



HUMAN
SERVICES
DEPARTMENT



COVID-19 DAY 226 PRESS UPDATE

OCTOBER 22, 2020

SECRETARY DAVID R. SCRASE, M.D.

INVESTING FOR TOMORROW, DELIVERING TODAY.

AGENDA

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

Joined by Special Guest Karissa Culbreath: Medical Director, Infectious Diseases, TriCore Reference Laboratories

THANK YOU, NEW MEXICO HEALTH CARE PROFESSIONALS

Letter signed by over 300 health care professionals.

Running as an ad in 19 newspapers across the state.



An Open Letter from Health Care Professionals,

We are your doctors, nurses, health care practitioners, providers, and professionals. We have worked tirelessly throughout this crisis to help keep you safe. We've seen COVID-19 illnesses and deaths firsthand. And right now we need your help.

COVID-19 is surging throughout New Mexico. Infections are growing faster than ever before. The public health data are clear: the pandemic and the grave risk posed to our state's public health have never been more dangerous than right now.

We know what happens when COVID-19 infections continue to spread at this rate. Hospitals will begin to fill up—indeed, our state's health care system is already experiencing strain. Many New Mexicans will lose their lives. More families will lose loved ones. And because of the terribly infectious nature of the virus, these New Mexicans who lose their lives, and those New Mexicans who lose a loved one, will not get to say goodbye. These will be lonely deaths. And they are preventable.

Even those who are fortunate enough to recover from the illness caused by the novel coronavirus can face significant and debilitating long-term adverse health effects. No one is immune from the consequences of this public health emergency. This is serious. This is life-or-death.

This is the greatest emergency the state of New Mexico has ever faced. But we can absolutely beat back the virus and crush its opportunities to spread. We all have a role to play to protect New Mexicans.

Please stay home as much as you can. Limit your travel outside the home. If you must go out, please wear a face mask. Make sure it covers your nose and mouth. Please avoid gatherings with other people, especially those you can't live with. Wash your hands thoroughly and frequently with soap and water.

And we encourage everyone to continue to seek medical care when needed. Medical facilities have very strict COVID-19 Safety Practices and the benefits of getting medical care outweigh any risks.

Please make the commitment to protect yourselves, your families, and your communities. Please be cautious and smart. Please help health care professionals help you. Help us protect you. Help us ensure that we have the resources to treat the sick and care for the dying.

Together, we can keep New Mexicans healthy and safe.

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|-------------------------------|----------------------------------|-------------------------------|
| Alexandra Cujanovich, MD | Gregory D. Shaffers, MSN, FNP-BC | Michelle Valentine, DO |
| Amanda Story, MD | Cwenn Robinson, MD | Munir Alkhou, MD |
| Amy Garcia, MD | H. David Arredondo, MD | Nancy Culler, MD |
| Andra Sandoval, MD | Hales Moore, MD | Pat Heins, CNM |
| Andrew Clarkman, DO | Heather Brisken, MD | Paul A. Sanchez, MD |
| Angela Sanchez, MD | Heather Salazar, FNP | Paul Afek, MD |
| Anno Lales, MD | Hayoung McBride, MD, MS | Peggy Spencer, MD |
| Anthony M. Epps, MD | J. Eduardo Adair, DO, PhD | Richard Gortick, PA-C |
| Ash Bhatt, MD, FACC | Jane Alban-Henson, MD | Ray Yu, MD |
| Barbara J. Bath, MD | Jayce Powell, NP | Ricardo Ortega, MD |
| Barbara McGuire MD, FACP, MMM | Jeff Mezer, MD | Richard N. Castillo |
| Ben Daltz, MD, Chief, IECM | Jeffrey Sims, M.D. | Roger Felix, MD |
| Bert L'Anfand, MD | Jeremy Gleason, MD | Roger Gibbakeen, MD |
| Erendan Cavanaugh MD, FACC | Jerome Yatskowitz, MD | Rosalind Quattrin, MD |
| Brian Sotun, MD MPH | Jessica Favis, MD | Sally L. Harris, MD, FAAN |
| Bridget Lynch, MD, MPH | Jessica Nguyen Binder, MD | Sarasa Knight, MD, MPH |
| Caikyn Brown, FNP | Joel Teicher, MD | Sandra Gutierrez, DNP |
| Camila Jaramila, MD | John Tashan, MD | Scott A. Stemer, M.D. |
| Carl Tapia, MD, MPH, FAAP | Jorge Sedas, MD | Sean Mezer, MD, FHRD, FACC |
| Carmen B. Rodriguez, MD | Joshua Santos, MD | Sean Rivera, MD |
| Casey Reed, MD | Julie E. Shroyer, MD | Shamela Salk, MD, PC |
| Candyn Marie Castillo, MD | Karen Colton, MD, FACC | Shawn Entenhausen, PA-C |
| Christine Boehringer, DO | Karen Spillmann, MSN, CNRN | Shawn Jankusky, MD |
| Crystal Lewis-Hicks, NP | Katherine Abernathy-Carver, MD | Sunil Pal, MD |
| Daniel Conrad, MD | Kelly Ray, MD, PA-C | Susan Lewis, MD |
| Darren Shater, DO | Keeneth Downes, MD | Sylvia Crogo, MD |
| Darshan N. Patel, MD | Lara Berkoff, MD, PC | Theresa Heynikamp, MD |
| David Seese, MD | Laura McDermott, MSN, CNP | Thomas Wright, MD |
| David Terpeet, MD | Laura Willis, FNP-C, MSN | Timothy Ownbey, DO |
| David W. Stryker, MD | Linda Soriano, M.D. | Todd Goodburn, MD |
| Debra Narcisse, NP | Lisa Zimenez, MD | Todd LeClerc, MPAS, MBA, PA-C |
| Denise J. Garcia, MD | Liz Lawrence, MD, FACP | Tommy V. Perez, MD |
| Denise Price, MD | Lorahn Kistranchuk, MD | Torie Nease, MD |
| Don Pursell, MD | Marilyn Shroyer, MD, MPH, FACC | U.C. Hodgson Jr., MD, MACP |
| Doreen Clark, MD, MPH | Maria Livolsi, MD | Valerie Carrel, MD, FAAFP |
| Douglas Binder, MD | Mark Anderson, MD | Vanessa Jacobson, MD |
| Eileen Barrett, MD, MPH | Mark Blumenthal, MD, FACC, FSCAI | Vesta Sandwell, MD |
| Elsie Thomas, MD | Mark Chia, MD | Vicky Subramanian, MD |
| Elena Elsdell, MD | Mark Epstein, MD | Vinai Condit, MD |
| Emily Christina Deaton, MD | Mary Jane Galichan, PA-C, PhD | Whitney Stannett, FNP |
| F. Sevy Gurule, MD | Mary M. Ramos, MD, MPH | Wit Kaufman, MD |
| Fahed Zaem, MD | Maryjo Zurko, PharmD, MHA, PhC | William Abbott, MD |
| Felicia Bohan Mirjanos, MD | Morgan Brett, MD | William Beria |
| Francisco Stranell, MD | Mei Deraska, MD, FACC | William C. Henderson, MD |
| Frank McMillan, MD | Merilee Moore, MS, CNRN | William Willis, MD, Retired |
| G Theodora Davis, MD | Michael Harding, MD | Yeni Yin, CNM |
| Gabriela Good, MD | Michael J. Ellis, MD | Yolanda Tse, MD |
| Geoff Kuntz, MD, FACC | Michael Rabin, MD | |
| | Michelle Pest, MD | |

For a full list of medical professionals endorsing this letter, visit TogetherNM.org



PSA message from health care professionals that COVID knows no boundaries



Investing for tomorrow, delivering today.

COVID-19 SCIENCE & MEDIA UPDATE

COVID-19 MYTHS

We don't need any restrictions- let's do what Sweden did and we will develop herd immunity.

No one is really dying from COVID-19; they all are really old people who have underlying conditions and would have died anyway.

Once you get COVID-19 you can't get it again.

There's no danger returning to school, because kids don't transmit COVID-19.

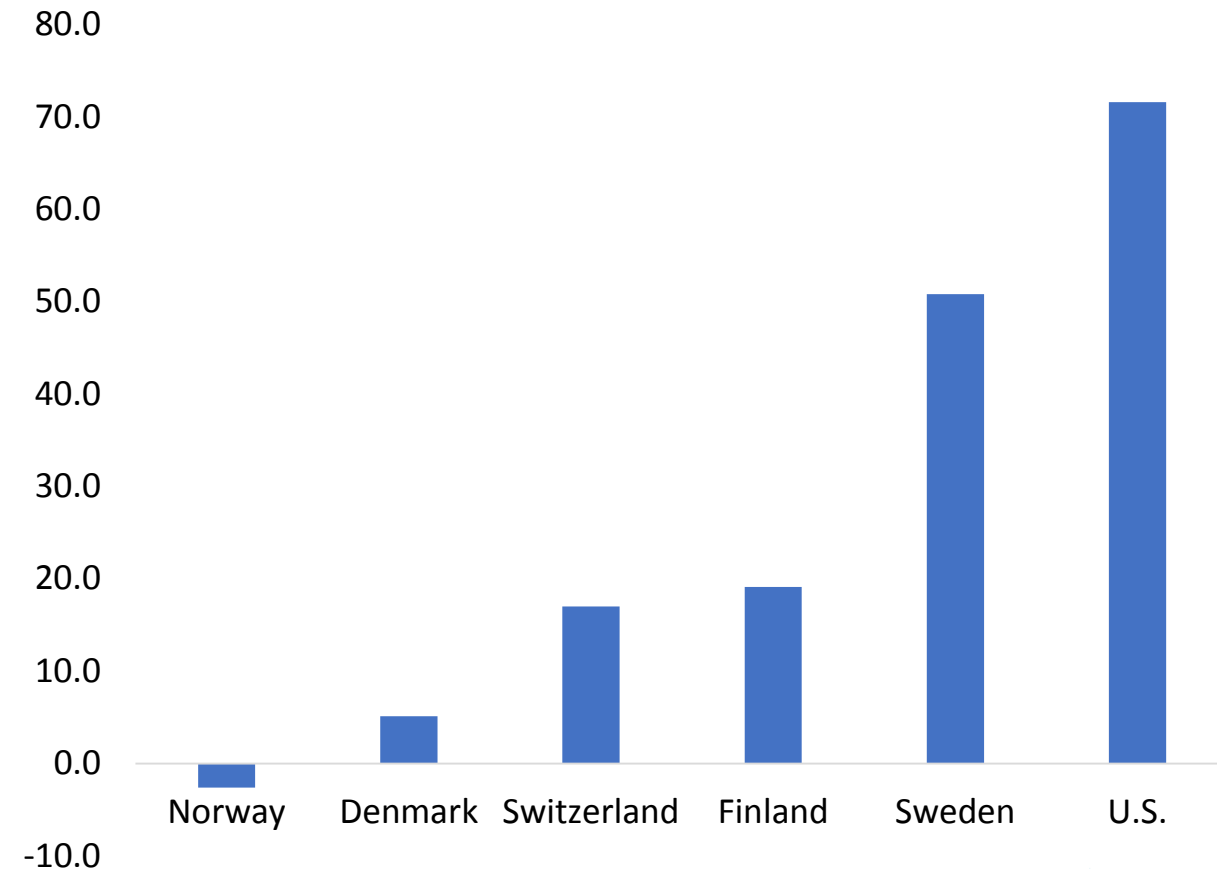
NM ICU beds are full because surgeries were delayed in April and those people got really sick and now they are in ICUs.

“There is a rumor that NM is testing 4 people and only using one test. If it comes back negative then all the 4 people are informed that they were negative or vice versa.”

'IT'S BEEN SO, SO SURREAL.' CRITICS OF SWEDEN'S LAX PANDEMIC POLICIES FACE FIERCE BACKLASH SCIENCE

- Sweden never experienced a shutdown.
- Until September, national policy was asymptomatic individuals unlikely to spread virus.
- Stockholm's nursing homes lost 7% of their 14,000 residents to the virus.
- **September estimates related to herd immunity suggest "just under 12%" of Stockholm residents, and 6% to 8% of the Swedish population as a whole, had antibodies to the virus by mid-June.**
- Cases are rising rapidly again in the greater Stockholm area, where almost one-quarter of population lives.

Excess All-Cause Mortality per 100,000 Since Start of Pandemic



Data source: JAMA,
<https://jamanetwork.com/journals/jama/fullarticle/2771841>

REINFECTION OF SARS-COV-2 IN AN IMMUNOCOMPROMISED PATIENT: A CASE REPORT INFECTIOUS DISEASES SOCIETY OF AMERICA

- Reinfection (and subsequent death) occurred in 89-year old Dutch woman, who presented to the emergency department with fever and severe cough.
 - In-house SARS-CoV-2 RT-qPCR on a nasopharyngeal swab was positive, and she was discharged after 5 days and besides some persisting fatigue her symptoms subsided completely.
- 59 days after start of first COVID-19 episode, patient developed fever, cough, and difficulty breathing.
 - SARS-CoV-2 RT-qPCR on a nasopharyngeal swab was positive.
 - She died two weeks later.

