

Philadelphia Department of Public Health (PDPH)

COVID-19 Response Update

Introduction

Just over two years since the first confirmed cases of COVID-19 in Philadelphia, tremendous progress has been made in containing the pandemic and protecting lives, through a combination of disease control and treatment strategies, including social distancing, masking, testing, case investigation and contact tracing, isolation and quarantine, vaccination, and anti-viral medications. As vaccination rates increased in Philadelphia, COVID-19 cases, emergency department visits, hospital admissions, and deaths decreased, allowing pandemic restrictions and mandates to be scaled back. However, pandemic waves persist, largely fueled by the emergence of new variants, resulting in rapid surges in case rates with subsequent periods of decline and plateau. While Philadelphia adults have been vaccinated at relatively high rates, cases increased in August 2021 and again in December 2021, in part due to the Delta and Omicron variants of the SARS-CoV-2 virus, respectively, which are more infectious and spread more easily. Mitigation measures and vaccination of all eligible individuals remain critical to protecting the residents of Philadelphia who are most at risk for severe disease, as well as those who are at risk for exposure due to occupational and institutional settings.

With the goal of keeping COVID-19 mandates as least restrictive as possible while keeping residents safe, the Philadelphia Department of Public Health (PDPH) will monitor the severity of the COVID-19 situation in the city closely and be prepared to scale response operations quickly upon the detection of new variants of concern. Response strategies will continue to focus on protecting persons who are at highest risk of COVID-19 infection and/or severe disease, while building a long-term, sustainable infrastructure of public health services.

Guiding Principles

The City's COVID-19 response strategies are guided by the following principles:

1. Focus resources on protecting Philadelphia's residents who are at highest risk of acquiring COVID-19 infection and/or severe disease, particularly communities of color, who have borne disproportionate impacts throughout the pandemic due to historic and present-day racism
2. Explore innovative strategies and partnerships to expand the number of people fully vaccinated and boosted
3. Ensure access to testing services and masks, as well as to information and education about preventing transmission, particularly among communities with low vaccination rates
4. Implement policies, such as mask and vaccine mandates, where necessary to drive down infection rates when cases increase and protect persons who are at highest risk of COVID-19 infection and/or severe disease, but minimize restrictions whenever possible
5. Use a data-driven approach for the development, implementation, and evaluation of all COVID-19 response actions
6. Plan and collaborate with partners to develop a sustainable model for the provision of COVID-related services, including expansion of COVID-19 vaccination and testing in various healthcare delivery systems

The COVID-19 pandemic both highlighted and exacerbated the long-standing health inequities in Philadelphia. Stemming from historic and contemporary injustices, the health inequities made evident during the pandemic are representative of the unjust and preventable social, economic, and environmental disparities prevalent among populations historically excluded from positions of power in society.

The Philadelphia Department of Public Health acknowledges this history of exclusion and is dedicated to advancing health equity for all Philadelphians. Health equity refers to **“the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically”** (World Health Organization). Health equity is not a program, initiative, or department. Rather it is an ideal woven into the fabric of our work, simultaneously serving as a guiding principle and destination.

We are committed to advancing health equity through racial, social, economic, and environmental justice work in Philadelphia through sustained community engagement and trust building, strategic clinical and non-clinical community partnerships, internal capacity building, and the multi-directional exchange of data to support internal and external policy and systemic change. By adopting and institutionalizing a health equity approach, PDPH will be further equipped to strengthen organizational readiness and internal capacity to reduce health inequities now and sustain progress into the future.

Health Equity Approach

Throughout the pandemic, we have seen many instances of the ways in which historic and present-day racial and ethnic inequities and social determinants of health have worsened outcomes. Early in the pandemic, overall death rates for African Americans in Philadelphia were 50% higher than those for Whites, and Hispanics, Latinos, and Latinx people over age 75 had the highest death rates per 10,000 population in the city. Significant racial disparities were also seen in vaccination rates in the first several months following the vaccine rollout. While some of these inequities have improved over time, achieving ongoing equity in the response to COVID-19 requires intentional strategies to reach populations in the city who face a higher risk of serious disease and death from COVID-19 and who are likely to face significant barriers to vaccination, testing, and other services. This includes Black and Brown people as well as people living in congregate facilities, people who are homebound, people living with disabilities, immigrant and refugee populations, and persons with limited English proficiency.

High-risk Populations and Settings

PDPH is focused on identifying and protecting persons who are at higher risk for severe disease or who work or live in settings that present a higher risk of exposure. Older adults (65+) and people with certain underlying medical conditions are more likely to get severely ill from COVID-19. In addition, many people from racial and ethnic minority groups and people with disabilities are at increased risk of morbidity and mortality from COVID-19 due to long-standing systemic health and social inequities.

Congregate facilities, such as long-term care facilities, prisons, shelters, and residential psychiatric and rehabilitation facilities, pose a high risk because they place a large number of people, often including

many with risk factors for severe illness, together with staff members who come and go from the facility, potentially bringing asymptomatic COVID-19 infection. Long-term care facilities pose a particularly high risk due to the combination of older, medically fragile residents and congregate living conditions.

