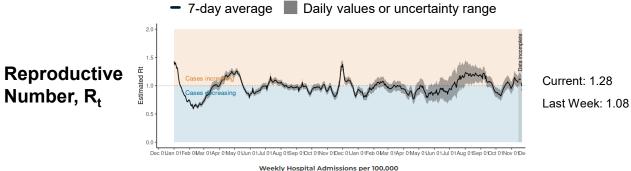
MI COVID RESPONSE DATA AND MODELING UPDATE

December 5, 2023

Recent statewide trends show COVID is increasing

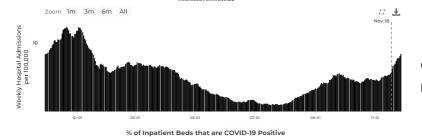
Statewide trends

Number, R.



The reproductive number (R_t) in Michigan is above 1 indicating cases are increasing.

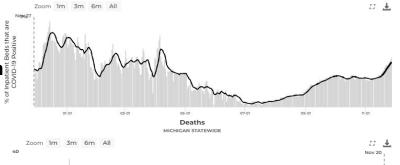
Hospital Admissions



MICHIGAN STATEWIDE

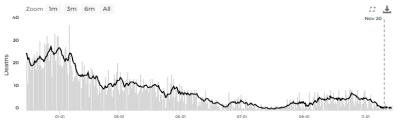
Current: 8.8 Last Week: 7.2

Daily hospitalization rate, %



Current: 3.5% Last Week: 2.7%

Deaths



Current: 0.13 Last Week: 0.19

- There has been a daily average of 8.8 hospital admissions per 100,000 Michiganders. This is an increase from last week.
- The percent of inpatient beds with COVID-19 positive patients (3.5%) are increasing over the last week. Current hospitalization indicators are similar to what was reported at this time last year.
- Deaths are a lagging indicator but remain similar to rates from last week

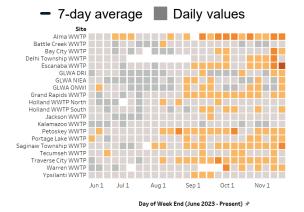
Source: https://mistartmap.info/

Recent statewide trends show COVID is increasing

Statewide trends

Wastewater



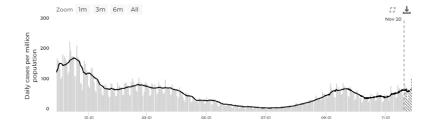


Current: 60% of sites are above 20% baseline threshold

Last Week: 60% of sites are above 20% baseline threshold

• 60% (12/20) of wastewater sentinel sites have reported levels that are 20% or higher than baseline threshold levels this week.

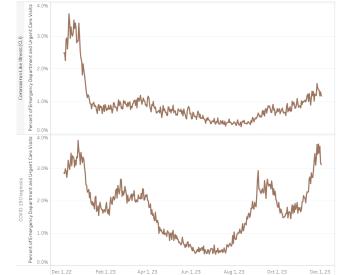
Daily cases per million



Daily cases per million population

Current: 70.0 Last Week: 60.1 Reported case rates increased from last week.

Syndromic Surveillance



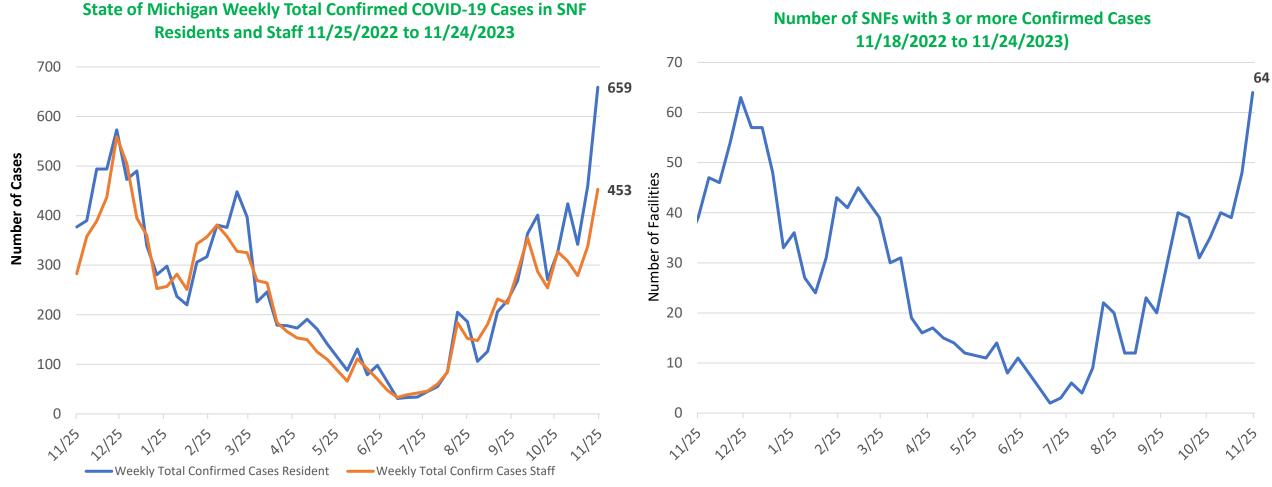
Coronavirus-Like-Illness (CLI)

Current: 1.2% Last Week: 1.2%

COVID-19 Diagnosis

Current: 3.1% Last Week: 3.0% COVID-19 diagnoses in emergency departments and urgent cares are similar to last week.