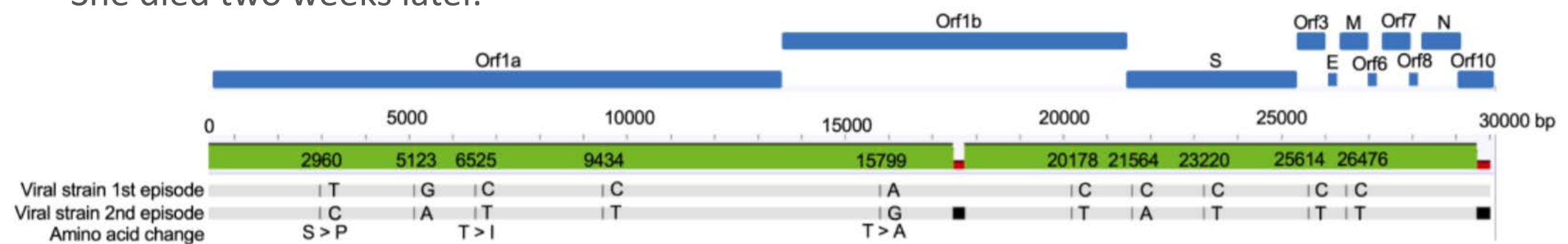
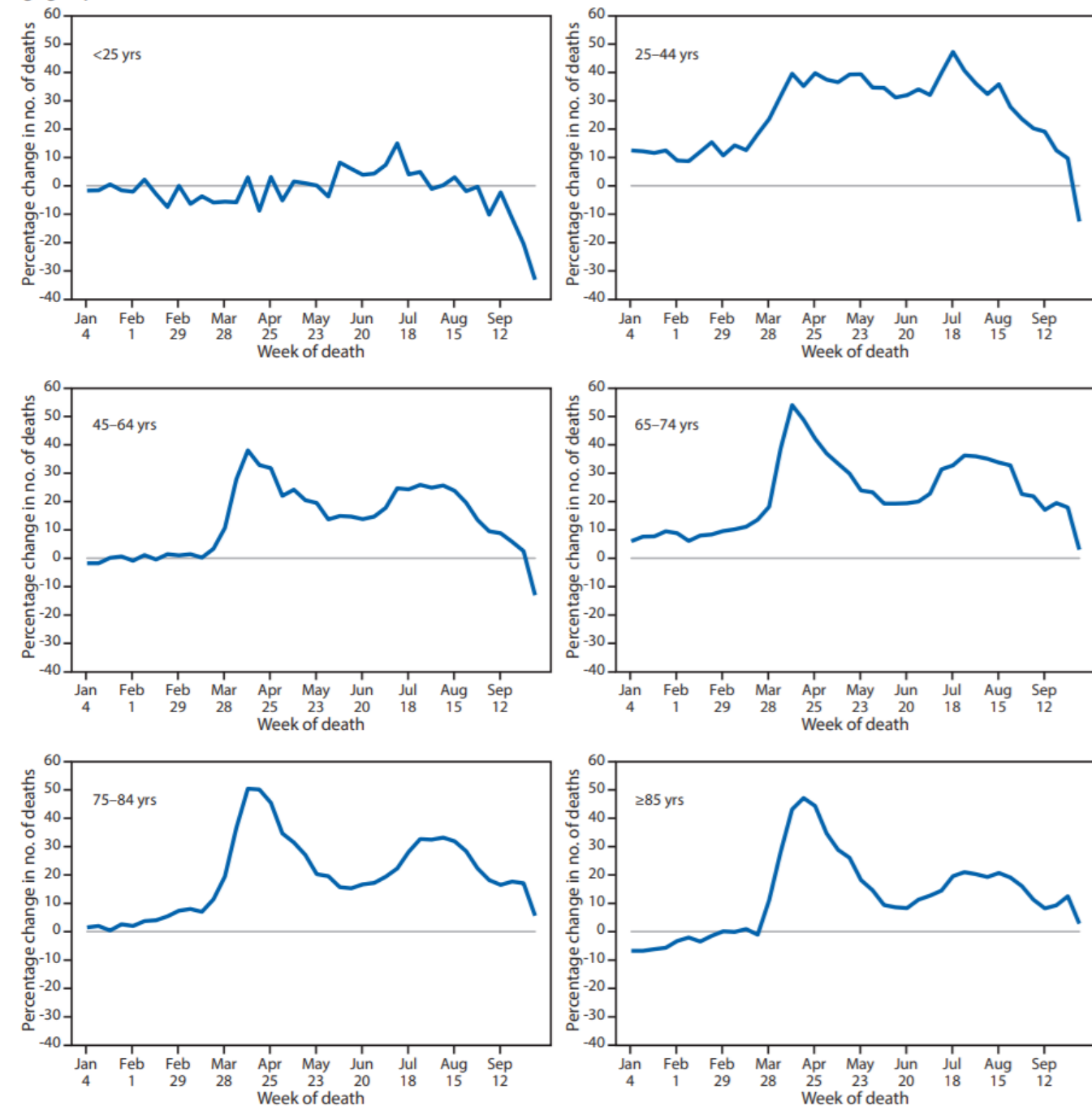


Figure 1. Sequences of SARS-CoV-2 strains of the first (top) and second (bottom) COVID-19 episode. Blue lines indicate differences in nucleotides between two strains. Black boxes indicate locations of genome that could not be determined reliably (1.85% of the genome). *Investing for tomorrow, delivering today.*

EXCESS DEATHS ASSOCIATED WITH COVID-19, BY AGE AND RACE AND ETHNICITY- U.S., 1/26- 10/3 2020 CDC

- Excess deaths have occurred every week in the U.S. since March 2020.
 - 299,028 more persons than expected died since 1/26/20; two-thirds of deaths attributed to COVID-19.
- Largest percentage increases among adults 25–44.
- For Whites, deaths 11.9% higher when compared to average numbers during 2015–2019. Average percentage increase for:
 - Hispanics/Latinos (53.6%)
 - Asians 36.6%
 - Blacks 32.9%
 - American Indians and Alaskan Natives (28.9%)

FIGURE 2. Percentage change in the weekly number of deaths in 2020 relative to average numbers in the same weeks during 2015–2019, by age group — United States, 2015–2019 and 2020



COVID-19 TRANSMISSION IN US CHILD CARE PROGRAMS

PEDIATRICS

- Data obtained from U.S. child care providers reporting whether they tested positive or hospitalized for COVID-19 along with degree of exposure to child care.
- **No association found between exposure to child care and COVID-19 in both unmatched (odds ratio [OR], 1.06) and matched (OR, 0.94) analyses.**
- In matched analysis, being a home-based provider (as opposed to center-based) associated with COVID-19 (OR, 1.59), but showed no interaction with exposure.

Table 7. Adjusted Case-Controlled Conditional Logistic Regression Analysis Predicting Case (N=427) Versus Matched Controls (N=21,350)

	OR	95% CI		P Value
Exposure to Child care	0.94	0.73	1.21	0.64
Child care Type (Family/Home-based)	1.59	1.14	2.23	<0.01
Interaction (Child care Type * Exposure)	0.82	0.53	1.26	0.37

Note. Cases propensity score matched to controls using 1:50 random matching without replacement using caliper width 0.2*SD of the logit function. Values used in the propensity score include age, race, ethnicity, gender, director status, county-level COVID-19 death rate, county-level median household income, personal COVID-19 health precaution measures (3 continuous variables), and state where child care program is located (indicator variables).

USING AGENT-BASED MODEL TO ASSESS K-12 SCHOOL REOPENINGS UNDER DIFFERENT COVID-19 SPREAD SCENARIOS – U.S., SCHOOL YEAR 2020/21

PREPRINT

Table 5. Summary of key EpiCast results for the Nation – Part 1

Workplace Assumptions	Scenario Name	During Peak 4 Weeks			August 15, 2020 to April 11, 2021		
		Cases	Hospitalized	Deaths	Case	Hospitalized	Deaths
Fewer Open Workplaces	Pre-Pandemic Behavior	59,664,577	1,798,188	107,322	110,244,127	3,370,360	230,451
	Baseline	24,323,551	685,746	38,649	75,049,776	2,132,798	128,292
	80%_OL_SD	12,346,146	354,878	20,900	55,178,391	1,588,821	95,848
	40%_POL_SD_Week	2,263,045	67,090	4,108	15,922,257	466,195	27,874
	40%_POL_SD_2Days	1,997,647	59,056	3,624	14,457,662	424,601	25,474
	Offsite	1,336,844	39,827	2,484	10,665,240	316,245	19,169
More Open Workplaces	Pre-Pandemic Behavior	68,242,756	2,064,544	120,162	116,608,169	3,584,053	242,236
	Baseline	49,681,358	1,470,601	84,679	102,532,010	3,071,051	198,517
	80%_OL_SD	38,469,699	1,156,296	69,342	93,355,312	2,830,004	184,520
	40%_POL_SD_Week	21,206,204	657,099	42,085	75,101,132	2,331,432	154,298
	40%_POL_SD_2Days	20,479,987	636,866	41,009	73,871,330	2,296,792	152,097
	Offsite	17,756,292	556,366	36,073	68,375,029	2,139,919	142,522

- Researchers with Los Alamos National Lab modeled U.S. communities under various scenarios to quantify health outcomes of reopening schools.
- Scenarios where split cohorts of students return to school in non-overlapping formats resulted in decreases of symptomatic individuals potentially by as much as 75% .
 - Split cohort scenarios significantly avert number of cases (60M to 28M) depending on scenario.
- Reducing number of students attending school leads to better health outcomes
- split cohorts enable part-time in-classroom education while reducing risk.

80% Onsite Learning with Reduced Social Distancing: 80%_OL_LessSD
 80% Onsite Learning with Ideal Social Distancing: 80%_OL_SD
 80% Partial Onsite Learning – Alternating Week with Reduced Social Distancing: 40%_POL_LessSD_Week
 80% Partial Onsite Learning – Alternating Days with Reduced Social Distancing: 40%_POL_LessSD_2Day
 80% Partial Onsite Learning – Alternating Weeks with Ideal Social Distancing: 40%_POL_SD_Week
 80% Partial Onsite Learning – Alternating Days with Ideal Social Distancing: 40%_POL_SD_2Days
 100% Distance Learning: Offsite



DEBUNKING COVID-19 MYTHS

MYTH

We don't need any restrictions- let's do what Sweden did and develop herd immunity.

No one is really dying from COVID-19- they all have underlying conditions and would've died anyway.

There's no danger returning to school, because kids don't transmit COVID-19.

Once you get COVID-19 you can't get it again.

NM ICU beds are so full is because surgeries were delayed in April and people got really sick and now they are in ICUs.

There is a rumor that NM is testing 4 people and only using one test. If it comes back negative then all the 4 people are informed that they were negative or vice versa.

EVIDENCE

September estimates related to herd immunity suggest “just under 12%” of Stockholm residents, and 6% to 8% of the Swedish population as a whole, had antibodies to the virus by mid-June.

COVID-19 has killed 950 New Mexicans; and, although many had underlying conditions at the time of death, not all.¹

Research indicates children, particularly older children, may spread COVID-19 similarly to adults. An adolescent with COVID-19 was the source of an outbreak at a 3-week family gathering.²

There are at least 24 documented cases of COVID-19 reinfection, including one death as a result of reinfection.³

Major hospital systems in ABQ and Santa Fe have no evidence indicating that postponed elective surgeries in the spring are contributing to ICU admissions at this time.

Pooling—sometimes referred to as pool testing, pooled testing, or batch testing—combines samples from several people and conducts one lab test to detect SARS-CoV-2. It allows labs to test more samples with fewer testing materials, and is highly reliable in low prevalence populations.⁴

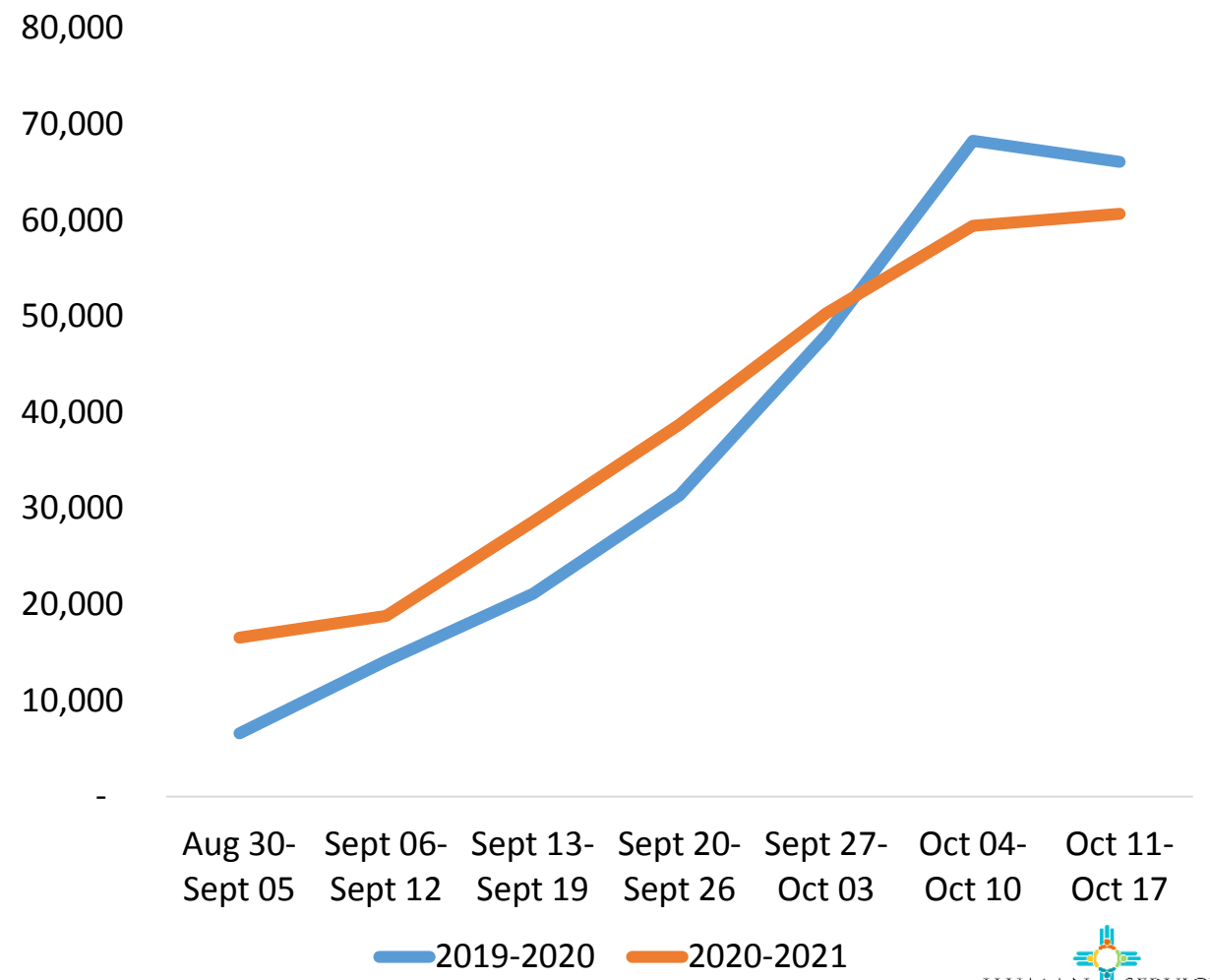
PROTECT OUR HEROS

GET A FLU SHOT

TOGETHERNM.ORG/FLU

TOGETHER NM
NEW MEXICO DEPARTMENT OF HEALTH

NM Adult & Child Flu Vaccines Administered, Weekly Totals, 2019-2020 & 2020- 2021 Flu Seasons



