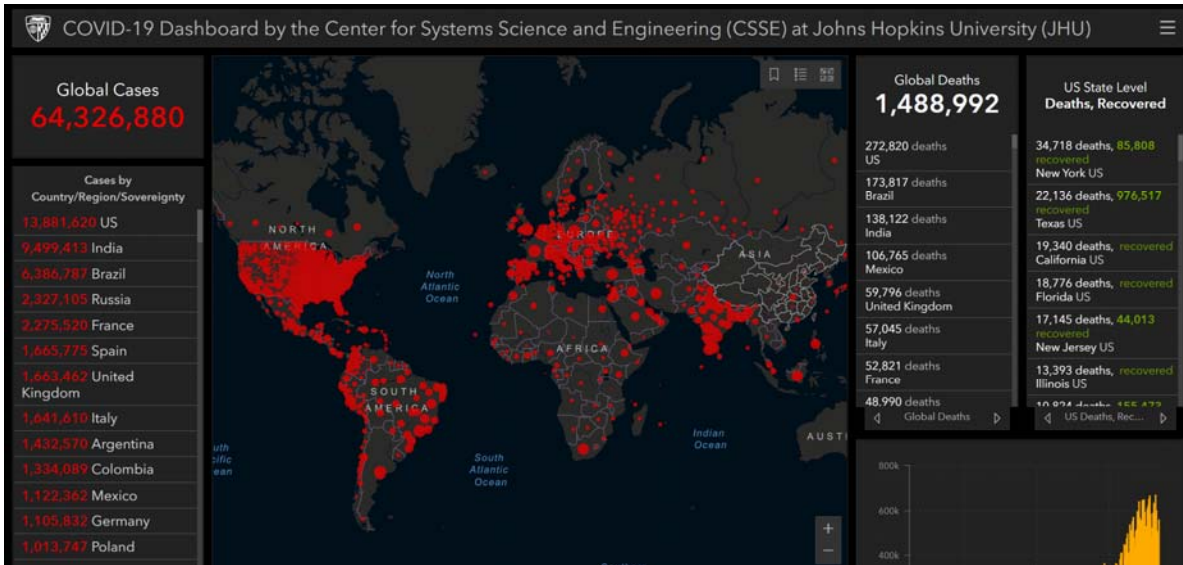




Lee A. Norman, MD, MHS, MBA, Secretary
COVID-19 Webinar Series Welcome
December 3, 2020



Farah S. Ahmed, MPH, PhD, State Epidemiologist
COVID-19 Situation Update
December 3, 2020



As of 12-2-2020. Available at <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

To protect and improve the health and environment of all Kansans

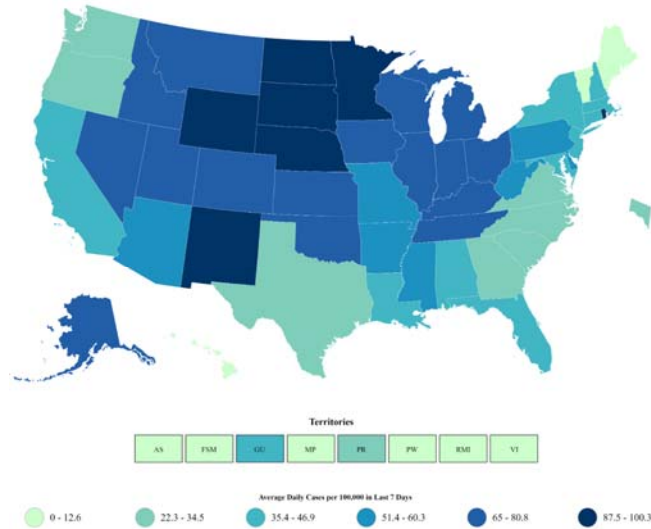
Global Map: <https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html>.

Two weeks ago we had over 56 million cases and a little 1.3 million deaths around the world.

This week, there are over 64 million cases and we have 1,488,992 deaths around the world.

- Total cases: 13,626,022

US COVID-19 Case Rate Reported to the CDC in the Last 7 Days, by State/Territory (cases per 100K)



As of 12-2-2020. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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Two weeks ago in the US:

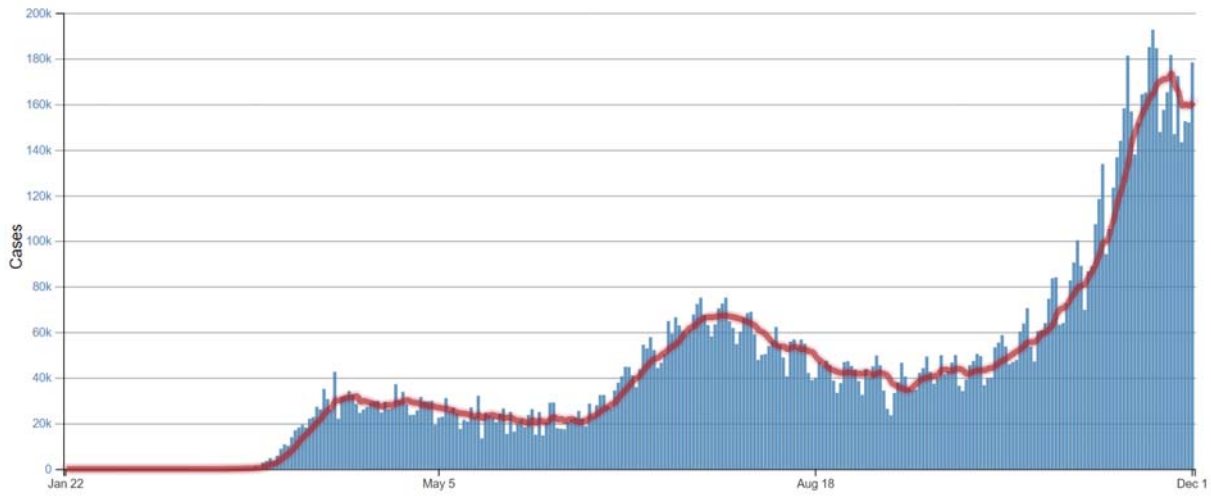
Total cases: : 11,300,635 (over 11.3 million)

As of yesterday

This week:

Total cases: 13,626,022

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



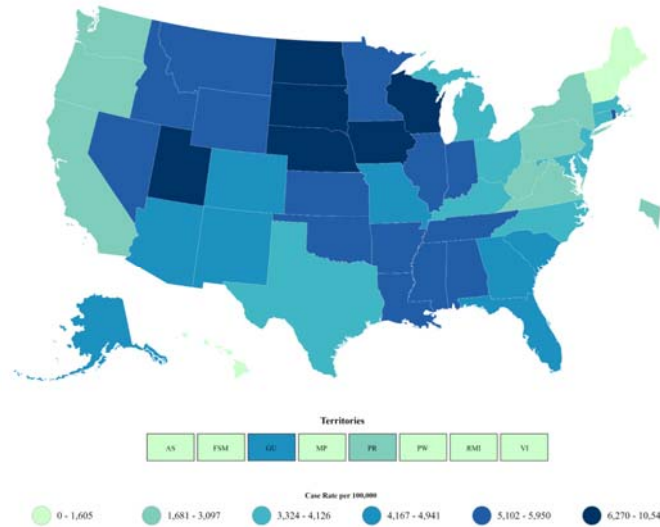
As of 12-2-2020. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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In the US, you can see that we are averaging about 165,000 new cases each day according to the 7-day average.

