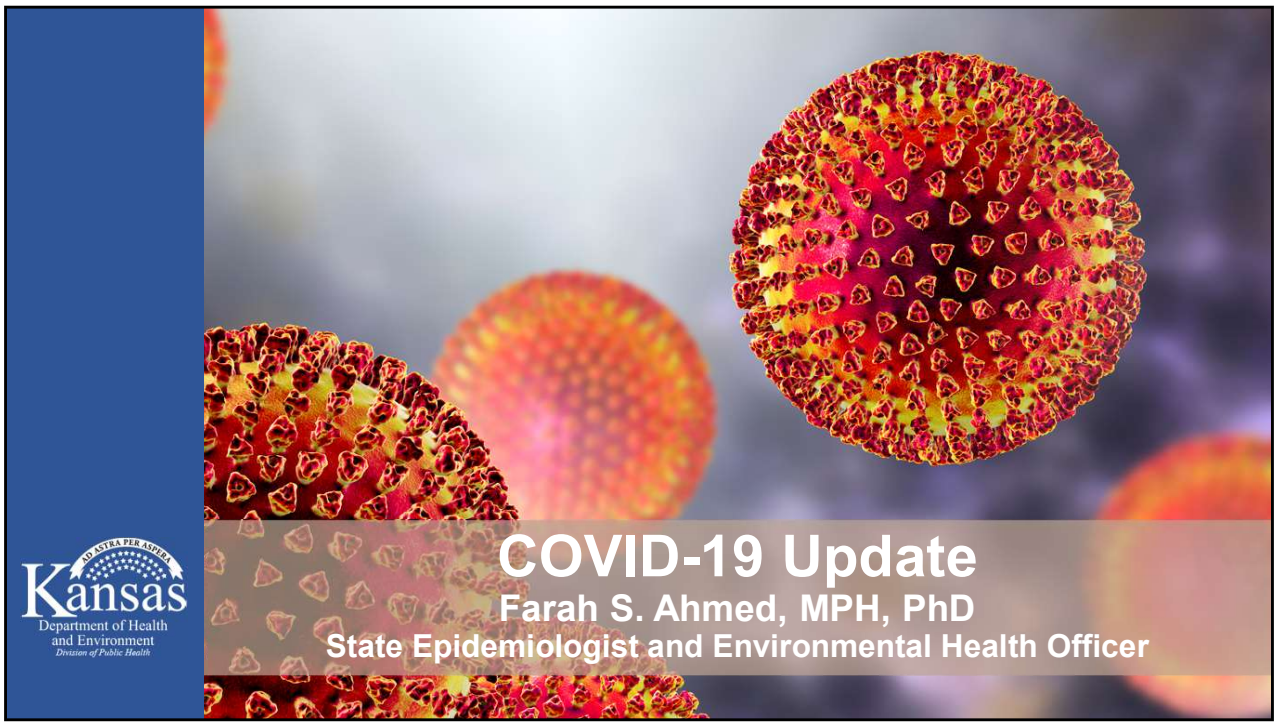

Kansas
Department of Health and Environment
Division of Public Health
COVID-19 Update for Local Partners
Kansas Department of Health & Environment | June 1, 2023

COVID-19 Update for Local Partners

Agenda

• COVID-19 Update	Dr. Farah Ahmed
• SARS-CoV-2 Variant Update	Dr. John Anderson
• COVID-19 Therapeutics Update	Michael McNulty
• COVID-19 Vaccine Update	Jackie Strecker
• COVID-19 Hotline Update	Dr. Rebecca Adamson
• Other Emerging Issues:	
• Rabies Update	Dr. Erin Petro
• Mpox Update	Justin Blanding
• Reportable Infectious Disease Dashboard	Justin Blanding



Good morning everyone.

COVID-19 Update

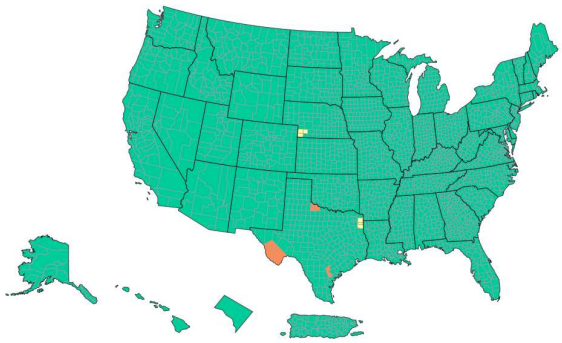
COVID-19 hospital admissions levels in US by county

Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
≥ 20.0	8	0.25%	-0.03%
10.0 - 19.9	6	0.19%	-0.9%
<10.0	3209	99.69%	0.93%

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending May 20, 2023.

US Reported COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County



As of 5-20-2023. Available at CDC COVID Data Tracker: Maps by Geographic Area

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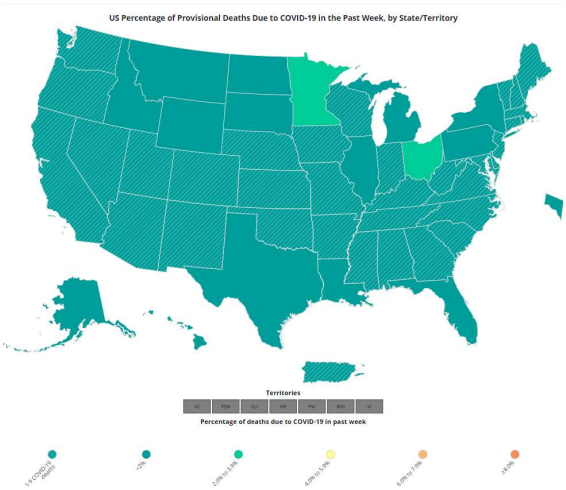
Given the end of the COVID-19 Public Health Emergency, many states, including Kansas, have stopped having every case of COVID-19 disease or positive SARS-CoV-2 lab report sent to state public health agencies. Given that, CDC's COVID-19 surveillance has shifted to hospitalizations, deaths, and emergency department visits rather than case rates which we would previously review at this point in the webinar.

As you can see in this map of COVID-19 hospital admissions by county, the vast majority of counties have less than 10 admissions per 100,000 population as indicated by the green color. It looks like there are a few counties in Nebraska and Texas that might have higher admission rates.

COVID-19 Update



As of 5-20-2023. Available at: [CDC COVID Data Tracker: Maps by Geographic Area]

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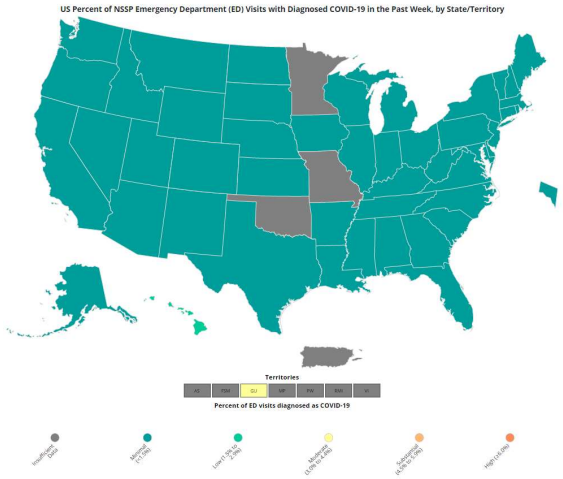
For deaths, you can see the majority of states are striped which indicates 1-9 COVID-19 related deaths in the past week.

COVID-19 Update



As of 5-20-2023. Available at: CDC COVID Data Tracker: Maps by Geographic Area

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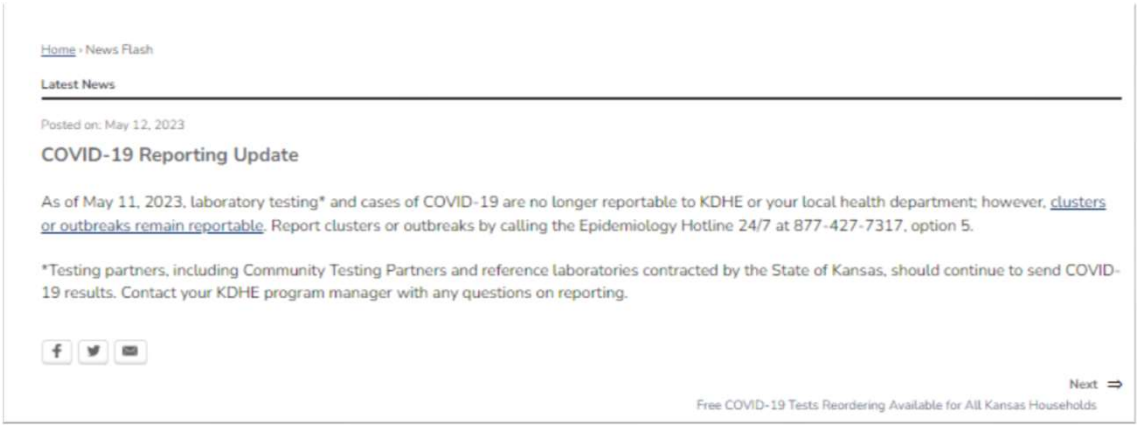
And you can see that most states have minimal percentage of total ED visits being made up by COVID visits. Minimal is the teal color and indicates <1.5% of visits for the past week.

COVID-19 Update



Home › News Flash

Latest News

Posted on: May 12, 2023

COVID-19 Reporting Update

As of May 11, 2023, laboratory testing* and cases of COVID-19 are no longer reportable to KDHE or your local health department; however, clusters or outbreaks remain reportable. Report clusters or outbreaks by calling the Epidemiology Hotline 24/7 at 877-427-7317, option 5.

*Testing partners, including Community Testing Partners and reference laboratories contracted by the State of Kansas, should continue to send COVID-19 results. Contact your KDHE program manager with any questions on reporting.

Next ⇒
Free COVID-19 Tests Reordering Available for All Kansas Households

Available at: https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas

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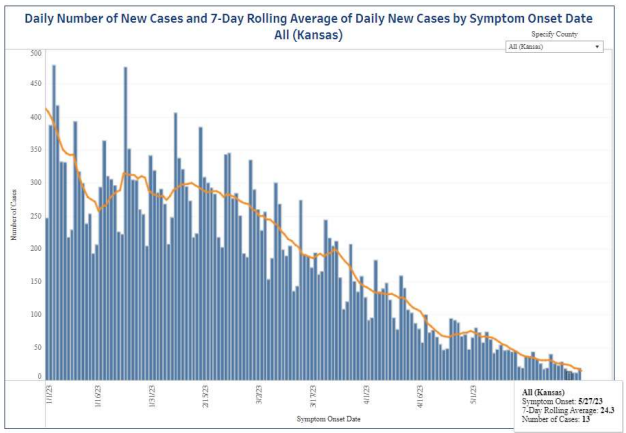
Speaking of the end of the COVID-19 Public Health Emergency, if you go to the KDHE COVID-19 data dashboard, you will see a message saying that cases and labs are no longer reportable to KDHE. KDHE does have testing partners throughout the state that provide free testing, including Community Testing Partners and reference laboratories that are contracted by the state. For these partners, they will continue reporting results as they have been.

Clusters and outbreaks remain reportable so that Public Health can take action.

COVID-19 Update

NOTICE: As of May 31, 2023, the COVID-19 Case Count Dashboard is no longer being updated. COVID-19 syndromic surveillance data are available from the Kansas Syndromic Surveillance Program Dashboard.



Available at: https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas; Updated Wednesday 5/31/2023

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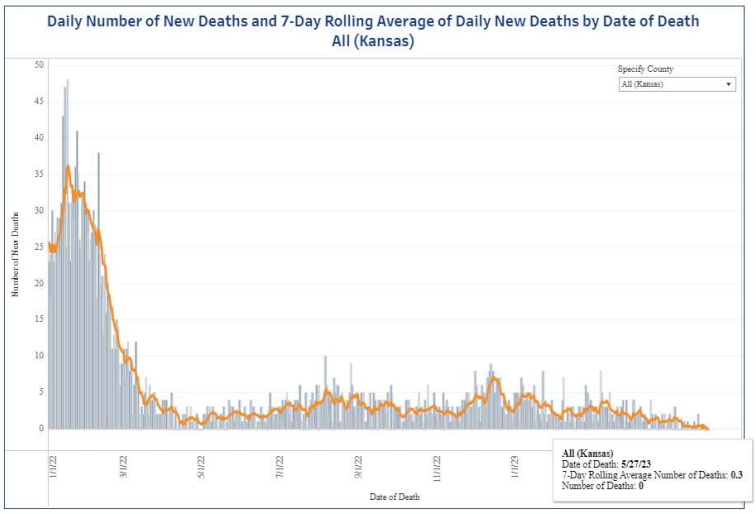
You'll also see a message saying that the case counts dashboard will no longer be updated after May 31st (yesterday). So, for the last time, cutting off the five most recent days to allow for lags in reporting, on Saturday May 27th the 7 day average number of cases was 24.3 cases per day.