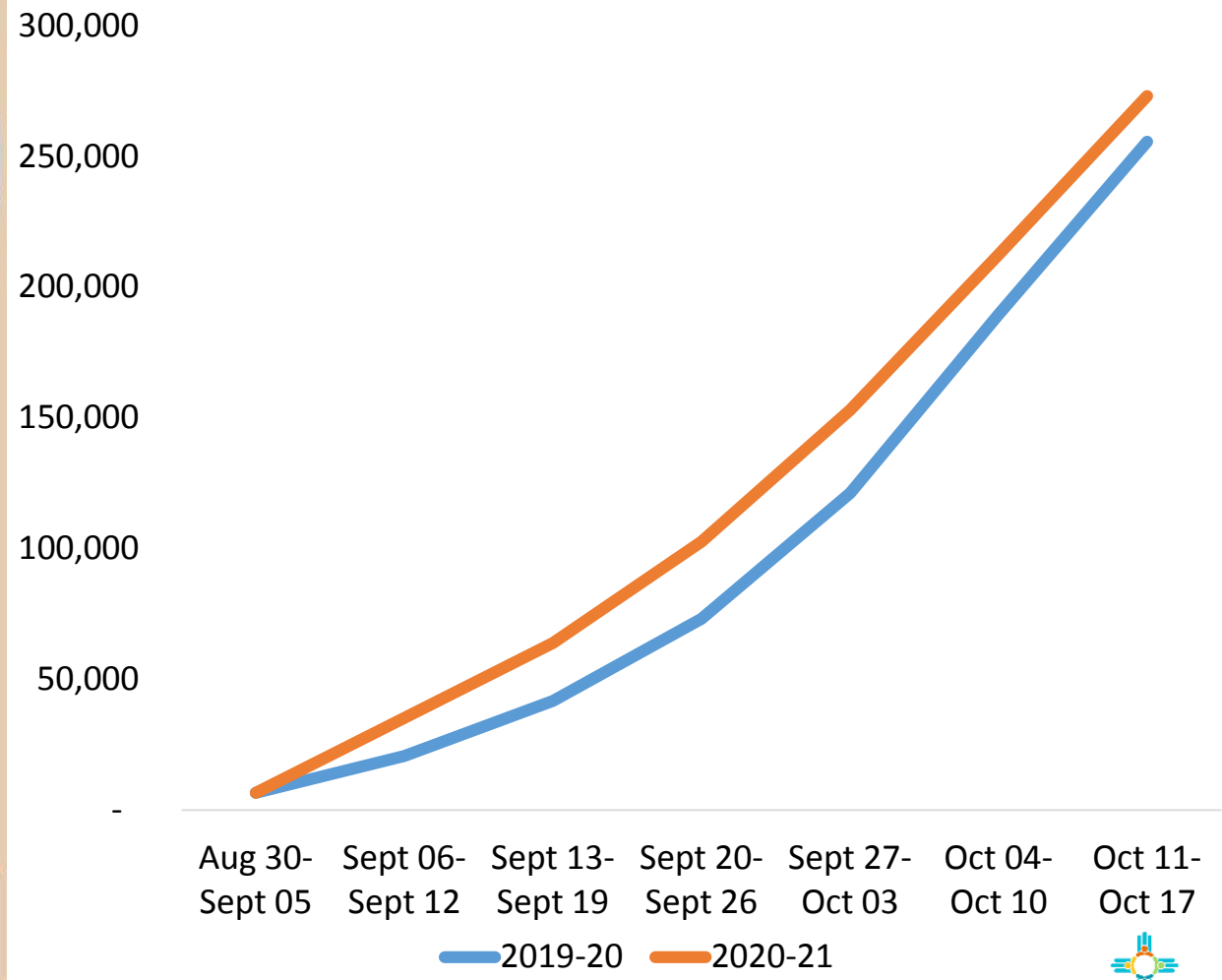
PROTECT OUR HEROS

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NEW MEXICO DEPARTMENT OF HEALTH

NM Adult & Child Flu Vaccines Administered, Cumulative Totals, 2019-2020 & 2020-2021 Flu Seasons



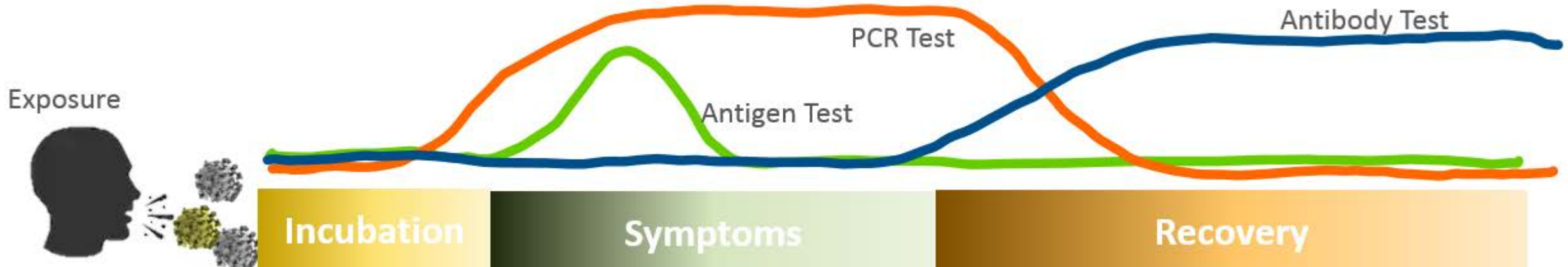
IZURIETA HS, ET AL. RELATIVE EFFECTIVENESS OF
INFLUENZA VACCINES AMONG U.S. ELDERLY, 2018–2019.
THE JOURNAL OF INFECTIOUS DISEASES 2020;222:278–87

- First, the costs:
 - Regular flu shot = \$9.58
 - Senior flu shot = \$60.98
- Findings. Among 12,777,214 beneficiaries, egg-based adjuvanted and high dose vaccines marginally more effective than egg-based quadrivalent vaccines.
- **Conclusions. Researchers did not find major effectiveness differences between licensed vaccines used among elderly during 2018–2019 season.**



TYPES OF TEST AVAILABLE

Type of Test	Type of Sample	What Does it Look For?	When Should It Be Used?
Rapid Antigen Test	Nasal swab	Parts of the virus protein	<ul style="list-style-type: none"> Symptomatic people within the first 5-7 days of symptoms
PCR Test	Nasal swab, oropharyngeal swab	Parts of the virus nucleic acid	<ul style="list-style-type: none"> Initial diagnosis (some rapid tests are available) May be use for surveillance in people without symptoms
Antibody Test	Blood sample	Antibodies produced by your body	<ul style="list-style-type: none"> 10-14 days after symptoms if other tests were not performed. <u>NOT USED</u> to determine immunity



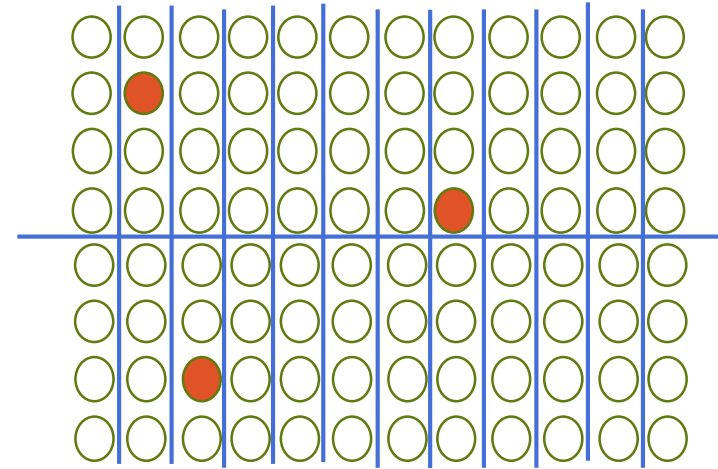
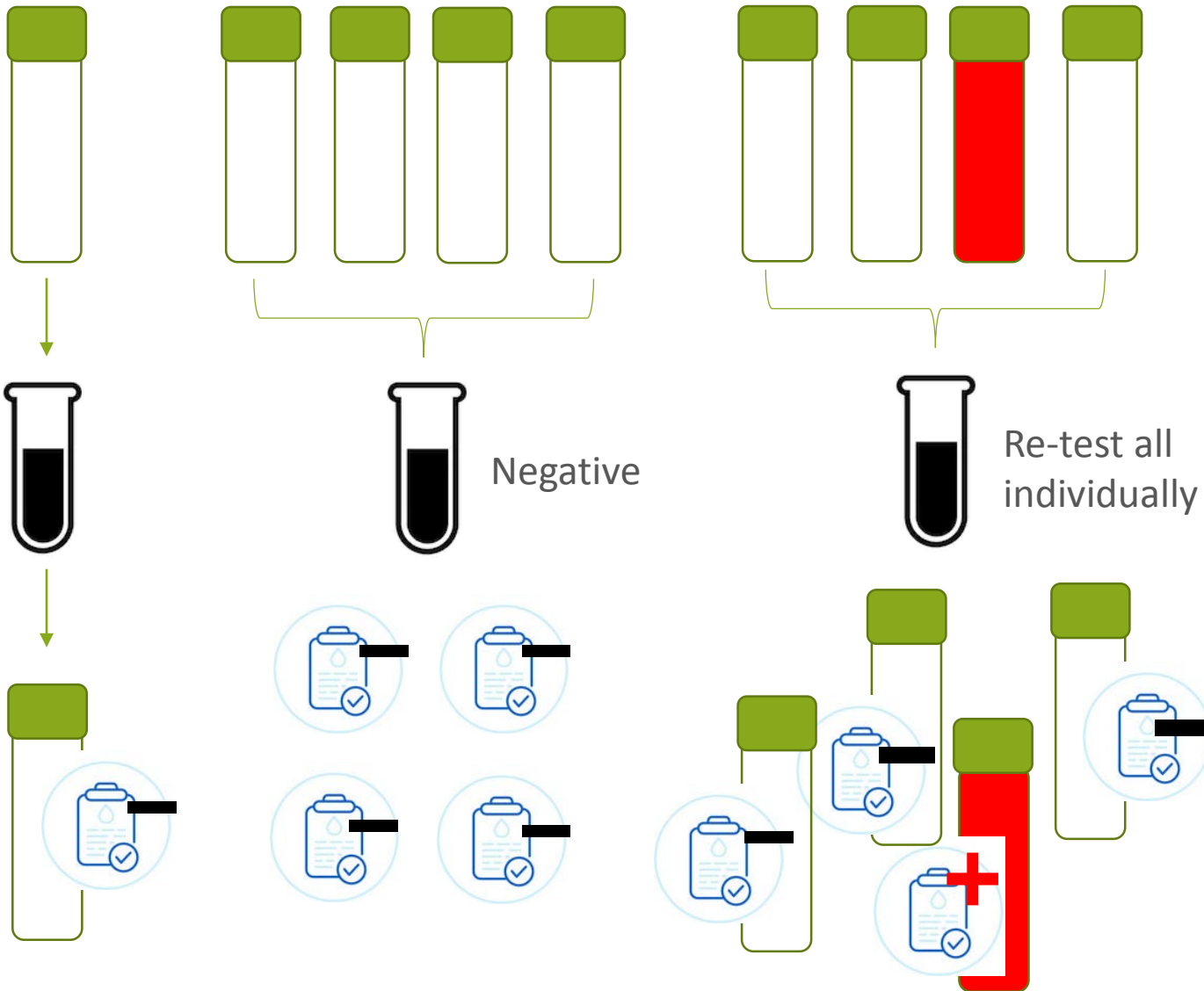
STATE-WIDE PCR TEST SPECIMEN COLLECTION OPTIONS

- Nasopharyngeal – provider collected
- Nasal swabs – self collected or provider collected
- Oropharyngeal swab – provider collected
- Sputum – provider collected
 - Primarily used for hospitalized patients
- Saliva – provider or self collected
 - Saliva testing availability increasing through October and November
 - Contact laboratory to determine if specimen can be accepted and to obtain appropriate collection devices

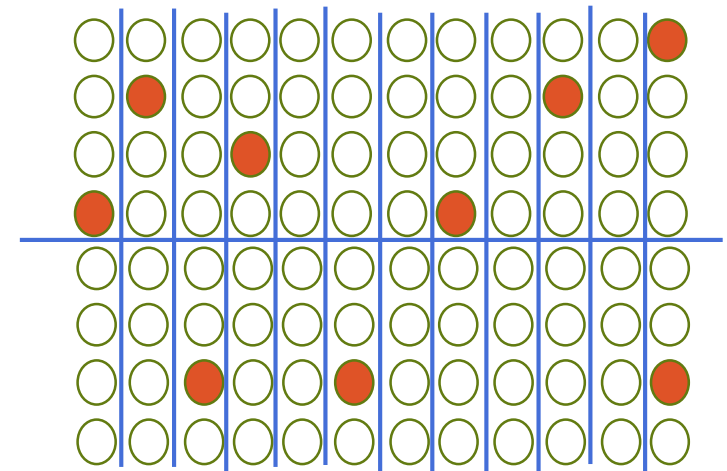
NEW MEXICO TESTING UPDATES

- Additional high capacity testing sites
 - TriCore Satellite Laboratory at NM State University now testing samples for Southern NM.
- Expansion of testing across New Mexico for COVID-19, Influenza and other Respiratory Viruses
- Specimen pooling
 - Testing multiple specimens at one time to increase testing capacity.
 - If the pool tests negative, all results are reported as negative
 - If the pool tests as positive, each individual sample is tested to find the positive sample

