



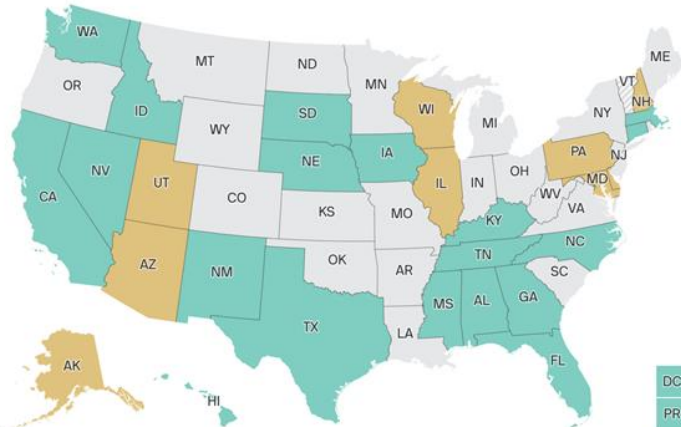
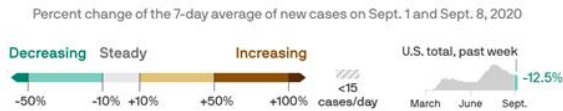
# Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for September 10, 2020

## Gov. Beshear to Lead Statewide Moment of Silence Commemorating Events of 9/11

([Press Release](#)) Tomorrow, Gov. Andy Beshear will lead Kentuckians in a statewide moment of silence to pay tribute to the victims and honor the survivors of the terror attacks that occurred on Sept. 11, 2001. The moment of silence will begin at 8:46 a.m. EDT to correspond with the moment American Airlines Flight 11 struck the North Tower of the World Trade Center in New York City, the first of four intentional plane crashes by hijackers that day. The Governor will provide brief remarks on [Facebook](#) and [YouTube](#) beginning at 8:40 a.m. EDT. Flag status information is available at <https://governor.ky.gov/flag-status>.

## Coronavirus infections fell by nearly 13% last week

### Change in new COVID-19 cases in the past week



Data: The COVID Tracking Project, state health departments. Map: Andrew Witherspoon/Axios

(Axios) New coronavirus infections fell by almost 13% over the past week — a significant improvement.

**Why it matters:** Things are moving in the right direction again after a brief plateau, and getting the virus under control now will give the U.S. a much better shot at a safe autumn.

**By the numbers:** The U.S. is now averaging about 37,000 new cases every day. That's a lot, and we're not even halfway back to the lower totals we were recording before cases surged this summer. But the U.S. has been recording steady progress since August.

**Yes, but:** A handful of isolated events, including the [Sturgis motorcycle rally](#) and some [particularly bad college re-openings](#), caused that progress to flatline last week.

- It's good that we're back on track, but the pause was a reminder of just how easy it is for the virus to come roaring back when public health measures lapse.

**Where it stands:** The number of new infections fell last week in 18 states, including the big summer hotspots as well as some of the states that saw the biggest spikes last week.

- The U.S. averaged roughly 710,000 coronavirus tests per day over the past week, a drop of about 3% from the week before.
- The fact that the decline in cases was bigger than the decline in tests makes it more likely that cases are actually going down, not just that we're not finding as many.

Story link: <https://www.axios.com/us-coronavirus-infections-cases-improving-0fc7bfd1-026a-40ef-8459-a3b6f4379f76.html>

## Why AstraZeneca just paused its coronavirus vaccine trial

(Live Science) Clinical trials for the COVID-19 vaccine developed by AstraZeneca and Oxford University have been put on hold after a participant developed a suspected adverse reaction, [Stat News first reported](#).

But don't worry; this is exactly how clinical trials are meant to work. The decision to pause the trial also doesn't mean the vaccine caused the adverse event; the side effect could have occurred by chance in someone who received the vaccine.

