

Andrew Hoffman

From: Derek R. Kravitz <drk2134@columbia.edu>
Sent: Wednesday, July 7, 2021 9:00 AM
To: Andrew Hoffman
Subject: Sunshine Law request, Andrew County Health Department
Attachments: Sunshine Law request, Andrew County Health Department.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Please see the attached Sunshine Law request for a limited number of records since June 1, 2021, and I can be reached directly at 573-239-7440 if there are any questions or need to narrow.

Thank you and best,

Derek

--

Derek Kravitz
Columbia University's Brown Institute for Media Innovation
2950 Broadway
New York, NY 10027
Email: derek.kravitz@columbia.edu
Office: (347) 897-5827
Mobile: (573) 239-7440

THE BROWN INSTITUTE FOR MEDIA INNOVATION

July 7, 2021

Andrew County Health Department
106 North 5th
P.O. Box 271
Savannah, MO 64485-1642

To Whom It May Concern:

Under the Missouri Sunshine Law § 610.023 et seq., we request that a copy of the following documents be provided:

- Any email correspondence, and all underlying attachments contained therein, between June 1, 2021, and the date this request is ultimately fulfilled sent to, from or copied to Andrew Hoffman containing any of the following keywords: "variant"; "Delta"

If there are any fees for searching or copying these records, please inform us first if the cost will exceed \$25. However the law allows you to impose a waiver or reduction of fees when information is sought in the public interest, as is the case for this request.

We are a nonprofit organization working on behalf of news organizations, academics and other public bodies to provide clear, timely information for public dissemination and we have recently published our findings in The New York Times, The Washington Post and other publications.

This information is in the public interest as coronavirus remains a threat to public health. I would request a prompt response to this request. If you expect a significant delay in responding to or in fulfilling this request, please contact me with information about when I might expect copies or the ability to inspect the requested records. Please provide any responsive records in electronic format by email attachment, if at all possible.

For any documents that are withheld on the grounds of an exemption, privilege, or other reason, please justify each omission separately by reference to specific exemptions of the Act, and release all reasonably segregable portions of otherwise exempt material.

Include information contained in the material that otherwise would be considered non-responsive to the specific request. We reserve the right to appeal any decisions. We will only modify this request in writing, not via telephone.

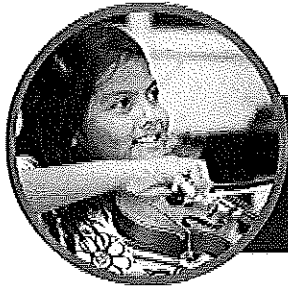
Thanks in advance for your assistance. If you need to discuss this request, I can be reached at 573-239-7440. Thank you for your consideration of my request.

Regards,

Derek Kravitz
Brown Institute for Media Innovation
Columbia University
2950 Broadway
New York, NY 10027
derek.kravitz@columbia.edu

Andrew Hoffman

From: Bayer, Tiffany <Tiffany.Bayer@health.mo.gov>
Sent: Wednesday, July 7, 2021 8:16 AM
Subject: FW: DESE UPDATE — July 6, 2021



DESE Missouri DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION UPDATE

July 6, 2021

What's New?

Emergency Connectivity Fund Webinar

MOREnet will conduct a free Zoom webinar, hosted by the State E-rate Coordinator, to discuss the known details of the Emergency Connectivity Fund (ECF) and to answer questions. The webinar will take place this Thursday, July 8 from 9:00-10:00 a.m.

ECF is a \$7.1 billion initiative included in the American Rescue Plan passed by Congress in March 2021. It provides funding for schools and libraries to purchase connected devices and broadband connections for use by students, school staff, and library patrons during the COVID19 pandemic.

[Click here to register.](#)

Guidance Published for Teacher Recruitment and Retention Grants



Teacher Recruitment and Retention Grant

Notice of Public Hearing - University of Missouri

DESE found the University of Missouri's charter office in material noncompliance with its sponsorship duties, and pursuant to § 160.400.17(2), RSMo, the Commissioner of Education has scheduled a public hearing to take testimony on the issue. The hearing is scheduled to take place this **Friday, July 9 from 10:00 a.m. to Noon** at the Jefferson State Office Building, First Floor - State Board Room, 205 Jefferson Street, Jefferson City, Missouri 65101.

For more information, please contact charters@dese.mo.gov.

Administrative Memo: QS-21-007 – Reporting of the 2021 Four-Year Graduates

DESE has recently received questions regarding the exit status of students who meet graduation requirements during summer school as part of the 2021 four-year graduation cohort.

The 2020-21 school year and COVID-19 pandemic presented local education agencies (LEAs) with unique circumstances. As a result, for the 2020-21 school year only, LEAs may code students completing graduation requirements during summer school as graduates in the four-year graduation cohort. Usually, students who meet the graduation requirements during summer school are not counted as graduates in the current year's four-year graduation cohort but would instead be counted as graduates in the following year's five-year graduation cohort.

Staffing shortages in the teaching profession have consistently been a challenge for a number of years, and there is every reason to believe that COVID-19 is only exacerbating the problem. To address these challenges, DESE has designated over \$50 million in state reserve funds from the Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) and the Elementary and Secondary School Emergency Relief (ESSER) Fund to establish teacher recruitment and retention grants for LEAs and teacher education programs. The goal of these grants are to attract more people to the profession and provide greater support for our existing teachers to improve teacher retention. DESE's Office of Educator Quality has published new guidance about these new opportunities in the Recruitment and Retention Grants section here, including:

- Guidance for Teacher Recruitment and Retention Grants (for LEAs)
- Guidance for Recruitment Grants for Teacher Education (for Educator Preparation Programs and Community Colleges)

The Recruitment and Retention Grants section also provides grant allocation details as well as eligibility and funding information. DESE plans to open the application window for these grants in early August 2021.

Statutory Waivers Update

The following education-related statutory waiver was terminated on July 1, 2021:

- Professional Development Fund, etc. - Section 160.530, RSMo.

This waiver covers a fiscal year requirement and therefore has been terminated with the start of Fiscal Year 2022.

Per the extension of the State of Emergency to August 31, 2021, the following education-related statutory waivers remain in effect:

- Use of School Buses - Section 163.161.1, RSMo.
- Retired Member of PSRS Working for a District - Sections 169.560.1 and .2, RSMo.
- Retired Member of PSRS Working for a District - Section 169.660.2, RSMo.
- Hearings for Unaccredited or Provisionally Accredited - Section 162.081.2, RSMo.

Vaccine Toolkit for Schools from MO AAP

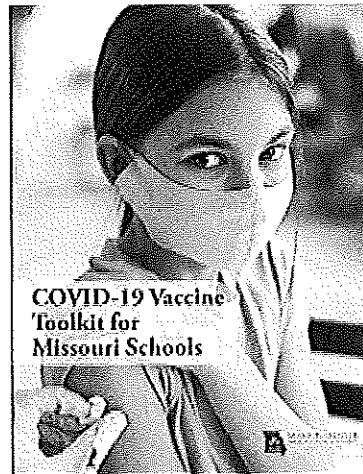
- See Administrative Memo QS-21-007

USED Announces New Project: School Pulse Panel

The U.S. Department of Education's (USED) National Center for Education Statistics (NCES) will be conducting a recurring survey called the School Pulse Panel, created in support of the recent Executive Order on Supporting the Reopening and Continuing Operation of Schools and Early Childhood Education Providers. The survey is designed to provide education leaders with information needed to make evidence-based decisions about policy and resource allocations that support recovery as schools return to in-person learning.

The survey will be conducted monthly from September 2021 through the end of summer 2022 and will take the place of the National Assessment of Educational Progress (NAEP) 2021 School Survey. Completion of the survey may be done by LEA and/or school staff and is expected to take roughly 4-5 hours per month to complete. Due to the high burden of this collection, LEAs agreeing to participate will be compensated \$5,000 for the year. The intent of the compensation is to offset the staff time necessary to complete this regular data collection on behalf of NCES.

To reduce national burden, NCES will administer monthly data collections with a small, representative sample of approximately 1,000 public schools to gather information focused on school reopening efforts, virus spread prevention and mitigation strategies, mental health services offered for students and staff, and federal fund use, as reported by LEA



The Missouri Chapter of the American Academy of Pediatrics has developed a vaccine toolkit for Missouri schools with easily accessible information regarding the administration of the COVID-19 vaccine to eligible children. It is important to remember that vaccination among students and staff continues to be an important mitigation strategy for schools to reinforce as we approach the 2021-22 school year.

Remember, additional vaccine information can be found at MOStopsCovid.com.

COVID-19 Screening Testing Program for Missouri K-12 Schools Offers Additional Layer of Prevention for 2021-22 School Year

The Department of Health and Senior Services (DHSS) is offering Missouri's K-12 local education agencies the opportunity to participate in a COVID-19 screening testing program using a pooled testing approach during the 2021-22 school year. Please reference the Missouri Screening Testing Program for K-12 Schools Guide for complete information about the program. Screening testing means regularly (e.g., weekly) testing people without symptoms with the goal of identifying and isolating COVID-19 positive individuals. This type of testing can help schools identify potential outbreaks early and give them the confidence needed to safely, and with precautions, maintain in-person learning for their students. Screening testing is just one piece of a comprehensive approach for COVID-19 mitigation in schools.

Program Participation

DHSS invites all K-12 schools to participate, including public school districts, charter schools, and private schools. Participating schools/districts will receive testing resources and staffing, if desired. Staffing support includes assistance with the entire testing process including registering individuals for testing, providing testing materials, collecting and testing samples, and reporting results. Schools will also receive communication resources.

To participate in the K-12 Screening Testing Program, schools/districts need to complete an Authorized School Application, which includes completing a Statement of Assurances and Testing Plan Worksheet. For more information about Missouri's K-12 Screening Testing Program and other questions about screening testing, please contact

and/or school staff. Some requested information will be disaggregated by student demographics, including race/ethnicity, disability, English-language learner status, free- or reduced-price lunch status, or other appropriate indicators. Facts and findings from the monthly surveys will be released through web tables and an online dashboard within a few weeks after each survey session.

Please contact School Pulse Panel project director Rachel Hansen at Rachel.Hansen@ed.gov with any questions.

K12screeningtesting@health.mo.gov or visit the K-12 Screening Testing webpage [here](#).

Office Hours to Field Questions

If you have questions about the screening testing program, you can join DHSS and DESE staff, as well as infectious disease physicians from Children's Mercy in Kansas City, for office hours on July 12 and/or July 13, using the details below.

- Monday, July 12 at 1:00pm – Use this link to access the webinar
- Tuesday, July 13 at 1:00pm – Use this link to access the webinar

Items of Continued Interest

July Dates to Remember

- July 27: Korean War Veterans Day

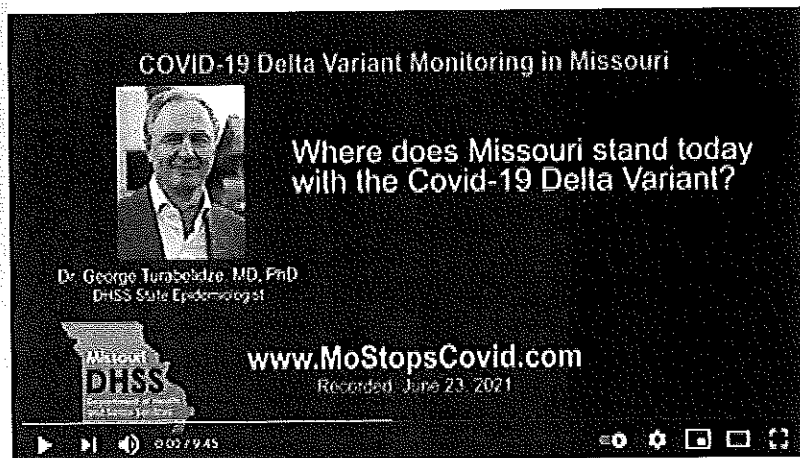
2021 Cooperative Conference for School Administrators

Registration is open for the 60th Annual Cooperative Conference for School Administrators. The conference will be held August 1-3 at the Lodge of Four Seasons in Lake Ozark. Visit our website to view the conference agenda, lodging information and registration details.

School COVID-19 Vaccine Survey

DHSS is surveying schools to determine the need for assistance in providing the COVID-19 vaccine to students age 12 and older, and to identify vaccine partnership opportunities for schools and the communities they serve. The survey

COVID-19 Delta Variant Information



COVID-19 Delta Variant Monitoring in Missouri

Where does Missouri stand today with the Covid-19 Delta Variant?

Dr. George Turabelidze, MD, PhD
DHSS State Epidemiologist

Missouri DHSS

www.MoStopsCovid.com
Recorded: June 23, 2021

Last week Dr. George Turabelidze, Missouri State Epidemiologist with DHSS, discussed the current status of the COVID-19 Delta variant in Missouri. Listen [here](#).

P-EBT Benefits for Eligible Missouri Children

The Missouri Department of Social Services (DSS) announced on June 15 that they, along with DESE Food and Nutrition Services (FNS) will issue Pandemic-EBT benefits through the Missouri's Supplemental Nutrition Assistance Program (SNAP) EBT card system to households with eligible children. Eligible households will receive benefits to cover the months of September 2020 through May 2021. School children are

should take less than five minutes to complete. Upon completion of the survey, DHSS will share this information with the Regional Implementation Team (RIT) and/or Local Public Health Agency (LPHA) in your area. They will be able to assist you in vaccinating eligible children and adults at your school or connecting you with a vaccination partner such as a local clinic, health center, hospital, or pharmacy.

Heroes Among Us Award - New K-12 Student Award

Do you know someone in your schools or community, or even a K-12 student who has gone above and beyond to ensure your schools are safe? If so, please take this opportunity to nominate this individual for the Center for Education Safety's Heroes Among Us Award. Nominations will be accepted until September 1.

2021 Federal Programs Conference - Exhibitor Registration Open

This year's Federal Programs Conference will be held at the Tan-Tar-A Conference Center in Osage Beach November 15-16. For additional information and to register, click here.

Questions? Please contact Office of Quality Schools - Grants and Resources at 573-526-3232 or email Federal Programs.

Administrative Memos

Miss a recent Administrative Memo? You can view them all here.

Recent memos include:

eligible for benefits if they would have received free or reduced price meals at their schools through the National School Lunch Program (NSLP) if not for the closure or reduced attendance/hours of their schools for a period of at least five consecutive days. Benefits will be tied as closely as possible to the number of days that the eligible children did not receive a meal service through their schools. DESE FNS collected data through a survey of school districts in May 2021 that identified the predominant learning mode of each school by month. Households will be required to submit an application to DSS in order to receive P-EBT benefits. More information will be coming from FNS for schools to send to families, including a letter to families, a frequently asked questions document, and a link to the application. Please work with your district colleagues to send the P-EBT information out to families eligible for benefits. Please remember that eligible children may receive benefits only if the school was closed (including any delayed start or early closure to the school year), or the school is operating with reduced attendance or hours due to COVID-19. The period of closure or reduced attendance or hours must meet the current school year minimum five consecutive day threshold before any child is eligible for P-EBT benefits. Once the minimum five consecutive day threshold is met, children are eligible to receive P-EBT benefits for closures or reductions in hours and/or attendance due to COVID-19. DESE's FNS office will only be available for questions that schools may have concerning P-EBT. Families must contact DSS at <http://mydss.mo.gov> or by calling 855-373-4636 for questions concerning their benefits.

Statewide CommUNITY Service Challenge



First Lady Teresa Parson is inviting all Missouri elementary students (grades: Pre-K – 6th grade) to participate in the statewide CommUNITY Service Challenge. The goal of this challenge is to instill in kids a heart for service and ask them to join the First Lady in devoting a small portion of their summer break to serving others. Click here to register.

The challenge guidelines have been created to recognize the need for physical distance between one another during service opportunities. Now more than ever, it is crucial that we continue to care for and serve one another in safe, meaningful ways. The challenge starts today and concludes on Sunday, August 1.

- LS-21-003 - Tentative Data Release and Appeals Process
- QS-21-006 - Elementary and Secondary Education Act (ESEA) Consolidated Application

All students who complete the challenge will receive a certificate of recognition signed by First Lady Teresa Parson and free logo t-shirt.



The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

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205 Jefferson Street

Jefferson City, MO 65101

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Andrew Hoffman

From: National Association of County and City Health Officials
<DoNotReply@ConnectedCommunity.org>
Sent: Wednesday, July 7, 2021 7:15 AM
To: Andrew Hoffman
Subject: COVID-19 Response Digest for Tuesday July 6, 2021

COVID-19 Response

[Post New Message](#)

Jul 6, 2021

Discussions

started 22 hours ago, [Victoria Decea](#) (0 replies)

7/5 Awareness Board & Resources [↗](#)

1. US COVID-19 data: < [Victoria Decea](#)

started 7 days ago, [Franny Medeiros](#) (10 replies)

COVID19 After Action RFP [↗](#)

2. Are you able to share your file in a PDF format?... Jennifer Layton
3. I started our after action report during our... Jennifer Layton
4. Here is a PDF version of the invitation to the... [David Bishai](#)
5. Good Morning! I would be interested in your... Carla Minor-Blake

[top](#)

1. 7/5 Awareness Board & Resources

[Reply to Group](#)

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Jul 6, 2021 9:11 AM
[Victoria Decea](#)

US COVID-19 data: 33.5M cases with 603,018 deaths, 92,733 new cases in last 7 days (data updated 7/4)

US COVID-19 Vaccination data: 383.1M doses delivered, 330.6M doses administered, 157M fully vaccinated (7/4)

On July 2, the percent change from the previous 7-day reporting period was +9.1%.

Headline

- WHO Recommends Masks -- Even For Vaccinated People -- Because Of Delta Variant
- Booster may be needed for J&J shot as Delta variant spreads, some experts already taking them
- As Variant Rises, Vaccine Plan Targets 'Movable Middle'
- Rush To Close Vaccination Gap For Hispanics
- Moderna Says Coronavirus Vaccine Works Against Delta Variant As The World Health Organization Warns Of Global Spread
- Growing Gaps in U.S. Vaccination Rates Show Regions at Risk
- Fauci Warns There May Soon Be 'Two Americas' As Divide Widens Between Vaccinated And Unvaccinated Areas
- AstraZeneca Booster Shot Lifts Immune Response, Study Finds
- Pfizer To Request COVID-19 Vaccine Emergency Approval For Kids Ages 5-11 By Fall
- CDC Director: Delta Variant Is Growing Threat To Unvaccinated People
- J&J Covid-19 Vaccine Lasts At Least 8 Months, Protects Against Delta Variant, Studies Find

CDC MMWR Releases

- Efficacy of Portable Air Cleaners and Masking for Reducing Indoor Exposure to Simulated Exhaled SARS-CoV-2 Aerosols - U.S.2021
- Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic - United States, March–April 2021
- Disparities in Learning Mode Access Among K–12 Students During the COVID-19 Pandemic, by Race/Ethnicity, Geography, and Grade Level - United States, September 2020–April 2021

Emerging Research and Guidance

- AD Council and Joy Collective: Tool to Dispel the use of Tuskegee Study as a Barrier to Vaccination
- How Schools Can Support COVID-19 Vaccination
- guidance for Unvaccinated People: Participate in Outdoor and Indoor Activities
- Your Guide to Masks
- Pregnant and Recently Pregnant People
- Older Adults
- People Experiencing Homelessness

Victoria Decea B.S. Public Health, CHES
CDC Field Assignee
National Association of County and City Health Officials (NACCHO)

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2. [Re: COVID19 After Action RFP](#)

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Jul 6, 2021 8:41 AM

[Jennifer Layton](#)

Are you able to share your file in a PDF format?

Jennifer Layton
Preparedness Coordinator
Stanly County Health Department
Albemarle NC
(704)982-9171

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Original Message:
Sent: 07-03-2021 01:34 PM
From: David Bishai
Subject: COVID19 After Action RFP

Dear All,
Harford County just started data collection for its AAR. I love how simple our first step was. We put butcher paper on four walls of a large conference room with the titles shown on the attached PDF. Pre Covid, Early Covid, Middle Covid, Late Covid. Each respondent it used post it notes to answer the attached questions.
Keep me in the loop please.

David Bishai
Harford County Health Officer

David Bishai MD, MPH
Health Officer
Harford County Health Department
Bel Air MD
410-877-1010

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3. [Re: COVID19 After Action RFP](#)

[Reply to Group](#)

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Jul 6, 2021 8:41 AM

[Jennifer Layton](#)

I started our after action report during our organization's response using a template I found from federal emergency preparedness sites (FEMA maybe). This was so helpful considering this response has lasted over a year.

www.fema.gov/emergency-managers/national-preparedness/...
www.fema.gov/sites/default/files/2020-04/...

Jennifer Layton
Preparedness Coordinator
Stanly County Health Department
Albemarle NC
(704)982-9171

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Original Message:
Sent: 06-29-2021 10:35 AM
From: Franny Medeiros
Subject: COVID19 After Action RFP

Hello-

We are currently writing an RFP for our Covid19 response and vaccination after action report. I'm curious if anyone would be willing to share their RFP. I have idea's on how I would like the contractor to conduct it but I'm always looking for new approaches.

Thank you,

Franny Medeiros
Polk County Iowa Public Health
Emergency Preparedness Coordinator
franny.medeiros@polkcountyiowa.gov

Franny Medeiros
Emergency Preparedness Coordinator
Polk County Health Department

Des Moines IA
(515)286-3506

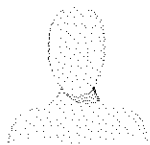
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4. [Re: COVID19 After Action RFP](#)

[Reply to Group](#)

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Jul 6, 2021 9:09 AM | [view attached](#)

[David Bishai](#)

Here is a PDF version of the invitation to the Harford County Hotwash

David Bishai MD, MPH
Health Officer
Harford County Health Department
Bel Air MD
410-877-1010

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Original Message:
Sent: 07-06-2021 08:09 AM
From: Jennifer Layton
Subject: COVID19 After Action RFP

Are you able to share your file in a PDF format?

Jennifer Layton
Preparedness Coordinator
Stanly County Health Department
Albemarle NC
(704)982-9171

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5. [Re: COVID19 After Action RFP](#)

[Reply to Group](#)

[Reply to Sender](#)



Jul 6, 2021 11:46 AM

Carla Minor-Blake

Good Morning!
I would be interested in your survey as well!

Carla Minor-Blake
Disability Specialists
Three Rivers Health District
Saluda VA
(804)758-2381 (27)

[Reply to Group Online](#) [View Thread](#) [Recommend](#) [Forward](#)

Original Message:
Sent: 07-01-2021 12:50 PM
From: Deidre Hopp
Subject: COVID19 After Action RFP

I have been looking for Covid AAR's from other counties. Would love to read other's or find a great template!

Deidre Hopp
Sonoma County Department of Health Services
Santa Rosa CA
(707)396-4697

You are subscribed to "COVID-19 Response" as andrewh@andrewcountyhealth.com. To change your subscriptions, go to [My Subscriptions](#). To unsubscribe from this community discussion, go to [Unsubscribe](#).

Andrew Hoffman

From: Centers for Disease Control and Prevention <no-reply@emailupdates.cdc.gov>
Sent: Tuesday, July 6, 2021 7:04 PM
To: Andrew Hoffman
Subject: Laboratory Advisory: SARS-CoV-2 Variants AY.1 and AY.2 Now Aggregated with Delta Variant B.1.617.2



Audience: Individuals Performing COVID-19 Testing
Level: Laboratory Advisory

On July 6, 2021, CDC announced that SARS-CoV-2 variants AY.1 and AY.2 are now aggregated with Delta variant B.1.617.2.

CDC will continue to evaluate the independent classifications of variants AY.1 and AY.2 as more data become available. For more information, please visit the [SARS-CoV-2 Variant Classifications and Definitions page](#) and the [COVID Data Tracker](#).

Please share this message with your networks and invite them to [opt in to LOCS](#) to receive future updates.

For questions, contact us at LOCS@cdc.gov.

Thank you,

The Laboratory Outreach Communication System

Laboratory Outreach Communication System (LOCS) | Division of Laboratory Systems (DLS)

Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)

Centers for Disease Control and Prevention (CDC)

LOCS@cdc.gov

www.cdc.gov/csels/dls/locs



Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 | 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

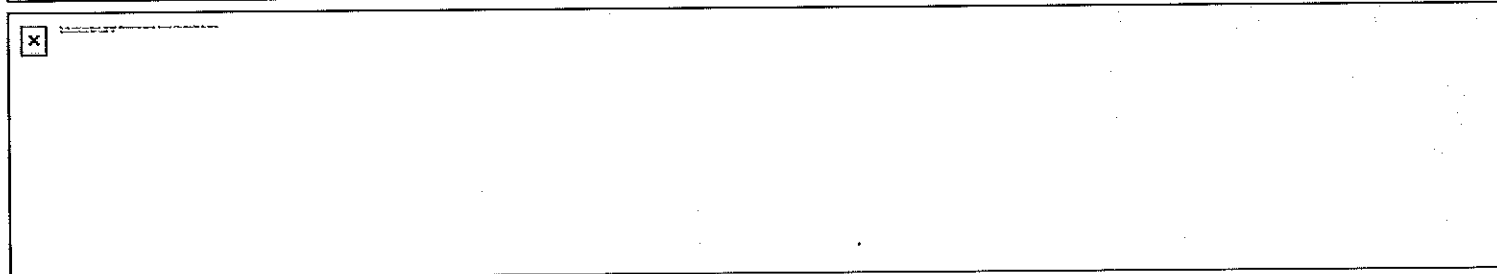
[Questions or Problems](#) | [Unsubscribe](#)

Andrew Hoffman

From: Centers for Disease Control and Prevention <no-reply@emailupdates.cdc.gov>
Sent: Tuesday, July 6, 2021 4:06 PM
To: Andrew Hoffman
Subject: About Variants of the Virus that Causes COVID-19

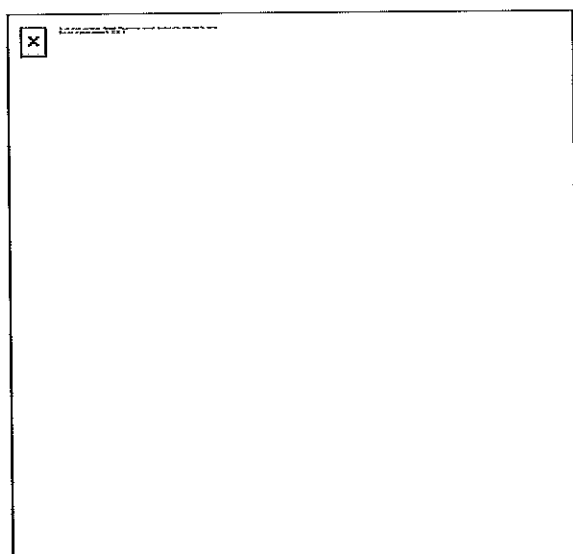
Received this email from a friend? [Sign up now](#)

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July 6, 2021

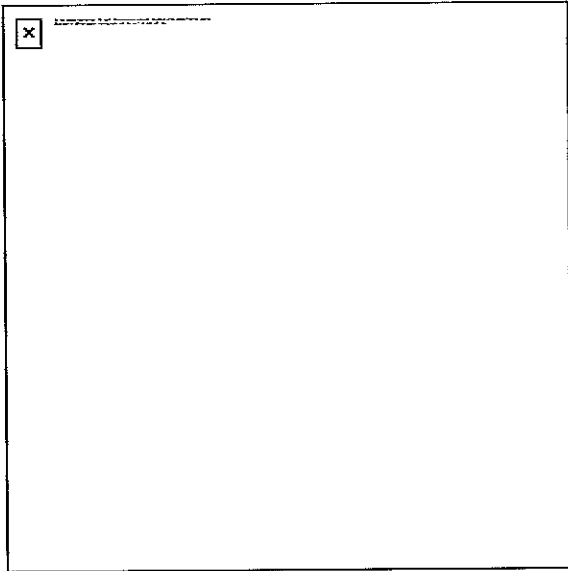
This message includes updates on the [COVID-19](#) response from CDC. The COVID-19 Outbreak is a rapid situation and information will be updated as it becomes available.



Variants for the Virus that Causes COVID-19

Viruses constantly change through mutation, and new variants are expected to occur. If you think about a virus like a tree growing out, each branch on the tree is slightly different than the other. Monitoring multiple variants of the virus that causes COVID-19, the United States that seem to spread more easily than others, suggest that current authorized vaccines work on these variants. 12 and older should [get a COVID-19 vaccination](#) as soon as possible.

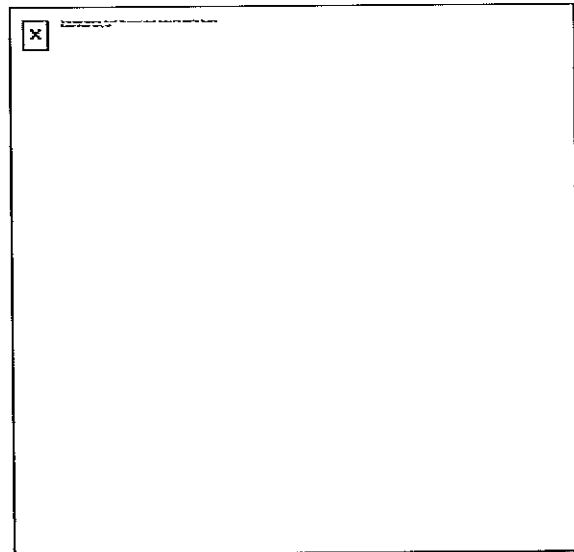
More Information



Preparing for Your COVID-19 Vaccination

Vaccination is an important tool to help us get back to normal. Get a COVID-19 vaccine regardless of whether you already had COVID-19 because experts do not yet know how long you are protected against reinfection again after recovering from COVID-19. To find a COVID vaccination location, visit [vaccines.gov](https://www.vaccines.gov), text your zip code to 438829, or call 1-800-232-0273 for locations near you in the United States.

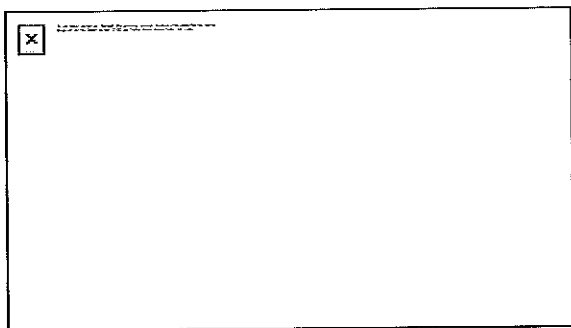
More Information



Your Guide to Masks

If you are age 2 or older and not fully vaccinated, you should wear a mask in indoor public places. In general, you do not need to wear a mask in outdoor settings. In areas with high numbers of COVID-19 cases, consider wearing a mask in crowded outdoor settings and for activities with close contact if you are not fully vaccinated.

More Information



COVID Data Tracker Weekly Review

The United States has made tremendous progress in the fight against COVID-19. But with the emergence and spread of variants, more needs to be done to reach freedom from the virus. COVID-19 vaccines offer protection against known variants and will help protect you and the people you love. Learn about the current state of the pandemic in the [COVID Data Tracker Weekly Review](#).

Subscribe

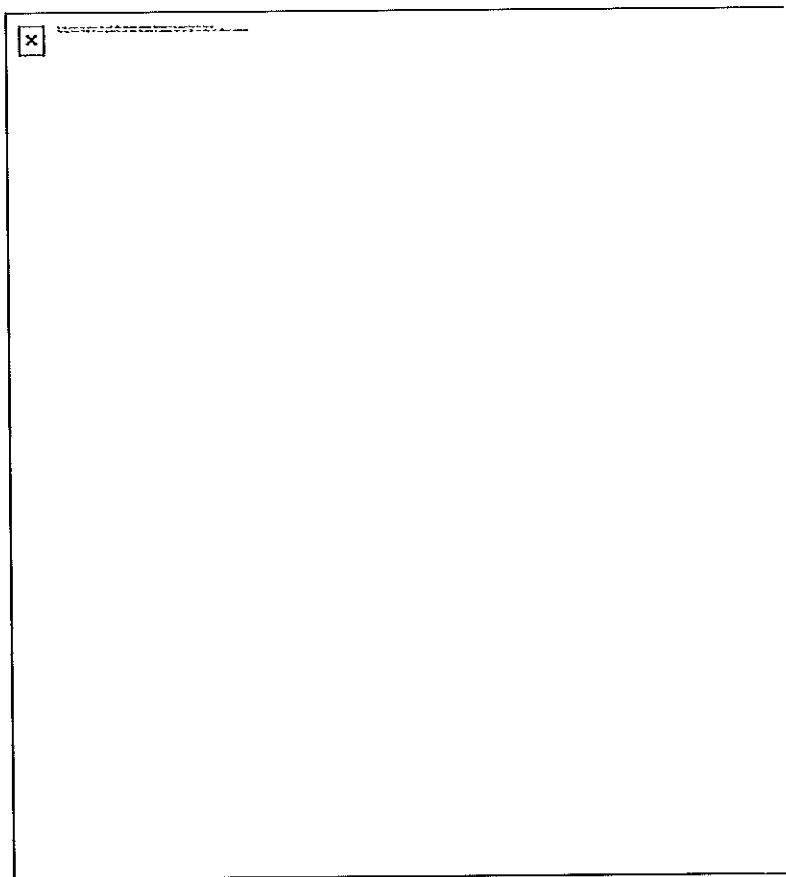
Coronavirus Disease 2019 (COVID-19) in the U.S.

As of May 2021

all states, territories, and District of Columbia have reported a total of 1,316 cases of COVID-19 in the United States.

The CDC provides updated U.S. case information online daily.

In addition to cases, deaths, and laboratory testing, CDC's COVID Data Tracker now has a [Vaccinations](#) tab to track the distribution of COVID-19 vaccines in your state.



U.S. Cases



Centers for Disease Control and Prevention

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Andrew Hoffman

From: Andrew Hoffman
Sent: Tuesday, July 6, 2021 11:23 AM
To: Jayne White
Subject: FW: Follow-up: Region H LPHA Zoom Meeting, Tuesday, July 6 at 0900
Attachments: k-12-screening-testing-program-guide.pdf; Public Health Communications Collaborative Messaging Based on Vax Rates.pdf

From: Kelli Hillerman <khillerman@grundycountyhealth.org>
Sent: Tuesday, July 6, 2021 11:16 AM
Subject: Follow-up: Region H LPHA Zoom Meeting, Tuesday, July 6 at 0900

In follow-up to this morning's meeting (2 attachments):

There was brief discussion of case counts, breakthroughs and re-infections in the region. Some counties report a steady trickling of cases, while another is heating up with several case investigations to begin today.

There was brief mention of variants in the region and how pocketed outbreaks may be tied to variant activity.

The group discussed vaccine needs. If you have a need for Pfizer vaccine, please reach out to Courtney Cross at Harrison County. Those searching for Johnson & Johnson vaccine may reach out to see if Andrew or Clinton County Health Departments have some available still.

Pat Franklin provided a brief update regarding traveler notifications and at-home covid testing. In response to a question regarding the possibility of covid case investigations transitioning to an aggregate count, there was also discussion of the need for funding to sustain COVID-19 investigation and contact tracing activities if those activities are to continue once the ELC funding runs out; otherwise, without funding for those activities, they will cease or be greatly reduced.

There was brief mention of PHEP contract reports due soon, discontinuation of MO ACTS, monthly infection control & prevention webinars, today's meetings (contract hours with Afra and the LPHA update meeting), new administrator orientation July 29-30, BEAM training, recent school surveys and the COVID-19 Screening Testing Program offered to schools by DHSS (program guide attached).

There are two unique volunteer opportunities coming up if you're interested in serving in voluntary public health leadership positions in MO. MICH (MO Institute for Community Health) and MPHA (MO Public Health Association) are both seeking nominations for positions on their respective boards that will become vacant soon.

The Public Health Communications Collaborative also came out with a graphic that guides messaging based on vaccination rates in your area (attached).

We'll meet again Tuesday, July 13, at 0900.

Thank you,
Kelli

On Tue, Jul 6, 2021 at 12:02 AM Kelli Hillerman <khillerman@grundycountyhealth.org> wrote:

AGENDA

- COVID-19 Case Counts
 - Variants
 - Vaccine and Testing
 - PHEP Contract / Carryover
 - Update from Pat/Jess/Madison
 - Public Health Transformation
 - Miscellaneous/Items for Discussion
 - o EUAs Updated
 - o Discontinuation of MO ACTS
 - o July 8 – Infection Control & Prevention Webinar
 - o Schools - Vaccine Survey and Screening Testing Program
 - o Volunteer Opportunities for Public Health Leadership
 - o Trainings
-

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Meeting ID: 863 0478 2637

Passcode: 750308

One tap mobile

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Passcode: 750308

Find your local number: <https://us02web.zoom.us/j/86304782637?pwd=UW0vV1lmWkpBRkVNaS8vUIJlQkIwZz09>

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Kelli Hillerman, BSN, RN, CHP

Grundy County Health Department

Emergency Response Planner/Epidemiology Specialist

660-359-4196

www.grundycountyhealth.org

Twitter: @GrundyCoHealth

Facebook: @gchdmo

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2021

Missouri COVID-19 Screening Testing for K-12 Schools Program

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES



BACKGROUND

Through the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Disease-Reopening Schools cooperative agreement with the Centers for Disease Control and Prevention (CDC), the Missouri Department of Health and Senior Services (DHSS) is offering screening testing for Missouri's K-12 teachers, staff, and students during the 2021-2022 school year. This document provides information about participating in the Missouri K-12 screening testing program. Testing offers an additional layer of prevention, helping schools to provide in-person learning for their students with confidence. Screening testing is just one piece of a comprehensive approach for COVID-19 mitigation in schools. Schools participating in screening testing are still advised to maintain or put in place additional layers of prevention to prevent in-school transmission as recommended by [CDC's Operational Strategy](#) and [Missouri's School Reopening and Operating Guidance document](#).

What is screening testing?

Screening testing means regularly (e.g., weekly) testing an entire population or portion of the population, without symptoms, with the goal of identifying and isolating COVID-19 positive individuals. This type of testing can help schools identify potential outbreaks early and give them the confidence needed to safely, and with precautions, provide in-person learning for their students. This approach can also help school leaders understand if mitigation efforts are working or if they need measures that are more stringent. Review [CDC's information on testing in schools](#) for more information about screening testing.

DHSS is offering a screening testing program using a pooled testing approach for any public, private, or charter school.¹ The program will provide resources and staffing for the entire testing process including registering individuals for testing, providing testing materials, collecting and testing samples, and reporting results. Schools will also have access to full staffing support for testing (e.g. testing manager, testing staff), and communication resources. The program provides as much support as possible; however, there are some expectations of the school/district, which are outlined further in this document. **Based on the availability of funding, DHSS is working with the Missouri Department of Elementary and Secondary Education (DESE) to distribute funds directly to the school/district to reimburse personnel costs related to the testing team, if needed.**

DHSS referenced existing science, expert public health opinion, current policies, and stakeholder input in developing the K-12 Screening Testing Program. The program is subject to change per best practices and recommendations learned from early adopters of screening testing in K-12 schools. For any questions about the K-12 Screening Testing Program, please email k12screeningtesting@health.mo.gov.

¹ The term "schools/districts" in this document refers to a public school district; charter, private, or parochial school; or approved special education school or education collaborative that seeks to be authorized by the Missouri Department of Health and Senior Services to receive K-12 Screening Testing Services.

CONSIDERATIONS FOR SCHOOL-BASED TESTING PROGRAMS

Whether a school/district chooses to implement a screening testing program with their internal infrastructure, use the State testing vendor, or work with local partners to support the logistics of running a testing program independently, they should consider the following areas necessary for implementing a testing program:

- Meeting regulatory requirements for performing testing, such as having standing orders and a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver, depending on the type of test used.
- Having dedicated infrastructure and resources to support school-based testing including a testing coordinator, clinical AND clerical support, funding, and staff training.
- Having a mechanism to fulfill the requirement for reporting all testing results (both positive and negative) to the State.
- Obtaining written parental consent for minor students and assent/consent for the students themselves.
- Having physical space to conduct testing safely and privately.
- Maintaining confidentiality of results and protecting student privacy.

Before implementing any COVID-19 testing program, schools should consider their entire testing program. There are resources available to assist schools with this, including:

- [Rockefeller Foundation's Covid-19 Testing K-12 Settings: A Playbook for Educators and Leaders](#)
- [Open and Safe Schools](#)
- [When to Test - COVID-19 Testing Impact Calculator](#)
- [CDC's Operational Strategy for K-12 Schools](#)

DHSS has also collaborated with Children's Mercy physicians to provide consultation services for schools that are developing a screening testing program. If you have any COVID-19 school re-entry questions or would like to request a consultation, please submit a [COVID-19 School Assistance form](#). DHSS strongly recommends that schools/districts consult with their local health department through program development and implementation to continue to incorporate the latest guidance and science into their school testing program, as it becomes available.

Why should my school/district implement COVID-19 screening testing?

Screening testing can help schools identify potential outbreaks early and give them the confidence needed to safely, and with precautions, offer in-person learning for their students. Because people can spread SARS-CoV-2 without any symptoms, asymptomatic testing can be especially helpful when used in situations where other strategies like masking and distancing are hard to implement, such as in some special education classes or for student athletes. Screening testing may also be a helpful strategy to reduce virus transmission when other mitigation practices are lessened. More specifically, screening testing can help:

- Prevent community spread by identifying asymptomatic cases;
- Establish trust and provide reassurance in efficacy of safety protocols and mitigation efforts; and

- Reduce fear and anxiety among staff, students, and families about returning to in-person learning, leading to a more positive teaching and learning experience.

How often should we offer screening testing?

CDC recommends taking into consideration the level of community transmission and implementation of mitigation strategies when deciding on school-based testing. Testing in schools located in communities at moderate to highest risk may provide the maximum balance of testing efficiency. Schools/districts can use [CDC's Indicators](#) for Dynamic School Decision-Making to determine which schools may provide the best settings for school-based testing based on infection risk. Table 1 presents testing considerations based on community transmission.

When using screening testing as a strategy to identify cases and prevent secondary spread, CDC recommends:

- At least weekly testing of teachers and staff in all levels of community transmission. In areas with substantial and high community transmission, twice a week screening testing might be preferable to detect cases among teachers and staff quickly.
- Weekly testing of students in areas with moderate (yellow), substantial (orange), and high (red) community transmission.

With COVID-19 cases declining and vaccine widely available, schools may consider screening testing for certain populations, such as in elementary schools where students are not currently eligible for vaccination. It may also help facilitate safe participation in sports and reduce transmission in activities that have elevated risk. Schools can implement testing among student athletes/participants, coaches and trainers, and any other individuals (such as parent volunteers) who could come into close contact with others during these activities. CDC recommends testing for all sports at least once per week for all levels of community transmission. Additional recommendations include:

- Universal screening testing the day of or day before sporting events, competitions, and activities.
- Testing twice per week in areas of substantial and high community transmission for participation in high-risk sports, which include those that cannot be done outdoors or with masks.

