COVID-19 DAY 87

JUNE 5, 2020

SECRETARY DAVID R. SCRASE, M.D.

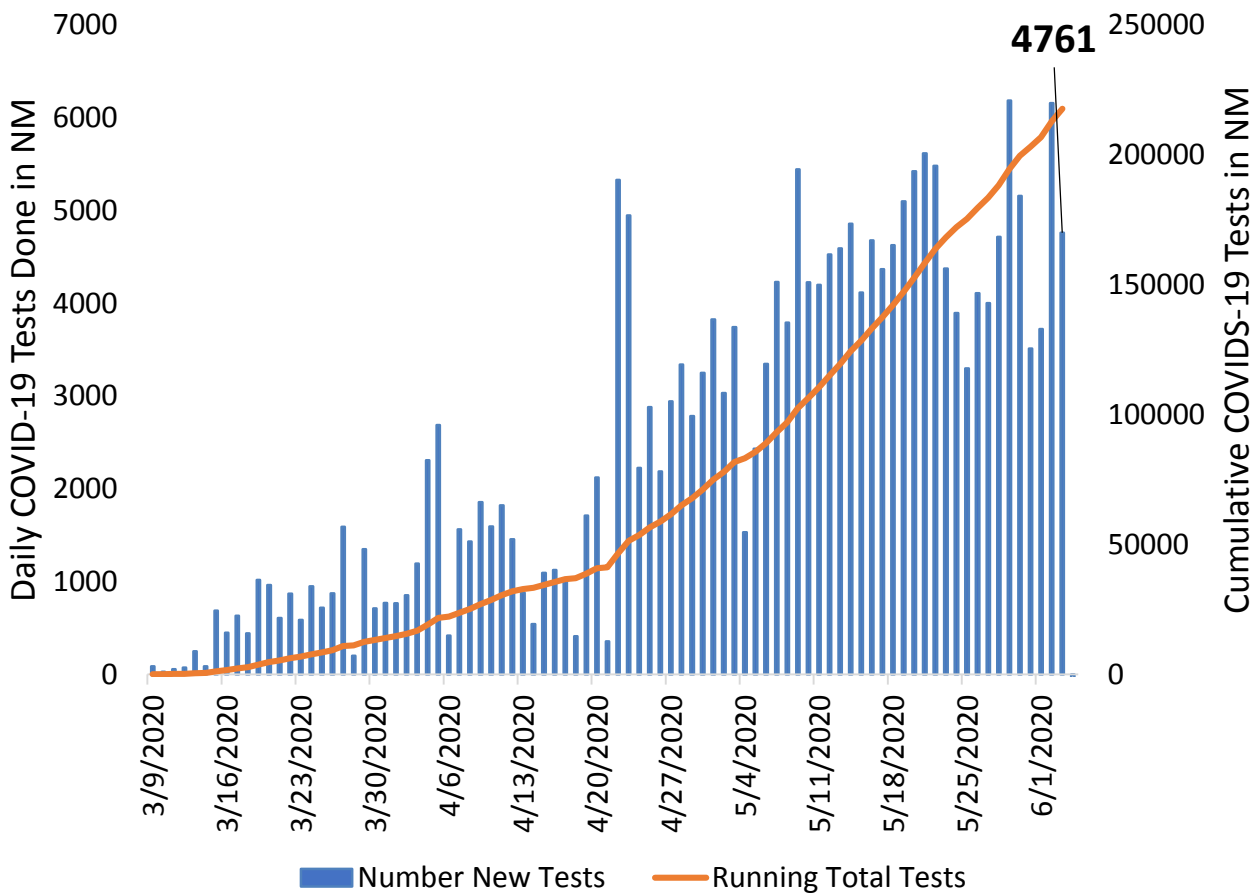*INVESTING FOR TOMORROW, DELIVERING TODAY.*

AGENDA FOR TODAY'S PRESS BRIEFING

- COVID-19 in NM Update (with Q&A)

- Medical Advisory Team (MAT) and Science Update
  - MAT Website (with Q&A)
  - Research on Mask Effectiveness (with Q&A)
  - The Herd Immunity "Experiment" in Sweden (with Q&A)

- Reopening:
  - Gating Criteria Update/Current Delivery System Status (with Q&A)
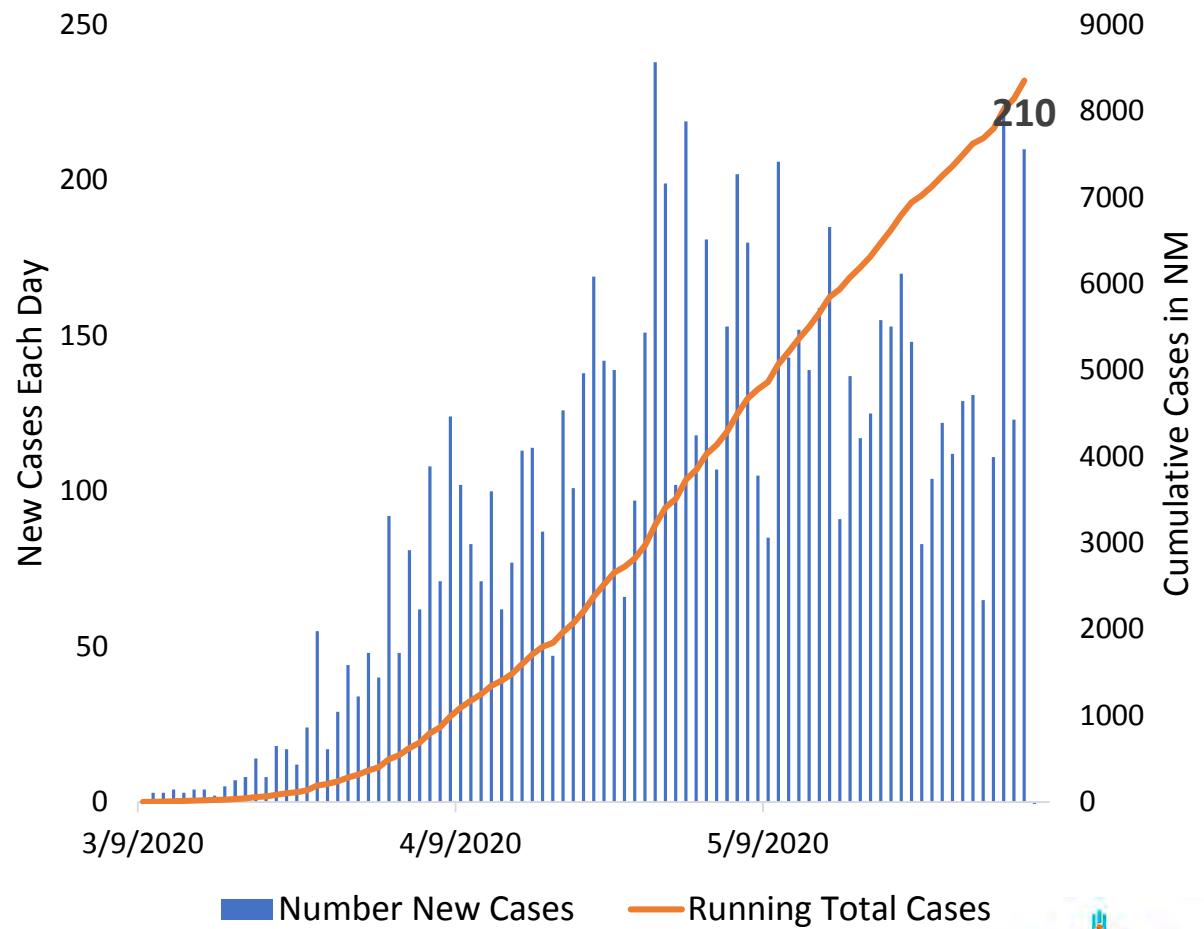
- General Questions and Answers

COVID-19 IN NM UPDATE
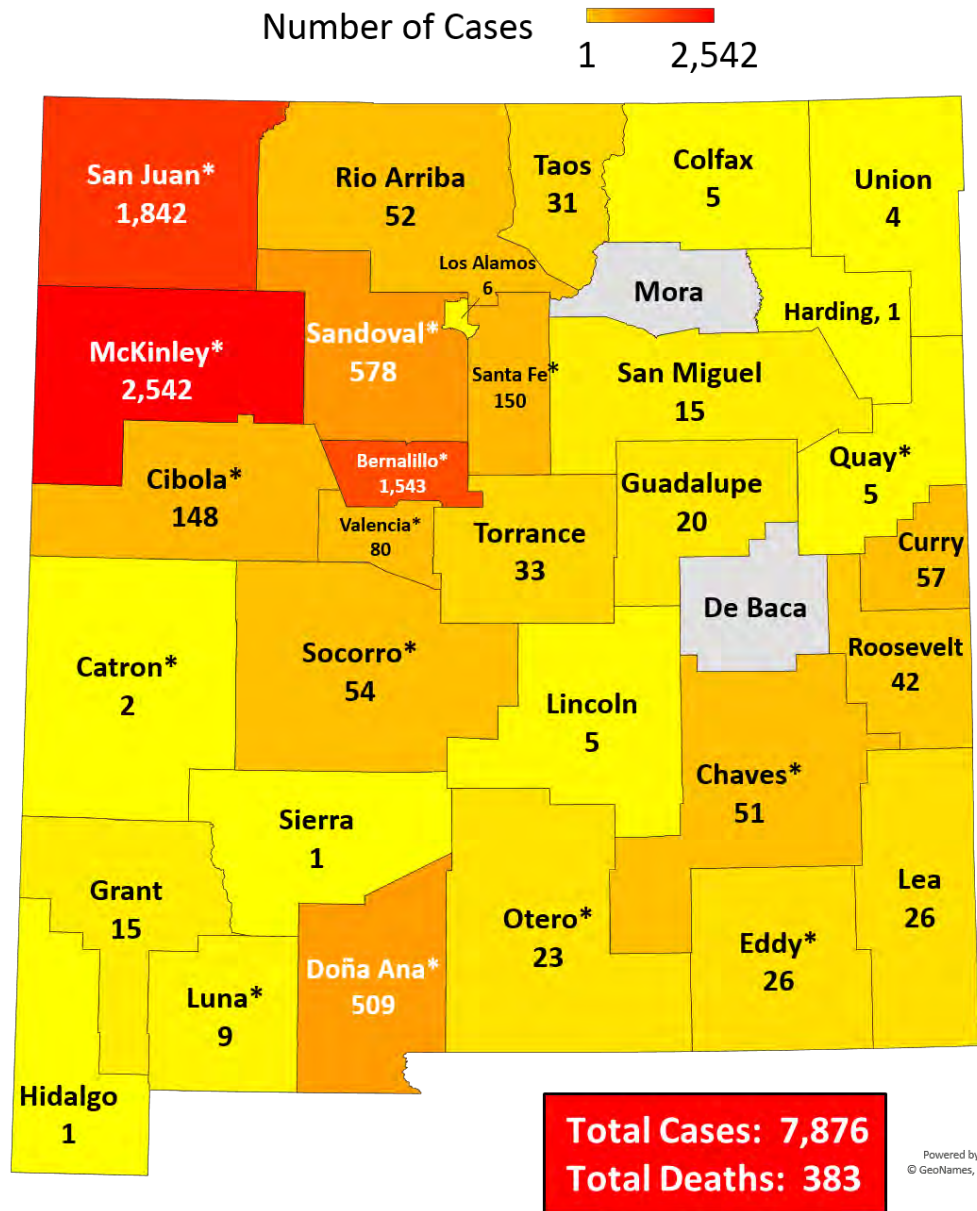
NM COVID-19 DAILY & CUMULATIVE TESTS/CASES

