



**Lee A. Norman, MD, MHS, MBA, Secretary**  
**COVID-19 Webinar Series Welcome**  
**April 22, 2021**



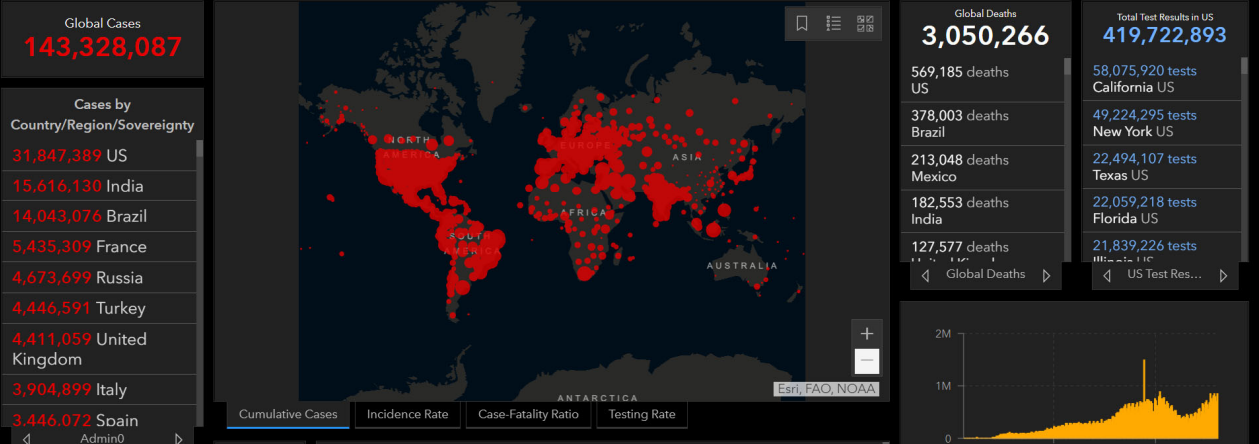
**Farah S. Ahmed, MPH, PhD, State Epidemiologist**  
**COVID-19 Situation Update**  
**April 22, 2021**



# COVID-19: Situation Around The World



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



As of 4-21-2021. 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>.

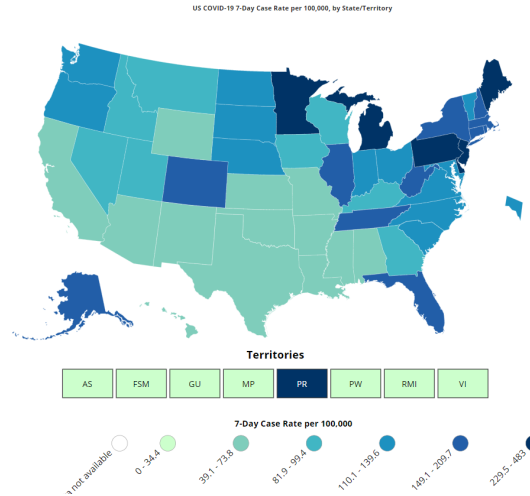
Last week, we had almost 137.9 million cases around the world and 2.9 million deaths.

This week, there are 143.3 million cases and we have 3,050,266 deaths around the world.



# COVID-19: Situation in the US

- Total cases: 31,602,676



As of 4-21-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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Last week in the US:

Total cases: 31,158,087 (almost 31.2 million)

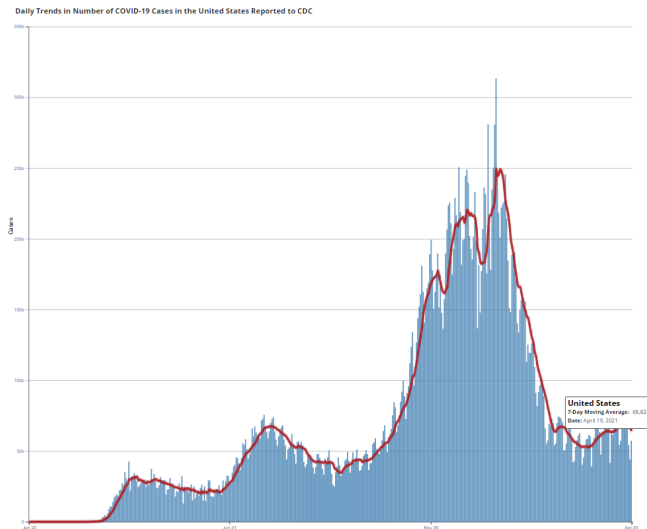
As of yesterday

This week:

Total cases: 31,602,676



## COVID-19: Situation in the US



As of 4-21-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

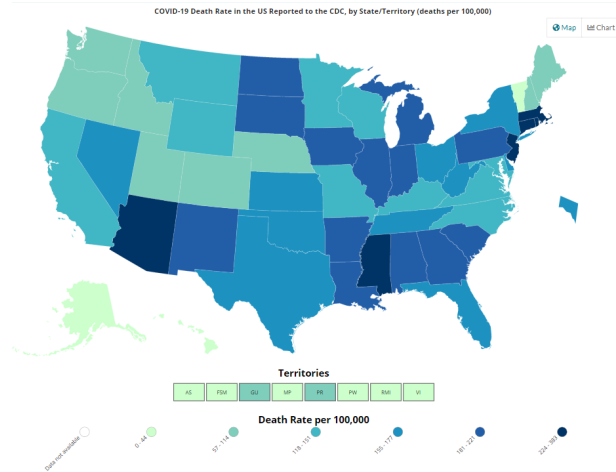
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In the US, you can see that we are averaging almost 66,000 new cases each day according to the 7-day average. That is down from 70,000 from the previous week.



