



May 27th, 2020

COVID-19 TOWN HALL



Board of Pharmacy Update

Kam Gandhi
Executive Director | AZ Board of Pharmacy

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COVID-19 Information and Updates

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COVID-19 FAQs  **updated 4/23/20** (as situations progress, the FAQ will continue to change and be revised). Please check the ASBP website for updates.

[Governor Ducey's Executive Order - Expanding Access to Pharmacies](#)  **(see updated FAQs** 

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State and National Updates

Kelly Fine

Executive Director | Arizona Pharmacy Association



ARIZONA DEPARTMENT OF HEALTH SERVICES

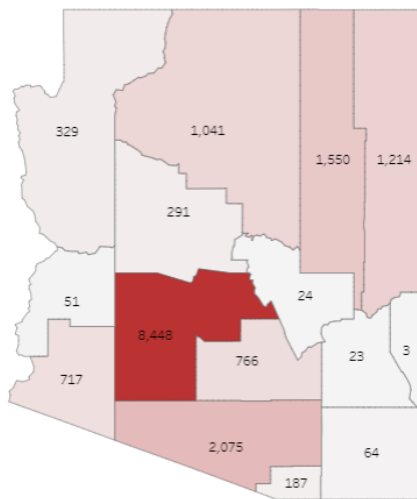
Health and Wellness for All Arizonans

Show case counts or population rates in the map below?

Cases

Select a county to filter the other numbers.

Deaths will not be shown for counties with fewer than three deaths.



