



# Kentucky Hospital Research & Education Foundation Emergency Preparedness Update for September 20, 2021

## KY COVID-19 Update

([KY COVID19DailyReport](#)) There were 2,075 new cases reported today, with 526 patients 18 and under. The positivity rate has dropped to 12.18%. There were 17 new deaths, for a total of 8,330 to date. 2,254 are hospitalized with COVID-19, with 654 in an ICU, and 452 on a ventilator. Statewide, 87.2% of ICU beds are occupied, and 44.8% of ventilators are in use.

### **Gov. Beshear: 'Due to National Shortage, There Will Not Be Enough Monoclonal Antibody Infusions Anywhere. Get vaccinated!**

*Seventy percent of eligible Kentuckians 12 and older have received at least one vaccine dose*

(From Governor's Press Release) Today, Gov. Andy Beshear said Kentucky administered more than 5,000 monoclonal antibody treatment courses last week, but the state will only receive 4,960 courses this week due to a [national shortage](#). They will be allocated to 79 sites around Kentucky based on backorder requests, current inventory and previous week utilization.

"We will have at least one monoclonal antibody treatment provider in each of our Area Development Districts, but there's not going to be enough anywhere," said Gov. Beshear. "If you're putting off a vaccine to have an infusion, let me tell you, an infusion is much more invasive, and there are not going to be enough of those anywhere in the commonwealth. Get that vaccine."

The Governor said 8,750 COVID-19 cases and 88 COVID-19 deaths were reported in Kentucky since Friday. Three of the Kentuckians who died were in their early twenties.

"This is like a war zone to us. We have staff members experience PTSD, just as a soldier would in the time of war," said Sherrie Mays, MSN, RN, vice president and chief nursing officer at Baptist Health Corbin. "My heart breaks for my staff. I see them out there working every day. They put this hospital and the patients ahead of their families so that our patients can be taken care of."

Read full press release for more info: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=970>

## **US COVID-19 death toll surpasses that of 1918 pandemic**

(The Hill) The U.S. death toll from COVID-19 has surpassed that of the 1918 flu pandemic, [according to a tracker from Johns Hopkins University](#), highlighting the extraordinary damage incurred by the current virus.

The U.S. has passed 675,000 deaths, the estimated toll from the 1918 pandemic, which for a century had been the worst pandemic to hit the country.

Deaths from COVID-19 are also far from over. The U.S. is averaging about 2,000 more deaths from the virus every day, according to a New York Times tracker.

Those deaths are overwhelmingly among the unvaccinated, though, highlighting that the continuing toll of COVID-19 is now largely preventable now that vaccines are widely available in the U.S. In 1918, there was no vaccine to help stop the flu pandemic.

Read more: <https://thehill.com/policy/healthcare/573011-us-covid-19-death-toll-surpasses-that-of-1918-pandemic>

## **As several states near ICU capacity, what are 'Crisis Standards of Care?'**

(AP/WLKY) As the spread of the delta variant continues unabated in much of the U.S., public health leaders have approved health care rationing in Idaho and parts of Alaska and Montana.

At least five more states — Georgia, Kentucky, Mississippi, Arkansas and Texas — are nearing capacity with more than 90% of their intensive care unit beds full, according to data from the U.S. Department of Health and Human Services.

The move to ration healthcare comes amid a spike in the number of unvaccinated COVID-19 patients requiring hospitalization. Crisis standards of care allow health care providers to give scarce resources, like ventilators, to the patients most likely to survive. But determining who gets what is no easy feat. Here are some of the key questions:

- What are 'crisis standards of care?'
- What's the scoring system, and what are 'tie-breakers?'
- Does vaccination status matter?
- What else changes when a hospital is operating under crisis standards of care?
- How does this impact health care workers?

- What can be done to get back to normal?

