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# **Burleigh-Morton**

## **COVID-19 Task Force Meeting**

**Friday, October 9, 2020**  
**10:00 AM**



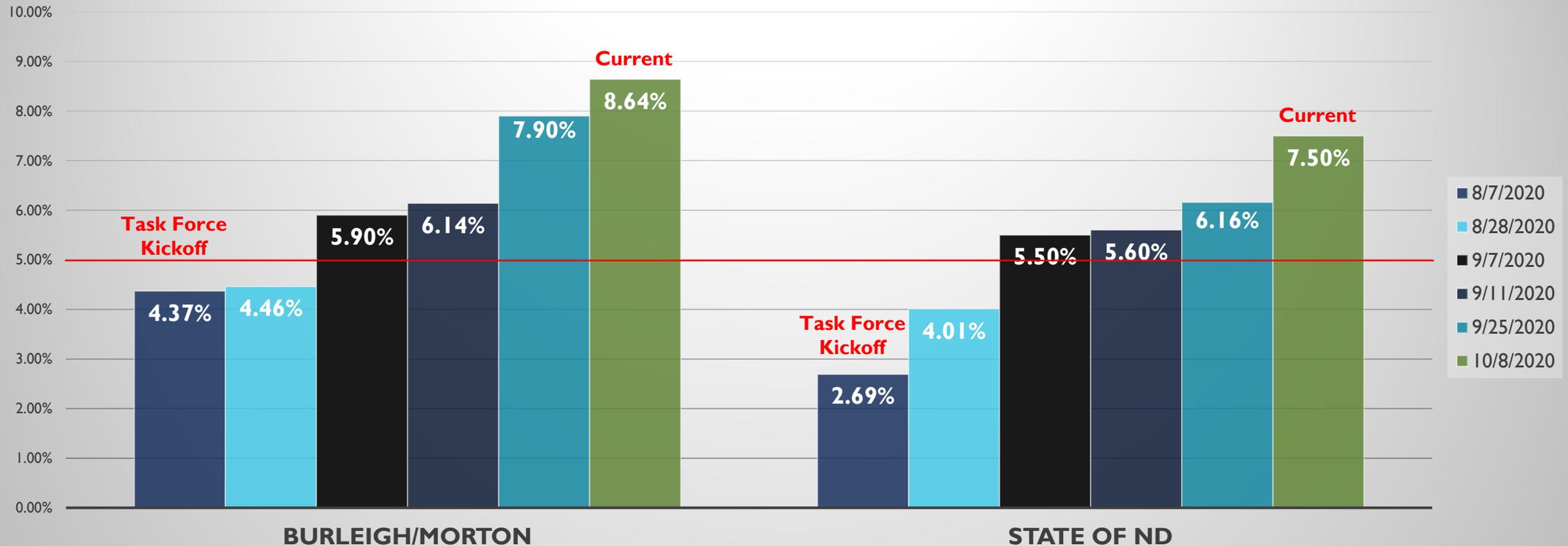
# TODAY'S AGENDA

- **Welcome & Call to Order**
- **Presentation of Data/Current Statistics**
- **Data/HealthCare Analytics Update**
- **Change in Close Contact Quarantine Requirements**
- **Rapid Point of Care Tests**
- **COVID-19 Vaccine Update**
- **Task Force Accomplishments**
- **Action Items**
- **Adjourn**

# TASK FORCE GOAL: PREVENT & MITIGATE COMMUNITY SPREAD OF COVID-19 IN BURLEIGH AND MORTON COUNTIES.

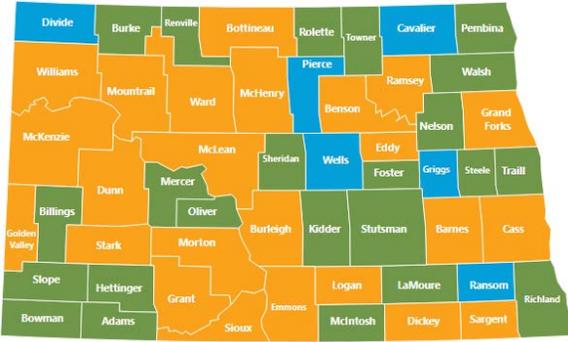
**New Metric:** Decrease Burleigh/Morton County COVID-19, 14-day rolling average % of positive tests to less than 5%.

