

# **ARIZONA COVID-19 RESPONSE**

## **Healthcare Provider Webinar**

- Review of outbreak to-date and the response in Arizona
- How can you prepare?
- What can you do?
- Questions

# Agenda

China first reports cases of pneumonia with an unknown cause.



DEC 2019

JAN 2020

FEB 2020

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- The cause is identified as a new coronavirus.
- By the end of January, there were over 9,000 cases globally.
- Airport screening in the U.S. was initiated.
- The first case of novel coronavirus was detected in the US on January 21<sup>st</sup> in WA.
- Arizona confirms first case on January 26<sup>th</sup>.

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MAR 2020

- March 11, 2020 WHO Declares Pandemic
- 110,000+ cases world wide

# Arizona

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- Arizona reports more cases
  - Travel-associated
  - No known exposure
- Case count - March 11<sup>th</sup>
  - 9 in AZ
  - 938 in US (excluding cruises)
- Governor declared State of Emergency

# Distribution of COVID-19 cases as of 01 March 2020



Data Source: World Health Organization, National Health Commission of the People's Republic of China  
 Map Production: WHO Health Emergencies Programme

0 2,500 5,000 km  
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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

- COVID-19 is the clinical manifestation of infection with the novel coronavirus named SARS-CoV-2.

**SARS-CoV-2 : the virus**

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- Coronaviruses can be found in animals, and some of these viruses have the capability of transmitting between animals and humans or from person-to-person.
- The SARS outbreak in 2003 and MERS in outbreak in 2015 were caused by novel coronaviruses.

## **SARS-CoV-2 : the virus**

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**SARS-CoV-2 : the virus**

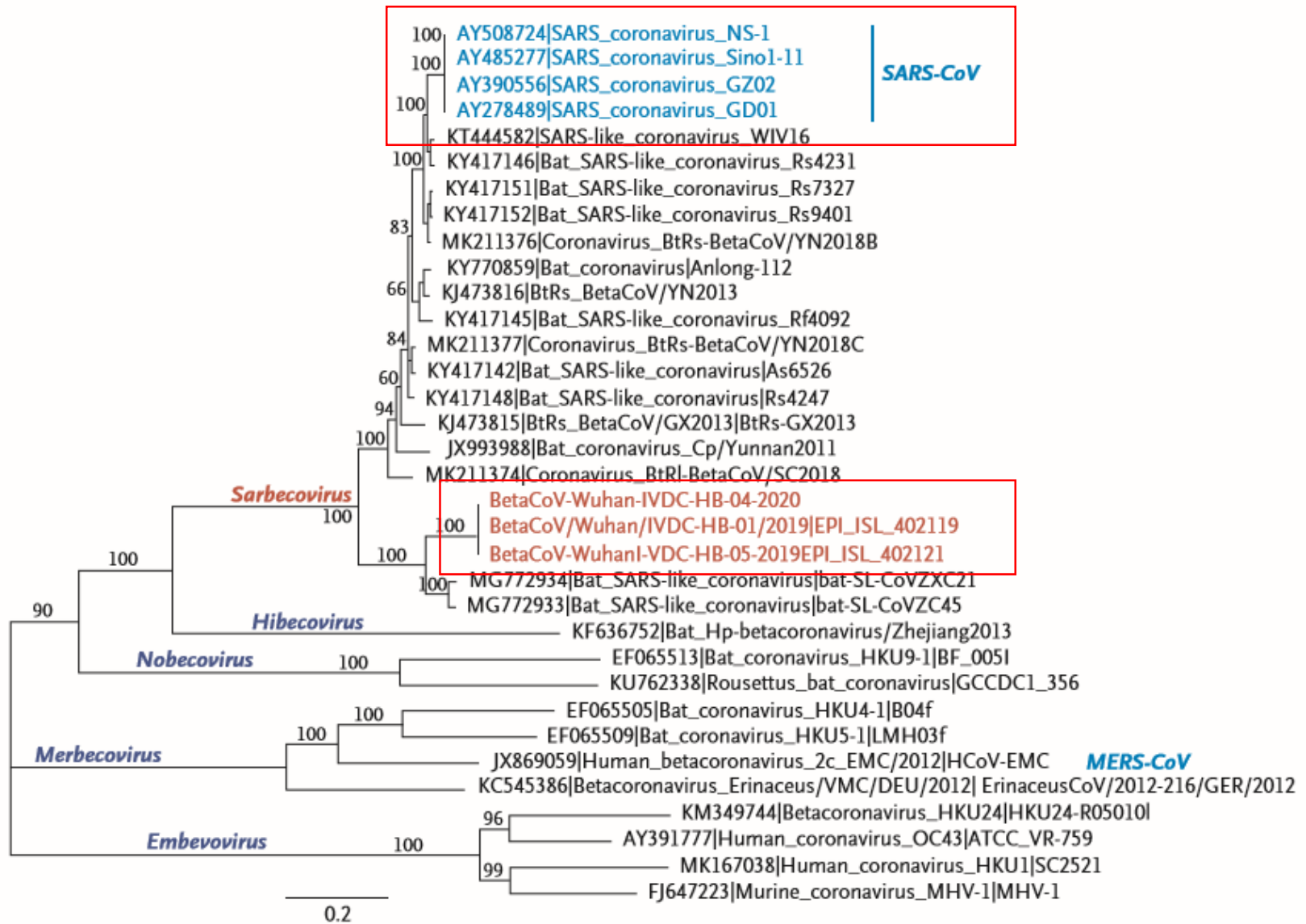
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- They cause more severe disease in neonates, the elderly, and in individuals with underlying illnesses, with a greater incidence of lower respiratory tract infection in these populations.
- When person-to-person spread occurred with MERS and SARS, it is thought to have happened mainly via **respiratory droplets** produced when an infected person **coughs or sneezes**, similar to how influenza and other respiratory pathogens spread.

