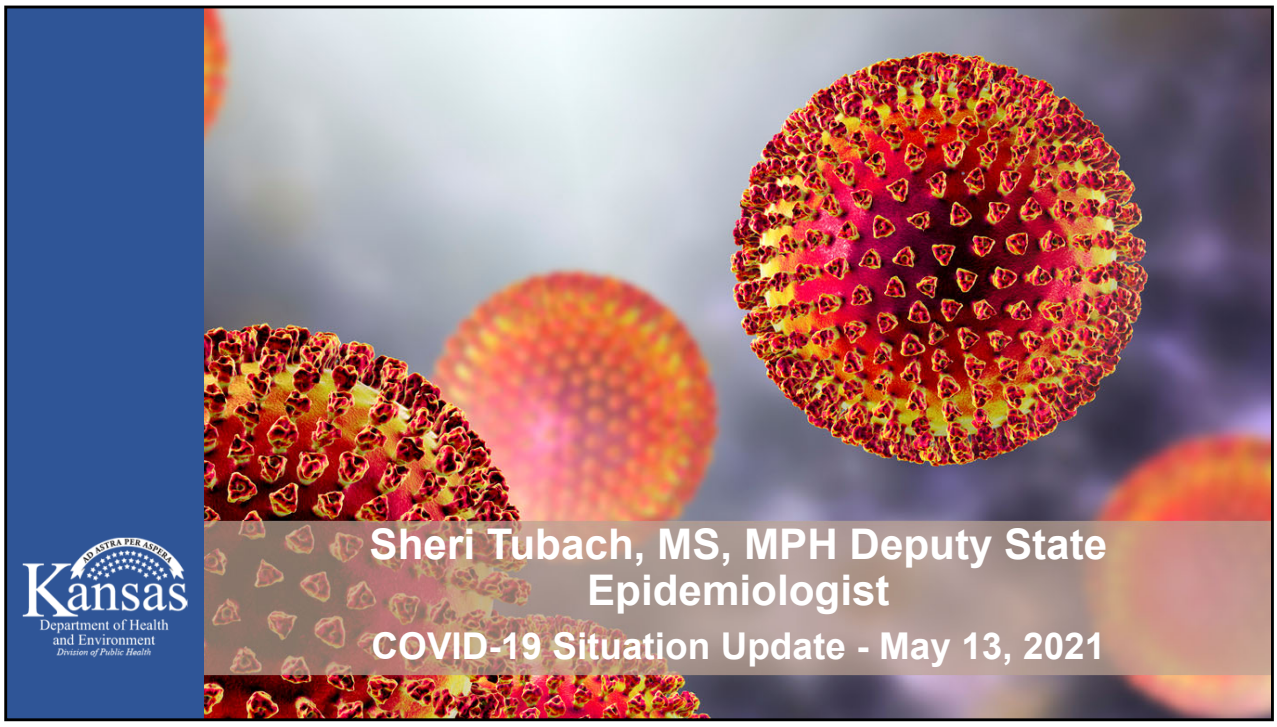
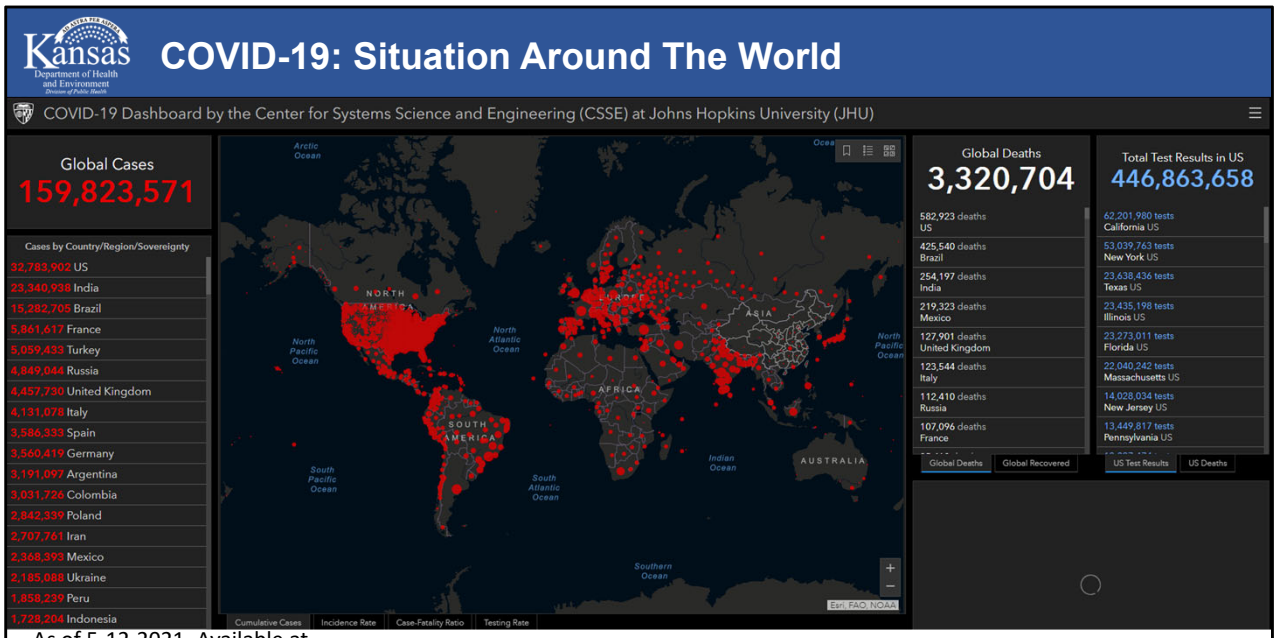

Kansas
Department of Health and Environment
Division of Public Health
Lee A. Norman, MD, MHS, MBA, Secretary
COVID-19 Webinar Series Welcome
May 13, 2021


Kansas
Department of Health and Environment
Division of Public Health
Sheri Tubach, MS, MPH Deputy State Epidemiologist
COVID-19 Situation Update - May 13, 2021



As of 5-12-2021. Available at https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

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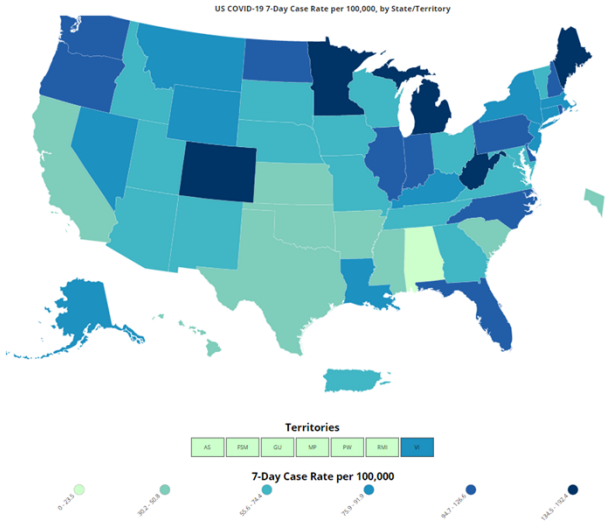
Global Map: https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html.

Last week, we had 154.6 million cases around the world and 3.2 million deaths.

This week, there are 159,823,571 cases and we have 3,320,704 deaths around the world.

COVID-19: Situation in the US

- Total cases: 32,571,814



As of 5-12-2021. Available at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

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Last week in the US:

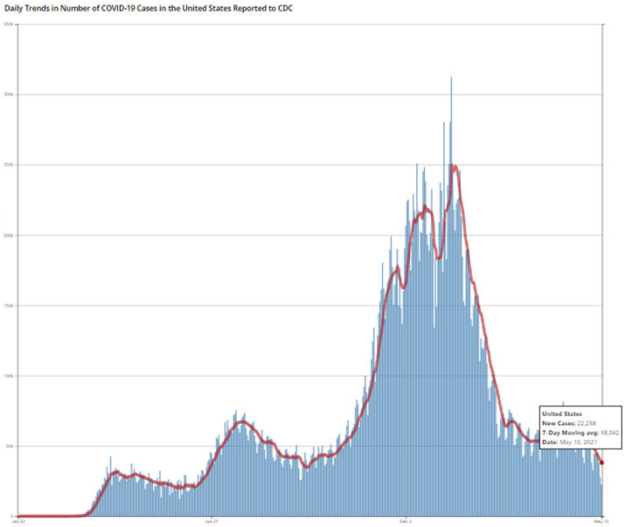
Total cases: 32,313,016 (32.3 million)

As of yesterday

This week:

Total cases: 32,571,814

COVID-19: Situation in the US



As of 5-12-2021. Available at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

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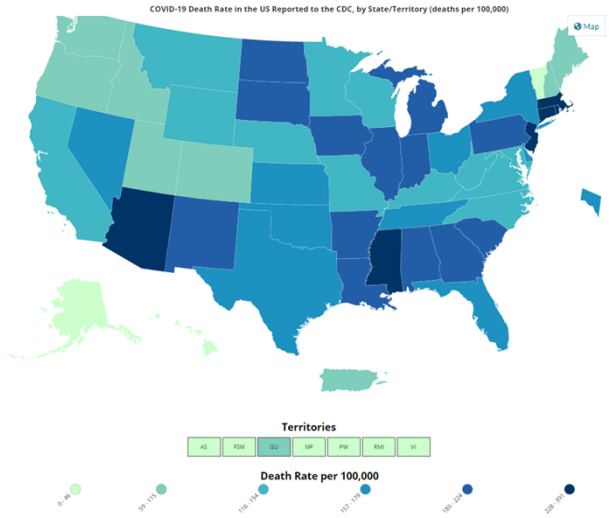
In the US, you can see that we are averaging about 38,000 new cases each day according to the 7-day average. That is down from 47,600 from the previous week.

