

COVID-19 Day 587

Press Update

October 18, 2021

DOH Acting Secretary David R. Scrase, M.D., M.H.S.A.

DOH Deputy Secretary Laura C. Parajón, M.D., M.P.H.

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UNMH Associate Chief Nursing Officer, Jennifer E. Vosburgh D.N.P., R.N., N.E.-B.C.

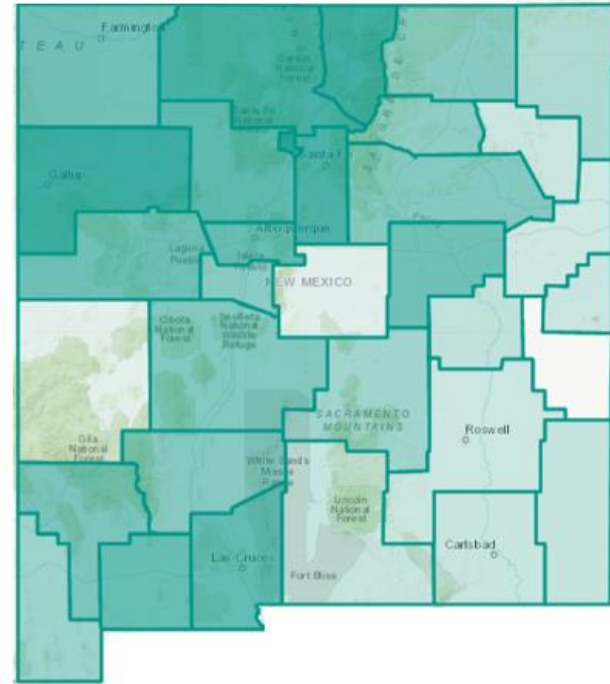


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Vaccine progress update

- **81.1%** of New Mexicans (18+) and 62.0% (12-17) have received at least a first dose
- **71.6%** of New Mexicans (18+) and 53.5% (12-17) are fully vaccinated
- 5.3% of New Mexicans (18+) have received a booster dose (12-17 are not yet eligible)



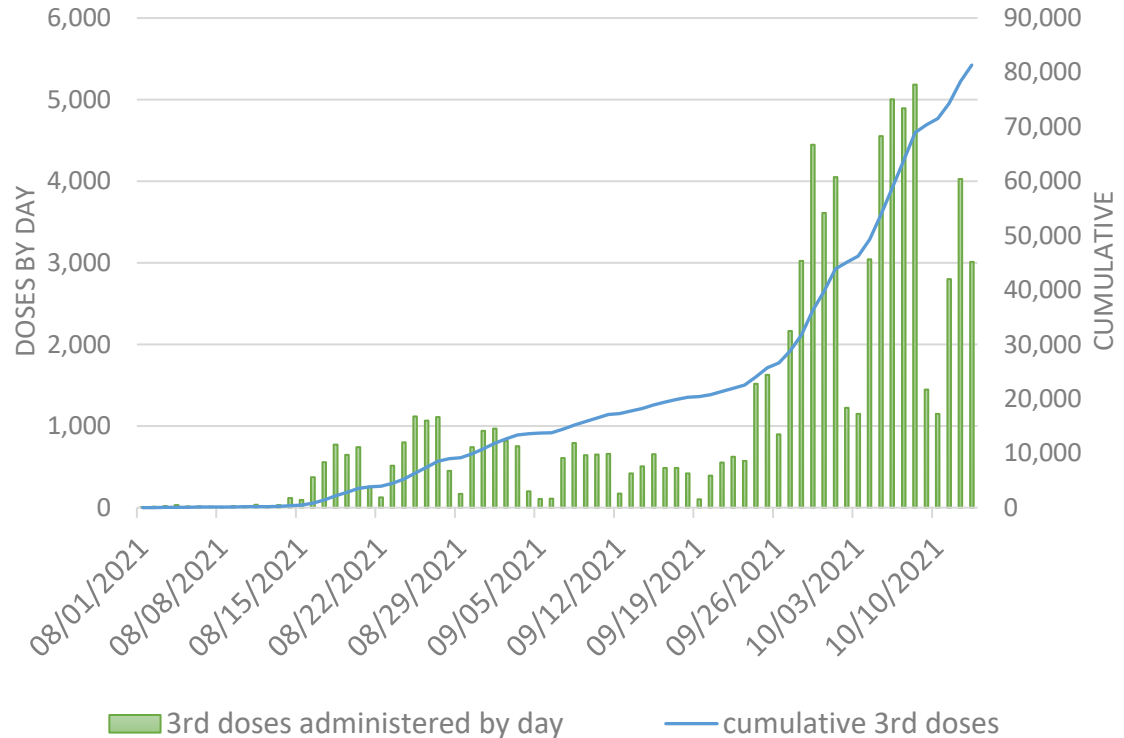
Booster Dose Administration in NM



NM continues to effectively administer Pfizer booster doses

- Total third doses (additional and booster) administered 8/1/21-10/13/21 = 81,364 doses
- Total third doses (additional and booster) administered 9/24/21-10/13/21 = 58,828 doses

NM Third Doses (Additional and Booster) since August 1, 2021

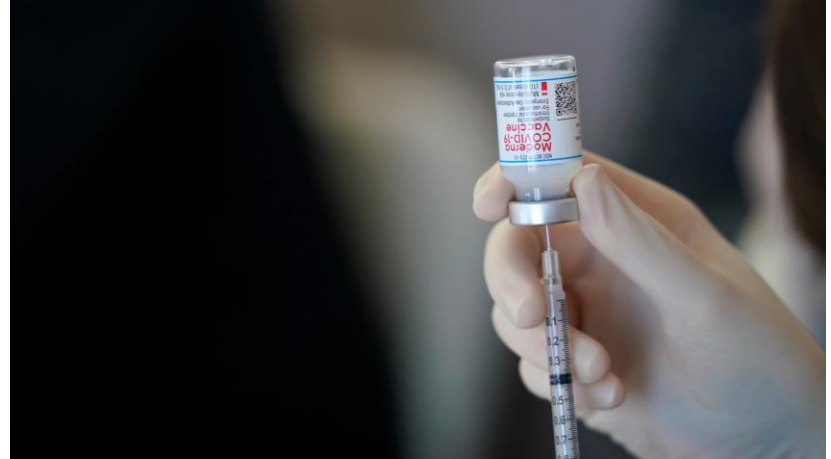


Anticipated Boosters for Moderna and J and J



Moderna boosters are making their way through the Federal approval process

- FDA VRBPAC committee voted 19-0 on 10/14/15 to recommend authorization of the Moderna 50 ug COVID-19 vaccine booster dose (a “half dose”)
- Available data support the safety and effectiveness of Moderna COVID-19 vaccine for use under EUA as a booster dose for individuals:
 - 65+
 - 18-64 at high risk of severe COVID-19
 - 18-64 with heightened job and institutional exposure has them at higher risk of encounter
 - At least 6 months after completion of a primary series
- **ACIP will meet on 10/21/21 to make recommendations regarding a Moderna COVID-19 booster dose**



J and J booster dose approval process is also underway

- FDA VRBPAC committee voted 19-0 on 10/15/21 to recommend authorization of the J and J COVID-19 vaccine booster in individuals:
 - 18 years and older
 - At least 2 months after a single dose primary vaccination
- According to data presented, a booster dose increases vaccine effectiveness from ~75% to 94% and higher immunogenicity is achieved boosting 6 months post dose one
- ACIP will meet on 10/21/21 to make recommendations regarding a Johnson & Johnson COVID-19 booster dose



COVID-19 Vaccines for 5-11 Year-olds

Clinical trial results: Pfizer vaccine effective and safe for 5-11 year-olds

- Three age groups studied:
 - 5 to <12 year-olds,
 - 2 to <5 year-olds, and
 - 6 months to <2 years
- **2,268 5-11 year-old participants**
- Two-dose regimen of 10 mcg doses to children 5 and older
- Children under age 5 received a 3 mcg dose for each injection
- Doses given 21 days apart
- **Expecting groups under 5 to be reviewed later this year/early 2022**



The screenshot shows the AAP News website interface. At the top, there is a navigation bar with 'AAP News & Journals Gateway', a search bar, and the American Academy of Pediatrics logo. Below the navigation bar, there are several menu items: 'Journals', 'AAP Policy', 'Pediatric Collections', 'Multimedia', 'Alerts', and 'AAP Career'. The main content area features the 'AAP News' logo and a news article titled 'Pediatricians can start preparing to vaccinate children against COVID-19'. The article is by Melissa Jenco, News Content Editor, dated October 14, 2021. Below the text is a photograph of a healthcare professional in a white coat and blue gloves administering a vaccine to a young girl in a red sweater. The girl is wearing a blue face mask. The background shows a clinical setting with a bookshelf.

