



Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for September 2, 2021

Governor: 'We are suffering the most in the time it is most preventable'

([WKYT](#)) During Governor Andy Beshear's Team Kentucky Update today he said that last week was the worst for cases since the pandemic began. "We are suffering the most in the time it is most preventable," Beshear said.

The state's positivity rate is inching down. However, Gov. Beshear says this is because we're testing a lot more. He says a positivity rate over 13% is nothing to celebrate.

Gov. Beshear says the state's hospitals "on the brink" with a new ICU record. Beshear says there's a limit of beds in Kentucky. The governor also reported two-thirds of the state's hospitals are facing critical staffing shortages. He also noted that the state received 40 additional ventilators from the Strategic National Stockpile. Kentucky National Guard teams have been deployed all over Kentucky to help with clinical and administrative work. Full press release: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prld=952>

Watch on YouTube: <https://www.youtube.com/watch?v=XNKGHqZq1ao>

COVID NUMBERS: There were 4,941 new cases on Tuesday, and there are 5,457 new cases today. 1,560 were in patients 18 and under on Tuesday, and that is up to 1,774 cases today. The positivity rate was 13.35% on Tuesday, and as the Governor noted it is down a little to 13.29% today. 12 deaths were logged on Tuesday, and there are 45 today, for a total of 7,821. The Daily Summary notes that 25 duplicates and records not meeting case criteria were removed.

The bigger concern is the number of patients hospitalized with COVID, and the impact on ICUs in the state. There were 2,267 reported on Tuesday, and there are 2,315 today. 644 were in the ICU Tuesday, and that has dropped a little to 620 today. 410 were on a ventilator Tuesday, and that number is 408 today. When you look at ICU capacity in use on the [KDPH Daily Report](#), seven regions are reporting numbers from 89% to 100% in operation.

If You're Unvaccinated, The CDC Wants You To Stay Home This Labor Day Weekend

(*NPR*) If you're not vaccinated, you shouldn't travel over the long Labor Day weekend. That's the bottom line, according to the Centers for Disease Control and Prevention Director Dr. Rochelle Walensky. "First and foremost, if you are unvaccinated, we would recommend not traveling," Walensky said at a White House COVID-19 briefing on Tuesday.

ASPR Announces Distribution of BAM and ETE Authorized for All Jurisdictions

(ASPR) The Assistant Secretary for Preparedness and Response (ASPR) and the Food and Drug Administration (FDA) within the U.S. Department of Health and Human Services, sent out a communication to their state partners this afternoon announcing that while they [informed their state partners](#) on August 27th of revisions to the authorized use of bamlanivimab and etesevimab administered together under [Emergency Use Authorization \(EUA\) 094](#), the EUA had been revised to authorize the use of bamlanivimab and etesevimab, administered together, only in states, territories, and US jurisdictions in which recent data shows the combined frequency of variants resistant to bamlanivimab and etesevimab administered together is less than or equal to 5%. That has now changed.

Based on FDA's evaluation of the most recently available [SARS-CoV-2 variant frequency data](#), they announced today that bamlanivimab and etesevimab, administered together, can be used in all U.S. states, territories, and jurisdictions under the conditions of authorization for EUA 94. ASPR will resume the distribution of bamlanivimab and etesevimab together and etesevimab alone (to pair with existing supply of bamlanivimab at a facility for use under EUA 094) to [all U.S. states, territories, and jurisdictions](#).

Since June 2021, there has been a sustained increase in the circulation of the Delta variant (B.1.617.2). Based on in vitro assays that are used to assess the susceptibility of viral variants to monoclonal antibodies, bamlanivimab and etesevimab, administered together, **are** expected to retain activity against the Delta variant (B.1.617.2), which is now the dominant variant in the United States. The increase in prevalence of Delta has been associated with a decrease at the same time in the frequency of identified variants that are expected to be resistant to bamlanivimab and etesevimab.

