MI COVID RESPONSE DATA AND MODELING UPDATE

May 10, 2022

Epidemiologic Surveillance: Key Messages

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

- Many countries in Europe showing continued signs of decline
- U.S. cases increasing at a faster rate than previous weeks

As of May 5th, 23% of Michigan Counties at Medium or High COVID-19 Community Levels

- Nationally and within the state, a majority of counties are classified as low burden for severe disease and healthcare capacity
- This week one Michigan county was classified as “high” and current trends may see additional counties classified as high

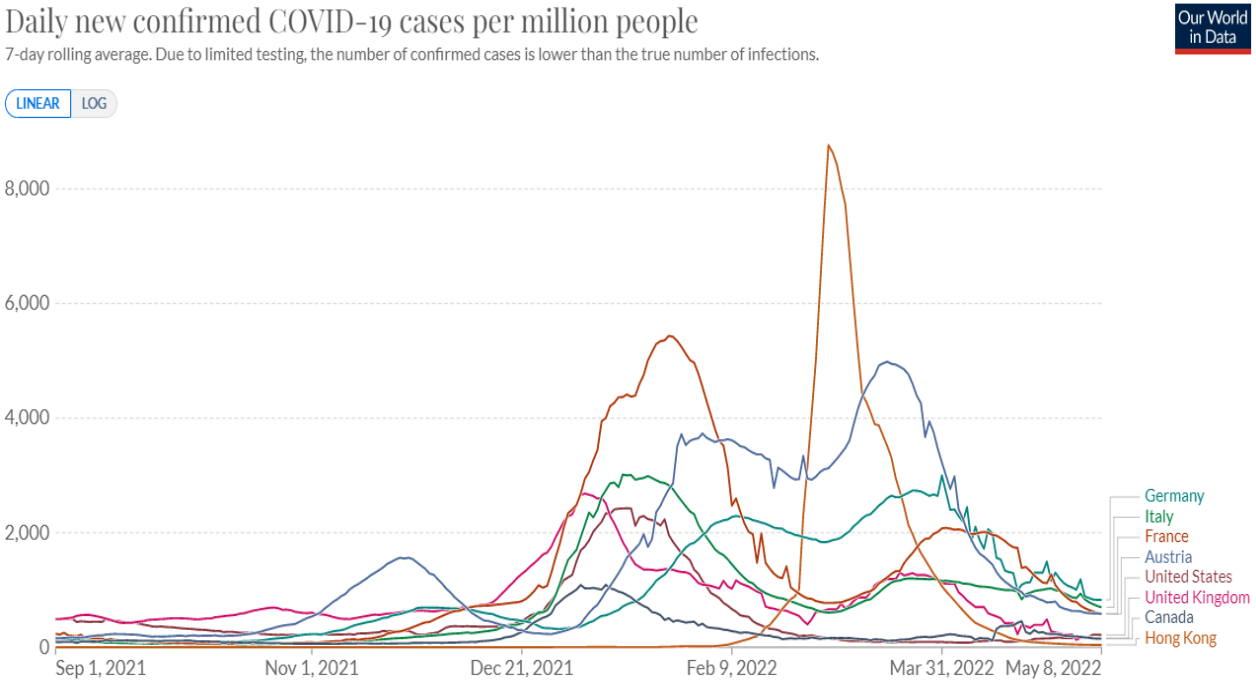
Case rates in Michigan are increasing, with increases occurring more in the Southeast Michigan

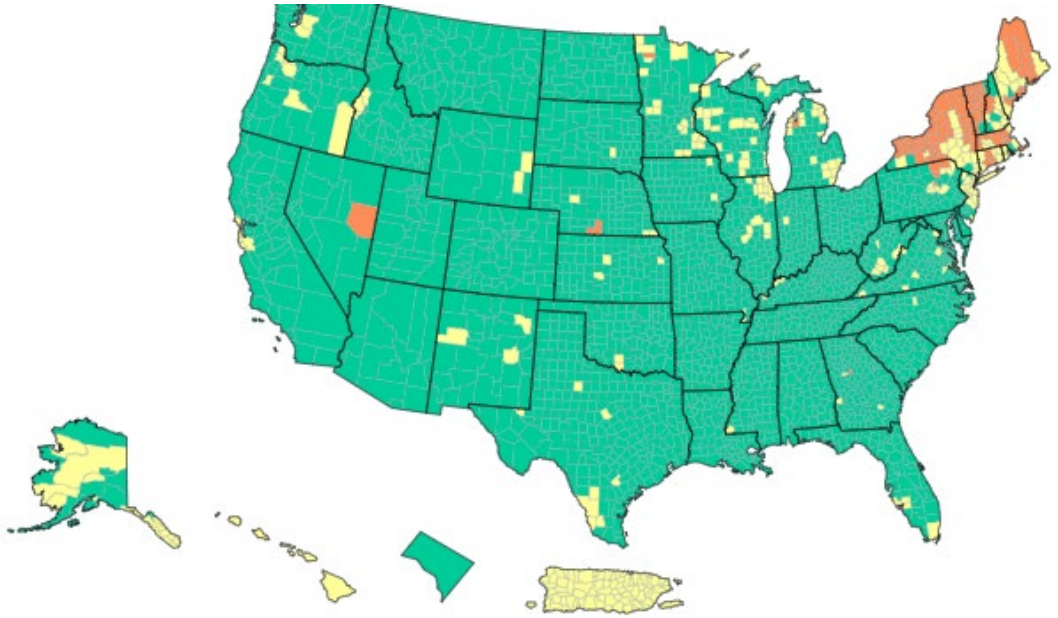
- The proportion of BA.2 in the U.S. and Michigan continues to rise
- 65% of SWEEP sites saw an increase in the most recent week and another 15% of sites saw a plateau in trends
- Case trends are increasing for all MERC regions, age groups, and most reported races and ethnicities

Hospitalization Metrics in Michigan showing increases

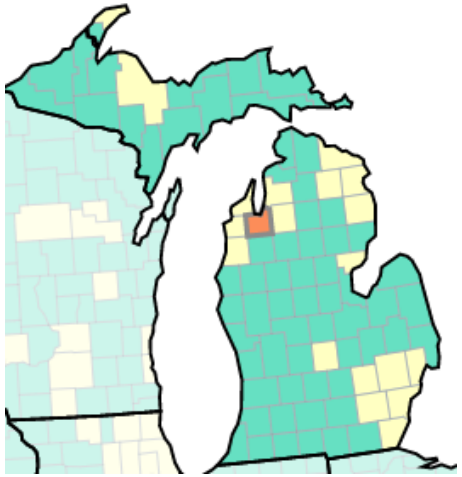
- Hospital admissions (+18%) and COVID+ hospital census (+22%) are increasing at an accelerated rate
- The census of COVID+ patients in the ICU has been essentially flat for the last one month

European case rates are declining while cases are increasing in much of the US





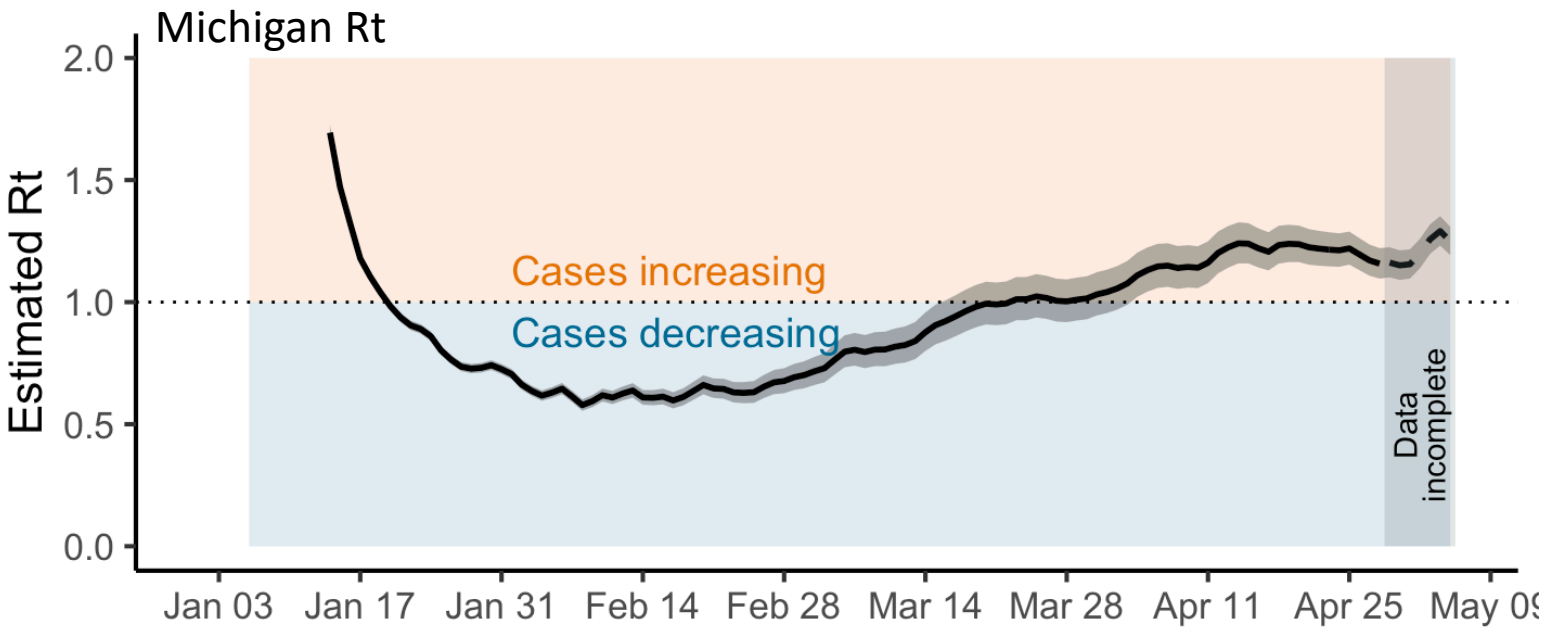
- **Globally, 517,375,896 cases and 6,251,531 deaths** (Data* through 5/9/2022)
- Case rates appear to be declining or plateauing in many European countries following second Omicron wave
- **United States: Reported cases (7-day average) have increased over 22.9% since the prior week¶**

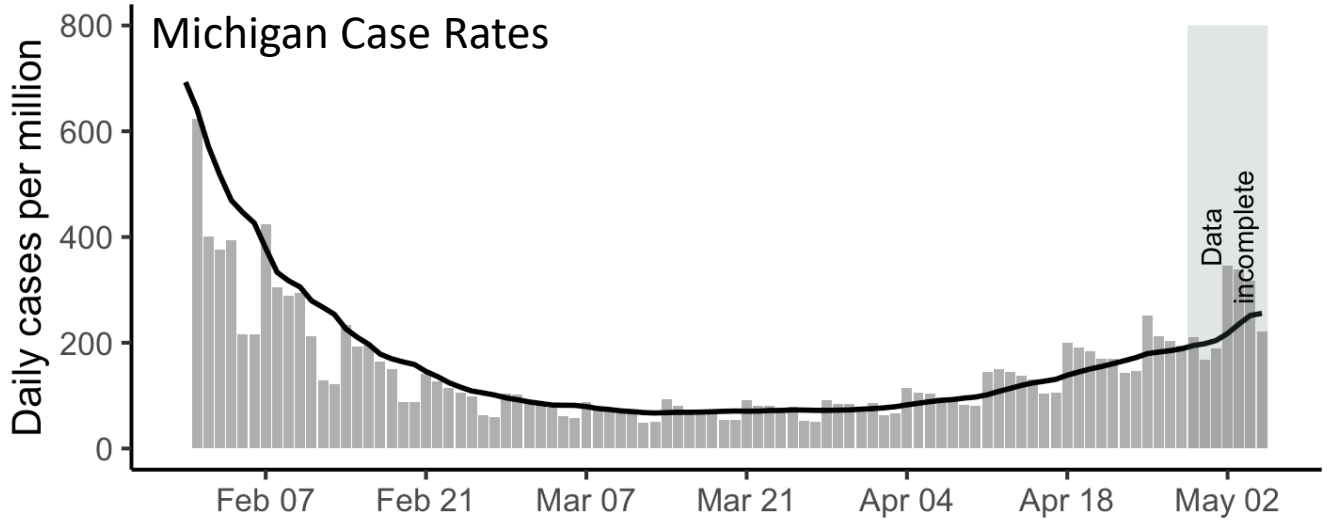


- **In the US, 2% of counties have high risk** for medically significant disease and healthcare strain**; in Michigan, 1% of counties are at high risk**
- 19 Michigan counties were classified as medium

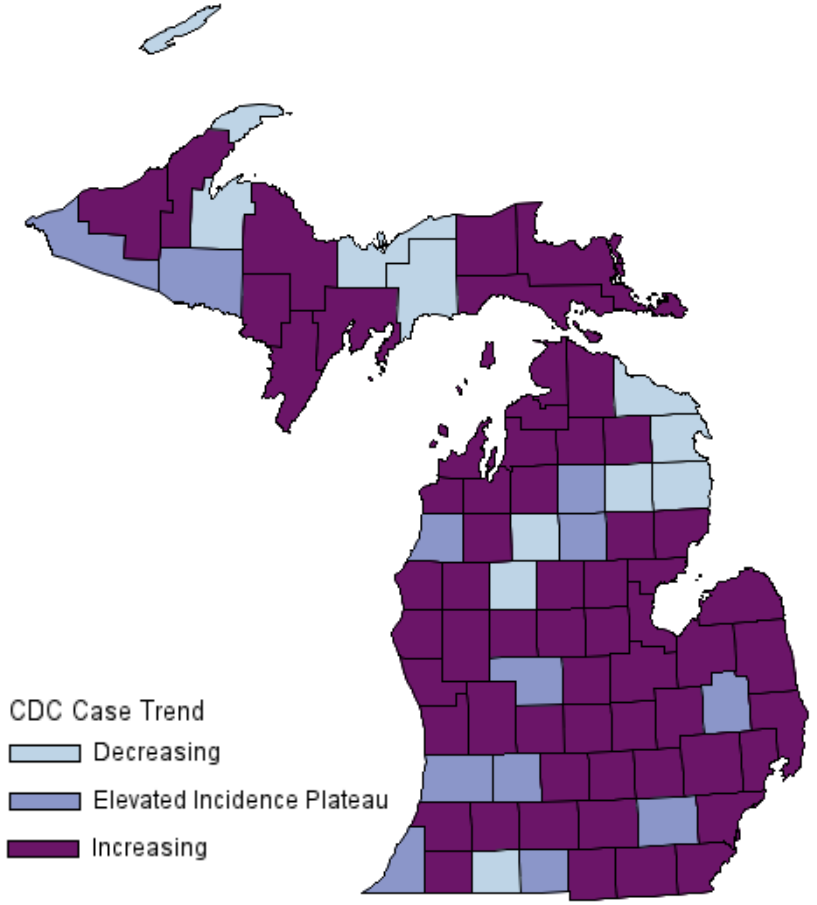
Source: * Johns Hopkins Coronavirus Resource Center; ¶ CDC COVID Data Tracker Weekly Review; † CDC COVID Data Tracker – CDC recently updated their methodology for reporting case rates

Case rates in Michigan are increasing





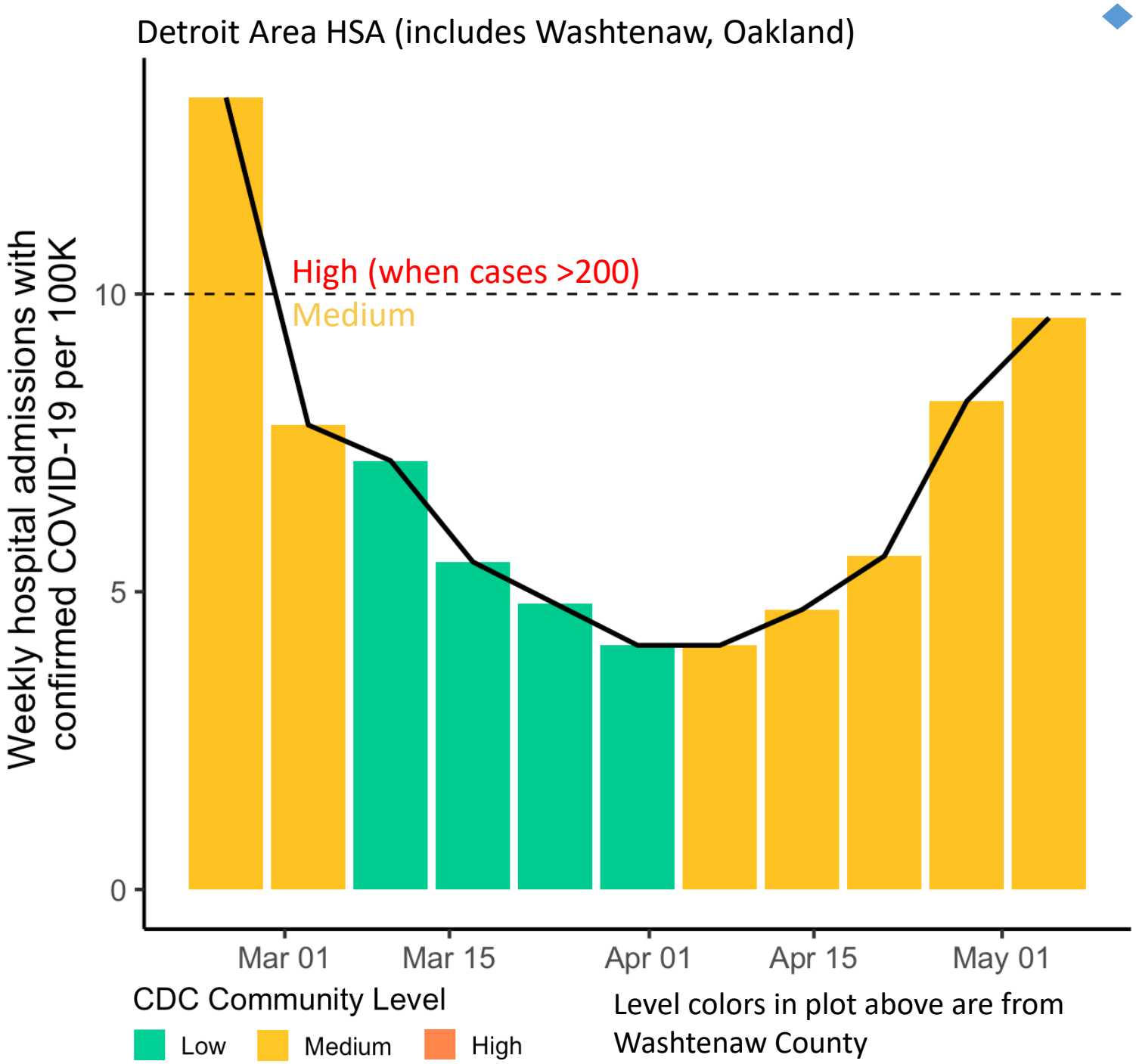
60 counties currently showing increases and 12 in elevated incidence plateaus (via mistartmap.info as of 5/3/22, data through 4/24/22).



Sources: MDSS cases plotted by onset date as of 5/6/22.

