Lee A. Norman, MD, MHS, MBA, Secretary

COVID-19 Webinar Series Welcome

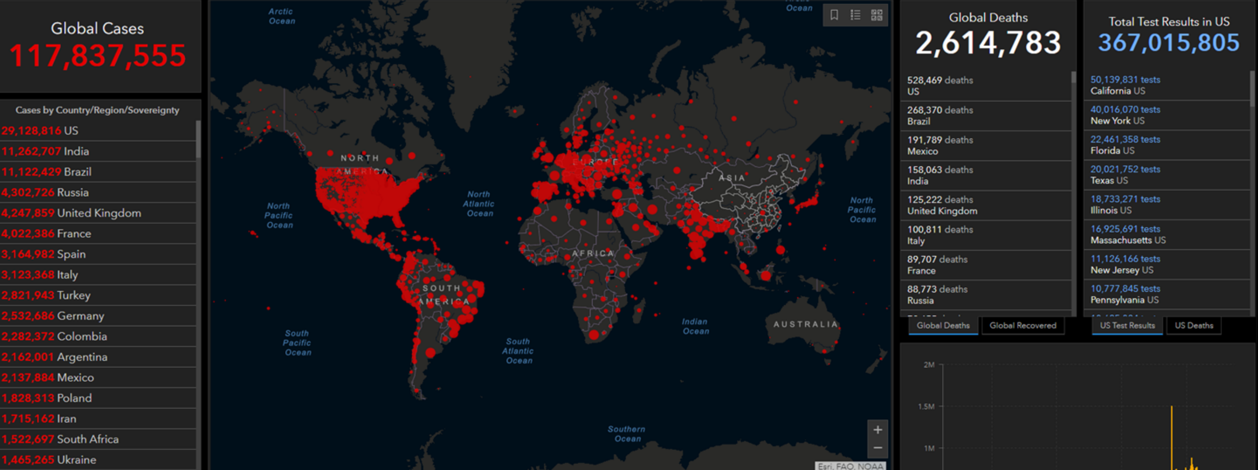
March 11, 2021

Farah S. Ahmed, MPH, PhD, State Epidemiologist

COVID-19 Situation Update

March 11, 2021

COVID-19: Situation Around The World



As of 3-10-2021. Available at https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

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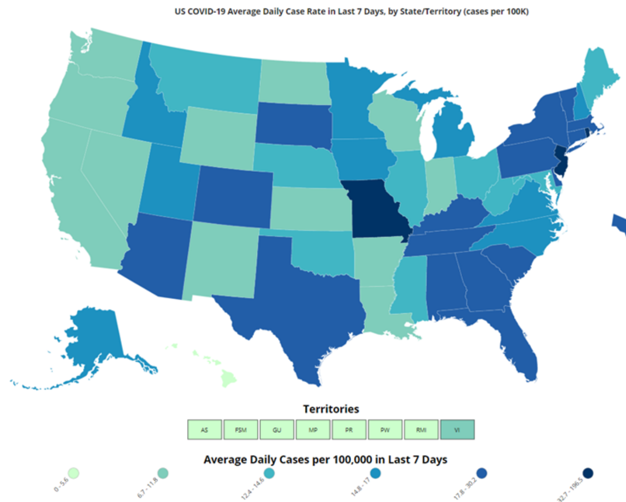
Global Map: https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html.

Last week, we had almost 115 million cases around the world and 2.5 million deaths.

This week, there are almost 118 million cases and we have 2,614,783 deaths around the world.

COVID-19: Situation in the US

- Total cases: 28,992,598



As of 3-10-2021. Available at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

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Last week in the US:

Total cases: 28,456,860 (28.4 million)

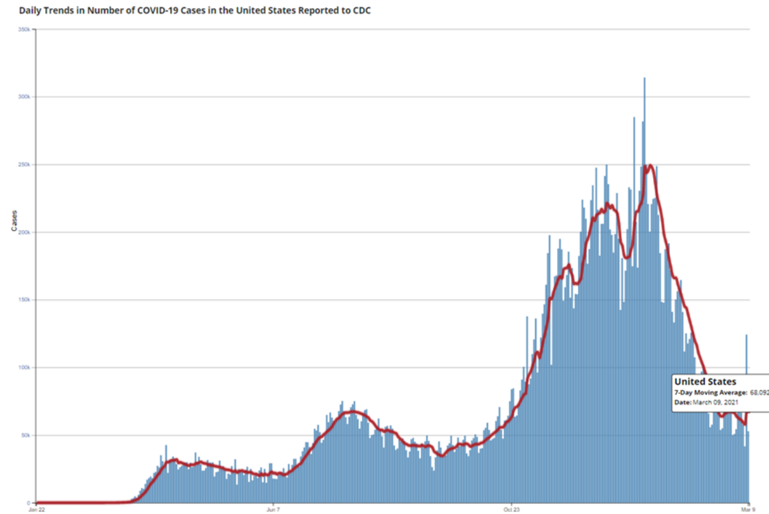
As of yesterday

This week:

Total cases: 28,992,598

Kansas Department of Health and Environment

COVID-19: Situation in the US



As of 3-10-2021. Available at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

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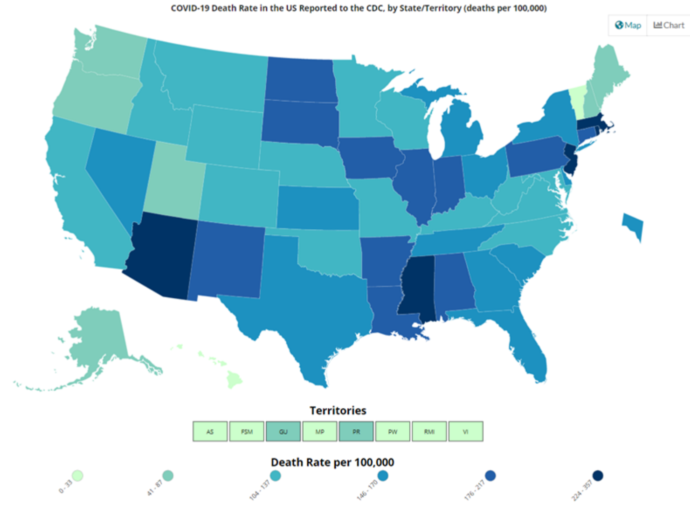
In the US, you can see that we are averaging 68,000 new cases each day according to the 7-day average.

