

WEBVTT

1

00:00:02.035 --> 00:00:16.795

Okay, we will go ahead and get started today. It has been several weeks since we've all been together. So it's kind of nice to have this little quick spot in our routine Friday morning with that said, go ahead and put on your calendars.

2

00:00:17.065 --> 00:00:25.975

We will have our next call on the 16th of July there will be an email blast sent out. We'll make sure that reminders Eric posted on our website.

3

00:00:25.975 --> 00:00:33.835

So no, July 16th will be the next call and since it have been a few weeks, just a quick reminder.

4

00:00:33.835 --> 00:00:41.335

When you're submitting your questions, make sure that you do not not send them to the host only send them.

5

00:00:42.054 --> 00:00:50.935

The host and panelists are all panelists just want to make sure that those questions get to the entire team of folks that are on here and we do have.

6

00:00:51.960 --> 00:00:58.289

Quite a few items on today's agenda so I am going to go ahead and turn that over to Jeff.

7

00:00:59.729 --> 00:01:03.600

Thanks I can. Can you hear me? Okay.

8

00:01:05.189 --> 00:01:10.890

Yes, awesome. Good morning. Everyone happy Friday.

9

00:01:10.890 --> 00:01:18.959

Uh, the sun's out here, it was pouring down rain so hopefully wherever you're at, the sun is out as well. And I had just a.

10

00:01:18.959 --> 00:01:31.284

Few updates, I wanted to provide 1st and then I will turn it over to Carrie Tesoro. Who's going to provide some updated cobit information and as I mentioned, we do have a full agenda today.

11

00:01:31.314 --> 00:01:39.655

So, I wanted to give an update regarding budget, and normally we are at a place.

12

00:01:39.930 --> 00:01:51.540

When we were at the last week of June, where we're pretty certain about what's gonna happen on July 1st however, that is not the case as.

13

00:01:51.540 --> 00:02:02.129

Most of all of you are probably aware. So I wanted to talk just through for a minute what that means for our division and the programs.

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00:02:02.129 --> 00:02:13.710

That we provide, so, in the in the news, you've probably seen that there is a special session right now the governor called that special session on.

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00:02:13.710 --> 00:02:28.110

Tuesday, and he held a press conference regarding it, the issue on Monday. So the special session is to address the federal reimbursement allowance. The, and the extension of that.

16

00:02:28.405 --> 00:02:41.724

If you're not familiar, that is a provider tax that leads to an influx of a large amount of funding into the state's Medicaid program in general. So very important issue.

17

00:02:42.025 --> 00:02:48.384

And when the governor held the press conference on Monday, he did explain that if the.

18

00:02:48.659 --> 00:02:54.000

General assembly was unable to pass an extension.

19

00:02:54.000 --> 00:03:05.400

Prior to July, 1st, then there would need to be expenditure restrictions within the state budget. I will talk through just briefly what those are.

20

00:03:05.400 --> 00:03:09.479

For and.

21

00:03:09.479 --> 00:03:13.560

I say them in that.

22

00:03:13.560 --> 00:03:17.909

Just for your awareness and of course, we are all.

23

00:03:17.909 --> 00:03:22.500

Watching closely and and.

24

00:03:22.500 --> 00:03:34.199

Hoping that none of this has to happen that passes and there is no need to have any expenditure restrictions, but just for your awareness, the items that.

25

00:03:34.199 --> 00:03:44.819

Are in the potential expenditure restrictions we're not to pass that were originally included in the budget to begin to live. 1st.

26

00:03:44.819 --> 00:03:48.900

Are the rate standardization.

27

00:03:48.900 --> 00:03:51.900

Uh, for red tab and.

28

00:03:51.900 --> 00:03:59.849

That's 166Million the day provider rate increase for 6.1000.

29

00:03:59.849 --> 00:04:03.930

The funding for the Kansas City transition Academy.

30

00:04:03.930 --> 00:04:10.199

50,000 dollars the in home rate increase the personal assistant.

31

00:04:10.199 --> 00:04:17.699

Provide a rate increase of 2008.6Million that includes both Department of health and senior services.

32

00:04:17.699 --> 00:04:20.790

Personal care as well as the PDA authorized through.

33

00:04:20.790 --> 00:04:26.278

The, and it also includes the autism services rate increase.

34

00:04:26.278 --> 00:04:30.629
For 953,000, lastly.

35

00:04:30.629 --> 00:04:34.228
Affecting our division is the hospital reimbursement.

36

00:04:34.228 --> 00:04:38.788
For individuals who are in a hospital stay because they are no.

37

00:04:38.788 --> 00:04:41.819
Not able to find a provider, but the hospital is not the.

38

00:04:41.819 --> 00:04:56.459
Being reimbursed for their care, because they are just waiting on a provider. So that was in the amount of 2Million. So that is just for your awareness. I will post or put the link to.

39

00:04:56.459 --> 00:05:01.019
The expenditure potential expenditure restrictions.

40

00:05:01.019 --> 00:05:14.098
Document in the chat just so you have that in case you have not seen it and we will continue to keep everyone updated as we all watch. Very closely.

41

00:05:14.098 --> 00:05:19.619
In high hopes that the does pass and.

42

00:05:19.619 --> 00:05:27.269
There will be no need for expenditure restriction, but it is important to also know that. Several of the items.

43

00:05:27.504 --> 00:05:35.754
That we are included in these budgets are funded through,

44

00:05:36.264 --> 00:05:36.803
namely,

45

00:05:36.803 --> 00:05:41.363
the all the rate increases are funded through the community based services,

46

00:05:41.363 --> 00:05:51.863

enhanced fund that was passed as a part of the American rescue act and that that guidance came out from CMS.

47

00:05:51.863 --> 00:06:01.973

I've mentioned, I think on a previous call, and in previous conversations, with many many of you that the guidance that came out from CMS indicated.

48

00:06:02.249 --> 00:06:10.048

Any spending of the enhanced dollars would need to be approved by the.

49

00:06:10.793 --> 00:06:25.463

So, we will be keeping everyone updated on exactly what that means. We're trying to iron out the answers while we're also waiting on what happens with the, but essentially we will.

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00:06:25.769 --> 00:06:32.819

It needs CMS approval to spend the funding for rate increases.

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00:06:32.819 --> 00:06:46.439

And and so exactly when those will go into a fact, and whether that will be retroactive is dependent upon the answer that we get from CMS, we will continue to keep everyone updated on that information.

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00:06:46.439 --> 00:06:54.449

With that I will turn it over to Carrie for some updates on coded inventory right now.

53

00:07:10.798 --> 00:07:16.408

Carrie, if you are talking, you are on mute.

54

00:07:17.488 --> 00:07:24.959

There we go on mute. Sorry I was also trying to do 2 calls at once there for a 2nd, so I've now left the other 1.

55

00:07:24.959 --> 00:07:29.788

I am going to share my screen if it will. Let me.

56

00:07:29.788 --> 00:07:33.269

You may need to give it to me like that, because it's not letting me take.

57

00:07:33.269 --> 00:07:45.209

And I am trying to be able to do that. So bear with me, I'm not sure why it's not giving me the options.

58

00:07:48.778 --> 00:08:01.709

Hey, let's go with I don't have a ball to transfer to you at the moment, but let me continue to work on that while you're presenting.

59

00:08:01.709 --> 00:08:06.358

Okay, I'm going to try to forward you something if you could pull it up for me.

60

00:08:06.358 --> 00:08:15.209

How does the presentation.

61

00:08:19.019 --> 00:08:22.918

I apologize for the delay folks.

62

00:08:22.918 --> 00:08:26.069

A little bit of technical difficulties.