Table 1. Testing Considerations Based on Community Transmission

Low Transmission	Moderate Transmission (Yellow)	Substantial Transmission (Orange)	High Transmission (Red)
All schools implement 5 key prevention strategies: masks, physical distancing, handwashing and respiratory etiquette; cleaning and maintaining healthy facilities; contact tracing with quarantine and isolation			
Diagnostic testing: ¹ symptomatic students, teachers, and staff and close contacts referred for diagnostic testing			
Screening Testing²			
Screening testing of teachers and staff offered once per week			
No screening testing for students	Screening testing for students offered at least once per week ³		

Testing for high-risk supports: testing recommended at least once per week ⁴	Testing for high-risk sports: testing recommended twice per week
Testing for low and intermediate-risk sports: testing recommended at least once per week	Testing for low and intermediate risk sports: testing recommended at least once per week
¹ Diagnostic testing for SARS-CoV-2 is intended to identify occurrence of SARS-CoV-2 infection at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure. ² Screening testing is intended to identify infected asymptomatic individuals so that measures can be taken to prevent further transmission. ³ Schools may consider testing a random sample of at least 10% of students or may conduct pooled testing of cohorts/pods for screening testing in areas of moderate and substantial community transmission. ⁴ Schools may consider using screening testing for student athletes and adults (e.g., coaches, teacher advisors) who support these activities to facilitate safe participation and reduce risk of transmission. For an example risk stratification for sports, see NCAA Transmission Risk Summary .	

What makes screening testing successful?

Many factors can influence the success of a COVID-19 screening testing program. These include:

- Support and advocacy by school/district leadership and school community.
- Collaboration with local officials, including local health department and municipal leaders.
- A strong testing team that includes appropriate personnel and infrastructure (can be made up of internal and/or contracted staff):
 - **Testing Champions:** Superintendent, Director of Nursing/School Health, Director of Wellness
 - **Program Manager or Project Coordinator:** assists in all aspects of testing preparation and implementation
 - **Testing Managers:** Director of Nursing and nursing staff or outside healthcare professionals
 - **Contact Tracers:** nursing staff and/or local health department
- Transparency and two-way communication with families and the community.
- Sharing regular updates via an online COVID information hub, weekly newsletters, and/or email.
- Having a clearly articulated plan for follow-up testing and quarantine protocols.

Testing vaccinated individuals

CDC recommendations suggest exempting fully vaccinated people with no COVID-19-like symptoms and no known exposure from routine screening testing programs, if feasible. However, reasons why vaccinated staff and students may want to participate in COVID-19 testing include:

- While each vaccine authorized by the Food and Drug Administration (FDA) is effective at preventing symptomatic infection, no vaccine is 100% effective. Vaccinated individuals may still get COVID-19 and transmit it to others.
- Teachers can model good practices for students to encourage participation.

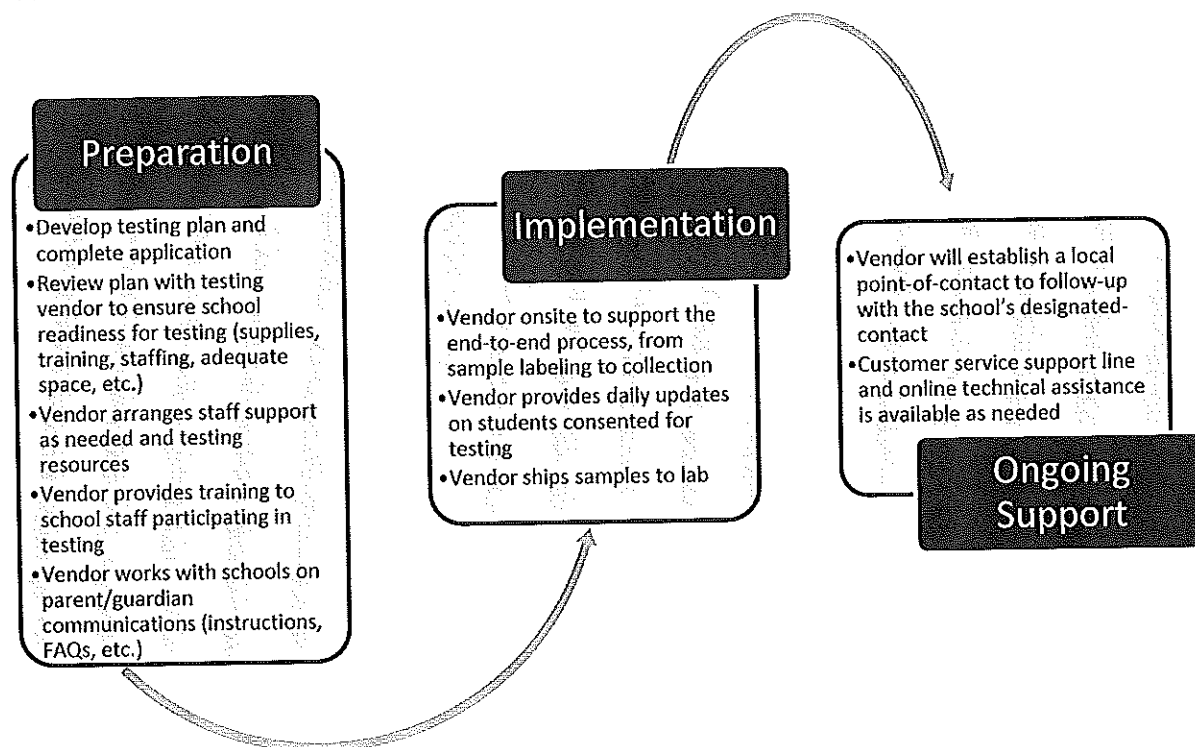
When not to test

Any COVID-19 testing should be offered on a voluntary basis. It is unethical and illegal to test someone who does not want to be tested, including students whose parents or guardians do not want them to be tested. CDC recommends not retesting individuals who have previously tested positive and do not currently have symptoms for COVID-19 for up to three months from their last positive test. Data

currently suggest that some individuals test persistently positive due to residual virus material but are highly unlikely to be infectious.

PARTICIPATING IN MISSOURI'S K-12 SCREENING TESTING PROGRAM

Figure 1 provides an overview of the K-12 Screening Testing Program. More information about the application process follows.



How pooled testing works

Pooled testing involves mixing several test samples together in a “batch” or “pool” and then testing the pooled sample with a PCR test for detection of SARS-CoV-2. Students and teachers typically test together as a classroom. Most students are easily able to self-collect a shallow nasal swab that they place into a single tube that is transported to the lab. This process allows testing of 5-25 individuals as a group and takes approximately 12 minutes of classroom time per week. Teachers are not required to play a role in administering the tests. A trained person can be available for students that need assistance with collecting their sample.

If the pool tests negative, then all of the individuals in that pool are negative. If a pool tests positive, an individual test of all members of the pool is necessary to determine who is positive. This is called reflex or follow-up testing. The positive individual(s) is then instructed to begin their isolation period. **Schools/districts using a pooled testing model are required to conduct a follow-up test for all positive pools and will choose between using a BinaxNOW rapid antigen test and PCR test.** Appendix 1 provides more information about PCR and antigen tests. Table 2 shows the options for follow-up testing and some information to consider in choosing which type of test is best for your school/district.

If using BinaxNOW tests from the State's K-12 Antigen Testing Program for any testing, including screening or follow-up testing, schools/districts are required to complete the Antigen Testing Program application process. Find more information about this program in the [Missouri BinaxNOW Antigen Testing Program for K-12 Schools Guide](#).

Table 2. Pooled Testing Follow-up Options

Follow-Up Test Option	Pooled + BinaxNOW Antigen Test	Pooled + PCR Test
Location	Onsite	Onsite swab + lab
Considerations:	<ul style="list-style-type: none"> • Get results faster than PCR tests • Fewer instructional hours missed • Requires additional work by school staff to do follow-up testing and reporting • Requires trained staff to collect the sample • May require additional PCR testing if no one tests positive in follow-up testing 	<ul style="list-style-type: none"> • Requires additional work by school staff to collect and send off swabs • Very accurate • Unvaccinated students and staff in positive pool will need to quarantine until individual test results are received

Application Process

All items needed to complete the application process are found on the [K-12 Screening Testing webpage](#). To participate in the Missouri K-12 Screening Testing Program, schools/districts will need to complete the following:

1. [Online Authorized School Application](#) (included as Appendix 2). The application collects detailed information about the school/district. DHSS will accept applications throughout the 2021-2022 school year, depending on availability of funding. Districts and organizations with multiple schools should fill out one application that includes each participating school in their district or agency. Districts may want to start their program with a few pilot schools and add additional schools during the school year in coordination with the testing vendor.
2. [Statement of Assurances](#) (included as Appendix 3). To support the effective administration of this program, as well as the safe administration of testing, schools/districts must agree to a series of assurances before DHSS authorizes access to the K-12 Screening Testing Program. The appropriate signatory must be an individual with the authority to agree to the terms outlined in the Statement of Assurances, such as the superintendent or executive director. The Statement of Assurances provides an overview of the responsibilities of schools/districts and the requirements for the K-12 Screening Testing Program. Noncompliance with the assurances may result in the termination of services. Schools/districts will upload this document as an attachment in their Authorized School application.
3. [Testing Plan Worksheet](#) (excel file) (included as Appendix 4). The testing plan worksheet asks for information describing how the school/district will implement the testing program in each

participating school. For example, who will be tested, where will testing occur, and how often will testing take place? Schools/districts will upload their plan as part of the application. Schools/districts will have the opportunity to adjust their plan as needed. If schools need assistance with developing their testing plans, they can reach out to DHSS or [Children's Mercy for consultation services](#).

SUPPORT AVAILABLE FOR SCHOOLS/DISTRICTS

Once DHSS approves a school/district to participate in the program, the school/district will coordinate with a testing vendor to implement screening testing. The vendor will assist the school/district with onboarding tasks, testing, and the reporting process. Additional vendor supports are included in Table 3.

Table 3. Testing Vendor Services and Supports

Staff support, if requested	<p>If desired by the school, the vendor may provide a testing manager to support the onsite management of the screening testing program and/or trained test sample collectors. The testing manager will assist with logistical arrangements, managing test inventory, and reporting.</p> <p>If a school/district declines staff support, they are responsible for ensuring adequate staffing to complete the testing process.</p>
Operations and logistics of screening testing	The vendor will procure, supply, and ship the physical materials needed for testing, including swabs, pre-labeled test tubes, biohazard collection bags, and any other necessary materials.
Transportation of test samples from school to laboratory	The vendor will offer overnight shipping service to deliver tests to the laboratory. Courier service may be available if other shipping is not available.
Software associated with pooled testing	The vendor will supply a software platform that schools will use to order supplies, track test results, and centralize other necessary testing information. The platform will return test results within 24-48 hours of the lab receiving the samples.
Training	The vendor will conduct training to support schools/districts with launching their testing program. Training is based on the school's/district's needs and can include the following as applicable: how to collect, store, and label samples; using the software associated with pooled testing; overview of the program, what to do in the case of a positive or negative pool, and in the case of a positive pool, the protocols associated with follow-up testing. Training may also include the steps to obtain consent.
Technical assistance/customer	The vendor will provide customer service solutions for the school/district. They will work directly with the testing coordinator or other administrators

support to district/school personnel	at the district to troubleshoot on topics including delivery issues, sample collection, labeling tubes, transporting samples, test results, isolation and quarantine protocols, and training. Schools will also have access to a customer service support line and online tech support.
Resources for schools and parents	Schools will have access to documents and materials to support every step of the process including: <ul style="list-style-type: none"> • Materials and information sessions explaining pooled testing for families and school staff • Communication templates for requesting consent and notification of pooled testing results • Digital and paper consent forms in multiple languages

SCHOOL/DISTRICT STAFFING NEEDED

The Missouri K-12 Screening Testing Program will provide schools with the staff needed to implement an onsite screening testing program, if desired. However, schools/districts will need to commit some staffing support for a successful program. For example, school staff will be responsible for reporting positive cases to the LHD and communicating with positive individuals about how to proceed (e.g. isolation). Staff support needed from participating schools/districts is included in Table 4. One person may be responsible for multiple roles.

Schools/districts are able to request additional funding support through DHSS if needed to support the internal staffing required to support a screening testing program.

Table 4. School/District Staffing Needs for Screening Testing

Points of Contact	Responsibilities
School/District Testing Coordinator	Lead the school/district team and interact with DHSS and the state's testing vendor. Many districts select the superintendent or lead nurse, given their role in health and safety for the district. Depending on this person's capacity, the school/district should consider identifying a second person to assist the coordinator.
School/District Logistics Lead	Coordinates with schools and vendors to finalize testing times and locations and to make sure all materials are transported to the right place in time for testing.
Building Testing Ambassador	One person in each building who travels with testing vendor staff from class-to-class, if necessary; available on day of testing to assist vendor with testing process.

School/District Communications Lead	Serves as the point-of-contact to answer questions and provide information for staff/students/families; also responsible for initiating the process for schools to collect consents.
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Positive Cases

Districts should designate a point of contact at both the school and district level with whom LHDs will coordinate regarding COVID-19 exposures, case investigations, and contact tracing. Pursuant to 19 CSR 20-20.030(1), schools/districts should report any known COVID-19 cases or exposures to the LHD where the student resides. When there is confirmation that a person infected with COVID-19 was on school property, the school should contact the LHD immediately and follow the directions of the LHD where the school is located. Schools/districts should track information regarding cases and exposures to ensure that no staff member or student returns to school before the LHD released them to do so. For more information about positive cases, please reference the [Missouri School Reopening and Operating Guidance](#).

NEXT STEPS

There are a lot of variables and decision points in developing a screening testing program; and information about COVID-19 changes frequently as new science is available. It is easy to feel overwhelmed, but there are many resources available to assist schools/districts in developing a testing program. Some people to reach out to include the local health department, local hospital or health system, or a testing vendor. The list below provides additional places to look for help. Appendix 5 also provides frequently asked questions to consider.

More COVID-19 Information and Resources

Missouri Department of Education: <https://dese.mo.gov/communications/coronavirus-covid-19-information>

Missouri Department of Health and Senior Services:

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/education.php>

Rockefeller Foundation: <https://www.rockefellerfoundation.org/report/covid-19-testing-in-k-12-settings-a-playbook-for-educators-and-leaders/>

U.S. Department of Health & Human Services: <https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html>

For financial support and other questions about screening testing, please contact K12screeningtesting@health.mo.gov.

APPENDIX 1: PCR and Antigen Tests for Diagnosing COVID-19

The table below summarizes the main types and characteristics of PCR and antigen tests used to diagnose a current SARS-CoV-2 infection. [CDC's SARS-CoV-2 testing pages](#) provide additional information about testing. DHSS supports the use of any COVID-19 diagnostic device that has [Emergency Use Authorization \(EUA\)](#) or FDA approval.

	Viral Tests	
	Molecular Tests (PCR)	Antigen Tests
How is the sample taken?	<p>Nasal (most tests) or throat swab</p> <p>Saliva or sputum test</p> <p>Sample placed in tube and sent to lab for processing. Trained staff in a CLIA-certified lab or point-of-care testing site operating under certificate of waiver must perform the test. The lab process takes just a few hours but turn-around times may be longer due to lab capacity and the time required to ship samples to the lab.</p>	<p>Nasal or throat swab</p> <p>Tests generally performed at point-of-care and results available in about 15 minutes.</p>
What does it test?	Diagnose current SARS-CoV-2 infection by detecting viral genetic material (Nucleic acid amplification tests (NAAT)); including real time reverse-transcriptase Polymerase chain reaction (RT_PCR or PCR).	Diagnose current SARS-CoV-2 infection by detecting viral proteins.
How are the results used?	Help public health officials identify and recommend isolation for people with active infection in order to minimize COVID-19 transmission.	Help public health officials identify and recommend isolation for people with active infection in order to minimize COVID-19 transmission.
Who administers the test?	Swab can be self-collected or collected by a health professional.	Depending on test used, swab can be self-collected or trained staff associated with a CLIA-certified point-of-care testing site operating under certificate of waiver will collect the sample.
Other information	<p>Considered the gold standard for COVID-19 detection and typically performed in a specialized lab. FDA has authorized some molecular tests for and have data supporting use in asymptomatic individuals.</p> <p>A CLIA certification is not required for sample collection.</p>	<p>May be more likely to miss a current infection than molecular tests.</p> <p>Continued research is being conducted to look at performance in asymptomatic people.</p> <p>Rapid antigen tests are also being used for symptomatic individuals who begin to exhibit symptoms during the school day.</p>

APPENDIX 2: K-12 Screening Testing Program Online Application

Thank you for your interest in the Missouri COVID-19 Screening Testing Program for K-12 Schools. Please provide responses to the following questions to become an Authorized School.

1. District Information

District or School Name:

County:

Person completing the application:

Email:

Title:

2. Please identify your school's/district's testing program coordinator:

Name:

Email:

Title:

3. Upload the completed, signed Statement of Assurances.**4. Upload the completed Testing Plan Worksheet.****5. What percent of students do you anticipate will participate in your screening testing program?**

0%

1% - 25%

26% - 50%

51% - 75%

76% - 100%

Unsure

6. What percent of school staff do you anticipate will participate in your screening testing program?

0%

1% - 25%

26% - 50%

51% - 75%

76% - 100%

Unsure

7. What is your school's/district's preference for follow-up testing? Please refer to Table 2 Pooled Testing Follow-up Options in the Screening Testing for K-12 Schools Program Guide for more information about each follow-up option.

All buildings within a district are required to use the same type of follow-up test.

- a. Antigen using BinaxNOW

- b. PCR
- c. Undecided

If select BinaxNOW for follow-up testing:

Is your school/district already receiving tests through the state's antigen testing program?

8. Is your school/district already implementing a COVID-19 testing program? Yes/No

If yes

9. What type of testing does your district do?

- a. Diagnostic for people with symptoms
- b. Asymptomatic screening
- c. Outbreak testing
- d. Other

10. What type of tests does your district use?

- a. PCR
- b. Pooled PCR
- c. Rapid antigen, such as BinaxNow
- d. Other

11. Which of the following are included in your testing protocol?

- a. Teachers
- b. All school staff
- c. Students—elementary
- d. Students—middle school
- e. Students—high school
- f. Student athletes and coaches
- g. Vendors or contractors entering school building

12. Would your school/district like DHSS staff to contact you to discuss additional funding for supporting your screening testing team?

- a. Yes
- b. No

13. Please share any additional questions your school/district has about participation in the K-12 Screening Testing Program:

APPENDIX 3. K-12 Screening Testing Program Statement of Assurances

In order to reduce transmission of COVID-19 and to support in-person classroom instruction, the Missouri Department of Health and Senior Services (DHSS) is making screening testing services available to any public school districts and private and charter schools¹ at no cost for the 2021-2022 school year, including summer school as funds allow.

The DHSS is offering pooled testing services using PCR tests for COVID-19. Pooled testing combines, or “pools”, a set of individual test samples and yields a single test result for the overall pool. The pooled test results are not intended for diagnostic or treatment purposes but are instead offered as a screening tool to increase the likelihood of identifying possible positive cases in the school population. Individual follow-up testing is required for a positive pooled test result.

No COVID-19 test is perfect, and the pooled test may produce false positives (i.e., indicate that at least one individual has COVID-19 when no one in the pooled population actually does) or false negatives (i.e., indicate that no individual in the pooled population has COVID-19 when one or more individuals actually do). Notwithstanding the results of any pooled test, [Applicant district/school] should encourage members of the school population to consult their individual health care providers if they have signs or symptoms of COVID-19, or otherwise believe they have been exposed to COVID-19. Individuals that have tested positive for COVID-19 should not be tested or included in a pool for 90 days from their positive test.

Upon approval as an authorized school, [Applicant district/school] will be assigned a point of contact through the State’s contracted Testing Program Provider. The point of contact will assist the district/school with preparing for implementation of their testing program. The Testing Program Provider will provide training for onsite program implementation and a customer service support line and online chat, to provide basic on-demand technical assistance support to testing staff on topics that include, but are not limited to, delivery issues, sample collection, labeling tubes, transporting samples, test results, isolation and quarantine protocols, and training.

To support the effective administration of this program as well as the safe and effective administration of screening testing, DHSS seeks assurances from [Applicant district/school] before authorizing access to the K-12 screening testing services. Noncompliance with the below assurances may result in the termination of services. Specifically, for access to the K-12 Screening Testing program services made available by DHSS, [Applicant district/school] must agree to:

- Carefully follow all K-12 screening testing program guidance and requirements posted by DHSS.

Consent and Privacy

- Prior to test administration, collect and maintain all required consent and authorization for the administration of a COVID-19 test from students’ parents/guardians, teachers, staff, and any other person participating in the K-12 testing program, using the form furnished by Testing Program Provider or other DHSS-approved form.
- Protect the privacy of individuals participating in the pooled testing program; if needed for follow-up testing, disclose personally identifiable information (PII) about students from education records with the Testing Program Provider only after parents have consented to testing and sharing results or as otherwise

¹ The term “districts and schools” in this document refers to a public school district, private school, charter school, approved special education school or education collaborative that seeks to be authorized by the Missouri Department of Health and Senior Services (acting in consultation with the Department of Elementary and Secondary Education) to receive K-12 Screening Testing Services.

permitted by the federal Family Educational Rights Privacy Act and the Missouri Student Record Regulations.¹

- Ensure that students who cannot or refuse to participate in the K-12 Testing Program are not barred from in-person learning opportunities based on that refusal.
- Refrain from charging students, teachers, staff, or other members of the school community for any costs associated with participating in the K-12 Screening Testing Program.

Testing Protocols

- Coordinate screening testing with other testing efforts (i.e., symptomatic testing).
- Test all consenting staff and students using a pooled test on a schedule set by the authorized school and the Testing Program Provider.
- Follow protocol to follow-up on a positive test result from a pool with individualized diagnostic testing of all members in the pool.

Isolation, Quarantine, and Contact Tracing

- In addition to follow-up diagnostic testing on all individual members of the pool to determine the source(s) of the positive test result, authorized schools must also have in place appropriate protocols to ensure individuals testing positive for COVID-19 stay home from school until it is safe to return, follow other isolation and quarantine protocols, and to conduct additional contact tracing if necessary. Finally, it shall be the sole responsibility of each school to ensure that it is following any applicable order(s) issued by the state of Missouri or the local health authority.

Training and Compliance

- Communicate with teachers, staff, students, and families about this program on an ongoing basis, monitor it for compliance onsite, and ensure staff and students participate in training on the testing program as applicable (with direction from the Testing Program Provider).
- Work with the Testing Program Provider, depending on the support level needed by the authorized school, to promote an effective delivery of this program including following instructions from the Testing Program Provider.
- Monitor staff and students for compliance with PPE guidance and directives.

Platform Terms and Conditions

Additionally, [Applicant district/school] acknowledges the requirement, for itself and its authorized users, to comply with the following Terms and Conditions of engagement with the Testing Program Provider under the State's K-12 Screening Testing Program:

- I. **Access; Restrictions.** The School stated above will access and use the Testing Program Provider's online portal and any related software (collectively, the "Platform") solely for the school's internal, non-commercial purposes. The School will not permit any third party to, directly or indirectly (a) reverse engineer the Platform or attempt to discover or disclose any underlying ideas, algorithms or source code (except to the extent such restriction is prohibited by law); (b) publish, modify, reproduce or create derivative works based on the Platform or any data contained therein; (c) sell, offer for sale, rent, lease, license, sublicense, or redistribute any or all of the Platform or any data contained therein; (d) circumvent, remove, deactivate or thwart any protections or security measures in the Platform; or (e) otherwise access

¹ For more information about districts responsibilities to protect privacy in connection with Covid-19 testing, the United States Department of Education has issued the following guidance:
<https://studentprivacy.ed.gov/resources/ferpa-and-coronavirus-disease-2019-covid-19>

or use the Platform or any data or information received through the software in a manner inconsistent with this Statement of Assurances (including these Terms and Conditions) or applicable laws, rules and regulations.

II. Confidentiality. The School stated above will hold the Platform and any data or information, including personally identifiable information, received through the Platform in strict confidence and will protect the same with at least the same degree of care with which School protects its own similar confidential information, which protections shall be in compliance with applicable laws, rules and regulations, including, without limitation, those related to privacy and personal information.

III. Representation/Warranty. The School stated above represents, warrants, and covenants that it has and will have the legal authority and all rights and consents necessary to provide the data and information it provides under these Terms and Conditions for the purposes described therein, including, without limitation, any consents as required under this Statement of Assurances.

IV. Third Party Beneficiary. The assigned Testing Program Provider (as communicated to the School) is an intended third-party beneficiary of this Statement of Assurances (including these Terms and Conditions) and is entitled to rely upon the rights and benefits hereunder and may directly enforce the provisions hereof as if it were a party hereto. Any oversight, monitoring or evaluation of the activities of the School by the assigned Testing Provider shall not diminish or relieve in any way the liability of the School for any of its duties and responsibilities under this Agreement.

Superintendents, charter school leaders, and executive directors: please complete the information and sign below to affirm that you make the above-listed assurances.

Name of District or School

Superintendent/Executive Director Name

Phone Number

Date

Signature

If you are submitting as a district or an organization with multiple schools, please list all individual schools on behalf of which you are submitting this Statement of Assurances:

- 1.
- 2.
- 3.
- 4.

(Please continue if necessary)

Appendix 4 Testing Plan Worksheet

School/District Testing Team

Points of Contact	Responsibilities	Name	Title	Email	Phone
School/district Coordinator	Lead the school/district team and interact with DISS and the state's testing vendor. For reference, pilot districts have selected the superintendent or lead nurse, given role in health and safety for the district. Depending on this person's capacity, school/district should consider identifying a deputy coordinator to support.				
School/district Logistics Lead	Includes coordinating with schools and contractors to finalize testing times and locations and to make sure all materials are transported to the right place and appropriately set up in time.				
School/district Communications Lead	Includes encouraging comfort among faculty, students, parents, and guardians; also responsible for initiating the process for schools to collect consents.				
Any others?					

K-12 COVID-19 Screening Testing Plan

[illegible]

Appendix 5 **Frequently Asked Questions**

Why are schools doing COVID-19 screening testing?

To slow the spread of COVID-19 in Missouri and to protect teachers, staff, students, and their families, K-12 public schools can get access to COVID-19 tests through the Reopening Schools Screening Testing Program.

Screening testing can provide another layer of prevention to protect students, teachers, and staff and slow the spread of SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19). While it is critical for schools to remain open for academic, social and emotional benefits, it is equally important to do so safely (see: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>). Screening testing is one of many strategies that help schools safely and confidently continue in-person learning.

With vaccines now available, is testing still necessary?

Yes. Because many students are not yet able to get the vaccine, COVID-19 testing is an important way to protect the school community.

Which schools are eligible for this program?

A district or school, including local education agencies (districts, charter or private schools, approved special education schools and education collaborative), providing any type of in-person instruction is invited to participate in this initiative. There is no minimum number of participants required at a school site.

Does the entire district or school need to participate?

Schools and districts are strongly encouraged to involve all students and staff in screening testing, excluding any individuals who may opt out. However, districts or schools may choose to launch this program with a smaller subset of schools or grades, and students or staff, and scale up to a school-wide or district-wide model, as desired.

What kind of COVID-19 test do schools use?

Schools/districts participating in the K-12 Screening Testing Program will use a pooled PCR test. The type of tests used will depend on the testing plan schools design. DHSS is offering both antigen (BinaxNOW) and PCR tests, depending on the plan design.

What are the costs to the school district for this program?

DHSS is providing as much financial support as possible for implementing a screening testing program; however, there are roles for school district staff. Depending on how schools choose to implement screening testing, they may have to provide some staff support to oversee the testing program. For example, they will need an onsite testing coordinator to assist with assuring consent forms are collected and to push out communication about the program. DHSS is working to make additional funding available to support these staff.

Messaging Based On Local Vaccination Rates

Millions of Americans are now protected from COVID-19, thanks to safe and effective vaccines. However, even in communities with high average rates of vaccination, there are geographic areas and population groups with much lower vaccination uptake. Across the country, communities and population groups with low vaccination rates are now experiencing the highest levels of COVID infections. It is critical to everyone's health that every person who can be vaccinated is vaccinated.

Our Vaccination Rate is High

*Together, we have
come so far--let's
keep going.*

Together, our community has made tremendous progress in protecting ourselves and our loved ones from COVID-19 [cite local data]. The vaccines are extremely effective and safe, and we're starting to experience the benefits: seeing friends and family members, reopening local businesses, and enjoying summer. But we have more work to do to increase vaccination rates in areas of [state/city/county] where vaccination uptake is low. We are monitoring the potential impact of variants, and the best way for us to keep our community safe and healthy is to ensure that every eligible adult and child is vaccinated. Communities that are currently experiencing high rates of COVID infections are the ones with low vaccination rates.

Our Vaccination Rates are Mixed, with Variations Among Population Groups

*We're getting there, but
we want everyone in our
community to be safe
and healthy.*

We are making progress in putting COVID-19 behind us, and we've achieved high vaccination rates among [cite local data]. However, vaccination rates in some areas of [state/county/city] are lagging. We have more work to do to improve rates among [cite local data]. We all want to continue to experience the benefits of reduced community spread: seeing loved ones, reopening local businesses, enjoying summer, and safely getting kids back to school this fall. The vaccines are extremely effective and safe, and the best way to keep us on the right track is for every eligible adult and child to get vaccinated. Communities that are experiencing high rates of COVID infections today are the ones with low vaccination rates.

Our Vaccination Rates are Far Below Our Targets

*Let's make our community
safer and healthier, one
vaccine at a time.*

As communities around the country begin to open, we are witnessing the effectiveness of the COVID-19 vaccine. We are all eager to see loved ones, travel, visit local businesses, and safely get kids back to school this fall. Communities with low vaccination rates are experiencing the highest rates of COVID infections. With new and potentially dangerous strains, such as the Delta variant, it's more important than ever for eligible adults and children to get vaccinated.

If you are unvaccinated, continue to wear a mask, social distance, and make a plan to get vaccinated.
If you've been vaccinated and know neighbors, colleagues, or loved ones who aren't, encourage them to get vaccinated as soon as they can to help protect themselves and our community.

Andrew Hoffman

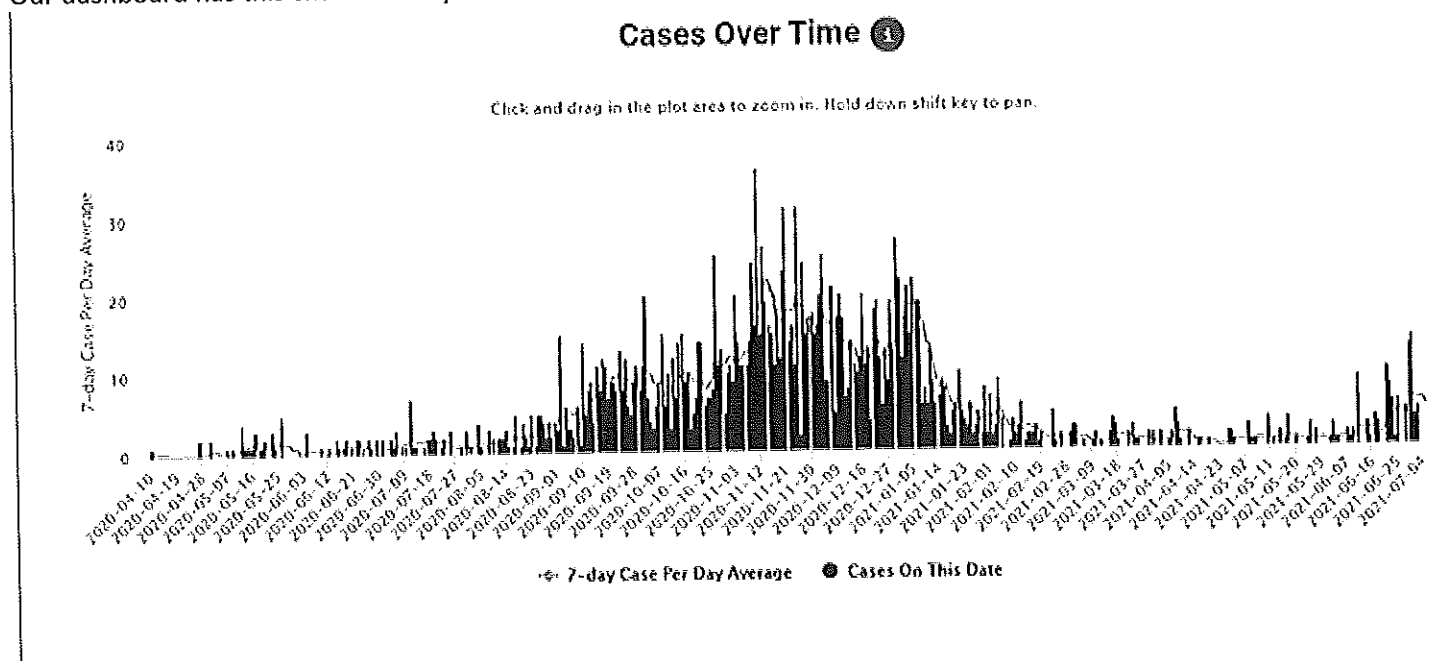
From: Andrew Hoffman
Sent: Tuesday, July 6, 2021 11:18 AM
To: 'Mark Hummer'
Subject: RE: Andrew County Status Update

Good morning Mark,

We have 44 active cases with 62 cases in the last 14 days (not including yesterday or the weekend). Here is a link to our COVID dashboard;

<http://www.andrewcountyhealth.com/index.php/resources/covid-dashboard>

Our dashboard has this chart where you can see the recent increase in cases;



Here is a link to the Missouri dashboards; <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/data/>

From the Missouri dashboard you can drill down to find different data, such as vaccinations. Andrew County has an estimated 27.1% of our population who have initiated vaccination and an estimated 25% fully vaccinated.

Hope this help!

From: Mark Hummer <markmh1409@gmail.com>
Sent: Tuesday, July 6, 2021 11:07 AM
To: Andrew Hoffman <AndrewH@andrewcountyhealth.com>
Subject: Andrew County Status Update

Goodmorning, What is the current Andrew County readiness status briefing?

I didn't know how to phrase the briefings that you had been sending out describing how Andrew County and the State of Mo is being affected. With the rise of the Delta variant, how is this impacting our area and resources?

I'm briefing the American Legion membership tomorrow night and I would like to give them something.

v/r

Mark Hummer, Commander

Post 287

American Legion

Savannah Mo.

C:816-390-4521



THE AMERICAN LEGION
VETERANS • DEFENSE • AMERICANISM • YOUTH

Andrew Hoffman

From: Kelli Hillerman <khillerman@grundycountyhealth.org>
Sent: Tuesday, July 6, 2021 11:16 AM
Subject: Follow-up: Region H LPHA Zoom Meeting, Tuesday, July 6 at 0900
Attachments: k-12-screening-testing-program-guide.pdf; Public Health Communications Collaborative Messaging Based on Vax Rates.pdf

In follow-up to this morning's meeting (2 attachments):

There was brief discussion of case counts, breakthroughs and re-infections in the region. Some counties report a steady trickling of cases, while another is heating up with several case investigations to begin today.

There was brief mention of variants in the region and how pocketed outbreaks may be tied to variant activity.

The group discussed vaccine needs. If you have a need for Pfizer vaccine, please reach out to Courtney Cross at Harrison County. Those searching for Johnson & Johnson vaccine may reach out to see if Andrew or Clinton County Health Departments have some available still.

Pat Franklin provided a brief update regarding traveler notifications and at-home covid testing. In response to a question regarding the possibility of covid case investigations transitioning to an aggregate count, there was also discussion of the need for funding to sustain COVID-19 investigation and contact tracing activities if those activities are to continue once the ELC funding runs out; otherwise, without funding for those activities, they will cease or be greatly reduced.

There was brief mention of PHEP contract reports due soon, discontinuation of MO ACTS, monthly infection control & prevention webinars, today's meetings (contract hours with Afra and the LPHA update meeting), new administrator orientation July 29-30, BEAM training, recent school surveys and the COVID-19 Screening Testing Program offered to schools by DHSS (program guide attached).

There are two unique volunteer opportunities coming up if you're interested in serving in voluntary public health leadership positions in MO. MICH (MO Institute for Community Health) and MPHA (MO Public Health Association) are both seeking nominations for positions on their respective boards that will become vacant soon.

The Public Health Communications Collaborative also came out with a graphic that guides messaging based on vaccination rates in your area (attached).

We'll meet again Tuesday, July 13, at 0900.

Thank you,
Kelli

On Tue, Jul 6, 2021 at 12:02 AM Kelli Hillerman <khillerman@grundycountyhealth.org> wrote:

AGENDA

- COVID-19 Case Counts
- Variants
- Vaccine and Testing

- PHEP Contract / Carryover
 - Update from Pat/Jess/Madison
 - Public Health Transformation
 - Miscellaneous/Items for Discussion
 - o EUAs Updated
 - o Discontinuation of MO ACTS
 - o July 8 – Infection Control & Prevention Webinar
 - o Schools - Vaccine Survey and Screening Testing Program
 - o Volunteer Opportunities for Public Health Leadership
 - o Trainings
-

Join Zoom Meeting

<https://us02web.zoom.us/j/86304782637?pwd=UW0vV1lmWkpBRkVNaS8vUIJlQkIwZz09>

Meeting ID: 863 0478 2637

Passcode: 750308

One tap mobile

+13017158592,,86304782637#,,,,*750308# US (Washington DC)

+13126266799,,86304782637#,,,,*750308# US (Chicago)

Dial by your location

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 646 876 9923 US (New York)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 408 638 0968 US (San Jose)

Meeting ID: 863 0478 2637

Passcode: 750308

Find your local number: <https://us02web.zoom.us/j/86304782637?pwd=UW0vV1lmWkpBRkVNaS8vUIJlQkIwZz09>

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Kelli Hillerman, BSN, RN, CHEP

Grundy County Health Department

Emergency Response Planner/Epidemiology Specialist

660-359-4196

www.grundycountyhealth.org

Twitter: @GrundyCoHealth

Facebook: @gchdmo

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2021

Missouri COVID-19 Screening Testing for K-12 Schools Program

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES



BACKGROUND

Through the Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Disease-Reopening Schools cooperative agreement with the Centers for Disease Control and Prevention (CDC), the Missouri Department of Health and Senior Services (DHSS) is offering screening testing for Missouri's K-12 teachers, staff, and students during the 2021-2022 school year. This document provides information about participating in the Missouri K-12 screening testing program. Testing offers an additional layer of prevention, helping schools to provide in-person learning for their students with confidence. Screening testing is just one piece of a comprehensive approach for COVID-19 mitigation in schools. Schools participating in screening testing are still advised to maintain or put in place additional layers of prevention to prevent in-school transmission as recommended by [CDC's Operational Strategy](#) and [Missouri's School Reopening and Operating Guidance document](#).

What is screening testing?

Screening testing means regularly (e.g., weekly) testing an entire population or portion of the population, without symptoms, with the goal of identifying and isolating COVID-19 positive individuals. This type of testing can help schools identify potential outbreaks early and give them the confidence needed to safely, and with precautions, provide in-person learning for their students. This approach can also help school leaders understand if mitigation efforts are working or if they need measures that are more stringent. Review [CDC's information on testing in schools](#) for more information about screening testing.

DHSS is offering a screening testing program using a pooled testing approach for any public, private, or charter school.¹ The program will provide resources and staffing for the entire testing process including registering individuals for testing, providing testing materials, collecting and testing samples, and reporting results. Schools will also have access to full staffing support for testing (e.g. testing manager, testing staff), and communication resources. The program provides as much support as possible; however, there are some expectations of the school/district, which are outlined further in this document. **Based on the availability of funding, DHSS is working with the Missouri Department of Elementary and Secondary Education (DESE) to distribute funds directly to the school/district to reimburse personnel costs related to the testing team, if needed.**

DHSS referenced existing science, expert public health opinion, current policies, and stakeholder input in developing the K-12 Screening Testing Program. The program is subject to change per best practices and recommendations learned from early adopters of screening testing in K-12 schools. For any questions about the K-12 Screening Testing Program, please email k12screeningtesting@health.mo.gov.

¹ The term "schools/districts" in this document refers to a public school district; charter, private, or parochial school; or approved special education school or education collaborative that seeks to be authorized by the Missouri Department of Health and Senior Services to receive K-12 Screening Testing Services.

CONSIDERATIONS FOR SCHOOL-BASED TESTING PROGRAMS

Whether a school/district chooses to implement a screening testing program with their internal infrastructure, use the State testing vendor, or work with local partners to support the logistics of running a testing program independently, they should consider the following areas necessary for implementing a testing program:

- Meeting regulatory requirements for performing testing, such as having standing orders and a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver, depending on the type of test used.
- Having dedicated infrastructure and resources to support school-based testing including a testing coordinator, clinical AND clerical support, funding, and staff training.
- Having a mechanism to fulfill the requirement for reporting all testing results (both positive and negative) to the State.
- Obtaining written parental consent for minor students and assent/consent for the students themselves.
- Having physical space to conduct testing safely and privately.
- Maintaining confidentiality of results and protecting student privacy.

Before implementing any COVID-19 testing program, schools should consider their entire testing program. There are resources available to assist schools with this, including:

- [Rockefeller Foundation's Covid-19 Testing K-12 Settings: A Playbook for Educators and Leaders](#)
- [Open and Safe Schools](#)
- [When to Test - COVID-19 Testing Impact Calculator](#)
- [CDC's Operational Strategy for K-12 Schools](#)

DHSS has also collaborated with Children's Mercy physicians to provide consultation services for schools that are developing a screening testing program. If you have any COVID-19 school re-entry questions or would like to request a consultation, please submit a [COVID-19 School Assistance form](#). DHSS strongly recommends that schools/districts consult with their local health department through program development and implementation to continue to incorporate the latest guidance and science into their school testing program, as it becomes available.

Why should my school/district implement COVID-19 screening testing?

Screening testing can help schools identify potential outbreaks early and give them the confidence needed to safely, and with precautions, offer in-person learning for their students. Because people can spread SARS-CoV-2 without any symptoms, asymptomatic testing can be especially helpful when used in situations where other strategies like masking and distancing are hard to implement, such as in some special education classes or for student athletes. Screening testing may also be a helpful strategy to reduce virus transmission when other mitigation practices are lessened. More specifically, screening testing can help:

- Prevent community spread by identifying asymptomatic cases;
- Establish trust and provide reassurance in efficacy of safety protocols and mitigation efforts; and

- Reduce fear and anxiety among staff, students, and families about returning to in-person learning, leading to a more positive teaching and learning experience.

How often should we offer screening testing?

CDC recommends taking into consideration the level of community transmission and implementation of mitigation strategies when deciding on school-based testing. Testing in schools located in communities at moderate to highest risk may provide the maximum balance of testing efficiency. Schools/districts can use [CDC's Indicators for Dynamic School Decision-Making](#) to determine which schools may provide the best settings for school-based testing based on infection risk. Table 1 presents testing considerations based on community transmission.

When using screening testing as a strategy to identify cases and prevent secondary spread, CDC recommends:

- At least weekly testing of teachers and staff in all levels of community transmission. In areas with substantial and high community transmission, twice a week screening testing might be preferable to detect cases among teachers and staff quickly.
- Weekly testing of students in areas with moderate (yellow), substantial (orange), and high (red) community transmission.

With COVID-19 cases declining and vaccine widely available, schools may consider screening testing for certain populations, such as in elementary schools where students are not currently eligible for vaccination. It may also help facilitate safe participation in sports and reduce transmission in activities that have elevated risk. Schools can implement testing among student athletes/participants, coaches and trainers, and any other individuals (such as parent volunteers) who could come into close contact with others during these activities. CDC recommends testing for all sports at least once per week for all levels of community transmission. Additional recommendations include:

- Universal screening testing the day of or day before sporting events, competitions, and activities.
- Testing twice per week in areas of substantial and high community transmission for participation in high-risk sports, which include those that cannot be done outdoors or with masks.

