



July 22, 2020

# COVID-19 TOWN HALL



# Board of Pharmacy Update

Kam Gandhi

Executive Director | AZ Board of Pharmacy

Due to the Health Emergency, the Board will no longer take walk-ins. Board staff will still be available via phone, email and by appointment. For office directory click <https://pharmacy.az.gov/node/5226>.

Thank you for your understanding.



# State and National Updates

Kelly Fine

Executive Director | Arizona Pharmacy Association

# Worldwide Cases



COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)



Total Confirmed

14,974,446

Confirmed Cases by

Country/Region/Sovereignty

3,902,377 US

2,159,654 Brazil

1,193,078 India

787,846 Russia

381,798 South Africa

362,087 Peru

356,255 Mexico

334,683 Chile

297,389 United Kingdom

281,413 Iran

Admin0

Last Updated at (M/D/YYYY)

7/22/2020, 5:34:55 AM



Cumulative Confirmed Cases

Active Cases

Incidence Rate

Case-Fatality Ratio

Testing Rate

Hospitalization Rate

188

countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#).

Lead by JHU CSSE. Technical Support: [Esri Living Atlas team](#) and [JHU APL](#). Financial Support: JHU, NSF, Bloomberg Philanthropies and Stavros Niarchos Foundation. Resource support: [Slack](#), [Github](#)

Global Deaths

617,297

142,073 deaths  
US

81,487 deaths  
Brazil

45,507 deaths  
United Kingdom

40,400 deaths  
Mexico

35,073 deaths  
Italy

US State Level

Deaths, Recovered

32,520 deaths, 72,302  
recovered  
New York US

15,737 deaths, 31,781  
recovered  
New Jersey US

8,450 deaths, 95,390  
recovered  
Massachusetts US

7,890 deaths, recovered  
California US

Global Deaths

US Deaths, Reco...



Confirmed

Logarithmic

Daily Cases

# National Cases

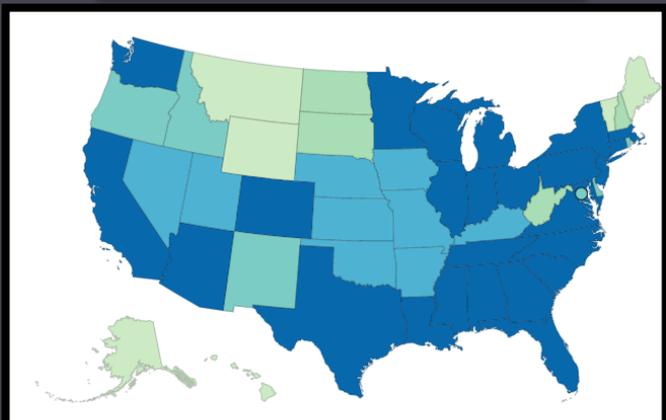


Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

TOTAL CASES  
**3,819,139**  
57,777 New Cases\*

TOTAL DEATHS  
**140,630**  
473 New Deaths\*

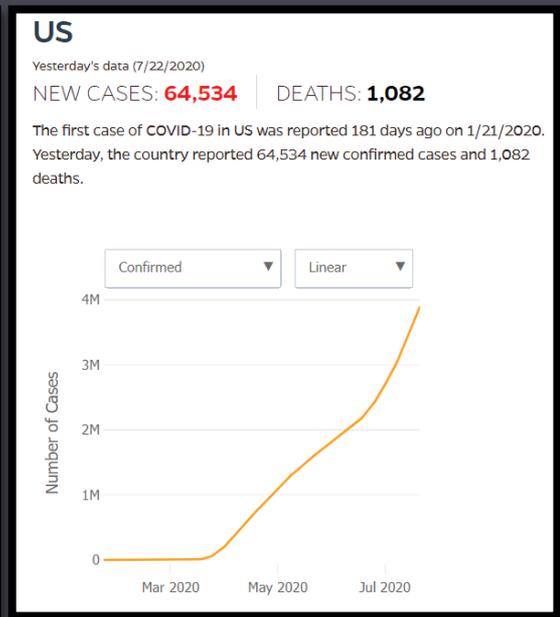
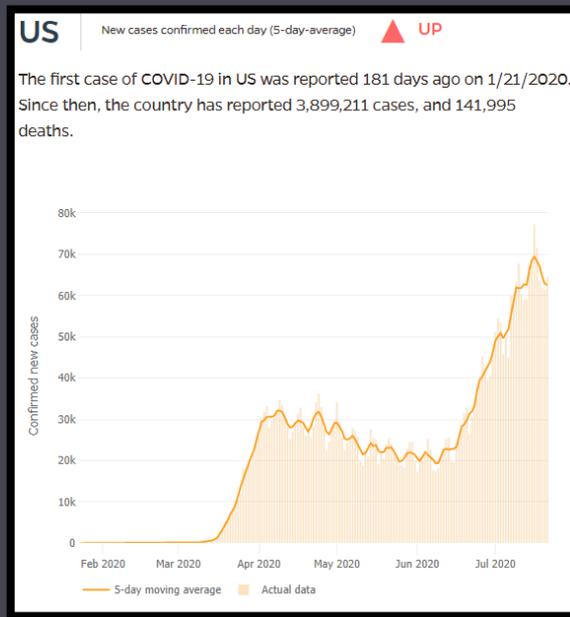
JOHNS HOPKINS UNIVERSITY & MEDICINE | CORONAVIRUS RESOURCE CENTER



Reported Cases

- 0 to 1,000
- 1,001 to 5,000
- 5,001 to 10,000
- 10,001 to 20,000
- 20,001 to 40,000
- 40,001 or more

- AS
- GU
- MH
- FM
- MP
- PW
- PR
- VI



# US Cases by County

JOHNS HOPKINS  
UNIVERSITY & MEDICINE

CORONAVIRUS  
RESOURCE CENTER

COVID-19 United States Cases by County Johns Hopkins University

States/Territories Ple

## Top 50 Confirmed Cases by County

162,025 confirmed

Los Angeles

99,464 confirmed

Cook

98,988 confirmed

Maricopa

89,337 confirmed

Miami-Dade

66,337 confirmed

Queens

60,892 confirmed

Kings

58,437 confirmed

Harris

49,038 confirmed

Bronx

43,026 confirmed

Dallas

Confirmed by Population

Confirmed

Deaths

Fatality Rate

Total Confirmed  
**3,858,686**  
in the US

## Confirmed per US State (Deaths)

408,181 New York (32,519)

399,016 California (7,776)

369,833 Florida (5,205)

343,783 Texas (4,106)

177,256 New Jersey (15,737)

163,922 Illinois (7,494)

148,683 Arizona (2,918)

145,582 Georgia (3,177)

113,789 Massachusetts (8,433)

102,950 North Carolina (1,694)

102,765 Pennsylvania (7,038)

96,583 Louisiana (3,498)

