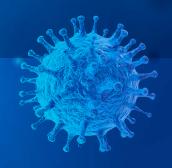
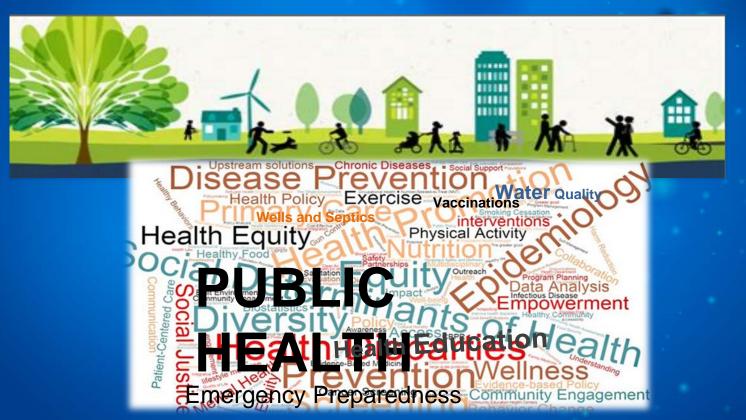
COVID-19 Update December 2, 2020







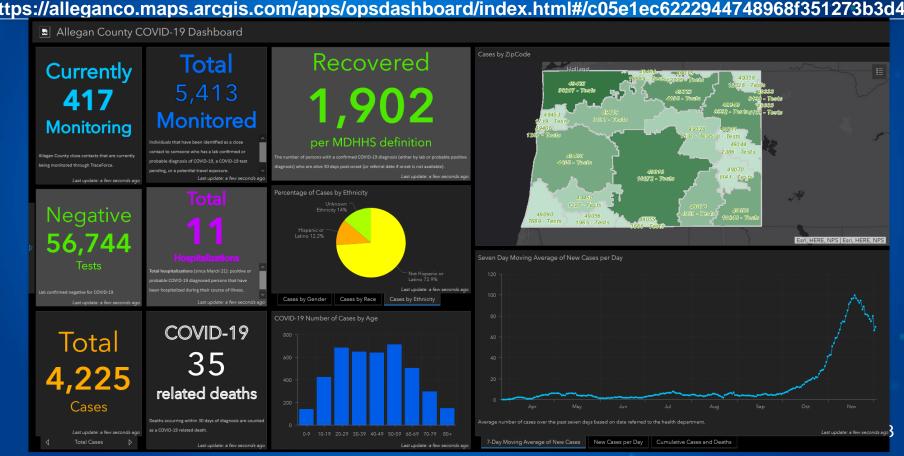
Public Health's job is to prevent illness, protect vulnerable populations, and promote health for our communities. Access to essential public health services builds a healthy community. This is a BIG job without a pandemic!

