



June 10, 2020

# COVID-19 TOWN HALL



# Board of Pharmacy Update

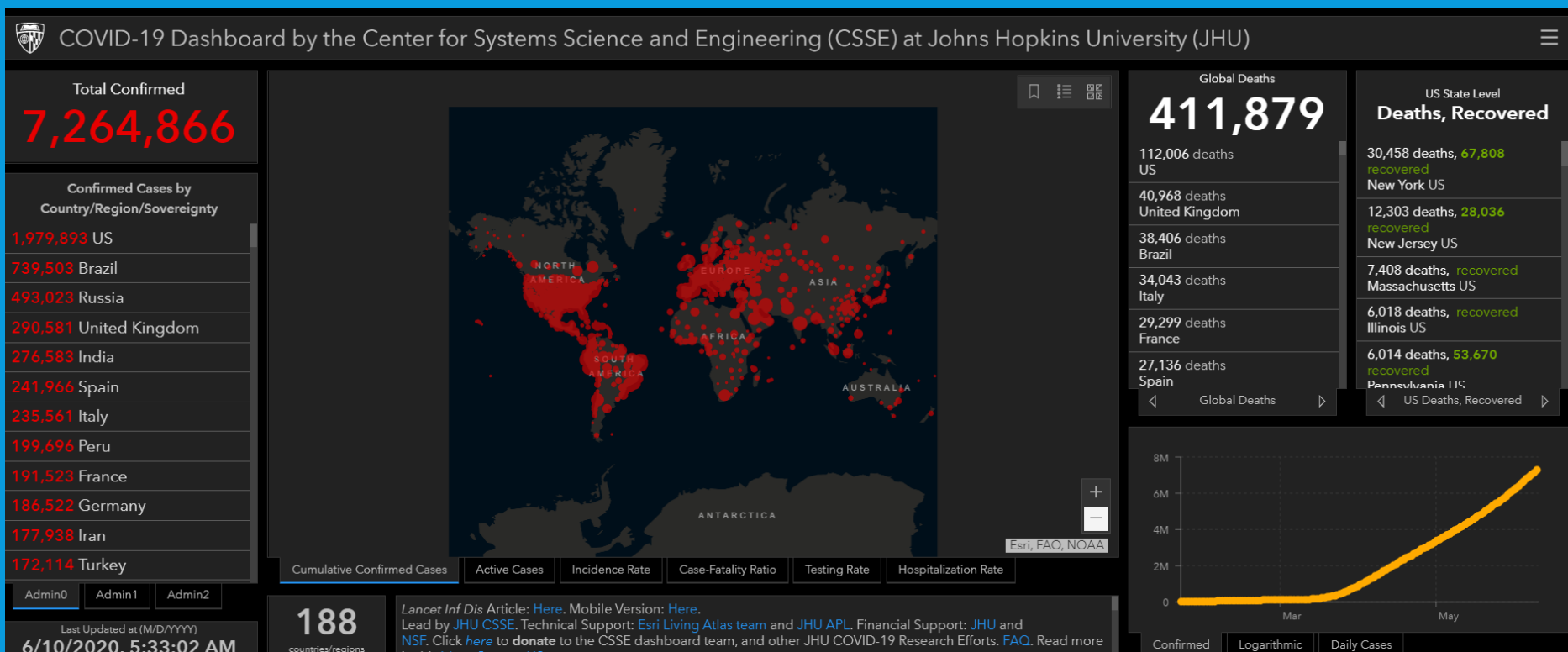
Kam Gandhi  
Executive Director | AZ Board of Pharmacy

# State and National Updates

Kelly Fine

Executive Director | Arizona Pharmacy Association

# Worldwide Cases

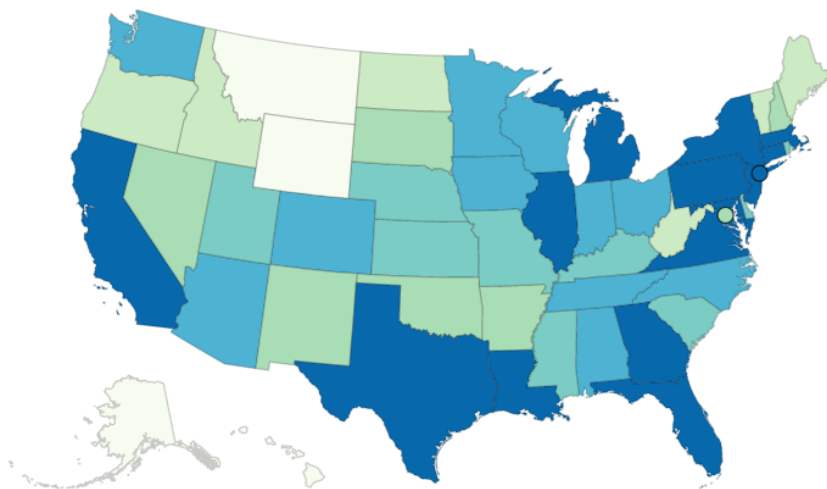


# US Cases

## Cases & Deaths by Jurisdiction

35 jurisdictions report more than 10,000 cases of COVID-19.

