

# ...Breakthrough Infections...



# OMG...Breakthrough Infections...WTH?



# ...Breakthrough Infections...



# 



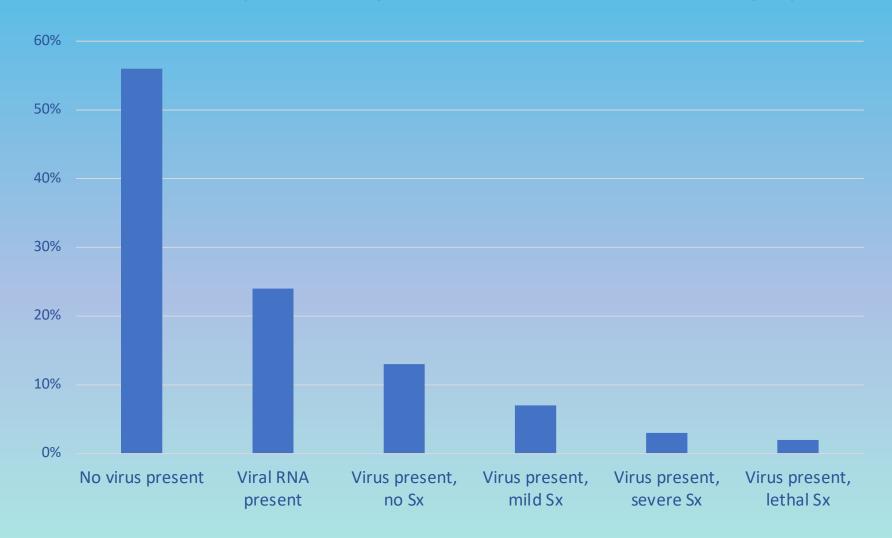
## Topics That We'll Discuss Today

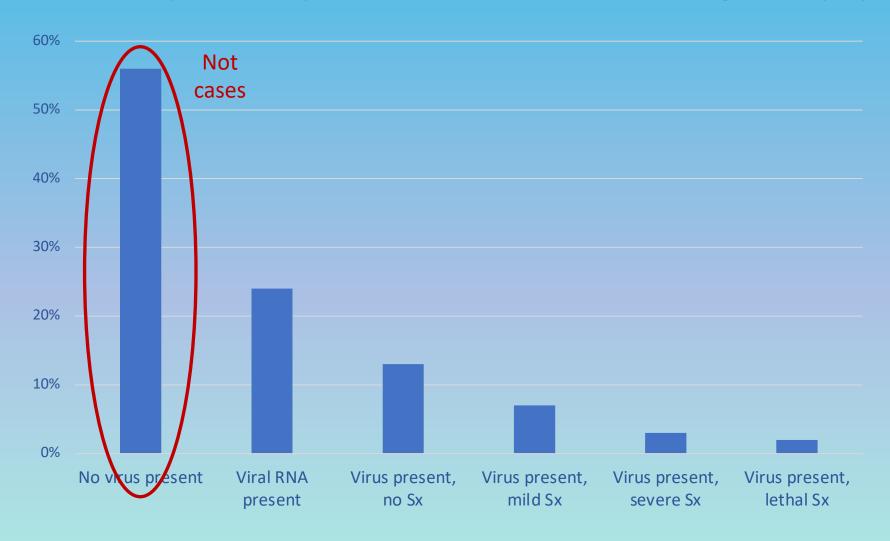
- The case definition for Covid-19
- Booster doses
- Breakthrough infections
- The current Covid-19 situation
- Additional information on the origin of SARS-CoV-2
- Update on influenza

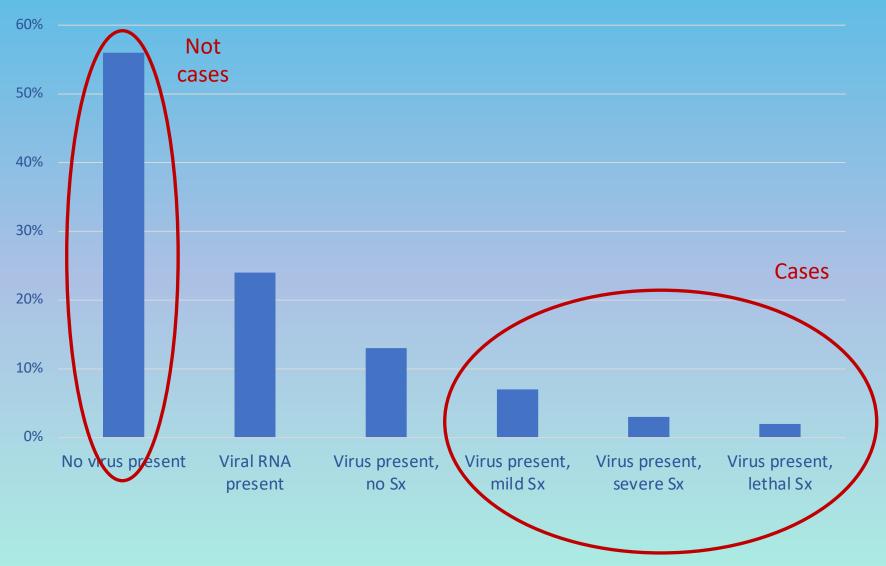
## Case Definition for Covid-19

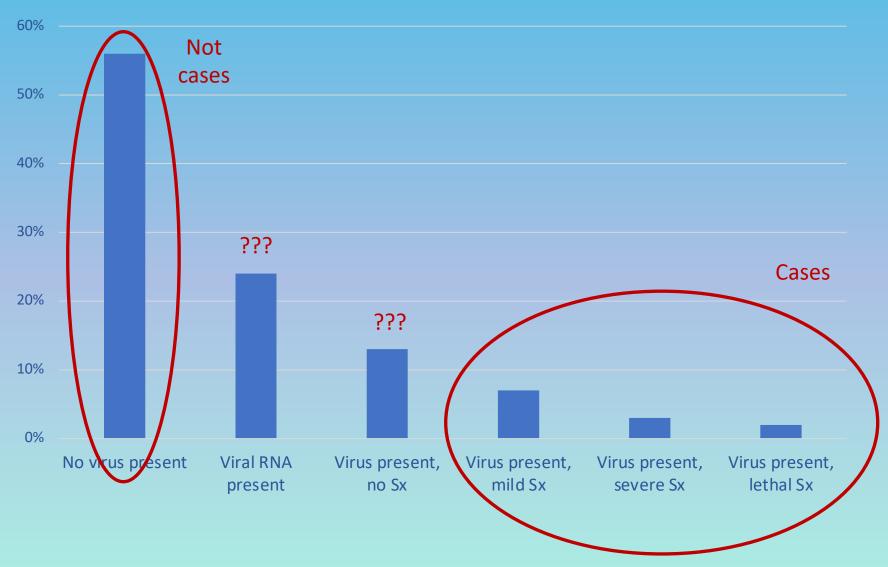
## The Case Definition and Breakthrough Infections

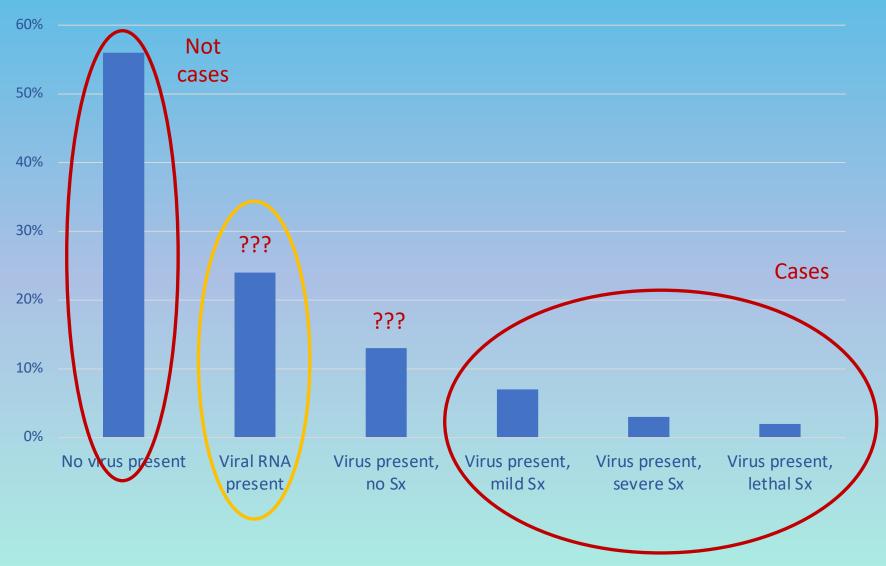
- QUESTION: What is the definition of a case of Covid-19
- ANSWER: Anyone who has a positive PCR test for SARS-CoV-2
- No signs and symptoms are necessary asymptomatic cases qualify