POOLING TO INCREASE STATEWIDE TESTING CAPACITY



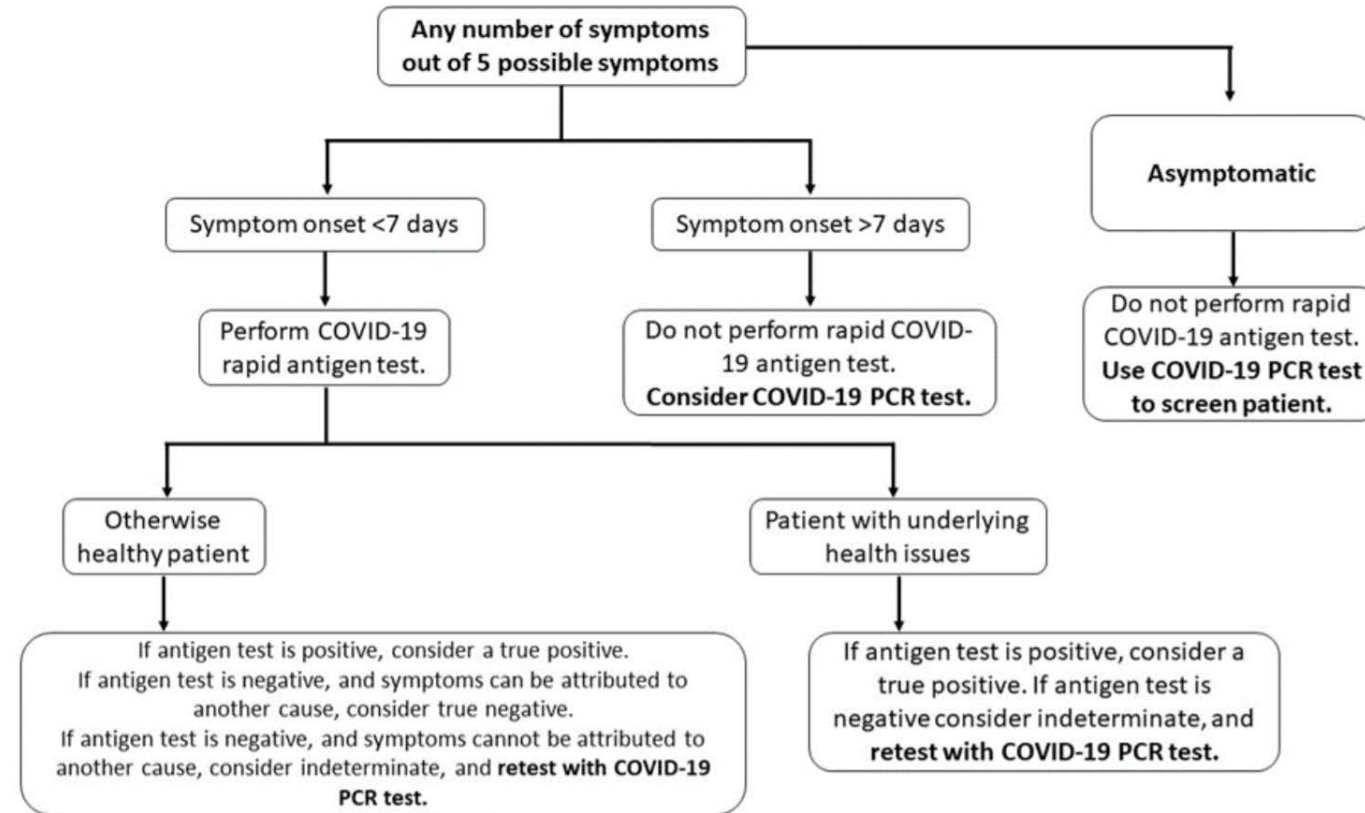
3% Positive



10% Positive

Abbott BinaxNOW Rapid Antigen Test

- Per [FDA](#), Abbott BinaxNOW rapid antigen testing limited to labs certified under Clinical Laboratory Improvement Amendments of 1988 (CLIA).
- Per FDA, BinaxNOW acceptable when:
 - ✓ Analysis performed in CLIA lab
 - ✓ **Symptomatic patients ONLY**
 - ✓ Within 7 days symptom onset
- Currently, no evidence to support use in:
 - ✗ Asymptomatic individuals
 - ✗ Asymptomatic contacts of symptomatic patients
 - ✗ Surveillance testing

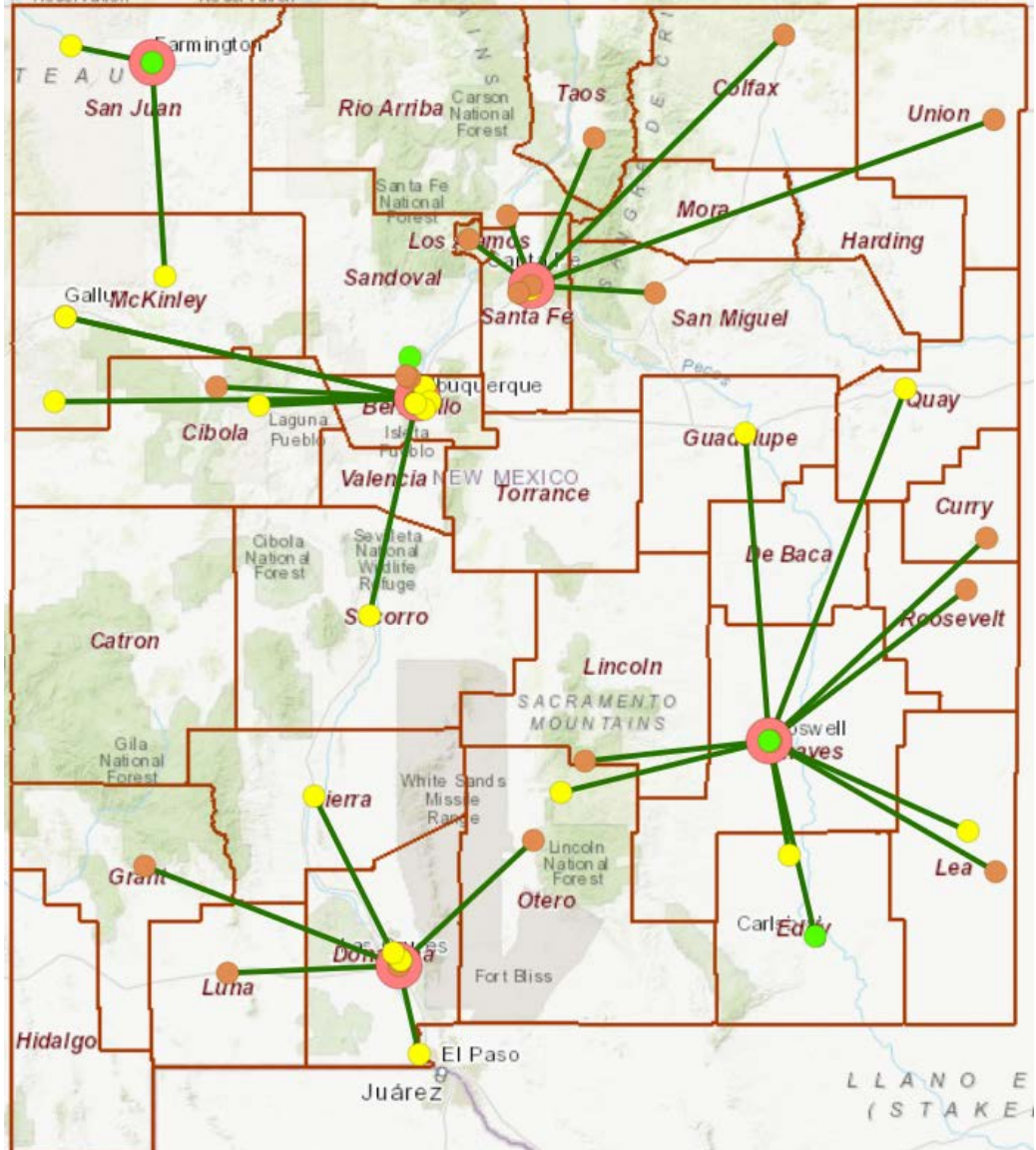


ABBOTT BINAXNOW RAPID ANTIGEN TEST

- NM is expected to receive 630,000 tests between now and end of year.
- With support from State Lab and TriCore, several hospital systems conducting validation testing this week and next to determine extent test “agrees” with the results of the PCR test
- Additional tests have gone to nursing homes/assisted living facilities.

Week of	Tests Received	Comments
September 28	41,080	Received 10/7/20
October 5	31,280	Received 10/14/20
October 12	37,920	Received 10/20/20
October 19	0	Received order confirmation
TOTAL RECEIVED	110,280	
ALLOTMENT REMAINING	519,720	

NEW MEXICO'S HOSPITAL HUB & SPOKE TRANSFER SYSTEM HELPS PRESERVES CAPACITY



NM Hub & Spoke Legend

ICU	Hub Hospital/Region
51 – 90	
26 – 50	
11 – 25	
1 – 10	
0	
	Transportation (Spoke-to-Hub)

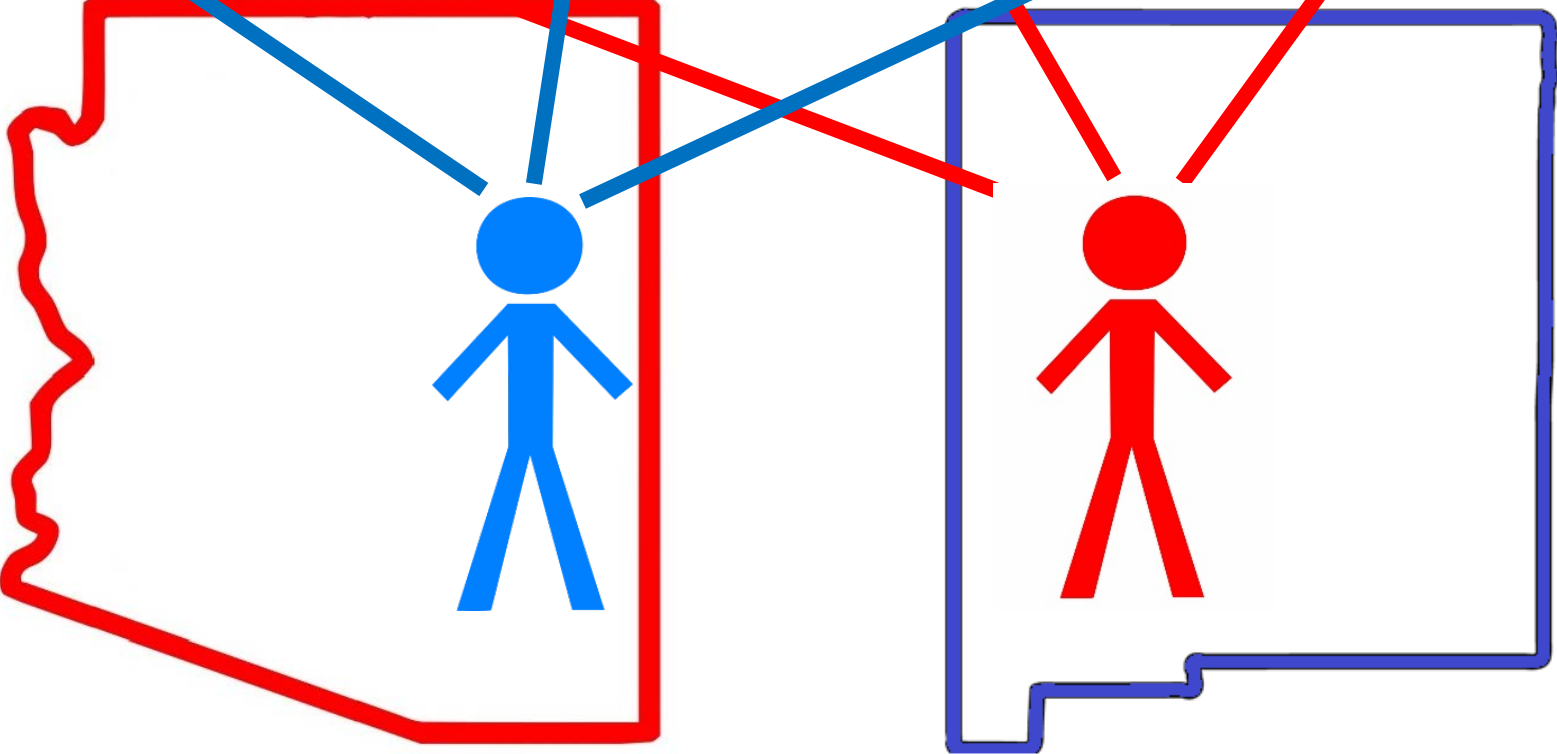
COVID-19 TESTS, CASES, and HOSPITALIZATIONS: WHERE ARE THEY COUNTED?

ARIZONA

NEW MEXICO

<u>TESTS</u> 1,967,512	<u>CASES</u> 233,912	<u>CURRENT HOSPITALIZATIONS</u> 20,820
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<u>TESTS</u> 1,078,087	<u>CASES</u> 38,715	<u>CURRENT HOSPITALIZATIONS</u> 202
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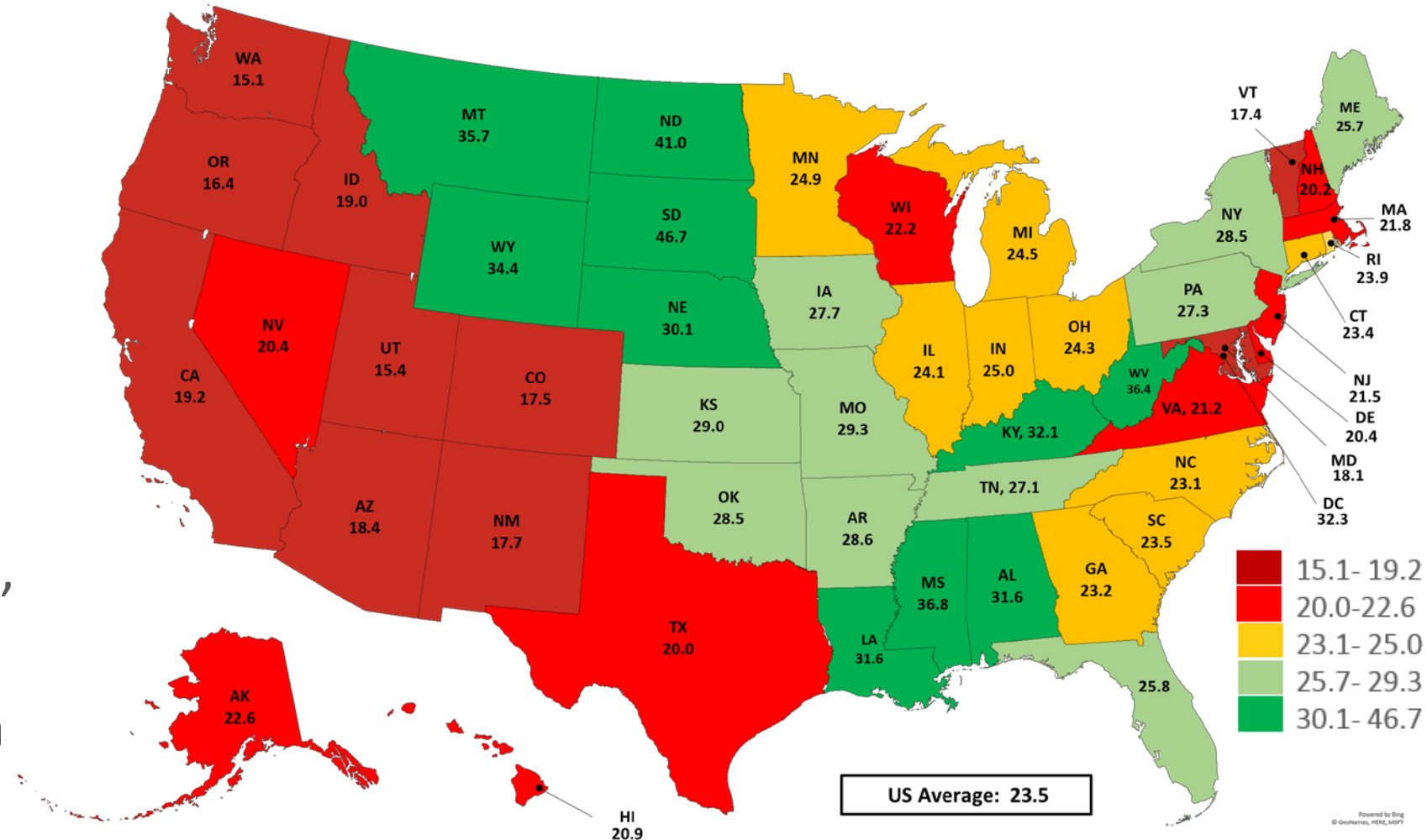
Tests, cases, and hospitalization numbers as of October 21, 2020

PRESERVING HOSPITAL CAPACITY- GENERAL BEDS

Lowest ranked states include:

- Washington: 15.1
- Utah: 15.4
- Oregon: 16.4
- Vermont: 17.4
- Colorado: 17.5
- New Mexico: 17.7
- NM has 38% as many beds as SD (highest-ranked state, 47.7).
- NM has 25% less beds than U.S. average (23.5).