## COVID-19: Situation in the US

- Total deaths: 565,613



As of 4-22-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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Last week in the US:

Total deaths: 560,576 (over 560,000)

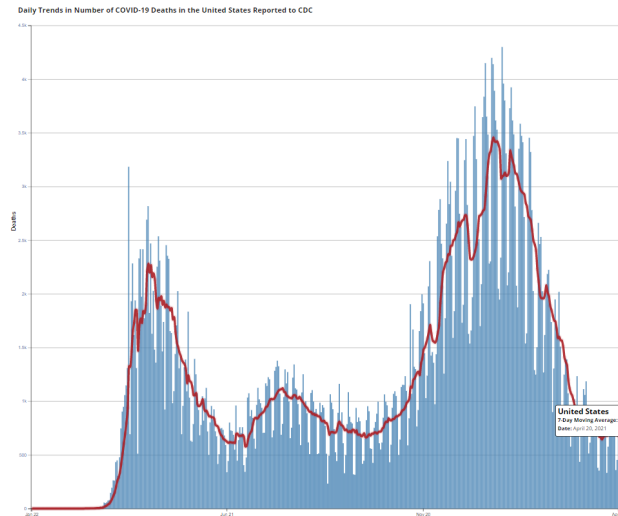
As of yesterday

This week:

Total deaths: 565,613



## COVID-19: Situation in the US



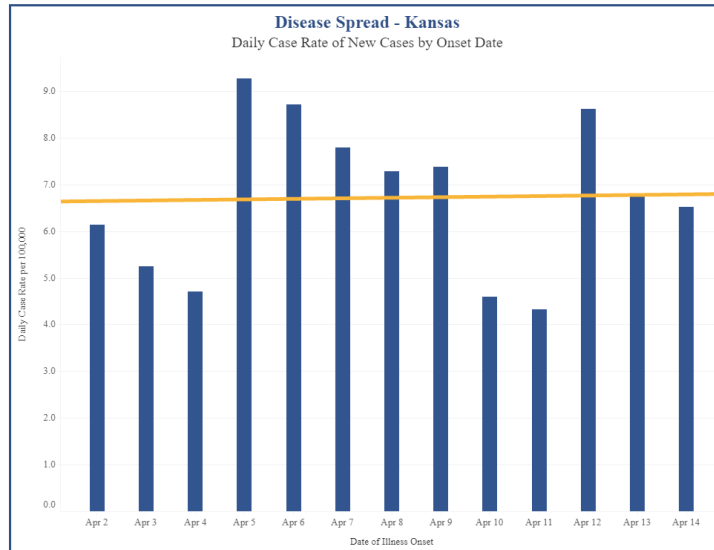
As of 4-21-2021. Available at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

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The 7-day moving average daily death trend in the United States is about 685 deaths per day.



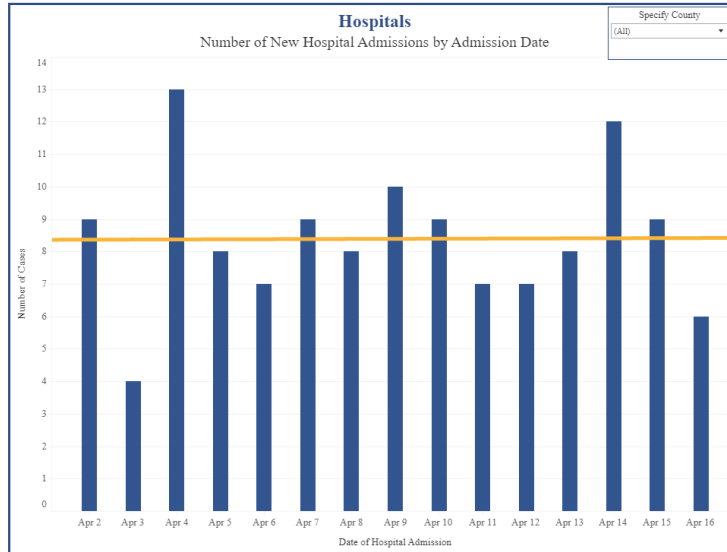
## COVID-19: Situation in Kansas



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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 increasing slightly and this week it looks similar, but really pretty flat.



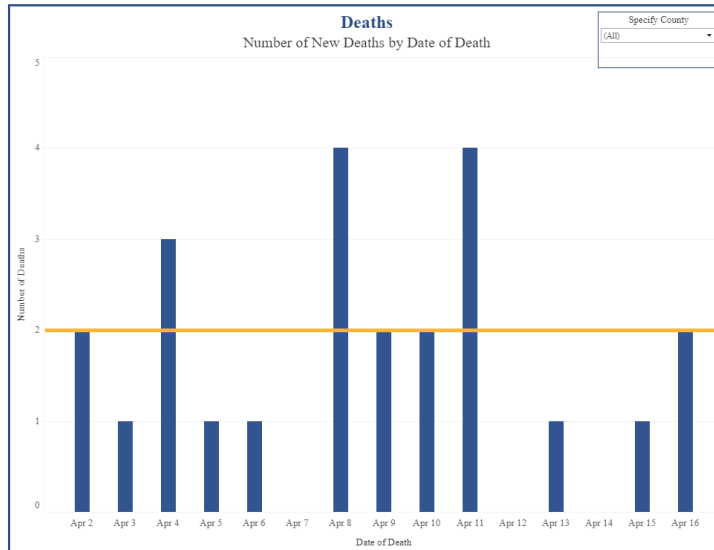


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For hospitalizations, the trend last week was increasing and this week it is flat.



## COVID-19: Situation in Kansas



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And for deaths, last week the trend was decreasing and it is flat this week.



## COVID-19: Situation in Kansas

### Kansas COVID-19: Overview

COVID-19 Cases	Hospitalizations	Statewide Deaths	People Tested
306,883	9,997	4,961	1,357,761

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

Last updated: 4/21/2021 at 9:00 AM. There were 593 new cases, 6 new deaths, and 36 new hospitalizations reported since Monday, 4/19/2021.

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As of yesterday, we had 306,883 cases (which is an increase of 1,563 cases since last week) and 4,961 deaths statewide (that's an increase of 17 deaths since last week).

There were 593 new cases and 6 new deaths reported from Monday 4/19 to Wednesday 4/21.



## COVID-19: Situation in Kansas: Outbreaks

Last updated: 4/21/2021 at 9:00 AM. Cluster Summary data is updated every Wednesday.