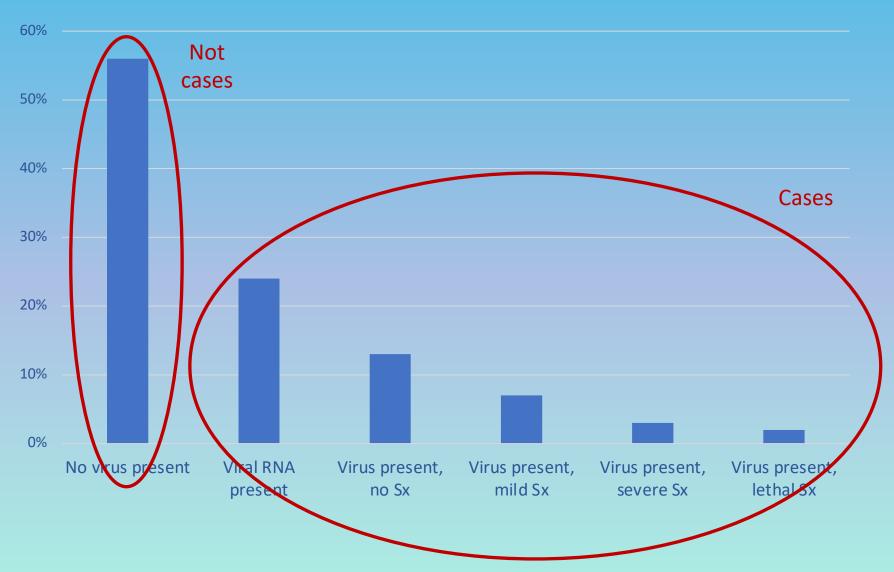












# Why do we Use This Case Definition for Covid-19?

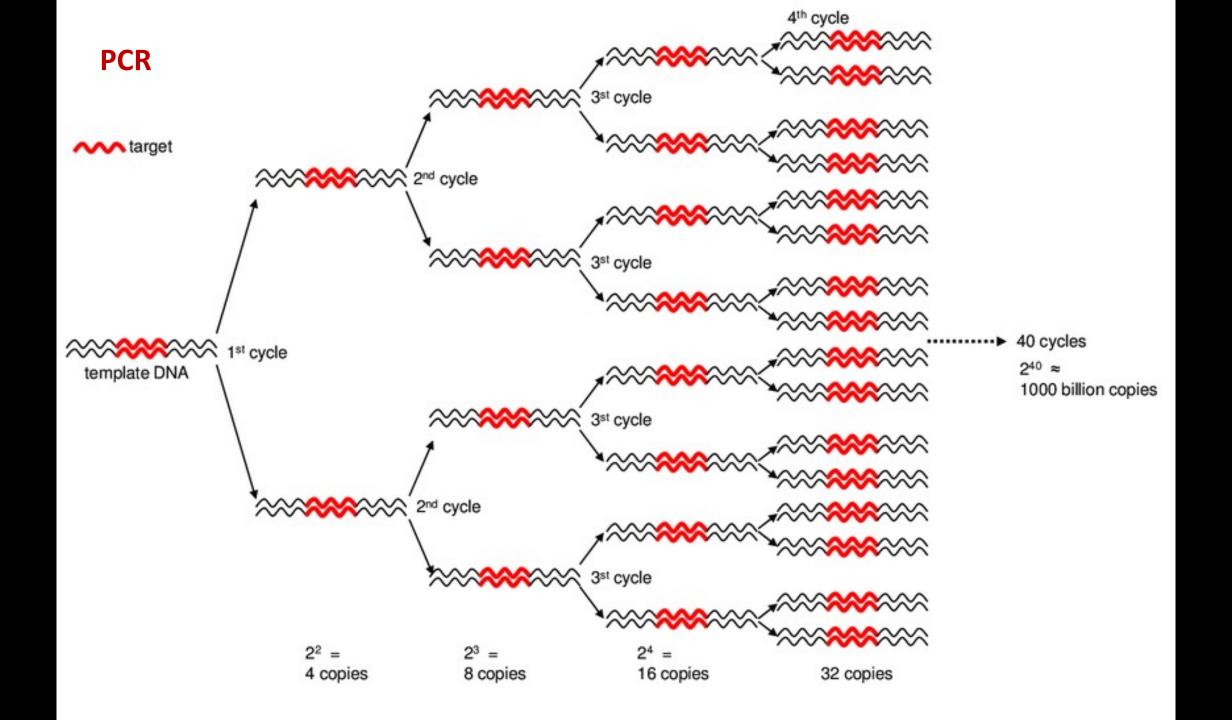
- Because Covid-19 is not like most other infectious diseases
- Asymptomatic infections are known to play a clear role in SARS-Cov-2 transmission
- Asymptomatic cases can become symptomatic cases
- The disease is both highly infectious and can be lethal, so we don't want false negative cases to lead to further cases

## How Vaccines Actually Work

- Vaccines are designed to stop viruses AFTER they have entered the body
- There is an array of bodily defenses that take part in this, including mucus membranes
- Now, imagine that we live in a sea of pathogens that are always trying to infect our bodies
- Once inside the body, though, the pathogens are usually quickly destroyed our immune system

# So, Why is this a problem?

- If SARS-CoV-2 is able to enter a body, it will try to infect its target cells
- Even if it is successful, a well-vaccinated immune system will destroy any new viruses and destroy all of the cells that have been infected.
- With all of this activity, minute amounts of viral RNA can still be present in a body
- Using PCR, this RNA can be detected and voilà! We have a new case of Covid-19!



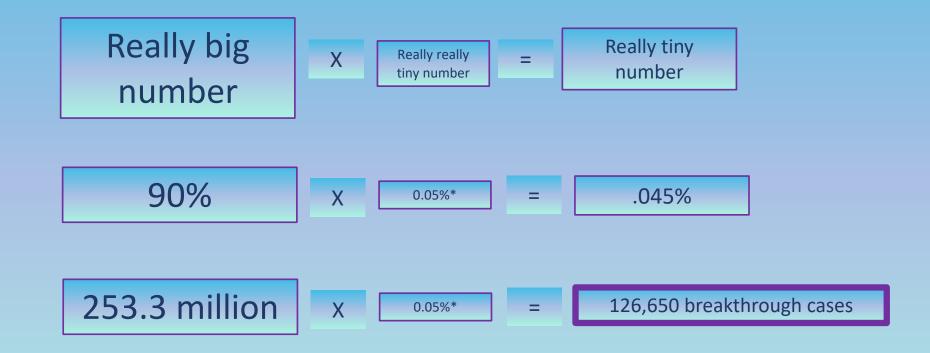
## Alarming Headline in A Local Newspaper

# "HALF OF COVID-19 CASES IN ICUs ARE FULLY VACCINATED"

- Wait...what? How can that be true?
- To understand why this is basically meaningless, we just need to employ a simple equation

$$\begin{split} \phi(k) &= 2\frac{A}{\sqrt{2\pi}} \int_0^\infty e^{-ax} \cos kx \, dx = \frac{A}{\sqrt{2\pi}} \int_0^\infty e^{-ax} \left( e^{ikx} + e^{-ikx} \right) \, dx \\ &= \frac{A}{\sqrt{2\pi}} \int_0^\infty \left( e^{(ik-a)x} + e^{-(ik+a)x} \right) dx = \frac{A}{\sqrt{2\pi}} \left[ \frac{e^{(ik-a)x}}{ik-a} + \frac{e^{-(ik+a)x}}{-(ik+a)} \right] \Big|_0^\infty \\ &= \frac{A}{\sqrt{2\pi}} \left( \frac{-1}{ik-a} + \frac{1}{ik+a} \right) = \frac{A}{\sqrt{2\pi}} \frac{-ik-a+ik-a}{-k^2-a^2} = \sqrt{\frac{a}{2\pi}} \frac{2a}{k^2+a^2}. \end{split}$$

# Estimated Severe Breakthrough Cases in U.S. Population > 12 years

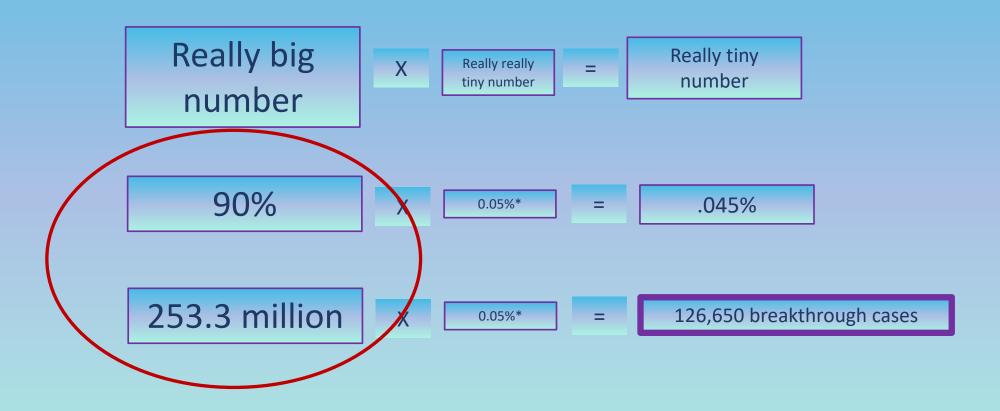


74% has received at least one dose of vaccine

≈ 16% have been infected

U.S. Population ≥ 12 years ≈ 281.5 million

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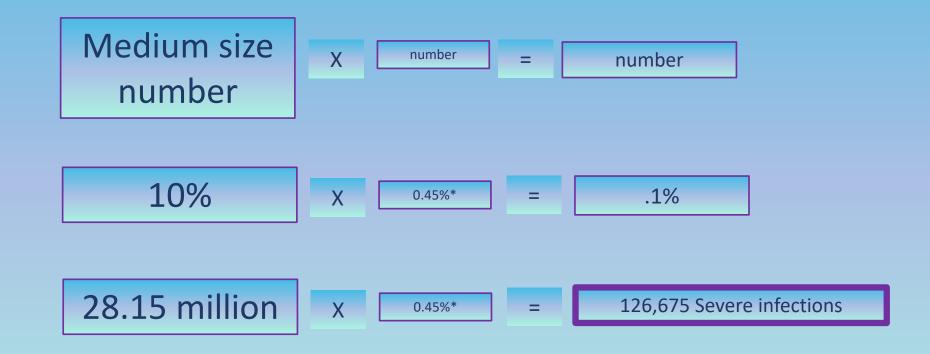


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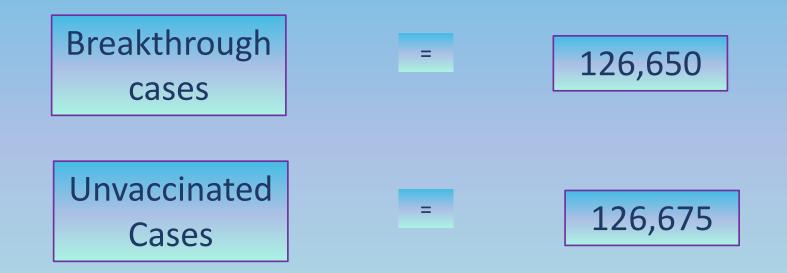
### Estimated Severe Covid-19 Cases in Unvaccinated U.S. Population > 12 years



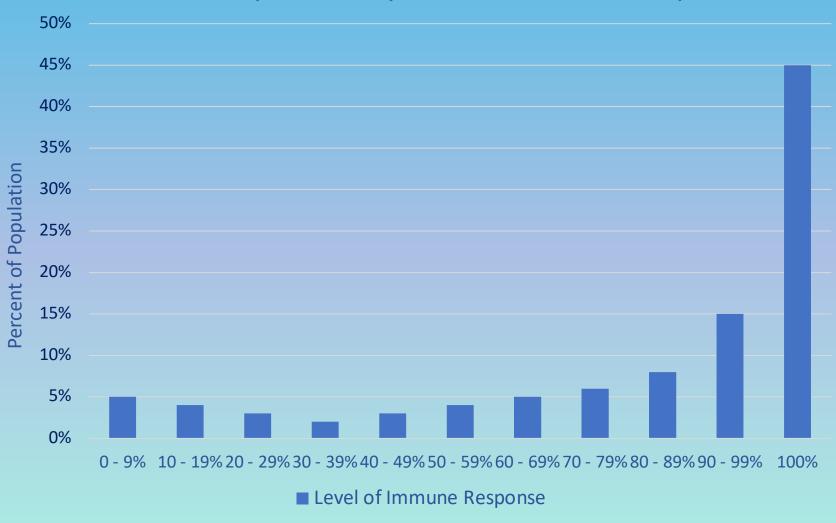
10% unvaccinated with no prior infection