The pharmaceutical company AstraZeneca "voluntarily paused vaccination to allow review of safety data by an independent committee," a company spokesperson [said in a statement](#). "This is a routine action that has to happen when there is a potentially unexplained illness in one of the trials." In large clinical trials with thousands of participants, "illnesses will happen by chance," but each illness must be independently reviewed to uncover whether the reaction was at all related to the vaccine, the spokesperson added.

The participant — a woman in the U.K. — showed neurological symptoms often associated with transverse myelitis, a condition where the spinal cord becomes inflamed, AstraZeneca CEO Pascal Soriot told investors during a private call on Sep. 9, [according to Stat News](#). These symptoms can include pain, muscle weakness,

paralysis and bladder problems. Soriot confirmed that the patient did receive the real COVID-19 vaccine and not a placebo shot, but her diagnosis of transverse myelitis has yet to be confirmed and may or may not be linked to the vaccine itself.

**The AstraZeneca trials were put on pause in July**, as well, when a different patient developed neurological symptoms, Soriot said during the conference call, according to Stat News. However, that patient was later diagnosed with [multiple sclerosis](#) and the company determined that the illness was not related to the vaccination, he said. Full story: <https://www.livescience.com/astrazeneca-oxford-vaccine-trial-paused.html>

-----  
**Pfizer may win the COVID vaccine race. But distributing it could be another matter.  
Needs deep-freeze storage could complicate a massive rollout.**

(ABC) Pfizer, the multinational pharmaceutical company, may be the first in the United States to seek regulatory approval for a [COVID-19](#) vaccine, but even if its vaccine is authorized, the company may face additional challenges in distributing it. That's because Pfizer's vaccine can't be stored in the refrigeration systems found at the typical doctor's office. Instead, it requires special ultra-low-temperature freezers that can store medicine at approximately 94 degrees below zero. The delivery system is complex, requiring the use of a custom-built "cool box" that can store 1,000 to 5,000 [vaccines](#) for up to 10 days at minus 94 degrees.

Learn more: <https://abcnews.go.com/Health/pfizer-win-covid-vaccine-race-distributing-matter/story?id=72862724>

-----  
**Does my employer have to say if a co-worker has the virus?**

(ABC) Employers are generally not required to tell workers when someone in the workplace has tested positive for the [coronavirus](#).

The U.S. Centers for Disease Control and Prevention recommends that companies monitor employees for symptoms and alert those who may have been in contact with an infected person. Some states may order businesses to follow such guidance.

Employers have the right to take employees' temperature and ask about symptoms or if they have been exposed to or diagnosed with the virus. If an employee doesn't respond to those questions, they can be barred from the workplace. Businesses are required to provide a safe working environment. They also have to keep track of infections contracted on the job and report any hospitalizations or deaths related to the disease to the U.S. Occupational Safety and Health Administration. Some workers are unsettled by the lack of information.

Read more: <https://abcnews.go.com/Business/wireStory/employer-coworker-virus-72920257>

-----  
**British researchers design death risk tool for COVID-19 patients  
4C Mortality Score Tool**

(Reuters) British scientists have developed a four-level scoring model for predicting the death risk of patients hospitalized with COVID-19, saying it should help doctors quickly decide on the best care for each patient.

The tool, detailed in research published in the BMJ medical journal on Wednesday, helps doctors put patients into one of four COVID-19 risk groups - from low, to intermediate, high, or very high risk of death.

With hospitals around the world facing waves of patients with COVID-19, the disease caused by the novel coronavirus, doctors have said they need quicker and more accurate risk prediction tools to swiftly identify those patients at highest risk of dying and help get them targeted treatment.

The new model - called the [4C \(Coronavirus Clinical Characterization Consortium\) Mortality Score](#) - uses data such as age, sex, underlying conditions, breathing and blood oxygen levels. Study results showed it was able to more accurately predict risk than 15 comparable models, the researchers said, and it was also more useful in clinical decision-making.