COVID-19: Situation in the US

- Total deaths: 526,213



As of 3-10-2021. Available at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

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Last week in the US:

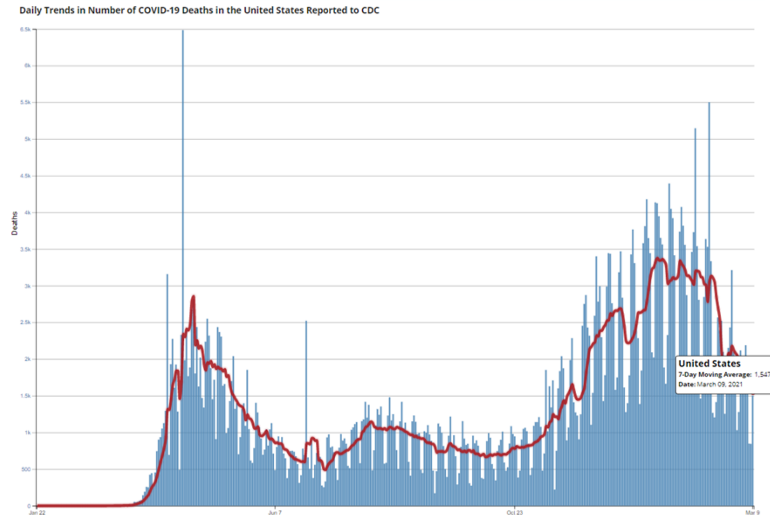
Total deaths: 513,122 (over 513,000)

As of yesterday

This week:

Total deaths: 526,213

COVID-19: Situation in the US



As of 3-10-2021. Available at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

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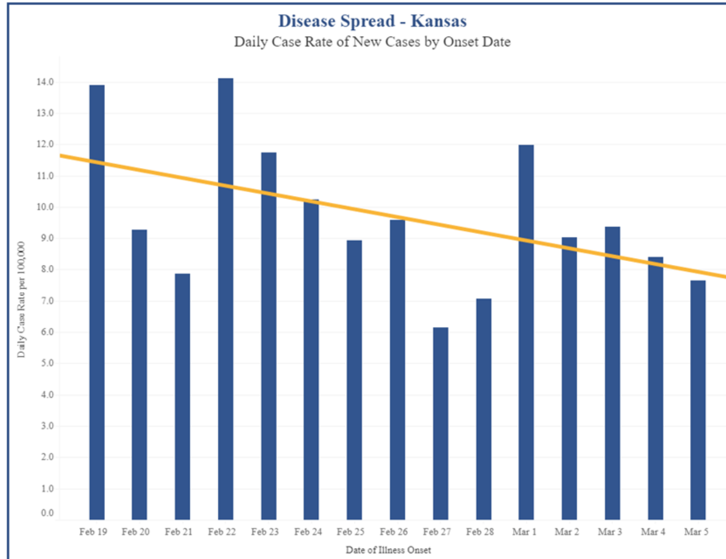
The 7-day moving average daily death trend in the United States was about 1500 deaths per day.

COVID-19: Situation in Kansas



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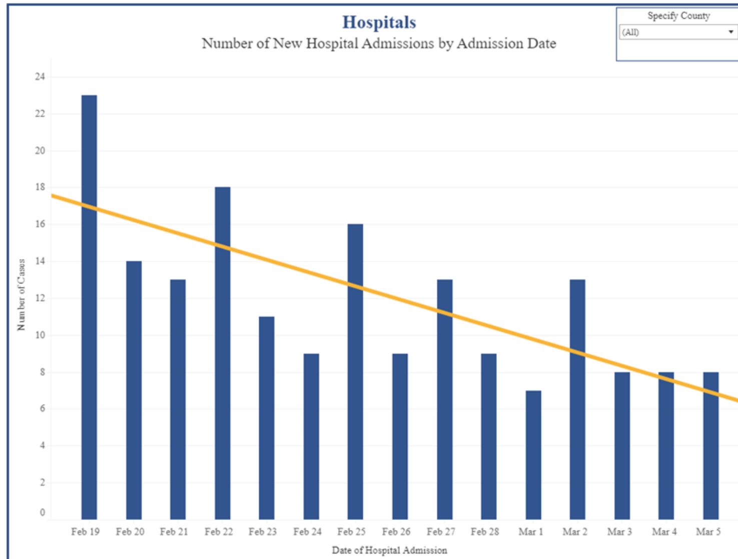
Moving on to KS specific data. For our first Disease Spread metric, which is the daily rate of new cases, the trend line last week was decreasing and that continues this week.

COVID-19: Situation in Kansas



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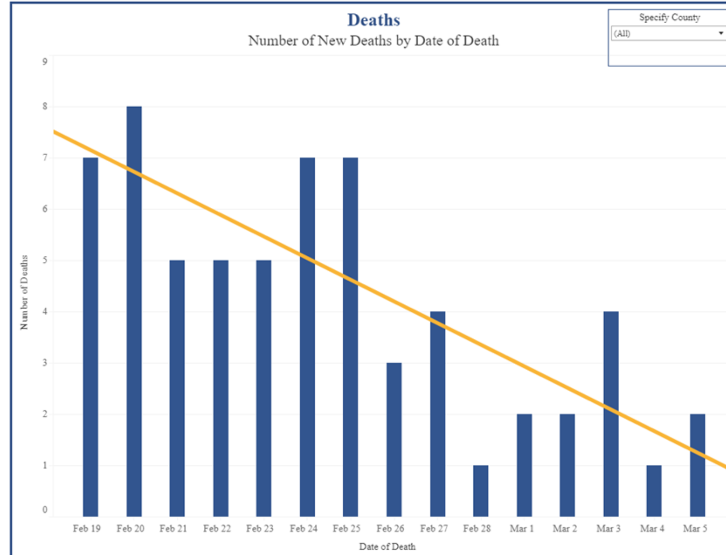
For hospitalizations, the trend last week was a decreasing trend and that continues this week.

COVID-19: Situation in Kansas



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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
297,229	9,467	4,851	983,176

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

Last updated: 3/10/2021 at 9:00 AM. There were 778 new cases, 35 new deaths, and 56 new hospitalizations reported since Monday, 3/08/2021.

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As of yesterday, we had 297,229 cases (which is an increase of 2,120 cases since last week) and 4,851 deaths statewide (that's an increase of 35 deaths since last week).

There were 778 new cases and 35 new deaths reported from Monday 3/8 to Wednesday 3/10.

