



Lee A. Norman, MD, MHS, MBA, Secretary
COVID-19 Webinar Series Welcome
September 23, 2021



Farah S. Ahmed, MPH, PhD
State Epidemiologist and Environmental Health Officer
COVID-19 Situation Update: September 23, 2021



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

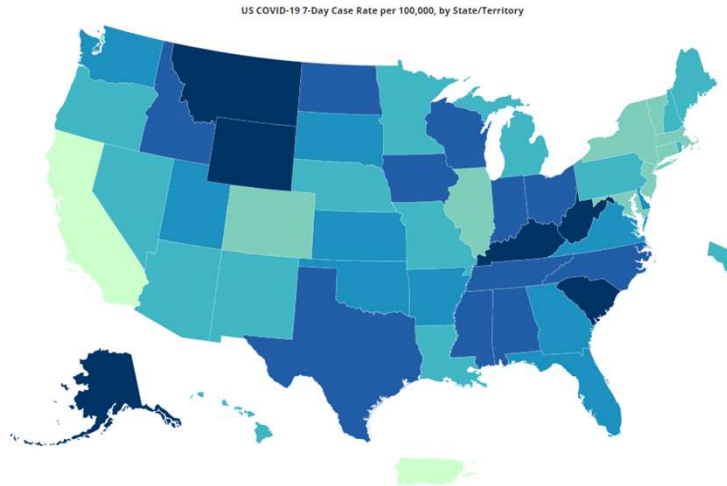
Last week, we had over 226 million cases around the world and 4.6 million deaths.

This week, there are over 229 million cases and 4,711,795 deaths around the world.



COVID-19: Situation in the US

- Total cases: 42,234,211



As of 9-22-2021. Available at https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days

To protect and improve the health and environment of all Kansans

Last week in the US:

Total cases: 41,426,425 (over 41 million)

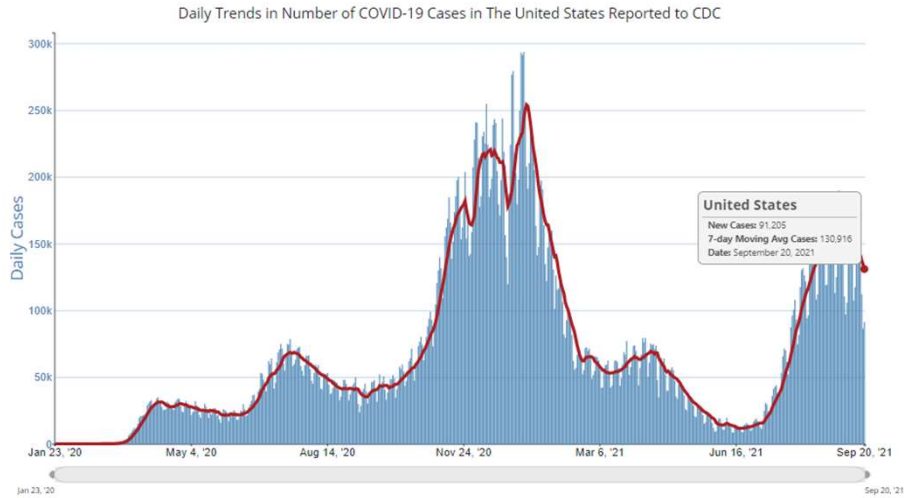
As of yesterday

This week:

Total cases: 42,234,211



COVID-19: Situation in the US



As of 9-22-2021. Available at https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

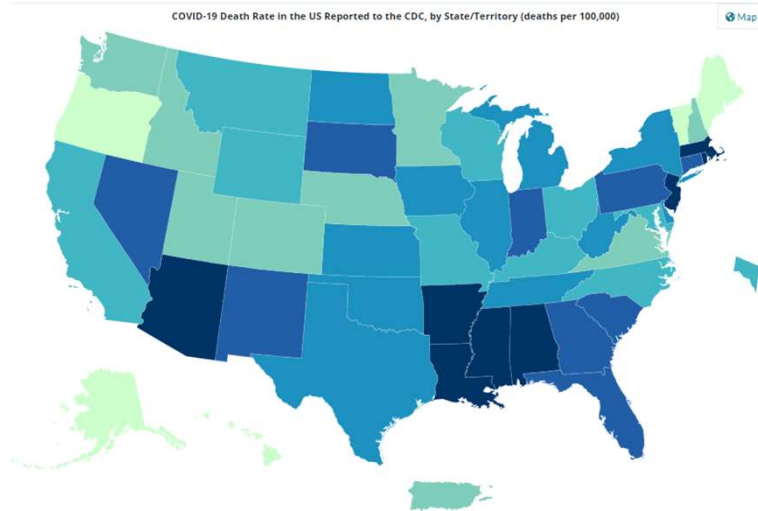
To protect and improve the health and environment of all Kansans

The 7 day average number of cases in the US is almost 131,000 which is down from 145,000 cases per day last week.



COVID-19: Situation in the US

- Total deaths: 675,071



As of 9-22-2021. Available at https://covid.cdc.gov/covid-data-tracker/#cases_deathsper100k

To protect and improve the health and environment of all Kansans

Last week in the US:

Total deaths: 662,620 (over 662,000)

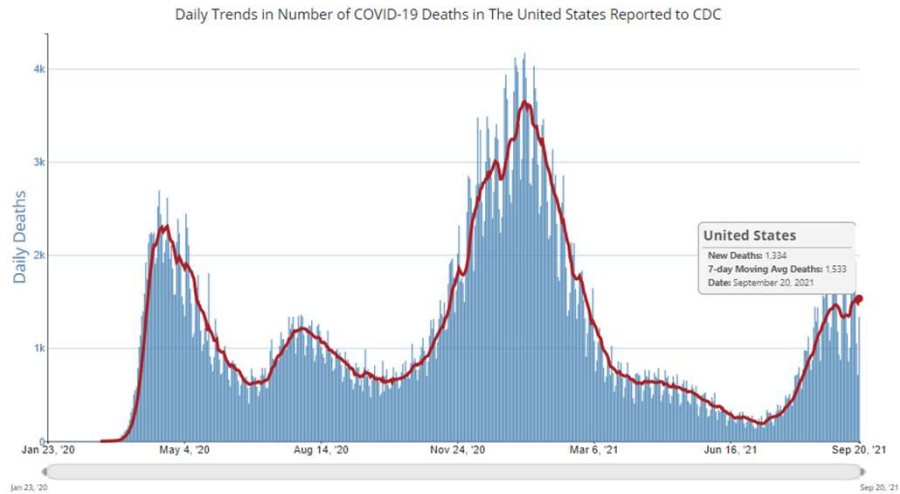
As of yesterday

This week:

Total deaths: 675,071



COVID-19: Situation in the US



As of 9-22-2021. Available at https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

To protect and improve the health and environment of all Kansans

The 7 day average number of deaths in the US is a little over 1500 deaths per day which is up from the 1300 deaths per day last week.



COVID-19: Situation in Kansas

COVID-19 Cases	Hospitalizations	Statewide Deaths	MIS-C Cases
401,931	13,547	5,919	18

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: 9/22/2021 at 9:00 AM. There were 2,562 new cases, 3 new deaths, and 96 new hospitalizations reported since Monday, 9/20/2021.

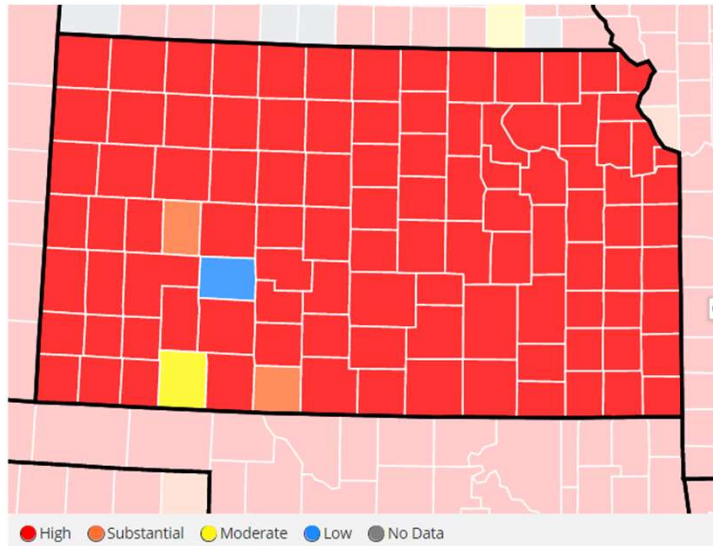
To protect and improve the health and environment of all Kansans

As of yesterday, we had 401,931 cases (which is an increase of 8235 cases since last week) and 5919 deaths statewide (that's an increase of 118 deaths since last week).