Learn more: <https://www.wlky.com/article/what-are-crisis-standards-of-care/37643154>

### **Related WFPL story – KY Hospitals May Have to Start Rationing Care as COVID Surge Continues**

(WFPL) A surge of COVID-19 patients across the state and country might mean rationing of coronavirus treatment in Kentucky. Last week the Governor said that as more people become hospitalized with COVID, the demand for monoclonal antibodies treatment has steadily increased, and the federal government has decided to ration it. Beshear says it's unlikely the state has the supplies needed to make up the difference. "Doctors are gonna have to use other things that haven't proven to be as good as this treatment," said Beshear. "They are gonna have to look at individuals and make the tough decisions about who gets the best medications, and who doesn't." The rationing comes as Kentucky's healthcare system is already struggling to take care of patients. Read full story: <https://wfpl.org/ky-hospitals-may-have-to-start-rationing-care-as-covid-surge-continues/>

### **FDA Alerts Providers to False Positives with Two Abbott SARS-CoV-2 Test Kits**

(KHA COVID-19 Update) The Food and Drug Administration (FDA) Friday [alerted clinical laboratory staff and health care providers](#) to the potential for false positive results with two test kits made by Abbott Molecular to detect SARS-CoV-2. The agency recommends providers consider presumptive any positive results from the Alinity m SARS-CoV-2 AMP Kit, List Number 09N78-095, and Alinity m Resp-4-Plex AMP Kit, List Number 09N79-096; consider retesting positive patient specimens performed in the last two weeks with an alternate authorized test and informing patients with positive results since June that their results may have been false positives; and report any issues using the tests to FDA. Only laboratories certified to perform moderate or high complexity tests under the Clinical Laboratory Improvement Amendments can use these test kits

### **Pfizer, BioNTech say Covid-19 shot for kids is safe and provokes strong immune response**

(Politico) Pfizer and BioNTech's coronavirus vaccine is safe and provokes a strong antibody response in 5- to 11-year olds, the companies said Monday, releasing their first results for this age group.

The immune response seen in the children enrolled in the late-stage clinical trial was comparable to that seen in teens and young adults, even though the children's dosage was one-third the amount used in people 12 and over. The companies have not released detailed data from the study, nor have they published the findings in a peer-reviewed journal.

Pfizer and BioNTech plan to file the data in a "near-term" submission for emergency use with the Food and Drug Administration, the latest sign that the Delta variant's rise and increasing Covid-19 cases among young children have alarmed health officials. The companies said they will also ask the European Medicines Agency and other regulators to update their authorizations "as soon as possible."

Read more: <https://www.politico.com/news/2021/09/20/pfizer-biontech-say-covid-19-shot-for-kids-is-safe-and-provokes-strong-immune-response-512930>

### **Comparative Effectiveness of Moderna, Pfizer-BioNTech, and Janssen (Johnson & Johnson) Vaccines in Preventing COVID-19 Hospitalizations Among Adults Without Immunocompromising Conditions — United States, March–August 2021**

(CDC MMWR) Two-dose regimens of the Moderna and Pfizer-BioNTech mRNA vaccines provided a high level of protection against COVID-19 hospitalizations in a real-world evaluation at 21 U.S. hospitals during March–August 2021. VE against COVID-19 hospitalization for Moderna and Pfizer-BioNTech vaccines was 93% and 88%, respectively, whereas the single-dose Janssen vaccine had somewhat lower VE at 71%.

### **Allergic reactions to mRNA COVID vaccines rare, manageable**

(CIDRAP) Allergic reactions to COVID-19 mRNA vaccines are rare and usually mild, according to a [study](#) late last week in *JAMA Network Open*.

Stanford University researchers led the study of 22 reported allergic reactions to the first 38,895 doses of the Pfizer/BioNTech and Moderna COVID-19 vaccines given to healthcare workers from Dec 18, 2020, to Jan 26, 2021 (less than six hundredths of a percent). Of all vaccinations, 80.6% were of the Pfizer vaccine, while 18.7% were of Moderna. The study population was 60% women, 64% White, 2% Black, 20% Asian, 16% younger than 50 years, and 54% aged 70 and older.

