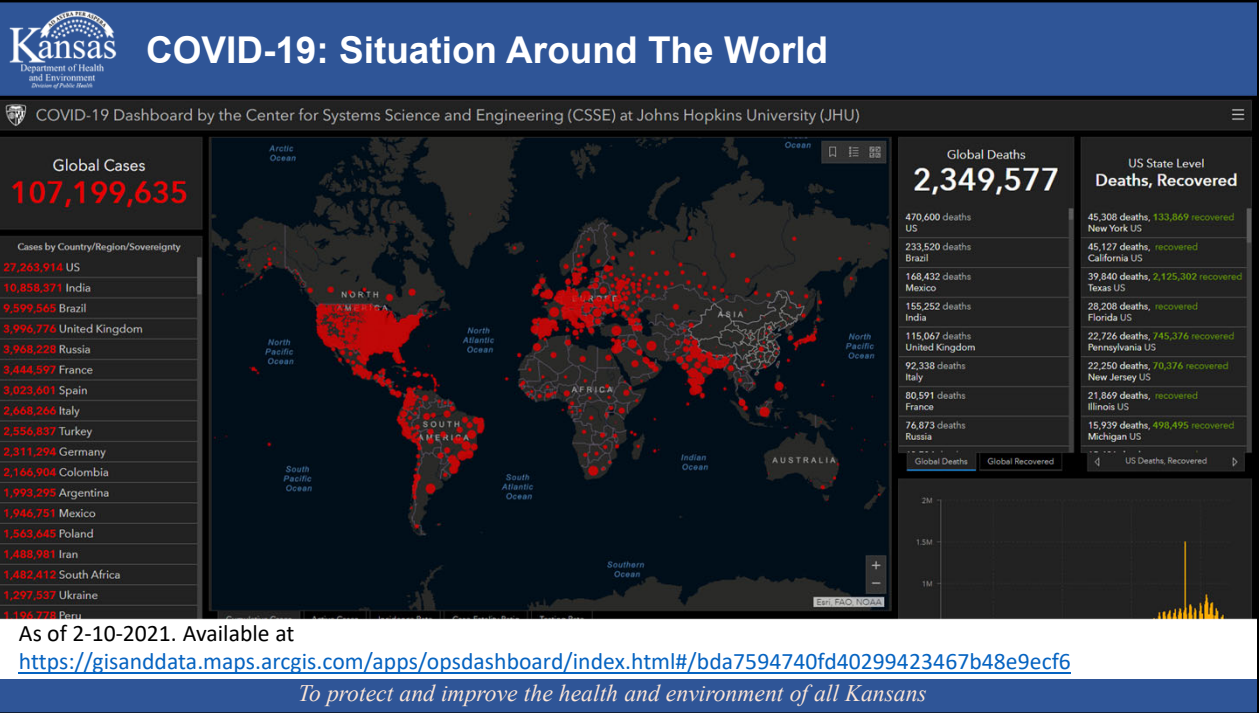




Lee A. Norman, MD, MHS, MBA, Secretary
COVID-19 Webinar Series Welcome
February 11, 2021



Farah S. Ahmed, MPH, PhD, State Epidemiologist
COVID-19 Situation Update
February 11, 2021



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

Last week, we had about 104.5 million cases around the world and just over 2.2 million deaths.

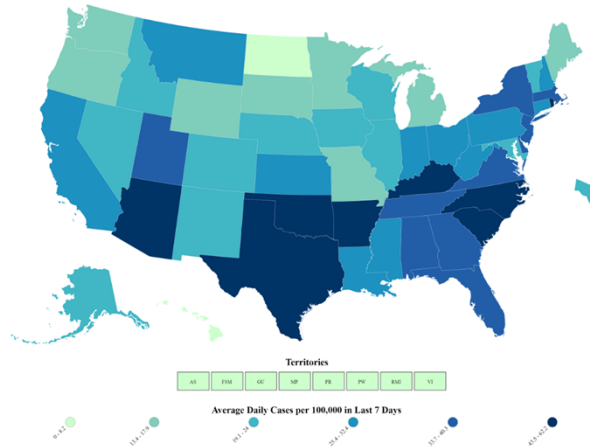
This week, there are 107 million cases and we have 2,349,577 deaths around the world.



COVID-19: Situation in the US

- Total cases: 27,030,549

US COVID-19 Average Daily Case Rate in Last 7 Days, by State/Territory (cases per 100K)



As of 2-10-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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Last week in the US:

Total cases: 26,277,125 (26.2 million)

As of yesterday

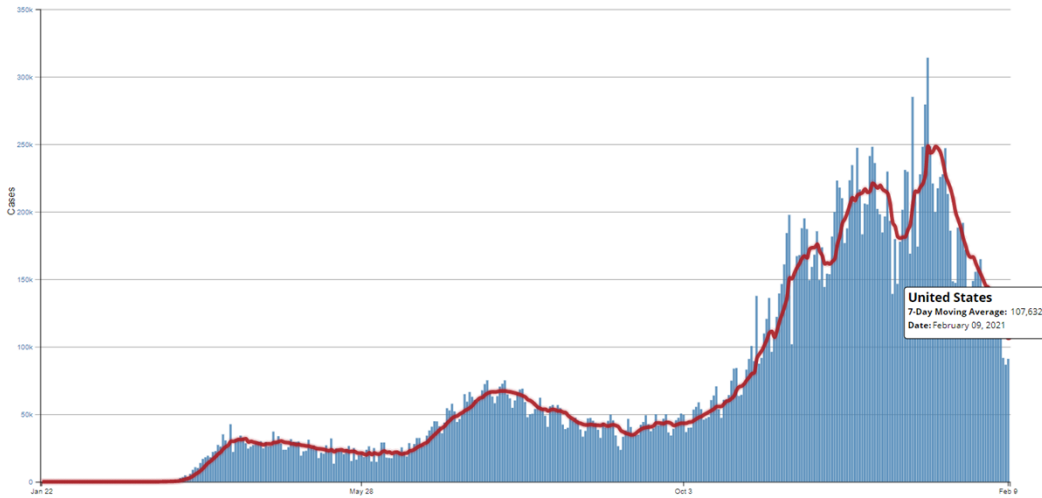
This week:

Total cases: 27,030,549



COVID-19: Situation in the US

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



As of 2-10-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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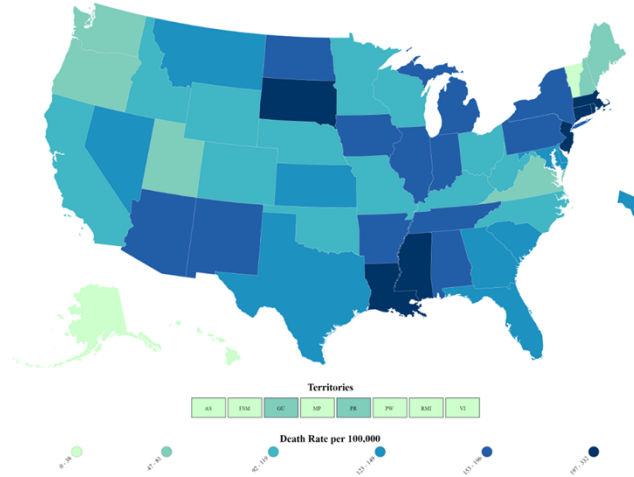
In the US, you can see that we are averaging 107,000 new cases each day according to the 7-day average.



COVID-19: Situation in the US

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

- Total deaths: 466,465



As of 2-10-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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Last week in the US:

Total deaths: 445,264 (just over 445,000)

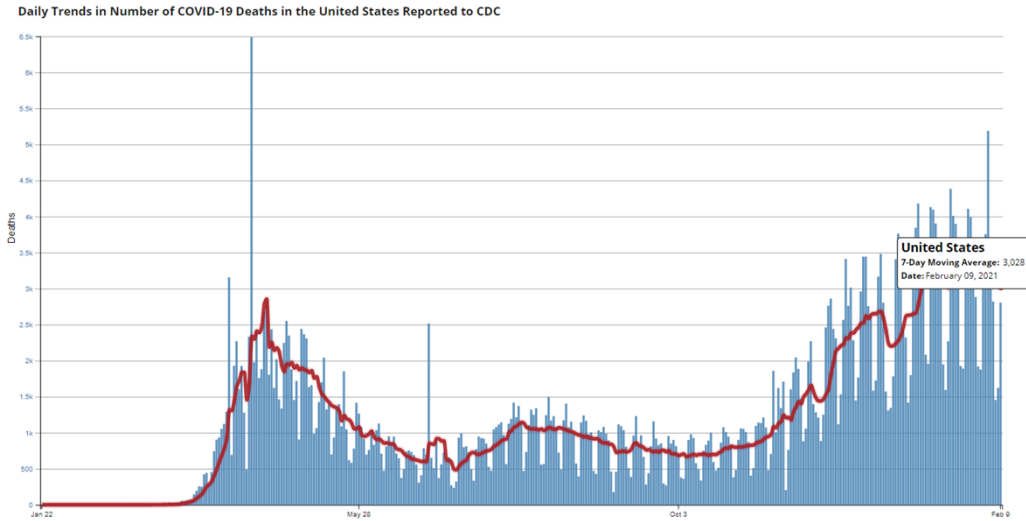
As of yesterday

This week:

Total deaths: 466,465



COVID-19: Situation in the US



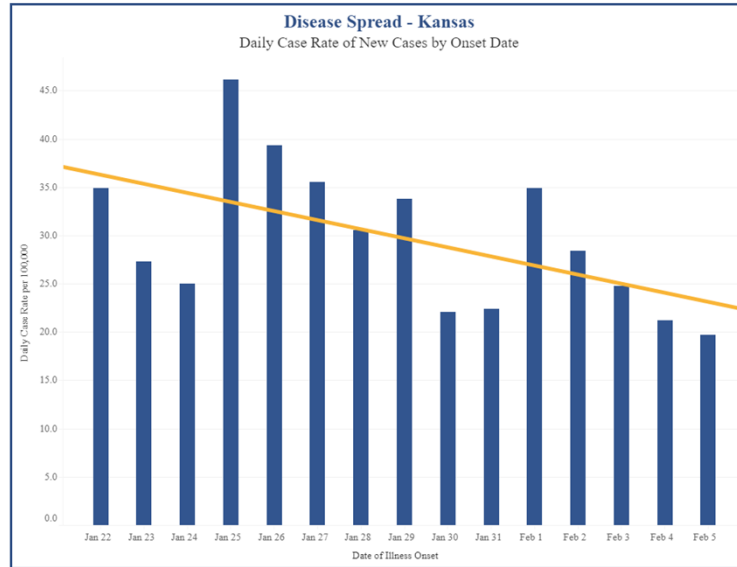
As of 2-10-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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As of February 9, 2021, the 7-day moving average daily death trend in the United States was about 3000 deaths per day.

