

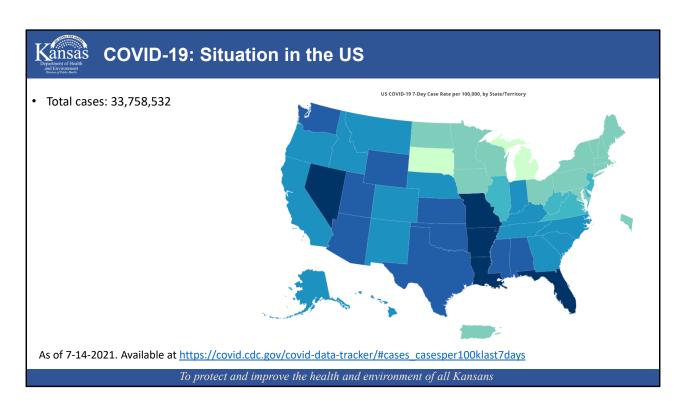




Global Map: https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html.

Last week, we had 185.1 million cases around the world and 4 million deaths.

This week, there are 188,271,102 cases and we have 4,053,713 deaths around the world.



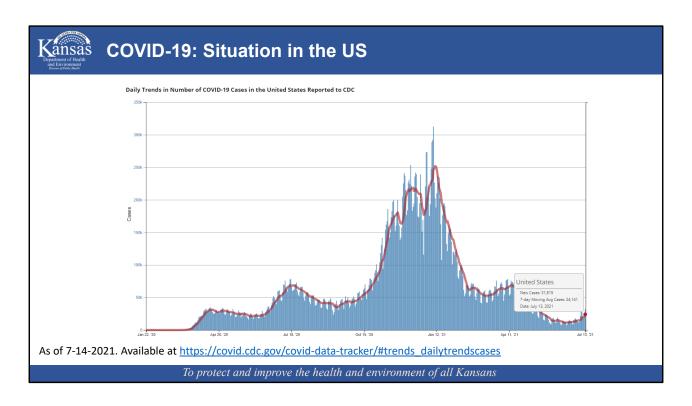
Last week in the US:

Total cases: 33,582,352 (over 33.5 million)

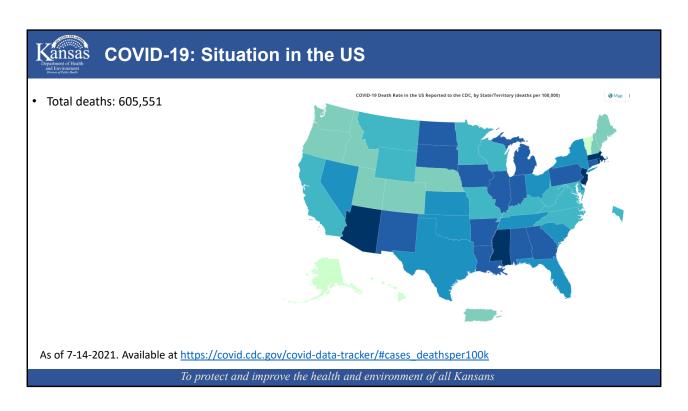
As of yesterday

This week:

Total cases: 33,758,532



In the US, you can see that we are averaging about 24,100 new cases each day according to the 7-day average. That is up from 13,800 from the previous week.



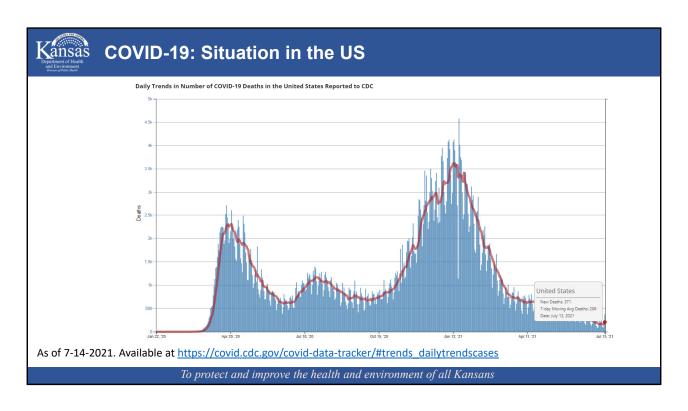
Last week in the US:

Total deaths: 603,656 (a little over 603,000)

