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HEALTH MATTERS

Island County COVID Response Community Guidance

THE WESTERN STATES *Scientific Safety Review Work Group will decide soon whether to approve the bivalent boosters recommended for use by the FDA and CDC.*

Bivalent COVID boosters gain FDA, CDC approval for use

Vaccine awaits final step before going into arms

With fall just a few weeks away, bivalent vaccines are closer to going into arms.

Before they can be administered in Washington state, the bivalent vaccines – designed to protect against the original strain of COVID-19 as well as the highly contagious omicron variant – is awaiting approval by the Western States Scientific Safety Review Work Group (WSSSRW).

Clearing the way for the WSSSRW to consider approval for the "updated

See **CDC,** page 2

CDC: *Next goes before WSSSRW*

Continued from page 1

booster," on Aug. 31 the FDA amended its emergency use authorizations (EUAs) of the Moderna COVID-19 vaccine and the Pfizer-BioNTech COVID-19 vaccine to authorize bivalent formulations of the vaccines for use as a single booster dose at least two months following primary or booster vaccination. On Sept. 1, the CDC recomended use.

The Moderna COVID-19 vaccine, bivalent, is authorized for use as a single booster dose in individuals 18 years of age and older.

The Pfizer-BioNTech COVID-19 vaccine, bivalent, is authorized for use as a single booster dose in individuals 12 years of age and older.

The monovalent COVID-19 vaccines that are authorized or approved by the FDA and have been administered to millions of people in the United States since December 2020 contain a component from the original strain of SARS-CoV-2.

What you need to know:

The authorized bivalent COVID-19 vaccines, or updated boosters, include an mRNA component of the original strain to provide an immune response that is broadly protective against COVID-19 and an mRNA component in common between the omicron variant BA.4 and BA.5 lineages to provide better protection against COVID-19 caused by the omicron variant.

The BA.4 and BA.5 lineages of the omicron variant are currently causing most cases of COVID-19 in the U.S. and are predicted to circulate this fall and winter.

See **NEXT,** page 3

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

NEXT: *Boosters await WSSSRW approval*

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In June, the FDA's Vaccines and Related Biological Products Advisory Committee voted overwhelmingly to include an omicron component in COVID-19 booster vaccines.

For each bivalent COVID-19 vaccine, the FDA reported basing its decision on the totality of available evidence, including extensive safety and effectiveness data for each of the monovalent mRNA COVID-19 vaccines, safety and immunogenicity data obtained from a clinical study of a bivalent COVID-19 vaccine that contained mRNA from omicron variant BA.1 lineage that is similar to each of the vaccines being authorized, and nonclinical data obtained using a bivalent COVID-19 vaccine that contained mRNA of the original strain and mRNA in common between the BA.4 and BA.5 lineages of the omicron variant.

Based on the data supporting each of these authorizations, the bivalent COVID-19 vaccines are expected to provide increased protection against the currently circulating omicron variant.

Individuals who receive a bivalent COVID-19 vaccine may experience side effects commonly reported by individuals who receive authorized or approved monovalent mRNA COVID-19 vaccines, according to the FDA.

With the FDA's authorization, the monovalent mRNA COVID-19 vaccines are not authorized as booster doses for individuals 12 years of age and older (as of Aug. 31).

The FDA stated it will work quickly to evaluate future data and submissions to support authorization of bivalent COVID-19 boosters for additional age groups as it receives them.

Who is eligible to receive a single booster dose and when:

Once approved by the WSSSRW, individuals 18 years of age and older in Washington state are eligible for a single booster dose of the Moderna COVID-19 vaccine, bivalent if it has been at least two months since they have completed primary vaccination or have received the most recent booster dose with any authorized or approved monovalent COVID-19 vaccine.

Following WSSSRW approval, which may come as soon as next week, individuals 12 years of age and older in Washington state will be eligible for a single booster dose of the Pfizer-BioNTech COVID-19 vaccine, bivalent if it has been at least two months since they have completed primary vaccination or have received the most recent booster dose with any authorized or approved monovalent COVID-19 vaccine.

"The COVID-19 vaccines, including boosters, continue to save countless lives and prevent the most serious outcomes (hospitalization and death) of COVID-19," said FDA Commissioner Robert M. Califf, M.D. "As we head into fall and begin to spend more time indoors, we strongly encourage anyone who is eligible to consider receiving a booster dose with a bivalent COVID-19 vaccine to provide better protection against currently circulating variants."

