

## What We Know Now

September 29, 2022

*A weekly compilation of the latest news surrounding the COVID-19 pandemic from the Community Care Network of Kansas. If developments happen that require immediate attention, Community Care will provide special updates as needed. We will also continue to monitor monkeypox, influenza, and others to include information about them in What We Know Now, as conditions warrant. We remain committed to keeping you informed with the latest information to help you respond to current and changing conditions.*

*\*Due to our 2022 annual conference next week, What We Know Now will not go out on October 6, 2022.*

### Community Care Spotlight

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**Mercy & Truth Medical Missions September to Remember Event** was a success with the support of staff, over 50 volunteers, and partners. The event on 9/24/2022 featured FREE COVID and Shingles vaccines along with goodie bags filled with free shoes, Bombas socks, protein shakes, and snacks. According to the [CDC](https://www.cdc.gov), one in every three people will experience shingles in their lifetime. People over fifty years old are encouraged to get the shingles vaccine.



Brenda Kolbaba, Immunization Specialist, at Community Care volunteered at the event and was delighted to witness the number of people who got vaccinated and the power of community engagement.

UG Mayor Garner and UG Education Liaison J.D. Rios of Wyandotte County received their shingles vaccines at a special screening of the event.



### [KDHE/Governor's Office/Statehouse](#)

As of 9/28/22:

[Latest statistics](#): 878,499 positive cases, 9,555 deaths, and 49 MIS-C cases (Multi-system Inflammatory Syndrome in Children associated with COVID-19). There were 2,645 new cases and 476 new deaths reported since 9/28/22. (NOTE: The significant increase in the number of COVID-19 deaths is attributed to the OVS death reconciliation process. For recent COVID-19 death trends, including rolling 7-day average, refer to the Death Summary tab.)

According to the [Kansas WebIZ vaccination tracker](#), 4,725,597 doses have been administered in Kansas. 2,026,411 people have had their first dose; 1,658,885 have had their second doses; and 1,040,302 have had their third dose of the vaccine series.

For the week of 9/17/22 - 9/23/22, high areas of transmission have decreased for the fourth week in a row. 37 (22 less than the week before) of the 105 Kansas counties were considered to be [areas of high transmission](#), with at least 100 cases per 100,000 residents. 45 have substantial rates of transmission (50-99 cases per 100,000), while 14 had moderate transmission rates (10-49 cases per 100,000). 9 counties had low transmission rates, with fewer than 10 cases per 100,000.

**Free COVID-19 Tests Now Available for All Kansas Communities.** Press release can be found [here](#). The Kansas Department of Health and Environment (KDHE), in partnership with The Rockefeller Foundation's public charity, RF Catalytic Capital, and Project Access to Covid Tests (Project ACT), is now offering free at-home COVID-19 tests to households in all Kansas communities. All Kansas households can now visit [AccessCovidTests.org](https://www.accesscovidtests.org) and enter their zip code to place an order for five at-home COVID-19 test kits. Amazon will deliver the test kits directly to your house.

## Centers for Disease Control and Prevention

On September 27, 2022, the CDC warned US health care organizations and workers about a trend in increasing [Enterovirus, EV-D68, infections](#) that is causing polio-like symptoms in children. Surveillance data showed an increase in infections in August and September. The CDC report states, "Previous increases in EV-D68 respiratory illness have led to substantial resource demands and have also coincided with increases in cases of AFM, a rare but serious neurologic disease affecting the spinal cord. Therefore, clinicians should consider AFM in patients with acute flaccid limb weakness, especially after respiratory illness or fever, and ensure prompt hospitalization and referral to specialty care for such cases. Clinicians should also test for poliovirus infection in patients suspected of having AFM because of the clinical similarity to acute flaccid paralysis caused by poliovirus. Ongoing surveillance for EV-D68 is critical to ensuring preparedness for possible future increases in ARI and AFM."

"ARI caused by EV-D68 primarily affects young children with varying severity. Typical signs and symptoms include cough, nasal congestion, wheezing, and dyspnea; infection can exacerbate asthma or RAD. Children with a history of asthma/RAD might be more likely to require medical care, although any child with ARI caused by EV-D68 can have severe illness. Importantly, EV-D68 is associated with AFM, a severe condition that can lead to muscle weakness and paralysis. Standard multiplex respiratory panels cannot distinguish between RVs and EVs or identify specific virus types. Thus, EV-D68 cases are undercounted because type identification is not routinely performed, and reporting is not mandatory."