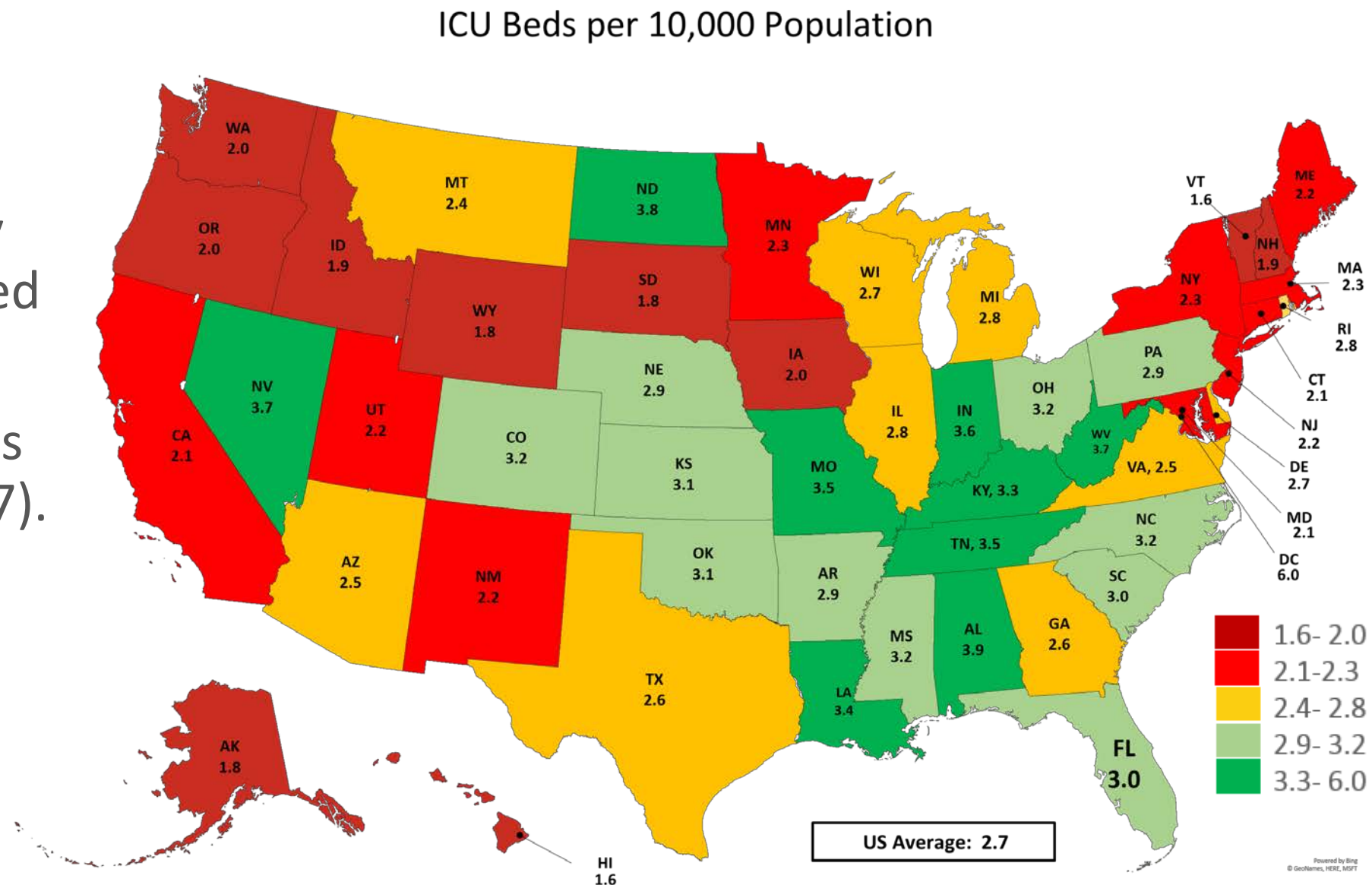
General Beds per 10,000 Population



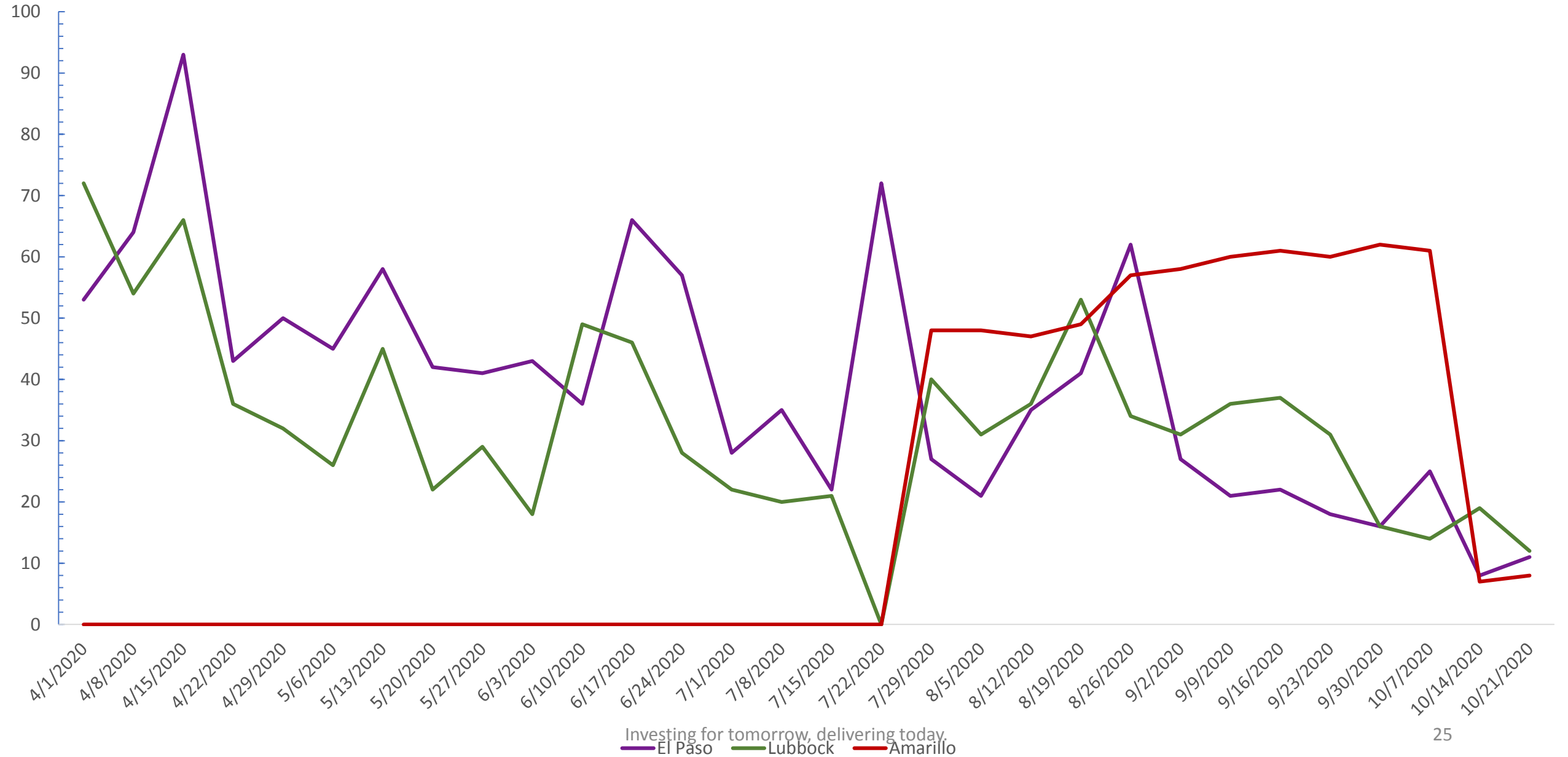
Source: Kaiser Family Foundation. Figures may not sum to totals due to rounding. Hospital Beds: KFF analysis of merged American Hospital Directory and 2018 AHA Annual Survey data. Population data from Annual Population Estimates by State, U.S. Census Bureau; available at <http://www.census.gov/popest/>. <https://www.kff.org/coronavirus-covid-19/issue-brief/state-data-and-policy-actions-to-address-coronavirus/#stateleveldata> Data as of December 2018.

PRESERVING HOSPITAL CAPACITY- ICU BEDS

- NM tied for 35th with New Jersey and Utah (2.2)
- NM has 56% as many beds as highest-ranked state (AL, 3.9).
- NM has 31% less beds than U.S. average (2.7).

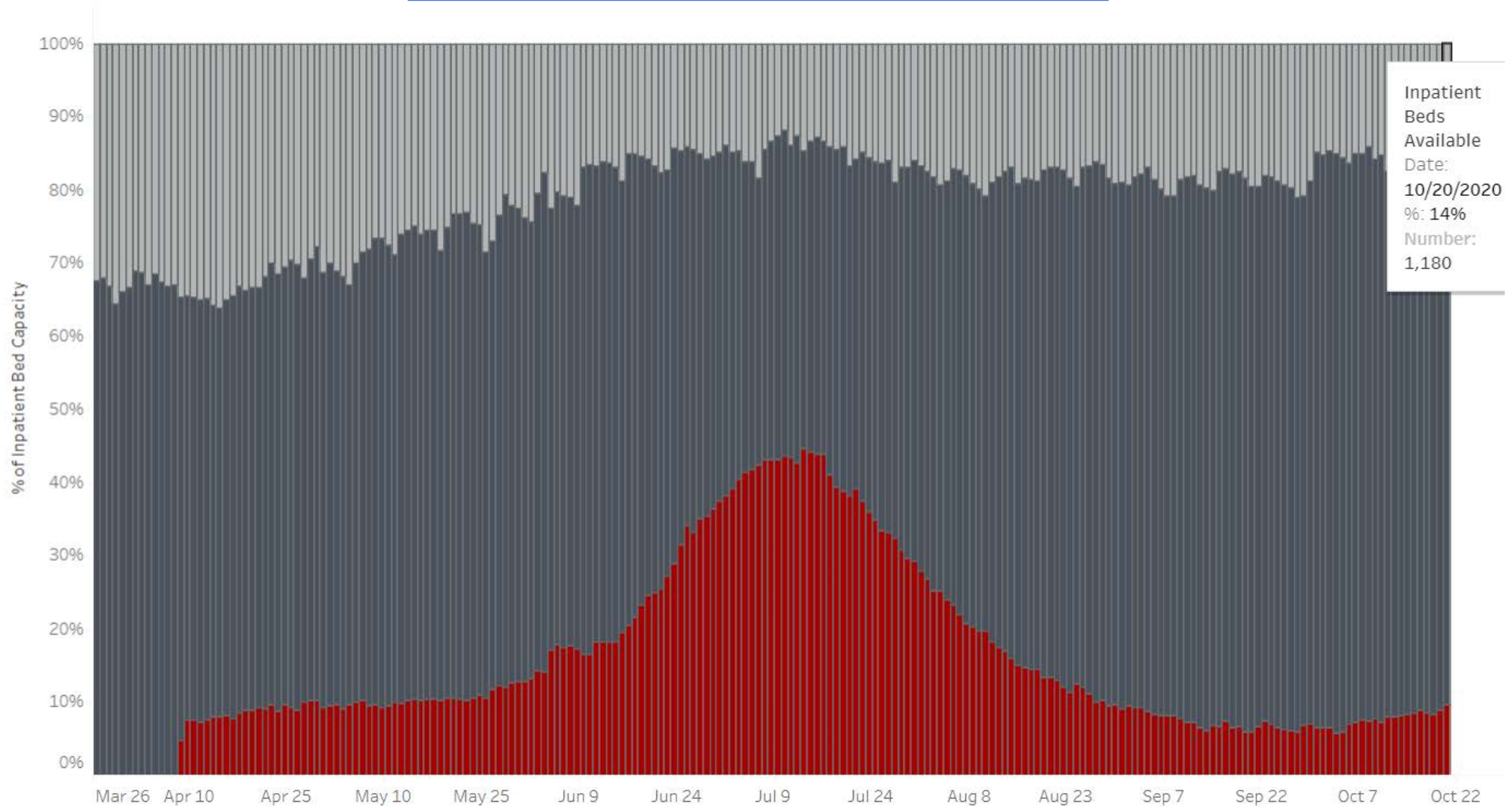


Available Adult ICU Beds Texas



- Inpatient Beds Available
- Inpatient Beds In Use by Non-COVID Patients
- Inpatient Beds In Use by COVID Patients