COVID-19: Situation in the US

- Total deaths: 579,366



As of 5-12-2021. Available at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

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Last week in the US:

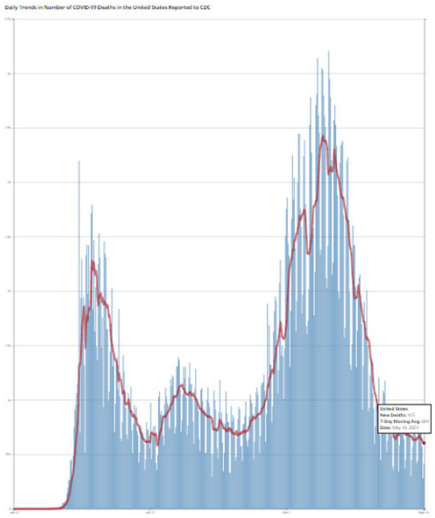
Total deaths: 575,491 (over 575,000)

As of yesterday

This week:

Total deaths: 579,366

COVID-19: Situation in the US



As of 5-12-2021. Available at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

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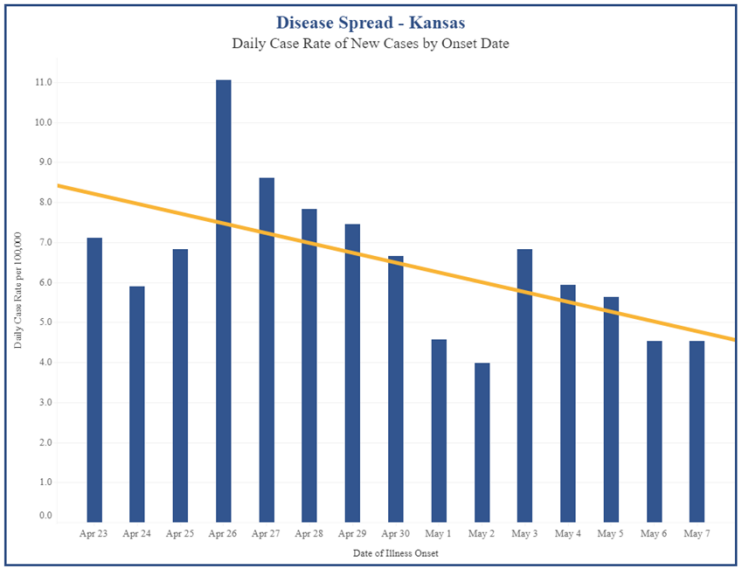
The 7-day moving average daily death trend in the United States is about 600 deaths per day which is lower than 680 last week.

COVID-19: Situation in Kansas



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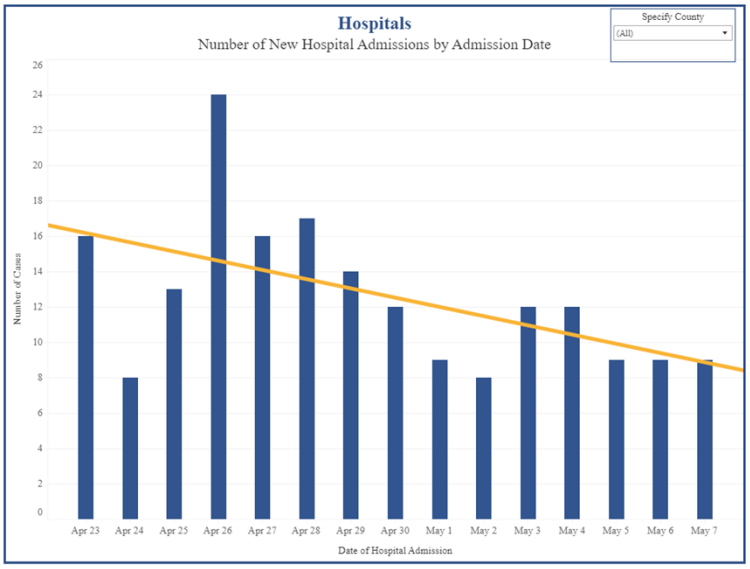
Moving on to KS specific data. For our first Disease Spread metric, which is the daily rate of new cases, the trend line last week was decreasing and that continues this week.

COVID-19: Situation in Kansas



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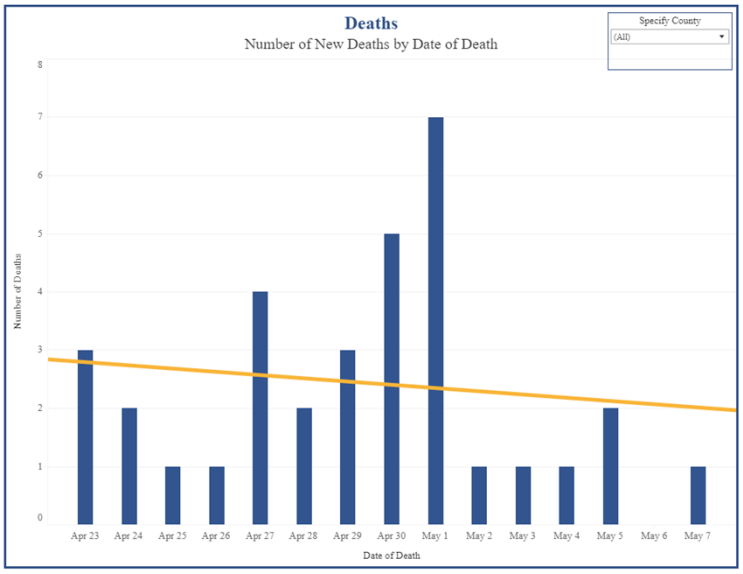
For hospitalizations, the trend last week was decreasing and that continues this week.