Schools, early childhood education centers, and other pediatric settings now also pose a higher risk for COVID-19 transmission since COVID-19 vaccine is not yet approved for children under 5, and uptake among students ages 5-11 has been low. Children in the 5-11 age group have also exhibited reduced efficacy of COVID-19 vaccinations against prevention of mild infection and are not yet authorized for booster doses, unless immunosuppressed.

While many persons who are at high risk for severe disease and persons living and working in congregate settings have been vaccinated, there is ongoing risk of exposure and illness. More complete protection of older adults, persons who have underlying medical conditions, and persons living and working in high-risk settings can be achieved through a layered approach that combines vaccination with masking, testing, isolation of sick persons, and quarantine of exposed persons. The effects of these containment strategies are amplified when they are further advanced through community education and outreach initiatives and policies that promote protection of at-risk persons and reduction of community transmission.

COVID-19 Response Strategies

The following summarizes the City's layered approach to protecting residents at high risk of severe COVID-19 disease through a combination of strategies, including vaccination, testing, isolation and quarantine, policy implementation and enforcement, community education and outreach, and continuous program monitoring and evaluation. This ongoing work will integrate a health equity framework, data-driven decision-making, and community perspectives. Key strategies include the following:

- **Conduct surveillance and use data to continuously inform, evaluate, and refine the City's response strategies.** The focus of surveillance activities will be shifted more towards the monitoring of high-risk settings and vulnerable populations, such as congregate settings, long-term care facilities, hospitals, and educational settings. PDPH will continue to support these settings in monitoring and responding to outbreaks. Additional and ongoing surveillance methods will be established for COVID-19 and other respiratory conditions and will evaluate syndromic data to ensure early identification of changes in COVID-19 spread.
- **Provide equitable access to testing services to quickly identify COVID-19 cases and clusters of disease.** In addition to continued funding of community testing locations and operation of mobile testing units, PDPH has scaled activities to distribute rapid at-home test kits in the community at COVID-19 Resource Hubs and through the Community-based Organization Rapid Test Kit Distribution Program. Preparedness efforts are also in progress to increase capacity to respond to increased testing demand caused by surges.
- **Promote equitable access to vaccine and continue to support a sustainable network of COVID-19 vaccine providers.** As over 94% of Philadelphia adults have received at least one dose, PDPH has begun to shift vaccine clinic operations from larger community clinics to microsites in under-vaccinated neighborhoods. Vaccination services for special populations, including people

experiencing homelessness, people who are homebound, people with disabilities, and people residing in high-risk congregate facilities, will continue as needed. PDPH will also continue to coordinate efforts to increase pediatric vaccination rates, particularly once vaccine becomes available for children under age 5.

- **Procure, maintain, and distribute personal protective equipment (PPE) for staff supply, outbreak responses, and future surges.** Using a prioritization framework, PPE is allocated based on need and setting. Inventory will be routinely monitored and reviewed to ensure supplies are replenished and available as needed.
- **Support Philadelphians to isolate or quarantine in their homes and in congregate facilities.** Following the closing of the City’s isolation and quarantine facility, PDPH will continue to advise and support congregate living facilities to safely isolate and quarantine persons on site and implement infection control and prevention practices. Additionally, PDPH will scale up in-home supports for residents in need of assistance to isolate or quarantine at home.
- **Continue education, outreach, and communications to ensure ongoing community awareness of and active participation in the City’s response to COVID-19 and related public health issues.** PDPH will continue to strengthen its collaboration, and establish new partnerships, with community- and faith-based organizations, particularly in communities that have been historically underserved by the health department. PDPH will also aim to prioritize health equity by identifying the barriers created from intersecting social identities and concerns to partner with and center organizations that have demonstrated experience in leading these efforts. These partnerships will be bolstered, sustained, and incorporated into addressing other public health priorities as well. In addition, PDPH will continue to develop communications and educational materials that are accessible and culturally competent, as well as address health literacy barriers in the city.
- **Utilize COVID-19 mandates and policies to prevent the spread of COVID-19, particularly in settings that present higher risks of exposure.** PDPH will monitor the data to determine the need to reinstate mandates, such as the vaccine and mask requirements. PDPH aims to be the least restrictive while keeping residents safe as the pandemic continues.
- **Operate a COVID-19 Call Center to provide residents, healthcare providers, organizations, and businesses access to the latest COVID-19 information from PDPH staff.** Since the pandemic’s onset, the call center has served as a vital resource to communicate directly with the public. In the coming months, the call center will transition to a new cloud-based system and expand its functionality. The call center will continue to be open for calls 8:30AM—6:00PM, Monday—Friday.
- **Document and evaluate COVID-19 response operations to inform and improve responses to future public health emergencies.** The COVID-19 pandemic has provided the opportunity to learn from the actions and measures taken to contain a novel virus. Public health preparedness planning will account for and build upon these strategies for future emergencies.

Conclusions

As the pandemic persists, local and federal COVID-19 response strategies have continued to evolve as new data, treatments, and resources become available, allowing for more informed containment measures and a new path forward. The strategies outlined above offer an overview of activities that PDPH will sustain or initiate in the next phase of the pandemic, recognizing that while mandates and

restrictions have scaled back, PDPH still plays a critical role in ensuring access to the services needed to prevent and reduce the risk of COVID-19, particularly for those who are at high risk of acquiring COVID-19 infection and/or are at high risk of severe disease.