



# Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for September 13, 2021

## 2021 Kentucky Statewide Trauma and Emergency Medicine Symposium Scheduled for October, 2021, has been cancelled

Due to the current status of the COVID-19 Pandemic, the decision has been made to **postpone this program until 2022**. The location will change to the Seelbach Hilton Louisville Hotel; but the agenda will remain the same. Registration fees will be reimbursed.

For additional information or questions please <mailto:CME@NortonHealthcare.org>

[Source: <https://cmetracker.net/NHCCME/Publisher?page=pubOpen#/EventID/129126/>]

### KY COVID Update

There were 4,470 new cases on Saturday, September 11th, with 18 new deaths. On Sunday, there were 3,111 new cases, with 21 new deaths. Today, there are 2,426 new cases, and 29 new deaths. The positivity rate is currently 13.7%. See more: <https://chfs.ky.gov/agencies/dph/covid19/COVID19DailyReport.pdf>

KY COVID link for latest map: <https://govstatus.egov.com/kycovid19>

Watch Governor Beshear's Press Conference: <https://www.youtube.com/watch?v=tBm7Js-ZcEo>

### Ky. infection rate is still 3rd, and it has 12 of top 25 counties N.Y. Times says, but ranks better on shots than most adjoining states

(KY Health News) Kentucky's coronavirus infection rate over the last seven days is still the nation's third-highest, and its rate has remained stable for the last two weeks while Tennessee and West Virginia moved ahead of it in [rankings](#) by **The New York Times**.

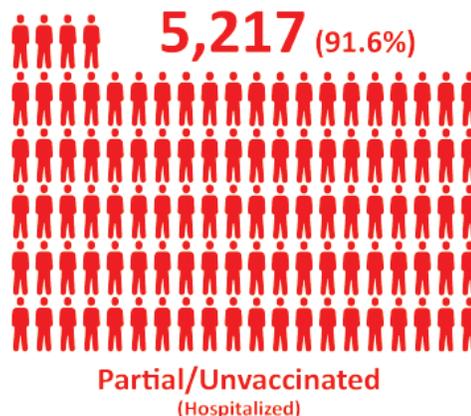
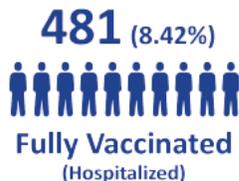
The Times, using **Centers for Disease Control and Prevention** data, says the state has had 91 daily cases per 100,000 residents over the last week, a decline of only 1 percent over the last 14 days. West Virginia's rate is 92 and Tennessee's is 100, the Times says.



## COVID-19 Statistics

### Kentucky COVID-19 HOSPITALIZATIONS

March 1 - August 31, 2021\*



= 50 patients

Data is provided by Kentucky Department of Public Health on a weekly basis.  
For additional information please visit: [kycovid19.ky.gov](https://kycovid19.ky.gov) - [KY COVID Data Dashboard \(egov.com\)](https://egov.com)

\* Data are provisional and subject to change; fully vaccinated includes individuals who have received the second dose of an mRNA vaccine or the Janssen vaccine >2 weeks prior to the illness; unvaccinated individuals have no evidence of vaccination KYIR or are partially vaccinated

Hospitalization data may be underreported

Kentucky reports lower rates for itself, most recently 82 per 100,000 residents. State health officials have said they remove duplicate test results from their data, which results in lower rates of positive tests.

In the Times rankings, 12 of the top 25 counties are in Kentucky, which has smaller counties than most states. The 12 counties and their rates are: Perry, 252 (highest in the nation); Clay (third in the nation), 207; Whitley (fifth), 189; Russell (seventh), 186; Grayson (ninth), 183; Rockcastle (10th), 182; Knox (11th), 181; Bell (15th), 171; Monroe (18th), 168; Harlan (19th), 168; Powell (22nd), 164; and Metcalfe (23rd), 163. All except Grayson County are in Appalachia.