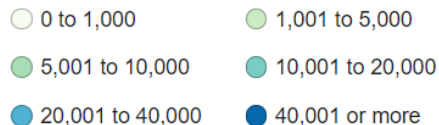
This map shows COVID-19 cases and deaths reported by U.S. states, the District of Columbia, New York City, and other U.S.-affiliated jurisdictions. Hover over the map to see the number of cases and deaths reported in each jurisdiction. To go to a jurisdiction's health department website, click on the jurisdiction on the map.



AS FM GU MP PW PR MH VI



### Reported Cases



Last updated on June 9, 2020

TOTAL CASES  
**1,956,421**  
17,598 New Cases\*

TOTAL DEATHS  
**110,925**  
550 New Deaths\*

\*Compared to yesterday's data

[About the Data](#)



# ARIZONA DEPARTMENT OF HEALTH SERVICES

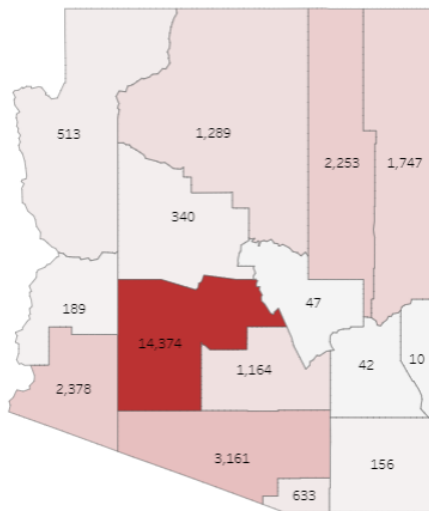
Health and Wellness for All Arizonans

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 28,296	Number of Deaths 1,070	Number of COVID-19 Tests 409,174
Number of New Cases reported today*	Number of New Deaths reported today*	Number of New Tests reported today*
618	23	6,514
Rate of cases, per 100,000 population 393.6	Rate of fatalities, per 100,000 population 14.88	Total Percent Positive** 6.3%
Total COVID-19 PCR Tests 293,213	New PCR Tests reported today* 5,132	PCR Percent Positive** 7.6%
Total COVID-19 Serology Tests 115,961	New Serology Tests reported today* 1,382	Serology Percent Positive** 3.1%

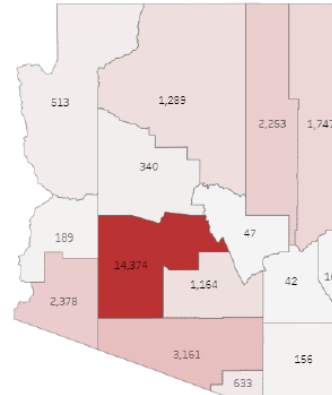
\*Counts of new cases, deaths, and numbers tested reflect increases in the total numbers compared to the previous day.

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

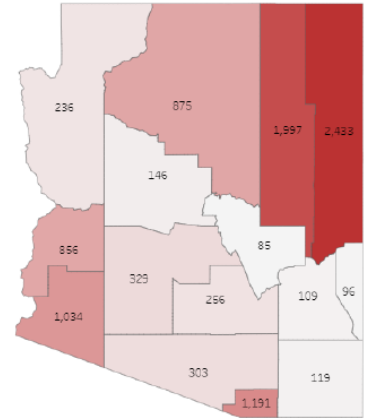
# COVID-19 in Arizona

- 28,296 Cases in Arizona
  - Confirmed and probable
- 1,070 deaths in Arizona

Case Counts



Case Rates  
per 100,000 population

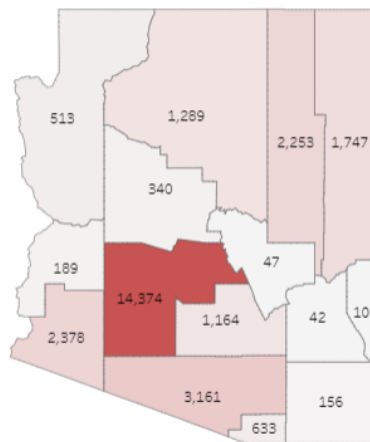


# Confirmed COVID-19 Cases by Day

## COVID-19 Cases by Day

Date of specimen collection is used for day

Select a county to filter the epi curve.



