



# COVID-19 Updates

Program Directors/CATAC Meeting  
October 4, 2023

Christine Brennan – CAIHS  
Assoc. Director Office of Public  
Health

United States

At a Glance

Trend in % Test Positivity

-1.6% in most recent week



Trend in % Emergency Department Visits

-19.3% in most recent week



Trend in Hospital Admissions

-4.3% in most recent week



Trend in % COVID-19 Deaths

+12.5% in most recent week



Total Hospitalizations  
6,349,029

Total Deaths  
1,143,192

U.S. COVID-19 Weekly Trend Data

(as of Sept. 16, 2023)

TEST POSITIVITY (PAST  
WEEK)

12.5%

% CHANGE IN TEST  
POSITIVITY

-1.6%

TEST POSITIVITY (PAST 2  
WEEKS)

14.1%

CDC | Data through: September 16, 2023. Posted: September 25, 2023

COVID-19 HOSPITAL  
ADMISSIONS (PAST WEEK)

19,674

% CHANGE IN COVID-19  
HOSPITAL ADMISSIONS

-4.3%

COVID-19 HOSPITAL  
ADMISSIONS PER 100,000  
(PAST WEEK)

5.93

CDC | Data through: September 16, 2023. Posted: September 25, 2023

% COVID-19 DEATHS IN  
PAST WEEK

2.7%

% CHANGE FROM PRIOR  
WEEK

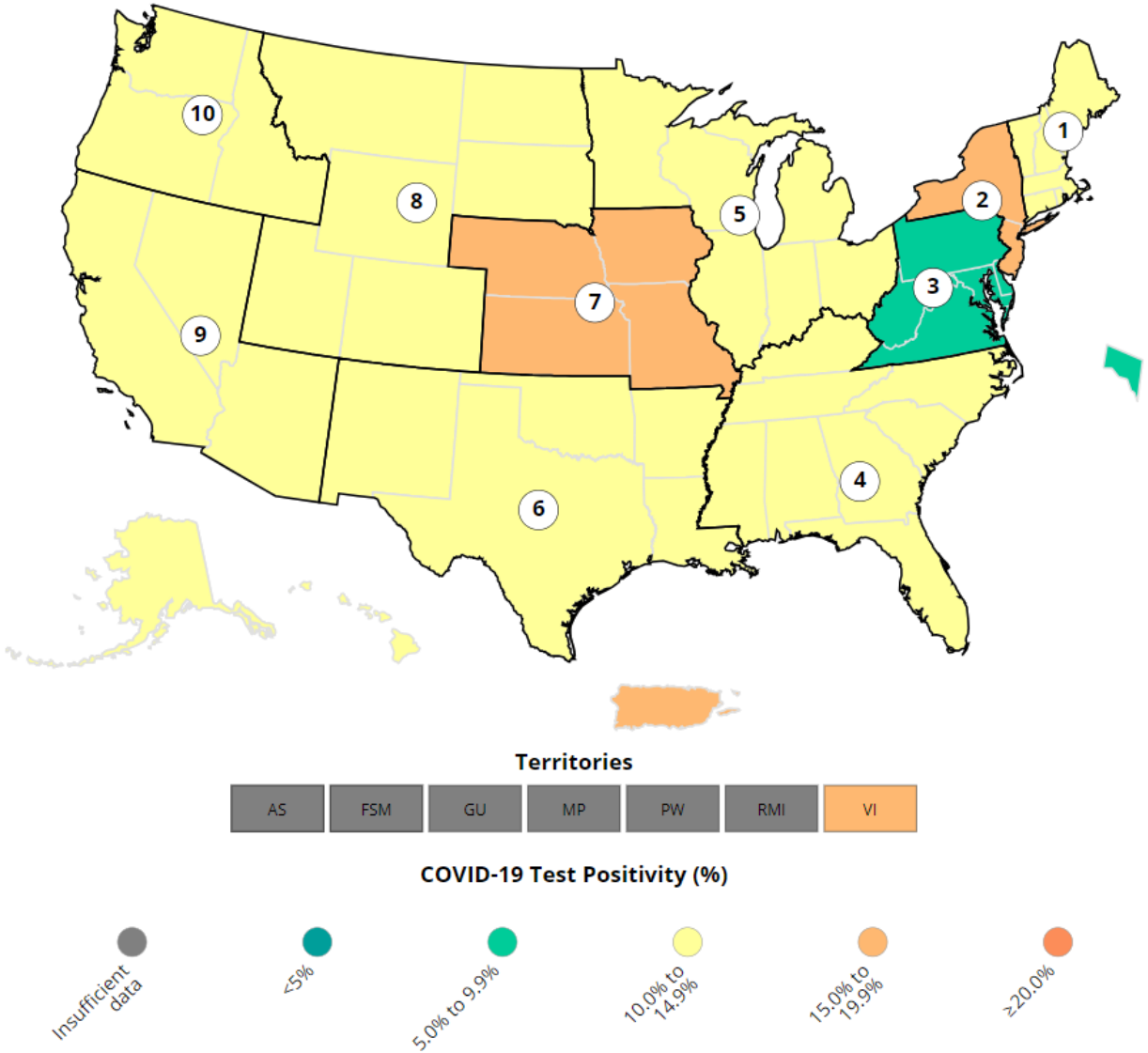
12.5%

ABSOLUTE CHANGE FROM  
PRIOR WEEK

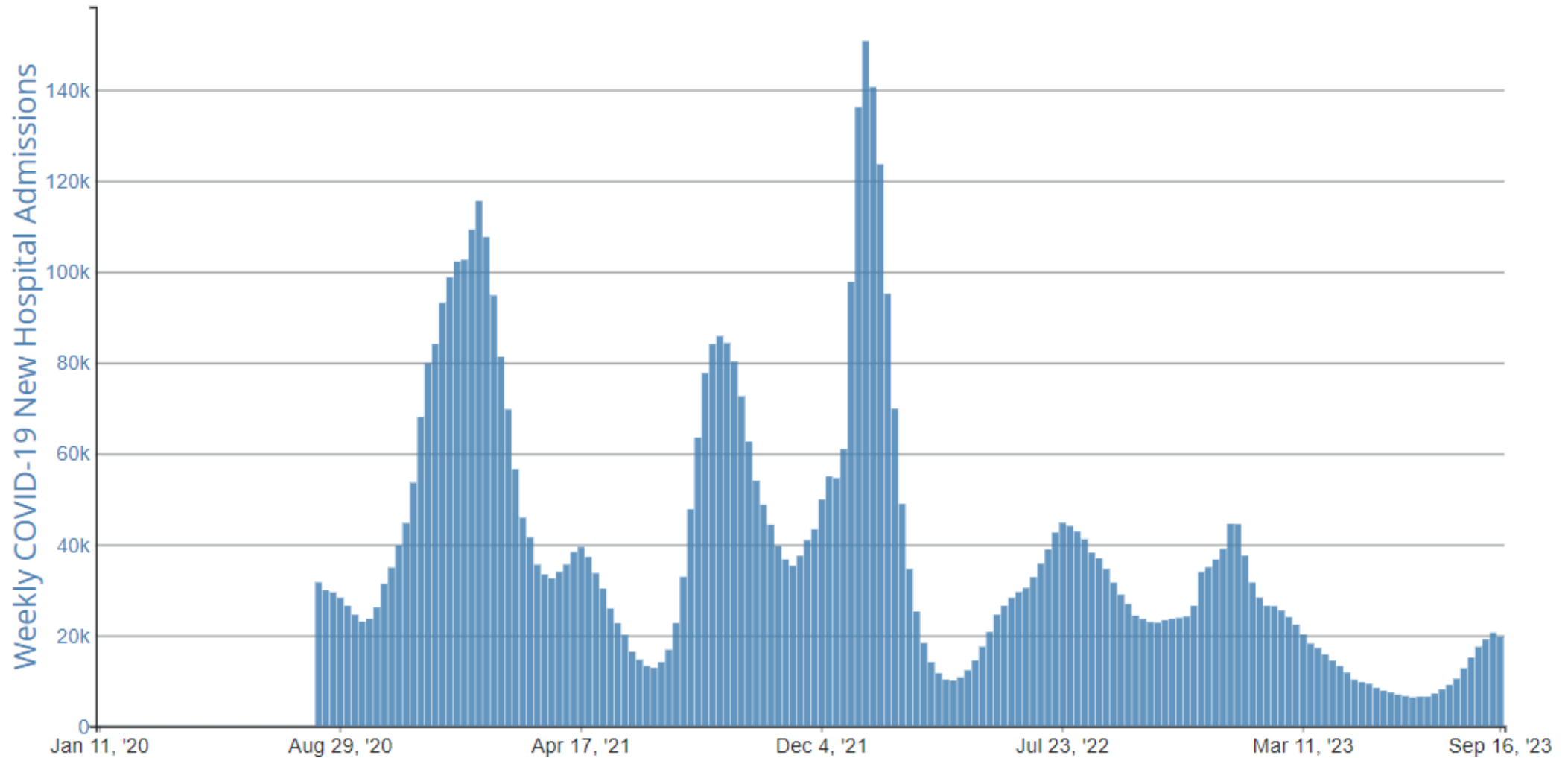
0.3%

CDC | Data through: September 16, 2023. Posted: September 25, 2023

# Percent COVID-19 Positivity by HHS Region in Past Week (as of 9/16/2023)

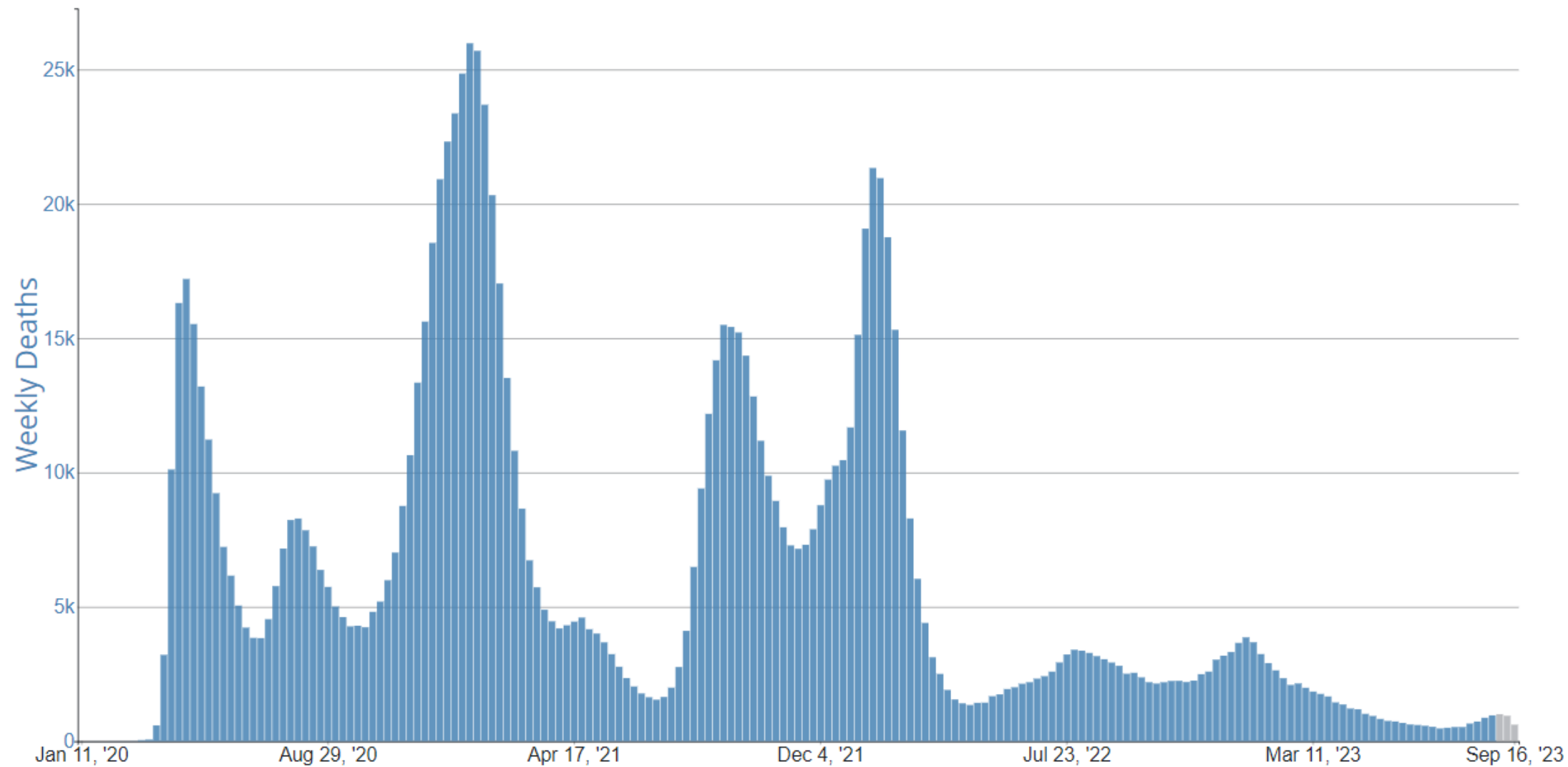


COVID-19 New Hospital Admissions, by Week, in The United States, Reported to CDC



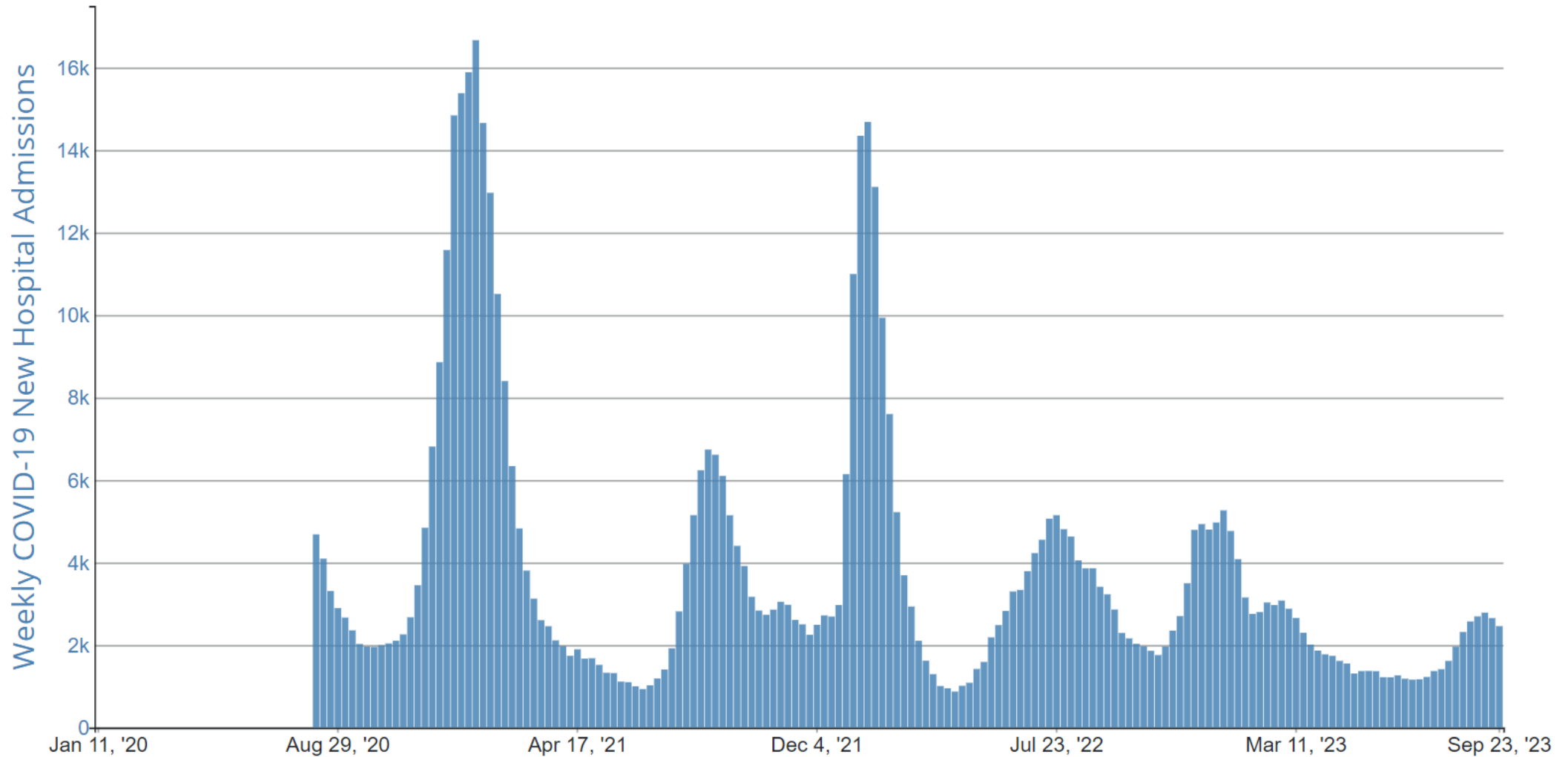
