



# **COVID-19 UPDATE**

## **WALLINGFORD HEALTH DEPARTMENT**

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APRIL 26<sup>TH</sup>, 2023

DANIELA BABCOCK, B.S.

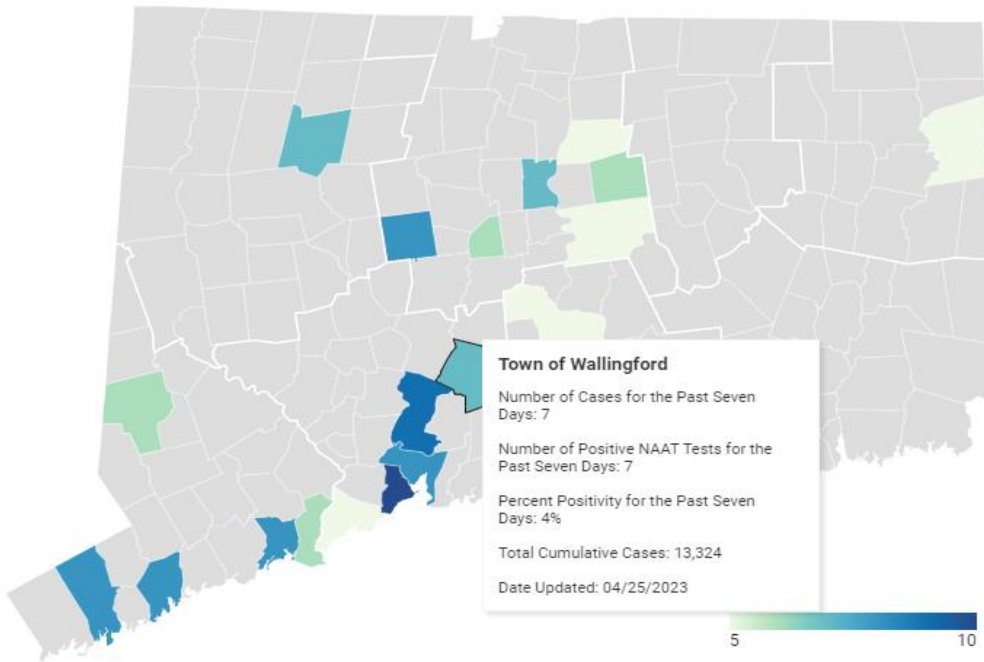
EPIDEMIOLOGIST

\*All data is ongoing and subject to change



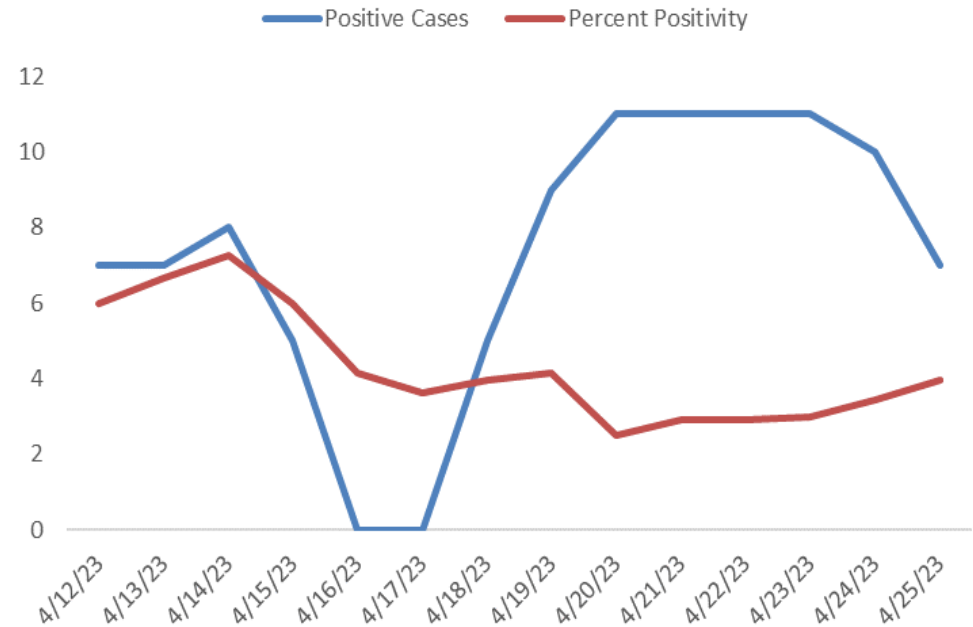
# Number of COVID-19 Cases in Wallingford

As of April 25<sup>th</sup>, 2023, for the past 7 days, there were 7 confirmed cases of COVID-19 in Wallingford. The percent positivity for the past 7 days is 4%.



All data are preliminary and subject to change. Data from previous dates are routinely updated.  
Map: Ver 6.22.22 - Source: [Connecticut Department of Public Health](#) - [Get the data](#) - [Embed](#) - Created with [Datawrapper](#)

Wallingford Positive COVID-19 in the Past 7 Days





# Community Transmission in Wallingford

Case rate\* of Wallingford is 2.3 per 100,000 persons in the past 7 days, and the percentage of positive NAAT tests during the past 7 days is 4.0%, therefore Wallingford community transmission is **Low**.

\*Case rate is calculated by dividing the number of cases per a period of time (7 days). Then that average is divided by the population (44,326) multiplied by 100,000 to give you the average daily case count per 100,000.

**Town of Wallingford**

Number of Cases for the Past Seven Days: 7

Number of Positive NAAT Tests for the Past Seven Days: 7

Percent Positivity for the Past Seven Days: 4%

Total Cumulative Cases: 13,324

Date Updated: 04/25/2023

## Determining Transmission Risk

If the two indicators suggest different transmission levels, the higher level is selected

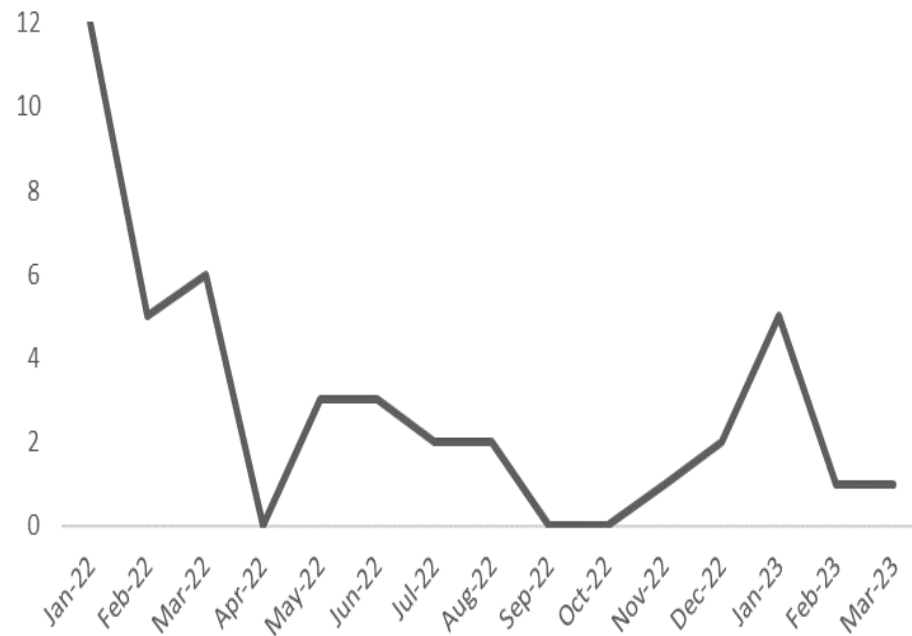
	Low	Moderate	Substantial	High
New cases per 100,000 persons in the past 7 days*	<10	10-49.99	50-99.99	≥100
Percentage of positive NAATs tests during the past 7 days**	<5%	5-7.99%	8-9.99%	≥10.0%