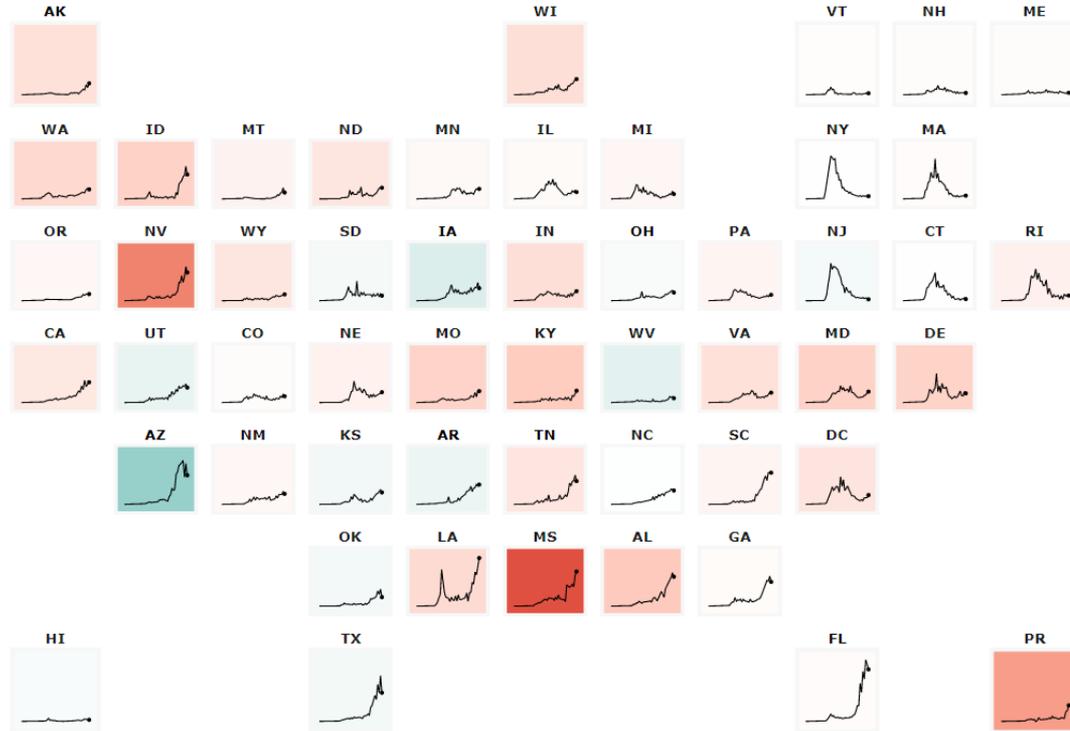
82,395 Michigan (6,373)

79,754 Tennessee (847)

79,545 Maryland (3,402)

# Daily confirmed new cases (3-day moving average)

Daily New Cases per 100k people. Data shown from 1/22/20 to 7/21/20.



## How to use this graphic:

Click on a state to see more detail.



Line shows 3-day moving average of **new cases per day** in this state. Dot corresponds to most recent day.

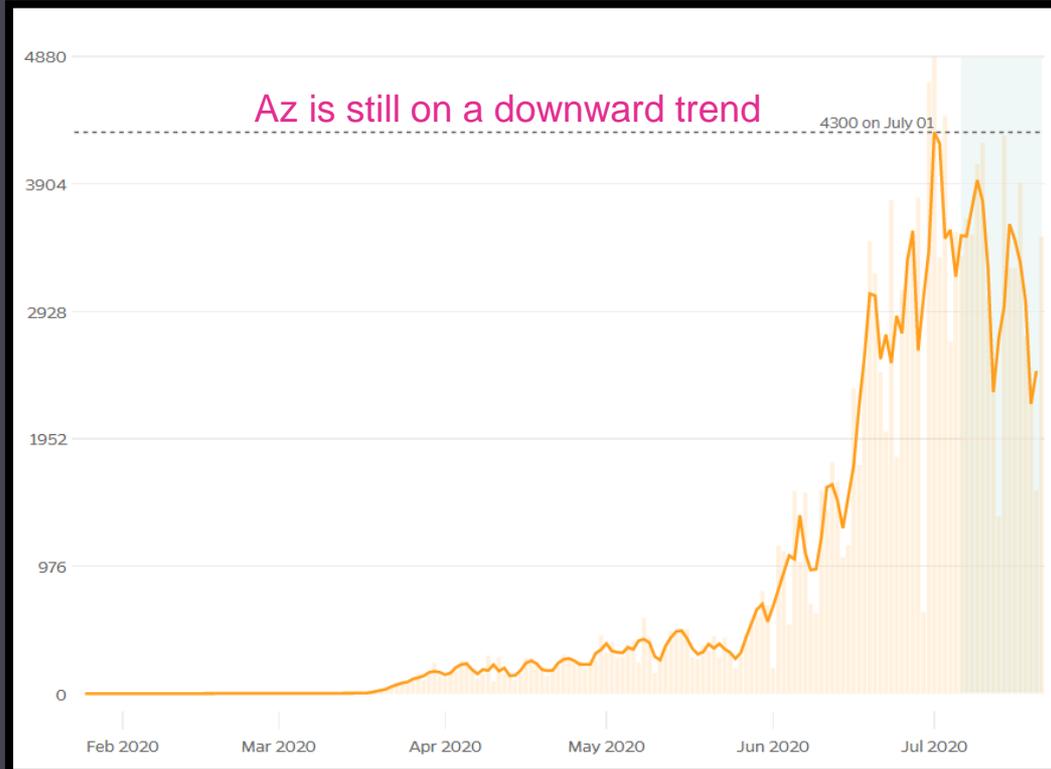


The **greener** the background, the bigger the **downward trend** of new cases in this state.

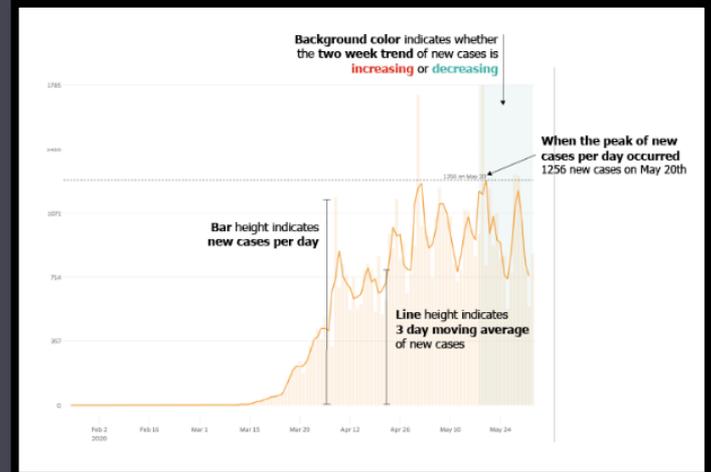


The **redder** the background, the bigger the **upward trend** of new cases in this state.