AAP News

Pediatricians can start preparing to vaccinate children against COVID-19

Melissa Jenco, News Content Editor
October 14, 2021





Pediatricians may be able to start vaccinating children ages 5-11 years against COVID-19 in a matter of weeks, but they will not be able to use the Comirnaty vaccine vials that are used for adolescents and adults.

Pfizer pediatric COVID-19 vaccine: Smaller doses, easier access for pediatricians

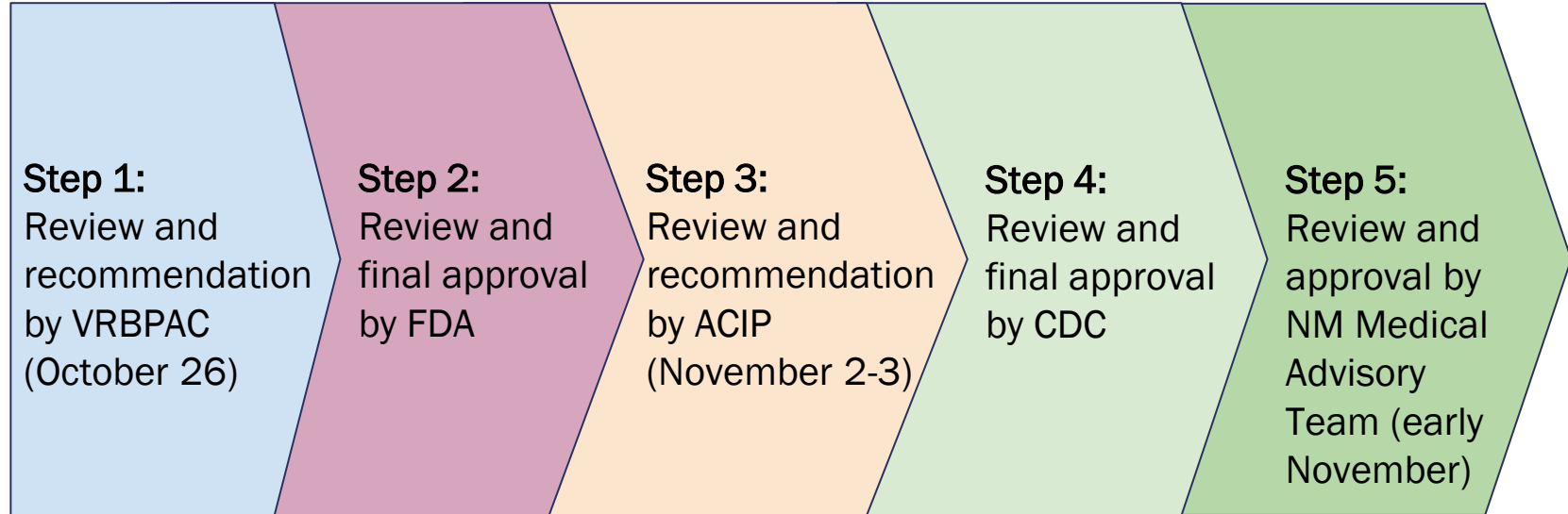
- 10 mcg dose (adult dose is 30 mcg)
- Expecting approval for 10-week refrigerator storage time and 300 vials/order first week, then 100 vials/order
- Smaller packs and extended refrigerator time help providers maintain a supply

Pfizer-BioNTech COVID-19 Vaccines

PRELIMINARY – SUBJECT TO CHANGE PENDING REGULATORY GUIDANCE AND AUTHORIZATION/APPROVAL

Description	Current Adult/Adolescent Formulation (1170 and 450 packs)	Future Pediatric Formulation
	<i>Dilute Prior to Use</i>	<i>Dilute Prior to Use</i>
Age Group	12 years and older	5 to <12 years**
Vial Cap Color	PURPLE 	ORANGE 
Dose	30 mcg	10 mcg
Injection Volume	0.3 mL	0.2 mL
Fill Volume (before dilution)	0.45 mL	1.3 mL
Amount of Diluent* Needed per Vial	1.8 mL	1.3 mL
Doses per Vial	6 doses per vial (after dilution)	10 doses per vial (after dilution)
Storage Conditions		
ULT Freezer (-90°C to -60°C)	9 months	6 months
Freezer (-25°C to -15°C)	2 weeks	N/A
Refrigerator (2°C to 8°C)	1 month	10 weeks

Process for 5-11 year-olds EUA amendment authorizations



FDA = US Food and Drug Administration

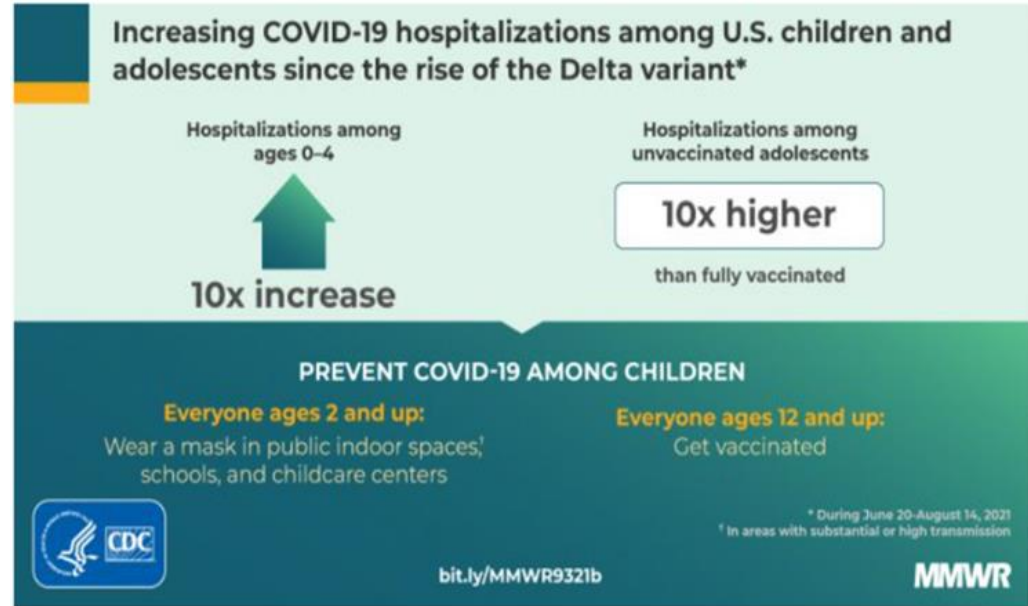
VRBPAC = Vaccines and Related Biological Products Advisory Committee (FDA committee)

