



Lee A. Norman, MD, MHS, MBA, Secretary
COVID-19 Webinar Series Welcome
October 7, 2021



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State Epidemiologist and Environmental Health Officer
COVID-19 Situation Update: October 7, 2021



COVID-19: Situation Around The World

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



<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>.

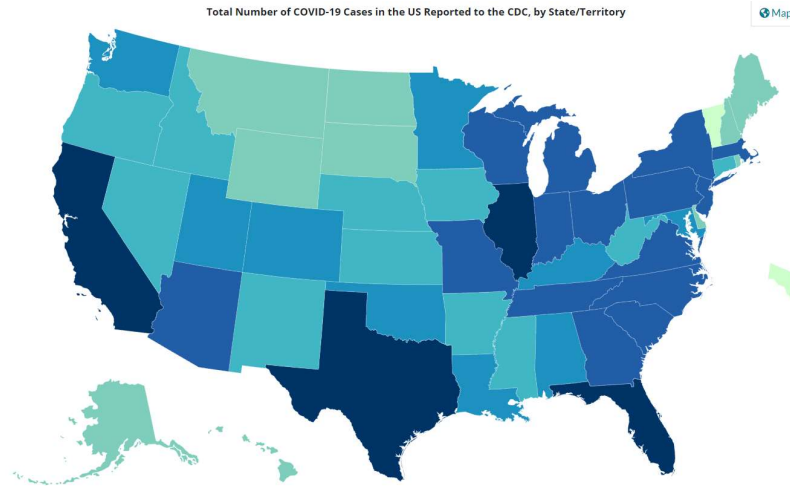
Last week, we had over 233 million cases around the world and over 4.7 million deaths.

This week, there are over 236 million cases and 4,827,358 deaths around the world.



COVID-19: Situation in the US

- Total cases: 43,878,517



As of 10-6-2021. Available at https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days

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Last week in the US:

Total cases: 43,051,429 (over 43 million)

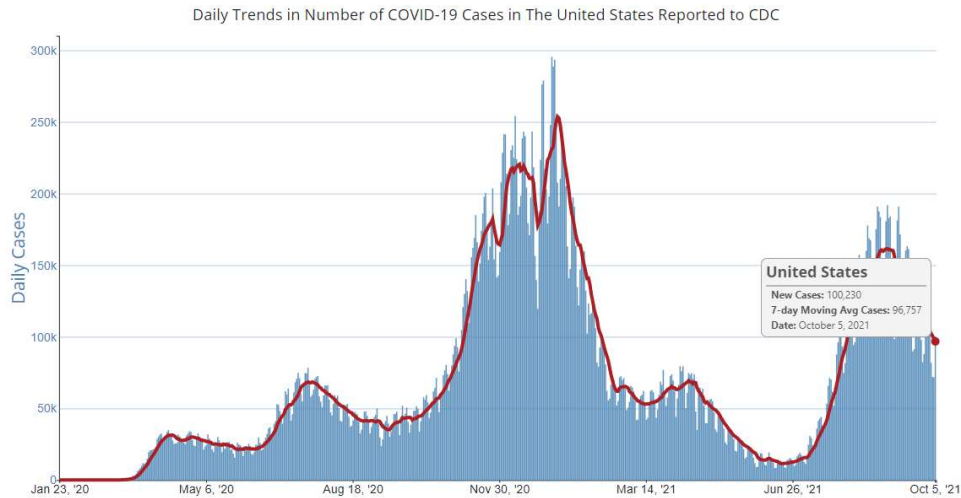
As of yesterday

This week:

Total cases: 43,878,517



COVID-19: Situation in the US



As of 10-6-2021. Available at https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

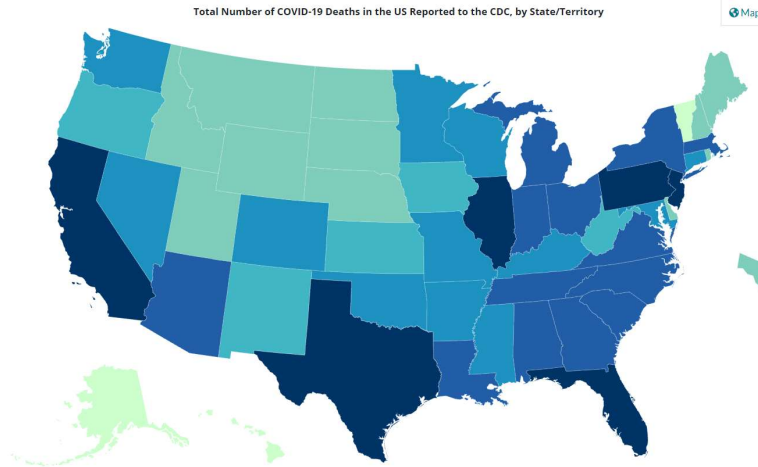
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The 7 day average number of cases in the US is a little over 96,700 per day which is down from 110,200 cases per day last week.



COVID-19: Situation in the US

- Total deaths: 704,233



As of 10-6-2021. Available at https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100k

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Last week in the US:

Total deaths: 689,534 (over 689,000)

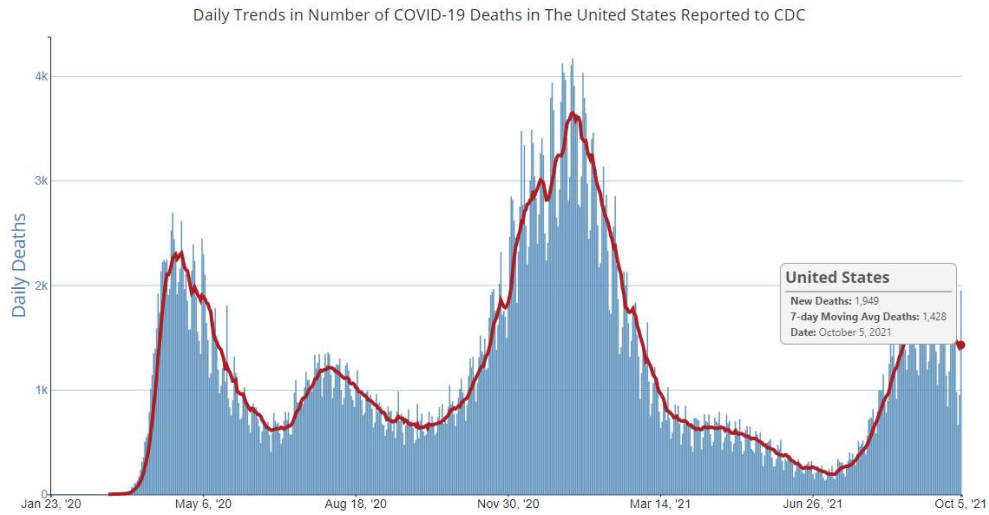
As of yesterday

This week:

Total deaths: 704,233



COVID-19: Situation in the US



As of 10-6-2021. 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 a little over 1400 deaths per day which is down from about 1500 deaths per day.



COVID-19: Situation in Kansas

COVID-19 Cases	Hospitalizations	Statewide Deaths	MIS-C Cases
415,431	14,086	6,106	19

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: 10/06/2021 at 9:00 AM. There were 2,312 new cases, 35 new deaths, and 118 new hospitalizations reported since Monday, 10/4/2021.

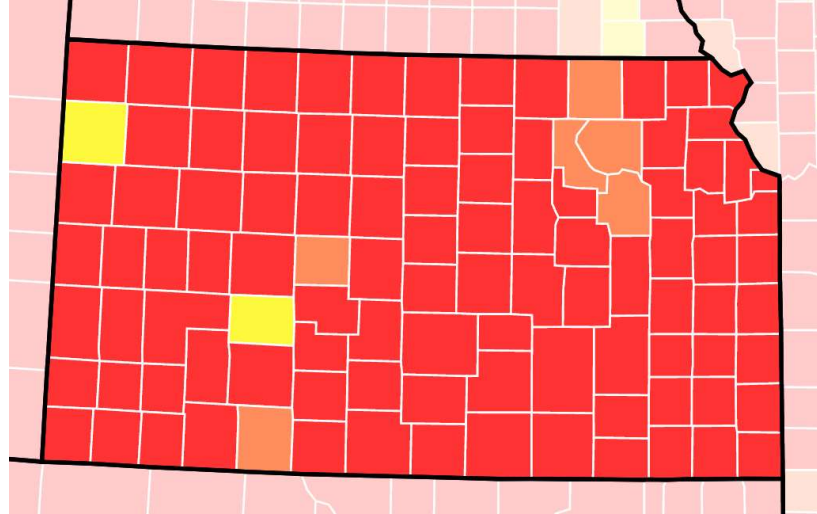
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As of yesterday, we had 415,431 cases (which is an increase of 6,497 cases since last week) and 6,106 deaths statewide (that’s an increase of 55 deaths reported since last week).