63

00:08:32.698 --> 00:08:45.958

Well, Carrie's working things out. There was a good question in the chat regarding whether waiver funding and funding to.

64

00:08:45.958 --> 00:08:49.109

Remove the wait list to clear the wait list.

65

00:08:49.109 --> 00:09:01.288

Was included in the expenditure potential expenditure restrictions, or if it was affected by and the enhanced f map and I.

66

00:09:01.288 --> 00:09:14.693

Just wanted to let everyone know that verified in the chat as well that does not affect, should be based waiver funding or the funding to clear the wait list.

67

00:09:14.724 --> 00:09:23.094

So, it's only related to the rate increases that were part of this year's budget. And as well, as those other items that I mentioned, so great question.

68

00:09:24.778 --> 00:09:34.469

Okay, so come up with something figured out because I believe I am sharing my screen now. I think you guys can see a PowerPoint presentation.

69

00:09:34.469 --> 00:09:41.999

All right, I'm getting a thumbs up there, so I just wanted to give everyone an update on.

70

00:09:42.624 --> 00:09:56.844

Token, 19 in Missouri in general and have some specific discussion about the delta variant as well. And what we are seeing in Missouri. So, what you're seeing now on your screen is what we call our daily situation report. This is put together by the Department of health and senior services.

71

00:09:57.683 --> 00:10:11.543

And it has shown if you look at the main graph here on the screen, and you come all the way to this far, right? You will see this is for July. So this is these last few days or July 21st. This is the case counts.

72

00:10:11.964 --> 00:10:23.423

That are reported by each day. That are, that are reported out by the department and you can see, we've got this slight, upward trend here, starting in June. This trend would be much more pronounced.

73

00:10:23.423 --> 00:10:27.594

If this chart was not showing you everything since beginning of January.

74

00:10:27.594 --> 00:10:41.124

So, when you're looking from January with high numbers here in 4,500 cases, a day, being reported to what we're seeing in June, there's clearly a definite drop, but there's been a very pronounced increase in cases over the last couple of weeks.

75

00:10:42.178 --> 00:10:50.158

And as we go through this slide, I'll point out some things here, this average, total daily cases per 100,000.

76

00:10:50.158 --> 00:11:04.288

Is at 11.1 yesterday that was 10 and a couple of days before that it was 8 and a couple of weeks ago. It was 4. so that has gone up pretty significantly. Just in the last couple of weeks.

77

00:11:04.288 --> 00:11:16.288

Our average CCR cases over a 7 day, period has been 476 for 202 is what we're showing for antigens. And those are our rapid tests.

78

00:11:16.288 --> 00:11:21.149

So to know how many cases we're getting on average on a day to add those together.

79

00:11:21.149 --> 00:11:26.999

So, that puts us about 700 or so cases there. When you add those 2 together.

80

00:11:26.999 --> 00:11:30.119

There were 890 that were added since yesterday.

81

00:11:30.119 --> 00:11:35.698

On yesterday's report the report for June 24th that number was 1280.

82

00:11:35.698 --> 00:11:46.349

On average for the last 7 days we've been about 650 cases are added each day just a couple of weeks ago that number within the 300.

83

00:11:46.349 --> 00:11:54.119

We were seeing on average, 300 new cases a day. So we have doubled in just a couple of weeks and the numbers keep going up.

84

00:11:54.119 --> 00:11:57.778

The other concern is our productivity rate.

85

00:11:58.104 --> 00:12:11.423

So, here, this is backdated a little bit, because they try to get as many test results and as they can get a better idea of what this test results are selling that. 1st 1, that is for 1 day that it's for June 19th. And we are seeing a positivity of 9.9%.

86

00:12:13.168 --> 00:12:20.278

That is not significantly from what we were seeing a couple of weeks ago when our productivity right. Was hovering somewhere between 4 and 5%.

87

00:12:20.278 --> 00:12:29.129

It's also being reflected in our 7 day averages. These numbers are up as well. The antigen test is at 5.

88

00:12:29.129 --> 00:12:34.678

Point 5%, those are your rapid tests and then the are tests are at.

89

00:12:35.693 --> 00:12:49.464

6.9% those numbers are also up pretty significantly from where they were just a couple of weeks ago. So we are leading the country right now. Missouri is quite highest for the number of new cobit infections per.

90

00:12:53.788 --> 00:12:57.658

What you're seeing here on this map.

91

00:12:57.953 --> 00:13:10.374

Are areas where we would consider hot spots around the state and I will preface this by saying both of these areas that you're looking at the Northwest and North Central Missouri as well as Southwest Missouri.

92

00:13:10.374 --> 00:13:13.524

Now moving really into South Central central Missouri.

93

00:13:15.269 --> 00:13:25.708

The delta variant has been detected in these areas, the darker the purple on this map, the higher the number of new cases per 100,000.

94

00:13:25.708 --> 00:13:29.639

And so I just want to give a little bit of background on.

95

00:13:29.639 --> 00:13:43.048

What we're seeing here in Missouri and in these counties, and then I will talk a little bit specifically about the delta various itself. So, starting up with Northwest and North Central about.

96

00:13:43.048 --> 00:13:46.678

A little over a month ago, right? Around mother's day.

97

00:13:46.854 --> 00:13:48.474

In Lynn and Livingston counties,

98

00:13:48.504 --> 00:13:54.443

we started seeing some for them some pretty big jump in cobit new cases,

99

00:13:55.104 --> 00:13:59.724

and it was linked to mother's day celebrations,

100

00:13:59.813 --> 00:14:02.844
graduations and the school year activities.

101
00:14:04.379 --> 00:14:11.609
Contracts traced back to a few individuals who were symptomatic. Some didn't realize that they had to.

102
00:14:11.609 --> 00:14:14.783
May have realized that they had told it, but didn't think it was a big deal.

103
00:14:14.783 --> 00:14:21.053
So continued in those activities and then segue straight into graduations,

104
00:14:21.053 --> 00:14:22.494
Memorial Day celebrations,

105
00:14:22.494 --> 00:14:31.134
etc with those activities that we're going on in many of those counties and areas and communities much like the rest of the state.

106
00:14:31.553 --> 00:14:34.014
We significantly stopped.

107
00:14:34.318 --> 00:14:47.428
With our mitigation efforts, so by and large mass wearing has pretty much stopped in many places indoors and outdoors, lots of gatherings with people from multiple households.

108
00:14:47.428 --> 00:14:59.308
Pretty much no social dispensing or not a lot of social distancing going on. And in those scenario, in addition to that to our behaviors.

109
00:14:59.308 --> 00:15:02.668
Low rates of explanation in those counties.

110
00:15:02.668 --> 00:15:08.969
Many of them at that point in time less than 30% of individuals had initiated vaccinations.

111
00:15:08.969 --> 00:15:12.509
And then thrown into that perfect storm.

112

00:15:12.509 --> 00:15:24.089

Was the delta variance, which is much more infectious than the alpha variants and for those who are unfamiliar the delta variant is the 2nd detected in India.

113

00:15:24.413 --> 00:15:36.533

The alpha variant was 1st detected in the UK. Both of those variance are significantly more infectious than the original strain of cobit. And again, we'll talk about that in just a minute.

114

00:15:36.594 --> 00:15:48.624

So, the significance of that is, we really saw things kind of heating up and taking off and Lynn and Livingston counties. And then we pretty quickly thought surrounding spreading to their surrounding counties based.

115

00:15:48.624 --> 00:15:55.134

Both on our, our traffic patterns are work patterns where, where we're going back and forth, that virus definitely spreads.

116

00:15:55.979 --> 00:16:01.139

And as a teaser and to answer the questions overwhelmingly.

