



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update October 27, 2020

KY Governor Updates COVID Status

RED ZONE REDUCTION RECOMMENDATIONS

- Employers allow employees to **work from home** when possible
- Non-critical **Government offices to operate virtually**
- **Reduce in-person shopping**; order online or curbside pickup
- **Order take-out**; avoid dining in restaurants or bars
- Prioritize **businesses that follow and enforce mask mandate and other guidelines**
- Reschedule, postpone or cancel **public and private events**
- **Do not host or attend gatherings of any size**
- **Avoid non-essential activities** outside of your home
- **Reduce overall activity and contacts, and follow existing guidance, including 10 steps to defeat COVID-19**

Today at 4 PM the Governor reported the following:

- > New cases: **1,786** new cases reported today.
- > Positivity rate: 5.97% today
- > New COVID deaths: **18**
- > Hospitalized: **913** currently in a hospital.
 - >> In ICUs: **233; 115** on vent
- > LTC: 57 residents and 33 staff COVID cases today.

The Governor reviewed the RED ZONE recommendations that were released Monday to help get the volumes down. It is tied to current Incident Rate map. See the map on the KYCOVID19.ky.gov site.

<< [Click on the chart of enlarge.](#)

Hospitals in nearly every region report a flood of COVID-19 patients

(MSB/Washington Post) Hospitals in many regions of the country — the Upper Midwest, the Mountain West, the Southwest and the heart of Appalachia — are seeing record levels of patients suffering from covid-19, the disease caused by the novel coronavirus. More than 42,000 people were hospitalized nationally with the virus Monday, a figure that is steadily climbing toward the midsummer peak caused by massive outbreaks in the Sun Belt. In the places hit the hardest, this is nudging hospitals toward the nightmare scenario of rationing care.

The country is not there yet, but the recent rise in confirmed coronavirus infections — which set a single-day record Saturday of more than 83,000 — is an ominous leading indicator of an imminent surge of patients into hospitals. The pattern of this pandemic has been clear: Infections go up, hospitalization rates follow in a few weeks, and then deaths spike.

In Utah, the president of that state’s hospital association, Greg Bell, has warned that within two weeks, the hospitals may have to start rationing care among the most seriously ill patients in intensive care units.

El Paso reached 100 percent hospital capacity Sunday and is setting up field hospitals to handle the overflow of patients. University Medical Center in the Texas city has established a mobile unit in its parking lot to hold covid-19 patients who are almost ready to go home. Officials are hoping to transfer non-covid-19 patients to Children’s Hospital next door. The hospital has 198 covid-19 patients; during the July surge, the maximum was 64. State officials have dispatched 100 nurses and five doctors to the hospital to help, but the hospital has asked for 45 more nurses, said Joel Hendryx, the chief medical officer.

Full story: <https://www.msn.com/en-us/news/us/hospitals-in-nearly-every-region-report-a-flood-of-covid-19-patients/ar-BB1aq0L7>

COVID-19–Associated Hospitalizations Among Health Care Personnel COVID-NET, 13 States, March 1–May 31, 2020

(MMWR) Analysis of COVID-19 hospitalization data from 13 sites indicated that 6% of adults hospitalized with COVID-19 were health care personnel. Among health care personnel hospitalized with COVID-19, 36% were in nursing-related occupations, and 73% had obesity. Approximately 28% of these patients were admitted to an intensive care unit, 16% required invasive mechanical ventilation, and 4% died.

Medicare and Medicaid to cover early COVID vaccine

New regulations would allow beneficiaries to receive a vaccine under “emergency authorization” at no cost.

Read story: <https://www.politico.com/news/2020/10/26/medicare-medicaid-cover-covid-vaccine-432726>

KY Public Health Halloween Guidance

<https://chfs.ky.gov/agencies/dph/covid19/cv19halloweenguidance.pdf>

En Español: **Pautas para la celebración de Halloween**

<https://chfs.ky.gov/agencies/dph/covid19/cv19halloweenguidancespanish.pdf>

Lilly's ACTIV-3 Clinical Trial Stopped

(Lilly) The ACTIV-3 clinical trial is being run by the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), and is the only study evaluating the efficacy of bamlanivimab in hospitalized COVID-19 patients. Based on an updated dataset from the trial reviewed on October 26, no additional COVID-19 patients in this hospitalized setting will receive bamlanivimab. This recommendation was based on trial data suggesting that bamlanivimab is unlikely to help hospitalized COVID-19 patients recover from this advanced stage of their disease. In this updated dataset, differences in safety outcomes between the groups were not significant.

