HHS COVID-19 Update – May 14, 2020

Ensuring a Strong National Stockpile: The Administration is releasing a plan to restructure the Strategic National Stockpile (SNS), implementing lessons learned from recent pandemics. Our next generation SNS will be improved by increasing supplies of critically-needed items, integrating predictive analytics to determine needs, leveraging technology to provide real-time visibility of supply chains, and reducing dependency on foreign supplies.

Testing

Guidance on Contact Tracing: CDC released new information for Health Departments on Developing a COVID-19 Case Investigation and Contact Tracing Plan. This interim guidance document is intended to assist state, local, territorial and tribal health departments develop jurisdictional plans for the implementation and enhancement of COVID-19 case investigation and contact tracing efforts.

Updated Information for Laboratory Testing: CDC updated their FAQs on COVID-19 Testing at Laboratories. The FAQs provide answers to FAQ about COVID-19 testing at public health, including information about testing kits and where public health labs can get access to testing kits.

Thermal Imaging Systems: The FDA posted a new webpage with information on use of thermal imaging systems. Thermal imaging systems and non-contact infrared thermometers use different forms of infrared technology to measure temperature. When used correctly, thermal imaging systems generally have been shown to accurately measure someone's surface skin temperature without being physically close to the person being evaluated. The webpage includes the benefits, limitations, Preparing the Area where You will Use a Thermal Imaging System, Preparing the Thermal Imaging System, Preparing the Person Being Evaluated, and Questions about Using Thermal Imaging Systems during COVID-19.

Information on Ordering Diagnostic Testing and Tools: CDC updated their information on How to Get COVID-19 Diagnostic Test and Tools. The International Reagent Resource (IRR) is distributing the diagnostic panel and diagnostic supplies to registered state and local public health laboratories so they can perform SARS-CoV-2 testing. These laboratories must be certified under the Clinical Laboratory Improvement Amendment (CLIA) to perform high complexity tests. The webpage includes information for public health labs on how to order a CDC reagent diagnostic panel, the materials included in the panel, and other materials labs will need to perform tests using the diagnostic panel.

3-D printing of Swabs: The FDA announced that the agency will host a virtual Town Hall on May 15, 2020, for researchers, clinical laboratories, and commercial manufacturers to discuss the

production and use of 3D printed swabs during the COVID-19 public health emergency. This is a collaboration between the FDA, the Department of Veterans Affairs' Innovation Ecosystem, and the National Institutes of Health's 3D Print Exchange.

Testing updates: During the COVID-19 pandemic, the FDA has worked with more than 390 test developers who have already submitted or said they will be submitting EUA requests to the FDA for tests that detect the virus or antibodies to the virus. To date, the FDA has authorized 95 tests under EUAs, which include 82 molecular tests, 12 antibody tests, and 1 antigen test. Additionally, ASPR's Biomedical Advanced Research and Development Authority has received 2,813 market research submissions for COVID-19-related medical countermeasures and has conducted 273 CoronaWatch meetings with private sector partners interested in working with BARDA on a COVID-19 vaccine, diagnostic or therapeutic product or service.

Treatment
Clinical Trial to Evaluate Treatment Options for Mild COVID-19 Patients: NIH begins clinical trial of hydroxychloroquine and azithromycin to treat COVID-19. Study enrolling adults with mild to moderate COVID-19 in the United States. A clinical trial has begun to evaluate whether the malaria drug hydroxychloroquine, given together with the antibiotic azithromycin, can prevent hospitalization and death from coronavirus disease 2019 (COVID-19). The National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, is sponsoring the trial, which is being conducted by the NIAID-funded AIDS Clinical Trials Group (ACTG). Teva Pharmaceuticals is donating medications for the study. The Phase 2b trial will enroll approximately 2,000 adults at participating ACTG sites across the United States.

Information on Alternate Care Sites: FEMA released a fact sheet on Coronavirus (COVID-19) Pandemic: Alternate Care Site (ACS) "Warm Sites." To address immediate and projected needs from the coronavirus (COVID-19) pandemic, state, local, tribal, and territorial (SLTT) governments may, under certain conditions, be reimbursed through FEMA's Public Assistance (PA) Program for costs associated with keeping Alternate Care Sites (ACS), including temporary and expanded medical facilities, minimally operational when COVID- 19 cases diminish and the facilities are no longer in use.

Reopening America
Decision Trees for Reopening: CDC released guidance and new decision trees for reopening camps, schools, childcare facilities, restaurants/bars, mass transit, and workplaces with employees at higher risk for severe COVID-19 illness. The purpose of these tools is to assist leaders of these entities in thinking through health considerations and making operational decisions during the COVID-19 pandemic. The specific information and decision trees can be found below for: Schools, Camps, and Childcare programs ; Restaurants, Bars and Workplaces and Mass Transit.