117

00:16:01.139 --> 00:16:04.528

People contracting this vaccinated.

118

00:16:04.528 --> 00:16:15.653

So, there have been some breakthrough infections for vaccinated individuals, which we'll talk about again just a moment but overwhelmingly these new infections are vaccinated individuals.

119

00:16:15.984 --> 00:16:22.014

The hospitalization are vaccinated individuals and unfortunately the.

120

00:16:23.009 --> 00:16:28.589

Individuals who are losing the battle against cobit are also vaccinated individual.

121

00:16:28.589 --> 00:16:31.619

So.

122

00:16:31.619 --> 00:16:44.543

Like I said, we have seen it spread to these other communities. We have been as a state working to increase vaccinations in these areas while this was going on. There's been a couple of trends that we watched in Livingston county and and Lin county.

123

00:16:44.573 --> 00:16:48.413

Like I said, they started about mid May when we saw those numbers going up.

124

00:16:48.719 --> 00:16:50.514

Just about a couple of weeks ago,

125

00:16:50.514 --> 00:17:04.943

we started to see someone downward trend thinking that maybe it was running its course to some extent but then the numbers went back up pretty significantly the following week and so we're kind of sitting there right now this week the numbers seem to be down

126

00:17:04.972 --> 00:17:07.044

somewhat in Lynn and Livingston,

127

00:17:07.614 --> 00:17:09.443

but because we've seen this before,

128

00:17:09.624 --> 00:17:11.394

we're not overly confident.

129

00:17:11.699 --> 00:17:14.848

That they will start to see a real downward trend.

130

00:17:14.848 --> 00:17:19.739

And even if we do and let and living standard, we're seeing upward trends in some of these surrounding counties.

131

00:17:19.739 --> 00:17:23.398

So then coming down here to Southwest Missouri.

132

00:17:23.398 --> 00:17:37.288

Same story, different location of the state. So again, it really started. And green county was not in this dark purple, leave it on yesterday's report. It was the lighter purple, but we know that these case numbers are going up.

133

00:17:37.288 --> 00:17:47.699

Started in really teeny county and Lawrence county kind of, and Polk county where it was really kind of starting igniting in this area.

134

00:17:47.699 --> 00:17:54.298

But again, with traffic patterns and work commuting patterns, it is spread pretty rapidly.

135

00:17:54.923 --> 00:18:06.683

The bigger concern was the Southwest portion of the state is it has a significantly higher population, the Northwest and North Central Missouri. So wildly cared just as much for each individual person here in these areas.

136

00:18:07.284 --> 00:18:17.064

When you're looking at things, fueling that overall transmission and the stress. And strain on health care resources.

137

00:18:17.368 --> 00:18:22.348

Southwest, it's much bigger concern, because they are driving.

138

00:18:22.348 --> 00:18:27.148

It's just more people more numbers. The hospitals can't necessarily handle.

139

00:18:27.148 --> 00:18:33.719

At some point, the level of infections, and the number of individuals that are becoming ill from cobit 19.

140

00:18:34.013 --> 00:18:47.814

So, we have seen the same thing here, and the demographics of these areas are very similar in that very low vaccination rates. This section here in Southwest Missouri had some of the lowest vaccination rates, and all of Missouri.

141

00:18:48.354 --> 00:19:00.983

Some of these far southwestern counties at when I checked, which I haven't checked since last week. So the numbers could change because some of them were still below 20% for individuals who have initiated vaccine. So very, very low initiation rate.

142

00:19:01.739 --> 00:19:10.919

Despite the vaccine is readily available, we are seeing the same things spreading to all of these surrounding counties. A couple of things to note.

143

00:19:11.394 --> 00:19:21.834

About Springfield in particular in the Springfield hospital system their hospitalization rates have nearly tripled in just the last 2 weeks.

144

00:19:22.134 --> 00:19:32.003

So, during the epidemic pandemic in the fall, if everyone recalled October, November, December were probably our worst month in Missouri for hospitalization.

145

00:19:32.429 --> 00:19:42.298

Springfield is starting to become on par with that with a number of people going to the hospital. They had closed down several of their.

146

00:19:42.298 --> 00:19:49.528

Overflow cobit units, if you will, they are opening them back up. There. I use are filling back up.

147

00:19:49.528 --> 00:20:03.653

They have honestly tripled their cobit hospitalization a few weeks ago. They were less than a 100 so they doubled and a couple of weeks or a week or so ago they were at about 200 admissions. They are sitting at 300 admissions. Now.

148

00:20:04.679 --> 00:20:08.038

And that's just been in the last 2 to 3 weeks.

149

00:20:08.038 --> 00:20:15.148

So that is what we're seeing, and again spreading on upwards into central Missouri.

150

00:20:15.864 --> 00:20:27.683

So, now let's talk a little bit about the delta variant in particular and I will tell you Delta variance has been detected. It is absolutely the delta variant. The delta vary is driving this in the Southwest portion of the state.

151

00:20:27.953 --> 00:20:31.223

They are currently from, I think some of the data I was just looking at today.

152

00:20:32.368 --> 00:20:42.868

The delta variants inspections in Southwest Missouri account for about 40% of all delta of variance in Missouri infections that are being detected.

153

00:20:42.868 --> 00:20:48.568

So some of the things to talk about in regards to the delta.

154

00:20:48.568 --> 00:21:02.368

I'll have to start with the alpha variant 1st, because I want to make sure everyone kind of understands. We've seen this before and this is what we are now experiencing in Missouri, and I will talk about the United Kingdom. So we kind of all remember.

155

00:21:02.368 --> 00:21:13.259

Going back several months when the United Kingdom 1st had what everyone kind of called their 2nd wave lots and lots and lots of infections. It was, they went back into their lockdown, et cetera.

156

00:21:13.259 --> 00:21:27.148

That occurred because the alpha variant, which was significantly more infectious than the original strain started spreading in the UK the alpha variant has been determined to be somewhere between 30 and 60% more infectious than the original strain.

157

00:21:27.148 --> 00:21:31.709

It very quickly became the dominant strain in the United Kingdom.

158

00:21:31.709 --> 00:21:37.169

Several weeks after that occurred in the United Kingdom, the alpha variant was detected in the US.

159

00:21:37.169 --> 00:21:50.818

Very, very much more infectious spread. Very quickly. The outset variant is currently the dominant strain in both Missouri and the United States. So, from Missouri accounts, somewhere between 75 and 80% of our cases.

160

00:21:53.338 --> 00:22:04.013

We then saw this latest round in the United Kingdom where they again pulled back and did more restrictive measures. It was due to the delta variant spreading in the UK.

161

00:22:04.193 --> 00:22:09.743

The delta variance has been determined to be somewhere between 30 to 50% more infection.

162

00:22:10.709 --> 00:22:21.894

Than the alpha variant, so it's incredibly more infectious than the original strain that worked its way through Missouri through most of 2020. the delta variant, as I had indicated has been detected in the US.

163

00:22:21.894 --> 00:22:31.253

And in Missouri, it's currently estimated to account for roughly 20% of the cases throughout the United States, which means that probably is accounting for somewhere between.

164

00:22:33.209 --> 00:22:41.429

20% of cases in Missouri, so somewhere between 15 to 20%, most likely I say most likely, because we don't sequence every single positive.

165

00:22:42.354 --> 00:22:46.733

But we do know it's here, we have sequences, it has been detected in addition to that.

166

00:22:46.733 --> 00:23:01.433

Missouri does a lot of waste water testing and around different communities, because you can detect the presence of code in wastewater, and you can detect if there's a lot of it. Or if there's a little of it and they had been sequencing that wastewater.

167

00:23:01.433 --> 00:23:03.023

So, now they're able to detect.

