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Communications

***UPDATE* Monthly Communications Drills**

The Virginia Healthcare Emergency Management Program has put the responsibility of regular communications drills in the hands of the coalition. For FY23, there will be no quarterly state-wide drills.

Communication drill schedule for 1st quarter of FY23:

- August 3 – focus will be on acute care facilities and reporting Mass Casualty Incident (MC) capability in preparation for the MCI exercise in August and Air Show in September.
- September 28 – quarterly satellite phone drill. Those facilities with satellite phones will test their devices by contacting other facilities, EVHC directly and their landlines.

Site Visits Are Back!

The coalition offers site visits to all members annually. These non-punitively visits review emergency operations plans, identify best practices in planning bring the wealth of the region's planning knowledge directly to the staff. The meetings are open to emergency managers and health district planners, last no more than an hour and can be scheduled between July and April of each fiscal year. If interested in participating, contact Amy Green, Medically Vulnerable Populations Coordinator, at agreen@vaems.org.

***NEW* First Responder Resiliency ECHO**

The First Responder Resilience ECHO Program continues as a virtual tele-mentoring platform supporting First Responders within New Mexico and internationally. The program began initially to support First Responders through the opioid epidemic, and as the COVID-19 pandemic grew, the curriculum and audience broadened to include self-care and resilience skills to participants around the world. The notion of a First Responder was changed as providers everywhere were facing new challenges in their front-facing experience, whether this be a sense of overwhelm, an experience of detachment or of overload. The curriculum was altered with ongoing input from participants to address the needs of those working to help others during the COVID-19 pandemic, and included didactics in psychological first aid, self-care and resilience, peak performance skills, communication methods, diagnostic and systems descriptions, as well as the development of effective peer support programs around the nation. Follow this [link](#) to register for the program. Two sessions each in August, September and October.



Emergency Operations Planning

Trends, Policies, and Protocols Related to Healthcare Workplace Violence

From HHS.gov, this [article](#) provides an overview of workplace violence, highlights risk factors that contribute to healthcare workplace violence, and summarizes related legislation and policies. It also highlights strategies and guidance healthcare staff and security partners can incorporate into their coordinated healthcare workplace violence plans.

Climate Change and Extreme Heat Events: How Health Systems Should Prepare

According to the New England Journal of Medicine, hospitals risk losing power in situations when the power grid is overtaxed, disrupting care and exposing highly vulnerable persons to elevated temperatures. Because hospitals are typically sealed buildings, loss of power can result in a rapid rise in interior temperatures during a heat wave. Health system preparedness for the growing threat of heat waves and EHEs should be rooted in the concept of resilience. They should pay particular attention to assessing climate-specific risks such as extreme heat events (EHE), updating system-wide emergency plans and infrastructure, developing triage and treatment protocols, and ensuring clinical staff and first responders are appropriately trained and prepared. This also requires an assessment of the surrounding community to identify populations most vulnerable to heat and its possible consequences, such as loss of electrical power. Follow this [link](#) for more information.

Emergency Psychiatric Care That Finally Works for Patients Source

According to the Alameda Health System, up to 15% of emergency department visits now involve behavioral health emergencies, including substance use and mental health crises. Yet in managing these patients, too many hospitals adhere to historically inefficient care models that benefit few—and may actually cause patients' symptoms to worsen. To improve emergency psychiatric care, we must first challenge the assumption that most behavioral health patients require inpatient admission as their disposition. Experience at Vuity suggests that with urgent interventions, as many as 80% of patients in behavioral health crisis can be stabilized and returned home or to outpatient care within 24 hours (that is, in less time than many are sitting waiting in EDs today). Follow this [link](#) for more information.

American Academy of Pediatrics Urges Schools To Be Prepared For Medical Emergencies

The newly updated policy statement, "Individual Medical Emergencies Occurring at School" (published online June 27), says that schools need to be prepared to deal with medical, behavioral, and traumatic emergencies that students or staff may experience. It is estimated that



10% to 25% of childhood injuries occur while the child is in school. It is prudent for schools to prepare particularly for potential medical emergencies related to chronic conditions, such as seizures, diabetes, allergies/anaphylaxis, mental illness, substance use, or asthma, through personnel training and emergency action plans, the statement says. Follow this [link](#) for more information.

