State of COVID-19 Community Briefing

August 20, 2021

COVID-19 & Delta Variant Update

Danny Branstetter, MD, Medical Director, Infection Prevention

I'd like to speak with you about what is going on with the delta variant in our communities and across our nation. I would like to provide you with some data here which shows there are a lot of people in our hospitals and the numbers continue to rise as we've continued to battle our fourth surge with COVID-19. What you see is 92% of patients admitted with COVID are unvaccinated and this follows through for those who are in our ICU level care and support by ventilators. What you cannot see very well on this graph, is the age distribution we're seeing now during this wave. Where the younger population seemingly were spared previously in the pandemic or experiencing nothing more than symptomatic disease, we now see more critical illness requiring hospitalization and ICU level care. We are seeing typical stories of 40-year-olds who have had massive strokes and leave behind a spouse to be a full-time caregiver raising two young children. As devastating as these stories are explicit and very much tug at your heartstrings, we know that these are preventable illnesses and are preventable because the vaccine does work. The vaccine helps with not only preventing the infection itself, but also help to avoid severe illness and death. Georgia has 7,000 confirmed cases by the Department of Public Health as of August 19, and that is compared to only 613 cases on July 19 not long ago. Unfortunately, we are also seeing rising deaths and what we know is death is the lagging number, and the fact that we're already seeing a rise in those numbers is very, very concerning. The time to act is now and continue to protect ourselves by doing those preventive measures that we have talked about since the beginning of the pandemic – and now there's hope because we have the vaccine. The vaccine is a very valuable tool in helping us battle this pandemic, but we also have other valuable tools such as monoclonal antibodies, which you'll hear more about today. We only have 42% of Georgians fully vaccinated, and we lag behind many other areas of our communities in the nation. What we are shooting for is a much higher number – almost up to 80% and maybe even 90% – to really battle this pandemic. To protect our team members, community members and patients we serve, Wellstar is requiring that all team members be fully vaccinated by October 1, and this includes all workers and those who have contracted with Wellstar to be able to continue providing the services needed in our community. This decision was not taken lightly and is in alignment with other leading health systems in the metro area. We considered all the benefits related to the vaccine because we know the vaccine is safe and effective and prevents severe disease and even death. Currently our visitation levels are red throughout all our hospitals and health parks,

and this means that visitation is restricted except for compassionate and case-by-case basis visitation. We need to actively monitor the cases throughout the state, and we know the reasons leading to the rapid rise are relaxation in the measures to prevent the spread such as increased travel, increased gathering, and the emergence of this delta variant. The delta variant is more contagious, and it has been shown to transmit at a much easier rate than the previous variants. What we do know though, is the preventative measures are effective in preventing the spread. As of August 19, we had over 500 COVID patients in our hospitals, 105 patients on ventilators and 61% of our ICU patients are COVID positive. As with all hospitals in the metro area, we are seeing long wait times in our Emergency Departments and Urgent Cares related to the surge and the uptick in cases related to COVID-19. What this means is that people need to take the measures necessary to maintain health in the community by avoiding risky behavior and maintaining good health habits such as diet and nutrition, getting sleep and rest, reducing stress levels and talking to behavioral health personnel if needed. While we have varying levels of patient volumes in our hospitals and Emergency Departments, this stress is wearing on our staff members and in our community as well. I want to give a big shout out to these team members who show up day-in-day-out to provide the care that our communities need. We could not do it without you. We are not having to cancel any elective procedures at this time, but certainly as this continues, that may be something that we are faced with as a system as needs for beds to care for those critically ill increase. Lastly, I would like to take one final moment to remind everyone to get vaccinated if you are eligible – to not only protect yourself, but to protect those who have not been vaccinated, such as those who have medical conditions or who may not be able to get vaccines because they are too young including those less than 12 years of age. We know about the impact this variant is having – even on those who are less than 12 years old.

