



Lee A. Norman, MD, MHS, MBA, Secretary
COVID-19 Webinar Series Welcome
October 28, 2021



Farah S. Ahmed, MPH, PhD
State Epidemiologist and Environmental Health Officer
COVID-19 Situation Update: October 28, 2021



COVID-19: Situation Around The World



COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)

Last Updated at (M/D/YYYY)
10/27/2021, 6:22 PM

Total Cases
244,937,642

Total Deaths
4,970,789

Total Vaccine Doses Administered
6,883,695,168

Cases | Deaths by
Country/Region/Sovereignty

US
28-Day: 2,400,539 |
45,505
Totals: 45,699,125 | 741,175

United Kingdom
28-Day: 1,122,055 |
3,507
Totals: 8,938,875 | 140,460

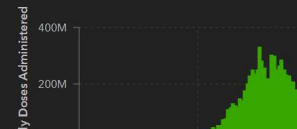
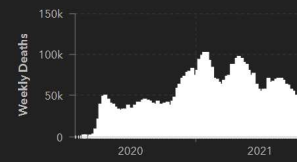
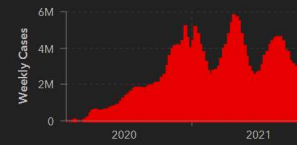
Russia
28-Day: 829,517 |
26,727
Totals: 8,220,975 | 229,672

Turkey
28-Day: 813,531 |
5,948
Totals: 8,220,975 | 229,672

28-Day Cases
11,756,811

28-Day Deaths
197,211

28-Day Vaccine Doses Administered
687,345,901



As of 10-27-2021. Available at

<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

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

Last week, we had almost 242 million cases around the world and 4.9 million deaths.

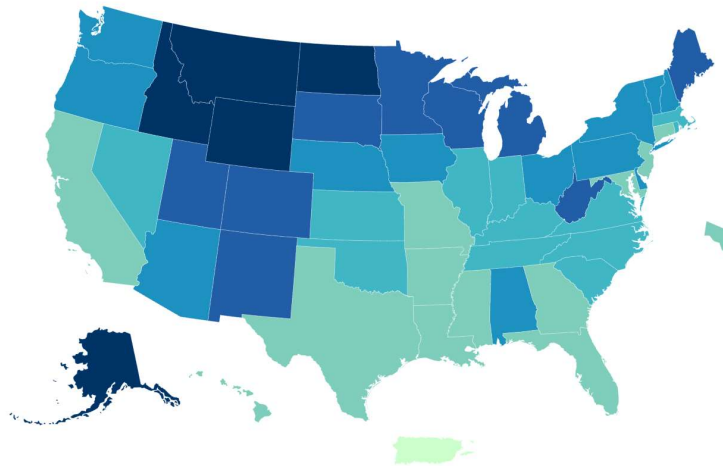
This week, there are almost 245 million cases and 4,970,789 deaths around the world.



COVID-19: Situation in the US

- Total cases: 45,571,532

US COVID-19 7-Day Case Rate per 100,000, by State/Territory



As of 10-27-2021. Available at https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days

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Last week in the US:

Total cases: 45,070,875 (a little over 45 million)

As of yesterday

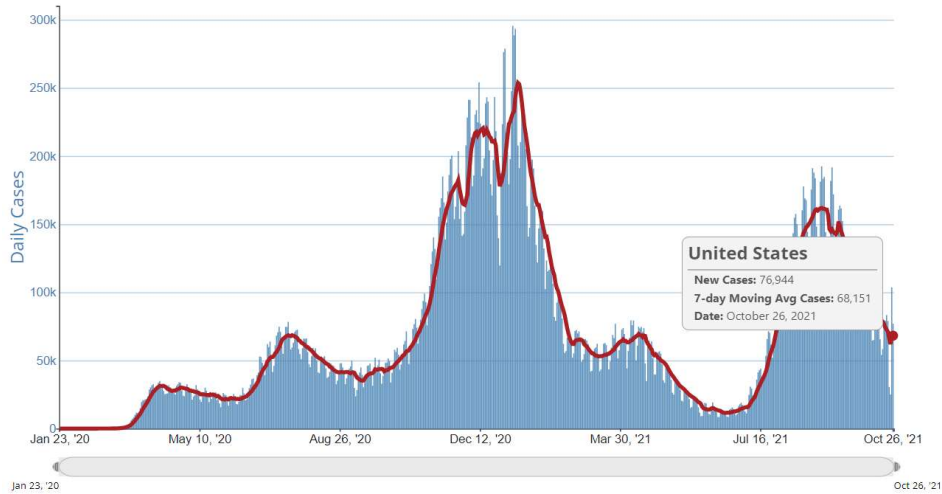
This week:

Total cases: 45,571,532



COVID-19: Situation in the US

Daily Trends in Number of COVID-19 Cases in The United States Reported to CDC



As of 10-27-2021. Available at https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

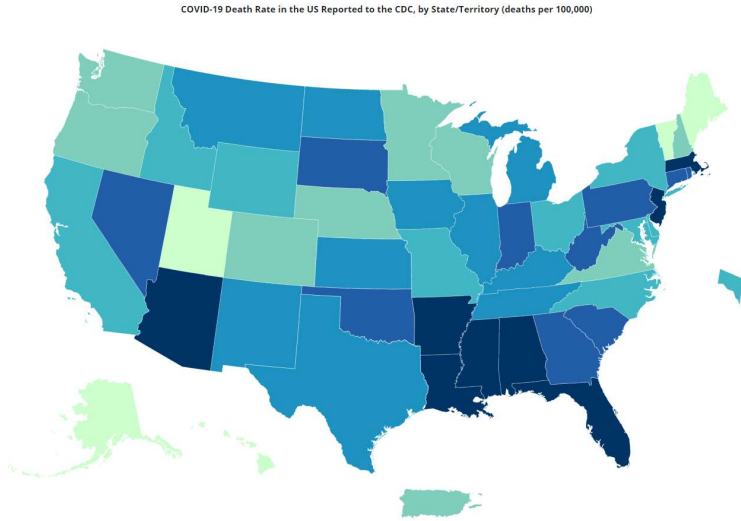
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The 7 day average number of cases in the US is a little over 68,100 cases per day which is down from a little under 76,000 cases per day last week.



