

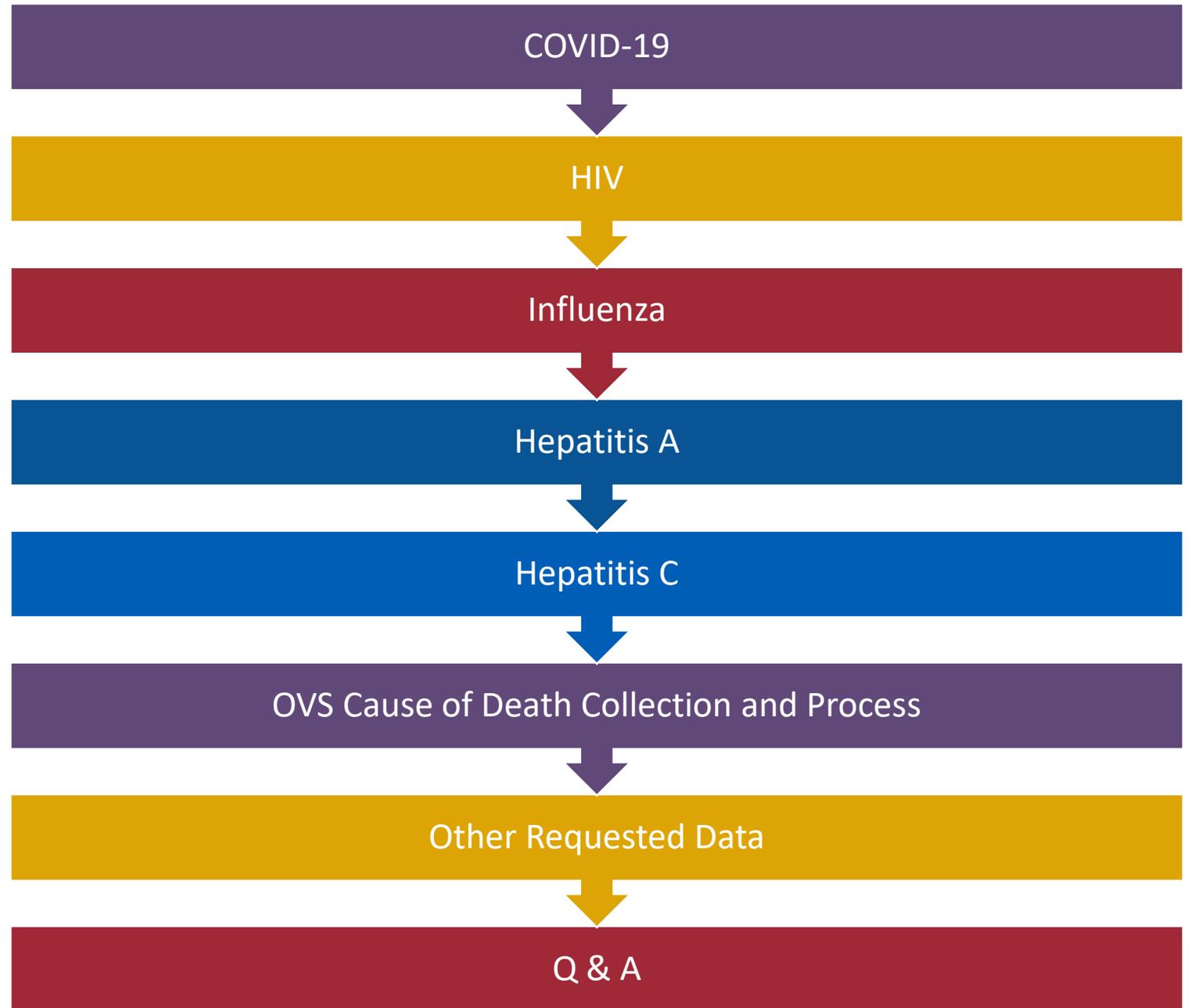
Infectious Disease Update
**Interim Joint Committee on Health, Welfare,
and Family Services**
July 29, 2020

Kentucky Department for Public Health
Dr. Doug Thoroughman, State Epidemiologist (acting)
CDC Career Epidemiology Field Officer



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Agenda



COVID-19



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COVID-19 Background

- December 31, 2019: Outbreak with high mortality announced
 - Wuhan, China
 - Initially associated with live animal/seafood market
 - Later determined to have started earlier, possibly November, 2019
- January 10, 2020: Novel Coronavirus strain genetically characterized
- January 22, 2020: First case in U.S.
- January 30, 2020: Public Health Emergency of International Concern (PHEIC) declared by World Health Organization (WHO)
- March 6, 2020: First case in Kentucky (Harrison Co. resident diagnosed in Lexington)
- March 11, 2020: Global pandemic declared by WHO

COVID-19 Background

- Caused by 2019 Novel Coronavirus (SARS-CoV2)
 - Similar to SARS, MERS
- Incubation period: 2-14 days
- Infectious period: 2 days before symptom onset
- Transmission can occur within both symptomatic and asymptomatic individuals
- Symptoms include: fever, chills/rigors, cough, shortness of breath, runny nose, headache, nausea, vomiting, diarrhea, loss of taste/smell
- Most virulent in vulnerable populations such as the elderly, immunocompromised individuals, etc.



KENTUCKY¹
As of July 23, 2020

25,147
Cases (↑611)

684
Deaths (↑7)

2.7%
Mortality Rate

120 counties
with at least one case

UNITED STATES²
As of July 23, 2020

3,952,273
Cases (↑70,106)

142,755
Deaths (↑1,078)

3.6%
Mortality Rate

56 states + territories
with at least one case

WORLD³
As of July 23, 2020

15,012,731
Cases (↑247,225)

619,150
Deaths (↑7,097)

4.1%
Mortality Rate

215 countries + territories
with at least one case

¹Kentucky Department for Public Health

²The Centers for Disease Control and Prevention <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