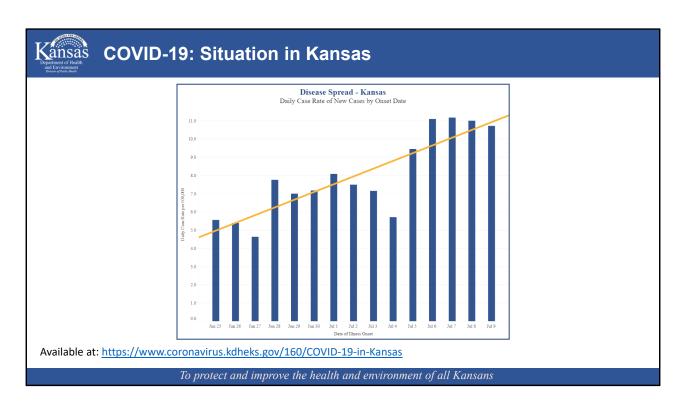
As of yesterday

This week:

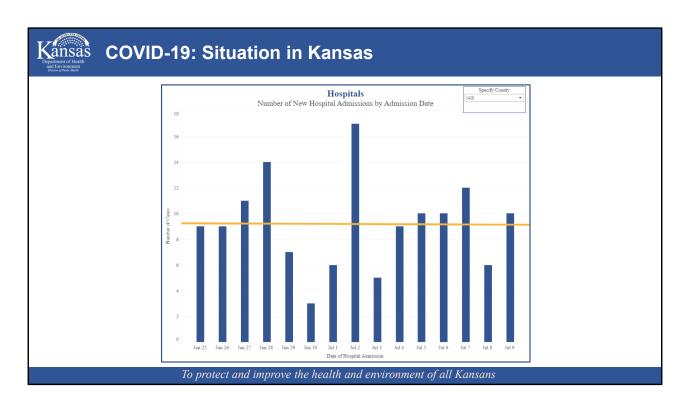
Total deaths: 605,551



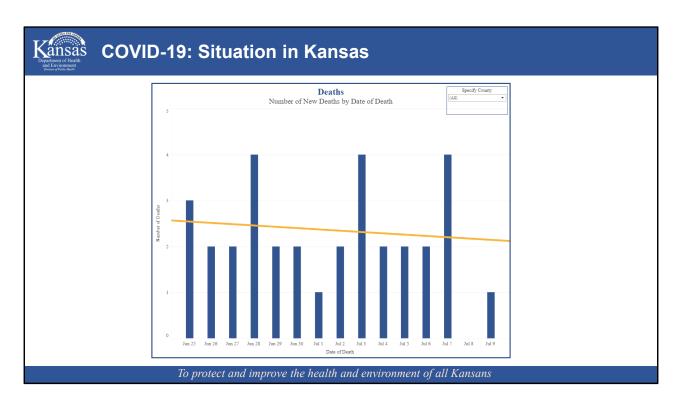
The 7-day moving average daily death trend in the United States is about 206 deaths per day which is up from 183 last week.



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 sharply increasing and that continues this week.



For hospitalizations, the trend last week was decreasing and is pretty flat this week. As a reminder, this is information gathered during the public health interview of cases and represents hospitalizations at the time of interview.



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

COVID-19 Cases 322,264 Data are preliminary and subject to quality improvement an MIS-C: Multisystem Inflammatory Syndrome in Children (I Last updated: 7/14/2021 at 9:00 AM. There were 1,155 new	MIS-C) associated with COVID-			MIS-C Cases	
Data are preliminary and subject to quality improvement an MIS-C: Multisystem Inflammatory Syndrome in Children (I	d quality assurance validation. MIS-C) associated with COVID-	19.			
MIS-C: Multisystem Inflammatory Syndrome in Children (I	MIS-C) associated with COVID-				
To protect a	, cases, o les recells, ille 30 le		onday, 7/12/2021.		

As of yesterday, we had 322,264 cases (which is an increase of 2,678 cases since last week) and 5,196 deaths statewide (that's an increase of 30 deaths since last week).