COVID-19: Situation in the US

- Total deaths: 737,990



As of 10-27-2021. Available at https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100k

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Last week in the US:

Total deaths: 728,125 (over 728,000)

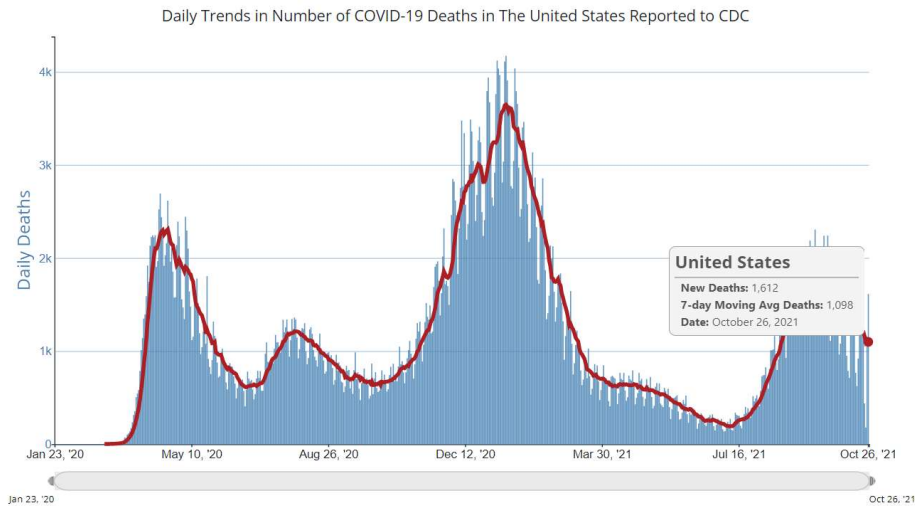
As of yesterday

This week:

Total deaths: 737,990



COVID-19: Situation in the US



As of 10-27-2021. 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 almost 1100 deaths per day which is a little less than the 1,250 deaths per day last week.



COVID-19: Situation in Kansas

COVID-19 Cases	Hospitalizations	Statewide Deaths	MIS-C Cases
432,730	14,770	6,345	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: 10/27/2021 at 9:00 AM. There were 2,437 new cases, 103 new deaths, and 105 new hospitalizations reported since Monday, 10/25/2021.

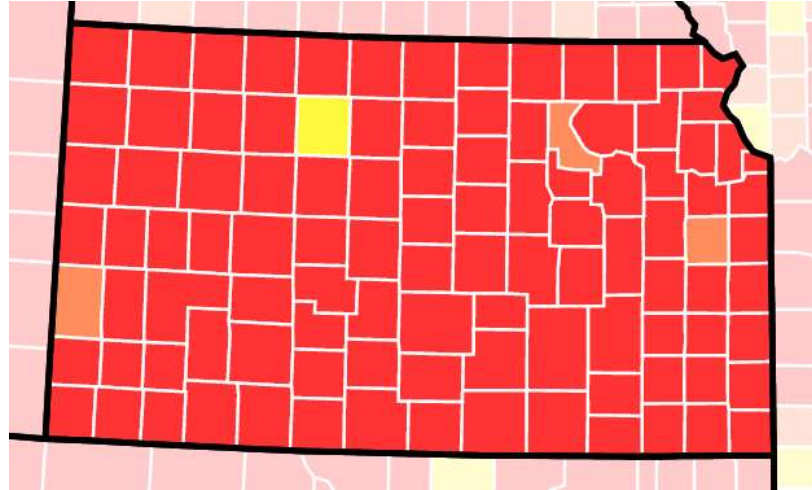
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As of yesterday, we had 432,730 cases (which is an increase of 5,807 cases since last week) and 6,345 deaths statewide (that’s an increase of 160 deaths reported since last week).

There were 2,437 new cases and 103 new deaths reported between Monday 10/25/2021 and Wednesday 10/27/2021. In case that number of deaths reported sounds alarming, remember that’s based on when the deaths are reported and also has to do with us systematically going back through all of the cases in the disease surveillance system and looking for any deaths filed with vital statistics. A little later on, we will look at the trend based on the actual date of death.



COVID-19: Situation in Kansas



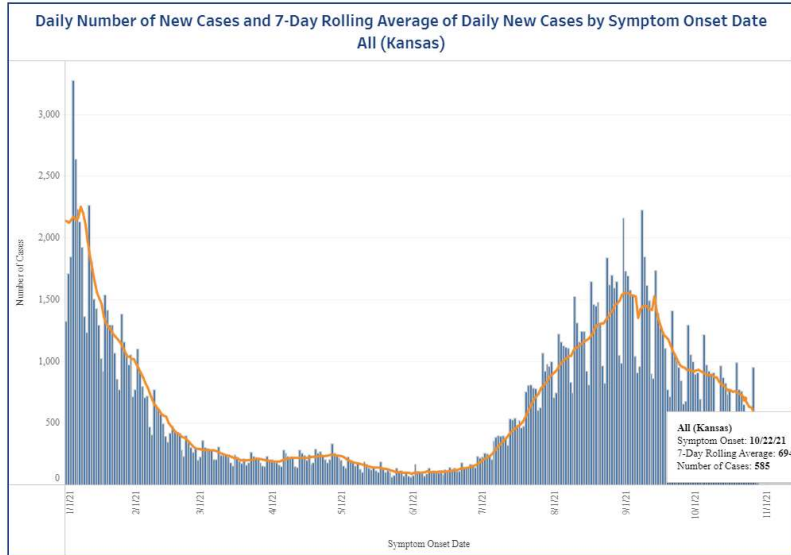
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Looking at CDC's Community Transmission Map, you can see that, for the time period between October 20 and October 26 that most of the counties in KS were in the substantial (orange) and high (red) level of transmission categories. You have Rooks County in moderate transmission (yellow).



COVID-19: Situation in Kansas

Daily Number of Cases and Deaths by County



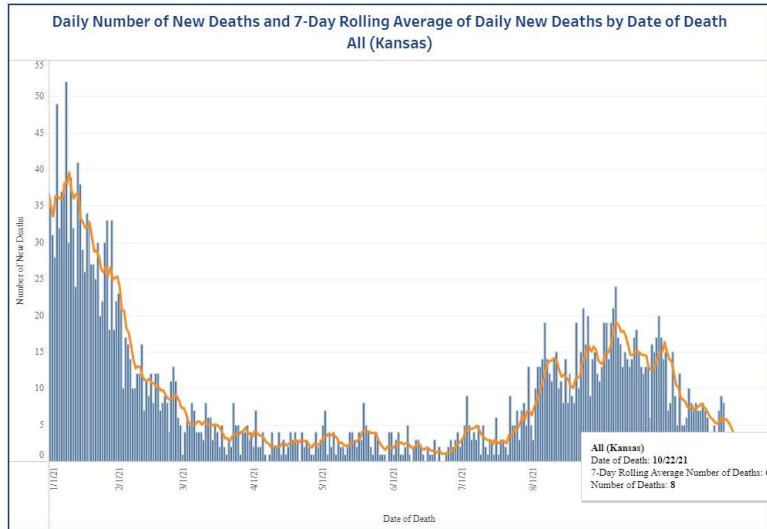
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If you look at the 7 day average number of cases based on symptom onset date, starting with October 16 and ending October 22, our 7 day rolling average is 694 cases per day.



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 October 16 and ending October 22, our 7 day rolling average is 6 deaths per day.



COVID-19: Situation in Kansas: Outbreaks

Last updated: 10/27/2021 at 9:00 AM. Cluster Summary data is updated every Wednesday.

Active COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
185	1,859	62	19

All COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
2,808	45,874	2,263	2,313

- 45,874 outbreak-related cases/432,730 cases (10.6%)
- 2,263 outbreak-related hospitalizations/14,770 total hospitalizations (15.3%)
- 2,313 outbreak-related deaths/6,345 total deaths (36.5%)

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Moving on to outbreaks:

As of late Tuesday night, we had 2,808 outbreaks across the state. This week we have 185 active clusters which is a decrease from 203 last week.