ASPR and FDA will continue to work with the CDC and the National Institutes of Health on surveillance of variants that may impact the use of the monoclonal antibody therapies authorized for emergency use. We will provide further updates and consider additional action as new information becomes available.

CIDRAP News: [FDA sets date for COVID-19 vaccine booster meeting](#)

The Food and Drug Administration (FDA) announced that its Vaccines and Related Biological Products Advisory Committee (VRBAC) [will meet on Sep 17](#) to discuss COVID-19 vaccine third doses and specifically address the Pfizer-BioNTech supplemental Biologics License Application for administration of a third dose of that vaccine. The meeting will be livestreamed on the agency's YouTube channel.

Calls to Ky. Poison Control Center over Ivermectin Have Increased

(WYMT) Health experts say you get the best protection from COVID-19 from the vaccine. But some people are trying other drugs meant for livestock instead of humans.

Kentucky's Poison Control Center said despite all the warnings about ivermectin meant for livestock, they are still receiving calls from people who have taken it as a treatment for COVID-19.



During his briefing Monday, Gov. Andy Beshear talked about the spread of misinformation that was having some unexpected consequences.

"Remember, if you're thinking about taking horse medication, they don't have arms. Right? I mean, they're entirely different than you and I are," Gov. Beshear said.

But, according to Kentucky's Poison Control Center, people are taking the version of ivermectin meant for horses. Their director said they've received calls for 11 cases this year, but there are

likely more.

"Any time that we see a trend of increasing calls we know that that's an increase in the community as well. And from a few healthcare providers who have called us with patients who reported to the emergency department, we heard offhand from nurses say 'We're seeing a lot of this,'" Ashley Webb said. Webb told WYMT they did have 10 calls connected to ivermectin in 2020. She said nine of those were accidental exposures while giving it to an animal. And the other was not connected to COVID.

Ivermectin is used to treat parasites in humans, but it requires a prescription. There is a version for livestock, but the formula is vastly different.

"Horses, I mean, weigh over 1,000 pounds. The average human weighs 170 pounds. So the dosage forms are different. The pharmaceutical grade of the product is different. It's just nuts," said Dr. Frank Romanelli, professor of pharmacy at the University of Kentucky.

Full story: <https://www.wyvt.com/app/2021/09/01/calls-ky-poison-control-center-over-ivermectin-have-increased/>

Related story - [Inmates Weren't Told They Were Given An Anti-Parasite Drug Instead Of COVID-19 Meds](#)

(NPR) Several inmates at a northwest Arkansas jail said they weren't told a medication they were given to treat COVID-19 was actually an anti-parasite drug that federal health officials have warned should not be used to treat the coronavirus. Three inmates at the Washington County jail told The Associated Press they didn't know they were being given ivermectin until its use at the facility was revealed last week. The American Civil Liberties Union of Arkansas, which on Wednesday repeated its call for the practice to end, said it's also heard similar complaints from inmates.

COVID-19 Deaths, Infection Rates in Kentucky Prisons Among Nation's Worst

(WFPL) More than 10,000 people are [currently held in Kentucky prisons](#), and nearly [8,000 have been infected with the coronavirus](#) since the pandemic began. This infection rate of nearly 80% is among the worst nationally, [according to a new report](#) by the advocacy group Prison Policy Initiative.

The group graded state prison systems' response to the coronavirus pandemic based on four categories: efforts to reduce the population of people in prisons, policies to keep the virus at bay, mortality and infection rates and vaccination reach. Kentucky scored higher than all but six states when it came to implementing policies such as suspending medical co-pays and making masks available, but the state earned an "F" for its overall coronavirus response.

Only one state prison system (Michigan) had a higher infection rate and two (New Mexico and New Jersey) had mortality rates than Kentucky, where the coronavirus has so far [killed 48 incarcerated](#) people. Six staff have also died, a figure that wasn't part of the group's assessment.