COVID-19: Situation in Kansas

Overall Testing	Negative Individuals	Monthly Percent Positive	Monthly Testing Rate
1,280,405 People 2,556,965 PCR Tests 613,712 Antigen Tests	983,176	2.9% (March 2021 to date)	609 per 100,000 (March 2021 to date)

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	6,647	228
April 2020	27,874	957
May 2020	64,386	2,210
June 2020	80,602	2,767
July 2020	122,619	4,209
August 2020	121,577	4,173
September 2..	114,893	3,944
October 2020	129,583	4,448
November 20..	187,536	6,437
December 20..	183,820	6,310
January 2021	139,271	4,781
February 2021	71,101	2,441
March 2021	17,754	609

Kansas Monthly Percent Positivity

Month, Year of Lab ..	Percent Positivity
February 2020	0.0%
March 2020	7.4%
April 2020	13.7%
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	16.4%
December 2020	11.3%
January 2021	8.4%
February 2021	4.6%
March 2021	2.9%

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Number of individuals tested is 1,280,405 people as of yesterday.

And to date, for March, our percent positivity is at 2.9%.

COVID-19: Situation in Kansas: Outbreaks

Last updated: 3/10/2021 at 9:00 AM. Cluster Summary data is updated every Wednesday.

Active COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
87	5,450	157	100

All COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
1,841	37,639	1,825	1,992

- 37,639 outbreak-related cases/297,229 cases (12.7%)
- 1,825 outbreak-related hospitalizations/9,467 total hospitalizations (19.3%)
- 1,992 outbreak-related deaths/4,851 total deaths (41.1%)

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Moving on to outbreaks:

As of late Tuesday night, we had 1,841 outbreaks across the state; This week we have 86 active clusters. Last week we had 112 active outbreaks.

Our percentage of outbreak related cases is 12.7%, outbreak-related hospitalizations is about 19.3% and outbreak-related deaths is about 41.1%.

COVID-19: Situation in Kansas: Outbreaks

COVID-19 Cluster Cases by Type

Sort by Cluster Type: Active

Type	Clusters	Cases	Hospitalizations	Deaths
College or University	6	364	3	0
Corrections	6	1,773	13	3
Government	1	4	0	0
Group Living	1	4	0	0
Healthcare	1	8	2	2
Long Term Care Facility	26	871	75	81
Meat Packing	4	1,584	47	10
Private Business	24	520	12	3
Public Event	1	7	0	0
Religious Gathering	1	7	2	1
School	13	277	3	0
Sports	3	31	0	0
Total	**87**	**5,450**	**157**	**100**

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We currently have 6 active clusters in colleges and universities, 6 in corrections, 1 in healthcare, 26 in LTCFs (that's down from 37 last week), 24 in private businesses and 13 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.

COVID-19: Updated Isolation and Quarantine Guidance

How long am I considered immune if I had COVID-19 disease?

Close contacts with evidence of previous infection supported by a positive PCR or antigen test may be exempt from quarantine after re-exposure as long as they remain asymptomatic. This is to be determined by the local health officer based on a possible 6-month period of presumed immunity. If an investigation was done documenting the date that symptoms resolved, or the date isolation measures were discontinued for asymptomatic patients, then the 6-month period can start from that end date. If those dates are not available, then the period will start from the date of the positive laboratory test. A serology or antibody test may not be substituted for a laboratory report of a viral diagnostic test. If the close contact becomes symptomatic, testing via an antigen test is preferred. The sample for the antigen test should be taken within the first 5 to 7 days from symptom onset (depending on the EUA for the test being used).

How long am I considered immune if I had COVID-19 vaccine?

Vaccinated persons with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all of the following criteria:

- Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 6 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure

Persons who do not meet all 3 of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19.

As an exception to the above guidance, **vaccinated inpatients and residents in healthcare settings should continue to quarantine following an exposure** to someone with suspected or confirmed COVID-19; outpatients should be cared for using appropriate transmission-based precautions. This exception is due to the unknown vaccine effectiveness in this population, the higher risk of severe disease and death, and challenges with social distancing in healthcare settings.

If the exposed person becomes symptomatic, they should be tested via PCR or antigen test. If they had natural disease recently, meaning they had COVID-19 disease in the last few months, an antigen test within the first 5 to 7 days from symptom onset (depending on the EUA for the test they are using) is preferred. Receiving the vaccine does not affect the results of a PCR or antigen test, only an antibody test.

Available at: https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---3-10-21

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We have updated the Isolation and Quarantine Guidance online with two updates.

First, we have extended the "quarantine free" period for natural infection and vaccination to 6 months. This is based on updated research. In case you are looking for the same guidance from CDC, in their most recent update CDC actually just removed the wording for the 3 month quarantine free and left the timeframe open as they undergo internal discussions and their clearance process. So KDHE went ahead and adopted the 6 month based on the current evidence and will re-evaluate as more evidence becomes available.

COVID-19: Updated Isolation and Quarantine Guidance

Shortened Quarantine Guidance

Quarantine is for people who don't currently have symptoms but were exposed to the disease. KDHE continues to recommend a 14-day quarantine following exposure to COVID-19, as the incubation period for this disease is 14 days. CDC has released modified guidance allowing for shorter quarantine periods to increase better compliance with quarantine and increase people getting tested. Local Health Departments may choose to opt into this guidance. For information in your county, please contact your local health department.

How the Shortened Time Period Works (Please check in with your local health department for specific information in your community).

7 Day Quarantine (Includes Testing and No Symptoms)

- After exposure, you monitor yourself for symptoms daily or participate in monitoring by Public Health for 7 full days.
- If you have no symptoms during this time frame, on or after Day 6, you may get a PCR test (antigen and antibody tests are NOT allowed for this purpose).
- If the test is negative, and you remain symptom-free, you can be removed from quarantine on or after Day 8.
- If Testing Results are pending, you must wait until you receive results.

10 Day Quarantine (No Testing and No Symptoms)

- After exposure, you monitor yourself for symptoms daily or participate in Public Health monitoring for 10 full days.
- If you have no symptoms during the 10 days, you can be released from the quarantine without a test on Day 11.

KDHE recommends 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.

Who is Not Eligible for Shortened Quarantine:

- Residents of long-term care and assisted living facilities
- Offender populations in Department of Corrections prisons

When is it preferable NOT to allow Shortened Quarantine:

KDHE recommends that close contacts of cases infected with variants of the SARS-CoV-2 virus that are known to be more infectious observe the full 14-day quarantine.

Available at: https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---3-10-21

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We also updated to include a guidance around when it isn't a good idea to allow shortened quarantine, mainly in situations where the close contacts are known to be exposed to a case with a more infectious variant of the SARS-CoV-2 virus. In these situations we are recommending, but not mandating, the full 14 day quarantine.

COVID-19: Updated Shortened Quarantine Guidance

CDC Announces Shortened COVID-19 Quarantine Periods

KDHE adopts CDC's guidance with modifications

KDHE continues to recommend a 14-day quarantine following exposure to COVID-19, as the incubation period for this disease is 14 days. CDC has released modified guidance allowing for shorter quarantine periods to increase better compliance with quarantine and increase people getting tested. Local Health Departments may choose to opt into this guidance. For information in your county, please contact your local health department.