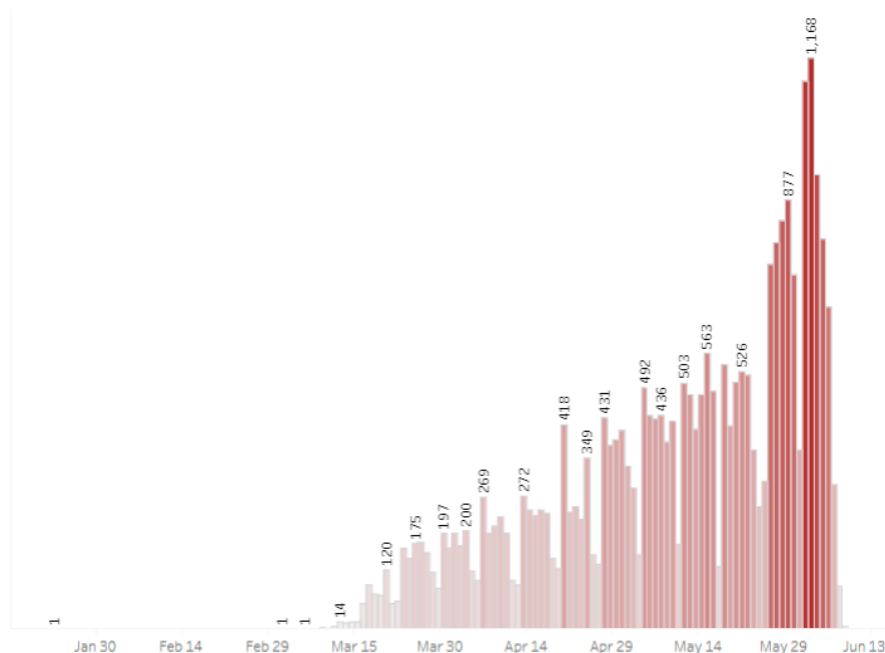
## What is an Epi Curve?

An epi curve is a visual display of cases associated with an outbreak by a specific date. In the graph below, the date of specimen collection is used as the date.

Hover over the icon to get more information on the data in this dashboard.



Epi Curves may be used to describe an outbreak's time trend or distribution of cases over time, the general sense of the outbreaks' magnitude, and the most likely time period of exposure.



\*Illnesses in the last 4-7 days may not be reported yet



# Laboratory Testing

Choose a test type to filter the data.

All

Hover over the icon to get more information on the data in this dashboard.



All tests completed for COVID-19

409,174

All tests reported yesterday in Arizona

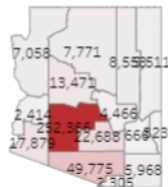
6,514

Total % Positive COVID-19 All Tests

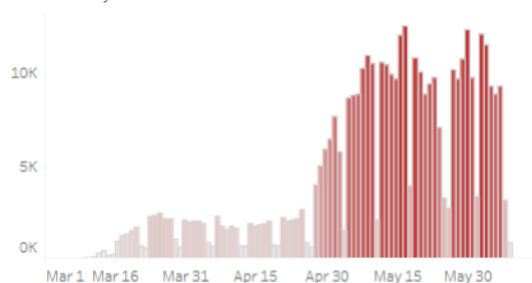
6.3%

All tests by county

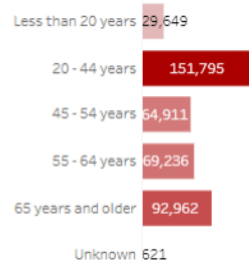
Select a county to filter the data.



All tests by date of collection



All Testing by Age Group



COVID-19 tests completed and percent positive by week

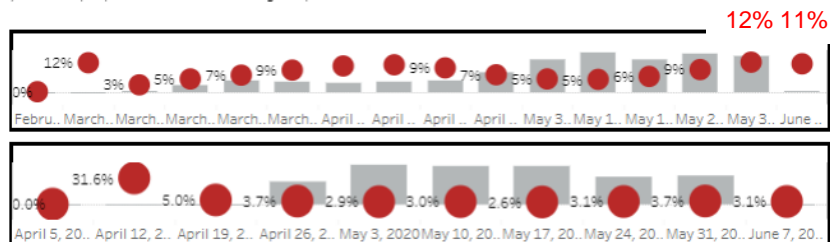
Percent positive is defined as number of people with a positive test result, out of all people with COVID-19 testing completed in AZ.

Total % Positive COVID-19 PCR Tests

7.6%

Total % Positive COVID-19 Serology Tests

3.1%



Date Updated:

6/9/2020

\*NOTE: Results from the last 4-7 days may not be reported yet.



## ARIZONA DEPARTMENT OF HEALTH SERVICES

June 6, 2020

Re: Hospital Preparedness During COVID-19

Dear Hospital Partners,

As you know the Arizona Department of Health Services (ADHS) takes the threat of COVID-19 in Arizona very seriously and has taken aggressive action to ensure hospitals have adequate healthcare capacity and to educate Arizonans on mitigating the spread of this disease. We appreciate your partnership in responding to the pandemic and the work your facilities have done to date to expand bed capacity, coordinate across hospital systems, develop shared protocols, and support the success of the [Arizona Surge Line](#).

