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COVID-19 Situation Update: January 20, 2022



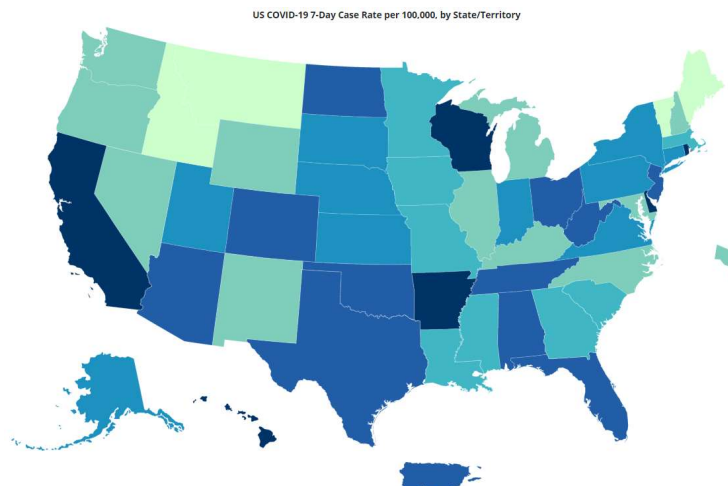
Global Map: <https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html>.

This week, there are over 335 million cases and there are 5,560,696 deaths around the world.



COVID-19: Situation in the US

- Total cases: 66,715,937



As of 1-19-2022. Available at https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days

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Last week:

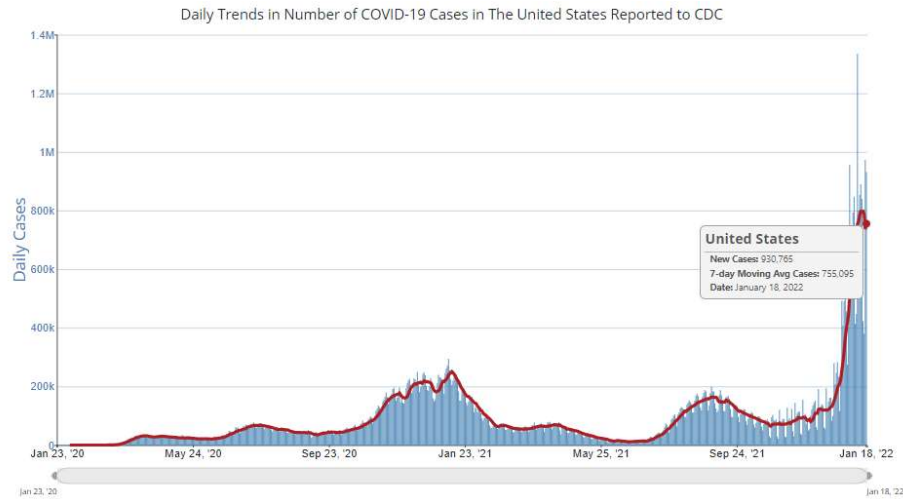
Total cases: 62,538,796 (over 62 million)

As of yesterday:

Total cases: 66,715,937



COVID-19: Situation in the US



As of 1-19-2022. Available at https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

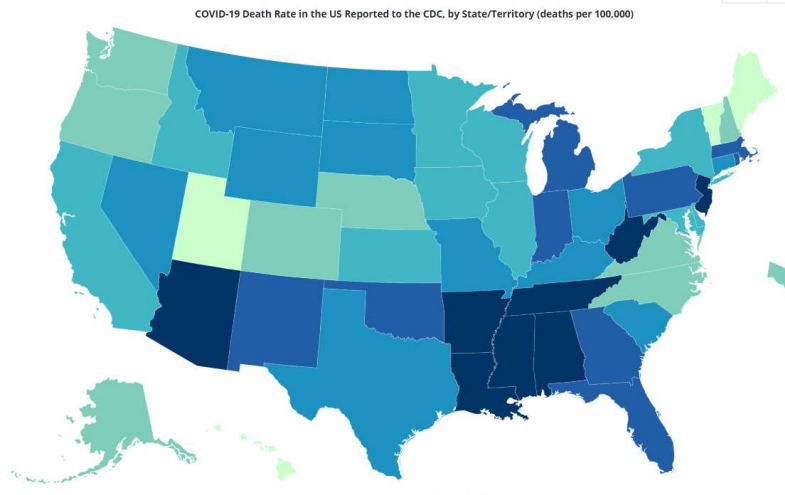
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The 7 day average number of cases in the US is cases 755,095 per day. That is down a little from about 761,535 cases per day last week.



COVID-19: Situation in the US

- Total deaths: 850,575



As of 1-19-2022. Available at https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100k

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Last week:

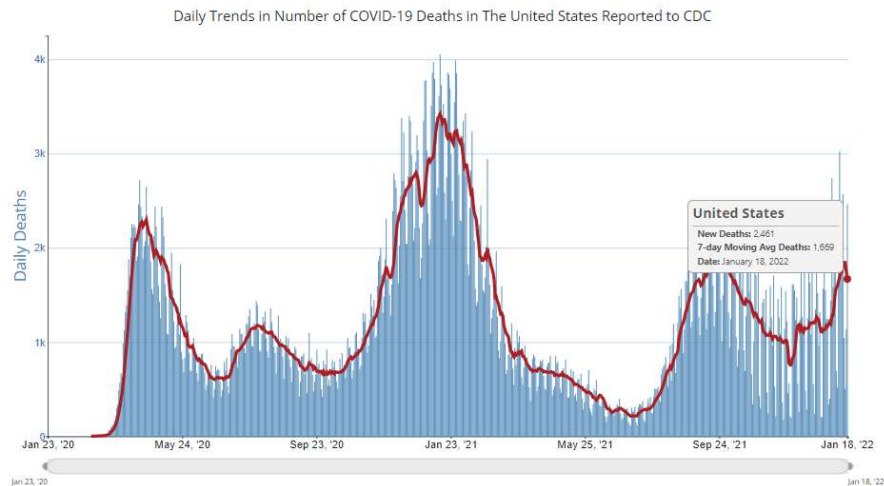
Total deaths since the beginning of the pandemic: 840,286

As of yesterday:

This week: 850,575



COVID-19: Situation in the US



As of 1-19-2022. Available at https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

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The 7 day average number of deaths in the US is 1,669 deaths per day which is similar to last week at 1,656.



COVID-19: Situation in Kansas

Kansas COVID-19: Overview

| COVID-19 Cases | Hospitalizations | Statewide Deaths | MIS-C* |
|----------------|------------------|------------------|--------|
| 660,599 | 17,775 | 7,290 | 20 |

Data are preliminary and subject to quality improvement and quality assurance validation.

*MIS-C: Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19.

Last updated: 1/19/2022 at 9:00am. There were 39,326 new cases, 128 new deaths, and 151 new hospitalizations reported since Friday, 1/14/2022.

Available at: [KDHE COVID-19 | Official Website \(kdheks.gov\)](https://www.kdheks.gov/covid-19)

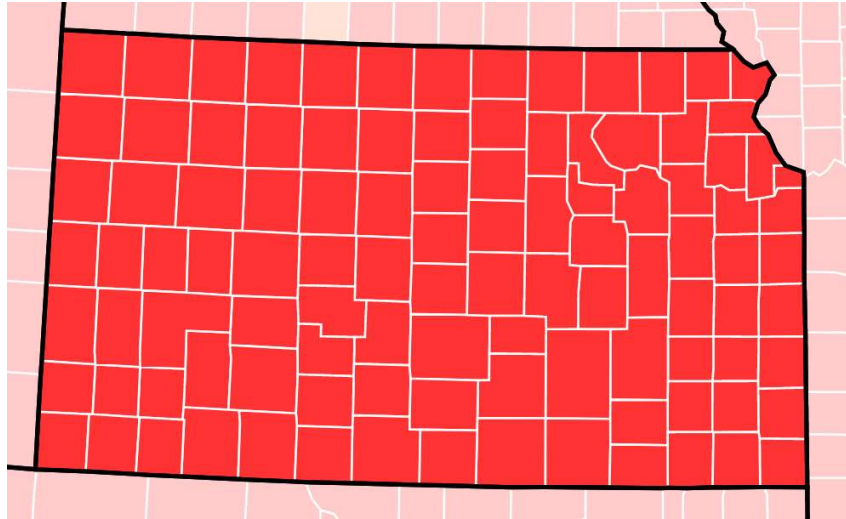
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As of yesterday, in Kansas, we had 660,599 cases and 7,290 deaths statewide. That's an increase of 58,740 cases and 149 deaths reported since last week.

There were 39,326 new cases and 128 new deaths reported between Monday 1/17/2022 and Wednesday 1/19/2022.



COVID-19: Situation in Kansas

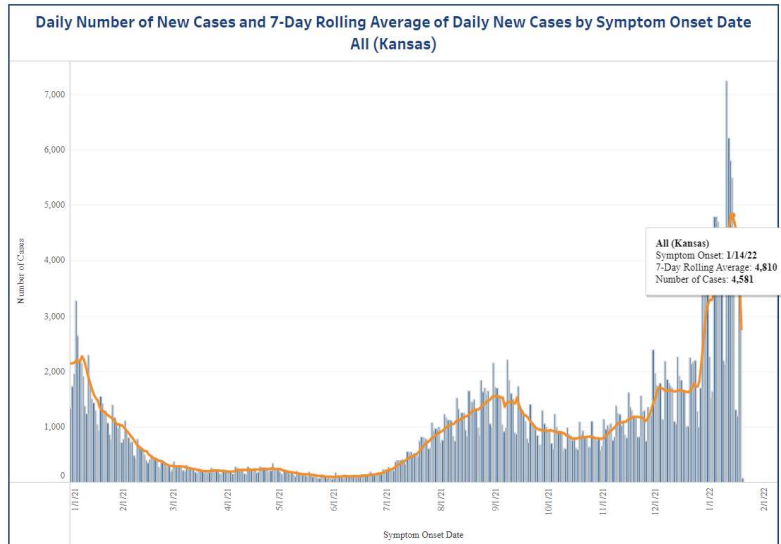


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Looking at the CDC Community Transmission Map between Wed Jan 12 2022 - Tue Jan 18 2022 every county in KS was in red indicating high transmission.

COVID-19: Situation in Kansas

**Daily Number of Cases
and Deaths by County**



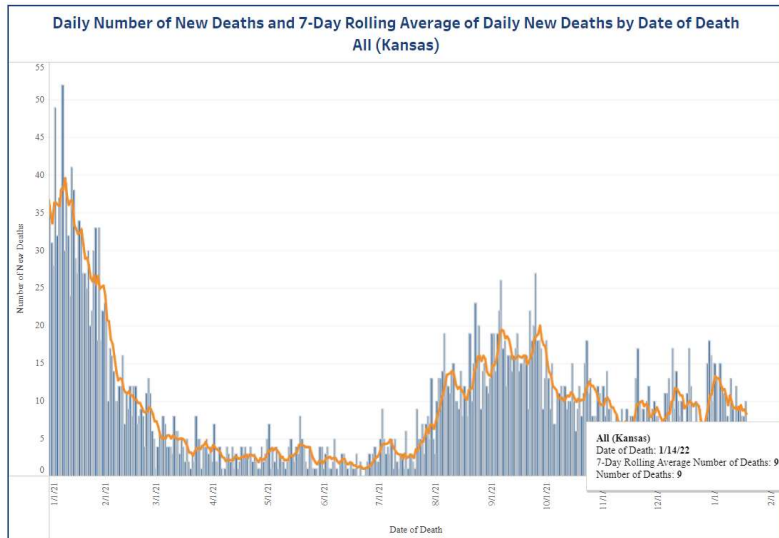
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If you look at the 7 day average number of cases based on symptom onset date, starting with January 8 to January 14, our 7 day rolling average is 4,810 cases per day. Last week we were at 3,456 cases per day.



COVID-19: Situation in Kansas

Daily Number of Cases and Deaths by County



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If you look at the 7 day average number of deaths based on the date of death, starting with January 8 to January 14, our 7 day rolling average is 9 deaths per day. Similar to last week when we were at about 8 deaths per day.



