COVID-19 vaccines are now available at several Island County locations for children as young as 6 months.

COVID-19 vaccines available for children as young as 6 mos.

Approval of Moderna’s vaccine for ages 6-17 would offer choice

COVID-19 vaccinations are now available for the more than 460,000 children under the age of 5 in Washington state.

Approval of the Moderna vaccine for ages 6-17 is also considered imminent, possibly as soon as Monday. That would offer parents a choice of vaccine as Pfizer’s version is already approved.

Meanwhile, standing orders to administer Pfizer-BioNTech and Moderna vaccines for ages 6 months to age 5 were issued Tuesday, June 21, by the Washington State Department of Health.

In Island County, the vaccinations are currently available to the general public at Saar’s and Island Drug in Oak Harbor, Island Drug in Clinton and Camano Island Health Systems on

See APPROVED, page 2
and a two-dose Moderna primary series for children ages 6 months to 5 years old.

The Workgroup’s decision followed a Friday, June 17, U.S. Food and Drug Administration (FDA) authorization for the use of the vaccines in children as young as 6 months old, and the CDC affirmed that decision on Saturday, June 18.

“Many parents, caregivers and clinicians have been waiting for a vaccine for younger children and this action will help protect those down to 6 months of age. As we have seen with older age groups, we expect that the vaccines for younger children will provide protection from the most severe outcomes of COVID-19, such as hospitalization and death,” said FDA Commissioner Robert M. Califf, M.D.

“Those trusted with the care of children can have confidence in the safety and effectiveness of these COVID-19 vaccines and can be assured that the agency was thorough in its evaluation of the data,” Califf said.

“As with all vaccines for any population, when authorizing COVID-19 vaccines intended for pediatric age groups, the FDA ensures that our evaluation and analysis of the data is rigorous and thorough,” said Peter Marks, M.D., Ph.D., director of the FDA’s Center for Biologics Evaluation and Research.

“In addition to making certain the data for these vaccines met FDA’s rigorous standards, the agency’s convening of an advisory committee was part of a transparent process to help the public have a clear understanding of the safety and effectiveness data supporting the authorization of these two vaccines for pediatric populations,” Marks said.

The Western States Workgroup thoroughly reviewed safety and efficacy data for the vaccines, according to a news release issued by Gov. Jay Inslee’s office.

“This is excellent news for Washington families and I know many parents who have been eagerly awaiting the opportunity to get their youngest children vaccinated,” Inslee said in the prepared news release.

“I encourage parents to contact their trusted providers to discuss any questions or concerns,” Inslee said. “These vaccines remain the most important tool in our continued efforts to keep people safe from severe COVID illness or hospitalization.”

The Western States Workgroup found that completion of either vaccine series produced antibody levels similar to those achieved in individuals ages 16-25 years, the prepared release stated. “Observed vaccine reactions among infants aged 6-12 months and children aged 1 through 5 years were consistent with reactions to other vaccines routinely recommended for these age groups.”

The Workgroup concluded that the benefits of completing either vaccine series substantially outweigh any known or likely risks.

Immunization can be expected to reduce the numbers of COVID-19-related serious illnesses, hospitalizations, and deaths in young children while facilitating their participation in normal educational, social and recreational activities.


The workgroup, made up of nationally acclaimed scientists with expertise in immunization and public health, has concurrently and independently reviewed the FDA's actions related to COVID-19 vaccines.
Rigorous studies preceded approval

The FDA reported June 17 that the effectiveness and safety data evaluated and analyzed by the FDA for the Moderna COVID-19 vaccine support the emergency use authorization for pediatric patients.

The data were generated in two ongoing, randomized, blinded, placebo-controlled clinical trials in the United States and Canada which enrolled infants, children and adolescents, according to the FDA.

Effectiveness of the vaccine:

**Children 6 months through 5 years of age:**

As far as effectiveness of the vaccine immune responses of a subset of 230 children ages 6-23 months and a subset of 260 children 2 through 5 years of age who received a two-dose primary series of the Moderna COVID-19 vaccine at 25 micrograms of messenger RNA (mRNA) per dose were compared to immune responses among 290 adults 18 through 25 years who received two higher doses of the vaccine in a previous study which determined the vaccine to be effective in preventing COVID-19.

In FDA analyses, the immune response of the children to the vaccine was comparable to the immune response of the adults.