The Moderna COVID-19 vaccine, bivalent and the Pfizer-BioNTech COVID-19 vaccine, bivalent contain mRNA from the SARS-CoV-2 virus. The mRNA in these vaccines is a specific piece of genetic material that instructs cells in the body to make the distinctive "spike" protein of the original virus strain and the omicron variant lineages BA.4 and BA.5.

The spike proteins of BA.4 and BA.5 are identical.

"The FDA has been planning for the possibility that the composition of the COVID-19 vaccines would need to be modified to address circulating variants," said Peter Marks, M.D., Ph.D., director of the FDA's Center for Biologics Evaluation and Research. "We sought input from our outside experts on the inclusion of an omicron component in COVID-19 boosters to provide better protection against COVID-19. We have worked closely with the vaccine manufacturers to ensure the development of these updated boosters was done safely and efficiently."

"The FDA has extensive experience with strain changes for annual influenza vaccines. We are confident in the evidence supporting these authorizations," Marks said. "The public can be assured that a great deal of care has been taken by the FDA to ensure that these bivalent COVID-19 vaccines meet our rigorous safety, effectiveness and manufacturing quality standards for emergency use authorization."

For each of the bivalent COVID-19 vaccines authorized Aug. 31, the FDA evaluated immunogenicity and safety data from a clinical study of a booster dose of a bivalent COVID-19 vaccine that contained a component of the original strain of SARS-CoV-2 and a component of omicron lineage BA.1.

The FDA stated that it considers such data as relevant and supportive of vaccines containing a component of the omicron variant BA.4 and BA.5 lineages.

Furthermore, data pertaining to the safety and effectiveness of the current mRNA COVID-19 vaccines, which have been administered to millions of people, including during the omicron waves of COVID-19, contributed to the agency's evaluation.

Data Supporting the Moderna COVID-19 vaccine, bivalent authorization:

To evaluate the effectiveness of a single booster dose of the Moderna COVID-19 vaccine, bivalent for individuals 18 years of age and older, the FDA analyzed immune response data among approximately 600 individuals 18 years of age and older who had previously received a two-dose primary series and one booster dose of monovalent Moderna COVID-19 vaccine.

The participants received a second booster dose of either the monovalent Moderna COVID-19 vaccine or Moderna's investigational bivalent COVID-19 vaccine (original and omicron BA.1) at least three months after the first booster dose.

After 28 days, the immune response against BA.1 of the participants who received the bivalent vaccine was better than the immune response of those who had received the monovalent Moderna COVID-19 vaccine.

The safety of a single booster dose

See **DATA,** page 5

Step-By-Step Timeline of the Vaccine Authorization Process

Step 1 New vaccine data is submitted to the Food & Drug Administration (FDA).

Step 2 After FDA authorizes, the Advisory Committee on Immunization Practices (ACIP) meets to vote for recommended use.

Step 3 After ACIP votes for recommended use, it goes to the CDC for formal recommendation while the Western States Scientific Safety Review Workgroup (WSSSRW) reviews.

Step 4 After CDC recommends use, the WSSRW weighs in before providers can start administering in Washington state.

Step 5 Provider offices in WA begin administering vaccine to the public.

Note: Initial supply and availability may be limited and vary by location.

Washington State Department of Health

DATA: *Study included about 800 participants*

Continued from page 3

of the Moderna COVID-19 vaccine, bivalent for individuals 18 years of age and older is supported by safety data from a clinical study which evaluated a booster dose of Moderna's investigational bivalent COVID-19 vaccine (original and omicron BA.1), safety data from clinical trials which evaluated primary and booster vaccination with the monovalent Moderna COVID-19 vaccine, and postmarketing safety data with the monovalent Moderna COVID-19 vaccine.

The safety data accrued with the bivalent vaccine (original and omicron BA.1) and with the monovalent Moderna COVID-19 vaccine are relevant to the Moderna COVID-19 vaccine, bivalent because these vaccines are manufactured using the same process.

The clinical study that evaluated the safety of a booster dose of the bivalent vaccine (original and omicron BA.1) included approximately 800 participants 18 years of age and older who had previously received a two dose primary series and one booster dose of the monovalent Moderna COVID-19 vaccine, and then at least three months later, received a second booster dose with either the monovalent Moderna COVID-19 Vaccine or Moderna's investigational bivalent COVID-19 vaccine (original and omicron BA.1).

Among the study participants who received the bivalent vaccine, the most commonly reported side effects included pain, redness and swelling at the injection site, fatigue, headache, muscle pain, joint pain, chills, swelling of the lymph nodes in the same arm of the injection, nausea/vomiting and fever.

