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Communications

***NEW* Monthly Communication Test**

The coalition conducts monthly communication test to support membership in preparation for an emergency. These test utilize various modalities including VHASS event logs, VHASS status boards and Satellite Phones. Each month test target different membership types to meet their unique needs. It is important that members are responsive to these test to verify our capabilities prior to an event. We also utilize these test to educate members on Regional Hospital Coordinating Center capabilities. If you have any questions about the monthly communication test please email bicibock@vaems.org.

***NEW* Coalition Updates**

Are you receiving invitations for exercises or communication drills? If not there are two places to start. First, please log in to your VHASS account (vhass.org) and verify your phone number. This is an excellent way to keep up with emergent events and test. We often utilize VHASS alerts to notify our members of severe weather and other incidences. Through our internal reports we also utilize VHASS emails to conduct outreach to specific member types. Second, members are able to subscribe to EVHC LISTSERV as a means to obtain news, courses and drill information. You can verify you subscription utilizing this link (http://vaems.org/mailman/listinfo/evhclist_vaems.org).

Emergency Operations Planning

Regional Healthcare Coordination Center (RHCC) Activation

The Regional Healthcare Coordination Center (RHCC) is a result of the collaboration of healthcare entities in the eastern region of Virginia. The RHCC is designed to provide mutual aid to EVHC members. The RHCC is able to provide alerts when a member organization suffers an operational problem or disaster using the Virginia Healthcare Alerting and Status System (VHASS). Once a VHASS event is created it will notify members of the effect to healthcare delivery in the region. RHCC can provide data to support healthcare response and recovery operations.

For more information regarding the RHCC and VHASS, contact the EVHC Program Office at (757) 963-0632 or via e-mail at evhc@vaems.org.

To activate the RHCC call (844) 757-7422.



***NEW* HHS Releases Update On Ransomware Threat To Health Care Sector**

The Department of Health and Human Services' Health Sector Cybersecurity Coordination Center (HC3) Friday alerted the sector to the latest tactics used to launch MedusaLocker ransomware attacks.

“MedusaLocker is another example of a Russia-based ransomware gang targeting U.S. health care and risking patient safety,” said John Riggi, AHA’s national advisor for cybersecurity and risk. “Although phishing emails play a significant role in delivering the ransomware into the organization, HC3 notes that this group, like other ransomware gangs, is increasing exploiting remote desktop protocol (RDP) vulnerabilities for initial access. The advisory recommends that organizations not expose RDP to the internet and put in place the recommended mitigations. For more information on this or other cyber and risk issues, contact Riggi at jriggi@aha.org. For the latest cyber and risk resources and threat intelligence, visit aha.org/cybersecurity. For more information please utilize the following [link](#).

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.

Preparedness and Readiness

***NEW* Regional Hazard Vulnerability Assessment**

We are updating our regional Hazard Vulnerability Assessment (HVA) and want to make sure we include input from all of our members. Please provide us with your top 3 risks from your most recent HVA by completing the survey link below before close of business on 03/15/2023. If you have trouble accessing google surveys, email agreen@vaems.org to receive, complete and return a pdf copy of the survey.

Survey Link: <https://forms.gle/D7BjfXiQgvJR2nei6>

Alternate Link:

https://docs.google.com/forms/d/e/1FAIpQLSeneC9nXDSqVk9NI0BiTxfP2IURd5lh78PWJExhe8yC6RPYg/viewform?usp=sf_link

***NEW* Board Vice Chair Position Call for Nominations**

Currently the Vice Chair position is vacant on the Board of Directors for the Coalition. Please nominate who you would like to see represent our region in promoting emergency preparedness, mitigation, response and recovery capabilities of our healthcare entities. A few items to consider when choosing nominees:

- 1) Participates and attends 50% of Coalition meetings
- 2) Be willing to fulfill Board Chair responsibilities in the Board Chair's absence

The closing of nominations will be on Friday, March 31, 2023. All nominations can be submitted via the form link here: <https://forms.microsoft.com/r/YjDkqEmu2T> If you have trouble utilizing the form please email evhc@vaems.org

A vote will be conducted at our next full Coalition meeting on Thursday, April 6, 2023

WHO Update Critical Medicines for Radiological Emergency

The World Health Organization (WHO) today updated its [list of medicines](#) that should be stockpiled for radiological and nuclear emergencies, along with policy advice for their appropriate management. These stockpiles include medicines that either prevent or reduce exposure to radiation, or treat injuries once exposure has occurred.