An additional analysis pertaining to the occurrence of COVID-19 cases was determined not to be reliable due to the low number of COVID-19 cases that occurred in study participants.

**Adolescents 12-17 years of age (Approval pending):** Immune responses of a subset of 340 adolescents in this age group who received a two-dose primary series of the Moderna COVID-19 vaccine at 100 mcg of mRNA per dose were compared to immune responses among 296 adults 18 through 25 years who received two equivalent doses of the vaccine in a previous study which determined the vaccine to be effective in preventing COVID-19. In this analysis, the immune response of adolescents was comparable to the immune response of the older participants.

An analysis was also conducted of cases of COVID-19 occurring at least 14 days after the second dose among approximately 5,400 children in this age group without evidence of prior infection with SARS-CoV-2 was conducted during the time period in which the omicron variant was the predominant circulating strain.

In the analysis, among participants 6-23 months of age, 64% of whom had blinded follow-up for more than two months after the second dose, the vaccine was 50.6% effective in preventing COVID-19.

Among participants ages 2-5 years, 72% of whom had blinded follow-up for more than two months after the second dose, the vaccine was 36.8% effective in preventing COVID-19, according to the FDA.

**Children ages 6-11 years of age**

**Immune responses of a subset of 320 children in this age group who received a two-dose primary series of the Moderna COVID-19 Vaccine at 50 mcg of mRNA per dose were compared to immune responses among 295 adults 18-25 years who received two higher doses of the vaccine in a previous study which determined the vaccine to be effective in preventing COVID-19.**

In FDA analysis, the immune response of the children to the vaccine was comparable to the immune response of the adults.

An additional analysis pertaining to the occurrence of COVID-19 cases was determined not to be reliable due to the low number of COVID-19 cases that occurred in study participants.

**Adolescents 12-17 years of age (Approval pending):** Immune responses of a subset of 340 adolescents in this age group who received a two-dose primary series of the Moderna COVID-19 vaccine at 100 mcg of mRNA per dose were compared to immune responses among 296 adults 18 through 25 years who received two equivalent doses of the vaccine in a previous study which determined the vaccine to be effective in preventing COVID-19. In this analysis, the immune response of adolescents was comparable to the immune response of the older participants.

An analysis was also conducted of cases of COVID-19 occurring at least 14 days after the second dose among approximately 5,400 children in this age group without evidence of prior infection with SARS-CoV-2 was conducted during the time period in which the omicron variant was the predominant circulating strain.

In the analysis, among participants 6-23 months of age, 64% of whom had blinded follow-up for more than two months after the second dose, the vaccine was 50.6% effective in preventing COVID-19.

Among participants ages 2-5 years, 72% of whom had blinded follow-up for more than two months after the second dose, the vaccine was 36.8% effective in preventing COVID-19, according to the FDA.

**Children 6 months through 5 years of age:**

Safety was evaluated in approximately 1,700 children 6-23 months of age who received the vaccine and 600 who received the placebo. Of these, approximately 1,100 vaccine recipients were followed for safety for at least two months following the second dose.

For participants 2-5 years of age, approximately 3,000 received the vaccine and approximately 1,000 received a placebo; approximately 2,200 vaccine recipients were followed for safety for at least two months following the second dose.

In clinical trial participants 6 months through 5 years of age, the most commonly reported side effects across all age subgroups included pain, redness and swelling at the injection site, fever and underarm (or groin) swelling/tenderness of lymph nodes in the same arm (or thigh) as the injection, according to the FDA.

In clinical trial participants 6-36 months of age, the most commonly reported side effects also included irritability/crying, sleepiness, and loss of appetite. In clinical trial participants 37 months through age 5, most commonly reported side effects also included fatigue, headache, muscle ache, chills, nausea/vomiting and joint stiffness.

**Children 6-11 years of age (Approval pending):**

Safety was evaluated in approximately 3,000 children who received the vaccine and approximately 1,000 children who received placebo. The majority of vaccine recipients (98.7%) had at least two months of safety follow-up after their second dose.

**Adolescents 12-17 years of age (Approval pending):**

Safety was evaluated in approximately 2,500 participants who received the vaccine and 1,200 who received placebo. The majority of vaccine recipients (95.6%) had at least six months of follow-up after the second dose.