- Total deaths: 269,763

COVID-19 Death Rate in the US Reported to the CDC, by State/Territory (deaths per 100,000)



As of 12-2-2020. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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Two weeks ago in the US:

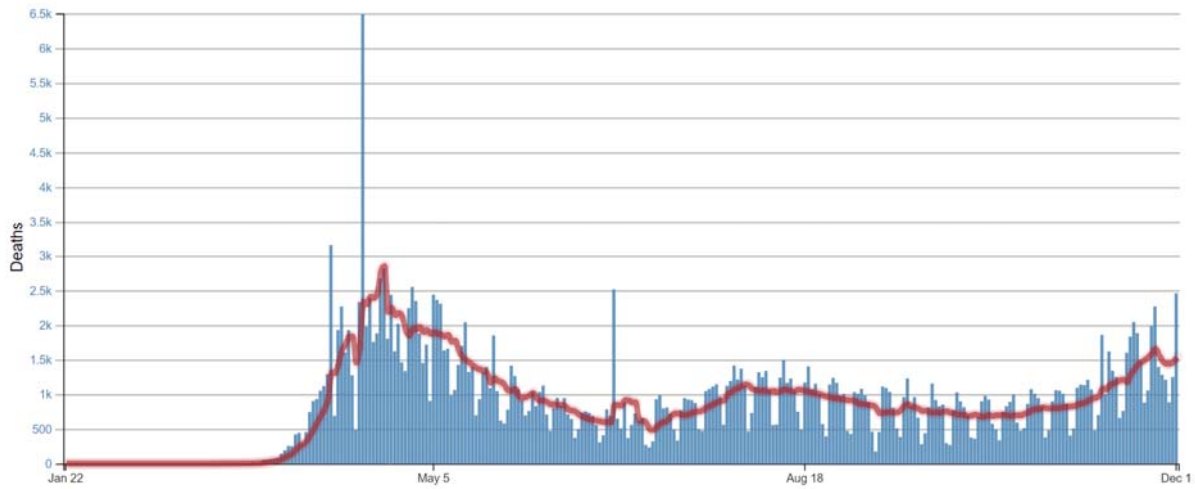
Total deaths: 247,834 (over 247,000)

As of yesterday

This week:

Total deaths: 269,763

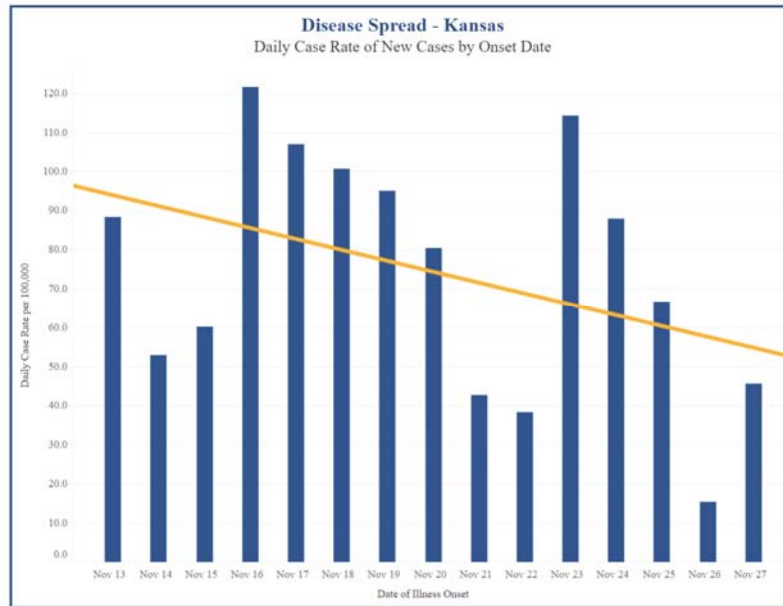
Daily Trends in Number of COVID-19 Deaths in the United States Reported to CDC



As of 12-2-2020. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

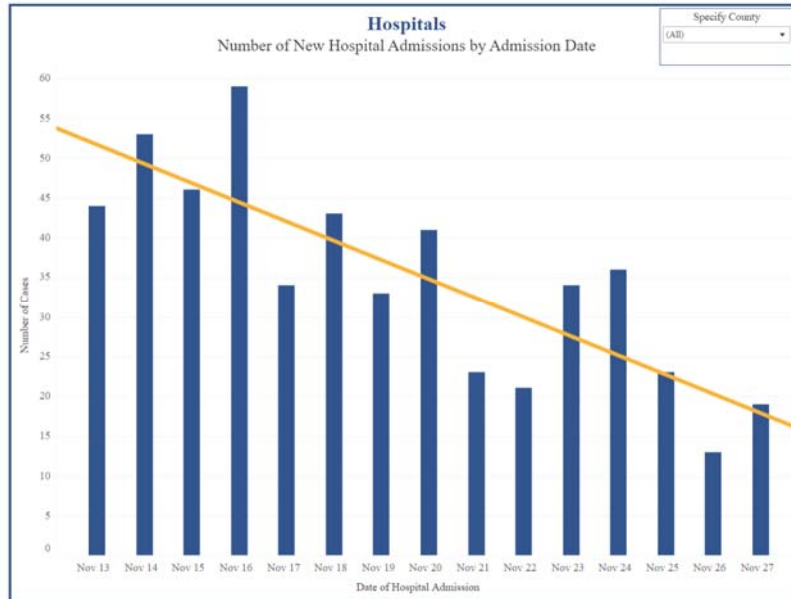
To protect and improve the health and environment of all Kansans

In the US, we are averaging about 1500 deaths a day when you look at the 7-day average.



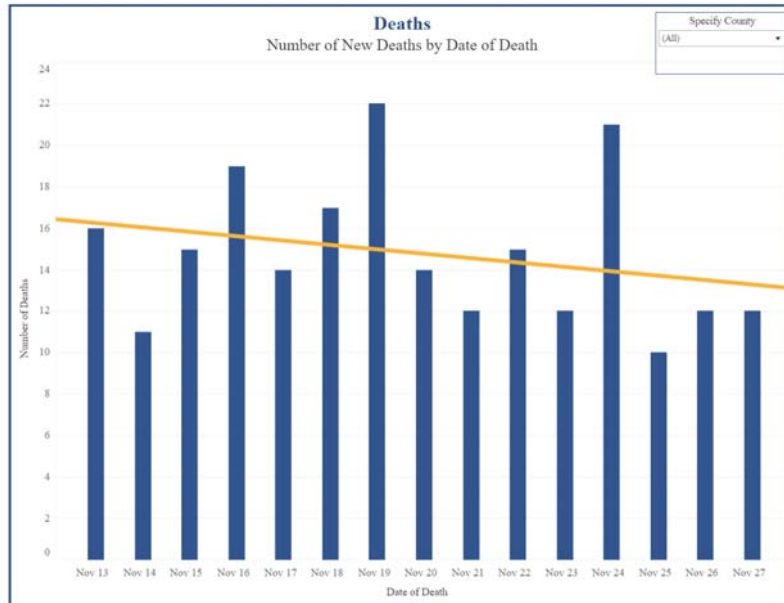
To protect and improve the health and environment of all Kansans

Moving on to KS specific data. For our first Disease Spread metric, which is the daily rate of new cases, the trend line two weeks ago was increasing and this week it is decreasing. You'll recall that we had been on about a six week run of increasing cases. And though this trend is coming down from that high, we are still seeing very high daily numbers.



