Nebraska Statewide Infectious Disease Updates

August 20, 2024

Nebraska Updates

TUESDAY 8/20/2024

- **International and National Updates- James Lawler**
- **Public Health and Coalition Leader Updates**
- **ICAP LTC & ALF Updates - Juan Teran**
- **Other Updates - All**

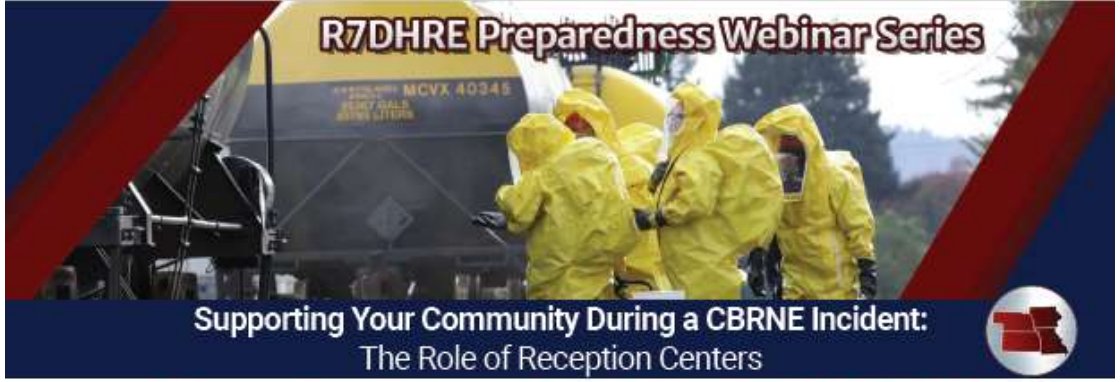
Nebraska Infectious Diseases Society 2024 Annual Meeting

When: August 23, 2024 (8am-5pm)
Where: Thompson Alumni Center
6705 Dodge St, Omaha, NE 68182
Who: Infectious diseases providers and staff, primary care providers, infection control, microbiology, public health, pharmacists, and stewardship

Register today!

Nebraska

Scan the QR Code to Register



Supporting Your Community During a CBRNE Incident:
The Role of Reception Centers

Thursday, September 5th @ 1PM, CST

This Zoom webinar will be presented by: Angela Leek, PhD, CHP & Frank Rutar, MS, CHP

This session will explore how communities use reception centers to support citizens impacted by a range of incidents, including chemical, biological, radiological, and nuclear (CBRN) incidents. The discussion will highlight how existing reception center plans can be adapted for CBRN situations while identifying areas where plans should be augmented to ensure the availability of proper resources and expertise for effective support during CBRN incidents. The R7DHRE Radiation Specialty Team will review the crucial role of Community Reception Centers (CRCs) during a radiological incident, provide a template for communities to update their plans, and share valuable training information and resources.

Objectives:

- Identify the types of support and reception centers typically used to aid communities affected by natural disasters or other incidents.
- Examine the key aspects of CBRN incidents that necessitate specialized adaptations to support center operations.
- Describe the fundamentals of establishing and operating a Community Reception Center (CRC) for a radiological incident.
- Demonstrate available templates and resources to review and adapt existing reception center and CBRN plans, ensuring effective community support.

This webinar on Zoom is designed for physicians, nurses, first responders, healthcare coalitions, public health, emergency managers, federal and state partners and other professionals throughout Region 7 (IA, KS, MO, and NE) and beyond. Continuing education credits will be provided.

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In support of improving patient care, University of Nebraska Medical Center is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Register Here

Region VII Disaster Health Response Ecosystem

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R7DHRE

NHA | NEBRASKA HOSPITALS

VULNERABLE POPULATIONS CONFERENCE

NEBRASKANS CARING FOR NEBRASKANS - SUPPORTING OUR VULNERABLE POPULATIONS ACROSS THE CARE CONTINUUM

September 19-20, 2024
Cornhusker Hotel
Lincoln, NE

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INTERNATIONAL & NATIONAL UPDATES

COVID-19 (and Other) Update

August 20, 2024

WHO Director-General declares mpox outbreak a public health emergency of international concern

14 August 2024 | News release | Reading time: 3 min (789 words)

Media Contacts

“This PHEIC determination is the second in two years relating to mpox. Caused by an Orthopoxvirus, mpox was first detected in humans in 1970, in the DRC. The disease is considered endemic to countries in central and west Africa.

In July 2022, the multi-country outbreak of mpox was declared a PHEIC as it spread rapidly via sexual contact across a range of countries where the virus had not been seen before. That PHEIC was declared over in May 2023 after there had been a sustained decline in global cases.”

Human Monkeypox

CDC

More Monkeypox Rash Photos

Photo Credit: NHS England High Consequence Infectious Diseases Network

CDC

View PDF

Trends in Pharmacological Sciences

CellPress

Volume 44, Issue 10, October 2023, Pages 719-739

Review

Differences in pathogenicity among the mpox virus clades: impact on drug discovery and vaccine development

Graciela Andrei [1], Robert Snoeck [1]

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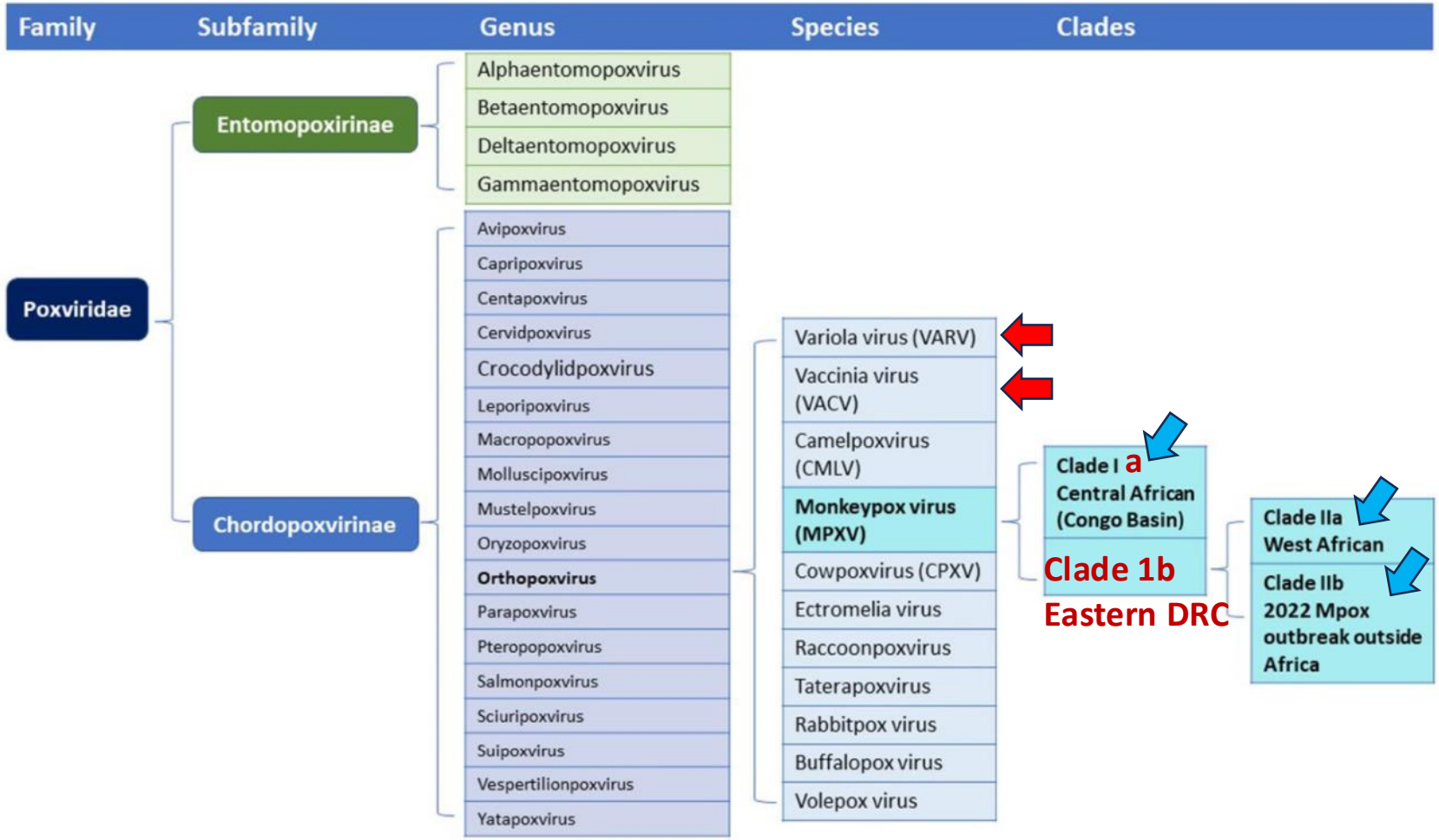
https://doi.org/10.1016/j.tips.2023.08.003 Get rights and content



Trends in Pharmacological Sciences

World Health Organization

Multi-country outbreak of mpox

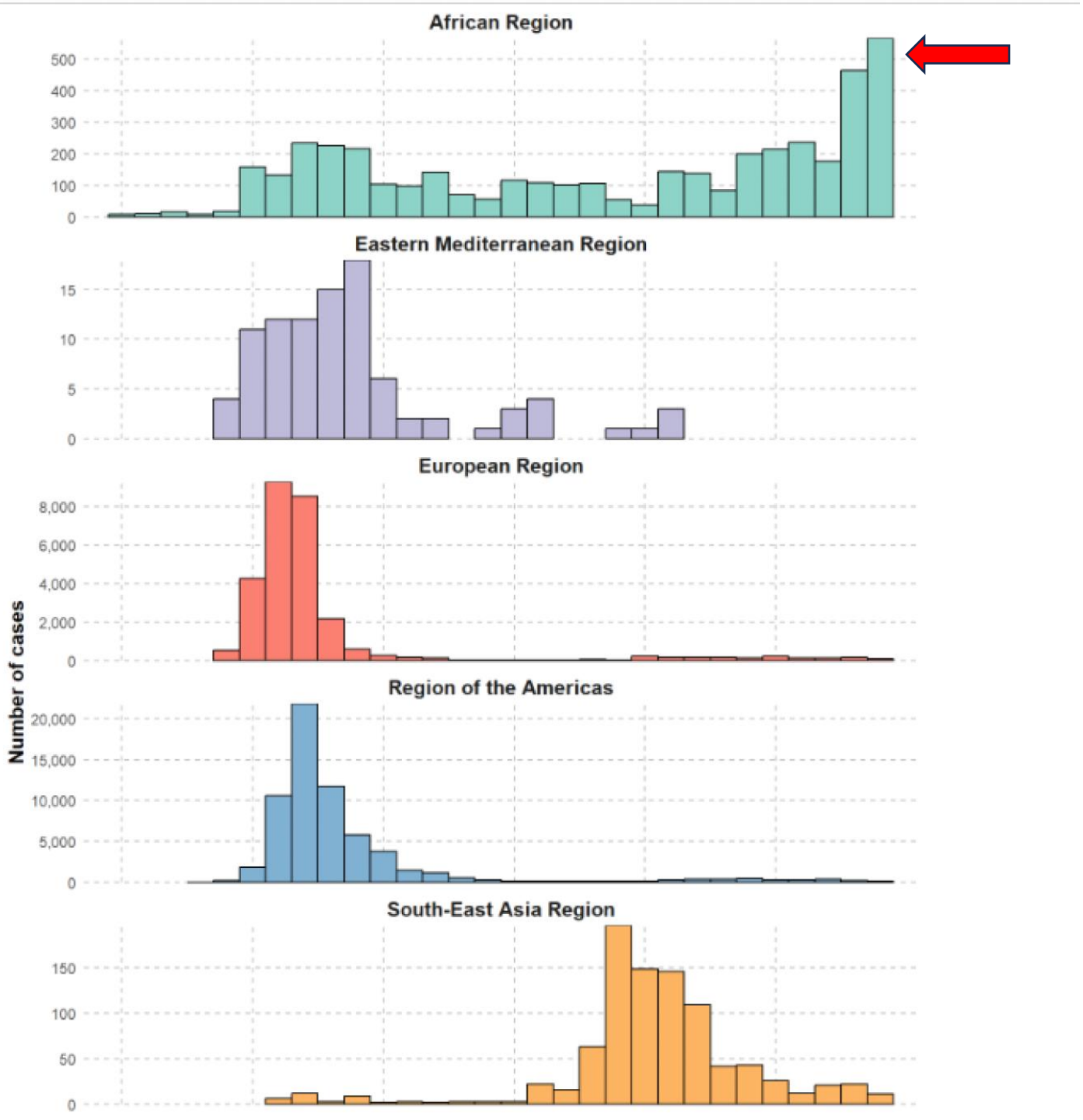
External Situation Report 35, published 12 August 2024
Data as received by WHO from national authorities as of 30 June 2024

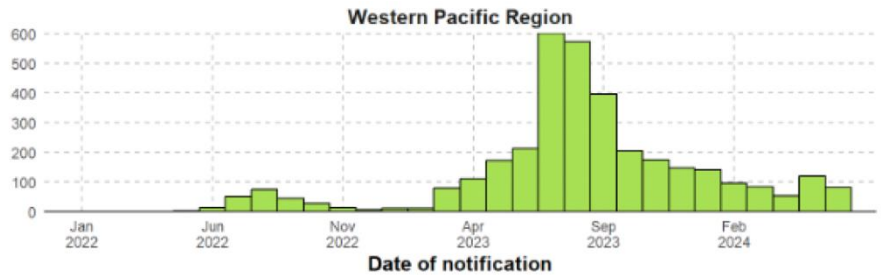
REPORTING PERIOD: 1 January 2022 – 30 June 2024

Laboratory-confirmed cases	Deaths	Countries/areas/territories
99 176	208	116

Mpox long-term risk assessment (as of August 2024)[1]