Your facilities and staff are on the front line of this response and your continued ability to care for your patients in a safe manner is critical in Arizona's success in overcoming COVID-19. For those reasons, I urge you to do or continue doing the following:

- Fully activate your facility emergency plan as directed by [Executive Order 2020-16](#)
  - Institute your hospital incident command
  - Ensure continuation of essential service personnel, including non-clinical staff
  - Review the [Arizona Crisis Standards of Care Plan](#) to make determinations for moving your facility from conventional care to contingency care and prepare for crisis care
- Be judicious and reduce or suspend elective surgeries to ensure adequate bed capacity for both COVID and non-COVID admissions as required by [Executive Order 2020-10](#)
  - Under [Executive Order 2020-32](#), facilities may request an exemption from Executive Order 2020-10 and resume elective surgeries if they can demonstrate several elements, including:
    - A 14 day supply of PPE;
    - Adequate staffing and bed availability with no more than 80% total bed capacity occupied;
    - Access to COVID-19 testing; and
    - Enhanced cleaning and screening precautions.
  - Facilities that have resumed elective surgeries but are now experiencing staffing shortages or inadequate bed capacity must suspend electives immediately
- Maintain and implement plans to staff the surge beds you identified as directed by [Executive Order 2020-16](#)
  - Continue to identify additional ICU and inpatient beds to meet the 50% additional bed increase as required by Executive Order 2020-16.

- Refine your hospital admission criteria to allow management of patients in alternate care settings within the community rather than within your facility
- Evaluate discharge planning criteria and messaging to efficiently discharge patients not critically in need of ongoing inpatient acute care
- Institute plans to optimize staffing levels within your facility
  - Identify areas or positions where you can safely expand scope of practice and cross-train
  - Identify mechanisms to activate medical volunteers and integrate them into your facility, including coordination with your local public health department to explore volunteer staffing resources
- Fully participate in the [Arizona Surge Line](#) as directed by [Executive Order 2020-38](#)
  - Utilize the Arizona Surge Line for interfacility transfer of patients with suspected or confirmed COVID-19 outside of your healthcare system
  - Accept and transfer patients as directed by the Surge Line, when clinically appropriate resources allow
  - Facilities with clinically appropriate resources and who have received an exemption from Executive Order 2020-10 from the Department must not decline an Arizona Surge Line transfer
    - Facilities should call their local public health department if current capacity requires them to hold resources for "local" patients or completion of an elective surgery
- Accurately report key hospital capacity data through EMResource as required under the [Enhanced Surveillance Advisory](#) issued by Governor Ducey on May 21, 2020
- Evaluate your supplies and equipment and create facility guidance for optimization of scarce resources
  - Identify additional sources for supplies and equipment: training centers, outpatient facilities managed by your hospital system, ambulatory surgical centers, etc.
  - Institute CDC guidance for optimization of PPE: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>
  - Register for the [Battelle Critical Care Decontamination System](#) or implement a similar system in your facility for safe re-use of N95 masks if necessary
- Ensure efficient triage processes to relieve excess burden on your emergency room
  - Implement triage tents, triage hotlines, outpatient referral, and other alternate triage strategies outside the emergency department
  - Develop triage criteria for emergency care versus referral to an appropriate alternate location
  - Expand behavioral health case management capacity to reduce your number and duration of psychiatric holds
- Maintain communication with healthcare providers and public health within your region
  - Communicate resource needs with your public health partners who can facilitate resource acquisition, including staffing, through local, state, or federal partners if you have exhausted the options within your facility's emergency plan

# Elective Surgeries-Emergency Planning

- Executive Order 2020-16 has not expired
- EO 2020-32 allowed exemptions to elective surgeries if:
  - 14 day supply of PPE
  - Adequate staffing and bed availability with no more than 80% total bed capacity occupied
  - Access to COVID-19 testing
  - Enhanced screening precautions and cleaning
- Facilities that are now experiencing staffing or bed shortages **MUST** suspend elective surgeries immediately.