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For hospitalizations, the trend two weeks ago was a decreasing trend and that continues this week.



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And for deaths, two weeks ago we were seeing a decreasing trend and that continues this week.



COVID-19: Situation in Kansas

COVID-19 Cases	Hospitalizations	Statewide Deaths	Negative Tests
162,061	5,290	1,679	669,121

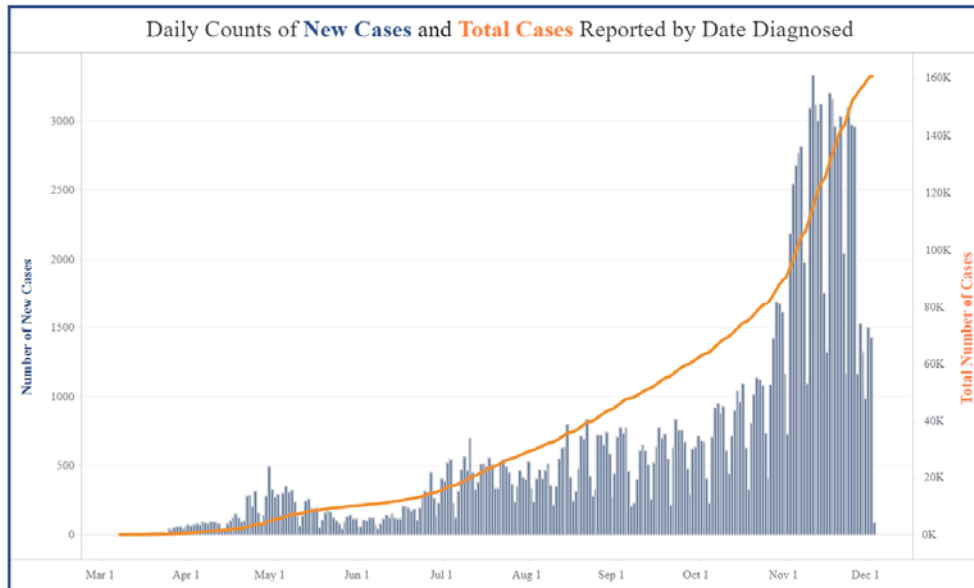
Data are preliminary and subject to quality improvement and quality assurance validation.

Last updated: 12/03/2020 at 9:00 AM. There were 4,615 new cases, 119 new deaths, and 185 new hospitalizations reported since Monday, 11/30/2020.

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As of yesterday, we had 162,061 cases (which is an increase of about 33,400 cases since the same time two weeks ago) and 1,679 deaths statewide (that's an increase of 353 deaths since the same time two weeks ago).

There were 4,615 new cases and 119 new deaths from Monday 11/30 to Wednesday 12/2.



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We are seeing about 2300 new cases diagnosed each day in Kansas.

For the state, our total case rate is 55.16 cases per 1,000 population.



COVID-19: Situation in Kansas

People Tested	Negative Results	Monthly Percent Positive	Monthly Testing Rate/100,000
831,182	669,121	17.1%	75

IMPORTANT NOTE: The number of people tested represents any Kansas resident that was tested for the SARS-CoV-2 virus by a diagnostic test (e.g., PCR, antigen). Data as reported by laboratories into the KDHE electronic disease surveillance system (EpiTrax). Data are preliminary and subject to quality improvement and quality assurance validation. As of July 27, 2020 the definition of number of people tested was updated to include only diagnostic testing. Monthly testing rate is per 100,000 population.

Kansas Monthly Testing Rates

	People Tested	Test Rate per 100,000
February	1	0
March	6,608	227
April	27,536	945
May	64,312	2,208
June	80,442	2,761
July	121,787	4,180
August	119,552	4,104
September	112,708	3,869
October	123,094	4,225
November	165,733	5,689
December	2,182	75

Kansas Monthly Percent Positivity

Month of Lab Test D..	Percent Positivity
February	0.0%
March	7.3%
April	13.8%
May	6.8%
June	4.9%
July	7.9%
August	8.0%
September	6.9%
October	9.2%
November	18.4%
December	17.1%

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So far, we have 831,182 people tested. Our percent positivity for December so far is 17.1%. We will probably close out November somewhere around 18.4%.

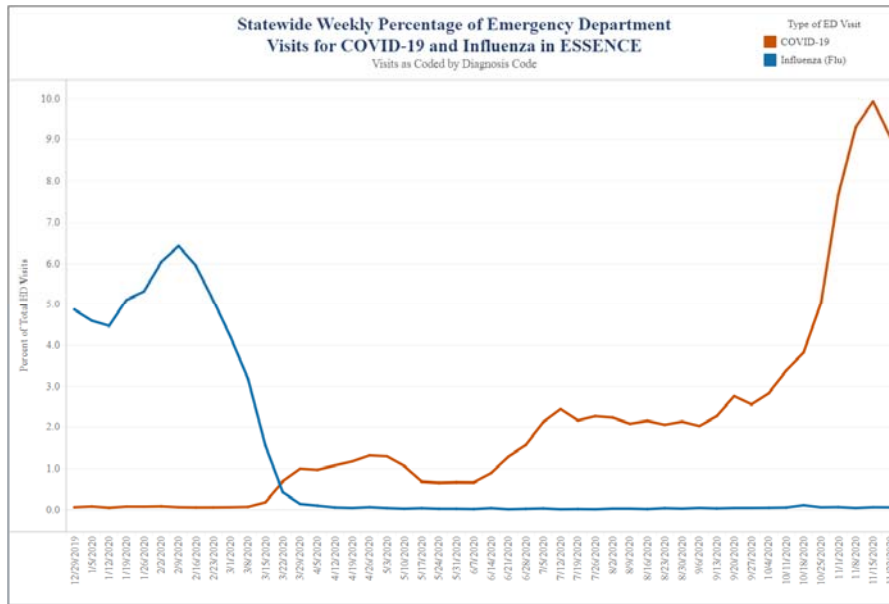


COVID-19: Situation in Kansas

Total Staffed ICU Beds	ICU Beds Used (All Patients)	ICU Beds Used (COVID-19)	ICU Beds Available
1,057	719	298	32%
Total Ventilators	Ventilators Used (All)	Ventilators Used (COVID-19)	Ventilators Available
1,146	279	125	76%
Hospitals Reporting	COVID-19 Patients Admitted	Inpatient Beds Available	Date <input type="text" value="12/1/2020"/> ▼
125	1,196	3,038	HCC Reg... <input type="text" value="(All)"/> ▼

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So, it looks like on December 1st across the state we had about 32% of staffed ICU beds available and that about 41.4% of ICU beds being used are being used by COVID-19 patients. Of the 125 hospitals reporting, they reported 1,196 COVID-19 patients admitted.



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Looking at the data on current CLI and ILI visits, based on the diagnosis code, we are maybe seeing a slight drop off in percentage of overall ED visits with CLI for the diagnosis code and ILI still looks to be a pretty small percentage of overall ED visits. We'll see if that drop off holds in case reporting is behind.



COVID-19: Situation in Kansas: Outbreaks

Last updated: 11/25/2020 at 9:00 AM. Cluster Summary data is updated every Wednesday.

