



HUMAN
SERVICES
DEPARTMENT



COVID-19 DAY 164 PRESS UPDATE

AUGUST 20, 2020

SECRETARY DAVID R. SCRASE, M.D.

INVESTING FOR TOMORROW, DELIVERING TODAY.

AGENDA

- New Mexico COVID-19 Epidemiological Update
- Science & Media
- Vaccine Development
- Testing Update
- Defining and Reporting COVID-19 Tests & Cases
- Public Health Reopening Gating Criteria for New Mexico
- Other Updates

Joined by Special Guest Dr. Chad Smelser, Acting State Epidemiologist, NM Department of Health

COVID-19 in New Mexico: Epidemiologic Update

Dr. Chad Smelser
Acting State Epidemiologist

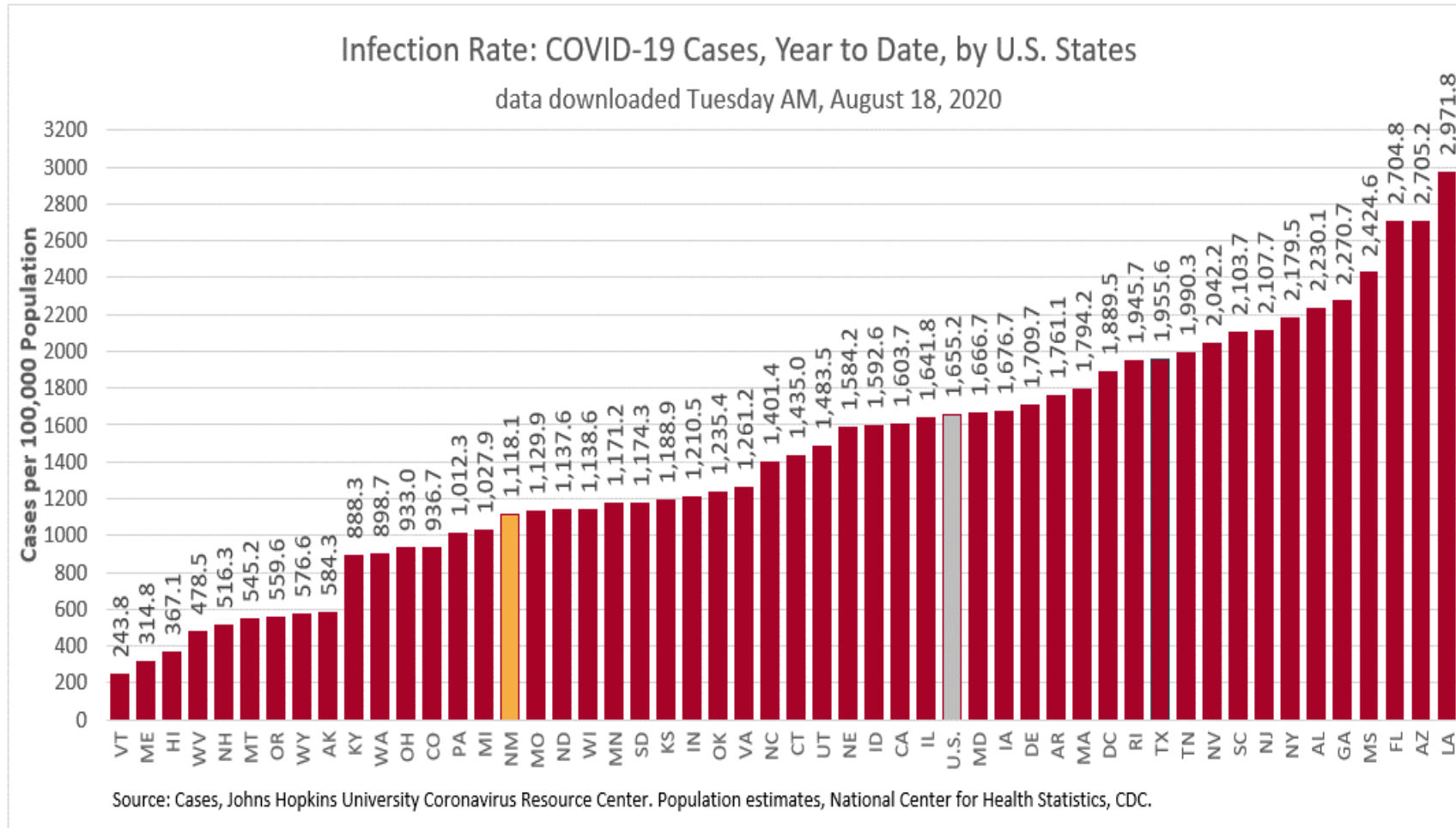
COVID-19 Perspective – all numbers are estimates

	Infectiousness	Case Fatality Rate	Deaths per day worldwide*
COVID - 19	1.5 – 3.5	0.7 – 4.0%	>3000
Spanish Flu	~2	2.5%	n/a
H1N1 2009	~1.5	0.1%	743
Tuberculosis	2.1-2.3	11-15%	>3,000

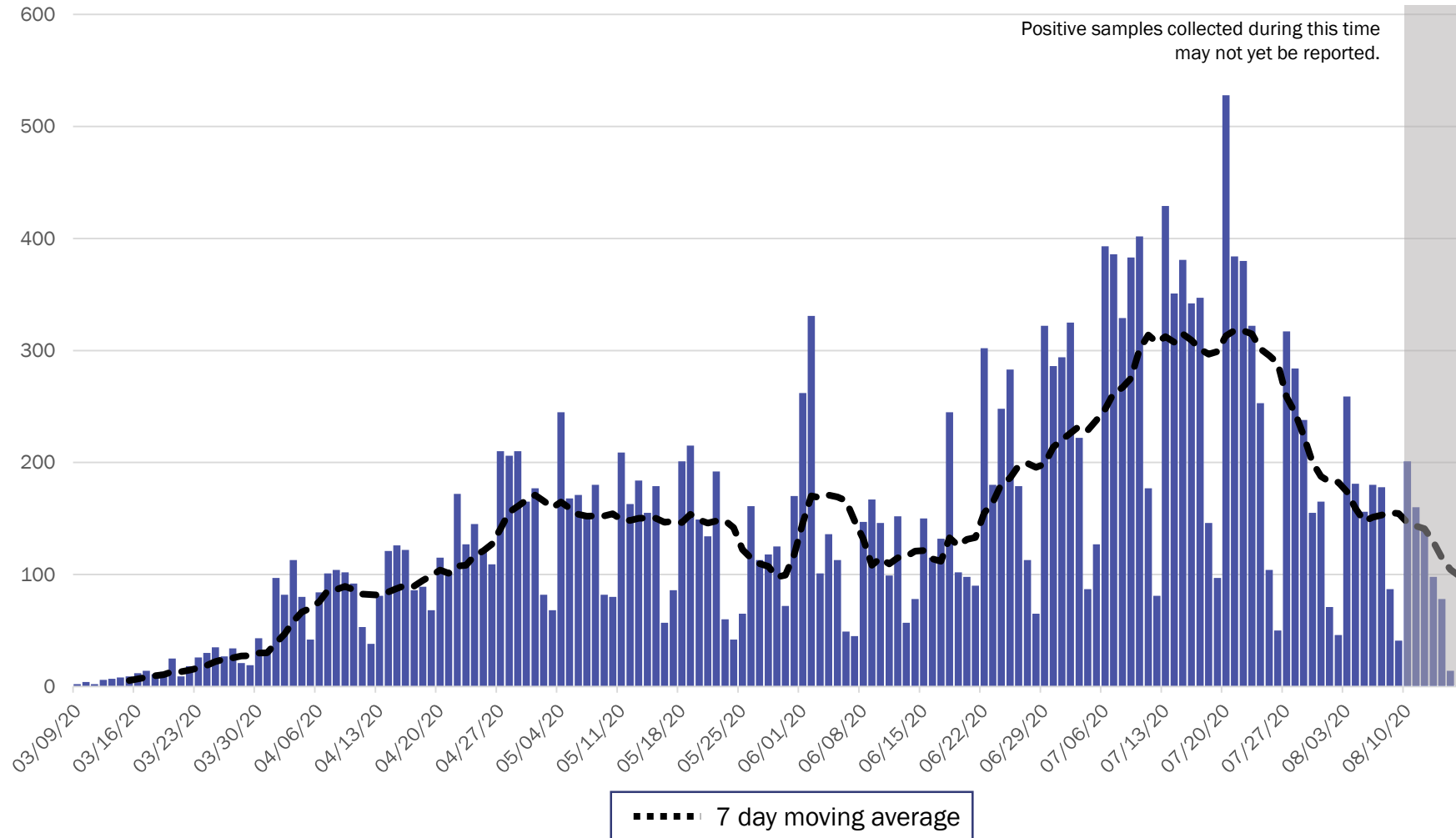
*HIV, malaria, hepatitis B each lead to over 2,000 deaths worldwide per day

Data from Centers for Disease Control and Prevention and World Health Organization

New Mexico has the 36th highest prevalence in the United States



New Mexico COVID-19 Cases by Date of Specimen Collection – August 17, 2020



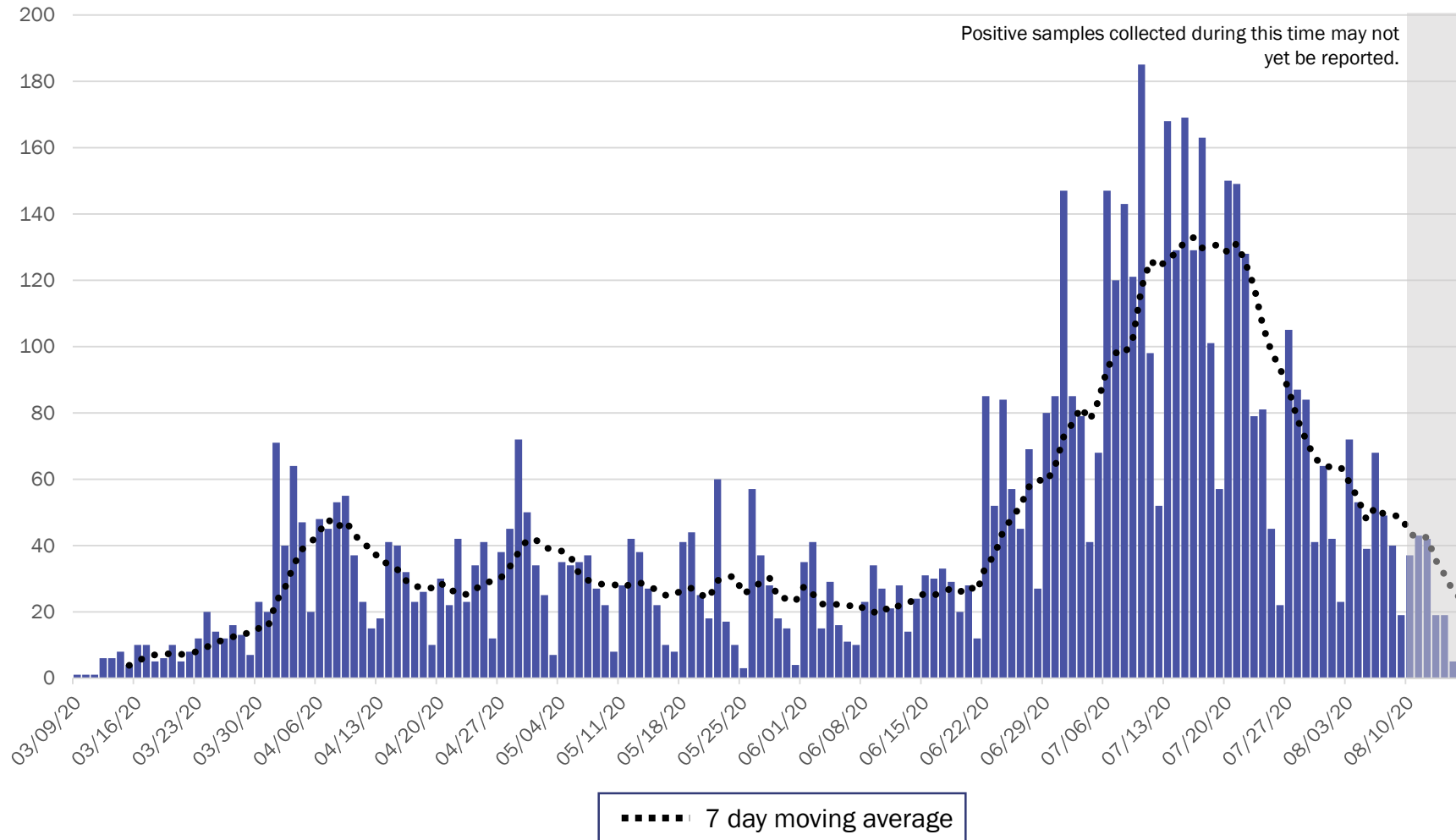
Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 8.17.2020, New Mexico Department of Health.



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Metro Region Case Count by Collection Date with 7 Day Moving Average August 17, 2020



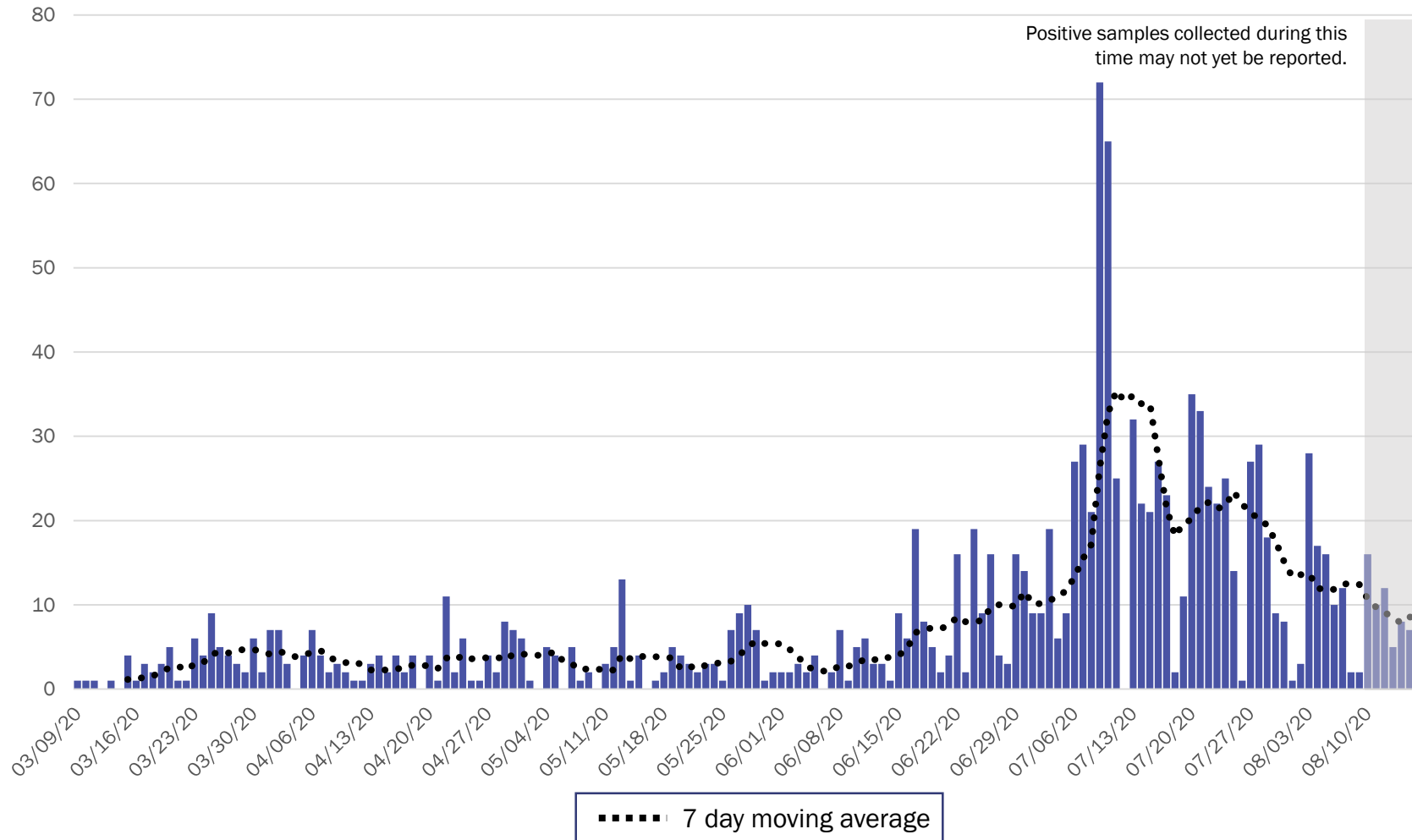
Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 8.17.2020, New Mexico Department of Health.