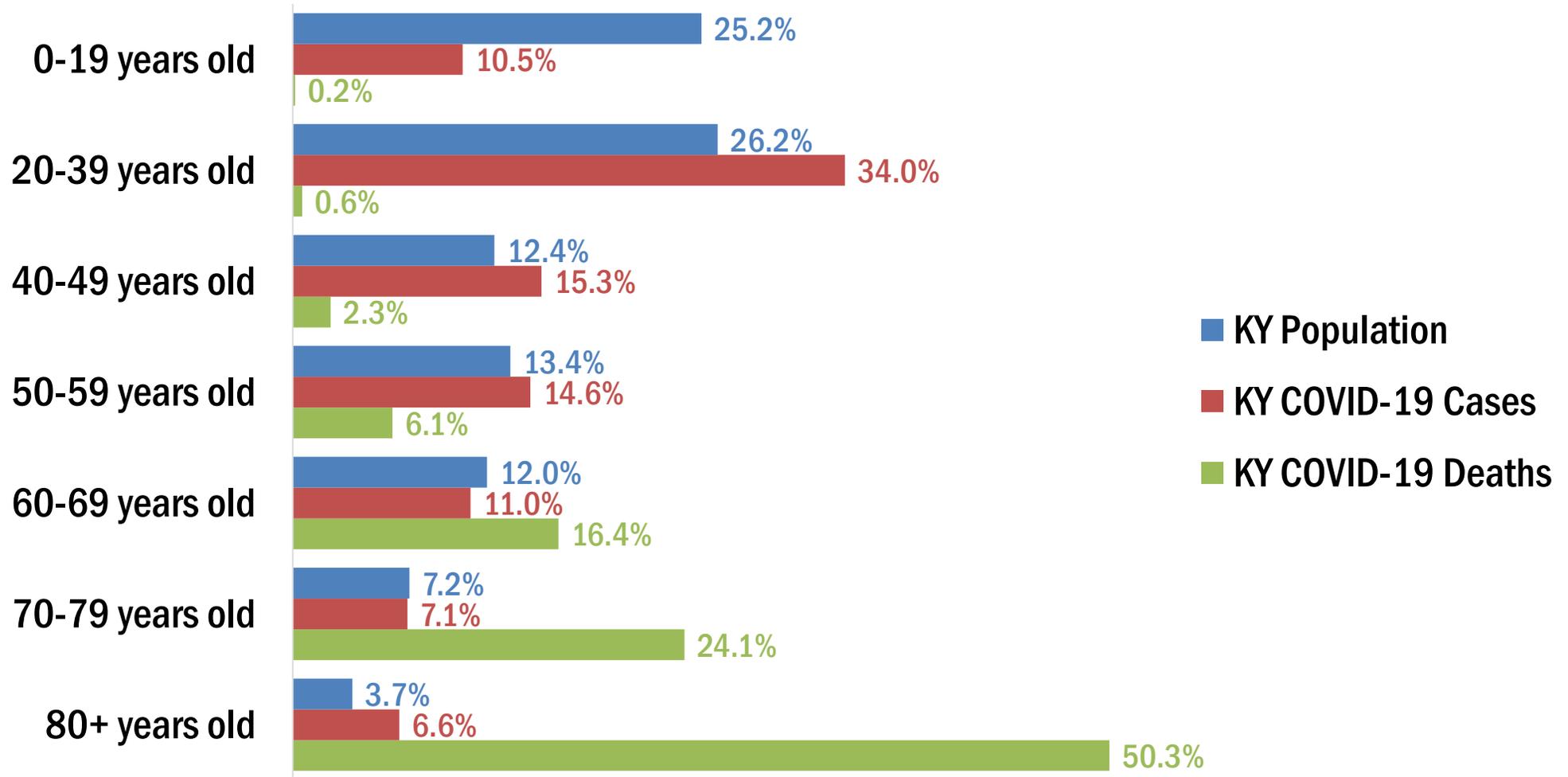
³The World Health Organization <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

COVID-19 Testing

Testing	Number of total performed statewide		Total number of negative tests		Negative rate		Total number of positive tests		Positive rate		Average age of positive test	
	565,490		542,165		95.9%		23,325		4.1%		44.2 years	
Hospitalization	Total inpatient beds	Current inpatient beds in use	Current inpatient beds in use for COVID patients		Current inpatient beds in use for non-COVID patients		Total ICU beds	Current ICU beds in use	Current ICU beds in use for COVID patients		Current ICU beds in use for non-COVID patients	
	11,714	7,925	581		7,344		2,136	1,528	135		1,393	
Death	Total number of deaths		Average age of death		Age range of death		Deaths associated with LTCF		Deaths associated with other congregate setting			
	684		77.8		9 Months – 107 Years		446		15			

- Data updated as of July 23, 2020
- Positive tests include confirmed and probable cases

Distribution of Age by KY Population, COVID-19 Cases, and COVID-19 Deaths



18 COVID-19 cases with missing/unknown age (0.07%)

Updated July 23, 2020

HIV



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HIV Background

- Human immunodeficiency virus (HIV) can lead to the development of acquired immunodeficiency syndrome (AIDS) if left untreated
- Can be transmitted through blood and sexual fluids
- HIV can remain latent for several years
- 3 stages
 - Stage 1: Acute HIV
 - Stage 2: Chronic HIV
 - Stage 3: AIDS
- No vaccine available
- No cure but can be managed with anti-retroviral therapy (ART)

HIV is a Reportable Disease in Kentucky

- 902 KAR 2:020 states: An HIV infection or AIDS diagnosis shall be reported within five (5) business days to Kentucky Department for Public Health.
 - AIDS cases have been reported since 1982.
 - Code-based HIV reporting existed from 1989 to July 2004.
 - Confidential name-based HIV reporting began July 2004.

Overview of Kentucky HIV Data as of July 20, 2020

- **11,239** total HIV infections diagnosed and reported since the start of the HIV epidemic in 1982
 - Approximately 2/3 (62%) have progressed to AIDS
 - **83%** of cases are male (9,292)
 - Most cases diagnosed 30-39 years of age (33.2%)
 - Men who have sex with men (MSM) remains the highest transmission risk category (**~55% of total cases, 67% of male cases**)
 - Recent increase in cases with intravenous drug use (IDU) as risk factor for HIV transmission

HIV in Kentucky vs. United States

- In 2018, the Kentucky diagnosis rate was 8.1 per 100,000 population compared to an annual estimated national HIV diagnosis rate of 11.4 per 100,000 population
- According to CDC, when compared to other states, Kentucky's diagnosis rate ranks 23rd
 - Washington, DC ranks first with the highest rate of 29.6 per 100,000 population

HIV Testing, Hospitalization, Death Data

January 2017-June 2020

Testing	Number of total CDC sponsored tests performed statewide	Total number of negative CDC sponsored tests	Negative rate	Total number of positive CDC sponsored tests	Positive rate	Average age of positive test
	53,515	53,177	99.4%	338	0.6%	Unknown
Hospitalization	Hospitalization 2017	Hospitalization 2018	Hospitalization 2019	Total Hospitalized	% of positive cases hospitalized	
	236	197	148	581	Unknown	
Death	Total direct deaths	Direct death rate	Total indirect deaths	Indirect death rate	Total number of overall deaths	
	162	Cannot be Calculated	124	Cannot be Calculated	286	

- DPH only keeps record of HIV tests sponsored by CDC. Total tests done in the state cannot be tracked since negatives are not reported.
- Hospitalization data retrieved from Kentucky Hospital Inpatient Claims. % hospitalized cannot be calculated since positive test data and hospitalization data were collected from different sources.
- Death data from Office of Vital Statistics. Direct deaths include death events where the cause of death is assigned as the underlying cause or leading cause of death. Indirect deaths include death events where the cause of death is assigned as a supplemental cause of death.

Vulnerable Counties and Syringe Services Programs in Kentucky



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54 Kentucky Counties with Increased Vulnerability to Rapid Dissemination of HIV/HCV Infections Among People who Inject Drugs and Preventive Syringe Services Programs (SSPs)



National Ranking by County*

1	Wolfe	34	Martin	108	Gallatin
3	Breathitt	35	Boyle	125	Bath
4	Perry	39	Lawrence	126	Grayson
5	Clay	40	Rockcastle	129	Greenup
6	Bell	45	Harlan	132	Green
8	Leslie	48	McCreary	153	Casey
9	Knox	50	Letcher	154	Carter
10	Floyd	53	Johnson	163	Monroe
11	Clinton	54	Russell	167	Garrard
12	Owsley	56	Elliott	175	Robertson
14	Whitley	65	Laurel	178	Lewis
15	Powell	67	Carroll	179	Edmonson
17	Knott	75	Taylor	180	Allen
21	Pike	77	Grant	187	Boyd
23	Magoffin	93	Adair	191	Hickman
25	Estill	97	Lincoln	202	Breckinridge
30	Lee	99	Wayne	212	Campbell
31	Menifee	101	Cumberland	214	Mercer

* Vulnerable Counties in RED have Operating SSPs

- 54 Vulnerable Counties
- ★ 73 Operating SSPs (62 Counties) as of 7/27/2020
- ☆ 2 Counties are Approved but Not Yet Operational

Specific concerns regarding Kentucky Counties:

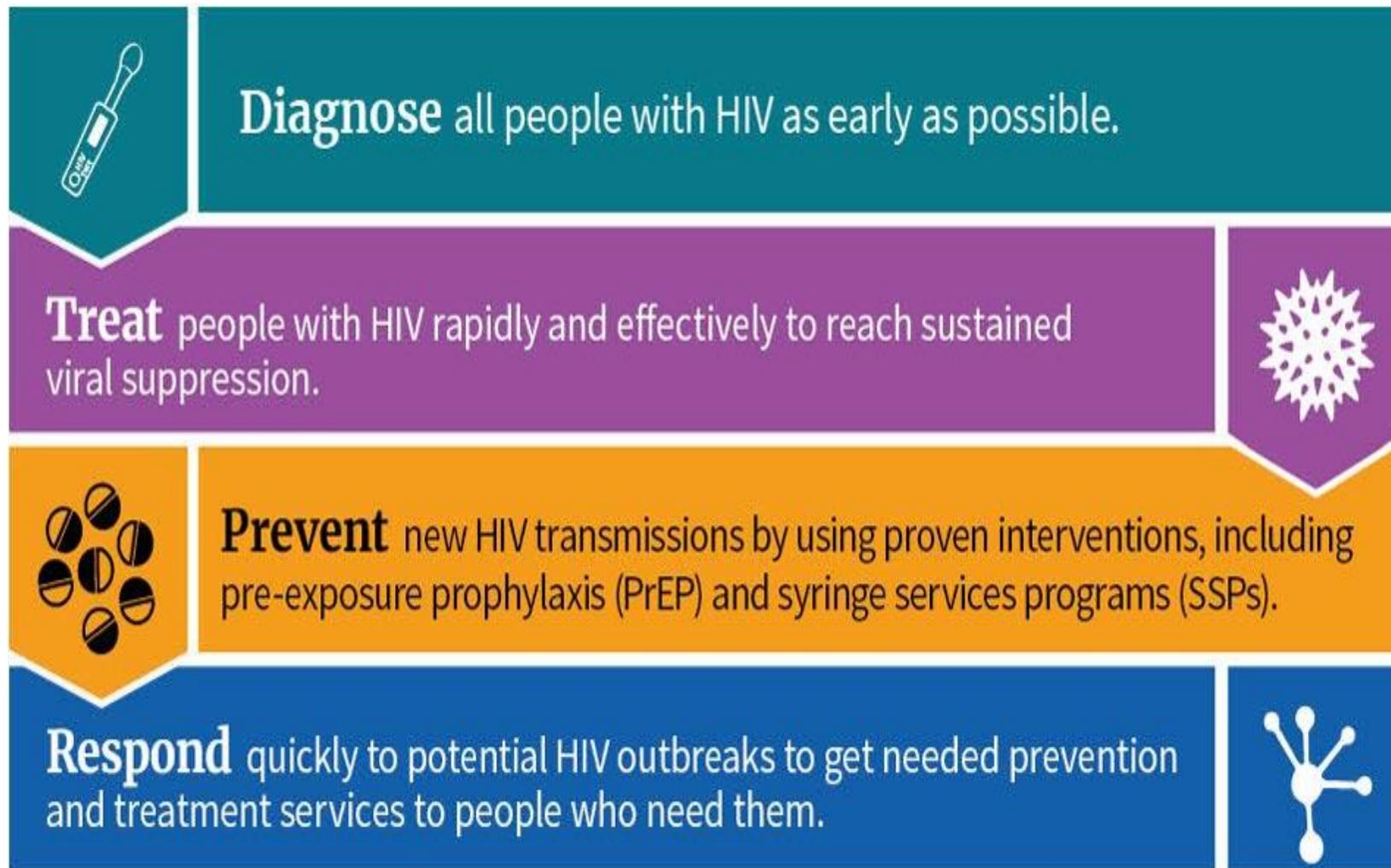
1. Dense drug user networks similar to Scott County, Indiana
2. Lack of syringe services programs

NOTE: CDC stresses that this is a REGION-WIDE problem, not just a county-specific problem.

Ending The HIV Epidemic

Goal:

- 75% reduction in new HIV infections by 2025 and
- At least 90% reduction by 2030



Influenza



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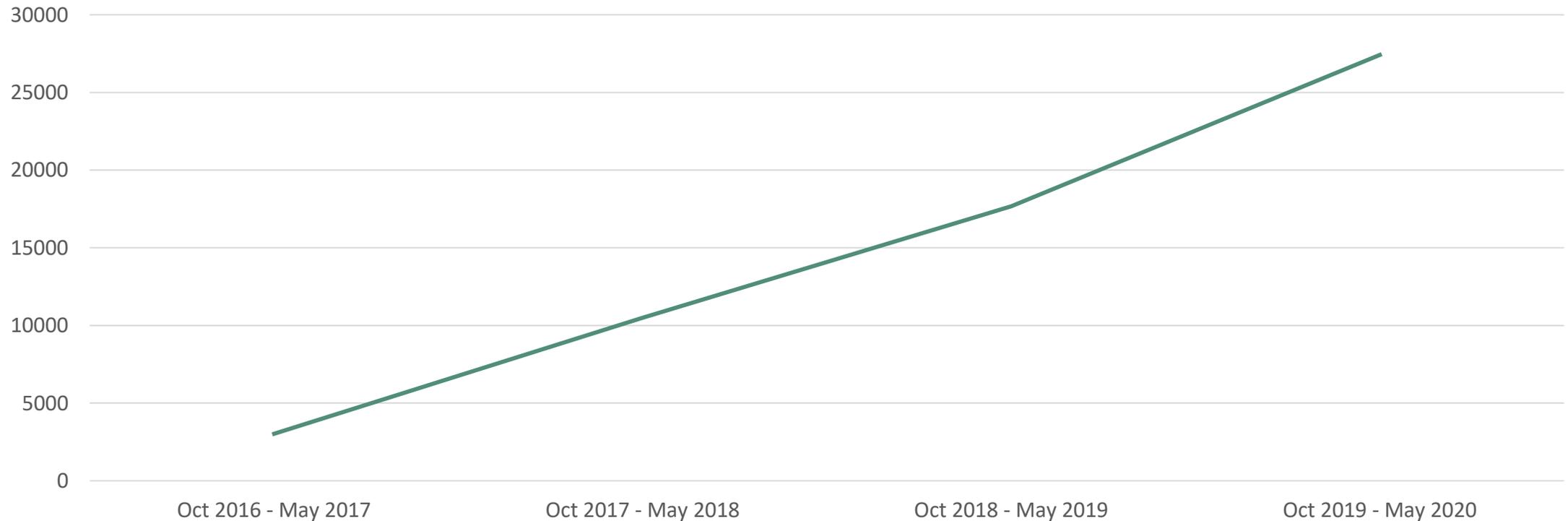
Influenza Background

- Colloquially known as the “flu”
- Caused by influenza viruses
 - Two main types that cause seasonal epidemics
- Can be transmitted through direct contact with infected individuals, contact with contaminated objects, air droplet transmission
- Incubation period: 1 – 4 days (average about 2 days)
- Infectious period: 1 day before symptom onset until 5-7 days post symptoms onset
- New vaccine annually
- Flu season is between October to the following May

Influenza Testing

- 2016-2020 flu season calendar (Oct-May)
- Only positive tests are reported
- 58,587 positive tests reported from October 2016 to May 2020