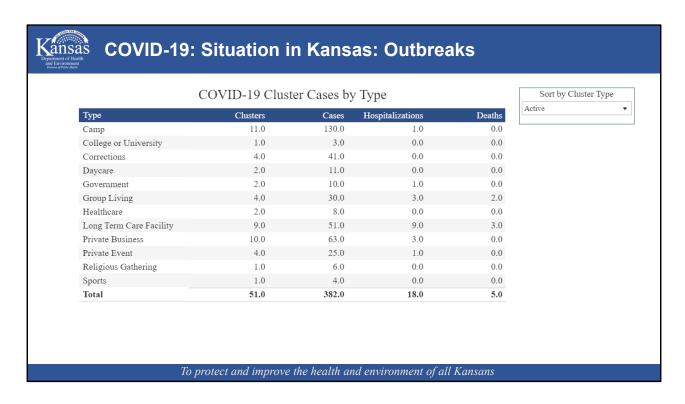
There were 1,155 new cases and 8 new deaths reported between Monday 7/12/2021 and Wednesday 7/14/2021.

	Active CO	VID-19 Clusters	
Clusters	Cases	Hospitalizations	Deaths
51	382	18	5
Clusters	Cases	Hospitalizations	Deaths
Clusters	Cases	Hospitalizations	Deaths
2,203	40,246	2,031	2,171

Moving on to outbreaks:

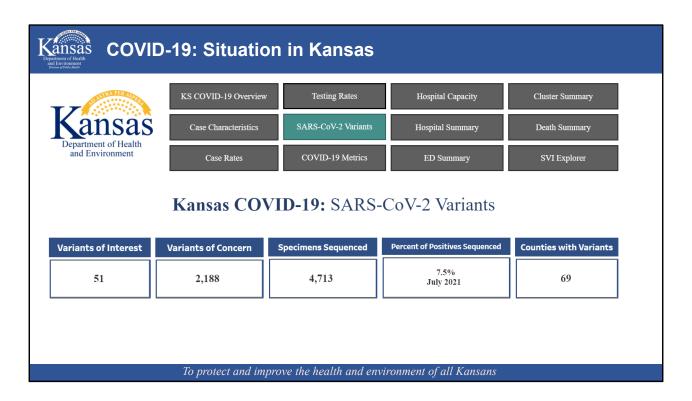
As of late Tuesday night, we had 2203 outbreaks across the state; This week we have 51 active clusters which is a big jump from the 45 last week.

Our percentage of outbreak related cases is 12.5%, outbreak-related hospitalizations is about 18.0% and outbreak-related deaths is about 41.8%.

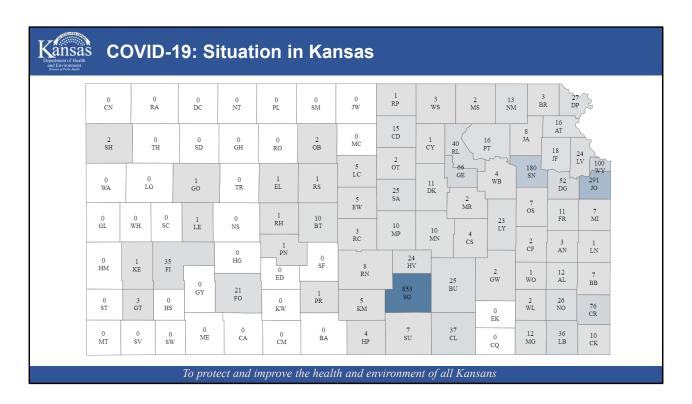


We currently have 11 active outbreaks in camps, which is up from just 8 last week. We have 9 active outbreaks in LTCFs (which is down from 11 last week) We also have 4 outbreaks in group living settings and 10 in private businesses.

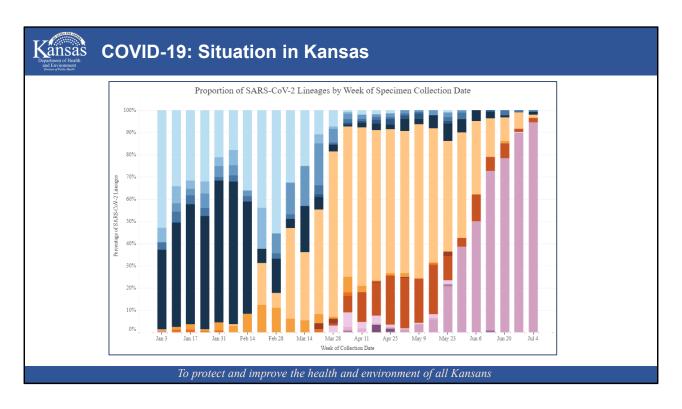
Don't forget, if you are interested in seeing the list of named locations with 5 or more cases within the last 14 days, you can go to the dashboard.



