

Tonight I want to flag two op-eds that were published by our colleagues in FDA. In the first, the heads of every center within the FDA jointly wrote an op-ed to reiterate that the agency is guided by an unbiased evaluation of scientific evidence. In the second, the FDA Commissioner highlights the importance of finding ways to incentivize manufacturers to produce pharmaceutical products and supplies domestically. See below for more details:

Senior FDA Career Executives – We're Following the Science to Protect Public Health in Pandemic:

Senior FDA career executives released an op-ed in *USAToday* on [following the science to protect public health in pandemic](#). They are committed to making decisions guided by the best evidence and their approach has been and will remain the gold standard that all can rely on.

The Coronavirus Pandemic Underscores the Need to Bring Drug Manufacturing Back to U.S.: FDA Commissioner Dr. Stephen Hahn and Deputy Commissioner Dr. Anand Shah released an op-ed in *CNBC* on [the need to onshore America's critical medical supply chain](#) and modernize infrastructure for life sciences manufacturing.

Vaccine Updates

White House Governor's Call: Last night, Secretary Azar led a [bipartisan call with the chief executives of approximately 50 states, territories, and the city of Washington, DC, and the White House Coronavirus Task Force](#) to discuss local, state, and federal COVID-19 response and recovery, and provide an update on Operation Warp Speed efforts to develop, manufacture, and distribute a safe and effective vaccine.



Testing and Treatment

NIH ACTIV Initiative Launches Adaptive Clinical Trials of Blood-clotting Treatments for COVID-19: NIH has launched two of three adaptive Phase 3 clinical trials evaluating the [safety and effectiveness of varying types of blood thinners to treat adults diagnosed with COVID-19](#). Part of the [Accelerating COVID-19 Therapeutic Interventions and Vaccines \(ACTIV\)](#) initiative, these trials will be conducted at more than 100 sites around the world and will involve patients in various clinical settings — those who have not been hospitalized, those currently hospitalized and those discharged after hospitalization for moderate to severe disease.

Clinical Guidance for Management of Patients with Confirmed COVID-19: CDC updated interim [clinical guidance for clinicians](#) to discover how they can best care for hospitalized patients with a confirmed infection caused by novel COVID-19.

Triaging Sick Patients: CDC updated document provided by CDC and is intended for use in non-US healthcare settings. This document is intended for healthcare facilities that are [receiving or are preparing to receive patients with suspected or confirmed COVID-19](#).

Contact Tracing for COVID-19: CDC updated steps and consideration that jurisdictions can use to develop a [protocol for the tracing of close contacts](#).

Testing Updates: As of today, 244 tests are authorized by FDA under EUAs; these include 196 molecular tests, 44 antibody tests, and 4 antigen tests.

Information for Specific Populations

Federal Government Adjusts COVID-19 Entry Strategy for International Air Passengers: Beginning September 14, 2020, the [USG will remove requirements for directing all flights](#) carrying airline passengers arriving from, or recently had a presence in, certain countries to land at one of 15 designated airports and halt enhanced entry health screening for these passengers. Currently, enhanced entry health screening is conducted for those arriving from, or with recent presence in, China (excluding the Special Administrative Regions of Hong Kong and Macau), Iran, the Schengen region of Europe, the United Kingdom (excluding overseas territories outside of Europe), Ireland, and Brazil.

When to Quarantine: CDC updated guidance on [when to quarantine](#). You should stay home if you might have been exposed to COVID-19.

Duration of Isolation and Precautions for Adults with COVID-19: CDC updated information on the [duration of isolation and precautions for adults with COVID-19](#). Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. This update incorporates recent evidence to inform the duration of isolation and precautions recommended to prevent transmission of SARS-CoV-2 to others, while limiting unnecessary prolonged isolation and unnecessary use of laboratory testing resources.

When You Can be Around Others After You Had or Likely Had COVID-19: CDC updated information on when you can be around others ([end home isolation](#)). It depends on different factors for different situations.

