

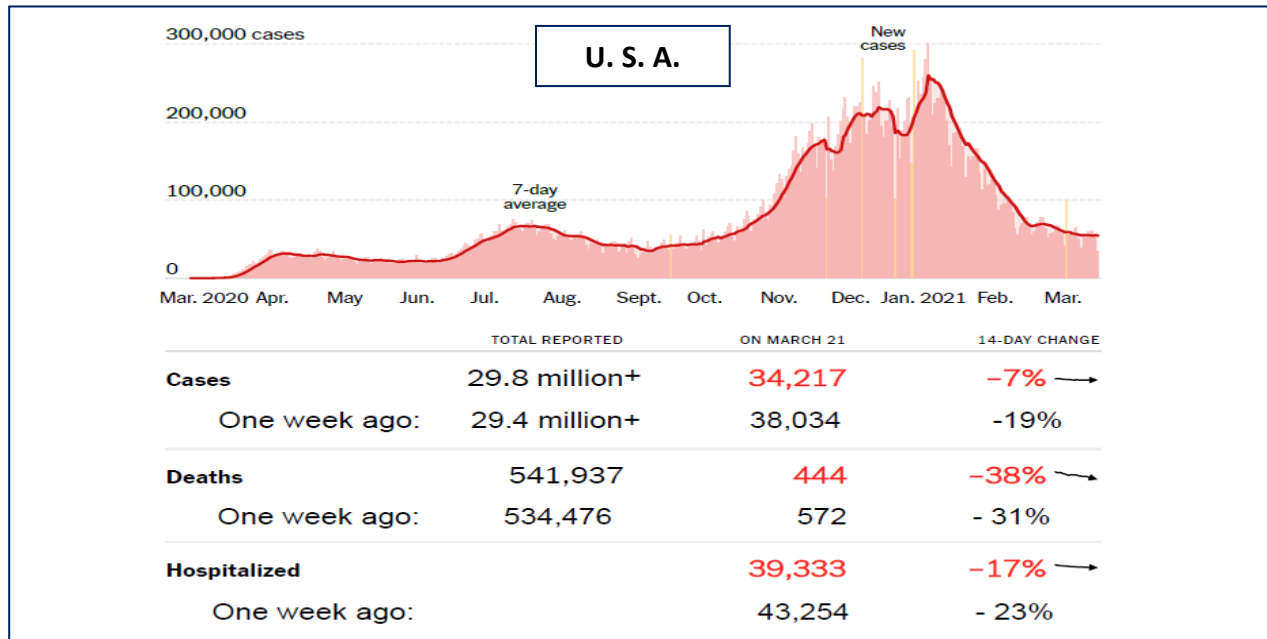
COVID-19 UPDATE – MONDAY, MARCH 22, 2021

