



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for November 3, 2020

Gov. Beshear Calls on Kentuckians to Take Urgent Action to Stop Spread of COVID-19

([From press release](#)) On Monday, Gov. Andy Beshear said all Kentuckians need to act now to stop a COVID-19 surge that could overwhelm the commonwealth's health care system and force businesses and schools to close again.

Community leaders, businesses, schools and families in counties [listed in the red zone](#) on Thursdays should follow [nine recommendations](#) the following Monday through Sunday. All Kentuckians should consider adopting some of these recommendations to help their county avoid the red zone. Today's COVID-19 case report is the highest ever for a Monday. As of 4 p.m. Monday, Nov. 2, Gov. Beshear reported the following COVID-19 numbers:

- ✓ New cases today: 1,032
- ✓ New deaths today: 3
- ✓ Positivity rate: 6.25%
- ✓ Total deaths: 1,492
- ✓ Currently hospitalized: 988
- ✓ Currently in ICU: 270
- ✓ Currently on ventilator: 142

To view the [full daily report](#), incidence rate map, testing locations, long term-care and other congregate facilities update, school reports, the White House Coronavirus Task Force reports for Kentucky and other key guidance visit, kycovid19.ky.gov.

----- **The Challenges of Contact Tracing as U.S. Battles COVID-19**

(Pew Research) Majorities of adults say they would be open to participating in some parts of the process of identifying and isolating coronavirus victims, but others are reluctant to engage fully with public health authorities. Learn more: <https://www.pewresearch.org/internet/2020/10/30/the-challenges-of-contact-tracing-as-u-s-battles-covid-19/>

----- **COVID-19 And Neglected Tropical Diseases: *Why We Must Fight Them in Tandem***

Neglected Tropical Diseases (NTDs) are a diverse group of 20 infectious diseases that are prevalent in tropical and subtropical conditions of some 149 countries worldwide. They affect more than 1.5 billion people and cause an estimated 500,000 annual deaths globally. Despite these shocking figures, they are termed 'neglected' because they continue to receive little attention. [Health Policy Watch](#)

----- **COVID-19 test results lag at most US nursing homes**

(CIDRAP) As recently as the end of September, as community COVID-19 cases began spiking, the vast majority of test result turnaround times for residents and staff at US nursing homes were still taking substantially longer than the 24 hours recommended to guide effective infection control, according to a [research letter](#) published late last week in *JAMA Internal Medicine*. The results come as a report today highlights ongoing increases in US nursing home cases, especially in the Midwest.

Nursing home residents have made up over 40% of all US COVID-19 deaths, the authors noted. In July, Medicare started to disseminate point-of-care testing kits, with a focus on hot-spot counties, but data on turnaround times had been limited.

Full story: <https://www.cidrap.umn.edu/news-perspective/2020/11/covid-19-test-results-lag-most-us-nursing-homes>

----- **U.S. Department of Labor Issues Respiratory Protection Guidance For Long-Term Care Facilities During the Coronavirus Pandemic**

([OSHA press release](#)) The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) has issued [respiratory protection guidance focused on protecting workers in nursing homes](#), assisted living and other long-term care facilities (LTCFs) from occupational exposure to SARS-CoV-2, the virus that causes the coronavirus. The action marks the Department's latest step to ensure the availability of respirators and follows President Donald J. Trump's [Memorandum on Making General Use Respirators Available](#).

Source control measures are recommended for everyone in healthcare facilities, including LTCFs, even if the wearer does not have symptoms of the coronavirus. The guidance describes various source control measures,

including cloth face coverings, facemasks, and FDA-cleared or authorized surgical masks. Healthcare providers should wear source control products/devices at all times while inside a LTCF, including in breakrooms or other spaces where they might encounter other people.

Healthcare providers who are in close contact with a LTCF resident with suspected or confirmed coronavirus infection must use a NIOSH-approved N95 filtering facepiece respirator or equivalent or higher-level respirator, as required by OSHA's [Respiratory Protection standard](#). Employers should reassess their engineering and administrative controls, such as ventilation and practices for physical distancing, hand hygiene, and cleaning/disinfecting surfaces, to identify changes that could avoid over-reliance on respirators and other personal protective equipment. In light of the essential need for adequate supplies of respirators during the coronavirus pandemic, OSHA has temporarily allowed for some enforcement flexibility regarding respirators. Visit OSHA's [COVID-19 webpage](#) for information on various respirator enforcement memoranda.