The most commonly reported side effects in the clinical trial participants for both the 6-11 years age group and see **SAFETY**, page 4.
SAFETY: Approval followed rigorous studies

Continued from page 3

the 12-17 years age group who received
the vaccine include, pain, redness and
swelling at the injection site, tiredness,
headache, muscle pain, chills, joint
pain, underarm swollen lymph nodes
in the same arm as the injection, nausea
and vomiting and fever.

Evaluation of the Pfizer-BioNTech
COVID-19 Vaccine for children ages 6
Months to 4 years of age:

The effectiveness and safety data
evaluated and analyzed by the FDA
for the Pfizer-BioNTech COVID-19
vaccine were generated in an ongoing,
randomized, blinded, placebo-con-
trolled clinical trial in the United States
and internationally, which enrolled
infants and children.

The effectiveness data to support
the emergency use authorization in
children ages 6 months through 4 years
is based on a comparison of immune
responses following three doses of the
Pfizer-BioNTech COVID-19 vaccine in
a subset of children in this age group
to the immune responses among those
16-25 years of age who received two
higher doses of the Pfizer-BioNTech
COVID-19 vaccine in a previous study
which determined the vaccine to be
effective in preventing COVID-19.

The study was conducted in two age
subgroups.

The immune response to the vaccine
of approximately 80 children, ages 6-23
months, and approximately 140 chil-
dren ages 2-4 years, were compared to
the immune response of approximately
170 of the older participants.

In these FDA analyses, the immune
response to the vaccine for both age
groups of children was comparable
to the immune response of the older
participants.

An additional analysis pertaining to
the occurrence of COVID-19 cases was
determined not to be reliable due to the
low number of COVID-19 cases that
occurred in study participants.

The available safety data to sup-
port the emergency use authorization
in children ages 6-23 months include
approximately 1,170 who received the
vaccine and approximately 600 who
received placebo; approximately 400
vaccine recipients were followed for
safety for at least two months following
the third dose.

For the participants ages 2-4 years,
approximately 1,800 received the vac-
cine and approximately 900 received
placebo; approximately 600 vaccine
recipients were followed for safety
for at least two months following the
third dose. Most commonly reported
side effects in clinical trial participants
6-23 months who received the vaccine
were irritability, decreased appetite,
fever and pain, tenderness, redness
and swelling at the injection site. These
side effects were also reported for the
vaccine recipients 2-4 years age, in ad-
dition to fever, headache, and chills.

Risks of Myocarditis and
Pericarditis

The FDA and CDC safety surveil-
lance systems have previously identi-
fied increased risks of myocarditis,
an inflammation of the heart muscle,
and pericarditis, inflammation of tissue
surrounding the heart, following vac-
cination with the Moderna COVID-19
vaccine and the Pfizer-BioNTech
COVID-19 vaccine, particularly follow-
ing the second dose.

The observed risk is highest in
males ages 18-24 years for the Moderna
COVID-19 Vaccine and in males 12-17
years of age for the Pfizer-BioNTech
COVID-19 vaccine.

The FDA and the CDC analyses of
available safety surveillance data from
the U.S. and other countries on myo-
carditis outcomes continue to strength-
en the evidence that most cases of
myocarditis associated with the Mod-
era and Pfizer-BioNTech COVID-19
vaccines are characterized by rapid res-
olution of symptoms following conser-
vatice management, with no impact on
quality of life reported by most patients
who were contacted for follow-up at 90
days or more after reporting myocar-
ditis.

Ongoing Safety Monitoring

As part of their original emergency
use authorization requests, both Mod-
eraTX Inc. and Pfizer Inc. submitted
plans to continue to monitor the safety
of the vaccines as they are used under
emergency use authorization.

These plans for monitoring the over-
all safety of the vaccines and ensuring
that any safety concerns are identified
and evaluated in a timely manner, and
which include monitoring for myocar-
ditis and pericarditis, have been up-
dated to include the newly authorized
populations.

In addition, longer-term safety
follow-up is ongoing for participants
enrolled in the clinical trials for both
vaccines.

Furthermore, the FDA and the CDC
said they have several systems in place
to continually monitor COVID-19
vaccine safety and allow for the timely
detection and investigation of potential
safety concerns.

It is mandatory for both ModernaTX
Inc. and Pfizer Inc., as well as vaccina-
tion providers, to report the following
to the Vaccine Adverse Event Report-
ing System (VAERS) for these two
COVID-19 vaccines: serious adverse
events, cases of Multisystem Inflamma-
tory Syndrome and cases of COVID-19
that result in hospitalization or death.