Active COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
493	14,285	416	386

All COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
1,373	25,524	1,148	856

- 25,524 outbreak-related cases/162,061 cases (15.7%)
- 1,148 outbreak-related hospitalizations/5,290 total hospitalizations (21.7%)
- 856 outbreak-related deaths/1,679 total deaths (51.0%)

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Moving on to outbreaks:

As of late Tuesday night, we had 1,373 outbreaks across the state; Two weeks ago we had 409 active outbreaks and this week we have 493 active outbreaks.

Our percentage of outbreak related cases is 15.7%, outbreak-related hospitalizations is about 21.7% and outbreak-related deaths is about 51.0%.

COVID-19 Cluster Cases by Type

Type	Clusters	Cases	Hospitalizations	Deaths
Bar or Restaurant	2	14	0	0
College or University	16	1,165	5	0
Corrections	19	4,383	36	5
Daycare	4	36	2	0
Government	16	186	2	0
Group Living	18	283	13	1
Healthcare	30	309	14	3
Long Term Care Facility	213	4,273	257	362
Meat Packing	9	1,752	56	14
Private Business	57	682	17	0
Private Event	19	123	1	0
Public Event	1	7	0	0
Religious Gathering	12	99	4	1
School	68	907	9	0
Sports	8	62	0	0
Travel	1	4	0	0
Total	493	14,285	416	386



Sort by Cluster Type

Active ▾

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This is the table that is online of our active clusters. We currently have 16 active clusters in colleges and universities, 19 in corrections, 213 in LTCFs, 57 in private businesses, 19 in Private Events and 68 in schools.

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.

KDHE Travel-Related Mandatory 14-Day Quarantine Areas:			
	Type	Effective Date	Where?
	Domestic Travel	September 10	Attendance at out-of-state mass gatherings of 500 or more where you do not socially distance (6 feet) and wear a mask.
	Cruises	On or after March 15	All cruise ships and river cruises

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KDHE has updated it's list of areas that warrant travel-related quarantine. Essentially, no states or international locations meet the criteria right now because the KS rates are so high.

Also, the other top 9 states are (Kansas is ranked 10th this time around).

The top states are:

- North Dakota
- Wyoming
- South Dakota
- Minnesota
- New Mexico
- Nebraska
- Montana
- Wisconsin
- Iowa

- New reporting rules available at:
https://www.kdheks.gov/epi/covid_reporting.htm
- Please do not report suspect patients
- If you send samples out to a reference lab, you do not have to report those results – report only what tests you conduct on-site
- Strongly prefer you report point of care lab results directly to the Kansas Reportable Disease Portal <https://diseasereporting.kdhe.ks.gov/> within 24 hours.

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We talked a few weeks ago about moving away from accepting faxed lab reports and faxed notifiable disease forms, asking everyone to please use the online portal because of the backlog of faxes to enter. Well, we have now hit a point that so many reports are coming into the portal, and ultimately into our surveillance system EpiTrax, that we have had to prioritize what goes into the system. To give you some context, pre-COVID, in a bad year we received about 40,000 to 45,000 lab reports a year. We now receive about 40,000 lab reports in a week coming into our surveillance system. We also went from having a few hundred users in the system to having several thousand now.

So, we have made the move to asking that suspect cases no longer be reported to KDHE. If your hospital system is set up to automatically send us a faxed lab report when someone is diagnosed with a notifiable disease, if it is at all possible to turn this off we would greatly appreciate it. If you are manually reporting via a faxed form or the online portal though, you can stop sending the reports in.

So, that means we will depend on lab results to identify cases rather than reports of suspect cases. If your facility is sending your samples off to a reference lab or an in-hospital lab, you don't need to report those results to KDHE. If you are conducting on site point of care testing, you will be responsible for reporting those results. And we strongly prefer you use the Notifiable Disease Portal for those results.

There are more details in here specific to CMS regulated and state licensed long term care facilities so please take a look at the full guidance.

NOTE:

- The 14-day quarantine period after an exposure is still the best recommendation.
 - CDC is not changing the incubation period for COVID-19.
 - Guidance for a shortened quarantine period is aimed at increasing compliance
- Shortened quarantine does NOT apply to residents of long-term care and assisted living facilities and does NOT apply to offender populations in prisons. These types of settings are high risk for outbreaks and house some of our most vulnerable populations.
- Each county Local Health Officer has the ultimate decision on whether to adopt the shortened quarantine guidance.

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CDC released guidance on a shortened quarantine period for people that have been exposed to the SARS-CoV-2 virus (either because of their travel or after being exposed to a case). KDHE is working toward adopting this with some slight modifications.

It is important to note that the 14 day quarantine after being exposed is still the gold standard. This alternative for a shortened quarantine period is NOT because the scientific literature is showing a shorter incubation period, which is the amount of time between when a person is exposed and when they develop disease. We still know that most people will develop disease within 14 days after exposure. This change is completely based on the fact that so many people are ignoring the 14 day quarantine period right now, or cases are not telling Public Health officials who their close contacts are because they don't want people to have to quarantine. So, the shortened quarantine period is aimed at hopefully increasing compliance with quarantine, and getting more exposed people tested.

It's also important to note that the shortened quarantine does NOT apply to residents of long-term care and assisted living facilities and does NOT apply to offender populations in prisons. These types of settings are high risk for outbreaks and house some of our most vulnerable populations so we want to continue to protect these populations as much as possible.

Finally, it's important to note that each county Local Health Officer has the authority to adopt or not adopt this guidance.

Shortened Quarantine Guidance

- Quarantine **with** testing
 - After exposure, monitored daily (self monitoring or active monitoring by Public Health) for 7 days. Are only eligible for shortened quarantine if you have no symptoms.
 - On or after day 5, may get a PCR test (antigen and antibody tests are NOT allowed for this purpose) – if negative can be removed from quarantine after day **seven (7)**.
 - Must remain asymptomatic (no symptoms)
- Quarantine **without** testing
 - After exposure, monitored daily (self monitoring or active monitoring) daily for 10 days. Are only eligible for shortened quarantine if you have no symptoms.
 - After day 10 can be released from quarantine without a test.
 - Must remain asymptomatic (no symptoms)
- All exposed people should self-monitor for **fourteen (14)** days from exposure and contact healthcare provider if symptoms develop. Disease can still develop through day 14.

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Quarantine **with** testing

After exposure, monitored daily (self monitoring or active monitoring by Public Health) for 7 days. Are only eligible for shortened quarantine if you have no symptoms.

After day 5, may get a PCR test – if negative can be removed from quarantine after day **seven (7)**.

Must remain asymptomatic (no symptoms)

Quarantine **without** testing

After exposure, monitored daily (self monitoring or active monitoring) daily for 10 days. Are only eligible for shortened quarantine if you have no symptoms.

After day 10 can be released from quarantine without a test.

Must remain asymptomatic (no symptoms)

Trends in County-Level COVID-19 Incidence in Counties With and Without a Mask Mandate — Kansas, June 1–August 23, 2020

Weekly / November 27, 2020 / 69(47);1777-1781

On November 20, 2020, this report was posted online as an MMWR Early Release.

Miriam E. Van Dyke, PhD¹; Tia M. Rogers, PhD¹; Eric Pevzner, PhD²; Catherine L. Satterwhite, PhD³; Hina B. Shah, MPH⁴; Wyatt J. Beckman, MPH⁴; Farah Ahmed, PhD⁵; D. Charles Hunt, MPH⁴; John Rule⁶ ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Wearing face masks in public spaces reduces the spread of SARS-CoV-2.