Our percentage of outbreak related cases is 10.6%, outbreak-related hospitalizations is about 15.3% and outbreak-related deaths is about 36.5%.



COVID-19: Situation in Kansas: Outbreaks

COVID-19 Cluster Cases by Type

Sort by Cluster Type
Active ▾

Type	Clusters	Cases	Hospitalizations	Deaths
Bar or Restaurant	2	9	0	0
College or University	3	74	0	0
Corrections	3	118	5	0
Daycare	13	91	1	0
Government	3	20	1	0
Group Living	7	130	5	0
Healthcare	5	25	2	0
Long Term Care Facility	59	551	37	19
Private Business	23	172	10	0
Private Event	2	12	0	0
Public Event	2	7	0	0
Religious Gathering	5	28	0	0
School	54	584	1	0
Sports	4	38	0	0
Total	185	1,859	62	19

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We currently have 13 active outbreaks in daycares, 3 in corrections (down from 8 last week), 7 in group living, and 59 active outbreaks in LTCFs (the same as last week). We also have 23 in private businesses and 54 in schools (down slightly from 60 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: New Literature

Severity of Disease Among Adults Hospitalized with Laboratory-Confirmed COVID-19 Before and During the Period of SARS-CoV-2 B.1.617.2 (Delta) Predominance — COVID-NET, 14 States, January–August 2021

Early Release / October 22, 2021 / 70

Christopher A. Taylor, PhD¹; Kadam Patel, MPH^{1,2}; Huong Pham, MPH¹; Michael Whitaker, MPH¹; Onika Anglin, MPH^{1,2}; Anita K. Kambhampati, MPH¹; Jennifer Milucky, MSPH¹; Shua J. Chai, MD^{3,4}; Pam Daily Kirley, MPH⁵; Nisha B. Alden, MPH⁵; Isaac Armistead, MD⁵; James Meek, MPH⁵; Kimberly Yousey-Hindes, MPH⁵; Evan J. Anderson, MD^{7,8,9}; Kyle P. Openo, DrPH^{7,8}; Kenzie Teno, MPH¹⁰; Andy Weigel¹⁰; Maya L. Monroe, MPH¹¹; Patricia A. Ryan, MS¹¹; Justin Henderson, MPH¹²; Val Tellez Nunez, MPH¹²; Erica Bye, MPH¹³; Ruth Lynfield, MD¹³; Mayvilynne Poblete, MA, MPH¹⁴; Chad Smelser, MD¹⁵; Grant R. Barney, MPH¹⁵; Nancy L. Spina, MPH¹⁵; Nancy M. Bennett, MD¹⁷; Kevin Popham, MPH¹⁸; Laurie M. Billing, MPH¹⁹; Eli Shiltz, MPH¹⁹; Nasreen Abdullah, MD²⁰; Melissa Sutton, MD²⁰; William Schaffner, MD²¹; H. Keipp Talbot, MD²¹; Jake Ortega, MPH²²; Andrea Price²²; Shikha Garg, MD¹; Fiona P. Havers, MD¹; COVID-NET Surveillance Team ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

The SARS-CoV-2 B.1.617.2 (Delta) variant is highly transmissible; however, whether it causes more severe disease in adults has been uncertain.

What is added by this report?

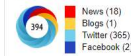
Analysis of COVID-NET data from 14 states found no significant increases in the proportion of hospitalized COVID-19 patients with severe outcomes during the Delta period. The proportion of hospitalized unvaccinated COVID-19 patients aged 18–49 years significantly increased during the Delta period.

What are the implications for public health practice?

Lower vaccination coverage in adults aged 18–49 years likely contributed to the increase in hospitalized patients during the

Article Metrics

Altmetric:



Citations:

Views:

Views equals page views plus PDF downloads

[Metric Details](#)

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7043e1.htm?s_cid=mm7043e1_w

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The Delta variant is more transmissible than previously circulating SARS-CoV-2 variants (1); however, whether it causes more severe disease in adults has been uncertain.

Analysis of COVID-NET data from 14 states (population based surveillance system of COVID-19 hospitalizations). COVID-19-associated hospitalization rates among all adults declined during January–June 2021 (pre-Delta period), before increasing during July–August 2021 (Delta period).

The proportion of patients who were admitted to an intensive care unit (ICU), received invasive mechanical ventilation (IMV), or died while hospitalized did not significantly change from the pre-Delta period to the Delta period (ie severity of disease was about the same pre Delta and during Delta).

The proportion of unvaccinated adults aged 18–49 years hospitalized with COVID-19 has increased significantly as the Delta variant has become more predominant.



COVID-19: New Literature

COVID-19 Vaccination and Non-COVID-19 Mortality Risk — Seven Integrated Health Care Organizations, United States, December 14, 2020–July 31, 2021

Early Release / October 22, 2021 / 70

Stanley Xu, PhD¹; Runxin Huang, MS¹; Lina S. Sy, MPH¹; Sungching C. Glenn, MS¹; Denison S. Ryan, MPH¹; Kerresa Morrissette, MPH¹; David K. Shay, MD²; Gabriela Vazquez-Benitez, PhD³; Jason M. Glanz, PhD⁴; Nicola P. Klein, MD, PhD⁵; David McClure, PhD⁶; Elizabeth G. Liles, MD⁷; Eric S. Weintraub, MPH⁸; Hung-Fu Tseng, MPH, PhD¹; Lei Qian, PhD¹ ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Although deaths after COVID-19 vaccination have been reported to the Vaccine Adverse Events Reporting System, few studies have been conducted to evaluate mortality not associated with COVID-19 among vaccinated and unvaccinated groups.

What is added by this report?

During December 2020–July 2021, COVID-19 vaccine recipients had lower rates of non-COVID-19 mortality than did unvaccinated persons after adjusting for age, sex, race and ethnicity, and study site.

What are the implications for public health practice?

There is no increased risk for mortality among COVID-19 vaccine recipients. This finding reinforces the safety profile of currently approved COVID-19 vaccines in the United States. All persons aged ≥12 years should receive a COVID-19 vaccine.

Article Metrics



News (32)
Blogs (1)
Twitter (1430)
Facebook (3)
Reddit (7)
Video (1)

Citations:

Views:

Views equals page views plus PDF downloads

[Metric Details](#)

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7043e2.htm?s_cid=mm7043e2_w

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MMWR article addressing the thinking that COVID-19 vaccination puts vaccinated people at an overall increased risk of death compared to unvaccinated people.

To assess mortality not associated with COVID-19 (non-COVID-19 mortality) after COVID-19 vaccination in a general population setting, a cohort study was conducted during December 2020–July 2021 among approximately 11 million persons enrolled in seven Vaccine Safety Datalink (VSD) sites.

After standardizing mortality rates by age and sex, this study found that COVID-19 vaccine recipients had lower non-COVID-19 mortality than did unvaccinated persons. There is no increased risk for mortality among COVID-19 vaccine recipients.



