



HUMAN
SERVICES
DEPARTMENT



COVID-19 DAY 196 PRESS UPDATE

SEPTEMBER 22, 2020

SECRETARY DAVID R. SCRASE, M.D.

INVESTING FOR TOMORROW, DELIVERING TODAY.

AGENDA

- Science & Media Update
- NM COVID-19 Update
- Public Health Reopening Gating Criteria for New Mexico

Joined by Special Guest Dr. Chad Smelser, Acting State Epidemiologist, NM Department of Health

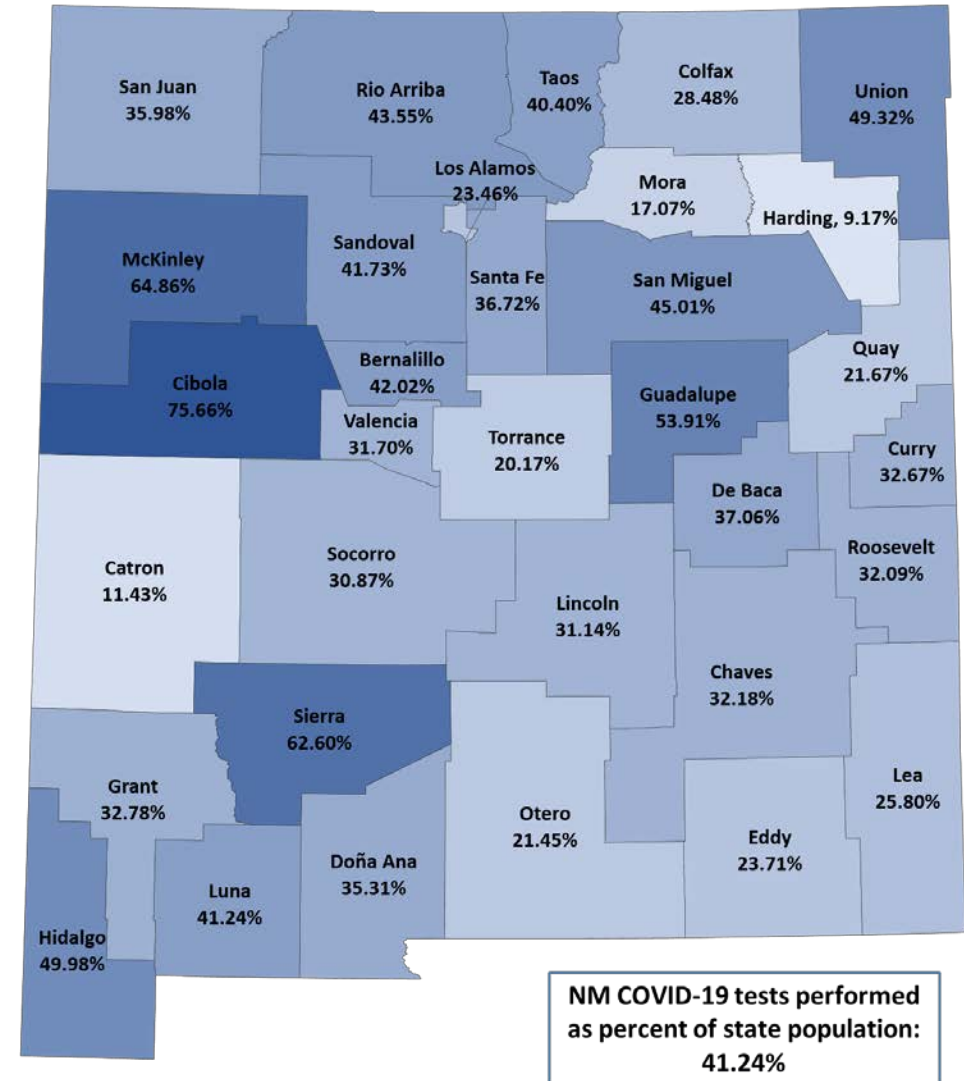
COVID-19 SCIENCE & MEDIA UPDATE

HOW NEW MEXICO CONTROLLED THE SPREAD OF COVID-19

SCIENTIFIC AMERICAN

- To date, AZ has had more than twice as many cases and nearly twice as many deaths as NM per 100,000 people, and NM has far fewer cases and deaths/100,000 than Texas.
- Testing crucial part of NM's strategy.
 - ~80% of tests are processed either at New Mexico's own laboratory or at [TriCore Reference Laboratories](#).
 - 28 labs processing COVID-19 tests in NM.
- Another advantage for New Mexico is that it has a centralized public health agency.
- State's models and system for collecting and tracking data allow policy makers to make forward-looking, evidence-based decisions.

COVID-19 Tests Performed as Percentage of County Population as of 9/21/20, (%)



INSIDE A NURSING HOME DEVOTED TO TREATING THOSE WITH COVID-19 NEW YORK TIMES

- In April, New Mexico partnered with Genesis HealthCare to convert Canyon Transitional Rehabilitation Center (ABQ) to a long-term care facility for patients with COVID-19.
- Since the spring, 251 patients have been discharged; 32 have died, including Mr. Montoya (pictured right).
- Certified nursing assistants regularly talk with residents, Canyon resident Ms. Leslie Riggins said. “It really makes or breaks whether you get better or not.”
- Nursing assistants double as caregivers and confidants, sitting with residents and supporting many through confusion, depression and even suicidal thoughts.



Maika Alvarez, center, helping Jose Montoya speak with his daughter via FaceTime.

NURSING HOME VISITATION UPDATED FEDERAL GUIDANCE

- Centers for Medicare & Medicaid Services (CMS) issued guidance 9/17/20 related to infection prevention principles, indoor and outdoor visitation, visitor testing, and compassionate care visits.
- CMS advises facilities to use [COVID-19 county test positivity rate](#) to facilitate indoor visitation:
 - Low (<5%): Visitation beyond compassionate permitted.
 - Medium (5% - 10%): Visitation beyond compassionate permitted.
 - High (>10%): Visitation only for compassionate care situations.
- Facilities may not restrict in-person visitation without a reasonable clinical or safety cause (e.g. county COVID-19 test positivity rate, facility/resident COVID-19 status, visitor symptoms, lack of adherence to proper infection control practices).

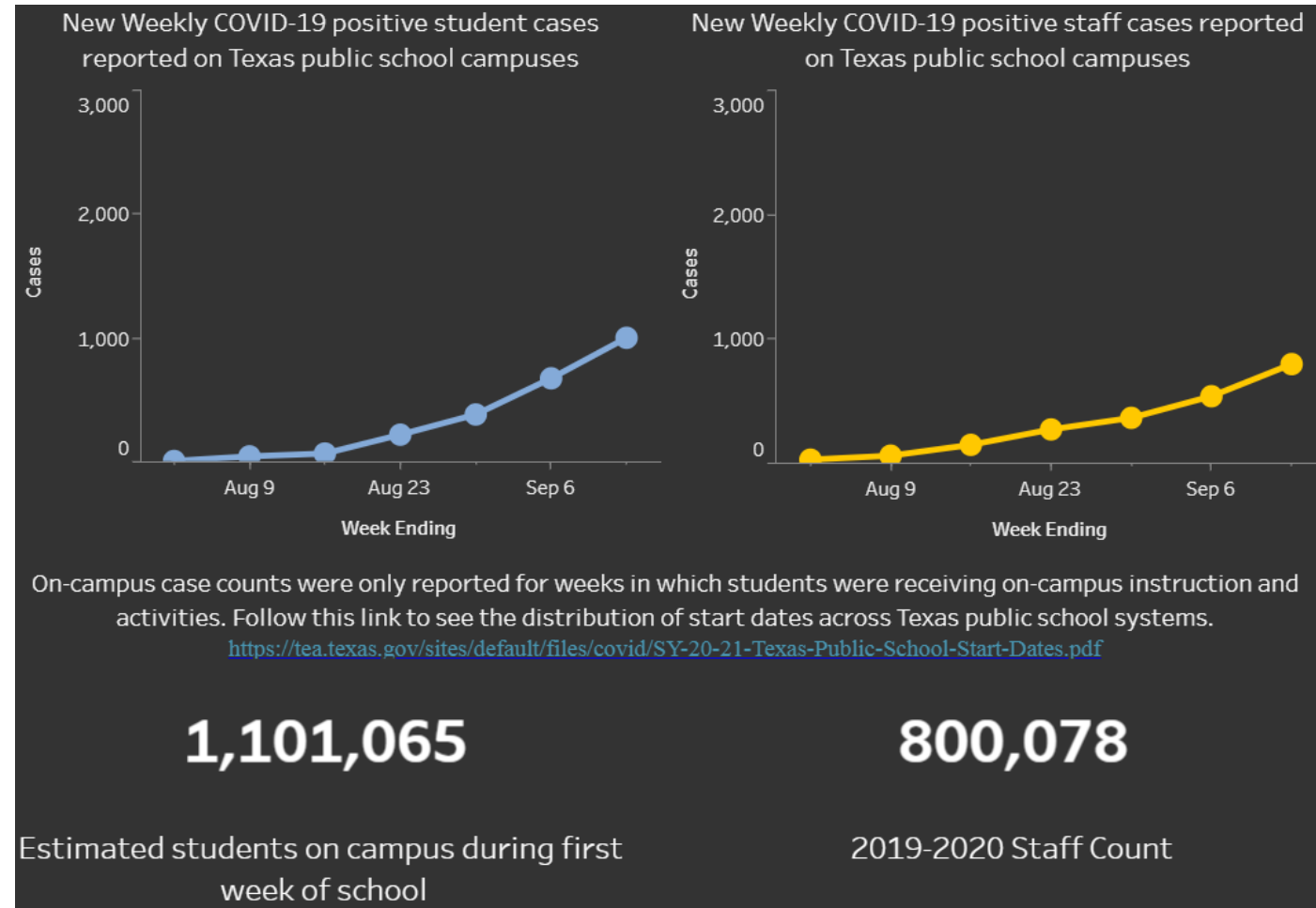
Indoor visitation encouraged when:

1. No new [onset](#) of COVID-19 cases in facility in last 14 days and facility is not conducting [outbreak testing](#);
2. Visitors adhere to core visitation principles and staff monitor for those who may have difficulty, such as children;
3. Facilities limit number of visitors per resident as well as total number of visitors in facility at one time; and,
4. Facilities limit movement in the facility (e.g. visitors go directly to the resident's room or designated visitation area).

MORE THAN 4,500 STUDENTS AND STAFF IN TEXAS SCHOOLS HAVE TESTED POSITIVE FOR COVID-19 SINCE THE START OF THE SCHOOL YEAR

DALLAS MORNING NEWS

- 4,519 documented cases of COVID-19 in Texas public schools since start of school year.
- Week of Sept. 7, 990 students tested positive, increase of 48% from previous week as more schools returned to in-person instruction.
- Among staff, 791 staff tested positive, 48% increase from previous week.
- Several of the state's largest school districts — including Houston, Dallas, Fort Worth and Arlington — have not resumed in-person classes.



CHILD NOT FEELING WELL? STAY HOME.

- Reports from [Massachusetts](#), [Indiana](#), [Utah](#), and [Oklahoma](#) of students attending in-person school with COVID-19 symptoms and/or positive test result.
- Children should stay home from school when they:
 - Exhibit flu or COVID-19 symptoms;
 - Test positive for COVID-19 but show no symptoms;
 - Have close contact with anyone who tests positive for COVID-19; and/or
 - They live with someone who has symptoms of COVID-19 and is being tested.



Flu:

fever* or chills
*Not everyone with the flu has a fever.

cough

sore throat

runny/stuffy nose

muscle/body ache

headache

fatigue

***vomiting and diarrhea**
*Sometimes, vomiting and diarrhea with flu are more common in children.

**Get your flu shot!
Find a clinic:**
www.immunizenm.org

Find this and more information:
<https://www.cdc.gov>

COVID-19:

fever or chills

cough

sore throat

runny/stuffy nose

muscle/body ache

headache

fatigue

vomiting and diarrhea

shortness of breath/difficulty breathing

new loss of taste or smell

many people with COVID-19 do not experience symptoms

Get tested for COVID-19!

<https://cvprovider.nmhealth.org/directory.html>



Gripe:

fiebre* o escalofrios
* No todos los que tienen gripe tienen fiebre.

tos

dolor de garganta

moqueo / congestión nasal

dolor muscular/corporal

dolor de cabeza

fatiga

vómito y diarrea*
* A veces más común en niños.

¡Vacúnese contra la gripe! Encuentre una clínica:
www.immunizenm.org

Encuentre esta y más información:
<https://www.cdc.gov>

COVID-19:

fiebre o escalofrios

tos

dolor de garganta

moqueo / congestión nasal

dolor muscular/corporal

dolor de cabeza

fatiga

vómito y diarrea

falta de aire/dificultad para respirar

nueva pérdida de sabor o olfato

Muchas personas con COVID-19 no experimentan síntomas

¡Hacerse la prueba!

<https://cvprovider.nmhealth.org/directory.html>

Investing for tomorrow, delivering today.

RISK OF SEVERE COVID-19 WITHIN HOUSEHOLDS OF SCHOOL EMPLOYEES AND SCHOOL-AGE CHILDREN

HEALTH AFFAIRS

- 42.0% of school employees at increased risk of severe COVID-19.**
 - Non-teaching staff more likely at increased risk (58.2%), compared to teachers/assistants (37.8%) or administrators and other staff (39.1%).
 - Obesity primary factor, while high blood pressure also played an important role.
 - Men more likely than women, and Blacks more likely than Whites to be at increased risk.
- 58.7% of school-age children lived in households with at least one increased-risk adult.** Primary health risk was obesity, followed by high blood pressure and smoking.
- High school children (62.1%) more likely than elementary school age children (55.7%) to live with adults with increased risk.
- Black and Hispanic children more likely than White children to live in households with increased-risk adults.¹⁰

Appendix Exhibit 5: Number of COVID-19 Health Risks Among School Employees, School-Age Children, and their Adult Household Members, by Main and Broader CDC Definitions of Increased Risk, 2014-2017

	Sample Size	Population In millions	Percentage Living in Households with at Least One Adult Having		
			1 Condition Associated with Severe COVID-19 (SE)	2 Conditions Associated with Severe COVID-19 (SE)	3 or More Conditions Associated with Severe COVID-19 (SE)
School Employees					
Living in Households in Which at Least One Adult Meets the Main CDC Definition of Increased Risk of Severe COVID-19	2,070	6.3	47.6% (2.0%)	30.2% (1.6%)	22.1% (1.5%)
Living in Households in Which at Least One Adult Meets the Broader CDC Definition of Increased Risk of Severe COVID-19	2,356	7.1	53.3% (1.9%)	27.2% (1.4%)	19.4% (1.4%)
School-age Children					
Living in Households in Which at Least One Adult Meets the Main CDC Definition of Increased Risk of Severe COVID-19	16,321	31.6	50.6% (1.0%)	31.7% (0.8%)	17.7% (0.7%)
Living in Households in Which at Least One Adult Meets the Broader CDC Definition of Increased Risk of Severe COVID-19	19,248	38.2	58.2% (0.8%)	27.2% (0.7%)	14.6% (0.6%)

Source: Authors' calculations using Medical Expenditure Panel Survey (MEPS) from 2014-2017.
 Notes: See notes to Supplemental Exhibit 5. Survey-adjusted standard errors are in parentheses.

PREVALENCE OF UNDERLYING MEDICAL CONDITIONS AMONG SELECTED ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS — BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, 31 STATES, 2017–2018 CDC

- Obesity and hypertension were most common conditions in every essential worker group.
- Home health aides had highest unadjusted prevalence estimate (aPR) for every chronic condition except severe obesity and had significantly elevated adjusted prevalence ratio (aPRs) for 5 conditions.
- For health care support workers (other than home health), aPRs were significantly elevated for diabetes, obesity, and severe obesity.
- aPRs for nursing home workers significantly elevated for CAD, COPD, diabetes, hypertension, obesity, and severe obesity.
- Non-healthcare industries with statistically significant elevations in aPRs for more than one underlying condition included transit (current asthma and diabetes) and trucking (COPD, obesity, and severe obesity).