SE Michigan counties likely to reach CDC High Community Level

- Recent COVID-19 admissions per 100K population the Detroit area HSA have been near or above the CDC threshold for High
- At Level High, [the CDC recommends]:
  - Wear a mask indoors in public
  - Stay up to date with COVID-19 vaccines
  - Get tested if you have symptoms
  - Additional precautions may be needed for people at high risk for severe illness



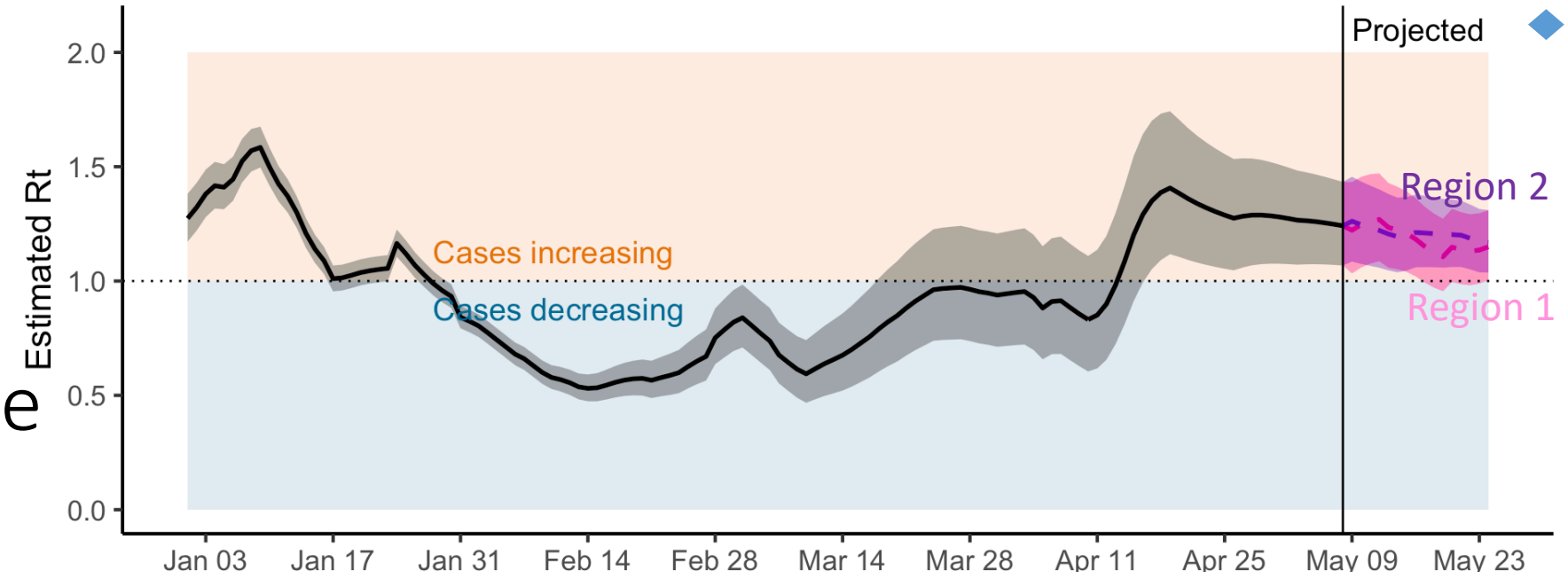
Emerging Variant Update

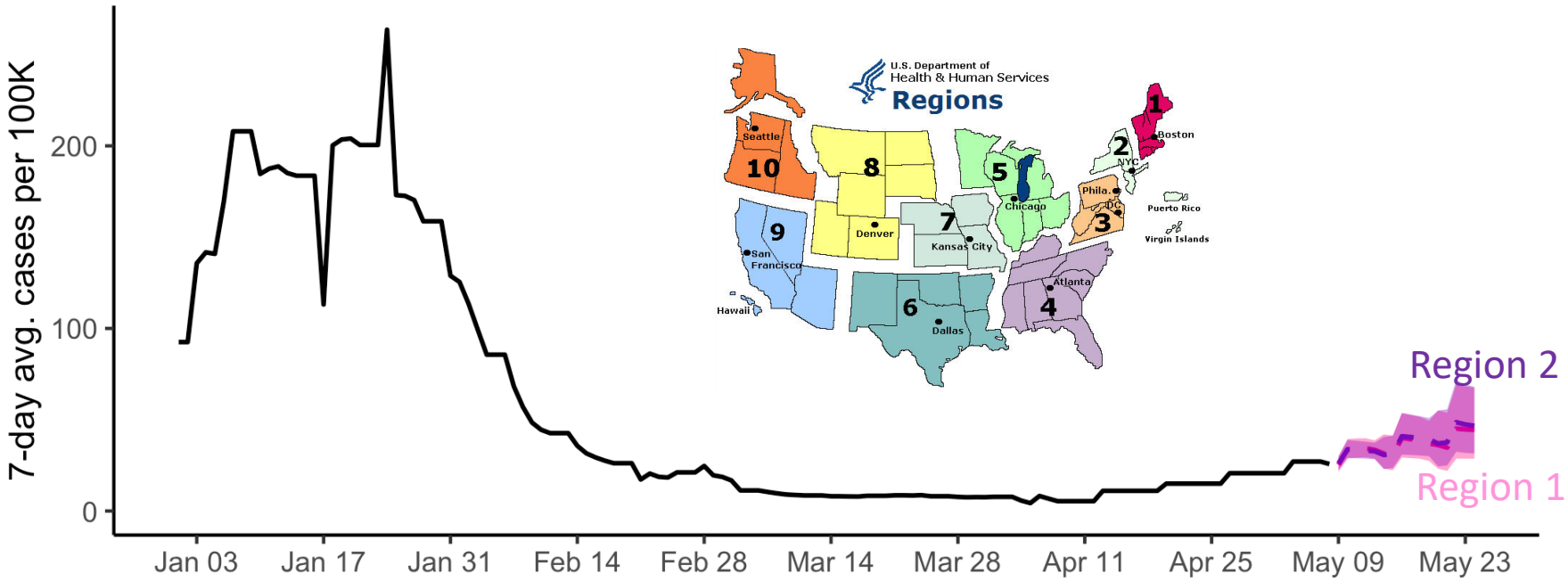
- Delta (B.1.617.2 and AY lineages) was downgraded to Variant being Monitored on April 14, 2022, due to significant and sustained reduction in its national and regional proportions over time, or other evidence indicates that a variant does not pose significant risk to public health in the United States
- 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

If we follow the patterns seen in Northeastern states, Michigan may continue to see increases over the next two weeks

- Regions 1 and 2 are seeing increases in hospitalizations as well as cases
- Projected Michigan Rt and cases per 100K using northeastern regions Rt
- Suggests continued increases in MI for the next two weeks
- Lag between Michigan and Northeastern regions determined by the date of lowest cases by submission date since the winter surge

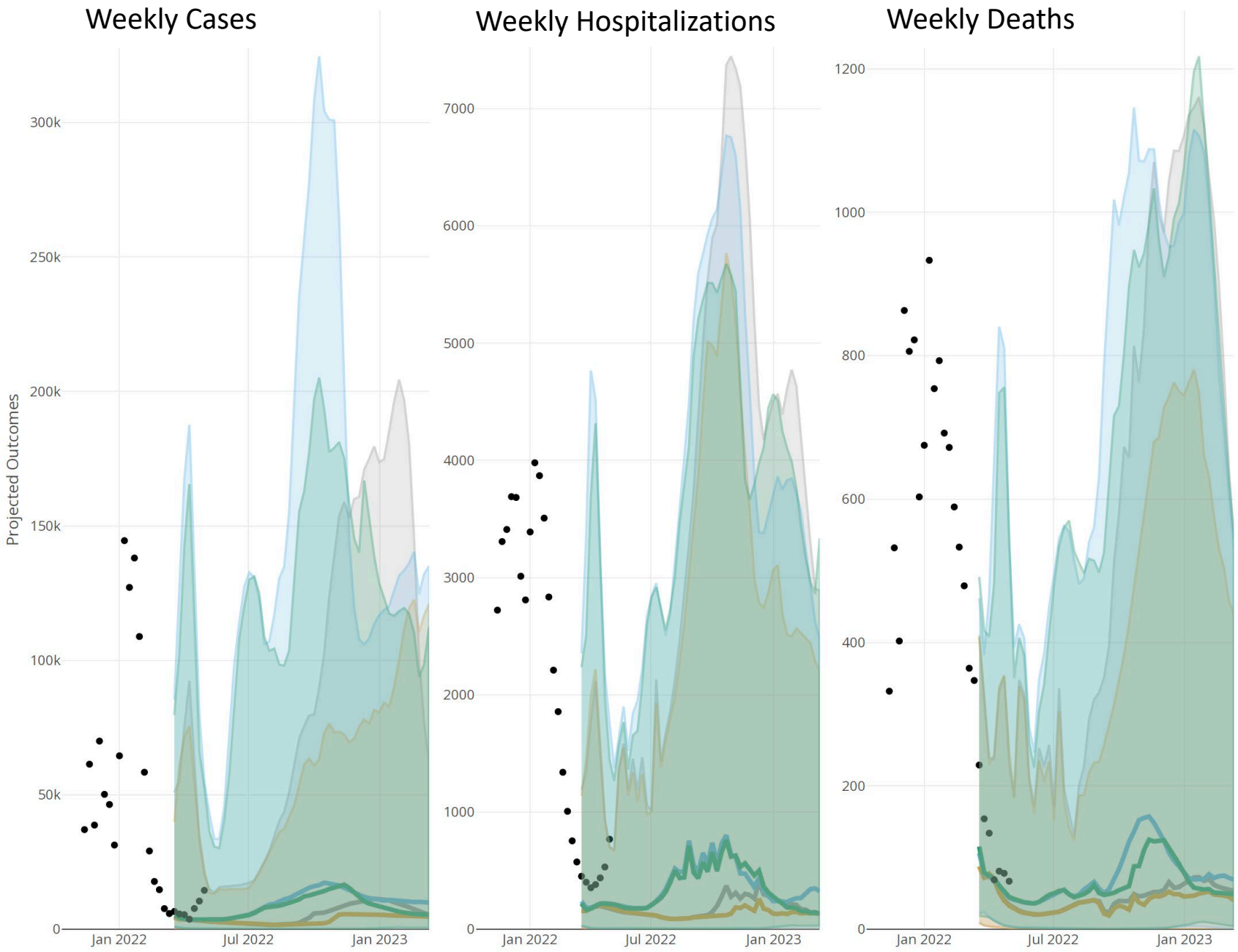




Sources: CDC data on cases per 100K by submission date for Region 1, Region 2, and Michigan.

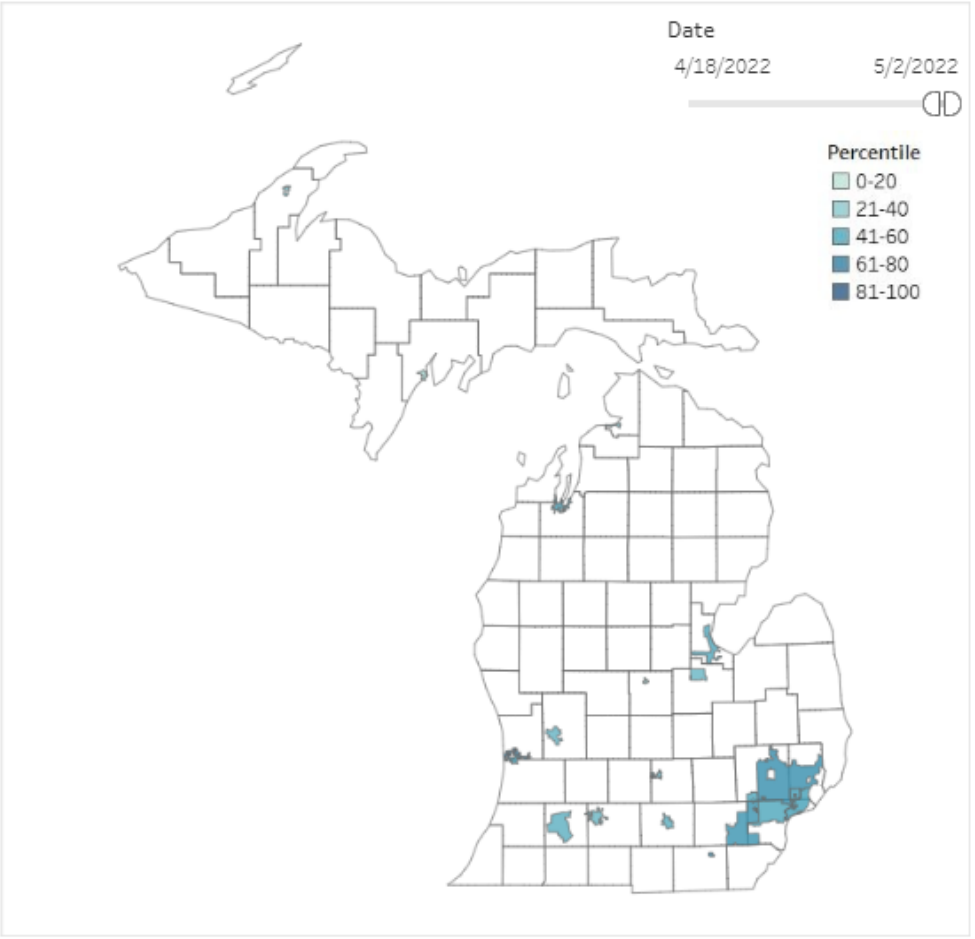
Scenario Hub Projections: looking ahead to the next surge in Michigan

- Updated Model Scenarios (Round 13)
- Suggest slower plateau currently, followed by a surge in Fall
- Source: COVID Modeling Scenario Hub. Uncertainty levels: **95%**
- Note: modeling scenarios were defined before BA.2 increase and so may not account for the BA.2 surge



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	4/25/2022	
Battle Creek WWTP	51093	2	4/27/2022	
Bay City WWTP	34000	3	5/2/2022	
Delhi Township WWTP	22500	5	4/21/2022	
Escanaba WWTP	12600	0	4/27/2022	
GLWA Detroit River Interce..	492000	80	4/27/2022	
GLWA North Interceptor-	1482000	57	4/27/2022	
GLWA Oakwood-	840600	80	4/27/2022	
Grand Rapids WWTP	265000	38	4/28/2022	
Holland WWTP North	45606	2	4/27/2022	
Holland WWTP South	36912	4	4/27/2022	
Jackson WWTP	90000	41	4/29/2022	
Kalamazoo WWTP	150000	5	4/28/2022	
Petoskey WWTP	7900	2	4/28/2022	
Portage Lake WWTP	14000	33	4/27/2022	
Saginaw Township WWTP	40000	4	5/2/2022	
Tecumseh WWTP	8680	16	4/29/2022	
Traverse City WWTP	45000	7	4/28/2022	
Warren WWTP	135000	2	4/21/2022	
Ypsilanti WWTP	330000	41	4/28/2022	

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 5/4/2022. 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

- 65% (13/20) of sentinel sites are showing increasing trends over last 15-days
- 15% of sites have plateaued over the last 15 days
- 20% (4/20) of sentinel sites are showing declines in the previous 15-days

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

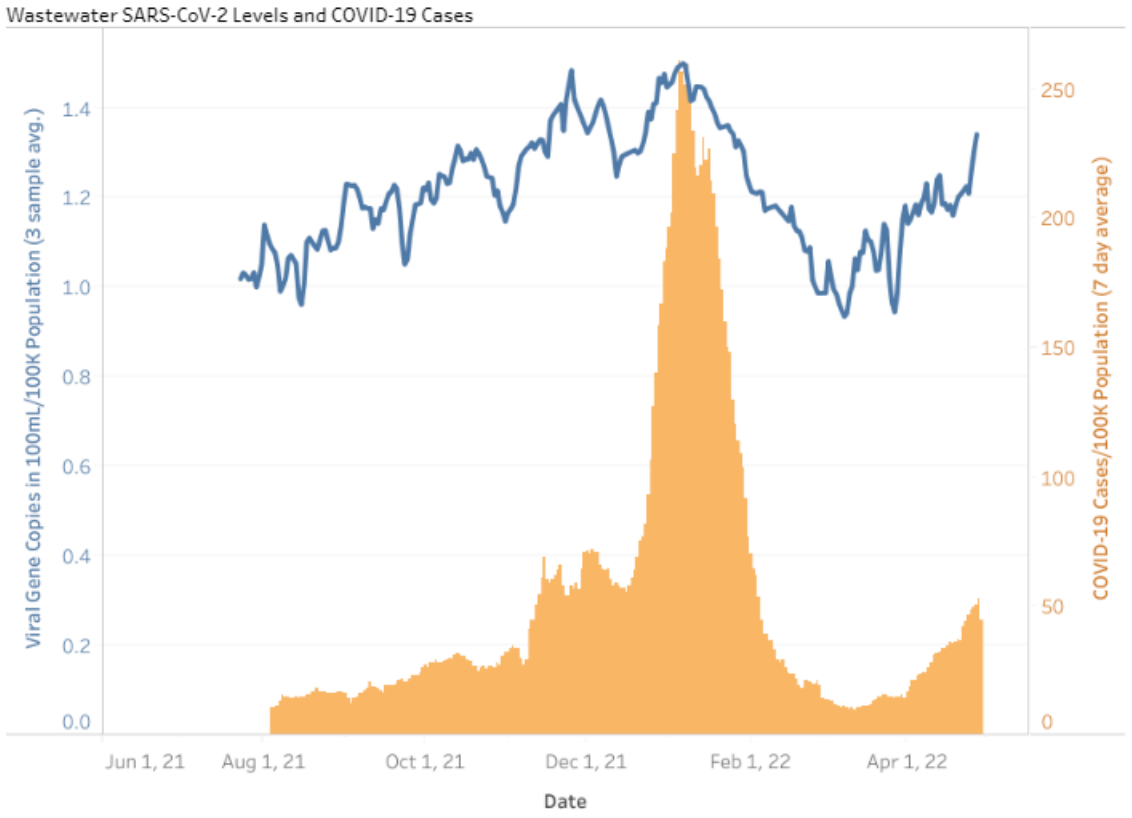
Interpreting Wastewater Should Be In Context with Other Indicators

- 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 % of samples collected at this site, which puts it in the 4.441747488687497 percentile category. As of 4/28/2022, the change in viral concentration over the past 15 days is increasing.

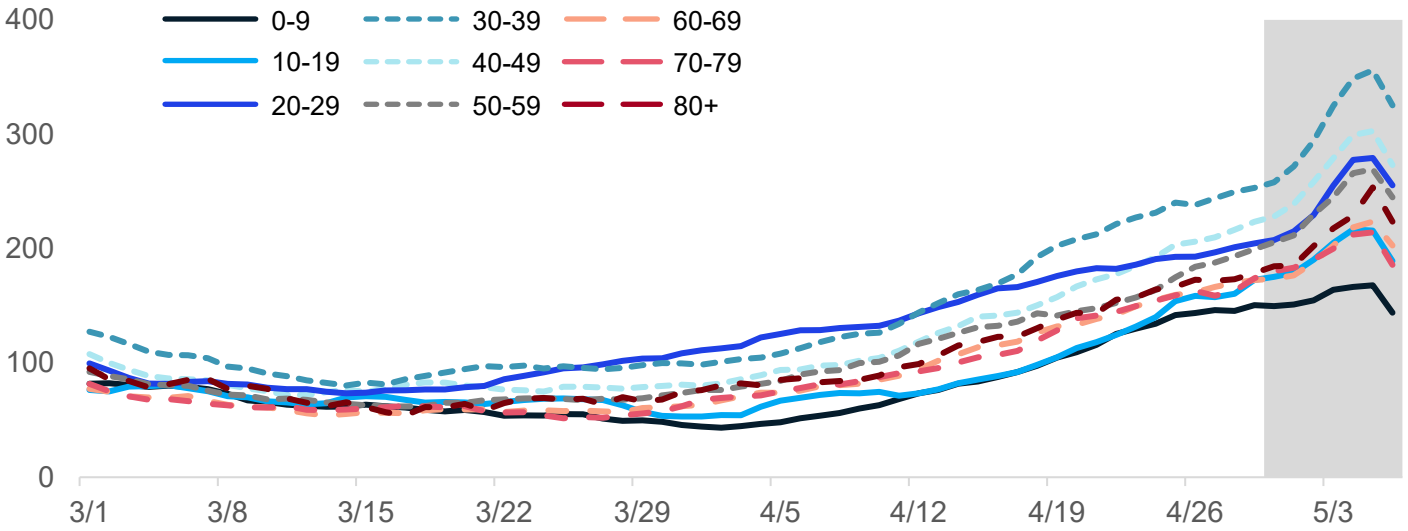


The blue line on the graph shows the levels of SARS-CoV-2, the virus that causes COVID-19, in the wastewater samples collected from Ypsilanti WWTP. Each data point is calculated by averaging the number of viral gene copies detected per 100mL of wastewater in the 3 most recent samples. The orange bars 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

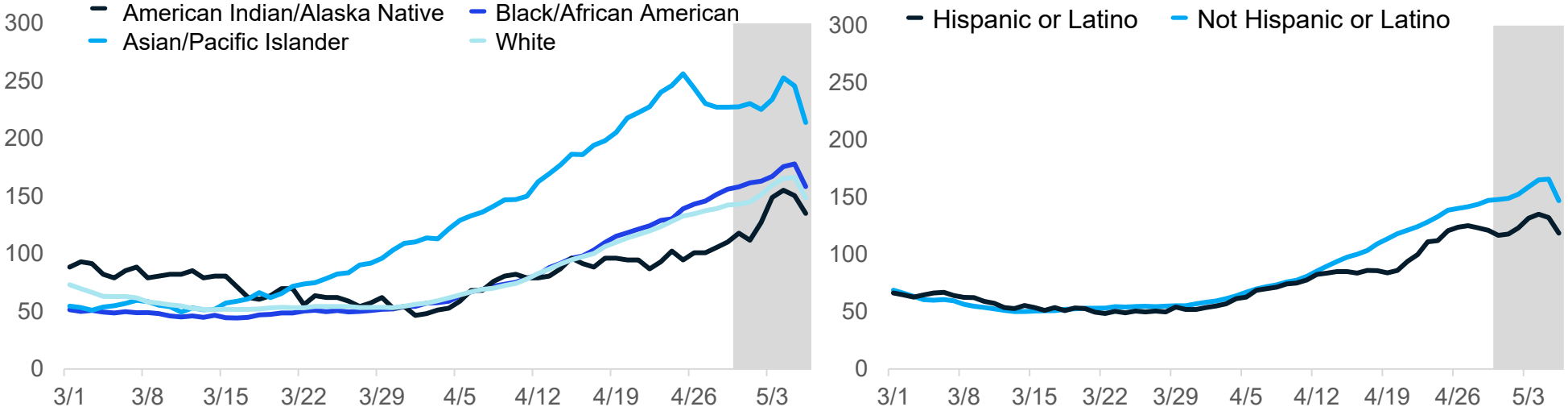
Case rate are increasing for all stratified groups