# Hospital COVID-19 Specific Metrics

Inpatient COVID-19

Ventilators in Use COVID-19

ICU Beds for COVID-19

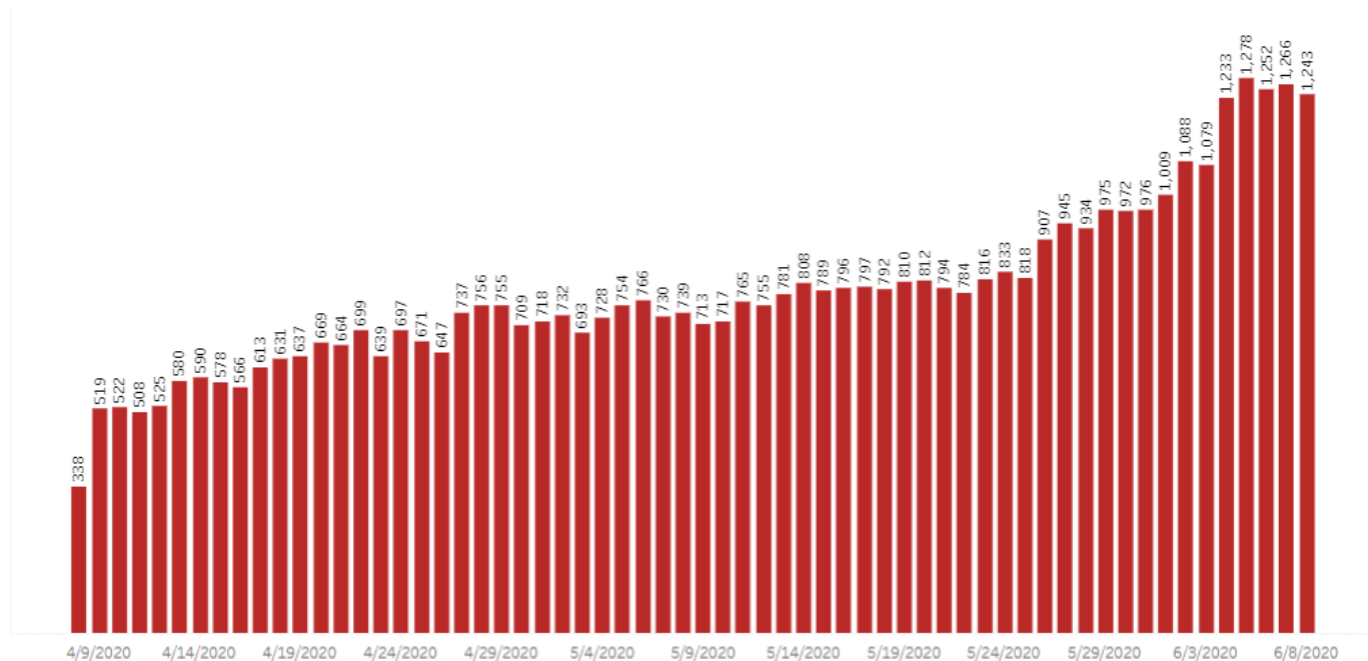
COVID-19 Discharge

COVID-19 ED

Intubations COVID

Number of Positive or Suspected **Inpatient COVID-19 Patients**

Hover over the icon to get more information on the data in this dashboard.



Date Updated:

6/7/2020

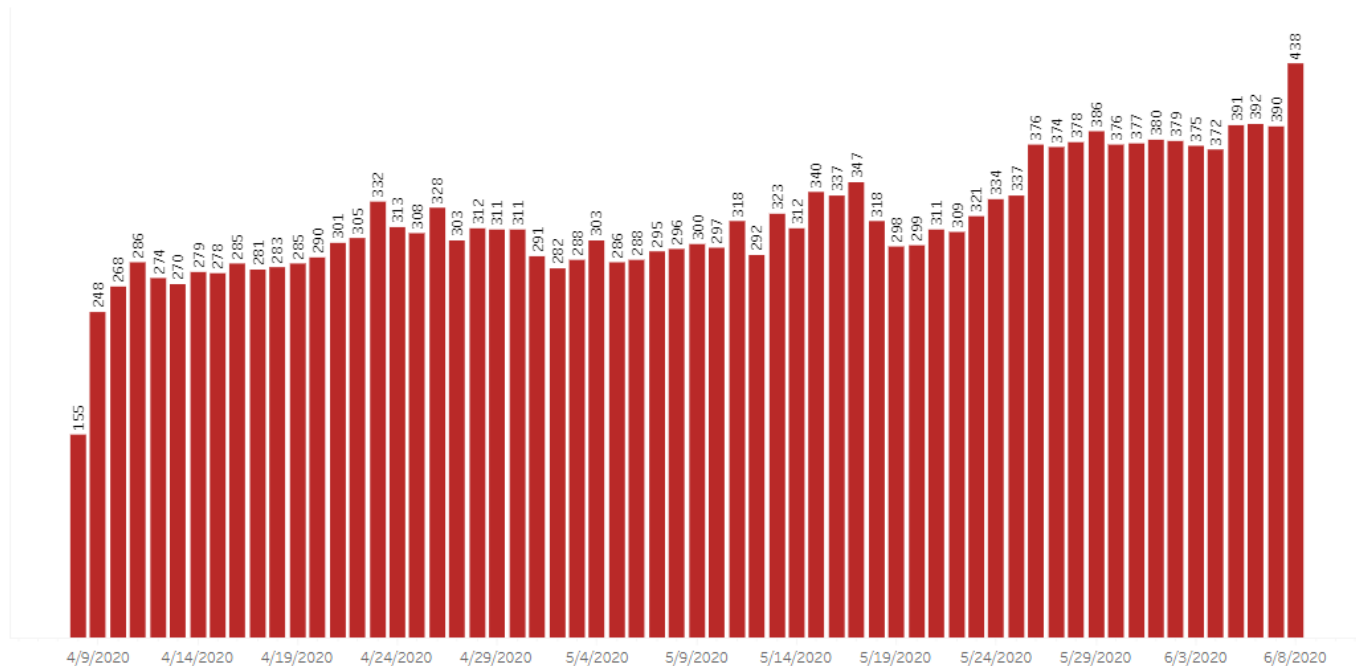
Large decreases or increases may be due to differences in self reporting

# Hospital COVID-19 Specific Metrics

[Inpatient COVID-19](#)[Ventilators in Use COVID-19](#)[ICU Beds for COVID-19](#)[COVID-19 Discharge](#)[COVID-19 ED](#)[Intubations COVID](#)

Number of **Intensive Care Unit (ICU) Beds in Use** by Positive or Suspected COVID-19 Patients

Hover over the icon to get more information on the data in this dashboard.

