



November 18, 2020

COVID-19 TOWN HALL

Worldwide Cases



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

Global Cases

55,736,846

Cases by Country/Region/Sovereignty

11,360,128 US

8,912,907 India

5,911,758 Brazil

2,087,183 France

1,975,629 Russia

1,510,023 Spain

1,414,359 United Kingdom

1,329,005 Argentina

1,238,072 Italy

1,211,128 Colombia

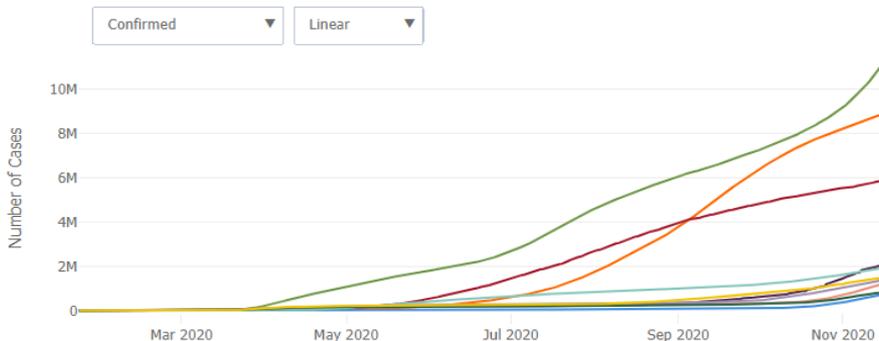
1,011,153 Mexico

938,268 Peru

843,757 Germany

CUMULATIVE CASES BY DATE

For the twenty countries with the highest absolute daily number of deaths, the lines below show the cumulative number of cases or deaths reported in that country at each date in time. Use the two dropdown menus to see either confirmed cases or deaths (absolute numbers or per 100,000 population), and linear or logarithmic scales. Increases in deaths may happen two or more weeks after the corresponding increase in cases, but the number of deaths may be more reliable than confirmed cases because deaths are more likely to be accurately reported. The logarithmic scale helps visualize early exponential growth.



Click any country below to hide/show from the graph:

- US
- India
- Italy
- Brazil
- France
- United Kingdom
- Poland
- Russia
- Germany
- Spain