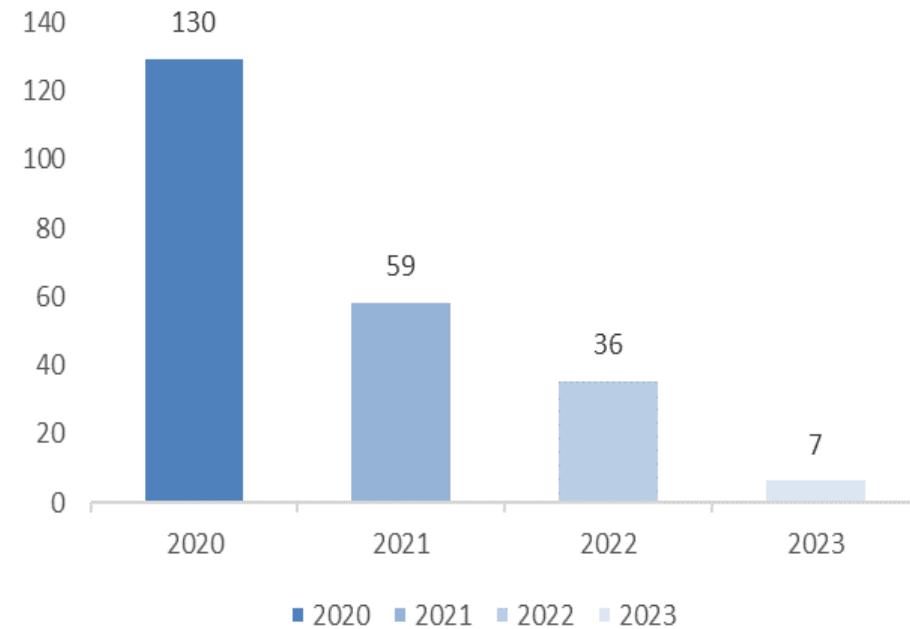
# COVID-19 Deaths in Wallingford

As of April 25<sup>th</sup>, 2023, Wallingford has recorded 232 fatalities due to COVID-19 since March 3<sup>rd</sup>, 2020. Last fatality reported was on March 9<sup>th</sup>, 2023.

COVID-19 Deaths in Wallingford since Jan 2022



COVID-19 Deaths Yearly in Wallingford





# Did you incur funeral expenses due to a death caused by COVID-19?

You may qualify for up to \$9,000 in financial assistance through FEMA's COVID-19 Funeral Assistance program. Call FEMA's COVID-19 Funeral Assistance Helpline at 844-684-6333 to apply.

The end of the Public Health Emergency and National Emergency declarations for COVID-19 on May 11, 2023, will not affect the application period for COVID-19 Funeral Assistance or the eligibility period for COVID-19-related funeral expenses. FEMA will release more information when a deadline for the end date is established.

For more information: <https://www.fema.gov/disaster/coronavirus/economic/funeral-assistance>

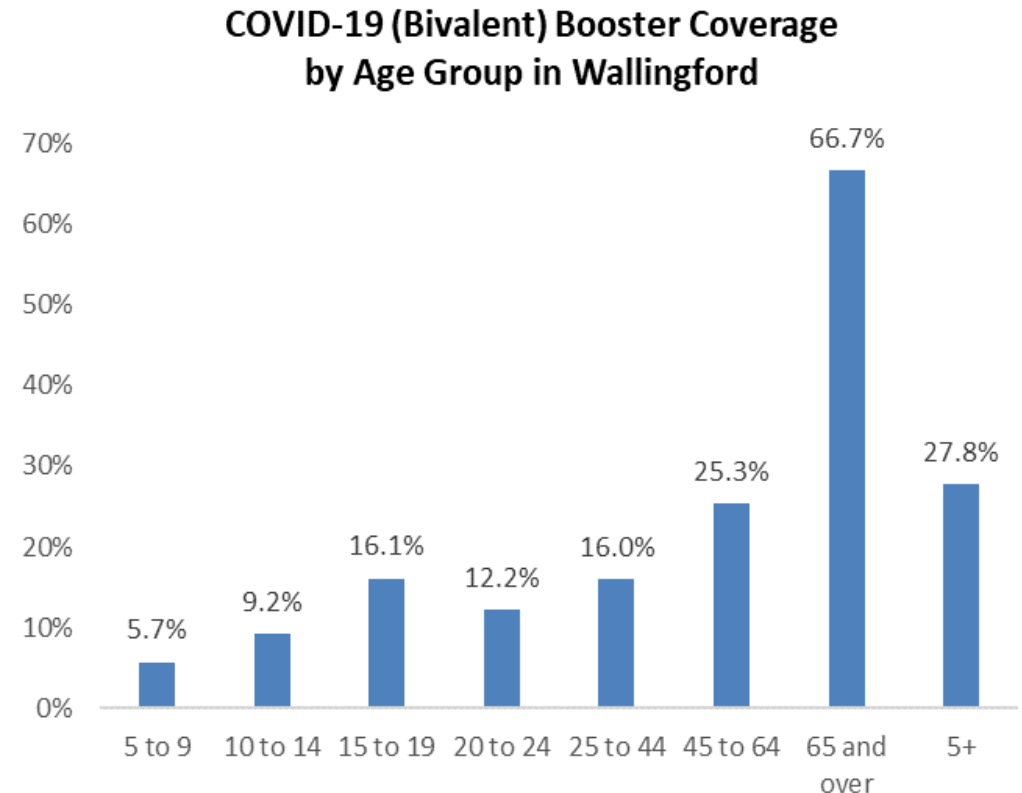




# COVID-19 Bivalent Vaccinations in Wallingford

As of April 19<sup>th</sup>, 2023, 27.8% of Wallingford residents have received a COVID-19 bivalent booster.

The age group with the highest percent of individuals with a bivalent dose is 65 and older (66.7%), followed by 45-64 (25.3%), 25-44 (16.0%), 15-19 (16.1%), 20-24 (12.2%), 10-14 (9.2%) and 5-9 (5.7%).





