

Today the White House Coronavirus Task Force met, followed by a press conference. Check [WhiteHouse.gov/news](https://www.whitehouse.gov/news) for a readout, remarks, or video.

Good news on the therapeutic front: FDA issued an EUA for another treatment for COVID, this one especially for people who are quite sick, as in hospitalized and getting some sort of respiratory support. Details below. This is welcome news as cases and hospitalizations climb – every treatment can save lives and we really need them all right now.

Other items from today:

- Where is COVID concentration highest: urban or rural? An MMWR issued today says that by September COVID rates were higher in smaller cities and rural areas than urban areas. Details and graph under Research Updates below.
- How will COVID vaccines get to tribes? The Indian Health Service has put out a plan that reflects extensive consultation with the Native American community. Details below under Vaccine Updates.

FDA Authorizes Drug Combination for Treatment of COVID-19: Today, FDA issued an [emergency use authorization \(EUA\)](#) for the drug baricitinib, in combination with remdesivir, for the treatment of suspected or laboratory confirmed COVID-19 in hospitalized adults and pediatric patients two years of age or older requiring supplemental oxygen, invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).

In a clinical trial of hospitalized patients with COVID-19, baricitinib, in combination with remdesivir, was shown to reduce time to recovery within 29 days after initiating treatment compared to patients who received a placebo with remdesivir. The safety and effectiveness of this investigational therapy for use in the treatment of COVID-19 continues to be evaluated. Baricitinib is not authorized or approved as a stand-alone treatment for COVID-19.

Updated CDC Recommendations for Holiday Travel: CDC updated information on [celebrating Thanksgiving](#) and all upcoming [holiday celebrations](#). As cases continue to increase rapidly across the United States, the safest way to celebrate Thanksgiving is to celebrate at home with the people you live with. CDC also updated [social media toolkits](#) for the upcoming holiday season to help communicate to communities how they can celebrate safely during the COVID-19 pandemic.



CMS Urging Nursing Homes to Follow Established COVID Guidelines This Holiday Season: Today, in advance of the approaching holiday season, the CMS is [urging nursing home](#) staff, residents and visitors to [follow established guidelines for visitation](#) and adherence to the core principles of infection prevention. These guidelines include remaining six feet apart from individuals, wearing a face covering, and limiting the number of visitors in the nursing home at any one time. Adherence to these principles is critical in preventing the spread of the COVID-19 in America's nursing homes. CMS released an [alert on this guidance](#).

- The agency understands the emotional and mental health impact that separation from loved ones during the pandemic has caused. In September, CMS [provided guidance](#) for how residents can safely receive visitors in the nursing home. With the holiday season approaching, residents will want to spend more time with their loved ones, and CMS is recommending that facilities find innovative ways of recognizing the holidays without having parties or gatherings that could increase the risk of COVID-19 transmission (e.g., virtual parties or visits).

To Watch

FDA & the COVID-19 Vaccine: FDA Commissioner Dr. Stephen Hahn has been busy discussing the FDA's work towards a COVID-19 vaccines in multiple media interviews. *CTRL+Click* on the tweets to watch these discussions.



Dr. Stephen M. Hahn
@SteveFDA

In today's chat w/ [@NBCNews'](#) [@DrJohnTorre](#) address how decisions to authorize/approve a [#COVID19](#) vaccine will be made by career staff through our thorough review processes, guided by science/data.



Doc to Doc: Coronavirus conversation with FDA Commissioner Dr. Stephen Hahn and NBC's Dr. John Torres talks with FDA Commissioner Dr. Stephen Hahn about the latest vaccine developments. [facebook.com](#)



Dr. Stephen M. Hahn
@SteveFDA

Thanks to [@Vaxyourfam](#) for hosting me, [@FDA](#) and [@FDAHealthEquity](#) for a meaningful discussion about our work toward a [#COVID19](#) vaccine and ethnic minority leaders. [#FDAVaccineFact](#)



FDA & VYF talk COVID with Minority Community As the FDA prepares to review vaccine candidate... [Health Commissioner Warns: 'Your Family and Im](#)



Dr. Stephen M. Hahn
@SteveFDA

It was great speaking with @ChrisStigall on @AM990TheAnswer again yesterday about a #COVID19 vaccine and why the American public trust in any vaccine authorized or approved by Know the #FDAVaccineFacts...



Vaccines

IHS Releases COVID-19 Pandemic Vaccine Plan: Today, the [Indian Health Service released the IHS COVID-19 Pandemic Vaccine Plan November 2020](#). The plan details how the IHS health care system will prepare for and operationalize a vaccine when it becomes available. It also provides important guidance for all IHS federal, tribal health programs, and urban Indian organizations that choose to receive COVID-19 vaccine coordinated through IHS. The IHS initiated [tribal consultation](#) and [urban confer](#) in October to seek input from tribal and urban leaders on the plan. The IHS also developed the COVID-19 Vaccine plan based on the CDC's [COVID-19 Vaccination Interim Playbook for Jurisdiction Operations](#), while recognizing the sovereign authority of tribal nations to provide for the welfare of their people.