TABLE 2. Prevalence* and adjusted prevalence ratio (aPR)[†] of underlying health conditions among essential workers, by occupation[§] — Behavioral Risk Factor Surveillance System, 31 U.S. states,[¶] 2017–2018

Underlying condition	All workers**	Health practitioners	Health technicians and technologists	Health care support (except home health)	Home health and personal care aides	Protective services	Teachers, pre-K–grade 12
Asthma, current							
% (95% CI)	7.6 (7.4–7.9)	10.0 (8.7–11.5)	9.3 (7.2–11.7)	10.3 (8.5–12.4)	13.2 (9.6–17.6)	6.9 (5.0–9.2)	11.4 (9.8–13.2)
aPR (95% CI)	—	1.08 (0.94–1.25)	0.99 (0.78–1.27)	0.98 (0.80–1.19)	1.31 (0.96–1.78)	1.04 (0.78–1.39)	1.19 (1.02–1.39)
Asthma, ever							
% (95% CI)	12.8 (12.4–13.1)	14.4 (12.7–16.1)	14.6 (11.6–18.2)	14.3 (12.2–16.7)	17.1 (12.9–22.0)	13.6 (11.0–16.5)	16.6 (14.6–18.8)
aPR (95% CI)	—	1.04 (0.92–1.18)	1.02 (0.81–1.28)	0.90 (0.76–1.06)	1.16 (0.88–1.78)	1.11 (0.92–1.35)	1.17 (1.03–1.33)
Cancer^{††}							
% (95% CI)	3.7 (3.5–3.8)	4.0 (3.5–4.7)	3.5 (2.7–4.6)	3.0 (1.9–4.4)	5.0 (3.2–7.4)	2.6 (1.6–3.9)	4.3 (3.4–5.3)
aPR (95% CI)	—	0.84 (0.72–0.98)	0.85 (0.65–1.12)	0.83 (0.57–1.22)	1.02 (0.68–1.54)	0.96 (0.64–1.44)	0.96 (0.78–1.19)
Coronary heart disease^{§§}							
% (95% CI)	3.0 (2.8–3.2)	2.0 (1.5–2.6)	1.4 (1.0–2.0)	2.2 (1.5–3.2)	4.4 (2.0–8.3) ^{¶¶}	2.7 (1.5–4.5)	1.6 (1.1–2.3)
aPR (95% CI)	—	0.75 (0.57–0.99)	0.64 (0.45–0.90)	1.32 (0.92–1.89)	1.80 (0.93–3.45)	0.95 (0.57–1.57)	0.70 (0.48–1.01)
Chronic kidney disease							
% (95% CI)	1.6 (1.5–1.7)	1.3 (1.0–1.7)	1.6 (0.8–2.9) ^{¶¶}	1.0 (0.5–1.6)	4.6 (2.0–9.0) ^{¶¶}	1.6 (0.8–3.0) ^{¶¶}	1.4 (1.0–1.9)
aPR (95% CI)	—	0.79 (0.59–1.05)	1.07 (0.58–2.00)	0.65 (0.37–1.12)	2.53 (1.24–5.14)	1.22 (0.66–2.26)	0.90 (0.64–1.27)
COPD							
% (95% CI)	3.1 (2.9–3.2)	1.7 (1.4–2.1)	3.0 (2.0–4.3)	4.0 (2.9–5.4)	6.2 (4.0–9.0)	2.5 (1.1–4.7) ^{¶¶}	2.7 (1.8–3.8)
aPR (95% CI)	—	0.46 (0.37–0.57)	0.91 (0.63–1.30)	1.25 (0.92–1.70)	1.68 (1.14–2.48)	0.89 (0.46–1.71)	0.76 (0.53–1.08)
Diabetes							
% (95% CI)	6.5 (6.3–6.8)	5.6 (4.7–6.5)	5.9 (4.5–7.5)	6.6 (5.2–8.1)	12.2 (8.2–17.4)	7.1 (5.0–9.7)	5.4 (3.9–7.3)
aPR (95% CI)	—	0.85 (0.72–1.00)	1.02 (0.80–1.31)	1.36 (1.10–1.67)	1.70 (1.21–2.39)	1.13 (0.83–1.53)	0.93 (0.69–1.25)
Hypertension^{***}							
% (95% CI)	23.7 (23.1–24.4)	20.3 (18.1–22.6)	23.2 (18.8–28.2)	21.2 (17.1–25.7)	29.3 (22.4–37.1)	25.6 (20.4–31.3)	17.8 (15.4–20.4)
aPR (95% CI)	—	0.86 (0.78–0.96)	1.11 (0.94–1.31)	1.10 (0.94–1.30)	1.15 (0.89–1.48)	1.04 (0.86–1.26)	0.81 (0.72–0.92)
Obesity (BMI≥30 kg/m²)^{†††}							
% (95% CI)	29.9 (29.4–30.4)	26.1 (23.7–28.5)	37.4 (32.7–42.3)	40.0 (36.6–43.5)	44.8 (36.9–53.0)	39.6 (35.7–43.6)	27.3 (25.1–29.7)
aPR (95% CI)	—	0.86 (0.78–0.93)	1.27 (1.12–1.45)	1.29 (1.19–1.41)	1.38 (1.12–1.69)	1.24 (1.12–1.37)	0.86 (0.79–0.94)
Severe obesity (BMI≥40 kg/m²)^{†††}							
% (95% CI)	4.3 (4.1–4.5)	3.3 (2.7–4.1)	4.1 (3.0–5.6)	9.1 (7.2–11.2)	9.1 (6.0–13.0)	5.5 (3.6–8.0)	4.9 (3.8–6.3)
aPR (95% CI)	—	0.67 (0.54–0.82)	0.86 (0.64–1.16)	1.62 (1.29–2.03)	1.59 (1.09–2.31)	1.26 (0.86–1.86)	0.95 (0.73–1.23)
Stroke							
% (95% CI)	1.2 (1.1–1.3)	0.8 (0.5–1.1)	1.7 (0.5–4.2) ^{¶¶}	0.9 (0.5–1.5)	2.0 (0.8–3.9) ^{¶¶}	0.3 (0.1–0.7) ^{¶¶}	1.3 (0.6–2.4) ^{¶¶}
aPR (95% CI)	—	0.67 (0.47–0.95)	1.68 (0.66–4.29)	0.99 (0.60–1.65)	1.50 (0.74–3.09)	0.32 (0.16–0.66)	1.23 (0.67–2.26)

Abbreviations: BMI = body mass index; CI = confidence interval; COPD = chronic obstructive pulmonary disease.
 * Unadjusted, weighted estimates.
 † Adjusted for age group (18–29, 30–39, 40–49, 50–59, 60–69, ≥70 years), sex, race/ethnicity (non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, non-Hispanic other race, Hispanic). aPR reference group is all other occupations (essential and non-essential) combined.
 ‡ By U.S. Census codes (<https://www.census.gov/programs-surveys/cps/technical-documentation/methodology/industry-and-occupation-classification.html>).
 § California, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Washington, and Wisconsin.
 ** All currently employed non-active duty military respondents to the Industry and Occupation module of the 2017 or 2018 Behavioral Risk Factor Surveillance System.
 †† Except non-melanoma skin cancer.
 ††† Includes heart attack/myocardial infarction, coronary heart disease, or angina.
 ¶¶ Relative standard error >30% but ≤50%.
 *** 2017 BRFSS data only, available for 22 states: California, Connecticut, Florida, Georgia, Hawaii, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Tennessee, Washington, and Wisconsin.
 †††† Body mass index (and thus obesity) was missing for 9% of cohort; all other behaviors and conditions missing for <1% of cohort.

CLINICAL OUTCOMES IN YOUNG US ADULTS HOSPITALIZED WITH COVID-19 JAMA

- Young adults 18 to 34 years with *ICD-10* code U07.1 (COVID-19, virus identified) discharged between April 1 and June 30, 2020 identified in all-payer database including 1,030 US hospitals and health systems.
- Young adults hospitalized with COVID-19 outcomes:
 - 21% required intensive care
 - 10% required mechanical ventilation
 - 2.7% died
- Morbid obesity, hypertension, and diabetes common and associated with greater risks.
- Young adults with more than 1 of these conditions faced risks comparable with to middle-aged adults without them.**
- More than half of young adult patients requiring hospitalization were Black or Hispanic.

Table. Baseline Characteristics of Young Adults Age 18 to 34 Years With COVID-19^a

Characteristic	No. (%)			P value
	Full case series (N = 3222)	No death or ventilation (n = 2879)	Death or ventilation (n = 343)	
Age, mean (SD), y	28.3 (4.4)	28.3 (4.4)	28.3 (4.5)	.90
Men	1849 (57.6)	1626 (56.7)	223 (65.0)	.003
Race/ethnicity				
White non-Hispanic	536 (16.6)	479 (16.6)	57 (16.6)	.14
White Hispanic	350 (10.9)	324 (11.3)	26 (7.6)	
Black non-Hispanic	748 (23.2)	675 (23.4)	73 (21.3)	
Black Hispanic	14 (0.4)	13 (0.5)	1 (0.3)	
Other/unknown	1574 (48.9)	1388 (48.2)	186 (54.2)	
Black and/or Hispanic	1838 (57.0)	1669 (58.0)	169 (49.3)	.002
Discharge month				
April 2020	1680 (52.1)	1495 (51.9)	185 (53.9)	.004
May 2020	1063 (33.0)	936 (32.5)	127 (37.0)	
June 2020	479 (14.9)	448 (15.6)	31 (9.0)	
Region				
Northeast	1298 (40.3)	1161 (40.4)	137 (39.9)	.002
South	1130 (35.1)	1032 (35.9)	98 (28.6)	
Midwest	558 (17.3)	488 (17.0)	70 (20.4)	
West	233 (7.2)	195 (6.8)	38 (11.1)	
Any obesity, BMI ≥ 30	1187 (36.8)	1007 (35.0)	180 (52.5)	<.001
Morbid obesity, BMI ≥ 40	789 (24.5)	649 (22.5)	140 (40.8)	<.001
Asthma	545 (16.9)	495 (17.2)	50 (14.6)	.22
Hypertension	519 (16.1)	412 (14.3)	107 (31.2)	<.001
Smoking	513 (15.9)	472 (16.4)	41 (12.0)	.03
Diabetes	588 (18.2)	494 (17.2)	94 (27.4)	<.001

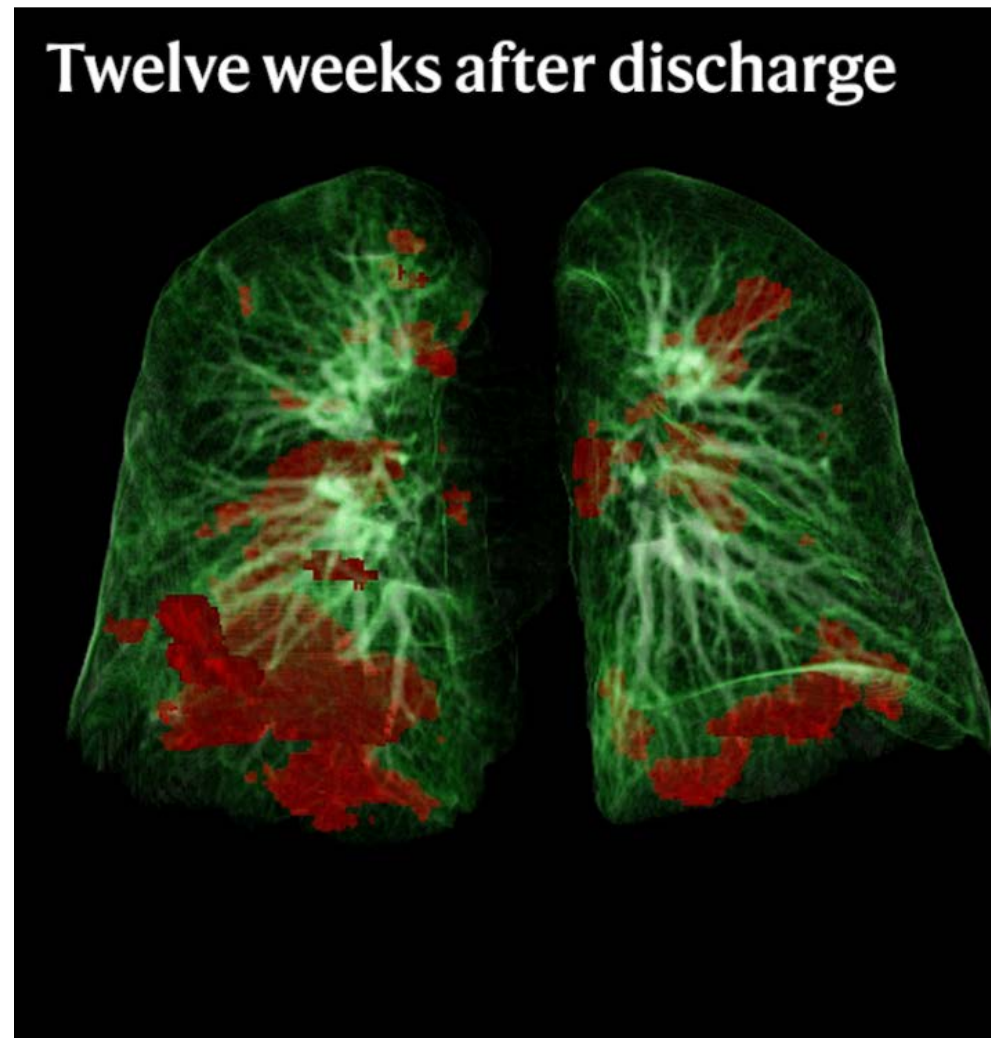
Abbreviations: BMI, body mass index (calculated as weight in kilograms divided by height in meters squared); COVID-19, coronavirus disease 2019.
^a Race/ethnicity groups include only patients whose race and ethnicity were reported. Patients with missing data for 1 or both were considered other/unknown.



LASTING MISERY OF CORONAVIRUS LONG-HAULERS

NATURE

- University of Southern California in Los Angeles researchers tracking COVID-19 patients using CT scanning to study their lungs. More than a month later, and more than one-third had tissue death.
- [Austrian](#) study found lung damage lessened with time: 88% of participants had visible damage 6 weeks after being discharged from hospital, but by 12 weeks, this number had fallen to 56%.
- One [study](#) of 143 people with COVID-19 discharged from a hospital in Rome found 53% had reported fatigue and 43% had shortness of breath an average of 2 months after their symptoms started.
- [Study](#) of patients in China showed 25% had abnormal lung function after 3 months, and 16% were still fatigued.
- Evidence from SARS that coronavirus infection can cause long-term fatigue. In 2011, [researchers](#) described 22 people with SARS, all of whom remained unable to work 13–36 months after infection. Compared with controls, they had persistent fatigue, muscle pain, depression and disrupted sleep.
 - Another [study](#), published in 2009, tracked people with SARS for 4 years and found 40% had chronic fatigue.



