



**Lee A. Norman, MD, MHS, MBA, Secretary**  
**COVID-19 Webinar Series Welcome**  
**June 10, 2021**



**Sheri Tubach, MPH, MS, Deputy State  
Epidemiologist**  
**COVID-19 Situation Update, June 10, 2021**



# COVID-19: Situation Around The World

Last Updated at (M/D/YYYY)  
6/9/2021, 12:23 PM

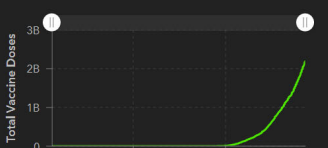
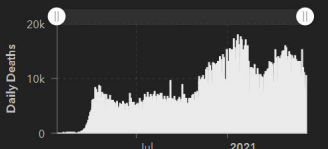
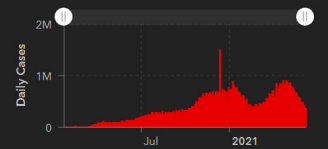
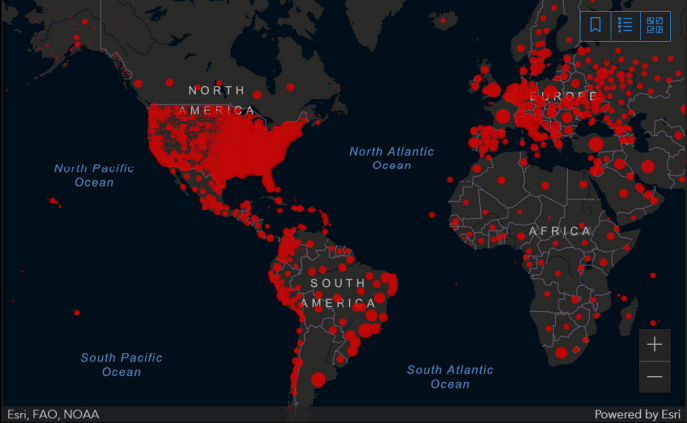
Cases  
**174,125,069**

Deaths  
**3,750,197**

Vaccine Doses Administered  
**2,205,310,143**

Cases and Deaths by Country/Region/Sovereignty

33,397,397		598,503
US		
29,089,069		353,528
India		
17,037,129		476,792
Brazil		
5,781,714		110,302
France		
5,306,690		48,428
Turkey		
5,096,657		122,802



As of 6-9-2021. 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>.

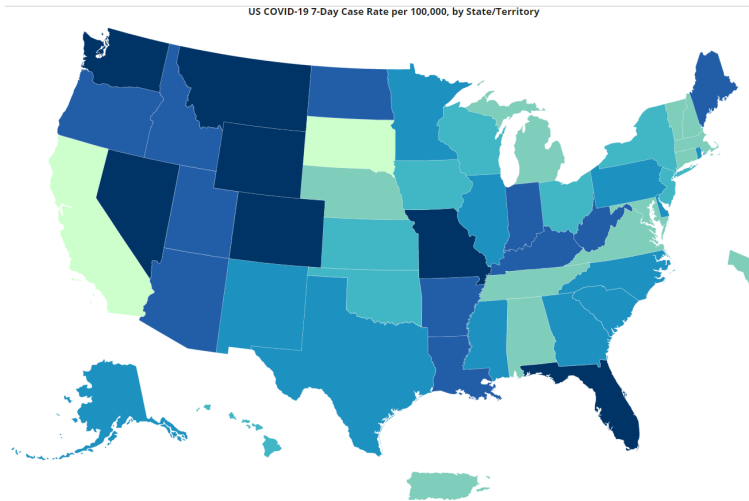
Last week, we had almost 171.5 million cases around the world and almost 3.6 million deaths.

This week, there are 174,125,069 cases and we have 3,750,197 deaths around the world.



## COVID-19: Situation in the US

- Total cases: 33,224,075



As of 6-9-2021. Available at [https://covid.cdc.gov/covid-data-tracker/#cases\\_casesper100klast7days](https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days)

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Last week in the US:

Total cases: 33,113,930 (33 million)

