MEMORANDUM

Date: March 14, 2022

To: The Honorable Chair and Members
    Pima County Board of Supervisors

From: Jan Lesher
    Acting County Administrator

Re: Pandemic Update

COVID-19 cases continue to fall each week from a historic high of 17,992 cases the week of January 9, 2022 now to 678 during the first week of March. This is welcome and certainly headed in the right direction, but still higher than during our low-point of 244 cases the first week of June 2021. (Attachment 1) At this time the Centers for Disease Control and Prevention (CDC) is reporting a case rate of 120 per 100,000 for the last seven days.

The peak hospitalizations of Pima County residents occurred the third week of January 2022 at 341, and was reported at 40 for the last week in February 2022. Again, significantly higher than a low point of 15 during the last week of May 2021. The improvement is best seen in our intensive care units where the COVID-19 related occupancy has dropped to 10 percent from recent highs in excess of 45 percent.

Diagnostic COVID-19 testing in Pima County that peaked at the historic level of 79,515 the week of January 9, 2022 has now dropped to 20,373 the last week of February. Diagnostic test positivity peaked at about 28 percent the week of January 16 and has now dropped to 7 percent the last week of February.

Based on the most recently revised CDC risk assessment, the COVID-19 Community Level, Pima County is in the Medium (or Yellow) Level. At this level of risk, vaccination (and boosters) as well as rapid testing for those who are symptomatic are the primary recommended interventions. Those at increased risk (and their household contacts) should consider additional mitigation measures including the use of masks and preventive medications.

Schools

Since the beginning of the academic year, 337 schools have reported 24,506 cases. Case numbers have been decreasing each week from a high of 4,403 cases the second week of January 2022 to 145 cases in the last week in February. This school year, schools have experienced 432 outbreaks and 198 recommended classroom closures. Students make up 85.2 percent of cases while teachers and staff are 14.8 percent. Children up to 11 years of age are 44.3 percent (10,672 cases) of school reported cases, while the 12 to 19-year age group made up 38.2 percent (9,190 cases). (Attachment 2)
Vaccination

More than 1,790,065 doses of COVID-19 vaccine have been administered in Pima County. At this time 67.8 percent (or 709,677 individuals) of the population of this County is fully vaccinated (with two doses of Moderna/Pfizer or a single dose of Johnson & Johnson). Notably, 71.6 percent of the vaccine age eligible population (5 years and older) is now fully vaccinated. Additionally, 311,551 or 45.6 percent of the fully vaccinated population has received a booster dose. Overall vaccine uptake has slowed down significantly across the County in recent weeks.

In total we have documented 52,082 breakthrough infections following complete vaccination. This is 7.7 percent of the fully vaccinated population that have developed subsequent COVID-19 infection. Breakthrough cases tend to result in less severe disease. For this reason, 0.15 percent (1,052) of fully vaccinated individuals have required hospitalization, and only 0.04 percent (237) have died of COVID-19 related illness.

Therapeutics

On March 7, 2022, the federal government launched the COVID-19 Test-to-Treat Initiative. The best protection against severe illness from COVID-19 remains vaccination; however, there are now antiviral medications available for those who do get sick. Community members at increased risk of developing severe COVID-19 can now get tested at a participating pharmacy and, if the results are positive, receive one of two approved medications on site: Pfizer’s Paxlovid or Merck’s Molnupiravir.

Long-term care pharmacies are also eligible to participate and directly order these antiviral medications to prescribe to residents at risk for severe COVID-19. Qualified health care providers will also continue to be able to prescribe these medications to their patients as well. In addition, specific monoclonal antibodies are available for both treatment and prevention.