# U.S. COVID-19 Hospitalization Data

Provisional COVID-19 Deaths, by Week, in The United States, Reported to CDC



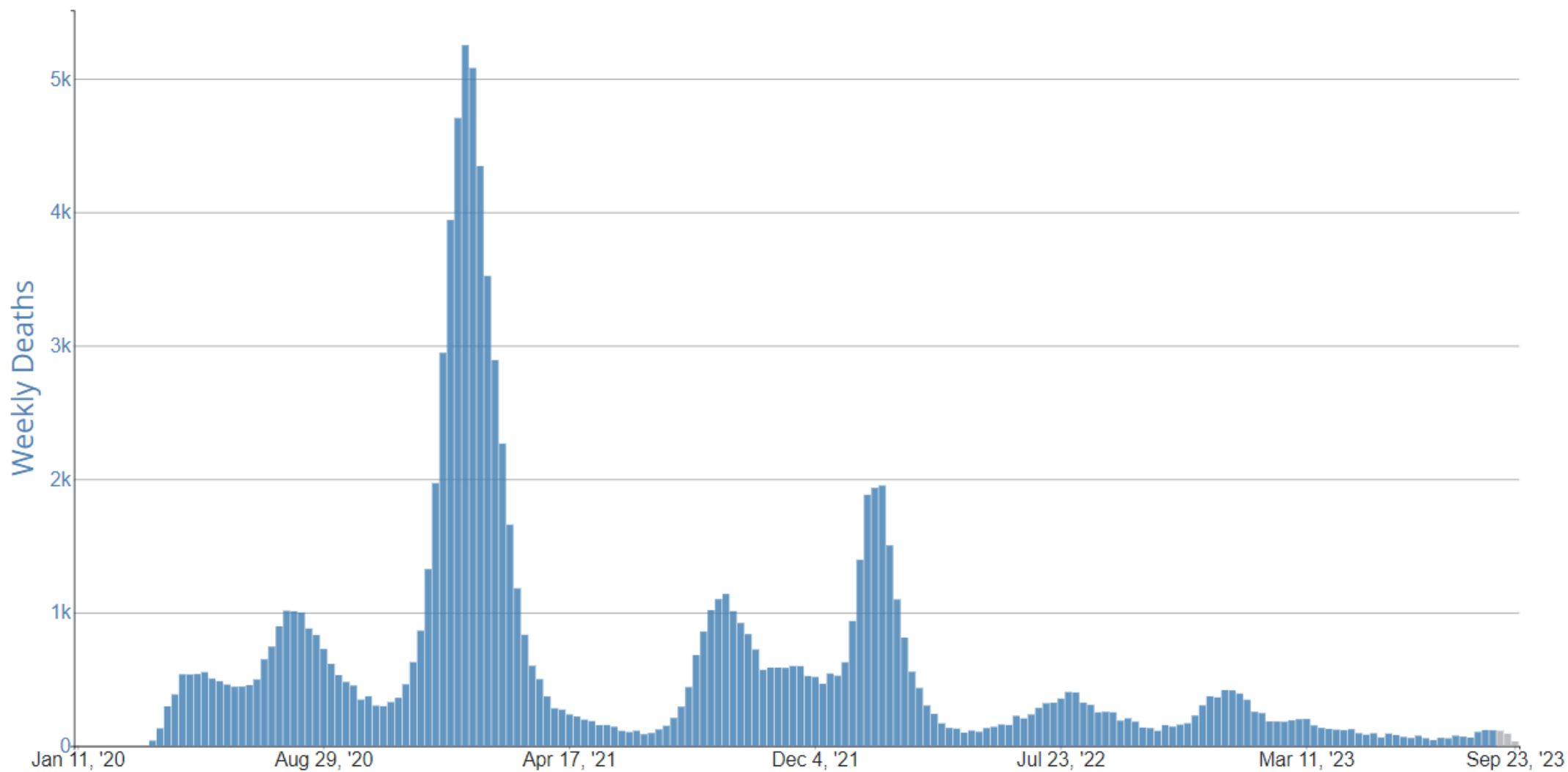
# U.S. COVID-19 Deaths

COVID-19 New Hospital Admissions, by Week, in California, Reported to CDC



# California COVID-19 Hospitalizations

Provisional COVID-19 Deaths, by Week, in California, Reported to CDC



# California COVID-19 Deaths



SEE THE NUMBERS

## Tracking COVID-19

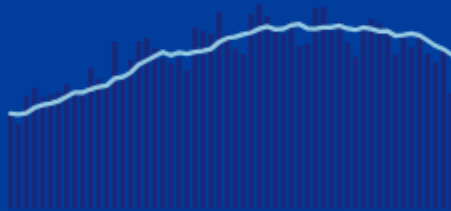
As of September 29, 2023, California has confirmed a total of 103,946 COVID-19 deaths.

### NEW HOSPITAL ADMISSIONS

**604,167**

**343** daily avg.

**0.6** (per 100k)



July 30 – September 23

### DEATHS

**103,946** total

**16** daily avg

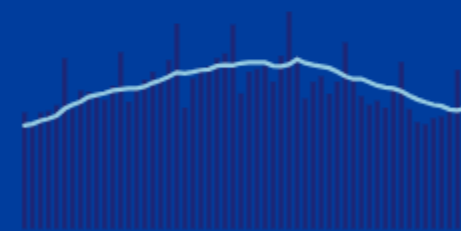