All other studies of bamlanivimab remain ongoing, including ACTIV-2, the NIH-sponsored study in recently diagnosed mild to moderate COVID-19 patients; BLAZE-1, Lilly's ongoing Phase 2 trial in people recently diagnosed with COVID-19 in the ambulatory (non-hospitalized) setting, studying bamlanivimab as monotherapy and in combination with etesevimab; and BLAZE-2, Lilly's Phase 3 study of bamlanivimab for the prevention (prophylaxis) of COVID-19 in residents and staff at long-term care facilities. Based on data from BLAZE-1, Lilly submitted a request for EUA for bamlanivimab for the treatment of recently diagnosed mild to moderate COVID-19 illness in high-risk patients to the U.S. FDA in early October.

While there was insufficient evidence that bamlanivimab improved clinical outcomes when added to other treatments in hospitalized patients with COVID-19, we remain confident based on data from Lilly's BLAZE-1 study that bamlanivimab monotherapy may prevent progression of disease for those earlier in the course of COVID-19. Press release: <https://www.lilly.com/news/stories/statement-activ3-clinical-trial-nih-covid19>

COVID-19 heart changes raise death risk; virus may be lead killer of young adults during surges

(Reuters) A new study may help identify which COVID-19 patients with signs of heart injury are at higher risk for death. Doctors looked at 305 hospitalized patients with elevated levels of troponin, a protein released when the heart has been injured. They reported on Monday in the Journal of the American College of Cardiology that among these patients, the increased risk for death was statistically significant only when changes in the heart's size, shape, structure, and function were seen during an echocardiogram. Death rates were 5.2% in patients without troponin in their blood, 18.6% when troponin was high but hearts looked normal, and 31.7% in those with high troponin plus so-called heart remodeling. When other risk factors were considered, high troponin was only tied to death in patients who also had cardiac remodeling.

Learn more: <https://www.reuters.com/article/us-health-coronavirus-science/covid-19-heart-changes-raise-death-risk-virus-may-be-lead-killer-of-young-adults-during-surges-idUSKBN27B2KA>

Regional and Global Contributions of Air Pollution to Risk of Death from COVID-19

(*Cardiovascular Research*) The risk of mortality from the coronavirus disease that emerged in 2019 (COVID-19) is increased by comorbidity from cardiovascular and pulmonary diseases. Air pollution also causes excess mortality from these conditions. Analysis of the first severe acute respiratory syndrome coronavirus (SARS-CoV-1) outcomes in 2003, and preliminary investigations of those for SARS-CoV-2 since 2019, provide evidence that the incidence and severity are related to ambient air pollution. We estimated the fraction of COVID-19 mortality that is attributable to the long-term exposure to ambient fine particulate air pollution.

Our results suggest that air pollution is an important cofactor increasing the risk of mortality from COVID-19. This provides extra motivation for combining ambitious policies to reduce air pollution with measures to control the transmission of COVID-19.

Learn more: <https://academic.oup.com/circvasres/advance-article/doi/10.1093/cvr/cvaa288/5940460>

