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

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, (%)

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.
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 or COVID-19?

Flu:
- fever* or chills
- 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.

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


Gripe:
- fiebre* o escalofríos
  * 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.

COVID-19:
- fiebre o escalofríos
- 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 experiencias sin tomas

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

Get tested for COVID-19!
https://cvprovider.nmhealth.org/directory.html

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

Investing for tomorrow, delivering today.
● 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.\textsuperscript{10}
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).
Clinical outcomes in young US adults hospitalized with COVID-19

▪ 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>
<thead>
<tr>
<th>Characteristic</th>
<th>No. (%)</th>
<th>Full case series (N = 3223)</th>
<th>No death or ventilation (n = 2879)</th>
<th>Death or ventilation (n = 344)</th>
<th>P value</th>
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<tbody>
<tr>
<td>Age, mean (SD), y</td>
<td></td>
<td>28.3 (4.4)</td>
<td>28.3 (4.4)</td>
<td>28.3 (4.5)</td>
<td>.90</td>
</tr>
<tr>
<td>Men</td>
<td></td>
<td>1849 (57.6)</td>
<td>1626 (56.7)</td>
<td>223 (65.0)</td>
<td>.003</td>
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<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>White non-Hispanic</td>
<td></td>
<td>536 (16.6)</td>
<td>479 (16.6)</td>
<td>57 (16.6)</td>
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</tr>
<tr>
<td>White Hispanic</td>
<td></td>
<td>350 (10.9)</td>
<td>324 (11.3)</td>
<td>26 (7.6)</td>
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<tr>
<td>Black non-Hispanic</td>
<td></td>
<td>748 (23.2)</td>
<td>675 (23.4)</td>
<td>73 (21.3)</td>
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<td>Black Hispanic</td>
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<td>14 (0.4)</td>
<td>13 (0.5)</td>
<td>1 (0.3)</td>
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<tr>
<td>Other/unknown</td>
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<td>1574 (48.9)</td>
<td>1388 (48.2)</td>
<td>186 (54.2)</td>
<td></td>
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<tr>
<td>Black and/or Hispanic</td>
<td></td>
<td>1838 (57.0)</td>
<td>1669 (58.0)</td>
<td>169 (49.3)</td>
<td>.002</td>
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<td>Discharge month</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>April 2020</td>
<td></td>
<td>1680 (52.1)</td>
<td>1495 (51.9)</td>
<td>185 (53.9)</td>
<td>.042</td>
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<td>May 2020</td>
<td></td>
<td>1063 (33.0)</td>
<td>936 (32.5)</td>
<td>127 (37.0)</td>
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<tr>
<td>June 2020</td>
<td></td>
<td>479 (14.9)</td>
<td>448 (15.6)</td>
<td>31 (9.0)</td>
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<tr>
<td>Region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Northeast</td>
<td></td>
<td>1298 (40.3)</td>
<td>1161 (40.4)</td>
<td>137 (39.9)</td>
<td>.002</td>
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<td>South</td>
<td></td>
<td>1130 (35.1)</td>
<td>1032 (35.9)</td>
<td>98 (28.6)</td>
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<td>Midwest</td>
<td></td>
<td>558 (17.3)</td>
<td>488 (17.0)</td>
<td>70 (20.4)</td>
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<td>West</td>
<td></td>
<td>233 (7.2)</td>
<td>195 (6.8)</td>
<td>38 (11.1)</td>
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<tr>
<td>Any obesity, BMI ≥ 30</td>
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<td>1187 (36.8)</td>
<td>1007 (35.0)</td>
<td>180 (52.5)</td>
<td>&lt;.001</td>
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<tr>
<td>Morbid obesity, BMI ≥ 40</td>
<td></td>
<td>789 (24.5)</td>
<td>649 (22.5)</td>
<td>140 (40.8)</td>
<td>&lt;.001</td>
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<tr>
<td>Asthma</td>
<td></td>
<td>545 (16.9)</td>
<td>495 (17.2)</td>
<td>50 (14.6)</td>
<td>.22</td>
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<tr>
<td>Hypertension</td>
<td></td>
<td>519 (16.1)</td>
<td>412 (14.3)</td>
<td>107 (31.2)</td>
<td>&lt;.001</td>
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<tr>
<td>Smoking</td>
<td></td>
<td>513 (15.9)</td>
<td>472 (16.4)</td>
<td>41 (12.0)</td>
<td>.03</td>
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<tr>
<td>Diabetes</td>
<td></td>
<td>588 (18.2)</td>
<td>494 (17.2)</td>
<td>94 (27.4)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Abbreviations: BMI, body mass index (calculated as weight in kilograms divided by height in meters squared); COVID-19, coronavirus disease 2019.

* Race/ethnicity groups include only patients whose race and ethnicity were reported. Patients with missing data for 1 or both were considered other/unknown.
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.
WHY COVID-19 IS MORE DEADLY IN PEOPLE WITH OBESITY—even if they’re young

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

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).
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.
THE SOUTHERN HEMISPHERE SKIPPED FLU SEASON IN 2020

Argentina
- Covid-19 2020: 23.0
- Flu average 2015-19: 16.2

900 weekly flu cases*

Chile
- 900 weekly flu cases*
  - 2015-19: 61.1
  - 2020: 12.7

New Zealand
- 900 weekly flu cases*
  - 2015-19: 0.5
  - 2020: 3.3

Paraguay
- 600 weekly flu cases*
  - 2015-19: 6.5
  - 2020: 2.6

South Africa
- 600 weekly flu cases*
  - 2015-19: 25.4
  - 2020: 8.4

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

Investing for tomorrow, delivering today.
**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.*
**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).
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.
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.
New Mexico COVID-19 Cases by Date of Specimen Collection – September 21, 2020

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

Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division. 7.21.2020, New Mexico Department of Health.
Cumulative case counts and rates by county - since March 11, 2020

Darker colors have the highest rates
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.
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

Number of COVID-19 Cases

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

ALL 4 CRITERIA DRIVEN BY SOCIAL DISTANCING BEHAVIORS OF NEW MEXICANS
How We Reopen Safely

Investing for tomorrow, delivering today

New Mexico

3% Flat

14-Day Trend of COVID+: 3%
Last 14 Days of COVID+ (Rolling): 113, 117

% of Test Target (Incidence Adjusted): 147%

ICU Occupied: 59%

New Cases per Million per Day: 56

Contact Tracing Possible?: Possible

Positivity Low: 2.1% Decreasing

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

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