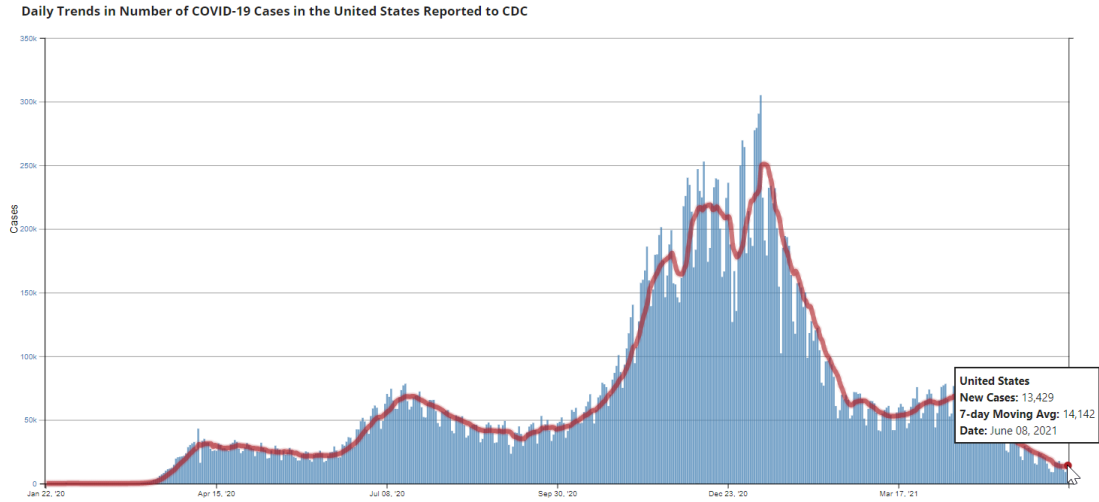
As of yesterday

This week:

Total cases: 33,224,075



## COVID-19: Situation in the US



As of 6-9-2021. Available at [https://covid.cdc.gov/covid-data-tracker/#trends\\_dailytrendscases](https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases)

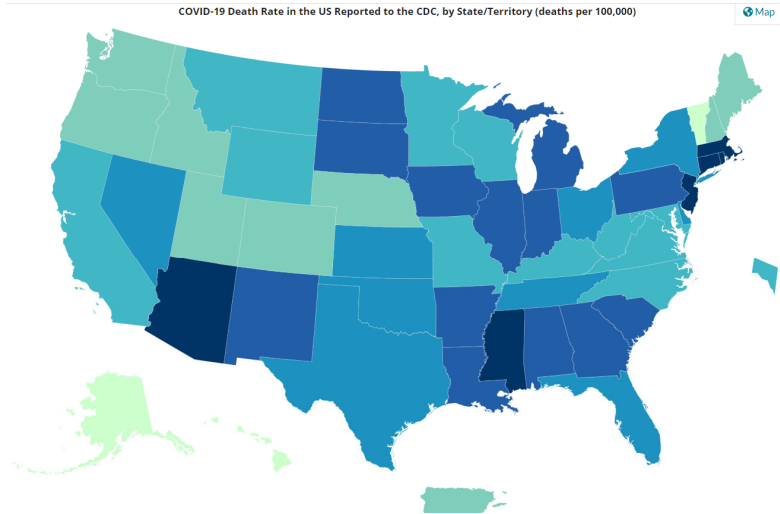
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In the US, you can see that we are averaging about 14,100 new cases each day according to the 7-day average. That is down from 15,600 from the previous week.



## COVID-19: Situation in the US

- Total deaths: 595,625



As of 6-9-2021. Available at [https://covid.cdc.gov/covid-data-tracker/#cases\\_deathsper100k](https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100k)

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Last week in the US:

Total deaths: 592,232 (over 592,000)

As of yesterday

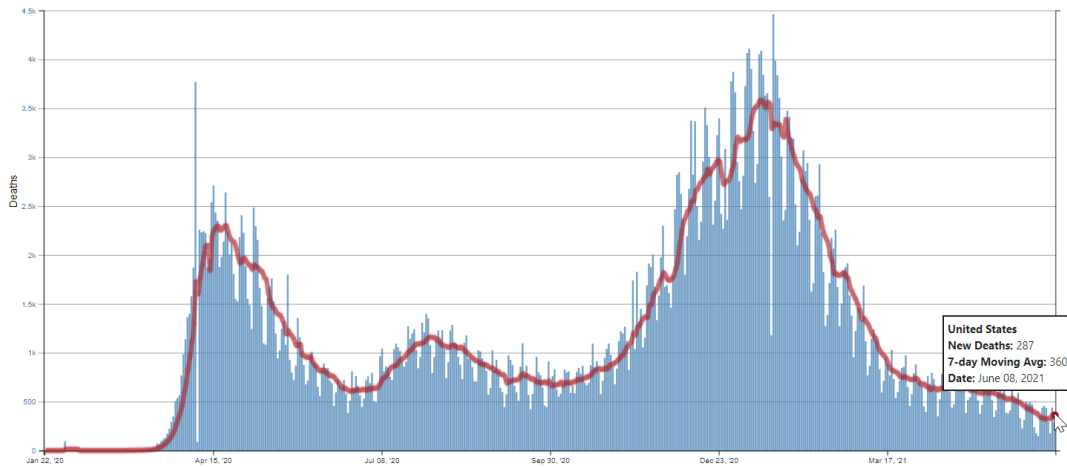
This week:

Total deaths: 595,625



## COVID-19: Situation in the US

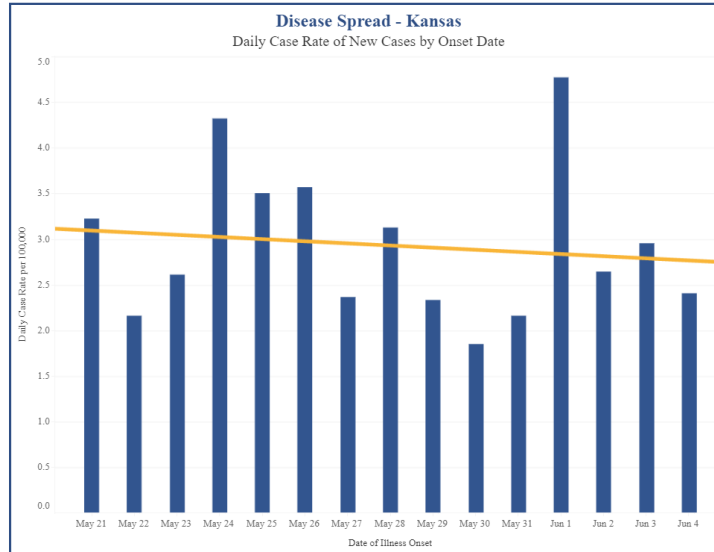
Daily Trends in Number of COVID-19 Deaths in the United States Reported to CDC



As of 6-9-2021. Available at [https://covid.cdc.gov/covid-data-tracker/#trends\\_dailytrendscases](https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases)

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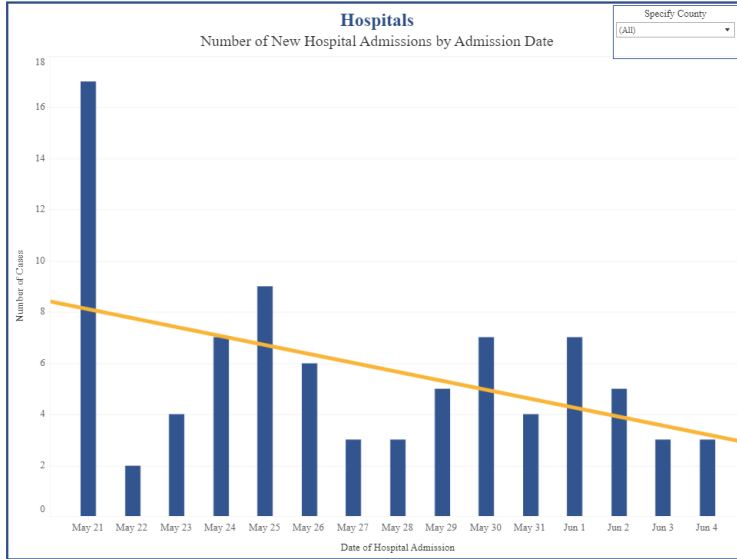
The 7-day moving average daily death trend in the United States is about 360 deaths per day which is the same as last week.



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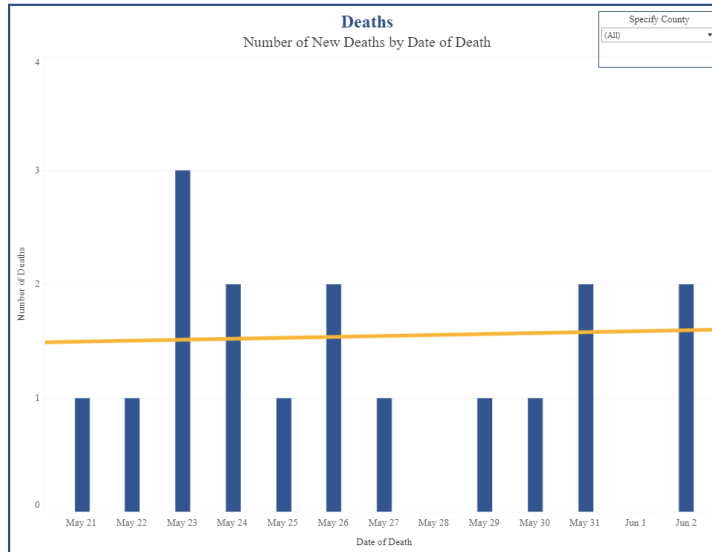
Moving on to KS specific data. For our first Disease Spread metric, which is the daily rate of new cases, the trend line last week was decreasing pretty steeply. This week, the trend is still decreasing but has moved toward flattening.





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



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And for deaths, last week the trend was decreasing and this week the trend is flat to very slightly increasing.



## COVID-19: Situation in Kansas

COVID-19 Cases	Hospitalizations	Statewide Deaths	MIS-C Cases
315,500	10,849	5,103	15

Data are preliminary and subject to quality improvement and quality assurance validation.  
MIS-C: Multisystem Inflammatory Syndrome in Children (MIS-C) associated with COVID-19.

Last updated: 6/09/2021 at 9:00 AM. There were 401 new cases, 3 new deaths, and 26 new hospitalizations reported since Monday, 6/07/2021.

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As of yesterday, we had 315,500 cases (which is an increase of 977 cases since last week) and 5,103 deaths statewide (that's an increase of 23 deaths since last week).

There were 401 new cases and 3 new deaths reported between Monday 6/7/2021 and Wednesday 6/9/2021.



## COVID-19: Situation in Kansas: Outbreaks

Last updated: 6/09/2021 at 9:00 AM. Cluster Summary data is updated every Wednesday.