Global Deaths

1,340,645

248,707 deaths
US

166,699 deaths
Brazil

130,993 deaths
India

99,026 deaths
Mexico

52,839 deaths
United Kingdom

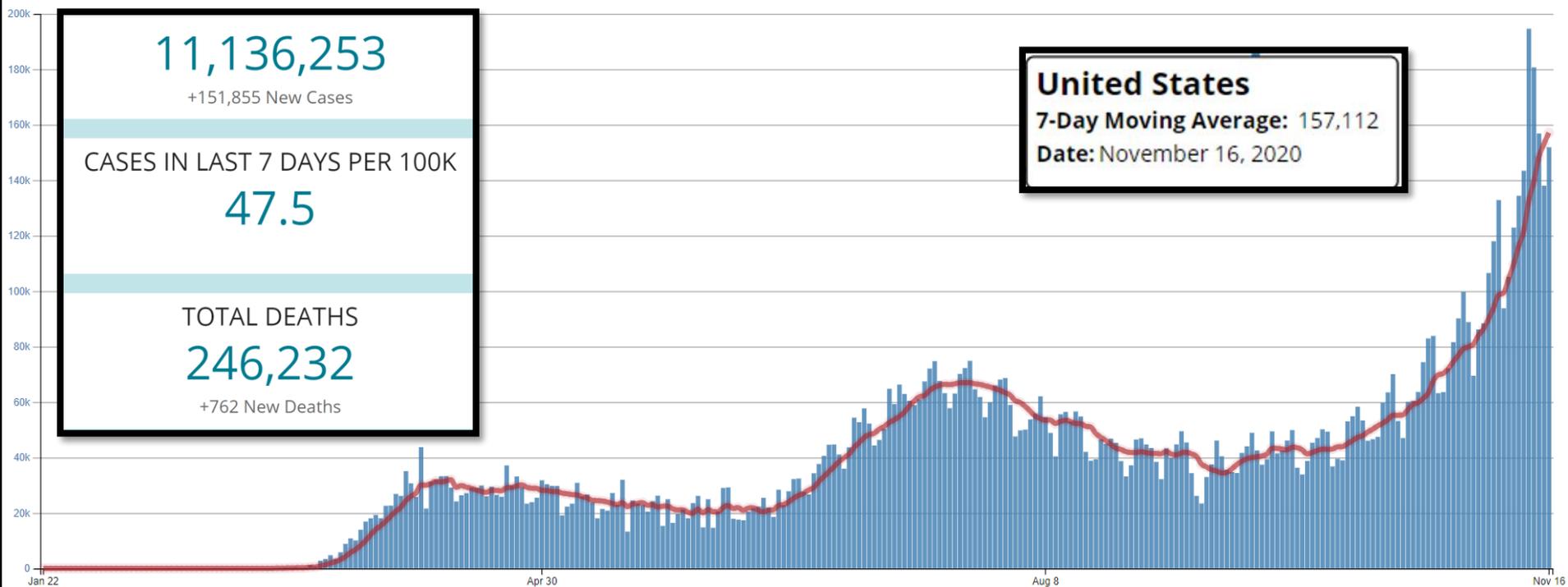
46,464 deaths
Italy

Global Deaths

800k
600k
400k
200k

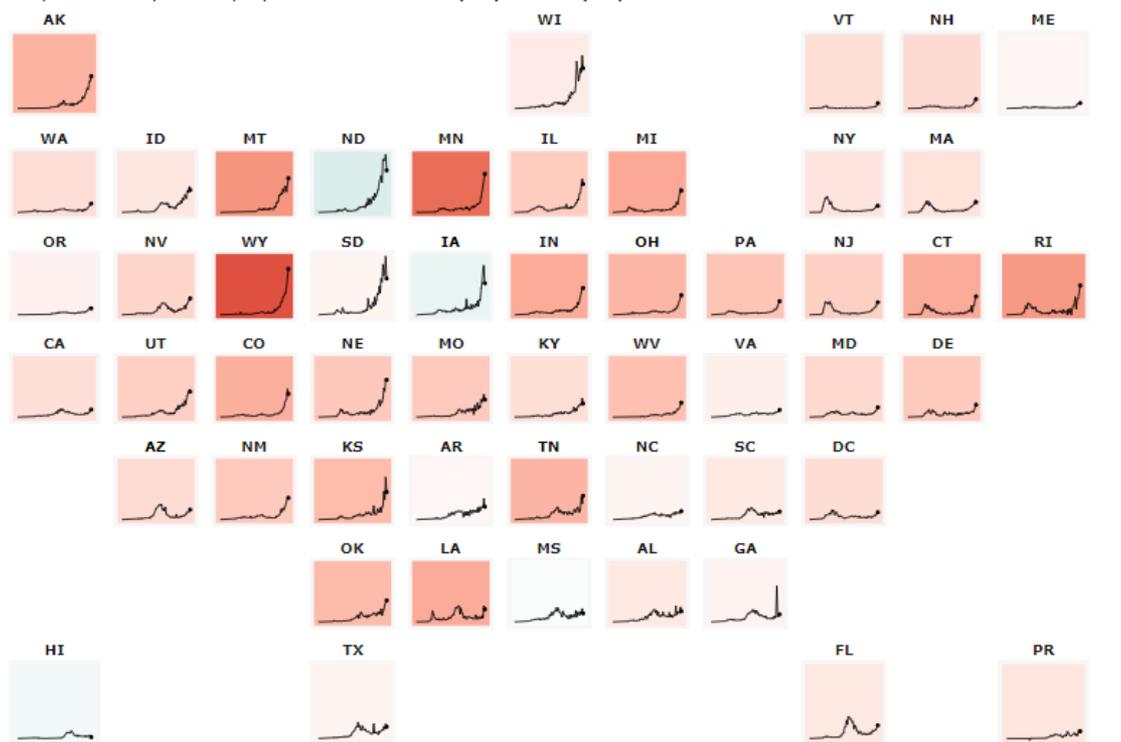
National Cases

Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC



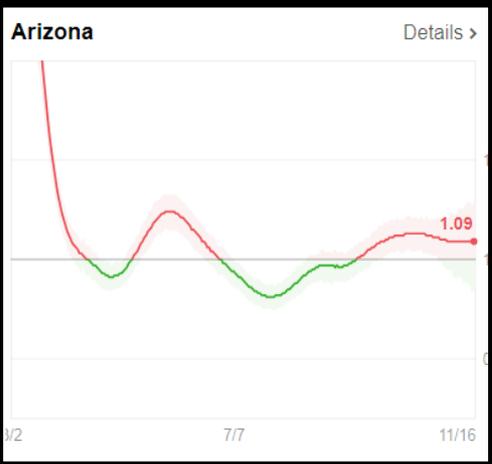
Daily confirmed new cases (3 day moving average)

Daily New Cases per 100k people. Data shown from 1/22/20 to 11/17/20.