COVID-19: Situation in Kansas



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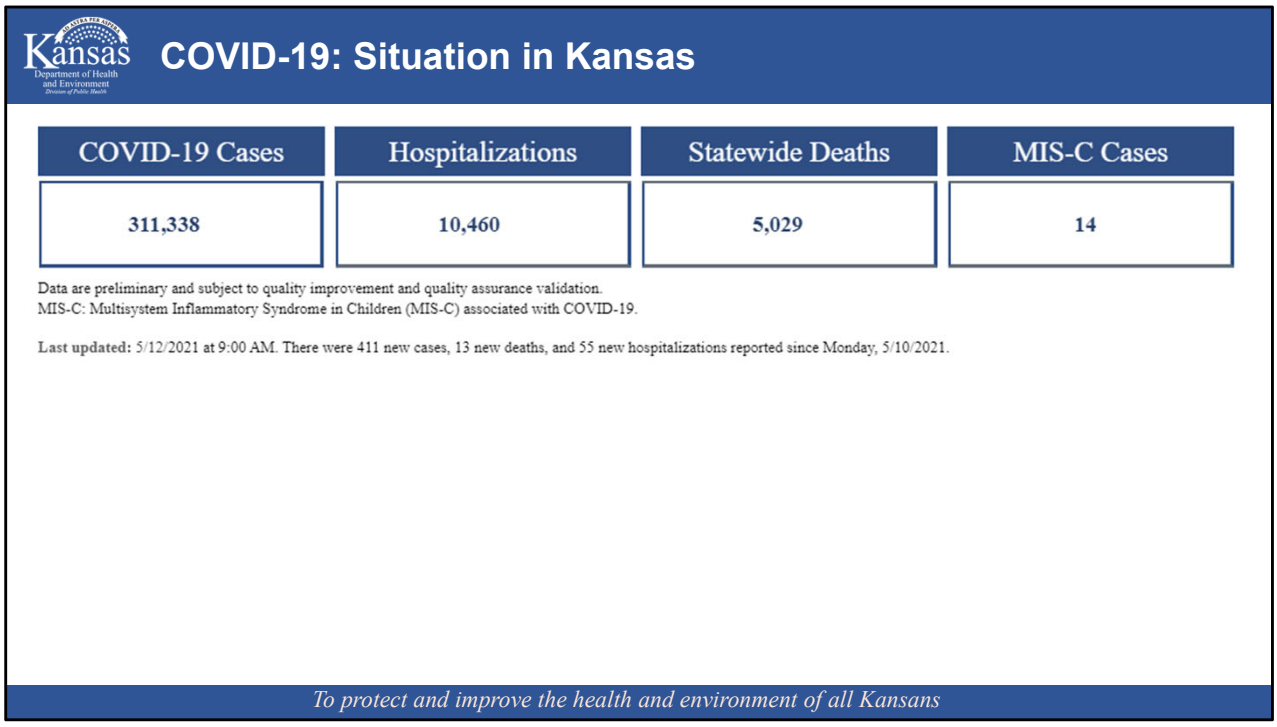
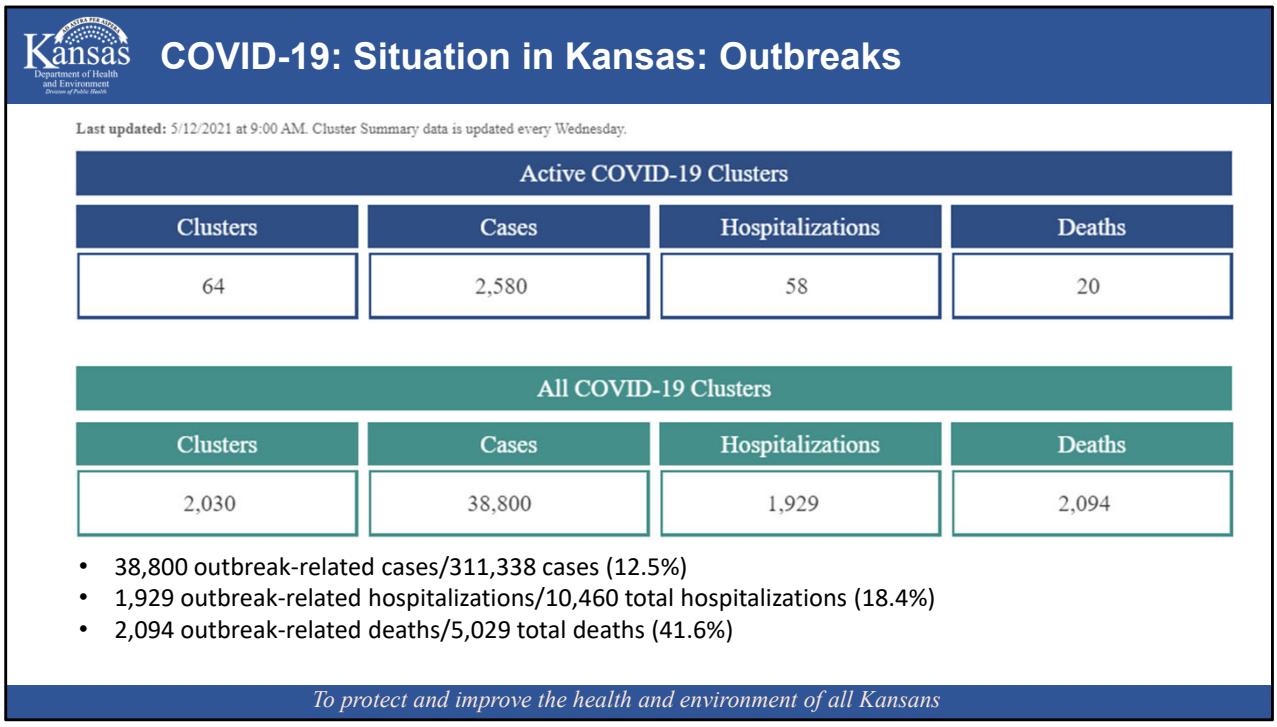
And for deaths, last week the trend was decreasing and this week that continues.



As of yesterday, we had 311,338 cases (which is an increase of 1,223 cases since last week) and 5,029 deaths statewide (that's an increase of 30 deaths since last week).

There were 411 new cases and 13 new deaths reported from Monday 5/10 to Wednesday 5/12.



Moving on to outbreaks:

As of late Tuesday night, we had 2,030 outbreaks across the state; This week we have 64 active clusters which is up from 60 last week.

Our percentage of outbreak related cases is 12.5%, outbreak-related hospitalizations is about 18.4% and outbreak-related deaths is about 41.6%.

COVID-19: Situation in Kansas: Outbreaks

COVID-19 Cluster Cases by Type

Sort by Cluster Type: Active

Type	Clusters	Cases	Hospitalizations	Deaths
Corrections	1	1,041	10	3
Daycare	5	19	0	0
Government	3	11	0	0
Group Living	2	10	1	0
Healthcare	2	8	2	1
Long Term Care Facility	10	85	9	6
Meat Packing	1	838	17	6
Private Business	24	419	17	4
Private Event	4	39	1	0
Religious Gathering	5	48	1	0
School	4	39	0	0
Sports	3	23	0	0
Total	**64**	**2,580**	**58**	**20**

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We currently have 1 active outbreak in corrections, 10 in LTCFs (that's down from 11 last week), 24 in private businesses and 4 in schools.

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

COVID-19: Updated Travel Related Guidance

• Traveled on or after May 6 to the Colorado counties of: Adams, Arapahoe, Archuleta, Bent, Chaffee, Conejos, Crowley, City and County of Denver, Douglas, Elbert, El Paso, Fremont, Huerfano, Jefferson, Lake, Larimer, Park, Phillips, Pueblo, Rio Blanco, San Juan, Teller and Weld.

•Traveled on or after May 6 to the countries of Cabo Verde, India, Maldives and Seychelles.

Available at: https://www.coronavirus.kdheks.gov/175/Travel-Exposure-Related-Isolation-Quaran

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Last Thursday, KDHE issued the list of states and countries requiring a travel-related quarantine for people who are not fully vaccinated. On that list was Colorado. This ended up causing some issues for people that work or live right across the border so we took a closer look at all of the counties within Colorado and have updated the list to only include those counties with a rate 3x greater than the KS rate of cases.

The update was retroactive to when we first published the list on May 6th. Traveled on or after May 6 to the Colorado counties of: Adams, Arapahoe, Archuleta, Bent, Chaffee, Conejos, Crowley, City and County of Denver, Douglas, Elbert, El Paso, Fremont, Huerfano, Jefferson, Lake, Larimer, Park, Phillips, Pueblo, Rio Blanco, San Juan, Teller and Weld.

Also included in the regular update from May 6th is traveled on or after May 6 to the countries of Cabo Verde, India, Maldives and Seychelles.

To see the full list, please go to the site through this link.

COVID-19: New Literature

Demographic and Social Factors Associated with COVID-19 Vaccination Initiation Among Adults Aged ≥65 Years — United States, December 14, 2020–April 10, 2021

Early Release / May 11, 2021 / 70

Ari Whiteman, PhD[1,2]; Alice Wang, PhD[1]; Kelly McCain, MSPH[1,2]; Betsy Gunnels, MSPH[1]; Robin Toblin, PhD[1]; James Tseryuan Lee, MD[1]; Carolyn Bridges, MD[1]; Laura Reynolds, MPH[1]; Bhavini Patel Murthy, MD[1]; Judy Qualters, PhD[1]; James A. Singleton, PhD[1]; Kimberley Fox, MD[1]; Shannon Stokley, DrPH[1]; LaTreace Harris, MPH[1]; Lynn Gibbs-Scharf, MPH[1]; Neetu Abad, PhD[1]; Kathryn A. Brookmeyer, PhD[1]; Susan Farrall, MPH[1]; Cassandra Pingali, MPH, MS[1]; Anita Patel, MD[1]; Ruth Link-Gelles, PhD[1]; Sharoda Dasgupta, PhD[1]; Radhika Gharpure, DVM[1]; Matthew D. Ritchey, DPT[1]; Kamil. E. Barbour, PhD[1] (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

Older adults have experienced higher risk for COVID-19–associated morbidity and mortality and therefore have been prioritized for COVID-19 vaccination.

What is added by this report?

After the first 3.5 months of the U.S. COVID-19 vaccination program, 79.1% of adults aged ≥65 years had received ≥1 dose, with higher vaccination initiation among men. Counties with lower vaccination initiation rates had higher percentages of older adults with social vulnerabilities.