# CDC simplifies COVID-19 vaccine recommendations (Updated on April 19, 2023)

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- Following FDA regulatory action, CDC simplify COVID-19 vaccine recommendations and allow more flexibility for people at higher risk who want added protection from additional COVID-19 vaccine doses. CDC’s Advisory Committee on Immunization Practices (ACIP) supports these recommendations below.
  - CDC’s new recommendations allow an additional updated (bivalent) vaccine dose for adults ages 65 years and older and additional doses for people who are immunocompromised. This allows more flexibility for healthcare providers to administer additional doses to immunocompromised patients as needed.
  - Monovalent (original) mRNA COVID-19 vaccines will no longer be recommended for use in the United States.
  - Everyone ages 6 years and older should receive an updated (bivalent) mRNA COVID-19 vaccine, regardless of whether they previously completed their (monovalent) primary series.
  - Individuals ages 6 years and older who have already received an updated mRNA vaccine do not need to take any action unless they are 65 years or older or immunocompromised.
  - For young children, multiple doses continue to be recommended and will vary by age, vaccine, and which vaccines were previously received.
  - Alternatives to mRNA COVID-19 vaccines remain available for people who cannot or will not receive an mRNA vaccine. CDC’s recommendations for use of (monovalent) Novavax or Johnson & Johnson’s Janssen COVID-19 vaccines were not affected by the changes made today.
- CDC and ACIP will continue to monitor COVID-19 disease levels and vaccine effectiveness in the months ahead and look forward to additional discussion around potential updates this fall.

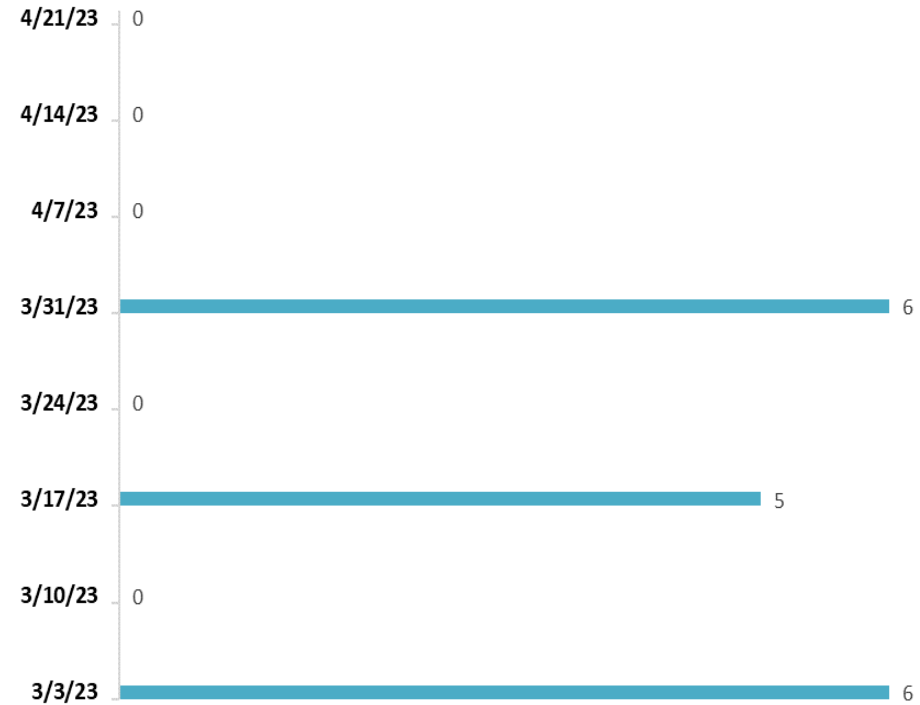


# COVID-19 Hospitalizations in Wallingford Hospitals

Graph shows data from all adult patients hospitalized due to COVID-19 by week, from the Gaylord Hospital from March 3<sup>rd</sup> to April 21<sup>st</sup>, 2023. There were zero adult patients in the ICU.

The Masonicare Health had zero adult patients hospitalized due to COVID-19, and zero adult patients in the ICU for the same period.

COVID-19 Hospitalizations at the GAYLORD HOSPITAL INC







# COVID-19 in Wallingford Schools

## Academic Year 2022 – 2023

Number of students\* and staff\*\* who tested positive for COVID-19 from the period of **04/13/2023 and 04/19/2023**.

If school name is not in the table, then no cases were reported.

If a school reported 1-5 cases, <6 is displayed.

If 6 or more cases were reported, the exact number is displayed.

The data does not show where the student or staff got infected.

\*A student is any student enrolled at the school, regardless of which town they live in.

\*\*Staff are employees or contractors that work at the school, such as teachers, custodial staff, clerical, bus transport, food service, administrators. They may or may not work directly with students. Administrative staff that work in a central district office who do not spend time in any school buildings are not included.

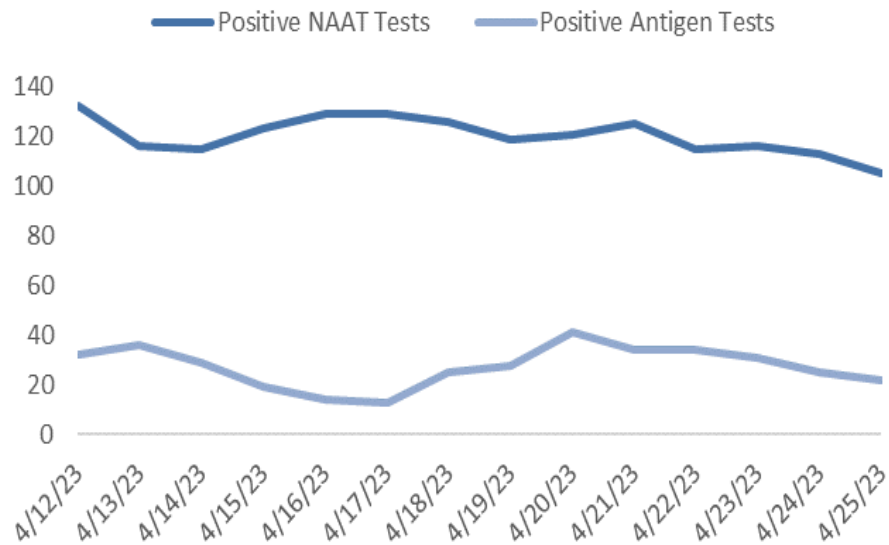
School	Total Cases
Cook Hill School	0
Dag Hammarskjold Middle School	< 6
Evarts C. Stevens School	0
Highland School	0
James H. Moran Middle School	0
Lyman Hall High School	< 6
Mark T. Sheehan High School	0
Moses Y. Beach School	0
Parker Farms School	0
Pond Hill School	0
Rock Hill School	0



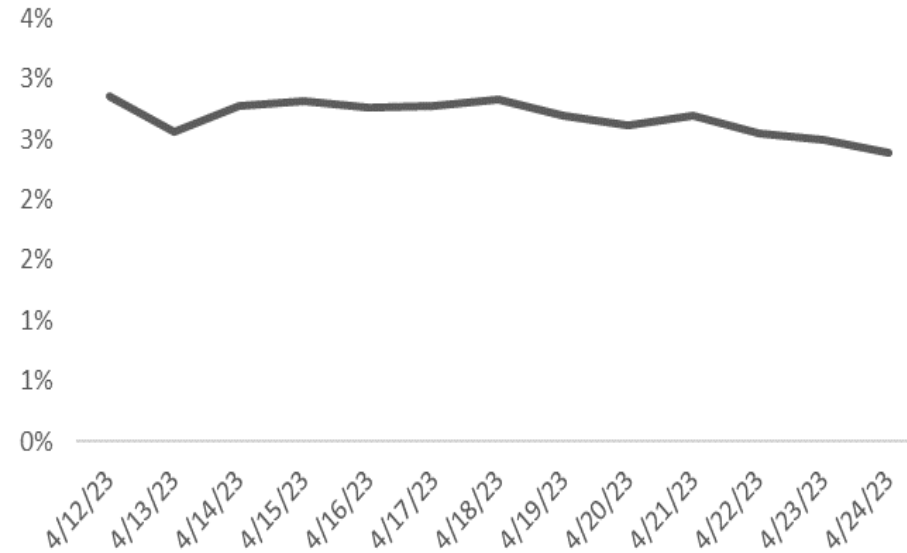
# COVID-19 Cases in New Haven County

As of April 25<sup>th</sup>, 2023, in the past 7 days, New Haven County had 76 COVID-19 cases, 105 positive PCR/NAAT tests, and 22 positive antigen tests. The percent positivity for New Haven County is 2.37%.