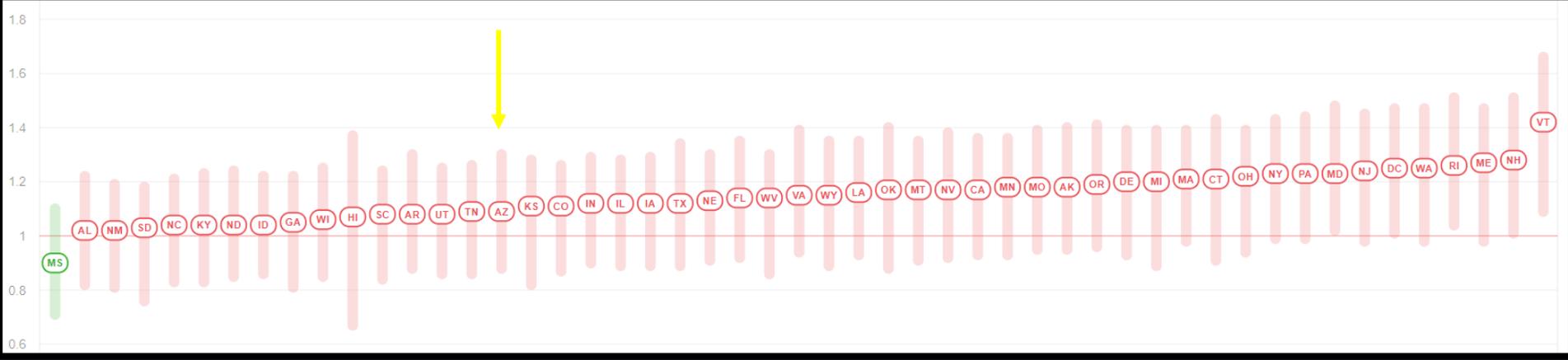
Cases per US State (Deaths)

1,069,764	Texas (20,144)
1,049,080	California (18,312)
897,323	Florida (17,644)
597,849	Illinois (11,317)
568,778	New York (34,076)
430,571	Georgia (9,008)
342,155	Wisconsin (2,867)
320,729	Tennessee (3,995)
317,495	North Carolina (4,852)
305,364	Ohio (5,742)
296,840	Michigan (8,511)
285,519	New Jersey (16,618)
280,957	Pennsylvania (9,346)
279,896	Arizona (6,312)
262,207	Indiana (5,025)
253,955	Missouri (3,466)



R_t
 9/2/20: 0.81
 9/9/20: 0.92
 9/15/20: 1.01
 10/21/20: 1.10
 10/28/20: 1.10
 11/3/20: 1.12

Number of Cases 279,896	Number of Deaths 6,312	Number of COVID-19 Tests 2,355,107
Number of New Cases reported today*	Number of New Deaths reported today*	Number of New Tests reported today*
2,984	10	16,928
Rate of cases, per 100,000 population 3,893.4	Rate of fatalities, per 100,000 population 87.80	Total Percent Positive** 9.7%



Laboratory Testing



ARIZONA DEPARTMENT OF HEALTH SERVICES
Health and Wellness for All Arizonans

Diagnostic tests completed for COVID-19

2,004,208

Diagnostic tests reported yesterday in Arizona

16,425

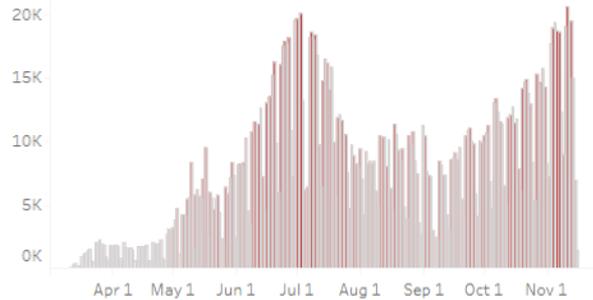
Total % Positive COVID-19 Diagnostic Tests