- **Eastern Democratic Republic of the Congo and neighbouring countries,** affecting mostly adults and spreading predominantly through sexual contact (linked to clade Ib): **HIGH**.
- **Areas of the Democratic Republic of the Congo where mpox is endemic,** affecting mostly children and spreading through multiple modes of transmission (linked to clade Ia): **HIGH**.
- **Nigeria and countries of West, Central and East Africa where mpox is endemic**, affecting children and adults and spreading through multiple modes of transmission (linked to clades I and II): **MODERATE**.
- **All countries in Africa and around the world,** where outbreaks affect mainly men who have sex with men and spread predominantly through sexual contact (linked to clade IIb): **MODERATE**


African Region
Eastern Mediterranean Region
European Region
Region of the Americas
South-East Asia Region
Number of cases


Western Pacific Region
Jan 2022
Jun 2022
Nov 2022
Apr 2023
Sep 2023
Feb 2024
Date of notification

Source: WHO

DRC

Population: 100 million*

*estimated

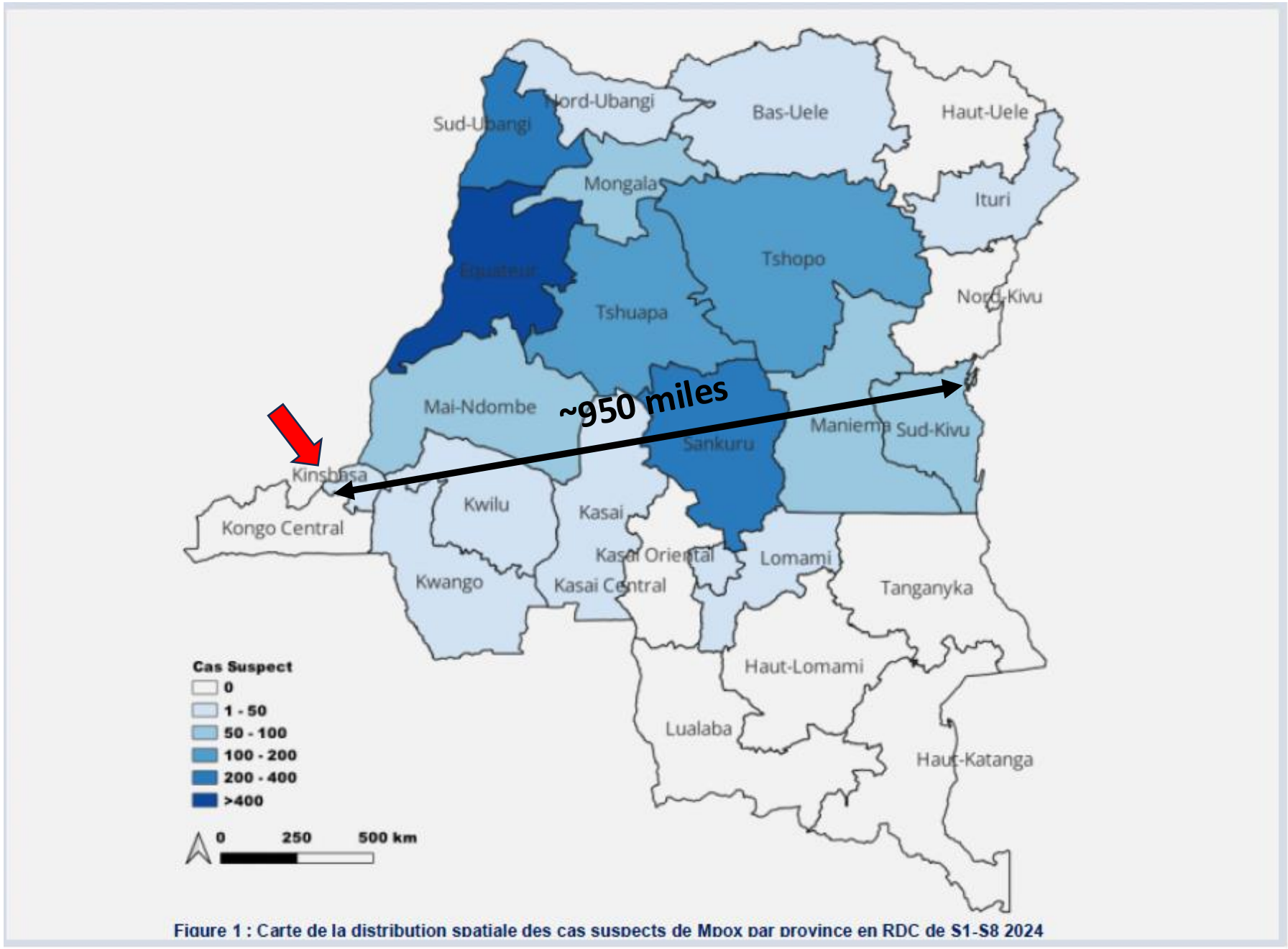


Figure 1 : Carte de la distribution spatiale des cas suspects de Mpox par province en RDC de S1-S8 2024

nature medicine

Brief Communication | Open access | Published: 13 June 2024

Sustained human outbreak of a new MPXV clade I lineage in eastern Democratic Republic of the Congo

Emmanuel Hasivirwe Vakaniaki, Cris Kacita, Eddy Kinganda-Lusamaki, Áine O'Toole, Tony Wawina-Bokalanga, Daniel Mukadi-Bamuleka, Adrienne Amuri-Aziza, Nadine Malyamungu-Bubala, Franklin Mweshi-Kumbana, Léandre Mutimbwa-Mambo, Freddy Belesi-Siangoli, Yves Mujula, Edyth Parker, Pauline-Chloé Muswamba-Kayembe, Sabin S. Nundu, Robert S. Lushima, Jean-Claude Makangara-Cigolo, Noella Mulopo-Mukanya, Elisabeth Pukuta-Simbu, Prince Akil-Bandali, Hugo Kavunga, Ombotimbe Abdramane, Isabel Brosius, Eugene Bangwen, ... Placide Mbala-Kingebeni

+ Show authors

Nature Medicine (2024) | Cite this article

Fig. 1: Mapping number of reported mpox cases and genomics analysis, Kamituga, DRC.

From: Sustained human outbreak of a new MPXV clade I lineage in eastern Democratic Republic of the Congo

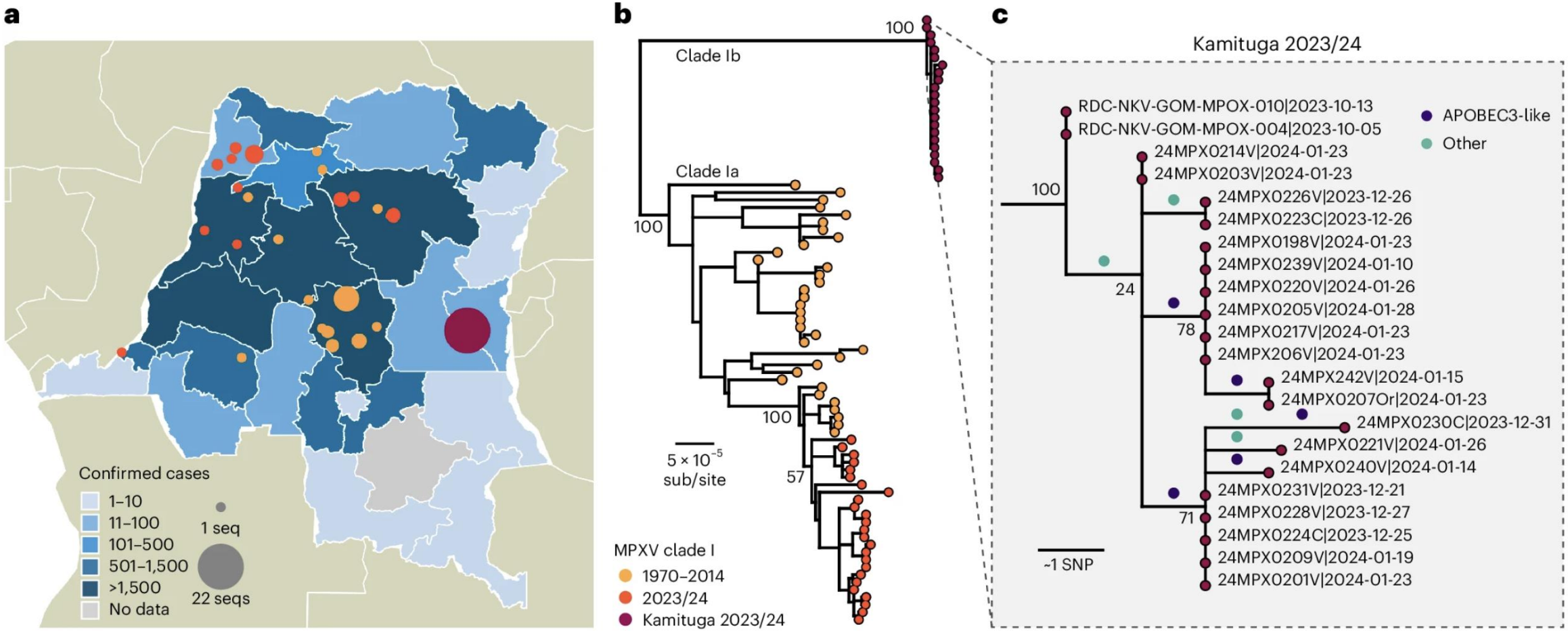
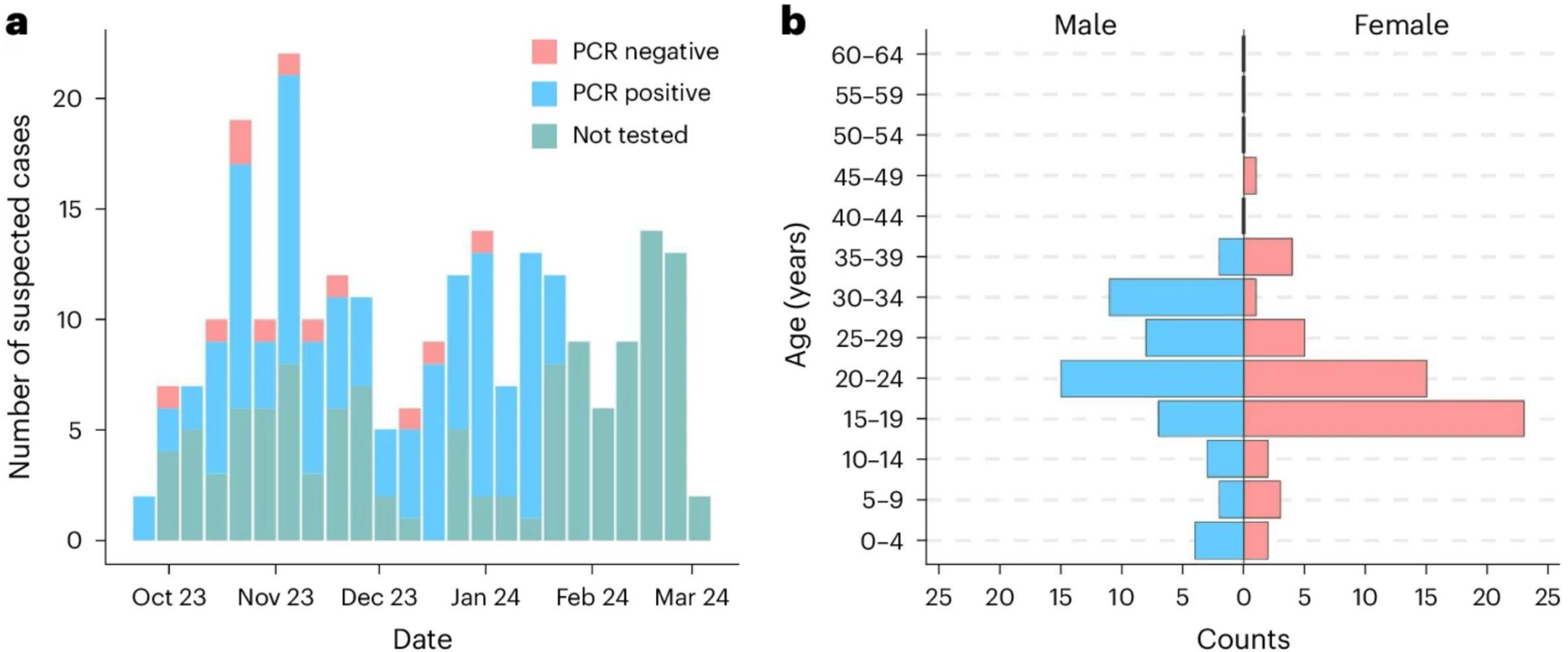
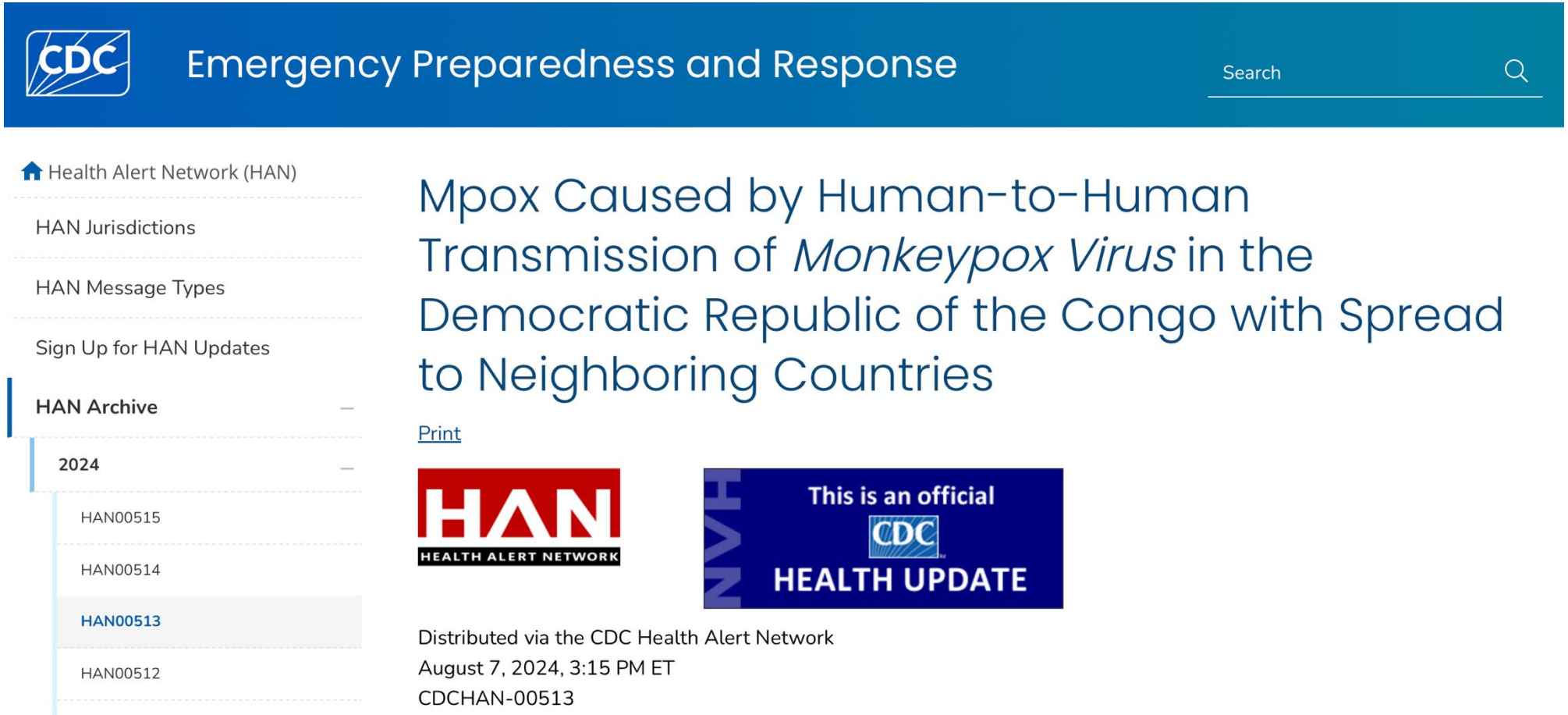