Total Number of Positive Tests by Flu Season



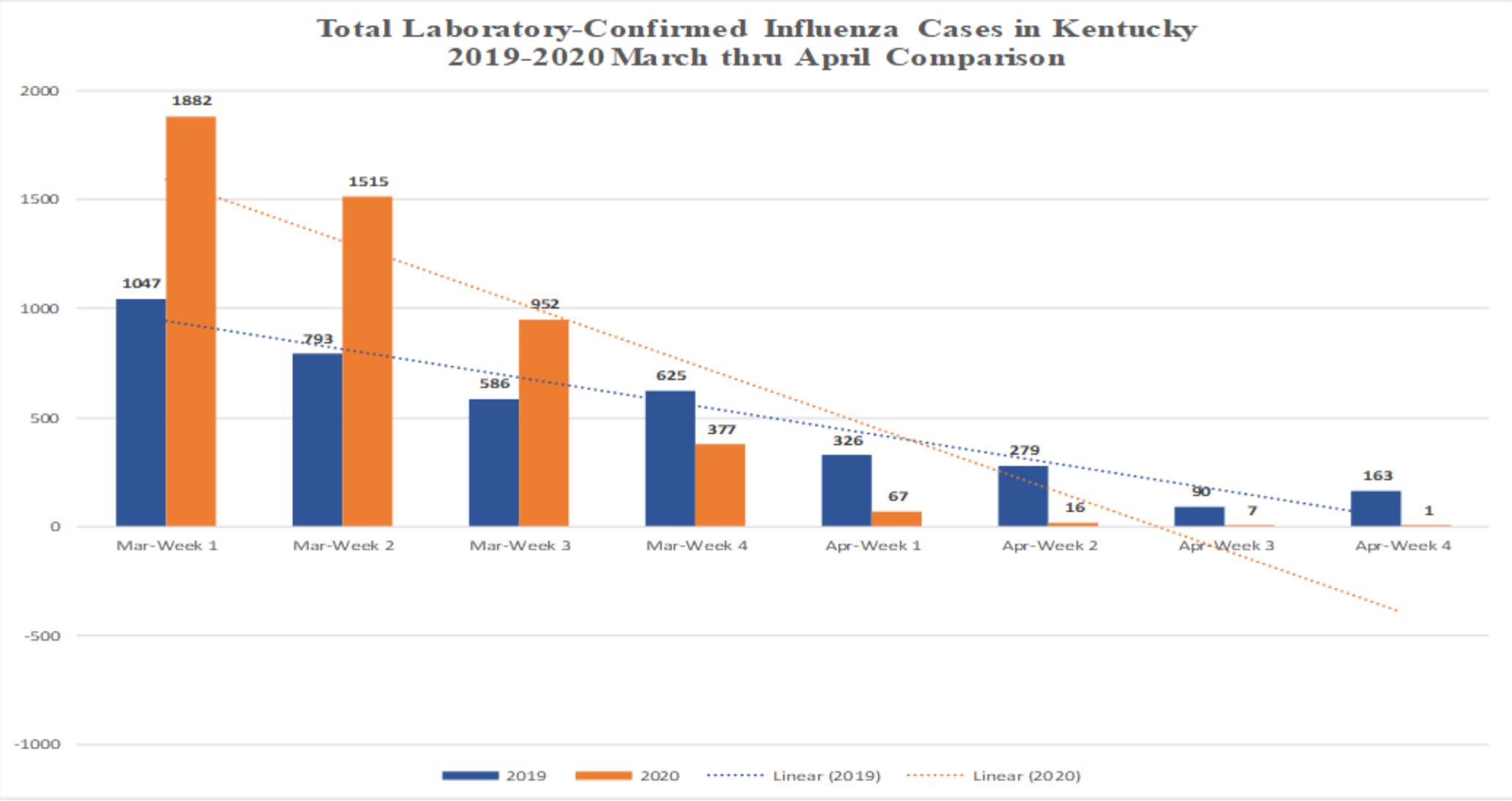
Influenza Hospitalizations and Deaths

Hospitalization	Hospitalization 2017	Hospitalization 2018	Hospitalization 2019	Total hospitalized	% of positive cases hospitalized
		1,853	2,616	1,924	6,393

Death	Deaths 2016-2017 Season	Deaths 2017-2018 Season	Deaths 2018-2019 Season	Deaths 2019-2020 Season	% of positive cases hospitalized
		76	333	196	162

- Hospitalization data from Kentucky Hospital Inpatient Claims, Office of Data and Health Analytics
- Percent hospitalized cannot be calculated since positive test data and hospitalization data were collected from different time periods (calendar year vs flu season)
- Death data from Office of Vital Statistics

Effects of Social Distancing on Influenza



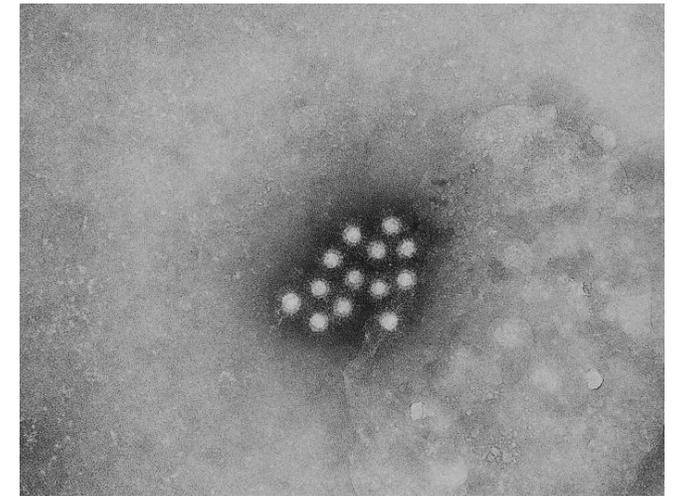
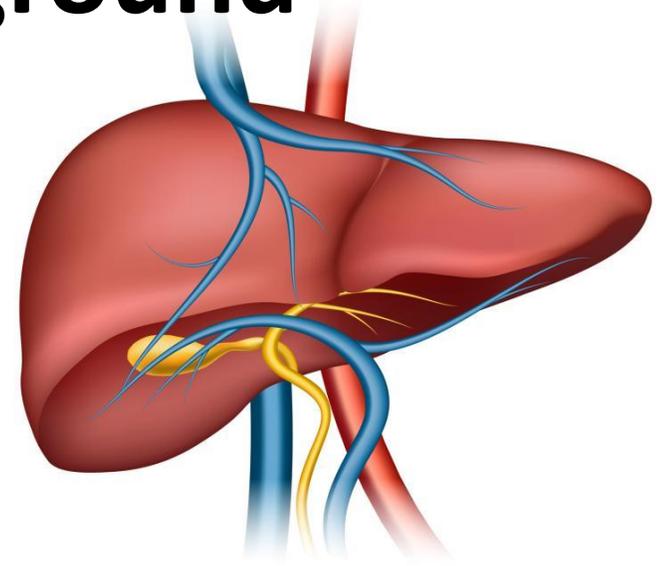
Hepatitis A



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Hepatitis A Virus (HAV) Background

- Inflammation of the liver – acute
- Caused by Hepatitis A virus (HAV)
- Can be transmitted through stool or blood
- Most commonly transmitted via fecal-oral route
 - Foodborne more common in U.S.
- Incubation period: 15-50 days
- Infectious period: 2 weeks before symptom onset until 1 week post-jaundice onset
- Usually resolves within 2 months of infection
- Vaccine preventable
- No medication available, addressed through supportive treatment