10.1%

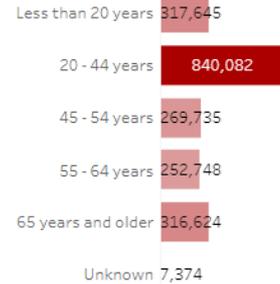
Weekly PCR Positivity %

- 6/28/20 = 21%
- 7/5/20 = 19%
- 7/12/20 = 16%
- 7/19/20 = 12%
- 7/26/20 = 10%
- 8/2/20 = 8%
- 8/9/20: 6%
- 8/23/20-10/4/20: 4%
- 10/11/20: 5%
- 10/18/20: 6%
- 10/25/20: 8%
- 11/1/20: 9%
- 11/11/20: 11%

Diagnostic tests by date of collection



Diagnostic Testing by Age Group

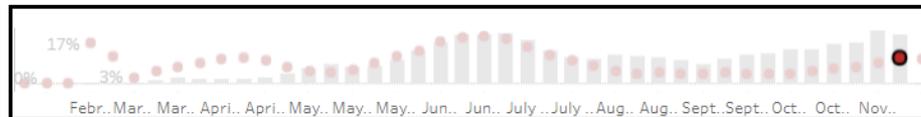


Positive by week

Positive test result, reported electronically out of all people with COVID-19 testing reported electronically completed in AZ. Diagnostic tests

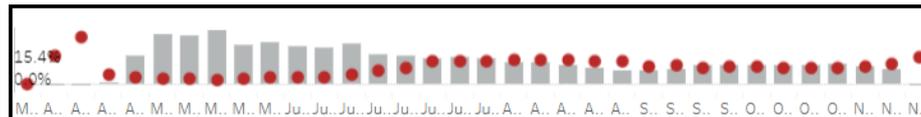
Total % Positive COVID-19 Diagnostic Tests

10.1%



Total % Positive COVID-19 Serology Tests

7.2%

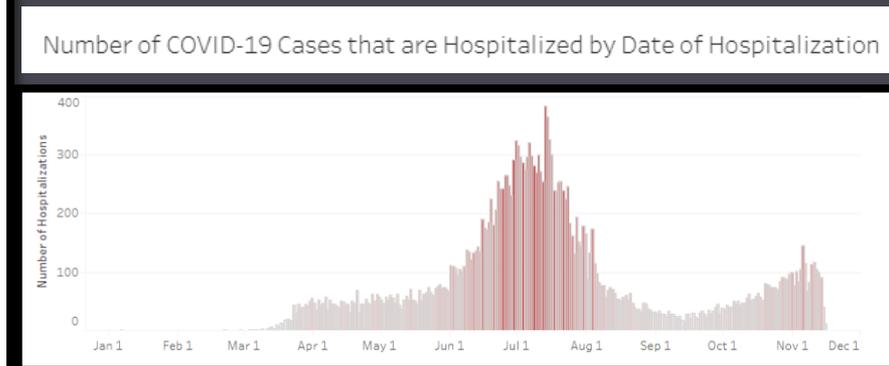
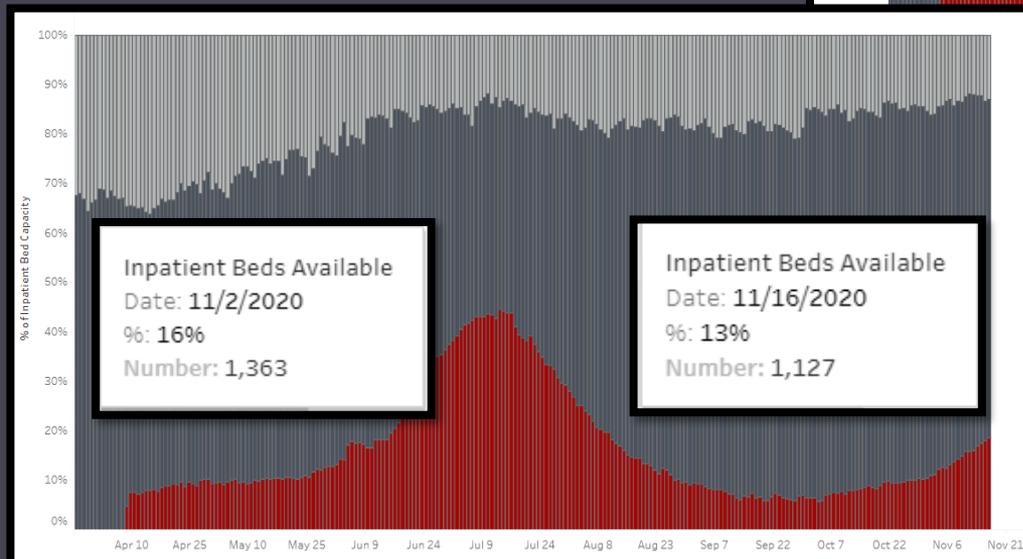
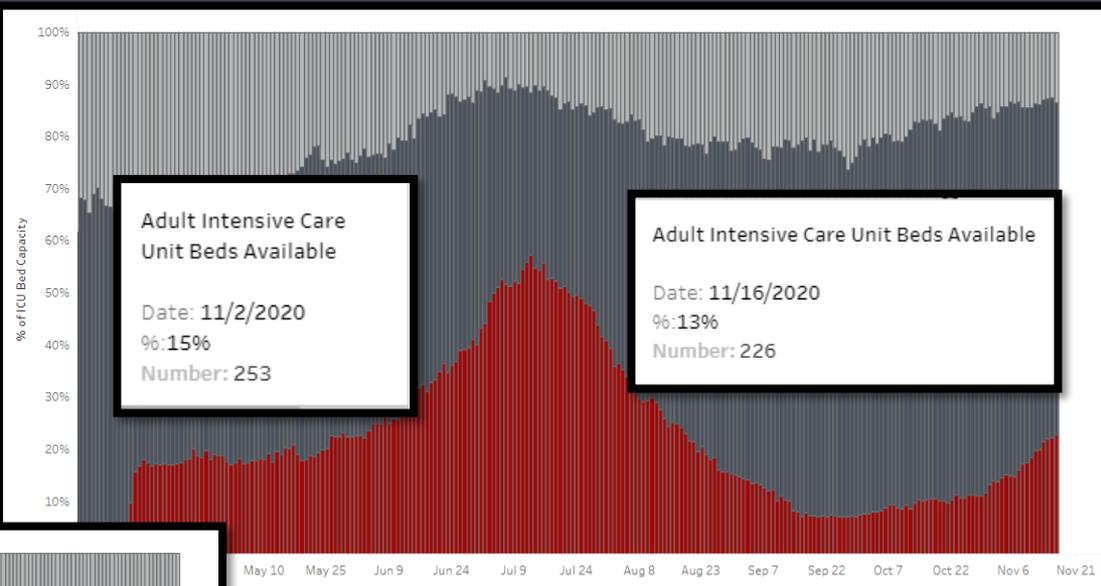