There were 2,562 new cases and 3 new deaths reported between Monday 9/20/2021 and Wednesday 9/22/2021



COVID-19: Situation in Kansas

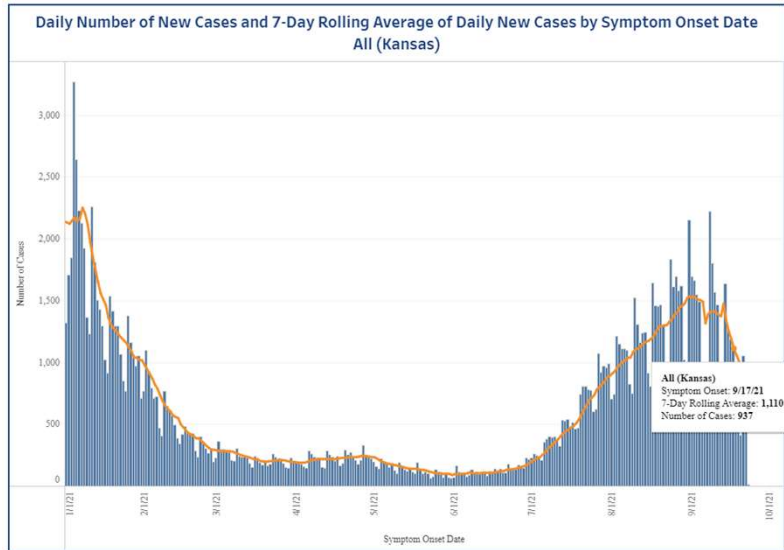


To protect and improve the health and environment of all Kansans

Looking at CDC's Community Transmission Map, you can see that, for the time period between September 14 and September 20 that most of the counties in KS were in the substantial (orange) and high (red) level of transmission categories. You have Meade CO in moderate (yellow) and Hodgeman CO in low transmission (blue).



COVID-19: Situation in Kansas



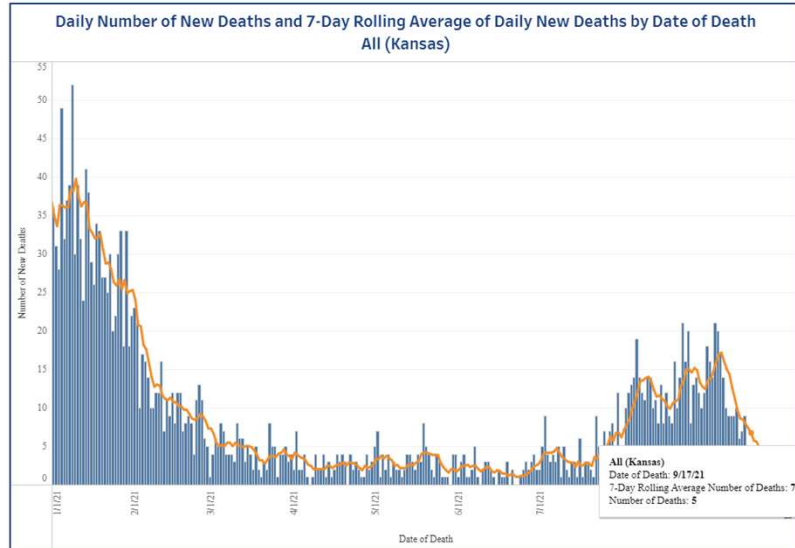
To protect and improve the health and environment of all Kansans

If you look at the 7 day average number of cases based on symptom onset date, starting with September 11 and ending September 17, our 7 day rolling average is 1,110 cases per day.



COVID-19: Situation in Kansas

Daily Number of Cases and Deaths by County



To protect and improve the health and environment of all Kansans

If you look at the 7 day average number of deaths based on the date of death, starting with September 11 and ending September 17, our 7 day rolling average is 7 deaths per day.



COVID-19: Situation in Kansas: Outbreaks

Last updated: 9/22/2021 at 9:00 AM. Cluster Summary data is updated every Wednesday.

Active COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
223	2,026	48	46

All COVID-19 Clusters			
Clusters	Cases	Hospitalizations	Deaths
2,601	43,795	2,178	2,267

- 43,795 outbreak-related cases/401,931 cases (10.9%)
- 2,178 outbreak-related hospitalizations/13,547 total hospitalizations (16.1%)
- 2,267 outbreak-related deaths/5,919 total deaths (38.3%)

To protect and improve the health and environment of all Kansans

Moving on to outbreaks:

As of late Tuesday night, we had 2,601 outbreaks across the state. This week we have 223 active clusters which is an increase from 208 last week.

Our percentage of outbreak related cases is 10.9%, outbreak-related hospitalizations is about 16.1% and outbreak-related deaths is about 38.3%.



COVID-19: Situation in Kansas: Outbreaks

COVID-19 Cluster Cases by Type

Type	Clusters	Cases	Hospitalizations	Deaths
Camp	1	4	0	0
College or University	3	42	0	0
Corrections	13	300	7	0
Daycare	18	83	1	0
Government	6	31	0	0
Group Living	11	174	11	1
Healthcare	7	61	2	3
Long Term Care Facility	61	590	23	41
Meat Packing	1	6	0	0
Private Business	15	93	0	0
Private Event	2	10	0	0
Religious Gathering	2	36	3	1
School	72	537	1	0
Sports	11	59	0	0
Total	223	2,026	48	46

Sort by Cluster Type
Active

To protect and improve the health and environment of all Kansans

We currently have 18 active outbreaks in daycares, 13 in corrections, 11 in group living, 61 active outbreaks in LTCFs (which is similar to last week). We also have 15 in private businesses and 72 in schools (up from 63 last week).

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: Outbreaks

Date Reported on KDHE Dashboard	Number of School Outbreaks
8-4-2021	2
8-11-2021	3
8-18-2021	3
8-25-2021	7
9-1-2021	21
9-8-2021	31
9-15-2021	63
9-22-2021	72

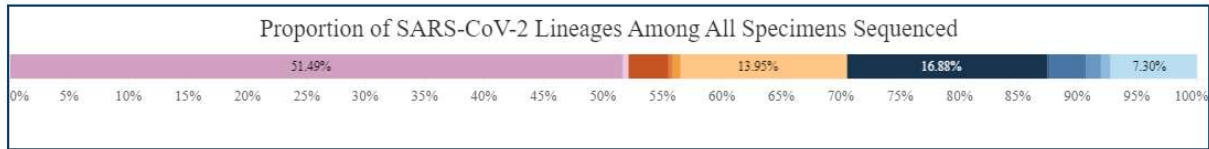
To protect and improve the health and environment of all Kansans

Looking back at the number of school outbreaks reported on our dashboard, you can see that we saw a pretty big jump the week of 9/1, which was roughly about 3 weeks after school started. And you can see a steeply rising number of school related outbreaks.

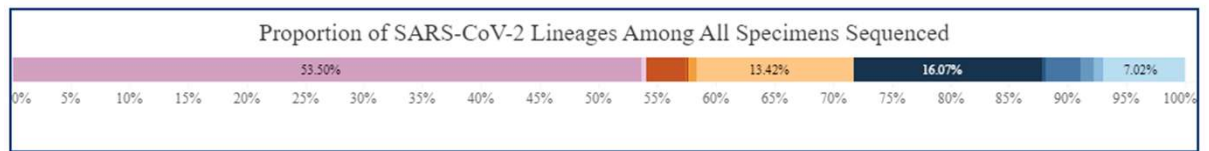


COVID-19: Situation in Kansas

September 15, 2021

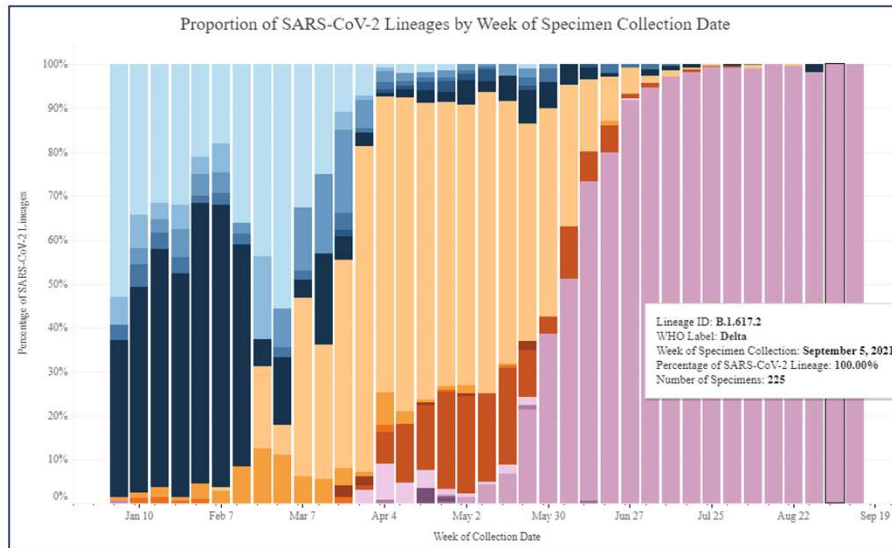


September 22, 2021



To protect and improve the health and environment of all Kansans

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 53.5% of all specimens sequenced and the UK variant is about 13%.

