ACCORDING TO the FDA, effectiveness of the COVID-19 vaccine can wane over time against certain variants, including omicron.

**FDA: Boosters should include protections against variants**

Experts vote to include SARS-CoV2 omicron component

On June 30, the U.S. Food and Drug Administration’s independent experts on the Vaccines and Related Biological Products Advisory Committee publicly discussed whether a change to the current vaccine strain composition of COVID-19 vaccines for booster doses is necessary for the 2022 fall and winter seasons.

The COVID-19 vaccines that the FDA has approved and authorized for emergency use have made a tremendous difference to public health and have saved countless lives in the U.S. and globally, according to Peter Marks, M.D., director for the 

See **BOOSTER**, page 2
 BOOSTER: Omicron component urged

Continued from page 1

Center for Biologics Evaluation and Research.

However, Marks said, SARS-CoV-2, the virus that causes COVID-19, has evolved significantly, with recent surges around the world associated with the rapid spread of highly transmissible variants such as omicron.

Currently available vaccines have helped reduce the most serious outcomes (hospitalization and death) caused by COVID-19, but results from post-authorization observational studies have shown that effectiveness of primary vaccination wanes over time against certain variants, including omicron.

And while initial booster doses have helped restore protection against severe disease and hospitalization associated with omicron, studies have also indicated waning effectiveness of first booster doses over time.

“The American public can be assured that any COVID-19 vaccine authorized or approved by the FDA meets our standards for safety and effectiveness,” Marks said.

“We encourage those who are currently eligible for a booster to get one.”

“As we move into the fall and winter, it is critical that we have safe and effective vaccine boosters that can provide protection against circulating and emerging variants to prevent the most severe consequences of COVID-19,” he said.

“Following a thorough discussion on June 28, 2022, an overwhelming majority of the advisory committee voted in favor of including a SARS-CoV-2 omicron component in COVID-19 vaccines that would be used for boosters in the U.S. beginning in fall 2022.

Following the vote, and striving to use the best available scientific evidence, he said.

“We have advised manufacturers seeking to update their COVID-19 vaccines that they should develop modified vaccines that add an omicron BA.4/5 spike protein component to the current vaccine composition to create a two component (bivalent) booster vaccine, so that the modified vaccines can potentially be used starting in early to mid-fall 2022.”

“As we expect this coming year to be a transitional period when this modified booster vaccine may be introduced, we have not advised manufacturers to change the vaccine for primary vaccination, since a primary series with the FDA-authorized and approved COVID-19 vaccines provides a base of protection against serious outcomes of COVID-19 caused by circulating strains of SARS-CoV-2,” Marks said.

“Vaccine manufacturers have already reported data from clinical trials with modified vaccines containing an omicron BA.1 component and we have advised them that they should submit these data to the FDA for our evaluation prior to any potential authorization of a modified vaccine containing an omicron BA.4/5 component,” Marks said.

“Manufacturers will also be asked to begin clinical trials with modified vaccines containing an omicron BA.4/5 component, as these data will be of use as the pandemic further evolves.”

The FDA has been planning for the possibility that vaccines would need to be modified to address circulating variants and previously provided guidance to industry on how to do so efficiently, according to Marks.

As has been the case with all COVID-19 vaccines throughout the pandemic, the agency will evaluate all relevant data to inform the safety, effectiveness and manufacturing quality of modified vaccines under consideration for authorization or approval to ensure that they meet the FDA’s standards, Marks explained.

“In keeping with our commitment to transparency, the FDA will communicate future plans pertaining to the potential authorization or approval of COVID-19 vaccine booster doses with an omicron component.”
GETTING HER VACCINATED AGAINST COVID-19 MEANS LESS WORRY.

COVID-19 vaccination is recommended for everyone 6 months and older. Learn more about protecting your child at www.cdc.gov/covid-19/children-teens.html

www.cdc.gov/covid-19/children-teens.html
COVID 3rd leading cause of deaths in 2020, 2021

COVID-19 was the third leading cause of death in the United States between March 2020 and October 2021, according to an analysis of national death certificate data by researchers at the National Cancer Institute, part of the National Institutes of Health.

The study appeared July 5 in JAMA Internal Medicine.

During the 20-month period studied, COVID-19 accounted for one in eight deaths— or 350,000 deaths) in the United States.

Heart disease was the number one cause of death, followed by cancer, with these two causes of death accounting for a total of 1.29 million deaths.

Accidents and stroke were the fourth and fifth leading causes of death. In every age group 15 years and older, COVID-19 was one of the top five causes of death during this period.