Data Supporting the Pfizer-BioNTech COVID-19 Vaccine, bivalent authorization:

To evaluate the effectiveness of a single booster dose of the Pfizer-BioNTech COVID-19 vaccine, bivalent for individuals 12 years of age and older, the FDA analyzed immune response data among approximately 600 adults greater than 55 years of age who had previously received a two-dose primary series and one booster dose with the monovalent Pfizer-BioNTech COVID-19 vaccine.

The participants received a second booster dose of either the monovalent Pfizer-BioNTech COVID-19 vaccine or Pfizer-BioNTech's investigational bivalent COVID-19 vaccine (original and omicron BA.1) 4.7 to 13.1 months after the first booster dose. After one month, the immune response against BA.1 of the participants who received the bivalent vaccine was better than the immune response of those who had received the monovalent Pfizer-BioNTech COVID-19 vaccine.

The safety of a single booster dose of the Pfizer-BioNTech COVID-19 vaccine, bivalent for individuals 12 years of age and older is based on safety data from a clinical study which evaluated a booster dose of Pfizer-BioNTech's investigational bivalent COVID-19 vaccine (original and omicron BA.1), safety data from clinical trials which evaluated primary and booster vaccination with the monovalent Pfizer-BioNTech COVID-19 vaccine, and postmarketing safety data with the monovalent Pfizer-BioNTech COVID-19 vaccine.

The safety data accrued with the bivalent vaccine (original and omicron BA.1) and with the monovalent Pfizer-BioNTech COVID-19 vaccine are relevant to Pfizer-BioNTech COVID 19 vaccine, bivalent because these vaccines are manufactured using the same process.

BIVALENT *COVID-19* *boosters are currently on track for Western states' approval.*

The clinical study that evaluated the safety of a booster dose of the bivalent vaccine (original and omicron BA.1) included approximately 600 participants greater than 55 years of age who had previously received a two-dose primary series, one booster dose of the monovalent Pfizer-BioNTech COVID-19 vaccine, and then 4.7 to 13.1 months later, received a second booster dose of either the monovalent Pfizer-BioNTech COVID-19 vaccine or Pfizer-BioNTech's investigational bivalent COVID-19 vaccine (original and omicron BA.1).

Among the study participants who received the bivalent vaccine, the most commonly reported side effects included pain, redness and swelling at the injection site, fatigue, headache, muscle pain, chills, joint pain, and fever.

With its Aug. 31 authorization, the FDA has also revised the EUA of the Moderna COVID-19 vaccine and the Pfizer-BioNTech COVID-19 vaccine to remove the use of the monovalent Moderna and Pfizer-BioNTech COVID-19 vaccines for booster administration for individuals 18 years of age and older and 12 years of age and older, respectively. These monovalent vaccines continue to be authorized for use for administration of a primary series for individuals 6 months of age and older as described in the letters of authorization.

Currently, the Pfizer-BioNTech COVID-19 vaccine remains authorized for administration of a single booster dose for individuals ages 5 through 11 years at least five months after completing a primary series of the Pfizer-BioNTech COVID-19 vaccine.

The amendments to the EUAs were issued to Moderna TX Inc. and Pfizer Inc.

Defense adds Novavax as COVID-19 vax option

On Aug. 19, the Food and Drug Administration updated its July 13 Emergency Use Authorization for the Novavax COVID-19 vaccine to include individuals 12 years of age and older.

"We now have a range of COVID-19 vaccines available at our military medical treatment facilities, and they all provide strong protection against hospitalization, severe illness and death," Dr. Michael Malanoski, deputy director of the Defense Health Agency, said.

Other vaccines that DOD offers or has offered are those from Moderna, Pfizer and Johnson & Johnson.

Unvaccinated service members can indicate their preference of which vaccine they'd like, Malanoski said. "If they'd like to be vaccinated with Novavax, and it's not immediately available, we'll make sure the service member can be vaccinated with the Novavax vaccine within a few days."

The Novavax vaccine uses technology that has been used in other vaccines required by the military.

Novavax is not authorized for use as a booster dose at this time, according to the Centers for Disease Control and Prevention.

THE DEFENSE DEPARTMENT *has added Novavax as a vaccination option.*

"Although all [COVID-19] vaccines teach our immune system to recognize the spike protein on the surface of the SARS-CoV-2 virus, Novavax is unique compared to other available COVID-19 vaccines in that it is a protein subunit vaccine," Air Force Col. Tonya Rans, chief of the Immunization Healthcare Division at the Defense Health Agency, said.

"Protein subunit vaccines are a traditional platform of vaccines and have been used for decades to prevent disease," she added.

