

# Ashe Communicable Disease Update

May 10, 2023

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## Trends, Updates & Important Points

- COVID Vaccine Updates:
  - Adults age 65 and older and immunocompromised people can now get an additional COVID-19 vaccine dose, at least four months after their initial updated (bivalent) vaccine dose.
  - Monovalent (original) COVID-19 mRNA vaccines are no longer being used in the U.S.
  - CDC continues to recommend that everyone ages 6 years and older receive an updated (bivalent) mRNA COVID-19 vaccine. 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.
- **On May 11, 2023, the public health emergency (PHE) declaration for COVID-19 will end.**
  - **COVID-19 pharmaceutical treatments purchased by the federal government, such as Paxlovid, will continue to be free to the public, regardless of insurance coverage. Coverage for COVID-19 testing and treatment in general will vary by insurance type.**
  - **The availability, access, and costs of COVID-19 vaccines, including boosters, will not be impacted by the end of the public health emergency since vaccine access, cost, and distribution are determined by the supply of federally purchased vaccines, not the public health emergency. As long as the federal government's supply of vaccines lasts, COVID-19 vaccines will remain free to all people, regardless of insurance coverage.**
  - **For people with Medicaid coverage, COVID-19 testing and treatment will remain covered at no cost through September 2024.**
- Flu and RSV cases have continued to remain low as measured by emergency department visits.
- COVID hospitalizations have continued on a downward trend since January, while wastewater levels have begun to rise.

