COVID-19 Update
January 11, 2022

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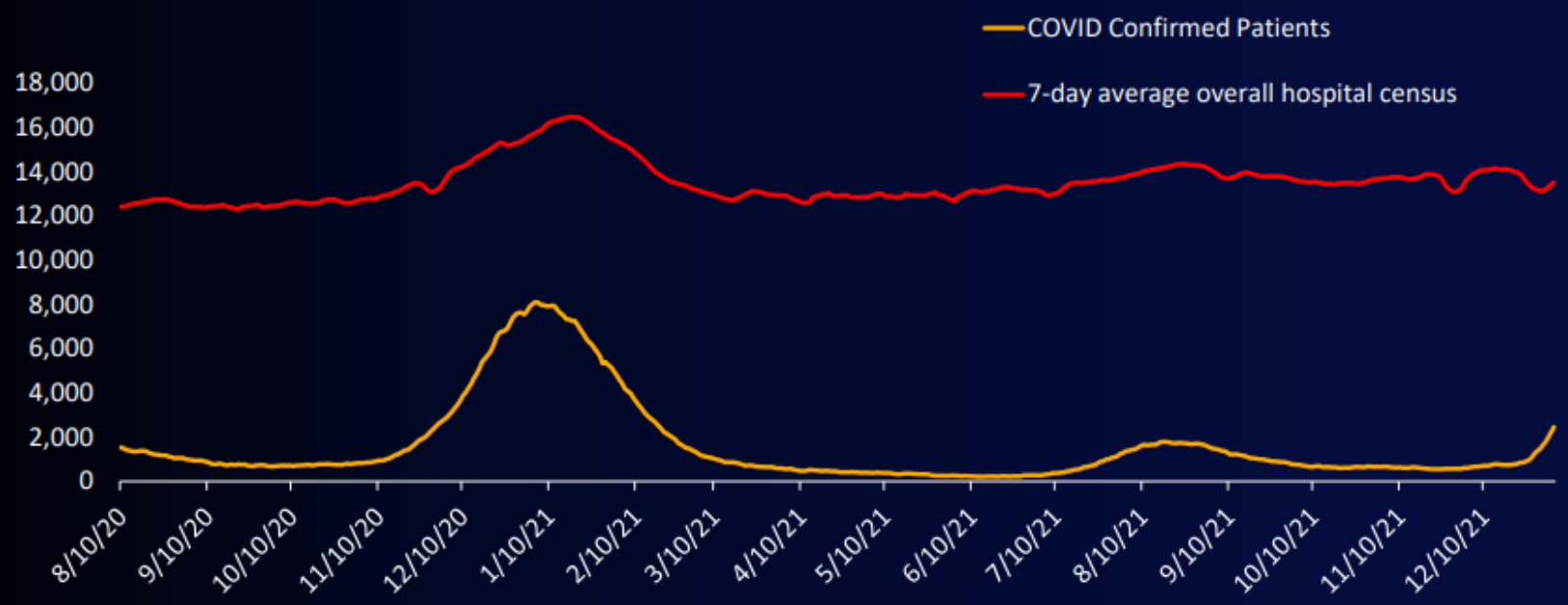
Los Angeles County Department of Public Health
Vaccine Preventable Diseases Division

Daily Average COVID-19 Hospitalization Census
August 10th, 2020 – January 4th, 2022



