



# LAUNCH NEBRASKA



## COVID-19 Update

February 15, 2022  
11:00 a.m. CST



# Agenda

- Welcome and Overview - Commissioner
- Public Health Updates - Dr. Alice Sato
- Supply Chain Assistance Funds- Kayte Partch
- Question and Answer



# Public Health Updates

Dr. Alice Sato, MD, PhD

- Assistant Professor, Division of Pediatric Infectious Diseases
- Associate Hospital Epidemiologist for Children's Hospital and Medical Center
- Member, Pediatric Infectious Disease Society



# Pediatric COVID-19 Update

Alice Sato, MD PhD (she/her)

Hospital Epidemiologist, CHMC

Assistant Professor, Pediatric Infectious Disease, UNMC

February 15, 2022

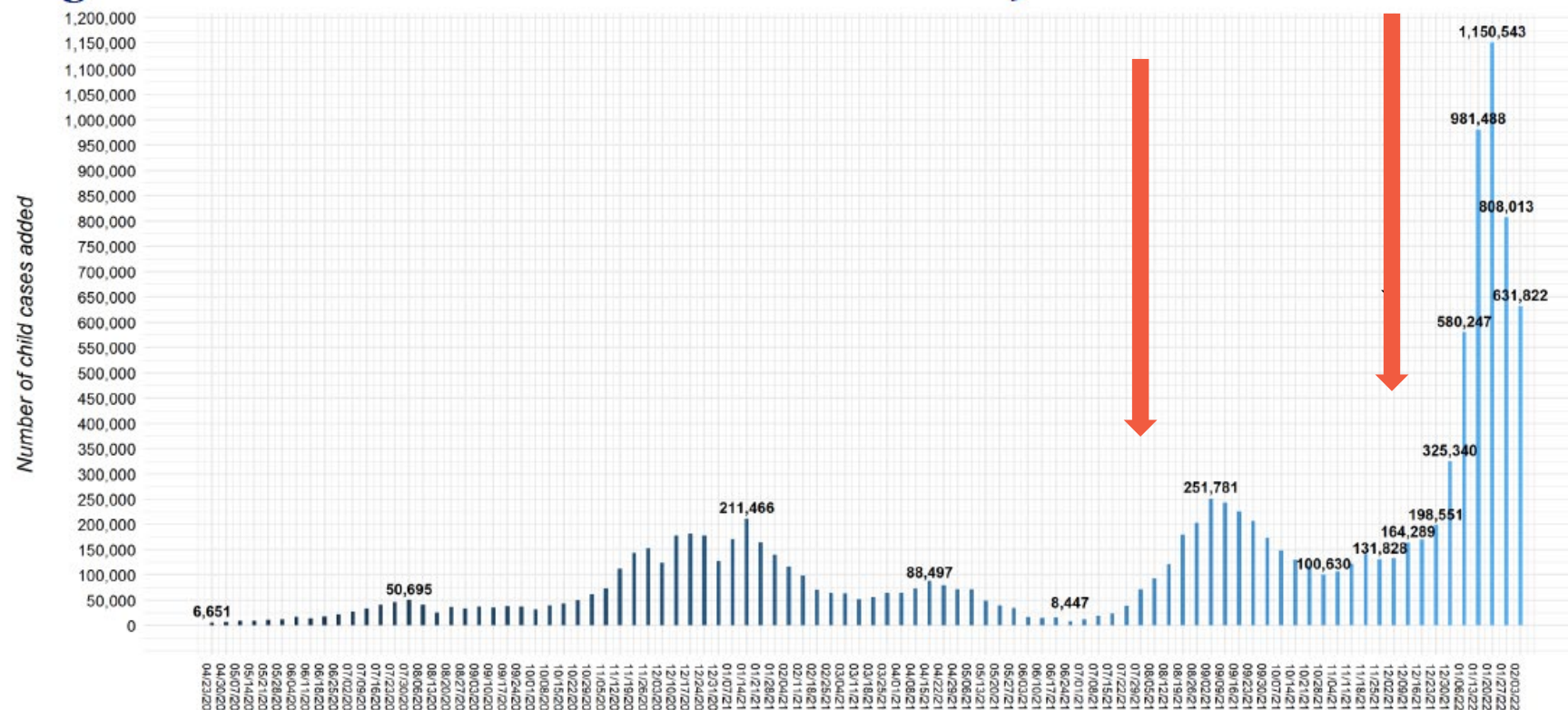


whiteouts

by paul white



**Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week\***



\*as of 2/3/22

4,477,453  
(37.2%)

**Cumulative Number of Child COVID-19 Cases\***

- 12,042,870 total child COVID-19 cases reported, and children represented 18.9% (12,042,870/63,819,973) of all cases
- Overall rate: 16,000 cases per 100,000 children in the population