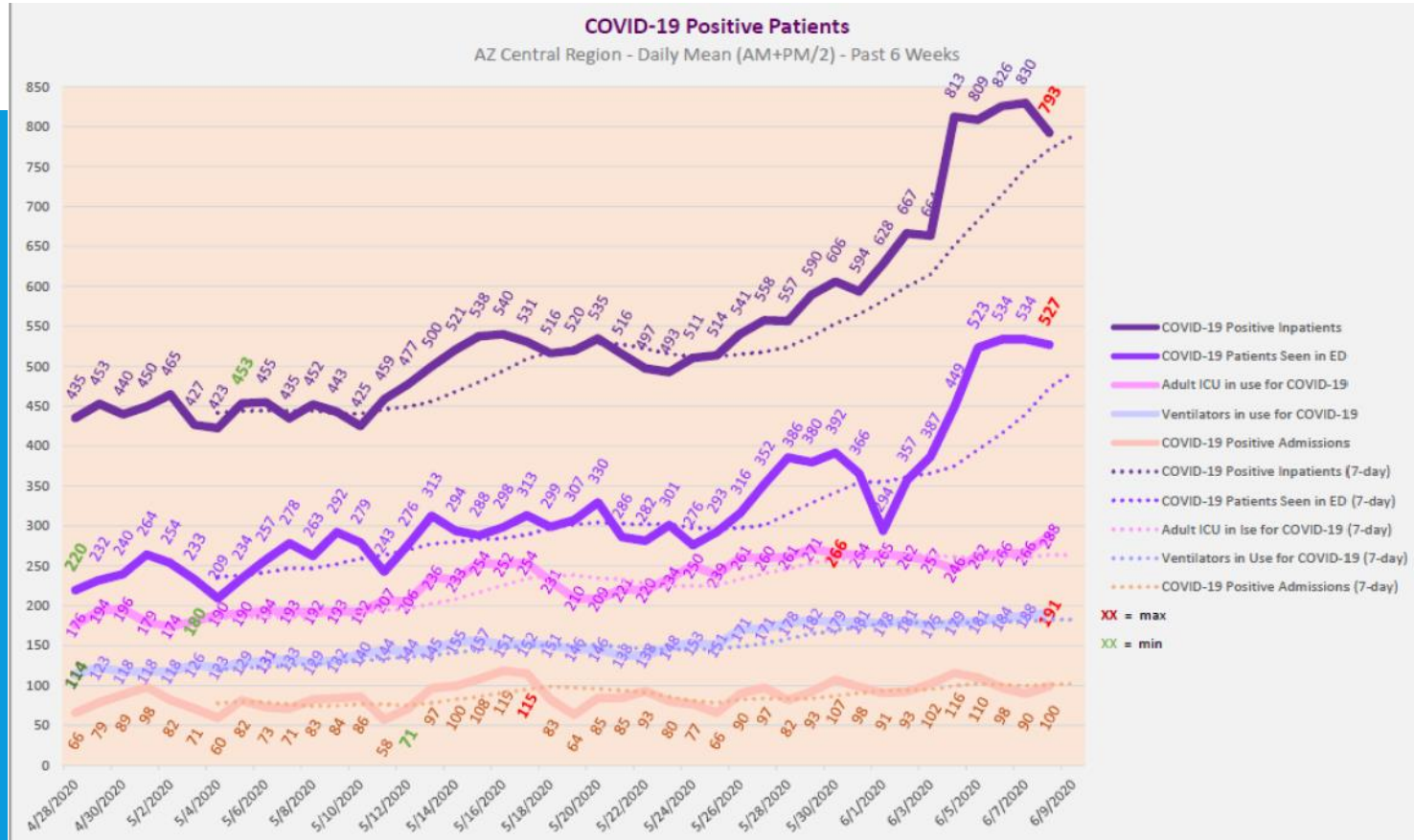


Date Updated:

6/7/2020

Large decreases or increases may be due to differences in self reporting

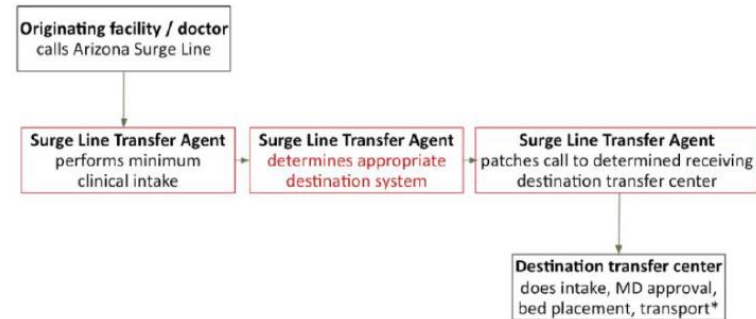
# Hospitalized Patients with COVID-19



# AZ Surge Line

- To expedite and facilitate transfer of patients with **suspected or confirmed COVID-19** to the most appropriate level of care.
- Hospital systems or post-acute care facilities who want more information, contact:  
[surgeline@azdhs.gov](mailto:surgeline@azdhs.gov).