0.04 new deaths (per 100k)



July 11 – September 4

### TESTS

**9.4%** test positivity



July 31 – September 24

*New hospital admissions updated September 29, 2023 at 9:36 AM, with data from September 23, 2023*

*Deaths and Tests updated September 29, 2023 at 9:36 AM, with data from September 26, 2023.*

# CDPH COVID-19 Surveillance Data

## Testing for COVID-19

The number of COVID-19 diagnostic test results in California reached a total of 203,486,014, an increase of 154,414 tests from the prior week. The rate of positive tests over the last 7 days is 9.4%.

### Total tests in California

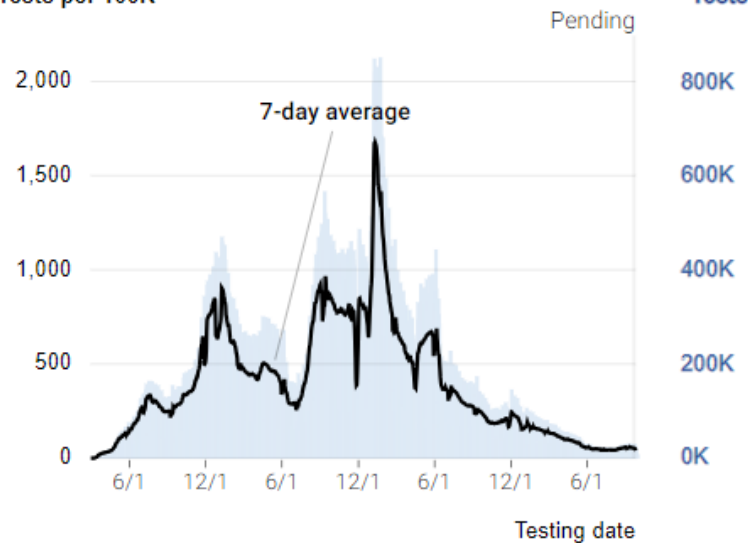
All time ▼

**203,486,014** total tests performed

22,204 average tests per day

55 tests per 100k (7-day average)

