



HUMAN  
SERVICES  
DEPARTMENT



COVID-19 DAY 203 PRESS UPDATE

SEPTEMBER 29, 2020

SECRETARY DAVID R. SCRASE, M.D.

*INVESTING FOR TOMORROW, DELIVERING TODAY.*

# AGENDA

- Science & Media Update
- Behavioral Health Update
- NM COVID-19 Update
- Public Health Reopening Gating Criteria for New Mexico

*Joined by Special Guest Neal Bowen, Ph.D. Director, Behavioral Health Services Division, NM Human Services Department*

# COVID-19 SCIENCE & MEDIA UPDATE



# WHITE HOUSE ANNOUNCES PLAN TO SHIP 150 MILLION RAPID CORONAVIRUS TESTS

- BinaxNOW manufactured by Abbott Laboratories; FDA issued [Emergency Use Authorization](#) in August.
- **BinaxNOW cleared only for individuals suspected of COVID-19 by their healthcare provider within first 7 days of symptom onset and must be administered by, or in presence of, a trained health care professional.**
  - Sensitivity (Positive Percent Agreement): 97.1%; Specificity (Negative Percent Agreement): 98.5%
- Negative results do not rule out SARS-CoV-2 infection and should not be used as sole basis for treatment or patient management, including infection control.
- Testing limited to labs certified under [Clinical Laboratory Improvement Amendments \(CLIA\)](#) that meet requirements to perform high, moderate, or waived complexity tests.
- Unclear how many tests NM will receive and when.



August 26, 2020

Angela Drysdale  
VP, Regulatory Affairs  
Abbott Diagnostics Scarborough, Inc.  
10 Southgate Road  
Scarborough, ME 04074

Device:	BinaxNOW COVID-19 Ag Card
Company:	Abbott Diagnostics Scarborough, Inc.
Indication:	Qualitative detection of the nucleocapsid protein antigen from SARS-CoV-2 in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven days symptom onset.
Authorized Laboratories:	Laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C 263a, that meet the requirements to perform moderate, high or waived complexity tests. This test is authorized for use at the Point of Care (POC), i.e. in patient care settings operating under a CLIA Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

Dear Ms. Drysdale:

This letter is in response to your<sup>1</sup> request that the Food and Drug Administration (FDA) issue an Emergency Use Authorization (EUA) for emergency use of your product,<sup>2</sup> pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3).

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Act, the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes COVID-19. Pursuant to Section 564 of the Act, and on the basis of such determination, the Secretary of HHS then declared that circumstances exist justifying the authorization of emergency use of in

<sup>1</sup> For ease of reference, this letter will use the term "you" and related terms to refer to Abbott Diagnostics Scarborough, Inc.

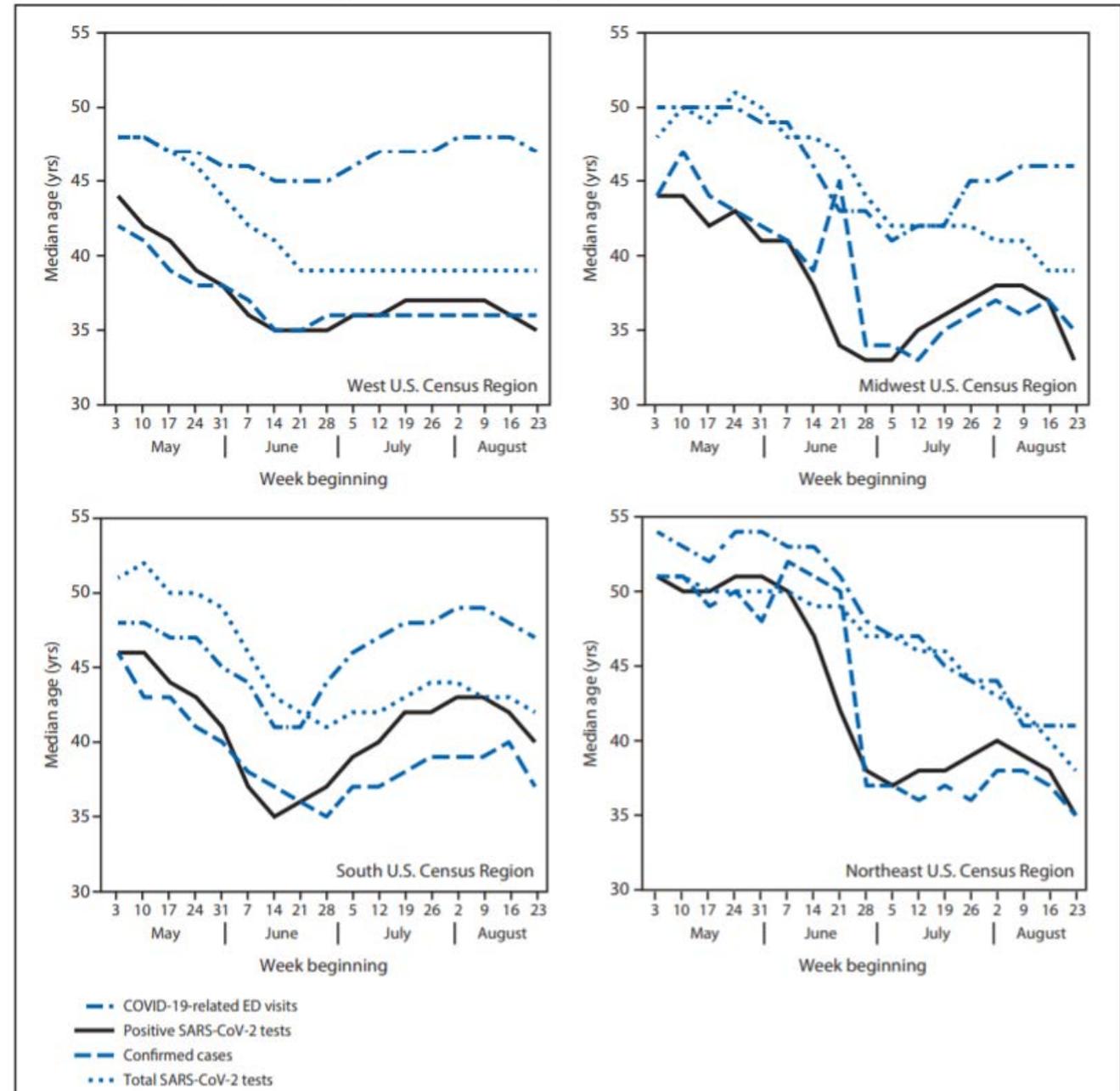
<sup>2</sup> For ease of reference, this letter will use the term "your product" to refer to the BinaxNOW COVID-19 Ag Card used for the indication identified above.

# CHANGING AGE DISTRIBUTION OF THE COVID-19 PANDEMIC — U.S., MAY–AUGUST 2020

CDC

- CDC examined changing age distribution of COVID-19 pandemic in U.S. during May–August by assessing:
  - COVID-19–like illness-related emergency department (ED) visits
  - Positive reverse transcription–polymerase chain reaction (RT-PCR) test results for SARS-CoV-2
  - Confirmed COVID-19 cases
- Nationwide median age of COVID-19 cases declined from 46 years in May to 37 in July and 38 in August.**
- Similar patterns were seen for COVID-19–like illness-related ED visits and positive SARS-CoV-2 RT-PCR test results in all U.S. Census regions.
- During June–August, COVID-19 incidence highest in persons aged 20–29 years (>20% of all confirmed cases).

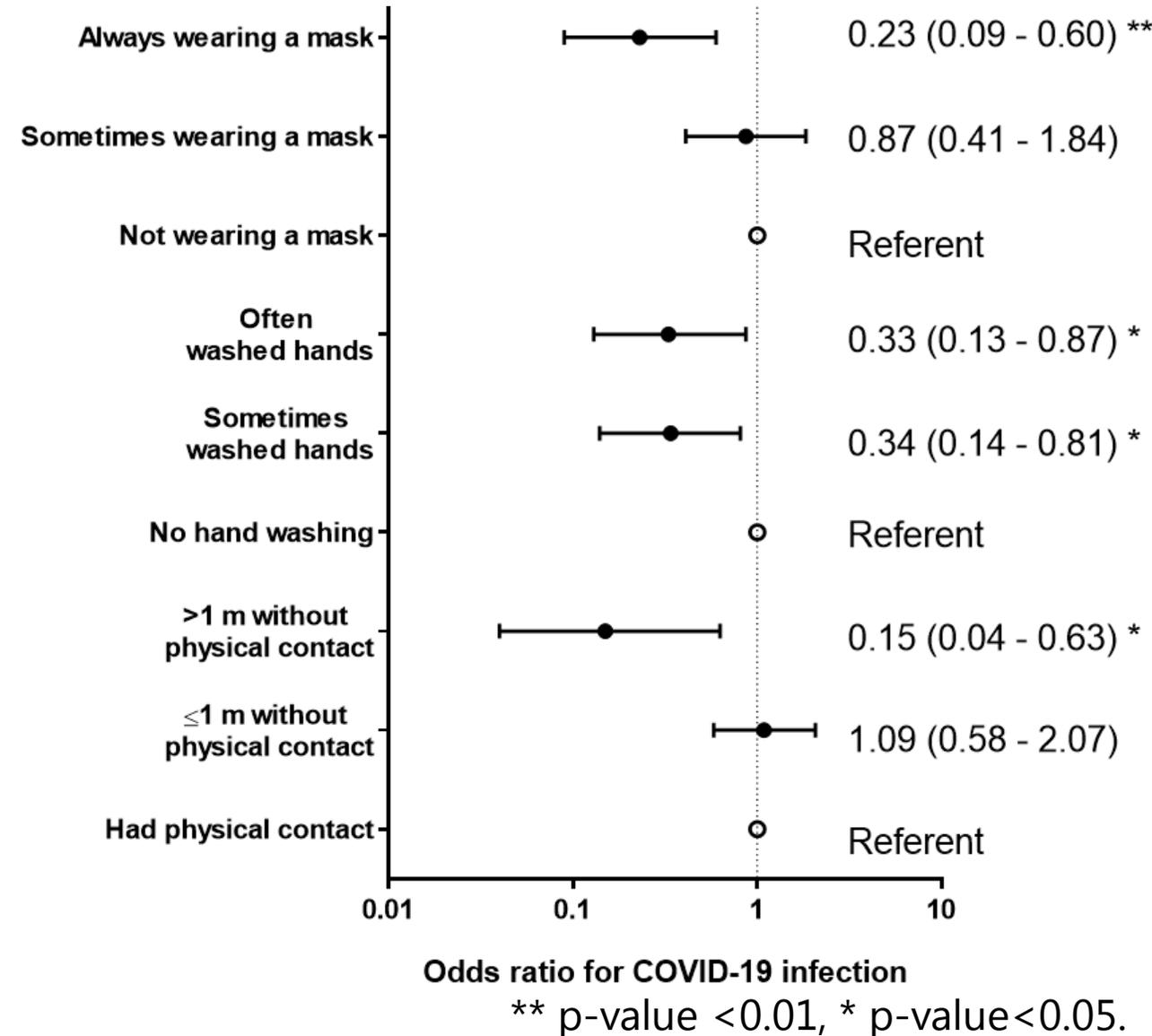
FIGURE 2. Weekly median age of persons with COVID-19–like illness-related emergency department (ED) visits,\* positive SARS-CoV-2 reverse transcription–polymerase chain reaction (RT-PCR) test results,† and confirmed COVID-19 cases,‡ and of persons for whom all SARS-CoV-2 RT-PCR tests were conducted,§ by U.S. Census region\*\* — United States, May 3–August 29, 2020



# CASE-CONTROL STUDY OF USE OF PERSONAL PROTECTIVE MEASURES AND RISK FOR SEVERE ACUTE RESPIRATORY SYNDROME

## EMERGING INFECTIOUS DISEASES

- Retrospective case-control study of 1,050 asymptomatic people in 3 large COVID-19 clusters in Thailand between March and April 2020.
  - People who had contact with COVID-19 index patients questioned on mask wearing, social distancing, and hand hygiene.
- 211 tested positive for SARS-CoV-2 and classified as cases, while 839 never tested positive and classified as controls.
- Low adjusted odds ratios (aOR) for developing COVID-19 among those who maintained  $\geq 1$ m distance from a contact (aOR 0.15) and who frequently washed hands (aOR 0.33).
- Always wearing a mask more protective than sometimes wearing a mask (aOR 0.23 vs aOR 0.78, respectively).**

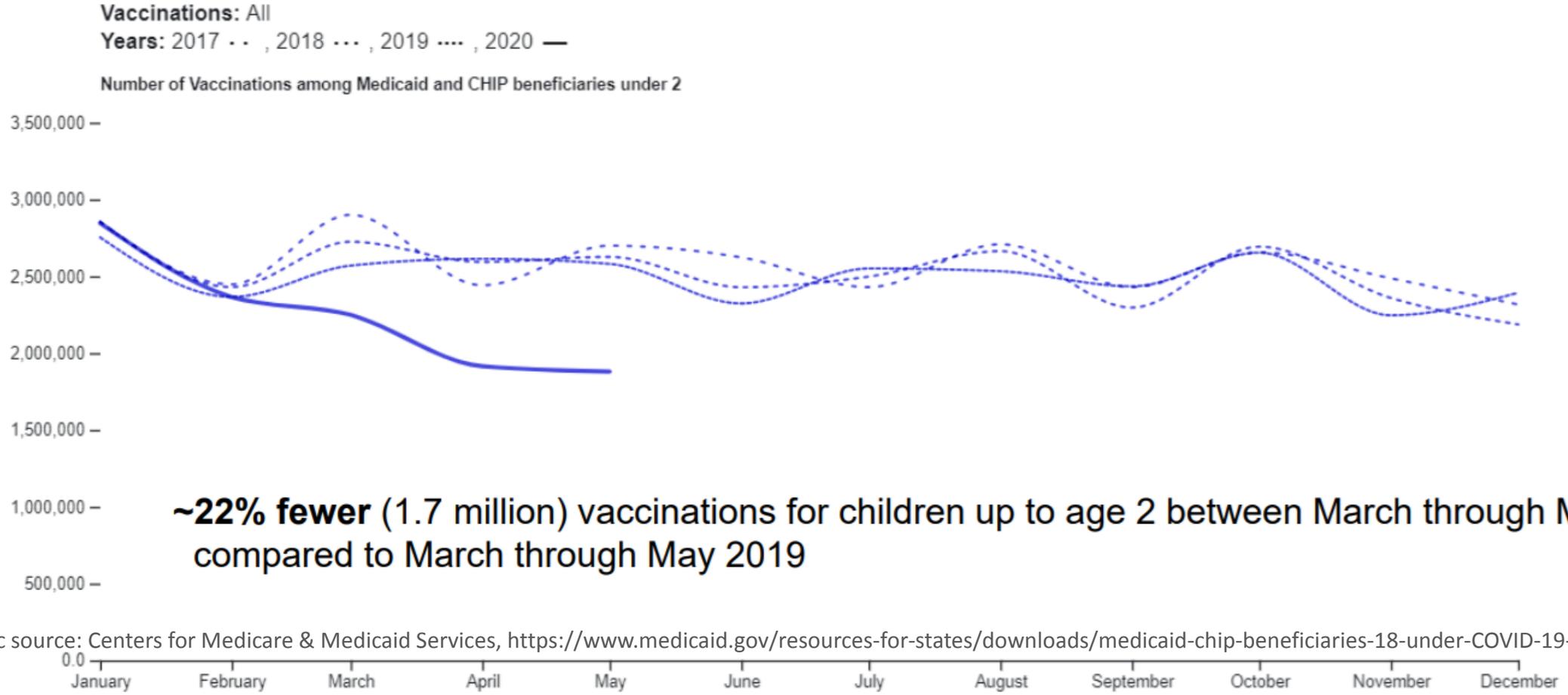


# CMS ISSUES URGENT CALL TO ACTION FOLLOWING DRASTIC DECLINE IN CARE FOR CHILDREN IN MEDICAID AND CHILDREN'S HEALTH INSURANCE PROGRAM DUE TO COVID-19

- **CMS [analysis](#) reveals that compared to March-May 2019:**
  - **22% fewer (1.7 million) vaccinations received by beneficiaries up to age 2;**
  - **44% fewer (3.2 million) child wellness screenings; and,**
  - **69% fewer (7.6 million) dental services.**
- Although vaccination rates are increasing, number of vaccines administered so far have yet to make up for large decline earlier in the year.
- Potential for increased outbreaks of infectious disease due to decreased vaccinations is real, and can result in decreased school attendance and learning, and increased illness.
- Medicaid and CHIP cover nearly 40 million children, including 75% of children living in poverty and many with special healthcare needs.
- As of September, NM Medicaid:
  - Serves 40% of all New Mexicans (869,000 beneficiaries in June 2020);
  - 43% of beneficiaries are children;
  - 56% of NM children are enrolled in Medicaid;
  - 72% of all births in NM are covered by Medicaid; and,
  - 6.7% enrollment growth since 3/20/20.