168

00:23:03.328 --> 00:23:10.019

Which type of code is spreading and I share that with you because last week they sequence.

169

00:23:10.019 --> 00:23:16.229

Waste water samples from 30 communities around the state. The delta variant was detected in 27 of them.

170

00:23:16.229 --> 00:23:22.858

So it is clearly here, it is clearly spread throughout a good portion of the state.

171

00:23:22.858 --> 00:23:31.229

Some of the things that we're seeing with the delta variant in particular, and again, I stress over and over and over.

172

00:23:31.229 --> 00:23:38.608

Overwhelmingly the things I'm going to talk about with Delta variant, it is the risk to vaccinated people.

173

00:23:38.608 --> 00:23:42.868

Our vaccines are working quite well against.

174

00:23:42.868 --> 00:23:51.868

The delta variance the alpha variance all of the various they're not as effective, but it's a difference between.

175

00:23:51.868 --> 00:23:58.288

With the Pfizer vaccines that the original strain, it prevented 94% of affect infections.

176

00:23:58.288 --> 00:24:10.648

With the delta variable preventing 92% or 90% I mean, it's still a very, very good effectiveness of those vaccines even against the variance with that being said.

177

00:24:10.648 --> 00:24:23.068

Um, the delta variance is causing essentially double the hospitalization that we saw with the previous strength of cobit. And obviously, when folks go into the hospital, they don't always.

178

00:24:23.068 --> 00:24:29.729

When they're battle with copen, so I would expect to see death rates potentially go up based on that.

179

00:24:29.729 --> 00:24:34.798

Some of the things to be aware of what the delta variants, the most common symptoms.

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00:24:34.798 --> 00:24:38.909

At least initially our headache sore throat.

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00:24:38.909 --> 00:24:42.719

Runny nose and fever, which is a little bit different.

182

00:24:42.719 --> 00:24:49.828

Send those other strains, and it's also a little bit easier to perhaps disregard those initial symptoms because that could be.

183

00:24:49.828 --> 00:24:54.473

Strep throat that could be my allergies that could be a whole host of things.

184

00:24:54.473 --> 00:25:06.653

Those are pretty benign initial symptoms, which could be why this is considered to be so much more infection because people are not recognizing or thinking that those symptoms mean they have covid and therefore, and they're not.

185

00:25:06.959 --> 00:25:13.378

Taking the steps they need to take to make sure they're not exposing others. So it is very important to be aware of those.

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00:25:13.378 --> 00:25:17.308

As far as.

187

00:25:19.409 --> 00:25:23.068

I'm going through my list, so we've talked about hospitalizations. We've talked about.

188

00:25:23.068 --> 00:25:26.818

The vaccines are working against this.

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00:25:26.818 --> 00:25:41.219

They're working very, very well. They have had some discussions about the booster vaccines, and whether we will meet them, the CDC met yesterday, the group that reviews and approves vaccines.

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00:25:41.219 --> 00:25:48.538

And at this point, in time, for a couple of different reasons, they are not recommending widespread boosters for folks.

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00:25:48.538 --> 00:25:58.618

And the 1st reason again, take you through the history of this, the vaccine just a little bit, our brief history of the whole 6 months, or so the vaccines have been available.

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00:25:58.618 --> 00:26:00.354

When the vaccines 1st came out,

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00:26:00.354 --> 00:26:13.913

we were the experts and scientists were unsure of how long the immunity would last from the vaccines but they were helpful that it would be a

fairly durable vaccine with a worst case scenario being that you would need 1 every year like,

194

00:26:13.913 --> 00:26:14.423

a flu shot.

195

00:26:15.354 --> 00:26:30.203

As we're going through it progressing through this pandemic, and they're turning and checking folks and seeing how many people you know, what is that immunity level? Is it staying really robust for folks? They're getting good news almost every time they do those checks and they run that data and they pull that out.

196

00:26:30.929 --> 00:26:39.808

So, as you know, maybe even just a few weeks ago or a month ago, there was a lot of lot of talk about oh, we're going to have to have boosters and we're going to have to have them sooner than we thought.

197

00:26:39.808 --> 00:26:47.159

That was primarily being driven by the concern that the variance would not be, or would be able to escape the vaccine.

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00:26:47.364 --> 00:26:53.453

With the data that's come out just as this week, and last week they're finding that not to be the case.

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00:26:53.574 --> 00:27:05.453

So we're getting study after study after study from multiple places both us data, UK, data, Israel, Germany, all of these different places. Everybody is still setting this very, very carefully.

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00:27:05.814 --> 00:27:10.074

So, like I said, new studies come out every day, and with each study that comes out.

201

00:27:10.378 --> 00:27:16.078

It's showing over and over again that the vaccine immunity.

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00:27:16.078 --> 00:27:21.659

Is remaining very robust, so they're at what they're considering the 6 month.

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00:27:21.659 --> 00:27:31.223

Post vaccinations studies that have just come out, have shown that people have a very robust immunity still to the cobit 19 or virus.

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00:27:31.673 --> 00:27:38.183

And that is only furthering their belief that the vaccine is providing a longer lasting immunity.

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00:27:38.638 --> 00:27:49.378

In addition, it's doing a very, very good job against the variance at this point. Still a very, very good job. And so when they take those 2 pieces of information together.

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00:27:49.378 --> 00:27:54.509

The recommendation as of this week is we probably do not need wide scale boosters.

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00:27:54.509 --> 00:27:58.588

Starting as early as 12 months from when you get your 1st 1.

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00:27:58.588 --> 00:28:03.148

Now, that being said, there are some caveats that we need to understand.

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00:28:03.148 --> 00:28:12.388

The 1st, 1 is immunocompromised individuals and this is really important because many of us are people who fit into this category.

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00:28:12.388 --> 00:28:20.999

So, the 1st thing to be aware of is vaccines for everyone, and absolutely. 100% still our best course of defense against this virus.

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00:28:20.999 --> 00:28:29.249

However, individuals who have a salty immune system for whatever reason, perhaps they have some sort of.

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00:28:29.249 --> 00:28:37.769

Um, condition that causes our immune system to not work, or perhaps they are taking some very powerful immune suppressant medications.

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00:28:37.769 --> 00:28:45.628

These individuals may not produce the same immune response from the vaccine as someone who did not have these conditions.

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00:28:45.628 --> 00:28:49.409

Or take this medication.

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00:28:49.409 --> 00:29:02.219

So, some folks, if I'm saying, you get your vaccine and you don't have any amino compromise things, and you would get up to about that 94% protection from the original strain.

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00:29:02.219 --> 00:29:09.028

An amino compromised person may only come up to 75% or they may only come up to 50%.

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00:29:09.028 --> 00:29:21.118

Those are still good protective measures for people, but we need to understand they don't have that same full immunity. So, what does that mean for those people who are caring for them? Means we need to be a little more careful.

218

00:29:21.118 --> 00:29:27.328

If we know that they're on those immunosuppressant medications, or we know that they have these conditions instead of just.

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00:29:27.328 --> 00:29:34.019

Saying, okay, you're vaccinated, you're fully vaccinated. That's great. You're protecting. Throw away the math. Let's go do whatever we want.

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00:29:34.019 --> 00:29:37.709

We should probably meet somewhere in the middle between doing that.

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00:29:37.709 --> 00:29:50.788

And keeping them in a bubble, we don't want to keep people in bubbles. So it means we're at math when you're going. If you can wear that mask. If you're going out on an outie even if you're fully vaccinated. I don't have this condition.

222

00:29:50.788 --> 00:29:56.068

I still wear my math when I go out into the grocery store places with lots of crowds.

