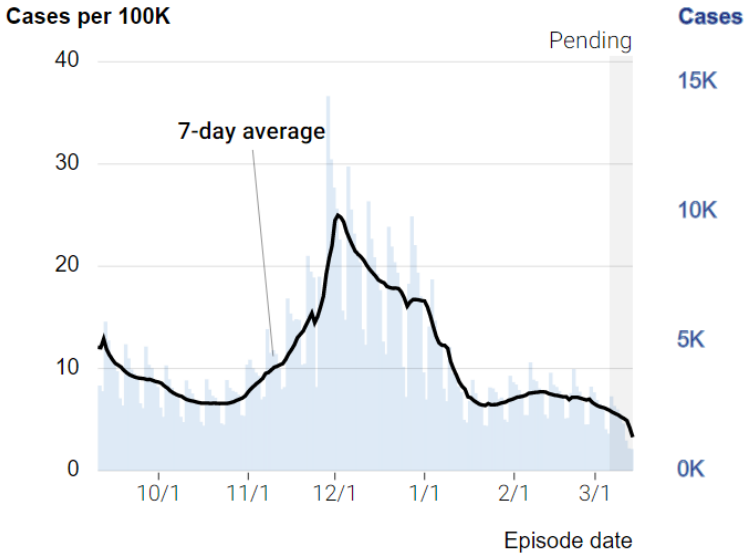
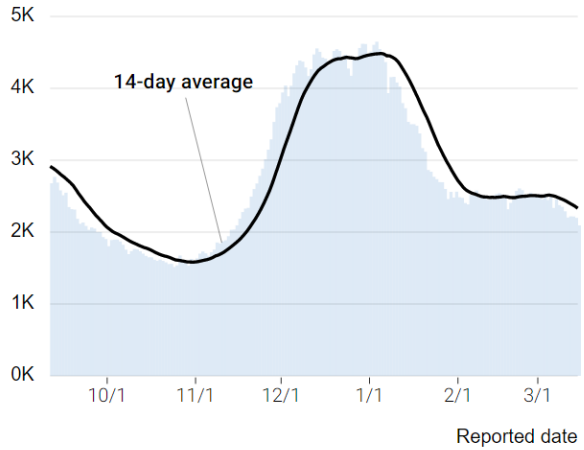
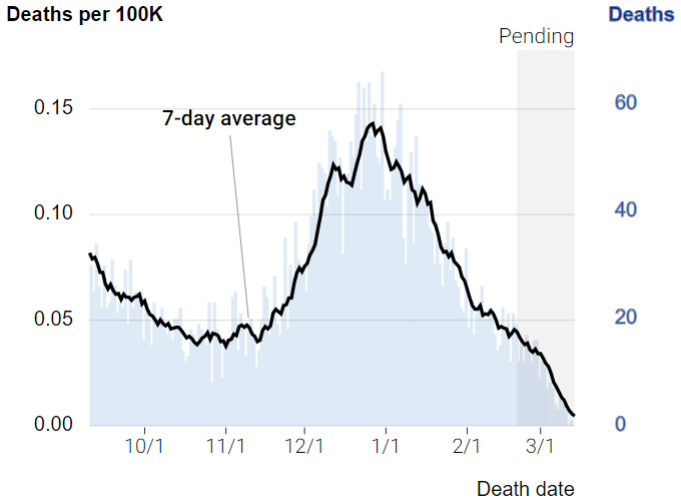
Testing Taskforce: New California COVID-19 cases, hospitalizations and deaths



14 day average Hospitalizations



7 day Average Deaths



Average test positivity past 7 days 5.7%, down 0.2% from last week
Cases remain at relatively low levels
14 day average hospitalizations have plateaued but are still 1.5x the low in October
7 day average deaths remain at low levels.