The Pima County Health Department will coordinate with the State to ensure this information reaches our communities and will provide the most current updates on our website COVID-19 treatment - Pima County. (Attachment 3)

Overall Impact of COVID on Mortality in Pima County

The pandemic has impacted mortality across the country. In Pima County, COVID-19 and its complications ranked as the third leading cause of death in 2020, after heart disease and cancer. During that time COVID-19 infection contributed to 1,437 deaths and resulted in an estimated 8,411 years of potential life lost. This is especially true for the 50 to 59-year age group where it was the second leading cause of death. COVID-19 related illness was the third leading cause of death for individuals 60 and older, and the fourth leading cause of death for 20 to 49-year olds. (Attachment 4)
The pandemic has had a real and substantial impact on deaths in Pima County and justifies the continued expenditure of federal and local resources to prevent and mitigate against this infection and its impact on the health care system.

Conclusion

Pima County continues to develop a flexible approach to mitigate against community transmission and its consequences, while allowing greater degrees of social, educational and economic activity. The most important tools to protect ourselves and our community have not changed. Vaccination (and boosters), staying home when sick, masking for the protection of vulnerable populations, are evidence-based interventions that will continue to be needed our community.

JL/dym

Attachments

c: Francisco García, MD, MPH, Deputy County Administrator for Health and Community Services & Chief Medical Officer
    Carmine DeBonis, Jr., Deputy County Administrator for Public Works
    Terry Cullen, MD, MS, Public Health Director, Pima County Health Department
Weekly COVID-19 Summary

Cumulative Demographic Report - MEDSIS weekly data

Cases

COVID-19 Cases by Month

Count
COVID-19 Hospitalizations by Month

Count

2000

1500

1000

500

0

2020 - 3
2020 - 4
2020 - 5
2020 - 6
2020 - 7
2020 - 8
2020 - 9
2020 - 10
2020 - 11
2020 - 12
2021 - 1
2021 - 2
2021 - 3
2021 - 4
2021 - 5
2021 - 6
2021 - 7
2021 - 8
2021 - 9
2021 - 10
2021 - 11
2021 - 12
2022 - 1
2022 - 2
2022 - 3

Wednesday, March 9, 2022
Deaths

COVID-19 Deaths by Month

Count

Wednesday, March 9, 2022
COVID-19 in Pima County Schools

![Bar Chart: COVID-19 Cases in Schools by MMWR week]

- Week 2021-39: 21 cases
- Week 2021-40: 93 cases
- Week 2021-41: 216 cases
- Week 2021-42: 326 cases
- Week 2021-43: 268 cases
- Week 2021-44: 286 cases
- Week 2021-45: 328 cases
- Week 2021-46: 345 cases
- Week 2021-47: 462 cases
- Week 2021-48: 776 cases
- Week 2021-49: 756 cases
- Week 2022-1: 859 cases
- Week 2022-2: 552 cases
- Week 2022-3: 574 cases
- Week 2022-4: 617 cases
- Week 2022-5: 268 cases
- Week 2022-6: 145 cases
- Week 2022-7: 28 cases
- Week 2022-8: 89 cases
- Week 2022-9: 0 cases
- Week 2022-10: 145 cases
- Week 2022-11: 2126 cases
- Week 2022-12: 746 cases
- Week 2022-13: 608 cases
- Week 2022-14: 1286 cases
- Week 2022-15: 2445 cases
- Week 2022-16: 3762 cases
- Week 2022-17: 4403 cases
**PATIENT INFORMATION:**

Types of COVID-19 Treatments and Therapeutics

All COVID-19 treatments and therapeutics are authorized by the FDA.

If you are at high risk of becoming seriously ill from COVID-19, talk to your healthcare provider to see if these treatments and therapeutics are right for you. There is no cost to the patient for any of these treatments or therapeutics, although the provider might collect insurance information. Updated information for Pima County is at: [www.pima.gov/covid19treatment](http://www.pima.gov/covid19treatment)