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00:29:56.483 --> 00:30:07.854

It means, maybe we still do some social distancing, you know, we don't have to sit 5 inch and apart from each other. Maybe we still set a couple of feet apart when we're talking and interacting.

224

00:30:08.183 --> 00:30:11.483

Maybe we try to do as many things as we can still outside.

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00:30:11.759 --> 00:30:23.519

Because it is safer, so when we have individuals who we know are on those powerful, amino suppressants, or they have this underlying conditions, we just need to be a little bit more careful with those folks.

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00:30:23.519 --> 00:30:33.538

There are a handful of individuals that have not produced any immune response from the vaccine. Most of the time these individuals are on multiple.

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00:30:33.538 --> 00:30:47.429

Powerful immuno, suppressive medication. Maybe they're on cancer treatment. Maybe they are suffering from and their immune system is pretty much depleted. So it is possible for some folks in that category.

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00:30:48.509 --> 00:31:01.888

That group of people will most likely be the 1st, 1 that they recommend boosters for but we're still not there even for some of those folks. So I wanted to share that and make sure that people were very well aware of that.

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00:31:01.888 --> 00:31:12.628

And I will kind of pause here and see if there are any questions. And then I want to talk a little bit about some data specifically to our DD community.

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00:31:19.073 --> 00:31:31.913

Carrie, there were a lot of questions that popped up, but they were really more related to the, the response administratively by the division and not.

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00:31:32.189 --> 00:31:44.513

With details regarding the actual code vaccine, or what we're seeing so wanted to address those just real quickly. So you can get to the rest of the information.

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00:31:44.513 --> 00:31:54.594

But 1 of them was regarding for our in particular dB staff and that was remote work and.

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00:31:54.868 --> 00:31:58.108

Whether we should be in the office right now, so.

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00:31:58.108 --> 00:32:04.888

I just wanted to make sure that everyone on our team is aware that although the governor has.

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00:32:04.888 --> 00:32:13.169

Implemented the return to the office order we continue to work with.

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00:32:13.169 --> 00:32:23.489

And leadership at, and HR in our HR are continuing to work with our office of administration personnel to go down the path of.

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00:32:25.044 --> 00:32:39.894

Network and distributed work teams and so we have been working on putting together information to move that direction in the future and so that is being reviewed by office of administration and they're telling us what information they

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00:32:39.894 --> 00:32:40.223

need.

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00:32:40.223 --> 00:32:43.074

So, I just wanted to make sure staff. Know that.

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00:32:43.348 --> 00:32:56.784

We recognize that and are continuing to move in that direction. So, we want to encourage everyone to be as vigilant as possible in the office in both in the community, given the circumstances right now.

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00:32:57.173 --> 00:33:04.554

And the other question that came up with, regarding in person monitoring and whether we're currently watching that, whether that.

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00:33:04.858 --> 00:33:15.598

Would move back to remote. It is something that we're watching very closely as of right now and we will get the math updated regarding case.

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00:33:15.598 --> 00:33:21.328

Case management county status, just to reflect the current date.

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00:33:21.328 --> 00:33:30.959

And, of course, send out any notices if anything changes right now, all of the counties will remain in person monitoring. We were weighing.

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00:33:30.959 --> 00:33:38.788

Um, the risks and the benefits of in person monitoring versus remote, and we.

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00:33:38.788 --> 00:33:47.969

It came to the conclusion that there is a very low risk transmission activity of doing an in person monitoring visit.

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00:33:47.969 --> 00:33:53.003

And it can be accomplished at an extremely low risk,

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00:33:53.844 --> 00:34:01.733

but the benefit of having eyes on an individual who is vulnerable to ensure their health safety,

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00:34:01.733 --> 00:34:10.373

and welfare can be accomplished in a very short amount of time in an open of air environment and we are encouraging providers to,

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00:34:10.373 --> 00:34:10.824

of course,

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00:34:10.824 --> 00:34:18.594

look at all of the risk factors when making the decision we're encouraging them to do an open air.

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00:34:18.623 --> 00:34:20.903

If at all possible to.

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00:34:21.268 --> 00:34:26.248

Spend a small amount of time in the in person environment. 5 to 10 minutes.

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00:34:26.248 --> 00:34:39.653

Making sure that you see them are able to see, maybe even through a screen and and touch base with them and then maybe the remainder of the monitoring in a remote type environment.

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00:34:39.684 --> 00:34:54.623

So just wanted to say that that changes we're continually monitoring it. And if that changes, we will update the map and then we will also send out a blast of information via via the listserv. So, carry back to, you.

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00:34:56.309 --> 00:35:03.659

Thanks, Jess. I just kind of want to follow up on what Jess was saying, as far as the low risk environment.

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00:35:04.103 --> 00:35:13.344

The screening tools that division of developmental disabilities put out to help in planning those visits and asking those questions are incredibly helpful.

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00:35:13.344 --> 00:35:24.264

And I would encourage everyone to you that every single time for when making your determinations of when, and how to do those visits. And as Jeff said, you can do that actual.

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00:35:25.344 --> 00:35:28.583

Visual inspection of the living environment, and just a few minutes.

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00:35:29.003 --> 00:35:42.623

And then if you saw things of concern, even while you were there, when you go into that open air portion of it doing it outside or due door, then you can ask questions about what your concerns are while being outside and still being 6 feet apart.

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00:35:42.653 --> 00:35:48.503

Obviously, I would recommend wearing masks when going out in the community, and I also cannot stress enough.

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00:35:49.134 --> 00:35:53.903

That the greatest risk is to those who are vaccinated over and over and over and over again,

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00:35:53.903 --> 00:35:59.483

the people who are winding up in the hospital and contracting cobit with the delta variance,

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00:35:59.873 --> 00:36:07.434

even if you have been vaccinated and you're contracting POV that you were still when the most part folks are not getting very,

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00:36:07.434 --> 00:36:08.034

very ill.

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00:36:08.338 --> 00:36:12.509

Which I know, no 1 wants to get it at all and I totally agree with that.

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00:36:12.509 --> 00:36:21.298

But these are very, very low risk activities is use the precautions that we've all lined out to do them with.

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00:36:21.298 --> 00:36:25.228

And then I do want to show you some information on.

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00:36:27.114 --> 00:36:37.193

On the screen on our data as far as how we are doing with individuals. So, I'm not sure how big this is that you guys can see or not.

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00:36:37.193 --> 00:36:49.554

See, but what you're looking at is a spreadsheet that is comparing our participants and their vaccination rates. And this is about a month old again, because we just got this at the beginning of June.

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00:36:50.068 --> 00:36:53.309

So, we're, we're making some significant progress.

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00:36:53.813 --> 00:37:03.083

And we compared to where we were in April with our individual, and we have looked at it by age group, we have looked at it by region and we have looked at it by service type.

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00:37:03.713 --> 00:37:14.903

So, when you just look in total, by our age groups, in April, we had 40, almost 42% of our damage participants, had initiated vaccine with 30%, being completed.

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00:37:16.793 --> 00:37:27.474

For June, that had gone up and we have almost 37% of individuals who had been, have completed vaccination. I want to point out. Can't point this out strongly enough.

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00:37:27.474 --> 00:37:29.184

This is from the very beginning of June,

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00:37:29.184 --> 00:37:33.503

so we have another 2 or 3 weeks worth of data to put in here and I will follow it up by saying,

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00:37:33.503 --> 00:37:39.833

I just received information yesterday from the Department of health that in Webster county because of what we're talking about with Delta variant,

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00:37:39.864 --> 00:37:42.744

they just had a vaccination event for individual.

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00:37:44.128 --> 00:37:53.128

For our DD community, and they vaccinated over 100 individuals and so that was fantastic. So we are still making progress.

