



City and Borough of Juneau  
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DATE: February 18, 2022  
 TO: CBJ Assembly  
 FROM: Robert Barr, Incident Commander  
 RE: **Situational Update –Level 2 Moderate**

Overall Community Risk	Disease Situation	Hospital Capacity	Public Health Capacity	<b>The Complete CBJ COVID-19 Dashboard can be found <a href="#">here</a> or by going to <a href="https://Juneau.org/COVID-19">Juneau.org/ COVID-19</a></b>
<b>Level 2 - Moderate</b>	The community case load remains high but is in sustained decline. The Omicron variant is present and community spread is occurring. Vaccine is available.	Local hospital case loads are intermittently significant but not regularly with COVID patients. COVID-related staffing shortages are improving.	Contact tracing is significantly constrained due to the quantity of cases. Approximately half of recent case activity is secondary in nature.	

**Situation Assessment:**

The 14 and 7 day case rates are at the very high alert level. The Omicron variant is the dominant strain. The community is urged to take advantage of vaccination, masking, and testing - the three most effective tools we have at combating the pandemic. Masking is required for unvaccinated individuals when indoors in public places and recommended for all. 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:**

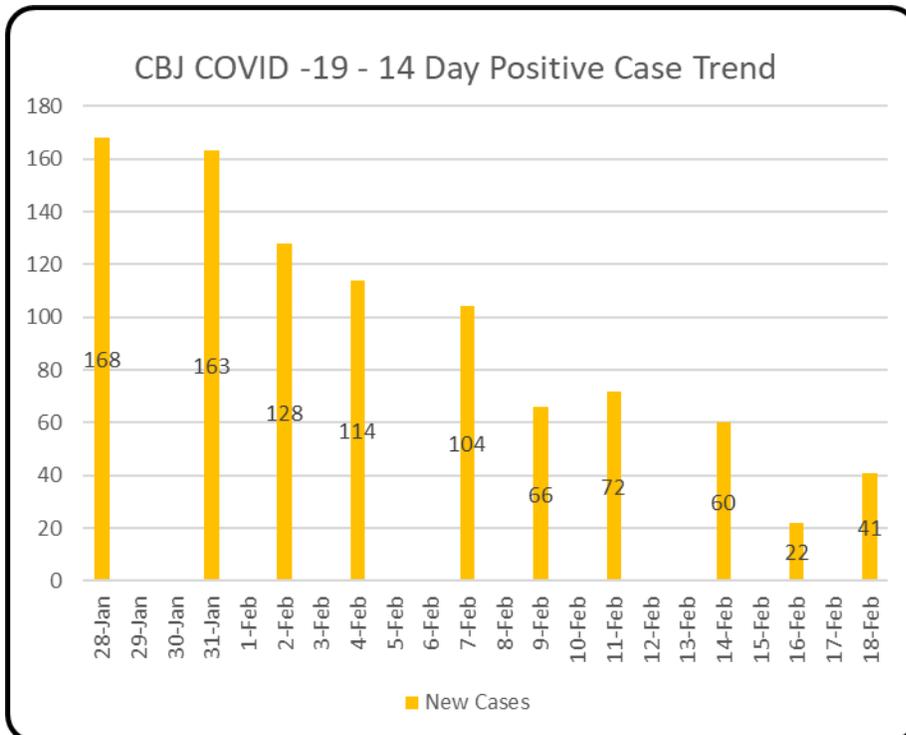
As testing demand declines, and as general testing strategies shift from emergency to typical, molecular to antigen, we are beginning plans to slowly demobilize our COVID-19 hotline and testing operation at the fire training center. This will be a process that occurs over months rather than days or weeks. We anticipate an initial decline from 7-days/week operations to 5-days/week. We plan to announce details as they firm up towards the end of next week. We are sensitive to the fact that demand could ramp up with the advent of new variants and this is the major reason why we are performing a slow demobilization. Once fully demobilized, it would be a significantly heavier lift to re-start operations than to ramp back up.

We anticipate receiving a large quantity of KN95 masks next week from the DHSS warehouse. We plan to distribute them freely to the public through the same distribution sites we're using for rapid antigen self-tests.

The most effective COVID-19 therapeutics continue to be limited due to short supply. The State Department of Health and Social Services maintains a good website on [COVID-19 therapeutic options](#). BRH continues to actively work on improving access to therapeutics.

