

Governor talks flu and progress

Governor Little announced that Idaho will remain in Stage 4 for the next two weeks.

While Idaho is seeing an overall decline in the positivity rate, which stands at just over 8%, hospitalizations remain a significant area of concern. The Governor noted that we are on the leading edge of flu season which will also put strain on the healthcare system. He encouraged Idahoans to get their annual flu shots and stay vigilant with protective measures.

"Statewide, our numbers and metrics are looking pretty good. In fact, even in many of the 'hot spots' we are seeing encouraging trends. But that is not a reason to let our guard down. As we approach fall, the opportunity for community spread will increase and we need to ramp up our personal actions," Governor Little said.

Reimbursement & Policy

Guidance for cost report recording of relief funds

CMS issued [new guidance](#), summarized [here](#), last week clarifying how hospitals should document Provider Relief Fund payments and PPP loans on their Medicare cost reports. The information from CMS is a benefit to hospitals that receive cost-based reimbursements as the funds will not be reported as an offset to expenses.

Regarding Provider Relief Fund payments, the CMS COVID-19 FAQs state:

"providers should not adjust the expenses on the Medicare cost report based on PRF payments received. Providers must continue to adhere to the Health Resources and Services Administration's (HRSA's) guidance regarding appropriate uses of PRF payments, in order to ensure that the money is used for permissible purposes (namely, to prevent, prepare for, or respond to coronavirus, and for health care related expenses or lost revenues that are attributable to coronavirus) and that the uses of the PRF payments do not violate the prohibition on using PRF money to reimburse expenses or losses that have been reimbursed from other sources or that other sources are obligated to reimburse."

For SBA Loan Forgiveness, CMS is directing hospitals to:

"not offset SBA Loan Forgiveness amounts against expenses unless those amounts are attributable to specific claims such as payments for the uninsured. The Paycheck Protection Program loan administered by the SBA is a loan designed to provide a direct incentive for small businesses to keep their workers on the payroll. The terms and conditions of the SBA loan forgiveness, overseen by the SBA, include employee retention criteria, and the funds must be used for eligible expenses."

The guidance provides further instruction on how to report the funds on specific worksheets. If you have additional questions, please contact [Larry Tisdale](#), IHA's Vice President of Finance.

Pooled testing not yet recommended for Idaho

On Monday, the Testing Task Force, a sub-group of the Governor's Coronavirus Working Group, published [guidance regarding the use of pooled testing](#) in Idaho.

The guidance comes on the heels of the FDA [issuing EUAs](#) for Quest Diagnostics, LabCorp, and Poplar Healthcare to allow for pooled testing. The EUAs are limited to those specific platforms and labs referenced in the EUA and do not apply to other common testing platforms used in Idaho.

The Testing Task Force is recommending "that pooling should not be used for diagnostic purposes, especially in sick individuals or exposed patients with high clinical suspicion of COVID19." Further, they are not in support of early adoption of pooling through individual EUAs due to the substantial time and effort needed.

While not in support of pooled testing in Idaho at this time, the guidance did include three potential areas to pilot pooled testing:

- Hospitals that can partner with the authorized labs to test certain low-risk groups including those preparing for elective procedures.
- High-throughput labs, including those coming online in Moscow, Pocatello and in the Treasure Valley, could conduct pilots focused on screening or surveillance of essential and/or frontline workers when there isn't community spread or any reported outbreaks or exposure.
- Universities and the Department of Veterans Affairs could pilot pooled testing of those in congregate settings when there are not reported outbreaks, exposures or community spread.

This guidance as well as other recommendations from the task force are now included on [Idaho's Coronavirus](#) website.

Resources & Equipment

FDA warning issued for medical and surgical gowns

The FDA, last week, issued an [alert](#) on medical and surgical gowns sold by Laws of Motion PPE. The gowns "have potential quality issues that affect the level of fluid barrier protection." The FDA recommends reviewing current inventory and supply to identify any gowns from Laws of Motion PPE and that the gowns not be used until further notice.

Using antibody vs t cell response in assessing immunity

Initial assessments of population-level immunity and prior infection with SARS-CoV-2, the virus causing COVID-19, have focused on prevalence of antibodies to SARS-CoV-2. Antibodies are blood proteins produced in response to and counteracting a specific antigen. As we have progressed in the pandemic, research has shown that antibody persistence is much shorter than initially hoped, raising fears over our ability to produce an effective SARS-CoV-2 vaccine. At the same time, however, additional research indicates that a high-quality immune response to SARS-CoV-2 can be found in virus-reactive T cells, meaning our primary tool against SARS-CoV-2 may be in vaccines that generate a T cell response. (T cells, a main component of adaptive immunity, recognize and respond to antigens such as viral particles to produce an immune response.)

Although the first SARS-CoV-2 vaccines will be licensed based on antibody response, the reliance on antibody response as a marker of immunity might have suboptimal clinical and public health outcomes. In addition to waning or undetectable antibody concentrations being potentially misrepresentative of actual host immunity, a strong antibody response in COVID-19 has actually been associated with more severe disease and a potential pathologic response to the virus; conversely, T cell response – which also may be more durable – is correlated with milder responses to SARS-CoV-2 infection and a better clinical course of disease.

The importance of appropriate and durable vaccination, achieved through a thorough understanding of the relationship between SARS-CoV-2 and associated antibody and T cell responses, is of paramount importance. A vaccine that does not induce durable immunity, or worse, induces unanticipated clinical responses in recipients, would contribute to significant mistrust in the public. These themes are discussed in a recent article in [Vaccine: X by Dr. Marc Hellerstein](#).

Additional discussion on antibody versus T cell response in SARS-CoV-2 can be found in a [blog post](#) from the editors of Science Translational Medicine.

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