COVID-19 Update



Available at: https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas; Data updated Wednesday 5/31/2023.

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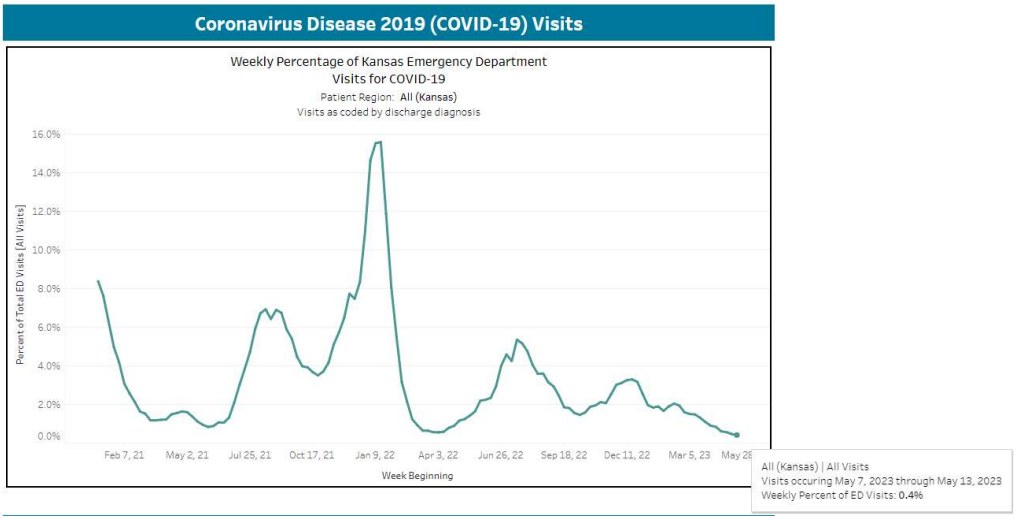
And the average number of deaths was 0.3 deaths per day.

COVID-19 Update



Available at: Workbook: KSSP; Data updated Wednesday 5/31/2023.

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We will continue to update the emergency department visit data on our syndromic surveillance dashboard. For the week of May 7 through 13, COVID made up 0.4% of the weekly ED visits.

COVID-19 Update: Other changes

KDHE has discontinued COVID-19 case investigations.

Cases and laboratory results, for the most part, are no longer reportable to KDHE or local health departments. KDHE will move to surveillance monitoring of COVID-19 disease, similar to how the agency monitors influenza activity in the state.

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Other changes related to the end of the Public Health Emergency are that KDHE has stopped COVID-19 case investigations.

As I mentioned, cases and laboratory results are no longer reportable to KDHE (except for our various testing partners). We will be moving toward monitoring COVID-19 activity similar to how we monitor influenza including monitoring emergency department visits.

COVID-19 Update: What doesn't change

The general population who test positive for COVID-19 should still isolate: Available at: https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html

Healthcare workers who test positive for COVID-19 should still isolate and the guidance for high risk exposure remains: Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Strategies for mitigating healthcare personnel shortages remains: Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staff-shortages.html

Infection Prevention and Control Recommendations remain: Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

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What doesn't change…

Just a reminder because we have gotten questions about this, the guidance to isolate if you test positive for COVID-19 remains and is not affected by the end of the Public Health Emergency.

The guidance for healthcare personnel isolation also remains, as does recommendations for high risk exposures to healthcare personnel.

There are still the strategies for mitigating healthcare personnel shortages.

And Infection Prevention and Control Recommendations are still important and in effect.

COVID-19 Update: What doesn't change

COVID-19 testing programs for K-12 schools, early childcare settings, jails, homeless shelters, Community and Volunteer Testing programs, and testing through state contracted reference laboratories and through the Kansas Health and Environmental Laboratories (KHEL) will continue

Public Health will continue to investigate outbreaks

KDHE will continue to provide guidance on testing, isolation, Personal Protective Equipment (PPE) usage and reporting requirements to health care facilities through KDHE's Healthcare-Associated Infections & Antimicrobial Resistance (HAI/AR) Program.

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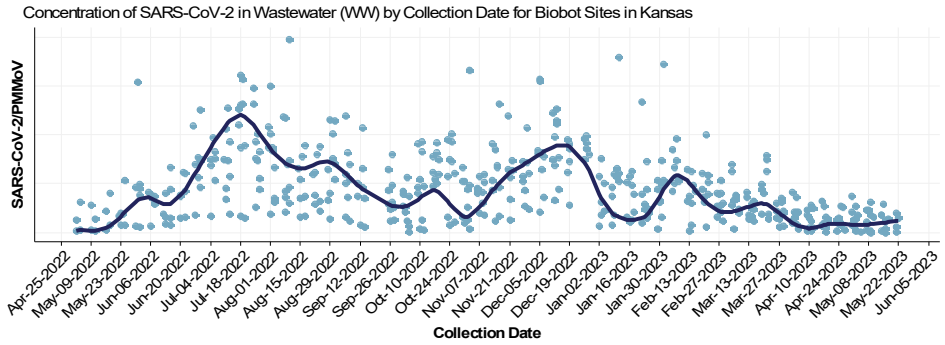
Also unchanged are the various KDHE testing programs for free testing through partnering schools, childcare settings, jails, etc.

As I mentioned, outbreaks continue to be reported to Public Health and Public Health will investigate outbreaks.

And the KDHE Healthcare Associated Infections Program will continue to provide guidance to various healthcare facilities including long-term care facilities.

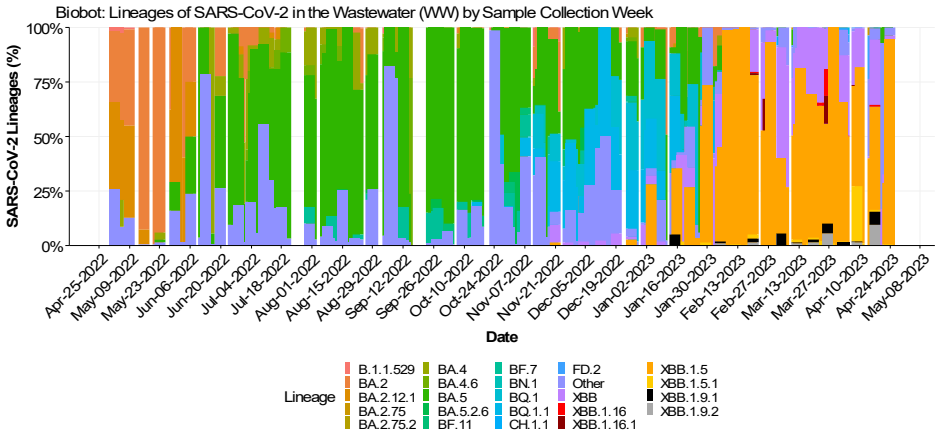

Kansas
Department of Health and Environment
Division of Public Health
Wastewater and Variant Update
John Anderson, MSc, PhD
Director Genomic Epidemiology

SARS-CoV-2 in wastewater continues to remain low



- SARS-CoV-2 in wastewater in 10 sewersheds in Kansas continues to remain low.

XBB.1.5 is the dominant lineage of SARS-CoV-2 in wastewater

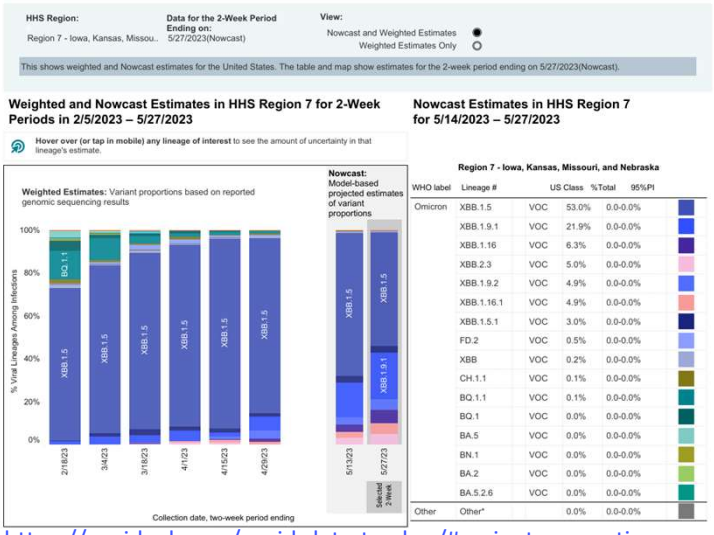


- In 10 Kansas sewersheds, XBB.1.5 has been dominant in wastewater since February 2023.
- There have been occasional detections of XBB.1.16 in wastewater – no cases have been identified in Kansas.

Updates to the CDC's Variant Dashboard

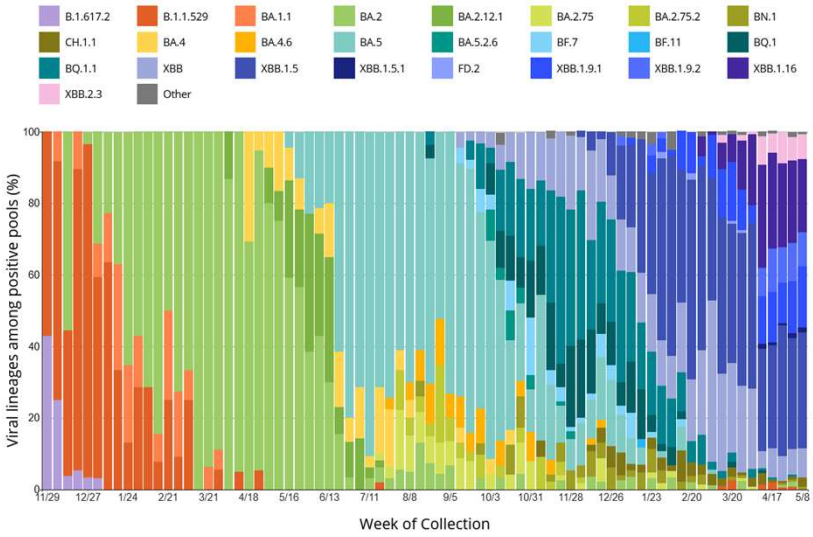
- The CDC has updated their variant dashboard to show data in two-week aggregates and updates are now made every two weeks.

- Based on sequencing data from the HHS region 7, the dominant variant is XBB.1.5 and the lineages XBB.1.16 and XBB.1.9 are slowly increasing in proportion.



https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Genomic Surveillance of International Travelers by the CDC



https://covid.cdc.gov/covid-data-tracker/#traveler-genomic-surveillance

- Cases from international travelers entering the USA are split between XBB.1.5, XBB.1.9, XBB.1.16, and XBB.2.3.

- A recent preprint from Singapore reports no differences in disease severity between XBB lineages.

Severity of SARS-CoV-2 Omicron XBB subvariants in Singapore.
Pung R., Peng Kong X., Cui L., Chae S., Chen M., Lee V., Ho Z.
medRxiv 2023.05.04.23289510; doi: https://doi.org/10.1101/2023.05.04.23289510


Kansas
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Division of Public Health
COVID-19 Therapeutics Update
Michael McNulty | Emergency Management Director

FDA Approves First Oral Antiviral for Treatment of COVID-19 in Adults

- May 26, 2023, the U.S. Food and Drug Administration (FDA) approved the oral antiviral Paxlovid for the treatment of mild-to-moderate COVID-19 in adults who are at high risk for progression to severe COVID-19, including hospitalization or death.
- Following this action, ASPR would like to confirm that they will continue distributing the EUA-labeled Paxlovid product as usual.
- The U.S. government has sufficient supply of this product remaining and will continue to make it available at no cost to patients.
- The ordering process and reporting requirements will remain the same. The current provider agreements will remain in place, with no alterations to the expectations outlined in those agreements.

SUPERNOVA: Trial Overview

- Phase I/III randomized, double-blind study to evaluate the safety and neutralizing activity of AZD3152 vs AZD7442 for pre-exposure prophylaxis of COVID-19 in participants with conditions/treatments causing immune impairment.
- Global Trial consists of two cohorts at sites across the US, UK, Europe, and Asia.
- AZD3152: potent long acting mAb with broad neutralization activity against known variants of concern.
- Eligibility
  - 12 years and older, weight ≥ 40kg (88 lbs), negative COVID-19 rapid antigen test
  - Have a weakened immune system either due to diagnosis and/or treatment (including hemodialysis)
  - Must not have had COVID-19 or a COVID-19 vaccine within 3 months, COVID-19 mAb/convalescent plasma/IVIG within 6 months
- Additional trial and sign-up information for patients and providers:

https://covidtrialandyou.com

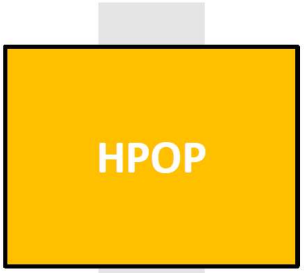
AZ Information Center 1-800-236

Enrollment of patients will occur on a first-come, first-served basis and will not guarantee demographic diversity

AstraZeneca. Study Understanding Pre-Exposure pRophylaxis of NOVel Antibodies (SUPERNOVA). Available from: https://clinicaltrials.gov/ct2/show/NCT05648110.

