



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for January 22, 2021

Gov. Beshear says COVID-19 Positivity Rate Continues to Decline

(From [Press Release](#)) On Friday, Gov. Andy Beshear announced the state's COVID-19 positivity rate has fallen to the lowest rate since Jan. 2. Today it was 10.80%, with 2,756 new cases reported. There were 3 new deaths.

Earlier in the day, he visited Broadbent Arena where 1,200 Jefferson County Public Schools teachers and staff were vaccinated today. Kentucky is among only 19 U.S. states – and is the only state in the region – that continues to prioritize vaccinations for all K-12 staffers. In addition, Kentucky is the only state with plans to finish the first round of these vaccinations by the end of the first week in February. To learn more, see the [full release](#).

To view the [full daily report](#), [incidence rate map](#), information on [testing locations](#), [vaccines](#), [contact tracing](#), [school reports and guidance](#), [guidance for health care providers](#) and the White House Coronavirus Task Force reports for Kentucky and more, visit kycovid19.ky.gov.

KDPH Shares CDC Presentations to Build Vaccine Confidence

The Kentucky Department for Public Health (KDPH) shared three slide sets from the Centers for Disease Control and Prevention (CDC) to increase COVID-19 vaccine confidence in Health Care Professionals (HCPs).

As Kentucky continues to vaccinate Phase 1a, and move into 1 b and c, Kentucky HCPs need to have confidence not only to receive the vaccine, but also to recommend to patients and the public.

Please feel free to use these presentations with your staff to make sure everyone is fully informed.

- [COVID-19 Vaccine Basics: What HCPs Need to Know](#)
- [Building Confidence in COVID-19 Vaccines among Your Patients: Tips for the Health Care Team](#)
- [Building Vaccine Confidence in Health Systems and Clinics: Tips for Immunization Coordinators](#)

CDC Modifies Recommendations on COVID-19 Second Doses

([CDC – January 21, 2021](#)) Persons should not be scheduled to receive the second dose earlier than recommended (i.e., 3 weeks [Pfizer-BioNTech] or 1 month [Moderna]). However, second doses administered within a grace period of 4 days earlier than the recommended date for the second dose are still considered valid. Doses inadvertently administered earlier than the grace period should not be repeated.

The second dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the second dose of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series.

Read full guidance: <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>

COVID-19 Pediatric Multi-System Inflammatory Disorder

During the COVID-19 pandemic, the Kentucky Department for Public Health (KDPH) has documented 24 cases of COVID-19 multisystem inflammatory disorder in children (MIS-C) in Kentucky residents and several more in out-of-state residents. No deaths have been documented, thankfully, but KDPH is urging health care providers to remain vigilant in detecting potential new cases.

In pursuit if this, please see the documents (below), which should be useful for this purpose.

- Two informational flyers with the basic information about how to identify potential MIS-C cases. These documents are identical other than the pictures at the top – [one targets infants](#) and the [other older children](#). MIS-C is defined as < 21 years old.
- The CDC [MIS-C Case Report Form](#)
- Kentucky's [EPID 200 Disease Report Form](#)

Please report potential cases of MIS-C to the Kentucky Department for Public Health using the two report forms above. The CDC MIS-C Report Form collects detailed information on the MIS-C event itself. The EPID 200 form collects general information on the patient, such as demographics and basic disease information. **Note:** You do not need to duplicate information on the EPID 200 that is already included on the [CDC MIS-C Case Report Form](#) – just make sure to fill out the MIS-C form as completely as possible and add any additional requested information on the [EPID 200 form](#).

To submit report forms for a potential MIS-C case, please send both the CDC MIS-C Case Report Form and the EPID 200 Disease Report Form to the Reportable Disease Secure Fax at: 502-696-3803 (shown on the bottom of P. 2 of the EPID 200 form), ATTN: MIS-C.

For questions or clarification, please contact Reportable Disease Nurse **Stacy Davidson** (502-564-3261 x4238 or Stacy.Davidson@ky.gov).