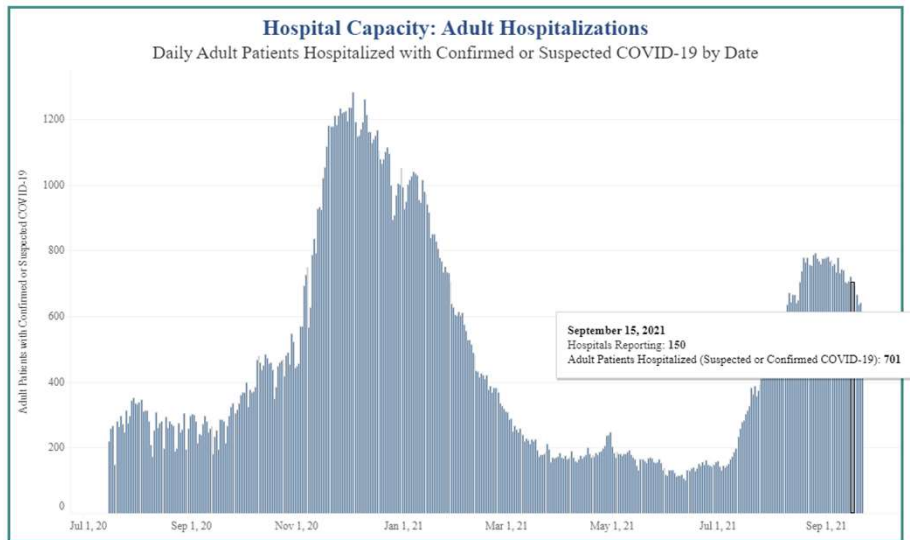


To protect and improve the health and environment of all Kansans

And further down, you can see a graph of the proportion of lineages by week. For samples collected the week of September 5th we had 225 samples which were 100% Delta variant. So far for samples collected the week of September 12th, we have sequenced 110 samples and we are at 100% Delta.



COVID-19: Situation in Kansas

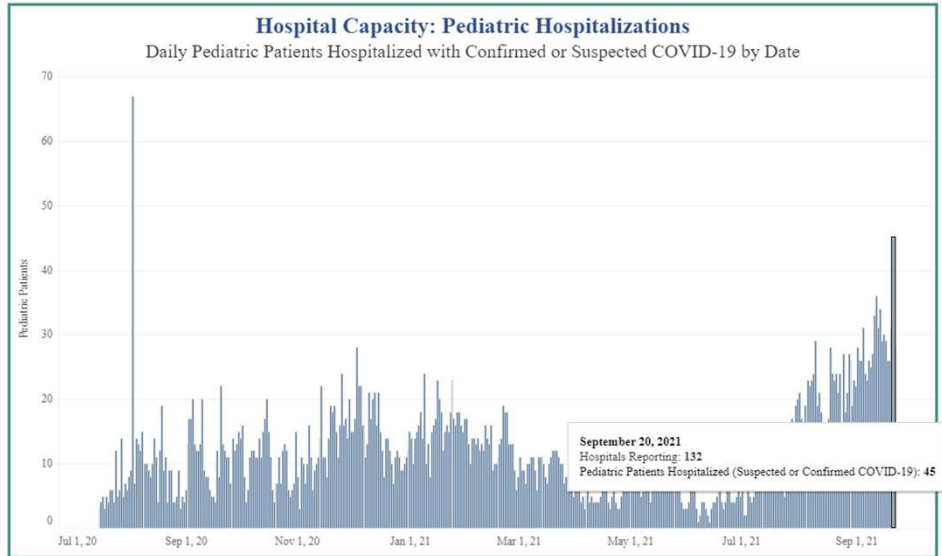


To protect and improve the health and environment of all Kansans

Looking at the data hospitals are reporting directly to HHS, on Sept 15th we had 150/151 hospitals reporting and had 701 adult hospitalizations for COVID-19 that day. And while the trend seems to have done down since then, I would warn that the data fluctuate between 109 and 144 hospitals reporting on the following days which would, of course, effect the counts. Hopefully hospitals will catch up with their data submissions so we can see if there is truly a decreasing trend, as reported in general nationally (except for a few hot spot states that are seeing increases).



COVID-19: Situation in Kansas





To protect and improve the health and environment of all Kansans

Looking at pediatric hospitalizations, with only 132/151 hospitals reporting on September 20th we saw a big jump to 45 pediatric hospitalizations for COVID-19.



COVID-19: Updated Travel Related Quarantine List

KDHE Travel-Related Mandatory Quarantine Areas:			
	Type	Effective Date	Where?
	International Travel	Between August 27 and September 23	French Polynesia and Guadeloupe
		On or after September 23	Grenada
	Domestic Travel	September 10, 2020	Attendance at any out-of-state or in-state mass gatherings of 500 or more where individuals do not socially distance (6 feet) and wear a mask.
	Cruises	On or after March 15, 2020	All cruise ships and river cruises

For locations within the United States, KDHE uses a number of sources of data including the number of cases each state has per population to determine whether the rate of disease is higher than the Kansas rate.

Currently, KDHE does not consider travel within Kansas as a criteria for travel-related quarantine. However, a local health officer may choose to include this as a criteria so you should be aware of your local isolation and quarantine criteria.

[Check this page routinely for more the most up-to-date information regarding travel-related guidelines.](#)

Available at:

To protect and improve the health and environment of all Kansans

For the US list:

1. Remove: None
2. Keep: None
3. Add: None

For the International list:

1. Remove:
French Polynesia
Guadeloupe
2. Keep:
None
3. Add:
Grenada



COVID-19: Updated Isolation and Quarantine Release Graphic



RELEASING HOUSEHOLD CONTACTS FROM QUARANTINE

UNVACCINATED HOUSEHOLD CONTACTS (NO HISTORY OF NATURAL INFECTION)

Case's

Household contact is released from quarantine if not sick

Individuals that are an unvaccinated household contact to a suspected or confirmed case of COVID-19 are recommended to get tested via a PCR or antigen test 3-5 days after their initial exposure to the case while the case was infectious and again 7-10 days after their initial exposure. * A negative test result does not allow an unvaccinated household contact to end quarantine early; this testing recommendation is aimed at identifying cases quickly. If the unvaccinated household contact tests positive, their quarantine period would end and their isolation period would begin (see Releasing Cases from Isolation above).

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---9-19-21>

To protect and improve the health and environment of all Kansans

We have updated the Isolation and Quarantine Release Graphic. I've tried to break it down by: 1) unvaccinated household contacts with no hx of natural disease, 2) unvaccinated household contacts with a hx of natural disease, 3) fully vaccinated household contacts, and then the same pattern for non-household close contacts.

So, unvaccinated household contacts with no hx of natural disease are still supposed to quarantine (that section of the document stayed the same and I didn't include the screenshot here). I did add a testing recommendation to test them at 3-5 days after initial exposure and again 7-10 days after initial exposure. Again, for household contacts you want to start the time from initial exposure. I explained here that testing negative does not end your quarantine; that the aim of the testing recommendation is really to identify cases faster. If the unvaccinated household contact tests positive, then they would end their quarantine period and begin isolating as a case.