# Preliminary data show vaccinations among beneficiaries up to age 2 declined through April, started to level in May, but are still substantially lower than prior years' rates

Vaccination rates among beneficiaries up to age 2 dropped from nearly 700 vaccinations per 1,000 beneficiaries in January 2020 to about 460 vaccinations per 1,000 beneficiaries in May 2020



**~22% fewer** (1.7 million) vaccinations for children up to age 2 between March through May 2020, compared to March through May 2019

Graphic source: Centers for Medicare & Medicaid Services, <https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-18-under-COVID-19-snapshot-data.pdf>

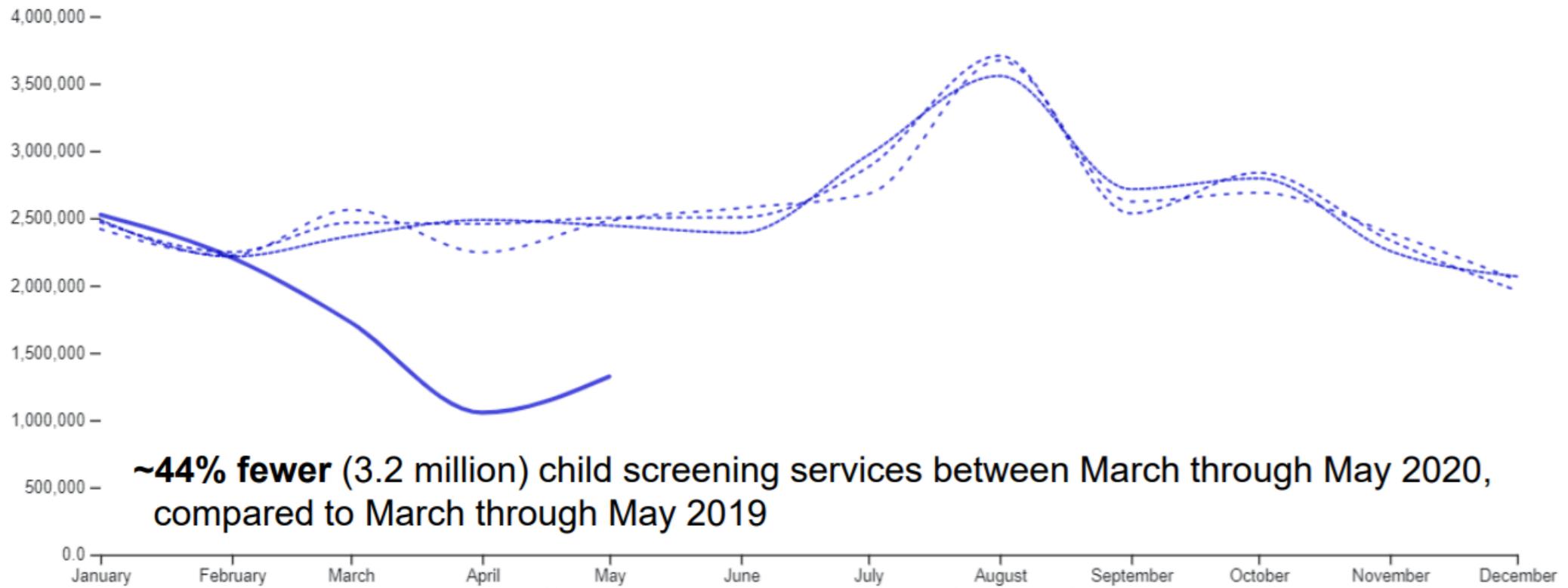
9/23/2020

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

# Preliminary data show the number of child screening services declined substantially through April, started to rise in May, but is still substantially lower than prior years' rates

Screening rates among children dropped from nearly 68 screens per 1,000 beneficiaries to a low of 28 screens per 1,000 beneficiaries in April, back up to 35 screens per 1,000 beneficiaries in May.

Child screening services: Child screening  
 Years: 2017 ···, 2018 ···, 2019 ···, 2020 —  
 Service use among selected Medicaid and CHIP beneficiaries 18 and under



**~44% fewer (3.2 million) child screening services between March through May 2020, compared to March through May 2019**

Graphic source: Centers for Medicare & Medicaid Services, <https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-18-under-COVID-19-snapshot-data.pdf>

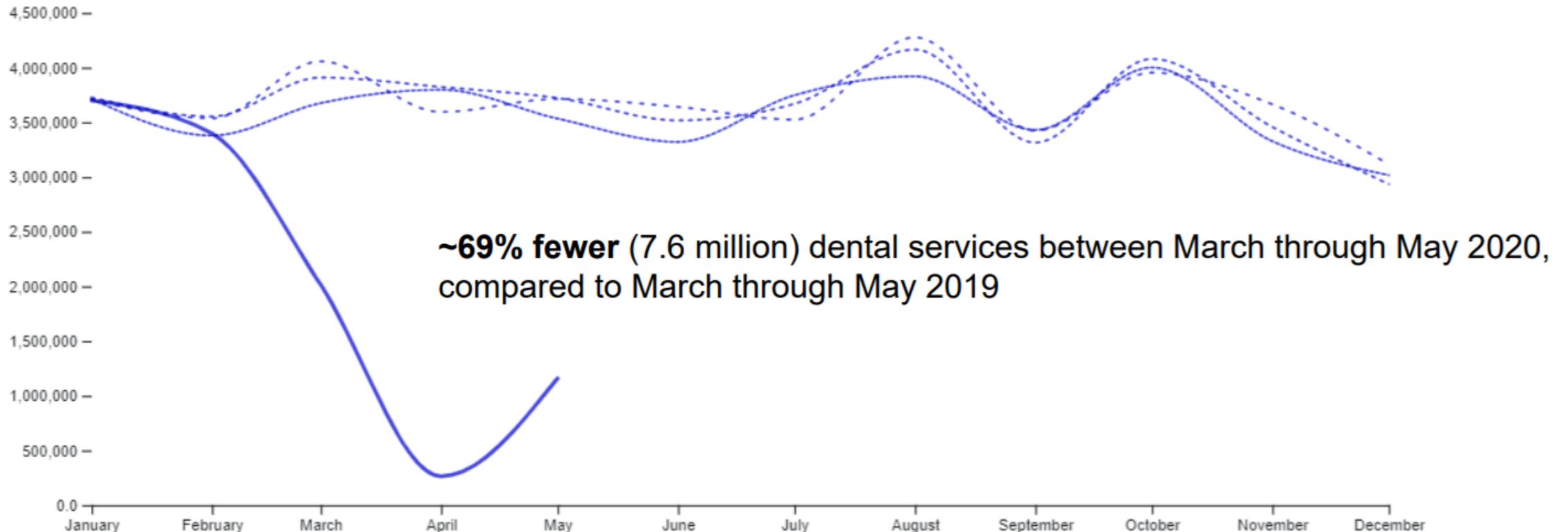
Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

# Preliminary data show the number of dental services for children declined through April, started to rise in May, but are still substantially lower than prior years' rates

Dental service rates among children dropped from nearly 100 services per 1,000 beneficiaries to a low of 7 services per 1,000 beneficiaries in April, back up to 31 screens per 1,000 beneficiaries in May.

Dental services: Any dental service  
Years: 2017 ··· , 2018 ···· , 2019 ····· , 2020 —

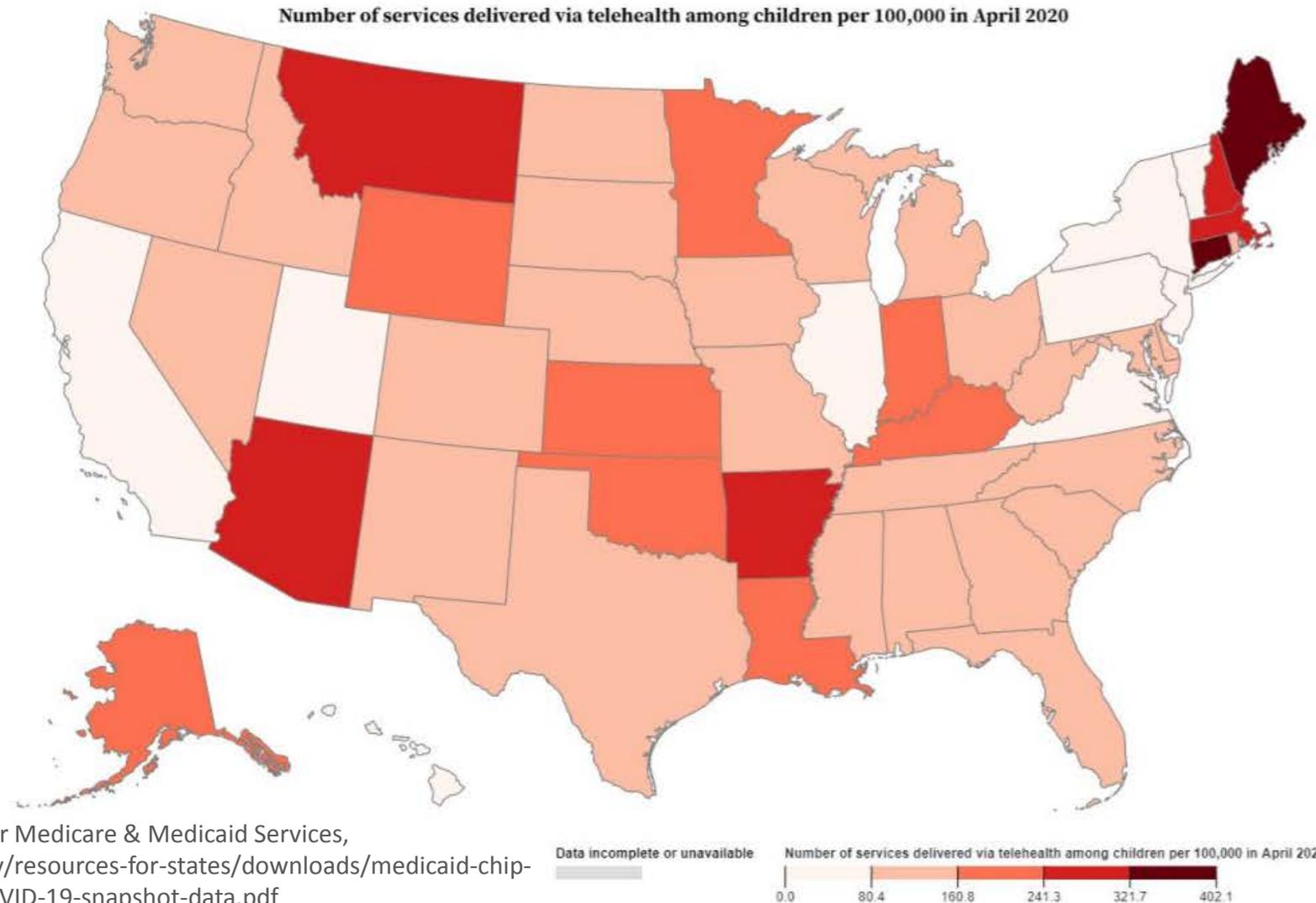
Service use among selected Medicaid and CHIP beneficiaries 18 and under



Graphic source: Centers for Medicare & Medicaid Services, <https://www.medicaid.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-18-under-COVID-19-snapshot-data.pdf>

Notes: These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

# Preliminary data show delivery of any services via telehealth to children increased by over 2,500% from February to April 2020



Graphic source: Centers for Medicare & Medicaid Services,  
<https://www.medicare.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-18-under-COVID-19-snapshot-data.pdf>

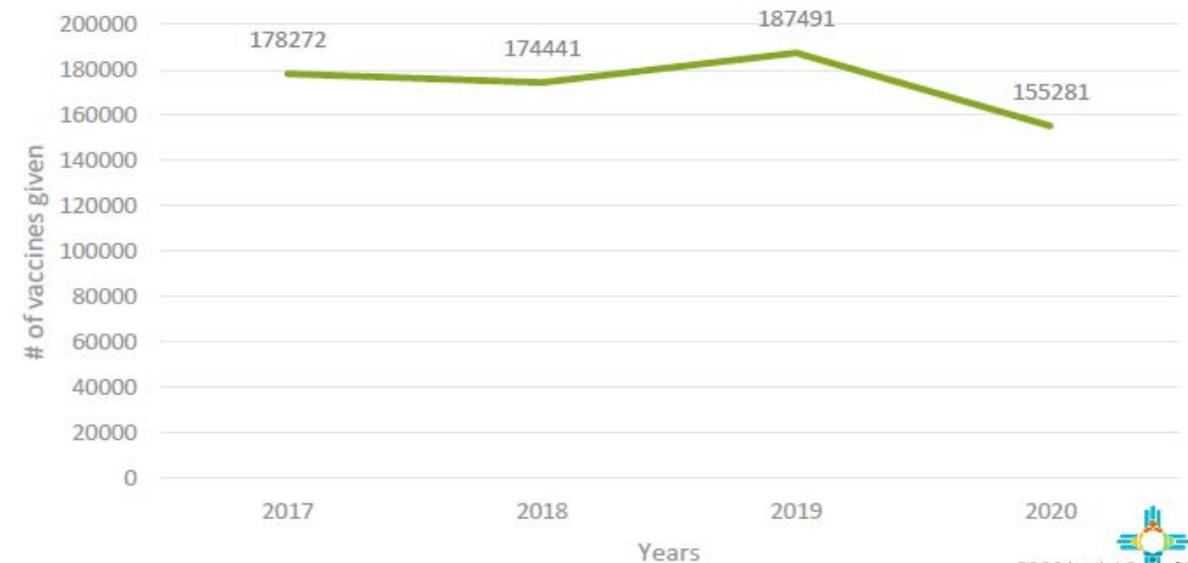
**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. To highlight the rapid increase in telehealth, results are only presented for the month of April. There is significant variation in how quickly states submit claims to CMS. It is possible that this variation in claims lag is responsible for the differences in utilization across states. Please refer to Appendices A and B for additional information.