CDC – Allergic Reactions After First Dose of Moderna COVID-19 Vaccine

As of January 20, 2021, a total of 24,135,690 cases of coronavirus disease 2019 (COVID-19) and 400,306 associated deaths had been reported in the United States (https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days). On December 18, 2020, the Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for Moderna COVID-19 vaccine administered as 2 doses, 1 month apart to prevent COVID-19. On December 19, 2020, the Advisory Committee on Immunization Practices (ACIP) issued an interim recommendation for use of Moderna COVID-19 vaccine (1).

As of January 10, 2021, a reported 4,041,396 first doses of Moderna COVID-19 vaccine had been administered in the United States, and reports of 1,266 (0.03%) adverse events after receipt of Moderna COVID-19 vaccine were submitted to the Vaccine Adverse Event Reporting System (VAERS). Among these, 108 case reports were identified for further review as possible cases of severe allergic reaction, including anaphylaxis. Anaphylaxis is a life-threatening allergic reaction that occurs rarely after vaccination, with onset typically within minutes to hours (2).

Among these case reports, 10 cases were determined to be anaphylaxis (a rate of 2.5 anaphylaxis cases per million Moderna COVID-19 vaccine doses administered), including nine in persons with a documented history of allergies or allergic reactions, five of whom had a previous history of anaphylaxis. The median interval from vaccine receipt to symptom onset was 7.5 minutes (range = 1–45 minutes). Among eight persons with follow-up information available, all had recovered or been discharged home.

Among the remaining case reports that were determined not to be anaphylaxis, 47 were assessed to be nonanaphylaxis allergic reactions, and 47 were considered nonallergic adverse events. For four case reports, investigators have been unable to obtain sufficient information to assess the likelihood of anaphylaxis.

This report summarizes the clinical and epidemiologic characteristics of case reports of allergic reactions, including anaphylaxis and nonanaphylaxis allergic reactions, after receipt of the first dose of Moderna COVID-19 vaccine during December 21, 2020–January 10, 2021, in the United States. CDC has issued updated interim clinical considerations for use of mRNA COVID-19 vaccines currently authorized in the United States (3) and interim considerations for preparing for the potential management of anaphylaxis (4). Full CDC report: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7004e1.htm>

COVAX gets Pfizer vaccine as UK warns variant may be deadlier

(CIDRAP) The COVAX plan to ensure that poorer nations have timely access to COVID-19 vaccines got a major boost in the arm today with an agreement for doses of the Pfizer-BioNTech vaccine, as UK officials warned that the B117 variant might be more deadly than older strains.

The new findings come from a [study](#) today from by the UK's New and Emergency Respiratory Advisory Group (NERVTAG), which said a preliminary analysis based on relatively few people and settings shows that increased severity may be associated with the variant. It said it is collecting more data and the trends will become clearer over coming weeks. He said, for example, that the increased risk for a 60-year-old man from the variant would rise from 1 death per 1,000 infections to 1.3 or 1.4 per 1,000.

Learn more: <https://www.cidrap.umn.edu/news-perspective/2021/01/covax-gets-pfizer-vaccine-uk-warns-variant-may-be-deadlier>

Full-Dose Clot Prophylaxis Improves Outcomes in Moderate COVID-19

Three major platform trials also show possible mortality benefit

(MedPage Today) Therapeutic anticoagulation for thromboembolic prophylaxis improved outcomes and possibly survival in a hospitalized but not critically ill COVID-19 population, according to topline results of three large platform trials released today.

The full-dose strategy proved superior to prophylactic dosing in reducing the proportion of patients who progressed to needing ventilation and other vital organ support across the three adaptive platform trials -- the National Heart, Lung, and Blood Institute (NHLBI)-sponsored [ACTIV-4a trial](#), [REMAP-CAP](#), and [ATTACC](#). Full story: <https://www.medpagetoday.com/infectiousdisease/covid19/90840>

Byproduct of COVID: Chemical Burns to Kids' Eyes

Learn more: <http://newser.com/s301602>

Heavy caseloads, patient reluctance may impede COVID contact tracing

Twelve health departments said less than 32% of contacts were notified within 24 hours.