COVID-19: Updated Isolation and Quarantine Release Graphic

UNVACCINATED HOUSEHOLD CONTACTS (WITH HISTORY OF NATURAL INFECTION)

Unvaccinated household contacts with evidence of previous infection within 6 months of the current exposure supported by a positive PCR or antigen test: 1) do not have to quarantine if they have remained asymptomatic since their exposure, 2) are recommended to get tested via a PCR or antigen test 3-5 days after their initial exposure to the case while the case was infectious, and again 7-10 days after their initial exposure⁵ and 3) they should mask in indoor public settings for 14 days after their last exposure.

VACCINATED HOUSEHOLD CONTACTS

Fully vaccinated household contacts: 1) do not have to quarantine if they have remained asymptomatic since their exposure, 2) are recommended to get tested via a PCR or antigen test 3-5 days after their initial exposure to the case while the case was infectious, and again 7-10 days after their initial exposure⁶ and 3) they should mask in indoor public settings for 14 days after their last exposure.

[†] A case is considered infectious two days before the onset of the first symptom. If the case is asymptomatic, go back two days from when the positive sample was taken.

⁵ A case is considered infectious two days before the onset of the first symptom. If the case is asymptomatic, go back two days from when the positive sample was taken. However, the close contact with a history of natural disease does not have to isolate at home while waiting for results if they do not have symptoms.

⁶ A case is considered infectious two days before the onset of the first symptom. If the case is asymptomatic, go back two days from when the positive sample was taken. However, the fully vaccinated close contact does 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/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---9-19-21>

To protect and improve the health and environment of all Kansans

Unvaccinated household contacts with a hx of natural disease within the last six months, on the other hand, are not in quarantine as long as they don't have symptoms. So, we make the 3-5 and 7-10 day testing recommendation for them as well and they should wear a mask in public for 14 days after their last exposure. Similarly, fully vaccinated household contacts are also not in quarantine as long as they don't have symptoms, so again the 3-5 day and 7-10 day testing recommendation and they should wear a mask in public during the 14 days after their last exposure.



COVID-19: Updated Isolation and Quarantine Release Graphic



RELEASING NON-HOUSEHOLD CONTACTS FROM QUARANTINE

UNVACCINATED NON-HOUSEHOLD CONTACTS (NO HISTORY OF NATURAL INFECTION)

Non-household contact is released from quarantine if not sick

Individuals that are an unvaccinated close contact to a suspected or confirmed case of COVID-19 are recommended to get tested via a PCR or antigen test 3-5 days after their exposure to the case while the case was infectious and again 7-10 days after their exposure. * A negative test result does not allow an unvaccinated close contact to end quarantine early; this testing recommendation is aimed at identifying cases quickly. If the unvaccinated close contact tests positive, their quarantine period would end and their isolation period would begin (see Releasing Cases from Isolation above).

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---9-19-21>

To protect and improve the health and environment of all Kansans

The recommendation for unvaccinated non-household close contacts without hx of disease is the same as household contacts except the 3-5 day and 7-10 day testing is from last exposure to the case. Again, they should already be in quarantine and this testing is aimed at finding cases faster.



COVID-19: Updated Isolation and Quarantine Release Graphic

UNVACCINATED NON-HOUSEHOLD CONTACTS (WITH HISTORY OF NATURAL INFECTION)

Unvaccinated close contacts with evidence of previous infection within 6 months of the current exposure supported by a positive PCR or antigen test: 1) do not have to quarantine if they have remained asymptomatic since their exposure, 2) are recommended to get tested via a PCR or antigen test 3-5 days after their exposure to the case while the case was infectious, and again 7-10 days after their exposure⁶ and 3) they should mask in indoor public settings for 14 days after their last exposure.

VACCINATED NON-HOUSEHOLD CONTACTS

Fully vaccinated close contacts: 1) do not have to quarantine if they have remained asymptomatic since their exposure, 2) are recommended to get tested via a PCR or antigen test 3-5 days after their exposure to the case while the case was infectious, and again 7-10 days after their exposure⁸ and 3) they should mask in indoor public settings for 14 days after their exposure.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/1086/Isolation-Quarantine-Release-Graphic-KS-PDF---9-19-21>

To protect and improve the health and environment of all Kansans

And the unvaccinated non-household contact with a hx of natural disease recently is also recommended to test and mask for 14 days after their last exposure. As is the vaccinated non-household contact.



COVID-19: Updated Isolation and Quarantine FAQ

For what situations are there quarantine recommendations for exposure to a case of COVID-19?

Unvaccinated household contacts that do not have a history of natural infection within the last 6 months and non-household close contacts that do not have a history of natural infection within the last 6 months are recommended to quarantine for 7, 10 or 14 days after your last exposure to the case depending on whether you have been tested for COVID-19 and preference of local health officer.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---9-19-21>

To protect and improve the health and environment of all Kansans

The Isolation and Quarantine FAQ document has been updated to reflect similar information. Under the “For what situations are their quarantine recommendations for exposure” question, I essentially state the same thing we just talked about but in a little bit of a collapsed fashion.

So here you see info about unvaccinated household and non-household close contacts without hx of recent disease needing to quarantine, and that quarantine period is determined by the local health officer.



COVID-19: Updated Isolation and Quarantine FAQ

Unvaccinated household contacts and unvaccinated non-household close contacts (with evidence of previous infection within 6 months of the current exposure supported by a positive PCR or antigen test):

- 1) do not have to quarantine if they have remained asymptomatic since their exposure,
- 2) are recommended to get tested via a PCR or antigen test 3-5 days after their exposure to the case while the case was infectious (3-5 days from initial exposure for household contacts), and again 7-10 days after their exposure (7-10 days from initial exposure for household contacts) and
- 3) they should mask in indoor public settings for 14 days after their last exposure.

This testing recommendation is aimed at identifying cases quickly. A case is considered infectious two days before the onset of the first symptom. If the case is asymptomatic, go back two days from when the positive sample was taken. However, the close contact with a history of natural disease does 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/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---9-19-21>

To protect and improve the health and environment of all Kansans

Here's the testing recommendation for unvaccinated household and non-household contacts that do have a hx of natural disease.



COVID-19: Updated Isolation and Quarantine FAQ

Fully vaccinated household contacts and fully vaccinated non-household close contacts:

- 1) do not have to quarantine if they have remained asymptomatic since their exposure,
- 2) are recommended to get tested via a PCR or antigen test 3-5 days after their exposure to the case while the case was infectious (3-5 days from initial exposure for household contacts), and again 7-10 days after their exposure (7-10 days from initial exposure for household contacts) and
- 3) they should mask in indoor public settings for 14 days after their last exposure.

This testing recommendation is aimed at identifying cases quickly. A case is considered infectious two days before the onset of the first symptom. If the case is asymptomatic, go back two days from when the positive sample was taken. However, the fully vaccinated close contact does 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/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---9-19-21>

To protect and improve the health and environment of all Kansans

And the testing recommendation for fully vaccinated household and non-household contacts.



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:

- 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](#). This testing recommendation is aimed at identifying cases quickly. If the person in quarantine tests positive, their quarantine period would end and their isolation period would begin.
 - Individuals that are a close household contact to a suspected or confirmed case of COVID-19 should get tested 3-5 days after their initial exposure to the case while the case was infectious, and again 7-10 days after their initial exposure. A case is considered infectious two days before the onset of the first symptom. If the case is asymptomatic, go back two days from when the positive sample was taken. A negative test result does not allow a close household contact to end quarantine early. See [shortened quarantine guidance](#). This testing recommendation is aimed at identifying cases quickly. If the person in quarantine tests positive, their quarantine period would end and their isolation period would begin.

Available at: <https://www.coronavirus.kdheks.gov/DocumentCenter/View/134/Isolation--Quarantine-Guidance-and-FAQs-PDF---9-19-21>

To protect and improve the health and environment of all Kansans

The recommendation to test those people in quarantine was already in the FAQ document but I did add an explanation that the aim is to identify cases faster.