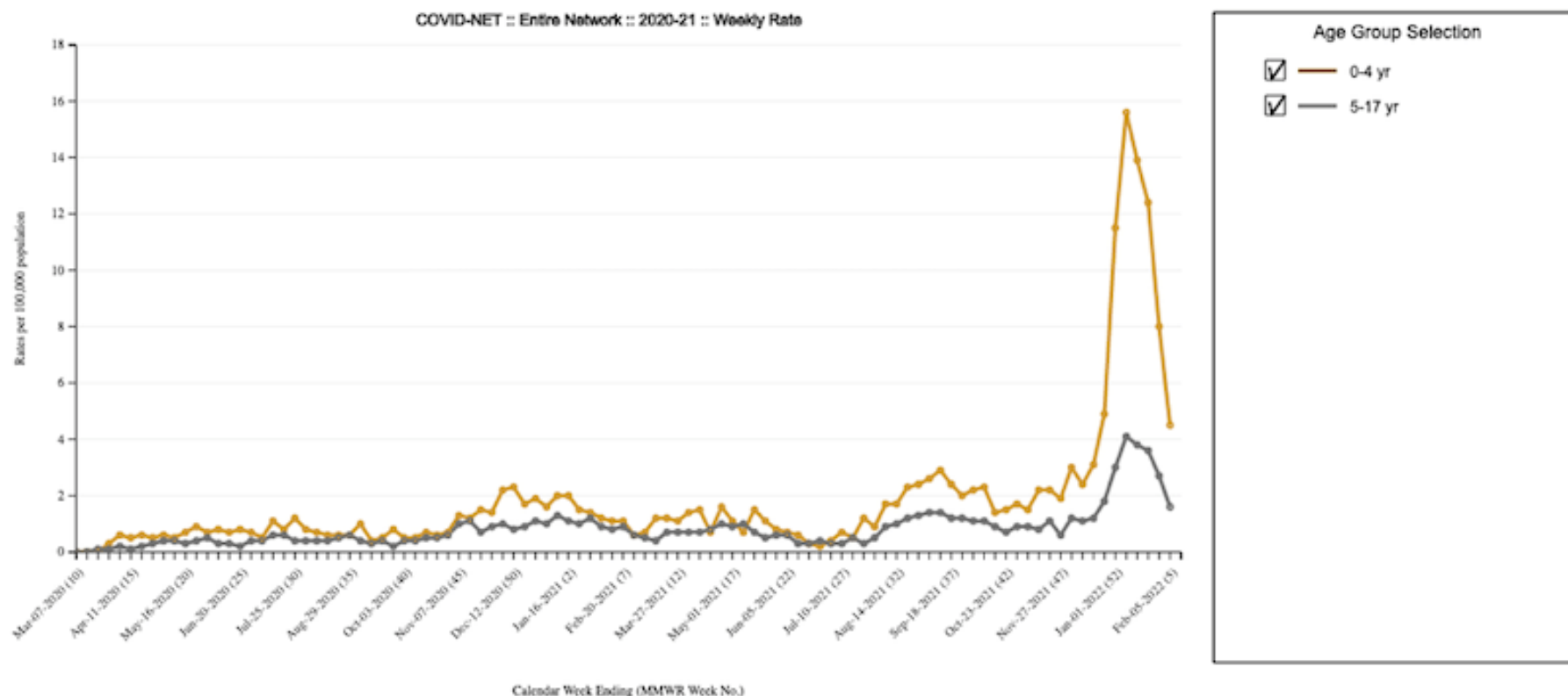
CHILDREN'S  
HOSPITAL  
ASSOCIATION

American Academy of Pediatrics  
DEDICATED TO THE HEALTH OF ALL CHILDREN®



# Laboratory-Confirmed COVID-19-Associated Hospitalizations

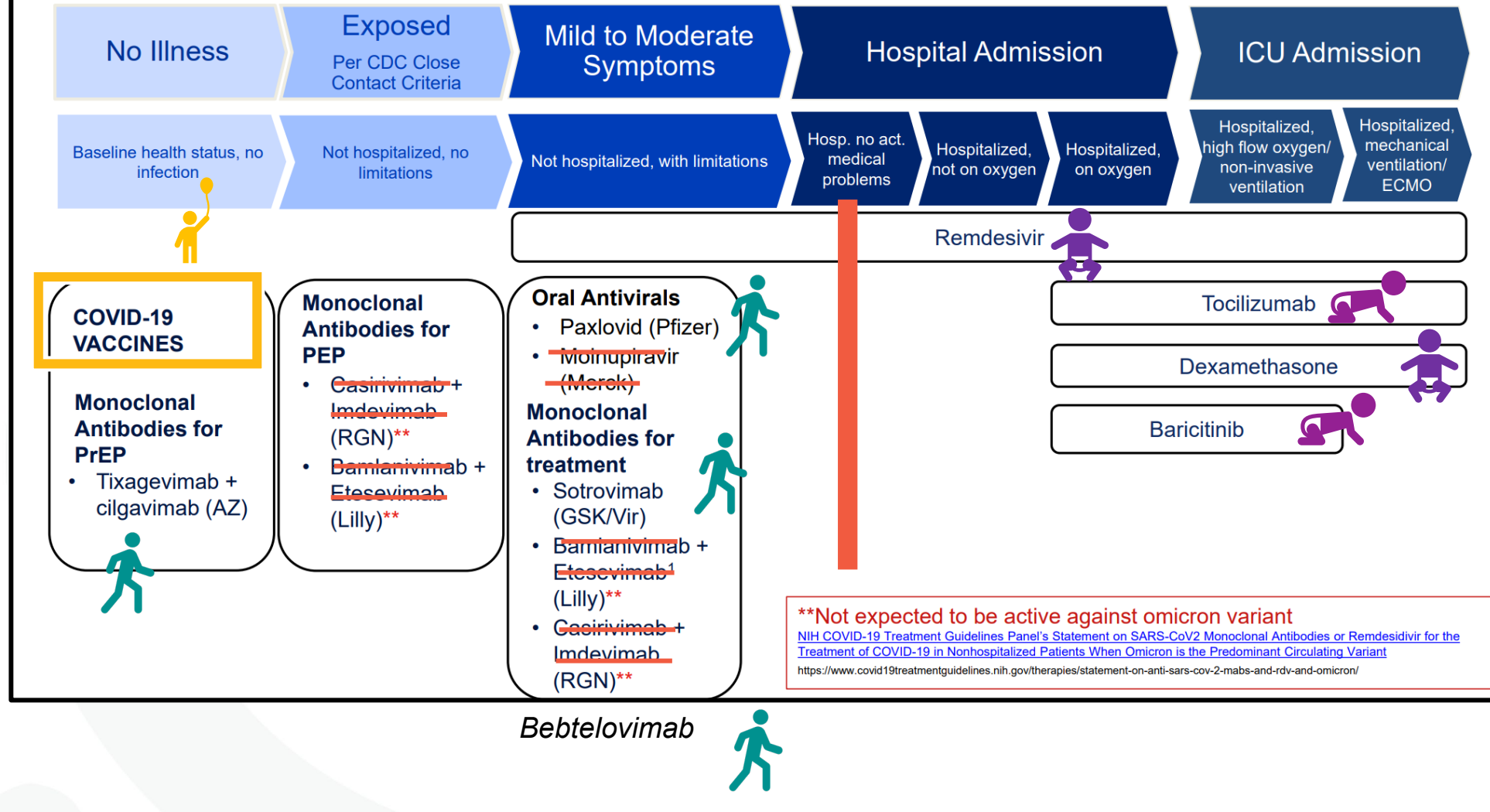
Preliminary weekly rates as of Feb 05, 2022







The Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET) conducts population-based surveillance for laboratory-confirmed COVID-19-associated hospitalizations in children (persons younger than 18 years) and adults. The current network covers nearly 100 counties in the 10 Emerging Infections Program (EIP) states (CA, CO, CT, GA, MD, MN, NM, NY, OR, and TN) and four additional states through the Influenza Hospitalization Surveillance Project (IA, MI, OH, and UT). The network represents approximately 10% of US population (~32 million people). Cases are identified by reviewing hospital, laboratory, and admission databases and infection control logs for patients hospitalized with a documented positive SARS-CoV-2 test. Data gathered are used to estimate age-specific hospitalization rates on a weekly basis and describe characteristics of persons hospitalized with COVID-19. Laboratory confirmation is dependent on clinician-ordered SARS-CoV-2 testing. Therefore, the unadjusted rates provided are likely to be underestimated as COVID-19-associated hospitalizations can be missed due to test availability and provider or facility testing practices. COVID-NET hospitalization data are preliminary and subject to change as more data become available. In particular, case counts and rates for recent hospital admissions are subject to lag. As data are received each week, prior case counts and rates are updated accordingly. All incidence rates are unadjusted. Please use the following citation when referencing these data: "COVID-NET: COVID-19-Associated Hospitalization Surveillance Network, Centers for Disease Control and Prevention. WEBSITE. Accessed on DATE".