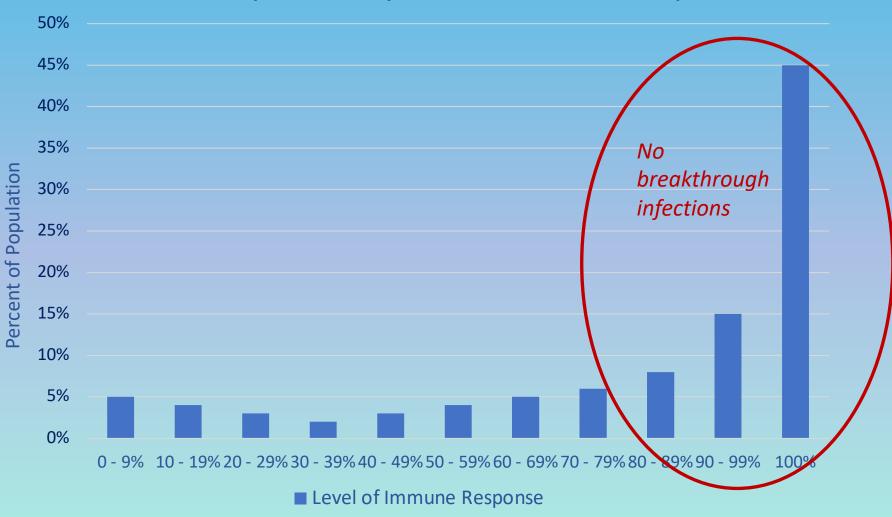
U.S. Population ≥ 12 years ≈ 281.5 million

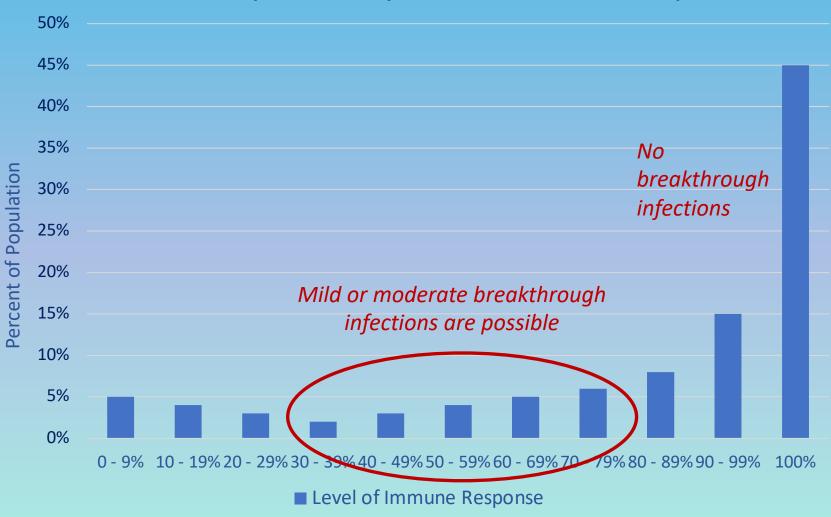
# Estimated Severe Covid-19 Cases in Vaccinated and **Unvaccinated** U.S. Population > 12 years

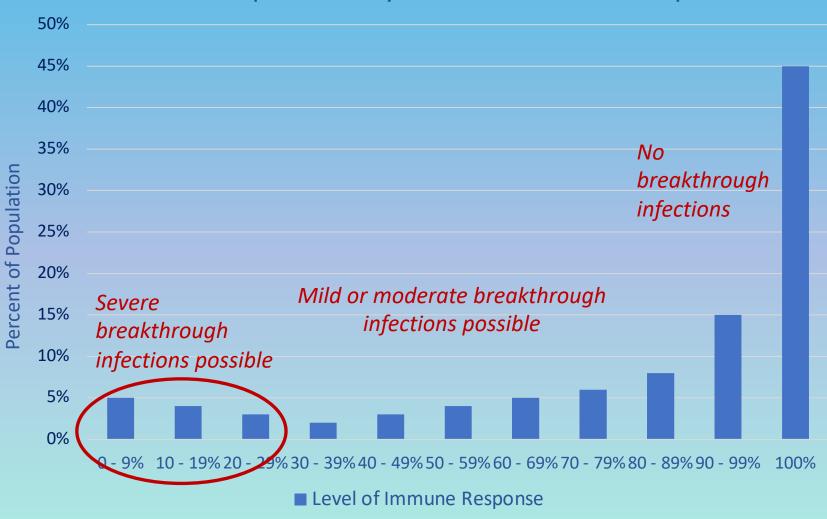


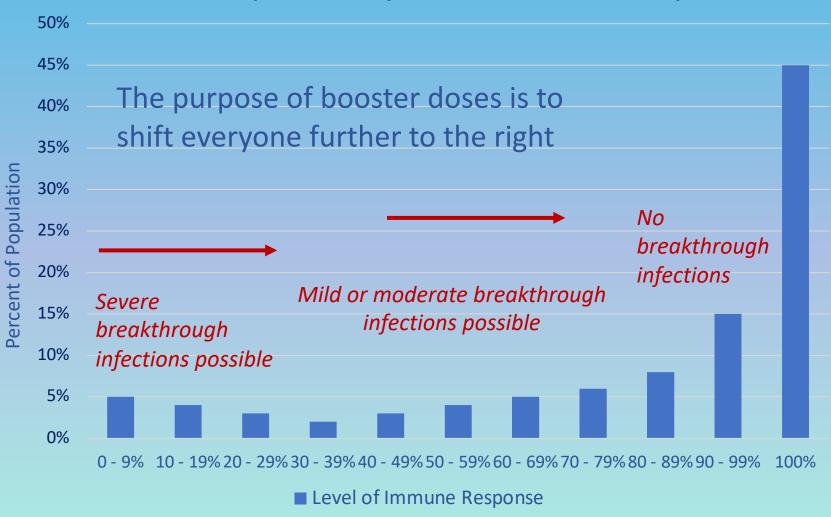
# **Breakthrough Infections**











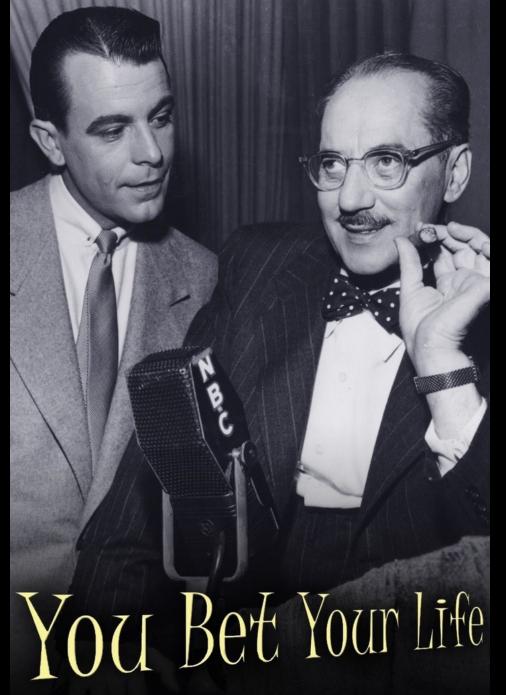
### How do You Know Your Level of Response?

- You usually don't know for sure
- If you're at the low end of the graph, then you do know
- If you're in the middle of the graph, then you have probably had problems with other viral infections
- If you aren't clearly in either of these two groups, then you're probably in the high-response group, except...
- …if you're over age 65, in which case you're pretty much totally screwed

### Immune Response and Age

### 😂 😂 😂 . . . Just kidding!!!

- But our immune responses do diminish slowly with age beginning around age 70
- For example, an outbreak at a French nursing home infected a quarter of the residents in spite of 95% vaccine coverage (but only 33% coverage for the staff)
- One resident, who was unvaccinated, died
- At this time, there is no high-dose version of any Covid-19 vaccine, but I would expect that boosters will be authorized soon for people over age 65



### **Booster Doses**

### So, let's Talk About Boosters...

- As of now, booster doses of mRNA vaccines are only approved by FDA and CDC for a very restricted group of people who are immunocompromised:
  - Receiving active cancer treatment
  - Received a transplant or are taking medication to suppress the immune system
  - Received a stem cell transplant
  - Were diagnosed with either DiGeorge syndrome<sup>1</sup> or Wiskott-Aldrich syndrome<sup>2</sup>
  - Were diagnosed with HIV with a high viral load
  - Taking high-dose steroids

<sup>&</sup>lt;sup>1,2</sup>Genetic disorders that can cause poor immune system function

## So, let's Keep Talking About Boosters...

- The proposed recommendation for a booster dose is to receive the same mRNA vaccine as your primary doses
- This may change in the near future when NIH completes a clinical trial using the opposite mRNA vaccine
- Studies in England and Israel suggest that receiving the opposite vaccine can lead to a higher boost and a broader coverage in the immune response
- But again, although boosters for those over 65 or the general population have been proposed, they have NOT been approved by CDC or FDA, nor is there enough evidence that they are necessary for the general population