COVID-19: New Literature

Use of Pfizer–BioNTech COVID–19 Vaccine in Persons Aged ≥16 Years: Recommendations of the Advisory Committee on Immunization Practices — United States, September 2021

Early Release / September 21, 2021 / 70

Kathleen Dooling, MD¹; Julia W. Gargano, PhD¹; Danielle Moulia, MPH¹; Megan Wallace, DrPH¹; Hannah G. Rosenblum, MD^{1,2}; Amy E. Blain, MPH¹; Stephen C. Hadler, MD¹; Ian D. Plumb, MBBS¹; Heidi Moline, MD^{1,2}; Jack Gerstein¹; Jennifer P. Collins, MD¹; Monica Godfrey, MPH¹; Doug Campos-Outcalt, MD³; Rebecca L. Morgan, PhD⁴; Oliver Brooks, MD⁵; H. Keipp Talbot, MD⁶; Grace M. Lee, MD⁷; Matthew F. Daley, MD⁸; Sara E. Oliver, MD¹ ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

On August 23, 2021, the Food and Drug Administration granted full approval of the Pfizer-BioNTech COVID-19 vaccine for persons aged ≥16 years.

What is added by this report?

On August 30, 2021, after a systematic review of the data, the Advisory Committee on Immunization Practices revised its

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7038e2.htm?s_cid=mm7038e2_w

Article Metrics

Altmetric:



Citations:

To protect and improve the health and environment of all Kansans

From the summary: “ On August 30, 2021, after a systematic review of the data, the Advisory Committee on Immunization Practices revised its interim recommendation to a standard recommendation for use of the Pfizer-BioNTech COVID-19 vaccine in persons aged ≥16 years for the prevention of COVID-19.”

The body of evidence for the Pfizer-BioNTech COVID-19 vaccine was guided by one large randomized, double-blind, placebo-controlled phase II/III clinical trial (5) and one small phase I clinical trial (6), 26 observational vaccine effectiveness studies, and two postauthorization vaccine safety monitoring systems: 1) the Vaccine Adverse Events Reporting System (VAERS) and 2) the Vaccine Safety Datalink (VSD).

From the phase II/III trial: Efficacy in preventing symptomatic, laboratory-confirmed COVID-19 in persons aged ≥16 years without evidence of previous SARS-CoV-2 infection was 91.1%. No hospitalizations were reported for confirmed COVID-19 in the vaccinated group and 31 confirmed COVID-19–associated hospitalizations in the placebo group, yielding an estimated vaccine efficacy of 100% against COVID-19 hospitalization. One death attributed to COVID-19 occurred in the vaccinated group and six in the placebo group, resulting in a vaccine efficacy of 83.3% against death attributed to COVID-19.

They also go into data from the observational studies and the adverse event reporting.



COVID-19: New Literature

Outbreak of SARS-CoV-2 B.1.617.2 (Delta) Variant Infections Among Incarcerated Persons in a Federal Prison — Texas, July–August 2021

Early Release / September 21, 2021 / 70

Liesl M. Hagan, MPH^{1*}; David W. McCormick, MD^{1,2*}; Christine Lee, PhD¹; Sadia Sleweon, MPH¹; Lavinia Nicolae, PhD¹; Thomas Dixon³; Robert Banta, MSN³; Isaac Ogle, MSN³; Cristen Young³; Charles Dusseau³; Shawn Salmonson³; Charles Ogden, MPH³; Eric Godwin³; TeCorra Ballom, DO³; Tara Ross³; Hannah Browne¹; Jennifer L. Harcourt, PhD¹; Azaibi Tamin, PhD¹; Natalie J. Thornburg, PhD¹; Hannah L. Kirking, MD¹; Phillip P. Salvatore, PhD¹; Jacqueline E. Tate, PhD¹ ([View author affiliations](#))

[View suggested citation](#)

Summary

What is already known about this topic?

Incarcerated populations have experienced disproportionately higher rates of COVID-19-related illness and death.

What is added by this report?

During a COVID-19 outbreak involving the Delta variant in a highly vaccinated incarcerated population, transmission rates were high, even among vaccinated persons. Although attack rates, hospitalizations, and deaths were higher among unvaccinated than among vaccinated persons, duration of positive serial test results was similar for both groups. Infectious virus was cultured from vaccinated and unvaccinated infected persons.

What are the implications for public health practice?

Article Metrics

Altmetric:



Citations:

Views:

Views equals page views plus PDF downloads

Available at: https://www.cdc.gov/mmwr/volumes/70/wr/mm7038e2.htm?s_cid=mm7038e2_w

To protect and improve the health and environment of all Kansans

From the summary: *“During a COVID-19 outbreak involving the Delta variant in a highly vaccinated incarcerated population, transmission rates were high, even among vaccinated persons. Although attack rates, hospitalizations, and deaths were higher among unvaccinated than among vaccinated persons, duration of positive serial test results was similar for both groups. Infectious virus was cultured from vaccinated and unvaccinated infected persons.”*

On July 12, 2021, 18 persons incarcerated in a federal prison in Texas reported COVID-19–like symptoms. All 18 received positive test results using the Abbott BinaxNOW COVID-19 Ag Card (rapid antigen) test; 11 were fully vaccinated. Standard COVID-19 prevention protocols that were in place among incarcerated persons included mandatory masking in common areas, cohorting of housing units for daily activities, and head-to-toe sleeping arrangements. Among staff members, prevention protocols included mandatory masking and mandatory daily COVID-19 symptom screening and temperature checks (5).¹ Before the outbreak, incarcerated persons moved freely between units A and B and were together for meals, recreation, and work; they did not have contact with incarcerated persons housed in other units. After initial identification of COVID-19 cases, unit A was designated as a quarantine unit for persons with negative test results, and unit B was designated as a medical isolation unit for COVID-19 patients. Staff members assigned to units A and B rotated between these two units and to other units on the basis of daily staffing needs.

Among 233 incarcerated persons, 185 of 233 (79%) of whom were fully vaccinated, 172 of 233 (74%) received positive SARS-CoV-2 test results during July 12–August 14. Among a subset of 70 symptomatic persons providing swabs for serial testing, no significant difference was found in the median interval between reported symptom onset and last positive RT-PCR result in vaccinated versus unvaccinated persons. Meaning, among the symptomatic vaccinated and unvaccinated people, there was no real difference in the amount of time it took to develop symptoms.

Virus was cultured from one or more specimens from five of 12 (42%) unvaccinated and 14 of 37 (38%) fully vaccinated persons for whom viral culture was attempted. Genomic sequencing confirmed the AY.3 sublineage of the Delta variant in 58 specimens from 58 persons. Meaning, infectious virus was cultured from both vaccinated and unvaccinated persons.

Attack rates were higher among unvaccinated persons than among fully vaccinated persons and among persons vaccinated ≥ 4 months before the outbreak (83 of 93; 89%) than among those vaccinated 2 weeks to 2 months before the outbreak (19 of 31; 61%) ($p < 0.001$).

Multisystem Inflammatory Syndrome (MIS)

Multisystem Inflammatory Syndrome (MIS) > MIS in Children > Healthcare Professionals

Multisystem Inflammatory Syndrome (MIS)

About MIS-A and MIS-C

MIS in Adults +

MIS in Children -

Healthcare Professionals -

MIS-C Healthcare Provider Resources

Related Links

MIS-C Cases in the U.S.

COVID-19 vaccination

COVID-19: Protect Yourself

Multisystem Inflammatory Syndrome in Children (MIS-C) Healthcare Provider Resources

The following print-only materials are developed to support healthcare providers in detection, diagnosis, and treatment of children with suspected MIS-C. All materials are free for download. They may be printed on a standard office printer, or you may use a commercial printer.

Symptoms

The infographic lists symptoms: Rash, Fever, Redness, Swelling, and Diarrhea/Vomiting. It also includes a QR code and the text: 'All cases are under active investigation. For more information, visit www.cdc.gov/mis-c. This page is for informational purposes only. It is not intended to be used for diagnosis or treatment. © 2021 CDC. All rights reserved.' The logo for the Kansas Department of Health and Environment is also present.

Available at: https://www.cdc.gov/mis/mis-c/hcp/provider-resources/index.html?s_cid=misc-022&utm_source=CSTE+LinkedIn&utm_campaign=MIS-C+Campaign

To protect and improve the health and environment of all Kansans

CDC has released new Multisystem Inflammatory Syndrome in Children (MIS-C) materials to support healthcare providers in the detection, diagnosis, and treatment of children with suspected MIS-C. All materials are free for download ([linked here](#)) and include social media and newsletter content, as well as posters and handouts.