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 150.5 and 253.1 cases per million (through 4/29)
- Case counts and case rates are highest for 30-39-year-olds this week, followed by 20–29-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

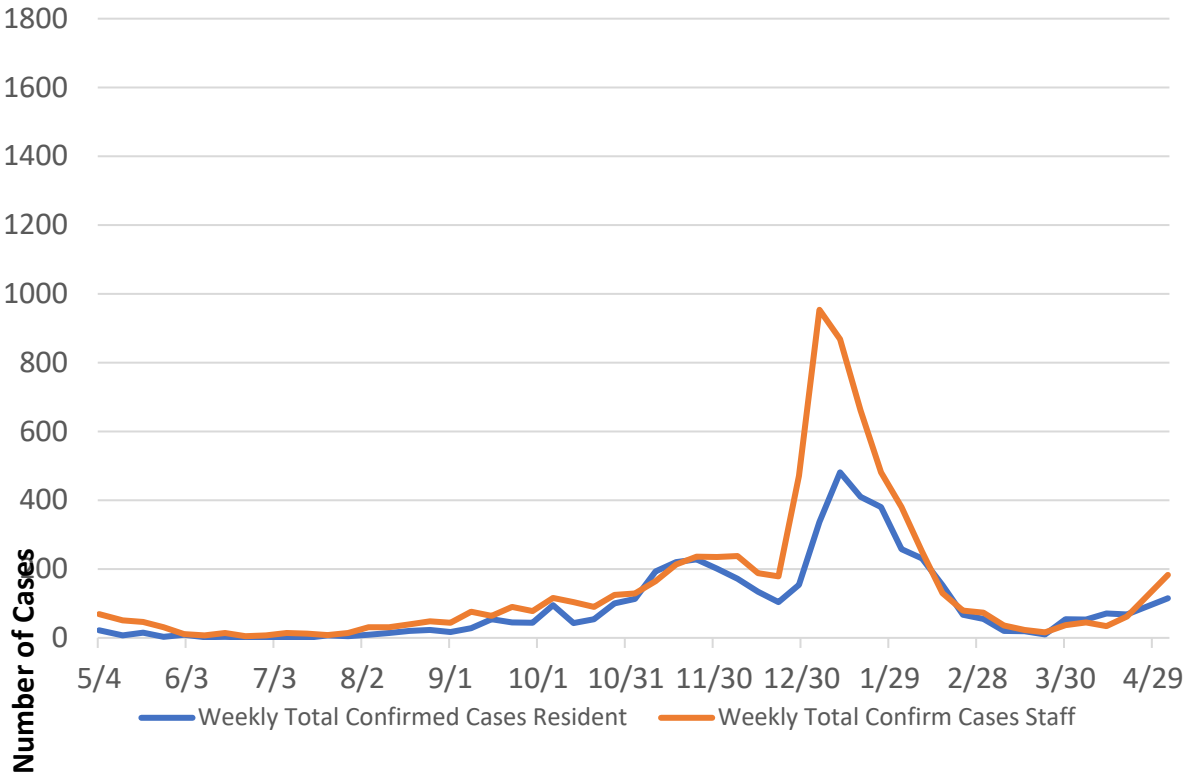


- Case rates are highest for Asian/Pacific Islander populations (227.2 cases/million)
- 20% of cases in last 30 days have missing race/ethnicty data

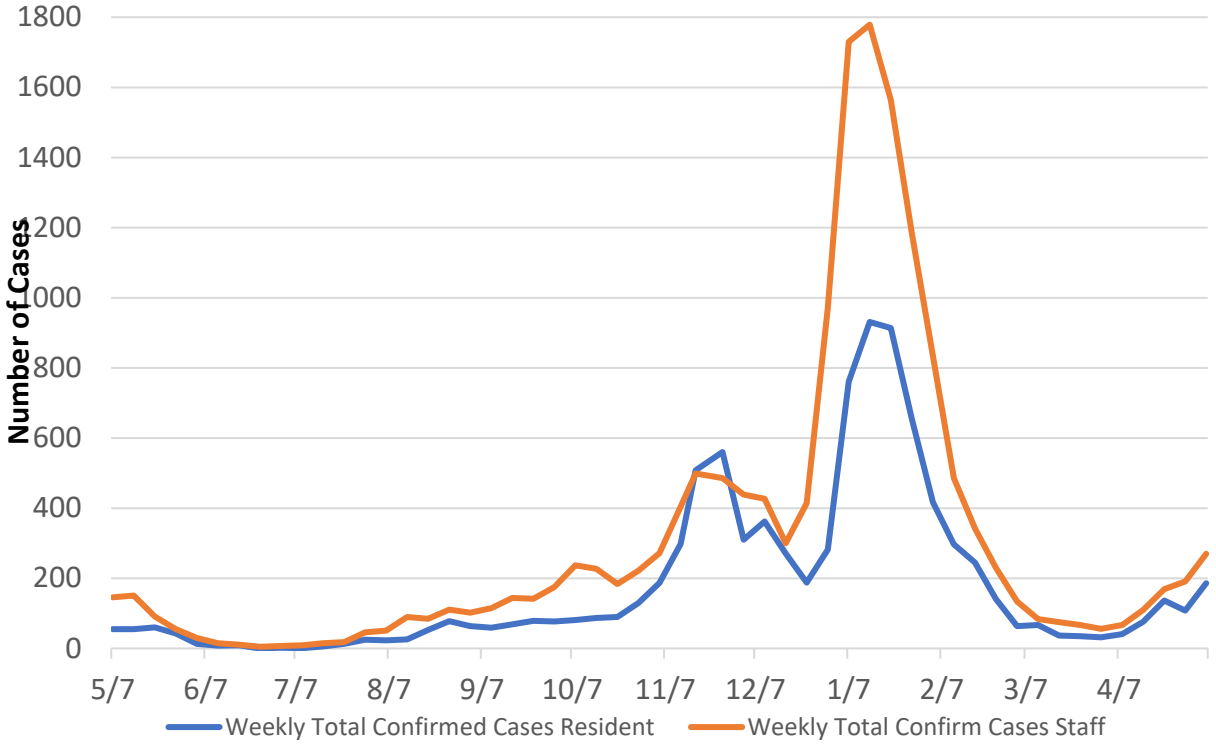
Note: Case information sourced from MDHHS and reflects date of onset of symptoms
Source: MDHHS – Michigan Disease Surveillance System

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

STATE OF MICHIGAN WEEKLY TOTAL CONFIRMED COVID-19 CASES IN AFC/HFA RESIDENTS AND STAFF
05/04/2021 TO 05/04/2022



STATE OF MICHIGAN WEEKLY TOTAL CONFIRMED COVID-19 CASES IN SNF RESIDENTS AND STAFF
05/07/2021 TO 05/06/2022

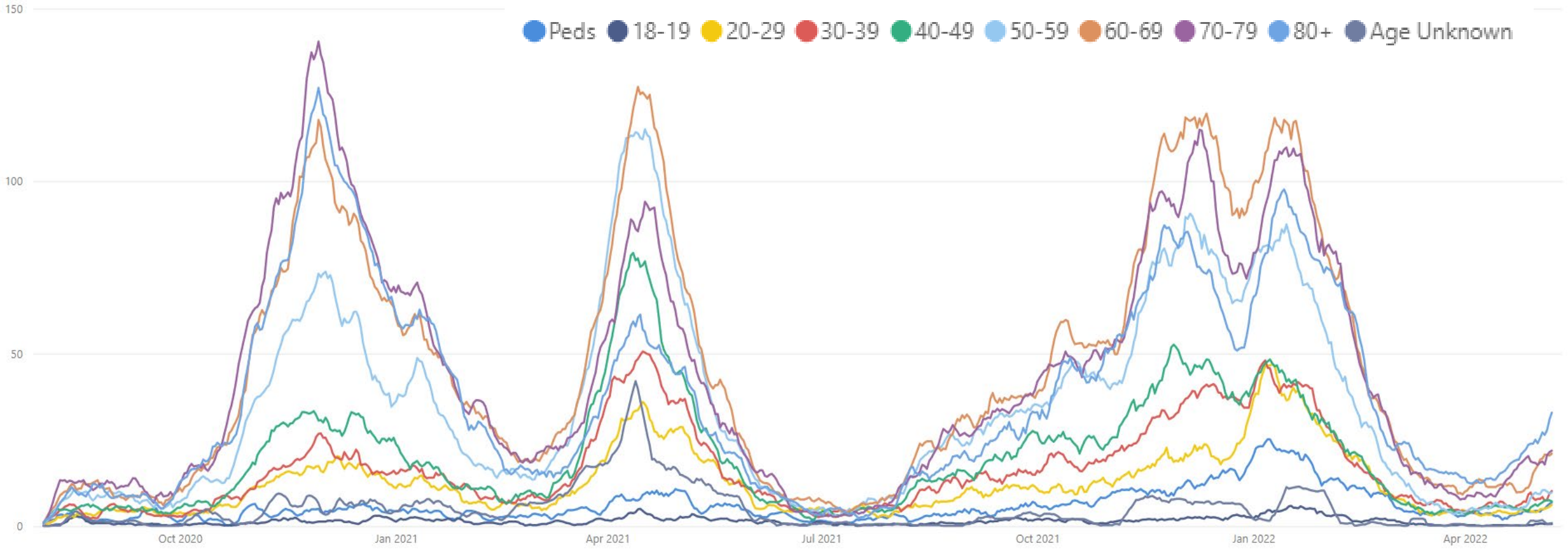


- Case counts in residents increased in AFC/HFA (115) in SNFs (186) since last week
- Case counts in staff increasing in AFC/HFA (183) and increased in SNF (270)
- **36%** of SNFs are reporting **nursing shortages** and **38%** of SNFs are reporting **aide shortages**

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 remain low but are increasing



- Trends for daily average hospital admissions increased (+18%) since last week (vs. +19% prior week)
- Over half of the age groups saw increases this week
- Those 70-79 and 80+ are now seeing between 20-35 daily hospital admissions

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	3.4	2.5	+9% (0)
12-17	1.1	1.5	+14% (0)
18-19	0.6	2.2	+100% (0)
20-29	5.0	3.6	+6% (0)
30-39	8.3	6.8	-9% (-1)
40-49	7.4	6.3	+68% (+3)
50-59	13.1	9.7	+100% (+7)
60-69	**22.6**	**17.7**	+65% (+9)
70-79	**20.7**	**27.0**	-17% (-4)
80+	**33.1**	**80.0**	+10% (+3)
Total¶	**117**	**10.3**	**+18% (+18)**

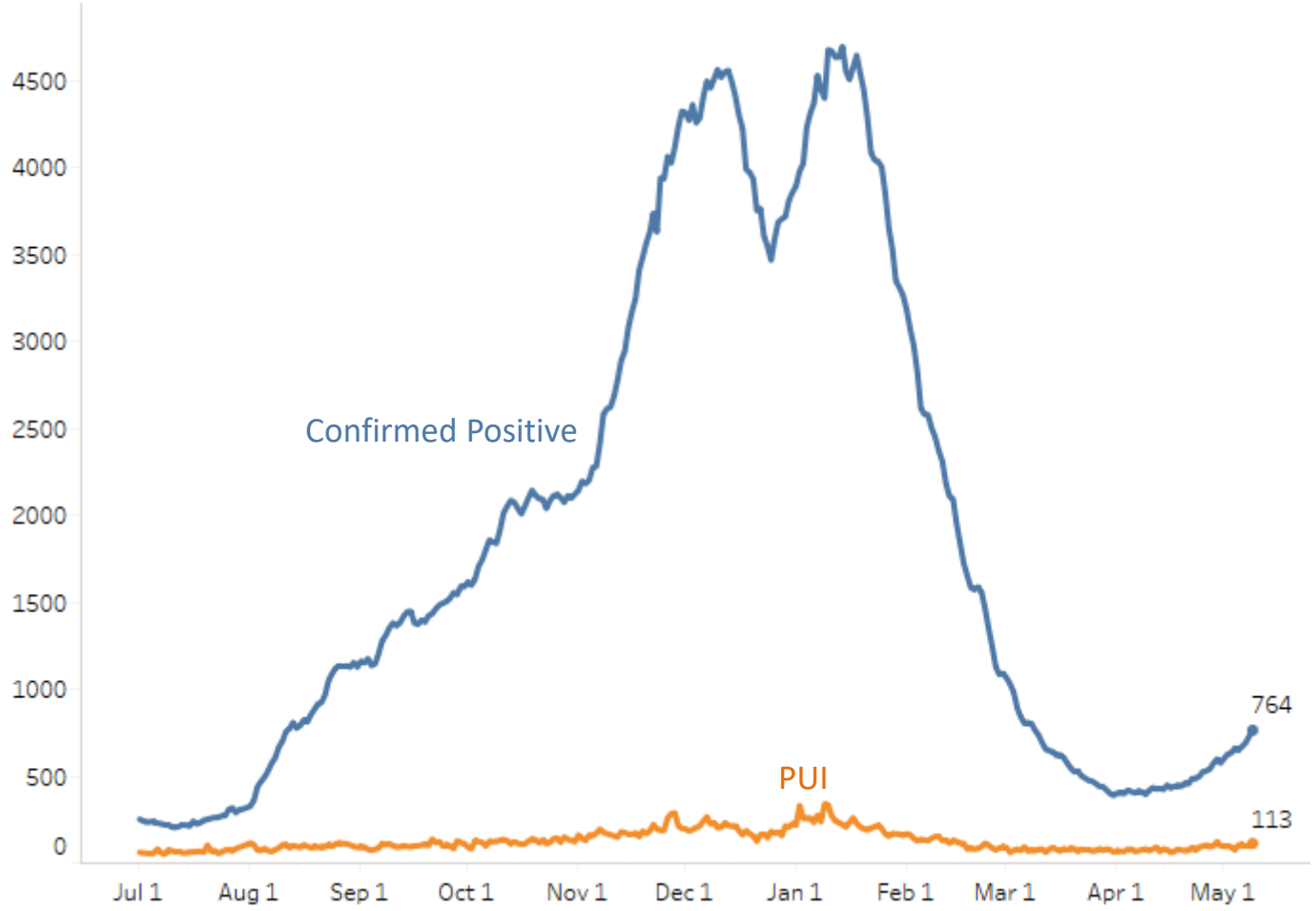
* Rate per 1 million residents; † Rolling 7-day average; ¶ Total may not reflect state due to missing age data
Note: Hospital Admission data reflects date data was submitted
Source: CHECC and EM Resource

- Through May 5, there were an average of 117 hospital admissions per day due to COVID-19; an increase from last week (+18%, +18)
- Most age groups continued to increase this week
- The largest one-week percent increase was among those 50-59 years (+100%, +7)
- Average daily hospital admission count (33.1 hospital admissions per day) and average daily hospital admission rate (80 hospital admissions/million) were highest among those aged 80+
- Those 70-79 and 80+ are still seeing between 20-35 daily hospital admissions

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

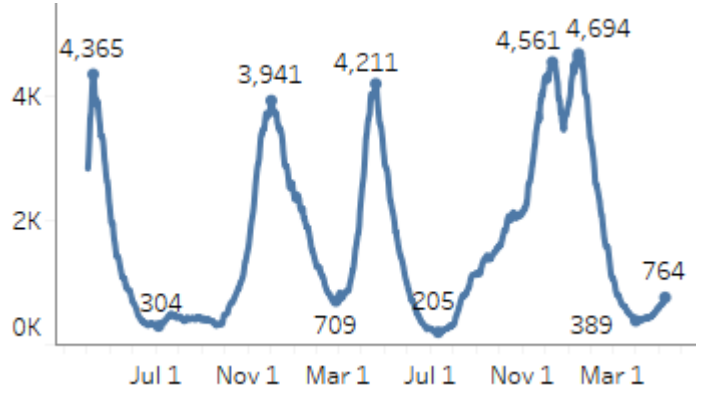
Statewide Hospitalization Trends: Total COVID+ Census

Hospitalization Trends 7/1/2021 – 5/9/2022
Confirmed Positive & Persons Under Investigation (PUI)



COVID+ census in hospitals has increased 22% since last week (previous week's increase was 19%). This is the 3rd week in a row of similar growth. Despite the increase in overall hospitalizations the census of COVID+ patients in the ICU has been essentially flat for the past month.

Hospitalized COVID Positive Long Term Trend (beginning March 2020)



Harm Reduction: Key Messages

Currently in Post Surge Recovery Phase of Michigan COVID-19 response cycle while many counties are still at the low CDC Covid Community Level, 19 have recently moved into medium and one county is now high.

- Empowering community members to make best choices for their individual circumstances and to be prepared by making a COVID plan
- CDC recommends masking when Community Levels reach high
- Get tested and if positive, seek care with therapeutics

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

- CDC Authorizes 2nd Booster for those moderately to severely immunocompromised or those 50 years of age and above
- COVID-19 vaccinations remain safe and effective to prevent spread and severe disease
  - COVID-19 can make some children very sick and COVID-19–associated hospitalization rates in children aged 5–11 years were approximately twice as high among unvaccinated as among vaccinated children
  - Cardiac Complications was Significantly Higher after SARS-CoV-2 Infection than after mRNA COVID-19 Vaccination
- Vaccination coverage has increased modestly with greatest increases in the percent who have received a booster dose
- Model projections show that COVID-19 vaccines saved millions lives, averted tens of millions of infection, and saved billions of dollars

Other Notable Messages

- Between January and December 2021, COVID-19 was associated with approximately 460,000 deaths in the U.S. and was the third leading cause of death in the U.S. in 2021
- Childhood routine immunization rates (non-COVID vaccinations) have been negatively impacted by the pandemic – especially among the Medicaid population

Make a COVID-19 Plan

MDHHS
Michigan Department of Health & Human Services

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

Make a plan for vaccination or learn if you are eligible for boosters.

- Ages 5 and older can get vaccinated.
- Ages 12 and older can get the booster.
- Ages 50 and older, or 12 and older and moderately to severely immunocompromised, can schedule a second booster.

Learn more about vaccines and whether you're up to date at Michigan.gov/COVIDVaccine.

Keep a supply of well-fitting masks.

Masks are helpful tools to reduce COVID-19 transmission, especially if:

- You are unwell or test positive for COVID-19.
- You have been exposed to someone with COVID-19.
- You are concerned about the risk of transmission in a particular setting. Respect that others may have a risk different than yours.

Learn more about masking at Michigan.gov/MaskUp.

Keep a supply of over-the-counter COVID-19 tests.

Tests are useful for early detection of COVID-19, especially if:

- You have symptoms of or have been exposed to COVID-19.
- You are traveling or will be attending a large or unmasked gathering. Test before and after attending large events.

Over-the-counter tests are available at libraries and schools through MIbackpack, also through federal distribution programs.

Learn more about COVID-19 testing at Michigan.gov/COVIDTest.

Learn if you are eligible for COVID-19 therapeutics.

- Talk to a primary care provider about whether you are eligible for preventative antibodies or for COVID-19 antiviral treatment if you become infected.

Learn more about COVID-19 therapeutics at Michigan.gov/COVIDTherapy.

Testing

- Keep a supply of at-home tests
- Consider testing before and after travel or large events/gathering
- Test early and seek care

Library Partnership for At-Home Test

> Contain COVID > Test > Library Partnership for At-Home Test

MDHHS has partnered with several libraries across the state of Michigan to provide free at-home COVID-19 test kits to Michiganders.

Individuals and families should consider seeking out COVID-19 at-home test kits if they are considered more vulnerable to sever health outcomes from contracting COVID-19 or live, work, and socialize in group settings.