# AZ: Daily Confirmed New Cases

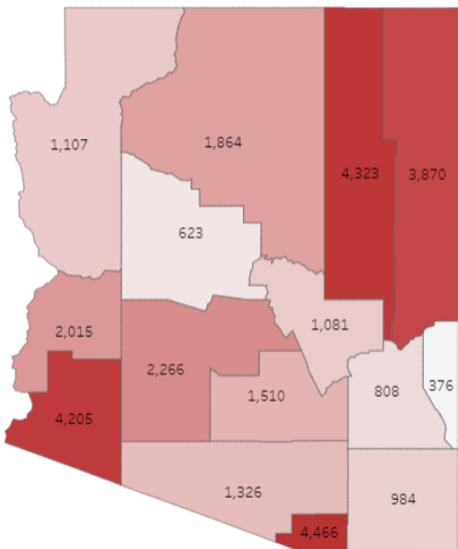


Federal guidelines advise that states wait until they experience a downward trajectory of documented cases within a 14-day period before proceeding to a phased opening. In the state-specific view of the graph, this two-week period is highlighted in orange if cases are trending upward, or green if they are trending down.





# Rate per 100,000

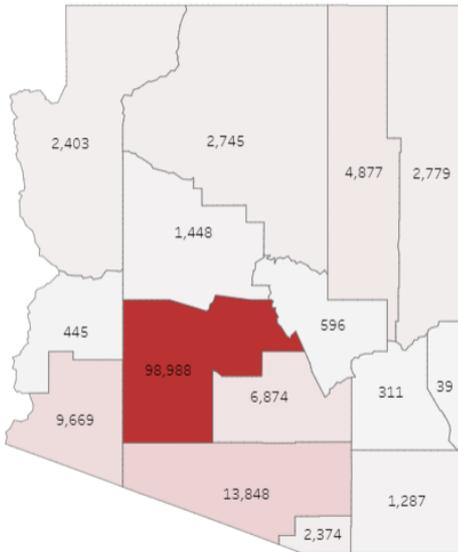


Show case counts or population rates in the map below?

Cases

Select a county to filter the other numbers.

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



Number of Cases 148,683	Number of Deaths 2,918	Number of COVID-19 Tests 1,019,120
Number of New Cases reported today* 3,500	Number of New Deaths reported today* 134	Number of New Tests reported today* 15,133
Rate of cases, per 100,000 population 2,068.2	Rate of fatalities, per 100,000 population 40.59	Total Percent Positive** 12.4%
Total COVID-19 PCR Tests 807,666	New PCR Tests reported today* 14,143	PCR Percent Positive** 14.6%
Total COVID-19 Serology Tests 211,454	New Serology Tests reported today* 990	Serology Percent Positive** 4.4%

# Demographics



ARIZONA DEPARTMENT OF HEALTH SERVICES  
Health and Wellness for All Arizonans

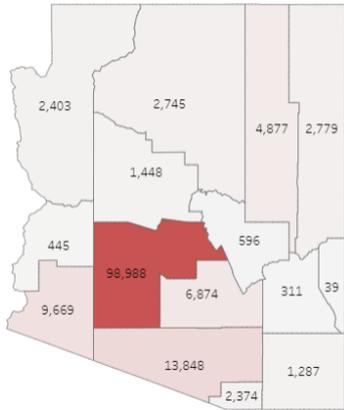
## Demographics

Number of Cases

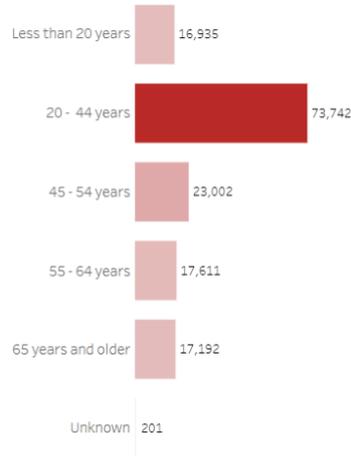
148,683

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

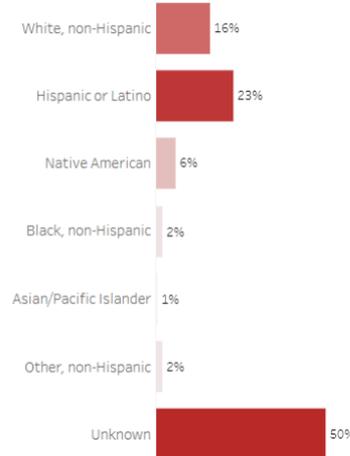
Select a county to filter the other graphs.  
Graphs will not be displayed for counties with fewer than 10 cases.



### COVID-19 Cases by Age Group



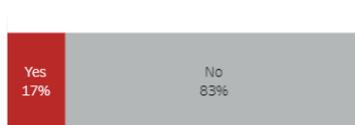
### COVID-19 Cases by Race/Ethnicity



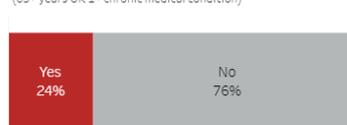
### COVID-19 Cases by Gender



### Chronic medical condition



### High-risk (65+ years OR 1+ chronic medical condition)



Same trends as in past few weeks. 50% of cases are in the 20-44 year old age group.

# Deaths



COVID-19 Deaths (total)

2,918

New COVID-19 Deaths Reported Today

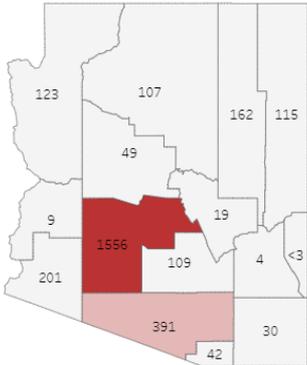
134

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

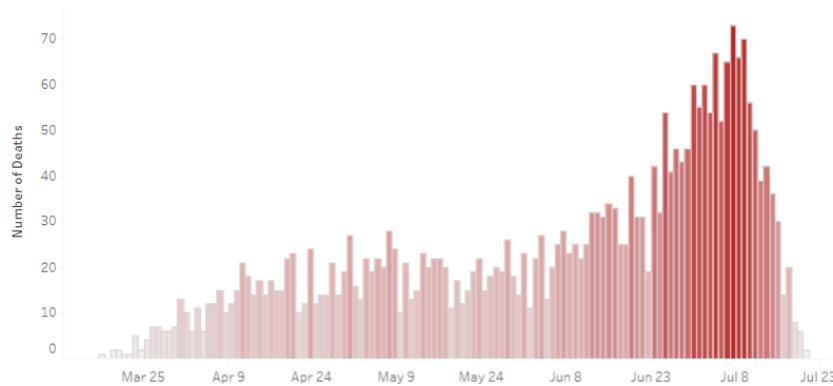


## COVID-19 Deaths by County

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

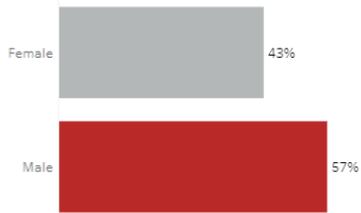


## COVID-19 Deaths by Date of Death

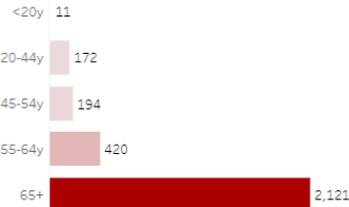


Recent deaths may not be reported yet.