Visit [OSHA's COVID-19 webpage](#) regularly for updates. For further information about the coronavirus, please visit the [Centers for Disease Control and Prevention](#).

CDC Coronavirus [What's New?](#)

- [Considerations for Optimizing the Supply of Powered Air-Purifying Respirators \(PAPRs\)](#) Tuesday, November 03, 2020
- [I wear a mask because...](#) Monday, November 02, 2020
- [Treatments Your Healthcare Provider Might Recommend for Severe Illness](#) Monday, November 02, 2020
- [FAQs for Medicolegal Death Investigators](#) Monday, November 02, 2020
- [Funeral Home Workers](#) Monday, November 02, 2020
- [Funeral Guidance for Individuals and Families](#) Monday, November 02, 2020

States, Federal Agencies Make Final Preparations For Ensuring Safety On Election Day

([IACP News](#)) [ABC News](#) (11/2) reports, "As business owners in Washington, D.C., and New York City board up their storefronts to protect against potential election unrest, law enforcement from New Jersey to California is working to ensure that Americans who show up at the polls have their voice heard and their vote counted." ABC News adds, "In the swing state of Ohio, Lucas County Sheriff John Tharp told ABC News that they are aware there could be issues percolating on Election Day and beyond, including possible concerns at polling places. 'We're patrolling on the periphery of polling stations; we're not placing people right at the polling site to oversee and watch and stand guard,' Tharp said. 'We're not doing that and there are obvious reasons why we're not. It could be intimidating to some voters. Some voters would not appreciate that or feel that there's something's going on when there's not.'"

***Related* - FBI Gun Background Checks Set All-Time Record In 2020**

[CNN](#) (11/2, Campbell) reports, "The FBI conducted more firearm background checks in 2020 than in any year since the agency began keeping statistics in 1998, according to new data released by the agency on Monday." CNN adds, "The milestone is raising concerns among some gun control advocates, who warn that election-related tension and possible civil unrest could be made more dangerous as Americans appear to be arming themselves in record numbers. With two months still remaining in the year, the approximately 16.5 million background checks conducted between January and October 2020 for the sale or transfer of firearms and accessories eclipsed every other year on record." According to CNN, "The previous record was set in 2016, when the FBI conducted 14.9 million checks, and had mostly declined until 2020. In 2019, the agency conducted approximately 12.3 million firearm background checks."

**CDC Clinicians MMWR Updates:
Pregnant Women and COVID-19**

CDC recently released two *Morbidity and Mortality Weekly Reports (MMWRs)* about pregnant women and COVID-19. Findings from two new CDC studies underscore the importance of counseling pregnant women about their risk for severe COVID-19 illness and the potential risk for preterm birth.

The first study, "[Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status—United States, January 22–October 3, 2020](#)," found that pregnant women with COVID-19 are at increased risk for severe illness, compared with non-pregnant women with COVID-19.

The second study, "[Birth and Infant Outcomes Following Laboratory-Confirmed SARS-CoV-2 Infection in Pregnancy—SET-NET, 16 Jurisdictions, March 29–October 14, 2020](#)," found that pregnant women with COVID-19 may be at increased risk of having a preterm infant (born before 37 weeks), which may lead to serious health problems for the infant.

Recommendations: Healthcare providers should counsel pregnant people to:

- Continue to follow key prevention measures to reduce their risk of becoming ill, including limiting unnecessary interactions with persons who might have been exposed to or are infected with COVID-19 as much as possible, wearing a mask in public and when around others, avoiding activities where social distance is difficult to maintain, and washing their hands.
- Continue to attend healthcare appointments during and after pregnancy.
- Obtain all recommended vaccines.
- Know the symptoms of COVID-19 illness.
- Get emergency care immediately if they need it.

Read more *MMWR* reports on COVID-19 [here](#).