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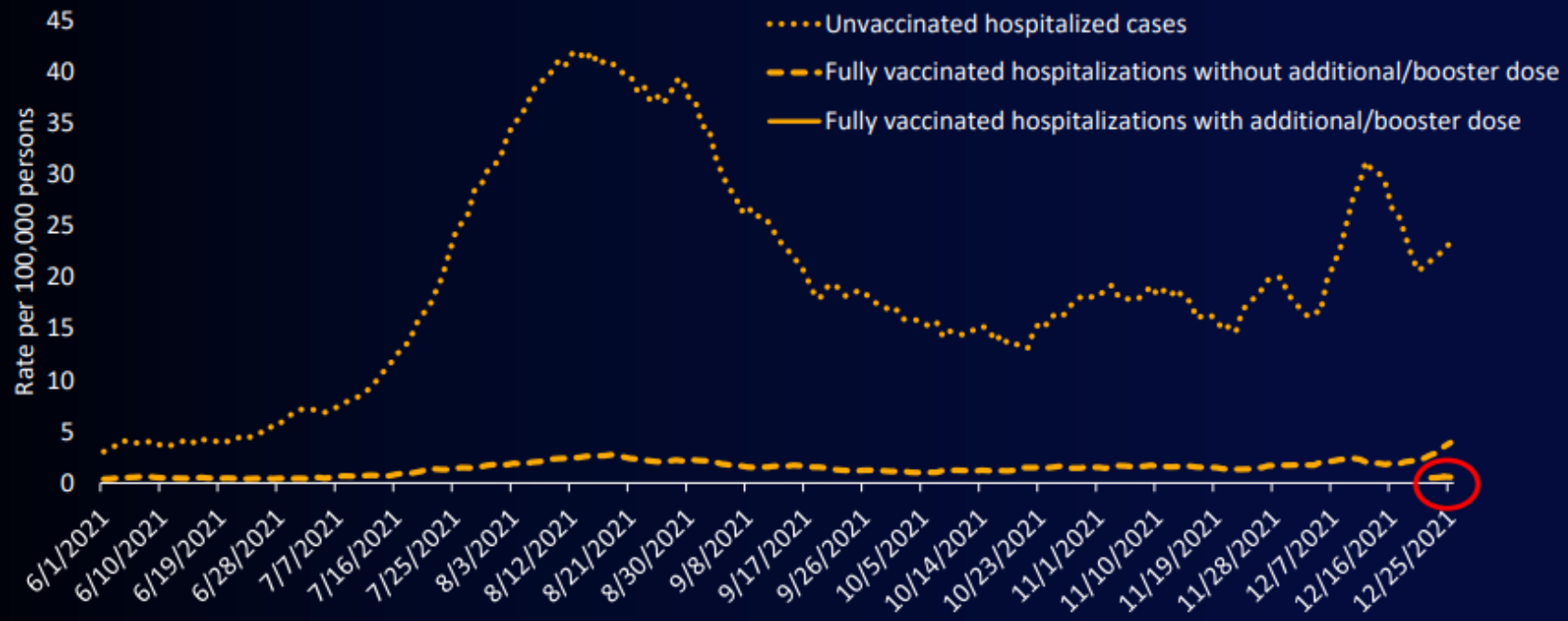
1/6/2022

7-Day Cumulative Age-Adjusted Hospitalization Rates per 100,000 by Vaccination Status*
June 1st – December 25th, 2021



*Excludes partially vaccinated (3% of cases)

