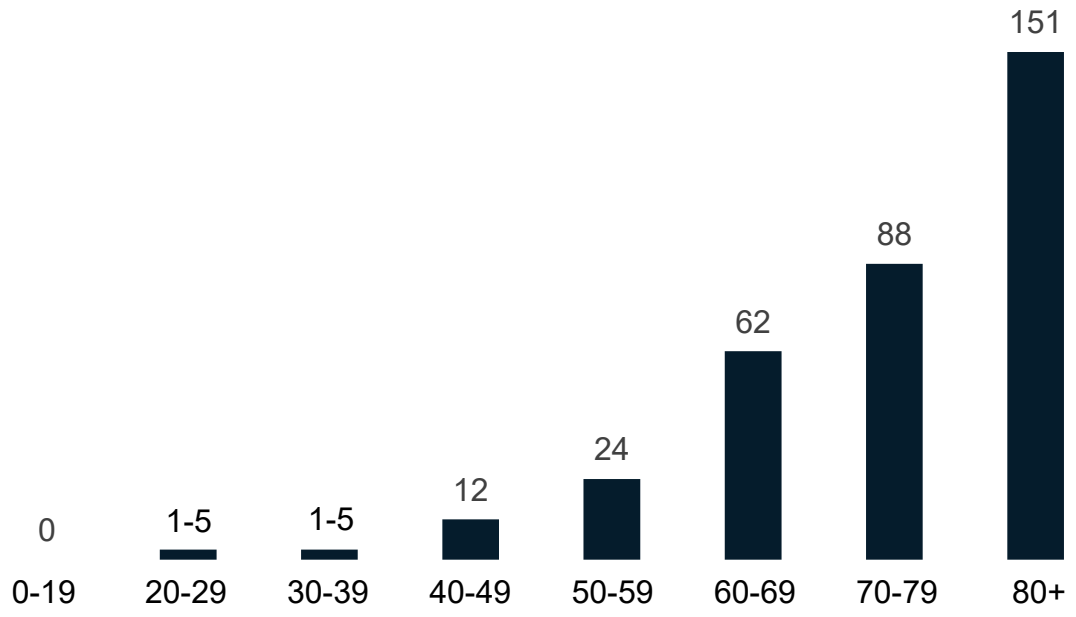
Average and total new deaths, by age group

Daily COVID-19 deaths in confirmed and probable cases per million by age group (7 day rolling average)



Total COVID-19 deaths in confirmed and probable cases by age group (past 30 days, ending 4/11/2022)