The Impact of COVID on Children

Avril Beckford, MD, Chief Pediatric Officer

“Today's children are tomorrow's future.” That is my favorite quote from the Georgia Chapter of the American Academy of Pediatrics. “Today's children are tomorrow's future.” We are seeing absolutely unprecedented increases in the rates of COVID amongst our young people. To put that in perspective, on July 1, the seven-day rolling average was 40. Two days ago on August 18, that rolling seven-day average was 1,348. What is compounding this is the most unusual presentation of respiratory syncytial virus, or RSV, in August, which is something we usually see in the winter. Due to lockdown and people perhaps being more vigilant with masks, we didn't see quite that surge in February, but we're seeing it now. Since children are back in school, it is spreading alongside COVID. We see an increase in our pediatric offices, urgent cares and

emergency rooms at this time. Why am I appealing to you today to wear masks, to be vigilant and to protect the children? Let me tell you a story that speaks to the heart and summarize. It summarizes that far better than I could. We have a physician who is extraordinary, who has been in the frontlines taking care of people since the beginning of COVID. She had remained COVID negative and she and her husband are fully vaccinated. She has done her due diligence with PPE thanks to Wellstar's role in protecting team members. Her children went back to school last week, and all three of them contracted COVID, her husband has COVID. They all became very ill, especially this physician leader. She did everything, but we have a part to do in our schools and our community to protect everyone. The American Academy of Pediatrics feels passionately, and so do we at Wellstar, that it is crucial for children to be back in school and in preschool for their social, emotional and intellectual well-being. They can do that, and they can do it safely, but it is up to us as adults to help children learn to protect themselves and develop their resiliency. Please partner with us at Wellstar. You have heard of the three W's. Wash your hands. Watch your distance. Wear a mask. Today, my appeal to you is to wear a mask and make sure your children also wear a mask. Most important, please get vaccinated and be sure that your children are vaccinated if they are in the approved age group of 12 and up.

The Impact of COVID on Children

Andrew Doyle, MD, Medical Director, Ambulatory Pediatrics

As you have heard, the vaccine is affecting the younger ages and that definitely includes the children as most of our children, including all of those who are under 12, are unvaccinated. We know in Georgia that the vaccination rates for adolescents are only about 33%, which means two-thirds of adolescents are unvaccinated. As you have also heard, this is a disease now of the unvaccinated, so most of our children are at high-risk and susceptible to this disease and it is imperative that we do everything we can to protect them. You have also heard the vaccine is the number one best way to protect those who are at-risk, so we definitely are urging everyone who is over the age of 12, so all of our adolescents, get vaccinated as soon as possible, but it's also important that everybody else be vaccinated to protect those who cannot be vaccinated, which include our children less than 12. If everyone around them were protected with the vaccine, that would put a shield around our youngest and most vulnerable patients, our children, and keep them safe and allow them to do the things that we know are important for them. To keep going to school, going to family gatherings, playing sports, doing all of the things that we want our children to do that we know are so important to them, and that they could do it safely. On top of that, while the variant is at such a high level in our community, it's important to layer on top of that the three W's that you've already heard, which includes wearing a mask and requiring mask wearing in all