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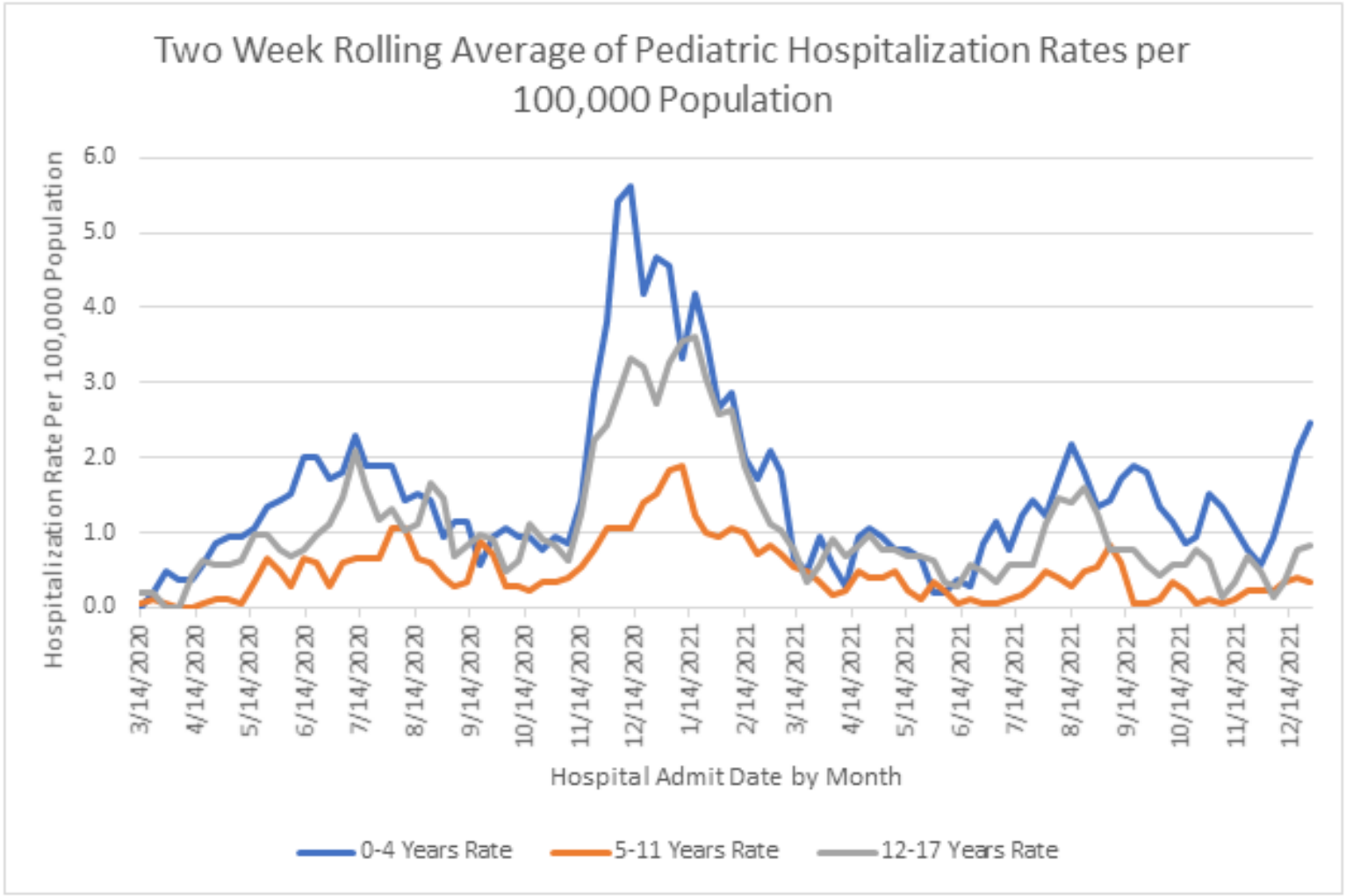
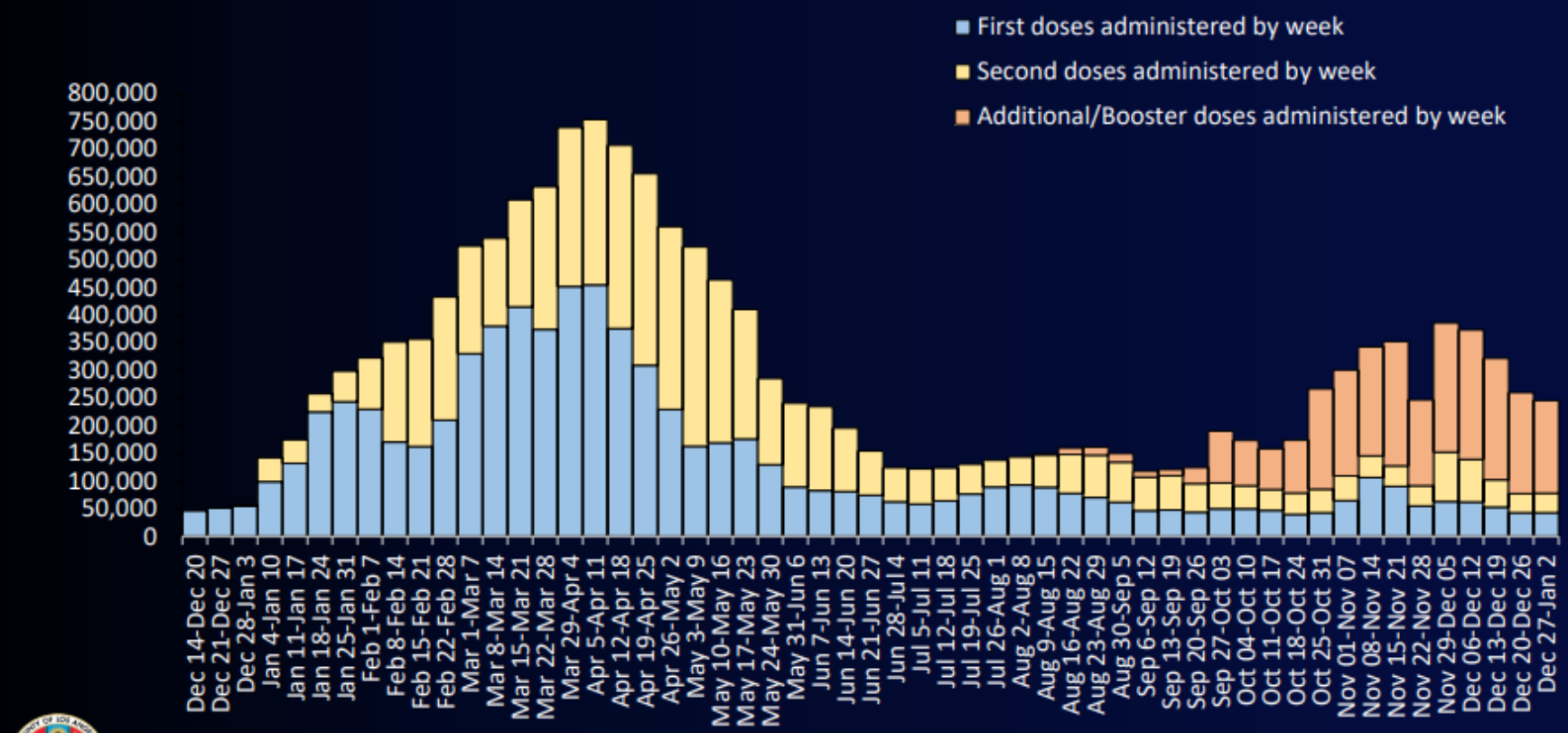