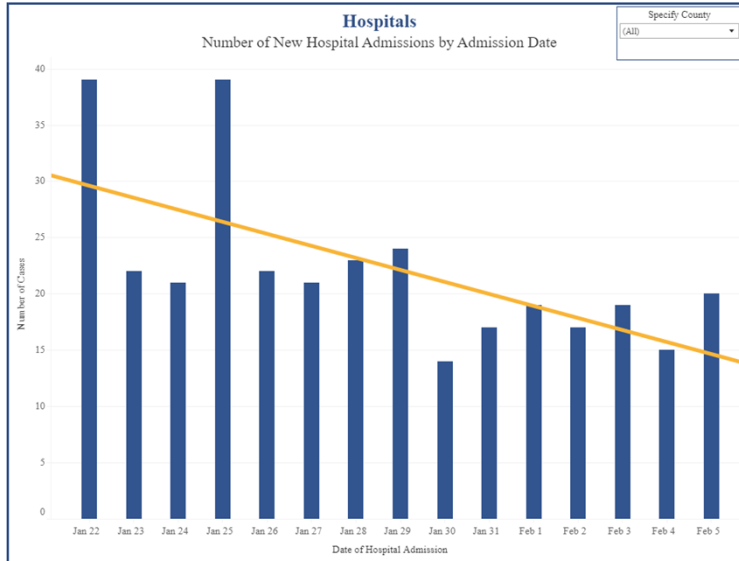


COVID-19: Situation in Kansas



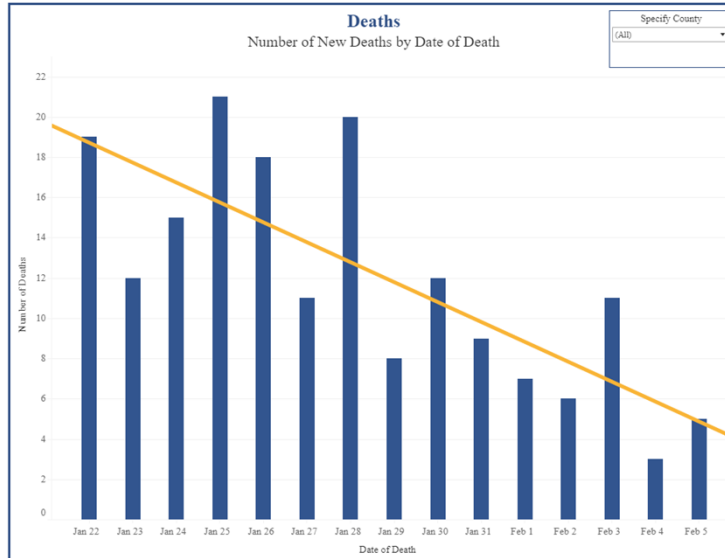
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Moving on to KS specific data. For our first Disease Spread metric, which is the daily rate of new cases, the trend line last week was decreasing and that continues this week.



To protect and improve the health and environment of all Kansans

For hospitalizations, the trend last week was a decreasing trend and that continues this week.



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And for deaths, last week the trend was decreasing and that continues this week.



COVID-19: Situation in Kansas

COVID-19 Cases	Hospitalizations	Statewide Deaths	Negative Tests
284,894	8,840	4,303	926,599

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

Last updated: 2/10/2021 at 9:00 AM. There were 1,934 new cases, 106 new deaths, and 91 new hospitalizations reported since Monday, 2/08/2021.

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As of yesterday, we had 284,894 cases (which is an increase of 5,979 cases since last week) and 4,303 deaths statewide (that's an increase of 408 deaths since last week). As a reminder, these death numbers are based on when the deaths are reported to KDHE and verified by death certificate review. It doesn't indicate how many people actually died. For that, we look at the previous measure of the trend in deaths by date of death (which was decreasing).

There were 1,934 new cases and 106 new deaths from Monday 2/8 to Wednesday 2/10.



COVID-19: Situation in Kansas

Overall Testing	Negative Individuals	Monthly Percent Positive	Monthly Testing Rate
1,211,493 People 2,325,356 PCR Tests	926,599	5.7%	922 per 100,000

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

	New People Tested	Test Rate per 100,000
February 2020	1	0
March 2020	6,602	227
April 2020	27,728	952
May 2020	64,102	2,200
June 2020	80,613	2,767
July 2020	122,525	4,206
August 2020	121,720	4,178
September 20..	115,074	3,950
October 2020	129,205	4,435
November 20..	185,616	6,371
December 20..	181,631	6,235
January 2021	137,752	4,728
February 2021	26,874	922

Kansas Monthly Percent Positivity

Month, Year of Lab ..	Percent Positivity
February 2020	0.0%
March 2020	7.3%
April 2020	13.6%
May 2020	6.8%
June 2020	4.9%
July 2020	7.8%
August 2020	7.8%
September 2020	6.7%
October 2020	8.6%
November 2020	16.7%
December 2020	11.5%
January 2021	8.5%
February 2021	5.7%

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We are continuing to report the number of individuals tested, which is 1,211,493 people as of yesterday. The number of PCR tests done to date is 2,325,356. We will be adding, probably on Friday, the number of antigen tests as well.

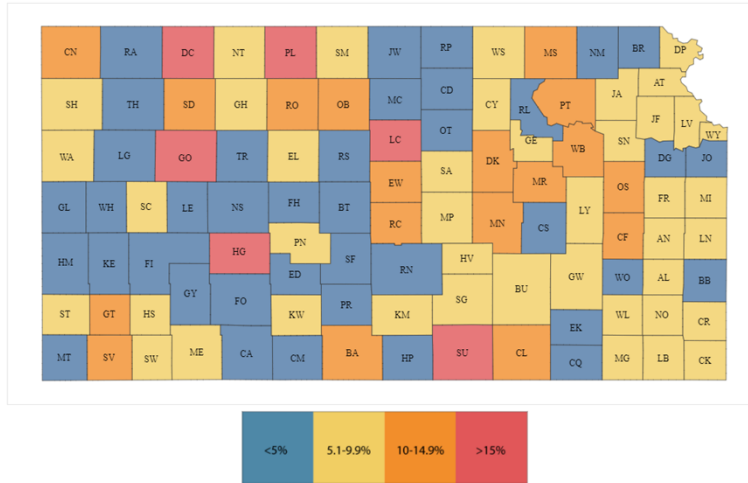
We did see a decrease in testing in January after a high in November and December. Our percent positivity for January was about 8.5%.