## **SARS-CoV-2 : the virus**



**Figure 4. Phylogenetic Analysis of 2019-nCoV and Other Betacoronavirus Genomes in the Orthocoronavirinae Subfamily.**

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**NOTE** – this looks very similar to many other viral respiratory illnesses such as flu

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  - A report from China suggests serious illness occurs in 16% of cases.
  - Older people and people with underlying health conditions, like heart disease, lung disease and diabetes, for example, were about twice as likely to develop serious outcomes versus otherwise younger, healthier people.

**COVID-19 : What we know**



# THE LANCET

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## **Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study**

*Nanshan Chen\*, Min Zhou\*, Xuan Dong\*, Jieming Qu\*, Fengyun Gong, Yang Han, Yang Qiu, Jingli Wang, Ying Liu, Yuan Wei, Jia'an Xia, Ting Yu, Xinxin Zhang, Li Zhang*

Published online January 29, 2020 [https://doi.org/10.1016/S0140-6736\(20\)30211-7](https://doi.org/10.1016/S0140-6736(20)30211-7)

Patients (n=99)	
Age, years	
Mean (SD)	55.5 (13.1)
Range	21–82
≤39	10 (10%)
40–49	22 (22%)
50–59	30 (30%)
60–69	22 (22%)
≥70	15 (15%)
Sex	
Female	32 (32%)
Male	67 (68%)
Occupation	
Agricultural worker	2 (2%)
Self-employed	63 (64%)
Employee	15 (15%)
Retired	19 (19%)
Exposure to Huanan seafood market*	
Long-term exposure history	47 (47%)
Short-term exposure history	2 (2%)
Chronic medical illness	
Cardiovascular and cerebrovascular diseases	40 (40%)
Digestive system disease	11 (11%)
Endocrine system disease†	13 (13%)
Malignant tumour	1 (1%)
Nervous system disease	1 (1%)
Respiratory system disease	1 (1%)
Admission to intensive care unit	23 (23%)
Clinical outcome	
Remained in hospital	57 (58%)
Discharged	31 (31%)
Died	11 (11%)

Data are n (%) unless specified otherwise. 2019-nCoV–2019 novel coronavirus.  
\*Long-term exposure is having worked at or lived in or around Huanan seafood market, whereas short-term exposure is having been to Huanan seafood market occasionally. †12 were diabetic.