What are the implications for public health practice?

Monitoring demographic and social factors affecting COVID-19 vaccine access for older adults and prioritizing efforts to ensure equitable access to COVID-19 vaccine are needed to ensure high coverage among this group.

Article Metrics

Altmetric:

129

News (3)
Twitter (151)
Facebook (1)
Reddit (1)

Citations:

Views:

Views equals page views plus PDF downloads

Metric Details

Available at:
https://www.cdc.gov/mmwr/volumes/70/wr/mm7019e4.htm?s_cid=mm7019e4_e&ACSTrackingID=USCDC_921-DM57018&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20May%2011%2C%202021&deliveryName=USCDC_921-DM57018

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MMWR article:

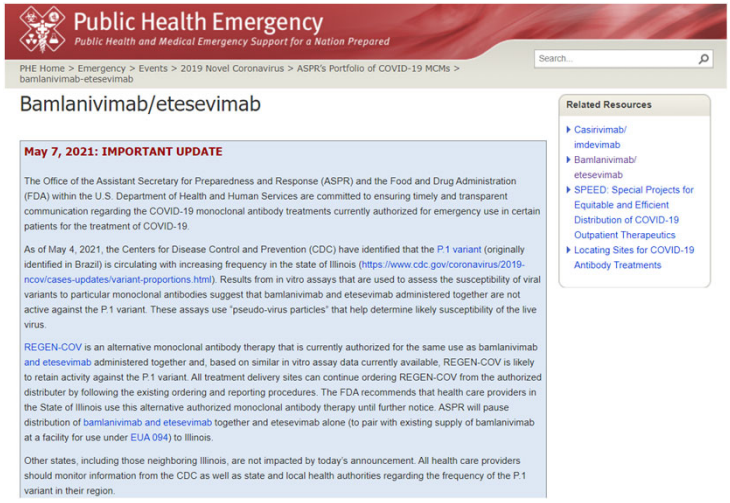
Vaccine administration data submitted to CDC were analyzed to determine the prevalence of COVID-19 vaccination initiation among adults aged ≥65 years by demographic characteristics and overall. Characteristics of counties with low vaccination initiation rates were quantified using indicators of social vulnerability data from the 2019 American Community Survey.

During December 14, 2020–April 10, 2021, nationwide, 79.1% of adults aged 65 years and older had initiated vaccination. The initiation rate was higher among men than among women and varied by state.

On average, counties with low vaccination initiation rates (<50% of older adults having received at least 1 vaccine dose), compared with those with high rates (≥75%), had higher percentages of older adults without a computer, living in poverty, without Internet access, and living alone.

CDC, state, and local jurisdictions in partnerships with communities should continue to identify and implement strategies to improve access to COVID-19 vaccination for older adults

COVID-19: Update on the use of MABs



Public Health Emergency
Public Health and Medical Emergency Support for a Nation Prepared

PHE Home > Emergency > Events > 2019 Novel Coronavirus > ASPR's Portfolio of COVID-19 MCMs > bamlanivimab-etesevimab

Search...

Bamlanivimab/etesevimab

May 7, 2021: IMPORTANT UPDATE

The Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Food and Drug Administration (FDA) within the U.S. Department of Health and Human Services are committed to ensuring timely and transparent communication regarding the COVID-19 monoclonal antibody treatments currently authorized for emergency use in certain patients for the treatment of COVID-19.

As of May 4, 2021, the Centers for Disease Control and Prevention (CDC) have identified that the P.1 variant (originally identified in Brazil) is circulating with increasing frequency in the state of Illinois (https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-proportions.html). Results from in vitro assays that are used to assess the susceptibility of viral variants to particular monoclonal antibodies suggest that bamlanivimab and etesevimab administered together are not active against the P.1 variant. These assays use "pseudo-virus particles" that help determine likely susceptibility of the live virus.

REGEN-COV is an alternative monoclonal antibody therapy that is currently authorized for the same use as bamlanivimab and etesevimab administered together and, based on similar in vitro assay data currently available, REGEN-COV is likely to retain activity against the P.1 variant. All treatment delivery sites can continue ordering REGEN-COV from the authorized distributer by following the existing ordering and reporting procedures. The FDA recommends that health care providers in the State of Illinois use this alternative authorized monoclonal antibody therapy until further notice. ASPR will pause distribution of bamlanivimab and etesevimab together and etesevimab alone (to pair with existing supply of bamlanivimab at a facility for use under EUA 094) to Illinois.

Other states, including those neighboring Illinois, are not impacted by today's announcement. All health care providers should monitor information from the CDC as well as state and local health authorities regarding the frequency of the P.1 variant in their region.

Related Resources
- Casirivimab/imdevimab
- Bamlanivimab/etesevimab
- SPEED: Special Projects for Equitable and Efficient Distribution of COVID-19 Outpatient Therapeutics
- Locating Sites for COVID-19 Antibody Treatments

Available at: https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Bamlanivimab-etesevimab/Pages/default.aspx

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The Office of the Assistant Secretary for Preparedness and Response (ASPR) and FDA released a communication on May 7th about COVID-19 monoclonal antibody treatments. The communication talks about P1 variant (Brazil) widely circulating in Illinois and that results from in vitro assays were indicating that the co-administration of bamlanivimab and etesevimab are NOT active against the P1 variant.

REGEN-COV is an alternative monoclonal antibody therapy and based on similar in vitro assay data seems more likely to retain activity against the P1 variant.

The FDA recommends that providers in Illinois use REGEN-COV. ASPR actually stopped shipments of bamlanivimab and etesevimab to Illinois. The announcement states that surrounding states are not impacted by this announcement.

Although that is what the announcement says, we did want to bring this to the attention of our providers as this could have implications for how you proceed to treat your COVID-19 patients that are confirmed to be a P1 variant case.


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Kansas
Department of Health and Environment
Division of Public Health
Anna Silk, Boston Consulting Group
COVID-19 Situation Update
May 13, 2021


Kansas Reporting Snapshot
Provider & LHD Webinars
Week of May 10th

Reminder: What is the Snapshot?

What is the Snapshot?

- A supplemental reporting tool to provide an aggregate view by provider of doses received, administered, transferred and in inventory
- The Snapshot has been required of providers in Kansas administering or receiving the COVID-19 vaccine
- It does not replace required reporting in WebIZ or VaccineFinder

How has it supported the vaccine rollout in Kansas?

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

Thank you for your support and participation!

Snapshot changes starting this week

Significantly reducing the number of providers who need to submit the Snapshot

Starting this week, only the following providers will be required to submit the Snapshot weekly:

- Providers new to administering the COVID vaccine
- Providers with identified data issues

Providers will be notified by email whether they are exempt or need to continue reporting by end of week

Please reach out to kdhe.covidvaccinepartners@ks.gov with any questions

No longer publishing provider dashboard on kansasvaccine.gov due to reduce submissions

Snapshot reporting details for new providers

New providers are required to submit the Snapshot weekly between Friday and Monday 10am using this link:
https://www.113.vovici.net/se/13B2588B7D5069C7

Data you will be asked to submit:

Provider & submitter info

Vaccine data 'cumulative-to-date'
Since the vaccination program started
Doses received, administered, transferred in/out
Pfizer / Moderna (split by 1st and 2nd doses) and J&J

Point-in-time inventory on-hand
Doses left in stock
Pfizer / Moderna (split by 1st and 2nd doses) and J&J

Exemption request
If you are no longer receiving, nor administering vaccines or do not have a data issue you could be eligible for an exemption

Additional resources

Additional resources to help you:

- **Review provider support and education materials** including the provider manual and Snapshot user training (here)
- **Consolidate and continue tracking cumulative data** on doses your facility has received, transferred in/out, and administered since the program began on 12/14/2020
  - You can use this dose tracker if helpful
- **Complete the snapshot** via this link
- **Send questions / feedback** to kdhe.COVIDVaccinePartners@ks.gov

