Situation Report for the Week of July 26-30, 2021

As the pandemic worsens, the State Emergency Operations Center (SEOC) activated at Level 3 this week. Level 3 is a partial activation in which representation from relevant agencies along with State Emergency Management Agency leads in planning and logistics join operations in the SEOC.

COVID cases continue to rise due to the Delta variant of the COVID-19 virus. More than 90% of new cases are caused by the Delta variant. The Delta variant is also at least twice as contagious as any previously encountered variants. The seven-day moving average of combined new cases is 2,447 (up 222 cases per day from July 28). The PCR positivity rate has risen from 14.6% to 15%. Total hospitalizations rose to 1,921 (from 1,727 on July 28th). The date rate is less than that experienced the year before at a similar level of illnesses. Deaths are difficult to interpret rapidly because of lag times. The death certificate review alone can take 21 days. At this time though, deaths are still very low.

The increase in the amount of new cases in Southwest Missouri experienced from the Delta variant wave, may be stabilizing or even reduced. Taney and Stone Counties are both exceptions to that potential trend as cases continue to rise in those jurisdictions. The spread of the viral wave appears to be moving eastward and northward as anticipated. Looking at jurisdictions east of Region D, moving toward Region G, Douglas County has recorded high positivity rates reaching 37% positivity. Shannon and Howell Counties have also hit 30% positivity rates. Less populated rural areas may slow the spread of illnesses compared to more densely populated urban areas.

Hospitalizations increased by 17% over the previous week with an increase of 13% in Intensive Care Units (ICUs). Although hospitalizations are increasing statewide, the bulk of the rise is driven by numbers in the Kansas City area, Central Missouri and the Southwest Region. Kansas City is experiencing the highest level of hospitalizations since January.

Missouri’s major hospitals are at 3% remaining capacity. St. Mary’s in Jefferson City is at 0% capacity because there are either no available beds or no available staff that can serve them. Phelps County has 119 beds and those are completely full. COVID cases, other emergencies, and sometimes the lingering backlog of care from many months of COVID caused delays in care have led to an even greater strain on hospital capacity.

Hospital staffing is a problem statewide. In some cases, even hospital personnel have become ill and cannot report to work. Turnover has been a problem. Burnout and trauma have led to significant turnover. Since the pandemic is virtually everywhere, hospitals have difficulty sharing staff with other areas simply because they need to keep their own staff working to confront the large numbers of cases they are already encountering.

The Missouri Health Care Association has also used their Long Term Care (LTC) portal so LTC facilities can report bed availability to help hospitals with discharges.

In the Springfield Greene County area and other areas the need for health care personnel has been great. At one point, hospitals in the Southwest area requested more than 300 personnel. Steps have been taken to address the problem. Unfortunately funding, shared staff from other areas, Emergency Mutual Assistance Compact (EMAC) requests and requests for federal resources have not yielded results. There is no single option or even a combination of options that can provide Missouri with all the resources needed at this time. However, DHSS has developed a list of 100 vendors that can provide health-care staff. The hospitals have to contact vendors and pay them, but hospitals across the state have reported that the list has been helpful, and they have been able to secure some needed personnel.

DHSS was able to assist with providing staff for and a location for an alternate care site in Springfield. In order to secure federal assistance for the alternate care site, Springfield, Greene County Health Department (Springfield/Greene) had to prove that they had exhausted all local resources. Springfield/Greene had withdrawn the request once before. Staff at DHSS worked tirelessly into late hours; at times prioritizing the work over other aspects of the response, and fought to win the necessary federal resources in spite of considerable federal skepticism. DHSS pleaded the case all the way to the White House. DHSS succeeded. Springfield Greene backed out of the request, made public pronouncements to complain about DHSS, and said they would establish the alternate care site on their own using local resources.

To reduce burdens on the hospitals and protect ill people from needing hospitalization, efforts succeeded in establishing an infusion center in the Springfield area so people can receive monoclonal antibodies. Monoclonal antibodies are a very effective treatment if the treatment is started early in COVID illnesses.

