Covid Update

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COVID-19 Update for the United States

Early Indicators

Test Positivity

% Test Positivity

5.4%

(June 2 to June 8, 2024)

Trend in % Test Positivity

+0.8% in most recent week

Apr 20, 2024 Jun 8, 2024

Emergency Department Visits

% Diagnosed as COVID-19

0.6%

(June 2 to June 8, 2024)

Trend in % Emergency Department Visits

+12.6% in most recent week

Apr 20, 2024 Jun 8, 2024

Severity Indicators

Hospitalizations

Hospitalization Rate per 100,000 population

1.1

(May 19 to May 25, 2024)

Trend in Hospitalization Rate

No change in most recent week

Apr 6, 2024 May 25, 2024

Deaths

% of All Deaths in U.S. Due to COVID-19

0.6%

(June 2 to June 8, 2024)

Trend in % COVID-19 Deaths

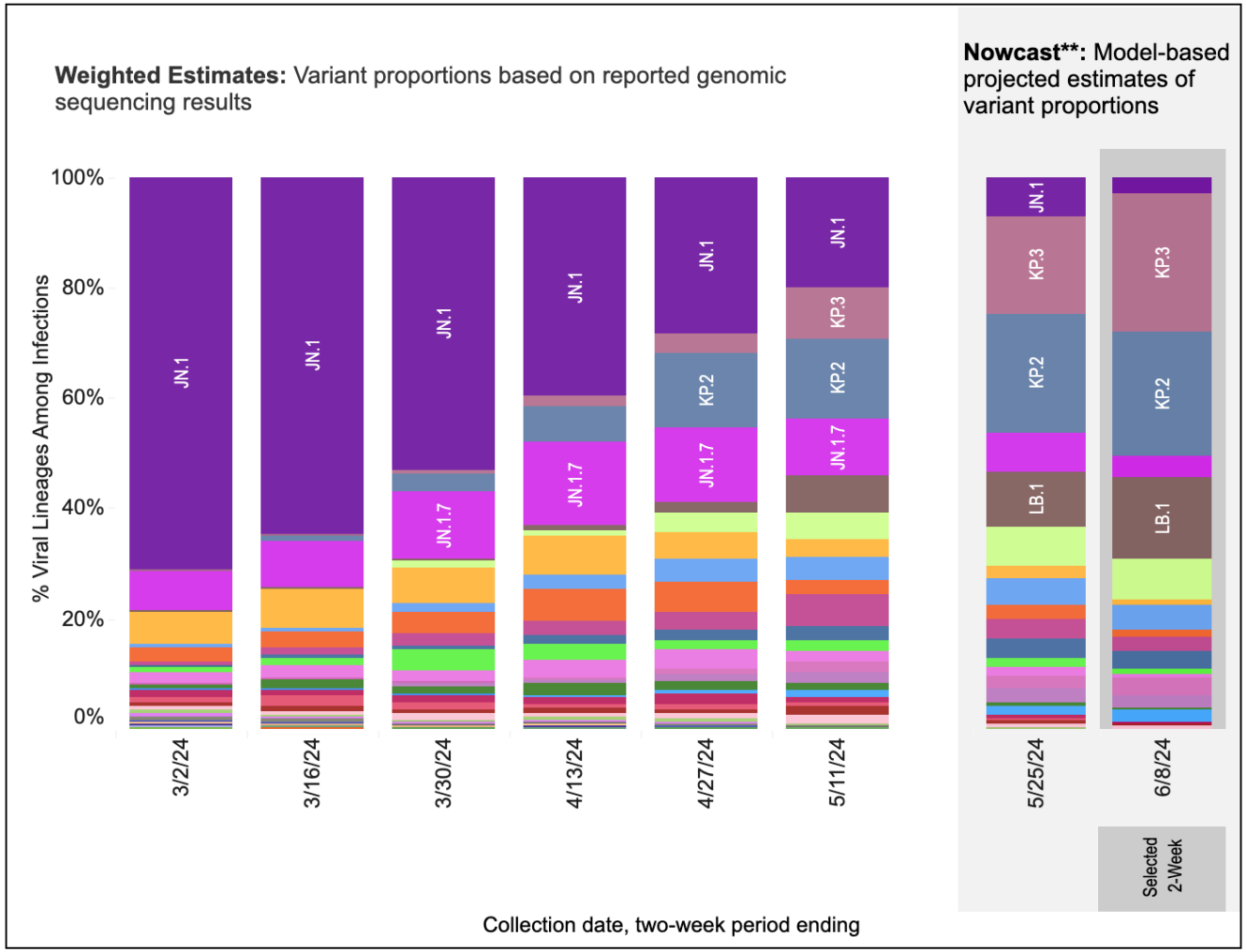
No change in most recent week

Apr 20, 2024 Jun 8, 2024

https://covid.cdc.gov/covid-data-tracker/#datatracker-home

Weighted and Nowcast Estimates in United States for 2-Week Periods in 2/18/2024 – 6/8/2024