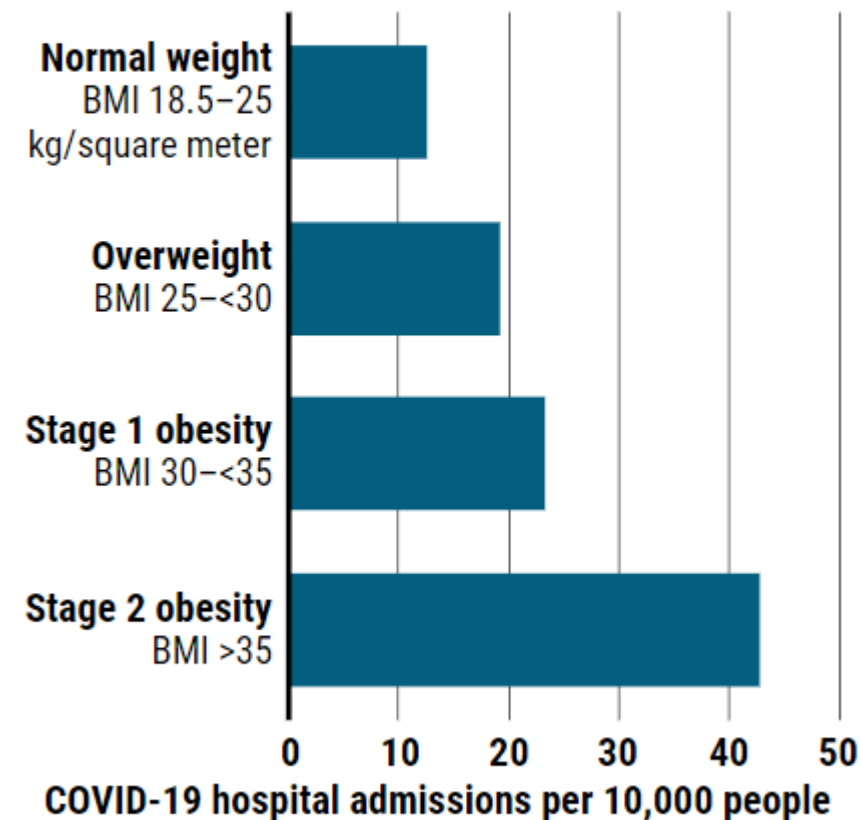
Lung scans from a 50-year-old show that damage from COVID-19 (red) can improve with time — but many patients have lasting symptoms. Credit: Prof. Gerlig Widmann, Dr. Christoph Schwabl, Dr. Anna Luger - Dpt. of Radiology, Innsbruck Medical University.

WHY COVID-19 IS MORE DEADLY IN PEOPLE WITH OBESITY— EVEN IF THEY'RE YOUNG

SCIENCE

- First meta-analysis of its kind [found people](#) with obesity who contracted SARS-CoV-2 were 113% more likely than people of healthy weight to be hospitalized, 74% more likely to be admitted to ICU, and 48% more likely to die.
- People with obesity more likely to have other diseases that are independent risk factors for severe COVID-19, including heart disease, lung disease, diabetes, and metabolic syndrome.
- Obesity remains strong independent risk factor as well for severe COVID-19, because obesity results in:
 - Fat in the abdomen pushing on diaphragm, impinging on lungs and restricting airflow.
 - Weakened immune system (fat cells infiltrate organs where immune cells are produced and stored).
 - Chronic inflammation (fat cells secrete inflammation-triggering chemical messengers called cytokines, and immune cells called macrophages that sweep in to clean up dead and dying fat cells).
 - Blood that is prone to clot.
- [40% of adults in U.S. are obese.](#)

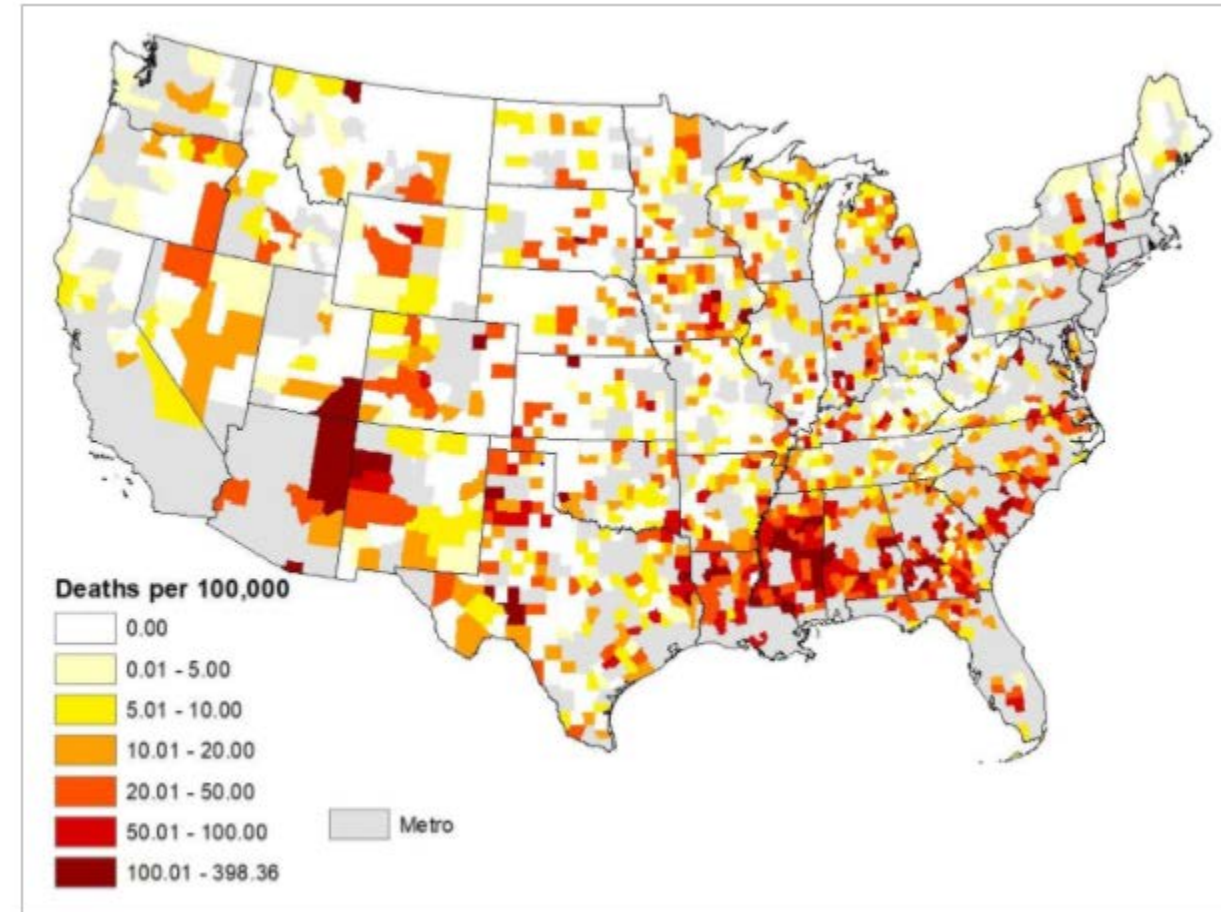
Among 334,000 people in England this spring, the chances of being hospitalized with COVID-19 increased steadily with their body mass index (BMI).



COVID-19 DEATH RATES ARE HIGHER IN RURAL COUNTIES WITH LARGER SHARES OF BLACKS AND HISPANICS¹⁴

JOURNAL OF RURAL HEALTH

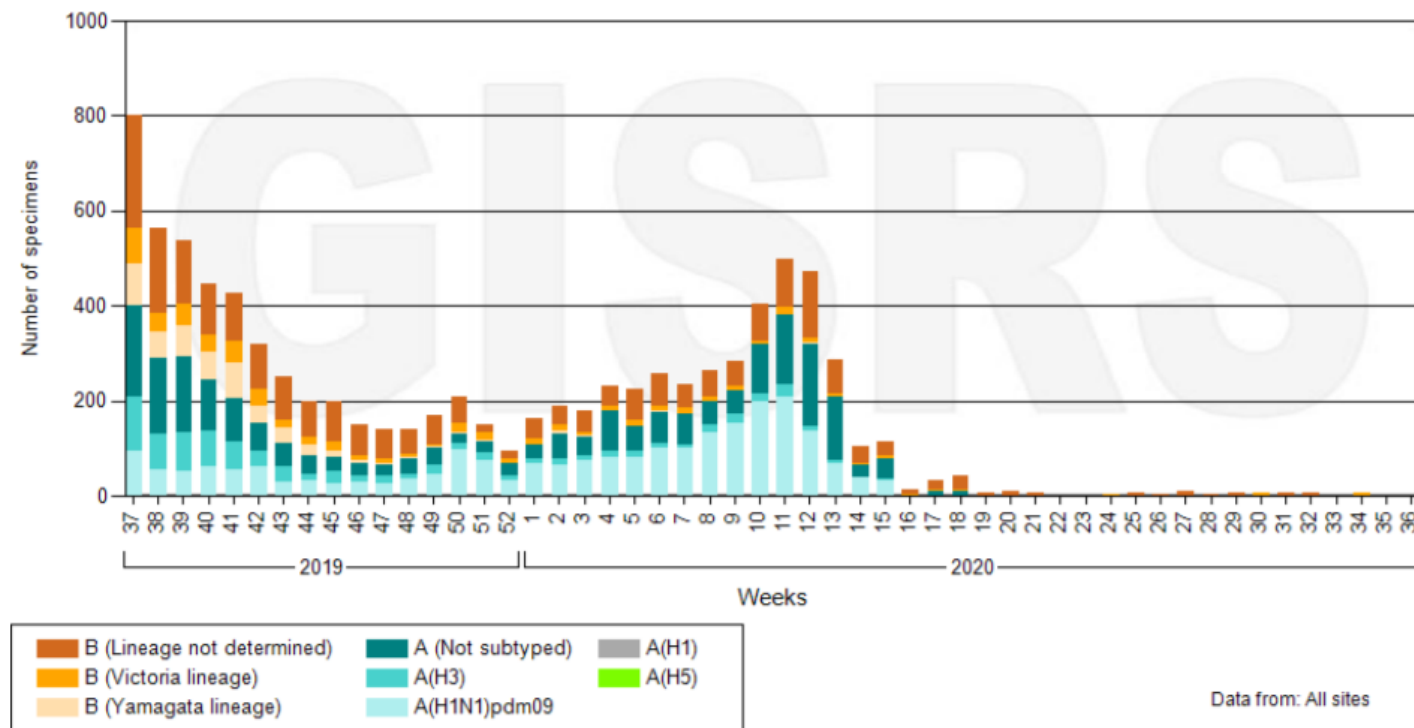
- Regression analysis measured differences in increase in COVID-19 mortality rate based on proportion of Black or Hispanic population during first 5 months of pandemic from 1,976 US non-metropolitan US counties.
- Average daily increase in COVID-19 mortality significantly greater in rural counties with largest percentages of Black and Hispanic residents.
- When 20 rural counties with highest mortality rates were stratified in quartiles by percentage of racial/ethnic minority residents:
 - Blacks: average daily increase in COVID-19 deaths was 70% higher in top quartile compared with bottom quartile (incidence rate ratio (IRR) 1.70, CI 1.48-1.95, $p < 0.001$).
 - Hispanics: average daily increase in COVID-19 deaths was 50% higher in top quartile compared with bottom quartile (IRR 1.50, CI 1.33-1.69, $p < 0.001$).



INFLUENZA UPDATE WORLD HEALTH ORGANIZATION

- Based on data up to 9/1/20
- Hygiene and physical distancing measures implemented to reduce SARS-CoV-2 virus transmission likely played a role in reducing influenza virus transmission.
- Globally, influenza activity reported at lower levels than expected for this time of year.**
 - In temperate zones of S. Hemisphere, influenza season has not started.
 - In temperate zones of N. Hemisphere, influenza activity remained below inter-seasonal levels.
 - In Caribbean and Central American countries no influenza detections reported.
 - In tropical S. America, tropical Africa and S. Asia sporadic/no influenza detections.
 - In S.E. Asia, influenza A(H3N2) virus detections reported in Cambodia.

Number of specimens positive for influenza by subtype in the southern hemisphere

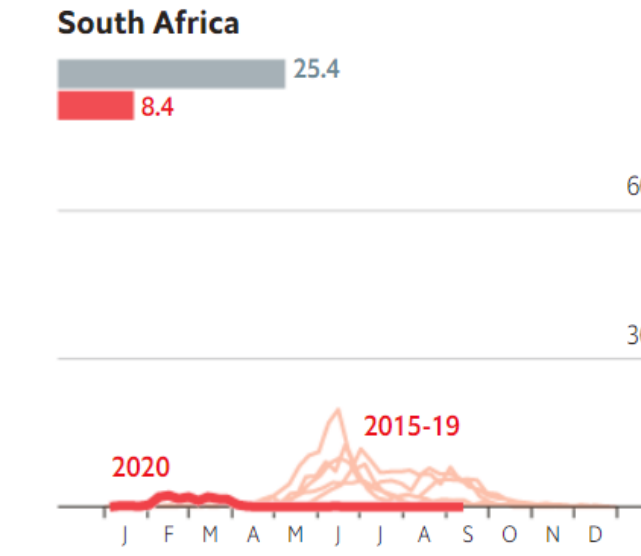
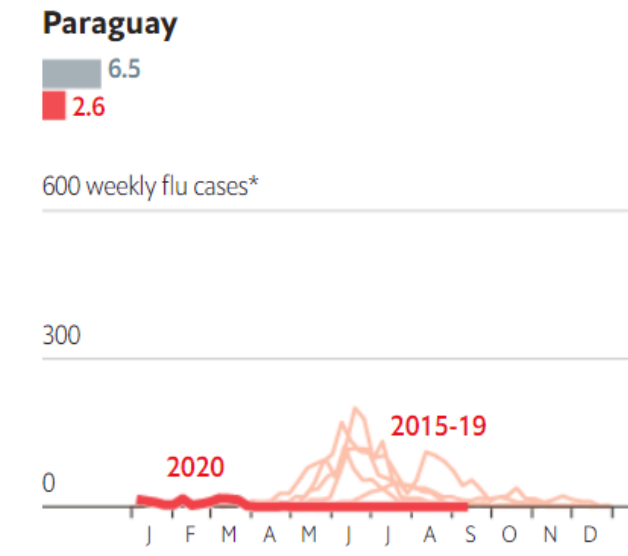
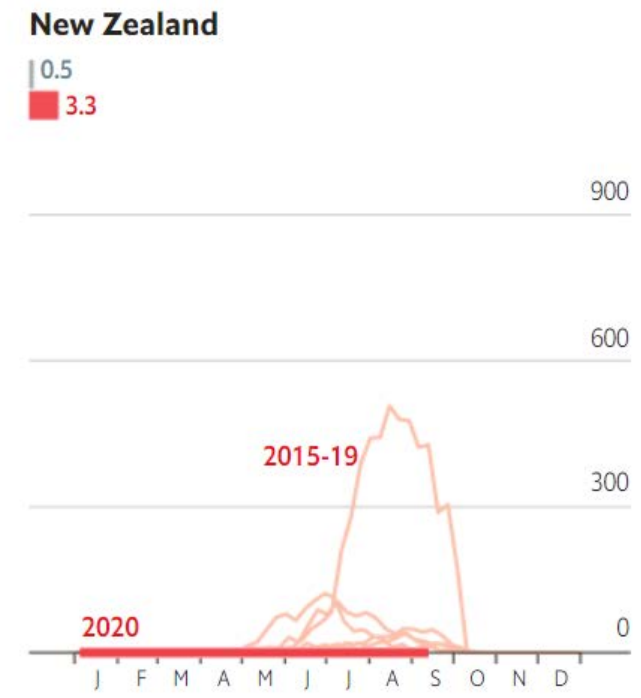
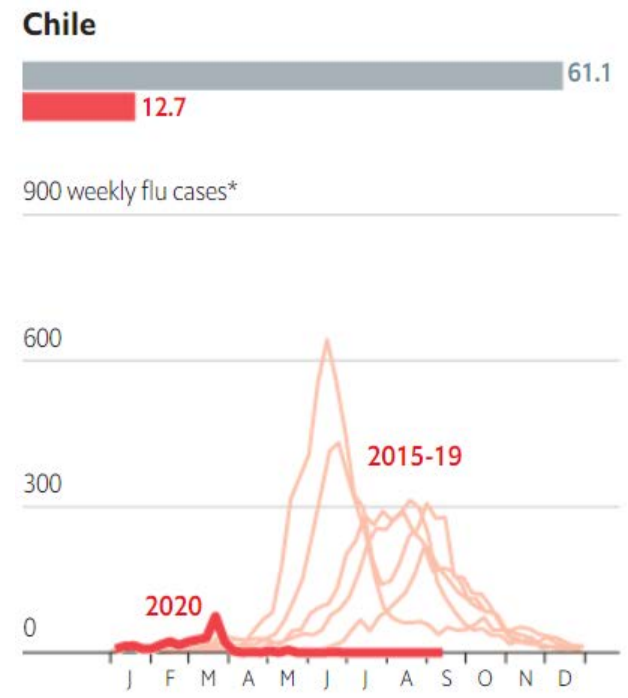
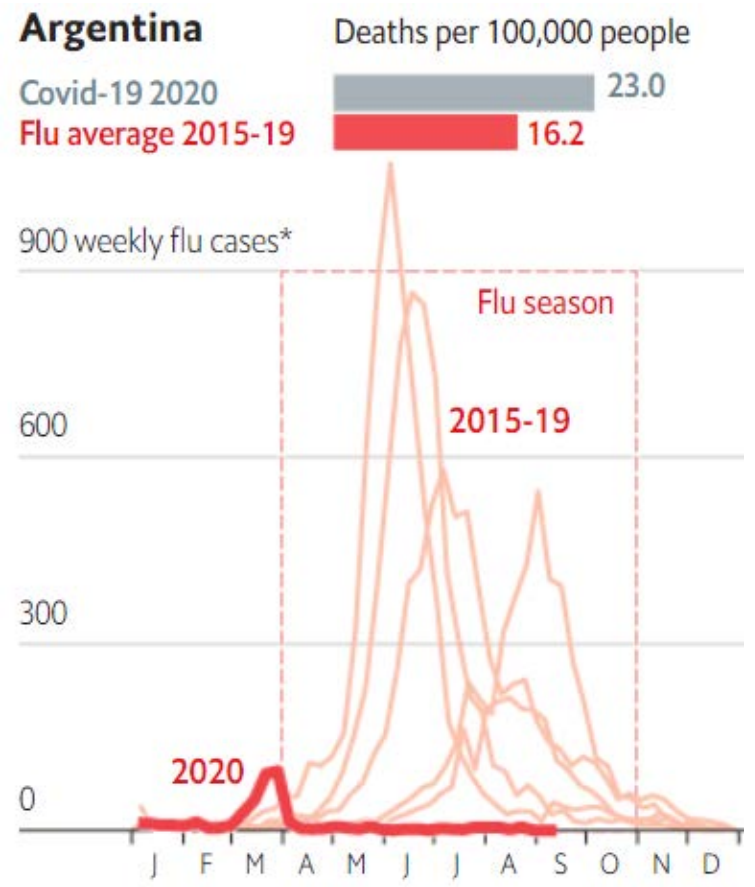