### **Additional COVID updates included:**

- [Cases in the US](#)
- [COVID-19 Forecasts: Deaths](#)
- [Reporting COVID-19 Vaccinations in the United States](#)

## National Institutes of Health

The National Institutes of Health funded a [new study](#) that examined the link between COVID-19 vaccination and temporary increase in menstrual cycle length. The study confirmed the findings of a [previous U.S. study](#) that linked COVID-19 vaccination with an average increase in menstrual cycle length of less than one day. "These findings provide additional information for counseling women on what to expect after vaccination," said Diana Bianchi, M.D., director of NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD). "Changes following vaccination appear to be small, within the normal range of variation, and temporary."

A change in cycle length of less than eight days is considered within the normal range of variation. Although small menstrual changes may not be meaningful to health care professionals and researchers, the study authors wrote, “perceived changes in a bodily function linked to fertility may be alarming to those experiencing it and could contribute to vaccine hesitancy.”

The Washington Post reported on this study and included some personal stories of patients who received the vaccine with altered menstrual cycles. The link can be found [here](#).

## **HRSA**

HRSA is streamlining the biweekly Health Center COVID-19 Survey by eliminating several questions. These changes will take place in the survey that will be sent out on Friday, October 7. An update to the [COVID-19 Data Collection Survey Tool User Guide](#) will also go out by noon that same day.

The charts below list the questions being removed. In one case (question 14a), the question will be simplified, not removed. In addition, there will now be only one question that requests a free text response, in which you can convey any comments, challenges, or information related to COVID-19.

The question numbers provided below are based on the current survey. (The October 7 revision will result in renumbering.) A brief summary will be provided of the question topic for each. Look at the [COVID-19 Data Collection Survey Tool User Guide](#) for the exact question language.

<b>QUESTION#</b>	<b>TOPIC</b>
7b	How you distributed test kits received through the HRSA COVID-19 Testing Supply Program
8b	How you distributed masks received through the HRSA Health Center COVID-19 N95 Mask Program
9	Percentage of visits that are virtual
14a	<b>CHANGE:</b> Now asking for a <i>single</i> total of how many mobile van, pop-up, school-based, and/or family vaccination clinics hosted
15	Vaccination challenges
16, 16a, and 16c	If you provide access to monoclonal antibody therapies; if yes, how; top barriers or challenges related to providing monoclonal antibody therapies  NOTE: We will keep 16b (how many doses of monoclonal antibody therapy you provided)

### **Addendum for Participants in the Health Center COVID-19 Vaccine Program**

<b>QUESTION#</b>	<b>TOPIC</b>
19, 20, and 21	Staff member vaccination

### **TA Training for Progress Reporting on Coronavirus-Related Funding**

The progress reporting module for 2022 Quarter 3 for H8C, H8D, H8E, L1C, H8F, and L2C coronavirus-related funding opens on Saturday, October 1, and closes on Friday, October 14. Health centers will begin reporting progress on activities supported by the one-time FY 2022 American Rescue Plan Uniform Data System Patient-Level Submission (ARP-UDS+) funding (H8F and L2C) in 2022 Quarter 3.

A new pre-recorded training session will be available about progress reporting, which will post later this week on the [FY 2022 ARP-UDS+ TA webpage](#). The progress report template was revised, as well, to better capture information about lessons learned and successes.

View the updated [ARP H8F Progress Report User Guide](#) for additional information.

### Partnerships Through the Pandemic: Town Hall



Join HRSA Administrator Carole Johnson for a town hall to support health centers in promoting partnerships within their communities as a key strategy to continuing to stop the spread of COVID-19. Expert panelists from HUD, the Administration for Community Living, and HRSA's Maternal and Child Health Bureau and Health Systems Bureau will provide insights on how health centers and other federal grant recipients can find their local counterparts, connect, and collaborate. This session will highlight the ongoing need for COVID-19 vaccines and boosters, and strategies to further protect our communities.

Tuesday, October 4

1:00-2:00 p.m. ET

[Registration page](#)

## Media/Scientific Reports

### NBC News

NBC News published an [article on 9/27/22](#) reporting about a study that shows mounting evidence that autoimmune responses play a significant role in long COVID. The study from European Respiratory Journal titled [Circulating anti-nuclear autoantibodies in COVID-19 survivors predict long-COVID symptoms](#), found that people who had long-lasting Covid symptoms were more likely to have markers of autoimmune disease in their blood than people who had recovered quickly from COVID or had never gotten infected.

Study results found, after a year, 41% of the Covid group had detectable autoantibodies in their blood, whereas most healthy people had none. Autoantibody levels were also relatively low in the group with unrelated respiratory infections. About 20% to 30% of the Covid group had markers of inflammation in their blood as well as two particular types of autoantibodies with known links to autoimmune disease. Those patients tended to be the ones suffering from lingering fatigue and shortness of breath. Some researchers suggest that long-COVID patients might have had the autoantibodies in their blood before, but "the infection may have made things more obvious or may have provided the last hit that is required for the autoimmunity to manifest."