Tracking the Pandemic

Data “Interactive Analytics” Dashboard

www.nh.gov/covid19
Number of New COVID-19 Cases per Day in NH

https://www.nh.gov/covid19/dashboard/overview.htm#dash
Average Number of Daily New Cases in NH By Report Week, 3/2 – 11/15

Week Number vs. Average Number of Daily Cases

- Week 1: 1 case
- Week 2: 1 case
- Week 3: 9 cases
- Week 4: 26 cases
- Week 5: 59 cases
- Week 6: 45 cases
- Week 7: 58 cases
- Week 8: 67 cases
- Week 9: 93 cases
- Week 10: 79 cases
- Week 11: 75 cases
- Week 12: 79 cases
- Week 13: 72 cases
- Week 14: 56 cases
- Week 15: 39 cases
- Week 16: 32 cases
- Week 17: 29 cases
- Week 18: 21 cases
- Week 19: 22 cases
- Week 20: 21 cases
- Week 21: 33 cases
- Week 22: 28 cases
- Week 23: 28 cases
- Week 24: 22 cases
- Week 25: 17 cases
- Week 26: 21 cases
- Week 27: 28 cases
- Week 28: 36 cases
- Week 29: 36 cases
- Week 30: 32 cases
- Week 31: 51 cases
- Week 32: 71 cases
- Week 33: 79 cases
- Week 34: 91 cases
- Week 35: 127 cases
- Week 36: 182 cases
- Week 37: 312 cases

NH DIVISION OF Public Health Services
Department of Health and Human Services
Number of COVID-19 Deaths in NH by Report Date

Graph showing the number of COVID-19 deaths in NH for each report date, with dates from 3/23 to 11/16. The graph is color-coded to differentiate between Non-LTCF Associated and LTCF Associated deaths.
Level of Community Transmission

New Cases per 100k over 14 days: 286.1
New Hosp per 100k over 14 days: 1.6
7-Day PCR Test Positivity Rate: 3.4%

Data as of: 11/17/2020

https://www.nh.gov/covid19/dashboard/schools.htm#dash
Updated NH Travel Guidance (Two Documents)

General Travel Guidance
Employer Travel, Screening, & Exclusion Guidance
NH’s Current Travel and Quarantine Guidance

• Any travel or social/family gathering increases a person’s risk for getting infected and spreading COVID-19

• We continue to recommend against any non-essential personal or business travel

• People should avoid gathering with others who are not part of a person’s immediate household, even during the holidays

• People traveling outside the six New England states (ME, NH, VT, MA, RI, CT) need to self-quarantine for 14 days from last day of travel outside New England (unchanged)
NH’s Current Travel and Quarantine Guidance

• Travelers now have the option to shorten their travel-related quarantine if all the following apply:
  1. They get a PCR test on day 7 of quarantine or later (antigen testing is not appropriate for testing out of travel quarantine)
  2. The PCR test is negative
  3. The person is asymptomatic
  4. There is no known “close contact” to a person with COVID-19

• Exemptions to travel quarantine (TQ) are still allowed for “essential travel”, or if an employee is considered an essential critical infrastructure employee (“essential employee”)

• For the “essential employee” exemption, the person can only return to work under the set of restrictions listed in the guidance, but the person must adhere to all other aspects of TQ guidance
Be Aware of Other States’ Travel Guidance

• States have different restrictions and requirements for out-of-state travelers, including:
  o Quarantine requirements for travelers from “high risk” areas
  o Restrictions on gatherings
  o Mask mandates
  o Testing requirements
  o Closure or restrictions on certain businesses
  o Curfew

• New Hampshire is considered a “high risk” area by many other States
Many Other States’ Cut-Off for Travel Restrictions
CDC “Travel Planner” Web Portal Coming

Centralized communication platform for COVID-19 travel restrictions and policies enacted by state, local, tribal, and territorial governments.