COVID-19: Situation in Kansas: Outbreaks

Last updated: 1/19/2021 at 9:00 AM. Cluster Summary data is updated every Wednesday.

| Active COVID-19 Clusters | | | |
|--------------------------|-------|------------------|--------|
| Clusters | Cases | Hospitalizations | Deaths |
| 275 | 4,616 | 61 | 52 |

| All COVID-19 Clusters | | | |
|-----------------------|--------|------------------|--------|
| Clusters | Cases | Hospitalizations | Deaths |
| 3,310 | 52,162 | 2,383 | 2,453 |

- 52,162 outbreak-related cases/660,599 cases (7.9%)
- 2,383 outbreak-related hospitalizations/17,775 total hospitalizations (13.4%)
- 2,453 outbreak-related deaths/7,290 total deaths (33.6%)

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Moving on to outbreaks:

As of late Tuesday night, we had 3,310 outbreaks identified across the state (since the beginning of the pandemic). This week we have 275 active clusters. That is up from 218 last week.

Our percentage of outbreak related cases is 7.9%, outbreak-related hospitalizations is about 13.4% and outbreak-related deaths is about 33.6%. Just as a reminder to everyone, the way Public Health is able to identify outbreaks is usually when a case investigation is done. Meaning, we are interviewing the case trying to figure out where they might have been exposed and that information is used to identify outbreaks. As the volume of cases has sky rocketed, we are having to prioritize case investigations because we can't get to everyone. All that to say, you've seen these outbreak related percentages coming down but that's probably because we aren't identifying them as well.



COVID-19: Situation in Kansas: Outbreaks

COVID-19 Cluster Cases by Type

| Type | Clusters | Cases | Hospitalizations | Deaths |
|-------------------------|------------|--------------|------------------|-----------|
| College or University | 3 | 84 | 0 | 0 |
| Corrections | 14 | 760 | 2 | 1 |
| Daycare | 13 | 48 | 0 | 0 |
| Government | 3 | 19 | 0 | 0 |
| Group Living | 13 | 441 | 4 | 0 |
| Healthcare | 7 | 80 | 4 | 2 |
| Long term care facility | 165 | 2,344 | 50 | 48 |
| Meat Packing | 2 | 144 | 0 | 1 |
| Private Business | 16 | 154 | 1 | 0 |
| School | 34 | 508 | 0 | 0 |
| Sports | 5 | 34 | 0 | 0 |
| Total | 275 | 4,616 | 61 | 52 |

Sort by Cluster Type


Active ▼

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We currently have 13 active outbreaks in daycares, 14 in corrections, 13 in group living, 7 in healthcare settings, and 165 active outbreaks in LTCFs (up a lot from 121 last week). We also have 16 in private businesses and 34 in schools (up from 26 last week).

Don't forget, if you are interested in seeing the list of named locations with 5 or more cases within the last 14 days, you can go to the dashboard.

COVID-19: Updated Travel Related Quarantine

| KDHE Travel-Related Mandatory Quarantine Areas: | | | |
|---|----------------------|--|--|
| | Type | Effective Date | Where? |
|  | International Travel | Between December 16 and January 20 | Andorra |
| | | Between January 10 and January 20 | Isle of Man and San Marino |
| | | On or after January 20 | Aruba |
|  | Domestic Travel | September 10, 2020 | Attendance at any out-of-state or in-state mass gatherings of 500 or more where individuals do not socially distance (6 feet) and wear a mask. |
| | | Between January 10 and January 20 | New York and Washington D.C. |
|  | Cruises | On or after March 15, 2020 | All cruise ships and river cruises |

Available at:

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For the US list:

1. Remove:
New York
Washington D.C.
2. Keep: None
3. Add: None

For the International list:

1. Remove:
Andorra
Isle of Man
San Marino
2. Keep: None
3. Add:
Aruba



COVID-19: Updated KDHE Guidance: Isolation and Quarantine FAQ

Kansas Department of Health and Environment
Isolation and Quarantine FAQ
Updated: 1/19/2022

CURRENT ISOLATION AND QUARANTINE GUIDANCE

What is the current KDHE guidance for isolation and quarantine of health care workers?

KDHE has adopted the CDC [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#). Facilities should check this guidance frequently for updates. As of 1/10/2022, KDHE will apply this guidance, with one modification (see below), to all health care personnel working in all healthcare facilities in Kansas.

Healthcare Personnel (HCP): HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, home healthcare personnel, physicians, technicians, therapists, phlebotomists, pharmacists, dental healthcare personnel, students and trainees, contractual staff not employed by the healthcare facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel). For this guidance, HCP does not include clinical laboratory personnel.

Does KDHE have any modifications to the CDC [Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2](#) specific to Kansas facilities?

For facilities in Conventional or Contingency Staffing modes, KDHE requires that COVID-19 positive health care workers that will return to work during their 10-day infectious period only work with COVID-19 positive patients during the remainder of their infectious period.

Why does KDHE require COVID-19 positive health care workers to only work with COVID-19 positive patients during the remainder of their infectious period when the CDC guidance does not place this restriction?

Our current understanding of COVID-19 disease is still based on a [10-day](#)

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---11922>

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The Isolation and Quarantine FAQ document was updated yesterday.



COVID-19: Updated KDHE Guidance: Isolation and Quarantine FAQ

Is a COVID-19 test required at the end of home isolation?

If an individual has access to a test and wants to test, the best approach is to use an antigen test towards the end of the 5-day isolation period. If your test result is positive, you should continue to isolate until day 10. Do not continue to test daily; complete the 10-day isolation. If your test result is negative, you can end isolation, but continue to wear a well-fitting mask around others at home and in public until day 10.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---11922>

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As we talked about before, the general population who is eligible to shorten isolation to a 5 day at home followed by 5 days of masking around others. The question that has come up is what if they take a test on day 6 and are positive, what do they do. So, I talk about here that if you are going to take a test at the end of your home isolation it should be an antigen since PCR will probably be positive for a while. If that antigen is positive on day 6, you should complete the rest of your 10 days at home in isolation. Meaning, instead of returning to normal with masking days 6-10, you should stay at home in isolation if that test is positive on day 6. Don't retest over and over, just finish your 10 day isolation.



COVID-19: Updated KDHE Guidance: Isolation and Quarantine FAQ

What does it mean to be susceptible to COVID-19 disease?

Persons are considered susceptible to COVID-19 disease because they are currently considered NOT immune.

The following persons are considered SUSCEPTIBLE:

- Persons who received two doses of a mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) over 5 months ago but have not received a recommended booster shot when eligible.
- Persons who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a recommended booster shot when eligible.
- Persons who are not vaccinated or have not completed a primary vaccine series AND do not have evidence of recent COVID-19 infection in the last 90 days.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---11922>

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I also updated what it means to be susceptible or NOT immune to COVID-19.

So, people that received two doses of an mRNA vaccine over 5 months ago and are not boosted if they are eligible (remember, eligibility depends on age).

Also, people that received one dose of Johnson and Johnson over 2 months ago and are not boosted if they are eligible.

And unvaccinated people or people who are not fully vaccinated that do not have evidence of infection in the last 90 days.



COVID-19: Updated KDHE Guidance: Isolation and Quarantine FAQ

How should household contacts calculate their last day of exposure with the new guidance?

A close household contact (someone in their household has COVID-19) should quarantine during the entirety of the case's at home isolation period which is a minimum of 5 days. After that period, the household contact will continue their period of quarantine for an additional 5 days followed by 5 days of masking with a well-fitting mask when indoors and outdoors when around others. If the contact is unable to wear a mask, then the period of quarantine will be an additional 10 days. See the KDHE Isolation and Quarantine Release Graphic for more

information: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---11922>

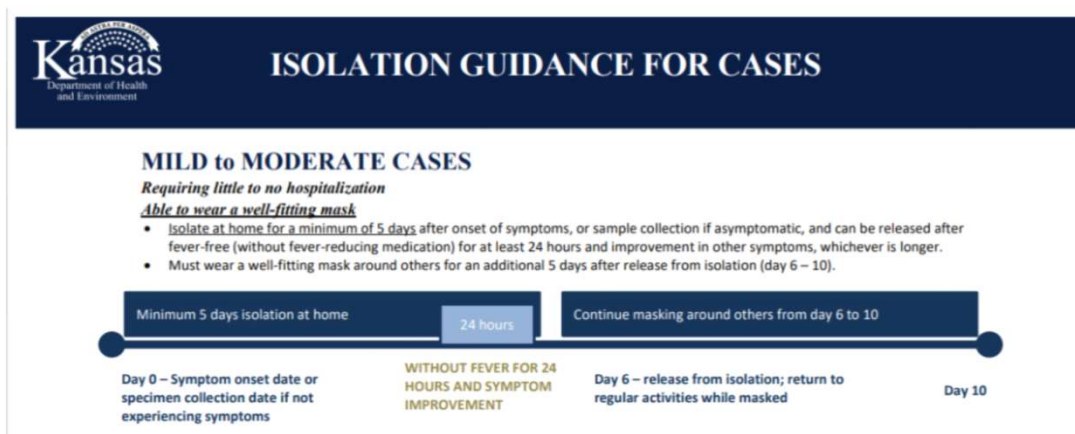
Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---11922>

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I also tightened up the language around close household contacts. Close HHC should quarantine during the case's isolation period (so a minimum of 5 days) then they continue on with their own 5 day home quarantine plus 5 days of masking around others. If that close HHC can't or won't mask around others, then they should just stay in home quarantine for the 5 days where they could have gone back to normal with a mask.



COVID-19: Updated KDHE Guidance: Isolation and Quarantine Release Graphic



Available at: [Isolation+QuarantineReleaseGraphic_KS \(kdheks.gov\)](https://www.kdheks.gov/Isolation+QuarantineReleaseGraphic_KS)

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To help with a visual for when to release cases and close contacts, we have updated the Isolation and Quarantine Release Graphic.

For cases, you isolate at home for a minimum of 5 days after the onset of symptoms (or sample collection if asymptomatic) and released after 5 full days if you are fever free without the use of medication for 24 hours. Then you must wear a mask for an additional 5 days when around others (that's days 6-10).



COVID-19: Updated KDHE Guidance: Isolation and Quarantine Release Graphic

Not able to wear a well-fitting mask

- Isolate at home for a minimum of 10 days after onset of symptoms, or sample collection if asymptomatic, and can be released after fever-free (without fever-reducing medication) for at least 24 hours and improvement in other symptoms, whichever is longer.

Minimum 10 days isolation at home

24 hours

Day 0 – Symptom onset date or specimen collection date if not experiencing symptoms

WITHOUT FEVER FOR 24 HOURS AND SYMPTOM IMPROVEMENT

Day 11 – released from isolation; return to regular activities

Notes:

- Lingering cough or loss of taste or smell should not prevent a case from being released from isolation.
- If an individual tests after 5 days of home isolation, an antigen test is preferred. If the test result is positive, isolate at home for a full 10 days.
- If a follow-up PCR or antigen test is positive after 10 days of home isolation, cases do not need to re-enter isolation as long as they have completed the 10-day isolation and had symptom improvement for a minimum of 24 hours.

Updated 1/19/2022

Available at: [Isolation+QuarantineReleaseGraphic_KS \(kdheks.gov\)](https://www.kdheks.gov/isolation+quarantine+release+graphic)

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If that case cannot or will not wear a mask between days 6 and 10, they should just finish out those remaining 5 days in home isolation; meaning it is a minimum of 10 days in home isolation if you won't or can't mask.



COVID-19: Updated KDHE Guidance: Isolation and Quarantine Release Graphic

SEVERE CASES

Requiring ICU care or are severely immunocompromised

- Isolate at home for 10 to 20 days after onset of symptoms and can be released after free-free (without fever-reducing medication) for at least 24 hours and improvement in other symptoms, whichever is longer. Consult physician before ending isolation.



Notes:

- Lingering cough or loss of taste or smell should not prevent a case from being released from isolation.
- If a follow-up PCR or antigen test is positive after the 10 to 20 days of home isolation, cases do not need to re-enter isolation as long as they have completed the 10-day isolation and had symptom improvement for a minimum of 24 hours.

Available at: [Isolation+QuarantineReleaseGraphic_KS \(kdheks.gov\)](https://www.kdheks.gov/isolation+quarantine+release+graphic)

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For severely ill cases or immunocompromised people, their home isolation period is going to be between 10 and 20 days and they should consult their physician before ending isolation. The consultation with their physician should go through their particular condition and the likelihood that their bodies have mounted a response against infection and they are recovering so it would be safe for them to be around others.



COVID-19: Updated KDHE Guidance: Isolation and Quarantine Release Graphic



QUARANTINE OF CONTACTS

WHO NEEDS TO QUARANTINE?