Data source: FluNet (www.who.int/fluNet). Global Influenza Surveillance and Response System (GISRS)

Data generated on 11/09/2020

THE SOUTHERN HEMISPHERE SKIPPED FLU SEASON IN 2020

THE ECONOMIST



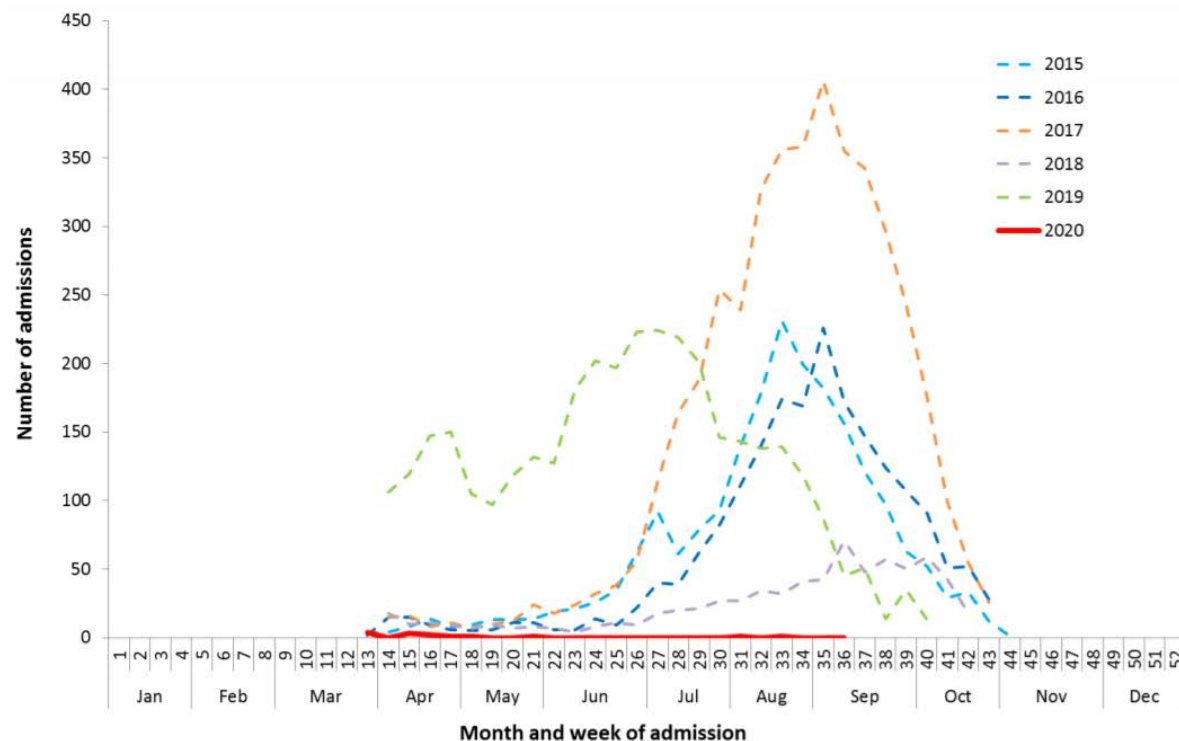
*As reported to WHO's Global Influenza Surveillance and Response System

AUSTRALIAN INFLUENZA SURVEILLANCE REPORT NO 11 - FORTNIGHT ENDING 6 SEPTEMBER 2020

AUSTRALIAN DEPARTMENT OF HEALTH

- Activity** – Following high start to 2020 interseasonal period, influenza and influenza-like illness (ILI) activity are lower than average for this time of year. At national level, notifications of lab-confirmed influenza substantially decreased since mid-March and remain low.
- Impact** – Given low case numbers, likely minimal impact on society due to influenza circulation in 2020 season.
- Severity** – In year to date, of 21,119 notifications of lab-confirmed influenza, 36 (0.17%) lab-confirmed influenza associated deaths have been reported.
- Virology** – In year to date, majority of nationally reported lab-confirmed influenza cases were influenza A (87.2%).

Figure 7. Number of influenza hospitalisations at sentinel hospitals, between March and October, 2015 to 2020 by month and week*



Source: FluCAN

* All data are preliminary and subject to change as updates are received.

INFLUENZA & COVID-19 VACCINE UPDATES

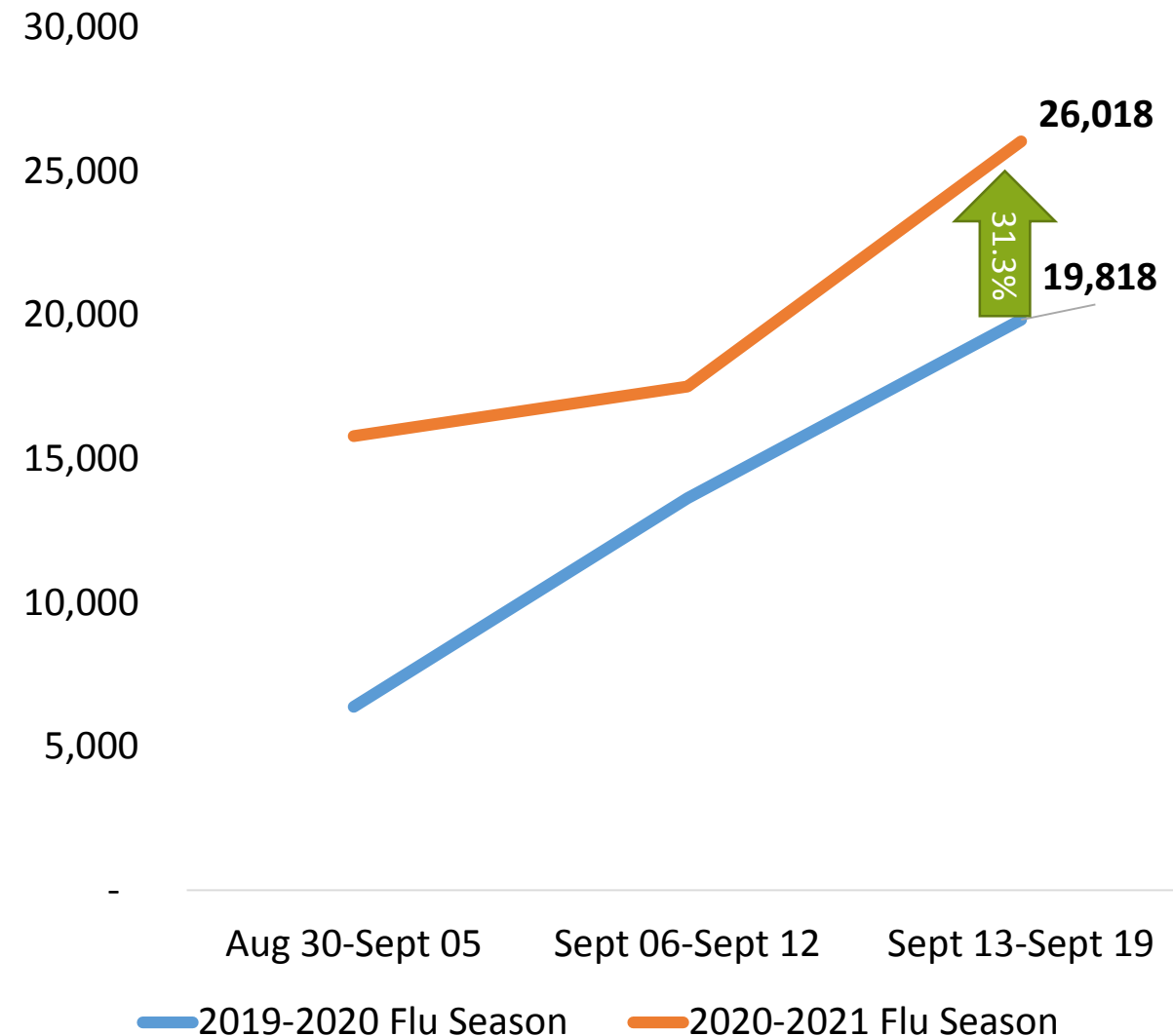
COVID-19 Vaccine

- NMDOH received CDC Playbook 9/16; NM plan due to CDC 10/16.
- Staff planning structure in place; Governor's Office and NMDOH leading efforts.
- Timeline for approval and distribution of a vaccine is unknown.
- No vaccine will be distributed in NM without an independent review by scientific experts to assure its safety and efficacy.

Influenza (flu) Vaccine

- Flu and COVID-19 communications campaign led by NMDOH, Tourism, Governor's Office.
- 26,018 flu vaccines administered as of 9/19/20 (31.3% increase to last year).

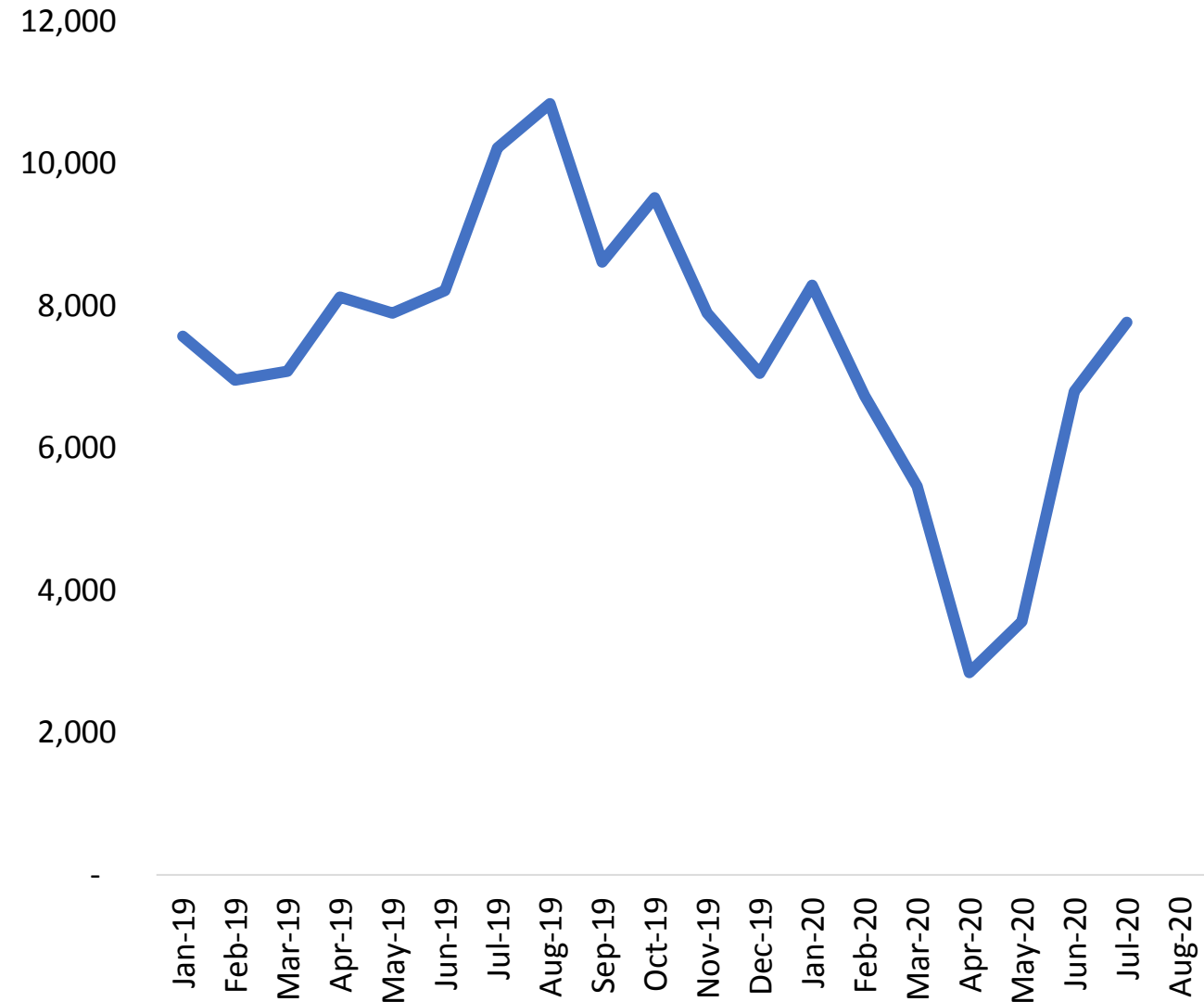
Adult influenza vaccines administered in NM, 2019 & 2020 Flu Seasons



DON'T DELAY YOUR HEALTHCARE!

- Childhood immunizations were, on average, down ~60% mid-April 2020 compared to 2019.
- 45.5% of adults in families losing work or work-related income reported unmet need for medical care because of costs and/or concerns about coronavirus.
- **Well-child visits are essential for many reasons:**
 - Tracking growth and development including milestones, social behaviors, and learning;
 - Screening for anemia, lead poisoning; and
 - Getting scheduled vaccinations.
- Because many children have missed well-child visits there may be an uptick in preventable diseases when kids return to daycare and school. This is especially true for whooping cough, which had already been increasing in many communities before COVID-19.

