



Lee A. Norman, MD, MHS, MBA, Secretary
COVID-19 Webinar Series Welcome
August 5, 2021



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COVID-19 Situation Update: August 5, 2021



COVID-19: Situation Around The World



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

Last Updated at (M/D/YYYY)
8/4/2021, 8:21 PM

Cases

200,136,419

Deaths

4,254,976

Vaccine Doses Administered

4,265,470,393

Cases and Deaths by Country/Region/Sovereignty

35,331,683 | 614,797

7

US

31,769,132 | 425,757

7

India

20,026,533 | 559,607

7

Brazil

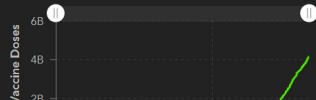
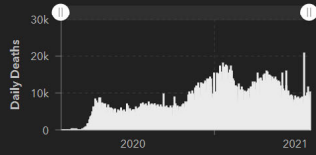
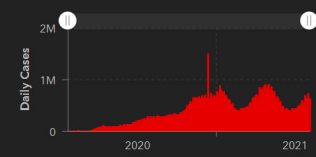
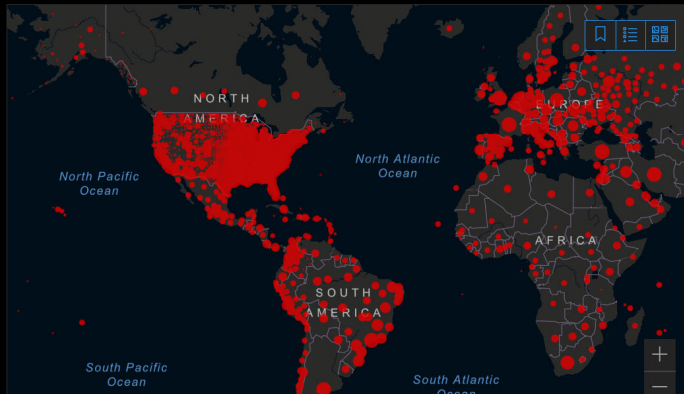
6,274,006 | 159,032

Russia

6,270,961 | 112,215

France

5,000,000 | 130,000



As of 8-4-2021. 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>.

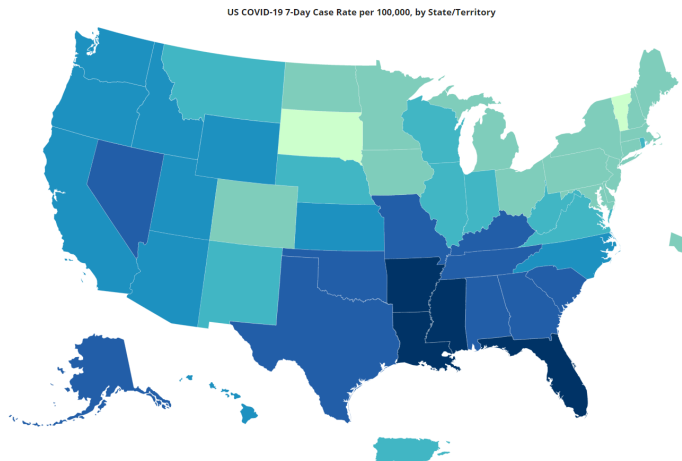
Last week, we had almost 196 million cases around the world and almost 4.2 million deaths.

This week, there are over 200 million cases and 4,254,976 deaths around the world.



COVID-19: Situation in the US

- Total cases: 35,286,935



As of 8-4-2021. Available at https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days

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Last week in the US:

Total cases: 34,631,447 (a little over 34.6 million)

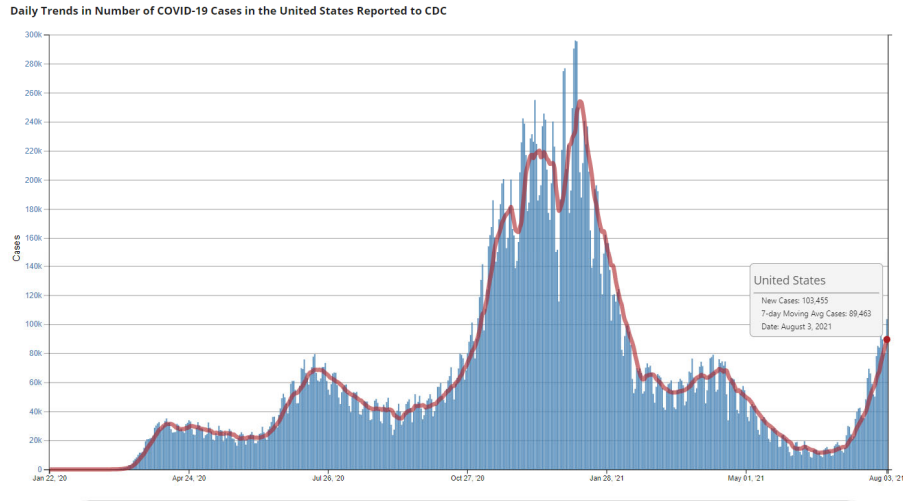
As of yesterday

This week:

Total cases: 35,286,935



COVID-19: Situation in the US



As of 8-4-2021. Available at https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

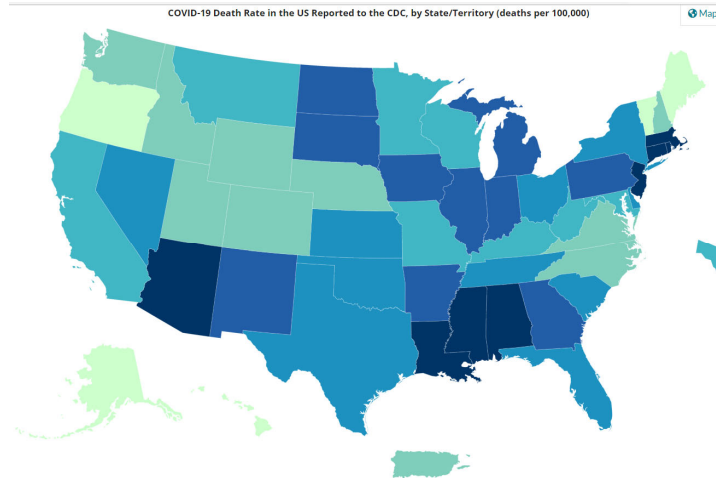
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In the US, you can see that we are averaging about 89,400 new cases each day according to the 7-day average. That is up from 62,000 from the previous week.



COVID-19: Situation in the US

- Total deaths: 612,386



As of 8-4-2021. Available at https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100k

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Last week in the US:

Total deaths: 609,441 (a little over 609,000)

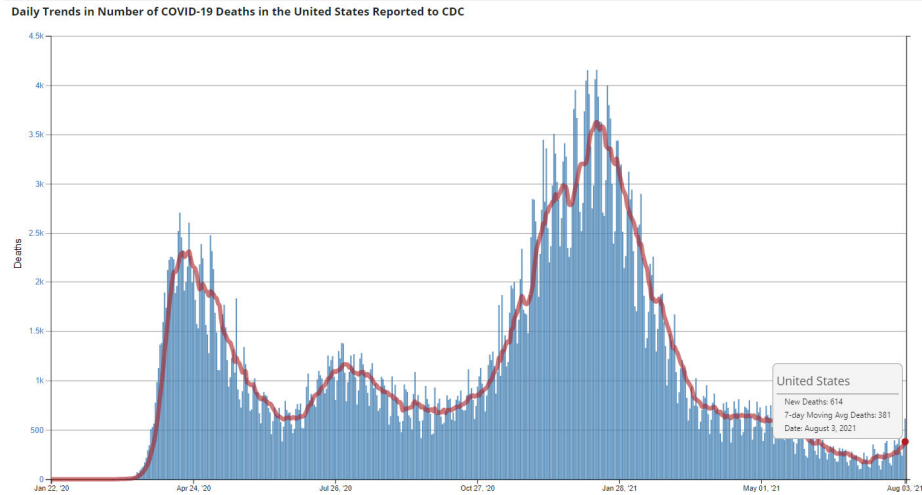
As of yesterday

This week:

Total deaths: 612,386



COVID-19: Situation in the US



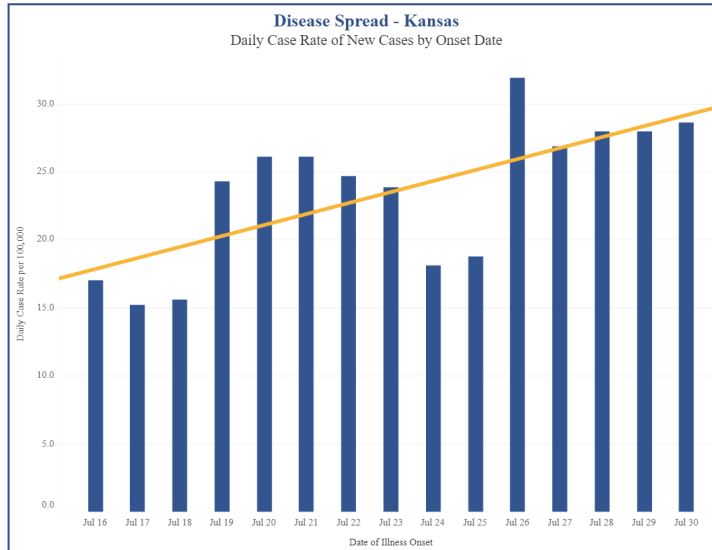
As of 7-28-2021. Available at https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

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The 7-day moving average daily death trend in the United States is about 381 deaths per day which is up from 300 deaths per day from last week.



COVID-19: Situation in Kansas

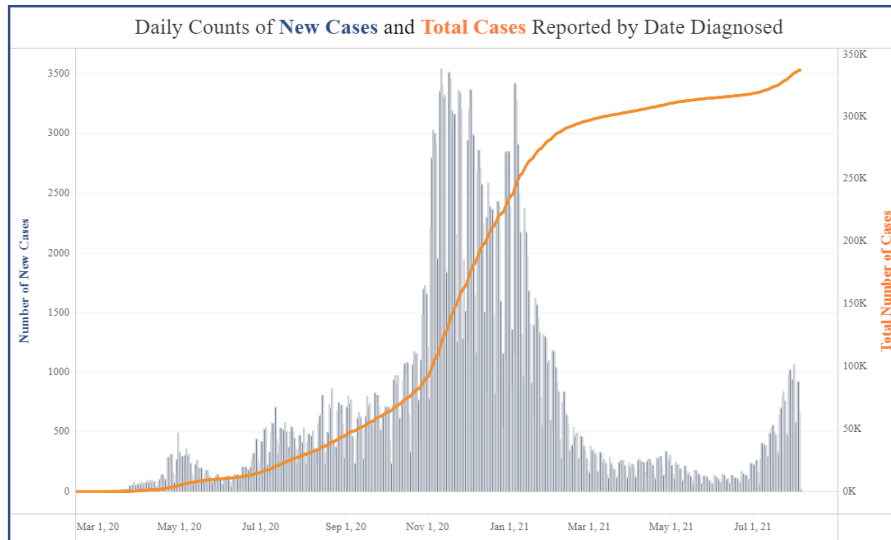


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Moving on to KS specific data. For our first Disease Spread metric, which is the daily rate of new cases, the trend line last week was sharply increasing and that continues this week.



COVID-19: Situation in Kansas



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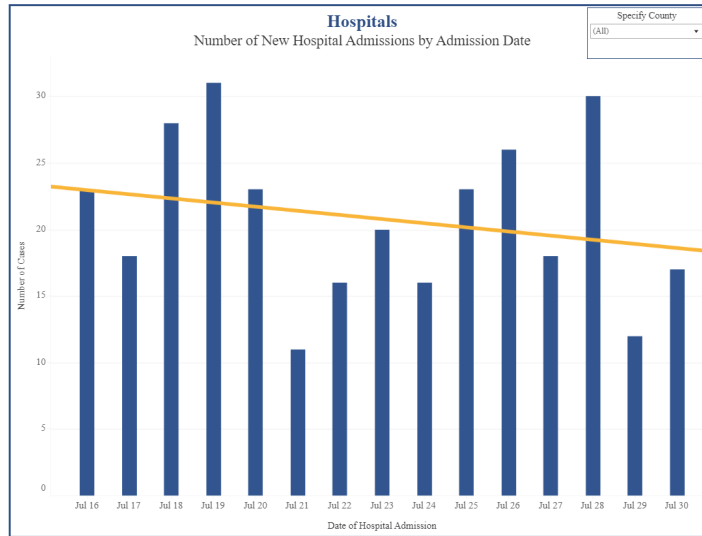
If you look at the 7 day average based on the date diagnosed, starting with July 30 to cut off the more recent dates where we still have labs coming in, you see:

- July 30: 1061 cases
- July 29: 936 cases
- July 28: 907 cases
- July 27: 1015 cases
- July 26: 980 cases
- July 25: 474 cases
- July 24: 483 cases

An average of 837 cases per day compared to 618 last week.



COVID-19: Situation in Kansas

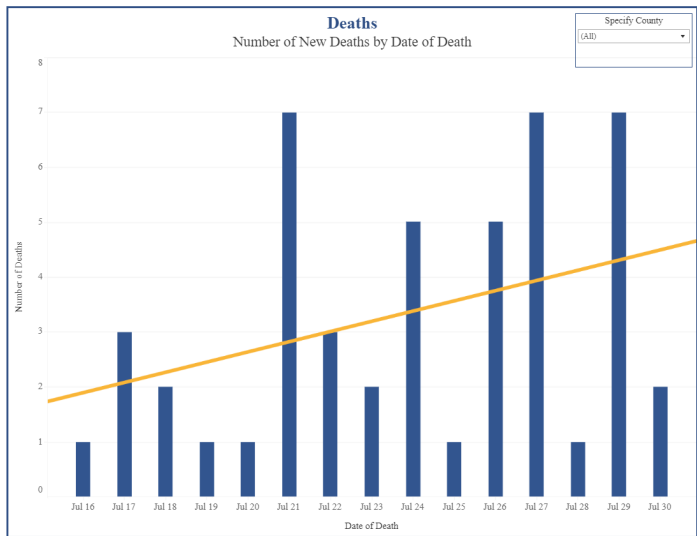


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For hospitalizations, the trend last week was decreasing last week and that continues this week. As a reminder, this is information gathered during the public health interview of cases and represents hospitalizations at the time of interview.



COVID-19: Situation in Kansas



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And for deaths, last week the trend was decreasing slightly, more like flat. This week the trend is increasing.



COVID-19: Situation in Kansas

COVID-19 Cases	Hospitalizations	Statewide Deaths	MIS-C Cases
337,350	11,807	5,286	17

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: 8/04/2021 at 9:00 AM. There were 2,714 new cases, 20 new deaths, and 70 new hospitalizations reported since Monday, 8/2/2021.

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As of yesterday, we had 337,350 cases (which is an increase of 6,418 cases since last week) and 5,286 deaths statewide (that's an increase of 39 deaths since last week).

There were 2,714 new cases and 20 new deaths reported between Monday 8/2/2021 and Wednesday 8/4/2021.



COVID-19: Situation in Kansas: Outbreaks

Last updated: 8/4/2021 at 9:00 AM. Cluster Summary data is updated every Wednesday.

Active COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
125	1,230	54	26

All COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
2,303	41,139	2,065	2,189

- 41,139 outbreak-related cases/337,350 cases (12.2%)
- 2,065 outbreak-related hospitalizations/11,807 total hospitalizations (17.5%)
- 2,189 outbreak-related deaths/5,286 total deaths (41.4%)

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Moving on to outbreaks:

As of late Tuesday night, we had 2,303 outbreaks across the state. This week we have 125 active clusters which is an increase from 108 last week.

Our percentage of outbreak related cases is 12.2%, outbreak-related hospitalizations is about 17.5% and outbreak-related deaths is about 41.4%.