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00:37:53.128 --> 00:38:06.418

When you look at it by age category, and these numbers aren't 100% comparable from April to June for a number of reasons. The 1st, 1 being, we may have had more people come into our services between April and June. So that can push our numbers up.

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00:38:06.418 --> 00:38:16.614

The 2nd, 1, when looking at it by age group, we could have had people who had birthdays and switched age groups. And then the 3rd reason is in April, 12 and 15 year olds weren't eligible for vaccine.

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00:38:18.233 --> 00:38:28.793

So, when looking at that 18 and older, we were able to go from 32 and a half percent of individuals had completed vaccine to 43% had completed vaccine. So that's really good.

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00:38:30.059 --> 00:38:36.570

The 16 and 17 year olds made some pretty big progress from 5.4% to 12 and a half percent.

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00:38:36.570 --> 00:38:50.039

And then the 12 to 15 year olds were just getting started. A lots of people still are hesitant. Ga, not really realize even at the beginning of June that 12 to 15 year old could become vaccinated. Because that was just put out there.

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00:38:51.235 --> 00:39:03.715

As far as by service type where we touch people the most and have the most interaction, we have our highest rates of vaccination. And so that's that's a good thing. But we also want to get get further into those other groups.

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00:39:03.715 --> 00:39:18.264

So, when you look at residential, our residential numbers are really, really good, very happy to see that from April to June. We've gone from 64 and 65% initiated to over 70%, had initiated vaccine in our residential settings, and gone from.

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00:39:18.264 --> 00:39:30.085

Almost 52% completed to almost 60% complete in vaccination that was as up the beginning of June. So we do know that we're still making progress in this area, but those are really good numbers.

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00:39:32.190 --> 00:39:36.510

Community, not quite as strong as residential.

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00:39:36.510 --> 00:39:42.210

But we are making progress there. We have 34% of individuals have completed vaccine.

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00:39:42.210 --> 00:39:55.554

Case management is really kind of where we have the least amount of interaction with individuals and I would encourage even our case management agencies to bring up vaccination when you're having your meetings with folks,

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00:39:55.945 --> 00:39:57.324

even if it is annually,

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00:39:57.324 --> 00:40:00.264

or to have send information out through your distribution list,

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00:40:00.414 --> 00:40:01.525

so those that you served,

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00:40:01.554 --> 00:40:07.375

so that they know that to make sure that they are aware that the vaccines are there that they are safe,

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00:40:07.375 --> 00:40:09.985

that they are effective that they are available to them.

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00:40:09.985 --> 00:40:18.715

And where, and how they can access them. And if you need help with that kind of messaging, you can reach out to us the department and we will try to help put some stuff together for you.

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00:40:19.380 --> 00:40:27.085

As far as those that are 18 and younger, you can only get the Pfizer vaccine at this point.

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00:40:27.235 --> 00:40:35.215

There is a feature on the cobit vaccine dodmo dot Gov website that allows you to find a vaccine and you can find it by type.

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00:40:35.550 --> 00:40:48.744

So, if you have a 15 year old, who can only get Pfizer, and you've been struggling to figure out how to get them vaccinated, you can go to that website. And it will tell you exactly. Which pharmacies in your area, your zip code or doctor's office, etc.

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00:40:48.775 --> 00:41:02.155

Have Pfizer on hand that they can get you vaccinated so they can take the legwork out of that for folks. So, if that's something you're running into with people that you're serving, there's a tool out there to help you and we can get that to you as well.

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00:41:02.579 --> 00:41:12.659

When you look at the information by regional office, the trends within our populations, reflect the trends of the state. It's just as simple as that.

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00:41:12.659 --> 00:41:19.170

So, we definitely are doing better and some areas of the state than others.

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00:41:19.170 --> 00:41:31.860

And in particular, the Springfield area, the Southwest portion of the States doing pretty low South East, and also a bit lower than what we're seeing in some of the metro areas.

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00:41:31.860 --> 00:41:37.860

Such as Kansas City, St Louis and county and so we can also use.

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00:41:37.860 --> 00:41:50.429

The Southwest and the North Central Northwest portions of the state, as are canary in the coal mine if you will, we know this migrate. We see it migrate. We know it goes down the highway when all of our friends and family.

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00:41:50.429 --> 00:41:56.099

So, knowing that we have low vaccination rights in the Southeast portion of the state as well.

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00:41:56.099 --> 00:42:03.480

You can expect it to be coming your way in the next couple of weeks, particularly with the July 4th holiday coming along.

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00:42:03.775 --> 00:42:18.414

We have seen it with every single holiday or event. There has been a bump in cases afterwards and knowing that Delta is already circulating and knowing that we have pockets of the state that still have pretty low vaccination rates where it hasn't really taken off.

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00:42:18.744 --> 00:42:20.065

It's just a matter of time.

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00:42:20.664 --> 00:42:27.385

Before it makes it through there and before the delta variant becomes the dominant variant and our strain that is circulating through all of Missouri.

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00:42:28.644 --> 00:42:39.744

So, with that, I would strongly encourage anyone who is maybe has been waiting for additional data and information to make a decision, or who is thinking yeah, I'm going to get it. Just not yet.

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00:42:40.409 --> 00:42:48.324

Uh, now is definitely the time it is available at pretty much any pharmacy around the state, it is very easy.

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00:42:48.324 --> 00:42:55.855

You can go in and make an appointment to make sure you get in and out most places you can also just walk right in and get your shot with little to no waiting.

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00:42:56.159 --> 00:43:07.320

So, I would strongly encourage folks to go ahead and get that vaccine and I would strongly encourage if that's something that you do want to do that you do it before the 4th of July.

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00:43:07.320 --> 00:43:17.784

And before all of those activities go, it will not provide you with a 100% protection at that point or that the high rate of protection you really need that 2nd dose. If you get the to dos series to get up to that level.

316

00:43:17.784 --> 00:43:29.574

But it does provide you with some protection and even those who, who have some protection are fairing better against this virus. If they contracted, we had shared this information with.

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00:43:31.739 --> 00:43:41.099

Some of our local public health agency groups, and many of them are the representatives for what's called the vaccine regional implementation teams.

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00:43:41.099 --> 00:43:53.639

And we will also be sharing with them a list of the damage contracted providers with contact information and addresses. So they may be reaching out to some of you and to different facilities to discuss.

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00:43:53.639 --> 00:44:03.389

Specific vaccination events geared to individuals with developmental and intellectual disability. They may be reaching out to discuss.

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00:44:03.389 --> 00:44:05.065

Information and outreach,

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00:44:05.065 --> 00:44:19.764

how is the best way to talk with some folks or to get the information out to our community so that people understand the need for the vaccine as well as make it easy as possible for them to actually access the vaccine so don't be

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00:44:19.764 --> 00:44:22.375

surprised if you get a phone call,

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00:44:22.375 --> 00:44:27.655

or you speaking to see stuff in your area about these specific outreach efforts.

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00:44:27.989 --> 00:44:32.219

And that is really all I have, unless anyone has any other questions.

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00:44:39.144 --> 00:44:49.284

Very, thank you so much for this great information. Very, very timely, appreciate everything and we did not have any more questions that came in through the chat.

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00:44:49.284 --> 00:44:56.034

So, right now I'd like to turn it over to our partners at station and be for some great information and updates.

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00:44:56.730 --> 00:45:04.409

Thank you. Thanks for having me I'm ready. I'm 1 of the physicians with station and the, and.

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00:45:04.409 --> 00:45:19.164

We had 2 main issues I wanted to address and 1st of all, I just want to say that was a fantastic overview of what's going on. Um, and, uh, I'm actually going to touch on some of that. And a lot of what I was going to talk about was already covered.

