ASK THE DOC

DWIHN Your Link to Holistic Healthcare

COVID-19 and Mental Health

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Michigan Health Department Prepares for Viral Respiratory Season: RSV, Influenza, COVID-19

Respiratory Syncytial Virus (RSV): Over the last three weeks, there has been an increase in pediatric emergency department visits across Michigan, largely due to RSV and other viruses which have accounted for the majority of these encounters. COVID-19 has not been the major contributor. Influenza cases remain low; however, cases are rising in both RSV and influenza A. CDC surveillance has also shown an increase in RSV detections and RSV-associated emergency department visits and hospitalizations. Clinicians should be aware of these increases and take precautionary measures.

Michigan hospital capacity

Pediatric admissions, including to the Intensive Care Unit (ICU) have also been increasing. Statewide, children's hospitals have been reporting ICUs are at capacity over the last few weeks. Emergency department boarding has also been leveraged at an increased rate during this time to offset the increase. Adult hospital capacity looks relatively stable.

Patient Information

- Have a plan this season to preserve hospital capacity and prevent viral outbreaks by:
- Getting vaccinated/boosted for influenza and COVID-19.
- Staying home if unwell (even if you test negative for COVID-19).
- Wearing a mask if being around others is unavoidable.
- Emphasizing hand hygiene and respiratory etiquette.
- Keeping a supply of COVID-19 tests at home.
- There are therapeutics for COVID-19 and RSV, find out if you might be eligible.

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Influenza:

The latest CDC Vital Signs report points to lower flu vaccination rates for people from some racial and ethnic minority groups. These groups also experience disparities in terms of higher flu hospitalization rates. Reasons for the inequities include lack of access to health care and insurance, missed opportunities to vaccinate, misinformation and distrust.

Only 1 in 2 American adults got a flu vaccine during the 2021-2022 flu season.

Less than 43% of Black, Hispanic, and American Indian/Alaska Native adults were vaccinated during the 2021–2022 flu season.
Flu hospitalization rates were nearly 80% higher among Black adults than white adults from 2009–2022.

Multiple actions work best to improve access and vaccine confidence. Using proven measures may help increase vaccination among people from some racial and ethnic minority communities.

- Promote community-based vaccination.
- Use culturally responsive messages.
- Partner with trusted messengers.
- Emphasize flu vaccination.

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Mental Health Help:

- Behavioral health – which includes mental health, substance use, and more – is a key part of your overall well-being. The COVID-19 pandemic has left many people feeling anxious or depressed. The DWIHN website offers a free and anonymous assessment to help you determine if you or someone you care about should connect with a behavioral health professional. https://screening.mentalhealthscreening.org/DWIHN

- Another excellent digital tool to support mental health is myStrength, an app with web and mobile tools designed to support your goals and wellbeing. myStengths's highly interactive, individually-tailored resources allow users to address depression, anxiety, stress, substance use, chronic pain and sleep challenges, while also supporting the physical and spiritual aspects of whole-person health. Visit the DWIHN website to learn more.

COVID-19:

COVID -19 4th dose (2nd booster has been authorized for anyone age 12 and up.

COVID Data Tracker:

Michigan

Tuesday, October 25, 2022

Michigan (Statewide) Case Fatality Rate
1.4%

Current Totals

Case Status	Cases	Deaths
Confirmed	2,490,243	35,722
Probable	395,933	3,528
Total	**2,886,176**	**39,250**

Laboratory Testing

TestType	Tests Performed
Diagnostic	26,583,385
Serology	831,063
Total	**27,414,448**

Wayne

Tuesday, October 25, 2022

Michigan (Statewide) Case Fatality Rate
1.4%

Current Totals

Case Status	Cases	Deaths
Confirmed	310,674	4,406
Probable	23,131	438
Total	**333,805**	**4,844**

Laboratory Testing

TestType	Tests Performed
Diagnostic	3,105,142
Serology	109,319
Total	**3,214,461**

Detroit City

Tuesday, October 25, 2022

Michigan (Statewide) Case Fatality Rate
2.3%

Current Totals

Case Status	Cases	Deaths
Confirmed	153,045	3,488
Probable	10,624	207
Total	**163,669**	**3,695**

Laboratory Testing

TestType	Tests Performed
Diagnostic	2,398,292
Serology	36,797
Total	**2,435,089**