Number of
Cases

16,783

Number of
Deaths

807

Number of
COVID-19 Tests

273,070

Number of New Cases
reported today*

222

Number of New Deaths
reported today*

1

Number of New Tests
reported today*

4,686

Rate of cases, per 100,000
population

233.5

Rate of fatalities, per
100,000 population

11.23

Total Percent Positive**

5.6%

Total COVID-19 PCR Tests

190,731

New PCR Tests reported
today*

2,949

PCR Percent Positive**

6.7%

Total COVID-19 Serology
Tests

82,338

New Serology Tests reported
today*

1,737

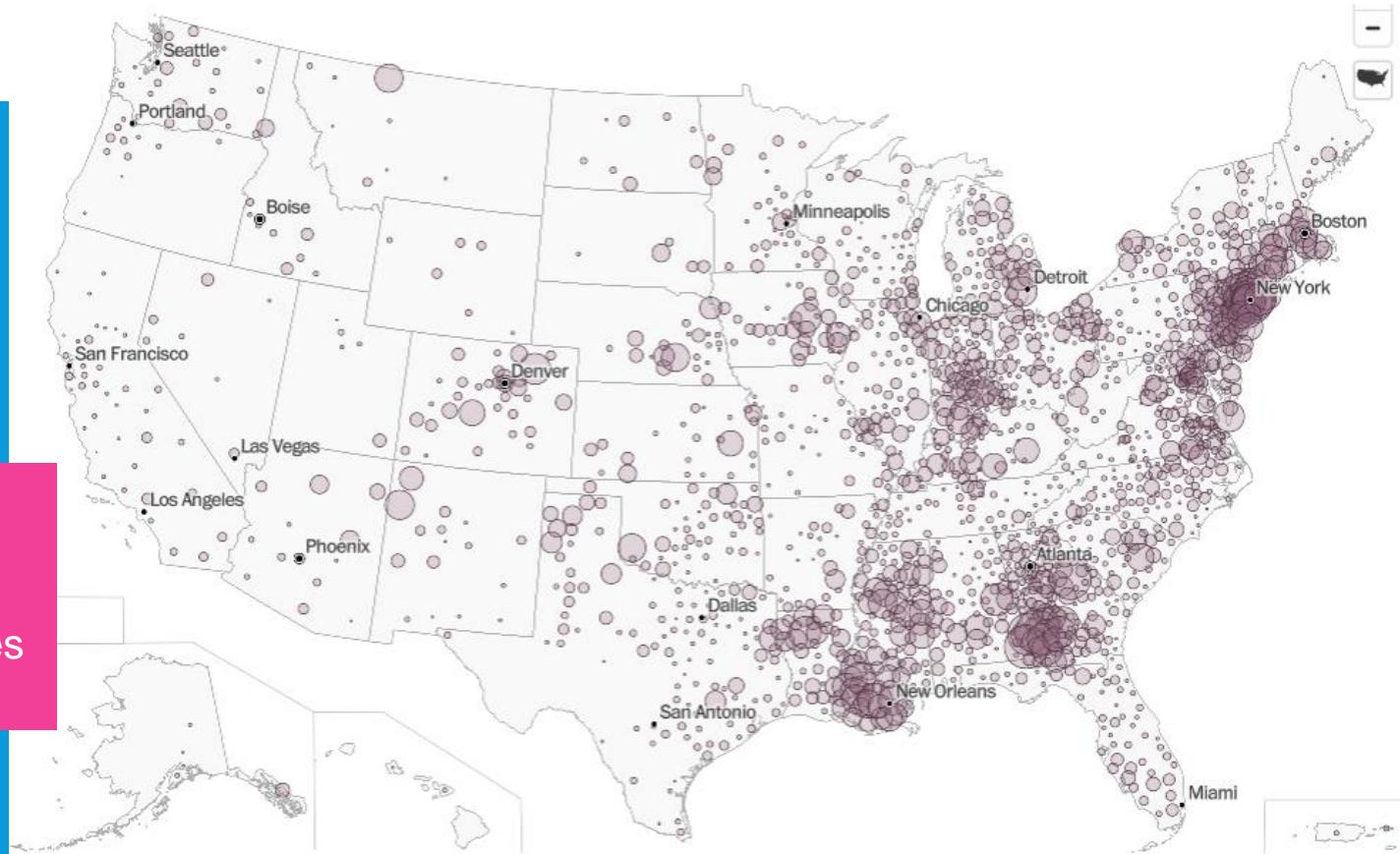
Serology Percent Positive**

3.0%

*Counts of new cases, deaths, and numbers tested reflect increases in the total numbers compared to the previous day.

**Percent positive is the number of people with a positive test result, out of all people with COVID-19 testing completed in AZ.

Deaths reported per 100,000 residents by county



Arizona

806 deaths

11.6 per 100k

16,561 confirmed cases

238.4 per 100K

AZ Moves Up

Arizona increases
testing rank to 23rd in
nation

[CLICK HERE](#)

State ▾	Tests reported ▾	Tests per 100k ▾
New York	1,739,449	8,866
California	1,644,102	4,200
Florida	908,235	4,409
Texas	805,654	2,889
Illinois	769,564	6,002
New Jersey	623,797	7,023
Massachusetts	540,561	7,914
Georgia	513,545	4,987
Michigan	472,860	4,749
Pennsylvania	403,114	3,151
Tennessee	396,219	5,957
North Carolina	344,690	3,394
Louisiana	330,898	7,095
Ohio	330,334	2,837
Washington	326,593	4,477
Virginia	258,750	3,075
Maryland	249,577	4,157
Indiana	226,251	3,409
Connecticut	221,726	6,191
Wisconsin	208,963	3,616
Minnesota	204,059	3,692
Utah	196,468	6,451
Alabama	190,315	3,912
Arizona	187,782	2,703

ADHS Weekly Recap

- [Arizona continues to meet the gating criteria](#) outlined in Phase 1 of the White House's Opening Up America Again. Last week we saw a continued decline in the percent of visits to emergency rooms and hospitals for COVID-like and influenza-like illnesses and an ongoing decrease in the percent positivity of diagnostic (PCR) tests.
- As additional business and other community establishments reopen, ADHS will continue to provide guidance to support COVID-19 prevention. Augmented information can be found on the Business tab [Workplace and Community Locations](#) page.
- ADHS encourages everyone to continue to help slow the spread of COVID-19: maintain physical distancing, wear a cloth face covering in public, use hand sanitizer or wash your hands frequently, and stay home when you are sick.
-

Factors that should inform decisions about relaxing restrictions in nursing homes include:

- Case status in community
- Case status in the nursing home(s)
- Access to adequate testing:
 - The capacity for all nursing home residents to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. Capacity for continuance of weekly re-testing of all nursing home residents until all residents test negative;
 - The capacity for all nursing home staff (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with re-testing of all staff continuing every week
 - Written screening protocols for all staff (each shift), each resident (daily), and all persons entering the facility, such as vendors, volunteers, and visitors;
 - An arrangement with laboratories to process tests