**Table 1: Demographics, baseline characteristics, and clinical outcomes of 99 patients admitted to Wuhan Jinyintan Hospital (Jan 1–20, 2020) with 2019-nCoV pneumonia**

- Demographic breakdown of the 99 cases
- Mostly older
- Predominantly (68%) male
- Chronic medical conditions in 50%
- 23% admitted to intensive care
- 11% died

Patients (n=99)	
<b>Signs and symptoms at admission</b>	
Fever	82 (83%)
Cough	81 (82%)
Shortness of breath	31 (31%)
Muscle ache	11 (11%)
Confusion	9 (9%)
Headache	8 (8%)
Sore throat	5 (5%)
Rhinorrhoea	4 (4%)
Chest pain	2 (2%)
Diarrhoea	2 (2%)
Nausea and vomiting	1 (1%)
More than one sign or symptom	89 (90%)
Fever, cough, and shortness of breath	15 (15%)
<b>Comorbid conditions</b>	
Any	33 (33%)
ARDS	17 (17%)
Acute renal injury	3 (3%)
Acute respiratory injury	8 (8%)
Septic shock	4 (4%)
Ventilator-associated pneumonia	1 (1%)
<b>Chest x-ray and CT findings</b>	
Unilateral pneumonia	25 (25%)
Bilateral pneumonia	74 (75%)
Multiple mottling and ground-glass opacity	14 (14%)
<b>Treatment</b>	
Oxygen therapy	75 (76%)
Mechanical ventilation	
Non-invasive (ie, face mask)	13 (13%)
Invasive	4 (4%)
CRRT	9 (9%)
ECMO	3 (3%)
Antibiotic treatment	70 (71%)
Antifungal treatment	15 (15%)
Antiviral treatment	75 (76%)
Glucocorticoids	19 (19%)
Intravenous immunoglobulin therapy	27 (27%)
2019-nCoV–2019 novel coronavirus. ARDS–acute respiratory distress syndrome. ECMO–extracorporeal membrane oxygenation. CRRT–continuous renal replacement therapy.	
<b>Table 2: Clinical characteristics and treatment of patients with 2019-nCoV pneumonia</b>	

- 83% febrile
- 82% cough
- 31% SOB
- 11% muscle ache
- 75% had bilateral PNA on imaging
- 76% required supplemental oxygen, only 4% required mechanical ventilation
- Some patients, especially severely ill ones, had coinfections of bacteria and fungi
- Complicated infections are more likely to affect older men with comorbidities, and could result in severe and even fatal respiratory diseases

Vital Surveillances

## The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) — China, 2020

The Novel Coronavirus Pneumonia Emergency Response Epidemiology Team

**72,314** patient records  
44,672 (61.8%) confirmed cases  
1,023 deaths  
**2.3%** case fatality rate  
Peak of epi curve **1/23-26**

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- The virus is thought to spread **person-to-person** via respiratory droplets that are produced when someone infected with the virus coughs or sneezes

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- There is currently no FDA approved medication to treat or vaccine to prevent
- You can take everyday measures **right now** including proper hand washing, covering coughs and sneezes, and staying home when you are sick