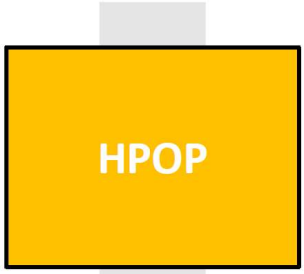
HPOP Reporting

For sotrovimab, bam/ete, REGEN-COV, bebtelovimab, Evusheld



Reporting required by 11:59 pm **each Thursday**

For Paxlovid and Lagevrio



Reporting required **twice per week** by 11:59 pm **Monday** and **Thursday**

Sites with inventory of USG-purchased COVID-19 therapeutics must provide information on product utilization, wastage and stock on hand

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HPOP Reporting and Ordering

- Facilities that are not consistently and correctly reporting will have their orders delayed/cancelled
  - Reporting on Mondays & Thursdays
- Report courses administered only since last report and not cumulatively
  - Zeros should be used if no product has been administered in the reporting period. Blanks should not be used and will be considered incomplete reporting which will delay order adjudication

COVID-19 Therapeutics Shelf-Life Extensions

- None of the currently authorized outpatient oral antivirals have expired
  - Almost all COVID-19 therapeutics have current shelf-life extensions
- KDHE is seeing an increase in therapies being wasted that are in-date per these shelf-life extensions
  - 271 courses of Paxlovid have been reported as wasted
- Facilities should confirm new expiration dates prior to considering disposal
- Shelf-life extension information available at https://stg-aspr.hhs.gov/COVID-19/Therapeutics/Pages/Product-Expiry.aspx
- No additional shelf-life extension is possible for etesevimab; no extension will be sought for bamlanivimab
  - Refer to online resources for true expiration dates but **all lots of estesevimab and bamlanivimab EXPIRE in MAY.**

COVID-19 Therapeutic Commercialization

Timeline is continually reviewed and updated

- Lagevrio – 4th Quarter this year
- Paxlovid – Not specific at this time

Courses Used per Week Last 4 Months

Reporting Quality

- Between 86-92% except for Week of May 22 at 74%

Products without Current Authorization

What should I do with BAM/ETE, REGEN-COV, sotrovimab, bebtelovimab, and Evusheld that my site still has?

Product disposal or return is NOT recommended as these drugs may be effective against future variants. Any returned product must be destroyed. If product must be disposed of, consider onsite destruction:

For on-site destruction, follow attestation process in HPOP

- For bam and bam/ete, see The Lilly Return Goods Procedure, detailed guidance can be found at: https://www.lillytrade.com/
- For REGEN-COV, call 844-734-6643
- For sotrovimab, see the GSK Returns Goods Policy at: www.gsk-ecs.com
- For EVUSHELD, see AZ's returns policy for expired EVUSHELD product at: www.evusheld.com or 1-800-EVUSHLD

Guidelines for Product Return

- All therapeutic products are property of the USG and must be used in accordance with EUA guidance
- Sites of care cannot donate products to entities outside the U.S. or for use outside the U.S.
- Any returned product will be destroyed, as product integrity cannot be verified
- Non-expired, authorized product should not be destroyed. No returns of product currently in distribution by the USG.
- Doses discarded on site (compromised vial, unused diluted vials, etc) should be recorded in HPOP
- Expiration dates are extended often, check for updates and notices on potential pending updates on any expired or nearly expired product before returning
- For up-to-date information on expiration dates:
  - www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/expiration-dating-extension#COVIDtherapeutics
  - https://aspr.hhs.gov/COVID-19/Therapeutics/updates/Pages/default.aspx

On Site Destruction of Expired or Unauthorized Product

- For licensed provider locations with destruction procedures in place that follow all federal, state, and local regulations, therapeutics can be destroyed on site only if:
  - Guidelines are followed on what product can be destroyed
    - **Only expired product or unauthorized product that can no longer be stored**
    - **No unexpired product that is currently authorized for use can be destroyed**
  - Sites are following established protocols for destruction and attest in HPOP to following all regulations
  - Quantities of any product destroyed is recorded in HPOP
- The established returns process for each product is still an option for sites who do not have an established method for proper destruction or otherwise prefer to go through the returns process
  - Returned product must also be recorded in HPOP

Updates to HPOP

Goal: Make ordering and distribution of medical countermeasures and other resources prompt and efficient for current users and during future public health emergencies

- 90% of the user workflow remains unchanged
- All current data in HPOP will be migrated over
- Currently no timeline

HPOP User Reauthentication

- The reauthentication notification, with the necessary links, will be sent from the new email address for HPOP notifications, noreply.HPOP@hhs.gov.
  - Please add it to your approved senders list so the reauthentication email and all future HPOP related notifications are not blocked from your inbox by your organization's spam filters.
- The new URL will be https://hpop.hhs.gov/

Helpful Therapy Resources

- Side-by-Side Overview of Therapeutics Authorized or Approved for the Prevention of COVID-19 Infection or Treatment of Mild-Moderate COVID-19
  - https://aspr.hhs.gov/COVID-19/Therapeutics/Documents/side-by-side-overview.pdf
- Federal Response to COVID-19: Therapeutics Clinical Implementation Guide
  - https://aspr.hhs.gov/COVID-19/Therapeutics/Documents/USG-COVID19-Tx-Playbook.pdf
- COVID Therapeutics Decision Aid
  - https://www.phe.gov/emergency/events/COVID19/therapeutics/Documents/COVID-Therapeutics-Decision-Aid.pdf
- COVID-19 Therapeutic Product Expiration Dates
  - https://stg-aspr.hhs.gov/COVID-19/Therapeutics/Pages/Product-Expiry.aspx
- Paxlovid expiry data
  - https://www.paxlovidlotexpiry.com/

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Therapies Questions

- If you have any questions related to COVID therapy distribution in Kansas, please contact Michael McNulty (Michael.McNulty@ks.gov)
- Issues with Logging into and using HPOP – hpop.support@hhs.gov

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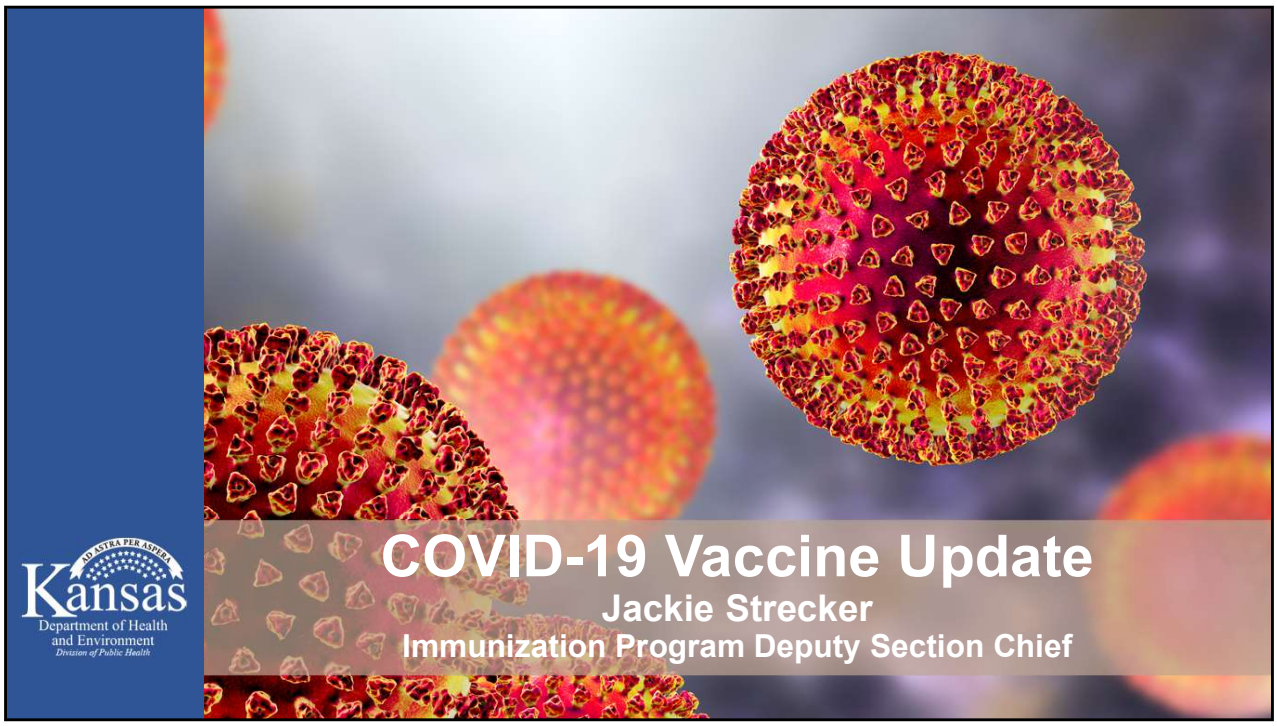
Fred the Preparedness Dog

Fred's retirement is today.

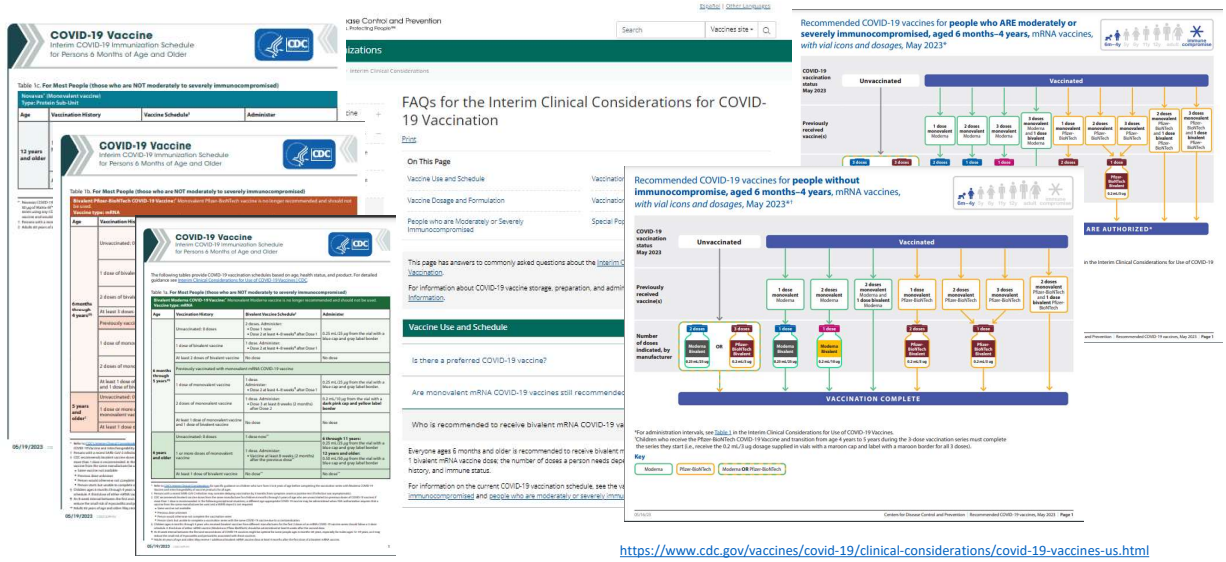
- He will still be active on social media, just won't be doing community events
- Thank you to all the local health departments, schools, communities, and others who have helped make this program so successful and supported Fred through the years!

To protect and improve the health and environment of all Kansans



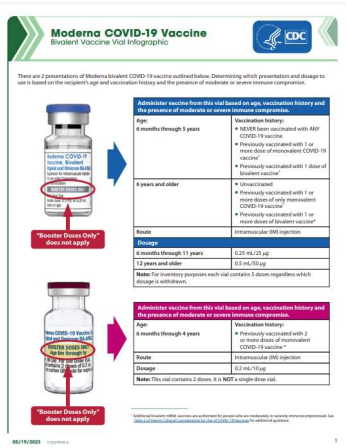
Good morning everyone.

COVID-19 Vaccine Resources



https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

COVID-19 Vaccine Resources



Moderna COVID-19 Vaccine
Bivalent Vaccine Vial Infographic

There are 2 presentations of Moderna bivalent COVID-19 vaccine outlined below. Determining which presentation and dosage to use is based on the recipient's age and vaccination history and the presence of moderate or severe immune compromise.