Fig. 2: Epidemiologic curve and mpox cases disaggregated by age and sex, Kamituga, DRC.

From: Sustained human outbreak of a new MPXV clade I lineage in eastern Democratic Republic of the Congo



a, Epidemiologic curve of Kamituga mpox outbreak (October 2023 to March 2024), DRC. **b**, Counts of suspected mpox cases disaggregated by age and sex (male in blue, female in pink).



Clade I MPXV is endemic in DRC and several other Central African countries, and cases are reported annually. **More than 22,000 suspect cases, with more than 1,200 suspected deaths, have been reported in DRC since January 1, 2023, a substantial increase from the median 3,767** suspect clade I mpox cases reported annually in DRC during 2016–2021.

MPOX CLADE 1 Spread per HAN

- Republic of the Congo (ROC) and Central African Republic (CAR).
  - “While clade I mpox is endemic in ROC and CAR, the epidemiologic pattern of recent cases suggests a possible link to DRC.”
- Burundi
- Rwanda
- Uganda

Table 1. Age distribution of reported mpox cases and deaths in the Democratic Republic of the Congo, 1 January to 26 May 2024 (n=7 851).

Age group (years)	Reported cases (n, % of total)	Deaths (n, % of total)	Case fatality ratio (%)	Crude OR of death (95% CI)	P-value
<1	897 (11)	77 (20)	8.6	3.8 (2.6-5.3)	<0.001
1 - 4	2 193 (28)	163 (42)	7.4	3.2 (2.4-4.3)	<0.001
5 - 15	2 164 (28)	81 (21)	3.7	1.6 (1.1-2.2)	<0.001
>15	2 597 (33)	63 (16)	2.4	1	-
Total	7 851	384	4.9	-	-

Source: National mpox integrated disease surveillance data, Democratic Republic of the Congo.

IV. Distribution of cases by sex and age group

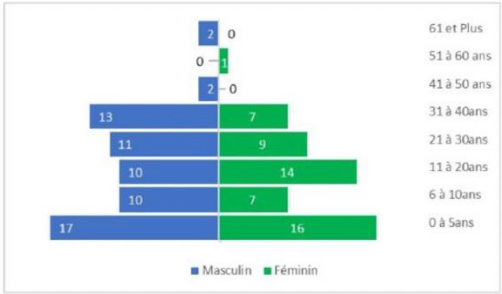


Fig2. Distribution of cases by sex and age group

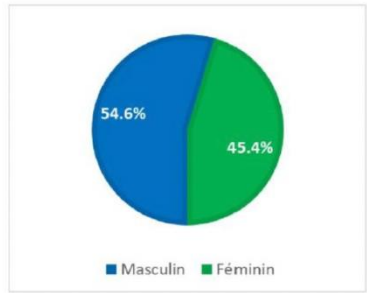
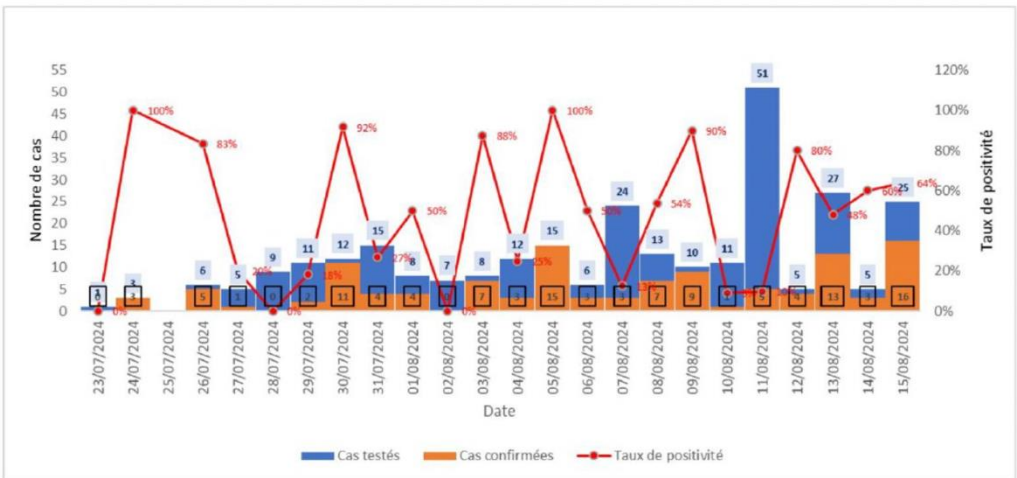


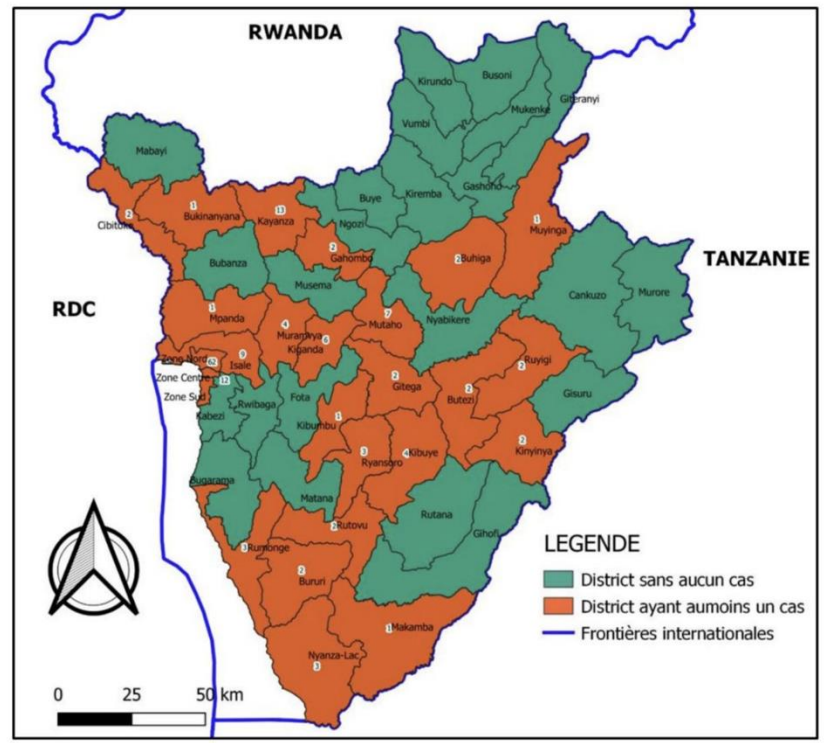
***Fig3.** Proportion of cases by sex*

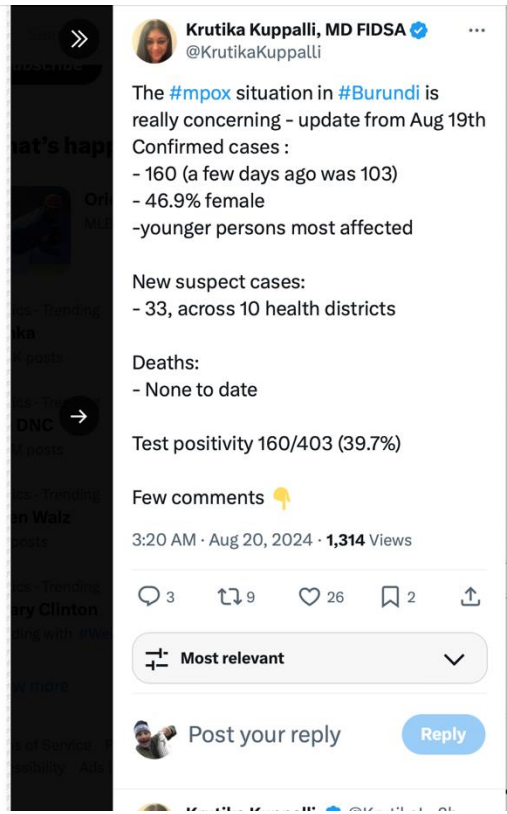
As of August 15, 2024, the total number of confirmed cases of MPox is 119, of which 45.4% are female and 54.6% are male. The age groups most affected are those from **0 to 5 years** and **11 to 20 years** with proportions of **48.5%** and **35.3%** **respectively.**

V. Daily evolution of cases



2. Distribution of cases by health district





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First case of more dangerous mpox found outside Africa

5 days ago

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Asia Prepares For Mpox Cases After Sweden Finds Dangerous Strain

- Travelers from affected countries face heightened surveillance
- Pakistan, Philippines detect cases likely linked to 2b strain

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By Bloomberg News
August 20, 2024 at 12:17 AM CDT

Save

Eurosurveillance
Europe's journal on infectious disease surveillance, epidemiology, prevention and control

Rapid communication

Open Access

Ongoing mpox outbreak in Kamituga, South Kivu province, associated with monkeypox virus of a novel Clade I sub-lineage, Democratic Republic of the Congo, 2024

Leandre Murhula Masirika[1,2], Jean Claude Udahemuka[3,4], Leonard Schuele[5], Pacifique Ndishimye[4,6,7], Saria Otani[8], Justin Bengehya Mbiribindi[9], Jean M. Marekani[10], Léandre Mutimbwa Mambo[11], Nadine Malyamungu Bubala[12], Marjan Boter[5], David F. Nieuwenhuijse[5], Trudie Lang[13], Ernest Balyahamwabo Kalalizi[2], Jean Pierre Musabyimana[4,14], Frank M. Aarestrup[8], Marion Koopmans[5], Bas B. Oude Munnink[5,*], Freddy Belesi Siangoli[9,*]

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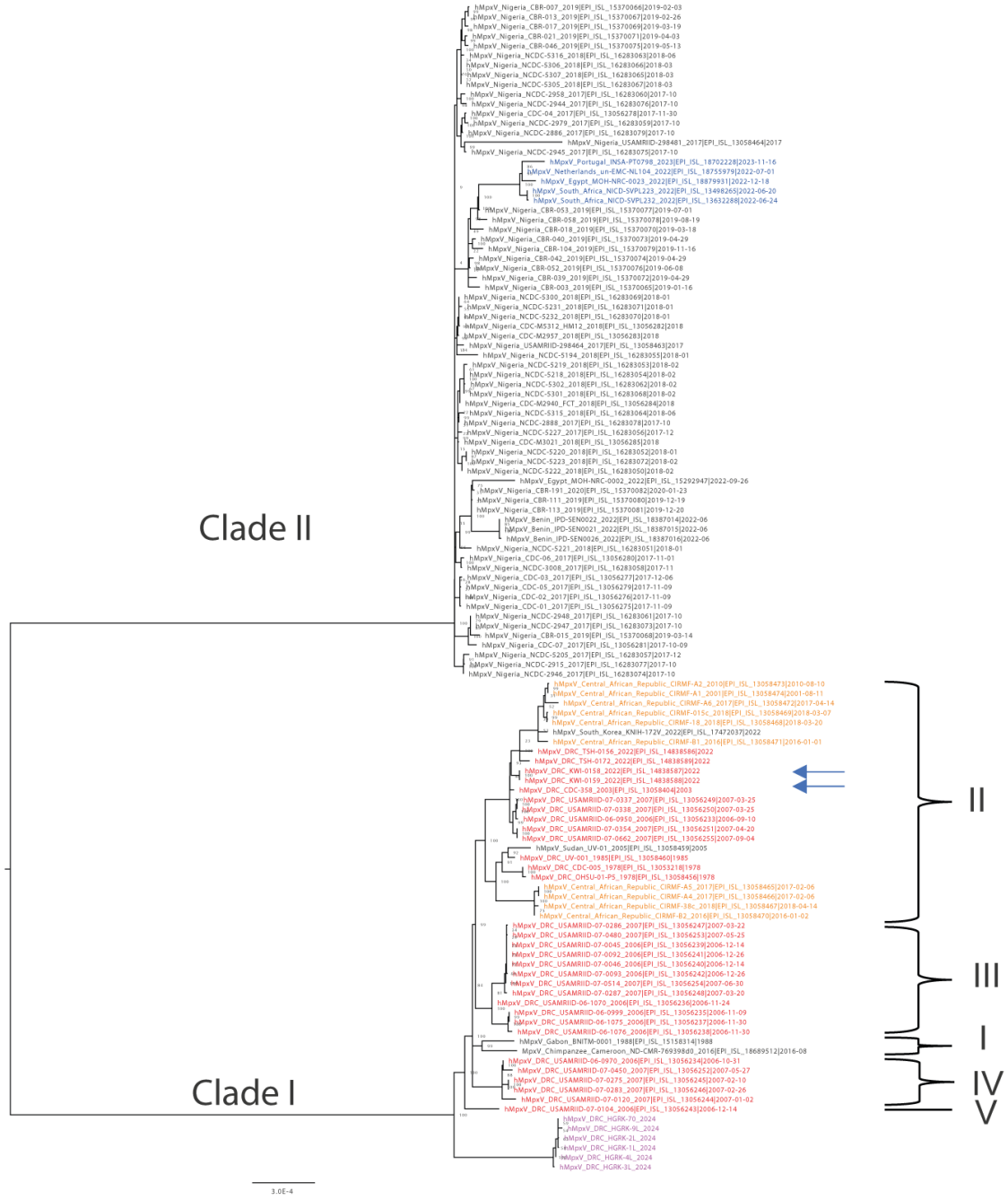
"The study involved patients from South Kivu province in the territory of Mwenga, who were hospitalised in the Kamituga hospital, which is in the Kamituga health zone"