COVID-19: Situation in Kansas: Outbreaks

COVID-19 Cluster Cases by Type

Type	Clusters	Cases	Hospitalizations	Deaths
Camp	19	242	2	0
College or University	1	6	0	0
Corrections	6	66	2	0
Daycare	11	63	1	0
Government	1	3	0	0
Group Living	6	81	5	0
Healthcare	5	36	3	0
Long Term Care Facility	35	346	24	25
Meat Packing	2	170	11	0
Private Business	22	107	1	0
Private Event	5	39	0	0
Religious Gathering	6	39	5	1
School	2	11	0	0
Sports	4	21	0	0
Total	125	1,230	54	26

Sort by Cluster Type
Active ▾

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We currently have 19 active outbreaks in camps. We also have 6 outbreaks in corrections, 11 in daycares, 35 active outbreaks in LTCFs (which is up from 28 last week). We also have 22 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.



COVID-19: Situation in Kansas



KS COVID-19 Overview	Testing Rates	Hospital Capacity	Cluster Summary
Case Characteristics	SARS-CoV-2 Variants	Hospital Summary	Death Summary
Case Rates	COVID-19 Metrics	ED Summary	SVI Explorer

Kansas COVID-19: SARS-CoV-2 Variants

Variants of Interest	Variants of Concern	Specimens Sequenced	Percent of Positives Sequenced	Counties with Variants
52	3,420	5,971	6.1% July 2021	87

Updated: 8/04/2021 at 9:00 am

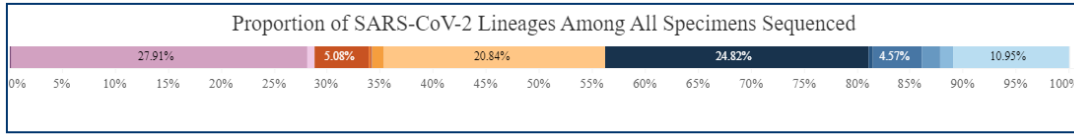
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We have identified over 3400 cases that are variants of concern and we have sequenced 6.1% of all positives. We have identified variants in 87 of 105 counties.



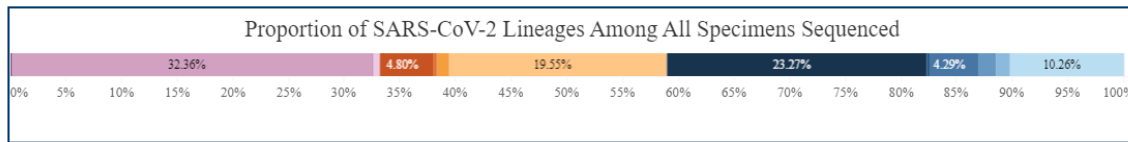
COVID-19: Situation in Kansas

July 28, 2021



- Lineage ID
- B.1.2
 - B.1.596
 - B.1.1.519
 - B.1
 - B.1.526.2
 - Other
 - B.1.1.7
 - B.1.429
 - B.1.351
 - B.1.427
 - P.1
 - B.1.526
 - P.2
 - B.1.525
 - B.1.617.2
 - B.1.617.3
 - B.1.617
 - B.1.617.1

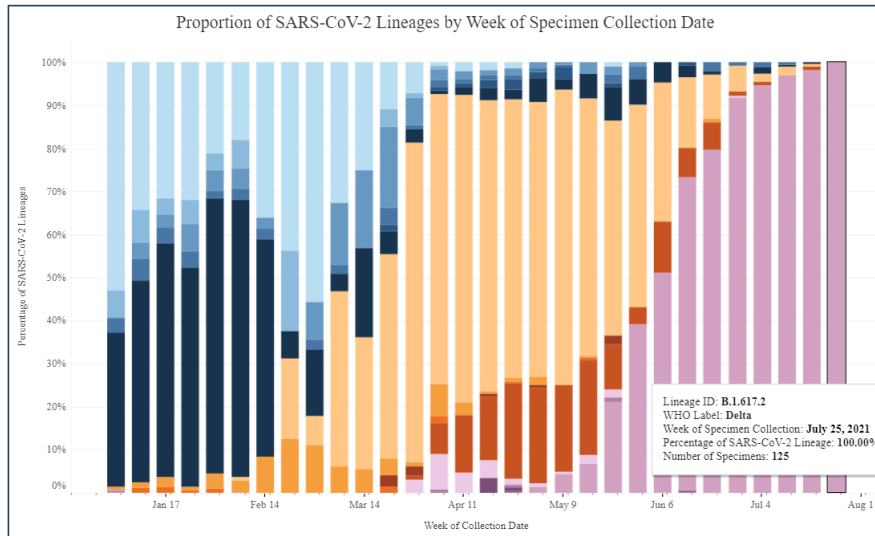
August 5, 2021



- Lineage ID
- B.1.2
 - B.1.596
 - B.1.1.519
 - B.1
 - B.1.526.2
 - Other
 - B.1.1.7
 - B.1.429
 - B.1.351
 - B.1.427
 - P.1
 - B.1.526
 - P.2
 - B.1.525
 - B.1.617.2
 - B.1.617.3
 - B.1.617
 - B.1.617.1

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This graph shows the proportion of SARS-CoV-2 lineages among all specimens sequenced. Of all the specimens we have sequenced to date, the delta variant makes up about 32% of all specimens sequenced and the UK variant is about 20%.



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And further down, you can see a graph of the proportion of lineages by week. The week of July 25th we sequenced 125 samples and 100% were the Delta variant.



COVID-19: Updated Guidance for Vaccinated Kansans

Isolation and Quarantine

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

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

There is currently no time limit on how long fully vaccinated persons are considered immune. Persons who do not meet both of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. Fully vaccinated individuals do not have to quarantine after exposure to COVID-19 as long as they remain without symptoms. It is recommended by the CDC that fully vaccinated individuals get tested via PCR or antigen test 3 to 5 days after exposure to a suspected or confirmed case of COVID-19 even if they do not have symptoms with an additional recommendation by KDHE to re-test 7-10 days after exposure. However, they do not have to isolate at home while waiting for results if they do not have symptoms. Fully vaccinated individuals that do not have symptoms do not need to quarantine but should mask while in public indoor settings for 14 days after exposure.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/1790/Vaccinated-Kansans-Guidance-PDF---8-3-21?bidId=>

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We updated the COVID-19 Guidance for Vaccinated Kansans to incorporate the CDC guidance for fully vaccinated people to be tested 3-5 days after exposure and we added an additional KDHE guidance to re-test 7-10 days after exposure. There are a lot of questions about where this testing guidance comes from. In calls between CDC and state health officials we have seen and heard about data that essentially shows that people exposed to the Delta variant develop disease much more quickly, a large proportion developing disease around the 3-5 day mark. Given that the Delta variant is the predominant variant being seen, we felt the evidence was compelling enough to adopt the 3-5 day recommendation. However, the data also showed a proportion, and not an insignificant proportion, developing disease after the 5 day mark. Given that, we didn't want to give people a false sense of security that, if they were negative on day 5, they wouldn't develop disease after that. Hence the additional KDHE recommendation to test at 7-10 days after exposure. As I mentioned, the data supporting the testing recommendation has been discussed with health officials but we don't have a publication to put in your hands which does make it a bit more difficult. But think of this as guidance that aims at finding cases among fully vaccinated exposed people, a group that may not otherwise get tested if they don't show symptoms.

We also incorporated in the CDC recommendation that fully vaccinated people who are exposed need to wear a mask in public indoor settings for 14 days after exposure.



COVID-19: Updated PUI Criteria

	<ul style="list-style-type: none"> • new olfactory and taste disorders • congestion or runny nose • nausea or vomiting • diarrhea without an alternate more likely diagnosis.
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^a You are a "close contact" if any of the following situations happened while you spent time with a person with COVID-19, even if they didn't have symptoms:

- Were within 6 feet of the person for 10 consecutive minutes or more
- Had contact with the person's respiratory secretions (for example, coughed or sneezed on; kissed; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items)
- Live with the person or stayed overnight for at least one night in a house with the person.