"Booster Doses Only" does not apply

Administer vaccine from this vial based on age, vaccination history and the presence of moderate or severe immune compromise.	
Age: 6 months through 5 years	Vaccination history: • NEVER been vaccinated with ANY COVID-19 vaccine • Previously vaccinated with 1 or more dose of monovalent COVID-19 vaccine* • Previously vaccinated with 1 dose of bivalent vaccine*
6 years and older	• Unvaccinated • Previously vaccinated with 1 or more doses of only monovalent COVID-19 vaccine* • Previously vaccinated with 1 or more doses of bivalent vaccine*
Route	Intramuscular (IM) injection
Dosage	
6 months through 11 years	0.25 mL/25 µg
12 years and older	0.5 mL/50 µg
Note: For inventory purposes each vial contains 5 doses regardless which dosage is withdrawn.	

"Booster Doses Only" does not apply

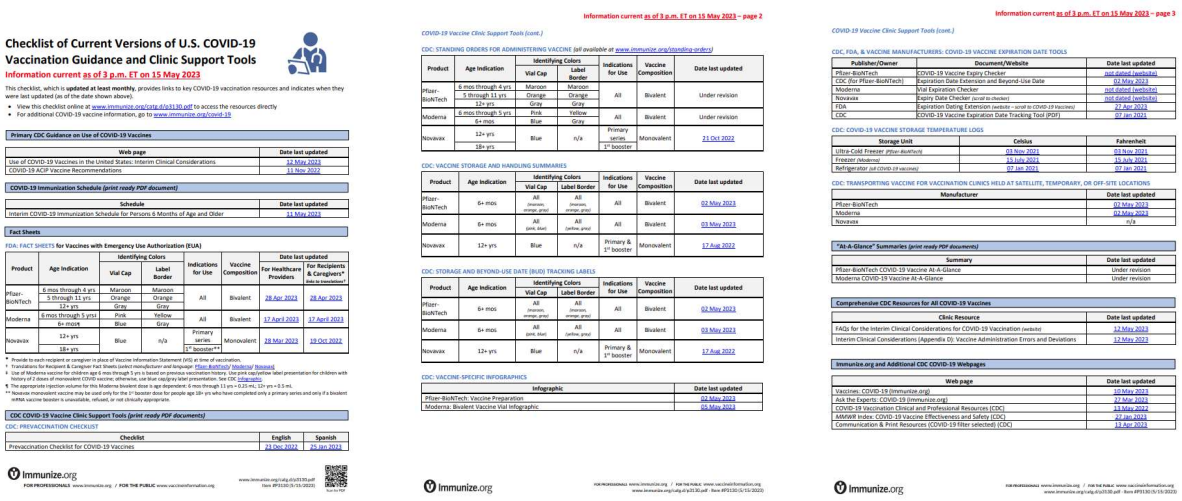
Administer vaccine from this vial based on age, vaccination history and the presence of moderate or severe immune compromise.	
Age: 6 months through 4 years	Vaccination history: • Previously vaccinated with 2 or more doses of monovalent COVID-19 vaccine *
Route	Intramuscular (IM) injection
Dosage	0.2 mL/10 µg
Note: This vial contains 2 doses. It is **NOT** a single dose vial.	

* Additional bivalent mRNA vaccines are authorized for people who are moderately or severely immunocompromised. See Table 4 of Interim Clinical Considerations for Use of COVID-19 Vaccines for additional guidance.

05/19/2023

https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/Moderna-Vaccine-Vial-Infographic-508.pdf

COVID-19 Vaccine Resources



Checklist of Current Versions of U.S. COVID-19 Vaccination Guidance and Clinic Support Tools

Information current as of 3 p.m. ET on 15 May 2023

This checklist, which is **updated at least monthly**, provides links to key COVID-19 vaccination resources and indicates when they were last updated (as of the date shown above).

- View this checklist online at www.immunize.org/catg.d/p3130.pdf to access the resources directly
- For additional COVID-19 vaccine information, go to www.immunize.org/covid-19

Primary CDC Guidance on Use of COVID-19 Vaccines

Web page	Date last updated
Use of COVID-19 Vaccines in the United States: Interim Clinical Considerations	12 May 2023
COVID-19 ACIP Vaccine Recommendations	13 Nov 2022

COVID-19 Immunization Schedule ***(print ready PDF document)***

Schedule	Date last updated
Interim COVID-19 Immunization Schedule for Persons 6 Months of Age and Older	11 May 2023

Fact Sheets

FDA: FACT SHEETS **for Vaccines with Emergency Use Authorization (EUA)**

Product	Age Indication	Identifying Colors: Vial Cap	Identifying Colors: Label Border	Indications for Use	Vaccine Composition	Date last updated: For Healthcare Providers	Date last updated: For Recipients & Caregivers* (Links to translations*†)
Pfizer-BioNTech	6 mos through 4 yrs	Maroon	Maroon	All	Bivalent	28 Apr 2023	28 Apr 2023
	5 through 11 yrs	Orange	Orange				
	12+ yrs	Gray	Gray				
Moderna	6 mos through 5 yrs‡	Pink	Yellow	All	Bivalent	17 April 2023	17 April 2023
	6+ mos¶	Blue	Gray				
Novavax	12+ yrs	Blue	n/a	Primary series	Monovalent	28 Mar 2023	19 Oct 2022
	18+ yrs			1st booster**			

* Provide to each recipient or caregiver in place of Vaccine Information Statement (VIS) at time of vaccination.
† Translations for Recipient & Caregiver Fact Sheets (*select manufacturer and language*: Pfizer-BioNTech/ Moderna/ Novavax).
‡ Use of Moderna vaccine for children age 6 mos through 5 yrs is based on previous vaccination history. Use pink cap/yellow label presentation for children with history of 2 doses of monovalent COVID vaccine; otherwise, use blue cap/gray label presentation. See CDC Infographic.
¶ The appropriate injection volume for this Moderna bivalent dose is age dependent: 6 mos through 11 yrs = 0.25 mL; 12+ yrs = 0.5 mL.
** Novavax monovalent vaccine may be used only for the 1st booster dose for people age 18+ yrs who have completed only a primary series and only if a bivalent mRNA vaccine booster is unavailable, refused, or not clinically appropriate.

CDC COVID-19 Vaccine Clinic Support Tools ***(print ready PDF documents)***

CDC: PREVACCINATION CHECKLIST

Checklist	English	Spanish
Prevaccination Checklist for COVID-19 Vaccines	23 Dec 2022	25 Jan 2023

Immunize.org — FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org — www.immunize.org/catg.d/p3130.pdf (Item #P3130 (5/15/2023)) — Scan for PDF

COVID-19 Vaccine Clinic Support Tools (cont.)

CDC: STANDING ORDERS FOR ADMINISTERING VACCINE *(all available at www.immunize.org/standing-orders)*

Product	Age Indication	Identifying Colors: Vial Cap	Identifying Colors: Label Border	Indications for Use	Vaccine Composition	Date last updated
Pfizer-BioNTech	6 mos through 4 yrs	Maroon	Maroon	All	Bivalent	Under revision
	5 through 11 yrs	Orange	Orange			
	12+ yrs	Gray	Gray			
Moderna	6 mos through 5 yrs	Pink	Yellow	All	Bivalent	Under revision
	6+ mos	Blue	Gray			
Novavax	12+ yrs	Blue	n/a	Primary series	Monovalent	21 Oct 2022
	18+ yrs			1st booster		

CDC: VACCINE STORAGE AND HANDLING SUMMARIES

Product	Age Indication	Identifying Colors: Vial Cap	Identifying Colors: Label Border	Indications for Use	Vaccine Composition	Date last updated
Pfizer-BioNTech	6+ mos	All (maroon, orange, gray)	All (maroon, orange, gray)	All	Bivalent	02 May 2023
Moderna	6+ mos	All (pink, blue)	All (yellow, gray)	All	Bivalent	03 May 2023
Novavax	12+ yrs	Blue	n/a	Primary & 1st booster	Monovalent	17 Aug 2022

CDC: STORAGE AND BEYOND-USE DATE (BUD) TRACKING LABELS

Product	Age Indication	Identifying Colors: Vial Cap	Identifying Colors: Label Border	Indications for Use	Vaccine Composition	Date last updated
Pfizer-BioNTech	6+ mos	All (maroon, orange, gray)	All (maroon, orange, gray)	All	Bivalent	02 May 2023
Moderna	6+ mos	All (pink, blue)	All (yellow, gray)	All	Bivalent	03 May 2023
Novavax	12+ yrs	Blue	n/a	Primary & 1st booster	Monovalent	17 Aug 2022

CDC: VACCINE-SPECIFIC INFOGRAPHICS

Infographic	Date last updated
Pfizer-BioNTech: Vaccine Preparation	02 May 2023
Moderna: Bivalent Vaccine Vial Infographic	05 May 2023

Immunize.org — FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org — www.immunize.org/catg.d/p3130.pdf - Item #P3130 (5/15/2023)

COVID-19 Vaccine Clinic Support Tools (cont.)

CDC, FDA, & VACCINE MANUFACTURERS: COVID-19 VACCINE EXPIRATION DATE TOOLS

Publisher/Owner	Document/Website	Date last updated
Pfizer-BioNTech	COVID-19 Vaccine Expiry Checker	*last dated (website)*
CDC (for Pfizer-BioNTech)	Expiration Date Extension and Beyond-Use Date	01 May 2023
Moderna	Vial Expiration Checker	*last dated (website)*
Novavax	Expiry Date Checker *(scroll to checker)*	*last dated (website)*
FDA	Expiration Dating Extension *(website – scroll to COVID-19 Vaccines)*	27 Apr 2023
CDC	COVID-19 Vaccine Expiration Date Tracking Tool (PDF)	07 Jan 2021

CDC: COVID-19 VACCINE STORAGE TEMPERATURE LOGS

Storage Unit	Celsius	Fahrenheit
Ultra-Cold Freezer *(Pfizer-BioNTech)*	03 Nov 2021	03 Nov 2021
Freezer *(Moderna)*	15 July 2021	15 July 2021
Refrigerator *(all COVID-19 vaccines)*	07 Jan 2021	07 Jan 2021

CDC: TRANSPORTING VACCINE FOR VACCINATION CLINICS HELD AT SATELLITE, TEMPORARY, OR OFF-SITE LOCATIONS

Manufacturer	Date last updated
Pfizer-BioNTech	02 May 2023
Moderna	02 May 2023
Novavax	n/a

"At-A-Glance" Summaries ***(print ready PDF documents)***

Summary	Date last updated
Pfizer-BioNTech COVID-19 Vaccine At-A-Glance	Under revision
Moderna COVID-19 Vaccine At-A-Glance	Under revision

Comprehensive CDC Resources for All COVID-19 Vaccines

Clinic Resource	Date last updated
FAQs for the Interim Clinical Considerations for COVID-19 Vaccination *(website)*	12 May 2023
Interim Clinical Considerations (Appendix D): Vaccine Administration Errors and Deviations	12 May 2023

Immunize.org and Additional CDC COVID-19 Webpages

Web page	Date last updated
Vaccines: COVID-19 (Immunize.org)	10 May 2023
Ask the Experts: COVID-19 (Immunize.org)	27 May 2023
COVID-19 Vaccination Clinical and Professional Resources (CDC)	13 May 2022
MMWR Index: COVID-19 Vaccine Effectiveness and Safety (CDC)	27 Jan 2023
Communication & Print Resources (COVID-19 filter selected) (CDC)	12 Apr 2023

Immunize.org — FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org — www.immunize.org/catg.d/p3130.pdf - Item #P3130 (5/15/2023)

https://www.immunize.org/catg.d/p3130.pdf

To protect and improve the health and environment of all Kansans

COVID-19 Vaccine Standing Orders and EUAs

Standing orders are now available:

https://www.coronavirus.kdheks.gov/332/Guidance-Documents-Resources

Updated EUAs:

Moderna COVID-19 Vaccine Fact Sheet for Recipient and Caregiver
Moderna COVID-19 Vaccine Fact Sheet for Healthcare Professionals
Pfizer COVID-19 Vaccine Fact Sheet for Recipient and Caregiver
Pfizer COVID-19 Vaccine Fact Sheet for Healthcare Professionals

COVID-19 Expiry Look-up Tool Links

Moderna bivalent COVID-19 vaccines for those 6 years and older have received a shelf-life extension. Please be sure to check expiration dates.

Pfizer BioNTech

https://lotexpiry.cvdvaccine.com

Moderna

https://modernacovid19global.com/vial-lookup

Novavax

https://us.novavaxcovidvaccine.com/hcp

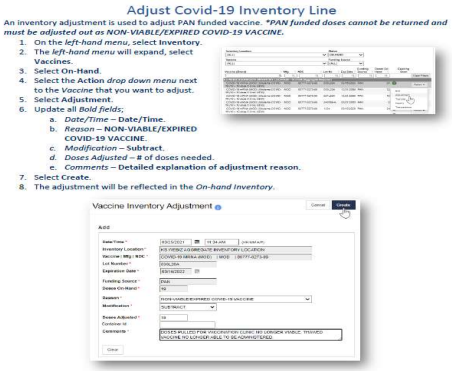
COVID-19 Vaccine Expiration Date Extensions

Expiration dates should be updated in KSWebIZ.