- **Turnaround Time (for the week starting 03/05)**
- **90%** of PCR tests TAT< 1 day (no change from the previous week)
- **96%** of tests TAT < 2 days (no change from the previous week)
- *as of 03/20 -- Source: CalREDIE*

Mar 16 2023 with data as of Mar 14, 2023.
https://covid19.ca.gov/state-dashboard/

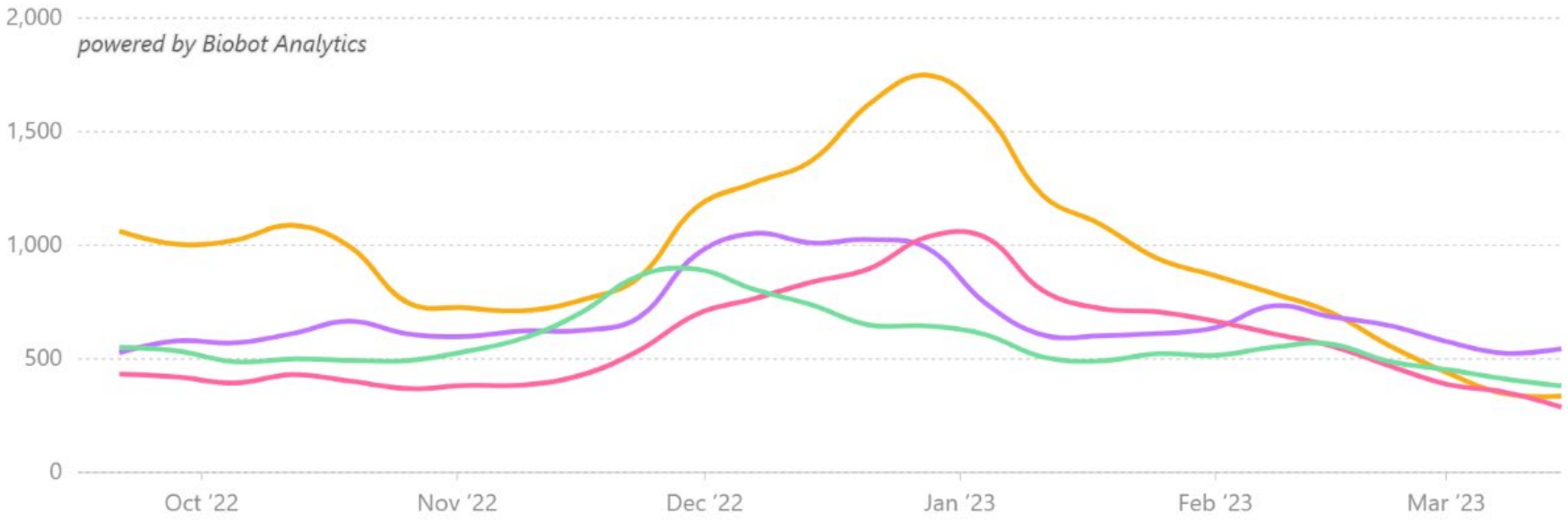
Wastewater data

Data last updated March 20, 2023 from samples collected during the week of March 13, 2023. Most recent data are subject to change.