Ransomware Spurs Weeks, Months of IT Downtime

According to UC San Diego, Well Being, ransomware encrypts a sufferer's laptop records and data and solely releases them in exchange for a fee. At hospitals, that may imply information-technology methods like digital well-being information, scheduling and even telephone methods develop into unavailable. Docs, nurses and different medical workers have to maneuver to paper charts, and could also be out of shape or have not been skilled on that course. Follow [link](#) this for more information.

Active Shooter Planning and Response in a Healthcare Setting

According to Healthcare and Public Health Sector Coordinating Council, active shooter events in a healthcare setting present unique challenges: a potentially large vulnerable population, hazardous material (including infectious disease), locked units, special challenges (such as weapons and Magnetic Response Imaging (MRI) machines, as well as caregivers who can respond to treat victims. There is no single method to response to an incident, but prior planning will allow you and your staff to choose the best option during an active shooter situation, with the goal of maximizing lives saved. The best way to save lives is to remove potential targets from the shooter's vicinity. The article addresses some difficult choices that will need to be made in this document. Follow this [link](#) for more information.

Backyard Poultry Contact Linked to More Than 200 Salmonella illnesses in 2022

The Center for Disease Control and Prevention (CDC) and public health officials in several states are investigating multistate outbreaks of Salmonella infections linked to contact with backyard poultry. In total, 219 illnesses have been reported from 38 states, and 27 people have been hospitalized. One in four sick people are children younger than 5 years. One death has been reported from Tennessee. The true number of sick people is likely much higher than the reported number, as many people recover without medical care and are not tested for Salmonella. Backyard poultry can carry Salmonella germs even if they look healthy and clean. These germs can easily spread in areas where the poultry live and roam. Follow this [link](#) for more information.

***NEW* CDC Director Adopts Preference for Specific Flu Vaccines for Seniors**

While flu seasons vary in severity, during most seasons, people 65 years and older bear the greatest burden of severe flu disease, accounting for the majority of flu-related hospitalizations and deaths. Additionally, changes in the immune system with age mean that older adults often do not have as strong an immune response to vaccination as younger, healthy people. “Given their increased risk of flu-associated severe illness, hospitalization, and death, it’s important to use these potentially more effective vaccines in people 65 years and older,” said José R. Romero, M.D., Director of CDC’s National Center for Immunization and Respiratory Diseases. Additionally, data has shown that racial and ethnic health disparities exist in populations that receive a high-dose flu vaccine compared with standard-dose flu vaccines. “This recommendation could help reduce health disparities by making these vaccines more available to racial and ethnic minority groups,” said Dr. Romero. Follow this [link](#) for more information.

Preparedness and Readiness

***UPDATE* Administration for Strategic Preparedness and Response Health Care Readiness Bulletin**

This bulletin provides the latest news and information related to ASPR's Health Care Readiness Programs, in addition to links to a variety of emergency preparedness and response tools and resources. To receive weekly bulletins via email, follow this [link](#) to subscribe.

Note: The U.S. Department of Health and Human Services (HHS) announced that Secretary Xavier Becerra has elevated the existing Office of the Assistant Secretary for Preparedness and Response (ASPR) from a staff division to an operating division, taking on the new name of the Administration for Strategic Preparedness and Response (ASPR).

The move elevates ASPR to a standalone agency within the Department alongside other HHS agencies, such as the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA), among others. This change will allow ASPR to mobilize a coordinated national response more effectively and efficiently during future disasters and emergencies in close collaboration with its sister agencies.

While the change in name and organizational status are effective immediately, the transition will be phased in over the next one to two years, and, when complete, will provide ASPR with greater administrative capabilities to help it execute its work more effectively.

