# COVID-19 DAY 101 UPDATE

# JUNE 19, 2020

## SECRETARY DAVID R. SCRASE, M.D.

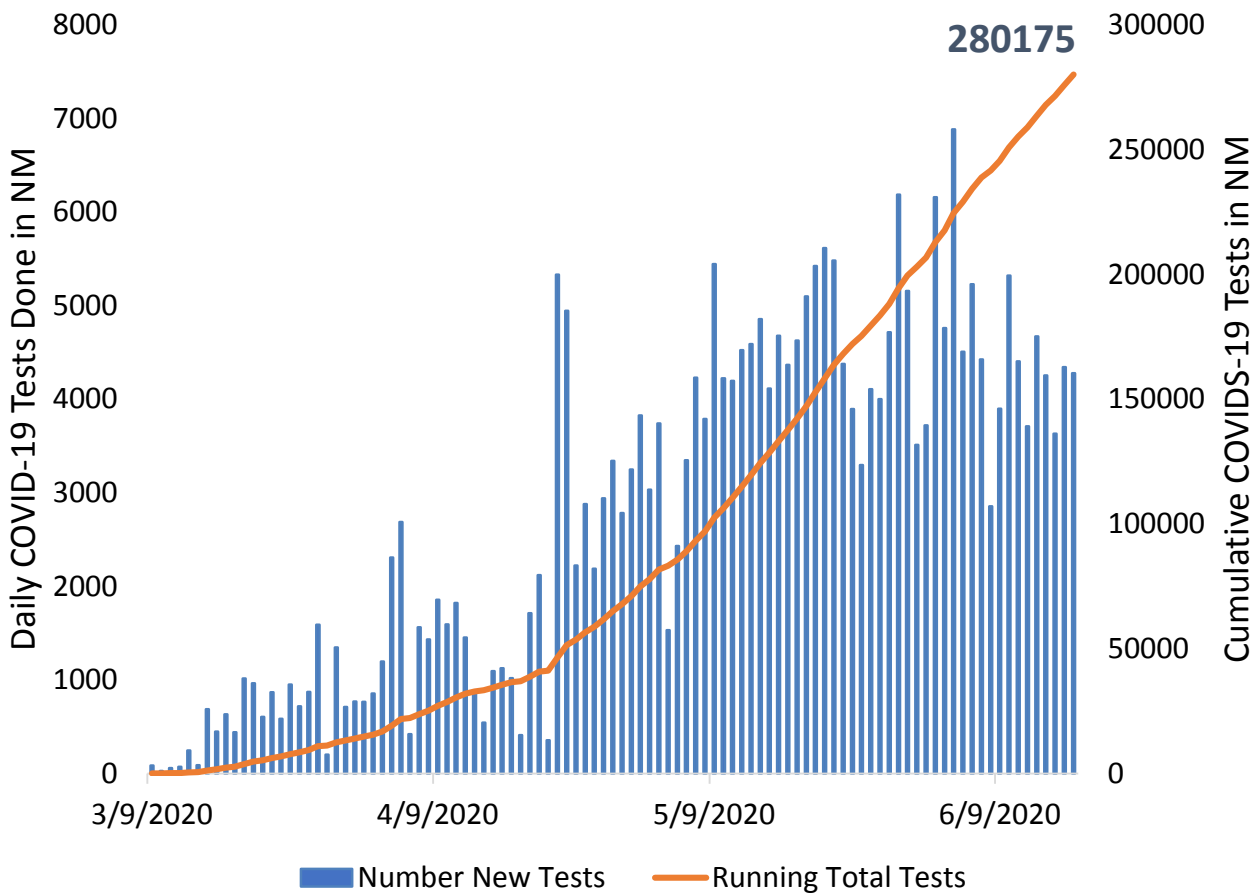*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# AGENDA FOR TODAY'S PRESS BRIEFING

- COVID-19 in NM Update (with Q&A)
- Medical Advisory Team (MAT) Update (with Q&A)
  - Discontinuation of home isolation and return to work guidance
  - N95 Masks Conservation
  - Remdesivir treatment
- Science Update (with Q&A)
- Gating Criteria for Reopening (with Q&A)
  - Gating Criteria Update
  - Modeling
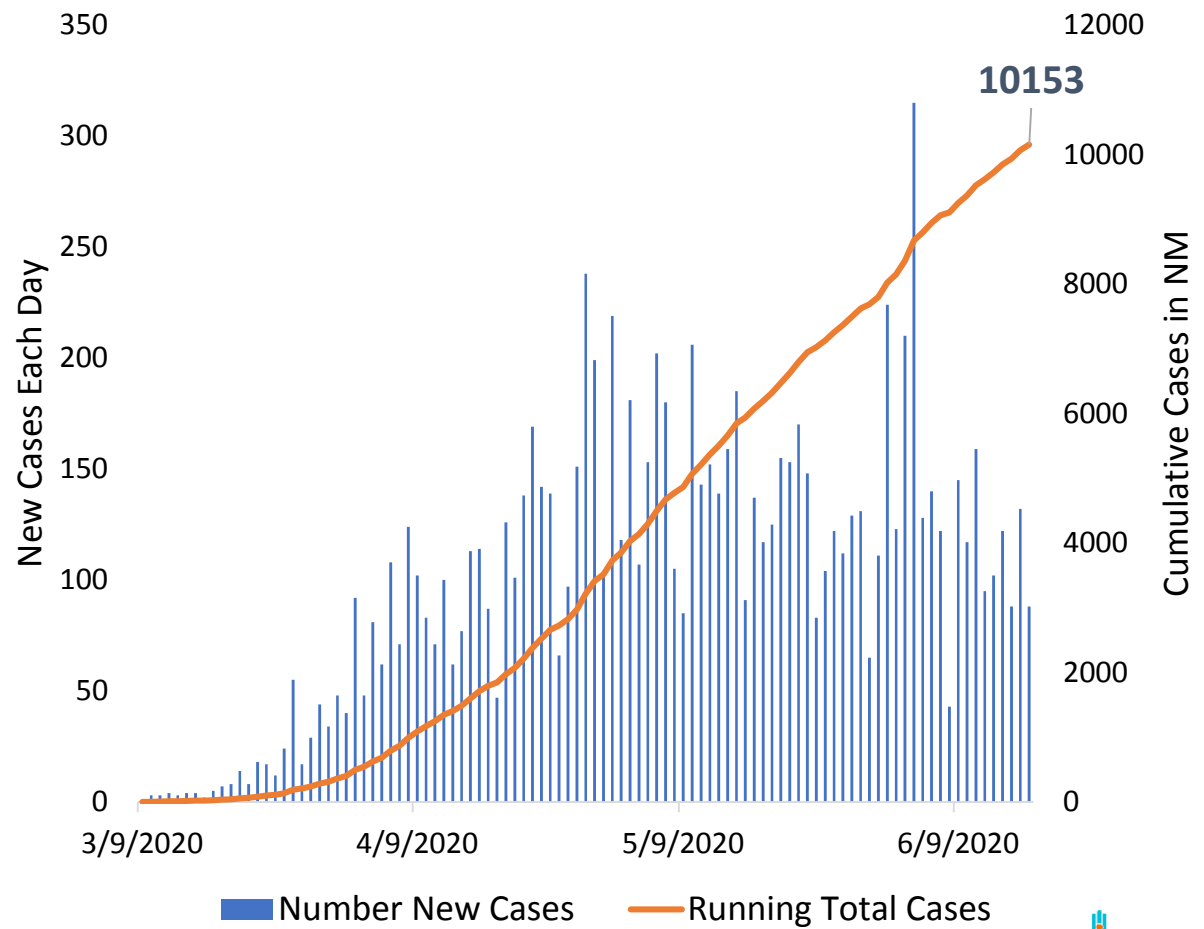  - School reopening
- General Questions and Answers

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# COVID-19 IN NM UPDATE

# NM COVID-19 DAILY & CUMULATIVE TESTS/CASES



NM Daily and Cumulative COVID-19 Tests

280175

NM Daily COVID-19 New Cases and Running Total

10153

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# Total COVID-19 Positive Cases (6/17/2020)

Number of Cases
1 — 2,968

| County | Cases |
|---|---|
| San Juan* | 2,140 |
| Rio Arriba | 61 |
| Taos | 33 |
| Colfax | 8 |
| Union | 5 |
| Los Alamos | 7 |
| Mora | |
| Harding | 1 |
| McKinley* | 2,968 |
| Sandoval* | 651 |
| Santa Fe* | 182 |
| San Miguel | 16 |
| Bernalillo* | 1,752 |
| Cibola* | 186 |
| Valencia* | 94 |
| Guadalupe | 20 |
| Quay* | 4 |
| Torrance | 34 |
| Curry | 92 |
| De Baca | |
| Catron* | 2 |
| Socorro* | 55 |
| Roosevelt* | 53 |
| Lincoln | 6 |
| Chaves* | 61 |
| Sierra* | 4 |
| Grant | 16 |
| Otero* | 31 |
| Eddy* | 48 |
| Lea | 55 |
| Doña Ana* | 676 |
| Luna* | 32 |
| Hidalgo | 23 |

**Total Cases: 9,316**
**Total Deaths: 452**

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*Source: NM Department of Health. * denotes death occurred in county. Excludes cases in federal and state detention facilities.*

# COVID-19 Prevalence Rate (6/17/2020)
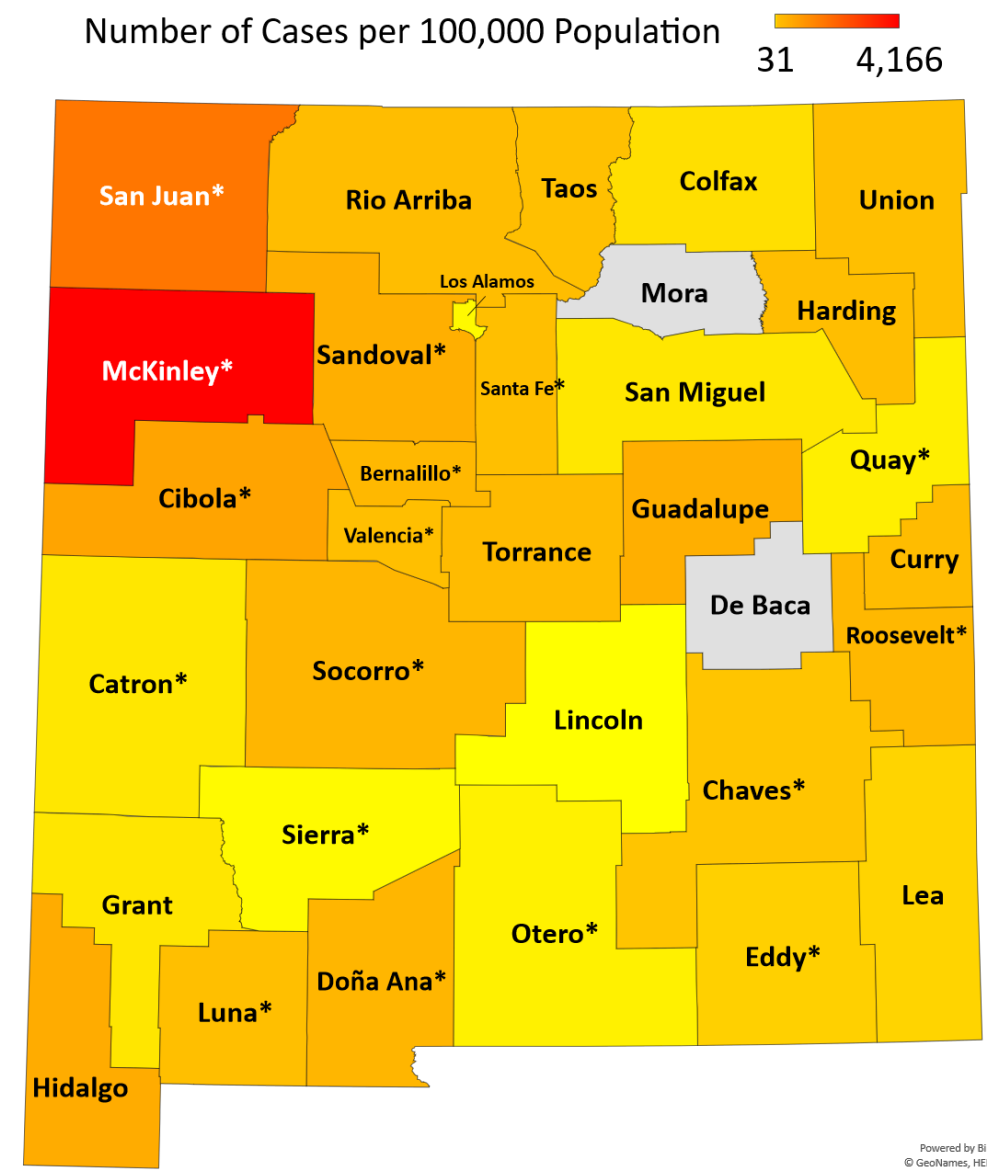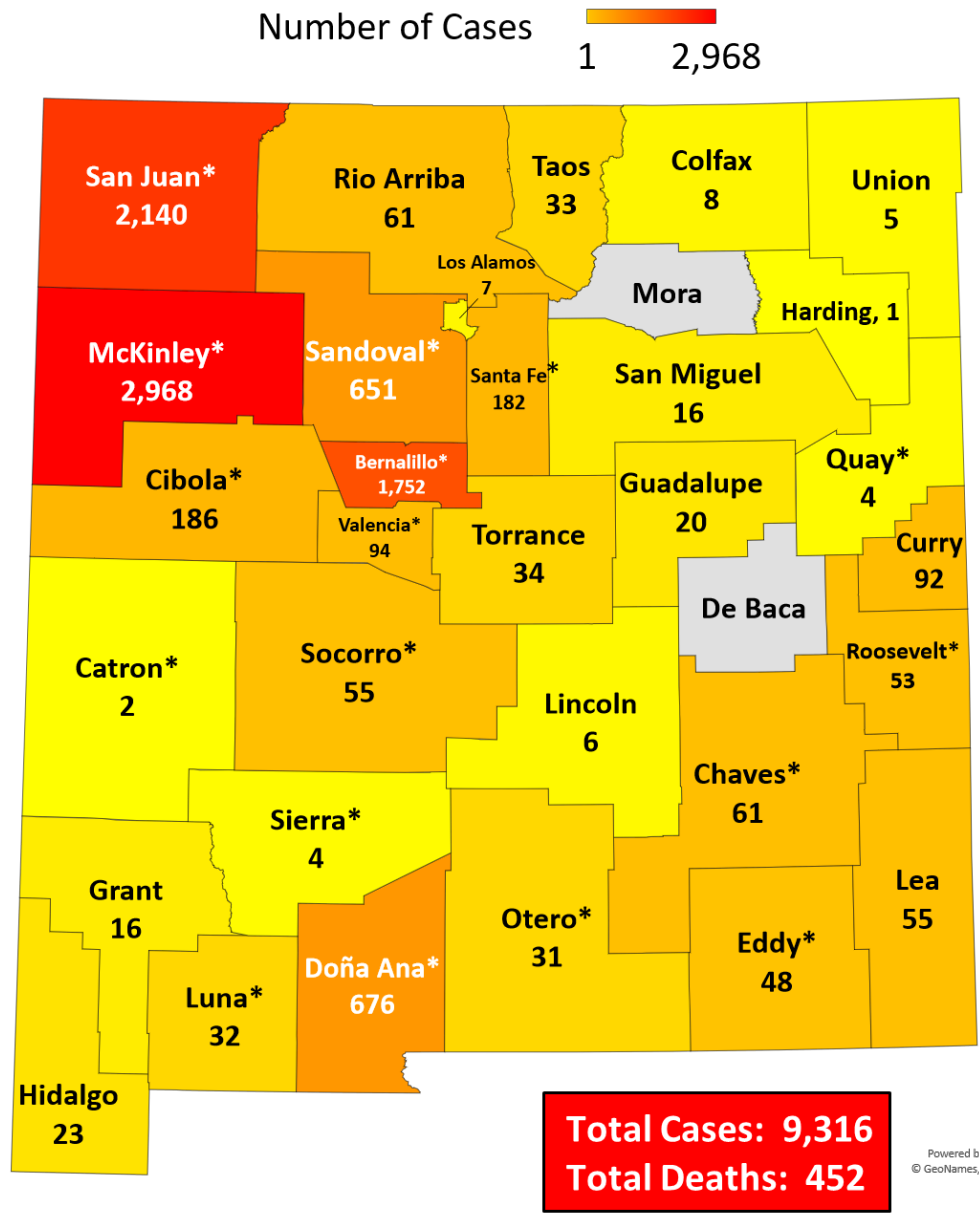
Number of Cases per 100,000 Population
31 — 4,166

