DISCLAIMER

- These slides are shared as a resource for healthcare providers on 3/13/20, but please note that all information is subject to change at any given point.
- For most updated guidance, resources, and recommendations, please see the LACDPH COVID-19 website:
- And join LAHAN, the Los Angeles County Health Alert Network
  - Visit: www.publichealth.lacounty.gov/lahan
  - Text: the word ‘LAHAN’ to 66866

Clinical Update: Coronavirus Disease 2019
March 13, 2020

Disclosures

There is no commercial support for today’s webinar

Neither the speakers nor planners for today’s webinar have disclosed any financial interests related to the content of the meeting

Clinical Update II Coronavirus Disease 2019

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Overview of Presentation

- Current COVID-19 situation
- Update clinical characteristics
- Local recommendations for COVID-19 diagnostic testing
- Infection Control Update
- HCW exposure management
- Pandemic surge planning
Coronavirus COVID-19 Global Cases by WHO

- 118,326 total cases
- 80,955 confirmed cases in China
- 37,371 cases outside China


COVID-19 spread outside China

Country | Confirmed Cases
--- | ---
South Korea | 7,755
Italy | 10,149
Iran | 8,042
Japan | 588
France | 1,774
US | 1,670
Germany | 1,296

COVID-19 Infections outside China

LA County 3/12/20
- First case in LAC identified January 22
- 32 cases in LAC to date
  - 1 death
  - 4 community transmission

California 3/11/20
- 198 Positive cases
  - 4 deaths
  - 44 community transmission

Current data on COVID-19: Infectiousness

- Probably about as infectious as SARS
  - $R_0$ estimates: 2.2-4.4
- More infectious than influenza
  - $R_0$ estimates pandemic flu: 1.5-1.8
  - $R_0$ estimate for seasonal flu: 1.3
  - Biggarstaff et al. BMC ID. 2014
- $R_0$ estimates for COVID-19:
  - 2.2 (95% CI: 1.4-3.9)
  - Early disease reporting data (Li et al. NEJM. 2020)
  - 2.34 (95% CI: 1.96-2.55)
  - When assuming 8-fold increase in reporting rate
  - 3.58 (95% CI: 2.89-4.39)
  - When assuming 2-fold increase in reporting rate
  - 2.8-3.3
  - Modeling paper using data before 1/06 in China (Zhou et al. Journal of Evidence Based Medicine. 2020)

Current data on COVID-19: Incubation Period

- Most likely 2-14 days (CDC)
  - 5.1 days
  - Chan et al. Lancet. 2020
  - 5.2 days (95% CI: 4.1-7.0)
  - Li et al. NEJM. 2020
- Similar to SARS, which was 6.4 days (5.2-7.7 days)
  - Donnelly et al. Lancet. 2003
  - Serial interval (onset-to-onset): 7.5 days (95% CI: 5.3-19 days)
  - Li et al. NEJM. 2020

Li et al. Early Transmission Dynamics in Wuhan, China of Novel Coronavirus-Infected Pneumonia. NEJM. 2020
Current data on COVID-19: Severity

- Case Fatality Rate: between 2-4% in Hubei province
  - Lower than SARS (9-10%) or MERS (~34%)
  - Higher than seasonal influenza (0.1%-0.2% among symptomatic cases)
  - Possibly similar to 1918 pandemic influenza (2-3%)
    - Studenboger et al. EID. 2006

- Study of 72,000 COVID-19 cases in China; of ~45K (62%) lab-confirmed:
  - 2.3% fatal (Severity: 81% mild disease; 14% severe disease; 5% critically ill)
  - Fatality higher among those with preexisting conditions: 10.5% CVD; 7.3% DM; 6.3% chronic respiratory disease; 6% HTN; 5.6% cancer
  - Fatality higher among older: 14.8% among ≥80y, 8% among 70-79y
  - Age: Only 2% of cases were <20 years of age
  - HCW: 3.8% of confirmed cases, including 5 deaths

Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study

- 191 patients admitted to 2 hospitals in Wuhan
  - Included all inpatients through Jan 31, 2020
    - 135 survived
    - 56 died

<table>
<thead>
<tr>
<th>Factors Associated with Mortality</th>
<th>Adjusted OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (1 year increase)</td>
<td>1.10</td>
<td>1.03-1.17</td>
</tr>
<tr>
<td>SOFA score</td>
<td>5.65</td>
<td>2.61-12.23</td>
</tr>
<tr>
<td>D-Dimer (≥ vs &lt;0.5 mcg/L)</td>
<td>18.42</td>
<td>2.64-128.55</td>
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COVID-19 Radiographic Features

- Limited versus widespread community transmission
- Where to test?
  - LA County Public Health Laboratory (PHL)
  - Commercial clinical laboratory
- Current testing capacity
  - Shortage of reagents for testing
Current Situation: Limited Community Transmission

• Test if indicated by exposure history
  – Close contact to a confirmed case
  – History of travel to a region with ongoing transmission
• Test if no alternative diagnosis (e.g. negative molecular respiratory panel)
  – Coinfections are less likely
• Test healthcare workers and in healthcare settings
  – Inform infection control and outbreak response
• Potentially lower yield in absence of exposure or clinically compatible symptoms

