



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for January 15, 2021

Security at KY Capitol Increased

([Press release](#)) Today, Gov. Andy Beshear announced heightened security measures around the Kentucky State Capitol grounds in Frankfort following the Jan. 6 attack by domestic terrorists on the U.S. Capitol.

“There have been domestic terror threats against state capitols all over the United States. Our commitment is that what happened at the U.S. Capitol will not happen here,” the Governor said. “We have the commitment and participation of the Kentucky State Police, Frankfort Police and the Kentucky National Guard to ensure the safety of everyone in this area. There have been no requests for permits for gatherings at the Capitol in the coming days, so there are no gatherings or rallies that can or should be happening.”

Gov. Beshear said that in addition to an increased law enforcement presence, areas near the Kentucky State Capitol will be closed on Sunday.

Kentucky Update on COVID-19

(From [press release](#)) Gov. Andy Beshear updated Kentuckians about COVID-19 case information and vaccines, as well as security measures at the State Capitol this weekend.

“These case numbers are still far too high, but there is hopeful news today, too. We are on track as we ramp up to meet our goal of administering 90% of all vaccine received within seven days of arrival,” said Gov. Beshear. “In fact, last week we administered more doses of vaccine than we received.”

The Governor said 325,625 COVID-19 vaccine doses have been received in Kentucky and 190,547 doses have been administered. Of those doses, 31,158 have been administered to long-term care facility residents and staff.

As of 4 PM today there were 3,955 new cases, and 19 new deaths. The positivity rate is 12.09%. There are 1,644 hospitalized, with 392 in the ICU and 203 on vents.

Related story - Pandemic deaths top 2 million; crisis deepens in Americas

(CIDRAP) The world's death toll from COVID-19 today topped 2 million, with yesterday marking the deadliest day of the pandemic, with [16,056](#) fatalities logged, amid reports of collapsing health systems in parts of Brazil and exponential spread in some of its neighbors.

Death levels are still soaring in hard-hit parts of Europe, and health officials say human behaviors, including those that occurred over the holiday season, are the main driver of virus surges, though they are worried about the potential impact of new, more transmissible SARS-CoV-2 variants.

Learn more: <https://www.cidrap.umn.edu/news-perspective/2021/01/pandemic-deaths-top-2-million-crisis-deepens-americas>

From AHA News Now for [January 15, 2021](#)

CDC modeling suggests B.1.1.7 variant could affect pandemic trajectory. Modeling data suggest that the B.1.1.7 variant of SARS-CoV-2 has the potential to increase the U.S. pandemic trajectory in the coming months, the Centers for Disease Control and Prevention [reported](#) today. Ten states had detected the variant as of Jan. 13, totaling about 76 cases. “The increased transmissibility of the B.1.1.7 variant warrants universal and increased compliance with mitigation strategies, including distancing and masking,” the report states. “Higher vaccination coverage might need to be achieved to protect the public. Genomic sequence analysis through the National SARS-CoV-2 Strain Surveillance program will enable a targeted approach to identifying variants of concern in the United States.”

OCR announces revised crisis standards of care guidelines for serving older persons and persons with disabilities. The Department of Health and Human Services' Office for Civil Rights yesterday [announced](#) collaborative efforts with the state of North Carolina, the North Texas Mass Critical Care Guidelines Task Force, the Southwest Texas Regional Advisory Council, and the Indian Health Service in updating each entity's crisis standards of care to provide equitable health care to individuals with disabilities and the elderly.

Building on its [prior work](#) to address discrimination concerns during COVID-19, OCR provided technical assistance to each entity on CSC provisions that incorporate protections, prohibitions and language updates to ensure older persons and persons with disabilities are not excluded from health care. For more details on the OCR announcement, [click here](#).

FEMA Releases “Coronavirus Disease (COVID-19) Initial Assessment Report”

FEMA releases its “[Coronavirus Disease \(COVID-19\) Initial Assessment Report](#)” which assesses the agency’s initial response to the global pandemic.

Highlighted items in the report show the challenges the agency faced, including needing to clarify roles and authorities between responding agencies and managing complex interagency coordination while still protecting its own workforce. The report covers FEMA’s response from mid-March through Sept. 30, 2020 and provides 32 key findings and 57 recommendations in five areas.

The report findings and recommendations will be used to inform FEMA and the emergency management community and improve existing and future responses to pandemics. The Initial Assessment Report represents part of FEMA’s continuous improvement process, helping the agency learn faster and to communicate to the emergency management community where there are opportunities to build greater capacity.

To read the full report go to: <https://www.fema.gov/disasters/coronavirus>

CIDRAP: [Biden details 5-step COVID vaccine plan, names new lead for vaccines](#)

**Johns Hopkins: Health Security Headlines
Extracts from [January 15, 2021](#)**

[Vaccine Reserve was Already Exhausted when Trump Administration Vowed to Release it, Dashing Hopes of Expanded Access](#) (*Washington Post*) When Health and Human Services Secretary Alex Azar announced this week that the federal government would begin releasing coronavirus vaccine doses held in reserve for second shots, no such reserve existed, according to state and federal officials briefed on distribution plans. The Trump administration had already begun shipping out what was available beginning at the end of December, taking second doses directly off the manufacturing line. Now, health officials across the country who had anticipated their extremely limited vaccine supply as much as doubling beginning next week are confronting the reality that their allocations will not immediately increase, dashing hopes of dramatically expanding eligibility for millions of elderly people and those with high-risk medical conditions.

[In LA, Ambulances Circle for Hours and ICUs are Full. Is this what Covid-19 has in Store for the Rest of the Country?](#) (*STAT News*) Just why did conditions deteriorate so badly in Southern California? And do the overwhelmed hospitals here offer a glimpse of what other regions may soon face as case counts rise steeply and a seemingly more infectious strain takes hold? Or did the unique and long-standing vulnerabilities of the nation’s second largest city conspire to ignite this current “surge on top of surge” that so many had feared but few predicted would get so bad that residents would be urged to refrain from entering grocery stores and, in some cases, to wear masks even while they are at home. Like the city itself, the answers are complex — and also a bit perplexing.

[Saliva Could Hold Clues to How Sick You Will Get from COVID-19](#) (*Science*) To the known risk factors for developing severe COVID-19—age, male sex, or any of a series of underlying conditions—a new study adds one more: high levels of the virus in your saliva. Standard COVID-19 tests sample the nasal passage. But several new tests look for SARS-CoV-2, the pandemic coronavirus, in saliva, and the new work finds a striking correlation between high virus levels there and later hospitalization or death. If the results are confirmed, saliva tests could help doctors prioritize which patients in the early stages of the disease should receive medicines that drive down levels of the virus.

[Comparison of Saliva and Nasopharyngeal Swab Nucleic Acid Amplification Testing for Detection of SARS-CoV-2](#) (*JAMA Internal Medicine*) In this systematic review and latent class meta-analysis adjusting for the imperfect reference standard, saliva NAAT had a similar sensitivity and specificity to that of nasopharyngeal NAAT. Given the ease of use and good diagnostic performances, these findings suggest that saliva NAAT represents an attractive alternative to nasopharyngeal swab NAAT and may significantly bolster massive testing efforts.

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 Preparedness@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.