



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for October 13, 2020

Johnson & Johnson Covid-19 vaccine study paused due to unexplained illness in participant

(StatNews) The study of Johnson & Johnson’s Covid-19 vaccine has been paused due to an unexplained illness in a study participant.

A document sent to outside researchers running the 60,000-patient clinical trial states that a “pausing rule” has been met, that the online system used to enroll patients in the study has been closed, and that the data and safety monitoring board — an independent committee that watches over the safety of patients in the clinical trial — would be convened. The document was obtained by STAT.

Contacted by STAT, J&J confirmed the study pause, saying it was due to “an unexplained illness in a study participant.” The company declined to provide further details.

Read more: <https://www.statnews.com/2020/10/12/johnson-johnson-covid-19-vaccine-study-paused-due-to-unexplained-illness-in-participant/>

J&J Press Release: <https://www.jnj.com/our-company/johnson-johnson-temporarily-pauses-all-dosing-in-our-janssen-covid-19-vaccine-candidate-clinical-trials>

From MedPage Today

- ✓ From March to August, the U.S. recorded [20% more deaths than expected](#), with COVID-19 being the documented reason in two-thirds of cases. (*JAMA*)
- ✓ As of Tuesday at 8:00 a.m. EST, the [unofficial COVID-19 toll](#) included 7,804,660 cases and 215,089 deaths. That's up 41,203 cases and 313 deaths from this time a day ago.
- ✓ Even if **Regeneron's monoclonal antibody cocktail** lands an FDA emergency use authorization (EUA), it [might be "too late"](#) to increase production to meet this year's demand, said Scott Gottlieb, MD, the agency's former commissioner. (*FiercePharma*)
- ✓ [Abbott announced](#) an EUA for its COVID-19 IgM antibody test, which boasts a specificity of 99.56% and sensitivity of 95.00% with testing 15 days after the start of symptoms.

COVID-19 Costs Ohio Valley Hospitals Billions, Putting Some Rural Hospitals At Risk Of Closing

(WFPL/OVR) In April, Our Lady of Bellefonte Hospital in Greenup County, Kentucky, joined a long list of hospitals that have [closed](#) in the Ohio Valley. Fewer hospitals can mean longer travel times for rural residents, which can make a single hospital trip daunting.

The Ohio Valley ReSource found that by the end of 2020, Kentucky, Ohio and West Virginia hospitals officials anticipate more than \$2.7 billion in financial losses, even after the assistance from a federal coronavirus relief bill.

According to a new [report](#) from the Kentucky Hospital Association, approximately 16 to 28 rural hospitals, financially vulnerable before the pandemic, could close eventually. The pandemic has put even more strain on rural counties that already suffer from some of the poorest health outcomes in the country.

Learn more: <https://wfpl.org/covid-19-costs-ohio-valley-hospitals-billions-putting-some-rural-hospitals-at-risk-of-closing/>

Feds Have Cut Anti-COVID Workforce By More Than 60%

The federal government has dramatically slashed the number of employees it has deployed to combat the novel coronavirus pandemic, with the leading agency in charge of those efforts saying it has scaled back as it has “completed” work. At the peak of pandemic response efforts, the Trump administration had deployed more than 50,000 federal employees around the country for various initiatives and projects, according to a Health and Human Services Department spokesperson. That number dropped to fewer than 20,000 as of Sept. 28, according to an updated count from the Department of Homeland Security, marking a decline of more than 60%. (Defense One, 10/9/2020)

Has the Pandemic Changed Type 1 Diabetes Care for Good?

Learn more: <https://news360.com/article/539780556>

Johns Hopkins: Health Security Headline Extracts from [October 12, 2020](#)

[Excess Deaths From COVID-19 and Other Causes, March-July 2020](#) (*JAMA*) A previous analysis found that COVID-19 was cited in only 65% of excess deaths in the first weeks of the pandemic (March-April 2020); deaths from non-COVID-19 causes (eg, Alzheimer disease, diabetes, heart disease) increased sharply in 5 states with the most COVID-19 deaths.¹ This study updates through August 1, 2020, the estimate of excess deaths and explores temporal relationships with state reopenings (lifting of coronavirus restrictions).