Read full story for more: <https://wfpl.org/kycir-covid-19-deaths-infection-rates-in-ky-prisons-among-nations-worst/>

ARH: Hazard Morgue is at capacity

HAZARD, Ky. (WYMT) - ARH Regional Medical Center is not only hitting capacity in the hospital as of Thursday. According to a news release, the Hazard ARH Regional Medical Center morgue reached capacity on

Wednesday night. As the number of patients critically ill with COVID-19 surges to unprecedented levels bringing hospitals to capacity, ARH is sad to report one of the most tragic realities of this pandemic is happening in Hazard right now. As of last night, the Hazard ARH Regional Medical Center reached capacity in its hospital morgue. Learn more: <https://www.wkyt.com/2021/09/02/arh-hazard-morgue-is-capacity/>

ARH Middlesboro deploying respiratory triage tent

(WYMT) Janice Patton has been a nurse at Middlesboro Appalachian Regional Health for 24 years. The past two years, her focus has been COVID-19.

"It's really encouraging to see everyone work together for the benefit of the people in this community and other areas," she said.

Now, for the second time during the pandemic, conditions at the hospital have become dangerous, and crowded, enough to warrant a respiratory triage tent. People who arrive the Emergency Department with respiratory issues will be sent to this open-air tent for initial screening. If it's determined they need to be admitted, they will receive a fast COVID-19 test, and receive treatment accordingly.

Full story and video report link: <https://www.wywt.com/app/2021/09/01/arh-middlesboro-deploying-respiratory-triage-tent/>

Medicare Advantage slowing COVID discharges to SNFs: report

([McKnight's](#)) A lack of workers isn't the only COVID-19 complication slowing skilled nursing admissions.

A new report finds Medicare Advantage restrictions are also creating log jams in hospitals desperate to discharge patients to post-acute care and free up needed beds.

The problem is especially pronounced in states with high COVID-19 case rates, several hospital executives and association leaders told Modern Healthcare this week. Healthcare leaders said the prior authorizations needed to send no-longer acute patients on to post-acute care have always come slowly in states like Florida, Louisiana and Oregon. But the problem is limiting access to care for would-be hospital admits during the ongoing delta surge.

Many Medicare Advantage plans have suspended their restrictions during this stage of the pandemic, but their replacement requirements and expiration dates vary. Humana's waiver for Louisiana lasts until Sept. 17, while Florida Blue's is open-ended.

"The challenge when it is not being directed by a state or federal agency is you have significant variation from one plan to the next as to how they are providing the flexibility, which creates more confusion at a time when we need to minimize as much confusion as possible," Mary Mayhew, CEO of the Florida Hospital Association, told [Modern Healthcare](#).

In places where waivers exist, they can be highly effective. AdventHealth in Altamonte Springs, FL, estimated waivers issued by some Medicare Advantage plans cut transitions into post-acute care down to about 24 hours.

"If the waiver goes away, we are concerned hospitals could return to seeing delayed transfers contribute to challenging capacity constraints," said Lisa Musgrave, vice president of home care administration and post-acute services.

The [American Hospital Association](#) has been working with the Centers for Medicare & Medicaid Services and Medicare Advantage organizations to "encourage adoption of these waivers."

For its part, the Centers for Medicare & Medicaid Services [issued a memo](#) August 20 that "strongly encouraged" plans to relax prior authorizations "to facilitate the movement of patients from general acute-care hospitals to post-acute care and other clinically-appropriate settings, including skilled nursing facilities."

See full story: <https://www.mcknights.com/news/medicare-advantage-slowng-covid-discharges-to-snfs-report/>

Johns Hopkins: Health Security Headlines
Extracts from [September 2, 2021](#)

[Rogue Antibodies Involved in Almost one-fifth of COVID Deaths](#) (*Nature*) Antibodies that turn against elements of our own immune defences are a key driver of severe illness and death following SARS-CoV-2 infection in some people, according to a large international study. These rogue antibodies, known as autoantibodies, are also present in a small proportion of healthy, uninfected individuals — and their prevalence increases with age, which may help to explain why elderly people are at higher risk of severe COVID-19.