The chance of spreading the virus is greater the longer an infected person or persons are close to someone. It also matters if the infected person is coughing, sneezing, singing, shouting, or doing anything else that produces more respiratory droplets that contain virus or if there are exposures to more than one infected person. Under these higher risk situations, you may want to consider a close contact someone who has been within 6 feet of an infectious person or persons for 10 cumulative minutes or more in a 24-hour period. The final decision on what constitutes close contact is made at the discretion of public health.

§ KDHE recommends that individuals in quarantine after exposure to a suspected or confirmed case of COVID-19 get tested via a PCR or antigen test 3-5 days after exposure and re-tested 7-10 days after exposure. A negative test result does not allow a patient to end quarantine early. See [shortened quarantine guidance](#).

It is recommended by the CDC that fully vaccinated individuals get tested via PCR or antigen test 3 to 5 days after exposure to a suspected or confirmed case of COVID-19 even if they do not have symptoms with an additional recommendation by KDHE to re-test 7-10 days after exposure. However, they do not have to isolate at home while waiting for results if they do not have symptoms.

* Measured fever of ≥100.4°F (≥38°C). Fever CANNOT be subjective.

Revised 8-3-2021



Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/367/PUI-Criteria-PDF---8-3-21>

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No one probably looks at the PUI criteria anymore but I did update the second page to reflect the recommendation for testing of fully vaccinated exposed people.

And you will also see that the testing recommendation applies to unvaccinated individuals as well. Previously, we stated here on the PUI criteria to test people 5-7 days after exposure and that asymptomatic testing should be on day 7 or later.

Now, the across the board recommendation is to test everyone 3-5 days after exposure and re-test 7-10 days after exposure. Again, the aim here is to identify cases faster.



COVID-19: Updated Isolation and Quarantine FAQ

What should I do if I am in quarantine for exposure to a case of COVID-19?

Those who are under a home quarantine should not attend school, work or any other setting where they are not able to maintain about a 6-foot distance from other people. If they are able to attend settings where they can maintain a 6-foot distance from others, then they can attend as long as they remain asymptomatic. However, this allowance must be made by the county local health officer and is determined on a case by case basis.

While at home:

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- KDHE recommends that individuals in quarantine after exposure to a suspected or confirmed case of COVID-19 get tested via a PCR or antigen test 3-5 days after exposure and re-tested 7-10 days after exposure. A negative test result does not allow a patient to end quarantine early. See [shortened quarantine guidance](#).

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF--8-3-21>

To protect and improve the health and environment of all Kansans

This recommendation for testing of susceptible close contacts at 3-5 days and 7-10 days is incorporated into the Isolation and Quarantine FAQ.



COVID-19: Updated Isolation and Quarantine FAQ

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

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

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

There is currently no time limit on how long fully vaccinated persons are considered immune. Persons who do not meet both of the above criteria should continue to follow current quarantine guidance after exposure to someone with suspected or confirmed COVID-19. Fully vaccinated individuals do not have to quarantine after exposure to COVID-19 as long as they remain without symptoms. It is recommended by CDC that fully vaccinated individuals get tested for COVID-19 disease via a PCR or antigen test 3-5 days after exposure and there is an additional recommendation by KDHE to re-test 7-10 days after exposure. However, fully vaccinated individuals do not need to isolate at home while waiting for results if they do not have symptoms. Fully vaccinated individuals that do not have symptoms do not need to quarantine but should mask while in public indoor settings for 14 days after exposure.

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

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

Updated: August 3, 2021



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Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF--8-3-21>

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As is the recommendation for fully vaccinated exposed people. We have also added the language for fully vaccinated exposed people to wear a mask in public indoor settings for 14 days after exposure.



COVID-19: Updated K-12 Guidance

Updated Guidance for COVID-19 Prevention in K-12 Schools

July 30, 2021 **CORRECTION ISSUED AT 6:00PM**

The Kansas Department of Health and Environment (KDHE) is adopting recently updated CDC [Guidance for COVID-19 Prevention in K-12 Schools](#) and [CDC Guidance for Fully Vaccinated People](#). The guiding principle for this updated guidance is to support safe, in-person instruction for the 2021-2022 school year.

EXECUTIVE SUMMARY

- Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic.
 - Currently, everyone ages 12 and older are eligible for COVID-19 vaccination.
 - School districts should be working with local and state public health and other partners to actively plan vaccination clinics.
 - Fully vaccinated individuals do not have to quarantine after an exposure to COVID-19 as long as they remain without symptoms. This means that they can remain physically in-person at school.
 - It is recommended by the CDC that fully vaccinated individuals get tested 3 to 5 days after exposure even if they do not have symptoms with an additional recommendation by KDHE to re-test 7-10 days after exposure. However, they do not have to isolate at home while waiting for results if they do not have symptoms.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2098/Updated-Navigating-Change-Operations-Health-7-30-2021-002>

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The updated K-12 guidance has been posted. This is a update to the Health section of the Navigating Change document that was the original, very long, guidance for schools last year. There are a few key changes that needed to be addressed in this update:

1) We now have a vaccine approved for some school aged children so we talk about vaccination being the best prevention strategy. In here, we talk about fully vaccinated individuals who are exposed but show no symptoms not having to quarantine.



COVID-19: Updated K-12 Guidance

- Fully vaccinated individuals do not have to quarantine after an exposure to COVID-19 as long as they remain without symptoms. This means that they can remain On-site and In-Person learning at school.
 - It is recommended by the CDC that fully vaccinated individuals get tested 3 to 5 days after exposure even if they do not have symptoms with an additional recommendation by KDHE to re-test 7-10 days after exposure. However, they do not have to isolate at home while waiting for results if they do not have symptoms.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2098/Updated-Navigating-Change-Operations-Health-7-30-2021-002>

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We did incorporate in the new CDC recommendation to test fully vaccinated people 3-5 days after exposure and re-test 7-10 days after exposure.



COVID-19: Updated K-12 Guidance

- A robust COVID-19 testing strategy will help ensure students, staff and teachers can continue in-person during the 2021-2022 school year.
 - In partnership with county local health departments, schools may adopt plans that allow exposed students to remain learning in-person and participating in other school-based activities in-person during their quarantine period if they participate in an approved testing strategy.
 - [Federal funding](#) is available through KDHE to pay for staffing, supplies, equipment, and other resources needed for a testing strategy.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2098/Updated-Navigating-Change-Operations-Health-7-30-2021-002>

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We also talk about the importance of having a robust testing strategy in schools. We talk about options that schools might have, in working with their local health departments, to implement a testing strategy that keeps kids in-person learning during their quarantine period. As we have talked about before on this webinar, there is evidence from other states that, when you have strong strategies in place like masking and distancing, transmission within school settings is minimized. In addition to those measures, we recommend a strong testing strategy that is going to identify cases faster to also minimize spread.



COVID-19: Updated K-12 Guidance

- CDC and KDHE recommend universal indoor masking for all teachers, staff, students, and visitors (age 2 and older) to K-12 schools, regardless of vaccination status.
 - Masks should be worn by all individuals (age 2 and older) on all forms of public transportation including school buses regardless of vaccination status.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2098/Updated-Navigating-Change-Operations-Health-7-30-2021-002>

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We also updated the mask guidance to align with the CDC guidance for universal masking in schools.



COVID-19: Updated K-12 Guidance

- Schools should strive to maintain at least 3 feet of physical distance between students within classrooms and other closed settings; however, the inability to implement physical distancing within schools should not be a barrier to keeping all students learning in-person. When it is not possible to maintain at least 3 feet of physical distancing, it is especially important to layer all prevention strategies including vaccination, testing, masking and good personal hygiene.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2098/Updated-Navigating-Change-Operations-Health-7-30-2021-002>

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And at some point in the last school year the guidance had changed to 3 feet of physical distance in classrooms so the new K-12 guidance incorporates that.



COVID-19: Updated K-12 Guidance

- Social Distancing
 - In the classroom setting only, students can be 3 feet apart as long as they are all facing in one direction.
 - If an outbreak occurs in any school setting, students should be 6 feet apart until the outbreak is contained

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When we were talking about the 3 feet guidance in the last school year, it applied to classroom settings only and only in non-outbreak situations.