Two Week Rolling Average of Pediatric Hospitalization Rates per 100,000 Population
Hospitalization Rate Per 100,000 Population
6.0
5.0
4.0
3.0
2.0
1.0
0.0
3/14/2020
4/14/2020
5/14/2020
6/14/2020
7/14/2020
8/14/2020
9/14/2020
10/14/2020
11/14/2020
12/14/2020
1/14/2021
2/14/2021
3/14/2021
4/14/2021
5/14/2021
6/14/2021
7/14/2021
8/14/2021
9/14/2021
10/14/2021
11/14/2021
12/14/2021
Hospital Admit Date by Month
0-4 Years Rate
5-11 Years Rate
12-17 Years Rate

Vaccine Doses Administered Weekly Among All Eligible Persons



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Reminders on Quarantine and Isolation

Positive test for Covid-19	**Isolate:** • Stay home a minimum of 5 days • Can end isolation after day 5 if asymptomatic and day 5 negative test • If test positive, have symptoms, or cannot test, isolate another 5 days • High-grade mask required when indoors and outdoors when around others for 10 days after positive test
Exposed to Covid-19 case **AND** **No symptoms** **AND** **Boosted OR Vaxed but not yet booster-eligible**	**Quarantine-exempt:** • Test immediately if possible and then again on day 5 • Monitor health for 10 days • High-grade mask for 10 days regardless of symptoms • If symptoms, test and stay home • If test positive, follow isolation recommendations
Exposed to Covid-19 case **AND** **Symptoms OR Unvaccinated OR Unboosted despite being booster-eligible**	**Quarantine:** • Stay home a minimum of 5 days • Test immediately if possible; retest day 5 • Can end isolation after day 5 if asymptomatic and day 5 test negative • If test positive or cannot test or have symptoms, isolate another 5 days • High-grade mask required indoors and outdoors when around others for 10 days regardless of symptoms • If positive test, follow isolation recommendations

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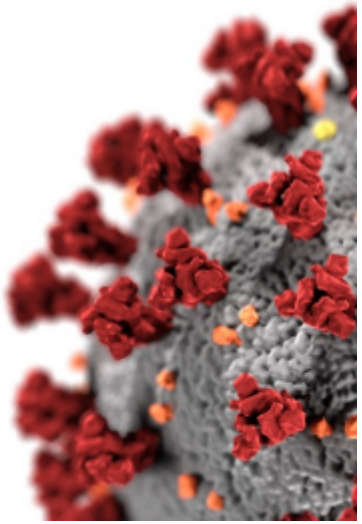
COVID-19 vaccine safety updates: Primary series in children and adolescents ages 5–11 and 12–15 years, and booster doses in adolescents ages 16–24 years