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop C2-21-16
Baltimore, Maryland 21244-1850



Center for Clinical Standards and Quality/Quality, Safety & Oversight Group

Ref: QSO-20-30-NH

DATE: May 18, 2020

TO: State Officials

FROM: Director
Quality, Safety & Oversight Group

SUBJECT: Nursing Home Reopening Recommendations for State and Local Officials

Memorandum Summary

- CMS is committed to taking critical steps to ensure America's nursing homes are prepared to respond to the Coronavirus Disease 2019 (COVID-19) Public Health Emergency (PHE).
- **Recommendations for State and Local Officials:** CMS is providing recommendations to help determine the level of mitigation needed to prevent the transmission of COVID-19 in nursing homes. The recommendations cover the following items:
 - **Criteria for relaxing certain restrictions and mitigating the risk of resurgence:** Factors to inform decisions for relaxing nursing home restrictions through a phased approach.
 - **Visitation and Service Considerations:** Considerations allowing visitation and services in each phase.
 - **Restoration of Survey Activities:** Recommendations for restarting certain surveys in each phase.

ADHS-LTCF Testing Project

- ADHS is partnering with the Arizona Health Care Association, SonoraQuest, Local Public Health Departments, and providers, to rapidly expand testing in long term care settings.
- ADHS is leading effort to test all CMS SNF's
 - 18 SNFs were scheduled to have completed testing by yesterday
 - 16 more are scheduled int the next 2 weeks
 - 4 have opted for self collection
- Following testing, public health works with facilities to provide technical assistance and guidance based on test results, and facilitates support for PPE and/or staffing needs.

LTCF Guidance

- Expands list of symptoms consistent with COVID-19
- What to do when a resident is diagnosed with COVID-19
- Communication Resources
- Summary of CMS requirements and links to their memos

[MCPH Guidance](#)

[ADHS Guidance](#)



Maricopa County
Department of Public Health



COVID-19 Guidance for Long-Term Care Facilities (Updated 5/15/20)

A new respiratory disease – coronavirus disease 2019 (COVID-19) – is widespread in the United States, including in Arizona. All long-term care facilities (LTCF), including long-term acute care hospitals, skilled nursing facilities, assisted living facilities, rehabilitation facilities, hospice, and group homes in their community, restrict all non-essential visitors to their facilities, and follow

***Symptoms consistent with COVID-19 include:** fever, cough, shortness of breath, repeated shaking with chills, body/muscle aches, sore throat, headache, and new

Prevent the introduction of respiratory germs INTO your facility:

Ill visitors and healthcare personnel (HCP) are the most likely sources of introduction. MCPH and CDC recommend aggressive visitor restrictions and enforcing sick leave before COVID-19 is identified in a community or facility.

- **Restrict all visitation** except for certain compassionate care situations, such as:
 - Decisions about visitation during an end of life situation should include careful screening of the visitor for fever or COVID-19*. Those with symptoms should **not** be permitted to enter.
- **Actively screen everyone (including residents, HCP, and visitors) for fever** before they enter the healthcare facility. (This does not include first response emergency or call, as they are being screened by their workplace.)
 - **Fever** is either measured as $\geq 100.4^{\circ}\text{F}$ or subjective.
- HCP who work in multiple locations may pose a higher risk and should be screened before they have had exposure to other facilities with recognized COVID-19 cases.
- **To protect others in case of asymptomatic or pre-symptomatic transmission:** (e.g., healthcare personnel, patients, visitors) should wear a mask.
 - This action is recommended to help prevent transmission from individuals who may not have symptoms of COVID-19*.
 - Cloth face coverings are not considered PPE because their effectiveness is unknown. Surgical facemasks, if available, should be worn.
 - For visitors and patients, a cloth face covering may be appropriate to the healthcare facility without a cloth face covering, a surgical mask, or other source control if supplies are available.
- **Restrict all volunteers and non-essential HCP from entering the facility** (e.g., healthcare personnel (e.g., barbers, consultants)).
- **Cancel all group activities and communal dining.**
- **Ensure sick leave policies are non-punitive and allow employees to stay home** consistent with COVID-19*.