# Summary of COVID-19 Preventative Agents & Therapeutics



 >3.5kg  
 2+ yo  
 5+ yo  
 12+ yo  
 and > 40kg  




**\*2021**

In December\*, compared to fully vaccinated persons in each group shown below, the monthly rates of **COVID-19-associated** hospitalizations were:

**16x Higher in Unvaccinated Adults Ages 18 Years and Older**

**9x Higher**

in Unvaccinated  
Adolescents  
Ages 12–17 Years

**12x Higher**

in Unvaccinated Adults  
Ages 18–49 years

**17x Higher**

in Unvaccinated Adults  
Ages 50–64 years

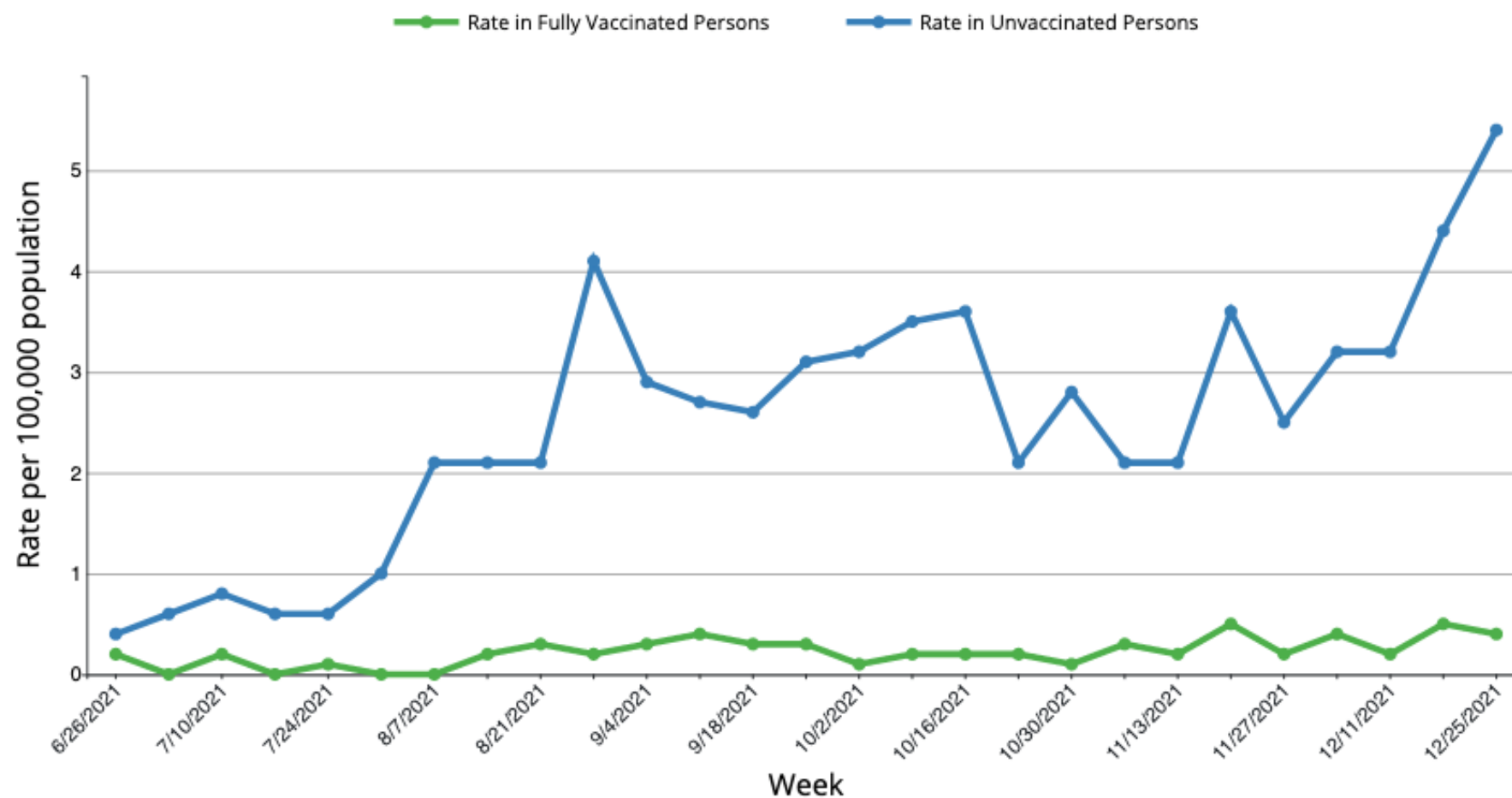
**17x Higher**

in Unvaccinated Adults  
Ages 65 Years and  
Older

For more information about COVID-NET, please see

<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covid-net/purpose-methods.html>

## Rates of COVID-19-Associated Hospitalizations by Vaccination Status in Adolescents Ages 12–17 Years, June–December 2021