ASPR Critical Infrastructure Protection Bulletins

The Administration for Strategic Preparedness and Response (ASPR) Division of Critical Infrastructure Protection offers a variety of bulletins to stakeholders of the Healthcare and Public Health (HPH) Sector. These bulletins share need-to-know information, resources, and timely incident alerts that allow HPH Sector stakeholders to personalize the information they receive. For more information and to subscribe to weekly bulletins, please use the following [link](#). Member can choose from:

- **Healthcare and Public Health (HPH) Sector Partnership Bulletin Distribution List:** Sent twice a week to share engagement opportunities open to the HPH stakeholders and as needed for essential HPH Partnership information sharing
- **Incident Response Bulletin Distribution List:** Sent as needed for all hazard incidents (hurricanes, wildfires, earthquakes, cyber incidents, infectious disease, etc.) effecting the HPH Sector
- **Preparedness, Response, and COVID-19 Updates Distribution List:** Sent weekly to provide COVID-19 situational updates and resources to enhance organizational preparedness and resilience
- **Cybersecurity Weekly Bulletin Distribution List:** Sent weekly to provide cyber news, resources, engagement opportunities, and security updates
- **Cyber Incident Response Bulletin Distribution List:** Sent as needed to provide alerts for major cyber incidents affecting the HPH Sector and mitigation tactics
- **Healthcare Supply Chain Bulletin Distribution List:** Sent every other week to provide supply chain news, alerts, resources, and engagement opportunities
- **Infectious Disease Update Distribution List:** Sent every other week to provide emerging infectious disease tracking, news, resources, and engagement opportunities. To be noted, this bulletin will not provide coverage on the COVID-19 pandemic. For COVID-19 coverage subscribe to the Preparedness, Response, and COVID-19 Updates Distribution List.

Ethics in Healthcare During Disasters

In the current [issue](#) of The Exchange, ASPR TRACIE shifts the focus back to ethics in healthcare during disasters, crisis standards of care, and patient load balancing to ensure equitable treatment.

The previous [issue](#) of The Exchange from 2021 focused on the impact of civil unrest and workplace violence on healthcare (with articles on healthcare preparation for and response to local civil unrest; trends, policies, and protocols related to workplace violence; and strategies for preventing and responding to violence in the emergency department).

Hurricane Season Preparedness – Lessons Learned from SANDY For Improving Healthcare and Public Health Response and Recovery

This [report](#) summarizes the findings from a research project conducted to evaluate how the healthcare system was negatively affected in preparation for, during, and after Hurricane Sandy. Lessons learned from the hospital, EMS, and ancillary services (i.e., pharmacies, methadone clinics, dialysis/kidney centers, and medical supply companies) sectors are noted to assist healthcare professionals, medical facilities, and public health better prepare for future disasters.

Forecasters at NOAA's [Climate Prediction Center](#), a division of the National Weather Service, are predicting above-average hurricane activity this year. Follow this [link](#) for the complete forecast.

VHASS Verified Phone Numbers

Missed a monthly Coalition Communications Drill? The coalition has the solution. Many of our members do not have their phone numbers verified in the Virginia Healthcare Alerting and Status System (VHASS). Those without this verification will not receive the alerts that initiate our communication drills. Please use the document attached to this edition of the digest to verify your phone number. If you have difficulty please feel free to email us at evhc@vaems.org.



How-to-setup-text-alerts-in-VHASS.pdf

FEMA Preparedness Toolkit

Exercises are a key component of national preparedness — they provide the whole community with the opportunity to shape planning, assess and validate capabilities, and address areas for improvement. The Homeland Security Exercise and Evaluation Program (HSEEP) provides a set of guiding principles for exercise and evaluation programs, as well as a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning. The Toolkit includes a wealth of information, assistance and tools on developing, designing, executing, and evaluating any type of exercise, be it all-hazard, community-based or otherwise. If anyone is at a loss as to where to start, check out the Toolkit at this [link](#). You do not need an account to access the templates. However, obtaining an account, which is free, allows you access to a lot of archived exercise materials.



California Hospital Association Emergency Preparedness

This site created by the California Hospital Association provides a wealth of information related to emergency preparedness in the hospital sector. Resources and topics transcend and can be easily applied across all facility types. One section of note is the CHA HPP Checklists and Tools list: <https://www.calhospitalprepare.org/cha-tools>. Navigate the site and let everyone know what you discover.

How healthcare organizations can protect their supply chain from cyber risks

Healthcare IT News explores several causes for supply chain and risk management program failure:

- A lack of automation, which makes keeping up with cyber threats challenging.
- The cost and time-consumption of vendor risk-assessments.
- Partial or full failure to deploy critical vendor-management controls and processes

"Regardless of the reason, it is imperative HDOs have an effective supply chain risk-management program to manage the process throughout the supply chain risk-assessment life cycle," said the report.