HAV Testing, Hospitalizations and Deaths

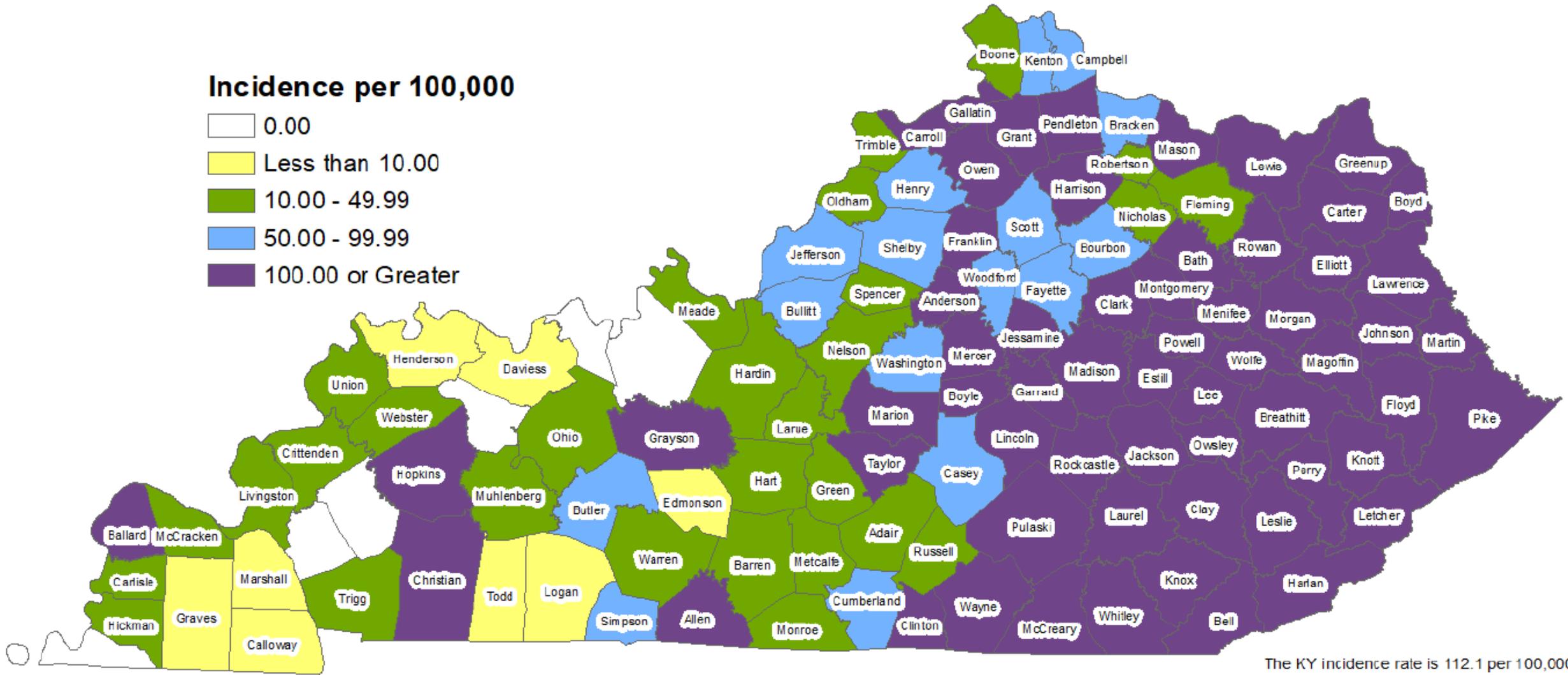
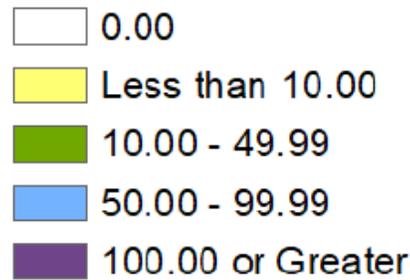
January 2017 to June 2020

Testing	Number of total tests performed statewide	Total number of negative tests	Negative rate	Total number of positive tests	Positive rate	Average age of positive test
	Unknown	Unknown	Unknown	5,031	Unknown	37.7 years
Hospitalization	Hospitalization 2017	Hospitalization 2018	Hospitalization 2019	Hospitalization 2020	Total hospitalized	% of positive cases hospitalized
	45	1,727	635	20	2,427	48.24%
Death	Deaths 2017	Deaths 2018	Deaths 2019	Deaths 2020	Total Deaths	% of Positive Cases Who Died
	0	40	21	2	63	1.3%

- Retrieved from KDPH Hepatitis A Outbreak Database
- Hospitalizations include Hepatitis A positive individuals who answered “yes” to being hospitalized

KY17-089 Incidence of Outbreak-Associated Acute Hepatitis A Cases by County, August 1, 2017 - December 28, 2019

Incidence per 100,000



The KY incidence rate is 112.1 per 100,000.
 Note: Rates calculated from numerators less than 20 may not be reliably used to determine trends.

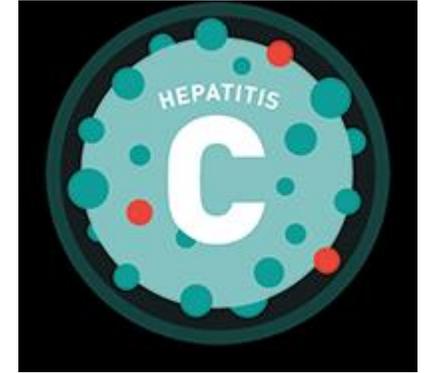
Hepatitis C



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Hepatitis C (HCV) Background

- Inflammation of the liver – typically chronic
- Caused by hepatitis C virus (HCV)
- Can be transmitted through blood
- Most commonly transmitted through sharing contaminated needles
- Incubation period: 14-182 days
- Infectious period: depends on if acute or chronic
- Chronic infection develops in over 50% of new HCV cases
- No vaccine available
- Medication (anti-viral drugs) available for treatment



HCV Testing, Hospitalization, Death Data January 2017-June 2020

Testing	Number of total tests performed statewide	Total number of negative tests	Negative rate	Total number of positive tests	Positive rate	Average age of positive test
	139,179	114,039	83.3%	25,140	16.7%	42.9 years
Hospitalization	Hospitalization 2017	Hospitalization 2018	Hospitalization 2019	Hospitalization 2020	Total Hospitalized	% of positive cases hospitalized
	1,671	1,926	1,399	558	5,554	4.1%
Death	Total direct deaths	Direct death rate	Total indirect deaths	Indirect death rate	Total number of overall deaths	
	228	0.91%	770	3.06%	998	

- Testing Data from NEDSS/Business Objects; Hepatitis C PCR tests
- Hospitalizations from NEDSS; % hospitalized from OHDA, 3-year average 2017: 7.31% , 2018: 3.34% , 2019: 1.64%
- Office of Vital Statistics death data (death number/total number individuals diagnosed)