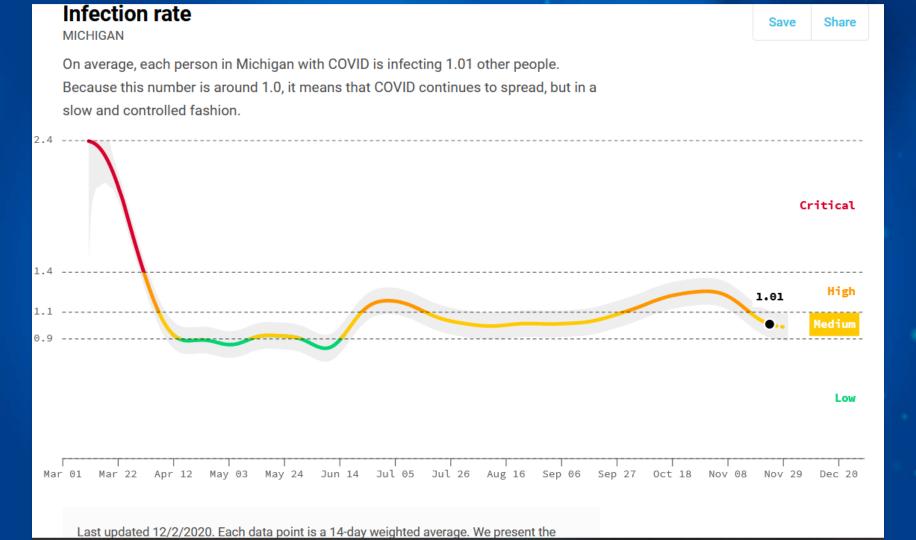


Allegan County COVID-19 Dashboard,

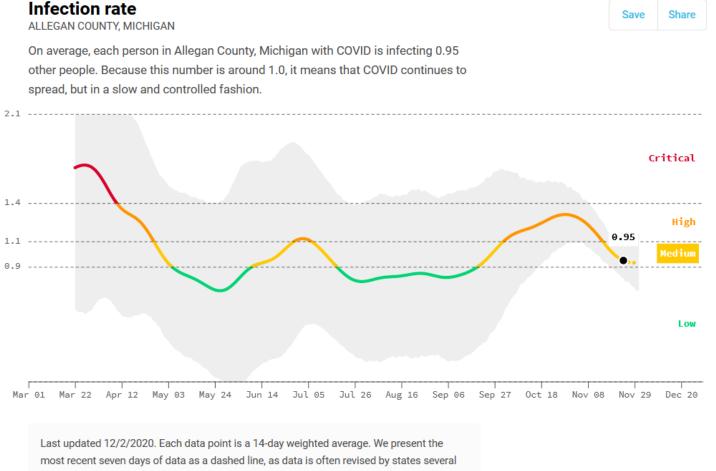
data as of 12/2/20 at 2pm

https://alleganco.maps.arcgis.com/apps/opsdashboard/index.html#/c05e1ec6222944748968f351273b3d41





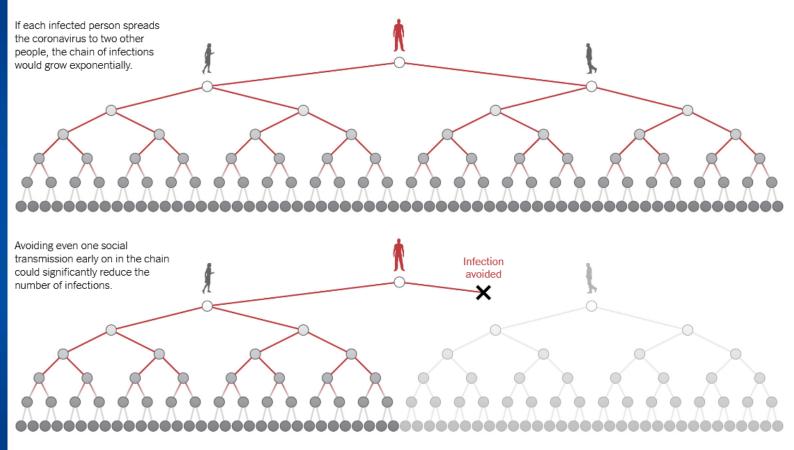




days after reporting. Learn more about our methodology and our data sources.

Cutting a Link in the Chain of Transmission

A simple tree diagram shows how limiting contacts early might prevent many infections.



By Jonathan Corum

COVID-19 Mass Testing and Containment

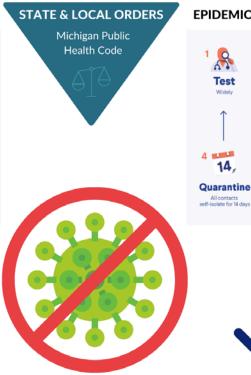
MITIGATION ROADMAP



INCIDENT ACTION PLAN OBJECTIVES

- Identify cases, isolate the sick, quarantine
 the exposed, and protect vulnerable
 populations
 - Provide information to the public, media, and County staff to increase public
- awareness, address misinformation, and protect the public and increase community resiliency
- Prepare, mitigate, and recover from widespread transmission in Allegan County





EPIDEMIOLOGICAL MODEL







COVID- 19 Mitigation Strategies

Community Vaccination and/or Herd Immunity

measures (non-pharmaceutical interventions) can be lifted

Best Practices for Organizations

Face Coverings, Social Distancing, Environmental, Administrative Controls, Case and Contract Tracing

and enforcement or orders as necessary.

Sufficient Health Care Capacity

Ensure hospitals have resources to treat those with COVID-19 and non COVID-19 health care needs.

Robust Case Investigation and Contact Tracing

Foundation to containment of the virus until a vaccine is available. Case Investigation starts immediately and all contacts are attempted to be contacted and put on guarantine within 24 hrs. .

Enhanced Ability to Test

Testing congregate care (jails, nursing homes, etc.), community wide testing, and testing of communities of vulnerabilities. clusters and outbreaks.





Plan for clinics and evaluate whether protective





Challenges in Responding



It is a novel virus and guidance is ever changing. Keeping staff and community leaders and members updated as that guidance changes can be challenging.





Timely Case investigation and contact tracing and getting people to understand the reason why it is so important to isolate/quarantine to disrupt the transmission.



Managing a response for a community that is incredibly divided on what the proper response should be.



Collaborate
with a vast array
of organizations
within different
sectors
on mitigations
measures and
technical
assistance as
needed.

Enhanced Ability to Test

COVID-19 TESTING EVENT



FREE COVID-19 testing (not antibody test)

Available to individuals of any age, regardless of symptoms.

Individuals under the age of 18 will need parental/guardian consent.