Table 1. Testing Considerations Based on Community Transmission

Low Transmission	Moderate Transmission (Yellow)	Substantial Transmission (Orange)	High Transmission (Red)
All schools implement 5 key prevention strategies: masks, physical distancing, handwashing and respiratory etiquette; cleaning and maintaining healthy facilities; contact tracing with quarantine and isolation			
Diagnostic testing: ¹ symptomatic students, teachers, and staff and close contacts referred for diagnostic testing			
Screening Testing²			
Screening testing of teachers and staff offered once per week			
No screening testing for students	Screening testing for students offered at least once per week ³		

Testing for high-risk supports: testing recommended at least once per week ⁴	Testing for high-risk sports: testing recommended twice per week
Testing for low and intermediate-risk sports: testing recommended at least once per week	Testing for low and intermediate risk sports: testing recommended at least once per week
¹ Diagnostic testing for SARS-CoV-2 is intended to identify occurrence of SARS-CoV-2 infection at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure. ² Screening testing is intended to identify infected asymptomatic individuals so that measures can be taken to prevent further transmission. ³ Schools may consider testing a random sample of at least 10% of students or may conduct pooled testing of cohorts/pods for screening testing in areas of moderate and substantial community transmission. ⁴ Schools may consider using screening testing for student athletes and adults (e.g., coaches, teacher advisors) who support these activities to facilitate safe participation and reduce risk of transmission. For an example risk stratification for sports, see NCAA Transmission Risk Summary .	

What makes screening testing successful?

Many factors can influence the success of a COVID-19 screening testing program. These include:

- Support and advocacy by school/district leadership and school community.
- Collaboration with local officials, including local health department and municipal leaders.
- A strong testing team that includes appropriate personnel and infrastructure (can be made up of internal and/or contracted staff):
 - **Testing Champions:** Superintendent, Director of Nursing/School Health, Director of Wellness
 - **Program Manager or Project Coordinator:** assists in all aspects of testing preparation and implementation
 - **Testing Managers:** Director of Nursing and nursing staff or outside healthcare professionals
 - **Contact Tracers:** nursing staff and/or local health department
- Transparency and two-way communication with families and the community.
- Sharing regular updates via an online COVID information hub, weekly newsletters, and/or email.
- Having a clearly articulated plan for follow-up testing and quarantine protocols.

Testing vaccinated individuals

CDC recommendations suggest exempting fully vaccinated people with no COVID-19-like symptoms and no known exposure from routine screening testing programs, if feasible. However, reasons why vaccinated staff and students may want to participate in COVID-19 testing include:

- While each vaccine authorized by the Food and Drug Administration (FDA) is effective at preventing symptomatic infection, no vaccine is 100% effective. Vaccinated individuals may still get COVID-19 and transmit it to others.
- Teachers can model good practices for students to encourage participation.

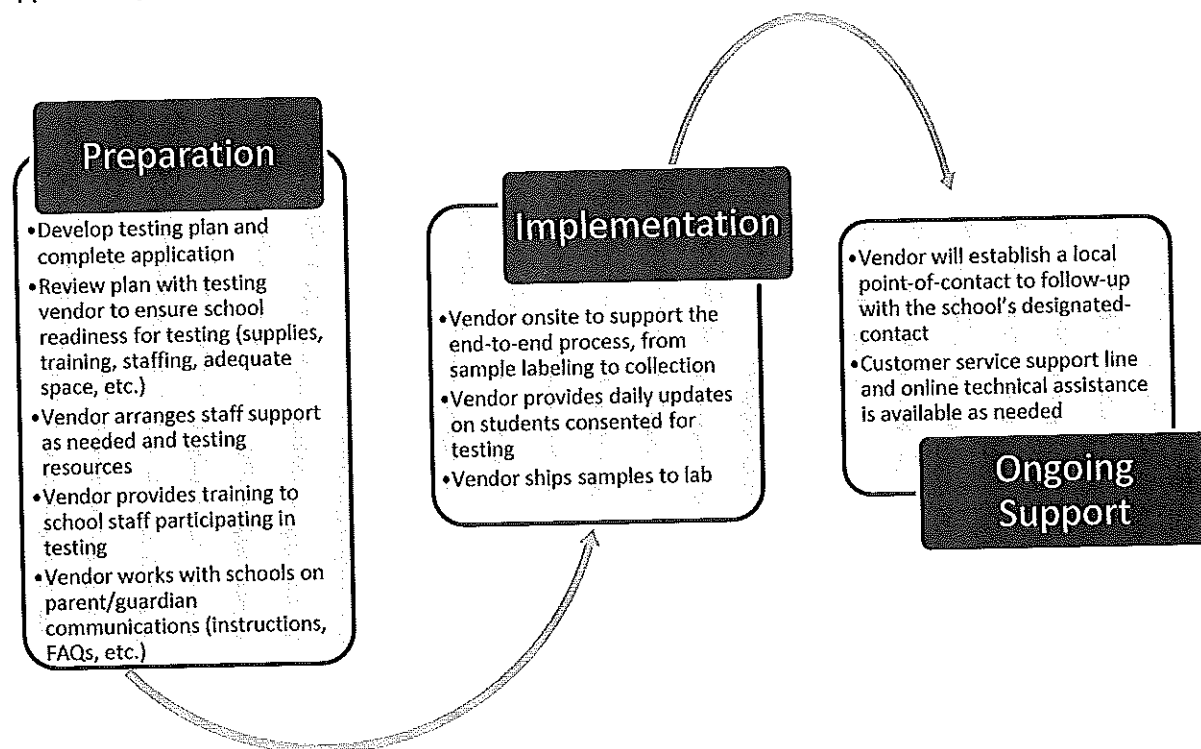
When not to test

Any COVID-19 testing should be offered on a voluntary basis. It is unethical and illegal to test someone who does not want to be tested, including students whose parents or guardians do not want them to be tested. CDC recommends not retesting individuals who have previously tested positive and do not currently have symptoms for COVID-19 for up to three months from their last positive test. Data

currently suggest that some individuals test persistently positive due to residual virus material but are highly unlikely to be infectious.

PARTICIPATING IN MISSOURI'S K-12 SCREENING TESTING PROGRAM

Figure 1 provides an overview of the K-12 Screening Testing Program. More information about the application process follows.



How pooled testing works

Pooled testing involves mixing several test samples together in a “batch” or “pool” and then testing the pooled sample with a PCR test for detection of SARS-CoV-2. Students and teachers typically test together as a classroom. Most students are easily able to self-collect a shallow nasal swab that they place into a single tube that is transported to the lab. This process allows testing of 5-25 individuals as a group and takes approximately 12 minutes of classroom time per week. Teachers are not required to play a role in administering the tests. A trained person can be available for students that need assistance with collecting their sample.

If the pool tests negative, then all of the individuals in that pool are negative. If a pool tests positive, an individual test of all members of the pool is necessary to determine who is positive. This is called reflex or follow-up testing. The positive individual(s) is then instructed to begin their isolation period. **Schools/districts using a pooled testing model are required to conduct a follow-up test for all positive pools and will choose between using a BinaxNOW rapid antigen test and PCR test.** Appendix 1 provides more information about PCR and antigen tests. Table 2 shows the options for follow-up testing and some information to consider in choosing which type of test is best for your school/district.

If using BinaxNOW tests from the State's K-12 Antigen Testing Program for any testing, including screening or follow-up testing, schools/districts are required to complete the Antigen Testing Program application process. Find more information about this program in the [Missouri BinaxNOW Antigen Testing Program for K-12 Schools Guide](#).

Table 2. Pooled Testing Follow-up Options

Follow-Up Test Option	Pooled + BinaxNOW Antigen Test	Pooled + PCR Test
Location	Onsite	Onsite swab + lab
Considerations:	<ul style="list-style-type: none"> • Get results faster than PCR tests • Fewer instructional hours missed • Requires additional work by school staff to do follow-up testing and reporting • Requires trained staff to collect the sample • May require additional PCR testing if no one tests positive in follow-up testing 	<ul style="list-style-type: none"> • Requires additional work by school staff to collect and send off swabs • Very accurate • Unvaccinated students and staff in positive pool will need to quarantine until individual test results are received

Application Process

All items needed to complete the application process are found on the [K-12 Screening Testing webpage](#). To participate in the Missouri K-12 Screening Testing Program, schools/districts will need to complete the following:

1. [Online Authorized School Application](#) (included as Appendix 2). The application collects detailed information about the school/district. DHSS will accept applications throughout the 2021-2022 school year, depending on availability of funding. Districts and organizations with multiple schools should fill out one application that includes each participating school in their district or agency. Districts may want to start their program with a few pilot schools and add additional schools during the school year in coordination with the testing vendor.
2. [Statement of Assurances](#) (included as Appendix 3). To support the effective administration of this program, as well as the safe administration of testing, schools/districts must agree to a series of assurances before DHSS authorizes access to the K-12 Screening Testing Program. The appropriate signatory must be an individual with the authority to agree to the terms outlined in the Statement of Assurances, such as the superintendent or executive director. The Statement of Assurances provides an overview of the responsibilities of schools/districts and the requirements for the K-12 Screening Testing Program. Noncompliance with the assurances may result in the termination of services. Schools/districts will upload this document as an attachment in their Authorized School application.
3. [Testing Plan Worksheet](#) (excel file) (included as Appendix 4). The testing plan worksheet asks for information describing how the school/district will implement the testing program in each

participating school. For example, who will be tested, where will testing occur, and how often will testing take place? Schools/districts will upload their plan as part of the application. Schools/districts will have the opportunity to adjust their plan as needed. If schools need assistance with developing their testing plans, they can reach out to DHSS or [Children's Mercy for consultation services](#).

SUPPORT AVAILABLE FOR SCHOOLS/DISTRICTS

Once DHSS approves a school/district to participate in the program, the school/district will coordinate with a testing vendor to implement screening testing. The vendor will assist the school/district with onboarding tasks, testing, and the reporting process. Additional vendor supports are included in Table 3.

Table 3. Testing Vendor Services and Supports

Staff support, if requested	<p>If desired by the school, the vendor may provide a testing manager to support the onsite management of the screening testing program and/or trained test sample collectors. The testing manager will assist with logistical arrangements, managing test inventory, and reporting.</p> <p>If a school/district declines staff support, they are responsible for ensuring adequate staffing to complete the testing process.</p>
Operations and logistics of screening testing	The vendor will procure, supply, and ship the physical materials needed for testing, including swabs, pre-labeled test tubes, biohazard collection bags, and any other necessary materials.
Transportation of test samples from school to laboratory	The vendor will offer overnight shipping service to deliver tests to the laboratory. Courier service may be available if other shipping is not available.
Software associated with pooled testing	The vendor will supply a software platform that schools will use to order supplies, track test results, and centralize other necessary testing information. The platform will return test results within 24-48 hours of the lab receiving the samples.
Training	The vendor will conduct training to support schools/districts with launching their testing program. Training is based on the school's/district's needs and can include the following as applicable: how to collect, store, and label samples; using the software associated with pooled testing; overview of the program, what to do in the case of a positive or negative pool, and in the case of a positive pool, the protocols associated with follow-up testing. Training may also include the steps to obtain consent.
Technical assistance/customer	The vendor will provide customer service solutions for the school/district. They will work directly with the testing coordinator or other administrators.

support to district/school personnel	at the district to troubleshoot on topics including delivery issues, sample collection, labeling tubes, transporting samples, test results, isolation and quarantine protocols, and training. Schools will also have access to a customer service support line and online tech support.
Resources for schools and parents	Schools will have access to documents and materials to support every step of the process including: <ul style="list-style-type: none"> • Materials and information sessions explaining pooled testing for families and school staff • Communication templates for requesting consent and notification of pooled testing results • Digital and paper consent forms in multiple languages

SCHOOL/DISTRICT STAFFING NEEDED

The Missouri K-12 Screening Testing Program will provide schools with the staff needed to implement an onsite screening testing program, if desired. However, schools/districts will need to commit some staffing support for a successful program. For example, school staff will be responsible for reporting positive cases to the LHD and communicating with positive individuals about how to proceed (e.g. isolation). Staff support needed from participating schools/districts is included in Table 4. One person may be responsible for multiple roles.

Schools/districts are able to request additional funding support through DHSS if needed to support the internal staffing required to support a screening testing program.

Table 4. School/District Staffing Needs for Screening Testing

Points of Contact	Responsibilities
School/District Testing Coordinator	Lead the school/district team and interact with DHSS and the state's testing vendor. Many districts select the superintendent or lead nurse, given their role in health and safety for the district. Depending on this person's capacity, the school/district should consider identifying a second person to assist the coordinator.
School/District Logistics Lead	Coordinates with schools and vendors to finalize testing times and locations and to make sure all materials are transported to the right place in time for testing.
Building Testing Ambassador	One person in each building who travels with testing vendor staff from class-to-class, if necessary; available on day of testing to assist vendor with testing process.

School/District Communications Lead	Serves as the point-of-contact to answer questions and provide information for staff/students/families; also responsible for initiating the process for schools to collect consents.
--	--

Positive Cases

Districts should designate a point of contact at both the school and district level with whom LHDs will coordinate regarding COVID-19 exposures, case investigations, and contact tracing. Pursuant to 19 CSR 20-20.030(1), schools/districts should report any known COVID-19 cases or exposures to the LHD where the student resides. When there is confirmation that a person infected with COVID-19 was on school property, the school should contact the LHD immediately and follow the directions of the LHD where the school is located. Schools/districts should track information regarding cases and exposures to ensure that no staff member or student returns to school before the LHD released them to do so. For more information about positive cases, please reference the [Missouri School Reopening and Operating Guidance](#).

NEXT STEPS

There are a lot of variables and decision points in developing a screening testing program; and information about COVID-19 changes frequently as new science is available. It is easy to feel overwhelmed, but there are many resources available to assist schools/districts in developing a testing program. Some people to reach out to include the local health department, local hospital or health system, or a testing vendor. The list below provides additional places to look for help. Appendix 5 also provides frequently asked questions to consider.

More COVID-19 Information and Resources

Missouri Department of Education: <https://dese.mo.gov/communications/coronavirus-covid-19-information>

Missouri Department of Health and Senior Services:

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/education.php>

Rockefeller Foundation: <https://www.rockefellerfoundation.org/report/covid-19-testing-in-k-12-settings-a-playbook-for-educators-and-leaders/>

U.S. Department of Health & Human Services: <https://www.hhs.gov/coronavirus/community-based-testing-sites/index.html>

For financial support and other questions about screening testing, please contact K12screeningtesting@health.mo.gov.

APPENDIX 1: PCR and Antigen Tests for Diagnosing COVID-19

The table below summarizes the main types and characteristics of PCR and antigen tests used to diagnose a current SARS-CoV-2 infection. [CDC's SARS-CoV-2 testing pages](#) provide additional information about testing. DHSS supports the use of any COVID-19 diagnostic device that has [Emergency Use Authorization \(EUA\)](#) or [FDA approval](#).

	Viral Tests	
	Molecular Tests (PCR)	Antigen Tests
How is the sample taken?	<p>Nasal (most tests) or throat swab</p> <p>Saliva or sputum test</p> <p>Sample placed in tube and sent to lab for processing. Trained staff in a CLIA-certified lab or point-of-care testing site operating under certificate of waiver must perform the test. The lab process takes just a few hours but turn-around times may be longer due to lab capacity and the time required to ship samples to the lab.</p>	<p>Nasal or throat swab</p> <p>Tests generally performed at point-of-care and results available in about 15 minutes.</p>
What does it test?	<p>Diagnose current SARS-CoV-2 infection by detecting viral genetic material (Nucleic acid amplification tests (NAAT)); including real time reverse-transcriptase Polymerase chain reaction (RT_PCR or PCR).</p>	<p>Diagnose current SARS-CoV-2 infection by detecting viral proteins.</p>
How are the results used?	<p>Help public health officials identify and recommend isolation for people with active infection in order to minimize COVID-19 transmission.</p>	<p>Help public health officials identify and recommend isolation for people with active infection in order to minimize COVID-19 transmission.</p>
Who administers the test?	<p>Swab can be self-collected or collected by a health professional.</p>	<p>Depending on test used, swab can be self-collected or trained staff associated with a CLIA-certified point-of-care testing site operating under certificate of waiver will collect the sample.</p>
Other information	<p>Considered the gold standard for COVID-19 detection and typically performed in a specialized lab. FDA has authorized some molecular tests for and have data supporting use in asymptomatic individuals.</p> <p>A CLIA certification is not required for sample collection.</p>	<p>May be more likely to miss a current infection than molecular tests.</p> <p>Continued research is being conducted to look at performance in asymptomatic people.</p> <p>Rapid antigen tests are also being used for symptomatic individuals who begin to exhibit symptoms during the school day.</p>

APPENDIX 2: K-12 Screening Testing Program Online Application

Thank you for your interest in the Missouri COVID-19 Screening Testing Program for K-12 Schools. Please provide responses to the following questions to become an Authorized School.

1. District Information

District or School Name:

County:

Person completing the application:

Email:

Title:

2. Please identify your school's/district's testing program coordinator:

Name:

Email:

Title:

3. Upload the completed, signed Statement of Assurances.**4. Upload the completed Testing Plan Worksheet.****5. What percent of students do you anticipate will participate in your screening testing program?**

0%

1% - 25%

26% - 50%

51% - 75%

76% - 100%

Unsure

6. What percent of school staff do you anticipate will participate in your screening testing program?

0%

1% - 25%

26% - 50%

51% - 75%

76% - 100%

Unsure

7. What is your school's/district's preference for follow-up testing? Please refer to Table 2 Pooled Testing Follow-up Options in the Screening Testing for K-12 Schools Program Guide for more information about each follow-up option.

All buildings within a district are required to use the same type of follow-up test.

- a. Antigen using BinaxNOW

- b. PCR
- c. Undecided

If select BinaxNOW for follow-up testing:

Is your school/district already receiving tests through the state's antigen testing program?

8. Is your school/district already implementing a COVID-19 testing program? Yes/No

If yes

9. What type of testing does your district do?
- a. Diagnostic for people with symptoms
 - b. Asymptomatic screening
 - c. Outbreak testing
 - d. Other

10. What type of tests does your district use?

- a. PCR
- b. Pooled PCR
- c. Rapid antigen, such as BinaxNow
- d. Other

11. Which of the following are included in your testing protocol?

- a. Teachers
- b. All school staff
- c. Students—elementary
- d. Students—middle school
- e. Students—high school
- f. Student athletes and coaches
- g. Vendors or contractors entering school building

12. Would your school/district like DHSS staff to contact you to discuss additional funding for supporting your screening testing team?

- a. Yes
- b. No

13. Please share any additional questions your school/district has about participation in the K-12 Screening Testing Program:

APPENDIX 3. K-12 Screening Testing Program Statement of Assurances

In order to reduce transmission of COVID-19 and to support in-person classroom instruction, the Missouri Department of Health and Senior Services (DHSS) is making screening testing services available to any public school districts and private and charter schools¹ at no cost for the 2021-2022 school year, including summer school as funds allow.

The DHSS is offering pooled testing services using PCR tests for COVID-19. Pooled testing combines, or “pools”, a set of individual test samples and yields a single test result for the overall pool. The pooled test results are not intended for diagnostic or treatment purposes but are instead offered as a screening tool to increase the likelihood of identifying possible positive cases in the school population. Individual follow-up testing is required for a positive pooled test result.

No COVID-19 test is perfect, and the pooled test may produce false positives (i.e., indicate that at least one individual has COVID-19 when no one in the pooled population actually does) or false negatives (i.e., indicate that no individual in the pooled population has COVID-19 when one or more individuals actually do). Notwithstanding the results of any pooled test, [Applicant district/school] should encourage members of the school population to consult their individual health care providers if they have signs or symptoms of COVID-19, or otherwise believe they have been exposed to COVID-19. Individuals that have tested positive for COVID-19 should not be tested or included in a pool for 90 days from their positive test.

Upon approval as an authorized school, [Applicant district/school] will be assigned a point of contact through the State’s contracted Testing Program Provider. The point of contact will assist the district/school with preparing for implementation of their testing program. The Testing Program Provider will provide training for onsite program implementation and a customer service support line and online chat, to provide basic on-demand technical assistance support to testing staff on topics that include, but are not limited to, delivery issues, sample collection, labeling tubes, transporting samples, test results, isolation and quarantine protocols, and training.

To support the effective administration of this program as well as the safe and effective administration of screening testing, DHSS seeks assurances from [Applicant district/school] before authorizing access to the K-12 screening testing services. Noncompliance with the below assurances may result in the termination of services. Specifically, for access to the K-12 Screening Testing program services made available by DHSS, [Applicant district/school] must agree to:

- Carefully follow all K-12 screening testing program guidance and requirements posted by DHSS.

Consent and Privacy

- Prior to test administration, collect and maintain all required consent and authorization for the administration of a COVID-19 test from students’ parents/guardians, teachers, staff, and any other person participating in the K-12 testing program, using the form furnished by Testing Program Provider or other DHSS-approved form.
- Protect the privacy of individuals participating in the pooled testing program; if needed for follow-up testing, disclose personally identifiable information (PII) about students from education records with the Testing Program Provider only after parents have consented to testing and sharing results or as otherwise

¹ The term “districts and schools” in this document refers to a public school district, private school, charter school, approved special education school or education collaborative that seeks to be authorized by the Missouri Department of Health and Senior Services (acting in consultation with the Department of Elementary and Secondary Education) to receive K-12 Screening Testing Services.

permitted by the federal Family Educational Rights Privacy Act and the Missouri Student Record Regulations.¹

- Ensure that students who cannot or refuse to participate in the K-12 Testing Program are not barred from in-person learning opportunities based on that refusal.
- Refrain from charging students, teachers, staff, or other members of the school community for any costs associated with participating in the K-12 Screening Testing Program.

Testing Protocols

- Coordinate screening testing with other testing efforts (i.e., symptomatic testing).
- Test all consenting staff and students using a pooled test on a schedule set by the authorized school and the Testing Program Provider.
- Follow protocol to follow-up on a positive test result from a pool with individualized diagnostic testing of all members in the pool.

Isolation, Quarantine, and Contact Tracing

- In addition to follow-up diagnostic testing on all individual members of the pool to determine the source(s) of the positive test result, authorized schools must also have in place appropriate protocols to ensure individuals testing positive for COVID-19 stay home from school until it is safe to return, follow other isolation and quarantine protocols, and to conduct additional contact tracing if necessary. Finally, it shall be the sole responsibility of each school to ensure that it is following any applicable order(s) issued by the state of Missouri or the local health authority.

Training and Compliance

- Communicate with teachers, staff, students, and families about this program on an ongoing basis, monitor it for compliance onsite, and ensure staff and students participate in training on the testing program as applicable (with direction from the Testing Program Provider).
- Work with the Testing Program Provider, depending on the support level needed by the authorized school, to promote an effective delivery of this program including following instructions from the Testing Program Provider.
- Monitor staff and students for compliance with PPE guidance and directives.

Platform Terms and Conditions

Additionally, [Applicant district/school] acknowledges the requirement, for itself and its authorized users, to comply with the following Terms and Conditions of engagement with the Testing Program Provider under the State's K-12 Screening Testing Program:

- I. **Access; Restrictions.** The School stated above will access and use the Testing Program Provider's online portal and any related software (collectively, the "Platform") solely for the school's internal, non-commercial purposes. The School will not permit any third party to, directly or indirectly (a) reverse engineer the Platform or attempt to discover or disclose any underlying ideas, algorithms or source code (except to the extent such restriction is prohibited by law); (b) publish, modify, reproduce or create derivative works based on the Platform or any data contained therein; (c) sell, offer for sale, rent, lease, license, sublicense, or redistribute any or all of the Platform or any data contained therein; (d) circumvent, remove, deactivate or thwart any protections or security measures in the Platform; or (e) otherwise access

¹ For more information about districts responsibilities to protect privacy in connection with Covid-19 testing, the United States Department of Education has issued the following guidance:
<https://studentprivacy.ed.gov/resources/ferpa-and-coronavirus-disease-2019-covid-19>

or use the Platform or any data or information received through the software in a manner inconsistent with this Statement of Assurances (including these Terms and Conditions) or applicable laws, rules and regulations.

- II. Confidentiality.** The School stated above will hold the Platform and any data or information, including personally identifiable information, received through the Platform in strict confidence and will protect the same with at least the same degree of care with which School protects its own similar confidential information, which protections shall be in compliance with applicable laws, rules and regulations, including, without limitation, those related to privacy and personal information.
- III. Representation/Warranty.** The School stated above represents, warrants, and covenants that it has and will have the legal authority and all rights and consents necessary to provide the data and information it provides under these Terms and Conditions for the purposes described therein, including, without limitation, any consents as required under this Statement of Assurances.
- IV. Third Party Beneficiary.** The assigned Testing Program Provider (as communicated to the School) is an intended third-party beneficiary of this Statement of Assurances (including these Terms and Conditions) and is entitled to rely upon the rights and benefits hereunder and may directly enforce the provisions hereof as if it were a party hereto. Any oversight, monitoring or evaluation of the activities of the School by the assigned Testing Provider shall not diminish or relieve in any way the liability of the School for any of its duties and responsibilities under this Agreement.

Superintendents, charter school leaders, and executive directors: please complete the information and sign below to affirm that you make the above-listed assurances.

Name of District or School

Superintendent/Executive Director Name

Phone Number

Date

Signature

If you are submitting as a district or an organization with multiple schools, please list all individual schools on behalf of which you are submitting this Statement of Assurances:

- 1.
- 2.
- 3.
- 4.

(Please continue if necessary)

Appendix 4 Testing Plan Worksheet

School/District Testing Team

Points of Contact	Responsibilities	Name	Title	Email	Phone
School/district Coordinator	Lead the school/district team and interact with DIISS and the state's testing vendor. For reference, pilot districts have selected the superintendent or lead nurse, given role in health and safety for the district. Depending on this person's capacity, school/district should consider identifying a deputy coordinator to support.				
School/district Logistics Lead	Includes coordinating with schools and contractors to finalize testing times and locations and to make sure all materials are transported to the right place and appropriately set up in time.				
School/district Communications Lead	Includes encouraging comfort among faculty, students, parents, and guardians; also responsible for initiating the process for schools to collect consents.				
Any others?					

K-12 COVID-19 Screening Testing Plan

[illegible]

Appendix 5

Frequently Asked Questions

Why are schools doing COVID-19 screening testing?

To slow the spread of COVID-19 in Missouri and to protect teachers, staff, students, and their families, K-12 public schools can get access to COVID-19 tests through the Reopening Schools Screening Testing Program.

Screening testing can provide another layer of prevention to protect students, teachers, and staff and slow the spread of SARS-CoV-2, the virus that causes Coronavirus Disease 2019 (COVID-19). While it is critical for schools to remain open for academic, social and emotional benefits, it is equally important to do so safely (see: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/operation-strategy.html>). Screening testing is one of many strategies that help schools safely and confidently continue in-person learning.

With vaccines now available, is testing still necessary?

Yes. Because many students are not yet able to get the vaccine, COVID-19 testing is an important way to protect the school community.

Which schools are eligible for this program?

A district or school, including local education agencies (districts, charter or private schools, approved special education schools and education collaborative), providing any type of in-person instruction is invited to participate in this initiative. There is no minimum number of participants required at a school site.

Does the entire district or school need to participate?

Schools and districts are strongly encouraged to involve all students and staff in screening testing, excluding any individuals who may opt out. However, districts or schools may choose to launch this program with a smaller subset of schools or grades, and students or staff, and scale up to a school-wide or district-wide model, as desired.

What kind of COVID-19 test do schools use?

Schools/districts participating in the K-12 Screening Testing Program will use a pooled PCR test. The type of tests used will depend on the testing plan schools design. DHSS is offering both antigen (BinaxNOW) and PCR tests, depending on the plan design.

What are the costs to the school district for this program?

DHSS is providing as much financial support as possible for implementing a screening testing program; however, there are roles for school district staff. Depending on how schools choose to implement screening testing, they may have to provide some staff support to oversee the testing program. For example, they will need an onsite testing coordinator to assist with assuring consent forms are collected and to push out communication about the program. DHSS is working to make additional funding available to support these staff.

Messaging Based On Local Vaccination Rates

Millions of Americans are now protected from COVID-19, thanks to safe and effective vaccines. However, even in communities with high average rates of vaccination, there are geographic areas and population groups with much lower vaccination uptake. Across the country, communities and population groups with low vaccination rates are now experiencing the highest levels of COVID infections. It is critical to everyone's health that every person who can be vaccinated is vaccinated.

Our Vaccination Rate is High

*Together, we have
come so far—let's
keep going.*

Together, our community has made tremendous progress in protecting ourselves and our loved ones from COVID-19 *[cite local data]*. The vaccines are extremely effective and safe, and we're starting to experience the benefits: seeing friends and family members, reopening local businesses, and enjoying summer. But we have more work to do to increase vaccination rates in areas of *[state/city/county]* where vaccination uptake is low. We are monitoring the potential impact of variants, and the best way for us to keep our community safe and healthy is to ensure that every eligible adult and child is vaccinated. Communities that are currently experiencing high rates of COVID infections are the ones with low vaccination rates.

Our Vaccination Rates are Mixed, with Variations Among Population Groups

*We're getting there, but
we want everyone in our
community to be safe
and healthy.*

We are making progress in putting COVID-19 behind us, and we've achieved high vaccination rates among *[cite local data]*. However, vaccination rates in some areas of *[state/county/city]* are lagging. We have more work to do to improve rates among *[cite local data]*. We all want to continue to experience the benefits of reduced community spread: seeing loved ones, reopening local businesses, enjoying summer, and safely getting kids back to school this fall. The vaccines are extremely effective and safe, and the best way to keep us on the right track is for every eligible adult and child to get vaccinated. Communities that are experiencing high rates of COVID infections today are the ones with low vaccination rates.

Our Vaccination Rates are Far Below Our Targets

*Let's make our community
safer and healthier, one
vaccine at a time.*

As communities around the country begin to open, we are witnessing the effectiveness of the COVID-19 vaccine. We are all eager to see loved ones, travel, visit local businesses, and safely get kids back to school this fall. Communities with low vaccination rates are experiencing the highest rates of COVID infections. With new and potentially dangerous strains, such as the Delta variant, it's more important than ever for eligible adults and children to get vaccinated.

If you are unvaccinated, continue to wear a mask, social distance, and make a plan to get vaccinated. If you've been vaccinated and know neighbors, colleagues, or loved ones who aren't, encourage them to get vaccinated as soon as they can to help protect themselves and our community.

Andrew Hoffman

From: Mark Hummer <markmh1409@gmail.com>
Sent: Tuesday, July 6, 2021 11:07 AM
To: Andrew Hoffman
Subject: Andrew County Status Update

Goodmorning, What is the current Andrew County readiness status briefing?

I didn't know how to phrase the briefings that you had been sending out describing how Andrew County and the State of Mo is being affected. With the rise of the Delta variant, how is this impacting our area and resources?

I'm briefing the American Legion membership tomorrow night and I would like to give them something.

v/r

Mark Hummer, Commander
Post 287
American Legion
Savannah Mo.
C:816-390-4521



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VETERANS • DEFENSE • AMERICANISM • YOUTH

Andrew Hoffman

From: Kelli Hillerman <khillerman@grundycountyhealth.org>
Sent: Tuesday, July 6, 2021 12:03 AM
Subject: Region H LPHA Zoom Meeting, Tuesday, July 6 at 0900

AGENDA

- COVID-19 Case Counts
- Variants
- Vaccine and Testing
- PHEP Contract / Carryover
- Update from Pat/Jess/Madison
- Public Health Transformation
- Miscellaneous/Items for Discussion
 - o EUAs Updated
 - o Discontinuation of MO ACTS
 - o July 8 – Infection Control & Prevention Webinar
 - o Schools - Vaccine Survey and Screening Testing Program
 - o Volunteer Opportunities for Public Health Leadership
 - o Trainings

Join Zoom Meeting

<https://us02web.zoom.us/j/86304782637?pwd=UW0vV1lmWkpBRkVNaS8vUlJlQkIwZz09>

Meeting ID: 863 0478 2637

Passcode: 750308

One tap mobile

+13017158592,,86304782637#,,,,*750308# US (Washington DC)

+13126266799,,86304782637#,,,,*750308# US (Chicago)

Dial by your location

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 646 876 9923 US (New York)

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 408 638 0968 US (San Jose)

Meeting ID: 863 0478 2637

Passcode: 750308

Find your local number: <https://us02web.zoom.us/j/86304782637?pwd=UW0vV1lmWkpBRkVNaS8vUlJlQkIwZz09>

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*Kelli Hillerman, BSN, RN, CHEP
Grundy County Health Department*

Emergency Response Planner/Epidemiology Specialist
660-359-4196

www.grundycountyhealth.org

Twitter: @GrundyCoHealth

Facebook: @gehdmo

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Andrew Hoffman

From: DHSS Public Info <PublicInfo@health.mo.gov>
Sent: Friday, July 2, 2021 4:48 PM
Subject: News Release: Freedom from COVID-19 achieved through vaccination



For Immediate Release:
July 2, 2021

Media Contact:
Lisa Cox
Missouri Department of Health and Senior Services
Lisa.Cox@health.mo.gov

Freedom from COVID-19 achieved through vaccination

JEFFERSON CITY, MO – As our nation celebrates Independence Day this weekend, the Missouri Department of Health and Senior Services (DHSS) reminds Missourians that the battle against COVID-19 continues. Deemed highly transmissible, the Delta variant of SARS-CoV-2, the virus that causes COVID-19, is projected to become dominant worldwide and is likely already the dominant variant in Missouri after making its first confirmed entry into the state two months ago. It is also causing more serious illness and hospitalizations among those who have not been vaccinated.

"As you gather with friends and family for Independence Day, please take adequate precautions to reduce the risk of this highly transmissible variant," said DHSS Acting Director, Robert Knodell. "COVID-19 is now preventable due to proven success seen with the vaccines. Vaccination is our best chance at moving past the pandemic."

The primary target for the Delta variant and other variants is unvaccinated individuals. Recent data from the United Kingdom, have shown the mRNA vaccines can be used to fight back against the Delta variant. In fact, data show that when it comes to the Delta variant specifically, the mRNA vaccines developed for COVID-19 were shown to be nearly 90% effective against symptomatic disease and 96% effective against hospitalization. The Delta variant is substantially more transmissible than what's been seen in past months – 60% more transmissible than the Alpha variant that was first discovered in the U.K.

"The Delta variant is also impacting young people in a way that previous variants have not," said Knodell. "It is wrong to think that only the elderly and those with compromised immune systems need the vaccination. The virus has changed since the early days of the pandemic."

In addition to vaccination, testing remains a key tool to keeping Missourians safe. Testing options are widely available and accessible. In addition to community testing events and options through local health care providers and pharmacies, DHSS also now offers free at-home testing kits for Missourians. These kits are ordered online and delivered to the individual's home in two days and are good for use anytime up to 6 months. It is strongly recommended that one who is exposed to COVID-19 or has related symptoms be tested. Additionally, those who may be interacting with vulnerable populations or large crowds should seek regular testing. Because individuals can have the virus and transmit it without having symptoms, symptoms do not need to be present to obtain testing.

Throughout the COVID-19 public health emergency, DHSS has collaborated with the Centers for Disease Control and Prevention (CDC) and local partners to address COVID-19. The CDC and their associated Foundation offered to recruit and hire surge teams of public health professionals to assist throughout Missouri in mitigation efforts during this time of increased viral activity. DHSS has accepted this assistance, and formation of the teams will begin next week. The teams will be made up of health and logistics experts from federal agencies and will conduct testing, distribute medicines designed to fight the virus, and boost local and state efforts to increase vaccinations.

Members of the surge teams will include an epidemiologist, research assistants, a health communication specialist, contact tracers and others who will support immunization and outreach efforts. More specific details of this collaboration are still being finalized.

Those who have not been vaccinated are encouraged to get the facts about vaccines at [MOStopsCovid.com/facts](https://mohhs.mo.gov/mohhs/covid-19/facts). Getting vaccinated is important for not only protecting yourself, but for protecting those around you.

Those who choose not to get vaccinated should take these important public health steps:

- Maintain no less than six feet distance from others;
- Wear a mask when appropriate;
- Avoid others that appear to be sick;
- Avoid others if you are demonstrating COVID symptoms;
- Cough or sneeze into your elbow or a tissues; and
- Wash your hands.

Tips for unvaccinated individuals to safely enjoy the holiday weekend can be found on the [CDC website](https://www.cdc.gov).

Resources:

- Find a vaccine at [MOStopsCovid.com](https://mohhs.mo.gov/mohhs/covid-19/facts)
- [Find community testing events or order free at-home testing kits.](#)
- [Learn more about the Delta variant and its presence in Missouri from Missouri's State Epidemiologist.](#)
- View testing results from wastewater samples at the [COVID-19 sewershed surveillance StoryMap](#).
- [CDC COVID Data Tracker](#)

###

About the Missouri Department of Health and Senior Services: The department seeks to be the leader in protecting health and keeping people safe. More information about DHSS can be found at <http://health.mo.gov> or find us on [Facebook](#) and [Twitter](#) @HealthyLivingMo



We aspire to protect health and keep the people of Missouri safe.



Andrew Hoffman

From: Missouri Health Notification System <56098f90-0005-3002-80c0-fceb55463ffe@notify.showmeresponse.org>
Sent: Thursday, July 1, 2021 8:21 AM
To: Andrew Hoffman
Subject: DHSS-Health Advisory: National Pause for the Distribution and Utilization
Attachments: 06.30.21 DHSS HA - National Pause fo.pdf
Importance: High

Andrew Hoffman,

Attached is DHSS Health Advisory, dated 06/30/2021, entitled, "National Pause for the Distribution and Utilization of Bamlanivimab and Etesevimab for the Treatment of Mild to Moderate COVID-19" Should you have any questions, please contact the Missouri Department of Health and Senior Services' Bureau of Communicable Disease Control and Prevention at 573-751-6113.

Submitted by: Emily Hoke, ERC Duty Officer, Emergency Response Center (ERC) Missouri Department of Health & Senior Services 912 Wildwood Dr., PO Box 570 Jefferson City, MO 65102-0570 Phone: 573-526-9711, Facsimile: 573-526-8389 Email: DRMS@health.mo.gov

Thank you,
Missouri Health Notification System

Missouri Department of Health & Senior Services

Health Advisory:

National Pause for the Distribution and Utilization of Bamlanivimab and Etesevimab for the Treatment of Mild to Moderate COVID-19

06.30.2021

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>.

The Missouri Department of Health and Senior Services (DHSS) is now using four types of documents to provide important information to medical and public health professionals, and to other interested persons.

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Office of the Director
912 Wildwood
P.O. Box 570

Jefferson City, MO 65102
Telephone: 800-392-0272

Fax: 573-751-6041

Website: <http://www.health.mo.gov>

Health Advisory
06.30.2021

FROM: Robert Knodell, DHSS Acting Director

SUBJECT: National Pause for the Distribution and Utilization of Bamlanivimab and Etesevimab for the Treatment of Mild to Moderate COVID-19

The Missouri Department of Health and Senior Services (DHSS) received important prescribing information from Eli Lilly, manufacturer of bamlanivimab and etesevimab. Content of Lilly's notification is repeated below and can also be found at <https://www.covid19.lilly.com/assets/pdf/bam-ete/bam-ete-pause.pdf>

The Assistant Secretary for Preparedness and Response and the Food and Drug Administration (FDA) have paused the distribution of bamlanivimab and etesevimab across all 50 states within the United States effective 25 June 2021 due to reduced effectiveness against certain specific viral variants. As a result, do not use bamlanivimab and etesevimab administered together at this time. Use other authorized monoclonal antibodies to treat patients with mild to moderate COVID-19. Importantly, the pause of bamlanivimab and etesevimab distribution and use is not due to any new safety concerns.

The Centers for Disease Control and Prevention has identified that the combined frequencies of the P.1 (Gamma) variant (first identified in Brazil) and the B.1.351 (Beta) variant (first identified in South Africa) throughout the United States now exceeds 11% and is trending upward (<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-proportions.html>). Results from in vitro assays that are used to assess the susceptibility of viral variants to particular monoclonal antibodies suggest that bamlanivimab and etesevimab administered together are not active against either the P.1 (Gamma) or B.1.351 (Beta) variants. These assays use "pseudotyped-virus-like particles" that help determine likely susceptibility of the live SARS-CoV-2 variant viruses.

The duration of this pause will be determined in close coordination with the FDA and US government. If you have bamlanivimab and etesevimab at your facility, you do not need to dispose of these drugs at this time.

Healthcare providers should direct questions about bamlanivimab and etesevimab to Eli Lilly and Company at 1-855-LillyC19 (1-855-545-5921). Additional information on the use of bamlanivimab and etesevimab together, including the authorized Bamlanivimab and Etesevimab Fact Sheet for Healthcare Providers, can be found at www.BAMandETE.com.

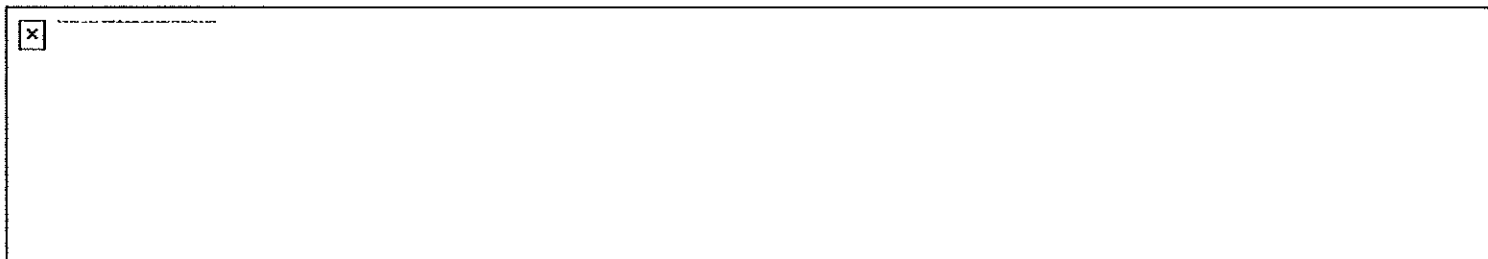
Reporting Adverse Events:

Per the requirements for bamlanivimab and etesevimab administration under the Emergency Use Authorization (EUA), healthcare providers are responsible for mandatory reporting of all medication errors and serious adverse events potentially related to bamlanivimab and etesevimab treatment. Refer to the Fact Sheet and www.BAMandETE.com for detailed instructions.

Missouri healthcare providers and public health practitioners: Please contact your local public health agency or the Missouri Department of Health and Senior Services' (DHSS') Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7) with questions regarding this health advisory.