For more information please follow this [link](#).

How Nursing Homes Could Benefit From Having a Seat at the Table in Community-Wide Disaster Planning

One way to improve how nursing homes respond to emergencies going forward is to ensure that leadership is involved and prepared throughout the process. This may include enacting policy to better regulate and track that nursing homes effective train facility leadership for the rigors of dealing with a disaster. Follow this [link](#) for more information.

Regulatory News and Updates

***UPDATE* FDA Infant Formula Update: July 8, 2022**

The U.S. Food and Drug Administration provided an [update](#) on additional steps it has taken that will lead to more infant formula available U.S. under the agency's [recent increased flexibilities](#).



2022 VA Legislative Information for Assisted Living Facilities

The attached memo details legislative changes affecting Assisted Living Facilities from the Virginia Department of Social Services. The changes became effective July 1, 2022.



Attachment-LIS-
Assisted Living Faciliti

***NEW* 988: New Suicide and Crisis Lifeline Now Live**

On July 16, the National Suicide Prevention Lifeline transitioned to 988 an easy-to-remember, three-digit dialing code that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, seven days a week, across the United States. The lifeline comprises a national network of more than 200 local crisis centers, combining custom local care and resources with national standards and best practices.

Exercises and Training

Exercise and Training Workgroup meeting – next meeting: Wednesday, September 21 at 9:30. There will be no meeting in August. If you are interested in participating in the workgroup please email mcolmer@vaems.org or call (757) 963-0632, ext 325.

Exercises

***UPDATE* Naval Air Station Oceana Mass Casualty Incident exercises**

In preparation for the Naval Air Station (NAS) Oceana Air Show scheduled for September 16-18, 2022, EVHC is participating with the City of Virginia Beach, Sentara Virginia Beach General and NAS in a series of Mass Casualty Incident exercises.

August 18 – full-scale exercise with multiple victims

September 8 – Family Re-unification/Family Assistance Center workshop

Note: The Family Assistance Center table-top exercise has been canceled.

EVHC anticipates deploying one of the mobile command trailer to the site during the full-scale exercise to support and help coordinate patient transportation.



Sentara Virginia Beach General will receive a number of patients for the purpose of exercising their mass casualty incident response. CHKD will receive a number of pediatric triage tags to facilitate their table-top exercise the same day as the full-scale exercise. CHKD will not receive any patients.

Naval Medical Center Portsmouth Mass Casualty Incident exercise

To further define the scope of their ability to mitigate an MCI event with triage, establish manpower pool, establish hospital command center and incident management, track patients, and update their MCI Annex into a more streamlined concept of operations, NMCP will conduct a full-scale Mass Casualty Incident exercise. The exercise will coincide with the events of the NAS full-scale exercise but will have an additional mass casualty component design to stress their patient reception capabilities.

Upcoming Training

***NEW* Flight 60 Training**

Flight 60 has agreed to do monthly training for Respiratory Therapy and anyone interested in learning the flight 60 units the second Tuesday of every month starting Aug 9 from 11:00 – 12:00. See the connection information below. This number will be used through at least December 2022.

<https://us02web.zoom.us/j/5411003757?pwd=NjZ2ZDFtbgwaVd4d0pNamVldWhhdz09>

Meeting ID: 541 100 3757

Passcode: 143775

One tap mobile:

+13017158592,,5411003757#,,,,*143775# US (Washington D.C)

+13126266799,,5411003757#,,,,*143775# US (Chicago)

***UPDATE* VHASS Training**

The Eastern Virginia Healthcare Coalition is offering Virginia Healthcare Alerting and Status System (VHASS) Training for new, existing and prospective members. This training is a great opportunity to learn the following:

- What is VHASS?
 - Emergency Event Log & Community Outreach
-



- Verifying Phone Numbers
- Add/Remove Members
- Emergency Resources and Documents
- Status Board Update & Coalition Use
- Meet Other Members

Training will take place virtually on September 29 at 9:00 AM. Follow this [link](#) to register. If you have any questions or have difficulty registering, please email evhc@vaems.org. Use the information below to connect.