Additional information on COVID-19 self-testing can be found here: Self-Testing_Fast_Facts_v5_744280_7.pdf (michigan.gov)

Households are eligible to receive up to 5 free at-home test kits from participating library partners while supplies last. Participating library partners are listed below:

Library	Address	City	Zip
Amy Van Andel Library (ADA)	7215 Headley SE	Ada	49301
Adrian District Library	143 E. Maumee St.	Adrian	
Albion District Library	501 S Superior St.	Albion	
Allegan District Library	331 Hubbard St.	Allegan	49010

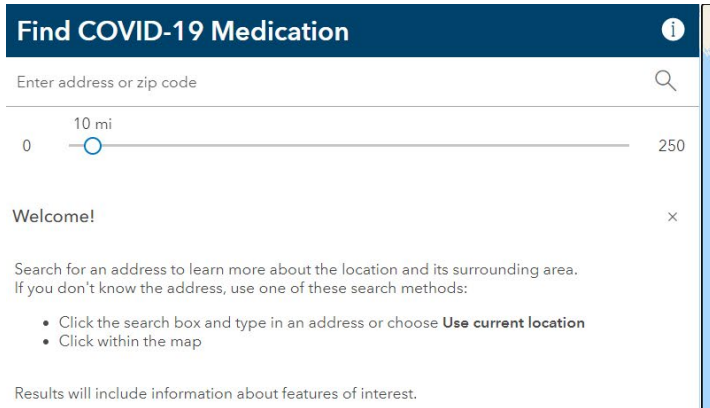
https://www.michigan.gov/coronavirus/contain-covid/test/library-partnership-for-at-home-test

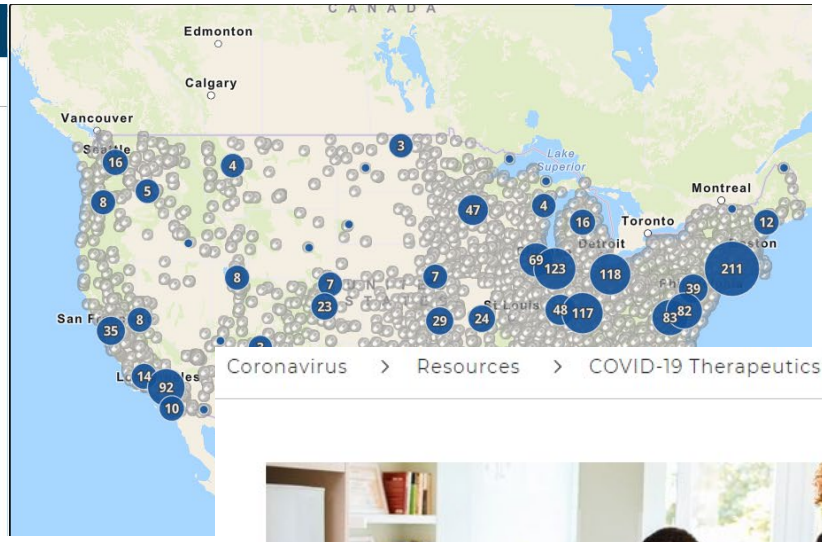
Federal website & Michigan site assists COVID positive residents find treatment

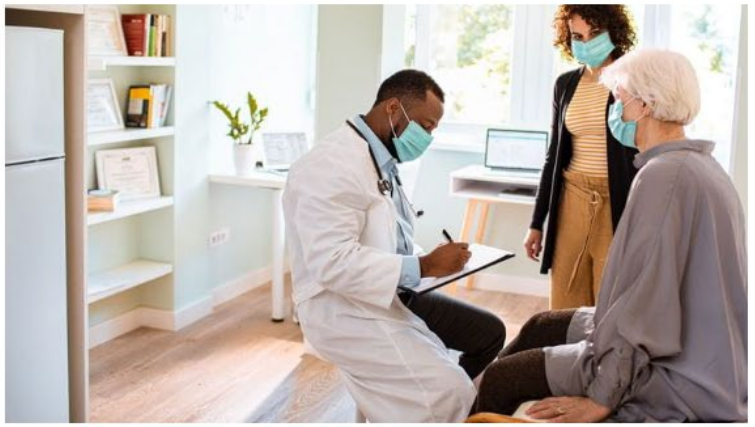
COVID-19 resources available on federal website: COVID.gov

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







Talk to your doctor about whether you should get antibody or antiviral treatment, and where you can find treatment. **Therapeutics are authorized for people who meet select criteria.** Vaccinations remain the best way to protect from COVID-19.

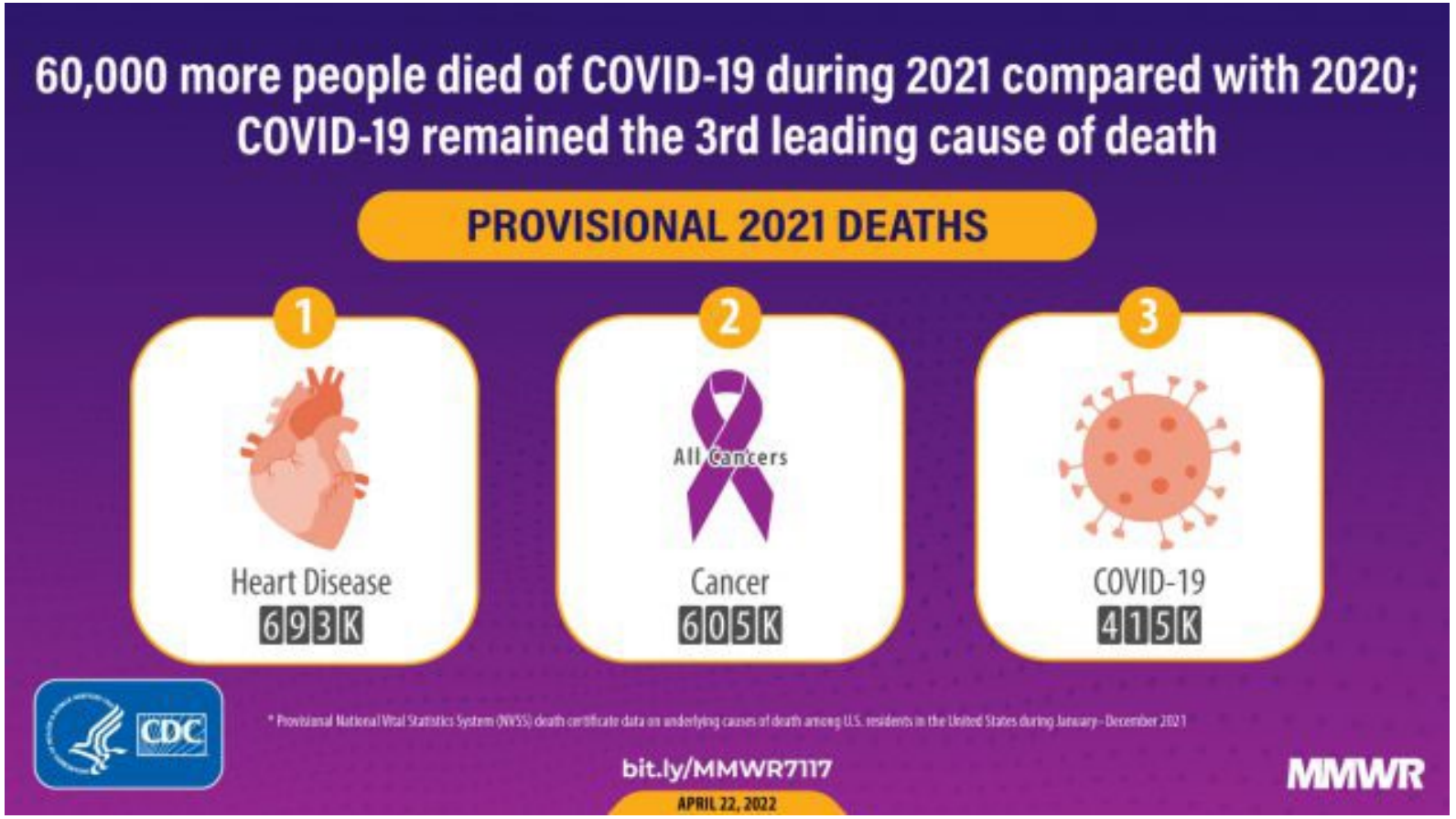
For assistance locating COVID-19 therapeutics call 1-800-232-0233, **TTY** 1-888-720-7489. Available in 100 languages.

Find COVID-19 Treatment

To find a specific medication, enter the therapy name in the search bar.

COVID-19 was the 3rd leading cause of death in 2021

- Between January and December 2021, COVID-19 was associated with approximately 460,000 deaths in the U.S.
- The overall age-adjusted death rate increased by 0.7% in 2021 from 2020
- Overall death rates were highest among non-Hispanic American Indian or Alaskan Native and non-Hispanic Black or African American populations
- For a second year, COVID-19 was the third leading cause of death after heart disease and cancer



Source: Ahmad FB, Cisewski JA, Anderson RN. Provisional Mortality Data — United States, 2021. MMWR Morb Mortal Wkly Rep. ePub: 22 April 2022. DOI: http://dx.doi.org/10.15585/mmwr.mm7117e1

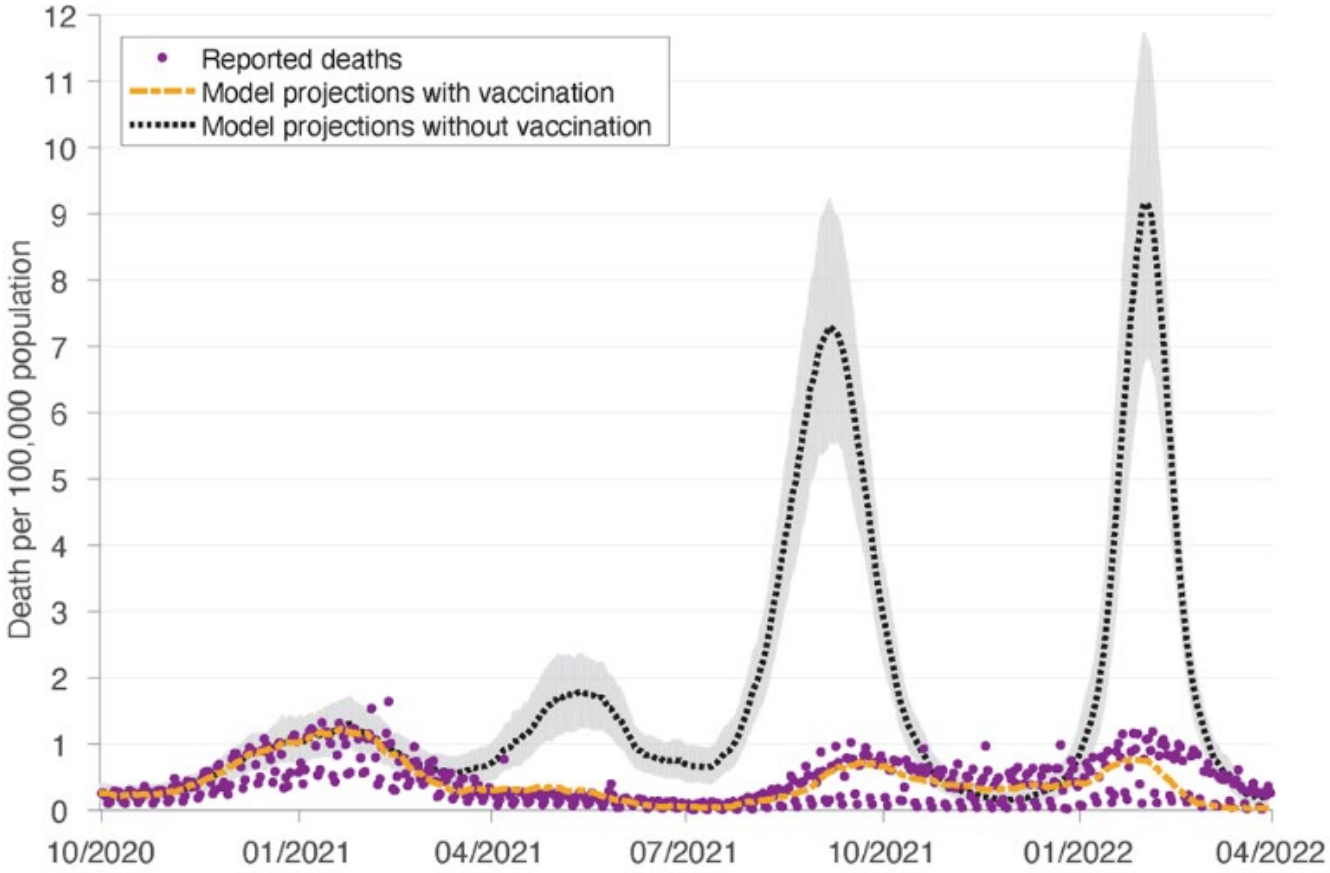
Commonwealth Fund: COVID-19 vaccines saved millions lives, averted tens of millions of infection, and saved billions of dollars

Latest model estimates the impact of vaccine through the Omicron wave and demonstrates the impact of boosters

Modeling estimates from the Commonwealth Fund estimated that COVID-19 vaccine prevented:

- Over 2 million deaths
- 17 million hospitalizations
- 66 million infections
- almost $900 billion in health care costs

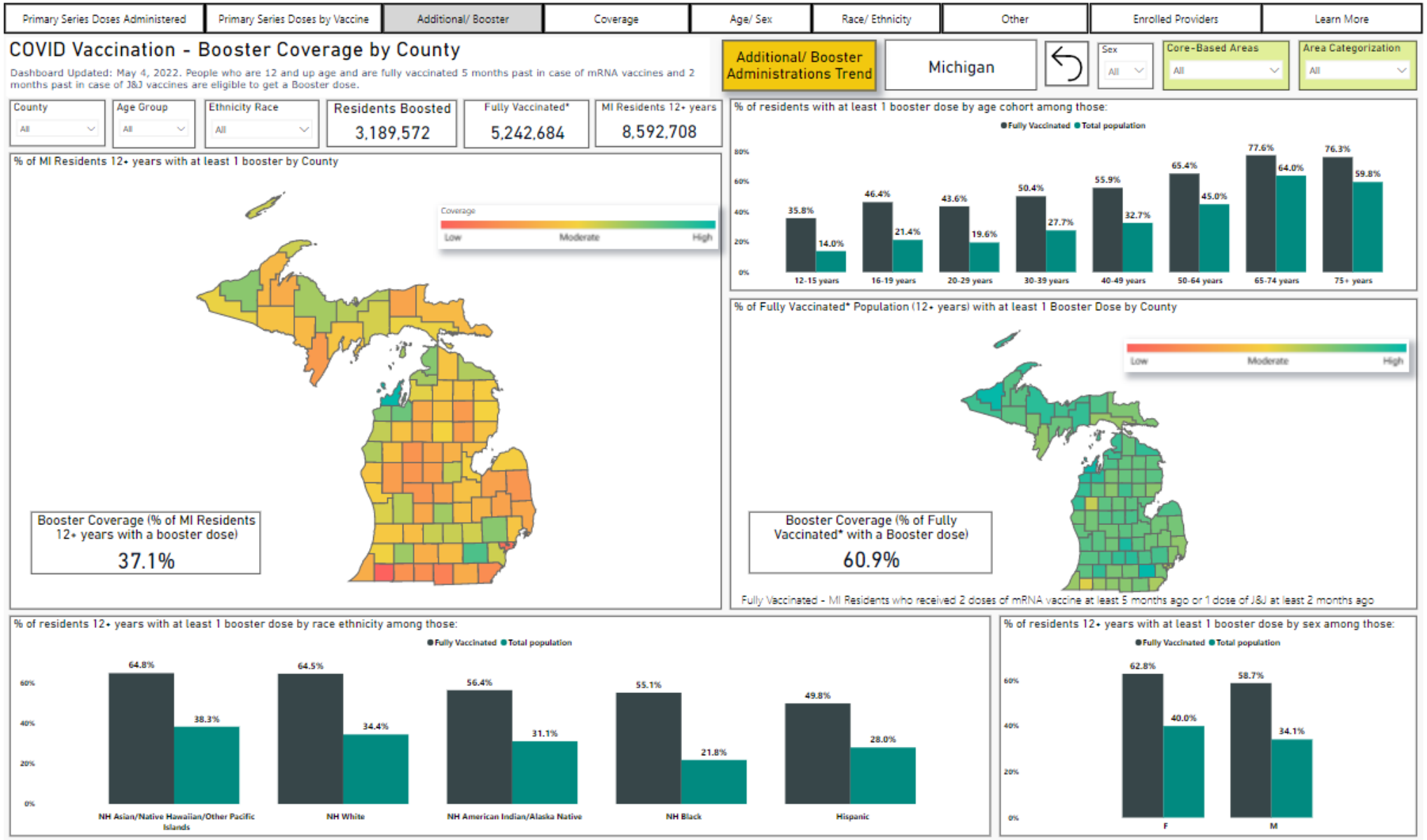
Projected U.S. Seven-Day Rolling Average of Daily Deaths per 100,000 Population, With and Without Vaccination



Estimates of COVID-19-Attributable Deaths, Hospitalizations, Infections, and Health Care Costs Averted by the U.S. Vaccination Program Between December 12, 2020, and March 31, 2022

Deaths	2,265,222	2,051,041 to 2,467,683
Hospitalizations	17,003,960	15,680,556 to 18,250,413
Infections	66,159,093	58,774,953 to 73,787,291
Health care costs	$899.4 billion	$825.3 billion to $978.5 billion

Additional Doses and Booster Coverage

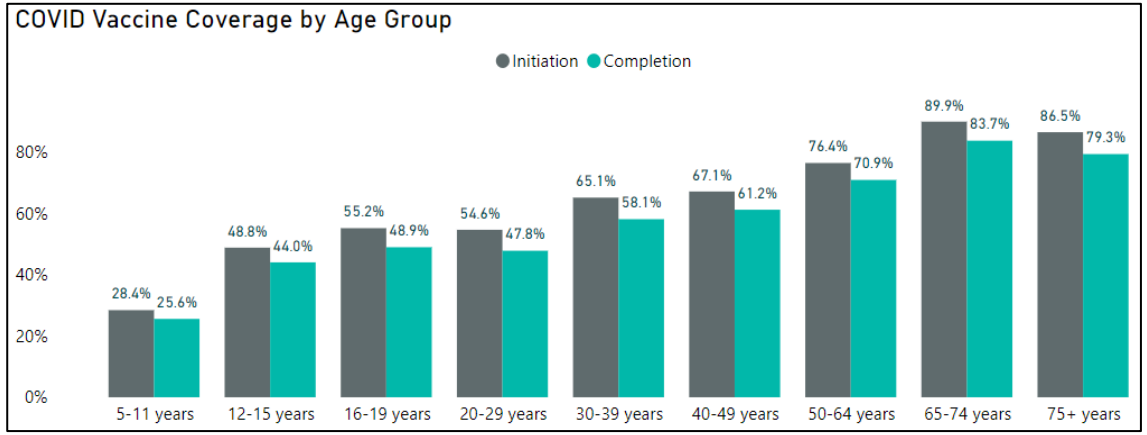


https://www.michigan.gov/coronavirus/0,9753,7-406-98178_103214_103272-547150--,00.html

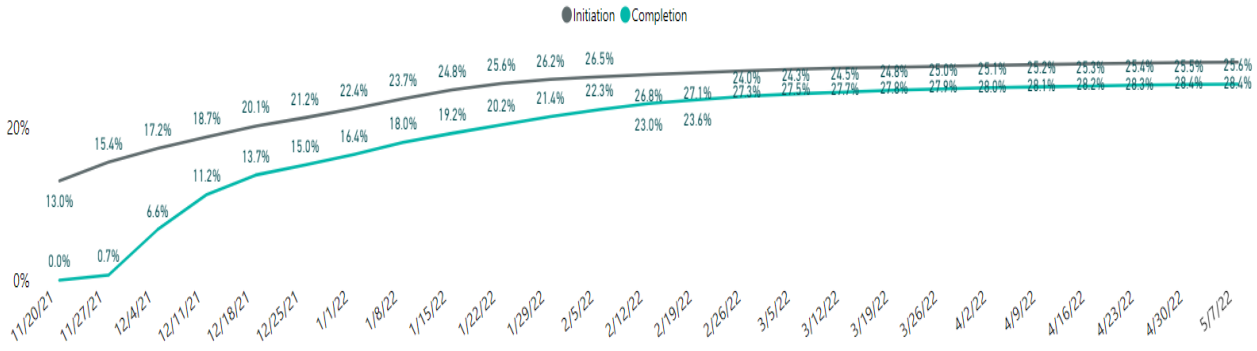
Vaccinations and Boosters

- Over 15.9 million COVID-19 vaccine doses have been administered in Michigan
  - Over 6.7 million Michiganders have received at least one dose (67%)
  - Over 6 million Michiganders have completed a primary series (60.2%)
  - Over 3.27 million additional/booster doses have been administered in Michigan
    - 54.4% of the fully vaccinated population has received a booster
    - 76.7% 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