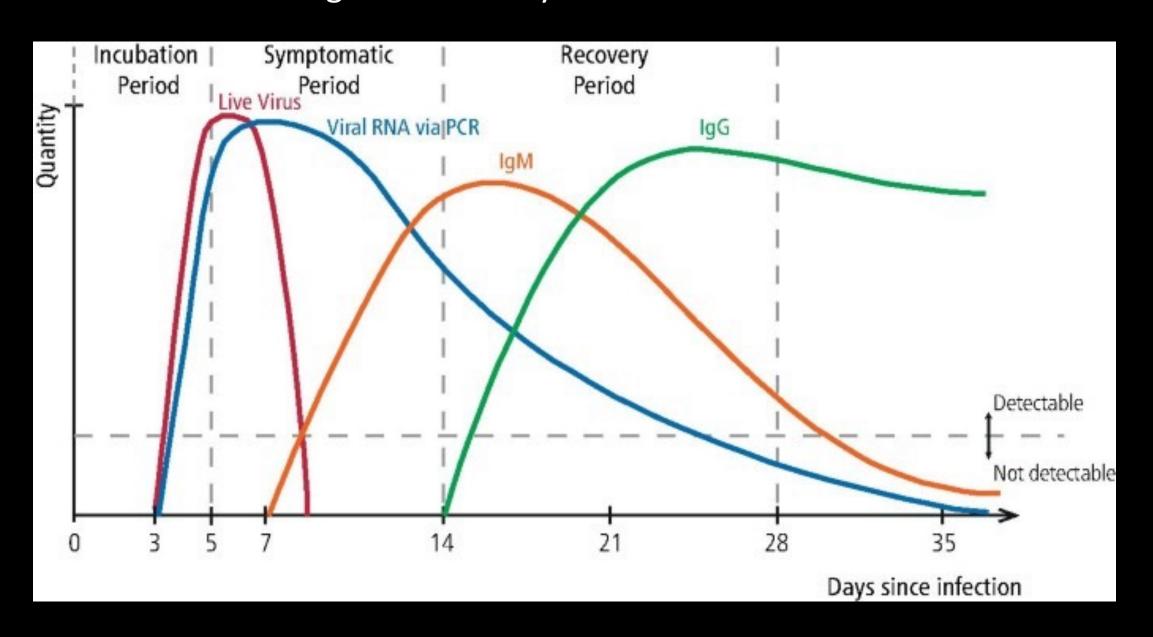
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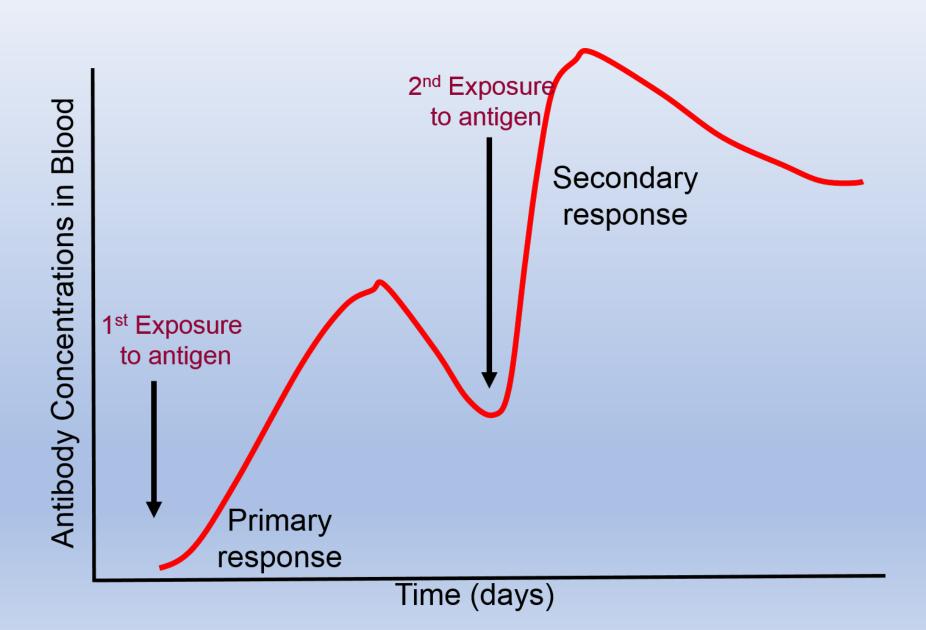
### Still More About Boosters...

- While it's true that vaccine-induced antibodies are beginning too wane, so what?
- Antibodies always wane....why hang around when there's nothing to do?
- The important thing is how fast they can come roaring back when there actually is something to do, like the presence of SARS-CoV-2

### Antigen – Antibody Interaction Over Time



# **Antibody Response After Immunization**



### Blah, Blah...Boosters...

- As we've discussed before, antibodies are not the only game in town, they are just the easiest game to measure
- Cellular immunity is equally important or possibly more important in stopping an infection
- And for both humoral and cellular immunity, how much is enough?
- Finally, for those of you from Urbana, there's the ethical problem of boosting our probably already-sufficient protection by using a dose of vaccine that could be going into the arm of someone who hasn't yet received a single dose

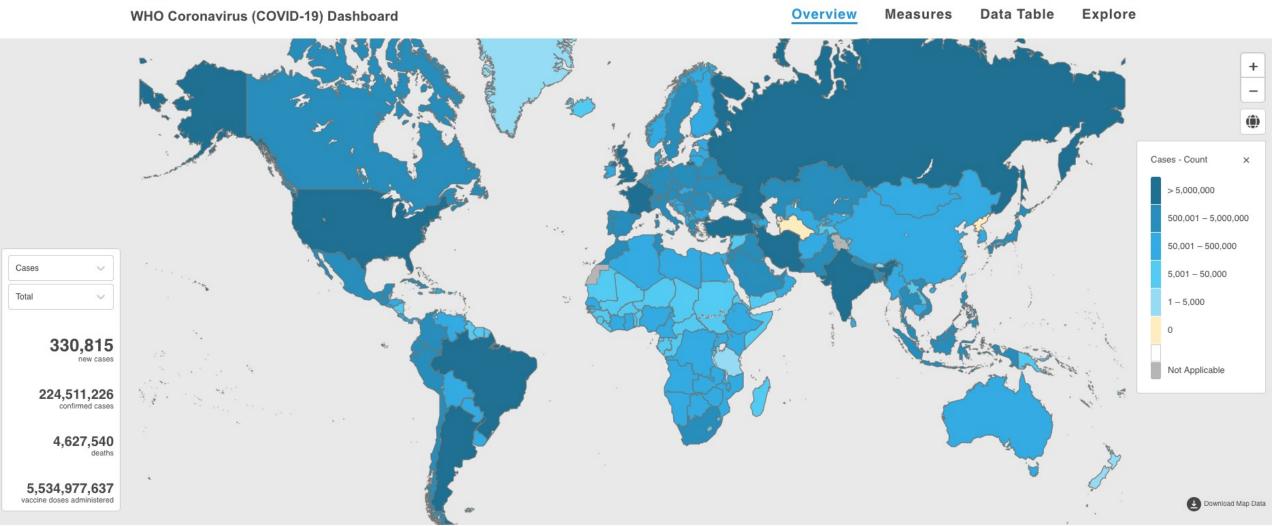
### The Approval Process for Boosters

- Four steps are necessary for Covid-19 boosters to be approved for additional populations:
  - Approval from the FDA advisory committee of external experts (meeting today!)
  - Final approval by FDA itself
  - Approval by the CDC Advisory Committee on Immunization practices (ACIP)
  - Approval by CDC itself
- My guess? Approval for people >65 and healthcare workers