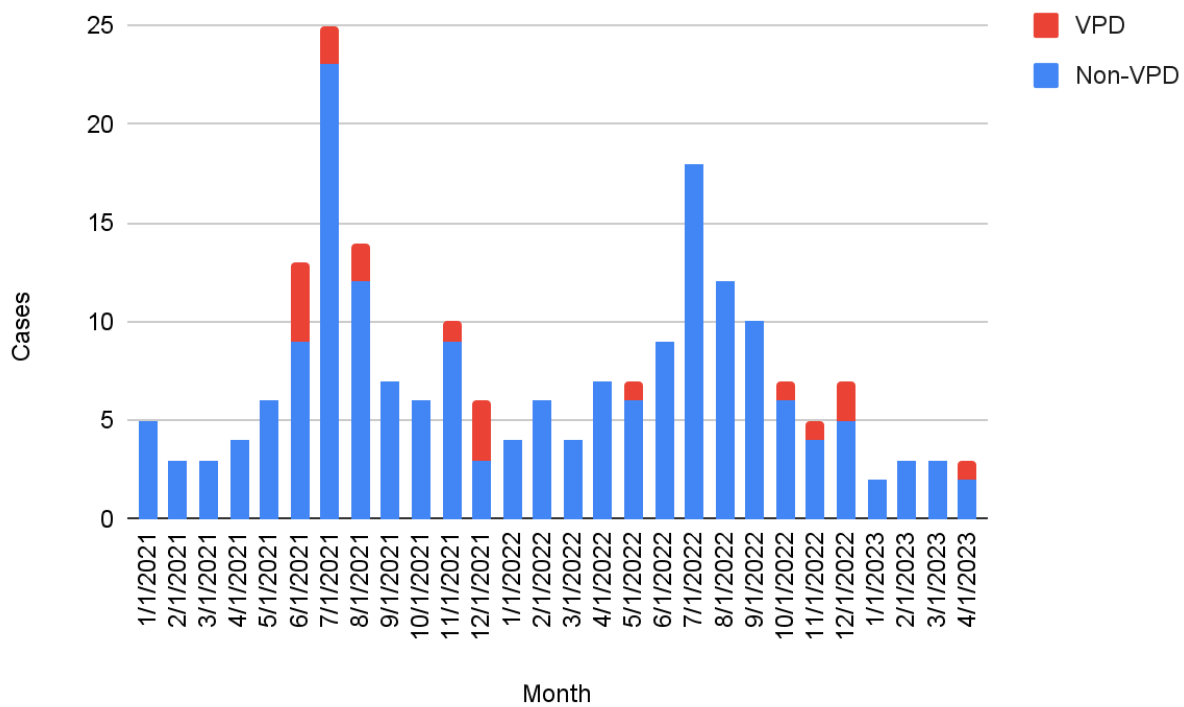


# Vaccine Preventable Disease

## Vaccine Preventable Disease:

Vaccines prevent disease in the people who receive them and also in the broader community. Because of childhood vaccination programs, diseases like polio, measles, diphtheria, rubella (German measles), mumps, tetanus, and Haemophilus influenzae type b (Hib) are no longer widespread in the United States. However, cases and outbreaks of these diseases continue to occur due to travel to and from areas with lower vaccine coverage. Many diseases however are not preventable through vaccines, including but not limited to Lyme disease, Rocky Mountain spotted fever, and salmonella.

### Vaccine Preventable Disease Cases in Ashe County by Month



# Sexually Transmitted Conditions

In North Carolina, there are eight reportable bacterial sexually transmitted conditions (STDs & STIs), including gonorrhea, chlamydia, and pelvic inflammatory disease (PID). Chlamydia is the most prevalent STC in Ashe County, with gonorrhea as the second most prevalent. AppHealthCare provides clinical services, education and awareness efforts and monitoring disease trends through surveillance and epidemiology. To best prevent the spread of STDs, seek treatment if relevant, seek free routine testing, and take precautions to promote safety.

## Chlamydia:

Individuals with chlamydia often do not show any symptoms. Chlamydia is a common and treatable STD that can cause permanent damage to female reproductive systems that can make it difficult or impossible to get pregnant later, and can complicate pregnancies.

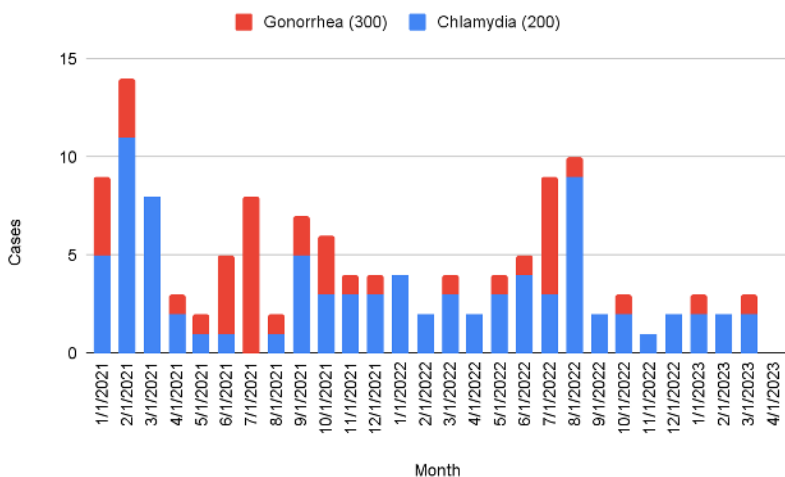
### Chlamydia Spread:

- Chlamydia can spread by people with or without symptoms. Asymptomatic chlamydia is common in individuals of all genders and can still have lasting harmful effects.
- Individuals with chlamydia should be treated, as should their sexual partners regardless of symptoms.
- Chlamydia can spread through vaginal, anal, or oral sex.

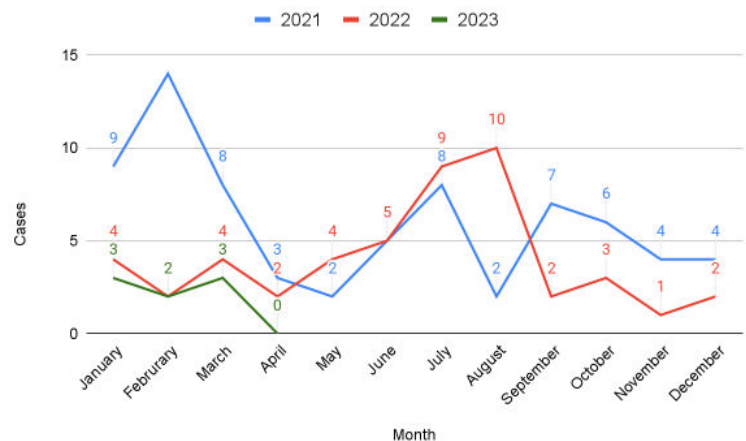
### Chlamydia Testing and Screening:

- If you are sexually active, getting tested for STDs is one of the most important things you can do to protect your health. Make sure you have an open and honest conversation about your sexual history and STD testing with your doctor and ask whether you should be tested for STDs.
- All sexually active women younger than 25 years should be tested for gonorrhea and chlamydia every year. Women 25 years and older with risk factors such as new or multiple sex partners or a sex partner who has an STD should also be tested for gonorrhea and chlamydia every year.
- Everyone who is pregnant and may be at risk for infection should also be tested for chlamydia and gonorrhea starting early in pregnancy. Repeat testing may be needed in some cases.

Reportable Sexually Transmitted Conditions in Ashe County by Month



Monthly STC (Chlamydia, Gonorrhea, and PID) Cases by Year



# Ashe County COVID-19 Updates

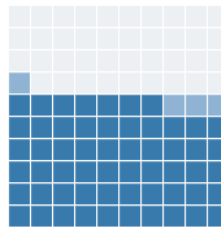
(Community level data and guidance per the [Centers for Disease Control and Prevention](#), accessed 5/5/2023; COVID-19 vaccine and death data per [North Carolina Health and Human Services](#), current as of 5/3/2023.) **On May 11, 2023, the public health emergency (PHE) declaration for COVID-19 will end. This information will change with the next report due to data reporting changes.**

**COVID-19 Community Level: Low**

Guidance: Stay up to date with COVID-19 vaccines. Get tested if you have symptoms. Wear a mask if you have symptoms, a positive test, or exposure to someone with COVID-19. Wear a mask on public transportation. You may choose to wear a mask at any time as an additional precaution to protect yourself and others.

## Ashe County Initial Vaccination Progress

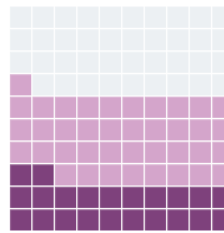
All Ages



- Unvaccinated
- 61% With At Least One Dose (16,540)
- 57% With Initial Series Complete (15,550)

## Ashe County Booster Vaccination Progress

All Ages

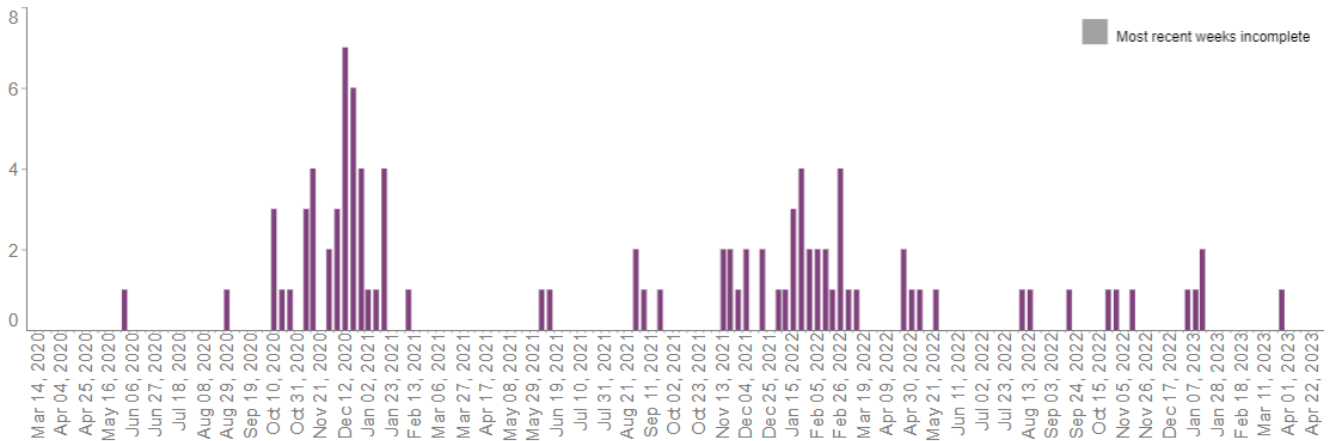


- Not Boosted or Ineligible
- 61% With At Least One Original Booster (9,528)
- 22% With Updated Booster (3,344)