public places as the CDC and the American Academy of Pediatrics both strongly encourage. Along with washing your hands and keeping your distance, we can keep our children safe. Unfortunately, right now, children are at-risk, and children get sick, so there is a lot of questions to what you can do as parents if your child is sick or has been exposed. You have heard that our clinics, emergency rooms and urgent cares are incredibly busy right now because of the number of sick people out there who need care. What we would ask is that if your child has been exposed to the virus, or you've been told might be exposed, or you're concerned but they don't have any symptoms right now, we would ask you to go to a community testing site. Do not go to the emergency room, do not go to urgent cares. For these situations, you don't need to see your own pediatrician, and you can go to a community testing site and then stay home and quarantine until you get your results. If your child is sick with mild or moderate symptoms, do not go to the emergency room or the urgent care, but call your pediatrician. They can talk to you over the phone and give you advice as to where is the correct place to go to get testing or get evaluated or can indicate to see them if necessary. If you think your child is seriously ill, is struggling with breathing, then we would ask that you go to the nearest pediatric emergency room that is equipped to take care of them. We ask you do these things in order to maintain and keep access open to everybody who may need to be seen during this time. This is a difficult time. I just want to share a story myself from a patient I saw in the clinic that I think also encapsulates how hard this is on everyone. I have a couple patients that I take care of who are preschool, so they are below the age of 12, and they can't be vaccinated. Unfortunately, they also have some medical conditions that place them at high-risk. They came into the clinic and one of them tested positive for the virus. They were exposed by an older family member who had not been vaccinated, and when the mother left, she had a defeated and dejected look on her face. She looked at me and said, "Dr. Doyle, we tried so hard, but I guess we didn't avoid it." The tragedy is that this was an avoidable case because they were exposed to someone who can be vaccinated but had not yet been vaccinated, and we do not want to see that happening anymore. So please get vaccinated. Just one more closing remark, I would like to say as pediatricians, we often speak for the children – we feel that it is our duty to do so because so many times they do not have a voice. Early on in this pandemic, we asked children to make extraordinary sacrifices to protect their community and their family members. We asked them to stop going to school. We asked them to stop playing. We asked them to stop doing family gatherings and all those things that we do that are important for their development. We asked them to sacrifice, but now is the time for the rest of us to sacrifice instead to protect them. They protected us then. It is our turn to protect them now.

The Impact of Covid on Women

Paula Greaves, MD, Chief, Women's Health Service Line

I am addressing the importance of all women getting the COVID vaccine. As a physician, I have spoken to many women surrounding the topic of the vaccine and their fears. For young women, the fear is infertility and the fear of their inability to get pregnant later in life because they have taken this vaccine. For pregnant patients, fear surrounds the unknown effects of this vaccine on their pregnancy and unborn baby. As their physician, it is my responsibility to first listen to their fears, then present the facts surrounding the vaccine and allow them to make an informed decision, through shared decision making. Today I would like to address some of those fears so that we can our arm our community with facts. The first fear is infertility. The American Society of Reproductive Medicine has conducted extensive research and they have NOT found a connection between the vaccine and increased infertility; there is no connection between the vaccine and increased rate of miscarriage or changes to the placenta, or alteration of DNA that would cause genetic mutations in the fetus. What we DO know about this virus is that COVID infections can increase risk for miscarriage. In COVID infected men, a transient decrease in sperm count due to fevers may temporarily cause infertility. In addition, COVID in pregnancy increases the risk for severe illnesses, with increased admissions to the hospital and transfers to the intensive care unit. These pregnant women are at increased risk for preterm delivery, with these premature babies fighting for their lives in neonatal intensive care units. It is very sad to see this happen in our society, yet it is very real. Yet less than 20% of our pregnant women are receiving the vaccine that could prevent or decrease these risks. Many were concerned that pregnant patients were not allowed in the initial COVID-19 vaccine clinical trials. However, what was discovered is that many female participants were unknowingly pregnant at the time of these trials; investigators followed their pregnancies, and these pregnancies were successful. Currently, we do have a registry that is known as the "V-Safe COVID-19 Vaccine Pregnancy Registry" created by the CDC. As of Aug. 16, 2021, more than 148,000 "V-Safe" participants indicated that they were pregnant at the time they received their vaccination. 148,000 participants! This group is larger than some of the clinical trials combined. V-Safe registry has provided us enough data to prove the safety of this vaccine in pregnancy. Now let's talk about women receiving this vaccine in pregnancy. What does the vaccine do? Pregnant patients who get the vaccine produce antibodies against the virus. These antibodies are passed on to their unborn babies. Babies are then born with protection against this virus, especially during that critical early stage of their lives. For vaccinated moms, these antibodies also present in breast milk, so moms can also protect their infants through breastfeeding. Many are concerned about the practice of getting a vaccine during pregnancy or in the postpartum period. I would like to point out that this is not a new process. We have a vaccine that is currently given between 27 and 36 weeks of pregnancy. It is