## 14 DAY ROLLING AVERAGE POSITIVITY RATE





## RISK LEVEL

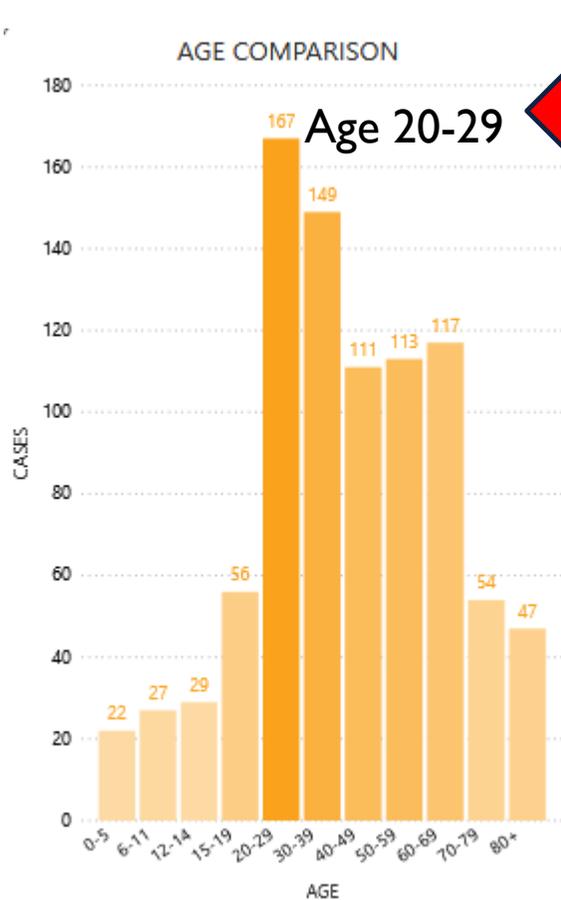


# Guiding Metrics as of 10/08/20

- The ND Health Criteria and health indicator measures will be used to guide decisions regarding county risk levels.
- These measures provide a framework for decision making.
- Additional factors will be taken into consideration to determine the county risk level on a recurring basis which may include: **population density, hospitalization rates, current active cases within a county.**