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00:45:19.164 --> 00:45:29.574

So thank you so much for that. I'm kind of a overview of what's going on with the delta Varian. Um, and, uh, you know, it does kind of tie into what I'm going to discuss.

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00:45:29.574 --> 00:45:39.025

The 1st issue was, um, you know, we've heard from some providers that, you know, as cobit is waning not to stay empty or a specific Wendy eustacean. D.

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00:45:39.054 --> 00:45:51.414

and for what reasons, as you've just heard, it is not waiting there is this delta variant and, uh, I concur with everything that Kerry had mentioned. 1 other thing, I will add few other things is.

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00:45:51.690 --> 00:46:04.320

This is a moving target. This is literally breaking every hour. There's a new story about this. I was just recently was following some information from CDC and Israel.

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00:46:04.585 --> 00:46:19.164

Who has a drop their mass mandate 10 days ago, and they're reinstating the mass mandate because the cases of Delta variant cobit are surging. There's a lot of coban fatigue. None more than me.

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00:46:19.164 --> 00:46:31.675

I'll tell you. I'm working in the hospital. We see it all the time. And and it's easy to kind of get a little lax, but I really feel if anything we're in the home stretch here and this, this is a little bump in the road with this delta variant.

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00:46:31.914 --> 00:46:43.735

The things that I would emphasize is number 1 code is not gone. It's still there. Okay regular cobit alpha variant. There's a Delta plus variant. It is still out there. And your best protection against it is a vaccine.

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00:46:44.065 --> 00:46:51.684

Um, the, the latest information from Israel showed that the of the cases of people that got a code that were vaccinated.

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00:46:53.244 --> 00:47:07.135

Majority of them were mild illnesses as opposed to being hospitalized and and so that's number 1 number 2. what's pertinent for us? And this this specific meeting and our population is individuals with ID are more vulnerable to this virus.

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00:47:07.739 --> 00:47:11.940

There was a study in the New England Journal medicine, which showed that outside of age.

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00:47:11.940 --> 00:47:21.594

Having an intellectual disability was the highest independent risk factor for contracting cobit and dying from covered extremely alarming when you think about it.

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00:47:21.775 --> 00:47:29.875

So, if you're on the fence, or individuals are on the fence, or not sure about getting this vaccine, this is even more reason to get vaccinated.

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00:47:30.324 --> 00:47:39.565

And then also, as was mentioned all the more reason to continue masking if you possibly can, it is something that adversely affects this population.

342

00:47:39.835 --> 00:47:51.744

And as, you know, as you've heard, hospital cases are increasing, you know, if you want to be exposed to the virus, go to a hospital. Because that's where it is go to healthcare setting anything.

343

00:47:51.744 --> 00:48:04.045

We can do to mitigate people going out to these kind of settings as they increase their volume and they get the capacity we should do. And so that kind of piggy backed into what I wanted to talk about with station empty on when to call us.

344

00:48:05.190 --> 00:48:15.719

Anything any issues any questions around any concerns you have if you just need to get a med refill, you can call us 24 7. we are still available.

345

00:48:15.719 --> 00:48:30.119

You know, this is not just for the individual that we want to keep safe, but it's also involved that have to go with the individual to the hospital and travel with them or a family member. This is important for everyone. But again, I want to emphasize that.

346

00:48:30.505 --> 00:48:45.114

We're there as a resource I know everyone's tired with code, but if you have a question who needs to be was exposed and where do you put up? We are there. There's no specific question that you can't use us for. So, just wanted to address that.

347

00:48:45.114 --> 00:48:57.534

That we are still there, we're still on, we're a resource for you in terms of Colvin, but also not coban, fall, seizures, med, refill, rash, whatever you need. We are.

348

00:48:57.534 --> 00:49:02.514

There you can, you can call us and if you have questions about anything, you can also reach out.

349

00:49:02.760 --> 00:49:15.295

Um, to us, and we can help clarify that in addition to that. I want to just let, you know, that we will be sending out a few mailers to you just to give kind of a 1 pager on information.

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00:49:15.295 --> 00:49:25.195

You can share with the or any anybody who is a formal or informal support staff caregiver on when to call us. That should be going out shortly.

351

00:49:25.469 --> 00:49:31.139

And, you know, I just want to let, you know, that, that.

352

00:49:31.139 --> 00:49:44.514

With this recent surge that we're seeing in Delta variants from a medical perspective, you know, we really feel as a physician and from what I'm speaking to my colleagues that this will be the dominant variant that will be out there.

353

00:49:45.114 --> 00:49:59.514

The good thing is, is the vaccine is effective against severe illness and I'm actually going to, I think, if I can put in the chat box, I'm going to put in a link. Hopefully I can send this to everyone. This is a webinar that we did.

354

00:49:59.514 --> 00:50:03.773

It's on YouTube, you should be able to get it. Let me see if I can.

355

00:50:04.855 --> 00:50:19.014

I'll see if I can do it, if not, I'll share it with the group. Um, but just it says it's a webinar that we did a station empty doctors very informal, specifically geared towards the individuals with ID and the community with a Q and a, about the vaccines.

356

00:50:19.465 --> 00:50:21.804

What the questions are, where the concerns were.

357

00:50:22.110 --> 00:50:32.875

This was done a few months ago so obviously we are not addressing the delta variance specifically, but it kind of talks about why people are getting it. Why aren't people getting why we got it for ourselves for our family?

358

00:50:32.875 --> 00:50:45.385

So, if you, if you yourself or someone, you know, it's still not sure who wants to be get some more information. There's a lot of noise out there. I understand. But these are 3 doctors that that we deal with this on a daily basis.

359

00:50:45.385 --> 00:50:48.864

So, I'll see if I can get in the chat and I believe.

360

00:50:49.199 --> 00:50:52.260

So, I'm going to check my notes. I had no other.

361

00:50:52.260 --> 00:50:56.820

Nothing else to speak of, but I think there's a question in the chat.

362

00:50:56.820 --> 00:51:03.480

Or maybe not, I'm not sure and a few questions, I guess.

363

00:51:06.119 --> 00:51:10.650

Yeah, thank you. Sure.

364

00:51:10.650 --> 00:51:20.039

There was a question regarding whether guardians if guardians are unsure about their loved 1, getting the team a.

365

00:51:20.039 --> 00:51:32.875

Call station and D to discuss. Yes. And what we're happy to talk. I mean, it's hard to have a full discussion about that, but we've had those discussions and you could even refer them to this webinar. Because that's an issue.

366

00:51:33.414 --> 00:51:39.295

Look, we've even had some physicians say, you know, you're not at risk. You don't need the vaccine and we think otherwise.

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00:51:39.570 --> 00:51:46.139

But, um, we're happy to to talk to to people about if they have specific concerns about the vaccines. Sure.

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00:51:47.280 --> 00:51:50.340

Awesome. Thank you. Yeah, we would definitely encourage.

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00:51:50.340 --> 00:52:03.750

Really any, any question that you have, there was another question specifically related to the delta variant, and whether we're seeing.

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00:52:03.750 --> 00:52:13.650

Kid getting the delta variant more often since they cannot get vaccinated yet. Yeah so what I am hearing and again, this is all.

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00:52:14.304 --> 00:52:27.985

Fast moving, the delta variant is spread to, I believe 70 countries and so some of the data that I've seen for example, in England or or maybe was Israel, is that yeah. A lot of kids were still getting it because they weren't vaccinated again.

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00:52:28.795 --> 00:52:35.724

The severity of the illness though was was low, and even individuals that were vaccinated, that that got it.