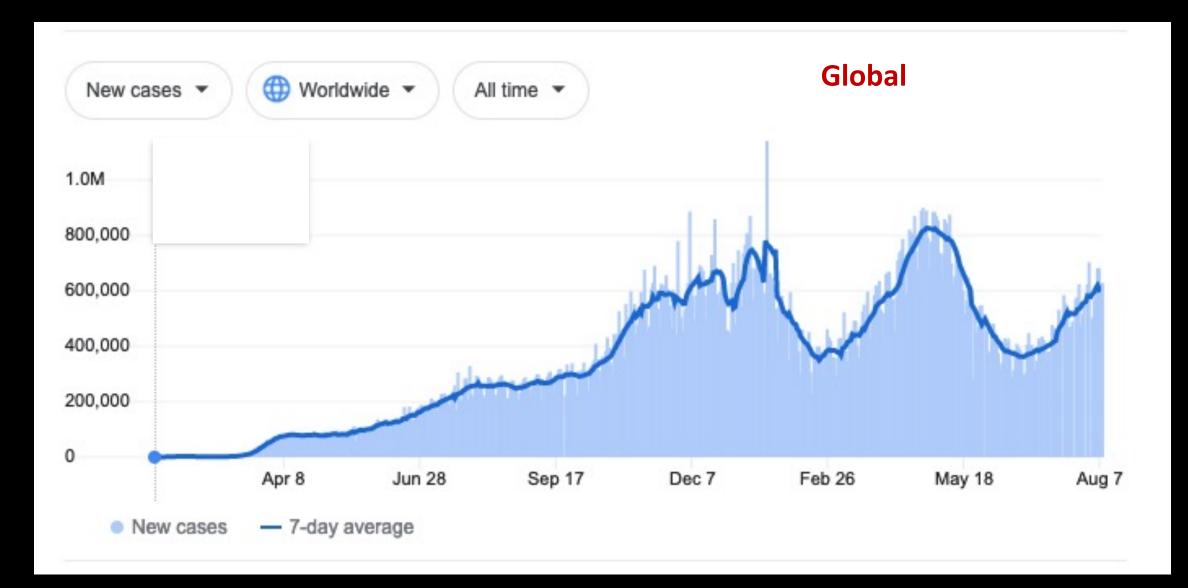
# **Current Covid-19 Situation**

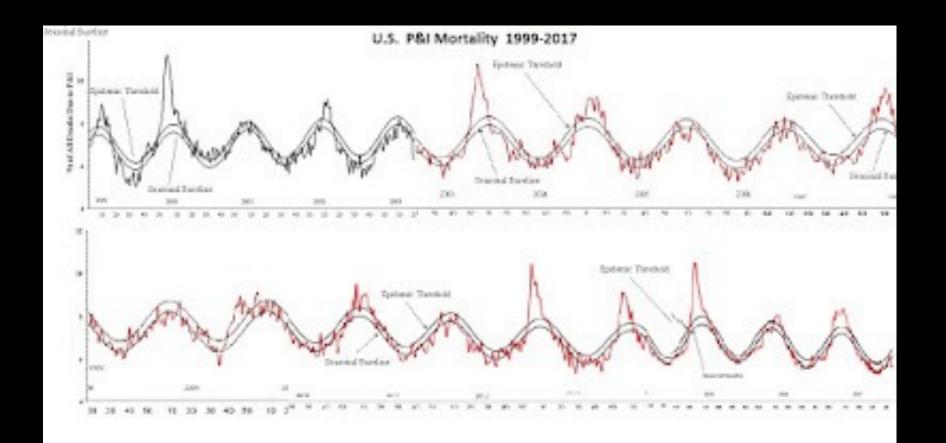
### **Current Covid-19 Situation**

- Global
- U.S.A.
- Illinois
- Champaign county

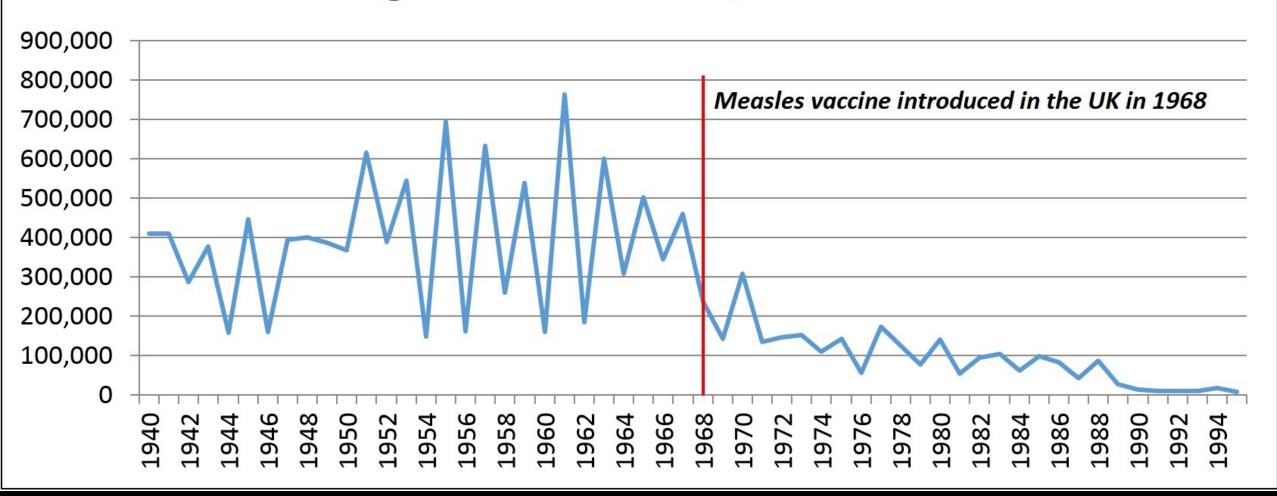


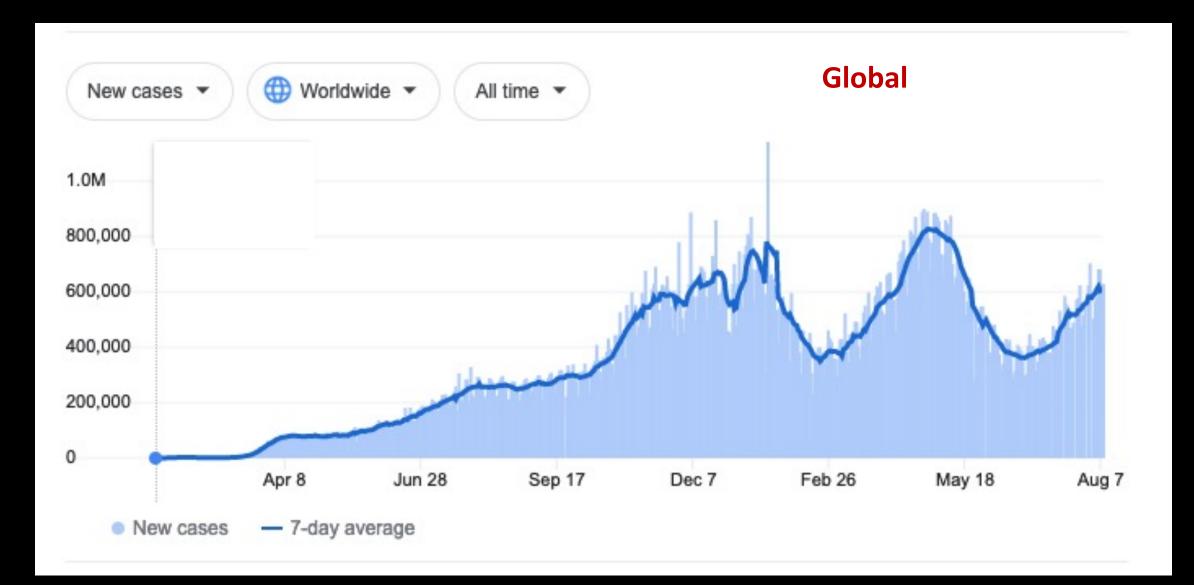
Globally, as of 5:36pm CEST, 13 September 2021, there have been 224,511,226 confirmed cases of COVID-19, including 4,627,540 deaths, reported to WHO. As of 13 September 2021, a total of 5,534,977,637 vaccine doses have been administered.