When the authors analyzed deaths in 2020 between March and December and in 2021 between January and October, separately, they found that, in 2020, COVID-19 was the fourth and fifth leading cause of death among people ages 45-54 and 35-44, respectively.

In 2021, however, COVID-19 became the first and second leading cause of death in these age groups.

Among those 85 and older, COVID-19 was the second leading cause of death in 2020, but dropped to third in 2021, likely because of targeted vaccination efforts in this age group.

The pandemic has also had an indirect effect on other causes of death in the United States.

Past data have shown that deaths from other causes, including heart disease, accidents, stroke, Alzheimer’s disease, and diabetes increased from 2019 to 2020, possibly because people were reluctant to seek medical care for fear of catching COVID-19.

Additional impacts of the pandemic on other causes of death may emerge in the years to come, the researchers said. For example, the pandemic prevented many people from getting regular cancer screening, which may result in future increases in cancer deaths.
“I WANT TO GET BACK TO SEEING MY FRIENDS IN CLASS.”

Safe and effective COVID-19 vaccines are available for everyone ages 6 months and older. Learn more: www.cdc.gov/covid-19/children-teens.html
Influenza and COVID-19 are both contagious respiratory illnesses, but they are caused by different viruses, according to the Centers for Disease Control.

COVID-19 is caused by infection with a coronavirus first identified in 2019.

Flu is caused by infection with a flu virus — influenza viruses.

From what CDC officials learned, COVID-19 spreads more easily than flu. Efforts to maximize the proportion of people in the United States who are up to date with their COVID-19 vaccines remain critical to ending the COVID-19 pandemic, according to the CDC.

COVID-19 IS MORE SERIOUS

Compared to flu, COVID-19 can cause more serious illnesses in some people. COVID-19 can also take longer before people show symptoms, and people can remain contagious for longer periods of time, the CDC said.

You cannot tell the difference between flu and COVID-19 just by looking at the symptoms alone because they have some of the same symptoms.

That’s why testing is needed to tell what the illness is and to confirm a diagnosis.

Testing is also important because it can reveal if someone has both the flu and COVID-19 at the same time, according to the CDC.

While more is learned every day about COVID-19 and the virus that causes it, there are still things, such as post-COVID conditions — also known as long COVID), that are unknown.

SIMILARITIES IN SYMPTOMS

Both COVID-19 and flu can have varying degrees of symptoms, ranging from no symptoms (asymptomatic) to severe symptoms. Common symptoms that COVID-19 and flu share include:

• Fever or feeling feverish/having chills
• Cough
• Shortness of breath or difficulty breathing
• Fatigue (tiredness)
• Sore throat
• Runny or stuffy nose
• Muscle pain or body aches
• Headache
• Vomiting
• Diarrhea
• Change in or loss of taste or smell,

See DIFFERENCES, page 7

WHILE SIMILAR in some ways, COVID-19 and the flu have some very distinct differences, among them in severity.

COVID-19 is not a flu

What are some of the similarities, key differences?
DIFFERENCES: Is it COVID-19 or a flu?

**COVID-19 IS BELIEVED** to be spread more easily and result in more superspreader events than the flu virus.

**Continued from page 6**
although this is more frequent with COVID-19.

**SIMILARITIES AFTER EXPOSURE, INFECTION**
For both COVID-19 and flu, one or more days can pass from when a person becomes infected to when they start to experience symptoms of illness.

**DIFFERENCES AFTER EXPOSURE, INFECTION**
COVID-19: Typically, a person may experience symptoms anywhere from two to 14 days after infection.

FLU: Typically, a person may experience Flu Symptoms anywhere from one to four days after infection.

**HOW LONG CAN SOMEONE SPREAD THE VIRUSES**
COVID-19: If a person has COVID-19, they could be contagious for a longer time than if they have flu.
How long someone can spread the virus that causes COVID-19 is still being studied. However, here’s what CDC officials know from studies of prior variants, including Delta:

- On average, people can begin spreading the virus two to three days before their symptoms begin, but infectiousness peaks one day before their symptoms begin.
- On average, people can continue to spread the virus another eight days after their symptoms began.

This information is from studies of prior variants. We still have much to learn about new variants, including Omicron. CDC will share findings from ongoing studies as soon as they are available.

FLU: Most people with flu are contagious for about one day before they show symptoms.

Older children and adults with flu appear to be most contagious during the first three to four days of their illness, but many people remain contagious for about seven days.