Active COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
33	1,518	24	15

All COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
2,101	39,340	1,982	2,130

- 39,340 outbreak-related cases/315,500 cases (12.5%)
- 1,982 outbreak-related hospitalizations/10,849 total hospitalizations (18.3%)
- 2,130 outbreak-related deaths/5,103 total deaths (41.7%)

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Moving on to outbreaks:

As of late Tuesday night, we had 2,093 outbreaks across the state; This week we have 46 active clusters which is down from 49 last week.

Our percentage of outbreak related cases is 12.5%, outbreak-related hospitalizations is about 18.3% and outbreak-related deaths is about 41.7%.



## COVID-19: Situation in Kansas: Outbreaks

COVID-19 Cluster Cases by Type

Type	Clusters	Cases	Hospitalizations	Deaths
College or University	1	19	0	0
Corrections	3	1,237	11	4
Government	2	14	0	0
Group Living	1	8	2	2
Long Term Care Facility	6	62	4	7
Private Business	14	130	6	2
Private Event	1	3	0	0
School	3	36	0	0
Sports	2	9	1	0
<b>Total</b>	<b>33</b>	<b>1,518</b>	<b>24</b>	<b>15</b>

Sort by Cluster Type  
Active ▾

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We currently have 6 active outbreaks in LTCFs (which is the same as last week), 14 in private businesses and 3 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.

### Decreases in COVID-19 Cases, Emergency Department Visits, Hospital Admissions, and Deaths Among Older Adults Following the Introduction of COVID-19 Vaccine — United States, September 6, 2020–May 1, 2021

Early Release / June 8, 2021 / 70

Athalia Christie, MIA<sup>1</sup>; S. Jane Henley, MSPH<sup>1</sup>; Linda Mattocks, MPH<sup>1</sup>; Robyn Fernando, MPH<sup>1</sup>; Amy Lansky, PhD<sup>1</sup>; Farida B. Ahmad, MPH<sup>1</sup>; Jennifer Adjemian, PhD<sup>1</sup>; Robert N. Anderson, PhD<sup>1</sup>; Alison M. Binder, MS<sup>1</sup>; Kelly Carey, MPH<sup>1</sup>; Deborah L. Dee, PhD<sup>1</sup>; Taylor Dias, MPH<sup>1</sup>; William M. Duck, MPH<sup>1</sup>; Denise M. Gaughan, ScD<sup>1</sup>; Brianna Casey Lyons, MPH<sup>1</sup>; A.D. McNaghten, PhD<sup>1</sup>; Meeyoung M. Park, MPH<sup>1</sup>; Hannah Reses, MPH<sup>1</sup>; Loren Rodgers, PhD<sup>1</sup>; Katharina Van Santen, MSPH<sup>1</sup>; David Walker, MPH<sup>1</sup>; Michael J. Beach, PhD<sup>1</sup> ([View author affiliations](#))

[View suggested citation](#)

#### Summary

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

COVID-19 vaccination began in the United States in December 2020, and adults aged ≥65 years were prioritized in early phases.

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

By May 1, 2021, 82%, 63%, and 42% of adults aged ≥65, 50–64, and 18–49 years, respectively, had received ≥1 vaccine dose. From November 29–December 12, 2020 to April 18–May 1, 2021, the rate ratios of COVID-19 incidence, emergency department visits, hospital admissions, and deaths among adults aged ≥65 years (≥70 years for hospitalizations) to adults aged 18–49 years declined 40%, 59%, 65%, and 66%, respectively.

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

The greater decline in COVID-19 morbidity and mortality in older adults, the age group with the highest vaccination rates, demonstrates the potential impact of increasing population-level vaccination coverage.

#### Article Metrics

##### Altmetric:



##### Citations:

##### Views:

Views equals page views plus PDF downloads

[Metric Details](#)

Available at: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7023e2.htm>

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MMWR article looking at COVID-19 cases, ED visits, and hospital admissions among older individuals during a period of time before and after vaccines became available.

By May 1, 2021, 82%, 63%, and 42% of persons aged ≥65, 50–64, and 18–49 years, respectively, had received ≥1 COVID-19 vaccine dose. CDC calculated the rates of COVID-19 cases, emergency department (ED) visits, hospital admissions, and deaths by age group during November 29–December 12, 2020 (prevaccine) and April 18–May 1, 2021. The rate ratios comparing the oldest age groups (≥70 years for hospital admissions; ≥65 years for other measures) with adults aged 18–49 years were 40%, 59%, 65%, and 66% lower, respectively, in the latter period. These differential declines are likely due, in part, to higher COVID-19 vaccination coverage among older adults, highlighting the potential benefits of rapidly increasing vaccination coverage.