There were 2,312 new cases and 35 new deaths reported between Monday 10/4/2021 and Wednesday 10/6/2021



COVID-19: Situation in Kansas



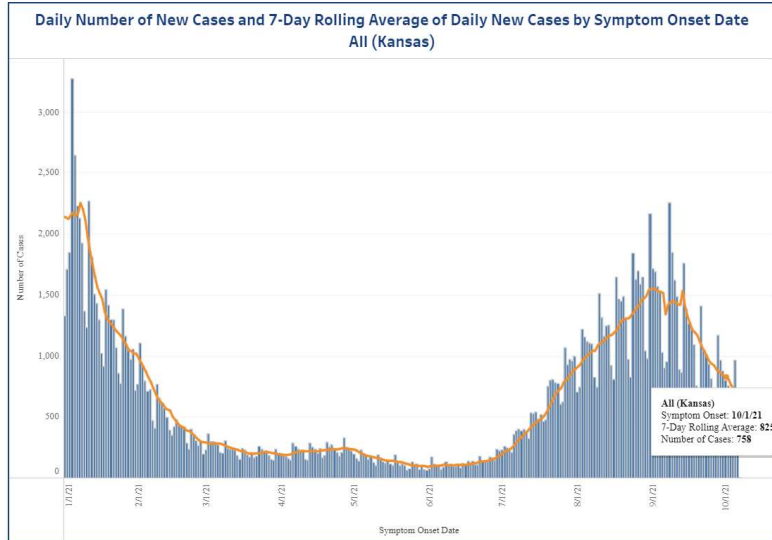
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Looking at CDC's Community Transmission Map, you can see that, for the time period between September 29 and October 5 that most of the counties in KS were in the substantial (orange) and high (red) level of transmission categories. You have Hodgeman and Sherman counties in moderate (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 September 25 and ending October 1, our 7 day rolling average is 825 cases per day.



COVID-19: Situation in Kansas

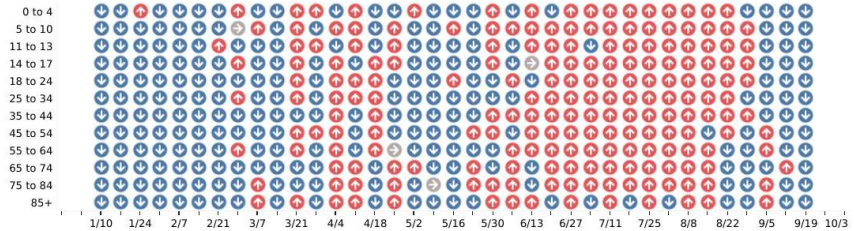


Weekly Cumulative Incidence Rate

Overall State Weekly Trends



Weekly Trends by Age Group



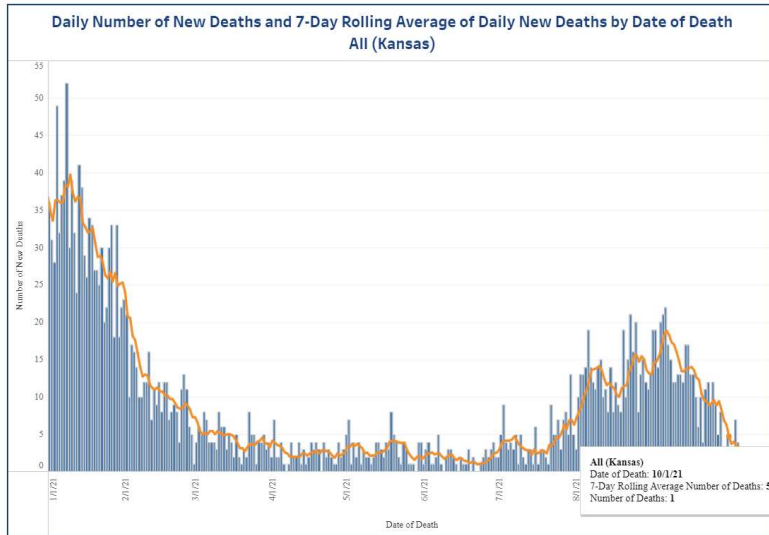
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Looking at the weekly trend in incidence rate, it looks like overall the state has been on a decreasing trend for a few weeks and that new cases among people 44 and younger have been declining for about 3 weeks.



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 September 25 and ending October 1, our 7 day rolling average is 5 deaths per day.



COVID-19: Situation in Kansas



COVID-19: School District Dashboard

Home	District Case Map	District Vaccine Map	Data Tables
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This dashboard shows the number of COVID-19 cases among school-aged children (ages 5-17) by school district during the last 14 days.

Cases whose date of symptom onset occurred during the last 14 days are included. If a case's date of symptom onset is missing, the date that the sample for the first positive test (PCR or antigen) was taken is utilized.

Vaccination data represents a cumulative count of school-aged children (ages 5-17) by school district. Children 12 years and older can get the Pfizer-BioNTech COVID-19 vaccine. Children under the age of 12 are not yet eligible for COVID-19 vaccination.

Cases and vaccinations among school-aged children are aggregated to school district boundaries by an individual's home address. The data does not reflect exceptions for students who do not attend their assigned school district (e.g., students who attend private schools out of district, are homeschooled, or who have a special transfer to another school district). Approximately 7% of case addresses and 5% of vaccination addresses were unable to be geocoded and are not included in the dashboard.

This information aims to provide transparency on school-aged COVID-19 case and vaccine information and is intended to allow our school communities to monitor the impact of the virus on their school districts. Of note, this information includes all cases of COVID-19 among school-aged children and does not necessarily indicate where a student was exposed or that transmission occurred in the school setting.

No additional information regarding school districts (e.g. individual school names) will be released. KDHE data includes Kansas-residents only. Data are preliminary and subject to quality improvement and quality assurance validation.

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I mentioned last week that there is a new dashboard under the COVID-19 Metrics tab. If you click on the tile for “New Case and Vaccination Rates by School District” you should get to it. You are going to land on some data notes. Don’t skip these! There are some really important caveats about the data that everyone should understand.

First off, you will see cases among children ages 5 to 17 for the last 14 days. For the vaccination data, however, this will be a cumulative vaccination rate.

Something really important to understand is that the case information comes from lab reports and public health investigations, just like all of the other data you have been seeing. Same with the vaccination data; it is what providers report to KDHE. So, this is not school districts reporting to KDHE their daily number of cases and how many people are vaccinated. Important to understand.

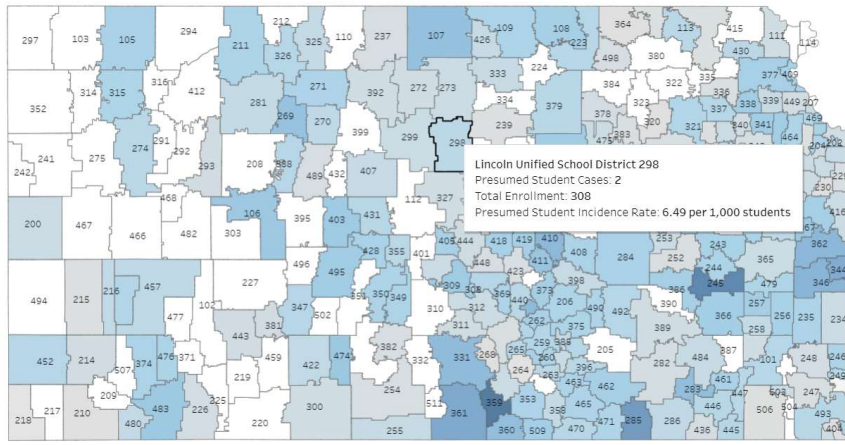
Also important to understand that we geocode individual cases’ addresses and vaccinated people’s addresses and then put them into a school district boundary. Think of the school district boundary as any other geographic boundary, like a county. It does not mean that the school age child necessarily goes to school in that district. For example, if they attend a private school or are home schooled. It just means they live in that district. Which is why it’s important to understand that this data is a reflection of what is happening with school age children within the boundary of a school district, and NOT what is happening in actual school buildings.