Well Child Visits Across Several NM Major Health Systems



September 22, 2020 COVID-19 Case Update

Positive Cases

110 new cases today, 27,790 total confirmed cases

Hospitalizations

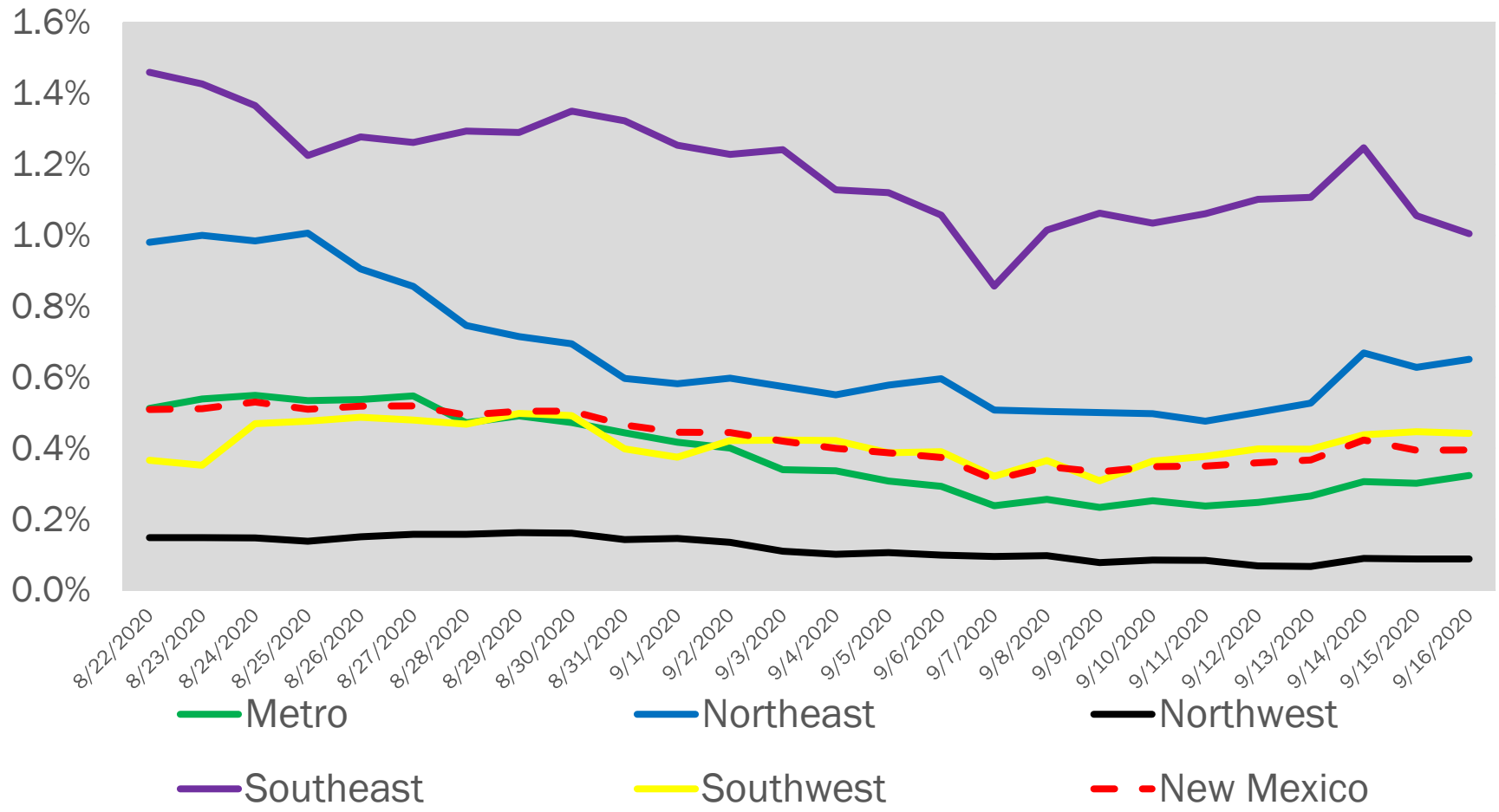
69 currently, 14 on ventilators

Deceased

3 new deaths today, 854 deaths total

872,331 total tests conducted statewide

7-Day Rolling Average of the Daily Growth Rate by NMDOH Region - September 21, 2020



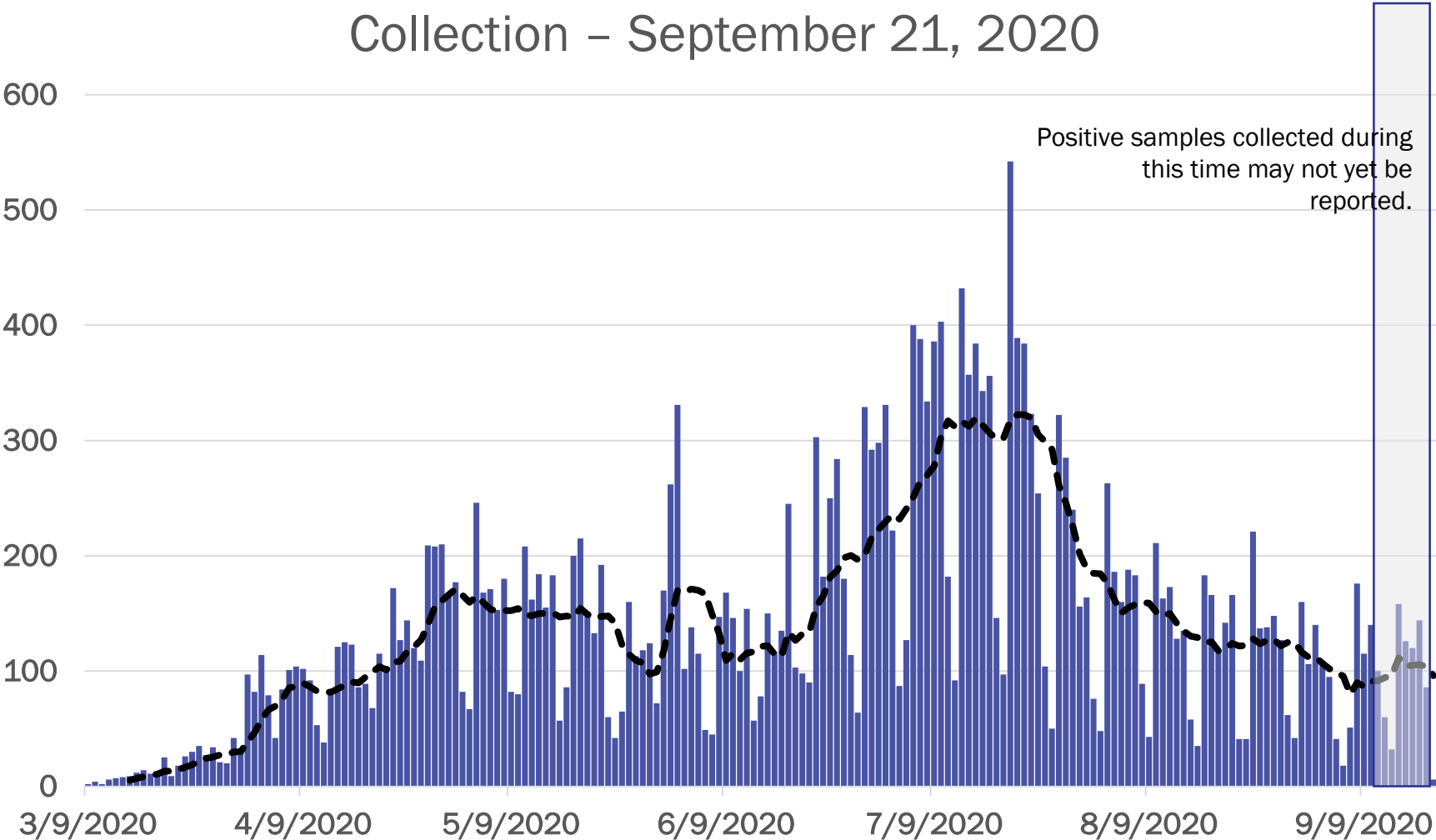
Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 7.21.2020, New Mexico Department of Health.



Investing for tomorrow, delivering today.

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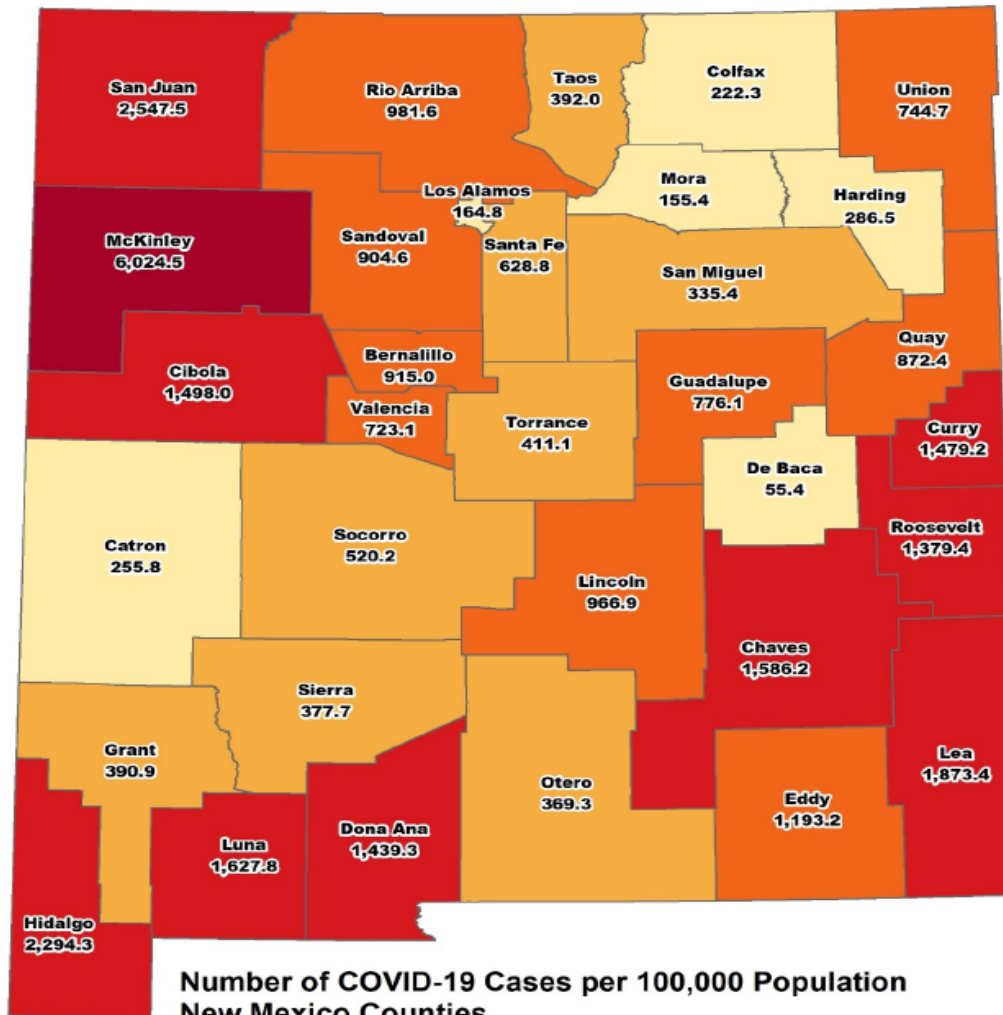
New Mexico COVID-19 Cases by Date of Specimen Collection – September 21, 2020



Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 7.21.2020, New Mexico Department of Health.



Investing for tomorrow, delivering today.



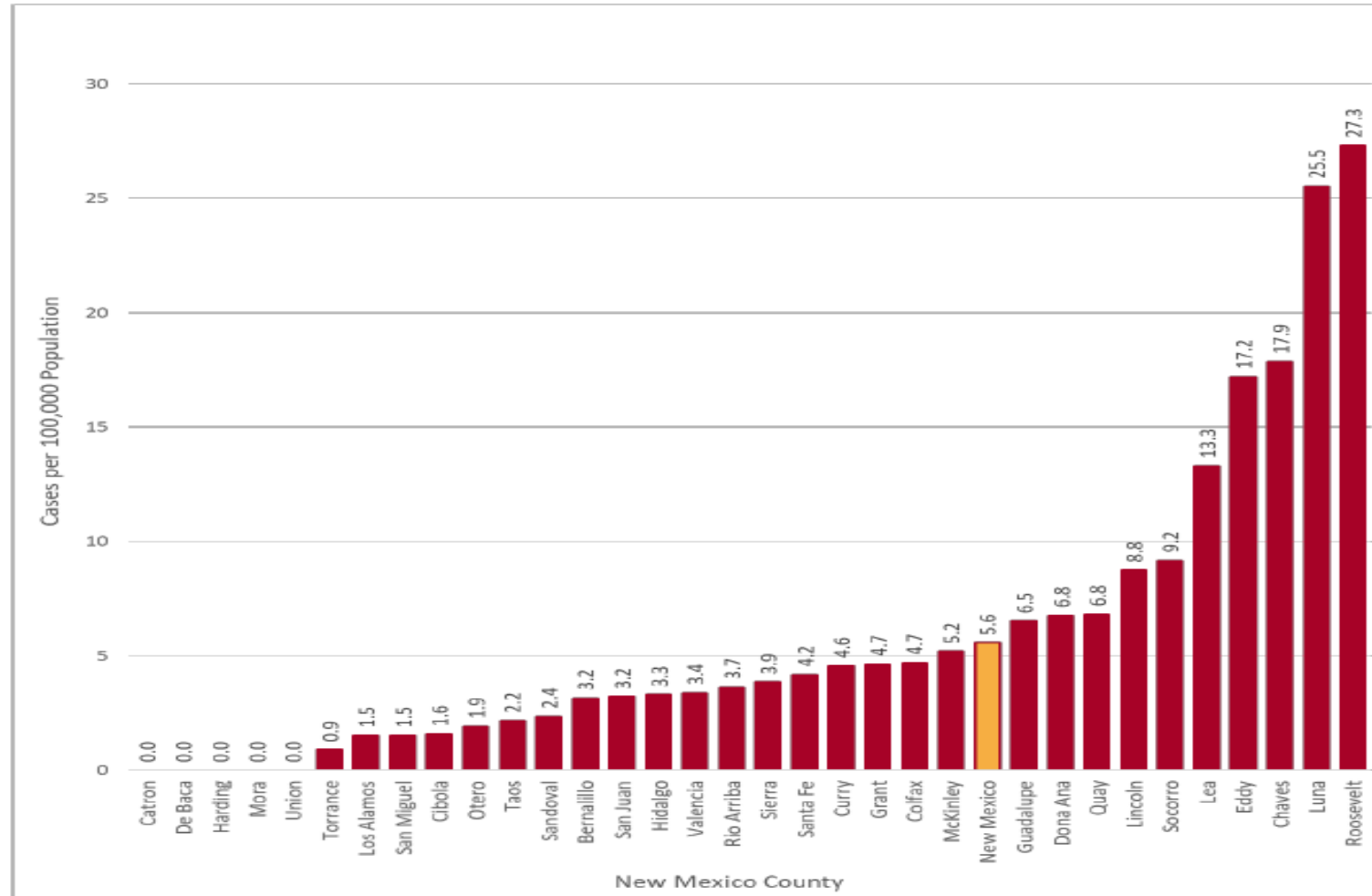
Number of COVID-19 Cases per 100,000 Population
New Mexico Counties
Year-to-date
September 20, 2020

Cumulative case counts and rates by county - since March 11, 2020

Darker colors have the highest rates

Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 7.21.2020, New Mexico Department of Health.