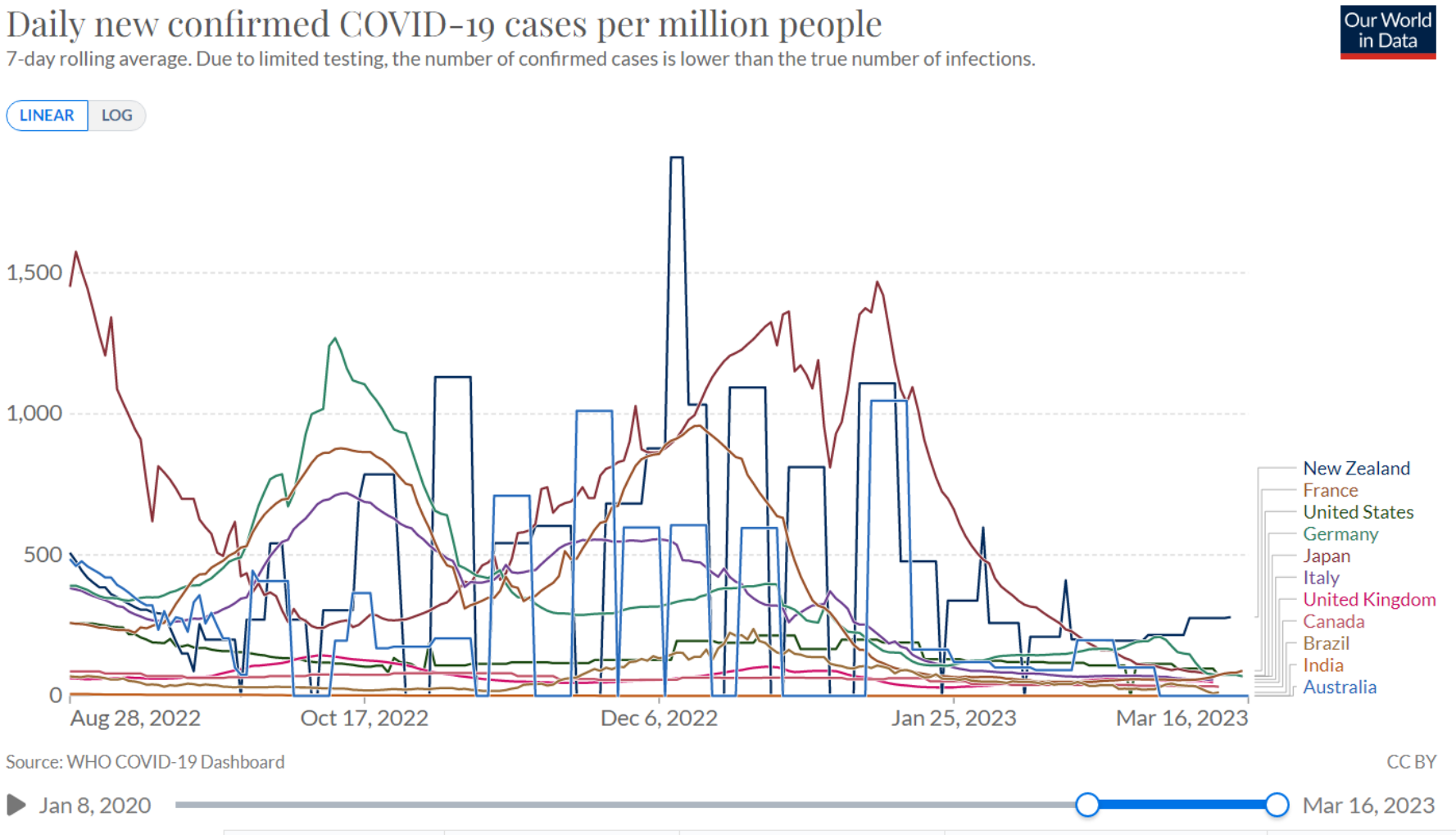
Show nationwide average

Total results | Last 6 months | Last 6 weeks

Wastewater: Effective SARS-CoV-2 virus concentration (copies / mL of sewage)