#### Tests per 100K



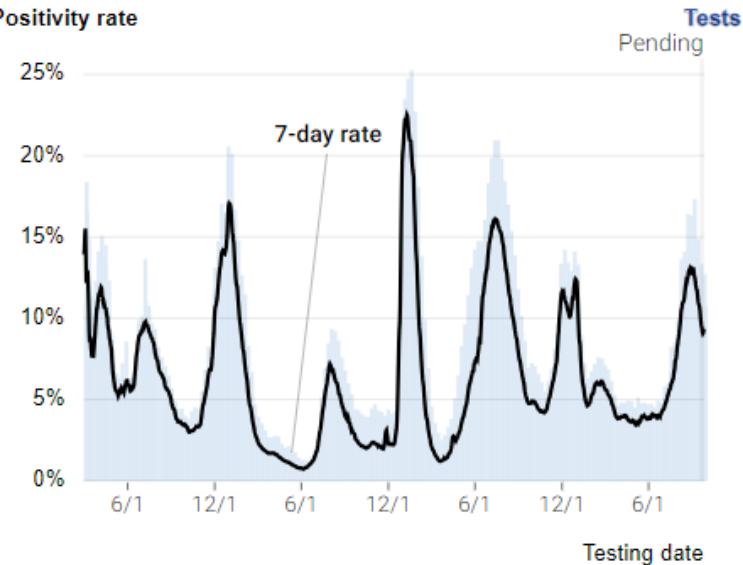
### Positivity rate in California

All time ▼

**9.4%** test positivity (7-day rate)

0.7% decrease from 7-days prior

#### Positivity rate



# CDPH COVID-19 Testing Data

## Hospitalizations

The weekly number of new hospital admissions due to confirmed COVID-19 cases in California is 2,398, a decrease of 291 from the prior week.

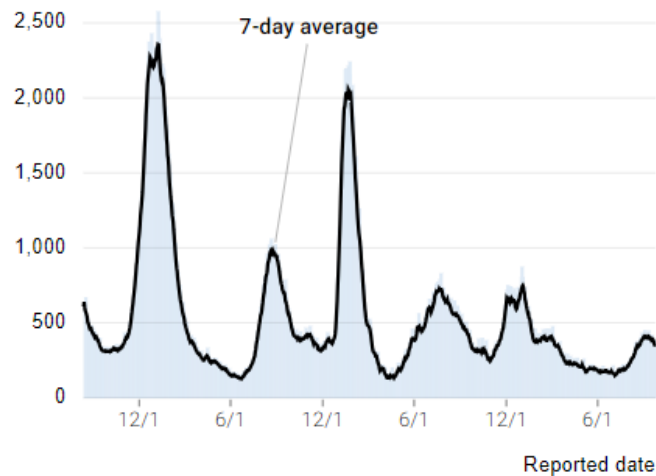
### COVID-19 new hospital admissions in California

New Admissions ▼

All time ▼

**2,398 new hospital admissions** (weekly total)

**291 fewer new admissions** from prior weekly total (10.8% decrease)



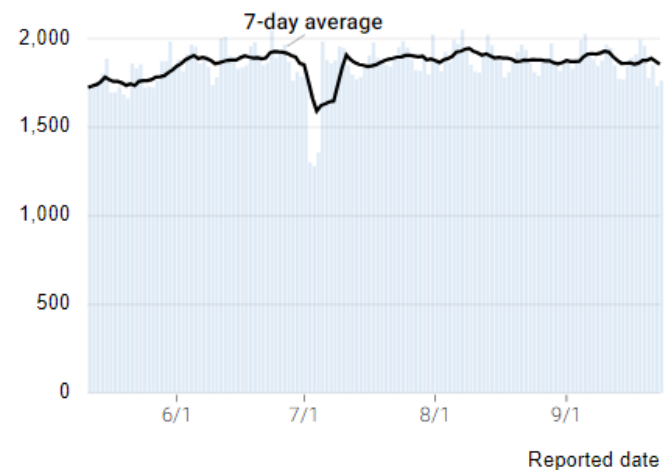
[COVID-19 hospitalized patients and ICU source data](#) [↗](#). Data is updated weekly.

### ICU beds in California

All time ▼

**1,762 ICU beds available** (on 2023-09-23)

**129 fewer ICU beds available** from prior week (6.8% decrease)

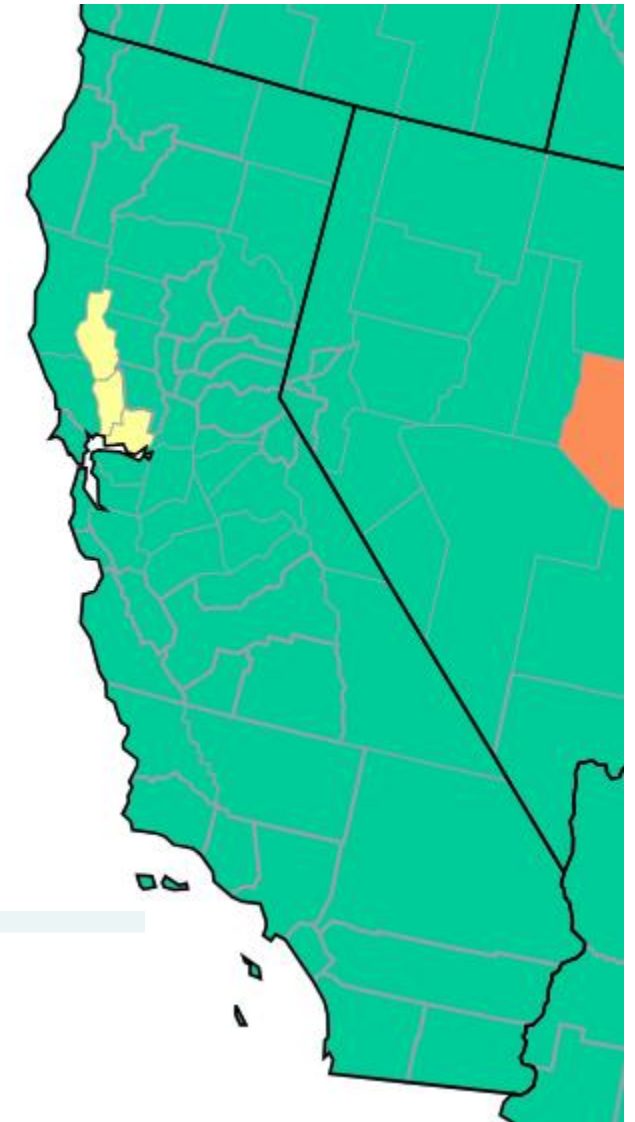


# CDPH COVID-19 Hospitalization Data

# CDC COVID Hospitalization Levels

Medium COVID Hospitalization Levels:

- Solano County
- Lake County
- Napa County



**COVID-19 hospital admissions levels in U.S. by county**  
Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
≥ 20.0	22	0.68%	0.31%
10.0 - 19.9	243	7.55%	-2.45%
<10.0	2955	91.77%	2.08%

## IHS COVID Cases by Area

### COVID-19 Cases by IHS Area

Data are reported from IHS, tribal, and urban Indian organization facilities, though reporting by tribal and urban programs is voluntary. Data reflect cases reported to the IHS through 11:59 pm on Sep 26, 2023.