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*Source: NM Department of Health. * denotes death occurred in county. Excludes cases in federal and state detention facilities.*
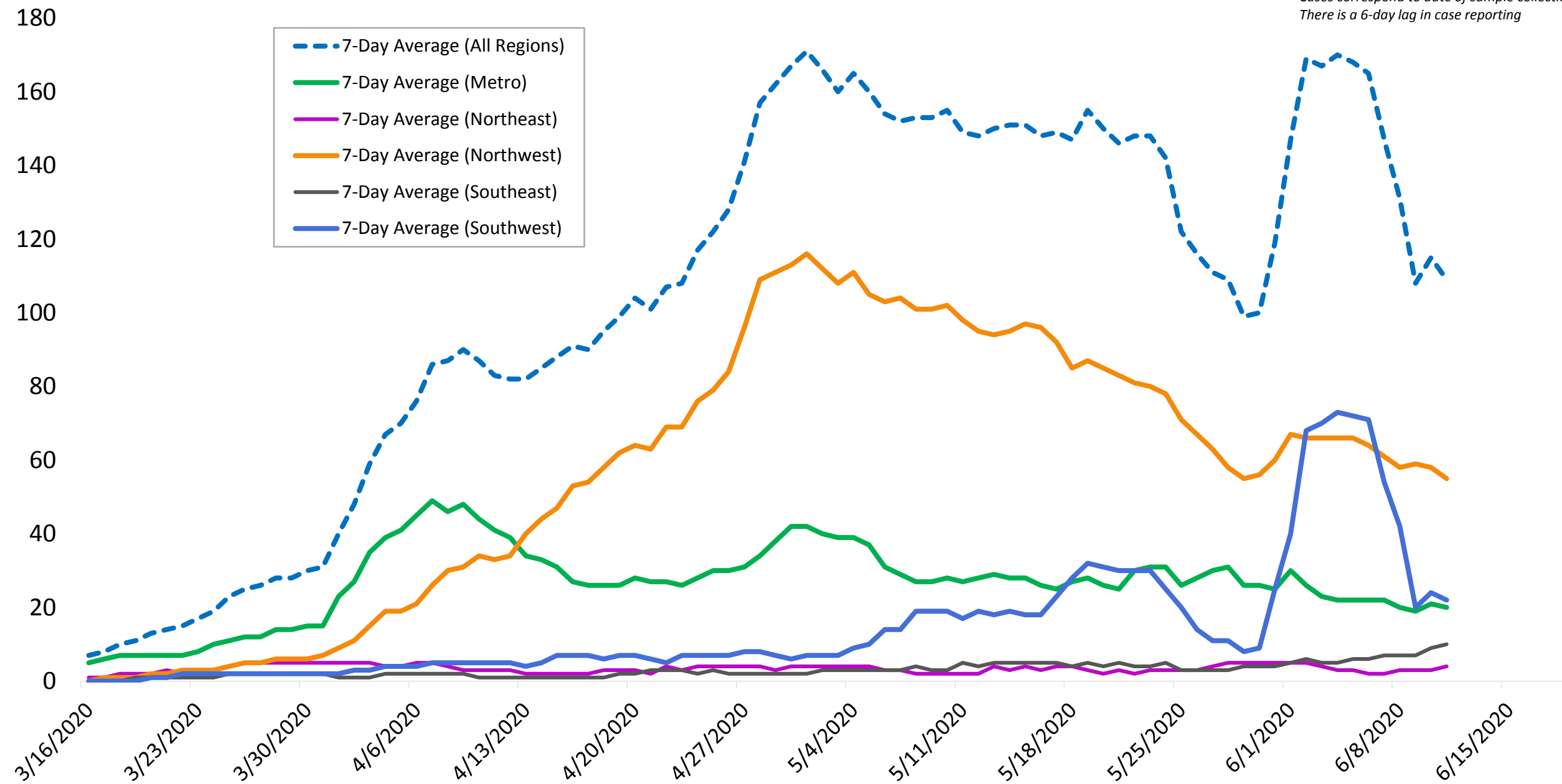
Number of COVID-19 Hospitalizations and Intubations in NM
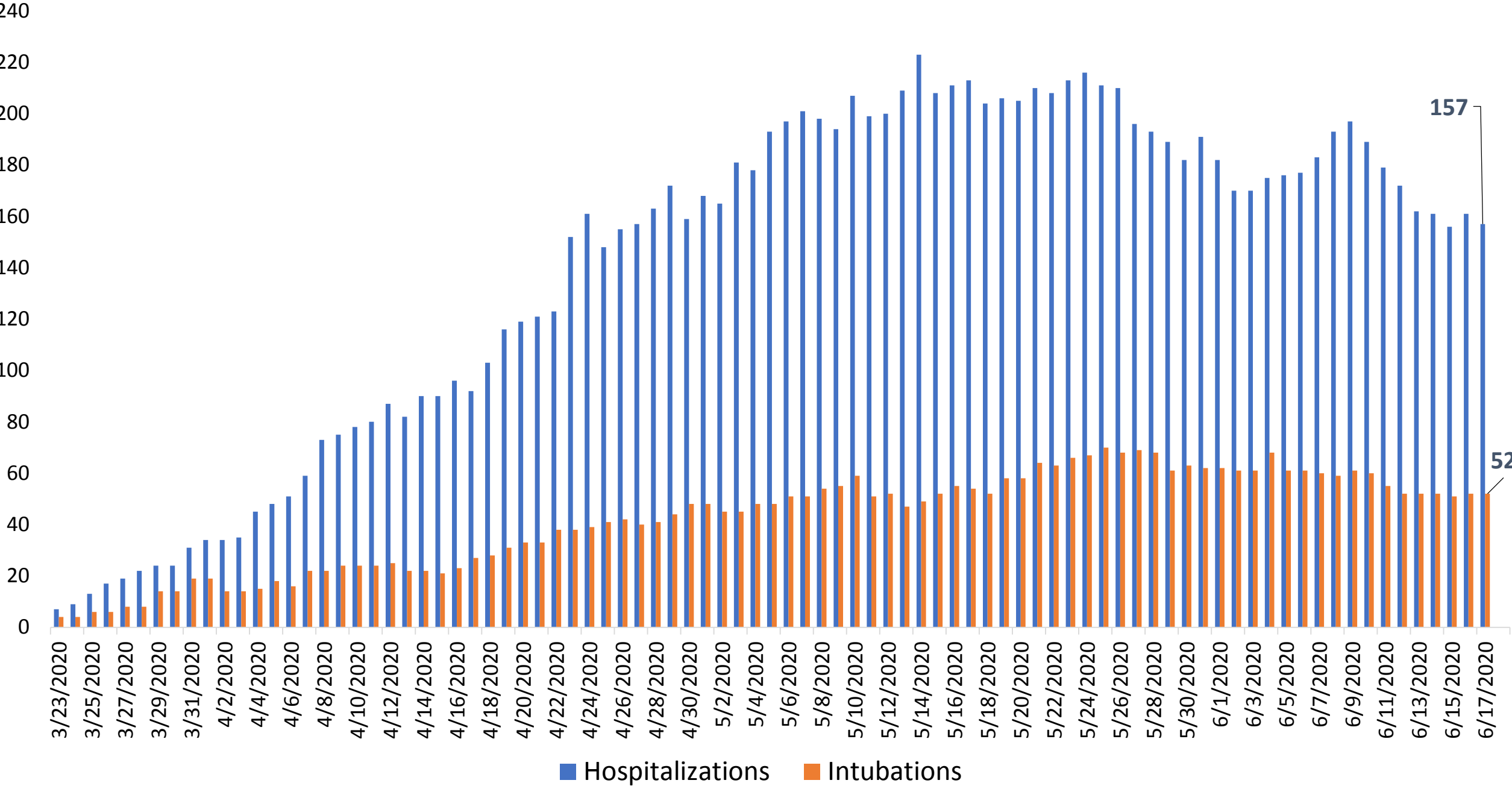
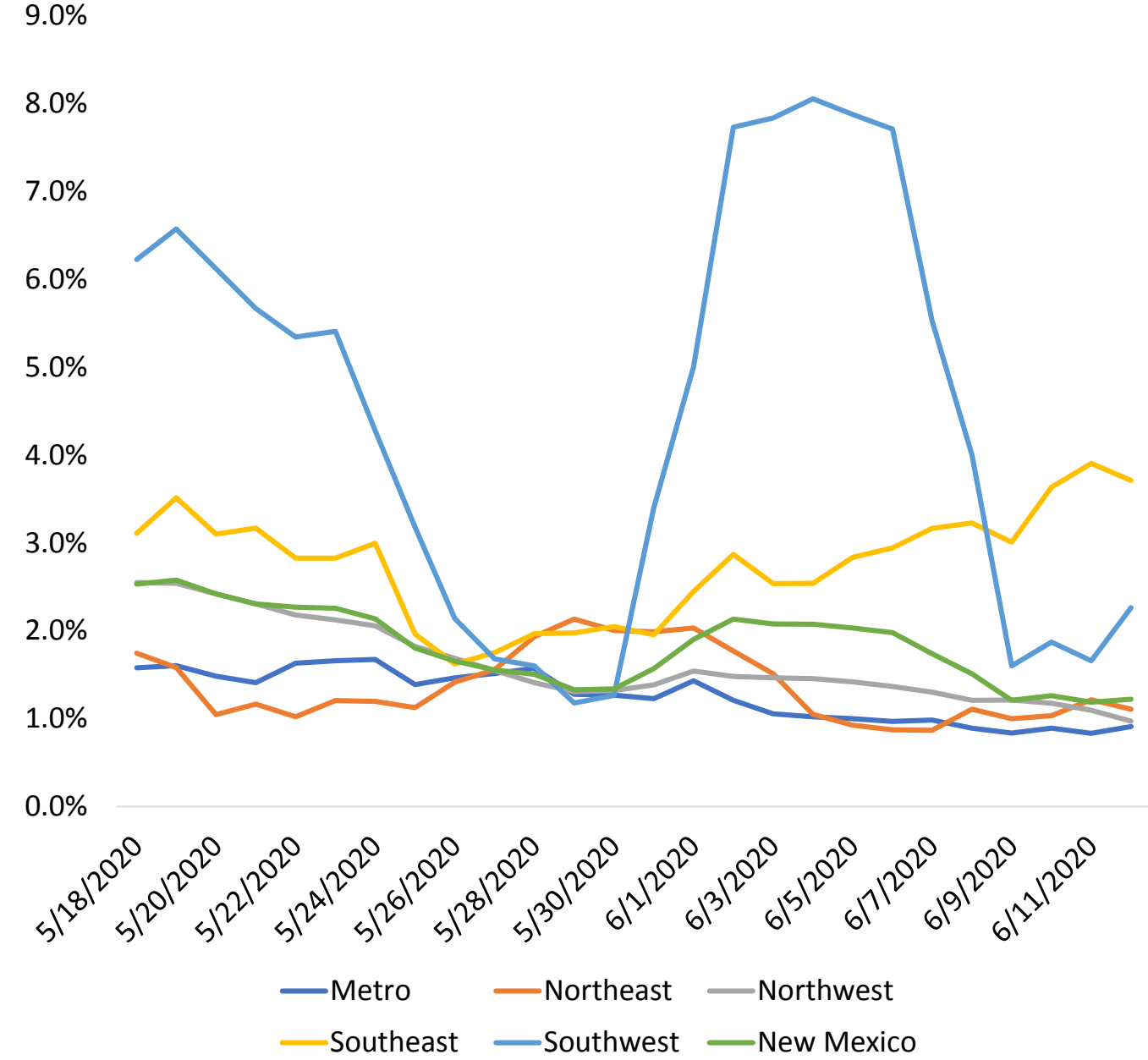7-Day Average of Daily COVID-19 Positive Cases, NMDOH Regions
6/18/2020

Source: NM Department of Health
Cases correspond to date of sample collection
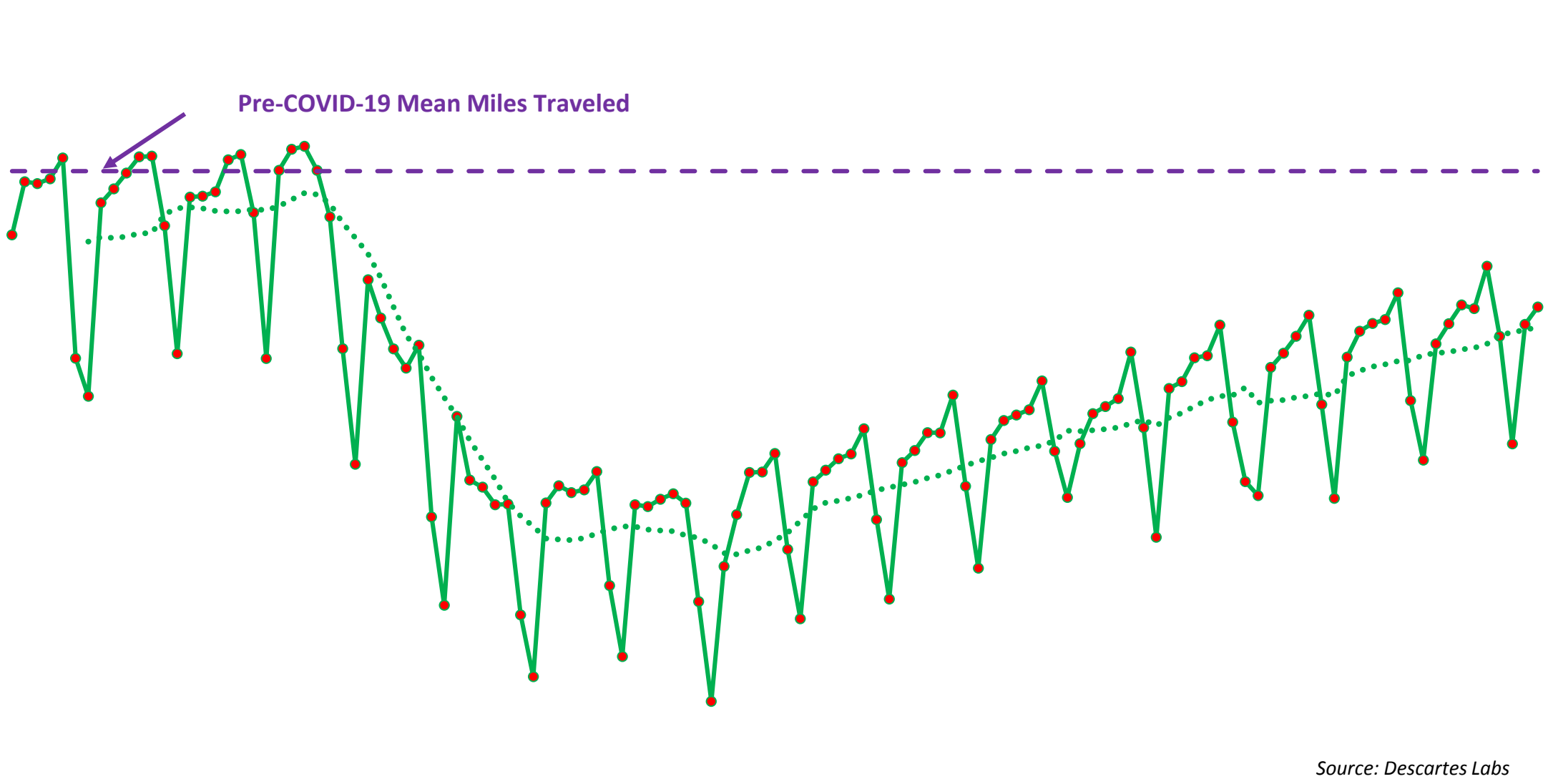There is a 6-day lag in case reporting

- 7-Day Average (All Regions)
- 7-Day Average (Metro)
- 7-Day Average (Northeast)
- 7-Day Average (Northwest)
- 7-Day Average (Southeast)
- 7-Day Average (Southwest)