## COVID-19: Treatment Update

FDA NEWS RELEASE

### Coronavirus (COVID-19) Update: June 4, 2021



For Immediate Release: June 04, 2021

The U.S. Food and Drug Administration today announced the following actions taken in its ongoing response effort to the COVID-19 pandemic:

- On June 1, the FDA approved an abbreviated new drug application for [albuterol sulfate inhalation aerosol 90 mcg \(base\)/actuation](#). Albuterol sulfate inhalation aerosol is used for the treatment or prevention of bronchospasm (narrowing of the airways) in patients four years of age and older with reversible obstructive airway disease (such as asthma) and for the prevention of exercise-induced bronchospasm in patients four years of age and older. The most common side effects associated with albuterol sulfate inhalation aerosol are headache, dizziness, tachycardia (rapid heart rate), chest pain, pharyngitis (sore throat), and rhinitis (runny nose). The FDA recognizes the increased demand for certain products during the COVID-19 public health emergency and has prioritized the review of generic drug applications for potential treatments and supportive therapies for patients with COVID-19. We remain deeply committed to facilitating access to safe and effective medical products to help address critical needs of the American public.

Available at: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-june-4-2021>

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**FDA Approved Treatment Drug:** On June 1, the FDA [approved an abbreviated new drug application for albuterol sulfate inhalation aerosol 90 mcg \(base\)/actuation](#). [Albuterol sulfate inhalation aerosol](#) is used for the treatment or prevention of bronchospasm (narrowing of the airways) in patients four years of age and older with reversible obstructive airway disease (such as asthma) and for the prevention of exercise-induced bronchospasm in patients four years of age and older. The most common side effects associated with albuterol sulfate inhalation aerosol are headache, dizziness, tachycardia (rapid heart rate), chest pain, pharyngitis (sore throat), and rhinitis (runny nose). The FDA recognizes the increased demand for certain products during the COVID-19 public health emergency and has prioritized the review of generic drug applications for potential treatments and supportive therapies for patients with COVID-19. We remain deeply committed to facilitating access to safe and effective medical products to help address critical needs of the American public.



## COVID-19: Treatment Update



June 3, 2021

Regeneron Pharmaceuticals, Inc.  
Attention: Yunji Kim, PharmD  
Director, Regulatory Affairs  
777 Old Saw Mill River Road  
Tarrytown, NY 10591

RE: Emergency Use Authorization 091

Dear Dr. Kim:

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Act, the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes coronavirus disease 2019 (COVID-19).<sup>1</sup> On the basis of such determination, the Secretary of HHS on March 27, 2020, declared that circumstances exist justifying the authorization of emergency use of drugs and biological products during the COVID-19 pandemic, pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. 360bbb-3), subject to terms of any authorization issued under that section.<sup>2</sup>

On November 21, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for emergency use of REGEN-COV (casirivimab and imdevimab, administered together)<sup>3</sup> for the treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization. Casirivimab and imdevimab are recombinant human IgG1 monoclonal antibodies that target the receptor binding domain of the spike protein of SARS-CoV-2. They are investigational drugs and are not approved for any indication.

Available at: <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-june-4-2021>

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**FDA Reissued the Letter of Authorization for COVID-19 Treatment:** The FDA [reissued the Letter of Authorization](#) for REGEN-COV (Casirivimab and Imdevimab) treatment for COVID-19 to authorize: a dosage change from 1200 mg of casirivimab and 1200 mg of imdevimab to 600 mg of casirivimab and 600 mg of imdevimab; a new coformulation presentation that contains 600 mg of casirivimab and 600 mg of imdevimab in a single vial, and; the addition of subcutaneous (under-the-skin) injection as an alternative route of administration when intravenous (administered into a vein) infusion is not feasible and would lead to delay in treatment. These updates are also included in [the Fact Sheet for Health Care Providers](#), the [Fact Sheet for Patients, Parents, and Caregivers](#), [Frequently Asked Questions on the Emergency Use Authorization of REGEN-COV \(Casirivimab and Imdevimab\)](#) and [Dear Healthcare Provider Letter](#).





## COVID-19: New CDC Guidance

Health Equity - Promoting Fair Access to Health +

Community Mitigation Framework

Cleaning, Disinfecting, & Ventilation +

Workplaces & Businesses +

Schools & Child Care +

Colleges & Universities -

Considerations for Institutions of Higher Education

Testing in Institutions of Higher Education

Parks, Sports, & Recreation +

Community Organizations & +

### Guidance for Institutions of Higher Education (IHEs)

Updated June 4, 2021 Languages Print

#### Summary of Recent Changes

Updates as of June 4, 2021

- Added Introduction language to reflect the latest information relevant to Institutions of Higher Education (IHEs)
- Added guidance on offering and promoting COVID-19 vaccination
- Added guidance on prevention strategies for IHEs where everyone is fully vaccinated and for IHEs where not everyone is fully vaccinated
- Added section on General Considerations for All IHEs
- Added section with Additional Considerations for All IHEs
- Added Key Terms
- Added References section
- Updated Resources section

Available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html>

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**Considerations for Institutions of Higher Education:** CDC [updated their considerations for institutions of higher education \(IHE\)](https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html). IHEs where all students, faculty, and staff are fully vaccinated prior to the start of the semester can return to full capacity in-person learning, without requiring or recommending masking or physical distancing for people who are fully vaccinated in accordance with CDC's Interim Public Health Recommendations for Fully Vaccinated People. IHEs where not everyone is fully vaccinated will have a mixed population of both people who are fully vaccinated and people who are not fully vaccinated on campus which requires decision making to protect the people who are not fully vaccinated.