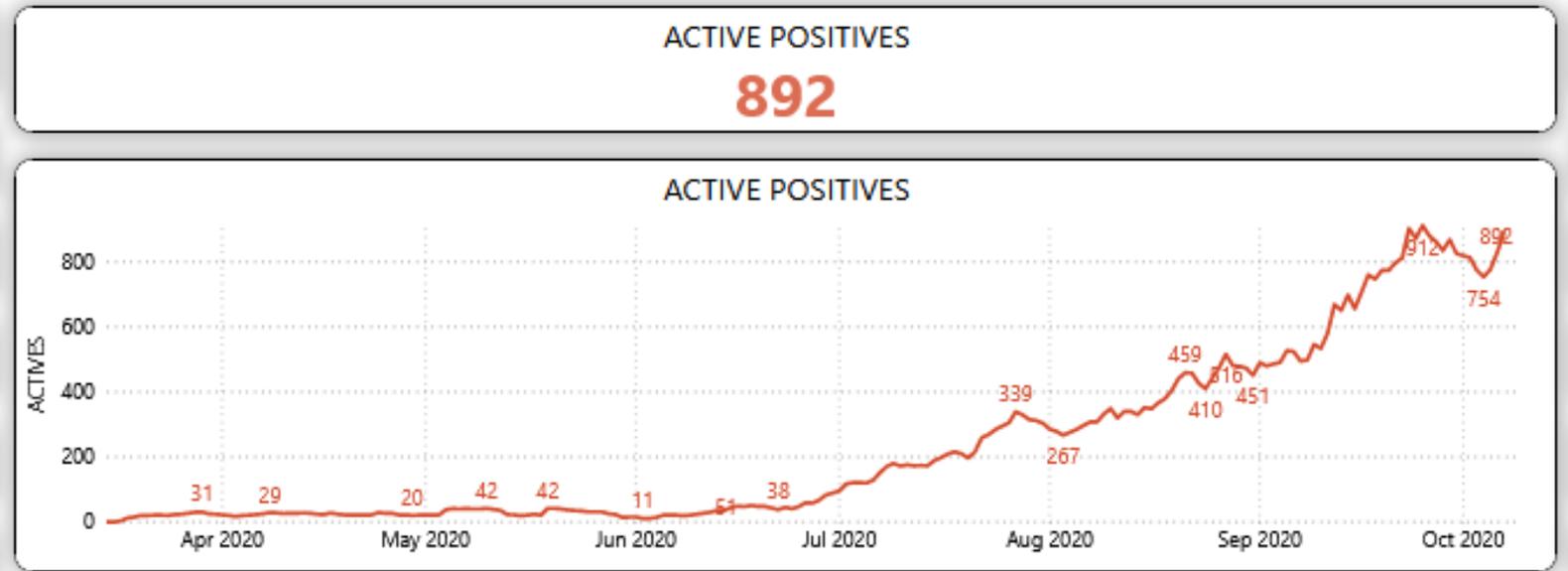
Gating Criteria 14 Day	Critical	High Risk	Moderate Risk	Low Risk	New Normal
Active Cases Per 10,000 Residents (14-day Rolling Average) <i>Avg # of Active Cases last 14 days/County Populations X 10,000</i>	Over 40	30-39	20-29	10-19	Less than 10
<b>BURLEIGH</b>	<b>63.87</b>	<b>(51.31 on 9/20/20 &amp; 40.1 on 9/7/20)</b>			
<b>MORTON</b>	<b>74.4</b>	<b>(61.82 on 9/20/20 &amp; 39.3 on 9/7/20)</b>			
Tests/10,000 Residents (14-day Rolling Average) <i>Avg # of Tests last 14 days/County Populations X 10,000</i>	Under 20	21-30	31-40	41-45	<b>46 or more</b>
<b>BURLEIGH</b>	<b>(88.63 on 9/20/20 &amp; 79.2 on 9/7/20)</b>				<b>84.62</b>
<b>MORTON</b>	<b>(90.14 on 9/20/20 &amp; 75.3 on 9/7/20)</b>				<b>82</b>
14-day Rolling Average Percent of Positive Tests <i>Sum of Positives for Last 14 days/Total # of Tests</i>	Over 15%	10-14.99%	<b>5-9.99%</b>	2 – 4.99%	Less than 2%
<b>BURLEIGH</b>	<b>8.54%</b>		<b>(6.71% on 9/20/20 &amp; 5.70% on 9/7/20)</b>		
<b>MORTON</b>	<b>8.94%</b>		<b>(8.49% on 9/20/20 &amp; 6.68% on of 9/7/20)</b>		

# BURLEIGH-MORTON ACTIVE POSITIVE CASES



167 down from 228 on 9/25

Active cases decreased by 2% since last meeting 9/25/20.



# STATE HOSPITALIZATIONS and DEATHS

Hover over a value and click the icon for more information

## HOSPITALIZED DUE TO COVID

Hospitalized **DUE** to COVID includes people who are hospitalized because of COVID.

### CURRENT

### CUMULATIVE

TOTAL HOSPITALIZED  
125

TOTAL HOSPITALIZED  
1016

NON-ICU  
100

NON-ICU  
778

ICU  
25

ICU  
238

## HOSPITALIZED WITH COVID

Hospitalized **WITH** COVID includes people who are hospitalized because of COVID plus individuals who are hospitalized for other reasons and test positive for COVID.