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COVID-19 Cases Among School-Aged Children (ages 5-17) by School District
Date range: 9/18/2021 through 10/1/2021
Number within each map boundary represents the USD number



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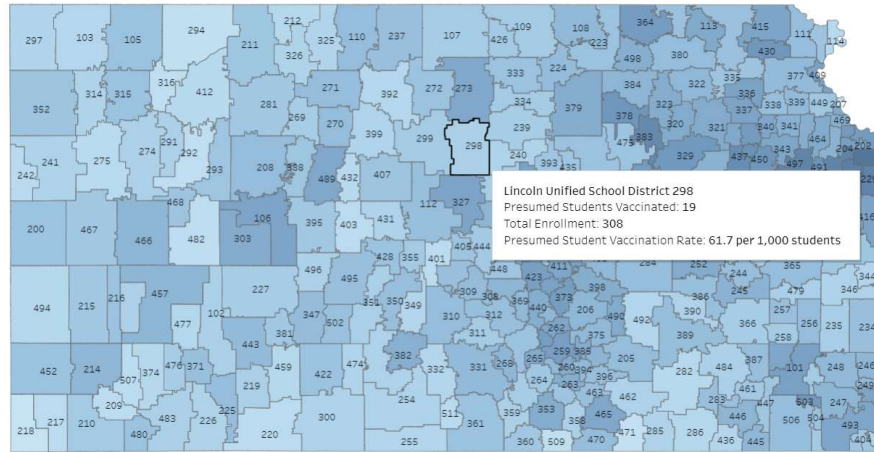
If you go to the first map which is the two week incidence, the numbers on the map represent the Unified School District number, not the number of cases. To get that information, you will hover over the district you are interested in. So, you see the presumed student cases here (again, presumed because these are school age children living within the district boundary, not necessarily going to school there) and the presumed incidence rate within that school district boundary.



COVID-19: Situation in Kansas



Cumulative COVID-19 Vaccination Rates Among School-Aged Children (ages 5-17) by School District
Number within each map boundary represents the USD number



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Similarly on the next tab, you can hover and see the presumed number of school age children vaccinated. Remember, this is ages 5 to 17 even though only 12 and up can be vaccinated. This is still giving you an overall picture of what is happening in school age children in general.



COVID-19: Situation in Kansas



Data Tables

Data Notes: Refer to the District Case Map and the District Vaccine Map for important information regarding the data tables.

COVID-19 Cases Among School-Aged Children (ages 5-17) by School District
Date range: 9/18/2021 through 10/1/2021

USD	USD Name	Presumed Student Cases	Total Student Enrollment	Rate per 1,000 Students
101	Erie Unified School District 101	3	420	7.1
102	Cimarron-Ensign Unified School District 102	0	633	0.0
103	Cheylin Unified School District 103	0	144	0.0
105	Rawlins County Unified School District 105	4	337	11.9
106	Western Plains Unified School District 106	2	104	19.2
107	Rock Hills Unified School District 107	8	326	24.5
108	North Central-Washington Schools Unified School District 108	5	363	13.8
109	Republic County-Hillcrest Rural Schools Unified School District 109	5	475	10.5

Cumulative COVID-19 Vaccination Rates Among School-Aged Children (ages 5-17) by School District

USD	USD Name	Presumed Students Vaccinated	Total Student Enrollment	Vaccination Rate per 1,000 Students
101	Erie Unified School District 101	85	420	202
102	Cimarron-Ensign Unified School District 102	40	633	63
103	Cheylin Unified School District 103	6	144	42
105	Rawlins County Unified School District 105	35	337	104
106	Western Plains Unified School District 106	0	104	0
107	Rock Hills Unified School District 107	24	326	74
108	North Central-Washington Schools Unified School	47	363	129
109	Republic County-Hillcrest Rural Schools Unified Sc.	38	475	80
110	Thunder Ridge Unified School District 110	21	179	117

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And the last tab takes you to the data tables behind the maps if you are interested.



COVID-19: Situation in Kansas: Outbreaks

Last updated: 10/06/2021 at 9:00 AM. Cluster Summary data is updated every Wednesday.

Active COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
217	2,634	77	29

All COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
2,686	44,586	2,205	2,279

- 44,586 outbreak-related cases/415,431 cases (10.7%)
- 2,205 outbreak-related hospitalizations/14,086 total hospitalizations (15.7%)
- 2,279 outbreak-related deaths/6,106 total deaths (37.3%)

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Moving on to outbreaks:

As of late Tuesday night, we had 2,686 outbreaks across the state. This week we have 217 active clusters which is a decrease from 226 last week.

Our percentage of outbreak related cases is 10.7%, outbreak-related hospitalizations is about 15.7% and outbreak-related deaths is about 37.3%.



COVID-19: Situation in Kansas: Outbreaks

COVID-19 Cluster Cases by Type

Type	Clusters	Cases	Hospitalizations	Deaths
Camp	1	7	0	0
College or University	4	86	0	0
Corrections	10	251	6	0
Daycare	18	84	0	0
Government	4	14	0	0
Group Living	9	184	13	1
Healthcare	6	59	5	4
Long Term Care Facility	58	435	22	17
Meat Packing	2	699	26	6
Private Business	17	95	2	0
Private Event	2	10	1	0
Public Event	1	2	0	0
Religious Gathering	1	4	0	0
School	68	596	1	1
Sports	16	108	1	0
Total	217	2,634	77	29

Sort by Cluster Type

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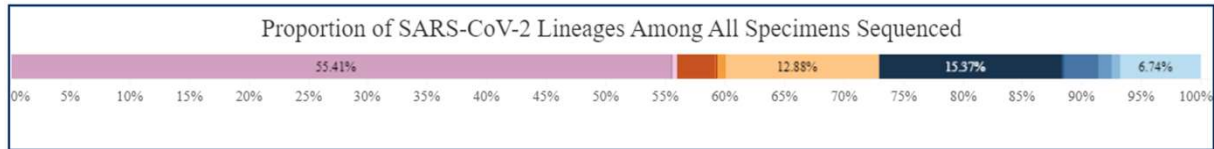
We currently have 18 active outbreaks in daycares, 10 in corrections, 9 in group living, 58 active outbreaks in LTCFs (down from 62 last week). We also have 17 in private businesses and 68 in schools (down from 79 last week).

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.

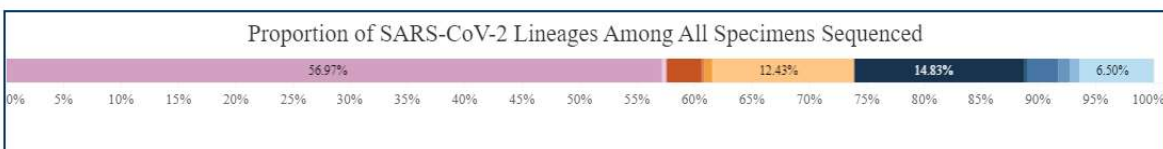


COVID-19: Situation in Kansas

September 29, 2021



October 6, 2021

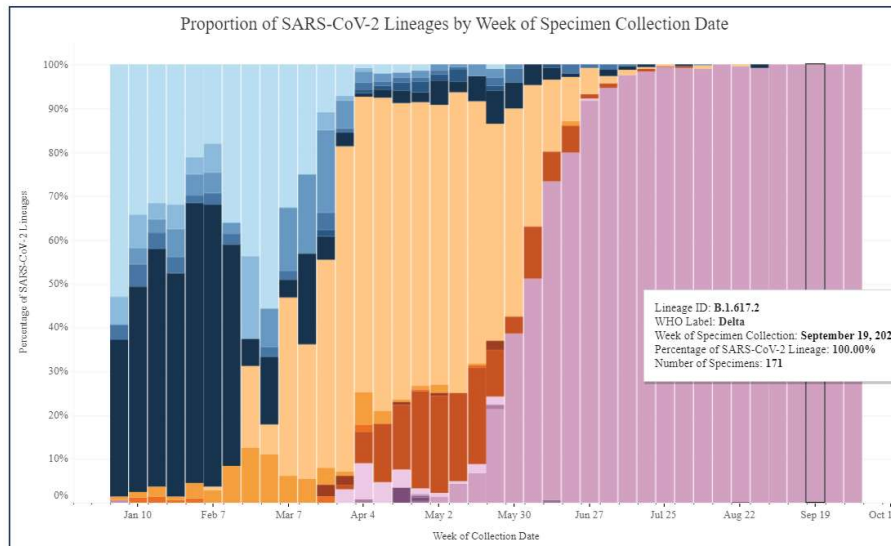


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This graph shows the proportion of SARS-CoV-2 lineages among all specimens sequenced. Of all the specimens we have sequenced to date, the Delta variant makes up about 57% of all specimens sequenced and the UK variant is about 12.4%.