"Examples of vaccines which use this platform include the current shingles [Zoster] vaccine, Hepatitis B, and [HPV] vaccine. The platform used by Novavax does not use mRNA or DNA technology and does not enter the nucleus of cells," she added.

CDC OKs Novavax as option for ages 12-17

On Aug. 22, CDC Director Rochelle P. Walensky, M.D., M.P.H., signed a decision memo that Novavax's COVID-19 vaccine be used as another primary series option for adolescents ages 12 through 17.

This recommendation follows FDA's authorization to authorize the vaccine for this age group under emergency use.

Novavax's COVID-19 vaccine, which is available now, is an important tool in the pandemic and provides a more familiar type of COVID-19 vaccine technology for adolescents.

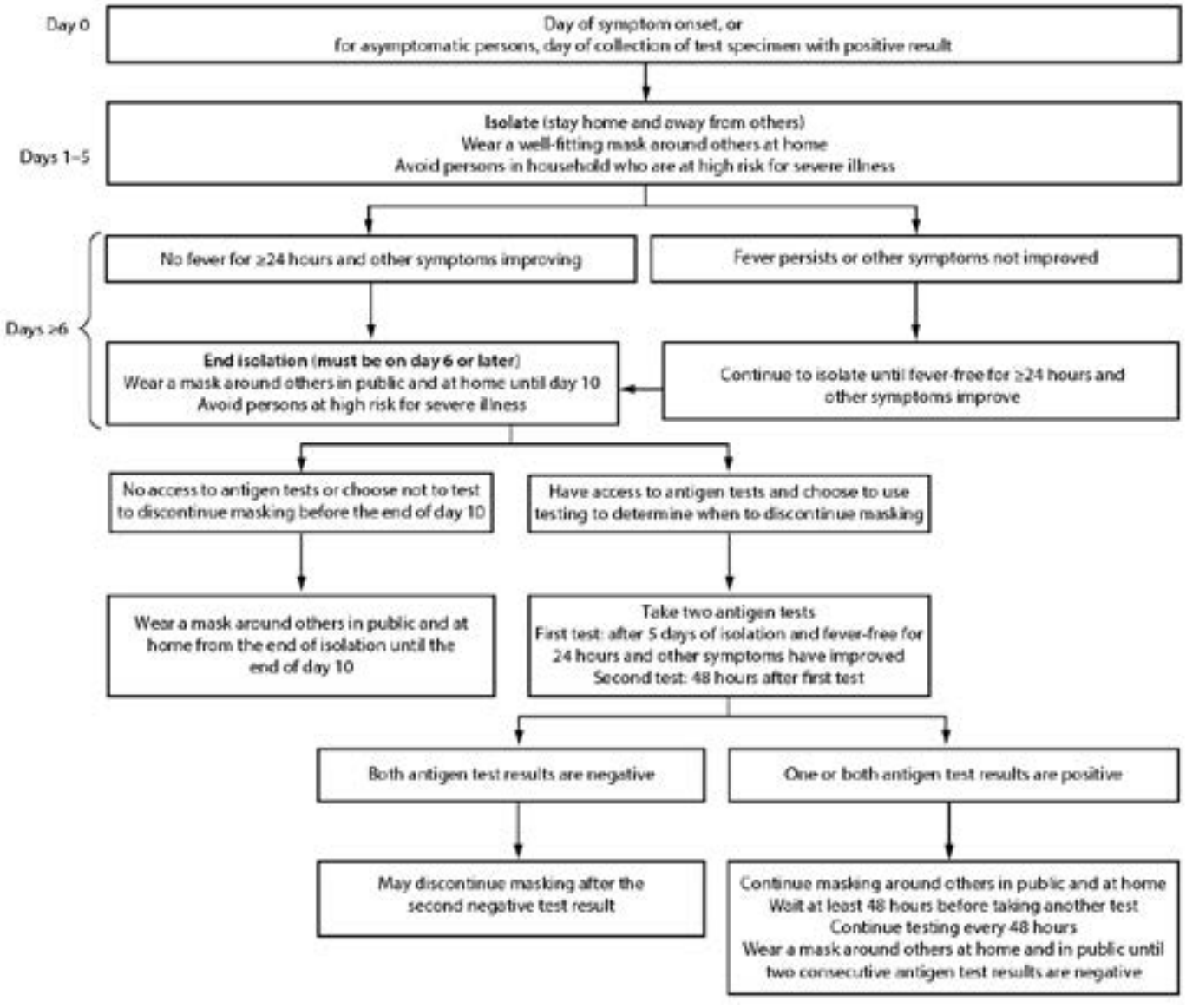
Having multiple types of vaccines offers more options and flexibility for the public, jurisdictions, and vaccine providers, according to Walensky.