Infants and people with weakened immune systems can be contagious for even longer.

**HOW THEY SPREAD**

**Similarities:** Both COVID-19 and flu can spread from person to person between people who are in close contact with one another — within about 6 feet. Both are spread mainly by large and small particles containing virus that are expelled when people with the illness (COVID-19 or flu) cough, sneeze, or talk.

These particles can land in the mouths or noses of people who are nearby and possibly be inhaled into the lungs.

In some circumstances, such as indoor settings with poor ventilation, small particles might be spread further than 6 feet and cause infections.

Although most spread is by inhalation, it may be possible that a person can get infected by touching another

See RISKS, page 8
FLU AND COVID-19 symptoms can be similar, but severity of COVID can be greater.

PEOPLE AT INCREASED RISK OF COVID-19 SEVERE ILLNESS

Flu and COVID-19 Severity in Children.

Similarities: Both COVID-19 and flu can result in complications, including:
- Pneumonia.
- Respiratory failure.
- Acute respiratory distress syndrome — fluid in the lungs.
- Sepsis, a life-threatening illness caused by the body’s extreme response to an infection.
- Cardiac injury — for example, heart attacks and stroke.
- Multiple-organ failure — respiratory failure, kidney failure, shock.
- Worsening of chronic medical conditions — involving the lungs, heart, or nervous system or diabetes.
- Inflammation of the heart, brain, or muscle tissues.
- Secondary infections — bacterial or fungal infections that can occur in people who have already been infected with flu or COVID-19.

Differences: While the virus that causes COVID-19 and flu viruses are thought to spread in similar ways, the virus that causes COVID-19 is generally more contagious than flu viruses. Also, COVID-19 has been observed to have more superspreading events than flu.

This means the virus that causes COVID-19 can quickly and easily spread to a lot of people and result in continual spreading among people as time progresses.

PEOPLE AT HIGH RISK FOR SEVERE ILLNESS

Similarities: Both COVID-19 and flu illness can result in severe illness and complications.
- Those at highest risk include:
  - Older adults
  - People with certain underlying medical conditions (including infants and children)
  - Pregnant people

Differences: Overall, COVID-19 seems to cause more serious illnesses in some people.
- Serious COVID-19 illness resulting in hospitalization and death can occur even in healthy people.
- Some people that had COVID-19 can go on to develop post-COVID conditions or multisystem inflammatory syndrome, or MIS.

Diabetes is more common in young children with flu than in adults with flu.

Additional complications associated with COVID-19 can include:
- Blood clots in the veins and arteries of the lungs, heart, legs or brain.
- Multisystem Inflammatory Syndrome in Children (MIS-C) and in Adults (MIS-A).

Post-COVID Conditions are a range of symptoms that can last weeks or months after first being infected with the virus that causes COVID-19 or can appear weeks after infection.

Long COVID can happen to anyone who had COVID-19, even if their illness was mild, or if they had no symptoms.

VACCINES

Similarities: Vaccines for COVID-19 and flu are approved and/or authorized for emergency use by FDA.

Differences: There are multiple FDA-licensed influenza vaccines produced annually to protect against the four flu viruses that scientists expect will circulate each year.
- Three COVID-19 vaccines are authorized or approved for use in the United States to help prevent COVID-19. Pfizer-BioNTech or Moderna (COVID-19 mRNA vaccines) are preferred.
- You may get Johnson & Johnson’s Janssen COVID-19 vaccine in some situations.
- Other vaccines to prevent COVID-19 are under development.
Some people who are immunocompromised, meaning they have a weakened immune system, are more likely to get sick with COVID-19 or be sick for a longer period, according to the Centers for Disease Control.

People are considered to be moderately or severely immunocompromised due to several types of conditions and treatments, including:

- Active treatment for solid tumor and hematologic malignancies
- Receipt of solid-organ transplant and taking immunosuppressive therapy
- Receipt of chimeric antigen receptor (CAR)-T-cell therapy or hematopoietic cell transplant (HCT) (within 2 years of transplantation or taking immunosuppressive therapy)
- Moderate or severe primary immunodeficiency (e.g., DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection (people with HIV and CD4 cell counts less than 200/mm3, history of an AIDS-defining illness without immune reconstitution, or clinical manifestations of symptomatic HIV)
- Active treatment with high-dose corticosteroids (i.e., 20 or more mg of prednisone or equivalent per day when administered for 2 or more weeks), alkylating agents, antimetabolites, transplant-related immunosuppressive drugs, cancer chemotherapeutic agents classified as severely immunosuppressive, tumor necrosis factor, or TNF, blockers, and other biologic agents that are immunosuppressive or immunomodulatory

If you or someone you live or spend time with is immunocompromised, it is important to have a COVID-19 plan to protect yourself from infection and prepare for what to do if you get sick.

