



Public Health Brief

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COVID-19 AND?

Anger, frustration, disappointment, and hopelessness are feelings expressed by many as we face the fallout from one crisis after another: mass killings, war, politics, drought, inflation, and? All of this on top of the COVID-19 pandemic which refuses to go away! For most of us, when there is a clear end in sight, we have the energy to fight and cope for the short term. But most of these issues are chronic, with no obvious end point, making it more difficult to sustain the emotional reserves to not only survive but to thrive in the midst of chaos. Need some encouragement and tools? Go to:

[Crisis fatigue: Definition, symptoms, and how to cope \(medicalnewstoday.com\)](https://www.medicalnewstoday.com/)

Let's talk about COVID-19, specifically, where we are, and what we can do moving forward.

Where we are and what we know

Beginning in late 2019, a novel coronavirus emerged and became what we know as the COVID-19 pandemic. So far, COVID-19 has killed >6.3 million people worldwide, with >1 million in the USA, and almost 100,000 in California. At no point since the beginning of the pandemic have fewer than 200 people died of COVID-19 per day in the USA for a sustained period of time. The most recent numbers show an average of 247 people dying each day in the USA as of June 5th.



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The original strain of the coronavirus has been replaced by new strains which continue to evolve. Alpha was replaced by Delta and then Omicron. Now we are in a subvariant phase, with BA.1 being replaced by BA.2, and then BA.2.12.1. In March 2022, BA.4 and BA.5 surfaced in the USA and are expected to push out the older subvariants over the course of this summer.

While much of the population has some immunity from either previous infection or vaccination, with or without 1 or 2 booster doses, reinfection remains a real risk as immunity fades over time or newer, potentially more transmissible or virulent, variants emerge. BA.4/5 appear to cause little severe disease but are highly transmissible and [capable of immune escape](#), so we likely can expect another wave of infection due to these subvariants. Notably, BA.4/5 [appear to be responsive to boosters](#), albeit with waning protection, as well as monoclonal antibodies and antivirals. However, unvaccinated individuals, even those with some immunity from infection with previous strains, are most at risk of severe COVID-19 outcomes.

Each time a new variant surfaces, the same questions need answers:

- How many people can become infected by exposure to a case? How much virus needs to be present to infect someone?
- Does the variant cause just the right amount of disease? If it causes too mild disease, infected people remain “out and about” and the virus quickly runs out of new people to infect. If it causes deaths quickly, those infected persons who have died can no longer transmit disease to others (unlike Ebola).
- What are the typical symptoms? If the virus settles in the lungs, then pneumonia and the need for oxygen and respiratory support develop. If the virus attaches to the more benign nasal passages, then the virus mimics the common cold or allergies.
- Can the virus be stealthy and evade testing, vaccinations, and therapeutics? How long does it survive in the air, and does it spread on large droplets or small particles? Can people shed virus without having any symptoms? How long is the incubation period where people can infect others without realizing they themselves are infected?

Fortunately, for the subvariants BA.2.12.1, and the newer BA.4 and BA.5, the incubation period is short, symptoms are generally mild, and serious disease is rare but possible, especially in the unvaccinated, those with underlying medical conditions, and older folks. The bottom line is that BA.4 and BA.5 are highly transmissible, cause little severe disease, and are responsive to boosters (although protection wanes), monoclonal antibodies, and antivirals. Good news!

We have been blessed with the development and availability of excellent vaccines supported by Operation Warp Speed. Worldwide, >11 billion doses of COVID-19 vaccine have been given, with an excellent safety record. Even with the development of newer variants, persons who have received booster doses were significantly less likely to develop COVID-19 infection. Current vaccines remain an effective means of protection, even if protection wanes over time.



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The risk for COVID-19 exposure and infection continues as a number of Californians remain unvaccinated and unboosted. Real-world evidence continues to show that the vaccine is preventing severe illness, hospitalization, and death. As compared to persons who have been boosted, the unvaccinated have a 4.7 times greater risk of becoming infected, and a 7.4 times risk of needing hospitalization and of dying from infection in California.

Alpine County operates its own “T2T” (test-to-treat) program, with testing and the antiviral Paxlovid being available 7 days a week by calling 530-694-2146, Option 1. Treatment with Paxlovid significantly reduces the risk of severe COVID-19 or death in older patients, immunocompromised patients, and others with underlying chronic medical conditions.

What is on the horizon?

- We expect vaccine to be available for infants as young as 6 months of age this month.
- Next-generation vaccines are in development, modifying targeted strains, using different technologies (traditional or plant based), and delivery methods (inhaled nasal).

As we enter into the summer season, what should we be doing? Obviously, get vaccinated and boosted! Home tests are available from us at no charge – just come to our office M-F 8-12 and 1-5. I know we are tired of it all, but we need to pay attention to what has been learned over the last 2 years.

We have tried to balance guidance based on science with the social and economic sacrifices required. Handwashing, social distancing, and use of face coverings proved their value as we awaited the availability of vaccines. Hand hygiene will hopefully continue at an elevated “new normal”. We as COVID-weary humans are craving for social interaction and freedom from mandates, but we plead with you to “party on” responsibly as you gather this summer.

Then there is the issue of face coverings or masks (medical grade surgical mask or N95 respirator). We are all familiar with the concept of “personal protection”, as used by firefighters and hazmat personnel to protect themselves. However, we are less familiar with the concept of “population protection” – not to protect the wearer – but to protect those nearby who might be vulnerable, such as used in surgery to prevent germs from landing in an open surgical wound. Mandates are not forthcoming, but common sense will be helpful. In deciding to wear or not to wear a mask, consider your own risk, and the risk of those around you. How old are you, what underlying medical conditions do you have, and are you vaccinated and boosted? What about those around you? Have you chosen to be in a situation that is crowded, indoors, and with poor ventilation? Are you in a geographic area with high levels of transmission? The risk is not zero, but there are steps you can take, and decisions that you can make to lower your risk and that of those around you as much as possible.

Crisis is a combination of danger and opportunity. Winston Churchill said that “a pessimist sees the difficulty in every opportunity; an optimist sees the opportunity in every difficulty”. As the commercial says, “Drink responsibly”. As you return to life as usual, do so thoughtfully and safely, for yourself, your household and family, and your community.



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