Join Zoom Meeting

<https://us02web.zoom.us/j/85761941963>

Meeting ID: 857 6194 1963

Passcode: VHASSFY23

(929) 205-6099 Passcode: 85761941963#

Burn Training

Sentara Norfolk General will be hosting a series of Burn Trainings in the next fiscal year. The first course will be held virtually in September. Exact dates, times and how to register will be forthcoming. Look for updates in the monthly EVHC Ready and via the EVHC ListServ.

Homeland Security Exercise and Evaluation Program

The Homeland Security Exercise and Evaluation Program course is an intermediate-level course designed to provide a set of guiding principles, standardized methodology, available resources and practical skill development, which will assist in developing an HSEEP consistent exercise program. This course describes a common approach to exercise program management, design and development, conduct, evaluation, and improvement planning.

The student must achieve a minimum passing score of 75% on final knowledge assessment to earn the IACET CEU.

The target audience for this training are those involved in planning, program management, design and development, conduct, evaluation, and improvement planning of HSEEP consistent exercises.

Go to: https://training.fema.gov/netc_online_admissions/ then select NETC Online Admissions Application. In the “Select a Course” pull-down menu, type in k0146 for a virtual course, L0146 of an in person courses. There are two in person sessions in Virginia in 2022;



EVHC READY
The Eastern Region's Pulse On Healthcare Emergency Preparedness



August 2022

- October 11-12 in Fairfax, VA
- November 2-3 in Culpeper, VA

Your application requires the approval from a supervisor only. Maximum attendance is 30.

To apply for this or any FEMA EMI course, you must have a FEMA Student ID. Go to: <https://cdp.dhs.gov/femasid> to get a Student ID.

A complete list of EMI courses can be found here: <https://www.firstrespondertraining.gov/frts/nppccatalog?catalog=EMI>. The schedule of upcoming courses can be found here: <https://training.fema.gov/emicourses/schedules.aspx>.

***UPDATE* Virginia Fusion Center, Fusion Liaison Program**

A Fusion Liaison Officer (FLO) is an individual who serves as the main point of contact for their agency and corresponds with the Virginia Fusion Center in matters related to suspicious activity and intelligence. The FLO continues to work for and is under complete control of their parent agency. The VFC supplies the FLO and their agency with a place to send information and receive vetted intelligence. The Program is offered to First Responders, Corrections, Dispatchers, Healthcare Professionals, Health and Human Services, Public Works, Federal and appropriate Private Sector partners. There is no cost to become a Fusion Liaison Officer. However, all class are in-person. The next class is scheduled for August 17-19, 2022 in Richmond, VA. Please follow this [link](#) for more information or see the attached flyer.



Fusion Liaison Officer
Training Announceme

Upcoming Webinars

***NEW* Becoming Comfortable with Health Equity Concepts and Language**

In this webinar scheduled for August 8, 2022, from 2:00 to 3:00 PM, the Center for Disease Control and Prevention addresses the role of health communications in removing social obstacles that lead to poor health outcomes and health disparities. Follow this [link](#) to register.

***NEW* ASPR Health Care Readiness Cooperative Agreements Quarterly All-Recipient Webinar**

Upcoming Recipient Meeting – Wednesday August 10, 2022, 2:00-3:00 PM. Follow this [link](#) to register.

***UPDATE* Weekly National COVID-19 Call Series**

CDC hosts a series of national calls with state, tribal, local, and territorial (STLT) partners to deliver the latest information on the COVID-19 outbreak and U.S. preparedness efforts. Next calls are August 15 and September 19 at 2:00. Click [here](#) for connection information and registration.

***NEW* Introduction to the Disaster Available Supplies in Hospitals (DASH) Tool**

Hospitals deal with stressed supply chains every day. Just-in-time inventory is common, and hospitals run the risk of not having enough supplies when a disaster strikes. The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response Technical Resources, Assistance Center, and Information Exchange (ASPR TRACIE) and Healthcare Ready developed the Disaster Available Supplies in Hospitals (DASH) tool in collaboration with the Health Industry Distributors Association, the Region VII Disaster Health Response Ecosystem, and other subject matter experts to address this challenge. DASH is an online, interactive tool for hospital emergency planners and supply chain staff to estimate supplies that may need to be immediately available during various emergencies based on their hospital's characteristics. Speakers in this webinar will provide an overview and demonstration of DASH and share information on how it may be used from both the hospital and supply chain perspective.