Close contacts should quarantine if they meet any of the following:

- Persons who received two doses of a mRNA COVID-19 vaccine (Pfizer-BioNTech or Moderna) over 5 months ago but have not received a recommended booster shot when eligible.
- Persons who received the single-dose Johnson & Johnson vaccine (completing the primary series) over 2 months ago and have not received a recommended booster shot when eligible.
- Those who are not vaccinated or have not completed a primary vaccine series AND do not have evidence of recent infection in the last 90 days.

Available at: [Isolation+QuarantineReleaseGraphic_KS \(kdheks.gov\)](https://www.kdheks.gov/isolation+quarantine+release+graphic)

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The we get into close contacts by defining who needs to quarantine (i.e. who is NOT immune).



COVID-19: Updated KDHE Guidance: Isolation and Quarantine Release Graphic

NON-HOUSEHOLD CONTACTS

Able to wear a well-fitting mask

- Contacts should quarantine at home for 5 days and get tested on day 5 or later. After that, they should self-monitor for symptoms and continue to wear a mask around others for 5 additional days. If symptoms develop, they must isolate and get tested.



Available at: [Isolation+QuarantineReleaseGraphic_KS \(kdheks.gov\)](https://www.kdheks.gov/isolation+quarantine+release+graphic)

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For non household close contacts, they would quarantine at home for 5 days and get tested on day 5 or later. If they are negative, then they can resume their normal activities but they must wear a mask from days 6 to 10. If they test positive, they would then be a case and would follow the isolation guidance for cases.

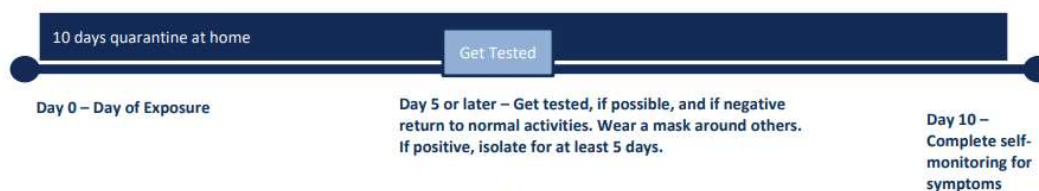


COVID-19: Updated KDHE Guidance: Isolation and Quarantine Release Graphic

NON-HOUSEHOLD CONTACTS

Not able to wear a well-fitting mask

- Contacts should quarantine at home for 10 days and get tested on day 5 or later. If symptoms develop, they must isolate and get tested.



Updated 1/19/2022

Available at: [Isolation+QuarantineReleaseGraphic_KS \(kdheks.gov\)](https://www.kdheks.gov/Isolation+QuarantineReleaseGraphic_KS)

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If they cannot or will not wear a mask from day 6 to 10, then they should stay home and continue to quarantine at home for those days.



COVID-19: Updated KDHE Guidance: Isolation and Quarantine Release Graphic

HOUSEHOLD CONTACTS

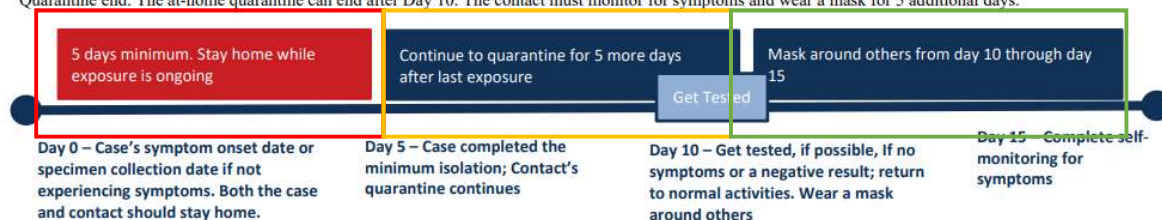
Able to wear a well-fitting mask

A household contact is an individual who shares any living spaces with a case. This includes bedrooms, bathrooms, living rooms, kitchens, etc.

Quarantine start: Household contacts should quarantine as long as they are exposed to the case plus a 5-day period beyond their last exposure.

- If the contact can separate from the case within the home, then they are no longer considered exposed and can follow the guidance for a **non-household contact**. To separate, the case 1) should never be in the same room as household members 2) should not share plates, cups, dishes, or phones with household members 3) should have their own bathroom and bedroom.

Quarantine end: The at-home quarantine can end after Day 10. The contact must monitor for symptoms and wear a mask for 5 additional days.



Available at: [Isolation+QuarantineReleaseGraphic_KS \(kdheks.gov\)](https://www.kdheks.gov/Isolation+QuarantineReleaseGraphic_KS)

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Then we get into the household contacts. If you have a HHC that is able and willing to mask, then they are going to stay at home for the first 5 days while the case is in home isolation (outlined here in the red box). Exposure is considered ongoing at this time. Then the HHC stays home for an additional 5 days in their own home quarantine (yellow box); at the end of those 5 days it is recommended that they get tested. If they don't have symptoms and they are negative, they can return to normal activities but wear a mask around others for an additional 5 days (green box).



COVID-19: Updated KDHE Guidance: Isolation and Quarantine Release Graphic

HOUSEHOLD CONTACTS

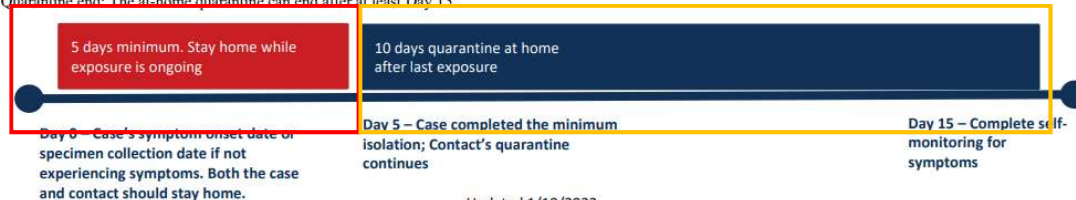
Not able to wear a well-fitting mask

A household contact is an individual who shares any living spaces with a case. This includes bedrooms, bathrooms, living rooms, kitchens, etc.

Quarantine start: Household contacts should quarantine as long as they are exposed to the case, and for a 5-day period beyond their last exposure.

- If the contact can separate from the case within the home, then they are no longer considered exposed and can follow the guidance for a non-household contact. To separate, the case 1) should never be in the same room as household members 2) should not share plates, cups, dishes, or phones with household members 3) should have their own bathroom and bedroom.
- If the contact cannot separate from the case within the home, the contact should quarantine for the case's (minimum) 5-day isolation period plus an additional 10 days.

Quarantine end: The at-home quarantine can end after at least Day 15.



Updated 1/19/2022

Available at: [Isolation+QuarantineReleaseGraphic_KS \(kdheks.gov\)](https://www.kdheks.gov/Isolation+QuarantineReleaseGraphic_KS)

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If you have a HHC that can't or won't mask, then they are going to stay at home for the first 5 days while the case is in home isolation (outlined here in the red box). Exposure is considered ongoing at this time. Then the HHC stays home for an additional 10 days in their own home quarantine (yellow box).



COVID-19: Change in Public Health Response to Contact Tracing

Latest News

Posted on January 18, 2022

KDHE Announces Changes to COVID-19 Contact Tracing

KDHE Announces Changes to COVID-19 Contact Tracing

TOPEKA – The Kansas Department of Health and Environment (KDHE) today announces that as of Feb. 1, 2022, COVID-19 contact outreach and monitoring, otherwise known as contact tracing, operations will be discontinued at KDHE. KDHE contact tracing staff will be reassigned to contact investigations. County Local Health Departments have already begun to wind down contact tracing and K-12 schools who were participating in contact tracing as part of the Test to Stay program may temporarily suspend contact tracing as well. Contact tracing is when Public Health notifies close contacts to let them know that they were exposed to an infectious disease and tells them about the signs and symptoms to watch out for. Participation with contact tracing has always been voluntary. The decision to end contact outreach and monitoring was made due to the surge in the amount of positive COVID-19 cases and the public's willingness to participate has diminished since the beginning of the pandemic.

"As we enter the third year of this pandemic, public health has to begin to adjust the level of response to help alleviate the strain on the Public Health system," **Janet Stanek, Acting Secretary**, said. "The pandemic is far from over, but this step is a move toward managing COVID-19 as an endemic disease. The responsibility of protecting yourself and others belongs to all of us."

Individuals who are positive for COVID-19 will now be responsible for letting their close contacts know about their potential exposure. Additionally, if the individual with COVID-19 exposed others at high-risk settings such as schools, correctional facilities, long-term care facilities, homeless shelters, daycares and churches, KDHE or the local health department will notify the setting. The setting will be responsible for identifying close contacts and notifying them about the potential exposure.

Individuals who are positive for COVID-19 or a close contact of someone with COVID-19 can find information on what to do [here](#).

KDHE urges Kansans to use the following tools to protect against COVID-19 and the Omicron variant.

- **Get vaccinated and boosted.** Vaccines remain the best tool to protect people from COVID-19, slow transmission and reduce the likelihood of new variants emerging. The authorized COVID-19 vaccines are highly effective in preventing serious illness, hospitalizations, and death. The [COVID-19 vaccines](#) approved or authorized in the United States are [expected to protect](#) against serious illness, hospitalizations, and death in people infected with the Omicron variant, especially those who have received a booster. COVID-19 vaccines are now authorized for people ages 5 and over. Moderately or severely immunocompromised people ages 5 and over should receive an additional primary dose of vaccine 28 days after their

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Available at: <https://www.coronavirus.kdheks.gov/CivicAlerts.aspx?AID=58>

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On the 18th KDHE announced a change to contact outreach and monitoring.

When we say we are sunsetting contact outreach and monitoring, or contact tracing, what we mean is that PH will still try to interview as many cases as possible. Before the change, we would get a list of close contacts and then reach out to those close contacts and let them know about their exposure (that was the outreach part) and then ask if they wanted to be monitored during their incubation period (that was the monitoring part).

We are now entering the third year of public health response and we need to adjust the level of response, partly to help alleviate strain on the public health system but also in response to what we know about this virus. We are currently seeing a virus that is highly infectious but causes milder disease. We have a disease that is most infectious before a person even starts to show symptoms and within the first few days of symptoms, but is also very effective at spreading from completely asymptomatic people. All of that coupled with the sheer volume of cases means that only a very small portion of the total contacts are even being identified. So, it's appropriate to transition our public health resources toward more effective strategies.

Another reason is simply fatigue of the pandemic by the public and less willingness to speak with public health staff about their illness and contacts, resulting in low rates of reaching cases and contacts in a timely fashion.

So we are moving to a strategy of arming people with the knowledge they need if they are a case or if they are a close contact so that they can make the best decisions to protect themselves and others.



COVID-19: Information for Close Contacts

[Home](#) • [If You Think You Are Sick](#) • [If You Are a Close Contact to Someone With COVID-19](#)

If You Are a Close Contact to Someone With COVID-19

You are considered a close contact if you have been 6 feet or less from a person with a confirmed or suspected COVID-19 infection for a total of 15 minutes over a 24-hour period. For example, having three separate 5-minute exposures to someone over the course of a single day is considered a close contact.

Are You Susceptible to COVID-19?

Persons are considered susceptible to COVID-19 disease if they are not fully vaccinated or if they do not have evidence of recent COVID-19 infection. The following persons are considered susceptible:

- People who received two doses of Pfizer-BioNTech or Moderna over 5 months ago and have not received a recommended booster shot when eligible.
- People who received the single-dose Johnson & Johnson vaccine over 2 months ago and have not received a recommended booster shot when eligible.
- People who are not vaccinated AND do not have evidence of a COVID-19 infection in the last 90 days.

If You ARE Susceptible

If You Are NOT Susceptible

Available at: <https://www.coronavirus.kdheks.gov/300/If-You-Are-a-Close-Contact-to-Someone-Wi>

To protect and improve the health and environment of all Kansans

To that end, we have launched a couple of different websites, one aimed at close contacts and one aimed at cases.

If you are a close contact, you will first see information to help you figure out if you are susceptible to COVID-19 disease based on assumed immunity from boosters or natural infection within the last 90 days.