# 7-Day Rolling Average of COVID-19 Daily Growth Rate, Collection Date, NM, 6/18/20
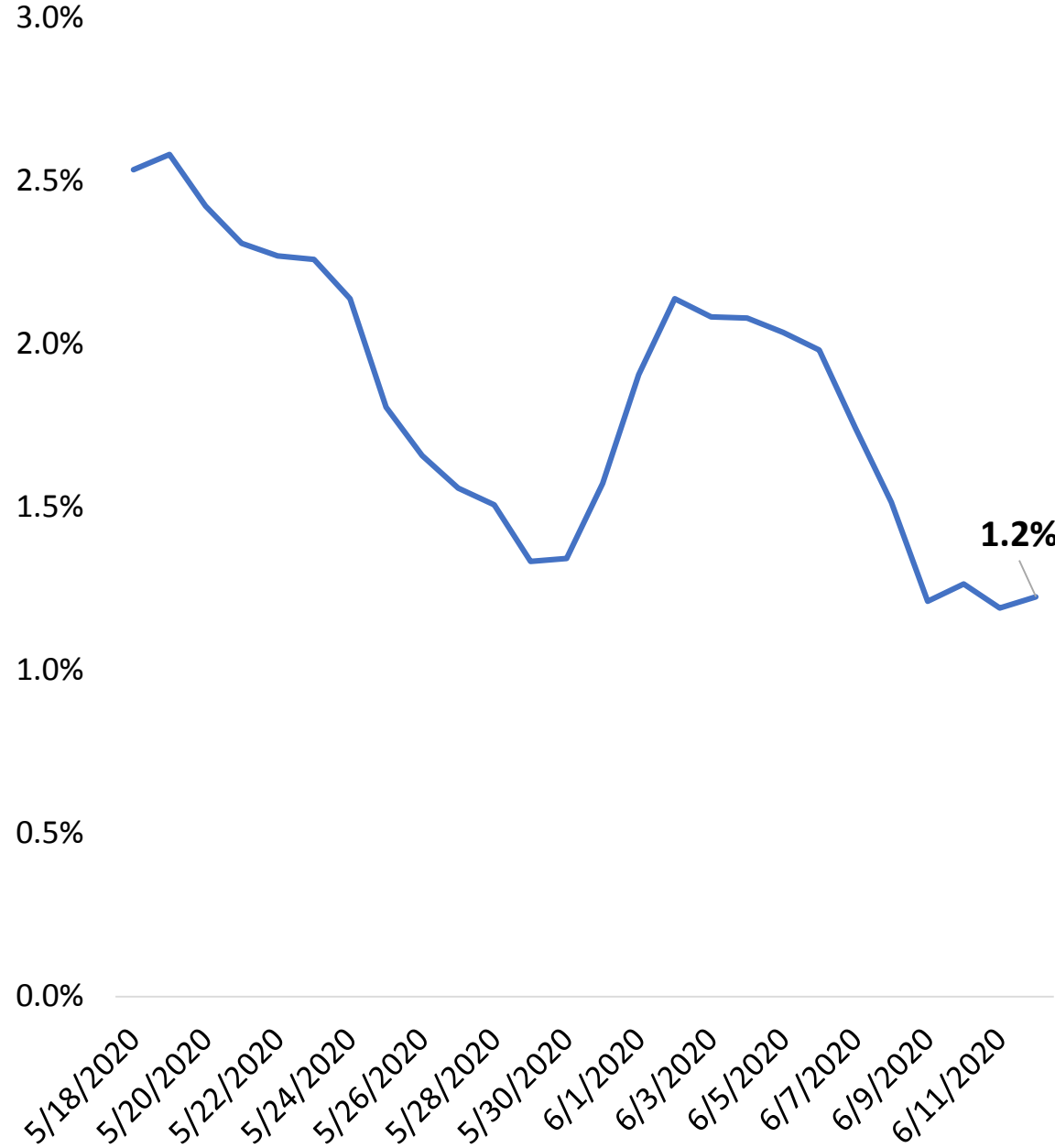


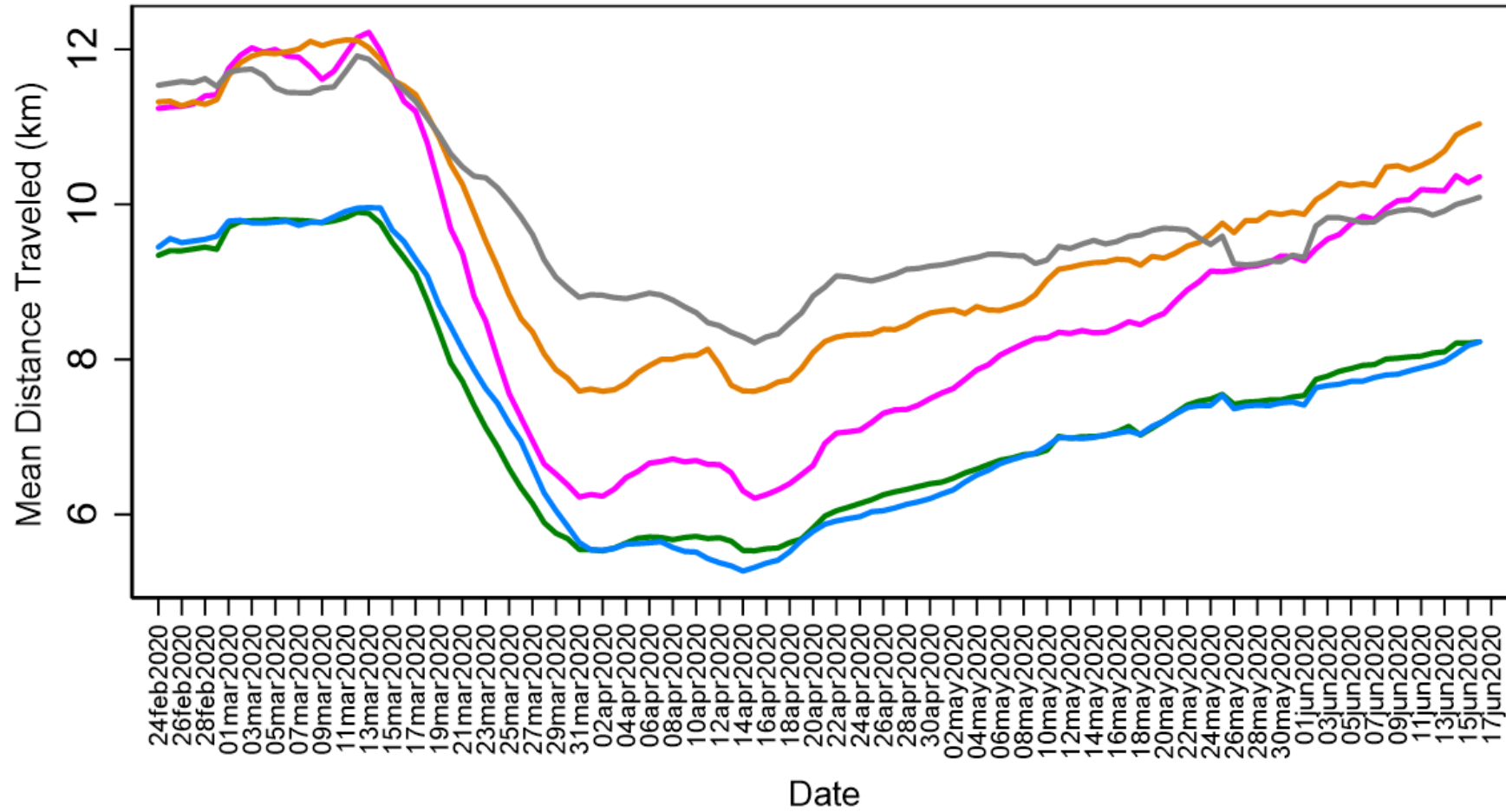# 7-Day Rolling Average of COVID-19 Daily Growth Rate, NMDOH Region, 6/18/20



Legend: Metro, Northeast, Northwest, Southeast, Southwest, New Mexico

# Mean Miles Traveled in New Mexico



**Pre-COVID-19 Mean Miles Traveled**

*Source: Descartes Labs*

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7-day Average of Mean Distance Traveled by NMDOH Region
6/16/2020

# COVID-19 HIGH-RISK POPULATION TESTING

**High-risk populations:**

- Nursing home residents and staff

- Assisted living residents and staff

- Essential workers (food handlers, utility workers)

- Immigrants, refugees, asylees

- Native Americans

- People who are incarcerated

- Youth

- Undertested counties

*Data for other high-risk groups, including African Americans and Asian Americans will soon be reported.*

|  | Population Total | COVID-19 Tests to Date | COVID-19 Positives Cases To Date | COVID-19 Positivity Rate (%) |
|---|---|---|---|---|
| **High-Risk Populations** | **363,283** | **41,412** | **7,639** | **18.45%** |
| Total NM Population | 2,097,000 | 271,553 | 9,933 | 3.66% |
| High-Risk Pop. as % of Total Pop. | 17.3% | **15.25%** | **76.91%** | - |
| Non High-Risk Populations | 1,733,717 | 230,141 | 2,294 | 1.00% |
| Non-High Risk Pop. % of Total Pop. | - | 84.75% | 23.09% | - |

# MEDICAL ADVISORY TEAM (MAT) UPDATE

# DISCONTINUATION OF HOME ISOLATION AND RETURN TO WORK GUIDANCE (NMDOH)

- When an employee is diagnosed with COVID-19 they must remain isolated at home until isolation can be ended.

- Best approach to determining when isolation can be discontinued is based on when symptoms begin or, for those who don't have symptoms, time since positive COVID-19 test.

- Relying on negative tests to allow someone to return to work can be problematic because people may intermittently shed non-viable virus after they are no longer infectious.

- Infectiousness typically lasts no longer than 9 days after onset of symptoms.

*For persons with confirmed COVID-19 who had symptoms:*

- Maintain isolation at home until:
  - At least 10 days have passed since symptoms first appeared; AND,
  - At least 3 days (72 hours) have passed with no fever; AND,
  - Symptoms have improved.

*For persons with confirmed COVID-19 who did not have any symptoms:*

- Maintain isolation at home until at least 10 days since the positive test.

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# REMDESIVIR TREATMENT FOR COVID-19

- So far, NM has received 3,109 vials of Remdesivir
- Enough treatment for 283-444 people in ICUs
- Information about Remdesivir distribution and treatment can be found on Medical Advisory Team website.

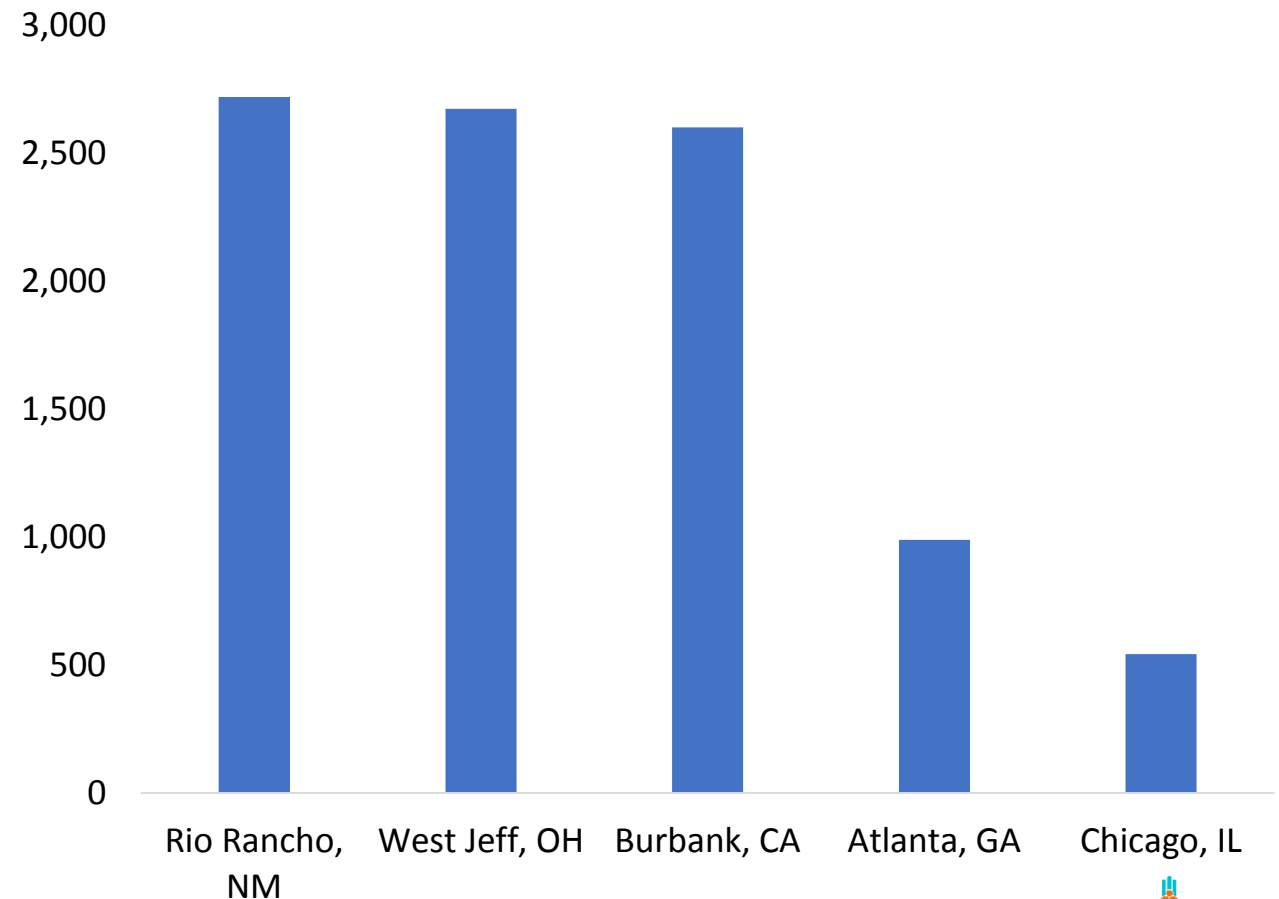https://cvmodeling.nmhealth.org/medical-advisory-team/

Double-blind Randomized Control Trial: Remdesivir significantly decreased time to recovery

- Preliminary results demonstrate Remdesivir group median recovery time was 11 days compared to 15 days for placebo.
- Estimates of mortality by 14 days were 7.1% with remdesivir and 11.9% with placebo.

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# PRESERVING PERSONAL PROTECTIVE EQUIPMENT: BATTELLE CRITICAL CARE DECONTAMINATION SYSTEM

- Battelle decontaminates thousands of N95 respirators using concentrated, vapor phase hydrogen peroxide.

- Battelle can decontaminate same N95 multiple times without degrading performance.

- 288 NM facilities have Battelle agreements.

- 9,134 masks decontaminated in NM to-date (16th in US).

**Cities with Highest Single-Day Battelle Usage, 6/17/20**

| City | Usage |
|------|-------|
| Rio Rancho, NM | ~2,700 |
| West Jeff, OH | ~2,650 |
| Burbank, CA | ~2,600 |
| Atlanta, GA | ~1,000 |
| Chicago, IL | ~550 |

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COVID-19 SCIENCE & MEDIA UPDATE

# HOW GOV. MICHELLE LUJAN GRISHAM'S BIG BET ON COVID-19 TESTING HELPED CURB OUTBREAK IN NM

She declared a statewide health emergency on March 11th, when only four cases had been confirmed, and hospitals were offering free drive-through testing at hospitals just two days later.

As of early June, NM has administered more tests per capita than every state but RI and NY, a distinction that has helped prevent the virus from spiraling out of control in what is not only one of the nation's poorest states, but one with an anemic hospital capacity.

As infection rates fell, some businesses were allowed to reopen with restrictions on May 16th. **"We're going to demand in New Mexico that science guide every decision we make,"** Lujan Grisham said during a press briefing in which she also stressed the importance of wearing masks. "We don't want to go backwards and shut everything down."

**How Gov. Michelle Lujan Grisham's Big Bet on COVID-19 Testing Helped Curb the Outbreak in New Mexico**

The health secretary-turned-governor discusses getting out in front of the pandemic, police brutality protests, and dealing with the Trump administration

By RYAN BORT



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# TRUST IN SCIENCE IS CRITICAL COMPLYING WITH COVID-19 PREVENTION GUIDELINES

- Model to identify individual characteristics that make a person more/less likely to comply with COVID-19 prevention guidelines showed **COVID-19 risk perception and trust in science both independently predict compliance with COVID-19 prevention guidelines.**

- Other variables (political conservatism, religious orthodoxy, conspiracy ideation and intellectual curiosity) do so via mediating role of trust in science.

Plohl, N., Musil, B. (2020). Modeling compliance with COVID-19 prevention guidelines: the critical role of trust in science. Psychology, Health & Medicine. Retrieved from: https://doi.org/10.1080/13548506.2020.1772988
·

## Modeling compliance with COVID-19 prevention guidelines: the critical role of trust in science

Nejc Plohl and Bojan Musil

Department of Psychology, University of Maribor, Maribor, Slovenia

**ABSTRACT**
The coronavirus pandemic is one of the biggest health crises of our time. In response to this global problem, various institutions around the world had soon issued evidence-based prevention guidelines. However, these guidelines, which were designed to slow the spread of COVID-19 and contribute to public well-being, are (deliberately) disregarded by some individuals. In the present study, we aimed to develop and test a multivariate model that could help us identify individual characteristics that make a person more/less likely to comply with COVID-19 prevention guidelines. A total of 525 attentive participants completed the online survey. The results of structural equation modeling (SEM) show that COVID-19 risk perception and trust in science both independently predict compliance with COVID-19 prevention guidelines, while the remaining variables in the model (political conservatism, religious orthodoxy, conspiracy ideation and intellectual curiosity) do so via the mediating role of trust in science. The described model exhibited an acceptable fit ($\chi^2(1611) = 2485.84$, $p < .001$, CFI = .91, RMSEA = .032, SRMR = .055). These findings thus provide empirical support for the proposed multivariate model and underline the importance of trust in science in explaining the different levels of compliance with COVID-19 prevention guidelines.