CDC = Center for Disease Control

ACIP = Advisory Committee on Immunization Practices (CDC committee)

Vaccinating the unvaccinated is still our number one priority

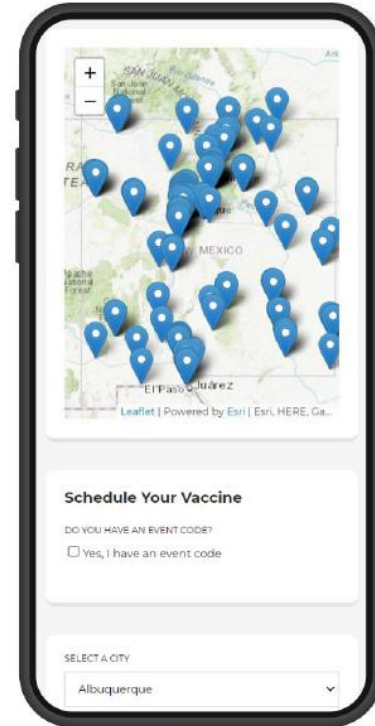
- New Mexico's 71.6% fully vaccinated rate for 18+ has helped protect our children
- Vaccinating 5-11 year-olds presents an exciting opportunity to further community immunity in NM
- While the morbidity and mortality of children is lower, they contract and transmit COVID-19 at the same rate
- Vaccinating kids will also help protect our adults



Schedule your COVID-19 vaccine appointment today

- If you are unvaccinated, scheduled your vaccine appointment NOW
- Appointments are available for eligible booster recipients
- Parents of 5-11 year-olds are encouraged to register ahead of vaccine roll out

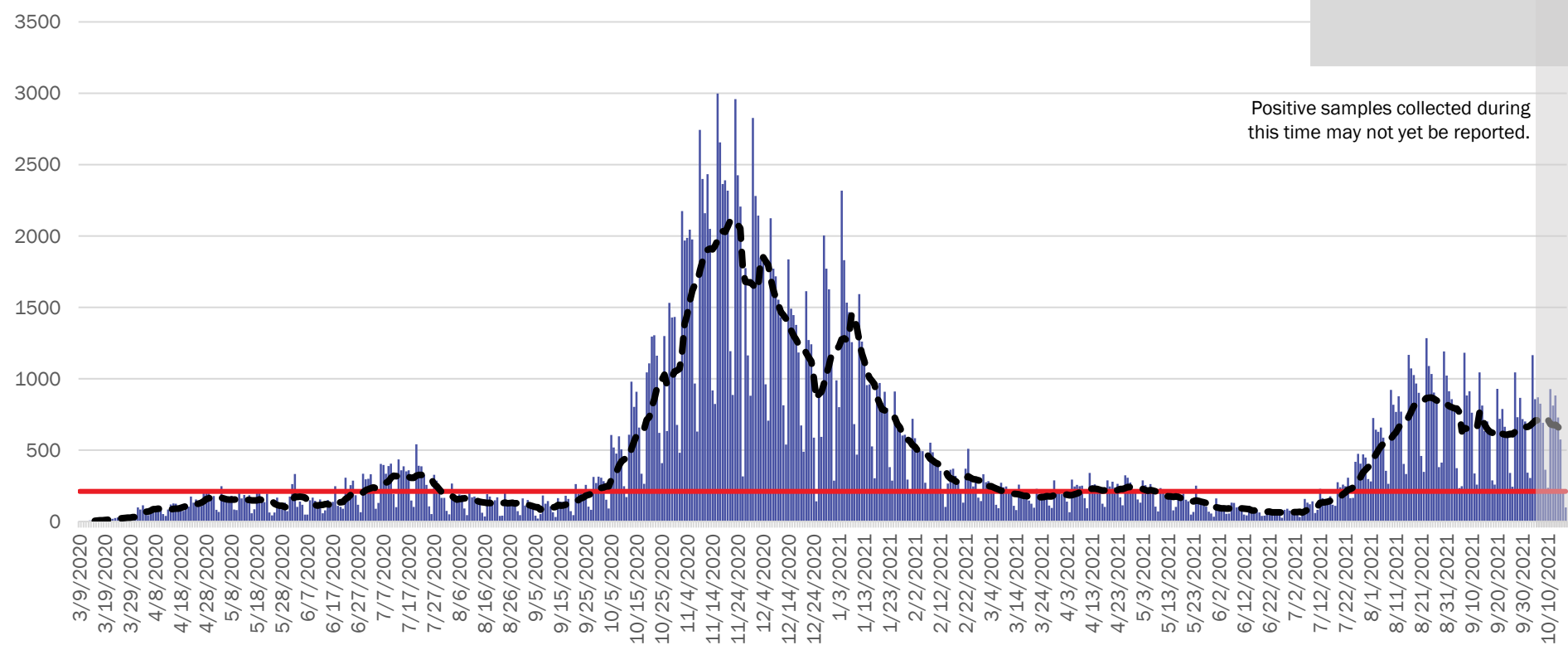
VaccineNM.org



NM COVID-19 Cases

New Mexico COVID-19 Cases by Date of Specimen Collection

October 18, 2021



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



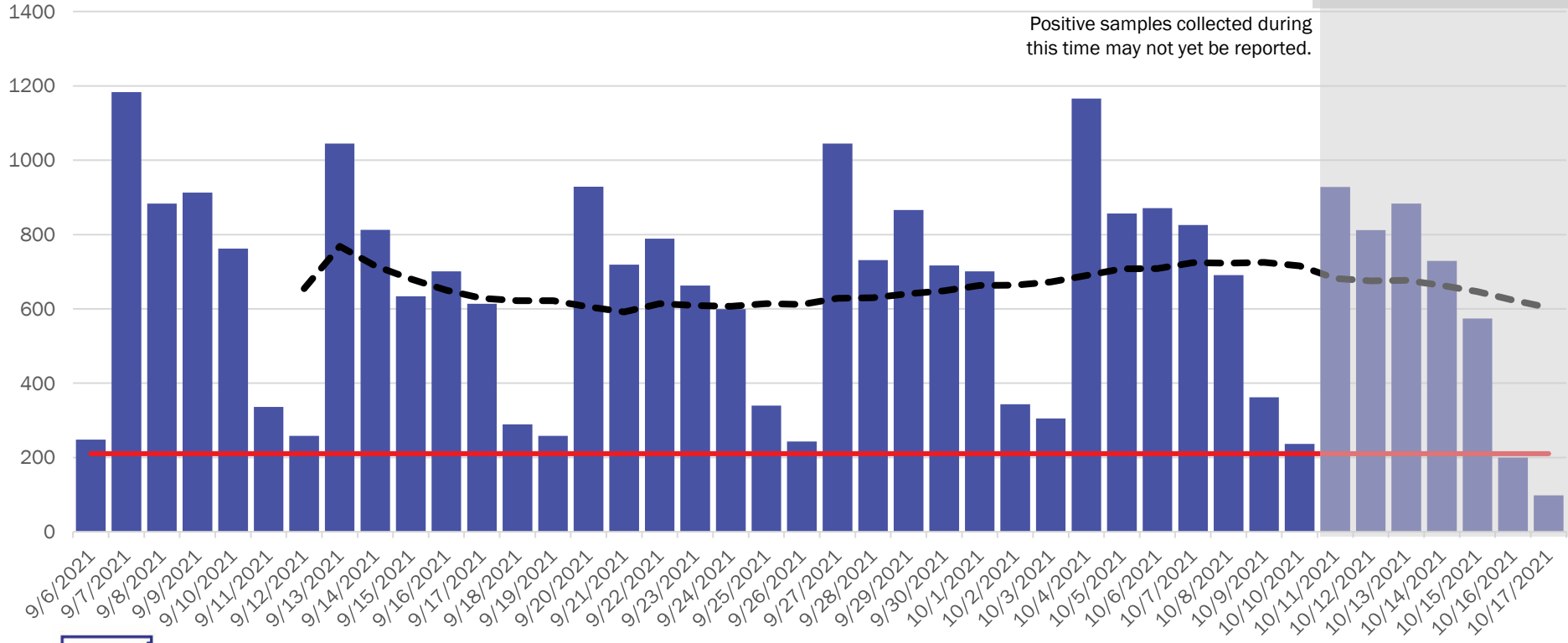
<https://cvmodeling.nmhealth.org/>
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— 10 cases per 100,000 — Total NM cases — Total NM 7-day rolling average