COVID-19: Situation in Kansas: Outbreaks

Two Week Percent Positivity Rate by County

Dates: 1/24/2021-2/06/2021



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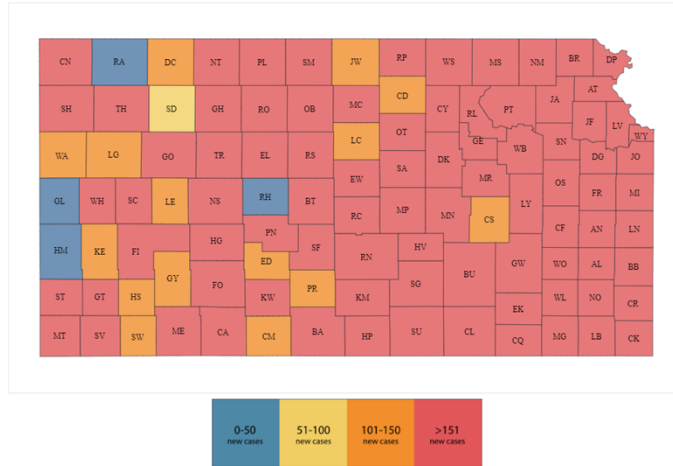
Looking at the two week percent positivity, we have a lot of counties less than 15%. Remember to take a look at your county specific testing rates though, which are available on the Testing Rates tab because what we don't want to see is low testing rates driving that decrease in percent positivity.



COVID-19: Situation in Kansas: Outbreaks

Two Week Cumulative Incidence Rate by County

Dates: 01/24/2021-2/06/2021
New case rates are per 100,000 population



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And looking at the two week cumulative incidence rate by county, most counties are still in the red according to the school gating criteria.



COVID-19: Situation in Kansas: Outbreaks

Last updated: 2/10/2021 at 9:00 AM. Cluster Summary data is updated every Wednesday.

Active COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
252	13,369	462	365

All COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
1,802	36,896	1,766	1,851

- 36,896 outbreak-related cases/284,894 cases (13.0%)
- 1,766 outbreak-related hospitalizations/8,840 total hospitalizations (20.0%)
- 1,851 outbreak-related deaths/4,303 total deaths (43.0%)

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Moving on to outbreaks:

As of late Tuesday night, we had 1,802 outbreaks across the state; This week we have 252 active clusters. Last week we had 272 active outbreaks.



Our percentage of outbreak related cases is 13.0% (steady with last week), outbreak-related hospitalizations is about 20.0% and outbreak-related deaths is about 43.0%.



COVID-19: Situation in Kansas: Outbreaks

COVID-19 Cluster Cases by Type

Type	Clusters	Cases	Hospitalizations	Deaths
College or University	8	828	4	0
Corrections	16	4,997	57	15
Daycare	1	9	0	0
Government	6	30	0	0
Group Living	4	144	16	2
Healthcare	9	322	14	2
Long Term Care Facility	125	3,503	286	329
Meat Packing	5	1,774	60	14
Private Business	47	1,045	17	3
Private Event	1	5	1	0
Religious Gathering	5	60	2	0
School	19	610	5	0
Sports	6	42	0	0
Total	252	13,369	462	365

Sort by Cluster Type 
Active 

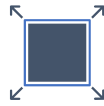
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This is the table that is online of our active clusters. We currently have 8 active clusters in colleges and universities, 16 in corrections, 9 in healthcare, 125 in LTCFs (that's a decrease of 19 clusters in the last week), 47 in private businesses and 19 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 has launched 3 mobile units

Community members/LHDs can request mobile testing for their community starting today



Deployment logistics

- Deployed across the state to **meet a variety of testing needs** including, **responding to outbreaks** within 48 hours where immediacy of results is vital, general population, and at-risk communities
- Reach out to kdhe.mobileops@ks.gov to submit requests
- Schedule will be made **up to 2 weeks in advance** and requests will be **prioritized** if nearing capacity



Site logistics

- **Managed by KDHE** with input from LHDs and facilities
- Marketing and demand generation **LHD/site responsibility**
- Staffing and supplies **primarily provided by KDHE**, relying on counties for community and site-specific needs



Sample collection and testing

- **No appointment required**
- Tests **processed either on-site or at KHEL** depending on type of mobile testing van
- Patients **receive customer service number and email** post-test to reach out with questions



Resulting

- Patient receives **result by text and/or email** from KDHE
- Results are **uploaded to EpiTrax** for LHDs
- For outbreaks, information on contacts will be shared **with necessary public health entities**, and information **on cases and contacts will be shared with facilities** assuming patient provides consent
- There will be a **dedicated customer service email and phone number**

17

KDHE has launched 3 mobile testing units with the goal to expand testing access across the state

Mobile testing will be targeted at areas that are not easily served by fixed testing sites and at-risk communities

In addition, we have the capability to provide rapid response for outbreaks
Results will be delivered in 24-48 hours, and sooner if it's an outbreak response
Mobile vans will be self-contained, leveraging KDHE staff, supplies, resulting technology, and customer service

We ask that LHDs and hosting sites help with marketing to generate demand at testing events

LHDs and others can submit requests for mobile units to KDHE. If you think that mobile testing may benefit your community, please submit a request.

