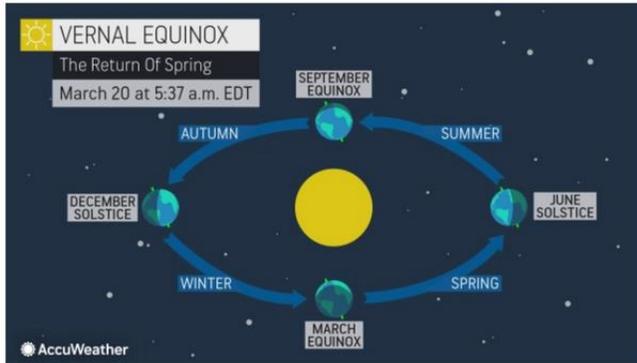




# Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for March 19, 2021

## First day of spring 2021: March 20th! The spring or vernal equinox

Ready for the [first day of spring 2021](#)? Even though we had a little taste of spring earlier this month when [temperatures soared into the 60s and 70s](#), the [real first day of spring](#) will officially arrive this weekend with the [spring equinox](#).



The first day of spring is Saturday, March 20, eight days before the [full March "worm moon"](#) will glow in the night sky.

The new season technically starts at 5:37 a.m. Eastern time this Saturday, which is when the sun will be shining directly on the Earth's equator, bringing almost equal minutes of daylight and darkness all around the globe.

More info and spring facts can be found at this link: <https://www.nj.com/news/2021/03/first-day-of-spring-2021-when-is-the-spring-equinox-other-facts-about-the-start-of-spring.html>

### ----- Kentucky seeks FEMA help for damage from massive ice storm

([From press release](#)) Gov. Andy Beshear, on March 19, submitted a request to President Biden asking that a Major Disaster Declaration be issued for the severe winter storm system that impacted Kentucky from February 8 through February 19, 2021. Gov. Beshear issued a State of Emergency Order on February 11, 2021. Fifty nine counties and 38 cities likewise issued local states of emergency orders.

"The impacts of February's ice and rain events were significant," Gov. Beshear said. "We are thankful for the many state and local agencies and organizations who rose to the occasion to help their neighbors. Unfortunately, the damage a great number of our counties endured requires an additional response from the federal government before they can begin the recovery they desperately need."

The Governor's request seeks public assistance for the counties of Bath, Boyd, Boyle, Breathitt, Carter, Casey, Clark, Clay, Clinton, Elliott, Estill, Fleming, Floyd, Garrard, Greenup, Harlan, Jackson, Johnson, Laurel, Lawrence, Lee, Leslie, Lewis, Lincoln, Madison, Magoffin, Marion, Martin, McCreary, Menifee, Mercer, Morgan, Montgomery, Nicholas, Nelson, Owsley, Perry, Powell, Pulaski, Rockcastle, Rowan, Wayne, Whitley and Wolfe. Damages assessed by state, local and federal representatives are projected to exceed \$30 million. A request for additional counties may follow as damage assessments are ongoing.

The Federal Emergency Management Agency Public Assistance Program provides funding to eligible applicants for allowable costs associated with debris removal, emergency protective actions and restoration of impacted infrastructure.

In the separate incidence of record flooding across the commonwealth, FEMA and KYEM assessment teams are presently reviewing Individual Assistance reports from homeowners who were displaced and suffered damages as a result of that flooding event. Next week, assessment teams will be working in 27 impact counties to gather Public Assistance reports for flooding damage to local infrastructure such as government buildings, public utilities, roadways and highways.

Residents with questions or additional reports of flood damage should contact their local county emergency management agency. For clean-up assistance, Kentuckians can contact the Kentucky Floods Cleanup Hotline at 800-451-1954 through March 26, 2021.

### ----- KY COVID-19 for Thursday, March 19th

([Reference Press Release](#)) On Friday, Gov. Andy Beshear announced 731 new COVID-19 cases in Kentucky and a positivity rate of 3.40%.