# MEDICAID WELL CHILD VISIT & IMMUNIZATION CAMPAIGN

- Vaccination compliance down by 17% for NM Medicaid.
- HSD is reaching out to parents/caregivers of babies 15 months old and younger to keep babies up to date with their vaccines as well schedule well-child visits.
- As of 8/20/20, the campaign sent/made:
  - 26,633 text messages
  - 1,614 emails
  - 1,800 calls



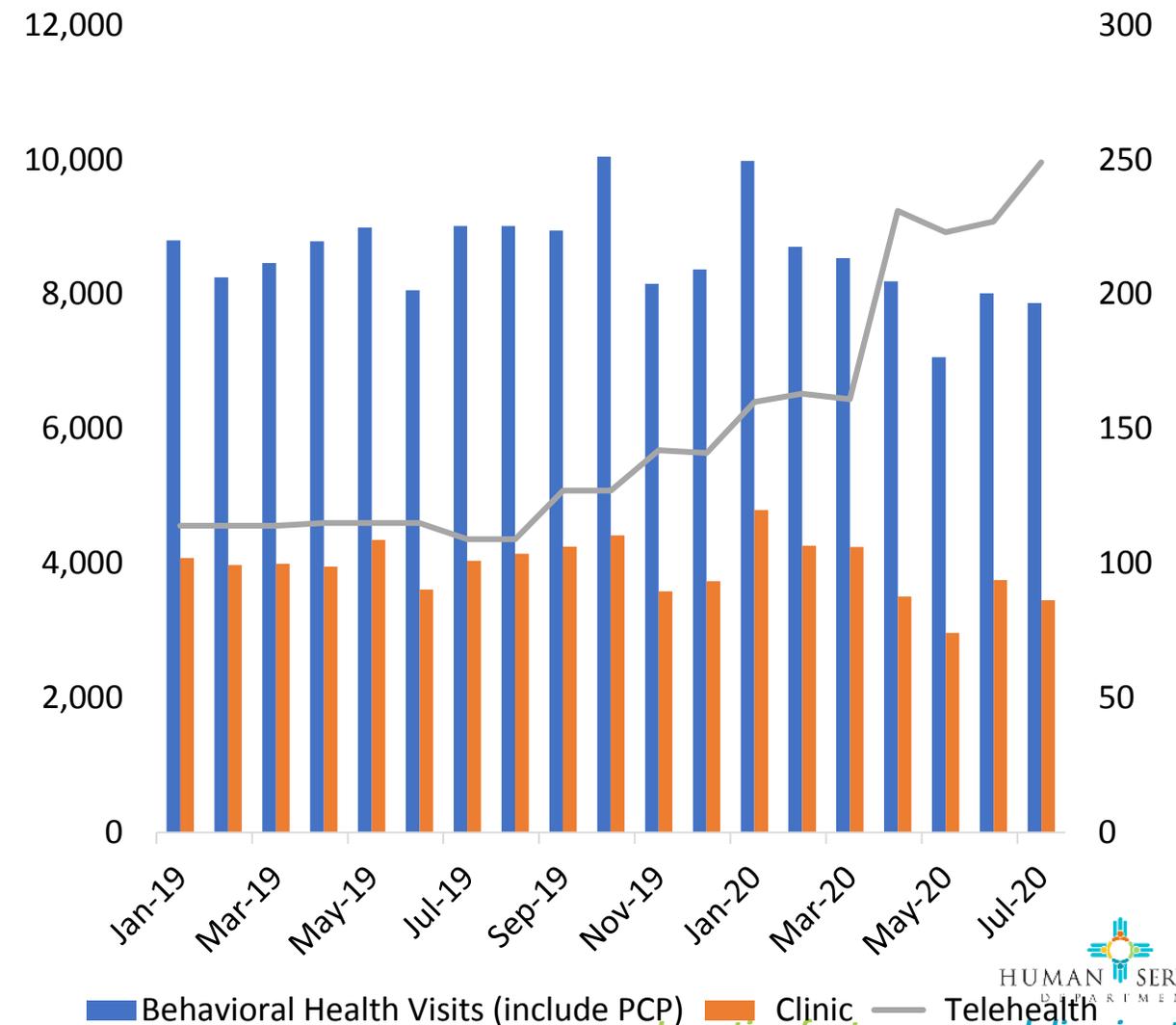
Vaccine Administered Comparison, 2017-2020  
(January 6-April 19)



# DON'T DELAY YOUR HEALTHCARE!

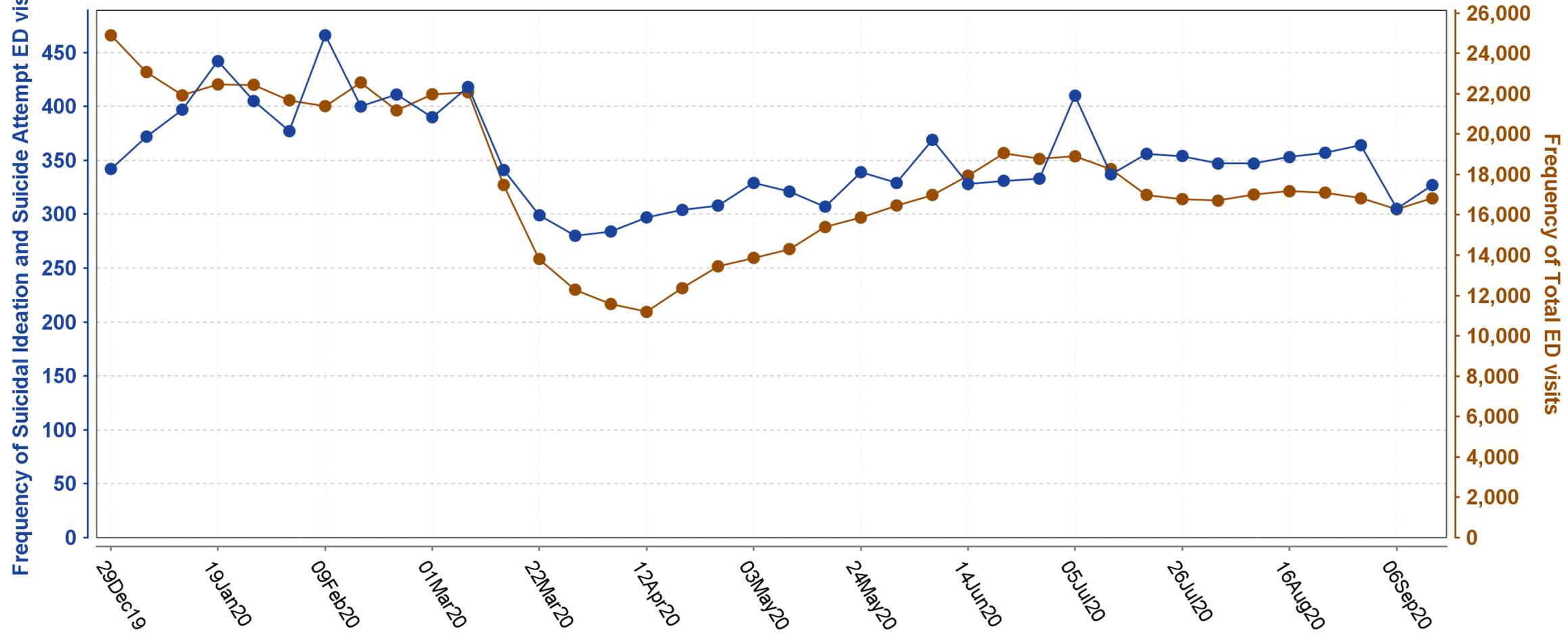
- COVID-19 pandemic [resulting](#) in increased anxiety, depression, insomnia, and psychological distress as well as increased prevalence and severity of substance use.
- [\(45%\) of adults in U.S.](#) reported their mental health negatively impacted due to worry and stress over the virus.
- High rates of anxiety, depression, and post-traumatic symptoms in [children](#).
- In [New Mexico](#), 19% of adults experience mental illness; and, as of 2018, highest suicide rate in nation (25.0 per 100,000).
  - Over 60% of adults with moderate mental illness and over 30% of adults with serious mental illness in past year did not receive treatment.

### Behavioral Health Visits (Data from 3 NM Hub Hospitals)



# NM SUICIDAL IDEATION & SUICIDE ATTEMPT EMERGENCY DEPARTMENT VISITS & OVERALL EMERGENCY DEPARTMENT VOLUME, DECEMBER 2019- SEPTEMBER 2020. SOURCE, NMDOH

Suicidal Ideation and Suicide Attempt ED visits (w/ overall ED volume)



■ [Original]: Left ■ [Overlay]: Right

# IMPACT OF COVID-19 ON MENTAL HEALTH

During late June, 40% of U.S. adults reported struggling with mental health or substance use<sup>\*</sup>

## ANXIETY/DEPRESSION SYMPTOMS



## STARTED OR INCREASED SUBSTANCE USE



## TRAUMA/STRESSOR-RELATED DISORDER SYMPTOMS



## SERIOUSLY CONSIDERED SUICIDE<sup>†</sup>



<sup>\*</sup>Based on a survey of U.S. adults aged ≥18 years during June 24-30, 2020

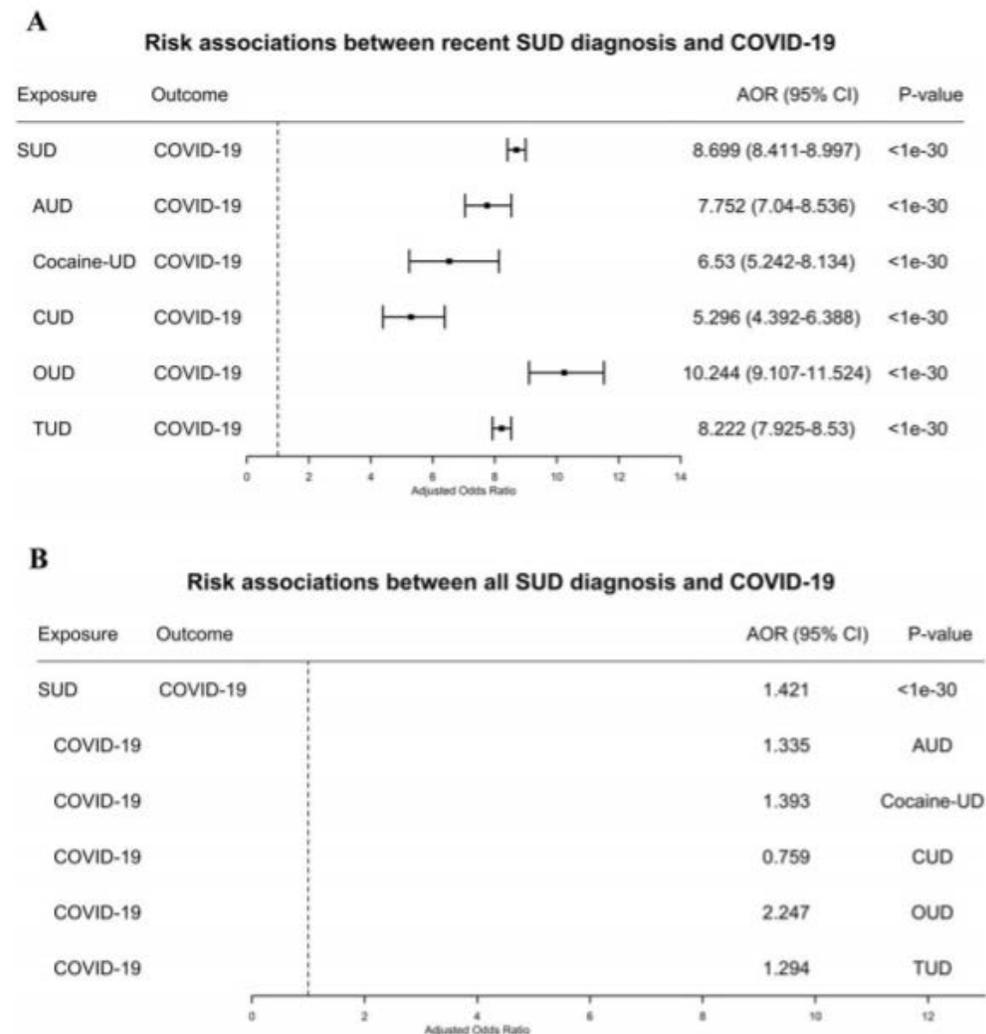
<sup>†</sup>In the 30 days prior to survey

For stress and coping strategies: [bit.ly/dailylifecoping](https://bit.ly/dailylifecoping)

# COVID-19 RISK AND OUTCOMES IN PATIENTS WITH SUBSTANCE USE DISORDERS (SUD): ANALYSES FROM ELECTRONIC HEALTH RECORDS IN THE U.S.

NATURE

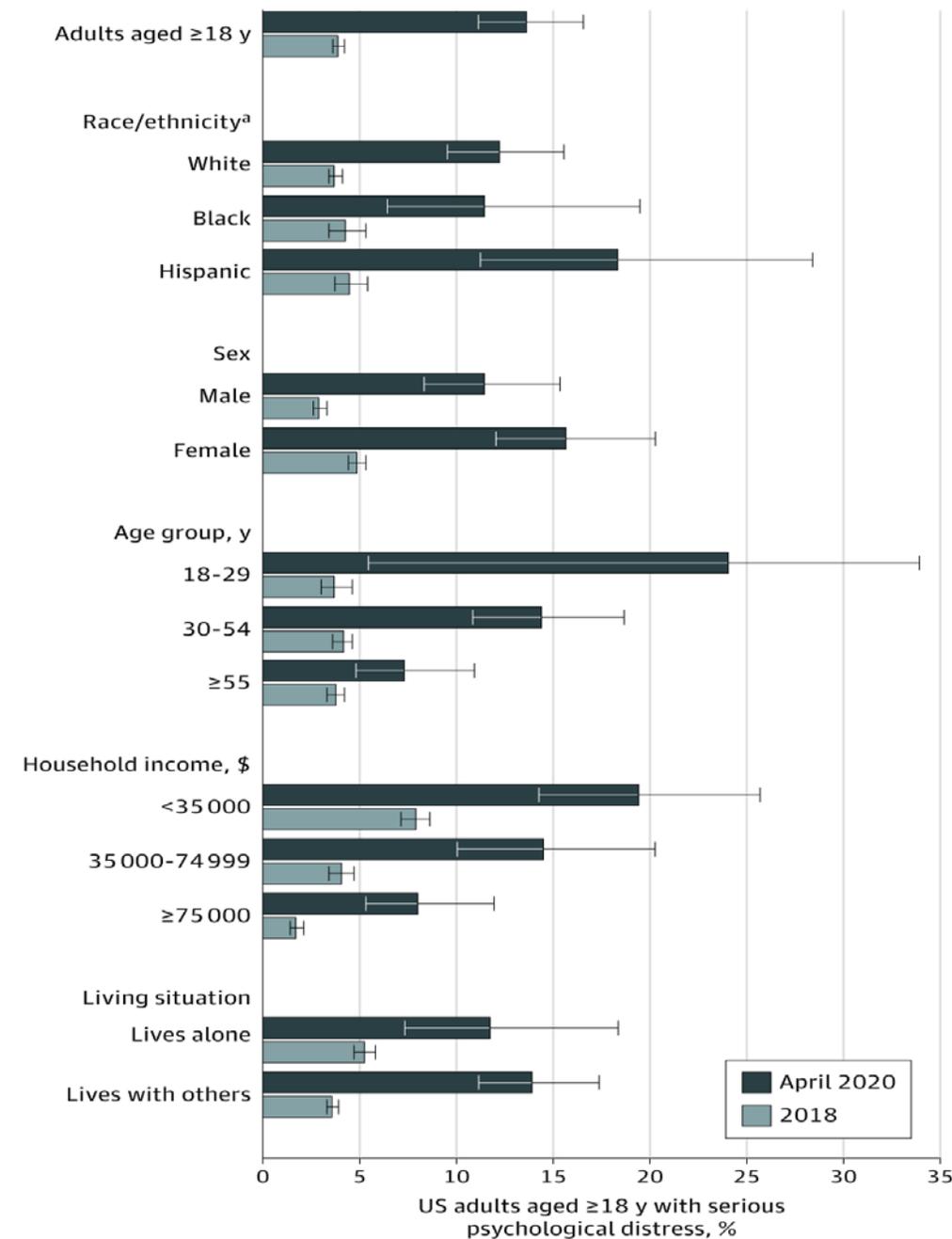
- Retrospective case-control study of EHRs of 73,099,850 unique patients, of whom 7,510,380 patients with a SUD diagnosis. 12,030 had a diagnosis of COVID-19.
- Patients with diagnosis of SUD (within past year) at significantly increased risk for COVID-19** (adjusted odds ratio or aOR = 8.699) an effect strongest for individuals with OUD (aOR = 10.244), followed by individuals with tobacco use disorder (aOR = 8.222).
- Patients with SUD had significantly higher prevalence of chronic kidney, liver, lung diseases, cardiovascular diseases, type 2 diabetes, obesity and cancer.
- Black Americans with SUD had significantly higher risk of COVID-19 than White Americans, and also had worse outcomes (death and hospitalizations).