COVID-19: Situation in Kansas

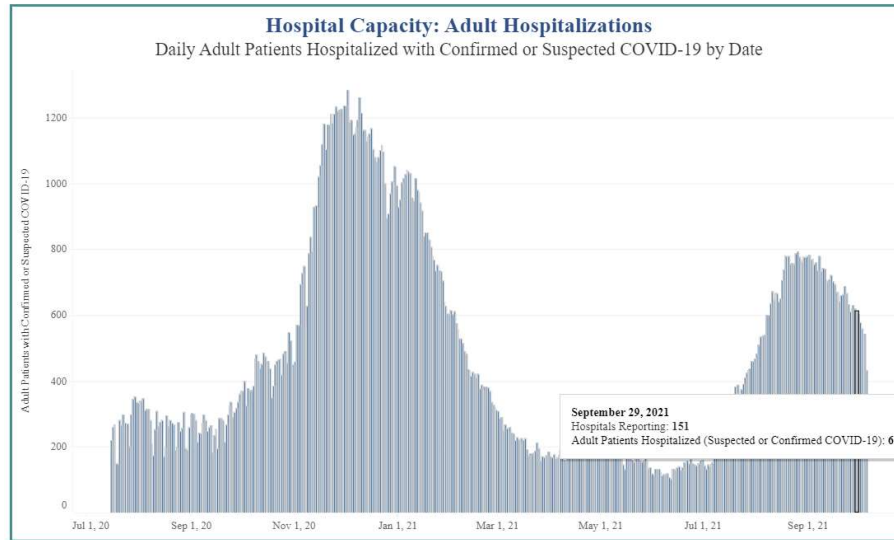


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And further down, you can see a graph of the proportion of lineages by week. For samples collected the week of September 12th we had 171 samples sequenced which were 100% Delta variant.



COVID-19: Situation in Kansas

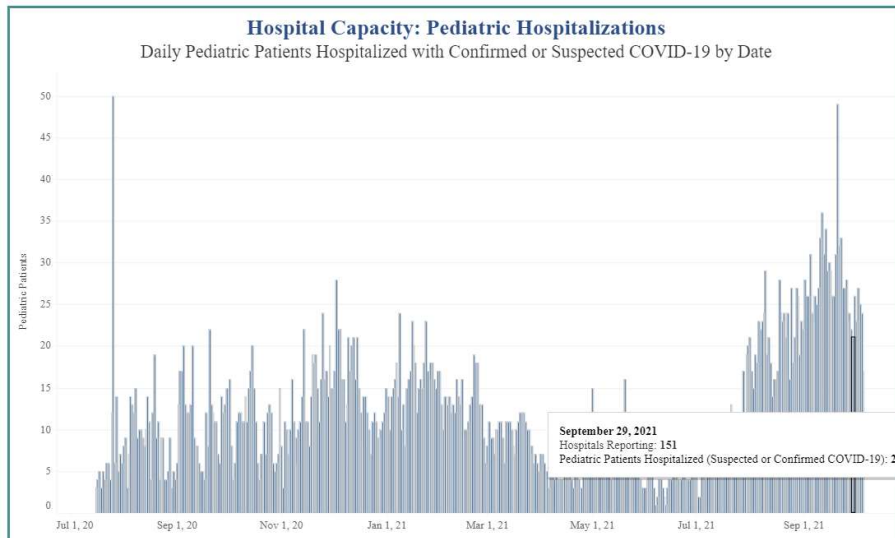


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Looking at the data hospitals are reporting directly to HHS, on Sept 29th we had 151/151 hospitals reporting and had 612 adult hospitalizations for COVID-19 that day.



COVID-19: Situation in Kansas



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Looking at pediatric hospitalizations, with 151/151 hospitals reporting on September 29th we had 21 reported pediatric hospitalizations that day. Although we did see slightly higher numbers on the next couple of days with only about 140 hospitals reporting. So, we'll have to see what those numbers look like if the missing data comes in.



COVID-19: Updated Travel Related Quarantine

KDHE Travel-Related Mandatory Quarantine Areas:			
	Type	Effective Date	Where?
	International Travel	Between September 23 and October 7	Grenada
		On or after October 7	Bermuda and New Caledonia
	Domestic Travel	On or after October 7	Alaska
		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.
	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: None
2. Keep: None
3. Add:
Alaska

For the International list:

1. Remove:
Grenada
2. Keep:
None
3. Add:
Bermuda
New Caledonia



COVID-19: New Literature

Trends in COVID-19 Cases, Emergency Department Visits, and Hospital Admissions Among Children and Adolescents Aged 0–17 Years — United States, August 2020–August 2021

Weekly / September 10, 2021 / 70(36):1249–1254

On September 3, 2021, this report was posted online as an MMWR Early Release.

Please note: This report has been corrected. An [erratum](#) has been published.

David A. Siegel, MD¹; Hannah E. Reses, MPH¹; Andrea J. Cool, MPH¹; Craig N. Shapiro, MD¹; Joy Hsu, MD¹; Tegan K. Boehmer, PhD¹; Cheryl R. Cornwell, MSPH²; Elizabeth B. Gray, MPH¹; S. Jane Henley, MSPH¹; Kimberly Lochner, ScD¹; Amitabh B. Suthar, PharmD¹; B. Casey Lyons, MPH¹; Linda Mattocks, MPH¹; Kathleen Hartnett, PhD¹; Jennifer Adjemian, PhD¹; Katharina L. van Santen, MSPH³; Michael Sheppard, MS⁴; Karl A. Soeteber, MAPW⁵; Pamela Logan, MD¹; Michael Martin, MD¹; Osatohamwen Idubor, MD¹; Pavithra Natarajan, BMBS¹; Kanta Sircar, PhD¹; Eghosa Oyegun, MPH¹; Joyce Dalton, MEd⁶; Cria G. Perrine, PhD¹; Georgina Peacock, MD⁷; Beth Schweitzer, MS¹; Sapna Bamrah Morris, MD¹; Elliot Raizes, MD¹ ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Severe illness from COVID-19 can and does occur in children and adolescents.

What is added by this report?

COVID-19 cases, emergency department visits, and hospital admissions increased from June to August 2021 among persons aged 0–17 years. Emergency department visits and hospital admissions in a 2-week period in August 2021 were higher in states with lower population vaccination coverage and lower in states with higher vaccination coverage.

Article Metrics

Altmetric:



Citations: 1

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7036e1.htm?s_cid=mm7036e1_w

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Incidence in August 2021 among the three age groups reached 16.2 (0-4 years), 28.5 (5-11 years), and 32.7 (12-17 years) per 100,000 persons, respectively.

The rate (per 100,000 persons) of COVID-19 admissions in August 2021 in the quartile of states with the lowest vaccination coverage was 3.7 times that in the quartile of states with the highest vaccination coverage.

The lowest vaccination coverage among persons aged ≥12 years (49.9%), highest percentage of COVID-19–associated ED visits (8.32), and highest COVID-19 hospital admission rates (0.84) were observed in HHS Region 4.^{§§§} In contrast, the highest vaccination coverage (72.2%), lowest COVID-19 incidence (13.3), and lowest rate of hospital admission (0.12) among persons aged 0–17 years were observed in HHS Region 1.



COVID-19: New Literature

Hospitalizations Associated with COVID-19 Among Children and Adolescents — COVID-NET, 14 States, March 1, 2020–August 14, 2021

Weekly / September 10, 2021 / 70(36);1255–1260

On September 3, 2021, this report was posted online as an MMWR Early Release.

Miranda J. Delahoy, PhD^{1,2}; Dawud Ujamaa, MS^{1,3}; Michael Whitaker, MPH¹; Alissa O'Halloran, MSPH¹; Onika Anglin, MPH^{1,3}; Erin Burns¹; Charisse Cummings, MPH¹; Rachel Holstein, MPH¹; Anita K. Kambhampati, MPH¹; Jennifer Milucky, MSPH¹; Kadam Patel, MPH^{1,3}; Huong Pham, MPH¹; Christopher A. Taylor, PhD¹; Shua J. Chai, MD^{4,5}; Arthur Reingold, MD^{6,8}; Nisha B. Alden, MPH¹; Breanna Kawasaki, MPH¹; James Meek, MPH¹; Kimberly Yousey-Hindes, MPH¹; Evan J. Anderson, MD^{9,10,11}; Kyle P. Openo, DrPH^{9,10,11}; Kenzie Teno, MPH¹²; Andy Weigel, LMSW^{1,3}; Sue Kim, MPH¹³; Lauren Leegwater, MPH¹³; Erica Bye, MPH¹⁴; Kathryn Como-Sabetti, MPH¹⁴; Susan Ropp, PhD¹⁵; Dominic Rudin¹⁶; Alison Muse, MPH¹⁷; Nancy Spina, MPH¹⁷; Nancy M. Bennett, MD¹⁸; Kevin Popham, MPH¹⁹; Laurie M. Billing, MPH²⁰; Eli Shiltz, MPH²⁰; Melissa Sutton, MD²¹; Ann Thomas, MD²; William Schaffner, MD²²; H. Keipp Talbot, MD²²; Melanie T. Crossland, MPH²³; Keegan McCaffrey²⁴; Aron J. Hall, DVM¹; Alicia M. Fry, MD¹; Meredith McMorrow, MD¹; Carrie Reed, DSc¹; Shikha Garg, MD^{1,8}; Fiona P. Havers, MD^{1,8}; COVID-NET Surveillance Team ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

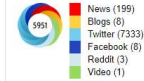
COVID-19 can cause severe illness in children and adolescents.

What is added by this report?