“In radiation emergencies, people may be exposed to radiation at doses ranging from negligible to life-threatening. Governments need to make treatments available for those in need – fast,” said Dr Maria Neira, WHO Acting Assistant Director-General a.i, Healthier Populations Division. “It is essential that governments are prepared to protect the health of populations and respond immediately to emergencies. This includes having ready supplies of lifesaving medicines that will reduce risks and treat injuries from radiation.” This publication supersedes the [2007](#) WHO report on the development of national stockpiles for radiation emergencies. For more information please utilize the following [link](#).

Health Care Workers Struggle To Recall Emergency Codes





The study surveyed 304 employees, testing them on codes for 14 emergencies. On average, participants could identify the correct emergency codes 44% of the time. Codes for fire, infant abduction and cardiac arrest were the most well-known.

“The results of our study suggest a prompt response to such incidents is likely to be poor, as most employees were unaware of the meanings or actions of these notifications,” said Taylor. For more information please utilize the following [link](#).

Virginia Emergency Management Symposium

The Virginia Emergency Management Symposium is an annual event that is co-sponsored by the Virginia Emergency Management Association and the Virginia Department of Emergency Management (March 20 – 23). The Symposium provides a forum to discuss current trends and topics and share information about the latest tools and technology in emergency management and homeland security. Sessions encourage stakeholders at all levels of government, the private sector, public health and related professions to exchange ideas and collaborate to protect lives and property from disaster.

The theme for 2023 is "Change? Challenge Accepted!" and was chosen because, emergency managers in all sectors and at every level have shown what it means to be resilient, by applying lessons learned from the response to the pandemic and other incidents and subsequently changing the way emergency management functions across the board. For more information please utilize the following [link](#).

National Weather Service Briefs

EVHC is encouraging all facilities to sign up for National Weather Service delivered weekly directly to you. Please note these weekly briefings will be suspended during times when NWS delivers other weather specific briefings focusing on high impact weather events (e.g. severe weather and coastal storms).

To sign up:

- Gather all email addresses for your organization that need to receive NWS briefings.
- Email your list to AKQ-REPORT@NOAA.GOV
- Include “NWS Wakefield Weekly Briefing Signup” in subject line.

Wakefield NWS will process these requests and you should begin receiving the briefings within 3-5 business days.

2023 Preparedness Summit





The 2023 Preparedness Summit is scheduled for April 24-27, 2023, in Atlanta. The 2023 theme, “Recover. Renew: Reprioritizing All-Hazards Preparedness,” will provide an opportunity to revisit pressing issues in preparedness and share resources, shape policies, and build skills to mitigate a variety of threats. More information about the event is available on the [Preparedness Summit website](#).

Regulatory News and Updates

***NEW* End of Public Health Emergency for COVID-19**

Based on current COVID-19 trends, the Department of Health and Human Services (HHS) is planning for the federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service (PHS) Act, to expire at the end of the day on **May 11, 2023**. Our response to the spread of SARS-CoV-2, the virus that causes COVID-19, remains a public health priority, but thanks to the Administration’s whole of government approach to combatting the virus, we are in a better place in our response than we were three years ago, and we can transition away from the emergency phase. It is important to note that the Administration’s continued response to COVID-19 is not fully dependent on the COVID-19 PHE, and there are significant flexibilities and actions that will not be affected as we transition from the current phase of our response. As described below, the Administration is committed to ensuring that COVID-19 vaccines and treatments will be widely accessible to all who need them. There will also be continued access to pathways for emergency use authorizations (EUAs) for COVID-19 products (tests, vaccines, and treatments) through the Food and Drug Administration (FDA), and major telehealth flexibilities will continue to exist for those participating in Medicare or Medicaid. For more information please utilize the following [link](#).
(<https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf>)

CMS Posting Citations Under Dispute

As part of CMS’s commitment to transparency, consumers should have as much information about nursing homes as possible to support their healthcare decisions. Allowing consumers to see all of the citations a facility receives regardless of whether they are under IDR/IIDR is consistent with our commitment to transparency and also enhances accountability and oversight of nursing homes.