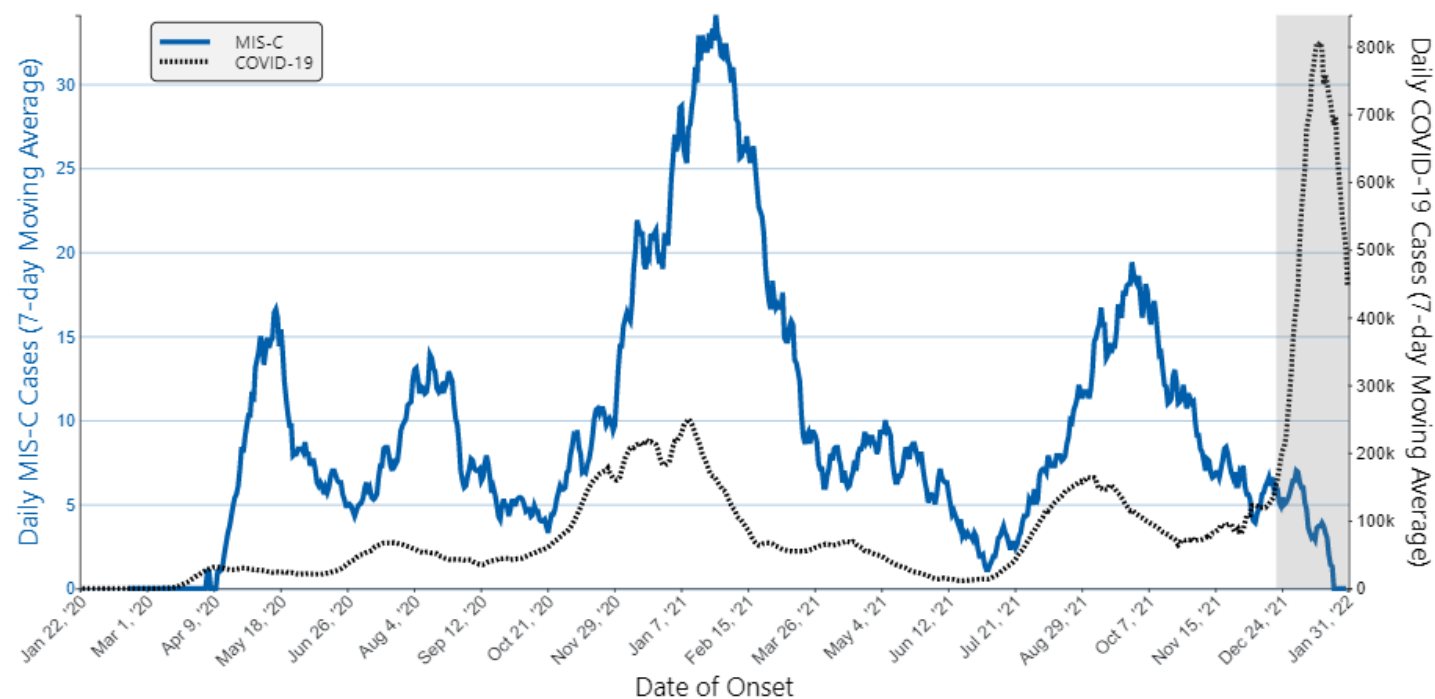


**CORONAVIRUS OUTBREAK**

**PARENTS' WARNING: MIS-C IS SERIOUS**

**6**   
10:15 43°

## Daily MIS-C Cases and COVID-19 Cases Reported to CDC (7-Day Moving Average)





# MIS-C

Last updated with cases reported to CDC on or before January 31, 2022\*

TOTAL MIS-C PATIENTS MEETING CASE  
DEFINITION\*

7,142

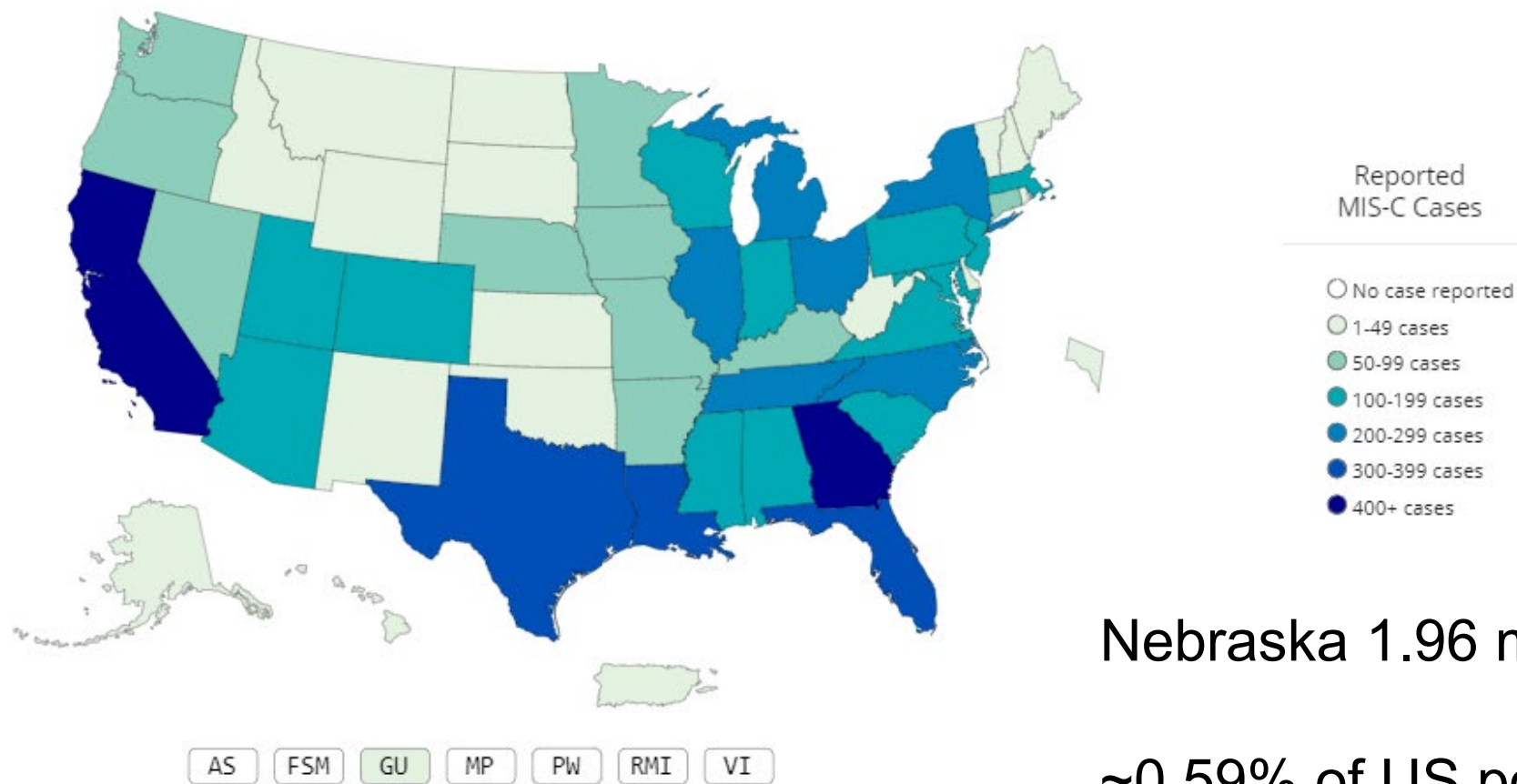
TOTAL MIS-C DEATHS MEETING CASE  
DEFINITION

59

\*Additional patients are under investigation. After review of additional clinical data, patients may be excluded if there are alternative diagnoses that explained their illness.