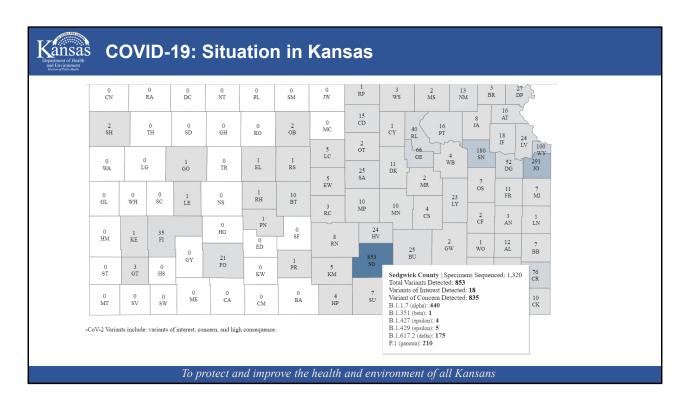
I just wanted to draw everyone's attention to the part of the dashboard with information on variants. We get a lot of questions about what a particular county looks like. When you click on the variants tab, it pulls up the statewide information by default. As you can see here, we currently have 69 counties where we have detected variants. Of course we are not sequencing every single positive in the state. The vast majority of positives are analyzed at labs outside of our state lab and the majority of those labs aren't sending us their positives to sequence.



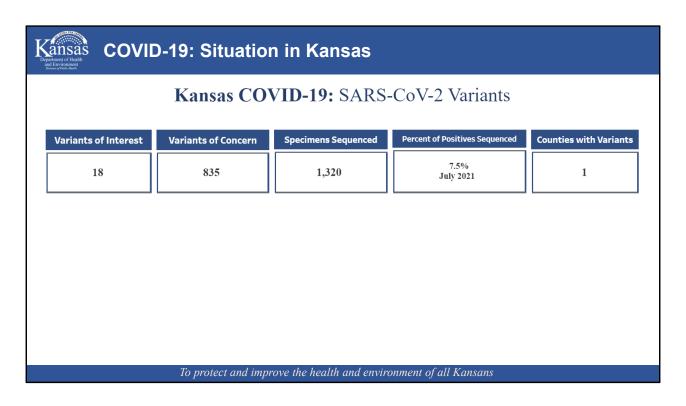
When you scroll down further, you see the statewide map.



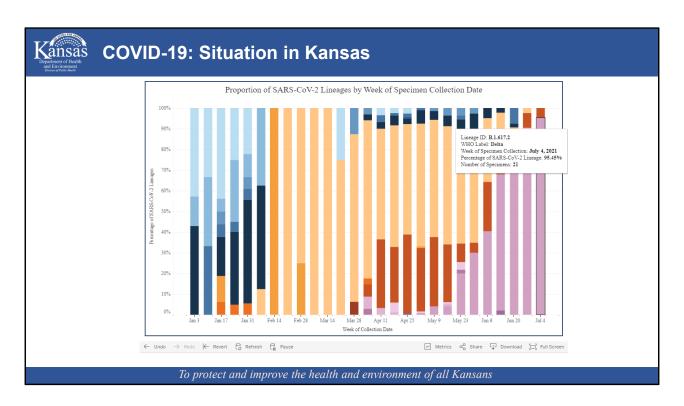
And further down, you can see a graph of the proportion of lineages by week.



In case you didn't realize it, if you click on a specific county, Sedgwick for example...



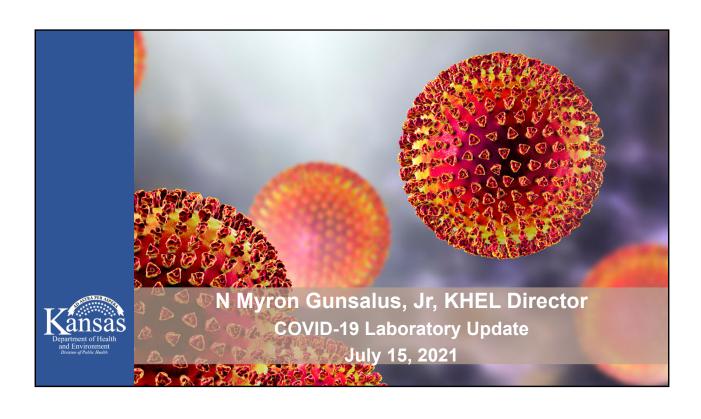
The information at the top changes and reflects that specific county