Sign-ups are now open. Please send requests/questions to kdhe.mobileops@ks.gov.



COVID-19: Travel-Related Quarantine

1. No states on the travel restriction list this week (none on the prior list).
2. No countries on the International Country list either (none on the prior list).

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***We are still at #25 this week in the US (was previously #25 overall in the US).
The top state is 1.96 times Kansas 2 week rate, with all the states dropping rates as well over the past few weeks.

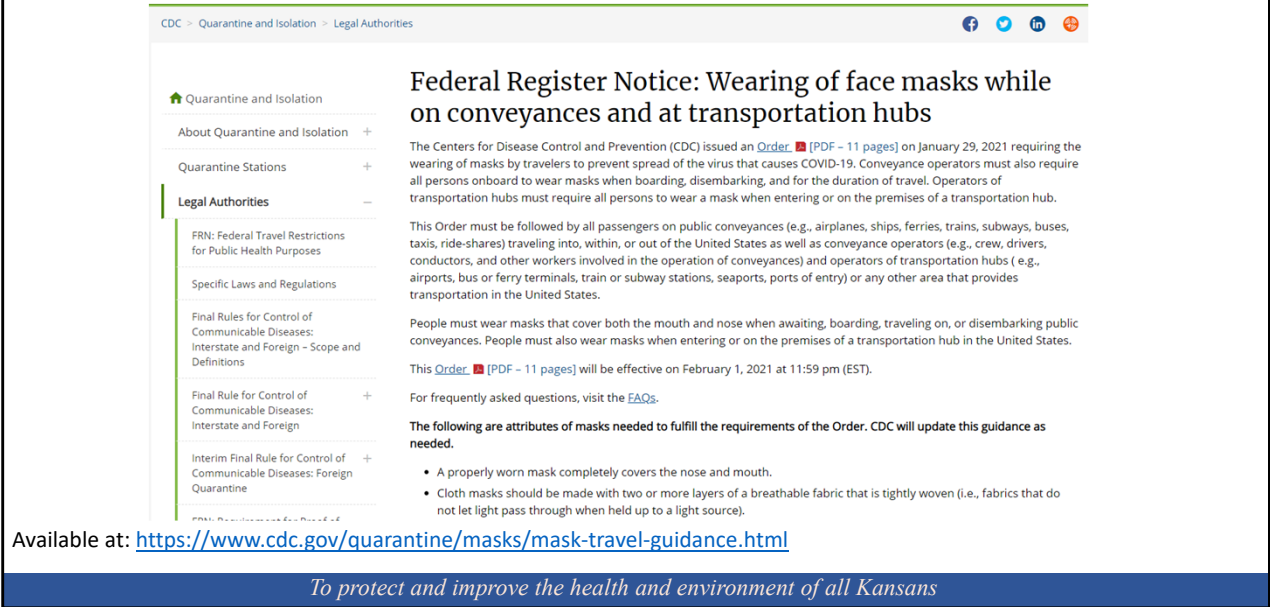
Which leads to:

1. No states on the travel restriction list this week (none on the prior list).
2. No countries on the International Country list either (none on the prior list).

Kansas = 471 2-week rate/100K (previously 747)

Top 10 states are:

South Carolina
Texas
Arizona
Arkansas
North Carolina
Oklahoma
New York
Rhode Island
Kentucky
Georgia



The screenshot shows a CDC webpage with a navigation menu on the left and a main content area. The navigation menu includes 'Quarantine and Isolation' and 'Legal Authorities'. The main content area features a title 'Federal Register Notice: Wearing of face masks while on conveyances and at transportation hubs' and a detailed text block explaining the CDC's order. The text states that the order requires mask-wearing on public conveyances and at transportation hubs, effective from February 1, 2021. It also lists attributes of masks needed to fulfill the requirements, such as covering the nose and mouth and being made of multiple layers of breathable fabric.

Available at: <https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html>

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The federal government issued an Order on February 1st.

This Order must be followed by all passengers on public conveyances (e.g., airplanes, ships, ferries, trains, subways, buses, taxis, ride-shares) traveling into, within, or out of the United States as well as conveyance operators (e.g., crew, drivers, conductors, and other workers involved in the operation of conveyances) and operators of transportation hubs (e.g., airports, bus or ferry terminals, train or subway stations, seaports, ports of entry) or any other area that provides transportation in the United States.

Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021

Early Release / February 10, 2021 / 70

John T. Brooks, MD¹; Donald H. Beezhold, PhD²; John D. Noti, PhD²; Jayme P. Coyle, PhD²; Raymond C. Derk, MS²; Françoise M. Blachere, MS²; William G. Lindsley, PhD²
([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Universal masking is recommended to slow the spread of COVID-19. Cloth masks and medical procedure masks substantially reduce exposure from infected wearers (source control) and reduce exposure of uninfected wearers (wearer exposure).

What is added by this report?

CDC conducted experiments to assess two ways of improving the fit of medical procedure masks: fitting a cloth mask over a medical procedure mask, and knotting the ear loops of a medical procedure mask and then tucking in and flattening the extra material close to the face. Each modification substantially improved source control and reduced wearer exposure.

What are the implications for public health?

These experiments highlight the importance of good fit to maximize mask performance. There are multiple simple ways to achieve better fit of masks to more effectively slow the spread of COVID-19.

Article Metrics

Altmetric:



Citations:

Views:

Views equals page views plus PDF downloads

[Metric Details](#)

Figures

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm?s_cid=mm7007e1_w

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During January 2021, CDC conducted experimental simulations using headforms to assess the extent to which two modifications to medical procedure masks, 1) wearing a cloth mask over a medical procedure mask (double masking) and 2) knotting the ear loops of a medical procedure mask where they attach to the mask's edges and then tucking in and flattening the extra material close to the face (knotted and tucked masks), could improve the fit of these masks and reduce the receiver's exposure to an aerosol of simulated respiratory droplet particles of the size considered most important for transmitting SARS-CoV-2.