Patient transfers have also helped relieve surge pressure in Southwest Missouri. Using Emergency Medical Services (EMS) strike teams from Arkansas, Southwest Missouri has been able to transport more than 60 patients. The strike teams also provide the advantage of freeing up local EMS crews to continue to serve local emergency needs. Without the strike teams, a local EMS crew or crews might be away from their local responsibilities potentially for long periods, unable to answer local emergency calls. The Arkansas strike teams will be replaced by federal teams (August 18, 19th).

Vaccine orders are increasing. The number of people seeking vaccinations is increasing. The number of vaccinations has risen to 12,000 to 13,000 vaccinations per day. Nearly 48% of the population has at least initiated vaccination. 56% of those age 12 and above have initiated vaccination --a reassuring number, especially since the age group has not had as much to time to be vaccinated.

The vaccine incentive program is underway. More than 300,000 people have signed up to win. The vast majority of entries are from people who have already been vaccinated at least once, but there are registrants who are now seeking vaccines while applying to win. As of Friday, CDC approved the long DHSS effort to award $100 gift cards (rather than the $25.00 limitation CDC had insisted upon).

Hot spot alerts continue to be used as a way of persuading local leaders to encourage their neighbors, friends and constituents to be vaccinated. The concept is that trusted local leaders, business leaders and trusted influential people can encourage reluctant people they know to be vaccinated. The hot spot alerts provide up-to-date information, almost like a weather report, describing how the Delta variant is moving from neighboring areas toward the places where they live. The alerts also briefly describe why vaccines are beneficial to the community and businesses as well as for individuals. The Missouri Chamber of Commerce is an important partner in this effort.

The number of tests has tripled over the past month. There are more places where people can find testing. In addition, people can order an at-home test from a kit. The turnaround time for completing the test is 19.4 hours once the kit is received via FedEx. Test participants will receive an email notification with their results. CDC is also going to provide a Testing Coordinator to help with data and guide our response to make sure we are reaching the right places for needed testing. The CDC coordinator will begin work with DHSS on August 16th. It will also be possible to obtain free rapid antigen tests through Ellume. Results are received through a cell-phone ap. All data collected is sent to the state. DHSS is looking at using this opportunity for higher education institutions, especially since students are comfortable with using similar technology.

There are 263 Long-Term Care Facilities (LTCFs) with COVID outbreaks as of Friday, July 30, which was an increase of 16 more facilities in just two days. One of the largest outbreaks was at a facility in Northwest Missouri where 20 residents and 10 staff fell ill. Most cases have not required hospitalization. There are fewer deaths now than during the period before vaccinations. More than 90% of residents have received vaccinations.

Staffing for LTCFs is a major concern just as it is for hospitals. DHSS has shared information with the list of health care contractors to assist homes in finding personnel.

In Missouri’s Veterans Homes all facilities have some cases among staff and residents except for the home in Warrensburg. The vaccination rate among residents is 90% and 60% for staff.

**On The Radar**

Requests, indications of potential problems or solutions ahead

* Resource Request—the hospital in West Plains has requested establishment of an infusion center. The strategy at this time is to refer patients to the operating infusion center in Springfield.
* Health care facilities are competing against each other for staff. Incentives including bonuses are drawing health care professionals away from the places where they are working now. It can help one facility while it hurts another. This can especially be a problematic in areas like Kansas City where staff can be drawn from one state to another.
* Hospitals using off-site infusion clinics may have to withdraw staff back to hospitals or close off-site infusion clinics because of increasing demands from hospital admissions.
* Hospital Emergency Rooms are getting hit with large numbers of people who want COVID tests.
* The federal decision not to request masking for vaccinated individuals and the reversal because of the Delta variant has created problems, confusion and frustration. Masking can still be a local decision. Kansas City has proposed a mask requirement for indoors that may take effect as early as August 2nd. Overall Missouri will stay the course in our messages, if you’re vaccinated you do not need to wear a mask.
* Pediatric cases of Respiratory Syncytial Virus (RSV) are rising and presenting a problem for hospitals.
* The Missouri Pharmacy Association is working to provide information regarding vaccine development to address hesitancy concerns that the vaccine was developed too quickly.