COVID-19: New Literature

Deaths in Children and Adolescents Associated With COVID-19 and MIS-C in the United States

David W McCormick, MD, MPH^{1,2}, LaTonia Clay Richardson, PhD, MS³, Paul R. Young, MD⁴, Laura J. Viani, MD, MPH⁵, Carolyn Y. Gould, MD, MEd⁶, Anna Kimball, MD, MPH^{1,2}, Taha Prodyck, MD, MPH¹, Hannah E. Rosenblum, MD^{1,2}, David A. Siegel, MD, MPH¹, Quan M. Yu, MD¹, Ken Tomietto, MPH¹, Heather Venkat, DM, MPH^{1,2}, John J. O'Connell, MD⁷, Braama Kawasak, MPH¹, Alan J. Simcalchi, MPH, MS⁸, Megan Gunke, MPH, CPH¹, Andrea Leasley, MPH¹, Melissa Tobin D'Angelo, MD, MPH¹, Judy Kaaruf, MPH¹, Heather Reid, BS, CHES¹, Kelly White, MPH, CPH¹, Sarah S. Ahmed, PhD, MPH¹, Gillian Richardson, MPH¹, Julie Hest, MD, PhD¹, Kim Kinsey, PhD, MPH¹, Linnea Larson, MPH¹, Paul Byers, MD⁹, Ali Garcia, MPH¹⁰, Mojibola Ejo, MPH¹¹, Ariella Zamcheck, DO¹², Maura K. Leah, RN, MPH¹³, Ellen H. Lee, MD, MPH¹⁴, Kathleen H. Reilly, PhD, MPH¹⁵, Erica Wilson, MD, MPH¹⁶, Surtaka de Fajal, MS¹⁷, Dahir H. Naqvi, MS¹⁸, Laurel Harbarth-Morris, PhD, MPH¹⁹, Anna-Kathryn Berch, MD²⁰, Kelle Lewis, MD²¹, Jonathan Kolter, MPH²², Stephen J. Post, MD, MPH²³, Bree Barbeau, MPH²⁴, Danae Buder, MD, MPH²⁵, Sarah Reagan-Stainer, MD, MPH²⁶, Emily H. Koumans, MD²⁷ on behalf of the Pediatric Mortality Investigation Team

OBJECTIVE: To describe the demographics, clinical characteristics, and hospital course among persons <21 years of age with a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)-associated death. **DESIGN:** We conducted a retrospective case series of suspected SARS-CoV-2-associated deaths in the United States in persons <21 years of age during February 12 to July 31, 2020. All states and territories were invited to participate. We abstracted demographic and clinical data, including laboratory and treatment details, from medical records. **SETTING:** We included 112 SARS-CoV-2-associated deaths from 25 participating jurisdictions. The median age was 17 years (IQR 8.5-19 years). Most decedents were male (71, 63%), 31 (28%) were Black (non-Hispanic) persons, and 52 (46%) were Hispanic persons. Ninety-six decedents (86%) had at least 1 underlying condition; obesity (42%), asthma (29%), and developmental disorders (22%) were most commonly documented. Among 69 hospitalized decedents, common complications included mechanical ventilation (75%) and acute respiratory failure (82%). The sixteen (14%) decedents who met multisystem inflammatory syndrome in children (MIS-C) criteria were similar in age, sex, and race and/or ethnicity to decedents without MIS-C; 11 of 16 (69%) had at least 1 underlying condition. **CONCLUSION:** SARS-CoV-2-associated deaths among persons <21 years of age occurred predominantly among Black (non-Hispanic) and Hispanic persons, male patients, and older adolescents. The most commonly reported underlying conditions were obesity, asthma, and developmental disorders. Decedents with coronavirus disease 2019 were more likely than those with MIS-C to have underlying medical conditions.

¹Coronavirus Disease 2019 Response Team, ²Epidemic Intelligence Service, and ³Center for Epidemiology Field Office, ⁴WISN 9 NEWS 9, ⁵MIS SUBJECT, Pediatric mortality from SARS-CoV-2 in

Available at: <https://pediatrics.aappublications.org/content/pediatrics/early/2021/10/21/peds.2021-052273.full.pdf>

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In this study published in Pediatrics the authors conducted a retrospective study of 112 SARS-CoV-2 associated deaths in people < 21 years old and report out on demographic and clinical characteristics of cases. Eighty-six percent had at least 1 underlying condition; obesity accounting for 42%, asthma in 29% and developmental disorders at 22% were the most commonly reported. Decedents also tended to be male and about 28% were Black, non-Hispanic.



COVID-19: New Training

What Clinicians Need to Know about the Recent Updates to CDC's Recommendations for COVID-19 Boosters



What Clinicians Need to Know about the Recent Updates to CDC's Recommendations for COVID-19 Boosters



Clinician Outreach and Communication Activity (COCA) Call

Tuesday, October 26, 2021

Available at: https://emergency.cdc.gov/coca/calls/2021/callinfo_102621.asp?ACSTrackingID=USCDC_1052-DM68066&ACSTrackingLabel=CDC%20COCA%20Call%3A%20What%20Clinicians%20Need%20to%20Know%20about%20the%20Recent%20Updates%20to%20CDC%E2%80%99s%20Recommendations%20for%20COVID-19%20Boosters%20%20&deliveryName=USCDC_1052-DM68066

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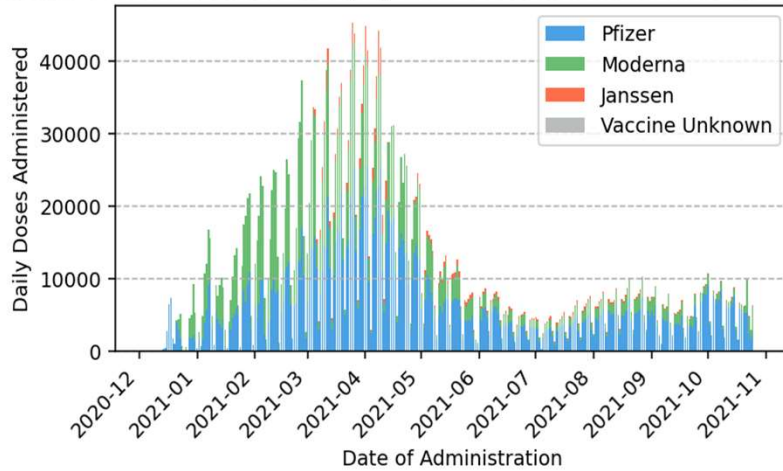


Phil Griffin, Director, Disease Control & Prevention
Immunization Update
October 28, 2021



Vaccination Trends

Total Number of Doses Administered, by Date of Administration and Vaccine Manufacturer



Generated by Tiberius on 10/27/2021

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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**. **No longer need to distinguish 1st and 2nd dose.**



















Pfizer pediatric added for ordering with ordering deadline 10/27/2021. Delivery will be based on FDA authorization and shipment of vaccine to state.