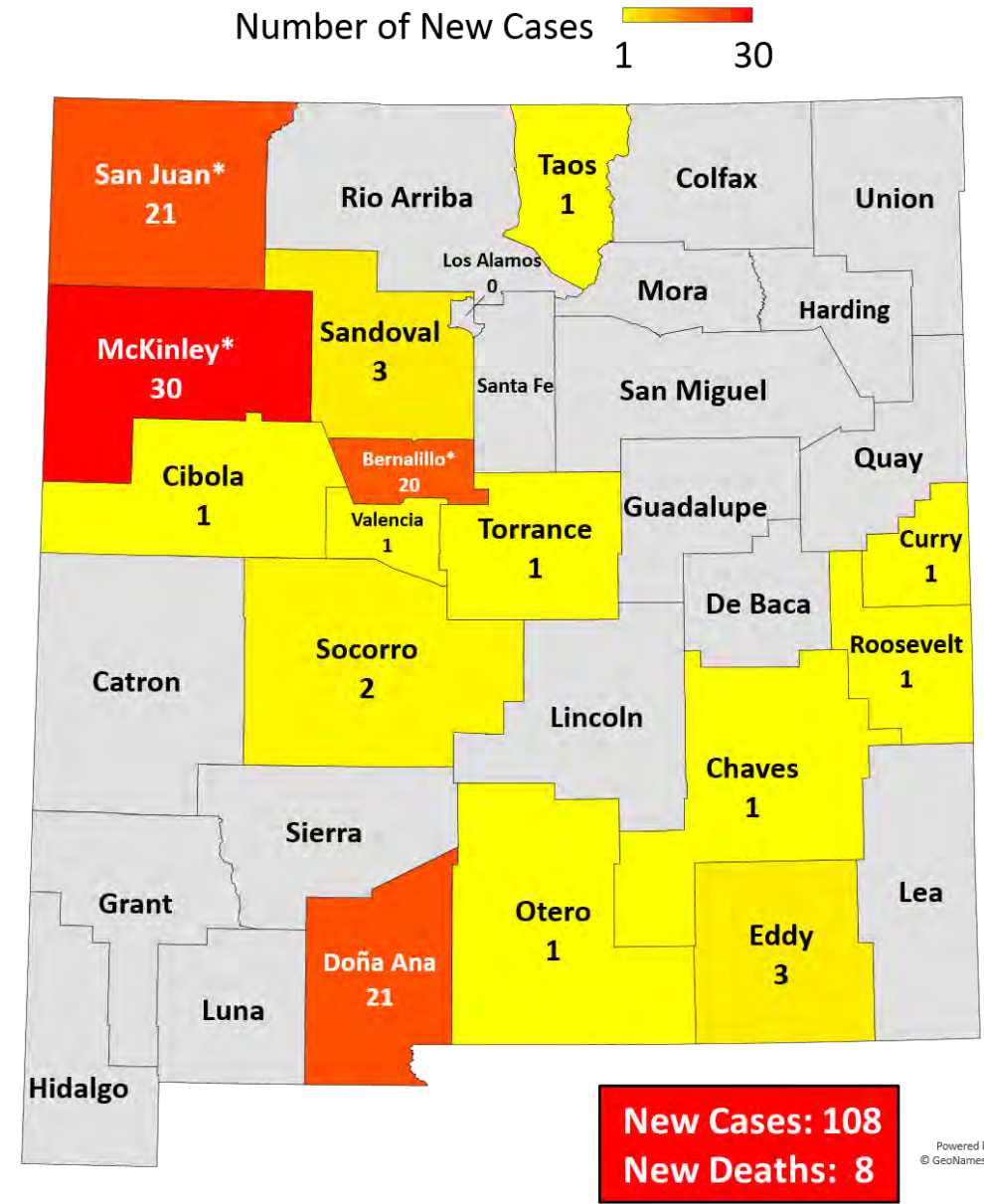NM Daily and Cumulative COVID-19 Tests

NM Daily COVID-19 New Cases and Running Total

Investing for tomorrow, delivering today.
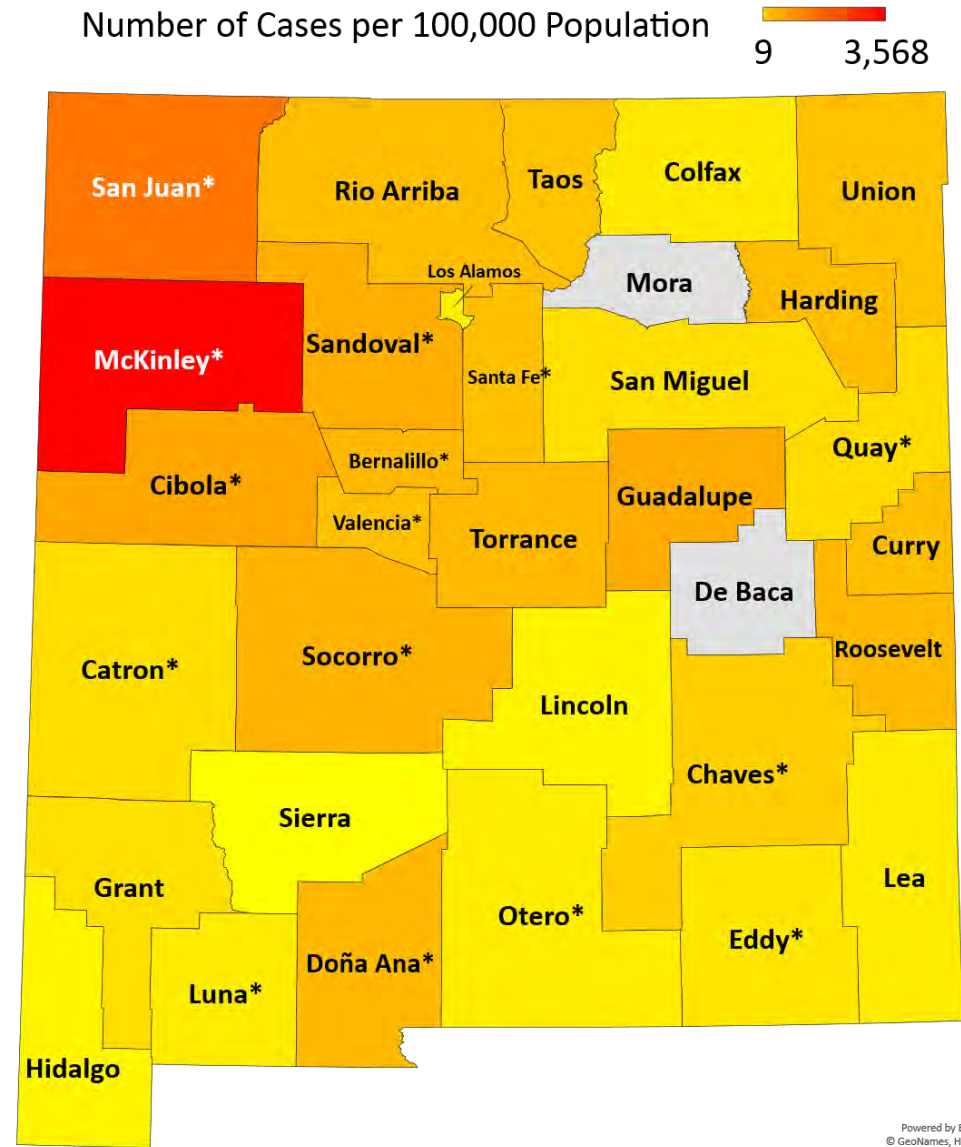
Total COVID-19 Positive Cases (6/4/2020)

Number of Cases
1   2,542

County	Cases
San Juan*	1,842
Rio Arriba	52
Taos	31
Colfax	5
Union	4
Los Alamos	6
Mora	
Harding, 1	
McKinley*	2,542
Sandoval*	578
Santa Fe*	150
San Miguel	15
Bernalillo*	1,543
Cibola*	148
Valencia*	80
Torrance	33
Guadalupe	20
Quay*	5
Curry	57
Catron*	2
Socorro*	54
De Baca	
Roosevelt	42
Lincoln	5
Chaves*	51
Sierra	1
Grant	15
Luna*	9
Doña Ana*	509
Otero*	23
Eddy*	26
Lea	26
Hidalgo	1