Full story: <https://www.reuters.com/article/us-health-coronavirus-idUSKBN2603FG>

**PDF of 4C Mortality Score document:** <https://www.bmj.com/content/bmj/370/bmj.m3339.full.pdf>

**Does your hospital need clear face masks  
to use while serving members of the deaf community??**  
**>> See the letter on the last page of this EP Update for more info on how to obtain them. <<**

-----  
**Scientists develop low-cost chip to detect presence and quantity of COVID-19 antibodies**  
<https://news360.com/article/537277903>

-----  
**Plasma therapy not effective against Covid, finds ICMR trials**  
<https://news360.com/article/537353323>

**Kids Can Have Coronavirus And Antibodies at Same Time: Study**  
<https://news360.com/article/537314895>

-----  
**Teacher deaths raise alarms as new school year begins**  
<https://news360.com/article/537386835>

-----  
**Colleges in all 50 states report coronavirus cases as clusters linked to social gatherings grow**  
<https://www.cnn.com/2020/09/10/health/us-coronavirus-thursday/index.html>

-----  
**Governor DeWine: No FEMA camps in Ohio for COVID-19**  
<https://news360.com/article/537395013>

-----  
**Oldham County loses a frontline healthcare hero to coronavirus**  
**Governor Honors EJ Mike in Wednesday Update**

(Oldham Era) During his daily coronavirus briefing, Gov. Andy Beshear paid tribute to EJ Mike, a founder of Oldham County EMS, who died from coronavirus Tuesday night. Mike, a retired Oldham County Emergency Medical Services (OCEMS) paramedic, continued working as a frontline healthcare worker for the Louisville VA Medical Center and University of Louisville Hospital. He was also a radiology physician assistant in the UofL School of Medicine's Department of Radiology. The Governor said he's spoken with friends, coworkers and loved ones who called Mike an inspiration and someone who put others before himself.

Read more: <https://www.oldhamera.com/content/governor-honors-county-ems-founder-healthcare-worker-ej-mike>

-----  
**About 20% of Americans Couldn't Get Needed Medical Care Due To Pandemic**

(NPR) When the coronavirus surged in hot spots across the country, hospitals got ready. Most canceled elective surgeries, and many doctors told sick patients to try to recuperate at home unless symptoms got really severe. Now a new poll by NPR, the Robert Wood Johnson Foundation and Harvard's T.H. Chan School of Public Health finds that about 1 in every 5 Americans in major cities nationwide say they were unable to get needed medical care for a serious problem. NPR's Patti Neighmond reports.

Podcast & Learn more: <https://www.npr.org/2020/09/09/911188402/about-20-of-americans-couldnt-get-needed-medical-care-due-to-pandemic-poll-shows>

-----  
**CDC Coronavirus What's New Extracts**

- [COVID-19 Forecasts: Hospitalizations](#) Wednesday, September 9, 2020
- [Previous Hospitalization Forecasts](#) Wednesday, September 9, 2020
- [Duration of Isolation and Precautions for Adults with COVID-19](#) Thursday, September 10, 2020
- [Cleaning and Disinfection for Community Facilities](#) Thursday, September 10, 2020
- [Cleaning And Disinfecting Your Home](#) Tuesday, September 8, 2020
- [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#) Thursday, September 10, 2020
- [Data on COVID-19 during Pregnancy](#) Thursday, September 10, 2020
- [When to Quarantine](#) Thursday, September 10, 2020
- [Cases & Deaths by County](#) Thursday, September 10, 2020
- [If You Have Pets](#) Wednesday, September 9, 2020
- [What to Do if Your Pet Tests Positive for the Virus that Causes COVID-19](#) Thursday, September 10, 2020
- [When You Can be Around Others After You Had or Likely Had COVID-19](#) Thursday, September 10, 2020
- [Contact Tracing for COVID-19](#) Thursday, September 10, 2020

-----  
**Johns Hopkins: Health Security Headlines**  
**Extracts from September 10, 2020**