### New Haven County Positive COVID-19 in the past 7 days



### Percent Positivity of COVID-19 Tests in the last 7 days





# New Haven County - Community Level

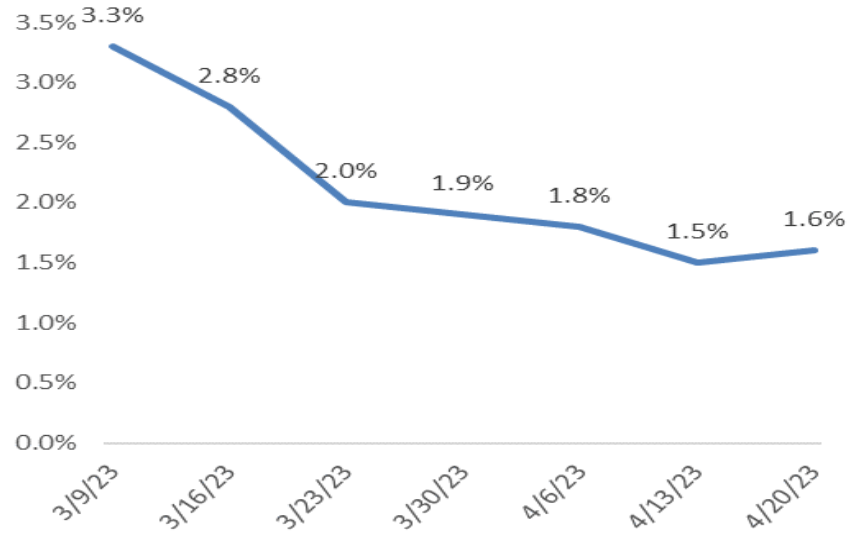
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COVID-19 Community Levels help communities decide which prevention actions to take based on the latest information. Using these data, communities are classified as low, medium, or high. For each level, CDC recommends actions you can take to help you protect yourself and others from severe impacts of COVID-19.

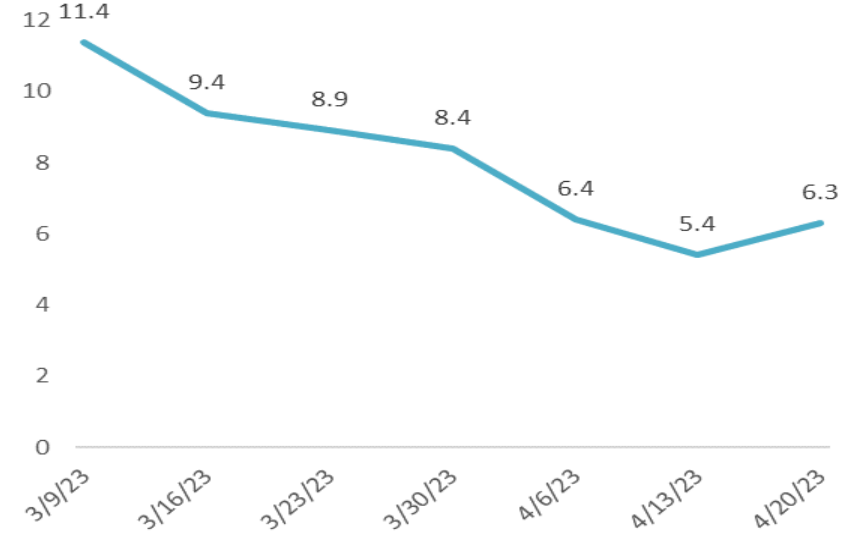
As of April 20<sup>th</sup>, 2023, CT Community Level of New Haven County is Low.

- Stay up to date with COVID-19 vaccines.
- Maintain ventilation improvements.
- Get tested if you have symptoms.
- Wear a mask if you have symptoms, a positive test, or exposure to someone with COVID-19.
- Follow recommendations for isolation if you have suspected or confirmed COVID-19
- You may choose to wear a mask at any time as an additional precaution to protect yourself and others.
- If you are at high risk for severe illness, talk with a healthcare provider about additional prevention actions.

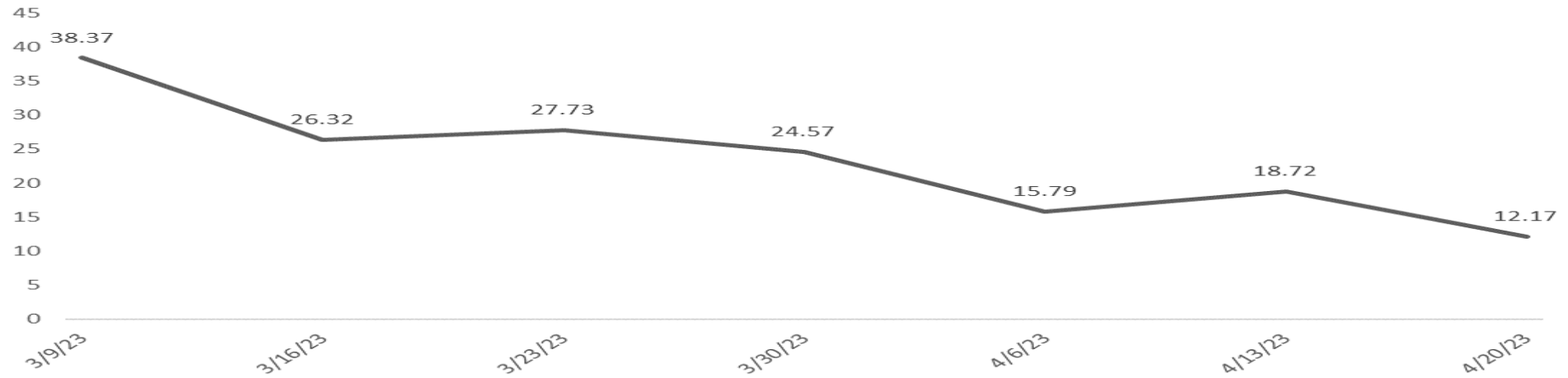
**Inpatient bed utilization in New Haven County**



**Hospital admissions per 100k in New Haven County**



**Cases per 100k in New Haven County**





# COVID-19 in Connecticut

According to [Connecticut Department of Public Health \(CT DPH\)](#), As of April 25<sup>th</sup>, 2023, the total of laboratory-confirmed and probable COVID-19 cases reported among Connecticut residents is 981,500; 285 have been reported in the past 7 days. Seventy-eight patients are currently hospitalized with laboratory-confirmed COVID-19; of these, 22 (28.21%) are not fully vaccinated. The percent positivity in Connecticut is 2.78%.