**Fig. 1 a** Risk associations of recent (diagnosis made in the last year) SUD diagnoses (and its subtypes) with COVID-19; **b** Risk associations of lifetime (diagnosed in the last year or prior) SUD diagnoses (and its subtypes) with COVID-19. SUD substance use disorder, AUD alcohol use disorder, Cocaine-UD cocaine use disorder, CUD cannabis use disorder, OUD opioid use disorder, TUD tobacco use disorder. Subtypes without sufficient sample sizes for COVID-19 cases are not shown.

# COVID-19 IMPACT

- Depression, Anxiety, Trauma
- Loneliness
- Domestic Violence
- Young adults, women, precarious work situation struggle more
- Marginalized groups doing worse
- Effects compounded by racism

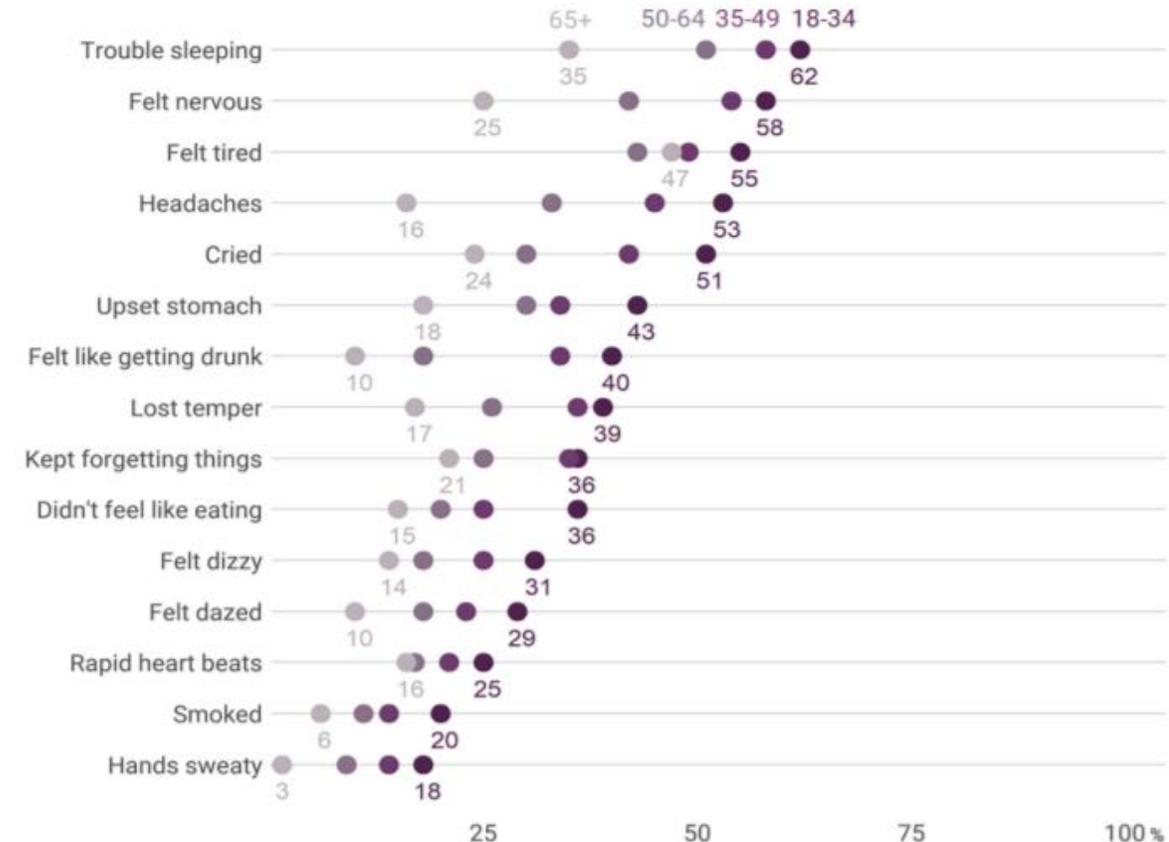


# RATES OF MENTAL HEALTH SYMPTOMS UNCHANGED SINCE EARLY SUMMER, HEALTH DISPARITIES PERSIST NORC AT UNIVERSITY OF CHICAGO

- Those 65 and older less likely than those age 18-34 to experience nearly all symptoms, including headaches (16% vs. 53%), crying (24% vs. 51%), and feeling dazed (10% vs. 29%).
- Women more likely than men to say since start of the pandemic they have cried (53% vs. 21%) and felt more tired than usual (54% vs. 39%).
- Those with a high school degree or less more likely than those with some college education and those with a college degree to have felt dizzy (29% vs. 21% vs. 17%).
- 50% of respondents watch, read, or talk about COVID-19 often or most of the time, whereas 35% do so occasionally, and 14% never or rarely do so.
- People who frequently watch, read, or talk about COVID-19 more likely than those who rarely or never do so to show higher rates of nearly all symptoms.

## Younger Americans are more likely to report psychosomatic symptoms than older Americans.

Percent who have experienced...



Question: Please indicate whether or not each of the following have happened to you since the outbreak of the coronavirus/COVID-19 pandemic.  
Source: COVID Response Tracking Study conducted July 22-August 10, 2020 with 2,007 adults age 18 and over nationwide

# LONELINESS AMONG OLDER ADULTS BEFORE AND DURING THE COVID-19 PANDEMIC

UNIVERSITY OF MICHIGAN

- National sample of U.S. adults age 50–80 about lack of companionship and isolation (loneliness), social interactions, and health behaviors in June 2020.
- **Feeling lack of companionship some of the time or often during first 3 months of the pandemic more common among:**
  - **women** (47% vs. 35% of men)
  - **people who lived alone** (50% vs. 39% who lived with others)
  - **those who were unemployed, disabled, or not working** (52% vs. 39% of those employed or retired)
- Older adults connecting with family or friends using social media (70%) and video chat (57%). Yet those who used social media more likely to report feeling isolated than those who did not (58% vs. 51%).
- Older adults who interacted with people in their neighborhood or spent time outdoors at least a few times per week less likely to feel lonely.

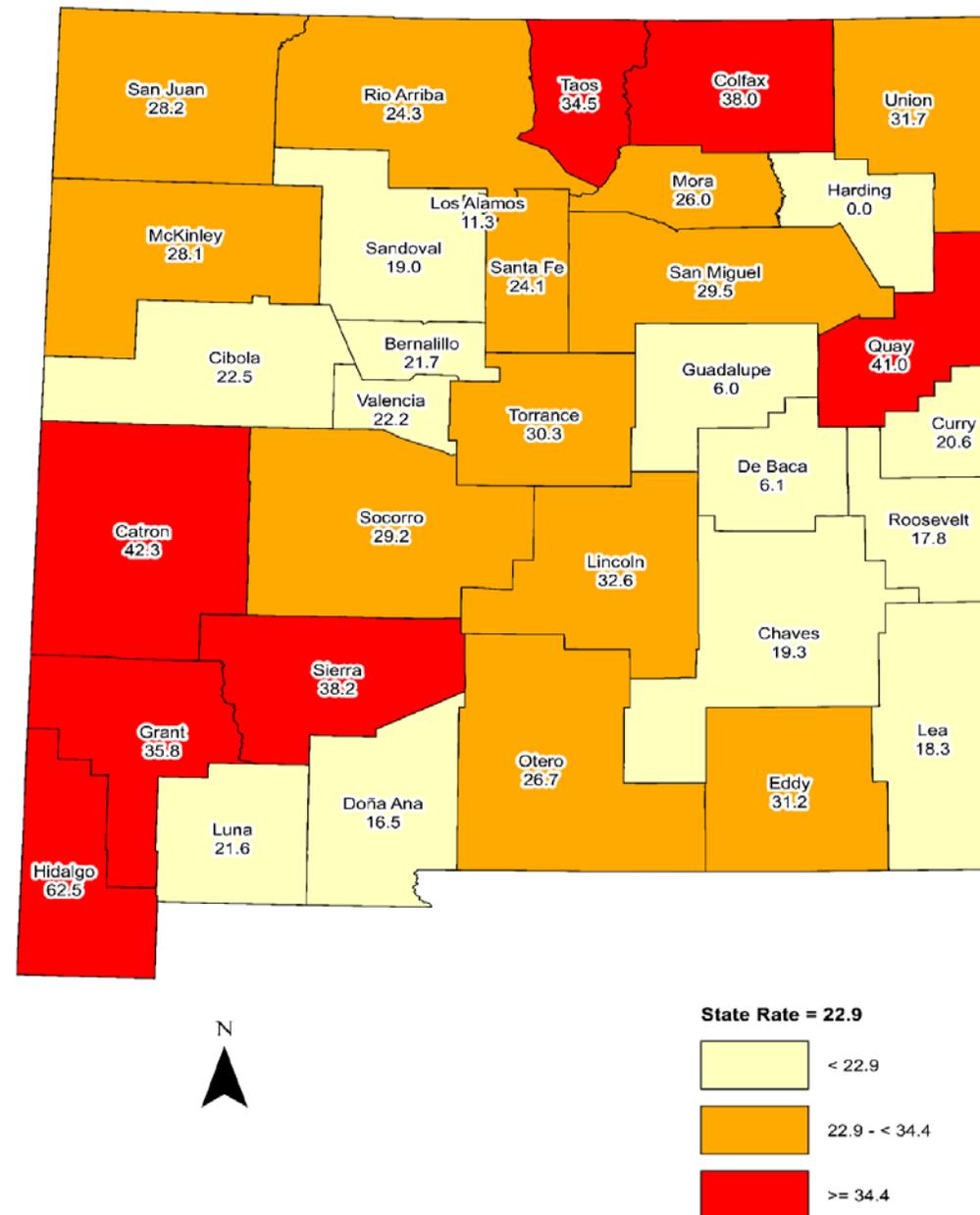
**Supplemental Data: Health behaviors and experiences with loneliness from March–June 2020 among adults age 50–80**

	Felt lack of companionship		Felt isolated from others		Frequency of social contact	
	Hardly ever	Some of the time/often	Hardly ever	Some of the time/often	Every day/several times a week	Once a week or less
<b>Eat healthy</b>						
Every day/several times a week	60%	40%	45%	55%	57%	43%
Once a week or less	53%	47%	42%	58%	44%	56%
<b>Get exercise</b>						
Every day/several times a week	63%	37%	46%	54%	59%	41%
Once a week or less	52%	48%	41%	59%	46%	54%
<b>Get enough sleep</b>						
Every day/several times a week	62%	38%	47%	53%	56%	44%
Once a week or less	45%	55%	35%	65%	45%	55%
<b>Total</b>	<b>59%</b>	<b>41%</b>	<b>44%</b>	<b>56%</b>	<b>54%</b>	<b>46%</b>

# SUICIDE

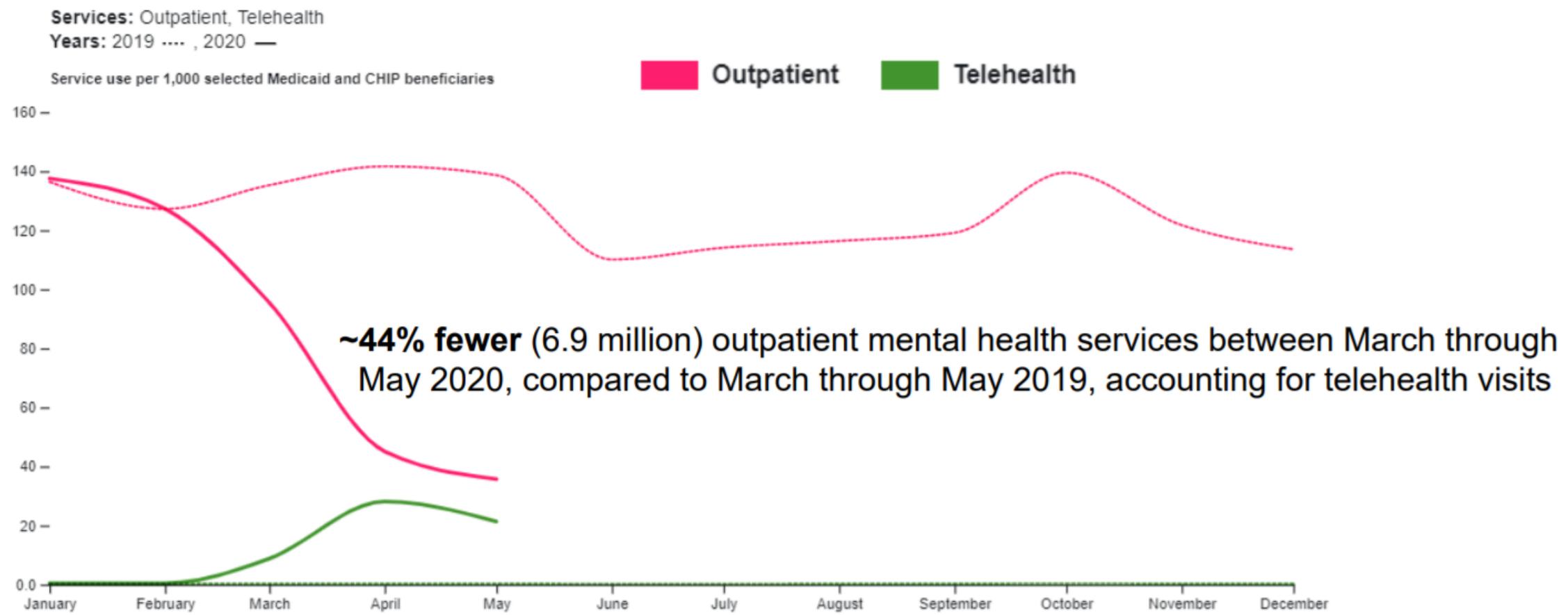
- Prevalence rising in US from 2000
  - 13/100,000 in US
- New Mexico 22.9/100,000
- Nordt, et al. estimate 20% of suicides worldwide are attributable to unemployment