No insurance needed | No doctor's note needed Pre-register using the QR code below (use your phone camera to scan the code)



Saturday, December 5 | 10:00am-1:00pm

Allegan County Transportation Building | 750 Airway Dr., Allegan

Saturday, December 19 | 10:00am-1:00pm

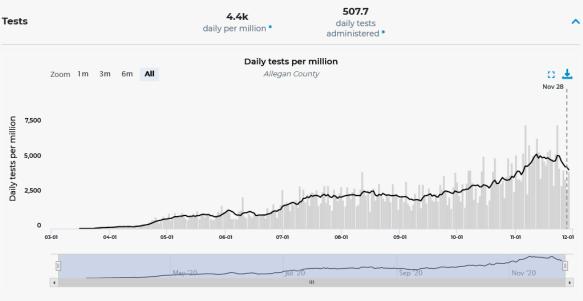
Allegan County Transportation Building | 750 Airway Dr., Allegan



Offering no-cost flu vaccine for uninsured/ under-insured adults (19 years of age and older) at event.

NOTICE: In the event of severe weather, ACHD will cancel testing events for the protection of staff and residents. Please check our Facebook page @AlleganCountyHD or call 269-686-4546 for any cancellation notices the day of the event.





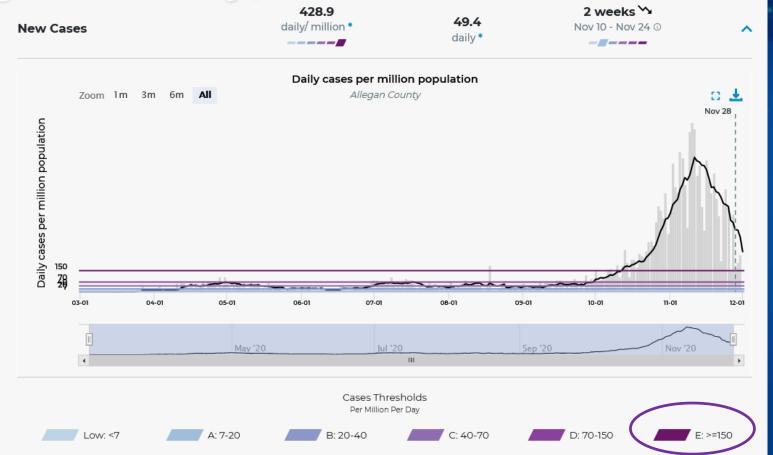
Data as of 11/28/20

www.Michigan.gov/coronavirustest

Ability to TestAllegan County, data as of 11/28/20



Allegan County, New Cases (data as of 11/28/20)



Comparison with neighboring counties



Why do we share data on a per million level?

- As public health, we have to be able to compare "apples to apples" to understand not only what is happening in our area, but also areas surrounding us. It allows us to compare new cases per day in our area (prevalence of the virus in communities) to other communities with vastly different populations.
- # daily new cases / Allegan County population * 1,000,000,000
- Visit <u>mistartmap.info</u> for other scale breakdowns of local data.

WORKING TOGETHER TO CURB THE SPREAD

We need to work together to lessen the impact of COVID-19 on our community and economy, and also minimize the number of deaths related to the virus. Everyone has a part to play.

IF YOU TEST POSITIVE FOR COVID-19

Start isolating right away. Stay home except for medical care. Let your employer know you have COVID-19.

Notify your close contacts so they can start to quarantine themselves.

• Close contacts = those who were within 6 feet for more than 15 minutes

- Close contacts = those who were within 6 feet for more than 15 minutes total in a 24 hour period, when the person was contagious.
- Contagious = starts 2 days before symptoms appear (or 2 days before positive test, if no symptoms), through the end of the isolation period.

Complete the ACHD self-reporting form based on your situation. Forms can be found on www.allegancounty.org/health

THE ALLEGAN COUNTY HEALTH DEPARTMENT WILL CONTACT:

Individuals who are 65 years and older, especially those with chronic underlying conditions Individuals who are 22 years and younger, especially those attending school in-person

Individuals residing in congregate living environments, such as longterm care facilities









- If someone tests positive or has been recently exposed to t virus do NOT expect a call from the Health Department.

 Instead:
- If you receive a positive COVID test resultsolate for a minimum of 10 days from the start of your symptom(s) or your symptoms.
 - (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html)
- Notify your close contacts that they may have been exposed and encourage them to <u>quarantine</u> for 14 days from their last date of contact with you.
 - (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html)
- If you know you are a close contact, start self-quarantine.
- Complete the self-reporting form based on your situation:
 - If you test positive, complete this "Itested positive" form.

 If you have a known exposure, complete this "Ihave been exposed" form.