Total Cases: 7,876
Total Deaths: 383

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

New COVID-19 Positive Cases (6/4/2020)[5]

Number of New Cases
1   30

County	New Cases
San Juan*	21
Rio Arriba	
Taos	1
Colfax	
Union	
Los Alamos	0
Mora	
Harding	
McKinley*	30
Sandoval	3
Santa Fe	
San Miguel	
Bernalillo*	20
Cibola	1
Valencia	1
Torrance	1
Guadalupe	
Quay	
Curry	1
Catron	
Socorro	2
De Baca	
Roosevelt	1
Lincoln	
Chaves	1
Sierra	
Grant	
Luna	
Doña Ana	21
Otero	1
Eddy	3
Lea	
Hidalgo	

New Cases: 108
**New Deaths: 8**

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

COVID-19 Prevalence Rate (6/4/2020)

Number of Cases per 100,000 Population

9   3,568

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

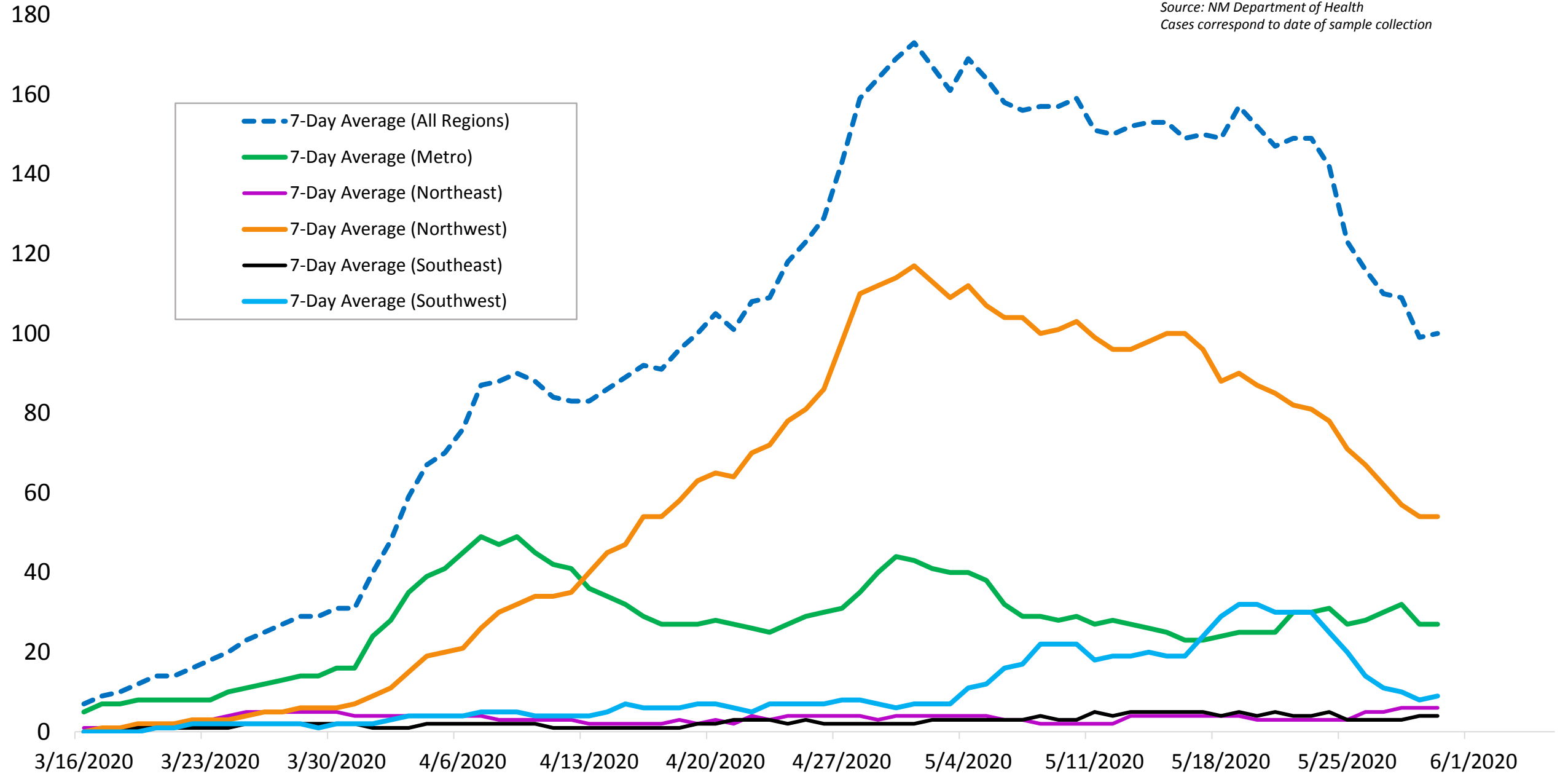*Investing for tomorrow, delivering today.*

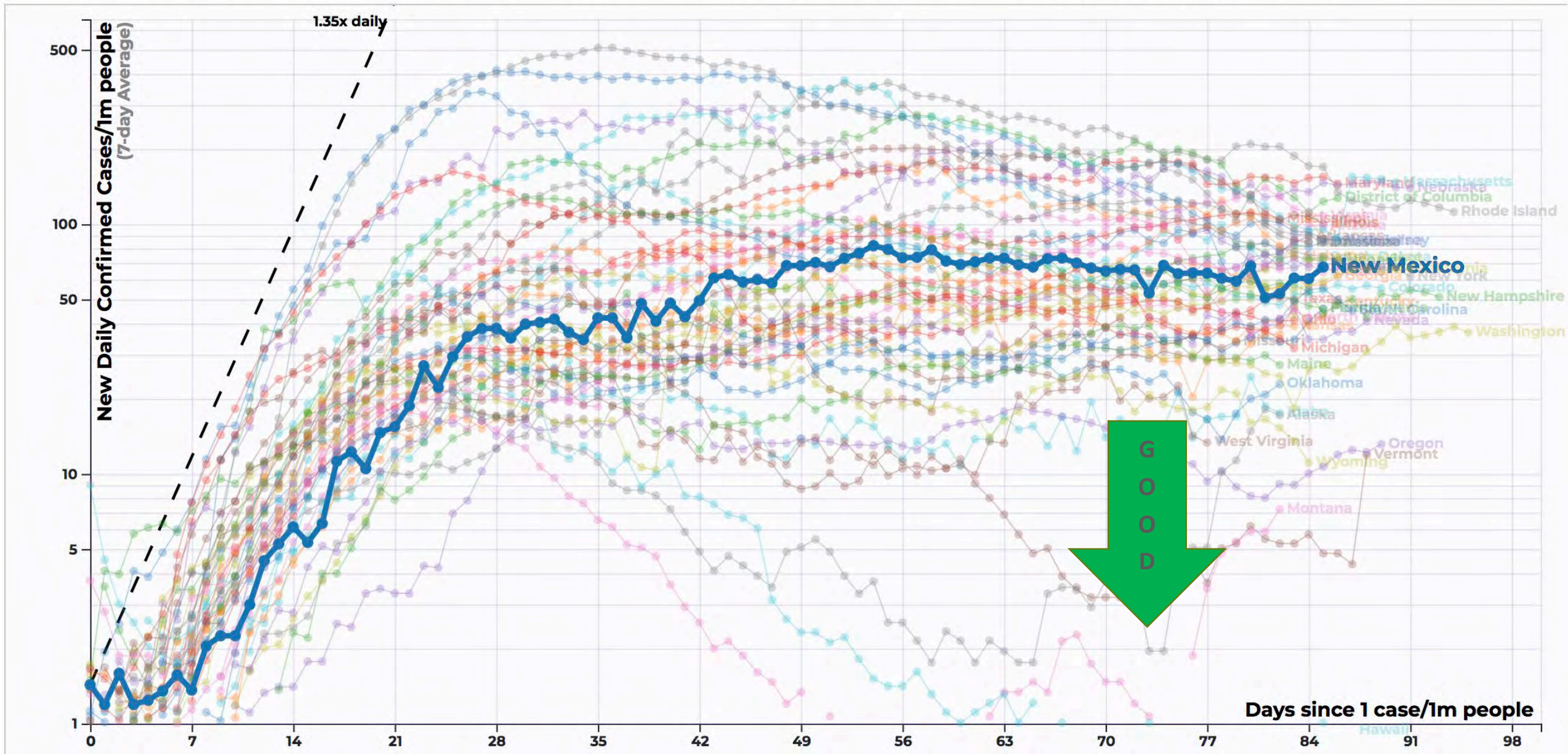Number of COVID-19 Hospitalizations and Intubations in NM
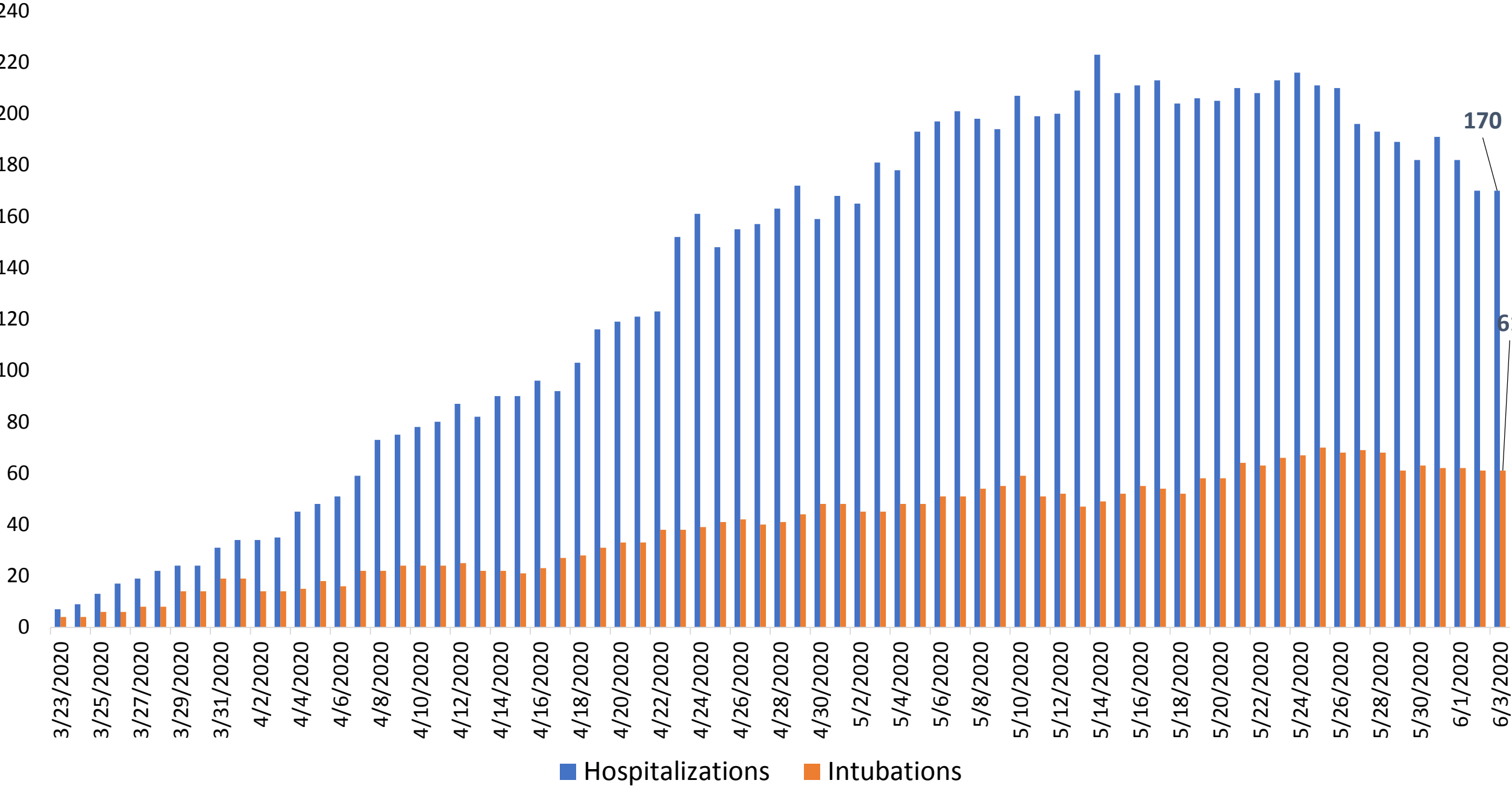
**7-Day Average of Daily COVID-19 Positive Cases, NMDOH Regions
6/5/2020**