Information on this page can help you build a COVID-19 plan for preventing, diagnosing, and treating COVID, so you know what to do and can act quickly if you’re exposed, develop symptoms, or test positive and when COVID-19 levels are increasing in your community.

COVID-19 vaccines are effective at protecting people—especially those who are up to date — from getting seriously ill, being hospitalized, and even dying.

As with vaccines for other diseases, you are protected best when you stay up to date with your COVID-19 vaccines. The people you live or spend time with can help protect you and themselves by staying up to date on their COVID-19 vaccines too.

You are up to date with your COVID-19 vaccines when you have received all doses in the primary series and all boosters recommended for you, when eligible.

Since your immune response to COVID-19 vaccination may not be as strong as in people who are not immunocompromised, you have different recommendations for COVID-19 vaccines, including boosters.

Learn more about COVID-19 vaccine recommendations for people who are moderately or severely immunocompromised.
**COVID-19 Vaccination Schedule for People who ARE Moderately or Severely Immunocompromised**

**Pfizer-BioNTech (ages 6 months–4 years)**

<table>
<thead>
<tr>
<th>DOSE 1 (primary)</th>
<th>DOSE 2 (primary)</th>
<th>DOSE 3 (primary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 3 weeks</td>
<td>In at least 8 weeks</td>
<td></td>
</tr>
</tbody>
</table>

**Pfizer-BioNTech (ages 5-11 years)**

<table>
<thead>
<tr>
<th>DOSE 1 (primary)</th>
<th>DOSE 2 (primary)</th>
<th>DOSE 3 (primary)</th>
<th>DOSE 4 (booster)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 3 weeks</td>
<td>In at least 4 weeks</td>
<td>In at least 3 months</td>
<td></td>
</tr>
</tbody>
</table>

**Pfizer-BioNTech (ages 12 years and older)**

<table>
<thead>
<tr>
<th>DOSE 1 (primary)</th>
<th>DOSE 2 (primary)</th>
<th>DOSE 3 (primary)</th>
<th>DOSE 4 (booster*)</th>
<th>DOSE 5 (2nd mRNA booster)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 3 weeks</td>
<td>In at least 4 weeks</td>
<td>In at least 3 months</td>
<td>In at least 4 months</td>
<td></td>
</tr>
</tbody>
</table>

**Moderna (ages 6 months–17 years)**

<table>
<thead>
<tr>
<th>DOSE 1 (primary)</th>
<th>DOSE 2 (primary)</th>
<th>DOSE 3 (primary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 4 weeks</td>
<td>In at least 4 weeks</td>
<td></td>
</tr>
</tbody>
</table>

**Moderna (ages 18 years and older)**

<table>
<thead>
<tr>
<th>DOSE 1 (primary)</th>
<th>DOSE 2 (primary)</th>
<th>DOSE 3 (primary)</th>
<th>DOSE 4 (booster*)</th>
<th>DOSE 5 (2nd mRNA booster)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In 4 weeks</td>
<td>In at least 4 weeks</td>
<td>In at least 3 months</td>
<td>In at least 4 months</td>
<td></td>
</tr>
</tbody>
</table>

**Janssen (J&J) (ages 18 years and older)**

<table>
<thead>
<tr>
<th>DOSE 1 (primary)</th>
<th>DOSE 2 (additional mRNA dose)</th>
<th>DOSE 3 (booster*)</th>
<th>DOSE 4 (2nd mRNA booster)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In at least 4 weeks</td>
<td>In at least 2 months</td>
<td>In at least 4 months</td>
<td></td>
</tr>
</tbody>
</table>

*Age-appropriate mRNA COVID-19 vaccines are preferred over Janssen COVID-19 Vaccine for primary and booster vaccination. Janssen COVID-19 Vaccine should only be used in limited situations. See: https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#considerations-Janssen*
# VACCINE SCHEDULE, AGES 6 MONTHS TO 18 AND OLDER