It is also mandatory for vaccination
providers to report all vaccine admin-
istration errors to VAERS for which
they become aware and for vaccine
manufacturers to include a summary
and analysis of all identified vaccine
administration errors in monthly safety
reports submitted to the FDA.

The emergency use authorization
amendment for the Moderna
COVID-19 Vaccine was issued to Mod-
eraTX Inc. and the EUA amendment
for the Pfizer-BioNTech COVID-19
Vaccine was issued to Pfizer Inc.

The FDA, an agency within the U.S.
Department of Health and Human
Services, protects the public health by
assuring the safety, effectiveness, and
security of human and veterinary drugs,
vaccines and other biological products
for human use, and medical devices.
The agency also is responsible for the
safety and security of our nation’s food
supply, cosmetics, dietary supplements,
products that give off electronic radia-
tion, and for regulating tobacco prod-
ucts.
Getting a shot can be scary for kids. Here are some tips to comfort your child before, during, and after their shot.

**Before**
- Be honest with your child: Shots can pinch or sting, but they don't hurt for long.
- Help your child see vaccines as a good thing. Tell them vaccines keep them safe from germs that might make them sick.
- Don't tell your child scary stories or make threats about shots.

**During**
- Bring a favorite toy or blanket for your child to hug.
- Hold your child in a comforting position, such as on your lap.
- Distract your child, such as with a story, a video, or a conversation.
- Ask the vaccine provider if they have a numbing ointment or spray to apply before the shot.

**After**
- Hug and praise your child.
- Remind your child why vaccines are good. Tell them their body is already making germ fighters to keep them safe and healthy.
- Consider rewarding your child, such as with a sweet treat or a sticker.

For more information, visit [CDC.GOV/CORONAVIRUS](http://CDC.GOV/CORONAVIRUS).
Frequently Asked Questions
COVID-19 Vaccine Safety and Effectiveness for Children and Adolescents

Q: Do you think I should get my child vaccinated against COVID-19?
A: I strongly recommend your child get vaccinated against COVID-19.
• The vaccine will help lower the chances of getting COVID-19.
• If your child still gets infected after they get vaccinated, the vaccine may prevent serious illness.
• Getting vaccinated may also help protect people around them.

Q: Is COVID-19 a risk to my child?
A: Although fewer children have been infected with COVID-19 compared to adults, children can:
• Get sick or die from COVID-19
• Spread COVID-19 to others
• Get serious complications from COVID-19, such as “long COVID” or a dangerous inflammatory disease called MIS-C

Q: Is COVID-19 vaccination safe for my child?
A: Yes, the FDA approved emergency use authorization based on extensive clinical trials showing the vaccine is safe and effective for children. No serious side effects were detected in clinical trials of the vaccine in children. The studies are ongoing, and the U.S. has very strong vaccine safety systems to catch any warning signs early.

Q: Which vaccine brand can my child get?
A: At this time, the Pfizer-BioNTech (Pfizer) vaccine and Moderna COVID-19 vaccine brands are authorized for children ages 6 months through 5 years old. The Pfizer COVID-19 vaccine is also authorized for children 6 months-17 years old.

Q: What are common side effects of the COVID-19 vaccine in children?
A: Like other vaccines, the most common side effects are a sore arm, tiredness, headache, and muscle pain. Reported side effects in children were generally mild to moderate in severity and occurred within two days after vaccination, and most went away within one to two days. These symptoms are a sign that the vaccine is prompting an immune response as needed. The health risks if children are infected with COVID-19 are much higher than the risk of vaccine side effects.

Q: Do COVID-19 mRNA vaccines change your DNA? What’s in the vaccine?
A: The vaccines contain the active ingredient, messenger RNA (mRNA), along with fat, salts, and sugars to protect the mRNA and help it work better in the body. COVID-19 mRNA vaccines do not contain any egg proteins, gluten, pork products, metals, tracking devices, fetal material, and do not change or alter your DNA in any way. MRNA vaccines teach our body’s cells how to make a protein that triggers an immune response. That immune response and making antibodies is what protects us from getting infected if the real virus enters our bodies.
FREQUENTLY ASKED QUESTIONS ABOUT PEDIATRIC COVID-19 VACCINATION

Q: What is VAERS? I am hearing reports that children have died from the COVID-19 vaccine.