*Source: NM Department of Health
Cases correspond to date of sample collection*

Legend:
- 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)

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

Source: https://91-divoc.com/pages/covid-visualization/

Mean Miles Traveled in NM

Pre-COVID-19 Mean Miles Traveled

Source: Descartes Labs

NM MAT
ORG CHART (6/5/20)

Department of Health Leadership Team
DOH Sec. Kathy Kunkel
Dominic Gabello (Teresa Casados, alternate)
HSD Sec. David Scrase, M.D.
Chad Smelser, NMDOH
Mike Richards, UNM
Chris Emory, DOH

Legal & Ethics
Billy Jimenez, DOH
Rob Schwarz, UNM

Operations
-MAT Committee Leads
-HHS Advisory Chair
-DOH Leadership Team

Hospital & Health System **(HHS)**
Clay Holderman (Chair) PHS
Troy Greer, Lovelace
Kate Becker, UNMH
Lillian Montoya, CHRISTUS
David Canejo, RMCHS
Jeff Bourgeios, SJRMC
Derrick Cuenca, MVRMC
Caryn Iverson, MMC
Leonard Thomas, ABQ Area IHS

Clinical Care
Norbert Topf, PHS
Marla Seivers, DOH

- **Personal Protective Equipment**
- **Critical Care: ICU and Ventilators**
- **Drugs and Therapeutics**
- **COVID-19 Testing**
- **Clinical Innovations**

Transportation
Kyle Thorton, DOH
Chelsea White, UNM

Regional Care Coodintation
Joy Crook, UNM
Chris Emory, DOH

- **Hub & Spoke Model**
- **Centralized Patient Triage and Bed Management (Call Center)**
- **Alternative Care Sites**

Modeling, Analytics, and Reporting
Michael Landen &
Joseph Hicks, DOH

- **Predictive Modeling & Mapping**
- **Monitoring & Reporting**

Behavioral Health
Neal Bown, HSD
Bryce Pittenger, CYFD & BHC

Reopening Healthcare
Rohini McKee, UNM

Skilled Nursing Facilities
Secs. Scrase & Hotrum-Lopez

- Modify Care
- Monitor
- Mitgate

NM Medical Advisory Team

NEW MEDICAL ADVISORY TEAM RESOURCES

1. Defining a COVID-19 Recovered Case

2. Promising practices NM nursing facilities utilizing to prevent and/or mitigate COVID-19 infection

3. Interventions to support long-term care residents who are experiencing social isolation, failure to thrive, and/or cognitive impairment

4. COVID-19 Children & Youth Frequently Asked Questions

5. Strategies the State of NM, individual healthcare facilities and providers, businesses, and individuals can consider to ensure adequate supply of Personal Protective Equipment until COVID-19 vaccine or treatment is widely available

6. Mask-Related ADA Reasonable Accommodation Guidance for Employers

7. Abbott ID NOW Assessment

8. Remdesivir distribution to NM hospitals

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ARE MASKS REALLY EFFECTIVE AGAINST COVID-19?

Type of Mask	Effective For Healthcare Workers?	Effective For the General Public?
Multilayer Cloth Masks and Face Coverings	No. Excellent Evidence	Probably. Good Evidence. Protects wearer from spreading infection to others.
N95 Respirators	Yes. Required for caring for COVID-19 patients. Protects wearer from acquiring infection from others.	Yes, but not recommended. PPE being reserved for healthcare workers.

The following slides present a summary of selected mask-related research and COVID-19, going back to April 2020. COVID-19 research is evolving rapidly and not all mask-related research will be included in this resource. Please note many research studies are not peer-reviewed.

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EFFICACY OF FACE MASK IN PREVENTING RESPIRATORY VIRUS TRANSMISSION

- Total of 21 studies met inclusion criteria.

- **Meta-analyses suggest mask use provided a significant protective effect.**

- Use of masks by healthcare workers (HCWs) and non-healthcare workers (Non-HCWs) can reduce the risk of respiratory virus infection by 80% and 47%.

- Protective effect of wearing masks in Asia appeared to be higher than Western countries.

- Masks had a protective effect against influenza viruses, SARS, and SARS-CoV-2.

- In the subgroups based on different study designs, protective effects of wearing mask were significant in cluster randomized trials and observational studies

Citation: Liang, M., Gao, L., Cheng, C., Zhou, Q., Uy, J. P., Heiner, K., & Sun, C. (2020). Efficacy of face mask in preventing respiratory virus transmission: a systematic review and meta-analysis. *Travel Medicine and Infectious Disease*, 101751.

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EFFECTIVENESS OF CLOTH MASKS: A SYSTEMATIC REVIEW

In this systematic review of 10 studies, cloth masks are not as effective as medical masks but may be better than no masks at all.

- Recommendations are to standardize masks with use of materials proven to have high filtration efficacy.

- Leakage needs to be minimized as much as possible.

- Use of cloth masks should not lead to a neglect of other infection control measures and are not recommended for healthcare workers.

Citation: Mondal, A., Das, A., & Goswami, R. P. (2020). Utility of Cloth Masks in Preventing Respiratory Infections: A Systematic Review. *medRxiv*.

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

- Researchers identified 172 observational studies across 16 countries and six continents, with no randomized controlled trials and 44 relevant comparative studies (n=25 697 patients).

- **Transmission of viruses was lower with physical distancing of 1 meter or more**, compared with a distance of less than 1 meter (n=10 736); protection was increased as distance lengthened.

- **Face mask use could result in a large reduction in risk of infection** (n=2647), with stronger associations with N95 or similar respirators compared with disposable surgical masks or similar (e.g., reusable 12–16-layer cotton masks).

- **Eye protection also was associated with less infection** (n=3713).

- Optimum use of face masks, respirators, and eye protection in public and health-care settings should be informed by these findings and contextual factors. Robust randomized trials are needed to better inform the evidence for these interventions.

Citation: 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*.

GUIDELINES ON HOW TO PROPERLY WEAR A CLOTH MASK IN PUBLIC

- Many citizens are concerned that people are wearing masks incorrectly.

- **According to the WHO, the mask should fit snugly without any gaps. Masks should also cover all of the nose and below the chin.**

- Hands should also be washed prior to putting the mask on.

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FACE MASK USE BY PUBLIC OFFERS SIGNIFICANT BENEFIT WHEN USED CONSISTENTLY

- **Use of face masks in general population offers significant benefit in preventing spread of respiratory viruses, but utility is limited by inconsistent adherence to mask usage.**

- Early initiation of mask usage was more effective.

- Masks were more effective in viruses that transmit easily from asymptomatic individuals, an issue with the current pandemic.

Citation: Gupta, M., Gupta, K., & Gupta, S. (2020). The use of facemasks by the general population to prevent transmission of Covid 19 infection: A systematic review. *medRxiv*.

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COMMUNITY-WIDE IMPACT OF FACE MASK USE BY PUBLIC

- Face masks are found to be useful with respect to both preventing illness in healthy persons and preventing asymptomatic transmission.

- 80% adoption of moderately (50%) effective masks could prevent 17–45% of projected deaths over 2 months in New York, while decreasing peak daily death rate by 34–58% absent other changes in epidemic dynamics.

Eikenberry, S. E., Mancuso, M., Iboi, E., Phan, T., Eikenberry, K., Kuang, Y., ... & Gumel, A. B. (2020). To mask or not to mask: Modeling the potential for face mask use by the general public to curtail the COVID-19 pandemic. *Infectious Disease Modelling*.