New Mexico COVID-19 Cases by Date of Specimen Collection

Recent 6 Week View

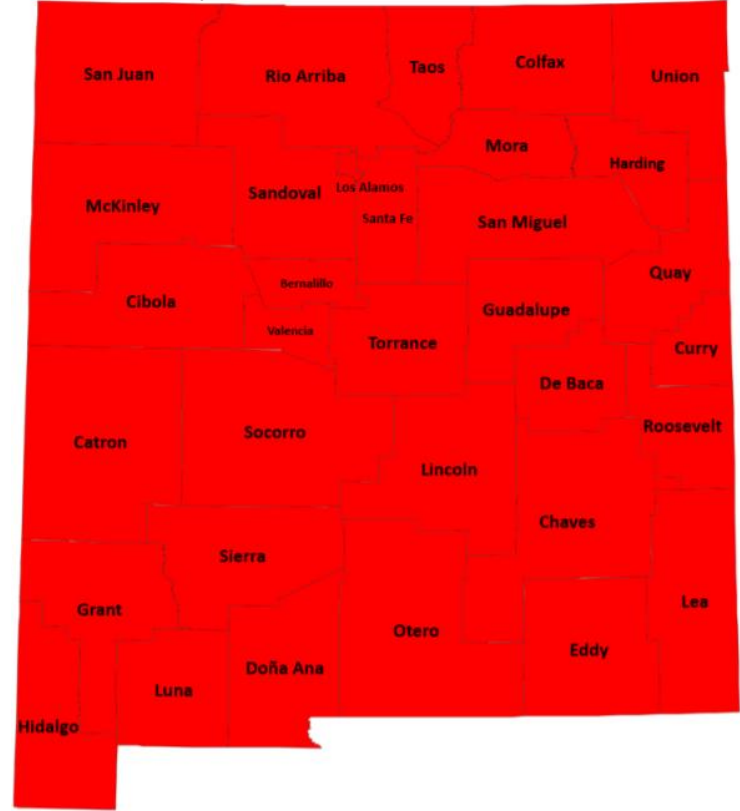
October 18, 2021



Levels of COVID-19 community transmission is currently high in ALL New Mexico counties

County	Population Count	Number of Cases (14 days)	Number of Cases + Negative Tests (14 days)	Total New Cases per 100,000 persons	Percentage of Tests that are Positive During the Past 14 days
Union	4090	9	245	15.7	3.67%
Santa Fe	149635	434	9844	20.7	4.41%
Curry	49915	130	2725	18.6	4.77%
Taos	32513	82	1644	18.0	4.99%
Socorro	17193	60	1173	24.9	5.12%
De Baca	1840	5	96	19.4	5.21%
Los Alamos	18856	84	1565	31.8	5.37%
Rio Arriba	38716	119	2177	22.0	5.47%
Roosevelt	19901	61	1109	21.9	5.50%
Doña Ana	218836	585	10429	19.1	5.61%
San Miguel	27969	150	2654	38.3	5.65%
Sandoval	146415	591	9397	28.8	6.29%
Bernalillo	679590	2408	37807	25.3	6.37%
Guadalupe	4419	16	239	25.9	6.69%
Hidalgo	4242	12	177	20.2	6.78%
Grant	27862	177	2507	45.4	7.06%
Luna	24444	85	1122	24.8	7.58%
Sierra	11076	62	777	40.0	7.98%
Cibola	26801	171	1843	45.6	9.28%
Valencia	75427	376	3988	35.6	9.43%
Quay	8396	64	656	54.4	9.76%
Lincoln	19860	140	1334	50.4	10.49%
Torrance	15923	81	751	36.3	10.79%
Eddy	58252	375	3420	46.0	10.96%
McKinley	70330	454	3792	46.1	11.97%
Otero	67700	566	4725	59.7	11.98%
Lea	71570	415	3443	41.4	12.05%
Colfax	11903	86	667	51.6	12.89%
Chaves	64104	429	3293	47.8	13.03%
San Juan	126122	1420	9139	80.4	15.54%
Mora	4566	59	331	92.3	17.82%
Catron	3533	36	154	72.8	23.38%
Harding	657	26	83	282.7	31.33%

Levels of Community Transmission by NM County, September 28-October 11, 2021



https://cv.nmhealth.org/wp-content/uploads/2021/10/County_Data_Report_10.12.21.pdf

New Mexico Test positivity 7-Day Rolling Average, March 17, 2020-October 15, 2021

