DATE: December 6, 2021

TO: CBJ Assembly

FROM: Robert Barr, Incident Commander

RE: Situational Update – Level 3 Modified High

Overall Community Risk | Disease Situation | Hospital Capacity | Public Health Capacity
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Level 3 - Modified High | The community case load remains high and, recently, has been stable. The Delta variant is present and community spread is occurring. Vaccine is available. | Local hospital case loads and staffing capacity have mostly stabilized, although staffing levels remain dependent on a state contract. Medevac capacity is improving. | Most positive individuals are being reached within 24 hours. Approximately half of recent case activity is secondary in nature.

Situation Assessment:
The 14 and 7 day case rates remain at the high alert level. The Delta variant remains the dominant variant of concern locally and statewide. The community is urged to take advantage of vaccination, masking, and testing - the three most effective tools we have at combating the pandemic. Everyone regardless of vaccination status is required to mask when indoors in public places. Social distancing remains recommended to mitigate disease spread and allow for effective contact tracing. Individuals should test immediately if they have even mild symptoms. The single most effective strategy to mitigate COVID is to get vaccinated.

Issues of Note:
Beginning today the State dashboards will update on Mondays, Wednesdays, and Fridays except on holidays. As CBJ dashboards rely heavily on State data, CBJ dashboards will follow this same update schedule. EOC reports will shift from Monday and Thursday to Monday and Friday.

We do not know much more about the omicron variant this week than we did last other than that spread is occurring worldwide. More detailed information around transmissibility, changes in disease outcomes, vaccine efficacy/breakthrough, and variant detection should start to become available in the next 1-3 weeks.

We concluded our 2nd dose pediatric vaccination clinics last week. A total of 634 children received either a 2nd (most) or 1st (a few) dose over the course of the week. We expect this will be our final mass vaccination effort for at least the next 3-4 months, if not longer.
We started distribution of rapid antigen tests on 12/1. Rapid antigen tests continue to be available for the community at large at the public libraries, City Hall, and Dimond Park Aquatic Center. We plan to add 1-2 sites this week if possible and no later than next week.

BRH reports stable staffing and stable hospital activity across the board. BRH staff expect hospitals across the state to see increased challenges with staffing when the statewide traveling healthcare worker contract expires on January 22nd.

An FDA advisory panel narrowly approved Merck’s antiviral drug, molnupiravir, for the treatment of COVID-19. This was the first step in the EUA process. We are now waiting for guidance describing under what situations and for what populations this drug should be used. It seems likely that it will be proscribed to a narrow segment of the population due to its risk/benefit analysis, which does not sound like it will be as favorable as either monoclonal antibodies or as what we expect from Pfizer’s version.

**General Case Trends:**

Juneau Public Health was able to report generalized case trends:

- We have roughly 66 active cases and we continue to see a slight uptick and possible plateau
- Of those, 16 are in children, most under 12 and very few are over 60.
- There are several family groupings, mostly related to gatherings/travel.

**Daily Numbers update:** We are reporting 34 new cases since the last EOC report on December 2nd (Th-M).

Statewide, the Alaska Department of Health and Social Services reports 550 new people identified with COVID-19 for data reported 12/3-12/5. Thankfully, the state reports no new deaths. The total number of resident deaths is 853. Alaska has had 147,103 cumulative resident cases of COVID-19 and a total of 5,434 nonresidents.
Breakthrough Cases: Vaccine breakthrough (VB) infections of COVID are those detected in a person who is at least 2 weeks beyond their second dose of a 2-dose series or the only dose of a 1-dose series.

From January 16–November 27, 2021, 100 deaths, 300 hospitalizations, and 23,729 cases with a VB infection were reported among Alaska residents aged ≥12 years. These counts are provisional and subject to change as data are compiled and reviewed. In that same time frame, a total of 78,298 cases, 1,873 hospitalizations, and 540 deaths were reported.

70% of all cases, 84% of all hospitalizations, and 81% of deaths among Alaska residents aged ≥12 years from January 16–November 27, 2021 were in people who were not fully vaccinated.

More detailed information about hospitalizations, deaths, repeat and vaccine breakthrough infections among Alaska residents can also be found in the monthly report, which has been updated to include data through October.
Variants of Concern:
The Delta variant continues to be the dominant SARS-CoV-2 variant in Alaska. Information on the Omicron variant is sparse at the moment; however, no cases have been identified in Alaska yet. The State of Alaska variants dashboard is available online: [https://akvariants.github.io/](https://akvariants.github.io/)

Testing Summary:
PCR testing at BRH continues to return results in under 24 hours, with very few exceptions.

Vaccination Updates:

Total: **77.4%** of the total population of Juneau has received at least 1 dose of vaccine and **72.5%** have completed their vaccine series.

5+: **81.7%** of the age eligible Juneau population has received at least 1 dose of vaccine. **76.5%** have completed their vaccine series.

65+: **96%** of this age group has at least one dose of vaccine. **92%** have completed the vaccine series.
This chart tracks the number of new cases in the past 7 days, controlled for population. King County (Seattle) and Multnomah County (Portland) are included for context and due to travel frequency. The source data for Alaska is from the SOA dashboard. Out of state data is from the Harvard Global Health Institute (https://globalepidemics.org/key-metrics-for-covid-suppression/) and generally lags a day behind most of our other reporting. Policy recommendations at varying levels (<1, <10, <25, 25+) can be found on their website.