A. Single nt mismatch with CDC-recommended generic reverse primer

	GCTATCACATAATCTGGAAGCGTA		G2R_G_Reverse_Primer
194834	..............A.....	194857	mpox_2L
194834	..............A.....	194857	mpox_9L
194834	..............A.....	194857	mpox_1L
194834	..............A.....	194857	mpox_3L
194834	..............A.....	194857	mpox_70
194834	..............A.....	194857	mpox_4L

B. Absence of target sequence for CDC-recommended Clade-I-specific real-time PCR

	TTGCTTTCTGTATCCAGGTAGACA		C3L_Forward_Primer
1978[illegible]	----------	19805	mpox_2L
19782	----------	19805	mpox_9L
19782	----------	19805	mpox_1L
19782	----------	19805	mpox_3L
19782	----------	19805	mpox_70
19782	----------	19805	mpox_4L

	ATCAATGTATTAAACGGAGATGCC		C3L_Reverse_Primer
19706	----------	19729	mpox_2L
19706	----------	19729	mpox_9L
19706	----------	19729	mpox_1L
19706	----------	19729	mpox_3L
19706	----------	19729	mpox_70
19706	----------	19729	mpox_4L

	TCCGGTACCGGTACATTTAGCATATATGGG		C3L_Probe
19743	----------	19772	mpox_2L
19743	----------	19772	mpox_9L
19743	----------	19772	mpox_1L
19743	----------	19772	mpox_3L
19743	----------	19772	mpox_70
19743	----------	19772	mpox_4L

The monkeypox virus outbreak strain in South Kivu lacks the target sequence used for identifying Clade I viruses

Eurosurveillance
Europe's journal on infectious disease surveillance, epidemiology, prevention and control

Rapid communication

Open Access

Real-time PCR assay to detect the novel Clade Ib monkeypox virus, September 2023 to May 2024

Leonard Schuele[1,*], Leandre Murhula Masirika[2,3,4,*], Jean Claude Udahemuka[5,6,*], Freddy Belesi Siangoli[7], Justin Bengehya Mbiribindi[7], Pacifique Ndishimye[6,8], Frank M Aarestrup[9], Marion Koopmans[1], Bas B Oude Munnink[1], Richard Molenkamp[1], GREATLIFE MPOX group[10]

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Abstract | Full-Text | Figures & Tables | References (15) | Supplementary Material | Metrics/Cited By

Sample number	MPXV real-time PCR targets and respective Cq values			
	CDC MPXV (G2R_G)	CDC Clade I (C3L)	Clade Ib (dD14–16)	CDC Clade II (G2R_WA)
Skin lesion				
1	31.99	ND	32.01	ND
2	31.44	ND	32.18	ND
3	22.81	ND	22.97	ND
4	30.82	ND	31.28	ND
5	26.28	ND	26.29	ND
6	20.52	ND	20.39	ND
7	14.35	ND	14.62	ND
8	13.5	ND	13.4	ND
9	ND	ND	ND	ND
10	30.65	ND	30.58	ND
14	14.53	ND	14.65	ND
15	20.18	ND	21.07	ND
16	10.81	ND	13.16	ND
17	11.07	ND	11.64	ND
18	34.69	ND	34.6	ND
19	17.72	ND	18.25	ND
20	22.37	ND	23.63	ND
21	28.47	ND	28.5	ND
22	13.86	ND	13.72	ND
23	16.43	ND	16.46	ND
24	19.21	ND	19.63	ND
25	11.82	ND	13.09	ND
26	16.25	ND	17.03	ND
27[a]	18.25	ND	17.78	ND
28	17.97	ND	17.23	ND

Mpox Summarized

- Explosion of Clade 1 viruses centered around DRC
  - Unclear mix of Clade 1a vs Clade 1b
  - Clade 1b transmitted sexually and human to human
  - Overall high CFR (4-6%)
- MAYBE Clade 2b cases mixed in in DRC
- Clade 1 cases (presumed Clade 1b) now spreading to bordering countries and single detected case in Europe
- Current CDC generic MPX test will detect Clade 1a, but Clade 1 specific assay will not

H5N1 Interlude….

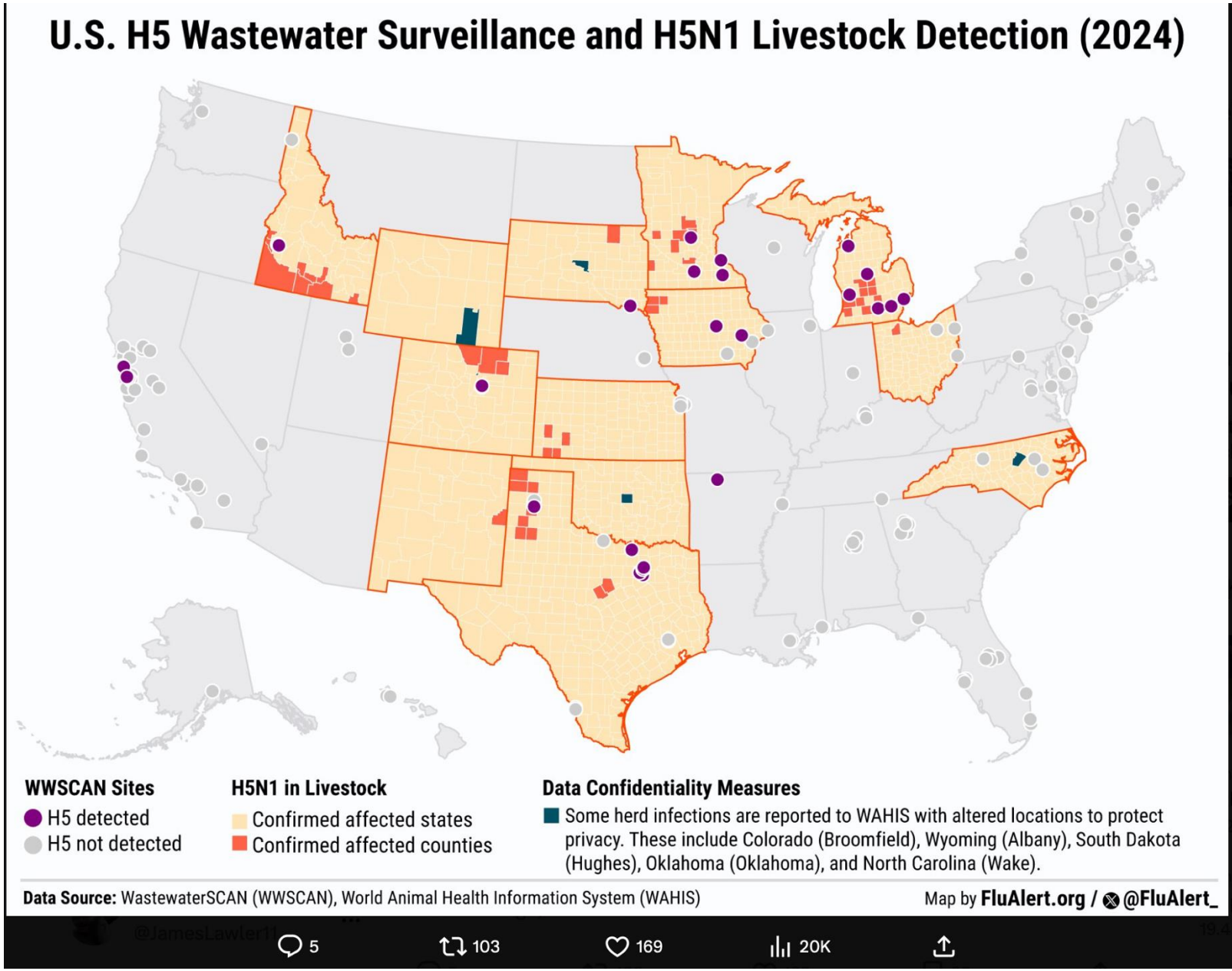
AUGUST 19, 2024 | 6 MIN READ

Bird Flu Is Infecting Pet Cats. Here's What You Need to Know

As bird flu spreads in cats, cows and other animals, it has more opportunity to adapt to easily infect humans

BY MEGHAN BARTELS

owngarden/Getty Images



FluAlert ✓
@FluAlert_

NEW **H5N1 Update:** WastewaterSCAN detected H5 marker in 27 sites across 9 states since May. As of Aug 7, 13 states reported H5N1 in livestock since March. Below map integrates wastewater and livestock data for a comprehensive view.

Data: @WOAH, @WastewaterSCAN #H5N1 #BirdFlu

7:53 AM · Aug 7, 2024 · **20.4K** Views

5 103 169 35

Most relevant

Post your reply Reply

Reid Mueller @ReidMueller · Aug 7
Wisconsin went from the highest in the nation to undetectable in six days?

1 341

FluAlert ✓ @FluAlert_ · Aug 7
No H5 detections have been reported in Wisconsin by WastewaterSCAN.

1 1 319

US SARS-CoV-2 Composite Wastewater by Sara Anne Willette

Wastewater Data for SARS-CoV-2

WastewaterSCAN: https://data.wastewaterscan.org/tracker/
National Wastewater Surveillance System: https://data.cdc.gov/Public-Health-Surveillance/NWSS-Public-SARS-CoV-2-Wastewater-Data/2ew6-ywp6

Most facilities only report a few times a week, so editing the Map Date is critical to seeing the most recent risk level for your county. A z-score is a statistical measure that quantifies the distance between a data point and the mean (average) of a dataset. The further a data point is from the average, the higher (or lower) the z-score. In relation to wastewater, low z-scores mean that the level of a specific pathogen in a sample is very low compared to the average amount (which is falls around substantial-to-high sample levels).

WastewaterSCAN data obtained via data licensing agreement. Many thanks to the work of Dr Marlene Wolfe at Emory University, Dr Alexandria Boehm at Stanford University, and Amanda Bidwell at WastewaterSCAN.
About: https://data.wastewaterscan.org/about
Their Publications: https://docs.google.com/document/d/1k0jRAu-CIWpKrNFub4V4fXAAMBe3P3Rv54bEMhtOR68/edit

Data Updated:

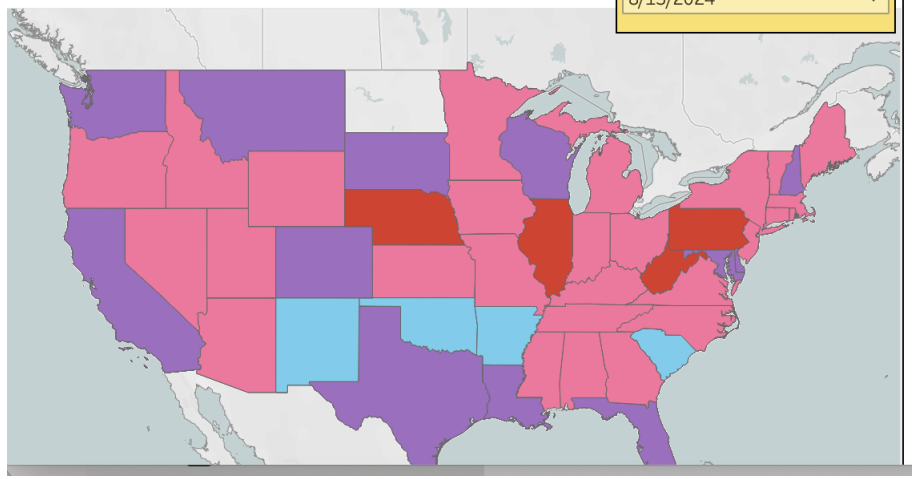
August 20, 2024

Bio: https://iowacovid19tracker.org/about-iowa-covid-1
Linked-In: https://www.linkedin.com/in/sara-anne-willet 080054198/
Twitter: https://x.com/amethystarlight
Facebook: https://www.facebook.com/profile.php?id=100094175085524

State & County Tables

State Risk Levels

State Map Date: 8/15/2024



A z-score is a statistical measure that quantifies the distance between a data point and the mean (average) of a dataset. The further a data point is from the average, the higher (or lower) the z-score. In relation to wastewater, low z-scores mean that the level of a specific pathogen in a sample is very low compared to the average amount (which is falls around moderate-to-high sample levels).