**Daily Numbers update:** We are reporting 63 new cases since the last EOC report on February 14<sup>th</sup> (M-F).

Statewide, the Alaska Department of Health and Social Services reports 1,131 new people identified with COVID-19 for data reported 2/16-2/17. On Wednesday, the state announced 27 new deaths, including 2 Juneau residents – a Male in his 20s in February and a Male in his 80s+ in January. We express our condolences to the family and friends of those who died. The total number of resident deaths is 1,108. Alaska has had 228,237 cumulative resident cases of COVID-19 and a total of 7,719 nonresidents.

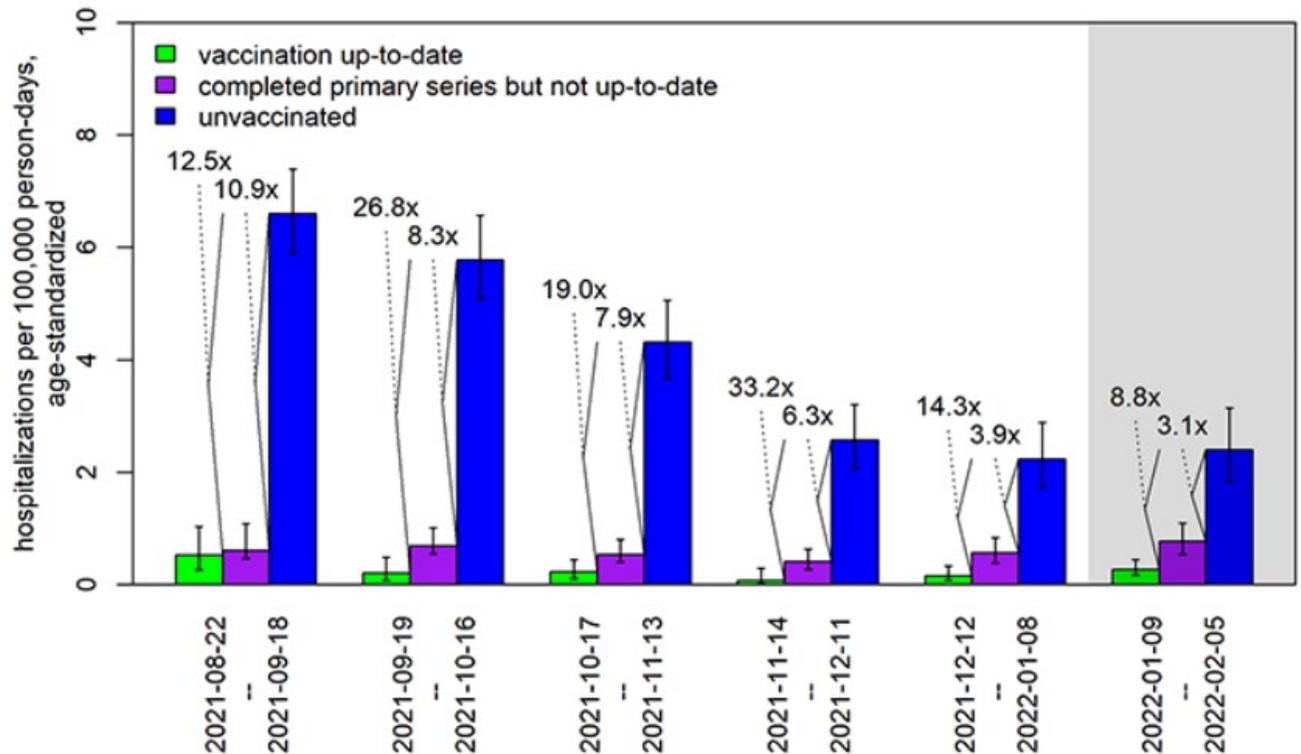
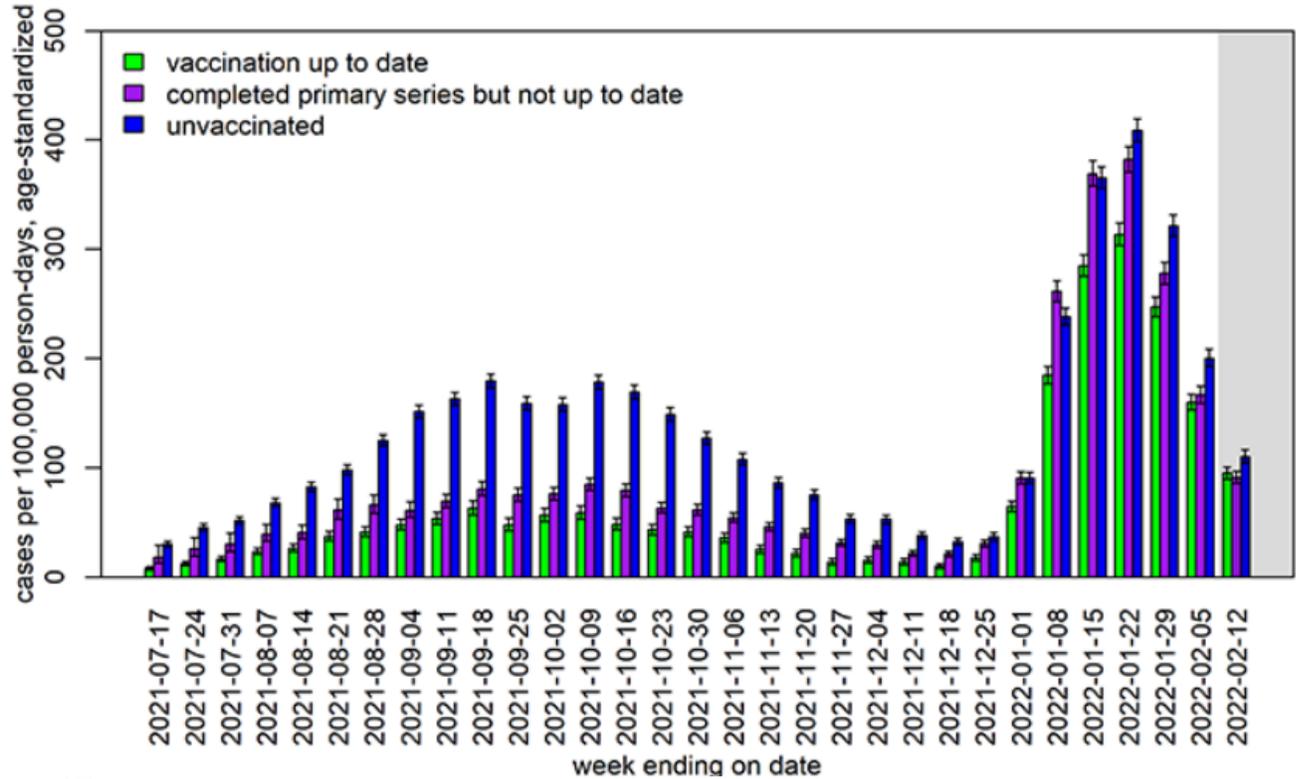