Advisory Committee on Immunization Practices
January 5, 2022



Summary of VAERS findings — Reports after Pfizer-BioNTech COVID-19 vaccination among children and adolescents ages 5–11 and 12–15 years

- Since authorization, 8.7 million doses of Pfizer-BioNTech COVID-19 vaccine administered to children ages 5–11-years, and 18.7 million doses to children and adolescents ages 12–15-years, in the Unites States
- Regardless of age group, most reports (≥92%) were non-serious
  - Distribution by sex, race, and ethnicity similar between the two age groups
  - Most frequently reported adverse events (AEs) were known and well-characterized AEs associated with Pfizer-BioNTech COVID-19 vaccination, or consistent with vaccination errors or workup for myocarditis or MIS-C
  - Reported myocarditis among children ages 5–11 years:
    - Male predominance and mostly after dose 2, similar to older age groups
    - **Reporting rates for males ages 5–11-years substantially lower than for males ages 12–15 and 16–17-years**
- CDC will continue monitoring COVID-19 vaccine safety among these age groups

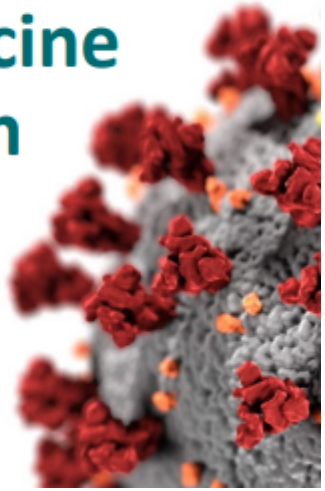
Summary of VAERS findings after Pfizer-BioNTech COVID-19 booster vaccination, ages 16–24 years

- Since authorization, Pfizer-BioNTech COVID-19 vaccine booster doses have been administered to ~47,000 persons ages 16–17 years and ~930,000 persons ages 18–24 years in the United States
- Most reports (95%) were non-serious (similar to primary series)
  - Most frequently reported AEs were known and well-characterized AEs associated with Pfizer-BioNTech COVID-19 vaccination, or consistent with workup for myocarditis
  - 13 preliminary reports of myocarditis following a booster dose
    - 4 reports met CDC case definition (9 still under review)
      - All 4 reported patients had recovered from symptoms at time of report
    - Characteristics of case reports appear consistent with other reports of myocarditis after dose 1 and dose 2
- CDC will continue to monitor the safety of COVID-19 vaccine booster doses

Safety monitoring of COVID-19 vaccine among children and young adults in v-safe

Advisory Committee on Immunization Practices

January 5, 2021



Summary

- Over 115,208 v-safe participants ages 5-15 years have reported Pfizer-BioNTech vaccination
  - Reactions were generally mild to moderate and most frequently reported the day after vaccination
  - Reactions were more frequently reported after dose 2 than dose 1
  - Participants ages 5-11 years reported reactions less frequently than participants ages 12-15 years

- Over 7,088 v-safe participants ages 16-24 years reported a homologous Pfizer-BioNTech booster dose
  - Reactions were generally mild to moderate and most frequently reported the day after vaccination
  - Reactions were less frequently reported after booster dose than dose 2

Vaccine Safety Datalink Rapid Cycle Analyses: Uptake and Safety of COVID-19 Vaccines in 5–11 and 12–17-Year-Olds

Nicola Klein, MD, PhD

Kaiser Permanente Vaccine Study Center

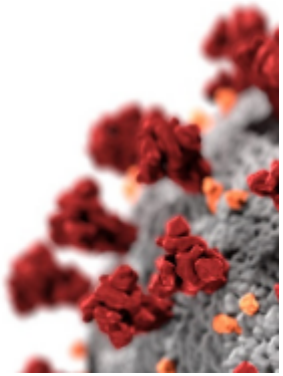
Kaiser Permanente Northern California

Summary of the Analyses of COVID-19 Vaccine Safety Among 12–17 and 5–11-Year-Olds

- Among 12–17-year-olds, the rate ratio for myocarditis/pericarditis was elevated during days 0-7 after Dose 2.
  - The excess risk was 0.3 cases per million 1st doses.
  - The excess risk was 70 cases per million 2nd doses.
- The VSD has administered 431,485 Pfizer doses to children aged 5-11 years.
- In the VSD, there have been no safety signals among 5–11-year-olds.