Register [here](#) for this free webinar occurring August 15, 2022, from 11:30AM to 12:30PM; it will also be recorded and archived on the ASPR TRACIE website. Each registrant will receive a unique link needed to access the webinar. Please note: The link can only be used on one computer; registrants should not forward their registration confirmation emails to others. Registration is limited to the first 1,000 participants. Where possible, register once per office/organization and view the webinar as a group to allow the maximum number of participants.



dash-webinar-flyer.p
df



Resources

Sentinel XL S-3000 PAPR Units

EVHC is offering ILC Dover Sentinel XL HP PAPR Systems to members. This is a blower-assisted air purifying respirator that includes a head cover, battery pack, hoses and other components. If you have interest please contact Ben Cibock, EVHC Inventory and Management Specialist at bcibock@vaems.org.

Personal Protection Equipment

If any is in need of PPE as they continue COVID response efforts, contact Ben Cibock, EVHC Inventory and Management Specialist at bcibock@vaems.org. Items provided would be at no cost to our members.

- Adult Surgical Masks
 - Isolation Gowns
-

Additional Events and Announcements

***UPDATE* Healthcare Organizations Emergency Preparedness Seminar**

After a 6-year hiatus, VA Healthcare and Hospital Association and the Eastern Virginia Healthcare Coalition are bringing back the Healthcare Organizations Emergency Preparedness Seminar (HOEPS). HOEPS is anticipated to occur the week of May 2, 2023, and in the greater Hampton Roads region. It is not too early to consider topics and/or themes you want to learn more about.

COVID Digest

Virginia Daily COVID-19 Cases and Testing Count

Total Cases: 1,962,140 Total Hospitalization: 54,010 Death: 20,938
PCR 7-day Positivity Rate: 23.2% Total MIS-C cases: 178 MIS-C deaths: 1

Source: Virginia Department of Health. VDH is closely monitoring and investigating cases of the novel coronavirus in the Commonwealth and Multisystem Inflammatory Syndrome in Children (MIS-C). Follow [link](#) for more detailed information. (Data as of August 1, 2022)

Virginia Daily Vaccine

Total Doses Administered: 16,424,581 At Least One Dose: 7,052,334

Full Vaccinated: 6,291,658

% of Population Vaccinated with at Least One Dose: 82.1%

% of Population Fully Vaccinated: 71.9%

People with Booster/Third Dose: 3,607,193

Source: Virginia Department of Health. People vaccinated with two doses of 2-dose vaccine or a one dose of a single dose vaccine are included. Follow [link](#) for more detailed information. (Data as of July 29, 2022)

COVID-19 VHHA – Hospital COVID Data

Currently Hospitalized: 757

Hospitalized in the ICU with confirmed COVID positive test: 97

Source: Virginia Hospital and Healthcare Association. VHASS status board data is used at the state level for COVID surge modeling and emergency management. Follow this [link](#) for more detailed information. (Data as of August 1, 2022)

COVID-19 in Virginia: Cases Among Children

All Cases Reported: 338,344

Cases in The Past Two Weeks: 7,454

All Hospitalizations: 1,614

Hospitalizations in The Past Two Weeks: 35

All Deaths: 21

Deaths in The Past Two Weeks: 2

Source: Virginia Department of Health. The status board is a collection of data that began on March 15, 2020 and is updated each week on Friday. Follow this [link](#) for more detailed information. (Data as of July 23, 2022)

NEW CDC Recommends Novavax's COVID-19 Vaccine for Adults

The CDC expanded the options available to adults in the U.S. by recommending another safe and effective COVID-19 vaccine. If anyone has been waiting for a COVID-19 vaccine built on a different technology than those previously available, now is the time to join the millions of Americans who have been vaccinated. With COVID-19 cases on the rise again across parts of the country, vaccination is critical to help protect against the complications of severe COVID-19 disease. Follow this [link](#) for more information.