Andrew Hoffman

From: Centers for Disease Control and Prevention <no-reply@emailupdates.cdc.gov>
Sent: Tuesday, June 29, 2021 3:19 PM
To: Andrew Hoffman
Subject: Lab Update: SARS-CoV-2 Variant Classification Changes



Audience: Individuals Performing COVID-19 Testing

Level: Laboratory Update

On June 29, 2021, the U.S. Centers for Disease Control and Prevention (CDC) announced the following changes to the SARS-CoV-2 variant classifications:

- Downgrading B.1.427/B.1.429 (Epsilon) from variants of concern to variants of interest
- Downgrading variant of interest B.1.617
- Consolidating variant of interest B.1.526.1 with variant of interest B.1.526 (Iota)

The classification of a specific variant may change as new evidence emerges regarding its attributes. CDC and the SARS-CoV-2 Interagency Group continually review the available scientific evidence as well as the genomic surveillance data to assess the classification of variants.

For more information, please visit the [SARS-CoV-2 Variant Classifications and Definitions](#) page.

For questions, contact us at LOCS@cdc.gov.

[Opt in to receive emails from the CDC Laboratory Outreach Communication System \(LOCS\).](#)

Thank you,

The Laboratory Outreach Communication System

Laboratory Outreach Communication System (LOCS) | Division of Laboratory Systems (DLS)

Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)

Centers for Disease Control and Prevention (CDC)

LOCS@cdc.gov

www.cdc.gov/csels/dls/locs



Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

[Questions or Problems](#) | [Unsubscribe](#)



Andrew Hoffman

From: Kelli Hillerman <khillerman@grundycountyhealth.org>
Sent: Tuesday, June 29, 2021 1:12 PM
Subject: Follow-up: Region H LPHA Zoom Meeting, Tuesday, June 29 at 0900

In follow-up to this morning's meeting:

There was brief discussion of case counts, breakthroughs and re-infections in the region. The hot spots appear to be burning themselves out, as Livingston has reported fewer cases and decreasing interest in testing.

There was also discussion of variants in the region. Pat Franklin, along with Jess and Madison, provided an update and information on variants. He also shared testing results from Caldwell county. Updated mask guidance from the WHO in response to more transmissible variants was mentioned. No change in CDC mask guidance at this time.

The group discussed vaccine needs and testing in the region. EUAs were updated last week for vaccinators and recipients. <https://covidvaccine.mo.gov/vaccinators/>

PHEP contract reports (tangible personal property and the comprehensive inventory listing) are due 6/30/21. CRI MCM Action Plans were due June 25. Those report forms may be found here: <https://clphs.health.mo.gov/lphs/oec.php>

RSV cases are on the rise in the state. The Health Advisory issued June 10 provided info on increased RSV activity (especially in the southern US) and provided recommendations for clinicians. <https://emergency.cdc.gov/han/2021/han00443.asp>

We'll meet again on Tuesday, July 6, at 0900.

Thank you, Everyone.

--
Kelli Hillerman, BSN, RN, CHP
Grundy County Health Department
Emergency Response Planner/Epidemiology Specialist
660-359-4196
www.grundycountyhealth.org
Twitter: @GrundyCoHealth
Facebook: @gchdmo

On Mon, Jun 28, 2021 at 9:26 PM Kelli Hillerman <khillerman@grundycountyhealth.org> wrote:
Good evening,

The agenda for our Tuesday morning meeting is below. I'm also attaching documents shared as part of last week's meeting discussion. Andrea from Atchison kindly shared the testing forms they use for requests for

official lab results and a testing tracker form (this form is kept in the testing book and used to upload the info to the state's system for transfer into EpiTrax). Thanks for sharing, Andrea.

AGENDA

- Region H COVID-19 Case Counts
- Variants
- Vaccine and Testing
- PHEP Contract / Carryover
- Update from Pat/Jess/Madison
- Miscellaneous/Items for Discussion
 - o RSV counts
 - o Public Transformation Meeting (last week)
 - o New Masking Guidance from WHO

Join Zoom Meeting

<https://us02web.zoom.us/j/86304782637?pwd=UW0vV1lmWkpBRkVNaS8vUlJlQkIwZz09>

Meeting ID: 863 0478 2637

Passcode: 750308

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+1 346 248 7799 US (Houston)

+1 408 638 0968 US (San Jose)

Meeting ID: 863 0478 2637

Passcode: 750308

Find your local number: <https://us02web.zoom.us/j/86304782637?pwd=UW0vV1lmWkpBRkVNaS8vUlJlQkIwZz09>

--

Kelli Hillerman, BSN, RN, CHEP

Grundy County Health Department

Emergency Response Planner/Epidemiology Specialist

660-359-4196

www.grundycountyhealth.org

Twitter: @GrundyCoHealth

Facebook: @gchdmo

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Andrew Hoffman

From: National Association of County and City Health Officials
<DoNotReply@ConnectedCommunity.org>
Sent: Tuesday, June 29, 2021 7:22 AM
To: Andrew Hoffman
Subject: COVID-19 Response Digest for Monday June 28, 2021



COVID-19 Response

[Post New Message](#)

Jun 28, 2021

Discussions

started 21 hours ago, [Victoria Decea](#) (0 replies)

6/28 Awareness Board & Resources



1. US COVID-19 data: < [Victoria Decea](#)

started 20 days ago, [Beth Hess](#) (1 reply)

NACCHO Webinar: Regional Approach to Infection Prevention and Control of COVID-19, June 24,

3:00 pm ET



2. Thank you to everyone who was able to attend the... [Beth Hess](#)

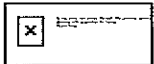
[top](#)

[next](#)

1. 6/28 Awareness Board & Resources

[Reply to Group](#)

[Reply to Sender](#)



Jun 28, 2021 10:35 AM
[Victoria Decea](#)

US COVID-19 data: 33.4M cases with 601,221 deaths, 80,268 new cases in last 7 days (data updated 6/27)

US COVID-19 Vaccination data: 381.2M doses delivered, 323.3M doses administered, 153M fully vaccinated (6/27)

On June 23, the percent change from the previous 7-day reporting period was -4.4%.

Headline

- [Poorer US Counties Have Lower COVID-19 Vaccine Uptake](#)
- [Only 21% Of Americans Worried About Contracting COVID-19](#)
- [Million-Dollar Lotteries Fail To Cut Through Vaccine Apathy](#)
- [US Hits Encouraging Milestones On Virus Deaths And Shots](#)
- [Young Adult Vaccination Rate Lags Behind Other Age Groups, CDC Finds](#)
- [CDC Launches Spanish WhatsApp Chat To Boost Latino COVID Vaccinations](#)
- [Fauci Warns Dangerous Delta Variant Is The Greatest Threat To U.S. COVID Efforts](#)
- [White House Concedes It Will Fall Short Of Biden's July 4 Vaccination Goal](#)
- [FDA To Add Warning About Rare Heart Inflammation To Moderna, Pfizer Vaccine Fact Sheets](#)
- [As U.S. States And Cities Hit Vaccine Goals, Deep Disparities Persist](#)

CDC MMWR Releases

- [Symptoms of Depression, Anxiety, Post-Traumatic Stress Disorder, and Suicidal Ideation Among State, Tribal, Local, and Territorial Public Health Workers During the COVID-19 Pandemic - United States, March–April 2021](#)
- [COVID-19 Surveillance and Investigations in Workplaces - Seattle and King County, Washington, June 15–November 15, 2020](#)
- [COVID-19 Vaccination Coverage Among Adults - United States, December 14, 2020–May 22, 2021](#)
- [COVID-19 Vaccination Coverage and Intent Among Adults Aged 18–39 Years - United States, March–May 2021](#)

Emerging Research and Guidance

- [New Vaccine Hesitancy Visualization Tool](#)
- [COVID-19 Viral Testing Tool](#)
- [Nursing Home COVID-19 Vaccination Data Dashboard](#)
- [Public Health Law Program Technical Assistance page](#)
- [CDC COVID-19 Study Shows mRNA Vaccines Reduce Risk of Infection by 91% for Fully Vaccinated People](#)
- [COVID-19 Travel Recommendations by Destination](#)
- [Staffing Resources and Guidance](#)
- [COVID-19 Science Update released: June 25, 2021 Edition 95](#)
- [S. COVID-19 Vaccination Program: Vaccine Channel Portfolio by Jurisdiction](#)
- [Contact Tracing Resources for Health Departments](#)

Victoria Decea B.S. Public Health, CHES
CDC Field Assignee
National Association of County and City Health Officials (NACCHO)

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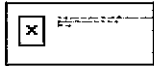
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[previous](#)

2. [Re: NACCHO Webinar: Regional Approach to Infection Prevention and Control of COVID-19, June 24, 3:00 pm ET](#)

[Reply to Group](#)

[Reply to Sender](#)



Jun 28, 2021 12:12 PM

[Beth Hess](#)

Thank you to everyone who was able to attend the **Regional Approach to Infection Prevention and Control of COVID-19** webinar hosted by NACCHO on **Thursday, June 24**. This webinar featured two local health departments, Pima County (AZ) and Hamilton County (OH), and they discussed their efforts to build a regional approach to IPC and shared lessons learned and successes. This [call recording](#) and [slides](#) are available for viewing.

Upcoming Funding Opportunity - Due July 6:

- [Notice of Funding Opportunity: Closing the Gap with Social Determinants of Health Accelerator Plans](#)

If you have any questions about this webinar or other feedback you would like to share with NACCHO, please don't hesitate to contact us at preparedness@naccho.org.

Beth Hess
Communications Specialist
National Association of County and City Health Officials (NACCHO)
Washington DC

[Reply to Group Online](#) [View Thread](#) [Recommend](#) [Forward](#)

Original Message:

Sent: 06-08-2021 16:51

From: Beth Hess

Subject: NACCHO Webinar: Regional Approach to Infection Prevention and Control of COVID-19, June 24, 3:00 pm ET

COVID-19 continues highlighting the critical role of infection prevention and control (IPC) in healthcare settings. In [this webinar](#) on **June 24, 3:00-4:00 pm ET**, two local health departments, Pima County (AZ) and Hamilton County (OH), will discuss their efforts to build a regional approach to IPC and share lessons learned and successes.

Pima County will discuss needs of the border region, the regional partnerships they developed, and future directions for IPC in various congregate settings in the border region. Hamilton County will review its multi-pronged approach to improving IPC education, including how it kept staff informed of changes in best practices and how it collaborated with stakeholders, such as The Health Collaborative, Infection Preventionists in local hospitals, and Regional Epidemiologist and Disease Investigators. Hamilton County will also discuss the abundance of resources it created that have been shared regionally.

Pima and Hamilton counties are two of the 25 local health departments NACCHO funded to enhance local capacity to prevent and respond to COVID-19 through its Building Local Operational Capacity for COVID-19 (BLOC COVID-19) Demonstration Site Project. Local health departments participating in the project achieve this goal by supporting high-risk facilities to conduct in-person or virtual IPC assessments and expanding collaboration and coordination between local health departments and community infection prevention partners.

This webinar is open to all members of local health departments as well as other community partners who are interested in this topic. Only registered participants will be able to join. Register [here](#)

Beth Hess
Communications Specialist
National Association of County and City Health Officials (NACCHO)
Washington DC

You are subscribed to "COVID-19 Response" as andrewh@andrewcountyhealth.com. To change your subscriptions, go to [My Subscriptions](#). To unsubscribe from this community discussion, go to [Unsubscribe](#).

Andrew Hoffman

From: Kelli Hillerman <khillerman@grundycountyhealth.org>
Sent: Monday, June 28, 2021 9:27 PM
Subject: Region H LPHA Zoom Meeting, Tuesday, June 29 at 0900
Attachments: testing tracker 06.22.2021 from Atchison.docx; Lab results template 06.22.2021 Atchison.docx

Good evening,

The agenda for our Tuesday morning meeting is below. I'm also attaching documents shared as part of last week's meeting discussion. Andrea from Atchison kindly shared the testing forms they use for requests for official lab results and a testing tracker form (this form is kept in the testing book and used to upload the info to the state's system for transfer into EpiTrax). Thanks for sharing, Andrea.

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+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 408 638 0968 US (San Jose)

Meeting ID: 863 0478 2637

Passcode: 750308

Find your local number: <https://us02web.zoom.us/j/kds6mJ0NpC>

--

Kelli Hillerman, BSN, RN, CHEP

Grundy County Health Department

Emergency Response Planner/Epidemiology Specialist

660-359-4196

www.grundycountyhealth.org

Twitter: @GrundyCoHealth

Facebook: @gchdmo

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Atchison County Health Department

421 Main Street Tarkio, MO 64491 660-736-4121
Hours: Monday-Thursday 7:30a.m.- 12:00 & 12:30-5:30 p.m.

----PATIENT NAME---- SEX AGE BIRTH DATE ACC #
Mouse, Mickey M 74 01/01/1947 06/21/2021 ACHC0053
ORD: M.D TURABELIDZE, GEORGE
PAT PHONE: 800-123-4567

---PROCEDURE---COVID-19 RAPID

--COLLECTED--

06/21/2021 1251

AC

--RAN--

06/21/2021 1253

AC

--RESULTED--

06/21/2021 1308

AC

COVID-19

POSITIVE

(NORMAL:NEGATIVE)

Specimen Collection Time: _____

Test Date/Time: _____

Illness Onset Date: _____

Symptoms: _____

Ethnicity: Non-Hispanic Hispanic

Label

Specimen Collection Time: _____

Test Date/Time: _____

Illness Onset Date: _____

Symptoms: _____

Ethnicity: Non-Hispanic Hispanic

Label

Specimen Collection Time: _____

Test Date/Time: _____

Illness Onset Date: _____

Symptoms: _____

Ethnicity: Non-Hispanic Hispanic

Test Results: Negative Positive

Accession#: _____

State Notification: _____

Race: Black White Asian

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Test Results: Negative Positive

Accession#: _____

State Notification: _____

Race: Black White Asian

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Test Results: Negative Positive

Accession#: _____

State Notification: _____

Race: Black White Asian

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Andrew Hoffman

From: larry jones <ldjones611@hotmail.com>
Sent: Monday, June 28, 2021 9:22 AM
To: MOCPE
Subject: Notes from Friday's meeting
Attachments: June 25 MOCPE Minutes.docx

Please see the attached notes from Friday's meeting.

Larry D. Jones, MPH
Executive Director
Missouri Center for Public
Health Excellence
www.mocphe.org



June 25, 2021

Agenda

2:00 p.m. Zoom Meeting

Call to Order – Clay Goddard

Present: Larry Jones, Lisa Marshall, Clay Goddard, Sara Evers, Andrew Hoffman, Gary Zaborac, Scott Clardy, Bridgette Schaffer, Dorothy Evers, Andrew Warlen, Suzanne Resnick, Darell Meinke, Frank Thompson, and Adam Crumbliss,

DHSS Discussion—Lori Brenneke and Adam Crumbliss (30 min)

➤ Regional Survey

Survey went out this week, that information is being collected currently. Tuesday 4pm meeting will talk about initiative for strategic change set forth by Governor's office. Anticipate robust discussion. Important for everyone to be aware that we are moving into step 2 of multistep process. Will need local assistance to guide DHSS, as well as input from other healthcare partners. Future sustainability focused. Is the state going to make an announcement or health advisory about the growing Delta variant in the state and the growing issues surrounding tourist areas and low vaccination counties?

- We have been notified of a few COVID deaths that it's not clear that they are related to COVID. For example, we received one today that the positive COVID result was in August of 2020. The person was asymptomatic and has had several negative tests since then. They passed in May of 2021 from other health conditions. They want us to count it as a COVID death. Lori is supposed to get back to me with the diagram/criteria/algorithm that DHSS is using to classify deaths as COVID deaths.

DHSS has been engaged with CDC on classification of deaths. Lori's team is working on this issue. Adam would like to see clear algorithm related to this for single document and clarity.

- Update if any on contact tracing being required for all positives.

Owe an update on next steps for school guidance and contact tracing guidance. Will have update mid-next week on these two items.

CDC Foundation work underway.

Delta variant continues to be the predominant issue. Working with CDC to deploy assistance. Seeing some in center of state. Have not seen large growth in eastern side of the state. Rural communities continue to see transmission. Challenges are vaccine hesitancy and lethargy of COVID prevention measures and messaging. Will launch statewide vaccination incentive efforts

next week anticipated. Will likely start in July. Working with MO state lottery. 3 separate drawing structures. One for those that have been vaccinated by a certain date. Reward for those who have engaged already. Second group based around a second time frame. Third incentive for adolescents, possibly education scholarships. Will see staged in a few ways and differing prize structure. (Congressional districts). Will consider opt in type system. Anticipate a substantial grand prize. Will start to see more information about this next week. Ohio saw a 20-26% jump in vaccination rates. Attributed largely to incentive structures.

Acknowledging the lphas with major centers of population that are hesitant to sign off on Adult Immunization contract. Plan to incentivize top SVI communities around state by increased reimbursement. Open to approved providers in show me vax.

With ongoing variant spread, testing opportunities will continue. Continue community testing options and continue to look for regional testing in hot spot areas. Also still offering home testing from DHSS. Highlight the importance of keeping testing going in the state.

Director search is still ongoing. Good progress has been made. May see an onboarding within 30 days.

Delta variant is concern for more than just rural counties. Tourism areas and low vaccinated areas are also of concern. This variant will go where vaccination is low and transmission is high. Metro's will also be hit with this. DHSS is engaged in this thought process currently. Big focus on incentives to increase vaccination rates across state. Israel is very concerned about breakthrough infections with Delta variants. Data is still being collected. Vaccination and messaging is key. Popular opinion is not in favor of these items, but these are measures we need to keep pushing on.

How is DHSS doing genomic sequencing? Wastewater is first component. When seeing transmission, working with different hospitals to get access to samples, then do sequencing at state lab. Also working with private labs. Moving these lines forward and seeing the number of delta cases grow substantially.

Will there be sequencing for anyone hospitalized? There have been meetings about this, but Adam has not heard final decision.

Tiffany's Moment—Tiffany Bayer(5 min)
N/A

CDC Foundation Updates—(5 min)

Starting kickoff calls this week with CDC Foundation Grant. 17 organizations currently funded all in 7 midwestern states, all working in rural areas. Anonymous donor providing funding. Save the date for grantees July 28th.

CDC Foundation adding positions to support MO DHSS. Filling investigators which can work remotely. Project manager, epi, senior epi, data analyst, and senior analyst all needed for the project.

192 Authority—Andrew Hoffman

CAFO ordinance established in Andrew County several years ago through 192.3. There was a civil case that was lost several years ago regarding 192.3 after the ordinance was put in place and health department no longer passes ordinances without county commission. Farmer and wife are suing the health department, former board members, and former commissioners. All have been issued summons. Attorney also has a conflict. Basis of suit is the belief that it is unlawful for board of trustees to pass CAFO Ordinance. Gary shared a court case ruling that county commission is separate from the health department. Will keep as standing agenda item for now.

Frequency, day and time of MOCPE meetings—Larry Jones (5 min.)

The fourth Wednesday at 10 got the most votes

Next were:

Fourth Wednesday at 1
Fourth Thursday at 9
Third Wednesday at 10
Third Wednesday at 1
Second Wednesday at 10
Second Wednesday at 1
First Wednesday at 10
First Wednesday at 1

Group decides new meeting date and time is Fourth Wednesday at 10am. If situation changes, we may need to meet more frequently.

Update from Executive Director—Larry Jones (5 min)

Working mostly on letters to the 12 counties that will be participating. Working on CDC Foundation grant kickoff.

Update from the Local Health Agencies—

- Andrew
- Cass
- Clay – finalizing reaccreditation documents for PHAB
- Cole
- Columbia/Boone – Seeing positively rate double in 1 week. Also seeing large increase in sewer shed results indicating Delta variant.
- Jackson
- Jefferson
- Joplin
- Kansas City

- Independence
- Lafayette
- Platte
- Polk
- Springfield/Greene
- St. Charles – PDMP judgement came positively for St. Charles County. Anticipate an appeal towards St. Louis County and MO DHSS.
- St. Louis City
- St. Louis County
- Taney

Work Assignments—Spring Schmidt

Next Zoom Meeting to be decided during the meeting.

Adjourn 2:55 pm

Prepared by Lisa Marshall, Secretary

Andrew Hoffman

From: Andrew Hoffman
Sent: Monday, June 28, 2021 7:07 AM
To: Candace Edwards; Hillary Loucks (HillaryL@andrewcountyhealth.com); jaynew@andrewcountyhealth.com; Jessica Friess; Jessica Bowman (JessicaB@andrewcountyhealth.com); Kathy Walter (KathyW@andrewcountyhealth.com); Michelle Bailey; Sarah Phillips (SarahP@andrewcountyhealth.com)
Subject: Return of the MASK



Good morning everyone,

With an increase in positive COVID-19 cases and an increase in fully vaccinated people becoming positive most likely due to the Delta variant I would like to set some ground rules for mask wearing.

- 1) If you are **NOT vaccinated** for COVID-19 I prefer that you wear your mask unless you are alone in a room (or with a member of your household).
- 2) If you **ARE fully vaccinated** I prefer that you wear a mask when working with others that are either NOT vaccinated or you do not know if they are vaccinated.
- 3) **All employees** should wear a mask when working with clients and ask that the client wears a mask.
- 4) **All employees and clients** are encouraged to maintain 6' distance from others.
- 5) Of course, as always, **maintain proper hygiene** and **STAY HOME IF YOU ARE SICK**. Please communicate with Jayne or me if you are ill prior to arrival at work, feel free to call/text evenings, weekends, or holidays.
- 6) In-house **rapid testing is available**; if you or one of your family members have an exposure or are experiencing signs/symptoms please take advantage of our rapid testing program.

We need to keep each other safe, the best way is to be vaccinated but at this time it is not required. The next best is to wear a mask, social distance, maintain proper hygiene, stay at home if you are sick, and communicate with Jayne or me if you are sick.

The Missouri DHSS urges health care providers and the public to be vigilant for the possibility of Delta virus infection. Social distancing and appropriate masking remain very important countermeasures. Vaccination is the most effective and long-lasting tool for protection from this infection. The DHSS continues to encourage all eligible persons to get vaccinated against COVID-19.

Thank you,

Andrew Hoffman, Administrator

Andrew County Health Department
106 North 5th Street, P.O. Box 271
Savannah, MO 64485
Phone: 816-324-3139
Fax: 816-324-6002
Email: AndrewH@andrewcountyhealth.com
Website: <http://www.andrewcountyhealth.com/>

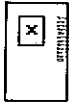
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Andrew Hoffman

From: RISE News <info@risehealth.org>
Sent: Saturday, June 26, 2021 7:04 AM
To: Andrew Hoffman
Subject: The Devastating Impact of COVID-19 on Nursing Home Residents

June 26, 2021



News, Insights & Articles

Top News and Headlines in Health Care



MEDICARE ADVANTAGE

The latest trends in Medicare Advantage: What enrollment, Star ratings, and plan benefits look like in 2021

[READ MORE](#)



MEMBER ENGAGEMENT

Study: Despite overall customer satisfaction, MA plans continue to struggle with member communication, engagement

[READ MORE](#)



COVID-19 UPDATE

OIG on impact of pandemic in nursing homes; spike in Medicaid enrollment during PHE; threat of variant grows

[READ MORE](#)



RISE WEST 2021

4 sessions, speakers you don't want to miss at our upcoming hybrid event

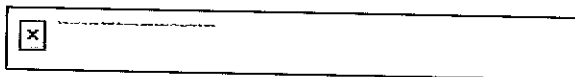
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SOCIAL DETERMINANTS OF HEALTH

Study: Increased COVID-19 mortality rate among Black patients due to disproportionate hospital quality

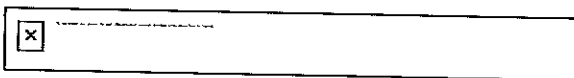
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MEDICAID EXPANSION

Biden quietly transforms Medicaid safety net

[READ MORE](#)



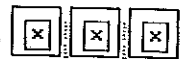
HEALTH CARE LEADERSHIP

Former HHS chief of staff to take over as president and CEO of the Better Medicare Alliance

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3420 Toringdon Way, Suite 240 • Charlotte, NC 28277

This email was sent to info@andrewcountyhealth.com.

[Update my email preferences](#)

Andrew Hoffman

From: Gary Zaborac <gzaborac@clayhealth.com>
Sent: Friday, June 25, 2021 3:00 PM
To: Evers, Sara; larry jones; MOCPHE
Subject: RE: variant testing

Thanks Sara!

GARY E. ZABORAC
Director of Public Health

800 Haines Drive | Liberty, MO 64068
p. 816-595-4202 | f. 816-595-4201
clayhealth.com | [Facebook](#) | [Twitter](#)



CLAY COUNTY

PUBLIC HEALTH CENTER



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From: Evers, Sara <SEvers@sccmo.org>
Sent: Friday, June 25, 2021 2:58 PM
To: larry jones <ldjones611@hotmail.com>; MOCPHE <MOCPHE@groups.outlook.com>
Subject: variant testing

We were able to arrange variant testing with Honu Management. We have had a testing contract with them since last April or May. Their Lab in Texas has the ability to test variants, in May they were only running variants once per week when they had enough samples.

Thanks!
Sara

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From: larry jones <ldjones611@hotmail.com>
Sent: Wednesday, June 23, 2021 10:00 PM

To: MOCphe <MOCphe@groups.outlook.com>; Crumbliss, Adam <Adam.Crumbliss@health.mo.gov>; Lori Brenneke <lori.brenneke@health.mo.gov>; Tiffany Bayer <tiffany.bayer@health.mo.gov>; Suzanne Resnick <sresnick@cdcfoundation.org>; Malloy, Andrea <amalloy@CDCFoundation.org>; Dorothy Evans <devans@cdcfoundation.org>
Subject: Friday's MOCphe Agenda

CAUTION: This email originated from outside of St. Charles County Government. Always use CAUTION when opening attachments or clicking links from unknown senders or when receiving unexpected emails. - IS Dept.

Attached is the agenda for this week's meeting. If you have any additional items please let me know. See you on Friday.

Larry D. Jones, MPH

Executive Director

Missouri Center for Public

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www.mocphe.org

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Andrew Hoffman

From: Kevin Ireland <k3vinireland@gmail.com>
Sent: Thursday, June 24, 2021 2:16 PM
To: Andrew Hoffman
Subject: Re: Explainer: COVID-19 Delta variant data in Missouri

No worries at all. I should have gotten it to you sooner :-)

Best

On Jun 24, 2021, at 2:14 PM, Andrew Hoffman <AndrewH@andrewcountyhealth.com> wrote:

Thank you Kevin, I hope it is ok that our next board meeting is July 27th and your check will be mailed on the 28th.

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Lisa.Cox@health.mo.gov

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<ACHD How Vaccines Work.mp3>

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Sent: Thursday, June 24, 2021 2:15 PM
To: 'Kevin Ireland'
Subject: RE: Explainer: COVID-19 Delta variant data in Missouri

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Andrew Hoffman

From: Jayne White
Sent: Thursday, June 24, 2021 12:42 PM
To: Andrew Hoffman
Subject: Re: Explainer: COVID-19 Delta variant data in Missouri

That's why I didn't listen bc he is terrible to understand

Sent from my iPhone

On Jun 24, 2021, at 12:41 PM, Andrew Hoffman <AndrewH@andrewcountyhealth.com> wrote:

Ya, he has a thick heavy accent and is kind of boring....bla bla bla. Just him talking with the view below. It is on our website anyway.

<image001.png>

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Search




COVID-19 Delta Variant Monitoring in Missouri



Vaccination is the best defense against COVID-19 variants.

Dr. George Turabelidze, MD, PhD
DHSS State Epidemiologist



www.MoStopsCovid.com
Recorded: June 23, 2021

COVID-19

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Executive Director
Missouri Center for Public
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www.mocphe.org



June 25, 2021

Agenda

2:00 p.m. Zoom Meeting

Call to Order – Clay Goddard

DHSS Discussion—Lori Brenneke and Adam Crumbliss (30 min)

- Regional Survey
- Is the state going to make an announcement or health advisory about the growing Delta variant in the state and the growing issues surrounding tourist areas and low vaccination counties?
- We have been notified of a few COVID deaths that it's not clear that they are related to COVID. For example, we received one today that the positive COVID result was in August of 2020. The person was asymptomatic and has had several negative tests since then. They passed in May of 2021 from other health conditions. They want us to count it as a COVID death. Lori is supposed to get back to me with the diagram/criteria/algorithm that DHSS is using to classify deaths as COVID deaths.
- Update if any on contact tracing being required for all positives.

Tiffany's Moment—Tiffany Bayer(5 min)

CDC Foundation Updates—(5 min)

192 Authority—Andrew Hoffman

Frequency, day and time of MOCPHE meetings—Larry Jones (5 min.)

The fourth Wednesday at 10 got the most votes

Next were:

Fourth Wednesday at 1
Fourth Thursday at 9
Third Wednesday at 10
Third Wednesday at 1
Second Wednesday at 10
Second Wednesday at 1
First Wednesday at 10
First Wednesday at 1

Update from Executive Director—Larry Jones (5 min)

Update from the Local Health Agencies—

- Andrew
- Cass
- Clay
- Cole
- Columbia/Boone
- Jackson
- Jefferson
- Joplin
- Kansas City
- Independence
- Lafayette
- Platte
- Polk
- Springfield/Greene
- St. Charles
- St. Louis City
- St. Louis County
- Taney

Work Assignments—Spring Schmidt

Next Zoom Meeting to be decided during the meeting.

Andrew Hoffman

From: Kevin Ireland <k3vinireland@gmail.com>
Sent: Wednesday, June 23, 2021 8:24 PM
To: Andrew Hoffman
Subject: Re: Explainer: COVID-19 Delta variant data in Missouri

You bet.

Kevin Ireland

On Jun 23, 2021, at 5:28 PM, Andrew Hoffman <AndrewH@andrewcountyhealth.com> wrote:

Hey Kevin, can you put this on our covid page?

From: DHSS Public Info <PublicInfo@health.mo.gov>
Sent: Wednesday, June 23, 2021 5:20 PM
Subject: Explainer: COVID-19 Delta variant data in Missouri

Today, Dr. George Turabelidze, Missouri State Epidemiologist with DHSS, discussed the current status of the COVID-19 Delta variant in Missouri. [Listen here.](#)

<image003.jpg>

Lisa Cox

Communications Director | Missouri Department of Health and Senior Services
Lisa.Cox@health.mo.gov

<image001.png>

This email is from the Missouri Department of Health and Senior Services. It contains confidential or privileged information that may be protected from disclosure by law. Unauthorized disclosure, review, copying, distribution, or use of this message or its contents by anyone other than the intended recipient is prohibited. If you are not the intended recipient, please immediately destroy this message and notify the sender at the following email address: lisa.cox@health.mo.gov or by calling 573-751-6062.

Andrew Hoffman

From: Brenneke, Lori <Lori.Brenneke@health.mo.gov>
Sent: Wednesday, June 23, 2021 6:41 PM
Subject: LPHA Daily Email for June 23, 2021

Good evening!

Thanks to all who could join us yesterday on the 4p.m. LPHA call as Adam presented the recommendations of the Public Health Improvement and Transformation work as presented to the Governor on June 15, 2021. As with our regular weekly calls, the call presentation slides have been posted to the [LPHA COVID Resources page](#). Adam will use the call next week to engage in conversation regarding the recommendations.

Today, Dr. George Turabelidze, Missouri State Epidemiologist with DHSS, discussed the current status of the COVID-19 Delta variant in Missouri. [Listen here.](#)

If you have not done so already, please mark some time on your calendar to complete the LPHA Region survey: <https://survey123.arcgis.com/share/a3bef683de5c4b7aa1e0fcbd523b239f?portalUrl=https://mophep.maps.arcgis.com>

This survey must be done using Google Chrome in order to access complete functionality.

Have a good evening,
Lori

Lori Brenneke

Deputy Director
Division of Community and Public Health
(573)751-1928
Public Health: Better Health. Better Missouri.

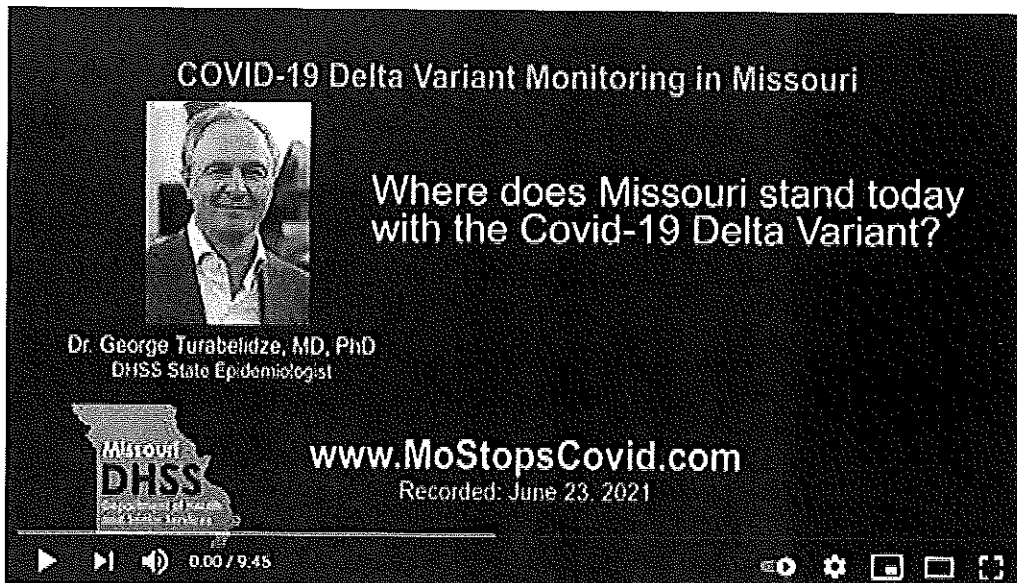
Andrew Hoffman

From: Andrew Hoffman
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To: Kevin Ireland
Subject: FW: Explainer: COVID-19 Delta variant data in Missouri

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Subject: Explainer: COVID-19 Delta variant data in Missouri

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Lisa Cox

Communications Director | Missouri Department of Health and Senior Services

Lisa.Cox@health.mo.gov



COVID-19 VACCINE INFORMATION

GET THE FACTS

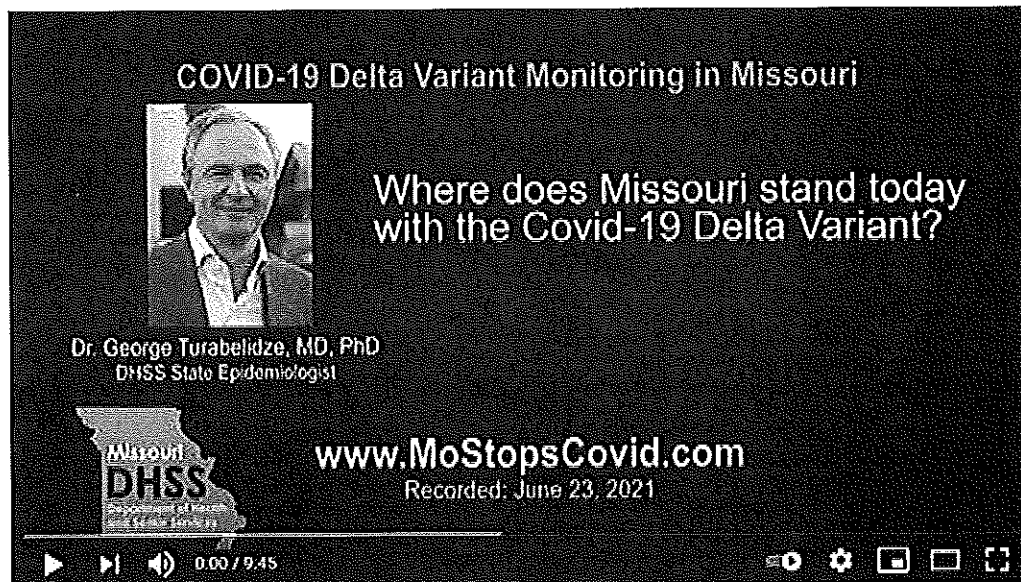
Visit MoStopsCovid.com

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Andrew Hoffman

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Lisa Cox

Communications Director | Missouri Department of Health and Senior Services
Lisa.Cox@health.mo.gov



COVID-19 VACCINE INFORMATION

GET THE FACTS

Visit MoStopsCovid.com

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Andrew Hoffman

From: Andrew Hoffman
Sent: Wednesday, June 23, 2021 4:15 PM
To: Rosenauer, Kenneth
Subject: 06.23.21 DHSS HAd-Delta Virus.pdf
Attachments: 06.23.21 DHSS HAd-Delta Virus.pdf

Good afternoon Ken,

I thought you may find the attached interesting and some of the information it contains helpful to our community.

"The Missouri DHSS urges health care providers and the public to be vigilant for the possibility of Delta virus infection. Social distancing and appropriate masking remain very important countermeasures. Vaccination is the most effective and long-lasting tool for protection from this infection. The DHSS continues to encourage all eligible persons to get vaccinated against COVID-19."

Thank you,

Andrew Hoffman, Administrator

Andrew County Health Department
106 North 5th Street, P.O. Box 271
Savannah, MO 64485
Phone: 816-324-3139
Fax: 816-324-6002
Email: AndrewH@andrewcountyhealth.com
Website: <http://www.andrewcountyhealth.com/>

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Health Advisory:

Emergence of Delta Variant of Coronavirus Causing COVID-19 in USA

06.23.2021

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>.

The Missouri Department of Health and Senior Services (DHSS) is now using four types of documents to provide important information to medical and public health professionals, and to other interested persons.

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

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Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Office of the Director
912 Wildwood
P.O. Box 570
Jefferson City, MO 65102
Telephone: 800-392-0272
Fax: 573-751-6041

Website: <http://www.health.mo.gov>

Health Advisory
06.23.2021

FROM: Robert Knodell, DHSS Acting Director

SUBJECT: Emergence of Delta Variant of Coronavirus Causing COVID-19 in USA

The Missouri Department of Health and Senior Services (DHSS) is issuing this Health Advisory to provide the latest information regarding the emergence of the Delta variant. The increase in this highly transmissible variant underscores the importance of continued testing for COVID-19 for patients with compatible symptoms, as well as individuals who are not fully vaccinated and have been exposed to SARS-CoV-2 but may be asymptomatic. Social distancing and appropriate masking remain very important countermeasures. Vaccination is the most effective and long-lasting tool for protection from this infection. The DHSS continues to encourage all eligible persons to get vaccinated against COVID-19.

The Delta variant (B.1.617.2, formerly India variant) of COVID-19 causing coronavirus originated and rapidly spread in India, and is emerging in the United States, as well as in many other countries. On June 15, 2021, the CDC named Delta variant a variant of concern (VOC) in the United States. As of mid-June 2021, the CDC estimates the Delta variant is accounting for 20% of new cases in the United States. The variant virus proportions estimate based on the CDC sequence data of human samples shows the highest proportion of cases is in HHS Region 7 (Missouri, Kansas, Iowa, and Nebraska), comprising 34.8% of all variant viruses detected. This is an increase from 1.6% just one month ago. Genetic surveillance of COVID-19 cases by the Missouri DHSS in collaboration with the University of Missouri detected at least one case of Delta virus in 35 counties across all regions of the State. The highest proportion of Delta virus is detected in the Southwest region of the State, which accounts for just over 67% of all Delta variants identified. The ongoing DHSS surveillance of sewage samples, most recently available from 23 wastewater treatment facilities across the state, reveals presence of Delta virus at 16 locations.

Viral mutations naturally occur in the genome of many viruses, including SARS-CoV-2 which causes COVID-19. Unlike the human genome which is slow to mutate, RNA viruses, such as SARS-CoV-2, are able to quickly mutate. Once the mutation occurs, it may alter the viral function (for example, enhance receptor binding), or may have no effect on how virus functions. A new virus variant emerges when the virus develops one or more mutations that differentiate it from the predominant virus variants circulating in a population.

Accumulating data shows that Delta virus may have increased binding with human ACE receptors and increased transmissibility when compared to previously emerged variant viruses. New Public Health England (PHE) research suggests the Delta variant is associated with a 64% increased risk of household transmission compared with the Alpha variant (B.1.1.7, formerly UK variant), and is 40% more transmissible outdoors. Analysis of data from Scotland just published in *The Lancet* indicated that Delta variant approximately doubles the risk of hospitalization compared with the Alpha variant.

Variants of concern, such as Delta virus, may also reduce vaccine effectiveness, which may be evident by a high number of vaccine breakthrough cases or a very low vaccine-induced protection against severe disease. One recent study revealed that Delta variant is 6.8-fold more resistant to neutralization by sera from COVID-19 convalescent and mRNA vaccinated individuals. A pre-print study released by PHE on May 22, 2021 found that two doses of the Pfizer-BioNTech vaccine were 88% effective against symptomatic infection with the Delta variant versus 93.4% for the Alpha variant. However, one dose was only 33% effective against symptomatic infection with the Delta variant versus 50% for the Alpha variant. The PHE data also shows the Pfizer/BioNTech vaccine is 96% effective against hospitalization, after two doses, in those who experience Delta virus infection. These new findings underscore importance of receiving two doses of COVID-19 vaccination and adhering to the typical regimen of injections.

Clinical knowledge regarding differences in symptoms caused by the Delta virus infection is currently limited. According to the patient data from the UK where the Delta variant now accounts for 91% of the Covid-19 cases, disease caused by this variant may not present in typical fashion with cough and fever. An ongoing U.K.-based study (Zoe Covid Symptom Study) enables public to enter their COVID symptoms on a smartphone application for the scientists to then analyze the data.

Analysis of such data shows that top symptoms of Delta variant infection are headache, followed by runny nose and sore throat, while fever and cough were less common; loss of smell was not in the top ten. Most cases were in young people who had not yet been vaccinated, and that the variant appeared to be far more transmissible with every person infecting several others. Implication of such findings is that infected persons may not perceive themselves as having COVID-19 symptoms and not seek health care accordingly, and health providers may not pursue an appropriate testing.

The Missouri DHSS urges health care providers and the public to be vigilant for the possibility of Delta virus infection. Social distancing and appropriate masking remain very important countermeasures. Vaccination is the most effective and long-lasting tool for protection from this infection. The DHSS continues to encourage all eligible persons to get vaccinated against COVID-19.

Missouri healthcare providers and public health practitioners: Please contact your local public health agency or the Missouri Department of Health and Senior Services' (DHSS') Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7) with questions regarding this health advisory.

Andrew Hoffman

From: Missouri Health Notification System <55a8ded1-0005-3002-80c0-fceb55463ffe@notify.showmeresponse.org>
Sent: Wednesday, June 23, 2021 1:48 PM
To: Andrew Hoffman
Subject: 06.23.2021 DHSS HAd-Delta Virus
Attachments: 06.23.21 DHSS HAd-Delta Virus.pdf
Importance: High

Andrew Hoffman,

Attached is DHSS Health Advisory, dated 06.23.2021, entitled, "Emergence of Delta Variant of Coronavirus Causing COVID-19 in USA." Should you have any questions, please contact the Missouri Department of Health and Senior Services' Bureau of Communicable Disease Control and Prevention at 573-751-6113.

