COVID-19 Vaccine Update
March 17, 2021

Dr. Tracie Collins
Cabinet Secretary, Department of Health
New Mexico fastest state in the country for vaccination by population (as of 3/17)

<table>
<thead>
<tr>
<th>Overall Totals</th>
<th>Total Doses Administered*</th>
<th>Percentage Of New Mexicans With At Least One Shot**</th>
<th>Percentage Of New Mexicans Fully Vaccinated**</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>948,668</td>
<td>35.4%</td>
<td>20.8%</td>
</tr>
<tr>
<td>Total Doses Received*</td>
<td>1,131,335</td>
<td>595,360</td>
<td>349,413</td>
</tr>
</tbody>
</table>

*Data as of 3/17/2021
**Estimates based on available data
Eligible populations

- Phase 1A (primarily health care workers)
- 75+
- Educators, early childhood professionals, and school staff
- 16+ with chronic conditions (prioritizing 60+ with severe conditions)
Vaccinating educators, early childhood professionals, and school staff

- 60,254 registered for vaccine
- 3,227 scheduled for a first shot
- 46,595 received at least a first shot
- 17,414 fully vaccinated
Vaccine supply

• Next week’s allocation will be 98,390 doses, including 2,400 J&J. Increase of approximately 2,000 doses from last week.

• NM has the capacity to distribute tens of thousands doses more each week.
New Mexico has three vaccines

• All vaccines available in the U.S. were highly effective at preventing hospitalizations and deaths in clinical trials.

• All vaccines authorized by the FDA are safe and effective.

• All vaccines available in the U.S. are highly effective against severe COVID-19.

• All vaccines are appropriate for all racial and ethnic groups.
Get vaccinated with the first vaccine available

• Vaccines, testing, and COVID-safe practices will keep more of our loved ones from being hospitalized or dying due to COVID-19.

• Please get a vaccine as soon as you are eligible. It could save your life.
Registration update

• More supply is coming!

• Register for vaccine at vaccinenm.org

• More than 740,000 New Mexicans registered for vaccine.
Two dashboards to track NM’s vaccine progress

- Main dashboard now includes details on state, federal, and overall vaccine administration in NM.

  - [https://cvvaccine.nmhealth.org/public-dashboard.html](https://cvvaccine.nmhealth.org/public-dashboard.html)

- New phase-based dashboard (linked from main dashboard) available as well.
Why Equity?
Equitable distribution

• Reducing morbidity/mortality and reducing spread

• Equity allocations to communities with high Social Vulnerability Index (SVI)

• Mobile vaccination unit - Hatch, Columbus this week, Blanco and additional locations next week
American Indian, Black, Hispanic Populations Disproportionately Affected by COVID
People Living in Poverty Are Disproportionately Affected by COVID

COVID-19 Infection Rates by Census Tract Poverty Group, New Mexico

Case rate per 100,000 population by census tract below poverty level

- <5%: 4,742.9
- 5% to 9.9%: 6,894.4
- 10% to 19.9%: 8,115.1
- 20% to 29.9%: 9,416.6
- 30% to 39.9%: 10,323.4
- 40% or more: 11,828.1

Census Tracts Grouped by Poverty Rate
How we operationalize equity:
**DOH Vaccine Equity Mission:**
Vaccinate New Mexicans swiftly, efficiently and equitably to save lives and stop the spread of the virus

<table>
<thead>
<tr>
<th>Community Level</th>
<th>Individual Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“Saving Lives”</strong></td>
<td><strong>“Stopping the Spread”</strong></td>
</tr>
<tr>
<td>Vulnerable Populations and Communities (High SVI Communities, Congregate Living Settings)</td>
<td>Highest Community Rates of Infection (Zip Codes)</td>
</tr>
<tr>
<td>Highest Risk Individuals (Age, COVID risk factors)</td>
<td>Highest Rate of Individual Exposure Risk (health care, essential workers)</td>
</tr>
</tbody>
</table>
Equity Allocations using Social Vulnerability Index and Counties

Overall Vulnerability

Socioeconomic Status
- Below Poverty
- Unemployed
- Income
- No High School Diploma

Household Composition & Disability
- Aged 65 or Older
- Aged 17 or Younger
- Civilian with a Disability
- Single-Parent Households

Minority Status & Language
- Minority
- Speak English "Less than Well"

Housing & Transportation
- Multi-Unit Structures
- Mobile Homes
- Crowding
- No Vehicle
- Group Quarters

Social Vulnerability Index by Census Tract, New Mexico, 2016
- No data
- 0.41 - 0.60
- 0.00 - 0.20
- 0.21 - 0.40
- 0.61 - 1.00