Therefore, CMS will post deficiency citations under IDR/IIDR in each section of Nursing Home Care Compare that currently displays citations, and will indicate if a citation is under dispute. If, based on the results of the IDR/IIDR process, the citations are upheld, they will remain posted and will be included in the calculation of the facility’s star rating if applicable. If the citations are overturned (i.e., removed), they will be removed from the website. If the level of scope or severity of a citation is reduced, the citation will be displayed at the reduced level. We note that



on average, the majority of citations (approximately 75%) do not change after completion of the IDR/IIDR process. For more information please utilize the following [link](#).

Telehealth Policy Updates

Federal legislation continues to expand and extend telehealth services for rural health, behavioral health, and telehealth access options, including from the home and audio-only for Medicare beneficiaries, beyond the COVID-19 Public Health Emergency. This includes: Rural health, Behavioral health, Extensions of telehealth access options. For more information please utilize the following [link](#).

U.S. Department of Labor Request Injury and Illness Data

The U.S. Department of Labor's Occupational Safety and Health Administration is reminding employers that the agency is collecting calendar year 2022 Form 300A data. Employers must submit the form electronically by March 2, 2023. Establishments under Federal OSHA jurisdiction can use the [ITA Coverage Application](#) to determine if they are required to electronically report their injury and illness information to OSHA. Establishments under State Plan jurisdiction should contact their [State Plan](#). Employers must connect their [Injury Tracking Account](#) to a [Login.gov](#) account to submit their 2022 workplace injury and illness data. Watch the [video](#) to learn how. For more information please utilize the following [link](#).

ASPR Strategic Plan for 2022-2026

This document lays out ASPR's strategic goals and objectives and reflects the approach we will take to help the country prepare for, respond to, and recover from whatever comes next—no matter what that might be. In recognition of the increasing magnitude and scope of what we do, HHS Secretary Xavier Becerra recently elevated ASPR from an HHS Staff Division to an Operating Division (OpDiv) and renamed us the Administration for Strategic Preparedness and Response. Becoming an OpDiv gives ASPR additional administrative tools to enhance our ability to respond to current and future public health emergencies. For more information please utilize the following [link](#).

2023 Session: House Bill No. 646 Nursing Home Standards

Shall establish staffing and care standards in nursing homes to require a minimum of direct care services to each resident per 24-hour period as follows: (i) a minimum of 2.8 direct care hours provided by a nurse aide per resident, per day; (ii) a minimum of 1.3 direct care hours provided by a registered nurse or licensed practical nurse per resident, per day; and (iii) a minimum of



0.75 hours out of total 4.1 required direct hours provided by a registered nurse per resident, per day. Any facility that fails to maintain staffing levels sufficient to comply with this subdivision shall be ineligible to accept new patients; and 31. Shall require nursing homes to provide quarterly staff training on first aid, medication administration, and compliance with nursing home policies and procedures. For more information please utilize the following [link](#).

Exercises and Training

***NEW* Tornado Drill**

The drill will be broadcast on NOAA Weather Radio and the Emergency Alert System via the Required Monthly Test (RMT). There **WILL NOT** be an actual Tornado Warning issued. Most NOAA Weather Radio receivers (including the Midland WR-100 that many schools have) DO NOT sound an audible alert for the RMT product, but instead, may have a blinking light on the display to indicate that an RMT was received. As such, when the RMT for the statewide tornado drill is initiated at 9:45 AM on Tuesday, March 7, 2023, there's a good chance that your NOAA Weather Radio will not automatically sound an alarm. Since your NOAA Weather Radio may not sound an alarm at the time the RMT is issued, you will want to do one of the following: turn your radio on to listen to the broadcast by 9:40 am and when you hear the alert, simply start your tornado drill at 9:45 AM. If you do not have a NOAA Weather Radio simply start your drill and enact your safety plan at 9:45 AM. There will be no follow up statements issued by the NWS to mark the end of the statewide tornado drill. It will simply be over when your group, school, business, organization, or family feel that you have adequately practiced your tornado shelter procedures.

If there is actual severe weather occurring on the morning of March 7, 2023, the statewide tornado drill will be postponed. The alternate date for the drill is Thursday, March 9, 2023 at 9:45 AM EST. For more information please utilize the following [link](#).