## COVID-19: New CDC Guidance

How It Spreads +

Variants of the Virus

Frequently Asked Questions

Children & Teens +

Stress & Coping +

Pets & Other Animals -

Animals & COVID-19

If You Have Pets

If Your Pet Tests Positive

Interacting with Wildlife

Guidance for Handlers of Service & Therapy Animals

### COVID-19 and Animals

Updated June 4, 2021 Languages Print

#### What you need to know

- We do not know the exact source of the current outbreak of coronavirus disease 2019 (COVID-19), but we know that it originally came from an animal, likely a bat.
- At this time, there is no evidence that animals play a significant role in spreading SARS-CoV-2, the virus that causes COVID-19, to people.
- Based on the available information to date, the risk of animals spreading COVID-19 to people is considered to be low.
- More studies are needed to understand if and how different animals could be affected by COVID-19.
- We are still learning about this virus, but we know that it can spread from people to animals in some situations, especially during close contact.
- People with suspected or confirmed COVID-19 should avoid contact with animals, including pets, livestock, and wildlife.

Available at: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/animals.html>

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**Animals and COVID-19:** CDC [updated their information on animals and COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/animals.html). The page includes information on the risk of animals spreading SARS-CoV-2 to people, risk of people spreading SARS-CoV-2 to animals, animals with reported SARS-CoV-2 infection, research on animals and COVID-19, what the CDC is doing, and further guidance and recommendations.

Highlights include reiterating that there is no evidence that animals play a significant role in spreading the virus to people and reiterating that people with suspected or confirmed disease should avoid contact with animals to avoid spreading from humans to animals.



**Ellen Abrams, BCG**  
**COVID-19 Situation Update**  
**June 10, 2021**



## Kansas Reporting Snapshot

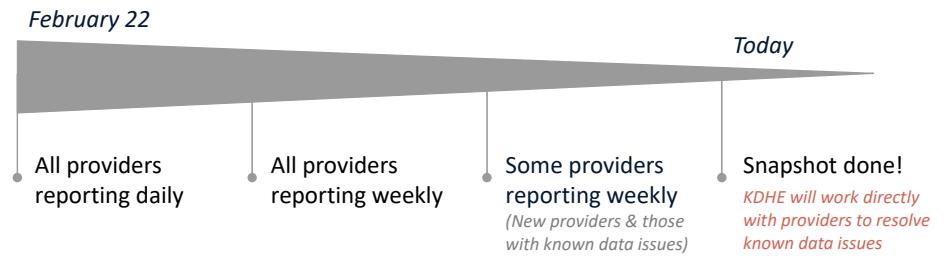
Provider & LHD Webinars

Week of June 7th



**Update:** Snapshot no longer required for any providers

### Journey of the Snapshot



### How has it supported the vaccine rollout in Kansas?

- Created an accurate picture of the success that local health departments and providers have had getting vaccines to Kansans
- Served as critical source of information for the state to understand vaccine administration effectiveness, and allows for targeted resolution of issues
- Supported data sharing via the provider dashboard on [kansasvaccine.gov](https://kansasvaccine.gov)

**Thank you for your support and participation!**

# Implications for your organization going forward



Reminder: All providers administering COVID vaccine are still required to report in WebIZ and Vaccine Finder

## If provider...

## What to expect



Has identified data issues

KDHE will continue working with you directly to diagnose and resolve your data and reporting issues



Is new to administering vaccine

Continue regular reporting in WebIZ and Vaccine Finder and contact KDHE if you have any issues



Was previously exempted

Continue regular reporting in WebIZ and Vaccine Finder and contact KDHE if you have any issues

*If your data in WebIZ does not reflect the doses you have administered, please reach out to KDHE at [kdhe.covidvaccinepartners@ks.gov](mailto:kdhe.covidvaccinepartners@ks.gov)*



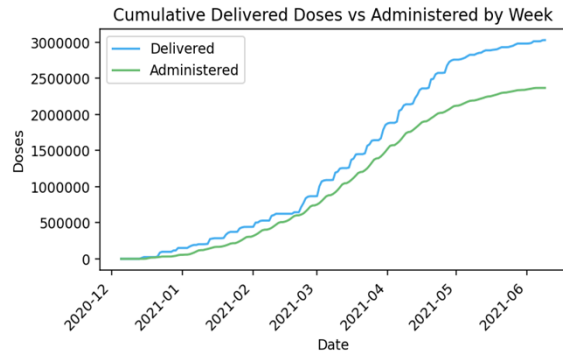
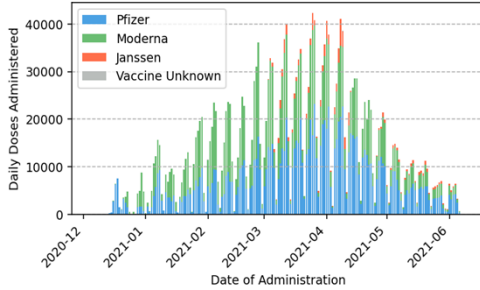
**Phil Griffin, Director, Disease Control & Prevention**  
**COVID-19 Situation Update**  
**June 10, 2021**