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Coronavirus disease 2019 (COVID-19) is the clinical disease caused by infection with SARS-CoV-2, a novel coronavirus that first was identified in Wuhan City, China in December 2019. This document serves as guidance to long-term care facilities (LTCF) to implement best practices for the prevention, detection and infection control necessary to contain the spread of COVID-19 within a facility.

SIGNS AND SYMPTOMS

It takes between 2–14 days after exposure for symptoms of COVID-19 to develop (median is ~4 days). Common symptoms include:

- fever ($\geq 100.4^{\circ}\text{F}$ or 38°C)
- cough
- sore throat
- shortness of breath
- muscle aches
- fatigue

Less common symptoms: sputum production, headache, diarrhea. In older adults, initial symptoms may be mild and fever might be absent.

RISK FACTORS

Based on what we know now, those at **high-risk** for severe illness from COVID-19 are:

- **People who live in a LTCF.**
- People 65 years of age and older.
- People of all ages who have underlying medical conditions, particularly when the underlying medical conditions are not well controlled.

COVID-19 spreads easily in the LTCF population and outcomes can be severe. Rates of pneumonia and death are increased in this population as compared to the general population. COVID-19-infected staff and visitors are the most likely sources of introduction into a facility. There is increasing evidence that asymptomatic individuals may spread COVID-19 up to 48 hours prior to symptom onset.

Prepare for COVID-19: Prevent the introduction of COVID-19 into your facility.

IDENTIFY PLANS AND RESOURCES

- Review and update your pandemic influenza preparedness plans. The same planning applies to COVID-19.
 - If you do not have a plan, a template can be found here: <https://www.cdc.gov/flu/pandemic-resources/pdf/longtermcare.pdf>
- Identify public health and professional resources.
 - Local Health Departments: azhealth.gov/localhealth



ARIZONA STATE
LEGISLATURE

Another Update!

- After returning May 19th for limited committee work and floor action, the Arizona House of Representatives approved the motion to adjourn sine die May 21st.
- Senate President Karen Fann issued a call to members to return yesterday to formally end the session. After passing their own sine die motion two weeks ago, the Senate has been standing at recess as they waited for the House to wrap up.
- That concludes the Second Regular Session of the 54th Legislature.
- Special Session?

AHA-CPR Card Extensions

- The AHA issued extensions for AHA Instructor and Provider cards beyond their recommended renewal date, initially for 60 days, then to 120 days.
- Those with AHA Provider and Instructor cards that expired in March and April, and those with cards expiring at the end of May and June can renew their card for up to 120 days from the recommended renewal date on their card. See below for specific recommended renewal and extension dates:

Recommended Renewal Date on Card (end of month)	New Renewal Due Date with 120-day Extension (end of month)
March 2020	July 2020
April 2020	August 2020
May 2020	September 2020
June 2020	October 2020

Peer-reviewed Data Shows Remdesivir for COVID-19 Improves Time To Recovery

New research indicates that remdesivir is superior to the standard of care for the treatment of COVID-19 based on preliminary analysis published in the NEJM.

The double-blind, randomized, controlled trial enrolled more than 1,000 individuals in 10 countries in 58 days. **Participants—hospitalized adults with COVID-19 with evidence of lower respiratory tract involvement—were randomly assigned to receive local standard care and a 10-day course of I.V. remdesivir or local standard care and a placebo.**

- Patients who received remdesivir had a shorter time to recovery—which was defined as being discharged from the hospital or being medically stable enough to be discharged—compared with placebo recipients. **The median time to recovery was 11 days for patients in the remdesivir group vs. 15 days for those in the placebo group.** The data also suggest a survival benefit with remdesivir, with a 14-day mortality rate of 7.1% for the remdesivir group compared with 11.9% for the placebo recipients, although that difference was not statistically significant.

ASPR Transparency on Allocation of Remdesivir to States

- New HHS website provides information regarding Gilead's ongoing donation of remdesivir, including HHS methodology for allocating the drug to states and a state by state breakdown of the current allocations.
- [CLICK HERE](#)

Allocation of Remdesivir by Jurisdiction

The product is not being distributed all at once. Cases of remdesivir, which contain 40 vials of product each, are being sent to states and territories over the course of approximately six weeks.