## **COVID-19 : What we know**

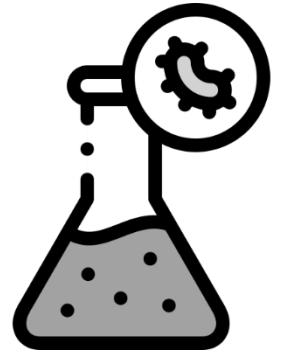
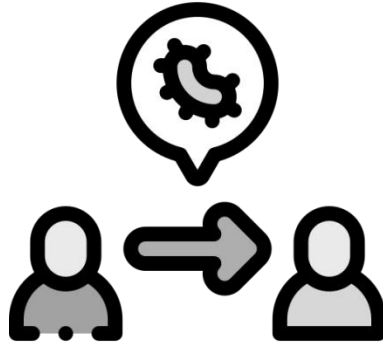
**Containment of  
virus at the  
source**



**Community  
mitigation and  
preparedness**

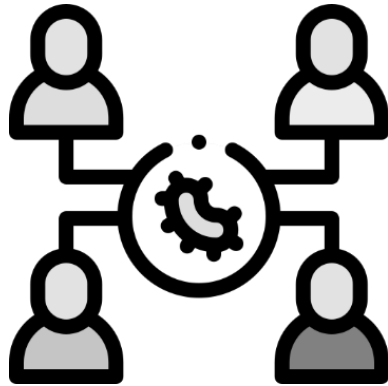


- In early stages of an outbreak like COVID-19:
  - Public health takes measures to contain diseases to stop them from spreading in our communities.



**Containment**

- Given national updates, it has become clear that there is a higher likelihood of community spread within the United States.
  - Public health measures begin to shift to slow the spread of the virus rather than to contain it at the source.

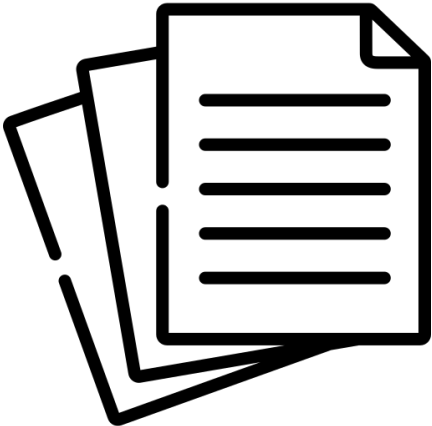


**Mitigation**

**What can you do**

# What can you do

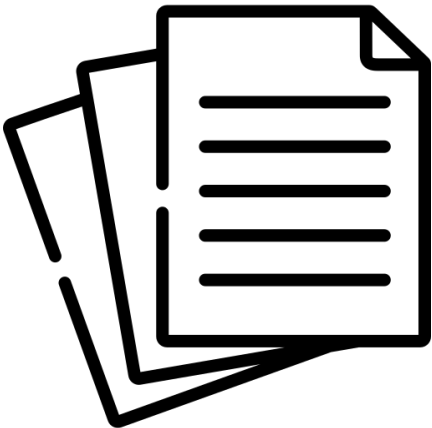
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**Be Prepared**

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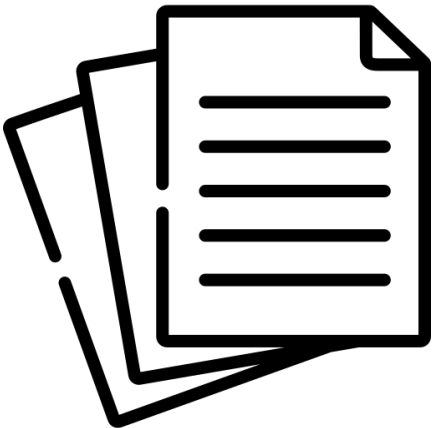
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- Stay up to date on the signs and symptoms, diagnostic testing, and case definitions for COVID-19.