Date	Positive Diagnostic %
6/17/20	8.7%
6/24/20	10.5%
7/1/20	12%
7/8/20	13.6
7/15/20	14.2%
7/22/20	14.6%
7/29/20	14.6%
8/5/20	14.4%
8/11/20	13.9%
9/1/20	12.6%
9/8/20	12.2%
9/15/20	11.9%
10/20/20	10.4%
10/27/20	10.2%
11/3/20	10.1%
11/18/20	10.1%

Hospital Bed Usage & Availability



	Beds Available
	Beds in use by non-COVID patients
	Beds in use by COVID patients





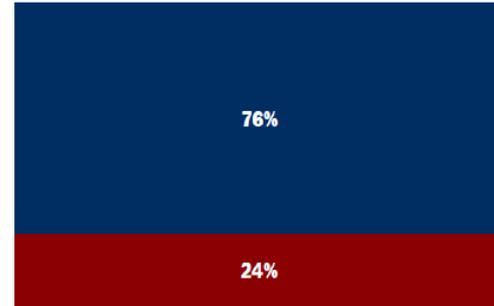
Outbreaks in Schools-Maricopa County

- Since August, 70 schools have had an outbreak of COVID-19
- Outbreak = ≥ 2 students or staff who could have been close contacts only in the school with confirmed COVID-19 cases in a 14-day period. An outbreak is closed after 28 days without a case

Of 70 COVID-19 outbreaks in schools, 54 (77%) are open and 16 (23%) are closed.



Of 334 school outbreak-associated COVID-19 cases, 254 (76%) are in students and 80 (24%) are in staff.



- 50% of outbreaks have been in high schools
- 80% of student cases have been in high school students

Maricopa County Announces Results of COVID-19 Antibody Project

- The 11-day study, conducted in mid-September by MCDPH in partnership with ASU and Mayo Clinic, collected specimens from 260 participants in 169 households randomly.
- Results from a serosurvey show that an estimated 10.7% of residents have detectable antibodies for COVID-19. (~ 470,000 people likely have been infected).
- Key findings from the serosurvey include:
 - For every case reported there were 3-4 cases that were not reported
 - The number of true infections is likely far higher than the number of people who are being tested for COVID-19
 - There was a higher seroprevalence within households than across individuals, which supports evidence that infections cluster within households.
- 11%—is far less than is needed to reach herd immunity which emphasizes the need for mitigation efforts as well as getting the COVID-19 vaccine when it becomes available.

