



HUMAN  
SERVICES  
DEPARTMENT



COVID-19 DAY 129 MEDIA UPDATE

JULY 17, 2020

SECRETARY DAVID R. SCRASE, M.D.

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# IMMUNITY TO COVID-19 COULD BE LOST IN MONTHS, UK STUDY SUGGESTS

- *Study has been submitted to a journal but has yet to be peer-reviewed.*
- **King's College London team found steep drops in patients' antibody levels three months after infection.**
- First longitudinal study of its kind, scientists analyzed immune response of more than 90 patients and healthcare workers at Guy's and St Thomas' NHS foundation trust and found levels of antibodies that can destroy the virus peaked about 3 weeks after the onset of symptoms then swiftly declined.
- Blood tests revealed that while 60% of people marshalled a "potent" antibody response at the height of their battle with the virus, only 17% retained the same potency three months later. Antibody levels fell as much as 23-fold over the period. In some cases, they became undetectable.
- **Study has implications for the development of a vaccine, and for the pursuit of "herd immunity" in the community over time.**

# ROBUST T CELL IMMUNITY IN CONVALESCENT INDIVIDUALS WITH ASYMPTOMATIC OR MILD COVID-19

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- Individuals in the convalescent phase after **asymptomatic or mild COVID-19 had a robust memory T-cell response**, even in the absence of virus specific circulating antibodies indicating a previously unanticipated degree of population level immunity against COVID-19.
- Almost twice as many **exposed family members and healthy donors (during the Pandemic) generated memory T-cell responses** versus antibody response.

## **Robust T cell immunity in convalescent individuals with asymptomatic or mild COVID-19**

Takuya Sekine<sup>1,13</sup>, André Perez-Potti<sup>1,13</sup>, Olga Rivera-Ballesteros<sup>1,13</sup>, Kristoffer Strålin<sup>2</sup>, Jean-Baptiste Gorin<sup>1</sup>, Annika Olsson<sup>2</sup>, Sian Llewellyn-Lacey<sup>3</sup>, Habiba Kamal<sup>2</sup>, Gordana Bogdanovic<sup>4</sup>, Sandra Muschiol<sup>4</sup>, David J. Wullimann<sup>1</sup>, Tobias Kammann<sup>1</sup>, Johanna Enggård<sup>1</sup>, Tiphaine Parrot<sup>1</sup>, Elin Folkesson<sup>2</sup>, Olav Rooyackers<sup>5,6</sup>, Lars I. Eriksson<sup>6,7</sup>, Anders Sönnernberg<sup>2,8</sup>, Tobias Allander<sup>4,9</sup>, Jan Albert<sup>4,9</sup>, Morten Nielsen<sup>10,11</sup>, Jonas Klingström<sup>1</sup>, Sara Gredmark-Russ<sup>1,2</sup>, Niklas K. Björkström<sup>1</sup>, Johan K. Sandberg<sup>1</sup>, David A. Price<sup>3,12</sup>, Hans-Gustaf Ljunggren<sup>1,13</sup>, Soo Aleman<sup>2,13</sup>, Marcus Buggert<sup>1,13,14</sup>; Karolinska COVID-19 Study Group

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# CLINICAL AND IMMUNOLOGICAL ASSESSMENT OF ASYMPTOMATIC SARS-COV-2 INFECTIONS

- 37 Asymptomatic and 37 Symptomatic individuals (Wanzhou District, China)
- Viral Shedding was more prolonged in asymptomatic individuals
- IgG levels were significantly lower in asymptomatic individuals
- IgG and Neutralizing antibodies decreased during the early convalescent period (8 weeks) in both Asymptomatic and Symptomatic
- 40% of Asymptomatic and 12.9% of Symptomatic patients became seronegative

nature  
medicine

LETTERS

<https://doi.org/10.1038/s41591-020-0965-6>

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## Clinical and immunological assessment of asymptomatic SARS-CoV-2 infections

Quan-Xin Long<sup>1,8</sup>, Xiao-Jun Tang<sup>2,8</sup>, Qiu-Lin Shi<sup>2,8</sup>, Qin Li<sup>3,8</sup>, Hai-Jun Deng<sup>1,8</sup>, Jun Yuan<sup>1</sup>, Jie-Li Hu<sup>1</sup>, Wei Xu<sup>2</sup>, Yong Zhang<sup>1,2</sup>, Fa-Jin Lv<sup>4</sup>, Kun Su<sup>3</sup>, Fan Zhang<sup>5</sup>, Jiang Gong<sup>5</sup>, Bo Wu<sup>6</sup>, Xia-Mao Liu<sup>7</sup>, Jin-Jing Li<sup>7</sup>, Jing-Fu Qiu<sup>1,2</sup>, Juan Chen<sup>1</sup> and Ai-Long Huang<sup>1</sup>

The clinical features and immune responses of asymptomatic individuals infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) have not been well described. We studied 37 asymptomatic individuals in the Wanzhou District who were diagnosed with RT-PCR-confirmed SARS-CoV-2 infections but without any relevant clinical symptoms in the preceding 14 d and during hospitalization. Asymptomatic individuals were admitted to the government-designated Wanzhou People's Hospital for centralized isolation in accordance with policy<sup>1</sup>. The median duration of viral shedding in the asymptomatic group was 19 d (interquartile range (IQR), 15–26 d). The asymptomatic group had a significantly longer duration of viral shedding than the symptomatic group (log-rank  $P=0.028$ ). The virus-specific IgG levels in the asymptomatic group (median S/CO, 3.4; IQR, 1.6–10.7) were significantly lower ( $P=0.005$ ) relative to the symptomatic group (median S/CO, 20.5; IQR, 5.8–38.2) in the acute phase. Of asymptomatic individuals, 93.3% (28/30) and 81.1% (30/37) had reduction in IgG and neutralizing antibody levels, respectively, during the early convalescent phase, as compared to 96.8% (30/31) and 62.2% (23/37) of symptomatic patients. Forty percent of asymptomatic individuals became seronegative and 12.9% of the symptomatic group became negative for IgG in the early convalescent phase. In addition, asymptomatic individuals exhibited lower levels of 18 pro- and anti-inflammatory cytokines. These data suggest that asymptomatic individuals had a weaker immune response to SARS-CoV-2 infection. The reduction in IgG and neutralizing antibody levels in the early convalescent phase might have implications for immunity strategy and serological surveys.

As of May 24, 2020, the coronavirus disease 2019 (COVID-19) pandemic, caused by SARS-CoV-2, has affected more than 5 million people around the world. Most patients with SARS-CoV-2 infections have mild to moderate symptoms, although some

understanding of the clinical features and immune responses of asymptomatic individuals with SARS-CoV-2 infection is limited. Here we describe the epidemiological and clinical characteristics, virus levels and immune responses in 37 asymptomatic individuals.

### Results

**Demographic characteristics.** On February 6, 2020, the National Health Commission of China updated the COVID-19 Prevention and Control Plan (4th edition) for the management of close contacts, emphasizing identification and quarantine of asymptomatic individuals<sup>1</sup>. To identify asymptomatic individuals, the Wanzhou District Centers for Disease Control and Prevention (CDC) then conducted extensive RT-PCR screening for 2,088 close contacts under quarantine. Individuals with positive RT-PCR results then were screened by point prevalence surveys carried out by the local CDC and symptoms assessments reported by clinicians. Of these, 60 individuals claimed no symptoms in the preceding 14 d, according to local CDC records, and were transferred to a government-designated hospital for centralized isolation. On admission, 17 individuals were excluded for mild or atypical symptoms based on symptoms assessments reported by clinicians; six individuals who developed symptoms 4–17 d after admission were also excluded. Finally, 37 asymptomatic cases, defined as individuals with a positive nucleic acid test result but without any relevant clinical symptoms in the preceding 14 d and during hospitalization, were included in this study. A total of 178 patients with confirmed SARS-CoV-2 infections were identified in the Wanzhou District before April 10, 2020, as tracked by CDC surveillance systems. In this study, the proportion of patients with asymptomatic infections was 20.8% (37/178).

For antibody detection and cytokine measurements, 37 sex-, age-frequency- and comorbidity-matched mild symptomatic patients were selected for comparison with the asymptomatic

# COVID-19 VACCINE DEVELOPMENT

- [155 vaccines](#) in development with [23 vaccines](#) in human trial phase.
- Regarding immune boosting results of first COVID-19 vaccine tested in US, nation's top infection disease expert, [Dr. Anthony Fauci](#): "No matter how you slice this, this is good news."
- There has never been a vaccine designed successfully for a RNA virus.
- A vaccine is just the first step in a long process towards possible eradication (e.g. vaccine manufacturing, distribution, usage)

## A race is on to make enough small glass vials to deliver coronavirus vaccine around the world

A shortage of specialized containers could cripple the global response to covid-19



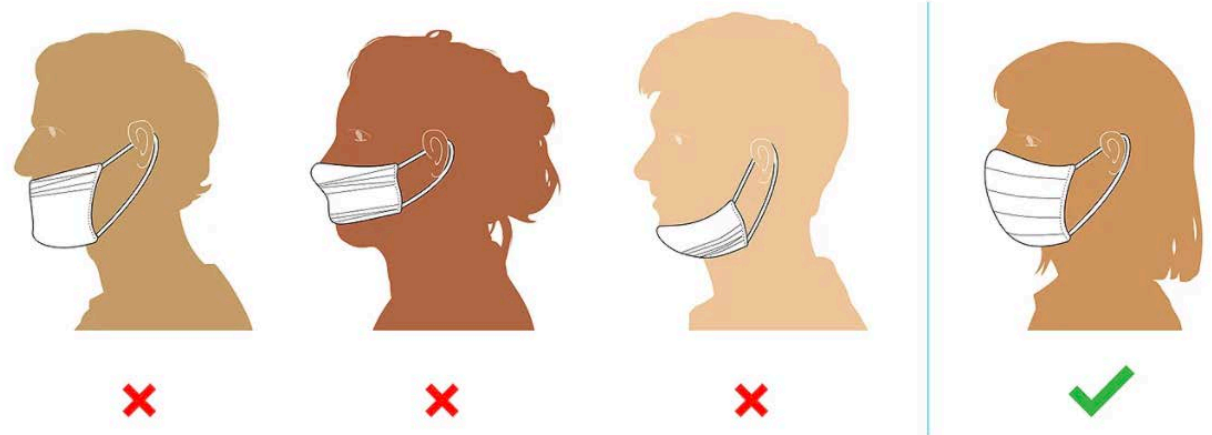
# COVID-19 CANDIDATE VACCINES IN HUMAN TRIALS

Platform	# in clinical evaluation	# in Phase 3 stage of clinical trial	Platform definition <i>All vaccines stimulate immune response</i>
Inactivated	5	1	Use inactive virus; usually requires multiple doses. Not as effective as live virus vaccines. <a href="#">1</a>
Non-Replicating Viral Vector	3	1	Combines qualities of DNA vaccines with live attenuated vaccine. <a href="#">2</a>
Protein Subunit	5	0	Use piece of virus to strengthen immune response aimed at part virus. May need booster. Ok for immunocompromised. <a href="#">1</a>
RNA	5	1	RNA introduced into the body containing genetic information to produce a toxin initiating immune response. <a href="#">3</a>
DNA	11	0	DNA introduced into the body containing genetic information to produce a toxin initiating immune response. <a href="#">3</a>
VLP	1	0	Virus like particles mimic virus but lack viral genetics. <a href="#">4</a>

# COVID-SAFE PRACTICE: UNIVERSAL MASK WEARING

- [JAMA](#) Increasing evidence universal mask wearing decreases spread of COVID-19 in health care and community settings.
- Masks lessen the movement of virus by filtering exhaled air through the mask and catching droplets which prevent droplets from spreading far and wide especially while talking or coughing.

## DOs AND DON'Ts OF WEARING A MASK



# COVID-SAFE PRACTICE: UNIVERSAL MASK WEARING

- N95 masks with valves and cloth covering/bandanas masks do allow *some* flow of droplets and are not suitable for medical settings.
- However, universal mask wearing (regardless of type) increases protection from COVID-19.
- [CDC Director Dr. Robert Redfield](#): “We are not defenseless against COVID-19. Cloth face coverings are one of the most powerful weapons we have to slow and stop the spread of the virus – particularly when used universally within a community setting.”





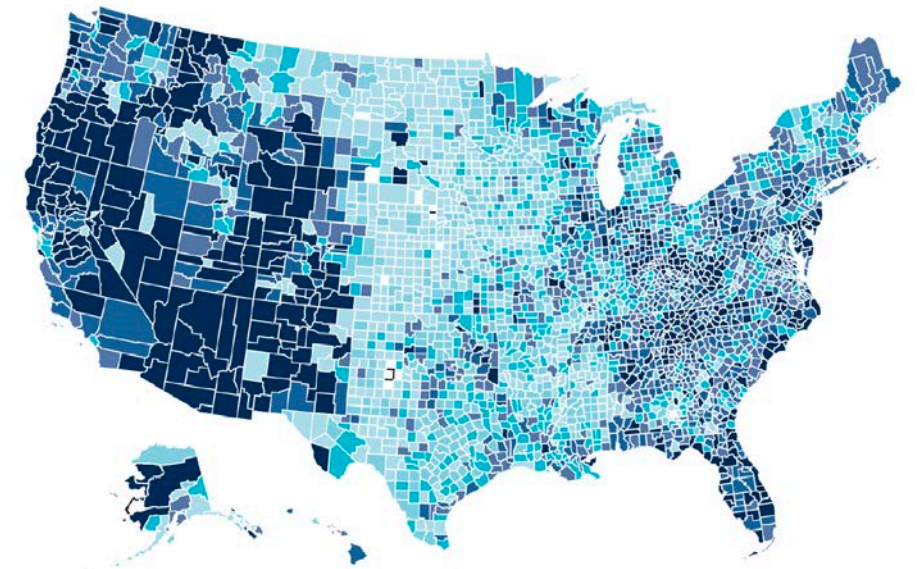
# ABSENCE OF APPARENT TRANSMISSION OF SARS-COV-2 FROM TWO STYLISTS AFTER EXPOSURE AT A HAIR SALON WITH A UNIVERSAL FACE COVERING POLICY — SPRINGFIELD, MISSOURI, MAY 2020

- Among 139 clients exposed to 2 symptomatic hair stylists with confirmed COVID-19 while both the stylists and the clients wore face masks, no symptomatic secondary cases were reported; among 67 clients tested for SARS-CoV-2, all test results were negative.
- Adherence to the community's and company's face-covering policy likely mitigated spread of SARS-CoV-2.
- As stay-at-home orders are lifted, professional and social interactions in the community will present more opportunities for spread of SARS-CoV-2. **Broader implementation of face covering policies could mitigate the spread of infection in the general population.**

# PROJECTED DEATHS OF DESPAIR FROM COVID-19

- Deaths of despair are the epidemic within the pandemic.
- Virtual community may not be enough to hold off the impact of isolation and loneliness.
- Stress of uncertainty has a serious impact on the emergence and worsening of mental illness.
- Social isolation plus unemployment are associated with increased rates of suicide.
- Countries with protective labor market policies are associated with lower rates of suicide.

# ESTIMATES OF ADDITIONAL DEATHS OF DESPAIR, 2020-2029



Crude Rate per 100,000

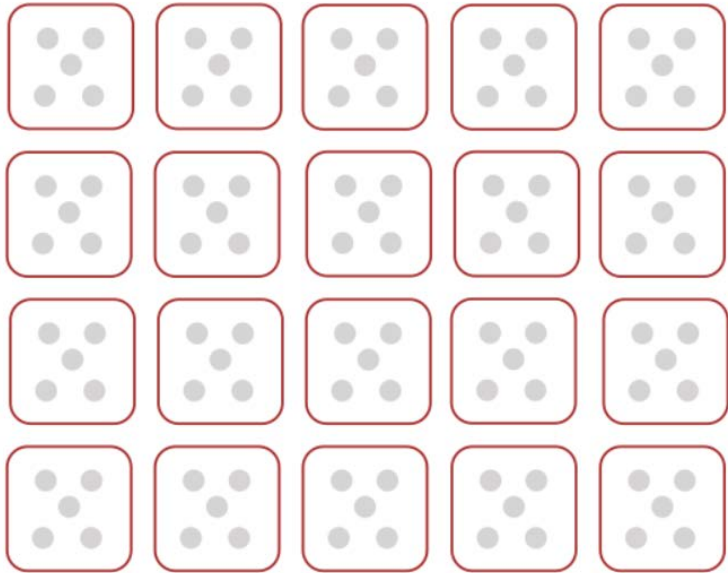
- (9.22,37.27]
- (6.90,9.22]
- (5.08,6.90]
- (3.62,5.08]
- (1.73,3.62]
- [0.00,1.73]
- No data

	Deaths of Despair, 2018			Excess Unemployment, 2008-2018		Additional Deaths, 2020-2029
	Deaths	Population	Rate per 100,000	Excess	%	per 100,000
NM	2,074	2,095,428	99.0	290,357	0.7	41.2
US	181,686	327,167,434	55.5	39,360,814	100	20.0

*Note: Based on "middle" scenario (Peak unemployment of 15%, medium length recovery, 1.3% increase in deaths for each point increase in unemployment), assuming 65,598 deaths nationally. Excess unemployment is the cumulative sum of persons unemployed from 2008-2018 in excess of 2017 count.*

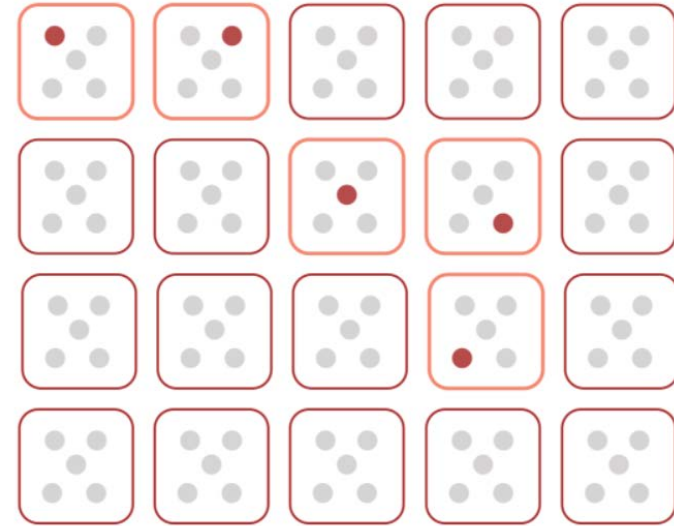
# COVID-19 POOL TESTING: HOW IT WORKS

- Consider a company with 100 employees in a city believed to have a 5% COVID-19 prevalence rate. The testing laboratory splits up the company's workforce into 20 groups of 5 workers each.



USC Schaeffer

- If we assume 5 workers have COVID-19, at most 5 pools will return positive tests.
- Lab would then go back and retest all individuals in the 5 pools that returned positives (25 tests total).



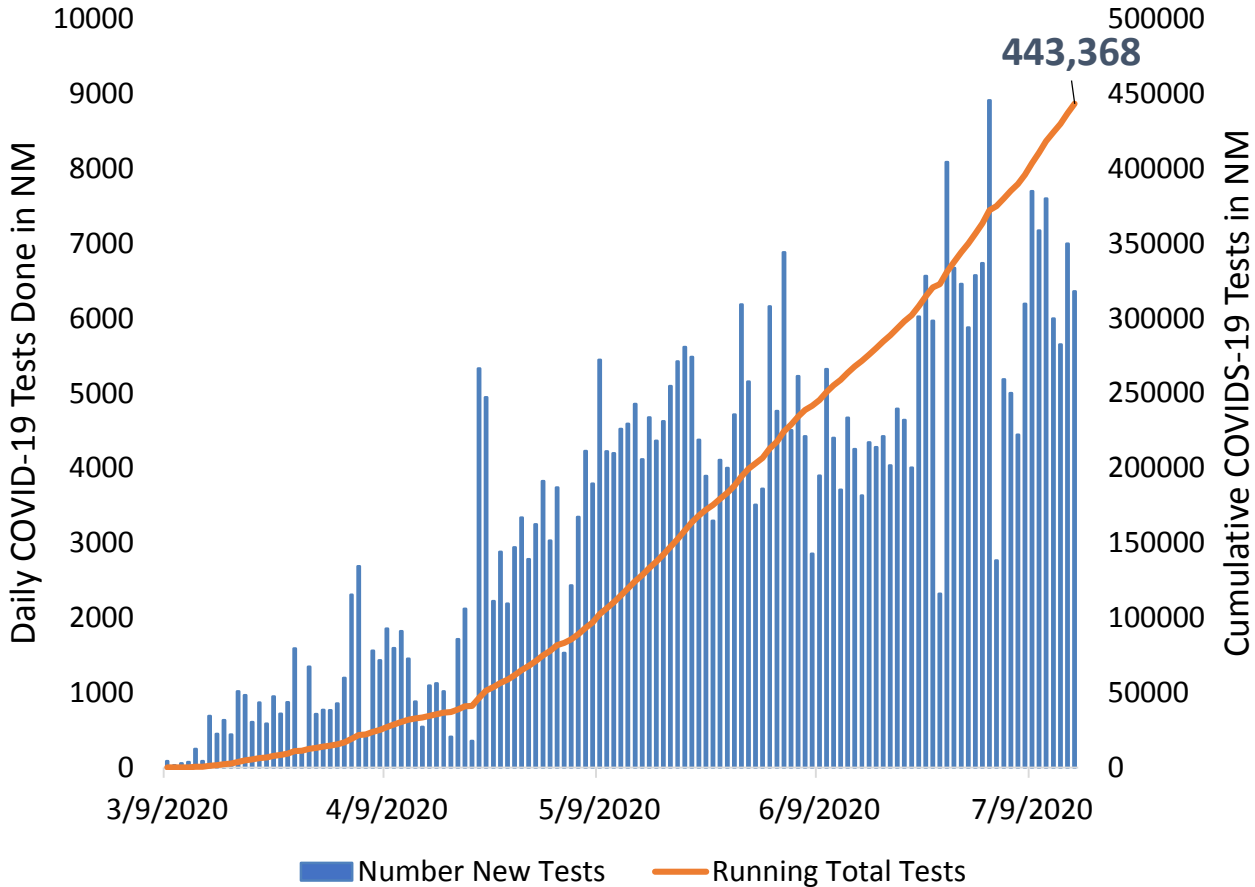
USC Schaeffer

- The company pays for 45 tests (20 initial pooled tests and 25 individual tests) compared to 100 tests that would have been needed if they had tested everyone individually.