Submitted by: Anna Long, ERC Duty Officer, Emergency Response Center (ERC) Missouri Department of Health & Senior Services 912 Wildwood Dr., PO Box 570 Jefferson City, MO 65102-0570 Phone: 573-526-9711, Facsimile: 573-526-8389
Email: DRMS@health.mo.gov

Thank you,
Missouri Health Notification System

Health Advisory:

Emergence of Delta Variant of Coronavirus Causing COVID-19 in USA

06.23.2021

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Andrew Hoffman

From: National Association of County and City Health Officials
<DoNotReply@ConnectedCommunity.org>
Sent: Tuesday, June 22, 2021 7:13 AM
To: Andrew Hoffman
Subject: COVID-19 Response Digest for Monday June 21, 2021



COVID-19 Response

[Post New Message](#)

Jun 21, 2021

Discussions

started 16 hours ago, [Victoria Decea](#) (0 replies)

CDC COVID-19 Partner Updates: June 21, 2021



1. [June 21, 2021](#) [CDC Resources](#) ... [Victoria Decea](#)

started 22 hours ago, [Victoria Decea](#) (0 replies)

6/21 Awareness Board & Resources



2. [US COVID-19 data:](#) < [Victoria Decea](#)

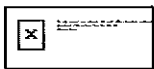
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1. [CDC COVID-19 Partner Updates: June 21, 2021](#)

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Jun 21, 2021 4:04 PM
[Victoria Decea](#)

June 21, 2021

CDC Resources

- [Frequently Asked Questions from Operators or Managers of Pools, Beaches, Waterparks, and other Aquatic Venues](#): CDC has updated the frequently asked questions for managers at

aquatic venues. The update includes sections on how to prevent staff and visitors from getting and spreading COVID-19, how to encourage mask wearing and social distancing at aquatic venues, and how to improve ventilation.

- **Pediatric Healthcare Professionals COVID-19 Vaccination Toolkit:** On June 17, 2021, CDC updated the COVID-19 vaccination toolkit for pediatric healthcare professionals. This toolkit is designed to better prepare healthcare providers to answer parent/guardian questions about COVID-19 vaccination.
- **Updated CDC COVID-19 Resources:**
 - [Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs](#)
 - [Post-COVID Conditions: Interim Guidance](#)
 - [Selected Adverse Events Reported after COVID-19 Vaccination](#)
 - [COVID-19 Viral Testing Tool](#)
 - [Health Equity in Action](#)

MMWR

- **COVID-19 Vaccination Coverage Among Adults - United States, December 14, 2020–May 22, 2021:** Link [here](#).
- **COVID-19 Vaccination Coverage and Intent Among Adults Aged 18–39 Years - United States, March–May 2021:** Link [here](#).

Upcoming Meetings

- **A Call to Action: Mobilizing America to Vaccinate Against COVID-19:** Monday, June 21, 2021 from 3:00 PM- 4:00 PM EDT, CDC will host their monthly partner call for updates on the COVID-19 response, including new resources for the private sector and the general public. Register in advance for this webinar [here](#). The call will be recorded and posted with previous Partner Update webinars [here](#).
- **Motivate to Vaccinate: National Month of Action for COVID-19 Vaccinations:** Thursday, June 24, 2021 from 1:00 PM - 2:30 PM EDT, CDC will host a webinar to increase the number of vaccinated persons in Black or African American and Hispanic or Latino communities. Register in advance for this webinar [here](#). The webinar will be recorded and posted [here](#).

Additional Resources

- **Find a COVID-19 vaccine near you:** [Vaccines.gov](#) is now live – helping to make it easier for individuals to access COVID-19 vaccines! Powered by the trusted VaccineFinder brand - [Vaccines.gov](#) is available in English and Spanish and will help connect Americans with locations offering vaccines near them. In addition, individuals in the U.S. can now utilize a text messaging service to locate vaccine locations, available in both English and Spanish. Individuals can text their ZIP code to 438829 (GETVAX) and 822862 (VACUNA) to find three locations nearby that have vaccines available.
- **NGA COVID-19 Vaccine Incentives:** The National Governor's Association (NGA) is maintaining a list of COVID-19 vaccine state- and city-led incentives.

Victoria Decea B.S. Public Health, CHES
CDC Field Assignee
National Association of County and City Health Officials (NACCHO)

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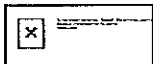
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[previous](#)

2. [6/21 Awareness Board & Resources](#)

[Reply to Group](#)

[Reply to Sender](#)



Jun 21, 2021 10:07 AM

[Victoria Decea](#)

US COVID-19 data: 33.3M cases with 598,713 deaths, 80,033 new cases in last 7 days (data updated 6/20)

US COVID-19 Vaccination data: 379M doses delivered, 318M doses administered, 149.7M fully vaccinated (6/20)

On June 9, the percent change from the previous 7-day reporting period was -6.0%.

Upcoming Webinars:

6/22 @ 3PM: [Building Vaccine Confidence for COVID-19 Vaccines in Adolescents](#)

6/24 @ 3PM: [Regional Approach to Infection Prevention and Control of COVID](#)

Headline

- [Six Steps to Better Integrate Primary Care and Public Health in the Wake of COVID-19](#)
- [Coronavirus Infections Dropping Where People Are Vaccinated, Rising Where They Are Not](#)
- [Vermont Becomes First State To Reach 80% Vaccine Threshold](#)
- [Efforts To Vaccinate The US May Continue For Years As Covid-19 Variants Circle The Globe, Expert Says](#)
- [Novavax COVID-19 Vaccine, Flu Shot Coadministration Likely 'Viable Strategy,' Company Says](#)
- [The U.S. Has Hit 600,000 COVID Deaths, More Than Any Other Country](#)
- [More Evidence Suggests COVID-19 Was In US By Christmas 2019](#)
- [Cases Of Delta Variant Are 'Rapidly Increasing' In US, Expert Says](#)
- [CDC Issues Guidance For Treating 'Long COVID' Patients](#)
- [Regeneron Drug Reduces Covid Patient Deaths In Large Study](#)

- [Vaccine Effort Turns Into Slog As Infectious Variant Spreads](#)

CDC MMWR Releases

- [Mental Health Among Parents of Children Aged <18 Years and Unpaid Caregivers of Adults During the COVID-19 Pandemic -Dec2020, 2/21–3/21](#)
- [Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic -January 2019–May 2021](#)
- [COVID-19 Vaccination Coverage Among Pregnant Women During Pregnancy - Eight Integrated Health Care Organizations, 12/14/20–5/8/21](#)

Emerging Research and Guidance

- [Evaluating and Caring for Patients with Post-COVID Conditions: Interim Guidance](#)
- [Interim Guidance for Antigen Testing for SARS-CoV-2](#)
- [COVID-19 Viral Testing Tool](#)
- [National Rural Health Resource Center COVID-19 Vaccine Confidence Toolkit](#)
- [CDC's Role in Tracking Variants](#)
- [Pediatric Healthcare Professionals COVID-19 Vaccination Toolkit](#)
- [When You've Been Fully Vaccinated- Choosing Safer Activities](#)
- [Percent of Delivered First Vaccine Doses Administered by U.S. States and Territories](#)
- [Interim Guidance on Breastfeeding and Breast Milk Feeds in the Context of COVID-19](#)
- [Will Students Come Back?: Parent's Attitudes to School Re-Opening](#)

 Victoria Decea B.S. Public Health, CHES
 CDC Field Assignee
 National Association of County and City Health Officials (NACCHO)

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You are subscribed to "COVID-19 Response" as andrewh@andrewcountyhealth.com. To change your subscriptions, go to [My Subscriptions](#). To unsubscribe from this community discussion, go to [Unsubscribe](#).

Andrew Hoffman

From: CureMD Public Health <bill.adsit@curemd.com>
Sent: Friday, June 18, 2021 1:02 PM
To: Andrew Hoffman
Subject: Public Health Newsletter (June 2021)



JUNE

Top News - Our News - Your News

Did you know?



How Vaccines Stack up Against CDC's 5 Variants of Concern

The CDC designated the delta variant of the coronavirus — as a "variant of concern" June 15, reigniting attention on the race between vaccines and coronavirus variants. [Learn more](#)



Myocarditis and Pericarditis Following mRNA COVID-19 Vaccination

Since April 2021, there have been increased reports to the Vaccine Adverse Event Reporting System (VAERS) of cases of inflammation of the heart—called myocarditis and pericarditis—happening after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna) in the United States. [Learn more](#)



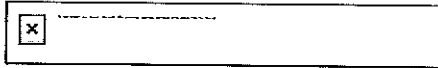
The U.S. Hasn't Embraced a Vaccine Passport, and Probably Won't

With the federal government unwilling to take the politically charged step of creating or endorsing a universal digital health pass or app, several companies are trying to fill the void.. [Learn more](#)



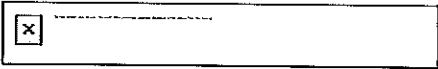
HRSA Announces Coverage of Over Five Million Claims for COVID-19 Vaccinations for Uninsured Individuals

The Uninsured Program allows anyone without health insurance, no matter their immigration status, to receive their COVID-19 vaccines for free by reimbursing providers for the cost of administering the vaccine. The program also covers COVID-19 testing and treatment claims for individuals without health insurance. [Learn more](#)



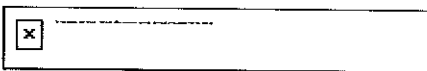
FDA Takes Steps to Increase Availability of J & J COVID-19 Vaccine

Following careful review and deliberation, the U.S. Food and Drug Administration is taking important steps that will allow a critically needed supply of the Janssen (Johnson & Johnson) COVID-19 Vaccine to be made available. [Learn more](#)



HHS Awards \$125 Million in Workforce Grants for Community-Based Efforts to Bolster COVID-19 Vaccinations in Underserved Communities

HHS awarded the first of two rounds of funding to bring health and social service workers to underserved communities. The funding will help community-based organizations hire and mobilize outreach workers, community health workers, social support specialists and others to help increase public confidence in COVID-19 vaccines. [Learn more](#)



NASHP Policy Academy on Rural Mental Health Crisis Services Participation & Application – Deadline July 9.

NASHP will provide technical support, opportunities for peer-to-peer discussion, targeted support for state policy goals, and access to national expertise - Each state team will receive technical support during a 12-month period starting in September 2021.

[Learn more](#)



Revised reporting requirements for recipients of Provider Relief Fund (PRF) payments received after June 30.

HHS has updated the reporting requirements for recipients of PRF payments to expand the amount of

time providers will have to report information, reduce burdens on smaller providers, and extend key deadlines for expending PRF payments [Learn more](#)

Here's what we've been up to....



CureMD will be a Silver Exhibitor at Public Health in the Rockies - Colorado August 25-27, 2021

We are excited for this IN PERSON event and look forward to seeing our clients and connecting with new people and opportunities! We will be releasing more information leading up to the conference. We can't wait to meet you! [Learn more](#)



CureMD will be a Bronze Sponsor & Exhibitor at MPHA (Missouri Public Health Association) Conference September 22-24, 2021

We are excited for this IN PERSON event and look forward to seeing our clients and connecting with new people and opportunities! We will be releasing more information leading up to the conference. We can't wait to meet you! [Learn more.](#)

Special thanks

Andrew County Health Department in Missouri recommends CureMD

Special thanks to Public Health Nurse Manager, Jayne White and the staff at Andrew County for sharing how CureMD has provided their health department with a solution that benefits their patients and the staff. We appreciate their partnership with CureMD.

View the testimonial [here](#).

[Learn more about CureMD](#)



CureMD Healthcare, 120 Broadway, New York, NY 10271, United States, (212) 509 6200

[Unsubscribe](#)

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Andrew Hoffman

From: Bayer, Tiffany <Tiffany.Bayer@health.mo.gov>
Sent: Thursday, June 17, 2021 5:05 PM
Subject: LPHA Email Update

Good evening,

Please see the updates and information below...thank you and have a great weekend!

DHSS OFFICES WILL BE CLOSED ON 6-18-21

We were notified late today that state agencies will be observing the new Federal Juneteenth holiday tomorrow and DHSS offices will be closed.

Please note, I will be checking email tomorrow so if you need anything please let me know!

Tiffany Vacation

I will be on vacation from June 21st – June 30th. I will be checking my email periodically during that time (probably once each morning). If you need immediate assistance, please send the message to Lori Brenneke and Jennifer Harrison so they can respond. We **WILL** be having the Tuesday update calls while I am gone and Lori Brenneke will be hosting those. If you have questions to submit for those calls, please send those directly to Lori Brenneke (Lori.Brenneke@health.mo.gov).

Call Information for the Week of June 21st – June 25th

WHAT: Adult Imms Grant Office Hours

WHEN: TUESDAY, June 22, 2021 3-5PM

CALL INFORMATION: Meeting number (access code): 177 535 6795 Meeting password: CNmRHk2J5C7

Join from a video system or application

Dial 1775356795@stateofmo.webex.com

You can also dial 173.243.2.68 and enter your meeting number. Tap to join from a mobile device (attendees only)

+1-650-479-3207,,1775356795## Call-in toll number (US/Canada)

+1-312-535-8110,,1775356795## United States Toll (Chicago)

Join by phone

1-650-479-3207 Call-in toll number (US/Canada)

+1-312-535-8110 United States Toll (Chicago)

Global call-in numbers

WHAT: LPHA UPDATE CALL

WHEN: TUESDAY, June 22, 2021 4-5PM

CALL INFORMATION: Meeting number (access code): 177 625 6925 Meeting password: PHs3pPJ9uE2

Join from a video system or application

Dial 1776256925@stateofmo.webex.com

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If you missed this call you can find the recording at

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus-lpha/>

WHAT: Adult Imms Grant Office Hours

WHEN: TUESDAY, June 24, 2021 2-4PM

CALL INFORMATION: Meeting number (access code): 177 783 0874 Meeting password: gRmnxXMu845

Join from a video system or application

Dial [1777830874@stateofmo.webex.com](tel:1777830874@stateofmo.webex.com)

You can also dial 173.243.2.68 and enter your meeting number. Tap to join from a mobile device (attendees only)

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Join by phone

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+1-312-535-8110 United States Toll (Chicago)

Global call-in numbers

Call Information for the Week of June 28th – July 2nd

WHAT: Adult Imms Grant Office Hours

WHEN: TUESDAY, June 29, 2021 3-5PM

CALL INFORMATION: Meeting number (access code): 177 535 6795 Meeting password: CNmRHk2J5C7

Join from a video system or application

Dial [1775356795@stateofmo.webex.com](tel:1775356795@stateofmo.webex.com)

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WHAT: Adult Imms Grant Office Hours

WHEN: TUESDAY, July 1, 2021 2-4PM

CALL INFORMATION: Meeting number (access code): 177 783 0874 Meeting password: gRmnxXMu845

Join from a video system or application

Dial [1777830874@stateofmo.webex.com](https://stateofmo.webex.com)

You can also dial 173.243.2.68 and enter your meeting number. Tap to join from a mobile device (attendees only)

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Global call-in numbers

Follow-up from LPHA Update Call – 6/15/21

Question: Will deaths that have a positive antigen test AND are also list COVID as a contributing cause of death going to be added to the MODHSS dashboard?

Answer: If COVID is listed anywhere on the death certificate (underlying or contributing cause) it is counted on the dashboard irrespective of the type of test.

Please note that there could be a delay sometimes because – the LPHA might mark / deem it as a COVID death, but we need to wait for the death certificate to be officially registered, vetted by NCHS and confirmed as a COVID death before we update the dashboard.

CDC Variant Tracker - <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

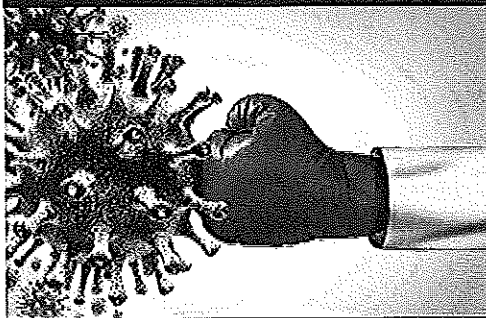
Link to COVID Hot Spots - <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus-lpha/>
(COVID Hotspot Map under Covid-19 Cases Data)

Adult Vaccination Contract Documents

Adult Vaccination Contract documents are now located here:

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus-lpha/>

Infection Control and Prevention Webinar Series



Monthly Infection Control and Prevention Webinar Series: *What you need to know to keep you, your patients and community safe*

2nd Thursday of each month from 12-1 p.m. beginning in June 2021 through December 2022



University of Missouri

Presented by: Extension | Sinclair School of Nursing
Nursing Outreach: *Where continuing education and continuing
competency meet*

Schedule of Webinars

June 10 – Inaugural Webinar: Vaccines are Safe – How we know!

Lynelle Phillips, MPH, RN, Assistant Teaching Professor, Department of Public Health, School of Health Professions, Extension Service Nurse Specialist, University of Missouri, Columbia

- General rules of vaccines
- FDA approval process and Emergency Use Authorization Use (EUA) process
- How were we able to get a vaccine to market in such a short time and still cut no corners?
- Compare the different vaccines - safety and efficacy
- Is the lesser protection by J&J significant enough to be important? J&J Case Study.

July 8 - How do COVID vaccines affect immunity to COVID?

Taylor Nelson, DO, Infectious Disease, Internal Medicine, University of Missouri Health Care, Columbia. Board Certified by the American Board of Internal Medicine/Infectious Disease

- Natural immunity vs vaccine-induced immunity – which is best?
- How long does the vaccine protect me?
- What is Herd immunity and is it reasonable to expect we will ever achieve it?
- If I've had COVID, why get vaccinated?
- To boost or not to boost?
- I'm young, isn't it less risky to take chance with COVID than the vaccine?

August 10—Environmental Health: Air Purification and Quality

Loie Couch, RN, BS, CIC, FAPIC, Infection Prevention Specialist, Barnes Jewish Christian (BJC) Hospital, St. Louis

- Functions of a ventilation system
- Benefits and limitations of bi-polar ionization
- Minimum filtration requirements

- Apply filtration flexibility on a space-by-space approach
- Appropriate use of UV light disinfection and accompanying hazards
- Visible light disinfection and its appropriate use and considerations

Tentative Schedule for Remainder of 2021

September 9: No webinar – Attend the MPHA Conference, Sept. 21-23, 2021 in Columbia, MO!

October 14: Messaging – Different Strokes for Different Folks

November 11: Pandemic Fatigue - Kevin Cloninger, PhD,
Executive Director at Anthropeia Foundation and Director of Well-Being Coaching, St Louis

December 9: Long-haul COVID-19 patients, Post COVID Syndrome

NOTE: Topics may change due to the pace and volume of new knowledge regarding COVID-19 and the need to inform providers regarding best practices. Topics for 2022 will be announced closer to that time.

REGISTER ONCE FOR ENTIRE SERIES!

[Register Now & More Information](#)

CE Credit

Nursing, Social Work, & Nursing Home Administrators (applied for)

No Fee to Attend





YOU'RE INVITED

SAVE THE DATE
JUNE 21-25, 2021

JOIN DAILY
FOR VIRTUAL
LUNCH & LEARN SESSIONS
11AM-1PM CDT

THERE IS NO BETTER TIME TO TALK IMMUNIZATIONS!

Join for educational sessions, dynamic speakers, and networking opportunities.
Earn CE, CME, and MOC Credits for your attendance.

Register

Featured Speakers:



Dr. Peter Marks, M.D., Ph.D.
Director, Center for Biologics
Evaluation and Research, FDA



Dr. Andrew Kroger, M.D., M.P.H.
Medical Officer, Natl Center for
Immunization Respiratory Diseases,
CDC

Earn **free** CE, CME, and MOC Credits for your attendance -
for physicians, nurses, pharmacy, LPC, psychology, and social work.

Reserve my seat

Please join the MIC for free, virtual, daily lunch and learn sessions June 21st-25th. Feel free to share the registration information with your colleagues and the LPHA. The MIC Immunization Conference registration can be accessed at:

<https://registration.socio.events/e/moimmunizationcoalitionconference>

Everyone that provides a mailing address when registering for the MIC Virtual Immunization Conference will receive a complimentary MIC COVID-19 Vaccine Card Holder.

Every conference participant that completes a profile in the MIC Virtual Immunization Conference event app will receive a complimentary MIC 16oz Coffee Mug (if an address is provided).

If you have any questions, please let me know.

I'm looking forward to seeing everyone at the MIC Immunization Conference 2021!

Nicole Cope
Executive Director



ncope@moimmunize.com
moimmunize.org

Tiffany Bayer, Local Public Health Liaison
Center for Local Public Health Services
Division of Community and Public Health
920 Wildwood, P.O. Box 570
Jefferson City, MO 65102-0570
Phone: (573) 522-2874
Email: tiffany.bayer@health.mo.gov

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Andrew Hoffman

From: Marshall, Lisa <Lisa.Marshall@lpha.mo.gov>
Sent: Thursday, June 17, 2021 3:42 PM
To: Vollmar, Kelley; Talken, Ryan; Mooney, Jon; MOCPE
Cc: larry jones; Findley, Kendra; Yoon, Nancy; Crumbliss, Adam
Subject: Re: SGF-Greene Experience with Current Surge

Taney County is seeing a steady increase in new cases as well. We've alerted our local elected officials and decision makers with very little interest in discussion of mitigation measures. Our last election cycle saw a turnover in many of our elected officials resulting in a "pro-recovery" focus. We are also seeing low uptake of vaccine in our county despite education and clinic offerings. Without local support and continued low interest in vaccines, coupled with the welcome sign, I anticipate our numbers will continue upwards.

LISA MARSHALL, MS, RD, LD

Director, PIO

TANEY COUNTY HEALTH DEPARTMENT

320 Rinehart Road | Branson, MO 65616

P: 417-334-4544 Ext. 252 | F: 417-335-5727

taneycohealth.org | [Facebook](#)

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From: Kelley Vollmar <Kelley.Vollmar@jeffcohealth.org>
Sent: Thursday, June 17, 2021 9:53:14 AM
To: Talken, Ryan; Mooney, Jon; MOCPE
Cc: larry jones; Findley, Kendra; Yoon, Nancy; Crumbliss, Adam
Subject: RE: SGF-Greene Experience with Current Surge

I had also heard that Branson was experiencing similar growth. Has the state or should we as locals consider a "travel warning" type of press release to inform residents that the cases are rising in these areas and that individuals traveling to the impacted areas should be vaccinated or ensure they are utilizing high level prevention measures including masking at all times, social distancing, avoiding large crowds, etc.? I don't want to work against communities that are trying to recover after this past year, but I also think it is wise to try to limit the import of new cases in and also limit the potential of export of the virus to other counties because the areas tend to be highly traveled/tourist areas. The beginning path of COVID within Missouri was along the major interstate highways. I'm wondering if we can try to learn from that and start earlier this time.

Kelley Vollmar, M.S.

Director

Jefferson County Health Department

405 Main Street

Hillsboro, MO 63050

Phone: 636-797-3737 ext. 104
Cell: 636-287-2409
www.jeffcohealth.org

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From: Talken, Ryan <RTalken1@Joplinmo.org>
Sent: Thursday, June 17, 2021 9:31 AM
To: Mooney, Jon <jmooney@springfieldmo.gov>; MOCPHE <MOCPHE@groups.outlook.com>
Cc: larry jones <ldjones611@hotmail.com>; Findley, Kendra <kfindley@springfieldmo.gov>; Yoon, Nancy <nancy.yoon@springfieldmo.gov>; Crumbliss, Adam <Adam.Crumbliss@health.mo.gov>
Subject: RE: SGF-Greene Experience with Current Surge

Thank you Jon,

We are seeing a similar surge in cases in Joplin as well. I don't have as detailed data as you, but we have had Delta identified in the sewer shed study and in surveillance samples. We have just recently started more comprehensive variant testing on breakthrough cases, we don't have those results yet. Our current 7 day average is 13.43 cases per day, in May we were at 2.71 cases per day 7 day average about a 395% increase in cases over the last month. Percent increase in cases can be a bit misleading when working with small numbers, but the point is cases and workloads have greatly increased. We had days in May with a single case reported we are now seeing 30 cases per day reported.

Hospitalizations and deaths have also increased along with the uptick in cases. Also, of note recent deaths and hospitalizations have been in younger people, likely due to the older population being vaccinated.

On a bright note, vaccine demand is seeing a slight increase in the last week. We have been consistent in offering vaccine both in office and at offsite events with very little interest from the public, our events this week are seeing a slight increase in demand. Our current vaccination rate using DHSS stats for Joplin 39.5% completed and 45.3% initiated for Joplin zip codes. As we have identified recent outbreaks at certain workplaces and institutions those have been great opportunities to offer clinics.

Ryan

From: Mooney, Jon <jmooney@springfieldmo.gov>
Sent: Thursday, June 17, 2021 8:03 AM
To: MOCPE <MOCPE@groups.outlook.com>
Cc: larry jones <ldjones611@hotmail.com>; Findley, Kendra <kfindley@springfieldmo.gov>; Yoon, Nancy <nancy.yoon@springfieldmo.gov>; Crumbliss, Adam <Adam.Crumbliss@health.mo.gov>
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We believe this current surge in cases has been due to the Delta variant and now have data that makes this belief more certain. We have had Alpha variant in our community since December 9th and believe it was a driving factor behind our increases in December and early January. Beginning in March, our reinfection rate jumped 5 times what it had been in previous months. In May we had our first documented case of the Delta variant. Based on these pieces of information, I believe we had limited circulation of Delta as early as March which has since become the dominant strain. Recent data suggests that in HHS Region 7, Alpha represents 76% and Delta represents 7% of all cases. These percentages have also been shared by DHSS. While this may be the case for the entire state and HHS region, it appears our mix looks very different. In the last month our local variant testing shows Delta is 70% and Alpha is 24%. In just the last week the percent that are confirmed Delta is 91%!

While I could certainly be wrong, I don't want any of you to be caught unaware or dismiss the rise in cases that we are experiencing as something that is unique to our area or that it is likely to remain localized here.



Jon Mooney, MS
Assistant Director
Springfield-Greene County Health
O: (417) 874-2566
Health.springfieldmo.gov | [Facebook.com/SGCHD](https://www.facebook.com/SGCHD) | [Twitter.com/SGCHD](https://twitter.com/SGCHD)

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Jon Mooney, MS

Assistant Director

Springfield-Greene County Health

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We are seeing a similar surge in cases in Joplin as well. I don't have as detailed data as you, but we have had Delta identified in the sewer shed study and in surveillance samples. We have just recently started more comprehensive variant testing on breakthrough cases, we don't have those results yet. Our current 7 day average is 13.43 cases per day, in May we were at 2.71 cases per day 7 day average about a 395% increase in cases over the last month. Percent increase in cases can be a bit misleading when working with small numbers, but the point is cases and workloads have greatly increased. We had days in May with a single case reported we are now seeing 30 cases per day reported.

Hospitalizations and deaths have also increased along with the uptick in cases. Also, of note recent deaths and hospitalizations have been in younger people, likely due to the older population being vaccinated.

On a bright note, vaccine demand is seeing a slight increase in the last week. We have been consistent in offering vaccine both in office and at offsite events with very little interest from the public, our events this week are seeing a slight increase in demand. Our current vaccination rate using DHSS stats for Joplin 39.5% completed and 45.3% initiated for Joplin zip codes. As we have identified recent outbreaks at certain workplaces and institutions those have been great opportunities to offer clinics.

Ryan

From: Mooney, Jon <jmooney@springfieldmo.gov>
Sent: Thursday, June 17, 2021 8:03 AM
To: MOCPHE <MOCPHE@groups.outlook.com>
Cc: larry jones <ldjones611@hotmail.com>; Findley, Kendra <kfindley@springfieldmo.gov>; Yoon, Nancy <nancy.yoon@springfieldmo.gov>; Crumbliss, Adam <Adam.Crumbliss@health.mo.gov>
Subject: SGF-Greene Experience with Current Surge

Good morning everyone. I wanted to share our recent experiences with our increasing cases. In case you are not aware, our cases have steadily grown over the past month. On May 16th, our 7 day average was 18 cases, on June 16th, it has risen to 78 cases a day (and we just received our case count from yesterday – 3 days in a row above 100). Our hospitalizations have experienced a similar trend – climbing from 34 to 94 over the past month (currently we have more than 100 hospitalized). If you look at the growth of, it does not have the same exponential growth it had in the fall, but the growth has been more linear – we believe this is due to vaccinations. We likely have enough to slow it down, but clearly not enough to stop it (our current fully vaccinated rate is 37%). Unfortunately, we are all likely a meaningful distance away from herd due to vaccines only.

We believe this current surge in cases has been due to the Delta variant and now have data that makes this belief more certain. We have had Alpha variant in our community since December 9th and believe it was a driving factor behind our increases in December and early January. Beginning in March, our reinfection rate jumped 5 times what it had been in previous months. In May we had our first documented case of the Delta variant. Based on these pieces of information, I

believe we had limited circulation of Delta as early as March which has since become the dominant strain. Recent data suggests that in HHS Region 7, Alpha represents 76% and Delta represents 7% of all cases. These percentages have also been shared by DHSS. While this may be the case for the entire state and HHS region, it appears our mix looks very different. In the last month our local variant testing shows Delta is 70% and Alpha is 24%. In just the last week the percent that are confirmed Delta is 91%!

While I could certainly be wrong, I don't want any of you to be caught unaware or dismiss the rise in cases that we are experiencing as something that is unique to our area or that it is likely to remain localized here.



Jon Mooney, MS

Assistant Director

Springfield-Greene County Health

O: (417) 874-2566

Health.springfieldmo.gov | [Facebook.com/SGCHD](https://www.facebook.com/SGCHD) | [Twitter.com/SGCHD](https://twitter.com/SGCHD)

Andrew Hoffman

From: Mooney, Jon <jmooney@springfieldmo.gov>
Sent: Thursday, June 17, 2021 8:03 AM
To: MOCphe
Cc: Larry Jones; Findley, Kendra; Yoon, Nancy; Crumbliss, Adam
Subject: SGF-Greene Experience with Current Surge

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Jon Mooney, MS
Assistant Director
Springfield-Greene County Health
O: (417) 874-2566
Health.springfieldmo.gov | [Facebook.com/SGCHD](https://www.facebook.com/SGCHD) | [Twitter.com/SGCHD](https://twitter.com/SGCHD)

Andrew Hoffman

From: Bayer, Tiffany <Tiffany.Bayer@health.mo.gov>
Sent: Wednesday, June 16, 2021 9:00 PM
Subject: LPHA Email Update

Good evening,
Please see the updates and information below...thank you and have a great night!

Follow-up from LPHA Update Call – 6/15/21

Question: Will deaths that have a positive antigen test AND are also list COVID as a contributing cause of death going to be added to the MODHSS dashboard?

Answer: If COVID is listed anywhere on the death certificate (underlying or contributing cause) it is counted on the dashboard irrespective of the type of test.

Please note that there could be a delay sometimes because – the LPHA might mark / deem it as a COVID death, but we need to wait for the death certificate to be officially registered, vetted by NCHS and confirmed as a COVID death before we update the dashboard.

CDC Variant Tracker - <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

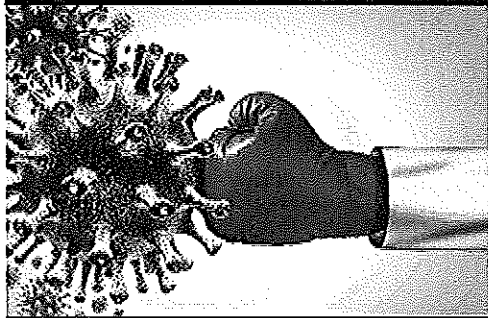
Link to COVID Hot Spots - <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus-lpha/>
(COVID Hotspot Map under Covid-19 Cases Data)

Adult Vaccination Contract Documents

Adult Vaccination Contract documents are now located here:

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus-lpha/>

Infection Control and Prevention Webinar Series



Monthly Infection Control and Prevention Webinar Series:

What you need to know to keep you, your patients and community safe

2nd Thursday of each month from 12-1 p.m. beginning in June 2021 through December 2022



University of Missouri

Presented by: Extension | Sinclair School of Nursing
Nursing Outreach: *Where continuing education and continuing competency meet*

Schedule of Webinars

June 10 – Inaugural Webinar: Vaccines are Safe – How we know!

Lynelle Phillips, MPH, RN, Assistant Teaching Professor, Department of Public Health, School of Health Professions, Extension Service Nurse Specialist, University of Missouri, Columbia

- General rules of vaccines
- FDA approval process and Emergency Use Authorization Use (EUA) process
- How were we able to get a vaccine to market in such a short time and still cut no corners?
- Compare the different vaccines - safety and efficacy
- Is the lesser protection by J&J significant enough to be important? J&J Case Study.

July 8 - How do COVID vaccines affect immunity to COVID?

Taylor Nelson, DO, Infectious Disease, Internal Medicine, University of Missouri Health Care, Columbia. Board Certified by the American Board of Internal Medicine/Infectious Disease

- Natural immunity vs vaccine-induced immunity – which is best?
- How long does the vaccine protect me?
- What is Herd immunity and is it reasonable to expect we will ever achieve it?
- If I've had COVID, why get vaccinated?
- To boost or not to boost?
- I'm young, isn't it less risky to take chance with COVID than the vaccine?

August 10—Environmental Health: Air Purification and Quality

Loie Couch, RN, BS, CIC, FAPIC, Infection Prevention Specialist, Barnes Jewish Christian (BJC) Hospital, St. Louis

- Functions of a ventilation system
- Benefits and limitations of bi-polar ionization
- Minimum filtration requirements

- Apply filtration flexibility on a space-by-space approach
- Appropriate use of UV light disinfection and accompanying hazards
- Visible light disinfection and its appropriate use and considerations

Tentative Schedule for Remainder of 2021

September 9: No webinar – Attend the MPHA Conference, Sept. 21-23, 2021 in Columbia, MO!

October 14: Messaging – Different Strokes for Different Folks

November 11: Pandemic Fatigue - Kevin Cloninger, PhD,

Executive Director at Anthropedia Foundation and Director of Well-Being Coaching, St Louis

December 9: Long-haul COVID-19 patients, Post COVID Syndrome

NOTE: Topics may change due to the pace and volume of new knowledge regarding COVID-19 and the need to inform providers regarding best practices. Topics for 2022 will be announced closer to that time.

REGISTER ONCE FOR ENTIRE SERIES!

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CE Credit

Nursing, Social Work, & Nursing Home Administrators (applied for)

No Fee to Attend





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11AM-1PM CDT

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Earn CE, CME, and MOC Credits for your attendance.

[Register](#)

Featured Speakers:



Dr. Peter Marks, M.D., Ph.D.
Director, Center for Biologics
Evaluation and Research, FDA



Dr. Andrew Kroger, M.D., M.P.H.
Medical Officer, Natl Center for
Immunization Respiratory Diseases,
CDC

Earn **free** CE, CME, and MOC Credits for your attendance -
for physicians, nurses, pharmacy, LPC, psychology, and social work.

Reserve my seat

Please join the MIC for free, virtual, daily lunch and learn sessions June 21st-25th. Feel free to share the registration information with your colleagues and the LPHA. The MIC Immunization Conference registration can be accessed at:

<https://registration.socio.events/e/moimmunizationcoalitionconference>

Everyone that provides a mailing address when registering for the MIC Virtual Immunization Conference will receive a complimentary MIC COVID-19 Vaccine Card Holder.

Every conference participant that completes a profile in the MIC Virtual Immunization Conference event app will receive a complimentary MIC 16oz Coffee Mug (if an address is provided).

If you have any questions, please let me know.

I'm looking forward to seeing everyone at the MIC Immunization Conference 2021!

Nicole Cope
Executive Director



ncope@moimmunize.com
moimmunize.org

Tiffany Bayer, Local Public Health Liaison
Center for Local Public Health Services
Division of Community and Public Health
920 Wildwood, P.O. Box 570
Jefferson City, MO 65102-0570
Phone: (573) 522-2874
Email: tiffany.bayer@health.mo.gov

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From: DHSS Public Info <PublicInfo@health.mo.gov>
Sent: Wednesday, June 16, 2021 5:06 PM
Subject: News Release: Missouri DHSS urges continued vaccination as close monitoring of Delta variant continues

For Immediate Release:
June 16, 2021

Media Contact:
Lisa Cox
Missouri Department of Health and Senior Services
Lisa.Cox@health.mo.gov



Missouri DHSS urges continued vaccination as close monitoring of Delta variant continues

JEFFERSON CITY, MO – Missouri is experiencing a rise in individuals contracting the Delta variant (B.1.617.2, first detected in India) of the virus that causes COVID-19, SARS-CoV-2. It was announced by the Centers of Disease Control and Prevention yesterday that the Delta variant has been reclassified as a “variant of concern” in the United States. The Missouri Department of Health and Senior Services (DHSS) has been closely monitoring these developments and has been on the national leading edge of aggressive wastewater testing for variants of concern.

The Delta variant joins the B.1.1.7 (Alpha), B.1.351 (Beta), P.1 (Gamma), B.1.427/B.1.429 (Epsilon) variants circulating in the United States which are already classified as variants of concern.

Deemed highly transmissible, the Delta virus has been already detected in over 70 countries of the world, and is projected to become dominant worldwide. It is also causing more serious illness and hospitalizations among those who have not been vaccinated.

Monitoring the spread of emerging variants in the United States relies on widespread, rapid sequencing. While this national effort is still somewhat limited, it is clear that the variant has become prevalent in communities throughout Missouri. In February, the Missouri Department of Health and Senior Services (DHSS) began testing wastewater samples to look for the presence of these variants. These testing results are displayed in a new layer of the [COVID-19 sewershed surveillance StoryMap](#).

The unpredictability of emerging variants is cause for continuation of infection prevention precautions.

“Our greatest concern in Missouri is areas with lower vaccine uptake,” said Robert Knodell, Acting Director of the Missouri Department of Health and Senior Services (DHSS). “With this variant being easier to spread and possibly causing more severe illnesses among unvaccinated people of all ages, vaccinations are the best way to stop this virus in its tracks.”

This recent rise of the highly transmissible Delta variant underscores the importance of continued testing for COVID-19 of all those with related symptoms, as well as those who have been exposed to the virus but may not have symptoms.

Social distancing and appropriate masking remain important and effective public health countermeasures. Vaccination is the most effective and long-lasting tool for protection from this infection. DHSS continues to encourage anyone age 12 and up to get vaccinated against COVID-19. Get the facts about COVID-19 vaccines and where to get vaccinated at [MOSTopsCovid.com](https://mostopsCovid.com).

###

About the Missouri Department of Health and Senior Services: The department seeks to be the leader in protecting health and keeping people safe. More information about DHSS can be found at <http://health.mo.gov> or find us on [Facebook](#) and [Twitter](#) @HealthyLivingMo



*We aspire to protect health and
keep the people of Missouri safe.*



Andrew Hoffman

From: National Association of County and City Health Officials
<DoNotReply@ConnectedCommunity.org>
Sent: Wednesday, June 16, 2021 7:13 AM
To: Andrew Hoffman
Subject: COVID-19 Response Digest for Tuesday June 15, 2021



COVID-19 Response

[Post New Message](#)

Jun 15, 2021

Discussions

started 15 hours ago, [Victoria Decea](#) (0 replies)

CDC PARTNER UPDATE: CDC Launches New COVID-19 Viral Testing Tool

1. Please see additional information below about a... [Victoria Decea](#)

started 16 hours ago, [Victoria Decea](#) (0 replies)

CDC PARTNER UPDATE: CDC Classifies SARS-CoV-2 Variant B.1.617.2 (Delta) a Variant of

Concern

2. A message from our partners: On June 15,... [Victoria Decea](#)

started 16 hours ago, [Victoria Decea](#) (0 replies)

CDC PARTNER UPDATE: Post-COVID Conditions Webinar

3. When: June 17, 2021 07:00 PM Eastern Time (US... [Victoria Decea](#)

started 16 hours ago, [Victoria Decea](#) (0 replies)

CDC Webinar-"Motivate to Vaccinate: National Month of Action for COVID-19 Vaccinations"

4. As we continue to support President Biden's goal... [Victoria Decea](#)

started 17 hours ago, [Victoria Decea](#) (0 replies)

New CDC COVID-19 Vaccine Materials for People with Intellectual and Developmental

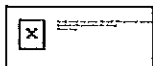
Disabilities

5. A message from our partners: We are... [Victoria Decea](#)

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1. CDC PARTNER UPDATE: CDC Launches New COVID-19 Viral Testing Tool

[Reply to Group](#)[Reply to Sender](#)

Jun 15, 2021 4:07 PM

Victoria Decea

Please see additional information below about a new COVID-19 Viral Testing Tool CDC released yesterday. This interactive web-based tool is designed to help healthcare providers and individuals determine what type(s) of COVID-19 testing they should recommend or seek. This tool provides recommendations based on the recently updated [Guidance for Antigen Testing for SARS-CoV-2](#) and other CDC testing guidance.

- **For healthcare providers**, the tool will provide clinical decision support to determine what type of COVID-19 (SARS-CoV-2) testing they should perform.
- As an alternative to reading through testing guidance in detail, healthcare providers can use this tool to quickly access the most relevant, actionable testing-related content and use that information to make the best decisions for their patients.
- **For individuals who have a test result**, the tool will help them determine the appropriate next step(s), if any, based on the test result
- **For individuals who do not yet have a test result**, the tool will help them determine what type of test to get.

The tool has been built into a number of CDC COVID-19 web pages.

Audience: Individuals Performing COVID-19 Testing

Level: Laboratory Advisory

On June 14, 2021, CDC launched the new [COVID-19 Viral Testing Tool](#). This interactive web-based tool is designed to help both healthcare providers and individuals understand COVID-19 testing options. The tool complements the recently updated [Interim Guidance for SARS-CoV-2 Antigen Testing](#) and other CDC testing guidance.

For **healthcare providers**, the tool will provide clinical decision support to help determine what type of COVID-19 (SARS-CoV-2) testing they should perform. Healthcare providers can use this tool to quickly access the most relevant, actionable CDC testing-related content and use that information to make decisions about next steps:

- Whether or not to order testing and what kind of test to order
- The interpretation of the test result
- What to do with conflicting test results

- Whether or not confirmatory (follow-up) testing is necessary
- How vaccination impacts decisions for testing

For **individuals who do not yet have a test result**, the tool will help them determine what type of test to get. For **individuals who have a test result**, the tool will help them determine the appropriate next step(s), if any, based on the result.

We encourage you to share this new tool with your partners, colleagues, and friends.

[Opt in to receive emails from the CDC Laboratory Outreach Communication System \(LOCS\).](#)

Online Resources:

- [Testing Strategies for SARS-CoV-2](#)
- [Information for Laboratories about Coronavirus \(COVID-19\)](#)
- [Frequently Asked Questions about Coronavirus \(COVID-19\) for Laboratories](#)
- [CDC Coronavirus \(COVID-19\) Website](#)
- [CDC Laboratory Outreach Communication System \(LOCS\)](#)
- [Clinical Laboratory COVID-19 Response Calls](#)

If you have any questions, please contact us at LOCS@cdc.gov.

Thank you,

The Laboratory Outreach Communication System

Laboratory Outreach Communication System (LOCS) | Division of Laboratory Systems (DLS)

Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)

Centers for Disease Control and Prevention (CDC)

LOCS@cdc.gov

www.cdc.gov/csels/dls/locs

Victoria Decea B.S. Public Health, CHES
CDC Field Assignee
National Association of County and City Health Officials (NACCHO)

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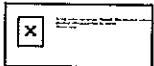
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2. [CDC PARTNER UPDATE: CDC Classifies SARS-CoV-2 Variant B.1.617.2 \(Delta\) a Variant of Concern](#)

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Jun 15, 2021 4:05 PM

[Victoria Decea](#)

A message from our partners:

On June 15, 2021, CDC announced reclassification of the SARS-CoV-2 variant B.1.617.2 (Delta) as a variant of concern (VOC). This variant was initially identified in India in December 2020 and was initially classified as a variant of interest (VOI). The B.1.617.2 (Delta) lineage has been detected in at least 66 countries, including the United States.

