



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for September 3, 2020 National Preparedness Month



(ASPR) National Preparedness Month (NPM) is recognized each September to promote family and community disaster planning now and throughout the year. As our nation continues to respond to COVID-19, there is no better time to be involved this September. The 2020 NPM theme is "Disasters Don't Wait. Make Your Plan Today." [Ready.gov](https://www.ready.gov) has built a [NPM toolkit for stakeholders](#) to distribute through their communication channels. The toolkit includes weekly themes, social media and graphics, videos, and other resources.

This week, we remind individuals to create a family disaster kit. A disaster supplies kit is a collection of basic items your household may need in an emergency. Make sure your kit is stocked with the items from this [FEMA checklist](#).

This year, additional emergency supplies are needed in your kit to help prevent the spread of coronavirus. Be sure your kit includes these CDC-recommended supplies:

- Two cloth face coverings for everyone age 2 and older
- Hand sanitizer with at least 60% alcohol, and bar or liquid soap
- Disinfecting wipes to disinfect surfaces

[KY COVID-19 - Daily Summary](#)

New cases today: 906; Total 509,885

New deaths today: 10; Total 976

Total PCR Tests: 839,705; Positivity Rate: 4.53%

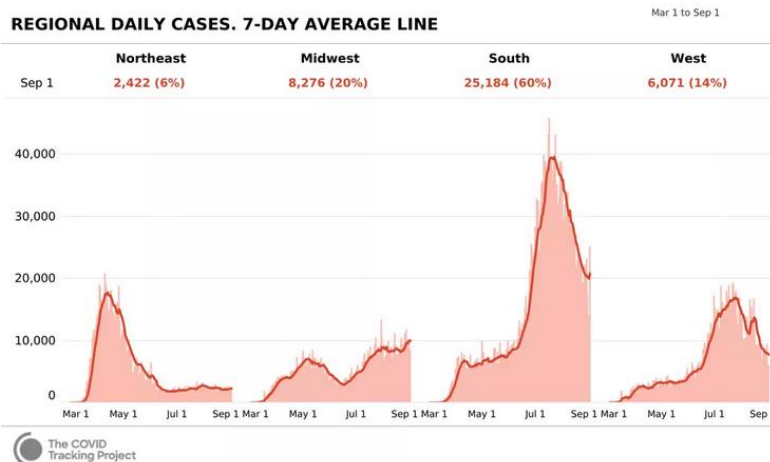
See Governor's Press Releases: <https://governor.ky.gov/news>

Four Midwestern states are seeing worrying COVID-19 spikes
Most of the Midwest had been spared the worst of Covid-19 — until now.

The [coronavirus](#) is always restless, always searching for new people in new places to infect. These days, even as the summer wave fades in the Sun Belt states, several Midwestern states are seeing case numbers rise. They look like the new Covid-19 hot spots.

"The Midwest is taking off," William Hanage, a Harvard epidemiologist, told me over email. "It's not going to skyrocket, but there is a clear signal there and it is close to making up for the gains across the Sun Belt."

Here are the regional trends in chart form, via [the Covid Tracking Project](#):



This is yet another warning against focusing too much on [national trends](#). There were nearly 70,000 new cases every day in late July; today, the number of daily new cases is closer to 40,000.

Most of that improvement can be explained by falling case numbers in [Arizona](#), [California](#), [Florida](#), and [Texas](#), the summer's hottest hot spots. But it's being partially offset by accelerating spread in the Midwest, concentrated primarily in four states: Iowa, Kansas, North Dakota, and South Dakota.

There are other states worth watching. Politico [covered](#) Hawaii's problems. Illinois has seen particular counties run into trouble.

The trend lines in Indiana, Kentucky, and Minnesota are not encouraging.

But going by our tried-and-true metrics for evaluating the state of a state's outbreak — changes in daily new cases, new cases per million people, and the positive test rate — those four states along with Alabama (which [Vox covered](#) a month ago) appear to be in the worst shape.

Read more on this: <https://www.vox.com/2020/9/2/21418812/covid-19-coronavirus-us-cases-midwest-surge>

White House's Birx denies 'herd immunity' policy under consideration

(Reuters) The White House Coronavirus Task Force coordinator, Dr. Deborah Birx, on Wednesday dismissed the notion that the Trump administration was considering a strategy of allowing Americans to become infected with coronavirus in order to reach "herd immunity." Birx was responding to news reports that new White House pandemic adviser Scott Atlas, a physician who is a fellow at Stanford University's Hoover Institution, had advocated for the Trump administration to lift all social and business restrictions aimed at stopping infections from spreading.

Full story: <https://www.reuters.com/article/us-health-coronavirus-birx/white-houses-birx-denies-herd-immunity-policy-under-consideration-idUSKBN25T2X9>

Children Can Have COVID-19 Antibodies and Virus in Their System Simultaneously

(*Medical Xpress*) With many questions remaining around how children spread COVID-19, Children's National Hospital researchers set out to improve the understanding of how long it takes pediatric patients with the virus to clear it from their systems, and at what point they start to make antibodies that work against the coronavirus. "With most viruses, when you start to detect antibodies, you won't detect the virus anymore. But with COVID-19, we're seeing both," says Burak Bahar, M.D., lead author of the study and director of Laboratory Informatics at Children's National. "This means children still have the potential to transmit the virus even if antibodies are detected."