While Kentucky's infection rate remains high, daily vaccinations in the state have generally

increased over the last four weeks. They have decreased this week, but the state is about to get 50 percent of its population fully vaccinated. It ranks 27th in full vaccination, three notches below Illinois and 14 below Virginia, but better than other adjoining states. *<Click the headline above to read/see more!>*

Related story - [Studies show that properly wearing masks slows the spread of the coronavirus, as part of a multi-layered prevention approach](#) <Click the headline above to read more!>

### Vaccines are holding up against the Delta variant, CDC studies say

(STAT Morning Rounds) Covid-19 vaccines remain a strong match against the Delta variant, protecting most people against hospitalization and death, the CDC reports, with somewhat less protection — 80% versus 95% — for people who are over 65 and have underlying health problems. New reports compared [vaccinated to unvaccinated people](#) and levels of protection provided by each of the [three](#) FDA-authorized shots.



**CDC MMWR on COVID, Hospitalizations, and Deaths in unvaccinated and vaccinated persons**

Link: <https://www.cdc.gov/mmwr/volumes/70/wr/mm7037e1.htm>

### Some Vaccines Last a Lifetime. Here's Why Covid-19 Shots Don't

(Wall Street Journal) Researchers have calculated a key number—the threshold of protection—for other vaccines. Covid-19's is still a mystery. Why don't Covid-19 vaccinations last longer? Measles shots are good for life, chickenpox immunizations protect for 10 to 20 years, and tetanus jabs last a decade or more. But U.S. officials are weighing whether to authorize Covid-19 boosters for vaccinated adults as soon as six months after the initial inoculation.

The goal of a vaccine is to provide the protection afforded by natural infection, but without the risk of serious illness or death.

"A really good vaccine makes it so someone does not get infected even if they are exposed to the virus," said Rustom Antia, a biology professor at Emory University who studies immune responses. "But not all vaccines are ideal."

The three tiers of defense, he said, include full protection against infection and transmission; protection against serious illness and transmission; or protection against serious illness only.

The effectiveness depends on the magnitude of the immune response a vaccine induces, how fast the resulting antibodies decay, whether the virus or bacteria tend to mutate, and the location of the infection.

The threshold of protection is the level of immunity that's sufficient to keep from getting sick. For every bug, it's different, and even how it's determined varies. Learn more: <https://www.livemint.com/science/health/some-vaccines-last-a-lifetime-here-s-why-covid-19-shots-dont-11631334567060.html>

### Related story - FDA vaccine regulators argue against Covid-19 vaccine boosters in new international review

(STAT News) A group of international experts — including, notably, two outgoing Food and Drug Administration vaccine regulators — argues in a new paper against offering Covid-19 vaccine boosters to the general population. The [paper](#), published Monday in the Lancet, is based on a review of available data about the durability of vaccine protection. That it was co-authored by [Marion Gruber and Phil Krause](#), two veteran FDA officials who have been leading the agency's review of Covid-19 vaccine applications, amounts to a strikingly direct rebuff to the Biden administration as it lays plans for booster shots. Gruber and Krause announced last

month they would be leaving the agency this fall. Full story: <https://www.statnews.com/2021/09/13/international-review-argues-against-covid-19-vaccine-boosters/>

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**Vaccination Reduces Need for Emergency Care  
in Breakthrough COVID-19 Infections: A Multicenter Cohort Study**

(*Lancet Regional Health*) This observational cohort analysis compared unvaccinated (UV), partially vaccinated (PV), and fully vaccinated (FV) adult patients with SARS-CoV-2 infection requiring emergency care (EC)/hospitalization within an eight-hospital system in Michigan. Accounting for the SARS-CoV-2 vaccination population groups in Michigan, the ED encounters/hospitalizations rate relevant to COVID-19 was 96% lower in FV versus UV (multiplicative effect:0.04, 95% CI 0.03 to 0.06, p < 0.001) in negative binomial regression. COVID-19 EC visits rate peaked at 22.61, 12.88, and 1.29 visits per 100000 for the UV, PV, and FV groups, respectively. In the propensity-score matching weights analysis, FV had a lower risk of composite disease compared to UV but statistically insignificant (HR 0.84, 95% CI 0.52 to 1.38). The need for emergency care/hospitalization due to breakthrough COVID-19 is an exceedingly rare event in fully vaccinated patients. As vaccination has increased regionally, EC visits amongst fully vaccinated individuals have remained low and occur much less frequently than unvaccinated individuals.