known as Tdap, which stands for “tetanus, diphtheria, and pertussis”. This vaccine significantly reduces the risk of a newborn getting whooping cough by 78%. This process was actually instituted a decade ago in response to a widespread pertussis outbreak which caused neonatal deaths. Tdap is recommended by the CDC so that moms can convey immunity to these babies until two months of age, when they are then able to get vaccinated. Unfortunately, I do not have one patient story involving COVID. Sadly, it is because I have so many stories of young women at the prime of their lives during what should be an amazing time, enjoying their pregnancy. Instead, they are fighting for their lives in the ICU, or having to deliver their babies prematurely because of this devastating disease, all of which could have been prevented or at least lessened with the use of this vaccine. The facts that I have presented today are all supported by major national and international organizations including: The American College of OB-GYN, American Academy of Pediatrics, the CDC, the Society for Maternal-Fetal Medicine, the American Association of Reproductive Medicine and the Academy of Breastfeeding Medicine. It is important that everyone does their part to slow the spread of this virus. I think about the bravery and the courage that our mothers and grandmothers had when taking vaccines to protect their unborn or to protect their communities. Today, I plead with you to get the facts, and then to join in fighting this pandemic and decreasing the spread of COVID-19 by getting vaccinated.

The Impact of Covid on Health Equity

Jeffrey Hines, MD, Medical Director, Diversity, Inclusion and Health Equity

There are specific groups of people right now that still have some hesitancy. Those include Black, LatinX, populations of low social economic status, homeless, Native Americans, and particularly young Caucasian males in rural areas are also very high groups of individuals that have vaccine hesitancy - and there's the mention earlier of some young women that express significant hesitancy. So how do we address this? We need to understand where this comes from and when you look at published data, we know that most hesitancy bubbles up three big topics people are worried about. People are worried about the long-term side effects. People are worried that the vaccine was deployed too quickly, and then there is some general mistrust and distrust. I would add that mistrust and distrust, unfortunately, is really fueled by an industry of contagious misinformation that is out there. What we are doing at the Center for Health Equity to address those issues is to provide data and information that is in language and culturally aligned education and outreach and to do so through equity centric access. In conjunction with our internal and external partners, we developed a variety of toolkits that can be used to help people talk to their communities about vaccine hesitancy. We have also leveraged our Congregational Health Network, Wellstar’s faith-based network, where we have been going on-site to engage with people in their own faith-based setting from early on in the pandemic. Last year at this time,

we began doing pop-up testing clinics and we are now doing pop-up vaccination clinics, often in conjunction or combination with other health networks in vulnerable communities. We usually go out two days a week and this has been very successful. We choose times when people get off from work and sometimes on weekends because we have to make the vaccines available to people when they are available. Now who are the people that are going to help us get vaccine hesitancy under control? We all have heard of getting trusted messages from trusted messengers in front of people, and that's critically important for members of these hesitant communities to be able to call on people they can trust – like all of those important faith-based leaders, their government and community leaders that can interact and be in front of folks to help them understand the importance of vaccination But, I do think we need to go a little deeper now. What I mean by that is we need to reach out to those who were previously hesitant but developed the confidence and got the vaccine. We need to arm them with the information about misconceptions so that they can now be those trusted influencers in their communities from their experience to talk about the importance of vaccination and that is critical. That is part of the work that we are doing now that we will publish. It is redundant, yet very good masks are important. Washing your hands is critically important. Watching your distance. But I would add the following three things as our strategy to mitigate this from an equity and a hesitancy perspective: We need to provide education and outreach that is culturally aligned with the people that we serve. We need to continue to test people in order to mitigate this disease. Not only do we have to vaccinate – which is my last one – but we have to continue to test people like the vaccine sites. I would also like to share a story. I am a practicing gynecological oncologist and how I want to use my own practice to experience. I ask every one of my patients if they have been vaccinated. If they have not had the opportunity, I spend time talking about why it is important, especially in patients with malignancies being immunocompromised. For those people who have had the confidence to get the vaccine, my challenge to them, just like I challenge myself in my practice, is for us all to reach out to people in our circles who have not been vaccinated and tell your story about how “I was once hesitant but now I have the confidence and got my vaccine”.

