



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for September 25, 2020

Kentucky COVID-19 Numbers Rising!

([Press Release](#)) Gov. Andy Beshear on Friday updated Kentuckians on the state's continuing efforts to fight the novel coronavirus 2019 (COVID-19).

"Today's COVID report is far too many cases and unfortunately far too many people who we've lost," said Gov. Beshear. "This virus has come for us. We have to fight back."

As of 4 p.m. Sept. 25, Gov. Beshear said there were at least 65,066 coronavirus cases in Kentucky, 930 of which were newly reported Friday. One hundred thirty-one of the newly reported cases were from children age 18 and younger, 23 of which were children age 5 and under. Unfortunately, Gov. Beshear reported 12 new deaths Friday, raising the total to 1,149 Kentuckians lost to the virus. There have been at least 1,321,987 coronavirus tests performed in Kentucky. The positivity rate was 4.48%, and at least 11,677 Kentuckians have recovered from the virus. To see all recent daily reports, [click here](#).

Coronavirus updates: US cases pass 7 million mark 'major winter surge' feared; Florida lifts restrictions

(USA Today) The U.S. has reported more than 7 million cases of COVID-19 as of Friday, a milestone that comes days after leading experts projected the virus' spread was set to rapidly increase in coming months.

It has been eight months and four days [since nation's first case was announced](#), and in that time the U.S. has become the hardest-hit country in the world for both cases and deaths, according to [Johns Hopkins University data](#).

But the U.S. death toll from the virus may almost double by Jan. 1 amid a "major winter surge," according to a projection by the [Institute for Health Metrics and Evaluation at the University of Washington](#), a source often cited by the White House and federal public health authorities. Among the factors that could drive such a surge: A restriction-weary public wearing masks and staying at home less.

Full story: <https://www.usatoday.com/story/news/health/2020/09/25/covid-news-donald-trump-rally-virginia-pac-12-football/3524264001/>

Related - About 9% of Americans had COVID-19 by mid-summer. That's a long way from herd immunity

(USA Today) By the end of July, about 9% of American adults had been exposed to the [coronavirus](#) that causes COVID-19, according to a new study of dialysis patients, the largest yet looking for evidence of the disease in people's blood.

The infection rates varied from essentially zero in some states that avoided infection by mid-summer, to more than one-third of residents in parts of New York hard-hit in the spring.

The upshot is the American public is a long way from achieving "herd immunity" – having enough infections to prevent further spread of the virus.

Learn more: <https://www.usatoday.com/story/news/health/2020/09/25/herd-immunity-study-us-infection-rate-too-low-prevent-covid-spread-lancet/3518749001/>

COVID Vaccine has 98 Percent Success Rate in Johnson & Johnson Early Trial

(Newsweek) Pharmaceutical manufacturer Johnson & Johnson announced Friday that early trials of a COVID-19 vaccine showed a 98 percent success rate in showing a boost in the immune system.

According to research from Johnson & Johnson, the vaccine enabled 98 percent of those who took it to create antibodies that fight off the coronavirus infection. Those neutralizing antibodies were present 29 days after receiving the vaccination.

Positive responses to the vaccine, called Ad26.COV2.S, helped Johnson & Johnson to move the vaccine into Phase 3 trials by the end of 2020 or early in 2021. More than 60,000 individuals would be required to take the vaccine for that trial.

Full story: <https://www.newsweek.com/covid-19-vaccine-has-98-percent-success-rate-johnson-johnson-early-trial-1534391>

CMS Releases New Tools to Streamline Certification for Labs Testing for COVID-19

A new quick-start guide and payment system streamlines the path to authorized

(CMS News Release) The Centers for Medicare & Medicaid Services (CMS) released new tools to reduce burdensome paperwork and authorization delays for laboratories seeking Clinical Laboratory Improvement Amendments (CLIA) certification to test for coronavirus disease 2019 (COVID-19). CMS's quick-start guide helps laboratories with the application process for CLIA certification and includes information on the expedited review process implemented at the beginning of the public health emergency that allows labs to start COVID-19 testing before the official paper certificate arrives by postal mail. Laboratories also have a new option to pay CLIA certification fees on the [CMS CLIA Program website](#). Online payments are processed overnight, which is substantially faster than hard-copy checks. Today's actions are part of the Trump Administration's efforts to expand testing in the nation.

CMS regulates all laboratory testing performed on humans for the purposes of diagnosis, prevention, or treatment in the U.S. through the CLIA program. To become CLIA-certified, laboratories must meet performance and quality assurance requirements aimed at ensuring they are able to deliver reliable and accurate test results for the purpose of proper diagnosis, prevention and treatment of diseases like COVID-19. This new guide provides laboratories with the resources they need to reduce paperwork and streamline the CLIA application and certification process. This [quick-start guide](#) outlines the steps laboratories must follow to [apply for and receive CLIA certification](#), including ensuring the form is submitted to the correct [state agency](#). Prior to receiving certification, laboratories must also pay a user fee to cover the costs of administering the CLIA program, which also includes inspection costs. Laboratories can now pay CLIA certification fees through a secure platform hosted by the Treasury Department on the [CMS CLIA Program website](#). CLIA fees are based on the certificate requested by the laboratory (i.e., Certificate of Waiver, Provider-performed Microscopy, Accreditation, or Compliance) and, in some instances, the annual volume and types of testing performed. The [CLIA Certificate Fee Schedule](#) contains detailed information on costs. The actions announced today support continued efforts by CMS to promote access to safe and reliable testing during the COVID-19 public health emergency.