Dear Members of the DoM Community,

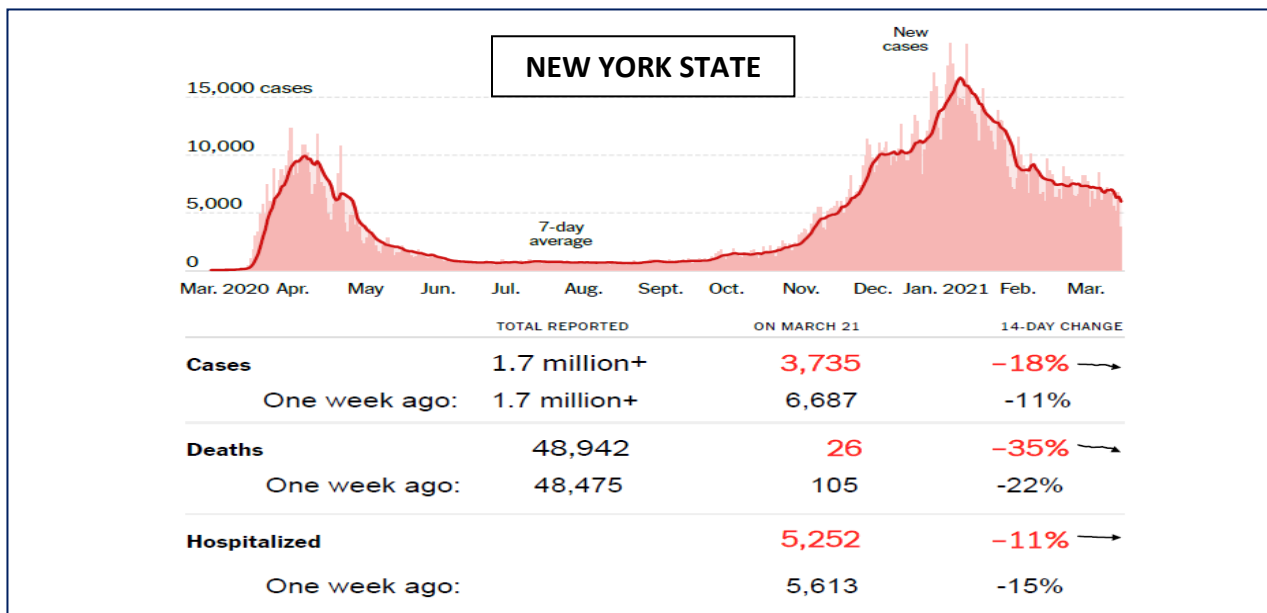
Good morning to you on this first Monday of Spring. I hope you had a chance to enjoy the good weather over the weekend. Here are the updates on the COVID-19 pandemic. I hope they keep you informed on the pandemic's status.

1. Nationwide COVID-19 Data

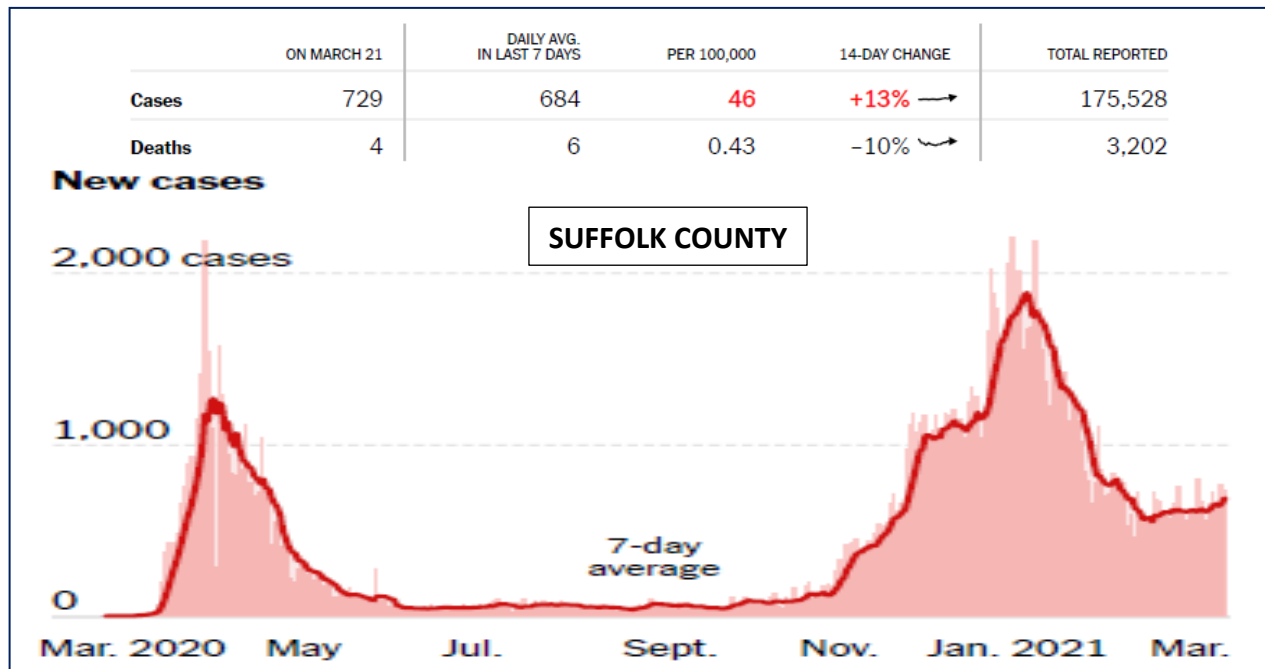
New cases, deaths, and hospitalization in the U.S. continue to decline.