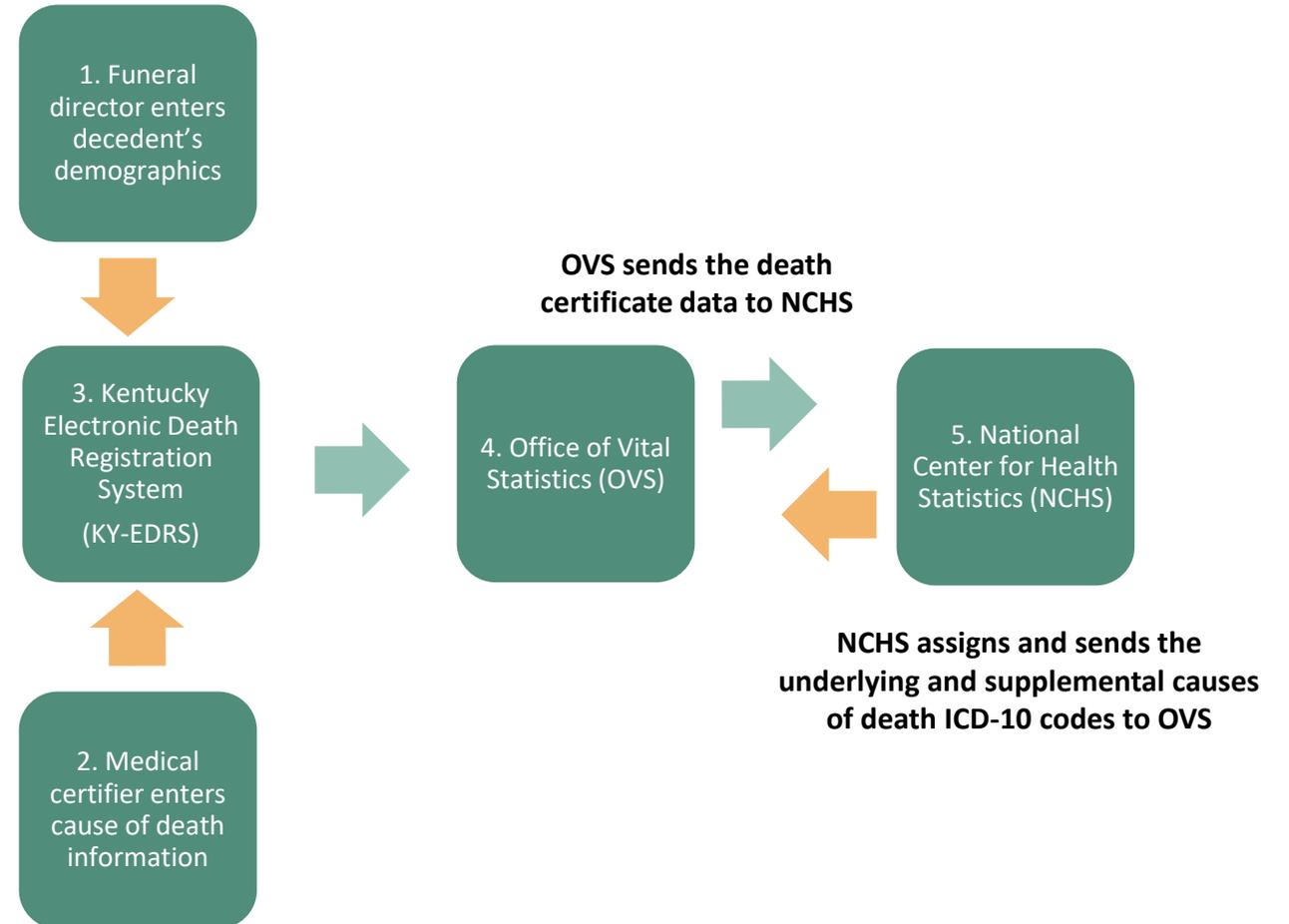
Office of Vital Statistics (OVS) Cause of Death Collection and Process



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How Cause of Death Information is Collected and Processed

- The Funeral Home Director, or person acting as such, and the Medical Certifier enter decedent information into the Kentucky Electronic Death Registration System (KY-EDRS). Once completed, the death record is electronically filed with the Kentucky Office of Vital Statistics (OVS) for review.
- After the death record is registered with OVS, it is then electronically submitted to the National Center for Health Statistics (NCHS).
- NCHS reviews all fields related to cause of death including pregnancy status, manner of death, significant conditions contributing to death and time intervals for each cause. Each cause of death listed on the death certificate is assigned an International Classification of Disease Code (ICD-10) which is used to report and track the leading causes of death in the United States.
- Cause of death information is then disseminated to the state to conduct surveillance, statistical analysis and implement public health measures to prevent and control diseases, etc.



Completing the Death Certificate - Example

Decedent's Demographic Information

14. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) JAMIE LYNN SMITH			15. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE BLACK		16. SEX FEMALE								
3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month) DECEMBER 12 2019		4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE- LAST BIRTHDAY (Year) 83		5b. UNDER 1 YEAR Month Day		5c. UNDER 1 DAY Hour Minute		6. DATE OF BIRTH (MM/DD/YYYY) 06/11/1936		7. COUNTY OF DEATH FAYETTE	
8. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)													
9. FACILITY NAME (If not institution, give street and number) UNIVERSITY OF KENTUCKY MEDICAL CENTER													
10. CITY OR TOWN, STATE, AND ZIP CODE LEXINGTON, KY 40536													
11. BIRTHPLACE (City and State or Foreign Country) ATLANTA GEORGIA				12. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married but Separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown				13. SURVIVING SPOUSE (If wife, give name prior to first marriage)					
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life) (Do not use retired) HOUSEWIFE						15. KIND OF BUSINESS/INDUSTRY HOME							
17a. RESIDENCE - State KENTUCKY		17b. COUNTY FAYETTE		17c. CITY OR TOWN LEXINGTON		17d. STREET AND NUMBER 125 NICHOLASVILLE ROAD		17e. ZIP CODE 40504		17f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th -12th Grade, No Diploma <input checked="" type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit but No Degree <input type="checkbox"/> Associates Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)				19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)				20. DECEDENT'S RACE (Check one or more boxes to indicate what the decedent considered himself or herself to be.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)					
21. FATHER'S NAME (First, Middle, Last) LEROY BLACK				22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MINNIE CONLEY									
23a. INFORMANT'S NAME JAMES SMITH			23b. RELATIONSHIP TO DECEDENT SON			23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 125 NICHOLASVILLE ROAD, LEXINGTON KY 40504							
24. METHOD OF DISPOSITION (Check only one) <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)				25. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) LEXINGTON CEMETERY				26. LOCATION - City, Town, and State LEXINGTON KY					
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) TIM ROGERS				DATE SIGNED (MM/DD/YYYY) 12/13/2019		28. KY LICENSE NUMBER (of licensee) 5641		29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY KENTUCKY FUNERAL HOME 1010 HARRODSBURG ROAD LEXINGTON KY 40504					

Decedent's Cause of Death Information

30. DATE PRONOUNCED DEAD (MM/DD/YYYY) 12/12/2019		31. ACTUAL OR PRESUMED TIME OF DEATH 1520		32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. PART I. Enter the chain of events - disease, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) -> END STAGE LIVER FAILURE					Approximate Interval Between Onset and Death: YEAR
Sequentially list conditions, if any, leading to the cause listed on line a. b. HEPATITIS A					YEARS
Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST c. HEPATITIS A					
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I IV DRUG USE					34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined
35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. DATE OF INJURY (Month/Day/Year) (Spell Month)		40. TIME OF INJURY	
		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. DESCRIBE HOW INJURY OCCURRED				45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code)	
46. TO BE COMPLETED BY CERTIFIER To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated.					47. DATE CERTIFIED (MM/DD/YYYY) 12/23/2019
SIGNATURE ROGER REBOLD MD (Must Use Blue/Black Ink) (Electronic signature is legally acceptable pursuant to KRS 206.107 and KRS 206.110)				48. LICENSE NUMBER 45218	
49. TITLE OF CERTIFIER PHYSICIAN					
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) ROGER REBOLD MD, UKMC 800 ROSE STREET LEXINGTON KY 40536					
51. REGISTRAR'S SIGNATURE					52. DATE FILED (MM/DD/YYYY)