IHS Area	Tested	Positive	Negative	Cumulative percent positive	7-day rolling average positivity
Alaska	1,146,303	58,379	936,940	5.9%	0.0%
Albuquerque	191,461	17,884	146,055	10.9%	11.1%
Bemidji	339,970	35,693	302,707	10.5%	7.2%
Billings	165,121	14,586	145,369	9.1%	13.7%
California	214,450	24,342	179,240	12.0%	26.9%
Great Plains	345,500	36,212	301,636	10.7%	3.0%
Nashville	220,957	24,385	185,465	11.6%	20.7%
Navajo	668,192	96,643	484,277	16.6%	11.9%
Oklahoma	1,425,781	213,404	1,191,139	15.2%	11.2%
Phoenix	364,352	54,401	302,404	15.2%	8.3%
Portland	270,988	24,166	244,729	9.0%	8.0%
Tucson	92,379	10,532	81,591	11.4%	20.6%
<b>TOTAL</b>	<b>5,445,454</b>	<b>610,627</b>	<b>4,501,552</b>	<b>11.9%</b>	<b>10.6%</b>

*IHS will discontinue posting COVID-19 testing data on September 28, 2023.*

# IHS COVID-19 Vaccine Distribution and Administration

(as of Aug 25, 2023)

## COVID-19 Vaccine Distribution and Administration by IHS Area

As of August 27, 2023, the IHS is distributing all COVID-19 vaccines currently authorized or approved in the U.S., including Pfizer-BioNTech, Moderna, and Novavax. Janssen/Johnson & Johnson is no longer being distributed in the U.S. and all U.S. supply has expired. The table below shows the total number of vaccine doses distributed and administered to date, per IHS Area, for facilities that chose to receive vaccine through the IHS jurisdiction. The data includes COVID-19 vaccinations administered to all ages and specialty groups authorized for emergency use or fully licensed by the Food and Drug Administration (FDA).

### Total Doses Distributed

Area	Total Doses Distributed	Total Doses Administered**
Albuquerque	302,540	204,503
Bemidji	346,820	187,551
Billings	206,500	90,563
California	521,420	237,216
Great Plains	435,050	190,250
Nashville	218,870	117,391
Navajo	726,490	438,676
Oklahoma City	907,525	535,672
Phoenix	502,970	273,903
Portland	228,900	115,457
Tucson	22,440	14,997
<b>Grand Total</b>	<b>4,419,525</b>	<b>2,406,179</b>



# Variant Classification

---

SARS-CoV-2 Interagency Group (SIG) regularly meets to evaluate Covid variates and lineages circulating in the U.S. and makes recommendations about the classification of variants.

The SIG uses [four types of classifications](#):

- Variant of high consequence (VOHC)
- Variant of concern (VOC)
- Variant of interest (VOI)
- Variants being monitored (VBM)



# COVID-19 Variants

## List of Variants

WHO Label	Pango Lineage	Current Status	Date of Designation
N/A	Variants containing the F456L spike mutations*	VOI	VOI: September 1, 2023
Omicron	BA.2.86	VBM	VBM: September 1, 2023
Omicron	XBB.1.9.1	VBM	VBM: September 1, 2023
Omicron	XBB.1.9.2	VBM	VBM: September 1, 2023
Omicron	XBB.2.3	VBM	VBM: September 1, 2023
Omicron	XBB.1.16	VBM	VBM: September 1, 2023
Omicron	XBB.1.5	VBM	VBM: September 1, 2023
Omicron	CH.1.1	VBM	VBM: September 1, 2023
Omicron	BA.2.74	VBM	VBM: September 1, 2023

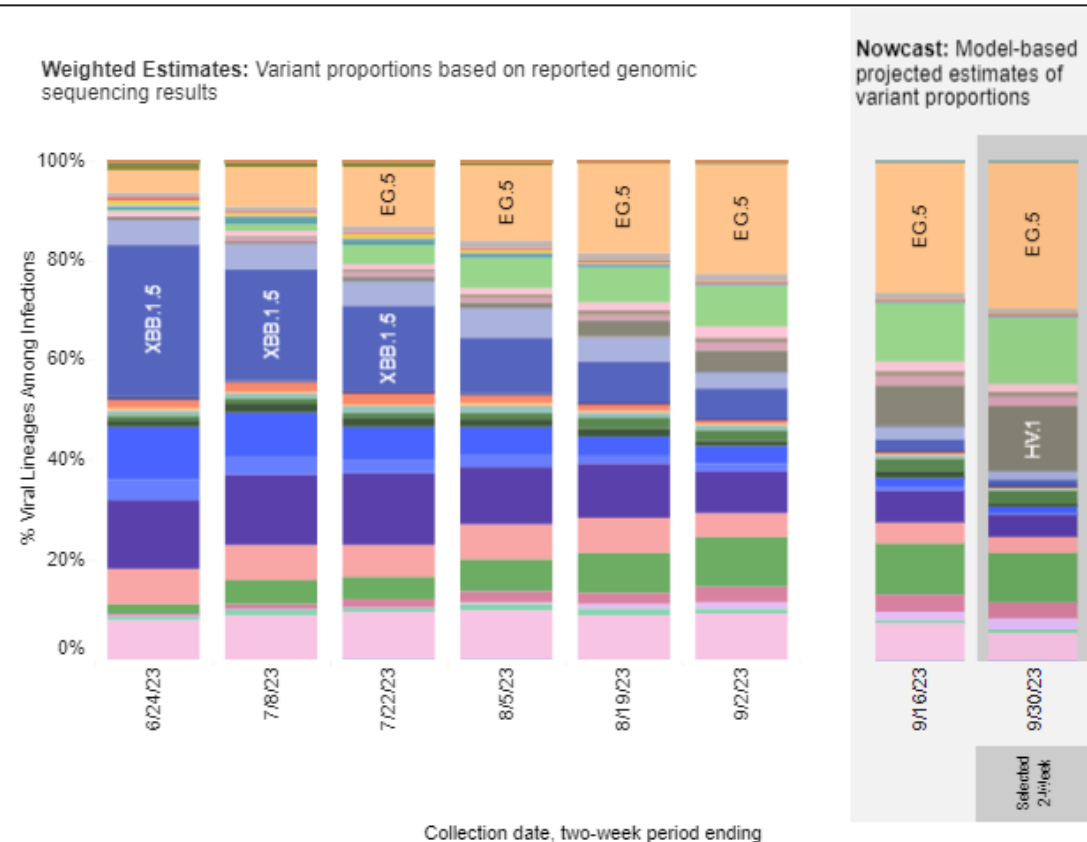
\*Many lineages have acquired the F456L mutation and common examples include EG.5, FL.1.5.1, and XBB.1.16.6.