FOR PEOPLE **NOT** MODERATELY OR SEVERELY IMMUNOCOMPROMISED

<table>
<thead>
<tr>
<th>Manufacturer*</th>
<th>Age group</th>
<th>Total number of doses recommended</th>
<th>Number of primary doses</th>
<th>Number of booster doses</th>
<th>Interval between 1st and 2nd dose</th>
<th>Interval between 2nd and 3rd dose</th>
<th>Interval between 3rd and 4th dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>6 months-4 years</td>
<td>3</td>
<td>3</td>
<td>NA</td>
<td>3-8 weeks</td>
<td>At least 8 weeks</td>
<td>NA</td>
</tr>
<tr>
<td>Pfizer-BioNTech</td>
<td>5-11 years</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3-8 weeks</td>
<td>At least 5 months</td>
<td>NA</td>
</tr>
<tr>
<td>Moderna</td>
<td>6 months-5 years</td>
<td>2</td>
<td>2</td>
<td>NA</td>
<td>4-8 weeks</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Moderna</td>
<td>6-11 years</td>
<td>2</td>
<td>2</td>
<td>NA</td>
<td>4-8 weeks</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

### 12 through 17 years

<table>
<thead>
<tr>
<th>Manufacturer*</th>
<th>Age group</th>
<th>Total number of doses recommended</th>
<th>Number of primary doses</th>
<th>Number of booster doses</th>
<th>Interval between 1st and 2nd dose</th>
<th>Interval between 2nd and 3rd dose</th>
<th>Interval between 3rd and 4th dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>12-17 years</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3-8 weeks</td>
<td>At least 5 months</td>
<td>NA</td>
</tr>
<tr>
<td>Moderna</td>
<td>12-17 years</td>
<td>2</td>
<td>2</td>
<td>NA</td>
<td>4-8 weeks</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

### 18 years and older

<table>
<thead>
<tr>
<th>Manufacturer*</th>
<th>Age group</th>
<th>Total number of doses recommended</th>
<th>Number of primary doses</th>
<th>Number of booster doses</th>
<th>Interval between 1st and 2nd dose</th>
<th>Interval between 2nd and 3rd dose</th>
<th>Interval between 3rd and 4th dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pfizer-BioNTech</td>
<td>18-49 years</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3-8 weeks</td>
<td>At least 5 months</td>
<td>NA</td>
</tr>
<tr>
<td>Pfizer-BioNTech</td>
<td>50 years and older</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>3-8 weeks</td>
<td>At least 5 months</td>
<td>At least 4 months</td>
</tr>
<tr>
<td>Moderna</td>
<td>18-49 years</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>4-8 weeks</td>
<td>At least 5 months</td>
<td>NA</td>
</tr>
<tr>
<td>Moderna</td>
<td>50 years and older</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>4-8 weeks</td>
<td>At least 5 months</td>
<td>At least 4 months</td>
</tr>
<tr>
<td>Janssen</td>
<td>18-49 years</td>
<td>2</td>
<td>1</td>
<td>1*</td>
<td>At least 2 months</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Janssen</td>
<td>50 years and older</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>At least 2 months</td>
<td>At least 4 months</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Abbreviations:** NA = not authorized

* mRNA COVID-19 vaccines are preferred over Janssen COVID-19 Vaccine for both primary and booster doses; an mRNA COVID-19 vaccine must be used for the second booster dose.

* An **8-week** interval between the first and second doses of an mRNA COVID-19 vaccine primary series may be optimal for some people ages 6 months-64 years, especially for males ages 12-39 years, as it may reduce the small risk of myocarditis/pericarditis associated with mRNA COVID-19 vaccines. A **shorter interval** (3 weeks for Pfizer-BioNTech; 4 weeks for Moderna) between the first and second doses remains the recommended interval for people who are moderately or severely immunocompromised; adults ages 65 years and older; and in situations in which there is increased concern about COVID-19 community levels or an individual’s higher risk of severe disease.

*People ages 18-49 who received Janssen COVID-19 Vaccine as both their primary dose and first booster dose may receive a second booster dose using an mRNA vaccine at least 4 months after the first booster dose.*
SARS-CoV-2 lineages circulating in Washington state

% Lineages Among Sequenced Samples

- **BA.2** (60.1%)
- **BA.2.12.1** (33.2%)
- **BA.2** (43.8%)
- **BA.2** (24.4%)
- **BA.2** (16.3%)

% Lineages Among Sequenced Samples

- **BA.5** (4.3%)
- **BA.5** (11.4%)
- **BA.5** (23.4%)
- **BA.5** (34.7%)

Other Omicron (9.1%)