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**KY Department of Education to Reimburse Schools for Vaccine Incentives**

Learn more: <https://www.wave3.com/app/2021/09/10/kentucky-department-education-reimburse-schools-vaccine-incentives/>

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**N.Y. Hospital Will Stop Delivering Babies as Workers Quit Over a Vaccine Mandate**

(NPR) If a conflict at one New York hospital over vaccine mandates for health care workers is any indication, the Biden administration's new effort to mandate vaccines for millions of workers could be in for an uphill battle. At one local hospital in upstate New York, dozens of staff members walked away from their jobs after refusing to get vaccinated. The move has seriously disrupted care in the process. The hospital will be "unable to safely staff" its maternity department and newborn nursery as of Sept. 25, [according to Lewis County Health System CEO Gerald Cayer](#). He added that other departments in the hospital are at risk as well if workers don't get vaccinated.

Other health care facilities have been acutely affected by the vaccine mandate standoff between bosses and their workers. The pandemic has already exacerbated staffing shortages at medical facilities in the United States. Hospitals around the country have also offered [incentives](#) to get workers to stick around during the pandemic, such as offering sign-on bonuses.

Some health care administrators in Texas fear that mandating vaccines for workers will push desperately needed employees to quit, [according to the Texas Tribune](#). In April, Houston Methodist hospital system was among the first in the nation to implement a vaccine mandate. The hospital system lost [150 employees who refused to comply](#) and either were fired or resigned.

Full story: <https://www.npr.org/2021/09/13/1036521499/covid-workers-resign-new-york-hospital-stops-baby-delivery>

**[Related CIDRAP story #1 - US COVID-19 vaccine mandates met with mixed response](#)**

**[Related CIDRAP story #2 - Coronavirus-sniffing dogs Unleashed at Miami Airport to Detect Virus in Employees](#)**

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**KY Issues Updated Crisis Standards of Care Resources**

Kentucky Public Health Preparedness Branch Manager [Robbie Hume](#) has provided an updated "[Crisis Standards of Care Guidance](#)," document along with its companion "[Strategies for Scarce Resource Situations](#)" tool.

On page iii, it notes that the primary modifications to the original documents released in March 2020, are focused around persons with disabilities.

It is suggested that you replace/update your files with these updated documents; and share with your key partners as appropriate.

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**CIDRAP News**

**[Study: Many early nursing home COVID cases, deaths likely unreported](#)**

More than 68,000 COVID-19 cases and 16,000 related deaths in US nursing homes may have gone uncounted because they occurred before federal guidelines required facilities to report case and death data in late May 2020, suggests a [study](#) yesterday in *JAMA Network Open*.

## CDC Issues *Clarification* on Monoclonal Antibodies Bamlanivimab and Etesevimab Memo Issued Last Week

(CDC COCA) The recent [COCA NOW : Monoclonal Antibodies Bamlanivimab and Etesevimab May Be Less Effective for Treating Cases of COVID-19 Caused by SARS-CoV-2 Variants](#) COCA notification released September 10, 2021 highlighted changes made to CDC's [Variant Classification and Definitions webpage](#), which primarily focused on updates to Substitutions of Therapeutic Concern. These updates contained accurate information, but unintentionally indicated a possible cause for concern that this combination monoclonal antibody product was not effective against infections with the SARS-CoV-2 Delta variant. CDC has no evidence at present that Delta variants circulating in the United States carry mutations that might confer resistance to this drug.

The information provided in the Substitutions of Concern for SARS-CoV-2 Monoclonal Antibody Therapies is based on laboratory data provided in the [Fact Sheet for Health Care Providers for EUA of Bamlanivimab and Etesevimab](#), which indicates no change in susceptibility to bamlanivimab and etesevimab for the Delta variants. As such, clinical recommendations have not changed.