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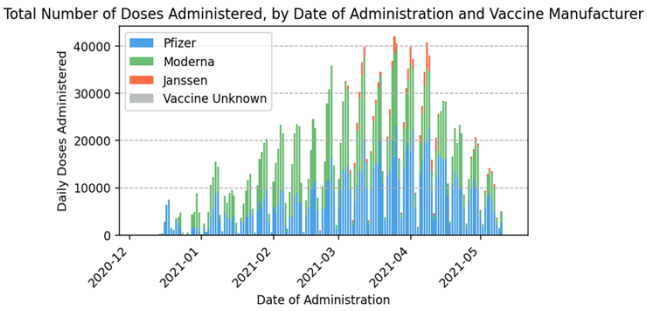
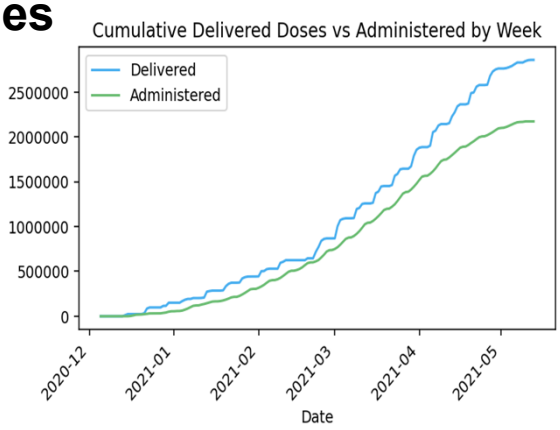
Kansas
Department of Health and Environment
Division of Public Health
Phil Griffin, Director, Disease Control & Prevention
COVID-19 Situation Update
May 13, 2021

Vaccine Allocations Next Week

- **Pfizer Prime 42,120 doses**
- **Moderna Prime 32,060 doses**
- **J&J 0 doses**





Generated by Tiberius on 05/13/21

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Pfizer Vaccine EUA Amendment

- **5/10: FDA expanded Pfizer COVID-19 Vaccine Emergency Use Authorization to authorize use for age 12-15**
- **Vaccine efficacy estimate of 100% for symptomatic laboratory-confirmed COVID-19 for age 12-15 of Phase 2/3 randomized controlled trial (RCT)**
  - Vaccine group (n=1131), Placebo group (n=1129)
  - Reported Systemic events between age 12-15 group and age 16-25 group are similar
    - Reactogenicity is similar between age groups: pain at injection site, fatigue, headache, joint pain, muscle pain

Pfizer Vaccine EUA Amendment

- **There were no severe adverse events (SAEs) in adolescents who received the Pfizer COVID vaccine during phase 3 clinical trials:**
  - Adverse Events: Observed less % of AEs in age 12-15 than in age group 16-25
    - Lymphadenopathy was observed at a higher rate in the vaccine group (9 cases in vaccine vs 2 cases in placebo). Onset 2-10 days post-vaccination. Duration = 1-10 days.
    - No SAEs or death related to vaccination besides lymphadenopathy

Pfizer Vaccine EUA Amendment

- No hospitalizations due to COVID-19 or cases of MIC-C were reported by any trial participants
- No cases of anaphylaxis or allergic reactions
- No cases of Bell's palsy
- Severe reactions were more common in vaccine recipients; a grade ≥3 reaction was reported by 10.7% of vaccinated versus 1.9% of placebo group
- Local and systemic reactions occurred in 91% of trial participants within 7 days (most symptoms resolved within 2 days)
- 0.6% of the vaccine group had lymphadenopathy, compared to 1 (0.1%) participant in the placebo group

Pfizer Vaccine EUA Amendment

- **The ACIP voted (14-0 with 1 recusal) and the CDC Director signed to recommend Pfizer-BioNTech COVID-19 vaccine for persons 12-15 years of age in the U.S. population under the FDA's Emergency Use Authorization.**

Pfizer Vaccine EUA Amendment

- **The ACIP also revised guidance on the coadministration of routine vaccines with COVID-19 vaccine, removing the 14-day minimum interval for administration of any other vaccine before or after a COVID-19 vaccine.**
  - "COVID-19 and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 and other vaccines on the same day, as well as co-administration within 14 days."
  - "It is unknown whether reactogenicity is increased with coadministration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines."
  - "When deciding to coadminister with COVID-19 vaccines, providers could consider whether the patient is behind or at risk of becoming behind on recommended vaccines and the reactogenicity profile of the vaccines."

Pfizer Vaccine EUA Amendment

- **ACIP Co-Administration of COVID-19 vaccine Discussion:**
  - "COVID-19 and other vaccines may now be administered without regard to timing. This includes simultaneous administration of COVID-19 and other vaccines on the same day, as well as co-administration within 14 days."
  - "It is unknown whether reactogenicity is increased with coadministration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines."
  - "When deciding to coadminister with COVID-19 vaccines, providers could consider whether the patient is behind or at risk of becoming behind on recommended vaccines and the reactogenicity profile of the vaccines."

Pfizer Vaccine EUA Amendment

- **Considerations for COVID-19 vaccine coadministration:**
  - "COVID-19 vaccines were previously recommended to be administered alone, with a minimum interval of 14 days before or after administration of any other vaccines. This was out of an abundance of caution and not due to any known safety or immunogenicity concerns."
  - "However, substantial data have now been collected regarding the safety of COVID-19 vaccine currently authorized by FDA for use under EUA. Although data are not available for COVID-19 vaccines administered simultaneously with other vaccines, extensive experience with non-COVID-19 vaccines has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone."

Pfizer Vaccine EUA Amendment

- **Note: additional comments and edits were made regarding specificity of term "co-administration", possible edits to include school-required immunizations, possibly listing out routine vaccination with adjuvant for clinical guidance purposes, etc.**
  - Co-administration guidance will not be voted on by ACIP and therefore can be edited.
  - Note that for adolescents, co-administration data will likely not be available until the summer.

Pfizer Vaccine EUA Amendment

- **AAP published policy statement immediately following meeting**
  - *Vaccines are safe and effective in protecting individuals and populations against infectious diseases. New vaccines are evaluated by a long-standing, rigorous, and transparent process through the US Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) by which safety and efficacy data are reviewed prior to authorization and recommendation.*

Pfizer Vaccine EUA Amendment

- ***The American Academy of Pediatrics (AAP) recommends the following related to COVID 19 vaccine in children and adolescents:***
  - *The AAP recommends COVID-19 vaccination for all children and adolescents 12 years of age and older who do not have contraindications using a COVID-19 vaccine authorized for use for their age.*
  - *Any COVID-19 vaccine authorized through Emergency Use Authorization by the FDA, recommended by the CDC, and appropriate by age and health status can be used for COVID-19 vaccination in children and adolescents.*
  - *Given the importance of routine vaccination and the need for rapid uptake of COVID-19 vaccines, the AAP supports coadministration of routine childhood and adolescent immunizations with COVID-19 vaccines (or vaccination in the days before or after) for children and adolescents who are behind on or due for immunizations (based on the CDC/AAP Recommended Child and Adolescent Immunization Schedule) and/or at increased risk from vaccine-preventable diseases*

Pfizer Vaccine EUA Amendment

- ***Resources***
- **CDC Tool Kit – COVID-19 Vaccines for Children and Teens**
- **https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html**
- **ACIP Recommendations to be published in MMWR on Friday**
- **Fact Sheet for Healthcare Providers**
- **Fact Sheet for Recipients and Caregivers**


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N Myron Gunsalus, Jr, KHEL Director
COVID-19 Laboratory Update
April 22, 2021

COVID-19: Laboratory Update

FDA Approved Tests as of 5/6/21

FDA has currently authorized 372 tests under EUAs:

- 241 molecular tests (excluding Lab Developed Tests)
- 76 antibody tests
- 23 antigen tests, 18 CLIA Waived + 6 At Home Tests

https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas

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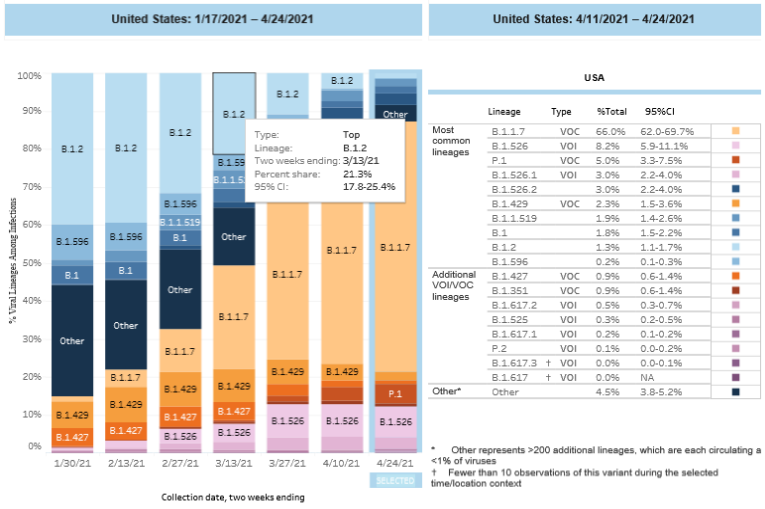
No updates in the authorized testing arena.