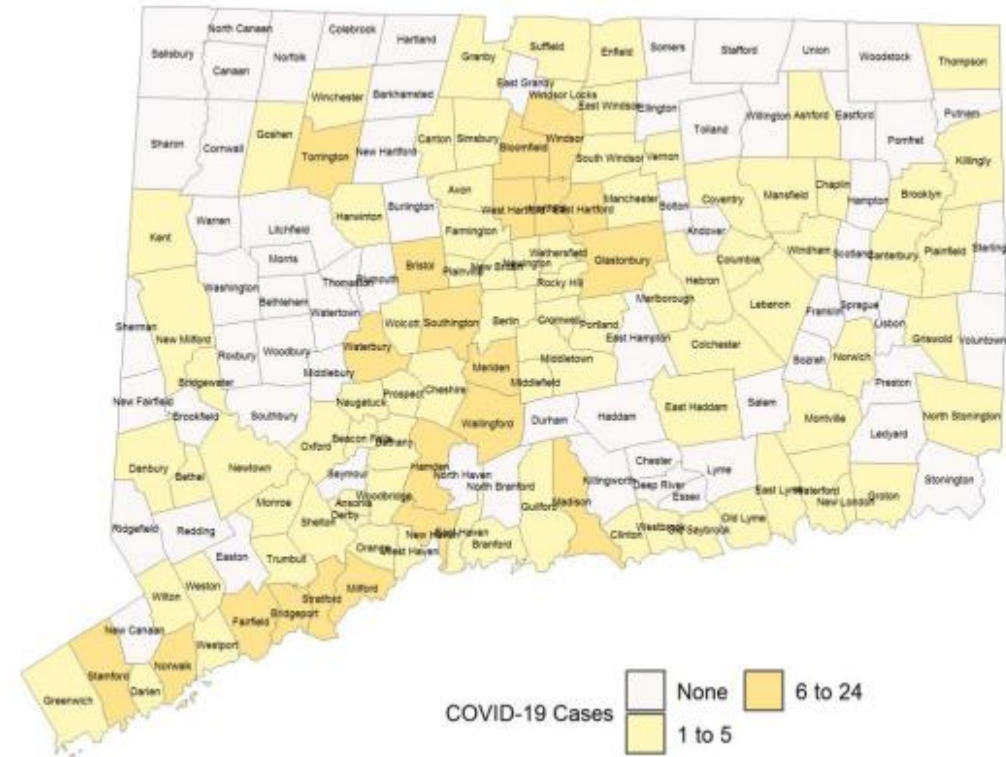
OVERALL SUMMARY	CUMULATIVE	PAST 7 DAYS
<b>POSITIVE PCR/NAAT TESTS</b>	1,067,997	318
<b>ALL PCR/NAAT TESTS</b>	16,469,611	11,434
<b>TEST POSITIVITY (POS/ALL PCR/NAAT)</b>	-	2.78%
<b>PATIENTS CURRENTLY HOSPITALIZED WITH COVID-19</b>	78	-30
<b>COVID-19 ASSOCIATED DEATHS</b>	12,300	-2
<b>NUMBER AND PERCENT OF PATIENTS CURRENTLY HOSPITALIZED WITH COVID-19 THAT ARE NOT FULLY VACCINATED</b>	-	22 – 28.21%



# Number of COVID-19 Cases by Town (April 13 - 19)

There were 361 new COVID-19 cases with specimen collection date during April 13-19, as shown in the map.

During this seven-day period:  
The statewide case rate was 10.011 per 100,000 CT population;  
There were more than 100 new COVID-19 cases in 0 town.





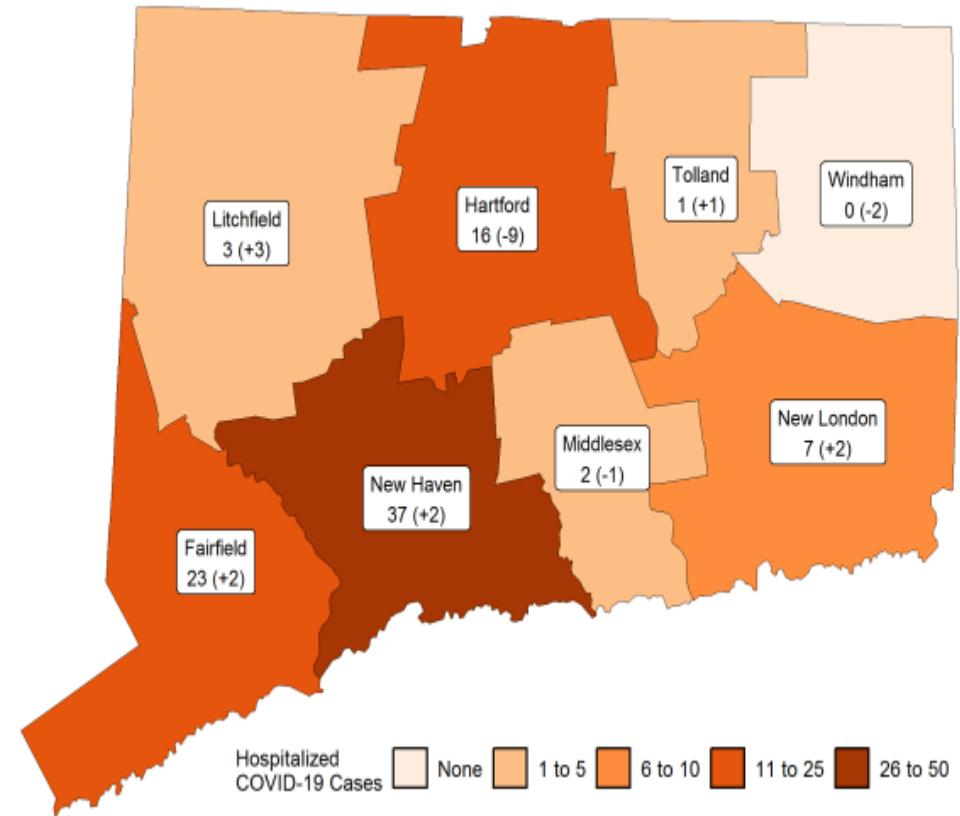
# Patients Currently Hospitalized by Connecticut County

## Hospitalization Surveillance

The map shows the number of patients currently hospitalized with laboratory-confirmed COVID-19 by county based on data collected by the Connecticut Hospital Association.

The distribution is by location of hospital, not patient residence.

The labels indicate the number of patients currently hospitalized with the change from 7 days ago in parentheses.