COVID-19 Cases Among Staff and Residents in Long Term Care Facilities

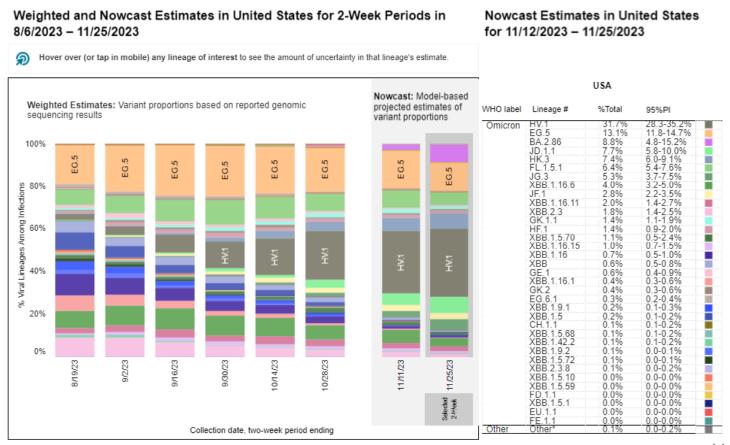


- Case counts increased in SNF residents (460 to 659) and in SNF staff (338 to 453) since last week [left graphic]
- The number of SNF facilities reporting 3 or more cases increased compared to last week (48 to 64) [right graphic]

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

Identified COVID-19 Cases Caused by Variants of Concern (VOC) in US and Michigan: Omicron lineages continue to evolve; all competing for predominance

SARS-CoV-2 Variants Circulating in the United States, Aug 6 – Nov 25 (NOWCAST)



Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.

BA.1, BA.3, BA.2 88 and their sublineages (except BA.1.1 and its sublineages) are aggregated with BA.2.75 Except BA.2.75, ZB.5 and their sublineages are aggregated to BA.5. Except BA.4.2 blanks are aggregated to BA.5. Except BA.7.5, ZB.5.6, BO.1 and BO.1.1, sublineages of BA.5 are aggregated to BA.5. Except BA.7.5, ZB.5.6, BO.1 and BO.1.1, SB.1.6.5, ZB.5.6, ZB.5.

National Distribution

- 100% of the VOCs currently circulating in the U.S. are Omicron
- Nowcast estimates project that HV.1 (31.7%, 95% P.I. 28.3-35.2%) is the most prevalent, while EG.5 comprise of approximately 13.1% of infections (95% P.I. 11.8-14.7%), while all other lineages are estimated to comprise of less than 10% during the week ending on November 25.

Distribution in Michigan

- Since September 15, there have been 217 VOC specimens sequenced and reported to MDHHS
- 100% of specimens sequenced are Omicron
 - Since September 15, a majority of specimens sequenced and reported have been identified as XBB or one of the child lineages; currently 35.9% of specimens have been identified as EG.5, the highest of any of the XBB lineages in Michigan

Surveillance for Respiratory Diseases: Important to Remain Vigilant

Michigan Emergency Department Visits for COVID-19, Influenza and RSV* (top graphic)

The most recent number of ED visits in Michigan for all three respiratory illnesses combined are higher than the previous week

The current number of ED visits for all three respiratory illness combined is higher that what we saw during the summer but lower than this time last year (November 2022)

For most of 2023, COVID-19 has contributed to the majority of ED visits compared to influenza and RSV; in Michigan, the past week has seen COVID consisting of around 73% of ED visits for these three respiratory illnesses.

National Respiratory Season Outlook[¶] (bottom graphic)

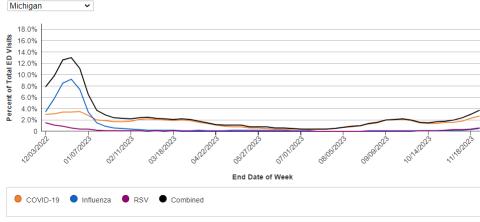
This season is likely to bring a moderate COVID-19 wave, causing around as many hospitalizations at the peak as occurred at last winter's peak

However, the total number of hospitalizations due to all three pathogens this year is expected to be higher than what was experienced prior to the pandemic with only influenza and RSV (example shown in the lowest dashed line)