https://biobot.io/data/



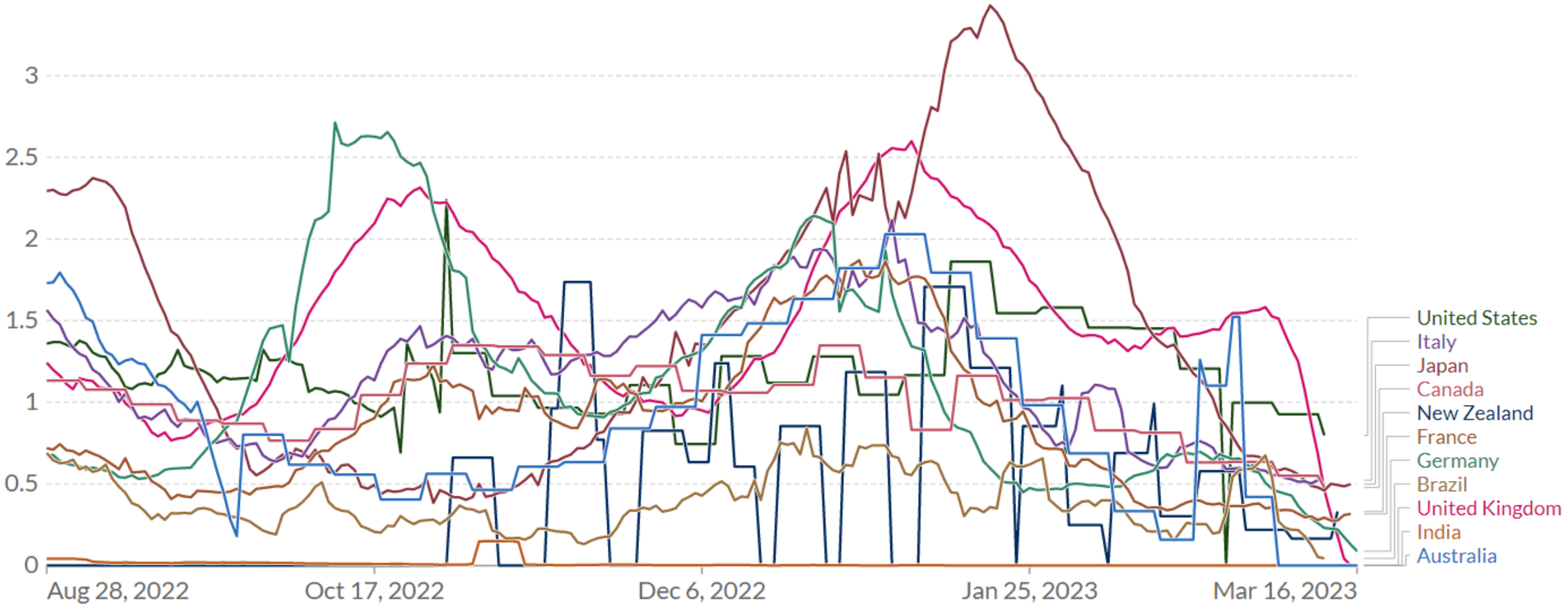
COVID-19 cases are low in many countries around the world. In Japan, Hong Kong cases fell from a large peak. In the US cases are staying steady and relatively low. There has been a slight rise in cases in India, XBB.1.16

Daily new confirmed COVID-19 deaths per million people

7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.