FIGURE 1. Masks tested, including A, unknotted medical procedure mask; B, double mask (cloth mask covering medical procedure mask); and C, knotted/tucked medical procedure mask

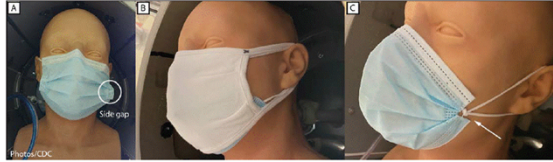
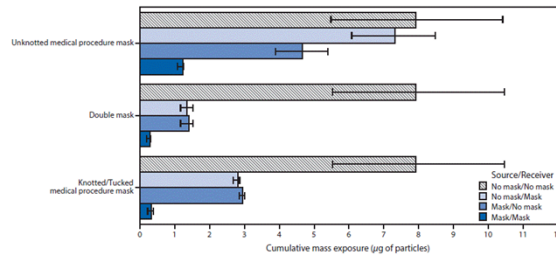


FIGURE 2. Mean cumulative exposure* for various combinations of no mask, double masks, and unknotted and knotted/tucked medical procedure masks'



Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7007e1.htm?s_cid=mm7007e1_w

To protect and improve the health and environment of all Kansans

Results from the first experiment demonstrated that the unknotted medical procedure mask alone blocked 42.0% of the particles from a simulated cough (standard deviation [SD] = 6.70)

the cloth mask alone blocked 44.3% (SD = 14.0).

The combination of the cloth mask covering the medical procedure mask (double mask) blocked 92.5% of the cough particles (SD = 1.9).

In the second experiment, adding a cloth mask over the source headform's medical procedure mask or knotting and tucking the medical procedure mask reduced the cumulative exposure of the unmasked receiver by 82.2% (SD = 0.16) and 62.9% (SD = 0.08), respectively ([Figure 2](#)).

When the source was unmasked and the receiver was fitted with the double mask or the knotted and tucked medical procedure mask, the receiver's cumulative exposure was reduced by 83.0% (SD = 0.15) and 64.5% (SD = 0.03), respectively.

When the source and receiver were both fitted with double masks or knotted and tucked masks, the cumulative exposure of the receiver was reduced 96.4% (SD = 0.02) and 95.9% (SD = 0.02), respectively.

The article doesn't make an explicit recommendation about double masking related to the conversation around the variant, but speaks more toward how to increase the effectiveness of these types of masks particularly in a healthcare setting and making them work more like the protectiveness of an N95.

COVID-19 Vaccination Intent, Perceptions, and Reasons for Not Vaccinating Among Groups Prioritized for Early Vaccination — United States, September and December 2020

Early Release / February 9, 2021 / 70

Kimberly H. Nguyen, DrPH¹; Anup Srivastav, PhD²; Hilda Razzaghi, PhD¹; Walter Williams, MD¹; Megan C. Lindley, MPH¹; Cynthia Jorgensen, DrPH¹; Neetu Abad, PhD²; James A. Singleton, PhD¹ ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

National polls conducted before vaccine distribution began suggested that many persons were hesitant to receive COVID-19 vaccination.

What is added by this report?

From September to December 2020, intent to receive COVID-19 vaccination increased from 39.4% to 49.1% among adults and across all priority groups, and nonintent decreased from 38.1% to 32.1%. Despite decreases in nonintent from September to December, younger adults, women, non-Hispanic Black adults, adults living in nonmetropolitan areas, and adults with less education and income, and without health insurance continue to have the highest estimates of nonintent to receive COVID-19 vaccination.

What are the implications for public health practice?

Ensuring high and equitable vaccination coverage among all populations, including by addressing reasons for not intending

Article Metrics



Citations:

Views:
Views equals page views plus PDF downloads

[Metric Details](#)

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7006e3.htm?s_cid=mm7006e3_w

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From September to December, vaccination intent (defined as being absolutely certain or very likely to be vaccinated) increased overall (from 39.4% to 49.1%); the largest increase occurred among adults aged ≥65 years. If defined as being absolutely certain, very likely, or somewhat likely to be vaccinated, vaccination intent increased overall from September (61.9%) to December (68.0%). Vaccination nonintent (defined as not intending to receive a COVID-19 vaccination) decreased among all adults (from 38.1% to 32.1%) and among most sociodemographic groups.

Younger adults, women, non-Hispanic Black (Black) persons, adults living in nonmetropolitan areas, and adults with lower educational attainment, with lower income, and without health insurance were most likely to report lack of intent to receive COVID-19 vaccine. Intent to receive COVID-19 vaccine increased among adults aged ≥65 years by 17.1 percentage points (from 49.1% to 66.2%), among essential workers by 8.8 points (from 37.1% to 45.9%), and among adults aged 18–64 years with underlying medical conditions by 5.3 points (from 36.5% to 41.8%).