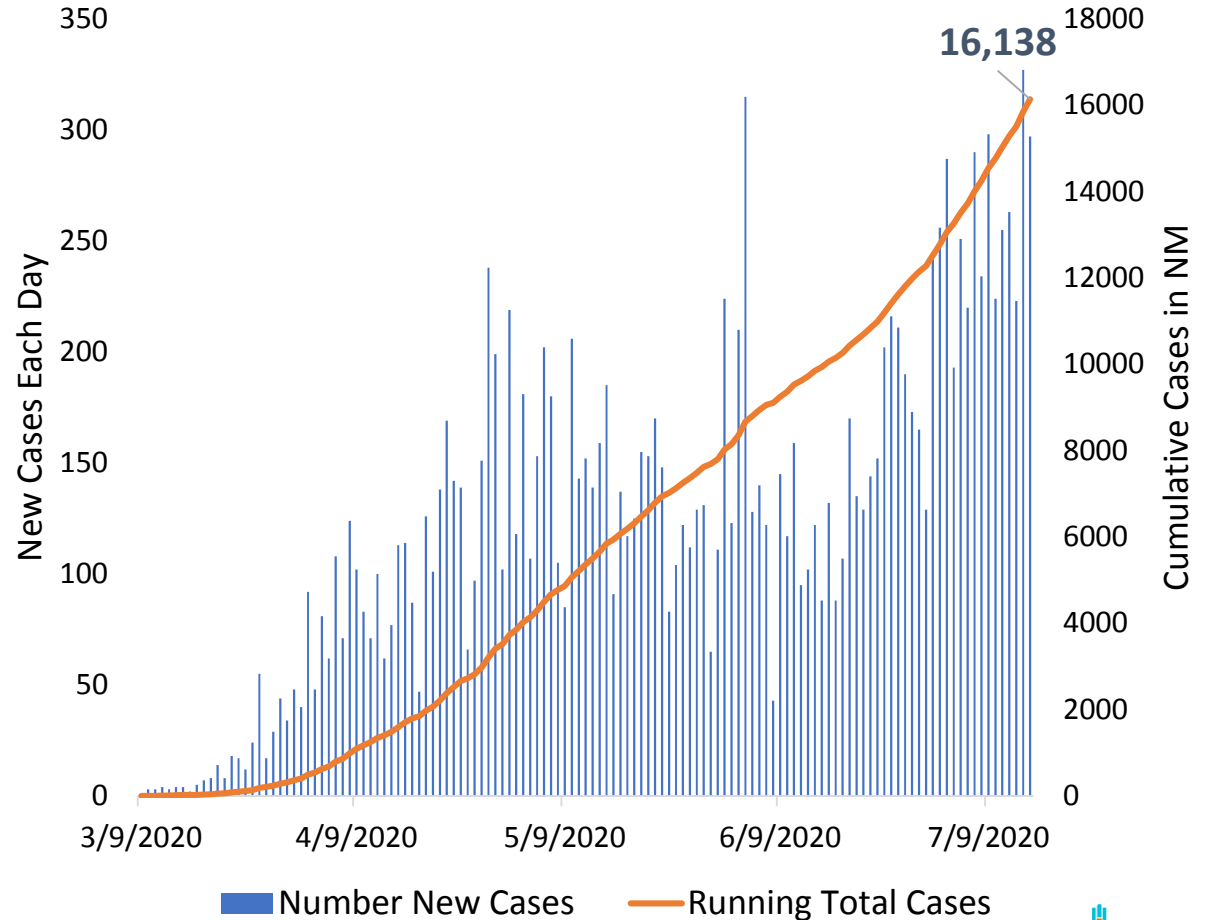
# COVID-19 IN NM UPDATE

# NM COVID-19 DAILY & CUMULATIVE TESTS/CASES

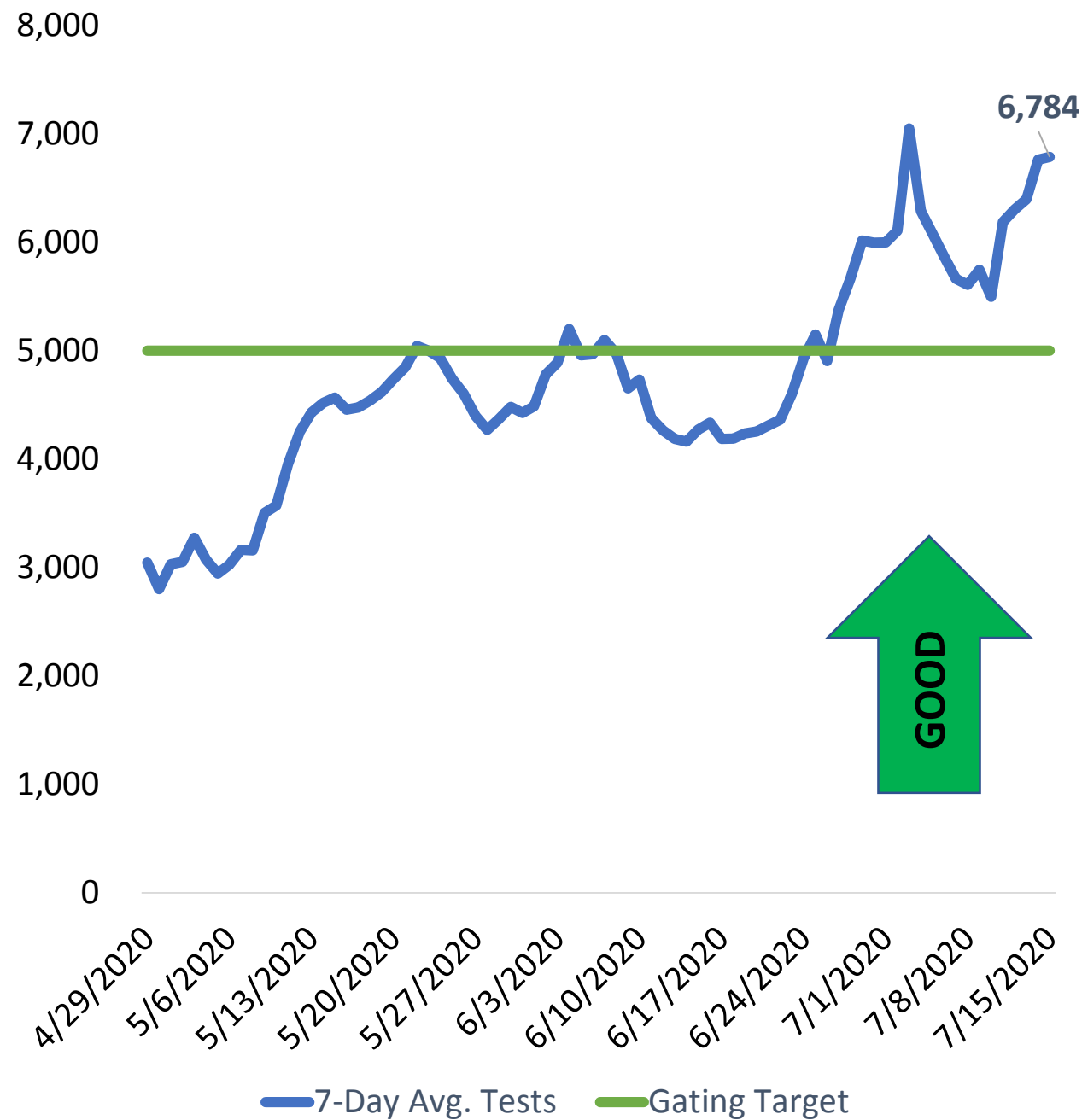
### NM Daily and Cumulative COVID-19 Tests



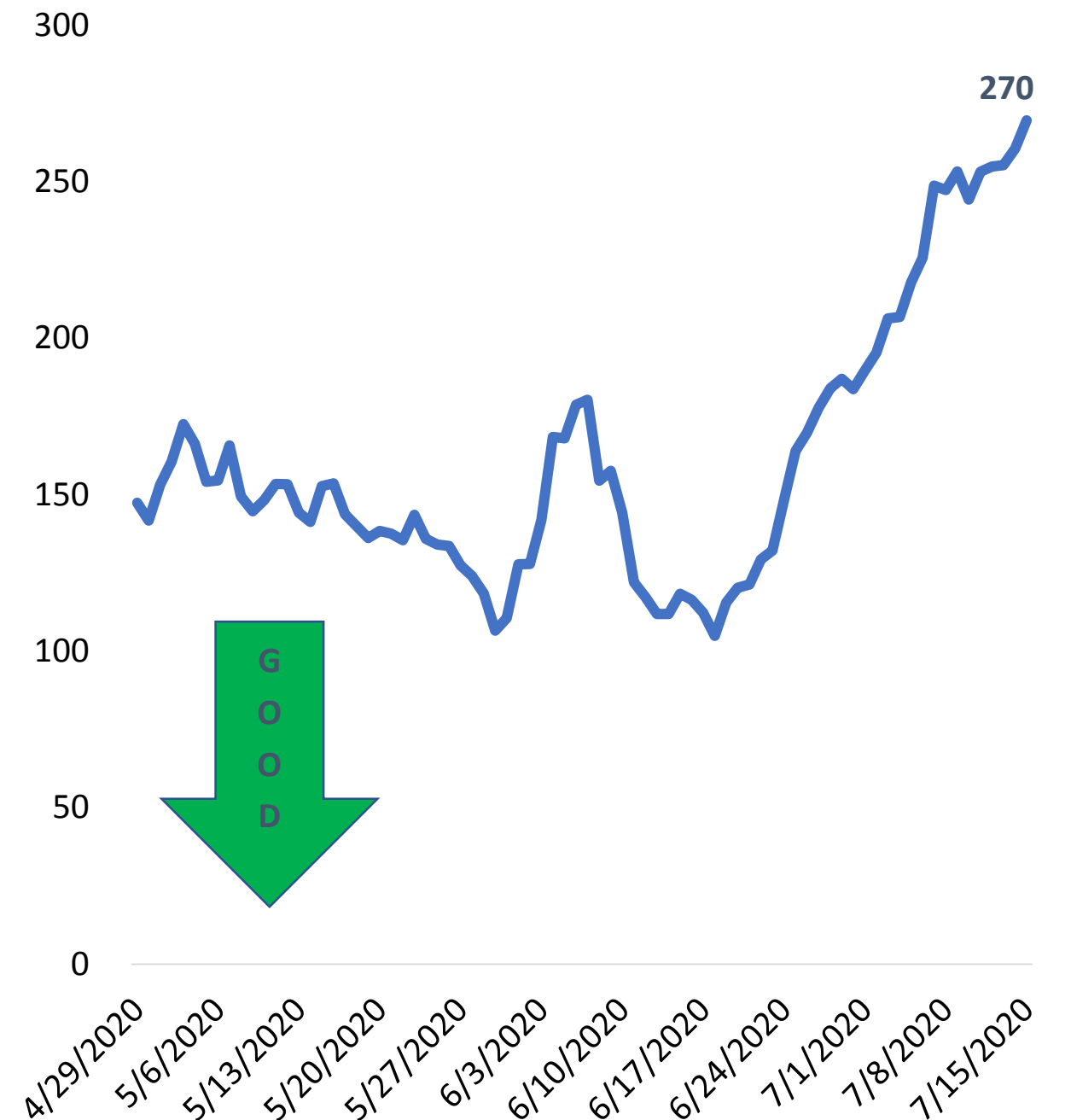
### NM Daily COVID-19 New Cases and Running Total



### NM COVID-19 Tests, 7-Day Rolling Average



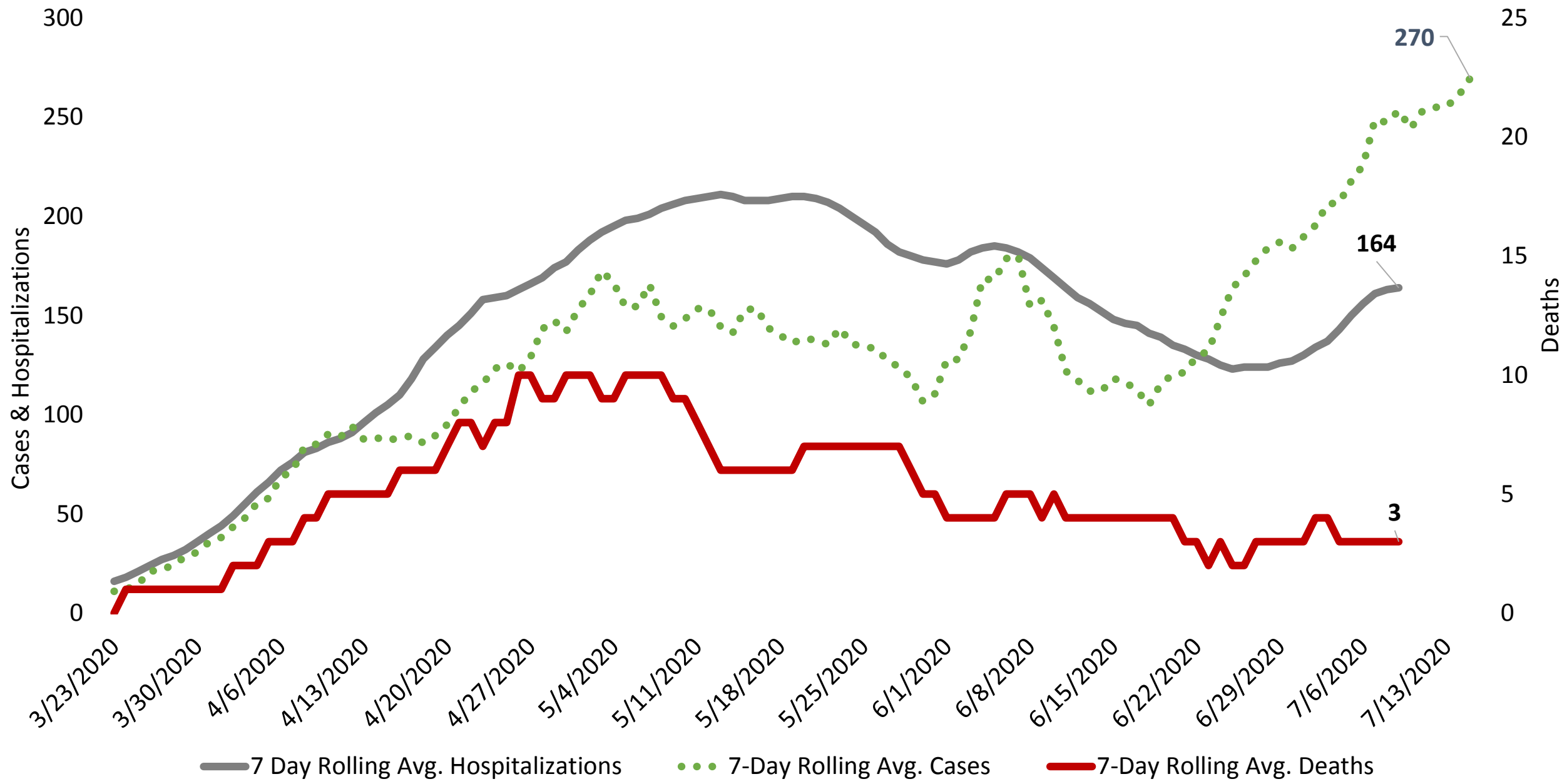
### NM COVID-19 Cases, 7-Day Rolling Average



# NM COVID-19 Cases, Hospitalizations, and Deaths

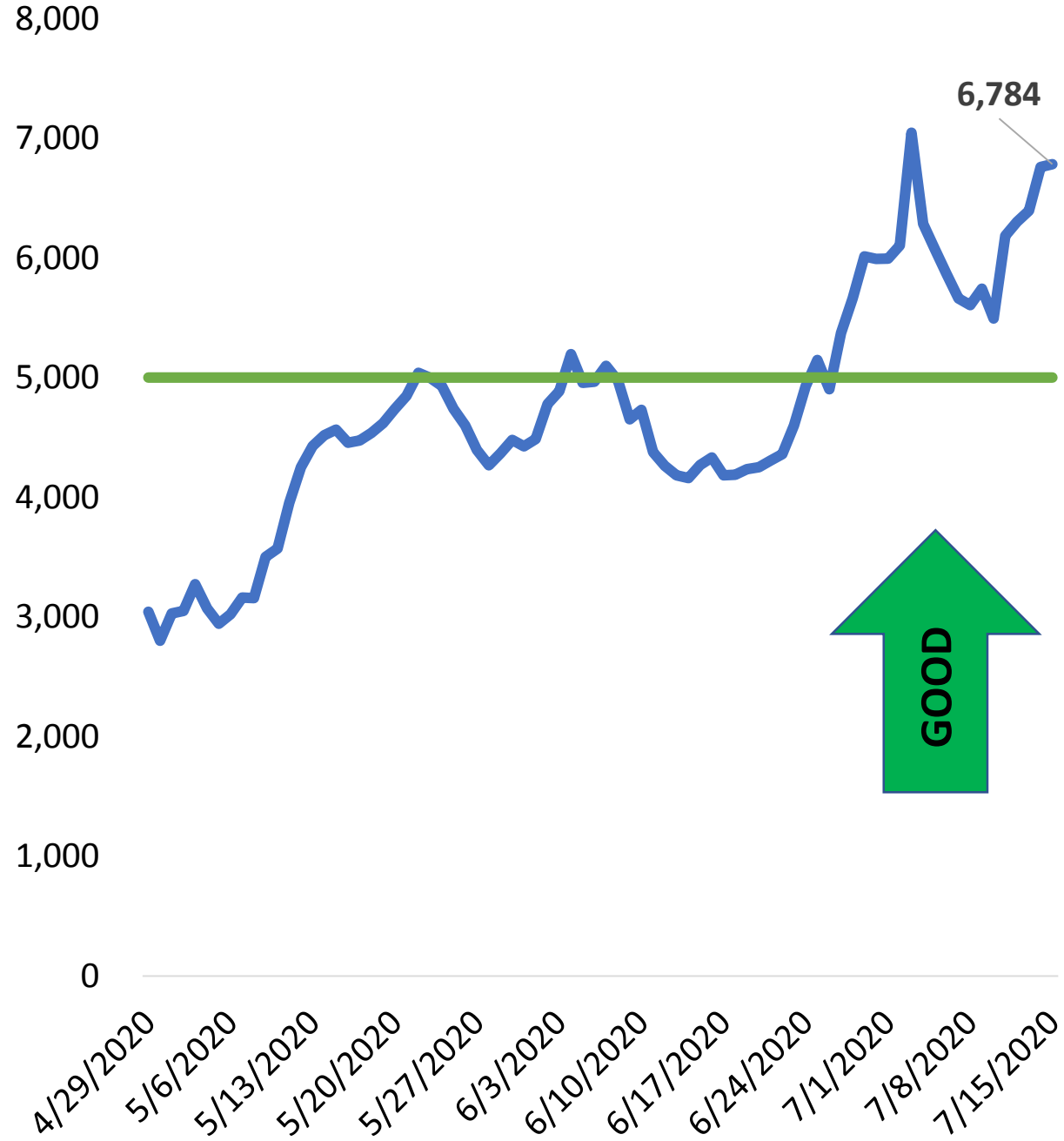
## 7 Day Rolling Average

16





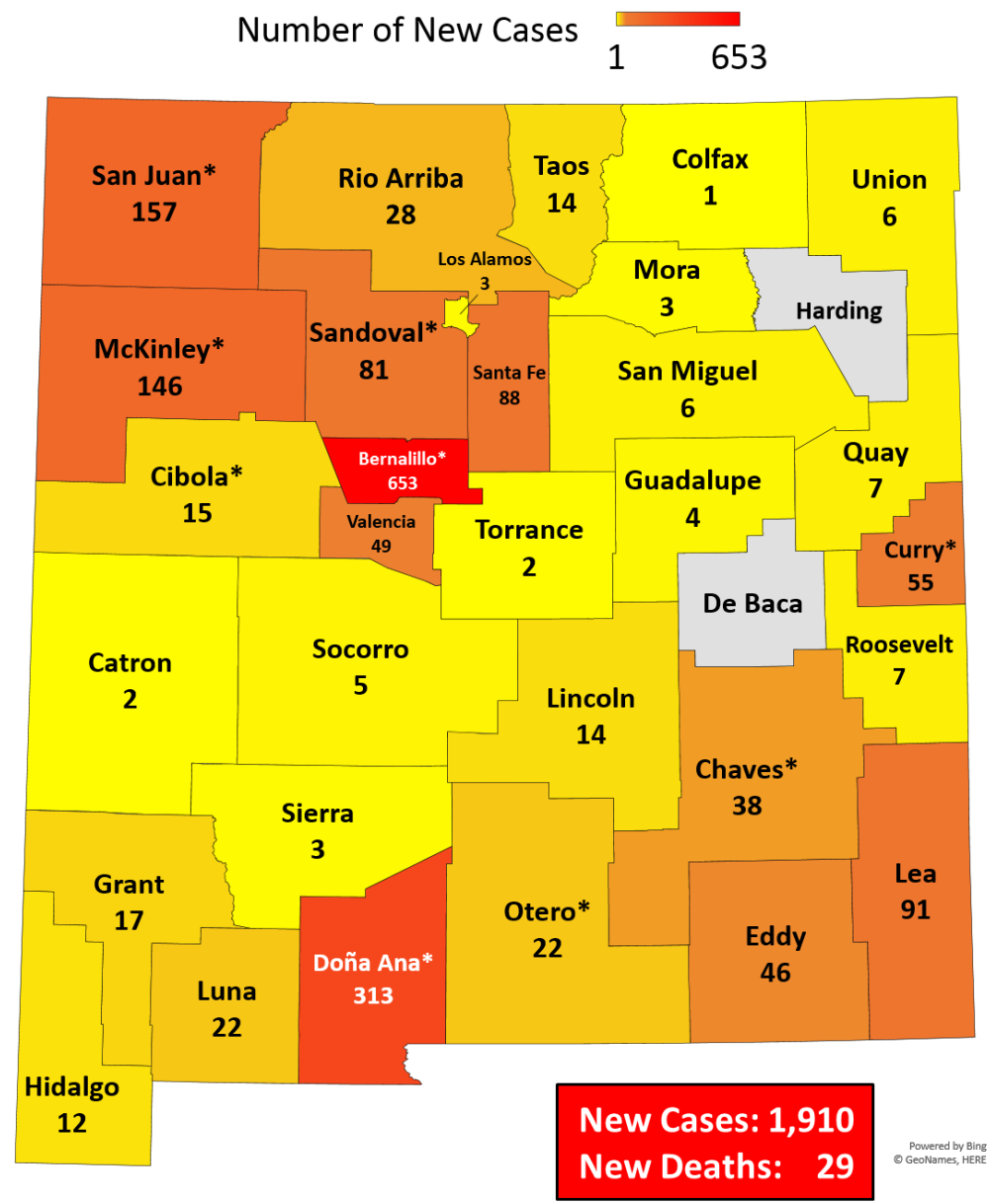
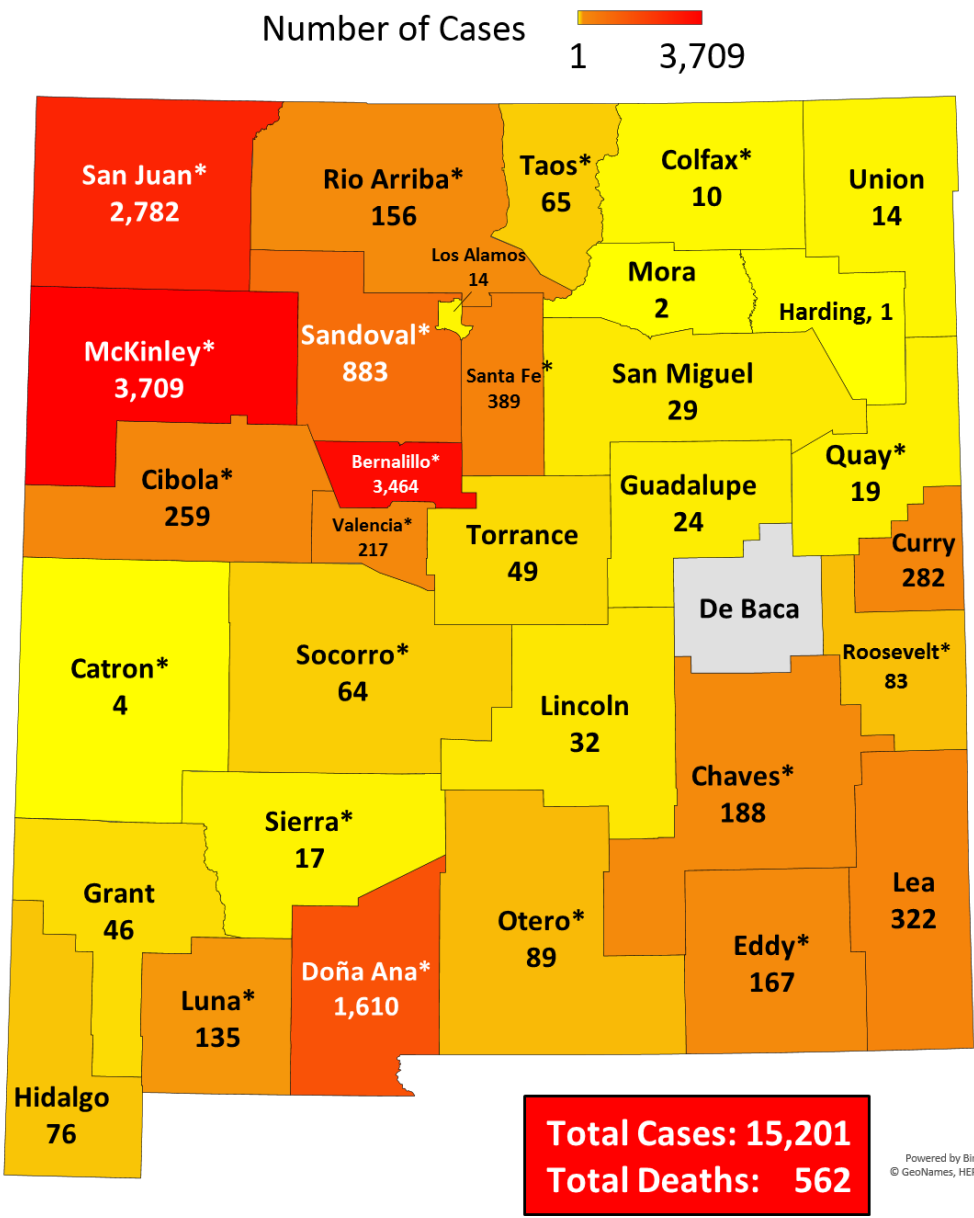
# NM COVID-19 Tests, 7-Day Rolling Average