Testing and Treatment

HHS Launches Pilot Program of Fast Molecular POC Test for COVID-19: HHS has [launched a pilot program with five states to use portable, cartridge-based COVID-19 molecular test kits](#) that provide rapid results. The pilot program will assess how to best integrate diagnostic technology developed by Cue Health, Inc., into strategies for disease surveillance and infection control in institutions such as nursing homes. During the week of November 9, HHS distributed 27,000 test kits, which include the Cue Sample Wand (nasal swabs) and the Cue COVID-19 Test Cartridges, and 600 Cue Health Monitoring Systems (Cartridge Readers) as follows: 4,500 test kits and 100 cartridge readers each to Florida, Louisiana, New Jersey, and Texas, and 9,000 test kits and 200 cartridge readers to Alaska. Alaska received a greater quantity of components due to the remote nature of access to testing.

Information for Specific Populations

COVID-19 One-Stop Shop Toolkits: CDC updated [one-stop shop toolkits](#) on COVID-19 with videos, social media, PSAs, print resources, checklists, FAQs, and web resources.

Toolkit for Clinicians: CDC updated [guidance and tools to help clinicians](#) make decisions, protect patients and employees, and communicate with their communities.

Toolkit for School Administrators on Cleaning, Disinfection & Hand Hygiene: This [guidance is intended to aid school administrators](#) as they consider how to protect the health, safety, and wellbeing of

students, teachers, other school staff, families, and communities and prepare for educating students this fall.

Research Updates

Mini-Lungs in a Lab Dish Mimic Early COVID-19 Infection: NIH Director Dr. Francis Collins released a blogpost on [how mini-lungs in a lab dish mimics an early COVID-19 infection](#). A team at Duke University School of Medicine developed these mini-lungs in a quest to understand how adult stem cells help to regenerate damaged tissue in the deepest recesses of the lungs, where SARS-CoV-2 attacks. In the study, now reported in *Cell Stem Cell*, the researchers found a way to simplify and define that brew. For the first time, they could produce mini-lungs consisting only of human lung cells. By growing them in large numbers in the lab, they can now learn more about SARS-CoV-2 infection and look for new ways to prevent or treat it



*The intriguing bubble-like structures (red/clear) in the mini-lung pictured above represent developing alveoli, the tiny air sacs in our lungs, where COVID-19 infections often begin.

COVID-19 Outbreak — New York City: CDC released an MMWR on the [COVID-19 Outbreak in New York City](#) between February 29 and June 1, 2020. New York City (NYC) was an early epicenter of the COVID-19 pandemic in the United States. Approximately 203,000 cases of laboratory-confirmed COVID-19 were reported in NYC during the first 3 months of the pandemic. The crude fatality rate among confirmed cases was 9.2% overall and 32.1% among hospitalized patients. Incidence, hospitalization rates, and mortality were highest among Black/African American and Hispanic/Latino persons, as well as those who were living in neighborhoods with high poverty, aged ≥ 75 years, and with underlying medical conditions. Mitigating COVID-19 transmission among vulnerable groups at high risk for hospitalization and death is an urgent priority.

Characterization of COVID-19 in Assisted Living Facilities: CDC released an MMWR on the [Characterization of COVID-19 in Assisted Living Facilities](#) in 39 states during October 2020. Although the spread of SARS-CoV-2 in nursing homes is well documented, relatively little has been reported on COVID-19 among residents and staff members in U.S. assisted living facilities (ALFs). By October 15, 2020, in 39 states with available data, 22% of ALFs reported one or more cases of COVID-19 among residents and staff members. Among ALF residents with COVID-19, 21% died, compared with 3% who died among the general population with COVID-19. With ongoing community transmission, ALFs should

take actions to prevent the spread of SARS-CoV-2 in their facilities, including rapid identification and response to residents and staff members with suspected or confirmed COVID-19.

COVID-19-Stats – COVID-19 Incidence, by Urban-Rural Classification: CDC released an MMWR on [COVID-19 Incidence by Urban-Rural Classification](#) in the U.S. between January 22 and October 31, 2020. Early in the pandemic, from mid-March to mid-May, COVID-19 incidence was highest among residents of large central and large fringe metropolitan areas. Beginning in mid-April, incidence in large metropolitan (central and fringe) areas declined and then increased similarly among all urban-rural areas. In September 2020, COVID-19 incidence sharply increased, and it remains highest among residents of medium/small metropolitan areas and micropolitan/noncore areas, indicating increased spread into rural communities. In October, weekly incidence was increasing steadily among all urban-rural areas.