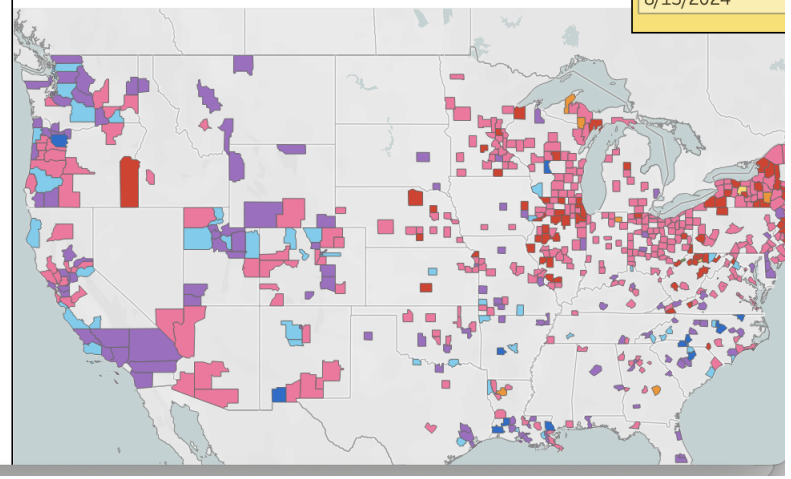
SARS-CoV-2 Wastewater Risk Scores

Risk Level	Descriptor	Z-Score Minimum	Z-Score Maximum
Minimal	Below		-2.296
Very Low	Between	-2.296	-1.531
Low	Between	-1.531	-1.148
Moderate	Between	-1.148	-0.765
Substantial	Between	-0.765	-0.128
High	Between	-0.128	0.765

Risk Level
- Minimal
- Very Low
- Low
- Moderate
- Substantial
- High

County Risk Levels

County Map Dat: 8/15/2024



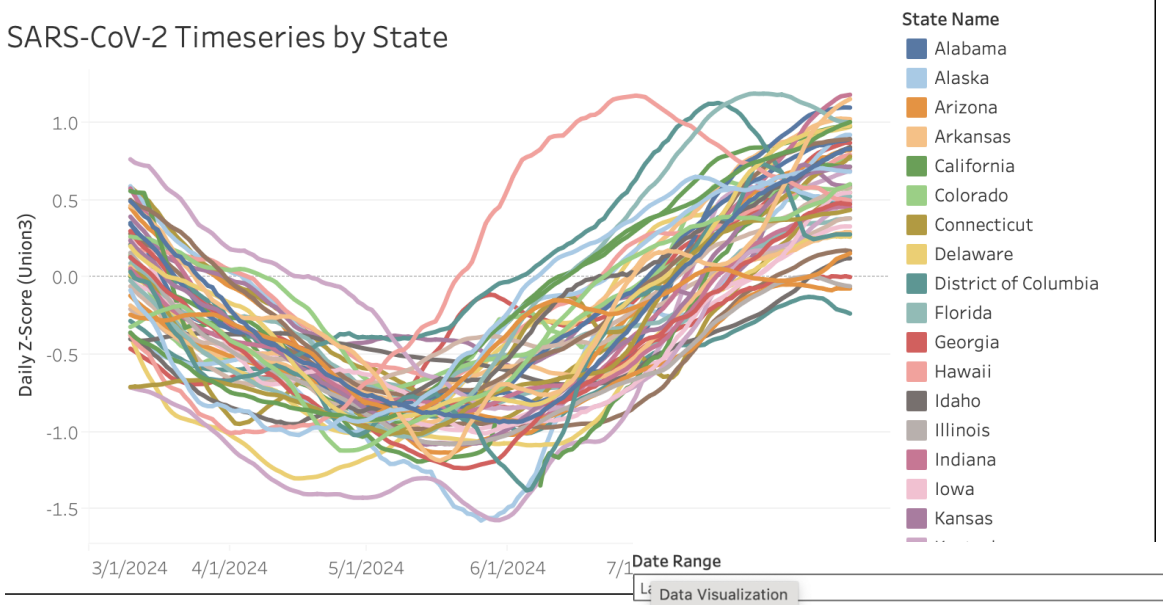
Date Range

Last 24 weeks

State Name

(All)

SARS-CoV-2 Timeseries by State



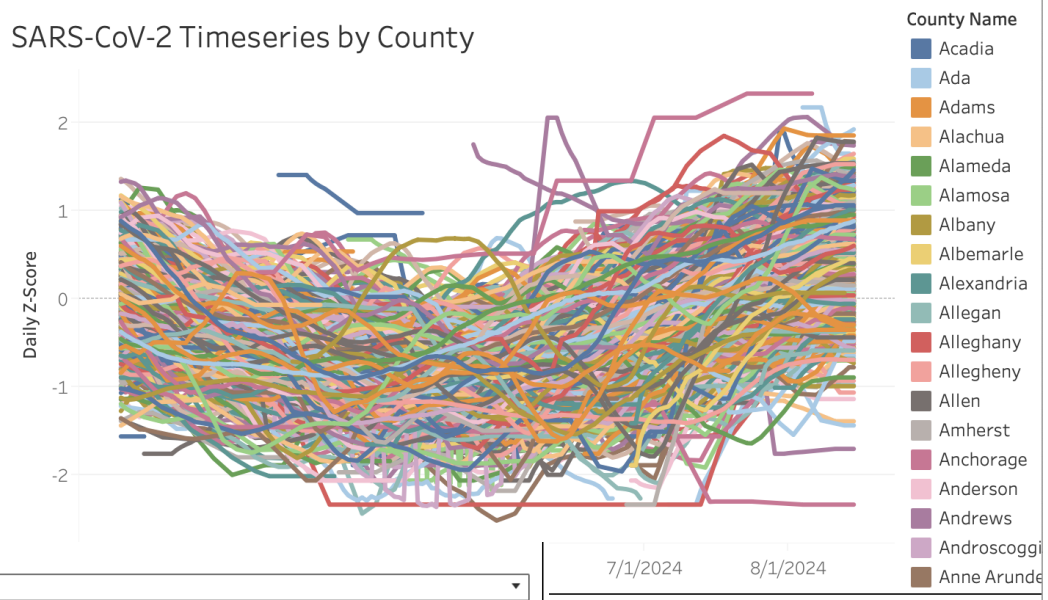
Date Range

Last 24 weeks

County Name

(All)

SARS-CoV-2 Timeseries by County



Date Range

7/16/2020

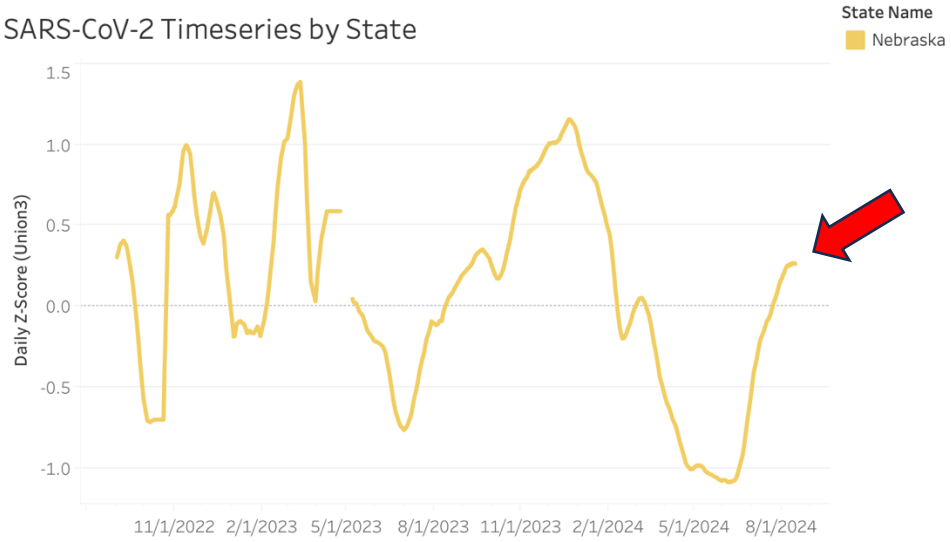
Date Range

Data Visualization

State Name

(All)

SARS-CoV-2 Timeseries by State



American Journal of Infection Control
Volume 52, Issue 7, July 2024, Pages 849-851

Brief Report

Evidence from whole genome sequencing of aerosol transmission of SARS-CoV-2 almost 5 hours after hospital room turnover

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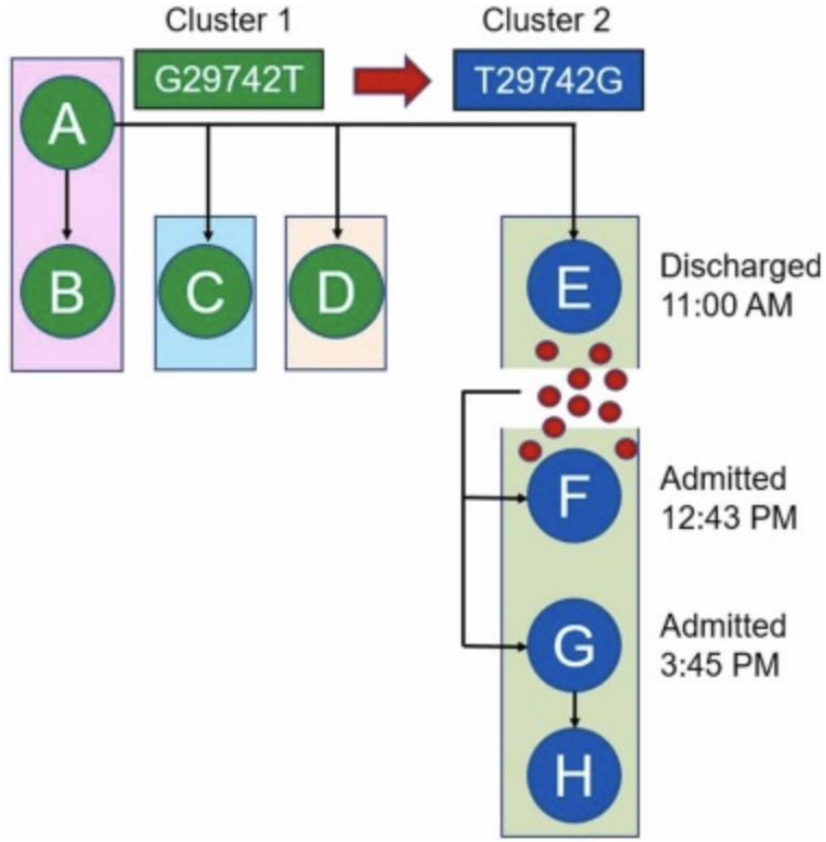
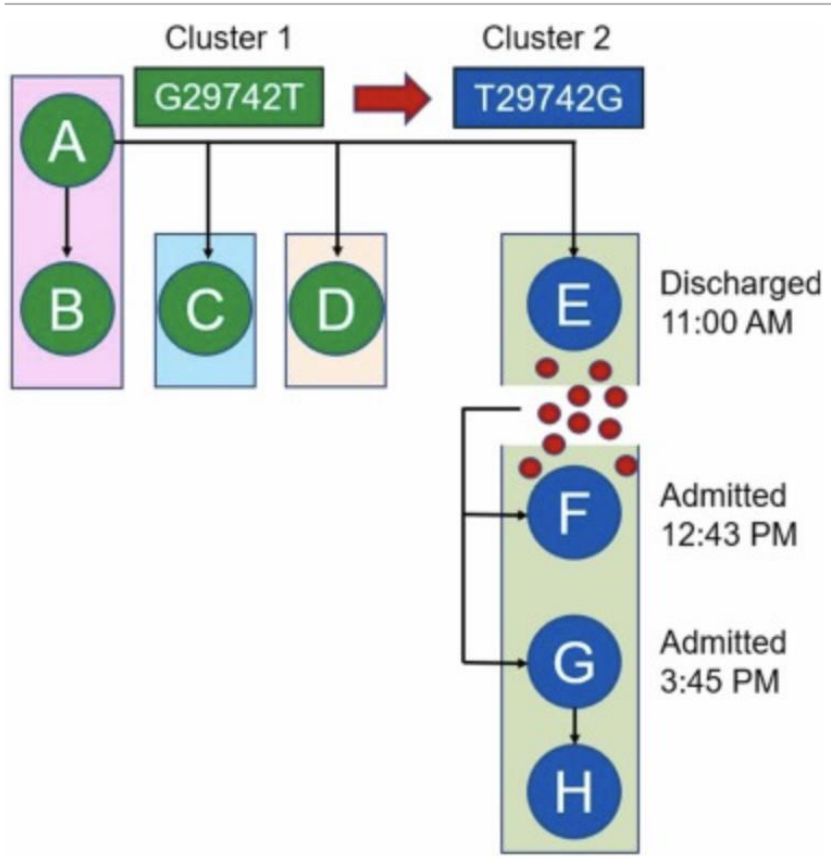
https://doi.org/10.1016/j.ajic.2024.04.003





- Patient A: asymptomatic COVID detected on predischarge PCR test (Ct = 26; Outbreak Day 0).
- Person B: asymptomatic COVID-19 on Outbreak Day 5 (Ct = 18).
- Patient E was discharged at 11:00 AM on Outbreak Day −3. Prior to the next admission, the room underwent a standard hospital clean with a quaternary ammonia compound and without ultraviolet disinfection. During this time, the room remained empty with the door open. Two patients without prior contact with Patient E were admitted that same day to the room previously occupied by Patient E: Patient F at 12:43 PM and Patient G at 3:45 PM.