# COVID-19 Tests Positivity Rate, 7-Day Rolling Average, NM



# Total COVID-19 Positive Cases (7/16/2020) New COVID-19 Positive Cases (Since 7/10/2020)



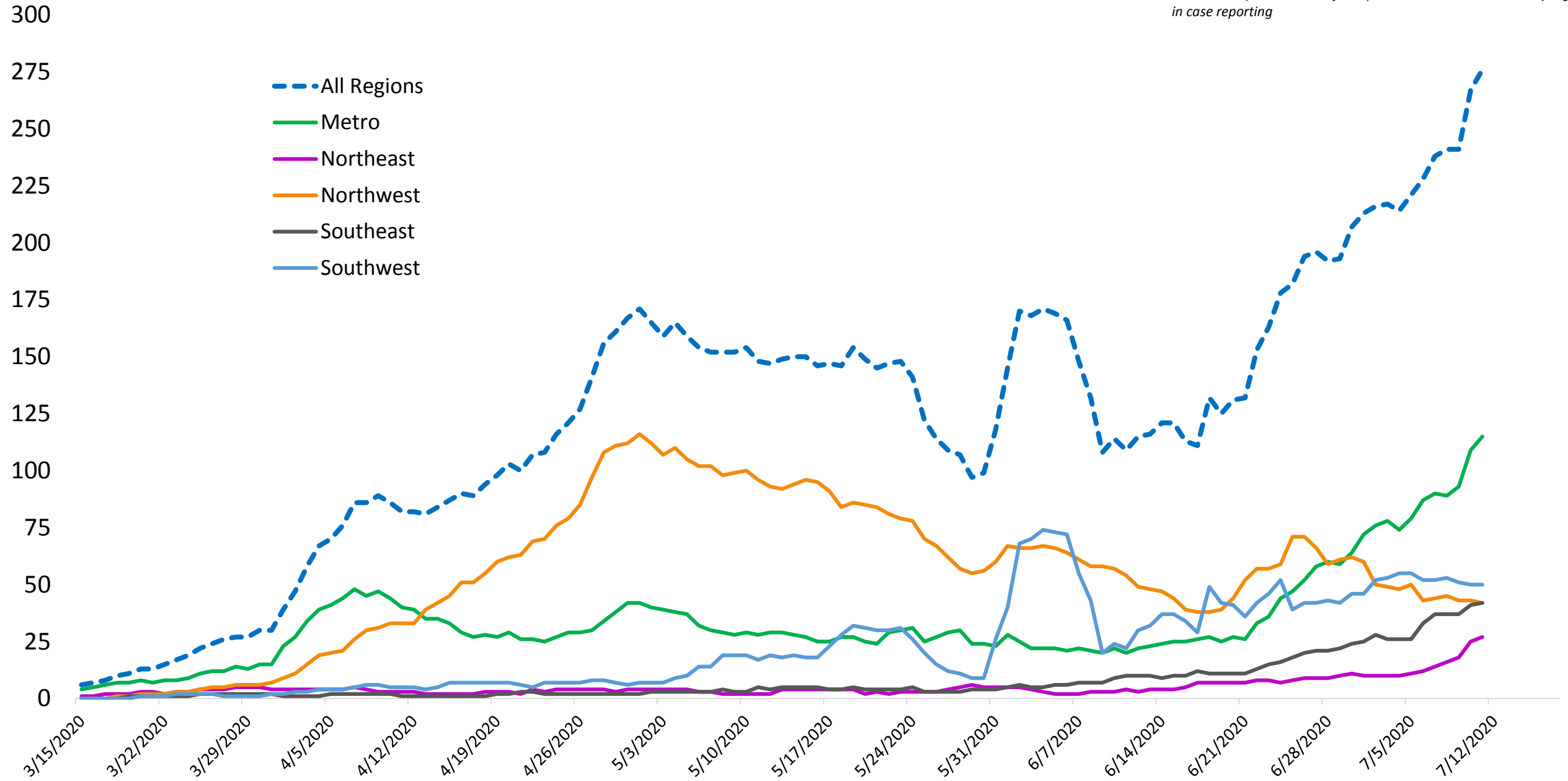
Source: New Mexico Department of Health. \* denotes death occurred in county. Excludes cases in federal and state detention facilities.

Source: New Mexico Department of Health. \* denotes new death occurred in county. Excludes cases in federal and state detention facilities.

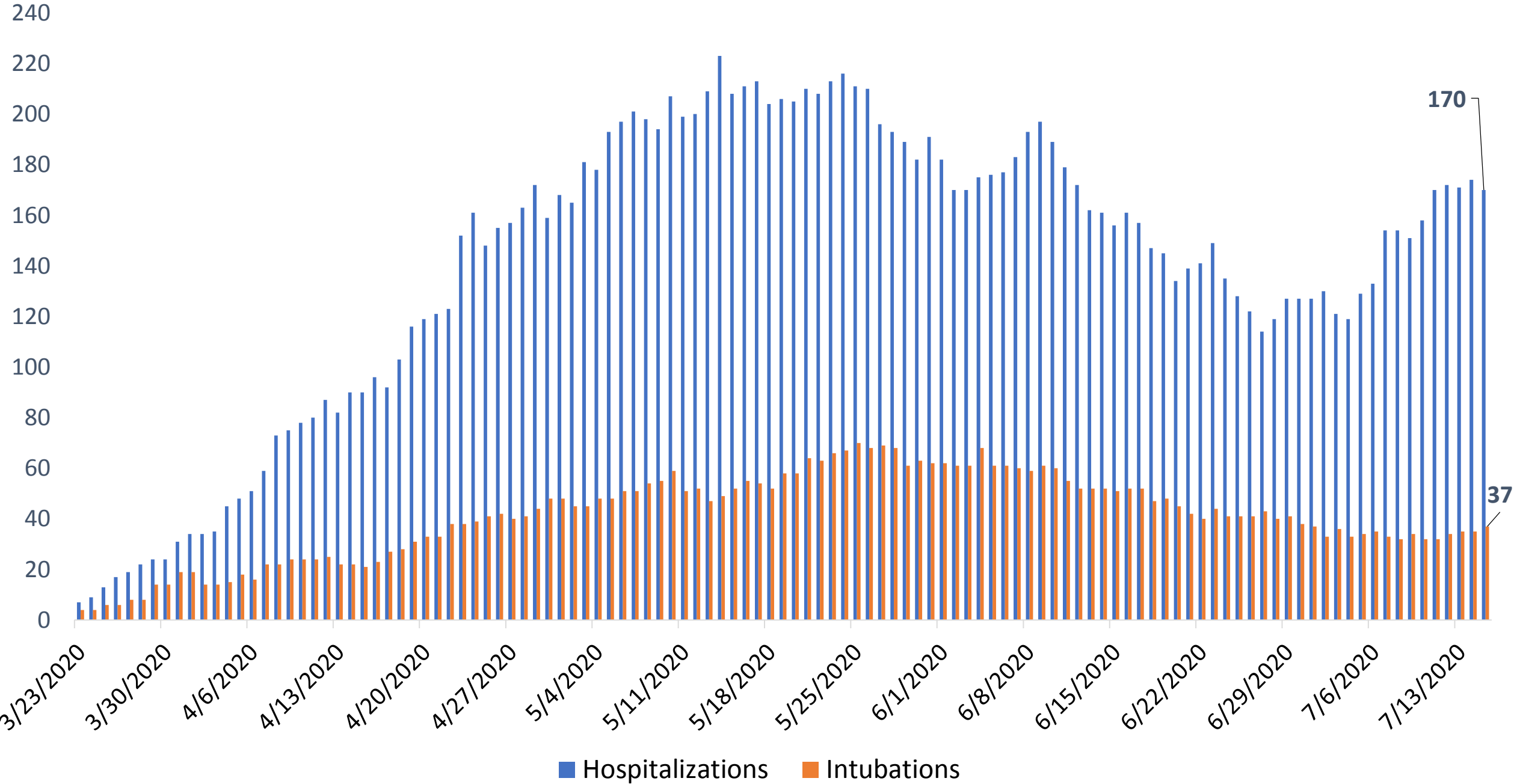
# 7-Day Average of Daily COVID-19 Positive Cases, NMDOH Regions

7/17/2020

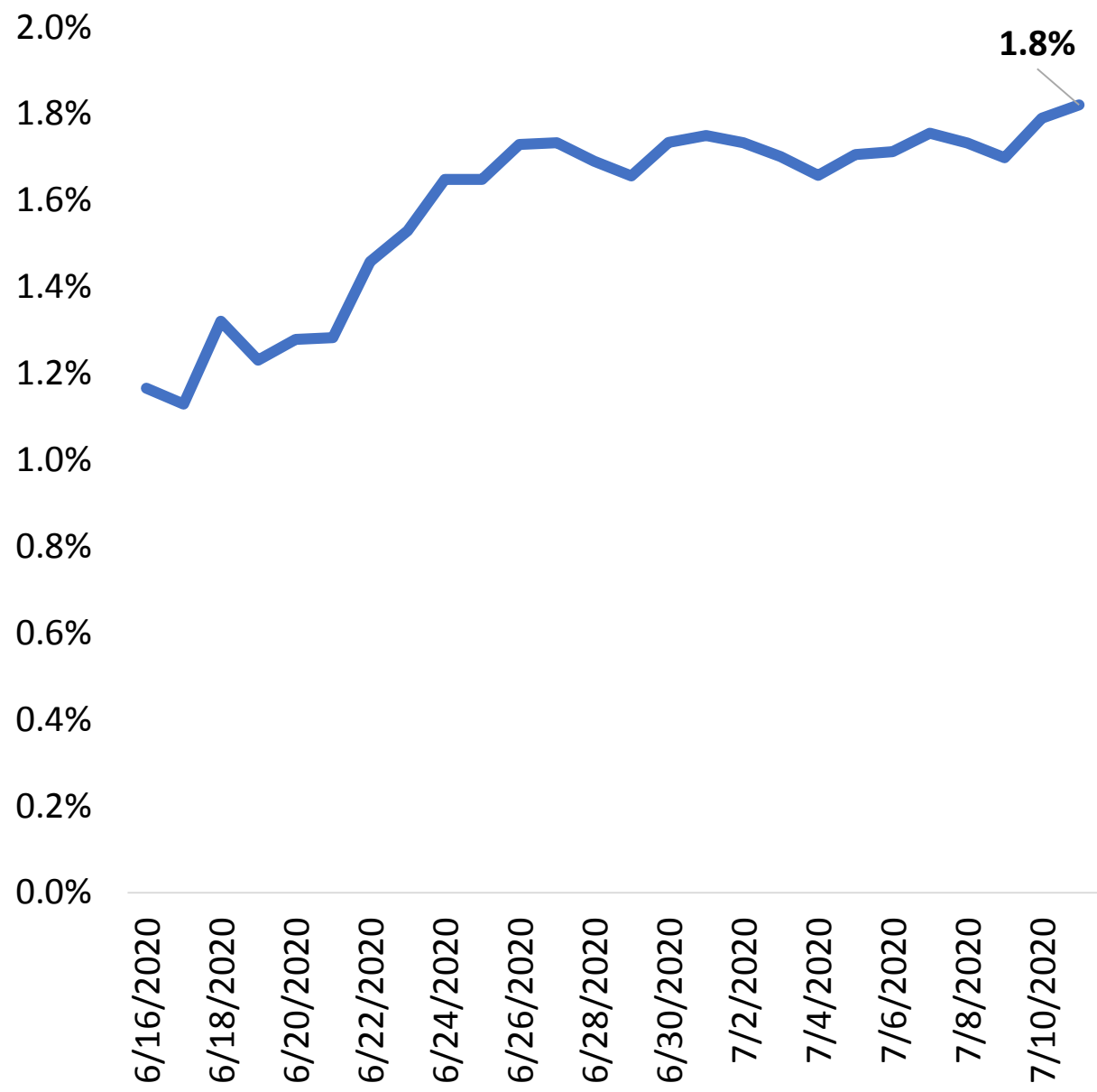
Source: New Mexico Department of Health  
Cases correspond to date of sample collection There is a 6-day lag  
in case reporting



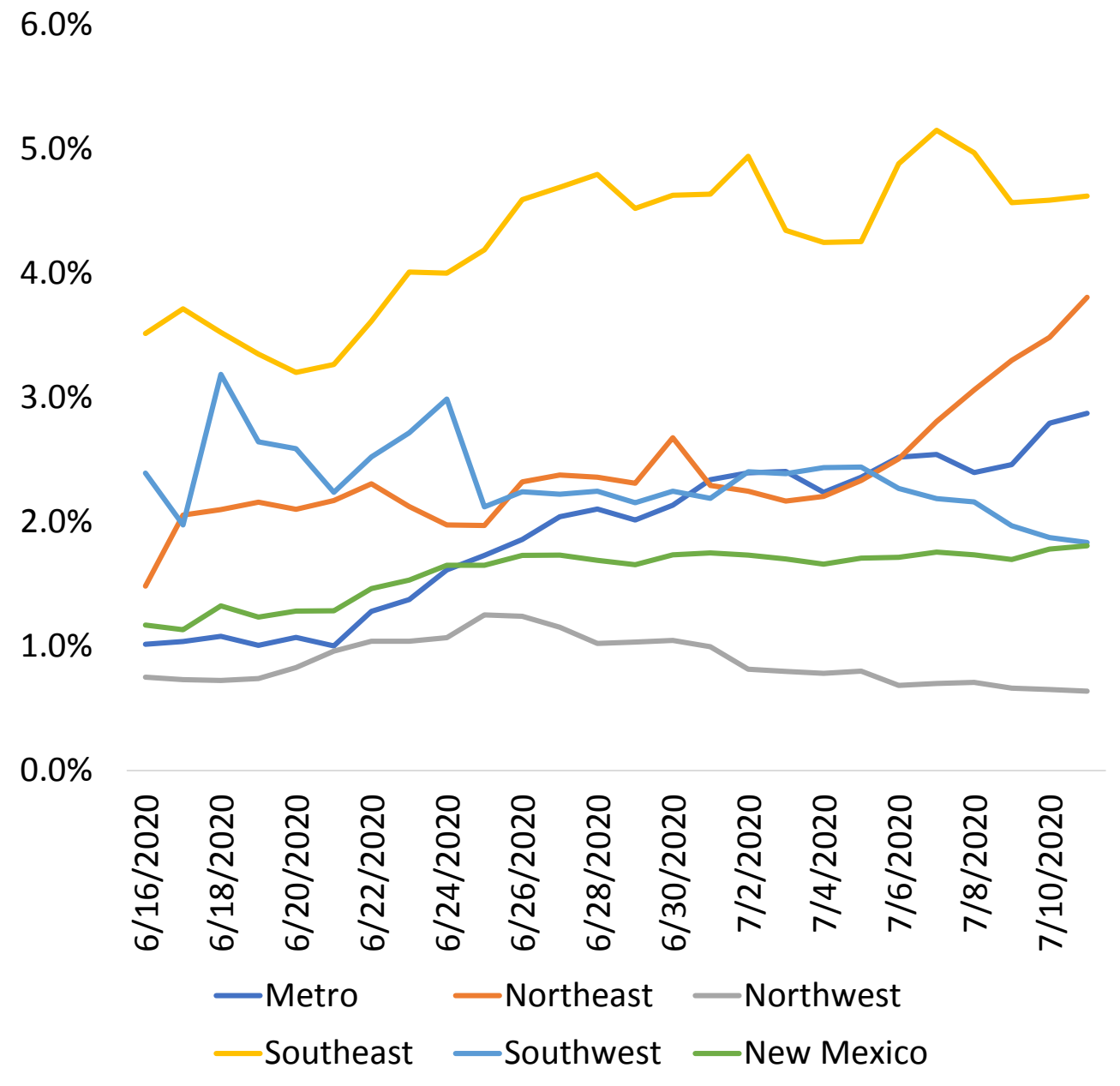
# Number of COVID-19 Hospitalizations and Intubations in NM



**COVID-19 7-Day Rolling Average of Daily Growth Rate Based on Date of Collection, 7/16/20**



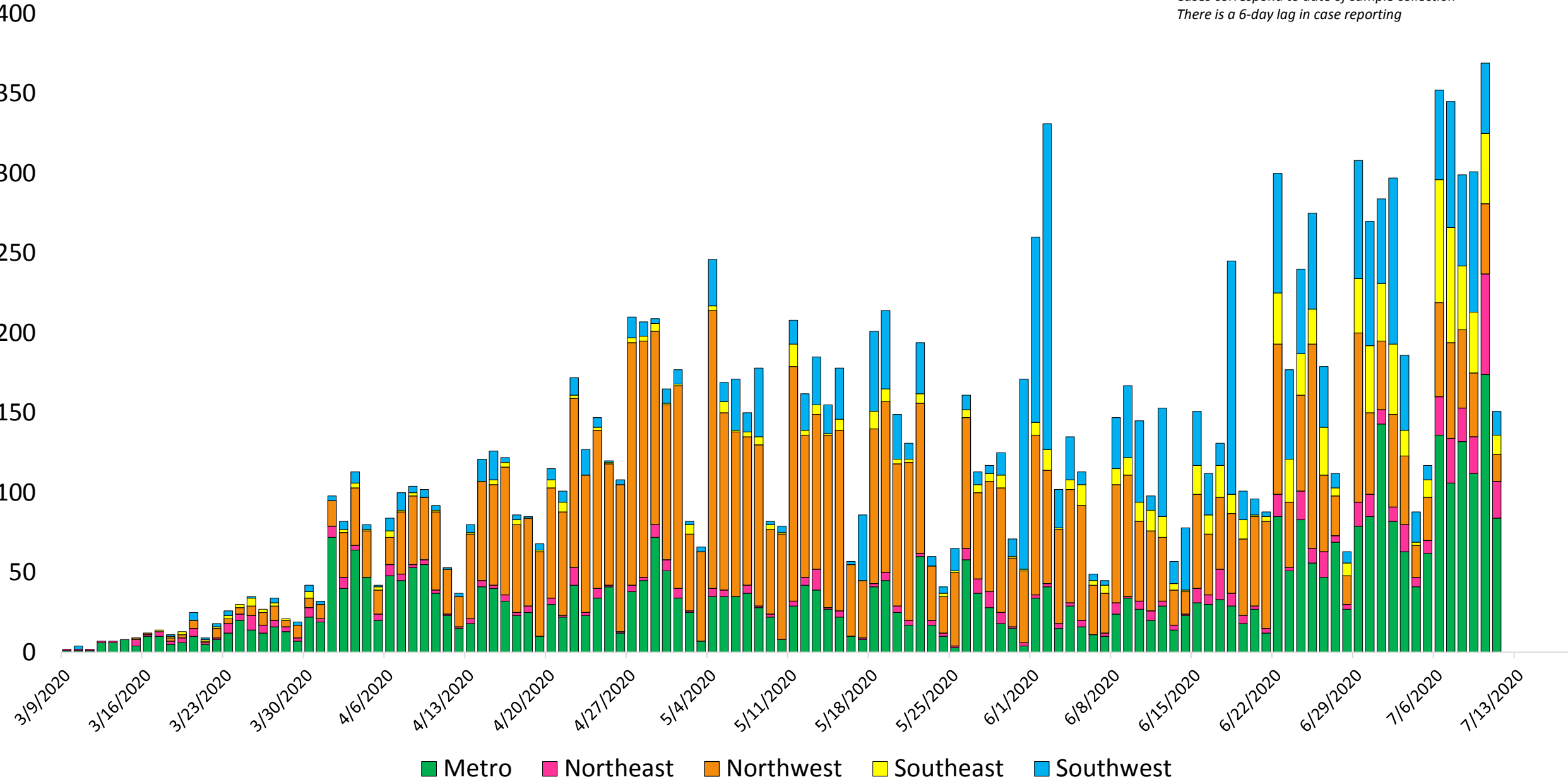
**7-Day Rolling Average of the Daily Growth Rate, NMDOH Region, 7/16/20**



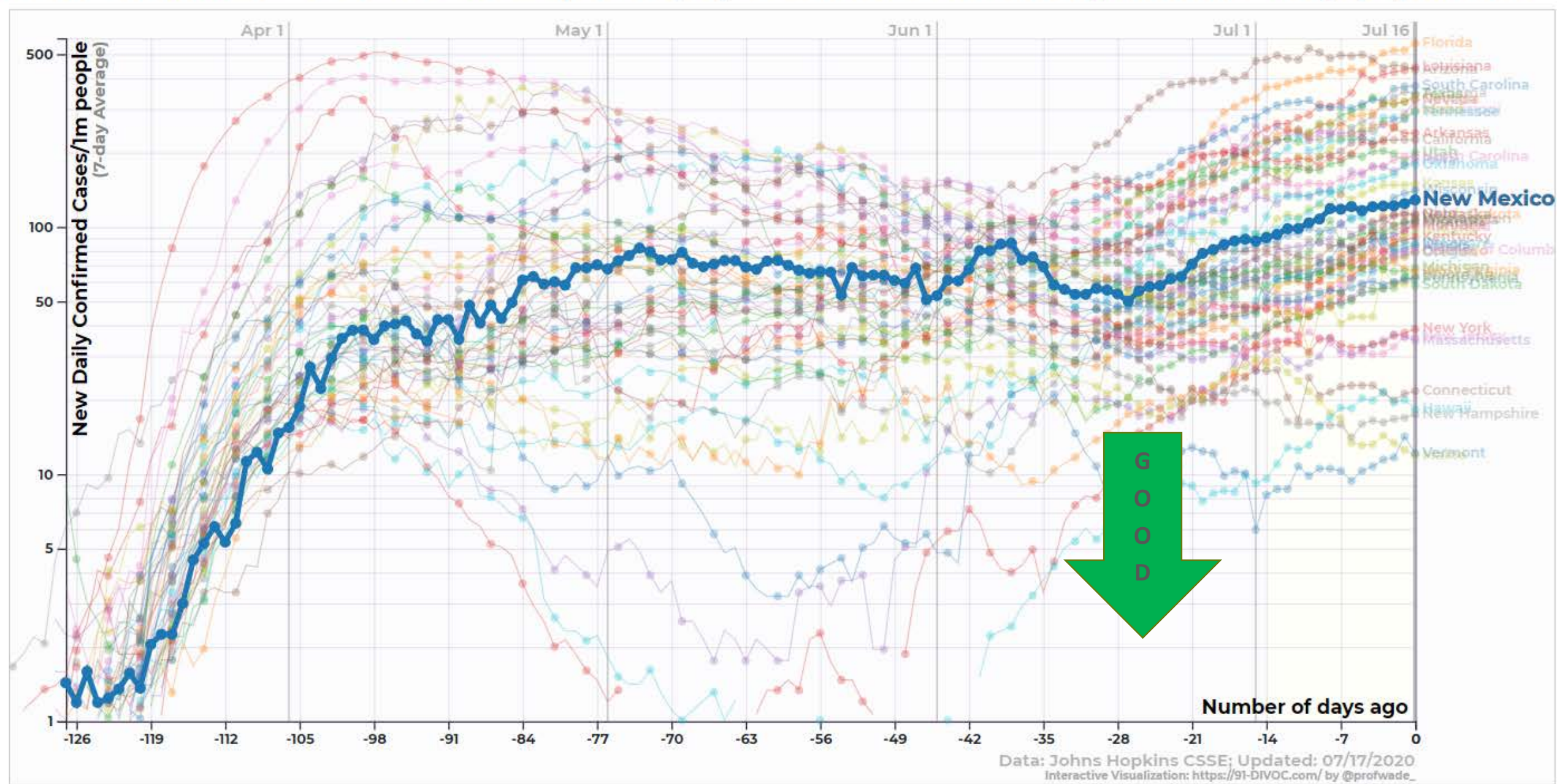
# Daily COVID-19 Positive Cases, NMDOH Regions