New Mexico Suicide Rate per 100,000 by County



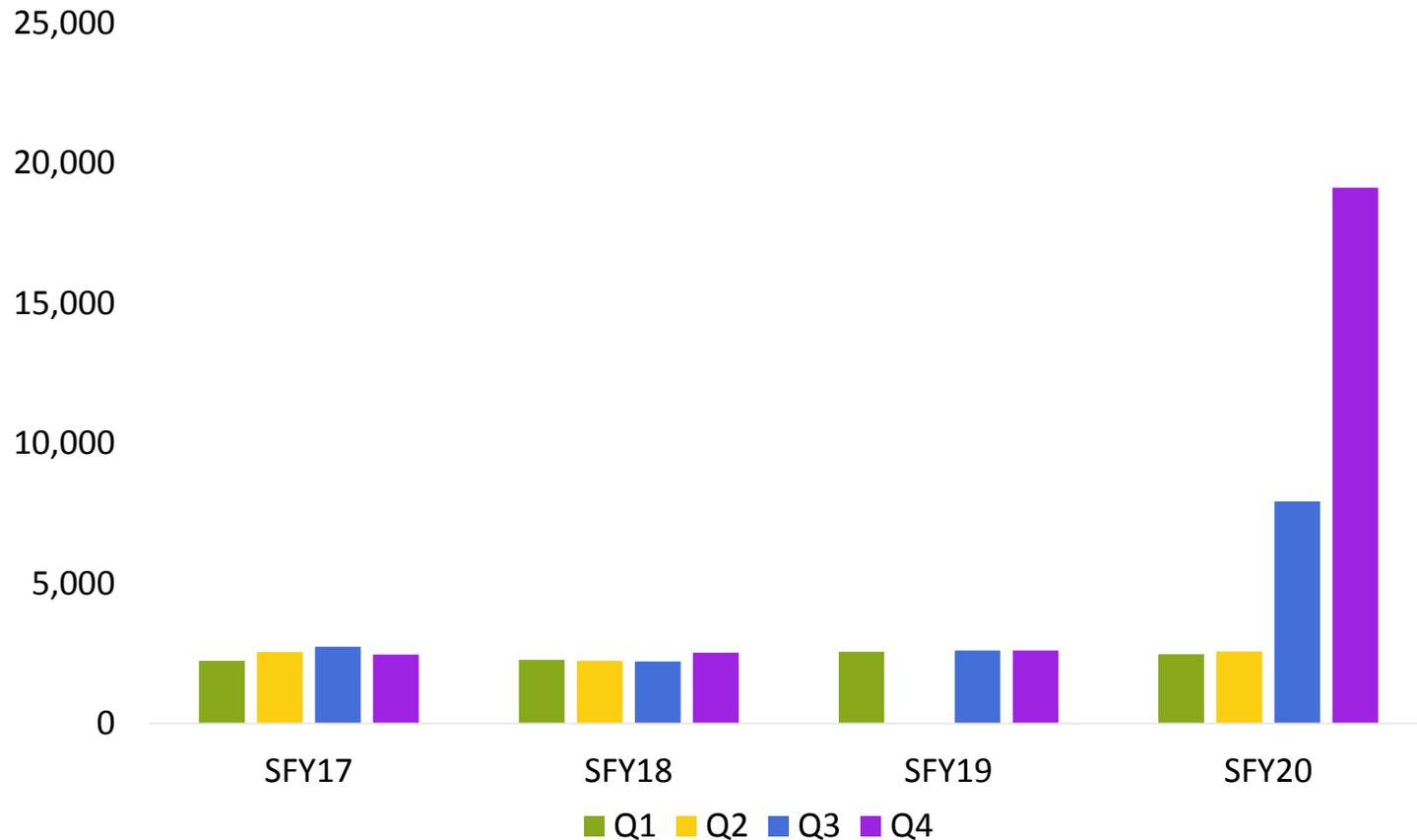
# Preliminary data show outpatient mental health services for children declined through May. Telehealth increased starting in March, but not enough to offset this decline.

Outpatient mental health service rates among children dropped from nearly 138 services per 1,000 beneficiaries in January 2020 to about 58 services per 1,000 beneficiaries in May 2020, including telehealth visits



**Notes:** These data are preliminary. Data are sourced from the T-MSIS Analytic Files v4 in AREMAC, using final action claims. They are based on July T-MSIS submissions with services through the end of June. Recent dates of service have very little time for claims runout and we expect large changes in the results after each monthly update. Because data for June are incomplete, results are only presented through May.

## UNIQUE RURAL TELEHEALTH USERS



- Fewer no shows
  - Transportation
  - Single parents
  - Reduced anxiety
- Clients more forthcoming
- More completion of Intensive Outpatient
- More involvement of family

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



**NMConnect**  
Call, Text,  
& Access  
Mental Health  
Resources

Call Crisis Line  
(24 Hours)

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

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

Community and State Resources

Recovery Tools

COVID-19 Info

GET IT ON  
**Google Play**

Download on the  
**App Store**

**NEW MEXICO  
HEALTHCARE WORKER  
AND FIRST RESPONDER  
SUPPORT  
LINE**



**855-507-5509**

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

# COVID-19 IN NM UPDATE

# SEPTEMBER 29, 2020 COVID-19 CASE UPDATE

## **Positive Cases**

178 new cases today, 29,157 total confirmed cases

## **Hospitalizations**

80 currently, 14 on ventilators

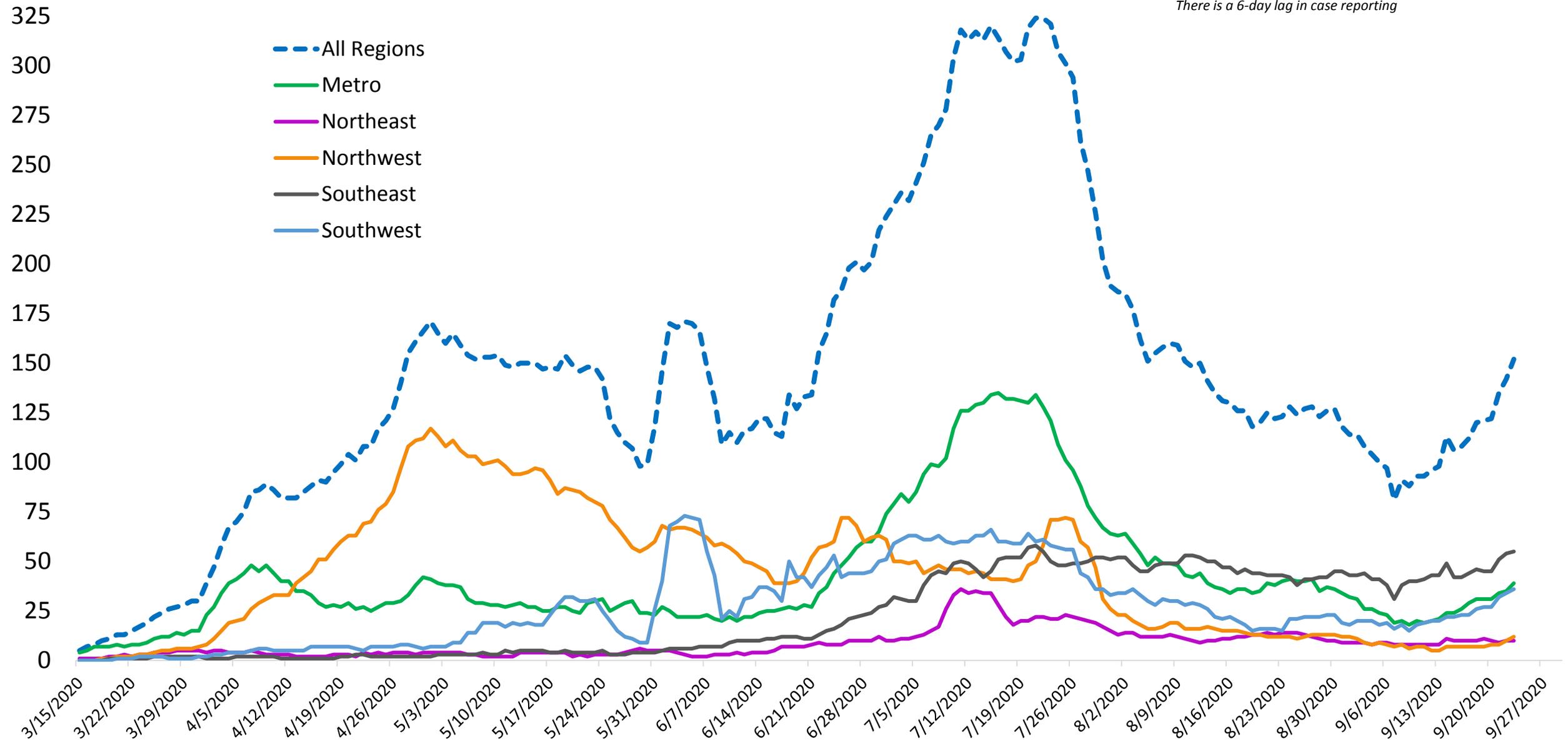
## **Deceased**

2 new deaths today, 875 deaths total

**914,986 total tests conducted statewide**

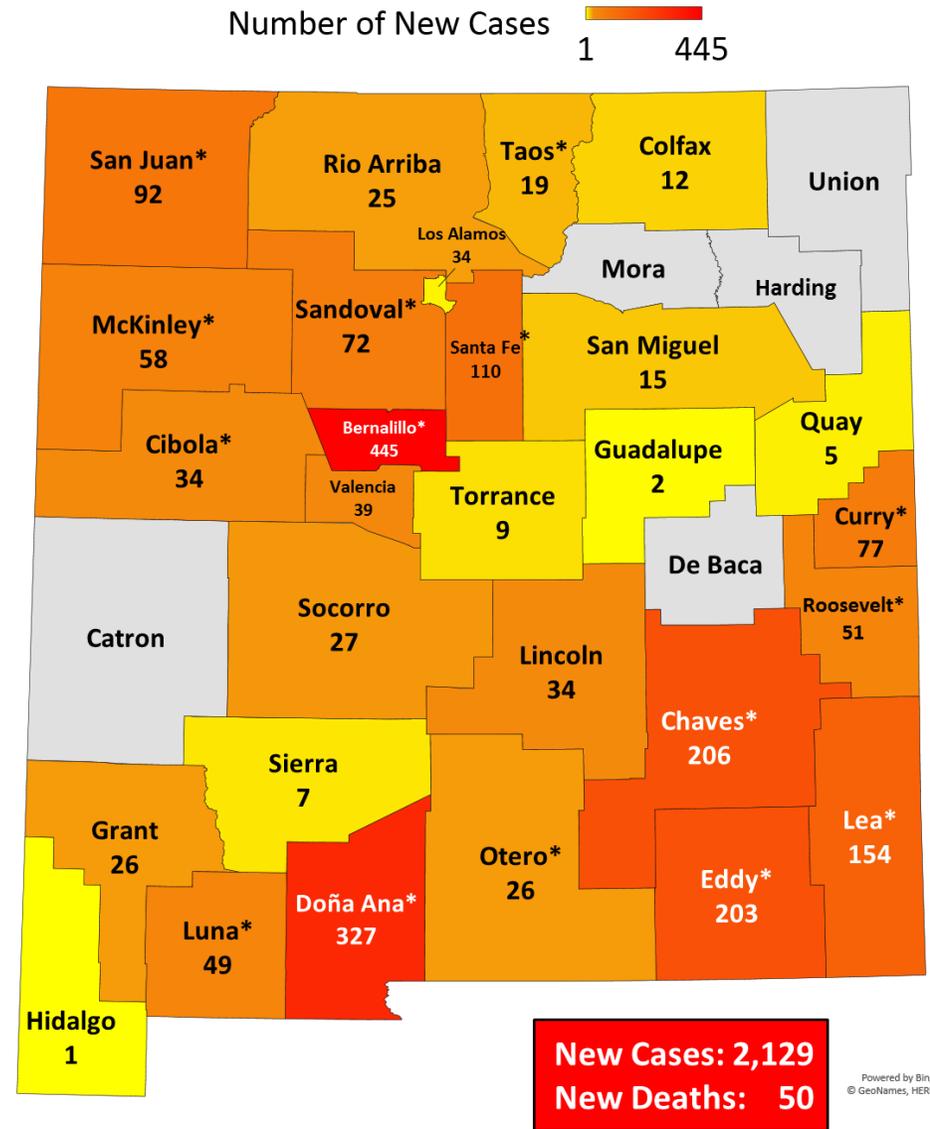
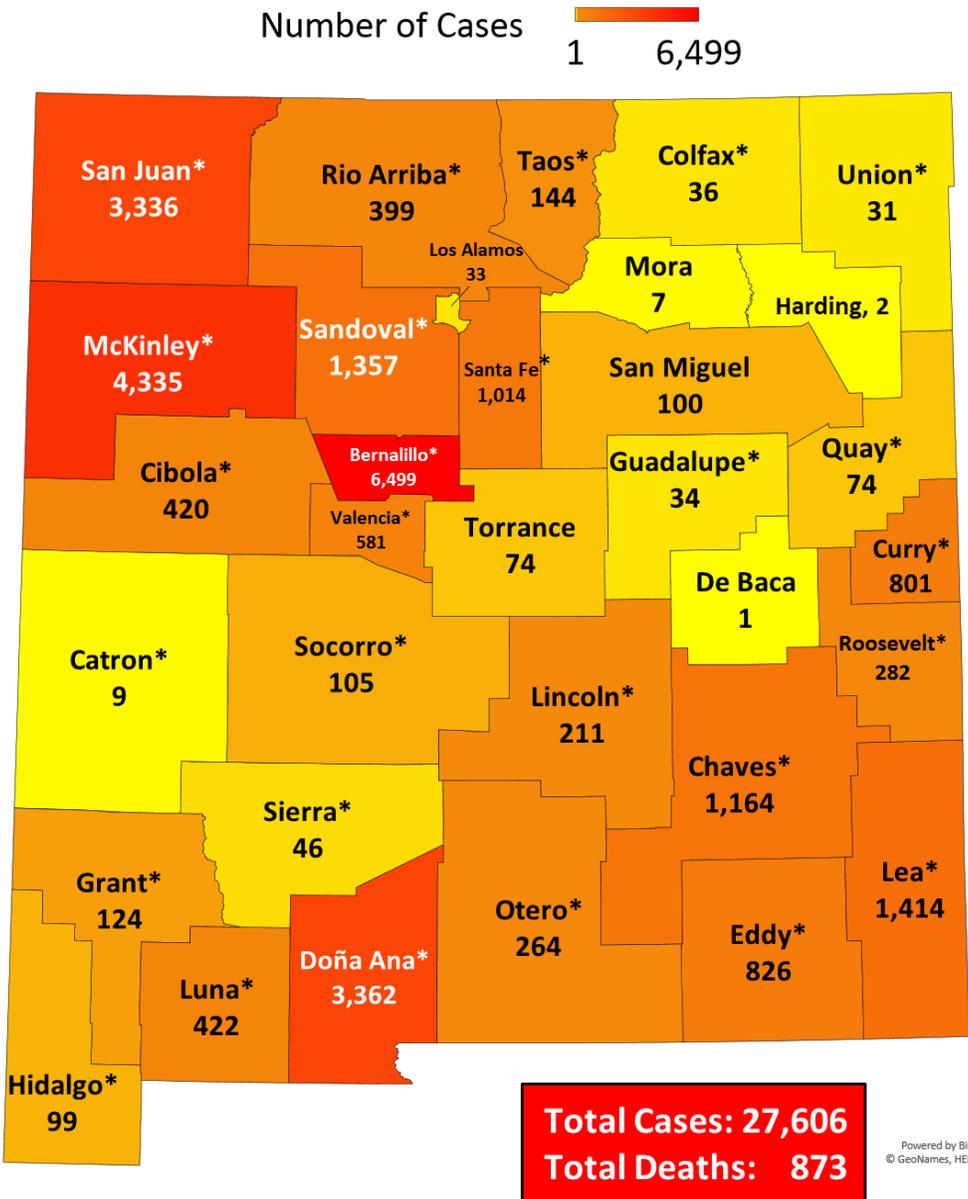
# 7-Day Average of Daily COVID-19 Positive Cases by Date of Specimen Collection, NMDOH Regions 9/29/2020