***NEW* Long Term Care Tornado Exercise**

EVHC is utilizing the statewide tornado drill to prompt and conduct a tabletop exercise for our long-term care members. This exercise will focus on preparedness, continuity of care, response, and communication to a tornado event. The table-top Exercise will begin on March 7 at 9:30 AM and will conclude at noon. If any facilities are interested in participating in the exercise, please utilize the following link to register. If you have trouble accessing google surveys, email agreen@vaems.org to receive, complete and return a pdf copy of the survey.

Link: <https://forms.gle/sg3WADGQq7VWYn7>



***NEW* Medical Response and Surge Exercise**

Please mark your calendars to participate in EVHC's region-wide Medical Response and Surge Exercise, to be conducted on Thursday, March 16, 2023 from 9:00 AM to 3:00 PM EDT. Details and registration for this exercise are attached. All exercise documents will be provided to participants prior to the start of the exercise.

Registration will be open until March 9, 2023. (<https://www.eventbrite.com/e/medical-response-and-surge-exercise-tickets-550180975107>). For any questions, please direct them to coalition using the email evhc@vaems.org

***NEW* PEMS Moulage Artist Class**

PEMS is sponsoring a moulage artistry class on March 30, 2023 from 9:00 a.m. – 5:00 p.m. at the PEMS office. This course is an interactive hand on course in which the attendees will learn how to apply makeup and other appliques which indicate various patient conditions such as shock, burns, traumatic injuries (gunshots, cuts, abrasions), etc. This course is intended for those who teach EMS skills, emergency management personnel who conduct exercises, and hospital personnel who provide training.

Students will receive their own starter moulage kit and materials. For questions or further information email peninsulas@vaems.org. There is a \$100 non-refundable fee which includes the moulage starter kit. To register please contact the PEMS office at 804-693-6234. Deadline for registration is March 7, 2023. Peninsulas EMS Council Office, 6876 Main Street, Gloucester, VA 23061 (Main Street Shopping Center, Next to US Post Office, in Historic Gloucester Courthouse)

***NEW* Tidewater EMS EXPO**

2023 Tidewater Healthcare Education Expo will be held from May 16- 21st at Delta Marriot in Chesapeake, VA. Tidewater Healthcare Education (THE) EXPO serves the ever-expanding mobile healthcare professional community by providing an unparalleled conference experience comprised of education, networking and interactive engagement. Although we started as an EMS Expo, we're now bigger than ever and expanding from the largest EMS expo in Chesapeake into a national market. By sharing medical knowledge with others at THE Expo, you can develop lasting connections and skills to continue being the best at what you do. To register please utilizing the following link: <https://temsexpo.org/>.



Lessons Learned Tallahassee hospital continues to operate offline, working with FBI to address 'IT security event'

In February 6, Tallahassee Memorial HealthCare remained offline for a week after an "IT security issue" occurred late Thursday that's been reported to be a ransomware attack. "We are extremely appreciative of their partnership to ensure our community continues to receive medical care. Our teams are working around the clock in collaboration with outside experts and state and federal agencies to investigate the cause of the event and safely restore all computer systems as quickly as possible. We will provide updates as this investigation progresses, bearing in mind that security, privacy and law enforcement considerations impact the amount of detail we can provide," the health system said. For more information, please use the following [link](#).

OSIG Finds Lessons Learned Not Implemented During I-95 Snow Incident

In its audit of the 2022 I-95 Snow Incident, OSIG found that the Commonwealth did not apply lessons learned from a previous snow incident. For more information, please use the following [link](#).

Lessons Learned Orange County Water Interruption

In February 2017, a "Do Not Use, Do Not Drink" order was issued by the Orange County Department of Public Health in consultation with the Orange Water and Sewer Authority (OWASA) which created a community-wide emergency for drinking water and sanitation concerns. OWASA proactively communicated the situation in concert with participating agencies to warn the public, while the Orange County Emergency Management Program supported the community through water distribution points and other functions. For more information, please use the following [link](#).