## 7/17/2020

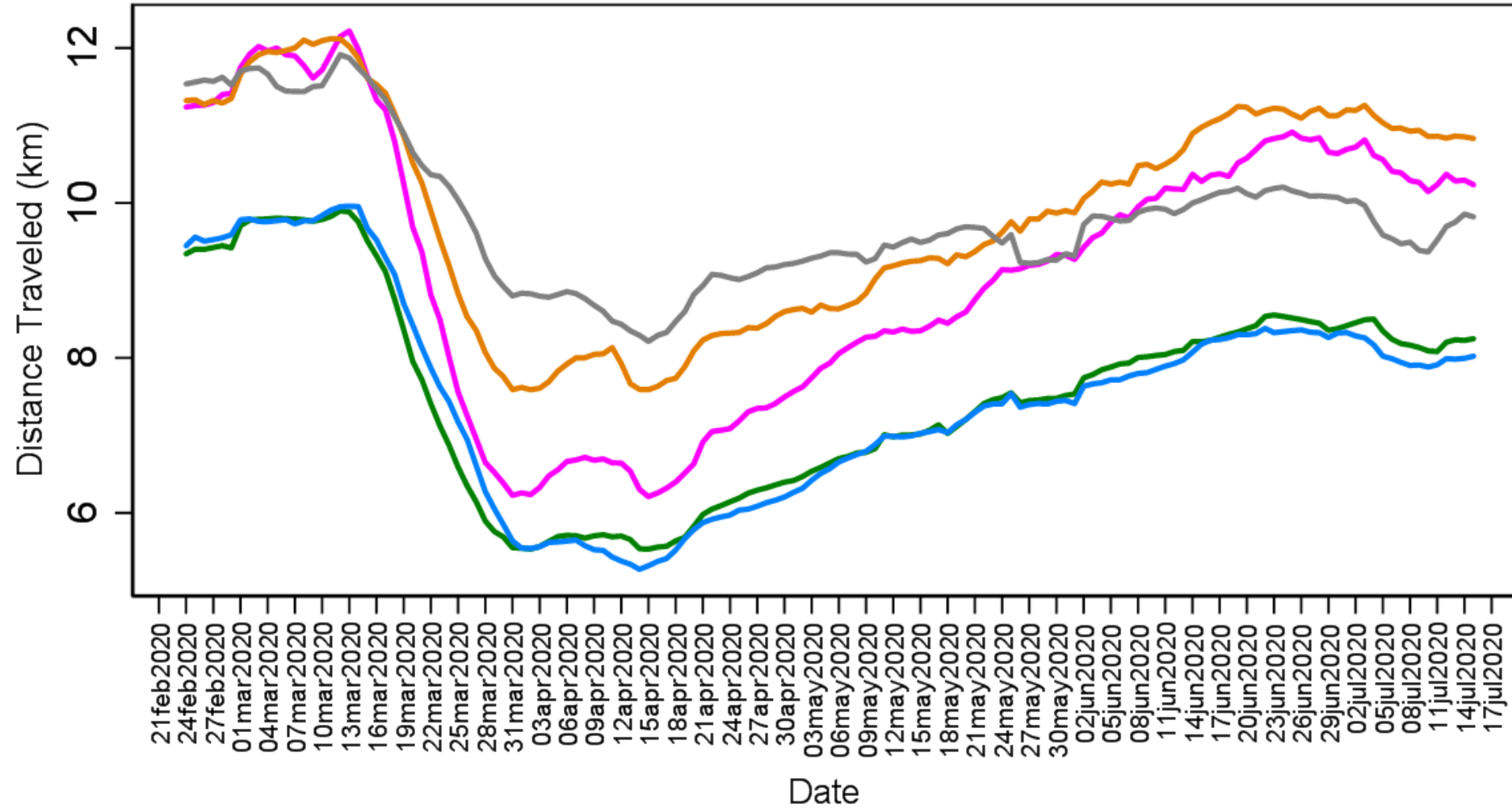
Source: New Mexico Department of Health  
Cases correspond to date of sample collection  
There is a 6-day lag in case reporting



# New Confirmed COVID-19 Cases per Day by US States/Territories, normalized by population



# 7-day Average of Mean Distance Traveled by NMDOH Region 7/15/2020





# Mean Miles Traveled in New Mexico

8

7

6

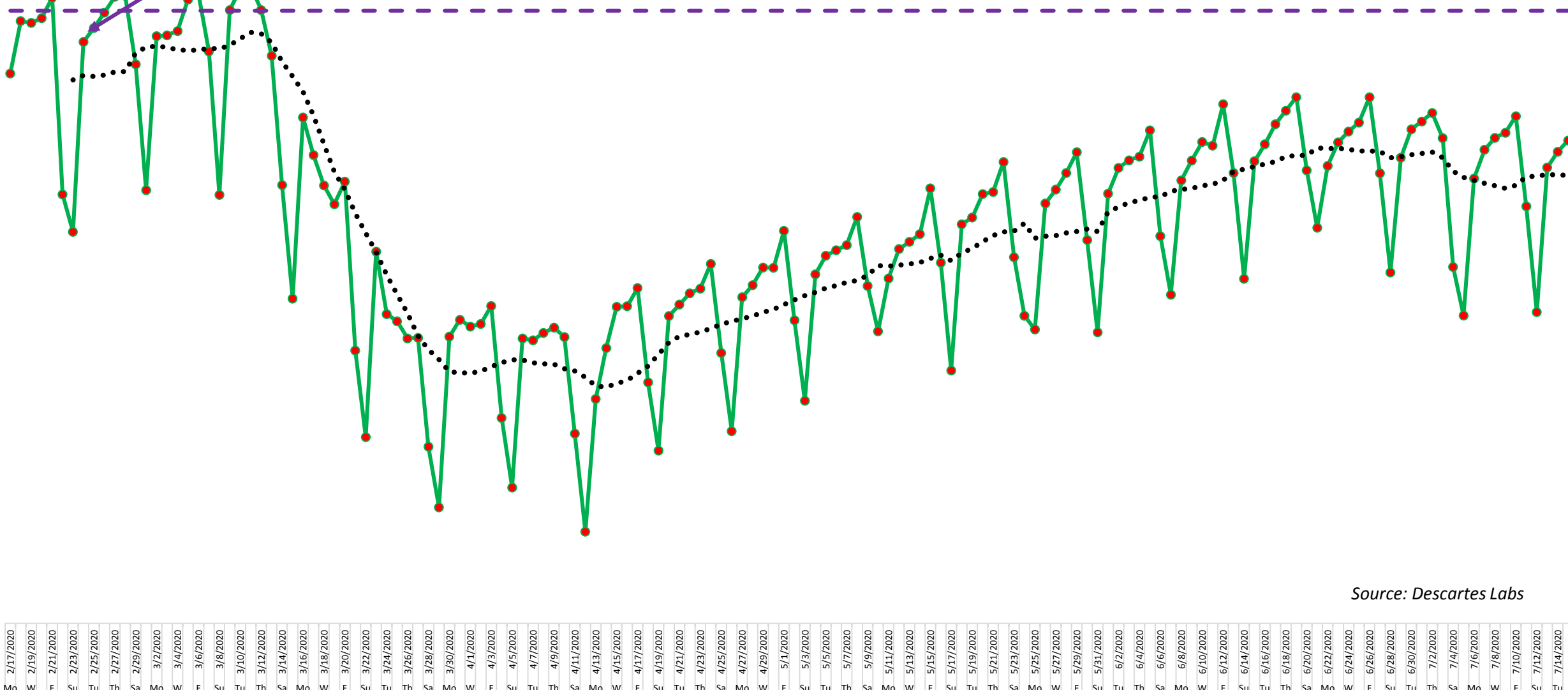
5

4

3

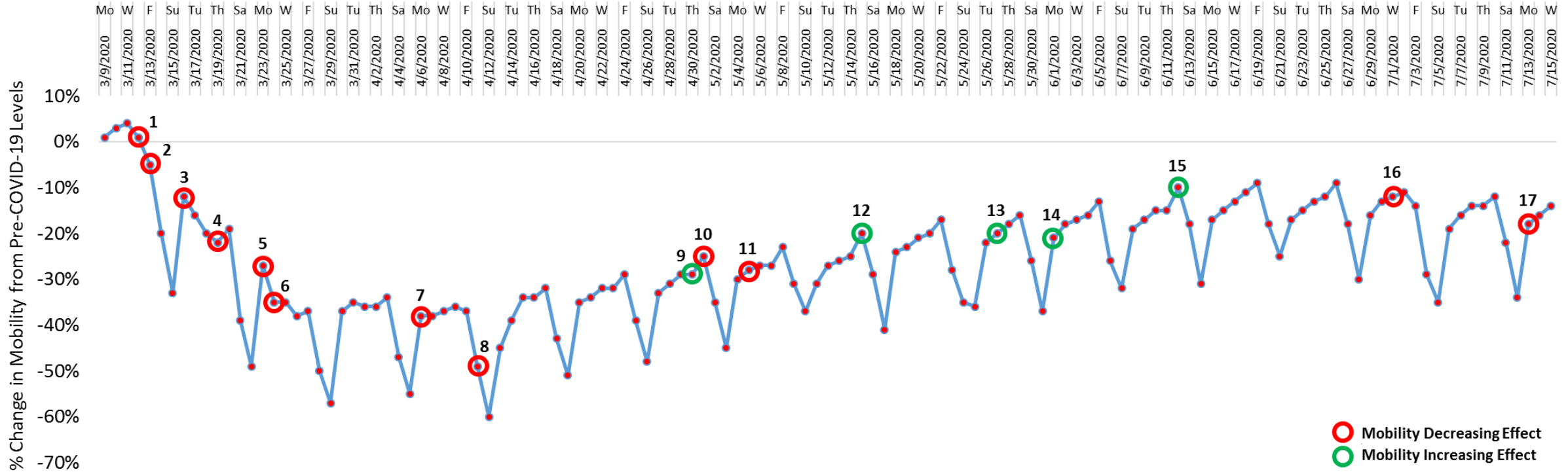
2

Pre-COVID-19 Mean Miles Traveled



Source: Descartes Labs

# Reduction in Mobility and COVID-19 Public Health Orders in New Mexico



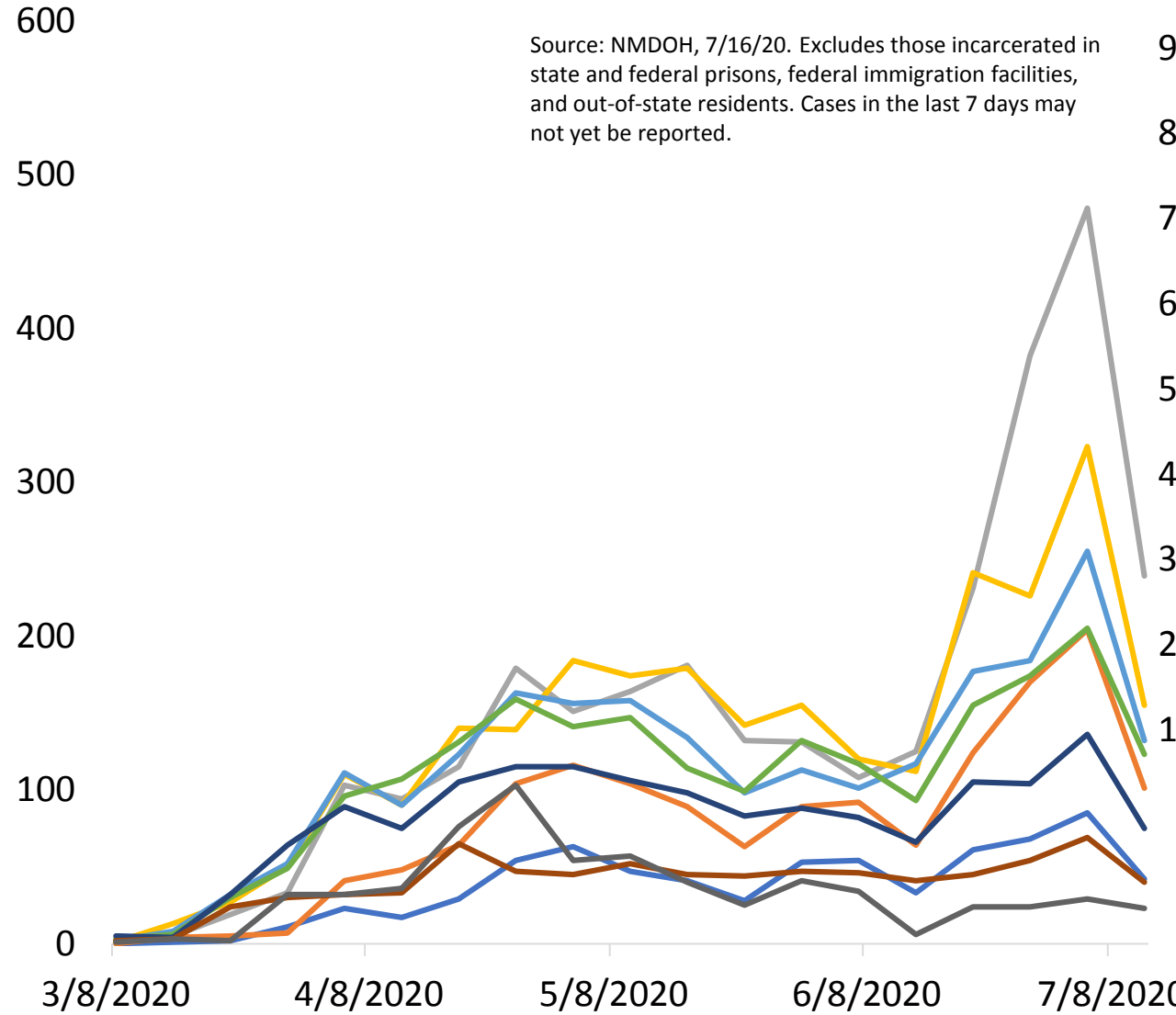
○ Mobility Decreasing Effect  
○ Mobility Increasing Effect

**New Mexico Public Health Order Effective Dates and Summaries**

- (1) 3/12/2020: No mass gatherings of 100 or more individuals
- (2) 3/13/2020: Limit nursing home visitations
- (3) 3/16/2020: Reduction in food services occupancy and capacity to 50% of max; Non-tribal casino and horse racing closures; Public school closures (Executive Order)
- (4) 3/19/2020: No mass gatherings of 10 or more individuals; Restaurants reduce food services to takeout/delivery; Malls, flea markets, theatres, resorts, spas, athletic & recreational facilities closures; Reduction in hotel occupancy to 50% of max
- (5) 3/23/2020: No mass gatherings of 5 or more individuals; Non-essential businesses reduce in-person workforce by 100%
- (6) 3/24/2020: No non-essential health care services
- (7) 4/06/2020: Reduction in occupancy for essential business retail space to 20% of max; Reduction in places of lodging occupancy to 25% of max; No short-term rentals
- (8) 4/11/2020: Mass gatherings restrictions to include religious gatherings such as churches, synagogues, mosques, and other houses of worship
- (9) 4/30/2020: Preparation Phase: Golf courses, animal care and zoos, and firearms retail and horse racing facilities can operate with limits; non-essential health care services allowed. Cibola, McKinley, and San Juan counties excluded
- (10) 5/01/2020: Riot Control Act invoked on Gallup. Closure of all roads and curfew until 5/10
- (11) 5/05/2020: Essential business employees in large retail space or restaurants required to wear face masks starting 5/6. Expand to employees in all essential business retail space starting 5/11
- (12) 5/15/2020: Phase 1: Nonessential businesses and houses of worship can operate at 25% of max occupancy; Short-term rentals limited to residents only; Close-contact businesses and recreational facilities excluded; Outdoor tennis facilities, state parks for day use, and summer youth programs allowed; COVID-Safe Practices in place; face masks required in public except when eating, drinking, or exercising; Cibola, McKinley, and San Juan counties begin Preparation Phase
- (13) 5/27/2020: Restaurants can provide outdoor or patio dine-in services at 50% of max outdoor occupancy
- (14) 6/01/2020: Restaurants, gyms, swimming pools, places of lodging can operate at 50% of max indoor occupancy; Indoor malls can operate at 25% of max occupancy
- (15) 6/12/2020: Breweries can provide outdoor or patio services at 50% of max outdoor occupancy; Wineries and distillers can provide carry out services
- (16) 7/01/2020: Retail space must require customers to wear face masks to enter premises; Out of state visitors on nonessential travel must self-isolate for 14 days (Executive Order)
- (17) 7/13/2020: Restaurants limit services to outdoor dine-in services at 50% of max outdoor occupancy and no indoor dine-in service allowed; No organized amateur contact sports allowed; State Parks open only to New Mexico residents; Face masks required in all public settings except when eating, drinking, or swimming.

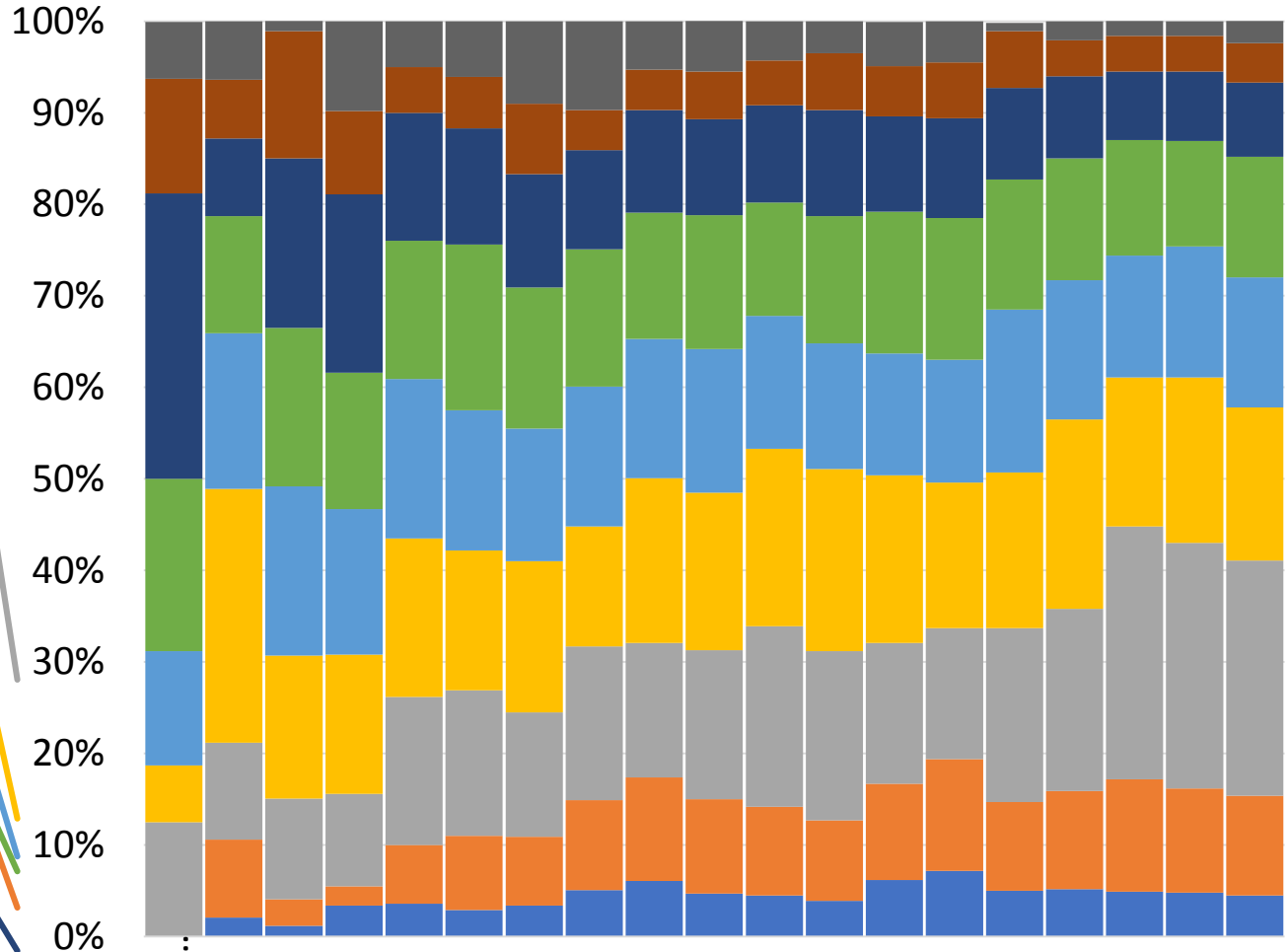
# NM COVID-19 Number of Cases per Week, Age Group

Source: NMDOH, 7/16/20. Excludes those incarcerated in state and federal prisons, federal immigration facilities, and out-of-state residents. Cases in the last 7 days may not yet be reported.



