TUESDAY, DECEMBER 22 COVID-19 UPDATE

POSITIVES:

• 1,272 new cases
• 132,075 total cases statewide

DECEASED:

• 23 additional deaths
• 2,203 total deaths statewide

HOSPITALIZATIONS:

• 810 current COVID-19 hospitalizations
• 158 on ventilators
COVID-19 Vaccine Update

Dr. Tracie Collins
Secretary-Designate, Department of Health
New Mexicans Receiving Vaccine

- Hospital health workers are receiving vaccine.

- Now expanding to larger groups of health care workers and long-term care facilities.

- Vaccine going to every corner of our state – small and large facilities, rural and urban communities.
Registering for the Vaccine

- DOH is launching a registration app today – open now for those in Phase 1a.
- https://cvvaccine.nmhealth.org/
- Users sign up to learn when they’re eligible.
- If you are eligible now, you’ll learn where to get vaccine.
- If you aren’t eligible yet, you’ll receive a notification when you are.
What’s Next?

• After this phase of vaccine distribution, we will distribute more widely. (Dependent on timing of vaccine shipments.)

• Federal government has issued recommendations for future phases.

• DOH reviewing those suggestions, considering NM workforce and the trajectory and impact of COVID-19 in our state.

• More information on eligibility in early January.
At-Home Testing Option

• State partnering with Vault to offer free, at-home, COVID-19 saliva tests; results returned within 24-48 hours of receipt of sample.

• Requires online access to Zoom.

• Receive a test at home, self-administer the test with a virtual testing supervisor, and mail the sample back for processing, all free.

• [learn.vaulthealth.com/nm/]
COVID-19 AS LEADING CAUSE OF DEATH IN THE UNITED STATES JAMA

- Daily U.S. mortality rate for COVID-19 is equivalent to 15 Airbus 320 jetliners, each carrying 150 passengers, crashing every day.

- Using data from CDC, researchers illustrate mortality rates for leading causes of deaths during March through October 2018 (most recent year data are available) with COVID-19 mortality rates during March through October 2020.

- By October 2020 COVID-19 had become 3rd leading cause of death for persons 45 - 84 and 2nd leading cause of death for those 85+.

- Reported COVID-19 deaths underestimates excess deaths produced by the pandemic.
  - Due to reporting delays and miscoding of COVID-19 deaths and an increase in non–COVID-19 deaths caused by disruptions produced by the pandemic, excess deaths are estimated to be 20% higher than publicly reported COVID-19 death counts.
UNITED KINGDOM CORONAVIRUS STRAIN (B.1.1.7)

- It is common for viruses to evolve over time; researchers have only sequenced a tiny fraction of coronaviruses that infect 3+ million people.

- Newer strain in U.K. (B.1.1.7) is unique because it experienced 17 mutation at once, scientists suspect this occurred during a long infection of single patient that allowed extended period of fast evolution, with multiple variants competing for advantage.

- New strain may increase transmissibility, spreading it more easily to others.
  - Strain first detected 9/20, accounted for 26% of all COVID-19 cases in London by mid-November, 60%+ by 12/9.

- Scientists monitoring whether strain results in increased disease severity, or decreased vaccine effectiveness.

- Centers for Disease Control & Prevention working with states to determine whether B.1.1.7 is present in U.S.

COVID-19 OUTPATIENT MONOCLONAL ANTIBODY TREATMENTS

- **Bamlanivimab** and **casirivimab & imdevimab** (Regeneron)
- Both treat COVID-19 + individuals who are not hospitalized, ages 12+, risk factors for hospitalization
- Treatments must be given by IV soon after developing symptoms
- Federal government has purchased 1.2 million doses and allocated more than 300,000 doses to states and territories.