Lessons Learned Seattle Bus Collision

On September 24, 2015 at approximately 11:00 AM Seattle Police and Fire Dispatch Centers began receiving calls about a collision between a charter bus and a Ride the Duck vehicle on the Aurora Bridge. Callers were reporting mass injuries and a complete blockage of the bridge. Seattle Fire activated their Mass Casualty Incident (MCI) Plan, deploying the MCI team who arrived at the scene 11:15 AM. Seattle Police arrived on scene to provide traffic control as the MCI team addressed the injured passengers. For more information, please use the following [link](#).

Lessons Learned Oregon MCI Hospital & EMS AAR

Winter conditions [Feb. 21](#) contributed to a series of crashes on Interstate 84 about 21 miles east of Pendleton that involved hundreds of travelers and a massive emergency response. Oregon State Police and the Oregon Department of Transportation reported the wrecks stretched 1.75 miles and involved more than 170 vehicles. The crashes shut down the westbound and eastbound



lanes of the freeway in Eastern Oregon. OSP reported 17 patients were transported from the crash scene with an additional two who were transported after they arrived at the Pendleton Convention Center, which served as a reunification hub for people in the crash. For more information, please use the following [link](#).

Upcoming Training

VHASS Events Calendar

As the Virginia Healthcare Emergency Management Program (VHEMP) continues to develop and deploy statewide training and education offerings – we redesigned our [Events Calendar](https://vhass.org/events/) (<https://vhass.org/events/>) on the [VHASS.org](https://vhass.org) website to provide a consistent location to market these opportunities.

The redesigned page includes multiple view options (list, month, day), keyword search box, search by date feature, preview and full detail display capabilities, as well as a “subscribe to calendar” feature which provides the ability to import the VHEMP Events calendar to your work or personal calendars. Please see the attached images for illustration.

Infection Control

Virginia COVID-19 Cases and Testing Count

Cases by Date of Illness (2/12 – 2/18): 5, 297	Death: 7
Cases by Date of Illness (2/5 – 2/11): 6,995	Death: 7

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 February 28, 2023)

Virginia Vaccine Summary

Total Doses Administered: 18,334,615 Fully Vaccinated: 6,334,422
% of Population Fully Vaccinated: 73.7%
People with Booster/Third Dose: 5,277,758

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 February 28, 2023)

COVID-19 VHHA – Hospital COVID Data

Currently Hospitalized: 425

Hospitalized in the ICU with confirmed COVID positive test: 51

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 February 28, 2023)

CDC Website To Find Free COVID Testing

Today CDC launched the COVID-19 Testing Locator website, which will allow consumers to search for free COVID-19 testing sites near them. The locator is part of the CDC Increasing Community Access to Testing (ICATT) program, which provides access to COVID-19 testing, focusing on communities at a greater risk of being impacted by the pandemic, people who do not have health insurance, and surge testing in state and local jurisdictions. For more information please utilize the following [link](#).

NEW End of Public Health Emergency for COVID-19

Based on current COVID-19 trends, the Department of Health and Human Services (HHS) is planning for the federal Public Health Emergency (PHE) for COVID-19, declared under Section 319 of the Public Health Service (PHS) Act, to expire at the end of the day on May 11, 2023. Our response to the spread of SARS-CoV-2, the virus that causes COVID-19, remains a public health priority, but thanks to the Administration's whole of government approach to combatting the virus, we are in a better place in our response than we were three years ago, and we can transition away from the emergency phase. It is important to note that the Administration's continued response to COVID-19 is not fully dependent on the COVID-19 PHE, and there are significant flexibilities and actions that will not be affected as we transition from the current phase of our response. As described below, the Administration is committed to ensuring that COVID-19 vaccines and treatments will be widely accessible to all who need them. There will also be continued access to pathways for emergency use authorizations (EUAs) for COVID-19 products (tests, vaccines, and treatments) through the Food and Drug Administration (FDA), and major telehealth flexibilities will continue to exist for those participating in Medicare or Medicaid. For more information please utilize the following [link](#).
(<https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf>)

NEW VDH Application for Infection Prevention Supplies

What's happening: VDH is offering nursing facilities and assisted living facilities the opportunity to apply for a one-time supply distribution of select infection prevention Facilities can choose a Glo Germ kit, fit test kit, or both. A Glo Germ kit is an effective way to show proper hand hygiene techniques and can be used to evaluate the effectiveness of environmental cleaning. A fit test kit includes supplies to help your organization meet OSHA fit testing requirements for respirators.