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



# Total COVID-19 Positive Cases (9/28/2020)

# 14-Day Total of New COVID-19 Positive Cases<sup>28</sup> (9/15 to 9/28)

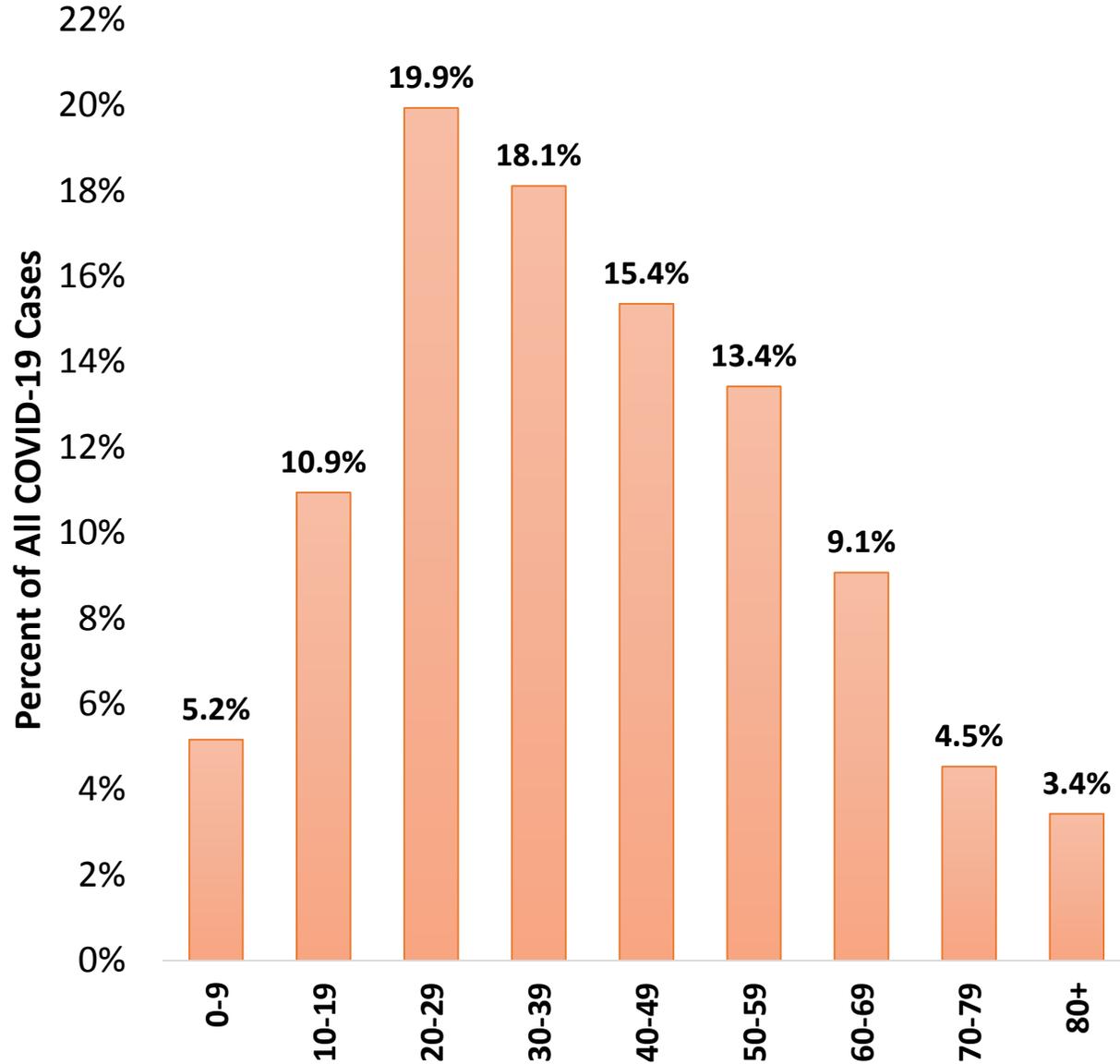


Source: New Mexico Department of Health. \* denotes death occurred in county. Excludes cases in federal and state detention facilities.

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

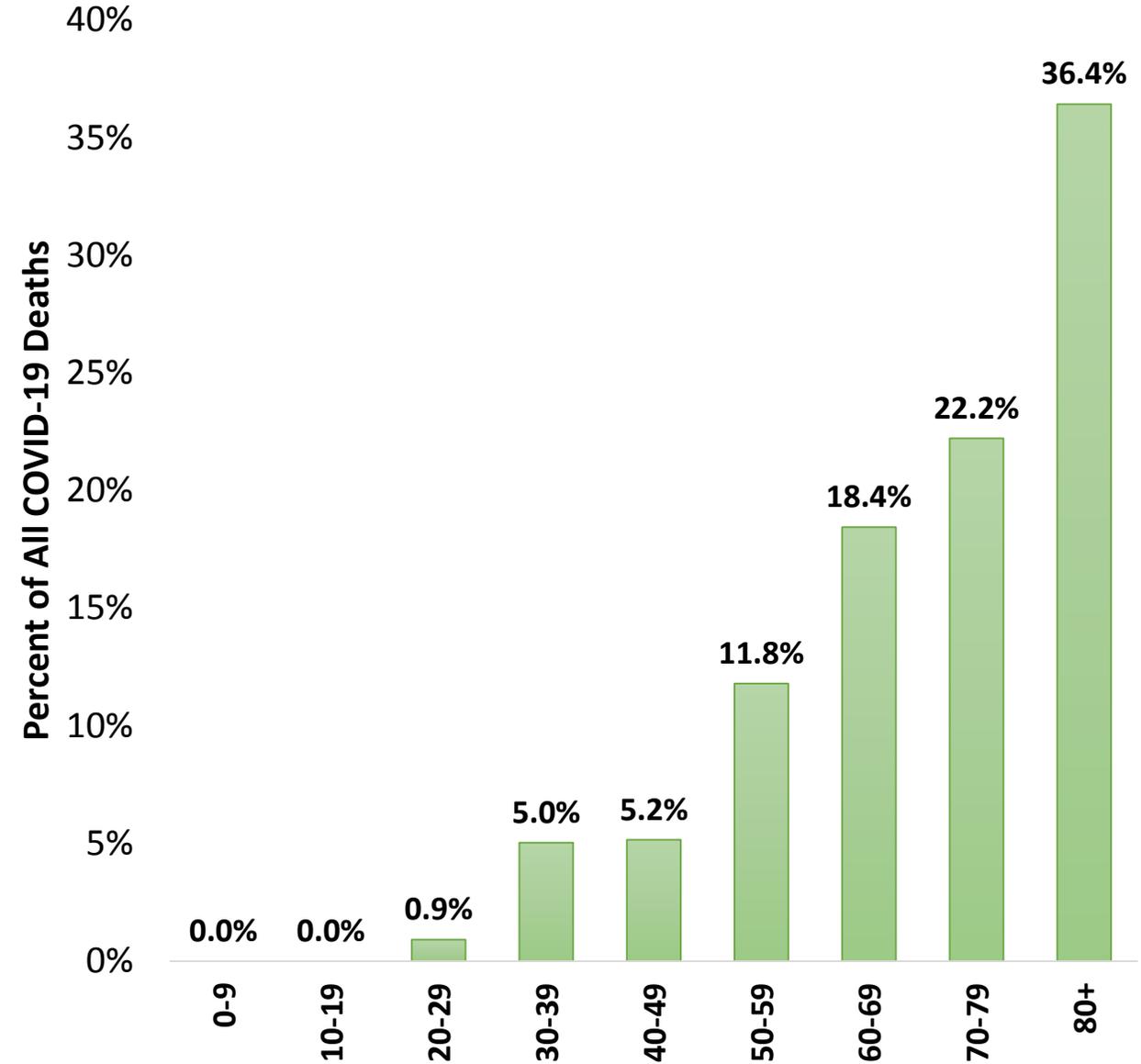
# NM COVID-19 Confirmed Cases by Age as of 9/28/20 (%)

Source: NM  
Department of Health  
Excludes unknown age



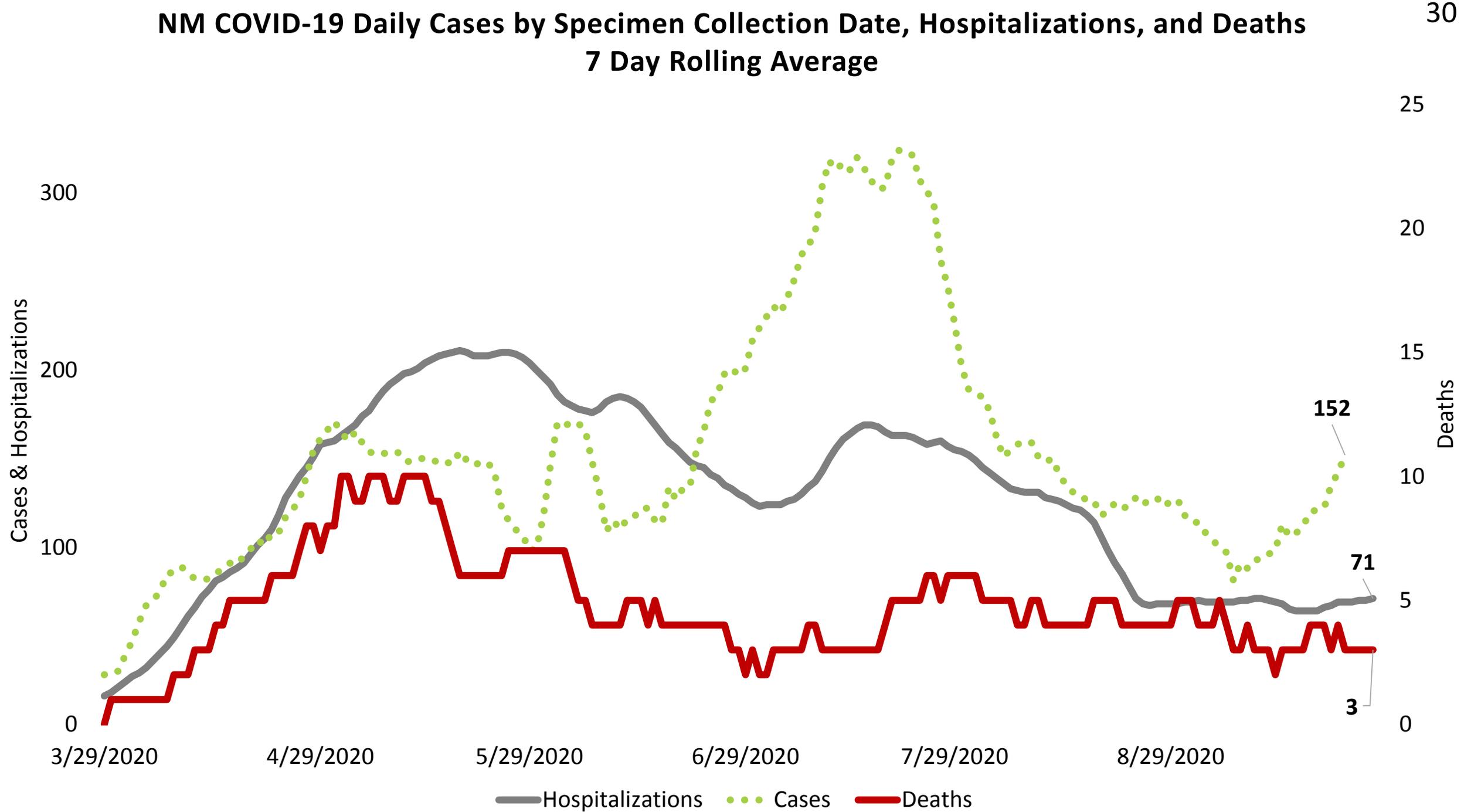
# NM COVID-19 Deaths by Age as of 9/28/20 (%)

