SUMMIT COUNTY HEALTH DEPARTMENT

STAFF REPORT

DATE: March 30, 2022
TO: Summit County Council
FROM: Phil Bondurant, Summit County Health Director
Shelley Worley, Summit County Deputy Health Director

RE: Discussion regarding the future of COVID-19 Response in Summit County

The purpose of the work session is to provide a public discussion about the next steps in the COVID-19 pandemic response for Summit County. Similar discussions about this transition have been held with County staff and other stakeholders in the community.

On March 12, 2020, the first COVID-19 Emergency Declaration was signed in Summit County. One day later, on March 13, 2020, the first case of community transmission in the State of Utah was identified in Summit County. Since that time, Summit County has experienced (as of 3/23/2022):

- 159,357 tests
- 13,436 cases
- 266 hospitalizations
- 23 deaths

Two years later, the State of Utah and Summit County are in a favorable position. With the availability of vaccines and boosters, specific COVID-19 anti-viral prescriptions, at-home COVID-19 tests, and the increased availability of monoclonal antibody therapies, we have all the necessary tools to responsibly manage COVID-19. Additionally, we have a favorable vaccination rate (greater than 80%) among those individuals who are eligible for vaccination and nearly 50% of the eligible population having received a booster dose. As a result, the role of the Summit County Health Department is much different today compared to our role two years ago.

On February 25th, 2022, the Centers for Disease Control and Prevention modified the guidance for COVID-19. Under the current guidance, a County is given a low, medium, or high designation. Summit County and much of the State of Utah, currently qualify as low transmission communities. For more information on evaluation methods and specific guidance under each category, please visit: https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html

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The State of Utah and Summit County have transitioned from case-based surveillance to one that utilizes hospitalization and deaths as the key metric for disease severity. Both metrics provide a strong indicator of disease outcomes rather than the presence of disease in the community. This approach removes the potential bias created by COVID-19 testing as the number of free testing sites around the State are dwindling.

Another important consideration for this discussion is the capacity of our local healthcare system. With the significant reduction in daily cases and severe disease outcomes, the hospitals are now gaining ground and can meet the demand for care. Current levels are consistent with the summer of 2021, meaning they are well within the operational capacity of the healthcare system, both locally and across the State.

With the change in surveillance methods, current trends, high vaccination rates, a positive contribution from natural immunity, the status of the healthcare system, and the variety of treatments and therapies available, the Summit County Health Department has started transitioning to a traditional disease surveillance model for COVID-19. As part of this new approach, we will continue to offer COVID-19 testing (in some form), continue to make vaccines and boosters available, monitor potential and current outbreaks, and provide education to the general public as new information becomes available.

Although it has been a tough, challenging, and uncertain two years, Summit County is in a good place. Shifting to a traditional disease surveillance model is the appropriate course of action at this time. The Health Department has already started this process in terms of our focus, staffing levels, and practice. We will continue to monitor COVID-19 in the community and adjust accordingly.

As of today, we remind people to stay home when they are sick, get tested if they are unsure, be kind to everyone (those wearing masks and those not wearing masks), and remain current on their vaccination and boosters.

Thank you for the continued support during this response and as we transition away from a pandemic response to a traditional disease surveillance model.