# COVID-19 Variants

## Weighted and Nowcast Estimates in United States for 2-Week Periods in 6/11/2023 – 9/30/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



## Nowcast Estimates in United States for 9/17/2023 – 9/30/2023

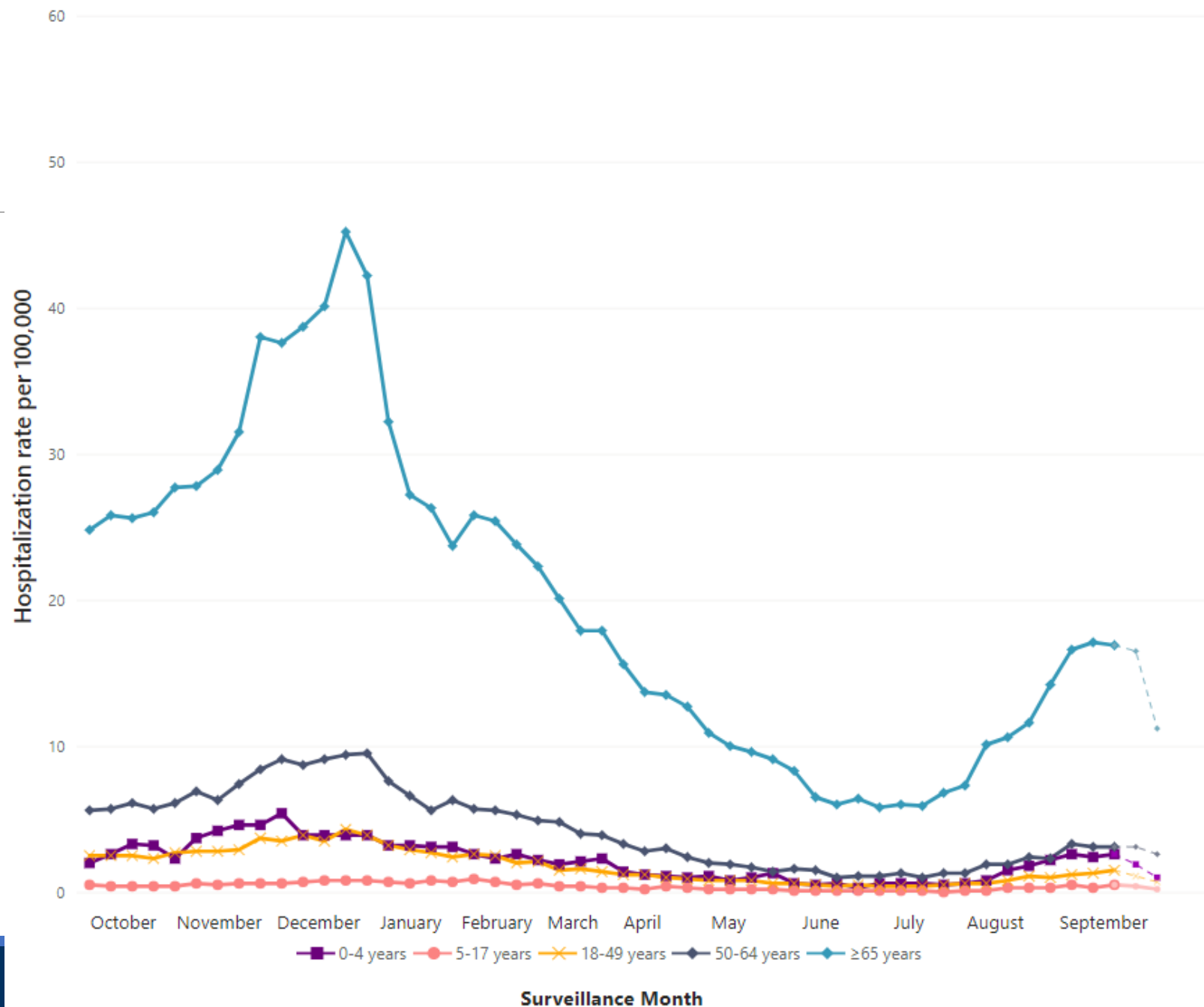
USA			
WHO label	Lineage #	%Total	95%PI
Omicron	EG.5	29.4%	26.4-32.6%
	FL.1.5.1	13.7%	10.8-17.1%
	HV.1	12.9%	10.5-15.6%
	XBB.1.16.6	10.1%	8.6-11.7%
	XBB.2.3	5.6%	4.7-6.5%
	XBB.1.16	4.3%	3.8-4.9%
	XBB.1.16.11	3.2%	2.6-3.9%
	XBB.1.16.1	3.0%	2.4-3.8%
	XBB.1.5.70	2.5%	1.9-3.4%
	XBB.1.16.15	2.0%	1.4-3.0%
	HF.1	1.8%	1.1-2.9%
	XBB	1.8%	1.5-2.1%
	GE.1	1.7%	1.3-2.2%
	XBB.1.5	1.1%	1.0-1.3%
	XBB.1.9.1	1.1%	0.9-1.3%
	EG.6.1	1.0%	0.7-1.4%
	GK.2	0.9%	0.7-1.3%
	XBB.1.5.72	0.8%	0.6-1.0%
	XBB.1.42.2	0.7%	0.4-1.1%
	XBB.1.9.2	0.5%	0.4-0.7%
	XBB.1.5.68	0.5%	0.3-0.8%
	XBB.1.5.10	0.4%	0.3-0.6%
	XBB.2.3.8	0.3%	0.2-0.4%
	CH.1.1	0.2%	0.1-0.3%
	XBB.1.5.59	0.2%	0.1-0.3%
	FD.1.1	0.2%	0.1-0.2%
	FE.1.1	0.1%	0.1-0.2%
	BA.2	0.1%	0.0-0.2%
	EU.1.1	0.0%	0.0-0.1%
	XBB.1.5.1	0.0%	0.0-0.0%
	BQ.1	0.0%	0.0-0.0%
	FD.2	0.0%	0.0-0.0%
	BA.5	0.0%	0.0-0.0%
Other	Other*	0.1%	0.0-0.1%