- 7,142 cases (59 deaths) reported to CDC as of 1/31/22
- Incidence estimated 1/3,200 infections in children
- (accounts for underdiagnosis of infection;  $7142/12\text{mil} \sim 1 \text{ per } 1686$ )

## Reported MIS-C Case Ranges by Jurisdiction, on or before January 31, 2022\*



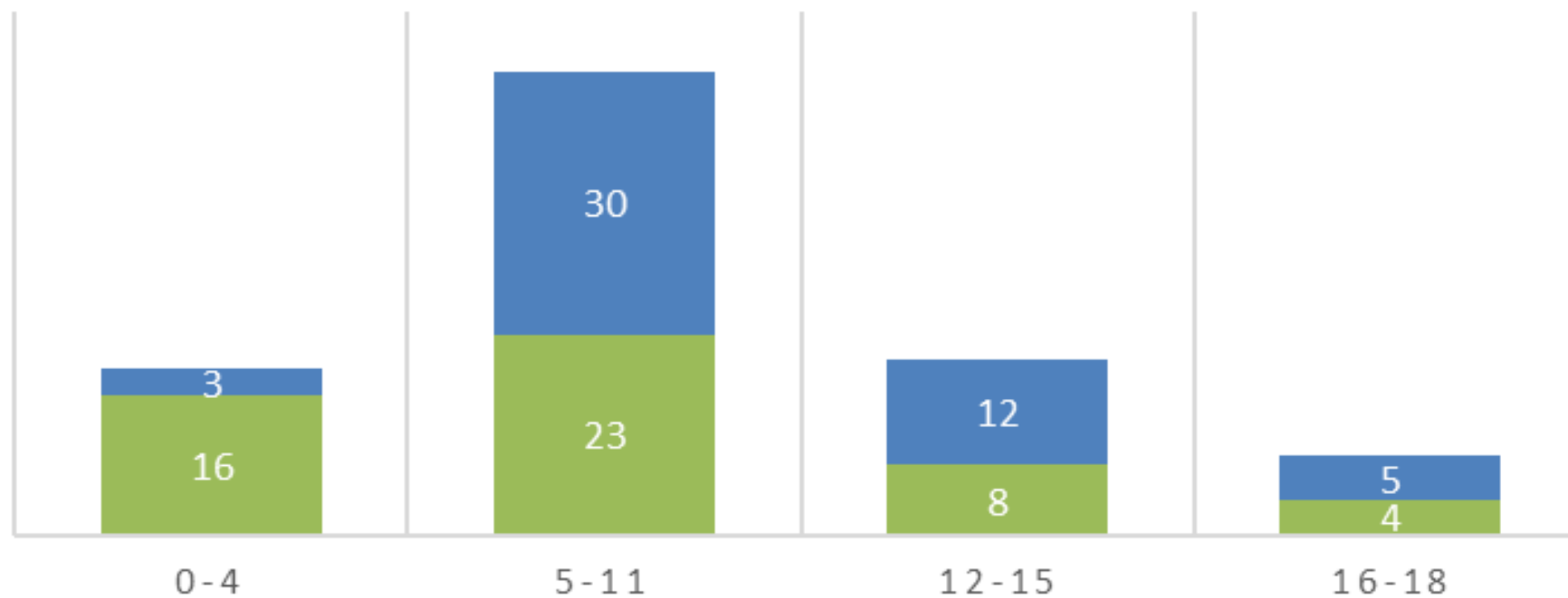
Nebraska 1.96 mil

~0.59% of US population

~1.4% of cases reported

## MIS-C ADMISSION CATEGORY BY AGE

■ No ICU ■ ICU



4 partially vaccinated (3 ICU)  
1 fully vaccinated

## COVID-19 vaccination protects against multisystem inflammatory syndrome in children (MIS-C) among 12–18 year-olds hospitalized during July–December 2021

Vaccination reduced  
likelihood of MIS-C by:



ADOLESCENTS HOSPITALIZED  
WITH MIS-C

95% unvaccinated



No vaccinated MIS-C patients  
required life support



### COVID-19 VACCINATION IS THE BEST PROTECTION AGAINST MIS-C

\* Case-control study, 238 patients in 24 pediatric hospitals — 20 U.S. states  
† 2 doses of Pfizer-BioNTech vaccine received  $\geq 28$  days before hospital admission

[bit.ly/MMWR7102](https://bit.ly/MMWR7102)

MMWR





# Vaccine related myocarditis

**Vaccine Adverse Event Reporting System (VAERS):**  
Reporting rates (per 1 million doses administered) of myocarditis after mRNA COVID-19 vaccines, 7-day risk period

- Reporting rates exceed background incidence\*

	Pfizer		Pfizer	
	(Males)		(Females)	
Ages	Dose 1	Dose 2	Dose 1	Dose 2
12-15	4.2	39.9	0.4	3.9
16-17	5.7	69.1	0.0	7.9
18-24	2.3	36.8	0.2	2.5
25-29	1.3	10.8	0.2	1.2
30-39	0.5	5.2	0.6	0.7
40-49	0.3	2.0	0.1	1.1
50-64	0.2	0.3	0.3	0.5
65+	0.2	0.1	0.1	0.3


Highest in 16-17y males

69.1/million =  
1 in 14,472

\* An estimated 1–10 cases of myocarditis per 100,000 person years occurs among people in the United States, regardless of vaccination status; adjusted for the 7-day risk period, this estimated background is 0.2 to 1.9 per 1 million person 7-day risk period


## COVID-19 myocarditis among pediatric patients

0.02% = 1 in 5,000



	Myocarditis Diagnosed (%)	Myocarditis NOT Diagnosed (%)
COVID-19 (without MIS-C)	78 (0.02%)	356,721 (99.98%)
MIS-C	203 (8.10%)	2303 (91.90%)

0.08% = 1 in 1,250

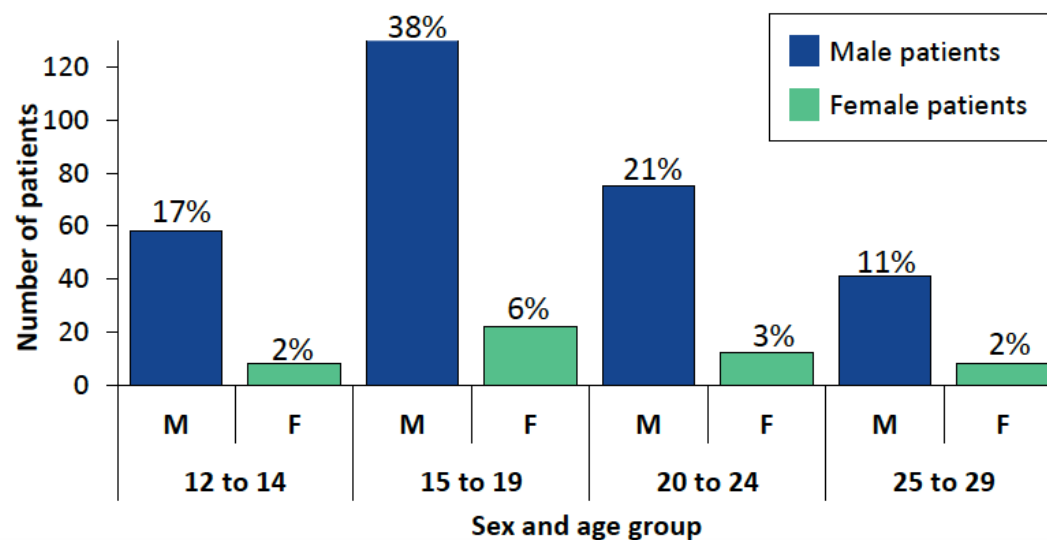


	Myocarditis Diagnosed (%)	Myocarditis NOT Diagnosed (%)
COVID-19 (without MIS-C)	20 (0.08%)	24,144 (99.92%)
MIS-C	172 (9.04%)	1730 (90.96%)