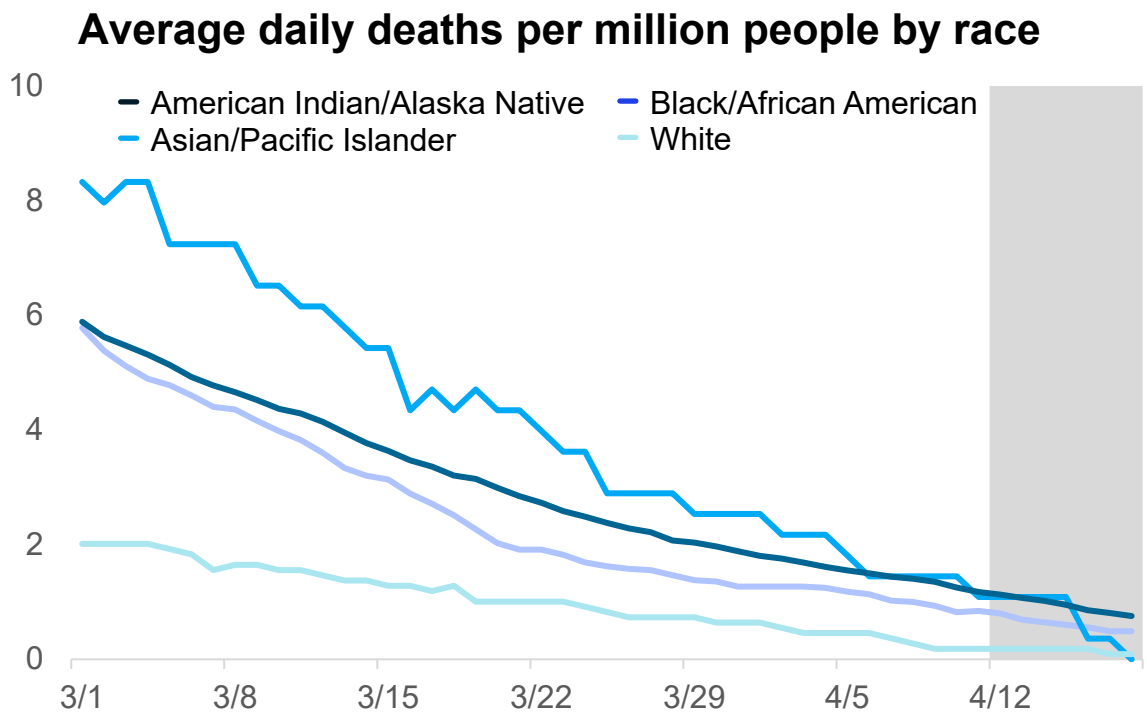
- 12.2% of deaths below age sixty

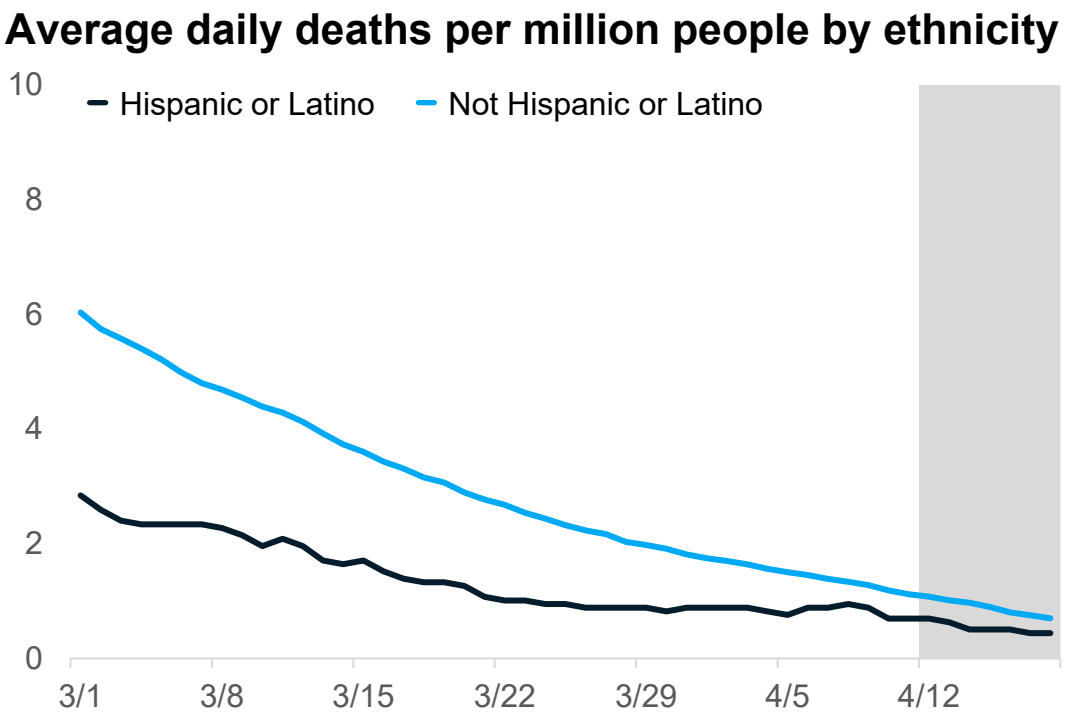


- Through 4/11, the 7-day avg. death rate is less than 5 daily deaths per million people for those over the age of 80
- In the past 30 days, there are fewer than 10 among confirmed and probable COVID-19 cases under the age of 40
- 30-day proportion of deaths among those under 60 years of age is 12.2%

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

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





- Deaths are lagging indicator of other metrics
- Currently, Whites have the highest death rate (1.17 deaths/million)

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

Guiding Principles

To prioritize **equity** in each of the following objectives

01

Prevent death and severe outcomes

Prioritize uptake of vaccinations and booster doses.

Protect the most vulnerable

- Mitigate risks in congregate settings using all available tools.

Maximize early access to testing and therapeutics.

02

Protect health care capacity (from hospitals to first responders to LTFS)

Reduce community spread during a surge through all available tools.

Reduce severity of cases, need for ICU/ventilators through vaccines and therapeutics.

03

Keep vital infrastructure (schools, corrections) functioning safely, while planning for recovery

Establish a new normal at every phase of the pandemic.

- Utilizing all available tools and the concept of "risk budget".

Provide tools to the public to protect themselves.

- Including OTC testing and instructions for isolation and contact tracing.

MDHHS
Michigan Department of Health & Human Services

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.

	Lower Risk Settings → Higher Risk Settings			
	Outdoor Distanced Spaces (Parks, Trails, Large patios)	Outdoor Crowded Spaces (Concerts, Theme parks, etc...)	Indoor Distanced Spaces (Social distancing ability self-controlled)	Indoor Crowded Spaces (Poorly ventilated and/or social distancing not in personal control)
Lower Risk	Up to date on vaccine, without risk factors			
	Up to date on vaccine, with risk factors			
	Unvaccinated, without risk factors			
Higher Risk	Unvaccinated, with risk factors			

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.

MDHHS
Michigan Department of Health & Human Services

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

When to Wear a Well-Fitting Mask

Please be respectful of others' choices.

MDHHS recommends mask use in the following settings:

During Isolation and Quarantine.

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

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.

You might also consider masking in these settings:

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.

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.

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

Source: CDC COVID-19 Information for Specific Groups of People https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html