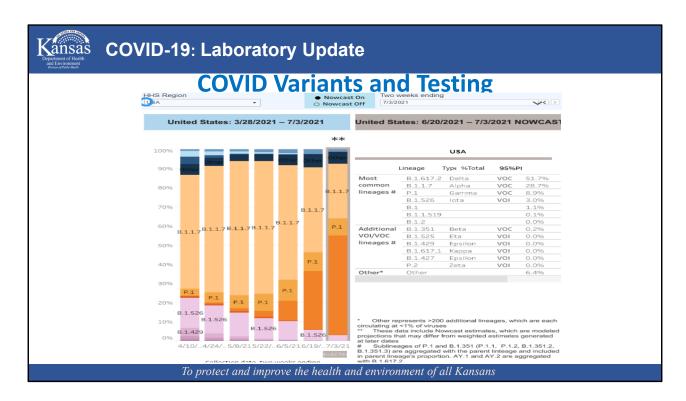


As does the rest of the information.

	Opaato	d Travel-Related	i Quarantine			
KDHE Travel-Related Mandatory Quarantine Areas:						
	Туре	Effective Date	Where?			
		On or after July 15, 2021	British Virgin Islands, Cyprus, Fiji, Jersey, The United Kingdom or Tunisia.			
		On or after July 1, 2021	Namibia			
		On or after June 17, 2021	Kuwait or Mongolia			
		On or after June 3, 2021	Colombia			
(F.)		On or after May 6, 2021	Seychelles			
	International	On or after April 22, 2021	Argentina			
	Travel	Between July 1 and July 15, 2021	Brazil, Oman or Saint Kitts and Nevis			
		Between June 13 and July 15, 2021	Suriname			
		Between May 20 and July 15, 2021	Costa Rica and French Guiana			
		Between May 6 and July 15, 2021	Maldives			
		Between April 8 and July 15, 2021	Uruguay			
	Domestic Travel	September 10, 2020	Attendance at out-of-state mass gatherings of 500 or more where you do not socially distance (6 feet) and wear a mask.			
	Cruises	On or after March 15, 2020	All cruise ships and river cruises			

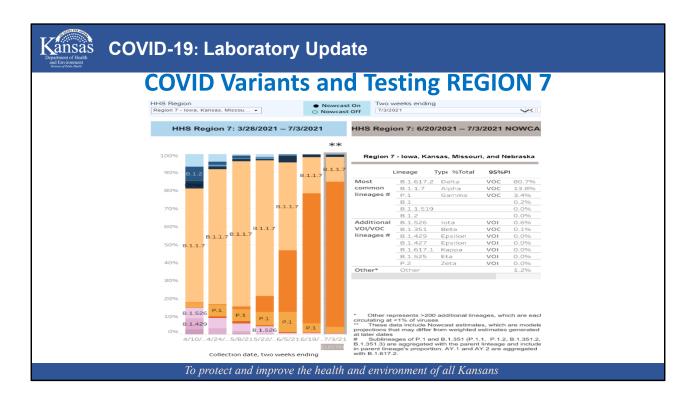
The travel-related quarantine list will be updated today. It looks like a number of countries came off the list including Brazil and Costa Rica. Countries added include the British Virgin Islands, Cyprus, Fiji, Jersey, the UK and Tunisia. No new states added.





 $tracker/?CDC_AA_refVal=https\%3A\%2F\%2Fwww.cdc.gov\%2Fcoronavirus\%2F2019-ncov\%2Fcases-updates\%2Fvariant-surveillance\%2Fgenomic-surveillance-dashboard.html \#variant-proportions$

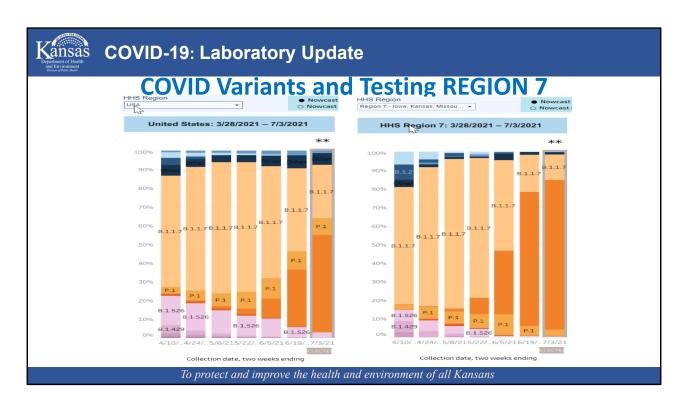
This is the latest with prediction/now cast on to predict out. Significance is that P.1 and B.1.617.2 are growing significantly.