Vaccine Planning
• 43,538 participants of racial and ethnic diversity
  o 42% of international sites
  o 30% of US sites
• Interim analysis shows 94 cases (of sample size target 164) occurred
  o <10% of cases among vaccine recipients
    • 90% protection achieved
      • 7d after second dose
      • 28d after first dose
• EUA application allowed
  o Half of recipients are two months beyond second dose
  o 3rd week of November
Modern Interim Analysis 11/16/2020

- 30,000 participants
  - 37% racially and ethnically diverse
  - 42% high risk by age or comorbidities
- Interim analysis shows 95 cases occurred
  - 5 cases among vaccine recipients
  - All 11 severe among placebo cases
- EUA application allowed
  - Half of recipients are two months beyond second dose
  - Imminent for scheduling
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Platform</th>
<th>Schedule</th>
<th>Ph 3</th>
<th>Updates</th>
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</thead>
<tbody>
<tr>
<td>Moderna</td>
<td>mRNA</td>
<td>2-doses 28d -4C</td>
<td>July</td>
<td>Oct 23: completed ph3 Nov 11 endpoints EUA review soon</td>
</tr>
<tr>
<td>NIH</td>
<td></td>
<td>Shelf life 30d 12h at RT</td>
<td></td>
<td></td>
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<tr>
<td>Pfizer</td>
<td>mRNA</td>
<td>2-doses 21d -70C</td>
<td>July</td>
<td>Sept 12: expanded to 43k Interim analysis Nov 9 2020 EUA subm end Nov</td>
</tr>
<tr>
<td>BioNTech</td>
<td></td>
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<tr>
<td>Fosun Pharma</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Johnson and</td>
<td>Ad26 (~Ebola)</td>
<td>1-dose</td>
<td>Sept</td>
<td>Oct 12 pause for AE Oct 23 restarted</td>
</tr>
<tr>
<td>Johnson</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AstraZeneca</td>
<td>ChadOx1</td>
<td>2-doses 28d</td>
<td>July</td>
<td>Sept 6 pause for AE Oct 23 restarted in US</td>
</tr>
<tr>
<td>Oxford</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Novavax</td>
<td>Protein subunit nanotech</td>
<td>2-dose 21d</td>
<td>Sept</td>
<td>Early 2021 results</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>UK Nov US</td>
</tr>
</tbody>
</table>

Most Advanced US Candidates

NH DIVISION OF Public Health Services
Department of Health and Human Services
Vaccine Planning

• Leveraging existing plans and H1N1 experience
• Statewide Vaccination Plan Submitted to CDC
• Current Vaccine Frontrunners:
  o Pfizer
  o Moderna
• Vaccine expected to be available within next month
  o EUA submission
  o FDA approval
  o ACIP review
Phases of Vaccine Distribution

Distribution will Adjust as volume of vaccine doses increases, moving from targeted to broader populations reached (phased approach)

**Limited Doses Available**
- Constrained supply
- Highly targeted administration required to achieve coverage in priority populations
- Tightly focus administration
- Administer vaccine in closed settings (places of work, other vaccination sites) specific to priority populations

**Large Number of Doses Available**
- Likely sufficient supply to meet demand
- Supply increases access
- Broad administration network required including surge capacity
- Expand beyond initial populations
- Administer through commercial and private sector partners (pharmacies, doctors offices, clinics)
- Administer through public health sites (mobile clinics, FQHCs, targeted communities)

**Continued Vaccination, Shift to Routine Strategy**
- Likely excess supply
- Broad administration network for increased access

Illustrative ramp-down, not based on GWS decisions or candidate projections

\(~660M cumulative doses available\)
Vaccine Allocation Process

• The Vaccine Allocation Strategy Branch (VASB) is leveraging information from:
  o National Academy of Sciences Framework for Equitable Allocation of Vaccine for the Novel Coronavirus
  o CDC’s COVID-19 Vaccination Program Interim Playbook for Jurisdiction Operations
  o ACIP recommendations expected late in approval process
  o State Disaster Medical Advisory Committee

• This is a work in progress, constantly updated with national research and data as it is learned.
## Vaccine Allocation Plan

**Subject to Change!**

### Phase 1
- **Phase 1a “Jumpstart Phase”**
  - High-risk health workers
  - First Responders
  - Older adults living in residential care settings (e.g. LTCF)
- **Phase 1b**
  - People of all ages with comorbid and underlying conditions that put them at significantly higher risk
  - Other older adults living in congregate or overcrowded settings.