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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COVID-19 Vaccine eligibility information for Primary and Booster series

The chart below contains information on who is eligible for which COVID-19 vaccine:

Eligible group				
Primary series <i>Refers to vaccinations needed to be considered fully vaccinated</i>	Ages 12-17	 21 days apart	Not yet authorized	Not yet authorized
	Ages 18 and older	 21 days apart	 28 days apart	
Additional dose <i>Same as primary if avail.</i>	Moderately and severely immunocompromised	 28 days after primary	 28 days after primary	
Booster dose <i>Refers to additional dose given to increase immunity against mild and moderate COVID-19 infections</i> <i>CDC allows for mix and match dosing for booster shots</i>	Those who received Pfizer or Moderna primary series and are: <ul style="list-style-type: none"> • 65 and older • 18 and older with a medical condition • 18 and older at increased risk where they live or work • Long-term care residents 	 6 months after primary	 6 months after primary	 6 months after primary
	Those who received J&J primary series	 2 months after primary	 2 months after primary	 2 months after primary
	Moderately and severely immunocompromised	 6 months after 3 rd dose	 6 months after 3 rd dose	 2 months after primary

[COVID-19 Vaccine eligibility information for Primary and Booster series \(kansasvaccine.gov\)](https://www.kansasvaccine.gov)

[COVID-19 Vaccine eligibility information for Primary and Booster series \(kansasvaccine.gov\)](https://www.kansasvaccine.gov)

Provider quick reference guide for administration of all COVID-19 vaccines

Vaccine Type	Age	Storage Requirements	Preparation	Doses / Vial	Dosage	Frequency	Additional dose	Booster
Pfizer-BioNTech (purple cap)	12+	<ul style="list-style-type: none"> Ultra-cold freezer: -90°C to -60°C, 9 months Freezer: -20°C to -15°C, up to 2 weeks Refrigerator: 2°C to 8°C, up to 31 days 	Dilution with 0.9% sterile Sodium Chloride Injection, USP: 1.8mL per vial	6 doses/vial (after dilution)	0.3mL	2 doses 21 days apart	28 days after primary series <ul style="list-style-type: none"> Moderately or severely immuno-compromised individuals should receive an additional (3rd) dose of mRNA vaccine 	Excludes 12-17-YOs 6 months after primary series <ul style="list-style-type: none"> Age 65+ Long-term care facility residents Age 18+ with underlying conditions Age 18+ who work or live in high-risk settings Moderately to severely immunocompromised (6 months after 3rd dose)
Moderna	18+	<ul style="list-style-type: none"> Freezer: -50°C to -15°C Refrigerator: 2°C to 8°C, up to 30 days 	No dilution needed	2 sizes: Max 10 doses/vial Max 14 doses/vial Max 20 punctures for either vial presentation	Primary series: 0.5mL Booster: 0.25mL	2 doses 28 days apart		
J&J / Janssen	18+	<ul style="list-style-type: none"> Refrigerator: 2°C to 8°C 	No dilution needed	5 doses/vial	0.5mL	1 dose	N/A	2 months after primary series <ul style="list-style-type: none"> All recipients

Wastage: Discard any vaccine amount that remains in the vial after drawing max doses per vial

Booster Mix-and-match: Individuals falling into one of the groups listed in the "Booster" column may receive a booster dose of **ANY** of the three COVID-19 vaccines, regardless of which vaccine they received as their primary vaccination

[Provider quick reference guide for administration of all COVID-19 vaccines \(kansasvaccine.gov\)](https://www.kansasvaccine.gov)



Moderna Boosters and Wastage

Moderna 14 Dose Vial Wastage Table

Full doses \ Half Doses	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14
0	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0
1	13	12	11	10	9	8	7	6	5	4	3	2	1	0	
2	12	11	10	9	8	7	6	5	4	3	2	1	0		
3	11	10	9	8	7	6	5	4	3	2	1	0			
4	10	9	8	7	6	5	4	3	2	1	0				
5	9	8	7	6	5	4	3	2	1	0					
6	8	7	6	5	4	3	2	1	0						
7	7	6	5	4	3	2	1	0							
8	6	5	4	3	2	1	0								
9	5	4	3	2	1	0									
10	4	3	2	1	0										
11	3	2	1	0											
12	2	1	0												
13	1	0													
14	0														
15															
16															
17															
18															
19															
20															

Green Area = No Waste Reported

[Moderna-Booster-Wastage-Tables-PDF \(kansasvaccine.gov\)](https://www.kansasvaccine.gov)

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Moderna Boosters and Wastage

Moderna 10 Dose Vial Wastage Table

Half doses \ Full doses	0	1	2	3	4	5	6	7	8	9	10
0	10	9	8	7	6	5	4	3	2	1	0
1	9	8	7	6	5	4	3	2	1	0	
2	8	7	6	5	4	3	2	1	0		
3	7	6	5	4	3	2	1	0			
4	6	5	4	3	2	1	0				
5	5	4	3	2	1	0					
6	4	3	2	1	0						
7	3	2	1	0							
8	2	1	0								
9	1	0									
10	0										
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Green Area = No Waste Reported

[Moderna-Booster-Wastage-Tables-PDF \(kansasvaccine.gov\)](https://www.kansasvaccine.gov)

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Moderna Maximum Doses from a Vial

Use of a vial adapter (from Moderna):

A vial adapter can be used to remove multiple doses out of the Moderna COVID-19 Vaccine vial. However, different vial adapters have different dead volumes that may make it difficult to remove the maximum number of doses. Vial spikes/adapters that allow an open path to the atmosphere can compromise the microbiological quality of the vial and should not be used. An adapter which has a valve to prevent direct contact to the atmosphere and has low dead volume is preferable (e.g. 20 mm West Swabable Vial Adapter (36098057)).

EUA language:

When extracting only booster doses or a combination of primary series and booster doses, the maximum number of doses that may be extracted from either vial presentation should not exceed 20 doses. Do not puncture the vial stopper more than 20 times.

We are seeking additional clarification from CDC and FDA about this matter.

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People who are moderately and severely immunocompromised and COVID-19 vaccine booster dose

- Moderately and severely immunocompromised people aged ≥ 18 years who completed an mRNA COVID-19 vaccine primary series and received an additional mRNA vaccine dose **may** receive a single COVID-19 booster dose (Pfizer-BioNTech, Moderna, or Johnson and Johnson) **at least 6 months after completing their third mRNA vaccine dose.**
- In such situations, people who are moderately and severely immunocompromised may receive a total of four COVID-19 vaccine doses.
- A person who is moderately or severely immunocompromised and has received two doses of an mRNA vaccine and ≥ 28 days has elapsed since the second dose, should receive an additional mRNA dose immediately (if Moderna COVID-19 vaccine is used, administer $100\mu\text{g}$ in 0.5ml), followed ≥ 6 months later by a single COVID-19 vaccine booster dose (if Moderna vaccine booster is used, administer $50\mu\text{g}$ in 0.25ml).

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People who are moderately and severely immunocompromised and COVID-19 vaccine booster dose

- Moderately and severely immunocompromised people aged ≥ 18 years who received a single dose Janssen COVID-19 vaccine primary series **should** receive a single COVID-19 booster vaccine (Pfizer-BioNTech, Moderna or Johnson and Johnson) **at least 2 months (8 weeks) after receiving their initial Janssen primary dose.**
- If the Moderna vaccine is used in this circumstance, the booster dose and dose volume should be used (50 μ g in 0.25ml).
- A patient's clinical team is best positioned to determine the appropriate timing of vaccination.
- A person who received one primary dose of Johnson and Johnson COVID-19 vaccine should not receive more than two COVID-19 vaccine doses.