CDC Tells States How to Prepare for Covid-19 Vaccine by Early November

(*New York Times*) The Centers for Disease Control and Prevention has notified public health officials in all 50 states and five large cities to prepare to distribute a coronavirus vaccine to health care workers and other high-risk groups as soon as late October or early November.

Dräger Increases N95 Respiratory Mask Production With New U.S. Facility

(Dom Prep Journal) Dräger announced the opening of a new production facility in Montgomeryville, Pennsylvania that will manufacture and distribute N95 respiratory protection masks. The 45,660-square-foot facility will have three employee shifts throughout the day, operating 24/7 to ensure the mass production and supply of National Institute of Occupational Safety and Health (NIOSH) approved N95 respiratory protection masks to frontline workers.

Gun Violence Costs U.S. Health Care System \$170 Billion Annually

(*Drugs.com*) A rise in gun violence, and a resulting increase in severe injury, demand urgent action to curb these trends and lower the high cost of saving victims' lives, researchers say. Gun violence has an annual cost to the U.S. health care system of \$170 billion -- \$16 billion for operations alone.

For the study (recently published online in the *Journal of the American College of Surgeons*), researchers used nationwide data on hospital admissions for gunshot wounds between 2005 and 2016. In all, they looked at more than 262,000 victims who needed at least one major operation.

Over the period, median hospital costs rose more than 27% -- from \$15,100 to \$19,200. Median means half rose more, half, less. The number of hospital days also rose -- from an average of seven to 13. Fatalities dropped, from 9% in 2005 to 8% in 2016, even though admissions for gunshot surgery increased from nearly 20,000 in 2005 to more than 23,000 in 2016. The severity of injuries increased slightly over the period, resulting in a decrease in survival, from 81% to 79%, according to the study.

Cost of operations ranged from \$7,400 to \$58,800. Wounds to the head-neck, vascular and gastrointestinal system cost the most. Costs were higher in Western states, the researchers found.

Full story: <https://www.drugs.com/news/gun-violence-costs-u-s-health-care-170-billion-annually-92519.html>

Lexington emergency management chief suspended over money

(*Herald Leader*) The longtime director of Lexington emergency management has been suspended for 160 hours — roughly one month — for using grant money improperly, according to documents obtained by the Lexington Herald-Leader.

Pat Dugger, who has been director of emergency management since 1988, charged a federal Chemical Stockpile Emergency Preparedness Program grant for staff time when employees were not working on programs related to that grant.

Read more here: <https://www.kentucky.com/news/politics-government/article245446825.html>

ASPR Critical Infrastructure Protection
Webinar on Operation Warp Speed
"Threats facing the U.S. Pharmaceutical and Biotechnology Sectors"
September 10, 1 PM ET

". Please see this [letter from Dr. Robert P. Kadlec](#), MD, Assistant Secretary of Preparedness and Response, with the U.S. Department of Health and Human Services. Dr. Kadlec wanted to share a brief message about the webinar and invite interagency and industry partners to attend.

**Telehealth & Health Equity:
Considerations for Addressing Health Disparities
during the COVID-19 Pandemic**

Date: Tuesday, September 15, 2020

Time: 2:00 pm - 3:00 pm (ET)

Info link: https://emergency.cdc.gov/coca/calls/2020/callinfo_091520.asp?deliveryName=USCDC_1052-DM37028

A few minutes before the webinar starts, please click on the Zoom link below to join:

<https://www.zoomgov.com/j/1602147588>

Or iPhone one-tap: US: +16692545252, 1602147588# or +16468287666,,1602147588#

Or Telephone: Dial (for higher quality, dial a number based on your current location): US: +1 669 254 5252 or +1 646 828 7666 **Webinar ID:** 160 214 7588

UK CATS Stroke Lecture Series: *Stroke Mimics*

September 15, 2020, 12-1 PM ET

To attend via Zoom, use the link below:

<https://uky.zoom.us/j/5355100884>

No registration required

For additional information contact: 859-218-0949 or Harold.Brown@uky.edu

For technical assistance, contact: 859-218-2734 or Britan.Schenk@uky.edu

The KHREF Emergency Preparedness Update is assembled several times a week. When events make it necessary, the Update may be sent out several times a day to keep our hospital and the healthcare community advised on preparedness news and information. Most of this information is compiled from open sources, and where possible reference links will be provided. There is an archive of [Emergency Preparedness Updates available here](#). If you would like to added or deleted, or have something you would like to contribute to a future edition of the Emergency Preparedness Update, please contact rbartlett@kyha.com (include your current email address). The preparedness program for the Kentucky Hospital Association (KHA) and KHREF are supported by US DHHS ASPR HPP funds through a contract with Kentucky Public Health.