Active COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
48	2,771	57	25

All COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
1,910	38,268	1,876	2,060

- 38,268 outbreak-related cases/306,883 cases (12.5%)
- 1,876 outbreak-related hospitalizations/9,997 total hospitalizations (18.9%)
- 2,060 outbreak-related deaths/4,961 total deaths (41.5%)

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Moving on to outbreaks:

As of late Tuesday night, we had 1,910 outbreaks across the state; This week we have 48 active clusters which is up from 44 last week.

Our percentage of outbreak related cases is 12.5%, outbreak-related hospitalizations is about 18.9% and outbreak-related deaths is about 41.5%.



## COVID-19: Situation in Kansas: Outbreaks

COVID-19 Cluster Cases by Type

Type	Clusters	Cases	Hospitalizations	Deaths
College or University	2	366	2	0
Corrections	2	1,138	10	3
Daycare	3	17	0	0
Government	4	17	0	0
Group Living	2	36	0	0
Healthcare	1	4	0	0
Long Term Care Facility	9	173	14	16
Meat Packing	1	689	26	6
Private Business	11	264	2	0
Private Event	5	28	2	0
Religious Gathering	3	19	1	0
School	2	12	0	0
Sports	3	8	0	0
<b>Total</b>	<b>48</b>	<b>2,771</b>	<b>57</b>	<b>25</b>

Sort by Cluster Type  
Active

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We currently have 2 active clusters in colleges and universities, 2 in corrections, 9 in LTCFs (that's up from 7 last week), 11 in private businesses and 2 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: New Literature

### COVID-19 Outbreak Associated with a SARS-CoV-2 R.1 Lineage Variant in a Skilled Nursing Facility After Vaccination Program — Kentucky, March 2021

Early Release / April 21, 2021 / 70

Alyson M. Cavanaugh, DPT, PhD<sup>1,2</sup>; Sarah Fortier, MPH<sup>2</sup>; Patricia Lewis<sup>2</sup>; Vaneet Arora, MD<sup>2</sup>; Matt Johnson<sup>2</sup>; Karim George<sup>2</sup>; Joshua Tobias, PhD<sup>2</sup>; Stephanie Lunn, MPH<sup>2</sup>; Taylor Miller, MPH<sup>2</sup>; Douglas Thoroughman, PhD<sup>2,3</sup>; Kevin B. Spicer, MD, PhD<sup>2,4</sup> ([View author affiliations](#))

[View suggested citation](#)

#### Summary

##### What is already known about this topic?

COVID-19 vaccines have demonstrated high efficacy in clinical trials. Limited data are available on effectiveness in skilled nursing facilities (SNFs) and against emerging variants.

##### What is added by this report?

In a COVID-19 outbreak at a Kentucky SNF involving a newly introduced variant to the region, unvaccinated residents and health care personnel (HCP) had 3.0 and 4.1 times the risk of infection as did vaccinated residents and HCP. Vaccine was 86.5% protective against symptomatic illness among residents and 87.1% protective among HCP.

##### What are the implications for public health practice?

Vaccination of SNF residents and HCP is essential to reduce the risk for symptomatic COVID-19, as is continued focus on

#### Article Metrics

Altmetric:



Citations:

Views:  
Views equals page views plus PDF downloads

[Metric Details](#)

Available at: [https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e2.htm?s\\_cid=mm7017e2\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e2.htm?s_cid=mm7017e2_w)

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#### MMWR article:

The Kentucky Department for Public Health (KDPH) and a local health department investigated a COVID-19 outbreak in a SNF that occurred after all residents and health care personnel (HCP) had been offered vaccination.

Among 83 residents and 116 HCP, 75 (90.4%) and 61 (52.6%), respectively, received 2 vaccine doses. Twenty-six residents and 20 HCP received positive test results for SARS-CoV-2, including 18 residents and four HCP who had received their second vaccine dose >14 days before the outbreak began. An R.1 lineage variant was detected with whole genome sequencing (WGS). Although the R.1 variant has multiple spike protein mutations, vaccinated residents and HCP were 87% less likely to have symptomatic COVID-19 compared with those who were unvaccinated.

The R.1 variant is not currently identified as a CDC variant of concern or interest, it does have several mutations known to increase transmissibility.



## COVID-19: New Literature

### Postvaccination SARS-CoV-2 Infections Among Skilled Nursing Facility Residents and Staff Members — Chicago, Illinois, December 2020–March 2021

Early Release / April 21, 2021 / 70

Richard A. Teran, PhD<sup>1,2\*</sup>; Kelly A. Walblay, MPH<sup>2\*</sup>; Elizabeth L. Shane, MPH<sup>2</sup>; Shannon Xydis<sup>2</sup>; Stephanie Gretsich, MPH<sup>2</sup>; Alexandra Gagner, MPH<sup>2</sup>; Usha Samala, MPH<sup>2</sup>; Hyeree Choi<sup>2</sup>; Christy Zelinski, MPH<sup>2</sup>; Stephanie R. Black, MD<sup>2</sup> ([View author affiliations](#))

[View suggested citation](#)

#### Summary

##### What is already known about this topic?

Residents and staff members of skilled nursing facilities (SNFs) are recommended to receive COVID-19 vaccine as a priority group.

##### What is added by this report?

Twenty-two possible breakthrough SARS-CoV-2 infections occurred among fully vaccinated persons ≥14 days after their second dose of COVID-19 vaccine. Two thirds of persons were asymptomatic. A minority of persons with breakthrough infection experienced mild to moderate COVID-19-like symptoms; two COVID-19-related hospitalizations and one death occurred. No facility-associated secondary transmission was identified.