Novavax's COVID-19 vaccine packages harmless proteins of the COVID-19 virus alongside another ingredient called an adjuvant that helps the immune system respond to the virus in the future. Vaccines — like the Novavax COVID-19 vaccine — that use protein subunit technology have been used for more than 30 years in the United States, beginning with the first licensed hepatitis B vaccine.

Other protein subunit vaccines used in the United States today include those to protect against influenza and whooping cough (acellular pertussis).

CURRENT CDC GUIDELINES

Isolation and Quarantine



TO KEEP *COVID-19 cases from increasing, the CDC advises staying up to date on vaccines and boosters.*

CDC: Stay current on your vaccines

COVID-19 cases, hospitalizations, and deaths are leveling off from their rise over the summer, according to the CDC.

"We can help prevent these numbers from increasing again by staying up to date with COVID-19 vaccinations," the CDC said in its Aug. 26 tracker weekly review.

"The good news is that 77% of adults over age 18 years have received a primary series at this point. The not-so-good news is that only half of booster-eligible adults have gotten a booster, and only 34% of adults ages 50 years and older have gotten a second booster."

Vaccine effectiveness can decrease over time, but boosters restore protection, including against serious illness, the CDC stated.

COVID Data Tracker shows that in June 2022, people ages 50 years and older with two booster doses were 14 times less likely to die from COVID-19 than unvaccinated people of the same age and three times less likely to die than vaccinated people of the same age with at least one booster.

Additionally, a new CDC study conducted between March and May 2022, during the omicron BA.2 surge, found that COVID-19 hospitalization rates increased more among adults ages 65 years and older relative to those in younger adults.

Among adults who were hospitalized, 95% had one or more underlying medical condition, and rates of COVID-19-associated hospitalizations were 3.4 times higher among unvaccinated adults than adults vaccinated with at least one booster or additional dose.

These findings highlight that older adults and those with underlying medical conditions, including those who have been vaccinated with only a primary series, might still be at higher risk of getting very sick from COVID-19.

Everyone who is eligible should stay up to date with their COVID-19 vaccines, including getting their boosters. People at higher risk of severe illness should take additional measures, regardless of vaccination status, including talking to a provider about treatment options if they get COVID-19.

Rapid tests accurately detect variants

The rapid antigen tests used by many Americans for at-home and workplace COVID-19 testing accurately detect the new variants of SARS-CoV-2 now common in the United States, a new study has determined.

"These tests performed just as well for delta and omicron as they did for earlier variants of SARS-CoV-2," said Dr. Paul K. Drain, associate professor of global health at the University of Washington medical and public health schools, who led the study. He is also an associate professor of medicine, Division of Allergy and Infectious Diseases, at the UW medical school.

Rapid antigen tests work by detecting the presence of viral proteins. Because these tests were developed early in the pandemic, they were optimized to detect proteins from viruses common at that time.

Since the COVID-19 pandemic began, however, mutations have appeared in the virus that have altered these proteins, thereby raising the possibility that the tests might not be as effective in detecting these new variants.

In the study, researchers looked to see how well two commonly used rapid antigen tests detected infections by three variants: the early — so-called "wild-type"— variants that dominated during the first months of the pandemic; the highly transmissible delta variant that was responsible the surge of cases in mid-2021, and the even more transmissible omicron variant that is causing most cases seen in the United States today.

The tests they evaluated were SCoV-2 Ag Detect Self-Test, made by Seattle-based InBios International, Inc., and the BinaxNOW COVID-19 Ag Card, made by Chicago-based Abbott Laboratories.

The tests were evaluated by exposing swabs to solutions containing high, medium and low concentrations of the different variants. As expected, the tests were less sensitive when the virus concentrations were low. There were no significant differences, however, between tests to detect the virus, regardless of the variant in the solutions.

DR. PAUL DRAIN *professor of medicine at the University of Washington, said a recent study shows rapid antigen tests are effective at detecting new COVID-19 variants.*

To see how well rapid antigen tests worked in real world situations, the researchers also looked to see how well one of the tests, the InBios SCoV-2 Ag Detect Self-Test, performed when it was used during different stages of the pandemic, when different variants predominated: the early, pre-Delta phase; the Delta phase, which began in the summer of 2021, and the most recent phase in which Omicron predominates.

In this part of the study, they examined the test results of 800 people in King County whose infections had been confirmed with a highly sensitive test, called reverse transcriptase—polymerase chain reaction.

The RT-PCR test can not only detect infinitesimal amounts of viral RNA, making it highly sensitive, but it can also identify the variant causing the infection. Again, the researchers found the rapid antigen test performed similarly, whichever variant was responsible for the infection.