In addition, inventory housed in vaccine storage units should be relabeled with extended expiry dates.

If you need assistance updating the expiration date in KSWebIZ, contact the Helpdesk at 877-296-0464 or email kdhe.immunizationregistry@ks.gov for assistance.

COVID-19 Vaccine Wastage Reporting



- Remove monovalent mRNA Covid-19 vaccines and Johnson and Johnson/Janssen from the vaccine inventory in KSWebIZ and update VaccineFinder.
- Inventory should be reported as wasted in KSWebIZ following the adjustment/wastage instructions.
- CDC expects COVID-19 vaccine wastages to increase due to updated vaccine guidance.

Vaccine Manufacturer Training Opportunities

On Demand Pfizer Vaccine Training Webinars

https://www.pfizermedicalinformation.com/en-us/medical-updates

LIVE sessions will still occur from time to time to inform providers of potential new vaccine information. Visit the website frequently for the latest schedule.
https://www.pfizermedicalinformation.com/en-us/medical-updates

Gray Cap, 12 years of age and older (DO NOT DILUTE)	*16:45 min Video*
Orange Cap, 5 through 11 years of age (DILUTE BEFORE USE)	*14:13 min Video*
Maroon Cap, 6 months through 4 years of age (DILUTE BEFORE USE)	*16:06 min Video*
Storage and Handling	*9:30 min Video*

Vaccine Manufacturer Training Opportunities

Novavax Office Hours
https://novavax.zoom.us/meeting/register/tJMscuChrzMvHtTdmmDu_fRn64KxxU6lmaEB#/registration

- [ ] May 24, 2023 11:00 AM
- [ ] May 30, 2023 12:00 PM
- [ ] Jun 7, 2023 01:00 PM
- [ ] Jun 16, 2023 02:00 PM

Vaccine Manufacturer Training Opportunities

Clinical Outreach and Communication Activity (COCA) Call/Webinar
https://emergency.cdc.gov/coca/calls/2023/callinfo_051123.asp

COVID-19 Vaccination Supplemental Funding

The Centers for Disease Control and Prevention (CDC) have updated guidance for use of COVID-19 Vaccination Supplemental Funding. This information only pertains to local health departments and select community health organizations.

Effective immediately, recipients of COVID-19 IAP Supplemental 3, COVID-19 IAP Supplemental 4, and COVID-19 Immunization Enhancement for Community Health Organization (CHO) grants:

- Grant funds can no longer be used for "new" renovations and/or minor construction projects. All such requests will be denied by the Kansas Immunization Program.
- This guidance only pertains to "new" projects. If projects have already been approved and/or have started, there will be no effect to those grant recipients.

Our understanding is that this decision was based on the Public Health Emergency ending and other factors related to the grant period of performance.

We expect to receive additional details from CDC, at which time we will share with grant recipients.

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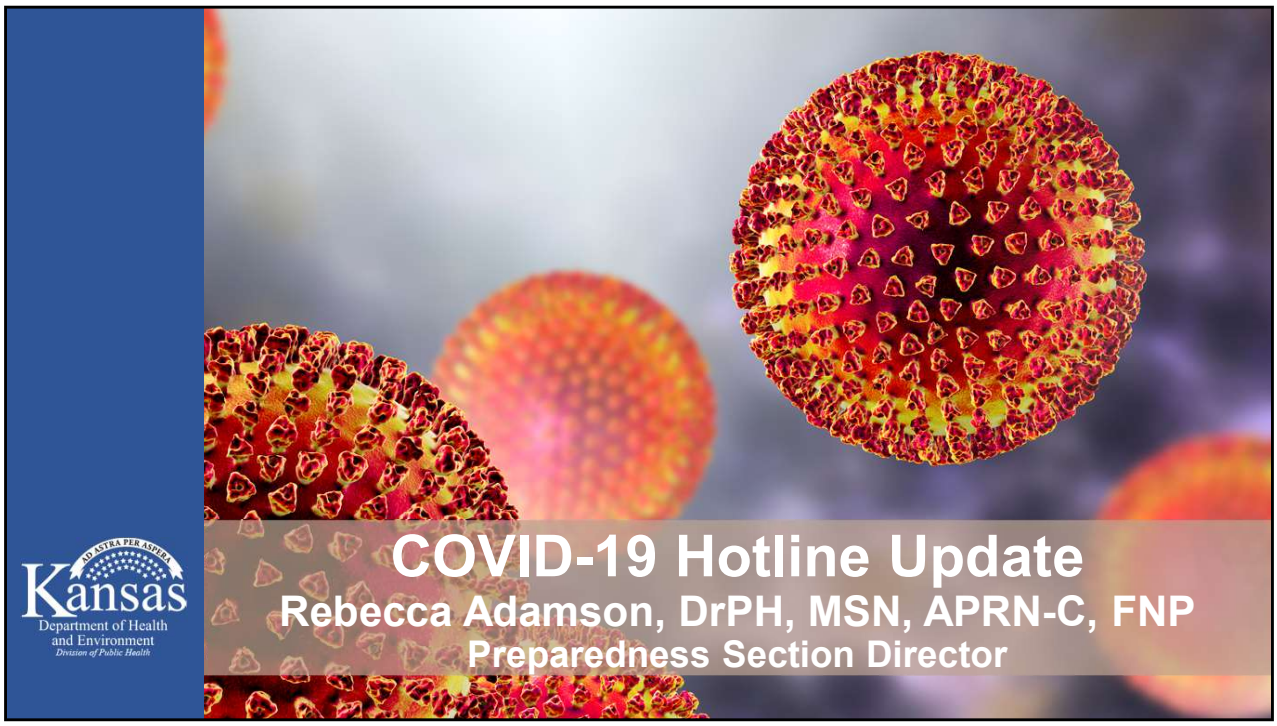
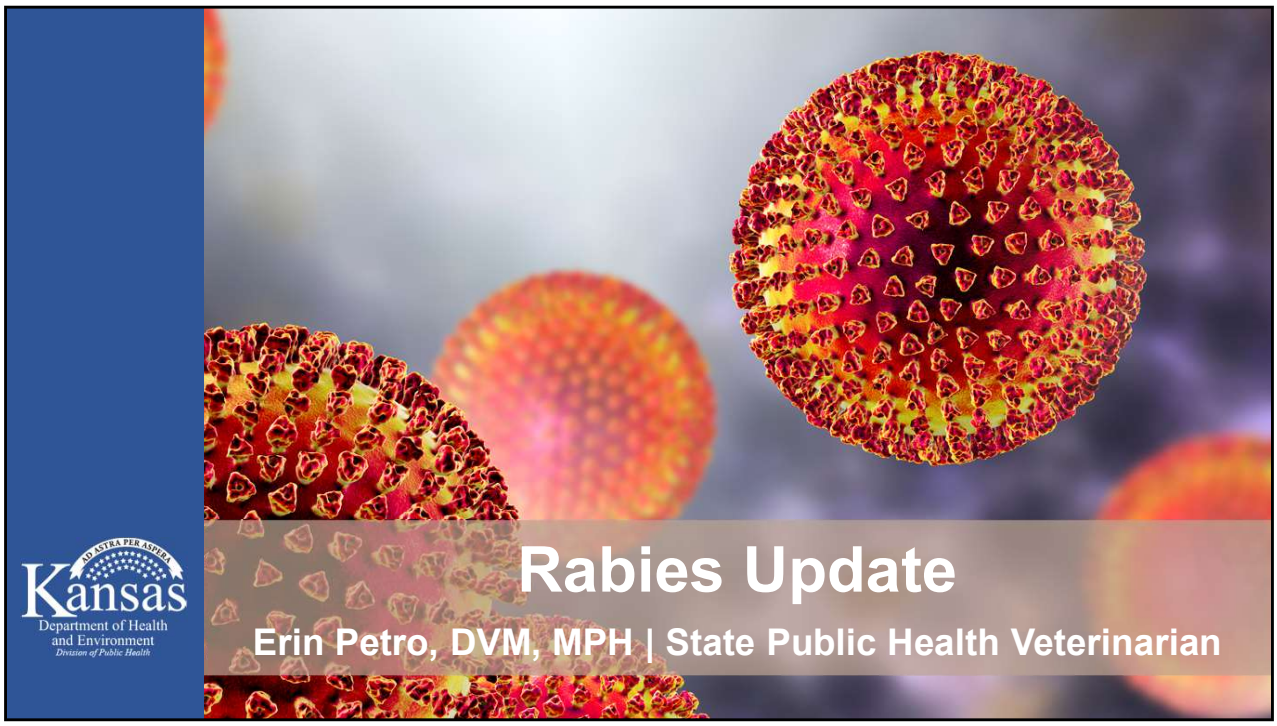


Good morning everyone.

KDHE COVID-19/Public Health Information Hotline

Due to the end of the PHE the KDHE COVID-19/Public Information hotline (1-866-534-3463) will no longer be taking calls around COVID-19.

- Medical providers can contact their Local Health Department (LHD) or the Epi hotline for COVID related questions.
- LHDs will need to contact the appropriate KDHE program for questions they have i.e., epi for disease investigations and the immunizations program for vaccine questions.
- The public would need to contact their LHD or medical provider for COVID-19 related questions.



Good morning everyone.

Rabies Epidemiology

Kansas – 2022

- 930 animals tested
  - 45% wildlife; 55% domestic
- 17 positive animals
  - 16 wildlife; 1 domestic

To protect and improve the health and environment of all Kansans

With “animal bite” season in full swing, we are starting to see an increase in the number of calls into our epi hotline for potential rabies exposure, so I wanted to take a few minutes to review rabies epidemiology in Kansas, pre and post-exposure prophylaxis regimens, and introduce a new rabies exposure risk assessment tool that we developed.

Positive skunks = 14/43 = 33%
Positive bats = 2/302 = 0.66%
Total positive wildlife = 16/416 = 3.8%

Total domestic animals positive = 1/514 = 0.2% positive
Cats – 1/205 = 0.49% positive
Dogs – 0/249 = 0%
Cattle – 0/39 positive = 0%
Sheep/goats = 0/5 = 0%
Horses/donkeys – 0/13 = 0%
Alpaca/Llama = 0/3 = 0%

All images: iStock

Rabies Pre-Exposure Prophylaxis Guidance

- Schedule for PrEP was modified to **TWO** doses on days 0 & 7
  - Booster vaccine or rabies antibody titer required for persons with ongoing ***recognized*** risk of exposure to rabies (such as veterinary personnel) 21 days – 3 years after initial vaccine
  - If no booster vaccine or immunogenicity testing and subsequent rabies exposure occurs, individual receives RIG and 4-dose PEP schedule
- Minimum acceptable rabies antibody titer changed to 0.5 IU/mL
  - People with ***unrecognized*** risk of exposure fall into either category 1 or 2 based on specific exposures, and are recommended to get their rabies Ab titer checked every 6 months – 2 years
  - People with immunocompromising condition should have rabies Ab titer checked 2-4 weeks after completion of PrEP series
- Risk categories updated based on occupational and recreational risks
  - Does not alter PrEP schedule; used to determine immunogenicity monitoring

To protect and improve the health and environment of all Kansans

You may remember that the rabies PrEP guidelines were updated in May 2022, so I wanted to briefly review those.

Reason for changes:

Since 2008, when the last ACIP rabies PrEP recommendations were published, barriers affecting adherence to the recommendations have been identified, including out-of-pocket costs of rabies biologics (3-dose PrEP vaccination series is currently estimated at ≥$1,100 [§]), confusion about which activities fall within different risk categories, and noncompliance with recommendations for repeated titer checks (6). In addition, travel medicine providers

have indicated that the largest group for which PrEP is recommended (travelers to regions with endemic CRVV) might often be unable to complete the 3-dose series described in the 2008 ACIP recommendations (1) because at least 21 days are required to complete the series before initiation of travel (7).re

- Previous PrEP schedule was 3 doses, days 0, 7, and 21 or 28.
- Previously, a person vaccinated for rabies did NOT receive HRIG and only had two dose PEP. Note that under the new guidance, if a person does not receive a booster vaccine (dose 3 between 21 days – 3 years) OR have antibody titers checked after initial PrEP series, they now require HRIG and 4-dose PEP schedule.
- Previous minimum acceptable rabies Ab titer was 0.1IU/mL - 0.3 IU/mL in the US; however, goal was to align with current global guidance, and most published literature states a value of 0.5 IU/mL is protective.
- Risk categories will not affect the private practitioner; more important for individuals to understand their own risk and recommended immunogenicity monitoring and for employers (such as NBAF Occupational Health program) so that they are compliant with immunogenicity monitoring.