Weekly COVID-19-associated hospitalization rates among children and adolescents rose nearly five-fold during late June–mid-August 2021, coinciding with increased circulation of the highly transmissible SARS-CoV-2 Delta variant. The proportions of hospitalized children and adolescents with severe disease were similar before and during the period of Delta predominance. Hospitalization rates were 10 times higher among unvaccinated than among fully vaccinated adolescents.

Article Metrics

Altmetric:



Citations: 1

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7036e2.htm?s_cid=mm7036e2_w

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This analysis uses Coronavirus Disease 2019–Associated Hospitalization Surveillance Network (COVID-NET)[¶] data to describe COVID-19–associated hospitalizations among U.S. children and adolescents aged 0–17 years. COVID-NET conducts population-based surveillance for laboratory-confirmed COVID-19–associated hospitalizations in 99 counties across 14 states.

During June 20–July 31, 2021, the hospitalization rate among unvaccinated adolescents (aged 12–17 years) was 10.1 times higher than that among fully vaccinated adolescents.



COVID-19: New Literature

National and State Trends in Anxiety and Depression Severity Scores Among Adults During the COVID-19 Pandemic — United States, 2020–2021

Early Release / October 5, 2021 / 70

Haomiao Jia, PhD¹; Rebecca J. Guerin, PhD²; John P. Barile, PhD³; Andrea H. Okun, DrPH⁴; Lela McKnight-Eily, PhD⁵; Stephen J. Blumberg, PhD⁶; Rashid Njai, PhD^{6,7}; William W. Thompson, PhD^{8,9} (View author affiliations)

[View suggested citation](#)

Summary

What is already known about this topic?

U.S. Census Bureau Household Pulse Survey data indicate that the percentage of U.S. adults with symptoms of anxiety and depressive disorders increased nationwide from August 2020 to February 2021.

What is added by this report?

Nationwide, average anxiety severity scores increased 13% from August to December 2020 and then decreased 26.8% from December 2020 to June 2021. Similar increases and decreases occurred in depression severity scores.

What are the implications for public health practice?

Mental health services and resources, including telehealth behavioral services, are critical during the COVID-19 pandemic.

Recent studies indicate an increase in the percentage of adults who reported clinically relevant symptoms of anxiety and depression during the COVID-19 pandemic (1–3). For example, based on U.S. Census Bureau Household Pulse Survey (HPS) data, CDC reported significant increases in symptoms of anxiety and depressive disorders among adults aged ≥18 years during August 19, 2020–February 1, 2021, with the largest increases among adults aged 18–29 years and among those with less than a high school education (7). To assess more recent national trends, as well as state-specific trends, CDC used HPS data (4) to assess trends in reported anxiety and depression among U.S. adults in all 50 states and the District of Columbia (DC) during

Article Metrics

Altmetric:



Citations:

Views:
Views equals page views plus PDF downloads

[Metric Details](#)

Figure

Tables

Available at:

https://www.cdc.gov/mmwr/volumes/70/wr/mm7040e3.htm?s_cid=mm7040e3_e&ACSTrackingID=USCDC_921-DM67296&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20October%205%2C%202021&deliveryName=USCDC_921-DM67296

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U.S. Census Bureau Household Pulse Survey (HPS) data to assess trends in reported anxiety and depression among U.S. adults in all 50 states and the District of Columbia (DC) during August 19, 2020–June 7, 2021. Nationally, the average anxiety severity score increased 13% from August 19–31, 2020, to December 9–21, 2020 and then decreased 26.8% from December 9–21, 2020, to May 26–June 7, 2021.

The average depression severity score increased 14.8% from August 19–31, 2020, to December 9–21, 2020 (APC = 1.7%) and then decreased 24.8% from December 9–21, 2020, to May 26–June 7, 2021 (APC = –2.8%).

State specific trends are also available and generally followed national trends.



COVID-19: New Literature

COVID-19 Outbreaks at Youth Summer Camps — Louisiana, June–July 2021

Early Release / October 1, 2021 / 70

Julius L. Tonzel, MPH; Theresa Sokol, MPH [\(View author affiliations\)](#)

[View suggested citation](#)

According to sequencing data reported by CDC, the highly transmissible B.1.617.2 (Delta) variant of SARS-CoV-2, the virus that causes COVID-19, has been the predominant lineage circulating in Louisiana since the week of June 20, 2021 (7). In Louisiana, the increased spread of the Delta variant corresponded with the start of the state's fourth and largest increase in average daily COVID-19 incidence to date (7,2). This report describes COVID-19 outbreaks in Louisiana youth summer camps as the Delta variant became the predominant lineage during June–July 2021. This activity was reviewed by the Louisiana Department of Health (LDH) and was conducted consistent with applicable state law and LDH policy.*

During June–July 2021, LDH used camp reports and contact tracing data¹ to identify 28 camp outbreaks² statewide, which included a total of 321 COVID-19 cases⁴ among an estimated 2,988 campers and staff members. Fourteen (50.0%) of the camps were day camps, and 14 (50.0%) were overnight camps. The mean outbreak size was 11.5 cases (range = 2–59 cases); the mean outbreak size of day camps was 9.3 cases (range = 2–21 cases) and overnight camps was 13.6 cases (range = 2–59 cases). Compared with June–July 2020, when two outbreaks (each with five confirmed camp-associated cases) were identified statewide, this represented a thirty-one-fold increase in confirmed camp-associated cases.

Among the 321 camp-associated cases identified during the June–July 2021 outbreaks, the median age was 12 years (range = 5–54 years), 274 (85.4%) cases occurred among campers (range = 5–18 years), and 47 (14.6%) among staff members (range = 16–54 years). Among all campers with COVID-19, two (0.7%) were fully vaccinated against COVID-19; 133 (48.5%) were age-eligible but not vaccinated (representing 98.5% of the 135 vaccine-eligible campers with COVID-19), and 139 (50.7%) were not age-eligible for vaccination. All cases among staff members occurred in persons who had not received COVID-19 vaccine.

Article Metrics

Altmetric:  News (12) Twitter (161) Facebook (1) Reddit (1)

Citations:

Views: Views equals page views plus PDF downloads

[Metric Details](#)

[Table](#)

Available at:

https://www.cdc.gov/mmwr/volumes/70/wr/mm7040e2.htm?s_cid=mm7040e2_e&ACSTrackingID=USCDC_921-DM67082&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20October%201%2C%202021&deliveryName=USCDC_921-DM67082

To protect and improve the health and environment of all Kansans

This report describes COVID-19 outbreaks in Louisiana youth summer camps as the Delta variant became the predominant lineage during June–July 2021.

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COVID-19: New Literature

Multicomponent Strategies to Prevent SARS-CoV-2 Transmission — Nine Overnight Youth Summer Camps, United States, June–August 2021

Early Release / October 1, 2021 / 70

Kim Van Naarden Braun, PhD^{1,2}; Mark Drexler, MD^{1,2,3}; Ranna A. Rozenfeld, MD^{1,4}; Eytan Deener-Agus¹; Rebecca Greenstein¹; Michael Agus, MD^{1,2,5}; Mark Joffe, MD^{1,2,6}; Andrea Kasowitz, DO^{1,2}; Philip Levy, MD^{1,2,5}; Cliff Nerwen, MD^{1,2,7} ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Previous studies have demonstrated the importance of prevention strategies to reduce SARS-CoV-2 transmission in overnight camps.

What is added by this report?

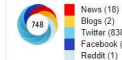
During June–August 2021, a total of 7,173 campers and staff members attended nine U.S. overnight camps that implemented multiple prevention strategies including high vaccination coverage (>93% among eligible persons aged ≥12 years); prearrival and frequent screening testing (38,059 tests); and additional concomitant prevention measures. Nine laboratory-confirmed COVID-19 cases and no secondary infections were detected.

What are the implications for public health practice?

Implementation of high vaccination coverage coupled with multiple prevention strategies is critical to averting COVID-19 outbreaks in congregate settings, including overnight camps. These findings highlight important guiding principles for school and youth-based COVID-19 prevention protocols.

Article Metrics

Altmetric:



Citations:

Views:

Views equals page views plus PDF downloads

[Metric Details](#)

Available at:

https://www.cdc.gov/mmwr/volumes/70/wr/mm7040e1.htm?s_cid=mm7040e1_e&ACSTrackingID=USCDC_921-DM67082&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20October%201%2C%202021&deliveryName=USCDC_921-DM67082

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This study assessed the number of COVID-19 cases and potential secondary spread among 7,173 staff members and campers from 50 states, 13 countries, and U.S. military overseas bases at nine independently operated U.S. summer youth camps affiliated with the same organization.

The camps implemented multiple prevention strategies including vaccination, testing, podding (cohorting), masking, physical distancing, and hand hygiene during June–August 2021. Vaccination coverage was 93% among eligible persons aged ≥12 years. Nine laboratory-confirmed COVID-19 cases and no secondary infections were detected.