How the Shortened Time Period Works

(Please check in with your local health department for specific information in your community)

7 Day Quarantine (Includes Testing and No Symptoms)

- After exposure, you monitor yourself for symptoms daily or participate in monitoring by Public Health for 7 full days.
- If you have no symptoms during this time frame, on Day 6, you may get a sample taken for a PCR test (antigen and antibody tests are NOT allowed for this purpose).
- If the test is negative, and you remain symptom-free, you can be removed from quarantine after seven full days, which is on Day 8.
- If Testing Results are pending, you must wait until you receive results.

10 Day Quarantine (No Testing and No Symptoms)

- After exposure, you monitor yourself for symptoms daily or participate in Public Health monitoring for 10 full days.
- If you have no symptoms during the 10 days, you can be released from the quarantine without a test on Day 11.

KDHE recommends 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.

Who is Not Eligible for Shortened Quarantine:

- Residents of long-term care and assisted living facilities
- Offender populations in Department of Corrections prisons

When is it Preferable Not to Shorten Quarantine:

- Close contacts of cases infected with variants of the SARS-CoV-2 virus that are known to be more infectious are recommended to observe the full 14-day quarantine.

Available at: https://www.coronavirus.kdheks.gov/DocumentCenter/View/1640/Shortened-Quarantine-Guidance-PDF---3-10-21

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We added the same language to our Shortened Quarantine Guidance.

COVID-19: New Literature

Racial and Ethnic Disparities in COVID-19 Incidence by Age, Sex, and Period Among Persons Aged <25 Years — 16 U.S. Jurisdictions, January 1–December 31, 2020

Early Release / March 10, 2021 / 70

Miriam E. Van Dyke, PhD[1,2,*]; Maria C.B. Mendoza, PhD[2,*]; Wen Li, PhD[2]; Erin M. Parker, PhD[2]; Brook Belay, MD[2]; Elizabeth M. Davis, MA[3]; Joshua J. Quint, PhD[4]; Ana Penman-Aguilar, PhD[5,*]; Kristie E.N. Clarke, MD[2,*] (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

U.S. racial and ethnic minority groups have been disproportionately affected by COVID-19.

What is added by this report?

Racial and ethnic disparities in COVID-19 incidence among persons aged <25 years in 16 U.S. jurisdictions evolved during the pandemic. Disparities were substantial during January–April and generally decreased during May–December, largely because of a greater increase in incidence among White persons, rather than a decline among racial and ethnic minority groups. The largest persistent disparities involved Native Hawaiian and Pacific Islander, American Indian or Alaska Native, and Hispanic persons.

What are the implications for public health practice?

Ensuring equitable and timely access to preventive measures, including testing, safe work and education settings, and vaccination when eligible is important to address racial/ethnic disparities.

Article Metrics

Altmetric:

Citations:

Views:

Views equals page views plus PDF downloads

Metric Details

Figure

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7011e1.htm?s_cid=mm7011e1_w

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Based on 689,672 U.S. COVID-19 cases reported to CDC's case-based surveillance system by jurisdictional health departments, racial and ethnic disparities in COVID-19 incidence among persons aged <25 years in 16 U.S. jurisdictions¶ were described by age group and sex and across three periods during January 1–December 31, 2020.

During January–April, COVID-19 incidence was substantially higher among most racial and ethnic minority groups compared with that among non-Hispanic White (White) persons (rate ratio [RR] range = 1.09–4.62).

During May–August, the RR increased from 2.49 to 4.57 among non-Hispanic Native Hawaiian and Pacific Islander (NH/PI) persons but decreased among other racial and ethnic minority groups (RR range = 0.52–2.82).

Decreases in disparities were observed during September–December (RR range = 0.37–1.69); these decreases were largely because of a greater increase in incidence among White persons, rather than a decline in incidence among racial and ethnic minority groups. NH/PI, non-Hispanic American Indian or Alaska Native (AI/AN), and Hispanic or Latino (Hispanic) persons experienced the largest persistent disparities over the entire period. Ensuring equitable and timely access to preventive measures, including testing, safe work and education settings, and vaccination when eligible is important to address racial/ethnic disparities.

COVID-19: New Literature

Body Mass Index and Risk for COVID-19–Related Hospitalization, Intensive Care Unit Admission, Invasive Mechanical Ventilation, and Death — United States, March–December 2020

Early Release / March 8, 2021 / 70

Lyudmyla Kompaniyets, PhD[1,2]; Alyson B. Goodman, MD[1]; Brook Belay, MD[1,2]; David S. Freedman, PhD[1]; Marissa S. Sucosky, MPH[1]; Samantha J. Lange, MPH[1]; Adi V. Gundlapalli, MD, PhD[2]; Tegan K. Boehmer, PhD[2]; Heidi M. Blanck, PhD[1] (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

Obesity increases the risk for severe COVID-19–associated illness.

What is added by this report?

Among 148,494 U.S. adults with COVID-19, a nonlinear relationship was found between body mass index (BMI) and COVID-19 severity, with lowest risks at BMIs near the threshold between healthy weight and overweight in most instances, then increasing with higher BMI. Overweight and obesity were risk factors for invasive mechanical ventilation. Obesity was a risk factor for hospitalization and death, particularly among adults aged <65 years.

What are the implications for public health practice?

These findings highlight clinical and public health implications of higher BMIs, including the need for intensive management of COVID-19–associated illness, continued vaccine prioritization and masking, and policies to support healthy behaviors.

Article Metrics

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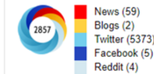

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Metric Details

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e4.htm?s_cid=mm7010e4_w

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CDC assessed the association between body mass index (BMI) and risk for severe COVID-19 outcomes (i.e., hospitalization, intensive care unit [ICU] or stepdown unit admission, invasive mechanical ventilation, and death). Among 148,494 adults who received a COVID-19 diagnosis during an emergency department (ED) or inpatient visit at 238 U.S. hospitals during March–December 2020, 28.3% had overweight and 50.8% had obesity. Overweight and obesity were risk factors for invasive mechanical ventilation, and obesity was a risk factor for hospitalization and death, particularly among adults aged <65 years.

COVID-19: New Literature

Association of State-Issued Mask Mandates and Allowing On-Premises Restaurant Dining with County-Level COVID-19 Case and Death Growth Rates — United States, March 1–December 31, 2020

Early Release / March 5, 2021 / 70

Gery P. Guy Jr., PhD[1]; Florence C. Lee, MPH[1]; Gregory Sunshine, JD[1]; Russell McCord, JD[1]; Mara Howard-Williams, JD[2]; Lyudmyla Kompaniyets, PhD[1]; Christopher Dunphy, PhD[1]; Maxim Gakh, JD[3]; Regen Weber[1]; Erin Sauber-Schatz, PhD[1]; John D. Omura, MD[1]; Greta M. Massetti, PhD[1]; CDC COVID-19 Response Team, Mitigation Policy Analysis Unit; CDC Public Health Law Program (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

Universal masking and avoiding nonessential indoor spaces are recommended to mitigate the spread of COVID-19.