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Northeast Region Case Count by Collection Date with 7 Day Moving Average August 17, 2020

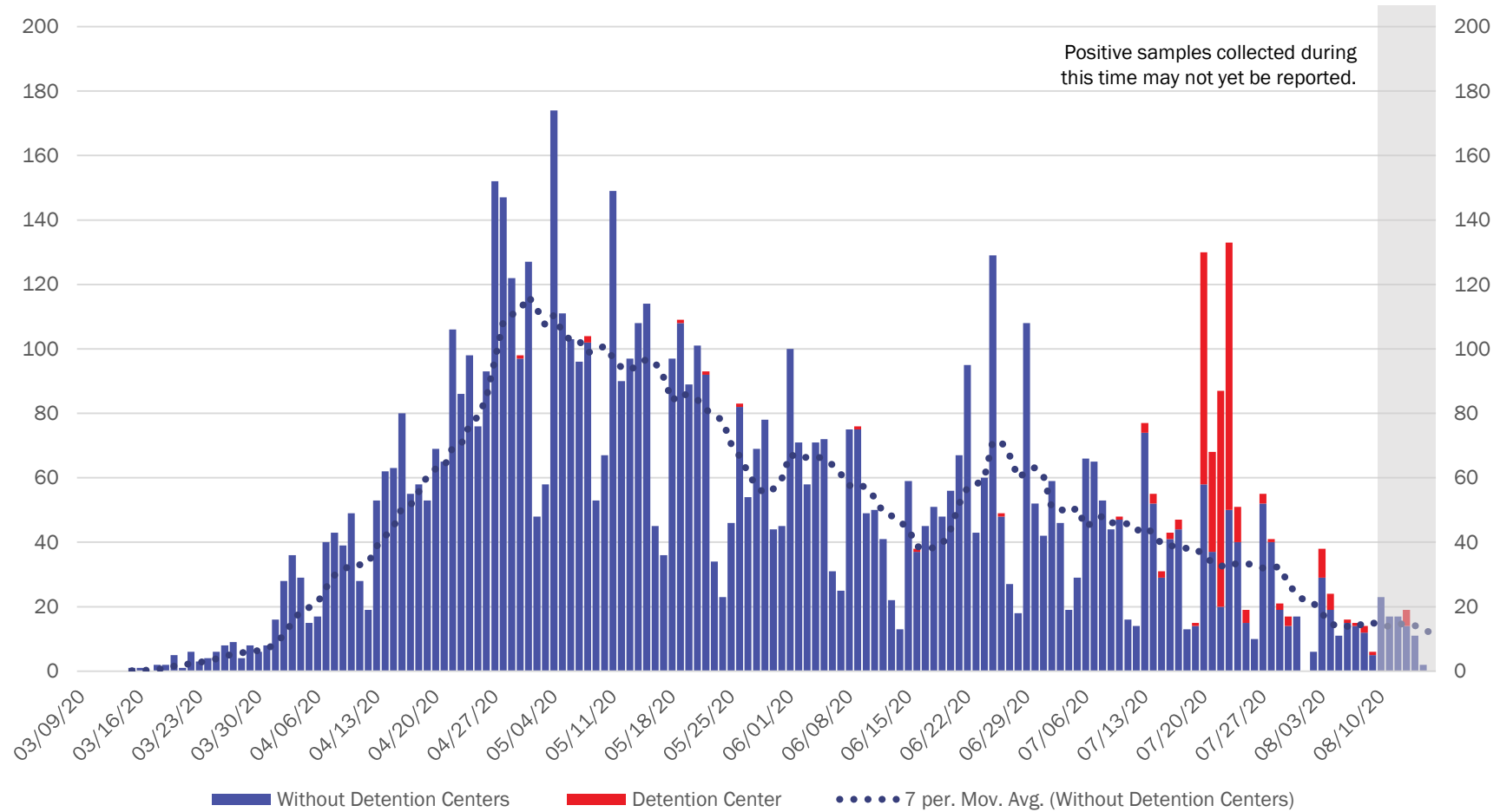


Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 8.17.2020, New Mexico Department of Health.



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Northwest Region Case Count by Collection Date with 7 Day Moving Average August 17, 2020

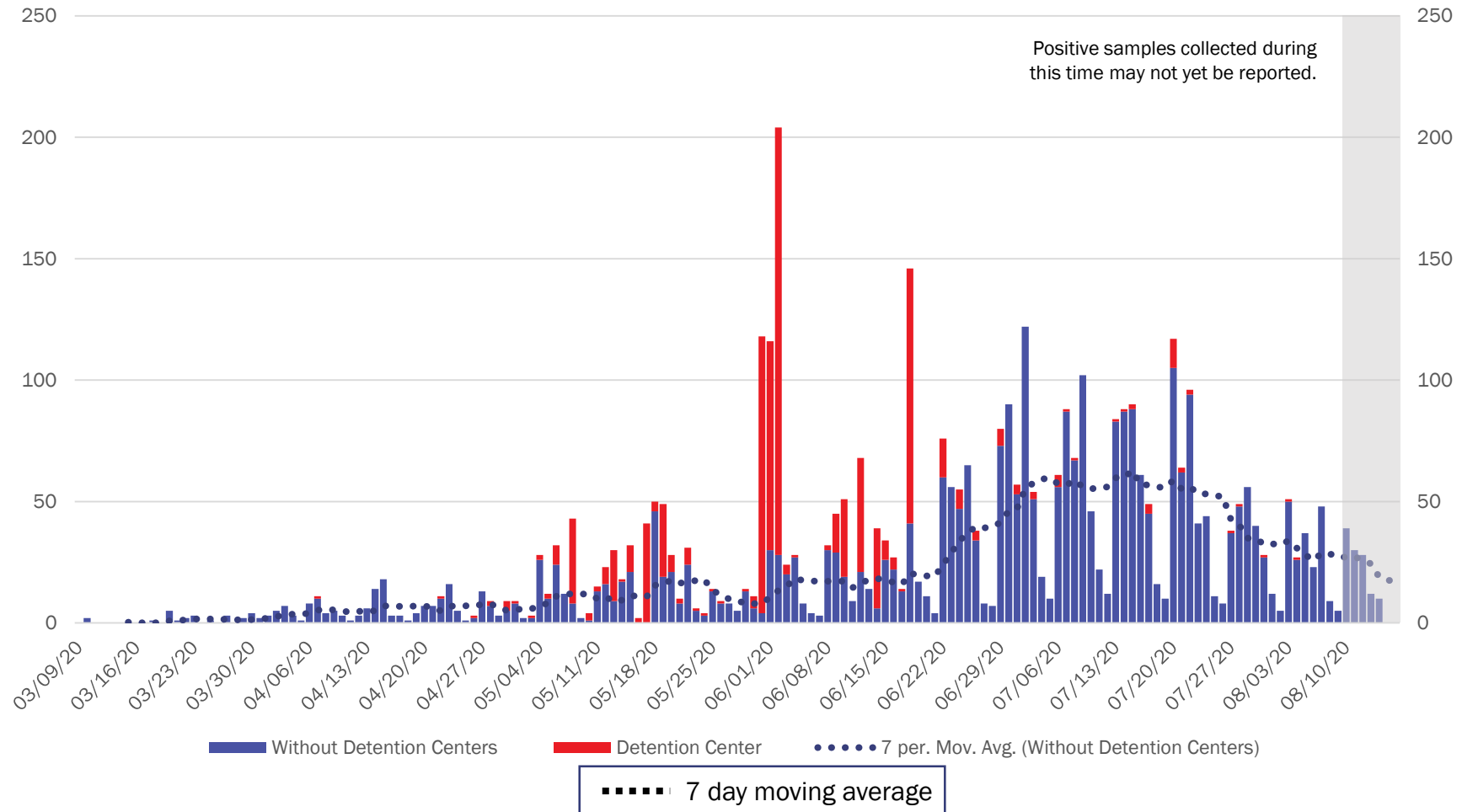


Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 8.17.2020, New Mexico Department of Health.



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Southwest Region Case Count by Collection Date with 7 Day Moving Average August 17, 2020

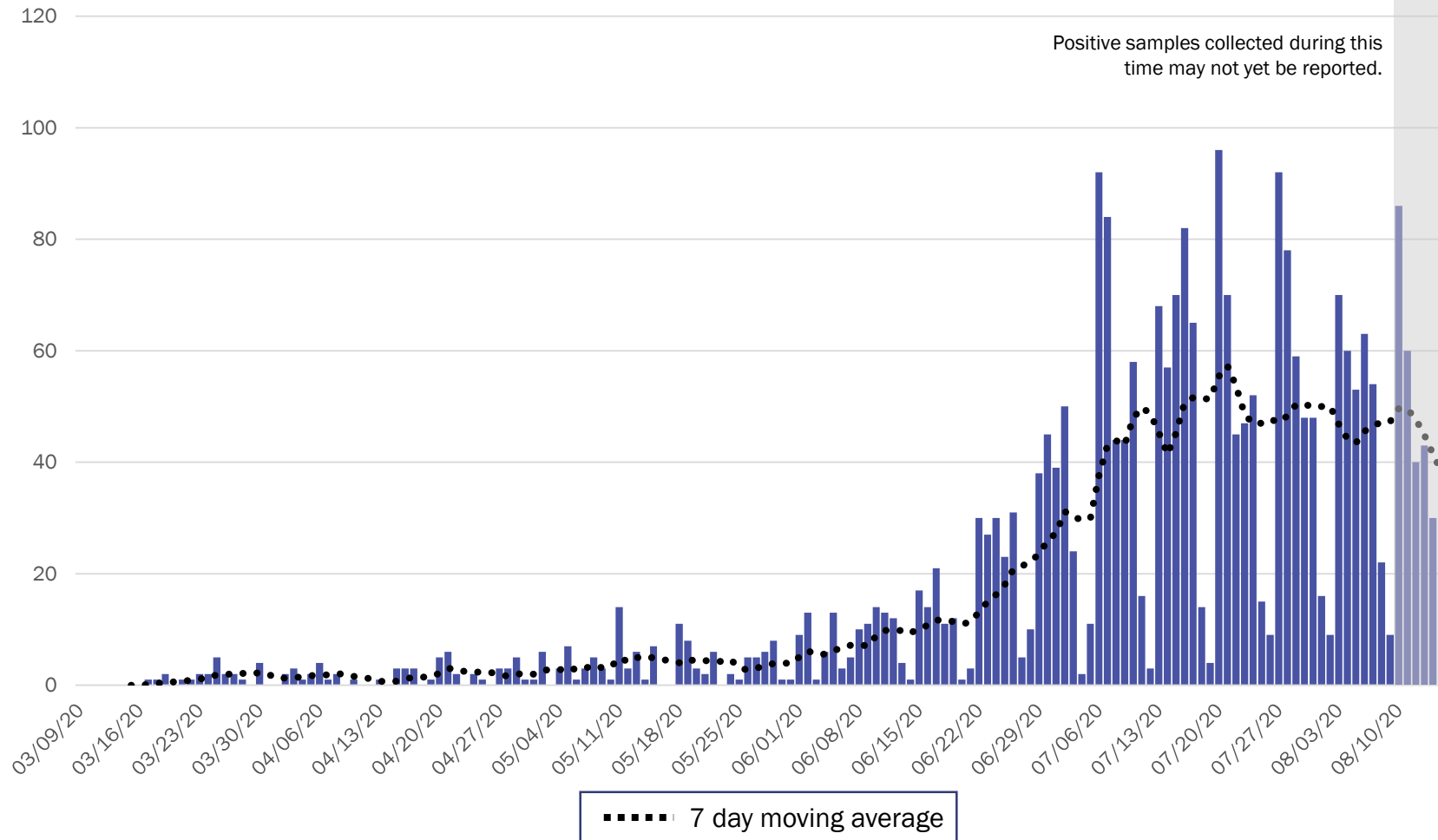


Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 8.17.2020, New Mexico Department of Health.



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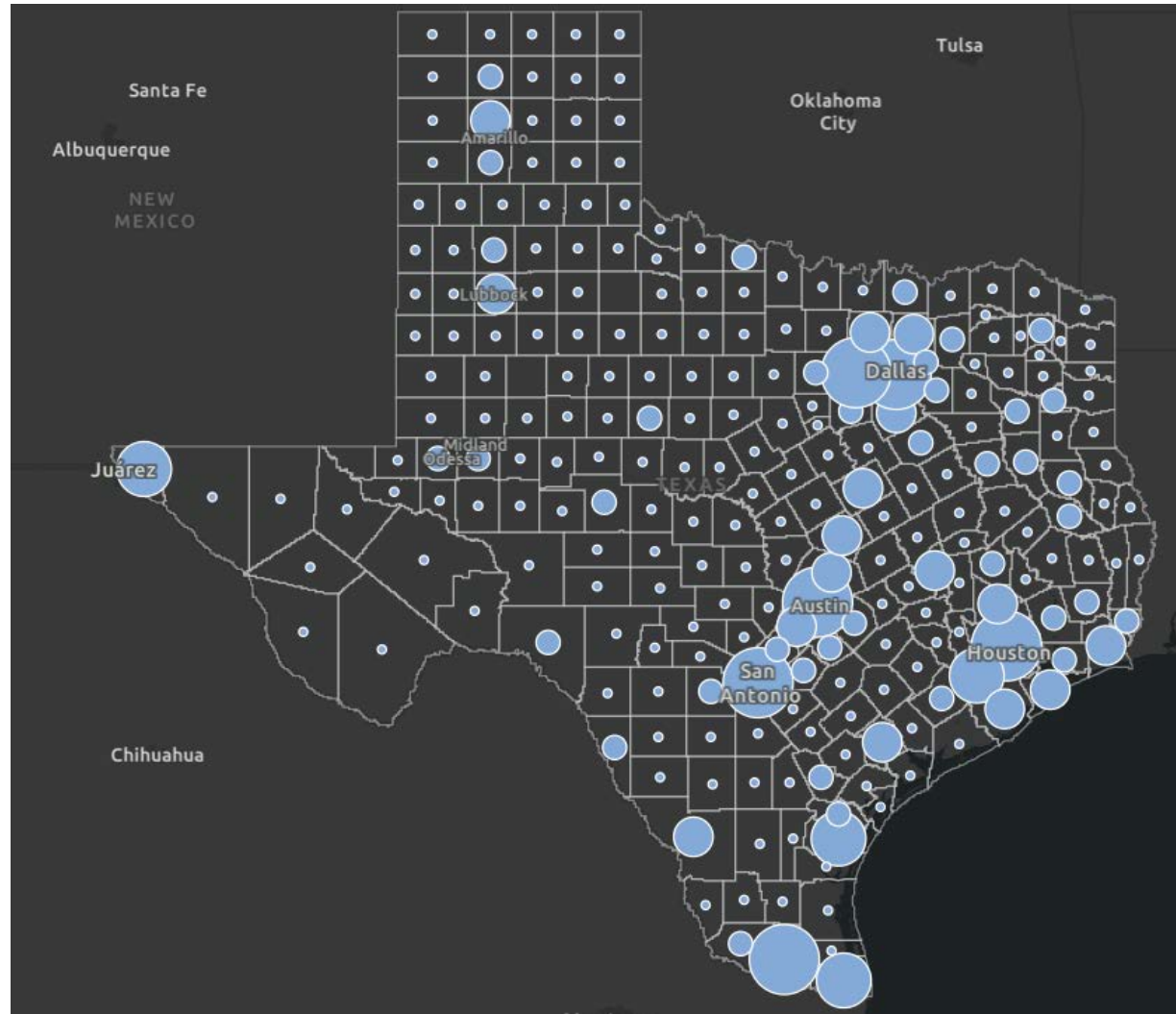
Southeast Region Case Count by Collection Date with 7 Day Moving Average August 17, 2020



Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 8.17.2020, New Mexico Department of Health.

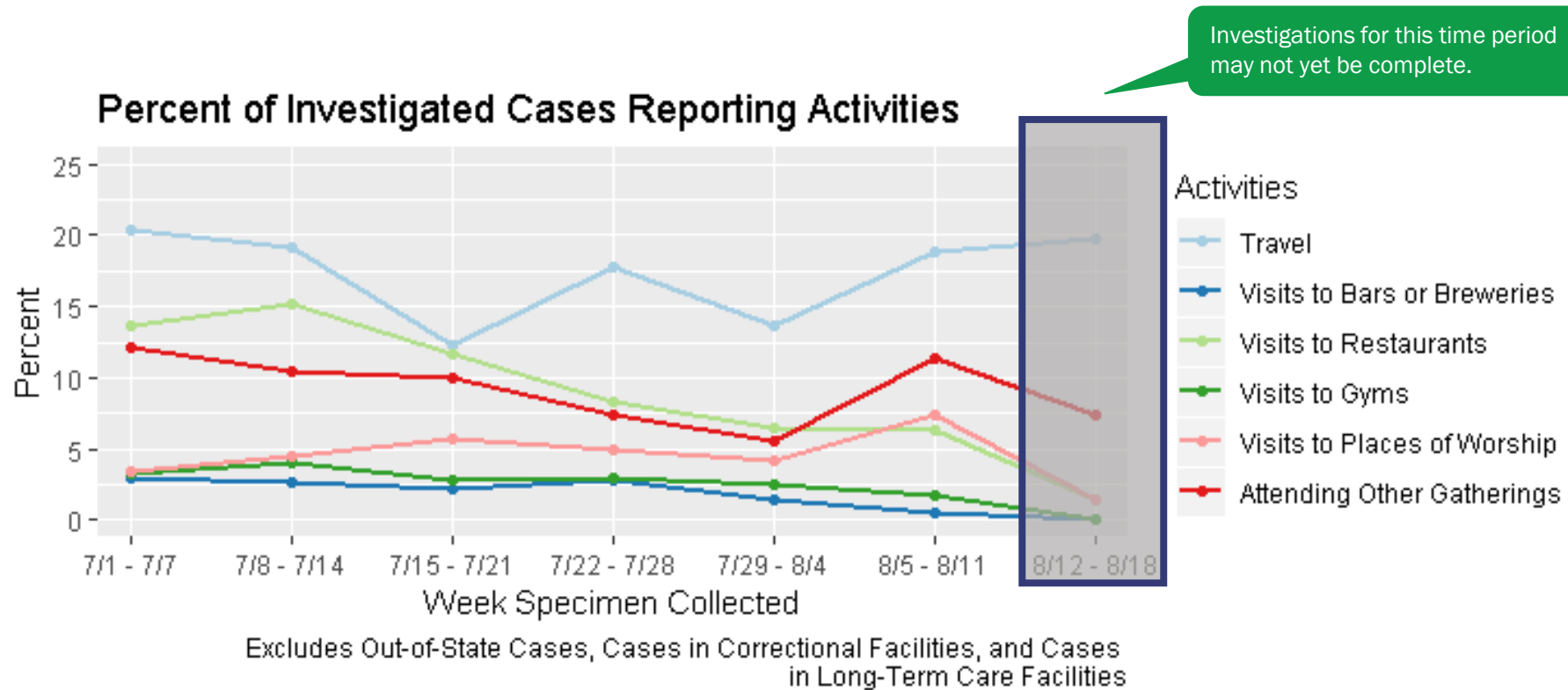


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- [Texas Department of Health Services website accessed August 18, 2020](#)