Average Daily Number of New COVID-19 Cases (Last 7 Days) per 100,000 Population, by NM County



Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 7.21.2020, New Mexico Department of Health.

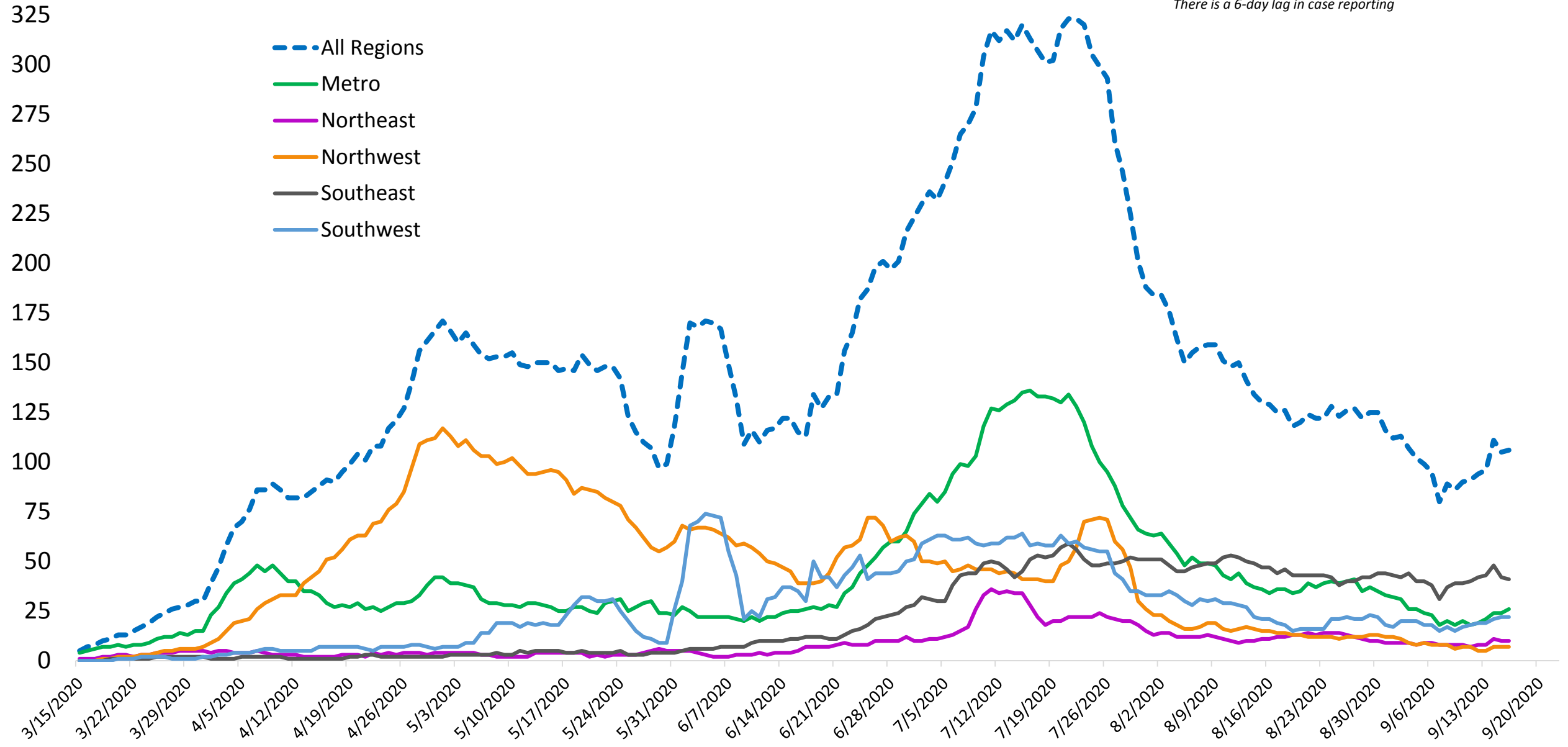
Transition to Website Epidemiology Reports

<https://cv.nmhealth.org/>

COVID-19 IN NM UPDATE

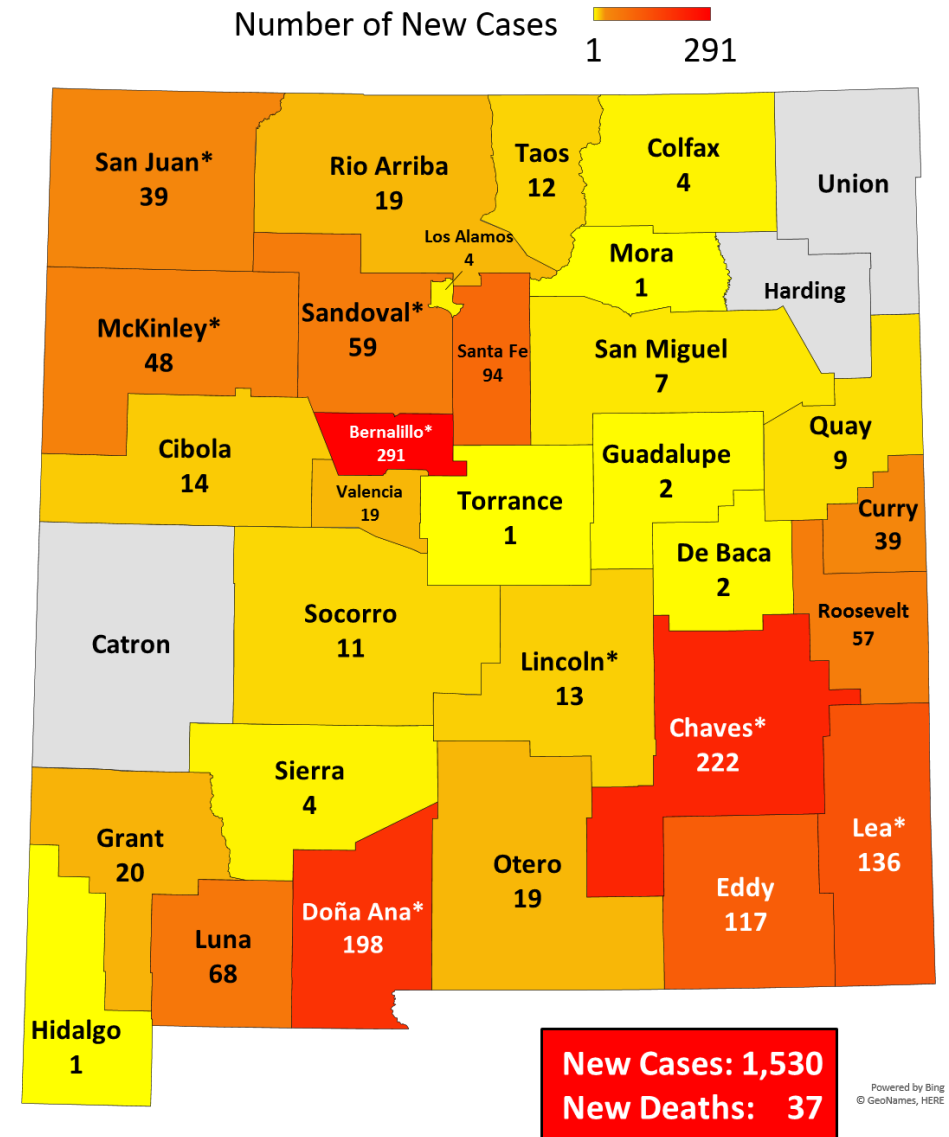
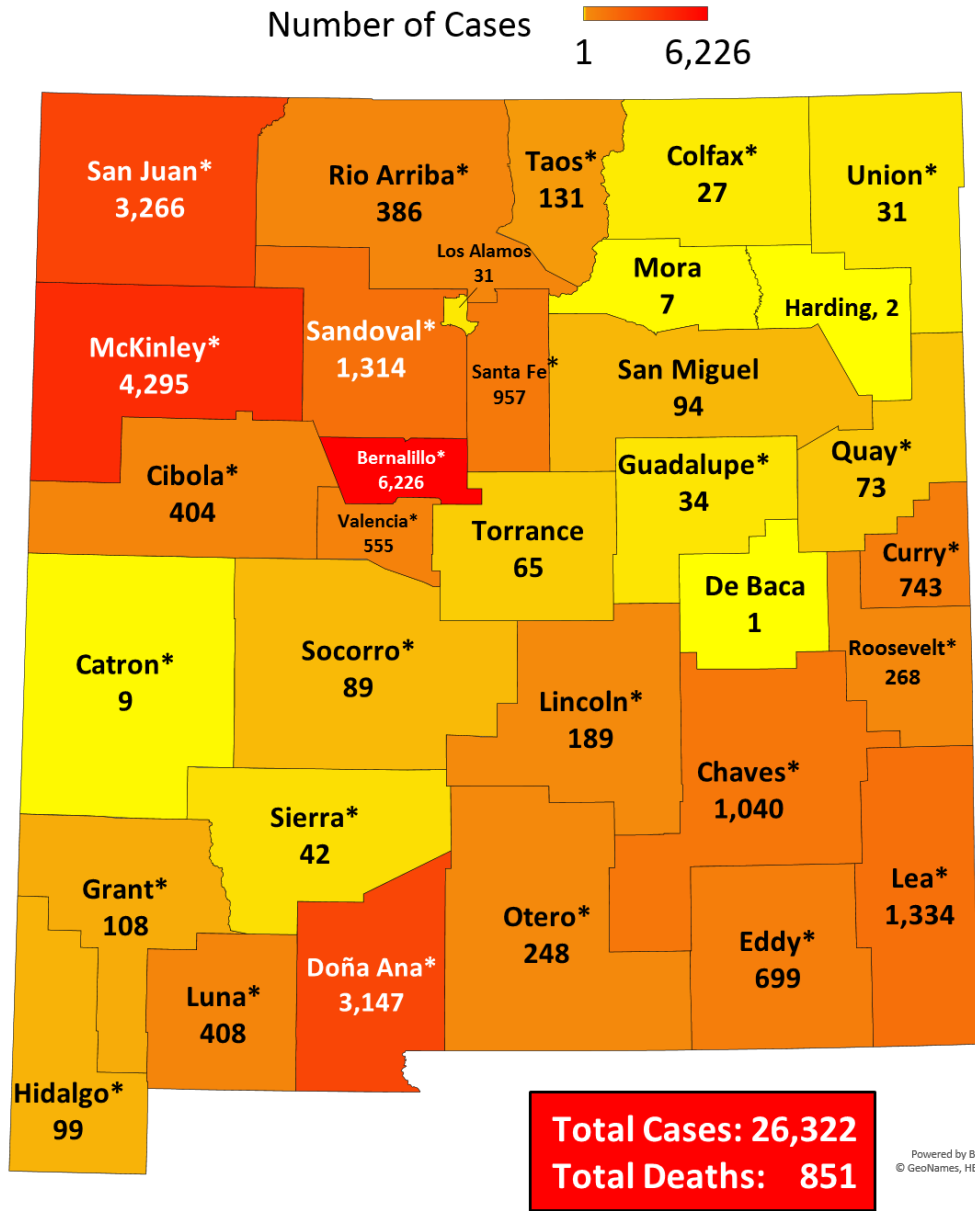
7-Day Average of Daily COVID-19 Positive Cases by Date of Specimen Collection, NMDOH Regions 9/22/2020

Source: New Mexico Department of Health
There is a 6-day lag in case reporting



Total COVID-19 Positive Cases (9/21/2020)

14-Day New COVID-19 Positive Cases (9/8 to 9/21)

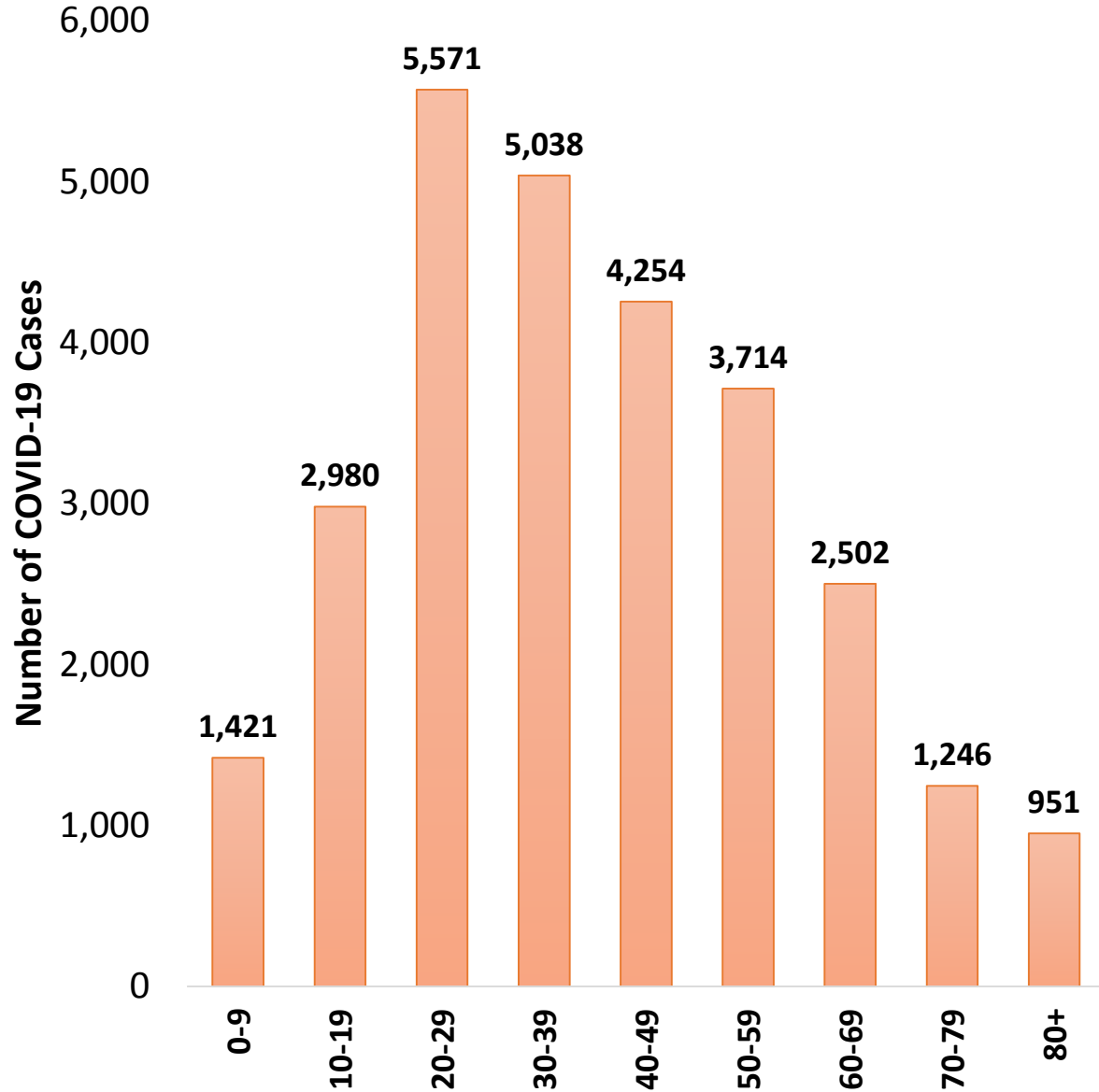


Source: New Mexico Department of Health. * denotes death occurred in county. Excludes cases in federal and state detention facilities.