- 0-9
- 10-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80+

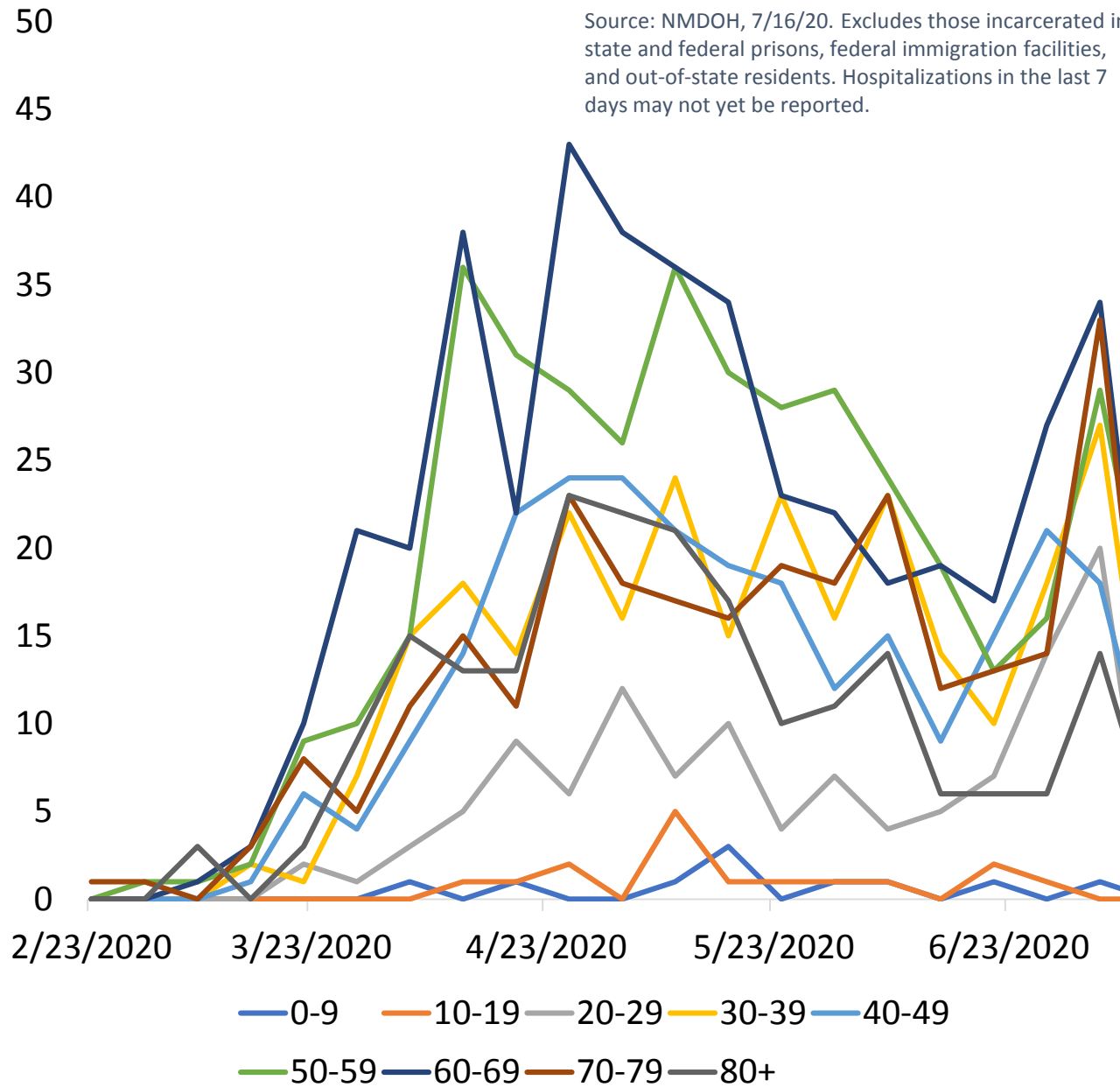
# NM COVID-19 Cases per Week, Age Group (%)



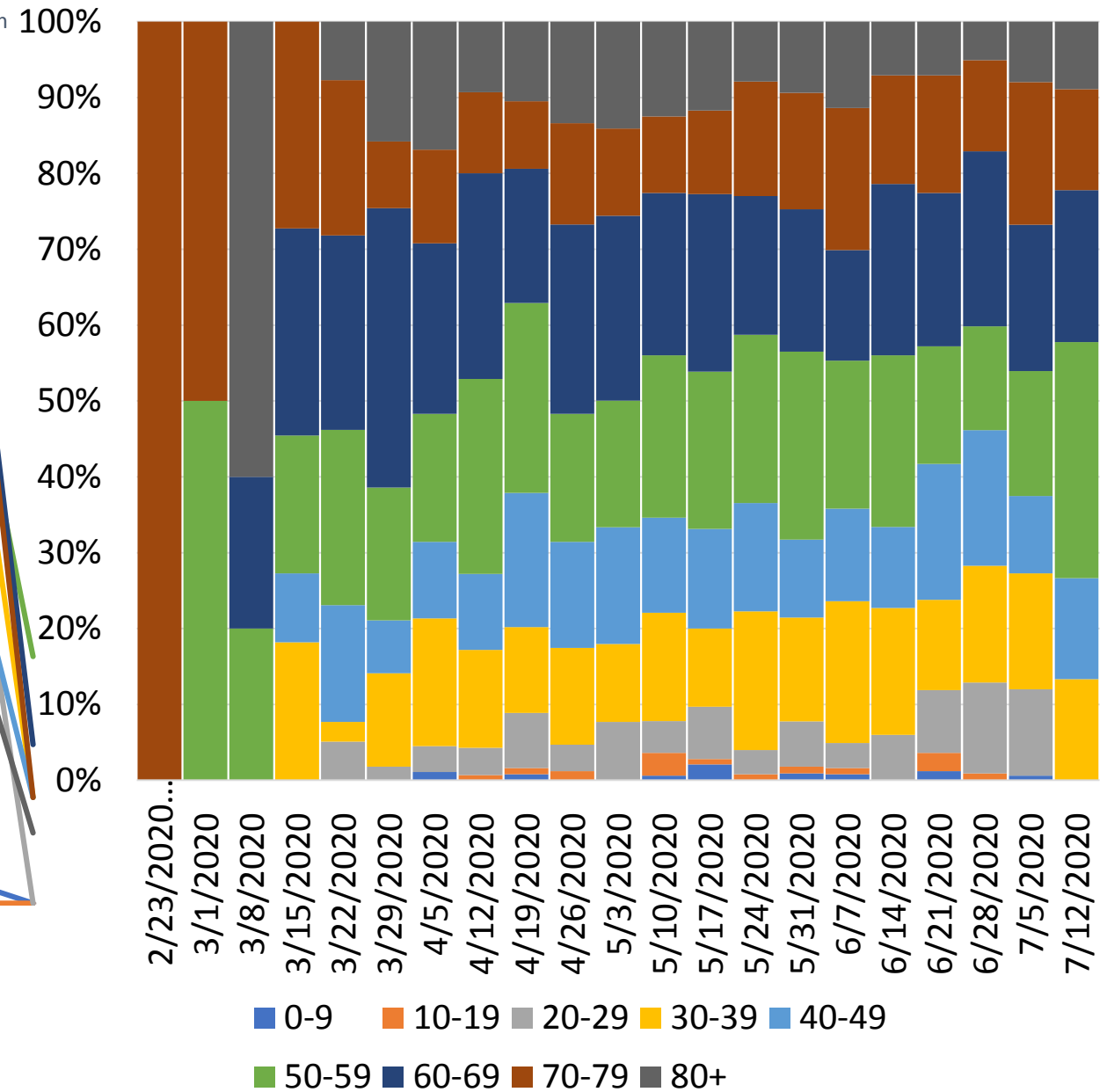
- 0-9
- 10-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80+

# NM COVID-19 Number of Hospitalizations per Week, Age Group

Source: NMDOH, 7/16/20. Excludes those incarcerated in state and federal prisons, federal immigration facilities, and out-of-state residents. Hospitalizations in the last 7 days may not yet be reported.

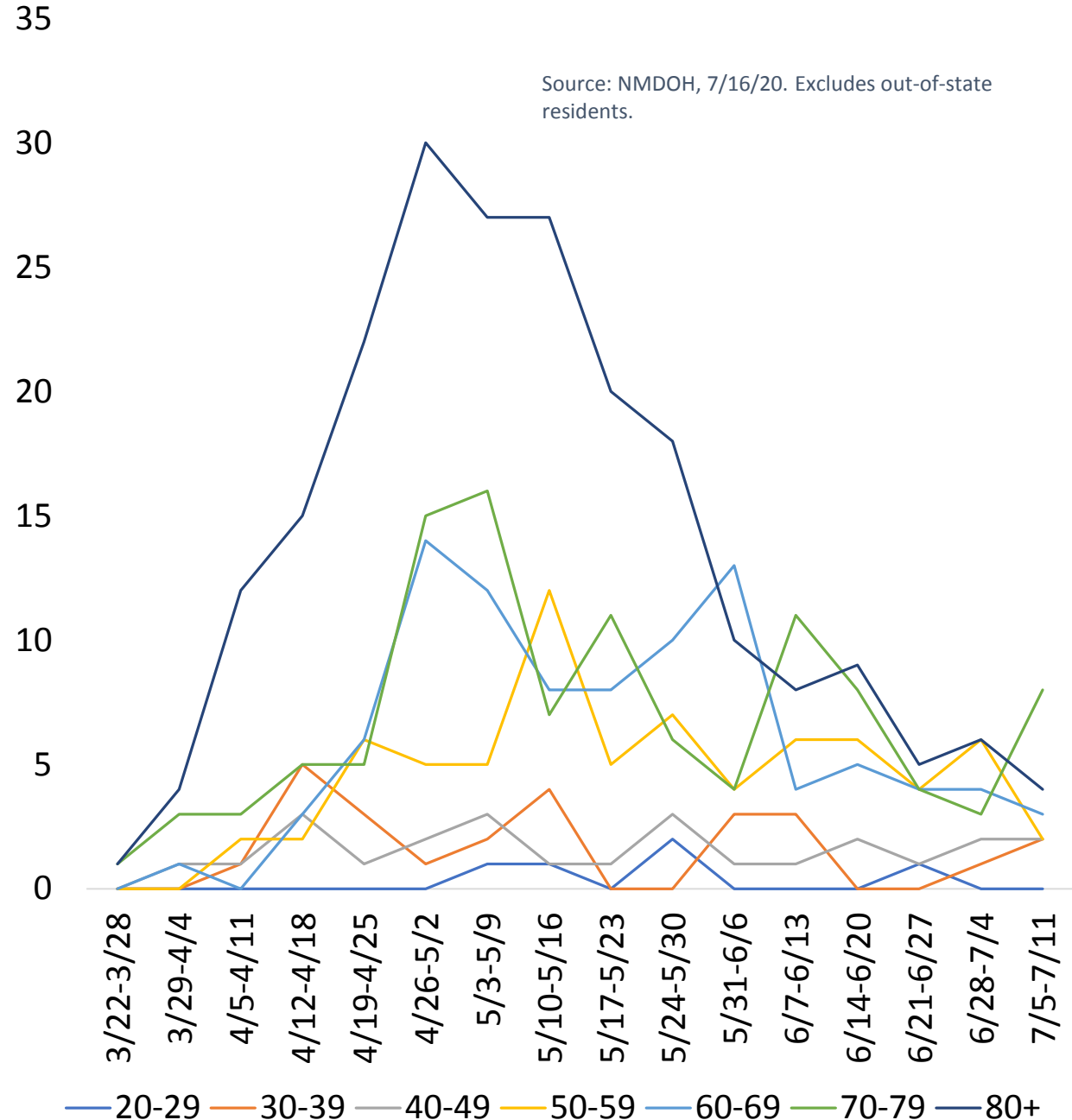


# NM COVID-19 Hospitalizations per Week, Age Group (%)

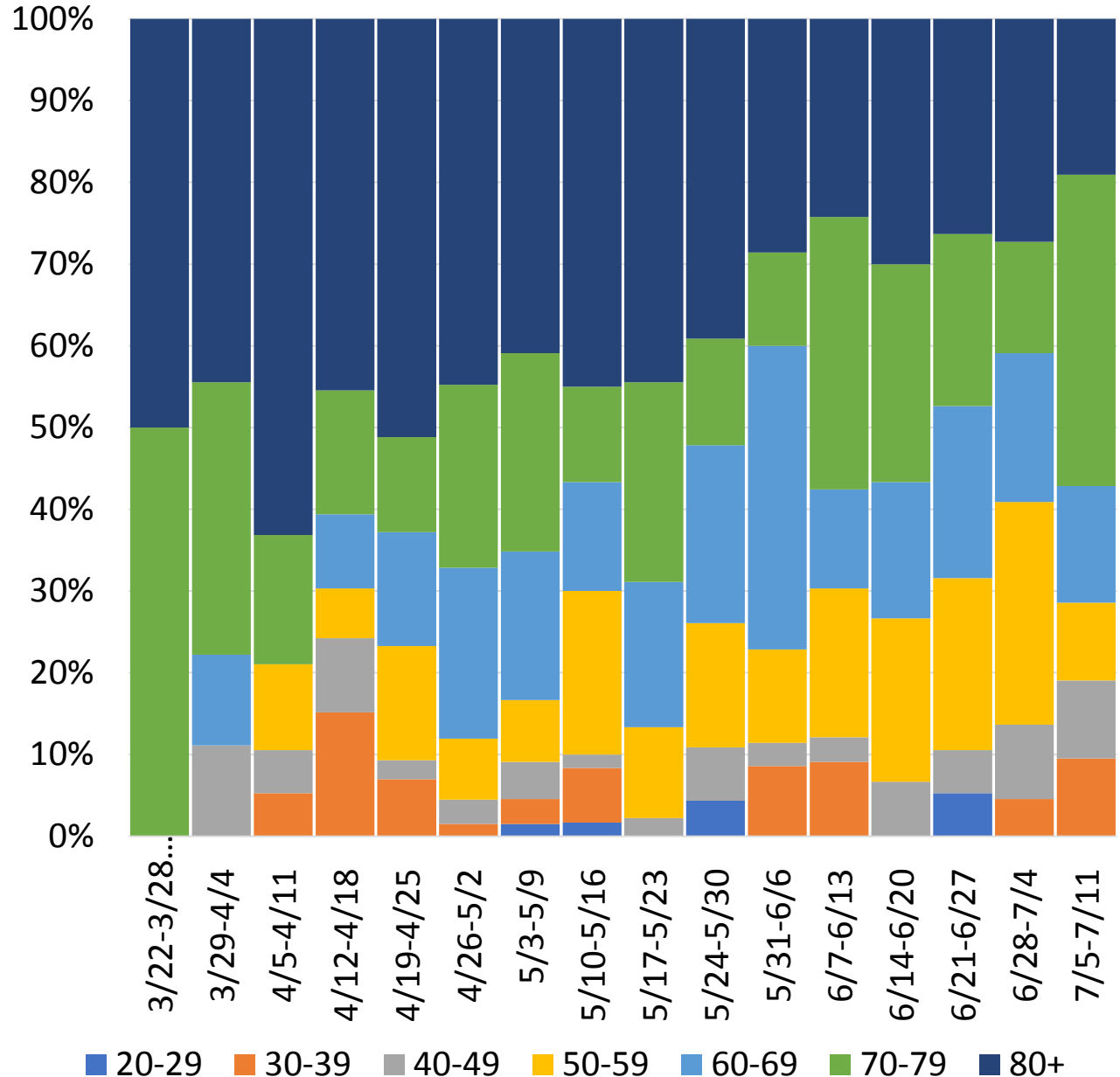


# NM COVID-19 Deaths, Week and Age Group

Source: NMDOH, 7/16/20. Excludes out-of-state residents.



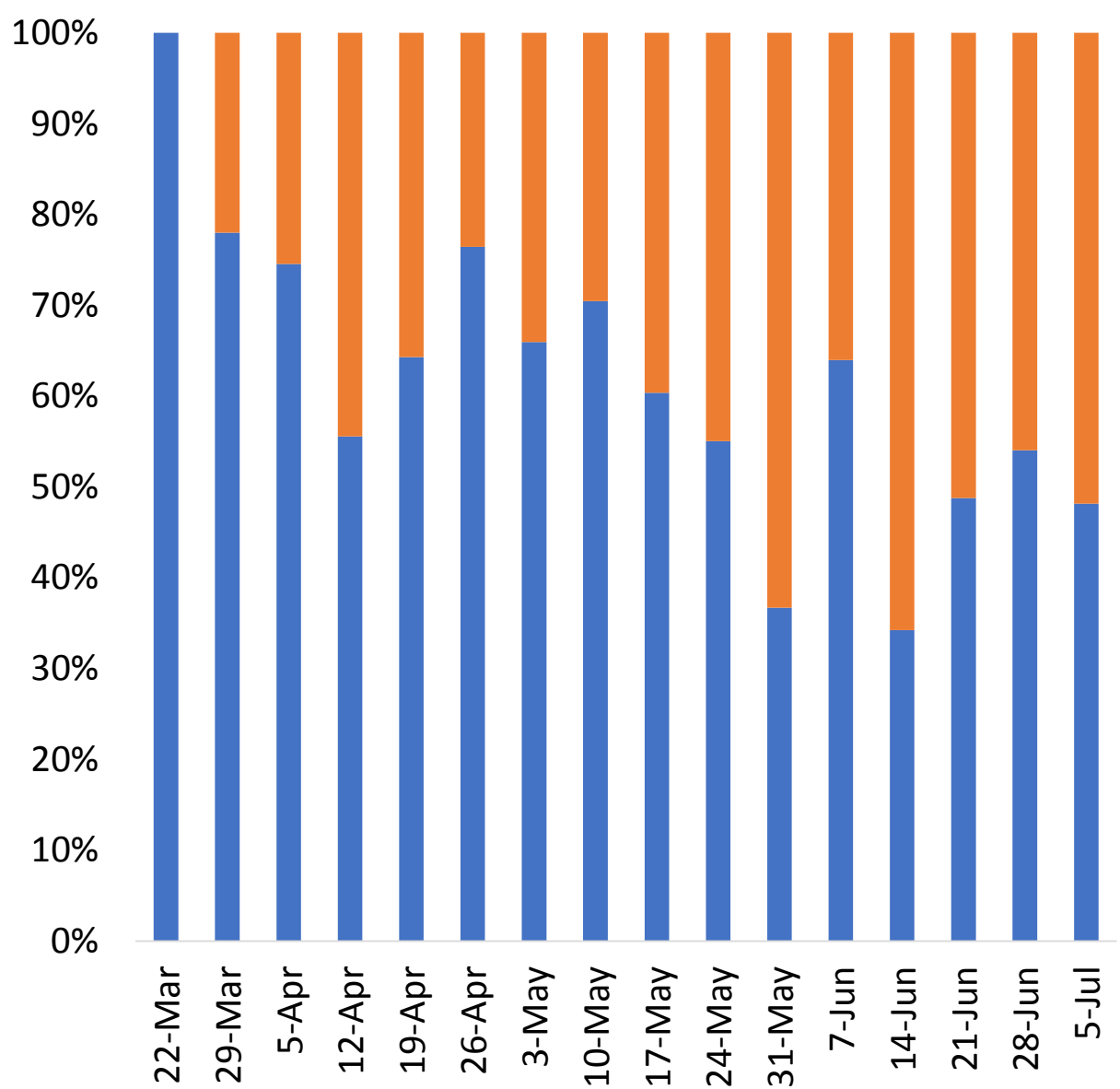
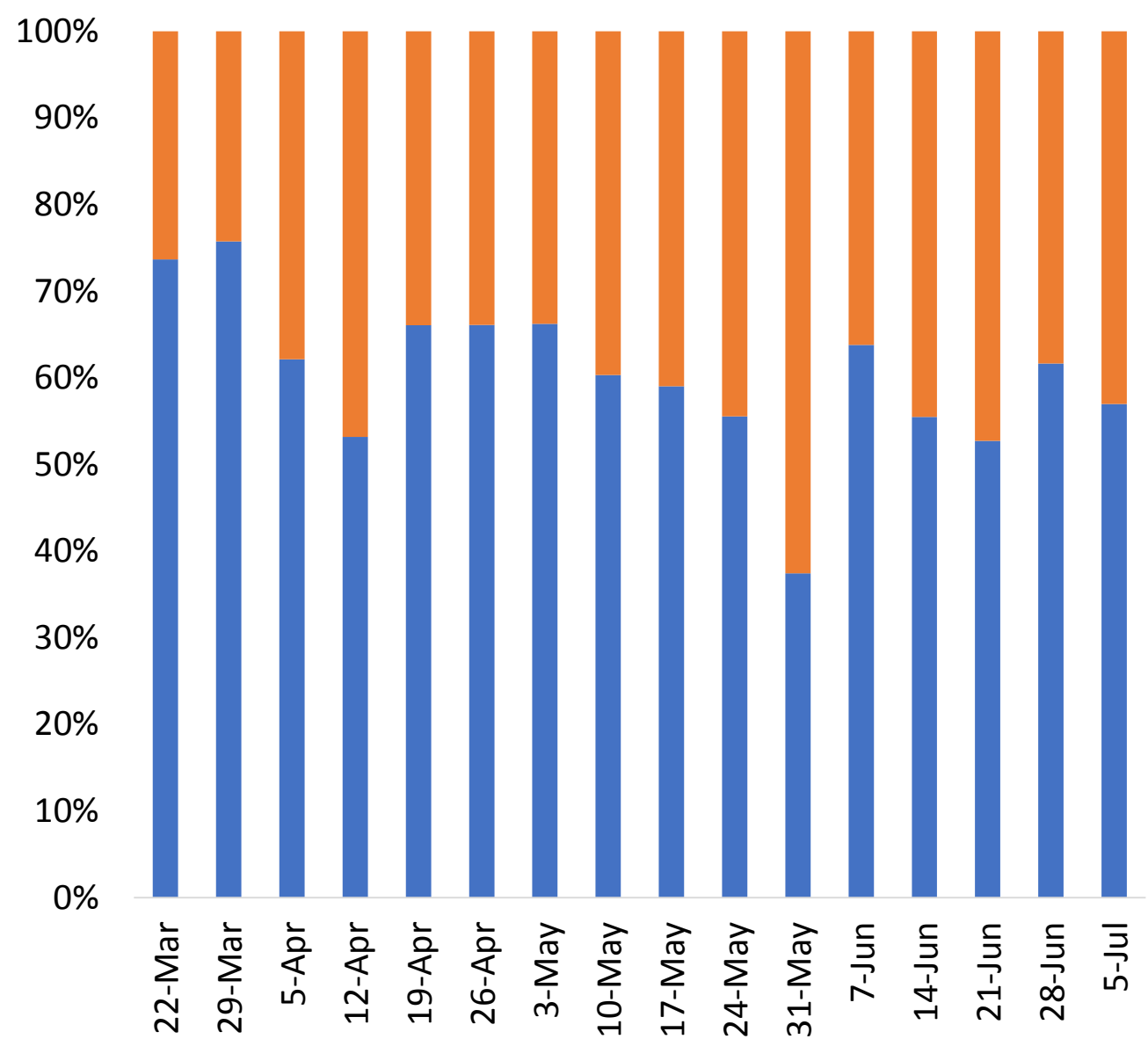
# NM COVID-19 Deaths, Week and Age Group (%)





**COVID-19 Symptomatic and Asymptomatic, 20-29 Year Old Age Group, NM (%)**

**COVID-19 Symptomatic and Asymptomatic, 30-39 Year Old Age Group, NM (%)**

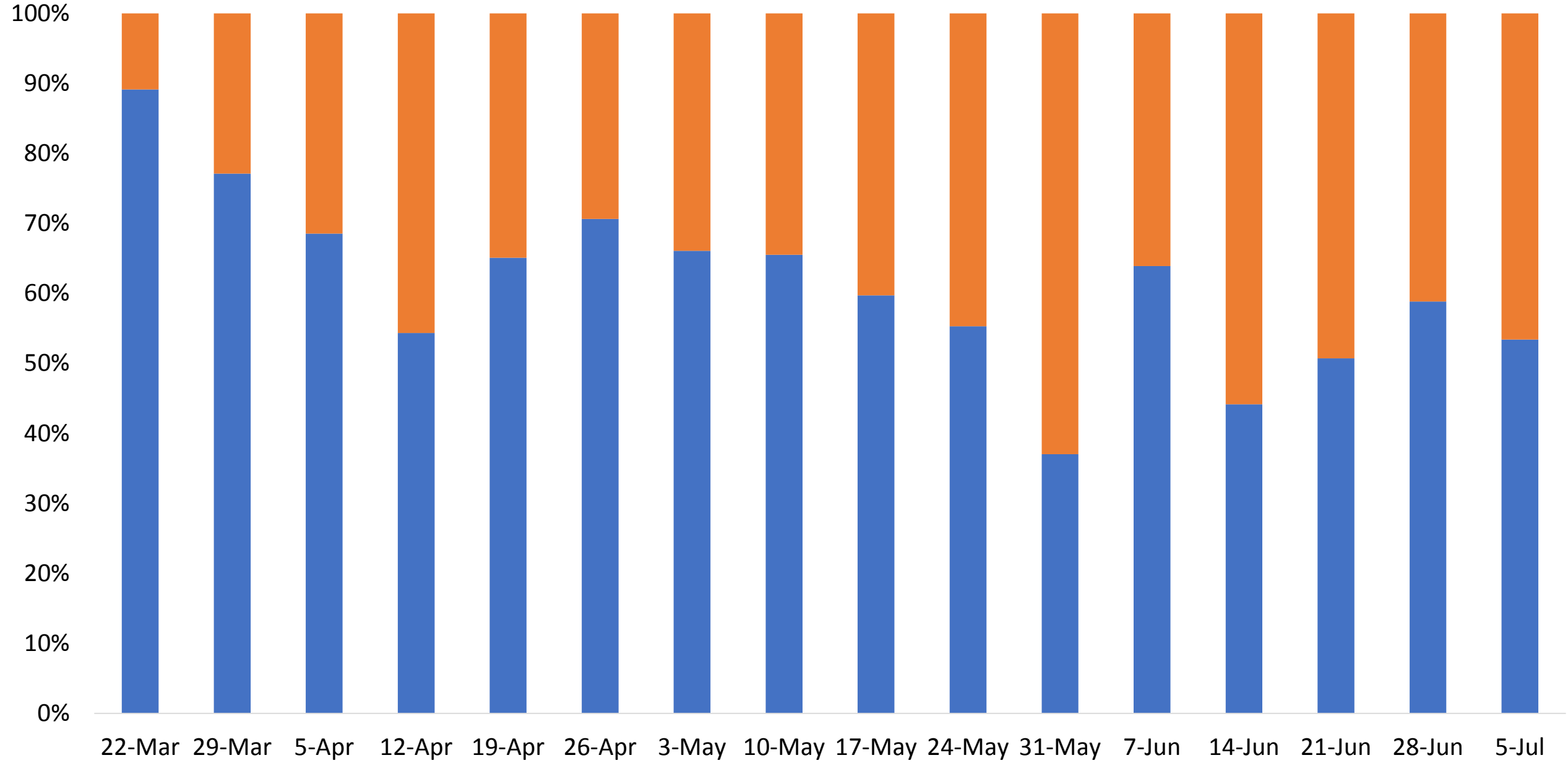


■ Symptomatic ■ Asymptomatic

Source: NMDOH, 7/16/20. Excludes out-of-state residents. Self-reported by cases.