##### What are the implications for public health practice?

SNFs should prioritize vaccination and follow recommended COVID-19 infection prevention and control practices, including

#### Article Metrics

##### Altmetric:



##### Citations:

Views:  
Views equals page views plus PDF downloads

[Metric Details](#)

Available at:

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e1.htm?s\\_cid=mm7017e1\\_e&ACSTrackingID=USCDC\\_921-DM55279&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20April%2021%2C%202021&deliveryName=USCDC\\_921-DM55279](https://www.cdc.gov/mmwr/volumes/70/wr/mm7017e1.htm?s_cid=mm7017e1_e&ACSTrackingID=USCDC_921-DM55279&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20April%2021%2C%202021&deliveryName=USCDC_921-DM55279)




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MMWR article:

Among 627 persons with SARS-CoV-2 infection across 75 SNFs since vaccination clinics began, 22 SARS-CoV-2 infections were identified among 12 residents and 10 staff members across 15 facilities ≥14 days after receiving their second vaccine dose (i.e., breakthrough infections in fully vaccinated persons). Nearly two thirds (14 of 22; 64%) of persons with breakthrough infections were asymptomatic; two residents were hospitalized because of COVID-19, and one died. No facility-associated secondary transmission occurred.



# COVID-19: Updated Travel-Related Quarantine List

KDHE Travel-Related <b>Mandatory</b> Quarantine Areas:			
	Type	Effective Date	Where?
	International Travel	On or after <b>April 22, 2021</b>	Argentina, Aruba, Bahrain, Croatia, Cyprus, France, Sweden and Turkey
		On or after <b>April 8, 2021</b>	Andorra, Bermuda, Curacao, Poland, Serbia or Uruguay
		On or after <b>March 26, 2021</b>	Hungary
		On or after <b>March 12, 2021</b>	Estonia
		Between <b>March 26, 2021 - April 22, 2021</b>	Jordan
		Between <b>March 12, 2021 – April 22, 2021</b>	State of Palestine
		Between <b>February 26, 2021 – April 22, 2021</b>	San Marino
	Domestic Travel	On or after <b>April 22, 2021</b>	Minnesota
		On or after <b>April 8, 2021</b>	Pennsylvania
		On or after <b>March 26, 2021</b>	Delaware, Michigan or Rhode Island
		On or after <b>March 12, 2021</b>	New Jersey or New York
		Between <b>April 8 – April 22, 2021</b>	Connecticut
		<b>September 10, 2020</b>	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 <b>March 15, 2020</b>	All cruise ships and river cruises

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Fortunately Kansas has continued to slightly improve and is still near the bottom of the US list....unfortunately this means more states and countries that are worse off than Kansas.

For the US list:

1. Remove:  
Connecticut
2. Keep:  
Michigan  
New Jersey  
New York  
Rhode Island  
Delaware  
Pennsylvania
3. Add:  
Minnesota

For the International list:

1. Remove:  
San Marino  
Estonia  
Jordan
2. Keep:  
Curacao  
State of Palestine  
Uruguay  
Bermuda  
Andorra  
Poland  
Hungary  
Serbia
3. Add:  
Turkey  
Bahrain  
Cyprus  
Croatia  
France  
Sweden  
Aruba  
Argentina





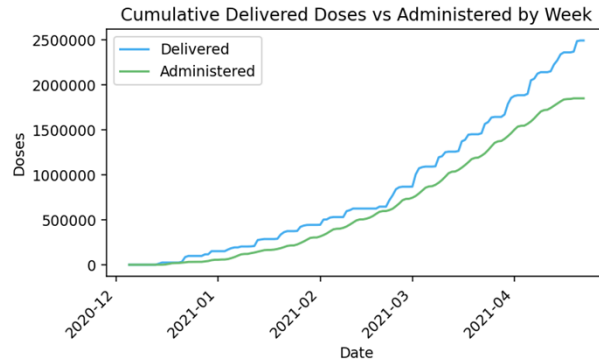
**Phil Griffin, Director, Disease Control & Prevention**  
**COVID-19 Vaccine Update**  
**April 22, 2021**



## Vaccine Allocations Next Week

- **Pfizer Prime 42,120 doses**
- **Moderna Prime 31,300 doses**
- **J&J 0 doses**

Please consider Moderna and Pfizer as options in all settings- **Avoid missed opportunities**



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## Johnson and Johnson Pause

- **A virtual emergency meeting will be held to discuss Janssen (Johnson & Johnson) COVID-19 vaccine on April 23, 2021, 10:00 a.m. to 4:00 p.m. CT**
- **<https://www.ustream.tv/channel/VWBXKBR8af4>**

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## Johnson and Johnson Pause

- **de Beaumont released some new polling data collected by Frank Luntz after the J&J pause was announced. The poll was conducted April 15-16, 2021. Some points of interest:**
  - Americans consider the CDC and FDA's decision to pause the Johnson & Johnson vaccine proof that rigorous safety monitoring is working.
  - 40% of Americans are more likely to get vaccinated than they were one month ago.
  - The partisan gap between Republicans and Democrats willingness to get vaccinated seems to be narrowing. Only 16% of all voters disagreed with the statement "The bottom line is COVID-19 vaccines save lives, and Americans should continue to get vaccinated as soon as possible."
  - 61% of Americans agreed that the J&J pause was an isolated situation and generally vaccines are safe.

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## Johnson and Johnson Pause

- **The following messaging would be most assuring about the safety of J&J:**
  - Safety monitoring is working and the government is prioritizing the safety of Americans. The safety monitoring system for vaccines identified the issue as soon as it arose, and this was shared with the public transparently, showing a commitment to safety.
  - As of today, fewer than 10 people — of the 6.8 million who have gotten the Johnson & Johnson vaccine to date — have reported serious blood clotting side effects.
  - These events are extremely rare. The chance of being struck by lightning is literally twice that of getting a blood clot from the J&J COVID-19 vaccine.
  - The risk of getting a serious blood clot from the J&J COVID-19 vaccine is less than of getting a blood clot from birth control medication, from smoking, or for those hospitalized with COVID-19.

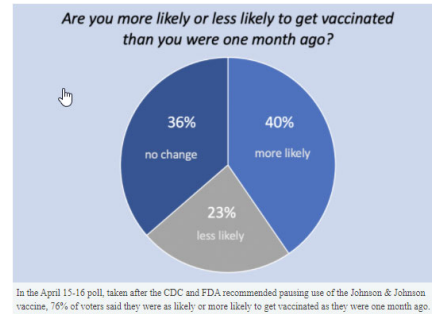
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# Johnson and Johnson Pause

de Beaumont  
BOLD SOLUTIONS FOR HEALTHIER COMMUNITIES

Poll: Vaccine Confidence Grows  
Despite J&J Pause

Home Blog Poll: Vaccine Confidence Grows Despite...