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

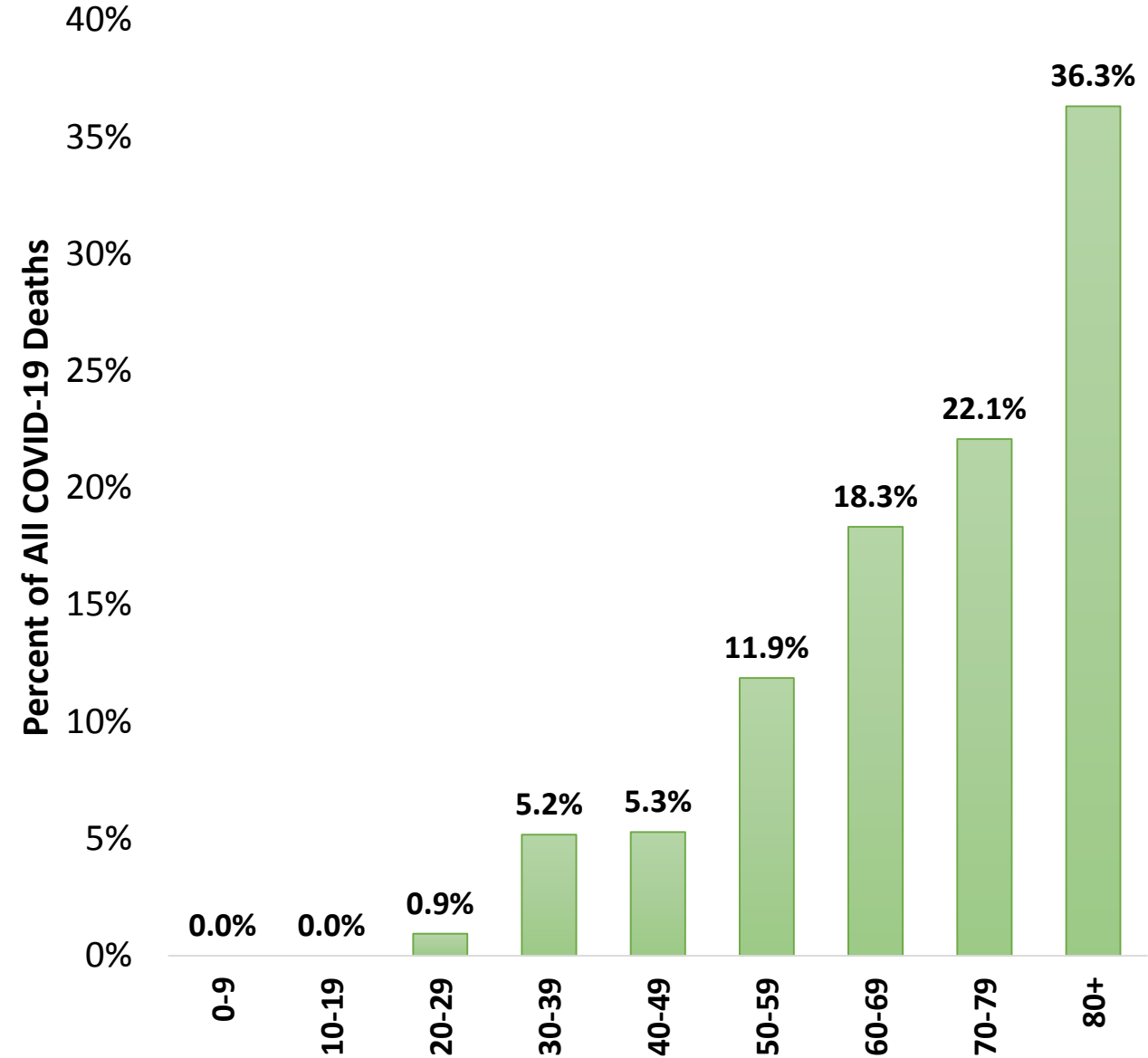
NM COVID-19 Confirmed Cases by Age as of 9/21/20

Source: NM
Department of Health
Excludes unknown
age



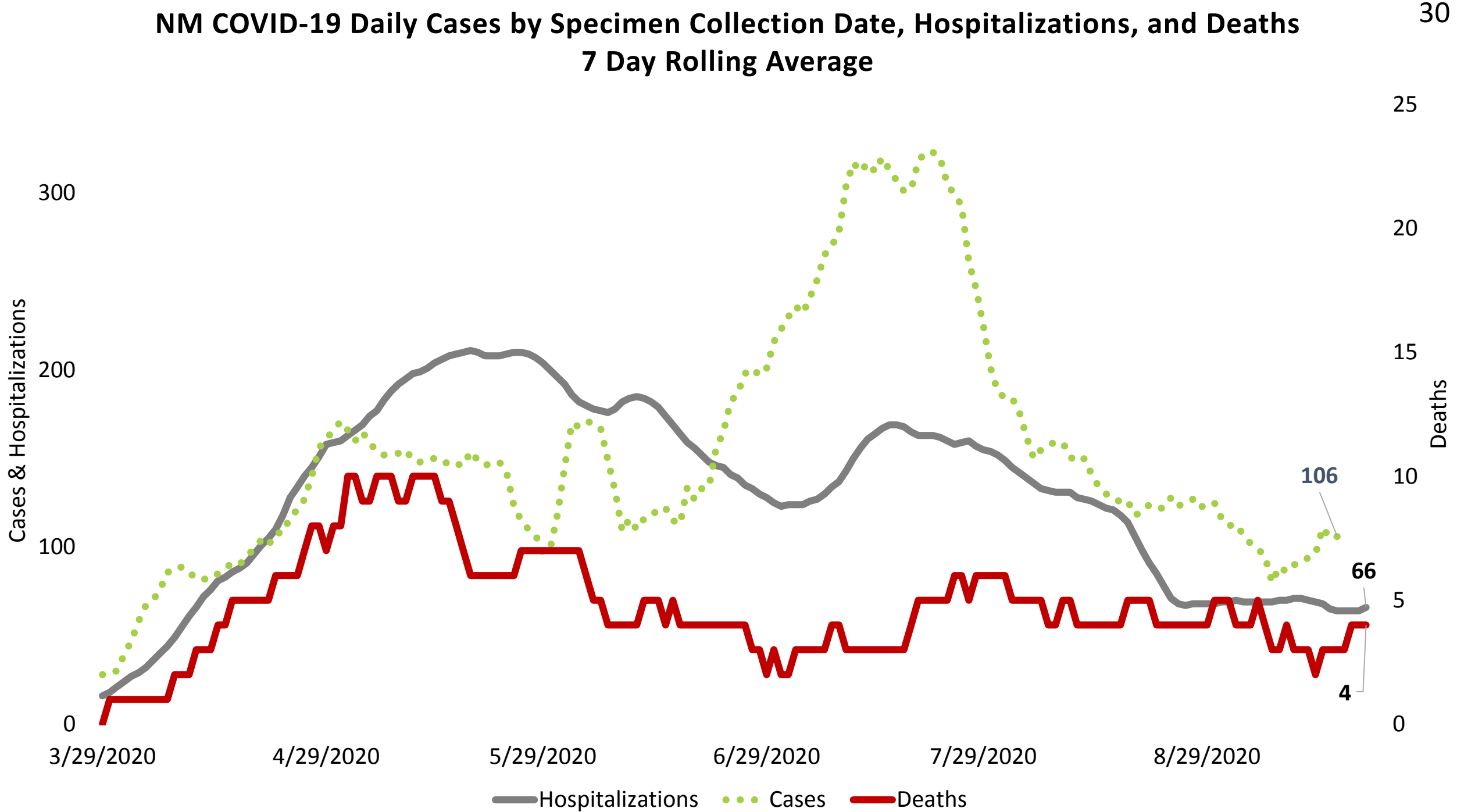
NM COVID-19 Deaths by Age as of 9/21/20 (%)

Source: NM Department
of Health
Excludes unknown
age



NM COVID-19 Daily Cases by Specimen Collection Date, Hospitalizations, and Deaths

7 Day Rolling Average



Mean Miles Traveled in New Mexico

8

7

6

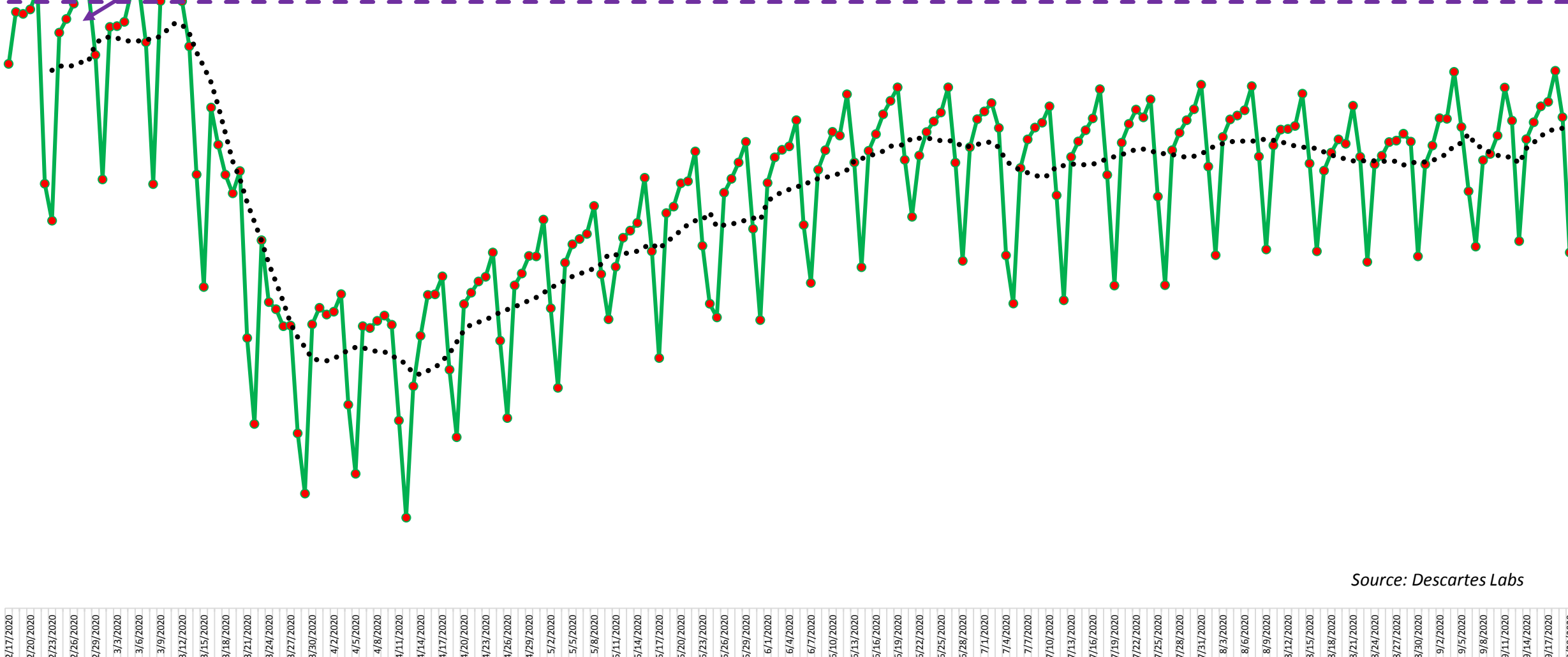
5

4

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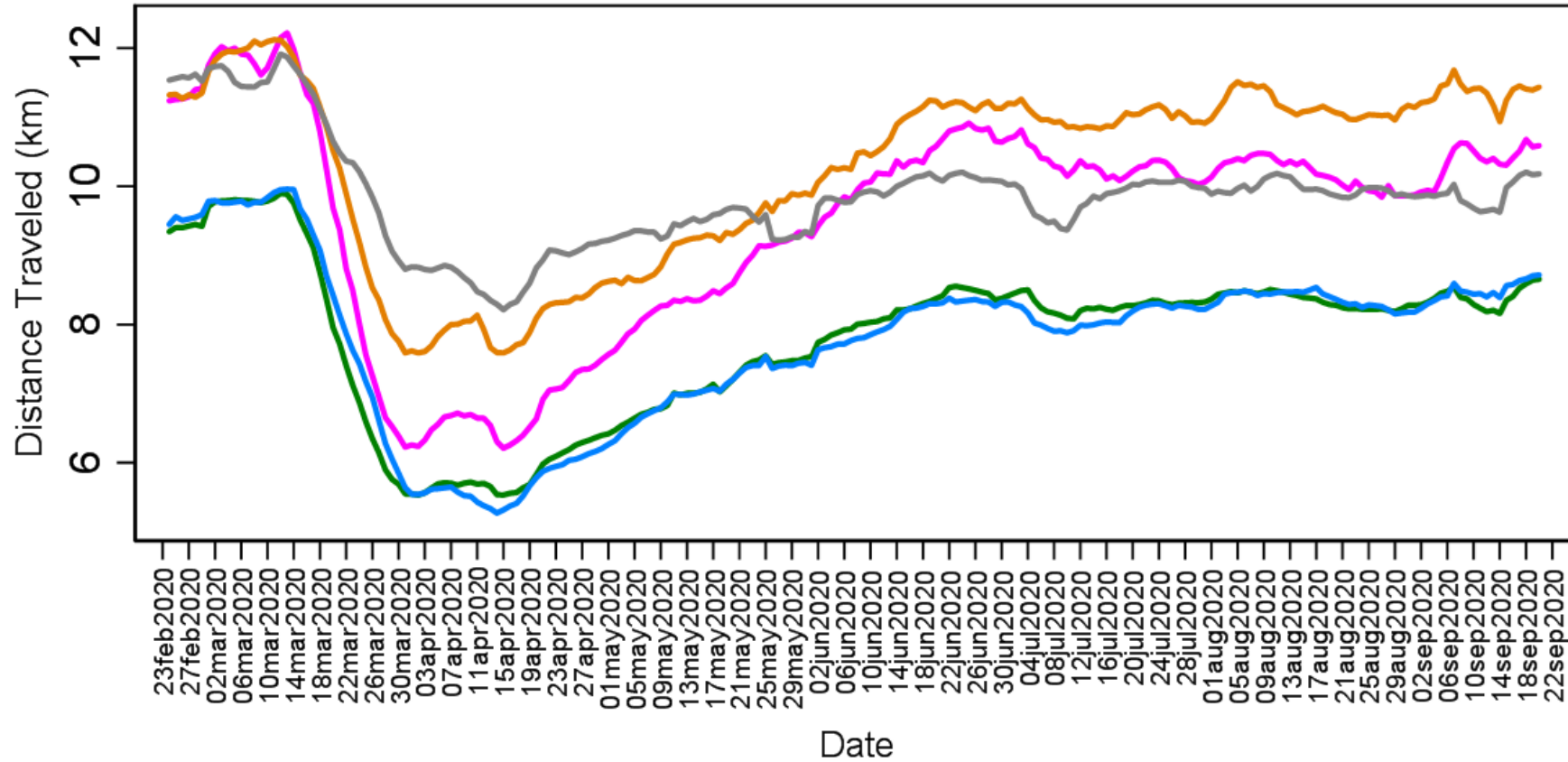
2

Pre-COVID-19 Mean Miles Traveled



Source: Descartes Labs

7-day Average of Mean Distance Traveled by NMDOH Region 9/20/2020



Source: Descartes Labs. Prepared by New Mexico Human Services Department.
Regional values are weighted averages using the device sample sizes. Mean calculated using distribution truncated at 80 kilometers