### Introduction

According to the World Health Organization (2020), the world is currently witnessing a global pandemic of the 2019 novel coronavirus (SARS-CoV-2) which causes the disease COVID-19. Current data, which likely underscore the actual prevalence of the disease (Lipsitch et al., 2020; Sohrabi et al., 2020), support this notion; as of now (May 17th, 2020), COVID-19 has spread to at least 213 countries and territories and has recently exceeded more than 4,750,000 confirmed cases and 313,000 deaths (Worldometer, 2020). Due to the highly contagious nature of the virus and the exponential growth of infections observed in many countries (e.g. Italy; Remuzzi & Remuzzi, 2020), a high level of compliance with prevention guidelines, such as those issued by the World Health

# PHYSICAL DISTANCING, FACE MASKS, EYE PROTECTION TO PREVENT PERSON-TO-PERSON TRANSMISSION OF SARS-COV-2 AND COVID-19: SYSTEMATIC REVIEW AND META-ANALYSIS

- **Keeping at least one meter apart and wearing face masks and eye protection are the best ways to cut the risk of COVID-19 infection**, according to evidence pooled from 172 studies in 16 countries.

- An additional meter of distance further reduces transmission by 50%

Chu, D. K., Akl, E. A., Duda, S., Solo, K., Yaacoub, S., Schünemann, H. J., ... & Hajizadeh, A. (2020). Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis. *The Lancet*.



**Articles**

**Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis**

Derek K Chu, Elie A Akl, Stephanie Duda, Karla Solo, Sally Yaacoub, Holger J Schünemann, on behalf of the COVID-19 Systematic Urgent Review Group Effort (SURGE) study authors*

**Summary**
**Background** Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causes COVID-19 and is spread person-to-person through close contact. We aimed to investigate the effects of physical distance, face masks, and eye protection on virus transmission in health-care and non-health-care (eg, community) settings.

**Methods** We did a systematic review and meta-analysis to investigate the optimum distance for avoiding person-to-person virus transmission and to assess the use of face masks and eye protection to prevent transmission of viruses. We obtained data for SARS-CoV-2 and the betacoronaviruses that cause severe acute respiratory syndrome, and Middle East respiratory syndrome from 21 standard WHO-specific and COVID-19-specific sources. We searched these data sources from database inception to May 3, 2020, with no restriction by language, for comparative studies and for contextual factors of acceptability, feasibility, resource use, and equity. We screened records, extracted data, and assessed risk of bias in duplicate. We did frequentist and Bayesian meta-analyses and random-effects meta-regressions. We rated the certainty of evidence according to Cochrane methods and the GRADE approach. This study is registered with PROSPERO, CRD42020177047.

**Findings** Our search identified 172 observational studies across 16 countries and six continents, with no randomised controlled trials and 44 relevant comparative studies in health-care and non-health-care settings (n=25 697 patients). Transmission of viruses was lower with physical distancing of 1 m or more, compared with a distance of less than 1 m (n=10 736, pooled adjusted odds ratio [aOR] 0·18, 95% CI 0·09 to 0·38; risk difference [RD] −10·2%, 95% CI −11·5 to −7·5; moderate certainty); protection was increased as distance was lengthened (change in relative risk [RR] 2·02 per m; p$_{interaction}$=0·041; moderate certainty). Face mask use could result in a large reduction in risk of infection (n=2647; aOR 0·15, 95% CI 0·07 to 0·34, RD −14·3%, −15·9 to −10·7; low certainty), with stronger associations with N95 or similar respirators compared with disposable surgical masks or similar (eg, reusable 12–16-layer cotton masks; p$_{interaction}$=0·090; posterior probability >95%, low certainty). Eye protection also was associated with less infection (n=3713; aOR 0·22, 95% CI 0·12 to 0·39, RD −10·6%, 95% CI −12·5 to −7·7; low certainty). Unadjusted studies and subgroup and sensitivity analyses showed similar findings.

**Interpretation** The findings of this systematic review and meta-analysis support physical distancing of 1 m or more and provide quantitative estimates for models and contact tracing to inform policy. Optimum use of face masks,

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# SHUTDOWNS PREVENTED 60 MILLION CORONAVIRUS INFECTIONS IN THE U.S.

- Researchers estimate shutdown orders prevented ~60 million novel coronavirus infections in the US and 285 million in China.

- Separate study from epidemiologists at Imperial College London estimated shutdowns saved about 3.1 million lives in 11 European countries, and dropped infection rates by an average of 82%, sufficient to drive contagion well below epidemic levels.

- Research suggests aggressive and unprecedented shutdowns, which caused massive economic disruptions and job losses, were effective at halting exponential spread of the virus.

Hsiang, S., Allen, D. Annan-Phan, S. et al. (2020). The effect of large-scale anti-contagion policies on the COVID-19 pandemic. Nature. Retrieved from: https://doi.org/10.1038/s41586-020-2404-8
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*This is an unedited manuscript that has been accepted for publication. Nature Research are providing this early version of the manuscript as a service to our authors and readers. The manuscript will undergo copyediting, typesetting and a proof review before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers apply.*

## The effect of large-scale anti-contagion policies on the COVID-19 pandemic

Solomon Hsiang ✉, Daniel Allen, Sébastien Annan-Phan, Kendon Bell, Ian Bolliger, Trinetta Chong, Hannah Druckenmiller, Luna Yue Huang, Andrew Hultgren, Emma Krasovich, Peiley Lau, Jaecheol Lee, Esther Rolf, Jeanette Tseng & Tiffany Wu

## Abstract

Governments around the world are responding to the novel coronavirus (COVID-19) pandemic[1] with unprecedented policies designed to slow the growth rate of infections. Many actions, such as closing schools and restricting populations to their homes, impose large and visible costs on society, but their benefits cannot be directly observed and are currently understood only through process-based simulations[2-4]. Here, we compile new data on 1,717 local, regional, and national non-pharmaceutical

# WHO WALKS BACK JUNE 8 STATEMENT: "ASYMPTOMATIC SPREAD OF COVID-19 IS RARE"

- *O*n June 8, WHO lead for the COVID-19 pandemic Dr. Maria Van Kerkhove made a statement suggesting that true asymptomatic transmission was minimal based on unpublished and published contact tracing reports from various countries.

- She suggested that tracing and containment efforts should be focused on following symptomatic cases.

- These comments generated strong pushback from outside public health experts, and on June 9 Dr. Van Kerkhove clarified that the actual rates of asymptomatic transmission are still unknown.

- In New Mexico, to date, ~24% of positive test cases have had no symptoms.

- She also drew a distinction between transmission by a case who never develops symptoms, and transmission by cases who are mildly symptomatic, or transmit before developing symptoms.

- The consensus remains that individuals without symptoms can and do spread COVID-19. Transcript for the virtual press conference on 6/8 may be accessed here.
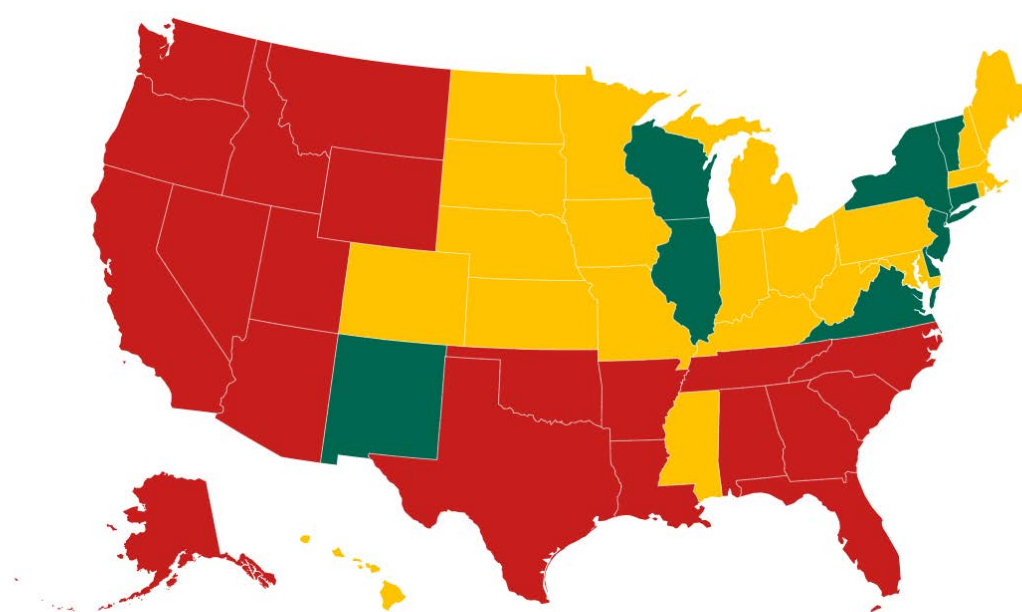
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# GATING CRITERIA UPDATE

HTTPS://CVMODELING.NMHEALTH.ORG/PUBLIC-HEALTH-GATING-CRITERIA-FOR-REOPENING-NM/

| Criterion | Measure | Initial Gating Value | Current Status |
|---|---|---|---|
| Spread of COVID-19 | Rate of COVID-19 Transmission | 1.05 or less | 0.93 on 6/17/2020 |
| Testing Capacity: general and targeted populations* | Number of tests per day (7-day rolling average) | 5,000 / day | 4,185 on 6/17/2020 |
| Contact Tracing and Isolation Capacity | Time from positive test result to: <br> -isolation recommendation for case <br> -quarantine rec. for case contacts | 24 hrs <br> 36 hrs | Week of 6/6 = 26 <br> Week of 6/6 = 33 |
| Statewide Health Care System Capacity | Availability of scarce resources in 7 Hub Hospitals: <br> -Adult ICU beds occupied <br><br> -PPE | <br><br> <460 <br><br> 7-day supply | <br><br> 276 on 6/19/2020 <br><br> 7 hub hospitals have 7-day supply |

**ALL 4 CRITERIA DRIVEN BY SOCIAL DISTANCING BEHAVIORS OF NEW MEXICANS**

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# HOW WE REOPEN SAFELY



| | RED Trending poorly | YELLOW Making progress | GREEN Trending better |
|---|---|---|---|

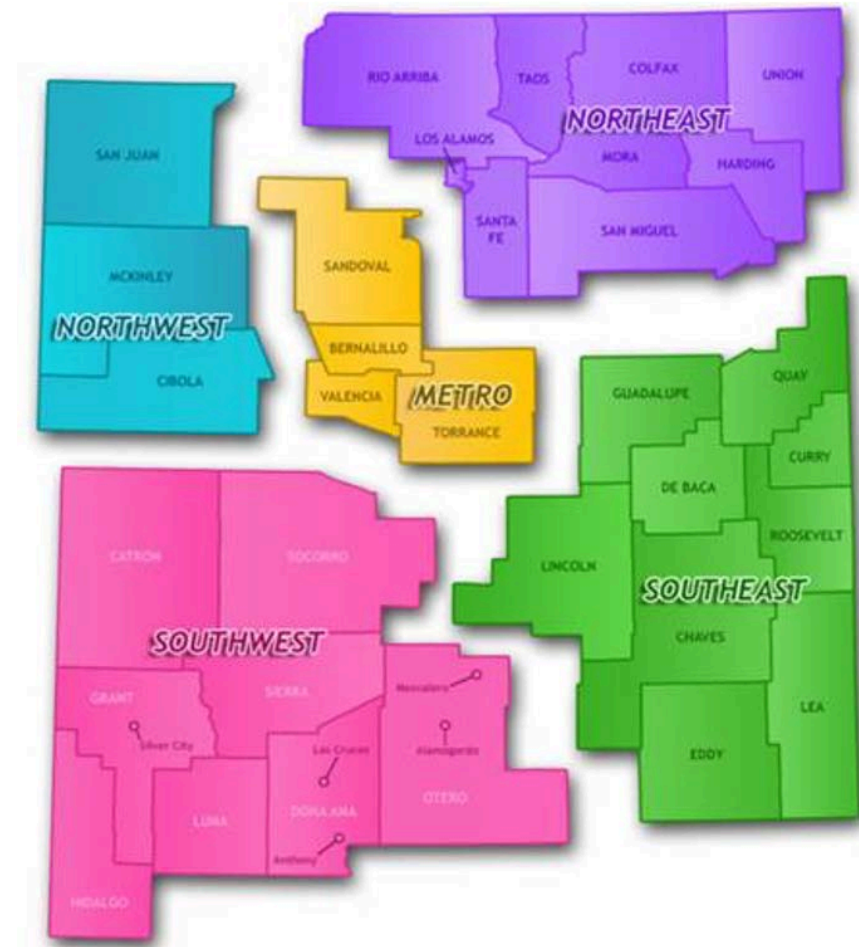| STATE | 14-DAY TREND OF COVID+ | LAST 14 DAYS OF COVID+ (ROLLING) | INFLUENZA-LIKE ILLNESS | % OF TEST TARGET | ICU AVAILABILITY | NEW CASES PER MILLION PER DAY | COVID+ RATE IS |
|---|---|---|---|---|---|---|---|
| **New Mexico** | -7% Decreasing | 127 — 118 | Minimal Level 1 | 135% | 44% Normal | 56 | 2.8% Flat |

Notes: 14-day trend is red if increasing, yellow if flat, green if decreasing. ILI is influenza-like illness. ICU capacity is red >90%, yellow >70%, green <70%. Test target is based on a 500K/day goal. COVID+ rate is calculated [positive cases] / [total cases]. Increasing or decreasing describes the overall COVID+ trend. COVID+ % is red >15%, yellow >5%, green <5%.

