KCMO Health Department COVID-19 Update
Downtown Council Executive Committee


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KCMOHD COVID-19 Goals

1. Prevent Hospitalizations/Deaths
   Protect the High Risk! Slow Down the Outbreak* through Social Distancing, Wearing Masks, Timely Disease Investigation/Contact Tracing and Eventually Vaccination)

2. Re-open the Economy as Safely as Possible

*Testing alone nor Medical Care can do anything to slow the outbreak
COVID-19 Trends Kansas City, Missouri

Monday, July 13, 2020

Data provided and published by KC MO Health Department | Media Inquiries 816-719-3610 | Built with assistance from PalHC

Total Cases by Report Date

Number of Cases

Cases by Week

Total Deaths by Date

New Cases by Report Date

The number of new cases will always spike after a weekend, as we do not report cases on Saturday & Sunday

Note: Data are based on information reported from case interviews, laboratories, and providers. Detailed data may not be immediately available for recently reported cases. Figures will be updated as information becomes available.
Figure 1: Toronto SARS Cases* Contacts Requiring Quarantine†

- **Suspect**
- **Probable**
- **Contacts**

- Cases first recognized in phase 2
- Outbreak prematurely declared over
- Last case recognized in phase 1
- Index case

<table>
<thead>
<tr>
<th>Onset date of first symptom</th>
</tr>
</thead>
</table>
COVID-19 Testing Trends Kansas City, Missouri

Data are provisional & subject to change

50275 52798 4.78
Total Residents Negative Total Residents Tested Positivity Rate

Residents Tested & Positivity Rate by Date

Testing data highly likely to change during this time period.

Positivity rates are calculated based on most current data available. Rates for more recent dates are likely much higher than what they actually are because not all tests have been reported. Data will be updated weekly.

Positivity data does not represent all COVID-19 tests conducted in Kansas City, but represents the number of Kansas City residents tested. About 15% of the data reported is based on facility, not patient address, and therefore may contain non-Kansas City, MO residents. Totals will change as patient address is verified when possible. Residents who were tested multiple times were only counted once, and reported here based on their earliest test date.
COVID-19 Case Demographics Kansas City, Missouri

Monday, July 13, 2020

Cases by Gender

- Female: 53.67%
- Male: 46.33%

Cases by Source

- Community Contact: 70.59%
- Epi Linked: 29.41%
- Source Unknown

Hospitalization Status

- Required Hospitalization: 2116
- Did Not Require Hospitalization: 269
- Unknown: 148

Cases by Age Group

- 0 to 9: 55
- 10 to 19: 147
- 20 to 29: 382
- 30 to 39: 214
- 40 to 49: 124
- 50 to 59: 47
- 60 to 69: 21
- 70 to 79: 85
- 80 to 89: 20
- 90+: 1

Age-Specific Rate

- 0 to 9: 746.7
- 10 to 19: 741.8
- 20 to 29: 720.3
- 30 to 39: 621.4
- 40 to 49: 447.5
- 50 to 59: 502.2
- 60 to 69: 273.9

90+ is excluded from age-specific rates because 2014-2018 ACS population estimates are unavailable for this age group.
COVID-19: Are you an older adult at risk?
As you get older the risk for severe illness from COVID-19 increases with age, with older adults at highest risk. People in their 50s are higher risk for severe illness than people in their 40s. Similarly people in their 60s or 70s in general, are at higher risk for illness than people in their 50s. The greatest risk for severe illness from COVID-19 is among those 85 or older. Other factors such as having an underlying medical condition may increase your risk for severe illness.
*CDC reports show that 8 out of 10 COVID-19 deaths reported in the U.S. have been adults 65 years of older.*

It is important of people with increased risk and those who live with them to protect themselves from getting covid-19. The best way to protect yourself and help reduce the spread of the virus is to

- Limit interaction with people as much as possible
- Take precaution to prevent getting COVID-19 when you are interacting with others.
  - Wear a mask or face covering
  - Wash hand frequently
  - Maintain social distance of at least 6ft.
  - Limit contact of commonly touched surfaces or shared items.
**Strongest & Most Consistent Evidence**

- Sickle Cell disease
- Type II Diabetes Mellitus
- COPD
- Obesity (body mass index (BMI) > 30)
- Solid Organ Transplantation
- Chronic Kidney disease;
  - and those undergoing dialysis

**Mixed Evidence**

- Asthma
- Cerebrovascular Disease (affects blood vessels and blood supply to brain)
- Hypertension or High blood pressure
Where Masks Aren’t Required, Virus Cases Have Gone Up

