



**Thank you for joining our COVID-19 response webinar.
We will begin in a few minutes.**

In the meantime, please your mute your phonelines.



COVID-19 Provider Webinar

Patsy Kelso, PhD – State Epidemiologist

Julia Brennan, APN, MPH – Epidemiologist

February 21, 2020

Logistics

Please make sure your line is muted

Do not put the call on hold

If you are having connection issues, try hanging up and calling back in

We have set aside time Q&A at the end - submit questions through the chat box

Slides will be available online following this call

Objectives

Background on COVID-19

International and national outbreak response

Health care provider role

- Identify

- Isolate

- Inform

Monitoring health care personnel

Testing for COVID-19

Treatment and management

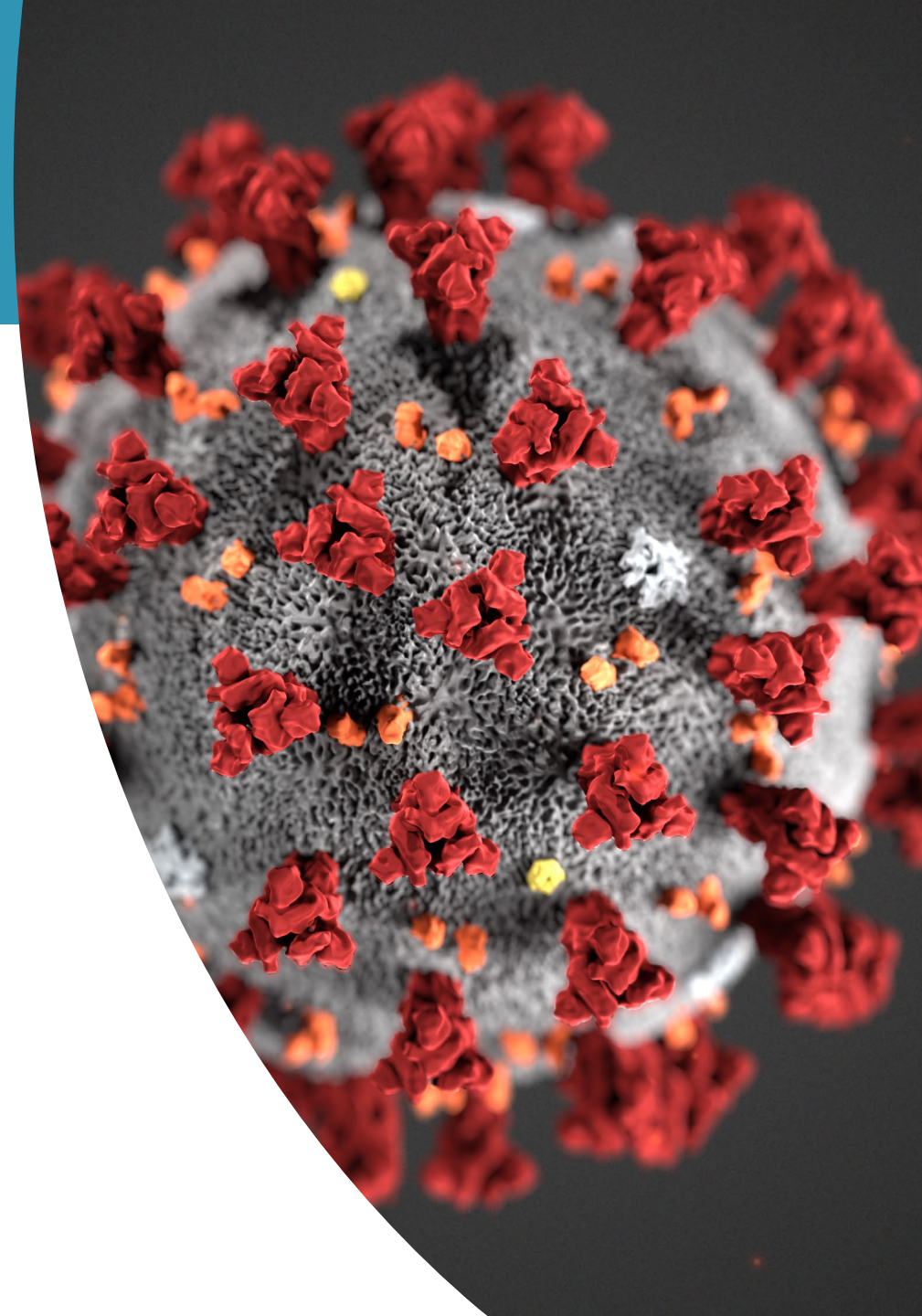
Coronaviruses

Can cause the common cold

Strains that evolved from animal infections and now infect humans

MERS-CoV, SARS-CoV, and SARS-CoV-2

These strains cause MERS, SARS, and COVID-19



What we've learned about COVID-19 infections so far:

Infections vary from asymptomatic to severe (~20% severe)

Greater risk of severe disease among immunocompromised, older adults, and individuals with comorbidities

Most common symptoms at onset:

- fever (83%–98%)

- cough (46%–82%)

- myalgia & fatigue (11%–44%)

- shortness of breath (31%)

Transmission: person-to-person via respiratory droplets

Coronavirus testing with a PCR panels has NO cross reactivity with COVID-19

What we are still learning:

Incubation period: average 4–7 days, may range up to 14 days

Infectiousness unknown

- Pre-symptomatic

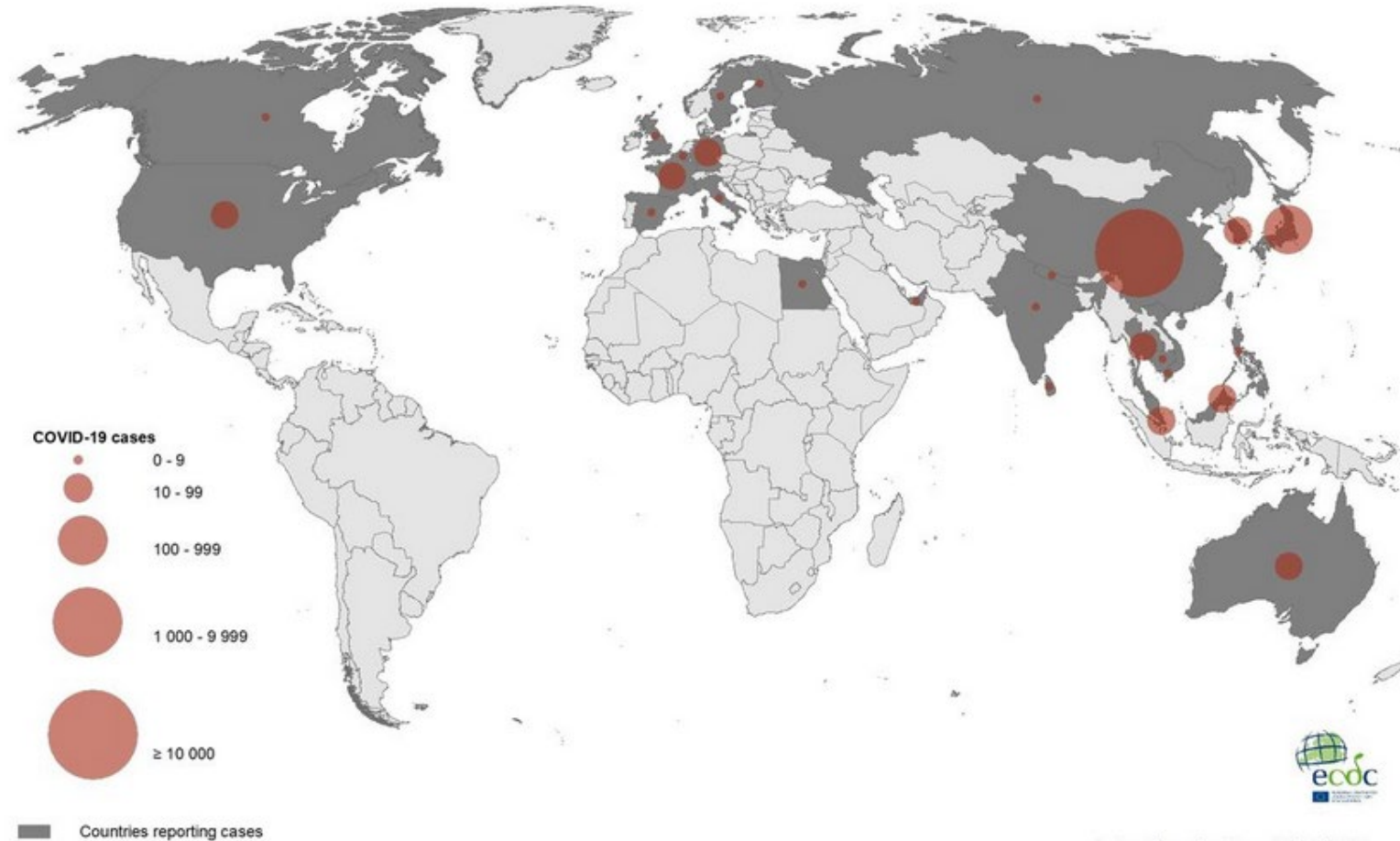
- Post illness

- Asymptomatic infections

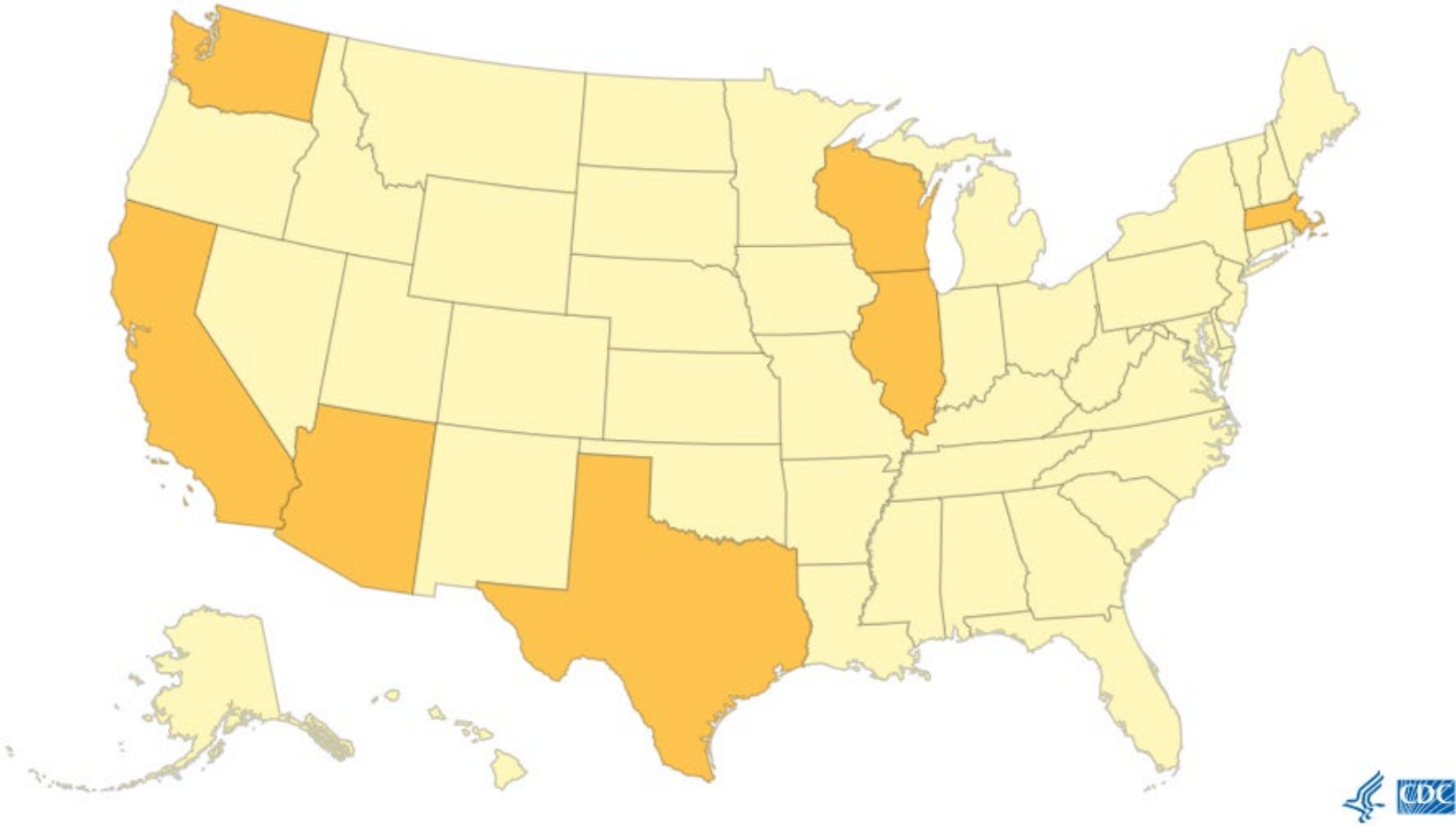
Transmissibility: R_0 estimated between 1.5–3.6

Severity: ~20% severe illness and ~2% fatal

Global Situation

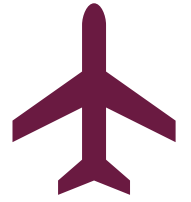


There is no community-based transmission in the United States.



Risk Assessment and Monitoring Response

U.S. has restricted entry of people who have been in China in the last 14 days



All flights from China are limited to 11 airports

Incoming travelers are undergoing enhanced health screenings



Evacuees from highest risk areas are going to U.S. military bases

CDC notifies the Health Department of travelers returning to Vermont
The Health Department uses CDC risk assessment tools to determine monitoring needed



Public Health and Health Care Providers Role in COVID-19 Response

Collaboration needed during the COVID-19 response

Health care providers are the frontline response team for identifying and treating patients

Public health working to limit additional spread

Recommendations for Health Care Settings



Identify



Isolate



Inform

Identify

Ask everyone with respiratory symptoms about:

- Contact with a person with a possible COVID-19 infection

- Travel to areas with COVID-19 – China highest risk

Instruct all patients with respiratory symptoms to wear a face mask at triage

Use CDC Person Under Investigation (PUI) guidance to evaluate patients

Current PUI Criteria

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, who has had close contact ² with a laboratory-confirmed ^{3,4} 2019-nCoV patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province, China ⁵ 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 ⁴	AND	A history of travel from mainland China ⁵ within 14 days of symptom onset

Make it easy for patients to practice respiratory hygiene.