COVID-19: Information for Close Contacts

| If You ARE Susceptible | If You Are NOT Susceptible |
|---|----------------------------|
| If You Had Close Contact AND You Are Considered Susceptible If you have been in close contact with someone who has COVID-19 and you are susceptible -- meaning you are not immune -- you should quarantine and stay away from others. You can infect others with COVID-19 even before you start to show symptoms and even if you never show symptoms. | |
| How Long do You Need to Quarantine and What Should You do? | |
| <ul style="list-style-type: none">• Stay home and quarantine for at least 5 full days after your last close contact. The day of your last contact is Day 0 and the next day is Day 1. Wear a well-fitted mask that covers your mouth and nose if you must be around others in your home.• Even if you don't develop symptoms, get tested at least 5 days after you last had close contact with someone with COVID-19.• After at least 5 full days of quarantine at home, you may leave your home. Wear a well-fitted mask that covers your mouth and nose when around others for an additional 5 days. If you cannot mask, continue quarantine at home for an additional 5 days.• Watch for symptoms for 10 days after you last had close contact. If you develop symptoms, isolate immediately and get tested.• Wear a well-fitted mask that covers your mouth and nose for 10 full days after you last had close contact any time you are around others inside your home or in public.• For 10 full days after you last had close contact:<ul style="list-style-type: none">• Avoid any place where you are unable to wear a mask• Avoid travel• Avoid being around people who are at high risk of developing severe disease• Use the Quarantine and Isolation Calculator from the South Dakota Department of Health to help you determine your recommended quarantine period for non-household close contacts.• A household close contact should stay home during the 5 days when the person with COVID-19 is isolating at home. If the person with COVID-19 disease was able to separate from others in the home, then the household close contact can begin their own home quarantine AFTER the person with COVID-19 ends home isolation. | |

Available at: <https://www.coronavirus.kdheks.gov/300/If-You-Are-a-Close-Contact-to-Someone-Wi>

To protect and improve the health and environment of all Kansans

Susceptible close contacts can get information on:

How Long do You Need to Quarantine and What Should You do?

Stay home and quarantine for at least 5 full days after your last close contact. The day of your last contact is Day 0 and the next day is Day 1. **Wear a well-fitted mask** that covers your mouth and nose if you must be around others in your home.

Even if you don't develop symptoms, **get tested at least 5 days after** you last had close contact with someone with COVID-19.

After at least 5 full days of quarantine at home, you may leave your home. **Wear a well-fitted mask** that covers your mouth and nose when around others **for an additional 5 days**. If you cannot mask, continue quarantine at home for an additional 5 days.

Watch for symptoms for 10 days after you last had close contact. If you develop symptoms, isolate immediately and get tested.

Wear a well-fitted mask that covers your mouth and nose for 10 full days after you last had close contact any time you are around others inside your home or in public.

For 10 full days after you last had close contact:

Avoid any place where you are unable to wear a mask

Avoid travel

Avoid being around people who are at high risk of developing severe disease
Use the [Quarantine and Isolation Calculator](#) from the South Dakota Department of Health to help you determine your recommended quarantine period for non-household close contacts.



COVID-19: Information for Close Contacts

If You ARE Susceptible

If You Are NOT Susceptible

If You Are NOT Considered Susceptible

If you are considered immune, you do not need to quarantine at home unless you develop symptoms. You should:

- **Get tested** at least **5 days after** you last had close contact with someone with COVID-19.
- **Watch for symptoms** for **10 days** after you last had close contact. If you develop symptoms, isolate immediately and get tested.
- **Wear a well-fitted mask** that covers your mouth and nose any time you are around others inside your home or in public for **10 full days** after you last had close contact.
- For **10 full days** after you last had close contact:
 - Avoid any place where you are unable to wear a mask
 - Avoid travel
 - Avoid being around people who are at high risk of developing severe disease

Available at: <https://www.coronavirus.kdheks.gov/300/If-You-Are-a-Close-Contact-to-Someone-Wi>

To protect and improve the health and environment of all Kansans

If You Are NOT Considered Susceptible

If you are considered immune, you do not need to quarantine at home unless you develop symptoms. You should:

Get tested at least **5 days after** you last had close contact with someone with COVID-19.

Watch for symptoms for **10 days** after you last had close contact. If you develop symptoms, isolate immediately and get tested.

Wear a well-fitted mask that covers your mouth and nose any time you are around others inside your home or in public for **10 full days** after you last had close contact.

For **10 full days** after you last had close contact:

Avoid any place where you are unable to wear a mask

Avoid travel

Avoid being around people who are at high risk of developing severe disease



COVID-19: Information for Cases

[Home](#) • [If You Think You Are Sick](#) • [If You Have or Suspect COVID-19](#)

If You Have or Suspect COVID-19

On February 1, 2022, the Kansas Department of Health and Environment (KDHE) will discontinue contact tracing, which notifies close contacts exposed to COVID-19. Local Health Departments have already begun to wind down contact tracing, and K-12 schools who were participating in contact tracing as part of a Test to Stay program may temporarily suspend contact tracing as well. Local Health Departments may no longer issue written orders of quarantine or work release letters. For county specific information, please contact your [Local Health Department](#).

What to do if You Know or Suspect You Have COVID-19

Regardless of vaccination status, if you have tested positive for COVID-19, or if you are exhibiting symptoms or have been notified by a health care professional as having a suspected case of COVID-19, follow the guidance as detailed on this page:

- Monitor your symptoms and seek care if needed.
- Isolate until you are no longer contagious.
- Notify your close contacts.



If you test positive for COVID-19, notify your close contacts up to 48 hours before symptoms or positive test occurred.

Si da positivo por COVID-19, notifique a sus contactos cercanos hasta 48 horas antes de que ocurran los síntomas o la prueba positiva.

Available at: <https://www.coronavirus.kdheks.gov/299/If-You-Have-or-Suspect-COVID-19>

To protect and improve the health and environment of all Kansans

If you are case because you tested positive or even if you suspect you have COVID-19 disease, you can find information on this website.



COVID-19: Information for Cases

Symptoms & When to Seek Care

Contagiousness & Close Contacts

Isolation

What Are The Symptoms of COVID-19?

People report a wide range of symptoms, from mild to severe. Symptoms may appear 2-14 days after exposure, and anyone can have symptoms, regardless of vaccination status. Typical symptoms include, but are not limited to:

- New loss of taste or smell
- Shortness of breath or difficulty breathing
- Fever or chills
- Cough
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

When to Seek Emergency Medical Attention:

If someone is showing any of these signs, **seek emergency medical care immediately**, or upon experiencing any symptoms that are severe or concerning to you:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

Available at: <https://www.coronavirus.kdheks.gov/299/If-You-Have-or-Suspect-COVID-19>

To protect and improve the health and environment of all Kansans

What Are The Symptoms of COVID-19?

People report a wide range of symptoms, from mild to severe. Symptoms may appear 2-14 days after exposure, and anyone can have symptoms, regardless of vaccination status. Typical symptoms include, but are not limited to:

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Fever or chills

Cough

Fatigue

Muscle or body aches

Headache

Sore throat

Congestion or runny nose

Nausea or vomiting

Diarrhea

When to Seek Emergency Medical Attention:

If someone is showing any of these signs, **seek emergency medical care immediately**, or upon experiencing any symptoms that are severe or concerning to you:

Trouble breathing

Persistent pain or pressure in the chest

New confusion

Inability to wake or stay awake

Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

| Symptoms & When to Seek Care | Contagiousness & Close Contacts | Isolation |
|---|---------------------------------|-----------|
| <p>When Are You Contagious & When Can You Get Others Sick?</p> <p>People with COVID-19 are contagious in the 2 days prior to the start of symptoms and for 10 days after symptoms begin. You are most contagious 2-3 days after symptoms begin, but it is possible to spread the virus for up to 10 days. People who are severely ill with COVID-19 or who are immunocompromised may spread the virus for up to 20 days.</p> <p>COVID-19 Can be Spread by People With no Symptoms</p> <p>COVID-19 can be spread by people that don't have symptoms, so people who do not have symptoms are considered contagious in the 2 days prior to when their positive sample was collected. It is possible to spread the virus for up to 10 days.</p> <p>If You Had Close Contact With Someone When You Might Have Been Contagious</p> <p>If someone was 6 feet or less from a person with a confirmed or suspected COVID-19 infection for a total of 15 minutes over a 24-hour period, they are considered a close contact. For example, someone who had three separate 5-minute exposures to a person with COVID-19 over the course of a single day is considered a close contact.</p> <p>If you had close contact with anyone during the time you might be contagious:</p> <ul style="list-style-type: none"> • Tell each of them that you are sick as soon as you are able. • Recommend that they do the following: <ul style="list-style-type: none"> • Quarantine at home for 5 full days • Get tested after 5 days • Monitor for symptoms and get tested immediately if symptoms develop • Visit the Close Contacts web page | | |

Available at: <https://www.coronavirus.kdheks.gov/299/If-You-Have-or-Suspect-COVID-19>

To protect and improve the health and environment of all Kansans

When Are You Contagious & When Can You Get Others Sick?

People with COVID-19 are contagious in the 2 days prior to the start of symptoms and for 10 days after symptoms begin. You are most contagious 2-3 days after symptoms begin, but it is possible to spread the virus for up to 10 days. People who are severely ill with COVID-19 or who are immunocompromised may spread the virus for up to 20 days.

COVID-19 Can be Spread by People With no Symptoms

COVID-19 can be spread by people that don't have symptoms, so people who do not have symptoms are considered contagious in the 2 days prior to when their positive sample was collected. It is possible to spread the virus for up to 10 days.

If You Had Close Contact With Someone When You Might Have Been Contagious

If someone was 6 feet or less from a person with a confirmed or suspected COVID-19 infection for a total of 15 minutes over a 24-hour period, they are considered a close contact. For example, someone who had three separate 5-minute exposures to a person with COVID-19 over the course of a single day is considered a close contact.

If you had close contact with anyone during the time you might be contagious:

Tell each of them that you are sick as soon as you are able.

Recommend that they do the following:

Quarantine at home for 5 full days

Get tested after 5 days

Monitor for symptoms and get tested immediately if symptoms develop

[Visit the Close Contacts web page](#)



COVID-19: Information for Cases

Symptoms & When to Seek Care

Contagiousness & Close Contacts

Isolation

Why is Isolation Important?

Isolation helps stop the spread of COVID-19. People should stay home until it's safe to be around others. While at home, anyone sick or infected should do the following:

- Monitor your [symptoms](#). If symptoms get worse or if you have an [emergency warning sign](#) such as trouble breathing or persistent pain or pressure in the chest, seek emergency medical care immediately.
- Stay in a separate room away from other household members, if possible.
- Use a separate bathroom, if possible.
- Take steps to [improve ventilation at home](#), if possible.
- Avoid contact with other members of the household and pets.
- Don't share personal household items, like cups, towels, and utensils.
- Wear a [well-fitting mask](#) if you need to be around others.

Available at: <https://www.coronavirus.kdheks.gov/299/If-You-Have-or-Suspect-COVID-19>

To protect and improve the health and environment of all Kansans

Why is Isolation Important?

Isolation helps stop the spread of COVID-19. People should stay home until it's safe to be around others. While at home, anyone sick or infected should do the following:

Monitor your [symptoms](#). If symptoms get worse or if you have an [emergency warning sign](#) such as trouble breathing or persistent pain or pressure in the chest, seek emergency medical care immediately.

Stay in a separate room away from other household members, if possible.

Use a separate bathroom, if possible.

Take steps to [improve ventilation at home](#), if possible.

Avoid contact with other members of the household and pets.

Don't share personal household items, like cups, towels, and utensils.

Wear a [well-fitting mask](#) if you need to be around others.

Length of Isolation

As of January 2022, KDHE has outlined isolation guidelines for two scenarios:

Those who have tested positive and have symptoms

Those who have tested positive and do not have symptoms

If Positive & Have Symptoms:

Stay home and isolate for at least 5 days from when your symptoms began. The day your symptoms start is considered Day 0 and the next day is considered Day 1. **Wear a**

well-fitted mask that covers your mouth and nose around others in your home.

If your symptoms have improved after 5 days AND you have been fever-free for at least 24 hours -- without fever-reducing medications such as acetaminophen or ibuprofen -- you can leave your house. Continue to wear a well-fitted mask that covers your mouth and nose for 5 more days when around others. If you cannot mask, continue to isolate at home for 5 additional days.

During the entire 10 days you are contagious:

- Avoid travel

- Avoid being around people at high risk for developing severe disease

If you were severely ill or are immunocompromised, you should **isolate at home for at least 10 days** and may need to isolate up to 20 days. Consult your doctor before ending isolation.

Use the [Quarantine and Isolation Calculator](#) from the South Dakota Department of Health to help you determine your recommended isolation period.