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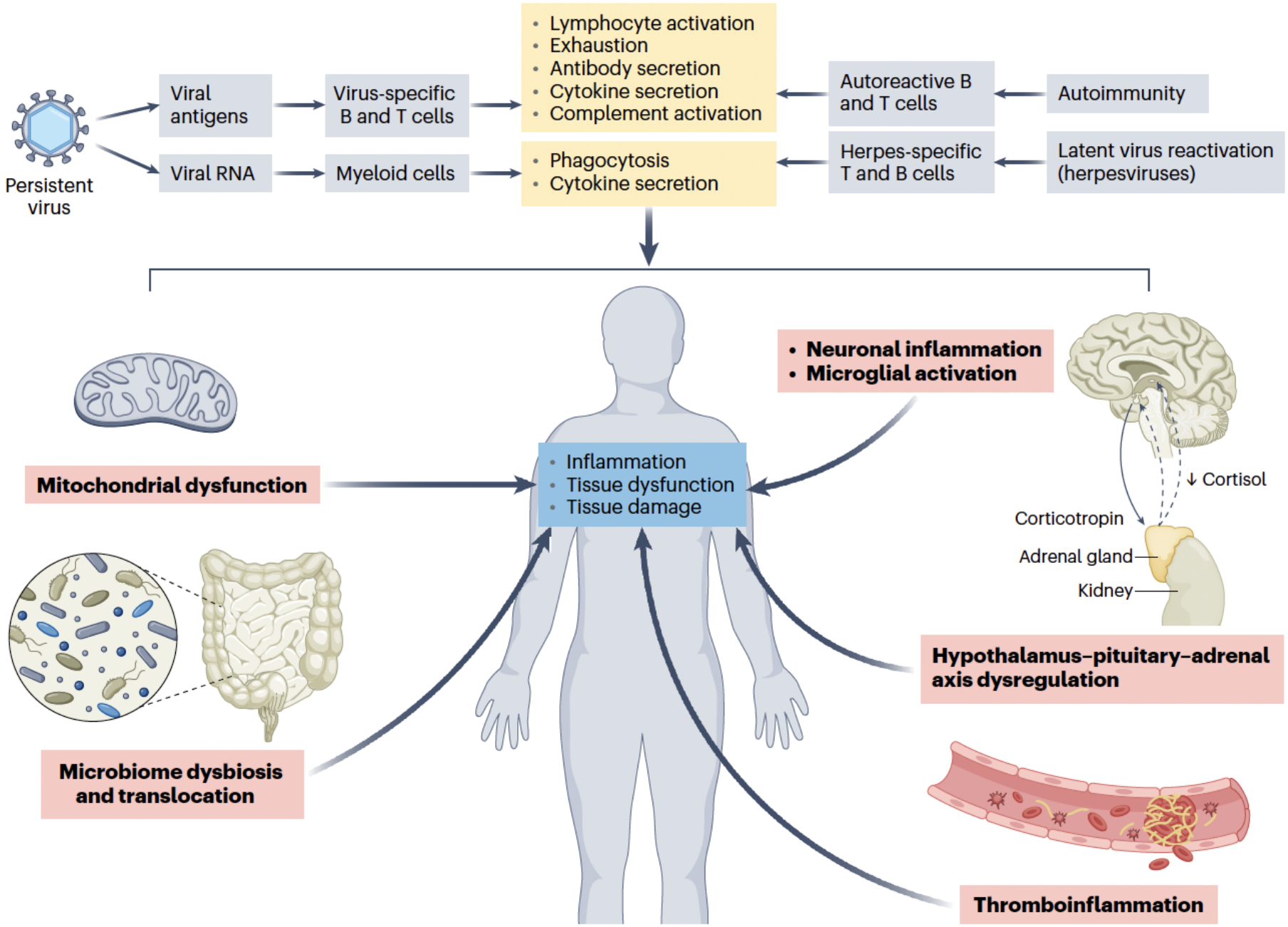
Long COVID science, research and policy

Ziyad Al-Aly, Hannah Davis, Lisa McCorkell, Letícia Soares, Sarah Wulf-Hanson, Akiko Iwasaki & Eric J. Topol

Nature Medicine **30**, 2148–2164 (2024) | Cite this article


Persistent virus
Viral antigens
Viral RNA
Virus-specific B and T cells
Myeloid cells
• Lymphocyte activation
• Exhaustion
• Antibody secretion
• Cytokine secretion
• Complement activation
• Phagocytosis
• Cytokine secretion
Autoreactive B and T cells
Herpes-specific T and B cells
Autoimmunity
Latent virus reactivation (herpesviruses)
• Inflammation
• Tissue dysfunction
• Tissue damage
Mitochondrial dysfunction
Microbiome dysbiosis and translocation
• Neuronal inflammation
• Microglial activation
↓ Cortisol
Corticotropin
Adrenal gland
Kidney
Hypothalamus–pituitary–adrenal axis dysregulation
Thromboinflammation

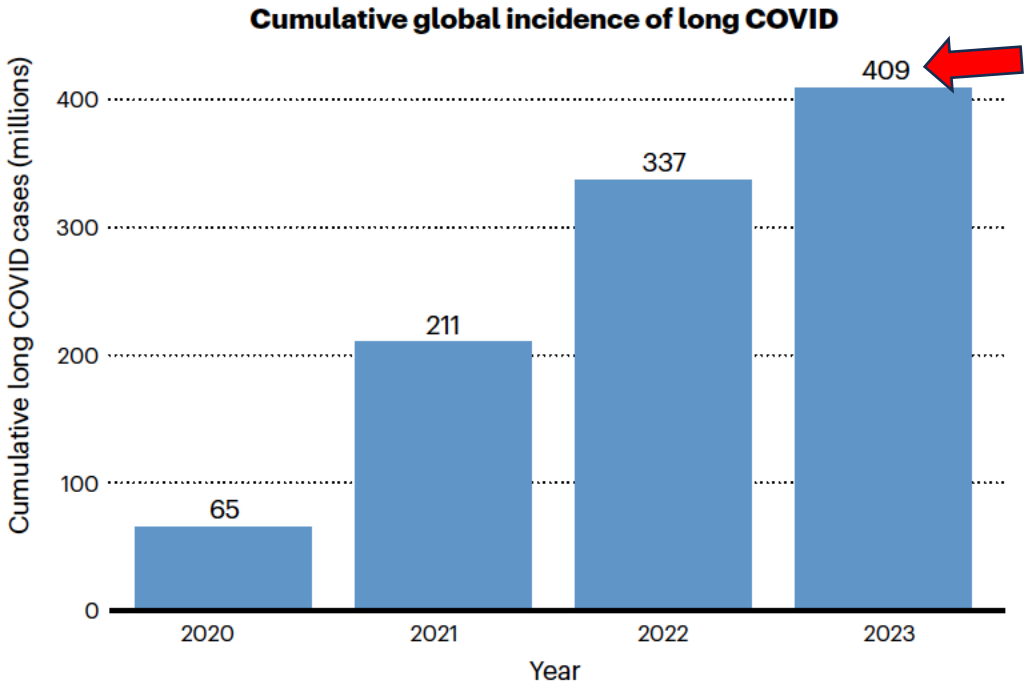


Table 1 | Estimated impact of long COVID on national economies in 2024[a,b]

	Brazil	France	Japan	Saudi Arabia	Spain	Taiwan	United Kingdom	United States
Hours lost for those that exit the workforce (in millions)	508.8	182.8	1,100	442.4	106	230.4	158.9	953.6
Hours lost for those that reduce work hours (in millions)	196.6	72.5	442.4	163.3	41.1	86	61.7	366.3
Hours lost for those that continue working after acute infection (in millions)	97.9	40	222	65	20.7	36.3	31.3	177.5
Total work hours lost (in millions)	803.3	295.1	1,800	670.7	167.8	352.7	251.8	1,500
GDP loss due to long COVID (in billions of US dollars)	11	21	72.2	24.4	7.8	12.2	15.5	152.6
Percentage GDP loss due to long COVID	−0.50%	−0.60%	−1.60%	−2.30%	−0.50%	−1.5%	−0.50%	−0.50%

[a]Data from ref. 170. [b]The eight countries were selected on the basis of data availability.

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In Press, Journal Pre-proof What's this?

Characterization of change in cognition before and after COVID-19 infection in essential workers at midlife

Zennur Sekendiz [1], Olga Morozova [2], Melissa A. Carr [1], Ashley Fontana [1], Nikhil Mehta [1], Alina Ali [1], Eugene Jiang [1], Tesleem Babalola [3 #], Sean A.P. Clouston [3], Benjamin J. Luft [1]

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- Longitudinal discontinuity modeling - change in cognitive performance
  - 276 COVID-19 cases vs 217 participants who did not have COVID-19
  - Four domains of cognition using data collected before and after the pandemic.
- Essential workers (mainly first responders) enrolled in an occupation-based study of cognitive aging.
  - Computer-assisted neuropsychological assessment battery between 11/2015–12/2019 w/ follow-up collected between 3/2020–2/2023.

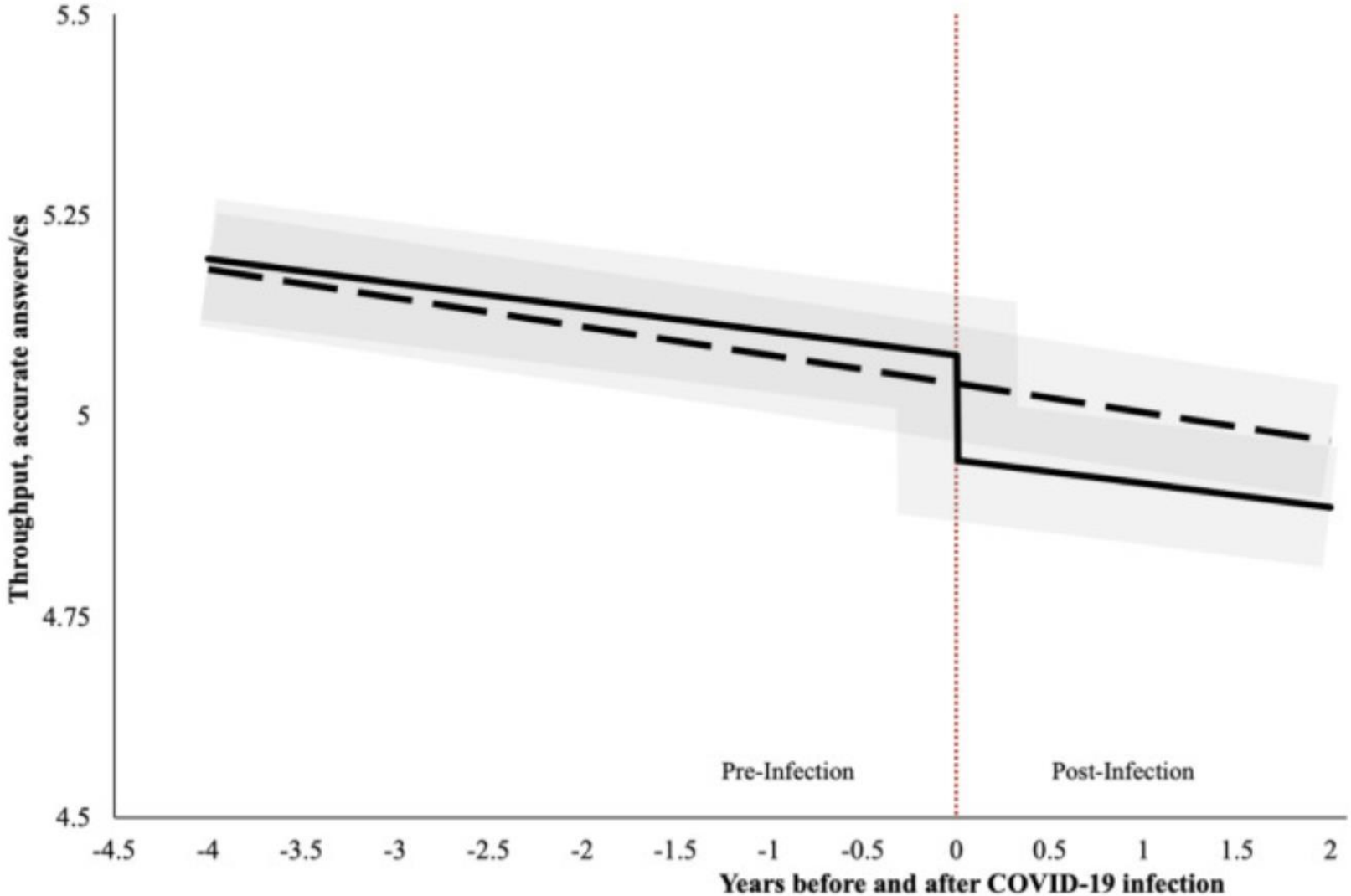
Table 1. Participant Characteristics stratified by COVID-19 status (n=493) [a]

Characteristics	CONTROL GROUP (n = 217)	INCIDENT COVID-19 GROUP (n = 276)	P value
Age, mean (SD), years	58.1 (7.3)	56.0 (6.6)	<0.01
Body mass, kg/m^2, mean (SD)	30.9 (5.6)	30.9 (4.8)	0.97
	(N) %	**(N) %**	
Gender			
Female	(17) 7.8	(13) 4.7	
Male	(200) 92.2	(263) 95.3	0.15
Ethnicity/Race			
White	(171) 78.8	(226) 81.9	
Black	(6) 2.8	(4) 1.5	
Hispanic	(16) 7.4	(19) 7.0	0.34
Other/unknown	(24) 11.1	(27) 9.8	
Educational attainment [a]			
Less than High School	(9) 4.2	(8) 2.9	
High School	(40) 18.4	(51) 18.6	
Some college	(99) 45.6	(143) 52.0	
University degree	(63) 29.0	(67) 24.4	0.60
Unknown	(6) 2.8	(6) 2.2	
Vaccination Status at the onset of COVID-19			
Vaccinated, Complete	N/A	(17) 6.2	
Vaccinated, Partial	N/A	(2) 0.7	N/A
Unvaccinated	N/A	(247) 89.5	
Unknown	N/A	(10) 3.4	
Vaccination Status as of 12/2022			
Vaccinated, Complete	(170) 78.4	(162) 58.7	
Vaccinated, Partial	(12) 5.5	(32) 11.6	<0.01
Unvaccinated	(15) 6.9	(66) 23.9	
Unknown	(20) 9.2	(66) 23.9	
COVID-19 Hospitalization [b]			
Hospitalized	N/A	(23) 10.2	<0.01
Non-hospitalized	N/A	(248) 89.9	
ICU Admission Status			
ICU admission	N/A	(3) 1.1	
No ICU admission	N/A	(248) 89.9	0.10