### CURRENT

TOTAL HOSPITALIZED  
214

NON-ICU  
174

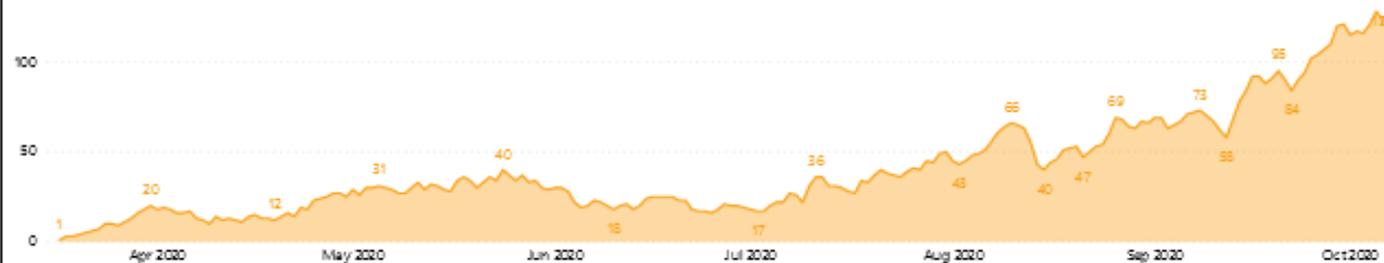
ICU  
40

## STATEWIDE

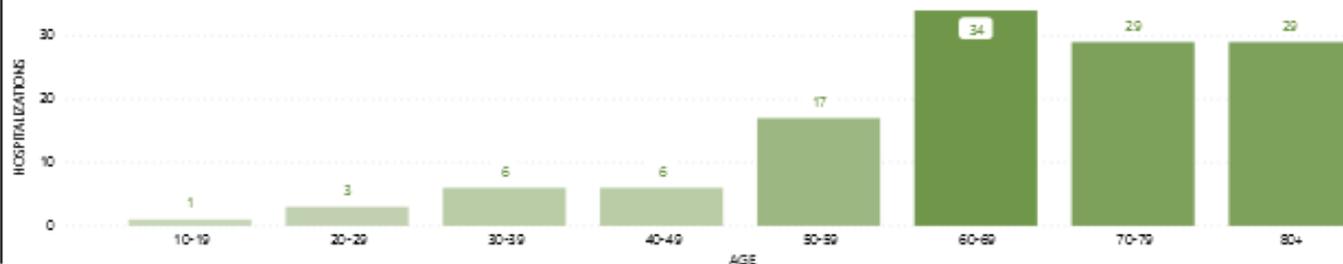
TOTAL STAFFED BEDS  
1,831

% of STAFFED BEDS AVAILABLE  
13.16%

### CURRENTLY HOSPITALIZED DUE TO COVID



### CURRENTLY HOSPITALIZED DUE TO COVID BY AGE



Hospital capacity is collected daily by 3:00. These numbers represent bed availability at the time of reporting, and may change throughout the day.

# CHANGE IN CLOSE CONTACT QUARANTINE REQUIREMENTS

Guidance has been updated to reflect that in non-health care, non-residential settings, when the positive case and close contact have both been wearing a face covering consistently and correctly for the entire time, the close contact will not need to self-quarantine at home.

Close contacts who meet the quarantine exception should still self-monitor, which means wearing a face covering and keeping a close eye out for any symptoms.

## **The quarantine exception includes, but may not be limited to:**

- Child care centers where staff and older children (age 2 or above) are able to wear a mask.
- Group homes
- K-12 schools and preschools
- Colleges and universities
- Work settings
- Social interactions
- Other settings where both the infected person and contact were masked during the exposure.

# RAPID POINT OF CARE TESTS

- BinaxNOW rapid test for detection of COVID-19
- Requires no equipment and provides results in 15 minutes
- Sensitivity rate of 97.1% (positive percent agreement)
- Specificity rate of 98.5% (negative percent agreement) in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first 7 days of symptom onset.
- 14,000-15,000 tests distributed across the state every week
- Upon arrival in ND, will be prioritized for distribution