ROPA Update!

Referring, Ordering, Prescribing, Attending (ROPA) Providers Required to Register with AHCCCS

The [Patient Protection and Affordable Care Act \(ACA\)](#)  and the [21st Century Cures Act \(Cures\)](#)  require that all health care providers who **refer** AHCCCS members for an item or service, who **order** non-physician services for members, who **prescribe** medications to members, and who **attend**/certify medical necessity for services and/or who take primary responsibility for members' medical care must be registered as AHCCCS providers. AHCCCS calls this initiative, and these providers, "ROPA", and had initially set a January 1, 2021 deadline by which they must register* in order to be reimbursed.

Until these acts passed, referring, ordering, prescribing, and attending providers were required to obtain a National Provider Identifier (NPIs), but were not required to be registered as an AHCCCS provider.

In light of COVID-19 public health emergency and priority efforts it has demanded of public health systems, **AHCCCS has extended the ROPA registration deadline to June 1, 2021**. The extension will help AHCCCS, our contracted MCOs, and impacted providers to:

- Work through the analysis of who still needs to be registered and who does not, and
- Ensure denials and access to care impacts are limited and/or negated.

HHS Orders-Authority to Immunize During COVID-19

Requirement	COVID-19 Vaccinations	Childhood Vaccinations
Who Is Authorized?	<ul style="list-style-type: none"> State-licensed pharmacists to order and administer State-authorized pharmacy interns ("intern")* acting under the supervision of a readily available, qualified pharmacist to administer Qualified pharmacy technicians ("technicians")* acting under the supervision of a readily available qualified pharmacist to administer 	
Age Requirements	3 years or older	3-18 years old
Vaccine Requirements	FDA-authorized or FDA-licensed	FDA-authorized or FDA-licensed
ACIP Guidelines/Recommendations	COVID-19 vaccine recommendations	Standard Immunization schedules
Pharmacist Training Requirement	The pharmacist must complete an ACPE-approved practical training program of at least 20 hours that includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines. Resources: APhA's Certificate Training Program for Pharmacy-based Immunization Delivery meets this requirement.	
Pharmacy Intern and Technician Training Requirement	The intern and technician must complete an ACPE-approved practical training program that includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines.	
Basic Cardiopulmonary Resuscitation Requirement	The pharmacist, intern, and technician must have a current certificate in basic cardiopulmonary resuscitation.	
CPE Requirement	The pharmacist and technician must complete a minimum of 2 hours of ACPE-approved, immunization-related continuing pharmacy education during each state licensing period. Resources: Access APhA's Education Library for Immunization CPE.	

Requirement	COVID-19 Vaccinations	Childhood Vaccinations
Recordkeeping Requirement	The pharmacist must comply with recordkeeping and reporting requirements of the jurisdiction in which he or she administers vaccines, including reviewing the vaccine registry or other vaccination records prior to administering a vaccine.	<p>The pharmacist must comply with recordkeeping and reporting requirements of the jurisdiction in which he or she administers vaccines, including:</p> <ul style="list-style-type: none"> Informing the patient's primary care provider, when available Submitting the required immunization information to the state or local immunization information system (vaccine registry) Complying with requirements with respect to reporting adverse events Complying with requirements whereby the person administering a vaccine must review the vaccine registry or other vaccination records prior to administering a vaccine
Well-child Visit Requirement	If the patient is 18 years of age or younger, the pharmacist, intern, or technician must inform the patient and the adult caregiver accompanying the patient of the importance of a well-child visit with a pediatrician or other licensed primary care provider and refer patients as appropriate. Resources: Well-Child Visit Brochure , Template Referral Form Well-Child Visit , Well-Child Checkup Letter	
Additional Requirements	The pharmacist must comply with any applicable requirements (or conditions of use) as set forth in the CDC COVID-19 vaccination provider agreement and any other federal requirements that apply to the administration of COVID-19 vaccine(s)	

Source APhA: [CLICK HERE](#)

Trump Administration Partners with Chain and Independent Community Pharmacies to Increase Access to Future COVID-19 Vaccines

To maximize access to COVID-19 vaccines for all Americans, the U.S. Department of Health and Human Services (HHS) today announced the U.S. government's partnerships with large chain pharmacies and networks that represent independent pharmacies and regional chains. Through the partnership with pharmacy chains, this program covers approximately 60 percent of pharmacies throughout the 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Through the partnerships with network administrators, independent pharmacies and regional chains will also be part of the federal pharmacy program, further increasing access to vaccine across the country—particularly in traditionally underserved areas.