Clinicians seeking advice on the use of monoclonal antibody products authorized for emergency use in the United States for the treatment and prevention of SARS-CoV-2 should consult the NIH [COVID-19 Treatment Guidelines](#)

### Johns Hopkins: [Health Security Headlines](#) – Extracts from September 13, 2021

[Israel Is Preparing for Possible Fourth Covid Vaccine Dose](#) (*Bloomberg*) Israel is making preparations to ensure it has sufficient vaccine supply in case a fourth round of Covid-19 shots is needed, the country's top health official said on Sunday. "We don't know when it will happen; I hope very much that it won't be within six months, like this time, and that the third dose will last for longer," Health Ministry Director General Nachman Ash said in an interview with Radio 103FM.

[FDA Official Hopeful Younger Kids Can Get Shots This Year](#) (*AP*) The Food and Drug Administration's vaccine chief said Friday the agency will rapidly evaluate COVID-19 vaccinations for younger children as soon as it gets the needed data — and won't cut corners. Dr. Peter Marks told The Associated Press he is "very, very hopeful" that vaccinations for 5- to 11-year-olds will be underway by year's end. Maybe sooner: One company, Pfizer, is expected to turn over its study results by the end of September, and Marks say the agency hopefully could analyze them "in a matter of weeks."

< [FDA Statement from Sept 10: https://www.fda.gov/news-events/press-announcements/fda-will-follow-science-covid-19-vaccines-young-children](#) >

[Why The World Should Be More Than A Bit Worried About India's Nipah Virus Outbreak](#) (*NPR*) The Nipah virus is making news again after tragic reports that a 12-year-old boy died of the disease on Sept. 5, in Kerala's Kozhikode district. He had been admitted to a private hospital after running a high fever and showing symptoms of encephalitis — swelling of the brain. While figuring out how to prevent and treat the Nipah virus is very much a work in progress, there have been advances. Nonetheless, Nipah remains a concern, not just in India but for the entire planet. The World Health Organization classifies it as a "virus of concern" for future epidemics because "each year it spills over from its animal reservoir into humans," says Dr. Stephen Luby, professor of infectious disease at Stanford University. And when humans are infected it can be transmitted from person-to-person.

### Wide variation in antibiotic use found in US NICUs

(CIDRAP) A review of US neonatal intensive care units (NICUs) shows wide variability in antibiotic use in newborns, researchers reported yesterday in *Infection Control and Hospital Epidemiology*.

The cross-sectional [analysis](#) of 51 US NICUs participating in the Pediatric Health Information System found that, on the day of the study (Oct 25, 2017), among 2,813 hospitalized newborns, 656 (23%) received at least one antibiotic, and 345 (12%) received more than one antibiotic.

Across all 51 NICUs, the prevalence of antibiotic use ranged from 0% to 59%. Ampicillin (25%), gentamicin (19%), vancomycin (10%), and cefazolin (7%) were the most prescribed antibiotics.

The proportions of newborns receiving at least one antibiotic were highest in the West (26%) and Northeast (26%), followed by the South (24%) and Midwest (19%).

Full report: <https://www.cidrap.umn.edu/news-perspective/2021/09/wide-variation-antibiotic-use-found-us-nicus>

### New report shows nearly three quarters of 9/11 responders have long-term illness

([InfoGram](#)) Coinciding with the 20-year anniversary of the terrorist attacks on the World Trade Center and Pentagon on September 11, 2001, the Fire Department of the City of New York (FDNY) World Trade Center (WTC) Health Program just released a report on the long-term health effects the rescue and recovery efforts have had on FDNY 9/11 responders.

This report, [Health Impacts on FDNY Rescue/Recovery Workers - 20 Years: 2001 to 2021](#), is the third in its series from the FDNY WTC Health Program, with similar reports released in [2007](#) and [2016](#).