Link to PrEP Guidance: https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rabies.html

Rabies Post-Exposure Prophylaxis (PEP)

- Previously vaccinated*
  - Two, one-mL doses of vaccine IM (Day 0 and 3)
- Previously unvaccinated and healthy
  - Human rabies immunoglobulin (HRIG)
  - Four, one-mL doses of vaccine IM (Days 0, 3, 7 and 14)
- Previously unvaccinated and immunocompromised
  - HRIG
  - Five, one-mL doses of vaccine IM (Days 0, 3, 7, 14 and 28)
  - Check rabies Ab titer 2-4 weeks after completion of PEP

ACIP Prep/PEP Guidance: https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rabies.html

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*If vaccinated with 2-dose PrEP and it has been >3 years since second dose, the person must have had either a 3rd vaccine (booster dose) between days 21 and 3 years OR a titer check >/= 1 year after the second dose. If not, that person requires HRIG and 4-dose PEP.

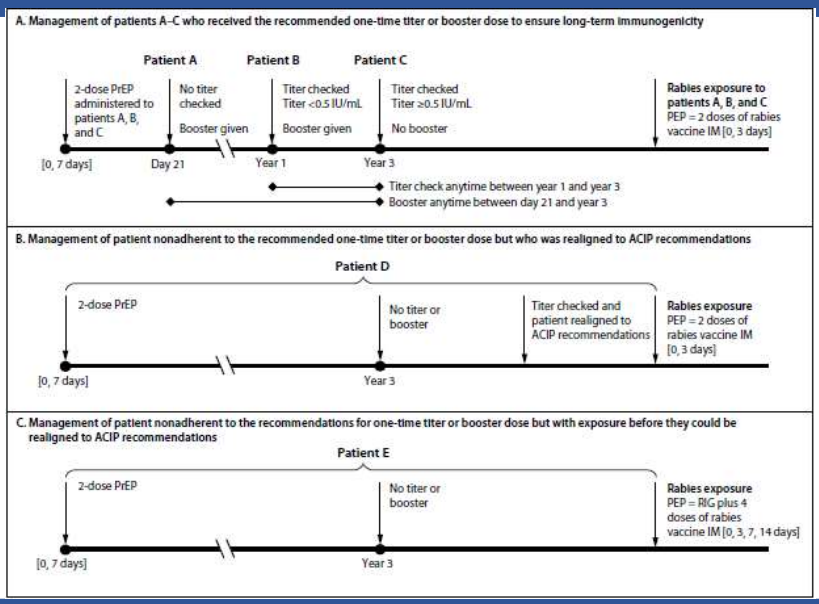
The ACIP PEP schedule also differs from the rabies vaccine label. The vaccine label still includes the 5th dose at day 28 for everyone, not just immunocompromised people.

ACIP PEP Guidance: https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/rabies.html
Image: iStock

How PrEP Recommendations Affect PEP

- People who received 2-dose PrEP **must** have *either* booster dose *or* rabies antibody titer checked (≥ 0.5IU/mL) to be eligible for 2-dose PEP

- *Note: Persons in risk Category 4 do not get 3rd dose or rabies titer, so they will fall into bottom graph example*



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- Previously, a person vaccinated for rabies did NOT receive HRIG and only had two dose PEP. Note that under the new guidance, if a person does not receive a booster vaccine (dose 3 between 21 days – 3 years) OR have antibody titers checked after initial PrEP series, they now require HRIG and 4-dose PEP schedule.
- Graphs show example of:
  - Top – 2-dose PrEP with 3rd dose as booster
  - Middle – 2-dose PrEP with Ab check (adequate)
  - Bottom – 2-dose PrEP with no booster or Ab check – **this person gets HRIG and 4-dose PEP if rabies exposure**
- Category 4 – Elevated risk for recognized exposure, risk not sustained. Example – someone traveling to a high-risk country or a short-term animal handler volunteer.

PEP Do's and Don'ts

DO

- Thorough wound care – tetanus if indicated
- Infiltrate HRIG in the wound as much as possible
- Administer vaccines in the deltoid muscle or lateral thigh for children and infants
- Contact public health with any questions or PEP deviations

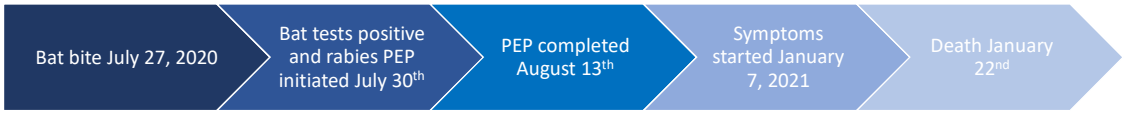
DON'T

- Administer injections or HRIG in the gluteal
- Administer HRIG and vaccine in the same syringe or at the same site
- Administer more than labeled dose of HRIG
- Administer HRIG to a previously vaccinated person*

Human Rabies Death After PEP Failure

Clin Infect Dis. 2023 Mar 29;ciad098. doi: 10.1093/cid/ciad098. Online ahead of print.

Fatal Human Rabies Infection with Suspected Host-mediated Failure of Post-Exposure Prophylaxis Following a Recognized Zoonotic Exposure- Minnesota, 2021



Article link: https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciad098/7093064?login=false

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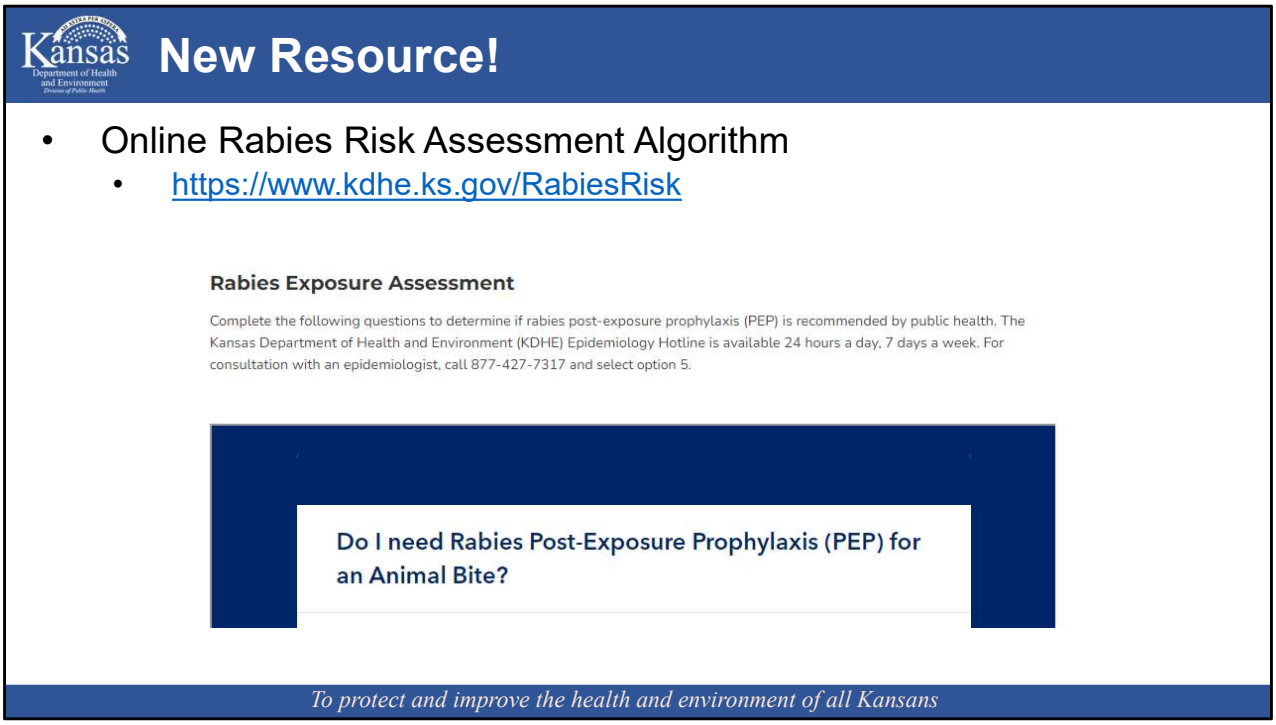
This is significant because it is the first PEP failure documented in humans in the US using modern cell-culture vaccines.

- 84-year-old male in Minnesota awoke to find a bat biting his finger on July 27, 2020
- Bat was sent to the SPHL and tested positive for rabies on July 30th
- The victim and his spouse started rabies PEP on July 30th
- PEP series was completed on schedule August 13th
- Approximately five months later, the patient developed right-sided facial paroxysms, pain, and excessive tearing of the right eye and sought medical care.
- His symptoms continued to worsen as he returned to care over the next several days. He was admitted to the hospital on January 14th with worsening facial pain and paresthesia, generalized weakness, and decreased oral intake secondary to dysphagia. The also had night sweats, right-sided facial paralysis, and left ear pain.
- On Jan 15th the patient was intubated due to hypoxia and inability to protect his airway. He developed a fever the following day and other complications. Supportive care was withdrawn on Jan 22nd, and the patient passed away that day.
- CDC confirmed RABV infection on Jan 26th with detection of viral RNA by RT-PCR in saliva and detection of anti-rabies antibodies in CSF. RABV IgG was detected in CSF and serum by IFA, however no neutralizing antibodies were tested in CSF or serum by RFFIT, indicating absence of immune response to rabies vaccine.
- Conclusion: The patient had unrecognized monoclonal gammopathy of unknown significance and metastatic prostate cancer. These two conditions likely contributed to the patient not mounting an immune response to rabies PEP vaccine due to the patient's impaired immunity.
- Article link: https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciad098/7093064?login=false

New Resource!

- Online Rabies Risk Assessment Algorithm
  - https://www.kdhe.ks.gov/RabiesRisk



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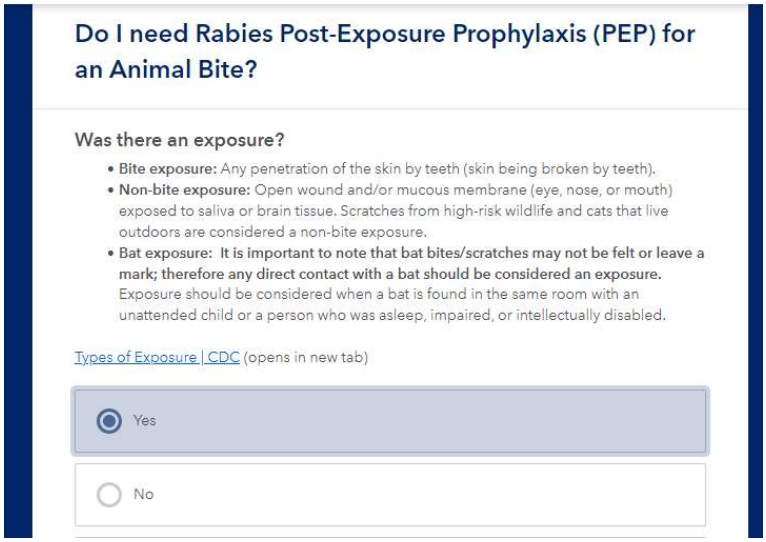
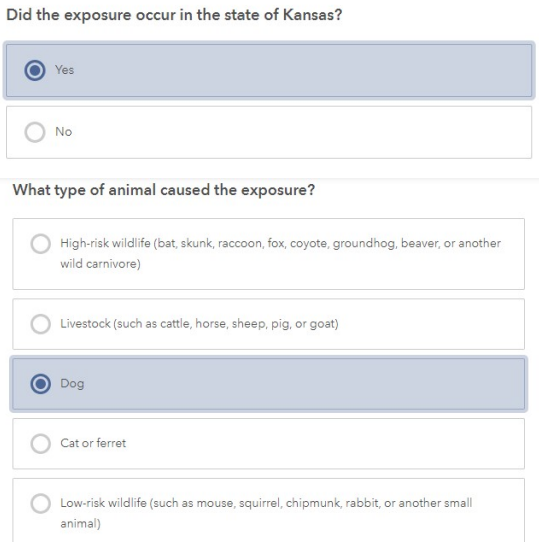
Demo - https://arcg.is/0ma114

New Resource!



New Resource!



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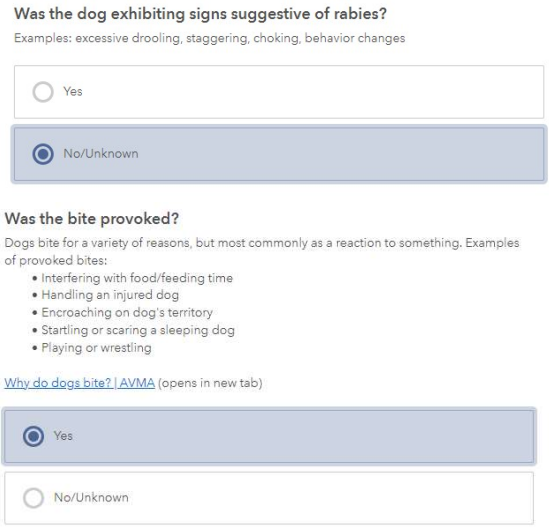
New Resource!



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New Resource!