Source: NM  
Department of Health  
Excludes unknown age

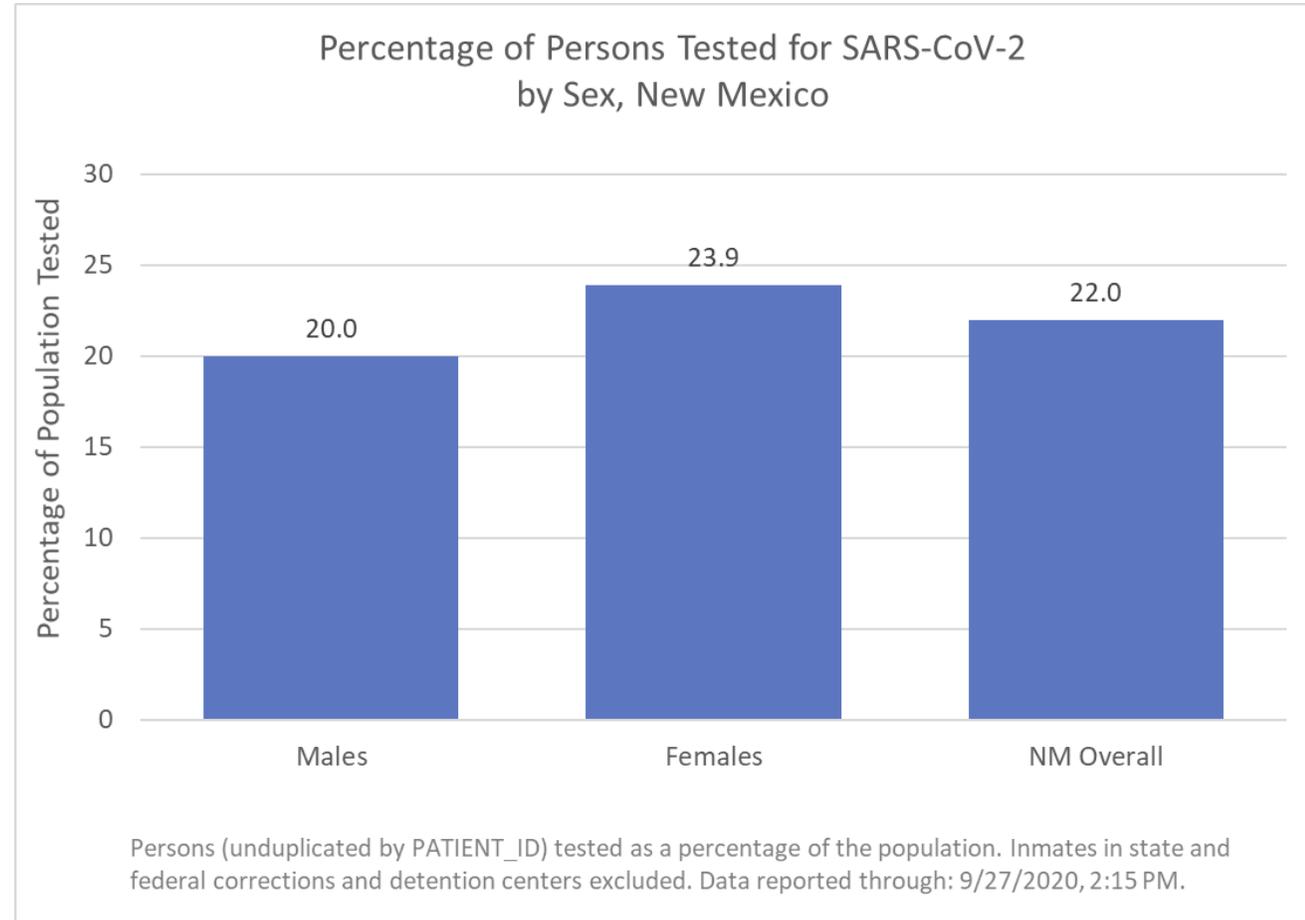
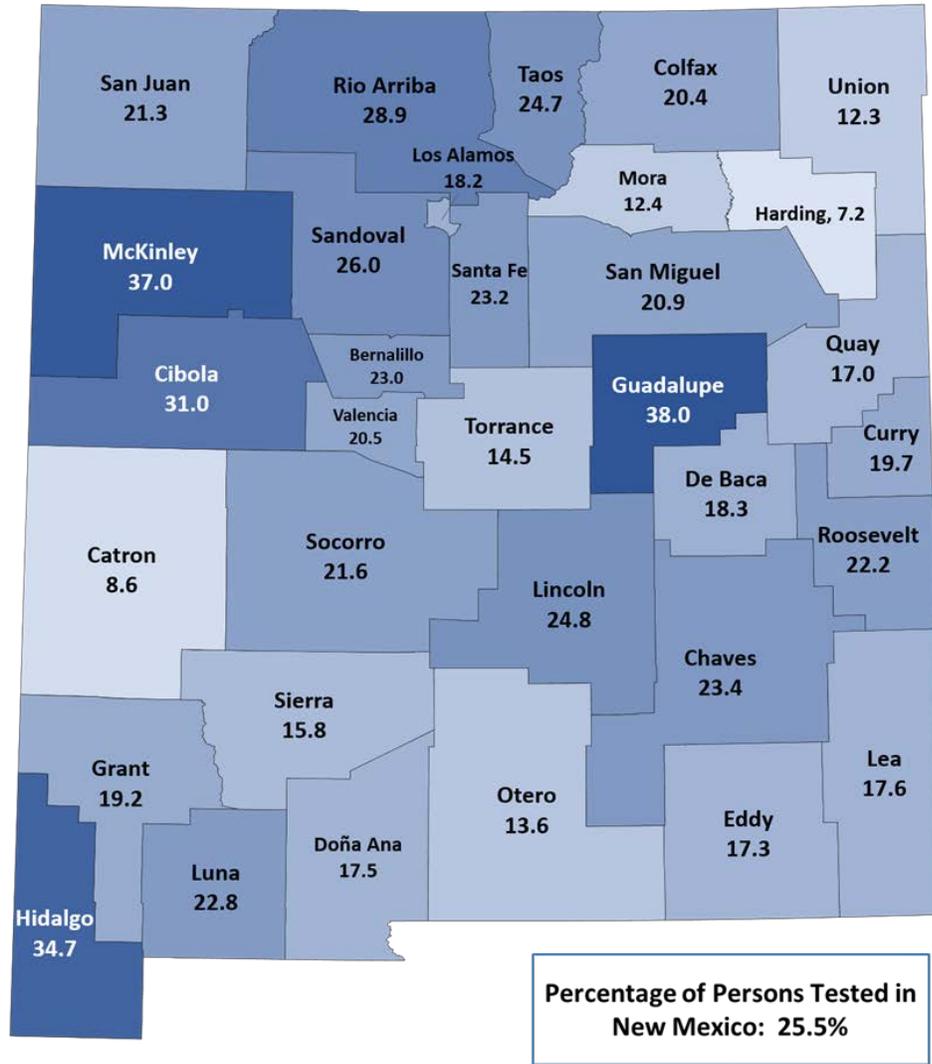


# NM COVID-19 Daily Cases by Specimen Collection Date, Hospitalizations, and Deaths

## 7 Day Rolling Average



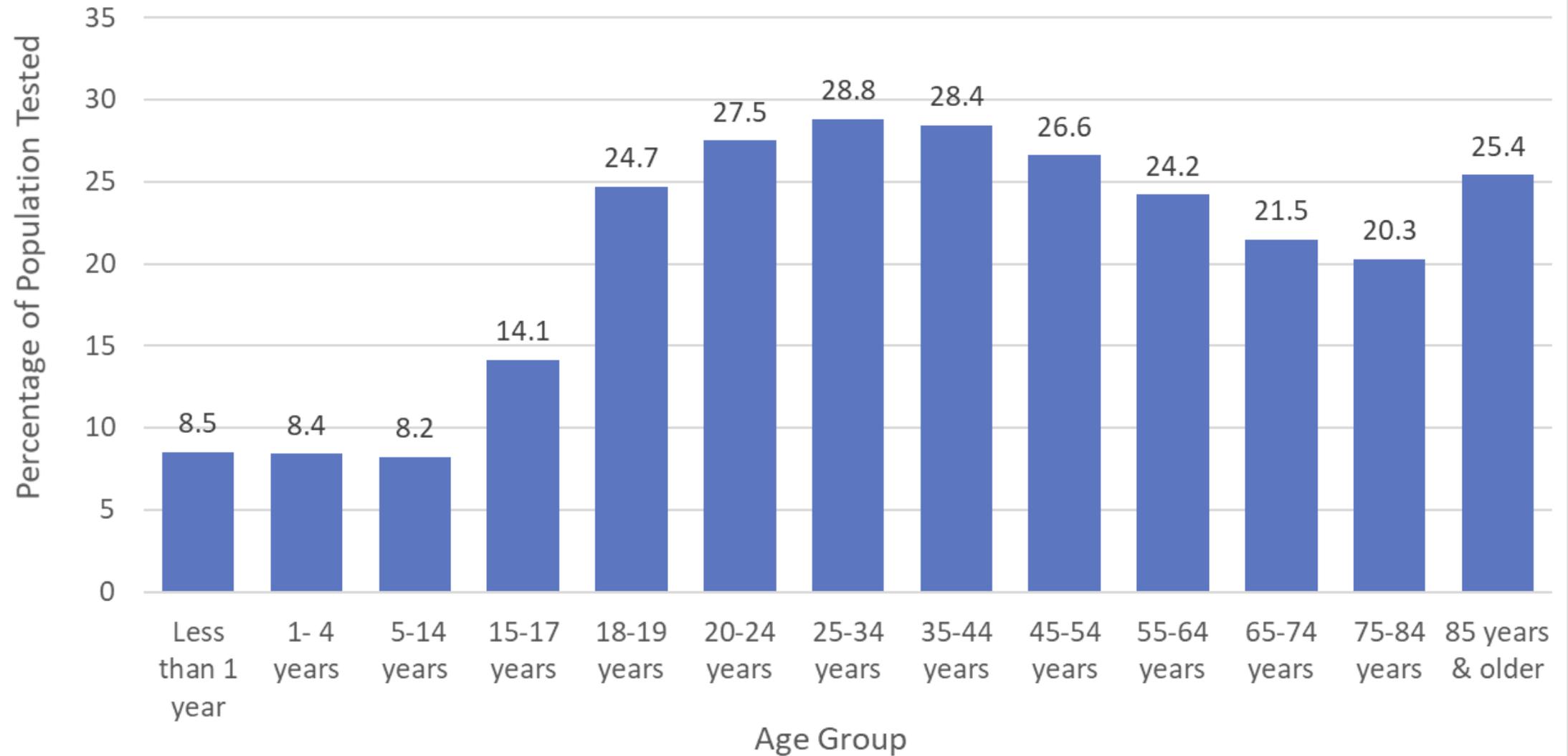
# Percentage of Persons Tested for SARS-CoV-2 by County, New Mexico as of 9/27/20, (%)



Powered by Bing  
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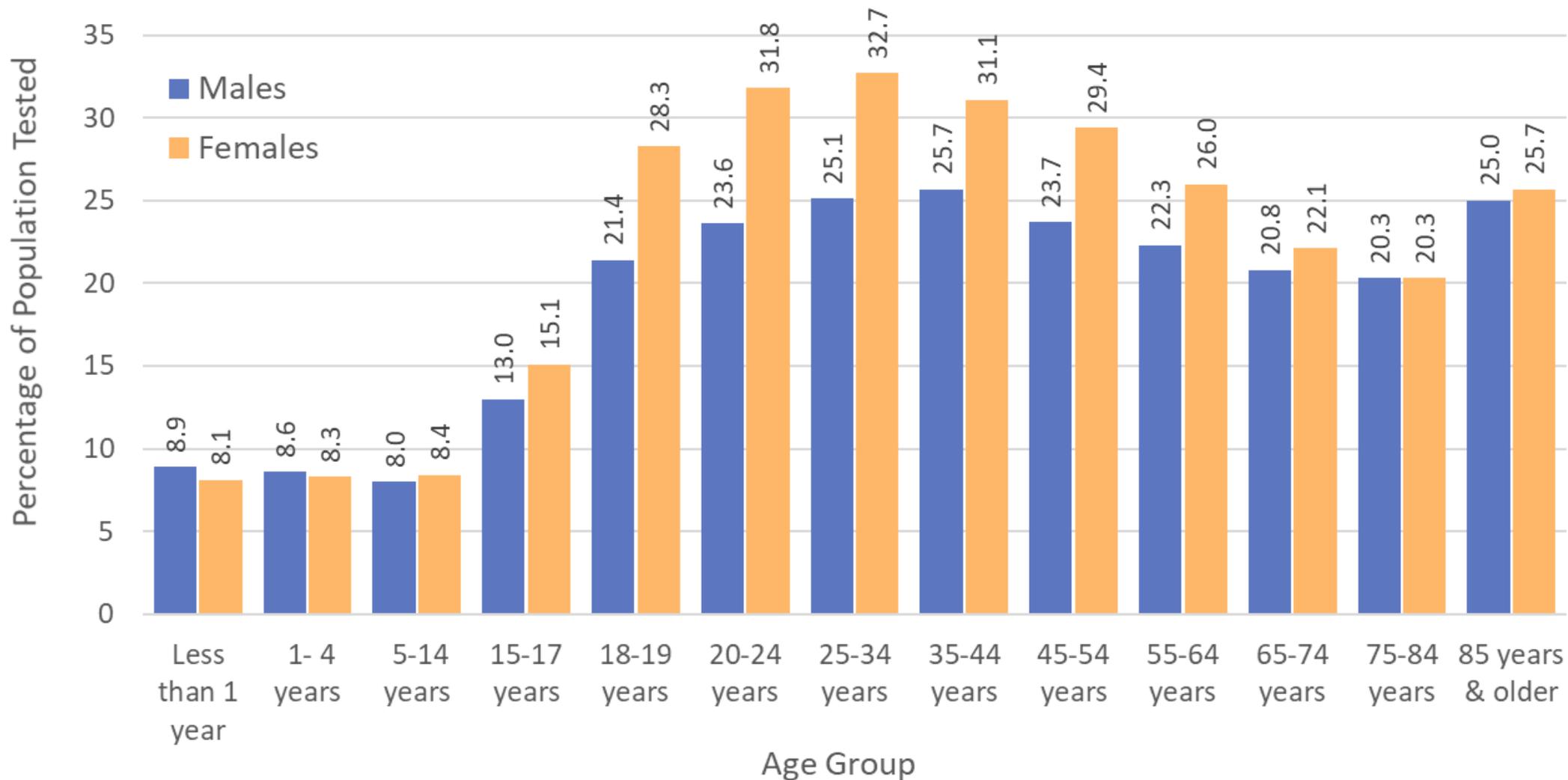
Source: New Mexico Department of Health, Infectious Disease Epidemiology Bureau, Epidemiology & Response Division. Persons (unduplicated by PATIENT\_ID) tested as a percentage of the population. Inmates in state and federal corrections and detention centers were excluded. Data reported through: 9/27/2020, 2:15 PM.

## Percentage of Persons Tested for SARS-CoV-2 by Age Group, New Mexico



Persons (unduplicated by PATIENT\_ID) tested as a percentage of the population. Inmates in state and federal corrections and detention centers excluded. Data reported through: 9/27/2020, 2:15 PM.

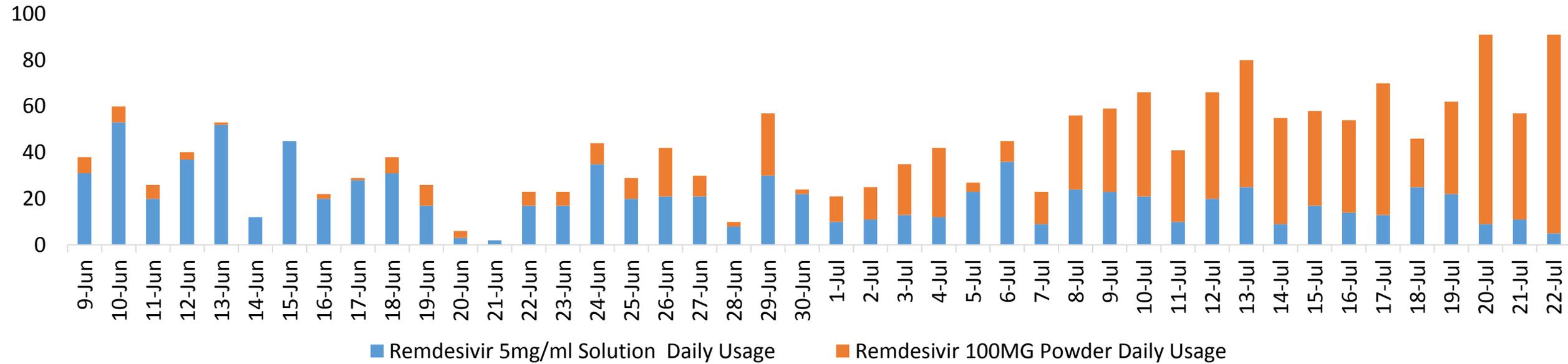
## Percentage of Persons Tested for SARS-CoV-2 by Age Group and Sex, New Mexico



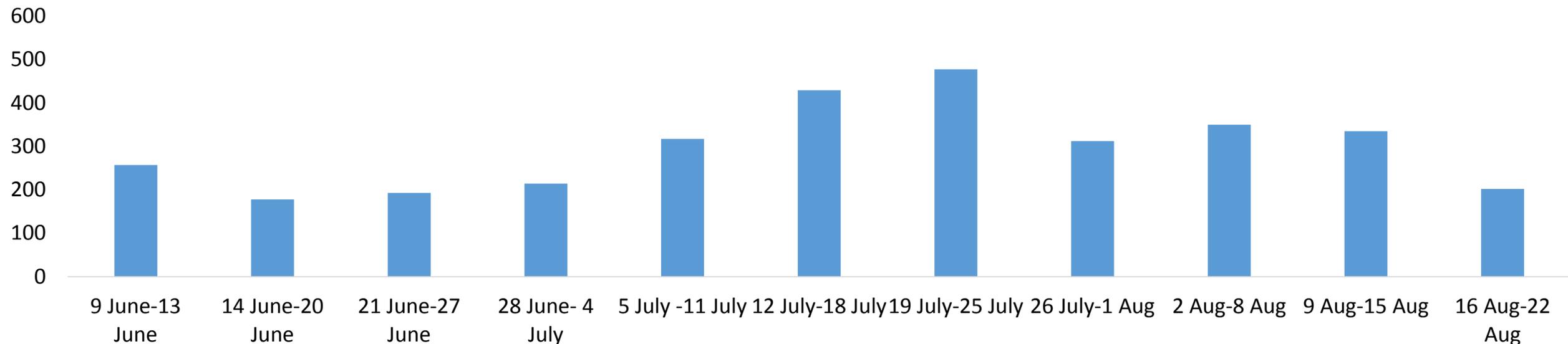
Persons (unduplicated by PATIENT\_ID) tested as a percentage of the population. Inmates in state and federal corrections and detention centers excluded. Data reported through: 9/27/2020, 2:15 PM.