<table>
<thead>
<tr>
<th>TYPE OF THERAPEUTIC</th>
<th>WHEN TO USE THEM?</th>
<th>WHO ARE THEY RECOMMENDED FOR?</th>
<th>HOW/WHERE TO GET THEM?</th>
</tr>
</thead>
</table>
| Long-Acting Antibodies (laAbs) for prevention | • BEFORE being infected with COVID-19.  
• If you are high risk due to being immune-compromised or unable to get the vaccine due to severe adverse reactions. | • People 12 or older  
• Weigh at least 40 kg (88 pounds)  
• Has not been exposed to an individual with COVID-19  
• Moderate-to-severely-compromised immune system  
• History of severe adverse reactions to a COVID-19 vaccine and/or component(s) of those vaccines | Check with your healthcare provider for a referral/prescription, or check at: [pima.gov/covid19treatment](http://pima.gov/covid19treatment) for potential direct screening options at certain healthcare facilities. Parents of pediatric patients who are younger than 12 and at high risk should speak with their pediatrician as their children may be eligible to receive certain types of therapeutics. |
| Oral Therapeutics (Pills)            | • TESTED POSITIVE for COVID-19.  
• WITHIN FIVE DAYS of the start of symptoms (the earlier after testing positive, the better). | • People 12 or older*  
• Weigh at least 40 kg (88 pounds)  
• Have a high risk of severe COVID-19 disease progression  
• Are not in the hospital but have mild to moderate symptoms for five days or less  
*Talk to your healthcare provider about what oral antiviral may be right for you as eligibility may vary. | |
| Monoclonal Antibodies (mAbs) for treatment | • TESTED POSITIVE for COVID-19.  
• WITHIN 10 DAYS of the start of symptoms (ideally within five days). | • People 12 or older  
• Are at high risk of becoming seriously ill | |

Information current as of March 9, 2022

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- **Long-Acting Antibodies (laAbs) for prevention**
  - The *Evusheld* injection is the only non-vaccine with emergency use authorization from the FDA to prevent infection from COVID-19 before you're exposed to the virus. It provides protection against COVID-19 for up to six months.
  - **Before** being infected with COVID-19.
  - If you are high risk due to being immune-compromised or unable to get the vaccine due to severe adverse reactions.

- **Oral Therapeutics (Pills)**
  - Pills may help your body fight COVID-19 by stopping the virus that causes COVID-19.
  - **Tested positive** for COVID-19.
  - **Within five days** of the start of symptoms (the earlier after testing positive, the better).

- **Monoclonal Antibodies (mAbs) for treatment**
  - Antibodies developed in a lab that block the virus from entering your cells and reduce the severity of disease and the risk of hospitalization.
  - **Tested positive** for COVID-19.
  - **Within 10 days** of the start of symptoms (ideally within five days).
INFORMACIÓN DEL PACIENTE: Tipos de tratamiento y Terapéutica de COVID-19

Todos los tratamientos y terapéuticas de COVID-19 están aprobados por la FDA. Si está en alto riesgo de enfermarse de gravedad a causa del COVID-19, hable con su doctor para ver si estos tratamientos y terapéuticas son apropiados para usted. No hay ningún costo al paciente por alguno de estos tratamientos o terapéuticas, aunque el proveedor puede pedir información de seguro médico. Información actualizada para el Condado Pima se encuentra en: www.pima.gov/covid19treatment