December 2021 through February 2022 saw COVID-19-associated hospitalization rates in children 5-11 that were twice as high among unvaccinated than in vaccinated children

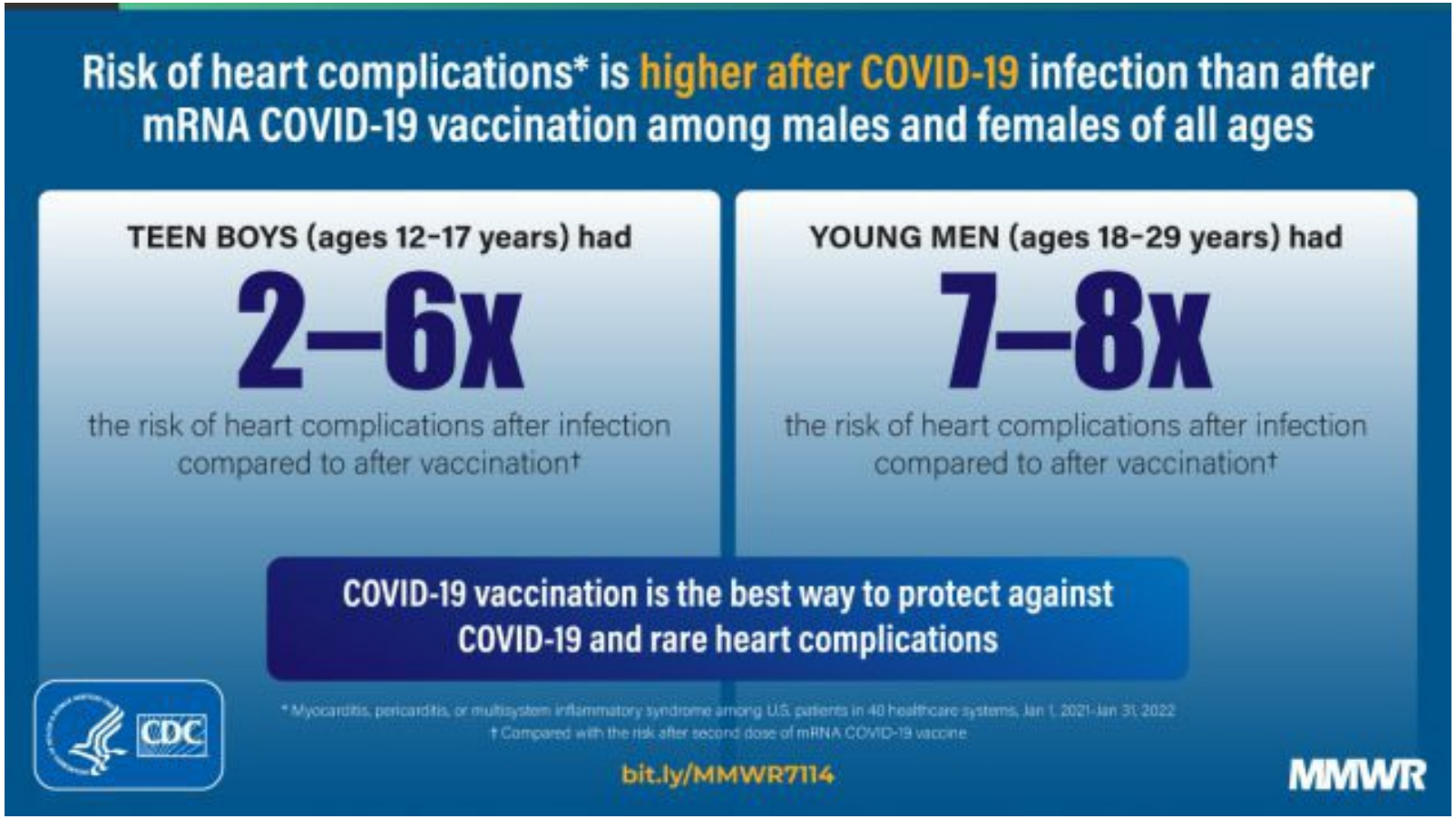
- COVID-19 can cause severe illness in children
- During the period of Omicron predominance (Dec 19, 2021–Feb 28, 2022), COVID-19–associated hospitalization rates in children aged 5–11 years were approximately 2X as high among unvaccinated as among vaccinated children
  - Non-Hispanic Black children represented the largest group of unvaccinated children
  - Thirty percent of hospitalized children had no underlying medical conditions, and 19% were admitted to an intensive care unit
  - Children with diabetes and obesity were more likely to experience severe COVID-19
- **Increasing COVID-19 vaccination coverage among children aged 5–11 years, particularly among racial and ethnic minority groups disproportionately affected by COVID-19, can prevent COVID-19–associated hospitalization and severe outcomes**

Source: Shi DS, Whitaker M, Marks KJ, et al. Hospitalizations of Children Aged 5–11 Years with Laboratory-Confirmed COVID-19 — COVID-NET, 14 States, March 2020–February 2022. MMWR Morb Mortal Wkly Rep 2022;71:574-581. DOI: http://dx.doi.org/10.15585/mmwr.mm7116e1

Cardiac Complications was Significantly Higher after SARS-CoV-2 Infection than after mRNA COVID-19 Vaccination

- Data from 40 health care systems participating in a large network found that the risk for cardiac complications was significantly higher after SARS-CoV-2 infection than after mRNA COVID-19 vaccination for both males and females in all age groups

- These findings support continued use of recommended mRNA COVID-19 vaccines among all eligible persons aged ≥5 years

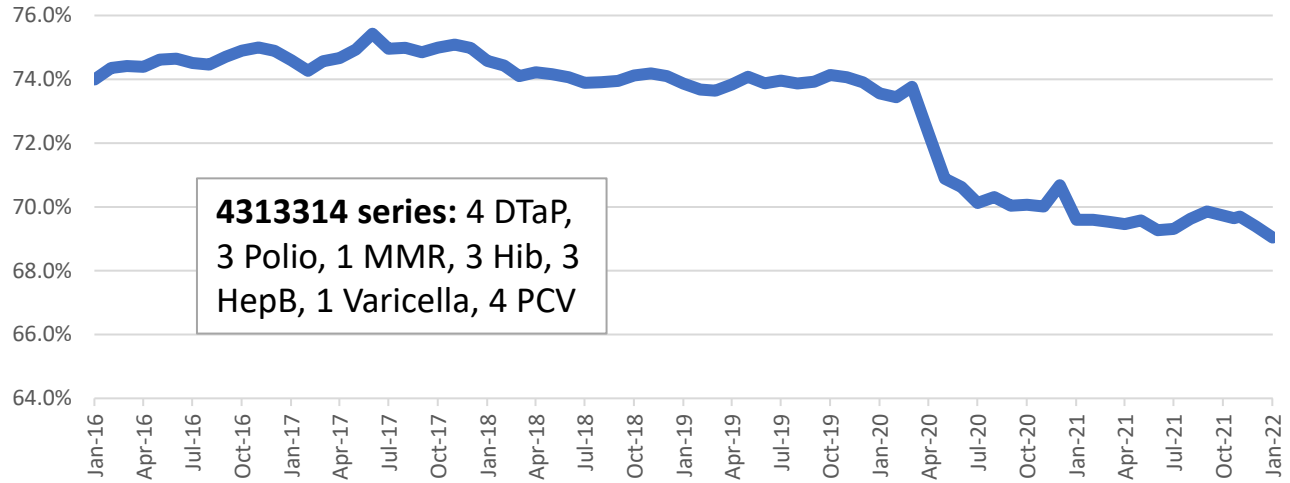


Source: Rader B, Gertz A, Iuliano AD, et al. Use of At-Home COVID-19 Tests — United States, August 23, 2021–March 12, 2022. MMWR Morb Mortal Wkly Rep 2022;71:489–494. DOI: http://dx.doi.org/10.15585/mmwr.mm7113e1

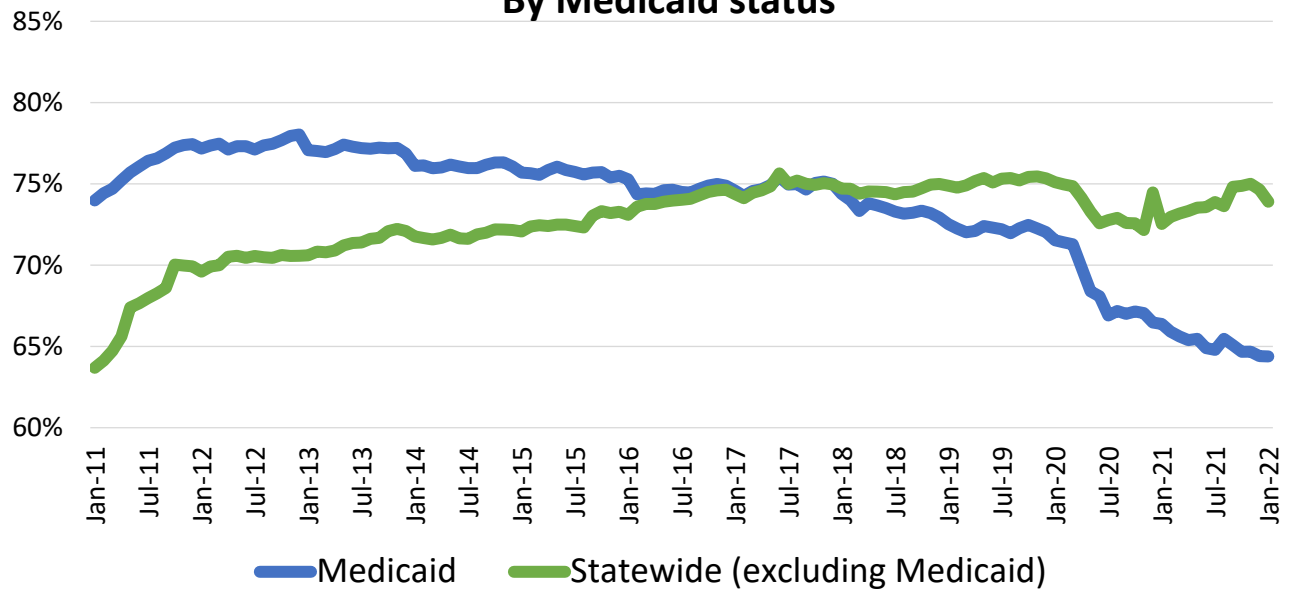
Vaccines save lives: unfortunately, childhood immunization rates have been negatively impacted by the pandemic – especially among the Medicaid population

- Childhood vaccination coverage decreased from 74% to less than 70% since the start of the COVID pandemic
- Childhood vaccination rates have not returned to pre-pandemic levels
- Childhood vaccine coverage in the Medicaid population has been decreasing compared to the non-Medicaid population; this decrease accelerated during the pandemic
- A childhood vaccine for COVID-19 may not be far around the corner
- Pediatric providers are going to be critically important for administering vaccine in this age cohort
- This offers an opportunity to get kids up to date on core childhood vaccines

4313314 Vaccine Coverage for children 19-35 months, January 2016 - January 2022



4313314 Vaccine Coverage for children, 19-35 months, January 2011 - January 2022
By Medicaid status



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.

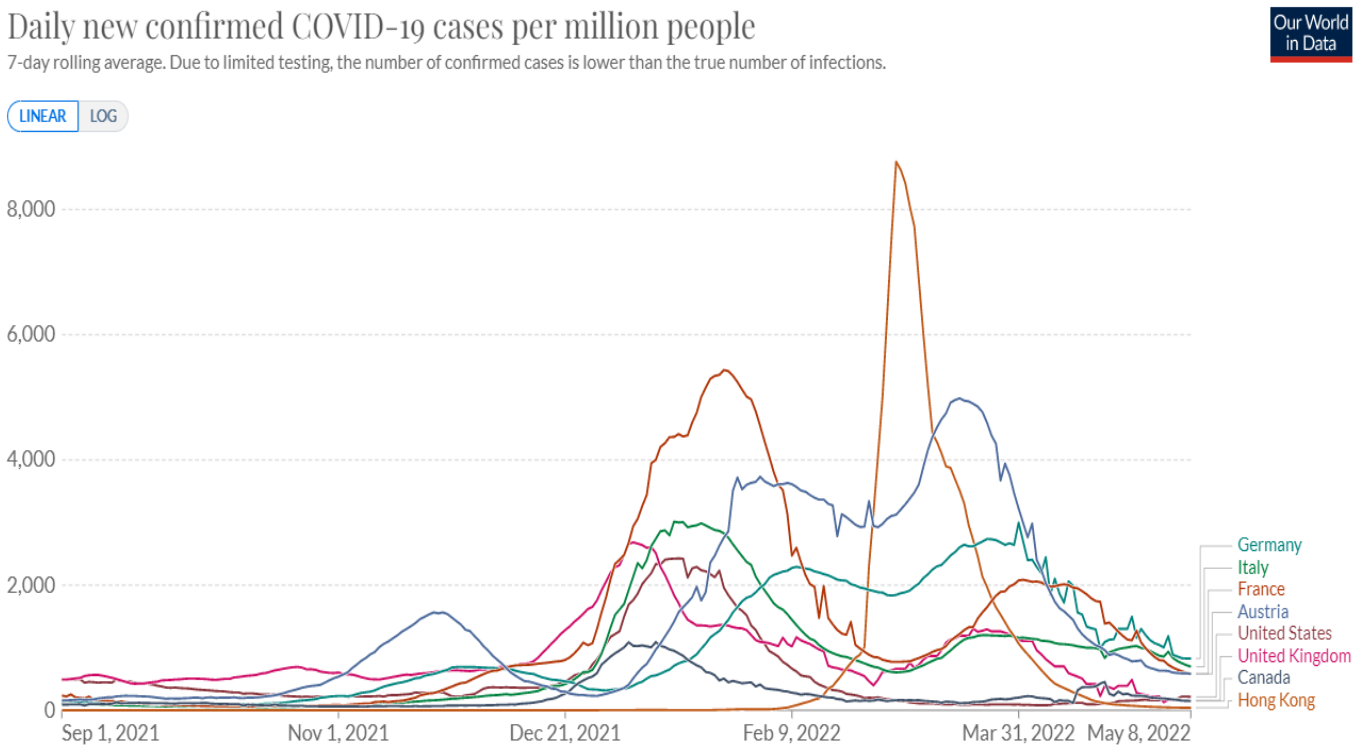
Treatment

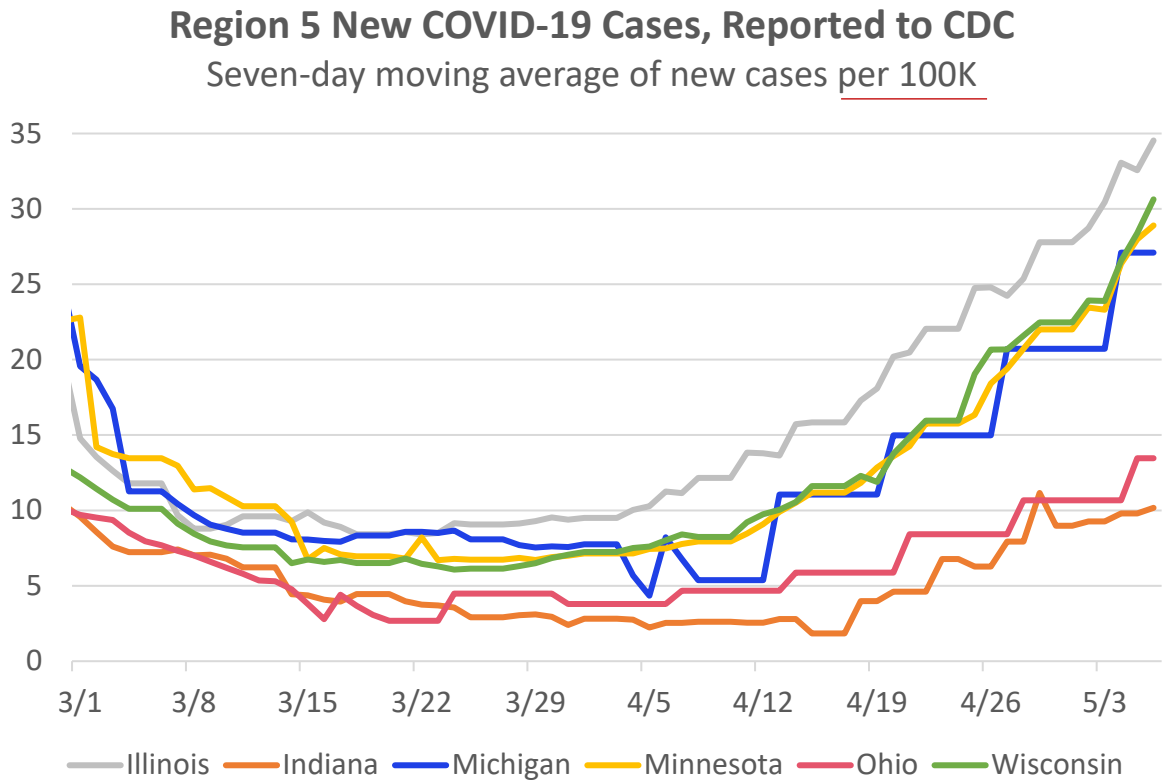
Protect against severe outcomes

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

APPENDIX

Global and National Trends





Globally, 517,375,896 cases and 6,251,531 deaths (Data* through 5/9/2022)

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

United States: Reported cases (7-day average) have increased over 22.9% since the prior week¶

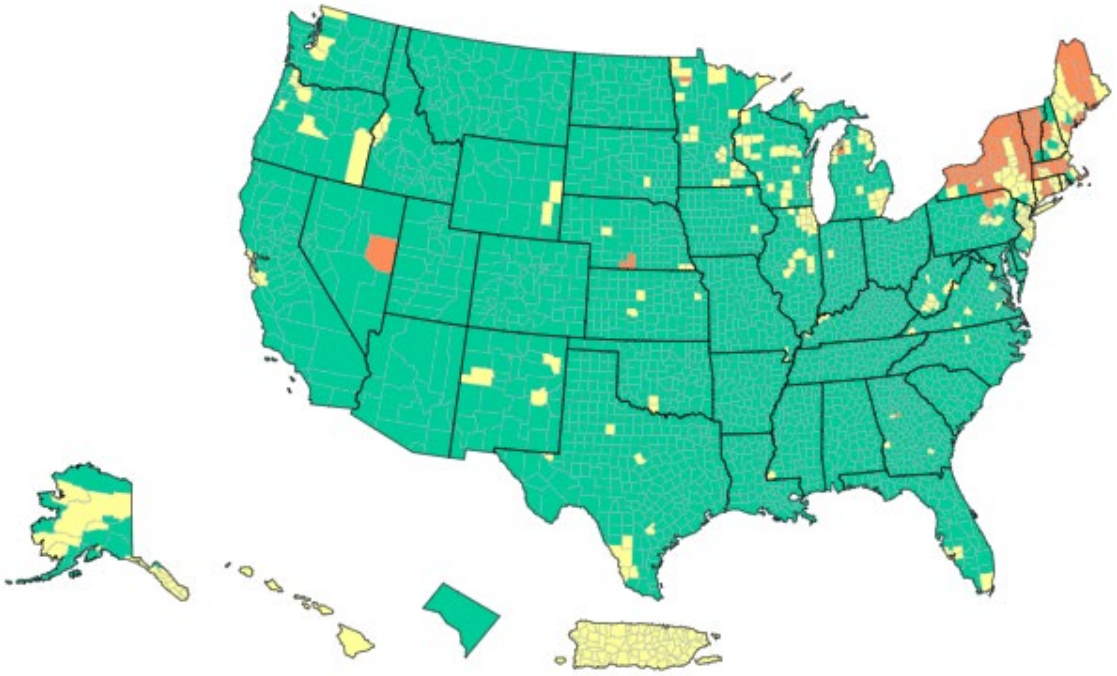
- In the U.S., the case rate is 145 cases/100,000 in last 7 days (last week: 118 cases per/100,000)