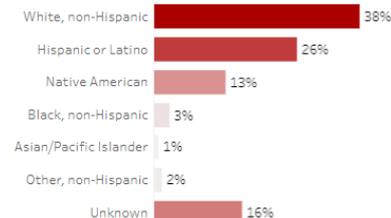
## COVID-19 Deaths by Gender



## COVID-19 Deaths by Age Group



## COVID-19 Deaths by Race/Ethnicity



Same trends as in past few weeks. ~75% of deaths are in the 65+ year old age group.

# Which U.S. States Meet WHO Recommended Testing Criteria?

## States that meet positivity recommendations: 18

STATE PERCENTAGE OF POSITIVE TESTS

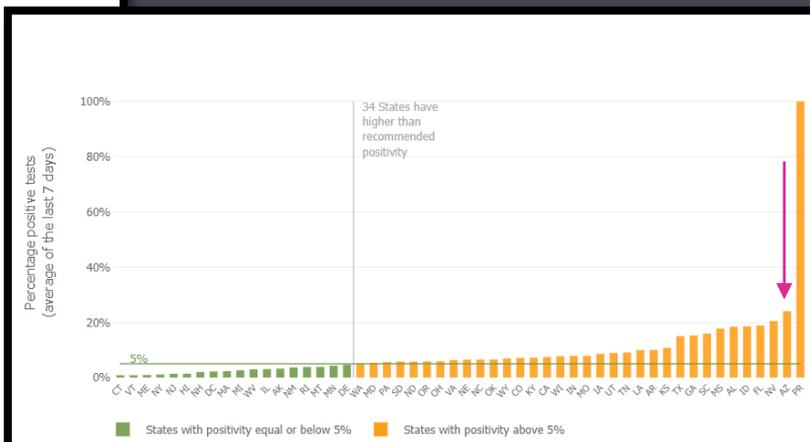
Connecticut	0.80%
Vermont	0.83%
Maine	0.94%
New York	1.12%
New Jersey	1.39%
Hawaii	1.40%
New Hampshire	2.06%
District of Columbia	2.21%
Massachusetts	2.35%
Michigan	2.66%

## States above recommended positivity: 34

STATE PERCENTAGE OF POSITIVE TESTS

Puerto Rico	100.00%
Arizona	24.01%
Nevada	20.47%
Florida	18.87%
Idaho	18.59%
Alabama	18.38%
Mississippi	17.74%
South Carolina	15.94%
Georgia	15.24%
Texas	14.99%

The WHO advised governments that before reopening, rates of positivity in testing should remain at 5% or lower for at least 14 days.



# Laboratory Testing

All tests completed for COVID-19

1,019,120

All tests reported yesterday in Arizona

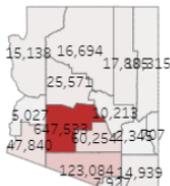
15,133

Total % Positive COVID-19 All Tests

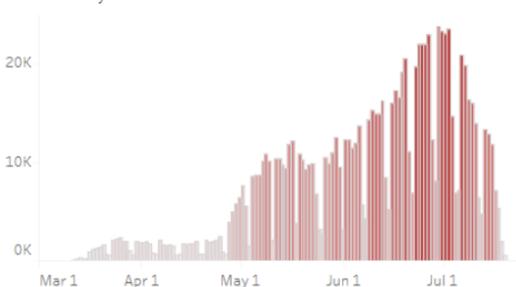
12.4%

All tests by county

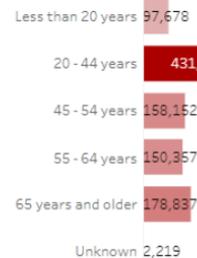
Select a county to filter the data.



All tests by date of collection



All Testing by Age Group



6/28/20 = 21%  
7/5/20 = 18%  
7/12/20 = 12%

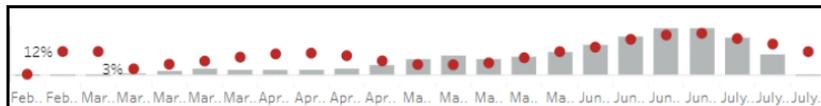
Date	Total % Positive	PCR % Positive	Sero % Positive
6/17/20	7.1%	8.7%	3.1%
6/24/20	8.6%	10.5%	3.0%
7/1/20	9.9%	12%	3.2%
7/8/20	11.3%	13.6	3.4%
7/15/20	11.9%	14.2%	3.7%
7/22/20	12.4%	14.6%	4.4%

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

14.6%



Total % Positive COVID-19 Serology Tests

4.4%



State ↑

New Cases ⓘ ↑

New daily cases

Weekly trend

Arizona ↓



+1,559 new

THIS WEEK LAST WEEK



Tests per 1,000 people ↑

Daily Tests

Weekly trend



1.8 tests per 1,000

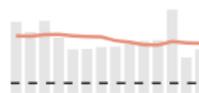
THIS WEEK LAST WEEK



Percent Positive ⓘ ↑

Daily % positive

Above threshold?