What is added by this report?

The governor of Kansas issued an executive order requiring wearing masks in public spaces, effective July 3, 2020, which was subject to county authority to opt out. After July 3, COVID-19 incidence decreased in 24 counties with mask mandates but continued to increase in 81 counties without mask mandates.

What are the implications for public health practice?

Countywide mask mandates appear to have contributed to the mitigation of COVID-19 transmission in mandated counties. Community-level mitigation strategies emphasizing use of masks, physical distancing, staying at home when ill, and enhanced hygiene practices can help reduce the transmission of SARS-CoV-2.

Article Metrics

Altmetric:



Citations: 0

Views: 62,578

Views equals page views plus PDF downloads

[Metric Details](#)

Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6947e2.htm>

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MMWR: We did partner with CDC on this article.

Looking at Kansas data, we looked at counties that mandated masks and compared their incidence before and after the mask mandate went into effect, and also looked at counties that didn't mandate masks and what happened with their incidence rates. In summary, the counties that ultimately ended up mandating masks over the summer had started off with increasing incidence, but when they mandates went into effect they were able to reverse course and incidence started to decrease. By contrast, the counties that did not mandate masks had their incidence rates stay steady or slightly increase.

COVID-19 Outbreak Associated with a 10-Day Motorcycle Rally in a Neighboring State — Minnesota, August–September 2020

Weekly / November 27, 2020 / 69(47);1771-1776

On November 20, 2020, this report was posted online as an MMWR Early Release.

Melanie J. Firestone, PhD^{1,2}; Haley Wienkes, MPH¹; Jacob Garfin¹; Xiong Wang, DVM, PhD¹; Kelley Vilen, MPH¹; Kirk E. Smith, DVM, PhD¹; Stacy Holzbauer, DVM^{1,3}; Matthew Plumb, MS¹; Kelly Pung¹; Carlota Medus, PhD¹; Joseph D. Yao, MD¹; Matthew J. Binnicker, PhD¹; Andrew C. Nelson, MD, PhD¹; Sophia Yohe, MD¹; Kathryn Como-Sabetti, MPH¹; Kris Ehresmann, MPH¹; Ruth Lynfield, MD¹; Richard Danila, PhD¹ ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Gatherings present an opportunity for rapid spread of COVID-19.

What is added by this report?

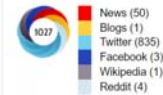
Following a 10-day motorcycle rally in South Dakota attended by approximately 460,000 persons, 51 confirmed primary event-associated cases, 21 secondary cases, and five tertiary cases were identified in Minnesota residents. An additional nine likely rally-associated secondary or tertiary cases occurred. Four patients were hospitalized, and one died. Genomic sequencing supported the associations with the motorcycle rally.

What are the implications for public health practice?

The impact of gatherings as a source of virus transmission underscores the importance of reducing the number of

Article Metrics

Altmetric:



Citations: 0

Views: 8,386

Views equals page views plus PDF downloads

Available at: <https://www.cdc.gov/mmwr/volumes/69/wr/mm6947e1.htm>

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MMWR:

During August 7–16, 2020, a motorcycle rally was held in western South Dakota that attracted approximately 460,000 persons from across the United States to numerous indoor and outdoor events over a 10-day period. During August–September 2020, the Minnesota Department of Health (MDH) investigated a coronavirus disease 2019 (COVID-19) outbreak associated with the rally in Minnesota residents. Fifty-one primary event-associated cases were identified, and 35 secondary or tertiary cases occurred among household, social, and workplace contacts, for a total of 86 cases; four patients were hospitalized, and one died.

A microscopic image showing several spherical coronavirus particles. The particles are covered in a dense layer of red, triangular-shaped surface proteins. The background is a soft, out-of-focus blue and white.

Paul Harrison, KHEL Deputy Director
COVID-19 Laboratory Update
December 3, 2020



State Testing Strategy GOAL: 60,000 tests each month

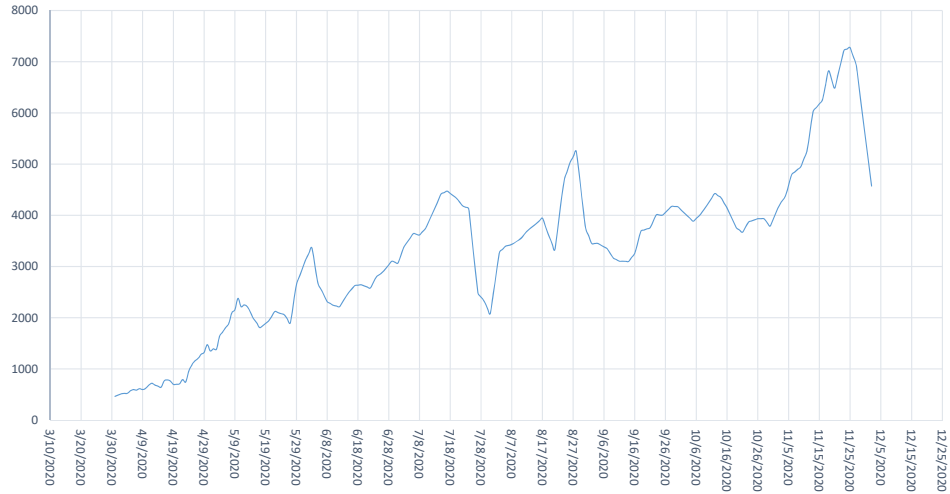
- **Total Weekly Reported**
 - Last Week: 45,220
- **Avg Daily reported**
 - Last Week: 6,460/day
- **Total Tests Performed in November**
 - 175,924

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COVID-19: Laboratory Update

Total COVID Tests Reported in Kansas - 7 day rolling average



To protect and improve the health and environment of all Kansans

FDA Approved Tests as of 10/28/20

FDA has currently authorized 284 tests under EUAs:

- 195 molecular tests (excluding Lab Developed Tests)
 - 8 CLIA Waived, 17 Moderate
- 61 antibody tests, 1 CLIA Waived
- 7 antigen tests, (NOT All CLIA Waived)

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>



COVID-19: Laboratory Update

Reminders

- **Supply Orders through Emergency Manager**
- **Attention to Details, Collection and Shipping**
- **Lab Cert Questions: KDHE.CLIA2@ks.gov**
- **The preferred way to receive reports is via single encrypted email. Contact Lab for changes to report delivery or for laboratory questions.
KDHE.KHEL_Help@ks.gov**

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If you do want to test in house, please contact the CLIA office for guidance and/or to notify them that you are beginning to test. This is a CMS requirement of all clinical laboratories.

Even if you have a CLIA certificate you still must notify the CLIA Office of any changes to your testing which especially includes adding COVID19 detection.

