



LAPEER COUNTY HEALTH DEPARTMENT
1800 Imlay City Road, Lapeer, MI 48446

Public Health News: June 17, 2022
Includes COVID-19 Update *along with* other Public Health Topics

This issue Contains Information on:

*COVID-19 Data/Statistics	Pg. 1
*COVID-19 Community Transmission Levels	Pg. 2
*Variant Information	Pg. 2
*COVID-19 Tests/Testing Information	Pg. 2
*COVID-19 Vaccine Booster Doses & Eligibility	Pg. 2-3
*COVID-19 Vaccine Clinics	Pg. 3
*COVID-19 Treatments	Pg. 3
*COVID-19 Quarantine & Isolation Guidance	Pg. 3
*Seasonal Influenza	Pg. 3
* Monkeypox	Pg 3-4
* Mumps - Local Case	Pg 4
*Highly Pathogenic Avian Influenza (HPAI)	Pg. 4

Data/Statistics

Case Counts: Lapeer: Total (Conf. & Prob.) 21,208 Michigan: Total (Conf. & Prob.) 2,581,397
* Confirmed: 17,626 (+69 from 6/10) * Weekly Conf. & Prob. 15,578 (as of 06/15)
* Probable: 3,582 (+6 from 6/10)

Reminder: These are lab reported cases (above). Many home tests are done but not reported.

Deaths: Lapeer: Total (Conf. & Prob.) 421 Michigan: Total (Conf. & Prob.) 36,675
* Confirmed: 398 (+1) * Weekly Conf. & Prob. 137 (as of 06/15)
* Probable: 23 (+1)

COVID-19 Related Hospitalizations (local):

Confirmed Cases today: 5 In ICU: 1 Highest # this week: 5

7 Day Moving Avg. of . . .

- * % Test Positivity (06/08 - 06/14/22): 18.1%
- * Case Rate/100K Population (06/09 - 06/15): 115.29
- * New COVID-19 Hosp. Admissions/100K (6/09 - 06/15): 6.5
- * % Staffed Inpatient Beds in Use w/confirmed COVID-19 Cases (6/07 - 06/15): 4.1%

Community Transmission Levels

Lapeer: Low (see explanation below regarding Community Trans. Level determination)

Level for Neighboring Counties:

- * Low Level: Genesee, Tuscola, Sanilac, St. Clair, Macomb, & Oakland Counties
- * Medium Level: None
- * High Level: None

Lapeer County's community transmission level is considered "low". The "low" status is attributed to the severity criteria (# of hospitalizations and hospital staffing levels).

INFORMATION REGARDING COMMUNITY TRANSMISSION LEVELS

As we move forward, the CDC is looking at three metrics: new COVID-19 admissions per 100,000 people in the past 7 days, the percent of staffed inpatient beds occupied by COVID-19 patients, and total new COVID-19 cases per 100,000 people in the past 7 days. Data on new cases acts as an early warning indicator of potential increases in health system strain in the event of a COVID-19 surge.

For more information on Community Levels, go to:

<https://www.cdc.gov/coronavirus/2019-ncov/science/community-levels.html>

Variant Information:

- * Omicron continues to be the predominant variant of concern, including all its sublineages.
- * Most of the sublineages are just a small fraction of sequenced specimens nationally & internationally.
- * In the U.S., BA.2.12.1 is the most predominant, and they are monitoring BA..4 and BA.5. These variants are spreading in other countries, but data is still very preliminary.

Tests/Testing Information

About Tests/Testing

- * A viral test checks specimens, generally from your nose, to find out if you are currently infected with the virus that causes COVID-19. The most common of these tests are the PCR & antigen tests.
 - PCR: Also called a molecular test, detects genetic material of the virus using a lab technique called polymerase chain reaction (PCR). Considered a very good test.
 - Antigen: Rapid antigen tests can detect protein fragments specific to the coronavirus. In most cases, results can be given within 15-30 minutes.
- * Antibody tests are generally run from a blood sample. An antibody test can only tell if you had an infection. These tests can return a negative test result even in infected patients (for example, if antibodies to another coronavirus type are detected), so they should not be used to determine if you are infected now or contagious (ability to infect other people).
- * Testing Sites: Many urgent cares and pharmacies are providing COVID-19 testing. If uncertain, phone ahead to determine location and times. Many locations also sell "at home" testing kits, and your medical insurance may cover the cost of a certain # each month. Check with your insurance company to determine what process they use for covering the costs.

Vaccine Booster Doses & Eligibility

<u>Vaccine</u>	<u>2nd Dose</u>	<u>Booster #1</u>	<u>Booster #2</u>
Pfizer (5-11 yrs)	3 wks after 1st dose	5+ mos. after 2nd dose	
Pfizer (12+ yrs)	3-8 wks after 1st dose	5+ mos. after 2nd dose	See footnote
Moderna (18+ yrs)	4-8 wks after 1st dose	5+ mos. after 2nd dose	See footnote
Janssen (18+ yrs)	NA	2+ mos. after 1st dose	See footnote

- * See website Schedule for People Who are Moderately or Severely Immunocompromised
- * An 8 week interval may be optimal for some people ages 12 yrs and older, especially for males ages 12-39 years. A shorter interval (3 wks for Pfizer-BioNTech; 4 wks for Moderna) between the 1st & 2nd doses remains the recommended interval for : people who are moderately or severely immunocompromised; adults ages 65 yrs & older; and others who need rapid protection due to increased concern about community transmission or risk of severe disease. (see website for further details)
- * An mRNA COVID-19 vaccine is preferred over the Janssen COVID-19 vaccine for booster vaccination of people ages 18 yrs & older. For people ages 12 thru 17 yrs, only Pfizer can be used.
- * People ages 18 thru 49 yrs who received Janssen COVID-19 Vaccine as both their primary series dose

& booster dose may receive an mRNA COVID-19 booster dose at least 4 mos after the Janssen booster dose. People ages 50 yrs and older may choose to receive a 2nd booster dose if it has been at least 4 mos after the 1st booster dose.