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



Nowcast Estimates in United States for 5/26/2024 – 6/8/2024

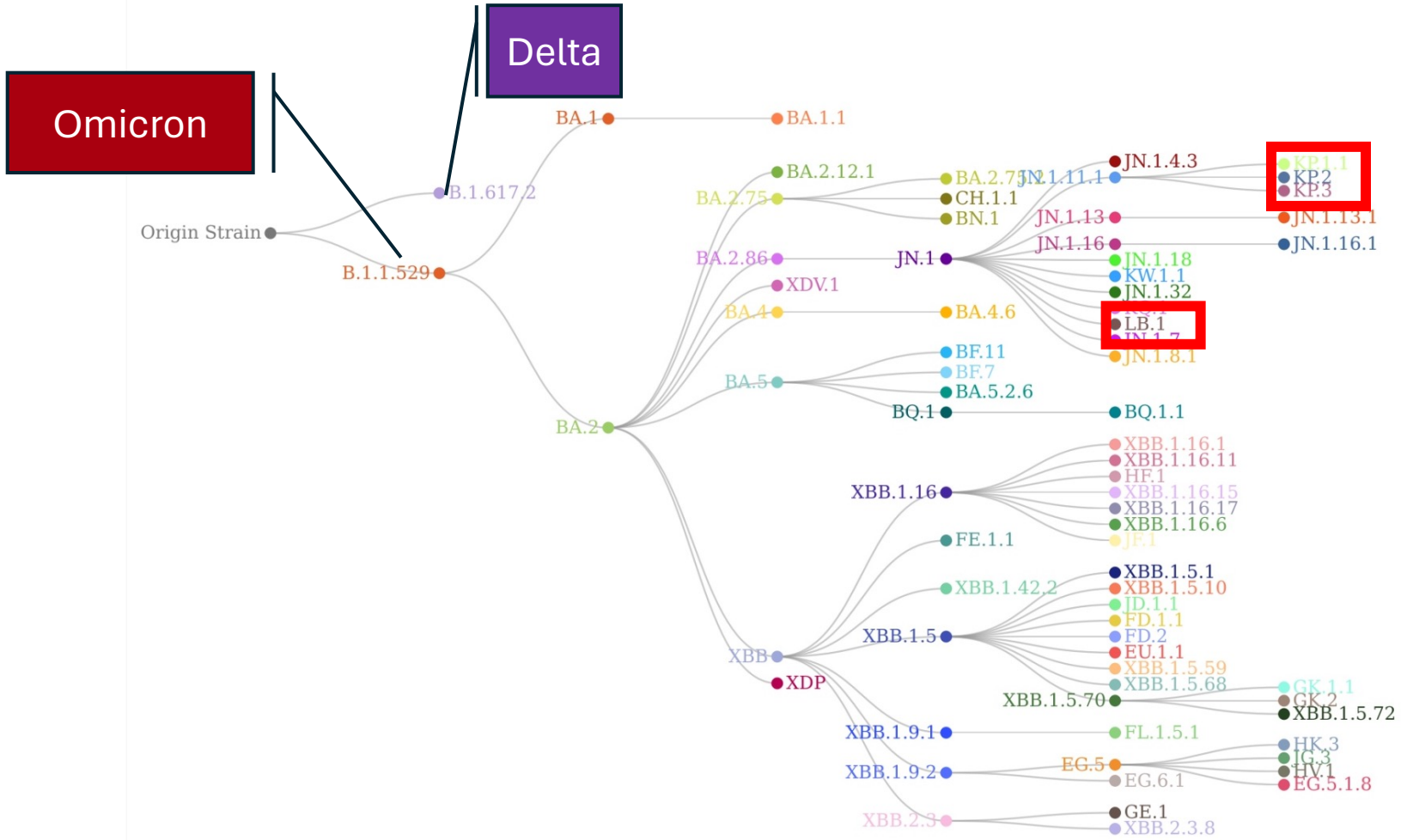
USA

WHO label	Lineage #	%Total	95%PI
Omicron	KP.3	25.0%	15.9-36.7%
	KP.2	22.5%	17.4-28.5%
	LB.1	14.9%	7.6-26.6%
	KP.1.1	7.5%	4.6-11.8%
	JN.1.11.1	4.4%	2.6-7.3%
	JN.1.7	3.7%	2.6-5.1%
	XDV.1	3.4%	1.5-7.2%
	JN.1.16.1	3.3%	2.0-5.5%
	JN.1	3.1%	2.2-4.3%
	JN.1.16	2.4%	1.1-4.8%
	KS.1	2.2%	1.3-3.6%
	KW.1.1	2.0%	0.6-5.5%
	JN.1.13.1	1.5%	1.0-2.1%
	JN.1.8.1	0.9%	0.6-1.4%
	JN.1.18	0.8%	0.5-1.2%
	KQ.1	0.8%	0.4-1.5%
	JN.1.32	0.4%	0.3-0.6%
	JN.1.4.3	0.3%	0.1-0.9%
	XDP	0.3%	0.1-0.5%
	KV.2	0.2%	0.1-0.3%
	BA.2	0.0%	0.0-0.3%
	BA.2.86	0.0%	0.0-0.0%
	HV.1	0.0%	0.0-0.0%

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed. While all lineages are tracke by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here: https://web.archive.org/web/20240116214031/https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules.

PANGO Lineages



KP.2 and KP.3 have an immune-evasive spike mutation combination Scientists have nicknamed the spike mutations FLiRT
(F for L at position 456 and R for T at position 346).