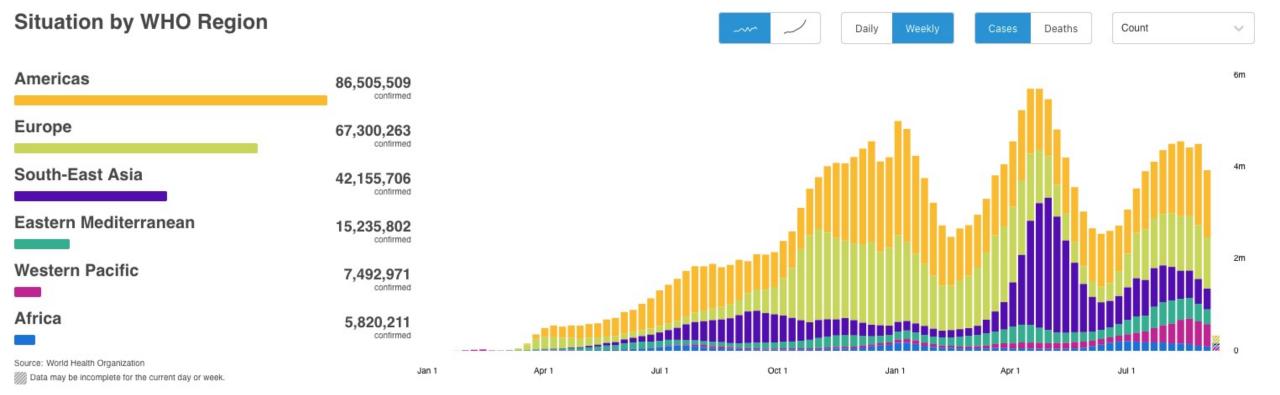


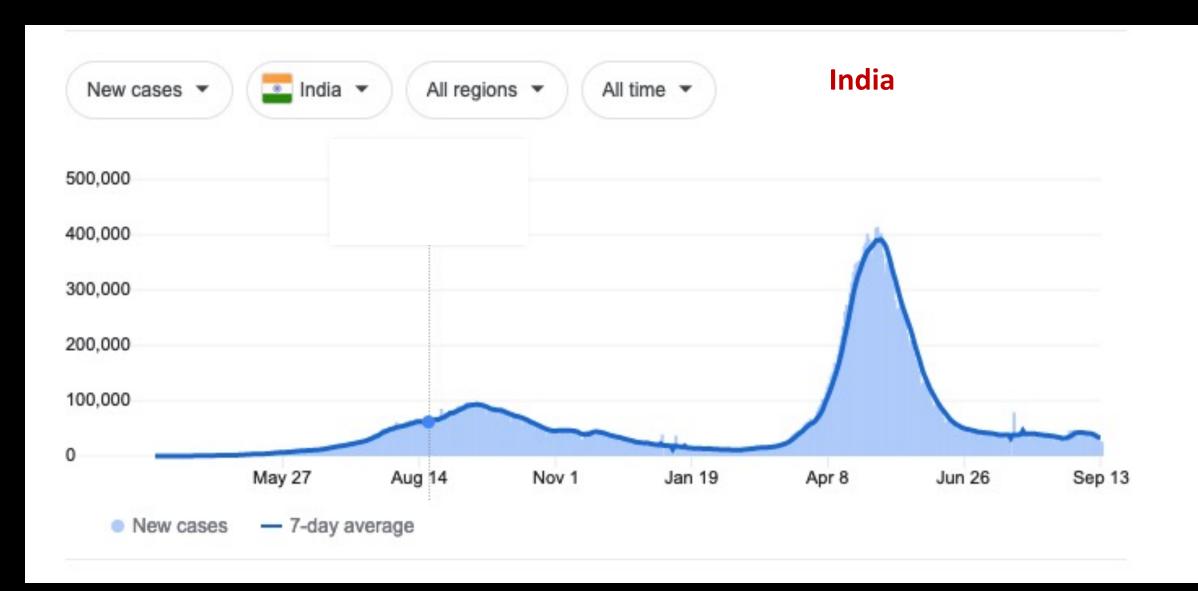


# Measles: annual number of notified cases in England and Wales, 1940 - 1995

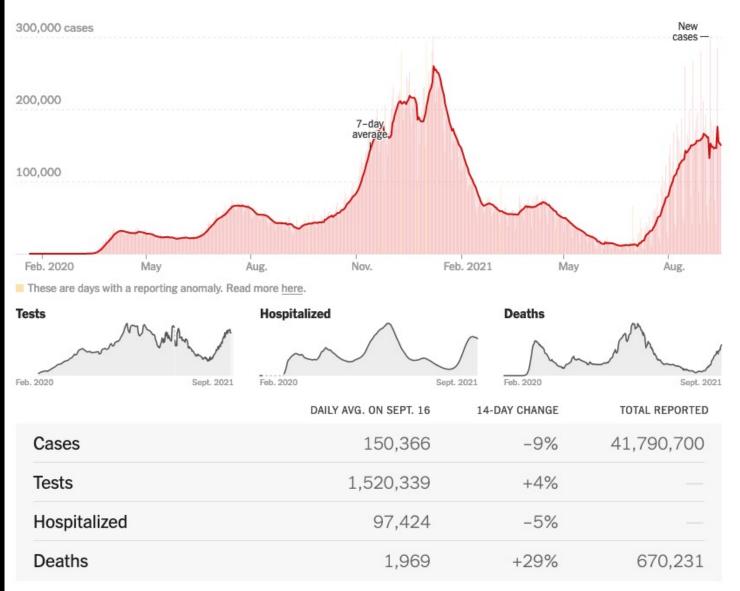


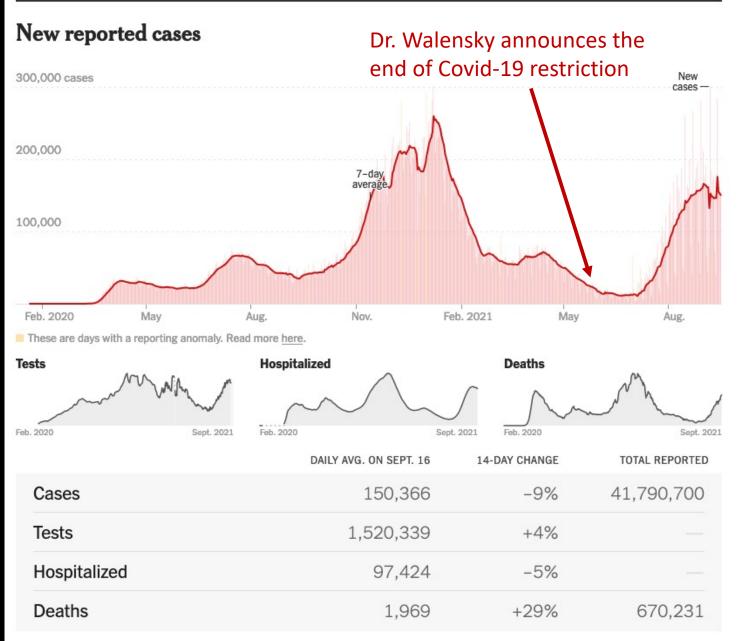


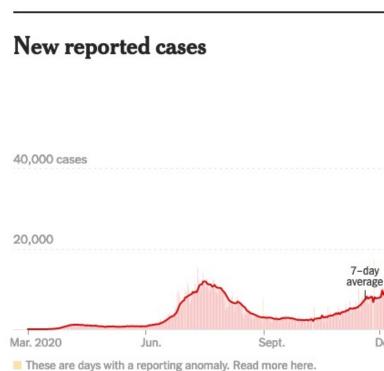




#### New reported cases



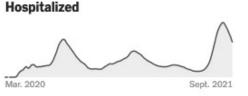




### **Florida**

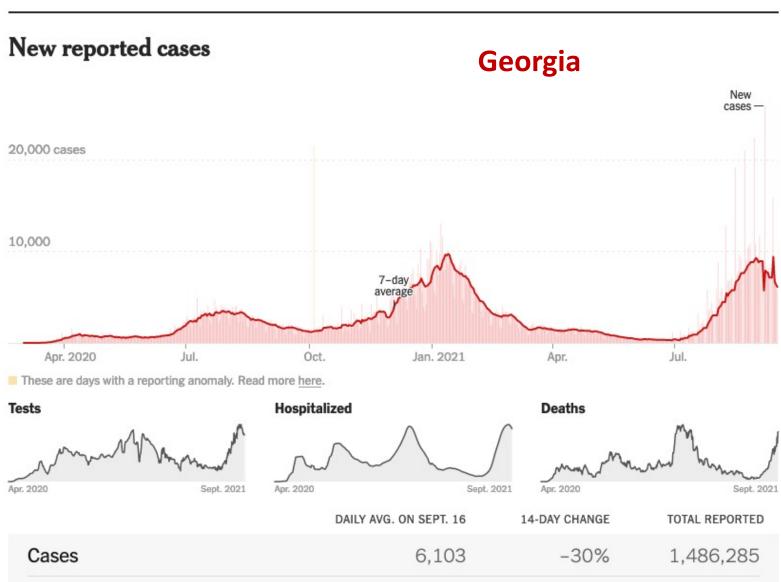


Tests		Hos
mound	Monning	
Mar. 2020	Sept. 2021	Mar.

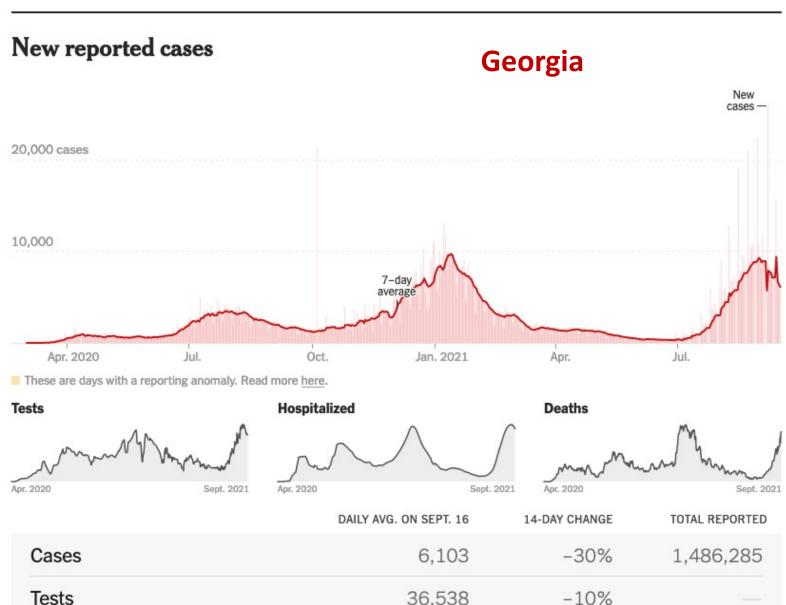




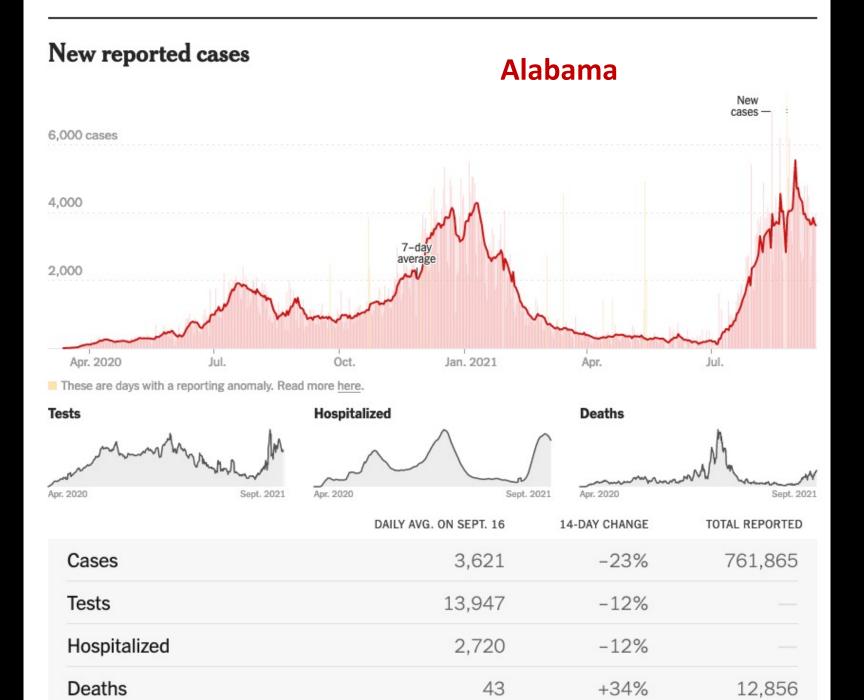
	DAILY AVG. ON SEPT. 16	14-DAY CHANGE	TOTAL REPORTED
Cases	11,816	-41%	3,473,873
Tests	102,347	-11%	
Hospitalized	11,206	-28%	
Deaths	363	+11%	50,811

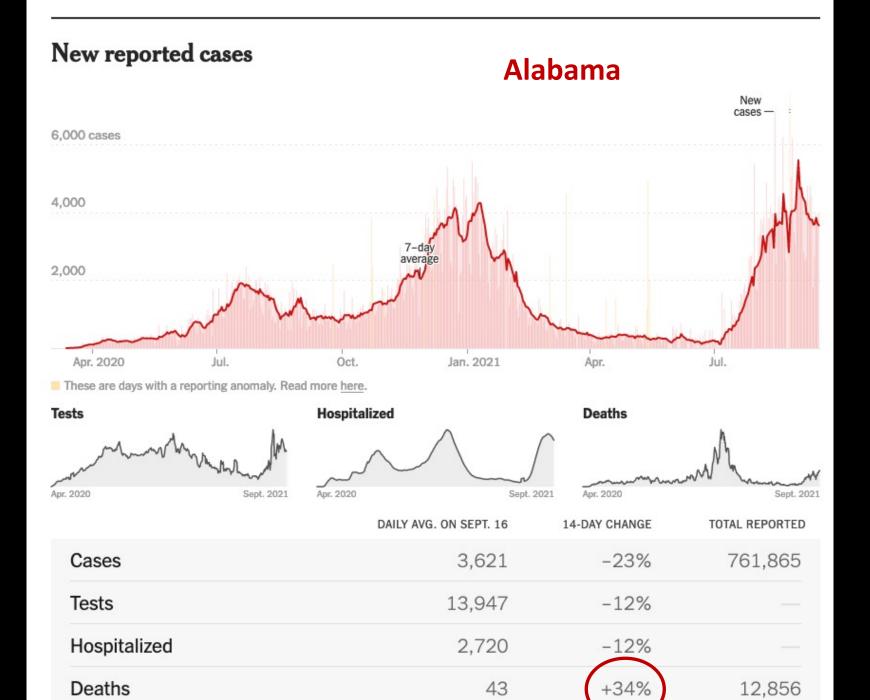


	DAILY AVG. ON SEPT. 16	14-DAY CHANGE	TOTAL REPORTED
Cases	6,103	-30%	1,486,285
Tests	36,538	-10%	
Hospitalized	5,982	-6%	
Deaths	120	+69%	23,657



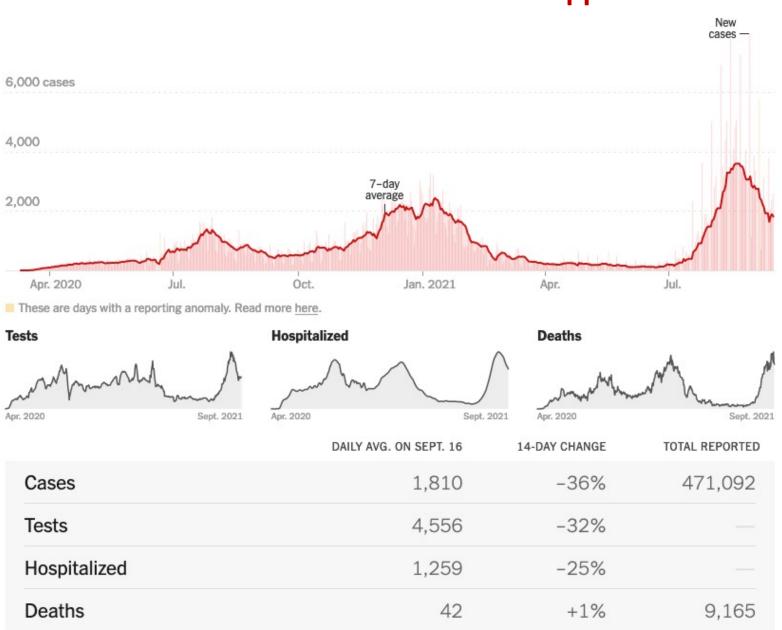
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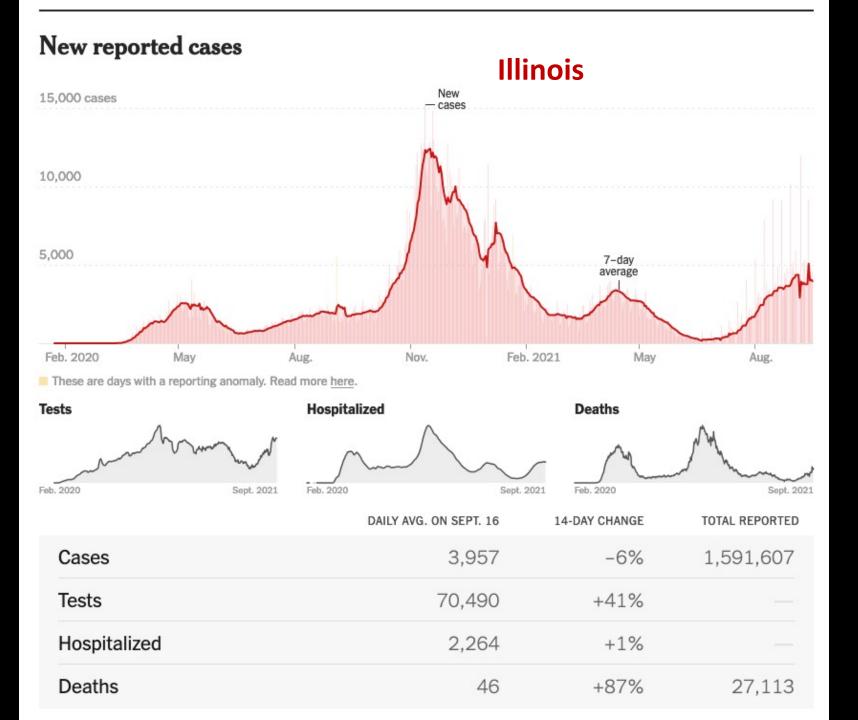