A: There have not been any verified reports of children dying from COVID-19 vaccination. VAERS is an early warning system used to monitor adverse events that happen after vaccination and one of the several systems CDC and U.S. FDA use to monitor vaccines. Having a report to VAERS doesn’t mean that the vaccine caused the problem. It warns the experts of potential problems they may need to assess, and it alerts them to further action, if needed. CDC provides timely updates on selected adverse events reported after COVID-19 vaccination.

Q: How did they make and test the COVID-19 vaccines so quickly?

A: Scientists have been working on this mRNA technology for two decades, so it’s been a long time in the making. Typically, vaccine development requires much time for fundraising to complete all the steps, but this time funding was not a barrier as the whole world was invested in finding a safe option for prevention of coronavirus disease. The vaccines went through the same rigorous three phase clinical trials process as all other vaccines.

Q: Can my child get the COVID-19 vaccine if they have an underlying health condition?

A: Most people with underlying health or medical conditions can get COVID-19 vaccines. In fact, many underlying conditions put your child at high risk of complications from COVID-19 disease, so the vaccine is even more important to keep your child from getting sick. Let your child’s health care provider know about all their allergies and health conditions before getting vaccinated.

Q: What is Myocarditis and is there a connection to COVID-19 vaccination?

A: Myocarditis (and pericarditis) are terms to describe inflammation in or around the heart. There have been no deaths from myocarditis determined to be caused by COVID-19 vaccination in the United States. An individual is more likely to develop myocarditis after infection with COVID-19 than from the vaccine and the strong benefits of the vaccines far outweigh the low risk of myocarditis.

Q: Why should my child get vaccinated against COVID-19 if they can still get infected?

A: Although there is still a chance of a breakthrough COVID-19 infection after vaccination, the vaccines were designed to prevent severe illness, hospitalization, and death from COVID-19 and are still successful at doing so. If your child does get sick after they’re fully vaccinated, they will still have some benefit from the vaccine because they may only get a mild case instead of a serious case.

Q: What are the long-term side effects of COVID-19 vaccination for my child?

A: Serious side effects that could cause a long-term health problem are extremely unusual following any vaccination. Almost all reactions to the COVID-19 vaccine have been mild, like fatigue or a sore arm, and only last a couple of days. Long term side effects usually happen within eight weeks of vaccination which is why the manufacturers were required to wait at least eight weeks after clinical trials before applying for Emergency Use Authorization. The health risks if children are infected with COVID-19 are much higher than the risk of vaccine side effects.
Washington state continues to perform among the top states in the nation for health care systems, according to a new report from The Commonwealth Fund.

For the first time, The Commonwealth Fund also reviewed how well states responded to the COVID-19 pandemic.

Washington ranked fourth in the nation for its overall response to COVID-19, and the report highlights Washington's efforts around hospital staffing, vaccination rates, and preventing COVID-19 deaths among nursing home residents.

Washington is fourth in the nation overall on the 2022 Scorecard on State Health System Performance, which asks questions including:

- How healthy is America?
- Some of Washington's top-ranked indicators and the ranking include:
  - Employee total potential out-of-pocket medical costs as a share of state median income (first in nation)
  - People with medical debt (fourth in nation)
  - Children ages 0-18 who are insured (ninth in nation)
  - Infant mortality (fifth in nation)
  - Avoidable hospital use and cost (seventh in nation)
  - Racial and ethnic equity (ninth in nation)

“The Commonwealth Fund data show Washington's intentional efforts to build an affordable, accessible, and equitable health care delivery system are paying off,” said Health Care Authority (HCA) Director Sue Birch.

In one example of Washington’s innovation, HCA is applying to renew and strengthen our Medicaid Transformation Project, a federal demonstration waiver that allows the state to use Medicaid dollars to develop projects that improve Washington's health care system, such as housing, employment, substance use disorder, and supporting older adults and family caregivers.

“This ranking is a testament to the hard work and dedication of our entire ecosystem of health partners in Washington. The foundation of health is what continues to allow us to thrive, as well as strive toward a stronger future,” said state Secretary of Health Dr. Umair Shah.
What is v-safe?

V-safe provides personalized and confidential health check-ins via text messages and web surveys so you can quickly and easily share with CDC how you or your dependent feel after getting a COVID-19 vaccine. It takes just a few minutes to enroll and your participation in v-safe helps us monitor the safety of COVID-19 vaccines for everyone.