"With now more than 1 million Kentuckians being vaccinated, our shot of hope has proven to be our shot of certainty for ending this pandemic," Gov. Beshear said. "We still need everyone to continue to mask up, practice social distancing, wash your hands and get vaccinated when it's your turn."

As of 4 p.m. Friday, the Governor reported 731 new cases, and 25 new deaths, for an adjusted total of 5,695. There are currently 463 hospitalized with COVID, 101 in the ICU, and 60 on a vent.

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](http://kycovid19.ky.gov).

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**CDC Issues Updated Guidance for Schools**

Key points:

- Revised physical distancing recommendations to reflect at least 3 feet between students in classrooms and provide clearer guidance when a greater distance (such as 6 feet) is recommended.
- Clarified that ventilation is a component of strategies to clean and maintain healthy facilities.
- Removed recommendation for physical barriers.
- Clarified the role of community transmission levels in decision-making.
- Added guidance on interventions when clusters occur.

Link to CDC Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>

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**Lessons From The COVID-19 Crisis:  
Overcrowding Hospitals Cost Lives**

(NPR) Researchers have quantified the price paid for fast-spreading COVID-19 infections. Patients who might have survived otherwise perished in crowded ICUs.

Learn more: <https://www.npr.org/sections/health-shots/2021/03/18/974861952/lessons-from-the-covid-19-crisis-overcrowding-hospitals-cost-lives>

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**Personal protective equipment distributed during COVID  
has big environmental impact**

According to a new study published in the *Journal of the Royal Society of Medicine*, the carbon footprint of personal protective equipment (PPE) provided to health and social care staff in England during the first six months of the COVID-19 pandemic was equivalent to flying from London to New York 244 times every day.

The good news is that adopting a range of strategies including increased UK manufacture, reusing and recycling could reduce the environmental impact of PPE dramatically while maintaining the safety of staff and patients.

The study also suggested ways in which PPE use in the future could lessen environmental impact. This includes reusing gowns and face shields where possible, recycling PPE waste, and manufacture of PPE in the UK. But the biggest impact could be through reducing the volumes of PPE used, for example using hand-washing instead of wearing gloves.

Full story: <https://www.news-medical.net/news/20210318/Personal-protective-equipment-distributed-during-COVID-19-has-biggest-environmental-impact.aspx>

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**FDA: Providers should consider whether SARS-CoV-2 variants  
may resist monoclonal antibody therapies**

(From [AHA Today](#)) The Food and Drug Administration yesterday [updated the health care provider fact sheets](#) for all three monoclonal antibody therapies authorized for emergency use to include information on whether SARS-CoV-2 variants may show resistance to that therapy. According to the updates, prescribing providers should consider whether variants resistant to the therapy are prevalent in their area when considering treatment options.

The Centers for Disease Control and Prevention has created a [federal classification scheme](#) for SARS-CoV-2 variants and posted information on their [prevalence in the United States](#). The Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response said it will continue to work with CDC, FDA and the National Institutes of Health on surveillance of variants that may impact the use of monoclonal antibodies and update stakeholders with any new information. Stakeholders also may refer specific questions to [COVID19Therapeutics@hhs.gov](mailto:COVID19Therapeutics@hhs.gov).

The monoclonal antibody therapies bamlanivimab, etesevimab with bamlanivimab, and casirivimab with imdevimab are authorized for outpatients age 12 or older who have tested positive for COVID-19, had mild to moderate symptoms for 10 or fewer days and are at high-risk for progressing to severe COVID-19. Provider sites can now [order etesevimab directly](#) from distributor AmerisourceBergen to pair with existing on-hand doses of bamlanivimab.

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**'Third Wave' Is Hitting France, Germany Hard**

Learn more: <http://newser.com/s303886>

[More on this "third wave" below.]