Epidemiologic Information, Allegan County

Overall	Percent
Healthcare Worker	8.8%
Live or work in high-risk/congregate facility	6.7%
First Responder	1.2%
Other Essential Worker/Critical Infrastructure	17.0%
Healthcare Contact to confirmed care	0.8%
Community Contact to confirmed case	11.3%
Household Contact to confirmed case	15.2%

Total	Cases:	4222
-------	--------	------

Cases Reported in Past two weeks	Percent			
In quarantine at time of onset/positive test	21.8%			
Associated with known cluster/outbreak	1.4%			
Any Contact to confirmed case	13.7%			
Healthcare contact to confirmed case	0.3%			
Community contact to confirmed case	5.4%			
Household contact to confirmed case	8.2%			
Attended Community Event/Mass Gathering	1.6%			
Any Travel (international, domestic, in state)	3.1%			
Source of Infection is unknown	23.6%			
Number of cases reported in past 2 weeks: 1227				

er of cases reported in past 2 weeks. 1227

Clinical Information

Asymptomatic Cases: 13.5%



Data as of 12/2/2020. Source: Michigan Disease Surveillance System

Symptoms	Percent
Fatigue/Lethargy/Weakness	68.0%
Cough	64.2%
Fever	50.2%
Chills	44.4%
Shortness of Breath	21.1%
Difficulty Breathing	14.3%
Muscle Aches (Myalgia)	54.9%
Headaches	65.8%
Runny Nose	47.3%
Nausea	22.1%
Congestion	55.1%
Sore Throat	40.3%
Diarrhea	24.1%
Loss of taste	42.8%
Loss of smell	41.4%

Br	reakd	own of	Cases	by School Age Categories
		_		

Total Case Count	4222	Data as of 12/2/2020.
Number of Cases <18 years	432	Source: Michigan Disease Surveillance System

% cases <18 years 10.2%

Approximate Grade Level	Age	Case Count*	% total cases	% cases <18 years
	0-2 years	35	0.8%	8.1%
Pre-K age	3-4 years	29	0.7%	6.7%
K-5th grade age	5-10 years	91	2.2%	21.1%
6-8th grade age	11-13 years	84	2.0%	19.4%
9-12th grade age	14-17 years	193	4.6%	44.7%

These counts may not reflect the actual grade level of cases.

To prevent double-counting of cases, the age brackets do not overlap.

Case count by age, data from 11/25/2020 to 12/2/2020								
0-2 years	3-4 years	5-10 years	11-13 years	14-17 years				
4	3	9	10	18				

^{*}Case counts are based on case ages, which have been grouped into approximate grade levels.

CDC updated Quarantine Guidance:

https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html



Sufficient Health Care Capacity

	Statewide Hospital Capacity Report for COVID-19* 11/17/2020**											
	Hospital Beds	Adult Hospital Beds	Hospital Inpatient Beds	Hospital Inpatient Bed Occupancy	Adult Hospital Inpatient Beds	Innatient	ICU Beds	ICU Bed Occupancy	Adult ICU Beds	Adult ICU Bed Occupancy	Total Ventilators	Mechanical Ventilators in use
Region 5	1,597	1,533	1,330	1,103	1,301	1,083	196	142	165	135	315	64

COVID-19 Metrics 12/1/2020, by HCC Region

HCC Region	Region 5	
Total Hospitalized Adult Suspected/Confirmed	246	1
Adult Confirmed-Positive	241	1
Hospitalized Peds Confirmed/Suspected	0	+
Hospitalized Ped Confirmed-Positive	0	\Leftrightarrow
Hospitalized and Ventilated	18	1
Adult ICU Confirmed/Suspected COVID	49	1
ICU Adult Confirmed- Positive COVID	49	1
Prev Day COVID Related ED Visits	157	1



Statewide Hospitalization Trends: ICU COVID+ Census

Hospitalization Trends 8/1/2020 – 11/30/2020 Confirmed Positive in ICUs



COVID+ census in ICUs has flattened over the past week in the state overall and Region 7 and 8 show notable declines

Statewide ~30% of Adult ICU beds are occupied with COVID+ patients

5/8 Regions remain >30% occupied with COVID+

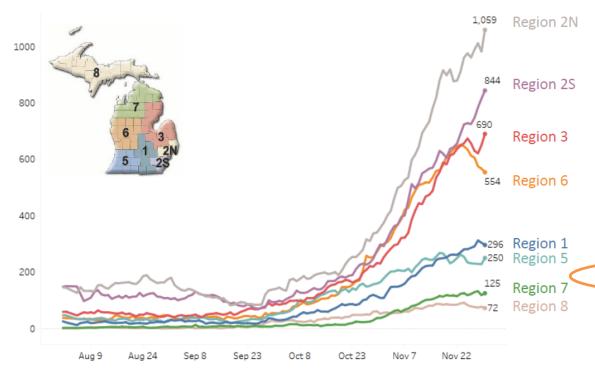
Region	Adult COVID+ in ICU (% ∆ from last week)	Adult ICU Occupancy	% of Adult ICU beds COVID+
Region 1	80 (0%)	78%	40%
Region 2N	153 (+4%)	81%	29%
Region 2S	152 (-4%)	81%	20%
Region 3	157 (+1%)	93%	43%
Region 5	46 (+2%)	77%	29%
Region 6	130 (+2%)	80%	42%
Region 7	63 (-17%)	74%	35%
Region 8	21 (-29%)	81%	36%

Hospital bed capacity updated as of 11/27



Statewide Hospitalization Trends: Regional COVID+ Census

Hospitalization Trends 8/1/2020 – 11/30/2020 Confirmed Positive by Region



Many regions show slower or even decreasing growth in hospitalizations. Regions 1, 2N, and 2S continue to show increasing hospitalizations.