# BinaxNOW™ COVID-19 AG CARD

## A Breakthrough Antigen Test

### SIMPLIFYING THE TEST PROCESS

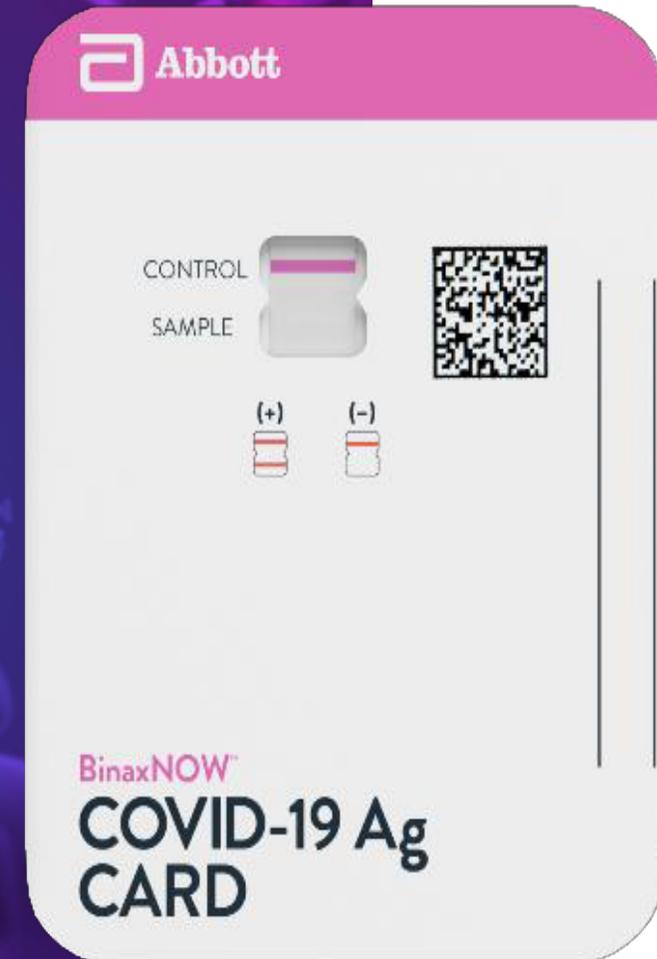
- Cost-effective, high performing test designed for decentralized testing
- Simple test procedure
  - Direct Nasal swab
  - Onboard extraction allows the swab to be directly inserted into the test card
  - Visually read results in 15 minutes (no instrument required)
- Emergency Use Authorization (EUA) supports testing in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance or Certificate of Accreditation\*

### PERFORMANCE

Sensitivity (PPA) **97.1%**

Specificity (NPA) **98.5%**

**Direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven days of symptom onset.**



# COVID-19 VACCINE UPDATE

- Molly Howell, MPH
  - Assistant Director, ND Department of Health, Division of Disease Control

# TASK FORCE ACCOMPLISHMENTS – SEE HANDOUT

- **Healthcare Testing Strategy/Contact Tracing**
  - Changes to Testing Schedules – [Where can I get a test?](#)
    - Northland Health Center changed locations & dates from Thursdays in the Jeanette Myhre parking lot to Wednesdays at the Bismarck Event Center from 5:30 – 7:30 PM
    - No longer meeting regularly
- **Educational Institutions & Activities**
  - No longer meeting regularly

# UNDERSERVED POPULATIONS

- Dr. John Hagan, MD – Subcommittee Chair
  - Recap of committee work
  - Contracts are final and services implemented
  - Mission is complete – **Will no longer need to meet regularly.**

**United Way completes the intake screener for shelter.**  
 Confirm that individual is one of the following:

1. Required to be in isolation
2. Required to be in quarantine.
3. Determine Medicaid eligibility and enroll.

United Way notifies the on-call nurse.  
 701-328-0707

Nurse on call will notify the Physician.

Nurse Assessment and Physician Evaluation completed together.  
 (In person visit preferred to establish relationship)

**Shelter Manager: provides daily wellness checks on all residents. Reports changes in condition or status to on-call nurse.**

Develop care plan for resident.  
 Chart in shelter EMR

Shelter Manager facilitates telehealth nurse and physician visits.

**Medication needs? Monitoring? Treatment?**  
 Physician would provide a prescription, and/or orders for monitoring/treatment. Monitored by nurse, and follow-up appointment by physician done virtually, as able.

Primary care needs identified?

Referred to Medication Assisted Treatment Provider by Physician. Treatment is monitored virtually.

Opioid

Substance use needs identified?