State	Week 1 (May 4-10)	Week 2 (May 11-17)	Week 3 (May 18-24)	Jurisdiction Total
Alabama	10	55	60	125
Alaska	5	0	1	6
American Samoa	2	0	0	2
Arizona	10	85	93	188
Arkansas	10	11	12	33
California	30	395	432	857
Colorado	20	43	47	110
Commonwealth of the Northern Mariana Islands	2	0	0	2
Connecticut	30	99	108	237
Delaware	10	21	23	54
District of Columbia	10	34	37	81
Department of Defense	0	300	250	550

CDC Estimates That 35% of Coronavirus Patients Don't Have Symptoms

- Based on real-world data, CDC estimates that **35% of people with COVID-19 are asymptomatic, that 40% of infections occur before they feel sick, and that 0.4% of patients with symptoms do not survive.**
- The agency emphasizes that the numbers are not projections of the expected impact of the pandemic, nor do they reflect the impact of social distancing or other responses. Rather, it clarifies, the data will be used for planning purposes by mathematical modelers and public health officials viewing the pandemic under different potential conditions.

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AstraZeneca COVID-19 Vaccine to be Available Beginning in October

- HHS announced that it is working with AstraZeneca to make available at least 300 million doses of an investigational coronavirus vaccine, aiming to deliver the first doses in October. The agreement between the Biomedical Advanced Research and Development Authority (BARDA), which is part of the HHS Office of the Assistant Secretary for Preparedness and Response, and AstraZeneca, will accelerate the development and manufacturing of the vaccine candidate, known as AZD1222, to start Phase III clinical studies in the United States this summer.
- To make the vaccine available, FDA would have to grant emergency use authorization or licensure.
- The vaccine, which was developed by the University of Oxford and licensed to AstraZeneca, is the fourth vaccine candidate to receive BARDA support for late-stage development and manufacturing. [CLICK HERE](#)

FDA Updates Guidance Policies for the Temporary Compounding of Certain Human Drugs

- The guidance for temporary compounding of certain drugs by outsourcing facilities during the COVID-19 emergency has been updated to include timely product reporting by outsourcing facilities compounding drugs covered by the guidance. Hospitals can use this information, which FDA will post on its website, to help determine which outsourcing facilities are compounding drugs used for hospitalized patients with COVID-19. The guidance has also been updated to clarify policies for testing container-closures and product stability.
- Additionally, the guidance has been updated to explain that, at this time, FDA does not intend to take action against an outsourcing facility for filling orders of a drug that is essentially a copy of an FDA-approved product, provided the drug was covered by this guidance within 90 days of the outsourcing facility compounding, distributing, or dispensing the drug.

FDA Updates Guidance Policies for the Temporary Compounding of Certain Human Drugs

- The guidance for temporary compounding of certain drugs by pharmacy compounders during the COVID-19 public health emergency has been updated to include pharmacy compounder reporting to FDA on adverse events associated with drugs compounded under this guidance.
- Must report as soon as possible but no later than 15 days after receipt of such information to FDA's MedWatch Adverse Event Reporting program

FDA Provides Transparency For Antibody Tests

- FDA announced that it has posted a list of antibody tests that are being removed from the "notification list" of tests being offered under the Policy for Coronavirus Disease-2019 Tests During the Public Health Emergency.
- Tests included on this list include those voluntarily withdrawn from the notification list by the test's commercial manufacturer and those for which there is no pending or issued Emergency Use Authorization (EUA).
- FDA said it "expects that the tests on the removal list will not be marketed or distributed."

[CLICK HERE](#)

ASHP Releases Health System Pharmacy Surge Toolkit

- ASHP has created the [ASHP Patient Surge Management During a Pandemic - Toolkit for Hospital and Health System Pharmacy](#). The toolkit provides a compilation of the many lessons learned to date from pharmacy leaders as they shared their experiences in surge management as well as ASHP tools and resources created in response to COVID-19.
- This toolkit will serve as a strong reference document for ongoing and future preparation for situations resulting in significant patient surges. We also encourage you to submit your lessons learned so we can continue to update and improve this toolkit. Please submit lessons learned to sections@ashp.org

Questions?