Criteria for Sending Specimen to PHL

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>Epidemiologic Risk Factors</th>
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<tbody>
<tr>
<td>Fever and symptoms of lower respiratory disease (e.g., cough, shortness of breath)</td>
<td>Any person including healthcare workers who is in the last 14 days before symptom onset had close contact with a confirmed case in the last 14 days</td>
</tr>
<tr>
<td>Fever and symptoms of lower respiratory disease (e.g., cough, shortness of breath)</td>
<td>Any healthcare worker without an alternative diagnosis (e.g., negative molecular respiratory panel)</td>
</tr>
<tr>
<td>Fever and symptoms of a community-acquired lower respiratory disease (e.g., cough or shortness of breath) requiring hospitalization</td>
<td>A history of travel from affected geographic areas in the last 14 days, or symptoms consistent with COVID-19</td>
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• Turnaround time ~2 business days (depending on volume and capacity)

Recommended for Testing at a Commercial Laboratory

Patients with fever and cough or shortness of breath not requiring hospitalization who have:
• History of travel from affected geographic areas (domestic or international) within 14 days of their symptom onset.
• Other exposure risk as indicated by the patient's history and clinical judgement (and who do not have an alternative diagnosis (e.g., negative rapid influenza test).

• Turnaround time ~3-4 days
• Slightly longer time to get result unlikely to change management for these patients

COVID-19 Diagnostic Testing Can Be Done in Ambulatory Setting!

• Do not send to an ER for sole purpose of specimen collection
  – Unnecessary exposure of other patients and staff
• Follow recommended infection control procedures
• Review the DPH Provider Checklist for instructions on specimen collection
• Have a plan for specimen shipping and handling

Check list available at: http://publichealth.lacounty.gov/acd/n-corona2019/index.htm

Future Situation: Widespread Community Transmission

• Consider not testing people with mild illness and without risk factors for severe disease
  – Will not change clinical management
  – Provide routine home care instructions for mild viral respiratory illness

Other Considerations for Testing

• Patients should be presumed infectious
• Healthcare workers who care for a patient with suspected COVID-19 advised to self-monitor for symptoms
  – Regardless of specimen collection
• Patients advised to self-isolate pending a negative test result
• Additional resources available on DPH provider website
LACDPH follows CDC, WHO guidance and recommends the following for **routine care** of suspect or confirmed COVID-19:

- Standard precautions
- Droplet precautions
- Contact precautions
- Eye protection

**Airborne infection isolation room**

**Healthcare worker monitoring**

- CDC guidance from 3/7/20 update¹
- LACDPH companion document²

- All HCP should self-monitor for possible symptoms of COVID-19 2x per day, before work
- If HCP have symptoms, they should stay home from work.
- Healthcare facilities (HCF) should screen all HCP prior to working their shifts. HCP with fever should be sent home.
- Facilities should review their policies on work absenteeism.
- HCP who have mild respiratory symptoms (sore throat, runny nose, etc) **without fever** may work. Consider having those HCP wear a surgical mask. Consider reassigning those HCPs responsibilities to exclude patient care.

**Other recommendations**

- Limit visitation in healthcare facilities
  - Restrict routine visitation
  - Screen visitors for fever, URI symptoms
  - Consider barring visitation except for specific situations
    - Pediatrics
    - End-of-life
    - Case-by-case basis
  - Restrict non-essential workers from hospitals (i.e. painters, pet therapy, etc).
  - Hospitals should develop technological solutions for
  - Limit patient movement within hospital

**HCW exposure management**
Healthcare worker exclusion in setting of critical reduction in workforce

- Per CDC:
  - Consider allowing asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program.
  - These HCP should still report temperature and absence of symptoms each day prior to starting work.
  - Facilities could have exposed HCP wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks.


Modeling the surge in LA County

- Data from Wuhan:
  - 20% of cases require hospitalization
  - 5% require ICU level care
- With an outbreak of 100,000 people
  - 20,000 people require hospitalization
  - 5,000 people require ICU level care
- Current capacity in LAC
  - 23,300 Hospital beds in LAC
  - 2200 ICU beds in LAC

Community providers—you can make a difference

- Do not send patients with mild illness for testing.
- Do not send patients with mild illness to the ED.
- Proactively reach out to patients to avoid going to hospital unless they require hospital care.
- Develop telemedicine programs to treat the mildly ill and worried well.

Community spread is here...

- Staffing
  - Recommend screening HCW for signs and symptoms of COVID-19 before shift.
  - Develop screening processes that do not disrupt care (thermal scanner, TempaDot, etc.)
  - Educate HCW on COVID-19 and send home if symptomatic.
  - Look at alternate staffing sources to supplement.

Increase bed capacity

- Consider limiting or stopping elective surgical procedures.
- Ready flex applications to regulatory agencies for additional beds.
- Consider closing limiting care at outpatient departments and diverting staff and PPE to hospital to care for patients.
Questions

- Los Angeles County Department of Public Health
  For Health Professionals: [http://publichealth.lacounty.gov/acd/Corona2019.htm](http://publichealth.lacounty.gov/acd/Corona2019.htm)
  For the public, schools, media, & others: [http://publichealth.lacounty.gov/media/Coronavirus/](http://publichealth.lacounty.gov/media/Coronavirus/)

- California Department of Public Health
  [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx)

- Centers for Disease Control and Prevention

- World Health Organization
  [https://www.who.int/health-topics/coronavirus](https://www.who.int/health-topics/coronavirus)

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