# ACIP Presentation Slides: February 4, 2022 Meeting VAERS/MOVING

## Most patients diagnosed with myocarditis were young males

- Median patient age was 18 years (IQR: 15–22);
- Of the 360 patients 90 days post myocarditis diagnosis, 86% (308) were male



- No known deaths

# ACIP Presentation Slides: February 4, 2022 Meeting VSD data




## Summary

- Among 18–39-year-olds, both mRNA vaccines were associated with increased risk of myocarditis and pericarditis in the 0-7 days post-vaccination, particularly after dose 2
  - We estimated 22.4 excess cases per million second doses after Pfizer and 31.2 excess cases per million second doses after Moderna
- Among 18–39-year-olds, there were no noticeable clinical differences between cases after Moderna and those after Pfizer
  - Most had hospital length of stay of 0-1 days
  - None were admitted to the ICU



# No significant adverse event data added as of mid January 2022 (~ 8 million fully vaccinated age 5-11)



## 8.7 million\* COVID-19 vaccinations have been given to children ages 5-11 years old

Health check-ins to v-safe completed for over 42,000 children after vaccination†

**Side effects were common but mild and brief‡**

- ✓ Pain where shot was given
- ✓ Fatigue
- ✓ Headache

👍 Mild side effects are a normal sign the body is building protection



👍 Few myocarditis cases have been reported

👍 Vaccination is the best way to protect children from COVID-19 complications

\* As of December 19, 2021

† V-safe, a voluntary smartphone vaccine safety monitoring system

‡ After the 2nd dose, about 2/3 children had a local reaction such as arm pain; 1/3 had a reaction beyond the injection site

 [bit.ly/MMWR705152a1](https://www.cdc.gov/mmwr/volumes/70/wr/mm705152a1.htm) 

## Other vaccine news this week

Babies born to vaccinated women have **higher levels** of antibodies that **last longer** than babies born to women who were infected

- At 6 months, 57% (16 of 28) of infants born to vaccinated mothers had detectable antibodies (Table) compared with 8% (1 of 12) of infants born to infected mothers ( $P = .005$ )

February 7, 2022

### **Durability of Anti-Spike Antibodies in Infants After Maternal COVID-19 Vaccination or Natural Infection**

Lydia L. Shook, MD<sup>1</sup>; Caroline G. Atyeo, BS<sup>2</sup>; Lael M. Yonker, MD<sup>3</sup>; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

JAMA. Published online February 7, 2022. doi:10.1001/jama.2022.1206

[All Regions](#)[Data Notes](#)

JUMP TO:

[County Data And Demographics](#)

## COUNTY MAPS

[Daily Data and Demographics](#)[Cumulative Data](#)

This tool shows key county-level COVID-19 case and testing data with the option to overlay it against demographic information—including race/ethnicity and poverty rates.

COVID-19 data points can be chosen from the drop down menu below. All data reflect a 7-day moving average.

New daily cases per 100,000 people

**New daily cases per 100,000 people**

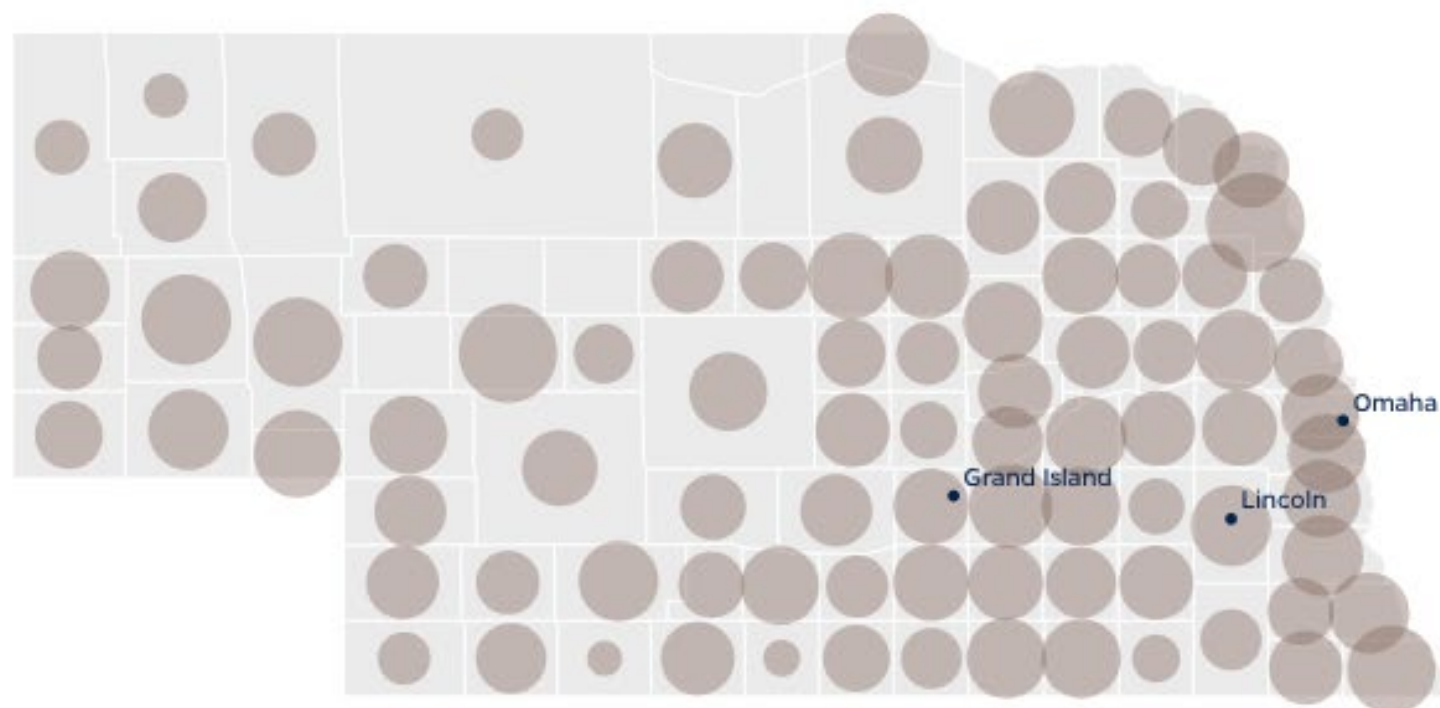


Demographic data can be selected from the menu below.