What is added by this report?

Mandating masks was associated with a decrease in daily COVID-19 case and death growth rates within 20 days of implementation. Allowing on-premises restaurant dining was associated with an increase in daily COVID-19 case growth rates 41–100 days after implementation and an increase in daily death growth rates 61–100 days after implementation.

What are the implications for public health practice?

Mask mandates and restricting any on-premises dining at restaurants can help limit community transmission of COVID-19 and reduce case and death growth rates. These findings can inform public policies to reduce community spread of COVID-19.

Article Metrics

Altmetric:

Citations:

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Metric Details

Available at:
https://www.cdc.gov/mmwr/volumes/70/wr/mm7010e3.htm?s_cid=mm7010e3_e&ACSTrackingID=USCDC_921-DM51377&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20March%205%2C%202021&deliveryName=USCDC_921-DM51377

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In March and April 2020, 49 states and DC prohibited any on-premises dining at restaurants, but by mid-June, all states and DC had lifted these restrictions. To examine the association of state-issued mask mandates and allowing on-premises restaurant dining with COVID-19 cases and deaths during March 1–December 31, 2020, county-level data on mask mandates and restaurant reopenings were compared with county-level changes in COVID-19 case and death growth rates relative to the mandate implementation and reopening dates.

Mask mandates were associated with decreases in daily COVID-19 case and death growth rates 1–20, 21–40, 41–60, 61–80, and 81–100 days after implementation.

Allowing any on-premises dining at restaurants was associated with increases in daily COVID-19 case growth rates 41–60, 61–80, and 81–100 days after reopening, and increases in daily COVID-19 death growth rates 61–80 and 81–100 days after reopening.

Implementing mask mandates was associated with reduced SARS-CoV-2 transmission, whereas reopening restaurants for on-premises dining was associated with increased transmission.

COVID-19: New Training: What Every Clinician Should Know about COVID-19 Vaccine Safety and Effectiveness and How to Address Patient Questions and Concerns

During this COCA call, clinicians will receive an update on COVID-19 vaccine safety and effectiveness for the Pfizer-BioNTech and Moderna vaccines, including data on COVID-19 vaccine safety in pregnancy. Clinicians will also get information about the v-safe COVID-19 Pregnancy Registry, which collects additional health information that helps CDC monitor the safety of COVID-19 vaccines in people who are pregnant.

Date: Tuesday, March 9, 2021
Time: 2:00 PM – 3:00 PM ET
A few minutes before the webinar starts, please click on the Zoom link below to join:
https://www.zoomgov.com/j/1600016316?pwd=V05Ncm1oc1gySU5OTVQwQmlORXZ1UT09

Passcode: 528346

Or Telephone: Dial(for higher quality, dial a number based on your current location): US:

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+1 646 828 7666 or
+1 551 285 1373 or
+1 669 216 1590

Webinar ID: 160 001 6316

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Scott Brunner, Deputy Secretary, KDADS

COVID-19 Situation Update

March 11, 2021

COVID-19: Updated CMS Guidance for LTCFs

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850

Center for Clinical Standards and Quality/Survey & Certification Group

Ref: QSO-20-39-NH
REVISED 03/10/2021

DATE: **September 17, 2020**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Nursing Home Visitation - COVID-19 *(REVISED)*

Memorandum Summary

- CMS is committed to continuing to take critical steps to ensure America's healthcare facilities are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Visitation Guidance:** CMS is issuing new guidance for visitation in nursing homes during the COVID-19 PHE, *including the impact of COVID-19 vaccination.*

Background
Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality.[1] The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a healthcare setting have required aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.

Available at: https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/nursing-home-visitation-covid-19-revised

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Indoor Visitation Facilities should allow indoor visitation at all times and for all residents (regardless of vaccination status), except for a few circumstances when visitation should be limited due to a high risk of COVID-19 transmission (note: compassionate care visits should be permitted at all times). These scenarios include limiting indoor visitation for:

• Unvaccinated residents, if the nursing home's COVID-19 county positivity rate is >10% and <70% of residents in the facility are fully vaccinated;
• Residents with confirmed COVID-19 infection, whether vaccinated or unvaccinated until they have met the 2 criteria to discontinue Transmission-Based Precautions; or
• Residents in quarantine, whether vaccinated or unvaccinated, until they have met criteria for release from quarantine.

Phil Griffin, Director, Disease Control & Prevention

COVID-19 Situation Update

March 11, 2021

Vaccine Allocations

- **Weekly vaccine allocation email from Phil Griffin on Wednesday evenings**
- **The subject line will be "COVID Vaccine Allocation" and it will be sent to the COVID-19 Primary Vaccine Coordinator**
- **Please reply by 3:00 PM on Thursday confirming or declining the need for doses to complete Phase 2.**

As we approach the end of Phase 2 in the coming weeks, it is vitally important that everyone respond, especially if the county has completed Phase 2 or will complete Phase 2 with current inventory so that allocations can be increased for countries that are not yet quite there.

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Please look for the weekly vaccine allocation email this evening. Subject line will be "COVID Vaccine Allocation" and it will come from Phil Griffin's email as it does each week. It goes to the COVID Vaccine Primary Contact. It requests a reply by 3:00 PM on Thursday as always. As we approach the end of Phase 2 in the coming weeks, it is vitally important that everyone respond, especially if the county has completed Phase 2 or will complete Phase 2 with current inventory so that allocations can be increased for countries that are not yet quite there.

Federal Program for Federally Qualified Health Centers

Vaccine should be provided to those disproportionately affected populations within current vaccination Phase.

Examples include:

- **Residents of public housing**
- **Migratory/seasonal agriculture workers**
- **People experiencing homelessness**
- **People with limited English proficiency**

To protect and improve the health and environment of all Kansans

If you or anyone has evidence of FQHCs offering vaccine out of these parameters, Phil Griffin should be notified so that he can address the matter with the federal partners.

Federal Retail Pharmacy Program

Vaccines are provided for specific populations as identified by the State and within the vaccination Phase. Populations include:

- **Those 65 years of age and older**
- **Long term care/assisted living residents and staff**
- **Healthcare workers**
- **K-12 staff and childcare workers**
- **Grocery and retail workers**
- **Food service and food manufacturing**
- **Factories**

To protect and improve the health and environment of all Kansans

If you or anyone has evidence of pharmacies in this program offering vaccine out of these parameters, Phil Griffin should be notified so that he can address the matter with the federal partners.