COVID-19: Updated K-12 Guidance

School Guidance – Social Distancing

Maintain 6 feet of distance in the following settings:

- Between adults and between adults and students in the school building.
- When masks cannot be worn, such as when eating
- During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise. Move these activities outdoors or to large, well-ventilated space, when possible
- In common areas such as school lobbies and auditoriums
- **For quarantine purposes – Close contact is still defined as anyone that has been within 6 feet for 10 minutes or longer of a person with COVID-19**

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2098/Updated-Navigating-Change-Operations-Health-7-30-2021-002>

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The 6 feet of distance is still recommended between adults and children, in settings where masks aren't being worn, during activities where there is increased exhalation, and in common spaces.

Since we have gotten several questions about where the 3 feet guidance actually applies, I will need to add these clarifications into the K-12 guidance.



COVID-19: Updated K-12 Guidance

TEMPERATURE AND SYMPTOM SCREENING

- Given that [40% or more of COVID-19 cases do not exhibit any symptoms](#), and given that people [including children](#) are able to spread the disease to others several days before they start to show symptoms, regular temperature and symptom screenings may not be the most effective use of resources.
- If no-touch thermometers have already been established in school buildings, schools may continue to use them to screen students, teachers and visitors.
- Students, teachers, staff and families should be aware of the symptoms of COVID-19 disease. Compared to adults, [children and adolescents](#) tend to have more mild, non-specific symptoms like a headache or sore throat. The disease does present different among different age groups and it is useful to know the most common symptoms seen in [children](#) versus [adults](#).

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/2098/Updated-Navigating-Change-Operations-Health-7-30-2021-002>

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We also updated the section on temperature and symptoms screenings. The previous guidance stated that temp and symptom screenings should be done daily. Given that we now know that a large proportion of cases don't actually show symptoms and that children in particular tend to be asymptomatic or very mildly symptomatic, we just stated that temp and symptom screenings might not be the best use of resources.



COVID-19: New Literature

Outbreak of SARS-CoV-2 Infections, Including COVID-19 Vaccine Breakthrough Infections, Associated with Large Public Gatherings — Barnstable County, Massachusetts, July 2021

Early Release / July 30, 2021 / 70

Catherine M. Brown, DVM¹; Johanna Vostok, MPH¹; Hillary Johnson, MHS¹; Meagan Burns, MPH¹; Radhika Gharpure, DVM²; Samira Sami, DrPH³; Rebecca T. Sabo, MPH²; Noemi Hall, PhD²; Anne Foreman, PhD²; Petra L. Schubert, MPH¹; Glen R. Gallagher, PhD¹; Timelia Fink¹; Lawrence C. Madoff, MD¹; Stacey B. Gabriel, PhD³; Bronwyn MacInnis, PhD²; Daniel J. Park, PhD²; Katherine J. Siddle, PhD²; Vaira Hari, MS⁴; Deirdre Arvidson, MSN⁴; Taylor Brock-Fisher, MSc⁵; Molly Dunn, DVM⁶; Amanda Kearns⁵; A. Scott Laney, PhD² ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Variants of SARS-CoV-2 continue to emerge. The B.1.617.2 (Delta) variant is highly transmissible.

What is added by this report?

In July 2021, following multiple large public events in a Barnstable County, Massachusetts, town, 469 COVID-19 cases were identified among Massachusetts residents who had traveled to the town during July 3–17; 346 (74%) occurred in fully vaccinated persons. Testing identified the Delta variant in 90% of specimens from 133 patients. Cycle threshold values were similar among specimens from patients who were fully vaccinated and those who were not.

What are the implications for public health practice?

Article Metrics

Altmetric:



Citations:

Views:

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e2.htm?s_cid=mm7031e2_w

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From the summary: *“ In July 2021, following multiple large public events in a Barnstable County, Massachusetts, 469 COVID-19 cases were identified among Massachusetts residents who had traveled to the town during July 3–17; 346 (74%) occurred in fully vaccinated persons. Testing identified the Delta variant in 90% of specimens from 133 patients. Cycle threshold values were similar among specimens from patients who were fully vaccinated and those who were not.”*

As we talked about last week, CDC looked at what happened in Massachusetts pretty closely before making the recommendation that fully vaccinated individuals in areas with high transmission mask while in indoor public settings.



COVID-19: New Literature

COVID-19 Vaccine Safety in Adolescents Aged 12–17 Years — United States, December 14, 2020–July 16, 2021

Early Release / July 30, 2021 / 70

Anne M. Hause, PhD¹; Julianne Gee, MPH¹; James Baggs, PhD¹; Winston E. Abara, MD¹; Paige Marquez, MSPH¹; Deborah Thompson, MD²; John R. Su, MD, PhD¹; Charles Licata, PhD¹; Hannah G. Rosenblum, MD^{1,3}; Tanya R. Myers, PhD¹; Tom T. Shimabukuro, MD¹; David K. Shay, MD¹ ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

In preauthorization trials of the Pfizer-BioNTech COVID-19 vaccine, adolescents aged 12–17 years reported local and systemic mild and moderate reactions. Myocarditis has been observed after vaccination with mRNA vaccines in postauthorization monitoring.

What is added by this report?

Local and systemic reactions after vaccination with Pfizer-BioNTech vaccine were commonly reported by adolescents aged 12–17 years to U.S. vaccine safety monitoring systems, especially after dose 2. A small proportion of these reactions are consistent with myocarditis.

What are the implications for public health practice?

Mild local and systemic reactions are common among adolescents following Pfizer-BioNTech vaccine, and serious adverse events are rare. The Advisory Committee on Immunization Practices conducted a risk-benefit assessment and continues to recommend the Pfizer-BioNTech COVID-19 vaccine for all persons aged ≥12 years.

Article Metrics

Altmetric:



Citations:

Views:

Views equals page views plus PDF downloads

[Metric Details](#)

Tables

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7031e1.htm?s_cid=mm7031e1_w

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From the summary: *“Local and systemic reactions after vaccination with Pfizer-BioNTech vaccine were commonly reported by adolescents aged 12–17 years to U.S. vaccine safety monitoring systems, especially after dose 2. A small proportion of these reactions are consistent with myocarditis.”*

To further characterize safety of the vaccine, adverse events after receipt of Pfizer-BioNTech vaccine reported to the Vaccine Adverse Event Reporting System (VAERS) and adverse events and health impact assessments reported in v-safe (a smartphone-based safety surveillance system) were reviewed for U.S. adolescents aged 12–17 years during December 14, 2020–July 16, 2021. As of July 16, 2021, approximately 8.9 million U.S. adolescents aged 12–17 years had received Pfizer-BioNTech vaccine.* VAERS received 9,246 reports after Pfizer-BioNTech vaccination in this age group; 90.7% of these were for nonserious adverse events and 9.3% were for serious adverse events, including myocarditis (4.3%). Approximately 129,000 U.S. adolescents aged 12–17 years enrolled in v-safe after Pfizer-BioNTech vaccination; they reported local (63.4%) and systemic (48.9%) reactions with a frequency similar to that reported in preauthorization clinical trials. Systemic reactions were more common after dose 2.

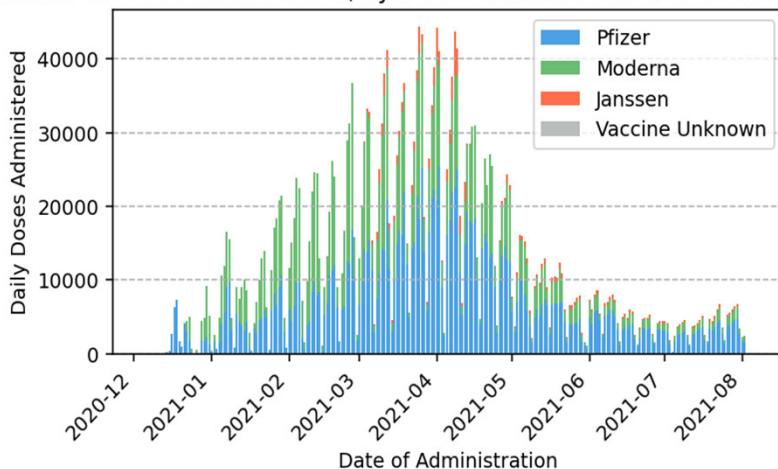


Phil Griffin, Director, Disease Control & Prevention
COVID-19 Situation Update
August 5, 2021



Vaccination Trends

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



Generated by Tiberius on 08/05/2021

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Let's Celebrate!