Metro inset
Allocate in areas of high SVI (reduce morbidity and mortality)

Allocate in areas of high cases (reduce spread of the virus)
<table>
<thead>
<tr>
<th>Phase Guidance</th>
<th>Allocate to Highest-Risk Individuals</th>
<th>Allocate to Highest Rate of Individual Exposure Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Long-term care facility residents</td>
<td>Health care personnel</td>
</tr>
<tr>
<td>1b</td>
<td>Persons 75 years and older</td>
<td>Frontline essential workers</td>
</tr>
<tr>
<td></td>
<td>Persons 16-64 with chronic conditions</td>
<td></td>
</tr>
<tr>
<td>1c</td>
<td>Persons 60-74 years old without</td>
<td>Other essential workers</td>
</tr>
<tr>
<td></td>
<td>chronic conditions</td>
<td></td>
</tr>
</tbody>
</table>
Mobile Vaccination Teams

NM Equity Travel Teams
The “NET”
Luna County:
High SVI, High 75+, 88% Hispanic/Latino
Doña Ana County:
High SVI, 82% Hispanic/Latino

Hatch, NM
WHEN YOU’VE BEEN FULLY VACCINATED

What’s Changed for fully vaccinated individuals:

▪ Can gather indoors with unvaccinated people from 1 other household (e.g. relatives who live together) without masks, unless any of those people or anyone they live with has increased risk for severe COVID-19.

▪ Do not need to isolate or get tested unless they have symptoms if they have been around someone with COVID-19.

▪ However, if they reside in group setting (e.g. correctional facility or group home) and are around someone who has COVID-19, they should stay away from others for 14 days and get tested, even if asymptomatic.

People are considered fully vaccinated:

▪ 2 weeks after 2nd dose in 2-dose series (e.g. Pfizer or Moderna vaccines), or
▪ 2 weeks after single-dose vaccine, (e.g. Johnson & Johnson’s Janssen vaccine)
What’s not changed for fully vaccinated individuals:

- Wear a mask, socially distance, and avoid crowds and poorly ventilated spaces whenever:
  - In public;
  - Gathering with unvaccinated people from more than 1 other household; and,
  - Visiting unvaccinated person at increased risk of severe illness or death from COVID-19 or who lives with person at increased risk.
- They should avoid medium/large-sized gatherings.
- They should delay domestic/international travel.
- They should still watch for COVID-19 symptoms, especially if around someone who is sick.
- If they have symptoms of COVID-19, they should get tested and stay home and away from others.
- They will still need to follow guidance at work.
## COVID-19 Variants in U.S.  

### Reported Cases in U.S. (NM) and Number of Jurisdictions Reporting

<table>
<thead>
<tr>
<th>Variant</th>
<th>Reported Cases in U.S. (NM)</th>
<th>Number of Jurisdictions Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.1.1.7 (U.K.)</td>
<td>4,686 (9)</td>
<td>50</td>
</tr>
<tr>
<td>B.1.351 (South Africa)</td>
<td>142 (0)</td>
<td>25</td>
</tr>
<tr>
<td>P.1 (Manaus, Brazil)</td>
<td>27 (0)</td>
<td>12</td>
</tr>
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</table>

- **B.1.1.7**: The variant B.1.1.7, first identified in the United Kingdom, has been reported in 4,686 cases across 9 jurisdictions. It is currently circulating in states such as California, New York, and Florida. The prevalence suggests moderate spread within the U.S. population.

- **B.1.351**: Originating in South Africa, B.1.351 has shown limited distribution, with 142 cases reported in 25 jurisdictions. This variant is currently observed in states like Georgia and Texas. Its low case count indicates a more localized spread.

- **P.1**: Discovered in Manaus, Brazil, P.1 has been reported in 27 cases across 12 jurisdictions. The variant’s spread is concentrated in the Northeastern U.S., particularly in New York and New Jersey. The number of cases reflects its recent detection and early monitoring.

### Number of Cases

- **Legend**:
  - 0 to 0
  - 1 to 150
  - 151 to 300
  - 301 to 450
  - 601 to 750
  - 750+

- **B.1.1.7** distribution: High prevalence in California, New York, and Florida, with moderate spread across other states.

- **B.1.351** distribution: Limited to Georgia and Texas, indicating a more localized spread.

- **P.1** distribution: Concentrated in New York and New Jersey, reflecting early detection and monitoring efforts.

The maps illustrate the geographical distribution of these variants, highlighting areas with higher concentrations of reported cases.
177 adults with lab-confirmed SARS-CoV-2 at Univ. of Washington between August and November 2020 completed questionnaire between 3 and 9 months after illness onset.