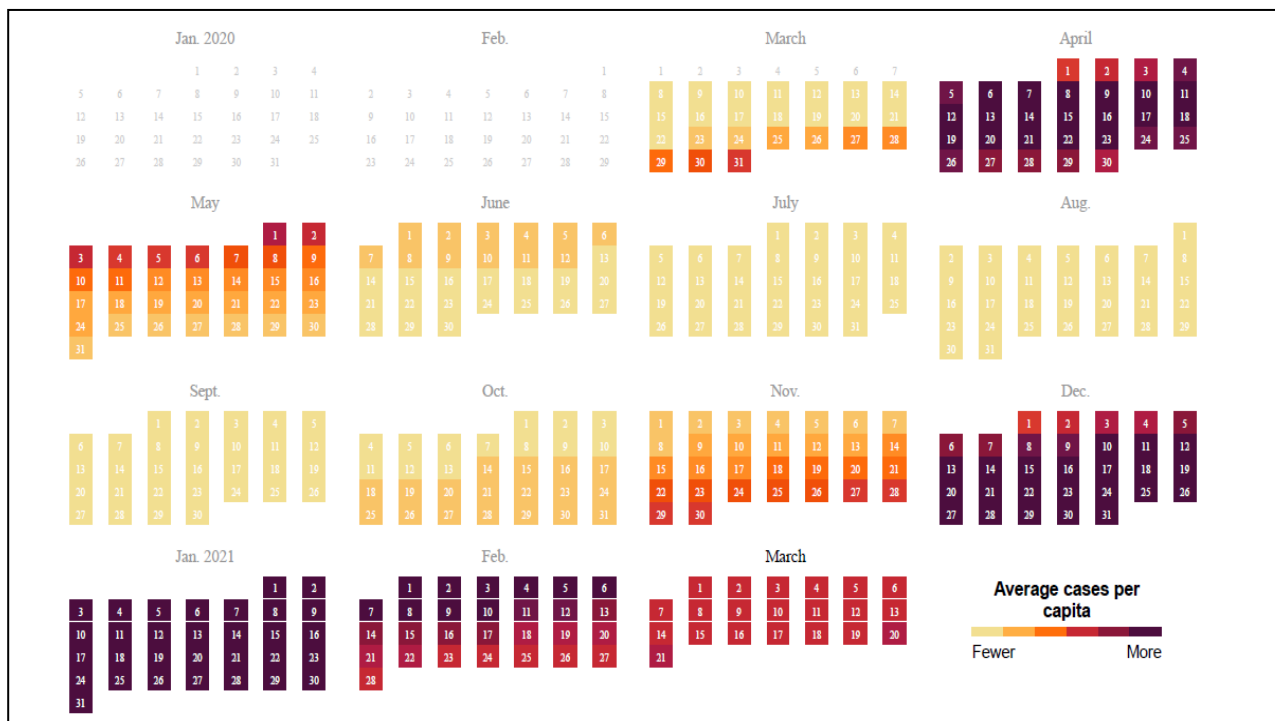
2. New case numbers in New York State also continue to decline although its 7-day average of 30 per 100,000 population is the third highest in the country (New Jersey = 45; Rhode Island = 34; Michigan = 30).



3. In contrast, new case numbers are on the rise in Suffolk County, now approaching an **extremely high-risk** level at a 7-day average of **46 per 100,000** population, again.