# Vaccine Allocations Next Week

- **Pfizer Prime 42,390 doses**
- **Moderna Prime 32,060 doses**
- **J&J 0 doses**

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



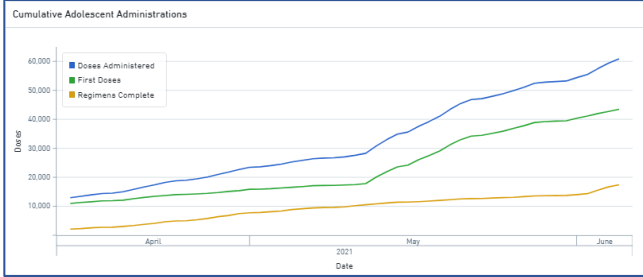
Generated by Tiberius on 06/09/21

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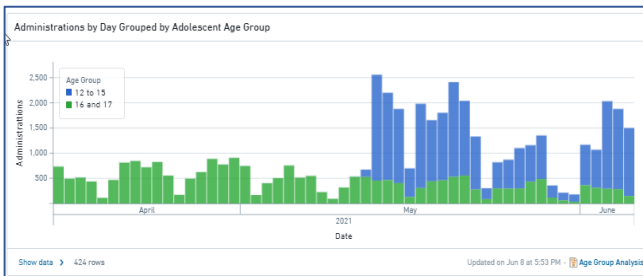




# Adolescent Dose Administration



- **Total Adolescent Doses: 61,087**
  - **First Doses: 43,458**
    - 12 – 15: 21,970
    - 16 – 17: 21,488
  - **Complete Regimens: 17,490**
    - 12 – 15: 3,303
    - 16 – 17: 14,187



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## Vaccines Expiring

- Expired Vaccine Guidance: [Expired-Vaccine-Guidance-PDF---5-28-2021 \(kansasvaccine.gov\)](#)
- Additionally, the Kansas Immunization Program has also provided guidance on how to handle and document COVID vaccine that has expired. It is attached and can also be viewed at the following links.
  - Specialty Alert Vaccine Wastage Process: [COVID-19-Vaccine-Wastage-Process-Special-Alert-PDF \(kansasvaccine.gov\)](#)
  - KIP Provider Waste Process Provider: [KIP-COVID-19-Provider-Waste-Process-PDF \(kansasvaccine.gov\)](#)
  - KSWebIZ - COVID-19 Adjustment Instructions: [KSWebIZ-Covid-19-Adjustment-Instructions \(kansasvaccine.gov\)](#)

**Watch for Johnson and Johnson expiring soon**

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## Medicare Vaccines at Home

- CMS has announced additional payment for home vaccinations
  - <https://www.cms.gov/medicare/covid-19/medicare-billing-covid-19-vaccine-shot-administration>
- Medicare is paying an additional \$35 for in-home visits.
  - Medicare will continue to pay the \$40 vaccine administration payments. (Increase from \$40 to \$75 to assist with travel to homes and additional monitoring time). (2 doses series now approx. \$150)
- Eligibility for patients (Documentation must include why patient needs in-home vaccine):
  - Patients with difficulty leaving their homes.
  - Condition where patients cannot leave their homes without supportive devices or assistance.
  - Increased risk to severe illnesses if exposed.
  - Leaving home is overly taxing.
  - Difficult to reach (transportation issues, etc.).

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## Medicare Vaccines at Home

- **Restrictions:**
  - The **sole purpose** must be to provide the COVID-19 vaccination. Vaccine provided at the same time as another service does not qualify for the additional \$35.00 payment (\$40 admin fee only).
  - Locations with more than 1 eligible patient will only receive a one time \$35.00 payment. (i.e. a couple – reimbursement would be 1-\$35.00 payment and 2 - \$40.00 admin payments).
- **Billing for this service**
  - Must use *level 2 M0201 code* (an additional payment code).
  - A billing example would be the CPT code for the product and administration and the M0201 code.
  - Again, the sole purpose is vaccine only (cannot be combined with another service).
  - Those submitting roster billing should submit 2 rosters; one roster with “billing” and one roster for the M0201.