# New Mexico Remdesivir Usage, Source NMDOH

## New Mexico Remdesivir Daily Usage



## New Mexico Rendesivir Weekly Vial Usage



# REMDESIVIR AVAILABILITY FOR TREATMENT OF COVID-19

**There is no longer a scarcity of Remdesivir. Effective October 1<sup>st</sup>, Federal and State governments will cease Remdesivir allocation and purchasing control.**

**Will Amerisource continue to be the sole distributor of Remdesivir?**

Yes. Amerisource will remain the sole distributor of Remdesivir at least until the end of 2020.

**Will there be any price changes?**

Remdesivir prices will remain the same.

**How will hospitals purchase Remdesivir?**

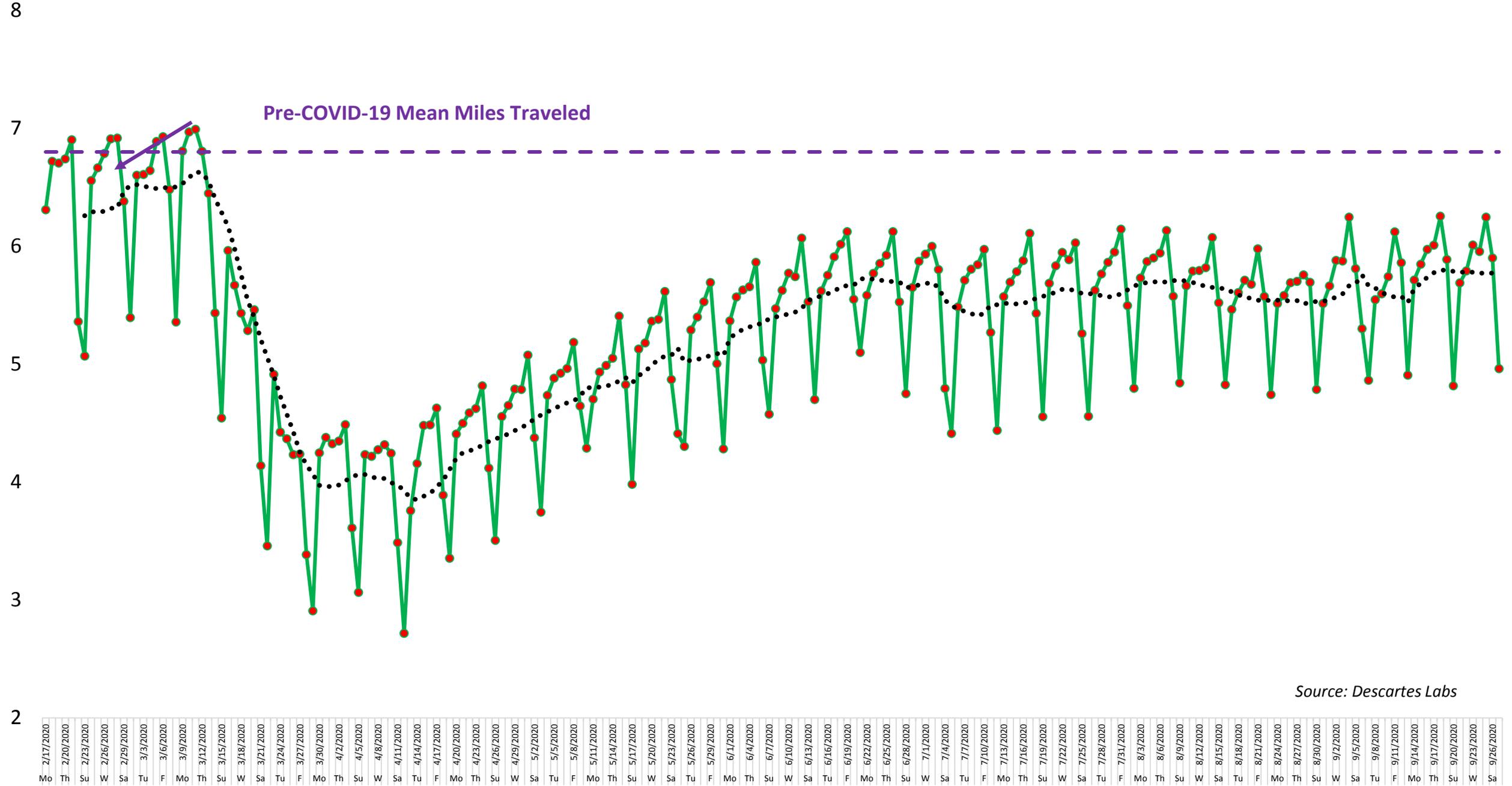
Hospitals can order Remdesivir through Amerisource online portal beginning October 1<sup>st</sup> just as they do with any other prescription. There is no special ordering process.

**Will there be quantity limits on Remdesivir purchases?**

There will be no quantity limits on Remdesivir purchasing. There is an adequate supply of Remdesivir.

**Current Remdesivir Inventory and Previous Day Remdesivir Vials Used will continue to be a HHS Teletrack Datapoints after October 1<sup>st</sup>.**

# Mean Miles Traveled in New Mexico



Source: Descartes Labs

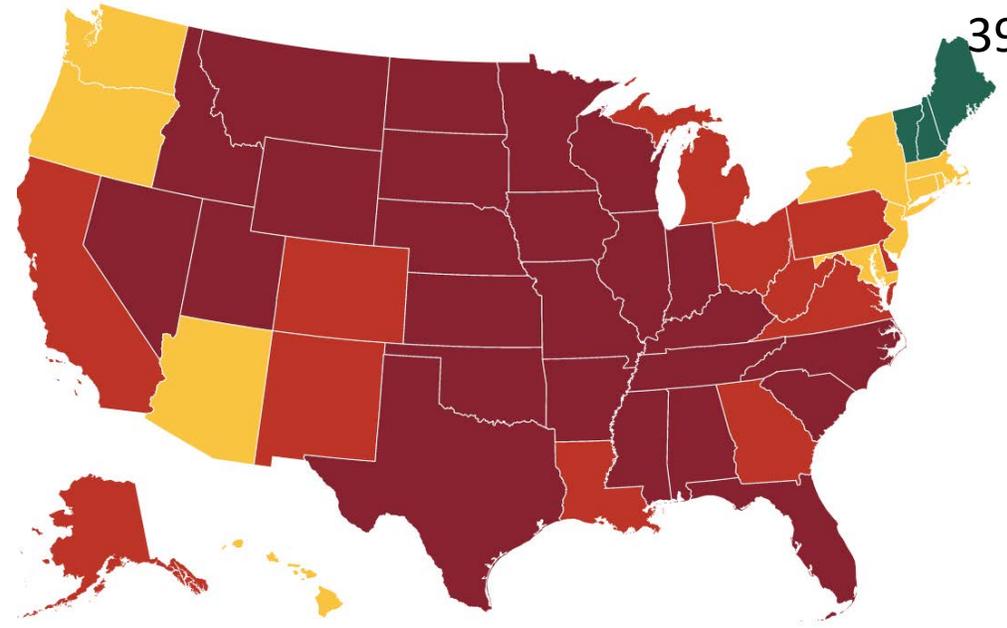
# GATING CRITERIA UPDATE

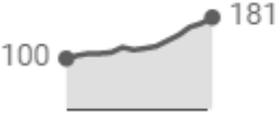
# STATEWIDE PUBLIC HEALTH GATING CRITERIA FOR REOPENING

Criterion	Measure	Gating Target	Current Status
Spread of COVID-19	Rate of COVID-19 Transmission (10-day Rolling Average)	1.05 or less	1.25 on 9/28/20
	NM daily cases (7-day rolling average)	168	152 on 9/23/20
Testing Capacity: general and targeted populations*	Number of tests per day (7-day rolling average)	5,000 / day	6,117 on 9/27/20
	Test Positivity Rate (7-day rolling average)	5.0% or less	2.98% on 9/27/20
Contact Tracing and Isolation Capacity	Time from positive test result to: -isolation recommendation for case -quarantine rec. for case contacts	24 hrs	Week ending 9/25= 20
		36 hrs	Week ending 9/25 = 23
Statewide Health Care System Capacity	Availability of scarce resources in 7 Hub Hospitals: -Adult ICU beds occupied	439 or less	233 on 9/29/20
	-PPE	7-day supply	7 on 9/26/20

**ALL 4 CRITERIA DRIVEN BY SOCIAL DISTANCING BEHAVIORS OF NEW MEXICANS**

# HOW WE REOPEN SAFELY



STATE NAME	14-DAY TREND OF COVID+	LAST 14 DAYS OF COVID+ (ROLLING)	% OF TEST TARGET (INCIDENCE ADJUSTED)	ICU OCCUPIED	NEW CASES PER MILLION PER DAY	CONTACT TRACING POSSIBLE?	COVID+ RATE IS
<b>New Mexico</b> 🇺🇸	81% <i>Increasing</i>			59% <i>Normal</i>		Possible <i>Positivity low</i>	3.0% <i>Increasing</i>

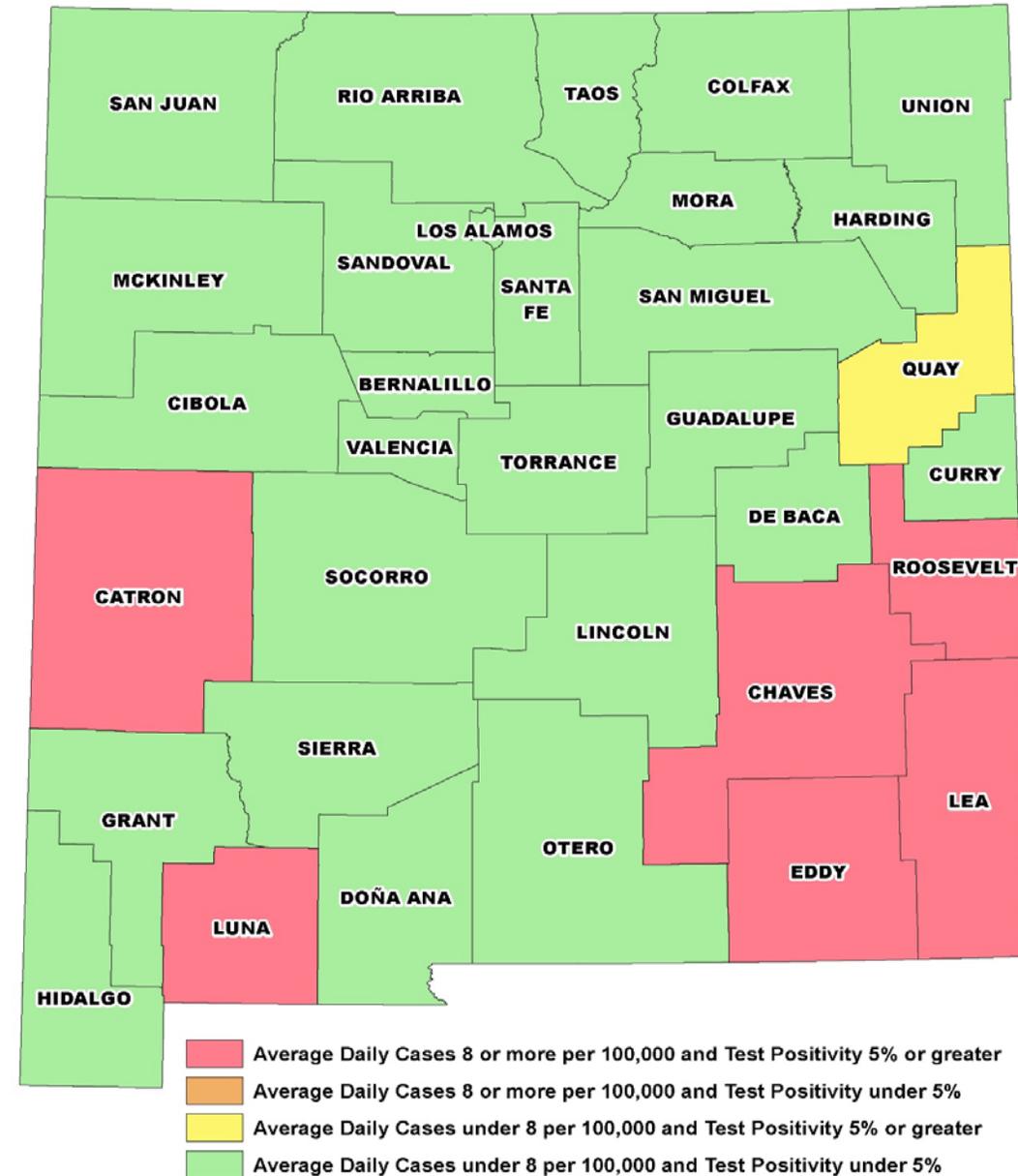
Notes: If a 🇺🇸 is next to a state it indicates a state-wide mandated mask policy for indoor AND outdoor settings. For detailed definitions see: <https://www.covidexitstrategy.org/definitions-and-criteria>

# GET TESTED FOR COVID-19

**NMDOH strongly encourages the following groups to get tested for COVID-19:**

- Symptomatic people (e.g. cough, fever, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and/or loss of taste or smell);
- Asymptomatic people who are close contacts or household members of people who already tested positive and are in their infectious period;
- Asymptomatic people who live or work in high-risk congregate settings such as long-term care facilities, detention centers and correctional facilities; and,
- Patients who are scheduled for surgery and whose provider has advised them to get tested before the procedure.

*NMDOH does not recommend antibody testing to determine if someone is infected with, or protected from getting, COVID-19.*



**COVID-19 Average Daily Case Rates by Test Positivity, New Mexico Counties, September 2 - September 15, 2020**

# WE MUST CONTINUE TO MOVE SLOWLY...

## Nothing about the virus has changed!

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



**WE ARE SEEING AN ALARMING RISE IN CASES. CONTACT TRACING IS WORKING. WE ALL STILL MUST WORK TO FIGHT THE VIRUS.**

Stay at home

Wash hands, clean surfaces, cough into tissue/elbow

**Everyone** needs to wear face coverings in public

Maintain social distancing (minimum 6 feet)



HUMAN  
SERVICES  
DEPARTMENT



# QUESTIONS

*INVESTING FOR TOMORROW, DELIVERING TODAY.*