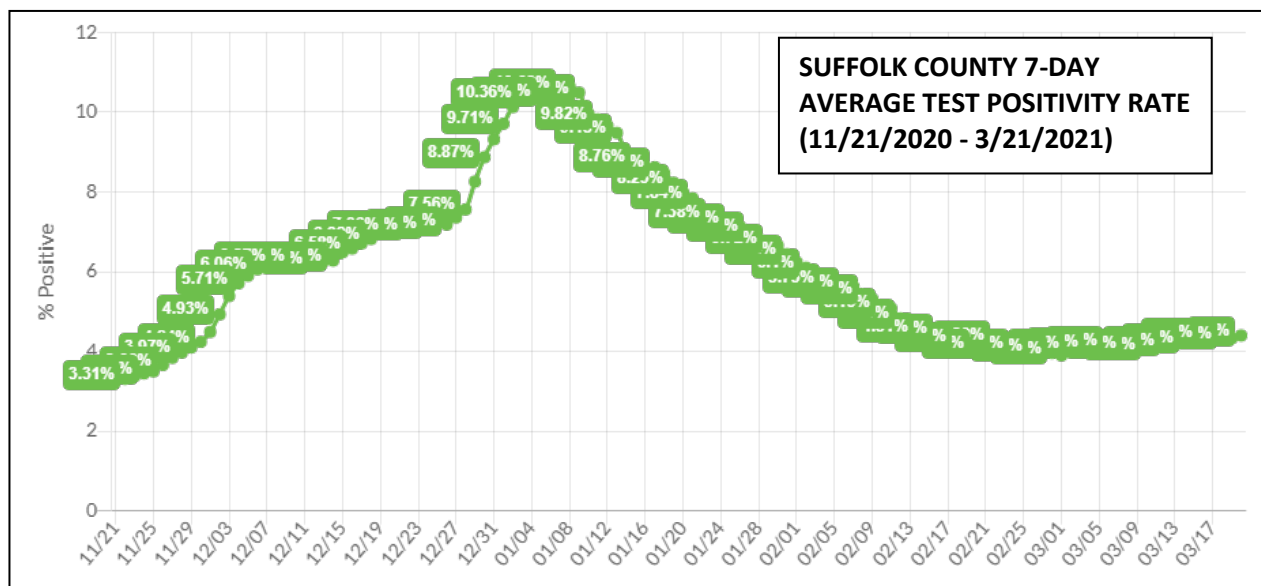
This is reflected by the darkening of the red color in the last few days in the graph below.



COVID-19 Testing in Suffolk County on March 21:

- 16,022 COVID-19 tests were administered.
- 729 new cases were reported.; 7-day average = 684, an **increase of 79** from one week ago.

- 175,528 total cases have been reported since March of 2020.
- 4.5% tested positive; 7-day average = 4.4%, an **increase of 0.2%** from a week before (see graph below for 4-month trend).



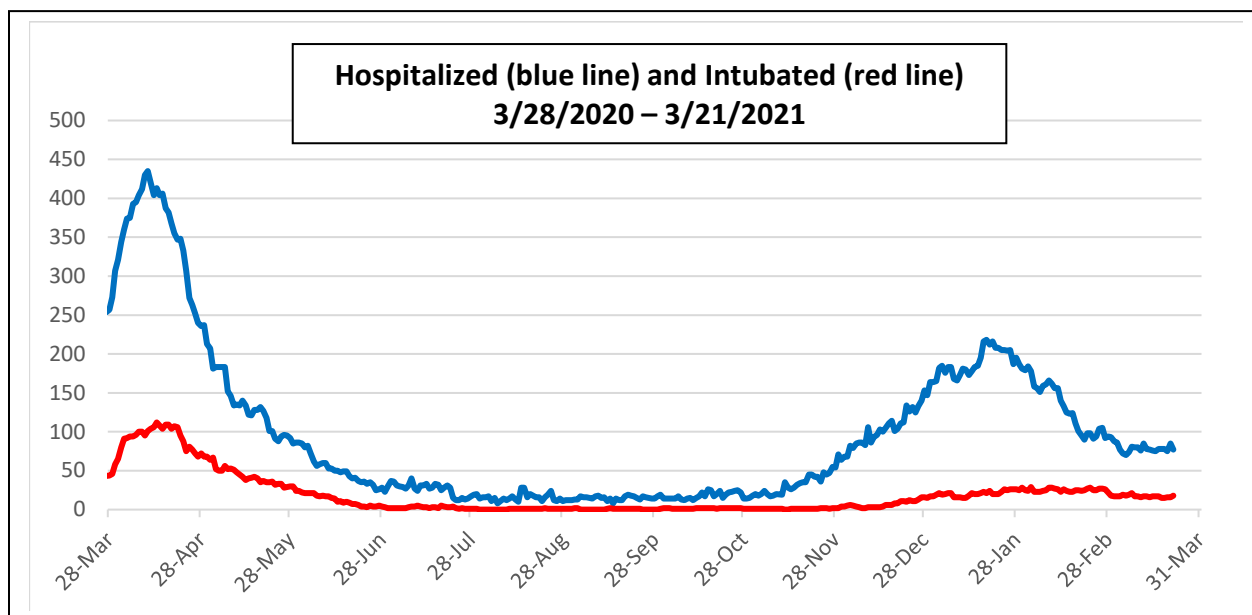
Fatalities:

- 3,202 total fatalities, an **increase of 44** from one week before.

COVID-19 Hospitalizations:

- 388 individuals were hospitalized, an **increase of 9** from one week before.
- 76 patients were in the Intensive Care Unit (ICU), an **increase of 4** from a week ago.

4. Daily COVID-19 Hospitalization Data in SBUH



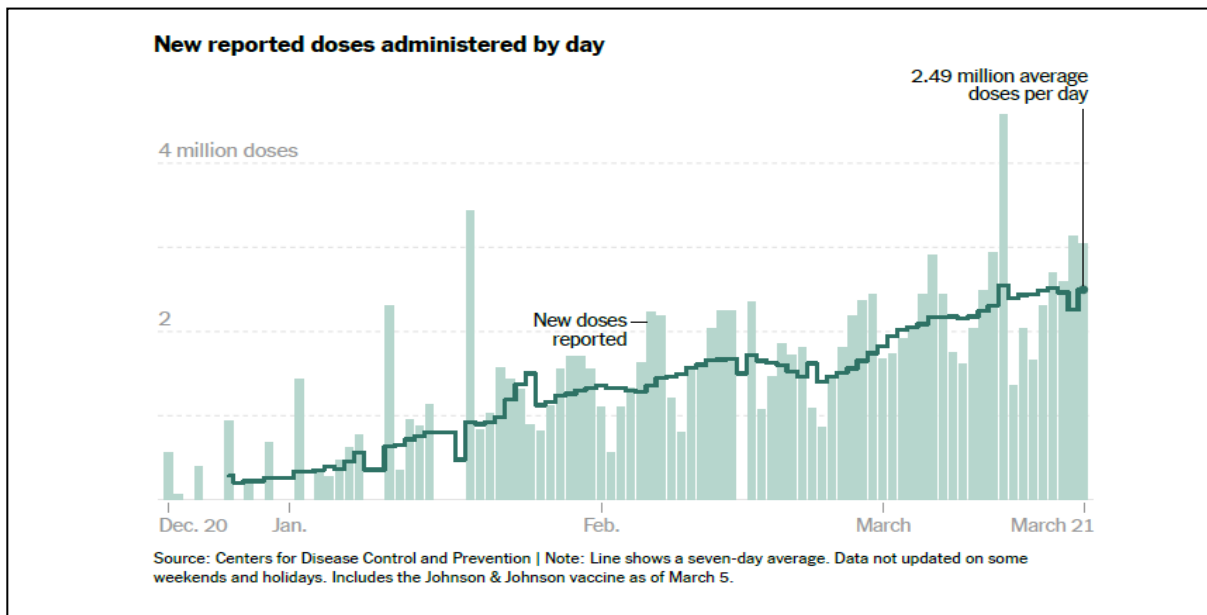
At midnight Sunday, March 14, SBUH census is as follows (see figure above for all-time trend of hospitalization).