**Clinical Outcomes in Young US Adults Hospitalized With COVID-19** (JAMA) Young adults age 18 to 34 years hospitalized with COVID-19 experienced substantial rates of adverse outcomes: 21% required intensive care, 10% required mechanical ventilation, and 2.7% died. This in-hospital mortality rate is lower than that reported for older adults with COVID-19, but approximately double that of young adults with acute myocardial infarction.4 Morbid obesity, hypertension, and diabetes were common and associated with greater risks of adverse events. Young adults with more than 1 of these conditions faced risks comparable with those observed in middle-aged adults without them. More than half of these patients requiring hospitalization were Black or Hispanic, consistent with prior findings of disproportionate illness severity in these demographic groups.

**Whatever Happened To ... The Instant Hospitals Built For COVID-19 Patients In Wuhan?** (NPR) In February, China pulled off an impressive construction feat that caught the world's attention: Amid surging cases

of COVID-19, China built two hospitals in the pandemic's epicenter, Wuhan, in under two weeks to isolate and treat COVID-19 patients. Consisting largely of prefabricated rooms and components, the two-story structures were dubbed "instant hospitals." NPR reported on the facilities just as the first one opened. But now the virus is under control in Wuhan, and life has more or less returned to normal. So, what happened to these "instant hospitals?"

**[The Underdog Coronavirus Vaccines that the World Will Need if Front Runners Stumble](#)** (*Nature*) As leading pharmaceutical and biotechnology companies speed their COVID-19 vaccines through clinical trials and eye up fast-track regulatory authorization, dozens of underdog vaccines, or are advancing along a slower, more conventional path. Scientists acknowledge that it would be a waste of resources to take every candidate to clinical trials. But they argue that it's essential to have a diverse selection of COVID-19 vaccines in development. Early favourites could fail, confer only partial protection or work poorly in certain age groups; high costs and other barriers might make some of the front runners unsuitable for wide-scale deployment in lower-income countries.

**[Trump Administration Takes Action to Expand Access to COVID-19 Vaccines](#)** (*HHS*) The U.S. Department of Health and Human Services (HHS), through the Assistant Secretary for Health, issued guidance under the Public Readiness and Emergency Preparedness Act (PREP Act) to expand access to safe and effective COVID-19 vaccines when they are made available. This guidance authorizes state-licensed pharmacists to order and administer, and state-licensed or registered pharmacy interns acting under the supervision of the qualified pharmacist to administer, COVID-19 vaccinations to persons ages 3 or older, subject to certain requirements.

**[3 Things COVID-19 Teaches Us About Agroterrorism](#)** (*Forbes*) The US already has a strong biosecurity backbone, with modern tools available to fight pests and weeds, ample productive farmland, thorough sanitation regimens and more. Yet the immense size and complexity of our ag infrastructure, combined with the lack of coordination between agencies, leaves gaping holes in agroterrorism protection. Some of these holes overlap with lessons taught by the slow national reaction to COVID-19. With the benefit of hindsight, what can we take with us to do better next time?

-----  
**America is facing a monkey shortage as demand skyrockets for COVID-19 research**

(USA Today) The race for a coronavirus vaccine to help end the pandemic has consumed the scientific community and created an escalating demand for an essential resource: monkeys. Before drug companies call on human volunteers, monkeys are used in preclinical trials to test a vaccine's safety and effectiveness. But with more than 100 vaccines in development around the world, there aren't enough monkeys to go around. Rhesus monkeys, or Rhesus Macaques, are the most commonly used monkeys for preclinical trials because they share about 93% of their genes with humans, according to [the National Primate Research Centers](#).

Full story: <https://www.usatoday.com/story/news/health/2020/09/10/covid-vaccine-treatment-trials-create-monkey-shortage-science/5714115002/>

-----  
**'Superbugs' a far greater risk than COVID in Pacific, scientist warns**

(The Guardian) The emergence of [antimicrobial resistance](#) (AMR), including drug-resistant bacteria, or "superbugs", pose far greater risks to human health than Covid-19, threatening to put modern medicine "back into the dark ages", an Australian scientist has warned, ahead of a three-year study into drug-resistant bacteria in Fiji. While AMR is an emerging public health threat across the globe, in the Pacific, where the risk of the problem is acute, drug-resistant bacteria could stretch the region's fragile health systems beyond breaking point.