From Johns Hopkins: Health Security Headlines for October 27

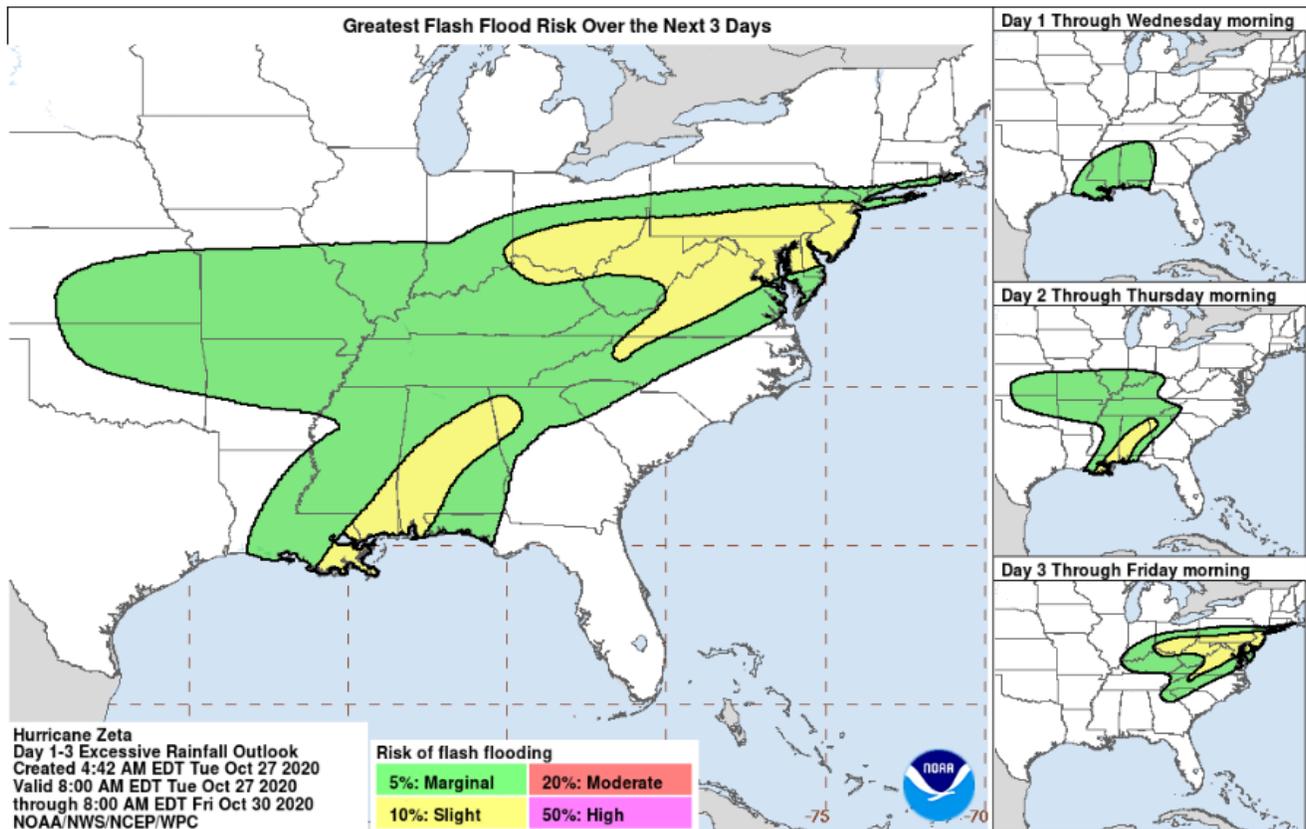
No News on Pfizer's Covid-19 Vaccine is Good News — and Bad News (STAT) Pfizer revealed Tuesday that researchers have not yet conducted an analysis of the efficacy of the vaccine it is developing against Covid-19. The announcement is both good news and bad news. Umer Raffat, a senior managing director at the investment bank Evercore ISI, wrote in an analyst note that the fact that Pfizer hasn't conducted an interim

analysis was “a good thing” because it means that, based on the details of the trial protocol, the vaccine had not failed to prevent more than 77% of Covid cases, the benchmark for success at this early juncture.

Oxford Vaccine Prompts Immune Response in Elderly: AstraZeneca (*Al Jazeera*) An experimental COVID-19 vaccine being developed by the University of Oxford in the United Kingdom produces an immune response in both younger and older adults, triggering lower adverse responses among the elderly, British drugmaker says.

Hurricane/Tropical Storm Zeta Update

[\(NWS Charleston, WV & Wilmington, OH\)](#) Hazardous Weather Outlook is for northern and northeastern Kentucky. Widespread significant rainfall may affect much of the area from Wednesday night into Thursday night. Rain may be heavy at times, particularly from late Wednesday night into midday Thursday. While there remains uncertainty about how much rain will occur and where the greatest amount of rain will fall, this rain event has the potential to cause flooding.



[\(NWS Hydrologic Update – 3 PM\)](#): Widespread Rain and Localized Flooding Possible Wednesday Night and Thursday - Soaking rains will spread from south to north across the area Wednesday afternoon and evening, and continue at least through the night. By Thursday morning, the rain band will stop moving north, resulting in rainfall totals of 3 to 4 inches where the heavier rain continues through the day. Runoff from this rainfall will result in localized flooding along small streams, and rivers could approach flood stage later Thursday and Friday.