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00:52:35.969 --> 00:52:43.619

Very, very small percentage of them got severe, severe covid. Um, but the, the short answer is yes, that that.

374

00:52:43.619 --> 00:52:53.820

It was in infecting children and, and largely, I don't think it was because they were children. It was just because they just happened to be vaccinated. And that's why I think that would address the other.

375

00:52:53.820 --> 00:53:07.494

A topic, which I couldn't tell you when, but when they're going to open this vaccination up to children under 12, I think that's the next logical step. Um, I, you know, of course, there's always concerned about safety and and in that.

376

00:53:07.494 --> 00:53:19.675

But, uh, I think if anything this is going to motivate people to push that up further, because that's a big aspect of this spread again, not to beat a dead horse. And I know everyone's tired about this.

377

00:53:19.675 --> 00:53:24.235

But this delta variant and Delta, plus variant are mainly ravaging.

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00:53:24.570 --> 00:53:27.960

Pockets and individuals that are not vaccinated.

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00:53:27.960 --> 00:53:35.519

And so that's why, if there's anything you can do get vaccinated or tell your loved ones, get vaccinated and continue masking. If you can.

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00:53:37.045 --> 00:53:38.755

Just to follow up on that a little bit,

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00:53:38.755 --> 00:53:43.074

just as far as Delta variant and younger individuals,

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00:53:43.105 --> 00:53:45.505

they have seen both in India,

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00:53:45.775 --> 00:53:54.264

and we are seeing here in the US as well that the delta variance has been causing more severe illness in both young adults.

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00:53:54.715 --> 00:54:06.804

And teenagers and children as well, so more are contracting because they're vaccinated, but also just in general more more kids contract, the delta variant than they did the original strain.

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00:54:06.804 --> 00:54:10.344

They're not 100% sure why that is the case but they have been seeing that.

386

00:54:11.489 --> 00:54:25.525

Now, 2 things are going on here in Missouri, in particular as far as younger people, and the delta variant 1 by far those age 15 they already had the highest rates, the vaccinations for a couple of reasons. 1.

387

00:54:25.525 --> 00:54:28.135

we, we prioritize those groups at the very beginning.

388

00:54:28.135 --> 00:54:41.094

And 2, they were willing to be vaccinated so we have very high vaccination rate among individuals, ages 15 over in Missouri at 65 and over any of 70% or higher.

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00:54:41.940 --> 00:54:50.369

For their vaccination rates, the 2nd thing regarding those younger folks, when we're looking at our hospitalizations now.

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00:54:50.369 --> 00:55:00.360

Partly because we do have high vaccination rates for those 65 and older and higher rates at 15 older many of the folks going into the hospital while they are.

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00:55:00.360 --> 00:55:07.315

Overwhelmingly and vaccinated, we are seeing more and more people being hospitalized that are in their forties.

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00:55:07.315 --> 00:55:19.644

They're 20, 30, even some teenagers and on occasion and they're seeing particular viewer and vaccinated those going to the hospital. Many of them meeting. I see you. Level of care.

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00:55:20.635 --> 00:55:27.894

So those are all things to be aware of and we do need to do a better job of getting our younger folks vaccinated.

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00:55:31.170 --> 00:55:37.170

The other thing, as far as children, 12 and under, when will they be needed?

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00:55:37.170 --> 00:55:48.534

Pfizer has already requested emergency approval for those between the ages of 5 and 12. If they have not submitted it, they will be submitting it fairly soon.

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00:55:49.074 --> 00:55:58.045

So the FDA and the CDC folks, all those who review those requests to review that data are in that process now.

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00:55:58.284 --> 00:56:04.885

And the hope is that they will have emergency authorization for those between the ages of 5 and 12.

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00:56:05.550 --> 00:56:16.050

At or before September, so they're really wanting to get that opened up before school starts in the fall. So those things they are looking through it now.

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00:56:16.050 --> 00:56:19.980

The data from their clinical trials was very, very good.

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00:56:19.980 --> 00:56:34.885

Onsite for those between the ages of 5 and 12, very high levels of immune response. They had fewer side effects recorded, even then with adults. So that was really good news, but they're going through that same process.

401

00:56:34.885 --> 00:56:43.315

But I was looking at the safety data, and all of the things that were collected in doing that related to their already before they do that authorization.

402

00:56:43.590 --> 00:56:46.889

And then as far as.

403

00:56:46.889 --> 00:56:55.739

People can they spread the delta variant or people who've been vaccinated? Are they spreading it to others? That's still.

404

00:56:56.664 --> 00:57:09.985

A little bit up in the air they get more and more data. Every time that they look at it that indicates the people who have been vaccinated the contract is obviously have very much less severe disease or they're asymptomatic.

405

00:57:10.405 --> 00:57:19.675

Typically, when you are a symptomatic or very mildly symptomatic, you have lower viral load. Typically, if you have lower viral loads, you have less chances of spreading it.

406

00:57:19.974 --> 00:57:26.454

So, the data is showing that it's looking more and more like, even if an individual who has vaccinated his contract token.

407

00:57:26.789 --> 00:57:40.349

They're using the phrase, they are less likely to spread it to others, but they're not at a point where they can see that. They're ready to say that they don't spread it to others. It's just that they are much less likely to spread it to others.

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00:57:40.349 --> 00:57:51.150

As far as people who have already had cobit and who are us, and those who are vaccinated based their data on those individuals, contracting the delta variants.

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00:57:53.514 --> 00:57:54.025

Yeah,

410

00:57:54.144 --> 00:57:59.364

there have been a number of people we know people can get cobit again and we know that we,

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00:57:59.394 --> 00:58:04.494

if you've had the original strain that there is potential that a,

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00:58:04.494 --> 00:58:06.594

you could even catch the original string again,

413

00:58:06.594 --> 00:58:10.224

but you could catch the delta variant as well.

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00:58:11.364 --> 00:58:26.034

That's not a guarantee. You do get some natural immunity and some protection from having coban, but they're just not sure how well they interact and prevent you from getting these additional strains. They're hesitant data to show that the vaccines provide.

415

00:58:26.699 --> 00:58:34.230

What they believe to you longer lasting immunity and that they provide better protection protection against.

416

00:58:34.230 --> 00:58:47.940

Then, even if you had coverage, so they do recommend individuals who have had cobit to still do that because I didn't think that it's still your best chance of preventing a re infection, or preventing an infection with a different strain. And I'd also say.

417

00:58:47.940 --> 00:58:51.840

You know, code, it's just a very unique virus. It can. It can.

418

00:58:52.795 --> 00:59:05.125

Everyone differently, so 1 person can get it and have no symptoms. Another person can get it and unfortunately passed away and we have every scenario between those 2 and so we see the same things with Ray infections.

419

00:59:05.275 --> 00:59:10.074

There have been some individuals who got told it was mild, they recovered. They were fine.

420

00:59:10.409 --> 00:59:14.039

Then, several months later they got Tobias and they wanted to the hospital.

421

00:59:14.364 --> 00:59:25.255

And we've seen the opposite there have been people who've gotten coven, it's very, very sick recovered and then they get Hogan and they don't get very sick before they got very, very sick both time.

422

00:59:25.494 --> 00:59:35.514

So it's just very unique how they affect each individual. And that is another reason that they recommend our best defense, even if you've had Tobin is to get back.

423

00:59:40.980 --> 00:59:54.449

Thank you Carrie. I really appreciate it. Thank you. Dr. for ready. We are out of time and so we'll just want to thank everyone for joining us on a call today. And I hope you have a great holiday.

424

00:59:54.449 --> 00:59:58.170

Um, and we will see you next month.

425

00:59:58.170 --> 01:00:02.309
Thank you. Bye. Bye.