## THE ARIZONA **SURGELINE**





# Arizona Alternate Care Sites

- St Luke's reportedly could be ready with in a few days
- A site is being requested for long-term ventilated patients to help offload hospitals/ICU's



## ST. LUKE'S MEDICAL CENTER – PHOENIX, AZ

### HOTEL TO HEALTHCARE (H2HC)



#### Alternate Care Facility Overview

Location: Phoenix, AZ
MSC: South Pacific Division (SPD)
FEMA Region: IX
Contractor: Aptim Fed. Serv., LLC
Type: Hotel (H2HC)
Patient Type: COVID
Facility Size: 219,000 SF
Bed Capacity: 254
Address: 1800 E Van Buren St., Phoenix, AZ 85006



#### Plans

**Notes:**  
1 building with 7 patient floors, not all floors have the same layout. This is an example of the 7<sup>th</sup> Floor, that shows 2 beds per room, and 52 bed spaces. State ask is 254 beds

— = bed space  
— = staff/admin





# Remdesivir

- Maricopa County Public Health reported redistributed 111 cases of Remdesivir last week.
  - They will receive one last shipment next week
- The government's supply will run out at the end of June.
- Hospitals theoretically will be able to start ordering as of July but supply will be limited initially.
- Gilead says it plans to have more than 500,00 treatment courses available by October .

[CLICK HERE](#)

# Hospital Reimbursement

- Hospitals that have seen a large number of COVID-19 patients have an opportunity to recoup costs back to January.
  - Should have received email from HRSA yesterday
- You need to get your information into the TeleTracking Platform by June 15<sup>th</sup>
  - 1-877-570-6903
  - [providerreliefcontact@hrsa.gov](mailto:providerreliefcontact@hrsa.gov)



# Changes in Distress Levels – District Eight

As of June 6, 2020

	Distress % June 2020	Change in Distress % June vs May 2020	Distress % State Rank June 6, 2020	Change in Distress % May vs April 2020	Distress % State Rank May 6, 2020	Change in Distress % April vs Jan 2020	Distress % State Rank April 6, 2020	COVID-19 Reported Cases State Rank June 6, 2020
Arizona	39.50%	1.40%	13	-0.02%	16	1.24%	17	25,451
California	32.79%	0.03%	36	-1.41%	35	-2.44%	35	126,016
Colorado	37.44%	-1.17%	19	1.30%	14	-0.82%	19	27,848
Hawaii	53.19%	-1.36%	2	-2.59%	2	0.38%	2	634
Nevada	44.00%	5.90%	6	-1.90%	18	1.11%	11	8,460
New Mexico	28.57%	-2.20%	44	0.00%	39	-2.56%	39	8,800
Utah	34.57%	-0.49%	30	-0.08%	27	-1.96%	31	11,939



## PHARMACISTS WELL-BEING INDEX State Distress Percent\*

### June 2020

As of June 6, 2020, the Arizona distress percent was 39.50% (13<sup>th</sup> highest) with 153 assessors. On this same date, the CDC reported 25,451 COVID-19 cases in your state (21<sup>st</sup> most in the US).

### May 2020

As of May 6, 2020, the Arizona distress percent was 38.10% (16<sup>th</sup> highest) with 143 assessors. On this same date, the CDC reported 9,305 COVID-19 cases in your state (24<sup>th</sup> most in the US).

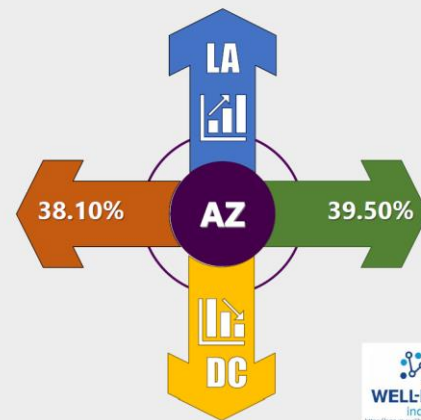


### State Comparison

As of June 6, 2020

Louisiana ranks with the highest distress percent of 55.17% (n=46).

Washington, DC has the lowest 19.05% (n=17)



\*Distress Percent is the percentage of individuals with a Pharmacist Well-Being Index (WBI) score ≥5. It measures the percent of individuals that are at a high level of distress.

# CDC - Immunization Guidance

- CDC has issued [“Interim Guidance for Immunization Services During the COVID-19 Pandemic”](#) to help immunization providers in a variety of clinical settings plan for the safe vaccine administration during the COVID-19 pandemic. This guidance will be updated as the COVID-19 pandemic evolves.
- **Highlights include:**
  - Considerations for routine vaccination of all recommended vaccinations for children, adolescents, and adults, including pregnant women
  - General practices for the safe delivery of vaccination services, including considerations for alternative vaccination sites
  - Strategies for catch up vaccinations

# CDC-Pet to Human COVID Transmission Unlikely

- Although there are documented cases of humans spreading the novel coronavirus to their pets, it is unlikely that domesticated animals can spread the virus to humans, according to a new report from the CDC and the Department of Agriculture.
- While the findings confirm the possibility of humans transmitting the coronavirus to animals, the researchers stress that animals are not known to play a significant role in the virus.