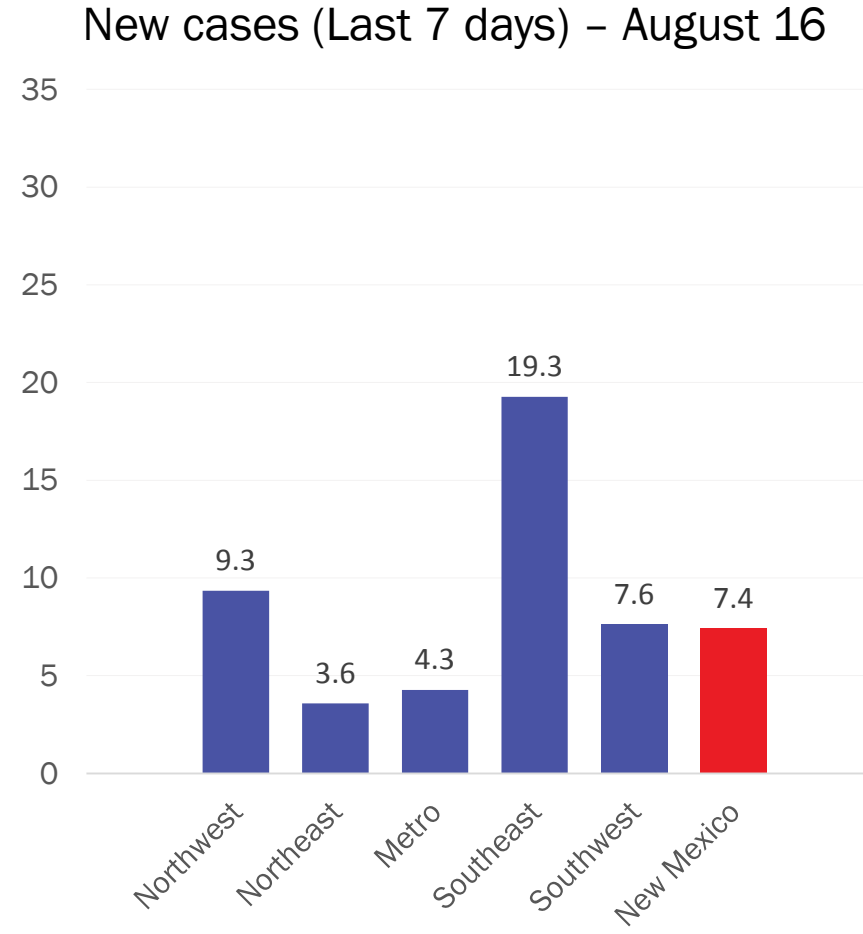
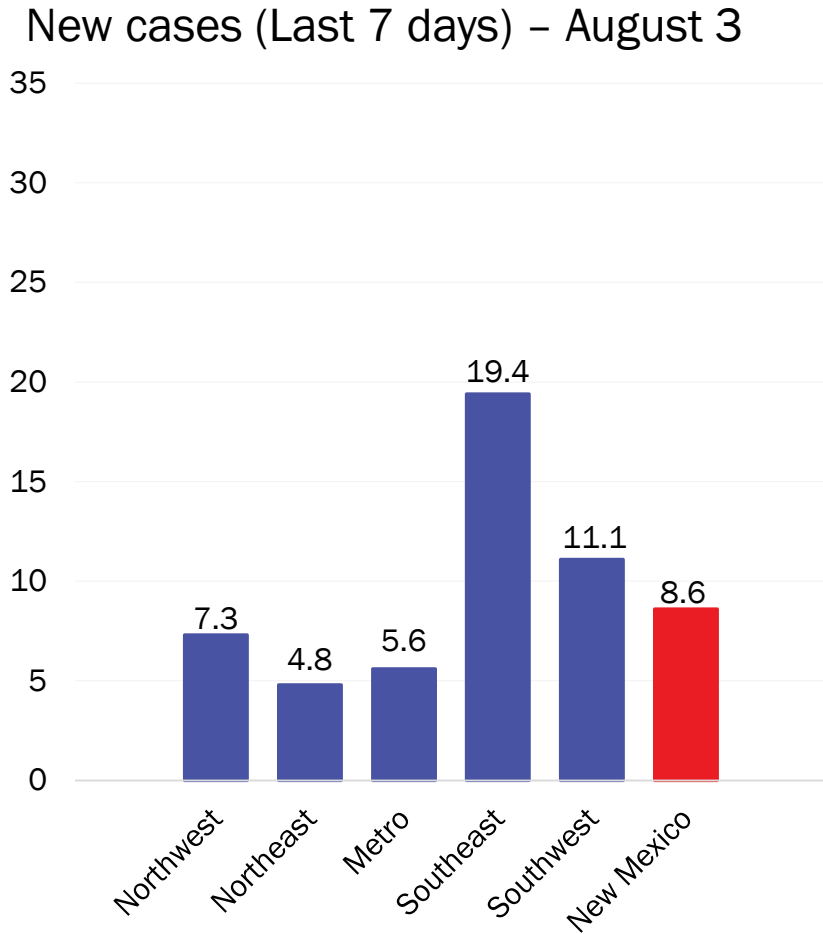
Travel is consistently the most commonly reported activity among cases.



Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 8.18.2020, New Mexico Department of Health.

COVID-19 prevalence per 100,000 population

*Excludes cases in state and federal corrections and detention centers

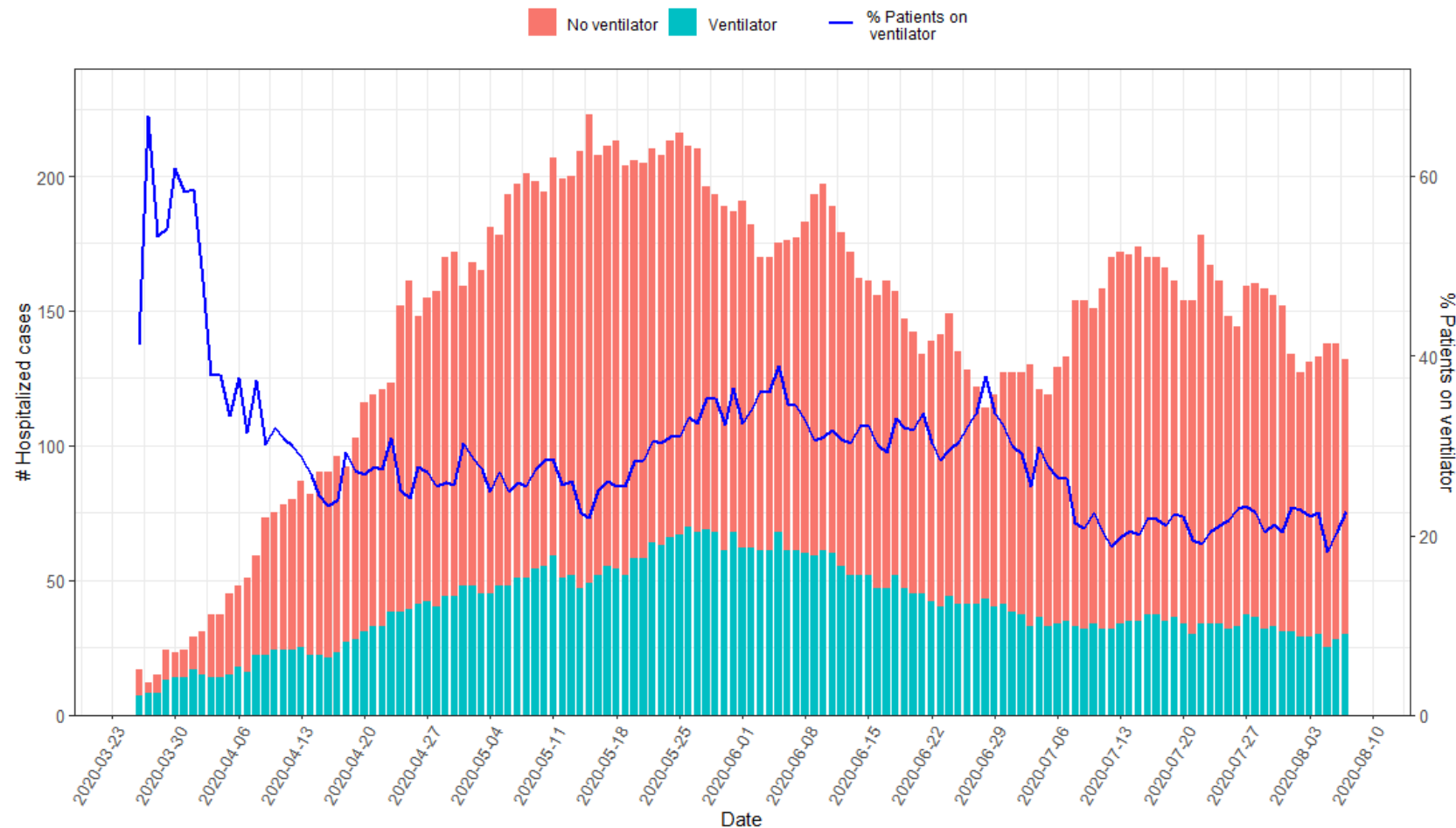


Source: Infectious Disease Epidemiology Bureau, Epidemiology and Response Division 8.17.2020, New Mexico Department of Health. Population estimates, UNM Geospatial and Population Studies Program.



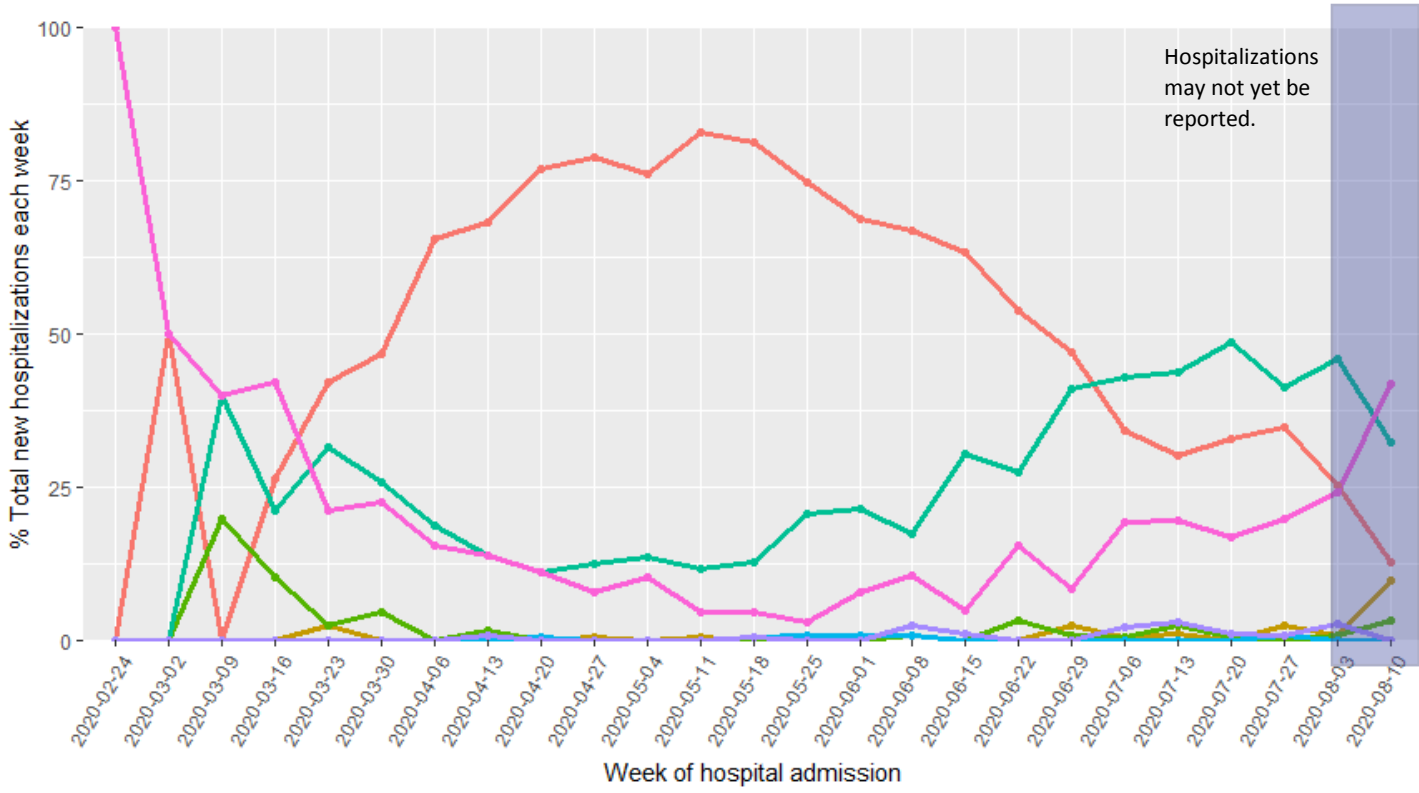
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Hospitalizations have been steadily declining since mid-July. As of 8/10, 21% of patients are on ventilators.



As of August 7, 2020

New hospital admissions of patients who are Hispanic or Latino, or White are continuing to increase each week. Admissions of AI/AN patients have been steadily decreasing.



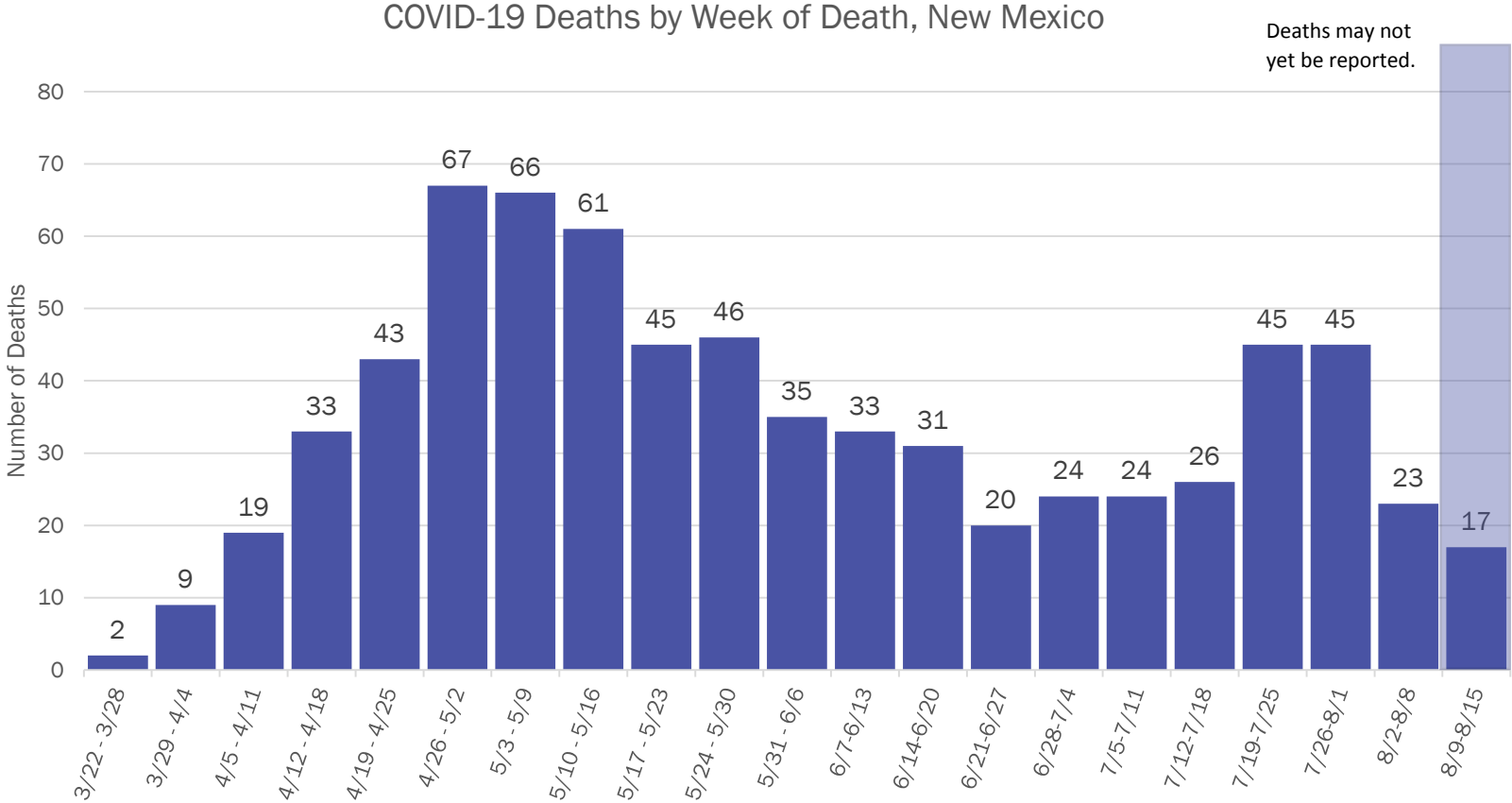
Race and ethnicity: American Indian or Alaska Native, Black or African American, Hispanic or Latino, White, Asian, Other Race, Native Hawaiian or Other Pacific Islander

As of August 13, 2020



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Spike in deaths from 7/19 to 8/1, but may be decreasing.



Deaths may not yet be reported.

Reporting through 8/16/2020

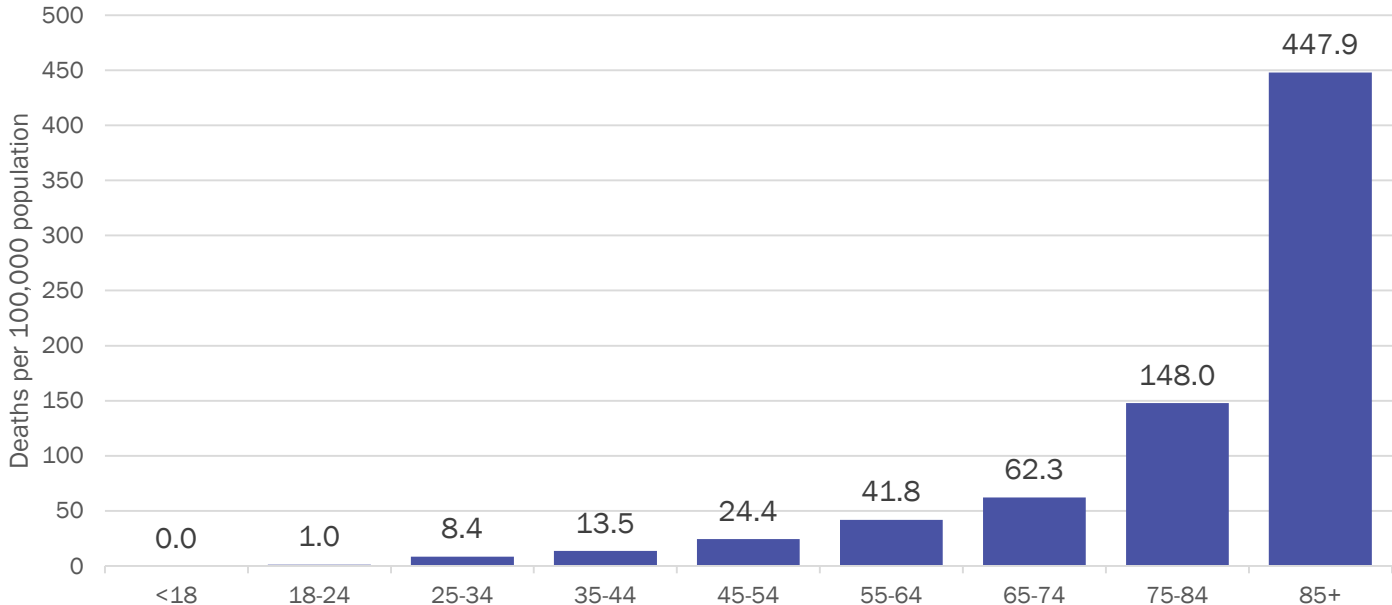


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The trend of increasing mortality with age remains unchanged.