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ADDING NYLON LAYER TO FABRIC MASKS INCREASES PARTICLE FILTRATION EFFICIENCY

- Using a modified method of mask fit testing, researchers compared particle filtration efficiency of 10 community-produced fabric mask designs to commercially produced surgical masks.

- **A nylon stocking over layer improved particle filtration efficiency for all masks**, and brought the efficiency for 5 of the 10 fabric mask designs above the 3M surgical mask baseline.

- Use of this testing method on a wider range of mask material/designs could optimize PPE given available resources.

Citation: Mueller, A. V., Eden, M. J., Oakes, J. J., Bellini, C., & Fernandez, L. A. (2020). Quantitative Method for Comparative Assessment of Particle Filtration Efficiency of Fabric Masks as Alternatives to Standard Surgical Masks for PPE. *medRxiv*.

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OF 25 COUNTRIES WITH HIGHEST NUMBER OF CASES, 16 RECOMMEND AGAINST PUBLIC USE OF MASKS

- Quantitative content analysis of health agency mask guidelines performed in late March among 25 countries with highest number of cases.

- Nine countries recommended masks in public/poorly ventilated places

- Sixteen recommended against it due to masks creating a false sense of security.

- Twelve did not offer recommendations.

Citation: Laestadius, L., Wang, Y., Taleb, Z. B., Kalan, M. E., Cho, Y., & Manganello, J. (2020). Online National Health Agency Mask Guidance for the Public in Light of COVID-19: Content Analysis. *JMIR Public Health and Surveillance*, *6*(2), e19501.

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CLOTH MASKS CREATE A FALSE SENSE OF SECURITY

- This study, not yet peer-reviewed, shows evidence masks enable disinhibition behavior and Americans spend less time at home and more time in moderate to high-risk locations following orders to wear masks.

- Mask orders provide a sense of protection, leading people to substitute face mask wearing for other nonpharmaceutical interventions like avoiding time in public.

Citation: Yan, Y., Bayham, J., Fenichel, E. P., & Richter, A. (2020). Do Face Masks Create a False Sense of Security? A COVID-19 Dilemma. *medRxiv*.

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SWEDEN'S HERD IMMUNITY EXPERIMENT

- Unlike its neighbors, Sweden decided against a strict lockdown, enforcing social distancing but keeping most bars, restaurants, schools, and retail open.

- Swedish officials hoped residents would develop **herd immunity**, occurring when enough people are immune to an infectious disease (either because they have been infected and recovered or they have been vaccinated against it).

SWEDEN'S HERD IMMUNITY EXPERIMENT

- **Sweden's mortality rate is higher than the U.S. and much higher than its neighbors** Norway and Finland

- Even without a lockdown, **Sweden's economy has suffered.**

- **Herd immunity is reached when 70%-90% of a population is immune.**

	Sweden	Norway	Finland	US	NM
Population (M)	10.23	5.37	5.52	328.2	2.1
Cases/100,000	414.71[a]	156.98[a]	125.27[a]	562[b]	335[c]
Case Fatality	10.89%	2.80%	4.64%	5.8%	4.6%
Unemployment rate	10.1%[d]	13%[d]	8.3%[d]	10.4%[d]	11.4%[e]
"Herd Immunity"	7.3%[f]	Unknown	Unknown	Unknown	2.6%[g]

References
a: https://coronavirus.jhu.edu/map.html
b: https://www.cdc.gov/covid-data-tracker/index.html
c: NM Department of Health
d: https://www.imf.org/external/datamapper/LUR@WEO/OEMDC/ADVEC/WEOWORLD
e: https://www.dws.state.nm.us/en-us/Researchers/Data/Labor-Force-Unemployment
f: https://cvmodeling.nmhealth.org/wp-content/uploads/sites/4/2020/05/2020-05-21-COVID19-Report-23.pdf
g:https://www.folkhalsomyndigheten.se/nyheter-och-press/nyhetsarkiv/2020/maj/forsta-resultaten-fran-pagaende-undersokning-av-antikroppar-for-covid-19-virus
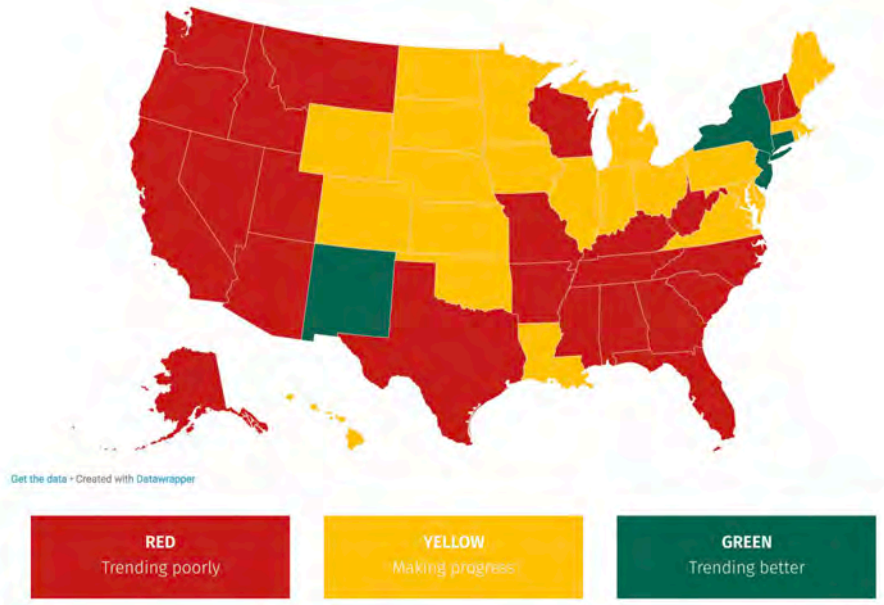
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GATING CRITERIA UPDATE

HOW WE REOPEN SAFELY

STATE	14-DAY TREND OF COVID+	LAST 14 DAYS OF COVID+ (ROLLING)	INFLUENZA-LIKE ILLNESS	ICU AVAILABILITY	NEW CASES PER MILLION PER DAY	% OF TEST TARGET (US: 500K/DAY)	% TEST POSITIVE
New Mexico	-8% Decreasing	138 → 127	Minimal Level 1	44% Normal	60	100%	2.7% Decreasing

Source: https://www.covidexitstrategy.org/

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ARIZONA'S HIGHEST SINGLE-DAY RISE IN CASES - STATE EXPERTS BLAME ENDING LOCKDOWN

- State reported 1,127 new infections of COVD-19, the highest number reported in a single day since the outbreak began, according to the dashboard updated by the Arizona Department of Health Services.

- State also reached a new record of more than 1,000 hospitalizations due to COVID-19 on Monday, suggesting state is seeing an increase in more serious infections likely due to not following the CDC guidelines.

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PUBLIC HEALTH GATING CRITERIA FOR REOPENING NM WEBSITE

- Part of DOH COVID site (https://cvmodeling.nmhealth.org/public-health-gating-criteria-for-reopening-nm/)

- Gating criteria overview landing page

- Subpages for each category, including graphs

- Updated regularly

Public Health Gating Criteria for Reopening NM				
Category	**Measure**	**Phase 1 Target**	**Current Status**	**Status Updated each:**
Spread of COVID-19	1. Rate of Spread	1.15 or less	1.09	Mon, Wed, Fri
Testing Capacity (general and vulnerable populations)*	2. Number of COVID-19 tests per day (7-day rolling average)	5,000	4,888	Mon, Wed, Fri
Contact Tracing and Isolation Capacity	3. Time from COVID-19 positive test result to case isolation	24 hours or less	23 hours	Tues
Contact Tracing and Isolation Capacity	4. Time from COVID-19 positive test result to quarantine of case contacts	36 hours or less	50 hours	Tues
Statewide Healthcare System Capacity	5. Adult ICU Beds occupied across 7 NM Hub Hospitals**	less than 460	273	Tues
Statewide Healthcare System Capacity	6. 7-day supply of personal protective equipment (PPE) across 7 NM Hub Hospitals**	7-day supply in at least 6 out of 7 Hub Hospitals	7 out of 7 hospitals	Tues

ONGOING NEED FOR SOCIAL DISTANCING AND CONTROL MEASURES AFTER A "LOCKDOWN"

- Most countries with significant outbreaks have introduced social distancing or "lockdown" measures to reduce viral transmission but the key question is when, how, and to what extent these measures can be lifted.

- Data on daily numbers of newly confirmed cases and mortality were used to fit regression models estimating trajectories, doubling times and the reproduction number (R0) of the disease before and under the control measures.

- Estimates of R0 before lockdown (2.0 - 3.7 for USA, Italy, Spain, France and UK) were broadly consistent with those previously published. There was little evidence to suggest that the restrictions had reduced R far below 1 in many places.

- Data are more consistent with a need to adopt a "new normal" that can provide the optimal balance between allowing economic activity while ensuring very substantial reductions (at least 80%) in prior social contacts.

Citation: Lonergan, M., & Chalmers, J. D. (2020). Estimates of the ongoing need for social distancing and control measures post-"lockdown" from trajectories of COVID-19 cases and mortality. *European Respiratory Journal*.