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Standing Orders Updated

Pfizer-BioNTech COVID-19 Vaccine
Standing Orders for Administering Vaccine
to Persons 12 Years of Age and Older September 28, 2021



Purpose

- To reduce morbidity and mortality from COVID-19 by vaccinating persons who are authorized by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

Procedure

Assess persons 12 years of age and older for whom the Pfizer-BioNTech COVID-19 vaccine is based on the following criteria:

- Primary-series vaccination
 - If the recipient has received 1 previous dose of Pfizer-BioNTech COVID-19 vaccine, administer the second dose at an interval of at least 21 days (but preferably at least 28 days).
 - If the vaccine product given as the first dose is no longer available, any vaccine product may be administered at the first dose.
 - If 2 doses of an mRNA vaccine have been administered, the person is considered fully vaccinated. If a single dose of an mRNA vaccine has been administered, the person is considered fully vaccinated after completing the primary series. A booster dose of a COVID-19 vaccine may be administered at least 6 months after completing the primary series.

Moderna COVID-19 Vaccine
Standing Orders for Administering Vaccine
to Persons 18 Years of Age and Older



Purpose

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

Procedure

Assess persons 18 years of age and older for vaccination with Moderna COVID-19 vaccine based on the following criteria:

- Primary-series vaccination
 - If the recipient has received 1 previous dose of Moderna COVID-19 vaccine, administer the second dose at an interval of at least 28 days (but preferably before 42 days).
 - If the vaccine product given as the first dose is no longer available, any Moderna COVID-19 vaccine product may be administered at the first dose.
- If 2 doses of an mRNA vaccine have been administered or a single dose of Janssen COVID-19 Vaccine has been administered, the person is considered fully vaccinated. Those receiving a 2-dose mRNA series may need an additional dose (moderately to severely immunocompromised persons) at least 28 days after completing a two-dose series or a booster dose (at least 6 months after completing a primary mRNA series). All persons who received a single dose Janssen COVID-19 Vaccine should get a booster dose of a COVID-19 vaccine at least 7 months (2 weeks) after receiving the initial dose.

Janssen COVID-19 Vaccine (Johnson & Johnson)
Standing Orders for Administering Vaccine
to Persons 18 Years of Age and Older



Note: For more information/guidance, please contact the immunization program at your state or local health department or the appropriate state body (e.g., state board of medical/nursing/pharmacy practice).

Purpose

- To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy

- Where authorized under state law, standing orders enable eligible nurses and other healthcare professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

Procedure

Assess persons 18 years of age and older for vaccination with Janssen COVID-19 Vaccine based on the following criteria:

- If the recipient has received 1 dose of a Janssen COVID-19 Vaccine, no additional primary series doses are needed. A booster dose is recommended 2 months (8 weeks) after the primary dose; any FDA-authorized or approved COVID-19 vaccine may be given.
- If the recipient has received 1 dose of an mRNA vaccine, the same brand should be administered for the second dose of the series or after an additional dose) is recommended for different age and risk groups. See CDC clinical considerations for more information (<https://www.cdc.gov/vaccines/imz/iac/clinical-considerations/index.html>).
- Thrombocytopenia syndrome (TTS) and thrombocytopenia: Inform women aged 18-49 years of the increased risk of thromboses with thrombocytopenia syndrome (TTS) in their age group after Janssen COVID-19 vaccination and about the availability of other authorized vaccines (i.e., mRNA vaccines).
- Offer another FDA-authorized or approved vaccine (i.e., mRNA vaccine) to persons with a history of an episode of an immune-mediated syndrome characterized by thrombosis and thrombocytopenia (e.g., heparin-induced thrombocytopenia) if it has been 90 days or less since their illness resolved. After 90 days, patients may be vaccinated with any FDA-authorized or approved COVID-19 vaccine.

NOTE: Persons at risk or with a history of other thrombotic not associated with thrombocytopenia can receive an FDA-authorized or approved vaccine.

- People with a history of Guillain-Barré Syndrome (GBS):
 - Can receive any FDA-authorized or approved COVID-19 vaccine. However, given the possible association between the Janssen COVID-19 Vaccine and an increased risk of GBS, persons with a history of GBS should be vaccinated with an mRNA vaccine.

[Pfizer-BioNTech COVID-19 Vaccine Standing Orders for Administering Vaccine \(cdc.gov\)](#)

[Moderna COVID-19 Vaccine: Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older \(cdc.gov\)](#)

[Janssen COVID-19 Vaccine \(Johnson & Johnson\): Standing Orders for Administering Vaccine to Persons 18 Years of Age and Older \(cdc.gov\)](#)



Interim Clinical Considerations Updated

Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States

CDC now recommends that certain people are now eligible to receive a COVID-19 booster shot, including those who received Moderna and Johnson & Johnson/Janssen COVID-19 vaccines. Get more information and read [CDC's media statement](#).

Reference Materials

- [Summary Document for Interim Clinical Considerations](#)
- [Summary Document for Interim Clinical Considerations poster](#)
- [COVID-19 Vaccine Administration Errors and Deviations](#)
- [COVID-19 Vaccine Administration Errors and Deviations Poster](#)
- [Presentation: Clinical Care Consideration Slides for Healthcare Providers](#)

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Submit

Summary of recent changes (last updated October 25, 2021):

[Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#)

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5 – 11 Update

- **The committee reviewed safety, efficacy, and benefit-risk data from the CDC, Pfizer and FDA. The Pfizer pediatric 5-11 vaccine was determined to be 90.7% effective against symptomatic COVID disease, and according to the FDA review of Pfizer data, there were no reports of myocarditis/pericarditis, anaphylaxis, or deaths. Common mild reactions were less common in the 5-11 cohort compared to the 16-25 cohort.**
- **The committee was presented a benefit risk analysis that included five scenarios, which included assumed waning vaccine effectiveness over time, another potential spike in COVID-19, and high sustained VE against hospitalization/death. Overall, the committee felt that the benefits outweigh the risks when voting to recommend authorization. The committee brought up a number of concerns, including the unpredictable course of the pandemic, limitations in assumptions of sustained immunity, and lack of consideration to asymptomatic infection in the analysis.**

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5 – 11 Update

- **The committee had robust discussion on the implementation, equity, and safety of the 5-11 Pfizer COVID vaccines, and some members expressed reservations on widespread use/implementation for the entirety of the 5-11 cohort. Some voting members felt that due to overall low rates of deaths/hospitalization and natural immunity levels, children 5-11 may not need a COVID-19 vaccine. Others felt strongly that if/when this vaccine is authorized under EUA, it should not be mandated in schools, etc. due to limited safety data and short follow-up time in phase 2 and 3 clinical trials.**
- **However, the majority of voting members noted that approving this vaccine is essential to prevent *any* deaths and to increase equity. Failing to approve this vaccine under EUA deprives parents the choice to vaccinate their children and will deny this vaccine to children who may need protection from COVID disease in one way or another.**