ARIZONA GENERAL BEDS

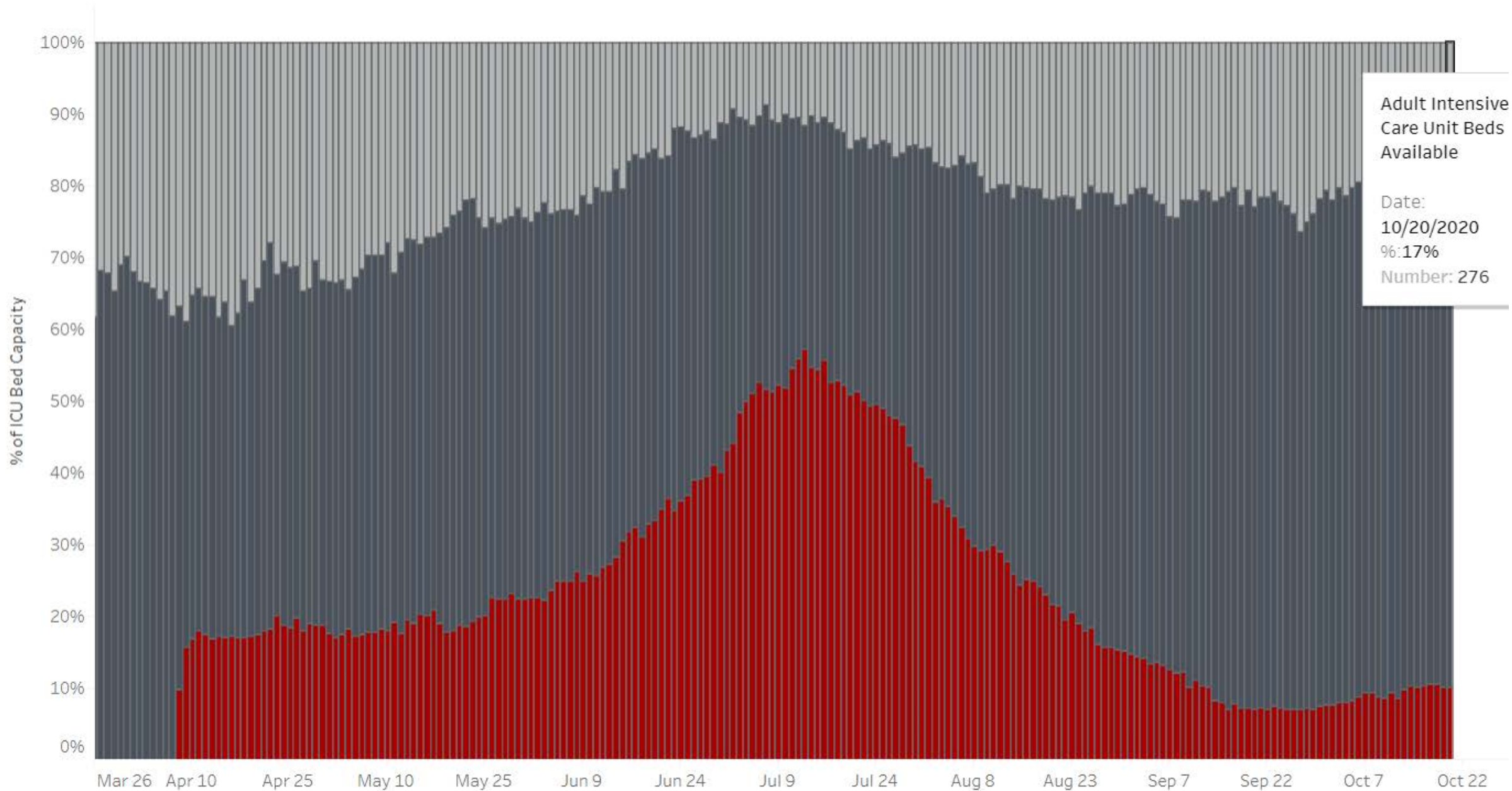


Inpatient Beds Available
 Date: 10/20/2020
 %: 14%
 Number: 1,180

* COVID Use of Inpatient Beds not reported until 4/10

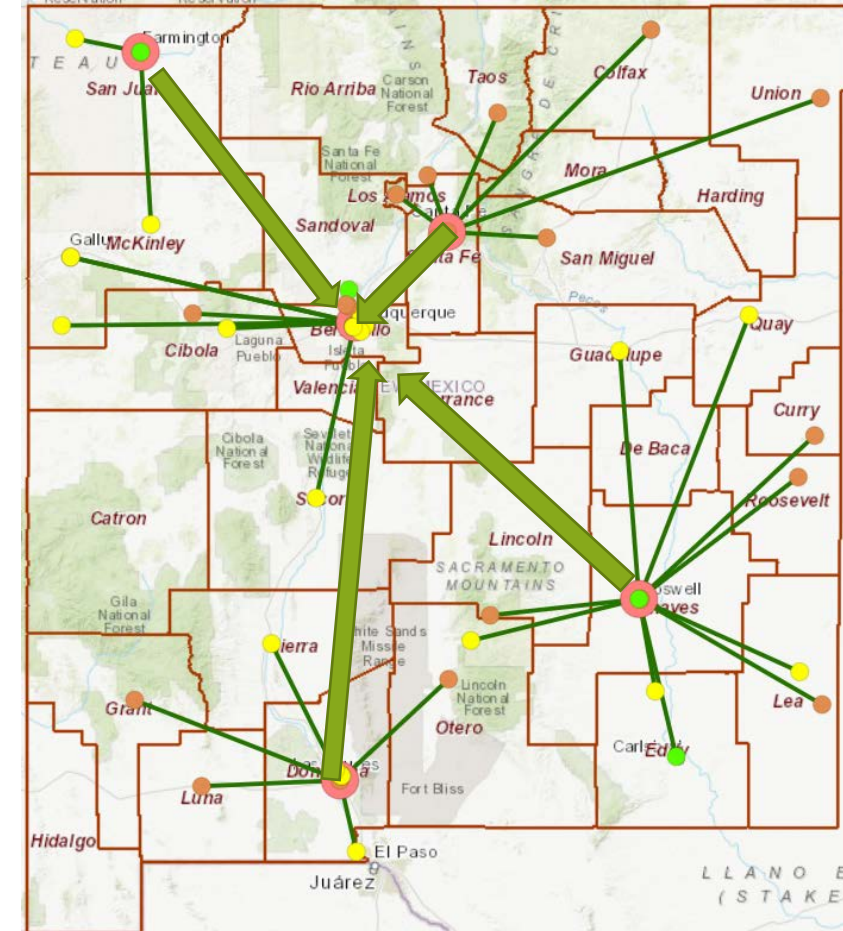
■ Adult Intensive Care Unit Beds Available
■ Adult Intensive Care Beds in Use by Non-COVID Patients
■ Adult Intensive Care Beds in Use by COVID Patients

ARIZONA ICU BEDS



ALBUQUERQUE HOSPITALS: THIS WEEK

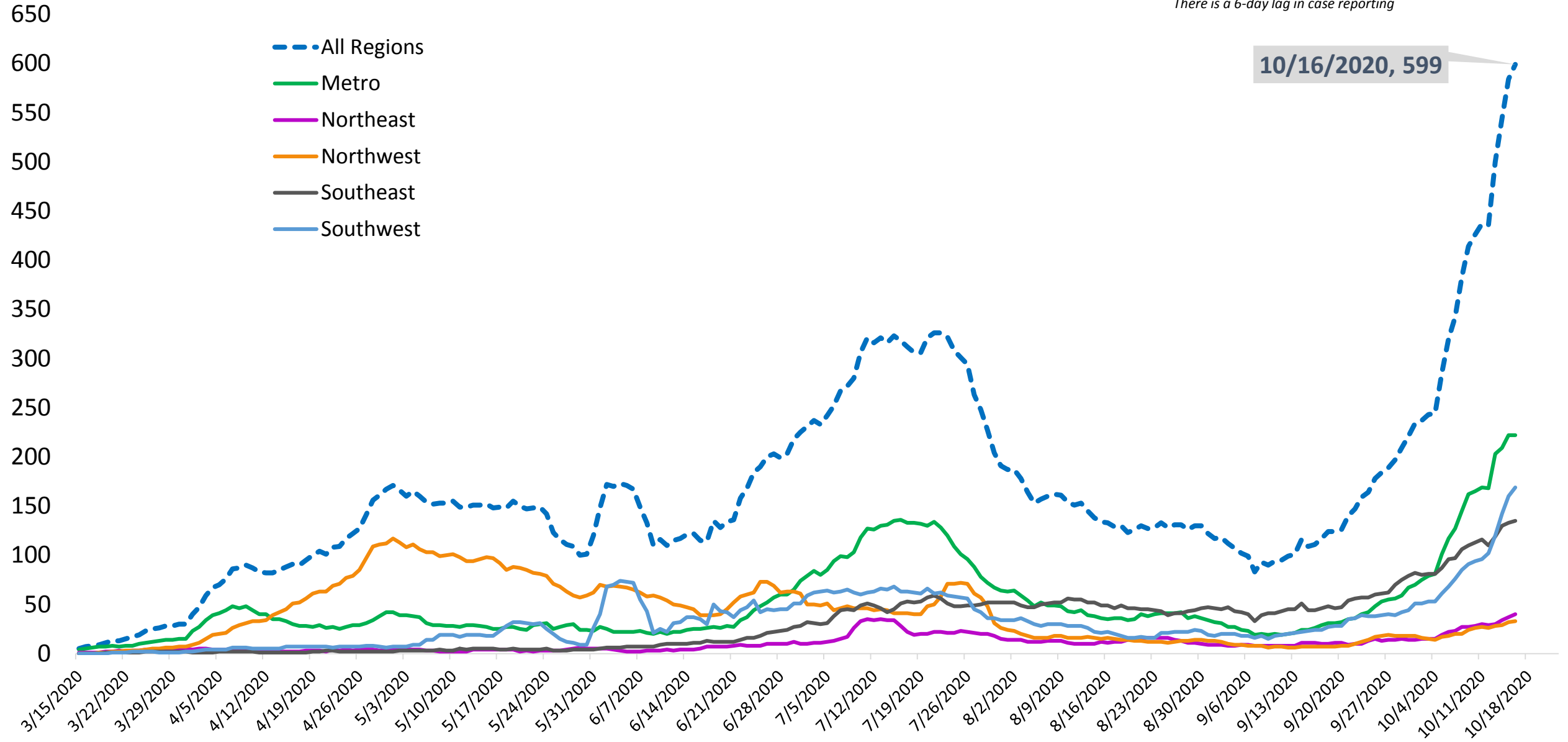
- The three central hub systems have 128 COVID+ in-house this morning with 93 holding in ED for bed assignment.
- There is very limited adult ICU capacity across the three hubs (<10 beds total).
- Med/Surg and Telemonitoring beds are also extremely tight.
- All facilities are moving into phase 2 and/or 3 surge plans; facilities are beginning to limit elective surgeries requiring inpatient stay.
- This surge is different than prior surge in that most patients are arriving in central ED's by personal transport and we miss opportunity for level-loading.



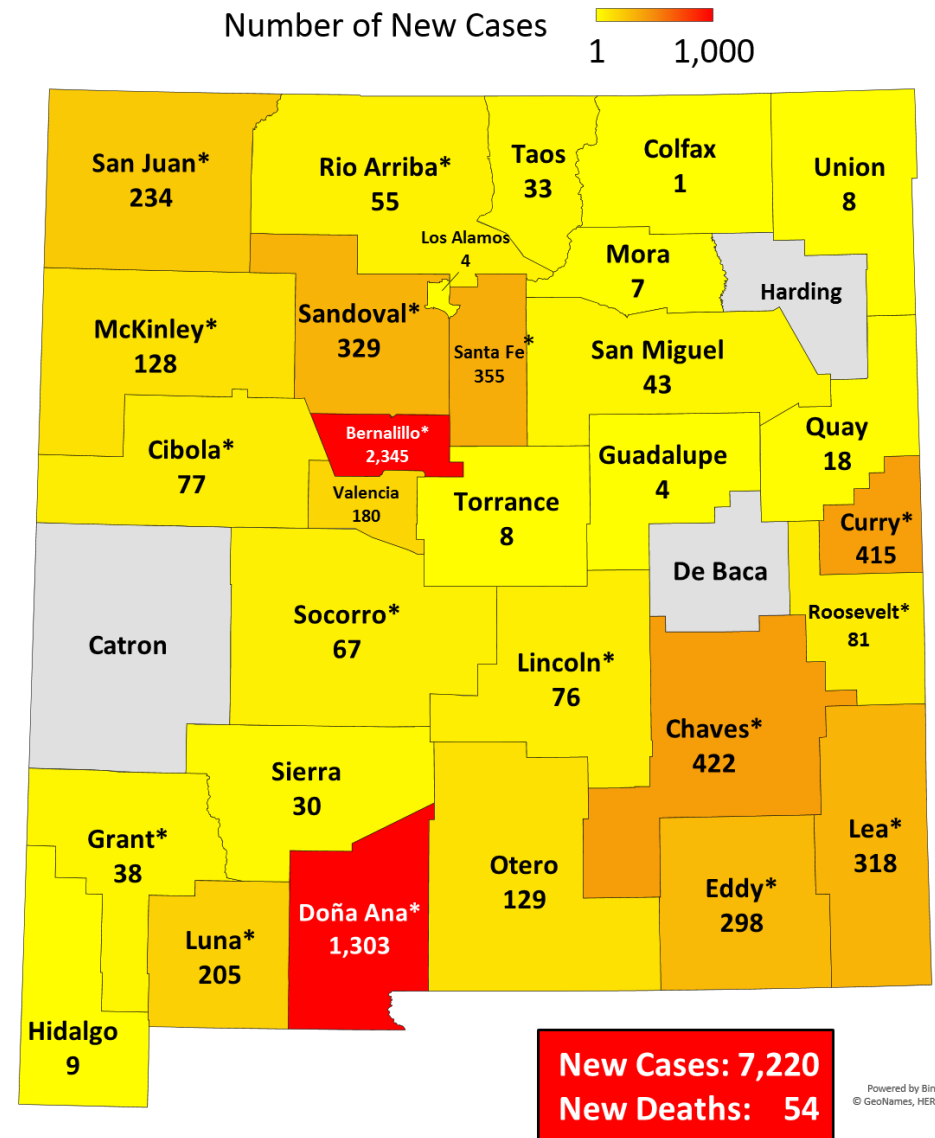
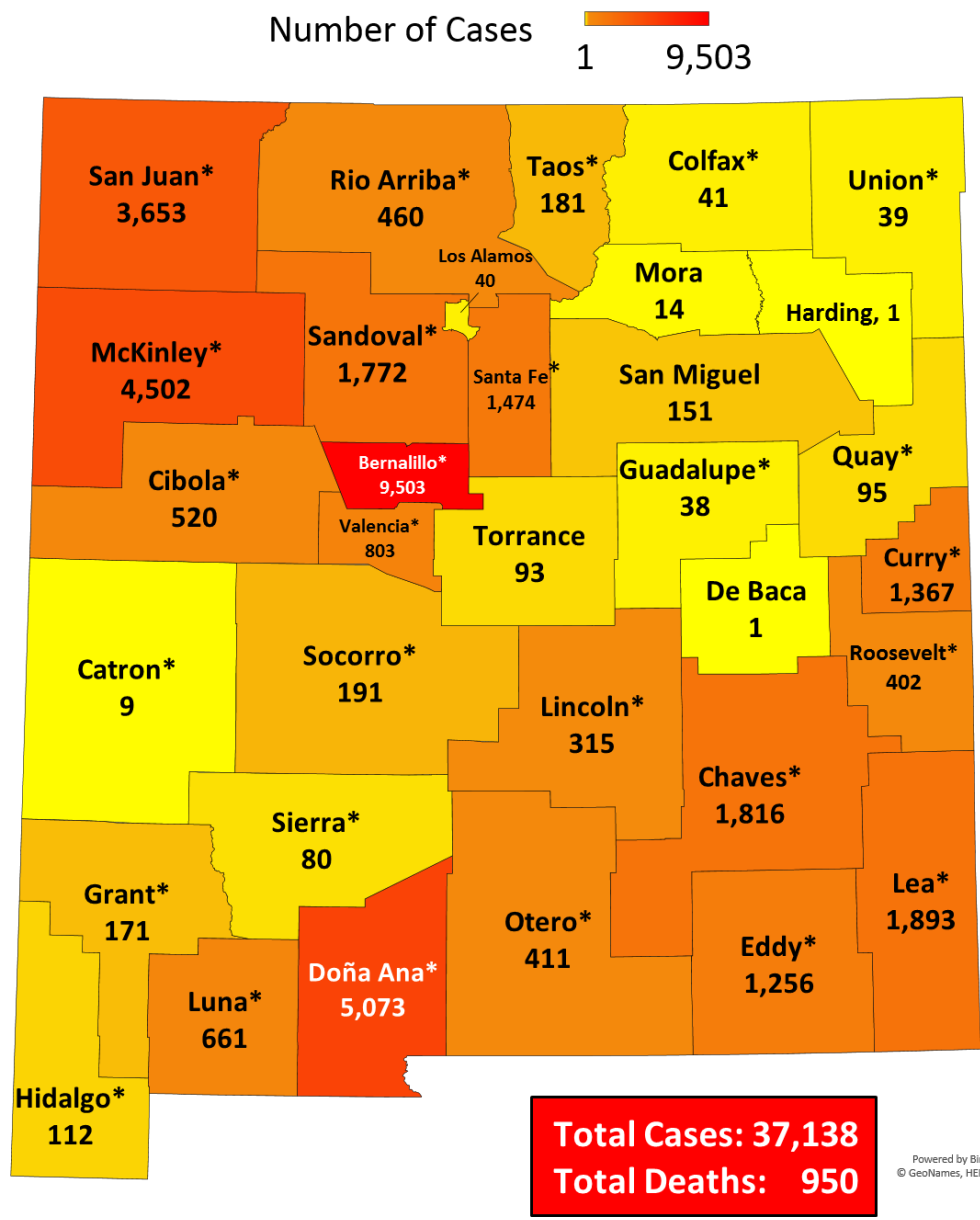
COVID-19 IN NM UPDATE