**Breakthrough Cases:** Vaccine breakthrough (VB) infections of COVID are those detected in a person who is at least 2 weeks beyond their second dose of a 2-dose series or the only dose of a 1-dose series. Data in this section from [DHSS Weekly Report](#).

Among Alaska residents aged ≥5 years from January 16, 2021–February 12, 2022, 63,627 cases were documented in persons who had completed the primary series and were considered fully vaccinated. Among those vaccine-breakthrough cases, 454 hospitalizations and 158 deaths due to COVID-19 have been recorded. During that time, 95,112 cases have been documented in unvaccinated Alaskans aged ≥5 years, leading to 1,775 hospitalizations and 607 deaths. All data are preliminary and subject to change.

Vaccines help protect against infection and against severe disease, especially when a person is up to date on vaccinations. During the 4-week period from January 9, 2022–February 5, 2022, unvaccinated Alaskans were 8.8 times more likely to be hospitalized due to COVID-19 than Alaskans who are up to date on COVID-19 vaccination (i.e., completed the primary series and received a booster dose, if eligible) and 3.1 times more likely to be hospitalized due to COVID-19 than Alaskans who completed the primary vaccination series but are not up to date. These estimates are lagged by one week to partially account for the time it takes to document hospitalizations. (See the [monthly report](#) for more data and analysis through December.)

During the Omicron wave, cases in vaccinated persons have become more frequent, but Alaskans who are up to date on their COVID-19 vaccines (i.e., completed the primary series and received a booster dose, if eligible) still have lower rates of becoming a case than those who are unvaccinated.