Table: covidexitstrategy.org • Source: Multiple Sources (NYT, COVID Tracking Project, rt.live, ILI, CDC) • Get the data • Created with Datawrapper
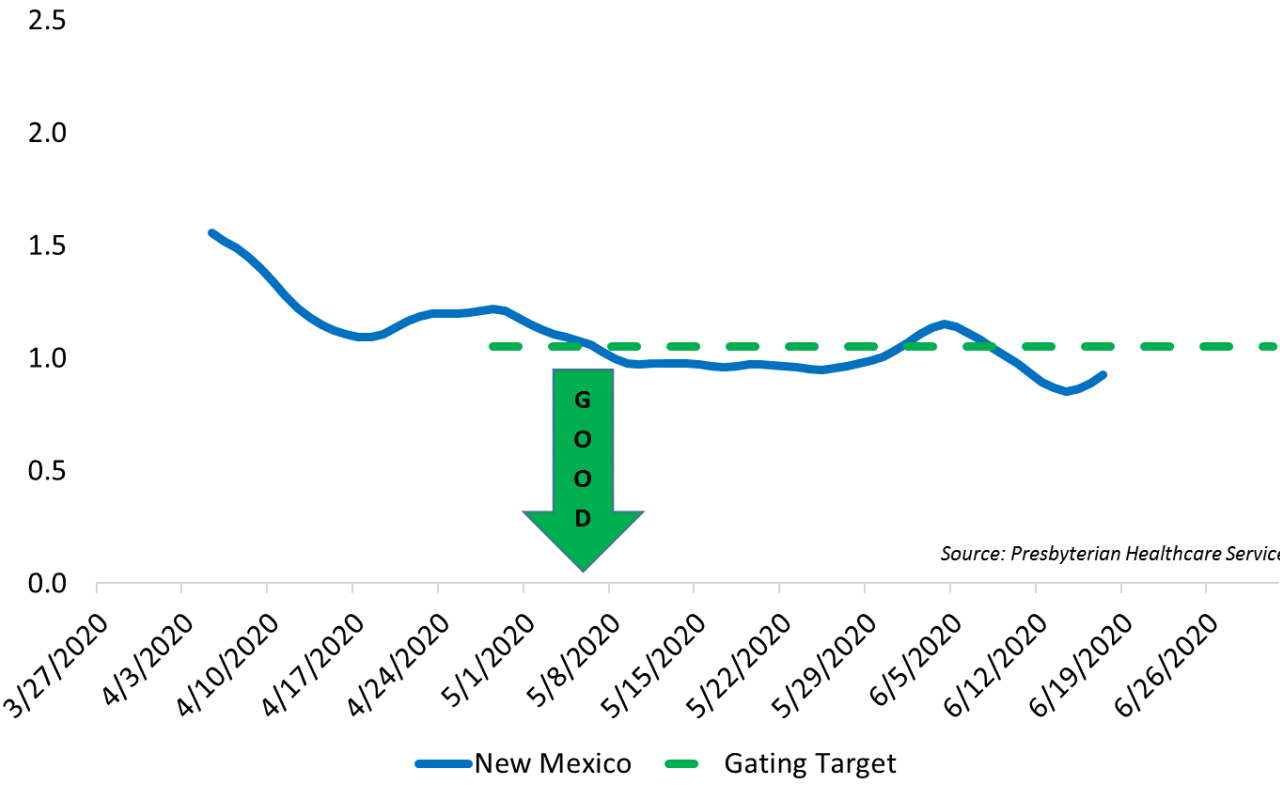
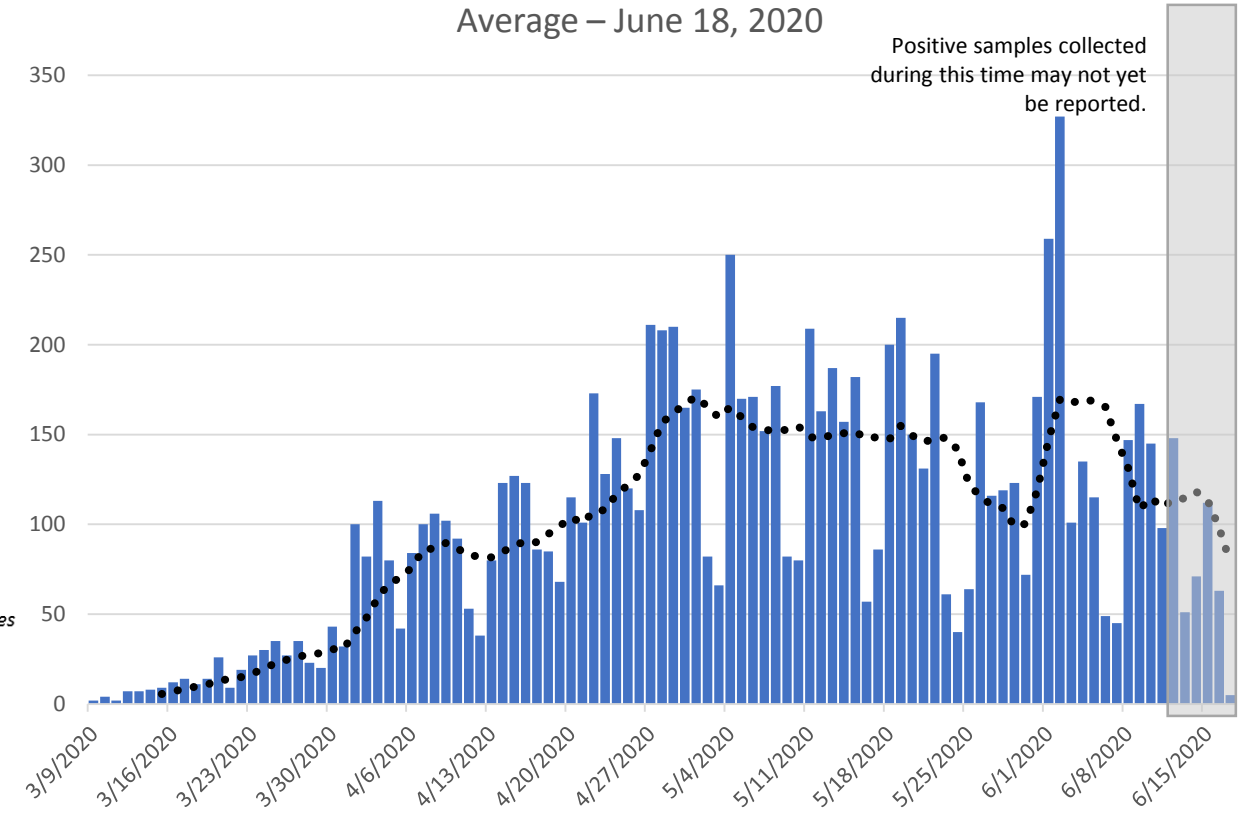# COVID-19 RATE OF SPREAD, AS OF 6/17/2020 NMDOH REGIONS (TARGET = 1.05 OR LESS)

- State = 0.93
- Metro = 1.25
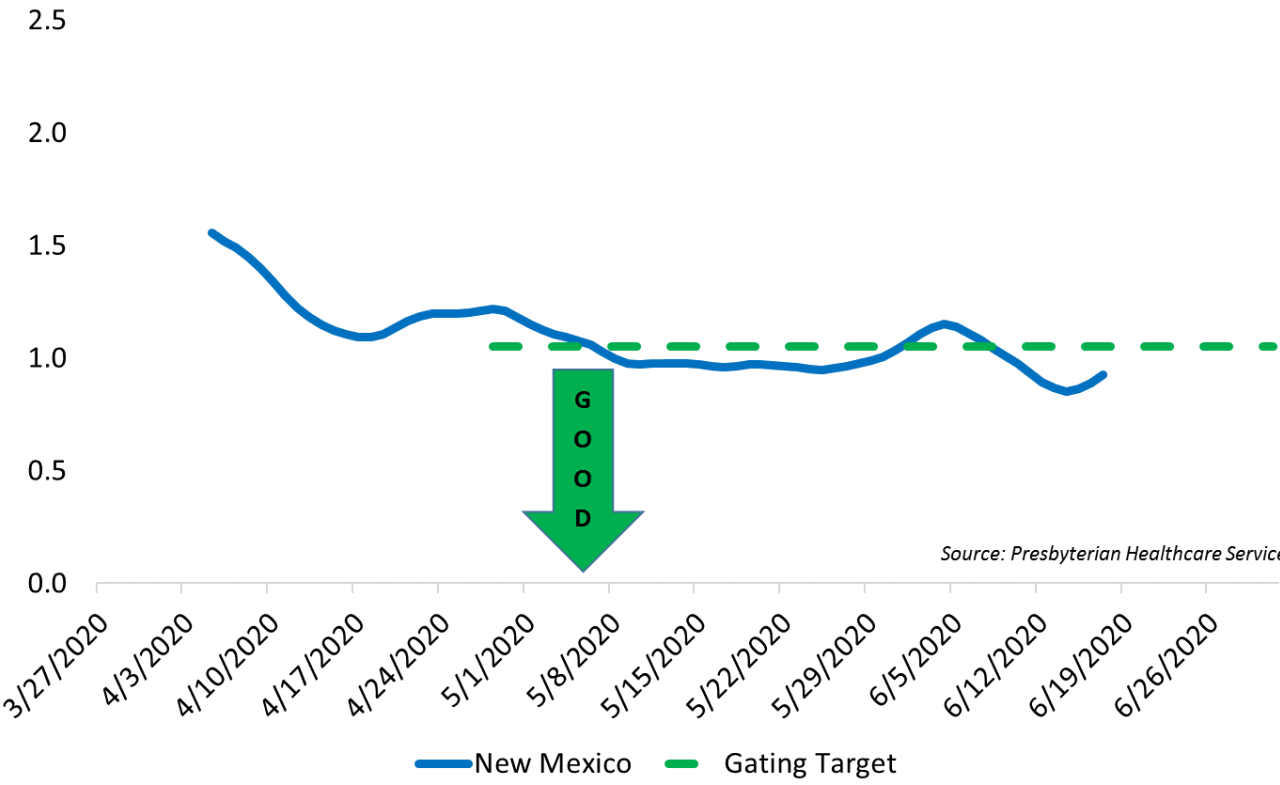- NE = 1.24
- SE = 1.28
- SW = 1.08
- NW = 0.66



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**10-day Average
COVID-19 Rate of Spread in New Mexico
6/17/2020**

*Source: Presbyterian Healthcare Services*

GOOD

New Mexico — Gating Target

New Mexico Case Count by Collection Date with 7 Day Moving Average – June 18, 2020

Positive samples collected during this time may not yet be reported.

**10-day Average
COVID-19 Rate of Spread in New Mexico
6/17/2020**

Source: Presbyterian Healthcare Services

New Mexico — Gating Target

New Mexico Case Count by Collection Date with 7 Day Moving Average – June 18, 2020

Positive samples collected during this time may not yet be reported.

Without Detention Centers — Detention Center — 7 per. Mov. Avg. (Without Detention Centers)
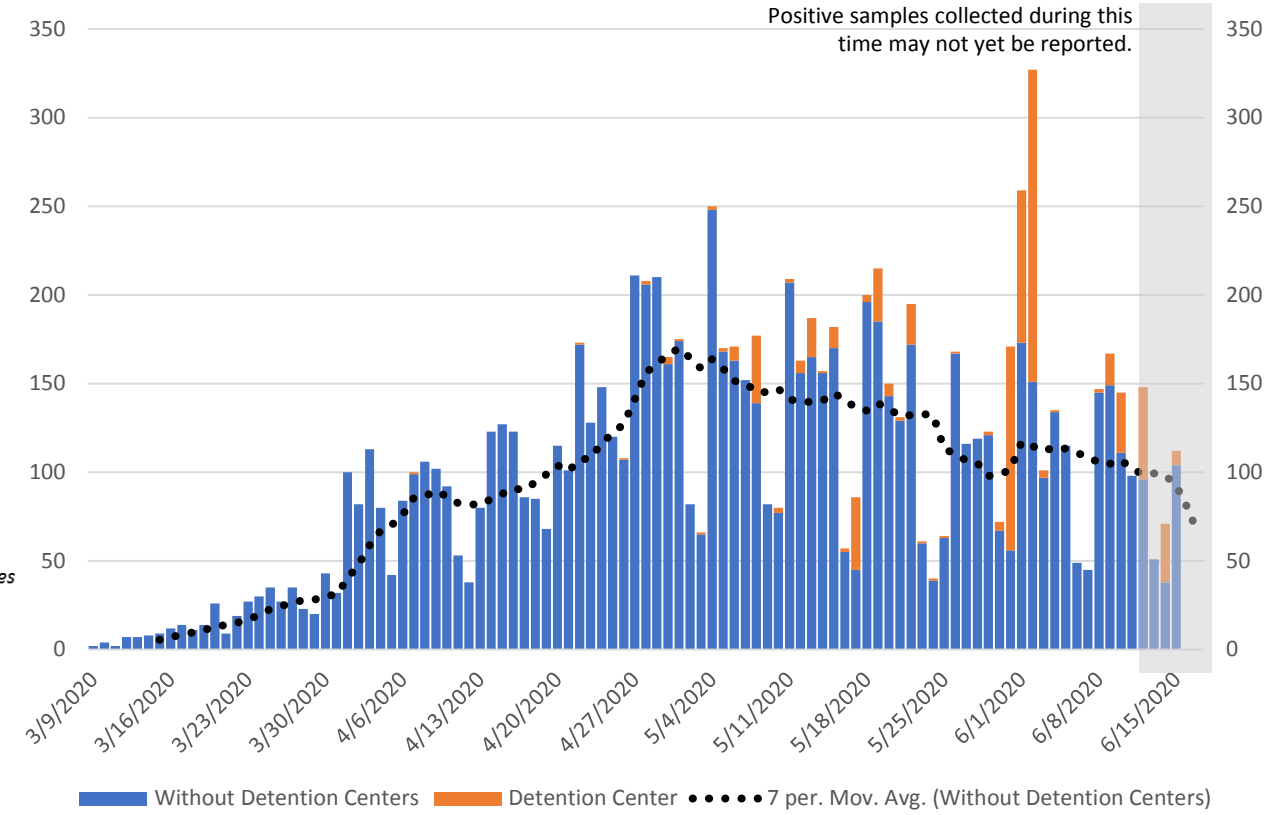
**10-day Average
COVID-19 Rate of Spread, Metro Region
6/17/2020**
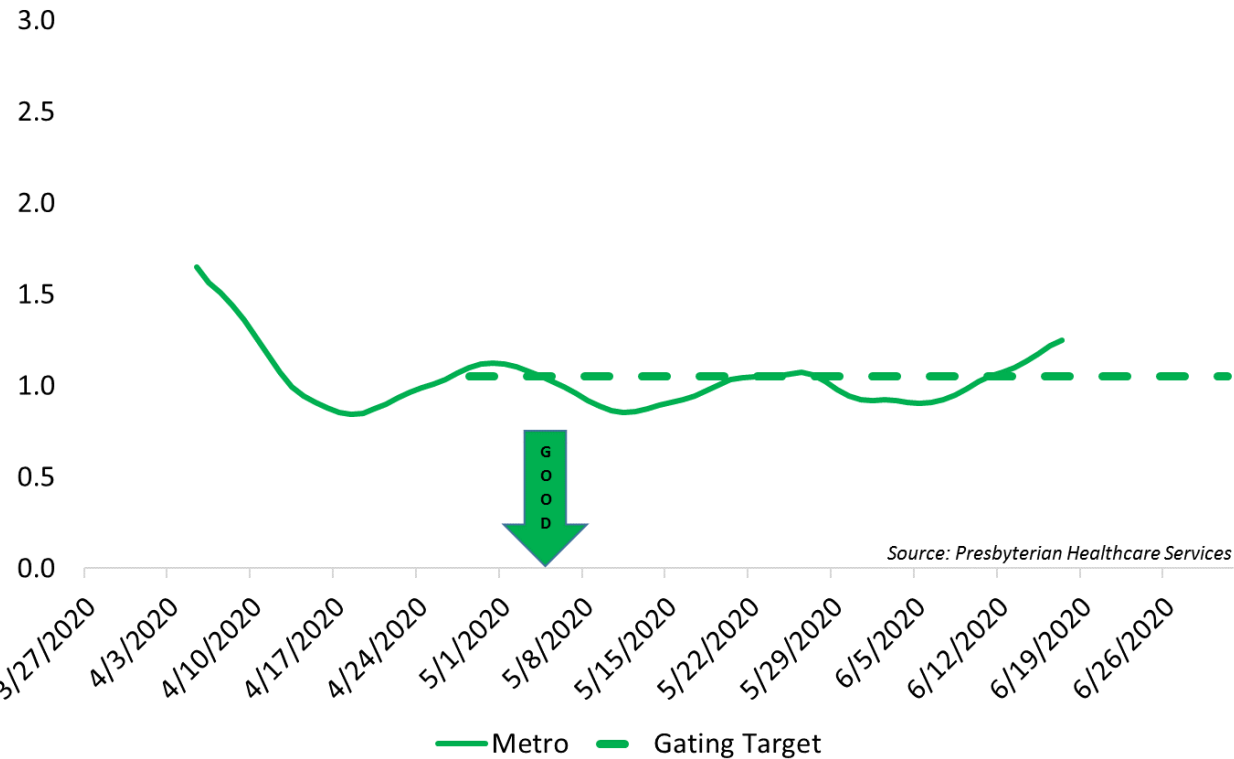
Source: Presbyterian Healthcare Services

Metro — Gating Target

Metro Region Case Count by Collection Date with 7 Day Moving Average – June 18, 2020