COVID-19 Mortality Rate by Age Group,
New Mexico



Reporting through 8/16/2020



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Minimal changes in case fatality rates by region since last week.

COVID-19 Age-Adjusted* Case Fatality Rate by Region,
New Mexico

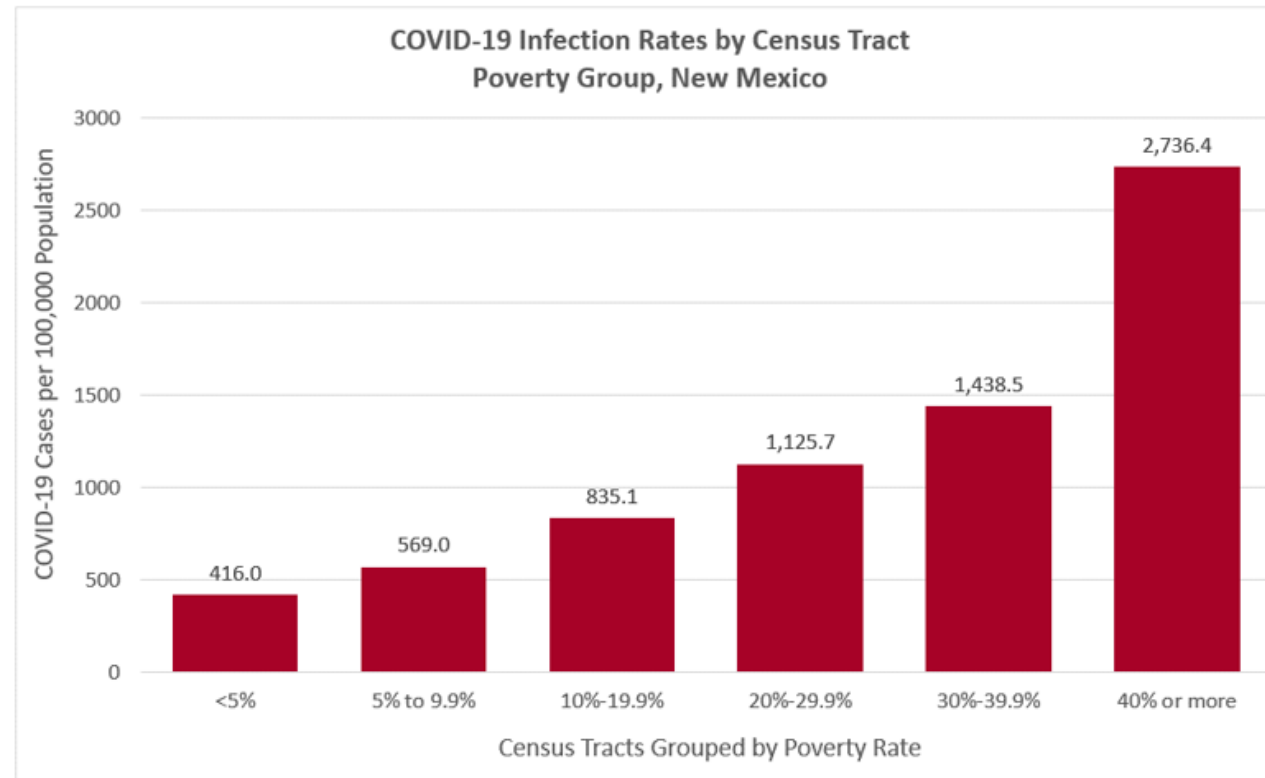


Reporting through 8/16/2020; *Adjusted to U.S. COVID-19 cases.

Note: Age-adjusted case fatality rates are adjusted to the current distribution of U.S. COVID-19 cases on 8/9. <https://www.cdc.gov/covid-data-tracker/index.html#demographics>

Source: Bureau of Vital Records and Health Statistics and Infectious Disease Epidemiology Bureau, Epidemiology and Response Division, reporting through 8.9.2020, New Mexico Department of Health.

New Mexico COVID-19 Infection by Poverty Rate: COVID-19 Cases per 100,000 Population by Census Tract Poverty Rate



Sources: COVID-19 Cases, New Mexico Department of Health, Epidemiology and Response Division, New Mexico Electronic Disease Surveillance System (NMEDSS), 8/17/2020. Poverty Rates, U.S. Census Bureau, American Community Survey (ACS), 2018 5-yr. estimates.

New Mexico Status Updates

- New Mexico is doing well for most metrics compared to other states.
- Case count: Statewide case counts continue to decline.
- Hospitalizations: After a period of increase in July, hospitalizations are decreasing.
- Deaths: After a two-week spike recently, deaths may be continuing to decrease.
- Poverty is a significant factor in contracting SARS-CoV 2 in New Mexico.

COVID-19 SCIENCE & MEDIA UPDATE

CDC DIRECTOR WARNS THIS FALL COULD BE THE WORST EVER FOR PUBLIC HEALTH NPR

- CDC Director Robert Redfield issues concern regarding a fall with both COVID-19 and influenza. Hospital systems may feel considerable strain on resources.
- **Less than 50% of Americans received a flu shot in 2019. The CDC hopes vaccinate at least 65% of Americans this year and has purchased an extra 10 million doses of the vaccine for the season.**
- CDC strongly recommends COVID-19 safe measures such as mask wearing and social distancing. **Estimated if 95% of people wear cloth masks during interactions, transmissions could decrease by at least 30%.**

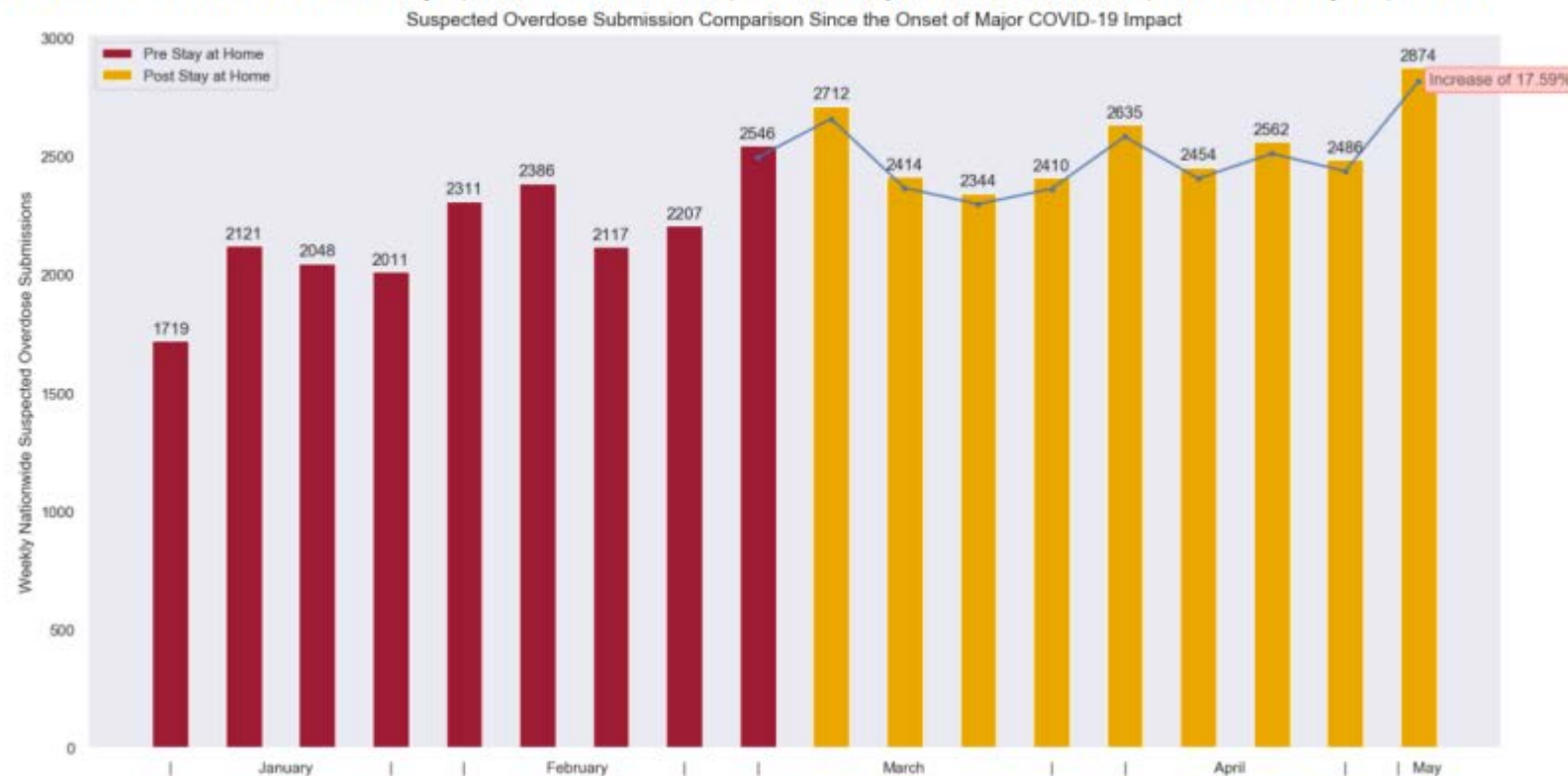
New Confirmed COVID-19 Cases per Day, normalized by population



COVID-19 IMPACT ON US NATIONAL OVERDOSE CRISIS ODMAP

- During March – May 2020, there was a 17.59% increase in reported overdoses.
- Overdose clusters shifted from urban areas to suburban and rural areas during this time period.
- Overdose Detection Mapping Application Program (ODMAP), a syndromic surveillance system, provides near real-time suspected overdose data nationally.
 - 30 out of 33 NM counties participate.

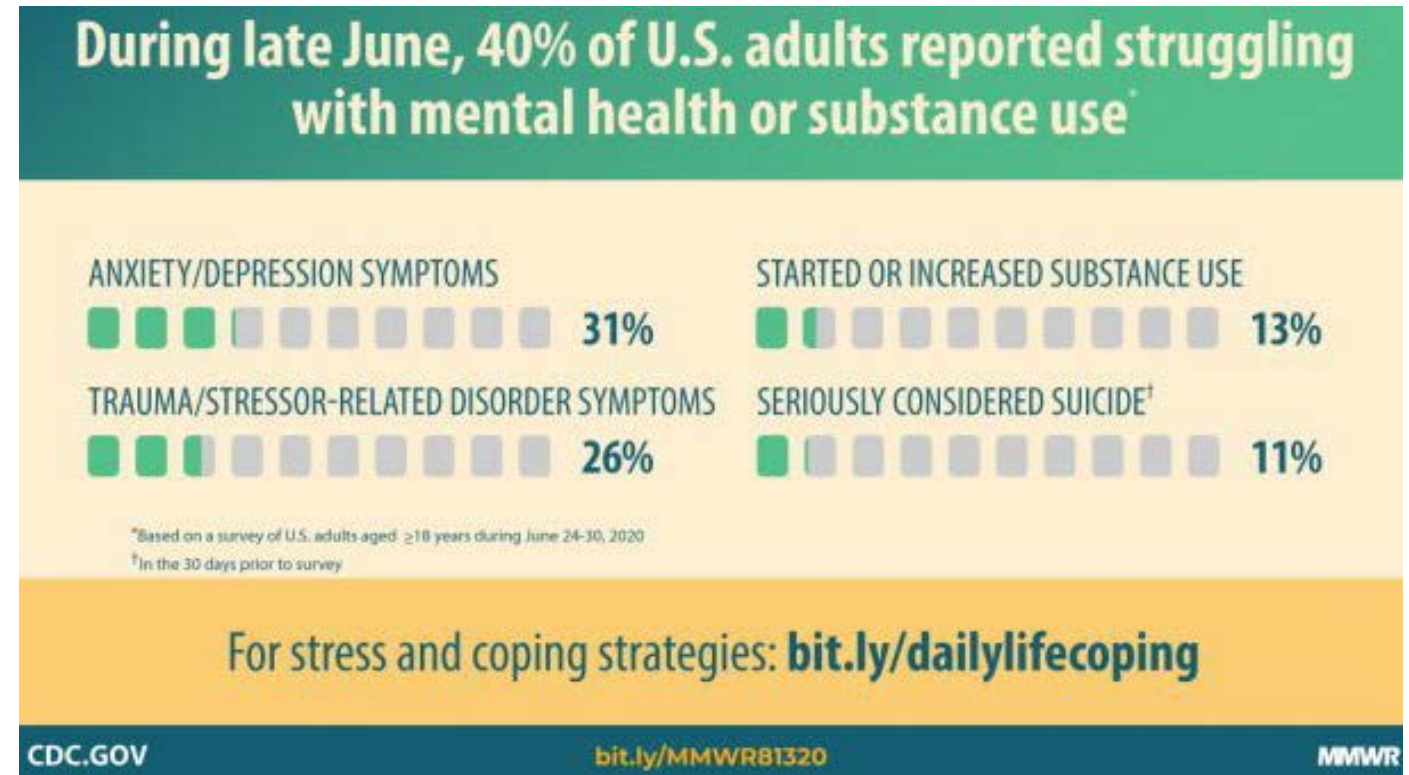
Figure 2: ODMAP submissions January 1, 2020 to March 18, 2020 compared to March 19, 2020 to May 19, 2020



MENTAL HEALTH, SUBSTANCE USE, AND SUICIDAL IDEATION DURING THE COVID-19 PANDEMIC

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

- Symptoms of anxiety disorder and depressive disorder increased considerably in the US during April–June of 2020, compared with the same period in 2019.
- Populations reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation include:
 - Younger adults,
 - People of color,
 - Essential workers, and
 - Unpaid adult caregivers.



TRACKING REACH OF COVID-19 KIN LOSS WITH A BEREAVEMENT MULTIPLIER APPLIED TO THE U.S.

PROCEEDINGS OF THE NATIONAL ACADEMIC OF SCIENCES OF THE UNITED STATES OF AMERICA (PNAS)

- Researchers created COVID-19 bereavement multiplier which approximates average number of people who will experience death of a close relative for each COVID-19 death recorded.
- **In the U.S., estimated on average, every COVID-19 death will leave ~9 bereaved.**

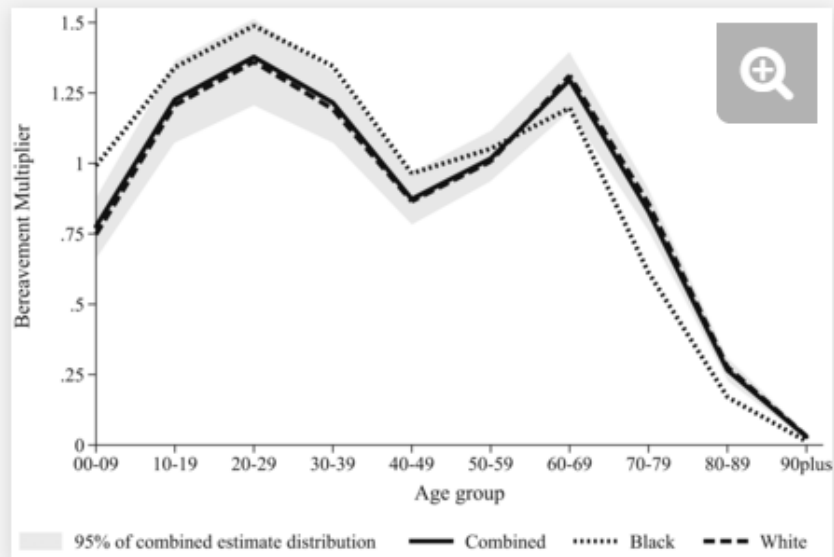


Fig. 1.

[Download figure](#) | [Open in new tab](#) | [Download powerpoint](#)

The age pattern of the bereavement burden, overall and by race: Bereavement multipliers for deaths of any type of kin by age group by different considerations of race. Note: Kin types included in the bereavement burden are grandparent, parent, sibling, spouse, and child. The areas under each curve sum to the "any kin" bereavement multipliers in [Table 1](#). The shaded area contains 95% of the simulated distribution of combined race estimates.

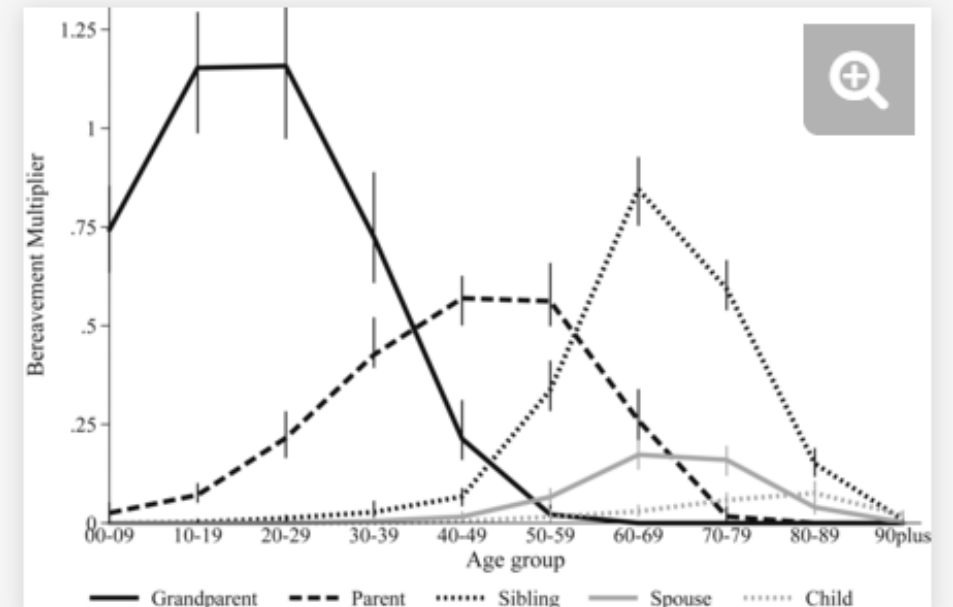


Fig. 2.