Phil Griffin, Director
Bureau of Disease Control & Prevention
February 11, 2021

Federal Retail Pharmacy Program for COVID-19 Vaccination:

- **Confirmed that they will only be receiving Moderna vaccine**
- **States can update eligibility requirements during program**
- **Pharmacies receive allocation notification on Monday evening, orders can be placed on Tuesday, and vaccine will be received Wednesday or Thursday**
- **Details for doses available at each store was received last night and discussions are underway about how this will be shared**



Community Health Centers Vaccination Program:

- **Phase One begins next week**
- **Select FQHCs will receive vaccine shipments directly**
- **Vaccine is from federal allocation**
- **Vaccine intended to reach underserved communities**
- **Over a 3 week timeframe, the program will expand to each state**
- **It is expected that each state will have at least one FQHC receiving vaccine; 250 FQHCs in total**

To protect and improve the health and environment of all Kansans



- **Vaccine provided through the Federal Retail Pharmacy Program and the Community Health Centers Vaccination Program are not coming from the Kansas allocation.**
- **All doses of vaccine provided through these programs come from the Federal allocation.**
- **Vaccine is not being diverted from local health departments.**

To protect and improve the health and environment of all Kansans

Vaccine Allocation Calculator

Allocations to LHDs are adjusted each week based on:

- State allocation of doses
- The total vaccine allocated over time
- The total numbers of people in each phase based on census data along with various industry data
- The Social Vulnerability Index



N Myron Gunsalus, Jr, KHEL Director
COVID-19 Laboratory Update
February 11, 2021



COVID-19: Laboratory Update

FDA Approved Tests as of 2/10/21

FDA has currently authorized 292 tests under EUAs:

- 209 molecular tests (excluding Lab Developed Tests)
 - 9 CLIA Waived, 18 Moderate
 - Includes 7 Collection Devices and 1 At Home Test
- 69 antibody tests, 5 CLIA Waived, 47 Moderate
- 14 antigen tests, 9 CLIA Waived + 2 At Home Tests

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

To protect and improve the health and environment of all Kansans

Some new antigen tests include a lateral flow, visual read Multi analyte. This would mean that, similar to a BINAX card, you can detect not only SARS CoV-2 but also other analytes such as FLU.



COVID Variants and Testing

Variant	Reported Cases in US	Number of States
B.1.1.7	932	34
B.1.351	9	3
P.1	3	2

To protect and improve the health and environment of all Kansans

Kansas has found 1 instance of the B.1.1.7 variant but have not found any related cases at this point. I do not believe that our case has made it onto this table so it may be 35 states now.



COVID-19: Laboratory Update

COVID Variants and Testing

- KDHE is performing sequencing on a random subset of positive samples.
- CDC is sequencing about 3,000 samples/month across US
- Commercial vendors have been contracted by CDC for more.
- KDHE is working on options for additional testing in the state.
- If a lab has the “S deletion” on a positive COVID sample, KHEL would be interested in sequencing to determine variant.
 - Contact KHEL_INFO and include Subject Line: ATTENTION SEQUENCING

To protect and improve the health and environment of all Kansans

KHEL does not use the TaqPath assay but does perform random sequencing of a subset of samples. We have sequenced about 1,000 specimens so far and will be ramping our weekly number up significantly in the coming days. We are available to sequence any positive samples that have adequate viral load and which may have unusual circumstances or suspicion such as post vaccination or secondary infection or if they have exhibited an S gene deletion on the PCR.

Contact us KHEL_INFO with SUBJECT LINE...

ATTENTION: SEQUENCING NEEDED



COVID-19: Laboratory Update

General Thoughts

- Rapid Antigen Kits Available from KDHE at no charge.
- Mobile Labs and Collection Vans available.
- Contact KHEL if you have samples that need sequencing.
 - Positive PCR results or other confirmation of infection
 - Send us extract if possible or a second sample in VTM

To protect and improve the health and environment of all Kansans

If you have a need or an idea on using rapid antigen tests for a particular purpose, please let us know and we may be able to supply the kits at no charge.

If you have an idea on how a mobile laboratory or collection event would support your community or situation, please reach out and let us know.



Lacey Kennett, Preparedness & Communications
COVID-19 Situation Update
February 11, 2021



Upcoming NETEC Webinar



Click [HERE](#) to register

To protect and improve the health and environment of all Kansans

The next webinar from the National Emerging Special Pathogens Training and Education Center (NETEC) will take place tomorrow, Friday, February 12 at noon CST. This webinar will define mutation and variant as they relate to SARS-CoV-2, discuss the importance of the current variants and mutations including future predictions surrounding the epidemiology of spread and modeling and describe what is known about SARS-CoV-2 variants' susceptibility to vaccines and therapeutic antibodies. Continuing education credits available for attending. Click the link on the slide to register or visit NETEC's Training and Education page at <https://netec.org/education-and-training/>.



Upcoming Webinar



“A New Year of COVID – The State of the Pandemic & U.S. Strategy in 2021”

Date: **Wednesday, February 24, 2021**

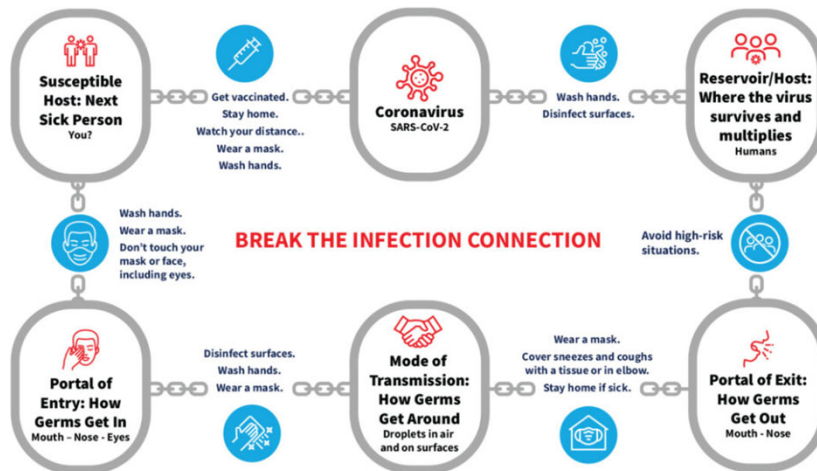
Time: **4pm – 5:30pm CST**

Click [HERE](#) for more information

To protect and improve the health and environment of all Kansans

The next webinar in the COVID-19 Conversations series from the American Public Health Association and the National Academy of Medicine will take place Wednesday, February 24 at 4pm CST. The topic is “A New Year of COVID – The State of the Pandemic & U.S. Strategy in 2021.” You can see more information about this and all of the webinars in the COVID-19 Conversations series using the link on your screen or by visiting covid19conversations.org.