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STATEWIDE PUBLIC HEALTH GATING CRITERIA FOR REOPENING

Criterion	Measure	Initial Gating Value	Current Status
Spread of COVID-19	Rate of COVID-19 Transmission	1.15 or less	1.09 on 6/4/2020
Testing Capacity: general and targeted populations*	Number of tests per day (7-day rolling average)	5,000 / day	4,888 on 6/4/2020
Contact Tracing and Isolation Capacity	Time from positive test result to: -isolation recommendation for case -quarantine rec. for case contacts	80% at 24 hrs 80% at 36 hrs	Week of 5/23 = 23 Week of 5/23 = 50
Statewide Health Care System Capacity	Availability of scarce resources in 7 Hub Hospitals: -Adult ICU beds occupied	<460	273 on 6/5/2020
	-PPE	7-day supply	7 hub hospitals have 7-day supply

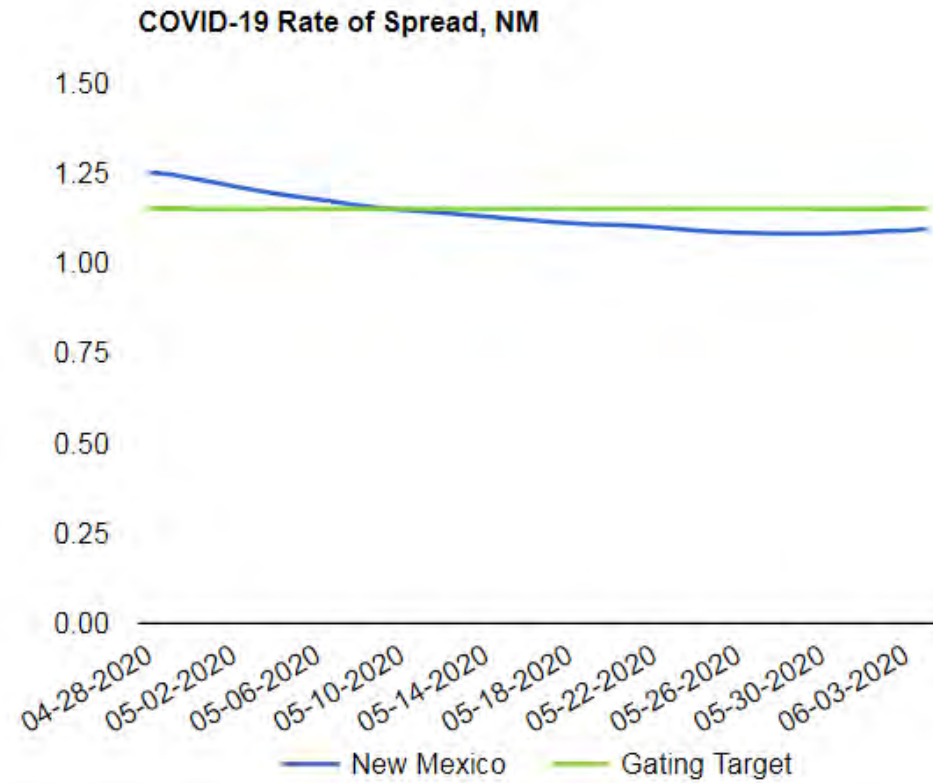**ALL 4 CRITERIA DRIVEN BY SOCIAL DISTANCING BEHAVIORS OF NEW MEXICANS**

COVID-19 RATE OF SPREAD, AS OF 6/5/2020 NMDOH REGIONS (TARGET = 1.15)

- Metro = 1.05
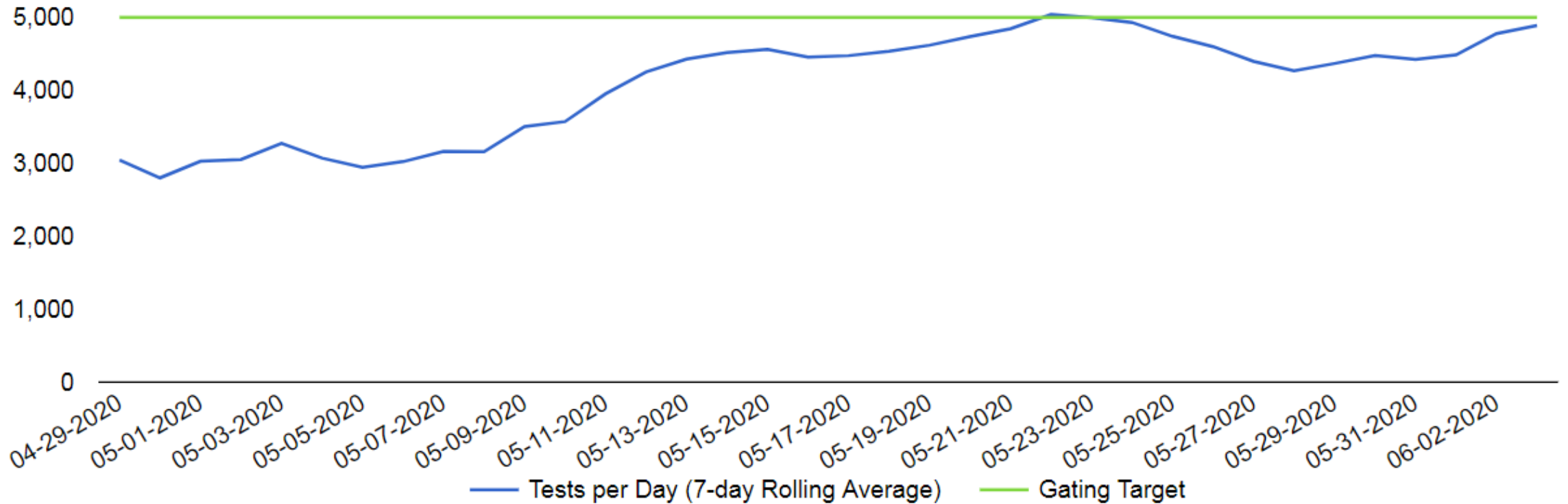- NE = 1.08
- SE = 1.11
- SW = 1.36
- NW = 1.06
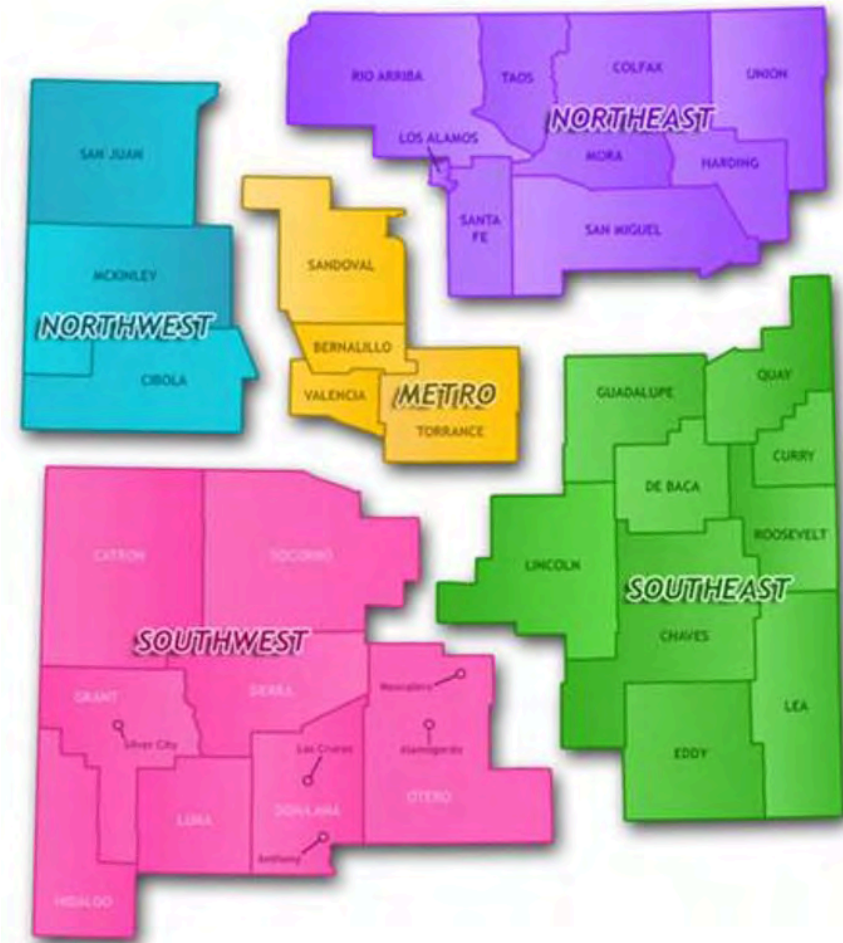
RATE OF SPREAD (GATING TARGET: 1.15 OR BELOW)
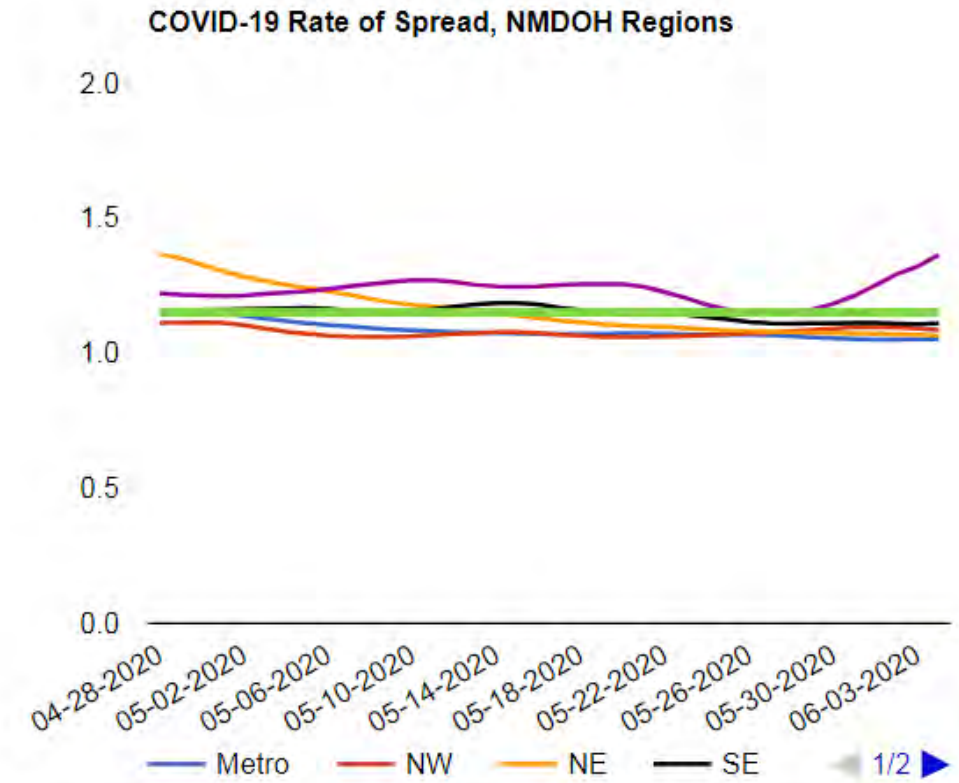
TESTING (GATING TARGET: 5,000 TESTS/DAY)