SARS-CoV-2 variants can be categorized into the following three classes based on a Variant Classification scheme developed by a US government interagency group:

- Variant of Interest
- Variant of Concern
- Variant of High Consequence

A variant of concern might require one or more appropriate public health actions, including

- Notification to the World Health Organization (WHO)
- Increased testing
- Local or regional efforts to control spread

- Research to determine the effectiveness of existing tests, vaccines, and treatments against the virus

In the United States, for the two-week period ending May 22, 2021, the proportion of cases attributed to B.1.617.2 (Delta) is estimated to be 2.7%, and CDC nowcast data predict that the proportion of B.1.617.2 will increase to 9.9% for the two-week period ending June 5, 2021.

While further U.S. studies are needed, initial evidence suggests that the B.1.617.2 (Delta) is more transmissible compared with other variants, including B.1.1.7 (Alpha). There is preliminary data to indicate B.1.617.2 may be less susceptible to neutralizing antibodies in laboratory studies; importantly, however, vaccines authorized for use in the United States have been reported to be effective against B.1.617.2 as well as other variants.

CDC, in coordination with the SARS-CoV-2 Interagency Group, will continue to monitor B.1.617.2 (Delta) as well as other VOIs and VOCs to see if they have any impact on SARS-CoV-2 transmission, disease severity, and effectiveness of existing tests, vaccines, and treatments.

Preventing SARS-CoV-2 infection is the best way to prevent the spread of SARS-CoV-2 variants and limit the emergence of new ones. Everyone 12 years of age and older is now eligible to get a COVID-19 vaccination. COVID-19 vaccination reduces the risk of COVID-19 and its potentially severe complications. So far, studies that have looked at how COVID-19 vaccines work in real-world conditions (vaccine effectiveness studies) have shown that these vaccines are working well and are effective against SARS-CoV-2 variants. CDC continues to recommend that individuals who are unvaccinated or who are not fully vaccinated wear a mask that covers your nose and mouth, stay 6 feet apart from others who don't live with you, avoid crowds and poorly ventilated indoor spaces, and get a COVID-19 vaccine as soon as it is available to you.

Please share this message with your networks.

If you have any questions about this, please contact CDC at eocevent503@cdc.gov

Victoria Decea B.S. Public Health, CHES
CDC Field Assignee
National Association of County and City Health Officials (NACCHO)

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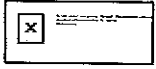
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3. [CDC PARTNER UPDATE: Post-COVID Conditions Webinar](#)

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Jun 15, 2021 4:05 PM

Victoria Decea

When: June 17, 2021 07:00 PM Eastern Time (US and Canada)

Topic: CDC's Guidance for Post-COVID-19 Conditions (PCC)

Register in advance for this webinar:

cdc.zoomgov.com/webinar/register/...

Or an H.323/SIP room system:

H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East)

Meeting ID: 160 929 6564

Passcode: 59474083

SIP: 1609296564@sip.zoomgov.com

Passcode: 59474083

Updated information is available on post-COVID conditions here [Evaluating and Caring for Patients with Post-COVID Conditions | CDC](#).

Key points include:

- The term "Post-COVID Conditions" is an umbrella term for the wide range of physical and mental health consequences experienced by some patients that are present four or more weeks after SARS-CoV-2 infection, including by patients who had initial mild or asymptomatic acute infection.
- Based on current information, many post-COVID conditions can be managed by primary care providers, with the incorporation of patient-centered approaches to optimize the quality of life and function in affected patients.
- Objective laboratory or imaging findings should not be used as the only measure or assessment of a patient's well-being; lack of laboratory or imaging abnormalities does not invalidate the existence, severity, or importance of a patient's symptoms or conditions.
- Healthcare professionals and patients are encouraged to set achievable goals through shared decision-making and to approach treatment by focusing on specific symptoms (e.g., headache) or conditions (e.g., dysautonomia); a comprehensive management plan focusing on improving physical, mental, and social wellbeing may be helpful for some patients.
- Understanding of post-COVID conditions remains incomplete and guidance for healthcare professionals will likely change over time as the evidence evolves.

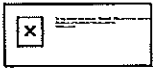
Victoria Decea B.S. Public Health, CHES
CDC Field Assignee
National Association of County and City Health Officials (NACCHO)

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4. [CDC Webinar-"Motivate to Vaccinate: National Month of Action for COVID-19 Vaccinations"](#)

[Reply to Group](#)[Reply to Sender](#)

Jun 15, 2021 3:47 PM

Victoria Decea

As we continue to support President Biden's goal for 70% of the U.S. adult population to have at least one vaccine shot and 160 million U.S. adults to be fully vaccinated by July 4th, the Chief Health Equity Officer at the Centers for Disease Control and Prevention invites you to the webinar titled ***Motivate to Vaccinate: National Month of Action for COVID-19 Vaccinations***. This webinar will be held on **Thursday, June 24th, 2021 from 1:00pm to 2:30pm ET.**

The webinar is a call to action to increase the number of vaccinated persons in Black or African American and Hispanic or Latino communities. It will highlight organizations who have conducted successful mass vaccination activities for Black or African American and Hispanic or Latino persons: Black Coalition Against COVID-19; Latinx COVID-19 Task Force; The National Resource for Refugees, Immigrants, and Migrants (NRC-RIM); Choose Healthy Life; and UnidosUS. These organizations will share their successes, challenges, and strategies used to increase vaccine education, awareness, and uptake. In addition to hearing from these organizations, you will have the opportunity to have your questions and concerns about COVID-19 vaccination addressed.

Registration is required to attend:

https://www.zoomgov.com/webinar/register/WN_yihAVgcxQ3aL3xJXmmg7uA.

The webinar will be recorded and posted [here](#).

We look forward to seeing you on June 24th, 2021!

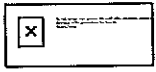
Victoria Decea B.S. Public Health, CHES
CDC Field Assignee
National Association of County and City Health Officials (NACCHO)

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5. [New CDC COVID-19 Vaccine Materials for People with Intellectual and Developmental Disabilities](#)

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Jun 15, 2021 2:21 PM | [view attached](#)

Victoria Decea

A message from our partners:

We are excited to introduce the National Center on Birth Defects and Developmental Disabilities' (NCBDDD) new COVID-19 vaccine materials specifically designed for people with intellectual and developmental disabilities (IDD) who have extreme low literacy (ELL).

These free materials, including a poster and social story, use simple illustrations and easy-to-read messages to explain how to get a COVID-19 vaccine. Please see the attached partner promotional toolkit to learn how you can help raise awareness of these resources. The promotional toolkit includes sample social media posts, email content, and images that you can use to share these resources with your networks.

Victoria Decea B.S. Public Health, CHES
CDC Field Assignee
National Association of County and City Health Officials (NACCHO)

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You are subscribed to "COVID-19 Response" as andrewh@andrewcountyhealth.com. To change your subscriptions, go to [My Subscriptions](#). To unsubscribe from this community discussion, go to [Unsubscribe](#).

Andrew Hoffman

From: National Association of County and City Health Officials
<DoNotReply@ConnectedCommunity.org>
Sent: Wednesday, June 16, 2021 7:08 AM
To: Andrew Hoffman
Subject: NACCHO Daily Consolidated Digest for Tuesday, June 15, 2021 (ET)



COVID-19 Response

Discussions

CDC PARTNER UPDATE: CDC Launches New COVID-19 Viral Testing Tool

1 [Victoria Decea](#) wrote on 06-15 04:07 PM ET

Please see additional information below about a new COVID-19 Viral Testing Tool CDC released yesterday. This interactive web-based tool is designed to help healthcare providers and individuals determine what type(s) of COVID-19 testing they should recommend or seek. This tool provides... [more](#)

CDC PARTNER UPDATE: CDC Classifies SARS-CoV-2 Variant B.1.617.2 (Delta) a...

2 [Victoria Decea](#) wrote on 06-15 04:05 PM ET

A message from our partners: On June 15, 2021, CDC announced reclassification of the SARS-CoV-2 variant B.1.617.2 (Delta) as a variant of concern (VOC). This variant was initially identified in India in December 2020 and was initially classified as a variant of interest ... [more](#)

CDC PARTNER UPDATE: Post-COVID Conditions Webinar

3 [Victoria Decea](#) wrote on 06-15 04:05 PM ET

When: June 17, 2021 07:00 PM Eastern Time (US and Canada) Topic: CDC's Guidance for Post-COVID-19 Conditions (PCC) Register in advance for this webinar: [cdc.zoomgov.com/webinar/register/...](https://cdc.zoomgov.com/webinar/register/) Or an H.323/SIP room system: H.323: 161.199.138.10 (US West) or 161.199.136.10 (US East) Meeting ID: 160 929 6564... [more](#)

CDC Webinar-"Motivate to Vaccinate: National Month of Action for COVID-19...

4 [Victoria Decea](#) wrote on 06-15 03:47 PM ET

As we continue to support President Biden's goal for 70% of the U.S. adult population to have at least one vaccine shot and 160 million U.S. adults to be fully vaccinated by July 4th, the Chief Health Equity Officer at the Centers for Disease Control and Prevention invites you to the webinar titled... [more](#)

New CDC COVID-19 Vaccine Materials for People with Intellectual and...

5 [Victoria Decea](#) wrote on 06-15 02:21 PM ET

A message from our partners: We are excited to introduce the National Center on Birth Defects and Developmental Disabilities' (NCBDDD) new COVID-19 vaccine materials specifically designed for people with intellectual and developmental disabilities (IDD) who have extreme low literacy (ELL). These... [more](#) | [view attachment](#)

You are subscribed to "NACCHO" as andrewh@andrewcountyhealth.com. To change your subscriptions, go to My Subscriptions. To unsubscribe from this community discussion, go to Unsubscribe.

Andrew Hoffman

From: Bayer, Tiffany <Tiffany.Bayer@health.mo.gov>
Sent: Tuesday, June 15, 2021 7:17 PM
Subject: LPHA Email Update

Good evening,
Please see the updates and information below...thank you and have a great night!

Follow-up from LPHA Update Call – 6/15/21

CDC Variant Tracker - <https://covid.cdc.gov/covid-data-tracker/#variant-proportions>

Link to COVID Hot Spots - <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus-lpha/>
(COVID Hotspot Map under Covid-19 Cases Data)

Adult Vaccination Contract Documents

Adult Vaccination Contract documents are now located here:

<https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus-lpha/>

Infection Control and Prevention Webinar Series



Monthly Infection Control and Prevention Webinar Series:

*What you need to know to keep you,
your patients and community safe*

2nd Thursday of each month from 12-1 p.m. beginning in June 2021 through December 2022



University of Missouri

Presented by: Extension | Sinclair School of Nursing
Nursing Outreach: *Where continuing education and continuing competency meet*

Schedule of Webinars

June 10 – Inaugural Webinar: Vaccines are Safe – How we know!

Lynelle Phillips, MPH, RN, Assistant Teaching Professor, Department of Public Health, School of Health Professions, Extension Service Nurse Specialist, University of Missouri, Columbia

- General rules of vaccines
- FDA approval process and Emergency Use Authorization Use (EUA) process
- How were we able to get a vaccine to market in such a short time and still cut no corners?
- Compare the different vaccines - safety and efficacy
- Is the lesser protection by J&J significant enough to be important? J&J Case Study.

July 8 - How do COVID vaccines affect immunity to COVID?

Taylor Nelson, DO, Infectious Disease, Internal Medicine, University of Missouri Health Care, Columbia. Board Certified by the American Board of Internal Medicine/Infectious Disease

- Natural immunity vs vaccine-induced immunity – which is best?
- How long does the vaccine protect me?
- What is Herd immunity and is it reasonable to expect we will ever achieve it?
- If I've had COVID, why get vaccinated?
- To boost or not to boost?
- I'm young, isn't it less risky to take chance with COVID than the vaccine?

August 10—Environmental Health: Air Purification and Quality

Loie Couch, RN, BS, CIC, FAPIC, Infection Prevention Specialist, Barnes Jewish Christian (BJC) Hospital, St. Louis

- Functions of a ventilation system
- Benefits and limitations of bi-polar ionization
- Minimum filtration requirements
- Apply filtration flexibility on a space-by-space approach
- Appropriate use of UV light disinfection and accompanying hazards
- Visible light disinfection and its appropriate use and considerations

Tentative Schedule for Remainder of 2021

September 9: No webinar – Attend the MPHA Conference, Sept. 21-23, 2021 in Columbia, MO!

October 14: Messaging – Different Strokes for Different Folks

November 11: Pandemic Fatigue - Kevin Cloninger, PhD,
Executive Director at Anthropedia Foundation and Director of Well-Being Coaching, St Louis

December 9: Long-haul COVID-19 patients, Post COVID Syndrome

NOTE: Topics may change due to the pace and volume of new knowledge regarding COVID-19 and the need to inform providers regarding best practices. Topics for 2022 will be announced closer to that time.

REGISTER ONCE FOR ENTIRE SERIES!

[Register Now & More Information](#)

CE Credit

Nursing, Social Work, & Nursing Home Administrators (applied for)

No Fee to Attend



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JUNE 21-25, 2021

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11AM-1PM CDT

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Join for educational sessions, dynamic speakers, and networking opportunities.
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[Register](#)

Featured Speakers:



Dr. Peter Marks, M.D., Ph.D.
Director, Center for Biologics
Evaluation and Research, FDA



Dr. Andrew Kroger, M.D., M.P.H.
Medical Officer, Natl Center for
Immunization Respiratory Diseases,
CDC

Earn **free** CE, CME, and MOC Credits for your attendance -
for physicians, nurses, pharmacy, LPC, psychology, and social work.

Reserve my seat

Please join the MIC for free, virtual, daily lunch and learn sessions June 21st-25th. Feel free to share the registration information with your colleagues and the LPHA. The MIC Immunization Conference registration can be accessed at:

<https://registration.socio.events/e/moimmunizationcoalitionconference>

Everyone that provides a mailing address when registering for the MIC Virtual Immunization Conference will receive a complimentary MIC COVID-19 Vaccine Card Holder.

Every conference participant that completes a profile in the MIC Virtual Immunization Conference event app will receive a complimentary MIC 16oz Coffee Mug (if an address is provided).

If you have any questions, please let me know.

I'm looking forward to seeing everyone at the MIC Immunization Conference 2021!

Nicole Cope
Executive Director



ncope@moimmunize.com
moimmunize.org

Tiffany Bayer, Local Public Health Liaison
Center for Local Public Health Services
Division of Community and Public Health
920 Wildwood, P.O. Box 570
Jefferson City, MO 65102-0570
Phone: (573) 522-2874
Email: tiffany.bayer@health.mo.gov

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Andrew Hoffman

From: Centers for Disease Control and Prevention <no-reply@emailupdates.cdc.gov>
Sent: Tuesday, June 15, 2021 11:59 AM
To: Andrew Hoffman
Subject: Lab Advisory: CDC Classifies SARS-CoV-2 Variant B.1.617.2 (Delta) a Variant of Concern



Audience: Individuals Performing COVID-19 Testing
Level: Lab Advisory

On June 15, 2021, CDC announced the classification of the SARS-CoV-2 variant B.1.617.2 (Delta) as a variant of concern. This variant was initially identified in India in December 2020 and was previously classified as a variant of interest. The B.1.617.2 (Delta) lineage has been detected in at least 66 countries, including the United States.

Investigations are underway to further characterize B.1.617.2 (Delta) and its potential impact on SARS-CoV-2 transmission, disease severity, and effectiveness of existing tests, vaccines, and treatments.

Please share this message with your networks and invite them to opt in to LOCS to receive future updates.

Online resources:

- [SARS-CoV-2 Variant Classifications and Definitions](#)
- [Variant Proportions in the United States](#)
- [Information for Laboratories about Coronavirus \(COVID-19\)](#)
- [Frequently Asked Questions about Coronavirus \(COVID-19\) for Laboratories](#)
- [CDC Coronavirus \(COVID-19\) Website](#)
- [CDC Laboratory Outreach Communication System \(LOCS\)](#)
- [Clinical Laboratory COVID-19 Response Calls](#)

For questions, contact us at LOCS@cdc.gov.

Thank you,

The Laboratory Outreach Communication System

Laboratory Outreach Communication System (LOCS) | Division of Laboratory Systems (DLS)

Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)

Centers for Disease Control and Prevention (CDC)

LOCS@cdc.gov

www.cdc.gov/csels/dls/locs



Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

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Andrew Hoffman

From: National Association of County and City Health Officials
<DoNotReply@ConnectedCommunity.org>
Sent: Tuesday, June 15, 2021 7:09 AM
To: Andrew Hoffman
Subject: COVID-19 Response Digest for Monday June 14, 2021



COVID-19 Response

[Post New Message](#)

Jun 14, 2021

Discussions

started 21 hours ago, [Victoria Decea](#) (0 replies)

6/14 Awareness Board

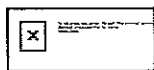


1. US COVID-19 data: < Victoria Decea

1. 6/14 Awareness Board

[Reply to Group](#)

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Jun 14, 2021 10:41 AM
[Victoria Decea](#)

US COVID-19 data: 33.2M cases with 597,195 deaths, 89,856 new cases in last 7 days (data updated 6/13)

US COVID-19 Vaccination data: 374.4M doses delivered, 309.3M doses administered, 144M fully vaccinated (6/13)

On June 9, the percent change from the previous 7-day reporting period was -6.0%.

Upcoming NACCHO Webinars:

6/15 @ 3PM: CDC Federal Snapshot: Updated Guidance for Fully Vaccinated People

6/22 @ 3PM: Building Vaccine Confidence for COVID-19 Vaccines in Adolescents

6/24 @ 3PM: Regional Approach to Infection Prevention and Control of COVID

Headline

- [CDC Says Hospitalizations Are Rising In Teens With COVID-19](#)
- [Vaccination Rates Fall To New Lows](#)
- [A New Type Of COVID-19 Vaccine Could Debut Soon](#)
- [Bamlanivimab Reduces Risk Of COVID-19 In Nursing Homes, Study Finds](#)
- [WHO: High Vaccination Rates Can Help Reduce Risk Of Variants](#)
- [This Chart Shows How COVID Cases Have Plummeted As More People Get Vaccinated](#)
- [Young Adults Shun COVID-19 Vaccine As White House Warns Of Risks](#)
- [Pfizer COVID Vaccine: Next Phase Of Trials In Young Children To Begin](#)
- [Johnson & Johnson COVID-19 Vaccine Induces Strong T-Cell Response To Variants](#)
- [US Extends Expiration Dates For J&J COVID Vaccine By 6 Weeks](#)
- [Moderna Files For Clearance For Vaccine For Adolescents](#)
- [Kid Covid-19 vaccines: 3 takeaways from the FDA's big meeting](#)

CDC MMWR Releases

- [Emergency Department Visits for Suspected Suicide Attempts Among Persons Aged 12–25 Years Before and During the COVID-19 Pandemic - United States, January 2019–May 2021](#)
- [Impact of the COVID-19 Pandemic on Administration of Selected Routine Childhood and Adolescent Vaccinations - 10 U.S. Jurisdictions, 2020](#)
- [Genomic Surveillance for SARS-CoV-2 Variants Circulating in the United States, December 2020–May 2021](#)
- [Hospitalization of Adolescents Aged 12–17 Years with Laboratory-Confirmed COVID-19 - COVID-NET, 14 States, March 1, 2020–April 24, 2021](#)
- [Decreases in COVID-19 Cases, Emergency Department Visits, Hospital Admissions, and Deaths Among Older Adults Following the Introduction of COVID-19 Vaccine - United States, September 6, 2020–May 1, 2021](#)

Emerging Research and Guidance

- [Wearing of face masks while on conveyances and at transportation hubs](#)
- [Requirement for Face Masks on Public Transportation Conveyances and at Transportation Hubs](#)
- [Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019](#)
- [The COVID-19 Treatment Guidelines Panel's Statement on the Emergency Use Authorizations of Anti-SARS-CoV-2 Monoclonal Antibodies for the Treatment of COVID-19](#)
- [Health Equity in Action](#)
- [Recommendations for Quarantine Duration in Correctional and Detention Facilities](#)
- [Integrating Planning for A Safe Increased Return of Federal Employees and Contractors to Physical Workplaces with Post-Reentry Personnel Policies and Work Environment](#)
- [New Resources for DCTA Recipients and Smaller Distressed Communities](#)
- [Guidance for Operating Child Care Programs during COVID-19](#)
- [Domestic Travel During COVID-19](#)

Victoria Decea B.S. Public Health, CHES
CDC Field Assignee
National Association of County and City Health Officials (NACCHO)

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You are subscribed to "COVID-19 Response" as andrewh@andrewcountyhealth.com. To change your subscriptions, go to [My Subscriptions](#). To unsubscribe from this community discussion, go to [Unsubscribe](#).

Andrew Hoffman

From: Kelli Hillerman <khillerman@grundycountyhealth.org>
Sent: Monday, June 14, 2021 4:30 PM
Subject: Region H LPHA Zoom Meeting, Tuesday, June 15 at 0900
Attachments: Breakthrough cases - talking points 06.11.2021.pdf

Lori Buchanan with DHSS' Office of Public Information asked that I pass along some information in response to last week's meeting discussion. Her email is pasted below and the agenda for tomorrow's meeting also follows:

I put together some talking points for breakthroughs. They are attached. Would you please send them to everyone who was on the call the other day? Lisa is working on a vax newsletter which will include the attached as well, but she said it might be a week or so before it is sent. Also, here is some info on the media campaign that Lisa Cox has been coordinating. Can you access it? <https://stateofmissouri.app.box.com/s/avvlnwwjw7muke1dl9d44iq1hvgekljl4>

The only other item I can recall that someone requested was assistance with media calls. Lisa Cox is our PIO and would be available to assist. Her email address is Lisa.Cox@health.mo.gov. Most people I am sure know Lisa!

If I am missing anything, please let me know. Thank you for the great work you and others are doing in your communities!

Just some other updates:

Hoping the survey to the schools will be sent next week. Doing some final tweaking.

We've been reaching out to businesses across the state. If you think of a way to get a list of businesses in Region H, let us know. We'd be glad to work with them on getting vaccine to their employees. I know Region H doesn't have a RIT, but that is one of the areas that we are asking the RITs to reach out to ----is employers.

Our Div. of Senior and Disability Services (DSDS) is working with the Area Agencies on Aging and EMS on getting the vaccine to the homebound. The MO National Guard and AmeriCorps made a lot of phone calls following up with those that indicated they were homebound in Vaccine Navigator. DSDS is also working with the MO Rural Health Association on getting posters and tear-offs with transportation and vaccine information. The Rural Health Association will be distributing them to rural businesses in the next month or so.

AGENDA

- Follow-up from Last Meeting
- Region H COVID-19 Active Case Counts
- Vaccine and Testing
- PHEP, CRI, Crisis Co-Ag
- MoALPHA BEAM Training
- Adult Immunization Contract
- Update from Pat/Jess/Madison
- Miscellaneous/Items for Discussion
 - WHO Variant Names
 - Month of Action
 - J&J Shelf Life
 - Vaccine Incentives
 - Emergency ACIP Meeting
 - Resource for Faith-based Leaders
 - CDC's Planning Considerations for SLV Clinics
 - Vaccine Confidence Messaging

Join Zoom Meeting

<https://us02web.zoom.us/j/86304782637?pwd=UW0vV1lmWkpBRkVNaS8vUjJlQkIwZz09>

Meeting ID: 863 0478 2637

Passcode: 750308

One tap mobile

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Passcode: 750308

Find your local number: <https://us02web.zoom.us/j/86304782637?pwd=UW0vV1lmWkpBRkVNaS8vUjJlQkIwZz09>

--

*Kelli Hillerman, BSN, RN, CHEP
Grundy County Health Department*

Emergency Response Planner/Epidemiology Specialist

660-359-4196

www.grundycountyhealth.org

Twitter: @GrundyCoHealth

Facebook: @gchdmo

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Breakthrough Cases – Talking Points and FAQs

June 11, 2021

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/work.html>

The CDC is so confident in the effectiveness of the COVID-19 vaccines, that in May after more of a year of recommending mask use for everyone over age 2, the agency announced that fully vaccinated individuals could safely resume activities without wearing a mask or physically distancing. This came after just six months of vaccinations beginning in the United States.

How do COVID-19 vaccines help protect against severe illness with COVID-19 vaccine breakthrough cases?

While COVID-19 vaccines are working well, some people who are fully vaccinated against COVID-19 will still get sick, because no vaccines are 100% effective. These are called vaccine breakthrough cases. However, there are some data to suggest that vaccination may make symptoms less severe in people who are vaccinated but still get COVID-19. mRNA COVID-19 vaccines have been shown to provide protection against severe illness and hospitalization among people of all ages eligible to receive them. This includes people 65 years and older who are at higher risk of severe outcomes from COVID-19.

Are breakthrough cases common?

A small percentage of people fully vaccinated against COVID-19 will develop COVID-19 illness.

Are there other reasons why fully vaccinated people get COVID-19?

It's possible a person could be infected just before or just after vaccination and still get sick. It typically takes about 2 weeks for the body to build protection after vaccination, so a person could get sick if the vaccine has not had enough time to provide protection.

New variants of the virus that causes COVID-19 illness are spreading in the United States. Current data suggest that COVID-19 vaccines authorized for use in the United States offer protection against most variants. However, some variants might cause illness in some people after they are fully vaccinated.

How long does it take to build protection after receiving the vaccine?

It typically takes about 2 weeks for the body to build protection after vaccination. You are fully vaccinated two weeks after your second dose of Pfizer or Moderna vaccine and two weeks after your single dose of J&J/Janssen vaccine. It is possible you could still get COVID-19 soon after vaccination because your body has not had enough time to build full protection. Keep taking precautions until you are fully vaccinated.

Would symptoms be less severe from a person who has been vaccinated than someone who has not been vaccinated?

Possibly, even though a small percentage of fully vaccinated people will get sick, vaccination will protect most people from getting sick. There also is some evidence that vaccination may make illness less severe in people who get vaccinated but still get sick. Despite this, some fully vaccinated people will still be hospitalized and die. However, the overall risk of hospitalization and death among fully vaccinated people will be much lower than among people with similar risk factors who are not vaccinated.

What is Missouri doing to monitor breakthroughs?

Missouri is working with CDC and local health departments to investigate COVID-19 vaccine breakthrough cases. The goal is to identify any unusual patterns, such as trends in age or sex, the vaccines involved, underlying health conditions, or which of the SARS-CoV-2 viruses made these people sick. To date, no unusual patterns have been detected in the data CDC has received.

COVID-19 vaccines are an essential tool to protect people against COVID-19 illness, including against new variants.

COVID-19 vaccines help protect people who are vaccinated from getting COVID-19 or getting severely ill from COVID-19, including reducing the risk of hospitalization and death. CDC recommends you get a COVID-19 vaccine as soon as one is available to you.

Do you have any recommendations for the public?

- Get a COVID-19 vaccine as soon as you can.
- To get the most protection, get all recommended doses of a COVID-19 vaccine.

COVID-19 vaccines and new variants of the virus

What We Know

New variants of the virus that causes COVID-19 are spreading in the United States and in other parts of the world. Current data suggest that COVID-19 vaccines authorized for use in the United States offer protection against most variants currently spreading in the United States. However, some variants might cause illness in some people even after they are fully vaccinated.

What We Do Not Know

Evidence is limited on how the new COVID-19 variants will affect how COVID-19 vaccines work in real-world conditions. CDC will continue to monitor how vaccines are working to see if variants have any impact on how well COVID-19 vaccines work in real-world conditions.

More details: Learn more about COVID-19 variants.

Andrew Hoffman

From: Centers for Disease Control and Prevention <no-reply@emailupdates.cdc.gov>
Sent: Monday, June 14, 2021 8:57 AM
To: Andrew Hoffman
Subject: Join the Clinical Laboratory COVID-19 Response Call Today at 3:00 PM ET



Audience: Individuals Performing COVID-19 Testing
Level: Laboratory Update

Today from 3:00-4:00 PM ET, CDC's Division of Laboratory Systems will host a call to discuss hot topics and to solicit the laboratory community's questions about the national response to the COVID-19 pandemic. The Clinical Laboratory COVID-19 Response Calls take place every other week and last for one hour. The next call is scheduled for Monday, June 28.

Please see below for agenda and Zoom information. Attendance for this call is limited to 5,000 participants, but audio, transcripts, and slides will be posted online by the following Monday.

To submit a question for consideration, email DLSinquiries@cdc.gov in advance or use the Question & Answer (Q&A) function in Zoom during the call.

For more information, visit the Clinical Laboratory COVID-19 Response Call website.

For questions, contact us at LOCS@cdc.gov.

[Opt in to receive emails from the CDC Laboratory Outreach Communication System \(LOCS\).](#)

Thank you, .

The Laboratory Outreach Communication System

Laboratory Outreach Communication System (LOCS) | Division of Laboratory Systems (DLS)

Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)

Centers for Disease Control and Prevention (CDC)

LOCS@cdc.gov

www.cdc.gov/csels/dls/locs

Agenda

- **Welcome**
Jasmine Chaitram, CDC Division of Laboratory Systems (DLS)
- **SARS-CoV-2 Variants Update**
Steve Oberste, CDC Laboratory and Testing Task Force for the COVID-19 Response
- **National Wastewater Surveillance System**
Amy Kirby, CDC Division of Foodborne, Waterborne, and Environmental Diseases (DFWED)
- **Sodium Citrate Tubes Supply Shortage**
Tammy Beckham and Linda Ricci, U.S. Food and Drug Administration (FDA)
- **FDA Update**
Tim Stenzel, U.S. Food and Drug Administration (FDA)
- **COVID-19 Viral Testing Tool Demo**
Muktha Natrajan, CDC Division of Laboratory Systems (DLS)

Zoom Information

To Join from a PC, Mac, iPad, iPhone or Android device:

URL: <https://cdc.zoomgov.com/j/1606392851?pwd=YVE3WEQrbC9VOXRIZ1IUSUg3SGJFQT09>

Passcode: 048861a!

To Join by Phone:

Dial US: +1 669 254 5252 or +1 646 828 7666

Webinar ID: 160 639 2851

Passcode: 47503769

International numbers available: <https://cdc.zoomgov.com/u/abvYp6DjgP>

If you plan to join by phone, we strongly recommend installing the Zoom App:

[Download the app for Android](#)

[Download the app for iOS devices](#)



Centers for Disease Control and Prevention

1600 Clifton Rd Atlanta, GA 30329 1-800-CDC-INFO (800-232-4636) TTY: 888-232-6348

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Andrew Hoffman

From: DHSS Covid Vaccine <CovidVaccine@health.mo.gov>
Sent: Friday, June 11, 2021 8:56 PM
Subject: Vaccinator Newsletter: June 11, 2021
Attachments: 6.11.21 vaccinator newsletter.pdf; Breakthrough cases - talking points.pdf; 6 Things Local Elected Officials Can Do Today to Help Increase Vaccinations.pdf

Missouri COVID-19 Vaccinators:

DHSS has received some updates this week from our federal partners. Please see these in the latest vaccinator newsletter and in some additional resources attached. More resources and vaccinator FAQs can always be found at MOPStopsCovid.com/vaccinators

Thank you,
Missouri COVID-19 Vaccine Team



COVID-19 VACCINE INFORMATION

GET THE FACTS

Visit MOPStopsCovid.com

6 Things Local Elected Officials Can Do Today to Help Increase Vaccinations

For the month of June - from June 4 to July 4 – the “We Can Do This” campaign is launching a Month of Action to mobilize an all-of-America sprint to get more Americans vaccinated, so that more people can get the protection they need to be safe from a pandemic and get back to the things we love. You – local elected officials are key trusted messengers that know your communities better than most and are a trusted source of information about the vaccines. Take action today and help us continue to spread the word about the importance of getting vaccinated, boost vaccine confidence, and share information on how and where to get vaccinated. This document provides 6 actionable things you can do today to support the Month of Action and complements other resources such as the [Mayors Toolkit](#).

1. **Host a Pop-up Vaccination Clinic(s)**: Host a pop-up vaccination clinic in your community/district where vaccinations remain low. The “**On-Site Vaccination Clinic Toolkit**” [here](#) provides information for employers, localities, and community partners on how to work directly with a national pharmacy to set up vaccination clinics.
[DHSS resource: form for requesting local vaccination event](#)
2. **Encourage Local Employer Vaccination Efforts**: Work with local employers in your community to ensure they are providing **on-site vaccinations**, paid time off, and incentives for workers. Research shows that incentives – such as cash rewards, prizes, discounts, or other special offers – make it more likely a person will get vaccinated. Additionally, ensure all city/local government workers in your jurisdiction have access to on-site vaccinations and paid time off to get vaccinated and recover.
[DHSS resource: Missouri businesses page](#)
3. **Make Public Transportation to Vaccinations Free**: Advance equity and address a key barrier to vaccination by providing free, accessible public transit to vaccination sites during our National Month of Action. More than 350 transit systems across the nation are providing free transportation to vaccination sites—many using funding from the American Rescue Plan. [Here](#) you’ll find examples you can employ from hard-hit and high-risk communities across both urban and rural regions. Help ensure free public transportation in your

community/district for a day, a weekend, or a week.
DHSS resource: Get a Ride webpage

4. **Promote the COVID-19 College Challenge:** Help recruit higher education institutions in your community/district to join the COVID College Challenge. If a college – community college, college or university – is already signed up, work with us to amplify and promote vaccination events. Colleges can sign-up up here [WhiteHouse.gov/COVIDCollegeChallenge](https://www.whitehouse.gov/COVIDCollegeChallenge)
5. **Canvass and Go Door-to-Door:** Host direct, door-to-door, person-to-person canvassing efforts to sign people up for vaccination appointments, provide vaccine education, and to promote walk-up vaccinations. Talking points, flyers, scripts, and best practices are provided at <https://wecandothis.hhs.gov/resources>
6. **Share Resources and Messages that Build Vaccine Confidence:** Amplify on your social media channels, record and post a PSA, or do local earned media events to bring attention to the importance of getting vaccinated (see next page for messages that work and FAQs). Emphasize that vaccines are available at no cost to everyone age 12 and older, regardless of immigration or insurance status. The vaccine is free, rides are free, child care is free. Plus, you can get rewards like free sports tickets and discounts at stores.
DHSS resource: marketing assets toolkit (more to be added soon)

If you are interested in taking one of these 6 actions or to join the Month of Action, please email us at: COVIDIGA@who.eop.gov.



**STRONGER
TOGETHER**

Missouri COVID-19 Vaccinator Newsletter

June 11, 2021

MOStopsCovid.com

MOStopsCovid.com/vaccinators

FDA Extends Shelf Life of Johnson & Johnson Vaccine

The Food & Drug Administration authorized an extension of the shelf life for the Johnson & Johnson's Janssen COVID-19 vaccine from 3 months to 4.5 months (an additional 6 weeks). The decision is based on data from ongoing stability assessment studies, which have demonstrated that the vaccine is stable at 4.5 months when refrigerated at temperatures of 36 – 46 degrees Fahrenheit (2 – 8 degrees Celsius).

Vaccine providers should visit <https://vaxcheck.jni/> to confirm the latest expiration dates of vaccine, including those currently available for administration throughout the U.S. This extension applies to refrigerated vials of J&J/Janssen COVID-19 vaccine that have been held in accordance with the manufacturer's storage conditions.

COVID-19 vaccines that are authorized under an EUA do not have fixed expiration dates, and their expiration dates can be extended as we get more stability data. Always be sure to check the manufacturer's website to obtain the most up-to-date expiration dates for COVID-19 vaccines you have on hand.

Incentive Programs

CDC encourages you to continue your efforts to increase vaccination rates and find creative ways to use up inventory that is reaching expiration dates. There are multiple programs going on across the country to help incentivize vaccination, which may help move some of the aging vaccine you still have in inventory. CDC website [vaccines.gov](https://www.cdc.gov/vaccines/imz/downloads/) has created a link to some of the rewards programs taking place in businesses and some employee incentives that are currently being implemented. The information can be found at: [Vaccines.gov - Incentives](https://www.cdc.gov/vaccines/imz/downloads/)

At the state level, incentive programs continue to be discussed.

School-Located Vaccination Clinics Web Resources Available

CDC has launched a new webpage with guidance for planning and implementing school-located vaccination (SLV) clinics for any routinely-recommended vaccine as well as COVID-19 vaccine. The target audiences for this guidance are public and private entities interested in planning and implementing SLV clinics, including staff from state and local public health departments, community health care clinics, pharmacies, pediatric practices, and health systems. The information may also be useful and relevant to school and school district staff. Modifiable template communication materials are also provided. The new site can be found at: [Considerations for Planning School-Located Vaccination Clinics | CDC](#)

New MMWR: Impact of Pandemic on Routine Childhood and Adolescent Vaccinations

A [new MMWR](#) analysis of immunization data from 10 U.S. jurisdictions showed a significant decrease in routine vaccinations during the same period in 2018–2019. To prevent outbreaks of vaccine-preventable diseases, public health practitioners and healthcare providers should promote routine vaccination among children to ensure they are fully vaccinated as schools reopen for in-person learning.

Draft Agenda: ACIP Emergency Meeting

On June 18, the CDC Advisory Committee on Immunization Practices will hold an [emergency meeting](#) for an update on COVID-19 vaccine safety, including myocarditis after mRNA vaccines, as well as a discussion on benefit and risk of COVID-19 mRNA vaccines in adolescents and young adults. The draft meeting agenda can be found [here](#).

Newly Translated Handout for Faith Leaders

Faith leaders around the world are sharing prevention messages to stop the spread of COVID-19. They can be a voice of hope and wisdom in these challenging times. The Association of Immunization Managers (AIM) offers new handouts on how faith leaders can help end the COVID-19 pandemic in [Spanish](#) as well as [English](#). Please share with your partners, such as coalitions and community- and faith-based organizations. As trusted leaders in their communities, faith leaders are uniquely positioned to overcome vaccine hesitancy.

Messaging Guidance: Messages that Work to Help Build Confidence in the Vaccines

- Getting vaccinated gets us back to normal. Getting vaccinated is the best way to defeat this virus and get back to safely gathering with family, friends, weddings, sports, and travel.
- The vaccine is free and available to everyone. Vaccines are available at no cost to everyone age 12 and older living in the United States, regardless of immigration or insurance status.
- If you have questions, talk to your doctor, pharmacist, or health care provider. Estimates show that 90% of doctors have gotten a shot themselves.
- More than 170 million Americans have received a vaccine. They are protected from this deadly virus and are on the path back to normal.

CDC Newsroom:

CDC COVID-19 Study Shows mRNA Vaccines Reduce Risk of Infection by 91 Percent for Fully Vaccinated People

Decreases in COVID-19 Cases, Emergency Department Visits, Hospital Admissions, and Deaths Among Older Adults Following the Introduction of COVID-19 Vaccine — United States, September 6, 2020–May 1, 2021

COVID-19 vaccination reduces risk for infection, serious illness, and death

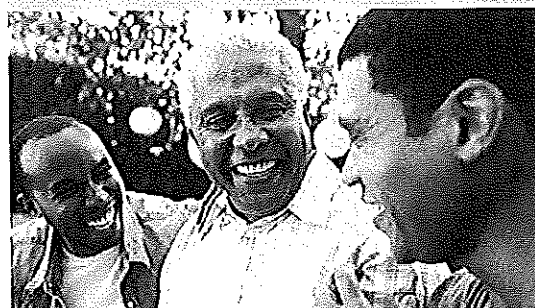
COVID-19 vaccination coverage is higher among older adults

By May 1, 2021,
69% of adults aged ≥65 years
and 26% of adults aged 18–49
years were fully vaccinated

Larger decreases have occurred in older adults than younger adults for*:

Infections
Emergency department visits
Hospitalizations
Deaths

Increasing vaccination coverage among all eligible people is likely to further reduce serious COVID-19 illness



*Outcomes assessed during September 6, 2020–May 1, 2021

Need more information?

We continuously update Missouri's **vaccinator resource hub** with information on the authorized vaccines, guidance, Missouri Vaccine Navigator, past newsletters, vaccinator FAQs and training opportunities.

DHSS contacts by topic area:

- ShowMeVax enrollment support: Cathy Kennon
- ShowMeVax troubleshooting: vfc-smvsupport@health.mo.gov
- Reporting Dose Administration assistance:
ImmunizationHL7Onboarding@health.mo.gov
- Adverse events/clinical assistance: Lana Hudanick
- Vaccine redistribution: covidvaccineredistribution@health.mo.gov
- Ordering and supply management support: covidvaccineorders@health.mo.gov
- Additional PPE and other equipment: Jenn Stockman
- Newsletters/website: Lisa Cox
- All other questions: CovidVaccine@health.mo.gov



Missouri Department of Health & Senior Services

Health.Mo.Gov

COVID-19 Hotline: 877-435-8411

Breakthrough Cases – Talking Points and FAQs

June 11, 2021

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/work.html>

The CDC is so confident in the effectiveness of the COVID-19 vaccines, that in May after more of a year of recommending mask use for everyone over age 2, the agency announced that fully vaccinated individuals could safely resume activities without wearing a mask or physically distancing. This came after just six months of vaccinations beginning in the United States.

How do COVID-19 vaccines help protect against severe illness with COVID-19 vaccine breakthrough cases?

While COVID-19 vaccines are working well, some people who are fully vaccinated against COVID-19 will still get sick, because no vaccines are 100% effective. These are called vaccine breakthrough cases. However, there are some data to suggest that vaccination may make symptoms less severe in people who are vaccinated but still get COVID-19. mRNA COVID-19 vaccines have been shown to provide protection against severe illness and hospitalization among people of all ages eligible to receive them. This includes people 65 years and older who are at higher risk of severe outcomes from COVID-19.

Are breakthrough cases common?

A small percentage of people fully vaccinated against COVID-19 will develop COVID-19 illness.

Are there other reasons why fully vaccinated people get COVID-19?

It's possible a person could be infected just before or just after vaccination and still get sick. It typically takes about 2 weeks for the body to build protection after vaccination, so a person could get sick if the vaccine has not had enough time to provide protection.

New variants of the virus that causes COVID-19 illness are spreading in the United States. Current data suggest that COVID-19 vaccines authorized for use in the United States offer protection against most variants. However, some variants might cause illness in some people after they are fully vaccinated.

How long does it take to build protection after receiving the vaccine?

It typically takes about 2 weeks for the body to build protection after vaccination. You are fully vaccinated two weeks after your second dose of Pfizer or Moderna vaccine and two weeks after your single dose of J&J/Janssen vaccine. It is possible you could still get COVID-19 soon after vaccination because your body has not had enough time to build full protection. Keep taking precautions until you are fully vaccinated.

Would symptoms be less severe from a person who has been vaccinated than someone who has not been vaccinated?

Possibly, even though a small percentage of fully vaccinated people will get sick, vaccination will protect most people from getting sick. There also is some evidence that vaccination may make illness less severe in people who get vaccinated but still get sick. Despite this, some fully vaccinated people will still be hospitalized and die. However, the overall risk of hospitalization and death among fully vaccinated people will be much lower than among people with similar risk factors who are not vaccinated.

What is Missouri doing to monitor breakthroughs?