<table>
<thead>
<tr>
<th>TIPO DE TERAPÉUTICA</th>
<th>CUANDO USARLAS</th>
<th>¿PARA QUIÉN SON RECOMENDADAS?</th>
<th>¿CÓMO/DONDE OBTENERLAS?</th>
</tr>
</thead>
</table>
| **Anticuerpos de Acción prolongada (laAbs) para prevención** | • ANTES de tener COVID-19.  
• Si tiene alto riesgo debido a ser inmunodeprimido o si no se puede vacunar por reacciones adversas a la vacuna. | • Personas de 12 años en adelante  
• Pesan al menos 40 kg (88 libras)  
• No ha sido expuesto a una persona con COVID-19  
• Sistema inmune de moderada a severamente comprometido  
• Historial de reacciones adversas severas a una vacuna contra el COVID-19 y/o componente(s) de esas vacunas | Pida a su doctor una referencia/receta, o revise en: pima.gov/covid19treatment para posibles opciones de revisión en ciertas instalaciones de salud. |
| **Terapéuticas orales (Pastillas)** | • DIERON POSITIVO a COVID-19.  
• DENTRO DE CINCO DÍAS del comienzo de síntomas (lo más temprano después de dar positivo, lo mejor). | • Personas de 12 años en adelante*  
• Pesan al menos 40 kg (88 libras)  
• Alto riesgo de que el COVID-19 sea grave  
• No están hospitalizados, pero tienen síntomas leves a moderados por cinco días | *Hable con su doctor sobre cual antiviral oral es apropiado para usted, elegibilidad puede variar. |
| **Anticuerpos Monoclonales (mAbs) para tratamiento** | • DIERON POSITIVO a COVID-19.  
• DENTRO DE 10 DÍAS del comienzo de síntomas (idealmente dentro de cinco días). | • Personas de 12 años en adelante  
• Tienen alto riesgo de enfermarse de gravedad | |

Información actual a partir del 9 de marzo, 2022
# Fact Sheet: COVID-19 Test to Treat

The Biden-Harris Administration is launching a new nationwide Test to Treat initiative that will give individuals an important new way to rapidly access free lifesaving treatment for COVID-19. In this program, people will be able to get tested and – if they are positive and treatments are appropriate for them – receive a prescription from a health care provider, and have their prescription filled all in one location. These “One-Stop Test to Treat” locations will be available at hundreds of locations nationwide, including pharmacy-based clinics, federally-qualified community health centers (FQHCs), and long-term care facilities. People will also continue to be able to be tested and treated by their own health care providers who can appropriately prescribe these oral antivirals at locations where they are being distributed.

While vaccination continues to provide the best protection against COVID-19, therapies are now available to help treat eligible people who do get sick. The Biden-Harris Administration has invested in a medicine cabinet of COVID-19 treatments, which includes two oral antiviral pills – Pfizer's Paxlovid and Merck's Molnupiravir – that can help prevent severe illness and hospitalization when taken soon after symptom onset.

The Office of the Assistant Secretary for Preparedness and Response (ASPR) within the U.S. Department of Health and Human Services (HHS) already distributes COVID-19 treatments, including oral antivirals, to states and territories for free on a weekly basis. All qualified health care providers can prescribe these therapeutics to patients who are at increased risk for developing severe COVID-19.

Effective March 7, HHS will also begin distributing oral antiviral pills directly to participating Test to Treat pharmacy-based clinics, making more treatments available to more people in more locations. ASPR will also launch a program for long-term care pharmacies to directly order these antivirals to facilitate increased access for eligible long-term care residents who are at increased risk for developing severe COVID-19.

These pharmacy-based clinics and long-term care facilities join hundreds of FQHCs in our hardest-hit and highest-risk communities – these centers will provide access for people to get tested, receive a prescription from a health care provider if appropriate, and have their prescription filled, all at one convenient location.

Building upon the existing distribution of oral antivirals to thousands of locations across all states and territories, the Test to Treat initiative is part of a broader strategy to quickly connect eligible individuals who are at high risk of getting very sick from COVID-19 to appropriate treatments. The Department of Veterans Affairs (VA) is also connecting our nation’s veterans who test positive at VA medical centers directly to treatment. For more information regarding available COVID-19 treatments, visit [www.aspr.hhs.gov](http://www.aspr.hhs.gov).
Frequently Asked Questions about the Test to Treat Initiative

What pharmacy-based clinics, health centers, and long-term care facilities have partnered with HHS as part of the Test to Treat initiative?
Some of the nation's largest pharmacy chains are participating. The participating locations have health clinics inside their stores where health care providers can prescribe these COVID-19 therapeutics to eligible people who need them. These oral antivirals may only be prescribed by a qualified health care provider. There are also hundreds of federally-qualified health centers already participating in our hardest-hit and highest-risk communities, with additional long-term care facilities that serve high-risk residents also coming on board.