According to the national [Vaccine Adverse Event Reporting System](#) (VAERS), the rate of severe vaccine-related anaphylaxis, or a serious allergic reaction that requires hospitalization, is 4.7 per million for the Pfizer vaccine and 2.5 per million for Moderna. But the authors noted that VAERS tends not to capture mild or moderate allergic reactions to vaccines.

Read more: <https://www.cidrap.umn.edu/news-perspective/2021/09/study-allergic-reactions-mrna-covid-vaccines-rare-manageable>

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**Flu shots urged in Kentucky to prevent burden on hospitals**

(WDRB) (AP) — Kentuckians should get the flu vaccine to help lessen the strain on hospitals in the coming months, the state's health commissioner said.

Dr. Steven Stack said in a statement that if more Kentuckians get immunized against the flu, hospitals will have more capacity to care for COVID patients and other patients as well.

"In a typical winter, flu always drives up the number of people in the hospital. In bad years, hospitals really get strained or taxed with the number of influenza patients who fill them," Stack said in a statement. "The flu vaccine does protect large numbers of people and prevents substantial burdens to the hospitals."

Source: [https://www.wdrb.com/news/flu-shots-urged-in-kentucky-to-prevent-burden-on-hospitals/article\\_cb69cb68-5ccd-5c3a-a09c-10d4b2634c1e.html](https://www.wdrb.com/news/flu-shots-urged-in-kentucky-to-prevent-burden-on-hospitals/article_cb69cb68-5ccd-5c3a-a09c-10d4b2634c1e.html)

**CDC Clinicians Call**

***Evaluating and Supporting Patients Presenting With Fatigue Following COVID-19***

**Thursday, September 30 @ 2-3 PM ET**

Learn more & get Zoom/Call-In Info:

[https://emergency.cdc.gov/coca/calls/2021/callinfo\\_093021.asp](https://emergency.cdc.gov/coca/calls/2021/callinfo_093021.asp)

**Pandemic May Be Taking a Toll on Children's Vision**

Learn more: <http://newser.com/s311147>

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**COVID causes lack of body storage space in coroner's office, hospitals**

(WBKO) Kevin Kirby, Warren County Coroner and owner of the J.C. Kirby & Son Funeral Chapel is used to working long days in what is a notoriously grueling profession. But he has almost never experienced a pandemic like the Delta variant wave of coronavirus that is sweeping over the U.S., leading to a surge in cases and [COVID-19](#) hospitalizations in Kentucky. Kirby says due to COVID-19, [local hospitals](#) and funeral homes are running out of room to properly store the bodies of the deceased. The lack of refrigeration space is due to the spike in the Delta variants.

J.C. & Sons Funeral Home already has a large refrigeration unit to store deceased bodies and accommodate a good number of people. This serves both the funeral home and the county because Kevin Kirby is the Warren County Coroner. Since the start of the pandemic, local funeral homes began assisting local hospitals with storage for the deceased. However, since the recent delta variant surge, those funeral homes are now also being overpopulated with deceased bodies.

Warren County has put out bids to buy a 16-person storage trailer to assist the hospitals and the coroner's office accommodate more people. Kirby says he hopes to never need the refrigerated trailer again, but it will be available if another pandemic or similar situation arises. Also, the trailer would be available to Emergency Management Services in the county.

Full story: <https://www.wbko.com/2021/09/14/covid-causes-lack-body-storage-space-coroners-office-hospitals/>

**Related story – West Virginia will “keep lining the body bags up’ if COVID vaccinations don’t improve**

Story: <https://www.businessinsider.com/west-virginia-governor-covid-deaths-september-2021-9>

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**5 People in Oregon Hospitalized After Taking Ivermectin to Treat COVID**

Read more: <https://www.thedailybeast.com/ivermectin-use-lands-5-people-in-oregon-hospitals-after-they-took-it-to-prevent-covid>

**Related story #1 – Judge says KY Hospital Can Deny Ivermectin to COVID Patient**

Learn more: <https://www.medpagetoday.com/special-reports/exclusives/94575>

**Related story #2 – Glasgow protesters gather for ‘right to try’ different treatments**

(WBKO) On Friday, several protesters gathered at the Glasgow square to protest for the right to try different treatments that might not be cleared for specific medical uses. The protest was sparked by a Facebook post made by Dr. Andy Turner in which he stated that he was no longer able to provide “Right to Try” treatments for Covid-19. Protesters said they wanted the ability to have access to drugs such as ivermectin - which has approved uses for humans and animals - to treat Covid-19.