<https://debeaumont.org/news/2021/poll-vaccine-confidence-grows-despite-jj-pause/>

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- **CDC DAAP (Disproportionately Affected Adult Populations) technical assistance documents**

- [“Basic Considerations for Prioritizing and Scheduling People with Disabilities and Their Caregivers for COVID-19 Vaccination”](#), including example language for online tools and call center
- [“Feedback from Jurisdictional Listening Sessions: Strategies for Reaching Populations with Limited Access to COVID-19 Vaccines”](#)

### Basic Considerations for Prioritizing and Scheduling People with Disabilities and Their Caregivers for COVID-19 Vaccination

*Clearance/Dissemination Considerations: The following language and considerations can be shared with state and local immunization coordinators (i.e., primary document audience) through CDC ISD project officers (i.e., primary dissemination method) in consideration of people with disabilities of all ages at the time of COVID-19 vaccination prioritization and scheduling.*

**Example language for online tools and messaging:** The following language may be helpful for state and local online vaccine eligibility/finder tools, or can be modified for other purposes (e.g., web language for call centers):

**Do you have a disability** — or serious difficulty seeing, hearing, walking, concentrating, remembering, or communicating?

➤ **if YES, do you need** [check all that apply]... **(There should be no cost for this assistance)**

- Assistance with setting up an appointment for a COVID-19 vaccine?
- ...
- ...

Do you pr  
... ..

### Scheduling COVID-19 vaccination appointments for people who need help accessing vaccination

Existing System	Strategies Reported by Jurisdictions
Case managers	Have case managers contact people who receive disability or social services and help them register for vaccination appointments.
Community organizations	Work with organizations that already provide services within the community to assist with scheduling vaccination appointments, such as community centers and adult day centers.
Dedicated call-lines	Establish a dedicated call-line for people or their caregivers to call if they need help scheduling a vaccination appointment.
Faith-based organizations	Work with faith-based leaders to help schedule vaccination appointments for people in their congregations.
Medicaid/Medicare	Work with Medicaid/Medicare and state aging, behavioral health, and developmental disabilities offices to help schedule a vaccination appointment for anyone receiving their services.
Pharmacies	Develop partnerships with pharmacies that can schedule vaccination appointments for older adults, people with disabilities, and others who need help accessing vaccination.



**N Myron Gunsalus, Jr, KHEL Director**  
**COVID-19 Laboratory Update**  
**April 22, 2021**





## COVID-19: Laboratory Update

### FDA Approved Tests as of 4/22/21

FDA has currently authorized 315 tests under EUAs:

- 239 molecular tests (excluding Lab Developed Tests)
- 75 antibody tests
- 23 antigen tests, 18 CLIA Waived + 6 At Home Tests

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

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Several new high complexity tests.

Roche COBAS has now included high complexity –pooling as part of their EUA.

The Yale Saliva Direct method has added serial screening and their EUA summary included option for collection at home, unsupervised.

1 new CLIA Waived Antigen test.

Note that if you use the link on this slide, it takes you to a general page and you then have to go to individual pages from there to see Molecular or Antigen or Serological tests.



## COVID-19: Laboratory Update

### **Pooling and Serial Testing Amendment for Certain Molecular Diagnostic Tests for SARS-CoV-2**

On April 20, 2021, the FDA issued an amendment allowing certain authorized molecular diagnostic SARS-CoV-2 tests to be distributed and used to pool anterior nasal respiratory specimens from asymptomatic individuals as part of a serial testing program after developers submit a complete notification, including meeting required validation data, as set forth in the letter.

This means that tests with EUAs that are amended by this authorization may be used with pooled anterior nasal specimens from individuals without known or suspected COVID-19 when such individuals are tested as part of a testing program that includes testing at regular intervals, at least once per week.

<https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/in-vitro-diagnostics-euas-molecular-diagnostic-tests-sars-cov-2#amendment>

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Update from FDA to formally approve certain molecular diagnostic tests to be used for pooled specimens from asymptomatic individuals.

This is for High complexity labs and requires the vendor to submit application and data to support the change.

On this page will be an Exhibit that will list these, but nothing has been posted there yet.



## COVID Variants and Testing

Variant	Reported Cases in US	Number of States
B.1.1.7	20,915	52
B.1.351	453	36
P.1	497	31

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<https://www.cdc.gov/coronavirus/2019-ncov/transmission/variant-cases.html>

This is the last update for this page. CDC will no longer update these numbers after April 12.

B.1.1.7

B.1.351

P.1



### COVID Variants and Testing

- KHEL has sequenced over 2,600 samples to date.
- We have published over 950 of our sequences to the GISAID international database.
- There are 2,192 Kansas based sequences currently in GISAID



## COVID-19: Laboratory Update

### **SARS-CoV-2 Viral Mutations Detection with COVID-19 Tests**

- Variant Detection is not diagnostic
- Variants are usually a combination of various mutations.
- PCR techniques can detect some aspects of some variants
  - e.g. S-gene dropout
- But PCR alone cannot positively identify a variant, only if a particular mutation is present.

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## COVID-19: Laboratory Update

### **SARS-CoV-2 Viral Mutations Detection with COVID-19 Tests**

- But PCR alone cannot positively identify a variant, only if a particular mutation is present.
- Be aware of misleading claims by vendors to “identify variants”.
- These PCR mutation identifications can provide “indications” of a potential variant
- Good for screening which samples could be related to variants
- Should not report as having found a variant until whole genome sequencing is performed.