Nearly every active member of the FDNY workforce (99%), responded to the WTC disaster. Following the tragic loss of 343 FDNY members on 9/11, nearly 16,000 FDNY members continued rescue and recovery efforts over the next 10 months. These FDNY firefighters, emergency medical services (EMS) providers and civilian personnel (both actives and retirees) were exposed to WTC dust, particulates, noxious gases, chemicals, and fibers while working tirelessly at the WTC site on rescue and recovery. Many members were injured on 9/11 or began feeling ill during the rescue and recovery effort.

Now, 20 years later, more than 11,300 of the almost 16,000 members - over 70% - have been diagnosed and certified with at least one WTC-covered condition for physical or mental health. The most common ailment is 9/11-linked gastroesophageal reflux disease (GERD), which nearly half of firefighters and a quarter of EMTs suffered. That's followed by similar levels of upper and lower respiratory problems. About 20% of this population have since acquired some form of 9/11-linked cancer. About 24% of members have some form of mental health condition, with depression and post-traumatic stress disorder (PTSD) being the most common WTC-related mental health conditions reported.

The National Institute for Occupational Health (NIOSH) oversees the FDNY WTC Health Program and certifies health conditions for inclusion in the Program's benefits. NIOSH's [9.11 World Trade Center Health Program](#) also funds [medical research](#) into physical and mental health conditions related to 9/11 exposures.

### **Related [Newsday](#) story - New York Governor Signs Law To Expand the Pool Of First Responders**

New York Gov. Kathy Hochul "signed into law three pieces of legislation on the anniversary of Sept. 11, 2001, all designed to expand the pool of people considered first responders during the terrorist attacks and make it easier for them to apply for benefits online. She also proposed legislation that would allow *New York National Guard members to qualify as veterans* under state law." Newsday adds, "One of the new laws she signed expressly defined the *first responder category to include 911 operators, EMS dispatchers and others working in similar jobs* as defined by local government regulations. Another signed measure allows for first responders to apply for benefits online through their relevant retirement systems," while "a third expands the definition of a World Trade Center responder to include any person who is currently a member of a public retirement system, regardless of whether the employee was a participant of the retirement system at that time of the attacks, subject to certain time limitations."

### **400 Cases Reported Of New Deadly Parasite Spreading In America**

[\(News Break\)](#) The Centers for Disease Control and Prevention (CDC) reported 402 domestically acquired cyclosporiasis illnesses in the past month. A total of 864 laboratory-confirmed cases of cyclosporiasis in people who had no history of international travel during the 14 days before illness onset have been reported to The Centers for Disease Control and Prevention (CDC) by 35 jurisdictions, including 34 states and New York City. 59 people needed hospitalization for their illness, and no deaths have been reported. The onset of illness dates goes from May through August.

Early U.S. outbreaks of cyclosporiasis have been linked to many types of fresh produce, including basil, cilantro, mesclun lettuce, raspberries, and snow peas. No common source has yet been found.

Cyclospora is usually spread when feces infect food or water. It's transmitted directly from person to person because the Cyclospora parasite needs time to become infectious for another person after being passed in a bowel movement. Cyclosporiasis is a gastrointestinal illness caused by Cyclospora cayetanensis. Condition is caused by consuming contaminated food and water. The time between being infected and becoming sick is usually about one week.

FDA reference: <https://www.fda.gov/food/foodborne-pathogens/cyclospora>

CDC Info: <https://www.cdc.gov/parasites/cyclosporiasis/index.html>

### **Mobile Stroke Units Lowers Risk for Lasting Brain Damage**

(UPI) Every second counts after having a stroke, and rapid-response mobile stroke units can start clot-busting drugs quickly, potentially staving off lasting damage, new research finds.

Mobile stroke units are special ambulances equipped with imaging equipment and staffed by experts who can diagnose and treat strokes in the moments before arriving at the hospital. Typically, people who may have had a stroke must wait until they get to an emergency room for evaluation and treatment, which can cost valuable time.

In this study, people who were treated on a mobile stroke unit had lower levels of disability three months after their stroke, compared with folks who received treatment when they got to the ER.