### Phase 2
- K-12 teachers and school staff and childcare workers
- Workers in industries essential to functioning of society and at substantially higher risk of exposure
- People of all ages with comorbid and underlying conditions that put them at moderately higher risk
- People in homeless shelters or group homes for individuals with disabilities, including serious mental illness, developmental and intellectual disabilities or in recovery, and staff who work in such settings
- People in correctional facilities, and staff who work in such settings
- All older adults not in Phase 1

### Phase 3
- Young adults
- Children
- Workers in industries and occupations important to the functioning of society and at increased risk of exposure not included in Phase 1 or 2

### Phase 4
- Everyone residing in the United States who did not have access to the vaccine in previous phases

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**Equity is a crosscutting consideration**

In each population group, vaccine access should be prioritized for geographic areas identified through CDC or New Hampshire’s Social Vulnerability Index or another more specific index.
Vaccine Distribution

- Estimated 75% non-government / 25% government
- Hospitals, Healthcare Providers, Pharmacies, etc.
- LTCF can use federal CDC Pharmacy Partner Program

- As of 11/17/2020

<table>
<thead>
<tr>
<th></th>
<th>Skilled Nursing</th>
<th>Assisted Living</th>
<th>Aggregate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Facilities</td>
<td>84 (100%)</td>
<td>126 (100%)</td>
<td>210 (100%)</td>
</tr>
<tr>
<td>PPTP Enrollment</td>
<td>83 (99%)</td>
<td>91 (72%)</td>
<td>174 (83%)</td>
</tr>
</tbody>
</table>
Cost (CMS Communication 10/28)

- Prohibit providers from charging consumers for admin of vaccine
- Insurance companies cover the administration fee without cost sharing for Medicare, Medicaid and Private Insurance
  - Medicare Vaccine Admin Fees: 1st Dose-$16.94 / 2nd Dose-$28.39
  - Encourage Private insurance to adopt the same fee structure
- When emergency ends some coverage and cost sharing will expire
- Uninsured: Providers able to bill for reimbursement through Provider Relief Fund administered by Health Resources and Services Administration (HRSA)

***Subject to Change!***
Communication

• Partner outreach:
  o Regional Public Health Networks
  o Long-term care facilities
  o Hospitals
  o Pharmacies
  o Others

• Public outreach:
  o Proactively address safety and efficacy concerns
  o When and how to access vaccine
Submitted Questions
Rate of Active Cases per 100k as of 11/16/20

- All counties are eligible for Phase I
- No counties are eligible for Phase II or III
- Source: DHHS Dashboard

<table>
<thead>
<tr>
<th>County</th>
<th>Rate of Active Cases per 100k Pop.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belknap</td>
<td>239</td>
</tr>
<tr>
<td>Carroll</td>
<td>128</td>
</tr>
<tr>
<td>Cheshire</td>
<td>146</td>
</tr>
<tr>
<td>Coos</td>
<td>302</td>
</tr>
<tr>
<td>Grafton</td>
<td>175</td>
</tr>
<tr>
<td>Manchester</td>
<td>334</td>
</tr>
<tr>
<td>Merrimack</td>
<td>207</td>
</tr>
<tr>
<td>Nashua</td>
<td>417</td>
</tr>
<tr>
<td>Rest of Hillsborough</td>
<td>205</td>
</tr>
<tr>
<td>Rockingham</td>
<td>228</td>
</tr>
<tr>
<td>Strafford</td>
<td>253</td>
</tr>
<tr>
<td>Sullivan</td>
<td>171</td>
</tr>
</tbody>
</table>