## Deaths

All Time:

**96 Total Deaths in Ashe County**



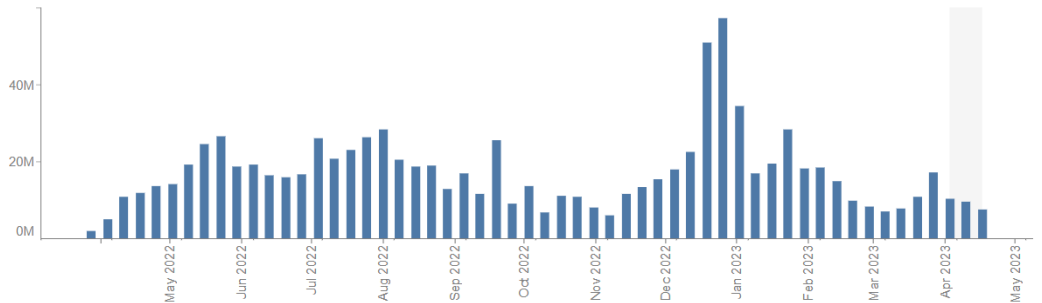
# North Carolina COVID-19 and Respiratory Surveillance Updates

NCDHHS's dashboard features data outlined below on COVID-19 wastewater, Emergency Department Visits for Respiratory Virus, Hospital Admissions for COVID-19 and Flu, and COVID-19 Variants are updated weekly. Figures outlined below are relevant as of 5/3/2023.

## State Wastewater Surveillance Data

NCDHHS tracks COVID-19 that is shed into wastewater. This metric provides a reliable population level picture of the amount of virus at the community level, as it provides information COVID-19 levels that are not affected by testing participation or reporting.

Latest Week: An average of **7.6 Million COVID-19 virus particles** per person were found in wastewater samples statewide, a **decrease** from the week before. (The week before was 9.7 Million.)

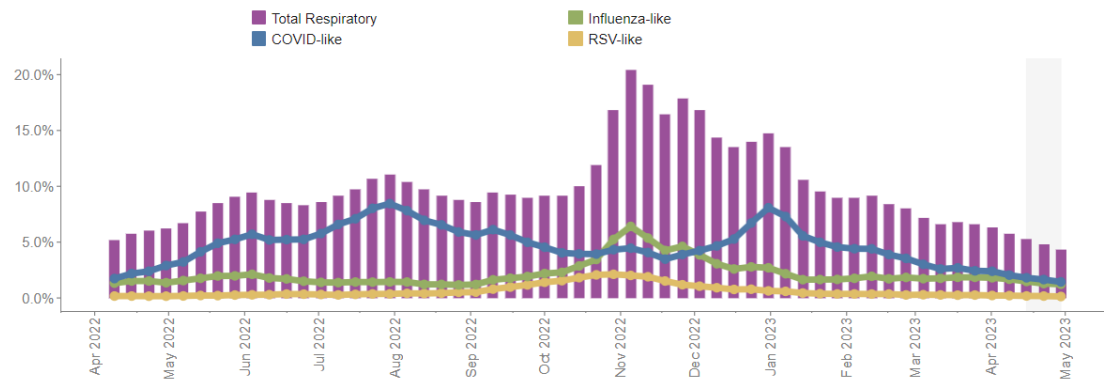


Average COVID-19 virus copies found per person per week from participating North Carolina wastewater treatment plants. COVID-19 virus particles appearing in wastewater can signal how quickly the virus is spreading, even if people don't get tested or have symptoms. Levels of influenza and RSV can also be measured in wastewater and may be included in the future. [More Info](#)

## Emergency Department Visits for Respiratory Virus

This metric shows the percent of emergency department visits that are for symptoms or diagnoses of COVID-19, RSV, flu, and all acute respiratory illnesses combined.

Latest Week: **4.4% of emergency room visits** had symptoms of a respiratory virus, a **decrease** from the week before. (The week before was 4.8%.)