- 77 COVID + inpatients, an increase of 1 compared to one week before.
 - 19 patients were in ICU level of care; 18 on ventilators; 13 in ICR.
 - COVID admissions on Sunday = 8.

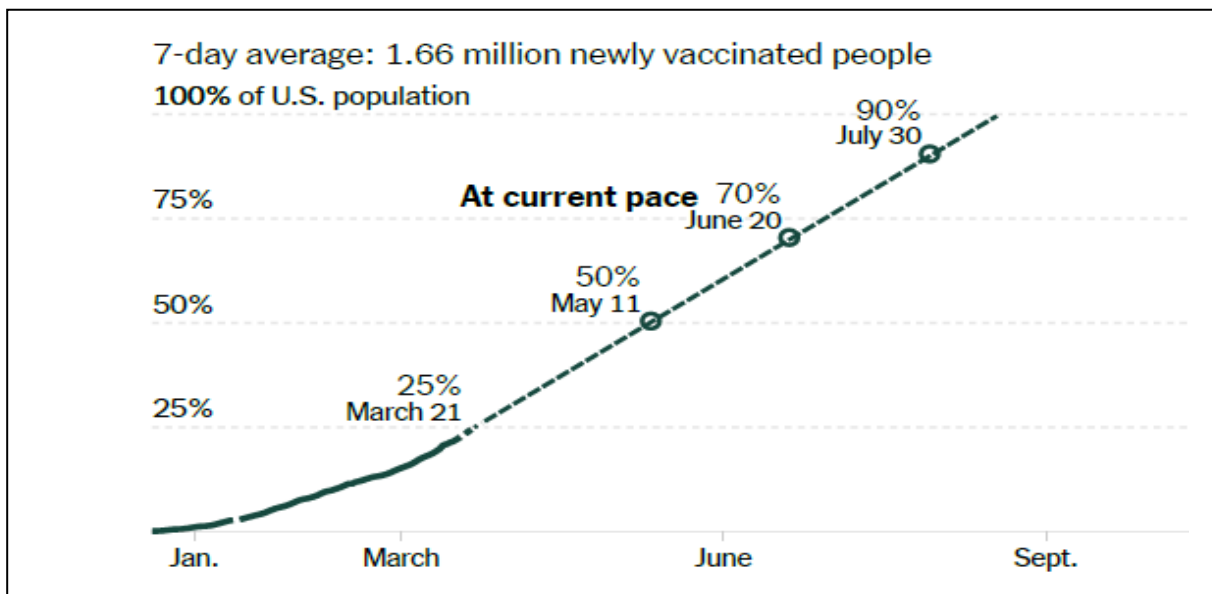
- COVID live discharges =13.
- COVID-related deaths = 0.
- Total hospital census = 663; Med/Surg = 507 (115%).
- MICU/SICU/CCU are completely full.
- Need either COVID ICU census to be 16 or less to consolidate into one unit or the total COVID ICU/ICR to be 32 or less to consolidate ICU/ICR into two floors. Current totals: 19 ICU and 32 ICU/ICR.

5. Vaccination Program Update (sources = CDC, NYS DOH, and NYT)

On March 21, the 7-day average of COVID vaccine administered in the U.S. was 2.49 million, for a total of 124+ million doses administered since the beginning of the rollout.



25% of the U.S. population have received at least one dose (NY state is at 26%). At the current rate of administration, about half of the population would be at least partially vaccinated around mid-May, and nearly all around July/August, assuming supply pledges are met, and vaccines are eventually available to children.