Kansas Department of Health and Environment

COVID-19: Laboratory Update

COVID Variants and Testing



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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

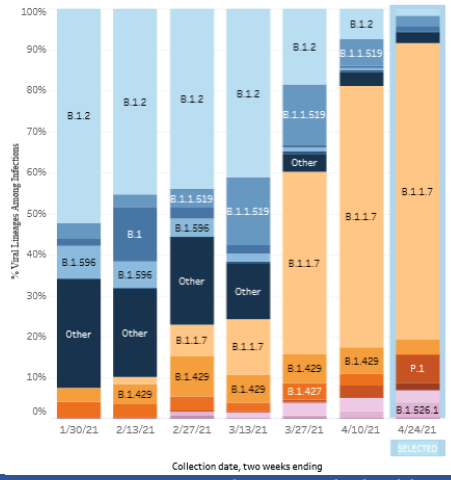
This has not been updated yet.

Kansas Department of Health and Environment
Division of Public Health

COVID-19: Laboratory Update

COVID Variants and Testing REGION 7

HHS Region 7: 1/17/2021 – 4/24/2021



HHS Region 7: 4/11/2021 – 4/24/2021

Region 7 - Iowa, Kansas, Missouri, and Nebraska

	Lineage		Type	%Total	95%CI
Most common lineages	B.1.1.7		VOC	72.4%	59.7-82.3%
	P.1		VOC	7.0%	1.3-29.4%
	B.1.429		VOC	3.7%	0.6-19.7%
	B.1.526.1	†	VOI	3.6%	0.6-18.9%
	B.1.526		VOI	3.0%	0.8-10.4%
	B.1.1.519			2.7%	1.3-5.4%
	B.1.351	†	VOC	1.8%	0.4-8.4%
	B.1.2	†		1.7%	0.3-11.0%
	B.1	†		1.1%	0.2-5.3%
	B.1.526.2	†		0.0%	NA
	B.1.596	†		0.0%	NA
Additional VOI/VOC lineages	B.1.617.1	†	VOI	0.2%	0.0-2.6%
	B.1.427	†	VOC	0.0%	NA
	B.1.525	†	VOI	0.0%	NA
	B.1.617	†	VOI	0.0%	NA
	B.1.617.2	†	VOI	0.0%	NA
	B.1.617.3	†	VOI	0.0%	NA
	P.2	†	VOI	0.0%	NA
Other*	Other	†		2.8%	0.8-10.0%

* Other represents >200 additional lineages, which are each circulating at <1% of viruses

† Fewer than 10 observations of this variant during the selected time/location context

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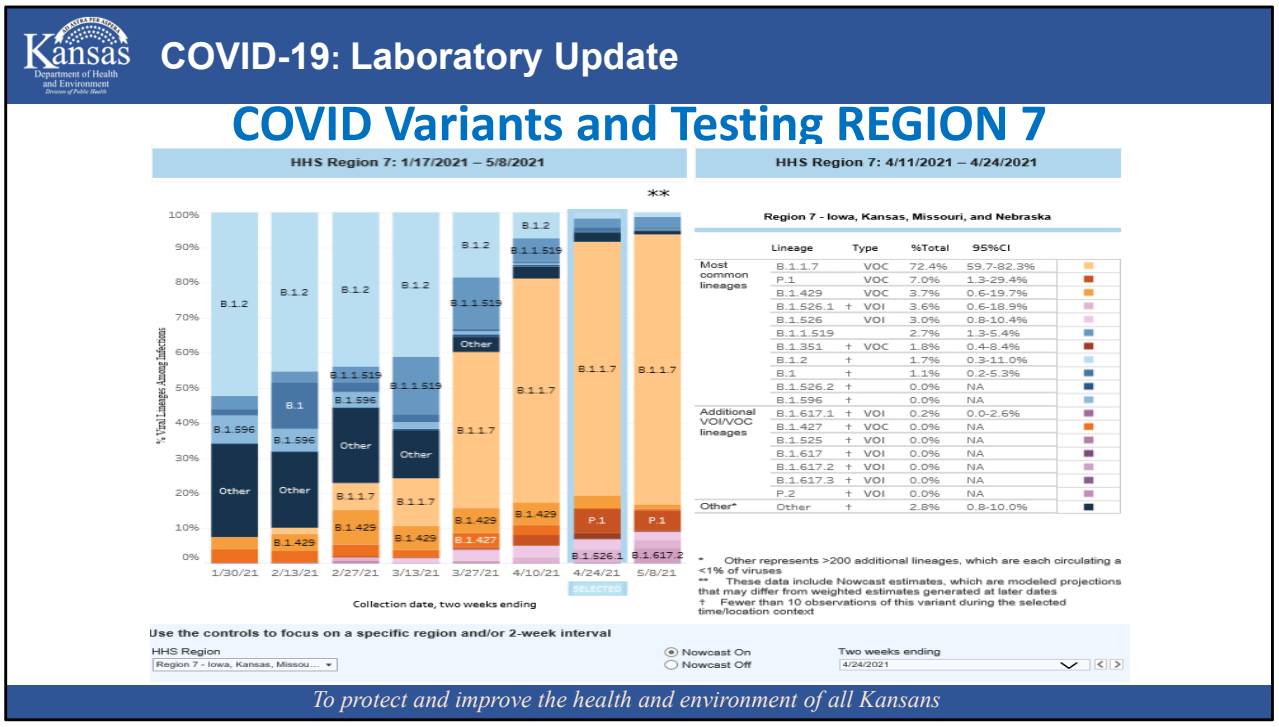
https://covid.cdc.gov/covid-data-tracker/?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcases-updates%2Fvariant-surveillance%2Fgenomic-surveillance-dashboard.html#variant-proportions



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

The interesting thing here is that the prediction is that the P.1 variant may have a smaller proportion of the overall disease but the B.1.617.2 may grow a small bit.

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

Kansas Department of Health and Environment

COVID-19: Laboratory Update

COVID Variants and Testing

- KHEL has sequenced over 3,533 samples to date.
- We have published over 1,615 of our sequences to the GISAID international database.
- Our program has identified around 105 different lineages, most of which are not of interest or significance.

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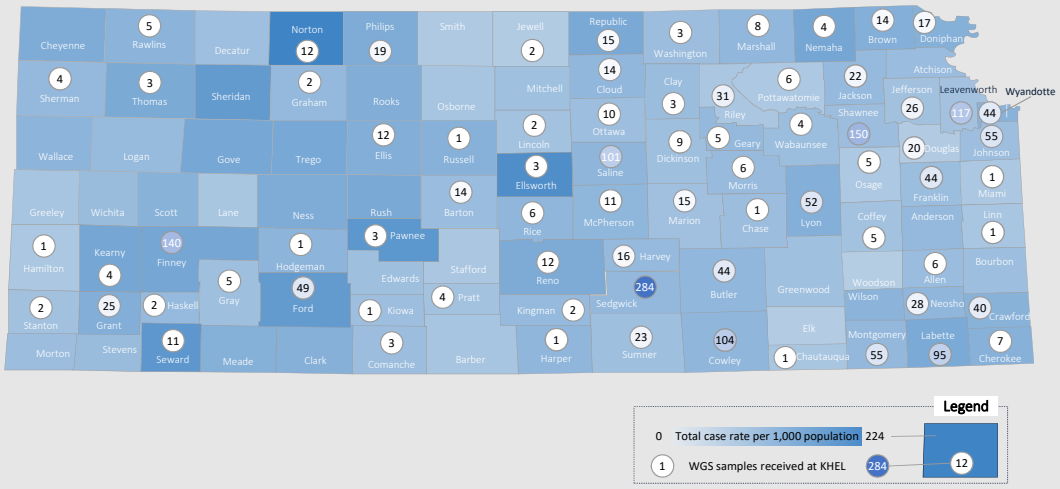
Additional 500 over last week.

About 400 more loaded into GISAID

Added 6 more lineages to 105.