V-safe features:

• Enroll your dependents and complete check-ins on their behalf
• Enter and report how you feel after first, second, additional, and booster doses

How can I enroll and how does it work?

You can enroll in v-safe after any dose of COVID-19 vaccine by using your smartphone and going to vsafe.cdc.gov.

During the first week after each vaccination, v-safe will send you a text message each day to ask how you are feeling. After that, you will receive occasional check-ins, which you can opt out of at any time. Depending on your answers, someone from CDC may call to get more information. Your personal information in v-safe is protected so it’s safe and private*.

How can I enroll my child or dependent?

You can enroll any family member (or friend) who is eligible to be vaccinated in v-safe. Children under 16 years old must be enrolled using a parent or guardian’s v-safe account. You can add a dependent to your existing account or create a new account if you don’t have one yet. Creating an account to enroll a dependent does not require that you enter your own vaccination information or complete health check-ins for yourself.

Need step-by-step instructions? Go to: www.cdc.gov/vsafe

*v-safe uses existing information systems managed by CDC, FDA, and other federal agencies. These systems use strict security measures to keep information confidential. These measures comply, where applicable, with the following federal laws, including the Privacy Act of 1974; standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA); the Federal Information Security Management Act, and the Freedom of Information Act.
No. of COVID-19 cases in Washington state: 1,640,219 *
No. of COVID-19 Deaths in Washington state: 13,156 *
No. of COVID-19 Deaths in Island County: 84 *

* As of June 23, 2022
Test Positive for COVID-19?

If you received a positive COVID test result, please carefully review the information below:

**Step 1: Take care of yourself**
Pay attention to your symptoms. If symptoms worsen, call your healthcare provider for guidance.

Call 911 if you have:
- Persistent pain or pressure in the chest
- Unusual feelings of confusion or unable to respond
- Trouble breathing
- Lips or face have a blue or purple tint

**Step 2: Stay home & away from others. Isolate for at least 5 days**
- Stay in a separate room from other household members, if possible.
- Use a separate bathroom, if possible.
- Take steps to improve ventilation at home, if possible.
- Avoid contact with other members of the household.
- Don’t share personal household items such as cups, towels, and utensils.
- Wear a well-fitting mask when you need to be around other people. Tight-fitting masks such as KN95s and three-ply surgical masks offer the best protection while cloth masks the least protection.
- Everyone in isolation should wear a mask when around others for 10 days from their first symptom, or the date of positive test if they don’t have symptoms.

An antigen test is recommended on **DAY 5** to determine if you are still infectious. If you test positive, you should isolate for another five days.

If, after another five days, you exhibit no symptoms, or symptoms are improving, you may be around others but should wear a tight-fitting mask until **DAY 10** when around others.

For more detailed information about when you can leave isolation, please review CDC guidelines.

**Step 3: Complete online form**
First, notify the [Island County COVID Response Team](#) of your positive test result by completing the online **positive test reporting form**, which can also be located by scanning the QR code at right. If you are unable to report your positive result online, call the Island County COVID Response Call Center at 360-678-2301.
The Call Center can assist you in reporting your result. Next, notify your place of work or school that you tested positive.

**Step 4: Notify close contacts of your diagnosis**
Notify anyone you live with, traveled with in a vehicle, or who was within six feet of you for 15 minutes or more two days before your symptoms began, or if you have no symptoms, two days before you took your test.

**For your close contacts:**
- If they are fully vaccinated and boosted, they do not need to quarantine, but they should wear a tight-fitting mask around others for 10 days, monitor themselves for any signs or symptoms of COVID and seek medical attention or testing if they develop symptoms of COVID.
- If they are not fully vaccinated and boosted, they should remain in quarantine for five days, then they should wear a tight-fitting mask around others for an additional five days, monitor themselves for any signs or symptoms of COVID and seek medical attention or testing if they develop symptoms of COVID.
- They should consider obtaining an over-the-counter rapid test (if available) to help minimize potentially exposing others. Free rapid test kits are available for close contacts from Island County COVID Response by calling 360-678-2301.
- For more detailed information go to [Quarantine](#) guidance online.
SARS-CoV-2 lineages circulating in Washington state

![Graph showing weekly COVID-19 cases in Island County, Washington, with a peak in early 2022.]

n = 11514 Island County cases. Collection dates range from Mon 09 Mar 2020 to Wed 22 Jun 2022.