If Positive & No Symptoms:

Stay home and isolate for 5 days from when your positive sample was taken. The day your sample was taken is considered Day 0 and the next day is considered Day 1. **Wear a well-fitted mask** that covers your mouth and nose around others in your home.

If you haven't developed symptoms during your 5 days at home, you can leave your house. **If you developed symptoms**, follow the guidance for people who tested positive and have symptoms. Begin a new home isolation period based on the day your symptoms start.

Continue to wear a well-fitted mask that covers your mouth and nose for 5 more days when around others. If you cannot mask, continue to isolate at home for 5 additional days.

During the 10 days you are contagious:

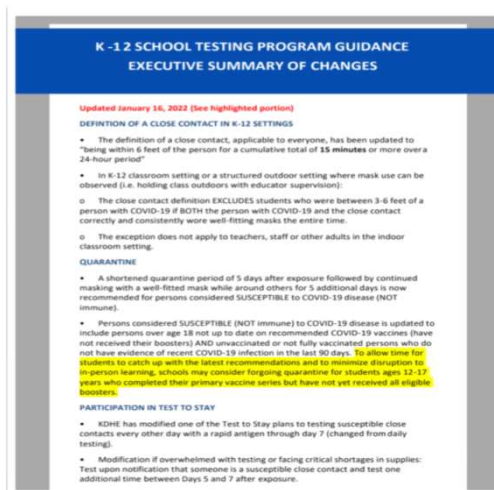
- Avoid travel

- Avoid being around people at high risk for developing severe disease

Use the [Quarantine and Isolation Calculator](#) from the South Dakota Department of Health to help you determine your recommended isolation period.

I encourage all of you to please take a look at these resources and, if you find them helpful, to give them to your patients the help educate people and empower them to make good choices.

COVID-19: Updated Guidance for K-12 Test to Stay



Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2060/K-12-COVID-19-Testing--Vaccine-Options?bidId=>

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We also updated the guidance for K-12 schools that are participating in the KDHE testing program.



COVID-19: Updated Guidance for K-12 Test to Stay

Modification if overwhelmed with testing or facing critical shortages in supplies: Test upon notification that someone is a susceptible close contact and test one additional time between Days 5 and 7 after exposure. For household contacts, the second test should be between Days 5 and 7 after last exposure while the case was infectious. More frequent testing of household contacts may be needed because they will be continually exposed (10 days of household members infectious period plus 7 days of close contacts quarantine). If TTS school has PCR use PCR, if not use rapid antigen.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2060/K-12-COVID-19-Testing--Vaccine-Options?bidId=>

To protect and improve the health and environment of all Kansans

Given the huge surge in cases, we added in a modification to help schools that were facing shortages of supplies or were otherwise unable to keep up with their normal testing plans. Based on a CDC recommendation for a bare minimum testing strategy, we suggested that schools that can't test every other day switch to a strategy of testing upon notification and once again between day 5 and 7 after last exposure.



COVID-19: Updated Guidance on Contact Tracing in K-12 Schools

Division of Public Health
Curtis State Office Building
1000 SW Jackson St., Suite 300
Topeka, KS 66612-1368

Janet Stanek, Acting Secretary



Phone: 785-296-1086
www.kdheks.gov

Laura Kelly, Governor

January 17, 2022

Re: The identification of close contacts in K-12 settings

Dear Superintendent,

The Kansas Department of Health and Environment and the Kansas State Department of Education see and understand the immense pressure you are facing to deliver quality education in light of the current Omicron surge. We are hoping to temporarily relieve one pressure point, specifically the identification of susceptible close contacts who were exposed to COVID-19 in K-12 school settings. For school districts struggling to identify and notify close contacts during this Omicron surge, we propose a temporary suspension of this practice. For school districts that are able to maintain their current process for identification of close contacts, we encourage you to continue doing so as this is an important tool to help control school-based transmission of COVID-19.

What this means:

- For a 30-day period starting Tuesday 1/18/2022, school districts **may temporarily suspend** identifying specific susceptible close contacts potentially exposed to COVID-19 in classroom and extracurricular settings. KDHE and KSDE will reevaluate this recommendation after 30 days.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2413/Memo-on-close-contact-identification-in-K-12-settings---Signed-01172022?bidId=>

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A memo was also jointly issued by KDHE and the Kansas State Board of Education on the 17th. This memo essentially said that, if schools needed to, they could pause contact tracing for 30 days. The memo encourages schools, especially Test to Stay schools, that can continue to contact trace that they do so. Meaning, they still find those susceptible close contacts at school and test them either every other day or switch to the strategy of just testing them upon notification and again between day 5 and 7.



COVID-19: Updated Guidance on Contact Tracing in K-12 Schools

Expectation for Test to Stay School Districts:

- During a temporary suspension of close contact identification in K-12 settings, consider:
 - Switch to diagnostic testing to support students/teachers/staff who become symptomatic during the school day and/or for students/teachers/staff that call and notify the school that they are symptomatic.
 - Focus on antigen testing for people coming back from 5 days of **home isolation** after testing positive. This can be a one-time test on the morning of return to school with the option to test again the following morning.
 - Focus on antigen or PCR testing for people coming back from 5 days of **home quarantine**. This can be a one-time test on the morning of return to school with the option to test more often.

Again, we thank you for everything you are doing to provide for your community during these unprecedented times. Please continue to communicate with us as we all try to navigate the current situation.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2413/Memo-on-close-contact-identification-in-K-12-settings---Signed-01172022?bidId=>

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However, for our TTS schools that can't do that right now, we suggested a 30 day strategy of just diagnostic testing, just testing people coming back from home isolation and just testing people coming back from home quarantine.

I know there have been a lot of questions from school districts on what all of these changes really mean so we are working with KSDE to maybe have an question and answer session with principals and school nurses.

COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021

Early Release / January 19, 2022 / 71

Tomás M. León, PhD¹; Vajeera Dorabawila, PhD²; Lauren Nelson, MPH¹; Emily Lutterloh, MD^{2,3}; Ursula E. Bauer, PhD²; Bryon Backenson, MPH^{2,3}; Mary T. Bassett, MD²; Hannah Henry, MPH¹; Brooke Bregman, MPH¹; Claire M. Midgley, PhD⁴; Jennifer F. Myers, MPH¹; Ian D. Plumb, MBBS⁴; Heather E. Reese, PhD⁴; Rui Zhao, MPH¹; Melissa Briggs-Hagen, MD⁵; Dina Hoefler, PhD⁵; James P. Watt, MD¹; Benjamin J. Silk, PhD¹; Seema Jain, MD¹; Eli S. Rosenberg, PhD^{2,3} ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Data are limited regarding the risks for SARS-CoV-2 infection and hospitalization after COVID-19 vaccination and previous infection.

What is added by this report?

During May–November 2021, case and hospitalization rates were highest among persons who were unvaccinated without a previous diagnosis. Before Delta became the predominant variant in June, case rates were higher among persons who survived a previous infection than persons who were vaccinated alone. By early October, persons who survived a previous infection had lower case rates than persons who were vaccinated alone.

What are the implications for public health practice?

Although the epidemiology of COVID-19 might change as new variants emerge, vaccination remains the safest strategy for

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Available at:

https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm?s_cid=mm7104e1_e&ACSTrackingID=USCDC_921-DM73434&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2071%2C%20January%2019%2C%202022&deliveryName=USCDC_921-DM73434

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To examine the impact of primary COVID-19 vaccination and previous SARS-CoV-2 infection

Four cohorts of adults aged ≥ 18 years were considered: persons who were 1) unvaccinated with no previous laboratory-confirmed COVID-19 diagnosis, 2) vaccinated (14 days after completion of a primary COVID-19 vaccination series) with no previous COVID-19 diagnosis, 3) unvaccinated with a previous COVID-19 diagnosis, and 4) vaccinated with a previous COVID-19 diagnosis.

During the study period, COVID-19 incidence in both states was highest among unvaccinated persons without a previous COVID-19 diagnosis compared with that among the other three groups.

During the week beginning May 30, 2021, compared with COVID-19 case rates among unvaccinated persons without a previous COVID-19 diagnosis, COVID-19 case rates were 18–20 fold lower among vaccinated persons without a previous diagnosis; 7–10 fold lower among unvaccinated persons with a previous COVID-19 diagnosis; and 9 to 10 fold lower among vaccinated persons with a previous COVID-19 diagnosis.

These relationships changed after the SARS-CoV-2 Delta variant became predominant (i.e., accounted for >50% of sequenced isolates) in late June and July.

By the week beginning October 3, compared with COVID-19 cases rates among unvaccinated persons without a previous COVID-19 diagnosis, case rates among vaccinated persons without a previous COVID-19 diagnosis were 5 to 6 fold lower; 15-29 fold lower among unvaccinated persons with a previous diagnosis, and 20 to 32 fold lower among vaccinated persons with a previous diagnosis of COVID-19.

infection-derived protection was higher after the Delta variant became predominant



COVID-19: New Omicron Literature

- Children are less likely to have severe symptoms from Omicron vs. Delta.
- Omicron was found to be 25% less virulent than Delta in South Africa.
- In the UK, fewer patients report loss of taste/smell, shortness of breath, fatigue, and muscle aches, but more patients reported sore throats if they contracted SARS-CoV-2 when Omicron was predominant vs. when other variants were predominant.
- The combination of original vaccine and booster vaccine did not impact the amount of neutralizing antibody against Delta or Omicron with the exception that patients that received Janssen as the original and booster vaccine had lower neutralizing antibodies than the other groups.
- Infection with Delta, but not Omicron, induces broad immunity in mice.
- Human sera from Omicron and Delta breakthrough cases reveals effective cross-variant neutralization induced by both viruses in vaccinated individuals (sera from unvaccinated, but previously infected, individuals did not have as broad of neutralizing capacity).
- Immunocompromised patients that contracted SARS-CoV-2 for long periods of time (> 8 months) promoted the emergence of novel SARS-CoV-2 mutations over time.

To protect and improve the health and environment of all Kansans

Bullet # 4: Summary: This study investigated the neutralizing antibody titers of individuals who received the same booster vaccine as their original vaccine versus a different booster vaccine from their original vaccine. Overall, the authors found that the combination of original vaccine and booster vaccine did not impact the amount of neutralizing antibody against Delta or Omicron with the exception that patients that received Janssen as the original and booster vaccine had lower neutralizing antibodies than the other groups.

Epidemiology

**COVID infection severity in children under 5
years old before and after Omicron emergence in the US**

Lindsey Wang, Nathan A. Berger, David C. Kaelber,  Pamela B. Davis,
 Nora D. Volkow,  Rong Xu
doi: <https://doi.org/10.1101/2022.01.12.22269179>

Major findings:

- In the 3 days after infection, children under 5 that contracted SARS-CoV-2 for the first time during a time when Omicron was the dominant variant (12/26/2021-1/6/2022) were less likely to require an ED visit (RR(risk ratio): 0.71), hospitalization (RR: 0.33), ICU admission (RR:0.32), or mechanical ventilation (RR: 0.29) versus children who contracted SARS-CoV-2 the first time during a time when Delta was dominant.

Limitations: Omicron and Delta groups were identified based on the prevalence of the variant in the population and not WGS results.

URL: <https://www.medrxiv.org/content/10.1101/2022.01.12.22269179v1>

Summary: The study used electronic health records for 79,592 children under 5 who contracted SARS-CoV-2 infection for the first time, including 7,201 infected between 12/26/2021-1/6/2022 when the Omicron variant was predominant. The children were matched by propensity-score matching for demographics, socio-economic determinants of health, comorbidities and medications and compared between children that were infected with SARS-CoV-2 for the first time when Omicron was the predominant variant and children that were infected with SARS-CoV-2 for the first time when Delta was the predominant variant. Children who were infected during the Omicron predominant period had lower rates of ED visits, hospitalizations, ICU admissions, and mechanical ventilations versus children who were infected during the Delta predominant period.