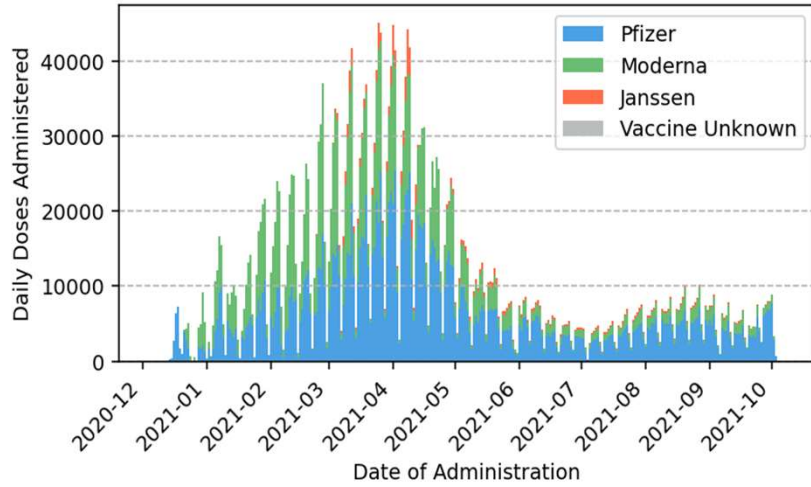


Phil Griffin, Director, Disease Control & Prevention
Immunization Update
October 7, 2021



Vaccination Trends

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



Generated by Tiberius on 10/06/2021

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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.**

***Johnson and Johnson is now available again in limited quantities.
Please continue to order as you need it.***

***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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Upcoming VRBPAC Meetings Scheduled

- **FDA's VRBPAC will meet to make recommendations on the Moderna booster authorization on Thursday Oct.14. No ACIP meeting is scheduled yet, but will follow an FDA authorization.**
 - The Moderna booster dose is ½ the regular dose, and the packaging will not change. Therefore you need to strategize about how to manage inventory of vials that could yield 14 regular doses or 28 boosters, or a mixture somewhere in between.
 - CDC recognizes the challenges to prepare systems for both half and full doses...At this time, all systems should plan to maintain the current process of reporting inventory and wastage based on full doses."

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Upcoming VRBPAC Meetings Scheduled

- **FDA's VRBPAC will meet to make recommendations on JnJ booster authorization on Friday Oct 15. No ACIP meeting is scheduled yet, but will follow an FDA authorization.**
 - The JnJ data and request for EUA of a booster is for a full dose two months after initial dose.
- **Discussion of mix dose boosters expected to be discussed on the 14th or 15th**

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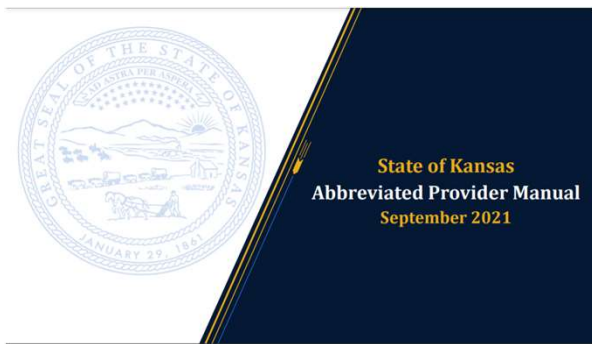
Upcoming VRBPAC Meetings Scheduled

- **FDA VRBPAC will meet to recommend on the Pfizer EUA for children aged 5-11 on Tuesday Oct. 26. ACIP will follow sometime after an FDA decision.**
 - The Pfizer vaccine for children 5-11 is a new product (same vaccine, but 1/3 the adult dose), in new packaging with new NDC codes.

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Updated Provider Manuals Posted



[Abbreviated Provider Manual](#)



[Full Provider Manual](#)

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<https://www.kansasvaccine.gov/DocumentCenter/View/333/KS-Vaccine-Abbreviated-Provider-Distribution-Manual-PDF>

<https://www.kansasvaccine.gov/DocumentCenter/View/179/KS-Vaccine-Distribution-Provider-Manual-PDF>

<https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence/community.html>

<https://www.immunize.org/catg.d/p3115.pdf>



New CDC Communications and Education Resources

- [COVID-19 Vaccines for Older Adults](#)
- [COVID-19 Vaccines for Essential Workers](#)
- [COVID-19 Vaccines for Healthcare Personnel](#)
- [About COVID-19 Vaccine Delivered and Administration Data](#)
- [Customizable Content for School-Located Vaccination Clinics](#)
- [COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers](#)
- [Connecting Long-Term Care Settings with Federal Pharmacy Partners](#)

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- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/older-adults.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/essentialworker.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/hcp.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/distributing/about-vaccine-data.html>
- <https://www.cdc.gov/vaccines/covid-19/planning/slv-communications.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/specific-groups/teachers-childcare.html>
- <https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/pharmacies-contact.html>



N Myron Gunsalus, Jr, KHEL Director
COVID-19 Laboratory Update
October 7, 2021



COVID-19: Laboratory Update

COVID Variants and Testing 10/2/21 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

New color scheme and updating every week.
Still no lambda of any significance.

Sublineages for Delta Ay.3-Ay.12 are included in B.1.617.2, Their spike amino acid conservation with B.1.617.2

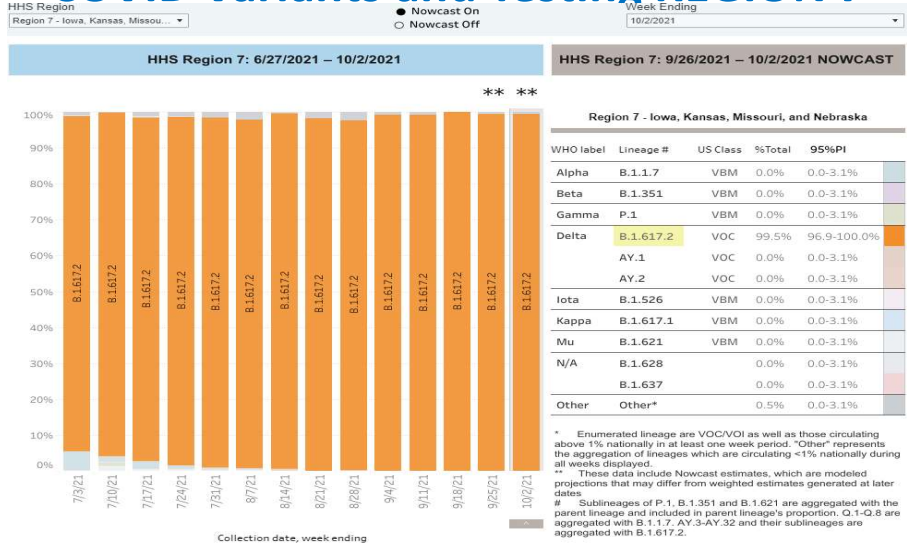
AY.1 and AY.2 are displayed due to additional mutations in the spike protein, most notably K417N

Lambda, C.37 is less than 1% nationally and in all regions so is not included and is not a CDC Variant of Interest or Variant of Concern.



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

Virtually identical to national proportions now.



COVID-19: Laboratory Update

FDA Announces Recall of Certain ELLUME tests

- **October 5, 2021; Voluntary Recall**
- **Certain lots of Ellume Home test**
- **Potential for false positives (test result says virus present when it isn't)**
- **Negative results are not affected**

https://www.fda.gov/medical-devices/safety-communications/potential-false-positive-results-certain-lots-ellume-covid-19-home-tests-due-manufacturing-issue-fda?utm_medium=email&utm_source=govdelivery

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Identified manufacturing issue

Additional controls will be implemented to resolve issue

https://www.fda.gov/medical-devices/safety-communications/potential-false-positive-results-certain-lots-ellume-covid-19-home-tests-due-manufacturing-issue-fda?utm_medium=email&utm_source=govdelivery



Use of Over the Counter (OTC) Home Tests Certification Issues

- **Self Administration of test: No CLIA Certificate of Waiver**
 - Individual performs test on themselves
- **Staff Administration: Then CoW is required**
 - Examples might be shelters, jails, prisons, etc.
- **Difference is related to definition of a laboratory**
 - Any facility offering clinical testing = laboratory

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Q: Do OTC tests require a CLIA certificate of Waiver if administered in shelters, jails, prisons, etc.?

A: FDA's understanding is that a test that is authorized for over the counter by FDA can be self-performed in any setting; it is not limited to home use, but it is limited to someone performing the test on themselves. If an OTC test is administered by a staff member, then they would need a CLIA certificate of waiver for the facility to administer the test. If they are handing out the tests and people are self-administering the test, then no CLIA certificate of waiver is needed.

Q: What is the rationale for this distinction between an OTC test being self-administered and being administered by someone in a facility?