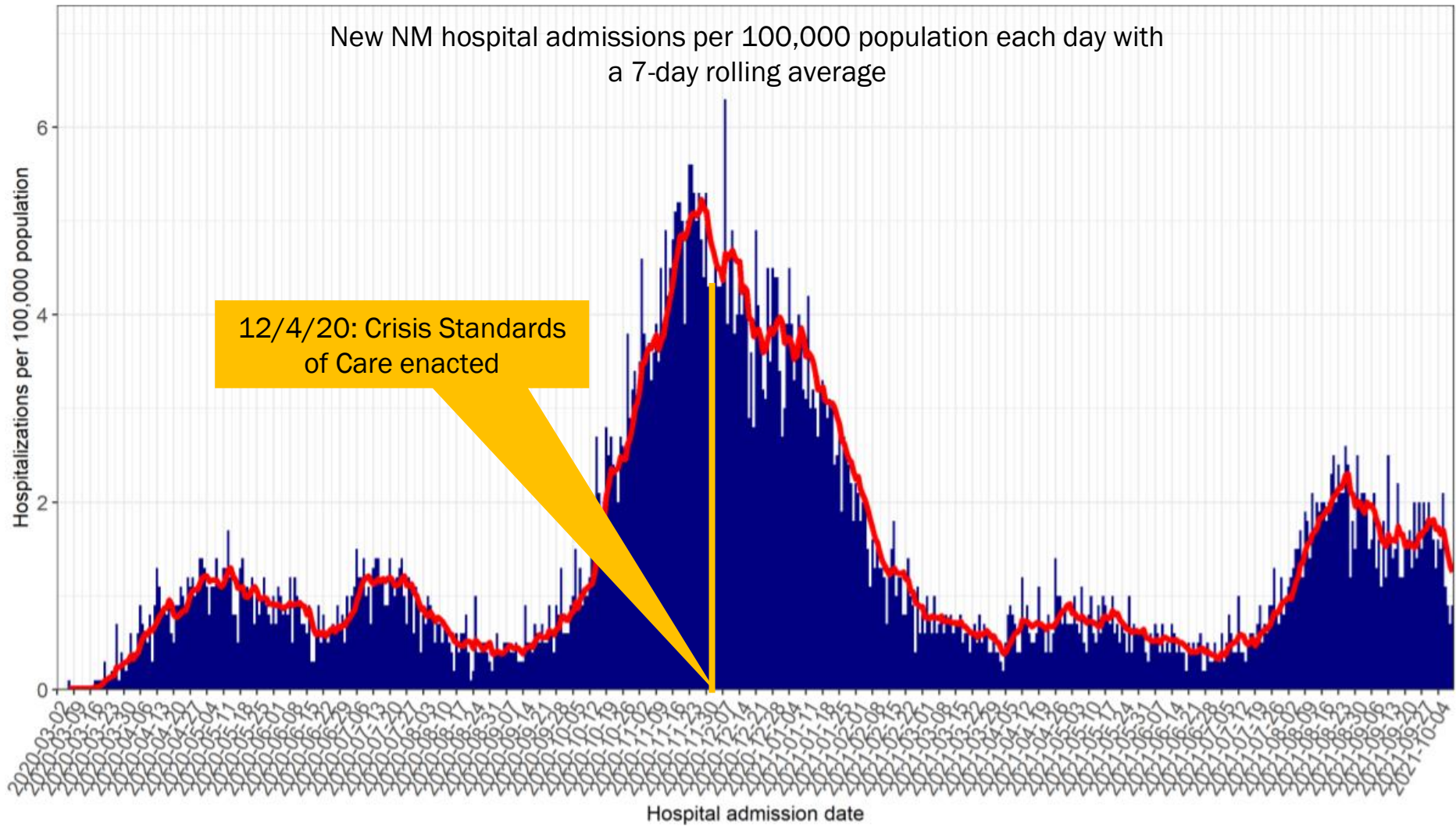


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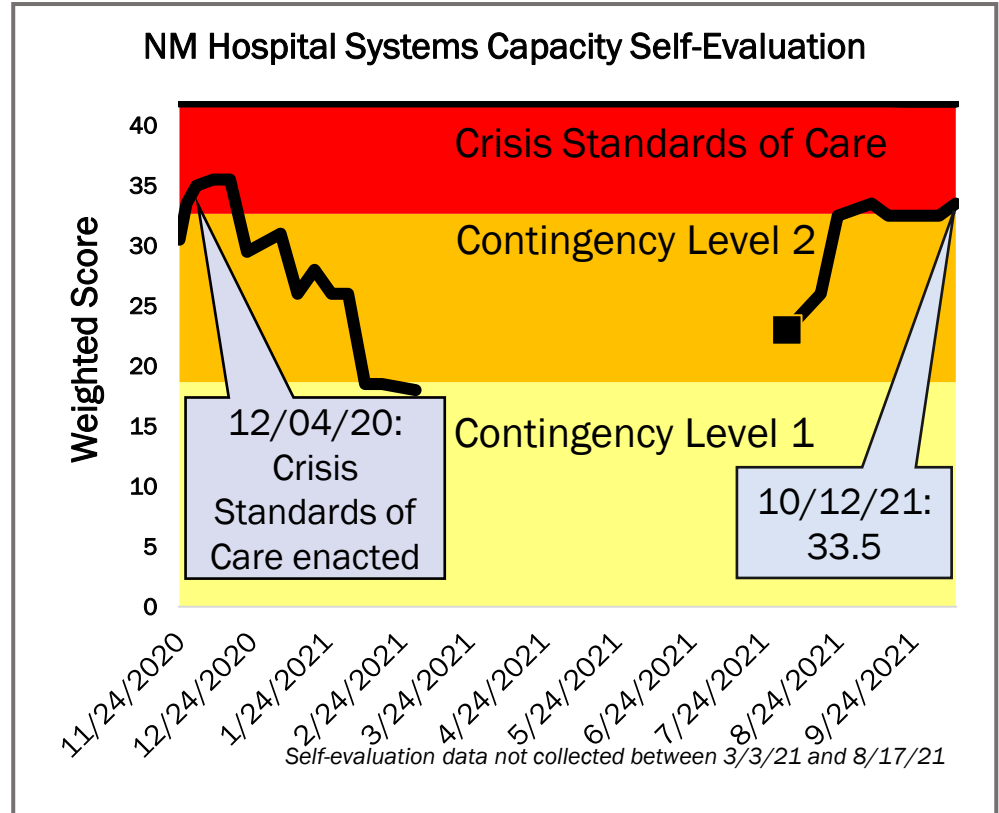
NM COVID-19 Hospitalizations and Deaths

New NM hospital admissions per 100,000 population each day with a 7-day rolling average



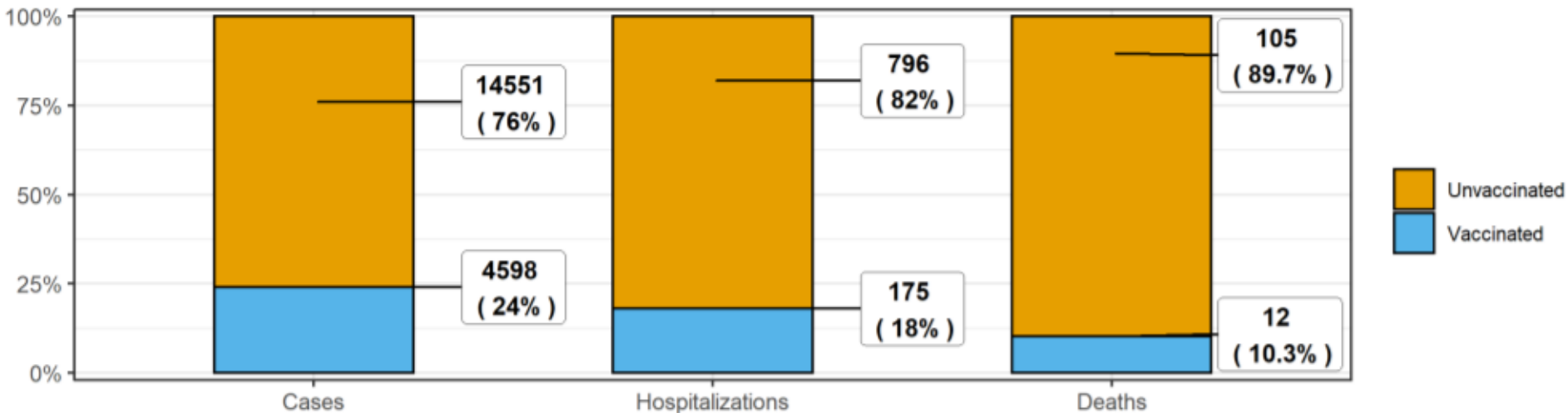
Evaluating NM hospital system's capacity

NM Medical Advisory Team Hospital Self-Evaluation Criteria
Delays in Care (limited to critical services)
Transfers (inability to transfer, transfer center active)
Triage and Allocation (full activation)
Emergency Department and Alternative Access Points (saturated access, active triage)
ICU (>100% utilization x multiple days)
Non-ICU (>100% utilization x multiple days)
Modeling (predicting demand>supply)
Redeployment (insufficient staff to meet needs)
Sustainment (tiered staffing for exposed staff)
Capacity (insufficient staff to maintain patient care)
Ratios (unable to increase staff to patient ratios)
Acquisition (supply chain unreliable, limited interfacility sharing)
Management (able to reuse equipment/supplies)