COVID-19 Vaccine Clinics

- * Walk-in COVID-19 Vaccine Clinics for all eligible ages are held at Lapeer County Health Dept. on Wednesdays from 8:30 - 12:30 and 3:00 - 6:00.
- * Many pharmacies & some physician offices also offer vaccination. Call ahead to determine locations and times.

*For childhood/general vaccines and other adult vaccines, phone 810-667-0448 for an appointment.

Treatments

- * Treatment options have improved, and include monoclonal antibodies, and antiviral medications. However, most have a "window" of effectiveness. Don't delay treatment. If you are sick, call your doctor for diagnosis and timely treatment.

Quarantine & Isolation Guidance

- * Click on the following link for Quarantine & Isolation Guidance. There is also a Quarantine & Isolation Calculator (Tool) to assist you at this site:

https://www.michigan.gov/-/media/Project/Websites/coronavirus/Folder2/MDHHS_IQ_Guidance_-_Recovery_Phase_3722.pdf?rev=6a841a87faa34e86833764c225211ac8

Other Public Health Topics

Influenza & Influenza-like Illness (ILI)

- * Influenza & ILI remain below baseline (2.5%) this season and is currently 1.0% in Michigan. The most common type detected has been Flu A, H3N2 subtype.
- * During the week ending June 4, a total of 855 patient visits in Michigan have been due to ILI (influenza-like illness).
- * Nationally, 28 influenza-associated pediatric deaths have been reported thus far for the 2021-22 flu season.
- * In Michigan, one pediatric death has been confirmed by MDHHS for the 2021-22 flu season.
- * Locally, there are 2 confirmed influenza cases hospitalized

Monkeypox

- * Monkeypox is a rare disease that is caused by infection with monkeypox virus. It was first discovered in 1958 when two outbreaks of a pox-like disease occurred in colonies of monkeys kept for research. The first human case was recorded in 1970 in the Democratic Republic of the Congo. It has since been reported in people in several other central western African countries
- * Since May 14, 2022, clusters of monkeypox cases have been reported in several countries that don't normally have monkeypox. Most of the recent cases do not have direct travel-associated exposure risks. On May 18, the CDC confirmed a case of monkeypox in the United States in a Massachusetts patient.
- * The CDC is urging healthcare providers in the U.S. to be alert for patients who have rash illnesses consistent with monkeypox, regardless of travel history.
- * In humans, the symptoms of monkeypox are similar to, but milder than, the symptoms of smallpox. It begins with fever, headache, muscle aches, and exhaustion. The main difference between smallpox & monkeypox symptoms is that monkeypox causes lymph nodes to swell while smallpox does not.
- * The incubation period (time from infection to symptoms) for monkeypox is usually 7-14 days,

but can range from 5-21 days.

- * Within 1 to 3 days (sometimes longer) after the appearance of fever, the patient develops a rash, often beginning on the face then spreading to other parts of the body.
- * The illness typically lasts for 2-4 weeks. In Africa, monkeypox has been shown to cause death in as many as 1 in 10 persons who contract the disease.

Mumps

- * A probable case of mumps has been identified in an elementary-age student in Lapeer County.
- * Mumps is a viral illness that characteristically causes swelling of the salivary glands, commonly below the ears and jaw. Anyone who has not had a confirmed case or who has not been given the Mumps vaccine is at risk.
- * Symptoms include: Fever, headache & ear aches, muscle aches, painfully swollen glands of the face & neck. Symptoms occur an average of 16-18 days after exposure, with a range of 12-25 days.
- * Mumps is easily spread by nose, throat, and mouth droplets from coughing & sneezing. It is contagious from 2 days prior to start of swelling up to 5 days after.
- * Mumps prevention: Mumps can be prevented by receiving mumps vaccine. Pregnant women should not get vaccinated as this is a live viral vaccine. Women of childbearing age should keep out of contact with those who have Mumps.
- * Sick individuals should isolate until temperature returns to "normal" for at least 24 hours without medication and the swelling is gone.

Highly Pathogenic Avian Influenza (HPAI)

- * Earlier in May we received word that highly pathogenic avian influenza (HPAI) was confirmed in three red fox kits from Lapeer, Macomb, and St. Clair Counties. This is the first confirmation of the HPAI virus being found in wild mammals in Michigan.
- * HPAI is a virus that is known to affect birds throughout North America. It has been detected in backyard flocks and commercial poultry facilities in 34 states thus far, and in wild birds in 35 states.
- * Anyone who notices what appears to be unusual or unexplained deaths among wild birds or sick, dead, or neurologically abnormal foxes is asked to report the information by:
 - Calling the DNR Wildlife Disease Laboratory at 517-336-5030.
 - Calling a local DNR field office to speak to a field biologist.
 - Using the DNR's Eyes in the Field app. Choose the "diseased wildlife" reporting option.
- * HPAI is highly contagious & can be spread to domestic flocks by wild birds, through contact with infected poultry, by equipment, & on the clothing & shoes of caretakers. Make sure domestic poultry (e.g., chickens, turkeys, geese, & ducks raised for the production of meat or eggs) is separate from & has no contact with wild birds.
- * For more on HPAI, visit the U.S. Department of Agriculture's HPAI webpage, or the State of Michigan's HPAI webpage at Michigan.gov/BirdFlu