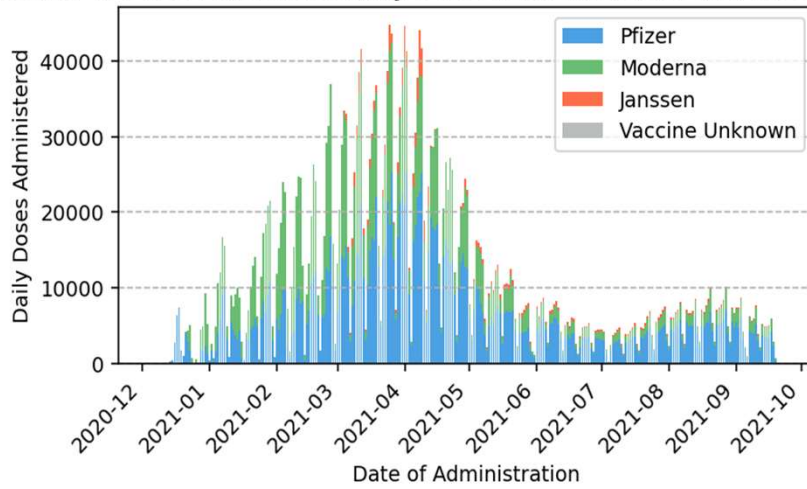


Phil Griffin, Director, Disease Control & Prevention
Immunization Update
September 23, 2021



Vaccination Trends

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



Generated by Tiberius on 09/22/2021

To protect and improve the health and environment of all Kansans



Order Vaccine As Needed

Avoid missed opportunities!

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

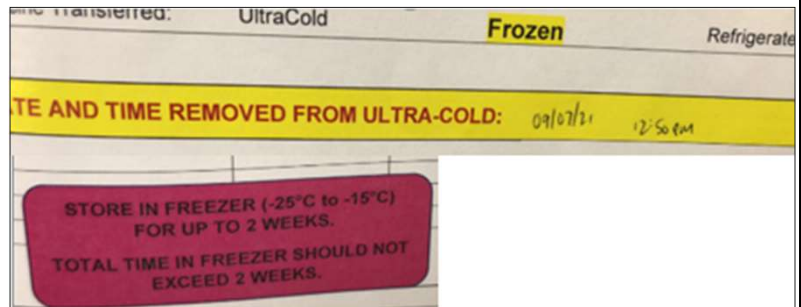
How to receive vaccine: To place an order for vaccine for delivery next week, please complete the following [order form](#) as soon as possible and no later than **Wednesday 5pm CT**.

Johnson and Johnson is now available again in limited quantities. Please continue to order as you need it.

To protect and improve the health and environment of all Kansans

Pfizer Storage Reminder

- Pfizer vaccine can only stay in the freezer for 14 days and then **MUST** be moved to the refrigerator.
- This information is marked on the vaccine transfer sheets that are sent with each vaccine delivery.



To protect and improve the health and environment of all Kansans

Significant vaccine loss due to vaccine not being removed from freezer timely.



Inventory Management and Reporting

- **CDC will return to an allocation process next week for jurisdictional ordering.**
- **This will be based on six weeks worth of administration and inventory on hand.**
- **There is more than enough vaccine available to meet the demand for vaccinating all eligible persons in the US plus boosters as they are recommended.**
- **As a state we are in good shape aggregately and this change should not impact supply for most.**
- **Most providers are doing a great job of continuing to report daily to VaccineFinder.**
- **For those who aren't, supply orders may be delayed or denied due to the system showing the provider has excess inventory on hand.**

To protect and improve the health and environment of all Kansans



FDA VRBAC Meeting

Booster Doses of COVID-19 Are Not Yet Approved for Administration

- Friday September 17, 2021, the Federal Drug Administration (FDA) Vaccines and Related Biological Products Advisory Committee (VRBPAC) met to discuss booster doses of Pfizer vaccine.
- **VRBAC voted 16-2 against approving a Pfizer booster dose for individuals 16 years of age and older.**
- VRBAC voted against a universal booster due to concerns about the lack of robust data, especially safety data in younger populations.

To protect and improve the health and environment of all Kansans



FDA VRBAC Meeting

Booster Doses of COVID-19 Are Not Yet Approved for Administration

- VRBAC didn't think a booster dose would significantly impact or mitigate the state of the pandemic.
- VRBAC wants additional data on effectiveness against transmissibility and longer follow-up data post booster dose.
- **This does not clear the way for COVID-19 vaccine providers to begin administering boost doses to anyone.**

To protect and improve the health and environment of all Kansans



FDA Authorization

- Wednesday evening the FDA amended the emergency use authorization (EUA) for the Pfizer-BioNTech COVID-19 Vaccine to allow for use of a single booster dose, to be administered at least six months after completion of the primary series in:
 - individuals 65 years of age and older;
 - individuals 18 through 64 years of age at high risk of severe COVID-19; and
 - individuals 18 through 64 years of age whose frequent institutional or occupational exposure to SARS-CoV-2 puts them at high risk of serious complications of COVID-19 including severe COVID-19.

Wednesday's authorization applies only to the Pfizer-BioNTech COVID-19 Vaccine.

To protect and improve the health and environment of all Kansans



ACIP Meeting










ACIP met yesterday with the meeting continuing today

- ACIP recommendations should be more specific about the length of time between the initial series completion and administration of the booster dose and who should receive a booster dose (i.e., age groups and identified specific high-risk groups).
- After this meeting the CDC Director will make a final decision to approve, amend or reject the ACIP recommendations.
- **It is only this final CDC Director decision that will allow for providers to begin administering booster doses.**
- KDHE will issue a HAN as quickly as possible after the CDC Director signs a recommendation

To protect and improve the health and environment of all Kansans

KDHE will send an additional HAN alerting providers when a decision is made by ACIP and CDC.

Boosters | Current vaccine situation different than December 2020

	December 2020		Now
Vaccine supply	 Limited supply of vaccines so need to have phased roll-out		 No concern on additional supply - 50K doses on hand, unlimited available within a week
Providers	 Approx. 300 providers across LHDs, hospitals, FQHCs, etc.		 Over 1800 providers including federal resources
Public message	 Phased roll-out due to lack of supply		 Routine booster potentially similar to other age-based vaccines with ample supply

KDHE and providers are preparing to launch communication campaign once ACIP gives recommendation

KDHE is prepared to support booster planning and operationalization



What we know about booster roll-out so far...



Preliminary discussion from 8/30 ACIP meeting indicate booster may be made available to following **higher-risk groups first**:

- **LTC residents** (16K*)
- **Healthcare personnel** (153K*)
- **Adults 65+** (376K*)

**Forecasted max booster doses needed through year-end 2021*



Primary series must be completed prior to receiving boosters. Recommended time between primary series and booster TBA



Booster doses should be ordered through existing processes – there will be no federal pharmacy program for boosters. Booster supply should be readily accessible via existing channels



Providers should plan for facility staff (augmenting as needed) to administer booster doses and record data via **WebIZ**



Expected booster dosage likely to be **half original** dose of 0.3mL



Booster and flu vaccines may be administered **simultaneously**



How we will support partners and the broader public...



Join regular meetings with LHD, and various provider associations to discuss FDA / CDC booster updates and guidance, and facilitate knowledge sharing



Support establishing provider relationships (as needed) to secure booster doses and administration



Provide booster-specific communications to broad public:

- KDHE press release(s) informing public of what we know about boosters and booster roll-out thus far
- Updates to KDHE website to incorporate booster FAQs and direct links to CDC page on boosters
- Medical professional earned media (e.g., OpEds) and paid PSAs



KDHE public COVID hotline fully staffed and prepared to handle influx of calls and questions related to boosters



Robust communications effort for overall COVID-19 engagement including weekly GO newsletters, various campaigns (e.g., Back-to-school, upcoming "testimonials,"), GO press releases & events, coordination of medical association messaging, and more

KDHE is prepared to support booster planning and operationalization



What we know about booster roll-out so far...



Preliminary discussion from 8/30 ACIP meeting indicate booster may be made available to following **higher-risk groups first**:

- **LTC residents** (16K*)
 - **Healthcare personnel** (153K*)
 - **Adults 65+** (376K*)
- *Forecasted max booster doses needed through year-end 2021*



Primary series must be completed prior to receiving boosters. Recommended time between primary series and booster TBA



Booster doses should be ordered through existing processes – there will be no federal pharmacy program for boosters. Booster supply should be readily accessible via existing channels



LTC facilities should plan for facility staff and/or providers to administer booster doses to residents and record data via **WebIZ**



Booster and flu vaccines may be administered **simultaneously**



How we will support LTC facilities and the broader public...