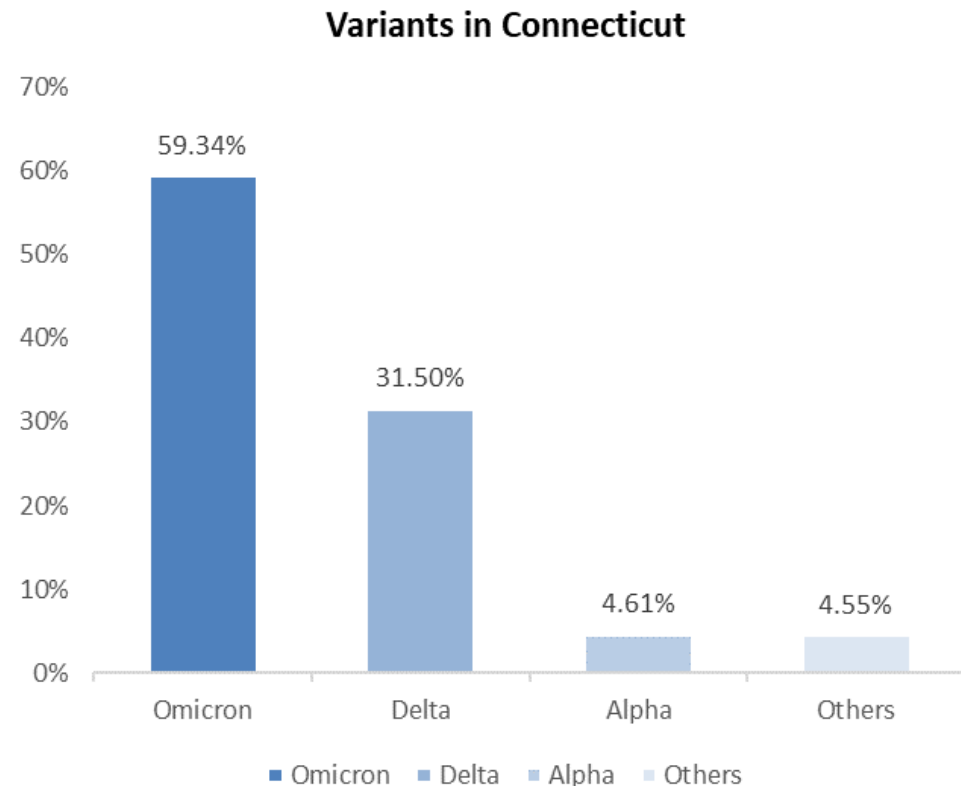




# Connecticut Variants in Connecticut

As of April 19<sup>th</sup>, 2023, 54,680 valid specimen of SARS-CoV-2 sequences were reported to CT DPH. Specimen collections were between 01/12/2021 and 04/05/2023. Omicron is considered a variant of concern, representing 59.34%, being followed by variants that are being monitored, Delta (31.50%), Alpha (4.61%), and others (4.55%).

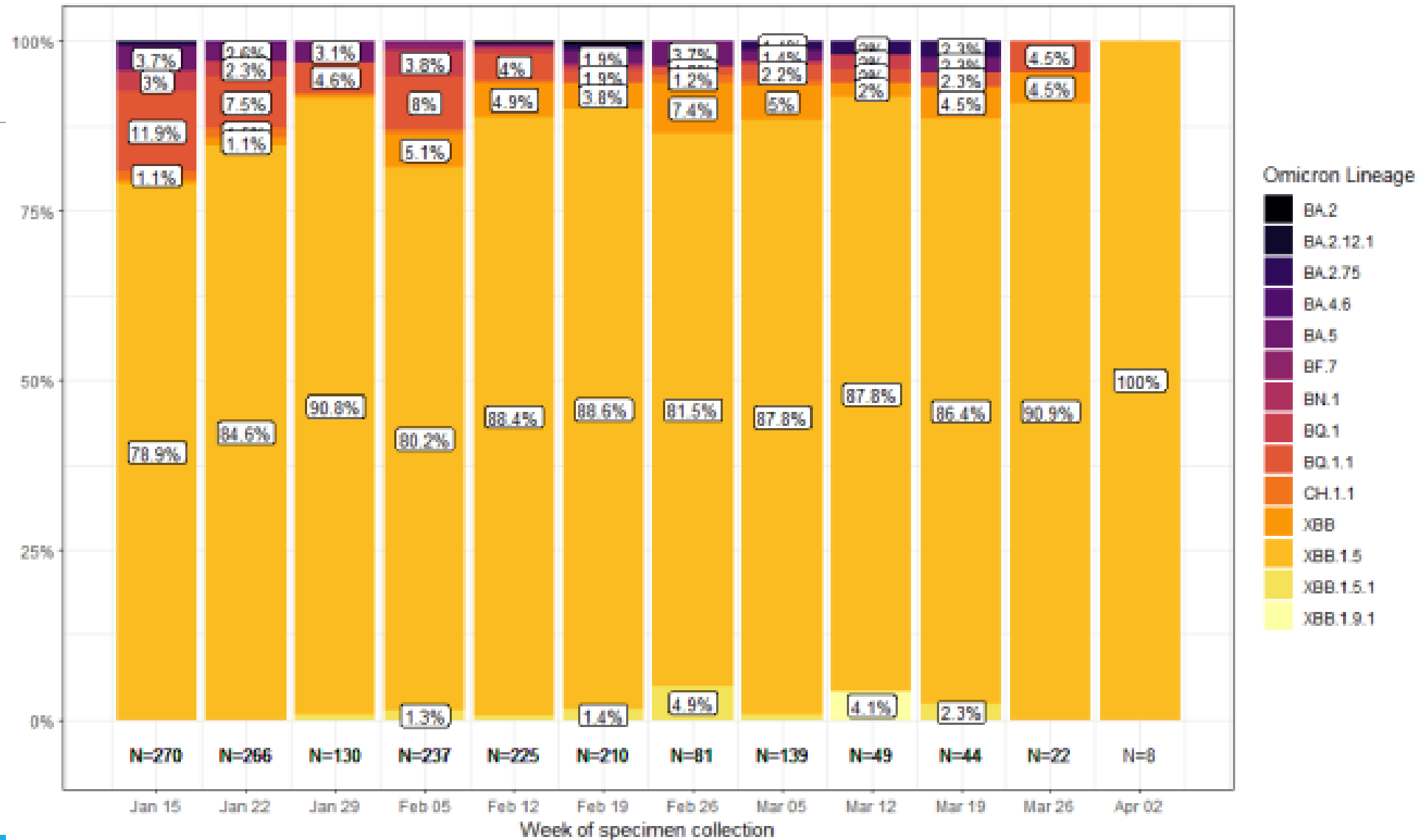
As of April 2<sup>nd</sup>, 2023, the omicron sub lineage of most concern is XBB.1.5, which represents 100% of the omicron specimen.





- BA.2 includes BA.2 and all sublineages except BA.2.12.1, BA.2.75, BN.1, and XBB.

Proportion of Circulating Variants of Concern, CT



N = total number of viruses sequenced



# Upcoming Vaccine Clinics

There are currently no upcoming clinics provided by the Wallingford Health Department at the moment.

We will continue to offer vaccination to homebound individuals as needed.

Find a COVID-19 vaccine near you: <https://www.vaccines.gov/>





# COVID-19 Vaccine Clinics in Wallingford

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The Connecticut Department of Public Health (CT DPH) is organizing COVID-19 Vaccine Clinics with the Yellow Van in Wallingford.