Regions 2N and 3 show high rates of populationadjusted COVID+ hospitalizations.

	Region	Growth from Last Week	COVID+ Hospitalizations / MM
	Region 1	11%	274/M
	Region 2N	17%	478/M
l	Region 2S	22%	379/M
	Region 3	6%	609/M
	Region 5	-5%	263/M
	Region 6	-15%	378/M
	Region 7	2%	250/M
	Region 8	-20%	231/M

Best Practices for Organizations



COVID-19

PAUSE TO SAVE LIVES



Open



Two-household gathering (high precautions)*



Small outdoor gatherings (25 people)



Retail



Preschool through 8th grade (local district choice)



Childcare



Manufacturing, construction, other work that is impossible to do remotely



Public transit



Hair salons, barber shops, other personal services



Gyms and pools (for individual exercise)



Restaurants and bars (outdoor dining, takeout, and delivery)



Professional sports**
(without spectators)



Parks and outdoor recreation



Funerals (25 people)



Health care

*See Social Gathering Guidance.

**Includes a limited number of NCAA sports.

Not open



High schools (in-person learning)



Colleges and universities (in-person learning)



Workplaces, when work can be done from home



Restaurants and bars (indoor dining)



Organized sports, except professional sports



Theaters, movie theaters, stadiums, arenas



Bowling centers, ice skating rinks, indoor water parks



Bingo halls, casinos, arcades



Group fitness classes





COVID-19



SOCIAL GATHERING GUIDANCE PAUSE TO SAVE LIVES

Socializing with family or friends may feel safe, but it is risky – especially with COVID everywhere in Michigan today. It's best to only get together outside. If you must gather indoors, you may only see one other household at a time.

To reduce risk, follow these guidelines:

- Pick only one other household to see over the next three weeks. Even better, form a consistent social pod.
- Choose a household that is also being careful. If anyone in either group feels sick, postpone the gathering.
- **Limit duration indoors.** The longer the visit, the greater the risk.

Follow these rules as much as possible:



Wear a mask – only take it off when you eat or drink, then put it back on.



Stay six feet apart.



Keep voices down and avoid shouting or cheering.



Do not share utensils.

After a gathering, monitor yourself for symptoms of COVID-19. If anyone in the group feels sick, get tested.





SAFE SOCIAL "PODS"



What is a pod?

A social pod is a core group of friends or family who agree to limit their in-person social activities to only each other, and practice physical distancing with anyone outside the group. Being part of a pod allows members to continue seeing people outside their household while reducing the risk of spreading COVID-19.

Do

- Agree up front exactly who is in the pod. Keep your pod to under 10 people, and no more than one other household.*
- Discuss how vulnerable to COVID members of the pod are (underlying medical conditions, over age 65).
- Agree on how all members of the pod will limit risk (e.g., not seeing people outside the pod other than masked outdoors, not working or attending school in person). The whole pod takes on the risk of each member's exposure.
- ✓ Pledge to be truthful with one another about activities.
- Stay outdoors as much as possible, even within the pod.
- Communicate immediately if anyone has symptoms or exposure to COVID-19. The entire pod needs to stop getting together immediately, and the person with COVID-19 symptoms should get tested immediately.

Don't

- Socialize with other people outside your pod, except masked, outdoors, with at least 6 feet physical distance.
- Pod with more than 10 people or two households.
- Be a part of more than one pod/social circle.
- Include people in your pod who have recently engaged in risky behaviors.
- Stop following essential public health guidance (frequent handwashing, social distancing, wearing a mask).
- Permit members of a household to be in different pods.
- Engage in activity that has not been agreed upon with your pod, such as travel.
- Stay in a pod if others are engaging in unsafe behavior (e.g., going to large parties or gatherings).



^{*} Households means a group of people living together in a shared dwelling with common kitchen or bathroom facilities.

COVID-19

MIOSHA EMERGENCY RULES

The rules implement workplace safeguards for all businesses and specific requirements for industries, including manufacturing, construction, retail, health care, sports and exercise facilities and restaurants and bars. These rules take effect on October 14, 2020 and shall remain in effect for six months.



EMPLOYER REQUIREMENTS



Establish Exposure Determination for Employees

- The employer should evaluate routine and anticipated tasks to determine anticipated employee exposure to COVID-19.
- The employer should categorize jobs into the following risk categories:
 - Lower exposure risk do not require contact with public or other workers.
 - Medium exposure risk require frequent and/or close contact (ex. within six feet) with people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. Workers in this category have contact with the general public and coworkers.
 - High exposure risk high potential for exposure to known sources of COVID-19, these could include healthcare professionals, law enforcement, nursing home employees, medical transport or mortuary workers.
 - Very high exposure risk high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem or laboratory procedures. Workers in this category include healthcare, dental and morgue workers performing aerosol-generating procedures.



