

Novel
Coronavirus
COVID-19
Update

3/12/2020

Speakers

- **Chief Medical Officer:**

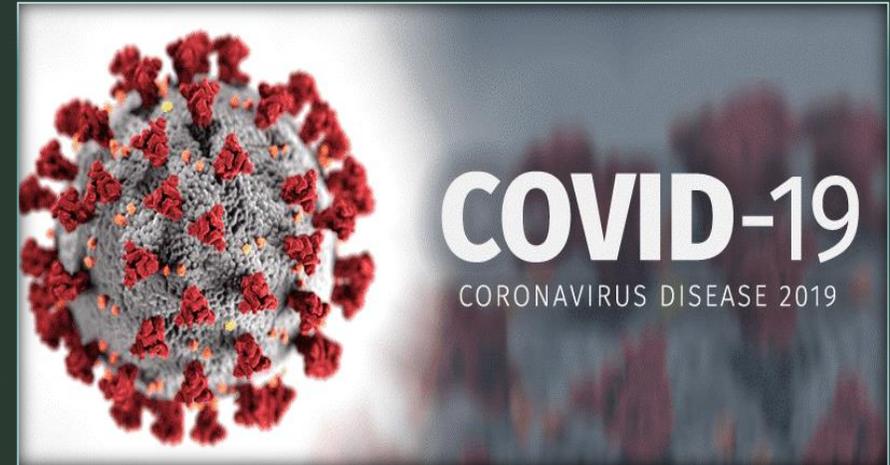
- ❖ Dr. Paula Gustafson – BME, MSME, MBA, MD

- **Chief Operation Officer/Chief Nursing Officer:**

- ❖ Linda Wessic – RN, NE-BC, BSN, MBA

COVID -19 Pandemic

- WHO declared COVID19 a Pandemic
- Respiratory Virus – Cough, Fever, Shortness of Breath, Fatigue
- Person to Person Transmission – Droplet transmission
- R_0 (attack rate of transmissibility) 1.4 – 4.0, Influenza 1.3
- No vaccine available; No proven antiviral medication
- Fatality rate 2% (estimate by WHO), Influenza <0.1%; SARS 9.6%
- Can't contain, but we can slow down transmission.
- Dr. Anthony Fauci, NIH virologist



Coronavirus – US First Case – Timeline 35 y/o Male

	Travel from China	Work	Work	Home	Urgent Care	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11
Days of Illness		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Fever ©			Subjective	Subjective	37.2	37.9	39.0	39.4	39.1	39.4	38.8	39.4	37.3	36.8	36.8	36.3
Cough																
Rhinorrhoea																
Fatigue																
Nausea																
Vomiting																
Diarrhea																
Abdominal Discomfort																
Imaging - Chest X-ray					Normal			Normal		Pneumonia	Pneumonia					
Medications											Vanccmycin, Cefepime	Remdesivir				
Laboratory Values	Reference Range															
White Cell Count	3800-11,000						Slight decrease	3120		3300		5400		5600	6500	
Absolute Neutrophil Count	1900-7400							1750		1700		3700		3800	3200	
Absolute Lymphocyte Count	1000-3900							1070		1400		1400		1400	2100	
Platelet Count	150,000-400,000						Adequate	122K		132K		151K		150K	239K	
Alanine Aminotransferase	10-49							68		105		119		219	203	
Aspartate Aminotransferase	<33							37		77		85		129	89	
Procalcitonin	<0.05									<0.05		<0.05				
Lactate dehydrogenase	120-246							250		465					388	
Venous Lactate	0.4-2.0							1.3		1.7						
Creatine Kinase	62-325							353		332						

Clinical Features

Laboratory Testing Algorithm
for Patients with Suspect 2019 Novel Coronavirus (2019-nCoV)

Patient must meet **clinical features** criteria **AND** **epidemiological risk** criteria for testing authorization.

Risk Category	Clinical Features	AND	Required Criteria
Close Contacts with Confirmed Cases	Fever ¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including healthcare workers, who has had close contact with a laboratory confirmed COVID-19 patient ² within 14 days of symptom onset. Can also include those who have received some official notification that they attended an event or cruise where COVID-19 cases have been diagnosed.
Healthcare Workers	Fever ¹ and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected level 2 or 3 geographic areas ³ (see below) within 14 days of symptom onset. Does not require hospitalization. No respiratory viral panel needed.
Travelers	Fever ¹ and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected level 2 or 3 geographic areas ³ (see below) within 14 days of symptom onset. Requires evaluation by a healthcare provider.
No Exposure	Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) and without alternative explanatory diagnosis (e.g., influenza)	AND	Patient is hospitalized with a severity of illness that requires critical interventions. Ideally, respiratory viral panel negative (consider time to results).

If patient meets **CLINICAL AND EPIDEMIOLOGICAL RISK** criteria, place patient in contact and airborne isolation, and call Julia Davis at 317-402-0641 to initiate testing authorization.

Incidence as
of 3/12/2020
2:10pm

State

- 12 confirmed positive cases
- 0 deaths
- 64 total resulted by ISDH/CDC

Shelby County

- 0 confirmed cases
- 0 deaths
- 3 total tested *(First test 3/9/20)*

MHP Management Plan



Screening



Protecting at risk
populations



Preventing
spread



Medical
management



Screening Criteria and Goal: Early Identification

Clinical Features – fever, cough,
shortness of breath, other symptoms
of lower respiratory illness

Epidemiology Risk Factors – close
contact with confirmed case, unusual
travel history, attendance of large
meetings/gatherings

Screening Methods



Community Screening Number –
(317) 392- DOCS / (317) 392- 3627



Appointment Scheduling – call center schedulers



Appointment Reminders – dept specific staff



Point of system entry – staffing screening stations at Medical Center doors 1 & 2, Renovo, Rampart, Oncology, Nephrology, On-Site locations



Clinical Intake – screening questions added to EMR



Clinical Assessment – Physician/Advanced Practice Provider exam

Protecting At-Risk Populations

Hospital Visitation Restrictions

- No more than 2 designated visitors
- 18 years of age
- Immediate family or designee
- All visitors and staff screened with temp validated

Direction to ECFs

- Restrict visitation
- Daily temperatures on all residents and staff
- Social distancing

Healthcare Workers

- PPE
- Education/Information

Preventing Spread

Reinforcement of basic infection control practices – hand washing, avoid touching face, cover cough or sneeze with tissue, clean and disinfect frequently touched objects and surfaces

Social Distancing – avoiding large group meetings/gatherings, 6 foot perimeter

Expedite processes related to risk identification, disease confirmation and clinical management and containment



Medical Management

Viral Illness:

- Most are managed simply with fluids, rest, Tylenol/Ibuprophen
- Small number will develop severity of illness requiring hospitalization, critical care management.

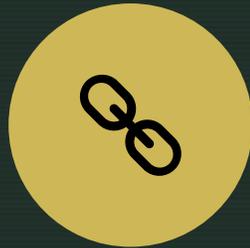
In Summary



You can actively participate in prevention



Community Screening
(317) 392-DOCS
(317) 392-3627



Best sources of accurate information is available on the ISDH and CDC website

<https://www.in.gov/isdh/>
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>



Questions?