

COVID Update February 17, 2022

IN SC: Reported case numbers in our state are showing a rapid decline according to SC DHEC, whose website shows the statewide seven day moving average has dropped from a peak of 17,446 on Jan 16, to 8,989 on Jan. 29, to 2,282 on Feb 15. The two-week cumulative cases for Greenville County remain high at 737/100k population but that is one fourth what it was on Jan.11 (over 200 is high), and the daily case incidence is back down to what it was before the Omicron surge. Statewide the vaccination rate is 62.5%, with only 18% of children age 5-11 having received one dose. The percent positive rate for testing is 12.4%. All data continues to show the entire state remaining at the 'high' community transmission level, but it is much improved. The CDC defines community transmission as number of new cases per 100k population per week, with greater than 100 being high. For that metric, Greenville County is currently at 299. The CDC recommends masks indoors if community transmission is 'substantial', which is 50-100 cases per 100k population per week.

NATIONALLY: U.S. cases continue to drop overall, and hospitalizations and deaths are down as well. This is leading many communities and organizations to relax mask and vaccination requirements. However, the CDC has warned that premature relaxing of mask requirements could lead to increases in case rates.

A new Omicron variant, BA.2, called the 'stealth' variant in the press, has been identified and is already widely spread throughout the world (over 50 countries) as well as the US. Preliminary data suggests it causes relatively mild disease, as does the 'original' Omicron variant, BA.1, but is even more contagious, by about 1.5 times. The 'stealth' name refers to a mutation in the S gene that is absent on BA.2 and so makes the BA.2 variant more difficult to identify on routine PCR testing. This S gene mutation on the original Omicron made it easy to identify on routine PCR testing and was used by some physicians and researchers to identify Omicron in lieu of genetic sequencing. Current vaccines do appear to be protective against severe illness with BA.2 although not fully protective against mild disease, as was the case with the original variant.

Pfizer had announced its vaccine might be available for children under age 5 as early as the end of February, but recently withdrew its Emergency Use Authorization application due to the finding that two doses of the vaccine as tested did not reach the needed levels of protection. Additional studies are being performed.

It is recommended that all adults over 18 (for Moderna) or adults and children over 12 (Pfizer) receive two doses of the vaccine, followed by a third dose in five months. This is referred to now as being 'up to date' on COVID immunization.

The CDC updated its guidelines for vaccination of moderately to severely immune compromised adults. Previously they were advised to routinely receive a third dose of either the two-dose regimens at 28 days after the second dose, and a fourth dose five months later. However, it is now advised that the fourth dose be received at three months after the third dose. For the Janssen 'one shot' vaccine, a second shot of either the Pfizer or Moderna vaccine is recommended at 28 days after the initial vaccine, with a third shot that should also be Pfizer or Moderna at least 2 months later.

GENERAL INFORMATION:

Of the three previously available monoclonal antibody infusions used in earlier surges, two have been found to be ineffective for Omicron. However, a new one, Bebtelovimab, has been developed and will soon be distributed. These treatments remain in short supply so there are guidelines in place to provide them only for the most at-risk individuals.

Omicron is also resistant to all the oral (pill) treatment regimens except Paxlovid, which is also in short supply. It is made available to select pharmacies in the state, distributed by SC DHEC.

A new prophylactic monoclonal antibody, Evushield, is available for immune compromised individuals who may not have been able to mount a protective antibody response to vaccination. It is given by intramuscular injection, can be repeated at 6-month intervals, and is effective against all variants thus far.