"The overall message from our study is that these tests remain consistent, despite the circulating variant," said Drain. "But we should be clear that that doesn't mean they'll necessarily work as well with future variants. If a new major variant comes along, we'll have to make sure the rapid tests work well on any emerging variants."

The study was done by researchers at the University of Washington School of Medicine in Seattle and School of Medicine, University of Nevada, Reno. They reported their results recently in the journal JAMA Network Open.

The study was funded by InBios International Inc.

Drain is also the author of a clinical review recently published in the New England Journal of Medicine on how to use and interpret rapid tests for SARS-CoV-2 infection.

Written by Michael McCarthy

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OMICRON BA.5

Protect yourself. Protect others.

You're doing great! Don't let down your guard. Stay safe by continuing to:

- Take a rapid home test before gathering or traveling
- Keep COVID-19 vaccinations and boosters up to date
- Gather safely, preferably outdoors
- Mask up in crowded spaces
- Wash your hands with soap and water
- If you're sick, STAY HOME!

Get free at-home test kits online at

www.sayyescovidhometest.org

Contact Island County COVID Response if you are symptomatic and want to be tested, are planning a large event and need home-test kits, or to get more information about protecting yourself against COVID-19.

Call 360-678-2301. Hours are 8 a.m. to 4:30 p.m. Monday-Friday

CDC busts common COVID-19 myths

The following are some of the most common myths and facts about COVID-19 and the available vaccines:

MYTH: The ingredients in COVID-19 vaccines are dangerous.

FACT: *Nearly all the ingredients in COVID-19 vaccines are also ingredients in many foods – fats, sugars, and salts.*

Nearly all the ingredients in COVID-19 vaccines are also ingredients in many foods – fats, sugars, and salts.

Exact vaccine ingredients vary by manufacturer. Pfizer-BioNTech and Moderna COVID-19 vaccines also contain messenger RNA (mRNA) and the Johnson & Johnson/Janssen COVID-19 vaccine contains a harmless version of a virus unrelated to the virus that causes COVID-19. The Novavax COVID-19 vaccine includes harmless pieces (proteins) of the virus that causes COVID-19; they are pieces of what is often called the "spike protein."

These give instructions to cells in your body to create an immune response.

This response helps protect you from getting sick with COVID-19 in the future. After the body produces an immune response, it discards all the vaccine ingredients just as it would discard any information that cells no longer need. This process is a part of normal body functioning.

COVID-19 vaccines do NOT contain ingredients like preservatives, tissues (like aborted fetal cells), antibiotics, food proteins, medicines, latex, or metals.

Learn more about what ingredients are and are not in Pfizer-BioNTech, Moderna, Novavax, or Johnson & Johnson/Janssen COVID-19 vaccines.

MYTH: The natural immunity I get from being sick with COVID-19 is better than the immunity I get from COVID-19 vaccination.

FACT: *Getting a COVID-19 vaccination is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19.*

Getting a COVID-19 vaccination is a safer and more dependable way to build immunity to COVID-19 than getting sick with COVID-19.

COVID-19 vaccination causes a more predictable immune response

See **COVID,** page 12

COVID: *CDC addresses common myths*

Continued from page 11

than infection with the virus that causes COVID-19. Getting a COVID-19 vaccine gives most people a high level of protection against COVID-19 and can provide added protection for people who already had COVID-19.

One study showed that, for people who already had COVID-19, those who do not get vaccinated after their recovery are more than 2 times as likely to get COVID-19 again than those who get fully vaccinated after their recovery.

All COVID-19 vaccines currently available in the United States are effective at preventing COVID-19. Getting sick with COVID-19 can offer some protection from future illness, sometimes called "natural immunity," but the level of protection people get from having COVID-19 may vary depending on how mild or severe their illness was, the time since their infection, and their age.

Getting a COVID-19 vaccination is also a safer way to build protection than getting sick with COVID-19. COVID-19 vaccination helps protect you by creating an antibody response without you having to experience sickness. Getting vaccinated yourself may also protect people around you, particularly people at increased risk for severe illness from COVID-19. Getting sick with COVID-19 can cause severe illness or death, and we can't reliably predict who will have mild or severe illness. If you get sick, you can spread COVID-19 to others. You can also continue to have long-term health issues after COVID-19 infection.

Learn about why you should get vaccinated even if you already had COVID-19.

MYTH: COVID-19 vaccines cause variants.

FACT: *COVID-19 vaccines do not create or cause variants of the virus that causes COVID-19. Instead, COVID-19 vaccines can help prevent new variants from emerging.*

MYTH: COVID-19 vaccines cause variants.