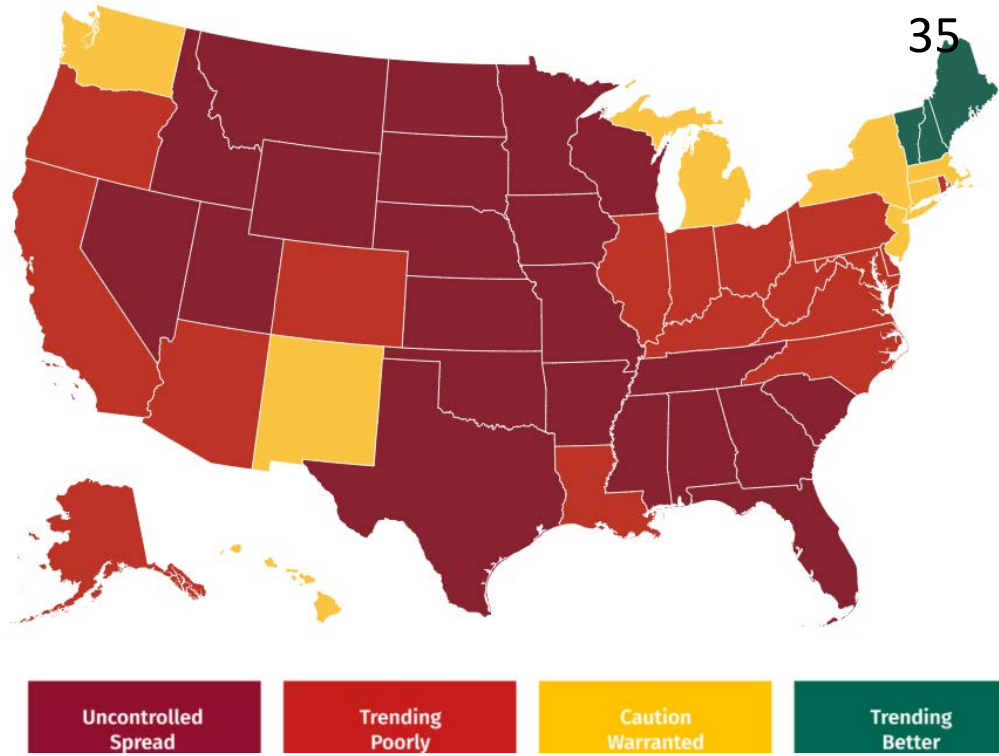
GATING CRITERIA UPDATE

STATEWIDE PUBLIC HEALTH GATING CRITERIA FOR REOPENING

Criterion	Measure	Gating Target	Current Status
Spread of COVID-19	Rate of COVID-19 Transmission (10-day Rolling Average)	1.05 or less	1.11 on 9/20/20
	NM daily cases (7-day rolling average)	168	106 on 9/16/20
Testing Capacity: general and targeted populations*	Number of tests per day (7-day rolling average)	5,000 / day	5,723 on 9/20/20
	Test Positivity Rate (7-day rolling average)	5.0% or less	2.05% on 9/20/20
Contact Tracing and Isolation Capacity	Time from positive test result to: -isolation recommendation for case -quarantine rec. for case contacts	24 hrs	Week ending 9/18= 19
		36 hrs	Week ending 9/18 = 25
Statewide Health Care System Capacity	Availability of scarce resources in 7 Hub Hospitals: -Adult ICU beds occupied	439 or less	248 on 9/22/20
	-PPE	7-day supply	7 on 9/17/20

ALL 4 CRITERIA DRIVEN BY SOCIAL DISTANCING BEHAVIORS OF NEW MEXICANS

HOW WE REOPEN SAFELY

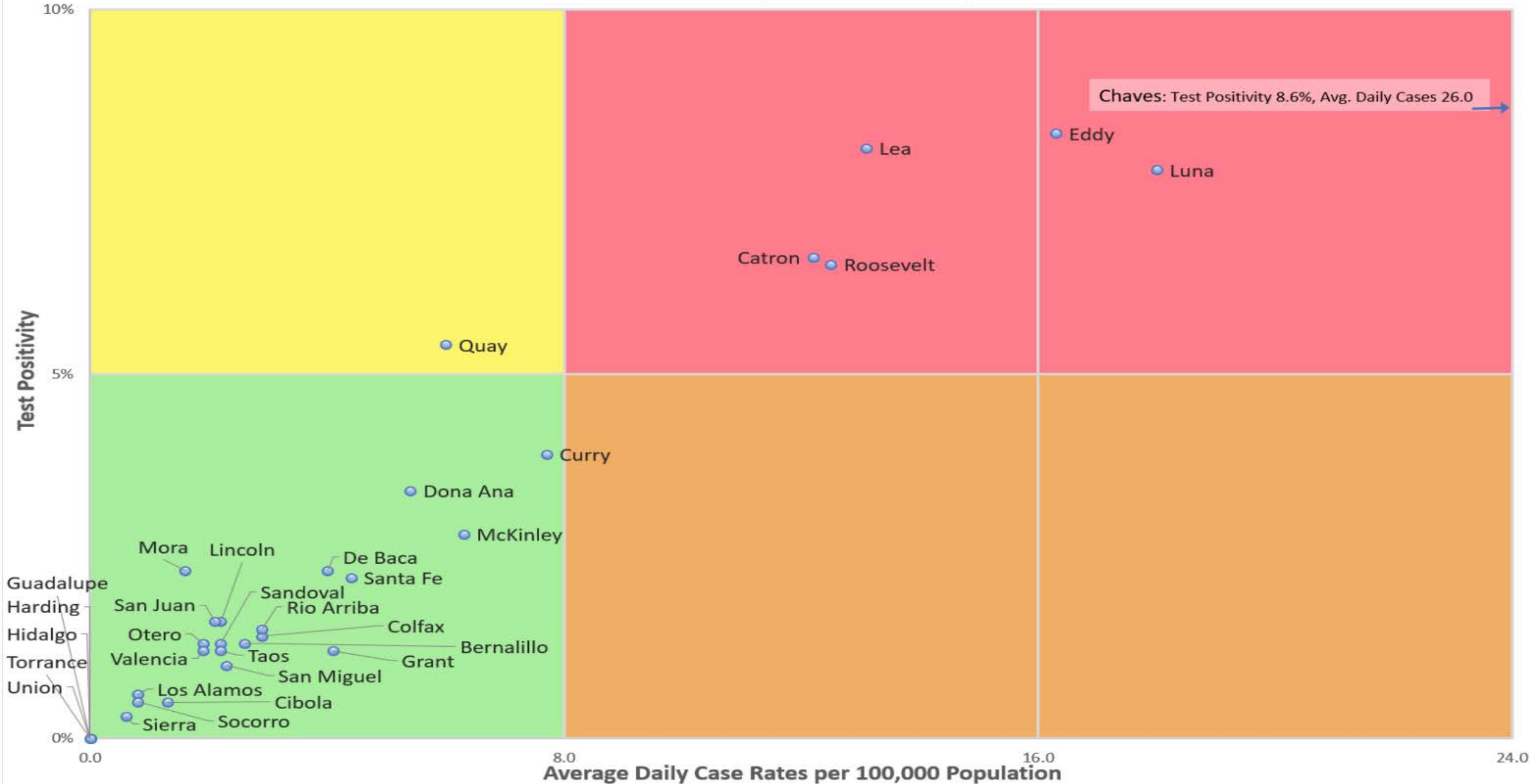


STATE NAME	14-DAY TREND OF COVID+	LAST 14 DAYS OF COVID+ (ROLLING)	% OF TEST TARGET (INCIDENCE ADJUSTED)	ICU OCCUPIED	NEW CASES PER MILLION PER DAY	CONTACT TRACING POSSIBLE?	COVID+ RATE IS
New Mexico 🧐	3% <i>Flat</i>	113 117	147%	59% <i>Normal</i>	56	Possible <i>Positivity low</i>	2.1% <i>Decreasing</i>

Notes: If a 🧐 is next to a state it indicates a state-wide mandated mask policy for indoor AND outdoor settings. For detailed definitions see: <https://www.covidexitstrategy.org/definitions-and-criteria>

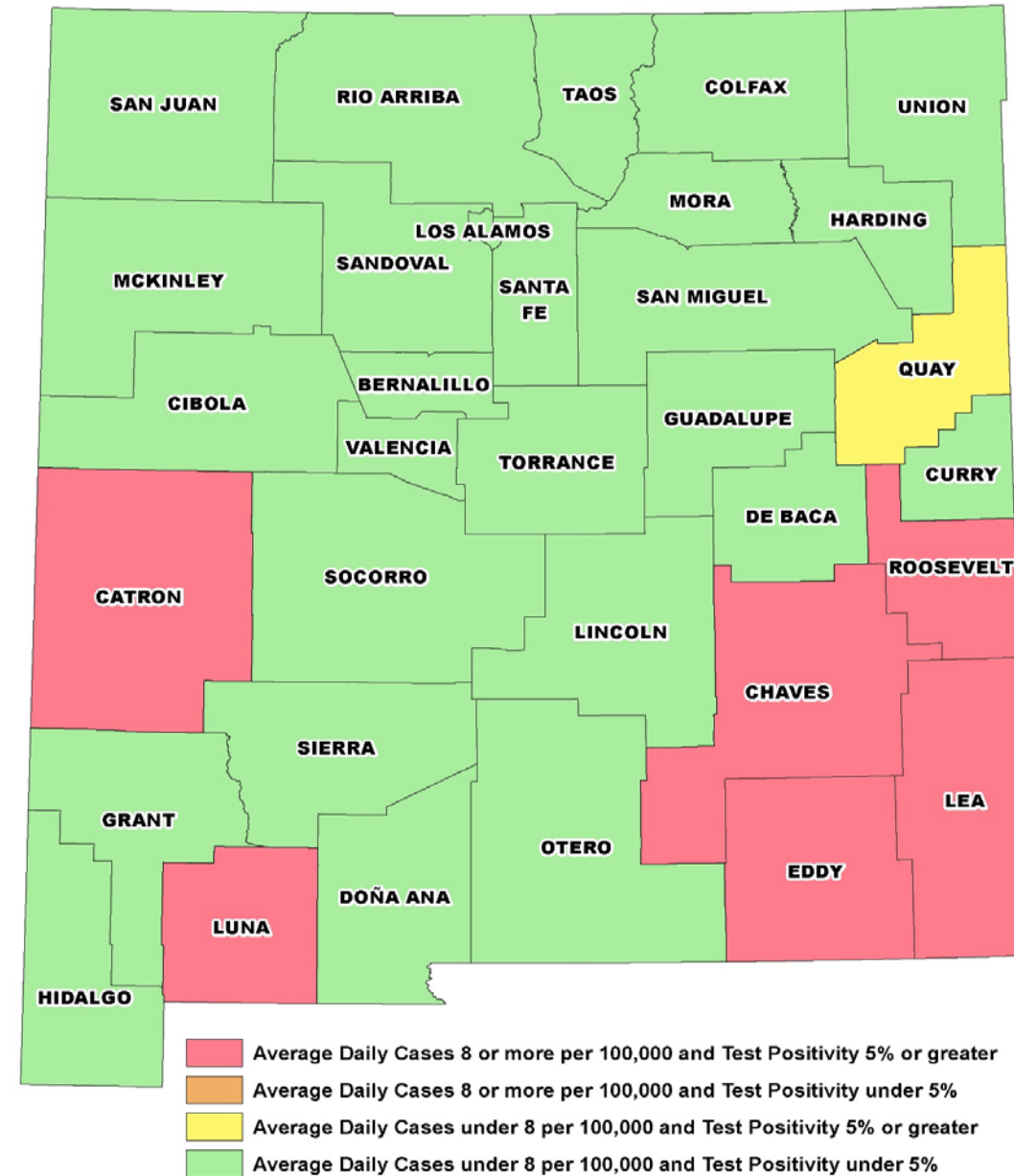
COVID-19 Average Daily Case Rates by Test Positivity

New Mexico Counties, September 2 - September 15, 2020



WHAT ABOUT SMALLER COUNTIES?

- Published [online](#).
- 14 day rolling average for both metrics to stabilize results.
- Goal to keep schools open – will not use same criteria to close schools.
- Focus on rising metric trends in each county: are they school related?



COVID-19 Average Daily Case Rates by Test Positivity, New Mexico Counties, September 2 - September 15, 2020

OTHER UPDATES

COMPLETE YOUR CENSUS FORM BY SEPTEMBER 30!

- If you live in the U.S., you are required by law to participate in the 2020 count.
- NM receives over \$7 billion each year through federal programs that benefit the community: healthcare, nutrition, highways, education, housing, jobs that allocate funds on per capita basis.
- Census Bureau is not allowed to share individual responses with *anyone*, including immigration enforcement and other government agencies.



Solo toma 10 minutos
MANTENER SANO
A NUEVO MÉXICO
por los próximos 10 años.

LLENA TU CENSO 2020 HOY.

2020Census.gov | (844) 468-2020

I COUNT NM
United States®
Census
2020

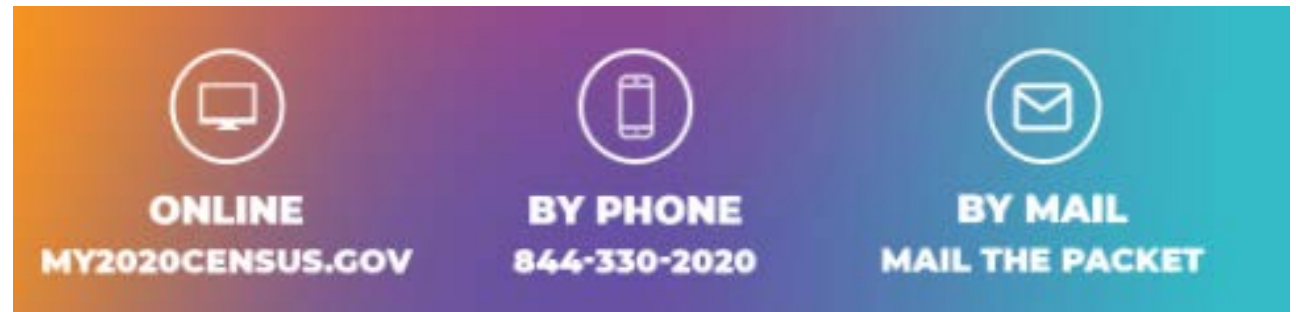


**FOR CLINICS
THAT ARE
CLOSER
TO HOME.**

FILL OUT YOUR 2020 CENSUS TODAY.

2020Census.gov | (844) 330-2020

I COUNT NM
United States®
Census
2020



ONLINE
MY2020CENSUS.GOV

BY PHONE
844-330-2020

BY MAIL
MAIL THE PACKET



NM SAFE CERTIFIED

NM Safe Certified is an industry-led initiative that trains New Mexico businesses in COVID-Safe Practices to help ensure all of us—customers, employees, and families—remain safe as New Mexico reopens for business and recreation.

- Provides free on-demand video-based trainings for managers and employees.
- Serves as recognizable brand across all industries to assist in building consumer confidence.
- Supported by over 35 trade associations and professional societies across the state.

SNAPSHOT OF PROGRAM IMPACT



NMCRISIS AND ACCESS LINE: CALL TOLL FREE ANYTIME
24/7/365 1-855-NMCRISIS (662-7474)



NMConnect
Call, Text,
& Access
Mental Health
Resources

Call Crisis Line
(24 Hours)

Text Warmline
(6:00 PM - 11:00 PM)

Call Warmline
(3:30 PM - 11:30 PM)

Community and State Resources

Recovery Tools

COVID-19 Info

GET IT ON
Google Play

Download on the
App Store

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



855-507-5509

If you are having a life-threatening emergency, call 911 immediately.

WE MUST CONTINUE TO MOVE SLOWLY...

Nothing about the virus has changed!

- **SAFE** reopening can only proceed if New Mexicans pull together to prevent spread
- To get and keep our children back *in* school, *all of us* need to wear masks and stay 6 feet apart



WE ARE SEEING A LEVELING OFF OF CASES. CONTACT TRACING IS WORKING. WE ALL STILL MUST WORK TO FIGHT THE VIRUS.

Stay at home

Wash hands, clean surfaces, cough into tissue/elbow

Everyone needs to wear face coverings in public

Maintain social distancing (minimum 6 feet)



HUMAN
SERVICES
DEPARTMENT



QUESTIONS

INVESTING FOR TOMORROW, DELIVERING TODAY.