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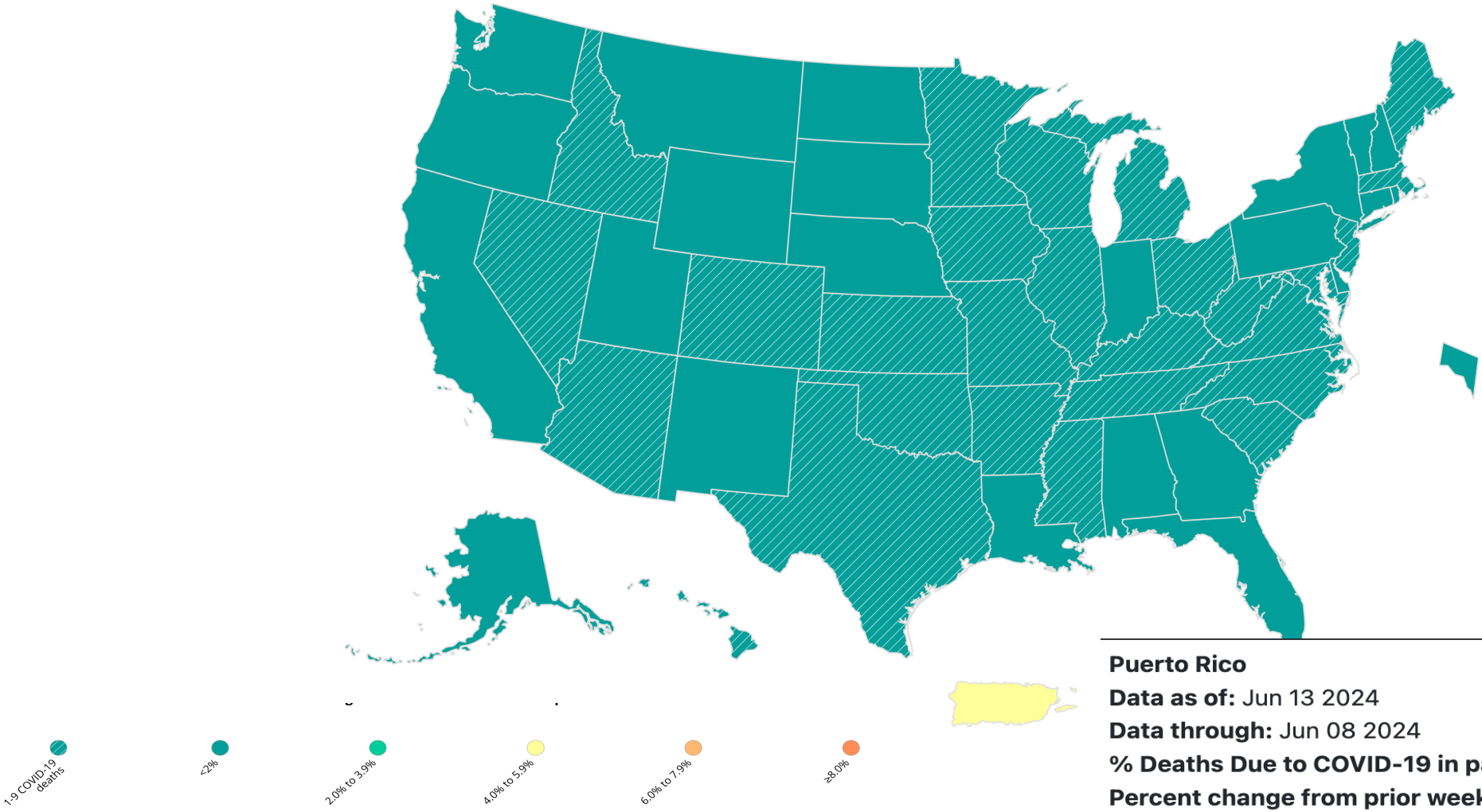
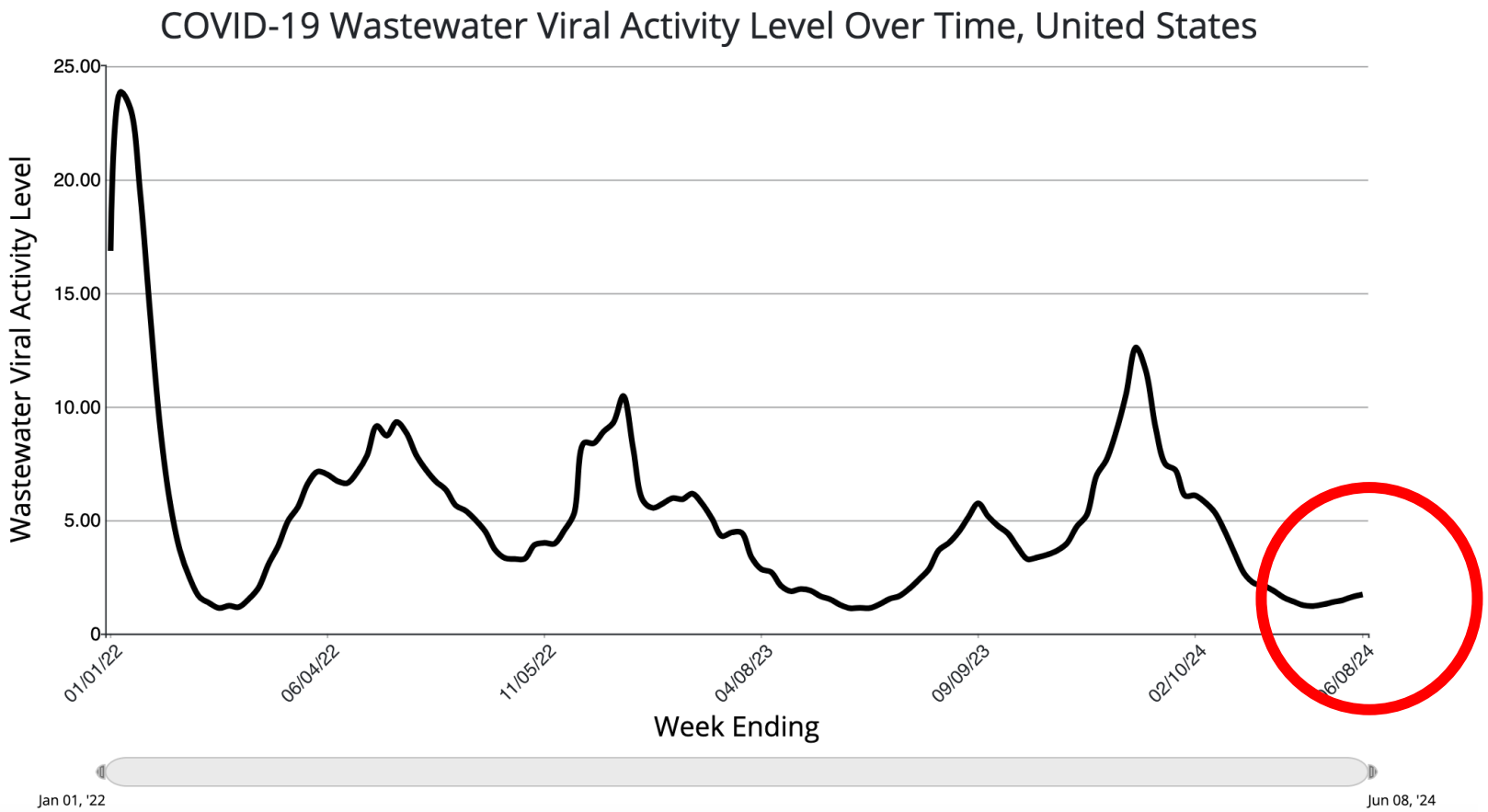
Percentage of Provisional Deaths Due to COVID-19 in the Past Week, by State/Territory – United States