The Kansas Unified Testing Strategy uses diagnostic, screening, and surveillance COVID-19 testing to keep Kansans healthy and safely accelerate the economy



Diagnostic

PUI Criteria

Rapidly provide resources to community members who meet KDHE PUI Criteria

Outbreak

Quickly detect & deploy testing when a cluster is identified within the community



Screening

Regular testing of groups of asymptomatic and unexposed people



Surveillance

Random sampling on an on-going basis

To protect and improve the health and environment of all Kansans

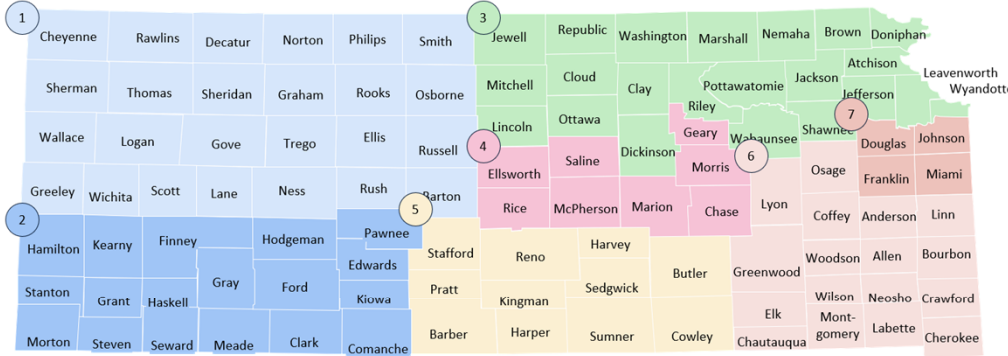


Priority Populations for Expanded Testing

- Diagnostic testing of anyone meeting KDHE PUI criteria and to control outbreaks
- CMS-regulated and state licensed Long-Term Care and Acute Care facilities
- Pre-K through 12 schools
- Communities of Color and Tribal Populations
- First Responders and Healthcare Personnel
- Universities and Community Colleges
- Certain Private Industries
 - Critical Trades and Agriculture
 - Meatpacking
 - Warehouse and Distribution Centers
 - Service Providing Establishments including Retail and Restaurants
 - Aerospace
 - Other Manufacturing

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If you are not working with Long-Term care & Assisted Living Facilities, please disregard this coverage map



Laboratories servicing long-term care facilities

Legend

- ✓ Vendor provides
- ✗ Vendor does not provide

Region	Vendor	PCR options	In-lab antigen	Sampling	Transportation	Processing
1	NicUSA	PCR RT (Saliva or Nasal)	✓	✓	✓	✓
2	Wellhealth	PCR RT (Saliva, Nasal, Oral, or Pooled)	✓	✓	✓	✓
3	4M	PCR (Nasal)	✗	✓	✓	✓
4	KU	PCR (Nasal)	✗	✓	✓	✓
5	WSU	PCR RT (Saliva or Nasal)	✗	✗	✗	✓
6	Quest	PCR (Nasal)	✗	✗	✓	✓
7	MAWD	PCR RT (Saliva, Nasal, NP)	✗	✗	✓	✓

To protect and improve the health and environment of all Kansans

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>

187 molecular tests. Really just updates to currently approved tests and addition of home collection devices.

We are seeing home collection and saliva being approved more but still No at home or personal use tests. All must be from prescription under a CLIA certificate.

New Moderate complexity test is T2SARS-CoV-2 Panel. This is analyzed on a proprietary instrument, the T2Dx made by T2Biosystems. Standard sample types approved and all the processing is done inside the instrument/cartridge. It appears to be set up for about 6 sample ports and it was not immediately obvious regarding run time.

EXCERPT FROM IFU for T2Dx

Principle of the procedure

An upper respiratory sample in transport media is directly loaded into the T2SARS-CoV-2 Sample Inlet that has first been assembled with the T2SARS-CoV-2 Cartridge loaded with the T2SARS-CoV-2 Reagent Tray. The Panel contains all of the disposables and reagents required to detect SARS-CoV-2 RNA direct from sample. The assembled Panel is loaded onto the T2Dx, a benchtop, fully automated sample-to-result system, which performs all steps of the assay after sample loading.

During processing on the T2Dx, an aliquot of the patient sample is directly mixed with reverse transcriptase and DNA amplification reagents. After target amplification, amplicon is hybridized with target specific probes that are bound to superparamagnetic particles and then detected by T2MR1. The Internal Control on the Panel monitors performance for each patient sample or control.

New Antigen Test:

Celltrion USA, Inc. [Sampinute COVID-19 Antigen MIA](#)
10/23/2020 Magnetic Force-assisted Electrochemical Sandwich Immunoassay (MESIA)



COVID-19: Laboratory Update

Lab	Contact Name	Contact Email	Contact Number
NicUSA	Nate Hogan	nate.hogan@egov.com	816-726-2983
Wellhealth	Amir Kuzbari Teyseer Elashyi	amir@wellhealth.studio teyseer@wellhealth.studio	469-363-3593 214-289-3127
4M	Mandy O'Rear	mandy@4mhealthlabs.com	913-222-5600
University of Kansas (KU)	Lisa Muha	lmuha@kumc.edu	913-945-7936
WSU	Debra Franklin	Debra.Franklin@wichita.edu	O: 316-978-5209 C: 316-213-4238
Quest	Matt Hamlin	matthew.i.Hamlin@questdiagnostics.com	913-888-1770
MAWD	Cory Morgan	cmorgan@mawdpathology.com	913.339.8575

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<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>

187 molecular tests. Really just updates to currently approved tests and addition of home collection devices.

We are seeing home collection and saliva being approved more but still No at home or personal use tests. All must be from prescription under a CLIA certificate.

New Moderate complexity test is T2SARS-CoV-2 Panel. This is analyzed on a proprietary instrument, the T2Dx made by T2Biosystems. Standard sample types approved and all the processing is done inside the instrument/cartridge. It appears to be set up for about 6 sample ports and it was not immediately obvious regarding run time.

EXCERPT FROM IFU for T2Dx

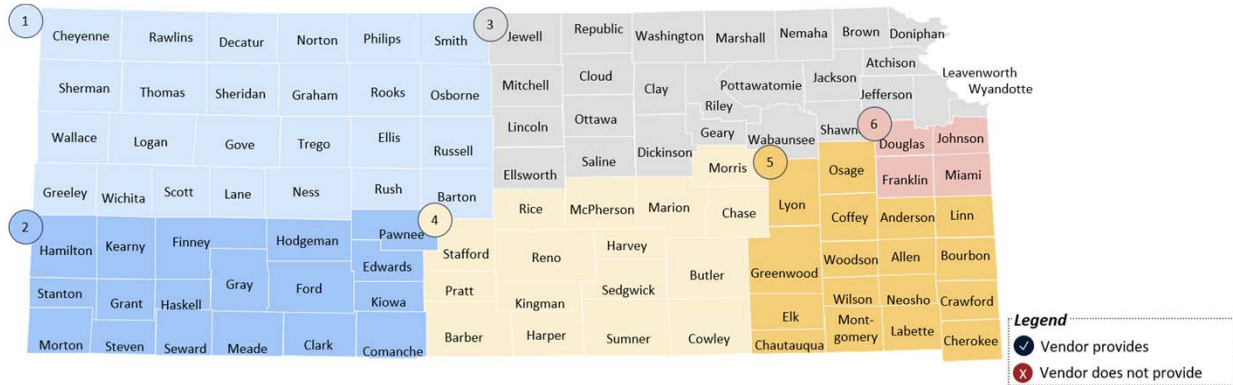
Principle of the procedure

An upper respiratory sample in transport media is directly loaded into the T2SARS-CoV-2 Sample Inlet that has first been assembled with the T2SARS-CoV-2 Cartridge loaded with the T2SARS-CoV-2 Reagent Tray. The Panel contains all of the disposables and reagents required to detect SARS-CoV-2 RNA direct from sample. The assembled Panel is loaded onto the T2Dx, a benchtop, fully automated sample-to-result system, which performs all steps of the assay after sample loading.