COVID-19 Tests per Day, NM (7-day Rolling Average)

Tests per Day (7-day Rolling Average) — Gating Target

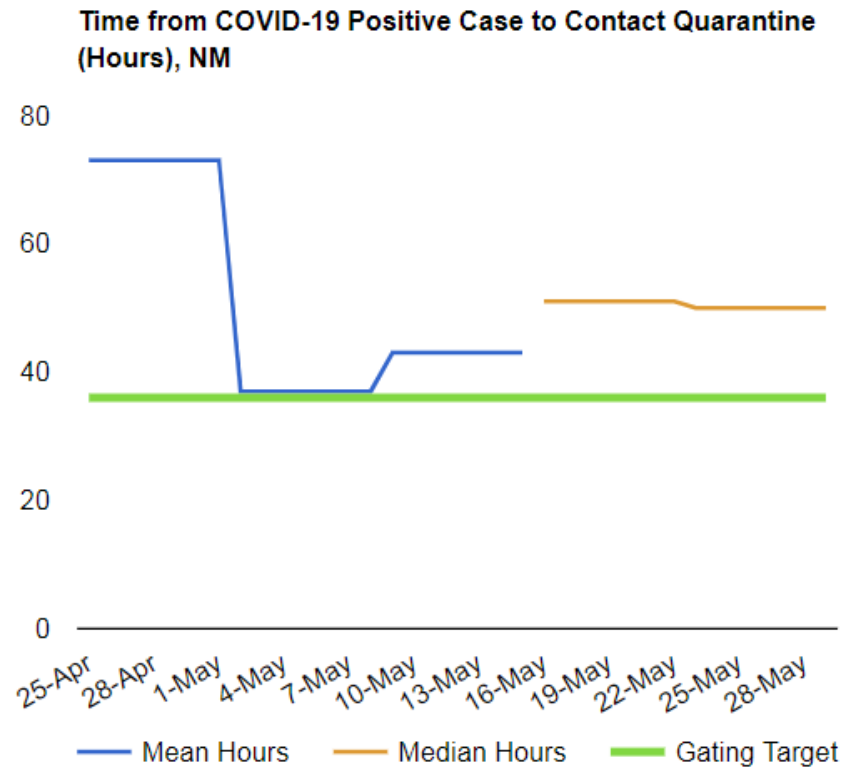Investing for tomorrow, delivering today.

CONTACT TRACING & ISOLATION CAPACITY

Gating Criteria Targets:
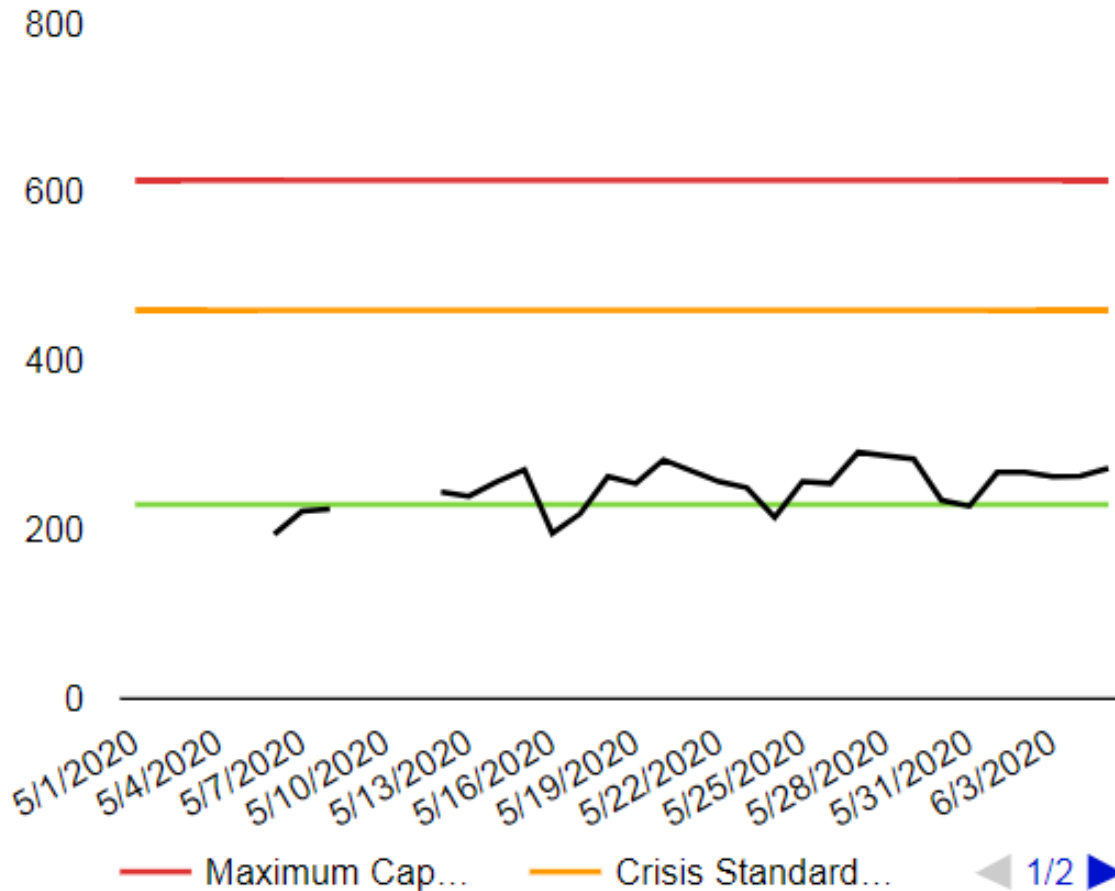
Time from COVID-19 positive test result to:
- isolation of the person who tested positive (24 hours or less)
- quarantine of the people who they may have exposed (36 or less)
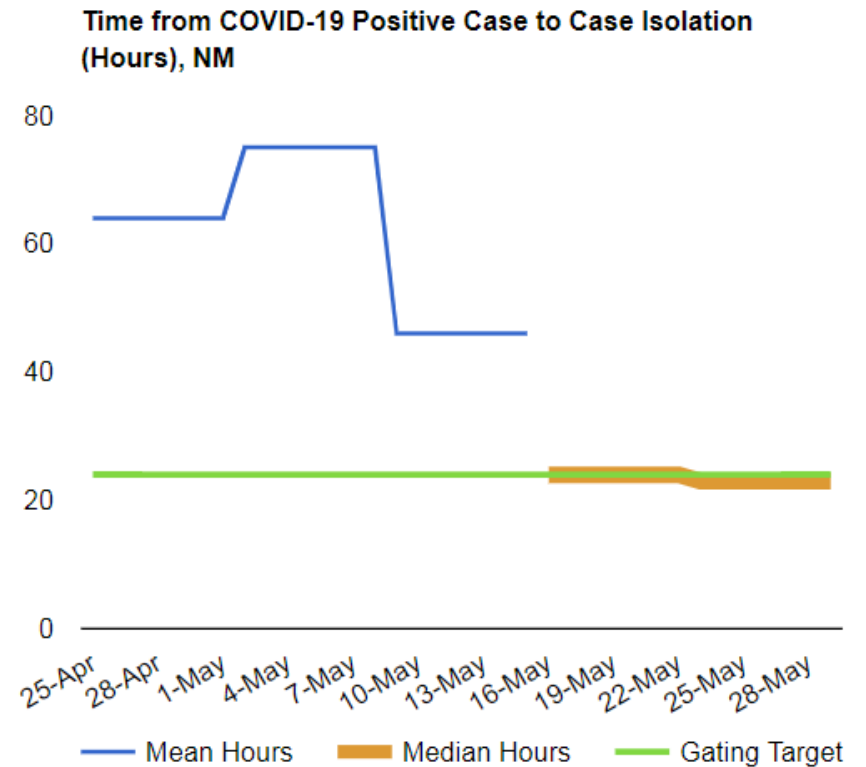
HEALTHCARE SYSTEM CAPACITY

NM Hub Hospitals:
1. University of NM (ABQ)
2. Presbyterian (ABQ)
3. Lovelace Medical Center (ABQ)
4. CHRISTUS St. Vincent (Santa Fe)
5. San Juan Regional Medical Center (Farmington)
6. Memorial Medical Center (Las Cruces)
7. Eastern NM Medical Center (Roswell)

Gating Criteria Target:
Adult Intensive Care Unit (ICU) beds occupied: 460 beds or less.

