

# COVID-19 ECHO update Dec 9 2020

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Brigg Reilley MPH

Brigg.Reilley@ihs.gov

No disclosures

Opinions expressed only my own

# Agenda

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- CDC summary of recommendations to prevent community transmission
- Vaccine uptake
- IHS data

# CDC summary guidance community transmission

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- Individual level
- Facility/Health system level
- Community level

For full list:

[Summary of Guidance for Public Health Strategies to Address High Levels of Community Transmission of SARS-CoV-2 and Related Deaths, December 2020 | MMWR \(cdc.gov\)](#)

# Individual-Masks

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Face mask use is most important in indoor spaces and outdoors when physical distance of  $\geq 6$  feet cannot be maintained. Within households, face masks should be used when a member of the household is infected or has had recent potential COVID-19 exposure

A community-level plan for distribution of face masks to specific populations, such as those who might experience barriers to access, should be developed

Observation: how to obtain best compliance with mask wearing may vary widely by setting

# Individual-Community

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- Physical Distancing and limiting contacts
- Avoiding nonessential indoor spaces and crowded outdoor settings
- Postpone travel
- Increased room ventilation, enhanced hand hygiene, cleaning and disinfection

Observations:

- 1) Find ways to navigate social versus physical distancing
- 2) ability to comply with the above can be very dependent on housing, socioeconomic status, social determinants of health

# Community

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- Protecting essential workers (HCW, EMS, grocery stores, etc.)
- Safeguarding persons most at risk for severe illness and death
  - No-contact grocery delivery, virtual education, virtual medical visits

# Facility/health system 1 of 3

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## **Increased testing, diagnosis, and isolation**

In addition to testing symptomatic persons and those with known exposure, a strategy of routinely testing certain population groups with high numbers of interactions with other persons, based on their occupational or residential setting

Communities with high or increasing SARS-CoV-2 transmission should increase screening, focusing on persons at increased risk for exposure or persons with potential to transmit infection to large numbers of other persons

Persons who receive positive SARS-COV-2 test results should be encouraged to serve as their own contact tracers by informing close contacts that they have been exposed and encouraging those persons to quarantine, monitor for symptoms, and seek testing

# Facility/health system 2 of 3

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## **-Prompt case investigation and contact tracing to identify, quarantine, and test close contacts.**

Contact tracing is most feasible when the incidence of COVID-19 in the community or workplace is low or declining, when testing and reporting of results can occur quickly, and when most contacts can be reached and quarantined

When one or more of these conditions is not met or when local capacity is overwhelmed, health departments should narrow the scope of contact tracing activities and emphasize community mitigation measures.



# Facility/health

system 3 of 3

Widespread  
availability and use of  
effective vaccines!



1000 x 666

 AP News

UK starts virus campaign with a shot watched round the world

# Vaccine uptake

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-RUSSIA

-BEHAVIORAL SCIENCE

# Example: Russia

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## *The Kremlin Is Offering Russians Free Vaccines, but Will They Take Them?*

Distrust of the government is so widespread that 59 percent of Russians say they have no intention of getting a shot.

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-Vaccine not tested in large scale trial

-Only 24% of doctors would recommend to patient

-59% of population do **not** intend to get vaccine

-'Let others go first'

# Behavioral science

(the Economist, Dr Milkman, November 30 2020),

[Responding to covid-19 - Katy Milkman on how to nudge people to accept a covid-19 vaccine | By Invitation | The Economist](#)

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## Context

- In US from May to Sept, % of persons responding they'd definitely get a vaccine dropped from 42% to 21%
- 78% worried approval would go too quickly, only 20% worried about unnecessary delays
- Concern about side effects, want to know more about how it works

(Pew research, Sept 17 2020)

# Behavioral science, 2 of 4

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- Persuade those who are not ideologically opposed to vaccines to get one
- Ensure those willing to get vaccine follow through
- Persons who are opposed to the vaccine, estimated at about 15%, need not be a focus

# Behavioral science, 3 of 4

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- Need unified message on vaccines from figures of authority
- Address concerns of side effects and safety (including HCWs)
- Reducing 'hassle factor' for patients
  