Puerto Rico
Data as of: Jun 13 2024
Data through: Jun 08 2024
% Deaths Due to COVID-19 in past week: 4.6%
Percent change from prior week: +48.4%
Absolute difference from prior week: +1.5%

https://covid.cdc.gov/covid-data-tracker/#datatracker-home

Wastewater COVID-19 National Trend



This chart shows national trends of SARS-COV-2 viral activity levels in wastewater.

LOW

Nationally, the wastewater viral activity level for COVID-19 is currently **low**.

Very High | High | Moderate | Low | Minimal

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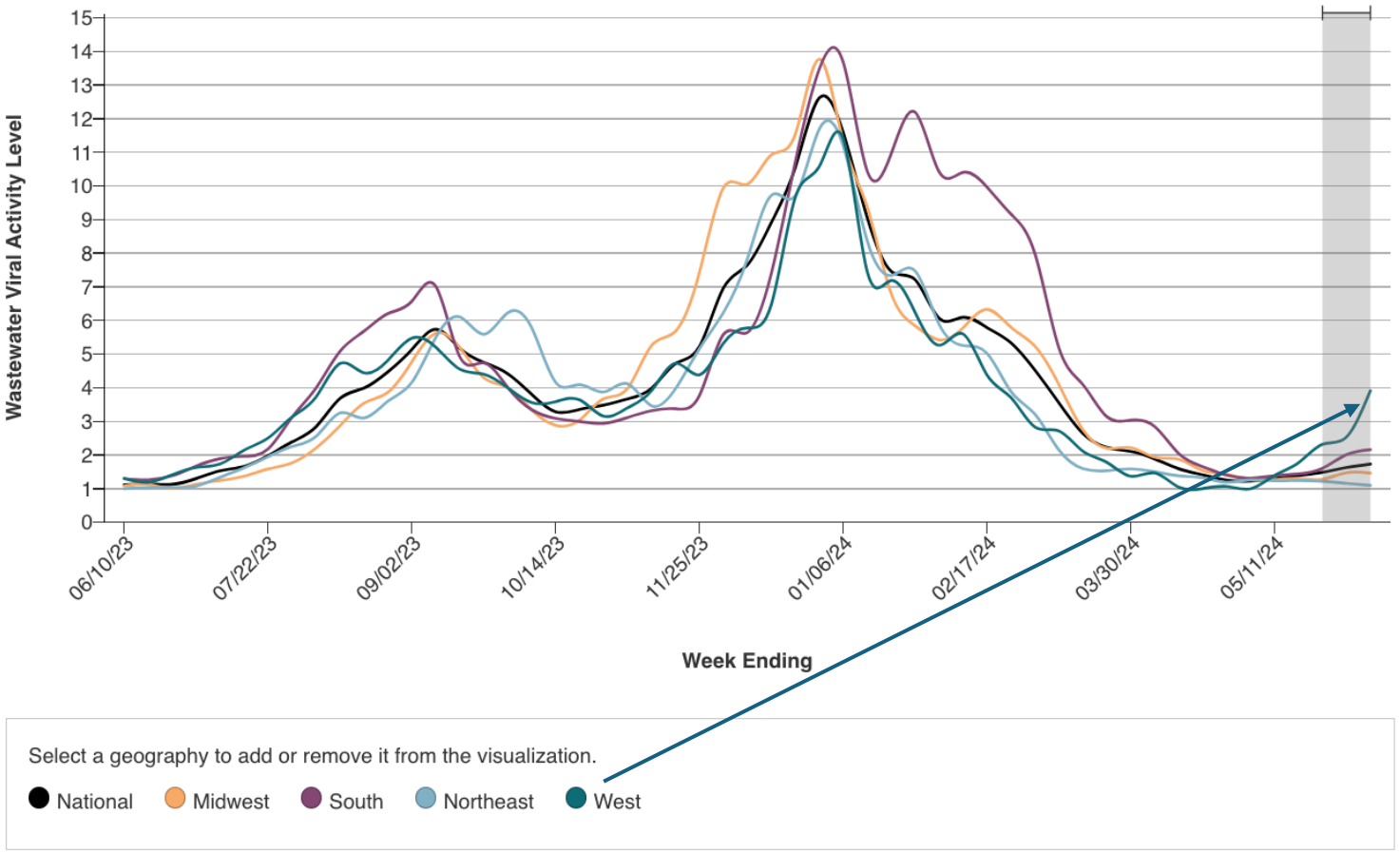
Wastewater COVID-19 National and Regional Trends