Pharmacies that do not participate in the federal allocation program are encouraged to be part of the solution and should coordinate with their jurisdiction's health department to become COVID-19 vaccine providers.

[CLICK HERE](#)

Pharmacy networks that have signed on as of November 6th:

- Albertsons/Safeway
- Costco
- CPESN USA
- CVS
- Good Neighbor Pharmacy
- Health Mart Systems
- H-E-B
- Hy-Vee
- Medicine Shoppe
- Managed Health Care Associates (MHA)
- Meijer Inc.
- Publix Super Markets
- Retail Business Services
- Rite Aid Corp.
- The Kroger Co (Fry's)
- Topco Associates
- Walgreens
- Walmart, Inc. (incl. Sam's Club)
- Winn-Dixie Stores Inc.

ADHS Provider Onboarding Tool

- Pharmacies NOT part of the federal allocation MUST sign up through ADHS to receive vaccine from the state allocation.
- Independents NOT a part of one of the following network administrator partners MUST register:
 - Topco Associates
 - CPESN
 - Good Neighbor Pharmacy
 - Health Mart
 - Medicine Shoppe
 - Managed Health Care Associates
- Pharmacies with federal contracts may NOT need to sign up unless you are asked or want to also be eligible for state allocated vaccines.

Pandemic Vaccine Provider Onboarding Tool

How to get started

1. Click the onboarding link [Pandemic Vaccine Provider Onboard Form 1](#) and fill out the form
2. Click submit - this will take you to survey queue page
3. Continue to complete other surveys that are not marked "Complete." A link to this page will be emailed to you

1



Contact and Shipping Information

- Facility location information
- Signatory provider info (title, license, NPI)
- Primary and backup vaccine coordinator information
- Not sure if you're a VFC/VCA provider? Select no when it asks if you are a VFC provider; this is not necessary to participate

2



Storage and Handling

- Photos of your cold storage units showing the inside of the units
- Brand and model of each cold storage unit
- Data logger usage info
- Read requirements

3



Arizona State Immunization Information System (ASIS)

- Are you currently entering/transferring immunization data into ASIS?
- Read requirements

4



Vaccine Planning

- Read through content so you can plan and be prepared

5



CDC Agreement Section A

- CMO & CEO signatures
- For organizations: follow the instructions for Section A in FAQs. Follow the decision tree on the final page to determine whether you need to follow organization instructions

6



CDC Agreement Section B

- Facility type
- Populations served
- Storage unit capacity
- Must be signed by the signatory provider/the primary vaccine coordinator

7



Prescribing Providers (part of CDC Agreement)

- Submit multiple times - one for each prescribing provider
- Enter each prescriber's name, title, and license number

Pfizer's Early Data Shows Vaccine Is More Than 90% Effective

- Enrolled 43,538 people- Half of the participants received two doses of the vaccine three weeks apart, and half received a placebo.
- The case split between vaccinated individuals and those who received the placebo indicates a vaccine efficacy rate above 90%, at 7 days after the second dose. This means that protection is achieved 28 days after the initiation of the vaccination, which consists of a 2-dose schedule.
- The trial is continuing to enroll and is expected to continue through the final analysis when a total of 164 confirmed COVID-19 cases have accrued.
- The study also will evaluate the potential for the vaccine candidate to provide protection against COVID-19 in those who have had prior exposure to SARS-CoV-2, as well as vaccine prevention against severe COVID-19 disease.

Moderna's Coronavirus Vaccine Found to be Nearly 95% Effective

Vaccine is being tested in 30,000 people.

- Half received 2 doses of vaccine the other half received 2 doses of placebo

There is a total of 95 cases of covid-19 cases so far

- 90 were in the placebo group
- 11 severe cases — all in the placebo group

Moderna has committed to completing its trial before applying for an FDA EUA — which means waiting until there are 151 cases of covid-19 in the study.

A previous projection showed that the trial might end early next year, but it is instead expected to reach its endpoint in seven to 10 days due to the surge in the U.S.

