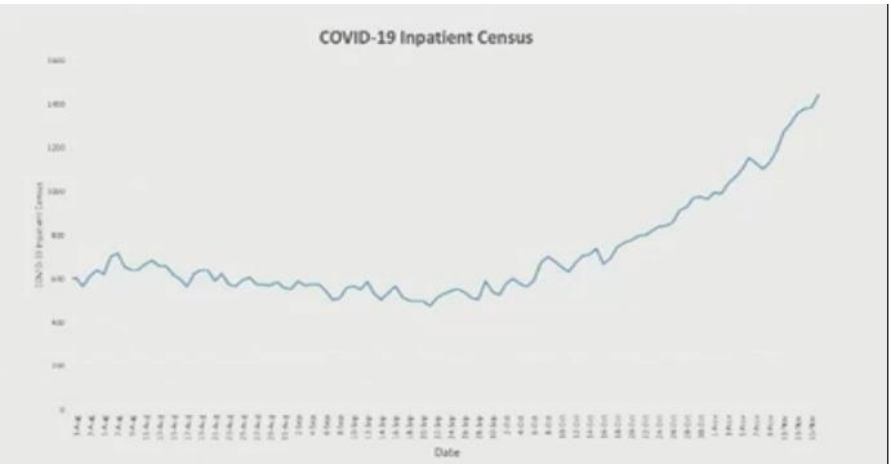
Kentucky Hospital Research & Education Foundation
Emergency Preparedness Update
for November 16, 2020 – Update #1

KY Planning to use National Guard to help Long term Care
COVID-19 Second Highest Monday on Record

During today's COVID briefing, Governor Andy Beshear said that last week was the biggest week to date, and the number of inpatients is continuing to go up. There are 1,442 hospitalized with COVID, with 360 in ICUs, and 128 on vents (which is slightly down). The chart below comes from Governor Beshear's COVID-19 Brief from Nov 16).



There were 1,514 new cases reported today, for a total of 139,097. Of these, 173 were children who tested positive. There were three new deaths reported today. 103 of Kentucky's 120 counties are now in the RED zone. For more see KYCOVID19.KY.GOV.

During the briefing today CHFS Secretary Eric Friedlander announced that the KY National Guard is going to deploy five Strike Teams to assist long term care facilities in the state; and that there would be another five deployed next week. They also indicated that more aggressive actions would include more severe holiday visitation restrictions,

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Planning a Thanksgiving gathering?
Here are more than a dozen questions to ask,
and some expert advice about testing

(KY Health News) Because just about everything that involves a traditional Thanksgiving meal creates a perfect storm to spread the virus that causes covid-19, health experts are encouraging people to scale back holiday gatherings to just those in their immediate household, or to practice what epidemiologists call "harm reduction" if they choose to gather.

"If we're going to celebrate the holiday . . . how can we make it as safe as possible?" Brian Resnick **writes** for **Vox.**

Resnick poses questions that offer options to help reduce the risk of spreading the virus, with the recommendation to initiate several of these strategies at the same time, instead of just one. Here are his questions, and answers; in some cases, you will have to provide your own answers:

Can the holiday be held remotely? "Celebrating virtually or with members of your own household (who are consistently taking **measures** to reduce the spread of covid-19) poses the lowest risk for spread," says the **Centers for Disease Control and Prevention Thanksgiving guidance.** *[Note: There is a link below to KY Public Health's Guidance.]*

- *Can Thanksgiving be held outdoors?* Resnick notes that while an outdoor gathering is far safer than indoor one, it's important to remember that this strategy isn't foolproof, and people still need to socially distance and wear a mask.
- *Can it be a very small gathering?* Know this, he writes: The more people you include, the more dangerous it will be.
- *If it's indoors, can it be well ventilated?* Open windows, use fans in some windows to remove old air and in others to introduce new air. Run a HEPA air purifier is you have one. Still, he writes, "We can't ventilate and air-purify our way out of the need to wear masks, reduce occupancy in indoor spaces and physically distance."
- *Can it be quick?* Yes, and the longer you spend with an infected person, the more likely the virus is to be transmitted.