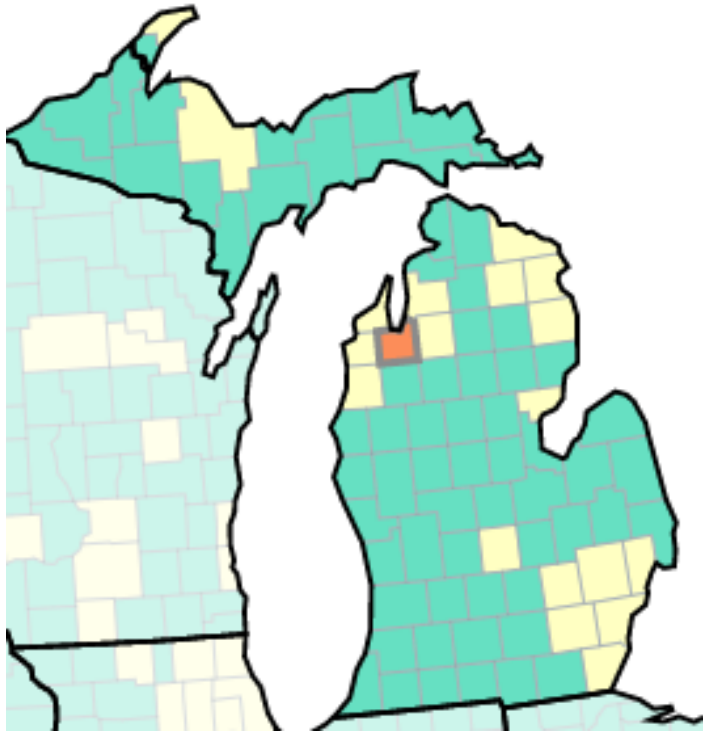
Region 5 (Midwest) states are increasing

- Illinois and Wisconsin have the highest case rates *in Region 5* (5/6)

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 May 5th, One Michigan County at High COVID-19 Community Level





Percent of Counties

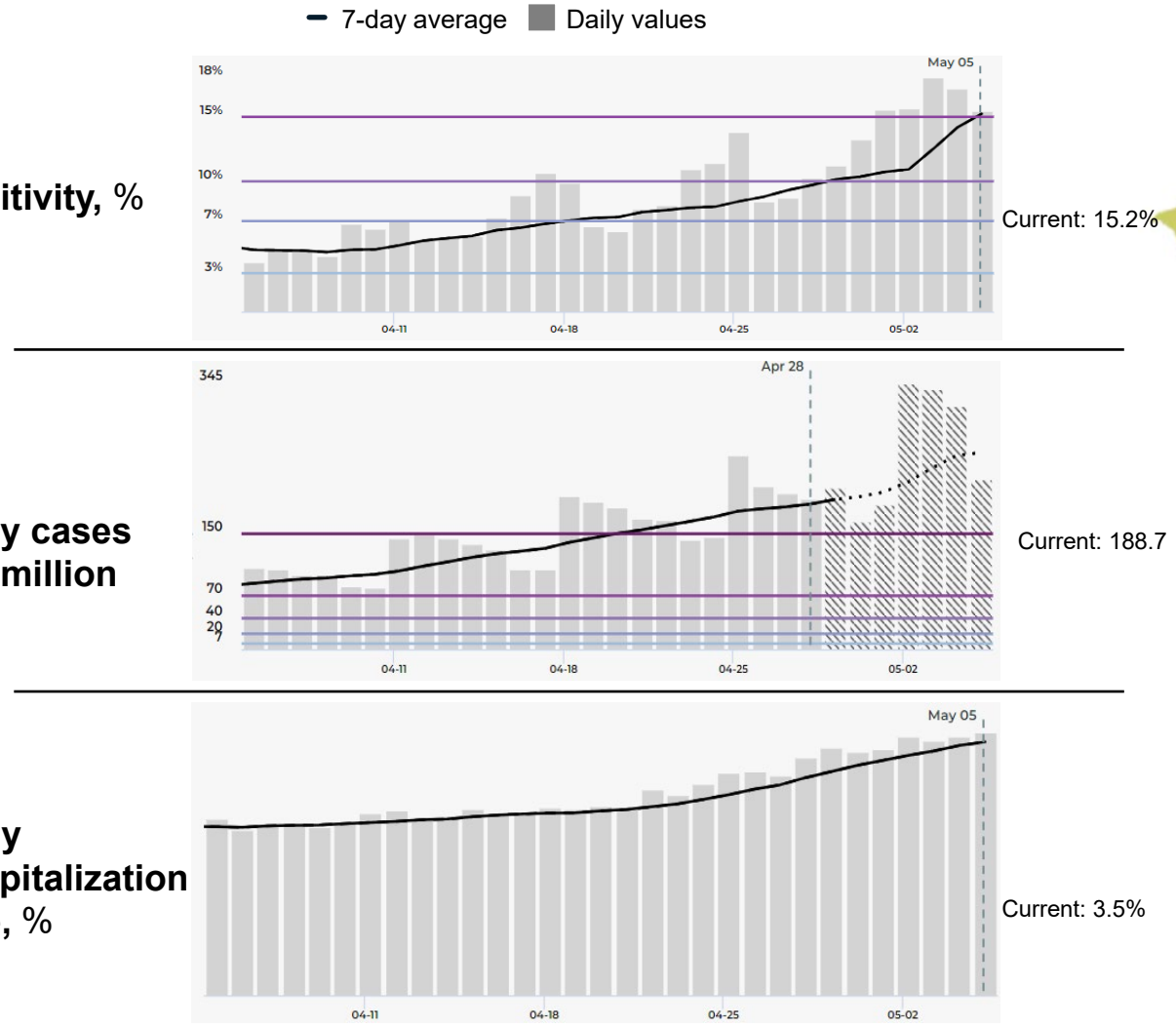
	United States	Michigan
Low	88%	76%
Medium	10%	22%
High	2%	1%

- In the US, 2% of counties have high risk for medically significant disease and healthcare strain; in Michigan, 1% of counties are at high risk
- Grand Traverse County classified as high risk due to case rates being greater than 200 per 100,000 population (measured at 224.5) and the HSA COVID hospital admissions per 100k is above 10 (measured at 12.1 COVID admissions per 100k population)
- 19 counties were classified as medium due to county cases rates above 200 per 100k (10 counties), HSA COVID admissions (9 counties), or HSA percent inpatient utilization is greater than 10% (4 counties); Four counties had both HSA hospital admissions and inpatient utilization in the medium category

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

Recent statewide trends

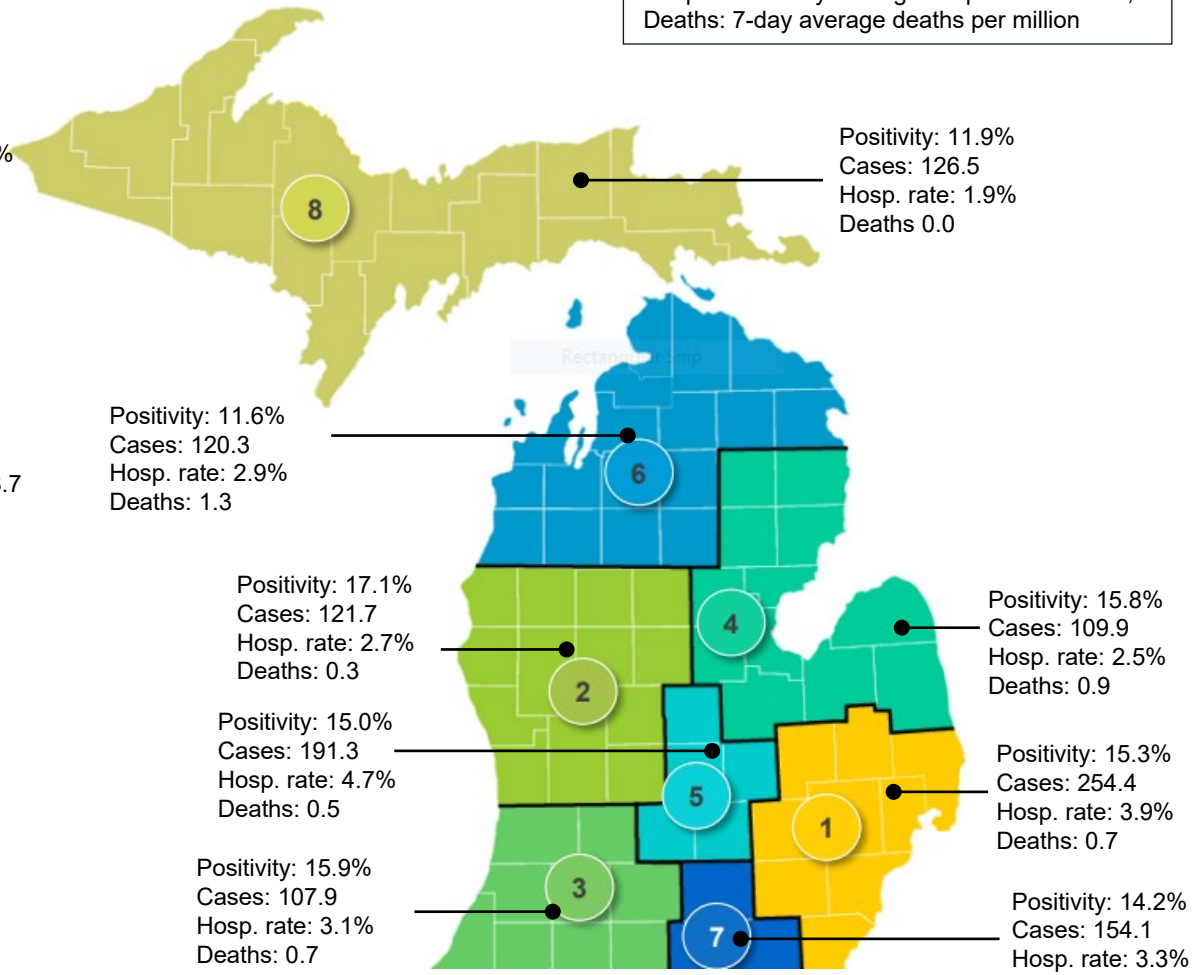
Statewide trends



Source: https://mistartmap.info/

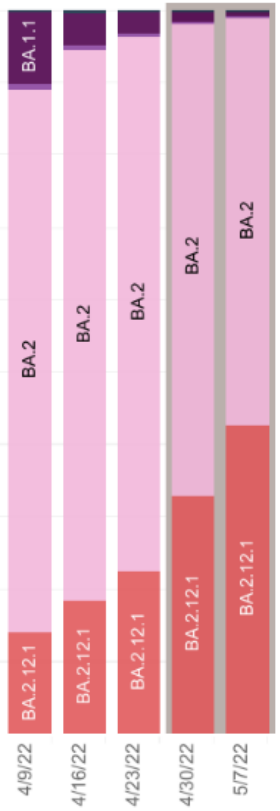
MERC Regional breakdown: Positivity, cases, hospitalization rate, and deaths

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



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

SARS-CoV-2 Variants Circulating in the United States, Apr 9 – May 7 (NOWCAST)

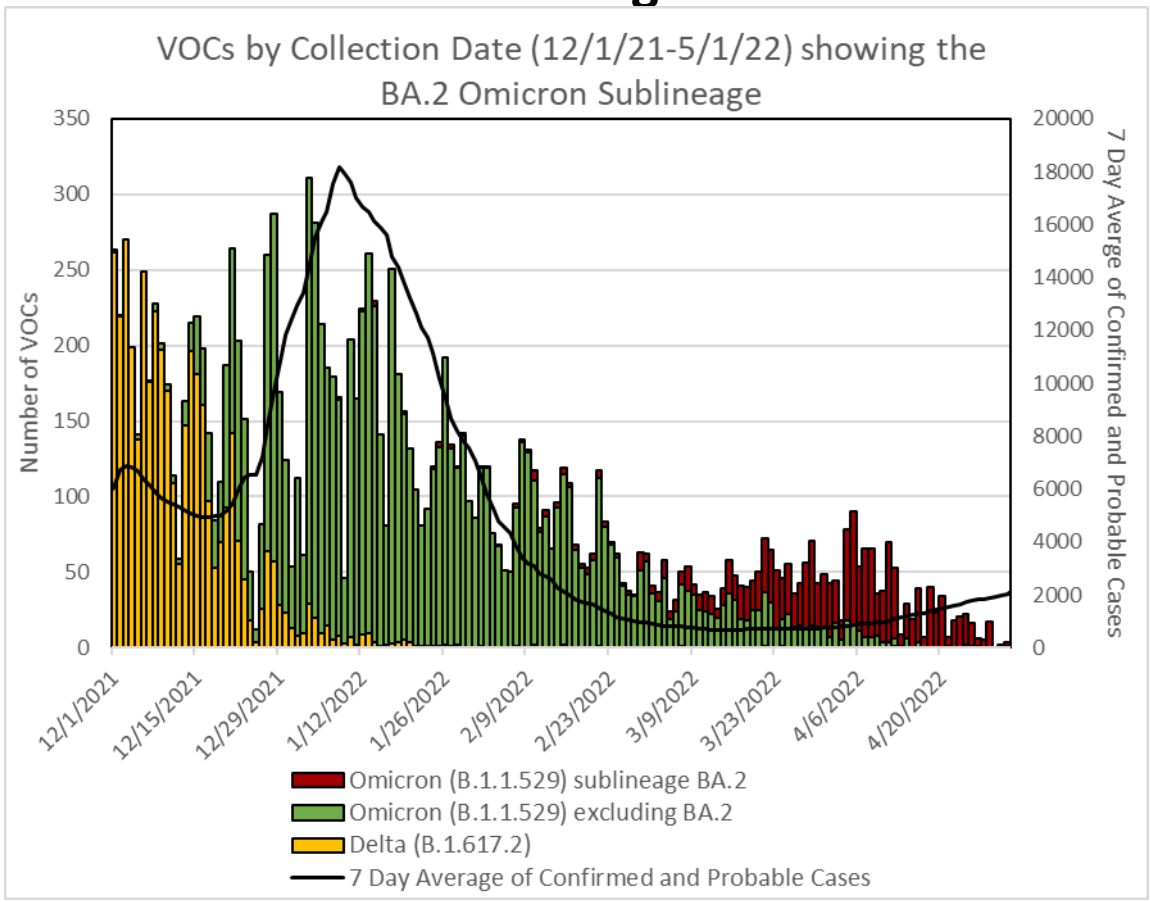


USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.2	VOC	56.4%	49.3-63.3%
	BA.2.12.1	VOC	42.6%	35.6-49.9%
	BA.1.1	VOC	0.6%	0.5-0.8%
	B.1.1.529	VOC	0.2%	0.1-0.4%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
Other	Other*		0.2%	0.1-0.3%

* 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.

VOC Distribution in Michigan

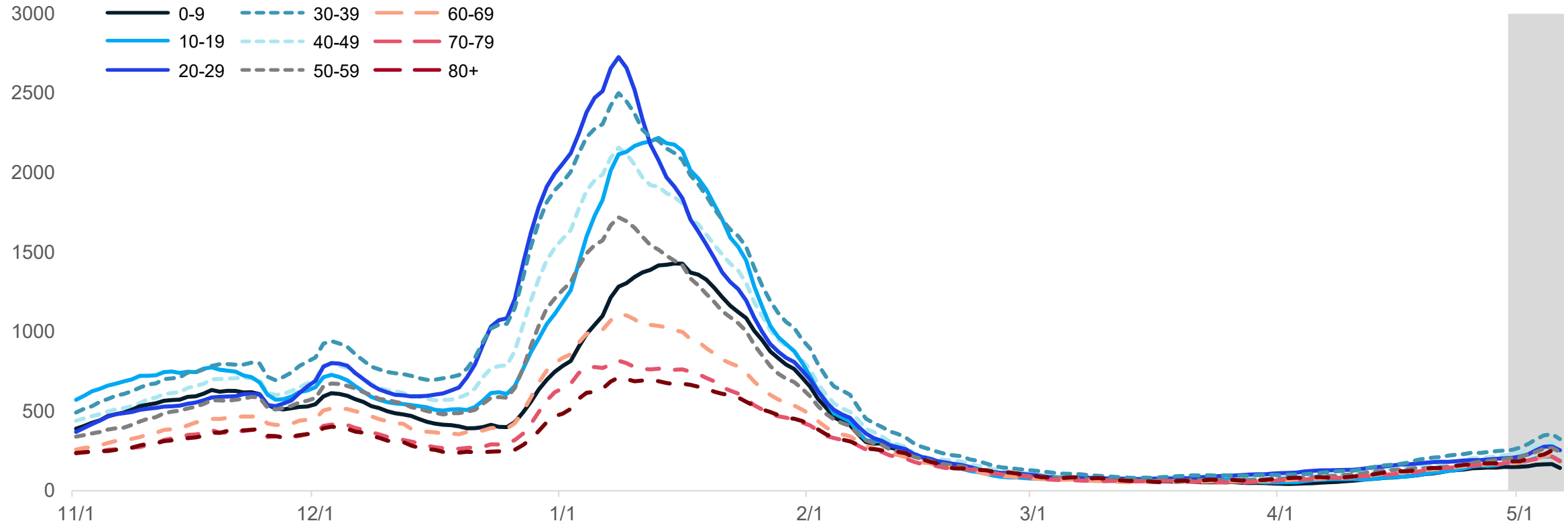


- Since April 1, there have 974 VOC specimens sequenced
- 99.9% of specimens sequenced are Omicron

Data last updated May 10, 2022
Source: MDSS
¶ Sequence specimens are from the most recent week by onset date which may change as more specimens are sent in

Case Rate Trends by Age Group

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

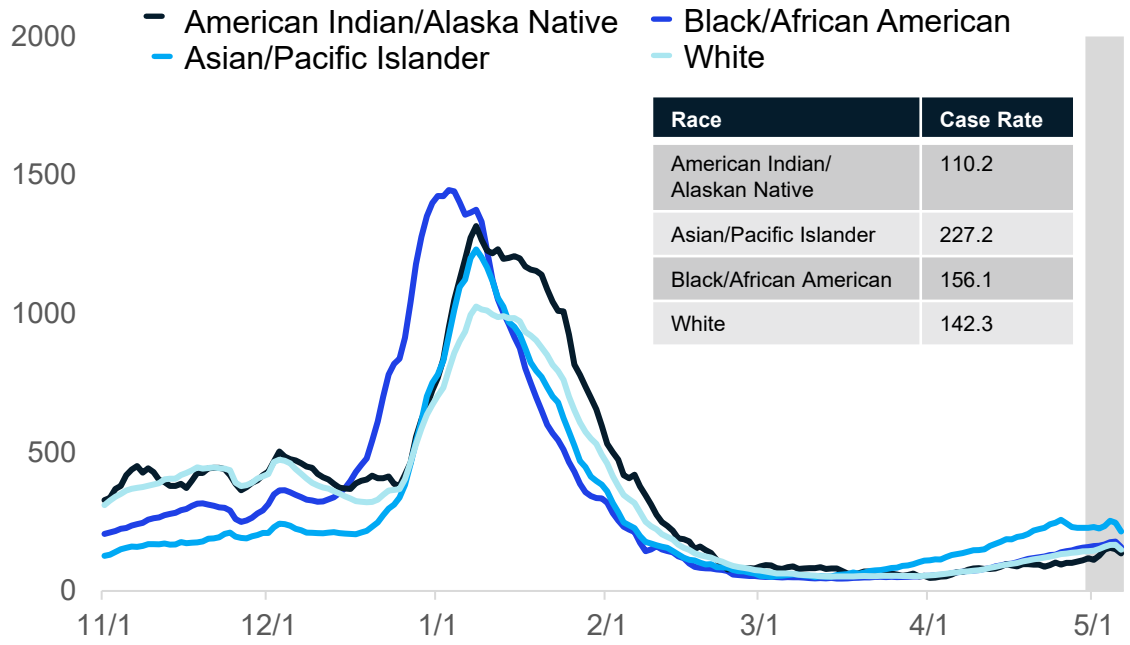


- Case rate trends for all age groups experienced an increase over the last week
- Case rates by onset date for all age groups are between 150.45 and 253.06 cases per million (through 4/29/22)
- Case counts and case rates are highest for 30-39-year-olds this week, followed by 40-49 and the 20-29 age groups