Create a COVID-19 Preparedness and Response Plan

- The employer should develop and implement a written plan to prevent employee exposure to COVID-19.
- The plan should include exposure determination and detail the measures the employer will implement to reduce employee exposure, including any:
- Engineering controls barriers between the worker and exposure to the virus.
- Administrative controls policies, procedures and practices such as staggered work schedule, teleworking and increase social distancing measures.



- Personal protective equipment employees in frequent or prolonged close contact with known or suspected cases of COVID-19 must be provided with and wear, at a minimum, an N95 respirator.
- Health surveillance screening protocols to identify known or suspected COVID-19 cases at the start of work shifts, employees should report any signs or symptoms of COVID-19.
- Training employers should provide COVID-19 exposure prevention training to employees, including steps to report signs and symptoms of COVID-19.



Establish Workplace Procedures

- Identify a workplace COVID-19 coordinator.
- · Examine and update policies like telework.
- Mandate face coverings as required.
- · Train employees on new procedures and policies.
- Employee health screening procedures prior to work.



Workplace Procedures - Cleaning

- The employer should routinely clean and disinfect all areas such as offices, common areas, bathrooms, shared electronic equipment and frequently touched surfaces.
- If a sick employee is suspected or confirmed to have COVID-19, perform enhanced cleaning and disinfection of the workplace.



Workplace Procedures - Sick Employees

- Require employees to report when they receive a positive test or are experiencing symptoms of COVID-19.
- Require employees to self-isolate. Employees should notify supervisors and stay home. Do not allow employees to return until home isolation criteria is met (Follow CDC Guidance) and inform other employees of possible workplace exposure (ADA compliant - keep confidentiality).



Employee Training

 Training should cover new policies and procedures like screening procedures, telework duties and employee reporting policy. Be sure to train on new controls like personal protective equipment (PPE) requirements and cleaning of workspace.

Core Mitigation Strategies



- Proper mask use
- Social Distancing
- Frequent Handwashing
- Staying Home when Sick







Mask Use

- Masks have shown to work at slowing disease spread by about 70%
 - Face masks block an individual's respiratory droplets from landing in the mouths or noses of people who are nearby or possibly being inhaled into the lungs.
- Sources: Howard, J., Huang, A, et al. 2020; Wang, Y., Tian, H., et al. 2020; Centers for Disease Control and Prevention; Davies, A., Thompson, K. et al. 2013.
- Specifically with pediatric COVID-19 patients, data showed that children can carry high levels of virus in their upper airways, particularly early in an acute SARS-CoV-2 infection, yet they display relatively mild or no symptoms (Yonker, L., Neilan, A. et al., 2020).
 - This suggests that children can be superspreaders to COVID-19

COVID-19 Immunity

Vaccine

help protect you by creating an antibody response without having to experience sickness.

Infection acquired

- Unclear whether clinically recovered patients acquire the protective immunity from re-infection.
- Some cases of re-infection of COVID-19

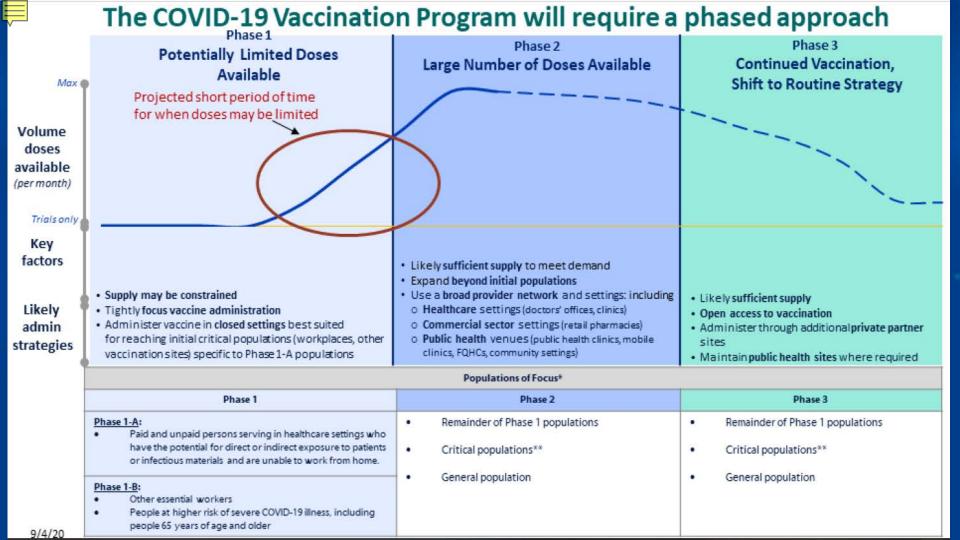
Community Vaccination and/or Herd Immunity