COVID-19 and Mental Health

Table 1. Immunization Schedule for Children 6 Months through 17 Years of Age*

Type	Recipient Age	Product†	For Most People		Those Who **ARE** Moderately or Severely Immunocompromised	
			Doses	Interval Between Doses‡	Doses	Interval Between Doses
mRNA vaccine	6 months through 5 years§	**MONOVALENT Moderna:** Blue vial cap with magenta-bordered label	Primary series: Monovalent			
			Dose 1 to 2	At least 4–8 weeks¶	Dose 1 to 2	At least 4 weeks
					Dose 2 to 3	At least 4 weeks
	6 through 11 years	**MONOVALENT Moderna:** Blue vial cap with purple-bordered label	Primary series: Monovalent			
			Dose 1 to 2	At least 4–8 weeks¶	Dose 1 to 2	At least 4 weeks
					Dose 2 to 3	At least 4 weeks
		BIVALENT Moderna: Blue vial cap with gray-bordered label	Booster dose: Bivalent			
			Dose 2 to 3	At least 8 weeks (2 months)	Dose 3 to 4	At least 8 weeks (2 months)
	12 through 17 years	**MONOVALENT Moderna:** Red vial cap with blue-bordered label	Primary series: Monovalent			
			Dose 1 to 2	At least 4–8 weeks¶	Dose 1 to 2	At least 4 weeks
					Dose 2 to 3	At least 4 weeks
		BIVALENT Moderna: Blue vial cap with gray-bordered label	Booster dose: Bivalent			
			Dose 2 to 3	At least 8 weeks (2 months)	Dose 3 to 4	At least 8 weeks (2 months)
	6 months through 4 years	**MONOVALENT Pfizer-BioNTech:** Maroon vial cap with maroon-bordered label	Primary series: Monovalent			
			Dose 1 to 2	At least 3–8 weeks¶	Dose 1 to 2	At least 3 weeks
			Doses 2 and 3	At least 8 weeks (2 months)	Dose 2 to 3	At least 8 weeks (2 months)
	5 through 11 years	**MONOVALENT Pfizer-BioNTech:** Orange vial cap with orange-bordered label	Primary series: Monovalent			
			Dose 1 to 2	At least 3–8 weeks¶	Dose 1 to 2	At least 3 weeks
					Dose 2 to 3	At least 4 weeks
		BIVALENT Pfizer-BioNTech: Orange vial cap with orange-bordered label	Booster dose: Bivalent			
			Dose 2 to 3	At least 8 weeks (2 months)	Dose 3 to 4	At least 8 weeks (2 months)
	12 years through 17 years	**MONOVALENT Pfizer-BioNTech:** Gray vial cap with gray-bordered label	Primary series: Monovalent			
			Dose 1 to 2	At least 3-8 weeks¶	Dose 1 to 2	At least 3 weeks
					Dose 2 to 3	At least 4 weeks
		BIVALENT Pfizer-BioNTech: Gray vial cap with gray-bordered label	Booster dose: Bivalent			
			Dose 2 to 3	At least 8 weeks (2 months)	Dose 3 to 4	At least 8 weeks (2 months)
Protein subunit vaccine	12 years and older	**MONOVALENT Novavax**	Primary series: Monovalent			
			Dose 1 to 2	At least 3–8 weeks¶	Dose 1 to 2	At least 3 weeks
		mRNA (Moderna, Pfizer-BioNTech) should be used for the booster dose.	Booster dose: Bivalent			
			Dose 2 to 3	At least 8 weeks (2 months)	Dose 2 to 3	At least 8 weeks (2 months)

COVID-19 and Mental Health

Table 2. Immunization Schedule for Persons 18 Years of Age

Type	Recipient Age	Product*	For Most People		Those Who **ARE** Moderately or Severely Immunocompromised	
			Doses	Interval Between Doses†	Doses	Interval Between Doses
mRNA vaccine	18 years and older	**MONOVALENT Moderna** Red vial cap with a blue-bordered label	Primary series: Monovalent			
			Dose 1 to 2	At least 4–8 weeks‡	Dose 1 to 2	At least 4 weeks
					Dose 2 to 3	At least 4 weeks
		BIVALENT Moderna Blue cap with gray-bordered label	Booster dose§: Bivalent			
			Dose 2 to 3	At least 8 weeks (2 months)	Dose 3 to 4	At least 8 weeks (2 months)
	18 years and older	**MONOVALENT Pfizer-BioNTech** Gray vial cap with gray-bordered label	Primary series: Monovalent			
			Dose 1 to 2	At least 3-8 weeks‡	Dose 1 to 2	At least 3 weeks
					Dose 2 to 3	At least 4 weeks
		BIVALENT Pfizer-BioNTech: Gray vial cap with gray-bordered label	Booster dose§: Bivalent			
			Dose 2 to 3	At least 8 weeks (2 months)	Dose 3 to 4	At least 8 weeks (2 months)
Protein subunit vaccine	18 years and older	**MONOVALENT Novavax**	Primary series: Monovalent			
			Dose 1 to 2	At least 3–8 weeks‡	Dose 1 to 2	At least 3 weeks
		Moderna or Pfizer-BioNTech bivalent COVID-19 vaccine should be used for the booster dose.	Booster dose§: Bivalent			
			Dose 2 to 3	At least 8 weeks (2 months)	Dose 2 to 3	At least 8 weeks (2 months)
Adenovius vector vaccine	18 years and older	**MONOVALENT Janssen**	Janssen COVID-19 vaccine is authorized for use in certain limited situations due to safety considerations.¶			
		Moderna or Pfizer-BioNTech bivalent COVID-19 vaccine should be used for the booster dose.	Booster dose§: Bivalent			
			Administer a single booster dose at least 8 weeks (2 months) after the previous dose.			

* Complete the primary series with same product. If the vaccine product previously administered cannot be determined, is no longer available or contraindicated, any age-appropriate monovalent COVID-19 vaccine may be administered at least 28 days after the first dose to complete the primary series. Moderna or Pfizer-BioNTech bivalent COVID-19 vaccine can be administered for the booster dose, regardless of the primary series product.

† Persons with a recent SARS-CoV-2 infection may consider delaying a primary series or booster dose by 3 months from symptom onset or positive test (if infection was asymptomatic).

‡ An 8-week interval between the first and second primary series doses of Moderna, Novavax, and Pfizer-BioNTech COVID-19 vaccines 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 and pericarditis associated with these vaccines. A shorter interval (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.

§ A single Novavax booster dose (instead of a bivalent mRNA booster dose) may be given to persons 18 years of age or older who have not received a previous booster dose in **limited situations**. These situations are 1. an mRNA vaccine is contraindicated, or not available or 2. the recipient is unwilling to receive an mRNA vaccine and would otherwise not receive a booster dose. Administer the booster dose at least 6 months after the last primary series dose.

¶ For guidance on use of Janssen vaccine and retrospective record review, scheduling and administration see Interim Clinical Considerations for Use of COVID-19 Vaccines: Appendix A