

Clinton County Profiles in Public Health: COVID-19

Summer 2022

OVERVIEW

COVID-19 is a disease caused by the SARS-CoV-2 virus. Little was known about this new virus when it was first detected in China in December 2019. Scientists and healthcare professionals quickly determined that, like most coronaviruses, COVID-19 could spread easily among populations through droplets released when an infected person breathes, talks, laughs, sings, coughs or sneezes. Recommendations for physical distancing, handwashing and face coverings, that were often revised and confusing, quickly followed. As did a world-wide pandemic.

The first case of COVID-19 in the United States (US) was reported on January 20, 2020. By March, the World Health Organization declared COVID-19 a pandemic and the US declared a nationwide emergency. The Clinton County Health Department (CCHD) began preparing for the arrival of COVID-19 in early 2020. The first known case in Clinton County was diagnosed on March 16, 2020; CCHD and its partners entered into an emergency response soon thereafter.

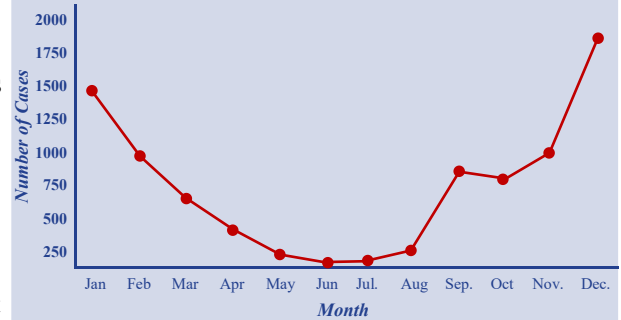
The goal of the local response was to reduce spread of the virus, minimize severe illness and prevent undue strain on the local health care system. The following profile explores the local experience through the numbers, provides insight into some of the activities CCHD and its partners engaged in and offers suggestions for the ongoing mitigation of COVID-19.



INFECTIONS

Clinton County was proportionately impacted by COVID-19 when compared to state and national figures. Similar to other rural areas, the county often saw surge numbers and new variants spread two weeks to one month after state and national averages. Clinton County saw the majority of spread within worksites, large gatherings and schools, and experienced its highest case numbers over winter months.

COVID-19: Total Reported Cases in 2021



In 2021, there were **8,467** reported cases of COVID-19 in Clinton County.

HOSPITALIZATIONS & DEATHS

While most residents who tested positive experienced only mild to moderate symptoms of COVID-19, some required hospitalization and specialty care. Clinton County saw 88 total deaths as a result of COVID-19 from 3/2020 to 3/2022.



1,070
COVID-19 patients
were admitted
to UVHN-CVPH.

Data is from 3/1/2020 to 8/3/2022. Not all patients were residents of Clinton County.

Total Number of Deaths by Year Among Clinton County Residents Contributed to COVID-19*

2020	8
2021	50
2022	30

*As reported to CCHD; Data is from 3/2020 to 6/2022.

VACCINATIONS

Research shows that people who have completed the primary COVID-19 vaccination series (and booster when eligible) are at substantially lower risk of severe illness and death from COVID-19. Vaccination also offers increased protection against COVID-19-associated hospitalization, severe disease, and may also provide protection from post-COVID conditions¹.

Vaccination Rate (all ages)

	Population	% with at least one dose	% with full vaccine series	% with booster vaccine
Clinton County ² (Data from 3/2020 -3/2022)	80,583	74%	71%	38%
North Country ² (Data from 3/2020-3/2022)	417,917	68%	63%	33%
New York State ³ (Data from 3/2020-8/2022)	16,794,871	92%	78%	41%

¹CDC COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>)

²North Country COVID Vaccine Dashboard (<https://public.tableau.com/app/profile/adkaco/viz/Covid-Draft/Dashboard>)

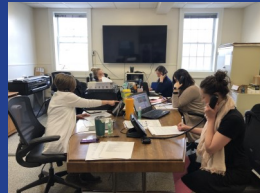
³NYSDOH—COVID-19 Data in New York (<https://coronavirus.health.ny.gov/covid-19-data-new-york>)

CCHD's COVID-19 PANDEMIC RESPONSE

PANDEMIC STAFFING

While many programs carried on despite the pandemic, staff from across CCHD took on new work during the COVID-19 response. Educators, clerical staff and others fielded phone calls from residents. Sanitarians were used to assist with business and school re-openings and operations. Nursing and allied health staff completed case investigations, talking with local residents to learn more about their COVID-19 experience. Medical Reserve Corps (MRC) volunteers assisted with many of these activities as did many community partners, including schools, health care providers, law enforcement, local government representatives and other county departments.

CCHD call center staff fielded **2,245** phone calls from the public between 3/2020 and 6/2020.



SOCIAL MEDIA DURING A PANDEMIC

CCHD utilized its existing social media pages as primary outlets for COVID-19 communication. This included current case counts, vaccination opportunities and safety messages.

Facebook followers increased more than **300%** from 3/2020 to 3/2022.

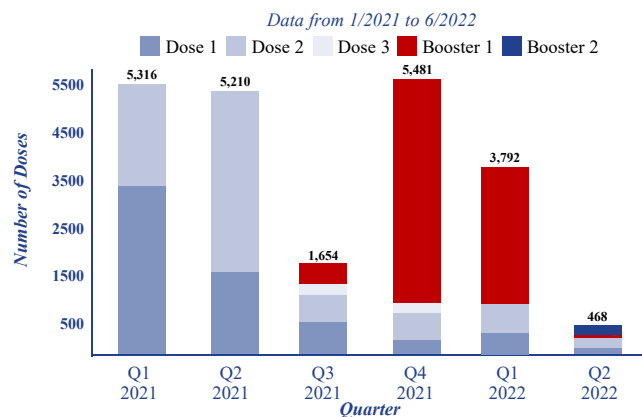


COVID-19 VACCINATION CLINICS

CCHD began holding COVID-19 vaccine clinics in December of 2020, targeting high risk populations. Clinics were held at schools, local colleges, healthcare facilities, fire stations, churches and at CCHD.

CCHD has administered almost **22,000** total doses.

COVID-19 Vaccines Administered at CCHD Clinics



ISOLATION & QUARANTINE

CCHD utilized existing staff as well as assistance from the NYS Virtual Call Center (VCC) during the pandemic for case investigations and contact tracing.



In 2021:



32,161 residents quarantined

&

8,467 residents isolated.



MOBILIZING ACTION

Recommendations for Residents, Health Professionals and Community Leaders

RESIDENTS

- Get vaccinated for COVID-19 and obtain recommended booster doses as soon as possible.
- Take preventive measures, such as wearing face coverings, washing hands frequently and avoiding large crowds.
- If you have symptoms of COVID-19, stay home and get tested.
- Remain aware of local guidance and requirements when traveling.
- Volunteer with your local MRC.

HEALTHCARE PROFESSIONALS

- Encourage patients to use protective measures to decrease their risk of COVID-19.
- Stay up-to-date with national and state COVID-19 guidance for health care providers.
- Talk with patients and parents about the importance of getting vaccinated.
- Support local health department initiatives to prepare for and prevent future pandemics.

COMMUNITY LEADERS

- Model preventive behaviors for constituents.
- Help facilitate public health preparedness planning and policy.
- Support public health preparedness funding initiatives.
- Participate in training exercises that prepare the community for future pandemics.