PHASE 3 LIMITED APPROVED 13 41 Vaccines Vaccines Vaccines Vaccines Vaccines approved and dosage safety trials efficacy tests or limited use for full use

Vaccine Distribution:

- State and Local Health Departments currently identifying sources for ultra cold storage and purchasing what is needed
- Gun Lake has donated funds for a mobile vaccine clinic



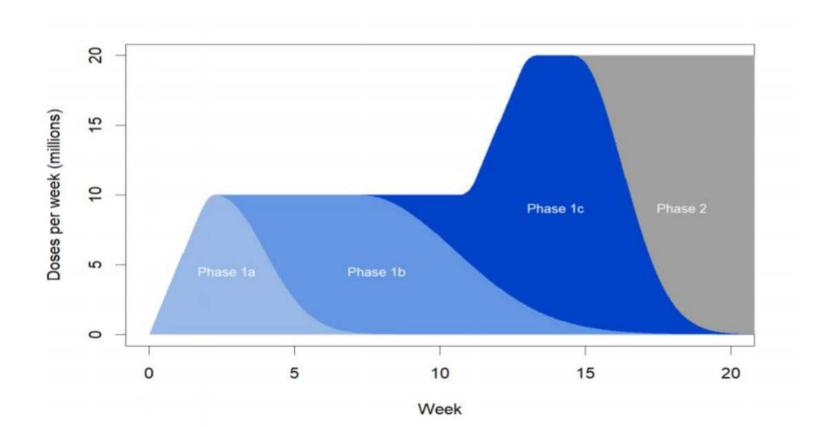


Proposed Interim Phase 1 Sequence

Phase1c Adults with high-risk medical conditions Adults 65+ Phase 1b **Essential workers** (examples: Education Sector, Food & Agriculture, Utilities, Police, Firefighters, Corrections Officers, Transportation) Phase 1a HCP LTCF residents

Time

Example of a possible Phase 1 sequence



Distribution, Storage, Handling, and Administration Assumptions

Vaccine A

3 separately	acquired	components	(mixed on site)

Vaccine

SHIPMENT

- Direct to site from manufacturer (on dry ice)
- Multidose vials (5 doses/vial) Diluent
- Direct to site from the US Government (USG) at room temperature)
- Ancillary supply kits (for administration and mixing) Direct to site from USG (at room temperature)

ON-SITE VACCINE STORAGE Frozen (-70 °C ± 10 °C)

- Must be used/recharged within 10 days
- Storage in shipping container OK (replenish dry ice
 - later)

Thawed but NOT reconstituted (2-8 °C) Must use within 5 days (discard unused doses after 5

- days) Reconstituted (room temperature)
- Must use within 6 hours (discard any unused, reconstituted vaccine after 6 hours)

ORDERS

- Large quantities, to large administration sites only
- Minimum order: ~1,000 doses
- Maximum order: ~5,000 doses

ADMINISTRATION

- 2-dose series (21 days between doses)
 - On-site mixing required; reconstitute with diluent just prior to administration
 - Administer by intramuscular (IM) injection

within 24 hours of receiving shipment and again 5 days

Distribution, Storage, Handling, and Administration Assumptions Vaccine B

SHIPMENT ON-SITE VACCINE STORAGE

2 separately shipped components Frozen (-25°C to -15°C until ready for use)

Vaccine To central distributor (at -20°C)

Multidose vials (10 doses/vial)

Ancillary supply kits

Direct to site from USG (at room temperature)

ORDERS Central distribution capacity

Required by Dec 2020

Maintained at -20°C

Refrigerated (2°C to 8°C) Must use within 7 days if the vial has not been entered

Thaw before use: Thaw in refrigerated conditions between 2°C to 8°C

vaccines.

for 2 hours. Let vial stand at room temperature for 15 minutes before administering. · Alternatively, thaw at room temperature between 20°C to 25°C for 1 hour. · After thawing, do not return vial to the freezer.

Room temperature The total time between removal from refrigeration and administration should be no more than 12 hours.

Once the vial has been entered, it must be used within 6 hours (discard any unused vaccine after 6 hours).

ADMINISTRATION 2-dose series (1 month between doses)

No on-site mixing required

Note: This is a narrower range than for varicella-containing

Once thawed, swirl vaccine gently prior to withdrawing a dose. Do NOT shake. Administer by intramuscular (IM) injection.