Getting vaccinated is the best way to prevent hospitalization or death

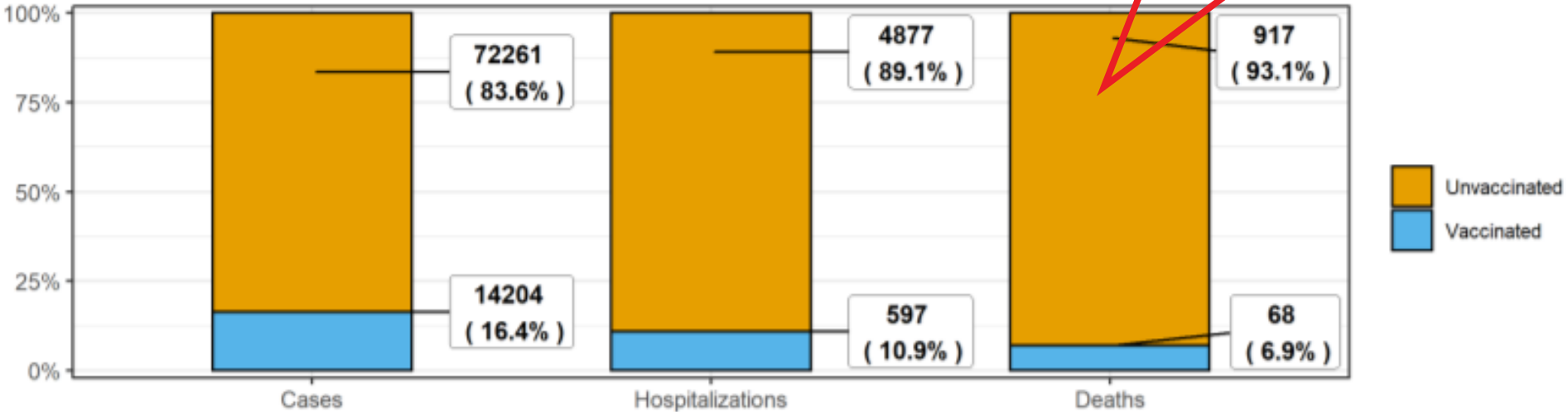
Percent of Cases Hospitalizations and Deaths by Vaccine Status
13 September, 2021 - 11 October, 2021



Getting vaccinated is the best way to prevent hospitalization or death

Percent of Cases Hospitalizations and Deaths by Vaccine Status
1 February, 2021 - 11 October, 2021

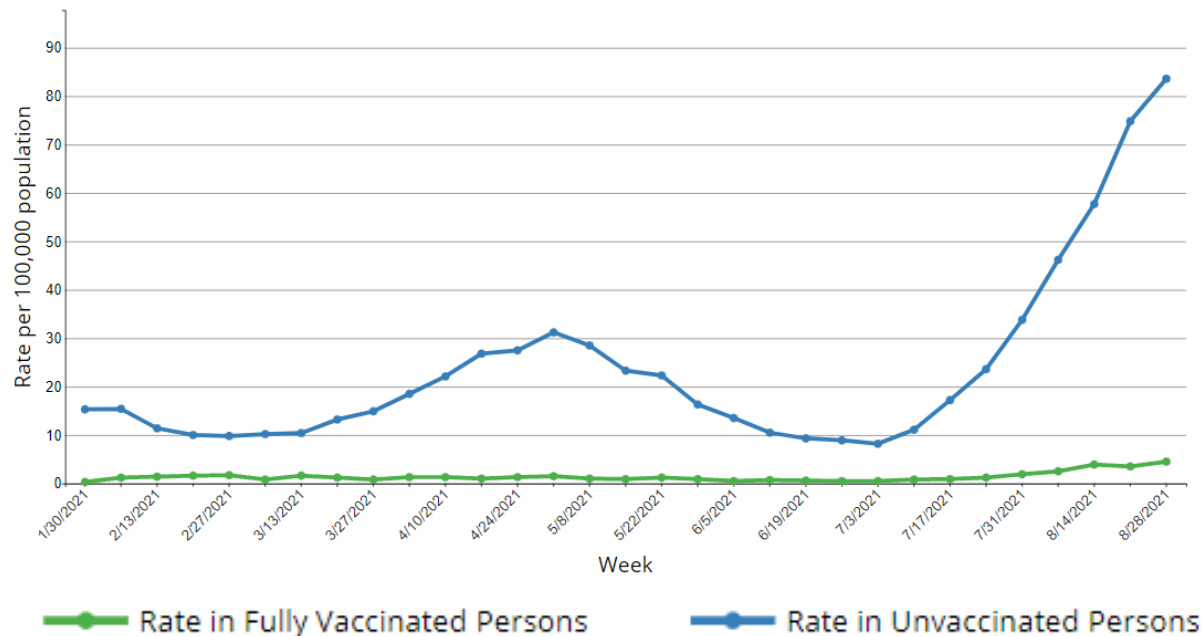
1,039 deaths in NM,
967 preventable
since 2/1/21



COVID-19-associated hospitalizations continue to rise, especially in unvaccinated persons

- COVID-NET is a population-based surveillance system
- Collects data on lab-confirmed COVID-19-associated hospitalizations among children and adults through a network of over 250 acute-care hospitals in 14 states (including New Mexico)

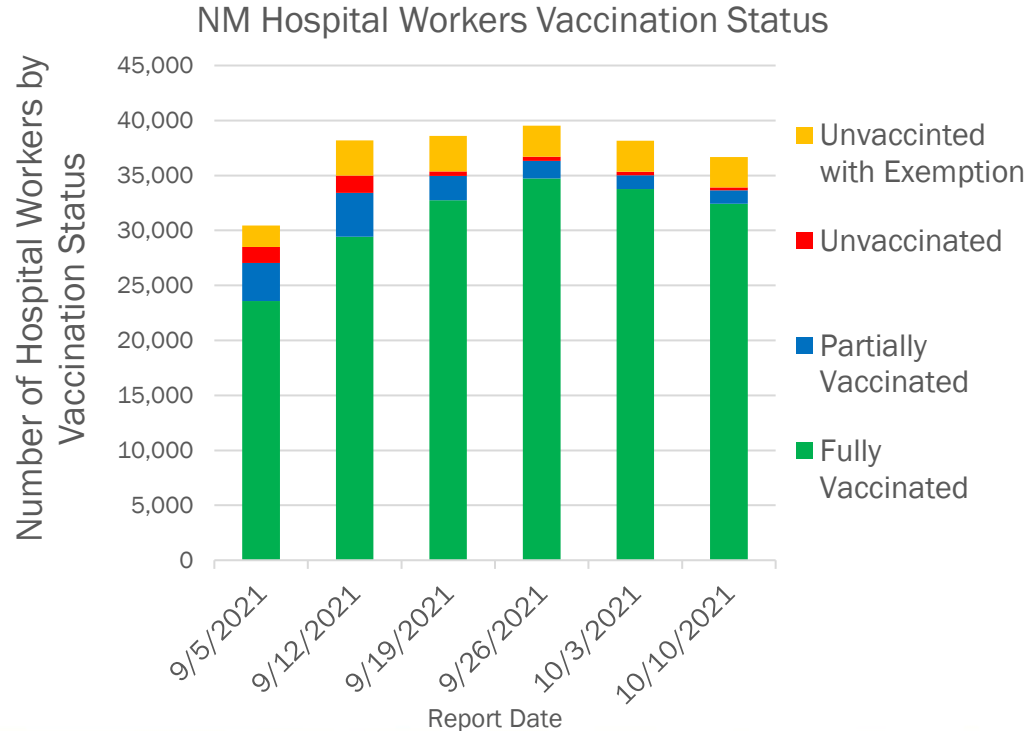
Age-Adjusted Rates of COVID-19-Associated Hospitalizations by Vaccine Status in Adults Aged ≥ 18 Years, January–August 2021