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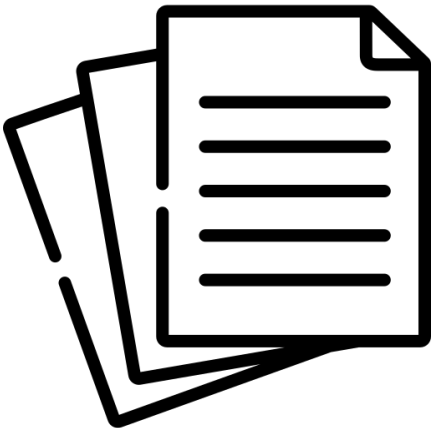
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- Stay up to date on the signs and symptoms, diagnostic testing, and case definitions for COVID-19.
- Review your facility's infection prevention and control policies.
- Know how to report a suspect COVID-19 case or exposure to your facility infection control and to public health.



**Be Prepared**

# What can you do

## Communicate with staff

- Current information regarding COVID-19





# What can you do

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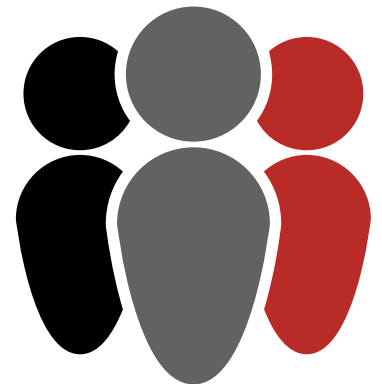
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# What can you do

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- Current information regarding COVID-19
- Potential surge
- Preparedness plans
- Sick leave policies



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- ✓ Ask about the presence of symptoms of a respiratory infection and isolate patient as soon as possible according to your facility's viral respiratory infection control practice

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- ✓ Ask about contact with possible COVID-19 patients

# Patient Evaluation



<https://www.labcorp.com/tests/139900/2019-novel-coronavirus-covid-19-naa>



<https://testdirectory.questdiagnostics.com/test/test-detail/39433/sars-cov-2-rna-qualitative-real-time-rt-pcr?p=r&q=covid&cc=MASTER>

# Patient Evaluation



<https://ltd.aruplab.com/Tests/Pub/3002638>



# Patient Evaluation

## Criteria for Testing at ASPHL

### Criteria to Guide Evaluation of Persons Under Investigation (PUI)

Clinical Features	Plus	Epidemiologic Risk
Fever <sup>1</sup> <b>OR</b> signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) <b>NOT</b> requiring hospitalization	<b>AND</b>	Any person, including healthcare workers <sup>2</sup> , who has had <b>close contact<sup>3</sup> with a laboratory-confirmed<sup>4</sup> COVID-19 patient</b> within 14 days of symptom onset

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Fever<sup>1</sup> **OR** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) **NOT** requiring hospitalization in a person with a high-risk occupation\* **OR** who lives in a congregate setting<sup>†</sup>

**AND**

A history of travel from affected geographic areas<sup>5</sup> within 14 days of symptom onset

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<p>Fever<sup>1</sup> <b>AND</b> severe acute lower respiratory illness (e.g., pneumonia, ARDS) <b>requiring hospitalization, radiographic confirmation of bilateral pulmonary infiltrates, &amp; without alternative explanatory diagnosis</b> (negative influenza testing &amp; respiratory viral panel)<sup>6,7</sup></p>	<p><b>AND</b></p>	<p>No source of exposure has been identified</p>
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- Specimens for testing include sputum, oropharyngeal (OP) and nasopharyngeal (NP) samples
- Obtain OP and NP swabs and submit in viral transport media

# Example





## Information from LabCorp about Coronavirus Disease 2019 (COVID-19)

MARCH 5, 2020

On March 5, 2020, LabCorp announced that its LabCorp 2019 Novel Coronavirus (COVID-19), NAA test will be available today, beginning at 6 p.m. ET, for ordering by physicians or other authorized healthcare providers anywhere in the U.S. For more information, please [review the press release](#).

“We have been intensely focused on making testing for COVID-19 available as soon as possible, working with the government and others to address this public health crisis,” said Adam H. Schechter, president and CEO of LabCorp. “By expanding access to testing in the U.S., and preparing to support the development of vaccines and treatments for COVID-19 through our Covance Drug Development business, we are delivering on LabCorp’s mission to improve health and improve lives.”