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## A Vaccine for Cancer? COVID Scientist Thinks So

(Newser) The scientist who won the race to deliver the first widely used coronavirus vaccine says people can rest assured the shots are safe, and the technology behind it will soon be used to fight another global scourge—cancer. Ozlem Tureci, who co-founded the German company BioNTech with her husband, Ugur Sahin, was working on a way to harness the body's immune system to tackle tumors when they learned last year of an unknown virus infecting people in China, per the [AP](#). Over breakfast, [the couple decided](#) to apply the technology they'd been researching for two decades to the new threat, dubbing the effort "Project Lightspeed." Within 11 months, Britain had authorized the use of the mRNA vaccine BioNTech developed with US pharmaceutical giant Pfizer, followed a week later by the United States.

"It pays off to make bold decisions and to trust that if you have an extraordinary team, you will be able to solve any problem and obstacle which comes your way in real time," says Tureci in an interview in Berlin. The vaccines made by BioNTech-Pfizer and US rival Moderna uses messenger RNA, or mRNA, to carry instructions into the human body for making proteins that prime it to attack a specific virus. The same principle can be applied to get the immune system to take on tumors. Asked when such a therapy might be available, Tureci said "that's very difficult to predict in innovative development. But we expect that within only a couple of years, we will also have our vaccines (against) cancer at a place where we can offer them to people." (Click to read the [full interview](#).)

Source: <https://www.newser.com/story/303902/vaccine-scientists-next-big-target-cancer.html>

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## KY Public Health Alert Notice on Ebola Preparedness

KY Public Health issued a Health Alert Notification dated March 18, 2021, about the current Ebola Virus Disease situation in Africa, CDC guidance recommendations concerning Ebola, and information on how to assess and report potential cases of Ebola virus disease (EVD) in Kentucky. [The text of the Health Alert Notification can be found below on the last two pages of this EP Update.](#)

EVD exposure is not considered a high risk in the United States at this time due to the small number of cases seen so far in both outbreaks in Africa. However, diseases such as EVD, dengue fever, and malaria are only a plane ride away at any time. Being prepared for the possibility and diligent to ask every patient at a healthcare facility about travel history, in the context of symptoms, is critical in identifying possible illnesses of concern that might come from outside of Kentucky.

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NETEC COVID-19 Webinar Series

[Ebola in the Age of COVID](#)

Wednesday, March 24th, 1 PM ET/Noon CT

[CLICK HERE TO REGISTER!](#)

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## Human Organs May Be Printed Using 3D-Bioprint

Learn more: <https://news360.com/article/551488318>

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## Johns Hopkins: Health Security Health Security Headlines Extracts from March 19, 2021

[Assessment of Disparities Associated With a Crisis Standards of Care Resource Allocation Algorithm for Patients in 2 US Hospitals During the COVID-19 Pandemic](#) (*JAMA Network Open*) In this cohort study of adult patients admitted to a COVID-19 unit at 2 US hospitals, there was no association of race or ethnicity with the priority score underpinning the resource allocation policy. Despite this finding, any policy to guide altered standards of care during a crisis should be monitored to ensure equitable distribution of resources.

[Five Reasons why COVID Herd Immunity is Probably Impossible](#) (*Nature*) As COVID-19 vaccination rates pick up around the world, people have reasonably begun to ask: how much longer will this pandemic last? It's an issue surrounded with uncertainties. But the once-popular idea that enough people will eventually gain immunity to SARS-CoV-2 to block most transmission — a 'herd-immunity threshold' — is starting to look unlikely.

[European Countries Resume Use of AstraZeneca's COVID-19 Vaccine, Hoping Pause has Not Dented Confidence](#) (*Science*) A dozen European countries said they will resume vaccinations with the AstraZeneca vaccine against COVID-19 after the European Medicines Agency (EMA) said its initial investigation of possible side effects has concluded the vaccine is "safe and effective." Their decisions came as a relief to many public health experts, who worried about long delays in the COVID-19 vaccination programs at a time when cases are increasing in much of Europe. At a press conference Thursday afternoon, EMA officials said their inquiry could not rule out a connection between the vaccine and certain unusual clotting and bleeding disorders, but they

concluded that the benefits of the vaccine clearly outweigh the risks. The agency will add a warning to the vaccine product information to alert patients and doctors to the potential side effects, which appear to be extremely rare.