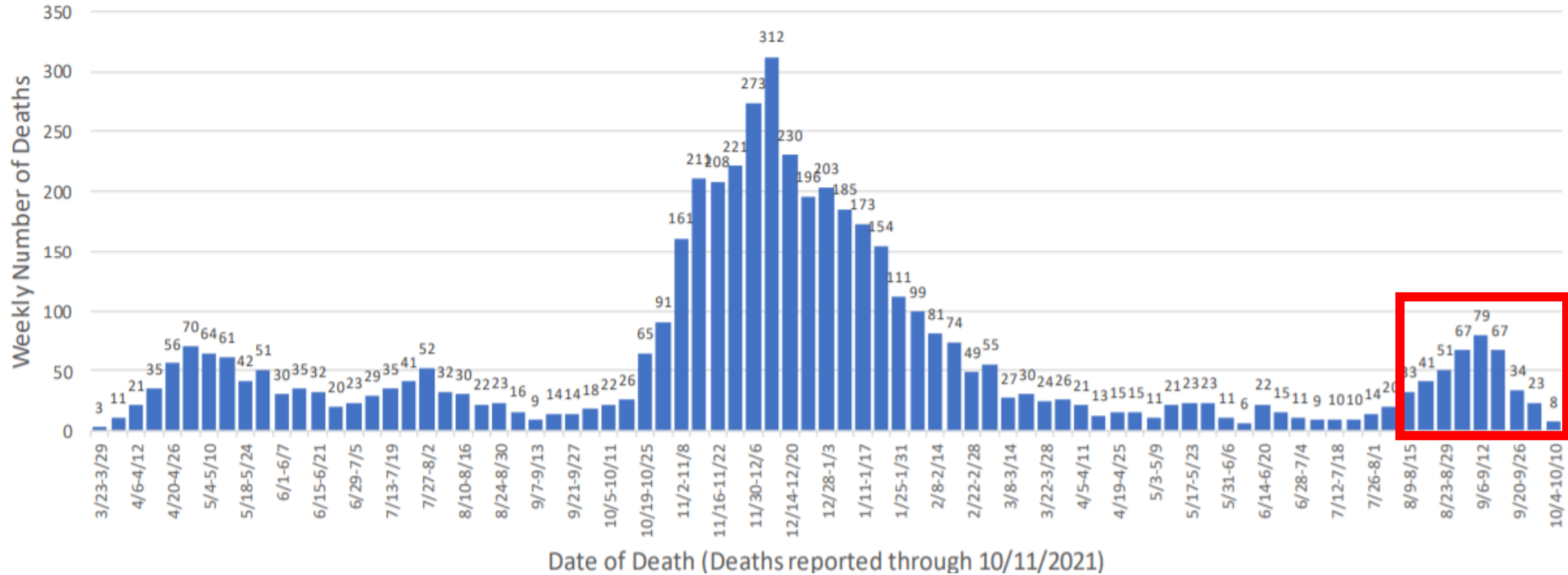
NM hospital employee vaccination rates

As of October 10, 2021:

- 88.42% of New Mexico's hospital employees are fully vaccinated
- 3.37% are partially vaccinated
- 7.54% have an approved exemption
- 0.67% remain unvaccinated



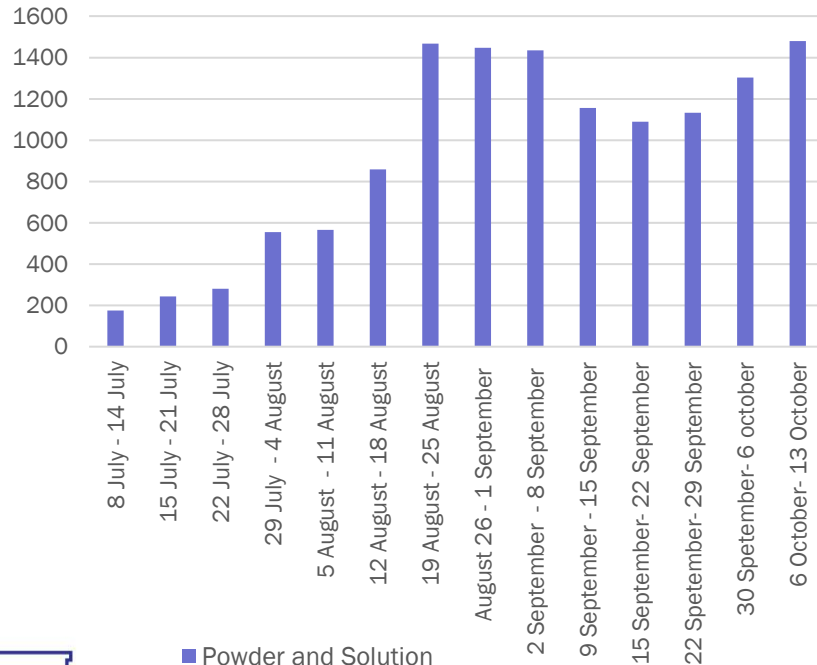
Unfortunately, we continue to see an increase in COVID-19 deaths



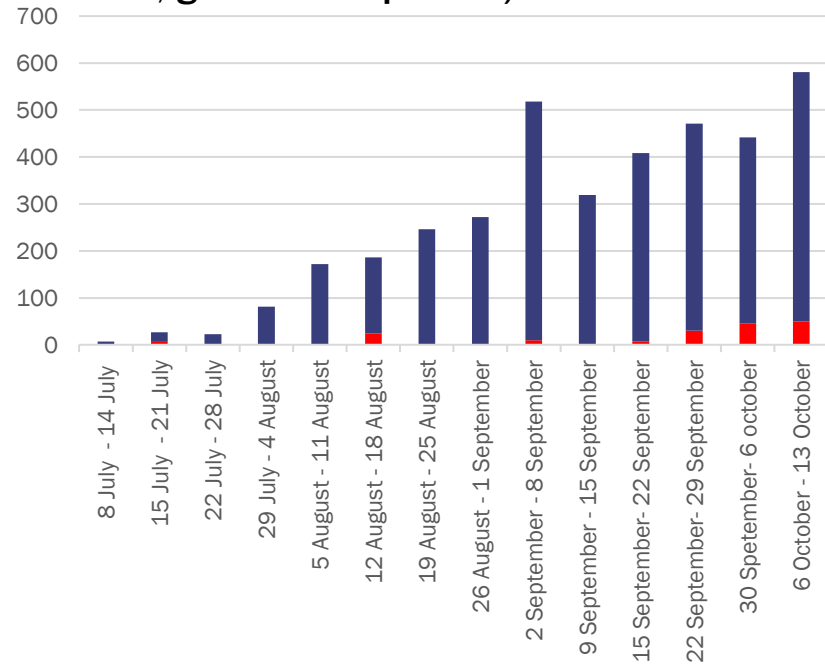
COVID-19 Treatments

Inpatient and outpatient mAbs treatments are at an all-time high in NM, reaching 2,061 treatments given from October 6-13

Remdesivir (moderately ill, given in hospital)



mAbs (symptoms + >64, obese, OR one risk factor, given as outpatient)