■ Symptomatic ■ Asymptomatic

# COVID-19 Symptomatic and Asymptomatic, 20-39 Year Olds, NM (%)



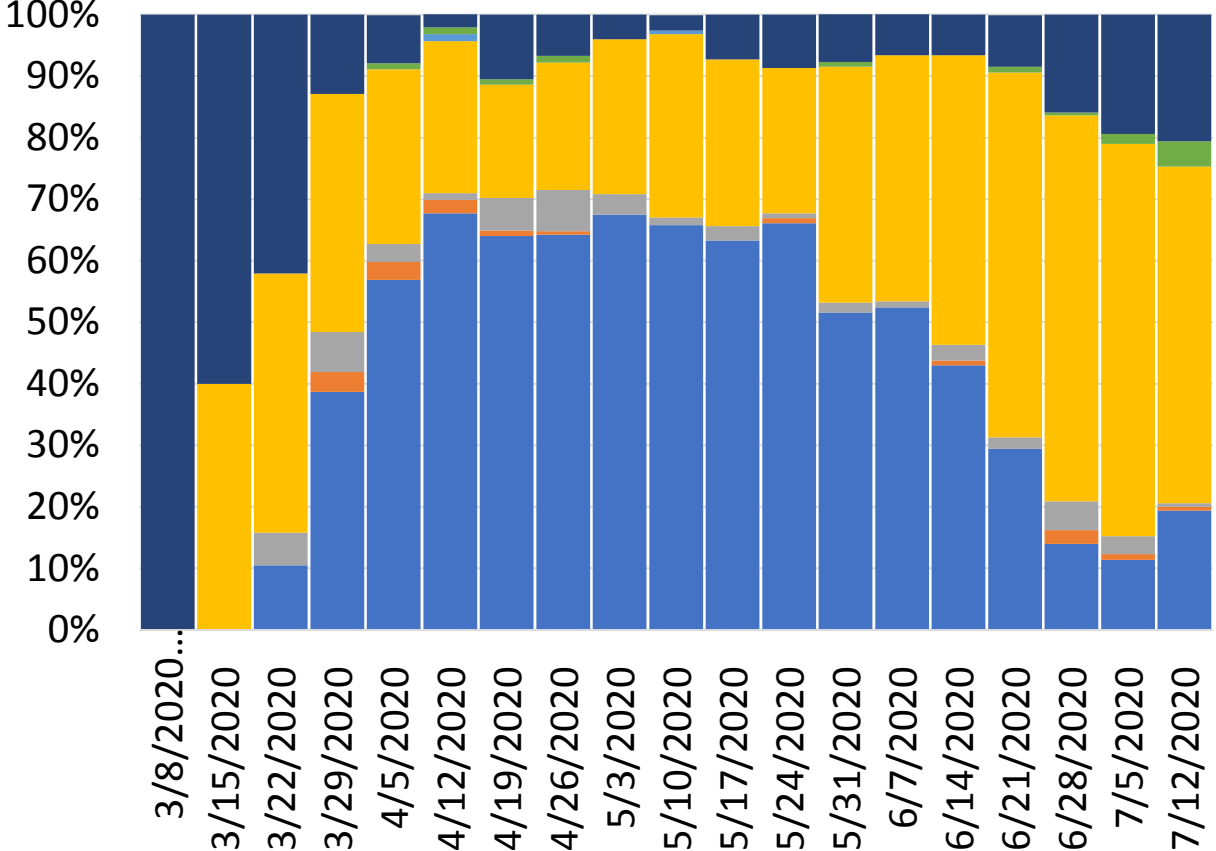
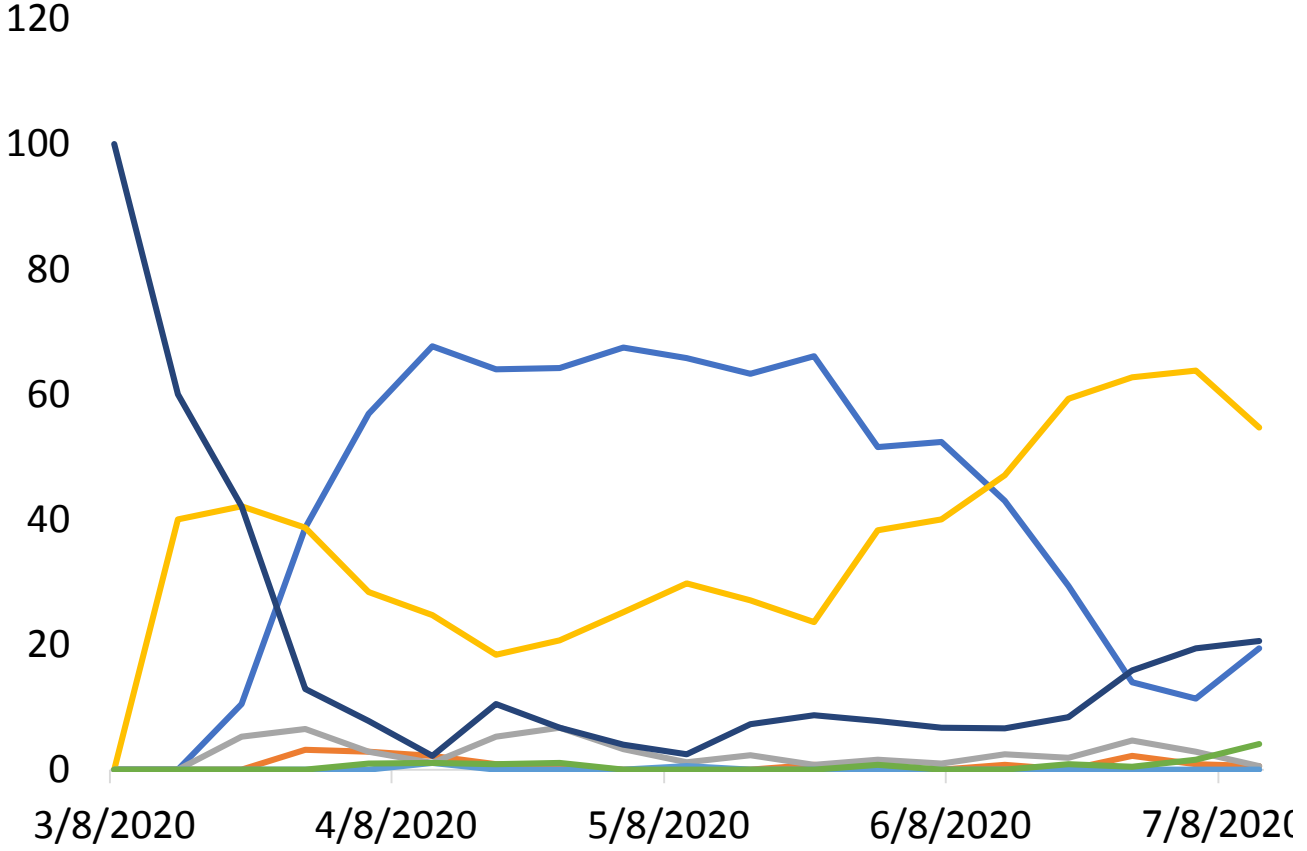
■ Symptomatic ■ Asymptomatic

Source: NMDOH, 7/16/20. Excludes out-of-state residents. Self-reported by cases.



# NM COVID-19 Cases Over Time in 20-29 Year Old Age Group, Race/Ethnicity

# COVID-19 Cases Over Time in 20-29 Year Old Age Group, Race/Ethnicity, NM (%)



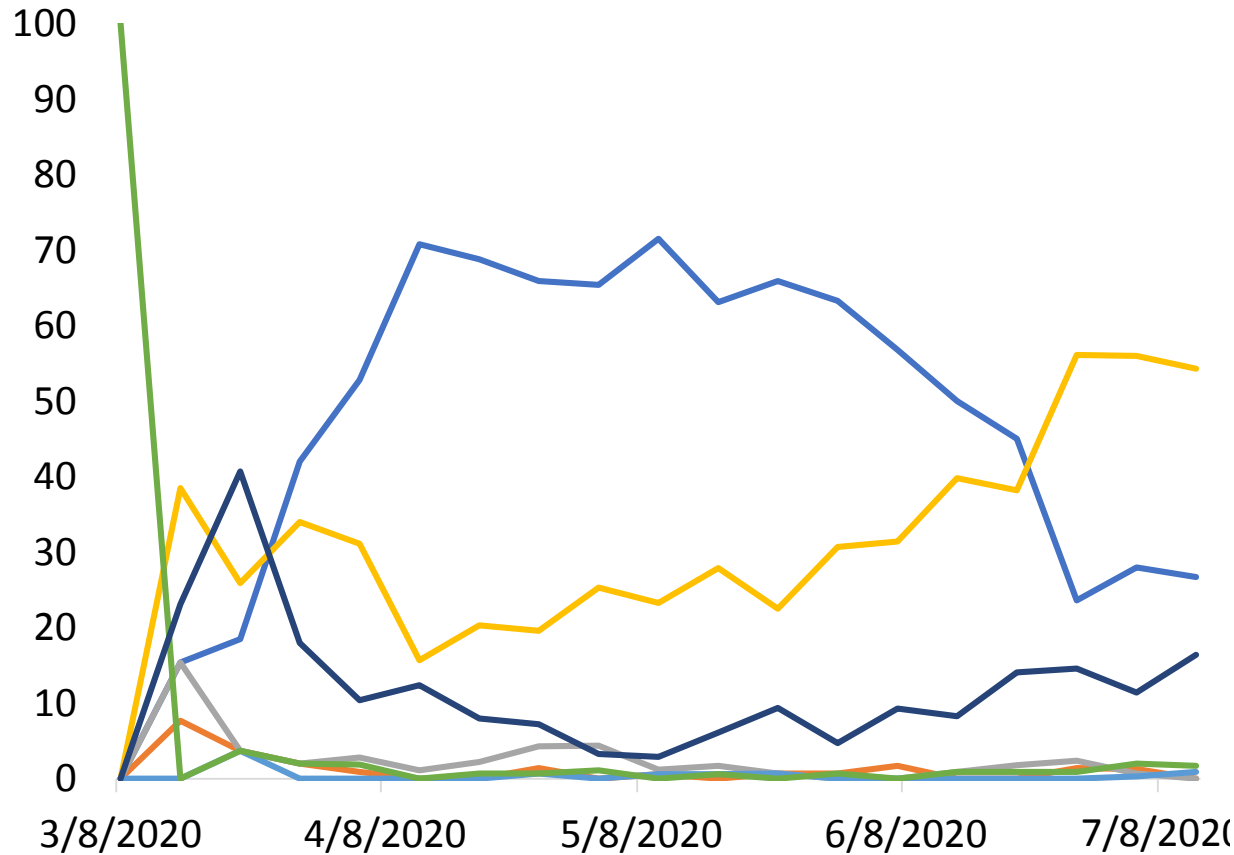
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Asian
- Hispanic or Latino
- Other Race

- White
- Native Hawaiian or Other Pacific Islander
- Black or African American
- American Indian or Alaska Native
- Other Race
- Hispanic or Latino
- Asian

Source: NMDOH, 7/16/20. Excludes those incarcerated in state and federal prisons, federal immigration facilities, and out-of-state residents. Cases in the last 7 days may not yet be reported.

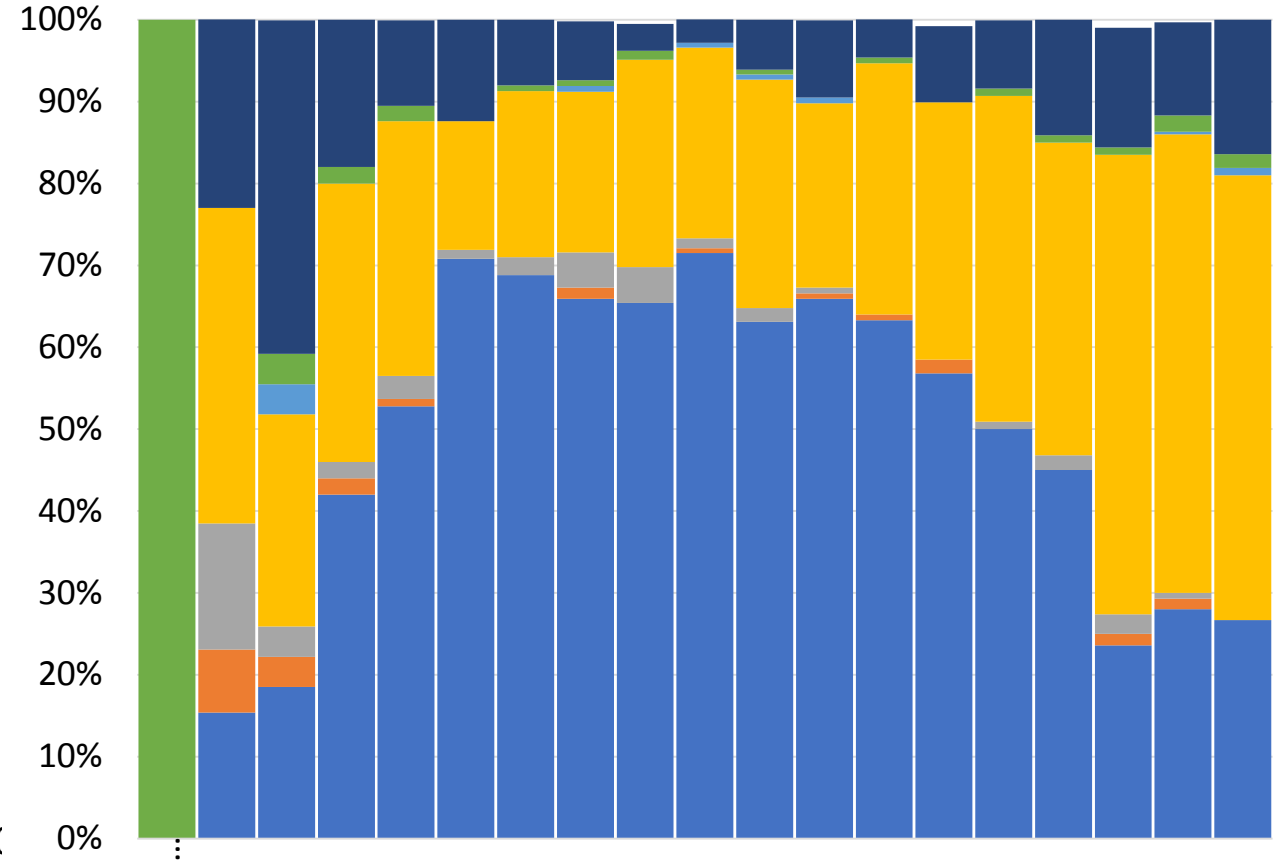
Source: NMDOH, 7/16/20. Excludes those incarcerated in state and federal prisons, federal immigration facilities, and out-of-state residents. Cases in the last 7 days may not yet be reported.

# NM COVID-19 Cases Over Time in 30-39 Year Old Age Group, Race/Ethnicity



- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Asian
- Hispanic or Latino
- Other Race

# NM COVID-19 Cases in 30-39 Year Old Age Group Over Time, Race/Ethnicity (%)

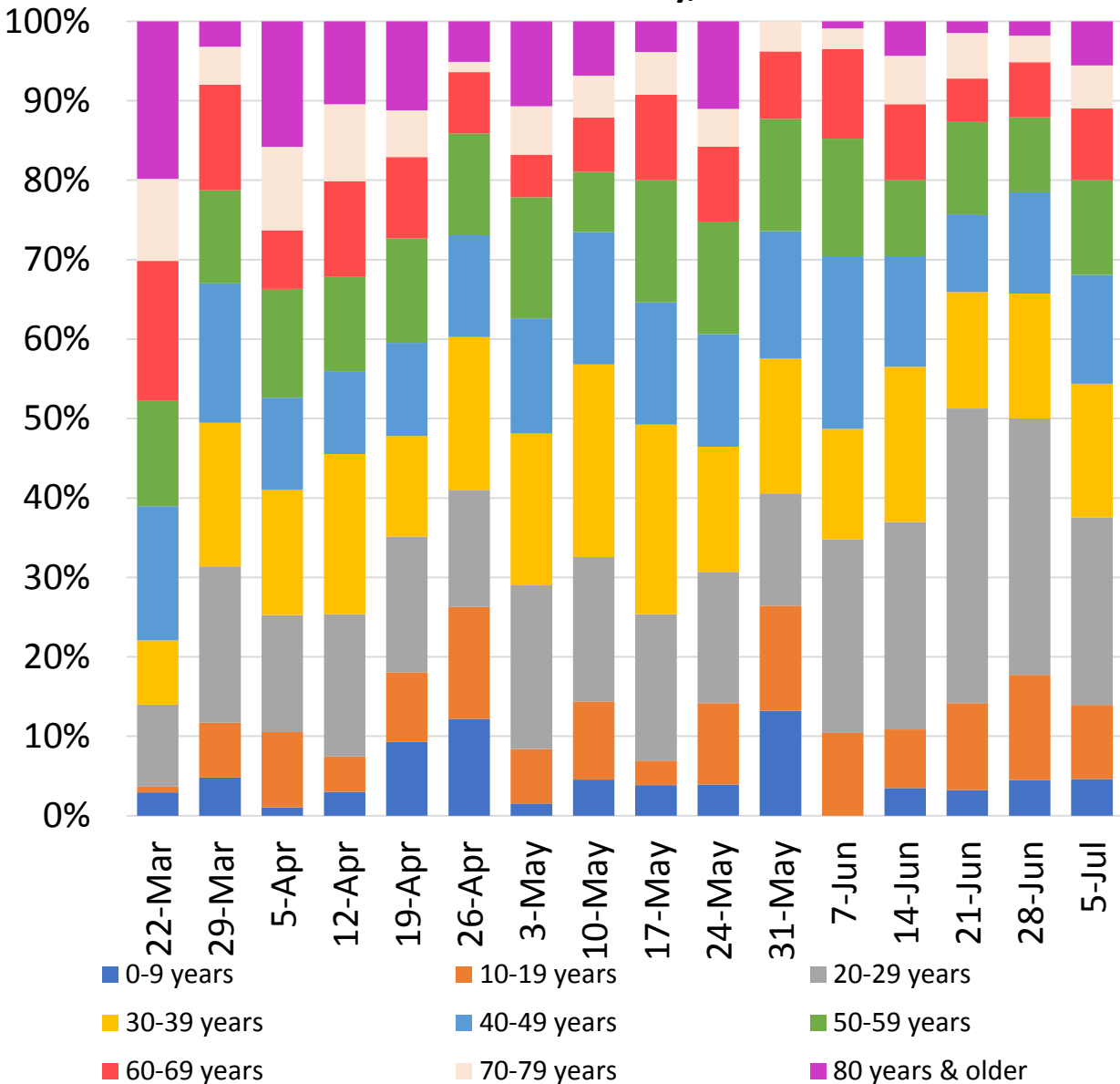


- White
- Native Hawaiian or Other Pacific Islander
- Black or African American
- American Indian or Alaska Native
- Other Race
- Hispanic or Latino
- Asian

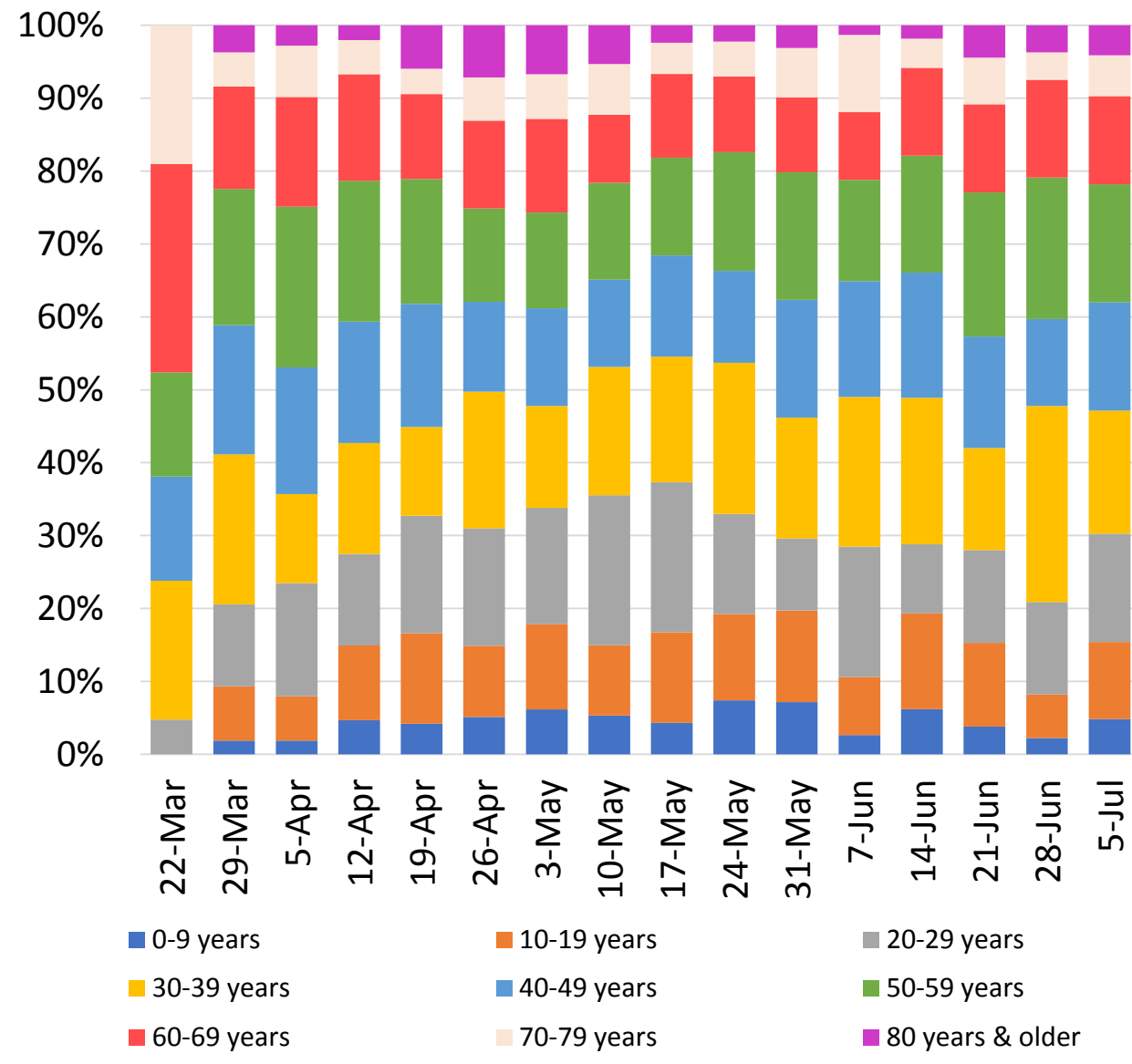
Source: NMDOH, 7/16/20. Excludes those incarcerated in state and federal prisons, federal immigration facilities, and out-of-state residents. Cases in the last 7 days may not yet be reported.