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Respiratory Virus Update

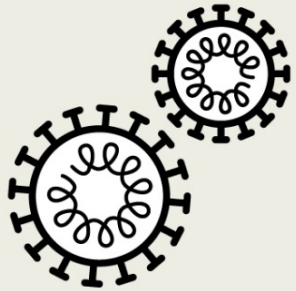
- **Effectiveness of nirmatrelvir/ritonavir in children and adolescents aged 12–17 years following SARS-CoV-2 Omicron infection: A target trial emulation**
  - Nirmatrelvir/ritonavir treatment was associated with reduced 28 day all-cause hospitalization. A
  - Absolute risk reduction = 0.23 Relative risk = 0.66
  - The findings confirmed the effectiveness of nirmatrelvir/ritonavir in reducing all-cause hospitalization risk among non-hospitalized pediatric patients with SARS-CoV-2 Omicron variant infection.
- **FDA panel supports switch to JN.1 for fall COVID vaccines**
- Vaccine advisers to the FDA recommended on June 5, 2024 switching the SARS-CoV-2 strain from the XBB.1.5 variant to JN.1 for fall vaccine formulations.
- **FDA approves expanded age indication for GSK's Arexvy, for adults aged 50-59 at increased risk**

JAMA Internal Medicine

RCT: Nirmatrelvir-Ritonavir and Symptoms in Adults With Postacute Sequelae of SARS-CoV-2 Infection

POPULATION

63 Men, 92 Women



Adults with at least 3 mo of moderate to severe postacute sequelae of SARS-CoV-2 infection (PASC) symptoms

Median (IQR) age, 43 (34-54) y

INTERVENTION

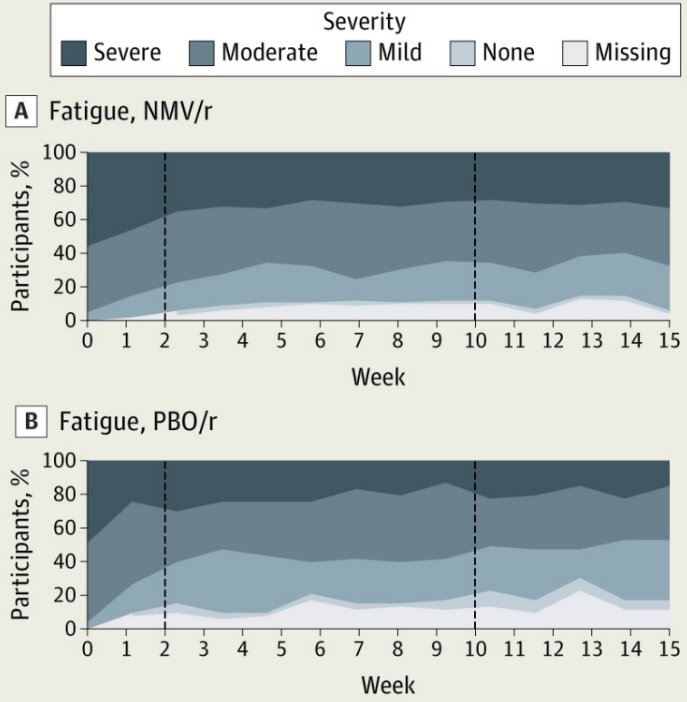
155 Participants randomized

102 Nirmatrelvir-ritonavir (NMV/r)
Oral NMV/r, 300 mg/100 mg, twice daily for 15 d

53 Placebo-ritonavir (PBO/r)
Oral PBO/r twice daily for 15 d

FINDINGS

At 10 wk, no statistically significant difference was found in the model-derived severity outcome pooled across 6 core symptoms (eg, fatigue) between the NMV/r and PBO/r groups



SETTINGS / LOCATIONS

1 US medical center

PRIMARY OUTCOME

Severity of 6 PASC symptoms (fatigue, brain fog, shortness of breath, body aches, gastrointestinal symptoms, and cardiovascular symptoms) based on Likert score (0, none; 1, mild; 2, moderate; 3, severe) at 10 wk

Geng LN, Bonilla H, Hedlin H, et al. Nirmatrelvir-ritonavir and symptoms in adults with postacute sequelae of SARS-CoV-2 infection: the STOP-PASC randomized clinical trial. *JAMA Intern Med*. Published online June 7, 2024. doi:10.1001/jamainternmed.2024.2007