Questions & Answers

1) **What are the recommended protocols for large indoor events? Ex. indoor concert for 1000 people?**

   With another surge of Covid in our community, and as we see the percent positive tests and the number of cases rising at over 100 per 100,000 – we are looking at that marker for how well we are doing. The guidance is that we should be minimizing large events. If you need to attend a large event, you should do your best to social distance, wear a mask, and wash your hands. If the event is outdoors, it is less risky.

2) **What advice to you have for parents if their child is exposed to the virus?**

   What we would ask is that if your child has been exposed to the virus, or you've been told might be exposed, or you're concerned but they don't have any symptoms right now, we would ask you to go to a community testing site. Do not go to the emergency room, do not go to urgent cares. For these situations, you don’t need to see your own pediatrician,

and you can go to a community testing site and then stay home and quarantine until you get your results. If your child is sick with mild or moderate symptoms, do not go to the emergency room or the urgent care, but call your pediatrician. They can talk to you over the phone and give you advice as to where is the correct place to go to get testing or get evaluated or can indicate to see them if necessary. If you think your child is seriously ill, is struggling with breathing, then we would ask that you go to the nearest pediatric emergency room that is equipped to take care of them. We ask you do these things in order to maintain and keep access open to everybody who may need to be seen during this time.

3) **How many patients are being admitted for Covid, comorbidities or both?**

We're going to find one or two random cases where people who were admitted for another medical reason that subsequently turned out to be Covid positive and not have symptoms, but that is a rare case. That would less than 1% of cases.

4) **What is the third shot or booster for? Why do we need it?**

The most recent update by the CDC and FDA was the recommendation for immunosuppressed patients to receive a third shot of the same vaccine they had already received. The reason being there is a waning or a lower immune response and vaccine antibody protection. What the data is showing us is that a third shot continues to restimulate the immune system to recognize the virus quicker and better. So that booster shot or third shot of the same vaccine helps us respond quicker if exposed to the virus. The recent data is that it somewhere around the middle of September it will be available to anyone particularly six months after the primary series booster immune system to better respond, particularly during this surge and with the delta variant.

5) **Are there materials or resources that are already localized related to reproductive health (highlighting what is being shared now beginning with women who may be concerned about future reproductive health impacts) that can be shared?**

Recently the CDC's website was updated to reflect their stand on now supporting the use of vaccination against Covid in pregnancy. The website actually quotes the joint agreement with the American College of OB-GYN as well as the Society for Maternal Fetal Medicine stating everyone agrees that this vaccine is safe in pregnancy. The CDC website is a very good source of information.

6) **Are there certain underlying conditions that are more prone to issues in youth COVID cases? Type 1 Diabetes? Asthma?**

The number one thing that makes them more prone to Covid-19 is if they're under 12 and haven't been vaccinated. The same risk factors for adults apply to children that make them more susceptible to serious disease. So yes, asthma is one of the main ones out there. Being overweight becomes another one, and then other conditions if they have other respiratory conditions, as well as other congenital illnesses and conditions such as Downs Syndrome. If they are medically fragile in any way, they are at an increased risk of contracting COVID-19.

7) **Do you have guidance for childcare centers that have children who test positive for Covid? Should the center close, close just the classroom? Who should quarantine and for how long?**

It comes down to if it is a direct exposure or not. If a child has been exposed and it is a direct exposure, the recommendations from the CDC and the American Academy of Pediatrics is that they should stay home and watch for symptoms for the first several days. If they continue to be asymptomatic, they could be tested around day 5 to 7, and if that test is negative then they can go back into a public setting. If they do become symptomatic, get tested, and if it's a positive test, stay home for the recommended 10 days until they are asymptomatic. If it's negative after the appropriate amount of time, then they can go back into the public setting.