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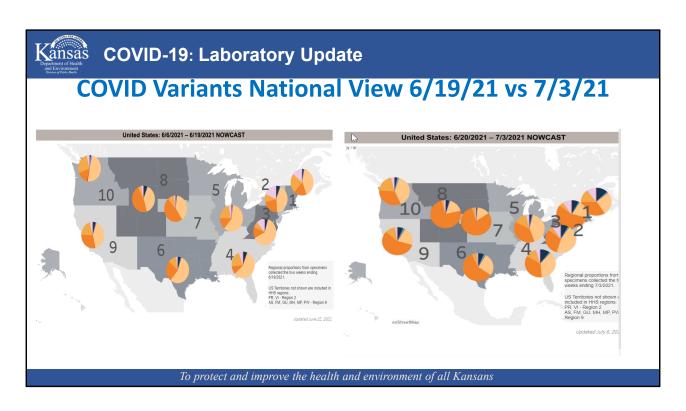
CDC now has a new modeling program included called "Nowcast". If you turn it on, as shown in this slide, it predicts the next 2 weeks of proportional data associated with the variants. You can use it for regional or US wide evaluations.

Keep in mind these are not absolute numbers but are proportional numbers and only relate to those sequences performed by CDC

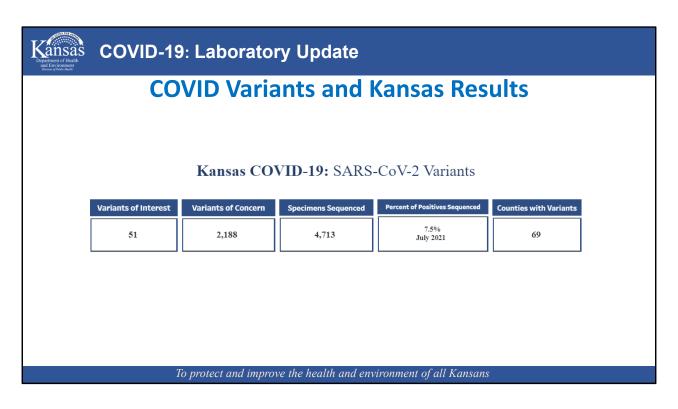


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This is comparing USA vs Region 7

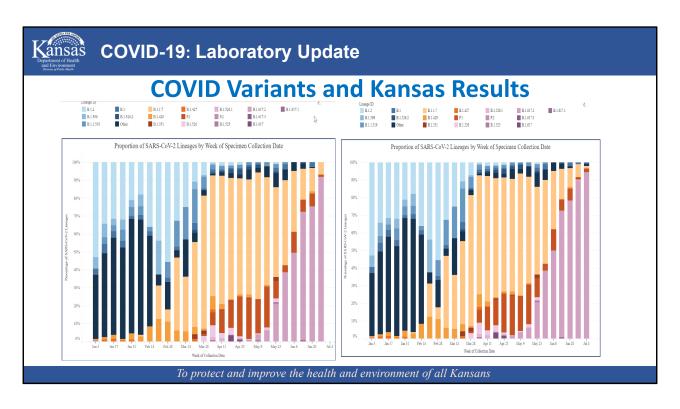


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https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas

The purple is the Delta, B.1.617.2 variant



https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas

The purple is the Delta, B.1.617.2 variant

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 reinfection 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 KDHE.KHELINFO@KS.gov 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

We will be providing guidance over next week to send all positive samples with a CT of less than 30 to KHEL for sequencing. We may or may not be able to do all of them, but this way we will start to get a better cross section of what is going on in the state.

We are currently working on a system that will also allow us to report back with the understanding that any sequencing data should not be used for patient care or diagnostic evaluation but can be used for public health response.

