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The Situation in Richmond

New COVID-19 cases have been steadily declining in Virginia for a few weeks. As of Mar. 9, Central Virginia is averaging 265 [new COVID-19 cases per day](#), down from 313 on Mar. 2 and 386 on Feb. 23. Statewide, the commonwealth is averaging 1,367 new cases per day, compared to 1,646 a week ago and 1,962 two weeks ago.

Hospitalizations have also been on the decline. In Central Virginia, 316 [hospital beds](#) were occupied by COVID-19 patients on Mar. 9, down from 333 on Mar. 2 and 457 on Feb. 23. At the state level, 1,171 hospital beds were occupied by COVID-19 patients in Virginia on Mar. 8, down from 1,343 on Mar. 2 and 1,618 on Feb. 23.

The [death rate](#) in Virginia has begun to fall in recent days, after a spike resulting from the post-holiday COVID-19 surge. As of Mar. 9, Central Virginia is averaging 27 deaths per day, compared to 48 average deaths per day on Mar. 2 and 22 average deaths per day on Feb. 23. Statewide, Virginia is averaging 121 deaths per day as of Mar. 9, compared to 184 average deaths on Mar. 2 and 89 average deaths on Feb. 23.

The Situation in Charlotte

New COVID-19 cases have been steadily declining in North Carolina for a few weeks. On Mar. 3, Mecklenburg County recorded 231 [new COVID-19 cases](#), down from 301 on Feb. 24 and 414 on Feb. 17.

Hospitalizations are decreasing in both [Mecklenburg County](#) and [the state](#). The county reported 169 COVID-19 hospitalizations on Mar. 3, down from 189 on Feb. 24 and 227 on Feb. 17. Statewide, North Carolina reported 1,298 people in the hospital with COVID-19 on Mar. 3, down from 1,501 on Feb. 24 and 1,894 on Feb. 17.

Comparing Viral Vector and mRNA COVID-19 Vaccines

On Feb. 27, the [FDA announced](#) emergency use authorization for Johnson & Johnson's COVID-19 vaccine. Now that the U.S. has three authorized vaccines – Moderna, Pfizer-BioNTech, and Johnson & Johnson – questions have emerged regarding the pros and cons of each.

The [Johnson & Johnson](#) vaccine utilizes adenovirus, a type of virus that causes the common cold, as a vehicle to deliver instructions to cells about how to fight the virus. When injected into the arm, the adenovirus can't replicate or cause illness, but it does create antibodies. It requires only one shot, which offers an opportunity for wider distribution and fewer logistics. The vaccine was found to be 66% effective against laboratory-confirmed COVID-19, and up to 85% effective at preventing severe disease four weeks after immunization.

The [Moderna](#) and [Pfizer-BioNTech](#) vaccines use messenger RNA (mRNA) technology to deliver genetic code to cells that instructs them to make the COVID-19 spike protein. The mRNA vaccines require two shots, given 3-4 weeks apart, and they have strict guidelines around storage temperature, making distribution a challenge. Both vaccines were found to be 94-95% effective against laboratory-confirmed COVID-19, with full efficacy reached about a week after the second dose.

Despite the differences, the effectiveness against death is consistent among all three vaccines. "There have been seven phase 3 trials of these vaccines and, so far, **the death rate of those who have gotten the vaccine is 0**. That's amazing," says Dr. John Woodward. "In terms of serious illness and lethality of the virus, all three vaccines have become lifesaving."

Is one vaccine a clear leader? At this point, "the vaccine that is most recommended is the one that's currently available to you so you don't delay vaccination and immunity development," Dr. Woodward explains.

"If you're eligible for vaccination, you'll likely need to accept whichever vaccine is available," agrees Dr. Mary Colfer. "You can always refuse the vaccine until a later date, but you don't know how much later that might be." The longer you wait, the more opportunity you have for virus exposure.

If you missed our Coping with COVID-19 webinar and would like to hear more from our physicians about their experiences with the virus, please [click here](#) to watch the recording.

WellcomeMD.com 2500 Gaskins Road Suite A Richmond VA 23238 United States

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