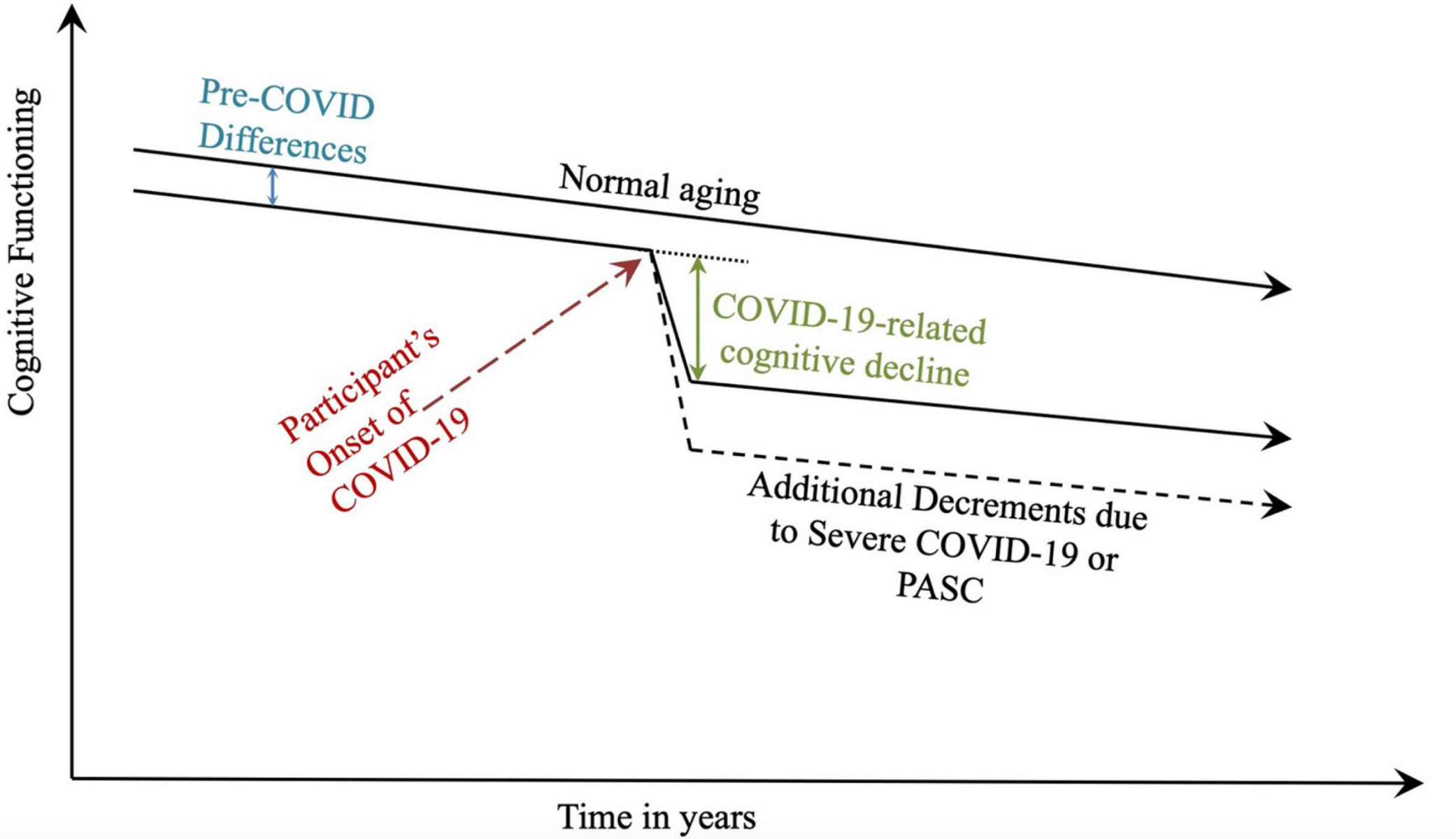
Table 3. Longitudinal degree of association between COVID-19 onset versus cognitive performance for the whole sample and stratified by COVID-19 Severity and the presence of post-acute sequelae of COVID-19

A. Incidence of Any COVID-19

Cognitive Domain	Std. Coef.	Age Eq. Yrs.	Coef.	Std. Err.	P
Throughput	**-0.168**	**10.59**	**-0.146**	**0.000**	**0.001**
Visual Memory	**-0.150**	**16.51**	**-0.023**	**0.008**	**0.004**
Reaction Speed	-0.072	6.26	-0.084	0.001	0.161
Processing Speed	-0.074	6.73	-0.001	0.000	0.154



	Years Before COVID-19 Diagnosis								Years After COVID-19 Diagnosis			
Risk Table	≤-3.5	-3.49, -3.0	-2.99, -2.5	-2.49, -2.0	-1.99, -1.5	-1.49, 1.0	-0.99, -0.5	-0.49, -0.02	**0.0, 0.49**	**0.5, 0.99**	**1.0, 1.49**	**1.5, 1.99**
No COVID-19	13	25	24	84	35	74	41	82	**98**	**39**	**66**	**28**
COVID-19	61	64	59	84	73	71	60	72	**117**	**51**	**30**	**20**
Total Observations	74	89	83	168	108	145	101	154	**215**	**90**	**96**	**48**


Cognitive Functioning
Pre-COVID Differences
Normal aging
COVID-19-related cognitive decline
Participant's Onset of COVID-19
Additional Decrements due to Severe COVID-19 or PASC
Time in years

FDA may greenlight updated Covid-19 vaccines as soon as this week, sources say

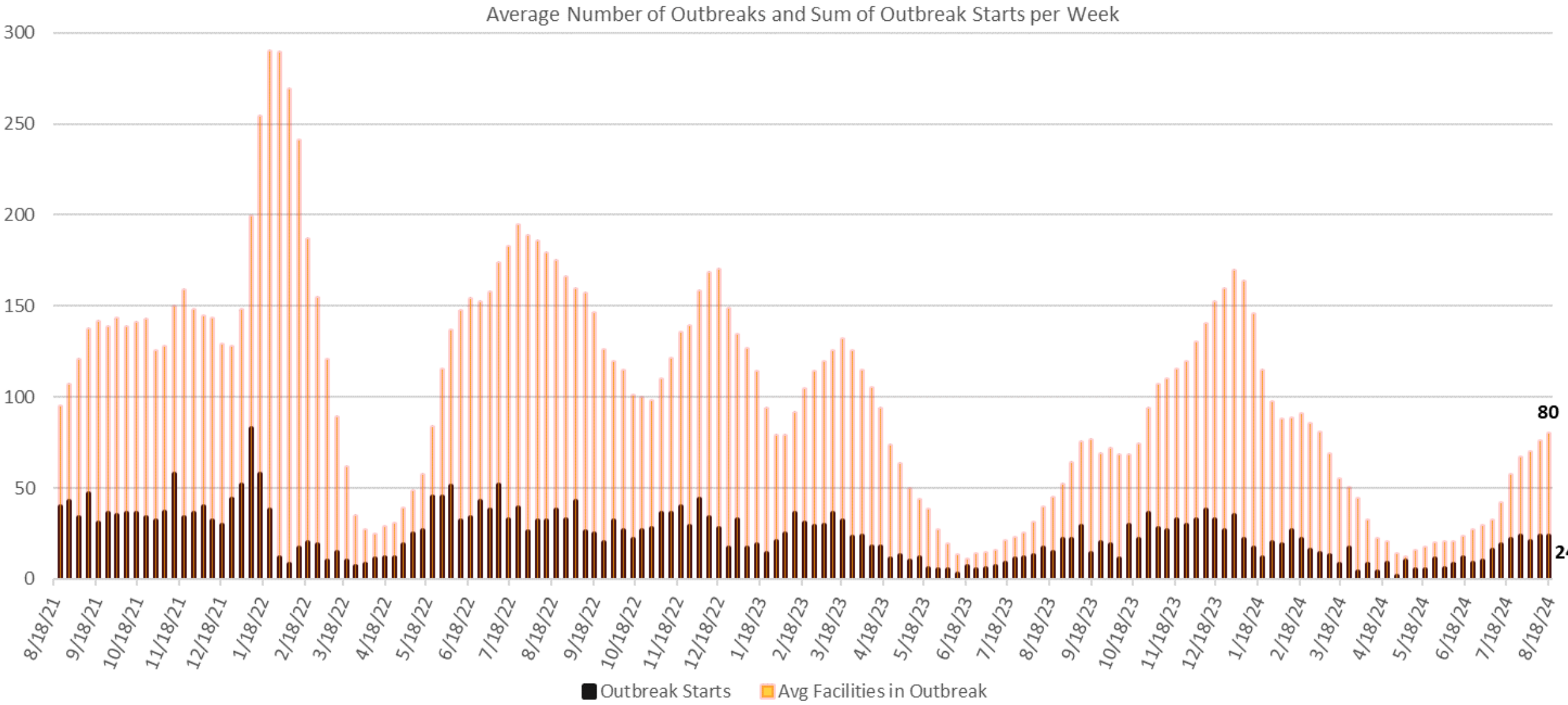
By Meg Tirrell, CNN

3 minute read · Updated 1:09 PM EDT, Sun August 18, 2024

PUBLIC HEALTH & COALITION LEADERS UPDATES (ALL)

ICAP LTC & ALF - JUAN TERAN

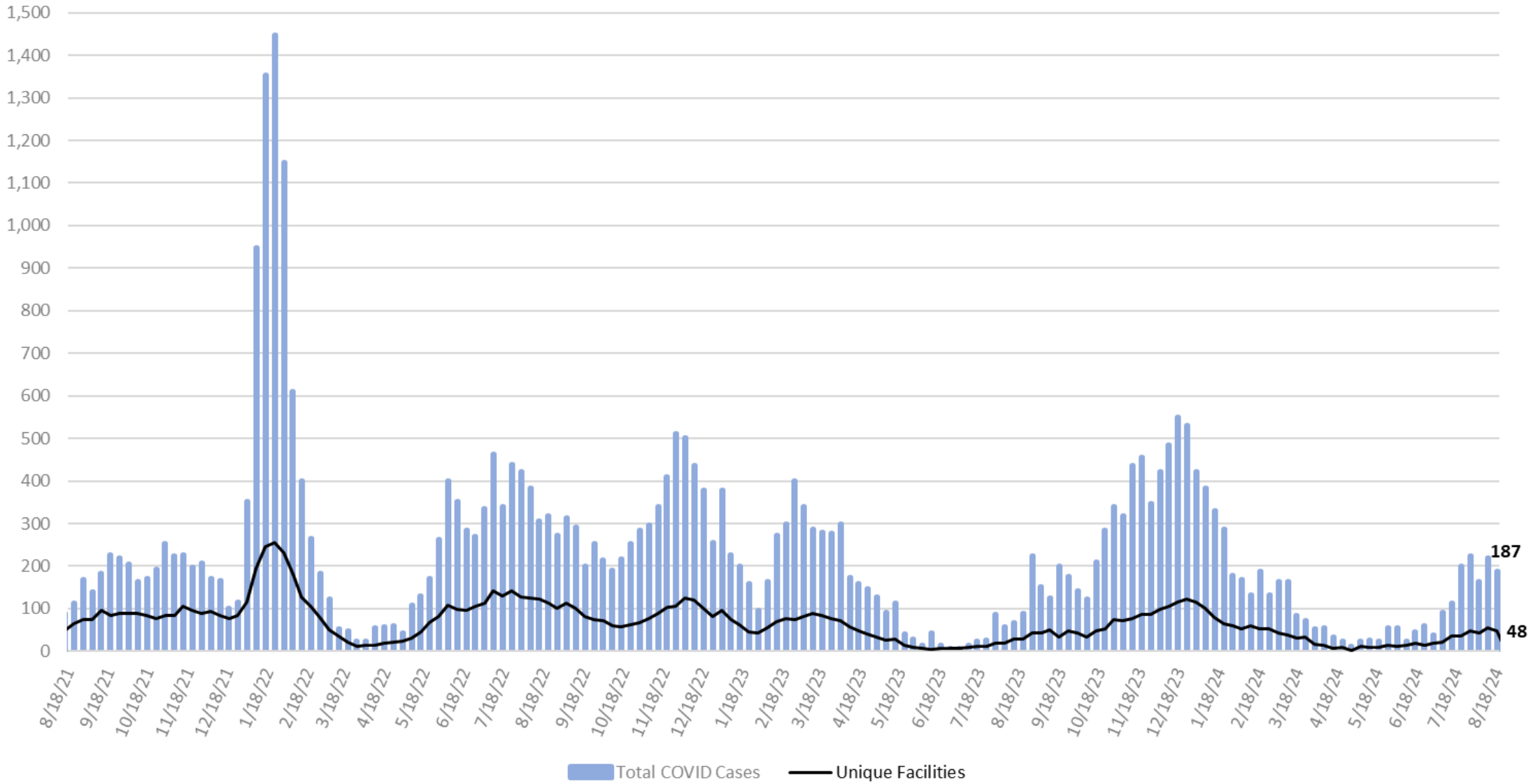
Nebraska LTC Facilities in COVID Outbreak by Week



Source: Unofficial Counts Compiled by Nebraska ICAP based on data reported by facilities and DHHS; Actual Numbers may vary slightly