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

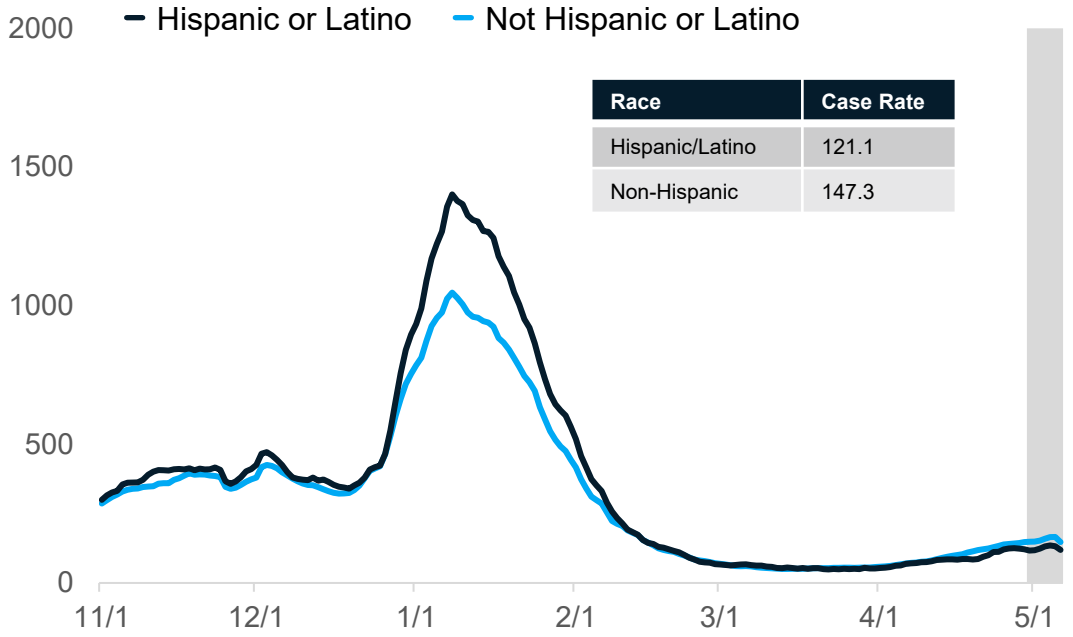
Case Rates by Reported Racial and Ethnic Group

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



Race	Case Rate
American Indian/ Alaskan Native	110.2
Asian/Pacific Islander	227.2
Black/African American	156.1
White	142.3

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



Race	Case Rate
Hispanic/Latino	121.1
Non-Hispanic	147.3

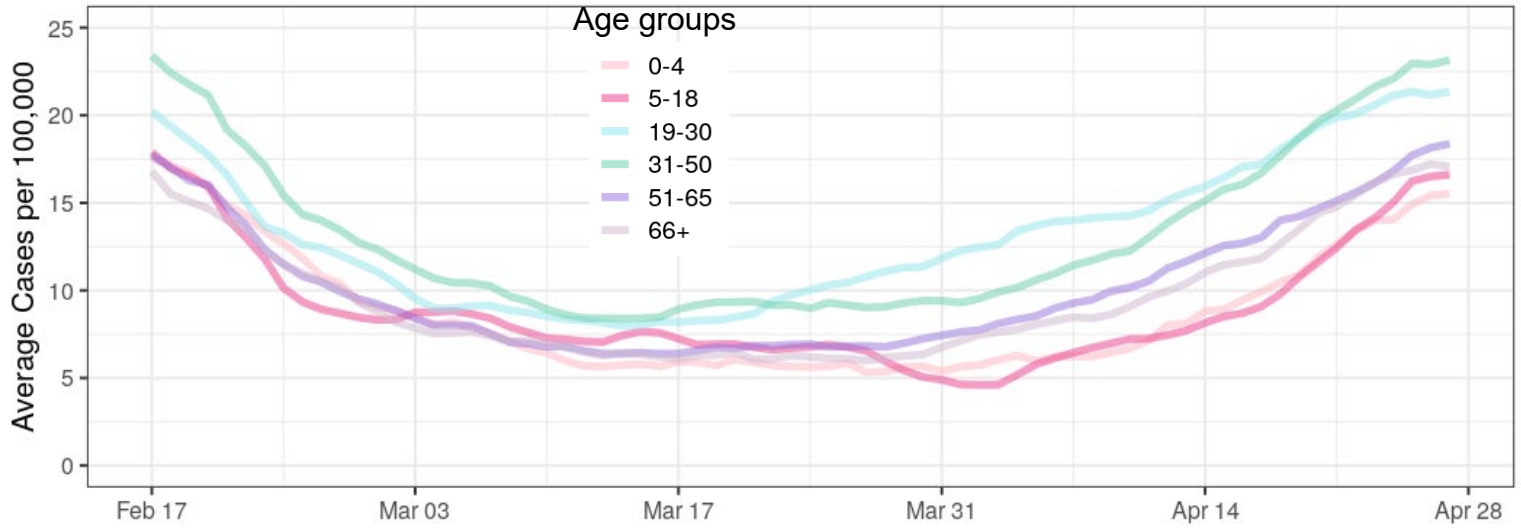
Updates since last week:

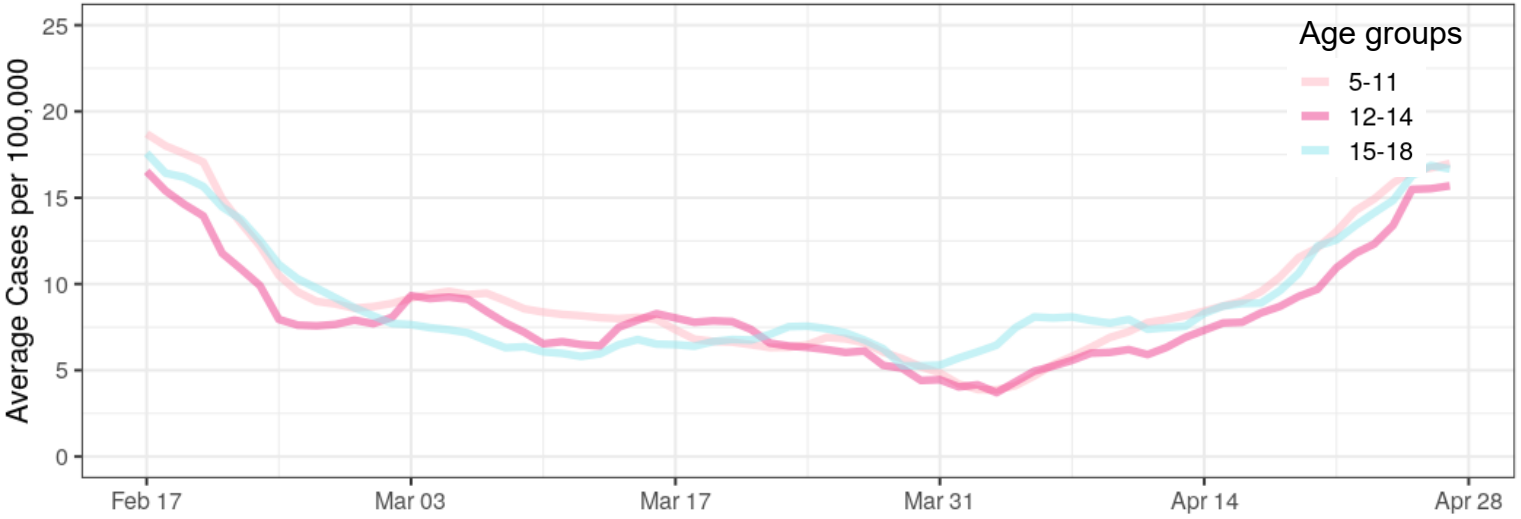
- Cases per million are increasing at the same rate for all reported racial and ethnic groups, with the exception of Asian/Pacific Islander
- In the past 30 days, 20.0% (↑ 2.5%) of race data and 25.7% (↑ 3.7%) ethnicity data was either missing or reported as unknown

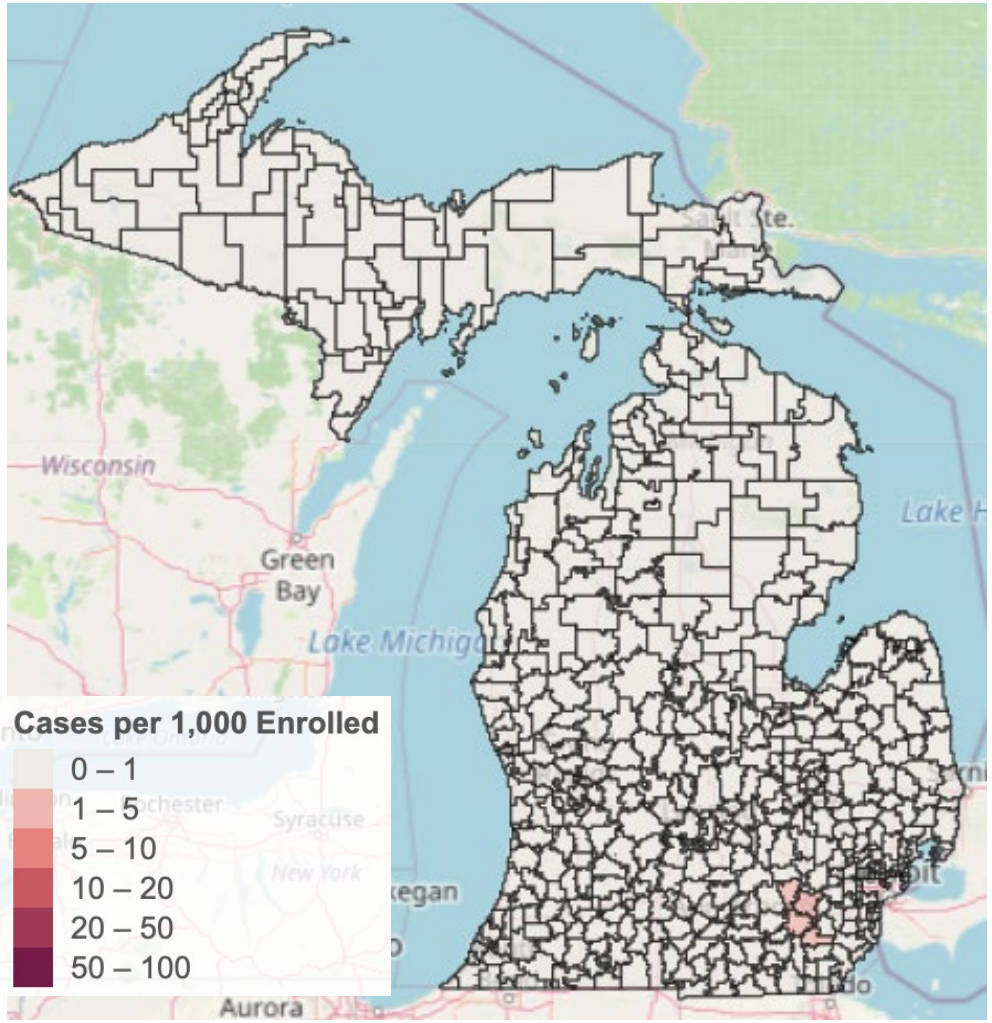
Note: Case information sourced from MDHHS and reflects date of death of confirmed and probable cases.
Source: MDHHS – Michigan Disease Surveillance System

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 school-aged populations are beginning to increase along with other age groups







Sources: MDSS case data as of 5/9/2022 (data through 4/27/22), line charts use statewide age group population, map uses ISD enrolled populations from EOG mask tracker data.

Vital Infrastructure: K-12 school clusters and outbreaks, week ending May 5th

Number of reported outbreaks/clusters increased since last week (79 to 122), all regions reported at least 1 outbreak.

Region	Number of reported cases, #	# Ongoing - Excluding New	# New	Number of outbreaks	Range of cases per outbreak
Region 1	20	45		13	3-18
Region 2n	3	0		1	3
Region 2s		242	169	60	3-42
Region 3		639	21	25	2-110
Region 5	16	4		5	3-6
Region 6	89	35		11	3-45
Region 7	85	13		5	5-63
Region 8	12	0		2	5-7
Total		1,106	287	**122**	**2-110**

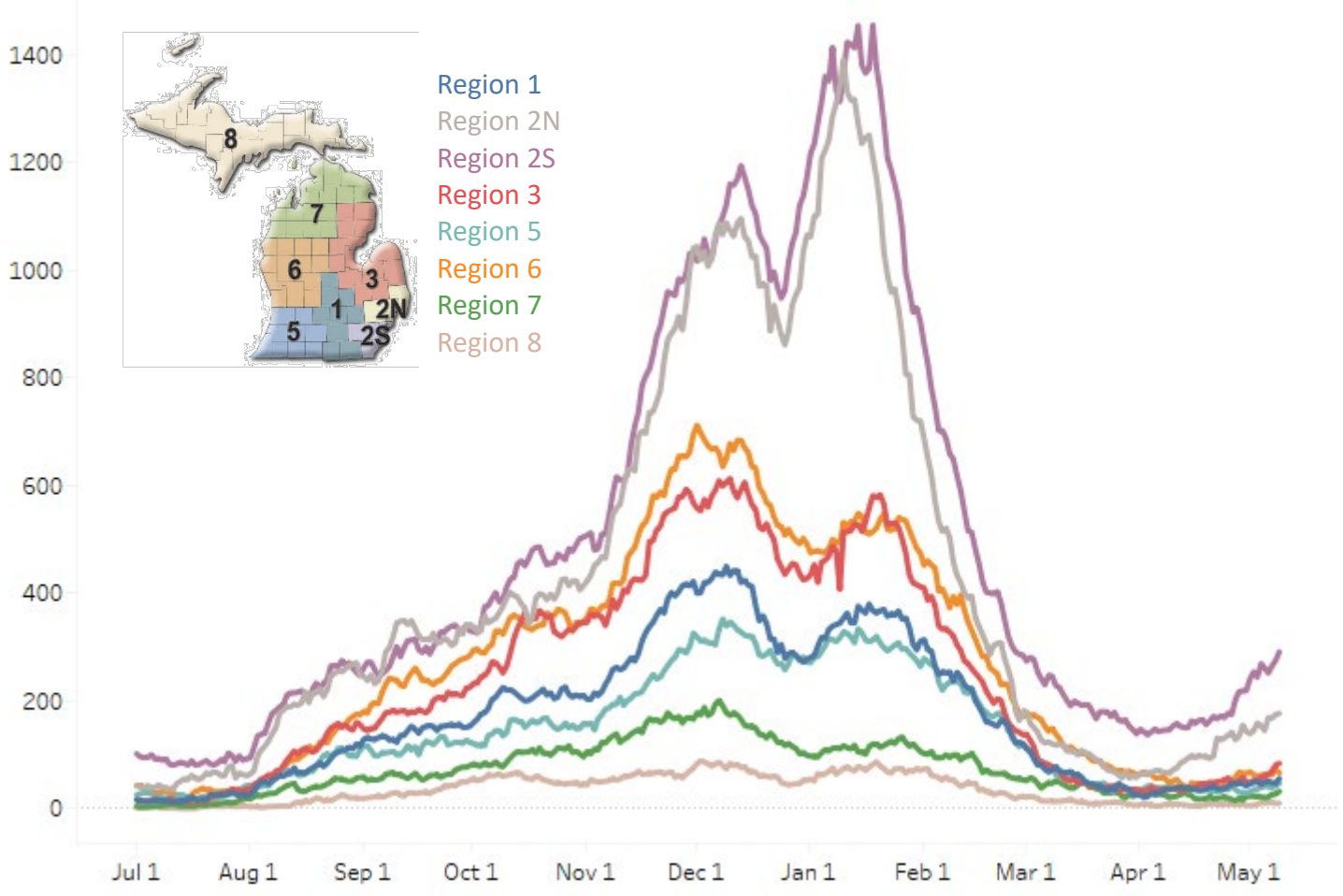
Grade level	Number of reported cases, #	# Ongoing - Excluding New	# New	Number of outbreaks	Range of cases per outbreak
Pre-school - elem.		532	222	86	2-64
Jr. high/middle school		212	25	17	3-93
High school		362	37	18	3-110
Administrative	0	3		1	3
Total		1,106	287	**122**	**2-110**

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 CSTE school cluster and outbreak definition which impacts how transmissions within school-sponsored settings are reported to the health department

Source: LHD Weekly Sitreps

Statewide Hospitalization Trends: Regional COVID+ Census

Hospitalization Trends 7/1/2021 – 5/9/2022
Confirmed Positive by Region



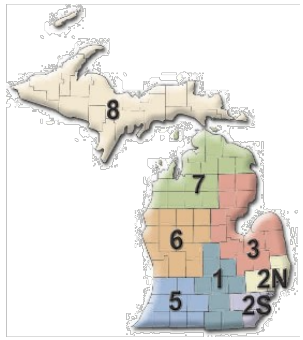
This week hospitalizations have increased across all regions, with the largest percent increases in Regions 3, 5, 7, and 8.

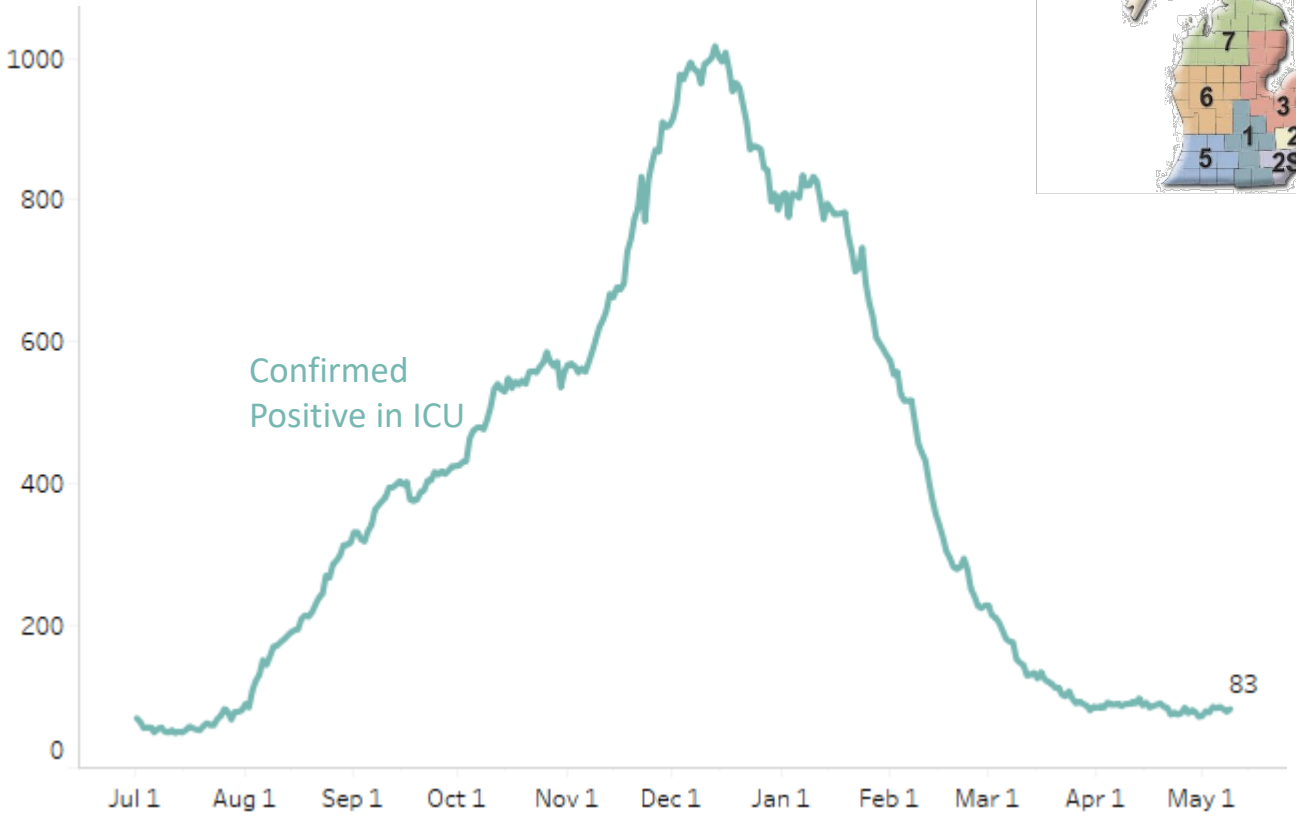
Regions 2S now has greater than 100/Million population hospitalized with COVID.