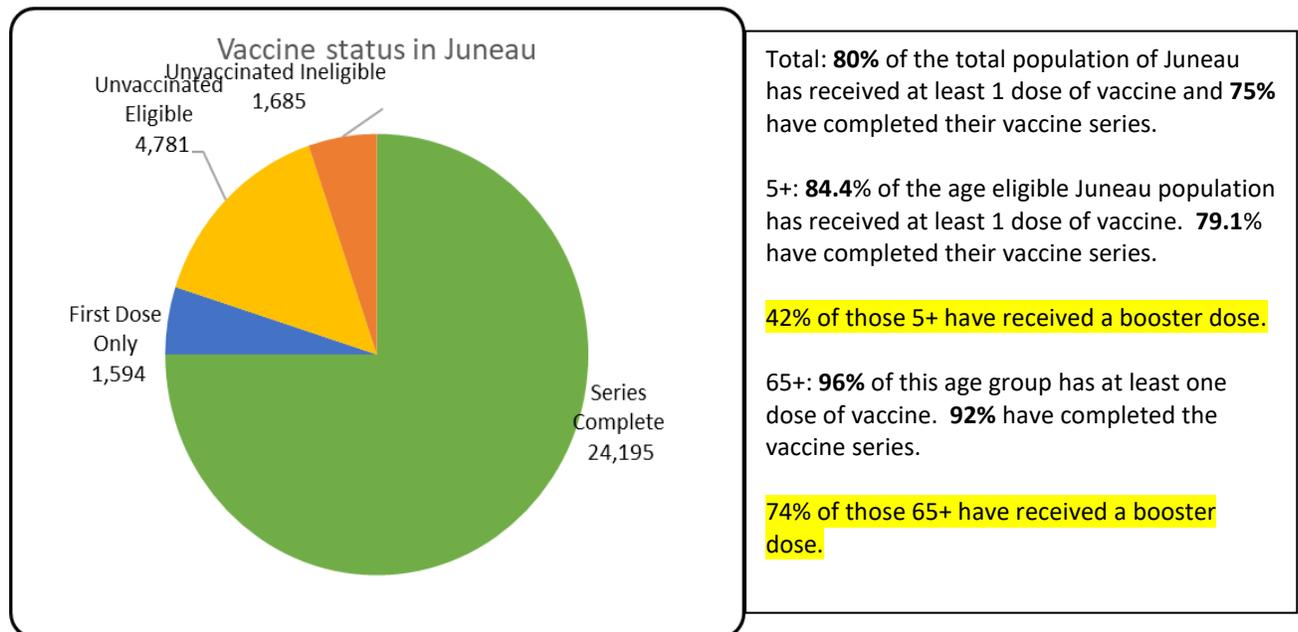
**Variants of Concern:**

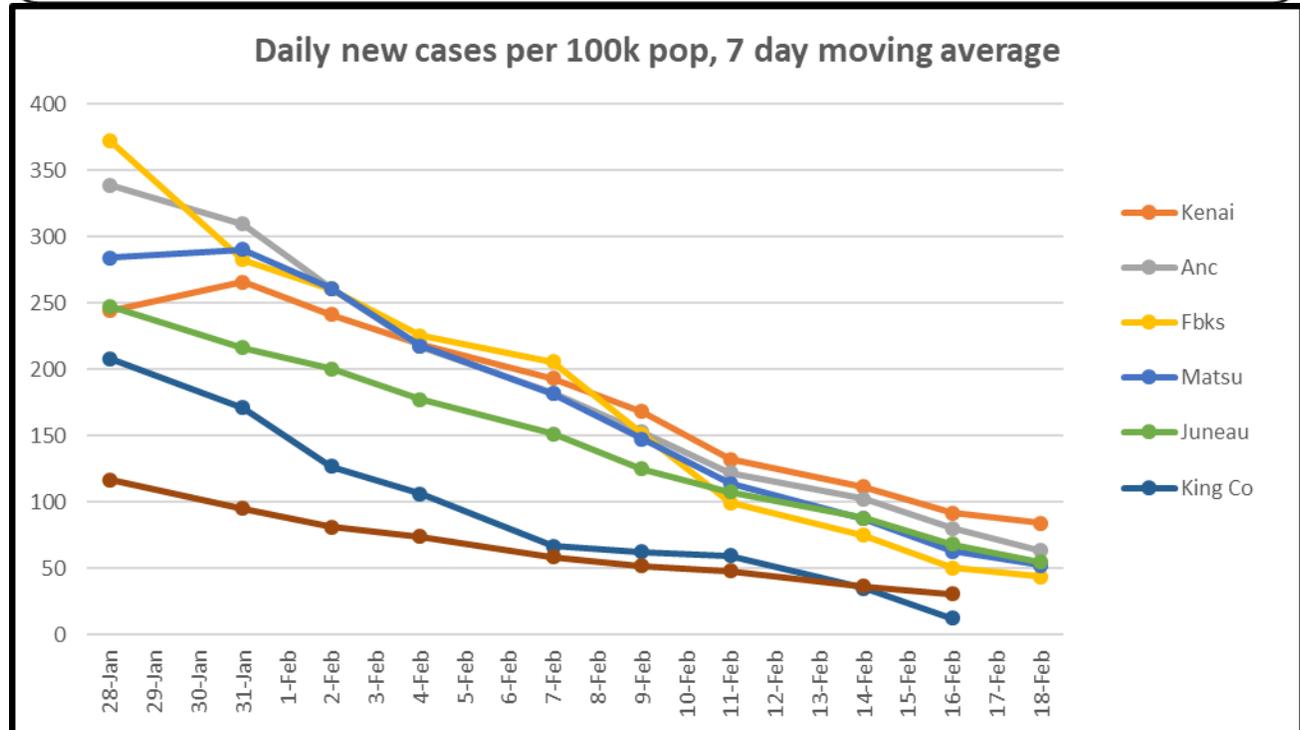
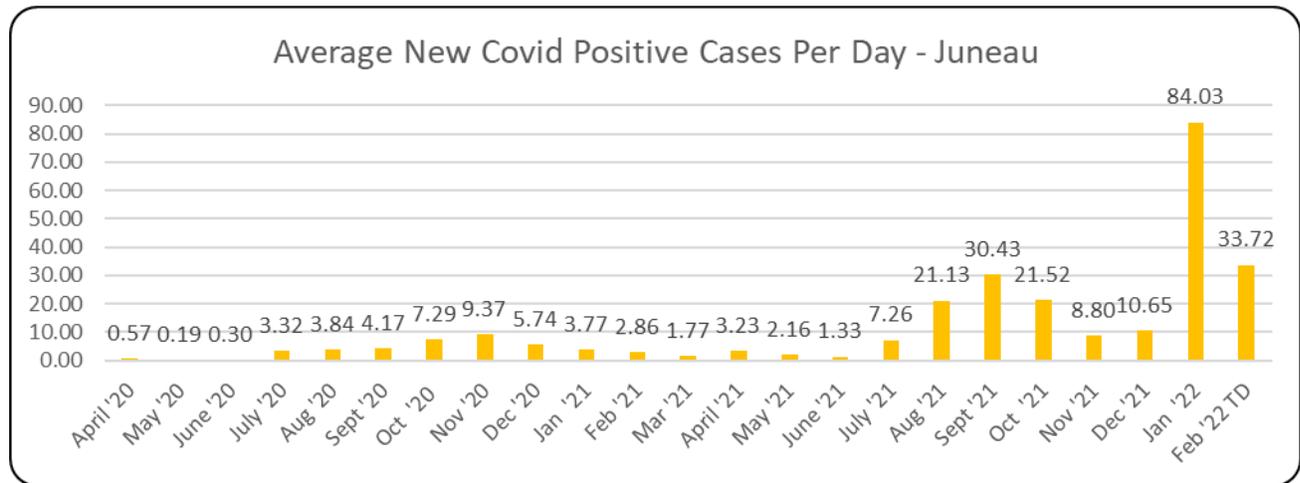
Omicron is the dominant variant in Alaska (98+%). The State of Alaska variants dashboard is available online: <https://akvariants.github.io/>. The new Omicron subvariant (BA.2) is also present in Alaska. Early characterizations of this subvariant are that it is more transmissible (perhaps 1.5x) than BA.1 and that it does not cause more hospitalizations than BA.1; however, a recent [preprint](#) (not yet peer reviewed) article called this last point into question this week.

**Testing Summary:**

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

**Vaccination Updates:**





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