Positive samples collected during this time may not yet be reported.
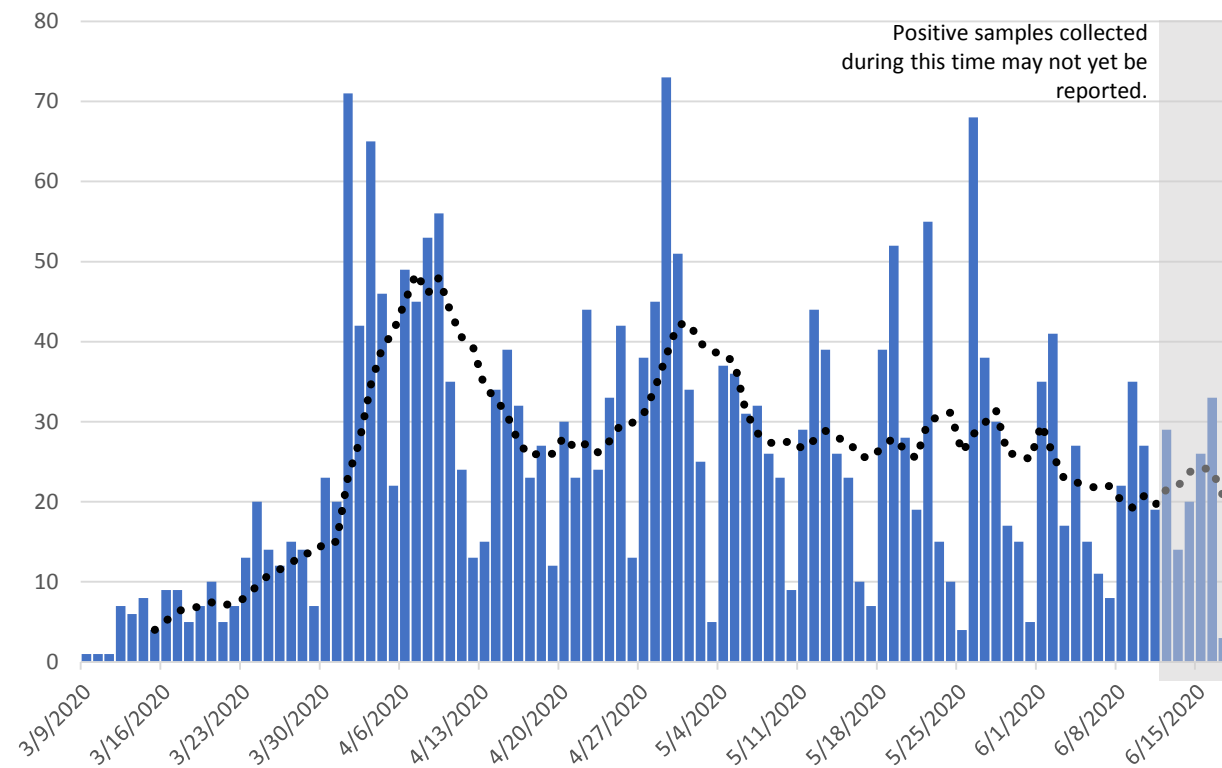
**10-day Average
COVID-19 Rate of Spread, Northeast Region
6/17/2020**
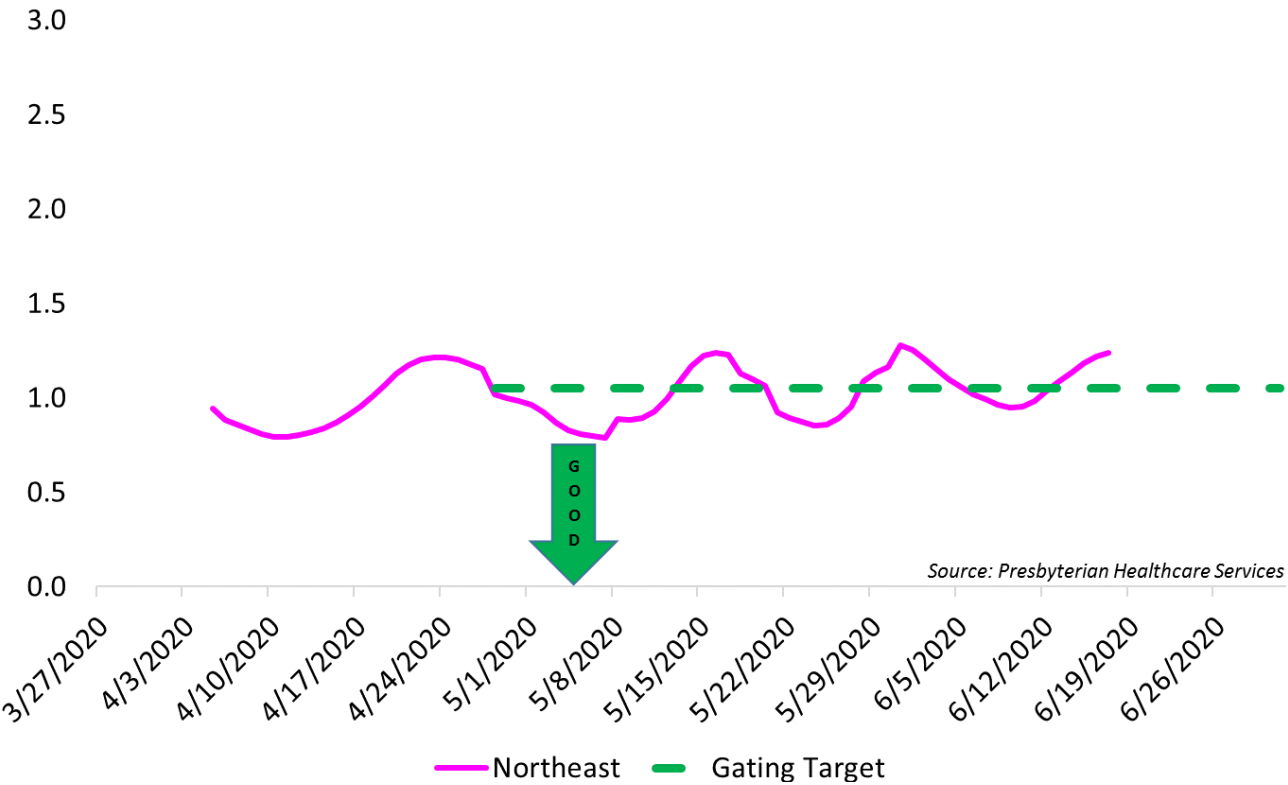
GOOD

Source: Presbyterian Healthcare Services

— Northeast   — — Gating Target

Northeast Region Case Count by Collection Date with 7 Day
Moving Average – June 18, 2020

Positive samples collected
during this time may not yet
be reported.
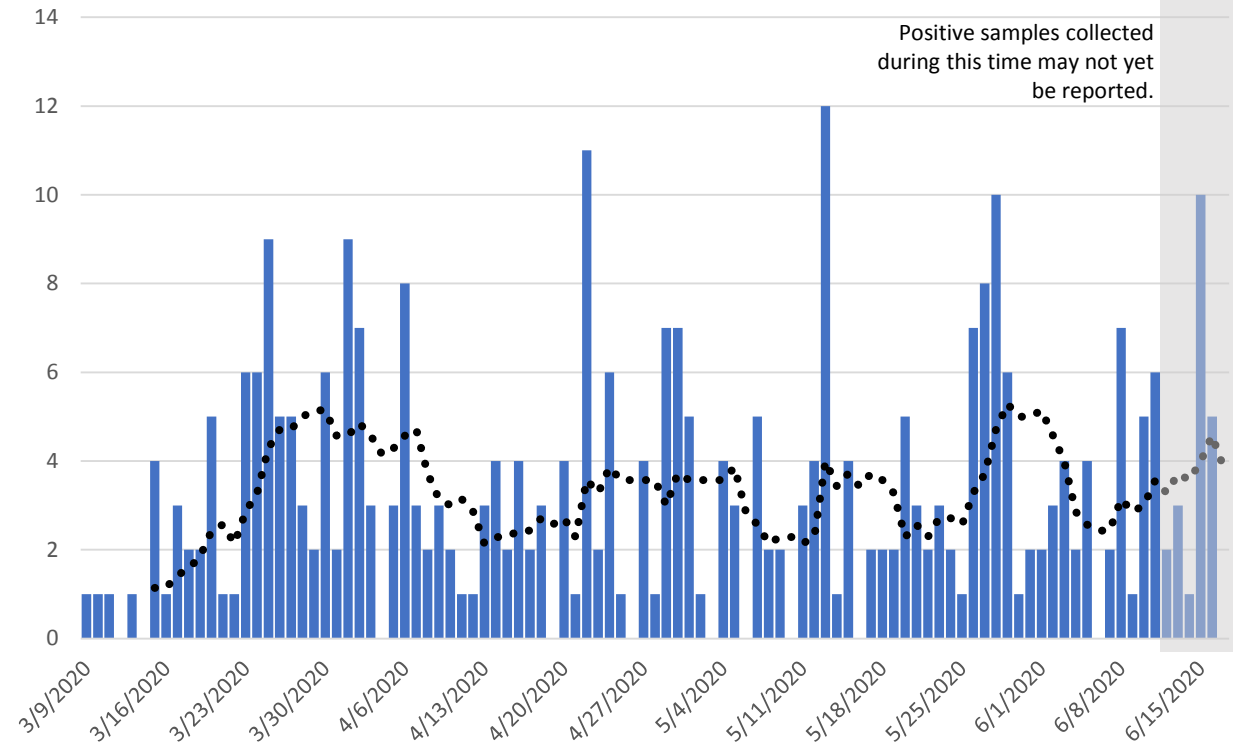
**10-day Average
COVID-19 Rate of Spread, Northwest Region
6/17/2020**
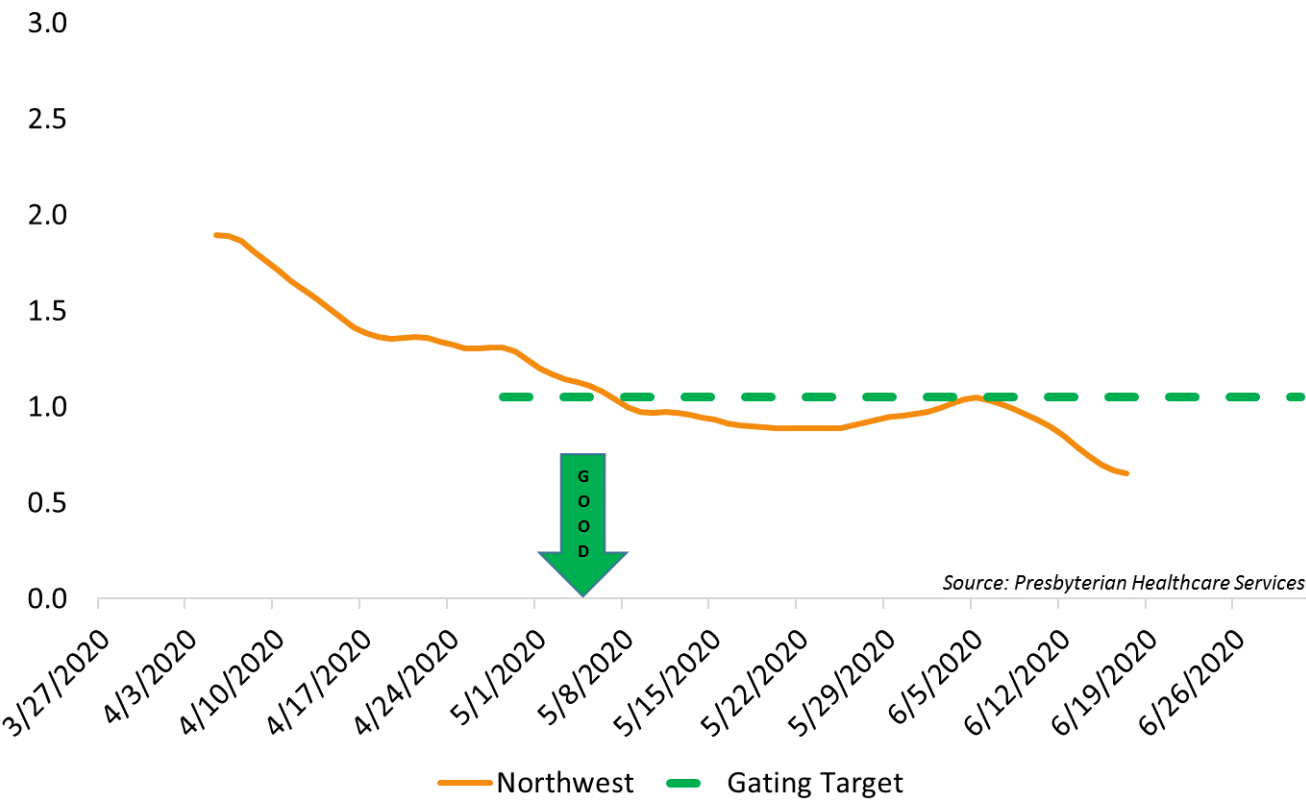
*Source: Presbyterian Healthcare Services*

Northwest Region Case Count by Collection Date with 7 Day Moving Average – June 18, 2020

Positive samples collected during this time may not yet be reported.
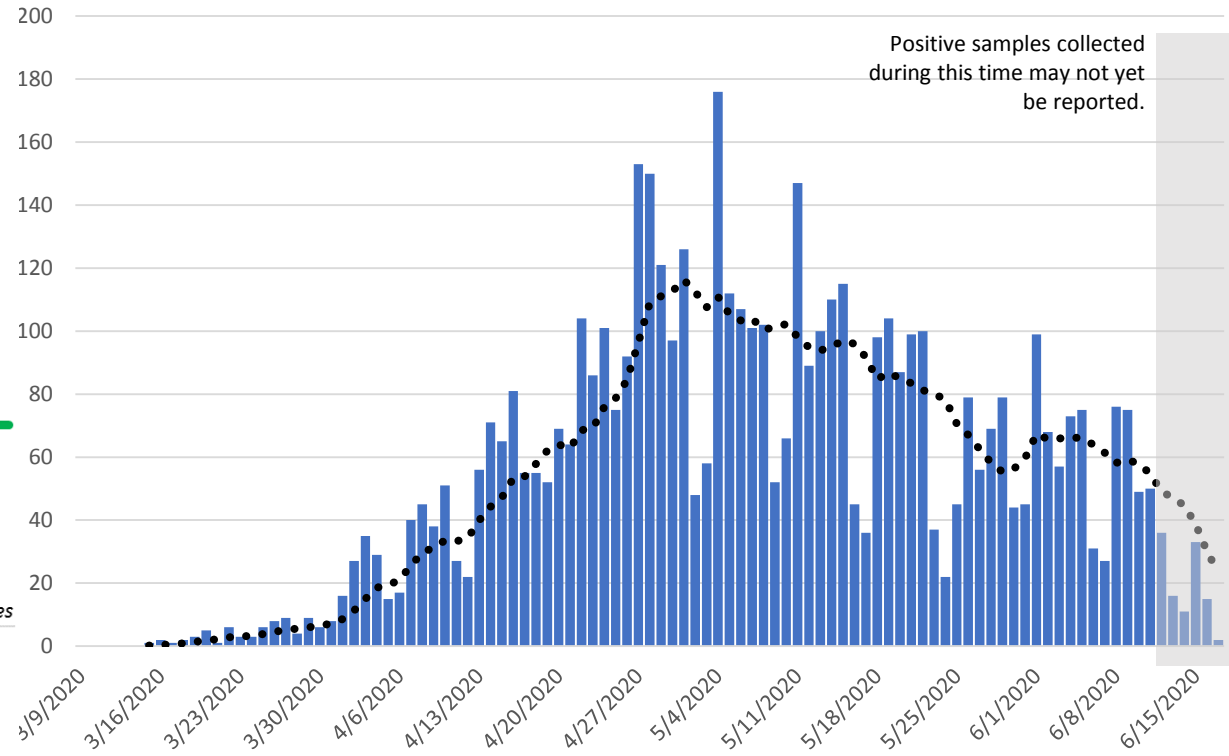
**10-day Average
COVID-19 Rate of Spread, Southeast Region
6/17/2020**
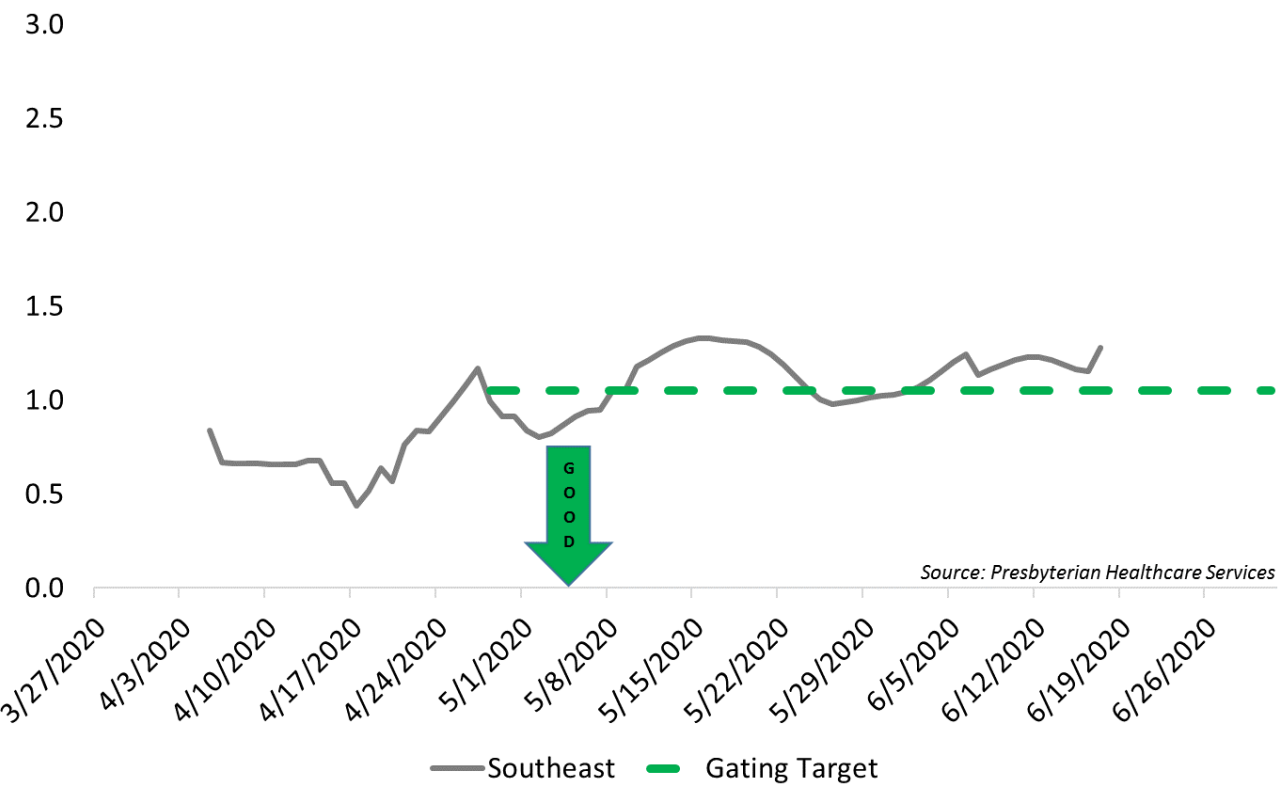
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*Source: Presbyterian Healthcare Services*

— Southeast  — Gating Target

Southeast Region Case Count by Collection Date with 7 Day
Moving Average – June 18, 2020

Positive samples collected
during this time may not yet
be reported.