[Download figure](#) | [Open in new tab](#) | [Download powerpoint](#)

The age pattern of bereavement burden by type of kin who died. Note: The vertical bars represent 95% of the simulated distribution of estimates.

NMCRISIS AND ACCESS LINE: CALL TOLL FREE ANYTIME
24/7/365 1-855-NMCRISIS (662-7474)



NMConnect
Call, Text,
& Access
Mental Health
Resources

Call Crisis Line
(24 Hours)

Text Warmline
(6:00 PM - 11:00 PM)

Call Warmline
(3:30 PM - 11:30 PM)

Community and State Resources

Recovery Tools

COVID-19 Info

GET IT ON
Google Play

Download on the
App Store

Crisis And Access Line
Call for support and resources
1-855-NMCRISIS (662-7474)
Toll Free 24/7/365

If you are having a life threatening emergency, call 911 immediately.

Assessing Children's Risk to COVID-19 Through A Literature Review

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Scope & Conclusions

- **Scope**

- Assess the risk of transmission to and from children.
- Assess disease severity in children.

- **Conclusions**

- We assess with high confidence that transmission rates in children are comparable to adult transmission rates.
- Severe disease certainly can occur in children and appears more commonly in infants. The long-term effects of (even mild) covid-19 are not yet known and we can not rule out that they are significant.
- Proper implementations of infection control is critical for epidemic control and consequence mitigation in children and their close contacts.



Transmission in Children Compared with Adults

- **Are children less likely than adults to get sick?**
 - Many of the reported cases in children have occurred recently.
 - Studies of household transmission suggest that transmission to children occurs at a similar rate as transmission to most adult age groups.
 - There is no clear evidence for substantially lower rates of infection in children.
- **Do children transmit covid as much as adults?**
 - One large-scale study of household cases showed that 0-9 year old children do not transmit to other household members as much as other age groups, but that 10-19 year old people transmit the most.
 - Significant transmission in groups of young people (<22 years old) has been documented.
 - Children are a source of infection in household contacts.

Transmission in Camps & Daycares (1/2)

- At least 260 of 597 Georgia residents and staff attending a several-day overnight camp tested positive. **The attack rate for children 6-17 was > 44%**. Singing, poor ventilation, little masking.
 - Szablewski et al., "ARS-CoV-2 Transmission and Infection Among Attendees of an Overnight Camp — Georgia, June 2020. *MMWR*.
- **25 campers and staff members at a day camp east of Portland**, Oregon have tested positive for COVID-19. Outside, groups of 10, little masking.
 - Associated press, August 4, 2020. "25 virus cases reported at Oregon summer camp."
<https://apnews.com/55fcc6514cec1b55a50b7e4bd24d7624>
- **82 Cases at a Missouri** overnight camp (Kanakuk). Partial masking, significant congregation (mosh-pit dance).
 - Slate. "How a Christian Summer Camp Ended Up with 82 Cases of COVID."
<https://slate.com/human-interest/2020/07/christian-summer-camp-kanakuk-82-cases-covid-19.html>

FAQ: HOW TO CARE FOR YOUR FACE MASK (AND WHY YOU SHOULDN'T HANG IT FROM YOUR REAR-VIEW-MIRROR)

WASHINGTON POST

▪ **General guidelines for cloth masks:**

- Daily washings are a must.
- “Treat your mask like your underwear. You want to change it every day.”

▪ **Reusing surgical or N95 masks:**

- Store mask in a clean paper or plastic bag.
- Remember outside of the mask is contaminated – wash your hands after touching it.

▪ **When your mask gets sweaty:**

- A moist mask is a compromised mask.
- Unlike a N95 mask, cloth masks are designed to allow air to pass through. A sweaty mask will not allow for this airflow and will instead pass between edges of the mask and the wear’s face.

▪ **Washing cloth masks:**

- Machine washing with regular laundry is best. Dry using the highest heat setting, but air-drying can work as well.

▪ **Sunlight as a disinfectant:**

- No – not the same UV light as used in hospitals to disinfect.
- For surgical masks and N95, sunlight can degrade the plastic or foam in the masks.

▪ **Best way to store a mask:**

- Clean masks should be stored in places where they cannot be exposed to contaminants or where they can potentially spread contaminants.
- For cloth masks, remove by the ear loops and fold it so inner parts are touching. Wash or sanitize hands immediately after handling your mask.

▪ **When to throw out a single-use mask:**

- If visibly soiled, smells, or is degrading/fraying.

NCAA MEDICAL ADVISORS URGE FOCUS ON PANDEMIC OVER FALL SPORTS ESPN

- According to NCAA Chief Medical Officer Dr. Brian Hainline 1 - 2% of NCAA athletes have tested positive for COVID-19.
- **Pac-12 and Big Ten have postponed fall sports. ACC, SEC, and Big 12 plan on playing.**
- Uncertainty surrounding myocarditis as a complication from COVID-19. If an athlete develops myocarditis, rest is recommended for 3 – 6 months until they are able to resume training.

"I feel like the Titanic. We have hit the iceberg, and we're trying to make decisions of what time should we have the band play. We need to focus on what's important."

What's important right now is we need to control this virus. Not having fall sports this year, in controlling this virus, would be to me the No. 1 priority." Carlos del Rio, member NCAA COVID-19 advisory panel

HAVE A COVID-SAFE LABOR DAY



1

CELEBRATE WITH YOUR HOUSEHOLD

In New Mexico, a gathering of 5 or more people is prohibited. If you must have guests, keep it small and ask if they follow COVID-safe practices.



2

KEEP IT OUTSIDE

Outdoor gatherings are safer than indoor gatherings. Create separate dining spaces. Set out two tables for food: one for your household, one for your guest. Use disposable utensils, plates, and cups if possible.



3

KEEPS HANDS CLEAN

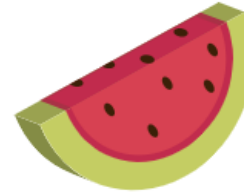
Create a hand-washing station outside (with soap and paper towels), or ensure access to sanitizing wipes or hand sanitizer.



4

PLACE GARBAGE BINS OUTSIDE

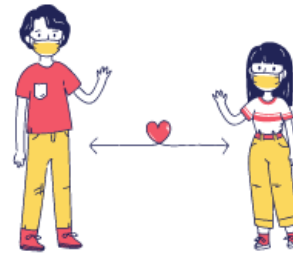
Encourage people to throw away their used cups, plates, and utensils.



5

BRING YOUR OWN FOOD

Guests should bring their own food and drinks. No finger foods! Serving food directly from the grill is ok- the virus is killed by heat.



6

STAY 6-FEET APART

Stay at least 6-feet apart from guests. Having a small number of guests and lower-volume music will help ensure you can participate in conversations.



7

WEAR A MASK

Wearing a mask is one of the most important things you can do to keep yourself and others safe. Feel free to remove it when it's time to eat!

COVID-19 VACCINE IMPLEMENTATION UPDATE

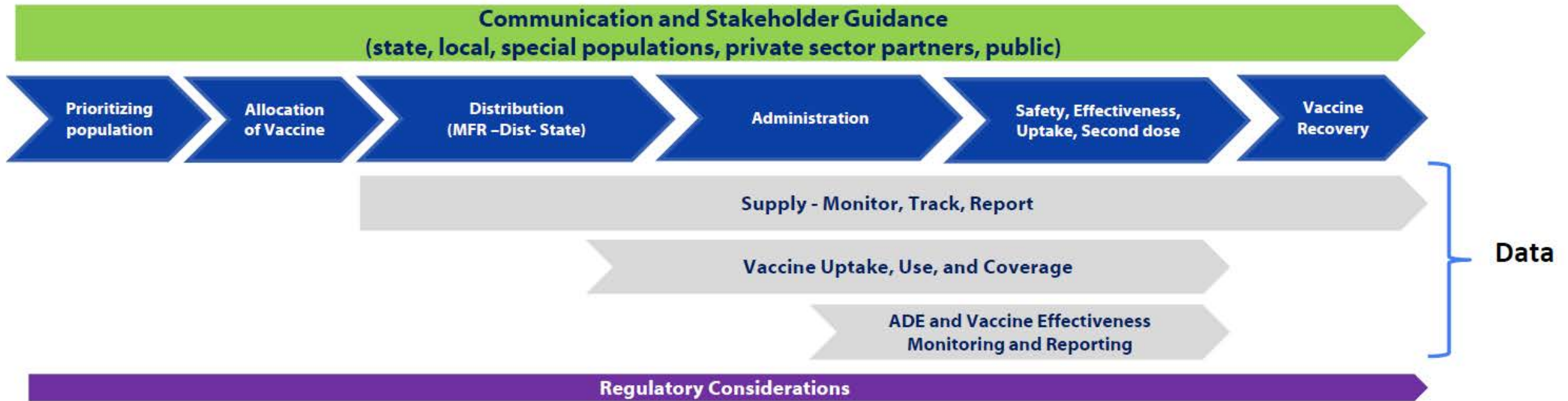
EXCERPTS FROM 8/6/20 CDC PRESENTATION

Complex and evolving landscape for COVID-19 vaccine

- One vs. two dose series
- Products not interchangeable
- Varying presentations
- Vaccine efficacy and adverse event profile in different populations
- Varying cold-chain requirements
- Use in children and pregnant women
- Need for socially distanced vaccination practices
- Communication and education
- Some high-risk groups for COVID-19 may distrust public health



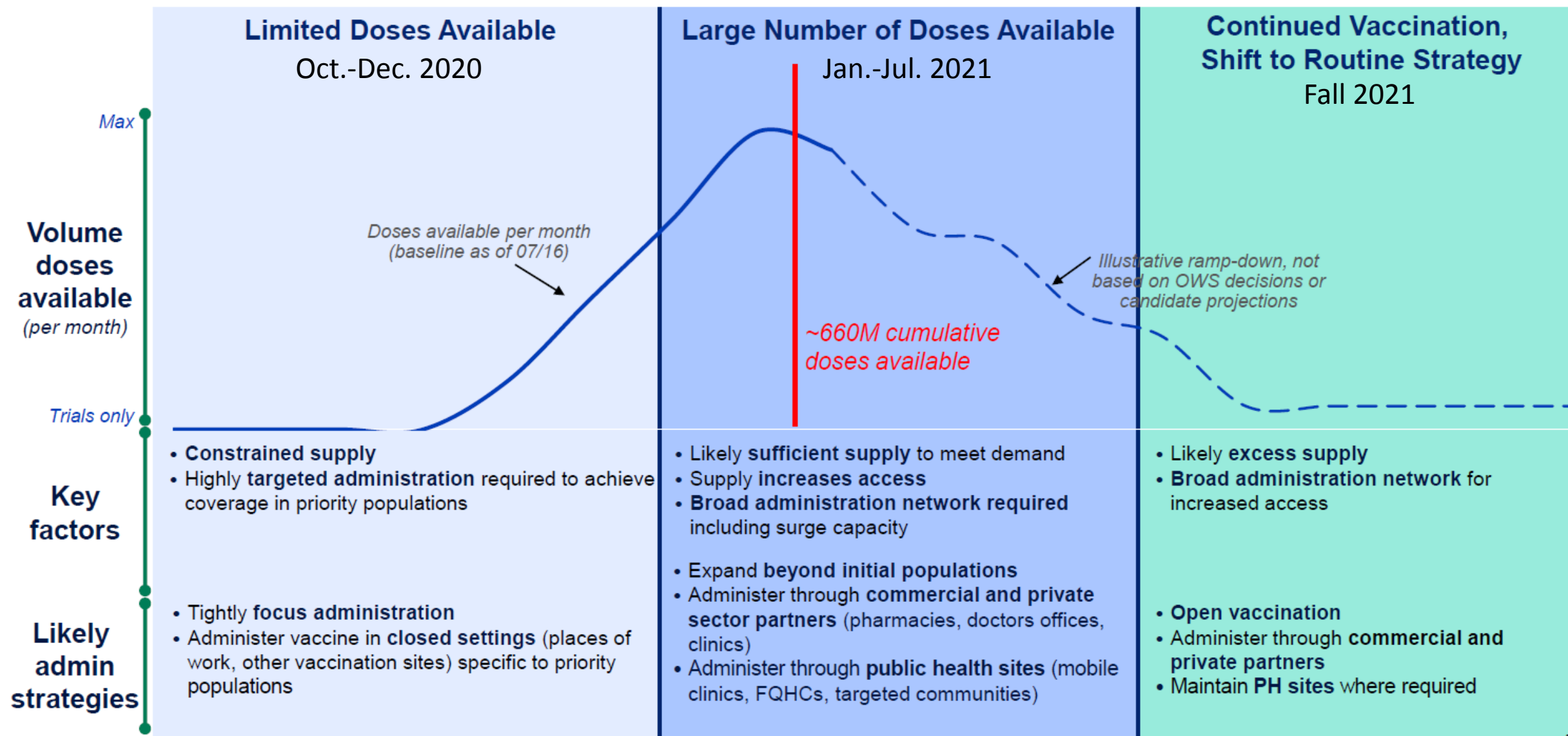
Multiple Critical Components to Vaccine Implementation



Public health impact relies on rapid, efficient, and high uptake of complete vaccine series, with focus on high-risk groups

Distribution will Adjust as volume of vaccine doses increases, moving from targeted to broader populations reached (phased approach)

Timeframes added as approximations by State of NM





In the face of health crises or emergencies, communication, community engagement, and cultural competency are critical



This research suggests that efforts should prioritize **targeted messaging, community engagement and support, and culturally competent interventions** to promote equitable acceptance and uptake of adult immunizations.



Targeted Messaging

Epidemics do not increase vaccine acceptance in racial or ethnic minorities, meaning targeted communication from trusted messengers remains necessary—especially when a vaccine is new, data on safety or risks is limited, and negative informal messaging occurs (CDC, 2015).



Community Engagement

Sustained community engagement is key in identifying the education and support required to implement health efforts—especially in communities that face instability with basic needs, such as employment, food, shelter, and clean water (Hutchins, 2009).



Cultural Competency

Health care staff and first responders should provide culturally competent messaging and care—and include minority groups in planning—to encourage equitable engagement and outcomes in a pandemic response (Hutchins, 2009).

COVID-19 TESTING OVERVIEW

RAPID ANTIGEN TESTING

- **Available technology; implementation:**
 - Quidel Sofia 2 - FDA/EUA approved; immediate
 - BD Veritor - FDA/EUA approved; immediate
 - LumiraDX - FDA/EUA approved; unknown
- **Recommended for contact tracing:** No
- **Recommended for asymptomatic community testing:** No
- **Recommended for asymptomatic congregate* settings:** May be considered if reagents available to perform testing on 100% of population every 2-days
- **Recommended for symptomatic community members:** May be considered. If negative and symptoms persist or high likelihood of disease, perform molecular test.
- **Recommended for asymptomatic congregate* settings:** May be considered. If negative and symptoms persist or high likelihood of disease, perform molecular test.
- **Quantitative increase in NM diagnostic testing capacity:** Dependent on supply availability. Increases access to near patient testing, particularly in rural communities.
- **Action:** define populations to be tested first, develop plan to acquire steady reagent supply.

**Examples include long-term care facilities, criminal justice facilities, shelters*

[FDA](#): US Food & Drug Administration

[EUA](#): Emergency Use Authorization authority allows FDA to strengthen nation's public health protections against chemical, biological, radiological, or nuclear threats by facilitating availability and use of medical countermeasures needed during public health emergencies.

RAPID MOLECULAR TESTING

- **Available technology; implementation:**
 - Abbott IDNow - FDA/EUA approved; immediate
 - Cepheid GeneXpert Express - FDA/EUA approved; immediate
 - Roche Liat - FDA/EUA approval pending; unknown
- **Recommended for contact tracing:** May be considered if sensitivity >95% compared to Lab Polymerase Chain Reaction (PCR) test
- **Recommended for asymptomatic community testing:** No
- **Recommended for asymptomatic congregate* settings:** May be considered if sensitivity >95% compared to Lab PCR test.
- **Recommended for symptomatic community members:** Recommended for diagnostic testing.
- **Recommended for asymptomatic congregate* settings:** Recommended for diagnostic testing.
- **Quantitative increase in NM diagnostic testing capacity:** Dependent on supply availability. Increases access to near patient testing, particularly in rural communities.
- **Action:** pursue now in early symptomatic individuals.

**Examples include long-term care facilities, criminal justice facilities, shelters*

[FDA](#): US Food & Drug Administration

[EUA](#): Emergency Use Authorization authority allows FDA to strengthen nation's public health protections against chemical, biological, radiological, or nuclear threats by facilitating availability and use of medical countermeasures needed during public health emergencies.

SAMPLE POOLING (LAB-BASED MOLECULAR TESTS)

- **Available technology; implementation:**
 - TriCore actively pursuing FDA EUA application; 1 month
- **Recommended for contact tracing:** Yes, for asymptomatic populations based on prevalence.
- **Recommended for asymptomatic community testing:** Yes, based on prevalence.
- **Recommended for asymptomatic congregate* settings:** May not be recommended based on prevalence.
- **Recommended for symptomatic community members:** No
- **Recommended for asymptomatic congregate* settings:** No
- **Quantitative increase in NM diagnostic testing capacity:** 1,300 tests per day (TriCore)
- **Action:** pursue EUA now, use on low prevalence populations.

**Examples include long-term care facilities, criminal justice facilities, shelters*

[FDA](#): US Food & Drug Administration

[EUA](#): Emergency Use Authorization authority allows FDA to strengthen nation's public health protections against chemical, biological, radiological, or nuclear threats by facilitating availability and use of medical countermeasures needed during public health emergencies.