FDA Authorizes Emergency Use For Eli Lilly's COVID-19 Antibody Treatment

- On November 9th the [FDA granted emergency use authorization](#) (EUA) to Eli Lilly & Co's bamlanivimab based on trial data showing that a one-time infusion of the treatment reduced the need for hospitalization or ER room visits in high-risk COVID-19 patients.
- The FDA said Lilly's antibody can be used for anyone over the age of 65 who is recently diagnosed with mild-to-moderate COVID-19 and for patients age 12 and older who have an underlying health condition putting them at risk for serious illness. It was not authorized for hospitalized patients nor for those who required oxygen therapy due to COVID-19 as it could worsen clinical outcomes for such patients.
- The U.S. government has purchased 300,000 doses of the treatment and committed that Americans will have no out-of-pocket costs for the medicine, although healthcare facilities may charge a fee for the product's administration. Lilly anticipates manufacturing up to one million doses of bamlanivimab by the end of 2020, for use around the world through early next year.

HHS Allocates Lilly Therapeutic to Treat Patients with Mild to Moderate COVID-19

- On October 28, the federal government announced a purchase of 300,000 doses of bamlanivimab. HHS will allocate these doses to state and territorial health departments which, in turn, will determine which healthcare facilities receive the infusion drug. The federal government can purchase up to 650,000 additional doses if needed through June 30, 2021, for distribution across the country.

Allocation & Distribution of Bamlanivimab



States / Territories / Identified Agencies	Week 1 (November 9 - 17) Phase 1 (vials)
Alabama	1,080
Alaska	240
American Samoa	10
Arizona	1,250

Bamlanivimab Resources

- [Fact Sheet for Healthcare Providers](#)
- [Fact Sheet for Patients and Caregivers](#)
- [Frequently Asked Questions: Allocation, Distribution and Administration of Bamlanivimab](#)
- [OWS Therapeutics Monoclonal Antibody Playbook - November 10, 2020](#)
- [Lilly Bamlanivimab Antibody Playbook](#)
- [Infusion Resources – Preparation and Administration of IV Infusion](#)
- [What to Expect during a COVID-19 Antibody Treatment Infusion: A Guide for Patients](#)
- [Outpatient Administration Playbook - November 10, 2020](#)
- [Centers for Medicare and Medicaid Services Provider Toolkit](#)
- [COVID-19 Frequently Asked Questions on Medicare Fee-for-Service Billing](#)

~18% of people with COVID-19 later diagnosed with psychiatric disorder

- Nearly 1 in 5 people with COVID-19 received a psychiatric diagnosis in the first 14-90 days after their initial infection diagnosis, according to a study published in [*The Lancet Psychiatry*](#) journal on November 9th.
- That may be due to the virus's effect on the brain, immune system response or psychological reactions.
- Anxiety was the most commonly diagnosed disorder, and nearly 6% had never had a psychiatric diagnosis before.
- A secondary finding indicated people diagnosed with a psychiatric disorder in the previous year had a 65% higher risk of COVID-19 infection, which may be related to the socioeconomic and lifestyle factors people with psychiatric disorders experience.

AMA Announces Vaccine-specific CPT Codes for Coronavirus Immunizations

Medicare Part B Payment for COVID-19 Vaccines and Certain Monoclonal Antibodies during the Public Health Emergency

The new CPT codes clinically distinguish each coronavirus vaccine for better tracking, reporting and analysis.

Need to be able to bill Medicare B which is medical billing!

Payment Allowances and Effective Dates for COVID-19 Vaccines and their Administration during the Public Health Emergency:

Code	CPT Short Descriptor	Labeler Name	Vaccine/Procedure Name	Payment Allowance	Effective Dates
91300	SARSCOV2 VAC 30MCG/0.3ML IM	Pfizer	Pfizer-Biontech Covid-19 Vaccine	\$0.010*	xx/xx/xxxx – TBD
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – First Dose	\$16.940**	xx/xx/xxxx – TBD
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	Pfizer	Pfizer-Biontech Covid-19 Vaccine Administration – Second Dose	\$28.390**	xx/xx/xxxx – TBD
91301	SARSCOV2 VAC 100MCG/0.5ML IM	Moderna	Moderna Covid-19 Vaccine	\$0.010*	xx/xx/xxxx – TBD
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	Moderna	Moderna Covid-19 Vaccine Administration – First Dose	\$16.940**	xx/xx/xxxx – TBD
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	Moderna	Moderna Covid-19 Vaccine Administration – Second Dose	\$28.390**	xx/xx/xxxx – TBD

Questions?