# COVID-19 Cases by Age Group and Week of Investigation Initiation: Percentage of All Cases by Age Group for Weeks Beginning on Sunday, 3/22/20, Bernalillo County, NM

Source: NMDOH, 7/16/20. Excludes out-of-state residents.



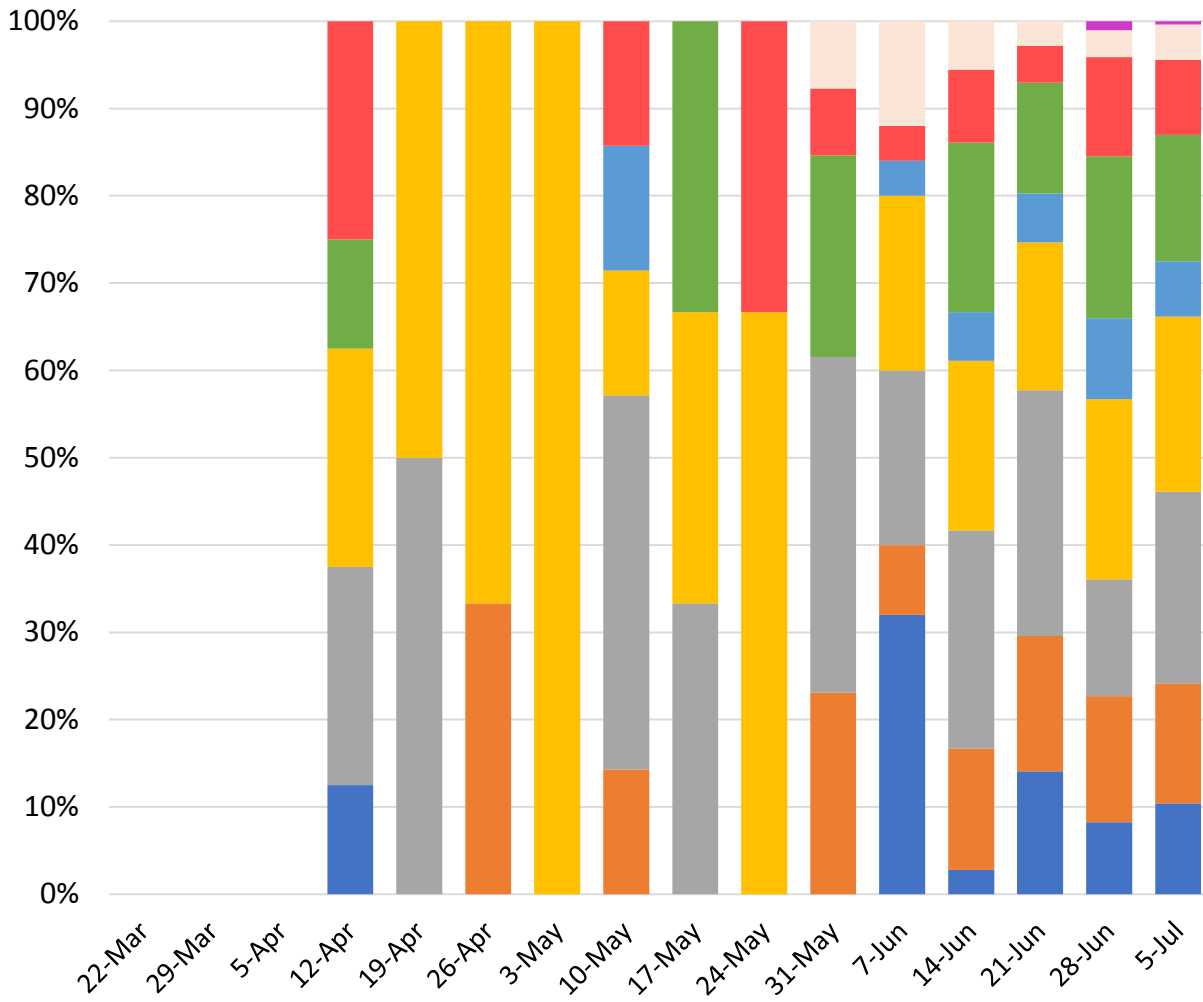
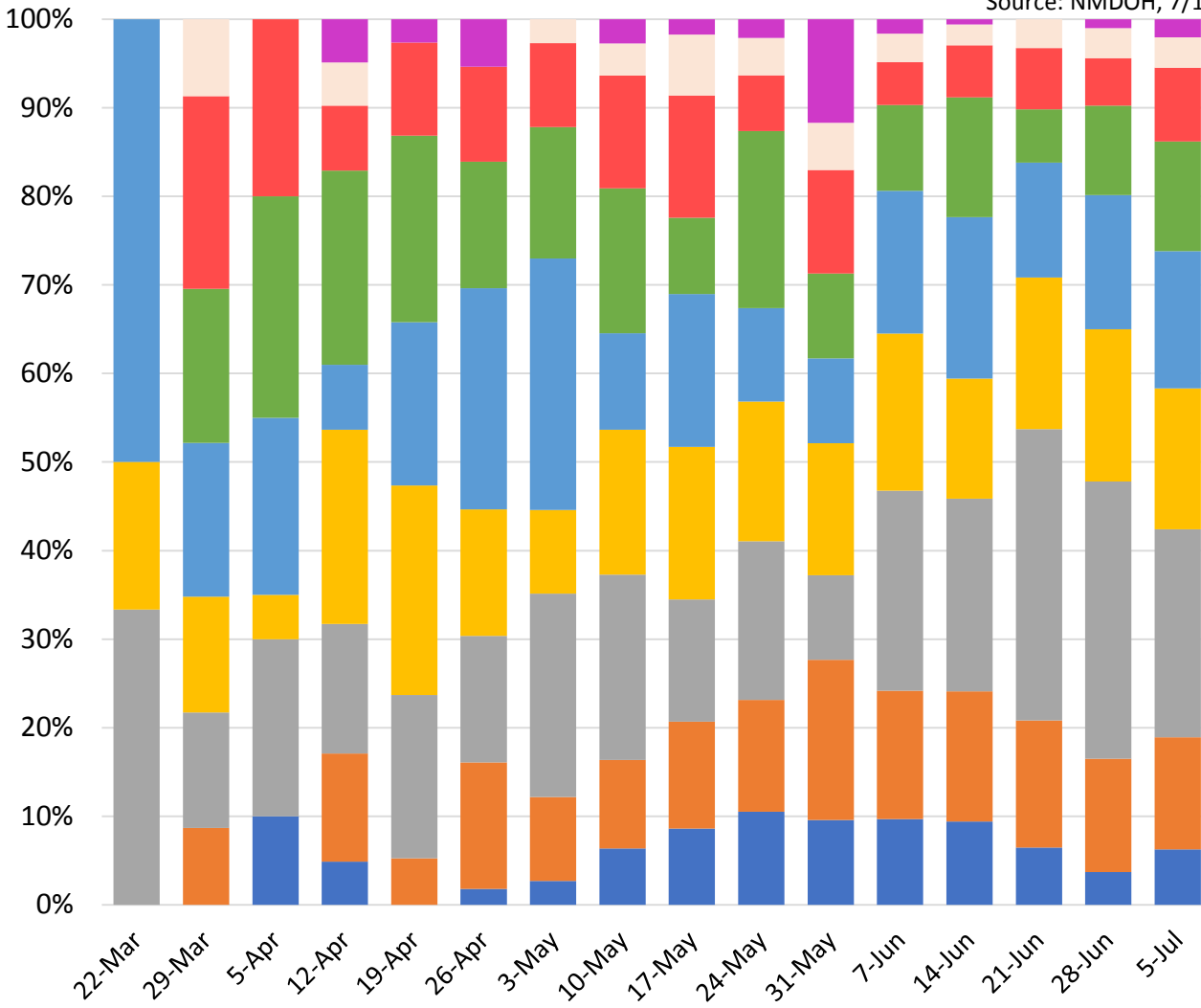
# COVID-19 Cases by Age Group and Week of Investigation Initiation: Percentage of All Cases by Age Group for Weeks Beginning on Sunday, 3/22/20, McKinley County, NM



### COVID-19 Cases by Age Group and Week of Investigation Initiation: Percentage of All Cases by Age Group for Weeks Beginning on Sunday, 3/22/20, Doña Ana County, NM

### COVID-19 Cases by Age Group and Week of Investigation Initiation: Percentage of All Cases by Age Group for Weeks Beginning on Sunday, 3/22/20, Lea County, NM

Source: NMDOH, 7/16/20. Excludes out-of-state residents.

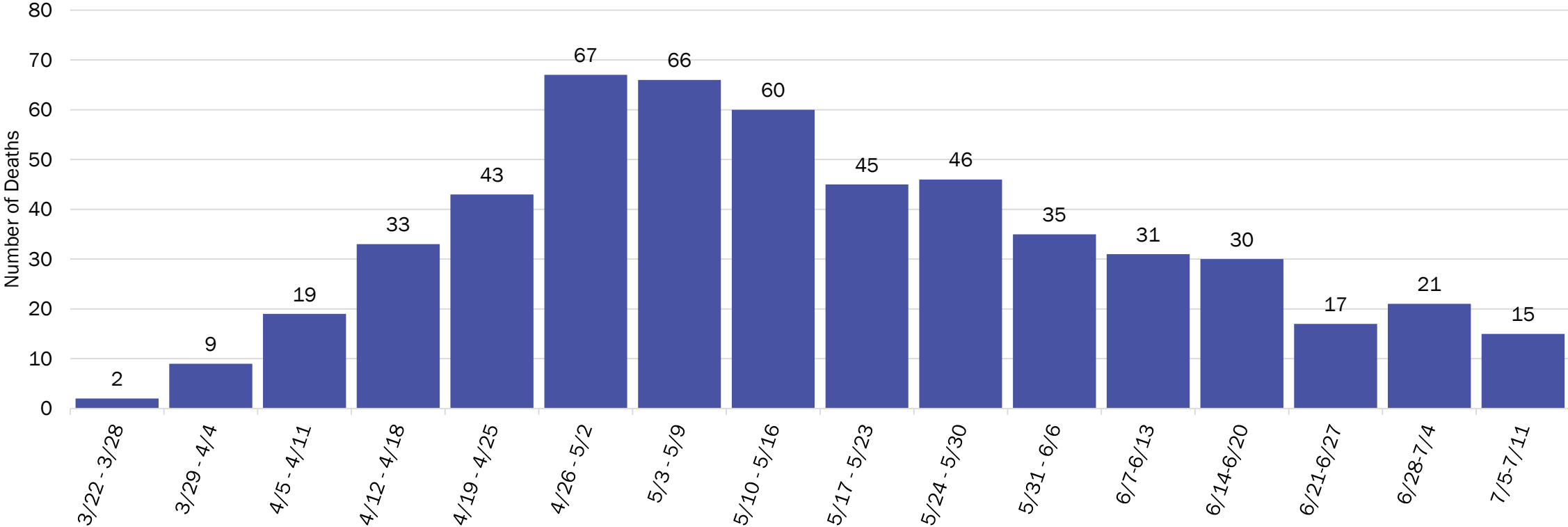


- 0-9 years
- 10-19 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70-79 years
- 80 years & older

- 0-9 years
- 10-19 years
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60-69 years
- 70-79 years
- 80 years & older

# COVID-19 deaths have been decreasing since May, but the number of deaths may increase in the next few weeks due to the recent rise in case counts and hospitalizations

COVID-19 Deaths by Week of Death, New Mexico



Reporting through 7/10/2020

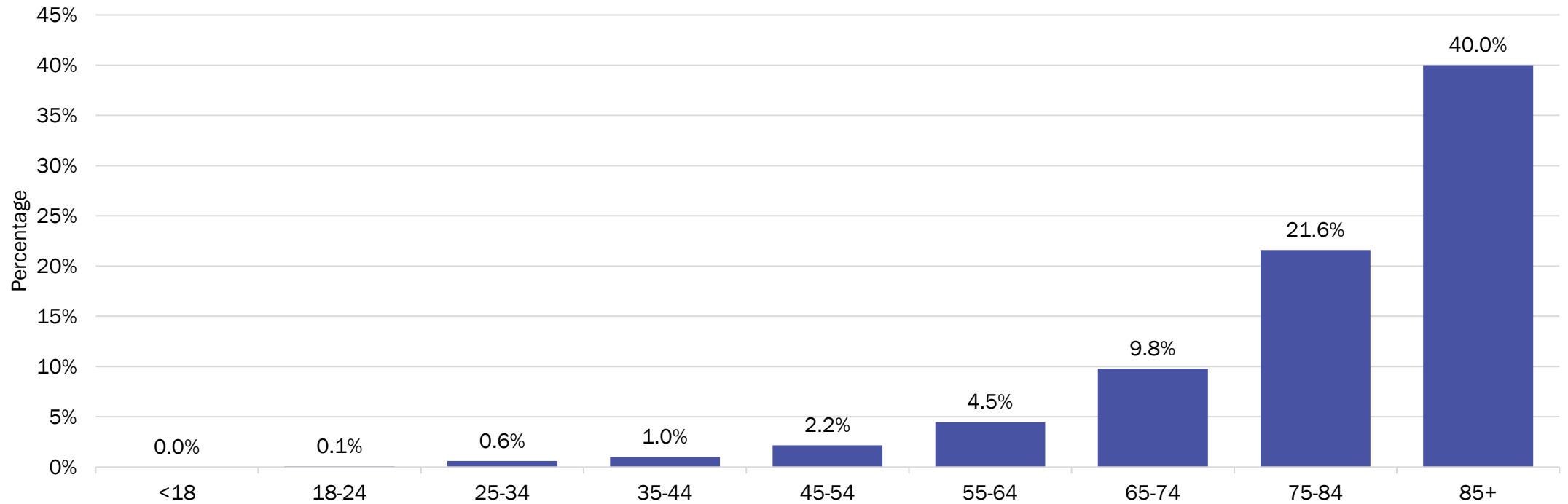


Investing for tomorrow, delivering today.



# As age increases, the case fatality rate also increases. Age groups 75-84 and 85+ continue to have the highest case fatality rates

COVID-19 Case Fatality Rate by Age Group,  
New Mexico



Reporting through 7/10/2020

# GATING CRITERIA UPDATE

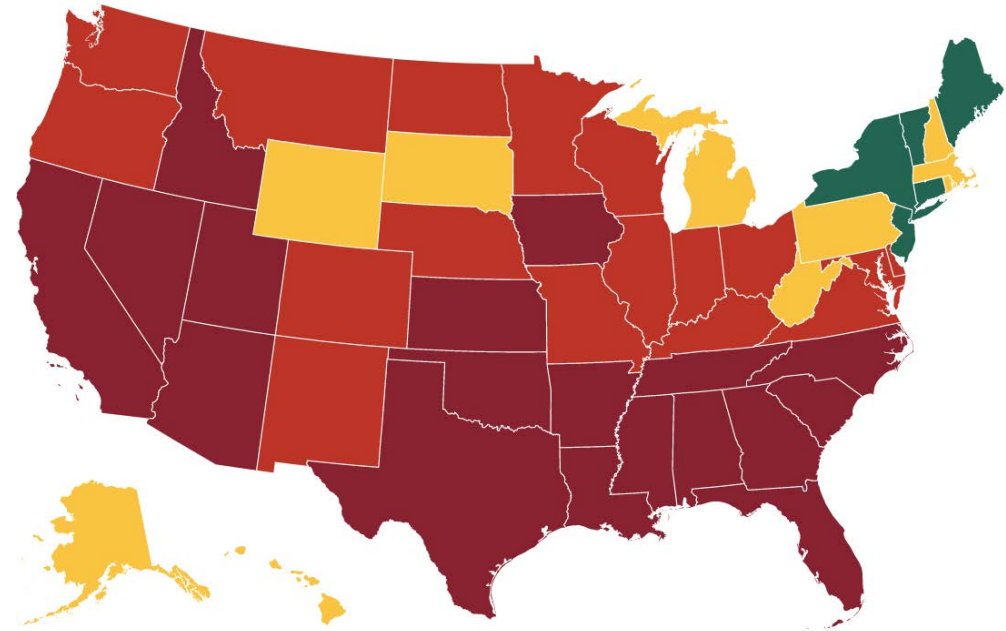
# STATEWIDE PUBLIC HEALTH GATING CRITERIA FOR REOPENING <sup>40</sup>

Criterion	Measure	Initial Gating Value	Current Status
Spread of COVID-19	Rate of COVID-19 Transmission	1.05 or less	1.09 on 7/16/2020
Testing Capacity: general and targeted populations*	Number of tests per day (7-day rolling average)	5,000 / day	6,784 on 7/15/2020
Contact Tracing and Isolation Capacity	Time from positive test result to: -isolation recommendation for case	24 hrs	Week ending 7/10 = 53
	-quarantine rec. for case contacts	36 hrs	Week ending 7/10 = 84
Statewide Health Care System Capacity	Availability of scarce resources in 7 Hub Hospitals: -Adult ICU beds occupied	<460	268 on 7/17/2020
	-PPE	7-day supply	7 hub hospitals have 7-day supply

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



# HOW WE REOPEN SAFELY



STATE NAME	14-DAY TREND OF COVID+	LAST 14 DAYS OF COVID+ (ROLLING)	INFLUENZA-LIKE ILLNESS	% OF TEST TARGET	ICU OCCUPIED	NEW CASES PER MILLION PER DAY	COVID+ RATE IS
<b>New Mexico</b> 🇺🇸	39% <i>Increasing</i>	184 to 255	Minimal <i>Level 1</i>	202%	N/A% N/A	122	4.0% <i>Increasing</i>

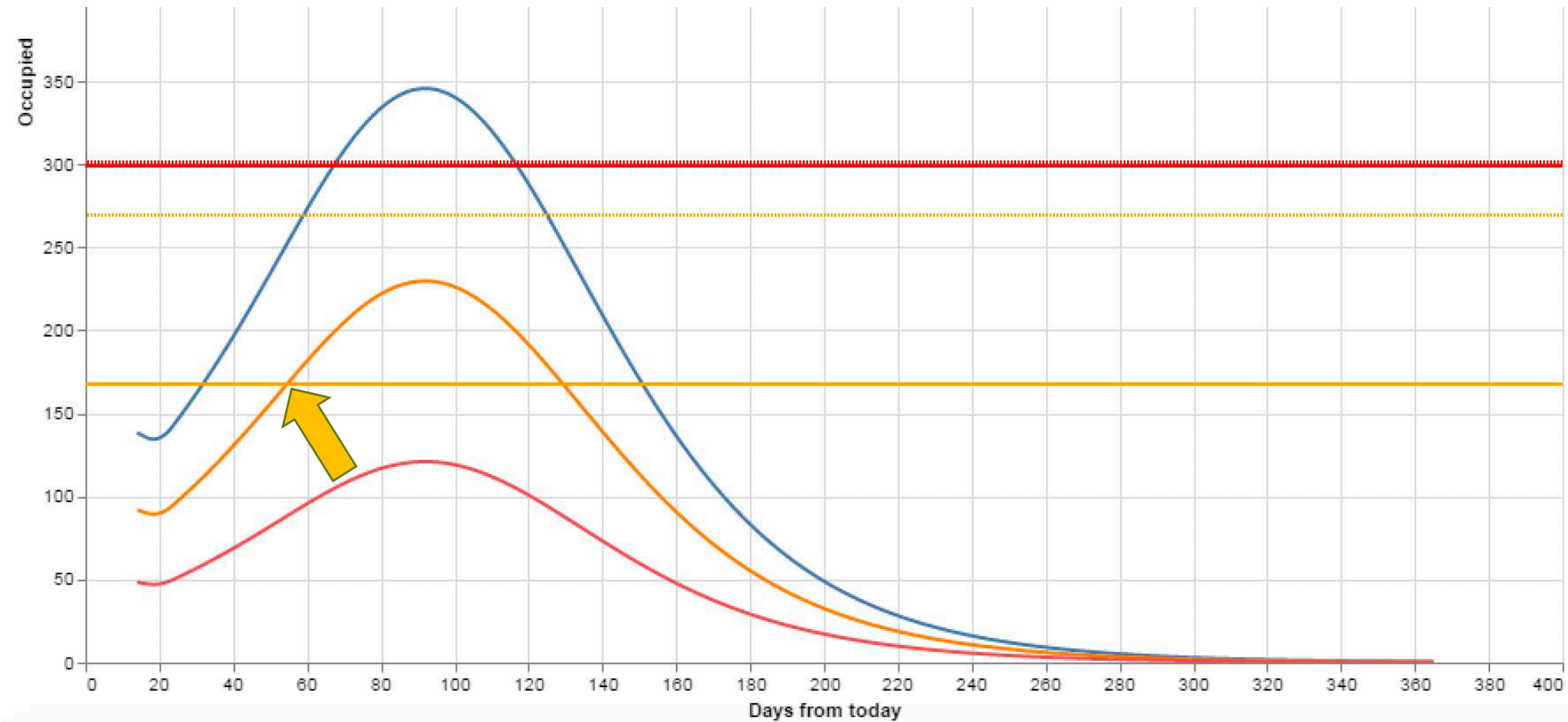
Notes: If a 🇺🇸 is next to a state it indicates a state-wide mandated mask policy. For detailed definitions see: <https://www.covidexitstrategy.org/definitions-and-criteria>

Table: covidexitstrategy.org • Source: Multiple Sources (NYT, COVID Tracking Project, rt.live, ILI, CDC) • [Get the data](#) • Created with [Datawrapper](#)