8) **What about children masking in class if there is an outbreak? How should that be handled?**

This one that comes down to science. The science is such that we're so confident that if people are wearing masks, washing their hands and they're doing it all the time – and if the teacher is confident that all students have had their masks on, and we are sure that there are good rules in place when they're going to the bathroom and when they're on the playground, having their lunch and that they're socially distanced – I feel that the rules would be vastly different from an unmasked situation. If everyone is masked, everyone is following the rules and one child tests positive, I do not feel that the entire class needs to be shut down if we put everything in the balance. By far, the intellectual and emotional well-being of the children is crucial and therein reinforces how we are giving a gift to the children to ask them, and to require them, to wear their masks. Follow the rules, and become resilient.

9) **What about treatments, and what are the provided benefits from medications such as Plaquenil or Intervectin? If given early on in the diagnosis, can we impact this virus by treating it early in the course?**

Early on in the pandemic we looked at these, as well as plasma. None of those have been shown to impact the course of illness, unfortunately. However, we do have a treatment that can impact people early in the course of illness called monoclonal antibody. It's typically given by IV infusion. It is best given within the first three days of symptoms, but it can be used up to 10 days from symptom onset. This is used as a treatment. People who are symptomatic and test positive for the disease, are given a single time dose. It has been shown to be effective in reducing symptoms, the duration, as well as severity, need for hospitalization and engaging in health care. It is very beneficial and can be given to anyone of any vaccine status. If you're fully vaccinated, partially vaccinated, incompletely vaccinated or unvaccinated, you still qualify to get this monoclonal antibody. If you develop symptoms, it can be proven beneficial in any of those cases. Then finally, one more thing that we get a benefit from is prophylaxis. If we have a patient who is unvaccinated, who's been exposed but asymptomatic and tests negative, we can give this monoclonal antibody and it is proven to be 80% plus effective in preventing disease onset and severity. We are certainly very happy that we have that available and are working to expand that access throughout our system.

10) **Please address benefit of vitamin D and zinc in benefit of prevention.**

Vitamin D and zinc have been shown to have some antiviral properties, and we know that people who have low vitamin D may be more prone to a severe course of illness. If you're low in vitamin D, know that keeping that up to date and keeping your levels adequate is beneficial. As far as after symptoms develop and the impact of vitamin D and zinc, it is very minimum on the course of illness, unfortunately. If you're low in either zinc or vitamin D, maintaining those adequate levels are helpful.

11) **For smaller, group gatherings (25 or fewer) are masks recommended?**

Masks are recommended for all gatherings. It is pretty simple right now during this surge – even if you're vaccinated or unvaccinated and you're going to be at a gathering and in a large group, wear your mask.

12) **Of the 12 patients in the ICU that are vaccinated – do they have underlying health conditions?**

It is my understanding those 12 cases are for COVID-19; and yes, the majority of those cases have underlying conditions that predispose them to a more severe course of illness.

13) **With masks being the primary component of prevention, please give recommended mask specifications. Is one type preferred over another?**

I'm going to take a moment – please indulge me. I would like to go over why masks work and then which masks work best. So why do masks work? We know the virus is very tiny, but for the virus to get out into the community and spread within our environments, it hitches a ride on moisture droplets, and those can come in very many forms like saliva and mucus – but they get out into the environment riding on those larger, much larger by scale, moisture droplets. When we wear a mask, it prevents the majority of those much larger moisture droplets from getting out into the community and thus preventing the virus spread in the community. It's up to 70% effective or reduces the amount by 70% that gets out into the community. So how does it do that – and what kind of mask is best to protect yourself? The importance is fit. The better fit to the face and seal on the face the better. That's why you see that double mask recommendation on the CDC website – it is to get a tighter seal and better fit on the face – so that is the important thing here. The more solid material can make it harder to breathe sometimes, but the more solid the material, the better it filters. A very sheer, see-through mask is going to be less effective versus something that's more solid.