[CLICK HERE](#)



# WHO Resumes Hydroxychloroquine Study After Reviewing Safety Concerns

- Researchers stopped accepting new patients last week after safety concerns—mortality, specifically—were raised in a separate report published in the Lancet.
- Upon reviewing results generated to date, the current trial's data safety monitoring board found "no reasons" to discontinue their work, and in fact, challenged several aspects of the Lancet report, including sources and analysis of the patient data.
- Both the Lancet and the NEJM who published studies using the same database in question have retracted their studies.

[CLICK HERE](#)

# Some Patients on Ventilators are Taking Days Awaken from Comas

- A significant number of patients with severe COVID-19 who have spent long periods on ventilators are taking days or weeks to awaken from medically induced comas.
- When they do regain consciousness, many face the need for months of cognitive and physical rehabilitation, and some might never return to their previous level of functioning.
- The severity of their neurological effects can range from "mental fog," fatigue, or mild memory lapses, to severe dysfunction requiring lengthy rehabilitation, according to a paper in Neurocritical Care. "The magnitude of the COVID-19 pandemic will result in substantial neurological disease," the paper said. "The sheer volume of those suffering critical illness is likely to result in an increased burden of long-term cognitive impairment."

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# FDA Says Some N95 Masks Made In China Shouldn't Be Reused

- Testing by CDC's National Institute for Occupational Safety and Health (NIOSH) revealed that some respirators manufactured in China could "vary in their design and performance."
  - Among the masks authorized for use but not for decontamination and reuse are models from 3M that are manufactured in China.
- FDA also announced changes in emergency authorizations, some involving the use of decontamination systems, and all related to mask safety.
- According to CDC's recommendations, decontaminated respirators should only be used when new FDA-cleared N95 respirators, NIOSH-approved N95 respirators

[CLICK HERE](#)



# Battelle CCDS™ Process

## HEALTH CARE PROVIDER SIGN-UP PROCESS Battelle CCDS Critical Care Decontamination System™

**BATTELLE**

### 1 Sign up with Battelle

- Visit [battelle.org/decon](https://battelle.org/decon) to fill out the enrollment form
- Battelle emails enrollee links to the enrollment contract, instructions, and the Battelle POC



### 2 Contact Us to Get Your Code

- Enrollee signs contract and contacts Battelle POC to receive their 3-digit codes for each facility



### 3 Properly Label Respirators

- Once the 3-digit codes are received from Battelle, enrollee collects N95 respirators
- N95 respirators must be unsoiled (free of blood, mucus, make-up, lip balm, etc.) and labeled with a permanent marker



### 4 Collect & Bag All N95 Respirators

- Enrollee collects all N95 respirators into a single plastic bag
- Once the plastic bag is filled, tie off the bag and put it into another plastic bag



### 5 Properly Package

- Clean the outside bag with disinfectant
- Shipping box must be labeled with the 3-digit code and a biohazard sticker



### 6 Ship to CCDS Site

- Enrollee contacts their chosen logistics provider to coordinate pick-up and delivery of their N95 respirators
- Enrollee can either use a logistics provider of their choice or Battelle's preferred logistics provider



### 7 Decontaminated & Returned

- Your shipments are barcoded to ensure chain of custody
- Your N95 respirators are processed and then verified to ensure they are free of decontaminant
- Your decontaminated N95 respirators are returned to your facility



## Battelle CCDS is designed to decontaminate N95 respirators using low concentration, vapor-phase hydrogen peroxide to decontaminate

- Capacity: Tens of thousands per day
- Cost: Free
- Allows safe reuse of the same N95 up to 10 times without degraded performance (you get your mask back)
- Register at [battelle.org/decon](https://battelle.org/decon)

# Coronavirus Patients Lose Senses Of Taste, Smell—and Haven't Gotten Them Back

- Many people who recover from COVID-19 experience the loss of smell and taste, but clinicians say the symptoms can last for months or even become permanent.
- A study published in the European Archives of Oto-Rhino-Laryngology found that among 417 patients who suffered mild to moderate forms of COVID-19 in Europe, 88% and 86% reported taste and smell dysfunctions, respectively.
- The bulk of patients said they were unable to taste or smell even after other COVID-19 symptoms resolved. Initial data indicates that at least a quarter of people regained their ability to taste and smell within 2 weeks of other symptoms resolving.

[CLICK HERE](#)

# Trump Administration Selects Five Coronavirus Vaccine Candidates As Finalists

- The federal government has selected five companies as the most likely candidates to manufacture a vaccine for the novel coronavirus.
- **The five companies are:**
  - Moderna
  - Oxford University and AstraZeneca
  - Johnson & Johnson
  - Merck
  - Pfizer
- Each entity is using a somewhat different strategy.

Questions?