Completing the Death Certificate - Example 2

Decedent's Demographic Information

1a. DECEDENT'S LEGAL NAME (First, Middle, Last) (Include AKA's if any) JAMIE LYNN SMITH			1b. IF FEMALE, DECEDENT'S LAST NAME PRIOR TO FIRST MARRIAGE BLACK			2. SEX FEMALE			
3. ACTUAL OR PRESUMED DATE OF DEATH (Month/Day/Year) (Spell Month) DECEMBER 12 2019		4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - LAST BIRTHDAY (Year) Months Days 83		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (MM/DD/YYYY) 06/11/1936			7. COUNTY OF DEATH FAYETTE						
8. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Dead on Arrival OTHER: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)									
9. FACILITY NAME (If not institution, give street and number) UNIVERSITY OF KENTUCKY MEDICAL CENTER						10. CITY OR TOWN, STATE, AND ZIP CODE LEXINGTON, KY 40536			
11. BIRTHPLACE (City and State or Foreign Country) ATLANTA GEORGIA			12. MARITAL STATUS <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Married but Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown			13. SURVIVING SPOUSE (If wife, give name prior to first marriage)			
14. DECEDENT'S USUAL OCCUPATION (Kind of work done during most of working life) (Do not use retired) HOUSEWIFE			15. KIND OF BUSINESS/INDUSTRY HOME			16. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
17a. RESIDENCE - State KENTUCKY		17b. COUNTY FAYETTE		17c. CITY OR TOWN LEXINGTON		17d. STREET AND NUMBER 125 NICHOLASVILLE ROAD		17e. ZIP CODE 40504	
						17f. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th Grade or Less <input type="checkbox"/> 9th -12th Grade, No Diploma <input checked="" type="checkbox"/> High School Graduate or GED Completed <input type="checkbox"/> Some College Credit but No Degree <input type="checkbox"/> Associates Degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's Degree (e.g., BA, BS) <input type="checkbox"/> Master's Degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional Degree (e.g., MD, DDS, DVM, LLB, JD)			19. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)			20. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Samoan <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Other (Specify)			
21. FATHER'S NAME (First, Middle, Last) LEROY BLACK			22. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) MINNIE CONLEY						
23a. INFORMANT'S NAME JAMES SMITH		23b. RELATIONSHIP TO DECEDENT SON		23c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 125 NICHOLASVILLE ROAD, LEXINGTON KY 40504					
24. METHOD OF DISPOSITION (Check only one) <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)			25. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other place) LEXINGTON CEMETERY			26. LOCATION - City, Town, and State LEXINGTON KY			
27. SIGNATURE OF FUNERAL SERVICE LICENSEE (Or person acting as such) TIM ROGERS			DATE SIGNED (MM/DD/YYYY) 12/13/2019		28. KY LICENSE NUMBER (of licensee) 5641		29. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY KENTUCKY FUNERAL HOME 1010 HARRODSBURG ROAD LEXINGTON KY 40504		

Decedent's Cause of Death Information

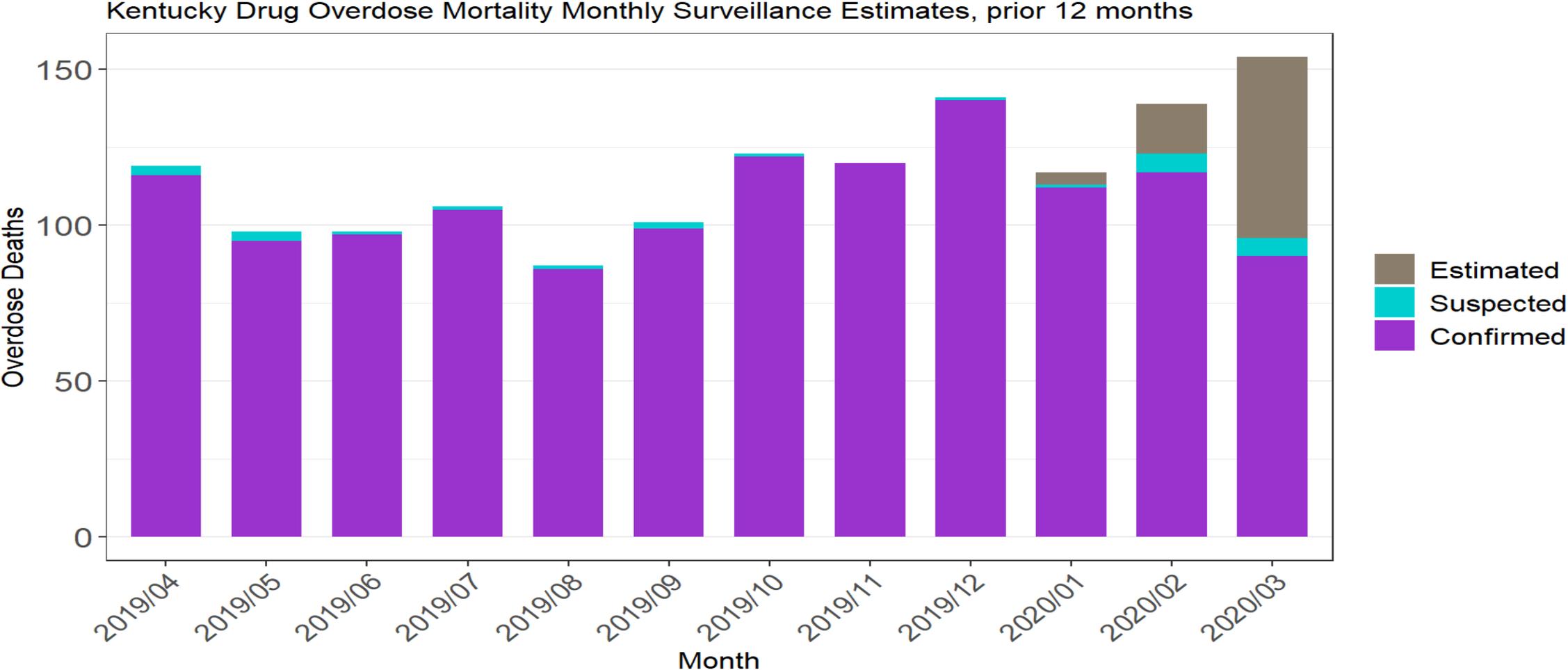
30. DATE PRONOUNCED DEAD (MM/DD/YYYY) 12/12/2019		31. ACTUAL OR PRESUMED TIME OF DEATH 1520		32. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33. PART I. Enter the chain of events - diseases, injuries, or complications - that caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator failure(s) WITHOUT showing the etiology. DO NOT ABBREVIATE. Enter only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) -> PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF) INFLUENZA DUE TO (OR AS A CONSEQUENCE OF) Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST COPD DUE TO (OR AS A CONSEQUENCE OF)					Approximate Interval Between Onset and Death DAYS
PART II. Enter other significant conditions contributing to death, but not resulting in the underlying cause given in Part I. COPD					34. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined
35. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. IF FEMALE <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death	
36. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		39. DATE OF INJURY (Month/Day/Year) (Spell Month)		40. TIME OF INJURY	
		41. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	
44. DESCRIBE HOW INJURY OCCURRED					45. LOCATION OF INJURY (Street and Number, City or Town, State, Zip Code)
46. TO BE COMPLETED BY CERTIFIER To the best of my knowledge, death occurred at the time, date, and place, and due to cause(s) and manner stated. SIGNATURE ROGER REBOLD MD (Must Use Blue/Black Ink) (Electronic signature is legally acceptable pursuant to KRS 306.107 and KRS 306.110)					47. DATE CERTIFIED (MM/DD/YYYY) 12/23/2019
					48. LICENSE NUMBER 45218
					49. TITLE OF CERTIFIER PHYSICIAN
50. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (ITEM 33) ROGER REBOLD MD, UKMC 800 ROSE STREET LEXINGTON KY 40536					
51. REGISTRAR'S SIGNATURE					52. DATE FILED (MM/DD/YYYY)