Full story: <https://www.theguardian.com/world/2020/sep/10/superbugs-a-far-greater-risk-than-covid-in-pacific-scientist-warns>

-----  
**Think 2020's disasters are wild? Experts see worse in future**

(Chron) A record amount of California is burning, spurred by a nearly 20-year mega-drought. To the north, parts of Oregon that don't usually catch fire are in flames.

Meanwhile, the Atlantic's 16th and 17th named tropical storms are swirling, a record number for this time of year. Powerful Typhoon Haishen lashed Japan and the Korean Peninsula this week. Last month it hit 130 degrees in Death Valley, the hottest Earth has been in nearly a century.

Phoenix keeps setting triple-digit heat records, while Colorado went through a weather whiplash of 90-degree heat to snow this week. Siberia, famous for its icy climate, hit 100 degrees earlier this year, accompanied by wildfires. Before that Australia and the Amazon were in flames. Amid all that, Iowa's derecho — bizarre straight-line winds that got as powerful as a major hurricane, causing billions of dollars in damages — barely went noticed.

Freak natural disasters — most with what scientists say likely have a climate change connection — seem to be everywhere in the crazy year 2020. But experts say we'll probably look back and say those were the good old days, when disasters weren't so wild.

"It's going to get A LOT worse," Georgia Tech climate scientist Kim Cobb said Wednesday. "I say that with emphasis because it does challenge the imagination. And that's the scary thing to know as a climate scientist in 2020."

Learn more: <https://www.chron.com/news/article/Think-2020-s-disasters-are-wild-Experts-see-15554791.php>

**Related - Study predicts increase in mosquito-borne diseases as planet warms**  
<https://news360.com/article/537392945>

### All U.S. States Now Compliant Ahead of REAL ID Deadline

(DHS) The Department of Homeland Security (DHS or the Department) is announcing that after more than 15 years since Congress passed the REAL ID Act, all 50 states are now in full compliance issuing these cards, with most states becoming compliant in the last four years. To date, the 50 states have issued more than 105 million REAL ID-compliant driver's licenses and identification cards, representing 38 percent of all driver's licenses and identification card holders.

On October 1, 2021 – less than 13 months away – full enforcement of REAL ID will take effect at all federally regulated airports, federal facilities, and nuclear power plants. The Department continues to urge Americans to obtain a REAL ID-compliant card or acceptable alternative, such as a U.S. passport or passport card prior to the October 1, 2021 enforcement deadline.

Full press release: <https://content.govdelivery.com/accounts/USDHS/bulletins/29f7e75>

Real-ID FAQ: [dhs.gov/real-id-public-faqs](https://dhs.gov/real-id-public-faqs)

### September is National Insider Threat Awareness Month (NIATM) Insider Threat Job Aids

Referenced in a briefing today on potential threats to the efforts being taken to secure the development, manufacturing and distribution of COVID-19 vaccines, there was information discussed about "Insider Threats". While the briefing was not recorded, they did provide a link to some job aids that may be value to your safety and security team. <https://www.cdse.edu/resources/insider-threat.html>

### FDA Webinar: **Gowns and Other Apparel for Use by HC Personnel** September 15, 12 – 1 PM ET

**Registration is not necessary**

- Enforcement Policy for Gowns, Other Apparel, and Gloves During the Coronavirus Disease (COVID-19) Public Health Emergency
- Umbrella Emergency Use Authorization (EUA) for Gowns and Other Apparel

### Upcoming NETEC COVID-19 Webinars

[Keys to Palliative Care Response During a Pandemic](#)

