

7-8-21 COVID-19 Update for Local Partners Q&A

<p>Are you seeing a lot of breakthrough cases in vaccinated people?</p>	<p>It's a small percentage, but yes we are seeing some. We are working on an analysis that will hopefully shed more light on what strain the virus people have and also whether one vaccine is doing better than another.</p>
<p>Were cases in Long term care vaccinated?</p>	<p>Digging into that now. For the most part, its unvaccinated health care workers bringing it in.</p>
<p>Where can LTC facilities find what color there county for positive cases?</p>	<p>https://www.coronavirus.kdheks.gov/160/COVID-19-in-Kansas. Go to the COVID-19 metrics, then click on Nursing Home Metrics.</p>
<p>Yesterday there 11 hospitals with a status of “High Volume, ED at Capacity, No Monitored Beds” for Kansas City Metro, and in the afternoon Catchment Area Status was inacted... any added comments? Any Missouri travel restrictions? Thank you!</p>	<p>See recording of this week’s webinar for a detailed explanation of this.</p>
<p>Do we have an idea when Moderna will be approved for 12-15 year olds?</p>	<p>Moderna has filed with the US Food and Drug Administration for emergency use authorization for its Covid-19 vaccine for people ages 12 to 17. A meeting with the Advisory Committee on Immunization Practices (ACIP) has not yet been scheduled.</p>
<p>What about in utero issues in the 1st and 2nd trimester versus 3rd trimester (spontaneous abortions, etc)? I had heard there was research that it has been having effects in the first 2 trimesters.</p>	<p>If you can find that literature, I would be happy to take a look. I haven't seen it. I was looking at the CDC Scientific Brief which they update pretty frequently with new literature.</p>
<p>We are seeing patients ask for antibody testing post-vaccination. Is it recommended to test these individuals at their request and will EVERYONE develop antibodies following vaccination? If antibodies should be detected after full vaccination, and the result is negative, what should be the plan?</p>	<p>We aren't generally recommending antibody testing. Mainly, there is still no good research on what "level" of antibodies you need to confer immunity. And most antibody tests are simply a presence or absence of antibodies, which really doesn't help answer the question of whether a person is considered immune. I can see maybe why knowing that a person hasn't mounted a response might be useful from a clinical perspective, for example advising your patients to continue with precautions like distancing and masking because their bodies are not responding to the vaccine. But right now there is no recommendation to "boost" if someone has no circulating antibodies.</p>
<p>Who determines if a specimen is tested for variants?</p>	<p>Anyone in the health care process can request it. Most likely the provider that requested the initial diagnostic test would request the sample to be sequenced. At this point, though, we would just request all samples that are positive with high viral load (low CT) be sent to the state for sequencing.</p>

<p>Are there any guidances for hospitals? Have not seen anything in 2021.</p>	<p>Are you asking regarding screening/masks/etc.? The CMS/CDC guidance has not changed for hospitals and screening/mask wearing, etc., should continue.</p>
<p>We have noticed a large difference between KDHE and CDC Covid vaccine rates by county. Can you explain why this is? Per KDHE we have roughly 40% of our county has completed the vaccination series and CDC is stating less than 20% completion rate.</p>	<p>The county field in KS WebIZ, which CDC is using to for their county fields, is often missing or inappropriately assigned in KS WebIZ. For the state dashboard, zip code is used to associate records with counties.</p> <p>Data is submitted to CDC within 24 hours of its submission to KS WebIZ. While records may have been updated to include county since their original submission, CDC COVID Data Tracker will reflect the original county submitted – CDC has not yet worked out a way to “correct” or update data submitted so even if they have filled in it won’t be reflected in CDC data. Records should continue to be updated with appropriate addresses and completing the county field for purposes of the KDHE dashboard and an eventual update of the CDC data dashboard.</p>
<p>Does KDHE have any guidelines for the 2021-22 school year for K-12 grades regarding mitigation measures?</p>	<p>This question has come up several times and I am going to send to KS Department of Education. The Navigating Change document that outlines mitigation strategies is theirs (with input from KDHE of course). I know people have asked for updated guidance on masks in schools for example.</p>
<p>Do you think there is an increase in the Delta variant is because we are doing more whole genome sequencing to identify the variants?</p>	<p>This may have some impact, but since we have been doing about the same number of sequences over the past 6 months and just now see more of these, it would suggest the fact that this is a larger portion of the cases overall.</p>
<p>We have had some positive samples we have sent for sequencing and in our lab they were positive but when KHEL sequences they are neg. Do we still count them as positive? Or are the neg?</p>	<p>They still get counted as positive based on your lab results. When we get them and prep them for sequencing, it is possible that the virus has degraded and not detected. You can also ask us to confirm if you had a strong response but we called it negative.</p>
<p>Do you have any information on Delta Variant in vaccinated patients or patients that have had Covid in the past.</p>	<p>We are currently working on an analysis looking at breakthrough cases and looking to see what strain they have upon reinfection, as well as what type of vaccine they received.</p>