## Risk for Severe COVID Highest in:

- >65 years
- 50-64 years
- 0-4 years

Rates of COVID-19 Associated Hospitalizations by Age Group, 2022-23

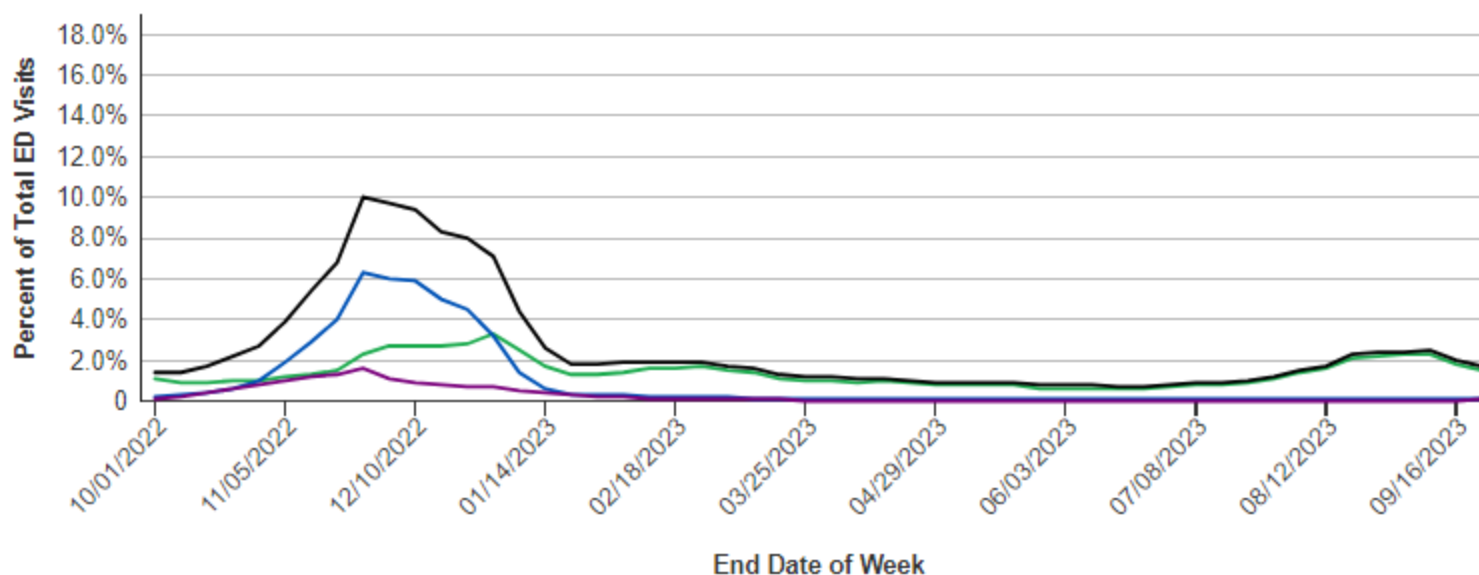


# COVID/Flu/RSV Activity in California

## Respiratory Virus Activity

Select your state or territory:

California ▼



● COVID-19 ● Flu ● RSV ● Combined

## MORE INFO

### COVID-19

COVID-19 can be very contagious and spread quickly. Most people have mild symptoms, but some can become seriously ill.

### Flu

Flu is a contagious influenza virus that causes symptoms such as fever, cough, and sometimes the lungs.

End Date of Week: 2023-09-23

COVID-19: 1.5%

Flu: 0.1%

RSV: 0.1%

Combined: 1.7%

RSV usually causes mild illness in healthy children, but it can be serious, especially in adults.



# COVID Guidelines for Healthcare Personnel

---

- Encourage everyone (HCP, patients, and visitors) to remain up-to-date on all recommended COVID vaccine doses
- Ensure everyone (HCP, patients, and visitors) are aware of recommended infection prevention and control practices (IPC) at the healthcare facility (post visual alerts at entrance, in waiting rooms, elevators, etc). Alerts should include IPC recommendations based on current hospitalization levels in your communities (masking, hand washing, maintaining distance)
- Implement Source Control (mask and respirators) measures at your healthcare facilities
  - HCP, patients, and visitors at high risk for severe illness should wear well-fitting masks or respirators
  - Source control is recommended for all individuals in the healthcare setting who:
    - Have suspected or confirmed COVID infection or other respiratory symptoms/infection
    - Had close contact or a higher-risk exposure with someone with COVID infection, for 10 days after their exposure
- Implement universal use of PPE for HCP
  - If COVID infections is not suspected in a patient presenting for care, HCP should follow standards precautions
  - If COVID transmission and hospitalizations in the community increase, healthcare facilities should consider implementing a broader use of respirators and eye protection by HCP during patient encounters



# Resources for Covid Guidelines in Healthcare Settings

---

CDC Recommendations/Guidelines:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

CDPH Recommendations/Guidelines:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/HealthCareAndTesting.aspx>



# Questions/Comments

---

Christine Brennan, MPH

Associate Director, Office of Public Health

California Area Indian Health Service

916-930-3981, extension 333

[Christine.Brennan@ihs.gov](mailto:Christine.Brennan@ihs.gov)