Outcomes of laboratory-confirmed SARS-CoV-2 infection in the Omicron-driven fourth wave compared with previous waves in the Western Cape Province, South Africa

Mary-Ann Davies, Reshma Kassanjee, Petro Rosseau, Erna Morden, Leigh Johnson, Wesley Solomon, Nei-Yuan Hsiao, Hannah Hussey, Graeme Meintjes, Masudah Paleker, Theuns Jacobs, Peter Raubenheimer, Alexa Heekes, Pierre Dane, Jany-Lee Bam, Mariette Smith, Wolfgang Preiser, David Pienaar, Marc Mendelson, Jonathan Naude, Nesdaad Schrueder, Ayanda Mnguni, Sue Le Roux, Katie Murie, Hans Prozesky, Hassan Mahomed, Liezel Rossouw, Sean Wasserman, Deborah Maughan, Linda Boloko, Barry Smith, Jantjie Taljaard, Greg Symons, Ntobeko Ntusi, Arifa Parker, Nicole Wolter, Waasila Jassat, Cheryl Cohen, Richard Lessells, Robert J Wilkinson, Juanita Arendse, Saadiq Kariem, Melvin Moodley, Krish Vallabhjee, Milani Wolmarans, Keith Cloete, Andrew Boule

doi: <https://doi.org/10.1101/2022.01.12.22269148>

Major findings:

- In the 14 days after infection, in a population aged ≥ 20 years that had been infected with SARS-CoV-2 during a time when Delta was predominant vs. a time when Omicron was predominant, the authors found that much of the reduction in severity seen in patients that likely had Omicron vs. Delta was the result of prior infection and vaccination, but that Omicron may be 25% less virulent than Delta.

Limitations: Omicron and Delta groups were identified based on the prevalence of the variant in the population and not WGS results.

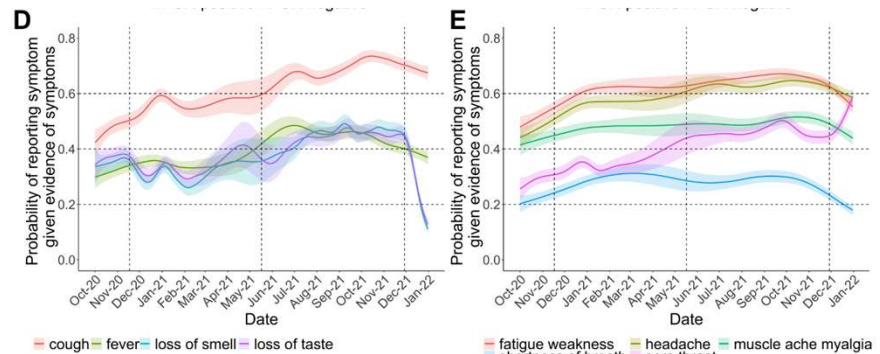
URL: <https://www.medrxiv.org/content/10.1101/2022.01.12.22269148v1>

Summary: The study used participants who contracted SARS-CoV-2 during a time when Omicron was predominant (5,144 patients) and a time when Delta was predominant (11,609 patients). Two analyses were performed, one which had patients were grouped by age, sex, comorbidities, and geography and the second analyses grouped by all the variables in the first analyses, but also included vaccination status and prior infection. After adjusting for vaccination status and prior infection, the authors found that there was a 25% reduction in severe hospitalization or death in the group that was infected when Omicron was the predominant variant vs. Delta.

Symptoms

OMICRON-ASSOCIATED CHANGES IN SARS-COV-2 SYMPTOMS IN THE UNITED KINGDOM

Karina-Doris Vihta, Koen B. Pouwels, Tim EA Peto, Emma Pritchard, Thomas House, Ruth Studley, Emma Rourke, Duncan Cook, Ian Diamond, Derrick Crook, Philippa C. Matthews, Nicole Stoesser, David W. Eyre, Ann Sarah Walker, COVID-19 Infection Survey team
doi: <https://doi.org/10.1101/2022.01.18.22269082>



Major findings:

- When Omicron predominated, there were fewer reports of loss of taste/smell, shortness of breath, fatigue, and muscle aches, but an increase in sore throat by patients who tested positive for SARS-CoV-2 versus times when other variants were dominant.

Limitations:

URL: <https://www.medrxiv.org/content/10.1101/2022.01.18.22269082v1>

Summary: This study used the UK Covid-19 Infection Survey, a nationally representative longitudinal household survey, to investigate the predominant symptoms of patients infected when Omicron was predominant (December 2021) vs. other variants (October 2020 to November 2021). Between October-2020 and December-2021, 53,617 PCR-positive episodes occurred in 52,869 participants (median 40 years, IQR 17-56), with 28,882 (54%) reporting symptoms. Patients did not have some of the characteristic COVID-19 symptoms such as loss of taste/smell during a time when Omicron was predominant. The authors suggest that this change in symptoms in people who likely have Omicron may result in people infected with Omicron assuming they do not have COVID-19 because it does not match some of the characteristic COVID-19 symptoms.

Vaccination/Prior Infection

SARS-CoV-2 Omicron Neutralization After Heterologous Vaccine Boosting

Kirsten E. Lyke, Robert L. Atmar, Clara Dominguez Islas, Christine M. Posavad, Daniel Szydlo, Rahul PaulChourdury, Meagan E. Deming, Amanda Eaton, Lisa A. Jackson, Angela R. Branche, Hana M. El Sahly, Christina A. Rostad, Judith M. Martin, Christine Johnston, Richard E. Rupp, Mark J. Mulligan, Rebecca C. Brady, Robert W. Frencik Jr., Martin Bäcker, Angelica C. Kottkamp, Tara M. Babu, Kumaravel Rajakumar, Sriatha Edupuganti, David Dobrzynski, Rhea N. Coler, Janet I. Archer, Sonja Crandon, Jillian A. Zemanek, Elizabeth R. Brown, Kathleen M. Neuzil, David S. Stephens, Diane J. Post, Seema U. Nayak, Paul C. Roberts, John H. Beigel, David Montefiori, the DMID 21-0012 Study Group
doi: <https://doi.org/10.1101/2022.01.13.22268861>

Major findings:

- Patients that received the same booster vaccine as their original vaccine did not have different neutralizing antibody titers versus patients that received a different booster vaccine from their original vaccination with the exception of patients that received Janssen as the original and booster vaccine.
 - Patients that received Janssen as the original and booster vaccine had lower neutralizing antibody titers vs. patients that received Janssen as the original and Pfizer as the booster (Moderna was not tested)

Limitations: None, this was a good and simple paper.

URL: <https://www.medrxiv.org/content/10.1101/2022.01.13.22268861v1>

Summary: This study investigated the neutralizing antibody titers of individuals who received the same booster vaccine as their original vaccine versus a different booster vaccine from their original vaccine. Overall, the authors found that the combination of original vaccine and booster vaccine did not impact the amount of neutralizing antibody against Delta or Omicron with the exception that patients that received Janssen as the original and booster vaccine had lower neutralizing antibodies than the other groups.

Limited cross-variant immunity after infection with the SARS-CoV-2 Omicron variant without vaccination

Rahul K. Suryawanshi, Irene P. Chen, Tongcui Ma, Abdullah M. Syed, Camille R. Simoneau, Alison Ciling, Mir M. Khalid, Bharath Sreekumar, Pei-Yi Chen, Ashley F. George, G. Renuka Kumar, Mauricio Montano, Miguel A. Garcia-Knight, Noah Brazer, Prachi Saldhi, Alicia Sotomayor-Gonzalez, Venice Servellita, Amelia Gliwa, Jenny Nguyen, Ines Silva, Bilal Milbes, Noah Kojima, Victoria Hess, Maria Shacreaw, Lauren Lopez, Matthew Brobeck, Fred Turner, Frank W. Soveg, Xiaohai Fang, Maz Maishan, Michael Matthey, Mary Kate Morris, Debra Wadford, Carl Hanson, Warner C. Greene, Raul Andino, Lee Spraggon, Nadia R. Roan, Charles Y. Chiu, Jennifer Doudna, Melanie Ott

doi: <https://doi.org/10.1101/2022.01.13.22269243>

Major findings:

- Infection with Delta, but not Omicron, induces broad immunity in mice.
 - Sera from Omicron-infected mice only neutralize Omicron, sera from Delta-infected mice are broadly effective against Delta and other VOCs, including Omicron
- Human sera from Omicron and Delta breakthrough cases reveals effective cross-variant neutralization induced by both viruses in vaccinated individuals.
 - Sera from individuals who were not vaccinated prior to infection with Delta neutralized WA1 and Delta variants, but not Omicron.

Limitations:

URL: <https://www.medrxiv.org/content/10.1101/2022.01.13.22269243v1>

Summary: The authors set out to investigate if mass infection with Omicron would result in “herd immunity” from SARS-CoV-2 and if prior infection with Delta would result in some level of immunity against Omicron. Mice were infected with Delta or Omicron and given time to have an immunological response after which their sera was collected. The effectiveness of the sera to neutralize WA1 (ancestral), Alpha, Beta, Delta, and Omicron variants. Sera isolated from mice infected with Delta were able to broadly neutralize all variants except Beta while sera from mice infected with Omicron only neutralized the Omicron variant. Sera isolated from vaccinated humans who had breakthrough infections with Delta or Omicron were able to neutralize all variants while sera from unvaccinated humans was not able to neutralize all variants. Notably, sera from vaccinated individuals with confirmed Omicron breakthrough infection showed the highest level of protection (>80%) against all strains, including Omicron. These findings suggest that Omicron infection can effectively boost existing immunity conferred by the vaccination against other variants, eliciting “hybrid immunity” that is effective against not only itself but also other variants.

Evolution

Generation of novel SARS-CoV-2 variants on B.1.1.7 lineage in three patients with advanced HIV disease

Anna C. Riddell, Beatrix Kele, Kathryn Harris, Jon Bible, Maurice Murphy, Subathira Dakshina, Nathaniel Storey, Dola Owoyemi, Corinna Pade, Joseph M. Gibbons, David Harrington, Eliza Alexander, Áine McKnight, Teresa Cutino-Moguel

doi: <https://doi.org/10.1101/2022.01.14.21267836>

Major findings:

- Three immunocompromised patients with persistent (> 8 months) SARS-CoV-2 infections were shown to promote the emergence of novel SARS-CoV-2 mutations over time.

Limitations:

URL: <https://www.medrxiv.org/content/10.1101/2022.01.14.21267836v1>

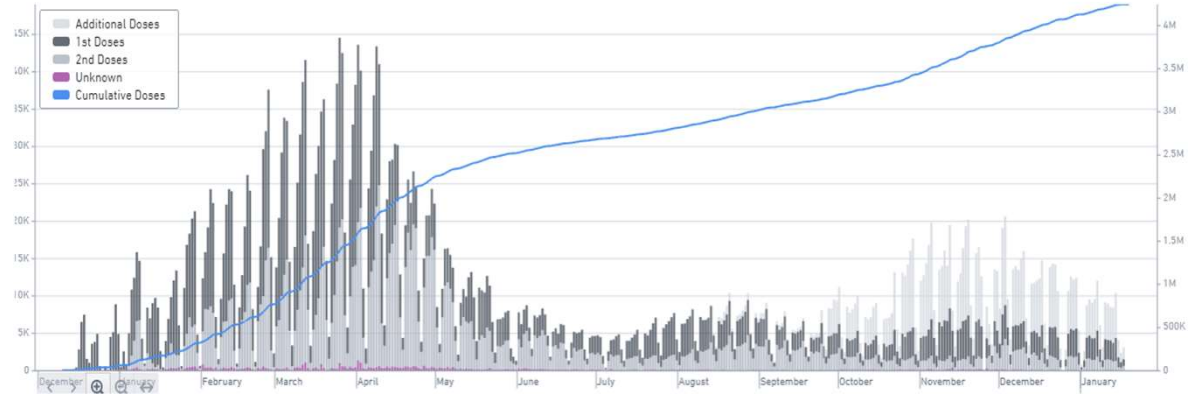
Summary: This study used regular WGS to assess the genome of SARS-CoV-2 in patients who were immunocompromised and had persistent SARS-CoV-2 infections. In all three patients there was a generation of novel mutations over time, some of which persisted. This persistence is presumably due to selection pressure, and therefore is evidence of active viral replication. These findings provide further evidence that in the setting of immunosuppression, individuals can have chronic SARS-CoV-2 infection providing an opportunity for the generation of novel variants. All three patients had CD4 lymphopenia, supporting a critical role for CD4 T-cells in the clearance of SARS-CoV-2 infection.



Phil Griffin, Director, Disease Control & Prevention
Immunization Update
January 20, 2022



Vaccination Trends



Generated by Tiberius on 01/19/2022

To protect and improve the health and environment of all Kansans



Order Vaccine As Needed

Avoid missed opportunities!