The use of ivermectin to treat Covid-19 has been controversial, with the [CDC issuing guidance](#) that “Ivermectin is not authorized or approved by FDA for prevention or treatment of COVID-19. The National Institutes of Health’s (NIH) COVID-19 Treatment Guidelines Panel has also determined that there are currently insufficient data to recommend ivermectin for treatment of COVID-19.”

[The CDC described ivermectin](#) as a “medication that is approved by FDA in oral formulations to treat onchocerciasis (river blindness) and intestinal strongyloidiasis. Topical formulations are used to treat head lice and rosacea. Ivermectin is also used in veterinary applications to prevent or treat internal and external parasitic infections in animals. When used in appropriate doses for approved indications, ivermectin is generally well tolerated.

“Clinical trials and observational studies to evaluate the use of ivermectin to prevent and treat COVID-19 in humans have yielded insufficient evidence for the NIH COVID-19 Treatment Guidelines Panel to recommend its use. Data from adequately sized, well-designed, and well-conducted clinical trials are needed to provide more specific, evidence-based guidance on the role of ivermectin in the treatment of COVID-19.”

Full story: <https://www.wbko.com/app/2021/09/17/glasgow-protesters-gather-right-try-different-treatments/>

### **New federal COVID-19 rules will eventually impact Kentucky**

(News Break) Earlier this month, President Biden announced [new COVID-19 rules for workplaces](#). At the time he ordered the U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) to develop rules requiring all employers with 100 or more workers to ensure their workforce is fully vaccinated or mandate COVID-19 testing for unvaccinated employees on a weekly basis. This requirement will impact over 80 million workers in private sector businesses with 100+ employees, according to the White House.

USA TODAY is now reporting those rules will impact state and local government workers in 26 states, including Kentucky. A Kentucky Labor Cabinet spokesperson told the newspaper that state officials can't comment until OSHA officially releases those rules. The labor cabinet will then have 30 days to review the rules.

(For your background information, Kentucky operates an [OSHA-approved State](#) Plan covering most private sector workers and all state and local government workers. There are currently 22 State Plans covering both private sector and state and local government workers, and there are six State Plans covering only state and local government workers. State Plans are monitored by OSHA and must be at least as effective as OSHA in protecting workers and in preventing work-related injuries, illnesses and deaths. [Kentucky State Plan](#))

### **A Deadly Virus Called RSV Is Spreading In Kentucky**

(News Break) You probably thought there would be no more dangerous viruses in Kentucky this year. But unfortunately, that's not the case. The Centers for Disease Control and Prevention (CDC) has issued a statement stating that a fatal disease is quickly spreading throughout numerous American states.

According to the [statement](#), the "CDC encourages broader testing for RSV among patients presenting with acute respiratory illness who test negative for SARS-CoV-2, the virus that causes COVID-19. RSV can be associated with severe disease in young children and older adults. This health advisory also serves as a reminder to healthcare personnel, childcare providers, and staff of long-term care facilities to avoid reporting to work while acutely ill – even if they test negative for SARS-CoV-2."

Basically, a virus named RSV (Respiratory Syncytial Virus) is rapidly spreading throughout the great state of Kentucky and several other places. For most healthy adults, it's a cold that may require you to take the day off work. But for young children and elderly people, it can be [highly deadly](#). According to publicly available data, RSV causes an average of 58,000 hospitalizations in children under the age of five, with 100-500 fatalities, and 177,000 hospitalizations in adults 65 and over, with 14,000 deaths.