Slide Credit: Dan German

Nebraska LTC Resident & Staff COVID Cases & Facilities by Week



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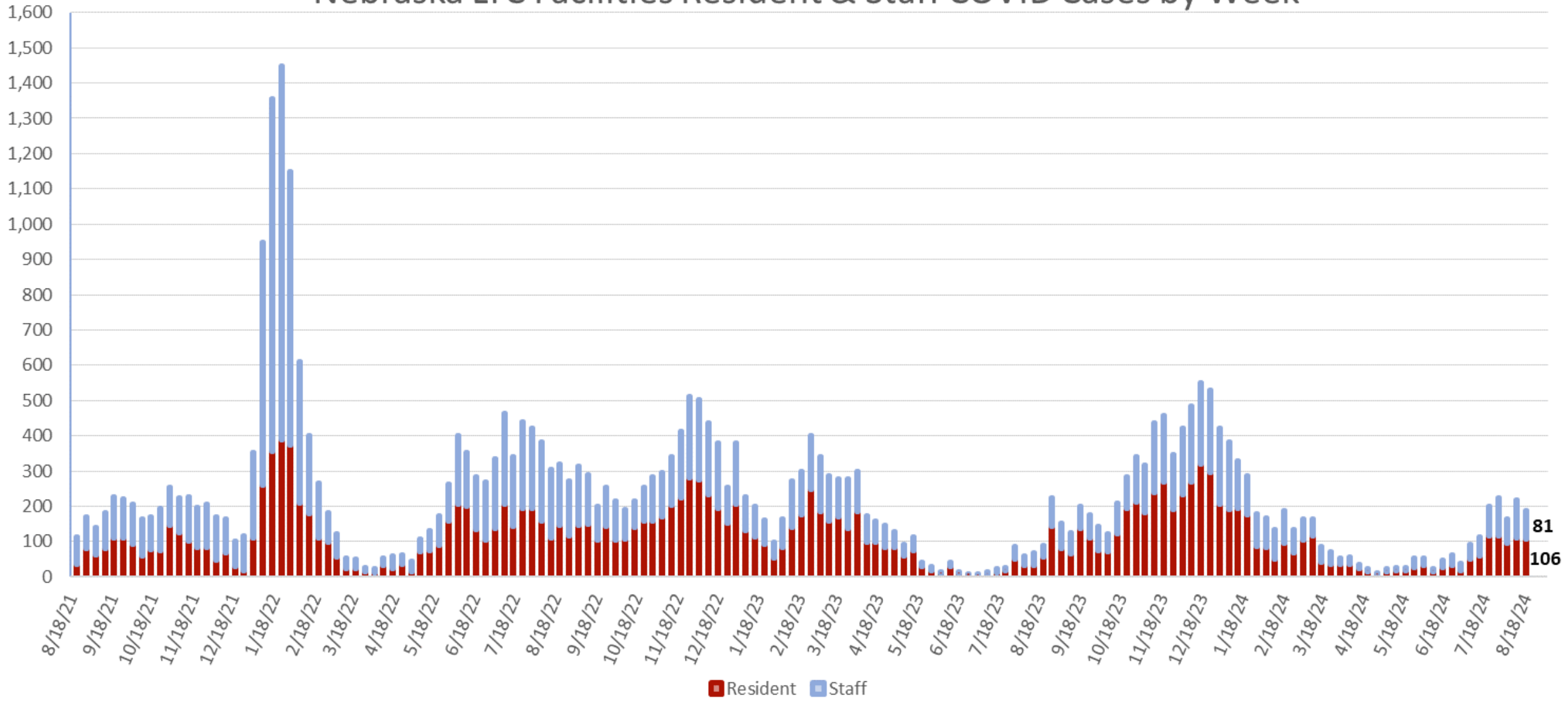

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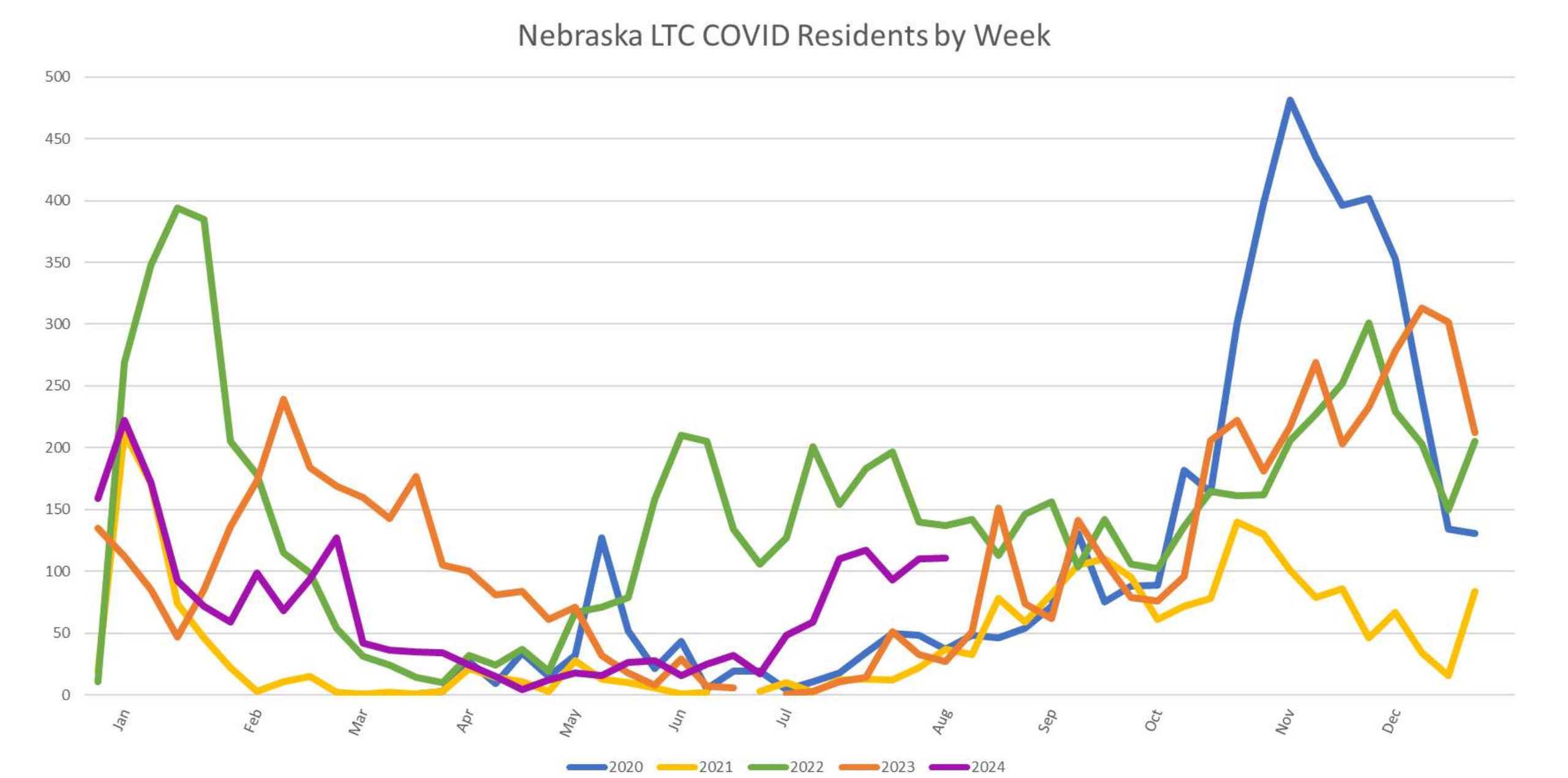

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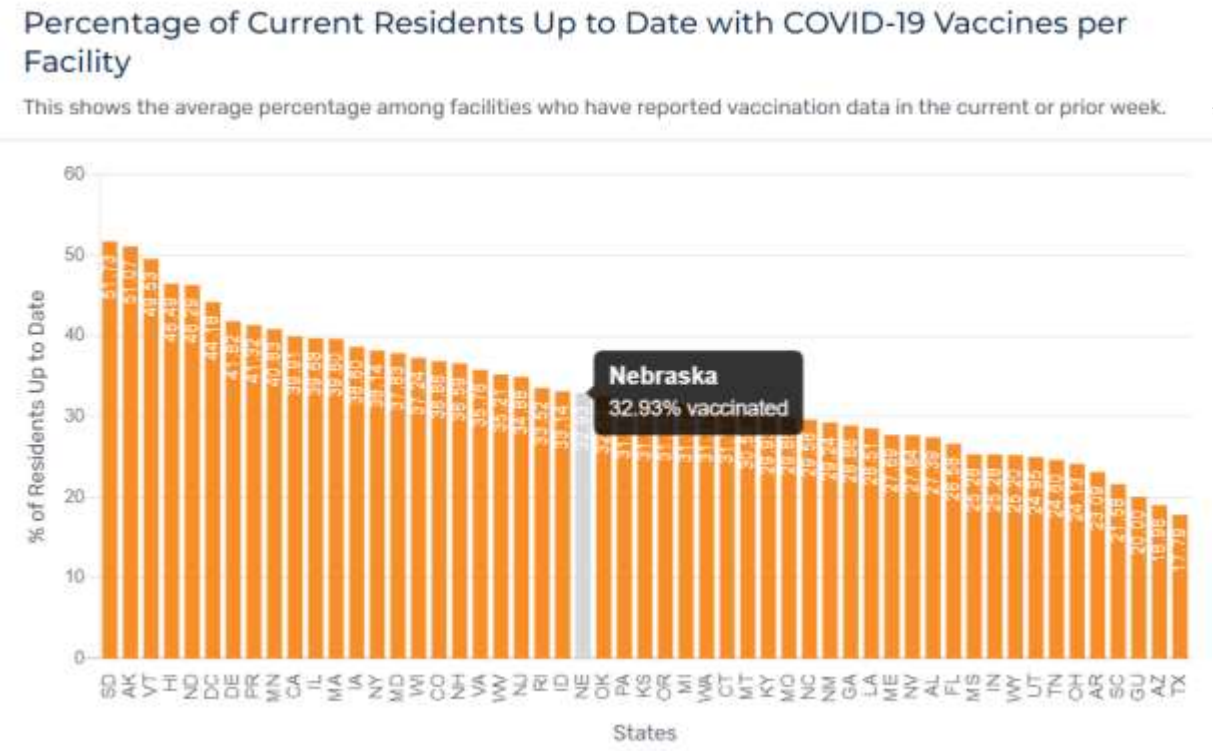
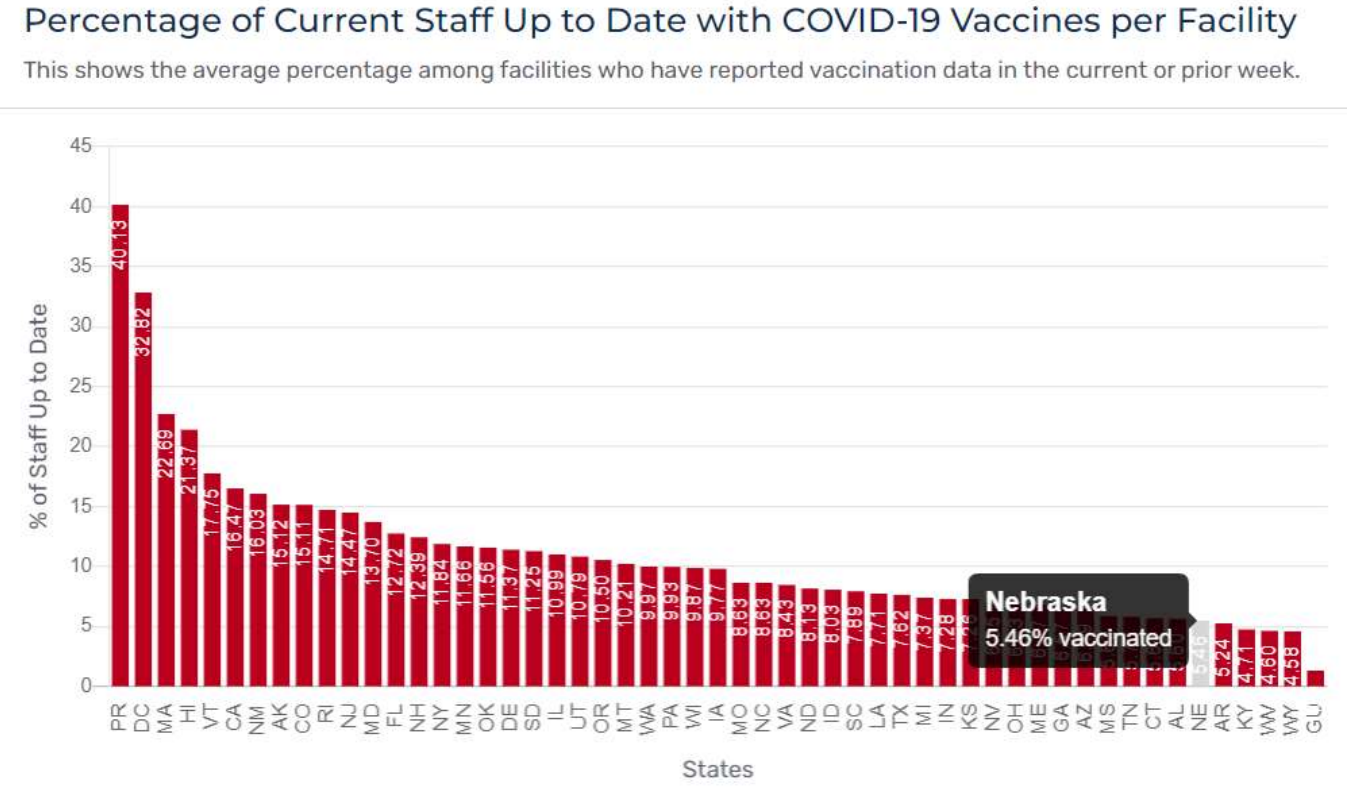
CMS Nursing Home Data





CMS Nursing Home Data 8/4/24

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