Guidance for Institutes of Higher Education: President Trump and the CDC released guidance for colleges and universities on how to develop, implement and maintain a plan to ensure the health and safety of students, faculty and staff. Institutes of higher education, working together with local health departments, have an important role in slowing the spread of diseases and

protecting vulnerable students, staff and faculty to help ensure a safe and healthy learning environment. Guidance for IHE is organized into three categories based on the level of community transmission: 1) when there is no community transmission (preparedness phase), 2) when there is minimal to moderate community transmission, and 3) when there is substantial community transmission. Consult with your local health department to determine what level of transmission is currently occurring in your community.

Information for Specific Populations

Information for High Risk Individuals: CDC updated their information for Groups at Higher Risk for Severe Illness. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19. The webpage includes tips to reduce your risk of getting sick with COVID-19 and specific actions you can take based on your conditions and other risk factors. CDC also updated their information for People Who Need to Take Extra Precautions, which includes populations of people with disabilities, pregnancy and breastfeeding individuals, racial and ethnic minority groups and people experiencing homelessness.

Toolkit for Emergency Operation Centers: ASPR released a Medical Operations Coordination Cells Toolkit. This toolkit offers flexible and modifiable guidance, developed by the United States (U.S.) government, aimed to assist regional, state, local, tribal and territorial (SLTT) governments to ensure load-balancing across healthcare facilities and systems so that the highest possible level of care can be provided to each patient during the COVID-19 pandemic. MOCCs are cells within emergency operations centers (EOCs) at the sub-state regional, state-wide, and federal regional levels (Federal Emergency Management Agency (FEMA)/U.S. Department of Health and Human Services (HHS) regions) that facilitate patient movement, healthcare staffing, and life-saving resource allocation. This toolkit provides sample SOPs for MOCCs at three levels – sub-state, state, and federal. Sample supporting documents, including forms and checklists, are included in the Appendix.

Advice for Organizational Wellness during an Emergency: ASPR released Mini Modules to Relieve Stress For Healthcare Workers Responding to COVID-19: Leading Towards Organizational Wellness in an Emergency. The slides and linked webinar provide information on how to relieve stress among healthcare workers and improve overall wellness.

Tips for Nursing Home and Long-Term Care Facility Personnel: OSHA released COVID-19 Guidance for Nursing Home and Long-Term Care Facility Workers. The fact sheet includes tips that can help reduce the risk of exposure in these facilities to COVID-19.

Tips for Retail Pharmacies: OSHA released Safety Measures for Retail Pharmacies. The fact sheet includes safety tips that employers can follow to help protect retail pharmacy workers from exposure to the coronavirus.

Information for Maritime Pilots: CDC has published What Maritime Pilots Need to Know about COVID-19 to help pilots protect themselves from COVID-19. This resource also provides steps that pilots' associations can take. For maritime pilots, potential sources of exposures

include close contact with a vessel crewmember with COVID-19; touching your nose, mouth, or eyes after contact with a surface that has the virus that causes COVID-19 on it; or handling items that a person with COVID-19 has touched. To prevent infections, pilots should limit close contact (within 6 feet) with others when possible and work with the vessel's master and crew to take steps to avoid exposure.

Information for Youth Experiencing Homelessness: CDC has posted information for Youth Experiencing Homelessness to help them protect themselves and others from COVID-19. This resource provides information about what to do if they get sick.

CMS Updates
Options for Medicaid Managed Care Contracts and Payments: CMS released a new CMCS Informational Bulletin (CIB) to provide states guidance on how to temporarily modify provider payment methodologies and capitation rates under their Medicaid managed care contracts to address the impacts of the public health emergency while preserving systems of care and access to services for Medicaid beneficiaries. The COVID-19 public health emergency is causing dramatic shifts in utilization across the healthcare industry, causing financial uncertainty for both healthcare providers and managed care plans. While some providers are experiencing surges in COVID-19 related utilization, other providers are experiencing dramatic declines in utilization and revenue. The Centers for Medicare & Medicaid Services (CMS) understands that many states are now seeking ways to temporarily modify provider payment methodologies and capitation rates under their Medicaid managed care contracts to address the impacts of the public health emergency while preserving systems of care and access to services for Medicaid beneficiaries. This guidance provides several options that states can consider under their Medicaid managed care contracts.

Funding
$5 Million Funding Opportunity for Research on COVID-19: AHRQ announced a new funding opportunity announcement (FOA) that will award $5 million in fiscal year 2020 to support novel, high-impact studies that evaluate the responsiveness of health care delivery systems, health care professionals, and the overall U.S. health care system to the COVID-19 pandemic. AHRQ expects to invest the $5 million for new multi-method, rapid-cycle research with the ability to produce and disseminate initial observations within 6 months after award and then regularly throughout the remainder of the award period. AHRQ expects to fund critical research focused on topics such as the effects on quality, safety, and value of the health system response to COVID-19; the role of primary care practices and professionals during the COVID-19 epidemic; understanding how the response to COVID-19 affected socially vulnerable populations and people with multiple chronic conditions; and the integration of digital health in the response to COVID-19, including innovations and challenges encountered in the expansion of telehealth. The deadline for applications is June 15, 2020.