Minimum order is 1 vial of any vaccine through direct shipment form KDHE

How to receive vaccine: To place an order for vaccine for delivery next week, please complete the following [order form](#) as soon as possible and no later than **Wednesday 5pm CT**.

Please keep Vaccine Finder current.

This impacts vaccine.gov and visibility of the vaccine you have available to administer in addition to ordering caps for the state.

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On Thursday January 13th 2022, the Supreme Court issued split decisions on the Biden Administration's federal vaccine mandates.

- The Court struck down the Occupational Safety and Health Administration (OSHA) vaccine-or-test requirement for employers.
- The Court upheld the Centers for Medicare and Medicaid Services (CMS) vaccine mandate for health care workers in facilities receiving Medicare or Medicaid funds.





CDC Data Discrepancies (USA Today article)

Uneven Reporting Raises Doubts About CDC Vaccination Numbers - Read [here](#). Article touching on some of the issues between data reporting for doses administered by state vs. federal entities brought up by Association of Immunization Managers members.

- The agency has acted to address inconsistencies in its data tracker. But experts say the solution does little to correct reporting that has miscounted the vaccination status of millions.
- Kaiser Health News this month [reported](#) that the tracker showed 99.9% of people ages 65 and older had at least their first shot – a number that experts said couldn't be correct.
- The CDC responded by quietly instituting a cap across the demographic groups they measure that, on paper, prevents any group from exceeding a vaccination rate of 95%. Its tracker now shows that 95% of those 65 and older are at least partially vaccinated instead of 99.9%.
- A new footnote explains that the cap “helps address potential overestimates of vaccination coverage due to first, second, and booster doses that were not linked.” It also notes that inaccuracies could arise from part-time residents getting the shots and potential data reporting errors.
- Experts say CDC's strategy does not solve underlying data issues that could spawn massive miscounts and that it's important for vaccination coverage data to be accurate so that public health policies can be targeted to where they are most needed.

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Omicron Threat to Organ Transplant Patients (USA Today article)

Why Omicron Is a Dangerous Threat for Transplant Patients- Read [here](#). For organ transplant patients and other immunocompromised individuals, the omicron variant ushered in a particularly fraught phase of the pandemic.

- The emergence of the omicron variant of COVID-19, which is more contagious and multiplies 70 times faster than its delta counterpart, has brought with it a potentially life-threatening period this winter for individuals who are elderly, immunocompromised or unvaccinated. One group that is particularly vulnerable but often overlooked is those who have received organ transplants.
- Transplant patients may not respond the same way to vaccines. A recent study reported that vaccinated transplant patients faced a more than 80-fold higher risk of a COVID-19 breakthrough infection than the general population of fully vaccinated adults, as well as a 485-fold risk of breakthrough infection with associated hospitalization and death. In a separate study, organ transplant patients who received a third dose of Moderna's mRNA vaccine had an improved antibody response against the delta variant, but it's too early to know if this response will hold up against omicron.
- Prioritizing a third dose of vaccine in transplant patients, as well as boosters for their family members and all close contacts (what we call "ring vaccination" or "cocooning"), can protect against severe disease and death.

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Additional Dose Clarification

| Moderately and Severly Immunocompromised | | | | |
|--|--------|----------------|---|---------------|
| Vaccine Type | Age | Primary Series | Primary Interval | Booster After |
| Pfizer-BioNTech (orange cap) | 5 - 11 | 3 doses | 21 days for first two doses then 28 for third | 5 Months |
| Pfizer-BioNTech (gray cap) | 12+ | 3 doses | 21 days for first two doses then 28 for third | 5 Months |
| Moderna | 18+ | 3 doses | 28 days | 5 Months |

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#additional-primary-dose>

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Pfizer Training and Updates

Goal: Educate providers and immunization staff personnel on the proper use of the Pfizer-BioNTech COVID-19 Vaccine

Session topics include:

- Introduction of the **DO NOT DILUTE / Gray Cap** formulation for individuals 12 years of age and older.
- Use of each vaccine presentation, including storage, handling, preparation, and administration for:
 - Ages 5 through 11 Years: **DILUTE BEFORE USE/Orange Cap**
 - Ages 12 Years and Older:
 - **DO NOT DILUTE/Gray Cap**
 - **DILUTE BEFORE USE/Purple Cap**
- Recent medical updates regarding the vaccine
- An overview of healthcare provider resources
- Question and answer session

These sessions will be **updated** to reflect new information and changes that evolve. Recent updates will be identified at the start of each session.

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Pfizer Training and Updates

| Date and Time with link | Password |
|--|-------------|
| Attendee link – Thurs January 6 - 12pm ET | QmagnVap422 |
| Attendee link – Tues January 11 - 3pm ET | cKXFZSiW634 |
| Attendee link – Wed January 12 - 12pm ET | v9MUab6Yrd6 |
| Attendee link – Thurs January 13 - 12pm ET | BXke23nMVD3 |
| Attendee link – Tues January 18 - 3pm ET | FJjymeG327W |
| Attendee link – Wed January 19 - 12pm ET | kMapPATn986 |
| Attendee link – Thurs January 20 - 12pm ET | grB3WCzru23 |
| Attendee link – Tues January 25 - 3pm ET | AQqwYfKE522 |
| Attendee link – Wed January 26 - 12pm ET | 2pSQT324TdC |
| Attendee link – Thurs January 27 - 12pm ET | yVDHYiaF828 |

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

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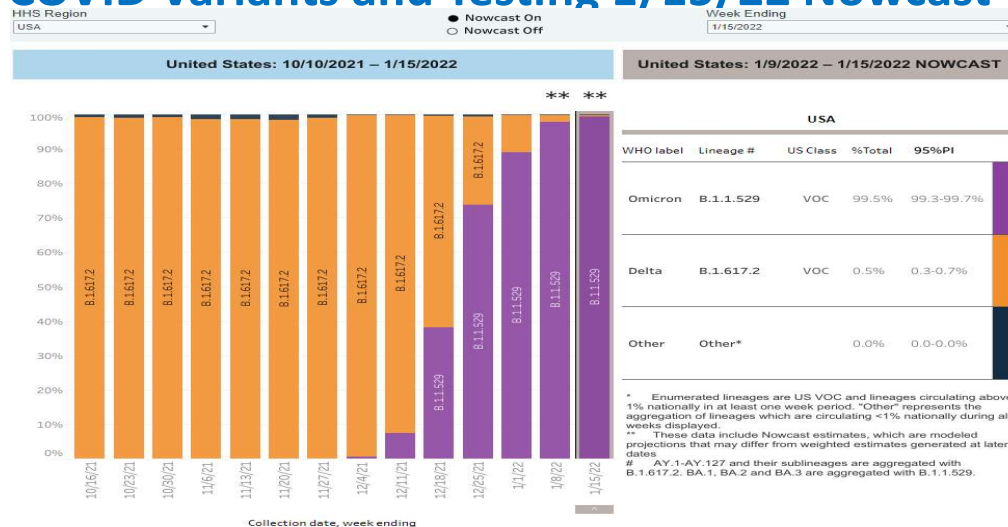


N Myron Gunsalus, Jr, KHEL Director
COVID-19 Laboratory Update
January 20, 2022



COVID-19: Laboratory Update

COVID Variants and Testing 1/15/22 Nowcast



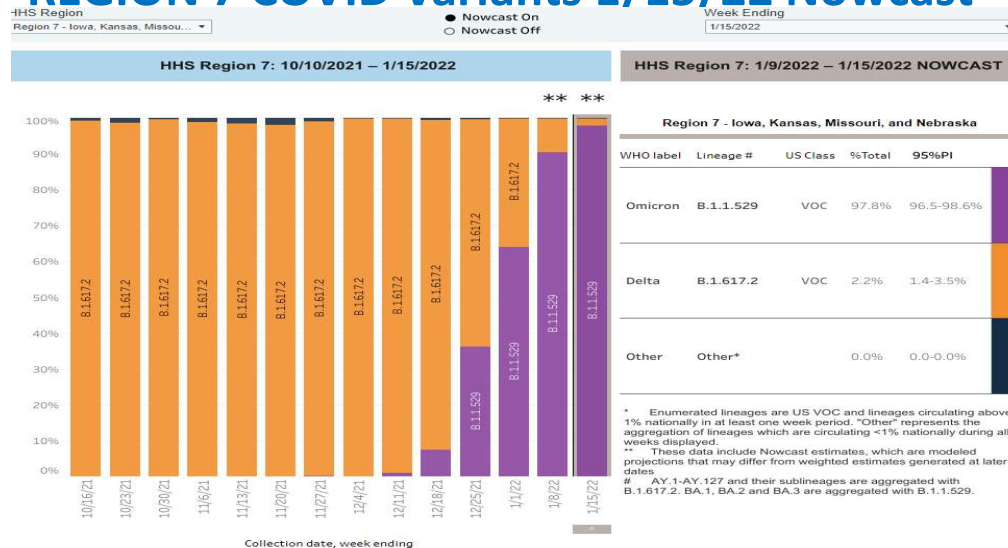
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https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fvariant-surveillance%2Fgenomic-surveillance-dashboard.html#variant-proportions



COVID-19: Laboratory Update

REGION 7 COVID Variants 1/15/22 Nowcast

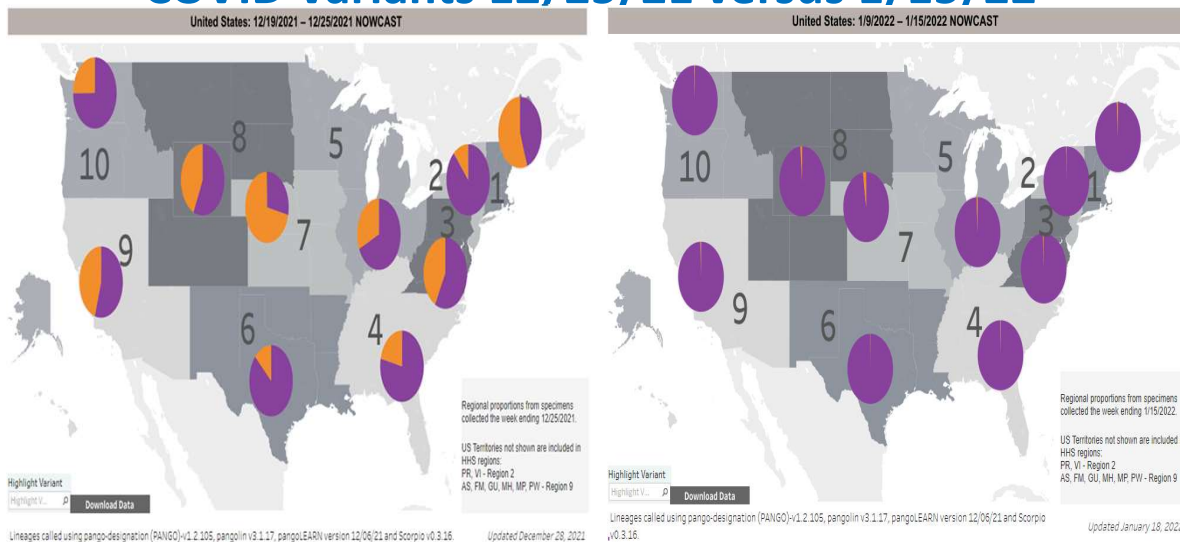


To protect and improve the health and environment of all Kansans

https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fvariant-surveillance%2Fgenomic-surveillance-dashboard.html#variant-proportions

COVID-19: Laboratory Update

COVID Variants 12/25/21 versus 1/15/22



To protect and improve the health and environment of all Kansans

https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fvariant-surveillance%2Fgenomic-surveillance-dashboard.html#variant-proportions

Regionally, Interesting to note that we were leaders in Delta becoming dominant but seem to be on the slower end of Omicron becoming dominant strain.



COVID-19: Laboratory Update

Federal Update

- FDA has tested over 10 different Antigen tests (most or all OTC) and all detect Omicron.
- Federal System for citizens to order coming online
 - Covidtests.gov
- Up to 4 per home, 7-12 days
- Website directs to other testing options for immediate needs.