Kentucky hospitals to follow higher quality standards to get more money from Medicaid.

Read more: <https://www.kyforward.com/kentucky-hospitals-to-follow-higher-quality-standards-to-get-more-money-from-medicaid/>

**Johns Hopkins: Health Security Headlines
Extracts from January 22, 2021**

‘Pixie Dust’: Why Some Vaccine Sits on Shelves While Shortages Intensify Nationwide *(Washington Post)*

“The only limitation is supply,” Health Commissioner Lisa Piercey recalled telling the general, Gustave F. Perna, earlier this month. From Miami to Manhattan, hospital leaders and public officials have been equally emphatic. But in one of the most puzzling aspects of the early vaccine rollout, the shortages are intensifying in some jurisdictions, while others have yet to use all their vaccine. The bottleneck isn’t just in administering the vaccines; some states are not ordering everything they’ve been allotted. The result is widespread confusion about how much vaccine is available from one week to the next, and how much supply states actually need to inoculate residents in priority groups. Both areas of confusion are barriers to the national immunization campaign that President Biden pledged to mount in his first days in office.

Biden Inherits a Vaccine Supply Unlikely to Grow Before April *(New York Times)* As the Biden administration takes power with a pledge to tame the most dire public health crisis in a century, one pillar of its strategy is to significantly increase the supply of Covid-19 vaccines. But federal health officials and corporate executives agree that it will be impossible to increase the immediate supply of vaccines before April because of lack of manufacturing capacity. The administration should first focus, experts say, on fixing the hodgepodge of state and local vaccination centers that has proved incapable of managing even the current flow of vaccines.

Risk Related to the Spread of New SARS-CoV-2 Variants of Concern in the EU/EEA – First Update *(ECDC)* In this update we report new information on the spread of three virus variants (VOC 202012/01, 501Y.V2 and variant P.1). These variants are considered to be of concern because of mutations which have led to increased transmissibility and deteriorating epidemiological situations in the areas where they have recently become established. Based on the new information, the risk associated with the introduction and community spread of variants of concern has been increased to high/very high and the options for response have been adjusted to the current situation.

FEMA Would Operate Up to 100 Federally Run Mass Vaccination Sites Under Biden Plan *(Washington Post)* Up to 100 sites run by the Federal Emergency Management Agency could begin offering coronavirus vaccine within the next month, part of a strategy that would dramatically expand the federal government’s role in the effort to corral the pandemic. The plan, which was announced by President Biden on his first day in office, is already taking shape in the form of a draft “Concept of Operations,” which was obtained by The Washington Post. The document envisions FEMA, which previously had more of a piecemeal role in pandemic response, fully unleashed.

KY Public Health Preparedness has two job postings

Regional Coordinator for HEART Region 4

Job posting: <https://gohire.org/job/healthcare-coalition-readiness-and-response-coordinator-ky-region-4/>

Medical Operations Coordinator

Will do medical surge planning and response within the State Health Operations Center (SHOC).

Job posting: <https://gohire.org/job/medical-operations-coordinator-kdph-frankfort-ky/>

KSHE Sharing this job posting:

Facilities Manager

Lexington Clinic - LEXINGTON, Kentucky, 40504

Kentucky To Study Search Warrant Process

(IACP News) The [AP](#) (1/21, Lovan) reports that Kentucky’s Attorney General Daniel Cameron “has formed a task force to study the search warrant process nearly a year after the fatal shooting of Breonna Taylor by officers who used a narcotics warrant to enter her home.” Cameron “said the Taylor shooting in March by Louisville police has put ‘significant attention’ on the safe execution of search warrants in Kentucky,” and he “said Thursday that the task force fulfills his ‘promise to convene a task force to develop best practices for the effective and safe execution of search warrants.’” The task force “will consist of the chairs of the Kentucky

Senate and House judiciary committees; two representatives appointed by the Chief Justice of Kentucky's Supreme Court; several police members; a member of the Kentucky NAACP and three citizen appointments. It will be chaired by the attorney general's office."

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.