Immediately inspect and report any issues with equipment in the ancillary kits that are shipped with COVID-19 vaccine orders.

- Report deficiencies to McKesson
- Report deficiencies to the Kansas Immunization Program at kdhe.vaccine@ks.gov or call 785-296-1948
- If an error or injury occurs during vaccine administration, enter the information into Vaccine Adverse Event Reporting System (VAERS) at https://vaers.hhs.gov/reportevent.html
- Syringes are a medical device so a FDA Form 3500 should be completed at https://www.accessdata.fda.gov/scripts/medwatch/

Be prepared to provide photos, lot number, order number, date ordered and dates received when filing a report for a deficient ancillary kit.

To protect and improve the health and environment of all Kansans

Issues with Ancillary Kits: Report any issues with equipment in the ancillary kits that are shipped with COVID-19 vaccine orders. There are four steps to reporting to ensure enough information is gathered so problem trends in packaging and shipping can be identified.

- Report deficiencies to McKesson directly the customer service desk is charged with responding to problems and identifying trends.
- Report deficiencies to the Kansas Immunization Program
- If an error or injury occurs during vaccine administration, enter the information into Vaccine Adverse Event Reporting System (VAERS) at https://vaers.hhs.gov/reportevent.html .
- Because syringes are a medical device, complete FDA Form 3500 https://www.accessdata.fda.gov/scripts/medwatch/

Be prepared to provide photos, lot number, order number, date ordered and dates received when filing a report for a deficient ancillary kit.

Reminder

- **There are additional flu doses available for adults, regardless of insurance status.**
- **Email KDHE.Vaccine@ks.gov**
  - VFC PIN #
  - Number of doses requested

To protect and improve the health and environment of all Kansans

Special Alert from November 5th:

The Kansas Immunization Program was able to obtain additional 317-funded influenza vaccine for use during the 2020-2021 influenza season. This means providers are able to request additional influenza vaccine for **adult** use only. This vaccine can be provided to adults, regardless of their insurance status. Providers may not bill insurance or the vaccine recipient for the vaccine. An administration fee can be charged, but an individual cannot be denied a vaccine based on their inability to pay the fee.

Providers who receive these 317-funded vaccines will also be required to report their vaccinations in KSWebIZ via Hl7 or direct entry, as usual.

Providers interested in receiving additional adult vaccines, should email the facility's VFC pin number and the number of doses requested to KDHE.Vaccine@ks.gov . A reply will be sent confirming that an order has been placed.

Thank you for all your efforts to vaccinate Kansans!

KS Vaccine Distribution

'Find My Vaccine' update

March 2021

Find My Vaccine update regarding launch CDC's VaccineFinder locator tool

Over the next few weeks, we will be phasing out Find My Vaccine and transitioning to the CDC's VaccineFinder

Decision on when we cutover will be made when we are comfortable with the number of providers who have switched over

Thank you to those who opted-in for inclusion on Find My Vaccine!

Shifting to VaccineFinder will benefit both the public and LHDs & providers

For the public

- **Access more real-time, daily reporting of vaccine inventory** (tool pulls snapshots from inventory information submitted daily to VaccineFinder)
- **View a single, consolidated source of truth** for locating a vaccine provider
- **Maintain visibility into providers' contact information** and additional details

For LHDs and providers

- Daily, real-time reporting of inventory will provide a more accurate picture of existing inventory levels, **limiting additional outreach to your team**
- **Provide a streamlined process to update information** (done from within existing VaccineFinder portal)
- **Maintain same critical fields present in Find My Vaccine** to centralize comms on COVID vaccine-specific information (E.g., scheduling tool, hours, free text field)
- Inclusion in VaccineFinder will **still be on an opt-in basis** – *additional details on next page*

We encourage your organization to opt into VaccineFinder

How to opt-in

1. **Log into your VaccineFinder COVID Locating Health account**: https://covid.locating.health/login

2. In the upper right-hand corner, **select "Public Display"**

Here, **you'll be able to "turn on" your desired location(s)** to display publicly on the VaccineFinder map and update the displayed information

3. To turn on locations within the portal, **navigate to the 'Log Manually' tab and switch the below grey toggles to blue**

4. On the same page, you can **click each location and edit the information to display publicly**, including: Phone Number (required), Hours, Website, Scheduling Tool, Notes (free text field)

Your updates should reflect in the tool within 24 hours

Additional resources

For detailed instructions, please view VaccineFinder's provider resources in the below sections: https://vaccinefinder.org/covid-provider-resources/

- "COVID Locating Health Provider Portal: Updating Public Display Fields (Jurisdiction and Providers)"
- "Checklists for Updating Public Display Fields"

We also sent an email last week regarding the shift to VaccineFinder and detailed guidance on how to opt in

Questions? Email us at: findmyvaccinetool@ks.gov

NEW
Provider vaccine admin. dashboard
Raw data output from WebIZ and Daily Snapshot

What is the purpose of the dashboard?

- Provide a view of our state's vaccination program aggregate reporting & performance
- Give providers opportunity to address data & reporting issues that may not be reflective of progress being made by LHDs and providers on-the-ground

What data will the dashboard will draw from?

- Information taken **from both WebIZ and the Daily Snapshot, including all or a subset of the data on doses received, transferred, administered, and in-inventory doses**

How will it be shared?

- Additional detail on the dashboard and your organizations most recent data was shared with your CEO, CMO, and primary vaccine coordinators this morning
- This dashboard will be **shared publicly as soon as 3/15 on Kansasvaccines.gov**

What can I do if something on this dashboard appears to be incorrect or outdated?

- If you want to update this information, you **must submit a new Snapshot for Thursday by 10 AM CT on Friday 3/12 and/or update data in WebIZ by 8 PM CT 3/11**
- We will not be managing offline corrections via COVIDVaccinePartners before go-live
- If your data is not in this dashboard and you have received or administered vaccines, please report into the Daily Snapshot Monday-Friday to be included

N Myron Gunsalus, Jr, KHEL Director

COVID-19 Laboratory Update

March 11, 2021

COVID-19: Laboratory Update

FDA Approved Tests as of 3/3/21

FDA has currently authorized 301 tests under EUAs:

- 224 molecular tests (excluding Lab Developed Tests)
  - Includes Several Direct To Consumer Home KIts
- 72 antibody tests
- 15 antigen tests, 9 CLIA Waived + 3 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

New Over the Counter isothermal molecular test for home use without a prescription. Cue COVID-19 test, using a CUE cartridge reader. Also applicable for children over 2 years old (adult doing swabbing of anterior nares.