No demographic layer selected



Hover or tap the map to see County's data



**Data Sources:** County testing data from JHU CCI; cases and deaths data from JHU CSSE; demographic data from American Community Survey



JUMP TO:

County Data And Demographics



## COUNTY MAPS

Daily Data and Demographics

Cumulative Data

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Tests performed per 100,000 people

Tests performed per 100,000 people

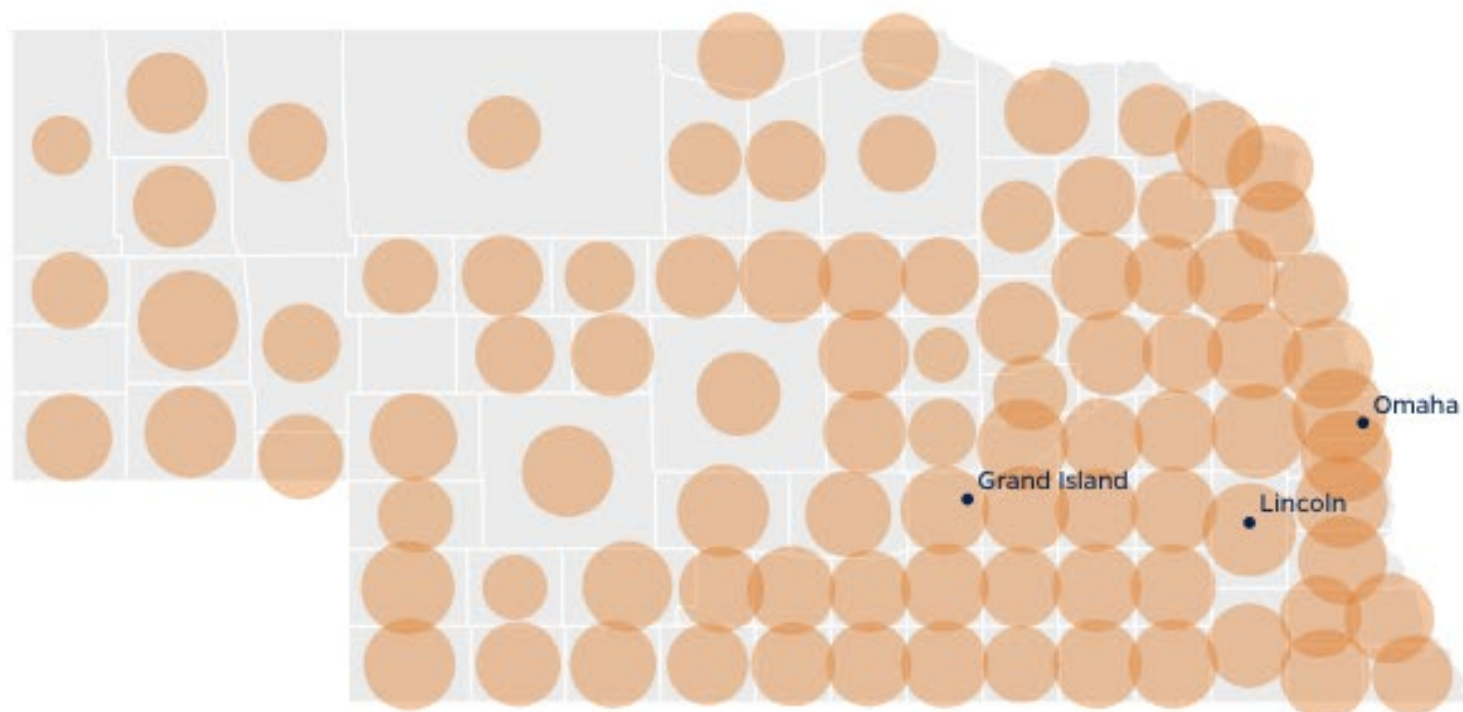


Demographic data can be selected from the menu below.

No demographic layer selected



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## Kids Vaccinated

119,719

kids fully vaccinated



20.7% of kids K-6 grade  
fully vaccinated

51.9% of kids 7-12  
grade fully vaccinated

**Goal = increase # kids'  
vaccinations/month**

*Fully Vaccinated Baseline Numbers by Age:*

*Total K-12: 82,321 | Ages K-6: 2.8% | Ages 7-12: 48.7%*

## Provider Supported

222

health care providers signed  
Statement of Support



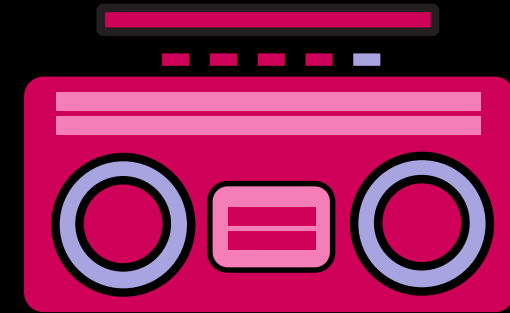
16 communities represented  
by Statement of Support

