

2019 Novel Coronavirus (2019-nCoV)

Thank you for joining us.
The webinar will begin shortly.

Feb. 28, 2020



Indiana State
Department of Health

COVID-19

Health Care Provider Webinar

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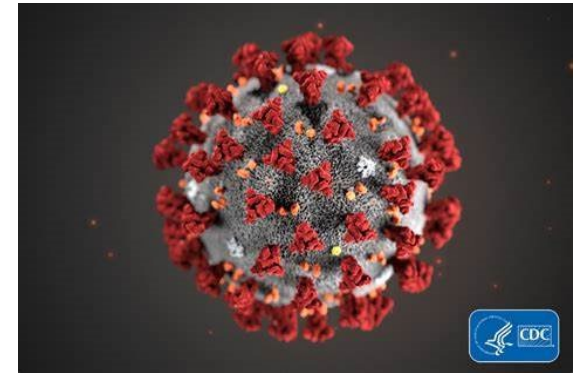


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2019 Novel Coronavirus

(COVID-19)

- No confirmed cases of COVID-19 in Indiana
- Reports of more than 83,000 cases with more than 2,800 deaths worldwide affecting about 50 countries
- 15 confirmed domestic cases in the US
- 12 travel-related and two person-to-person through close contacts, and now one of unknown origin



2019 Novel Coronavirus

(COVID-19)

- CDC still reports the immediate health risk is low
- Discussion moved from containment to mitigation
- All states have been advised to review pandemic influenza plans. Many of you will remember 2009.
- CDC has more than 23 guidance documents on supply planning, PPE, ample info on healthcare professionals tab for preparedness and optimizing PPE
- Also guidance issued for supporting communities, businesses and schools

COVID-19 Travel Update

Current travel alerts

- CDC Level 3 Alert: Avoid Non-Essential Travel
 - China and South Korea
- CDC Level 2 Alert: Practice Enhanced Precautions-Older adults and those with chronic medical conditions
 - Japan, Iran, Italy
- CDC Level 1 watch to Practice Usual Precautions
 - Hong Kong
- Anyone who travels abroad understand they could be subject to quarantine upon return if the situation changes.

Clinicians' Goals

1. Take the absolute best care of Hoosiers; today and every day
2. Take care of and protect our health care team
3. Properly prepare and plan to do Nos. 1 and 2
4. Be a resource to our patients and our community

What Health Care Personnel Should Know

- Transmission
- Preparation and protection
- Screening of potential patients
- Evaluation and treatment of potential patients
- Disposition of patients and recommendations
- Hospital and clinic preparedness

COVID-19: Transmission

- Person-to-person
- Respiratory droplets
- Close contact- approximately 6 feet for prolonged period of time
- Direct contact with infectious secretions from an infected patient
 - (may include sputum, serum, blood and respiratory droplets)
- Incubation period is ~ 5 (2-14 days)
- One person can infect 2-3 people

Preparation

Ensure there is a process to properly triage and screen patients

- Post signs reminding patients to put on a mask if they have fever and respiratory symptoms
- Have surgical masks and hand sanitizer available
- Post signs to remind patients to alert HCP immediately if they have risk factors for COVID-19 infection (fever, respiratory symptoms, travel)
- Educate patients and their visitors on proper hand hygiene and cough etiquette

Protection

- Use recommended PPE when caring for a confirmed or suspected patient infected with COVID-19
 - N95 mask or equivalent
 - Isolation gown
 - Gloves
 - Face shield or goggles
- Perform hand hygiene with alcohol-based hand rub or 20 seconds of washing with soap
 - Before and after each patient encounter
 - Contact with potentially infectious material
 - Before putting on and after taking off PPE
 - Before and after you eat
 - Before and after you touch your face

Further Reduce Risk

- Place a mask on the patient
- Place patient in an AIIR (Airborne Infection Isolation Room) if available
 - If not available, place patient in a single patient room or at least 6 feet from other patients
- Perform aerosol-generating procedures (sputum collection, suctioning) in an AIIR while using PPE
 - Limit the number of HCP in the room during these procedures

Screening PUI guidance

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas ⁵ within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization ⁴ and without alternative explanatory diagnosis (e.g., influenza) ⁶	AND	No source of exposure has been identified

Affected Geographic Areas with Widespread or Sustained Community Transmission

Last updated February 26, 2020

- China
- Iran
- Italy
- Japan
- South Korea

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Healthcare Worker Exposure

- Testing may be considered if there has been exposure to a person with suspected COVID-19 without lab confirmation
- Close contact is defined as —
 - a) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
 - *or* –
 - b) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)
- If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Laboratory Testing

- If the decision is made, in conjunction with ISDH, to test a patient for COVID-19 then collect:
 - Upper Respiratory: NP and OP viral swabs
 - Lower Respiratory: sputum (if the patient can produce it), BAL, or tracheal aspirate
 - Serum: one 5-10 mL SST
 - Stool and urine to collect and store
- ISDH will begin testing early next week.