SEROLOGY (ANTIBODY BLOOD TESTS)

- **Available technology; implementation:**
 - ~30 platforms have FDA/EUA approval; immediate
 - actual prevalence of antibody-positive individuals in population unknown; test performance varies across platforms
- **Recommended for contact tracing:** May be considered if >14 days since last contact.
- **Recommended for asymptomatic community testing:** May be considered for surveillance or epidemiology purposes.
- **Recommended for asymptomatic congregate* settings:** May be considered for surveillance or epidemiology purposes.
- **Recommended for symptomatic community members:** Not recommended in early disease. May be considered if patient presents later in infection.
- **Recommended for asymptomatic congregate* settings:** Not recommended in early disease. May be considered if patient presents later in infection.
- **Quantitative increase in NM diagnostic testing capacity:** 0 (no increase in diagnostic testing)
- **Action:** Don't pursue until reliable performance data available.

**Examples include long-term care facilities, criminal justice facilities, shelters*

[FDA](#): US Food & Drug Administration

[EUA](#): Emergency Use Authorization authority allows FDA to strengthen nation's public health protections against chemical, biological, radiological, or nuclear threats by facilitating availability and use of medical countermeasures needed during public health emergencies.

ALTERNATIVE SAMPLING FOR LAB-BASED MOLECULAR ANALYSIS⁴⁵ (SALIVA, SELF-COLLECTED SWAB, HOME COLLECTION)

- **Available technology; implementation:**

- *Provider observed self-collected nasal* available and in use. Expanded self-collection should be considered.
- *Home testing* requires extensive EUA application; no current timeline.
- *Saliva testing* TriCore conducting ongoing validation.

- **Recommended for contact tracing:** Depends on regulatory intended use and reagent availability.

- **Recommended for asymptomatic community testing:** Depends on regulatory intended use and reagent availability.

- **Recommended for asymptomatic congregate* settings:** Depends on regulatory intended use and reagent availability.

**Examples include long-term care facilities, criminal justice facilities, shelters*

▪ [FDA](#): US Food & Drug Administration

[EUA](#): Emergency Use Authorization authority allows FDA to strengthen nation's public health protections against chemical, biological, radiological, or nuclear threats by facilitating availability and use of medical countermeasures needed during public health emergencies.

- **Recommended for symptomatic community members:** Depends on regulatory intended use and reagent availability.

- **Recommended for asymptomatic congregate* settings:** Depends on regulatory intended use and reagent availability.

- **Quantitative increase in NM diagnostic testing capacity:**

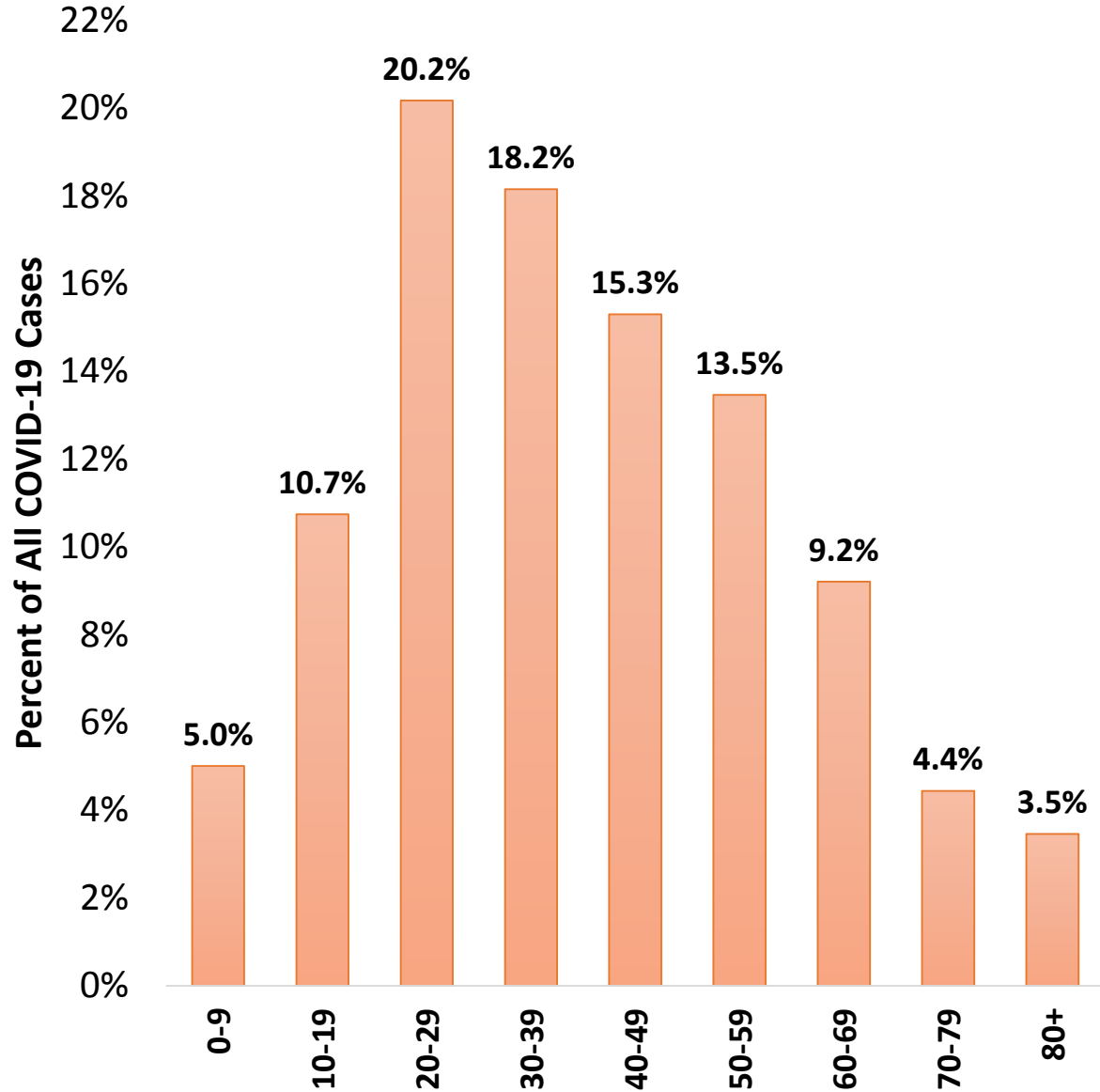
- 0 (No impact in presence of sufficient Personal Protective Equipment, PPE, and nasal pharyngeal swabs).
- Can improve impact to PPE during collection process.

- **Action:** Hold until other strategies implemented.

COVID-19 IN NM UPDATE

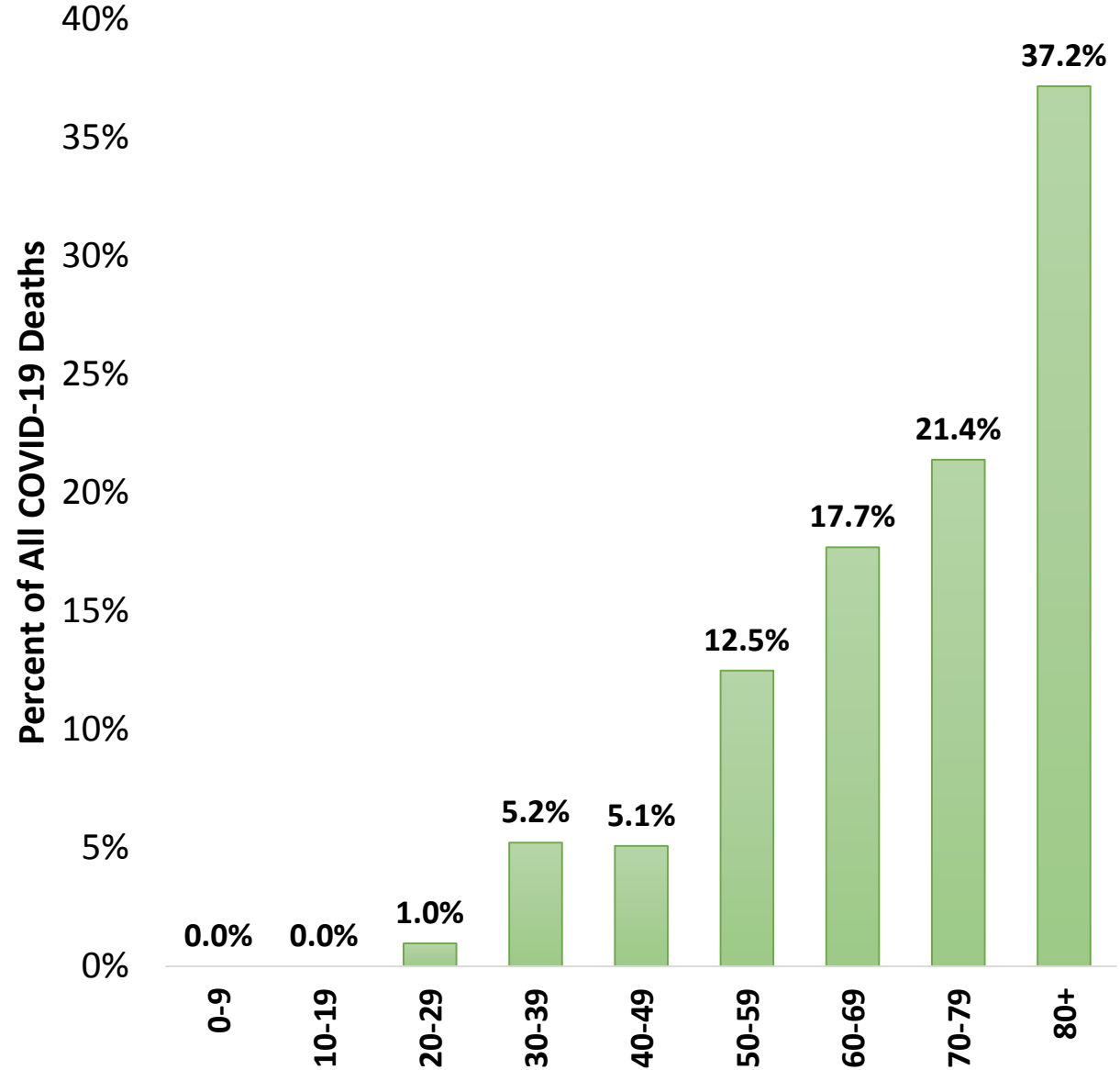
NM COVID-19 Confirmed Cases by Age as of 8/19/20 (%)

Source: NM
Department of Health
Excludes unknown
age

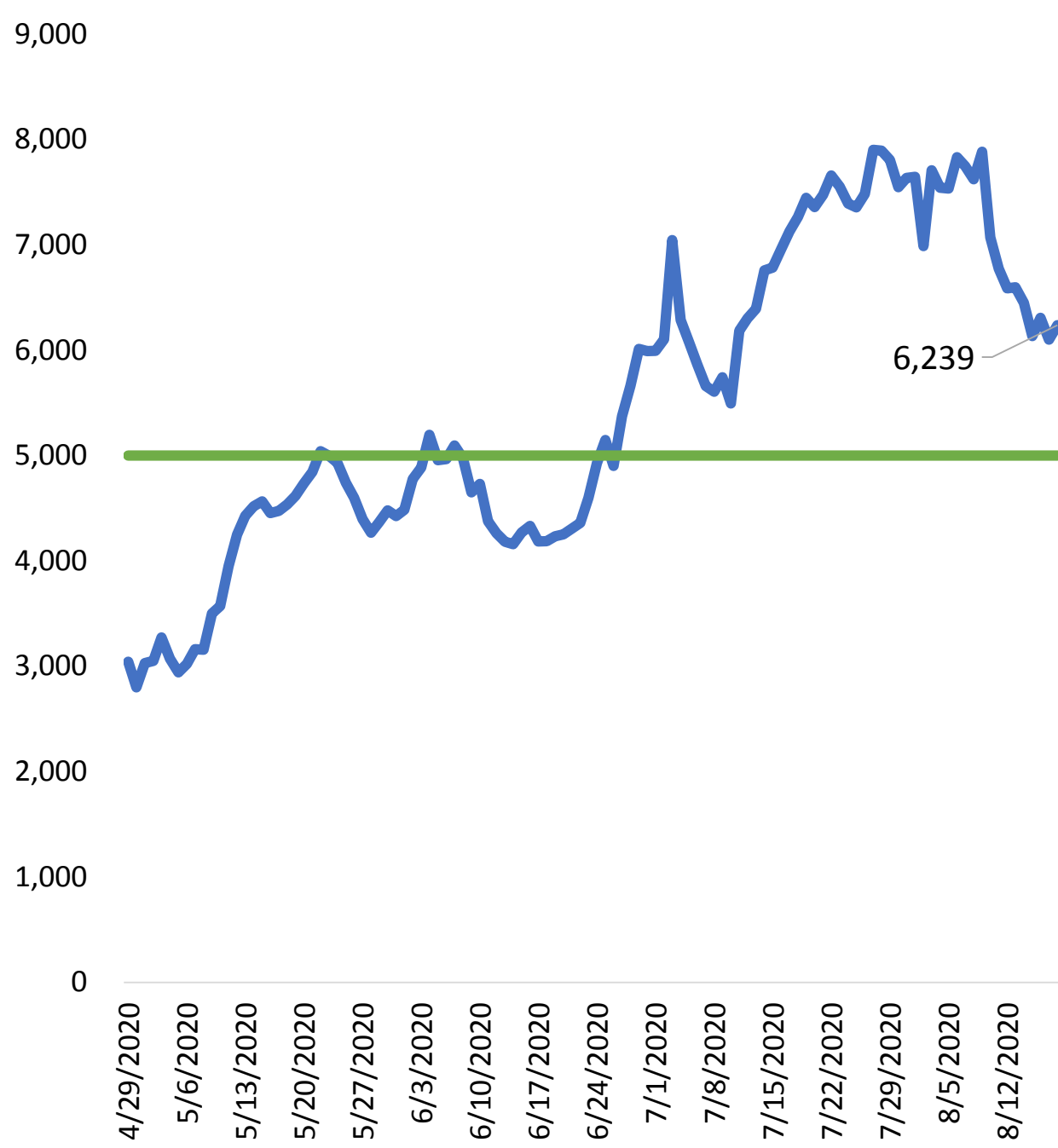


NM COVID-19 Deaths by Age as of 8/19/20 (%)

Source: NM
Department of Health
Excludes unknown
age



NM COVID-19 Tests, 7-Day Rolling Average

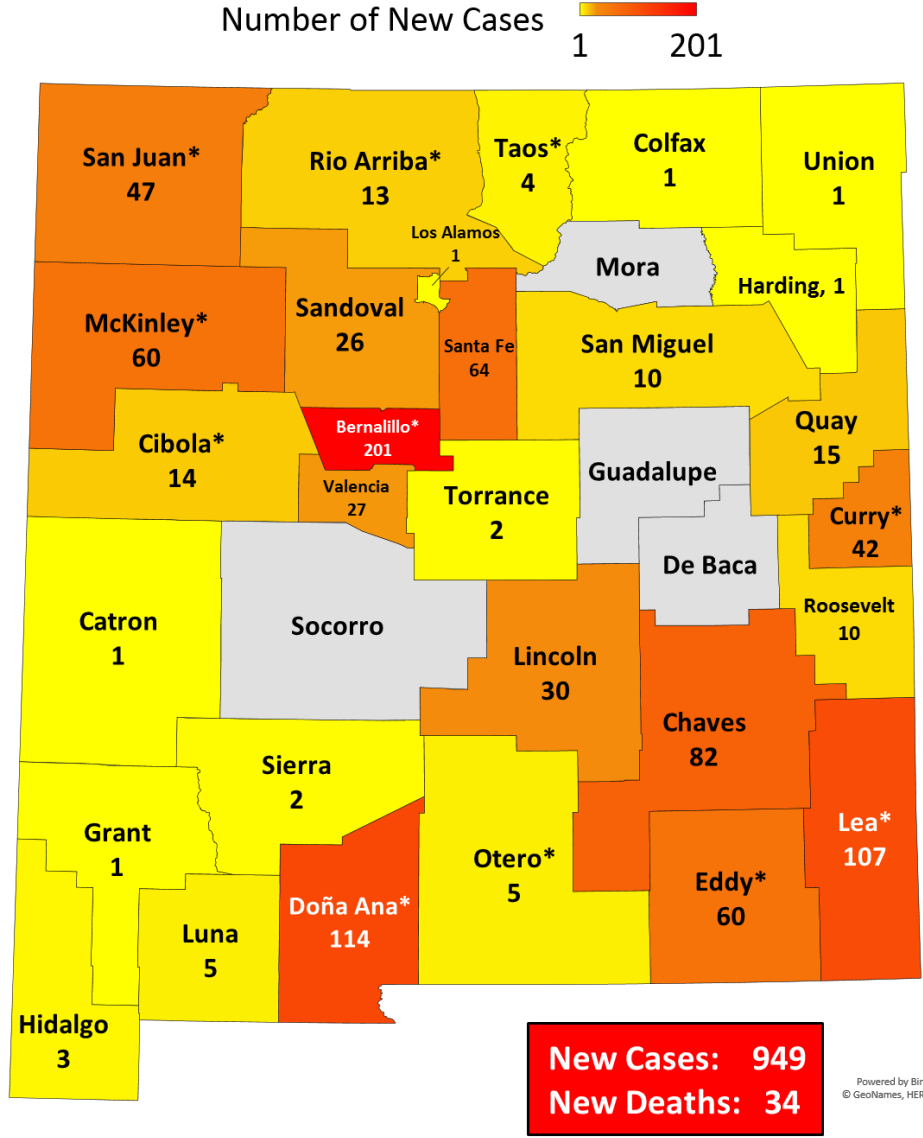
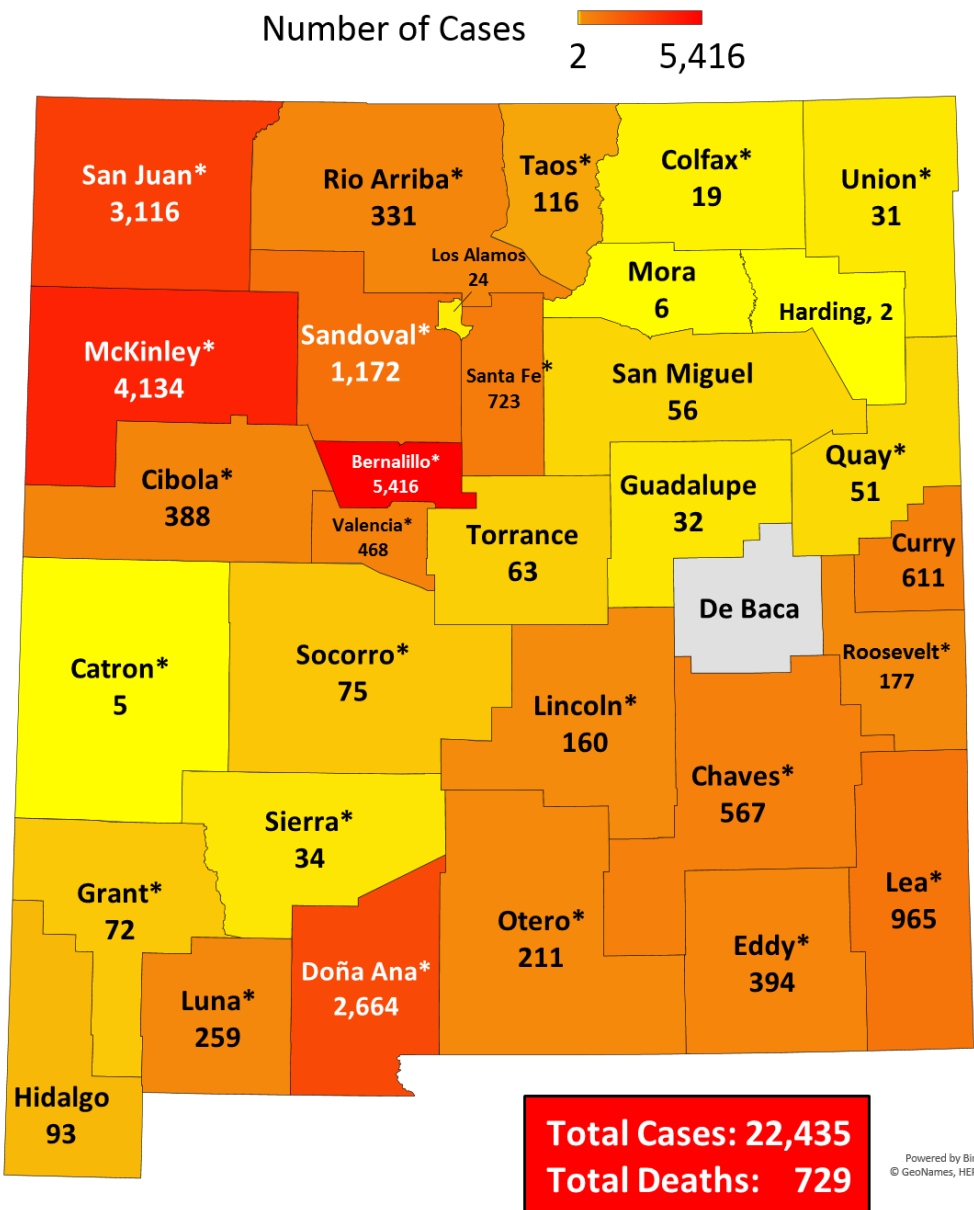