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



Kansas COVID-19: Laboratory Update

Updates and Reminders

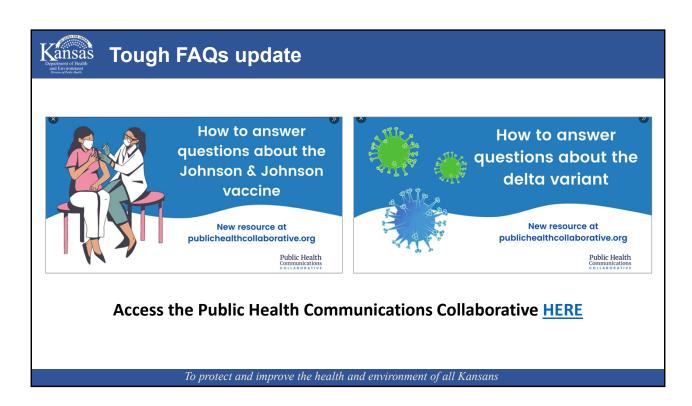
- CLIA Certification Questions: KDHE.CLIA2@ks.gov
 - REMINDER: If you add or change anything on your test menu, you must notify the CLIA office ASAP. (even if High Complexity lab adding antigen.)
- Kits and some instruments available
- Mobile Labs and Collection Vans available.
- Any questions regarding the courier service can be directed to Chad Yamashita (Chad.Yamashita@ks.gov)

To protect and improve the health and environment of all Kansans

We were notified by the CLIA certification office that there are a number of labs that have either Certificates of Waiver(COW) or other more complex certifications that brought on the antigen testing such as BinaxNow without notifying the CLIA office of the change in their test menu. All labs (including COWs) are required to notify CLIA of any addition or subtractions of tests or technologies offered in their test menu.

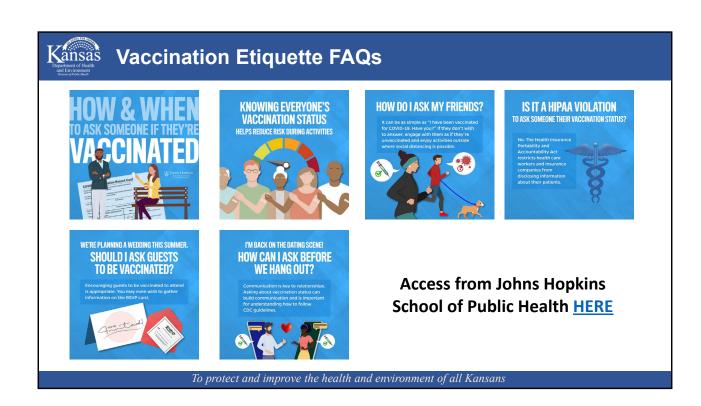
Adding COVID testing with the CLIA office does not issue a new certificate or put the name of the test on your certificate. It is a procedural requirement.





The Public Health Communications Collaborative can help with new FAQs on their "Tough FAQs" page, which we talked about last week. On July 12, the Food and Drug Administration announced it is adding a warning label to the Johnson & Johnson COVID-19 vaccine, noting increased risk of a rare neurological syndrome called Guillain-Barré syndrome. Because of this, you may get tough questions from patients and community members about the J&J vaccine or COVID vaccines in general. Additionally, more FAQs have been added answering questions about the Delta variant, including questions like "What is the delta variant, and why is it concerning?", "Are the COVID-19 vaccines effective against the delta variant?", and "Why do WHO and CDC have different recommendations about mask-wearing?"

To see these updated FAQs, and all of their "Tough FAQs," visit: https://publichealthcollaborative.org/faq/



Many people in your community may have questions about the etiquette of asking others about vaccination status, or may have concerns about how asking about vaccination status plays in with HIPAA. The Johns Hopkins Bloomber School of Public Health has written a blog post and created these social media graphics answering some of those question, including "How do I ask my friends about their vaccination status?", "Is it a HIPAA violation to ask someone their vaccination status?," "Should I ask wedding guests to be vaccinated?", and "If I'm back on the dating scene, how can I ask about vaccination status?" These would be great resources on your social media sites, or you could print the blog post and make available to patients and community members. To access the graphics, visit @JohnsHopkinsSPH on Twitter or see the blog post at: https://www.jhsph.edu/covid-19/articles/should-i-ask-my-friends-if-they-are-vaccinated.html





Recommended strategies from the report:

- ✓ Humanize delivery and communication strategies for COVID-19 vaccines
- ✓ Anchor COVID-19 vaccination for hard-hit areas in a holistic recovery process

Access from Johns Hopkins School of Public Health HERE

To protect and improve the health and environment of all Kansans

A new report from the Johns Hopkins School of Public Health, Center for Health Security has been released titled "Carrying Equity in COVID-19 Vaccination Forward: Guidance Informed by Communities of Color." This report provides specific guidance on adapting COVID-19 vaccination efforts to achieve greater vaccine coverage in underserved populations and, through this, to develop sustainable, locally appropriate mechanisms to advance equity in health.