It's also worth noting that RSV is the most common cause of bronchiolitis and pneumonia in infants under the age of one year in the United States. In babies, young children, and elderly people with chronic medical conditions, RSV infection can cause significant health issues.

### **Kentucky is investing in several initiatives to address farmer suicide; National Suicide Prevention Day is Wednesday**

(From KY Health News) Kentucky is investing in efforts to prevent farmer suicide, including a program to teach people in farming communities how to recognize warning signs of suicide and how to head it off; expanding the state's suicide-prevention call center; funding to collect more data; and an initiative that asks people to reach out to someone if they are feeling "down-and-out, lonesome or blue."

Knowing exactly how many farmers die by suicide is a challenge because farming is so dangerous and what may look like an accident could sometimes be a suicide. A [2020 Morbidity and Mortality Weekly Report](#) from the **Centers for Disease Control and Prevention** looked at 2016 suicide rates by industry and occupation in 32 states and found that the suicide rate among male farmers and ranchers was 43.2 per 100,000, compared to 27.4 per 100,000 among working-age men in all occupations.

In an effort to collect better data, when a person calls the suicide prevention hotline in Kentucky, which is a national hotline but is answered by someone in Kentucky, they are asked if they are a farmer or a member of a farm family. Suicide is the 11th leading cause of death in Kentucky, with an average of one person dying by suicide every 11 hours in the state, [according](#) to the **American Foundation for Suicide Prevention**.

Kentucky is home to about 76,000 farms, and most are small. The average farm in Kentucky has 171 acres, much smaller than the national average of 444 acres. In Kentucky, the industry is dominated by small family farms and about 50,000, or two-thirds, have annual sales of less than \$10,000.



An initiative, led by the **Southeast Center for Agricultural Health and Injury Prevention** in partnership with the state, is a program to provide suicide-prevention training to a diverse group of community members who largely interact with farmers. The trained community members then go back into their communities and train others.

The training is called Agricultural Community QPR, which stands for "question, persuade, refer" and is designed to teach people how to recognize the warning signs of suicide, how to offer hope and how to get help for that person. The agricultural focus of the program involves information specific to the culture of farming as a way to help people understand the stressors unique to farmers and their families and provides customized resources.

To get involved with the Agriculture Community QPR program, go to [www.uky.edu/scahip](http://www.uky.edu/scahip) or reach out via e-mail to Oldham at [carolynoldham@uky.edu](mailto:carolynoldham@uky.edu) or Mazur at [jmazur@uky.edu](mailto:jmazur@uky.edu).

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**Kentucky program, first of its kind in the nation, makes it less risky for employers to hire people with substance-use disorder**

([KY Health News](#)) Kentucky has launched a new program that will lessen the risk of liability to employers who hire or retain people with substance-use disorder -- if employees sign up for treatment and complete it.

"This program is the bridge between recovery and employment," LaKisha Miller, executive director of the **Kentucky Chamber of Commerce's** Workforce Center, told Kentucky Health News. She said the Kentucky Transformational Employment Program could be a model for the rest of the nation. "This has never been done before."

The program "ultimately provides a pathway for businesses and employers to help more Kentuckians reach long term recovery, while supporting fair-chance employment," Miller said.

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**CDC Health Advisory (CDC HAN-00452)**

**Guidance for Clinicians Caring for Individuals Recently Evacuated from Afghanistan**

(CDC) The Centers for Disease Control and Prevention (CDC) recommends that clinicians be on alert for cases of measles that meet the [case definition](#), as well as other infectious diseases, including [mumps](#), [leishmaniasis](#), and [malaria](#), among evacuees (including both Afghan nationals and U.S. citizens) from Afghanistan. Clinicians should immediately notify their local or state health department of any suspected cases of measles. Clinicians should also recommend the measles, mumps, and rubella (MMR) vaccine for unvaccinated patients.