Missouri is working with CDC and local health departments to investigate COVID-19 vaccine breakthrough cases. The goal is to identify any unusual patterns, such as trends in age or sex, the vaccines involved, underlying health conditions, or which of the SARS-CoV-2 viruses made these people sick. To date, no unusual patterns have been detected in the data CDC has received.

COVID-19 vaccines are an essential tool to protect people against COVID-19 illness, including against new variants.

COVID-19 vaccines help protect people who are vaccinated from getting COVID-19 or getting severely ill from COVID-19, including reducing the risk of hospitalization and death. CDC recommends you get a COVID-19 vaccine as soon as one is available to you.

Do you have any recommendations for the public?

- Get a COVID-19 vaccine as soon as you can.
- To get the most protection, get all recommended doses of a COVID-19 vaccine.

COVID-19 vaccines and new variants of the virus

What We Know

New variants of the virus that causes COVID-19 are spreading in the United States and in other parts of the world. Current data suggest that COVID-19 vaccines authorized for use in the United States offer protection against most variants currently spreading in the United States. However, some variants might cause illness in some people even after they are fully vaccinated.

What We Do Not Know

Evidence is limited on how the new COVID-19 variants will affect how COVID-19 vaccines work in real-world conditions. CDC will continue to monitor how vaccines are working to see if variants have any impact on how well COVID-19 vaccines work in real-world conditions.

More details: Learn more about COVID-19 variants.

Andrew Hoffman

From: DHSS Covid Vaccine <CovidVaccine@health.mo.gov>
Sent: Friday, June 11, 2021 8:49 PM
Subject: Vaccinator Newsletter: June 11, 2021
Attachments: 6.11.21 vaccinator newsletter.pdf; Breakthrough cases - talking points.pdf; 6 Things Local Elected Officials Can Do Today to Help Increase Vaccinations.pdf

Missouri COVID-19 Vaccinators:

DHSS has received some updates this week from our federal partners. Please see these in the latest vaccinator newsletter and in some additional resources attached. More resources and vaccinator FAQs can always be found at MOStopsCovid.com/vaccinators

Thank you,
Missouri COVID-19 Vaccine Team



COVID-19 VACCINE INFORMATION

GET THE FACTS

Visit MOStopsCovid.com

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June 11, 2021

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/work.html>

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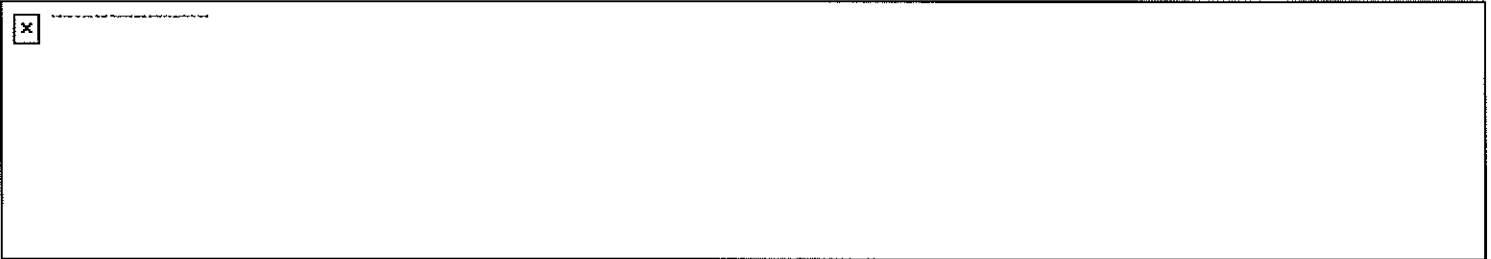
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More details: Learn more about COVID-19 variants.

Andrew Hoffman

From: Centers for Disease Control and Prevention <no-reply@emailupdates.cdc.gov>
Sent: Friday, June 11, 2021 9:28 AM
To: Andrew Hoffman
Subject: Join the Next Clinical Laboratory COVID-19 Response Call on Monday, June 14 at 3:00 PM ET



Audience: Individuals Performing COVID-19 Testing

Level: Laboratory Update

On Monday, June 14 from 3:00-4:00 PM ET, CDC's Division of Laboratory Systems will host a call to discuss hot topics and to solicit the laboratory community's questions about the national response to the COVID-19 pandemic. The Clinical Laboratory COVID-19 Response Calls take place every other week and last for one hour. The next call is scheduled for Monday, June 28.

Please see below for agenda and Zoom information. Attendance for this call is limited to 5,000 participants, but audio, transcripts, and slides will be posted online by the following Monday.

To submit a question for consideration, email DLSinquiries@cdc.gov in advance or use the Question & Answer (Q&A) function in Zoom during the call.

For more information, visit the Clinical Laboratory COVID-19 Response Call website.

For questions, contact us at LOCS@cdc.gov.

[Opt in to receive emails from the CDC Laboratory Outreach Communication System \(LOCS\).](#)

Thank you,

The Laboratory Outreach Communication System

Laboratory Outreach Communication System (LOCS) | Division of Laboratory Systems (DLS)

Center for Surveillance, Epidemiology, and Laboratory Services (CSELS)

Centers for Disease Control and Prevention (CDC)

LOCS@cdc.gov

www.cdc.gov/csels/dls/locs

Agenda

- **Welcome**
Jasmine Chaitram, CDC Division of Laboratory Systems (DLS)
- **SARS-CoV-2 Variants Update**
Steve Oberste, CDC Laboratory and Testing Task Force for the COVID-19 Response
- **National Wastewater Surveillance System**
Amy Kirby, CDC Division of Foodborne, Waterborne, and Environmental Diseases (DFWED)
- **Sodium Citrate Tubes Supply Shortage**
Tammy Beckham and Linda Ricci, U.S. Food and Drug Administration (FDA)
- **FDA Update**
Tim Stenzel, U.S. Food and Drug Administration (FDA)
- **COVID-19 Viral Testing Tool Demo**
Muktha Natrajan, CDC Division of Laboratory Systems

Zoom Information

To Join from a PC, Mac, iPad, iPhone or Android device:

URL: <https://cdc.zoomgov.com/j/1606392851?pwd=YVE3WEQrbC9VOXRIZ1IUSUg3SGJFQT09>

Passcode: 048861a!

To Join by Phone:

Dial US: +1 669 254 5252 or +1 646 828 7666

Webinar ID: 160 639 2851

Passcode: 47503769

International numbers available: <https://cdc.zoomgov.com/u/abvYp6DjgP>

If you plan to join by phone, we strongly recommend installing the Zoom App:

[Download the app for Android](#)

[Download the app for iOS devices](#)



Centers for Disease Control and Prevention

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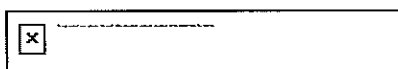
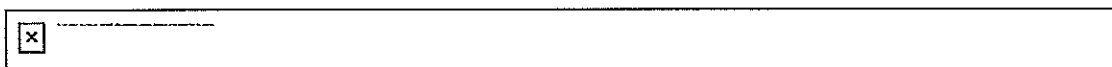


Andrew Hoffman

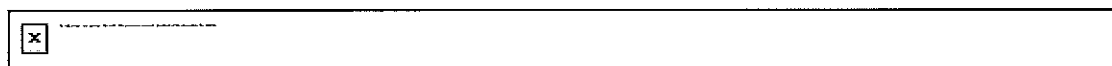
From: NIHCM Foundation <nihcm@nihcm.org>
Sent: Wednesday, June 9, 2021 10:35 AM
To: Andrew Hoffman
Subject: NIHCM Newsletter: Reopening, LGBTQ Health, & Vaccinating Children

[View this email in your browser](#)

NIHCM NEWSLETTER - June 2021



- Opening Up Guidance - What is Next?
- Vaccinating Our Children
- Disability and the Pandemic
- PRIDE 2021 – LGBTQ Health and Well-Being
- Opioids and Substance Use Disorder
- Protecting Mental Health



More on this Data Visualization

Opening Up Guidance - What is Next?

With half of U.S. adults fully vaccinated against COVID-19, questions remain about reopening the country. The Centers for Disease Control and Prevention (CDC) announcement that fully vaccinated people rarely need to wear masks has caused confusion and concern.

- **Workers' Dismay:** The largest union of registered nurses worry the loosening of restrictions will compound the dangers they face on the job.

Retail workers are feeling as vulnerable as they did a year ago as more customers go maskless.

- **Expert Opinions:** Public health experts are concerned that the CDC missed the mark in terms of policy and communication and that the new guidance could have unattended consequences, particularly for communities with low vaccination rates.
- **Vaccination Continues:** Most states are still struggling to get 50% of their population (adults and children) vaccinated. Efforts to increase rates continue with many states offering new incentives such as vaccine lotteries.

Resources:

- Learn about the studies that supported the new CDC mask guidance, which address variants, reinfection, and real-world settings.
- COVID-19 has transformed the American workplace - learn about how companies are changing their attitudes on remote work.

**About 20% of children ages 12-15 have received their first
COVID-19 vaccine**

Vaccinating Our Children

Vaccination efforts are now focused on young people and as of June 3rd, about 20% of children ages 12-15 have received their first COVID-19 vaccine.

Vaccinating children against COVID-19 is essential in reaching herd immunity.

Teens should see widespread vaccine availability by the time school starts in the fall, which may also enable some parents to more easily return to the workplace.

- **Raising Rates:** Increasing vaccination rates among children will require continued communication and outreach, particularly towards the parents who play a critical role in the success of these efforts.
- **Younger Children:** Children under 12 will likely be eligible for the vaccine in the fall and vaccine trials for children five and younger are currently underway.
- **Vaccine Equity:** There are nearly half a million foster and migrant children who may not be able to receive the COVID-19 vaccine, which requires a guardian's consent and vaccine consent laws vary by state.

Resources:

- The CDC has answers to parents' questions on getting their children and teens the COVID-19 vaccine and evidence of the vaccine's safety
- NIHCM grantee, Journalist's Resource, has gathered research studies that can provide journalists with background and sources so they can report on COVID-19 vaccines in children.
- See the CDC's recent guidance for summer camps, which says that vaccinated children do not need to wear masks.

Disability and the Pandemic

Resources & Initiatives:

- The Vaccine Prioritization Dashboard was created in partnership between the Johns Hopkins Disability Health Research Center and the Center for Dignity in Healthcare for People with Disabilities and outlines how each state is prioritizing the disability community in the COVID-19 vaccine distribution.

- Blue Cross Blue Shield of Michigan and Meijer Pharmacy announced a regionally-focused collaborative to offer homebound individuals and people with disabilities COVID-19 vaccines.
- Anthem's Sr. Director of Disability Policy Engagement wrote a blog post for the National Organization on Disability: This Year's ADA Anniversary Marks A Time to Make Certain We Are Not Losing Ground.



Register now for NIHCM's June 28th webinar on the impact of the pandemic on people with disabilities.

"42% of LGBTQ youth seriously considered attempting suicide in the last year" - *The Trevor Project*

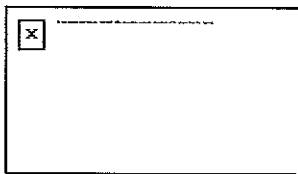
PRIDE 2021 – LGTBQ Health and Well-Being

The Trevor Project's new National Survey on LGBTQ Youth Mental Health 2021 revealed that more than 80% of LGBTQ youth said that COVID-19 made their lives more stressful and that their mental health suffered from recent political and economic developments. The Trevor Project, the world's largest suicide prevention and crisis intervention organization for LGBTQ young people, also found disparities in attempted suicide rates: 12% for White LGTBQ youth, 31% for Native/Indigenous, 21% for Blacks, and 18% for Latinos. Nationwide, policymakers and organizations are stepping up efforts to address discrimination against LGBTQ people.

- **Biden Administration Action:** The White House released a PRIDE Month Proclamation and Factsheet championing equity for LGBTQ

people and detailing executive actions addressing violence against transgender people.

- **LGBTQ Health and COVID-19:** The new We Count Collaborative: Impacts of COVID-19 on LGBTQ Health is the first, large-scale, long-term national health study on the impact of the coronavirus on LGBTQ+ people.
- **Standing Against Discrimination:** Blue Cross Blue Shield Minnesota joins other Minnesota businesses to decry four anti-transgender bills in the state and anti-transgender legislation around the country.



Register now for NIHCM's June 17th webinar on investing in children's health and well-being, featuring The Trevor Project.

Initiatives and Resources:

- Blue Cross Blue Shield Massachusetts will donate \$1 to Fenway Health for every ride taken in June on 100, PRIDE-themed, Bluebikes in Boston to support Fenway's services to the LGBTQ community.
- A new NIHCM infographic, created in partnership with the Trevor Project, highlights the link between foster care and suicide for LGBTQ youth.
- A just-released NIHCM infographic explores homelessness in young people and high rates for LGBTQ youth.

Opioids and Substance Use Disorder

The pandemic has created the perfect storm of risk factors that increase drug use and worsen conditions for those already facing addiction, including isolation

and difficulty accessing in-person treatment. Early evidence based on provisional data from the CDC shows a sharp rise in opioid deaths when COVID-19 lockdowns began in March 2020 and highlights the need to focus efforts on expanding access to programs and supporting those in need.

- **Biden Administration Action:** The Biden administration's drug policy priorities focus on treatment and prevention, such as through harm reduction and expanding access to buprenorphine, a drug treatment that has been proven to reduce opioid overdose deaths.
- **Medicaid Action:** Academy Health released a report on how state Medicaid programs can enact innovative delivery system reforms and play a role in improving opioid use disorder outcomes.
- **Racial Disparities:** The Journalist's Resource released a primer and research roundup on racial disparities in opioid addiction treatment.

Initiatives & Resources:

- NIHCM's recent webinar on the opioid crisis explored solutions to reduce overdose rates, with a focus on efforts to expand access to evidence-based recovery programs.
 - NIHCM released two new dynamic infographics on the impact of synthetic opioids and the rise in stimulant-involved overdose deaths, including an analysis of the provisional data on rising deaths during the pandemic.
 - Shatterproof shares resources and tools to help end stigma around addiction.
 - Curtis Barnett, CEO of Arkansas Blue Cross and Blue Shield, participated in a panel discussion on how businesses can combat the opioid crisis while simultaneously navigating the challenges posed by the COVID-19 pandemic.
-

Protecting Mental Health

The stress of living through 2020 has led to increased rates of depression, anxiety, and other mental health challenges for millions of adults and children. Yet, Anthem's new State of the Nation's Mental Health Report shows that people might not be getting the help they need. The report details a 5 to 13% drop in diagnosis and treatment, across a range of mental health problems during the year. Here's how other health plans are addressing the issue:

Health Plan Initiatives:

- Florida Blue's \$11.2 million grant program will help support a behavioral health program to benefit child trauma victims, along with healthy food and education programs.
- Wellmark's new report documents the increasing mental health problems of millennials and how other generations are coping in the wake of COVID-19.
- BlueCross BlueShield of South Carolina reports that the boom in telehealth mental health care may result in more people receiving services.
- Blue Cross Blue Shield of Michigan offers accessible advice to help people improve their mental health.

Other Initiatives and Resources

- Health and Human Services is committing \$3 billion to its mental health and substance use block grant programs and Secretary Becerra formed a new Behavioral Health Coordinating Council.
- *STAT* reports pediatricians are seeing an influx of child mental health crises.
- A new NIHCM infographic examines challenges and offers solutions on children's mental health.

New Blue Cross Blue Shield Association report: Racial Disparities in Maternal Health

NIHCM 2021 Research and Journalism Grant Programs are now accepting Letters of Inquiry. Learn more.

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Andrew Hoffman

From: National Association of County and City Health Officials
<DoNotReply@ConnectedCommunity.org>
Sent: Tuesday, June 8, 2021 7:16 AM
To: Andrew Hoffman
Subject: COVID-19 Response Digest for Monday June 7, 2021



COVID-19 Response

[Post New Message](#)

Jun 7, 2021

Discussions

started 18 hours ago, [Victoria Decea](#) (0 replies)

CDC COVID-19 Bi-Weekly Key Messages for June 4, 2021



1. [The attached document summarizes key messages...](#) [Victoria Decea](#)

started 21 hours ago, [Victoria Decea](#) (0 replies)

6/7 Awareness Board & Resources



2. [US COVID-19 data:](#) < [Victoria Decea](#)

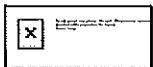
[top](#)

[next](#)

1. [CDC COVID-19 Bi-Weekly Key Messages for June 4, 2021](#)

[Reply to Group](#)

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Jun 7, 2021 1:45 PM | [view attached](#)
[Victoria Decea](#)

The attached document summarizes key messages about the COVID-19 outbreak and the response. It is updated and distributed regularly. For the most current information, visit www.cdc.gov/coronavirus. Updated content is shown in blue text.

Victoria Decea B.S. Public Health, CHES
CDC Field Assignee
National Association of County and City Health Officials (NACCHO)

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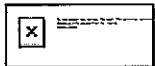
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2. [6/7 Awareness Board & Resources](#)

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Jun 7, 2021 10:13 AM

[Victoria Decea](#)

US COVID-19 data: 33.2M cases with 594,381 deaths, 89,462 new cases in last 7 days (data updated 6/6)

US COVID-19 Vaccination data: 371.5M doses delivered, 301.6M doses administered, 139M fully vaccinated (6/6)

On June 2, the percent change from the previous 7-day reporting period was -35.2%.

Upcoming Webinars:

6/8 @ 3PM: [COVID-19 Vaccine Distribution Text Messaging Strategies](#)

6/10 @ 3PM: [Infection Prevention and Control in Schools](#)

6/22 @ 3PM: [Building Vaccine Confidence for COVID-19 Vaccines in Adolescents](#)

Headline

- [Half Of The US Is Partially Vaccinated, But Experts Say More Work Is Needed To Make The Next Holiday Gathering Safer](#)
- [WHO: Virus Strains To Use Greek Alphabets For Names](#)
- [US Companies Can Mandate Vaccinations, Federal Agency Says](#)
- [Moderna Seeks Full FDA Approval Of Its Covid-19 Vaccine](#)
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- [Vaccine Data On Race Varies Widely Among States, Making Outreach Difficult](#)
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Andrew Hoffman

From: DHSS Covid Vaccine <CovidVaccine@health.mo.gov>
Sent: Wednesday, June 2, 2021 10:43 PM
Subject: Vaccinator Newsletter: June 2, 2021
Attachments: 6.2.21 vaccinator newsletter.pdf; mmwr_breakthrough cases.pdf; mmwr_seniors.pdf; mmwr_seniorsIMG.jpg; summary-interim-clinical-considerations.pdf

Missouri COVID-19 Vaccinators:

- Please see the latest vaccinator newsletter and some helpful CDC resources attached.
- More resources and vaccinator FAQs can be found at MOStopsCovid.com/vaccinators
- The weekly vaccinator webinars (Tuesdays at 3) have ceased, but we will continue to provide updates via email as needed.

Thank you,
Missouri COVID-19 Vaccine Team



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COVID-19 Vaccine Breakthrough Infections Reported to CDC — United States, January 1–April 30, 2021

CDC COVID-19 Vaccine Breakthrough Case Investigations Team

On May 25, 2021, this report was posted as an MMWR Early Release on the MMWR website (<https://www.cdc.gov/mmwr>).

COVID-19 vaccines are a critical tool for controlling the ongoing global pandemic. The Food and Drug Administration (FDA) has issued Emergency Use Authorizations for three COVID-19 vaccines for use in the United States.* In large, randomized-controlled trials, each vaccine was found to be safe and efficacious in preventing symptomatic, laboratory-confirmed COVID-19 (1–3). Despite the high level of vaccine efficacy, a small percentage of fully vaccinated persons (i.e. received all recommended doses of an FDA-authorized COVID-19 vaccine) will develop symptomatic or asymptomatic infections with SARS-CoV-2, the virus that causes COVID-19 (2–8).

CDC is working with state and territorial health departments to investigate SARS-CoV-2 infections among persons who are fully vaccinated and to monitor trends in case characteristics and SARS-CoV-2 variants identified from persons with these infections. For this surveillance, a vaccine breakthrough infection is defined as the detection of SARS-CoV-2 RNA or antigen in a respiratory specimen collected from a person ≥ 14 days after receipt of all recommended doses of an FDA-authorized COVID-19 vaccine. State health departments voluntarily report vaccine breakthrough infections to CDC.† When possible, genomic sequencing is performed on respiratory specimens that test positive for SARS-CoV-2 RNA (9).

A total of 10,262 SARS-CoV-2 vaccine breakthrough infections had been reported from 46 U.S. states and territories as of April 30, 2021. Among these cases, 6,446 (63%) occurred in females, and the median patient age was 58 years (interquartile range = 40–74 years). Based on preliminary data, 2,725 (27%) vaccine breakthrough infections were asymptomatic, 995 (10%) patients were known to be hospitalized, and 160 (2%) patients died. Among the 995 hospitalized patients, 289 (29%) were asymptomatic or hospitalized for a reason unrelated to COVID-19. The median age of patients who died was 82 years (interquartile range = 71–89 years); 28 (18%) decedents were asymptomatic or died from a cause unrelated to COVID-19. Sequence data were available from 555 (5%) reported cases, 356 (64%) of which were identified as SARS-CoV-2 variants of

concern,§ including B.1.1.7 (199; 56%), B.1.429 (88; 25%), B.1.427 (28; 8%), P.1 (28; 8%), and B.1.351 (13; 4%).

As of April 30, 2021, approximately 101 million persons in the United States had been fully vaccinated against COVID-19.¶ However, during the surveillance period, SARS-CoV-2 transmission continued at high levels in many parts of the country, with approximately 355,000 COVID-19 cases reported nationally during the week of April 24–30, 2021.** Even though FDA-authorized vaccines are highly effective, breakthrough cases are expected, especially before population immunity reaches sufficient levels to further decrease transmission. However, vaccine breakthrough infections occur in only a small fraction of all vaccinated persons and account for a small percentage of all COVID-19 cases (5–8). The number of COVID-19 cases, hospitalizations, and deaths that will be prevented among vaccinated persons will far exceed the number of vaccine breakthrough cases. To date, the age and sex distribution of reported vaccine breakthrough infections reflects the fully vaccinated U.S. population.†† The proportion of reported vaccine breakthrough infections attributed to variants of concern has also been similar to the proportion of these variants circulating throughout the United States. During March 28–April 10, 2021, the aforementioned variants of concern accounted for 70% of the weighted estimates of SARS-CoV-2 lineages submitted to CDC's national genomic surveillance.§§

The findings in this report are subject to at least two limitations. First, the number of reported COVID-19 vaccine breakthrough cases is likely a substantial undercount of all SARS-CoV-2 infections among fully vaccinated persons. The national surveillance system relies on passive and voluntary reporting, and data might not be complete or representative. Many persons with vaccine breakthrough infections, especially those who are asymptomatic or who experience mild illness, might not seek testing. Second, SARS-CoV-2 sequence data are available for only a small proportion of the reported cases.

Beginning May 1, 2021, CDC transitioned from monitoring all reported COVID-19 vaccine breakthrough infections to

* <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>

† <https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html>

§ <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-surveillance/variant-info.html>

¶ <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

** https://covid.cdc.gov/covid-data-tracker/#cases_totalcases

†† <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographic>

§§ <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/variant-proportions.html>

investigating only those among patients who are hospitalized or die, thereby focusing on the cases of highest clinical and public health significance. CDC will continue to lead studies in multiple U.S. sites to evaluate vaccine effectiveness and collect information on all COVID-19 vaccine breakthrough infections regardless of clinical status. Additional information and resources to help public health departments and laboratories investigate and report COVID-19 vaccine breakthrough cases are available at <https://www.cdc.gov/vaccines/covid-19/health-departments/breakthrough-cases.html>.

FDA-authorized COVID-19 vaccines are safe and effective (1–8). CDC recommends that all persons aged ≥12 years be vaccinated with an FDA-authorized COVID-19 vaccine⁵⁵ (10).

⁵⁵ <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/covid-19.html>

Acknowledgments

Suxiang Tong; CDC COVID-19 Strain Surveillance and Emerging Variant Team, Laboratory and Testing Task Force; state and local health departments.

CDC COVID-19 Vaccine Breakthrough Case Investigations Team

Meseret Birhane, CDC; Sara Bressler, CDC; Gregory Chang, CDC; Thomas Clark, CDC; Layne Dorough, CDC; Marc Fischer, CDC; Louise Francois Watkins, CDC; Jason M. Goldstein, CDC; Kiersten Kugeler, CDC; Gayle Langley, CDC; Kristin Lecy, CDC; Stacey Martin, CDC; Felicitia Medalla, CDC; Kiren Mitruka, CDC; Leisha Nolen, CDC; Katrin Sadigh, CDC; Robin Spradling, CDC; Gail Thompson, CDC; Alma Trujillo, CDC.

Corresponding author: Marc Fischer, mfischer@cdc.gov.

All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

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Effectiveness of Pfizer-BioNTech and Moderna Vaccines Against COVID-19 Among Hospitalized Adults Aged ≥65 Years — United States, January–March 2021

Mark W. Tenforde, MD, PhD¹; Samantha M. Olson, MPH¹; Wesley H. Self, MD²; H. Keipp Talbot, MD²; Christopher J. Lindsell, PhD²; Jay S. Steingrub, MD³; Nathan I. Shapiro, MD⁴; Adit A. Ginde, MD⁵; David J. Douin, MD⁵; Matthew E. Prekker, MD⁶; Samuel M. Brown, MD⁷; Itham D. Peltan, MD⁷; Michelle N. Gong, MD⁸; Amira Mohamed, MD⁸; Akram Khan, MD⁹; Matthew C. Exline, MD¹⁰; D. Clark Files, MD¹¹; Kevin W. Gibbs, MD¹¹; William B. Stubblefield, MD²; Jonathan D. Casey, MD²; Todd W. Rice, MD²; Carlos G. Grijalva, MD²; David N. Hager, MD, PhD¹²; Arber Shehu, MD¹²; Nida Qadir, MD¹³; Steven Y. Chang, MD, PhD¹³; Jennifer G. Wilson, MD¹⁴; Manjusha Gaglani, MBBS^{15,16}; Kempapura Murthy, MPH¹⁵; Nicole Calhoun, LMSW, MPA¹⁵; Arnold S. Monto, MD¹⁷; Emily T. Martin, PhD¹⁷; Anurag Malani, MD¹⁸; Richard K. Zimmerman, MD¹⁹; Fernanda P. Silveira, MD¹⁹; Donald B. Middleton, MD¹⁹; Yuwei Zhu, MD²; Dayna Wyatt²; Meagan Stephenson, MPH¹; Adrienne Baughman²; Kelsey N. Womack, PhD²; Kimberly W. Hart²; Miwako Kobayashi, MD¹; Jennifer R. Verani, MD¹; Manish M. Patel, MD¹; IVY Network; HAIVEN Investigators

Adults aged ≥65 years are at increased risk for severe outcomes from COVID-19 and were identified as a priority group to receive the first COVID-19 vaccines approved for use under an Emergency Use Authorization (EUA) in the United States (1–3). In an evaluation at 24 hospitals in 14 states,* the effectiveness of partial or full vaccination† with Pfizer-BioNTech or Moderna vaccines against COVID-19–associated hospitalization was assessed among adults aged ≥65 years. Among 417 hospitalized adults aged ≥65 years (including 187 case-patients and 230 controls), the median age was 73 years, 48% were female, 73% were non-Hispanic White, 17% were non-Hispanic Black, 6% were Hispanic, and 4% lived in a long-term care facility. Adjusted vaccine effectiveness (VE) against COVID-19–associated hospitalization among adults aged ≥65 years was estimated

to be 94% (95% confidence interval [CI] = 49%–99%) for full vaccination and 64% (95% CI = 28%–82%) for partial vaccination. These findings are consistent with efficacy determined from clinical trials in the subgroup of adults aged ≥65 years (4,5). This multisite U.S. evaluation under real-world conditions suggests that vaccination provided protection against COVID-19–associated hospitalization among adults aged ≥65 years. Vaccination is a critical tool for reducing severe COVID-19 in groups at high risk.

Randomized clinical trials of vaccines that have received an EUA in the United States showed efficacy of 94%–95% in preventing COVID-19–associated illness (4,5).§ However, hospitalization is a rare outcome among patients with COVID-19–associated illness of any severity, so most cases detected in the trials did not lead to hospitalization; therefore, the studies had limited power to assess protection against severe COVID-19 among older adults. Postmarketing observational studies are important to assess VE against COVID-19–associated hospitalizations in adults aged ≥65 years under real-world conditions and to strengthen evidence from clinical trials of vaccine efficacy. A standard

*Patients were enrolled from 24 medical centers in 14 states (University of California Los Angeles and Stanford University [California], UCHS Health University of Colorado Hospital [Colorado], Johns Hopkins Hospital [Maryland], Beth Israel Deaconess Medical Center and Baystate Medical Center [Massachusetts], University of Michigan, Henry Ford, and St. Joseph [Michigan], Hennepin County Medical Center [Minnesota], Montefiore Healthcare Center [New York], Wake Forest University [North Carolina], Ohio State University [Ohio], Oregon Health & Science University [Oregon], University of Pittsburgh Medical Center, Shadyside, Mercy, Passavant, St. Margaret, and Presbyterian Hospitals [Pennsylvania], Vanderbilt University Medical Center [Tennessee], Baylor Scott & White Medical Center, Temple, Round Rock, Hillcrest/Waco [Texas], and Intermountain Health [Utah]).

†Partially vaccinated is defined as receipt of 1 dose of a 2-dose vaccine series (Pfizer-BioNTech or Moderna vaccines) ≥14 days before illness onset or 2 doses with the second dose received <14 days before illness onset. Fully vaccinated is defined as receipt of both doses of a 2-dose vaccine series, with the second dose received ≥14 days before illness onset.

§Pfizer-BioNTech and Moderna COVID-19 vaccines are approved for use under an EUA in the United States. The Vaccine Adverse Event Reporting System (VAERS) is used to detect possible signals of adverse events associated with vaccines. Adverse events related to these COVID-19 vaccines can be reported at <https://www.fda.gov/vaccines-blood-biologics/report-problem-center-biologics-evaluation-research/vaccine-adverse-events> or <https://vaers.hhs.gov/reportevent.html>.



Summary**What is already known about this topic?**

Clinical trials suggest high efficacy for COVID-19 vaccines, but evaluation of vaccine effectiveness against severe outcomes in real-world settings and in populations at high risk, including older adults, is needed.

What is added by this report?

In a multistate network of U.S. hospitals during January–March 2021, receipt of Pfizer-BioNTech or Moderna COVID-19 vaccines was 94% effective against COVID-19 hospitalization among fully vaccinated adults and 64% effective among partially vaccinated adults aged ≥65 years.

What are the implications for public health practice?

SARS-CoV-2 vaccines significantly reduce the risk for COVID-19-associated hospitalization in older adults and, in turn, might lead to commensurate reductions in post-COVID conditions and deaths.

approach to postmarketing VE evaluation involves the test-negative design in which vaccine performance is assessed by comparing the odds of antecedent vaccination among case-patients with acute laboratory-confirmed COVID-19 and control-patients without acute COVID-19 (6).

During January 1, 2021–March 26, 2021, adults with COVID-19–like illness[†] admitted to 24 hospitals in 14 states within two networks (the Hospitalized Adult Influenza Vaccine Effectiveness Network [HAIVEN] and the Influenza and Other Viruses in the Acutely Ill [IVY] Network) were enrolled. Patients were eligible if they were aged ≥65 years on the date of hospital admission, received clinical testing for SARS-CoV-2 (the virus that causes COVID-19) by reverse transcription–polymerase chain reaction (RT-PCR) or antigen test within 10 days of illness onset, and had onset of symptoms 0–14 days before admission. Case-patients were those who received one or more positive test results for SARS-CoV-2. Patients meeting eligibility criteria who received negative SARS-CoV-2 RT-PCR test results served as controls. Baseline demographic and health information, details about the current illness, and SARS-CoV-2 testing history were obtained by patient or proxy interviews with trained study personnel and electronic medical record review. Patients or proxies were asked about SARS-CoV-2 vaccination history including number of doses, dates and location of vaccination, and availability of vaccination record cards

[†] IVY Network criteria for COVID-19–like illness included presence of fever, feverishness, cough, sore throat, myalgias, shortness of breath, chest pain, loss of taste, loss of smell, respiratory congestion, increased sputum production, new oxygen saturation <94% on room air, new requirement for invasive or noninvasive mechanical ventilation, or new pulmonary findings on chest imaging consistent with pneumonia. HAIVEN criteria included fever without a known non-COVID-19 cause, new or worsening cough, a change in sputum production, or new or worsening shortness of breath.

documenting receipt. Secondary electronic medical records and state immunization registry searches for SARS-CoV-2 vaccination records were conducted during March 26, 2021–April 19, 2021, for all included patients without vaccination record cards to verify reported or unknown vaccination status.

Participants were considered to have received COVID-19 vaccine doses based on documentation by CDC vaccination record card, state immunization registry search, electronic medical record search, or by plausible self-report if they provided vaccination dates and location. Documented record of vaccination dates was used when any potential discordance was identified between self-reported and documented dates. Participants with unverified COVID-19 testing status or vaccination status, or vaccination with Janssen COVID-19 vaccine (Johnson & Johnson), which was in limited use during the evaluation period, were not included. SARS-CoV-2 vaccination status included four categories: 1) unvaccinated, defined as no receipt of any SARS-CoV-2 vaccine before illness onset; 2) single-dose vaccinated <14 days before illness, defined as receipt of the first vaccine dose <14 days before COVID-19–like illness onset; 3) partially vaccinated, defined as receipt of 1 dose of a 2-dose vaccination series (Pfizer-BioNTech or Moderna vaccines) ≥14 days before illness onset or 2 doses, with the second dose received <14 days before illness onset** (7); and 4) fully vaccinated, defined as receipt of both doses of a 2-dose vaccine series, with the second dose received ≥14 days before illness onset. Estimates of VE were calculated by comparing the odds of SARS-CoV-2 vaccination in case-patients and controls using the equation $VE = 100\% \times (1 - \text{odds ratio})$, determined from logistic regression models (8). The 95% CIs were calculated as $1 - CI_{OR}$, where CI_{OR} is the confidence interval of the odds ratio estimates. Models were adjusted a priori for suspected confounders, including U.S. Census region, calendar month, age (as a continuous variable), sex, and race/ethnicity. Other factors were included in the model if they changed the adjusted odds ratio of vaccination by >5%. Primary VE estimates were stratified by partial versus full vaccination. VE for patients reporting illness onset <14 days after receipt of the first dose of a 2-dose vaccine was also assessed. Because protective immunity is unlikely to be achieved immediately after vaccination (4,5,7), absence of VE within 14 days of the first dose was used as a proxy indicator of absence of bias in the primary VE estimates (6). Statistical analyses were conducted using SAS (version 9.4; SAS Institute). This activity was reviewed by CDC and the other participating institutions and was conducted consistent with applicable federal law and CDC policy.^{††}

** Based on postmarketing findings from Israel, where VE was observed at 14 days after vaccination after 1 dose.

†† 45 C.F.R. part 46.102(l)(2), 21 C.F.R. part 56; 42 U.S.C. Sect. 241(d); 5 U.S.C. Sect. 552a; 44 U.S.C. Sect. 3501 et seq.

During January 1–March 26, 2021, 489 patients were eligible for participation, 72 (15%) of whom were excluded for the following reasons: 30 had SARS-CoV-2 testing >10 days after illness onset, 19 were hospitalized >14 days after illness onset, eight had onset of COVID-19–like illness after admission, three received the Janssen COVID-19 vaccine, and 12 had incomplete vaccination verification. Among the 417 patients included in the final analysis (including 187 case-patients and 230 controls), median age was 73 years for case-patients and controls, 48% were female, 17% were non-Hispanic Black, 6% were Hispanic (any race), 48% had one or more earlier hospitalizations in the last year, and 4% lived in a long-term care facility before admission (Table). Among the 187 case-patients, 19 (10%) had received at least 1 dose of Pfizer-BioNTech or Moderna vaccine ≥ 14 days before illness onset (including 18 [10%] who were partially vaccinated and one [0.5%] who was fully vaccinated) compared with 62 (27%) of 230 test-negative controls (including 44 [19%] and 18 [8%] who were partially and fully vaccinated, respectively). Prevalence of receipt of Pfizer-BioNTech and Moderna vaccines was similar (53% and 47%, respectively, among those vaccinated with ≥ 1 doses). Adjusted VE for full vaccination using Pfizer-BioNTech or Moderna vaccine was 94% (95% CI = 49%–99%), and adjusted VE for partial vaccination was 64% (95% CI = 28%–82%) (Figure). There was no significant effect for receiving the first dose of a 2-dose COVID-19 vaccine series within 14 days before illness onset (adjusted VE = 3%, 95% CI = –94%–51%).

Discussion

Monitoring the effectiveness of SARS-CoV-2 vaccination under routine public health use and specifically against severe outcomes in patients at higher risk, including older adults, is a high priority. In this multistate analysis of adults aged ≥ 65 years, receipt of an authorized COVID-19 vaccine was associated with significant protection against COVID-19 hospitalization. Effectiveness was 94% among adults who were fully vaccinated and 64% among adults who were partially vaccinated (i.e., onset of COVID-like illness ≥ 14 days after the first vaccine dose in a 2-dose series but <14 days after the second dose). These findings are consistent with efficacy determined from clinical trials in the subgroup of adults aged ≥ 65 years (4,5). Early reports from Israel have also documented the real-world effectiveness of SARS-CoV-2 vaccination, including among older adults (7,9). However, those postmarketing reports only represented the Pfizer-BioNTech vaccine. In the current report, Pfizer-BioNTech and Moderna vaccine products were equally represented, and approximately one half of the

patients were aged ≥ 75 years, providing evidence of real-world effectiveness of both vaccines against an important measure of severe COVID-19 in older adults. Moreover, in assessing the impact of receiving only a single dose, no significant vaccine effectiveness <14 days after the first dose of a SARS-CoV-2 vaccine was detected. This suggests that bias is unlikely in the primary estimates of vaccine effectiveness from partial and full vaccination. This also highlights the continued risk for severe illness shortly after vaccination, before a protective immune response has been achieved and reinforces the need for vaccinated adults to continue physical distancing and prevention behaviors, such as use of face masks and recommended hand hygiene at least 14 days after the second dose of a 2-dose vaccine. The findings suggest that SARS-CoV-2 vaccines can reduce the risk for COVID-19–associated hospitalization and, as a consequence of preventing severe COVID-19, vaccination might have an impact on post-COVID conditions (e.g., “long COVID”) and deaths (2,10).

The findings in this report are subject to at least six limitations. First, the CIs for VE estimates were wide because of the small sample size, and the number of participants was too small to assess VE by vaccine product, age group, or underlying conditions. Second, as an interim analysis that included self-reported data, vaccination status might have been misclassified, or participants might have had imperfect recollection of vaccination or illness onset dates. Third, selection bias and residual confounding cannot be excluded. Fourth, although the analysis included hospitalized adults from 14 states, the participants were not geographically representative of the U.S. population. Fifth, the case-control design infers protection based on associations between disease outcome and previous vaccination but cannot establish causation. Finally, duration of VE and VE for nonhospitalized COVID-19 was not assessed.

During January–March 2021, in a multistate network of U.S. hospitals, vaccination was associated with a reduced risk for COVID-19–associated hospitalization among adults aged ≥ 65 years. These data suggest that continuing to rapidly vaccinate U.S. adults against COVID-19 will likely have a marked impact on COVID-19 hospitalization and might lead to commensurate reductions in post-COVID conditions and deaths (2,10).

Acknowledgments

Michael Smith, Tnelda Zunie, Deepika Konatham, Angela Kennedy, Deborah Hendricks, Jason Ettlinger, Natalie Settele, Elisa Priest, Jennifer Thomas, Madhava Beeram, Jay Fox, James Morrison, Baylor Scott & White Health.

TABLE. Characteristics of adults aged ≥65 years with COVID-19–like illness* tested for SARS-CoV-2 infection, by COVID-19 case status† — 24 medical centers in 14 states,‡ January–March 2021

Characteristic	Case status, no. (column %)			p-value
	Total (N = 417)	Case-patients (n = 187)	Control participants (n = 230)	
Month of admission				
January	80 (19)	52 (28)	28 (12)	<0.01
February	153 (37)	74 (40)	79 (34)	
March	184 (44)	61 (33)	123 (53)	
U.S. Census region§				
Northeast	174 (42)	61 (33)	113 (49)	<0.01
South	135 (32)	77 (41)	58 (25)	
Midwest	68 (16)	23 (12)	45 (20)	
West	40 (10)	26 (14)	14 (6)	
Age group, yrs				
65–74	244 (59)	106 (57)	138 (60)	0.49
≥75	173 (41)	81 (43)	92 (40)	
Female sex	200 (48)	83 (44)	117 (51)	0.19
Race/Ethnicity				
White, non-Hispanic	303 (73)	129 (69)	174 (76)	0.32
Black, non-Hispanic	70 (17)	34 (18)	36 (16)	
Other, non-Hispanic	14 (3)	9 (5)	5 (2)	
Hispanic, any race	26 (6)	12 (6)	14 (6)	
Unknown	4 (1)	3 (2)	1 (0.4)	
Medical insurance (missing = 1)				
Yes	408 (98)	180 (96)	228 (99)	0.01
No	8 (2)	7 (4)	1 (0.4)	
Resident in long-term care facility** (missing = 1)	16 (4)	6 (3)	10 (4)	0.55
≥1 previous hospitalization in last year** (missing = 12)	195 (48)	63 (35)	132 (59)	<0.01
Received current season influenza vaccination** (missing = 18)	312 (78)	134 (76)	178 (80)	0.38
Current tobacco use** (missing = 8)				
Yes	35 (9)	8 (4)	27 (12)	<0.01
No	374 (91)	174 (96)	200 (88)	
SARS-CoV-2 vaccination status†				
Unvaccinated	287 (69)	146 (78)	141 (61)	<0.01
Single-dose vaccinated <14 days before illness onset	49 (12)	22 (12)	27 (12)	
Partially vaccinated	62 (15)	18 (10)	44 (19)	
Fully vaccinated	19 (5)	1 (0.5)	18 (8)	
Vaccine type, if vaccinated (missing = 11)				
Pfizer-BioNTech	63 (53)	15 (42)	48 (58)	0.10
Moderna	56 (47)	21 (58)	35 (42)	
Admission characteristic				
Days from illness onset to admission, median (IQR)	3 (1–6)	4 (1–7)	2 (0–4)	<0.01
Days from illness onset to SARS-CoV-2 testing, median (IQR)	2 (0–4)	3 (0–5)	1 (0–4)	<0.01

Abbreviations: HAIVEN = Hospitalized Adult Influenza Vaccine Effectiveness Network; IQR = interquartile range; IVY = Influenza and Other Viruses in the Acutely Ill.

* Clinical criteria for hospitalized COVID-19–like illness varied by hospital network. IVY Network criteria for COVID-19–like illness included presence of fever, feverishness, cough, sore throat, myalgias, shortness of breath, chest pain, loss of taste, loss of smell, respiratory congestion, increased sputum production, new oxygen saturation <94% on room air, new requirement for invasive or noninvasive mechanical ventilation, or new pulmonary findings on chest imaging consistent with pneumonia. HAIVEN criteria included fever without a known non-COVID-19 cause, new or worsening cough, a change in sputum production, or new or worsening shortness of breath.