Join regular meetings with the LTC associations to discuss FDA / CDC booster updates and guidance, and facilitate knowledge sharing



Support establishing provider relationships (as needed) to secure booster doses and administration



Provide booster-specific communications to broad public:

- KDHE press release(s) informing public of what we know about boosters and booster roll-out thus far
- Updates to KDHE website to incorporate booster FAQs and direct links to CDC page on boosters
- Medical professional earned media (e.g., OpEds) and paid PSAs



KDHE public COVID hotline fully staffed and prepared to handle influx of calls and questions related to boosters



Robust communications effort for overall COVID-19 engagement including weekly GO newsletters, various campaigns (e.g., Back-to-school, upcoming "testimonials,"), GO press releases & events, coordination of medical association messaging, and more

What we know about boosters and vaccines for kids 5-11 to date...



Pfizer & Moderna Boosters:

- FDA has authorized third doses for immunocompromised individuals via either mRNA vaccine (preference for third dose to be same maker as primary series but mix-and-match is allowed)
- Pfizer booster authorization was given by FDA Wednesday
- ACIP meeting now with recommendation expected this afternoon
- Moderna may submit for recommendation to also be discussed, but if not, booster authorization likely to be delayed



J&J Booster:

- J&J has announced value in a second dose after 2 months but the data has not been submitted to FDA yet for consideration
- In short term, FDA is evaluating whether mixing J&J with mRNA vaccine is recommended



Kids 5-11 Vaccines:

- Pfizer announced good data for safety and effectiveness of a 1/3 dose for children 5 – 11 and will be submitting to the FDA by the end of the month
- Pfizer may be recommended for kids 5-11 in November, Moderna still TBD and could be January 2022 or later. Both are still currently accepting clinical trial patients
- Kids 4 and under recommendation likely coming January 2022 or later
- *Vx planning for kids 5-11, including Vx sites in partnership with schools, are underway*



N Myron Gunsalus, Jr, KHEL Director
COVID-19 Laboratory Update
September 23, 2021



COVID-19: Laboratory Update

COVID Variants and Testing 9/18/21 Nowcast



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

New color scheme and updating every week.
 Still no lambda of any significance.

Sublineages for Delta Ay.3-Ay.12 are included in B.1.617.2, Their spike amino acid conservation with B.1.617.2

AY.1 and AY.2 are displayed due to additional mutations in the spike protein, most notably K417N

Lambda, C.37 is less than 1% nationally and in all regions so is not included and is not a CDC Variant of Interest or Variant of Concern.



COVID-19: Laboratory Update

COVID Variants and Testing REGION 7



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

Really very little difference now between R7 and National view. R 7 has more B.1.617.2 at 99.7% and less AY.1 and less Other.



Variants Being Monitored (VBM)

- **Alpha (B.1.1.7, Q.1-Q.8)**
- **Beta (B.1.351, B.1.351.2, B.1.351.3)**
- **Gamma (P.1, P.1.1, P.1.2)**
- **Epsilon (B.1.427, B.1.429)**
- **Eta (B.1.525)**
- **Iota (B.1.526)**
- **Kappa (B.1.617.1)**
- **B.1.617.3**
- **Mu (B.1.621, B.1.621.1)**
- **Zeta (P.2)**

To protect and improve the health and environment of all Kansans

On September 21, 2021, the U.S. Government SARS-CoV-2 Interagency Group (SIG) added a new variant classification designated Variants Being Monitored (VBM).

VBM may include variants previously designated as a Variant of Interest (VOI) or Variant of Concern (VOC) that are no longer detected or are circulating at very low levels in the United States. VBM may also include variants designated by other organizational committees (e.g., WHO Technical Advisory Group for SARS-CoV-2 Virus Evolution) that have substitutions of concern but that have not been deemed a public health threat within the United States by the SIG at this time.

In general, to be classified as a VBM, there are laboratory data indicating that antibodies elicited during previous infection or vaccination have reduced neutralization activity against the variant or the variant has reduced susceptibility to FDA authorized monoclonal antibody treatments. VBM may also include variants that have been associated with more severe disease or increased transmission.

As of September 21, 2021, the following variants are classified as VBM:



COVID-19: Laboratory Update

WHO Label	Pango Lineage	Date of Designation		
Alpha	B.1.1.7, Q.1-Q.8	VOC: December 29, 2020		VBM: September 21, 2021
Beta	B.1.351, B.1.351.2, B.1.351.3	VOC: December 29, 2020		VBM: September 21, 2021
Gamma	P.1, P.1.1, P.1.2	VOC: December 29, 2020		VBM: September 21, 2021
Epsilon	B.1.427 B.1.429	VOC: March 19, 2021	VOI: February 26, 2021 VOI: June 29, 2021	VBM: September 21, 2021
Eta	B.1.525		VOI: February 26, 2021	VBM: September 21, 2021
Iota	B.1.526		VOI: February 26, 2021	VBM: September 21, 2021
Kappa	B.1.617.1		VOI: May 7, 2021	VBM: September 21, 2021
N/A	B.1.617.3		VOI: May 7, 2021	VBM: September 21, 2021
Zeta	P.2		VOI: February 26, 2021	VBM: September 21, 2021
Mu	B.1.621, B.1.621.1			VBM: September 21, 2021

To protect and improve the health and environment of all Kansans

A Variant of Interest or a Variant of Concern may be downgraded to this list when there has been a significant and sustained reduction in its national and regional proportions over time, or other evidence indicates that a variant does not pose significant risk to public health in the United States.

These variants continue to be closely monitored to identify changes in their proportions and new data is continually being analyzed. If the data indicate that a VBM warrants more concern, the classification will be changed based on the SIG assessment of the attributes of the variant and the risk to public health in the United States.



COVID-19: Laboratory Update

Abbott IDNow Expiration Extension

ID NOW™ COVID-19 Test Kit Expiry Update (190-000, United States)

September 9, 2021

Dear Valued Customer:

Since the launch of the ID NOW™ COVID-19 test kit, Abbott has continued testing for product stability to extend the expiration date and have shared these results with the FDA. Testing has been completed to support a shelf-life (expiration date) of up to 9 months from Date of Manufacture. **On August 27, 2021, the FDA issued a revision to the ID NOW™ COVID-19 test Emergency Use Authorization to extend the shelf life of the kit from six (6) to nine (9) months. This letter is to notify you that the ID NOW™ COVID-19 test kit, part number 190-000, in your possession may now have a longer than labeled product expiry date.**

A listing of ID NOW™ COVID-19 test kits, part number 190-000, which qualify for this expiry extension, can be found in Attachment 1. The attachment lists the lot number, currently labeled kit expiry, and new kit expiry date.

KDHE SUMMARY: If the original expiry date on box is 9/4/21 or later, then they are likely included to have an additional 3 month expiration date. The full letter and attachment with lot numbers will be placed on the KDHE Covid website.

To protect and improve the health and environment of all Kansans



Notes and Supply Chain Issues

- **Abbott IDNow and BinaxNow and Cepheid**
 - Consider if rapid is absolutely needed.
 - Are there alternatives
- **Employer Based Testing**
 - Not clear yet
 - Not yet part of Unified Testing Strategy...more to come later

To protect and improve the health and environment of all Kansans



COVID-19: Laboratory Update

Helpful Contacts

- **General Laboratory Information**
 - KDHE.KHELINFO@ks.gov
- **CLIA Certification Questions:**
 - KDHE.CLIA2@ks.gov
- **School Testing Program Contact**
 - Sarah Allin, K-12 Funding Project Manager
 - Sarah.allin@ks.gov
- **Courier Service**
 - Chad Yamashita (Chad.Yamashita@ks.gov)

To protect and improve the health and environment of all Kansans



Michael McNulty, Emergency Management Director
Monoclonal Antibody
September 23, 2021



Change to Distribution Process: State-Coordinated System

- The increase in the Delta variant, coupled with low vaccination rates in certain areas of the country has caused a substantial surge in the utilization of monoclonal antibody drugs over the July-August 2021 timeframe
- Beginning Monday, September 13, (announced on Tuesday September 14) HHS transitioned to a state/territory-coordinated distribution system similar to the system used in the November 2020-Feb 2021 timeframe
- HHS believes this will help maintain equitable distribution, both geographically and temporally over the coming weeks as the US Government work to procure additional supply