23.4% positive

THIS WEEK LAST WEEK



# Hospitalizations

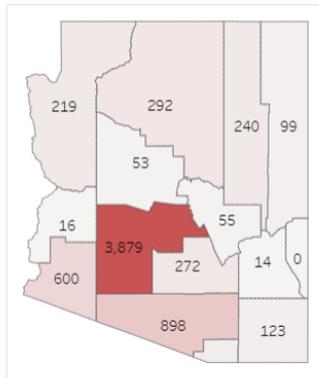


ARIZONA DEPARTMENT OF HEALTH SERVICES  
Health and Wellness for All Arizonans

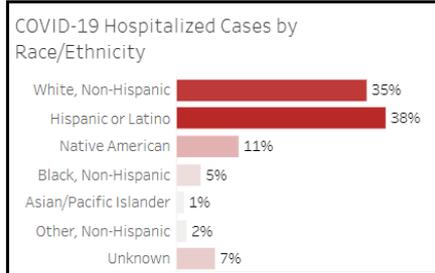
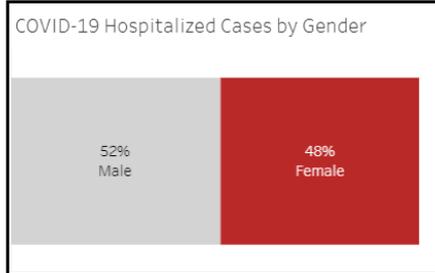
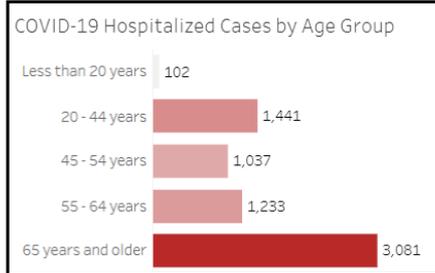
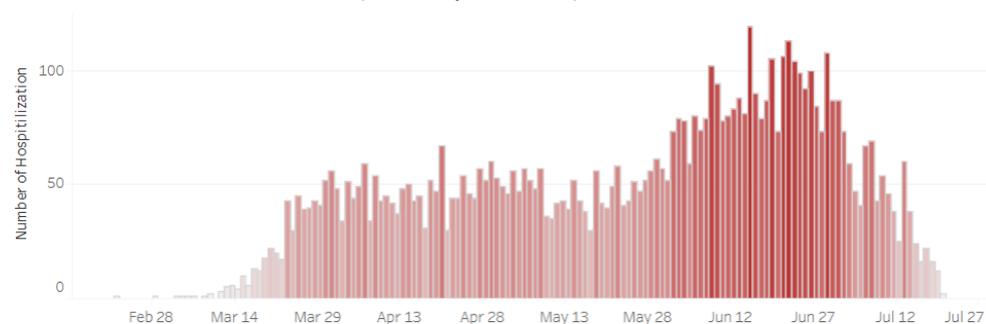
Date	Total # COVID Cases In Hospital	% Cases
6/17/20	3,808	10%
6/24/20	4,250	7%
7/1/20	4,736	6%
7/8/20	5,272	5%
7/15/20	5,942	5%
7/22/20	6,894	5%

Number of Cases Hospitalized  
6,894

Percent of Cases Hospitalized  
5%



Number of COVID-19 Cases that are Hospitalized by Date of Hospitalization

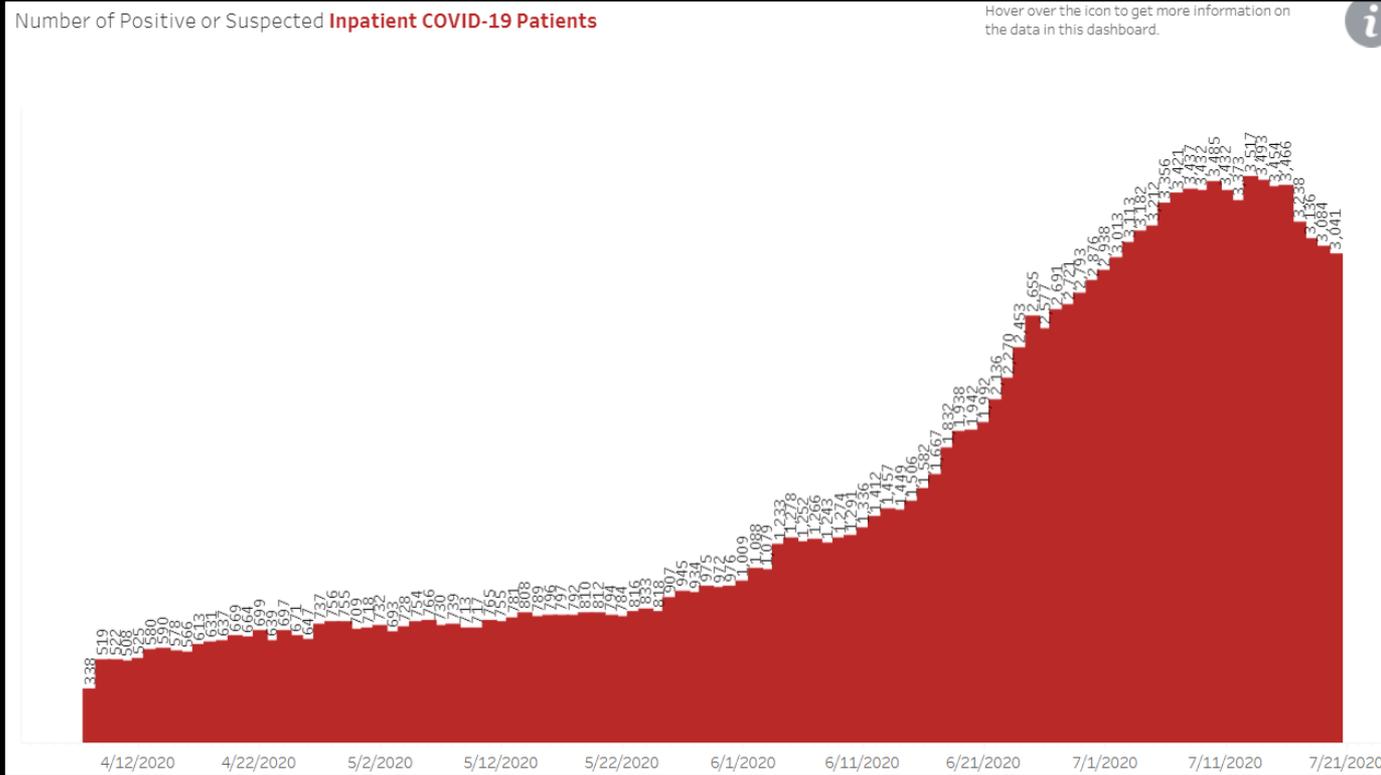


# Inpatient Bed Usage Due to COVID-19



ARIZONA DEPARTMENT OF HEALTH SERVICES  
Health and Wellness for All Arizonans

Date	Total (in use %)	# COVID
6/15/20	6,231 (81%)	1,506
6/22/20	6,469 (83%)	2,136
6/29/20	6,488 (85%)	2,793
7/6/20	6,472 (82%)	3,356
7/13/20	6,721 (85%)	3,517
7/20/20	6,636 (83%)	3041