Rivers most likely to rise include the Blue and Muscatatuck Rivers in Indiana, the Green and Rough Rivers in Kentucky, and Drakes Creek and Elkhorn Creek.

While the heaviest rain is currently expected to occur in southern Indiana and north central Kentucky, there is still some uncertainty in where the heavy rain band will set up. Interests along area rivers should continue to monitor the latest forecasts.

U.S. jails are outsourcing medical care — and the death toll is rising

(Reuters) A Reuters review of deaths in more than 500 jails found that, from 2016 to 2018, those relying on one of the five leading jail healthcare contractors had higher death rates than facilities where medical services are run by government agencies. The analysis assessed deaths from illness and medical conditions, suicide, and the acute effects of drugs and alcohol.

Jails with publicly managed medical services, usually run by the sheriff’s office or local health department, had an average of 12.8 deaths per 10,000 inmates in that time. Jails with healthcare provided by one of the five

companies had an additional 2.3 to 7.4 annual deaths per 10,000 inmates. The death rates were 18% to 58% higher, depending upon the company.

The Reuters review is the most definitive examination to date revealing the risks that have emerged as hundreds of jails have embraced the multi-billion dollar correctional healthcare industry and its promises of quality care and controlled costs.

Read full story: <https://www.reuters.com/article/us-usa-jails-privatization-special-repor/special-report-u-s-jails-are-outsourcing-medical-care-and-the-death-toll-is-rising-idUSKBN27B1DH>

New Long-Term Care “Point of Care” Testing Data Reporting

(NHSN) The National Healthcare Safety Network has released a new reporting tool as part of its Long-term Care Facility (LTCF) COVID-19 Module. On Monday, October, 19, 2020, the new tool was identified in [public guidance from the U.S. Department of Health and Human Services](#) as the system through which Centers for Medicare and Medicaid Services (CMS)-certified long-term care facilities shall report point-of-care (POC) SARS-CoV-2 laboratory test data for both residents and staff. Once reported by the facility, NHSN will in turn report LTCF POC laboratory test data electronically to the public health agency, state or local, that has jurisdictional authority and responsibility to receive and use the facility’s data. De-identified POC laboratory test data also will be reported via existing public health reporting mechanisms to the US Department of Health and Human Services in accordance with the U.S. Coronavirus Aid, Relief, and Economic Security (CARES) Act requirements. If your state or local health department has already developed a process by which facilities report these data, please contact these public health authorities before changing the reporting process. CDC/NHSN is working with these health departments to clarify reporting requirements.

LTCF NHSN users are required to obtain Level 3 security access with Secure Access Management Services (SAMS) to report POC test data and fulfill reporting requirements. Users with Level 3 security access will have been provided a SAMS grid card. This is necessary for the reporting of Personally Identifiable Information (PII) of staff and residents via the POC reporting option. If your facility users currently have SAMS Level 1 access, the users should have been contacted by NHSN with instructions for Level 3 promotion. If you need assistance to obtain Level 3 access, please contact NHSN@cdc.gov and include in the subject line, “Enhancing Data Security.”

Trainings are being planned and information will be distributed soon. Please watch for email from NHSN. In the meantime, please check the Tables of Instructions found at <https://www.cdc.gov/nhsn/ltc/covid19/index.html> for guidance on the individual data elements. Please send any questions about the reporting tool to NHSN@cdc.gov and include in the subject line, “POC test reporting”.

NACCHO Webinar Friday, October 30, 2-3 PM ET
Antigen Testing for SARS-CoV-2 in Nursing Homes

Considerations for Local Public Health

Please [REGISTER HERE](#)

States Begin Detailing Specific Use of 150 Million BinaxNOW COVID-19 Tests
Distributed by Trump Administration

Four weeks after the Trump Administration announced it would deploy 150 million state-of-the-art Abbott BinaxNOW COVID-19 tests nationally to assist Governors’ ongoing reopening efforts, states have begun to report back where they are choosing to distribute the rapid, point of care tests. Of the states who have provided preliminary reports, use of the BinaxNOW allocations are largely being deployed to local health departments, K-12 schools and institutes of higher education, nursing homes, hospitals and correctional facilities. (HHS, 10/25/2020)