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5 – 11 Update

- **The Pfizer pediatric presentation will be different from the current Pfizer 12+ presentation. The ingredients are the same, but the dilution and packaging are different. The two presentations are NOT interchangeable.**
- **Pfizer Vaccines US Medical Affairs will be hosting Immunization Site Training Sessions for All Providers on the Storage, Handling, & Administration for Current & Potential New Formulations of our COVID-19 vaccine (with partner BioNTech). All providers and staff who will have any part in the handling and administration of the Pfizer pediatric vaccine are strongly encouraged to attend at least one training session.**
- **These sessions will be updated to reflect new information and changes that evolve. Such updates will be identified at the start of each session and further explained during each presentation.**

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5 – 11 Update

Date & Time	Password
Attendee link – October 28 – 12 PM ET	9ywEun8Mjs7
Attendee link – October 29 – 12 PM ET	cnRBmGr324
Attendee link – November 1 – 5 PM ET	g9ZmgHaip32
Attendee link – November 2 – 5 PM ET	sJDZQERp325
Attendee link – November 3 – 12 PM ET	82qdN3PppPp
Attendee link – November 4 – 12 PM ET	Y4ZkXdh2bz7
Attendee link – November 5 – 12 PM ET	rJSpNPts332

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Pfizer 5 – 11 Vaccine Facts to Know

- Once the EUA has been issued by the FDA, orders will be filled and shipped but vaccination cannot begin until ACIP and CDC make the recommendation for use.
- The vaccine for 5-11-year olds will be a new product configuration with new packaging, new preparation, and a new NDC code.
- The current product for adults and adolescents should not be used in children. **The pediatric and adult formulations are NOT interchangeable.** Providers planning to vaccinate 5-11-year olds must have the pediatric formulation on hand.

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N Myron Gunsalus, Jr, KHEL Director
COVID-19 Laboratory Update
October 28, 2021

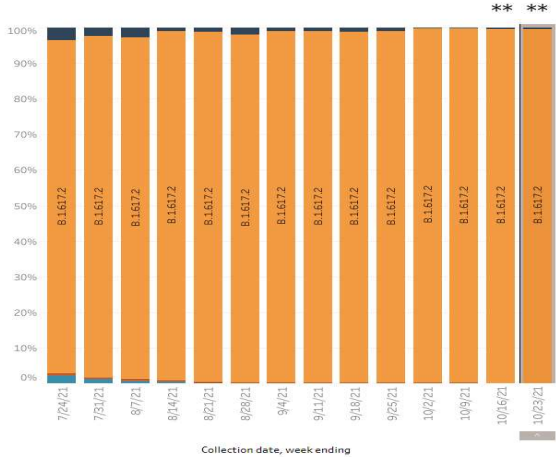


COVID-19: Laboratory Update

COVID Variants and Testing 10/23/21 Nowcast

HHS Region: USA ● Nowcast On ○ Nowcast Off Week Ending: 10/23/2021

United States: 7/18/2021 – 10/23/2021 **United States: 10/17/2021 – 10/23/2021 NOWCAST**



USA				
WHO label	Lineage #	US Class	%Total	95%PI
Alpha	B.1.1.7	VBM	0.0%	0.0-0.0%
Delta	B.1.617.2	VOC	99.5%	99.2-99.7%
AY.1	AY.1	VOC	0.1%	0.0-0.1%
AY.2	AY.2	VOC	0.0%	0.0-0.0%
Other	Other*		0.4%	0.3-0.8%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.
 ** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates.
 # Q.1-Q.8 are aggregated with B.1.1.7. AY.3-AY.38 and their sublineages are aggregated with B.1.617.2.

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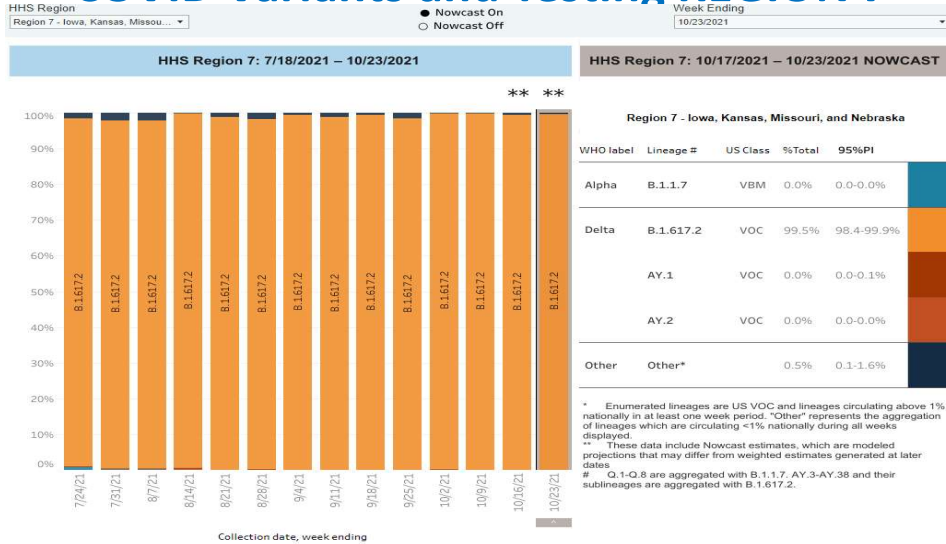
https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fvariant-surveillance%2Fgenomic-surveillance-dashboard.html#variant-proportions

99.9% Delta



COVID-19: Laboratory Update

COVID Variants and Testing REGION 7



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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

Now at 100% Delta within statistical error.



Variant Notes

- **Delta: AY.1 and AY.2 reported separate due to K417N mutation in spike. All others included in B.1.617.2**
- **AY.4.2 “Delta Plus” not identified as VOI, VBM, VOC**
 - May be more transmissible, but not clear yet about the science of it.
 - None seen in Kansas yet.

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COVID-19: Laboratory Update

Keeping Laboratories Connected

- **We want to be able to notify laboratories directly with time critical updates or information.**
- **Kansas Health Alert Network (KS-HAN)**
- **Be sure to register to be included in laboratory alerts.**
- **Tell other labs (Commercial, Hospital, Waived, etc)**
 - https://www.kdheks.gov/it_systems/ks-han.htm

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https://www.kdheks.gov/it_systems/ks-han.htm



Notes and Supply Chain Issues

- **Multiple Over the Counter (Self Administered Options)**
 - Diversification can be beneficial
- **Employer Based Testing**
 - Please do not ask for supplies to support routine employer based surveillance testing
 - Do not direct employers to order directly from the labs.
 - <https://www.coronavirus.kdheks.gov/291/Employer-Based-Testing>
 - Includes Playbook and List of Testing Providers

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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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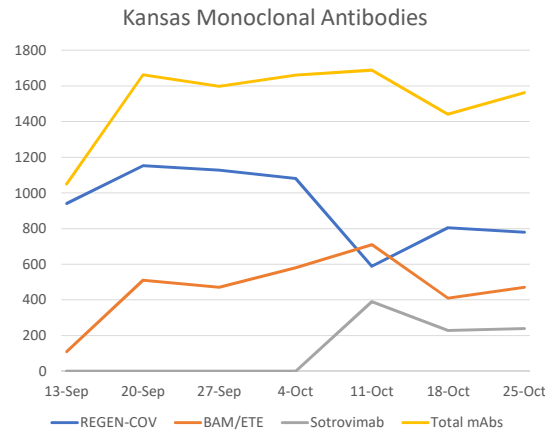