**More than 4 in 10 Health-care Workers have not Been Vaccinated, Post-KFF Poll Finds** (Washington Post)

Health-care workers were the first group in the United States to be offered coronavirus vaccinations. But three months into the effort, many remain unconvinced, unreached and unprotected. The lingering obstacles to vaccinating health-care workers foreshadows the challenge the United States will face as it expands the pool of people eligible and attempts to get the vast majority of the U.S. population vaccinated. According to a Washington Post-Kaiser Family Foundation poll, barely half of front-line health-care workers (52 percent) said they had received at least their first vaccine dose at the time they were surveyed. More than 1 in 3 said they were not confident vaccines were sufficiently tested for safety and effectiveness.

**Not Enough Vaccine Doses In Europe To Stop A 3rd Wave, German Health Minister Says** (NPR) German Health Minister Jens Spahn is telling Germans to diligently follow coronavirus safety rules, warning that vaccines won't arrive quickly enough to prevent a third wave of the COVID-19 pandemic. New infections in Germany are rising at a "very clearly exponential rate," Spahn said. Germany's infection rate is rising at a pace not seen since the record spike it endured in December and January. The numbers fell sharply in February, but they're now curving upward again as Germany enters a third wave of the pandemic, propelled by new variants and infections among people younger than 65

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**EIS/Global Resilience Commission Webinar**

**Water Infrastructure Resilience: What if there is no second chance?**

**Wednesday, 24 March 11:00 - 12:00 ET**

**Advance Registration**

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**Webinar: *What the COVID-19 vaccine means for EMS operations***

(NHTSA) Millions of EMS clinicians and members of the public across the nation have now received a COVID-19 vaccine. But exactly what does that mean for EMS systems and organizations? The National Highway Transportation Safety Administration (NHTSA), Office of EMS is hosting a webinar in its EMS Focus webinar series to provide the opportunity to learn what we know, and what we don't know yet, about how the vaccines are changing our approach to the coronavirus pandemic. You'll hear from experts helping to create and implement guidance for EMS services during these unprecedented times. They'll address topics such as:

- Testing and quarantine implications
- EMS clinicians who have not been vaccinated
- Vaccines and coronavirus variants

This webinar will be held on **Thursday, March 25, from 1:00 p.m. to 2:00 pm ET**. Attendees will be encouraged to submit questions during any point of the discussion. The webinar and question and answer period will last approximately one hour.

To register, visit NHTSA Office of EMS' [registration page](#) for this event. (Source: [NHTSA](#))

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**Upcoming COVID-19 ECHO Session**

**COVID-19 and the Vaccine for Pregnant and Breastfeeding Women**

**Thursday, March 25, 2021 @ 11am**

Link to their website & registration: <https://med.emory.edu/departments/medicine/divisions/infectious-diseases/serious-communicable-diseases-program/covid-19-resources/echo-upcoming-session.html>

Questions can be directed to [scdp.echo@emory.edu](mailto:scdp.echo@emory.edu)

**Related story - Vaccinated Mother Gives Birth To First Newborn With Covid-19 Antibodies**

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**KY Public Health is Recruiting Two Healthcare Regional Coordinators!**

**HPP Region 4 (HEART):** <https://gohire.org/job/healthcare-coalition-readiness-and-response-coordinator-ky-region-4/>

**HPP Region 7 (Appalachia HCC):** <http://gohire.org/job/healthcare-coalition-readiness-and-response-coordinator-hccrc-for-region-7-kentucky-appalachian-healthcare-coalition-kdph/>

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](mailto: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.

## KY Public Health Advisory Regarding Ebola Virus Disease (EVD) March 18, 2021

(March 18, 2021) On March 4, 2021, the Centers for Disease Control and Prevention (CDC) issued a “Warning Level 3, Avoid Non-essential Travel,” notice for individuals considering travel to the Democratic Republic of the Congo (DRC) and Guinea because of outbreaks of Ebola virus disease (EVD). To date, no cases of EVD have been identified in Kentucky or the United States. EVD typically occurs in tropical regions of Sub-Saharan Africa and can be transmitted from person-to-person. The countries and the specific regions affected currently are the North Kivu Province of the DRC and the N’Zérékoré Prefecture of Guinea.