NM COVID-19 Tests Positivity Rate, based on confirmed daily cases, 7-Day Rolling Average



Total COVID-19 Positive Cases (8/19/2020)

New COVID-19 Positive Cases (Since 8/13/2020)



Source: New Mexico Department of Health. * denotes death occurred in county. Excludes cases in federal and state detention facilities.

Source: New Mexico Department of Health. * denotes death occurred in county. Excludes cases in federal and state detention facilities.

NM COVID-19 PEDIATRIC UPDATE

- COVID-19 cases in children ages 0-17, as a percent of all cases, increased slightly from 10.7% in May to 12.2% in August.
- U.S. average for reported percent of cases in the pediatric age group is up to 9.1% (2.4% in May).

NM COVID-19 Pediatric Cases as of 8/17/20							
Total cases ages 0-17	Total cases ages 0-17 %	Cases ages 0-4	Cases ages 0-4 %	Cases ages 5-17	Cases ages 5-17 %	Hospitalized %	Symptomatic %
608	10.7%	94	15.5%	514	84.5	0.66%	45.0%
701	15.3%	107	15.3%	594	84.7	1.0%	47.2%
791	10.4%	119	15.0%	672	85	1.1%	47.9%
889	10.1%	132	14.8%	757	85.2	1.0%	47.1%
1149	11.0%	162	14.1%	987	85.9	0.96%	47.7%
1458	11.2%	208	14.3%	1250	85.7	0.96%	46.2%
1934	11.1%	332	17.2%	1602	82.8	0.78%	43.3%
2497	11.9%	448	17.9%	2049	82.1	0.96%	51.3%
2830	12.2%	508	18.0%	2322	82	0.88%	39.8%

Mean Miles Traveled in New Mexico

8

7

6

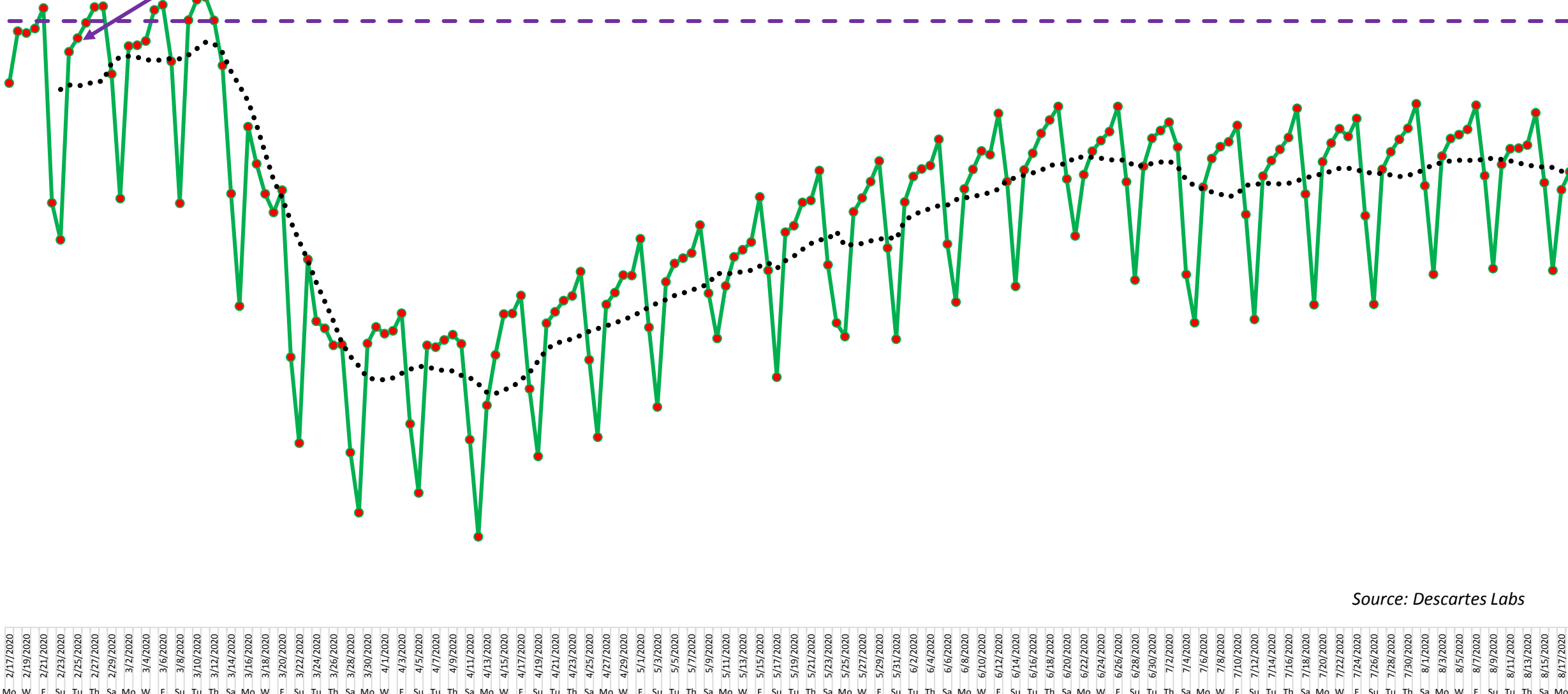
5

4

3

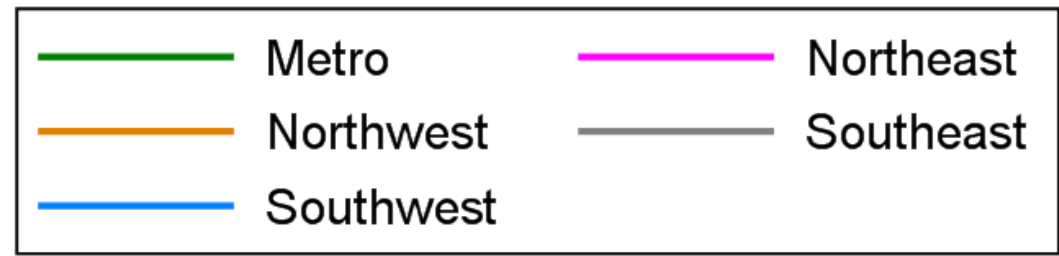
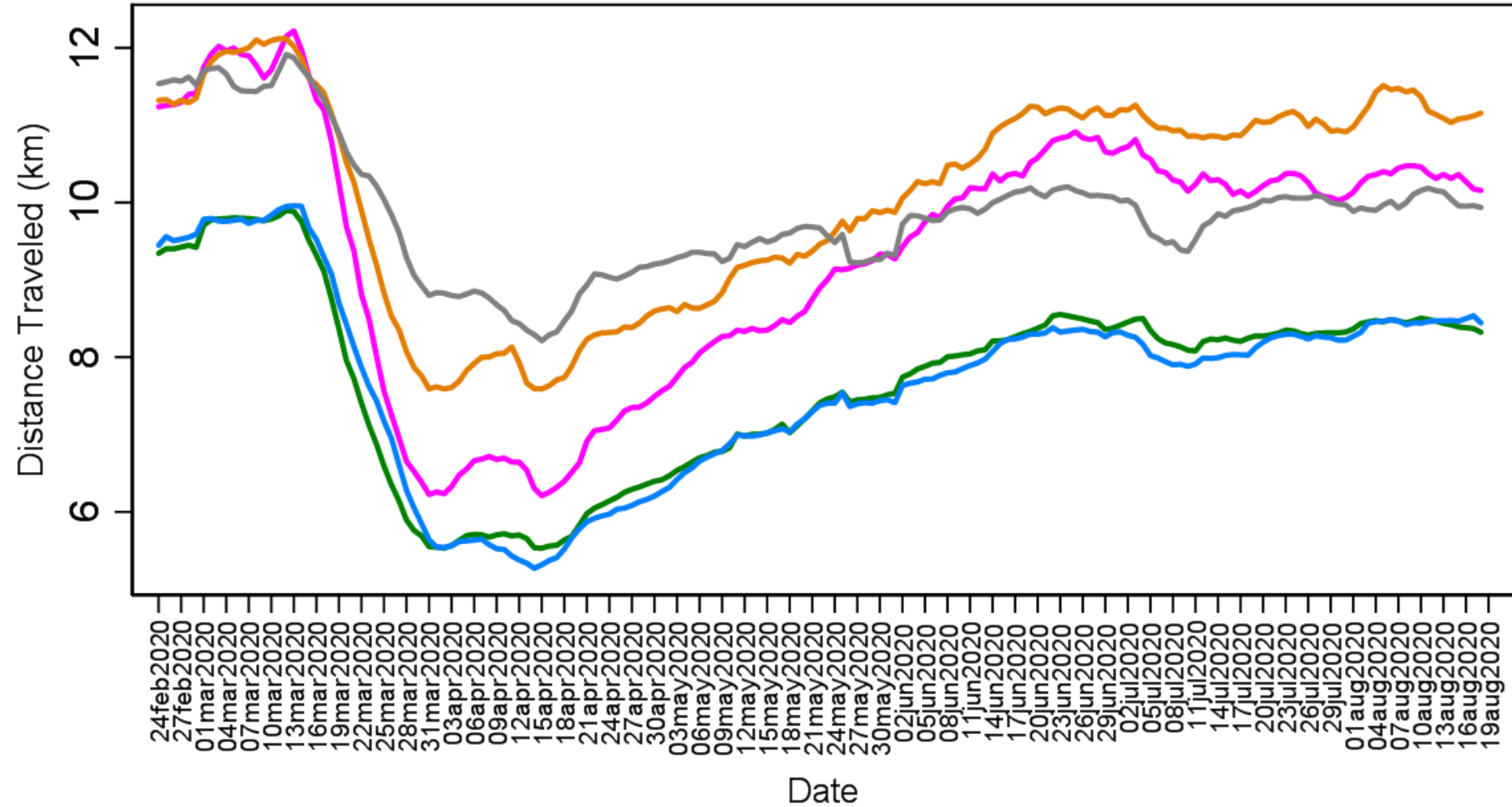
2

Pre-COVID-19 Mean Miles Traveled



Source: Descartes Labs

7-day Average of Mean Distance Traveled by NMDOH Region 8/18/2020



COVID-19 DAILY CASE DEFINITION METHODOLOGIES

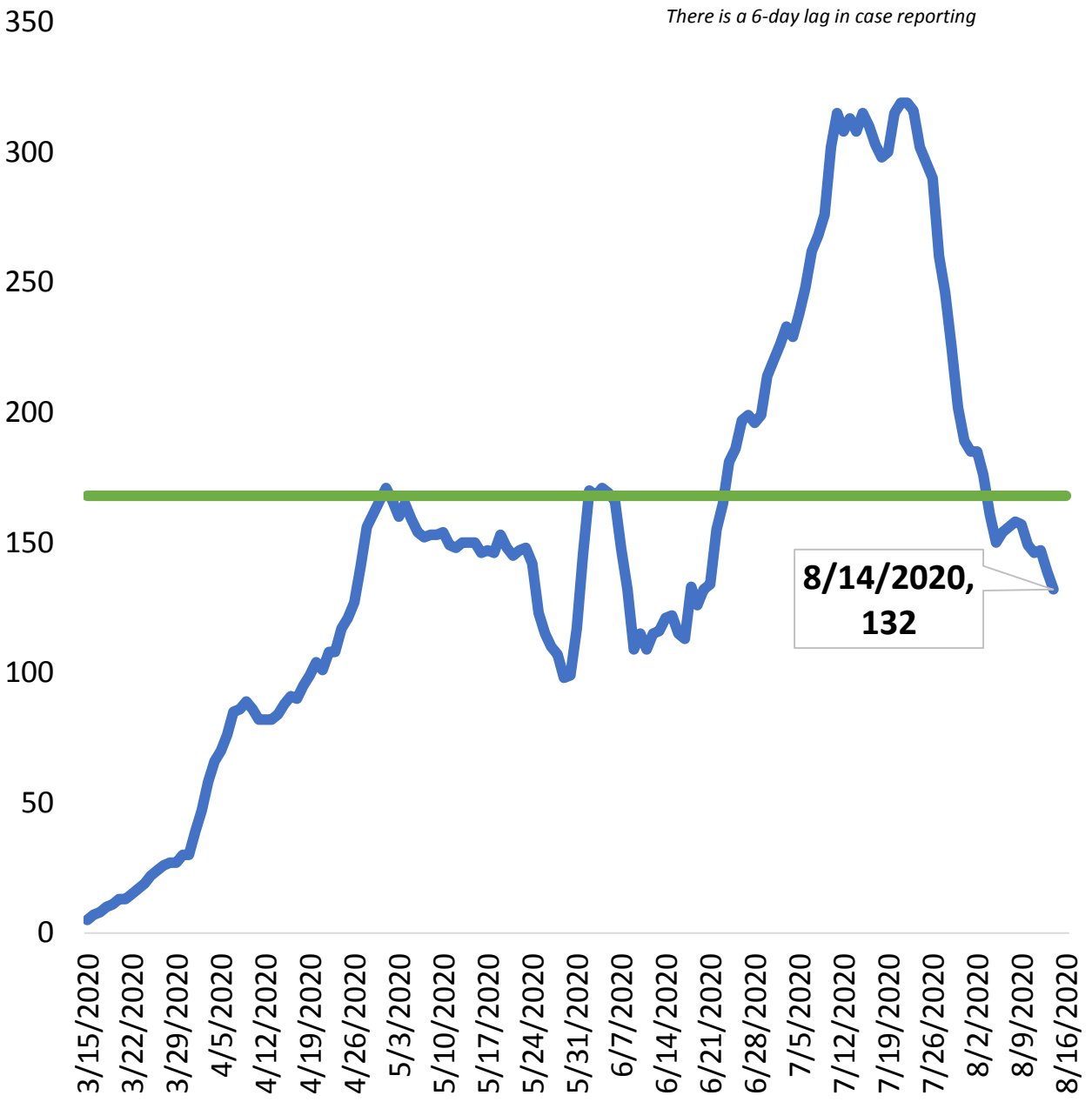
Report Type	Data Source	Description	Key Advantages	Key Disadvantages
Daily Confirmed Cases	NM Electronic Disease Surveillance System (NMEDSS), Case Dataset	Reported in daily press updates, daily confirmed cases reflect date case investigation record was created. Cases reported on noon to noon cycle.	<ul style="list-style-type: none"> • Timely. • Many New Mexicans track this themselves. • Incorporates all case data available in analyses. • Past results rarely change. 	<ul style="list-style-type: none"> • Influenced by delays/backlogs in the labs. • Not ideal for modeling because data reported can be days to week from the date test specimen was collected.
Daily Cases, Specimen Collection Date	NMEDSS, Test Dataset	Date test sample was collected.	<ul style="list-style-type: none"> • Independent of lab turnaround time. • Most complete and consistent way to anchor cases to the onset of infection. • Ideal for modeling. 	<ul style="list-style-type: none"> • Requires lag time to account for complete lab reporting. • Cases reported during the lag period cannot be analyzed because they are incomplete. • Confusion created by past results changing.