Occupied Adult ICU Beds, NM Hub Hospitals

# HEALTHCARE SYSTEM CAPACITY

NM Hub Hospitals with 7-Day PPE Supply

NM Hub Hospitals:
1. University of NM (ABQ)
2. Presbyterian (ABQ)
3. Lovelace Medical Center (ABQ)
4. CHRISTUS St. Vincent (Santa Fe)
5. San Juan Regional Medical Center (Farmington)
6. Memorial Medical Center (Las Cruces)
7. Eastern NM Medical Center (Roswell)

Gating Criteria Target:
7-day supply of Personal Protective Equipment (PPE): minimum of 6 Hub Hospitals have 7-day supply.
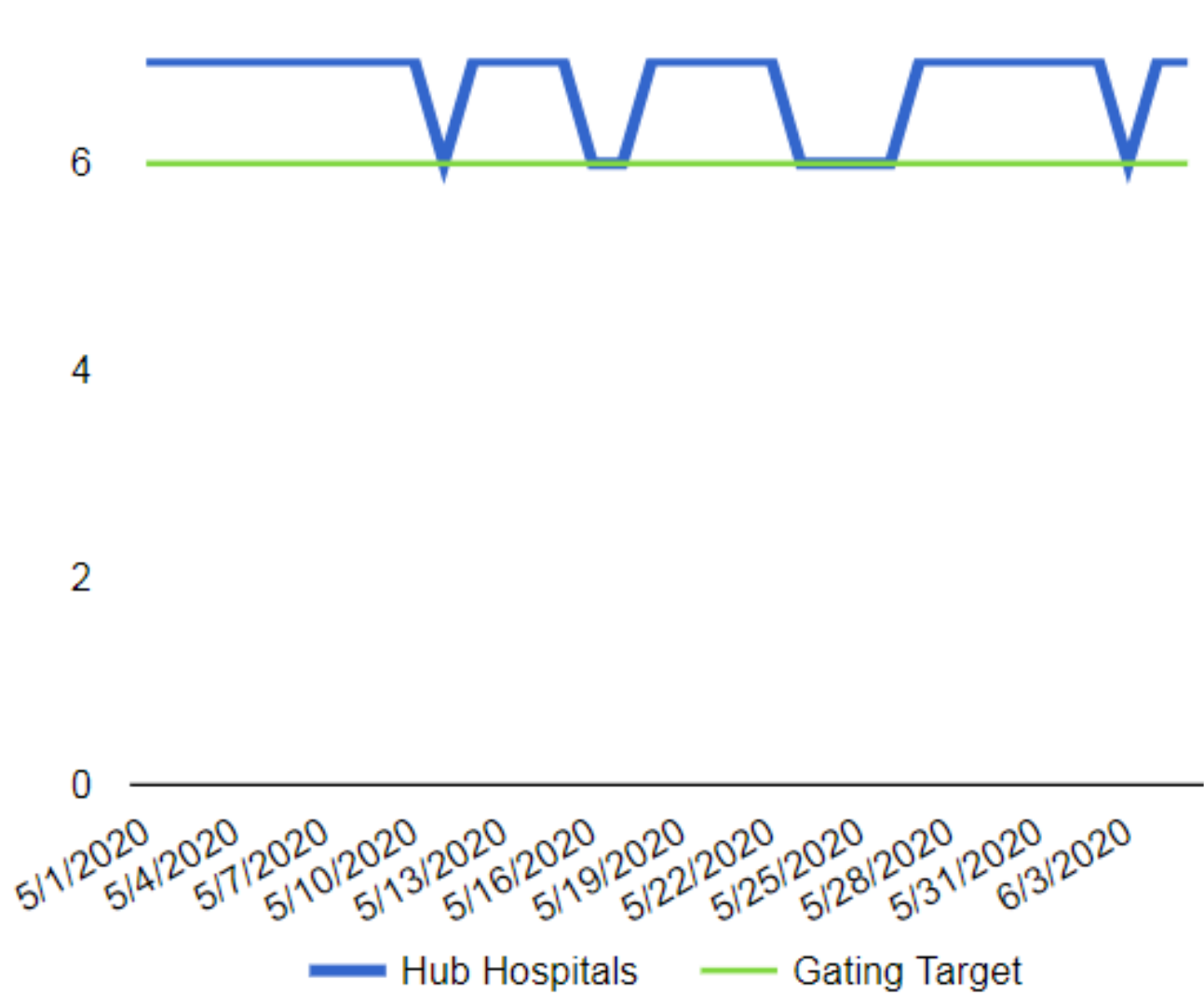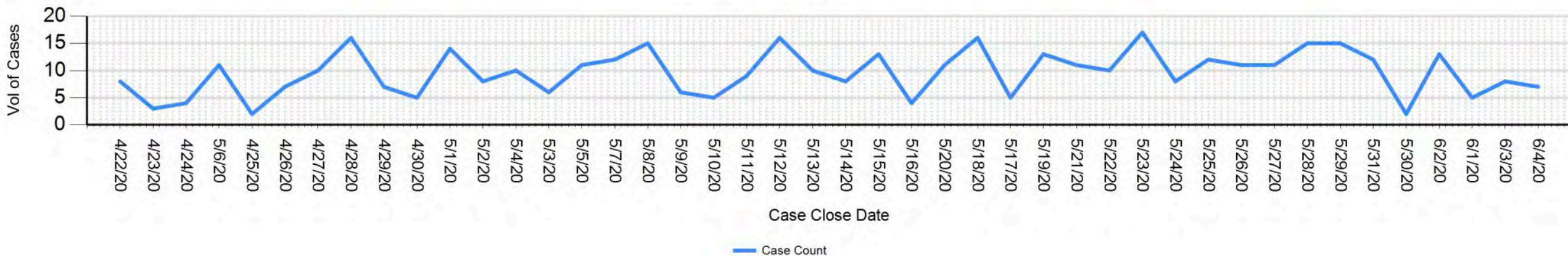
COVID-19 REGIONAL TRIAGE CALL CENTER DATA: 422 TOTAL TRANSFERS IN 43 DAYS

Referring Facility (admitted)

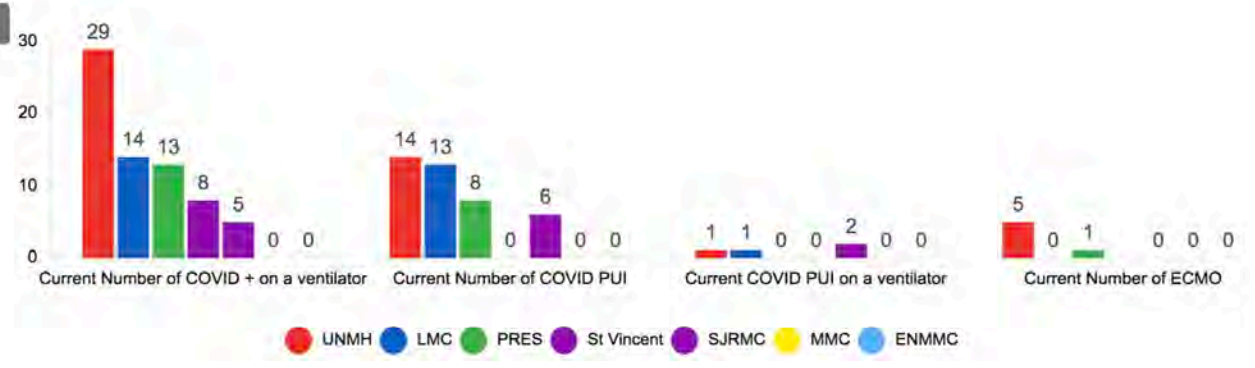| Referring Facility	Destination	ICU	Prog Care	COVID Pos	Total
Acoma Canoncito-Laguna Hospital	Lovelace	0	1	0	1
Crownpoint Hospital	PHS	0	1	1	1
Shiprock (NNMC)	Hub-CSV	1	0	0	1
	Lovelace	1	1	1	2
Total		2	3	2	5

Rolling Case Volume

Adult ICU Bed Capacity

Occupied | Available

Current Number of COVID + on a ventilator | Current Number of COVID PUI | Current COVID PUI on a ventilator | Current Number of ECMO

UNMH | LMC | PRES | St Vincent | SJRMC | MMC | ENMMC

HUB HOSPITAL CAPACITY (06/05/20 9:00AM)
*MMC LAST UPDATED 6/04

Occupancy % of Licensed Beds

UNMH | LMC | PRES | St Vincent | SJRMC | MMC | ENMMC
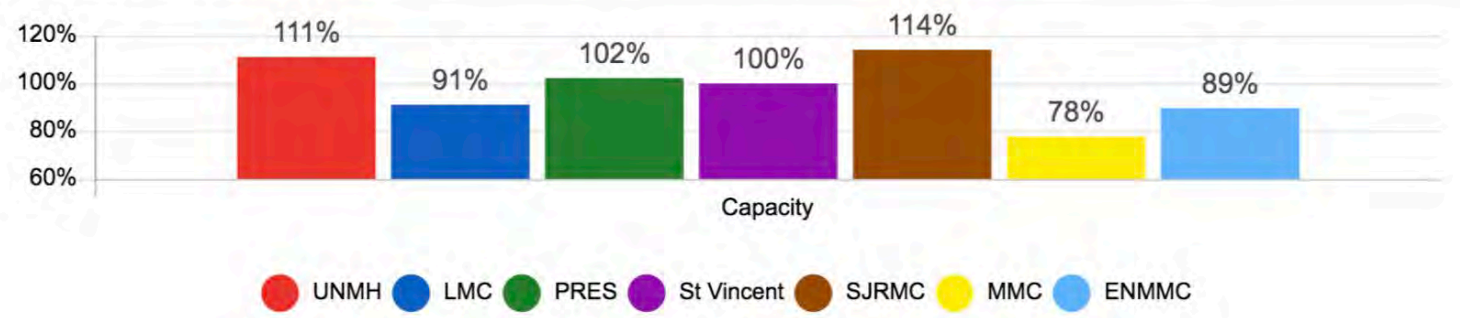
Organization	Non ICU adult beds open	ICU adult beds open	CA-Total Beds	CA-Occupied Beds	CO- Total Beds	CO=Occupied Beds	CR-Total Beds	CR-Occupied Beds
	Non ICU adult beds open	ICU adult beds open	Licensed Available	Total Occupied	Contingency Available	Contingency Occupied	Crisis Available	Crisis Occupied
LMC	Yes	Yes	56	51	39	0	45	0
UNMH	No	No	83	92	30	9	47	0
PRES	Yes	Yes	53	54	16	1	47	0
St Vincent	Yes	Yes	18	18	5	0	12	0
SJRMC	Yes	Yes	14	16	9	2	16	0
MMC	Yes	Yes	32	25	14	0	14	0
ENMMC	Yes	Yes	19	17	15	0	0	0

THE CURVE HAS FLATTENED BUT WE CANNOT _FULLY_ REOPEN YET

EVEN THOUGH NM IS IMPROVING, WE MUST REMAIN VIGILANT.

- Stay at home as much as possible, especially if you are in a high-risk group

- STAY HOME WHEN SICK

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

- Wear face coverings in public

- Maintain social distancing (minimum 6 feet)

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