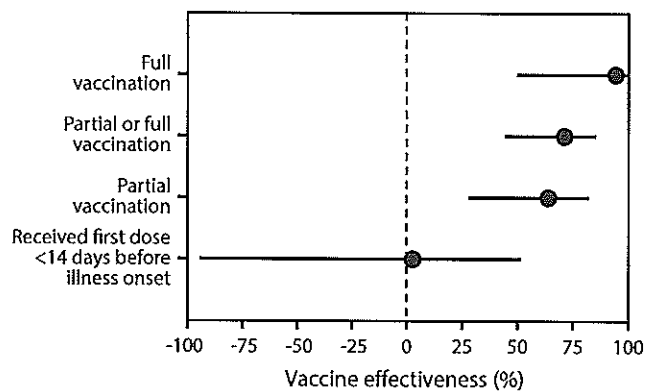
† SARS-CoV-2 vaccination status included the following four categories: 1) unvaccinated, defined as no receipt of any SARS-CoV-2 vaccine; 2) single-dose vaccinated <2 weeks before illness onset, defined as receipt of the first vaccine dose within 14 days before onset of COVID-like illness; 3) partially vaccinated, defined as receipt of 1 dose of a 2-dose vaccine series (Pfizer-BioNTech or Moderna) ≥14 days before illness onset or receipt of 2 doses, with the second dose received <14 days before illness onset; 4) fully vaccinated, defined as receipt of both doses of a 2-dose vaccine series, with the second dose received ≥14 days before illness onset.

§ Patients were enrolled from 24 medical centers in 14 states (University of California Los Angeles and Stanford University [California], UCHealth University of Colorado Hospital [Colorado], Johns Hopkins Hospital [Maryland], Beth Israel Deaconess Medical Center and Baystate Medical Center [Massachusetts], University of Michigan, Henry Ford, and St. Joseph [Michigan], Hennepin County Medical Center [Minnesota], Montefiore Healthcare Center [New York], Wake Forest University [North Carolina], Ohio State University [Ohio], Oregon Health & Science University [Oregon], University of Pittsburgh Medical Center, Shadyside, Mercy, Passavant, St. Margaret, and Presbyterian Hospitals [Pennsylvania], Vanderbilt University Medical Center [Tennessee], Baylor Scott & White Medical Center, Temple, Round Rock, Hillcrest/Waco [Texas], and Intermountain Health [Utah]).

¶ Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

** Information was obtained by patient or proxy self-report.

FIGURE. Adjusted* vaccine effectiveness (with 95% confidence intervals) against COVID-19 among hospitalized† adults aged ≥65 years, by vaccination status[‡] — 24 medical centers in 14 states,[¶] January–March 2021



Abbreviations: HAIVEN = Hospitalized Adult Influenza Vaccine Effectiveness Network; IVY = Influenza and Other Viruses in the Acutely Ill.

* Vaccine effectiveness estimates were adjusted for U.S. Census region, calendar month, continuous age in years, sex, race and ethnicity (non-Hispanic White, non-Hispanic Black, non-Hispanic other or unknown, or Hispanic of any race), and one or more versus zero self-reported previous hospitalizations in the past year.

† Clinical criteria for hospitalized COVID-19-like illness varied by hospital network. IVY Network criteria for COVID-19-like illness included presence of fever, feverishness, cough, sore throat, myalgias, shortness of breath, chest pain, loss of taste, loss of smell, respiratory congestion, increased sputum production, new oxygen saturation <94% on room air, new invasive or noninvasive ventilation, or new pulmonary findings on chest imaging consistent with pneumonia in the IVY Network; criteria included fever without a known non-COVID-19 cause, new or worsening cough, a change in sputum production, or new or worsening shortness of breath in the HAIVEN network.

‡ SARS-CoV-2 vaccination status included the following four categories: 1) unvaccinated, defined as no receipt of any SARS-CoV-2 vaccine; 2) first vaccine dose <14 days before illness onset, defined as a single dose of vaccine within 14 days prior to onset of COVID-19-like illness; 3) partially vaccinated, defined as receipt of 1 dose of a 2-dose vaccine series (Pfizer-BioNTech or Moderna) ≥14 days before illness onset or 2 doses with the second dose received <14 days before illness onset; 4) fully vaccinated, defined as receipt of both doses of a 2-dose vaccine series ≥14 days before illness onset.

¶ Patients were enrolled from 24 medical centers in 14 states (University of California Los Angeles and Stanford University [California], UCHealth University of Colorado Hospital [Colorado], Johns Hopkins Hospital [Maryland], Beth Israel Deaconess Medical Center and Baystate Medical Center [Massachusetts], University of Michigan, Henry Ford, and St. Joseph [Michigan], Hennepin County Medical Center [Minnesota], Montefiore Healthcare Center [New York], Wake Forest University [North Carolina], Ohio State University [Ohio], Oregon Health & Science University [Oregon], University of Pittsburgh Medical Center, Shadyside, Mercy, Passavant, St. Margaret, and Presbyterian Hospitals [Pennsylvania], Vanderbilt University Medical Center [Tennessee], Baylor Scott & White Medical Center, Temple, Round Rock, Hillcrest/Waco [Texas], and Intermountain Health [Utah]).

IVY Network

Omowunmi Amosu, Montefiore Healthcare Center, Albert Einstein College of Medicine, Bronx, New York; Brent Armbruster, Intermountain Medical Center, Salt Lake City, Utah; Valerie Aston, Intermountain Medical Center, Salt Lake City, Utah; Marianne Bernardo, Reagan-UCLA Medical Center, Los Angeles, California; Robert Bowers, Intermountain Medical Center, Salt Lake City,

Utah; Leslie De Souza, Baystate Medical Center, Springfield, Massachusetts; Jennifer Friedel, University of Colorado School of Medicine, Aurora, Colorado; Kevin Gardner, Stanford University School of Medicine, Palo Alto, California; Jennifer Goff, University of Colorado School of Medicine, Aurora, Colorado; Alexandra June Gordon, Stanford University School of Medicine, Palo Alto, California; Audrey Hendrickson, Hennepin County Medical Center, Minneapolis, Minnesota; Madeline Hicks, Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina; Michelle Howell, University of Colorado School of Medicine, Aurora, Colorado; Jacea Johnson, Vanderbilt University Medical Center, Nashville, Tennessee; Jeffrey Jorgensen, Intermountain Medical Center, Salt Lake City, Utah; Sarah Karow, Ohio State University Wexner Medical Center, Columbus, Ohio; Lori Kozikowski, Baystate Medical Center, Springfield, Massachusetts; Olivia Krol, Oregon Health & Science University, Portland, Oregon; Leigha Landreth, Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina; Mary LaRose, Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina; Brenda Lopez, Montefiore Healthcare Center, Albert Einstein College of Medicine, Bronx, New York; Andrea Luong, Oregon Health & Science University, Portland, Oregon; Bob McClellan, Vanderbilt University Medical Center, Nashville, Tennessee; Ellen Maruggi, Hennepin County Medical Center, Minneapolis, Minnesota; Karen Miller, Vanderbilt University Medical Center, Nashville, Tennessee; Rahul Nair, Montefiore Healthcare Center, Albert Einstein College of Medicine, Bronx, New York; Lisa Parks, Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina; Jennifer Peers, University of Colorado School of Medicine, Aurora, Colorado; Cynthia Perez, Stanford University School of Medicine, Palo Alto, California; Adreanne Rivera, Reagan-UCLA Medical Center, Los Angeles, California; Jonasel Roque, Stanford University School of Medicine, Palo Alto, California; Andres Santana, Baystate Medical Center, Springfield, Massachusetts; Tyler Scharber, Hennepin County Medical Center, Minneapolis, Minnesota; Emma Silverman, Oregon Health & Science University, Portland, Oregon; Michael Tozier, University of Colorado School of Medicine, Aurora, Colorado; Hiwet Tzehaie, Montefiore Healthcare Center, Albert Einstein College of Medicine, Bronx, New York; Zachary Zouyed, Oregon Health & Science University, Portland, Oregon.

HAIVEN Investigators

Alejandro Arroliga, Baylor Scott & White Health, Texas A&M University College of Medicine, Temple, Texas; Alicia Bagiatis, University of Pittsburgh Schools of the Health Sciences, Pittsburgh, Pennsylvania; GK Balasubramani, University of Pittsburgh Schools of the Health Sciences, Pittsburgh, Pennsylvania; Caroline K. Cheng, University of Michigan School of Public Health, Ann Arbor, Michigan; Heather Eng, University of Pittsburgh Schools of the Health Sciences, Pittsburgh, Pennsylvania; Shekhar Ghamande, Baylor Scott & White Health, Texas A&M University College of Medicine, Temple, Texas; Judy Herrick, Baylor Scott & White Health, Temple, Texas; Eric Hoffman, Baylor Scott & White Health, Temple, Texas; Kailey Hughes, University of Pittsburgh Schools

of the Health Sciences, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania; Lois E. Lamerato, Henry Ford Health System, Detroit, Michigan; Adam S. Luring, University of Michigan School of Public Health, Ann Arbor, Michigan; Amanda McKillop, Baylor Scott & White Health, Temple, Texas; Tresa McNeal, Baylor Scott & White Health, Texas A&M University College of Medicine, Temple, Texas; E.J. McSpadden, University of Michigan School of Public Health, Ann Arbor, Michigan; John Midturi, Baylor Scott & White Health, Texas A&M University College of Medicine, Temple, Texas; Manohar Mutnal Baylor Scott & White Health, Texas A&M University College of Medicine, Temple, Texas; Mary Patricia Nowalk, University of Pittsburgh Schools of the Health Sciences, Pittsburgh, Pennsylvania; Joshua G. Petrie, University of Michigan School of Public Health, Ann Arbor, Michigan; Chandni Raiyani, Baylor Scott & White Health, Temple, Texas; Arundhati Rao, Baylor Scott & White Health, Texas A&M University College of Medicine, Temple, Texas; Sean G. Saul, University of Pittsburgh Schools of the Health Sciences, Pittsburgh, Pennsylvania; Theresa M. Sax, University of Pittsburgh Schools of the Health Sciences, Pittsburgh, Pennsylvania; Hannah E. Segaloff, University of Michigan School of Public Health, Ann Arbor, Michigan; Lori Stiefel, University of Pittsburgh Schools of the Health Sciences, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania; Marcus Volz, Baylor Scott & White Health, Temple, Texas; Kimberly Walker, Baylor Scott & White Health, Temple, Texas; Nicole Wheeler, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania; Heath White, Baylor Scott & White Health, Texas A&M University College of Medicine, Temple, Texas; John V. Williams, University of Pittsburgh Schools of the Health Sciences, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania; Mohamed Yassin, University of Pittsburgh Schools of the Health Sciences, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania; Martha Zayed, Baylor Scott & White Health, Temple, Texas; Tnelda Zunie, Baylor Scott & White Health, Temple, Texas.

Corresponding author: Mark W. Tenforde, eoevent101@cdc.gov.

¹CDC COVID-19 Response Team; ²Vanderbilt University Medical Center, Nashville, Tennessee; ³Baystate Medical Center, Springfield, Massachusetts; ⁴Beth Israel Deaconess Medical Center, Boston, Massachusetts; ⁵University of Colorado School of Medicine, Aurora, Colorado; ⁶Hennepin County Medical Center, Minneapolis, Minnesota; ⁷Intermountain Medical Center and University of Utah, Salt Lake City, Utah; ⁸Montefiore Healthcare Center, Albert Einstein College of Medicine, Bronx, New York; ⁹Oregon Health & Science University Hospital, Portland, Oregon; ¹⁰Ohio State University Wexner Medical Center, Columbus, Ohio; ¹¹Wake Forest University Baptist Medical Center, Winston-Salem, North Carolina; ¹²Johns Hopkins Hospital, Baltimore, Maryland; ¹³Ronald Reagan-UCLA Medical Center, Los Angeles, California; ¹⁴Stanford University School of Medicine, Palo Alto, California; ¹⁵Baylor Scott & White Health, Temple, Texas; ¹⁶Texas A&M University College of Medicine, Temple, Texas; ¹⁷University of Michigan School of Public Health, Ann Arbor, Michigan; ¹⁸St. Joseph Mercy Health System, Ann Arbor, Michigan; ¹⁹University of Pittsburgh Schools of the Health Sciences, University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania.

All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. Christopher J. Lindsell reports grants from National Institutes of Health, U.S. Department of Defense, Marcus Foundation, Endpoint Health, Entegriion, bioMerieux, and Bioscape Digital, outside the submitted work. Jay S. Steingrub reports grants from National Institutes of Health, outside the submitted work. Akram Khan reports grants from United Therapeutics, Actelion Pharmaceuticals, Regeneron, and Reata Pharmaceuticals, outside the submitted work. Samuel M. Brown reports grants from National Institutes of Health, U.S. Department of Defense, Intermountain Research and Medical Foundation, and Janssen, and consulting fees paid to his employer from Faron and Sedana, all outside the submitted work. Ithan D. Peltan reports grants from National Institutes of Health and, outside the submitted work, grants from Asahi Kasei Pharma, Janssen Pharmaceuticals, and Regeneron. Adit A. Ginde reports grants from National Institutes of Health, U.S. Department of Defense and AbbVie, outside the submitted work. Carlos G. Grijalva reports consulting fees from Pfizer, Merck, and Sanofi-Pasteur, grants from Campbell Alliance/Syneos Health, National Institutes of Health, Food and Drug Administration, and Agency for Health Care Research and Quality, outside the submitted work. Michelle N. Gong reports grants from National Institutes of Health, Agency for Healthcare Research and Quality, and consulting fees from Regeneron, Philips Healthcare, all outside the submitted work. Steven Y. Chang reports consulting fees from PureTech Health and speaker fees from La Jolla Pharmaceuticals, both outside the submitted work. Jonathan D. Casey reports grants from National Institutes of Health, outside the submitted work. Todd W. Rice reports grants from National Institutes of Health and Endpoint Health, consulting work for Cumberland Pharmaceuticals, Inc, and Sanofi, Inc., outside the submitted work. Manjusha Gaglani reports grants from CDC-Abt Associates, outside the submitted work. Emily T. Martin reports personal fees from Pfizer and grants from Merck, outside the submitted work. Anurag Malani reports shareholder of Pfizer pharmaceuticals. Arnold S. Monto reports personal fees from Sanofi Pasteur and Seqirus, outside the submitted work. Fernanda P. Silveira reports grants from Shire, Qiagen, Ansun, and Novartis, outside the submitted work. Richard K. Zimmerman reports grants from Sanofi Pasteur, outside the submitted work. Donald B. Middleton reports grants and personal fees from Pfizer and personal fees from Seqirus, Sanofi Pasteur, and GlaxoSmithKline, outside the submitted work. No other potential conflicts of interest were disclosed.

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Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States



	Pfizer-BioNTech	Moderna	Janssen
Vaccine type	mRNA	mRNA	Replication-incompetent adenovirus type 26 vector
Authorized age groups	≥12 years	≥18 years	≥18 years
Dose	30 µg	100 µg	5×10 ¹⁰ viral particles
Dose volume	0.3 ml	0.5 ml	0.5 ml
Number of doses in series	2	2	1
Interval between doses	3 weeks (21 days)	1 month (28 days)	N/A

All currently authorized COVID-19 vaccines

Interchangeability of vaccines	<ul style="list-style-type: none"> Vaccines are not interchangeable. However, in exceptional situations, such as a contraindication to a second dose of mRNA vaccine, <u>interchangeability may be allowed</u>.*
Coadministration with other vaccines	<ul style="list-style-type: none"> COVID-19 vaccine and other vaccines may be administered on the same day, as well as any interval without respect to timing. When deciding whether to administer COVID-19 vaccine and other vaccines, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable diseases (e.g., during an outbreak), and the reactogenicity profile of the vaccines.
Persons with prior or current COVID-19	<ul style="list-style-type: none"> COVID-19 vaccines can be given safely to people with prior SARS-CoV-2 infection Defer vaccination until person has recovered from the acute illness and <u>criteria</u> have been met for them to discontinue isolation
Women aged <50 years	<ul style="list-style-type: none"> Can receive any FDA-authorized vaccine but should be informed of risk of thrombosis with thrombocytopenia syndrome (TTS) after receipt of Janssen (Johnson & Johnson) COVID-19 Vaccine and the availability of other COVID-19 vaccine options
Persons who received monoclonal antibodies or convalescent plasma for COVID-19 treatment	<ul style="list-style-type: none"> Defer vaccination for at least 90 days
Persons with a known SARS-CoV-2 exposure	<ul style="list-style-type: none"> Persons in community or outpatient setting should defer vaccination until <u>quarantine period</u> has ended Residents or patients in congregate settings may be vaccinated if they do not have <u>symptoms consistent with COVID-19</u>

Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States



All currently authorized COVID-19 vaccines

History of heparin-induced thrombocytopenia (HIT)	<ul style="list-style-type: none"> ■ If within 90 days of illness, offer an mRNA vaccine; after 90 days vaccinate with any FDA-authorized COVID-19 vaccine
Persons with underlying conditions	<ul style="list-style-type: none"> ■ May receive COVID-19 vaccine (including persons with immunocompromising conditions; autoimmune conditions; and history of Guillain-Barré syndrome, Bell's palsy, and dermal filler use)
Pregnant or lactating people	<ul style="list-style-type: none"> ■ Are eligible for and can receive a COVID-19 vaccine; inform of risk of TTS after receipt of Janssen (Johnson & Johnson) COVID-19 Vaccine and the availability of other options
Adolescents	<ul style="list-style-type: none"> ■ Adolescents aged 12-17 are ONLY eligible for Pfizer-BioNTech COVID-19 Vaccine ■ Adolescents aged 18 years and older are eligible for all COVID-19 vaccines
Persons vaccinated outside the United States	<ul style="list-style-type: none"> ■ Received all recommended doses of an FDA-authorized COVID-19 vaccine, do not need additional doses ■ Received a non FDA-authorized vaccine <ul style="list-style-type: none"> • If vaccine is listed for emergency use by the World Health Organization (WHO) and received all recommended doses, do not need any additional doses with an FDA-authorized vaccine • If vaccine listed for emergency use by WHO, but has not received all recommended doses, may be offered a complete FDA-authorized series • If vaccine is not listed for emergency use by WHO, may be offered a complete FDA-authorized COVID-19 vaccine series
Contraindications	<ul style="list-style-type: none"> ■ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to component of the COVID-19 vaccine ■ Immediate (within 4 hours of exposure) allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine
Precaution	<ul style="list-style-type: none"> ■ Immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies [excluding subcutaneous immunotherapy for allergies, i.e., "allergy shots"])
Post-vaccination observation periods	<ul style="list-style-type: none"> ■ 30 minutes: persons with a precaution to vaccination (i.e., history of an immediate allergic reaction of any severity to a vaccine or injectable therapy) and persons with a history of anaphylaxis due to any cause ■ 15 minutes: all other persons
SARS-CoV-2 antibody testing	<ul style="list-style-type: none"> ■ Antibody testing not recommended for vaccine decision-making or to assess immunity following vaccination

*Although CDC provides considerations for a mixed series in exceptional circumstances, this is still considered an administration error that requires VAERS reporting



**STRONGER
TOGETHER**

Missouri COVID-19 Vaccinator Newsletter

June 2, 2021

MOStopsCovid.com

MOStopsCovid.com/vaccinators

Staying the Course

Although the speed of which vaccinations are now occurring has decreased in recent weeks, thousands of individuals continue to be vaccinated in Missouri on a daily basis. More than 4.5 million doses have been administered by Missouri vaccinators. For your continued dedication and commitment to protecting the health and safety of Missourians, we thank you.

Add This Site to Your “Favorites!”

The CDC’s webpage, [Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#), is always updated with the very latest clinical information you need to know. Visit this site often for important updates!

Replacement Vaccination Cards

DHSS is not offering replacement cards; however individuals can be directed to complete a [Request for Official State of Missouri Immunization Records form](#), and DHSS can send them a copy of the immunization record on file in ShowMeVax, the statewide immunizations registry. They can either fax or email the completed form to our office and we will process the request. Email: ImmunizationRecordRequests@health.mo.gov, fax: 573-526-0238.

Free and Reduced Transportation Options

Lyft is an on-demand ridesharing company that will match an individual needing a ride with an available driver nearby. Use the [online platform](#) to schedule a ride to anywhere you need to go. Lyft is offering \$15 towards each ride to and from a vaccination

appointment for a total of \$30. If ride costs more than \$30, rider pays only the difference.

Uber is an on-demand ridesharing company that will match an individual needing a ride with an available driver nearby. Use the [online platform](#) to schedule a ride to anywhere you need to go. Uber is offering \$25 towards each ride to and from a vaccination appointment for a total of \$50. If the ride costs more than \$50, rider pays only the difference.

View more Missouri vaccination transportation options on the [Get a Ride](#) page. A [printable resource guide](#) is also available here.

Standing Orders

View the most updated versions of the vaccine-related statewide standing orders here:

- [Standing Order for Pfizer-BioNTech COVID-19 Vaccine – Adolescents Age 12-15](#) (May 12, 2021)
- [COVID-19 Vaccinations of Non-Missouri Residents & Second Dose of a COVID-19 Vaccine, When First Dose Administered Out of State](#) (April 29, 2021)
- [Standing Order to Administer Janssen COVID-19 Vaccine](#) (May 13, 2021)
- [Vaccine Distribution Order](#) (March 29, 2021)
- [Standing Order for Moderna COVID-19 Vaccine](#) (May 13, 2021)
- [Standing Order for Pfizer-BioNTech COVID-19 Vaccine](#) (May 13, 2021)

COVID-19 Vaccine Lot Number Report Now Available

A new COVID-19 Vaccine Lot Number report is available via CDC's Vaccine Code Set Management Service (VCSMS). This report includes COVID-19 vaccine lot numbers and expiration dates provided to CDC by the vaccine manufacturers. This report will be updated daily and can be used to support vaccine administration, inventory management, and jurisdiction IISs. Correctly entered lot number and expiration date data improve the ability to monitor product safety, identify issues with lots, trace or decrement inventory, and identify expired products that were not administered.

To request access to this report, visit [CDC's Vaccine Lot Number and Expiration Date webpage](#) and complete the registration form.

Updated Consent Form

With children as young as 12 now being eligible for vaccination (Pfizer only), many questions regarding parental/guardian permission. Page 2 of this [updated screening form](#) includes requirements for minors.

Pfizer Storage Requirements Updated

FDA Authorizes Longer Time for Refrigerator Storage of Thawed Pfizer-BioNTech COVID-19 Vaccine Prior to Dilution

Based on a review of recent data submitted by Pfizer Inc., the FDA has authorized undiluted, thawed Pfizer-BioNTech COVID-19 Vaccine vials to be stored in the refrigerator at 2°C to 8°C (35°F to 46°F) for up to 1 month. Previously, thawed, undiluted vaccine vials could be stored in the refrigerator for up to 5 days. Revised fact sheet for providers: <https://www.fda.gov/media/144413/download>

Temperature Documentation

For COVID only clinics/providers, if your temperature monitoring device does not read minimum/maximum temperatures, then you should check and record the actual temperature a minimum of two times per day (at the start and end of the workday). COVID only clinics/providers do not need to document the temperature in ShowMeVax; COVID only clinics/providers must keep the temperature documentation on site.

Moderna EUA Amendment

The FDA authorized a Moderna COVID-19 vaccine EUA amendment. CDC is reviewing the updated information, including the recipient and provider fact sheets, to assess how the amendment will affect the COVID-19 vaccination program, including clinical guidance, distribution, and data systems. We will have more details next week.

The updated fact sheets and included highlights of the key changes below:

- EUA materials: Moderna COVID-19 Vaccine | FDA
- FDA Press Release 4/1/2021: FDA Makes Two Revisions to Moderna COVID-19 Vaccine Emergency Use Authorization to Help Increase the Number of Vaccine Doses Available

Among the edits, the following is a highlight of the key changes:

HCP Fact Sheet (dated 3/31/2021):

- Max 11-dose vial for current presentation and new max 15-dose vial presentation with ranges. Max 15-dose vial presentation has new NDC #s (UoS: 80777-273-98; UoU 80777-273-15)
- Depending on the syringes and needles used for each dose, there may not be sufficient volume to extract more than 10 doses from the maximum of 11 doses vial or more than 13 doses from the maximum of 15 doses vial. Irrespective of the type of syringe and needle, each dose must contain 0.5 ml of vaccine and do not pool excess vaccine from multiple vials; pierce the stopper at a different site each time.

Vial	Thaw in Refrigerator	Thaw at Room Temperature
Maximum 11-Dose Vial (range: 10-11 doses)	Thaw in refrigerated conditions between 2° to 8°C for 2 hours and 30 minutes. Let each vial stand at room temperature for 15 minutes before administering.	Alternatively, thaw at room temperature between 15° to 25°C for 1 hour.
Maximum 15-Dose Vial (range: 13-15 doses)	Thaw in refrigerated conditions between 2° to 8°C for 3 hours. Let each vial stand at room temperature for 15 minutes before administering.	Alternatively, thaw at room temperature between 15° to 25°C for 1 hour and 30 minutes.

- Lower limit for frozen temperature now -50°C (previously -25°C). Use of dry ice may subject vials to temperatures colder than -50°C.
- Unpunctured vials may be stored between 8° to 25°C for a total of 24 hours (previously 12 hours)
- After puncture, the vial should be held between 2° to 25°C; discard 12 hours after the first puncture (previously 6 hours)
- Added thawed vials can be handled in room light conditions
- Added a section for transportation of thawed vials at refrigerated condition 2° to 8°C
- Added severe adverse reactions, including anaphylaxis, have been reported during mass vaccination outside of clinical trials
- Added delayed injection site reactions that began >7 days after vaccination were reported in 1.2% of vaccine recipients and 0.4% of placebo recipients. Delayed injection site reactions included pain, erythema, and swelling and are likely related to vaccination.
- New section on Federal COVID-19 Vaccination Program (vaccine exclusively through CDC Vaccination Program; providers must be enrolled in the Vaccination Program and comply with provider requirements; providers may not charge any fee; etc.)

Recipient Fact Sheet (dated 3/26/2021):

- Added severe allergic reactions to the risks
- Added two new sections entitled “Can I be charged an administration fee for receipt of the COVID-19 vaccine” and “Where Can I report cases of suspected fraud”

Coadministration with Other Vaccines

COVID-19 vaccines were previously recommended to be administered alone, with a minimum interval of 14 days before or after administration of any other vaccines. This was out of an abundance of caution and not due to any known safety or immunogenicity concerns. However, substantial data have now been collected regarding the safety of COVID-19 vaccines currently authorized by FDA for use under EUA. Although data are not available for COVID-19 vaccines administered simultaneously with other vaccines, extensive experience with non-COVID-19 vaccines

has demonstrated that immunogenicity and adverse event profiles are generally similar when vaccines are administered simultaneously as when they are administered alone.

COVID-19 vaccines and other vaccines **may now be administered without regard to timing**. This includes simultaneous administration of COVID-19 vaccines and other vaccines on the same day, as well as coadministration within 14 days. It is unknown whether reactogenicity of COVID-19 vaccine is increased with coadministration, including with other vaccines known to be more reactogenic, such as adjuvanted vaccines or live vaccines. When deciding whether to coadminister another vaccine(s) with COVID-19 vaccines, providers should consider whether the patient is behind or at risk of becoming behind on recommended vaccines, their risk of vaccine-preventable disease (e.g., during an outbreak or occupational exposures), and the reactogenicity profile of the vaccines.

If multiple vaccines are administered at a single visit, administer each injection in a different injection site. For adolescents and adults, the deltoid muscle can be used for more than one intramuscular injection.

Best practices for multiple injections include:

- Label each syringe with the name and the dosage (amount) of the vaccine, lot number, the initials of the preparer, and the exact beyond-use time, if applicable.
- Separate injection sites by 1 inch or more, if possible.
- **Administer the COVID-19 vaccines and vaccines that may be more likely to cause a local reaction (e.g., tetanus-toxoid-containing and adjuvanted vaccines) in different limbs, if possible.**

Booster Doses

The need for and timing for COVID-19 booster doses have not been established. No additional doses are recommended at this time.

CDC Publishes Clinical Considerations: Myocarditis and Pericarditis after Receipt of mRNA COVID-19 Vaccines Among Adolescents and Young Adults

Since April 2021, increased cases of myocarditis and pericarditis have been reported in the United States after mRNA COVID-19 vaccination (Pfizer-BioNTech and Moderna). The Centers for Disease Control and Prevention (CDC) is aware of these reports, which are rare given the number of vaccine doses administered.

CDC published clinical considerations for myocarditis and pericarditis following COVID-19 vaccination. In addition, resources for the public have been added to CDC's website that can be a resource for your patients. CDC and its partners are actively monitoring these reports by reviewing data and medical records to learn more about what happened and to see if there is any relationship to COVID-19 vaccination. Please

report all cases of myocarditis and pericarditis post COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS).

CDC continues to recommend COVID-19 vaccination for everyone 12 years of age and older, given the greater risk of COVID-19 illness and related, possibly severe complications.

Federal Toolkits

Please find HHS's most up-to-date resources and toolkits for parent vaccine engagement:

1. **We Can Do This: Parents of Adolescents Toolkit**
2. **COVID-19 Vaccine for Preteens and Teens Fact Sheet**
3. **Myths and Facts About COVID-19 Vaccines**

CDC toolkits:

1. **For parents: COVID-19 Vaccines for Children and Teens**
2. **For pediatric healthcare professionals: COVID-19 Vaccination Toolkit** including materials for parents, FAQs, and more

Guidance Regarding Wastage

DHSS also added guidance to the vaccinator resource website today regarding wastage as vaccine demand declines. This guidance is based on new recommendations from the CDC.

VaccineFinder

We encourage you as your reporting inventory in VaccineFinder to ensure you are publicly displaying your site as an available vaccination location. Helpful links are below.

- VaccineFinder Checklist for Providers
- Quick Star Guide for Public Display Information Fields

PREP Act Requirement for Vaccinators

***Training and Supervision Requirements** *(unless separately authorized by SLTTs or under their scope of practice; for other requirements please see the Declaration)*

Documentation of completion of the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccine Training (<https://www.cdc.gov/vaccines/covid-19/training.html>) and other training required by the SLTTs where the vaccine is being administered.

Documentation of an observation period by a currently practicing healthcare professional experienced in administering intramuscular injections

Current certification in basic cardiopulmonary resuscitation (CPR)

Students must also be supervised by a currently practicing healthcare professional experienced in administering intramuscular injections.

Pharmacists, pharmacy interns, pharmacy technicians and pharmacy students must also complete a practical training program that is approved by the ACPE as well as a minimum of two hours of ACPE-approved immunization-related continuing pharmacy education during each state licensing period.

More: <https://www.phe.gov/emergency/events/COVID19/Documents/covid19-vaccination-wrkfrf-factsheet-508.pdf>

Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons

Preliminary findings did not show obvious safety signals among pregnant persons who received mRNA Covid-19 vaccines. However, more longitudinal follow-up, including follow-up of large numbers of women vaccinated earlier in pregnancy, is necessary to inform maternal, pregnancy, and infant outcomes.

Is it safe for me to get a COVID-19 vaccine if I would like to have a baby one day?



Yes. If you are trying to become pregnant now or want to get pregnant in the future, you may get a COVID-19 vaccine when one is available to you.

There is currently no evidence that COVID-19 vaccination causes any problems with pregnancy, including the development of the placenta. In addition, there is no evidence that fertility problems are a side effect of any vaccine, including COVID-19 vaccines.

Like all vaccines, scientists are studying COVID-19 vaccines carefully for side effects now and will continue to study them for many years.

Administering Second Doses

It is important that providers continue to administer second doses wherever possible to ensure people are fully vaccinated. Therefore, providers should also:

- Schedule second dose appointments to occur during the appropriate timeframe at the time of first dose appointment or immediately after first dose is received. Best practices to minimize missed appointments and optimize scheduling capabilities will vary based on site and schedulers used.
- Provide second-dose reminders via electronic (e.g., v-safe, VaxText, reminders through IIS) and/or paper means (e.g., vaccination reminder card)
- Administer the second dose as close to the recommended interval as possible. (Pfizer: 21 days, Moderna: 28 days). If it is not feasible to adhere to the recommended interval, the second dose may be scheduled for administration up to 6 weeks (42 days) after the first dose. If the second dose is administered beyond these intervals, there is no need to restart the series.

VaxTextSM COVID-19 Vaccination Second-Dose Reminder

VaxText is a free text messaging platform that providers can offer to their patients. Patients can opt in to conveniently receive text message reminders to get their second dose of COVID-19 vaccine. VaxText offers the added benefit of reminding patients to sign up for v-safe, a tool that allows people to report adverse outcomes following vaccination.



About the VaxTextSM text messaging service

The VaxText text messaging resource is a **free, no cost to the provider or patient**, service you can offer to vaccine recipients if you do not already have a text or email reminder system in place. By texting ENROLL to 1-833-VaxText (829-8398), vaccine recipients can opt in to receive a weekly text reminder for their second dose of COVID-19 vaccine or a reminder for when they are overdue for their second dose, in English or Spanish.

The VaxTextSM text messaging service will ask vaccine recipients who participate for basic vaccination information (i.e., vaccination date, COVID-19 vaccine name) so it can provide reminders based on the correct vaccination schedule (e.g., 21 or 28 days between first and second doses). The VaxTextSM service will not collect any personally identifiable information or personal health information from users and users can opt out or stop receiving messages at any time, even after they enroll.

Vaccine recipients that participate will also receive information on COVID-19 vaccines, links to additional information on the CDC website and a prompt to sign up for **v-safe**, CDC's new active vaccine safety monitoring system.

Simply ask vaccine recipients to text ENROLL to 1-833-VaxText (829-8398) to start getting their weekly second dose reminders.

Building COVID-19 Vaccine Confidence Partner Webinar: Recording Now Available

On May 13, 2021, the Centers for Medicare & Medicaid Services Office of Minority Health (CMS OMH) hosted a Building COVID-19 Vaccine Confidence partner webinar to provide information and resources to help partners address vaccine hesitancy in their communities.

The webinar recording and slide deck are now available on the CMS OMH webpage.

Download the webinar's supplemental handout for information and outreach materials you can use to educate your community about the COVID-19 vaccine. Additionally, download the Vaccinate with Confidence fact sheet to learn about CDC tools and technical assistance available to state and territorial health departments to increase COVID-19 vaccine confidence and uptake.

Visit the CMS OMH COVID-19 Vaccine Resources webpage for a list of Federal resources on the vaccine. For any questions, please contact us at: omh@cms.hhs.gov

Need more information?

We continuously update Missouri's vaccinator resource hub with the latest information on the approved vaccines, guidance, Missouri Vaccine Navigator, past newsletters, vaccinator FAQs and training opportunities.

DHSS contacts by topic area:

- ShowMeVax enrollment support: Cathy Kennon
- ShowMeVax troubleshooting: vfc-smvsupport@health.mo.gov
- Reporting Dose Administration assistance: ImmunizationHL7Onboarding@health.mo.gov
- Adverse events/clinical assistance: Lana Hudanick
- Vaccine redistribution: covidvaccineredistribution@health.mo.gov
- Ordering and supply management support: covidvaccineorders@health.mo.gov
- Additional PPE and other equipment: Jenn Stockman
- Newsletters/website: Lisa Cox
- All other questions: CovidVaccine@health.mo.gov



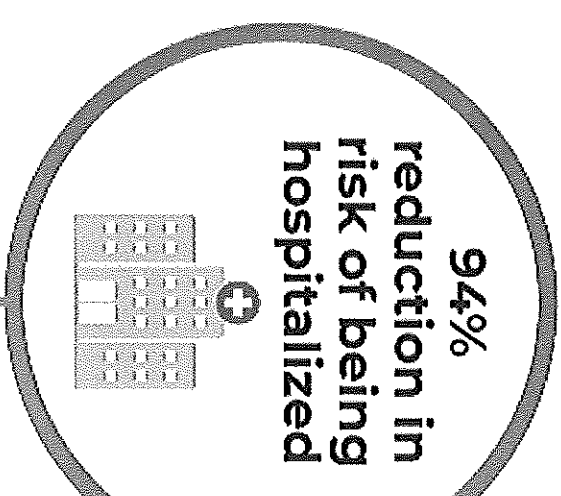
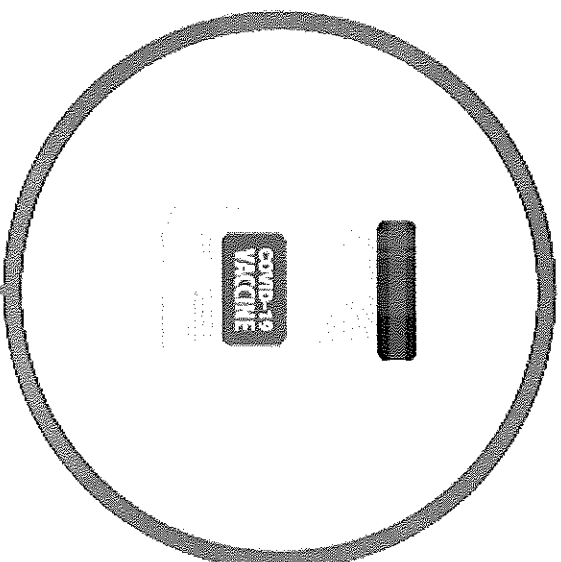
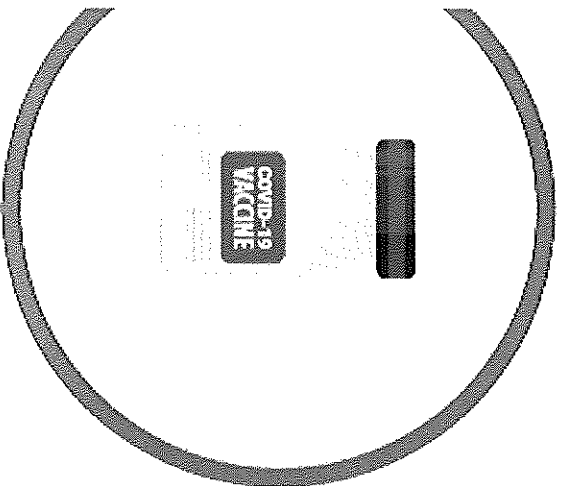
Missouri Department of Health & Senior Services

Health.Mo.Gov

COVID-19 Hotline: 877-435-8411

Real-world data show vaccination* reduced the risk for COVID-19 hospitalization among adults 65 and older

ation is a critical tool to **reduce severe COVID-19** in adults 65 and



Dose #1

Dose #2

**14 or more day
after 2nd dose**

ich or Moderna 2-dose vaccine series
14 U.S. hospitals in 14 states

bit.ly/MMWR42821

Andrew Hoffman

From: Pearson, Jessica <Jessica.Pearson@health.mo.gov>
Sent: Wednesday, June 2, 2021 3:59 PM
To: Serina Taylor; 'Kintner, Caitlin, DHE'; 'Bardach, Braden, DHE'; Elizabeth Groenweghe; Andrew Hoffman; Cohlmlia, Charles (Chip); Connie Werner; Daviess County; Jessica Friess; Prussman, Krissy; Poiry, Madison; Franklin, Patrick; Patterson, Tom; Warlen, Andrew; Hillary Loucks; Jayne White; Livengood, Julie; Shrewsbury, Kayla; Schroder, Barb; Daleske, Brooke; Heimsoth, Tammie; Kennedy, Sadie; Railsback, Amanda; Ayers, Jamie; Carman, Tracy; Foster, Meredith; Harris, Taylor; Alexis Bertacini (abertacini@clayhealth.com); Grajczykwegner, Ashley; Elizabeth Yoder; epiclayhealth (epi@clayhealth.com); Obiesie, Nkolika; Shock, Blair; Mattson, Charlene; Scott, Denise; Gustin, Kendra; khillerman; Cross, Courtney; Lindsey, Fred; French, Gary; Keithley, Katrina; Moore, Sandy; Davis, Ronda; Young, Mary; Cindy Calender (Cindy.Calender@kcmo.org); Dawn Black (Dawn.Black@kcmo.org); Elijah Warren (Elijah.Warren@kcmo.org); Hallie Sutton (Hallie.Sutton@kcmo.org); Jannah Tauheed (Jannah.Tauheed@kcmo.org); Hubbert, Lisa; Campbell, Heather; Dodson, Sarah; Murray, Lori; Finney, Gina; Frank, Tabitha; Nevils, Malinda; Sanders, Erin; Robnett, Kathrine; Nunes, Maria; Smithey, Shelby; Frerking, Elizabeth; Link, Karla; McDonald, Teresa
Subject: NW District Call Notes 6.2.21

Hi all,

Below are some highlights and important updates that were discussed on the NW District conference call this morning. If you do not have a calendar appointment for these calls, please let me know and I will send you an invite.

Upcoming training opportunities:

Principles of Epidemiology

- Any staff who have not taken this course previously - **REGISTER ASAP!**
- Upcoming sessions:
 - **September 7-9, 2021 – Columbia, MO**
 - **October 26-28, 2021 – Columbia, MO**
- We are planning on these being in-person classes
- Online registration: <https://health.mo.gov/training/epi/registration-form.php>
- Course description: <https://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/upcomingevents.php>
- The half day Epi-Info training session is now mandatory
- You must complete the online modules before the in-person classes
- Contact Diana Winder (Diana.Winder@health.mo.gov; 573-526-5832) for more information or if you have questions.

Laboratory Services Workshop

- **SAVE THE DATE**
 - **October 6-7, 2021 – Jefferson City, MO**
- We are currently planning for an in-person workshop
- Registration information will be sent once available.

NW District Webinars

- As discussed on previous calls, we will be hosting a series of webinar trainings for the NW District LPHAs. These trainings are open to anyone, and we encourage any newer staff to participate. We will announce the dates/times and topics of these trainings soon.

2020 CD Cases and Quality Assurance (QA):

The deadline for the state to have QA completed for 2020 cases is July 16th 2021, so we need them to be completed by the LPHAs around July 1st. We realize and completely understand that COVID-19 cases and vaccine efforts have taken most of your time since last year, so we just ask that you do the best you can in getting these cases closed out. Please try to close out any active cases and enter any cases that haven't been entered in Websurv already. If any cases were not investigated due to COVID, please specify that in the record and close them out. This deadline is for CD conditions only and does *not* include TB, Hep B or C, or COVID-19 (our bureau does not QA TB or Hep B/C so we do not know the deadline for those conditions).

Variants and Breakthrough Infections

We continue to receive notification of variant cases. Just a reminder that there is nothing additional that needs to be done as far as public health action for variant cases, but we emphasize the importance of a **timely** investigation and implementation of control measures (isolation and quarantine).

We are still collecting information on breakthrough cases and ask that the form be completed for severe cases (breakthrough cases that result in either hospitalization or death). The completed form should be sent to us directly and attached in EpiTrax. Please let us know if you need a copy.

From now on, these NW District calls are going to include discussion of all other CD conditions (as they did pre-COVID-19) and will not be completely COVID-focused. We welcome any input as far as how to construct these meetings moving forward and how often to have them (monthly, bi-monthly, etc.). Please let us know your thoughts!

Thanks!

Jess Pearson, MPH
Epidemiologist, Northwest District
 Bureau of Communicable Disease Control & Prevention
 Missouri Department of Health and Senior Services
 8800 E. 63rd Street, Suite 600
 Raytown, MO 64133
 Phone: 816-521-7739
 Fax: 816-350-7691

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