**Wednesday, May 3<sup>rd</sup> and May 10<sup>th</sup>, 2023**

**For all ages**

Spanish Community of Wallingford (SCOW)

284 Washington Street (Indoor)

Hours: 12:30PM to 5:30PM

- ✓ No appointment is needed, Wait times are variable, Vaccines are free to all eligible individuals (6 months and older), No insurance or identification are required, Bring your COVID-19 vaccine card for boosters.

Source: [https://portal.ct.gov/vaccine-portal/DPH-van-clinics?language=en\\_US](https://portal.ct.gov/vaccine-portal/DPH-van-clinics?language=en_US)



# Is your organization interested in hosting a COVID-19 Vaccine Clinic?

If you are interested in hosting a mobile vaccination clinic in your community, please complete the following steps:

- **Step 1** — Review the [DPH Vans Information Sheet](#)
- **Step 2** — Complete the [DPH Vans Intake Form](#).

\*Please note that filling out this form does not guarantee the availability of providing a pop-up clinic. Please note that all responses are thoroughly reviewed, and you will be contacted if we are able to bring a DPH van to your neighborhood/event/site.





# Get free at-home COVID-19 tests this winter

Every U.S. household is eligible to order 4 free at-home COVID-19 tests.

Order at: <https://www.covid.gov/tests>

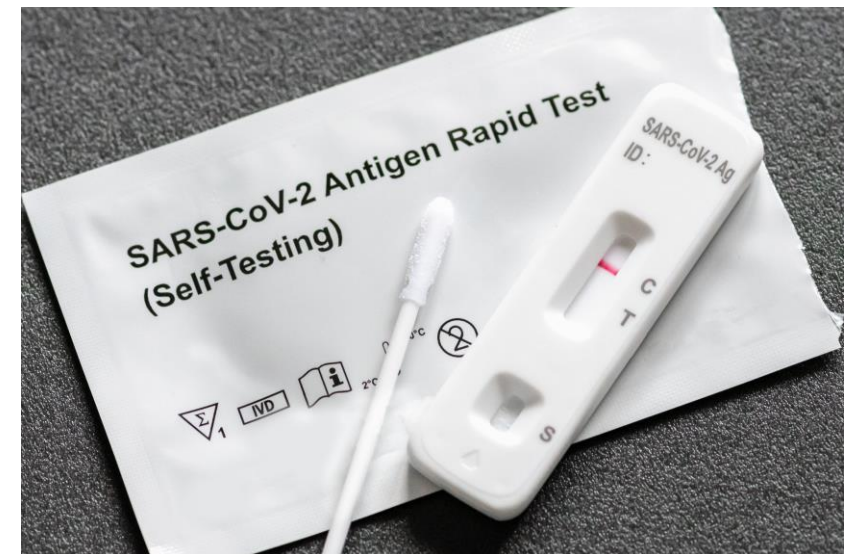
Need help placing an order for your at-home tests?

Call: 1-800-232-0233 (TTY 1-888-720-7489).

## Before you throw out expired at-home COVID-19 tests!

Check to see if your at-home COVID-19 tests' expiration dates have been extended at:

<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/home-otc-covid-19-diagnostic-tests>





# Free COVID-19 Testing Sites

(NO APPOINTMENT IS REQUIRED FOR THE FOLLOWING LOCATIONS)

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Access **cost free** COVID testing at the state-sponsored testing sites.

## - Hartford

Location: Charter Oak Health Center, Inc., 21 Grand Street, Hartford, CT 06106

Regular Hours:

Sunday, 8:30am - 2:30pm

Monday - Thursday, 8am - 9pm

Friday & Saturday, 8am - 12am

## - New Haven

Location: Fair Haven Community Health Clinic, 374 Grand Ave., New Haven, CT 06513

Regular Hours:

Monday - Friday, 8am - 9am and 1pm - 2pm

Source: <https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/State-Supported-COVID-Testing-Sites>



# Free COVID-19 Testing Sites

(NO APPOINTMENT IS REQUIRED FOR THE FOLLOWING LOCATIONS)

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Access **cost free** COVID testing at the state-sponsored testing sites.

## - Bridgeport

Location: Southwest Community Health Center, Inc, 1020 Fairfield Avenue, Bridgeport, CT 06605

Regular Hours:

Monday - Friday, 9:00am - 11:30am

## - Greenwich

Location: Family Centers Health Care, 111 Wilbur Peck Court, Greenwich, CT 06830

Pre-registration is available [here](#).

Schedule: Monday - Thursday, 2pm - 3pm

Source: <https://portal.ct.gov/Coronavirus/Covid-19-Knowledge-Base/State-Supported-COVID-Testing-Sites>



# Additional COVID-10 Testing Options

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Low or no-cost testing is available at select pharmacies and local health centers:

- a) CVS Health: <https://www.cvs.com/minuteclinic/covid-19-testing>
- b) Local independent pharmacies: <https://doineedacovid19test.com/>
- c) Rite Aid: <https://www.riteaid.com/pharmacy/services/covid-19-testing>
- d) Walgreens: <https://www.walgreens.com/findcare/covid19/testing>
- e) Walmart in partnership with Quest Diagnostics: <https://patient.questdiagnostics.com/no-cost-covid-test>
- f) Find a health center near you: <https://findahealthcenter.hrsa.gov/>

For local testing information, visit the [Connecticut health department's website](#) or [Community-Based Testing Sites for COVID-19 | HHS.gov](#)

Source: <https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html>





# COVID-19 Test-to-Treat Locations

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DPH has partnered with four federal qualified health centers that offer no-cost COVID-19 testing and treatment including:

- [Charter Oak Health Center Inc, 21 Grand St, Hartford](#)
- [Fair Haven Community Health Clinic, 374 Grand Ave, New Haven](#)
- [Family Centers Health Care, 111 Wilbur Peck Court, Greenwich](#)
- [Southwest Community Health Center, 1020 Fairfield Ave, Bridgeport](#)

In addition to the FQHCs, the nationwide [Test to Treat](#) initiative provides testing for COVID-19 and treatments from a health care provider, all in one location. Connecticut currently has more than 40 Test to Treat sites, which are located at select pharmacies and urgent care centers throughout the state.



# Additional Information on the COVID-19 Information and Resources

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2-1-1 is a free, confidential information and referral service that connects people to essential health and human services 24 hours a day, seven days a week online and over the phone.

For more information on COVID-19, call 2-1-1 or access the CT Virtual Assistant. They are available 24 hours, 7 days a week. In other languages as well.

If you are experiencing COVID-19 symptoms, contact your healthcare provider.

Source: <https://www.211ct.org/>



# COVID-19 Public Health Emergency Ending

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On January 30th, 2023, the White House announced that on May 11th, 2023, will be the end of the COVID-19 public health emergency (PHE).