**10-day Average
COVID-19 Rate of Spread, Southwest Region
6/17/2020**

GOOD

*Source: Presbyterian Healthcare Services*

Southwest ——  Gating Target - - -

Southwest Region Case Count by Collection Date with 7 Day
Moving Average – June 18, 2020

Positive samples collected
during this time may not yet
be reported.
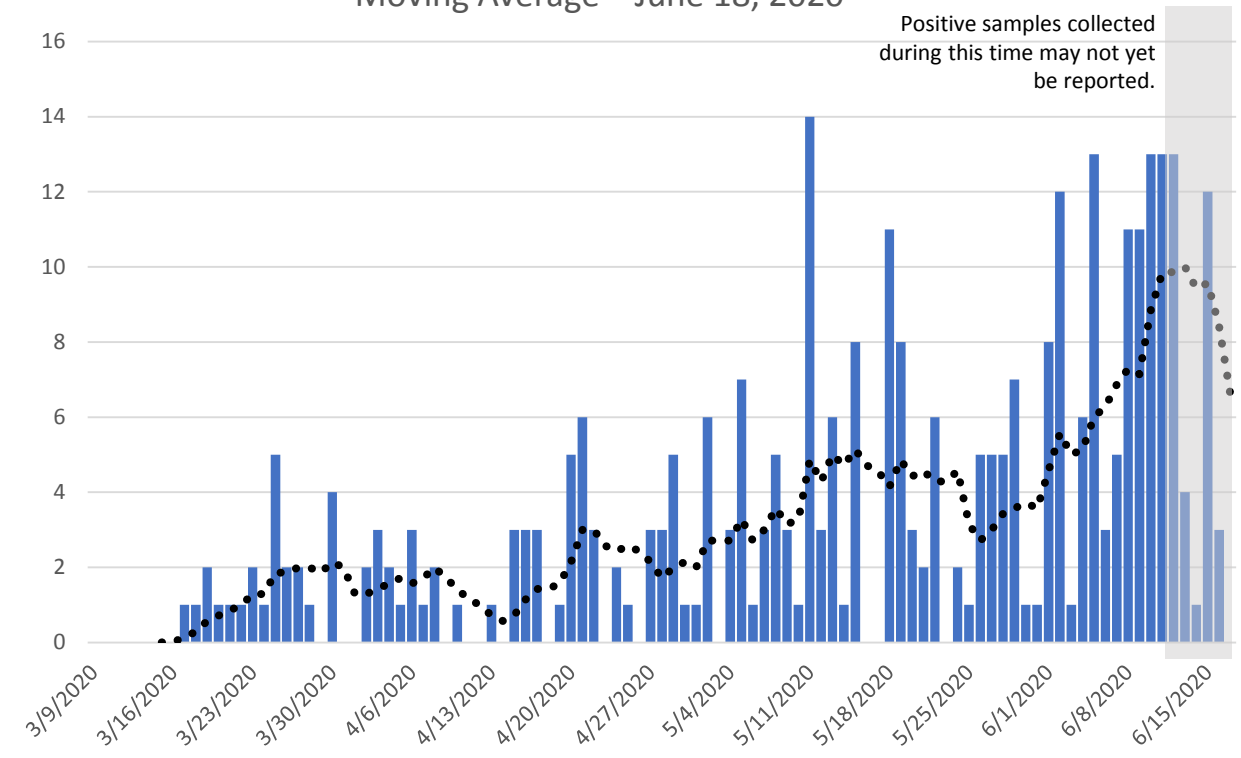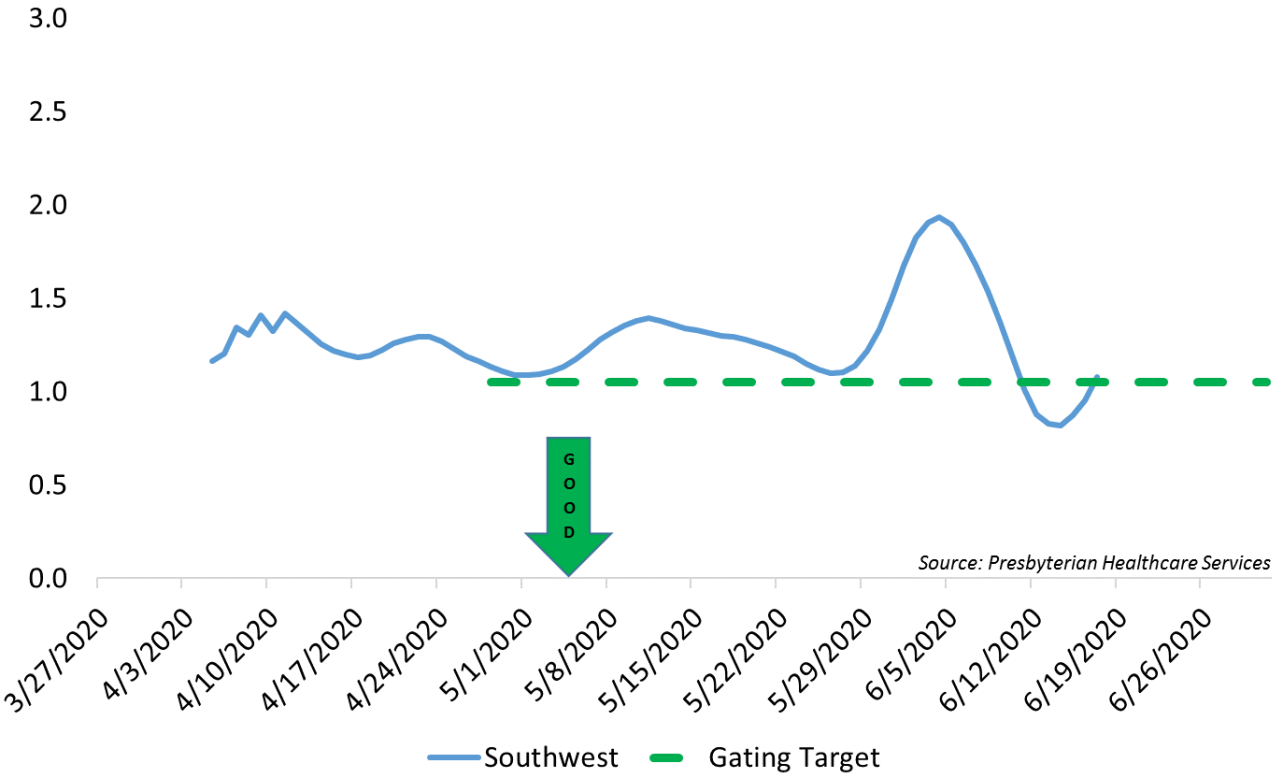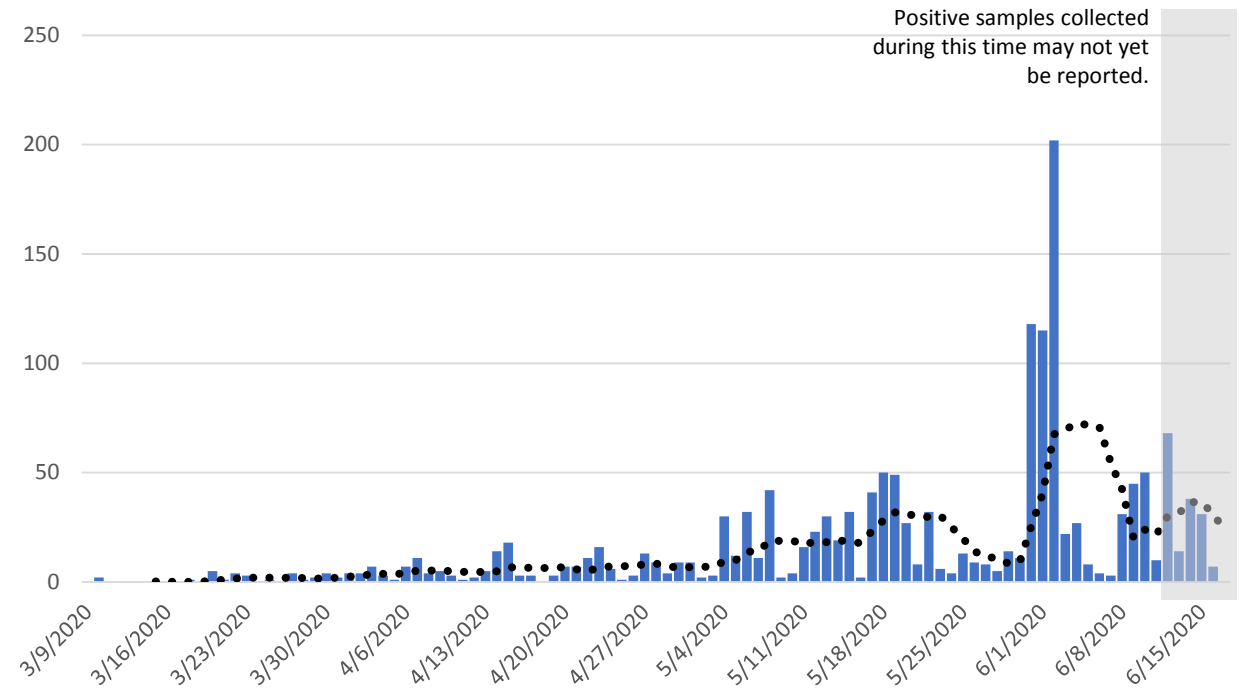
**10-day Average
COVID-19 Rate of Spread, Southwest Region
without Detention Facilities, 6/17/2020**

Source: Presbyterian Healthcare Services

Southwest w/o Otero County Det. Facilities — Gating Target
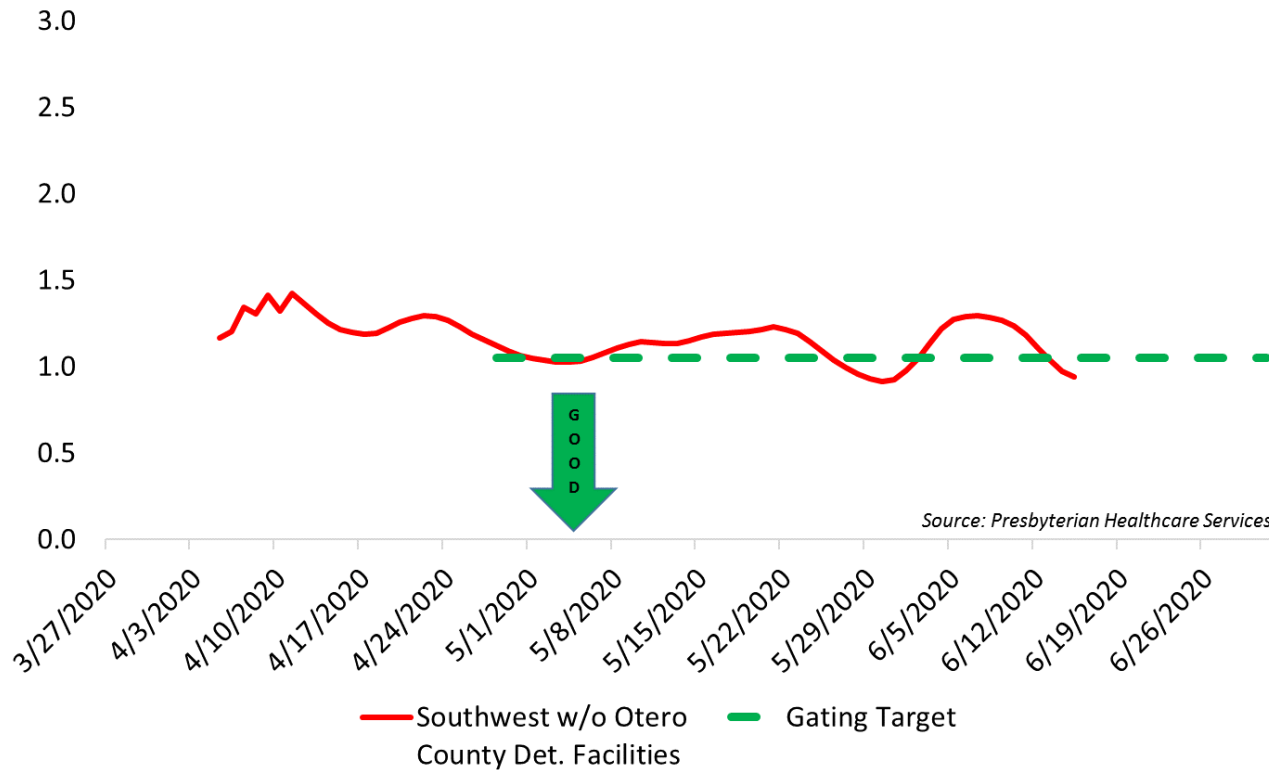
Southwest Case Count by Collection Date with 7 Day Moving Average - 6/18/2020

Positive samples collected during this time may not yet be reported.

Without Detention Centers — Detention Center — 7 per. Mov. Avg. (Without Detention Centers)
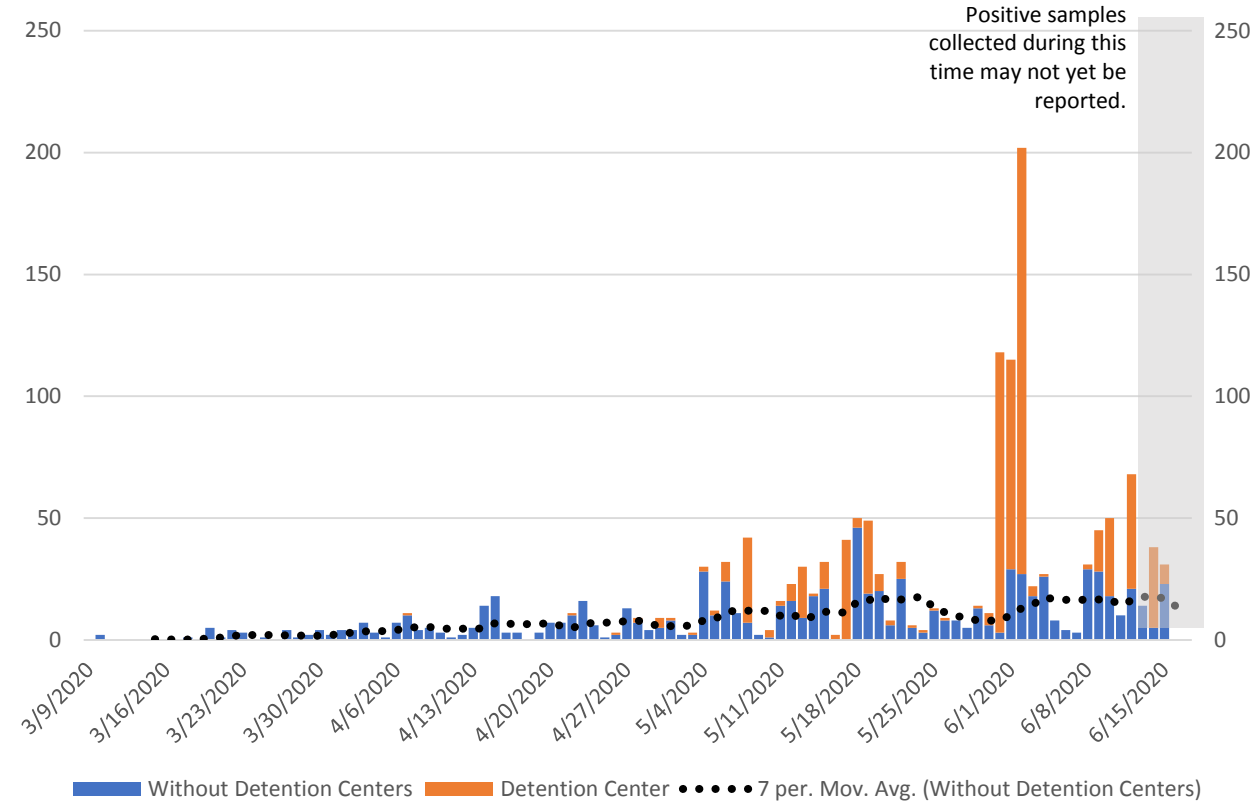
# "The curve is flattening, we can fully reopen…" (NOT!)