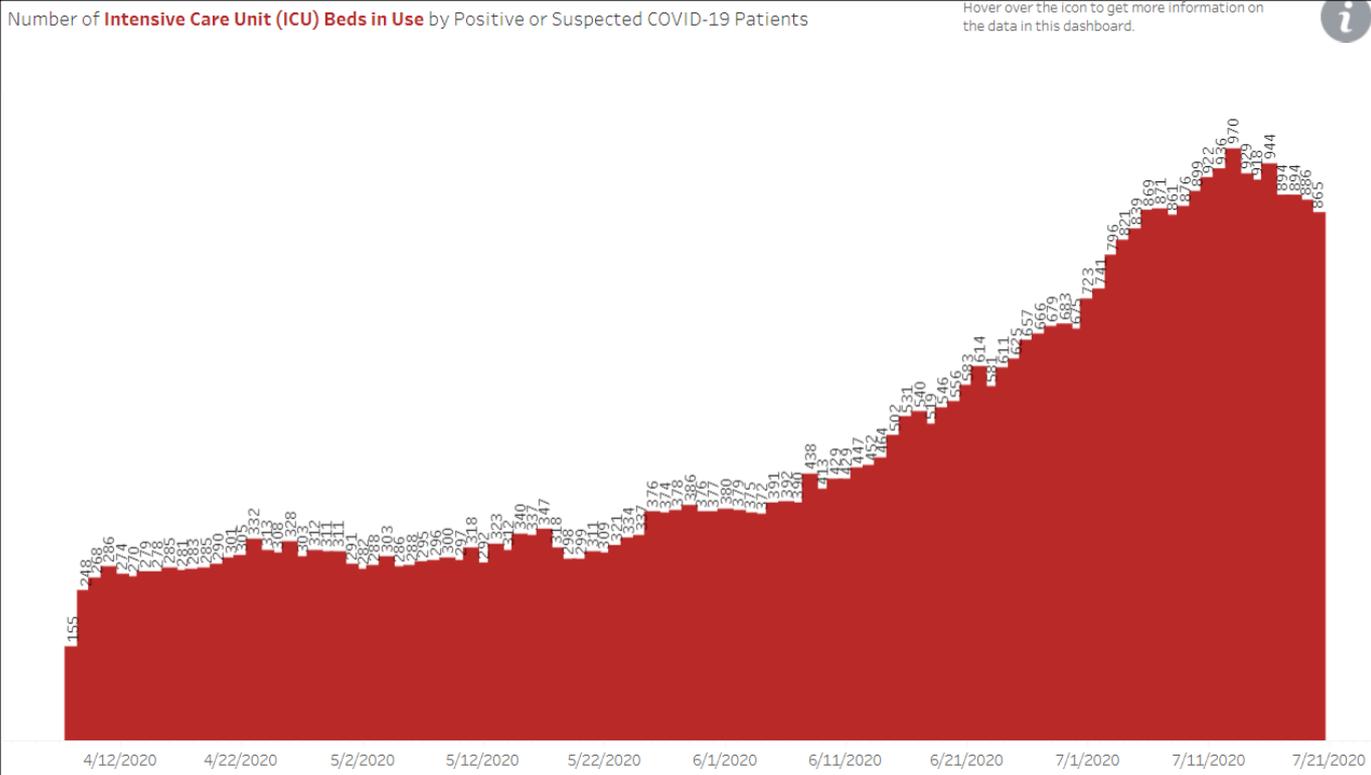


# ICU Beds in Use Due to COVID-19



ARIZONA DEPARTMENT OF HEALTH SERVICES  
Health and Wellness for All Arizonans

Date	Total ICU (in use%)	# COVID
6/15/20	1,307 (80%)	502
6/22/20	1,412 (84%)	614
6/29/20	1,435 (86%)	683
7/6/20	1,481 (90%)	869
7/13/20	1,498 (88%)	970
7/20/20	1,448 (85%)	865