- 233 days since the first delivery of COVID vaccines in the USA
 - 400 million doses delivered
 - 165 million Americans fully vaccinated
 - 70% of adults age 18+ received at least 1 dose
 - 90% of adults age 65+ received at least 1 dose

- 400 million doses distributed is the equivalent to **5 years** of distribution under the CDC Vaccines for Children Program
 - Most of this work is done by staff working overtime,
 - Thank you to everyone who contributed to this effort!

- 70% in adults 18+ & 90% in adults 65+ coverage with an adult vaccine equivalent (i.e., seasonal influenza) **has never been achieved before**
 - In the past **5 years** adult seasonal flu vaccine coverage has been <48%
 - Coverage in adults 65+ has approached 69% in the past but is still nowhere close to our achievement of 90%!





Order Vaccine As Needed

Avoid missed opportunities!

Minimum order is 1 vial of any vaccine through direct shipment form KDHE

How to receive vaccine: To place an order for vaccine for delivery next week, please complete the following [order form](#) as soon as possible and no later than Thursday 5pm CT.

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Third Dose Guidance

- CDC provided the following response in writing when asked how to address the question of providers giving a booster dose at this time:
 - At this time, revaccination is not recommended after patients regain immune competence. Recommendations on revaccination or additional doses of COVID-19 vaccines may be updated when more information is available. Since the vaccines are currently under an emergency use authorization, or EUA, CDC and FDA are exploring multiple options for how to make additional doses possible for immunocompromised people.
 - At the appropriate time, the Advisory Committee on Immunization Practices (ACIP) will advise CDC on whether data support clinical considerations and guidance for additional vaccine doses. Immunocompromised people should continue to follow prevention measures such as wearing a mask and physical distancing until advised otherwise by their healthcare provider. Close contacts of immunocompromised people should also be encouraged to be vaccinated against COVID-19 to help protect these people.

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Third Dose Guidance

- We realize this doesn't totally address the question, so we would also add the following to make it more clear that providers should **NOT** be doing this:
 - Part of the CDC COVID-19 Vaccination Program Provider Agreement is that providers **must** administer COVID-19 vaccines in accordance with all program requirements and recommendations, including those of CDC, the Advisory Committee on Immunization Practices, and the U.S. Food and Drug Administration (<https://www.cdc.gov/vaccines/covid-19/provider-enrollment.html>). **Failure of any enrolled COVID-19 vaccination provider organization or vaccination location under its authority to meet the conditions of the agreement may impact whether COVID-19 vaccine product orders are fulfilled and may result in legal action by the federal government** (https://www.cdc.gov/vaccines/imz-managers/downloads/COVID-19-Vaccination-Program-Interim_Playbook.pdf)
 - Janssen is authorized as 1 dose
 - mRNA vaccines are authorized as a 2-dose series
 - No vaccines are authorized for additional doses or boosters at this time

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Third Dose Guidance

- This is also specified in the HHS Secretarial Directive on Eligibility to Receive COVID-19 Vaccines (<https://www.cdc.gov/vaccines/covid-19/downloads/HHS-Directive.pdf>). HHS states “As of May 1, 2021, all COVID-19 vaccination providers are directed and required to make available and administer COVID-19 vaccine to all persons eligible to receive the COVID-19 vaccine consistent with the applicable Emergency Use Authorizations for such products.”

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CDC Data Tracker

- **CDC COVID-19 Tracker Update:** [COVID-19 Vaccine Confidence Dashboard](#)
 - Tracks trends in vaccination status and intent using data from National Immunization Survey Adults COVID Module (NIS-ACM).
 - Breaks down vaccination status and intent by jurisdiction, and by demographics.
 - Includes behavior indicators

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CDC Data Tracker

Vaccination Status and Intent by Demographics - Kansas

Data Collection Period: May 30 – June 26, 2021 (N= 525)

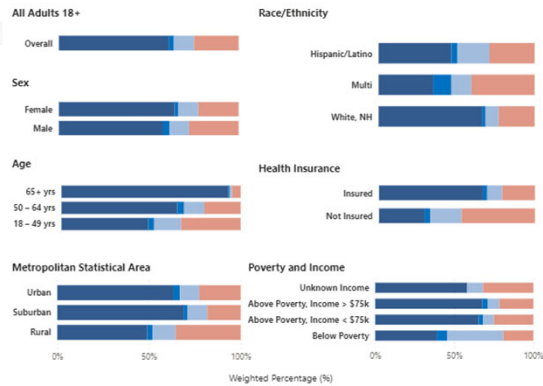
Select a Jurisdiction
 Kansas

64.0% are **Vaccinated (61.1%)**
 or **Definitely Plan**
to Get Vaccinated (2.9%)

11.3% **Probably Will Get Vaccinated**
or Are Unsure

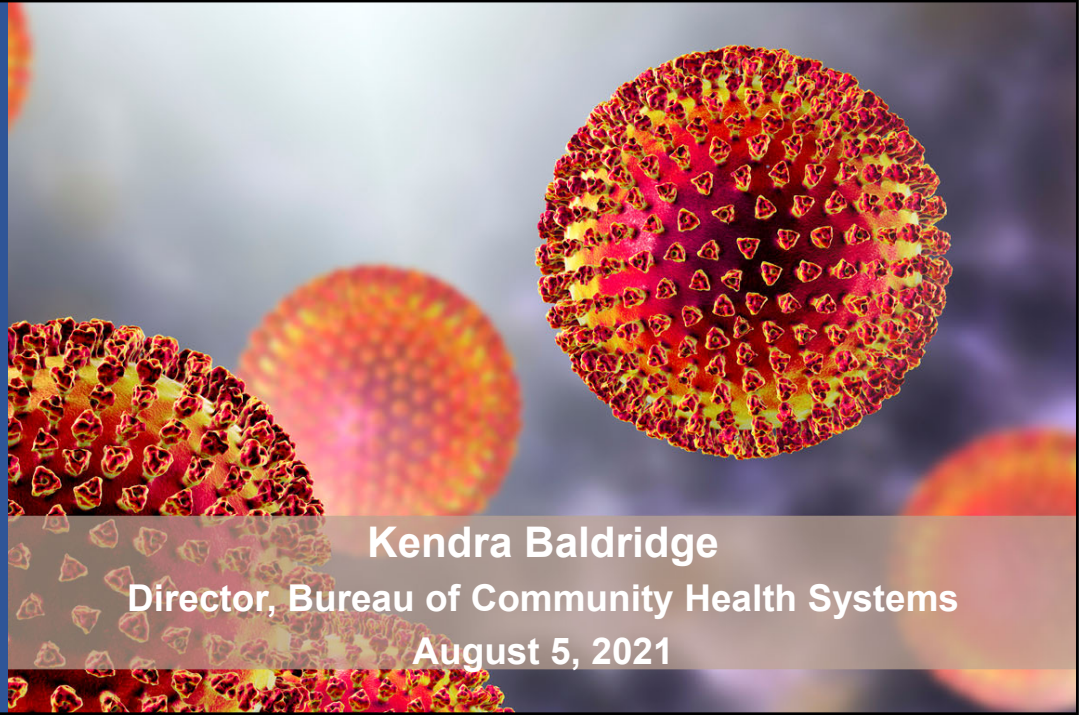
24.8% **Probably or Definitely**
Will Not Get Vaccinated

■ Vaccinated
■ Definitely Plan to Get Vaccinated
■ Probably Will Get Vaccinated or Are Unsure
■ Probably or Definitely Will Not Get Vaccinated



[CDC COVID Data Tracker](#)

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Kendra Baldrige
Director, Bureau of Community Health Systems
August 5, 2021