[SARS-CoV-2 Neutralizing Antibody Structures Inform Therapeutic Strategies](#) (*Nature*) Human neutralizing antibodies (hNAbs) that target the host ACE2 receptor-binding domain (RBD) of the SARS-CoV-2 spike^{1–5} show therapeutic promise and are being evaluated clinically^{6–8}. To determine structural correlates of SARS-CoV-2 neutralization, we solved 8 new structures of distinct COVID-19 hNAbs⁵ in complex with SARS-CoV-2 spike trimer or RBD. Structural comparisons allowed classification into categories. Affinity measurements and mapping of naturally-occurring and in vitro-selected spike mutants in 3D provided insight into the potential for SARS-CoV-2 escape from antibodies elicited during infection or delivered therapeutically. These classifications and structural analyses provide rules for assigning current and future human RBD-targeting antibodies into classes, evaluating avidity effects, suggesting combinations for clinical use, and providing insight into immune responses against SARS-CoV-2.

[Transmission Dynamics by Age Group in COVID-19 Hotspot Counties — United States, April–September 2020](#) (*CDC MMWR*) CDC analyzed temporal trends in percent positivity by age group in COVID-19 hotspot counties before and after their identification as hotspots. Among 767 hotspot counties identified during June and July 2020, early increases in the percent positivity among persons aged ≤24 years were followed by several weeks of increasing percent positivity in persons aged ≥25 years. Addressing transmission among young adults is an urgent public health priority.

[England to Have 3-tier Lockdown System Amid ‘Tipping Point’](#) (*AP*) In response to the virus’ resurgence, Prime Minister Boris Johnson is expected to announce in Parliament on Monday a three-tier local lockdown system, formally known as “Local COVID Alert Levels,” for England, his office said. Under the new system, the country will be placed into “medium,” “high” and “very high” alert levels. Johnson’s office said the government is working with local leaders to decide which areas are covered by the very high alert level, and the appropriate interventions in those areas. Details of what is involved at each level haven’t been confirmed but the highest level is widely expected to involve the closure of pubs and restaurants and the banning of household mixing, both indoors and outside, among other measures.

[As Wildfires Ravage the West, Contaminated Water Raises Health Concerns](#) (*STAT News*) Public officials anticipate contamination to be all the more pressing this year, as record blazes burn vegetation and homes along vast stretches of the West Coast. Some neighborhoods in California and Oregon are already witnessing benzene levels that exceed state and federal permissible limits as evacuees return to ‘do not drink/do not boil’ warnings. Recent research suggests fires can lead to water contamination by heating up plastic pipes, which then leach chemicals into water. It’s also possible for damaged, depressurized water systems to suck smoke and pollutants — including compounds such as benzene — from the air into the pipes.

Detecting SARS-CoV-2 in the Environment

(Global Defense) Researchers collaborating from 7 institutions have outlined an approach for an effective environmental monitoring methodology that can be used to better understand viral persistence in built environments. [Read more](#)

Crime Rate Split Along Racial Lines After Stay-At-Home Orders Lifted

([IACP News](#)) – Washington Post - In a more than 3,000-word front-page article, the Washington Post (10/9, A1, Harden, Jovenal) reports its analysis of 27 cities “showed the rolling rate of violent crime in majority-White neighborhoods fell by 30 percent while stay-at-home orders were in effect, dipping to its lowest point in two years. Once the orders were lifted, violent crime in those neighborhoods returned to pre-pandemic levels, but stayed below average when compared with 2018 and 2019. In majority-Black neighborhoods, the rate of violence remained relatively steady while stay-at-home orders were in effect, but rose dramatically after orders were lifted, peaking at 133 crimes per 100,000 residents in July, the highest level in the past three years.” According to the Post, “The analysis shows crime rates dropped in March after stay-at-home orders were imposed to combat the pandemic. Rates flattened in April, but when orders began to lift in May, violent crime rose in majority-Black neighborhoods, surging past levels in 2018 and 2019.”

ASPR TRACIE Customer Needs Assessment

To further improve the overall services and virtual resources we provide, and to better meet your future knowledge gaps in healthcare system preparedness, we need your help. This ASPR TRACIE Customer Needs Assessment will take less than five minutes to complete and will ensure the continued provision of tailored, timely resources directly to your inbox. Please [complete this survey](#) today!

Johns Hopkins Center for Public Health & Human Rights

October 15 Webinar – 2-3 PM ET

COVID-19 and the US Criminal Justice System

Evidence for Public Health Measures to Reduce Risk

Registration: https://jh.zoom.us/webinar/register/WN_UptyR82rRumNVOrO5yuckA

A new report detailing COVID-19's impact on the nation's criminal justice system.

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.