Our World in Data

LINEAR LOG



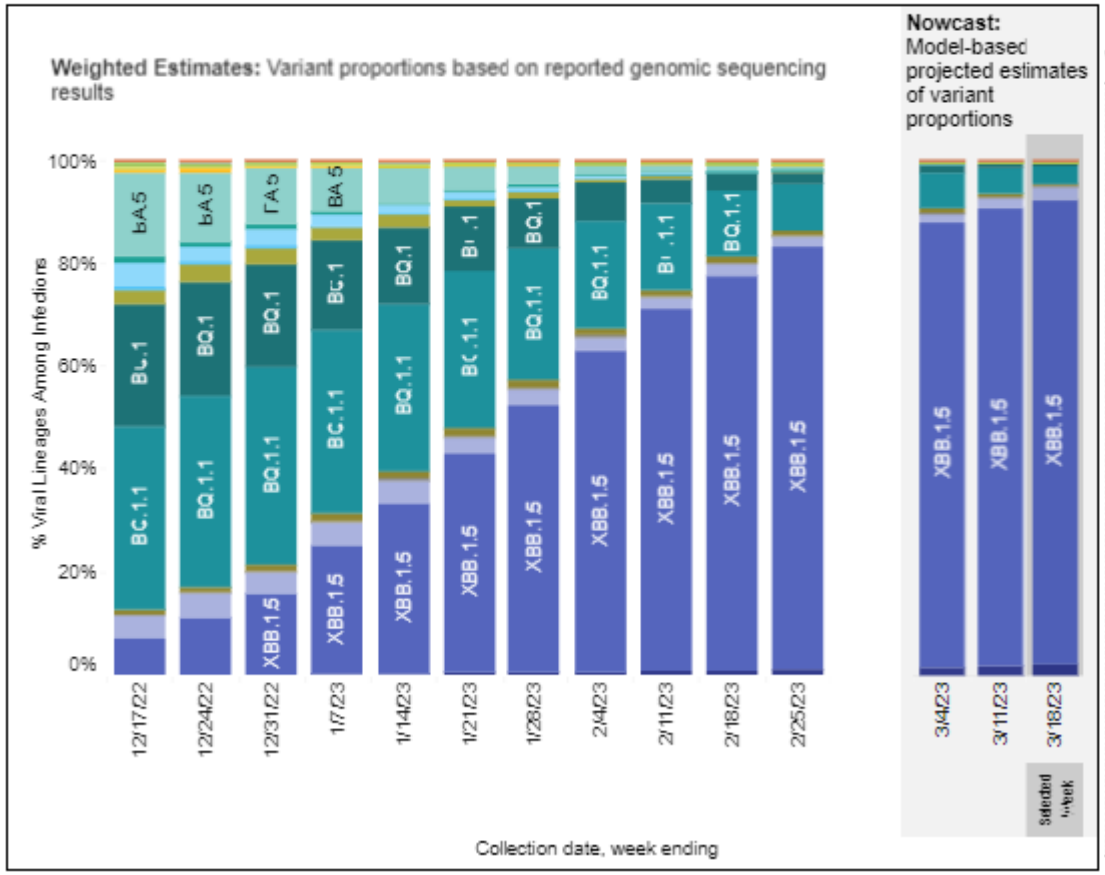
Source: WHO COVID-19 Dashboard

Jan 8, 2020 — Mar 16, 2023

Variant Update: CDC Nowcast Estimate

Weighted and Nowcast Estimates in United States for Weeks of 12/11/2022 – 3/18/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