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If you are a lab that is running PCR for COVID detection, we are looking for ways to increase our statewide sequencing efforts

## KHEL is looking to partner with labs to increase sequencing



### Criteria

KHEL is asking labs to send **any positive samples**

**However, KHEL is particularly interested in the following cases if all samples are not available**

- **Examples:** Areas with high transmission (different age groups, geographic locations, severity), cases in areas with a significant increase of cases over a few weeks (not explained by relaxing public health measures), children in areas with increased incidence of pediatric disease, clusters of cases in people aged <60 without underlying conditions, cases in fully-vaccinated people or when re-infection is suspected

**Samples with a CT value <30 are preferred, but higher CT values are OK if samples are of interest**



### Next steps

- To sign up for the program, **Contact KHEL\_INFO** and **include Subject Line: ATTENTION SEQUENCING**
  - Samples can be submitted through a form or lab online
  - For regular surveillance tell us how many PCR positives you typically have per week and could send.
- If there is a known case of reinfection or potential vaccine break through or "S-Deletion", then **contact KHEL for sequencing.**
- You **should not report PCR mutation screening to anyone as an identified variant.** Variants are only identified after confirmation whole genome sequencing
  - Send us extract if possible or a second sample in VTM

**Please note:** CMS has stated so far that sequencing results cannot be reported back to providers but only to Public Health. We will be working with Public Health staff regarding results of sequences but can only provide aggregate data back to any given laboratory



## 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](mailto:KDHE.CLIA2@ks.gov)
- Mobile Labs and Collection Vans available.

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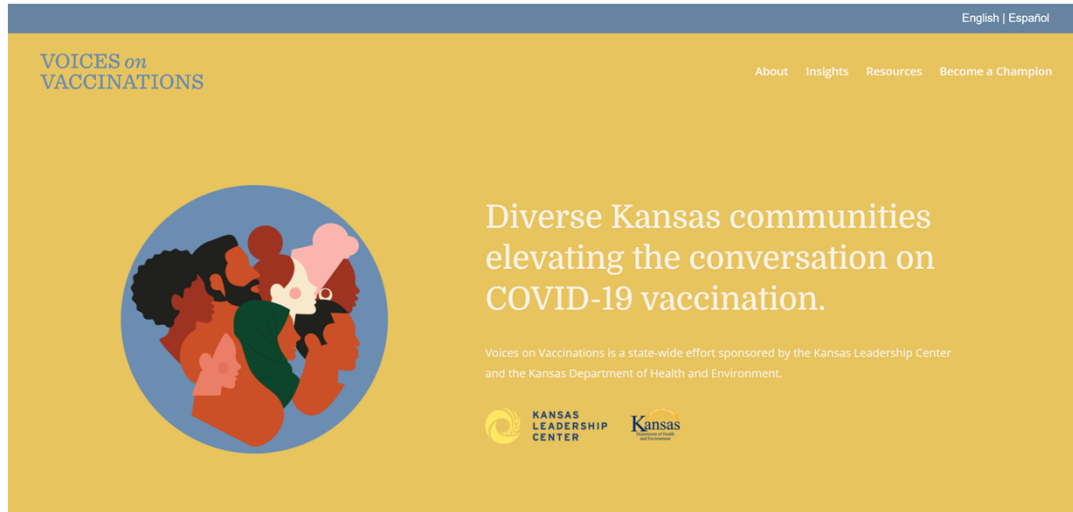
If you have a need or an idea on using rapid antigen tests for a particular purpose, please let us know and we may be able to supply the kits at no charge. Go through your County EM.

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.





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Voices on Vaccinations is a state-wide effort sponsored by the Kansas Leadership Center and the Kansas Department of Health and Environment. We gathered in community meetings with Black, Latino, Native American, and intellectually or developmentally disabled individuals to hear about their perspectives on COVID-19 vaccination. Then we create culturally appropriate messaging resources to enable more effective communication about COVID-19 vaccination. All of these resources can be found on [VoicesOnVaccinations.org](https://VoicesOnVaccinations.org). We also aim to build awareness of the vaccines by equipping Champions, community members, and public health practitioners to share insights with diverse communities.



## COVID VACCINE CONCERNS?

Hesitant?  
We can relate.  
Here's why **LAVONTA**  
chose to vaccinate.

“I chose to get vaccinated because, as a caregiver to my Mom and husband, I wanted to make sure I was doing all I could to keep them safe and healthy. I never wanted to be the one to cause them to be in danger.”

The quicker we all get our shots, the sooner we can get back to some form of normalcy.”  
**Lavonta Williams, Wichita**



**VOICES on VACCINATIONS**

What's your reason?: [www.voicesonvaccinations.org](http://www.voicesonvaccinations.org)



## ¿Preocupaciones sobre la

¿No estás seguro?

Te entendemos

Esto es la razón por la cual

**LUISA** eligió vacunarse.

“Por años hemos confiado nuestra salud a médicos profesionales. Yo sigo confiando en los avances científicos que ayudarán a erradicar esta pandemia global. Espero con ansias el día que no tenga que decirle a otra persona que sus familiares padecen de COVID-19.”

**Luisa M. Taylor, Hospitalist Nurse Practitioner, Wichita**

**VOCES sobre LAS VACUNAS**

[www.voicesonvaccinations.org](http://www.voicesonvaccinations.org)

**Hesitant?**  
Please don't wait.  
**Now's the time to vaccinate.**  
Understand your options.


**VOICES on VACCINATIONS** [www.voicesonvaccinations.org](http://www.voicesonvaccinations.org)

*To protect and improve the health and environment of all Kansans*

The resources on VoicesOnVaccinations.org come from real Kansans; some of the examples can be seen here. In addition to the testimonials shown here, there are also FAQ graphics, infographics, graphics that outline the steps to get the vaccine, radio ads and a sample newspaper ad. All of these are available in both English and Spanish.




**Hesitant?**



**Please don't wait. Now's the time to vaccinate.**

**You do not have to be insured to receive the COVID-19 vaccine.**

Kansans can't be denied a vaccine if they do not have insurance. Learn more about your options and why more people are choosing to vaccinate.



**VOICES on VACCINATIONS**

[www.voicesonvaccinations.org](http://www.voicesonvaccinations.org)

### Champion Sign Up

Commit to being a Champion and receive updates about the Voices on Vaccinations project.

Any information you provide will only be used to deliver information about the Voices on Vaccination project and other Kansas Leadership Center initiatives.