[Note – This is a collection of relate stories from the [IACP News](#)]
Federal Agencies, Cities, States Prepare For Potential Unrest On Election Day

[CNN](#) (10/26, Sands, Alvarez) reports that two DHS agencies “are preparing for the possibility of more civil unrest amid a contentious election, according to officials, part of a concerted effort by federal and local authorities to prepare for large-scale protests.” ICE is “putting personnel on standby in the run up to next week’s election, according to a senior ICE official.” Meanwhile, CBP “has been regularly training personnel – an extension of the deployments this summer, an agency official said.” Acting USCIS Director Ken Cuccinelli said DHS has “teams ready to go as needed,” but the agency does not “have any specific intelligence that suggests any particular threat of violence.”

[Bloomberg](#) (10/26, Moran, Bliss) reports that officials in larger cities have announced “unprecedented steps meant to avoid clashes on Election Day and beyond.” Cities such as Chicago and Philadelphia “have revealed plans to prevent violence on Nov. 3, when election observers worry polling sites could be targeted, or in the

weeks that follow if historic levels of mail-in ballots preclude the declaration of an immediate winner.” Meanwhile, it is less clear “how smaller communities are preparing, even those that have seen some of the most intense violence by armed vigilantes during racial justice demonstrations.” Prosecutors in some states “have issued forceful statements against voter intimidation and threats,” and in Michigan, “officials announced a ban on guns in and around polling places.”

[NPR](#) (10/26) reports that the National Guard “will take part in security operations for the election – but only for cybersecurity, assisting state officials by trying to prevent foreign governments and others from interfering with the vote.” The National Guard “does not want to get involved in physical security at the polls, leaving that up to poll workers and if need be local police.” Military officials want “to maintain their apolitical stance, and not get involved in partisan politics, saying uniformed soldiers at the polls would lead to charges the military favors one candidate over another.” However, the National Guard “will come to the aid of the states as poll workers – dressed in civilian clothes – and performing the usual duties, setting up tables and handing out ballots.”

[Ky. National Guard to lend hand on Election Day | whas11.com](#)

Related - Fearing Potential Violence During Election Cycle, Americans Stock Up On Guns, Supplies.

[USA Today](#) (10/26, Hughes) reports that many Americans fear “the potential for violence that experts say may accompany this year’s presidential election.” Experts predict “scattered violence is the worst the United States could experience this Election Day, given isolated incidents that have already taken place this year.” However, many Americans “are stocking up and preparing to hunker down to ride out a possible wave of sustained election-related chaos.” They are purchasing “guns and ammunition in record numbers and getting ready to peel off political bumper stickers and yank out yard signs to make themselves less of a target in case the other guy wins.” According to FBI data, “gun dealers in June ran more than 3.9 million background checks on purchasers through the National Instant Criminal Background Check System-- the highest number ever recorded in a single month.”

Philly: ATMs Targeted in Explosive Attacks

(DHS *TRIPwire*, 27 October 2020) Philadelphia Police Department (PPD) officers responded to several reported ATM explosions. Four ATMs—one at a public transportation stop and three at private restaurants—were destroyed by the explosions. The PPD Bomb Squad Unit responded to assist, along with the ATF. The investigation is ongoing and is a part of a larger investigation into similar incidents in the Philadelphia area. Local Fox report: <https://www.fox29.com/news/bomb-squad-investigating-more-atm-explosions-across-philadelphia>

KCCRB Webinar on “Resiliency Training” Thursday, October 29th - 1 PM ET

Kentucky Community Crisis Response Board (KCCRB) will be offering Resiliency Training on **THURSDAY Oct. 29 from 1 – 2 p.m.** Set aside one hour to commit to yourself and learn about mental health as a responder in a long-term pandemic..

Join from PC, Mac, Linux, iOS or Android: <https://zoom.us/j/96236739414>

Or iPhone one-tap : US: +13017158592,,96236739414# or +13126266799,,96236739414#

Or Telephone: US: +1 301 715 8592 or +1 312 626 6799 or +1 929 205 6099 or +1 253 215 8782 or +1 346 248 7799 or +1 669 900 6833

Meeting ID: 962 3673 9414

Find local AT&T Numbers: <https://zoom.us/u/ab1knWKbFE>

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.