Johns Hopkins: Health Security Headlines
Extracts from [November 2, 2020](#)

[Trends in the Use of Telehealth During the Emergence of the COVID-19 Pandemic — United States, January–March 2020](#) (*MMWR*)

The 154% increase in telehealth visits during the last week of March 2020, compared with the same period in 2019 might have been related to pandemic-related telehealth policy changes and public health guidance. Telehealth could have multiple benefits during the pandemic by expanding access to care, reducing disease exposure for staff and patients, preserving scarce supplies of personal protective equipment, and reducing patient demand on facilities. Telehealth policy changes might continue to support increased care access during and after the pandemic

[Age-specific Mortality and Immunity Patterns of SARS-CoV-2](#) (*Nature*) Here we use age-specific COVID-19 death data from 45 countries and the results of 22 seroprevalence studies to investigate the consistency of infection and fatality patterns across multiple countries. We find that the age distribution of deaths in younger age groups (<65 years) is very consistent across different settings and demonstrate how this data can provide robust estimates of the share of the population that has been infected. We estimate that the infection-to-fatality ratio (IFR) is lowest among 5-9 years old, with a log-linear increase by age among individuals older than 30 years. Population age-structures and heterogeneous burdens in nursing homes explain some but not all of the heterogeneity between countries in infection-fatality ratios. Among the 45 countries included in our analysis, we estimate approximately 5% of these populations had been infected by the 1st of September 2020, with much higher transmission likely to have occurred in a number of Latin American countries.

[Australia Records No New COVID-19 Cases for First Time in Five Months](#) (*Reuters*) Australia recorded no new daily coronavirus community infections on Sunday for the first time in nearly five months, health officials said, paving the way for further easing of social distancing restrictions. The state of Victoria, a coronavirus hot spot which accounts for more than 90% of Australia's 907 coronavirus-related deaths, saw zero new daily infections and no deaths for the second consecutive day. With no fresh cases of COVID-19 recorded in the rest of the country, Australia saw its first day of no transmissions since June 9, Health Minister Greg Hunt said.

[HHS and DOD Announce \\$12.7 Million Contract with InBios International to Boost U.S. Production of Rapid COVID-19 Tests](#) (*HHS*) The U.S. Department of Health and Human Services and the U.S. Department of Defense jointly announced a \$12.7 million contract with InBios International Inc., of Seattle, to expand domestic production capacity for two rapid point-of-care tests for SARS-CoV-2. The first, called the SCoV-2 Ag Detect Kit, detects current infections by identifying antigens – genetic material – of the virus in a nose swab sample. The second test, called the SCoV-2 Detect IgM/IgG Kit, detects antibodies for the virus in a finger prick of blood, indicating whether the person had a previous COVID-19 infection. The contract announced today enables InBios to ramp up production of either or both tests to 400,000 units per week – 20 times the facility's current output – by May 2021, significantly expanding the nation's testing capacity.

CIDRAP Webinar - November 5, 9 AM EST
Antimicrobial Resistance (AMR) in the Light of COVID-19
[Register](#)

NIOSH's Second Elastomeric Half-Mask Respirator (EHMR) Federal Register Notice Webinar
Wednesday, November 18, 2020 1:00 PM ET - 2:00 PM ET

[Note – There was a problem with the original registration link. It has been fixed – see below.]

Elastomeric half mask respirators (EHMRs) are reusable respirators that may be worn in a healthcare setting and supplement the supply of disposable respirators available to healthcare workers. The National Institute for Occupational Safety and Health (NIOSH)—in coordination with the Strategic National Stockpile—posted a [Federal Register Notice \(FRN\)](#) titled “A National Elastomeric Half Mask Respirator (EHMR) Strategy for Use in Healthcare Settings During an Infectious Disease Outbreak/Pandemic”.

Through this FRN, NIOSH is seeking input regarding the national distribution plan of purchased EHMRs, as well as identifying potential organizations interested in receiving a portion of these EHMRs with the commitment to provide a report of user acceptability and feasibility of implementation.

NIOSH is seeking organizations including, but not limited to:

- Hospital systems, individual hospitals, and/or specific hospital units (i.e., emergency department, intensive care units)
- Outpatient care settings (i.e., offices, clinics, home care, urgent care, rehab centers)
- Long term care facilities
- Dental practices
- First responder organizations (i.e., police, fire, EMS)

To learn more about how your organization can participate in this effort, please join us for a second webinar on November 18 from 1:00-2:00pm (ET). NIOSH will provide an overview of EHMRs, a summary of the FRN, expectations of potential participants, next steps, and answer any questions you may have.

Updated registration link: https://niosh-connect.adobeconnect.com/elastomerics/event/event_info.html

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.