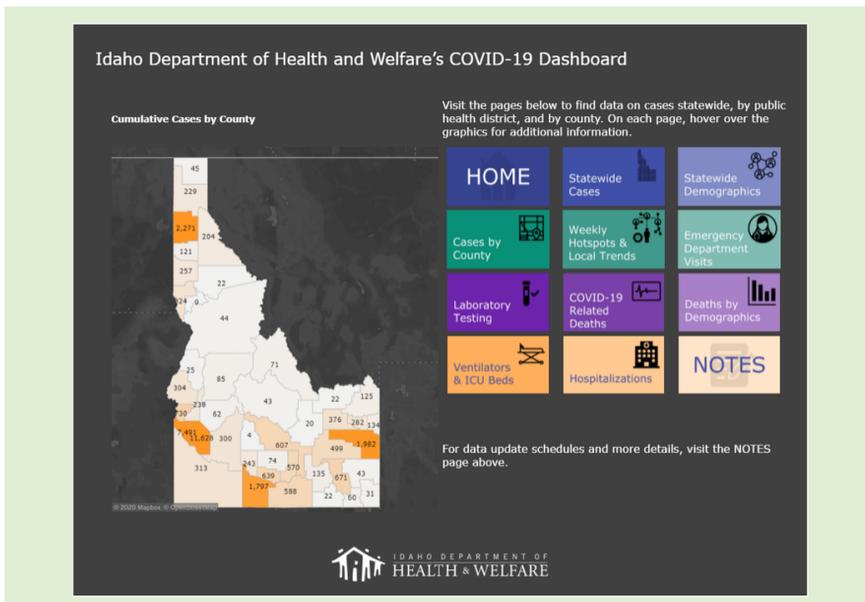


COVID-19 Report to Members ~ September 9, 2020

Our report is slightly delayed due to the holiday and some technical difficulties.



The Department of Health & Welfare has added new data elements and updated reporting and trending visualizations on Idaho's [Coronavirus resource site](#).

Reimbursement & Policy

Crisis Standards of Care

The State of Idaho has updated its [Patient Care, Strategies for Scarce Resource Situations](#) – clinical guidance for hospital and healthcare system operations should Crisis Standards of Care need to be implemented during the COVID-19 pandemic or other emergency.

The guidance was developed by the State of Idaho Disaster Medical Advisory Committee (SIDMAC) which is comprised of physicians from around the state, as well as representatives from the Idaho Department of Health and Welfare, State Board of Medicine, and the State Independent Living Council.

Planning for a vaccine

With many companies working toward a vaccine for COVID-19, the process for approval and how the allocation process will work have been key topics.

On Friday, the AHA [urged](#) the National Academies of Sciences, Engineering and Medicine to adopt a unified set of guidelines designed to foster an equitable process for distributing the vaccine when it becomes available. While the allocation process will be driven by federal policy, states will also have to develop a framework for vaccine distribution. IHA is working with the state on its vaccine policy.

While the hope is for a vaccine in the very near future, safety is a key priority for vaccine developers. Nine pharmaceutical and biotechnology companies sent out a joint [statement](#) asserting they would not ask for expedited approvals but rather only apply after "demonstrating safety and efficacy through a Phase 3 clinical study."

Is more relief on the horizon?

Yesterday, Senate Republican leadership released a new \$500 billion relief proposal that is significantly less than the \$3 trillion package bill passed by the House in May. The legislation includes funding for testing, a continuation of the \$300 per week unemployment insurance through December, and additional support for small businesses. Senate Majority Leader Mitch McConnell has indicated a procedural vote could happen as early as this week to gauge support for the bill. Sixty votes would be needed to proceed.

Resources & Equipment

How many people has the coronavirus killed?

A [news article in Nature](#) explores this question with demographers and epidemiologists and finds the pandemic is killing more people than the COVID-19 mortality statistics suggest. Public health researchers are using a metric called *excess mortality* to gauge the impact of the pandemic. Excess mortality is a comparison of the number of actual deaths to the number expected based on multi-year trends. According to data from more than 30 countries for which estimates of excess deaths are available, there were nearly 600,000 more deaths than would normally be predicted for the period between the onset of the pandemic and the end of July. During the same period, 413,041 deaths were officially attributed to COVID-19, meaning some COVID-19 deaths were misclassified and/or other causes of death have also risen.

Excess mortality does not distinguish between those who are dying of the disease and those who succumb to other factors related to the pandemic, such as disruptions to regular health care, which can delay medical care. For example, visits to emergency departments in the United States declined by more than 40% in the early days of the pandemic, according to a report from the Centers for Disease Control and Prevention (CDC), suggesting that many people were reluctant to present at emergency departments to seek care (K. P. Hartnett et al. *Morb. Mortal. Wkly Rep.* 69, 699–704; 2020).

Eventually, public-health researchers will have enough granular information from death certificates to parse the deaths into three categories: direct deaths, for which COVID-19 is recorded as the cause; direct-but-uncounted deaths, in which the virus was responsible but wasn't officially noted; and indirect deaths, which occur because of other changes wrought by the pandemic. For now, statistics on excess deaths are helping to chart the path of the outbreak in different places. The *Nature* analysis shows that there are huge variations in excess deaths between countries. "In the United States and Spain — two of the hardest-hit countries so far — about 25% and 35%, respectively, of the excess death toll is not reflected in official COVID-19 death statistics."

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