14) **Appointments for testing in our community require about a three day wait as of yesterday. Will the state open any new testing sites in our region?**

Dr. Toomey's press conference within the last 48 hours did say they were opening additional sites through the Department of Public Health for testing and you can visit https://dph.georgia.gov/covidtesting for a list of available sites.

15) **Is testing offered free in efforts for diversity, equity, and inclusion?**

Mostly what we're doing is partnering with other organizations in the state and in the city. We have a robust partnership with the NCN which is out of the Office of Minority Health through Morehouse School of Medicine, and we've worked with them to get testing and vaccination sites that are equity centric. There's also something called the Georgia SEAL project, which is an NIH alliance about COVID resiliency, and those organizations not only collect data, but using that data enables us to deploy assets so that testing and vaccination can be done in vulnerable groups.

16) **What are you seeing locally with long haul COVID cases?**

We are not immune here locally to long haul COVID, and we are definitely seeing long haul Covid cases from different entities. There are some neurologic issues like loss of sense of taste and smell that can last for months, and unfortunately, it is predicted that some people may actually have it lifelong. There are heart dysfunctions. The biggest impact that I see is the decreased respiratory status – so much more difficulty breathing. Then it is also reported that one third of the people who are post COVID will have some kind of mental health issue, whether it is a troubled cognition, anxieties, depression – those kinds of things can impact one in three. The best way to avoid long haul COVID is to get vaccinated and avoid infection altogether.

17) **What about face shields vs. masks?**

Face shields are a solid barrier that certainly can deflect droplets coming towards someone, but they do a poor job of preventing them from getting in the environment. If you're wearing a face shield only and have COVID-19, you're still letting a lot of droplets out there in the environment. It is certainly a benefit to wearing a face mask and a face shield, particularly for our frontline providers it is recommended to prevent acquisition of COVID-19.

18) **What is being done to increase hospital capacity, ER capacity, staffing to care for masses of people?**

Let me say we have ample capacity in terms of facilities and space. The rate limiting factor that we have struggled with is staffing – and there is staffing scarcity across the city, across the state, across the nation in these current times. But with that, we have ample access to additional resources. Some of those resources are being provided to us from the state through an agency called HWL. We have more than 100 contract nurses, and in addition to that, other clinicians, hospitalists, respiratory therapists, and the governor recently announced that he was going to increase those allocations. We expect to have incremental to that more than 100 incremental clinicians, and that will enable us to increase certain capacities.

19) **The Department of Public Health has a vaccination dashboard that shows vaccination rates by census area, which shows clear disparities even within counties on vaccination rates. In your opinion, is this an issue of access, trust/vaccine hesitancy, or a combination?**

Yes – it relates to that lived experience that we talked about earlier, and it also relates just to historical disproportionality and disparities that existed previously. There are disparities in different chronic illnesses like hypertension and asthma, and those same

disparities are no different than we're seeing in coronavirus, and certainly those communities where we're seeing lower vaccination rates are the same communities we saw last year that had lower testing rates and of those same communities we were seeing higher cases, hospitalizations and deaths.

20) **Will having the kids wear masks help teachers and staff from getting COVID?**
    Yes, it does because the masks help prevent spread by whomever may have coronavirus and not know it. So whether it is a child or a teacher or a staff member, if they are wearing a mask, they are going to decrease the spread of the disease to others if it is present.

21) **If traveling, specifically air travel, what are masking recommendations?**
    We are still required on air travel to wear a mask, and certainly the best fit is important – the tighter fit to the face is the better mask to wear. If you're traveling by other means of mass transportation, i.e. train, bus, etc., also adhere to masking – it is your best method to prevent transmission and acquisition of Covid.

22) **After the Booster, will people be considered fully vaccinated or will people have to continue to get these vaccinations?**
    a. The need for additional boosters or COVID vaccination beyond this fall has yet to be determined. The 2 important factors that will drive this are new variants and number of cases in our communities.