During processing on the T2Dx, an aliquot of the patient sample is directly mixed with reverse transcriptase and DNA amplification reagents. After target amplification, amplicon is hybridized with target specific probes that are bound to superparamagnetic particles and then detected by T2MR1. The Internal Control on the Panel monitors performance for each patient sample or control.

New Antigen Test:

Celltrion USA, Inc. [Sampinute COVID-19 Antigen MIA](#)
10/23/2020Magnetic Force-assisted Electrochemical Sandwich Immunoassay (MESIA)



Region	Vendor	PCR options	In-lab antigen	Sampling	Transportation	Processing
1	NicUSA	PCR RT (Saliva or Nasal)	✓	✓	✓	✓
2	Wellhealth	PCR RT (Saliva, Nasal, Oral, or Pooled)	✓	✓	✓	✓
3	Clinical Reference Lab	PCR Saliva Tests (Pooled, Unpooled)	✗	Self-collected	✓	✓
4	WSU	PCR RT (Saliva or Nasal)	✗	✗	✗	✓
5	Sinochips	PCR (Saliva, Pooled)	✗	✗	✓	✓
6	MAWD	PCR RT (Saliva, Nasal, NP)	✗	✗	✓	✓

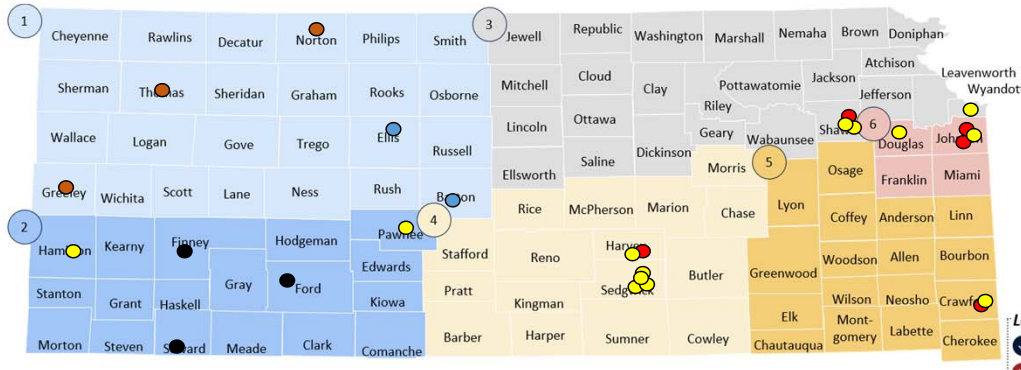
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COVID-19: Laboratory Update

Lab	Contact Name	Contact Email	Contact Number
NicUSA	Angela Fultz Nordstrom	angelal@egov.com	615-294-7238
Wellhealth	Amir Kuzbari	amir@wellhealth.studio	469-363-3593
Clinical Reference Lab	Robert Thompson	Robert.Thompson@crlcorp.com	913-492-3652
WSU	Debra Franklin	mdl@wsu.edu	316-978-5209
Sinochips	Adam Pessetto	apessetto@sinochipsdiagnostics.com	913-945-5301
MAWD	Cory Morgan	cmorgan@mawdpathology.com	913.339.8575

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- ### Collection Sites
- NIC USA mobile unit
 - NIC USA site
 - WellHealth site
 - WellHealth site 12/4
 - WellHealth site 12/11

- Legend**
- ✓ Vendor provides
 - ✗ Vendor does not provide

Region	Vendor	PCR options	In-lab antigen	Sampling	Transportation	Processing
1	NicUSA	PCR RT (Saliva or Nasal)	✓	✓	✓	✓
2	Wellhealth	PCR RT (Saliva, Nasal, Oral, or Pooled)	✓	✓	✓	✓
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5	Sinochips	PCR (Saliva, Pooled)	✗	✗	✓	✓
6	MAWD	PCR RT (Saliva, Nasal, NP)	✗	✗	✓	✓

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Lacey Kennett, Preparedness & Communications
COVID-19 Situation Update
December 3, 2020

Hospital Operations Toolkit



Click [here](#)
to access
from ASPR
TRACIE

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The Assistant Secretary for Preparedness and Response (ASPR) has a hospital toolkit with a variety of information to plan, prepare for, and manage large numbers of patients during the COVID-19 pandemic. The toolkit includes information that covers considerations from before patients arrive at a hospital setting to after they are discharged. You can access it on the ASPR TRACIE website or by clicking the link on this slide.

Upcoming webinar - Vaccines

Click [here](#)
to register

Responding to COVID-19: A Science-Based Approach

Brought to you by the American Public Health Association and the National Academy of Medicine, this webinar series is exploring the state of the science surrounding the current outbreak of COVID-19 in the United States and globally, with a focus on the emerging evidence on how to best mitigate its impact. Hear from trusted experts in such fields as public health, infectious disease, risk communication, and crisis standards of care.

Webinar #16: Vaccines — The realities of the next steps
Wednesday, Dec. 9, 5-6:30 p.m. (ET)

Webinar #15: COVID-19 Vaccine Update — Development, Approval, Allocation and Distribution in the U.S.



The 15th COVID-19 Conversations webinar discussed the path to a COVID-19 vaccine, including steps forward in development, approval and allocation.

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The American Public Health Association and the National Academy of Medicine are presenting a webinar on vaccines next Wednesday, Dec. 9 at 4pm CST. The webinar will cover the latest information on COVID vaccines. To register, visit COVIDconversations.org or click the link on this slide.

Shortened Quarantine Graphics Available

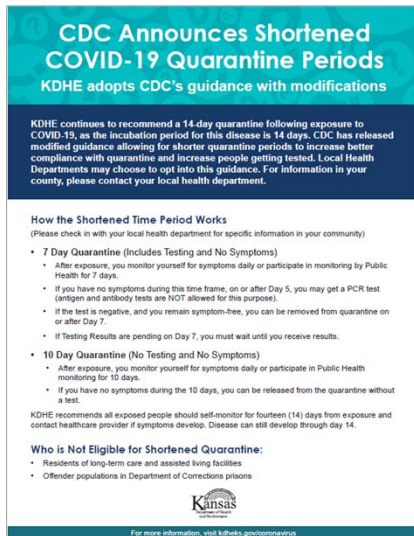


- Also available in Spanish
- To download:
<https://www.coronavirus.kdheks.gov/265/Publications>
Click “Social Media Toolkit”
Click “COVID-19 Toolkits”
Click “Social Media”
Click “Quarantine”

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We have new social media resources in our social media toolkit regarding the shortened quarantine time. You can access these through the “Publications” section on KDHE’s COVID website under “Social Media Toolkit.” They are available in Spanish, too.