Find out more: [https://www.upi.com/Health\\_News/2021/09/10/stroke-mobile-unit-reduce-disability-risk/8891631224016/](https://www.upi.com/Health_News/2021/09/10/stroke-mobile-unit-reduce-disability-risk/8891631224016/)

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**FDA recall ultrasound gel manufactured by Eco-Med**

Learn more: <https://news360.com/article/564210507>  
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**Florida Teenagers accused of plotting 'next Parkland massacre'  
at Florida middle school**

(USA Today) Two teenagers [are accused of planning a mass shooting](#) at a Florida middle school that the local sheriff said would've been comparable to the 2018 Parkland school shooting, [where 17 people were killed](#).

[Related WSJ story – subscription required: <https://www.wsj.com/articles/florida-teens-charged-in-school-shooting-plot-11631292131>]

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**Bring Down Barriers and Increase Preparedness**

**National Preparedness Month** is an observance each September to raise awareness about the importance of preparing for disasters and emergencies that could happen at any time. This year features the [Bring Down Barriers](#) toolkit to bring additional focus to the needs of all populations affected by disasters. The toolkit includes social media messages and graphics that highlight ways the whole community can come together to reduce or remove barriers to emergency preparedness and response. Organizations and individuals interested in amplifying this information can use #PrepYourHealth and #BringDownBarriers on social media platforms.

Learn more about this important topic by joining CDC's Center for Preparedness and Response for a [webinar](#) on Wednesday, September 15, at 1 p.m. ET. The webinar will feature presentations by CDC's National Center on Birth Defects and Developmental Disabilities and Georgia Tech's Center for Inclusive Design and Innovation (CID). CDC encourages leaders who are responsible for the safety of others to attend. This includes community leaders, public health workers, emergency responders, school administrators, managers of assisted living facilities, and workplace safety officers.

This year's National Preparedness Month brings attention to the challenges people face that can make it difficult for them to prepare for, respond to, and recover from an emergency. Often, more than one challenge occurs at a time. Some of the most common challenges are communication, social, and transportation barriers, and challenges with processes and systems. Bringing down these barriers requires the [whole community](#) to work together. >> **SEE MORE:** [https://emergency.cdc.gov/epic/learn/2021/webinar\\_20210915.asp](https://emergency.cdc.gov/epic/learn/2021/webinar_20210915.asp)

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**CDC's EPIC Extra Offers Tips on Safety & Hurricane Recovery**

With folks still clearing up after Hurricane Ida, and now [Hurricane Nicholas](#) coming ashore again in Texas, and heading northeast (*right now [models](#) seem to indicate it will most likely slide under KY*), the ECE EPIC program has some advice and information to share Hurricane Safety & Recovery.

Link: <https://emergency.cdc.gov/newsletters/epic/091321.htm>

FYI on **Tropical Storm Nicholas**: [Parts Of Texas Gulf Coast Could See 20 Inches Of Rain](#)

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**In case you missed it...**

**KSHE 2021 Healthcare Coalition Conference is **POSTPONED****

Moving it to February 21-23 in Owensboro

*The postponed event will not take the place of the 2022 Healthcare Coalition Conference, which will still be held in the fall of 2022 in Lexington, KY.*

([KSHE Statement](#)) Please check the HCC event homepage for additional details as they become available in October: [https://kshe.org/page/2021hcc\\_homepage](https://kshe.org/page/2021hcc_homepage)

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**University of KY Pediatric Emergency Medicine Symposium**

Please join the third annual University of Kentucky Pediatric Emergency Medicine Symposium. It will be held **virtually** on **Tuesday, September 28th**. Highlights from this year's course will include discussion of Pediatric Shock, Multisystem Inflammatory Syndrome in Children and other Pediatric COVID considerations, and Pediatric Surgical Emergencies. This course is designed to support any provider who cares for children in the acute, urgent or emergent setting.

Click the link to see the attached flyer and register at: <https://www.cecentral.com/live/20847>

The KHEREF 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 KHEREF are supported by US DHHS ASPR HPP funds through a contract with Kentucky Public Health.