Interim Clinical Considerations for Use of COVID-19 Vaccines:

Latest Updates



Interim Clinical Considerations for Use of COVID-19 Vaccines

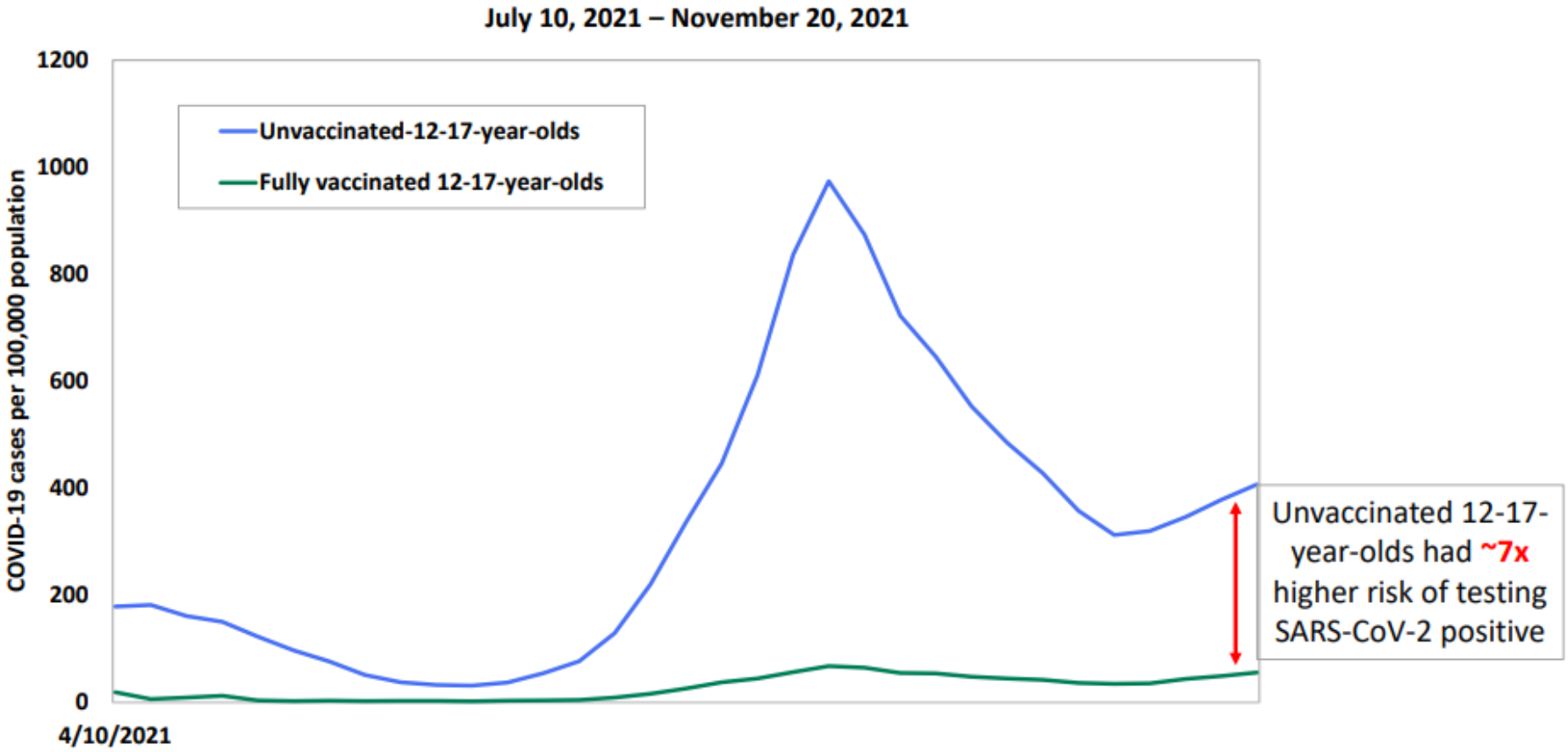
Summary of Latest Updates* and Anticipated Next Updates