If a PUI is Identified

Health care provider contacts LHD or ISDH/LHD contacts other agency

ISDH verifies with LHD and provider that PUI criteria are met

Make arrangements for medical evaluation and testing

Use appropriate infection control when transporting and meeting PUI at facility

Collect specimens and admit if necessary

Make arrangements with ISDH for testing at CDC or ISDH Lab

Work-up and Treatment

- Normal management:
 - blood work
 - urine
 - influenza or other respiratory illness testing as indicated
- Imaging such as chest X-ray and/or CT of the chest as warranted
- Symptomatic and supportive treatment
- Steroids are not recommended
- Antiviral treatment is in testing but not recommended currently
- Patients at risk for severe illness based on current reports are older with comorbidities or immunocompromised

COVID-19 Clinical Presentation

- Incubation period is estimated to be ~5 days
 - (95% confidence interval, 4-7 days)
 - Some studies suggest a range of 2-14 days
- Fever (83-98%), cough (46-82%), myalgia or fatigue (11-44%) and shortness of breath (31%)
 - Sputum production, headache, hemoptysis, and diarrhea
- Diarrhea and nausea prior to developing respiratory symptoms
- Fever may be prolonged or intermittent
- Some reports of asymptomatic patients

Clinical Course

- Presentation varies from asymptomatic to severe or fatal
 - 80% have mild disease, 14% severe, 5% critical and 1-2% mortality
- Reports suggest potential for clinical deterioration during the second week of illness
 - Dyspnea a median of 8 days
 - Admission with pneumonia on day 9
- Older patients with chronic medical conditions seem to be at higher risk of clinical deterioration

Severe Illness Clinical Picture

- Of hospitalized patients
 - 17-29% developed ARDS (acute respiratory distress syndrome)
 - 23-32% required ICU level of support
 - Reported complications include secondary infection, acute cardiac injury, arrhythmia, shock, and acute kidney injury

Special Populations

- Children: no evidence that they are particularly at risk
 - Limited reports on children describe cold-like symptoms and severe complications rare
- Pregnant women: no published information about susceptibility for pregnant
 - Pregnant women experience immunologic and physiologic changes that make them more susceptible to viruses
 - Still unknown if vertical transmission is possible

Patient Disposition Recommendations

- Majority of patients are well (80%)
 - Plan for discharge with instructions to the patient and care givers on self quarantine, hand hygiene, cough etiquette, and social distancing (specifically from people at higher risk)
 - Give the patient a mask(s) to use in home
 - Include instructions on latent (5-14 day) onset of severe symptoms
 - When to return to the hospital and instructions to call ahead if they are able

Home Disposition Education

- Stay home except to get medical care
- Separate yourself from other people and animals in your home
- Call ahead before visiting your doctor
- Wear a facemask
- Cover your coughs and sneezes
- Clean your hands often
- Avoid sharing personal household items
- Clean all “high-touch” surfaces everyday
- Monitor your symptoms

Discontinuing Home Isolation

- Resolution of fever, without use of antipyretic medication
- Improvement in illness signs and symptoms
- Negative NP and OP results from at least two consecutive sets collected ≥ 24 hours apart
- Subject to change

Community Care Recommendations

- Provide information for the worried well
- Provide information for care takers
 - Social distancing, when patients should seek care, educate on hand hygiene
- Determine if the patient has access to food and other necessities if asked to remain at home
- Recognize and respond to social determinants of health

Additional Considerations

- Emergency Medicine:
 - Consider alternative triage techniques to separate suspected patients (wait in car)
 - Communicate plans with your EMS providers
- Office Based Physicians:
 - Communicate to staff updates on COVID-19
 - Provide reliable sources of information
 - Educate staff on NPIs (non-pharmaceutical interventions)
 - Hand hygiene
 - Cough etiquette
 - Sick leave policies
 - Educate schedulers and front office to ask pertinent questions
 - Recommendations for absenteeism, plan for reduced work force
 - Telework opportunities
 - Social distancing of at least 6 feet

Additional Considerations

- Providers who work in Rehab, LTACs or other facilities
 - Communicate to staff updates on COVID-19
 - Provide reliable sources of information
 - Restrict to necessary visitors and screen for symptoms
 - Educate on proper protection of HCP, hand hygiene, cough etiquette, social distancing, and cleaning techniques

Monitoring and Managing HCP

- Healthcare facilities should have a low threshold for evaluating symptoms of their HCP
- Find out your point person/number for HCP to contact should they have a potential exposure or develop symptoms
- Understand current CDC recommendations for monitoring and work restrictions based on level of exposure
- Know your facilities plan on how to evaluate symptomatic HCP

PPE Conservation

- Appropriate to follow PPE conservation recommendations starting now
 - Specifically N95, but may consider others as well
- Minimize number of HCP who need to use the N95
 - Limit number of patients going to hospital or outpatient care
 - Exclude HCP not directly involved in patient care (dietary and environmental services)
 - Limit face to face encounters and bundle necessary interactions
 - Exclude visitors
 - Telemedicine
 - Cohort patients
- Use alternatives where feasible
- May need to implement extended use and limited reuse

If COVID-19 Becomes Widespread: Additional Considerations

- Closing community areas of your hospital or work place
 - Gift shops, large eating areas
- Postponing elective surgeries
- Postponing large events or meetings
- Plan for monitoring and caring for your HCP
 - Monitoring for symptoms/fevers prior to starting shift

What You Can Do Now

- Work with your hospital and local emergency preparedness personnel
- Ensure a member of your hospital has responded to the ISDH capacity survey
- Refresh on proper use of PPE
- Practice and educate your team on proper hand hygiene, cough etiquette, and social distancing
- Educate on proper resources for up-to-date information for your family, friends and colleagues
- Sign up for IHAN alerts at ihan-in.org/

ISDH Contacts

- ISDH Incident Command System activated
- Call center established at 317-233-7125 or 317-233-1325 (after hours)
- Latest information at www.in.gov/isdh
- Email questions to epiresource@isdh.in.gov

Questions?

The chat box is just below the video. To post a comment or question you will be prompted to first enter your name.

After providing this information the field will be enabled.



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Contact Information

Epidemiology Resource Center

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