CASE REPORTING: SAME DAY, DIFFERENT RESULTS

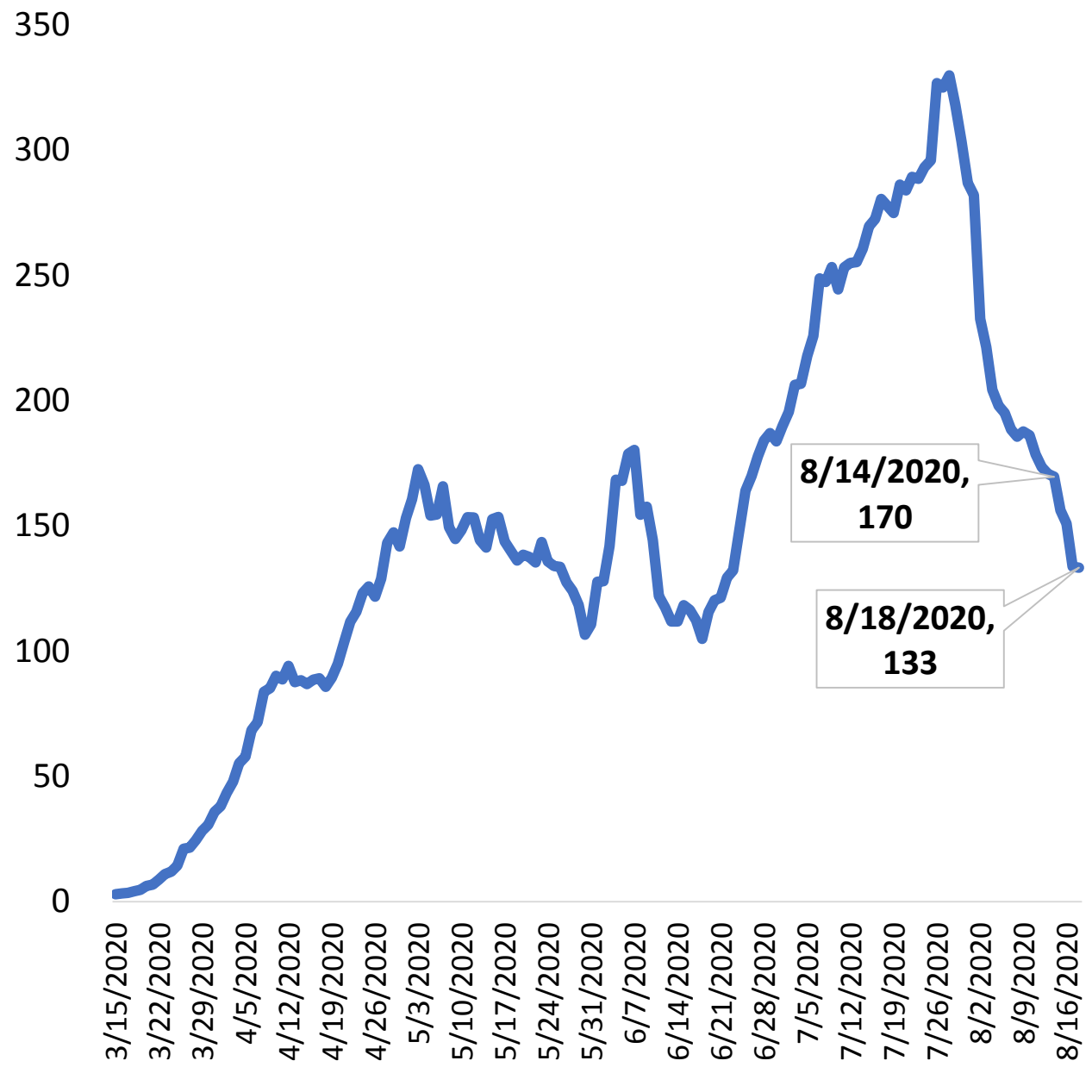
		Test Date										
		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	TOTAL
Report Date	Day 1	62										62
	Day 2	94	84									178
	Day 3	20	57	34								111
	Day 4	96	57	16	43							212
	Day 5	71	1	37	38	58						205
	Day 6	81	57	84	1	91	59					373
	Day 7	94	39	4	41	94	54	61				387
	Day 8	45	99	94	39	30	1	36	77			421
	Day 9	7	61	22	90	58	58	57	63	36		452
	Day 10	12	43	64	63	44	4	7	6	24	73	340
TOTAL	582	498	355	315	375	176	161	146	60	73	2741	

NM COVID-19 Daily Cases, Specimen Collection Date, 7-Day Rolling Average

There is a 6-day lag in case reporting

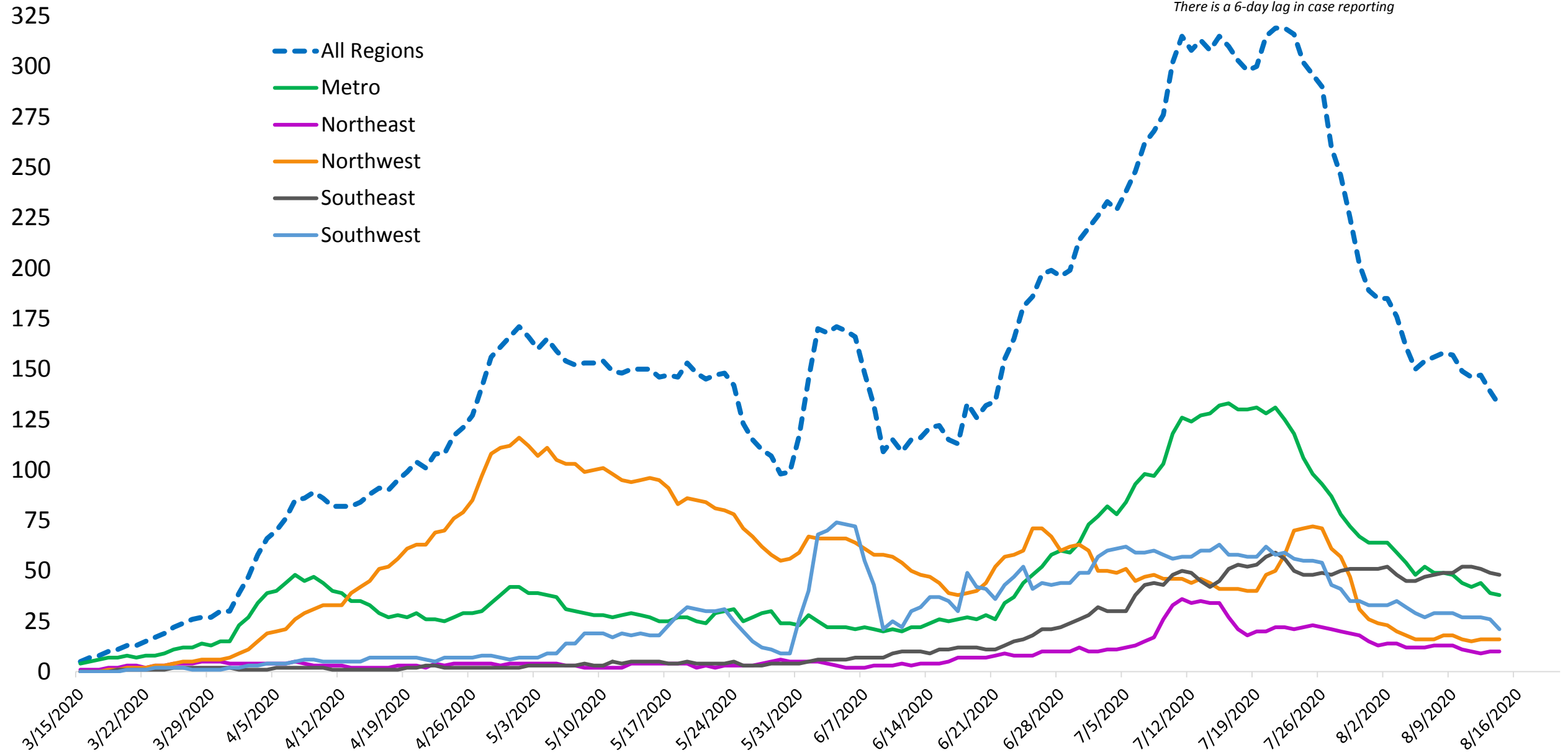


NM COVID-19 Confirmed Daily Cases, 7-Day Rolling Average 55



7-Day Average of Daily COVID-19 Positive Cases by Date of Specimen Collection, NMDOH Regions 8/20/2020

Source: New Mexico Department of Health
There is a 6-day lag in case reporting



GATING CRITERIA UPDATE

STATEWIDE PUBLIC HEALTH GATING CRITERIA FOR REOPENING

Criterion	Measure	Gating Target	Current Status
Spread of COVID-19	Rate of COVID-19 Transmission (10-day Rolling Average)	1.05 or less	0.70 on 8/18/20
	NM daily cases (7-day rolling average)	168	132 on 8/14/20
Testing Capacity: general and targeted populations*	Number of tests per day (7-day rolling average)	5,000 / day	6,239 on 8/18/20
	Test Positivity Rate (7-day rolling average)	5.0% or less	2.16% on 8/18/20
Contact Tracing and Isolation Capacity	Time from positive test result to: -isolation recommendation for case -quarantine rec. for case contacts	24 hrs	Week ending 8/14 = 17
		36 hrs	Week ending 8/14 = 29
Statewide Health Care System Capacity	Availability of scarce resources in 7 Hub Hospitals: -Adult ICU beds occupied	439 or less	244 on 8/20/20
	-PPE	7-day supply	7 on 8/18/20

ALL 4 CRITERIA DRIVEN BY SOCIAL DISTANCING BEHAVIORS OF NEW MEXICANS

WHO'S USING WHAT CRITERIA?

New Mexico Daily Cases (Rolling 7 day average)	105 Cases	168 Cases	210 Cases	315 Cases
Cases Per 100,000	5	8	10	15
Cases per Million	50	80	100	150
Used or Endorsed by	NM MAT Modeling Team	CA County Watch List (approximate) and COVIDExitStrategy.com* cutoff from Red to Yellow	The Path to Zero (Harvard) at globalepidemics.org+ cutoff from Orange to Yellow	COVIDExitStrategy.com "Bruised Red" and White House Task Force

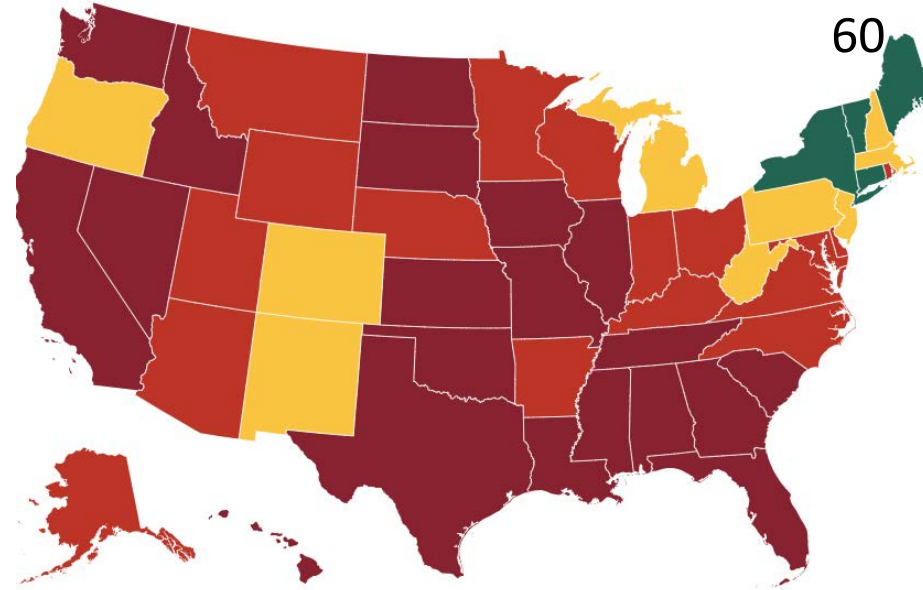
*COVIDExitStrategy.com




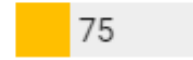
+Globalepidemics.org


- Dark Red: More than 150 cases per million per day
- Red: Between 80–150 cases per million per day
- Yellow: 80–40 cases per million per day
- Green: Less than 40 cases per million per day

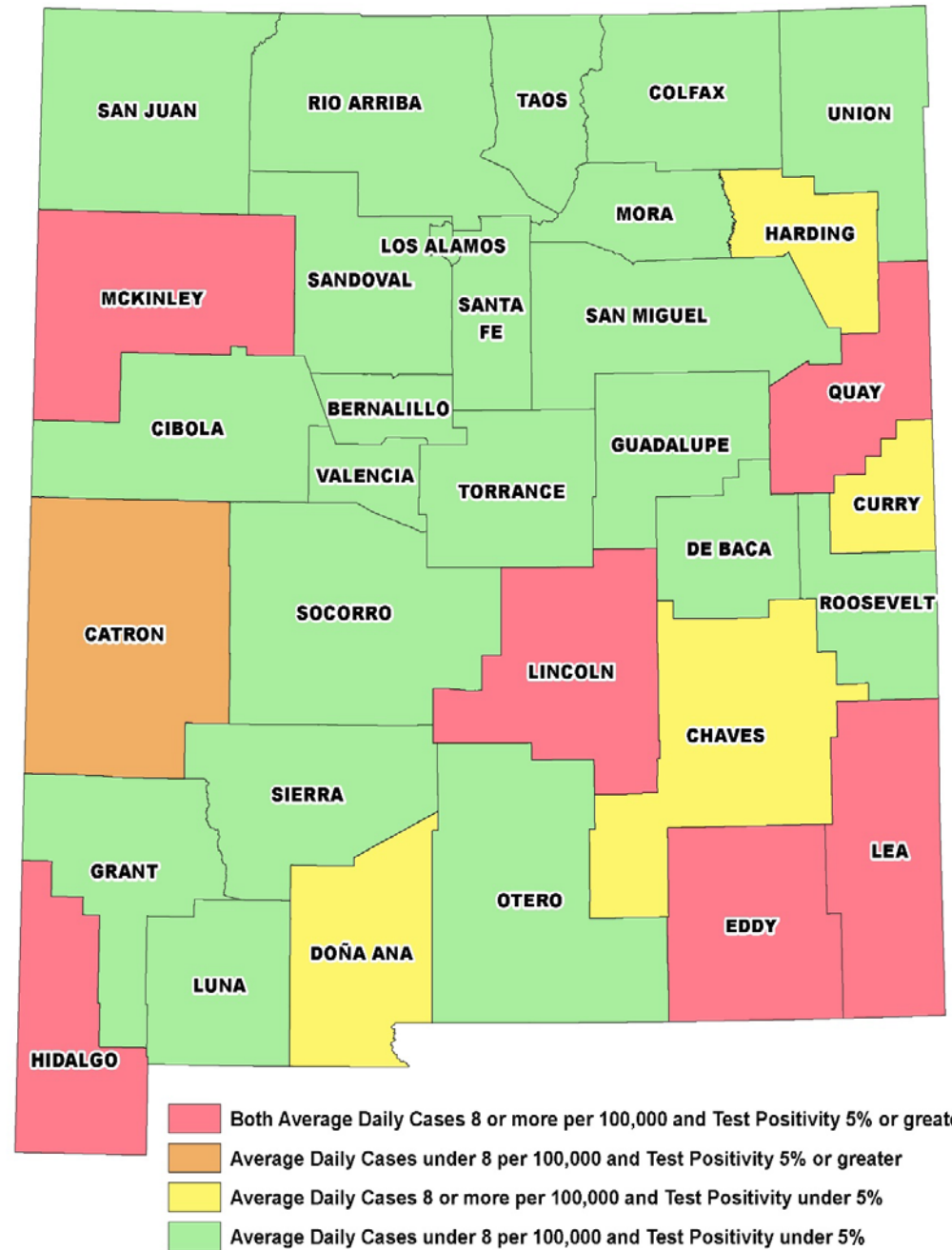
- **GREEN:** <1 daily new cases per 100,000 people.
- **YELLOW:** 1 < 10 daily new cases per 100,000 people.
- **ORANGE:** 10 < 25 daily new cases per 100,000 people.
- **RED:** >25 daily new cases per 100,000 people.

HOW WE REOPEN SAFELY



STATE NAME	14-DAY TREND OF COVID+	LAST 14 DAYS OF COVID+ (ROLLING)	% OF TEST TARGET (INCIDENCE ADJUSTED)	ICU OCCUPIED	NEW CASES PER MILLION PER DAY	CONTACT TRACING POSSIBLE?	COVID+ RATE IS	COVID+ RATE IS1
New Mexico 	-23% Decreasing			62% Normal		Possible Positivity low	2.3% Decreasing	2.4% Decreasing

Notes: If a  is next to a state it indicates a state-wide mandated mask policy for indoor AND outdoor settings. For detailed definitions see: <https://www.covidexitstrategy.org/definitions-and-criteria>



**Test Positivity by Average Daily Cases per 100,000 Population,
by New Mexico County,
August 17, 2020**

WE MUST CONTINUE TO MOVE SLOWLY...

Nothing about the virus has changed!

- Reopening *can only proceed* if New Mexicans pull together to prevent spread
- To get our children back *in* school, *all of us* need to wear masks and stay 6 feet apart



WE ARE SEEING A CONTINUED DOWNWARD TREND, AND CLOSE TO OUR TARGET. CONTACT TRACING IS WORKING. WE ALL STILL MUST TO FIGHT THE VIRUS.

Stay at home

Wash hands, clean surfaces, cough into tissue/elbow

Everyone needs to wear face coverings in public

Maintain social distancing (minimum 6 feet)


OTHER UPDATES

NMDWS VIRTUAL TOWN HALL ON HOUSING ASSISTANCE

- Loss of \$600 federal payment for unemployment has created hardship and worry for many New Mexicans.
- NM Department of Workforce Solutions (NMDWS) held a town hall providing information and resources on rental assistance and what if threatened with eviction.
- Presentation available at NMDWS YouTube channel.

HOUSING IN A PANDEMIC: RENT, MORTGAGES, & EVICTIONS IN A PANDEMIC

HOWIE MORALES, NEW MEXICO LT GOVERNOR
 BILL MCCAMLEY, SECRETARY OF NM DEPARTMENT OF WORKFORCE SOLUTIONS
 NICOLE MARTINEZ, DIRECTOR OF THE MESILLA VALLEY COMMUNITY OF HOPE
 SERGE MARTINEZ, PROFESSOR UNM SCHOOL OF LAW



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HUMAN
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QUESTIONS

INVESTING FOR TOMORROW, DELIVERING TODAY.