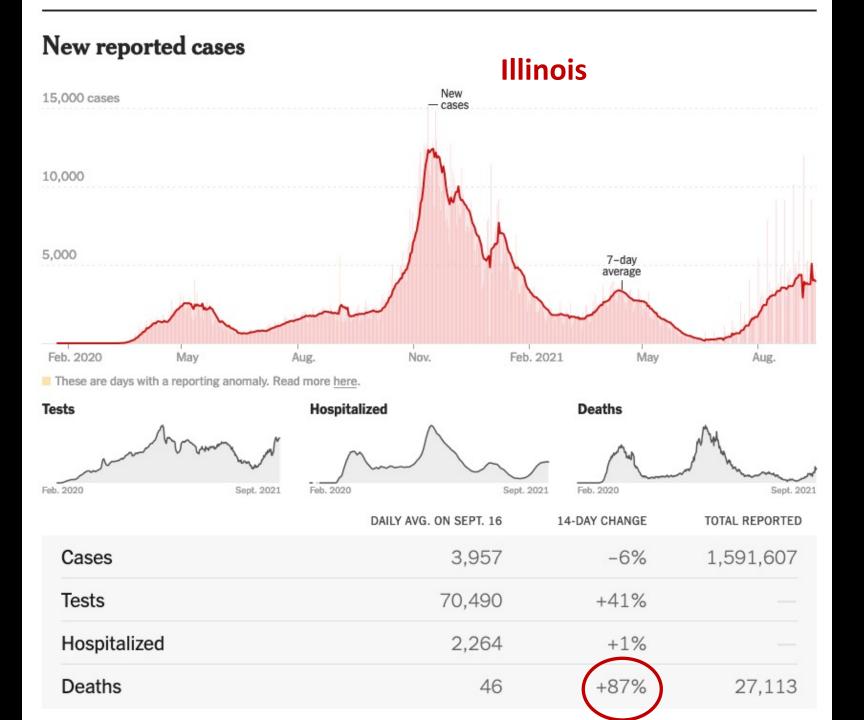




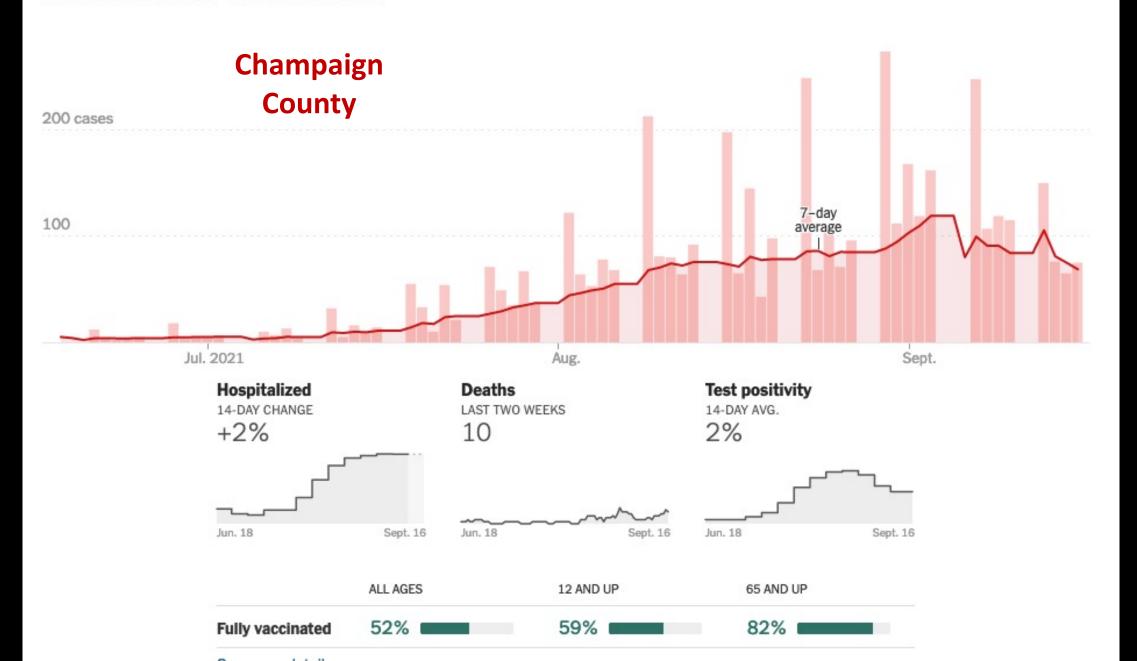
#### Mississippi



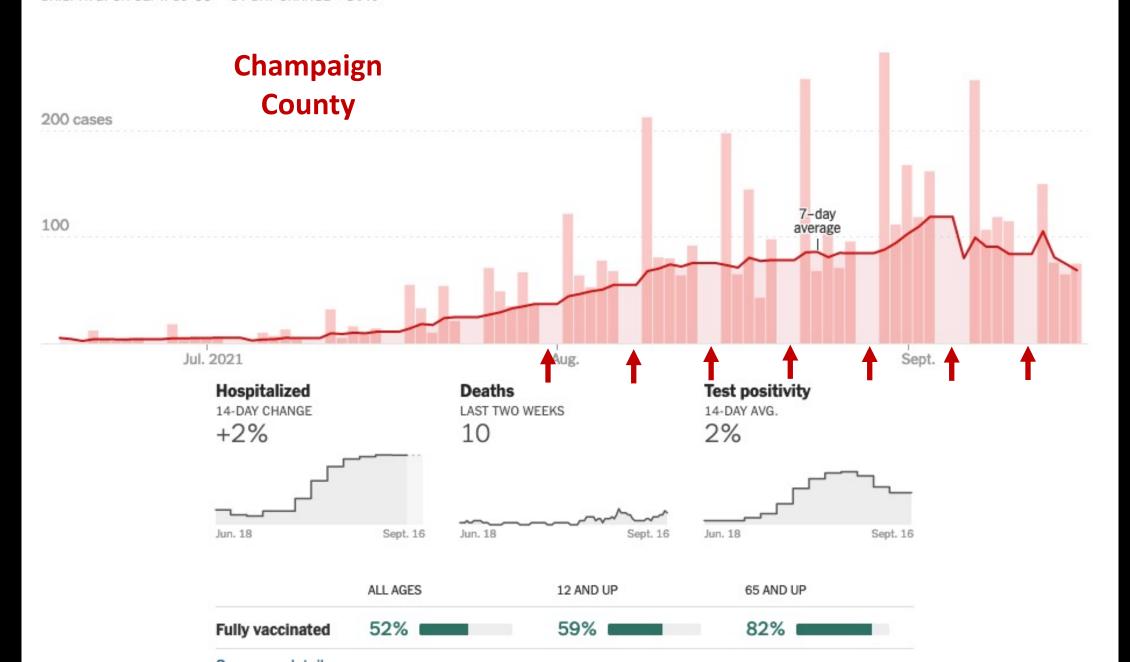




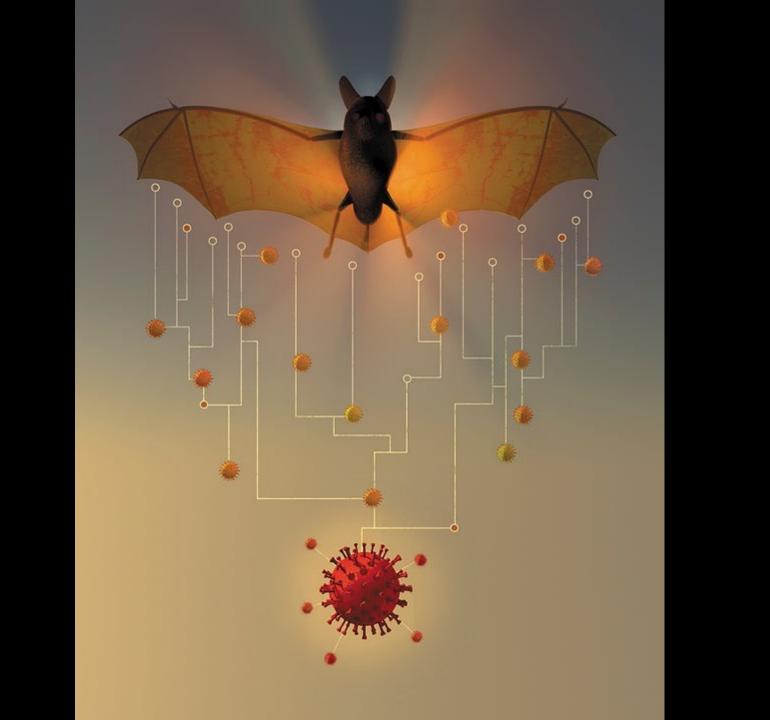
DAILY AVG. ON SEPT. 16 69 14-DAY CHANGE -37%



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# Additional Information on The Origin of SARS-Cov-2



# Two New Bits of Information Have Recently Emerged

- Field notes from Dr. Shi (of "Bat Lady" fame) regarding the conditions in the Yunnan Caves where she and her team collected specimens of bats
- An email from Dr. Shi to a foreign colleague expressing concern that her lab might have caused the outbreak in Wuhan