23) **So, tomorrow, high school football games are being held at the Mercedes Benz Stadium. What is the medical advice in attending the event?**
    a. Be fully vaccinated
    b. Wear a mask
    c. Wash your hands

24) **Many events and activities have begun to require either proof of vaccination or a recent test, but the sensitivity of the rapid antigen tests is fairly low for asymptomatic individuals. Is testing a realistic way to prevent community spread? Thoughts on frequency?**
    a. Testing is a very intensive measure to try and curb COVID spread when mass testing asymptomatic persons gathering for events, classes, travel. While it seems attractive to avoid having positive persons in attendance, it is imperfect and many cases of super spreader events have been reported with using testing as screening.

25) **If risk of death or hospitalization for young adults and children is less than .05% and long-term effects are not known, can you justify still strongly encouraging the shot instead of preventative care and early treatment by the family physician/urgent cares instead of waiting until so ill that hospitalization is needed. As a family nurse practitioner, it seems that early treatment has not improved at all.**
    a. After hundreds of millions of doses of vaccines given throughout the world for over a year, we do know the safety and adverse events associated with the COVID vaccines. Vaccine side effects and adverse events will be seen within 6-8 weeks

after administration. The components of the vaccine are short lived in the human body - somewhere around 2 days. Since the vaccine components themselves are not present and the side effects seen within weeks of administration, new events from the months to years later are not seen. This is true of COVID and other vaccines.

26) I am not sure if I heard the answer about the treatment of a certain drug. But could you address the use of Ivermectin?

a. Not indicated for prevention or treatment.

27) Is there a correlation between severity of illness and prevalence of long COVID?

a. Severity of illness increase risk of covid complications such as long COVID. This is unpredictable and can occur in any individual. Prevention of illness is the key to reducing risk of complications related to infections and is best accomplished through vaccination, masks, avoid crowds, washing hands.

28) Are the breakthrough infections related to any one specific vaccine?

a. Breakthrough infections are seen with all COVID vaccine types.
b. I have searched far and wide and have not been able to find any trustworthy statistics or studies regarding individuals who had previously been infected with Covid. Many people say they would consider getting the vaccine if numbers significantly showed otherwise. These questions all come from friends who are not opposed to vaccines for those in higher risk or never having Covid, but they have cited studies even published by the NIH that state a “strong long lasting immunity” if you have previously had Covid and recovered due to antibodies and even if antibodies are lower the Memory T cells and Memory B cells.
    i. Of the current positive cases among unvaccinated what percentage have never had Covid previously? Of current hospitalizations/deaths what percentage have had Covid previously?
        1. These will be very difficult to ascertain with high confidence of accuracy.
            a. Individuals infected may have never been confirmed with testing. Lack of available test in the early part of pandemic, never saw provider, etc.
            b. Confirmatory test not available – done out of state, home test, etc.

29) What are your thoughts on the Cobb County School District guidance for exposed students to quarantine EXCEPT to attend school in-person?

a. We encourage everyone, in the schools or not, to follow recommendations from the CDC on quarantining: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html

30) **Being that kids are still growing physically; don't they have a stronger resistance than say for example an elderly person and would they be less apt to contract the virus or not just wondering?**
    a. The data show clearly that children and teens are certainly very susceptible to this disease. There are now over 2,000 new infections each day in Georgia among children and teens, and the numbers are growing. While most children will have mild disease, as more children are infected, there will be more with serious or life-threatening disease.

31) **What do parents of preteens/teens need to be aware of with regards to the indirect outcomes of social distancing/virtual schooling/other COVID-19 prevention measures? For example: increases in screen time, increases in depression/anxiety, etc. Are you seeing this and what should parents do to support their preteens/teens?**
    a. We have seen some increases in anxiety and depression over the course of the pandemic, but it is unclear how much of this is from prevention measures or due to generalized anxiety from all aspects of the pandemic. However, this is one reason why we support the return to in-person school when it can be done safely and according to the guidelines from the CDC and AAP. If a parent has concerns about depression or anxiety in their child, they should reach out to their pediatrician for advice and evaluation.