KHEL receipts of samples for genomic sequencing does not fully align with caserates seen across the state



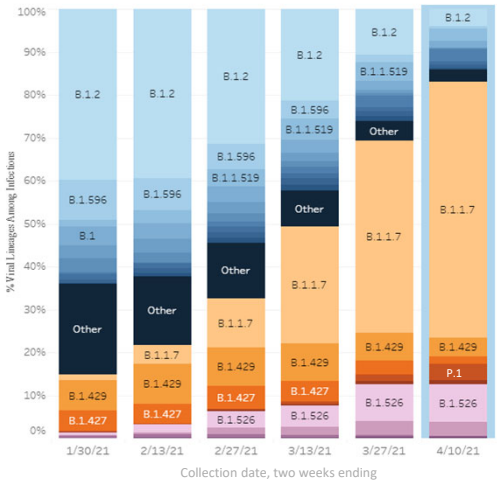
Source: KHEL sequencing database, KDHE Online COVID Dashboard, both as of 5/4/2021

COVID Variants and Testing

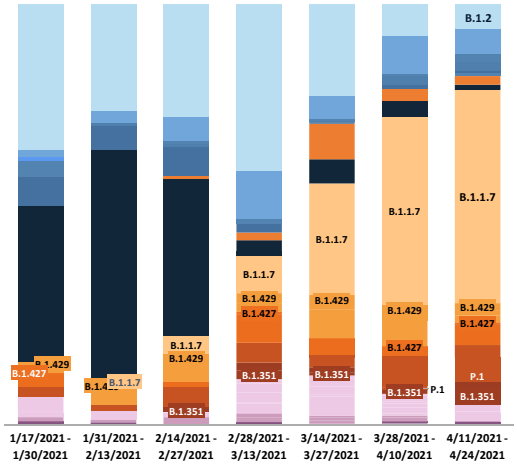
Row Labels	Count of HSN	
B.1.1.7	631	VOC
B.1.351	3	VOC
B.1.427	6	VOC
B.1.429	47	VOC
B.1.525	1	VOI
B.1.526	10	VOI
B.1.526.1	2	VOI
B.1.526.2	14	VOI
B.1.617	8	VOC
P.1	98	VOC
P.2	1	VOI
Grand Total	821	

Composition analysis of strains over time shows increasing presence of variants of concern, especially B.1.1.7 and P.1

Strong compositional shift to B.1.1.7 within U.S. since February, with P.1 emerging in March



Samples in Kansas mirror U.S. compositional shift to B.1.1.7 with a delayed, but more significant, shift to P.1



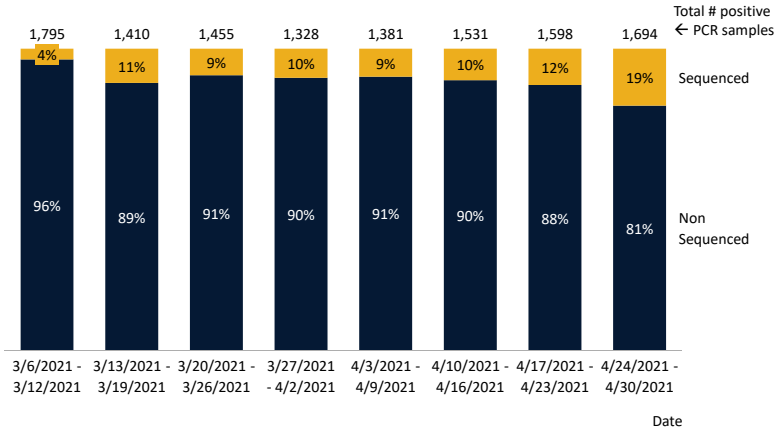
Source: CDC COVID Data Tracker; KHEL Sequencing database

Key takeaways from samples submitted to KHEL for sequencing:

B.1.1.7 represents the largest variant of concern, and Kansas variant share **lower than national share** for corresponding weeks

P.1 variant, found in April in KS, has quickly become second largest variant of concern, However it may be articially high due to oversampling in response to trying to link cases.

Roughly 10% of positive PCR samples across the state have been sequenced since March, with the upward trend in recent weeks expected to continue



Note: Number of sequenced samples based number of HSNs within the week submitted to KHEL. Not inclusive of sequencing in other facilities. Total positive PCR samples based on Positive PCR Tests from KDHE Online Dashboard. GISAID data up to date as of 07 May 2021, looking at the last 30 days.
Source: KHEL sequencing database; KDHE COVID Online Dashboard

Kansas is a national leader in sequencing and sharing COVID samples

Kansas currently ranks 2nd for % cases sequenced & shared in GISAID database (7.12%)…

…and is the **fastest state to deposition** with median days to deposition of 8 days.

The U.S. average in this timeframe has been 2.18% cases sequenced with median deposition time of 16 days

45

If you are a lab that is running PCR for COVID detection, we are looking for ways to increase our statewide sequencing efforts

KHEL is looking to partner with labs to increase sequencing

Criteria

KHEL is asking labs to send **any positive samples**

However, KHEL is particularly interested in the following cases if all samples are not available

- **Examples:** Areas with high transmission (different age groups, geographic locations, severity), cases in areas with a significant increase of cases over a few weeks (not explained by relaxing public health measures), children in areas with increased incidence of pediatric disease, clusters of cases in people aged <60 without underlying conditions, cases in fully-vaccinated people or when re-infection is suspected

Samples with a CT value <30 are preferred, but higher CT values are OK if samples are of interest

Next steps

- To sign up for the program**, Contact KDHE.KHELINFO@KS.gov and include Subject Line: ATTENTION SEQUENCING**
  - Samples can be submitted through a form or lab online
  - For regular surveillance tell us how many PCR positives you typically have per week and could send.
- If there is a known case of reinfection or potential vaccine break through or "S-Deletion", then **contact KHEL for sequencing.**
- You **should not report PCR mutation screening to anyone as an identified variant.** Variants are only identified after confirmation whole genome sequencing
  - Send us extract if possible or a second sample in VTM

Please note: CMS has stated so far that sequencing results cannot be reported back to providers but only to Public Health. We will be working with Public Health staff regarding results of sequences but can only provide aggregate data back to any given laboratory

COVID-19: Laboratory Update

General Thoughts

- Kits and some instruments available
  - Abbott IDNow (rapid PCR) Kits and Instruments
  - Abbott BinaxNow (rapid antigen) kits.
  - BD Veritor (rapid antigen) instruments
- Statewide Courier being established
  - Local Health Department Survey still open: https://freeonlinesurveys.com/s/KFApsT7y
- CLIA Certification Questions: KDHE.CLIA2@ks.gov
- Mobile Labs and Collection Vans available.

To protect and improve the health and environment of all Kansans

If you have a need or an idea on using rapid antigen tests for a particular purpose, please let us know and we may be able to supply the kits at no charge. Go through your County EM.

We are looking for partners to ensure that testing is available across the state and there are still some gaps. If you are doing testing or can do antigen testing for public use (no charge to patient) we may have an opportunity to engage you as a community testing partner in order to fill a gap in current service. You would need to be accessible to the public and we can provide supplies but you would either collect specimens for PCR testing or perform an onsite rapid antigen test.

If you need help with certification to use these Waived Tests, then contact our CLIA office.

If you have an idea on how a mobile laboratory or collection event would support your community or situation, please reach out and let us know.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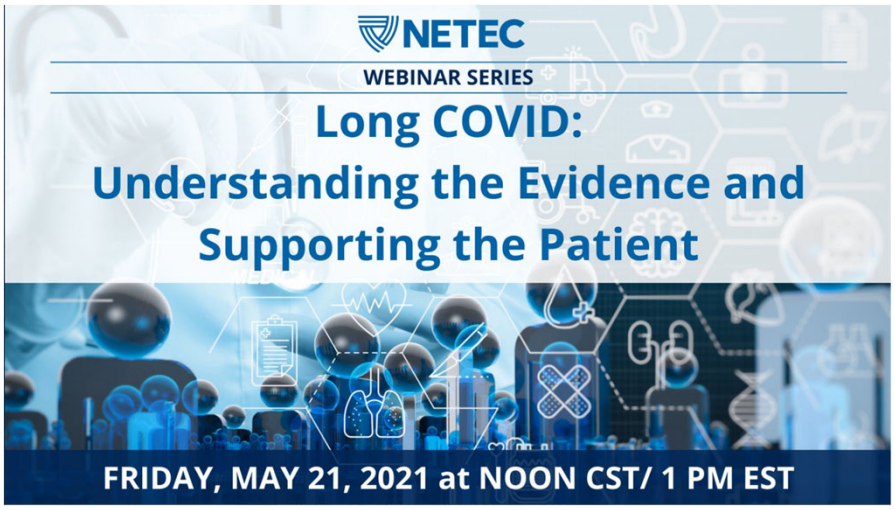
Kansas
Department of Health and Environment
Division of Public Health
Lacey Kennett, Preparedness & Communications
COVID-19 Situation Update
May 6, 2021

Upcoming Webinar



Click **HERE** to register

To protect and improve the health and environment of all Kansans

The next webinar from the National Emerging special pathogens Training and Education Center (NETEC) will take place Friday, May 21 at noon CT. This webinar is titled “Long COVID: Understanding the Evidence and Supporting the Patient.” At the conclusion of this webinar, the participant should be better able to: discuss the epidemiology, pathology, symptoms, and diagnosis of Long COVID; describe options for treatment support for Long COVID; and explain how the members of the team can provide psychological support for Long COVID patients. To register click the link on this slide or visit https://netec.org/education-and-training/.