## **WHAT WILL NOT BE AFFECTED:**

- **Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio, will generally not be affected.** Out-of-pocket expenses for certain treatments may change, depending on an individual's health care coverage, similar to costs that one may experience for other drugs through traditional coverage. Medicaid programs will continue to cover COVID-19 treatments without cost sharing through September 30, 2024. After that, coverage and cost sharing may vary by state.
- **FDA's Emergency Use Authorizations for COVID-19 products (including tests, vaccines, and treatments).** The ending of the COVID-19 PHE will not affect the FDA's ability to authorize various products, including tests, treatments, or vaccines for emergency use. Existing EUAs for COVID-19 products will remain in effect under Section 564 of the Federal Food, Drug, and Cosmetic Act, and the agency may continue to issue new EUAs going forward when criteria for issuance are met.



# COVID-19 Public Health Emergency Ending (cont.)

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## **WHAT WILL NOT BE AFFECTED:**

- **Major Medicare telehealth flexibilities.** The vast majority of current Medicare telehealth flexibilities will remain in place through December 2024 due to the bipartisan Consolidated Appropriations Act, 2023 passed by Congress in December 2022.
- **Medicaid telehealth flexibilities.** State requirements for approved state plan amendments vary. This flexibility was available prior to the COVID-19 PHE and will continue to be available after the COVID-19 PHE ends.
- **Access to buprenorphine for opioid use disorder treatment in Opioid Treatment Programs (OTPs).** Early in the COVID-19 pandemic, the Substance Abuse and Mental Health Services Administration (SAMHSA) released guidance allowing patients to start buprenorphine in an OTP by telehealth without the required in-person physical examination first. This flexibility has proven to be safe and effective in engaging people in care such that SAMHSA proposed to make this flexibility permanent as part of changes to OTP regulations in a Notice of Proposed Rulemaking that it released in December 2022.



# COVID-19 Public Health Emergency Ending (cont.)

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## **WHAT WILL NOT BE AFFECTED:**

- **Access to expanded methadone take-home doses for opioid use disorder treatment.** Early in 2020, SAMHSA allowed an increased number of take-home doses to patients taking methadone in an OTP. Research and feedback from patients, OTPs, and states have demonstrated that this flexibility has allowed people with opioid use disorder to stay in treatment longer, supported recovery, and has not resulted in increases in methadone-related overdoses. SAMHSA announced it will extend this flexibility for one year from the end of the COVID-19 PHE, which will be May 11, 2024, to allow time for the agency to make these flexibilities permanent as part of the proposed OTP regulations published in December 2022.
- **The process for states to begin eligibility redeterminations for Medicaid.** As part of the Consolidated Appropriations Act, 2023 Congress agreed to end this condition on March 31, 2023, independent of the duration of the COVID-19 PHE.
- For more information: <https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html>



# COVID-19 Public Health Emergency Ending (cont.)

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## WHAT WILL BE AFFECTED:

- **Certain Medicare and Medicaid waivers and broad flexibilities for health care providers are no longer necessary.** During the COVID-19 PHE, CMS has used a combination of emergency authority waivers, regulations, and sub-regulatory guidance to ensure and expand access to care and to give health care providers the flexibilities needed to help keep people safe. States, hospitals, nursing homes, and others are currently operating under hundreds of these waivers that affect care delivery and payment and that are integrated into patient care and provider systems. Many of these waivers and flexibilities were necessary to expand facility capacity for the health care system and to allow the health care system to weather the heightened strain created by COVID-19; given the current state of COVID-19, this excess capacity is no longer necessary.
- **Coverage for COVID-19 testing for Americans.** Medicare beneficiaries who are enrolled in Part B will continue to have coverage without cost sharing for laboratory-conducted COVID-19 tests when ordered by a provider, but their current access to free over-the-counter (OTC) COVID-19 tests will end, consistent with the statute on Medicare payment for OTC tests set by Congress.



# COVID-19 Public Health Emergency Ending (cont.)

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## WHAT WILL BE AFFECTED:

- **Reporting of COVID-19 laboratory results and immunization data to CDC. CDC COVID-19 data surveillance has been a cornerstone of our response.** At the end of the COVID-19 PHE, HHS will no longer have this express authority to require this data from labs, which may affect the reporting of negative test results and impact the ability to calculate percent positivity for COVID-19 tests in some jurisdictions. CDC has been working to sign voluntary Data Use Agreements (DUAs), encouraging states and jurisdictions to continue sharing vaccine administration data beyond the PHE. Additionally, hospital data reporting will continue as required by the CMS conditions of participation through April 30, 2024, but reporting may be reduced from the current daily reporting to a lesser frequency.
- **Certain FDA COVID-19-related guidance documents for industry that affect clinical practice and supply chains will end or be temporarily extended.** FDA published several dozen guidance documents to address challenges presented by the COVID-19 PHE, including limitations in clinical practice or potential disruptions in the supply chain. FDA is in the process of addressing which policies are no longer needed and which should be continued, with any appropriate changes, and the agency will announce plans for each guidance prior to the end of the PHE.



# COVID-19 Public Health Emergency Ending (cont.)

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## WHAT WILL BE AFFECTED:

- **FDA's ability to detect early shortages of critical devices related to COVID-19 will be more limited.** During the PHE, manufacturers of certain devices related to the diagnosis and treatment of COVID-19 have been required to notify the FDA "of a permanent discontinuance in the manufacture of the device" or "an interruption in the manufacture of the device that is likely to lead to a meaningful disruption in the supply of that device in the United States." This requirement will end when the PHE ends. While FDA will still maintain its authority to detect and address other potential medical product shortages, it is seeking congressional authorization to extend the requirement for device manufacturers to notify FDA of significant interruptions and discontinuances of critical devices outside of a PHE which will strengthen the ability of FDA to help prevent or mitigate device shortages.
- **Public Readiness and Emergency Preparedness (PREP) Act liability protections for may be impacted.** Currently, the amended PREP Act declaration provides liability immunity to manufacturers, distributors, public and private organizations conducting countermeasure programs, and providers for COVID-19 countermeasure activities related to a USG agreement (e.g., manufacturing, distribution, or administration of the countermeasures subject to a federal





# COVID-19 Public Health Emergency Ending (cont.)

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contract, provider agreement, or memorandum of understanding). That coverage will not be affected by the end of the PHE. However, PREP Act liability protections for countermeasure activities that are not related to any USG agreement (e.g., products entirely in the commercial sector or solely a state or local activity) will end unless another federal, state, or local emergency declaration is in place for area where countermeasures are administered. HHS is currently reviewing whether to continue to provide this coverage going forward.

- **The ability of health care providers to safely dispense controlled substances via telemedicine without an in-person interaction is affected; however, there will be rulemaking that will propose to extend these flexibilities.** During the PHE, the Drug Enforcement Administration (DEA) and HHS adopted policies to allow DEA-registered practitioners to prescribe controlled substances to patients without an in-person interaction. These policies allowed for audio-only modalities to initiate buprenorphine prescribing. DEA is planning to initiate rulemaking that would extend these flexibilities under certain circumstances without any gap in care and will provide additional guidance to practitioners soon.
- **For more information:** <https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html>



# Questions and Concerns?

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If you are experiencing COVID-19 symptoms, contact your healthcare provider.

If you have any questions and concerns, contact the Wallingford Health Department:

Call: (203) 294-2065, or

E-mail: [health@wallingfordct.gov](mailto:health@wallingfordct.gov)

**Wallingford Health Department Website:**

<https://www.wallingfordct.gov/government/departments/health-department/>