- *Does there really need to be food?* If the goal is to bring family together, can you perhaps have Thanksgiving without a sit-down meal that necessitates the removal of masks and encourages heavy mouth-breathing activities like shouting, he asks.
- *Can guests quarantine beforehand?* And maybe afterward, Resnick adds.
- *Will vulnerable people be in attendance?* Consider excluding those at high risk, such as older people and those with underlying conditions like diabetes and heart disease.
- *Can the number of people traveling from hot-spot regions be reduced?*
- *Is everyone attending on the same page in terms of masking and personal risk?* For example, families should ask one another, "How often do you wear a mask, and where?"
- *Is everyone in attendance willing to be transparent and honest if they do get sick?* Resnick writes, "It's how we can prevent an outbreak in one family from becoming a huge cluster."

Resnick says the overarching question is: "*Can you live with a scenario where someone — or many people — at the gathering get covid-19?*" <Click the headline to read more.>

KY Public Health Thanksgiving Guidance:
https://cdn.govstatus.site/381d0fbb43b611527a8f1c329301ef51fd555fcf/Thanksgiving_11_10_2020%20DPH.pdf

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Moderna's COVID-19 Vaccine Candidate Meets its Primary Efficacy Endpoint in the First Interim Analysis of the Phase 3 COVE Study

(Moderna News Release/Business Wire) The independent NIH-appointed Data Safety Monitoring Board (DSMB) for the Phase 3 study of mRNA-1273, today announced that Moderna's vaccine candidate against COVID-19, has met the statistical criteria pre-specified in the study protocol for efficacy, with a vaccine efficacy of 94.5%. This study, known as the COVE study, enrolled more than 30,000 participants in the U.S. and is being conducted in collaboration with the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), and the Biomedical Advanced Research and Development Authority (BARDA), part of the Office of the Assistant Secretary for Preparedness and Response at the U.S. Department of Health and Human Services.

The primary endpoint of the Phase 3 COVE study is based on the analysis of COVID-19 cases confirmed and adjudicated starting two weeks following the second dose of vaccine. This first interim analysis was based on 95 cases, of which 90 cases of COVID-19 were observed in the placebo group versus 5 cases observed in the mRNA-1273 group, resulting in a point estimate of vaccine efficacy of 94.5% ($p < 0.0001$).

A secondary endpoint analyzed severe cases of COVID-19 and included 11 severe cases (as defined in the study protocol) in this first interim analysis. All 11 cases occurred in the placebo group and none in the mRNA-1273 vaccinated group.

mRNA-1273 is an mRNA vaccine against COVID-19 encoding for a prefusion stabilized form of the Spike (S) protein, which was co-developed by Moderna and investigators from NIAID's Vaccine Research Center. The first clinical batch, which was funded by the Coalition for Epidemic Preparedness Innovations, was completed on February 7, 2020 and underwent analytical testing; it was shipped to the NIH on February 24, 42 days from sequence selection.

Moderna is working with the U.S. Centers for Disease Control and Prevention (CDC), Operation Warp Speed and McKesson (NYSE: MCK), a COVID-19 vaccine distributor contracted by the U.S. government, as well as global stakeholders to be prepared for distribution of mRNA-1273, in the event that it receives an EUA and similar global authorizations.

Full story: https://investors.modernatx.com/news-releases/news-release-details/modernas-covid-19-vaccine-candidate-meets-its-primary-efficacy

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'Virtual Hospital' Model Passes Test in COVID-19 Patients
Helped many stay out of the real thing, researchers found

(MedPage Today) Only a few patients with COVID-19 pneumonia required hospitalization when they received care in a "hospital at home" (HaH) telemedicine program, researchers at one health system reported.

Of nearly 1,500 patients enrolled in the program, 40 required hospitalization and eight needed ventilation; just two patients died, reported Kranthi Sitammagari, MD, of Atrium Health in Monroe, North Carolina, and others from Atrium where the HaH program was implemented. Their findings appeared in *Annals of Internal Medicine*.

The dual-acuity program used a symptom scoring algorithm to determine placement. Patients with lower scores entered a "virtual observation unit" (VOU) and got one nurse phone call each day. Sicker patients and those with disease progression -- who would normally be admitted to the real hospital -- were assigned to a "virtual acute care unit" (VACU) and had at least thrice-daily monitoring with on-call provider access. The highest-acuity patients received telephone monitoring every 6 hours, and/or in-home visits. They could receive hospital-level care at home, including intravenous and respiratory therapy, or be directly admitted.