[COVID Long-haulers May Be At Risk for Severe Kidney Disease](#) (*CIDRAP*) COVID-19 long-haulers—even those who experienced mild cases—are at significantly increased risk for substantial declines in kidney function, such as organ damage and chronic and end-stage kidney disease (ESKD), according to a study today in the Journal of the American Society of Nephrology.

[Vaccination Reduces Risk of Long Covid, Even When People Are Infected, U.K. Study Indicates](#) (*STAT News*) People who are fully vaccinated against Covid-19 appear to have a much lower likelihood of developing long Covid than unvaccinated people even when they contract the coronavirus, a study published Wednesday

indicated. The research is among the earliest evidence that immunization substantially decreases the risk of long Covid even when a breakthrough infection occurs.

[Israel's COVID-19 Boosters Are Preventing Infections, New Studies Suggest](#) (*Science*) Israel's nationwide campaign to provide its population with COVID-19 vaccine boosters appears to benefit recipients. A third dose of the Pfizer-BioNTech vaccine significantly lowers the risk of infection, according to two new studies. A report for the country's Ministry of Health, posted Friday, showed a third dose reduced recipients' risk of testing positive for SARS-CoV-2 by more than 10-fold 2 weeks later. And in a preprint posted yesterday, researchers used data from a health maintenance organization (HMO) to calculate that a third dose roughly halves a person's chances of testing positive for the virus starting 1 week after the shot and further reduces it after the second week.

[Monkeypox: DRC Reports 600+ Cases In Past Six Weeks](#) (*Outbreak News Today*) The World Health Organization (WHO) reported an additional 629 monkeypox cases in the past six weeks in the Democratic Republic of the Congo (DRC). Six additional monkeypox fatalities have also been reported. Since the beginning of the year through August 8, 2,523 cases have been reported with 66 deaths. In 2020, a total of 6,257 suspected cases including 229 deaths (CFR 3.7%) were reported in 133 health zones from 17 out of 26 provinces in the country.

CDC Clinicians [Zoom Webinar](#)

2021-2022 Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines

Free [Continuing Education](#) will be available for this COCA Call.

More info: https://emergency.cdc.gov/coca/calls/2021/callinfo_090921.asp

Protect yourself from extreme heat

(CDC EPIX Extra) Because of widespread power outages, many people in hurricane-affected areas may be without air conditioning. This increases the risk for heat stroke, heat exhaustion, heat cramps and fainting. To avoid heat stress, you should [follow CDC's heat safety tips](#). Visit [Warning Signs and Symptoms of Heat-Related Illness](#) for more information on how to recognize symptoms and what to do if someone develops a heat-related illness.

If air conditioning is not available:

- Stay hydrated by drinking plenty of safe, drinkable water.
- Take cool showers or baths.
- Don't rely solely on fans to keep you cool. While fans might provide some comfort, when temperatures are really hot, they won't prevent heat-related illness.

[Information for Professionals and Response Workers](#): Find safety information for health care professionals, response and cleanup workers, and Public Service Announcements to get information to the public about staying safe after a hurricane.

Download the [FEMA Mobile App](#) to stay aware of immediate threats and to locate nearby shelters.

Healthcare-associated infections rose in 2020, CDC says

(CIDRAP) A new [study](#) by researchers with the Centers for Disease Control and Prevention (CDC) shows that, after years of decline, US hospitals saw significant increases in healthcare-associated infections (HAIs) in 2020, largely as a result of the COVID-19 pandemic.

Published today in *Infection Control and Hospital Epidemiology*, the analysis of National Healthcare Safety Network (NHSN) data from acute care hospitals in 12 states found that rates of central-line-associated bloodstream infections (CLABSIs), catheter-associated urinary tract infections (CAUTIs), and ventilator-associated events (VAEs) saw significant increases in 2020 compared with 2019, particularly in the second half of the year. There was also a significant rise in methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia.

Read more: <https://www.cidrap.umn.edu/news-perspective/2021/09/healthcare-associated-infections-rose-2020-cdc-says>

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.