- Overall, 11 (6.2%) asymptomatic, 150 (84.7%) outpatients with mild illness, and 16 (9.0%) required hospitalization.
- ~30% reported persistent symptoms for as long as 9 months after illness.
- Most common symptoms fatigue and loss of sense of smell or taste both 13.6%.
  - 13.0% reported other symptoms, including brain fog (2.3%).
  - 7.9% reported negative impacts on at least 1 activity of daily living, most common being household chores.
Some people with Long COVID are seeing symptoms disappear after vaccinations.

Reasons for improvement after vaccination remain unknown and research is scarce.

U.S. clinicians and researchers have yet to come to a consensus on even a definition for Long COVID.

- They do not know how many people have it,
- What all the symptoms may be; and,
- Who tends to develop problems.

National Institutes of Health (NIH) will spend $1.1 billion over next 4 years to study Long COVID.

- NIH estimates 10 to 30% of people infected with COVID-19 have some long-term symptoms.
7-Day Average of Daily COVID-19 Positive Cases by Date of Specimen Collection, NMDOH Regions

3/17/2021

Source: New Mexico Department of Health
There is a 6-day lag in case reporting

NM average daily vaccine doses last 7 days = 13,866 (~73 times average daily cases)
Average number (7-day rolling average) of cases, hospitalizations, and deaths over time

Note: Cases, hospitalizations, and deaths may not yet be reported in 7 or more days.

As of 3/15/21
### Statewide Public Health Gating Criteria for Reopening

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Measure</th>
<th>Gating Target</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spread of COVID-19</td>
<td>Rate of COVID-19 Transmission (10-day Rolling Average)</td>
<td>1.05 or less</td>
<td>0.80 on 3/16/21</td>
</tr>
<tr>
<td></td>
<td>NM daily cases (7-day rolling average)</td>
<td>168</td>
<td>190 on 3/11/21</td>
</tr>
<tr>
<td>Testing Capacity: general and targeted</td>
<td>Number of tests per day (7-day rolling average)</td>
<td>5,000 / day</td>
<td>9,904 on 3/15/21</td>
</tr>
<tr>
<td>and targeted populations*</td>
<td>Test Positivity Rate (7-day rolling average)</td>
<td>5.0% or less</td>
<td>2.0% on 3/15/21</td>
</tr>
<tr>
<td>Contact Tracing and Isolation Capacity</td>
<td>Time from positive test result to:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- isolation recommendation for case</td>
<td>24 hrs</td>
<td>Week ending 3/12 = 11</td>
</tr>
<tr>
<td></td>
<td>- quarantine rec. for case contacts</td>
<td>36 hrs</td>
<td>Week ending 3/12 = 24</td>
</tr>
<tr>
<td>Statewide Health Care System Capacity</td>
<td>Availability of scarce resources in 7 Hub Hospitals:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Adult ICU beds occupied</td>
<td>439 or less</td>
<td>258 on 3/17/21</td>
</tr>
<tr>
<td></td>
<td>- PPE</td>
<td>7-day supply</td>
<td>7 on 3/15/21</td>
</tr>
</tbody>
</table>

*All 4 criteria driven by social distancing behaviors of New Mexicans*
GATING CRITERIA FOR REOPENING NEW MEXICO: CONTACT TRACING & ISOLATION

Time from COVID-19 Positive Case to Case Isolation (Hours), NM

Time from COVID-19 Positive Case to Contact Quarantine (Hours), NM

11 hours - a new record!

https://cvmodeling.nmhealth.org/public-health-gating-criteria-for-reopening-nm/contact-tracing-and-isolation-capacity/
Vaccination lowering daily incidence by more than 60%.

Europe had strikingly similar trends and surges during pandemic as US and NM.

- It had low points like NM is having now, then rose after mitigation strategies disregarded.

- Quarantine, contact tracing, mask wearing, and social distancing still critically important.

- We are moving in right direction but where we goes depends on whether we all do what must be done to protect ourselves and others.

https://cvmodeling.nmhealth.org/
WE MUST REMAIN VIGILANT

The virus is changing!

- New COVID variants may spread more rapidly and be resistant to treatments and/or vaccines.
- We are closely monitoring for new variants.
- Get tested if you think you have COVID-19 or have been exposed to someone who is positive.
- If you have COVID-19, learn if you’re eligible for monoclonal antibody treatment.
- We ALL need to stay committed to fighting the virus for several more months.

CASE COUNTS REMAIN TOO HIGH.
WE ALL STILL MUST FIGHT THE VIRUS.

- Stay at home.
- Wash hands, clean surfaces, cough into tissue/elbow.
- Everyone needs to wear face coverings in public.
- Maintain social distancing (minimum 6 feet).
- Be particularly careful in the month after receiving the vaccine.