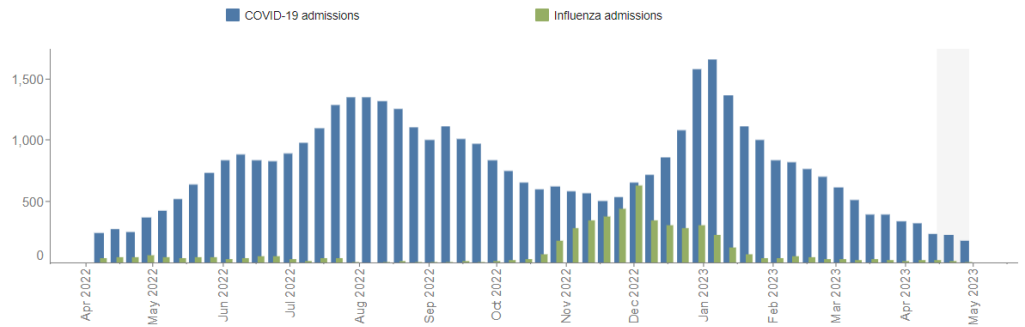
Percentage of North Carolina emergency department visits with symptoms or a diagnosis of a particular respiratory virus. [More info](#)

This metric can give us an early indication of rising levels of respiratory illness in the community, and early insight into the burden on local emergency departments. The trend of increases and decreases can show the potential risk of exposure.

## Hospital Admissions for COVID-19 and Flu

Hospital admissions for COVID-19 and influenza give an understanding of the impact on the health care system. When this number is high, it can mean that hospitals are strained to provide care and may not be able to provide care for non-urgent medical procedures.

Latest Week: **180 hospital admissions** were for **COVID-19** and **11** were for **Influenza**, a decrease for **COVID-19** and a decrease for **Influenza** from the week before. (The week before was 233 for COVID-19 and 13 for Influenza.)

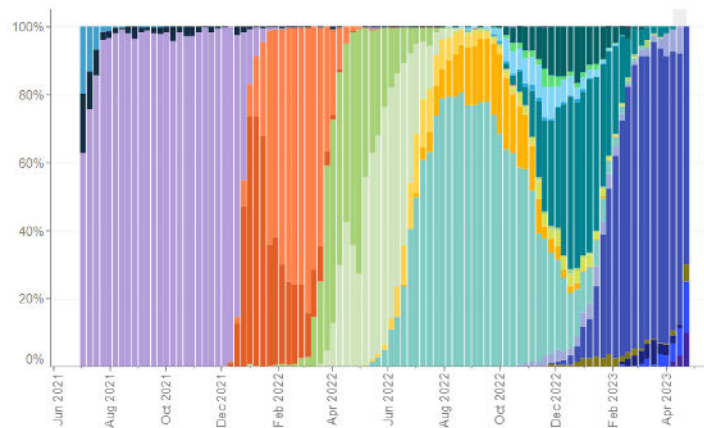


Number of confirmed COVID-19 and influenza patients admitted to hospitals each week. [More info](#)

## COVID-19 Variants Detected in North Carolina by Week

Most COVID-19 surges are caused by the emergence of new variants of COVID-19. Sequencing cases shows what variants are emerging in the population, and what are most prominent at any given point.

What variants are being detected in North Carolina?



Last Two Weeks

Apr 09, 2023 - Apr 22, 2023

Category	Type	Sequence d Cases	% of Total
Omicron	XBB.1.5	84	77.78%
	XBB.1.9.1	10	9.26%
	XBB	7	6.48%
	XBB.1.16	5	4.63%
	XBB.1.5.1	1	0.93%
	CH.1.1	1	0.93%

Legend for variants: Alpha, Delta, BA.5.2.6, BF.11, BA.1.1, BA.2, BA.2.75, BA.4.6, XBB, CH.1.1, XBB.1.9.1, All Others, BQ.1, BF.7, BQ.1.1, B.1.1.529, BA.2.12.1, BA.4, BA.5, XBB.1.5, XBB.1.5.1, XBB.1.16

Percentage of variants reported each week by laboratories that sequence to identify COVID-19 variants. (Most cases and tests are not identified by variants; this is a smaller sample.)

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