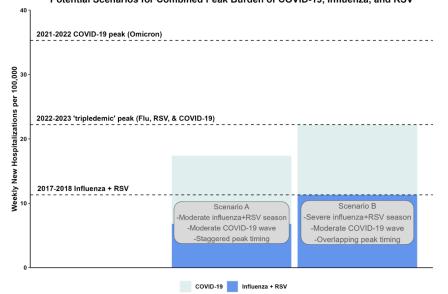
Two hypothetical scenarios for peak hospital burden from these three respiratory illnesses illustrate how the additional burden of a moderate COVID-19 wave during a moderate respiratory disease season (left bar) or a severe influenza/RSV season (right bar) may strain hospital capacity

Weekly Emergency Department Visits by Viral Respiratory Illness Type and State, as a Percent of All Emergency Department Visits





Potential Scenarios for Combined Peak Burden of COVID-19, Influenza, and RSV



Vaccination Coverage Against COVID-19 is Low

Vaccination continues to remain the best way to protect yourself and your loved ones against serious outcomes from COVID-19

Federal requirements no longer mandate vaccination reporting to state (i.e., MDHHS) and national entities; therefore, vaccine coverage reported here is likely underestimated

Vaccination Coverage with 2022-2023 Bivalent Booster Formulation (upper right graphic)

The percentage of all Michiganders who are up to date with their COVID-19 vaccines is 18.6%

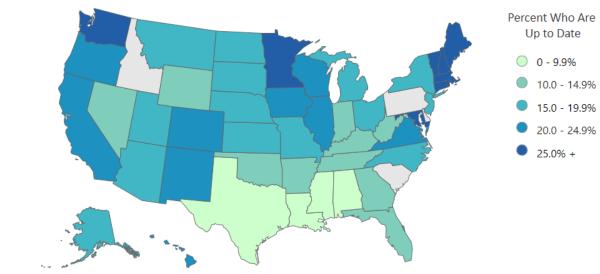
47.5% of the population 65 years of age or older are up to date with their COVID-19 vaccines

Race/Ethnicity¶ for those 6 months and older with 2023-2024 Vaccine Formulation (lower right)

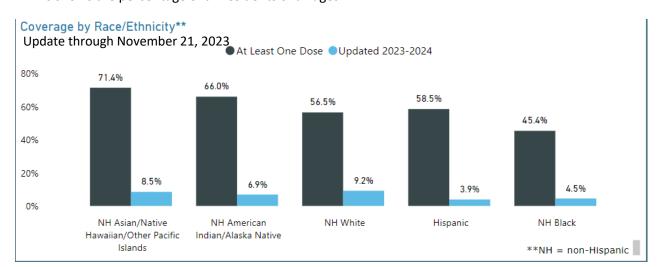
- Up-to-date coverage is highest among Non-Hispanic (NH) White (9.2%), followed by NH Asian, Native Hawaiian or Pacific Islander Race (8.5%), NH American Indian (6.9%), and NH Black or African American races (3.9%).
- Up-to-date coverage is at 4.5% for Hispanics

Percent of the Total Population Who Are Up to Date with COVID-19 Vaccines

Administrations through September 12, 2023



*This shows the percentage of all residents of all ages





Fall and Winter Virus Season

Stop the spread of viruses by washing hands, covering coughs and sneezes, and staying home if feeling unwell.

	VACCINES	PROTECTIVE ANTIBODIES	TESTING	THERAPEUTICS
INFLUENZA	Available for ages 6 months and up.	N/A	Available in clinical settings.	Available.
COVID-19	Available for ages 6 months and up.	N/A	At-home tests or tests in clinical settings.*	Available.
RSV	Available for ages 60 years and up or for pregnant people.	Available for infants.	Recommended for certain high-risk groups.	Limited; only for certain high-risk groups.

Speak to your health care provider or visit Michigan.gov/COVIDFluRSV for more information.

^{*}Order free at-home tests at COVIDTests.org.



MEDHHS Fall 2023 Vaccines

	WHAT ARE THE OPTIONS?	WHO IS ELIGIBLE?	HOW WELL DO THEY WORK?	WHEN SHOULD I GET IT?
INFLUENZA	Vaccine targets four strains of seasonal flu.	6 months and older.	Reduces the risk of going to the doctor by 53%.	October is ideal, as protection wanes over a season.
COVID-19	Updated vaccine targets XBB, an omicron variant. Multiple options available.	6 months and older.	Last fall, the COVID-19 vaccine provided 40-60% effectiveness against severe disease.	Protection against severe disease: Get now. Recently infected? Consider delaying the vaccine for three months from symptom onset or positive test based on personal risk.
RSV	Multiple options available.	60 years and older. Pregnant people.	82-86% efficacy against severe disease.	Now, based on consultation with health care provider. Approved for pregnant people 32-36 weeks gestation.
RSV PROTECTIVE ANTIBODY	Note: This is not a vaccine, but a proactive medication that provides antibodies.	All infants younger than 8 months and high-risk infants 8-19 months.	Reduces risk of hospitalizations and health care visits by approximately 80%.	Will be available soon. Protection lasts at least 5 months.