The newest antibody test is one that uses T-Cell receptor Beta sequencing. This is a combination PCR/Next Generation Sequencing test lookignf or the T-cell Receptor beta gene sequence in human genomic DNA.

COVID-19: Laboratory Update

COVID Variants and Testing

Variant	Reported Cases in US	Number of States
B.1.1.7	3283	49
B.1.351	91	21
P.1	15	9

To protect and improve the health and environment of all Kansans

B.1.1.7 was found in 3 additional States and approximately 700 more cases of B.1.1.7 reported since last week. Now 49 states have identified as having at least one case.

B.1.351 has 26 new cases and 4 more states since last week.

P.1 5 new cases and 4 additional state since last week.

Although we have a single name for these variants, it is important to note that there are multiple mutations that are all present to result in a B.1.1.7 variant, for instance. So we can have small changes in the virus from sample to sample that do not rise to the effect of a variant, and likewise can have an S-1 gene dropout that is not a B.1.1.7.

COVID-19: Laboratory Update

COVID Variants and Testing

- KHEL has sequence over 1700 samples to date
- 320 sequenced in the last 7 days
- Of those we have identified approximately 30 B.1.1.7 Variants
- We have identified other interesting mutations but no other variant of interest.
- We have uploaded 473 sequences to the GISAID database

To protect and improve the health and environment of all Kansans

Contact us KHEL_INFO with SUBJECT LINE…

ATTENTION: SEQUENCING NEEDED

Over the next few weeks we hope to begin providing insight into what we are finding with our genetic sequencing.

COVID-19: Laboratory Update

COVID Variants and Testing

- 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
- If there is a known case of reinfection or potential vaccine break through, KHEL would be interested in 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

Contact us KHEL_INFO with SUBJECT LINE…

ATTENTION: SEQUENCING NEEDED

Over the next few weeks we hope to begin providing insight into what we are finding with our genetic sequencing.

LabXchange & Rapid (POC) Testing

- 7 sites used the Rapid testing option last week.
- 1661 tests entered using LabXchange to date
- To get set up as with LabXchange please send an email to: **kdhe.KHEL_HELP@ks.gov**
- Use subject line LabXchange

COVID-19: Laboratory Update

APHL | ASSOCIATION OF PUBLIC HEALTH LABORATORIES

Sign In OR Create an Account

Search for Training and Resources | Our Value | Our Work | Your Resources | Your Development | I Want To | Follow

APHL | APHL PROGRAMS | PUBLIC HEALTH PREPAREDNESS & RESPONSE | BIOSAFETY AND BIOSECURITY RESOURCES

Biosafety and Biosecurity Resources

- Crisis Management
- Biosafety & Biosecurity
- Training & Tools
- Partnerships & Outreach

Lab Biosafety & Biosecurity Resources

APHL, working in partnership with the US Centers for Disease Control and Prevention, offers tools and resources to strengthen biosafety and biosecurity practices in public health and clinical laboratories.

- + APHL Survey Resources
- + Competency Resources
- + Risk Assessment Resources
- + Biosafety and Biosecurity Checklists
- + APHL Fact Sheets
- + Training Resources

Biosafety Community of Practice

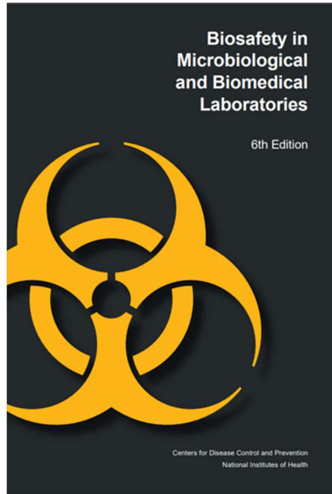
https://www.aphl.org/programs/preparedness/Pages/Biosafety-Biosecurity-Resources.aspx

To protect and improve the health and environment of all Kansans

Many of you are aware that we have a Biosafety Officer, Michael Weinkauf, here at the state laboratory and he, along with our state training coordinator support our state sentinel laboratory program and can provide some guidance/support for clinical laboratories relative to safety concerns and shipping concerns in particular.

This toolkit by APHL is something that he recommended for laboratorians to have access to when evaluating risk assessment in their facility.

COVID-19: Laboratory Update



CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

A-Z Index
Search
Advanced Search

CDC Laboratories

CDC Laboratories > Strengthening Lab Safety

- CDC Laboratories
- Protecting Americans
- Enhancing Lab Science & Quality
- Strengthening Lab Safety
  - Biosafety in Microbiological & Biomedical Laboratories (BMBL) 6th Edition
  - Historical Lab Safety Activities

Related Information

Biosafety in Microbiological and Biomedical Laboratories (BMBL) 6th Edition

Print the Full Version of Biosafety in Microbiological and Biomedical Laboratories (BMBL) 6th Edition [PDF – 5 MB]

BMBL Foreword

Biosafety in Microbiological and Biomedical Laboratories (BMBL) has served as the cornerstone of biosafety practice in the United States since its initial release in 1984. We wish to emphasize that the sixth edition of BMBL remains an advisory document recommending best practices for the safe conduct of work in biomedical and clinical laboratories from a biosafety perspective. The BMBL is not intended to be a regulatory document, although we recognize that some may use it in that way. The core principle of this document is protocol-driven risk assessment; it is not possible for a single document to identify all of the possible combinations of risks and mitigations feasible in biomedical and clinical laboratories. The BMBL should be used as a tool in the assessment and proposed mitigation steps in biomedical and clinical laboratories.

https://www.cdc.gov/labs/BMBL.html

To protect and improve the health and environment of all Kansans

Similar to the APHL toolkit, the CDC has recently published an updated BMBL, Biosafety in Microbiological and Biomedical Laboratories. This is considered a standard of safety for laboratories of this nature. This edition has also included a 12 page section on Clinical laboratories in Appendix N.

COVID-19: Laboratory Update

General Thoughts

- Rapid Antigen Kits Available from KDHE at no charge.
- Community Testing Partners for Antigen Tests
- CLIA Certification Questions: KDHE.CLIA2@ks.gov
- Mobile Labs and Collection Vans available.

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. Go through your County EM.

We are looking for partners to ensure that testing is available across the state and there are still some gaps. If you are doing testing or can do antigen testing for public use (no charge to patient) we may have an opportunity to engage you as a community testing partner in order to fill a gap in current service. You would need to be accessible to the public and we can provide supplies but you would either collect specimens for PCR testing or perform an onsite rapid antigen test.

If you need help with certification to use these Waived Tests, then contact our CLIA office.

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

March 11, 2021

New Mask Guidance Graphics

I'VE BEEN VACCINATED. DO I STILL NEED TO WEAR A MASK?