Region	COVID+ Hospitalizations (% Δ from last week)	COVID+ Hospitalizations / MM
Region 1	56 (17%)	52/M
Region 2N	177 (22%)	80/M
Region 2S	291 (15%)	131/M
Region 3	84 (58%)	74/M
Region 5	47 (34%)	49/M
Region 6	67 (6%)	46/M
Region 7	32 (39%)	64/M
Region 8	10 (67%)	32/M

Statewide Hospitalization Trends: ICU COVID+ Census

Hospitalization Trends 7/1/2021 – 5/9/2022
Confirmed Positive in ICUs





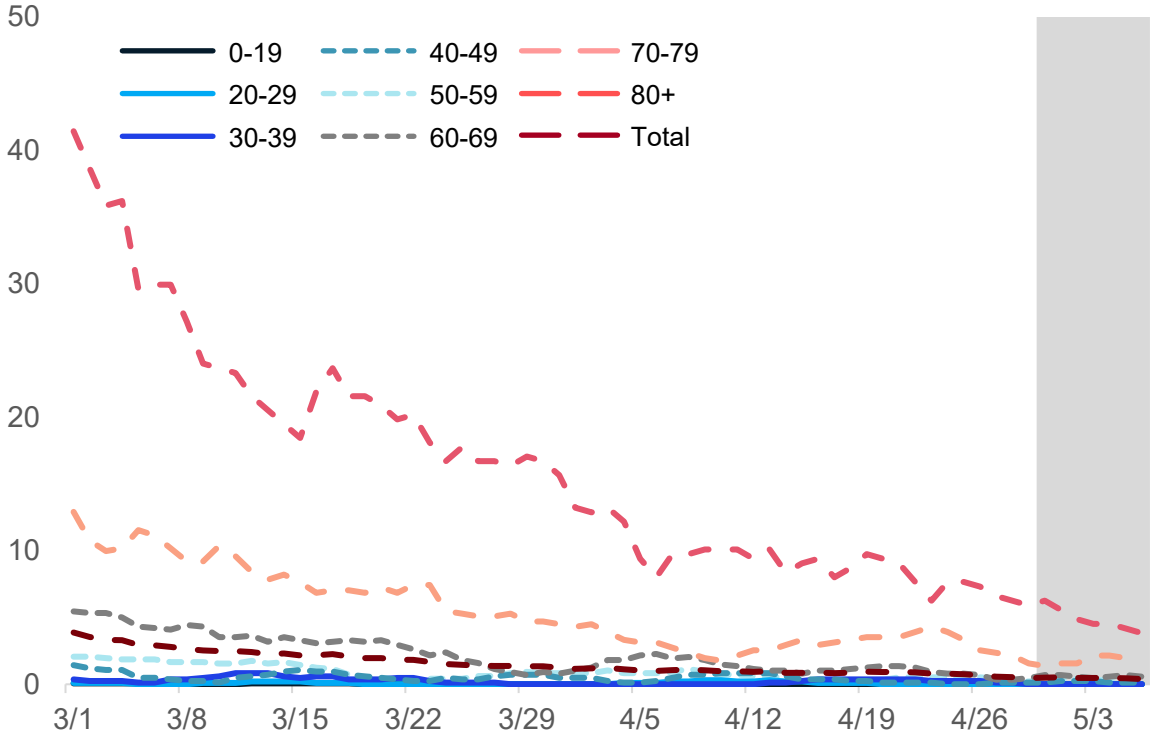
Overall, the volume of COVID+ patients in ICUs has increased slightly from last week, by 4%. There are 83 COVID+ patients in ICU beds across the state. The census of COVID+ patients in ICU has been essentially flat x 1 month.

Region	Adult COVID+ in ICU (% Δ from last week)	ICU Occupancy	% of ICU beds COVID+
Region 1	8 (-11%)	85%	5%
Region 2N	11 (-48%)	69%	2%
Region 2S	34 (10%)	79%	5%
Region 3	7 (75%)	82%	2%
Region 5	9 (80%)	70%	5%
Region 6	2 (-67%)	68%	1%
Region 7	10 (150%)	72%	7%
Region 8	2 (200%)	65%	3%

Statewide Hospitalization Trends: Pediatric COVID+ Census

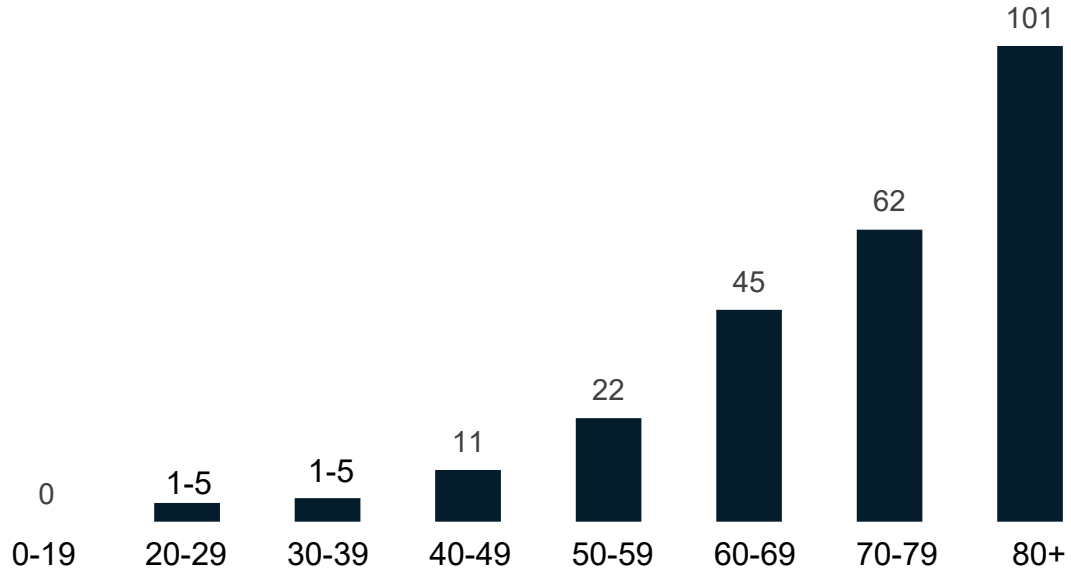
Average and total new deaths, by age group

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 4/29/2022)

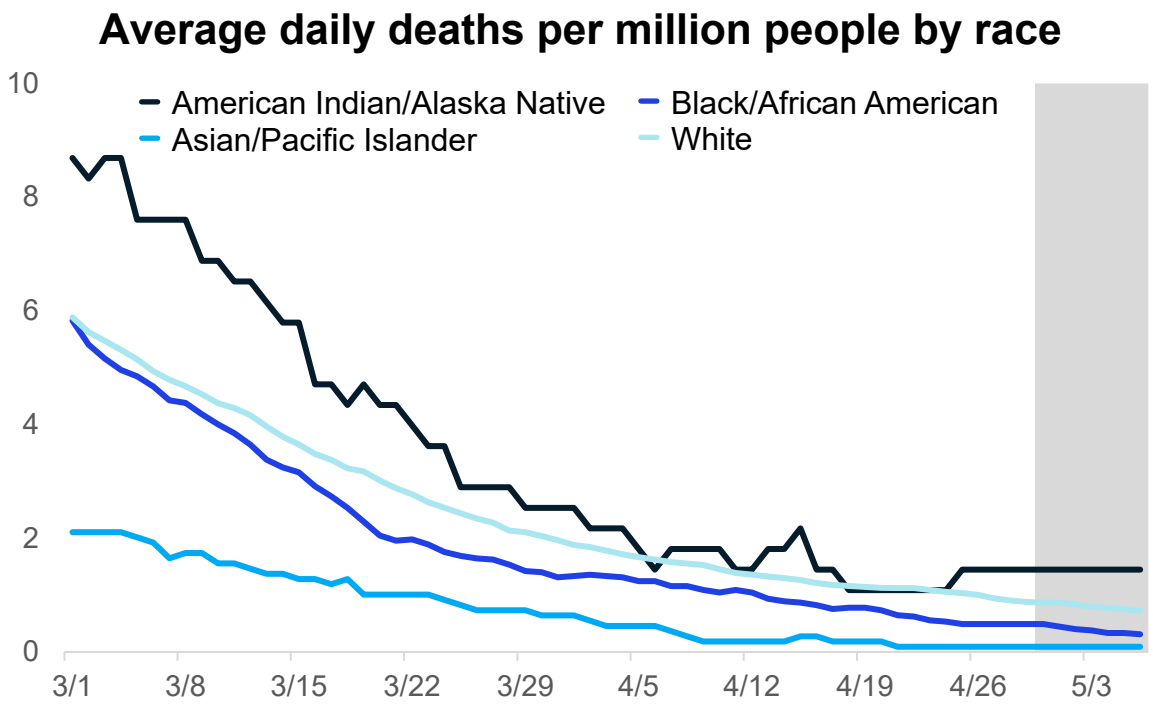
- 16.8% of deaths below age sixty

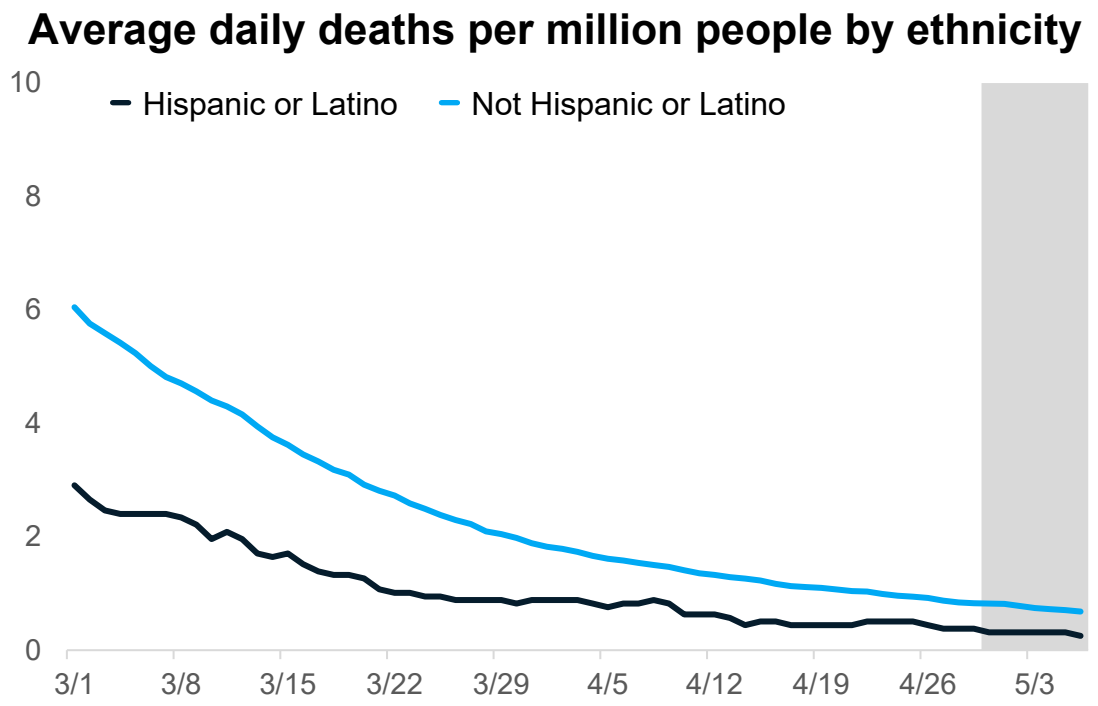


- Through 4/29, the 7-day avg. death rate is lower than 5 deaths per million people for those over the age of 80
- In the past 30 days, there are fewer than 10 among confirmed and probable COVID-19 cases under the age of 40
- 30-day proportion of deaths among those under 60 years of age is 16.8%

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, the American Indian/Alaskan Native population have the highest death rate (1.45 deaths/million)

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

Ongoing response to COVID-19 cycle

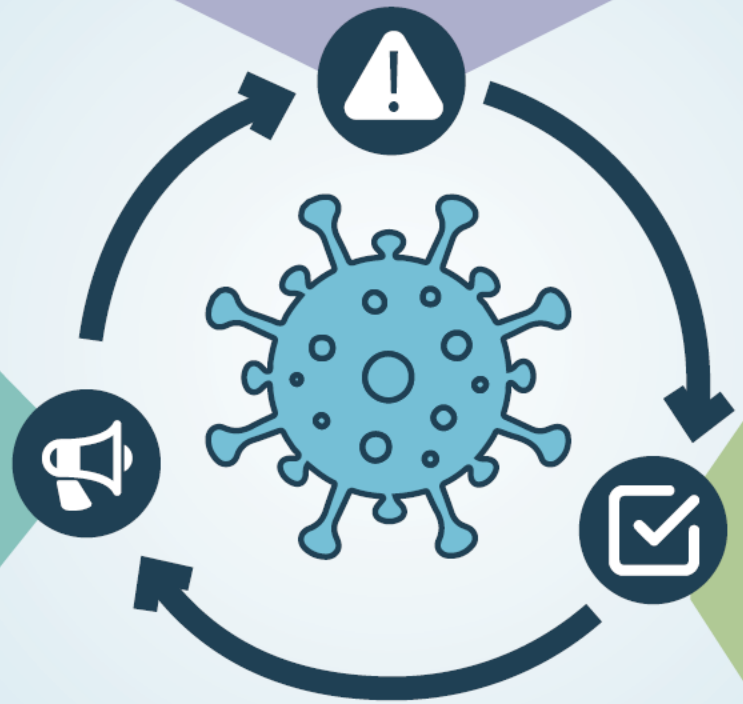
MDHHS
Michigan Department of Health & Human Services

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.

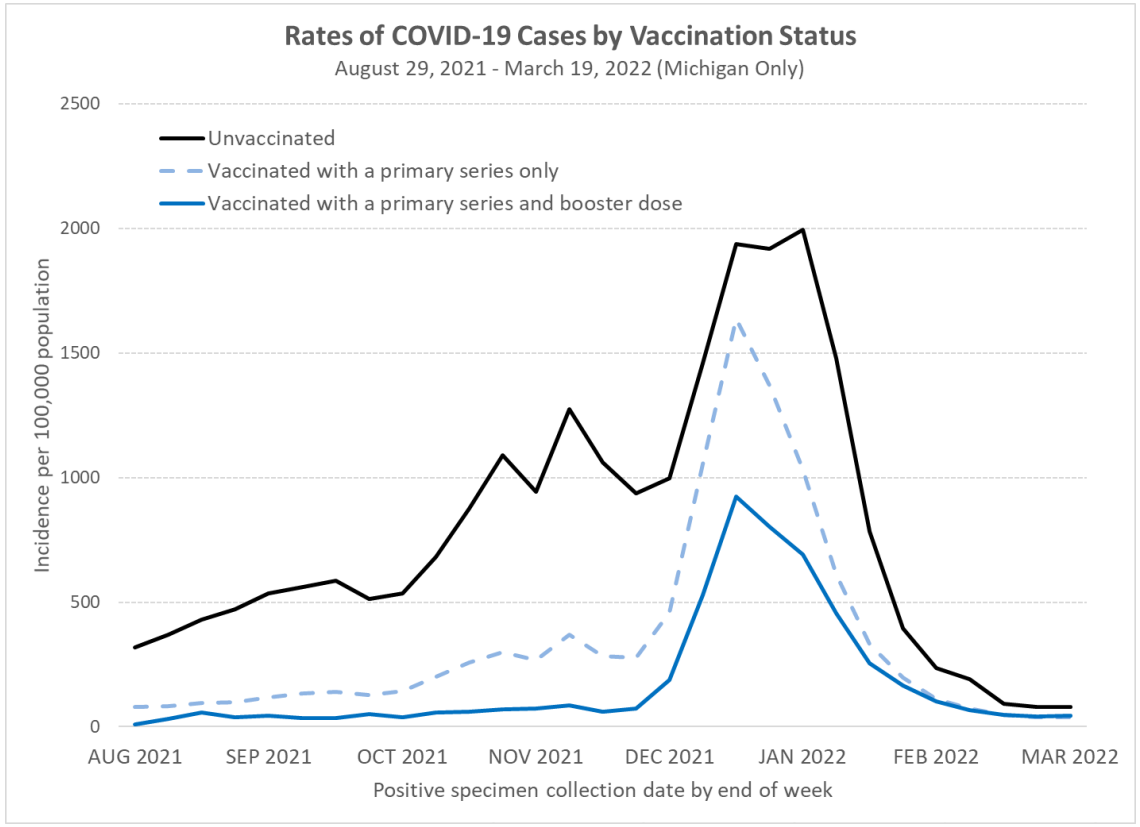
Recovery (Post-Surge)

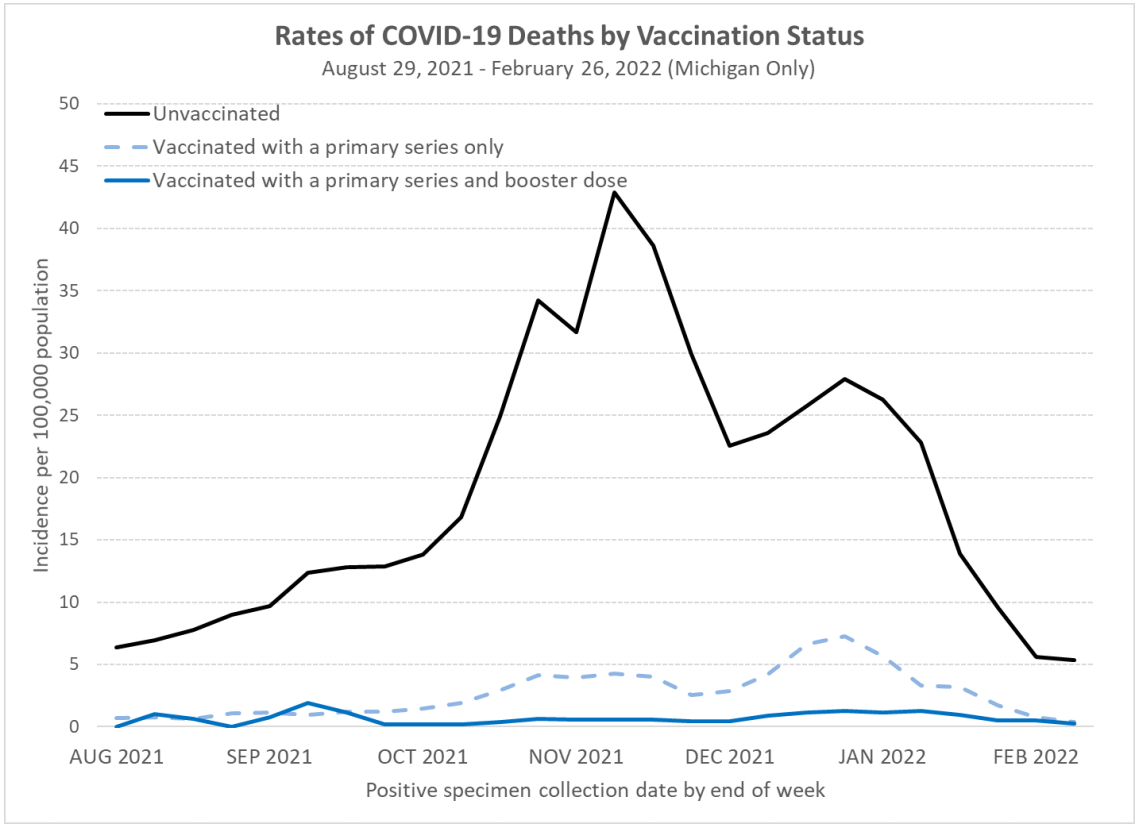
Expect to remain in this phase for longer periods as COVID-19 evolves.

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.

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.

Cumulative COVID-19 Cases by Vaccination Status, Michigan, 1/15/21–4/8/22

Fully Vaccinated People (5,678,598)		
Cases	**Hospitalizations***	**Deaths**
Percent of Cases In People Not Fully Vaccinated (1,213,561/ 1,702,057) **71.3%**	Percent of Hospitalizations In People Not Fully Vaccinated (27,234 / 33,197) **82.0%**	Percent of Deaths In People Not Fully Vaccinated (15,422 / 19,879) **77.6%**
1,213,561 Total Cases Not Fully Vaccinated	**27,234** Total Hospitalized Not Fully Vaccinated	**15,422** Total Deaths Not Fully Vaccinated
Total Breakthrough Cases **488,496**	Total Breakthrough Hospitalizations **5,963**	Total Breakthrough Deaths **4,457**
8.6% Percent of Fully Vaccinated People who Developed COVID-19 (488,496 / 5,678,598)	**0.105%** Percent of Fully Vaccinated People Who Were Hospitalized for COVID-19 (5,963 / 5,678,598)	**0.078%** Percent of Fully Vaccinated People Who Died of COVID-19 (4,457 / 5,678,598)
28.7% Percent of Cases Who Were Fully Vaccinated (488,496 / 1,702,057)	**18.0%** Percent of Hospitalizations Who Were Fully Vaccinated (5,963 / 33,197)	**22.4%** Percent of Deaths Who Were Fully Vaccinated (4,457 / 19,879)
Total Cases: **1,702,057**	Total Hospitalizations: **33,197**	Total Deaths: **19,879**

***The Michigan Disease Surveillance System (MDSS) may underestimate the frequency of COVID-19 hospitalizations due to the following:

- Universal case investigations are no longer being performed
- Case investigation and follow-up is more difficult for individuals who get hospitalized (e.g., they are too ill to speak to investigators, don't answer their phone, or otherwise).
- These hospitalizations include individuals who are hospitalized for issues other than COVID19 (the same as breakthrough COVID-19).
- Many hospitalizations often lag after initial infection and may occur after case investigation.

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.