For EVD, the period from exposure to signs of illness, known as the incubation period, is from 2 days to 21 days. An infected person is not considered contagious until he/she begins to exhibit signs or symptoms of EVD. The first sign is usually a fever greater than 101.5°. Subsequently, there are non-specific symptoms such as fatigue and body aches, commonly followed by gastrointestinal symptoms such as vomiting, diarrhea, and abdominal pain. Other less frequent signs or symptoms may include rash and external/internal bleeding.

The CDC has issued important clinical guidance recommendations regarding EVD. For the most recent guidelines, please visit CDC’s website <http://www.cdc.gov/vhf/ebola/>.

To report an individual with suspected or confirmed EVD in Kentucky, please immediately contact a public health professional at your local or state health department. After-hours, on weekends, and during holidays, telephone reports can be made to KDPH at 888-9-REPORT (888-973-7678). Healthcare personnel who wish to send laboratory tests to the CDC for EVD testing should contact the state public health laboratory (Division of Laboratory Services) at 502-564-4446 after consultation with public health authorities.

For more information on the current outbreaks and guidance for travelers and healthcare workers, please visit:

<https://wwwnc.cdc.gov/travel/notices/warning/ebola-democratic-republic-of-the-congo>

<https://wwwnc.cdc.gov/travel/notices/warning/ebola-guinea>

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### KY Department for Public Health (KDPH) Recommendations for Enhanced Infection Control Strategies in Healthcare Settings When Providing Care for Patients with Suspected or Confirmed Ebola Virus Disease

Kentucky healthcare facilities should review and update preparedness plans to assure that those plans include administrative controls, environmental controls, and respiratory-protection controls when providing care for patients with suspected or confirmed EVD. The CDC has a reminder for effective screening, titled: “[Early recognition is critical for infection control: Think Ebola.](#)” For an example of a thorough travel history for those travelers returning from affected countries who present with a fever, refer to the [CDC Yellow Book Chapter 11: Post-Travel Evaluation](#).

The CDC has made [infection prevention and control recommendations for hospitalized patients under investigation \(PUIs\) for Ebola Virus Disease in U.S. Hospitals](#). Current guidelines to prevent transmission of EVD include, at a minimum, implementation of standard, contact, and droplet precautions. KDPH recommends that all hospitals in Kentucky adhere to these guidelines when managing patients with suspected or confirmed EVD. CDC information about the different levels of risk for contact to a known case of EVD is in the [CDC’s Case Definition for EVD](#).

Given the high mortality associated with EVD, hospitals may consider having healthcare personnel (HCP) use a higher level of personal protective equipment (PPE) than the minimum measures described in the CDC guidance. Hospitals may also consider using more stringent isolation precautions, including the use of airborne infection isolation rooms (AIIR) in anticipation of the need for aerosol-generating procedures.

Facilities that choose to use a higher level of PPE or more stringent isolation procedures than those described in the CDC guidance should ensure that policies and procedures are developed and that all HCP are properly trained in the correct use of the PPE that is provided, including respirators; and facilities should comply with all applicable regulations concerning the use of such equipment (e.g., the OSHA respiratory protection standard, [29 CFR 1910.134](#)).

Facilities that choose to use enhanced PPE or isolation precautions should be aware that the introduction of new, unfamiliar equipment or procedures could increase the likelihood of errors that could result in HCP exposure to Ebola virus. Facilities should use equipment and procedures that staff have been trained on and are familiar with, given that they provide the level of protection deemed necessary for the given situation. **Facilities that choose to use new equipment or procedures should conduct training to assure the proficiency of staff in the use of new PPE equipment or enhanced isolation precautions before they are introduced in new patient care settings.**

Questions about prevention and control of healthcare associated infections can be directed to the KDPH Healthcare-associated Infection Prevention Program and/or Reportable Disease Section at (502) 564-3261.