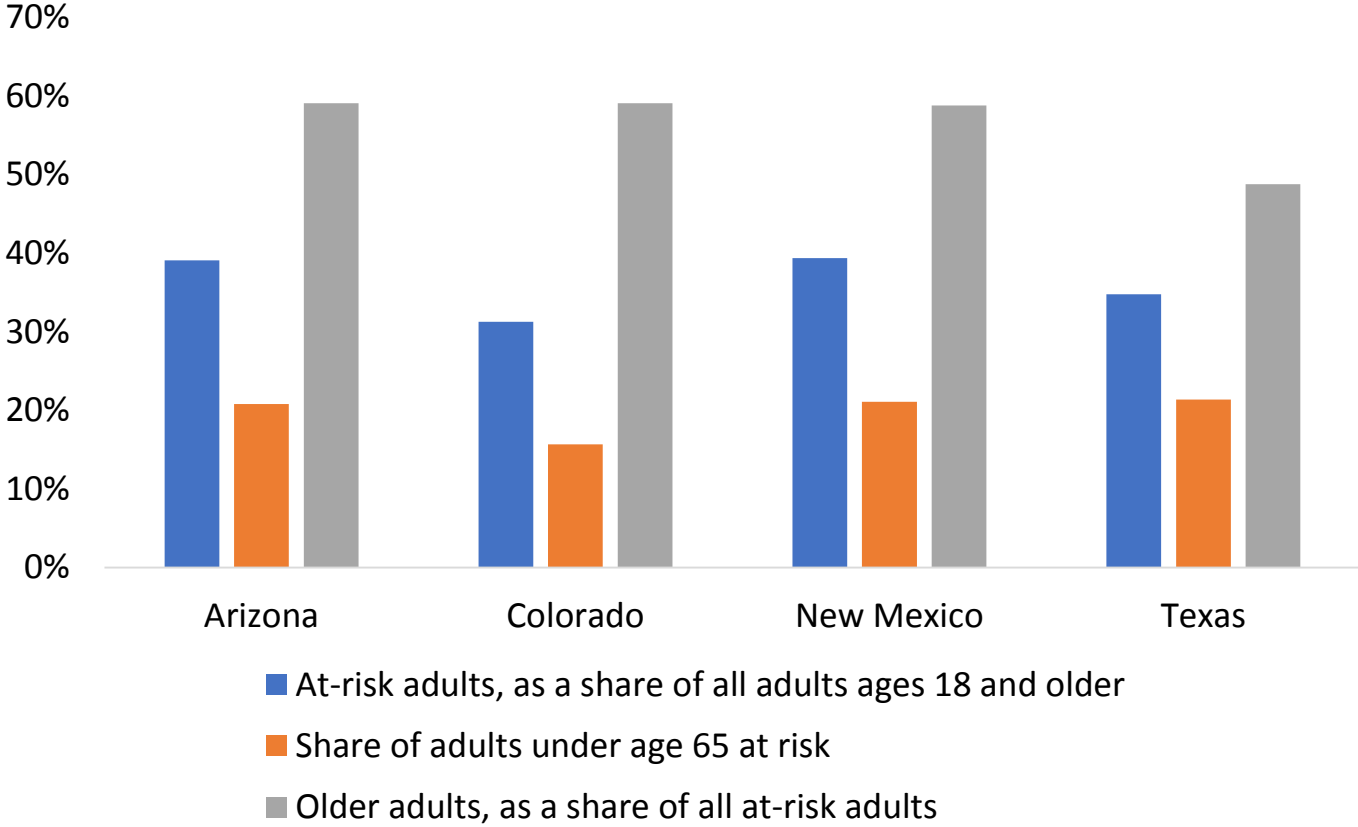It's like saying, "The parachute has slowed our rate of descent, we can take it off now."

**EVEN THOUGH NM IS IMPROVING, WE MUST REMAIN VIGILANT AND REOPEN GRADUALLY.**

- Stay at home

- Wash hands, clean surfaces, cough into tissue/elbow

- Wear face coverings in public

- Maintain social distancing (minimum 6 feet)

# CAUTIONARY REOPENING TALES: NM'S NEIGHBORS



**Adults at Higher Risk of Serious Illness if Infected with COVID-19**

- At-risk adults, as a share of all adults ages 18 and older
- Share of adults under age 65 at risk
- Older adults, as a share of all at-risk adults

**Hospital Capacity: ICU beds per 10,000 residents**

- ICU Beds per 10,000 Population

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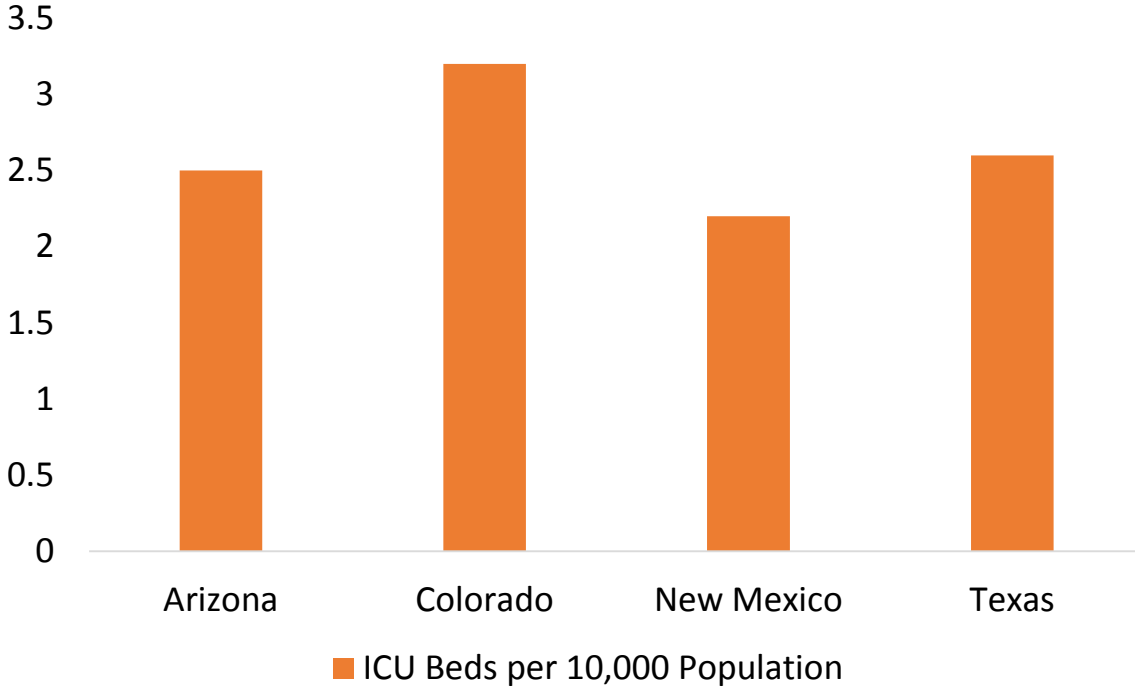
# Health Experts Link Rise In Arizona COVID Cases To End Of Stay-At-Home Order

- AZ began easing restrictions on businesses in early May and lifted statewide lockdown after May 15.

- 1,584 average new cases/day over past 7 days.

- Since Memorial Day cases have more than doubled (19,900 – 43,443).

- Before lifting stay-at-home order, 5% of COVID-19 tests were positive. On 6/16, ~16% were positive

*Positive or Suspected COVID-19 Patients Seen in Emergency Departments, AZ*
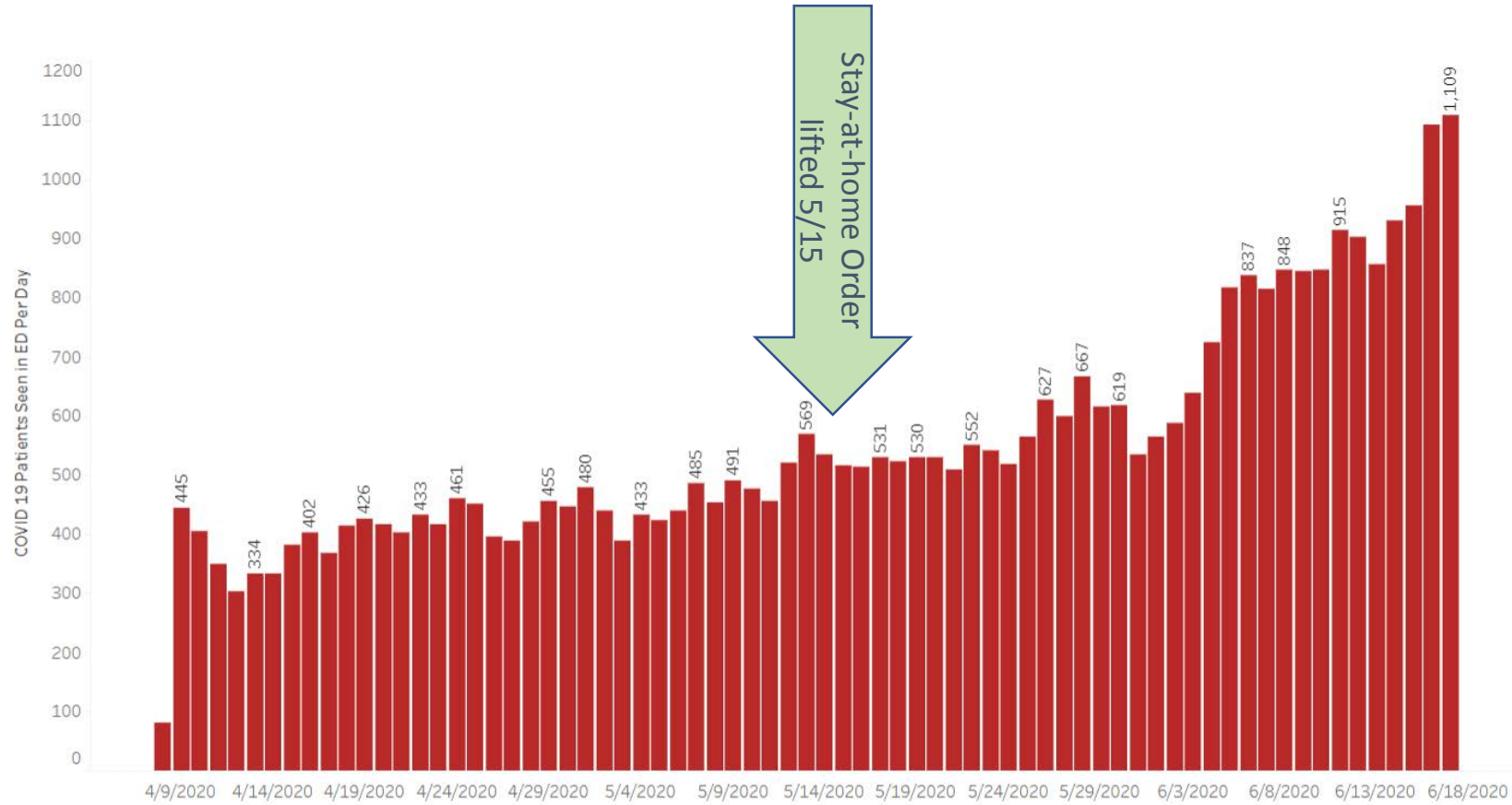


*Source: Arizona Department of Health Services*

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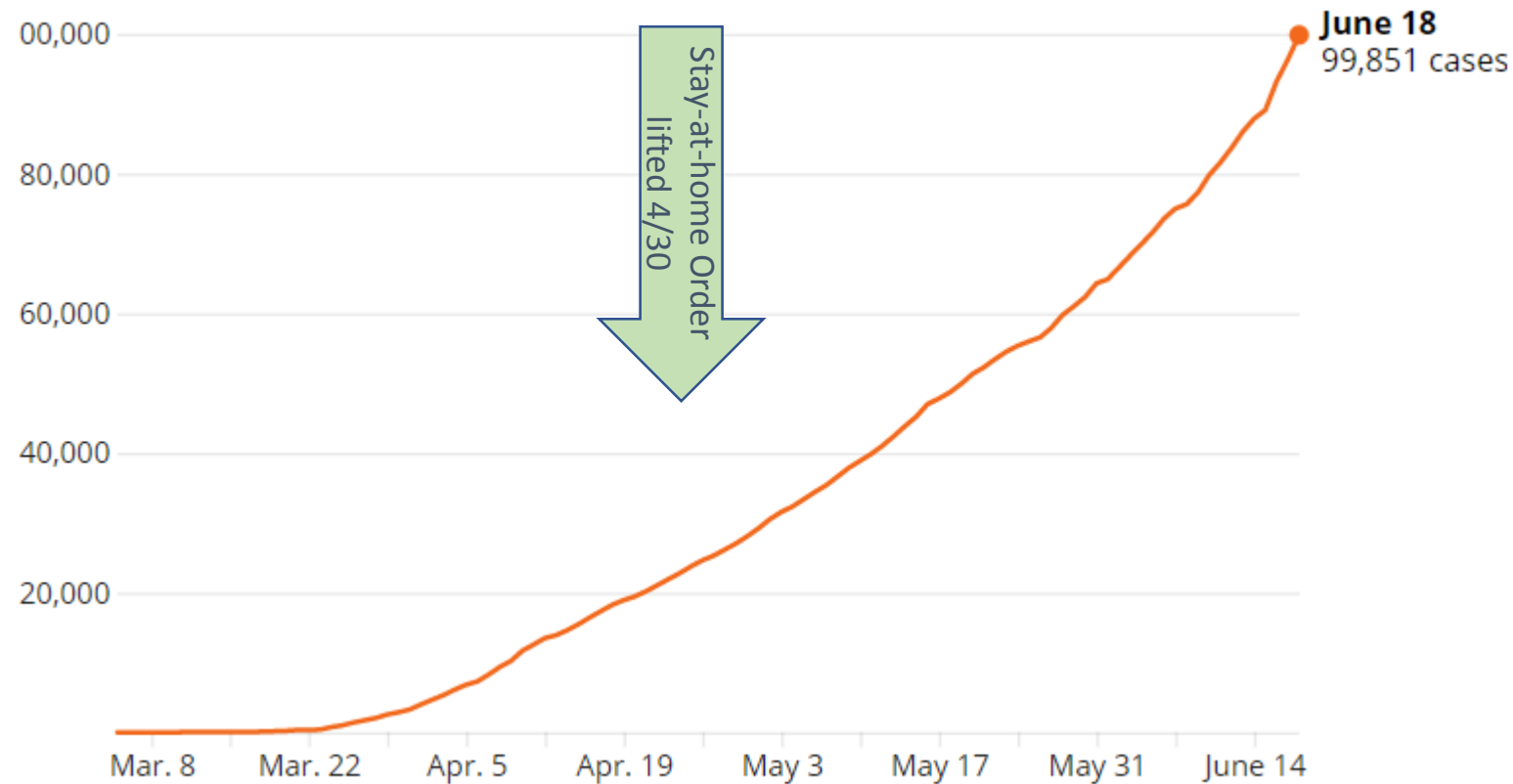# Texas coronavirus hospitalizations hit record highs for a full week

- TX was among first states to relax statewide stay-at-home order, allowing it to expire April 30.

- 2,417 average new confirmed cases/day over past 7 days.

- 2,947 COVID-19 patients in TX hospitals on Thursday, almost twice as many as Memorial Day.

**Cumulative cases of coronavirus in Texas**



Stay-at-home Order lifted 4/30

June 18
99,851 cases

00,000
80,000
60,000
40,000
20,000

Mar. 8   Mar. 22   Apr. 5   Apr. 19   May 3   May 17   May 31   June 14

Note: On March 24, the state changed how it reported numbers resulting in a sharp increase in cases.

https://www.texastribune.org/2020/06/18/texas-coronavirus-hospitalizations/

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# URGENCY AND CHALLENGE OF OPENING K-12 SCHOOLS IN THE FALL OF 2020

- To reopen schools as safely as possible and reduce chances schools are required to close again, policy makers should consider this framework:

  1. create conditions for a successful reopening,
  2. establish distancing at each school,
  3. prioritize children most at risk from missing school,
  4. ready a strong public health and environmental response,
  5. respect valid concerns of individual families and teachers, and
  6. link curricula, teaching strategies, and remote learning technologies.

Sharfstein, J. M., & Morphew, C. C. (2020). The Urgency and Challenge of Opening K-12 Schools in the Fall of 2020. *JAMA*.

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# THANK YOU

## Dr. Mike Richards

- Dr. Richards established and served as Director of the Medical Advisory Team, creating a statewide delivery system to effectively manage the surge in COVID-19 cases and resources and assets as they become scarce.

- Dr. Richards is returning to his full-time position as UNM after dutifully serving the state for 3+ months.

- The State of NM will continue to utilize the MAT for the duration of the pandemic.

## Contributors to the UNM Global Health COVID-19 Briefings

- 68 people have contributed their efforts to the briefing on top of their already busy schedules. To meet some of the team click here.

- 1,000+ people receive these briefings.

- New updates available Su-Tu-Th evening online at the UNM library: https://digitalrepository.unm.edu/hsc_covid19_briefings/

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