



Utah Department of  
**Health & Human**  
Services

**COVID-19 Coordination Meeting**

**Date: November 18, 2022**

**Time: 11:00 am – 11:45 am**

**Notes**

- 1) Welcome (Michelle Hale)
- 2) Situational Overview (Abi Collingwood)
  - a) COVID 19
    - i) Slight increase over the past month
    - ii) Wastewater-most of our sites have elevation being detected in the wastewater
      - (1) 27% is increasing
    - iii) Diagnosed with COVID and hospitalizations have increased
    - iv) Tridemic
      - (1) Where we are compared to the last 2 years
        - (a) A lot lower than last year
        - (b) New disease
      - (2) Hospitalizations are still pretty low but are currently trending up
    - v) Increase in LTCF
    - vi) Variant landscape is changing
      - (1) BQ1 and BQ.1.1 are increasing to about 48%
    - vii) Seeing less than 10% of Utahns being up to date with COVID vaccines
  - b) Influenza
    - i) Currently in low severity compared to past seasons
    - ii) Starting to see an uptick
    - iii) South and Southeast is seeing strong flu seasons right now
  - c) ED-COVID is still leading and then RSV and flu
- 3) COVID-19 Surge Plan Review (Nicole Bissonette)
  - a) Community Testing
    - i) Ramping down quite a bit
    - ii) MT 13 sites starting on Monday
    - iii) Increase the number of home tests
      - (1) When home tests are distributed, are people instructed they need to do serial testing if symptomatic?
    - iv) DHHS maintains a 6 month supply of PCR kits
    - v) Public Health lab Panther Platform 700
  - b) LTCF
    - i) Manage skilled nursing facility
    - ii) Active cases have doubled in the last 30 days
      - (1) Are they are masking?
        - (a) CDC changed their guidance and regulates that skilled nursing facilities and are tied to community levels which would have to be at High level

- c) RISE
  - i) Staff pulled from special projects to respond to the surge
- d) Vaccine
  - i) In surge since September 1st
  - ii) 80% doses administered per week
    - (1) Why have we been unable to organize outpatient remdesivir (3 day treatment)?
      - (a) We are trying to optimize remdesivir infusions under Brandon Webb's leadership at Intermountain and under Emily Spivak's at the U but it is challenging
- e) Therapeutics
  - i) 14,000 doses of Paxlovid administered
- 4) Variants and Impact on Therapeutics/Treatment Options (Kelly Oakeson/Evan Crook)
  - a) BQ.1 and BQ.1.1 are now making up 48% and may get up to 50% by the end of the week
    - i) Some therapeutics may lose its effectiveness
    - ii) A lot of BA5 still circulating in Utah
      - (1) Why are all these sub variants competing against each other?
        - (a) Important for activation
  - b) Seen a significant increase in Paxlovid use
    - i) Over 13,000 doses available
  - c) Bebtalovimab will no longer be administered
  - d) Paxlovid, remdesivir, and molnupiravir will continue to be used against all circulating variants based on preliminary data
- 5) COVID-19 Vaccine Update (Hayley Curtin)
  - a) Public Health dashboard has been updated
    - i) Over 300,000 doses have been administered since 9/1
  - b) LTCF 44% have had a boost dose, 30 % of assisted living and 50% intermediate care facilities
  - c) 98/372 skilled facilities in the state, under 10% of residents have received the bivalent booster
  - d) We do rather well for our region, but the percentages are still low and we will continue to work with our partners to ensure that vaccines are available to them
- 6) Pediatric Respiratory Illness Surge Overview (Michelle Hale)
  - a) ED visits by age
    - i) Over the past 3 years versus today, a sharp increase
    - ii) RSV hospitalizations among children
      - (1) 0-6 months is the leading age of admitted
      - (2) <https://dhhs.utah.gov/communicable-disease/respiratory-illness-is-increasing-in-utah/>
    - iii) Med/Surge occupancy 98%
    - iv) ICU 85%
  - b) DHHS is working closely with hospitals to assist with this surge
    - i) If things continue to escalate
      - (1) Patient load balancing
      - (2) Supplies and supplies across the nation
        - (a) Amoxicillin-small stash available in the event that they have exhausted all other options
      - (3) Last Friday we have been running from 96-110% capacity at PCH

- (a) Planning surgeries
- (b) Everything mentioned already are in place
- (c) Not being implemented yet is caring for older teens in adult hospitals
- (d) Down to a low 70% occupancy today but it changes rapidly
- (4) Germ Watch RSV
  - (a) Highest percent positive we have seen
  - (b) More flu season yet to come
- (5) Proactive measures
  - (a) Promoting COVID and flu vaccines
- 7) Questions/Comments (Open)

**\*\* Next meeting December 16, 2022 at 11 am \*\***