Update on PREP Act Changes

- Goal: to help ensure the maximum number of people can be vaccinated as easily as possible
- PREP Act change: extends coverage to pharmacy techs and interns with proper training to administer FDA licensed seasonal flu vaccines to adults
- Helps meet demand for both flu and COVID-19 vaccines this fall
- For more information:
<https://www.phe.gov/Preparedness/legal/prepact/Pages/default.aspx>

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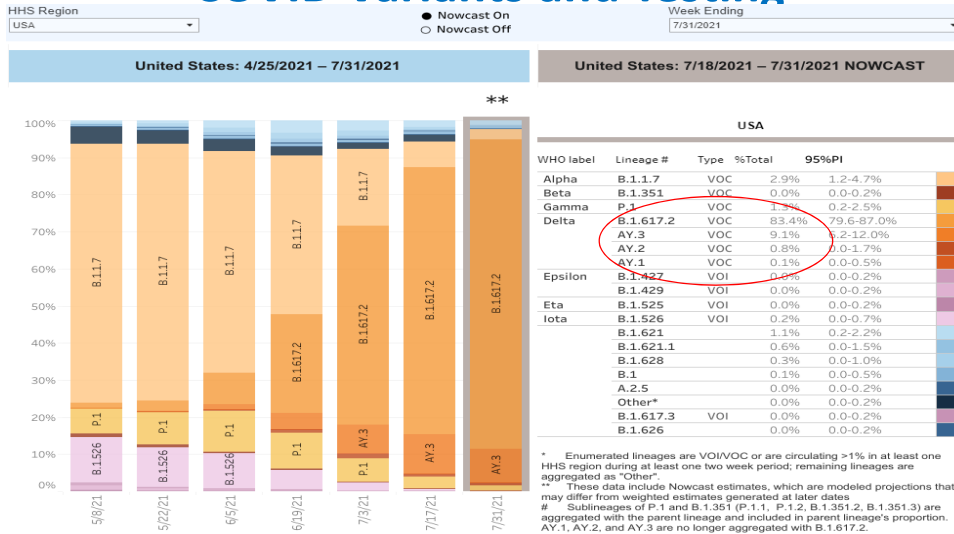


N Myron Gunsalus, Jr, KHEL Director
COVID-19 Laboratory Update
August 5, 2021



COVID-19: Laboratory Update

COVID Variants and Testing



To protect and improve the health and environment of all Kansans

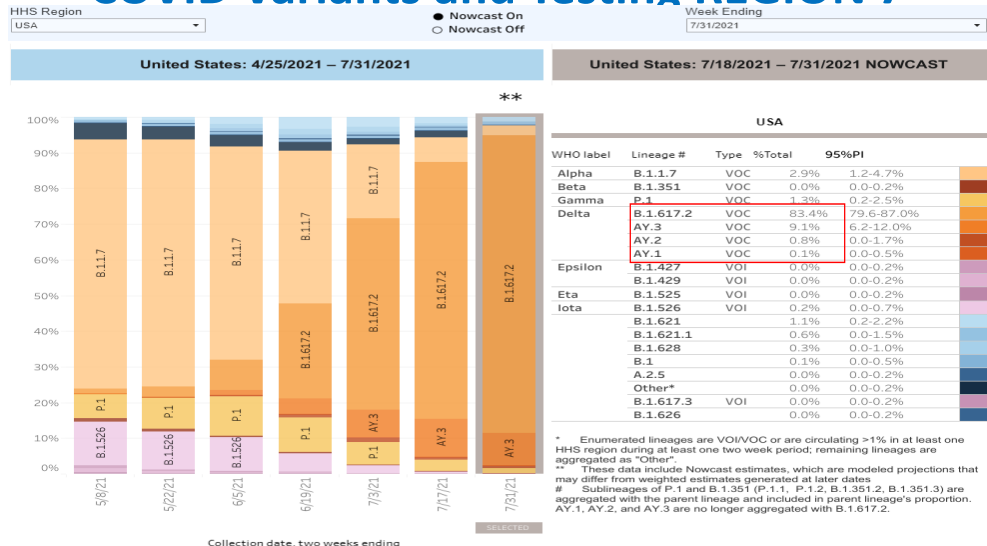
https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fvariant-surveillance%2Fgenomic-surveillance-dashboard.html#variant-proportions

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.



COVID-19: Laboratory Update

COVID Variants and Testing REGION 7



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

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.

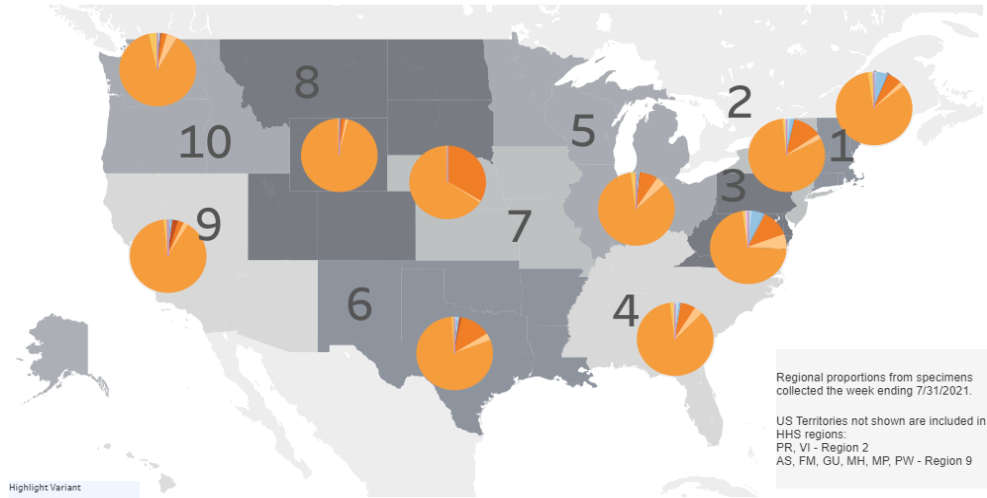
Keep in mind these are not absolute numbers but are proportional numbers and only relate to those sequences performed by CDC



COVID-19: Laboratory Update

COVID Variants National View 7/17/21 NowCast

United States: 7/18/2021 – 7/31/2021 NOWCAST



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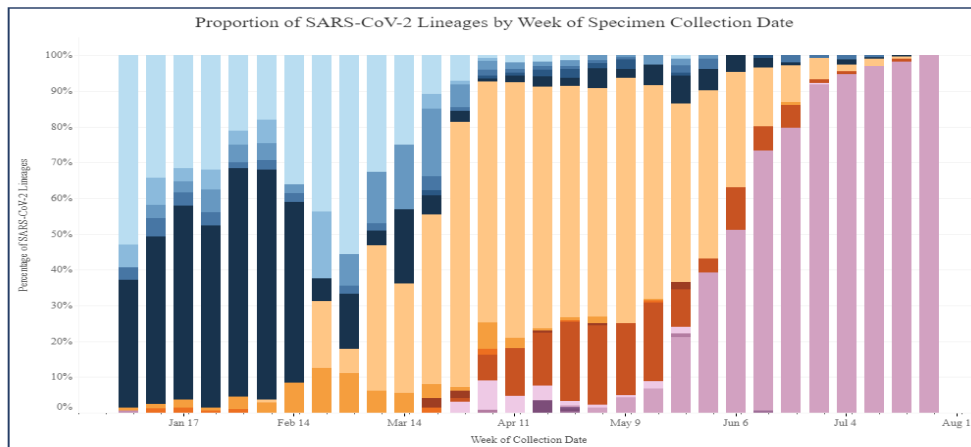
https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fvariant-surveillance%2Fgenomic-surveillance-dashboard.html#variant-proportions



COVID-19: Laboratory Update

COVID Variants and Kansas Results

- | | | | | | |
|------------|-----------|---------|---------|-----------|-----------|
| Lineage ID | | | | | |
| B.1.2 | B.1 | B.1.1.7 | B.1.427 | P.2 | B.1.617.3 |
| B.1.596 | B.1.526.2 | B.1.429 | P.1 | B.1.525 | B.1.617 |
| B.1.1.519 | Other | B.1.351 | B.1.526 | B.1.617.2 | B.1.617.1 |



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

The latest week is 97.4% Delta Variant and 2.6% Alpha (B.1.1.7)



COVID Variant Details and Reporting

B.1.617.2 ([Pango lineage external icon](#))^a

Spike Protein Substitutions: T19R, (V70F*), T95I, G142D, E156-, F157-, R158G, (A222V*), (W258L*), (K417N*), L452R, T478K, D614G, P681R, D950N

Name ([Nextstrain external icon](#))^b: 21A/S:478K

WHO Label: Delta

First Identified: India

Attributes:

- Increased transmissibility-²⁹
- Potential reduction in neutralization by some EUA monoclonal antibody treatments-^{7, 14}
- Potential reduction in neutralization by post-vaccination sera-²¹
- AY.1, AY.2 and AY.3 are currently aggregated with B.1.617.2. As data are available, CDC will continue to evaluate the independent classification of AY.1, AY.2, and AY.3.