**Friday, September 18, 2020 | Noon CT / 1:00 PM ET**

In this webinar, attendees will learn to explain the importance of having early discussions about advance directives during a pandemic and discuss developing a plan to use telemedicine to help with end of life decisions and virtual contact with patients in isolation. [REGISTER HERE](#)

[COVID-19: Current State of the Pandemic](#)

**Friday, September 25, 2020 | Noon CT / 1:00 PM ET**

In this webinar, we will describe the current pandemic hotspots in the US and globally, including the epidemiology of the current wave of infections. We will also discuss country-wide testing needs to mitigate and suppress COVID-19 infections, review the evidence regarding possible re-infections of COVID-19, and interpret the data behind the newest therapeutic guidelines for COVID-19. [REGISTER HERE](#)

[Got Masks? PPE Compliance and Fatigue in First Responder Realms.](#)

**Friday, October 2, 2020 | Noon CT / 1:00 PM ET**

Are personnel becoming less diligent with PPE? Is there a significant element of PPE fatigue? Do you know what the PPE requirements are when not actively providing patient care? What about PPE requirements in the office, ambulance, and firehouse? Join us for a Town Hall meeting and discuss the importance of PPE in the First Responder Environment and learn techniques to deal with PPE fatigue and improve compliance? Submit your questions for the panel during registration and they will be answered during the Town Hall session. [REGISTER HERE](#)

The KHEREF 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 add or delete, or have something you would like to contribute to a future edition of the Emergency Preparedness Update, please contact [rbartlett@kyha.com](mailto:rbartlett@kyha.com) (include your current email address). The preparedness program for the Kentucky Hospital Association (KHA) and KHEREF are supported by US DHHS ASPR HPP funds through a contract with Kentucky Public Health.



**EDUCATION and WORKFORCE DEVELOPMENT CABINET**  
**Kentucky Commission on the Deaf and Hard of Hearing**

**Andy Beshear**  
Governor

**Jacqueline Coleman**  
Lieutenant Governor  
and Secretary

632 Versailles Road  
Phone 502-573-2604 \* VP 502-416-0607  
Fax: 502-573-3594  
Frankfort, KY 40601  
[www.kodhh.ky.gov](http://www.kodhh.ky.gov)

**Josh Benton**  
Deputy Secretary

**Virginia L. Moore**  
Executive Director

Dear Hospital Administrator,

There are nearly 700,000 deaf and hard of hearing individuals in Kentucky, which means that at some point you have probably had patients who are deaf or hard of hearing. As you know, communication is a constant concern, especially during this pandemic. People are often scared or nervous when they enter a hospital, and the use of standard masks significantly impedes communication, which makes that anxiety worse. We are providing a few samples of clear masks that Kentucky's Public Health Commissioner, Dr. Stack, indicated would be safe for you to use. We recommend that you use this type of PPE to aid in communication with deaf and hard of hearing patients. To sign up to receive these masks, please visit <https://www.kcdhh.ky.gov/mask/>.

These samples may be wiped clean for reuse but are not designed for an unlimited number of uses. As you begin to see the benefit of using them, we encourage you to purchase additional masks at <https://www.theclearmask.com/product> to have on hand while working with the deaf and hard of hearing population.

The Americans with Disabilities Act (ADA) requires that sign language interpreters be provided when needed for effective communication, and in the state of Kentucky, those interpreters must be licensed to practice. Verification of licensure can be found at the following link: [http://oop.ky.gov/lic\\_search.aspx](http://oop.ky.gov/lic_search.aspx). It's also important to work with hard of hearing patients to establish the best communication method possible, recognizing that even those with hearing aids still may not be able to hear you clearly.

A tip sheet with information on communicating with deaf and hard of hearing individuals as well as a Hearing Loss Fact Sheet with statistics on the deaf and hard of hearing population in the United States are attached. Please don't hesitate to contact us if you have any questions.

Sincerely,

Virginia L. Moore, Executive Director  
Kentucky Commission on the Deaf and Hard of Hearing