- Mandates and rewards possible, but may not perform as intended, needs small tests first
- Later in campaign, persuade those who self-assess as low risk for infection or poor outcome
- Text messaging for second dose such as "reserved and waiting for you"
- Headwinds from misinformation and rumors on social media will remain

# Behavioral Science, 4 of 4

Peers, social proof

- Data supports this approach in many fields
- Emphasize wide support rather than concentrate on naysayers
- The more visible each person's vaccination can be, the better





# IHS Dashboard Data update

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TRENDS LAST 2 WEEKS



# Testing positivity rate (7 day average as of Dec 5)

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Nationally 12.1%, range 18% (PHX), to 2.9% (AK)

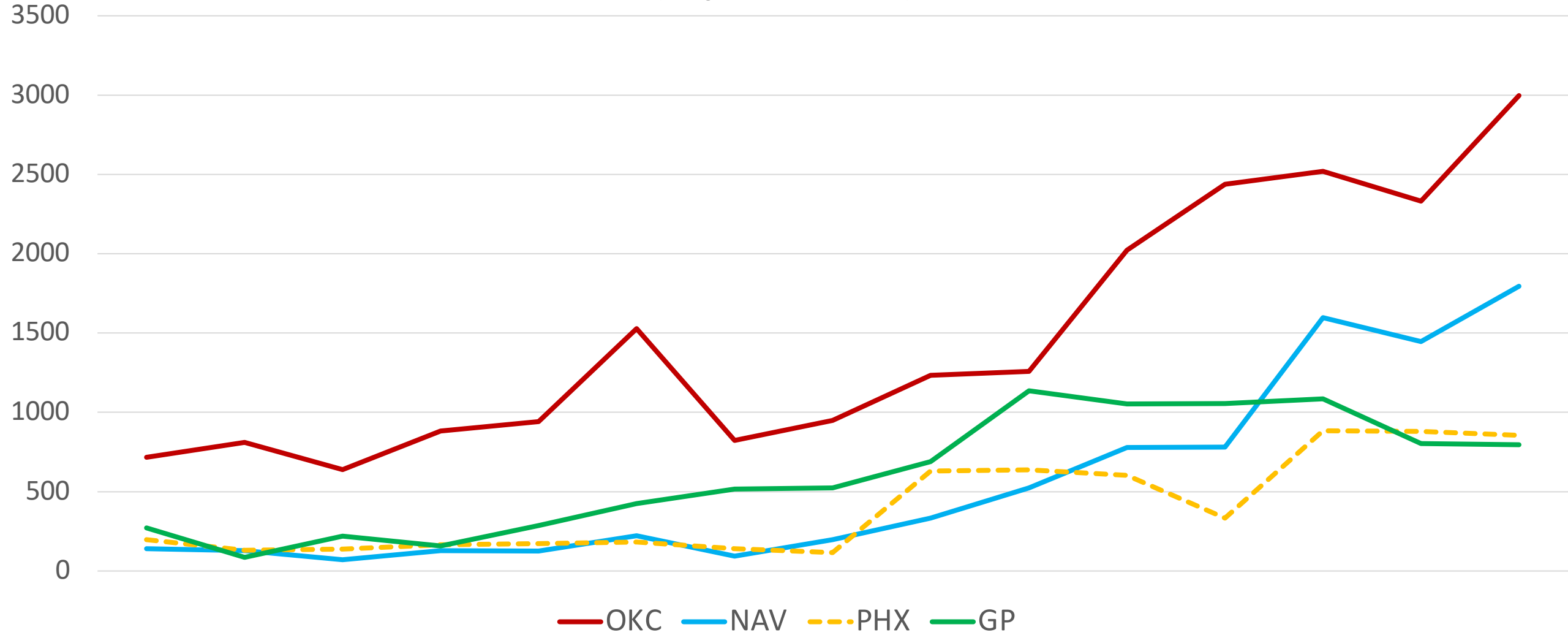
>15%: ABQ, BIL, GP, NAV, OKC, PHX

≥10% BEM, POR, TUC

<10% AK, CA, NAS

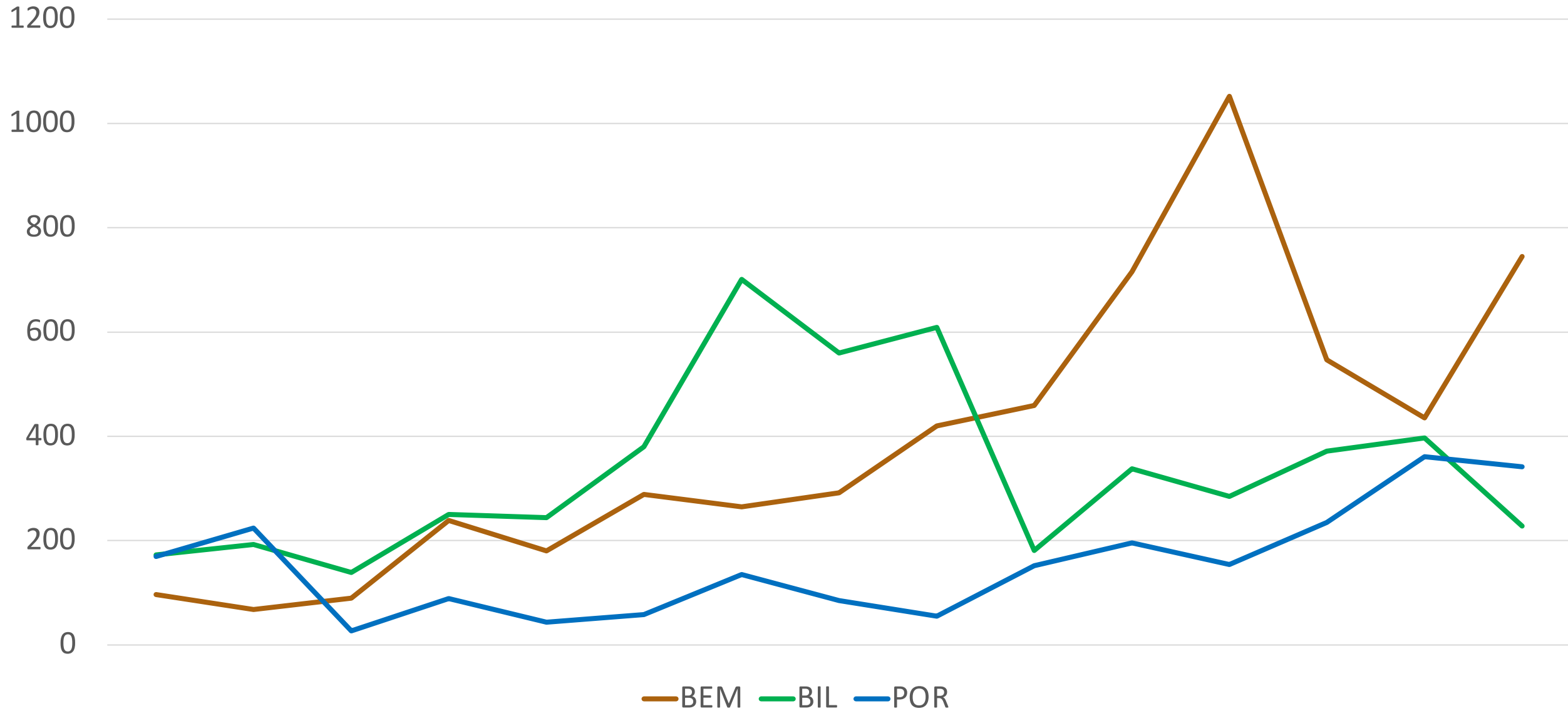
# Positive SARS-CoV-2 tests, by week, Aug 21-Dec 5

(among Areas with >10,000+ tests)



NAV Area from 93 to 1795 + tests in 8 weeks

# +SARS-CoV-2 tests, weekly Aug 21-Dec 5



# Almost there

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Denise Begaye, an X-ray technician with the Monument Valley Health Center, takes a break from COVID-19 testing outside the center in Oljato-

MONUMENT VALLEY HEALTH CENTER, OLJATO, N.M., APRIL 20, 2020. (AP Photo/Mark J. Terrill)