NETEC – Break the Infection Connection



Click [HERE](#) to access

To protect and improve the health and environment of all Kansans

NETEC has a new PDF resource that illustrates the chain of infection that you could use in your facilities or on your website or social media accounts. You can see the graph here. Download with the link on your screen or on NETEC’s website.

NETEC

Code Blue for a Pandemic Situation

CPR during the COVID-19 pandemic requires extra precautions. Follow the examples and tips shown here to keep everyone safe while resuscitating a patient.

First Rescuer in the Room

- Confirms pulselessness
- Confirms resuscitation status
- Activates Code Blue (or your facility's cardiac arrest terminology)
- Begins chest compressions
- Has code cart brought and placed outside the room with an RN documenter and an RN managing the medications

Second Rescuer in the Room **

- Brings in defibrillator and mechanical compression device, if available
- Takes over chest compressions*
- Applies defibrillation pads at this time
- Shock if indicated

Third Rescuer in Room**

- Manages airway (respiratory therapist, anesthesia, or designee)
- Actions once third person in the room
 - Places mechanical compression device in place, if available
 - Assesses IV access
 - Gives medications
 - Places lines, if needed
 - Peripheral/IO, if needed
- Note: Airway equipment is brought in as needed. This includes but is not limited to vent and airway equipment.

Fourth Rescuer in the Room

- Is provider or ACLS leader
- Runs code and assists in intubation or line placement, as needed

Fifth Rescuer in the Room

- Assists in CPR if there is no mechanical compression device in place
- May or may not be needed

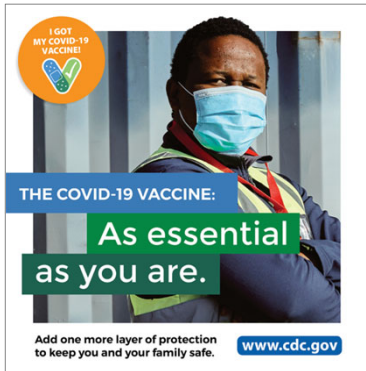
12-11-20

Click [HERE](#) to access

To protect and improve the health and environment of all Kansans

NETEC also has a resource on CPR during the pandemic, which is a 2 page PDF document you can download and distribute. The handout has examples and tips to keep staff safe. Click the link on the screen to access on NETEC’s website.

Social Media Graphics



Click [HERE](#) to access the toolkits

To protect and improve the health and environment of all Kansans

The CDC has two new communication toolkits available for COVID-19 vaccinations. One toolkit is specifically aimed at essential workers and employers of essential workers and the other is aimed towards community-based organizations. The toolkits have social media graphics and verbiage ready to use as well as other tools. Click on the link on the slide to access or find on the CDC website.

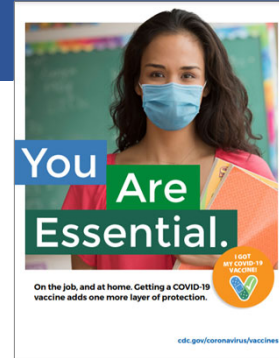
Other Resources



Printable stickers

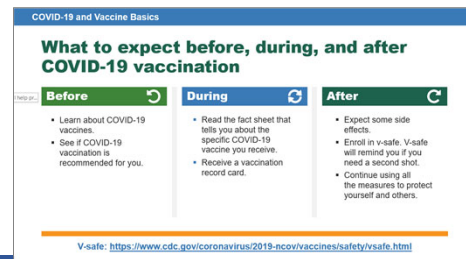


Alternate language fact sheets



Poster – add your logo

Slide deck



These are some of the other available resources in those toolkits. You can see there are downloadable and printable stickers. We all know how ubiquitous the “I voted” stickers are on social media, and I imagine an “I got vaccinated” sticker would be just as popular. These are formatted to automatically work with standard 1 2/3 “ round stickers, which you can buy at a number of office supply stores. The toolkit also has vaccine fact sheets in a variety of languages, including Arabic, Spanish, Chinese, etc. There are also posters that you can download and add your logo to, and a slide deck with basic vaccine information that you can use as a starting point for any presentations you might have regarding the vaccine. Use the link on the previous slide to access all of these resources.



Gov. Kelly Biweekly Call with Elected Officials

Date: **Friday, February 12, 2021**

Time: **11:00 a.m. CT**

Phone Number: **(253) 215-8782**

Meeting ID: **876 9535 8999**

Schedule

February 12

February 26

March 12

Questions? Send to press@ks.gov

To protect and improve the health and environment of all Kansans

Governor Kelly will have her next biweekly call with elected officials tomorrow, Friday, February 12th at 11am CST. This call is for local elected officials, legislators, legislative leadership staff and other key individuals. Participation is limited to 1000 people. The call will be listen only to prevent discussion that could act as a violation of Kansas open meeting laws, but if you have specific questions you'd like answered, you can send them to press@ks.gov.



KDHE Website Updates

- Guidance for Summer Camp Planning and Operations (*Feb. 3, 2021*)

To protect and improve the health and environment of all Kansans



KS-HAN messages

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**



To protect and improve the health and environment of all Kansans

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?