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mAbs provider spotlights

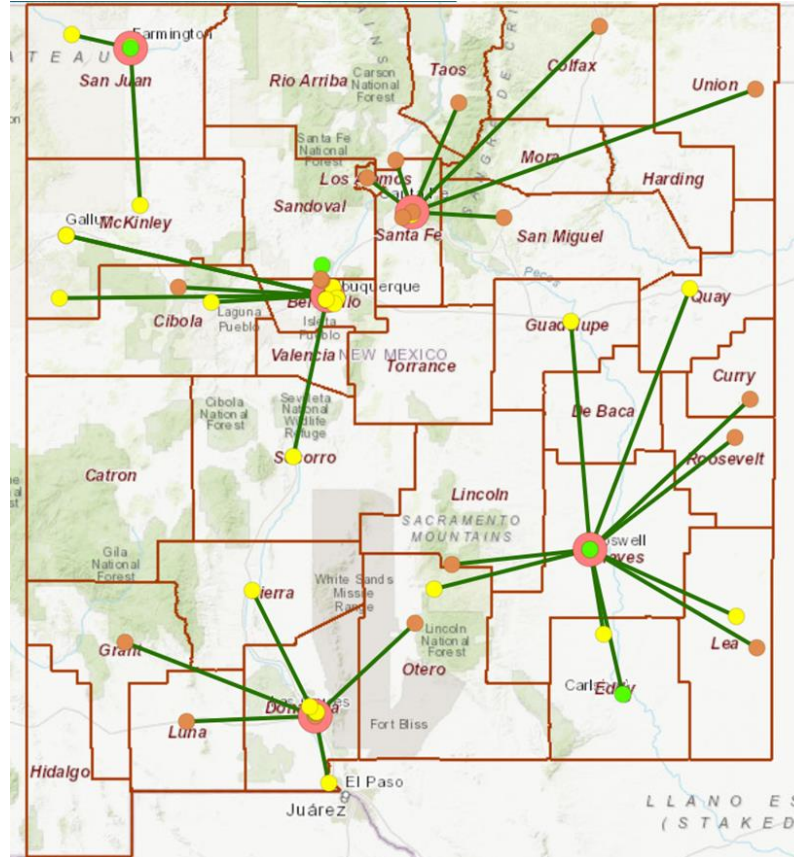
Below are the top outpatient mAbs providers over the last week. “Thank you!” to these facilities and all other NM mAbs providers:

- Presbyterian Healthcare System – 140
- Nor Lea Hospital – 61
- Eastern NM Medical Center – 46
- Gallup Indian Medical Center – 36
- Gerald Champion Regional Medical Center – 36



NM Hospital Update

NM hub & spoke model for transfer center

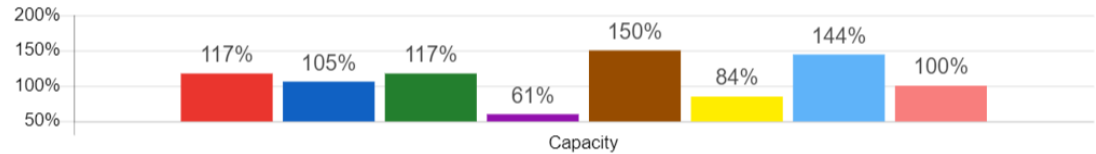


Hospitals across the state are stretched thin by high volumes of patients and limited staffing resources

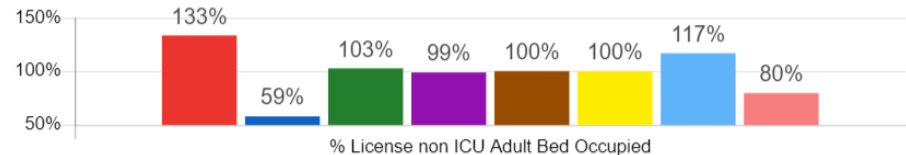
NMDOH and NM hospitals have taken various steps to help mitigate capacity issues, such as:

- Establishing a statewide patient transfer center
- Doubling up on patient beds
- Converting non-ICU areas of hospitals into ICU space
- Mandating workforce vaccinations
- Moving equipment/ supplies where needed most, including ventilators

ICU Occupancy % of Licensed Beds



Occupied non ICU Adult Beds



Save New Mexican lives – Join the profession of nursing

New Mexico needs you!

- New Mexico Nurses Association
 - nmna.org
- New Mexico Nurse Practitioner Council
 - nmnpc.org

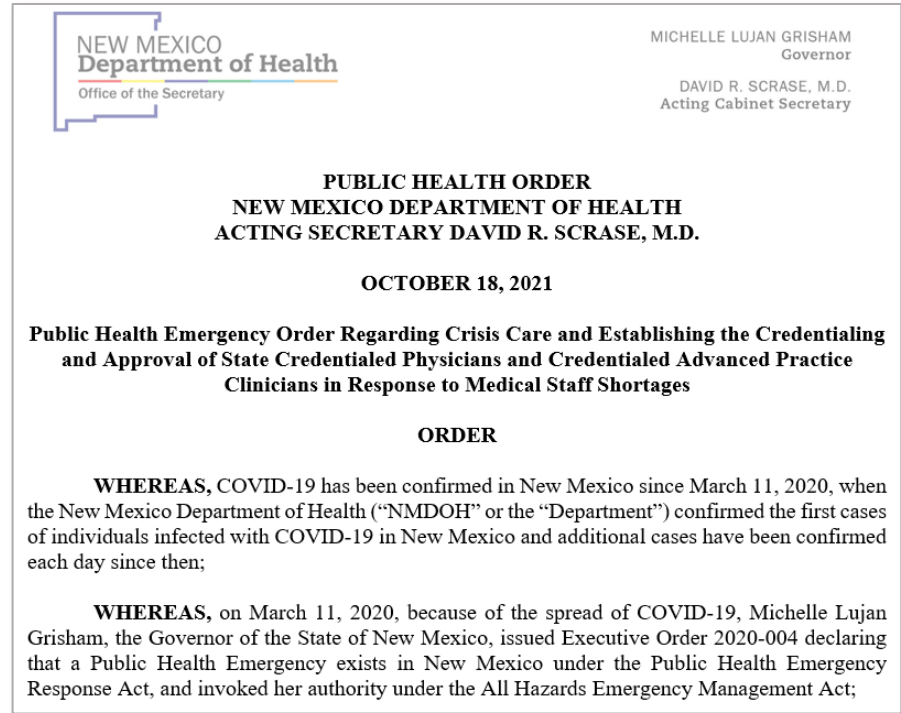


Crisis Standards of Care

The state recognizes that conditions requiring the implementation of crisis-level standards of care are present in NM hospitals

Ongoing efforts to mitigate staffing shortages include:

- Connecting hospitals with FEMA for additional staffing resources
- Contracting with nurses at the state level
- Expanding mAbs treatments via FEMA support
- Enacting Crisis Standards of Care (CSC)



What are Crisis Standards of Care?

- A **substantial change** in unusual healthcare operations and **the level of care it is possible to deliver**, which is made necessary by a pervasive (e.g. pandemic influenza) or catastrophic (e.g. earthquake, hurricane) disaster
- This change in the level of care delivered is justified by specific circumstances and is **formally declared by a state government** in recognition that crisis operations will be in effect for a substantial period
- The formal declaration that crisis standards of care are in operation enables specific legal/regulatory power and protections for healthcare providers in the necessary task of allocating and using scarce medical resources and implementing alternate care facility operations

What does Crisis Standards of Care mean for patients and providers?

- Hospitals and providers are already faced with difficult choices about who gets care
- Under CSC, facilities statewide will use a more standardized and equitable procedure for making those decisions
- Before a facility gets to this point, they must temporarily suspend non-medically necessary procedures



New Public Health Order provides flexibility for providers in acute care settings

- If hospitals need to move into CSC, the state will extend limited legal liability coverage to providers who move to higher levels of care than those in which they normally practice
- NMDOH will offer a credentialing system for these providers in the coming days



What Crisis Standards of Care does NOT mean

- CSC does not mean that New Mexicans should wait to seek care
- If you need care, please see your doctor!



The pandemic isn't over. Please help protect New Mexico hospitals!

- Get tested if you think you have COVID-19 or have been exposed to someone who is positive.
- If you have a COVID-19 positive test, symptoms and risk factors, seek out monoclonal antibody treatment.
- Be especially careful indoors no matter where you live in NM.

CASE COUNTS REMAIN TOO HIGH. WE ALL STILL MUST FIGHT THE VIRUS.

- Wash hands, clean surfaces, cough into tissue/elbow.
- Everyone mask up and maintain social distancing (minimum 6').
- Get needed preventive healthcare.
- **Get vaccinated!**