6. SARS-CoV-2 Viral Variants Update (source = CDC)

- Genetic variants of SARS-CoV-2 have been emerging and circulating around the world throughout the COVID-19 pandemic.
- Viral mutations and variants in the United States are routinely monitored through sequence-based surveillance, laboratory studies, and epidemiological investigations.
- A US government interagency group developed a Variant Classification scheme that defines three classes of SARS-CoV-2 variants:
 - Variant of Interest - A variant with specific genetic markers that have been associated with changes to receptor binding, reduced neutralization by antibodies generated against previous infection or vaccination, reduced efficacy of treatments, potential diagnostic impact, or predicted increase in transmissibility or disease severity.
 - Variant of Concern – defined as a variant for which there is evidence of an increase in transmissibility, more severe disease (increased hospitalizations or deaths), significant reduction in neutralization by antibodies generated during previous infection or vaccination, reduced effectiveness of treatments or vaccines, or diagnostic detection failures.
 - Variant of High Consequence - A variant of high consequence has clear evidence that prevention measures or medical countermeasures (MCMs) have significantly reduced effectiveness relative to previously circulating variants. **Currently there are no SARS-CoV-2 variants that rise to the level of high consequence.**
- The B.1.1.7 (“UK variant”), B.1.351 (“South African variant”), P.1 (“Brazilian variant), B.1.427 (California), and B.1.429 (California) variants circulating in the United States are classified as **variants of concern**. Both B.1.1.7 and B.1.351 variants are circulating in New York. In addition, the first case of P.1 variant was just identified in New York City two days ago.
- The B.1.526 and B.1.525 variants are both discovered in New York City and are classified as **variants of interest**.
- Here are the reported cases of the three common variants of concern as of March 21:

Variant	Reported Cases in US	Number of Jurisdictions Reporting
B.1.1.7	6390	51
B.1.351	194	27
P.1	54	18

7. Pooled Testing

As a reminder, all Stony Brook University Hospital staff, FSA hospital colleagues and School of Medicine clinical faculty are required to participate in weekly anterior nasal swab COVID surveillance testing in the Health Sciences Galleria on Level 3. Testing hours are Mondays and Wednesdays, 5:45 am to 3:15 pm, and Tuesdays and Thursdays, 7:45 am to 5 pm.

You are still required to participate in the surveillance testing even if you are fully vaccinated for COVID-19. In fact, with the COVID variants, surveillance testing is more important than ever.

Appointments and pre-registration are not needed. If you have tested positive for COVID-19 within the past six weeks, please do not report for testing. If it is after six weeks since you tested positive, you are required to receive ANS testing as long as you do not have symptoms.

Employees who are working remotely on a full-time basis are not required to participate in this testing. Employees who work in off-site locations should participate in testing if it is practical for them to do so.

For non-clinical faculty and staff, please follow instructions from the University for pooled testing (<https://www.stonybrook.edu/commcms/comingback/covidtesting.php>).

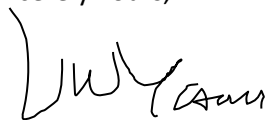
8. Please Continue to Keep Us Safe

With more people getting vaccinated, certain relaxing CDC restrictions and warmer weather tempting a lot of us to perhaps ‘drop our guard’ a little in the COVID-19 battle, please don’t. We stayed open, and accomplished all we did, by practicing healthy habits and following important protocols. And that will be our best path forward. Even if you are vaccinated, [we still require ongoing testing](#) to ensure the health and well-being of our entire campus community. We also continue to emphasize the importance of all of the following ‘best practices’ until SUNY guidance suggests otherwise:

- Wash your hands or use sanitizer when soap and water are not available.
- Maintain a physical distance of at least six feet from other people.
- Always wear a mask, including in classrooms, conference rooms and other spaces, even when six feet social distancing exists.
- Cover coughs and sneezes and avoid touching your eyes, nose, and mouth.
- Clean and disinfect frequently touched surfaces in your workplace every day.
- Avoid using other people's phones, desks, offices, tools, and equipment.
- Sanitize shared items after use.
- Stay home if you are sick.
- Avoid large gatherings.

Once again, I hope the information provided here is useful to you in keeping track of the progression of the pandemic. While the increasing rollout of COVID vaccines is an encouraging trend, we are still not out of the woods. It is important for everyone to remain vigilant until the storm passes. Please keep safe and healthy.

Sincerely Yours,



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