Full press release: <https://www.cms.gov/newsroom/press-releases/cms-releases-new-tools-streamline-certification-labs-testing-covid-19>

Demographics, underlying conditions tied to worse COVID in health workers

([CIDRAP News Scan for Sept 25](#)) Today's *Morbidity and Mortality Weekly Report (MMWR)* provides updated information from voluntary reports on 100,570 healthcare personnel (HCP) with COVID-19 from February to July that shows variations in risk, including higher death rates in minority workers.

The authors analyzed data from standardized case report forms containing HCP demographic characteristics, including newly reported occupation type and job setting, underlying medical conditions, hospitalizations, and intensive care unit (ICU) admissions and deaths.

The number of HCP with COVID-19 increased tenfold since first described in April, with 641 deaths. Demographic factors and preexisting conditions were predictive of poorer outcomes. Infected HCP who were older, male, Asian, or black—or had one or more underlying medical conditions—had higher death rates.

"Long-standing inequities in social determinants of health can result in some groups being at increased risk for illness and death from COVID-19, and these factors must also be recognized and addressed when protecting essential workers in the workplace, at home, and in the community," the report states.

The most commonly reported job settings for HCP COVID-19 cases were nursing homes and residential care facilities—67% of cases with reported job settings—with nurses representing the most common occupation—30% of cases with known occupation type.

The report does not identify the source of HCP exposure or infection but highlights the critical need for continued surveillance of HCP environments, personal protective equipment access and training, universal use of masks in work and community settings, and observing physical distancing guidelines to minimize the risk to HCPs and patients. **Sep 25 [MMWR report](#)**

**ASPR TRACIE Recording Now Available:
COVID-19 - Optimizing Healthcare Personal Protective Equipment and Supplies Webinar**

ASPR TRACIE, in collaboration with the COVID-19 Healthcare Resilience Working Group, hosted a webinar on September 24, 2020 to discuss COVID-19: Optimizing Healthcare Personal Protective Equipment and Supplies. The presentation and link to the webinar recording are [now available](#). The title page of the presentation includes a [link to the recording](#). **Please note:** you will need to enter your name and email address to access the recording.

ASPR TRACIE Express: COVID-19 Resources ([September Update #2](#))

New: COVID-19 Response Assistance Field Team Observations Landing Page

ASPR's COVID-19 Response Assistance Field Team (CRAFT) has spent the last several months traveling the country engaging with local communities and supporting their COVID-19 response efforts in a variety of areas (e.g., K-12 schools and institutes of higher education, critical infrastructure businesses, outreach to at-risk populations). Click on [the landing page](#) to access links to CRAFT Resource Collections.

**New: Maintaining Healthcare Safety During the COVID-19 Pandemic:
Medically Necessary, Time-Sensitive (MeNTS) Procedures**

In this [short video](#), Dr. Vivek Prachand, University of Chicago Medicine, discusses how the health system developed and operationalized the MeNTS scoring system to ethically and efficiently manage resource scarcity and provider risk during the COVID-19 pandemic. Check out the [other short videos](#) in this speaker series.

Upcoming ASPR Webinars focusing on COVID's Impact on Children

ASPR TRACIE and [ASPR's Pediatric Centers of Excellence](#) are collaborating on a webinar series focused on the impact of the COVID-19 pandemic on children. Topics will include:

- Child Health and Wellness (September 30, 2020, 1:30-2:45 PM ET)
- Child Emotional and Social Effects (October 16, 2020, 1:00-2:15 PM ET)
- The Effects of Secondary Disasters on Children (October 23, 2020, 1:00-2:30 PM ET)
- The Impact of COVID-19 on Children with Special Healthcare Needs (October 29, 2020, 1:00-2:00 PM ET)

This [one-page summary](#) includes more information and registration links for each webinar.

President signs executive orders on healthcare

([Becker Healthcare](#)) President Donald Trump on Sept. 24 signed two executive orders implementing his "[America First Healthcare Plan](#)." Six things to know:

1. One of the executive orders is aimed at ensuring Americans with preexisting conditions retain healthcare coverage should the Supreme Court undercut the ACA, according to [The Hill](#).
2. The president announced the executive action as his administration is backing a lawsuit to undo the ACA, which offers protections for people with preexisting conditions by prohibiting health insurers from denying coverage to people with known health conditions.
3. The order declares protecting people with preexisting conditions "the policy of the United States." However, it does not give any legislative guarantees that Americans would continue to have those protections if the ACA is undone by the Supreme Court, according to [NBC News](#).
4. The president also announced an order aimed at preventing surprise medical bills. The order directs Congress to pass legislation banning surprise medical bills, and explore executive action if Congress fails to act by Jan. 1, according to [The Hill](#).
5. Both Republicans and Democrats have been calling for action on surprise medical bills for more than a year, but haven't been able to reach an agreement, according to [The Hill](#).
6. The president also announced Sept. 24 that his administration will [allow importation](#) of lower-cost prescription drugs from Canada.

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 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 (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.