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**House Concurrent Resolution 3007**
**Human Services**
**January 19, 2021, 10:30 a.m.**

Good morning, Chairman Weisz and members of the House Human Services Committee. My name is Kirby Kruger, and I am the Section Chief for the Disease Control and Forensic Pathology Section with the North Dakota Department of Health (NDDoH). I am here to provide testimony in opposition to HCR 3007 pertaining to ending the state of emergency for the COVID-19 Response.

This is third time a newly recognized coronavirus that causes human disease has emerged in our world since 2002. The first being SARS in 2002 and the second being MERS in 2012. The third being the SARS-CoV-2 virus, the virus that causes COVID-19, that emerged in southeast Asia late in 2019. China announced the initial cluster of cases on January 31, 2019. On January 19, 2020, Washington State announced the United States' first reported case. On March 11, the North Dakota Department of Health received our first report of COVID-19 in a person with recent domestic travel.

Since that first case in March of 2020, nearly 100,000 cases have been reported in our state with over 3,700 hospitalizations and 1,384 deaths. Our peak in cases occurred on November 13 with 2,278 cases being reported on that single day. Daily cases have decreased from our peak, as has our test positivy rate, which was 3.6% on January 18, 2021. These statistics need to be interpreted within the context of declining testing in our state. Even with the declining cases and the declining positivy, the NDDoH remains vigiliant, cautious and concerned about removing the declared emergency too soon. These concerns focus mainly on unpredictable nature of this virus and this pandemic.

The ability for this virus to mutate has been demonstrated and there are at least three mutations of concern. These variants are more infectious, facilitating increased transmission. These variants have not been shown to cause more severe disease, however, the increase in cases can lead to increased deaths and hospitalizations. There is evidence emerging that monoclonal antibody therapy with these new variants may not be effective.

Also of concern is the fact that North Dakota is in the middle of influenza season. Fortunately, reported cases of influenza have been low. However, influenza seasons remains unpredictable and a late season that peaks in February or March can occur. Influenza, like COVID, also has the ability to stretch the capacity of our health care system. If COVID-19 cases were to increase as influenza increases, this could quickly overwhelm our health care systems.

Key to our response has been and will continue to be the ability to test large numbers of people in North Dakota and to conduct cases investigations and contact tracing in a timely manner. This was made possible with increased staffing, increased laboratory capacity, and assistance from the North Dakota National Guard.

No single mitigation is one hundred percent effective. However the more mitgation strategies implemented the more we can reduce the risk of further virus transmission. These mitigations include:

- Vaccination
- Testing, isolation and quarantine
- Wearing face coverings
- Social distancing and avoiding larger gatherings
- Good hand and respiratory hygiene
- Staying home when ill

These mitigations, in order to be effective, require our North Dakota residents to actively engage in these activities. In doing so they reduce the risk for infection, not just for themselves, but for others as well.

In conclusion, this is still a new virus that is still evolving and which we are still learning much about. The unknowns associated with new variants and the inability to accurately predict transmission in our population warrant a cautious approach and maintaining the ability to rapidly respond to increasing cases or increasing severity of disease. For these reasons we recommend a do not pass on HCR 3007 from the committee.

I would be happy to answer questions at this time.