How to apply: Complete this [application](https://redcap.vdh.virginia.gov/redcap/surveys/?s=X3RNC473FJ).
(<https://redcap.vdh.virginia.gov/redcap/surveys/?s=X3RNC473FJ>)

Once you put in an application, the HAI / AR program will follow up with you.

The application window will be open until **May 12, 2023**.

Keep in mind: This is a one-time distribution to your facility and you should consider your ability to afford replacement costs when you make your selection.

Questions? Reach out to VDH Long-Term Care Coordinator (<https://www.vdh.virginia.gov/>)

NEW FDA authorizes revisions to Evusheld dosing

The U.S. Food and Drug Administration has revised the emergency use authorization for Evusheld (tixagevimab co-packaged with cilgavimab) to change the initial dose for the authorized use as pre-exposure prophylaxis (prevention) of COVID-19 in certain adults and pediatric patients. For more information please utilize the following [link](#).

NIOSH Crowdsourcing Competitions for Respirator Fit Evaluations

National Institute for Occupational Safety and Health (NIOSH) launched its latest crowdsourcing competition, the [Respirator Fit Evaluation Challenge](#). This multi-phase prize challenge offers \$350,000 in total prize money for novel solutions to improve respirator fit testing practices. The Challenge is a collaboration between NIOSH, Capital Consulting Corporation, and the National Aeronautics and Space Administration. For more information please utilize the following [link](#).

CMS Urges Timely Patient Access to COVID-19 Vaccines, Therapeutics

CMS is also reemphasizing the need for providers and suppliers to stay up to date with COVID-19 vaccinations, including any updated COVID vaccines, as they provide the best defense against severe illness, hospitalization, and death from the virus.

CMS is encouraging nursing homes, in particular, to increase their vaccination efforts and review and reinforce their infection control protocols. CMS requires nursing homes to educate residents and staff on the risks and benefits of the COVID vaccines and offer to administer the vaccine. In addition, in consultation with their physician and family, nursing homes should ensure residents

who test positive for COVID-19 receive appropriate treatments. For more information please utilize the following [link](#).

Virginia Department of Health Announces Availability of Bivalent COVID-19 Vaccines for Pediatric Patients Ages Six Months and Older

Parents of young children in Virginia are now able to seek a free bivalent pediatric COVID-19 vaccine for their children aged six months and older, the Virginia Department of Health (VDH) announced today, following the recommendation of the vaccines by the Centers for Disease Control and Prevention (CDC) on December 9. Both bivalent vaccines target the original strain of the SARS-CoV-2 virus that first emerged in Wuhan, China in late 2019 and the BA.4 and BA.5 subvariants of the Omicron variant that emerged in the United States in November 2021.

VDH advises parents to discuss this option with their child's healthcare provider. Vaccination opportunities may be found at [Vaccinate.Virginia.gov](https://www.vaccinate.virginia.gov). Information about all the COVID-19 vaccines authorized for administration in the U.S. is available at the VDH COVID-19 vaccine website. The Vaccinate Virginia Call Center is an additional source of information; call (877) VAX-IN-VA – (877) 829-4682 – Monday through Friday from 8 a.m. to 5 p.m. Information is available in English, Spanish and more than 100 other languages. TTY users should call 7-1-1. Follow this [link](#) for more information.

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](#)).

Increase in Pediatric Invasive Group A Streptococcal Infections

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians and public health authorities of a recent increase in pediatric invasive group A streptococcal (iGAS) infections. In November 2022, CDC was notified of a possible increase in iGAS infections among children at a hospital in Colorado. Potential increases in pediatric iGAS cases in other states were subsequently noted by contributors to the Infectious Diseases Society of America's provider-based Emerging Infections Network and by certain jurisdictions participating in CDC's Active Bacterial Core Surveillance System (ABCs). This increased number of pediatric iGAS cases in some jurisdictions has



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occurred in the setting of increased circulation of respiratory syncytial virus (RSV), influenza viruses, SARS-CoV-2, and other respiratory viruses. While the overall number of cases has remained relatively low and iGAS infections remain rare in children, CDC is investigating these reports. Follow this [link](#) for more information.