Key
- Phase I >50
- Phase II <50
- Phase III <10
CMS Test Positivity Rate as of 11/16/20

- CMS test positivity rate for Strafford and Rockingham counties is “medium”
  - When rate is 5-10% nursing homes should perform surveillance testing once a week
- If rate is >10%:
  - No indoor visitation is allowed
  - Surveillance testing twice a week

*Source: CMS Data Dashboard*
False Positive Antigen Tests

• False positive results can occur with antigen tests, including when users do not follow the instructions for use

• Reports of false positive antigen results occurred in nursing homes and other settings

• FDA Letter to Clinical Laboratory Staff and Health Care Providers includes important information about potential false positive results:
  * Details on false positive results with antigen tests
  * Recommendations for health care providers and clinical laboratory staff
  * Actions the FDA is taking
  * Instructions for reporting problems with a device

Source: FDA
N95 for Aerosol Generating Procedures in LTCF

• In a COVID free LTCF in an area of low transmission, no N95 is needed for aerosol generating procedures on asymptomatic residents

• Utilize N95 for aerosol generating procedures (AGP) in areas with substantial transmission, in accordance with CDC guidance
  o This is in accordance with HAN 22

• Also use N95 for AGP in facilities with COVID-19 cases identified

• Per routine procedures, continue to use N95s for patients when infection control procedures indicate to do so pertaining to respiratory illness
Eye Protection in LTCF

• In areas where there is *substantial community transmission*, it is recommended for healthcare personnel to wear eye protection *during patient care activities*
  
  o Ideally re-usable and dis-infectable face shields or goggles

• This is in accordance with [HAN 22](#)
“If admitting a COVID+ patient, or if you admit a patient prior to PCR results received and subsequently is positive, does the facility go back into phase 0? Or is this only if a case was developed while in the facility?”

- No, the facility does not go to Phase 0
- A “new facility-onset case” would indicate to move to Phase 0
- Facility onset cases originate in the facility
- “New facility-onset resident cases do not include:
  - Residents who were known to have COVID-19 on admission to the facility and were placed into appropriate transmission-based precautions to prevent transmission to others in the facility
  - Residents who were placed into transmission-based precautions on admission and developed SARS-CoV-2 infection within 14 days after admission.” (Source: LTCF Reopening Guidance)
“Are there any documents or links that employers can use to educate their employees who may be expecting?”

• “Based on what we know at this time, pregnant people are at an increased risk for severe illness from COVID-19 compared to non-pregnant people. Additionally, pregnant people with COVID-19 might be at increased risk for other adverse outcomes, such as preterm birth” (CDC).

• [Pregnancy, Breastfeeding, and Caring for Newborns](#)

• [Data on COVID-19 during Pregnancy](#)
“If the county [CMS test positivity rate] goes over 10%, does indoor visitation get delayed (with the exception of compassionate care visits and outdoor visits) until the rate is ≤10% again? Strafford County is currently at 9.9%.

- Correct, if test positivity rate is >10% no indoor visitation
- Outdoor and compassionate care visitation still allowed

<table>
<thead>
<tr>
<th>Possible under what CMS county positivity rate?</th>
<th>Compassionate Care Visitation</th>
<th>Social Visitation Outdoors</th>
<th>Social Visitation Indoors</th>
<th>Essential Support Visitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>All phases</td>
<td>All</td>
<td>All</td>
<td>≤ 10%</td>
<td>N/A</td>
</tr>
<tr>
<td>Possible in which phases?</td>
<td>All phases</td>
<td>Phases I-III</td>
<td>Phases I-III</td>
<td>Phase II and III</td>
</tr>
</tbody>
</table>