Become a Champion \*

I commit to becoming a Voices on Vaccinations Champion.

First Name (optional)

Last Name (optional)

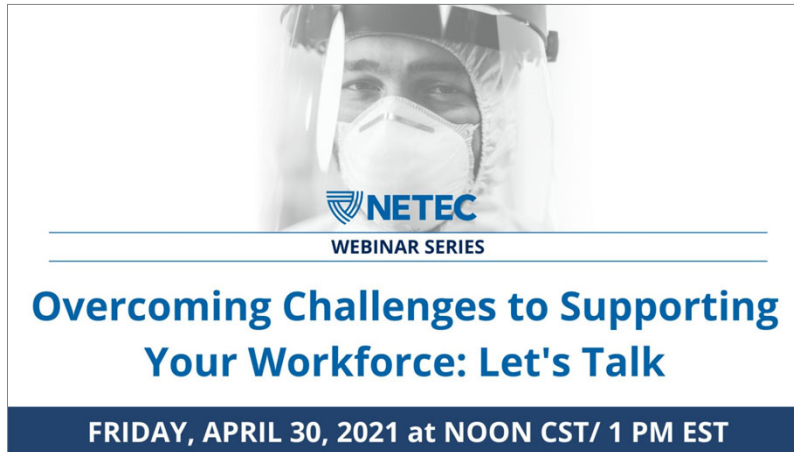
Email (optional)

*To protect and improve the health and environment of all Kansans*

In order to build a network of individuals dedicated to building awareness of, and interest in, the COVID-19 vaccines in diverse Kansas communities, you can become a Champion. A champion is committed to sharing resources and information about the COVID-19 vaccines in ways that mobilize individuals in the following communities in Kansas: Black, Latino, Native American, and individuals with intellectual or developmental disabilities. Business owners, church pastors, nonprofit board members are just some examples of who make great Champions. Our goal is to identify 500 Champions in the state. If you are interested in becoming a Champion, you can sign up by giving your name and email address on the VoicesOnVaccinations.org website.



## Upcoming Webinar

A graphic for a webinar. At the top, a person is shown wearing a full-body white hazmat suit, a hood, and a white N95-style face mask. Below the image is the NETEC logo, which consists of a blue shield-like icon followed by the text "NETEC" in blue. Underneath the logo is the text "WEBINAR SERIES" in a smaller, blue, sans-serif font. Below this, the main title "Overcoming Challenges to Supporting Your Workforce: Let's Talk" is written in a large, bold, blue font. At the bottom of the graphic, a dark blue horizontal bar contains the text "FRIDAY, APRIL 30, 2021 at NOON CST/ 1 PM EST" in white, uppercase, sans-serif font.

**NETEC**  
WEBINAR SERIES

### Overcoming Challenges to Supporting Your Workforce: Let's Talk

FRIDAY, APRIL 30, 2021 at NOON CST/ 1 PM EST

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 Friday, April 30<sup>th</sup> at noon CST. This webinar's topic is "Overcoming Challenges to Supporting Your Workforce: Let's Talk." This webinar will: identify three sources of stress for healthcare workers; discuss three obstacles to providing psychological support to healthcare workers; distinguish between healthcare worker and leader responsibility for providing psychological support; and summarize key messages leadership can send to the workforce to encourage help-seeking. To register for the webinar, click the link on the screen or visit: <https://netec.org/education-and-training/>.



## Previously Recorded Webinar

**EMORY UNIVERSITY  
COVID-19 ECHO PROGRAM**

Upcoming Session:

**LONG HAUL COVID: WHAT PROVIDERS NEED TO KNOW**

**Thursday,  
April 22, 2021  
11:00 AM - 12:00 PM (EST)**

**EXPERTS**

**Adviteeya Dixit, MD**  
Emory University School of Medicine, Division of Pulmonary, Allergy, Critical Care & Sleep Medicine, Emory Midtown

**Alexander Truong, MD**  
Emory University School of Medicine, Division of Pulmonary, Allergy, Critical Care & Sleep Medicine, Emory Midtown

**Tiffany Walker, MD**  
Emory University School of Medicine, Division of General Internal Medicine, Grady Hospital

EMORY UNIVERSITY SCHOOL OF MEDICINE  
Serious Communicable Diseases Program  
ECHO

Click [HERE](#) to access the recording

*To protect and improve the health and environment of all Kansans*

The next webinar in the Emory University COVID-19 ECHO Program is taking place right now, but a recording of it will be available soon. This month's webinar is titled "Long Haul COVID: What Providers Need to Know" and aims to improve practitioners' understanding and identification of long haul COVID-19; to utilize case studies to exemplify how practitioners approach and manage long haul COVID-19 in patients; and to empower practitioners to answer patients' questions about long haul COVID-19. A recording of the webinar will be available using the link on this slide or by visiting the Emory University School of Medicine website.



## Upcoming ECHO Webinar



### **“The COVID-19 Vaccine for Adult Genetics Patients”**

Date: **Thursday, May 6, 2021**

Time: **10am – 11am CST**

Click [HERE](#) to register

*To protect and improve the health and environment of all Kansans*

The May ECHO COVID-19 Program webinar will take place Thursday, May 6 and cover “The COVID-19 Vaccine for Adult Genetics Patients.” This webinar will aim: to improve understanding of COVID-19 vaccine physiology and reactogenicity among genetics practitioners; to address providers’ concerns around recommending the COVID-19 vaccine to adult genetics patients; to utilize case studies to exemplify how practitioners approach and manage the COVID-19 vaccines with their patients; and to empower genetics practitioners to answer patients’ questions about the COVID-19 vaccine. TO register, use the link on the screen or visit:

<https://med.emory.edu/departments/medicine/divisions/infectious-diseases/serious-communicable-diseases-program/covid-19-resources/echo-upcoming-session.html>.

**¿NO TIENE SEGURO DE SALUD?  
¿NECESITA SERVICIOS  
RELACIONADOS CON EL COVID-19?**

**Pruebas, tratamiento y vacunas gratis relacionados con el COVID-19.**

**¿Quién puede recibir los servicios?**  
Cualquier persona sin seguro de salud, independientemente de su situación migratoria. Puede solicitar un número de seguro social y su una identificación del gobierno, pero este **NO** es requisito.