A: This is a CLIA distinction that falls under CMS. It is related to how a laboratory and their oversight is defined. If a facility is offering clinical testing, then they meet the definition of a laboratory and therefore need a CLIA certificate.



COVID-19: Laboratory Update

Molecular Detection Nucleic Acid Amplification Tests (NAATs)

- **Molecule Detected is Nucleic Acid molecules**
 - Genetic Material (RNA or DNA)
- **Technology/Process**
 - Identify unique and conserved region of NA molecule
 - Build tools to extract, replicate and detect this region
 - Multiply or **Amplify** (Make many copies of the genetic material, if present)
 - Detect the presence of genetic material = **Test**

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<https://www.cdc.gov/coronavirus/2019-ncov/lab/naats.html>



Molecular Detection

Nucleic Acid Amplification Tests (NAATs)

- **All NAATs are molecular tests**
- **All Polymerase Chain Reaction tests are NAATs**
- **Not all NAATs are PCR**
- **NAATs are used for confirmation of viral presence (CDC)**
- **Be aware of the limitations or sensitivities and performance characteristics of the particular NAAT being used.**

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<https://www.cdc.gov/coronavirus/2019-ncov/lab/naats.html>



Molecular Detection Nucleic Acid Amplification Tests (NAATs)

- **Reverse transcription polymerase chain reaction (RT-PCR)**
- **Isothermal amplification including:**
 - Nicking endonuclease amplification reaction (**NEAR**)
 - Transcription mediated amplification (**TMA**)
 - Loop-mediated isothermal amplification (**LAMP**)
 - Helicase-dependent amplification (**HDA**)
 - Clustered regularly interspaced short palindromic repeats (**CRISPR**)
 - Strand displacement amplification (**SDA**)

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<https://www.cdc.gov/coronavirus/2019-ncov/lab/naats.html>

Must consider that not all of these technologies have the same sensitivities.

So not all PCR



COVID-19: Laboratory Update

COVID-19 Tests and Collection Kits Authorized by the FDA

The FDA is committed to helping ensure the public has access to a wide variety of test options for COVID-19. Since the start of the pandemic, we have authorized **over 400** tests and collection kits, including:



SUCH AS:



Tests and collection kits where samples are collected at home and sent to a lab for processing



Tests that process samples from multiple people at one time



Tests that rapidly return a result at your doctor's office or other health care setting



Tests that detect the virus that causes COVID-19 as well as other viruses like flu



Tests performed at home with a self-collected sample

Current as of September 2021

For more information, please visit [fda.gov/medical-devices](https://www.fda.gov/medical-devices)

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<https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/covid-19-tests-and-collection-kits-authorized-fda-infographic>

COVID-19 Tests and Collection Kits Authorized by the FDA

The FDA is committed to helping ensure the public has access to a wide variety of test options for COVID-19. Since the start of the pandemic, we authorized over 400 tests and collection kits, including:

235 molecular

88 antibody

34 antigen tests

Such as:

63 home collection: Tests and collection kits where samples are collected at home and sent to a lab for processing

32 pooling: Tests that process samples from multiple people at one time

55 point-of-care: Tests and rapidly return a result at your doctor's office or other health care setting

19 multi-analyte: Tests that detect the virus that causes COVID-19 and other viruses like flu

13 at-home: Tests performed at home with a self-collected sample

Current as of 9/10/21



Notes and Supply Chain Issues

- **Abbott IDNow and BinaxNow and Cepheid**
 - Consider if rapid is absolutely needed.
 - Are there alternatives
- **Employer Based Testing**
 - Not clear yet
 - Not yet part of Unified Testing Strategy...more to come later
 - Please do not ask for supplies to support routine employer based surveillance testing

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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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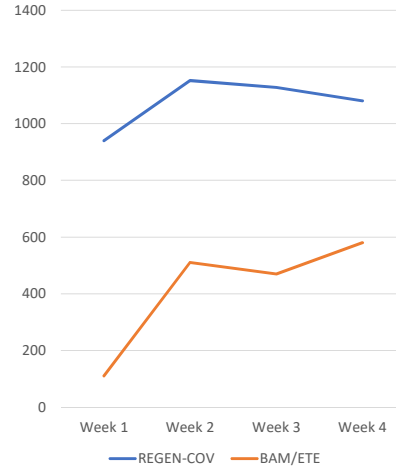
Michael McNulty, Emergency Management Director
Monoclonal Antibody
October 7, 2021



Kansas Allocations

WEEK	REGEN-COV	BAM/ETE	ETE SOLO
Sept 13	940	110	0
Sept 20	1152 (122.55%)	510 (463.64%)	0
Sept 27	1128 (97.92%)	0	470 (92.17%)
Oct 4	1080 (95.74%)	440 (123.40%)	140 (123.40%)

- Current national weekly allocation \approx 200,000 patient courses
- Will be reduced to \approx 150,000 patient courses weekly (sometime)
 - Estimate REGEN-COV \approx 828 for Kansas
 - Estimate BAM/ETE \approx 290 for Kansas



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REGEN-COV™ MASTER NDC/PRODUCT TABLE

Description ALL product is 120mg/mL strength	NDC of package	Number of <u>DOSES</u> contained in <u>package</u> at 1,200mg dose	Number of individual vials in package
REGEN-COV™ CO-FORMULATED vial 600mg/600mg 10mL	61755-039-01	1	1
REGEN-COV™ Dose Packs (2-Vial) 1332mg/11.1mL	61755-035-02	2	2
Casirivimab and Imdevimab Co-Pack (2 vials per carton) 300mg/2.5mL in 6mL vials *Includes Quick Reference Guide to explain Pandemic label Roche product	61755-045-02	½ dose (2 co-packs required for 1 dose)	2

- 1,200 mg dose = 10mL (5mL of each Antibody)
- Regeneron Medical Information inquiries 1-800-734-6643
- For the most up-to-date information always refer to the Fact Sheet, EUS guidance and other materials as posted online at www.regencov.com

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casirivimab and imdevimab Co-Packaged Cartons (from Roche Pharmaceuticals)

11.1 ML VIALS CO-PACK



Although the carton is labeled "2 vials of 20 mL," this is referring to the vial size and not the content of the vial.
 This presentation contains 2 vials of 11.1 mL (one of casirivimab and one of imdevimab)

This co-pack contains product for two patient courses

1 Dose of REGEN-COV for treatment/ initial PEP ALWAYS = 10 mL TOTAL

- 10 mL of Coformulation OR
- 5 ml casirivimab + 5 ml imdevimab

2.5 ML VIALS CO-PACK

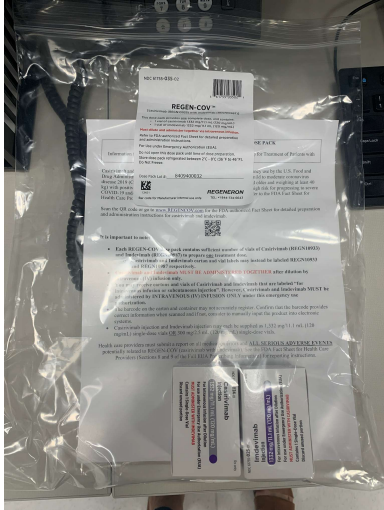


Although the carton is labeled "2 vials of 6 mL," this is referring to the vial size and not the content of the vial.
 This presentation contains 2 vials of 2.5 mL (one of casirivimab and one of imdevimab)

Two cartons of this combination are required for one patient course



REGEN-COV Product



- Bagged dose pack containing TWO patient courses per pack (11.1mL per vial)
- One course of therapy under the current EUA is 5mL of each product, or 10mL of co-formulated product

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Monoclonal Antibody Information

- 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>
- REGEN-COV: Subcutaneous Injection Instructions for Healthcare Providers
 - <https://www.phe.gov/emergency/events/COVID19/therapeutics/Pages/REGEN-COV-Subcutaneous-Injection-Instructions-for-Healthcare-Providers.aspx>
- US Government Purchase of Sotrovimab – **could be allocated next week**
 - FACT SHEET FOR HEALTHCARE PROVIDERS EMERGENCY USE AUTHORIZATION (EUA) OF SOTROVIMAB <https://www.fda.gov/media/149534/download>
- AstraZeneca seeks FDA authorization for long-acting antibody to prevent Covid-19

To protect and improve the health and environment of all Kansans

I've been getting calls from facilities about short-dated BAM. Please use the website to check for a possible new date. Much of the lots that I've heard about in Kansas facilities have been extended.

Subcutaneous injection is an alternative route of administration when intravenous infusion is not feasible and would lead to delay in treatment.

The US government has purchased an unknown amount of Sotrovimab. I suspect that it may become an allocated monoclonal antibody over the coming weeks. Here is some information to help educate providers before it starts shipping.