### Connection to the Yunnan Caves

- You will hopefully recall that there are two main hypotheses for the origin of SARS-CoV-2: the lab-leak hypothesis and the natural evolution hypothesis
- We also discussed a third, unifying hypothesis concerning the possible infection a lab worker while collecting bat specimens in the Yunnan Caves
- Under this hypothesis, one or more of the laboratory technicians collecting specimens in caves could have brought the virus back to Wuhan where they then introduced it into the local population and wet markets

### Conditions in the Yunnan Caves

- Based on Dr. Shi's published field notes, conditions in the caves could easily have led to exposure and infection to a number of bat viruses, including SARS-CoV-2
- In most of the caves, the team had to crawl on their stomachs through narrow openings into the cave and then move through hot, airless chambers that became narrower and narrower
- I recall reading field notes from similar CDC missions to caves in southwest Texas to study bat rabies
- On those missions, some staff were infected with rabies, either from scratches from the limestone or from inhaling air that was contaminated with bat guano that contained virus

### Dr. Shi's Email

- This email, which was obviously written prior to the censoring of all outside contact, expressed concern that the virus might have been introduced into Wuhan from her lab
- There was nothing in the email about the virus being created in her lab, but rather that viruses with nearly identical genetic sequences were being studied in the lab
- The tone of the email was more of wondering if it was possible, not a real fear that it might have happened

# Update on Influenza

### Will we Even Have Influenza This Year?

- Last year, the 2020 2021 flu season was a non-event
- For the second year in a row, Australia has not experienced an influenza outbreak
- We can't look at data yet for the 2021 2022 season because it doesn't officially begin until October 1<sup>st</sup>
- Nonetheless, judging by the ending of the current season, it looks likely that we could have a significant number of influenza cases in the coming season

### Australia Influenza, 2021

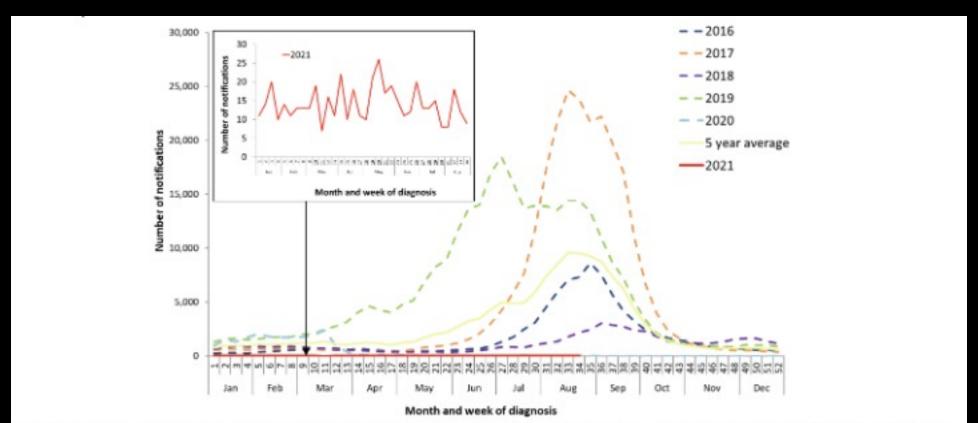
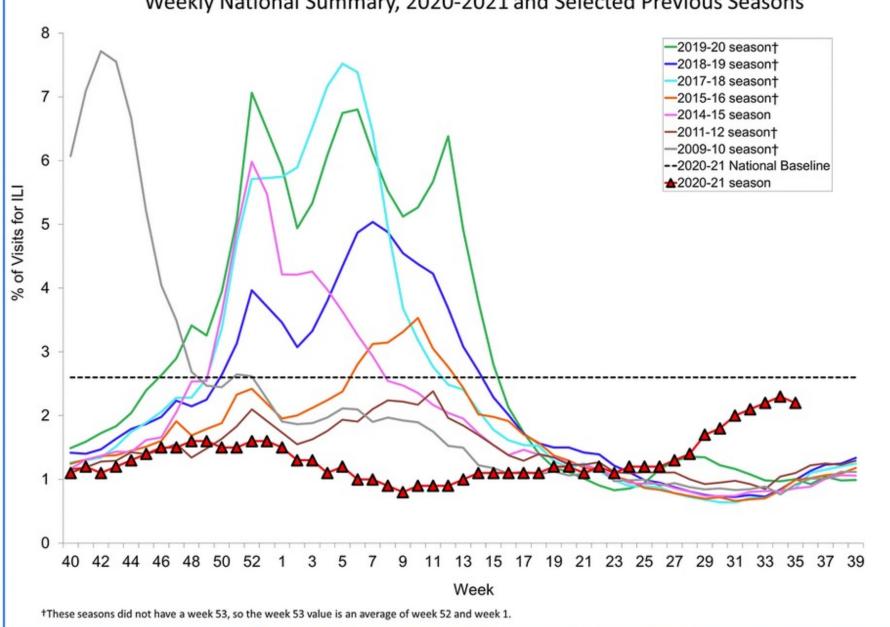
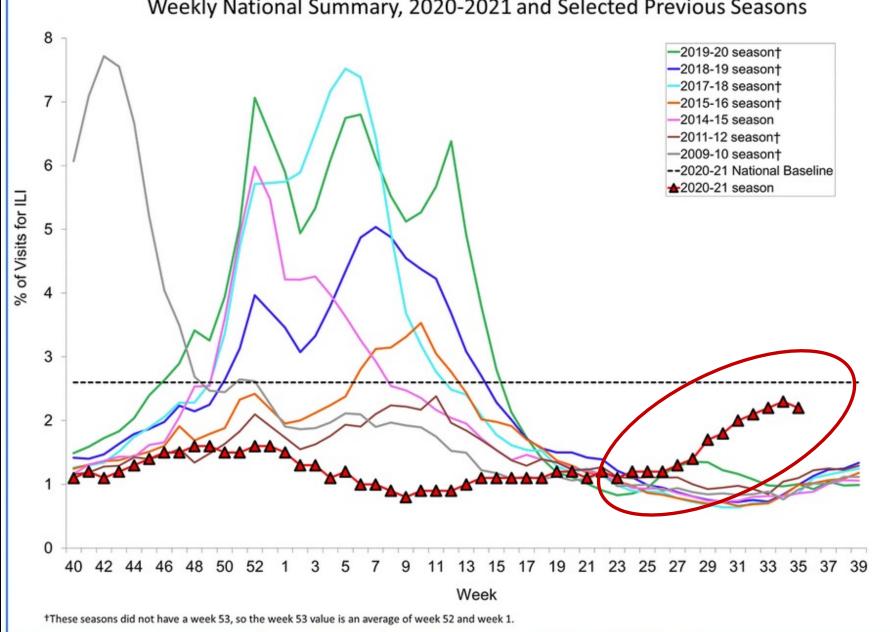


Figure 14: Notifications of laboratory-confirmed influenza by month and week from 2016 to 2021 in Australia (Source: National Notifiable Diseases Surveillance System, Australian Department of Health)

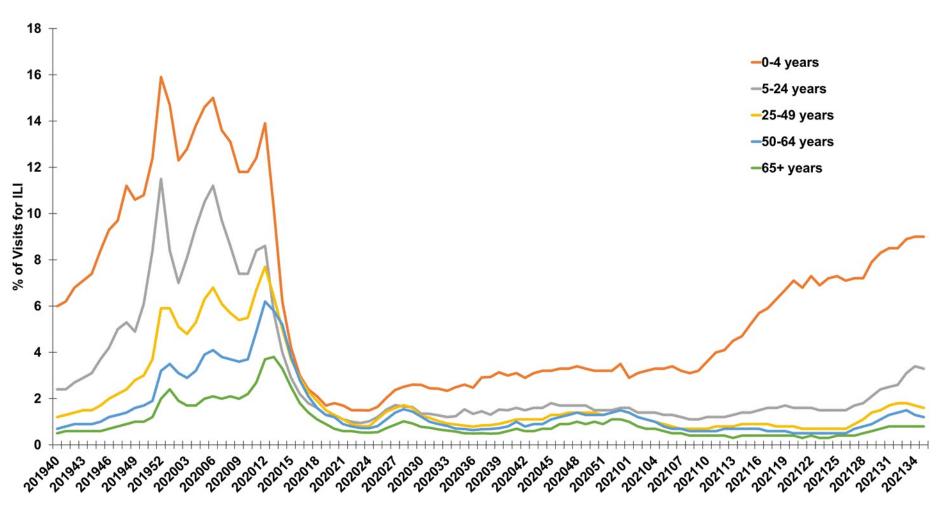
Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2020-2021 and Selected Previous Seasons



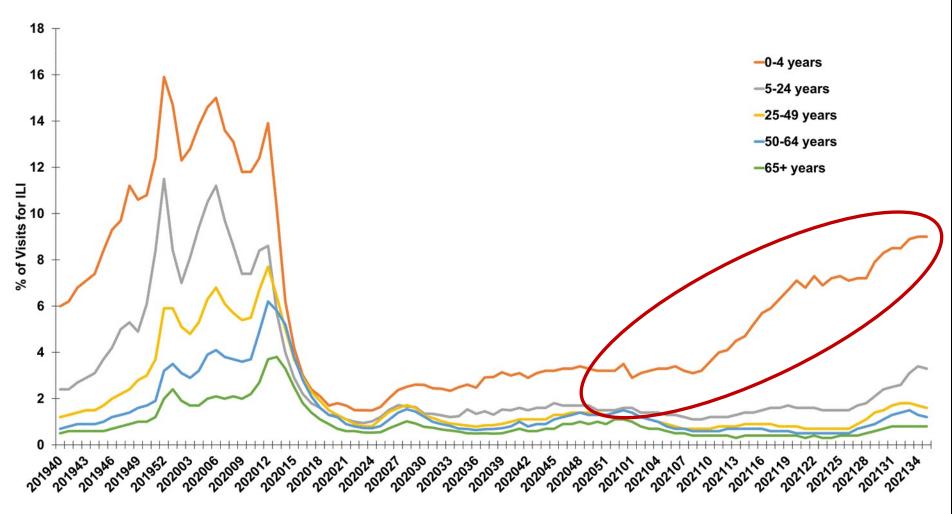
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Percentage of Visits for Influenza-Like Illness (ILI) by Age Group
Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet),
Weekly National Summary, 2019-2020 and 2020-2021 Seasons



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# My Thoughts on Influenza Vaccines

- Nothing has really changed from my previous recommendations
- Wait until the end of October or the beginning of November to receive your vaccine
- My top four choices: Flublok, Flucelvax, Fluad, and Fluzone high-dose
- You will need to call around to locate Flublok; the others are available now at a number of pharmacies

## Changes in the Vaccine Components

- The A(H1N1) component has changed
- The A(H3N2) component has changed
- The B/Victoria component has changed
- The B/Yamagata component remains the same

# THANK YOU!!!