7-Day Average of Daily COVID-19 Positive Cases by Date of Specimen Collection, NMDOH Regions 10/22/2020

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



Total COVID-19 Positive Cases (10/21/2020) 14-Day Total of New COVID-19 Positive Cases31 (10/8 to 10/21)

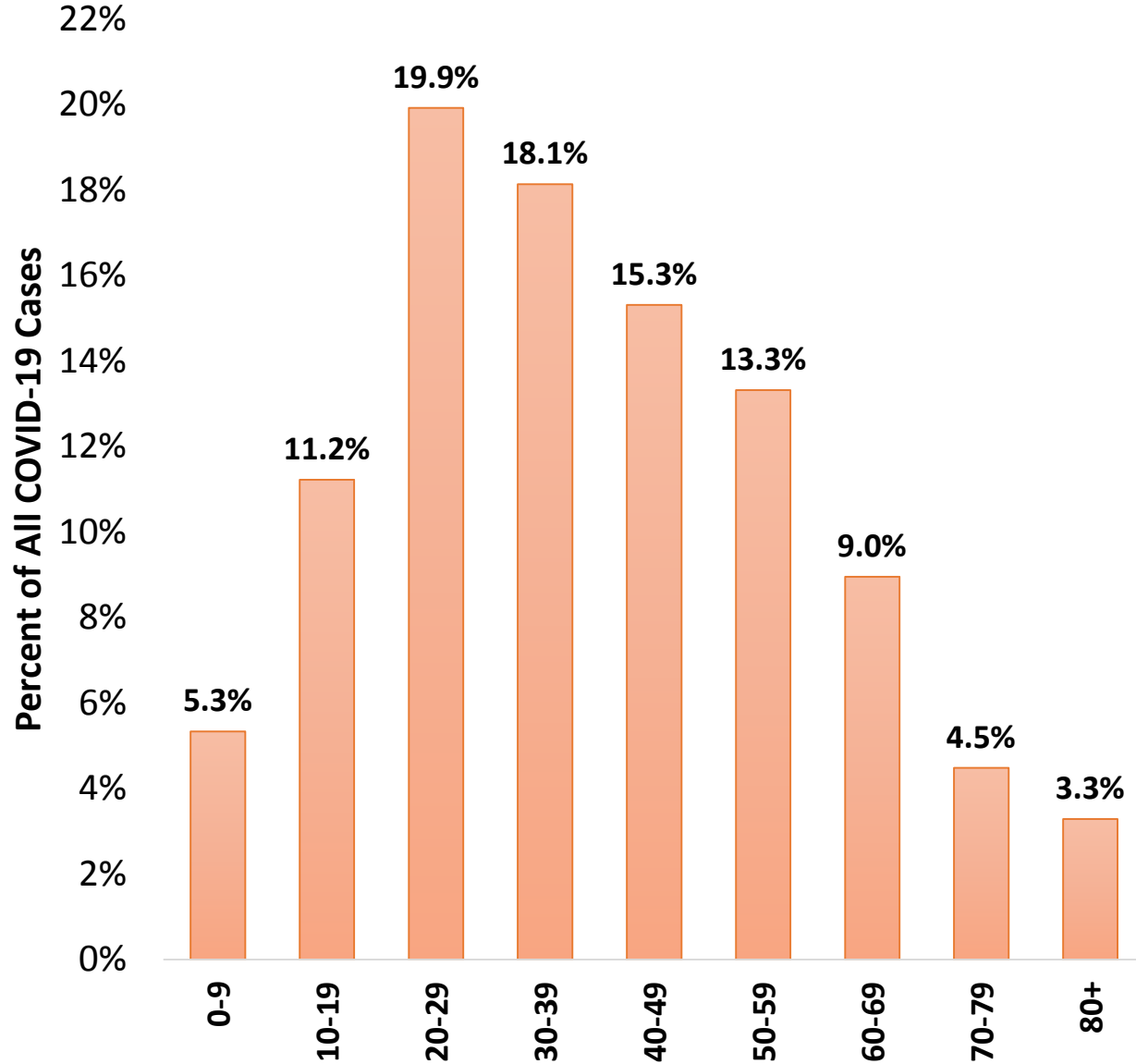


Source: New Mexico Department of Health. * denotes death occurred in county. Excludes cases in federal and state detention facilities.

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

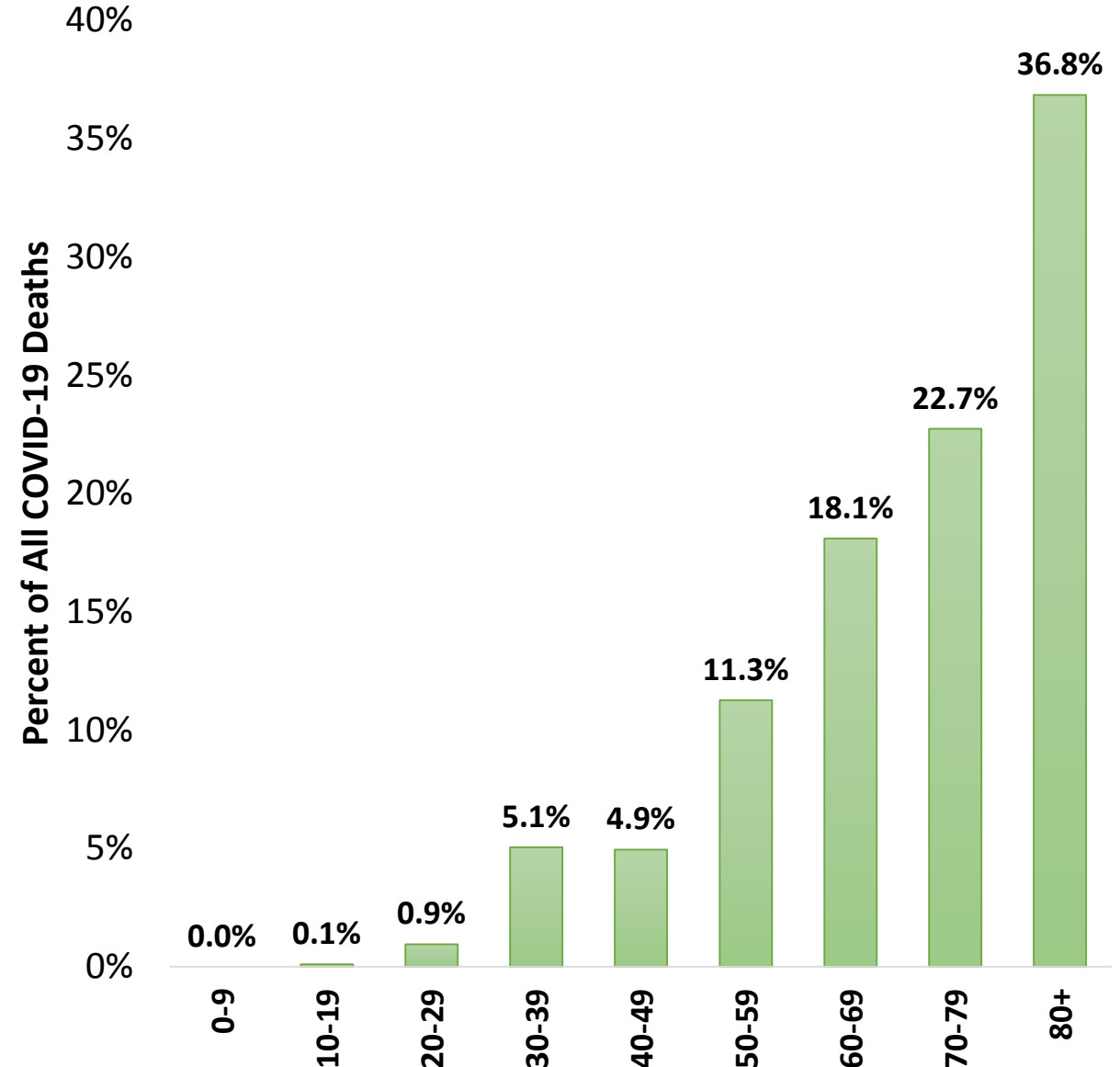
NM COVID-19 Confirmed Cases by Age as of 10/21/20 (%)

Source: NM
Department of Health
Excludes unknown age



NM COVID-19 Deaths by Age as of 10/21/20 (%)

Source: NM
Department of Health
Excludes unknown age



Mean Miles Traveled in New Mexico

8

7

6

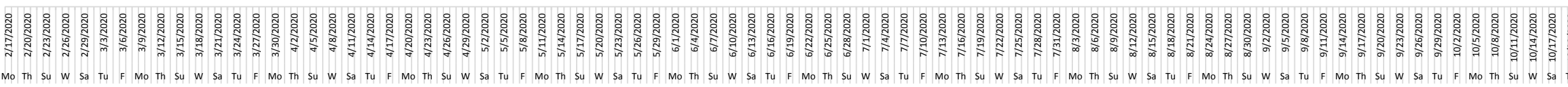
5

4

3

2

Pre-COVID-19 Mean Miles Traveled



Source: Descartes Labs. Prepared by the New Mexico Human Services Department

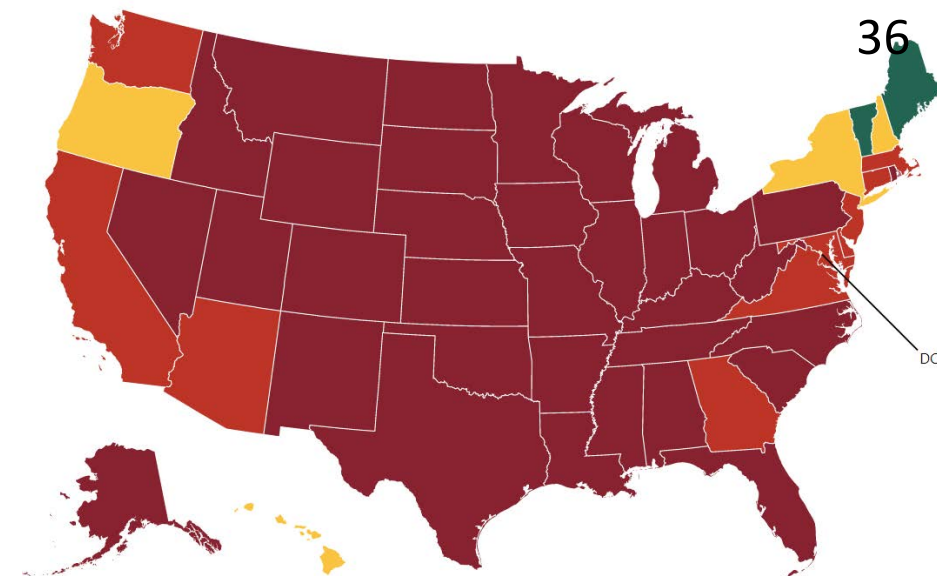
GATING CRITERIA UPDATE


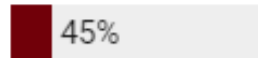
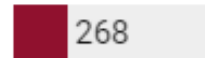
STATEWIDE PUBLIC HEALTH GATING CRITERIA FOR REOPENING³⁵

Criterion	Measure	Gating Target	Current Status
Spread of COVID-19	Rate of COVID-19 Transmission (10-day Rolling Average)	1.05 or less	1.24 on 10/21/20
	NM daily cases (7-day rolling average)	168	599 on 10/16/20
Testing Capacity: general and targeted populations*	Number of tests per day (7-day rolling average)	5,000 / day	8,437 on 10/20/20
	Test Positivity Rate (7-day rolling average)	5.0% or less	7.09% on 10/20/20
Contact Tracing and Isolation Capacity	Time from positive test result to: -isolation recommendation for case	24 hrs	Week ending 10/16= 31
	-quarantine rec. for case contacts	36 hrs	Week ending 10/16 = 65
Statewide Health Care System Capacity	Availability of scarce resources in 7 Hub Hospitals: -Adult ICU beds occupied	439 or less	275 on 10/22/20
	-PPE	7-day supply	7 on 10/20/20