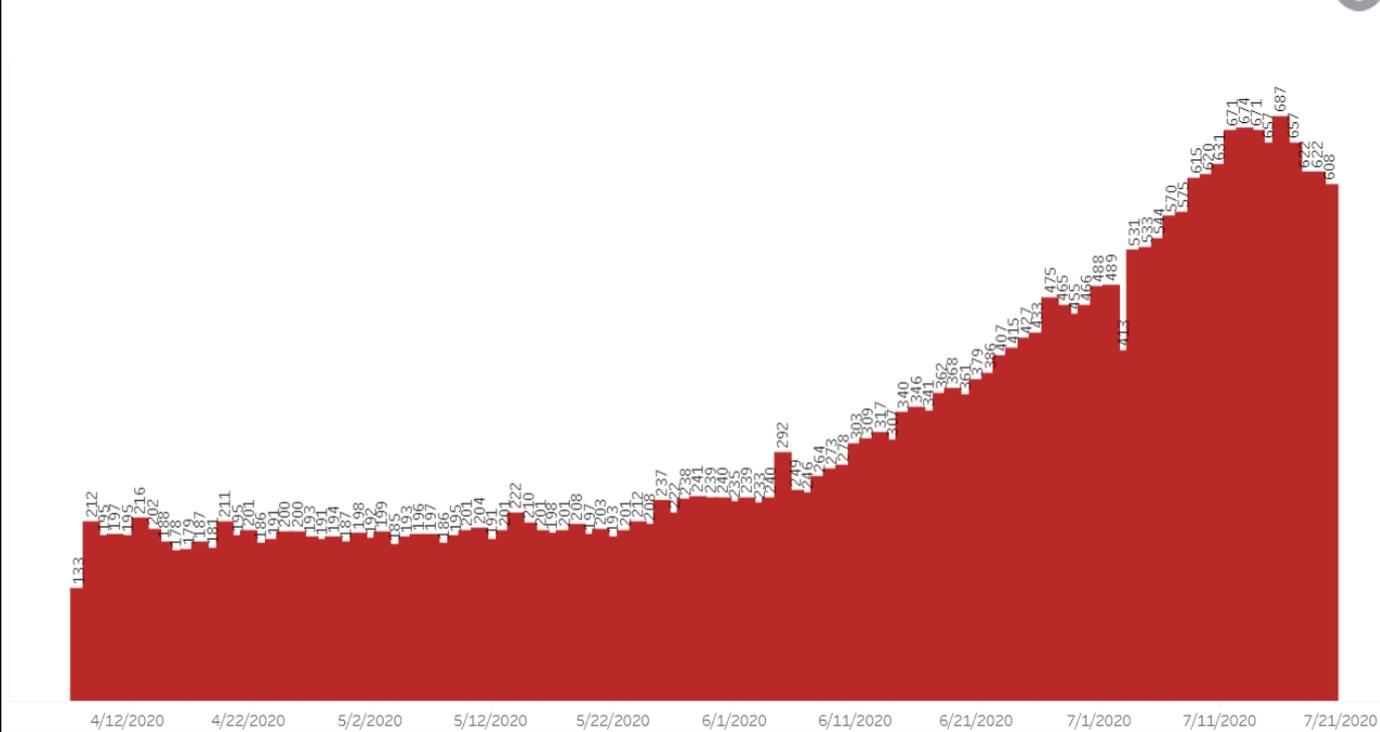


# Ventilator Usage Due to COVID-19



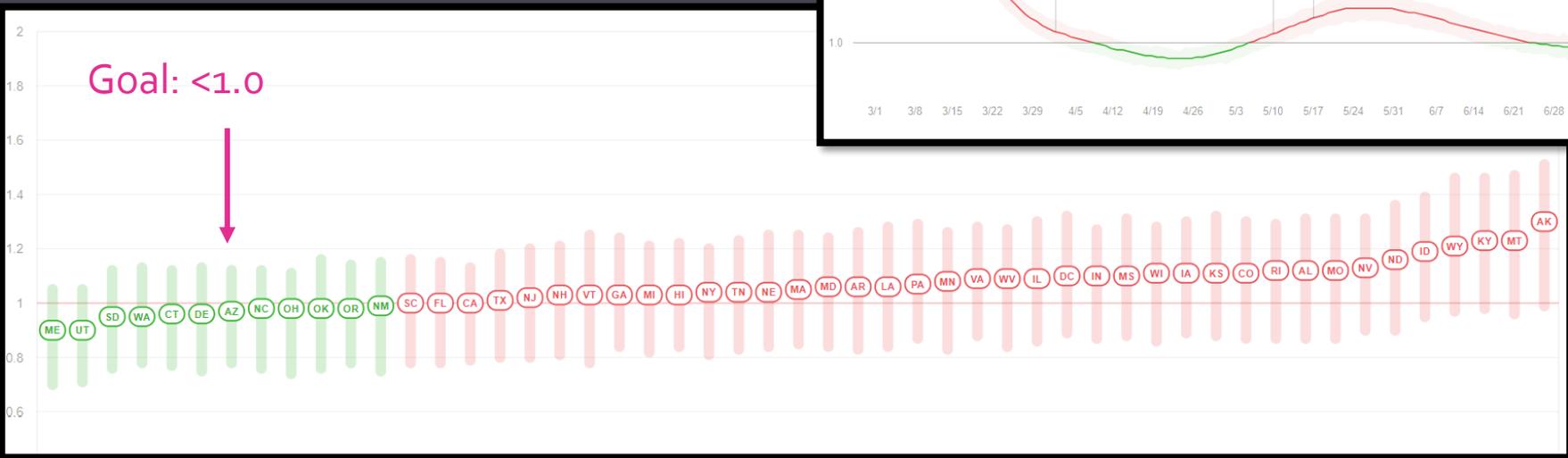
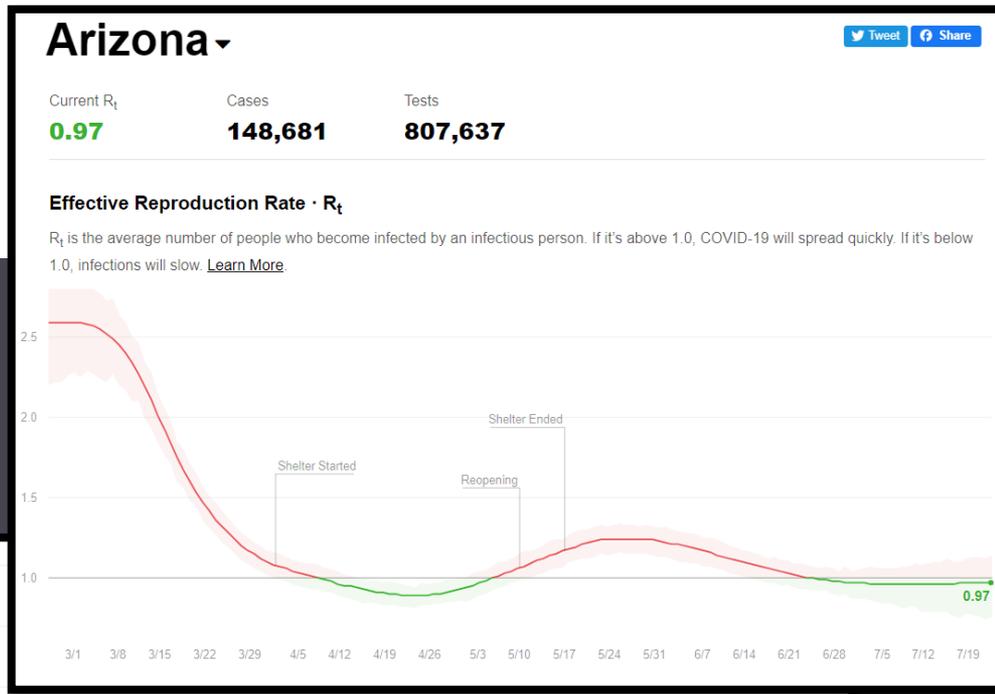
Number of **Ventilators in Use** by Positive or Suspect COVID-19 Patients

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



Date	Total Ventilators (in use%)	# COVID
6/15/20	707 (38%)	340
6/22/20	716 (41%)	386
6/29/20	773 (45%)	455
7/6/20	895 (51%)	544
7/15/20	996 (52%)	674
7/20/20	952 (49%)	608

# Effective Reproduction #: $R_t$



# Discontinuation of Isolation for Persons with COVID-19 **Not** in Healthcare Settings- *Interim Guidance*



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives, Protecting People™

## Summary Page

### Who this is for:

Healthcare providers and public health officials managing persons with coronavirus disease 2019 (COVID-19) under isolation who are not in healthcare settings. This includes, but is not limited to, at home, in a hotel or dormitory room, or in a group isolation facility.

Guidance was updated on 7/20/20

## Summary of Recent Changes

### Updates as of July 20, 2020

- A test-based strategy is no longer recommended to determine when to discontinue home isolation, except in certain circumstances.
- Symptom-based criteria were modified as follows:
  - Changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications.
  - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.
- For patients with severe illness, duration of isolation for up to 20 days after symptom onset may be warranted. Consider consultation with infection control experts.
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

# Discontinuation of Isolation for Persons with COVID-19 **Not** in Healthcare Settings- *Interim Guidance*

## Discontinuing Home Isolation for Persons with COVID-19:

**Persons with COVID-19 who have symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days\* have passed since symptom onset **and**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications **and**
- Other symptoms have improved.

\*A limited number of persons with severe illness may produce replication-competent virus beyond 10 days, that may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consultation with infection control experts. See [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#).

**Persons infected with SARS-CoV-2 who never develop COVID-19 symptoms** may discontinue isolation and other precautions 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

# Discontinuation of Isolation for Persons with COVID-19 **Not** in Healthcare Settings



Centers for Disease Control and Prevention  
CDC 24/7: Saving Lives. Protecting People™

## Role of testing for discontinuing isolation or precautions:

RT-PCR testing for detection of SARS-CoV-2 RNA for discontinuing isolation could be considered for persons who are severely immunocompromised<sup>†</sup>, in consultation with infectious disease experts. For all others, a test-based strategy is no longer recommended except to discontinue isolation or other precautions earlier than would occur under the symptom-based strategy outlined above.

The test-based strategy requires negative results using RT-PCR for detection of SARS-CoV-2 RNA under an FDA Emergency Use Authorization (EUA) for COVID-19 from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens).<sup>†</sup> See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 \(COVID-19\)](#).

<sup>†</sup>All test results should be final before isolation is ended. Testing guidance is based on limited information and is subject to change as more information becomes available.

# Discontinuation of Isolation for Persons with COVID-19 in Healthcare Settings- *Interim Guidance*

## Summary of Changes to the Guidance

Below are changes to the guidance as of July 17, 2020:

- Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions.
- For patients with [severe to critical illness](#) or who are severely immunocompromised<sup>1</sup>, the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised<sup>1</sup> patients, 20 days after their initial positive SARS-CoV-2 diagnostic test).
- Other symptom-based criteria were modified as follows:
  - Changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications.
  - Changed from “improvement in respiratory symptoms” to “improvement in symptoms” to address expanding list of symptoms associated with COVID-19.
- A summary of current evidence and rationale for these changes is described in a [decision memo](#).

# Discontinuation of Isolation for Persons with COVID-19 in Healthcare Settings- *Interim Guidance*

## DEFINITIONS:

- **Mild Illness:** Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
- **Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level.
- **Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.
- **Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

# Discontinuation of Isolation for Persons with COVID-19 in Healthcare Settings- *Interim Guidance*

## Severely immunocompromised:

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.

*Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.*

# Discontinuation of Isolation for Persons with COVID-19 in Healthcare Settings- *Interim Guidance*

## Discontinuation of Transmission-Based Precautions for patients with COVID-19

### Symptom-Based Strategy for Discontinuing Transmission-Based Precautions.

*Patients with mild to moderate illness who are not severely immunocompromised:*

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Note: For patients who are **not severely immunocompromised** and who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

# Discontinuation of Isolation for Persons with COVID-19 in Healthcare Settings- *Interim Guidance*

## Discontinuation of Transmission-Based Precautions for patients with COVID-19

*Patients with severe to critical illness or who are severely immunocompromised<sup>1</sup>:*

- At least 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Note: For **severely immunocompromised<sup>1</sup>** patients who were **asymptomatic** throughout their infection, Transmission-Based Precautions may be discontinued when at least 20 days have passed since the date of their first positive viral diagnostic test.

# Summary of Discontinuation of Isolation

Patient Group	Isolation period = days from symptom onset		Symptoms passed = resolution of fever & other symptoms improved
People <b><u>with symptoms</u></b> who are COVID positive with mild-moderate illness	10 days	AND	At least 24 hours
People <b><u>with symptoms</u></b> who are COVID positive with severe-critical illness OR severely immunocompromised	20 days	AND	At least 24 hours
People <b><u>without symptoms</u></b> who are COVID positive	10 days from test collection date of their 1 <sup>st</sup> positive PCR test		
People <b><u>without symptoms</u></b> who are COVID positive AND who are severely immunocompromised	20 days from test collection date of their 1 <sup>st</sup> positive PCR test		



## Healthcare Facility Guidance for COVID-19 (Updated 7/8/20)

### Universal Use of PPE



- Due to the level of community transmission in Maricopa County, more likely to encounter asymptomatic or pre-symptomatic patients with COVID-19
- If a patient **is not suspected** to have COVID-19 (based on symptom and exposure history), the healthcare provider should wear:
  - A medical-grade face mask (at all times while in the facility)
  - Eye protection, in addition to the mask
- If a patient **is suspected** to have COVID-19, HCP should wear all appropriate PPE (mask, gown, gloves, eye protection)

# Arizona Health Alert Network : EMS COVID-19 Treat and Refer

- The Arizona Department of Health Services (ADHS) recently updated these guidelines, and the changes have been communicated to EMS statewide. In communities experiencing a surge in 9-1-1 calls for COVID-19 like illness, these strategies will reduce the number of patients seeking medical care at hospitals when hospitalization is not clinically necessary.
- ADHS recommends that healthcare providers and healthcare facilities do the following:
  - Become familiar with the guidelines available under Treat & Refer Resources on the [EMS and 9-1-1 Resources](#).
  - Share this HAN with healthcare partners across the healthcare spectrum, including hospitals, urgent care facilities, doctors' offices, and all levels of long-term care facilities.
  - Partner with local EMS agencies in implementing these guidelines, as they will help decrease the burden on the acute care settings, conserve PPE, and limit further risk of spread of COVID-19.
  - Please contact the Bureau of EMS & Trauma System at [EMSCOVID@azdhs.gov](mailto:EMSCOVID@azdhs.gov) with questions regarding Treat & Refer.

# FDA Adds Dexamethasone Sodium Phosphate For Temporary Compounding Use

The FDA added dexamethasone sodium phosphate to the lists of drugs for temporary compounding by [outsourcing facilities](#) and [pharmacy compounders](#) during the COVID-19 public health emergency. These updates help address shortages and access concerns affecting some drugs urgently needed for hospitalized COVID-19 patients. Hospitals can use this information, which FDA posts on its [website](#), to help determine which outsourcing facilities are compounding drugs used for hospitalized patients with COVID-19.

## Temporary Policy for Compounding of Certain Drugs for Hospitalized Patients by Outsourcing Facilities During the COVID-19 Public Health Emergency

### List of Drugs Used for Hospitalized Patients with COVID-19

FDA has identified the following list of drugs for the purposes of the temporary enforcement policies described in FDA's guidance for industry *Temporary Policy for Compounding of Certain Drugs for Hospitalized Patients by Outsourcing Facilities During the COVID-19 Public Health Emergency*, available at <https://www.fda.gov/media/137031/download>. FDA intends to update this list as appropriate.

#### Products that are aqueous solutions for injection:

- Cisatracurium besylate
- Dexamethasone sodium phosphate
- Dexmedetomidine hydrochloride
- Epinephrine
- Etomidate
- Fentanyl citrate
- Furosemide
- Hydromorphone hydrochloride
- Ketamine hydrochloride
- Lorazepam
- Midazolam hydrochloride
- Morphine Sulfate
- Norepinephrine bitartrate
- Rocuronium bromide
- Vancomycin hydrochloride
- Vecuronium bromide

# COVID-19 Vaccine May Be Ready By End Of 2020

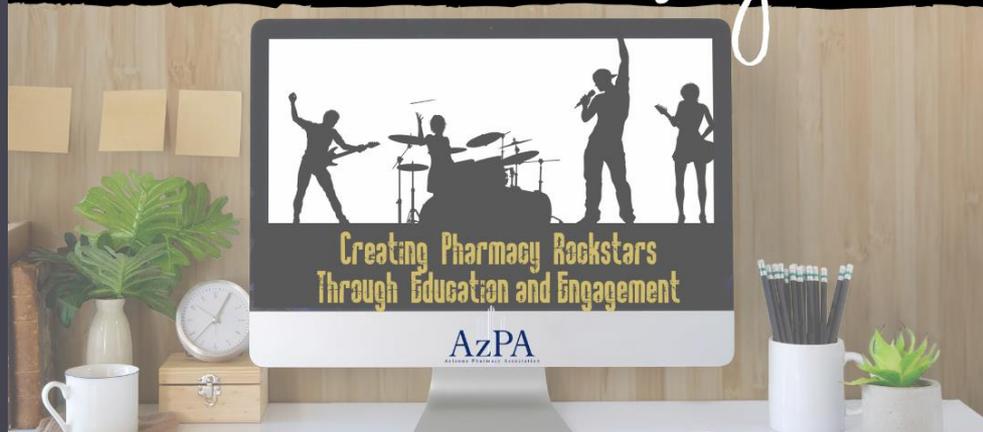
- AstraZeneca, Johnson & Johnson, Moderna Therapeutics and Pfizer – said that they are optimistic their products could be ready by the end of 2020 or the beginning of 2021. Each company is currently testing vaccines in human clinical trials. [CLICK HERE](#)
- Testifying at a hearing of the U.S. House Energy and Commerce Oversight and Investigations Subcommittee, pharmaceutical company officials expressed differences in how they would price their potential COVID-19 vaccines, with some indicating they would not seek a profit from the vaccines while others indicated they would. [CLICK HERE](#)

# AZPA 2020 ANNUAL CONVENTION

OCTOBER 2 - 4, 2020

~~PHOENIX, AZ~~

*anywhere!*



Questions?