Michael McNulty, Emergency Management Director
Monoclonal Antibody
October 28, 2021



Kansas Allocations

WEEK	REGEN-COV	BAM/ETE	ETE SOLO	Sotrovimab
13-Sep	940	110	0	0
20-Sep	1152 (122.55%)	510 (463.64%)	0	0
27-Sep	1128 (97.92%)	0	470 (92.17%)	0
4-Oct	1080 (95.74%)	440 (123.40%)	140 (123.40%)	0
11-Oct	588 (54.44%)	400 (122.41%)	310 (122.41%)	390
18-Oct	804 (136.73%)	410 (57.75%)	0	228 (58.46%)
25-Oct	780 (97.01%)	230 (114.63%)	240 (114.63%)	312 (136.84%)



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108.32% of last week's allocation, n=1,562

REGEN-COV is still down 17% from the state's initial allocation numbers. Though REGEN-COV is the only monoclonal antibody that can be given sub-q, providers and facilities should consider the use or increased use of BAM/ETE and SOTROVIMAB.



Federal Updates

- Distributing 151,904 total doses, 93.95% of last week's national allocations
- Total distribution amount likely to decrease in coming weeks
 - Decrease in national COVID-19 case counts
 - Decrease in utilization of mAbs
 - Decrease in jurisdictions accepting full allocation amount
 - Increase in amount of product on hand in jurisdictions
- First of weekly product delivers on Wednesdays
 - First In, First Out for allocations
 - Kansas submits our allocations typically within an hour of notification

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Kansas received 1.03% of the national allocation.



HHS Protect/TeleTracking Reporting

- Sites administering USG-purchased monoclonal antibodies MUST provide information regarding product utilization and stock on hand through HHS Protect/TeleTracking
- Reporting is required on Wednesdays
- U.S. Healthcare COVID-19 Portal
 - <https://teletracking.protect.hhs.gov/#>

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<https://teletracking.protect.hhs.gov/#>



Treatment information

- FDA Fact sheet for Health Care Providers on the Emergency Use Authorization of Sotrovimab <https://www.fda.gov/media/149534/download>
- Shelf-Life Extension of Bamlanivimab under the Emergency Use Authorization for Bamlanivimab and Etesevimab Administered Together <https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Bamlanivimab/Pages/20Aug21-announcement.aspx>
- Shelf-Life Extension of Etesevimab under the Emergency Use Authorization for Bamlanivimab and Etesevimab Administered Together <https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Bamlanivimab-etesevimab/Pages/extension.aspx>

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These are some helpful links for providers and facilities. The first is the FDA fact sheet for SOTROVIMAB to help providers and facilities consider and develop protocols for use as mentioned earlier.

The second and third bullet points contain information about the shelf life expiration date extension for the BAM and ETE respectfully. Remember, that these two medications, BAM and ETE, must be used together to meet the requirements of the Emergency Use Authorization.



Requesting

- All mAbs are being allocated weekly per the therapy allocation formula
- KDHE now has a small quantity of mAbs for requesting from appropriate facilities. Place a request by emailing mike.mcnulty@ks.gov
 - ETESEVIMAB INJ 700MG/20ML SDV (good supply)
 - REGEN-COV (small supply)
 - BAM WITH ETE (good supply)
 - SOTROVIMAB (very small supply)
- If you have any questions related to monoclonal antibody distribution in Kansas, please contact Michael McNulty (mike.mcnulty@ks.gov)

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A microscopic image showing several spherical virus particles with a textured, reddish-orange surface, set against a blurred background of similar particles.

Matt Lara, Communications Director
COVID-19 Communications
October 28, 2021



Booster Shot Graphics

AM I ELIGIBLE FOR A COVID-19 BOOSTER SHOT?

Kansans who have completed their initial COVID-19 vaccine series are eligible if...


Pfizer or Moderna
Completed the vaccine series at least 6 months ago & meets one the following:


- People aged 65+
- Residents aged 18+ in long-term care settings
- People 18+ with underlying medical conditions
- People 18+ who work or live in high-risk settings

Johnson & Johnson
• Vaccinated 2+ months ago & aged 18+

Type of Booster Needed

- You can choose the same type of vaccine as you had before or mix & match.
- An assessment from a health care provider is not required.



 Find your vaccination destination: vaccines.gov

<https://www.coronavirus.kdheks.gov/265/Publications>

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<https://www.coronavirus.kdheks.gov/265/Publications>



Halloween Social Graphics



<https://www.coronavirus.kdheks.gov/265/Publications>

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<https://www.coronavirus.kdheks.gov/265/Publications>



Updated Booster Shot One Pagers



COVID-19 VACCINE BOOSTER SHOT FAQs



Why do I need a COVID-19 booster vaccine?

COVID-19 vaccines continue to decrease the risk of getting sick, ending up in the hospital, or dying because of COVID-19, including from the Delta variant. Public health experts however are starting to see less protection against getting sick from COVID-19 for certain types of people because of the Delta variant. The purpose of booster vaccines is to keep a high level of protection against COVID-19 infection. Booster doses are common for vaccines targeting many other different types of diseases too.

Right now, almost all the worst cases COVID-19, including when people end up in the hospital or die from COVID-19 happen to people who are not fully vaccinated. People not fully vaccinated

<https://www.kansasvaccine.gov/182/Toolkits-Resources>



Who is eligible for a COVID-19 vaccine booster?

For people who got the Pfizer-BioNTech or Moderna COVID-19 vaccine, the following groups can get a booster shot **at least six months after their initial series**:

- 65 years and older
- Age 18+ who live in [long-term care settings](#)
- Age 18+ who have [underlying medical conditions](#)
- Age 18+ who work or live in [high-risk settings](#)

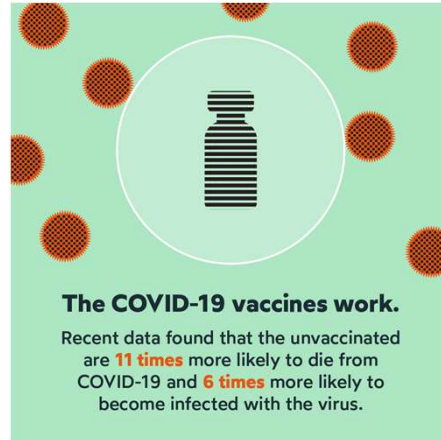
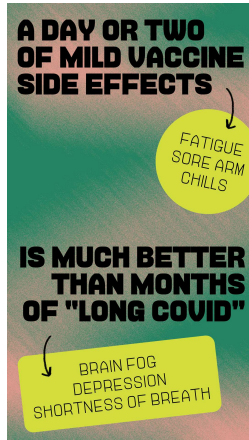
For ALL people who got the Johnson & Johnson/Janssen COVID-19 Vaccine, booster shots are recommended for those who are 18 and older and were vaccinated **at least two months ago**.

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<https://www.kansasvaccine.gov/182/Toolkits-Resources>



Public Health Collaborative



<https://publichealthcollaborative.org/downloads/>

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<https://publichealthcollaborative.org/downloads/>



Questions?