"By 'forward triaging' patients with virtual assessments and directly admitting patients from satellite testing centers ... we kept patients out of the emergency department, thus minimizing exposure of health care staff and other patients in the traditional hospital setting," they noted. "In addition, minimizing health care staff exposure meant that less personal protective equipment was needed at a time of scant resources."

Learn more: https://www.medpagetoday.com/hospitalbasedmedicine/generalhospitalpractice/89671

CDC Clinician Outreach
Scientific Brief: Community Use of Cloth Masks to Control Spread of SARS-CoV-2

(CDC COCA Nov 16) SARS-CoV-2 (the virus that causes COVID-19) is transmitted predominately by respiratory droplets generated when people cough, sneeze, sing, talk, or breathe. CDC recommends community use of masks, specifically non-valved multi-layer cloth masks, to prevent transmission of SARS-CoV-2. Experimental and epidemiological data support community masking to reduce the spread of SARS-CoV-2.

Masks are primarily intended as "source control" to reduce the emission of virus-laden droplets. This is especially relevant for asymptomatic or presymptomatic individuals who feel well and may be unaware they are infectious. These cases are estimated to account for more than 50% of transmissions. Masks also help provide personal protection for the wearer by reducing the likelihood of inhaling infectious droplets. The community benefit of masking for SARS-CoV-2 control is due to the combination of these effects. As the number of people using masks consistently and correctly increases, so does the individual prevention benefit.

CDC has published a summary of this science and will update it as additional science becomes available. Read the full brief: "Scientific Brief: Community Use of Cloth Masks to Control the Spread of SARS-CoV-2"

FBI arrests Clarksville (TN) man over ISIS-connected terrorism threats against police, Fort Campbell

(ClarksvilleNow) A Clarksville man has been arrested following an investigation by the FBI into ISIS-connected terrorist threats they say he made against the Clarksville Police Department and the Fort Campbell PX Exchange. The suspect was arrested Aug. 20 and charged with sending threatening communications interstate, a federal crime, according to documents unsealed today and obtained by Clarksville Now. He never obtained weapons for such an attack, but documents indicate he coordinated over social media with operatives he believed to be ISIS members, trying to obtain weapons and planning an attack on CPD headquarters and the store at Fort Campbell.

Read more: https://clarksvillenow.com/local/fbi-arrests-clarksville-man-over-isis-connected-terrorism-threat-against-police-fort-campbell/

----- From IACP News -----

Poll: About 80% Of Americans Believe Crime Has Risen During Past Year

The Hill (11/13) reports a Gallup poll put out on Friday indicates that about “80 percent of Americans say that crime has increased over the past year.” The poll “found that 78 percent of Americans surveyed say that there is more crime in the U.S. than there was a year ago, up 14 points from a similar poll conducted by Gallup last year.” The Hill adds, “The poll found that the increase in perceptions of crime was largely driven by Republican respondents, 83 percent of whom say crime has increased. Meanwhile, 73 percent of Democrats polled said that crime had increased.”

***Related* – NYC Pilot Program Will See Dispatchers Send Mental Health Units To Respond To Mental Health Calls Instead Of Police**

Bloomberg (11/13, Akinnibi) reports that New York City “plans to test out a program where dispatchers send out emergency medical services and mental health crisis workers, instead of police officers, to mental health-related calls, making it the latest city to attempt a pivot away from policing as a cure-all.” Bloomberg adds, “The city’s mental health teams will work in two high-need communities starting in February.” The teams are going to respond instead of the conventional “police and paramedic teams, except in cases that involve a weapon or imminent danger, according to a statement from Mayor Bill de Blasio’s office this week.”

NETEC COVID WEBINARS

COVID-19 Therapeutics
Wednesday, November 18, 2020 | Noon CT / 1:00 PM ET
REGISTER HERE

Pandemic Related Consent, Research and Ethics
Friday, November 20, 2020 | Noon CT / 1:00 PM ET
REGISTER HERE

Global Resilience Commission Webinar

Leadership, Communities, and Strategic Risk

Solutions and Requirements in the Time of COVID

Thursday, December 3rd - 1100 PM EDT

Registration is now open: **<< Click here to register for the webinar >>**

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.