A late-stage clinical study found that [the drug cut the risk](#) of developing Covid symptoms by 77 percent. Participants who received the drug didn't develop severe disease, while three patients in the placebo arm did — two of whom died. More than three-quarters of the late-stage trial participants included people with comorbidities linked to either a higher risk of developing severe Covid or a lowered immune response to vaccines, AstraZeneca said.



Common Questions

- KDHE is fully allocating mAbs, KDHE is not accepting requests
- Will HHS transition back to the regular direct ordering process? If so, when?
 - HHS will continue to monitor product utilization rates, COVID-19 case burden, and overall availability of monoclonal antibody therapeutics to determine when they will shift back to the normal direct ordering process.
- If you have any questions related to monoclonal antibody distribution in Kansas, please contact Michael McNulty (mike.mcnulty@ks.gov)
 - *HHS does not know how each state allocates mAbs*
 - If a facility does not wish to receive mAbs, let KDHE know so the facility can be removed from the calculations
 - If a facility does not want their mAbs, let KDHE know to facilitate transfer

To protect and improve the health and environment of all Kansans



Matt Lara, KDHE Communications Director
COVID-19 Communications
October 7, 2021



Booster Shot One Pager



COVID-19 VACCINE BOOSTER SHOT FAQs



Preguntas frecuentes sobre la dosis de refuerzo de la vacuna contra la COVID-19



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



Who is eligible for a COVID-19 booster shot?

The following groups can get booster at least six months first series Pfizer vaccines:

- **People aged 65 years** receive a Pfizer booster shot
- **People living in long-term care facilities** should receive a Pfizer booster shot
- **People aged 50-64 years with certain medical conditions** may receive a booster shot



¿Por qué necesito un refuerzo de la vacuna contra la COVID-19?

Las vacunas contra la COVID-19 siguen disminuyendo el riesgo de contraer la enfermedad, terminar en el hospital o morir debido a la COVID-19, incluyendo el riesgo de la variante Delta. Los expertos de salud pública están viendo a largo plazo, menos protección debido a la variante Delta en ciertas personas. El objetivo de la dosis de refuerzo es mantener un nivel alto de protección contra la infección de la COVID-19. Las dosis de refuerzo también son comunes en vacunas contra otro tipo de enfermedades.

En estos momentos, casi todos los peores casos de COVID-19, incluyendo las personas que son hospitalizadas o mueren de COVID-19, ocurren en personas que no están totalmente vacunadas. Todos que no están totalmente vacunados contra la COVID-19 deberían completar la serie de vacunas.



¿Quién es elegible para recibir una dosis de refuerzo de la vacuna contra la COVID-19?

Los siguientes grupos pueden recibir un refuerzo de Pfizer-BioNTech por lo menos seis meses después de haber recibido su primera serie de vacunas Pfizer:

- **Las personas de 65 años y mayores de 65 años**, deben recibir una dosis de refuerzo de Pfizer
- **Los residentes de instalaciones de cuidados de largo plazo** deben recibir una dosis de refuerzo de Pfizer
- **Las personas de 50 a 64 años de edad con ciertas condiciones médicas** deben recibir una dosis de refuerzo de Pfizer
- **Las personas de 18 a 49 años de edad con ciertas condiciones médicas** pueden recibir una dosis de refuerzo de Pfizer

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

To protect and improve the health and environment of all Kansans

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

We have developed a FAQ one pager to help answer some of the common booster shot questions. It's available in English and Spanish. This can be found on the KansasVaccine.gov website under the toolkits and resources section.



Booster Social Media Graphics



WHY ARE BOOSTERS NEEDED?

- ✓ Booster doses are common & needed for many types of vaccines.
- ✓ If vaccine immunity wanes, an additional dose can boost your protection.
- ✓ Scientists are closely monitoring all COVID vaccines for waning immunity & protection against new variants.

¿POR QUÉ SE NECESITAN LAS DOSIS REFUERZOS?



- ✓ Las dosis de refuerzo son comunes y necesarias para muchos tipos de vacunas.
- ✓ Si la inmunidad o protección de la vacuna disminuye, una dosis adicional puede reforzar su protección.
- ✓ Los científicos están controlando constantemente todas las vacunas contra la COVID para ver si su inmunidad disminuye y para observar su protección contra las nuevas variantes.



¿POR QUÉ SE NECESITAN LAS DOSIS DE REFUERZO?

- ✓ Las dosis de refuerzo son comunes y necesarias para muchos tipos de vacunas.
- ✓ Si la inmunidad o protección de la vacuna disminuye, una dosis adicional puede reforzar su protección.
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WHY ARE BOOSTERS NEEDED?



- ✓ Booster doses are common & needed for many types of vaccines.
- ✓ If vaccine immunity wanes, an additional dose can boost your protection.
- ✓ Scientists are closely monitoring all COVID vaccines for waning immunity & protection against new variants.



NOW APPROVED COVID-19 BOOSTERS

Those at least 6 months past their second dose of Pfizer who meet the following criteria:

- Those living in long-term care should get a booster
- Ages 65+ should get a booster
- Ages 50-64 with medical conditions should get a booster
- Ages 18-49 with medical conditions may get a booster
- Ages 18+ whose jobs put them at higher risk may get a booster



QUESTIONS? TALK TO YOUR HEALTH CARE PROVIDER. FIND YOUR PFIZER BOOSTER. VACCINES.GOV | VACCINAS.GOV

REFUERZOS PARA COVID-19 AHORA APROBADAS

Para aquellas personas que hayan pasado al menos 6 meses después de su segunda dosis de Pfizer que cumplan los siguientes criterios:

- Personas que vivan en centros o residencias de cuidado a largo plazo, deberían recibir su dosis de refuerzo.
- Personas de 65+ deben recibir su refuerzo.
- Personas entre 50-64 años de edad con una condición médica deben recibir su dosis de refuerzo.
- Personas entre 18-49 años de edad con una condición médica, deben recibir su dosis de refuerzo.
- Personas mayores de 18 años cuyos trabajos los pueden poner en riesgo pueden recibir su dosis de refuerzo.



¿PREGUNTAS? Hable con su proveedor de atención médica. Encuentre su dosis de refuerzo de Pfizer: VACCINES.GOV | VACCINAS.GOV

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

To protect and improve the health and environment of all Kansans

We have also put together some social media graphics and added those to our toolkit for vaccine providers to use. There are a six graphics in both English and Spanish.
<https://www.coronavirus.kdheks.gov/265/Publications>

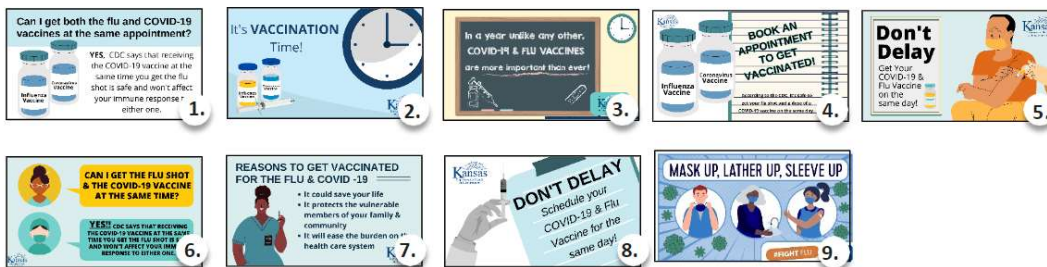


KDHE Flu Social Media Toolkit



Kansas Fights Flu 2021 Social Media Toolkit

The Kansas Department of Health and Environment created these graphics and sample posts to help you raise awareness about influenza in Kansas. Posts can be customized to include your influenza-related information. Hashtag suggestions: #KansasFightsFlu #GetAFluVax. Find more graphics and sample posts including resources in Spanish at CDC.gov/flu.



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

To protect and improve the health and environment of all Kansans

We have also released our flu social media toolkit with graphics and suggested copy to use. This is available within the social media toolkit.

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



Kansas Health Alert Network (KS-HAN)



KS-HAN is an internet-based, secure, emergency alerting system that allows general public health and emergency preparedness information to be shared rapidly. KS-HAN has the ability to alert registrants by organization, occupation, county, or group through email, work and cell phone, and SMS text.

To request access:

KS-HAN is an invitation-only system. To request access, email your:

- First and last name
- Organization/employer
- Work phone number
- Job role/position

to the KS-HAN Administrator at KDHE.KSHANAdmin@ks.gov.

You will receive a registration link via email that you must activate to complete your registration.

Since KS-HAN is the primary system used by KDHE for communication during an emergency, it is important to ensure that your organization's registrants and their contact information are kept updated. If any of the below listed information needs updated, send the updates to KDHE.KSHANAdmin@ks.gov and the KS-HAN Administrator will assist you with making the necessary changes. Examples of updates that might be needed include:

- Telephone number or address of the organization
- New employee that needs to be invited
- Former employee that needs account de-activated
- Change in phone number, email address, job title, or other contact information

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

To protect and improve the health and environment of all Kansans

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



Questions?