FACT: N*ew variants of a virus happen because the virus that causes COVID-19 constantly changes through a natural ongoing process of mutation (change).*

As the virus spreads, it has more opportunities to change. High vaccination coverage in a population reduces the spread of the virus and helps prevent new variants from emerging. CDC recommends COVID-19 vaccines for everyone ages 6 months and older, and boosters for everyone 5 years and older, if eligible.

MYTH: All events reported to the Vaccine Adverse Event Reporting System (VAERS) are caused by vaccination.

FACT: *Anyone can report events to VAERS, even if it is not clear whether a vaccine caused the problem. Because of this, VAERS data alone cannot determine if the reported adverse event was caused by a COVID-19 vaccination.*

Some VAERS reports may contain information that is incomplete, inaccurate, coincidental, or unverifiable. Vaccine safety experts study these adverse events and look for unusually high numbers of health problems, or a pattern of problems, after people receive a particular vaccine.

Recently, the number of deaths reported to VAERS following COVID-19 vaccination has been misinterpreted and misreported as if this number means deaths that were proven to be caused by vaccination.

Reports of adverse events to VAERS following vaccination, including deaths, do not necessarily mean that a vaccine caused a health problem.

MYTH: The mRNA vaccine is not considered a vaccine.

FACT: *mRNA vaccines, such as Pfizer-BioNTech and Moderna, work differently than other types of vaccines, but they still trigger an immune response inside your body.*

COVID-19 vaccines do not change or interact with your DNA in any way.

This type of vaccine is new, but research and development on it has been underway for decades.

The mRNA vaccines do not contain any live virus. Instead, they work by teaching our cells to make a harmless piece of a "spike protein," which is found on the surface of the virus that causes COVID-19.

After making the protein piece, cells display it on their surface. Our immune system then recognizes that it does not belong there and responds to get rid of it.

When an immune response begins, antibodies are produced, creating the same response that happens in a natural infection.

In contrast to mRNA vaccines, many other vaccines use a piece of, or weakened version of, the germ that the vaccine protects against. This is how the measles and flu vaccines work. When a weakened or small part of the virus is introduced to your body, you make antibodies to help protect against future infection.

MYTH: COVID-19 vaccines contain microchips.

FACT: *COVID-19 vaccines do not contain microchips. Vaccines are developed to fight against disease and are not administered to track your movement.*

MYTH: Receiving a COVID-19 vaccine can make you magnetic.

FACT: *Receiving a COVID-19 vaccine will not make you magnetic, including at the site of vaccination which is usually your arm.*

MYTH: COVID-19 vaccines can alter my DNA.

