

## COVID-19 Report to Members ~ June 25, 2020

Reports will now be sent on Mondays and Thursdays, unless there's breaking news.



### Governor: "We're tapping on the brakes"

With both the percent positivity and daily case average rising as well as an increasing number of healthcare workers diagnosed, Governor Little announced that Idaho would not move out of Stage Four for the next two-week period. "We're tapping on the brakes," he said in today's announcement.

He also encouraged Idahoans to "not lay your guard down," and to be safe when seeking necessary medical care and engaging with their community and local businesses. While most of Idaho will remain in Stage Four, earlier this week Central District Health [moved Ada County back to Stage Three following significant increases in cases](#).

Moving forward, Idaho's continued reopening efforts will move to a regional approach, as implemented this week by Central District Health. This will allow for the state's seven health districts and local governments to make the right decisions for the health of their communities. The move to a regional approach was part of the Department of Health and Welfare and Governor's plan from the outset; although, both entities will continue to be involved with the discussions happening at regional and local levels and provide support as needed.

On Wednesday, the Governor also announced the first case of an inmate at the Idaho State Correctional Center.

### Resources & Equipment

#### Measuring COVID-19 in Idaho: the importance of R and percent molecular testing positivity

There are many metrics that public health practitioners and policy makers use to predict the course of an epidemic and gauge the public health and clinical response. Two of these metrics –  $R_0$  or "R naught" and percent testing positivity – have been in the news in the past weeks related to Idaho's recent increase in cases. This article attempts to explain what these metrics represent and why they are important for COVID-19 in Idaho.

The **reproduction number for an infectious agent, or R (also termed  $R_0$  or  $R_t$ )**, is the number of new infections estimated to stem from a single infectious person. In other words, if R is 2.5, then one person with the disease is expected to infect, on average, 2.5 others. The basic reproduction number, most commonly termed  $R_0$ , is calculated assuming a fully susceptible population. The effective reproduction number, commonly termed R or  $R_t$ , where "t" refers to a point in time in the epidemic, considers population immunity and ongoing interventions, such as physical distancing, and wearing masks. Both types of R are affected by biological, behavioral and environmental factors, and are not constant over time or across populations. An R above 1 indicates that transmission is increasing and an R below 1 suggests that transmission is slowing.

On June 22, The Idaho Statesman [featured an article/video](#) where Dr. Ted Epperly explained that a high R value in Ada County has been driving the recent increase in cases and focused in the age group of 18-29-year-olds. While an estimated 25-33% of this demographic won't get symptoms, these asymptomatic cases could spread it to family members who are at higher risk of severe outcomes.

Idahoans are trying to interpret the recent increase in cases – and what this means for disease transmission in the state – against a backdrop of increased testing. One way to measure if transmission is increasing or decreasing is the percent of tests that are positive – or percent testing positivity – specifically for molecular tests.

WHO, CDC and Governor Little have emphasized the importance of percent testing positivity in helping interpret transmission and response to the epidemic. If transmission is decreasing, and a representative portion of the population is being tested, then we would see the percent of testing positivity decrease. Conversely, if transmission is increasing and/or an insufficient proportion of the population is being tested, the percent of testing positivity will increase. A downward trend in the percent of positive SARS-CoV-2 PCR tests or less than 5% PCR positive within a 14-day period is one of Governor Little's epidemiologic metrics for re-opening Idaho's economy. Like other metrics, percent testing positivity is difficult to interpret when data from time periods with different testing practices are being compared. However, if testing is more consistently available, it is a useful way to interpret changes in caseload.

During the period from April 5th through June 13th, the Idaho Department of Health and Welfare [reported an average testing positivity rate less than 5%](#). However, during today's press conference, Governor Little noted a sharp increase in the average percent positive for the prior 14-day period. Data on the state's site for June 14-20 show 6.7% positivity, greater than the 5% positivity metric required to move beyond Stage 4. Given consistency in testing during the month of June, these recent increases are potentially indicative of increases in transmission, as opposed to a byproduct of increased testing.

#### Counseling assistance for frontline workers

Recognizing the stress the pandemic is putting on healthcare workers and others, the Department of Health and Welfare has opened the [Coronavirus Counseling Assistance for Frontline Workers program](#). Through this hotline, experts can help medical professionals, first responders and other frontline professionals, who are at an increased risk for experiencing secondary traumatic stress, access behavioral health benefits, obtain referrals, or utilize up to five sessions of counseling. Counseling sessions can be for individuals, couples or families and are offered via telehealth or, if appropriate, face-to-face.

**Coronavirus Counseling Assistance for Frontline Workers ~ 866-536-0239**

### Reimbursement & Policy

#### Broadband grants now have dedicated telehealth funding

After an initial round of public comment on the Idaho Department of Commerce's [Broadband Grant program](#), several adjustments and clarifications were made to the on-line application. The latest version is open for public comment through 5pm Friday, June 26 with the Department anticipating opening the portal to accept applications beginning at 5pm on Monday, June 29.

Up to \$5 million has been [dedicated to telehealth-related broadband funding](#) with any individual award capped at \$1 million. The funding can be used for:

- Infrastructure investment, associated equipment, and accessories related to broadband and related to a healthcare clinic or hospital facility that do not have a minimum of 100 Mbps download and 100 Mbps upload speeds symmetrical.
- Projects that meet the CARES Act criteria, which is designed to address key areas of public health and safety by improving opportunities to telework, facilitate distance learning, and improve public safety (additional guidance can be found [here](#) and [here](#)).
- Owning and maintaining infrastructure, but such infrastructure must be open and available for service from only for-profit companies, or membership owned cooperative corporations as defined in Idaho Code section § 30-30-103 that provide broadband services to the public.
- Projects that can be completed, operable, paid for, and submitted to Idaho Department of Commerce for payment no later than December 15, 2020.

Hospitals and healthcare clinics that do not have access to 100 Mbps upload and download speeds are required to work with local governments to submit an application for this telehealth-related infrastructure funding.

### Virtual Meetings, Education & Updates

#### Webinar ~ Using thermal detection cameras

Hospital and health system leaders will discuss how to screen patients for fevers from a safe distance using thermal detection cameras and overcome related challenges.

##### COVID-19 and the Use of Thermal Detection Cameras in the Healthcare Environment

Friday, June 26 ~ 11a MT / 10a PAC

[Register](#)

#### Podcast ~ Impact of space design in healthcare

This AHA [podcast](#) discusses re-organizing hospital spaces to optimize patient care while balancing the changes demanded by the pandemic. AHA senior editor Tom Haederle speaks with two health care architects who discuss new options and ideas hospitals might consider.

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