Test_Date	Lineage_ID	Clade
7/14/2021	B.1.617.2	21A (Delta)
7/14/2021	AY.2	21A (Delta)
7/14/2021	B.1.617.2	21A (Delta)

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[https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html#:~:text=B.1.617.2%20\(Pango,and%20AY.3](https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html#:~:text=B.1.617.2%20(Pango,and%20AY.3)

<https://www.cdc.gov/coronavirus/2019-ncov/variants/variant-info.html>



Sequencing versus PCR Identification

- PCR targets and detects portions of genes.
- It is possible to choose a portion of a variant gene that may be unique to that variant.
- This would be a “Presumptive Variant Result”
- Whole Genome Sequencing (WGS) is required to confirm an actual variant based on all of the mutations and portions of the viral genome in a sample.

Not All samples will be able to be sequenced. KDHE will utilize this prioritization scheme. If you are a high volume site, we could modify number of samples sent if all is too many.

KHEL has **requested positive PCR samples from laboratories and hospitals** across the Kansas and expects an influx of samples

As KHEL reaches capacity, specimens will be prioritized and sequenced based on the following criteria:

- Descending priority
- 1 Specimens from cases of **vaccine breakthrough**
 - 2 Specimens from **hospitalized COVID patients**
 - 3 Specimens from **fatalities caused by COVID**
 - 4 Specimens from **counties with insufficient or no sequencing**
 - 5 Specimens from **counties with increasing case rate and low vaccination rate**



COVID-19: Laboratory Update

Submitting COVID Positives for Sequencing

- If at all possible submit an extract from a PCR prep and CT <30. Raw samples can be submitted if needed.
- Use LabXchange for sample submission. Uploads may be possible.
- Answer all questions if at all possible. Otherwise a sample may not get prioritized (e.g. vax status)
- Contact us at **KDHE.KHELINFO@KS.gov**

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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)

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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.



Lacey Kennett, Preparedness & Communications
COVID-19 Situation Update
August 5, 2021



Upcoming Webinar



**Tuesday, August 10
1-2pm CT**

**“Understanding the Role of School Nurses in
Supporting School Safety Before, During, and
After an Emergency**

Register [HERE](#)

To protect and improve the health and environment of all Kansans

On **Tuesday, August 10, 2021, from 1:00 p.m. to 2:00 p.m. CT**, the U.S. Department of Education (the Department), Office of Elementary and Secondary Education, Office of Safe and Supportive Schools (OSSS) and its Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center will host a Webinar with the National Association of School Nurses to highlight and discuss the role school nurses have in supporting overall school safety, security, emergency management, and preparedness before, during, and after an emergency.

The objectives of this webinar include:

- Present an overview of the foundational elements of the [Guide for Developing High-Quality School Emergency Operations Plans \(School Guide\)](#) by six Federal agencies, and discuss the importance of including school nurses in supporting the before, during, and after aspects of an emergency.
- Discuss the roles school nurses play in the development of school emergency operations plans (EOPs) and emergency-specific annexes.
- Identify specific roles school nurses can serve in and actionable tasks they can perform to help implement preparedness efforts.

This Webinar will be recorded and archived on the REMS TA Center’s Website within 7 business days.

To register: <https://remstacenter.org/webinars/WebinarRegistration.aspx?WebinarID=4109>



Public Health on Call Podcast

COVID-19 Research Update: The Delta Variant

Episode 352

Wendy Grant-McAuley, PhD
Carli Jones, PhD
Shirlee Wohl, PhD



Access the podcast episode [HERE](#)

To protect and improve the health and environment of all Kansans

In this recent episode of the Public Health on Call podcast, **Dr. Josh Sharfstein** talks with Hopkins novel coronavirus researchers who break down three papers about the delta variant. **Carli Jones**, a PhD student at Hopkins School of Medicine talks about a preprint study on the emergence and spread of the delta variant in India. **Wendy Grant-McAuley**, also a PhD student, talks about an Oxford University paper on how the delta variant responds to various antibodies in a lab setting. **Shirlee Wohl**, a post-doctoral fellow at the Bloomberg School talks about a preprint looking at an outbreak of the delta variant among vaccinated people at a Texas wedding.

To listen to the podcast, visit the following link or check your favorite podcast app:
<https://johnshopkinssph.libsyn.com/352-covid-19-research-update-the-delta-variant>



Public Health Review Podcast



Access the podcast episode [HERE](#)

To protect and improve the health and environment of all Kansans

The Association of State and Territorial Health Officers (ASTHO) has a podcast series called Public Health Review. A recent episode, titled “Protecting the Vulnerable – How Public Health Can Better Serve People with Disabilities” is available now. People living with disabilities have borne disproportionate burden in past emergency situations due to inequities in preparedness and response. To address and prevent inequities in the COVID-19 response, ASTHO placed 14 disability and preparedness specialists into health agencies around the country to promote inclusivity of people living with disabilities. On this episode, they explore ways that two of these disability and preparedness specialists have worked to address the needs of people living with disabilities in their jurisdictions, and what their states are doing to promote equity for people living with disabilities.

To listen to the podcast, visit the following link or check your favorite podcast app:
<https://www.astho.org/generickey/GenericKeyDetails.aspx?contentid=23552&folderid=5158&catid=7237>



Resources for Teachers and Therapists



Access the resources from the CDC [HERE](#)

To protect and improve the health and environment of all Kansans

COVID-19 is challenging to explain, live through, and communicate about, and can pose a challenge to those with intellectual and developmental disabilities. The materials on this slide and on the linked CDC web page were created to help make communicating about COVID-19 a little easier. Resources include videos, posters, social stories, and interactive activities to best meet different communication needs, with more resources coming soon. These materials cover 5 basic topics: getting the COVID-19 shot, washing your hands, getting a COVID-19 test, as well as wearing a mask and keeping a safe distance until you have gotten your shot.

To access these resources: <https://www.cdc.gov/ncbddd/humandevelopment/COVID-19-Materials-for-People-with-IDD.html>



National Immunization Month resources



Vaccines can save your child's life.

Don't delay because of COVID-19.

Talk to your doctor today to make sure your child gets all of their vaccines.



Learn more at [hhs.gov/immunization](https://www.hhs.gov/immunization)
#CatchUpGetAhead



Protect your patient.

Protect your community.

And our healthcare system.

➤ **Recommend and give vaccines to patients who need to catch-up.**



Learn more at [hhs.gov/immunization](https://www.hhs.gov/immunization)
#CatchUpGetAhead

Access the toolkit [HERE](https://www.hhs.gov/immunization/catch-up/index.html)

To protect and improve the health and environment of all Kansans

August is National Immunization Awareness Month. HHS has developed a toolkit with messages and graphics to help spread awareness about catching up on childhood immunizations, even during times of COVID-19. The toolkit is called the “Catch Up to Get Ahead” toolkit and features talking points, social media graphics, social media banners and other resources. Graphics like these on your screen are available for download, along with sample messages for Instagram, Facebook and Twitter.

To access the toolkit and resources: <https://www.hhs.gov/immunization/catch-up/index.html>



Questions?