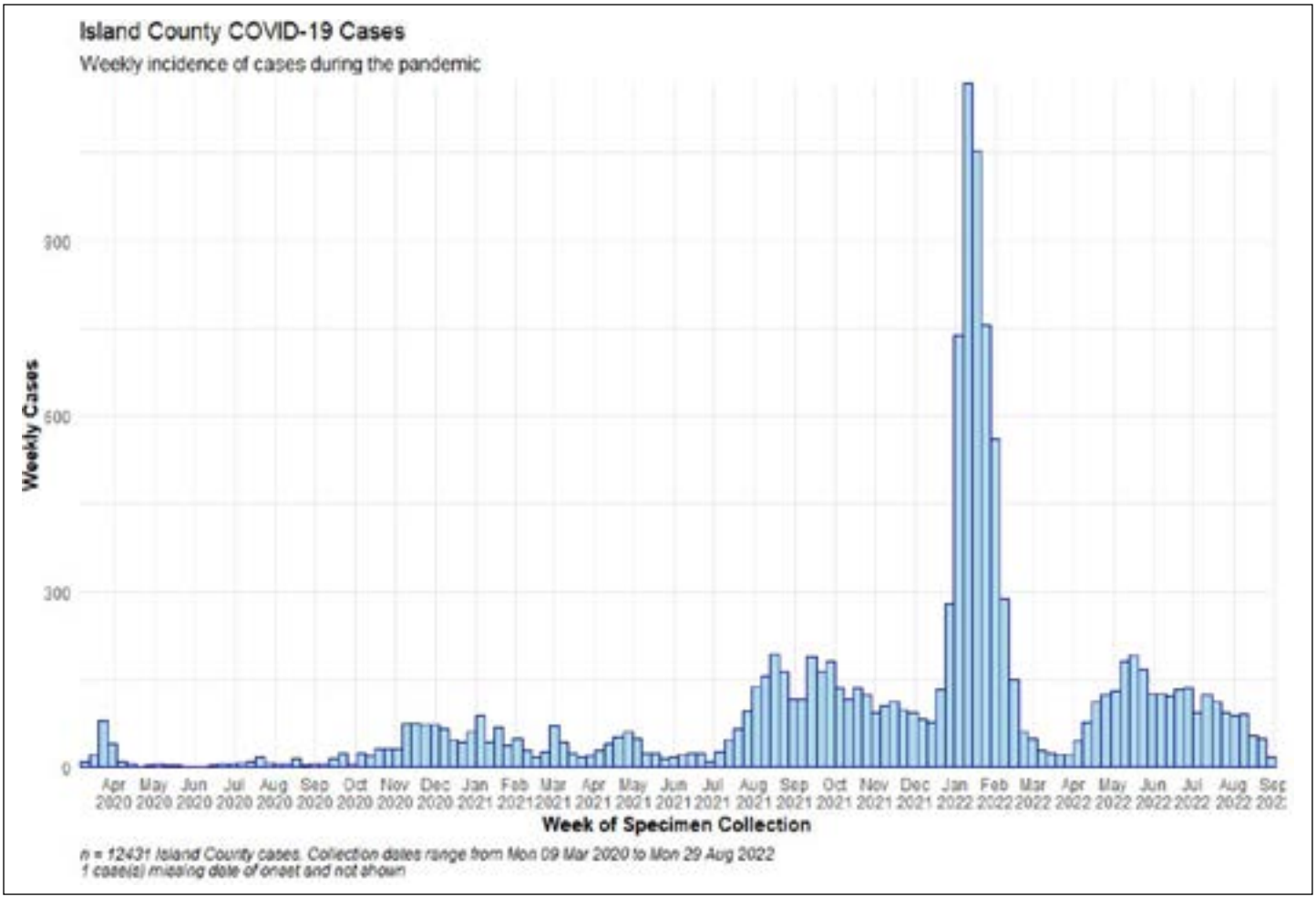
FACT: *COVID-19 vaccines do not change or interact with your DNA in any way.*

The genetic material delivered by mRNA vaccines never enters the nucleus of your cells, which is where your DNA is kept.

Viral vector COVID-19 vaccines deliver genetic material to the cell nucleus to allow our cells to build protection against COVID-19.

However, the vector virus does not have the machinery needed to integrate its genetic material into our DNA, so it cannot alter our DNA.

SARS-CoV-2 lineages circulating in Washington state



WADOH Transmission Level	CDC Community Impact Level		
SUBSTANTIAL	LOW		
7-day Case Rate – 61.38	7-day Case Rate	7-day COVID-19 Hospitalization Rate	COVID-19 Occupancy 7-day Average
50-99.99	<200	<10	<10%

Case and hospitalization rates are evaluated in different time frames by different organizations. As a result estimates may differ and be more or less current and complete depending on that evaluation frame.

14-Day Case Rate

Date	N	Population	Rate per 100,000
07/23/2022 – 08/05/2022	183	86,350	211.93
07/30/2022 – 08/12/2022	175	86,350	202.66
08/06/2022 – 08/19/2022	138	86,350	159.81
08/13/2022 – 08/26/2022	103	86,350	119.28

No. of COVID-19 cases in Washington state: **1,782,970** *

No. of COVID-19 deaths in Washington state: **14,010** *

No. of COVID-19 deaths in Island County: **93** *

* As of Aug. 30, 2022

Summary Table of Island County Count Positive COVID-19 Cases

Date	Count	Change
08/11/2022	12270	+101
08/18/2022	12351	+81
08/25/2022	12386	+35
08/30/2022	12431	+45

Island County Total Known Positive COVID-19 Cases by Location

Location	Positive Count	Death Count
Camano Island	2927	14
Clinton	606	6
Coupeville	906	15
Freeland	534	7
Greenbank	122	0
Langley	414	2
Oak Harbor	6910	49
Missing Accurate Zip	12	0
Total	**12431**	**93**

Vaccinated Island County Residents

Number of Island County residents who have initiated primary series	Population (6 months+) eligible to be vaccinated
60,163	**84,974**

Data as of 11:59 p.m. August 27, 2022

Source: Washington State Department of Health Data Dashboard

7-Day Hospitalization Rate

Date	N	Population	Rate per 100,000
07/27/2022 – 08/02/2022	8	86,350	9.26
08/03/2022 – 08/09/2022	5	86,350	5.79
08/10/2022 – 08/16/2022	10	86,350	11.58
08/17/2022 – 08/23/2022	5	86,350	5.79