**Goal = grow support  
statewide/month**

## Message Maximized

340,453

Media/press impressions



\$41,953 earned  
media/press value

**Goal = increase  
impressions/month**

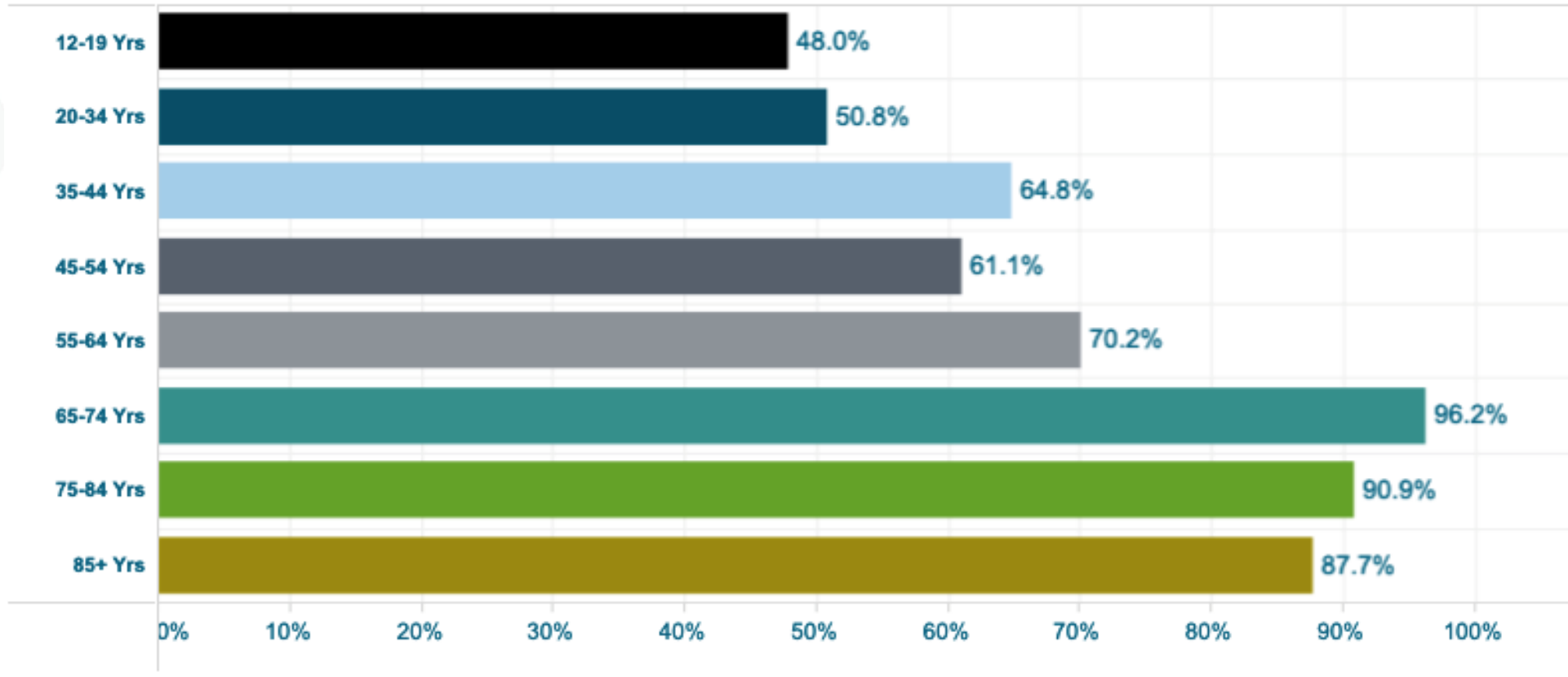


Amplifying the power against COVID-19 through vaccination for kids!

# Nebraska DHHS data

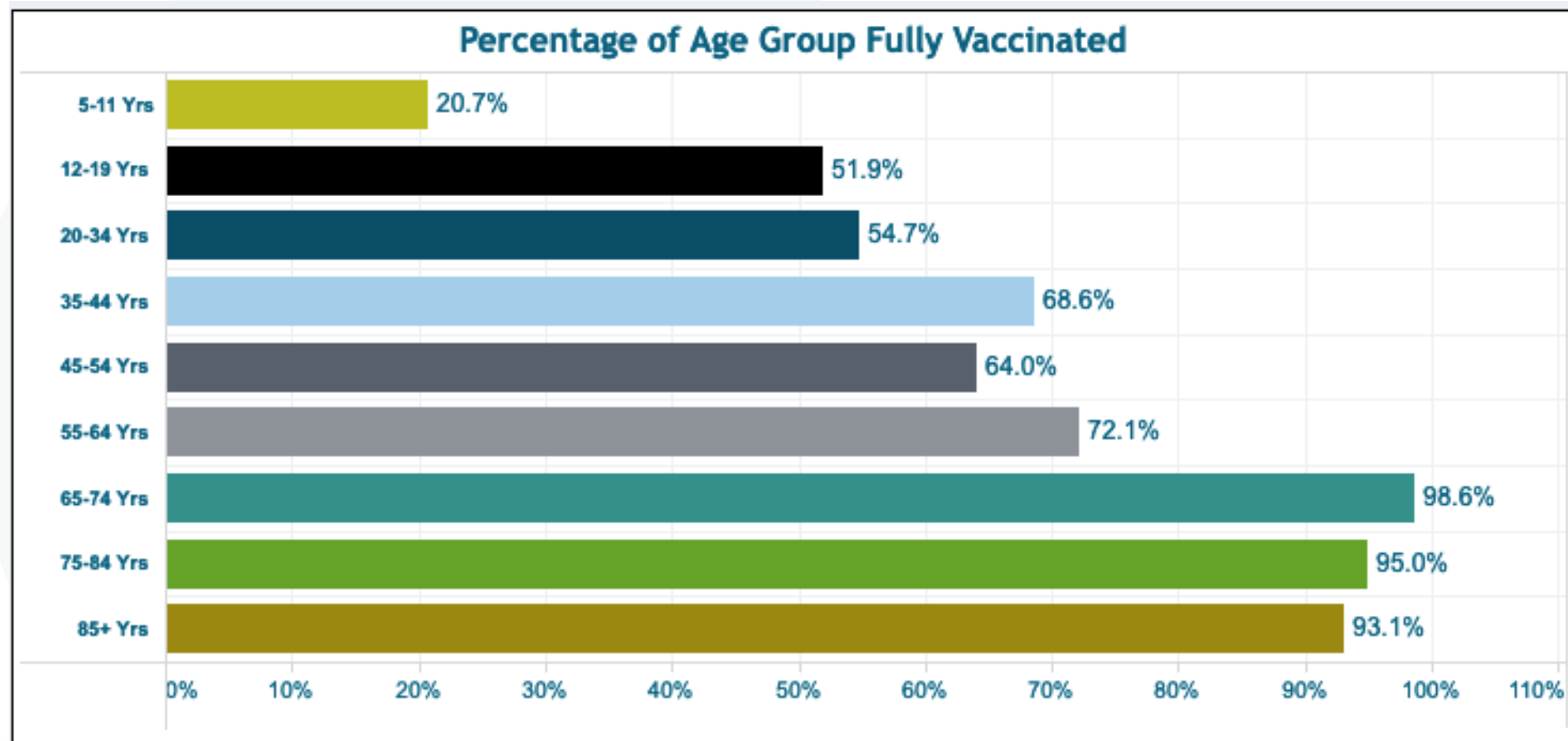
## November 2021

Percentage of Age Group Fully Vaccinated



# Nebraska DHHS data

## February 14, 2022





- Downloadable Handout – available in 4 languages
- Online Toolkit – expanding soon
- New videos being added every week
- Statewide digital media campaign estimated to achieve over 29 million impressions, driving traffic to [MaxTheVaxNE.org](https://MaxTheVaxNE.org)
- Follow and share MaxTheVaxNE on Facebook, Twitter and Instagram

# Supply Chain Assistance (SCA) Funds

- Additional funding for unprocessed and minimally processed domestic foods used in school meals
- \$5,000 base payment + additional based on student enrollment
- Informational webinar February 23 @ 2:30 p.m. (CST)
- Complete survey to opt in to SCA funds
- For more information, contact Kayte Partch at [kayte.partch@nebraska.gov](mailto:kayte.partch@nebraska.gov)



# Reminder of Flexibilities



# Next Call

Tuesday, March 1, 2022 at 11 a.m. CST

Submit Topics/Questions: <https://forms.gle/op7ZRq3h3CmFz3hs7>