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COVID-19: Laboratory Update

Helpful Contacts

- General Laboratory Information and LABXCHANGE
 - KDHE.KHELINFO@ks.gov
- CLIA Certification Questions:
 - KDHE.CLIA2@ks.gov
- School Testing Program Contact
 - Sarah Allin, K-12 Funding Project Manager
 - Sarah.allin@ks.gov
- Courier Service
 - Chad Yamashita (Chad.Yamashita@ks.gov)

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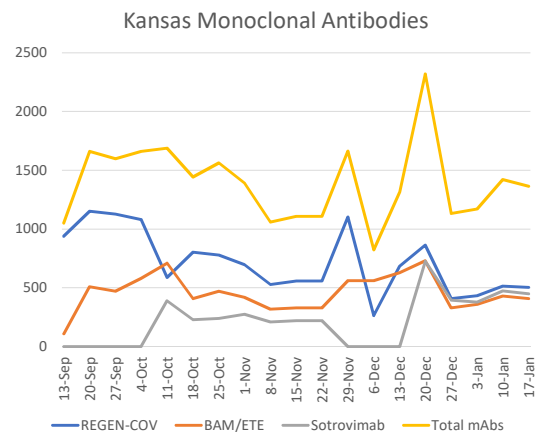


Michael McNulty, Emergency Management Director Therapies for COVID-19 Update January 20, 2022



Kansas Allocations

| WEEK | REGEN-COV | BAM/ETE | ETE SOLO | Sotrovimab |
|--------|-----------|---------|----------|------------|
| 1-Nov | 696 | 420 | 0 | 276 |
| 8-Nov | 528 | 320 | 0 | 210 |
| 15-Nov | 558 | 330 | 0 | 220 |
| 22-Nov | 558 | 330 | 0 | 220 |
| 29-Nov | 1104 | 560 | 0 | 0 |
| 6-Dec | 264 | 560 | 0 | 0 |
| 13-Dec | 684 | 630 | 0 | 0 |
| 20-Dec | 864 | 730 | 210 | 726 |
| 27-Dec | 408 | 330 | 0 | 396 |
| 3-Jan | 432 | 360 | 0 | 378 |
| 10-Jan | 516 | 430 | 0 | 474 |
| 17-Jan | 504 | 410 | 200 | 450 |



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Allocation of Monoclonal Antibodies

- A number of alternative therapeutics are available, including oral and IV antivirals, that are effective against omicron
 - NIH recommended IV Remdesivir for therapy consideration in outpatients
- If delta represents a significant proportion of infections and other options are not available or are contraindicated, eligible patient can be offered BAM/ETE or REGEN-COV, with the understanding that these treatments would be ineffective if patients are infected with omicron
 - SARS-CoV-2 Variant by County <https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas>
- The therapeutics supply chain is seeing some significant impacts from omicron both in the manufacturing/warehouse space as well as the distribution side.

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CMS Code for Outpatient Veklury (remdesivir) use

- Following recent statement from NIH COVID-19 Treatment Guidelines Panel regarding therapies for COVID-19 omicron variant, CMS created **HCPCS code J0248** for the Veklury (remdesivir) antiviral medication when administered in outpatient setting – currently off label use
- Code available for use by all payers
- Effective dates of service on or after December 23, 2021
 - Long descriptor: Injection, remdesivir, 1 mg
 - Short descriptor: Inj, remdesivir, 1 mg
- Medicare Administrative Contractors determine Medicare coverage when no national coverage determination, including when providers use FDA-approved drugs for indications other than what is on approved label
- MACs will determine Medicare coverage for HCPCS code J0248 for Veklury (remdesivir) administered in outpatient setting
- See CMS COVID-19 Provider Toolkit for additional information

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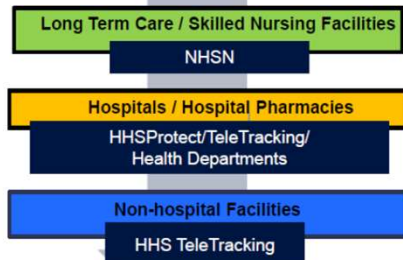
HHS Protect/TeleTracking Reporting

- Therapeutic Course Inventory and Usage – Report Once Weekly for Wednesday’s Date
 - Therapeutic A Courses on Hand Casirivimab/Imdevimab
 - Therapeutic A Courses Administered in Last Week Casirivimab/Imdevimab
 - Therapeutic C Courses on Hand Bamlanivimab/ Etesevimab
 - Therapeutic C Courses Administered in Last Week Bamlanivimab/ Etesevimab
 - Therapeutic D Courses on Hand Sotrovimab **REQUIRED JANUARY 19, 2022**
 - Therapeutic D Courses Administered in Last Week Sotrovimab **REQUIRED JANUARY 19, 2022**
- Therapeutic Course Inventory and Usage – Report Daily
 - Evusheld, Molnupiravir, Paxlovid
- <https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Pages/COVID19-therapeutics-teletracking.aspx>

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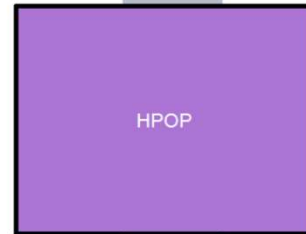
Reporting Requirements

For bam/ete, sotrovimab, REGEN-COV



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

For Evusheld, Paxlovid, molnupiravir



**Reporting required
by 11:59 pm daily**

**Sites administering/dispensing USG-purchased COVID-19 therapeutics must provide
information on product utilization and stock on hand**

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Therapies Questions

- If you have any questions related to monoclonal antibody distribution in Kansas, please contact Michael McNulty (mike.mcnulty@ks.gov)

To protect and improve the health and environment of all Kansans



Matt Lara, Communications Director Comms Update January 20, 2022



Changes to Contact Tracing



Press Release January 18

As of Feb. 1, 2022, COVID-19 contact outreach and monitoring, otherwise known as contact tracing, operations will be discontinued at KDHE.

County Local Health Departments have already begun to wind down contact tracing and K-12 schools who were participating in contact tracing as part of the Test to Stay program may temporarily suspend contact tracing as well.

Available at: <https://www.kdhe.ks.gov/CivicAlerts.aspx?AID=100>

To protect and improve the health and environment of all Kansans



Website Updates



[If you have or suspect COVID-19](#)

[If you are a close contact](#)

[Spanish Flu Toolkit](#)

To protect and improve the health and environment of all Kansans



Free COVID-19 Tests

Get free at-home COVID-19 tests

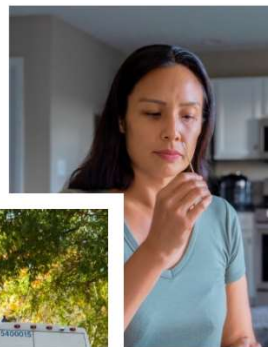
Every home in the U.S. is eligible to order 4 free at-home COVID-19 tests. The tests are completely free. Orders will usually ship in 7-12 days.

Order your tests now so you have them when you need them.

Order Free At-Home Tests

If you need a COVID-19 test now, please see [other testing resources](#) for free testing locations in your area.

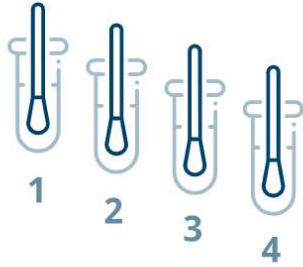
Available at: <https://www.covidtests.gov/>



To protect and improve the health and environment of all Kansans



Free COVID-19 Tests



ABOUT THE AT-HOME COVID-19 TESTS

The tests available for order:

- Are rapid antigen at-home tests, not PCR
- Can be taken anywhere
- Give results within 30 minutes (no lab drop-off required)
- Work whether or not you have COVID-19 symptoms
- Work whether or not you are up to date on your COVID-19 vaccines
- Are also referred to as self-tests or over-the-counter (OTC) tests

Available at: <https://www.covidtests.gov/faq/>

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Addressing Misinformation

Public Health
Communications
COLLABORATIVE

Get Updates & Notifications

Communications Resources
FOR PUBLIC HEALTH OFFICIALS

Messaging Resources

Tough Questions

Daily Downloads

Misinformation

Webinars

About

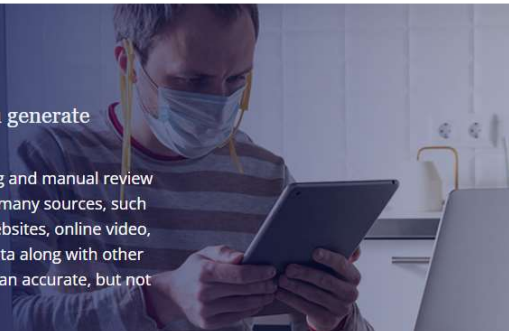
Contact



Misinformation Alerts

Knowing what misinformation is being shared can help you generate effective messaging.

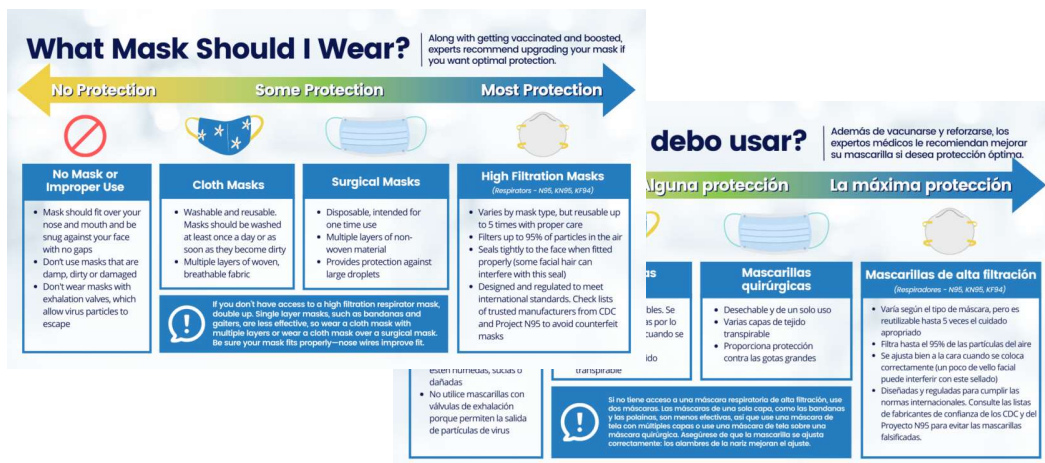
These insights are based on a combination of automated media monitoring and manual review by public health data analysts. Media data are publicly available data from many sources, such as social media, broadcast television, newspapers and magazines, news websites, online video, blogs, and more. Analysts from the Public Good Projects triangulate this data along with other data from fact checking organizations and investigative sources to provide an accurate, but not exhaustive, list of currently circulating misinformation.



Available at: <https://publichealthcollaborative.org/misinformation-alerts/>

To protect and improve the health and environment of all Kansans

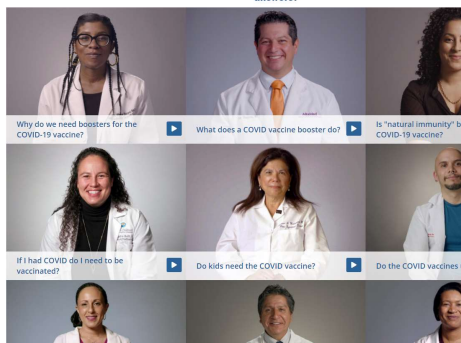
They have added some good questions to combat misinformation over the last couple weeks.



Available at: <https://publichealthcollaborative.org/wp-content/uploads/2022/01/PHCC-What-Mask-Should-I-Wear.zip>

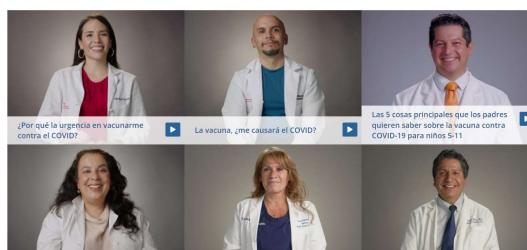
To protect and improve the health and environment of all Kansans

Along with getting vaccinated and boosted, wearing a well-fitting mask over your mouth and nose in indoor public settings or crowds is crucial to protect yourself and others from COVID-19. Experts recommend you upgrade your mask to a high filtration respirator if you want optimal protection. Use this resource to promote the highest level of mask protection in your community. The resource is also available in Spanish.



THE CONVERSATION LA CONVERSACIÓN #EntreNosotrosSobreNosotros

¿Tienes preguntada sobre las vacunas contra el COVID-19? ¡Los médicos, enfermeras y promotoras latinx tienen respuestas!



Available at: <https://www.greaterthancovid.org/theconversation/>

To protect and improve the health and environment of all Kansans

Here are some great videos that you can use on social media. Doctors, nurses and community health workers answer some of the common COVID questions we all are getting. These videos are available in English and Spanish.



Questions?