Yes! When you are not in your home, continue to follow all public health measures:

- Mask
- Maintain 6ft distance
- Avoid Crowds
- Avoid poorly ventilated spaces
- Wash your hands often or use hand sanitizer with at least 60% alcohol

I'VE BEEN VACCINATED. DO I STILL NEED TO WEAR A MASK?
Yes! When you are not in your home, continue to follow all public health measures:
Mask
Maintain 6ft distance
Avoid Crowds
Avoid poorly ventilated spaces
Wash your hands often or use hand sanitizer with at least 60% alcohol

IF YOU'VE BEEN VACCINATED & YOU ARE IN YOUR OWN HOME:

- Gathering with other fully vaccinated people in small groups without masks or distancing is OK
- Gathering with unvaccinated people from a single household is OK, as long as they are at low risk for developing severe disease

IF YOU'VE BEEN VACCINATED & YOU ARE IN YOUR OWN HOME:
Gathering with other fully vaccinated people in small groups without masks or distancing is OK
Gathering with unvaccinated people from a single household is OK, as long as they are at low risk for developing severe disease

To download:

KDHE COVID site
> Publications

> Social Media Toolkit

> COVID-19 Toolkits

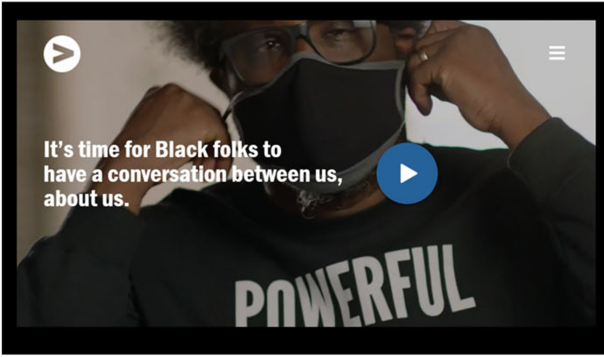
> Social Media

> Vaccine

> New Mask Guidance – March2021

To protect and improve the health and environment of all Kansans

THE CONVERSATION: Between Us, About Us



Health care workers answer questions about the COVID-19 vaccines

www.BetweenUsAboutUs.org

To protect and improve the health and environment of all Kansans

THE CONVERSATION: Between Us, About Us. is a new campaign to provide Black communities with credible information about the COVID-19 vaccines co-developed by KFF (Kaiser Family Foundation) and the Black Coalition Against COVID. Black doctors, nurses and researchers dispel misinformation and provide accessible facts in 50 FAQ videos that deliver the information Black people are asking for about the COVID-19 vaccines. More videos and voices will be added to this one-of-its-kind *living* video library as new questions arise and information becomes available.

The series debuts on YouTube today with a launch video featuring W. Kamau Bell in an open, honest conversation with Black health care workers that gets to the heart of Black people's questions and concerns. YouTube is providing significant support for the campaign, including high visibility promotion across its platform.

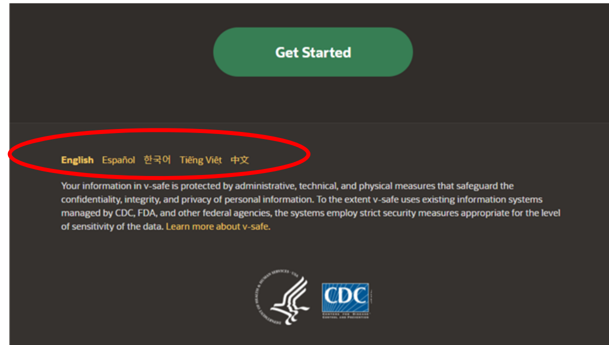
To learn more about this campaign, you can visit www.BetweenUsAboutUs.org and YouTube.com/GreaterThanCOVID.

V-Safe in Additional Languages

VSafe.cdc.gov

Get vaccinated.
Get your smartphone.
Get started with v-safe.

V-safe is a smartphone-based tool that checks in on you after your COVID-19 vaccination. Your participation helps keep COVID-19 vaccines safe — for you and for everyone.



Available in:

- English
- Korean
- Simplified Chinese
- Spanish
- Vietnamese

V-Safe in Additional Languages

ENFERMEDAD DEL CORONAVIRUS 2019 (COVID-19)
Vacúnate. Toma tu smartphone. Comienza con v-safe.
cdc.gov/coronavirus-es

新型冠状病毒疾病 (COVID-19)
接种疫苗。带上智能手机。v-safe入门。
cdc.gov/coronavirus

코로나바이러스 질병 2019 (COVID-19)
백신 접종 후 귀하의 스마트폰에서 v-safe를 시작하십시오.
cdc.gov/coronavirus

Available in:
English
Spanish
Simplified Chinese
Korean
Vietnamese

To download:

KDHE COVID site
> Publications

> Social Media Toolkit

> COVID-19 Toolkits

> Social Media

> Vaccine

> V-Safe

To protect and improve the health and environment of all Kansans

SNS On-Demand Webinar

Originally Aired February 18, 2021

Strategic National Stockpile Stakeholder Webinar

Learn about the role of the Strategic National Stockpile's role in the COVID-19 response, including the federal mass vaccination campaign

More information HERE

To protect and improve the health and environment of all Kansans

You can now watch the Strategic National Stockpile's Stakeholder Webinar on TRAIN. The webinar highlights SNS COVID-19 response operations, including the stockpile's role in the federal mass vaccination campaign. For more information, click the link on the slide or visit the HHS website here: https://www.phe.gov/about/sns/COVID/Pages/sns-course-listing-.aspx

Upcoming Webinar

“COVID-19 Conversations:

Variants & Vaccines”

Date: **Wednesday, March 17, 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, March 11 at 4pm CST. The topic is “Variants and Vaccines.” 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.

Guide My PPE App

Guide My PPE

Selecting the right PPE is important for you and for the patient.

Would you like help choosing what PPE you should wear or do you already know what you need to select?

Help me choose PPE

I'll select my PPE

Choose the Right PPE

Let us help you. Describe your treatment situation.

Click **NEXT** to continue.

COVID-

I am NOT providing direct care or in contact with a suspected or confirmed patient with COVID-19.

COVID+

I AM providing care or am in contact with suspected or confirmed patient with COVID-19.

Back Next

Access App HERE

To protect and improve the health and environment of all Kansans

Guide MY PPE is a tool that has been developed by NETEC, in partnership with Emory Visual Medical Education to provide you with up-to-date information and best practices on the selection and use of personal protective equipment (PPE) as well as conservation and reuse.
The app is being updated on a regular basis. To access, click the link on this slide or visit PPEGuide.org.

Questions?