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 🇺🇸	120% <i>Increasing</i>	 256 to 563	 45%	69% <i>Normal</i>	 268	Extremely Difficult <i>Resource intensive</i>	6.8% <i>Increasing</i>

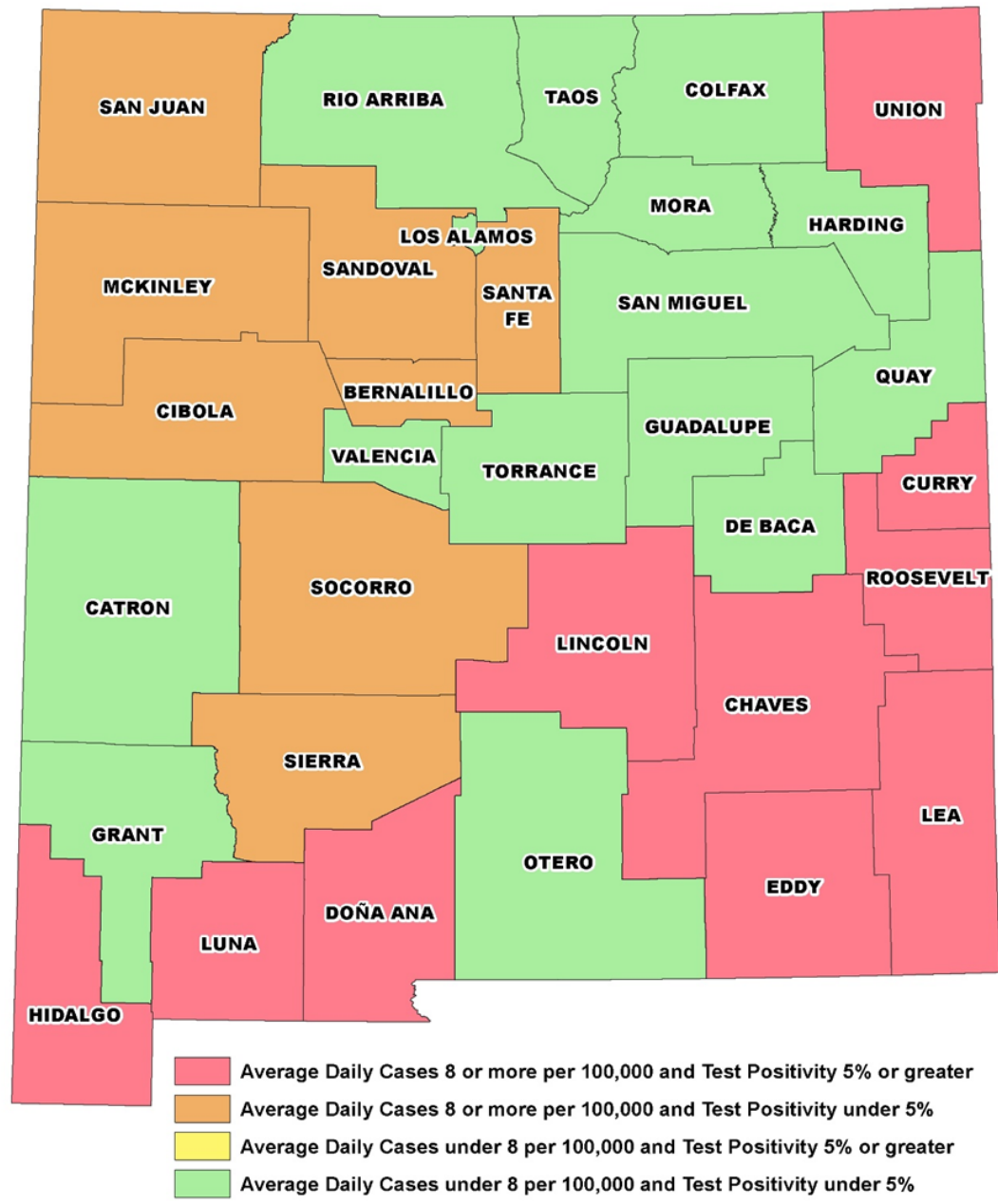
Notes: If a 🇺🇸 is next to a state it indicates a state-wide mandated mask policy for indoor AND outdoor settings. For detailed definitions see: <https://www.covidexitstrategy.org/definitions-and-criteria>

GET TESTED FOR COVID-19

NMDOH strongly encourages the following groups to get tested for COVID-19:

- Symptomatic people (e.g. cough, fever, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and/or loss of taste or smell);
- Asymptomatic people who are close contacts or household members of people who already tested positive and are in their infectious period;
- Asymptomatic people who live or work in high-risk congregate settings such as long-term care facilities, detention centers and correctional facilities; and,
- Patients who are scheduled for surgery and whose provider has advised them to get tested before the procedure.

NMDOH does not recommend antibody testing to determine if someone is infected with, or protected from getting, COVID-19.



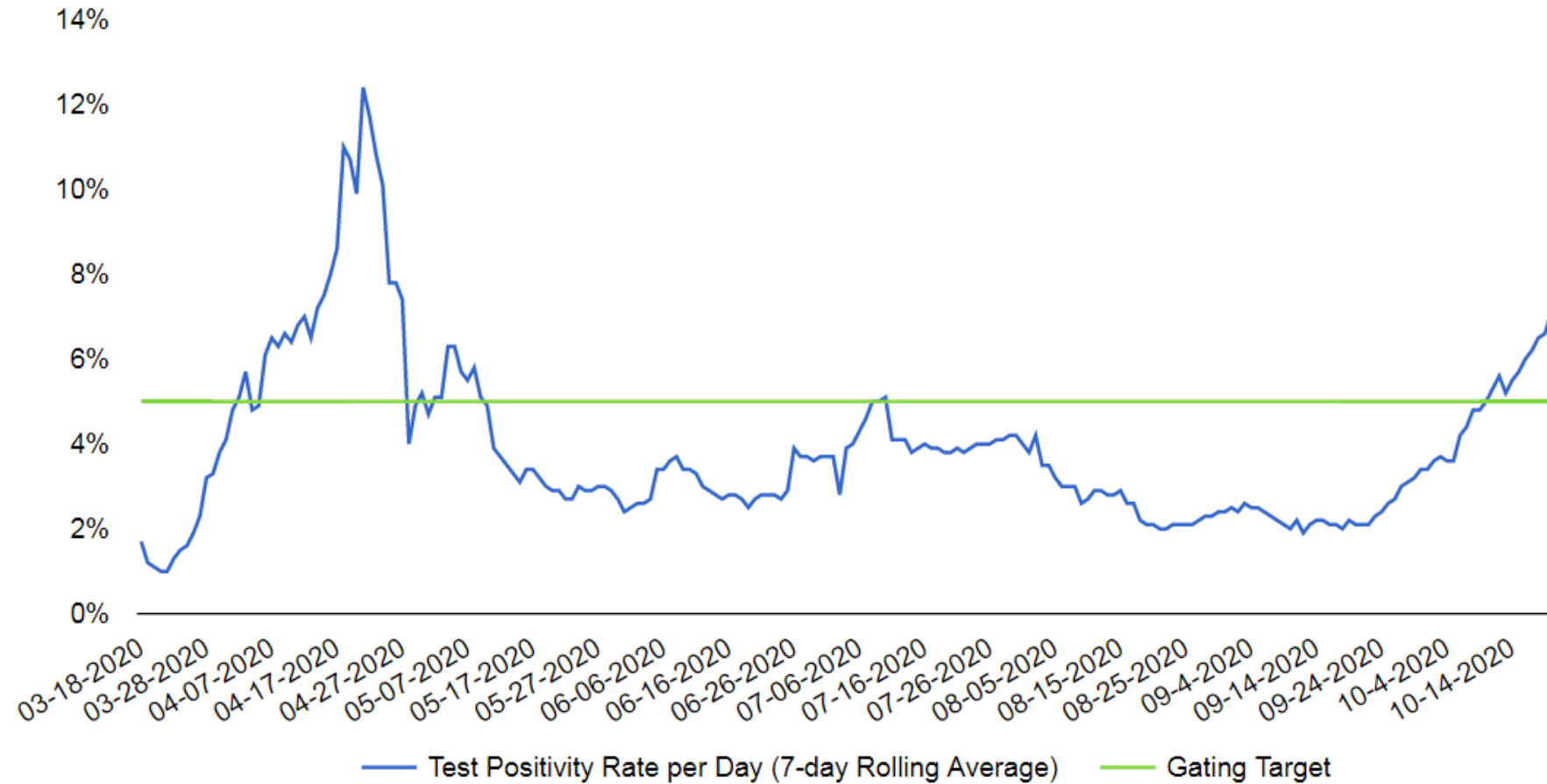
COVID-19 Average Daily Case Rates by Test Positivity, New Mexico Counties, September 29 - October 12, 2020

NM COVID-19 TEST POSITIVITY

Crude Test-Positivity Rate (rounded)

- 10/20: 10.9%
- 10/19: 6.5%
- 10/18: 8.1%
- 10/17: 5.5%
- 10/16: 5.3%
- 10/15: 9.7%
- 10/14: 8.1%

NM COVID-19 Test Positivity Rate, Daily Confirmed Cases, % (7-day Rolling Average)



NM COVID-19 SYMPTOMS AND TEST POSITIVITY

(22,666 NM ASYMPTOMATIC AND SYMPTOMATIC INDIVIDUALS DOH SITES/SLD ONLY, OCTOBER 6 – 19)

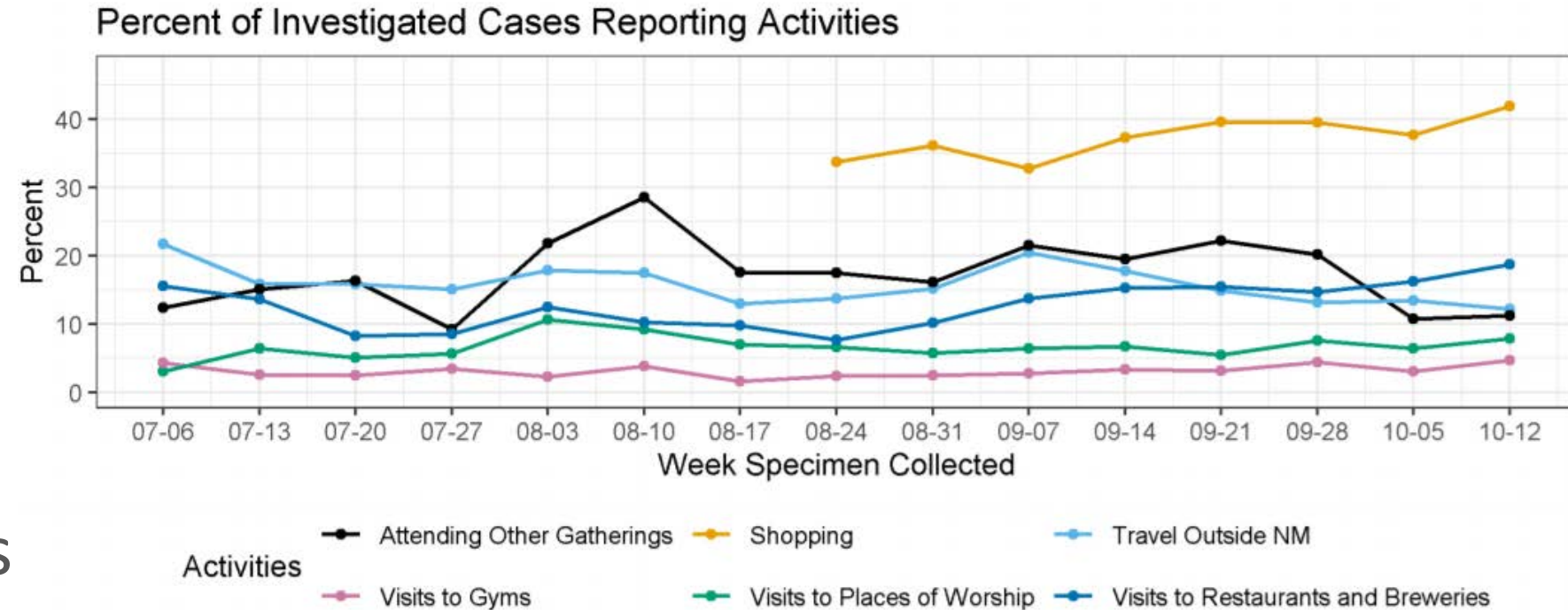
Symptom	# of Positives
Headache	613
Congestion or Runny Nose	608
Cough	576
Fatigue	428
Muscle Aches	418
Sore Throat	385
Fever	298
Chills	274
Loss of Smell	258
Loss of Taste	246
Diarrhea	141
Shortness of Breath	130
Nausea or Vomiting	126
Difficulty Breathing	93
Other	89
Rigors	11
(No Symptoms Reported)	780

Test Positivity Rate			
	Total Tests	Positive Tests	Positivity Rate
Asymptomatic	16,051	780	4.9%
Symptomatic	6,615	1,083	16.4%
TOTAL	22,666	1,863	8.2%

Test positivity rates 3.35 times higher in those with symptoms than those without

ANSWER THE CALL: COVID-19 CONTACT TRACING

- If you get tested for COVID-19, please **self-isolate for 14 days**.
- Attending gatherings and visiting restaurants and bars are the most frequent activities reported by positive cases.



Source: NM Department of Health. Cases in correctional facilities and residents of long-term care facilities were excluded. Percentages are out of cases who were contacted and asked about their exposures 14 days prior to illness onset or positive test result. Previous published reports did not always include 14 days prior to illness onset or positive test result, or Shopping as an activity. Gatherings here include any activity with 5 or more individuals, family gatherings, widespread community activities, and civic action.

WE MUST DOUBLE DOWN...

Nothing about the virus has changed!

- The rise in cases is due to the significant increase in human to human contact
- We have to ALL recommit to fighting the virus for another year



CASES ARE RISING TOO QUICKLY. CONTACT TRACING EFFECTIVENESS WILL DECLINE IF CASES REMAIN TOO HIGH. WE ALL STILL MUST FIGHT THE VIRUS.

Stay at home. Seriously! **STAY AT HOME.**

Wash hands, clean surfaces, cough into tissue/elbow

Everyone needs to wear face coverings in public. **EVERYONE!**

Maintain social distancing (minimum 6 feet)



HUMAN
SERVICES
DEPARTMENT



QUESTIONS

SECRETARY DAVID R. SCRASE, M.D.

INVESTING FOR TOMORROW, DELIVERING TODAY.