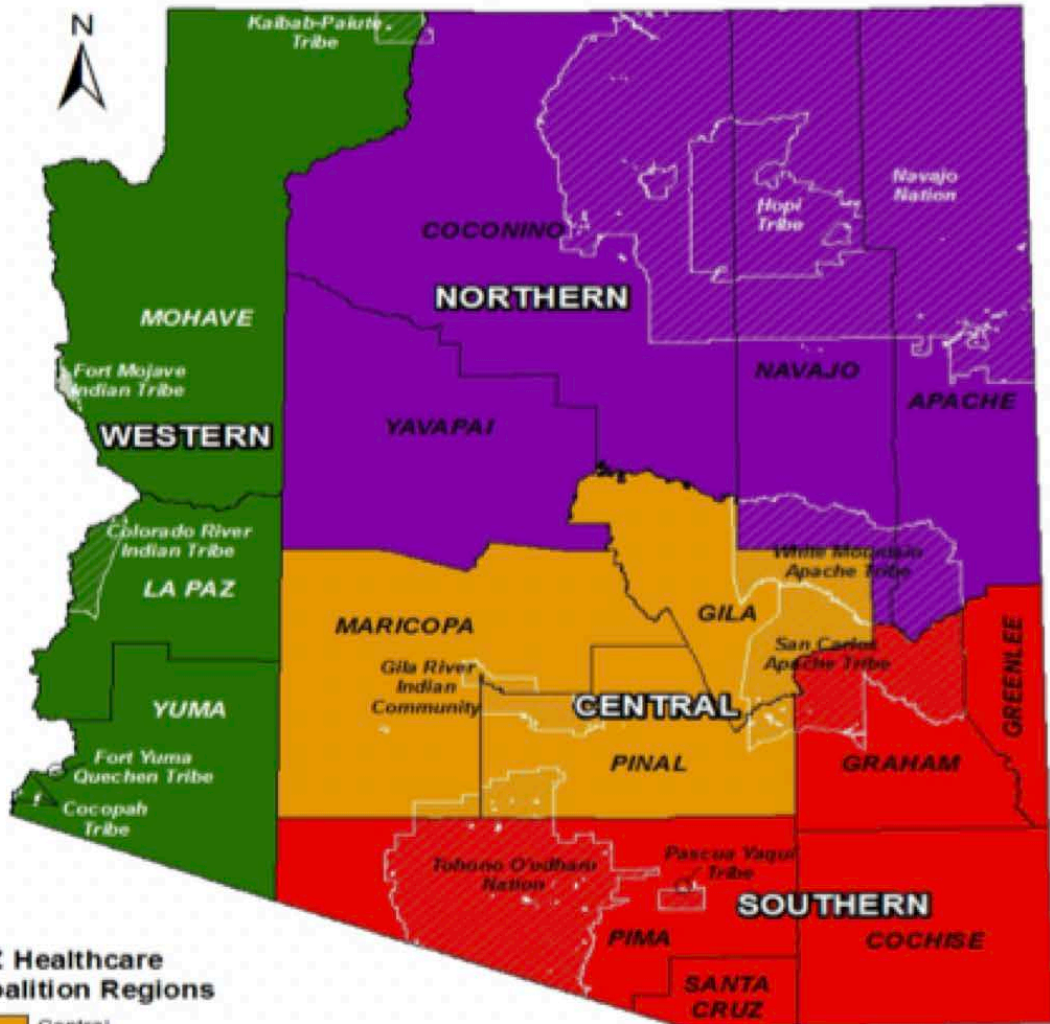
# HOSPITAL BED CAPACITY BY STATE

State	US Ranking	Hospital Beds per 1000 Population
South Dakota	1	4.8
United States Average	N/A	2.4
Texas	30	2.3
Arizona	42	1.9
<b>New Mexico</b>	<b>49</b>	<b>1.8</b>
Oregon	51	1.6

# NM ICU BEDS MAXIMUM FILLED ON 10/5/2020



# Arizona Health Care Coalition Boundaries



### AZ Healthcare Coalition Regions

- Central
- Northern
- Southern
- Western

PHEP Tribal Partners



ARIZONA DEPARTMENT OF HEALTH SERVICES  
PREPAREDNESS  
Map date: December 2017

## Western

- Havasu Regional Medical Center
- Kingman Regional Medical Center
- La Paz Regional Hospital
- Parker Indian Hospital
- Valley View Medical Center
- Western AZ Regional Med Center
- Yuma Regional Medical Center

## Central

- Abrazo Hospitals (Scottsdale, Mesa, Arrowhead, West)
- Banner University Med Center
- Carl T. Hayden V.A. Medical Center
- HonorHealth John C. Lincoln Medical (Deer Valley)
- Hu Hu Kam Memorial Hospital
- Oasis Hospital
- Phoenix Children's Hospital
- Phoenix Indian Medical Center
- Saint Joseph's Hosp and Med Center (Westgate)
- San Carlos Apache Healthcare Corporation
- Valleywise Health Med Center (Maryvale)
- Banner Medical Centers (Baywood/Casa Grande, Desert, Gateway, Goldfield, Ironwood, Boswell, Del Webb, Estrella, Thunderbird)
- HonorHealth Scottsdale Osborn/Shea/Thompson Peak
- Mayo Clinic Hospital
- Arizona Specialty Hospital
- Chandler Regional Medical Center
- Cobre Valley Regional Medical Center
- Dignity Health Arizona General (Mesa, Laveen)
- Florence Hospital
- Mercy Gilbert Medical Center
- Mountain Vista Medical Center
- Tempe St. Luke's Hospital
- Cancer Treatment Centers of America
- Wickenburg Community Hospital

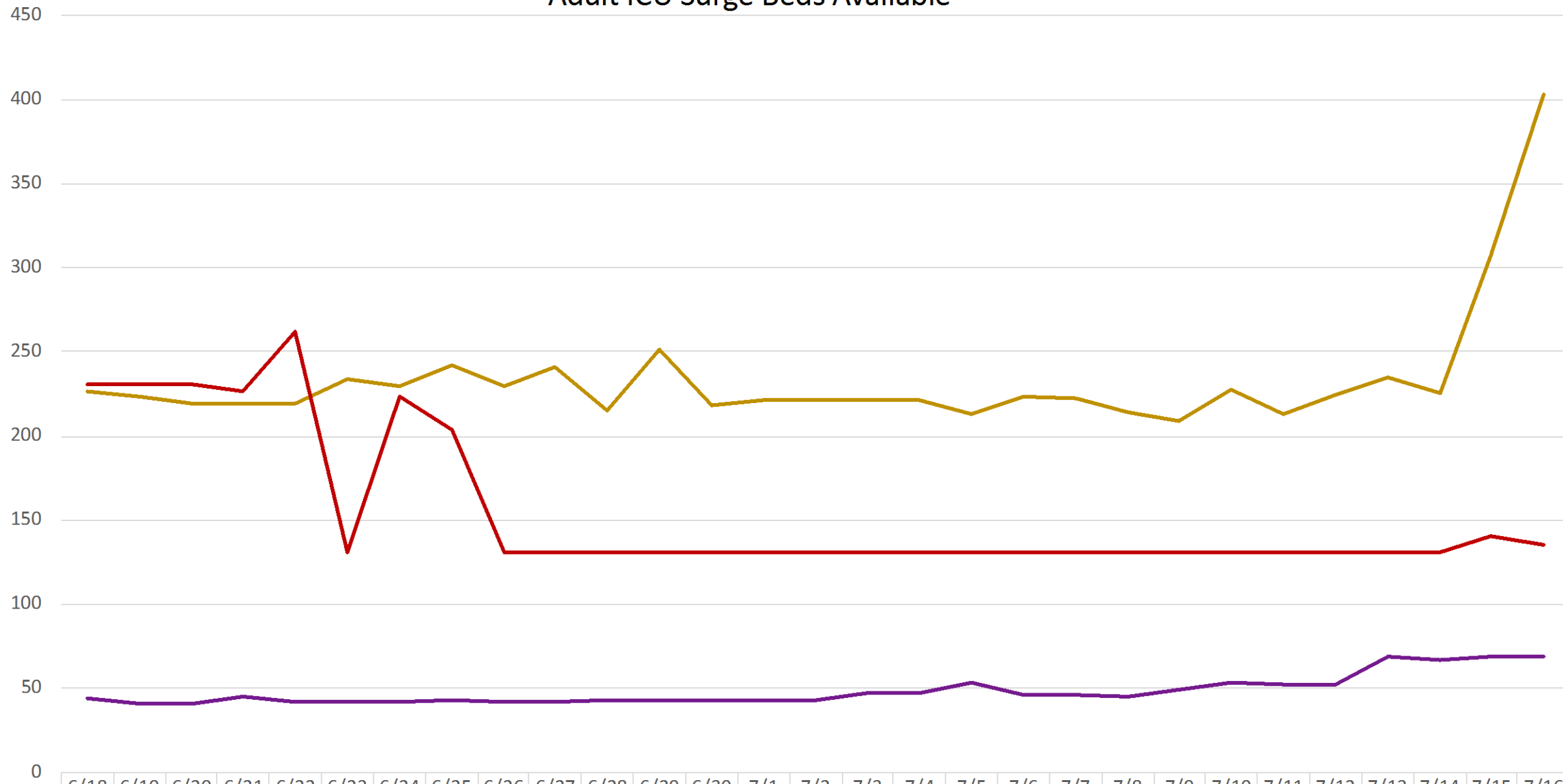
## Northern

- Banner Page Hospital
- Chinle Health Care
- Flagstaff Medical Center-TRAUMA
- Hopi Health Care Center
- Little Colorado Medical Center
- Prescott V.A.
- Sage Memorial Hospital
- Summit Healthcare Regional Med Center
- TseHootsool Medical Center
- Tuba City Regional Healthcare
- Verde Valley Med Center
- White Mountain Regional MC
- Whiteriver Hospital
- Yavapai Regional MC-East
- Yavapai Regional MC-West

## Southern

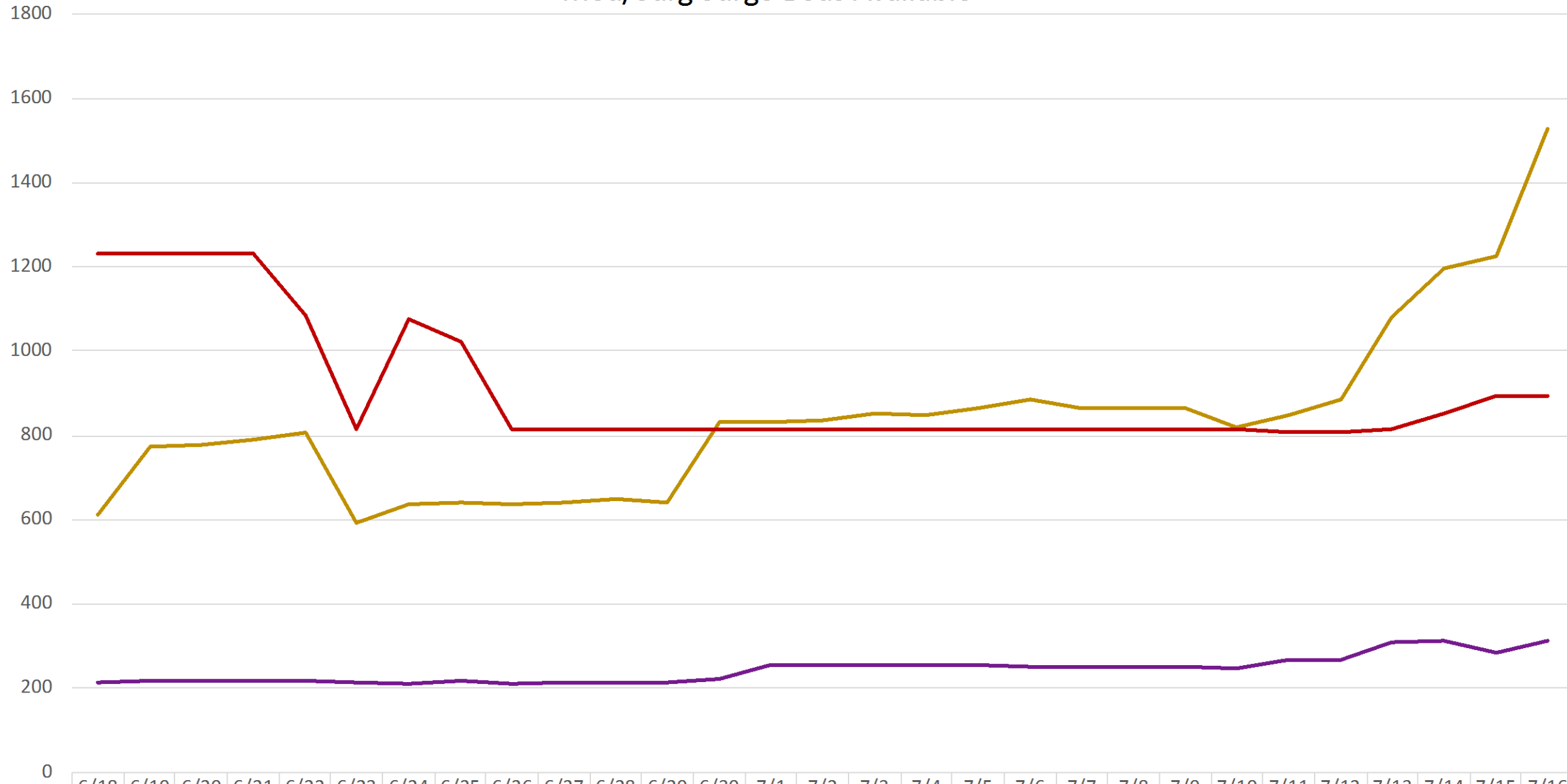
- Banner University Medical (South, Tucson)
- Carondelet Marana Hospital (FSED)
- Encompass Health RIT
- Northwest Medical
- Oro Valley Hospital
- St. Joseph's, St. Mary's
- Tucson Medical
- V.A. Hospital
- Vail Emergency Center
- Benson Hospital
- Canyon Vista Medical Center
- Copper Queen Community Hospital
- Holy Cross Hospital
- Mt. Graham Regional Medical Center
- Northern Cochise
- Santa Cruz Valley Regional Hospital
- Tohono O'odham Nation HC-Sells Hospital

# Adult ICU Surge Beds Available



	6/18	6/19	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27	6/28	6/29	6/30	7/1	7/2	7/3	7/4	7/5	7/6	7/7	7/8	7/9	7/10	7/11	7/12	7/13	7/14	7/15	7/16
Northern AZ	44	41	41	45	42	42	42	43	42	42	43	43	43	43	43	47	47	54	46	46	45	49	54	52	52	69	67	69	69
Central AZ	227	223	219	219	219	234	230	242	230	241	215	251	218	221	221	221	221	213	224	222	214	209	228	213	225	235	226	307	403
Southern AZ	231	231	231	227	262	131	224	204	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	131	141	135

# Med/Surg Surge Beds Available



	6/18	6/19	6/20	6/21	6/22	6/23	6/24	6/25	6/26	6/27	6/28	6/29	6/30	7/1	7/2	7/3	7/4	7/5	7/6	7/7	7/8	7/9	7/10	7/11	7/12	7/13	7/14	7/15	7/16
Northern AZ	213	218	218	218	218	213	211	220	211	214	213	214	221	256	254	254	254	254	252	252	250	250	248	270	270	309	313	286	313
Central AZ	611	775	780	792	806	593	637	642	637	642	648	643	833	833	835	851	850	863	887	866	864	864	819	847	887	1080	1197	1224	1528
Southern AZ	1232	1232	1232	1232	1084	815	1075	1022	815	815	815	815	815	815	815	815	815	815	815	815	815	815	815	808	808	814	851	893	892

## Texas BRAC-B

Covenant Medical Center and Children's Hospital

Grace Medical Center

Lubbock Heart & Surgical Hospital

UMC Health System

Brownfield Regional Medical Center

Cochran Memorial Hospital

Covenant Hospital (Levelland, Plainview)

Crosbyton Clinic Hospital

D.M. Codgell Memorial Hospital

Lamb Healthcare Center

Lynn County Hospital District-Tahoka

Medical Arts Hospital-Lamesa

Memorial Hospital-Seminole

Muleshoe Medical Center

Plains Memorial Hospital

W.J. Mangold Memorial Hospital

Yoakum County Hospital

Sunrise Canyon

Trustpoint Rehab Hospital

## El Paso-I

Del Sol Medical Center

El Paso Children's Hospital

Las Palmas Medical Center

THOP-East, Memorial, Sierra, Trans Mtn

University Medical Center of El Paso

William Beaumont Army Medical Center

Culberson Hospital

El Paso LTAC Hospital

Highlands Regional Rehab Hosp

Kindred Hospital

Legent Hospital of El Paso

Mesa Hills Specialty Hospital

El Paso Behavioral Health

El Paso Psychiatric Center

Emergence Health Network

## Amarillo-A

Amarillo VA Medical Center

BSA Health System

Northwest Texas Healthcare System

Pampa Regional Medical Center

Childress Regional Medical

Collingsworth General

Coon Memorial Hospital

Golden Plains Community Hospital

Hansford County Hospital District

Hemphill County Hospital

Hereford Regional Medical Center

Moore County Hospital District

Ochiltree General Hospital

Parkview Hospital

Parmer Medical Center

Shamrock General Hospital

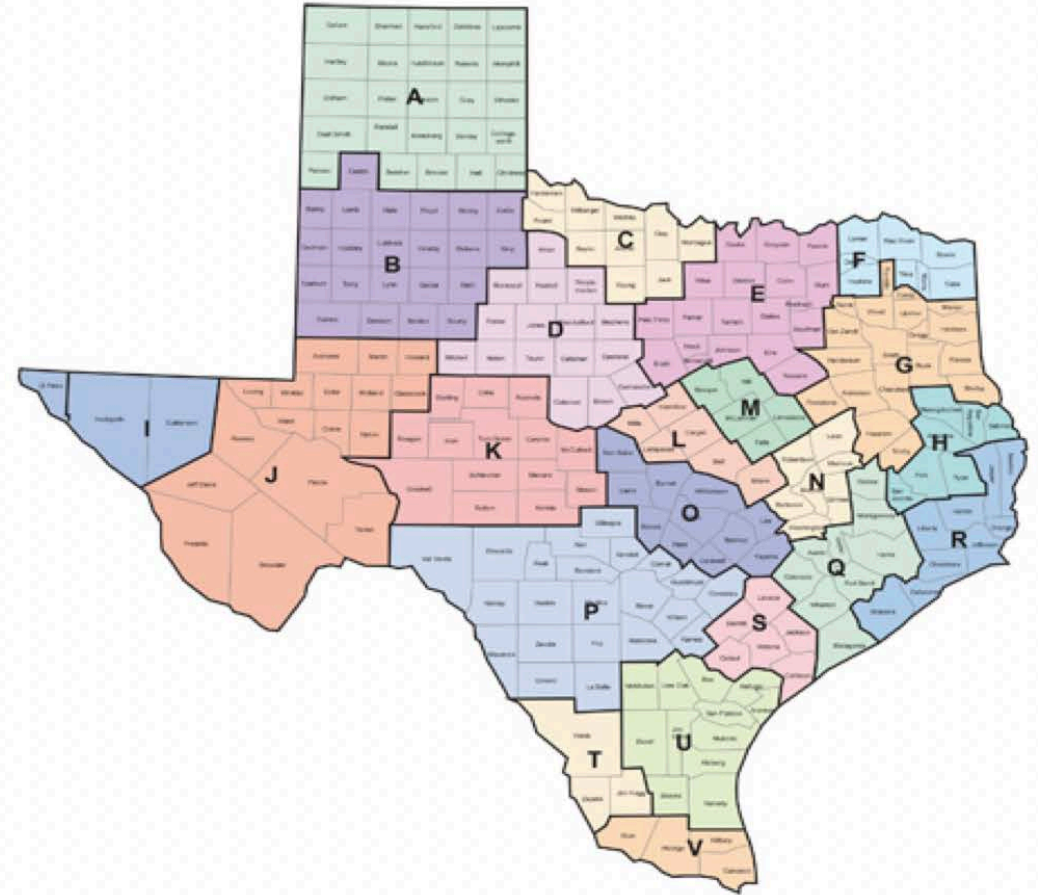
Swisher Memorial Healthcare

Northwest Emergency at Town Square

Surgery Center of Amarillo

The Pavilion

Vibra Hospital of Amarillo and rehab



# Overflow and Surge Beds

500  
400  
300  
200  
100  
0

6/19 6/20 6/21 6/22 6/23 6/24 6/25 6/26 6/27 6/28 6/29 6/30 7/1 7/2 7/3 7/4 7/5 7/6 7/7 7/8 7/9 7/10 7/11 7/12 7/13 7/14 7/15 7/16

Lubbock, TX (BRAC)	227	227	232	232	229	224	224	224	224	224	224	235	222	217	222	222	222	222	232	227	227	227	227	227	222	222	222	
El Paso, TX	489	501	482	482	437	480	463	450	445	481	493	468	374	382	410	366	461	437	402	425	388	399	326	372	362	347	330	416
Amarillo, TX	262	265	264	262	259	225	227	234	231	231	230	224	225	231	228	227	232	232	229	219	213	210	211	214	222	222	217	215



## 7/13 PUBLIC HEALTH ORDER

- All New Mexicans should be staying in their homes for all but the most essential activities and services
- All individuals must wear face coverings in public, even when exercising. Only exception to mask wearing is while eating or drinking.
- Indoor seating at restaurants and breweries prohibited; 50% maximum occupancy for outdoor seating.
- State parks accessible only to residents of New Mexico with proof of residency.

# ALL TOGETHER NM: COVID-SAFE PRACTICES FOR INDIVIDUALS AND EMPLOYERS



## ALL TOGETHER NEW MEXICO

COVID-SAFE PRACTICES FOR INDIVIDUALS  
AND EMPLOYERS

MAY 15, 2020

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# BATTELLE

- 14,874 N95's decontaminated YTD in NM
- 323 Facilities Signed; enroll at [www.battelle.org/decon](http://www.battelle.org/decon)
- Discard rate 5.77%

## Decontamination Process: Unloading

- Once the VHP has cleared the chamber. Masks are tested to ensure residual VHP is <1 ppm (OSHA limit)
- Chemical indicators placed throughout the chamber verify the run achieved a >6 log reduction
- Staff in PPE, to protect the N95s, conduct another inspection and then box the masks for shipping back to health care providers



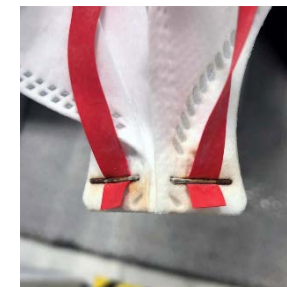
## Reasons For Discard



Makeup is #1 reason



Wrong Type



Rust

\*VHP-Vapor Hydrogen Peroxide\*

# NEW MEXICO MEDICAL RESERVE CORPS VOLUNTEERS

Volunteers are providing support:

- Gallup shelters
- Little Sisters of the Poor (Gallup)
- Rehoboth Hospital (Gallup)
- GIMC Hospital (Gallup)
- Farmington Shelters
- Hilton Garden Inn
- Westside Homeless Shelter
- Presbyterian Hospital (Balloon Fiesta Park)
- Lovelace drive through swabbing Clinics
- Santa Fe Call Center
- Buffalo Thunder

- Paid Volunteer hours 14,380.63
- Un-Paid Volunteer hours 5,128.5
- **Total Hours 19,509.13**

Interested in becoming an MRC volunteer?  
Please go to [Medical Reserve Corps Serve](#).



**NEW MEXICO**  
**LÍNEA DE APOYO**  
**PARA TRABAJADORES**  
**DE SALUD Y PRIMEROS**  
**RESPONDADORES**

**855-507-5509**

**NEW MEXICO**  
**HEALTHCARE WORKER**  
**AND FIRST RESPONDER**

**SUPPORT**  
**LINE**

**855-507-5509**