**Lineage**
- **BA.4** (2.4%)
- **BA.4** (4.6%)
- **BA.4** (7.5%)
- **BA.4** (10.2%)

**Specimen collection dates**
- May 29-Jun 04, 22
- Jun 05-Jun 11, 22
- Jun 12-Jun 18, 22
- Jun 19-Jun 25, 22

- n = 1,768 Island County cases. Collection dates range from Mon 09 Mar 2020 to Thu 07 Jul 2022.
- % missing date of onset and not shown.
<table>
<thead>
<tr>
<th>WADOH Transmission Level</th>
<th>CDC Community Impact Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>LOW</td>
</tr>
<tr>
<td>7-day Case Rate</td>
<td>7-day Case Rate</td>
</tr>
<tr>
<td>100+</td>
<td>&lt;200</td>
</tr>
<tr>
<td>7-day COVID-19 Hospitalization Rate</td>
<td>&lt;10.0</td>
</tr>
<tr>
<td>COVID-19 Occupancy 7-day Average</td>
<td>&lt;10%</td>
</tr>
</tbody>
</table>

14-Day Case Rate

<table>
<thead>
<tr>
<th>Date</th>
<th>N</th>
<th>Population</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/2022 – 06/14/2022</td>
<td>248</td>
<td>86,350</td>
<td>287.20</td>
</tr>
<tr>
<td>06/08/2022 – 06/21/2022</td>
<td>228</td>
<td>86,350</td>
<td>264.04</td>
</tr>
<tr>
<td>06/15/2022 – 06/28/2022</td>
<td>265</td>
<td>86,350</td>
<td>306.89</td>
</tr>
<tr>
<td>06/22/2022 – 07/05/2022</td>
<td>237</td>
<td>86,350</td>
<td>274.46</td>
</tr>
</tbody>
</table>

Summary Table of Island County Count Positive COVID-19 Cases

<table>
<thead>
<tr>
<th>Date</th>
<th>Count</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/16/2022</td>
<td>11390</td>
<td>+130</td>
</tr>
<tr>
<td>06/23/2022</td>
<td>11514</td>
<td>+124</td>
</tr>
<tr>
<td>06/30/2022</td>
<td>11669</td>
<td>+155</td>
</tr>
<tr>
<td>07/07/2022</td>
<td>11768</td>
<td>+99</td>
</tr>
</tbody>
</table>

Island County Total Known Positive COVID-19 Cases by Location

<table>
<thead>
<tr>
<th>Location</th>
<th>Positive Count</th>
<th>Death Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camano Island</td>
<td>2752</td>
<td>12</td>
</tr>
<tr>
<td>Clinton</td>
<td>571</td>
<td>5</td>
</tr>
<tr>
<td>Coupeville</td>
<td>874</td>
<td>15</td>
</tr>
<tr>
<td>Freeland</td>
<td>509</td>
<td>7</td>
</tr>
<tr>
<td>Greenbank</td>
<td>106</td>
<td>0</td>
</tr>
<tr>
<td>Langley</td>
<td>380</td>
<td>2</td>
</tr>
<tr>
<td>Oak Harbor</td>
<td>6569</td>
<td>45</td>
</tr>
<tr>
<td>Missing Accurate Zip</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>11768</strong></td>
<td><strong>86</strong></td>
</tr>
</tbody>
</table>

No. of COVID-19 cases in Washington state: **1,677,796** *
No. of COVID-19 Deaths in Washington state: **13,303** *
No. of COVID-19 Deaths in Island County: **86** *

* As of July 7, 2022

Vaccinated Island County Residents

<table>
<thead>
<tr>
<th>Number of Island County residents who have initiated primary series</th>
<th>Population (6 months+) eligible to be vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>59,636</td>
<td>84,974</td>
</tr>
</tbody>
</table>

Data as of 11:59 p.m. July 4, 2022
Source: Washington State Department of Health Data Dashboard

7-Day Hospitalization Rate

<table>
<thead>
<tr>
<th>Date</th>
<th>N</th>
<th>Population</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/07/2022 – 06/13/2022</td>
<td>2</td>
<td>86,350</td>
<td>2.32</td>
</tr>
<tr>
<td>06/14/2022 – 06/20/2022</td>
<td>7</td>
<td>86,350</td>
<td>8.11</td>
</tr>
<tr>
<td>06/21/2022 – 06/27/2022</td>
<td>6</td>
<td>86,350</td>
<td>6.95</td>
</tr>
<tr>
<td>06/28/2022 – 07/04/2022</td>
<td>7</td>
<td>86,350</td>
<td>8.11</td>
</tr>
</tbody>
</table>
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
- Trouble breathing
- Unusual feelings of confusion or unable to respond
- 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.