Which treatments will participating Test to Treat locations receive?
Pharmacy-based clinics participating in the initiative are eligible to receive the oral antiviral pills from Merck (molnupiravir) and Pfizer (Paxlovid) through direct allocations from HHS/ASPR beginning the week of Mar. 7, 2022.

How does the Test to Treat program work?
Patients will be able to get tested – and if they are positive and eligible for treatment – to receive an appropriate prescription from a qualified health care provider, and have their prescription filled all in one location. Individuals who receive COVID-19 test results through at-home tests or another testing site can also utilize a Test to Treat location to receive a prescription from a qualified healthcare provider and treatment on the spot if eligible.

Will there be a Test to Treat site near me?
The initial launch of the Test to Treat initiative includes hundreds of federally-qualified health centers, pharmacy-based clinics, and long-term care facilities across the country. HHS will enroll additional sites in the coming weeks as the program launches and expands. In addition to the Test to Treat sites, states and territories will also continue to receive oral antiviral pills available for distribution throughout their jurisdictions.

How will people find Test to Treat sites as more come online?
A federal Test to Treat website is in development with anticipated launch in mid-March.

Will the Test to Treat program reduce the amount of oral antiviral treatments that a state or territory receives?
No, this program will have a separate federal supply that will not impact current state and territory allocations that are going to other sites and providers. The Test to Treat program is not intended to interfere with or supplant existing allocation protocols, but rather to offer more options for places where eligible people can quickly get needed care.

Are pharmacists themselves able to prescribe the oral antiviral pills (Paxlovid and molnupiravir)?
No. The Test to Treat initiative includes sites that have health care providers available to provide timely and thorough assessment and discussion relevant to oral antiviral treatment option(s), consistent with FDA requirements regarding these drugs. The Test to Treat initiative does not change existing requirements for a qualified health care provider to write the prescription.

Can I get oral antivirals through my regular health care provider?
Yes. As has been the case until now, qualified health care providers will continue to be able to prescribe oral antivirals to their eligible patients who are at increased risk of developing severe COVID-19. Patients will be able to pick up those prescriptions wherever antivirals are being distributed.

Can I bring at-home test results to a Test to Treat site for assessment to receive treatment?
Yes. The Test to Treat initiative does not require that an individual is tested at the Test to Treat site.

March 4, 2022
Leading Causes of Death and Years of Potential Life Lost in Pima County
2020 Calendar Year

Purpose: This report presents the finalized 2020 calendar year data on the leading causes of death in Pima County, overall, by age group, and in years of potential life lost (YPLL).

Methodology: For the purposes of this report, decedents were included based on their location of death rather than their residence. Using the underlying causes of death for Pima County deaths, deaths are categorized based on the NCHS Rankable Causes of Death. For continuity, deaths are stratified using age groups used by the Pima County Office of the Medical Examiner. Years of potential life lost is calculated using the standard life expectancy of 75 years old.

References: Arizona Department of Vital Statistics records each death that occurs in Arizona, or the death of an Arizona resident outside Arizona. Underlying cause of death is coded by The Automatic Classification of Medical Entry (ACME) based on causes of death listed on a decedent’s death certificate. The National Center for Health Statistics (NCHS) tabulates the 52 Rankable Causes of Death from their “List of 113 Selected Causes of Death” located here. Of note, in 2020 NCHS added COVID-19 as the 53rd Rankable Cause of Death.

Limitations: As the majority of death certificates are certified by community providers, some degree of variability exists in the way that deaths are reported. From this, ACME coding may differ slightly – albeit not significantly – for some deaths. In addition, for age groups <1, 1-5, and 6-12, the overall totals were small, making it difficult to establish significant separation in rankings (e.g. multiple CODs tied).