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

12/22/2020

Source: New Mexico Department of Health
There is a 6-day lag in case reporting
NM COVID-19 Daily Cases by Specimen Collection Date, Hospitalizations, and Deaths
7 Day Rolling Average

Cases & Hospitalizations

Hospitalizations

Cases

Deaths

12/16/2020, 1,143

859

29
NM Hospital Systems Capacity Self-Evaluation as of 12/22/20

- Contingency Level 1
- Contingency Level 2
- Crisis Standards of Care
- Weighted Score
<table>
<thead>
<tr>
<th>Indicator</th>
<th>Criteria Demonstrating Contingency Level 1</th>
<th>Criteria Demonstrating Contingency Level 2</th>
<th>Criteria Demonstrating Crisis Standards of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delays</td>
<td>Delay of non-essential patient care and extended wait times without anticipated clinical compromise</td>
<td>Cancelling, postponing or modifying essential clinical services that compromises patient care (2)</td>
<td>Patient care limited to emergency and time critical services only</td>
</tr>
<tr>
<td>Transfers</td>
<td>Increasing patient transfers to regional facilities due to exhaustion of local facility capacity or capability.</td>
<td>Significant transfer delays occurring, or receiving facilities experiencing transfer volumes that compromise patient care, particularly in specialty services. (2)</td>
<td>Inability to transfer or receive patients and/or implementation of transfer triage and allocation protocols.</td>
</tr>
<tr>
<td>Triage and Allocation</td>
<td>Statewide triage and transfer center used to transfer COVID-19 patients to higher levels of care or for level-loading of Intensive Care Units (ICU)</td>
<td>Statewide triage and transfer center used to transfer all but specialty-care patients</td>
<td>Statewide triage and transfer center used to manage all ICU patient transfers (3)</td>
</tr>
<tr>
<td>Emergency Department (ED) and Alternative Access Points</td>
<td>Less than 50% utilization of expanded ED capacity and/or alternative access points</td>
<td>More than 50% utilization of maximum expanded ED capacity and/or alternative access points for multiple days within each reporting period (1)</td>
<td>Saturated access leading to triage and/or resource allocation that compromise patient care (1.5)</td>
</tr>
<tr>
<td>ICU</td>
<td>Less than 50% utilization of contingency capacity</td>
<td>More than 50% utilization of contingency capacity for multiple days within each reporting period (1)</td>
<td>More than 100% utilization (overflow) of contingency capacity for multiple days within each reporting period (1.5)</td>
</tr>
<tr>
<td>Non-ICU</td>
<td>Less than 50% utilization of contingency capacity</td>
<td>More 50% utilization of contingency capacity for multiple days within each reporting period (2)</td>
<td>More than 100% utilization (overflow) of contingency capacity for multiple days within each reporting period (1.5)</td>
</tr>
<tr>
<td>Healthcare Modeling</td>
<td>Hospitalization data project the need for contingency level capacity</td>
<td>Hospitalization data project that community needs will exceed the resources available within 2 weeks. (2)</td>
<td>Hospitalization data project that community needs will exceed resources available presently and into the future.</td>
</tr>
<tr>
<td>Redeployment</td>
<td>Workforce cross-training and orientation implemented in anticipation of staff redeployment to new areas of care</td>
<td>Workforce redeployed (e.g. from non-essential services such as clinics) and providing care outside of regular scope of practice. (2)</td>
<td>Insufficient qualified and/or available staff for immediate need.</td>
</tr>
<tr>
<td>Sustainment</td>
<td>Tiered staffing model initiated to permit staff with virus infection or exposure to provide patient care under specified conditions, with asymptomatic but exposed staff working under those conditions (1)</td>
<td>Utilization of asymptomatic COVID-19 positive staff for the care of COVID-19 positive patients under specified conditions</td>
<td>Utilization of asymptomatic COVID-19 positive staff for the care of all patients under specified conditions</td>
</tr>
<tr>
<td>Capacity</td>
<td>Workforce augmentation, protection and conservation strategies implemented (e.g. hiring, use of overtime, use of contract workers, worker infection control practices)</td>
<td>Staff shortages resulting in inability to fully staff licensed and/or contingency bed capacity (1)</td>
<td>Insufficient number of qualified and/or available staff to maintain patient care (1.5)</td>
</tr>
<tr>
<td>Ratios</td>
<td>Staff shortages and patient volumes resulting in maximum staff to patient ratios in most areas of care</td>
<td>Standard staff to patient ratios exceeded with compromise of patient care (1)</td>
<td>Unable to further increase staff to patient ratios due to compromise of patient care (1.5)</td>
</tr>
<tr>
<td>Acquisition</td>
<td>Depletion of pre-pandemic supplies and equipment resulting in extensive re-orders, interfacility sharing and requests for State assistance</td>
<td>Supply chain for essential equipment and supplies no longer reliable, and limited availability of interfacility sharing (2)</td>
<td>Supply and/or equipment shortages leading to triage and/or resource allocation that compromise patient care</td>
</tr>
<tr>
<td>Management</td>
<td>Facilities practicing conservation, reuse, adaptation, and substitution without anticipated clinical compromise (.5)</td>
<td>Initial rationing or substitution of materials and supplies that compromises patient care (1)</td>
<td>Shortages leading to triage or resource allocation that compromise patient care</td>
</tr>
</tbody>
</table>
Lowest income New Mexicans 3.23x more likely to contract COVID-19 compared to highest-income New Mexicans.