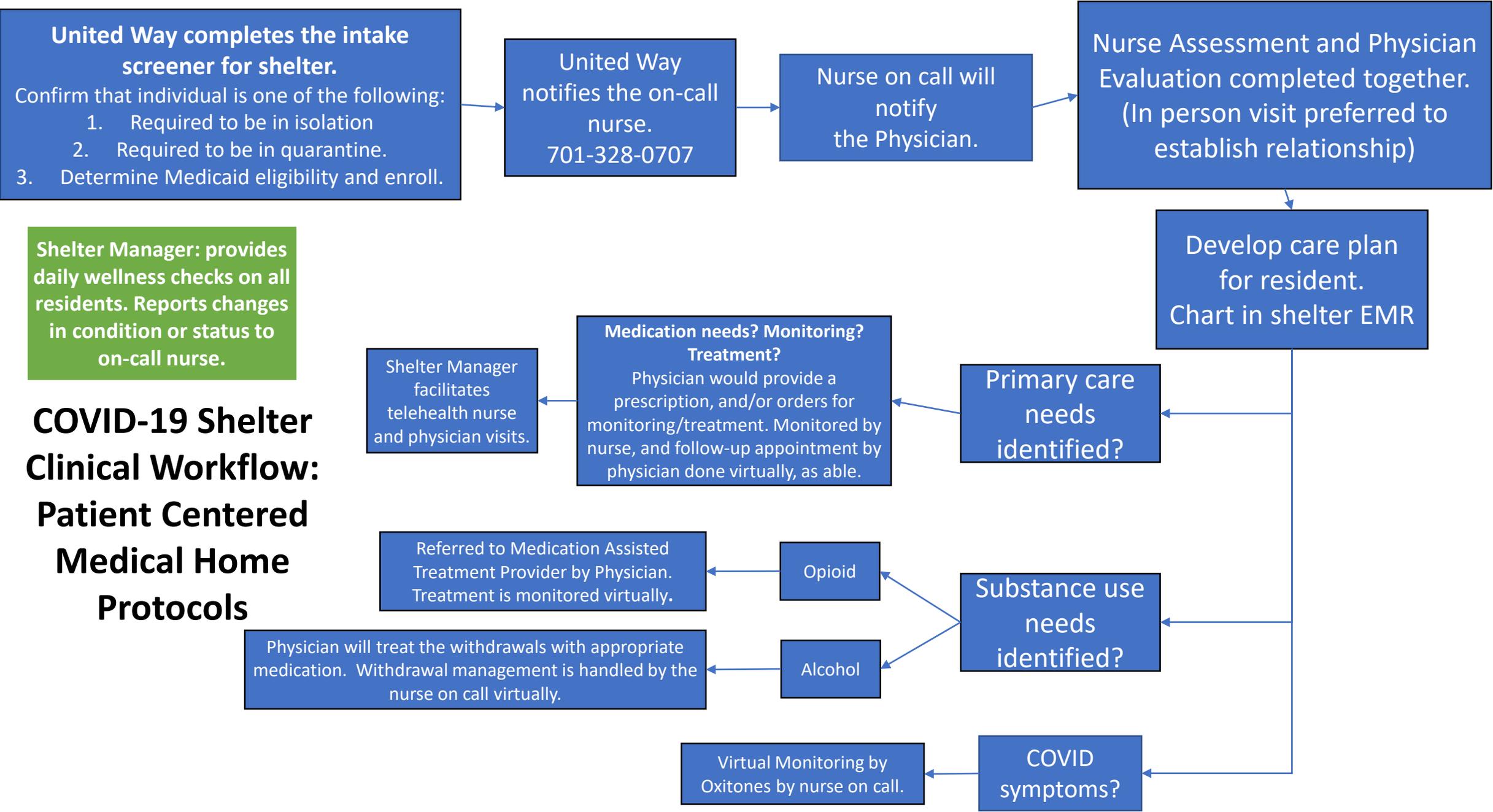
Physician will treat the withdrawals with appropriate medication. Withdrawal management is handled by the nurse on call virtually.

Alcohol

Virtual Monitoring by Oxitones by nurse on call.

COVID symptoms?

**COVID-19 Shelter Clinical Workflow: Patient Centered Medical Home Protocols**



# **PUBLIC EDUCATION & AWARENESS**

**See handout for update.**

# ACTION ITEMS & ADJOURN



- **Next meeting**
  - **October 23, 2020**