Summary: Overall, diseases of the heart, malignant neoplasms, and COVID-19 were the top three leading causes of death in Pima County in 2020. However, deaths due to unintentional injuries* result in the highest years of potential life lost (YPLL). When stratified by age groups, unintentional injuries is the top cause of death for age groups: 6-12, 13-19, 20-29, 30-39, and 40-49. Malignant neoplasms is the top cause of death for those aged 50-59 and 60-69, while diseases of the heart is the top cause of death for those aged 80-89 and over 90.
Leading Causes of Death and Years of Potential Life Lost in Pima County
2020 Calendar Year

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Number of Deaths</th>
<th>Years of Potential Life Lost (YPLL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of heart</td>
<td>2,420</td>
<td>9,561</td>
</tr>
<tr>
<td>2</td>
<td>Malignant neoplasms</td>
<td>2,212</td>
<td>13,035</td>
</tr>
<tr>
<td>3</td>
<td>COVID-19</td>
<td>1,437</td>
<td>8,411</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular diseases</td>
<td>658</td>
<td>2,574</td>
</tr>
<tr>
<td>5</td>
<td>Unintentional injuries*</td>
<td>614</td>
<td>19,877</td>
</tr>
<tr>
<td>6</td>
<td>Chronic lower respiratory disease (CLRD)</td>
<td>567</td>
<td>1,977</td>
</tr>
<tr>
<td>7</td>
<td>Alzheimer's disease</td>
<td>509</td>
<td>221</td>
</tr>
<tr>
<td>8</td>
<td>Diabetes mellitus</td>
<td>449</td>
<td>3,374</td>
</tr>
<tr>
<td>9</td>
<td>Chronic liver disease and cirrhosis</td>
<td>254</td>
<td>4,487</td>
</tr>
<tr>
<td>10</td>
<td>Influenza and pneumonia</td>
<td>237</td>
<td>1,509</td>
</tr>
</tbody>
</table>
# Leading Causes of Death and Years of Potential Life Lost in Pima County
## 2020 Calendar Year

## Top 5 Leading Causes of Death, by Age Group, in Pima County for 2020

<table>
<thead>
<tr>
<th>Rank</th>
<th>&lt;1 (n=54)</th>
<th>1-5 (n=12)</th>
<th>6-12 (n=63)</th>
<th>13-19 (n=274)</th>
<th>20-29 (n=378)</th>
<th>30-39 (n=474)</th>
<th>40-49 (n=1,105)</th>
<th>50-59 (n=2,183)</th>
<th>60-69 (n=3,207)</th>
<th>70-79 (n=3,500)</th>
<th>80-89 (n=2,169)</th>
<th>90+ (n=2,169)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Certain conditions originating in the perinatal period</td>
<td>2 tied: Malignant neoplasms</td>
<td>Unintentional injuries*</td>
<td>Unintentional injuries*</td>
<td>Unintentional injuries*</td>
<td>Unintentional injuries*</td>
<td>Malignant neoplasms</td>
<td>Malignant neoplasms</td>
<td>Malignant neoplasms</td>
<td>Diseases of heart</td>
<td>Diseases of heart</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>**</td>
<td>8 tied***</td>
<td>Malignant neoplasms</td>
<td>Malignant neoplasms</td>
<td>Chronic liver disease and cirrhosis</td>
<td>Chronic liver disease and cirrhosis</td>
<td>Cerebrovascular diseases</td>
<td>Cerebrovascular diseases</td>
<td>Cerebrovascular diseases</td>
<td>Cerebrovascular diseases</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Unintentional injuries include overdoses, falls, motor vehicle accidents, and drownings.
**A blank square indicates that the remaining decedents’ CODs for that age group fell outside the 53 rankable causes of death.
***Causes tied: Pregnancy, childbirth, and the puerperium; Chronic lower respiratory disease (CLRD); Septicemia; Meningitis; Diabetes mellitus; Influenza and pneumonia; Legal Intervention; Complications of medical and surgical care.