PEP is NOT recommended.

If the dog was not showing signs suggestive of rabies and the bite was provoked, PEP is **NOT** recommended. The United States has been free of canine (dog) rabies since 2007. The most commonly affected animals in the United States are skunks, bats, raccoons, and foxes. Although dogs can still get rabies from contact with wildlife, dogs usually make up less than one percent of rabid animals reported in the United States each year. There are no actions recommended by public health for rabies prevention from this exposure.

Animals and Rabies | CDC (opens in new tab)
Rabies Status by Country | CDC (opens in new tab)
Rabies Surveillance Data | CDC (opens in new tab)

New Resource!

PEP is recommended.

For people who **have not** been previously vaccinated for rabies:

1. Wound care - thorough cleansing of all wounds with soap and water and irrigation with a virucidal agent (e.g., povidone-iodine solution).
2. Human rabies immune globulin (HRIG) - 20 IU/kg should be infiltrated into and around the wound(s) as much as anatomically feasible. Any remaining volume of HRIG, or if there is not a visible wound, should be administered at an anatomical site distant from the vaccine administration site. HRIG and vaccine should never be administer in the gluteal muscle. **Do not administer HRIG in the same syringe as vaccine or administer more than the recommended dose or HRIG may partially suppress active production of rabies virus antibody.**
3. Vaccine - 1.0 mL of human diploid cell vaccine or purified chick embryo cell vaccine should be administered intramuscularly into the deltoid area on days 0, 3, 7, and 14. Persons who are immunocompromised should receive an additional dose on day 28.

For people who **have** been previously vaccinated for rabies:

1. Wound care - thorough cleansing of all wounds with soap and water and irrigation with a virucidal agent (e.g., povidone-iodine solution).
2. Vaccine - 1.0 mL of human diploid cell vaccine or purified chick embryo cell vaccine should be administered intramuscularly into the deltoid area on days 0 and 3.

More information about payment assistance programs for rabies vaccine and immune globulin can be found on the CDC's Programs for Uninsured and Underinsured Patients website (opens in new tab).

Updated ACIP Recommendations for 4-Dose Vaccine Schedule | CDC MMWR (opens in new tab)
Human Rabies Prevention ACIP Recommendations | CDC MMWR (opens in new tab)

Rabies Key Take-Aways

- *Call* your local or state health dept. for all suspect rabies cases
  - 1-877-427-7317 (KDHE Epi Hotline)
- Rabies is preventable, but not curable
- Eliminate rabies transmission to people by:
  - Vaccinating pets
  - Avoiding contact with stray animals and wildlife
  - Seek medical care for animal bites and scratches
- Medical action consists of:
  - Wound care
  - Timely and appropriate rabies PEP
  - Consultation with Public Health when needed

To protect and improve the health and environment of all Kansans

Image: iStock


Kansas
Department of Health and Environment
Division of Public Health
Mpox Update
Justin Blanding, MPH | Senior Epidemiologist

Mpox Background

Acute infectious disease caused by the monkeypox* virus which belongs to same genus as variola virus, which causes smallpox.

Prior to 2022, most cases associated with travel to countries where mpox is endemic with mortality rates ranging from 1-10%, depending on the virus clade.

2022 global outbreak (clade II) spread person-to-person disproportionately impacting:

- gay and bisexual men
- other men who have sex with men (MSM)
- transgender individuals

Most experience mild disease; however, patients with advanced or untreated HIV infection may experience more severe outcomes.

**The International Committee on Taxonomy of Viruses is in the process of changing the monkeypox virus name. The World Health Organization revised the disease name monkeypox to mpox in November 2022.*

Mpox, formerly called monkeypox, is an acute infectious disease caused by the monkeypox virus which belongs in the same genus as variola virus, the virus that causes smallpox. Because mpox and smallpox are related the same treatment and vaccines for smallpox may be effective against mpox.

Historically, mpox cases occurred in countries where mpox is endemic or among patients that traveled to endemic countries. For clade I, mortality rates were estimated around 10% whereas clade II had a mortality rate of around 1%.

In May 2022, a global outbreak of mpox emerged. Unlike previous outbreaks this outbreak spread rapidly across much of the world through person-to-person contact, disproportionately affecting gay and bisexual men, other men who have sex with men (MSM), and transgender people. Clade II was responsible for the 2022 outbreak with most patients experiencing mild illness, although some, particularly those with advanced or untreated HIV infection, experienced more severe outcomes such as hospitalization and death. As of May 17, 42 deaths from mpox have been reported in the U.S. since the start of the global outbreak.

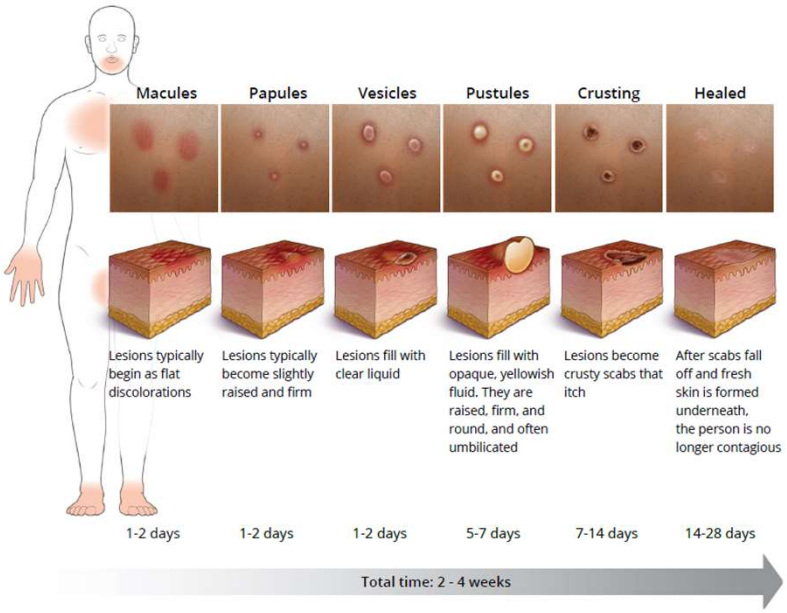


Image credit: National STD Curriculum available at https://www.std.uw.edu/page/clinical-guides/guides#mpox

Mpox lesions typically develop simultaneously and may evolve together on any given part of the body, including palms, soles, and anogenital region. The evolution of lesions progresses through four stages, macular, papular, vesicular, to pustular, before scabbing over and healing. Pustular lesions may be deep-seated, firm, well-circumscribed and umbilicated. The rash may be painful, painless, or itchy and sometimes the rash is the only symptom people experience. Fever, headache, malaise, chills, and lymphadenopathy may occur. Patients may present with anorectal pain, rectal bleeding, or tenesmus in associated with visible perianal skin lesions and proctitis.

High Potential for Mpox Outbreak in Kansas

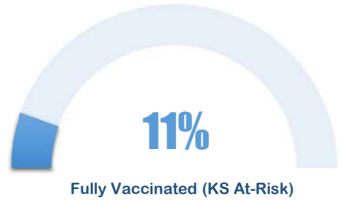
As of May 30, Chicago Dept. of Public Health reported 21 cases.

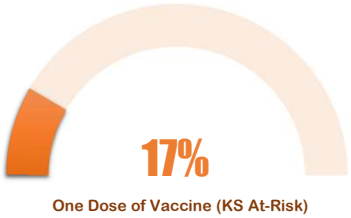
- Majority were vaccinated
- No hospitalizations or deaths reported
- Many unknowns

CDC estimates with less than 35% vaccination rates among at-risk groups, an outbreak of mpox is very likely.

The risk to the general public remains **low** and limited healthcare-related transmission (e.g. needlestick injury) has been documented – do not de-roof lesion

Vaccination and risk-reduction behaviors remain critical tools.





Owens LE, Currie DW, Kramarow EA, et al. JYNNEOS Vaccination Coverage Among Persons at Risk for Mpox — United States, May 22, 2022–January 31, 2023. MMWR Morb Mortal Wkly Rep 2023;72:342–347. DOI: http://dx.doi.org/10.15585/mmwr.mm7213a4

To protect and improve the health and environment of all Kansans

Last month, the Chicago Department of Public Health announced a cluster of mpox cases among men who identify as gay, bisexual, or MSM. As of May 30th, 21 cases have been reported. Among this cluster, most cases were vaccinated with either one or two doses of JYNNEOS vaccine; however, no hospitalizations or deaths have been reported. While there are many unknowns about this cluster including how long immunity lasts after vaccination, it is understood that individuals vaccinated for mpox are at a decreased risk of severe illness, hospitalization, and death.

Given this recent cluster in Chicago and an analysis performed by CDC, states with less than a 35% vaccination rate among at-risk populations are at an increased risk of experiencing a recurrence of mpox cases. This recurrence may be larger than last year's outbreak. Vaccination coverage among the Kansas population at risk being fully vaccinated is estimated at 11% and among those receiving one dose of JYNNEOS vaccine at 17%.

The risk to the general public remains low and fortunately, very few cases have occurred among healthcare workers exposed at work. Most cases of transmission among healthcare workers involved needlestick injuries from attempting to de-roof a lesion for swabbing. This is why de-roofing a lesion is not recommended.

As was the case in last year's outbreak, vaccinating populations at-risk and individuals adopting risk reduction behaviors such as limiting the number of sex partners remain critical tools to prevent a recurrence of mpox.

Recommendations for Healthcare Providers

Evaluate patient history for potential exposures and epidemiologic risks including detailed sexual history.

If suspecting mpox, perform complete physical exam including skin and mucosal examinations.

Consider mpox when determining cause of diffuse or localized rash, including in patients with history of mpox or vaccination.

Collect lesion specimens (do not de-roof) and test for mpox and other sexually transmitted infections, including HIV.

The diagnosis of an STI does not exclude mpox as concurrent infections may be present

Review CDC Mpox COCA webinar recording a:
https://emergency.cdc.gov/coca/calls/2023/callinfo_051823.asp

To protect and improve the health and environment of all Kansans

Healthcare providers should conduct a thorough patient history to assess possible mpox exposures or epidemiologic risk factors. Mpox is usually transmitted through close, sustained physical contact and has been almost exclusively associated with sexual contact in the current global outbreak. It is important to take a detailed sexual history for any patient with suspected mpox.
If suspecting mpox, perform a complete physical examination, including a thorough skin and mucosal examination. Doing so can detect lesions of which the patient may be unaware.

Consider mpox when determining the cause of a diffuse or localized rash, including in patients who were previously infected with mpox or vaccinated against mpox. Differential diagnoses may include syphilis, shingles, disseminated chickenpox, allergic skin rashes, and drug eruptions. Specimens should be obtained from lesions (do not de-roof lesions), including those inside the mouth, anus, or vagina, if accessible, and tested for mpox and other sexually transmitted infections STI, including HIV, as indicated. The diagnosis of an STI does not exclude mpox, as a concurrent infection may be present.

Healthcare providers should also review the CDC's Mpox COCA webinar listed at the URL on the slide. During this COCA Call, CDC experts reviewed the recommendations for mpox testing, vaccination, treatment, and prevention. With new mpox cases occurring in some people who are vaccinated, it is important that clinicians quickly identify cases to limit a possible mpox resurgence this summer in the United States.

Mpox Vaccination Recommendations (1 of 2)

Mpox vaccination should be offered to people with a high potential for exposure to mpox:

- People who had known or suspected exposure to someone with mpox.
- People who had a sex partner in the past 2 weeks who was diagnosed with mpox.
- Gay, bisexual, and other MSM, and transgender or nonbinary people (including adolescents who fall into any of these categories) who, in the past 6 months, have had:
  - A new diagnosis of one or more sexually transmitted diseases (e.g., chlamydia, gonorrhea, syphilis), or
  - More than one sex partner.

KDHE mpox vaccination information available at www.kdhe.ks.gov/1952/Mpox-Vaccine

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CDC does not recommend routine immunization against mpox for the general public or healthcare providers. Mpox vaccination should be offered to people with a high potential for exposure such as individuals with known or suspected exposure, gay, bisexual, and other MSM, and transgender or nonbinary people who in the past six months had a new diagnosis of one or more STIs or had more than one sex partner.

Mpox Vaccination Recommendations (2 of 2)

- People who have had any of the following in the past 6 months
  - Sex at a commercial sex venue.
  - Sex in association with a large public event in a geographic area where mpox transmission is occurring.
  - Sex in exchange for money or other items.
- People who are sex partners of people with the above risks.
- People who anticipate experiencing any of the above scenarios.
- People with HIV infection or other causes of immunosuppression who have had recent or anticipate potential mpox exposure.
- People who work in settings where they may be exposed to mpox.
  - People who work with orthopoxviruses in a laboratory.

Also, any individual who had sex at a commercial venue, sex in association with a large public event where mpox is occurring or had sex in exchange for money or other items in the past six months. The sex partners of these individuals or anyone anticipating experiencing any of the scenarios should also be vaccinated. In addition, people with HIV infection or other immunosuppriossion with recent or anticipated mpox exposure, or laboratorians who work with orthopoxviruses should be vaccinated.