Vaccine allocations within Michigan

- Pfizer Vaccine (est. 86,400 doses initially)
 - EUA submitted on (11/20/20)
 - FDA/ACIP meeting 2nd week Dec, expect vaccinations to begin shortly after
 - Initial allocation to hospitals
 - Allocations to LHDs that can accommodate 975 dose orders
- Moderna Vaccine (est. 168,750 doses initially)
 - EUA submitted on (11/30/20)
 - Expect vaccination before the end of the year
 - Broader distribution, potential approval within weeks of Pfizer
 - Allocations to LHDs for use on 1A populations such as EMS and to the smaller hospitals

Logistics of Vaccination Efforts

- Storage and management of the vaccine
- Retain social distancing during vaccination event
- Plan for managing mild side effects from the vaccine, low grade fever, malaise, soreness at the injection site
- Reporting and tracking vaccination in MCIR
- Uptake of vaccination



Initial Dizor Vaccino Distribution (1A)

Sites		Vaccine throughput withir
IIIItiai Fiizei	vaccine Distribution (1A)	

48 Hospital Sites with Ultra-Cold Storage

people in 10 days

Cold Storage

72 Total Sites

12 Hospitals sites without Ultra-Cold Storage

but with the ability to vaccinate at least 1,000

12 Local Health Department Sites with Ultra-

n 10 days

99,743 adults vaccinated

30,420 adults vaccinated

40,385 adults vaccinated

170,548 total adults vaccinated with first dose

Initial Moderna Vaccine Distribution (1A)

Sites	Vaccine throughout within 10 da	
Tiliciai Moderna V	raceine Distribution (1A)	

70 Hospital Sites able to store Moderna vaccine 37,957 adults vaccinated

32 Local Health Department Sites able to store

Moderna vaccine

102 Total Sites

24,461 adults vaccinated

195,009 total adults vaccinated with first dose

Vaccine Prioritization (preliminary)

- Priority 1A: Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials
- Priority 1A, Tier 1
 - EMS
 - Hospital
 - ➤ General Medical Floor
 - > Emergency Department
 - **≻ICU**
 - Skilled Nursing Facilities



Vaccine Prioritization (preliminary)

- Priority 1A, Tier 2
 - State psychiatric hospitals
 - Homes for the Aged
 - Adult Foster Care Centers
 - Home health workers



Communications Strategy

- Built off current COVID campaign and ongoing research through Edison
 - Vaccine hesitancy and messaging survey fielded through Dec. 3, heavily focused in communities of color
- Internal and external comms stakeholder leadership group
- Focus on general public, healthcare providers, businesses, faith-based, minorities, general population
- Two phases:
 - Education and awareness focused on safety and efficacy
 - Encouragement to get vaccine (including paid media after vaccine becomes available)



Allegan County Communications Strategy

- Similar to MDHHS
- Looking for Community Volunteers to join Vaccine Communication Taskforce.
- Please email <u>Imaunz@allegancounty.org</u> if interested.
 - Looking to send information out by Friday

Key Performance Indicators

Number of Enrolled Providers	Number of Providers, by practice type, that are enrolled in the COVID vaccination program
Number of Doses Administer in Michigan	Number of doses of COVID vaccine distributed in Michigan
Percent Vaccinated by Age Group*	Percent of the population vaccinated by age group, race and ethnicity
Number of Doses Administered	Number of doses of COVID vaccine administered, by age group
Number of people Received 2 nd Dose	Number of individuals who have received their second dose of COVID vaccine

^{*}Evaluating strategies to include race/ethnicity, which has historically not been tracked for vaccinations



Unknowns for Vaccine Distribution

When vaccine will be available

How vaccine will be allocated to states

National strategy for vaccine prioritization when supply is short

Vaccine storage requirements (refrigerator, freezer, ultra-cold)

Number of doses in the series, time between doses

Unknown how the Federal Government will work with Federal Agencies and IHS



Michigan Flu Focus

Weekly Influenza Surveillance Report

November 30, 2020

Vol. 18; No. 08

Week Ending November 21, 2020 | WEEK 47

Editor: Sue Kim
Editor email: KimS2@michigan.gov

Data provided in this report are preliminary and will be updated as additional data is received
Influenza-Like Illness (ILI) Activity Level Indicator Determined by Data Reported to ILINet
2020-21 Influenza Season Week 47 ending Nov 21, 2020



Note: This graph represents U.S. ILI activity levels reported to ILINet. Geographic spread of influenza has been suspended for the 2020-2021 influenza season

Updates of Interest

Seasonal influenza activity in the United States remains lower than usual for this time of year.

Please see the following link to CDC's FluView report for more details:

https://www.cdc.gov/flu/weekly/

Influenza-associated Pediatric Mortality

Nationally, no (0) influenza-associated pediatric deaths have been reported thus far for the 2020-2021 flu season.

195 pediatric flu deaths were reported for the past 2019-2020 flu season.

FLU CLINICS

Free Flu Vaccines for anyone 6 months and older without insurance or with insurance that does not cover vaccines

3255 122nd Ave., Suite 200, Allegan

- Thursday, December 3rd from 1:00pm to 4:00pm
- Thursday, December 10th from 9:00am to 12:00pm and 1:00pm to 4:00pm
- Thursday, December 17th from 9:00am to 12:00pm and 1:00pm to 4:00pm



To make an appointment, call (269) 673-5526



ACHD Hotline: (269) 686-4546



Email: COVID-19@allegancounty.org