<p>Are all positive cases being tested for the Delta Variant? If so, how long after testing is the variant determined and how will you be notified?</p>	<p>We test all the samples that we receive that have adequate viral load. We can only sequence those with a low CT value/high viral load; samples with low viral load cannot be sequenced. We are also getting all positive samples from several contract labs to sequence. Right now the lab can't notify providers who submit the samples, but local health departments are notified of the results, as well as the EPI hotline. We typically sequence within 2-3 days of arrival; the sequencing takes about 20 hours to complete.</p>
<p>Are results of genetic sequencing provided back to the healthcare provider that administered the test? If not, are there plans to do so; especially for breakthrough cases?</p>	<p>You can always request the data from either local health department or the EPI hotline. Especially for breakthrough, the EPI group will want to and need to be aware of the data and will be happy to discuss it with the provider. We do have plans to provide results back to the providers soon, but the CMS restrictions are making it difficult to just do immediately.</p>
<p>Testing facilities in our county were told they could utilize the Grainger drop box at our health dept. for sending samples. Is there an MOU that has been created for this purpose?</p>	<p>We did not create any sort of MOU for this purpose. If they would normally send samples to KHEL, then they are able to do so without an MOU. We have not envisioned a need for a separate MOU for them to put their samples at the HD and/or lockbox.</p>
<p>Is KHEL contacting the waste water facilities and letting them know that samples can be brought to the local health department to send to KHEL?</p>	<p>At this point we are contacting specific waste water treatment facilities as we gear up. So that we can provide containers and training, we will be notifying the water/waste folks directly.</p>
<p>If we're interested in COVID wastewater testing, who should we contact?</p>	<p>Thomas.Stiles@ks.gov</p>
<p>FYI only - an upcoming SHSMD/AHA Webinar on addressing vaccine hesitancy.</p> <p>https://www.magnetmail.net/actions/email_web_version.cfm?ep=z8H_BZOIzIVonNwYbyRfI3sXdjra8wPYrkt6aBxzHCi2KtkxBaFUT0GeEsDDrtZsxN1vcgrCqn3h0DiHUz9O_MhAoZmyfzrOfdZW0KustWccroLFIHcnzfGdQ3oe3joi</p>	<p>Thank you!</p>
<p>I'm surprised that travel restrictions to SW Missouri have not been implemented given the rapid rise of the Delta Variant</p>	<p>When we have a border state with an increase in cases, we look at county-by-county data rather than the entire state. We've been watching Missouri counties, and none of them have met the threshold to be added to our list (mostly because the Kansas numbers</p>

	are also inching up). We will continue to watch these counties and add to our list if it meets the threshold.
The "virus collection and preservation system" that we received from KHEL, will be expiring 11/2021. Can they be distributed to local facilities (hospitals & LTCF) and do they have to then be sent for testing at KHEL or can the facilities send to other labs for testing?	If you are talking about the Swab/VTM, then they could be used for any facility if that facility is comfortable with using them.
How can labs request Abbott ID Now COVID kits? Is there a form we need to complete?	Ideally contact your county emergency manager and tell them to submit a request. If you have trouble with that, then just let us know directly and we will work to get them to you
I apologize if I missed a slide. Is there a data that shows the number of delta variant cases per county?	If you use the link for the KDHE variant slide, just above that graph is the county by county data.
Do those who have been either vaccinated or natural immunity from previously having Covid-19 test positive going forward since antibodies are present?	Mm, not sure what you are asking here. If you are testing someone for diagnostic purposes, you would use an antigen or PCR test, not an antibody test. If it is someone who had natural disease recently, then the interpretation of that new PCR becomes a little tricky if it is positive, we have to look at exposures, new symptoms, etc. That is because people can shed for a while past their infectious period but will continue to be PCR positive for a while. Let me know if I misinterpreted your question.
Can variant testing be performed using waste water analysis?	Yes to a certain extent. Since you are looking at potentially multiple variants in any given WW sample, it is more difficult and more oriented to a general awareness that the mutation that is typically associated with the particular variant is present.
My question/concern is that if the courier is picking up the samples from various facilities that are in the dropbox (located at the Health Dept.) and not directly from the facility, is there any liability or responsibility for that sample that is now placed on our dept.	The courier service is set up to be available to anyone who needs to submit samples to KHEL. Each facility is responsible for packaging the sample up appropriately, so there shouldn't be any liability issues with using it. If you have specific concerns, contact the lab and we'll work through it with you.
I was on a call with MARC yesterday. The KC region is having an unusually busy summer with high volume. Specially mentioned the EDs are very busy with trauma, gunshots and psych patients. The high volume was not associated with COVID, but there is a real	Thank you!

concern if COVID increases EDs and hospitals will struggle with any increased volume.	
Can Myron share the form he mentioned to use for sequencing samples sent to KHEL? Thank you	https://www.kdheks.gov/labs/downloads/COVID-19_WGS_Submission_Form.pdf
If we have a student coming to our district from a country that is on the travel quarantine list, should that student quarantine regardless of their vaccination status?	Our guidance for travel related quarantine is for unvaccinated people. As long as they remain without symptoms, they wouldn't need to quarantine.
Is CRL sending positive tests to you?	Yes
Should we send positive antigen results to you for sequencing?	Generally, no. You should send the person for a PCR confirmation first. There is no way to know if there is enough viral load in an antigen sample to know if it is appropriate to sample, and in most cases you would need a separate sample anyway, as antigen tests will use the entirety of the sample.
If we are sending a sample for a symptomatic patient directly to KHEL for testing, should we go ahead and enter that patient in the portal or wait until the test results are back from KHEL?	By Portal, I assume you mean the Reportable Disease portal, then yes.
Is the Dx reporting portal used only for reporting COVID or can you report other reportable DX?	The disease reporting portal is used only for COVID-19.