Mpox Reporting, Treatment, and Free Testing Option

K.A.R. 28-1-2* requires mandated reporters to **report suspected and confirmed cases** of mpox to the 24/7 KDHE Epidemiology Hotline at 877-427-7317, option 5 **within four hours** of suspicion of disease, regardless of laboratory evidence.

The Kansas Health and Environmental Laboratories (KHEL) provides free mpox PCR testing for patients meeting clinical and epidemiological criteria. **Prior authorization is required** for KHEL PCR testing by contacting the 24/7 KDHE Epidemiology Hotline.

Facilities are encouraged to enroll in the STOMP trail at www.stomptpoxx.org so that the effectiveness of tecovirimat (TPOXX) is better understood.

Tecovirimat is not available commercially. Facilities requesting tecovirimat for patient's should contact the 24/7 KDHE Epidemiology Hotline at 877-427-7317, option 5 for use under CDC's Expanded Access IND protocol.

*KDHE disease reporting requirements for healthcare professionals and labs available at www.kdhe.ks.gov/DiseaseReporting

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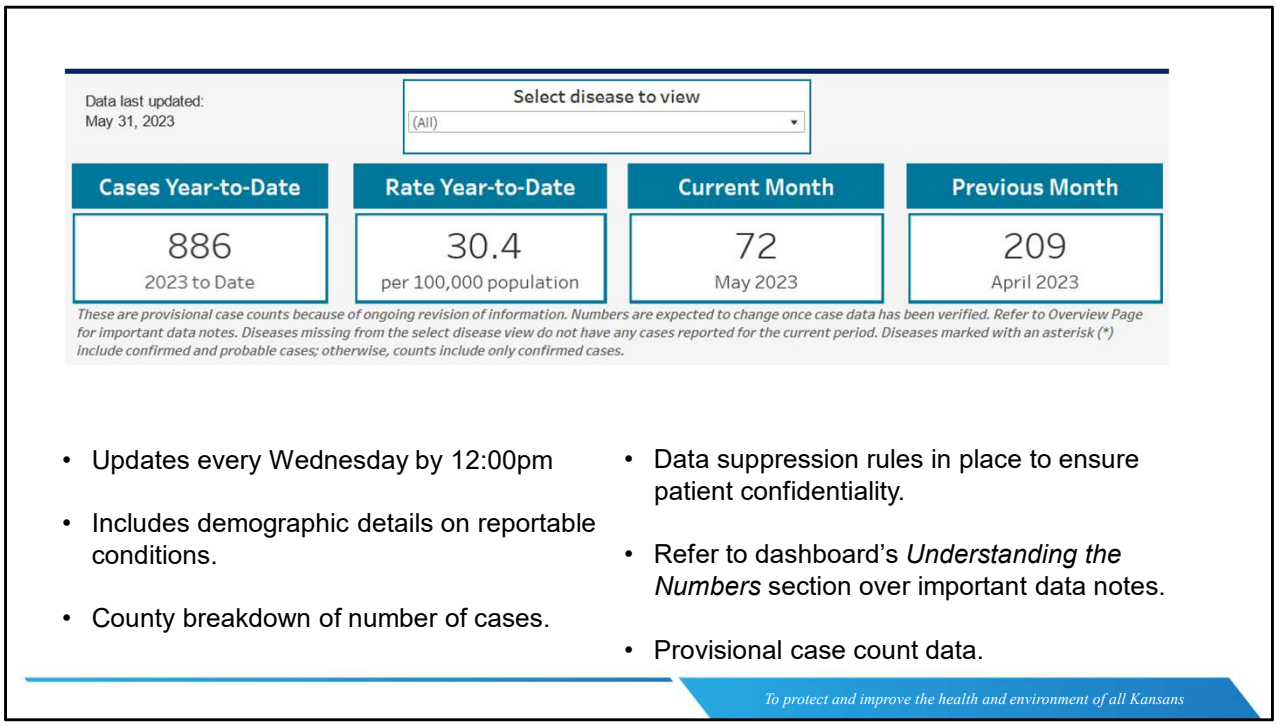
Kansas Administrative Regulation 28-1-2 requires mandated reporters, such as clinicians and laboratories, to report suspected and confirmed cases of mpox to the 24/7 KDHE Epidemiology Hotline at 877-427-7317, option 5 within four hours of suspicion of disease, regardless of laboratory evidence. While mpox testing is available commercially in Kansas, the Kansas Health and Environmental Laboratories, or KHEL, provides free mpox PCR testing for patients meeting clinical and epidemiological criteria. Prior authorization is required for free KHEL PCR testing by contacting the 24/7 KDHE Epidemiology Hotline.

Tecovirimat is considered first-line among options that have not been approved by the U.S. Food and Drug Administration to treat eligible patients with mpox. If you anticipate the need to prescribe oral tecovirimat, consider seeking access through enrollment in the Study of Tecovirimat for Human Monkeypox Virus or STOMP trail so that they can determine the efficacy of this drug. This trial includes a placebo-controlled, randomized arm, and an open-label option for individuals with severe disease or those who decline randomization.

For patients not eligible for the STOMP trial or who decline to participate, oral tecovirimat is available upon request for mpox patients who meet treatment eligibility under CDC's Expanded Access Investigational New Drug protocol by contacting the 24/7 KDHE Epidemiology Hotline.


Kansas
Department of Health and Environment
Division of Public Health
Reportable Infectious Disease Dashboard
Justin Blanding, MPH | Senior Epidemiologist



We are excited to announce that we have created a reportable infectious disease statistics dashboard. This dashboard will be updated every Wednesday by noon. Data on the dashboard includes cases reported and classified year-to-date, the rate per 100,000 population year-to-date, current month and previous month totals, and demographic details such as number and rate of cases by patient sex, race, ethnicity, and age grouping. On a separate page, we display the number of cases reported and classified for each county; however, there are data suppression rules in place to ensure patient confidentiality. I will discuss those shortly. Individuals should refer to the Understanding the Numbers section on the overview page for data suppression rules, what case definitions are used, why numbers change, and other important technical notes. Lastly, all case count data are provisional and subject to change as additional information is reported and investigated by the county health departments.

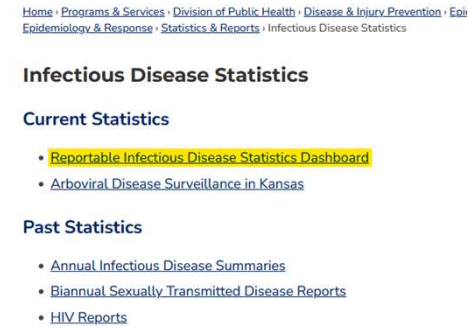
Reportable Infectious Disease Statistics Dashboard

KDHE reviews all reportable diseases and classifies them appropriately in the secure, electronic disease surveillance system.

- Case definitions based on CSTE surveillance case definitions.

www.kdhe.ks.gov/1521/Infectious-Disease-Statistics

- Select *Reportable Infectious Disease Statistics Dashboard* link under Current Statistics
- Best viewed on large screen (e.g., tablet, laptop)



To protect and improve the health and environment of all Kansans

KDHE staff review all disease reports and classifies cases utilizing the current Council of State and Territorial Epidemiologists, or CSTE, surveillance case definitions. Only cases that have been reported to KDHE and entered in our secure, electronic disease surveillance system, investigated by the county health department, and reviewed and classified by KDHE staff will be listed on the dashboard. It is important to remember, that case numbers of the most recent weeks may change as additional information is collected.

The dashboard is available on the KDHE Infectious Disease Statistics page listed at the URL on the slide. Under the current statistics section click on the Reportable Infectious Disease Statistics Dashboard link. While you can view the dashboard on a mobile device, it is best to view the dashboard on a large screen such as a tablet or laptop computer.

Reportable Infectious Disease Statistics Dashboard: Data Suppression Rules

1. **No cases** reported for the entire state.
   - State total listed as zero
   - County totals listed as zero

2. **Fewer than six** cases reported for the entire state.
   - State total include actual number of cases
   - County totals suppressed and displayed as an asterisk (*)

3. **Six or more** cases reported for the entire state.
   - State total include actual number of cases
   - County totals display actual number of cases; however, if less than six in county that county's total will be suppressed and displayed with <6 or 0.

To protect and improve the health and environment of all Kansans

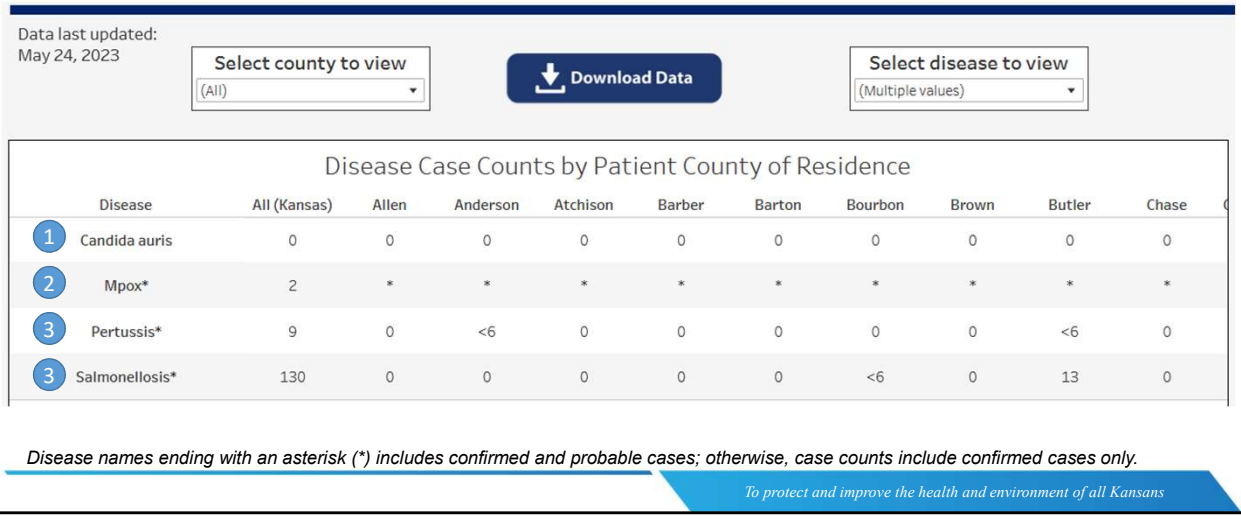
All disease reports to KDHE are secure, confidential, and protected by state and federal laws. To ensure patient privacy, KDHE utilizes the following data suppression rules.

Data suppression rule one is when a disease or condition has no cases reported for the entire state. The state and county totals will be listed as zero.

Data suppression rule two is when a disease or condition has fewer than six cases for the entire state. The state total will include the actual number of cases and the county totals will be suppressed and displayed as an asterisk.

Data suppression rule three is when a disease has six or more cases reported for the entire state. The total number of cases will be displayed for the state and each county; however, if a county's total is fewer than six cases, the total will be displayed as <6 or zero if no cases have been reported.

Reportable Infectious Disease Statistics Dashboard: Data Suppression Rules



Data last updated:
May 24, 2023

Select county to view
(All)

Download Data

Select disease to view
(Multiple values)

Disease Case Counts by Patient County of Residence

	Disease	All (Kansas)	Allen	Anderson	Atchison	Barber	Barton	Bourbon	Brown	Butler	Chase
1	Candida auris	0	0	0	0	0	0	0	0	0	0
2	Mpox*	2	*	*	*	*	*	*	*	*	*
3	Pertussis*	9	0	<6	0	0	0	0	0	<6	0
3	Salmonellosis*	130	0	0	0	0	0	<6	0	13	0

Disease names ending with an asterisk (*) includes confirmed and probable cases; otherwise, case counts include confirmed cases only.

To protect and improve the health and environment of all Kansans

Here is an example screen shot of the case counts by patient county of residence to help understand the data suppression rules.

For Candida auris, we use suppress rule 1 – which is no cases reported for the state. As you can see here, the total for Kansas lists zero cases and each county the counts display as zero.

For suppression rule two, the state of Kansas reported two cases of mpox. Because the state total is less than six, the total counts for each county are suppressed and displayed as an asterisk.

For suppression rule three, the state has reported nine cases of pertussis. Counties with fewer than six cases are displayed as less than six like Anderson and Butler county. For salmonellosis cases, the state reports 130 cases. Counties with zero cases are listed as zero; however, Bourbon has fewer than six cases, so the total is displayed as less than six, and butler county has more than 6 cases so the actual number of cases, 13 in this instance, is displayed.

I do want to point out from this screenshot that you are able to filter and select multiple counties and diseases to view and there is a download data option available that will allow you to download an excel or csv file.


Kansas
Department of Health and Environment
Division of Public Health
Questions | Thank You
Next Meeting: July 6, 2023