Source: NM Department of Health. December 14, 2020
Lowest income New Mexicans 2.25x more likely to be hospitalized compared to highest-income New Mexicans.

Source: NM Department of Health. December 14, 2020
Lowest income New Mexicans 2.78x more likely to die from COVID-19 compared to highest-income New Mexicans.

Source: NM Department of Health. December 14, 2020
## STATEWIDE PUBLIC HEALTH GATING CRITERIA FOR REOPENING

All 4 criteria driven by social distancing behaviors of New Mexicans.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Measure</th>
<th>Gating Target</th>
<th>Current Status</th>
</tr>
</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>0.88 on 12/21/20</td>
</tr>
<tr>
<td></td>
<td>NM daily cases (7-day rolling average)</td>
<td>168</td>
<td>1,143 on 12/16/20</td>
</tr>
<tr>
<td>Testing Capacity: general and targeted</td>
<td>Number of tests per day (7-day rolling average)</td>
<td>5,000 / day</td>
<td>14,249 on 12/20/20</td>
</tr>
<tr>
<td>populations*</td>
<td>Test Positivity Rate (7-day rolling average)</td>
<td>5.0% or less</td>
<td>12.10% on 12/20/20</td>
</tr>
<tr>
<td>Contact Tracing and Isolation Capacity</td>
<td>Time from positive test result to:</td>
<td>24 hrs</td>
<td>Week ending 12/11 = 22</td>
</tr>
<tr>
<td></td>
<td>- isolation recommendation for case</td>
<td>36 hrs</td>
<td>Week ending 12/11 = 24</td>
</tr>
<tr>
<td></td>
<td>- quarantine rec. for case contacts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statewide Health Care System Capacity</td>
<td>Availability of scarce resources in 7 Hub Hospitals:</td>
<td>439 or less</td>
<td>348 on 12/22/20</td>
</tr>
<tr>
<td></td>
<td>- Adult ICU beds occupied</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- PPE</td>
<td>7-day supply</td>
<td>7 on 12/19/20</td>
</tr>
</tbody>
</table>
Mean Miles Traveled in New Mexico

Source: Descartes Labs. Prepared by the New Mexico Human Services Department
Horizontal line reflects pre-COVID-19 levels of travel
PERCENTAGE CHANGE IN SHARE OF PEOPLE LEAVING COUNTY IN WEEK LEADING UP TO THANKSGIVING COMPARED WITH SAME PERIOD LAST YEAR

NEW YORK TIMES
HOW TRAJECTORY OF COVID-19 CASES CHANGED AROUND THANKSGIVING

NEW YORK TIMES

Note: The midpoint on these charts reflects the seven-day case average on Nov. 25, the day before Thanksgiving, because there were significant data irregularities in most states on the holiday itself. Experts say it is reasonable to expect a two-week lag before effects of the holiday would be apparent in case data.

Source: New York Times database of reports from state and local health agencies and hospitals

Investing for tomorrow, delivering today.
WE MUST REMAIN VIGILANT

Nothing about the virus has changed!

- The “Reset” worked! The curve has flattened but we are unsure about the aftereffects of the holiday.
- High case counts currently threaten our ability to provide healthcare for all New Mexicans
- We ALL need to stay committed to fighting the virus for 6 to 10 more months.

CASES COUNTS REMAIN TOO HIGH. WE ALL STILL MUST 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).