As of September 20, 2021, CDC has been notified of 16 confirmed cases of measles and 4 cases of mumps among Afghan nationals and U.S. citizens, recently arriving from Afghanistan and continued vigilance is needed. In addition to MMR vaccination, CDC recommends that evacuees are also up to date on vaccinations for varicella, polio, COVID-19, and seasonal influenza.

Full CDC HAN: [https://emergency.cdc.gov/han/2021/han00452.asp?ACSTrackingID=USCDC\\_511-DM66243&ACSTrackingLabel=%20HAN%20452%20-%20General%20Public&deliveryName=USCDC\\_511-DM66243](https://emergency.cdc.gov/han/2021/han00452.asp?ACSTrackingID=USCDC_511-DM66243&ACSTrackingLabel=%20HAN%20452%20-%20General%20Public&deliveryName=USCDC_511-DM66243)

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**Thousands evacuated as volcano erupts on Spain's La Palma island**

([CNN](#)) The Cumbre Vieja volcano on Spain's La Palma island is continuing to expel molten lava and ash after erupting on Sunday and is likely to do so for days. The Canary Islands emergency services tweeted late Sunday that 5,000 people had been evacuated from the area nearest to the eruption.

The Canary Islands Volcanology Institute (Involcan) wrote in a statement on Facebook on Sunday that more than 25,000 earthquakes had been detected in the previous nine days around the Cumbre Vieja volcano. Spanish news reports said the last major eruption from the volcano was 50 years ago.

***Related story - Will La Palma Volcanic Eruption Cause Mega-Tsunami on U.S. East Coast? No, Officials Say***

(From [Newsweek story](#)) The eruption is believed to have been triggered by low-magnitude earthquakes, with a volcanic tremor signal recorded at all seismic stations, the Canary Islands government said on its website.

The volcanic eruption sparked a number of headlines and social media inquiries into the possibility of a "mega-tsunami" affecting the Eastern Seaboard of the U.S. The term "tsunami" was trending on [Twitter](#) on Monday morning EDT, and [Google](#) searches for "tsunami" and "mega-tsunami" had spiked according to Google Trends data.

The National Tsunami Warning dismissed fears, stating on its [Facebook](#) page: "There is NO tsunami danger for the U.S. East Coast at this time, following the eruption of Cumbre Vieja volcano, La Palma, Canary Islands. "The National Tsunami Warning Center is monitoring this situation and based on all available data, including nearby water level observations, there is no tsunami hazard for the U.S. East Coast."  
<Click the [story link](#) to learn more.>

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**Floods Have Swamped the US. The Next Health Problem: *Mold***

(*Wired*, September 20) The floods swamped roads, toppled trees, crushed houses, and killed close to 100 people—but as the water recedes, authorities are watching for signals of a second, slower-moving harm. Wherever water has invaded buildings, mold and fungi follow. They are deadly to people with damaged immune systems and dangerous even for the apparently healthy. Yet we have not built the surveillance systems that would reveal how serious their effect may be. <[Read more](#) >

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**OIG Tells CISA to Improve Dam Security and Resilience**

(*Homeland Security Today*, September 18) Nationwide, there are more than 91,000 dams, levees, and other water retention structures protecting homes and businesses, delivering electricity, and providing recreation and transportation. Recent dam failures in Oroville, CA, and Midland, MI, and widespread flooding in the Midwest highlight a need for comprehensive federal oversight and guidance. <[Read more](#) >

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**[Biden Confronts Extreme Heat, a Silent Climate Killer](#)**

(*Washington Post*) President Biden launched a governmentwide strategy Monday to combat extreme heat, including the development of new federal labor standards aimed at protecting workers from the impact of rising temperatures linked to climate change. Extreme heat has cost the lives of hundreds of Americans this summer and affected the health and livelihoods of many thousands more. It now ranks as the leading weather-related cause of death in the country, according to the National Weather Service. The push could lead to new federal Occupational Safety and Health Administration standards for employers, as well as more funding for cooling centers and other efforts to reduce heat-related illness and death.

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.