Nowcast Estimates in United States for 3/12/2023 – 3/18/2023

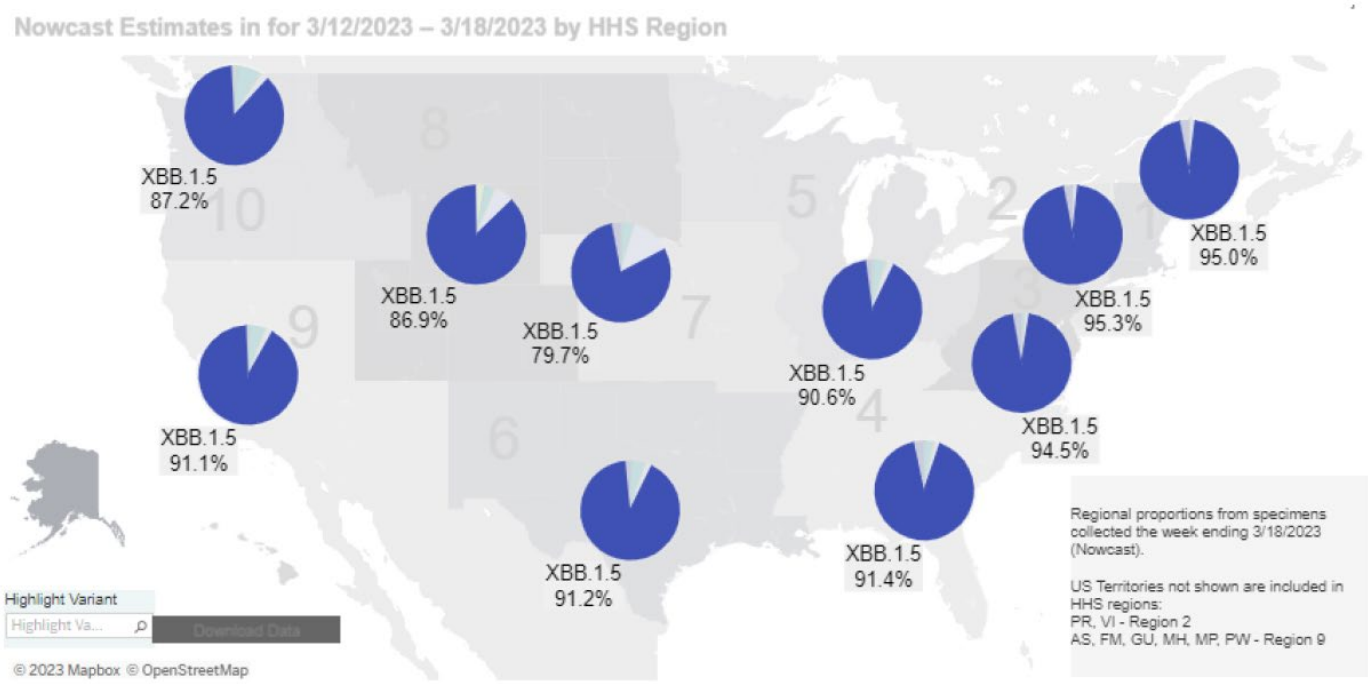
USA

WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	XBB.1.5	VOC	90.2%	87.4-92.4%	+1.4%
	BQ.1.1	VOC	3.5%	2.5-4.9%	-1.4%
	XBB	VOC	2.5%	1.5-4.1%	+0.4%
	XBB.1.5.1	VOC	2.2%	1.6-2.9%	+0.3%
	BQ.1	VOC	0.7%	0.5-1.0%	-0.4%
	CH.1.1	VOC	0.5%	0.4-0.8%	-0.2%
	BA.2	VOC	0.2%	0.0-1.4%	0.0%
	BN.1	VOC	0.1%	0.1-0.2%	-0.1%
	BA.5	VOC	0.0%	0.0-0.1%	-0.1%
	BF.7	VOC	0.0%	0.0-0.0%	
	BA.5.2.6	VOC	0.0%	0.0-0.0%	
	BA.2.75	VOC	0.0%	0.0-0.0%	
	BF.11	VOC	0.0%	0.0-0.0%	
	BA.2.75.2	VOC	0.0%	0.0-0.0%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
	BA.4.6	VOC	0.0%	0.0-0.0%	
	BA.2.12.1	VOC	0.0%	0.0-0.0%	
	BA.4	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		0.1%	0.0-0.1%	

XBB.1.5 remains high
XBB.1.5.1 separated out now on nowcast
XBB growing somewhat.
All other lineages falling or staying the same

XBB.1.5

- Fusion of BA.2.10.1.1 and BA.2.75.3.1.1.1
- Immune evasive, evades monoclonal antibodies
- Paxlovid still works
- Lineage has the greatest increase in growth in the US
- Highest number of cases in New York and East Coast
- Not seeing a rise in hospitalizations or cases with increasing XBB.1.5 prevalence
- Beginning to see branching from XBB.1.5
  - XBB.1.5.1
  - XBB.1.16
  - XBB.1.9.1



Lineages to watch

- XBB.1.5.1 – Growing slightly in the US
- XBB.1.16 - Case counts are increasing in India where this is emerging, but that could also be due to declining immunity. 15 in California reported
- XBB.1.9.1 – Seen in Europe for some time. It hasn’t surpassed XBB.1.5 or resulted in an increase in cases

Paxlovid Resistance Currently Not Seen

- Currently we are **NOT** seeing signs of mutations in SARS-CoV-2 likely to impact the effectiveness of Paxlovid

- We are monitoring the genomic sequencing data for known Paxlovid resistance mutations

Figure 1. Percentage of Influenza Detections at Clinical Sentinel Laboratories, 2017–2023 Season to Date