In the first half of the report, they outline findings from local, ethnographic research conducted within Black and Hispanic/Latino communities in Alabama, California, Idaho, Maryland, and Virginia. Since January, local research teams have been assessing community infrastructure; listening to community members, public health officials, and government leaders; and coordinating engagement activities to understand how best to promote awareness of, access to, and acceptability of COVID-19 vaccines. In the second half of this report, they present the policy and practice implications of the local research. The Working Group on Equity in COVID-19 Vaccination—an advisory body of community advocates, public health experts, and social scientists—developed the recommendations, eliciting local team feedback.

The report recommends two urgent actions to take in order to improve vaccine coverage within underserved communities:

- Humanize delivery and communication strategies for COVID-19 vaccines To reverse the
 vaccination campaign's current slowdown and persistent unevenness in vaccine coverage,
 the campaign should support more peer-led and neighborhood-based opportunities for
 community conversation and for convenient vaccine access by working with communitybased organizations (CBOs), FBOs (faith-based organizations), and community health
 workers (CHWs).
- Anchor COVID-19 vaccination for hard-hit areas in a holistic recovery process Public agencies, hospitals and health systems, nonprofit social service providers, Community-and Faith-Based Organizations should align themselves around a "whole person" model of recovery to meet underserved communities' self-identified needs (eg, food, housing, jobs, mental health support) and to multiply the benefits of each vaccination encounter.

The report outlines other suggested recommendations for increasing COVID vaccinations and ensuring continued health after the pandemic is over. You can access both a summary and the entire report by visiting https://www.centerforhealthsecurity.org/our-work/publications/2021/carrying-equity-in-covid-19-vaccination-forward-guidance-informed-by-communities-of-color.



Health misinformation is a major threat to public health because it can cause confusion, sow mistrust, harm people's health, and undermine public health efforts. Although health misinformation is not a recent phenomenon, the COVID-19 pandemic has exacerbated an already growing issue. The rising use of technology platforms, such as social media companies, online retailers, and search engines, can help connect and inform people, but at the same time, many platforms can also drive misinformation to users. This webinar from Stanford University, featuring U.S. Surgeon General Vice Admiral Vivek H. Murthy, will discuss slowing the spread of health misinformation, both during the COVID-19 pandemic and beyond. This webinar is today at 10am Pacific Time, or noon Central Time, and requires advanced registration, which you can access here:

https://stanford.zoom.us/webinar/register/WN_C-wH9YLsRfCQ2n-K_HFIFQ



On Wednesday, July 21, the Public Health Communications Collaborative will present a webinar called "COVID-19 and Return to In-Person Learning: Communicating with Constituents." This webinar will take place at 12:00 noon Central time. The webinar will focus on effective messaging to communicate with families, teachers, and school officials in preparation for a safe and comfortable return to the classroom. Representing different local scenarios and constituencies, our three panelists will share insights and answer your questions. To register for this free webinar, click the link on your screen or visit https://trustforamericashealth.webex.com/mw3300/mywebex/default.do?nomenu=true& siteurl=trustforamericashealth&service=6&rnd=0.8075004991391943&main_url=https%3A%2F%2Ftrustforamericashealth.webex.com%2Fec3300%2Feventcenter%2Fevent%2Fevent Action.do%3FtheAction%3Ddetail%26%26%26EMK%3D4832534b0000000509387d18c95c7c8e53147e7da5fc9c15d9890a6e1fd2acb48f26e23192c0453b%26siteurl%3Dtrustforamericashealth%26confViewID%3D198392026881888944%26SourceId%3DphccTwitter%26encryptTicket%3DSDJTSwAAAAX6Pgem4336hiNWHDwQiGvAtAT5wEuLBHq_p4N1a-rVbw2%26.