Alcohol based hand sanitizer

Tissues

Masks

Posters or visual aids

Practice coughing etiquette and hand hygiene

Refer patients with questions to:

Visit: www.healthvermont.gov/COVID-19

Call: 2-1-1

Isolate

All suspect COVID-19 patients should be placed in an AIIR

If AIIR unavailable, have patient wear a mask and isolate in private room with door closed

All staff entering room should wear all recommended PPE

PPE and Infection Prevention

Eye protection (goggles or face shield)

Standard precautions

Contact precautions (gown, gloves)

Airborne precautions (fit-tested N95 or PAPR)

Use dedicated equipment for confirmed cases

Dispose OR clean and disinfect per manufacturer's instructions

Limit staff entering room and keep log

Inform

Immediately:

Alert your infection preventionist **and** call the Health Department for:

PUI

Suspected COVID-19 infection

Contact with a possible COVID-19 infection

Infection Prevention and Preparedness Recommendations

Create a plan to track and monitor all staff who interacted with people with confirmed COVID-19 infections

Monitor PPE stock and create a plan to optimize the use of PPE at your facility

- Exclude HCP not directly involved in patient care

- Limit face to face interactions with patients

- Strategic N95 fit testing

Identify airborne isolation rooms or plan for transferring if appropriate

Communicate plans with staff so all staff are familiar and prepared

Monitoring Health Care Providers

Facilities will need to track all HCPs with direct contact to a PUI with pending lab results or a confirmed case

All HCPs who had direct contact with a confirmed case or their infectious secretions will need to be tracked for 14 days

Even if all PPE recommendations are followed, HCPs will still need to be monitored

Your IP will work with VDH to ensure proper monitoring and tracking for HCPs

Treating a Person Being Monitored

Travelers undergoing monitoring have been instructed to

- Call their provider before seeking healthcare

- Wear a mask when presenting for care

If evaluated for respiratory illness, all infection prevention recommendations for COVID-19 should be followed

If symptoms unrelated to respiratory illness, PPE use should be guided by that health concern

Testing PUI for the Virus that Causes COVID-19

Real-time RT-PCR testing at CDC (through Health Department Lab)

Testing at VDH Lab in the future

Collect upper and lower respiratory specimens

Collect specimens as soon as possible once PUI is identified, regardless of symptom onset or other respiratory test results

Wear all recommended PPE when collecting specimens

If recommended PPE is not available, patient should be transferred for testing

Outpatient Management or Hospitalization

Treatment and evaluation should happen in an AIIR with all recommended PPE

If a PUI is stable enough for outpatient management, watch closely for clinical deterioration

Risk factors for deterioration include older age, comorbid conditions and immunocompromising conditions

Before deciding on outpatient management, please consult with the Health Department

If a patient requires hospitalization, they should be in an AIIR

If AIIR unavailable, transfer to another facility

Clinical Course

Severity ranging from mild to severe respiratory illness

Clinical deterioration may be more likely during the second week of illness

20%–30% of hospitalized cases with pneumonia required intensive care for respiratory support

4%–15% of hospitalized cases with pneumonia have been fatal

Laboratory and Radiology Findings

Common laboratory findings:

Leukopenia

Leukocytosis

Lymphopenia

Elevated ALT and AST

Normal procalcitonin levels

Chest CT:

Bilateral findings

Multiple areas of consolidation

Ground glass opacities

Treatment Recommendations

No recommended antiviral treatments for COVID-19
Supportive care for management of complications

Corticosteroids should only be used if indicated for other reasons

Discontinuing Precautions

Case-by-case, in consultation with the Health Department

Resources

Call the Health Department 24/7 at 802-863-7240

More resources at:

www.healthvermont.gov/covid-19

www.cdc.gov/covid19

[Immunization and Infectious Disease Conference](#)

April 7, 2020 in Burlington

Health Alerts (HAN) vthan@vermont.gov



Thank you

Catherine Knott, MPH, Vector-borne and Zoonotic Disease Epidemiologist
Infectious Disease Epidemiology Program
Vermont Department of Health



2 Participants

Request Control

Actual Size

Q&A Session

Please write your questions in the chat box.



← Click the chat box button to open the chat





Thank you!

Still have questions?

Email: AHS.VDHPublicCommunication@vermont.gov

Visit: www.healthvermont.gov/COVID-19

Call: 802-863-7240