**¿Qué se ofrece gratis?**  
✓ Pruebas para el COVID-19  
✓ Tratamiento del COVID-19  
✓ Vacunas con el COVID-19

**¿Por qué es gratis?**  
Un Programa para Personas **No Aseguradas** de tipo federal paga por los servicios relacionados con el COVID-19 provistos a **individuos** extranjeros, sin seguro de salud.

**Detalles importantes**

- Pruebas son gratuitas para recibir servicios relacionados con el COVID-19, independientemente de su situación migratoria. Los pacientes, el laboratorio o el proveedor responsable por el gobierno federal no pueden cobrar la totalidad de ninguna prueba o tiempo se compartir con las siguientes regulaciones.
- El costo de una prueba no asegurada y recibir una vacuna relacionada con las pruebas y el tratamiento del COVID-19 cubren la provisión que se brinda al Programa de COVID-19 para Personas No Aseguradas de la HRSA en lugar de factura o costo.
- No se le puede facturar por servicios relacionados con el COVID-19 si usted no tiene seguro y el gobierno le está pagando a su proveedor una cantidad de \$0. Si usted es un proveedor médico, el costo de su factura y la factura, es posible que en la data haya un reembolso a dicho proveedor. Hable con el proveedor o con el centro que lo ha enviado. Si usted no es proveedor, hable y no le brinde un reembolso. Comuníquese con la línea Directa de la Oficina del Inspector General de salud y el COVID-19 en <https://www.hhs.gov/ig> para obtener más información.
- No necesita un número de seguro social o una identificación del gobierno para recibir gratis los servicios relacionados con el COVID-19.
- El estado, su licencia o su otro proveedor están en una situación, pero como únicamente para ayudar a confirmar que usted no tiene seguro para que ellos puedan recibir el pago de parte del Programa para Personas No Aseguradas.
- A los recibidos tratamientos, pruebas o vacunas relacionadas con el COVID-19 si su estado proporciona un número de seguro social a sus habitantes del extranjero.
- No se le puede facturar por los recursos con el COVID-19. Si usted recibe una factura, debe ponerse en contacto con el proveedor o el centro que lo ha enviado. Si usted no es proveedor, hable y no le brinde un reembolso. Comuníquese con la línea Directa de la Oficina del Inspector General de salud y el COVID-19 en <https://www.hhs.gov/ig> para obtener más información.

**Más información**  
Para los pacientes  
<https://www.hhs.gov/operations/health-care-providers/health-care-providers>

Para los proveedores de cuidados de la salud  
<https://www.hhs.gov/operations/health-care-providers/health-care-providers>

Click [HERE](#) to access in Spanish  
Click [HERE](#) to access in English

**HRSA**  
Health Resources & Services Administration

**What Providers Need to Know About COVID-19 Vaccine Fees and Reimbursement**

**COVID-19 vaccines are 100% free to all individuals in the U.S. Only insurance companies or the federal government can be billed for vaccine administration fees, not patients.**

**While providers participating in the HRSA COVID-19 Uninsured Program are required to request patient information to help verify an individual's uninsured status—including Social Security Number and, if unavailable, a driver's license/state ID number—this information is not required for an individual to get vaccinated.**

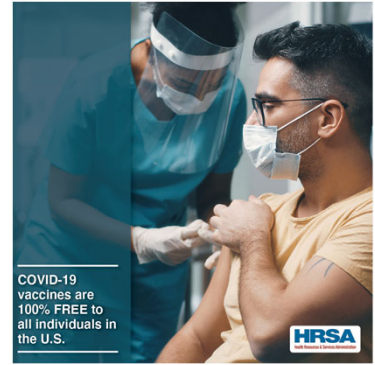
**Key Responsibilities for Organizations and Providers Administering COVID-19 Vaccine:**

- May** administer COVID-19 vaccine regardless of the patient's ability to pay vaccine administration fees or their health insurance coverage status.
- May not** charge an office visit fee or other fee if COVID-19 vaccination is the sole medical service provided.
- May not** require patients seek additional medical services to receive COVID-19 vaccination.
- May** seek reimbursement from a program or plan that covers COVID-19 vaccine administration fees for the patient, such as a patient's private insurance company, Medicare, Medicaid, or the federal government's COVID-19 Uninsured Program.
- May not** seek any reimbursement, including through balance billing, from vaccine recipients.

**Key Facts on Reimbursement for COVID-19 Services Rendered to Uninsured Patients:**

- The Health Resources and Services Administration (HRSA) COVID-19 Uninsured Program is a voluntary federal program that reimburses providers for vaccine administration fees associated with uninsured individuals, as well as COVID-19 related testing and treatment for uninsured individuals, regardless of their immigration status.
- If seeking reimbursement from the HRSA COVID-19 Uninsured Program, providers are required to **gather** certain information from the patient, including a Social Security Number and, if unavailable, a driver's license/state ID number, solely to check if the patient has other health insurance.
  - Patients are NOT required to provide this information**
  - Providers will still be reimbursed for eligible claims if they attest that they asked for this information, but it was not made available.**
- When requesting the patient's Social Security Number and other personal information, participating providers should remind patients that:

Click [HERE](#) to access in Spanish  
Click [HERE](#) to access in English



COVID-19 vaccines are 100% FREE to all individuals in the U.S.

Click [HERE](#) to access the general website

In response to concerns of access barriers that some immigrants are facing regarding documentation requests prior to receiving COVID-19 vaccination, and individuals inappropriately being sent bills for COVID-19 vaccine fees, the Health Resources & Services Administration (HRSA) developed two fact sheets to help both patients and providers better understand their rights and responsibilities regarding access to COVID-19 vaccines. One fact sheet (shown here in Spanish) is geared toward patients, and the other (shown in English) is geared toward providers. They also have social media resources that have launched on their social media pages (shown here). Click the various links to access these resources on the HRSA website.



Questions?