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## Moderna

- Moderna announced that it has initiated the rolling submission process with the U.S. Food and Drug Administration for a Biologics License Application (BLA) for the licensure of its mRNA COVID-19 Vaccine to prevent COVID-19 in individuals 18 years of age and older. Moderna will continue to submit data to support the BLA to the FDA on a rolling basis over the coming weeks with a request for a Priority Review. Once the rolling BLA submission is complete, FDA will notify the Company when it is formally accepted for review.
- Moderna submit documentation and request for amended EUA on Wednesday to authorize use down to age 12 with decision expected in July

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## NIH Study

The National Institutes of Health has started a Phase 1/2 clinical trial in which adult volunteers who have been fully vaccinated against COVID-19 will receive booster doses of different COVID-19 vaccines to determine the safety and immunogenicity of mixed boosted regimens. People who have not yet received an FDA authorized COVID-19 vaccine are also eligible to enroll in the trial in a separate cohort. Initially, these volunteers will receive the two-dose Moderna COVID-19 vaccine regimen and will be assigned to receive a booster dose of a vaccine about 12 to 20 weeks later. Initial trial results are expected in late summer 2021.

<https://www.nih.gov/news-events/news-releases/nih-clinical-trial-evaluating-mixed-covid-19-vaccine-schedules-begins>

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## White House Virtual Conversation

- **Primary Care Providers, Health Systems, and the Next Phase of the Vaccination Rollout**
  - Virtual conversation on Primary Care Providers, Health Systems, and the Next Phase of the Vaccination Rollout.
  - Friday, June 11, from 2:00 – 3:00 PM CT.
  - The event will feature five conversations with primary care providers, health system leaders, and state health officials on innovative approaches they are taking to patient outreach and implementing vaccination program at primary care provider offices. The conversations will be chaired by Dr. Fauci, Dr. Walensky, Dr. Murthy, Dr. Nunez- Smith, and Dr. Choucair.
- Please click the following link during the event to attend.
  - <https://youtu.be/t6glClSru8E>
  - A recording will also be available at this link after the event.

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



**Lacey Kennett, Preparedness & Communications**  
**COVID-19 Situation Update**  
**June 10, 2021**





## Upcoming Webinar Series

**EMORY UNIVERSITY  
SCDP ECHO PROGRAM**

Upcoming Mini Series:  
**EBOLA VIRUS DISEASE**

**What to Know about Ebola  
in the Age of COVID**  
June 17, 2021  
11am - 12pm (EST)

**Identify, Isolate, Inform**  
July 15, 2021  
11am - 12pm (EST)

**Ebola PPE Protocols**  
July 29, 2021  
11am - 12pm (EST)

**Ebola: What EMS Providers  
Need to Know**  
August 12, 2021  
11am - 12pm (EST)

Register here: 

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Emory University's ECHO Program has an upcoming 4 webinar series focusing on Ebola Virus Disease. The first webinar in the series will take place next Thursday, June 17, and will cover "What to Know about Ebola in the Age of COVID." Subsequent webinars will cover other Ebola-related topics, including "Identify, Isolate, Inform," "Ebola PPE Protocols," and "Ebola: What EMS Providers Need to Know." To register, visit the Emory University ECHO program, use the QR code on this slide, or visit <https://med.emory.edu/departments/medicine/divisions/infectious-diseases/serious-communicable-diseases-program/covid-19-resources/echo-upcoming-session.html>.



## Upcoming Webinar

### **“White House Town Hall: Primary Care Providers, Health Systems, and the Next Phase of the Vaccination Rollout”**

Date: **Friday, June 11, 2021**

Time: **2-3pm CT**

Click [HERE](#) to join on YouTube



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Providers and public health leaders are invited to a virtual White House town hall on June 11 from 2-3 p.m. CT: [Primary Care Providers, Health Systems, and the Next Phase of the Vaccination Rollout](#). The event is an opportunity to thank primary care providers for their service throughout the COVID-19 response, as well as discuss the future of the vaccination rollout. The event will feature five conversations with primary care providers, health system leaders, and state health officials on innovative approaches they are taking to patient outreach and implementing vaccination program at primary care provider offices. Each conversation will be chaired by a different public health leader from the Biden Administration – Dr. Fauci, Dr. Walensky, Dr. Murthy, Dr. Nunez-Smith, and Dr. Choucair.

*A recording will also be available at this link after the event.*



## Upcoming webinar



### **“A Tale of Two Pandemics: COVID-19 & Global Vaccine Equity”**

Date: **Wednesday, June 23, 2021**

Time: **4 – 5:30pm CT**

Click [HERE](#) to register

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The next webinar in the COVID-19 Conversations series will take place Wednesday, June 23, 2021, from 4 – 5:30pm Central. The topic is “A Tale of Two Pandemics: COVID-19 & Global Vaccine Equity.” To register for this webinar, or watch previous webinars in the series, visit [covid19conversations.org](https://covid19conversations.org).



## Previously recorded webinar



Click [HERE](#) to view the recording

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The U.S. Department of Education is hosting a webinar series to support educational settings in safely sustaining or returning to in-person instruction. The series features lessons learned and best practices from faculty, staff, schools, districts, institutions of higher education, early childhood education providers, and other places of educational instruction describing approaches to operating during the COVID-19 pandemic.

This “Lessons from the Field” webinar series will run through September 2021. To watch a recording of this webinar, or any of the webinars in the series, visit:

<https://safesupportivelearning.ed.gov/events/webinar/lessons-field-strategies-supporting-college-and-university-students-holistically-and>



Questions?