Additional Requested Data



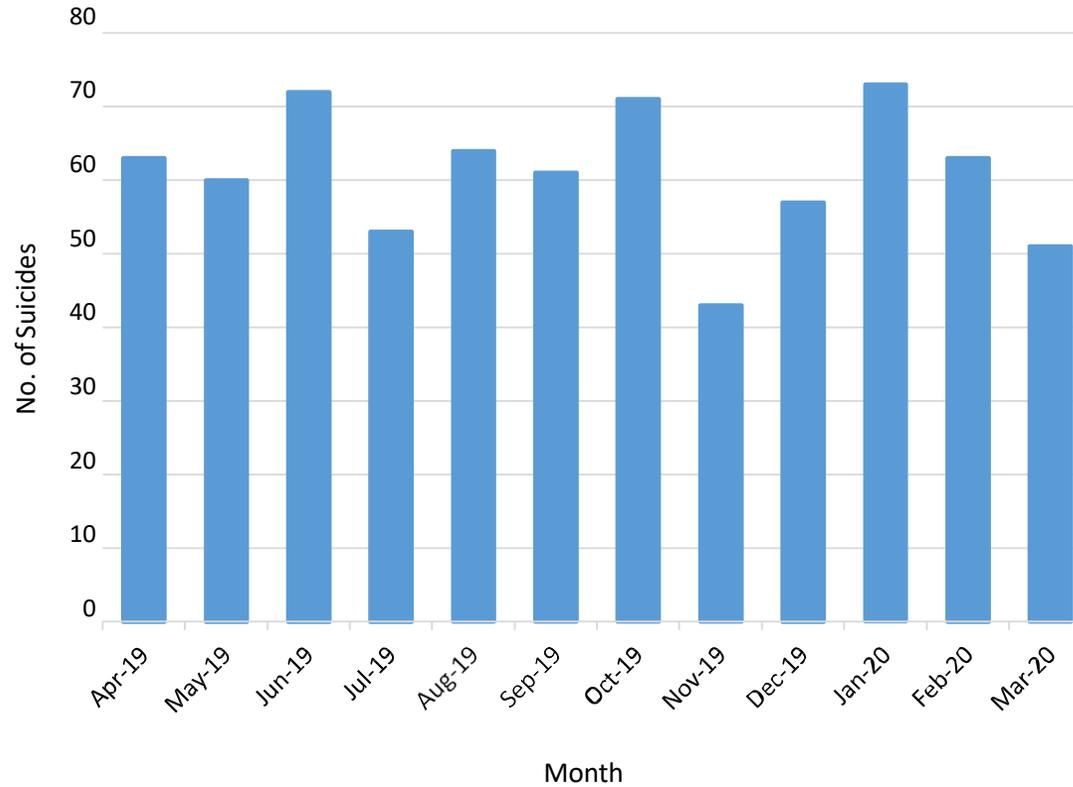
Kentucky Public Health
Prevent. Promote. Protect.

Fatal Overdose by Month



Produced by the Kentucky Injury Prevention and Research Center as bona fide agent for the Kentucky Department for Public Health. May 2020.

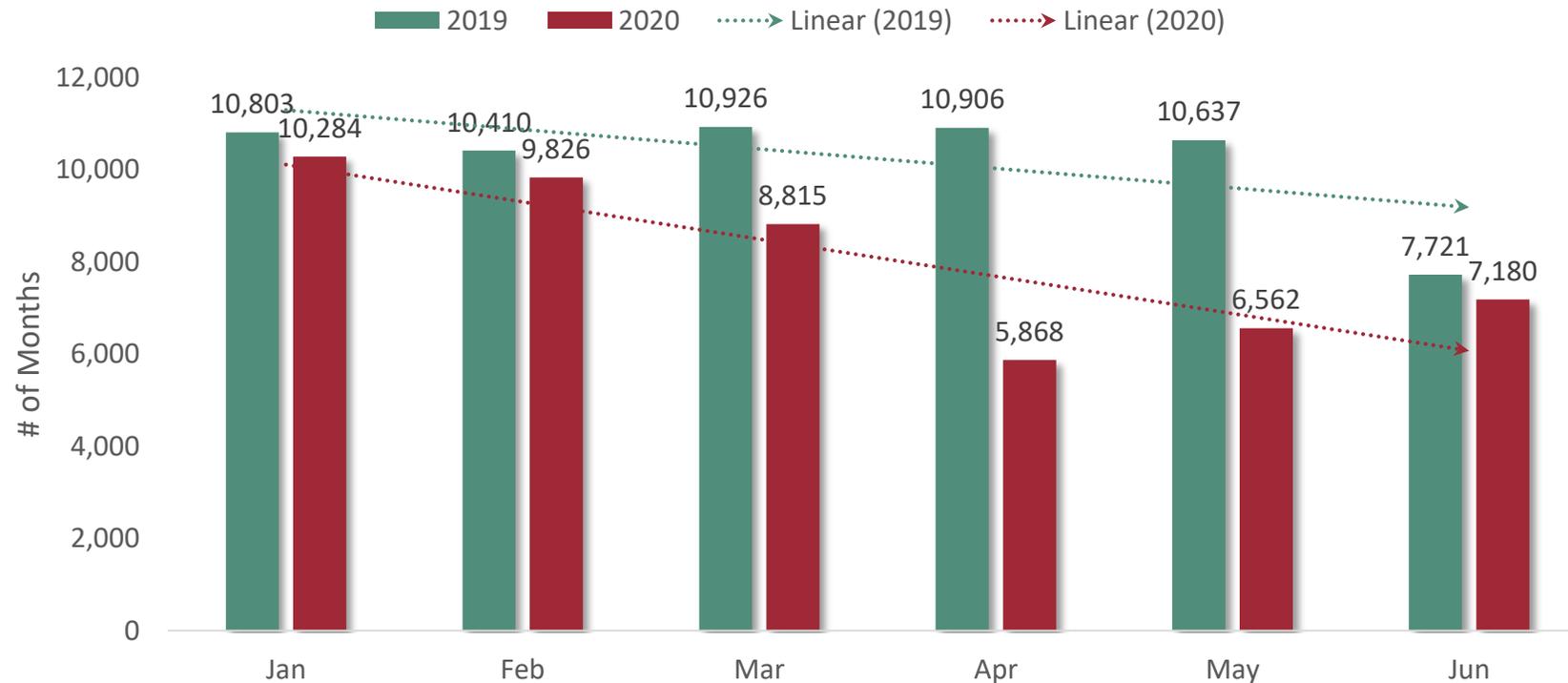
Number of Suicides among Kentucky Residents by Month,
April 2019–March 2020



Produced by the Kentucky Injury Prevention and Research Center as bona fide agent for the Kentucky Department for Public Health. July 2020.

Data Source: Kentucky Violent Death Reporting System (KVDRS). The KVDRS is supported by cooperative agreement 19NU17CE924933-01 from the Centers for Disease Control and Prevention; this publication is solely the responsibility of the authors and does not necessarily represent the official views of the CDC. Data from 2009– 2020 are provisional and subject to change. Data for 2020 was pulled on 7/14/2020.

CHFS Department for Community Based Services Intakes w/Allegations of Child Abuse and/or Neglect January – June 2019 vs. 2020



Note: Data provided by DCBS. Included in the presentation as requested by IJC on Health, Welfare and Family Services.

Thank you!



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