<table>
<thead>
<tr>
<th>States where mask use is ...</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory in public</td>
<td>-25%</td>
</tr>
<tr>
<td>Required by employees and patrons of certain businesses</td>
<td>-12%</td>
</tr>
<tr>
<td>Required by employees of certain businesses</td>
<td>+70%</td>
</tr>
<tr>
<td>Recommended, but not required</td>
<td>+84%</td>
</tr>
<tr>
<td>U.S. total</td>
<td>+22%</td>
</tr>
<tr>
<td>States where mask use is ...</td>
<td>New cases, June 1-7</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Mandatory in public</td>
<td>61,064</td>
</tr>
<tr>
<td>Required by employees and patrons of certain businesses</td>
<td>24,860</td>
</tr>
<tr>
<td>Required by employees of certain businesses</td>
<td>28,321</td>
</tr>
<tr>
<td>Recommended, but not required</td>
<td>38,638</td>
</tr>
<tr>
<td><strong>U.S. total</strong></td>
<td><strong>152,883</strong></td>
</tr>
</tbody>
</table>
When epidemiologists said they expect to do these activities in their personal lives, assuming the pandemic and response unfold as they expect.
## Maybe a year or more

<table>
<thead>
<tr>
<th>Activity</th>
<th>This summer</th>
<th>3 to 12 mos</th>
<th>1 yr.+</th>
<th>Never again</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attend a wedding or a funeral (n = 501)</td>
<td>17</td>
<td>41</td>
<td>42</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Hug or shake hands when greeting a friend (503)</td>
<td>14</td>
<td>39</td>
<td>42</td>
<td>6</td>
</tr>
<tr>
<td>Go out with someone you don't know well (363)</td>
<td>14</td>
<td>42</td>
<td>42</td>
<td>2</td>
</tr>
<tr>
<td>Attend a church or other religious service (220)</td>
<td>13</td>
<td>43</td>
<td>43</td>
<td>2</td>
</tr>
<tr>
<td>Stop routinely wearing a face covering (513)</td>
<td>7</td>
<td>40</td>
<td>52</td>
<td>1</td>
</tr>
<tr>
<td>Attend a sporting event, concert or play (489)</td>
<td>3</td>
<td>32</td>
<td>64</td>
<td>1</td>
</tr>
</tbody>
</table>
Figure 4. The effect on $R_e$ of the proportion of the population wearing a facemask. The solid line is the mean and the shaded area shows the 95% confidence interval. By the public wearing an effective facemask all of the time (rather than just starting when COVID-19 symptoms appear), the $R_e$ can be brought below 1, leading to the pandemic dying out.
WHY YOU SHOULD WEAR FACEMASKS

LET ME TRY AND MAKE IS SIMPLE FOR YOU...

THE URINE TEST

IF WE ALL RUN AROUND NAKED AND SOMEONE PEES ON YOU, YOU GET WET RIGHT AWAY.

IF YOU ARE WEARING PANTS, SOME PEE WILL GET THROUGH - BUT NOT AS MUCH, SO YOU ARE BETTER PROTECTED.

IF THE GUY WHO PEES ALSO IS WEARING PANTS, THE PEE STAYS WITH HIM AND YOU DO NOT GET WET.
1. How to recognize, manage, and communicate in a crisis

2. How to pivot from managing a crisis to advocating for long-term policy change that can prevent the crisis from happening again

3. How to awaken a sense of crisis on a longstanding problem to generate momentum for change
Blacks/African Americans are:

- Less likely to live in neighborhoods with abundant healthy food options, green space, working lighting and an overall sense of safety
- More likely to live in densely populated areas, use public transit, and have problems accessing quality health care

Regarding work for Black and Hispanic residents:

- More likely to be a part of the new COVID-19 ‘essential workforce’ – as bus drivers, food service workers, janitors, retail cashiers, stockers
  - Less likely to be paid if they get sick and have to miss work

This means that Black and Hispanic workers and their families are over-exposed to COVID-19
There are 159 countries in the United Nations (UN) that require paid sick leave for their residents and yet the United States is not one of them. In fact, we are far behind many of our UN counterparts in that we have no federal requirements for paid sick leave. This means that no matter how hard our nation’s health and government organizations work to protect the public from contagious diseases during outbreaks, the US policy on sick leave (or lack thereof) leaves residents vulnerable and has a negative impact on their lives in a number of ways, starting with job security and financial stability.
Assuring Public Health Infrastructure
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New Jersey’s Governor Murphy says, “Public Health Creates Economic Health.”

The implied corollary is:

Underinvesting in Public Health Creates Economic Depressions!