Cleaning and Disinfection for Community Facilities: CDC updated guidance on the [cleaning and disinfection](#) of rooms or areas of those with suspected or with confirmed COVID-19 in community facilities.

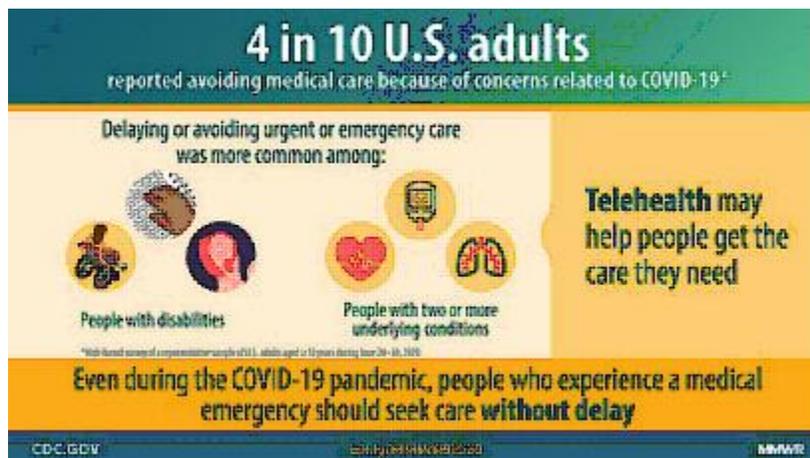
What to Do if Your Pet Tests Positive for the Virus that Causes COVID-19: CDC updated information on actions to take if your [pet tests positive for the virus](#) that causes COVID-19.

Harnessing Technology to Address Loneliness and Social Isolation: Social isolation during the COVID-19 pandemic is a public health concern. Resources are available to [help people stay connected even while physically distanced](#).

Research Updates

Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities: CDC released an MMWR on [Community and Close Contact Exposures Associated with COVID-19 Among Symptomatic Adults ≥18 Years in 11 Outpatient Health Care Facilities](#) in the U.S. in July 2020. Findings from a case-control investigation of symptomatic outpatients from 11 U.S. health care facilities found that close contact with persons with known COVID-19 or going to locations that offer on-site eating and drinking options were associated with COVID-19 positivity. Adults with positive SARS-CoV-2 test results were approximately twice as likely to have reported dining at a restaurant than were those with negative SARS-CoV-2 test results.

Delay or Avoidance of Medical Care Because of COVID-19: CDC released an MMWR on the [Delay or Avoidance of Medical Care Because of COVID-19](#) in the U.S. in June 2020. By June 30, 2020, because of concerns about COVID-19, an estimated 41% of U.S. adults had delayed or avoided medical care including urgent or emergency care (12%) and routine care (32%). Avoidance of urgent or emergency care was more prevalent among unpaid caregivers for adults, persons with underlying medical conditions, Black adults, Hispanic adults, young adults, and persons with disabilities. Understanding factors associated with medical care avoidance can inform targeted care delivery approaches and communication efforts encouraging persons to safely seek timely routine, urgent, and emergency care.



Prevalence of Underlying Medical Conditions Among Selected Essential Critical Infrastructure Workers: CDC released an MMWR on the [Prevalence of Underlying Medical Conditions Among Selected Essential Critical Infrastructure Workers](#) in 31 states during 2017 and 2018. High prevalences of underlying medical conditions increase risks for severe COVID-19 illness among home health aides, other health care support workers, and nursing home, trucking, and transit industry workers. For all essential workers, and particularly those at high risk because of underlying medical conditions, prioritization of exposure controls and health care access is needed to reduce the potential for SARS-CoV-2 exposure and prevent and treat underlying conditions.

Our thoughts are With Those in California Affected by Wildfires: Natural disasters – such as the wildfires in California – can be overwhelming and can seriously affect emotional health. The [Disaster Distress Helpline](#), 1-800-985-5990, sponsored by SAMHSA, can provide immediate counseling to anyone who is seeking help in coping with the mental or emotional effects caused by natural disasters.