***NEW* New COVID-19 Vaccine Effectiveness Data Showcase Protection Gained by 3rd and 4th Doses**

To evaluate effectiveness of 2, 3, and 4 doses of mRNA COVID-19 vaccines (Pfizer-BioNTech or Moderna) among adults with healthy immune systems, experts examined VISION Network data on more than 214,000 emergency department/urgent care visits and more than 58,000 hospitalizations with a COVID-19–like illness diagnosis in 10 U.S. states from mid-December 2021 through mid-June 2022. Study findings show:

- When BA.1 was the predominant variant, vaccine effectiveness (VE) was 61% for two doses against COVID-19-associated hospitalizations; VE increased to between 85%–92% after receipt of a third/booster dose.
- When BA.2/BA.2.12.1 became predominant, vaccine effectiveness with two doses was 24% against COVID-19-associated hospitalizations and increased to 52%–69% after a third/booster dose.
- Patterns were similar for emergency department and urgent care encounters, with lower VE during BA.2/BA.2.12.1 predominance and higher VE with 3 or 4 doses compared to VE with 2 doses.
- Among adults ages 50 years and older during BA.2/BA.2.12.1, vaccine effectiveness against COVID-19–associated hospitalization was 55% more than 4 months after a booster/third dose and increased to 80% more than a week after the fourth dose.

Follow this [link](#) for more information.

Monkeypox Digest

U.S. Monkeypox Outbreak 2022: Situation Summary

The Center for Disease Control and Prevention is urging healthcare providers in the U.S. to be alert for patients who have rash illnesses [consistent with monkeypox](#), regardless of whether they have travel or specific risk factors for monkeypox and regardless of gender or sexual orientation. CDC is working with state and local health officials to identify people who may have been in contact with individuals who have tested positive for monkeypox, so they can [monitor their health](#). Follow this [link](#) for more information ([Signs and Symptoms](#)). ([Outbreak Map](#)).

HHS Expanding Monkeypox Testing Capacity to Five Commercial Laboratory Companies

According to the Department of Health and Human Services, commercial laboratories will dramatically expand testing capacity nationwide and make testing more convenient and accessible for patients and health care providers. Health care providers will be able to use these laboratories by early July and testing capacity through these companies will be ramped up throughout the month. This development will facilitate increased testing, leverage established



relationships between clinics, hospitals and commercial laboratories, and support our ability to better understand the scope of the current monkeypox outbreak.

As of Tuesday, June 21 there have been 142 reported monkeypox cases in the United States across 24 states and Washington, D.C. Since the first case was reported to the CDC on May 17, 2022. Follow this [link](#) for more information.

HHS Announces Enhanced Strategy to Vaccinate and Protect At-Risk Individuals from the Current Monkeypox Outbreak

The Department of Health and Human Services (HHS) is rapidly expanding access to hundreds of thousands of doses of the JYNNEOS vaccine for prophylactic use against monkeypox in areas with the highest transmission and need, using a tiered allocation system. Jurisdictions can also request shipments of the ACAM2000 vaccine, which is in much greater supply, but due to significant side effects is not recommended for everyone. Follow this [link](#) for more information.

U.S. Department of Health and Human Services Response to the Monkeypox Outbreak

Since the first reported case of monkeypox in the United States on May 18, HHS has communicated public health information about the virus to patients and health care providers, provided access and substantially increased supply of vaccines and treatments, and significantly expand the availability of tests. HHS has distributed nearly 200,000 JYNNEOS vaccines in recent weeks, accelerated the inspection of approximately 800,000 vaccines for delivery this summer while procuring millions more for delivery in mid-2023, and ensured that tens of thousands of tests per week would be available to physicians and patients. Follow this [link](#) to learn more.

***NEW* Second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox**

According to the World Health Organization has implement response actions with the goal of protecting vulnerable groups (immunosuppressed individuals, children, pregnant women) who may be at risk of severe monkeypox disease. Those actions include: targeted risk communication and community engagement, case detection, supported isolation of cases and treatment, contact tracing. These may also include targeted immunization which takes into careful consideration the risks and benefits for the individual in a shared clinical decision-making. Follow this [link](#) for more information.