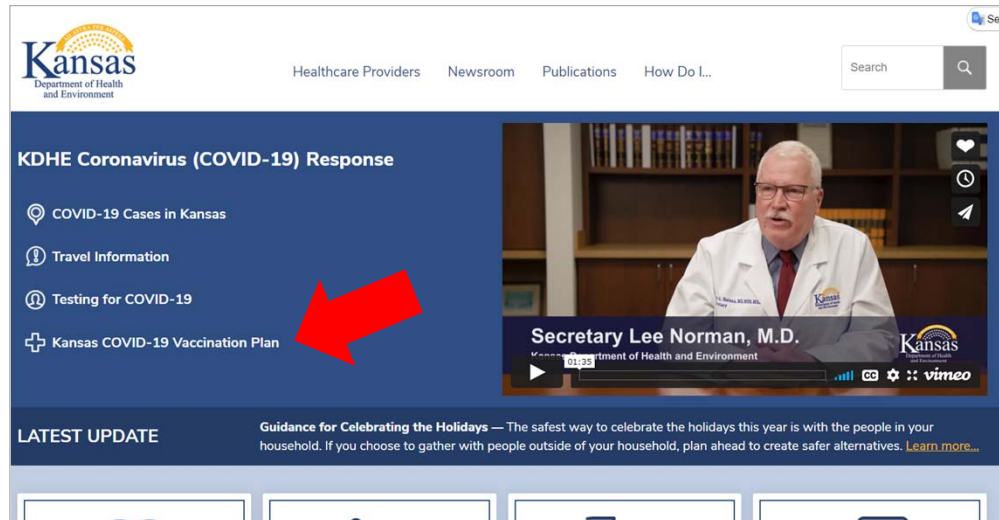
Printable quarantine handout



• Download [HERE](#)

• Soon available in Spanish

Weekly vaccine update

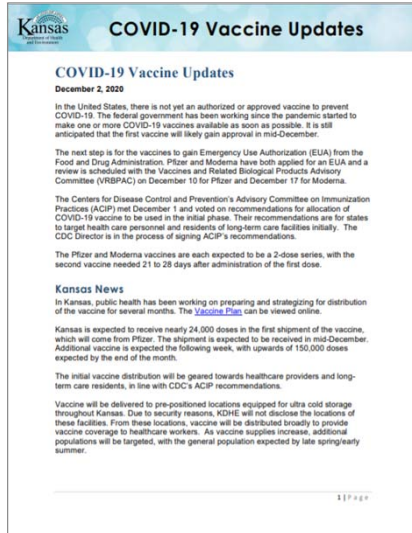


The screenshot shows the KDHE website's COVID-19 response page. At the top left is the KDHE logo. To its right are navigation links: Healthcare Providers, Newsroom, Publications, and How Do I... A search bar is located on the right. Below the navigation is a dark blue section titled "KDHE Coronavirus (COVID-19) Response". This section contains four links with icons: "COVID-19 Cases in Kansas", "Travel Information", "Testing for COVID-19", and "Kansas COVID-19 Vaccination Plan". A large red arrow points to the "Kansas COVID-19 Vaccination Plan" link. To the right of the links is a video player featuring Secretary Lee Norman, M.D., with a play button and a "vimeo" logo. Below the video player is a "LATEST UPDATE" section with the text: "Guidance for Celebrating the Holidays — The safest way to celebrate the holidays this year is with the people in your household. If you choose to gather with people outside of your household, plan ahead to create safer alternatives. [Learn more...](#)"

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You can find KDHE’s weekly vaccine update on our website under the “Kansas COVID-19 Vaccination Plan” section.

Weekly vaccine update



COVID-19 Vaccine Updates
December 2, 2020

In the United States, there is not yet an authorized or approved vaccine to prevent COVID-19. The federal government has been working since the pandemic started to make one or more COVID-19 vaccines available as soon as possible. It is still anticipated that the first vaccine will likely gain approval in mid-December.

The next step is for the vaccines to gain Emergency Use Authorization (EUA) from the Food and Drug Administration. Pfizer and Moderna have both applied for an EUA and a review is scheduled with the Vaccines and Related Biological Products Advisory Committee (VRBPAC) on December 10 for Pfizer and December 17 for Moderna.

The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) met December 1 and voted on recommendations for allocation of COVID-19 vaccine to be used in the initial phase. Their recommendations are for states to target health care personnel and residents of long-term care facilities initially. The CDC Director is in the process of signing ACIP's recommendations.

The Pfizer and Moderna vaccines are each expected to be a 2-dose series, with the second vaccine needed 21 to 28 days after administration of the first dose.

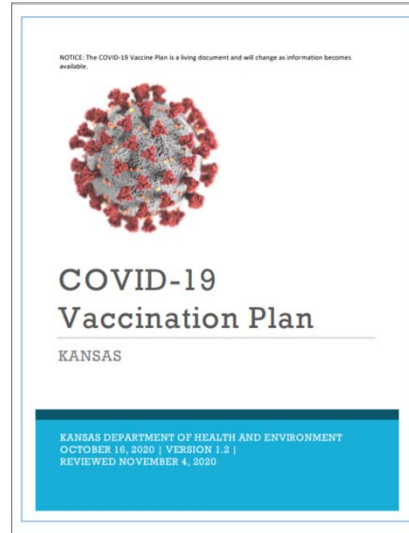
Kansas News
In Kansas, public health has been working on preparing and strategizing for distribution of the vaccine for several months. The [Vaccine Plan](#) can be viewed online.

Kansas is expected to receive nearly 24,000 doses in the first shipment of the vaccine, which will come from Pfizer. The shipment is expected to be received in mid-December. Additional vaccine is expected the following week, with upwards of 150,000 doses expected by the end of the month.

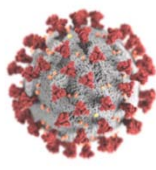
The initial vaccine distribution will be geared towards healthcare providers and long-term care residents, in line with CDC's ACIP recommendations.

Vaccine will be delivered to pre-positioned locations equipped for ultra cold storage throughout Kansas. Due to security reasons, KDHE will not disclose the locations of these facilities. From these locations, vaccine will be distributed broadly to provide vaccine coverage to healthcare workers. As vaccine supplies increase, additional populations will be targeted, with the general population expected by late spring/early summer.

1 | Page



NOTICE: The COVID-19 Vaccine Plan is a living document and will change as information becomes available.



COVID-19 Vaccination Plan

KANSAS

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
OCTOBER 18, 2020 | VERSION 1.2 |
REVIEWED NOVEMBER 4, 2020

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The weekly update looks like the picture on the left and is sorted on the website by date. The website also links to the state's COVID-19 Vaccination Plan, which was published in October. We will continue to post vaccine-related information in this section, so check back there for the latest information.

KDHE website updates

- Guidance for Libraries
- Travel-related quarantine documents
- Shortened quarantine guidance
- Guidance for First Responders to Safely Administer Naloxone (*updated 11-19-20*)
- FAQs for Perinatal & Infant Populations (*updated 11-18-20*)
- BinaxNOW Standard Operation Procedures
- Weekly vaccine update

To protect and improve the health and environment of all Kansans

The American Public Health Association and the National Academy of Medicine are presenting a webinar on vaccines next Wednesday, Dec. 9 at 4pm CST. The webinar will cover the latest information on COVID vaccines. To register, visit COVIDconversations.org or click the link on this slide.

To request to receive KS-HAN messages:

1. Email the following information to **KDHE.KSHANAdmin@ks.gov**:
 - Your name
 - Your organization/employer's name
 - Your phone number
2. Receive registration email and **activate account**



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Please be sure you are getting KS-HAN notifications so you can stay up to date on extensions of this webinar series, etc.

Please be sure to sign up for alerts through the Kansas Health Alert Network. Once you send an email to the HAN Administrator with your contact details, you'll receive an email back in 1-2 business days. This email will have a link to click to finish your registration process. You will not start receiving alerts until you've completed the registration process. If you haven't received the email 2 business days later, check your junk/spam folder, and if it still isn't there, let us know and we'll re-send it to you.



Questions?