Date of Update	Highlighted Updates to Interim Clinical Considerations
December 10, 2021	• Updated guidance for booster dose: Pfizer-BioNTech in adolescents ages 16–17 years
December 17, 2021	• Updated guidance on use of Janssen (J&J) with preferential recommendation for mRNA vaccines
December 23, 2021	• Newest formulation of Pfizer-BioNTech – "gray top"
Anticipated January 6, 2022	• Guidance to reflect outcomes of the ACIP meeting 1/5/22 • Third Pfizer-BioNTech primary series dose for some children ages 5–11 years with immuncompromise • Decrease in booster interval after Pfizer-BioNTech primary series: now **5** months

And… MODERNA

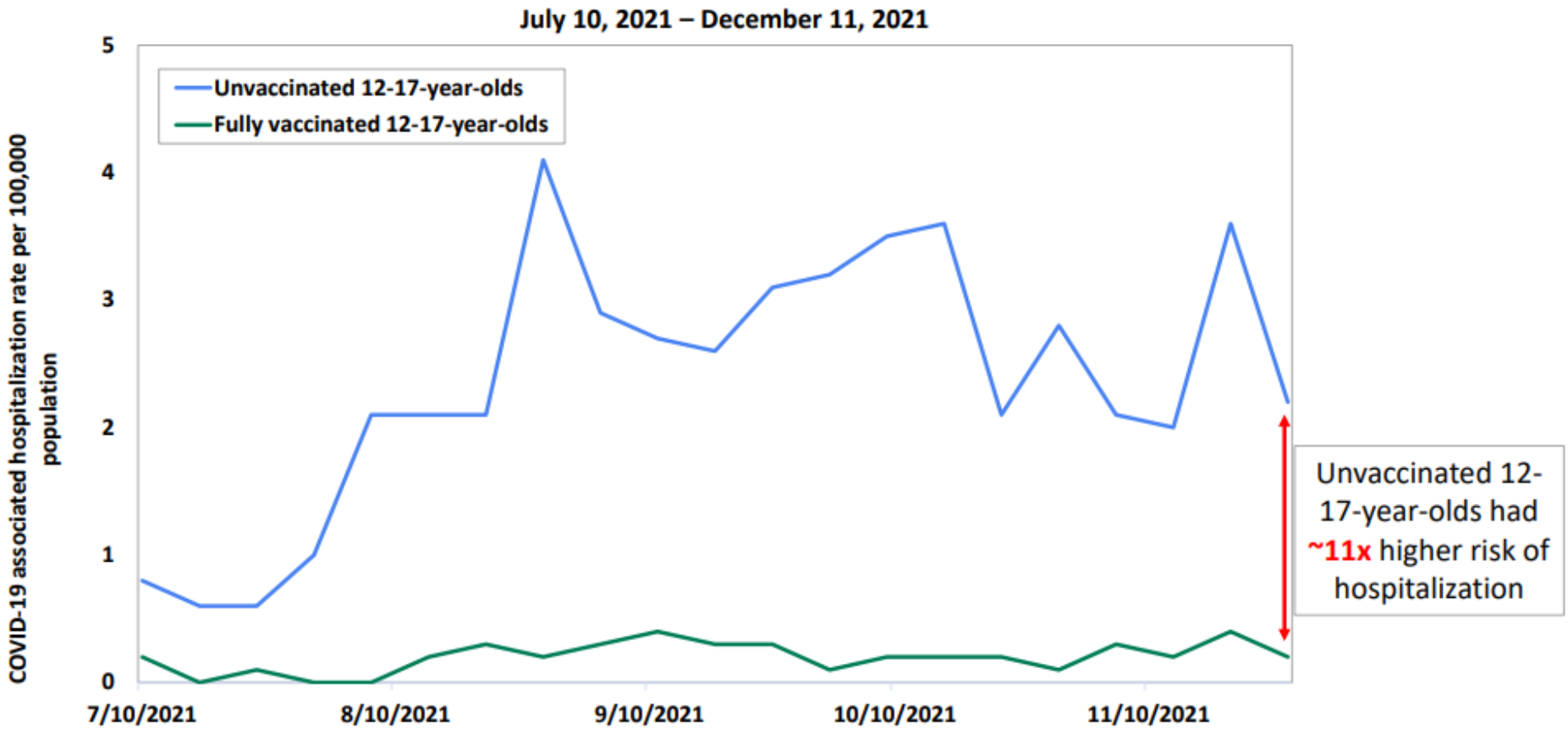
*Find all historical updates here: Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC

COVID-19-incidence rates among 12–17-year-olds, by vaccination status



Source: https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status

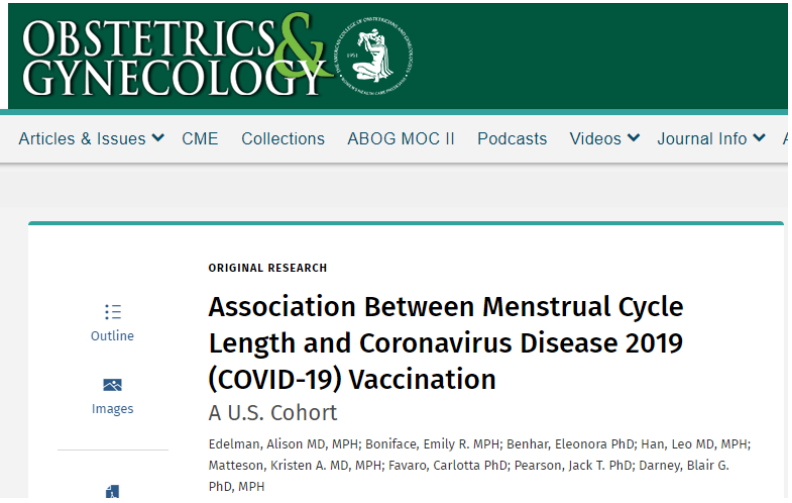
COVID-19-associated hospitalization rates among 12–17-year-olds, by vaccination status



Source: CDC's COVID-NET, https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalizations-vaccination

Effectiveness of Pfizer-BioNTech COVID-19 vaccine against MIS-C

- Using a test-negative case-control design that included 102 MIS-C case-patients and 181 hospitalized controls 12–18 years of age:
  - Vaccine effectiveness of 2-doses of the Pfizer-BioNTech vaccine against MIS-C was **91**% (95% CI = 78%–97%)
    - This estimate was calculated in consideration of children hospitalized a minimum of 28 days after receipt of their 2nd dose
  - 97/102 (95%) of hospitalized children with MIS-C were unvaccinated
  - None of the five vaccinated MIS-C patients required respiratory or cardiovascular life support (invasive mechanical ventilation, vasoactive infusions, or ECMO) compared to 38/97 (39%) of unvaccinated MIS-C patients



RESULTS:

We included 3,959 individuals (vaccinated 2,403; unvaccinated 1,556). Most of the vaccinated cohort received the Pfizer-BioNTech vaccine (55%) (Moderna 35%, Johnson & Johnson/Janssen 7%). Overall, COVID-19 vaccine was associated with a less than 1-day change in cycle length for both vaccine-dose cycles compared with prevaccine cycles (first dose 0.71 day-increase, 98.75% CI 0.47–0.94; second dose 0.91, 98.75% CI 0.63–1.19); unvaccinated individuals saw no significant change compared with three baseline cycles (cycle four 0.07, 98.75% CI −0.22 to 0.35; cycle five 0.12, 98.75% CI −0.15 to 0.39). In adjusted models, the difference in change in cycle length between the vaccinated and unvaccinated cohorts was less than 1 day for both doses (difference in change: first dose 0.64 days, 98.75% CI 0.27–1.01; second dose 0.79 days, 98.75% CI 0.40–1.18). Change in menses length was not associated with vaccination.

CONCLUSION:

Coronavirus disease 2019 (COVID-19) vaccination is associated with a small change in cycle length but not menses length.

Disclaimer

- Information about COVID-19 and vaccination changes frequently.
- This presentation was current as of 8/23/21.
- It only includes information about the vaccines that are currently available in the USA.

For up-to-date information please visit:

www.cdc.gov/vaccines/covid-19

VaccinateLACounty.com (English)

VacunateLosAngeles.com (Spanish)