Previously Recorded Webinar

Click **HERE** to watch via Facebook

To protect and improve the health and environment of all Kansans

On May 11, Emory University and Children's Healthcare of Atlanta pediatric infectious diseases experts discussed the latest info on COVID-19 vaccines for children. This was a live event on Facebook. To view the recording: http://ow.ly/gDes50EKUUF

Previously Recorded Webinar

Click **HERE** to watch via Facebook

To protect and improve the health and environment of all Kansans

Also from Emory University, yesterday infectious diseases and OB-GYN expert Dr. Denise Jamieson discussed the safety of COVID vaccines for pregnant individuals and individuals who hope to one day become pregnant. The discussion was broadcast live on the Emory Facebook page and can be viewed in replay here: http://facebook.com/EmoryUniversity

NETCCN – Critical Care Support

Network of clinical care teams that provide expert medical advice using mobile devices

Fully funded by the Federal government

Services include:
- eConsult
- Remote Home Monitoring
- Relief Coverage
- Tiered staffing
- Specialty services

Click **HERE** for more information

To protect and improve the health and environment of all Kansans

The National Emergency Tele-Critical Care Network project (or NETCCN) addresses a critical problem for COVID healthcare: there is a shortage of critical care trained clinicians. NETCCN is an evolving network of clinical care teams that provide expert medical advice to anyone who needs it, wherever they may be, using network enabled mobile devices such as – cell phones, tablets, computers. This service is FULLY FUNDED by the Federal Government.

If you choose to engage with NETCCN, you will be assisting in the ongoing development of a national network of critical care providers intended to provide emergency critical care during current and **future** disaster response and recovery operations. NETCCN has the ability to provide emergency critical care support to healthcare facilities and deployable medical teams during responses such as hurricanes, wildfires, earthquakes, winter storms, infectious disease outbreaks, and many more.

NETCCN is designed to be easy to use and readily available. It can help with:
- eConsult
- Remote Home Monitoring
- Relief Coverage
- Tiered Staffing

- Specialty Services

CLPPP Assessment Survey

Click **HERE** to go to the survey

Statewide provider needs assessment:

- Goal is to identify individual, community and institutional barriers to achieve better screening practices.
- Improve screening and increase awareness about childhood lead poisoning and prevention in Kansas
- Get more providers to bill and get reimbursed for services related to lead screening.

To protect and improve the health and environment of all Kansans

Lead poisoning is entirely preventable through early case identification and intervention. However, the number of children tested remains low, with fewer than 10% of children under 6 years old in the United States undergoing testing over recent years. The Kansas Department of Health and Environment's (KDHE) Childhood Lead Poisoning Prevention Program (CLPPP) has been working to increase the number of Medicaid-enrolled children who receive the recommended blood lead screening. More than 200,000 children are enrolled in Medicaid in Kansas. Of those enrolled, only around 10% have received a lead screening and this proportion has remained stagnant over the last decade.

To support that effort, CLPPP has engaged the Wichita State University's Community Engagement Institute to conduct a statewide provider needs assessment to identify the individual, community, and institutional barriers to achieving better screening practices. The input of providers in the state is important to improve screening and increase awareness about childhood lead poisoning and prevention throughout Kansas. The information gathered through this survey will be used by KDHE for decision making and action related to the CLPPP. A secondary goal is for more providers to be billing and getting the appropriate reimbursement for conducting services related to lead screening.

The survey will take approximately 10 to 15 minutes to complete, and responses to the survey will be kept confidential, with collected information being reported to KDHE in aggregate. The survey is open through tomorrow, May 14, 2021.

If you'd like to participate in a focus group to discuss how we can work together to improve lead poisoning prevention work in Kansas, please reach out to Dr. Sarah Jolley with Wichita State University at sarah.jolley@Wichita.edu or by calling 316-978-5487.

Upcoming Webinar

Click **HERE** to register

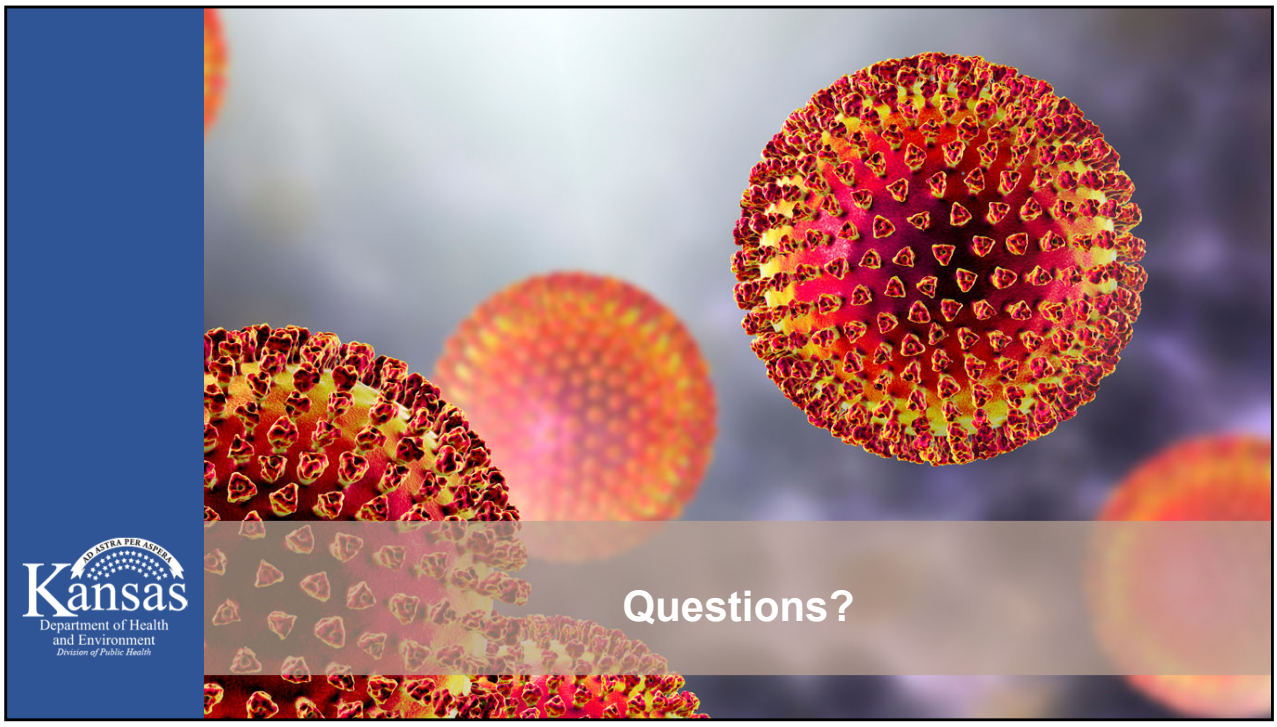
To protect and improve the health and environment of all Kansans

Turning Point Training and Development, LLC, a corporate training firm out of Overland Park, will be hosting a free webinar called "The Legality of Employers Requiring Testing and Vaccines" on Friday, May 14 from 12-1pm CDT. Featured speakers include Meredyth Vick, an attorney and business owner who represents consumers who file for relief under Chapters 7 and 13 of the United States Bankrupcy code. She is also the advising attorney for Guardian Angels Home Health Care and KC Daiquiri Shop. Also featured is Dr. Erin Corriveau, the Deputy Health Officer for the Unified Government Public Health Department in Wyandotte County, as well as an Associate Professor of Family Medicine and Population Health at KU Medical Center. They will talk about how employers can identify strategies that can be used to promote healthy behaviors regarding COVID-19. To register, click on the link on this slide or visit https://www.eventbrite.com/e/business-covid-19-legality-of-employers-tickets-152102080417.

The National Resource Center for Refugees, Immigrants and Migrants (NRC-RIM) worked with IDEO.org, a nonprofit design studio, to build vaccination campaigns in genuine partnership with specific RIM communities. They will be presenting three different sessions of this webinar to discuss their resources obtained by working alongside community leaders to lead the creation and dissemination of their messaging campaigns.

Join this webinar to hear from experts from NRC-RIM and IDEO.org on how they approached this community-led, hyperlocal communications strategy. You'll also learn how you can use templates and tools to make a customized vaccine campaign that resonates with your community, and about other resources NRC-RIM offers that support your work.

As you can see, webinar sessions are available today at 12:00pm CT, and again on May 27. To register for the webinar, click on the link on the slide or visit https://nrcrim.org/webinar-community-led-covid-19-messaging-supports-vaccine-confidence.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Questions?