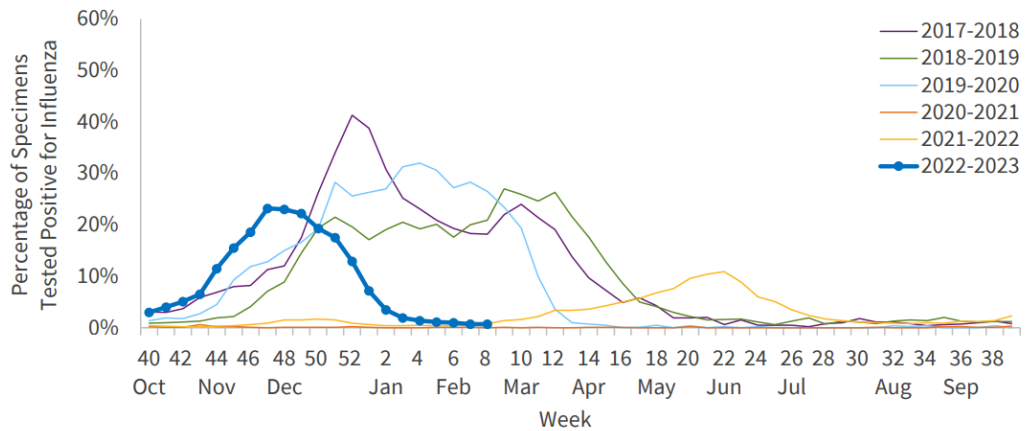
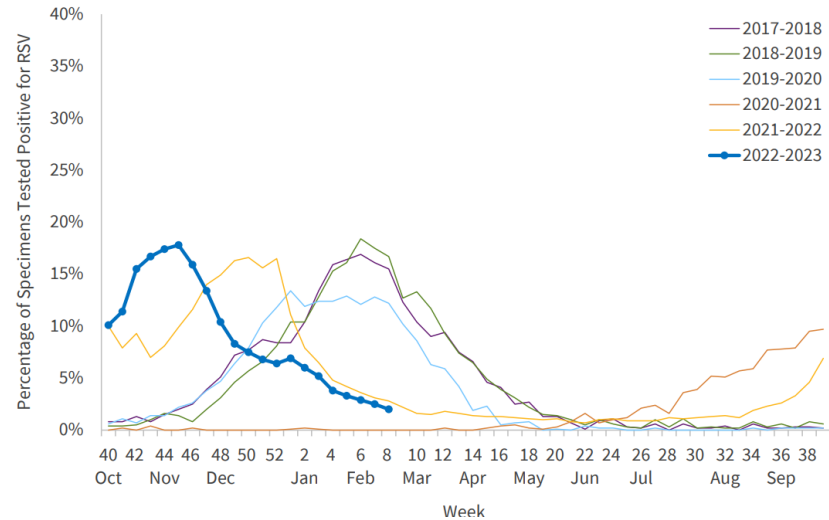


Figure 13. Percentage of RSV Detections at Clinical Sentinel Laboratories, 2017–2023 Season to Date



Reimbursement for COVID-19 tests after end of Federal PHE, May 11, 2023

- *Medicare*
- *Testing: No cost when ordered by a provider and performed by a laboratory.* People enrolled in Medicare Advantage (MA) plans can continue to receive COVID-19 PCR and antigen tests when the test is covered by Medicare, but their cost-sharing may change when the PHE ends. By law, Medicare does not generally cover over-the-counter services and tests. Current access to free over-the-counter COVID-19 tests will end with the end of the PHE. However, some Medicare Advantage plans may continue to provide coverage as a supplemental benefit.
- Private Health insurance
- *Testing:* After the expected end of the PHE on May 11, 2023, mandatory coverage for over-the-counter and laboratory-based COVID-19 PCR and antigen tests will end, though coverage will vary depending on the health plan. If private insurance chooses to cover these items or services, there may be cost sharing, prior authorization, or other forms of medical management may be required.

- **Medicaid and CHIP**
- *Vaccines, Testing, and Treatment:* As a result of the *American Rescue Plan Act of 2021 (ARPA)*, states must provide Medicaid and CHIP coverage without cost sharing for COVID-19 vaccinations, testing, and treatments through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 PHE. If the COVID-19 PHE ends as expected on May 11, 2023, this coverage requirement will end on September 30, 2024.
- After that date, many Medicaid and CHIP enrollees will continue to have coverage for COVID-19 vaccinations. After the *ARPA* coverage requirements expire, Medicaid and CHIP coverage of COVID-19 treatments and testing may vary by state.

https://www.cms.gov/newsroom/fact-sheets/cms-waivers-flexibilities-and-transition-forward-covid-19-public-health-emergency