To protect and improve the health and environment of all Kansans

The increase in the Delta variant, coupled with low vaccination rates in certain areas of the country has caused a substantial surge in the utilization of monoclonal antibody drugs over the July-August 2021 timeframe

Beginning Monday, September 13, (announced on Tuesday September 14) HHS transitioned to a state/territory-coordinated distribution system similar to the system used in the November 2020-Feb 2021 timeframe

HHS believes this will help maintain equitable distribution, both geographically and temporally over the coming weeks as the US Government work to procure additional supply



Change to Distribution Process: State-Coordinated System

- From November 2020 – February 2021, the US Government allocated Lilly and Regeneron monoclonal antibodies to states and territories
- Once enough product was available to meet full demand, a shift was made to a direct ordering system through AmerisourceBergen
- US Government continued to monitor supply and demand
- Surge in the Delta variant coupled with low vaccination rates in certain areas of the country contributed to a rapid 20-fold increase in ordering from June to September 2021, particularly in certain states that accounted for approximately 70% of mAb orders, and this is stressing overall product supply

To protect and improve the health and environment of all Kansans

From November 2020 – February 2021, the US Government allocated Lilly and Regeneron monoclonal antibodies to states and territories
Once enough product was available to meet full demand, a shift was made to a direct ordering system through AmerisourceBergen
US Government continued to monitor supply and demand
Surge in the Delta variant coupled with low vaccination rates in certain areas of the country contributed to a rapid **20-fold increase in ordering from June to September 2021**, particularly in certain states that accounted for approximately **70% of mAb orders**, and this is stressing overall product supply



Change to Distribution Process: State-Coordinated System

- Administration sites will NOT be able to order directly from the distributor
- The US Government will determine weekly distribution amounts to states and territories
- Weekly distribution amounts will be determined based on weekly reports of new COVID-19 cases and hospitalizations in addition to data on inventories and use submitted in HHS Protect
- In Kansas, KDHE will determine where product goes based on calculations discussed later in the brief

To protect and improve the health and environment of all Kansans

Administration sites will NOT be able to order directly from the distributor

The US Government will determine weekly distribution amounts to states and territories

Weekly distribution amounts will be determined based on weekly reports of new COVID-19 cases and hospitalizations in addition to data on inventories and use submitted in HHS Protect

In Kansas, KDHE will determine where product goes based on calculations discussed later in the brief



Change to Distribution Process: State-Coordinated System

- HHS will send the available numbers to states
- KDHE determines sites and amount of product each should receive
- A state authorized representative will make those allocations in the AmerisourceBergen portal for distribution
- Product not allocated will be “swept back” to the federal pool
- Sites log stock on hand and utilization into HHS Protect weekly in order to calculate distribution to states and territories
- **Utilization must be at least 70% of the previous week for the state to receive their full calculated distribution level the next week**

To protect and improve the health and environment of all Kansans

HHS will send the available numbers to states

KDHE determines sites and amount of product each should receive

A state authorized representative will make those allocations in the AmerisourceBergen portal for distribution

Product not allocated will be “swept back” to the federal pool

Sites log stock on hand and utilization into HHS Protect weekly in order to calculate distribution to states and territories

Utilization must be at least 70% of the previous week for the state to receive their full calculated distribution level the next week



Kansas Implementation

- Kansas utilizes the criteria to the right to determine allocations
- Allocations are made for the Regen-COV and BAM/ETE combination medications
- ALL ALLOCATIONS ARE AUTO-CONFIRMED
- Regen-COV is allocated in multiples of 12
- BAM/ETE is allocated in multiples of 10
 - ETE can not be ordered alone
- *County confirmed cases last 7 days*
- *County confirmed cases days 8-14*
- *Total adults hospitalized with COVID-19*
- *Staffed ICU beds with suspected or confirmed COVID-19 patients*
- *Total amount of product allocated to the state*
- *Product use in the last 7 days by facility*
- *Product inventory by facility*

To protect and improve the health and environment of all Kansans



Change to Distribution Process: State-Coordinated System

- KDHE is fully allocating mAbs, KDHE is not accepting orders
- If a facility does not wish to receive mAbs, let Michael McNulty (mike.mcnulty@ks.gov) know so the facility can be removed from the calculations
- If a facility does not want their mAbs, let Michael McNulty (mike.mcnulty@ks.gov) know to facilitate transfer
- KDHE currently does not notify facilities of the allocation amount, focus being on making the allocations and getting material into the hands of providers

To protect and improve the health and environment of all Kansans



Current Summary

- Kansas is allocating mAbs from HHS, KDHE is not currently taking orders
- The mAb products are in limited supply to Kansas because of national resource balancing
- Facilities may choose to review their mAb administration criteria considering these new national issues and local impacts
- KDHE is working to get the products distributed as quickly and fairly as possible given supply constraints
- Facilities should accurately and timely report all HHS Protect data to ensure valid data for mAb distribution calculations

To protect and improve the health and environment of all Kansans

A microscopic image showing several spherical virus particles with a textured, reddish-orange surface, set against a blurred background of similar particles.

Matt Lara, KDHE Communications Director
COVID-19 Communications
September 23, 2021



KDHE Testimonials



<https://youtu.be/wV6Nz88Io7c>



<https://youtu.be/wESZzaLw3Xc>



<https://youtu.be/obaaAqQ6zn0>

To protect and improve the health and environment of all Kansans

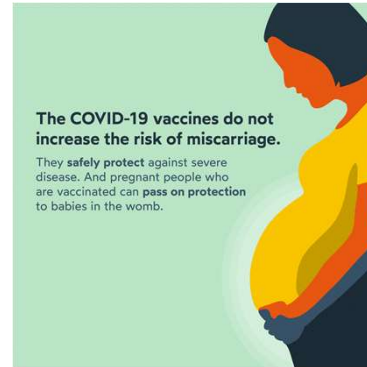
<https://youtu.be/wV6Nz88Io7c>

<https://youtu.be/wESZzaLw3Xc>

<https://youtu.be/obaaAqQ6zn0>



Public Health Communications Collaborative



<https://publichealthcollaborative.org/downloads/>

To protect and improve the health and environment of all Kansans

These are a few of the latest graphics from the Public Health Communications Collaborative. There are also a couple short videos they made available to download regarding healthcare burnout and talking to children about COVID-19
<https://publichealthcollaborative.org/downloads/>



Public Health Workforce Webinar

The Public Health Workforce: Morale, Mental Health, and Moving Forward

Wednesday, October 6
1:00–2:00pm ET / 10:00–11:00am PT



Wilma J. Wooten, MD, MPH
Public Health Officer, Public Health Services,
County of San Diego HHSA



Benjamin F. Miller, PsyD.
President of Well Being Trust



Jeanette Kowalik, PhD, MPH, MCHES
Director of Policy Development at TFAH,
Former Commissioner of Health, Milwaukee

Public Health
Communications
COLLABORATIVE



publichealthcollaborative.org



@PH_Comms

https://zoom.us/webinar/register/1816321641845/WN_MFFYN8SNR761Zno8G71zeg

To protect and improve the health and environment of all Kansans

https://zoom.us/webinar/register/1816321641845/WN_MFFYN8SNR761Zno8G71zeg



Kansas Health Alert Network (KS-HAN)



KS-HAN is an internet-based, secure, emergency alerting system that allows general public health and emergency preparedness information to be shared rapidly. KS-HAN has the ability to alert registrants by organization, occupation, county, or group through email, work and cell phone, and SMS text.

To request access:

KS-HAN is an invitation-only system. To request access, email your:

- First and last name
- Organization/employer
- Work phone number
- Job role/position

to the KS-HAN Administrator at KDHE.KSHANAdmin@ks.gov.

You will receive a registration link via email that you must activate to complete your registration.

Since KS-HAN is the primary system used by KDHE for communication during an emergency, it is important to ensure that your organization's registrants and their contact information are kept updated. If any of the below listed information needs updated, send the updates to KDHE.KSHANAdmin@ks.gov and the KS-HAN Administrator will assist you with making the necessary changes. Examples of updates that might be needed include:

- Telephone number or address of the organization
- New employee that needs to be invited
- Former employee that needs account de-activated
- Change in phone number, email address, job title, or other contact information

https://www.kdheks.gov/it_systems/ks-han.htm

To protect and improve the health and environment of all Kansans

https://www.kdheks.gov/it_systems/ks-han.htm



Questions?