# News Releases



RSS Feeds

## Quest Diagnostics to Launch Coronavirus Disease 2019 (COVID-19) Test

Aim of new service is to supplement public health response in the United States



 Photos (1)

SECAUCUS, N.J., March 5, 2020 [/PRNewswire/](#) -- Quest Diagnostics (NYSE: DGX), the world's leading provider of diagnostic information services, today announced it will launch a coronavirus (COVID-19) test service. The new test service aids the presumptive detection of nucleic acid in respiratory specimens of patients meeting CDC's clinical criteria for COVID-19 testing.

Quest will be in position to receive specimens for testing, and begin to provide testing on Monday, March 9, 2020. With the new service, Quest Diagnostics will provide access to a COVID-19 test service for patients in the United States.

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- Corticosteroid use is not recommended.

# Disposition

- Patients who do not meet clinical criteria for inpatient admission should be sent home with instructions for home isolation, social distancing and return precautions.
- Home care guidance

# **Home Care Guidance**

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- Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- Monitor your symptoms. If you need medical attention, call your healthcare provider before arrival and wear a facemask before you enter the facility.

# Provider Checklist

- Is the patient displaying symptoms consistent with COVID-19?
- Mask patient and implement standard, contact, and droplet precautions with eye protection for healthcare workers.
- Obtain travel and exposure history including exposure to sick contacts.
- Contact your [local public health department](#) to report suspect case, assess risk, and coordinate lab testing.
- Collect upper respiratory tract specimens (nasopharyngeal AND oropharyngeal swabs) and lower respiratory tract specimens, if available.
- Provide patient education for self isolation and limiting exposure.
- Implement environmental cleaning/disinfecting of exposed areas.

# Educate Patients

Educate about everyday preventive actions such as:

- staying home when sick covering coughs and sneezes with a tissue or elbow
- washing their hands often with soap and water for at least 20 seconds



# Educate Patients

Educate about everyday preventive actions such as:

- staying home when sick covering coughs and sneezes with a tissue or elbow
- washing their hands often with soap and water for at least 20 seconds

Encourage uptake of the seasonal influenza vaccine.



# Educate Patients

- Instruct patients to call ahead if they have respiratory symptoms



# Educate Patients

- Instruct patients to call ahead if they have respiratory symptoms
- Communicate about telemedicine options if non-urgent care is needed



# Educate Patients

- Instruct patients to call ahead if they have respiratory symptoms
- Communicate about telemedicine options if non-urgent care is needed
- Review visitation policies and any changes that may affect them





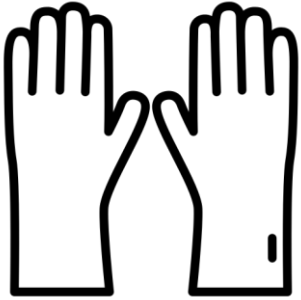
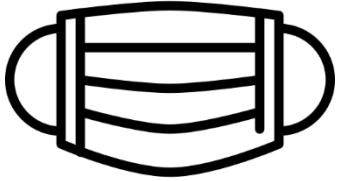
# Infection Control

- Standard, Contact and Droplet Precautions with eye protection

**Standard and Transmission Precautions**

# Infection Control

- Standard, Contact and Droplet Precautions with eye protection



**Standard and Transmission Precautions**

# Infection Control

- Standard, Contact and Droplet Precautions with eye protection
- Hand Hygiene

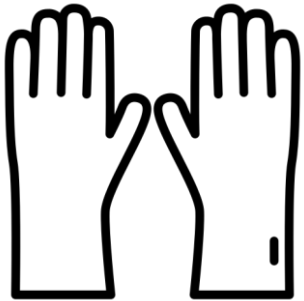


**Standard and Transmission Precautions**

# Infection Control



- Standard, Contact and Droplet Precautions with eye protection



- Hand Hygiene

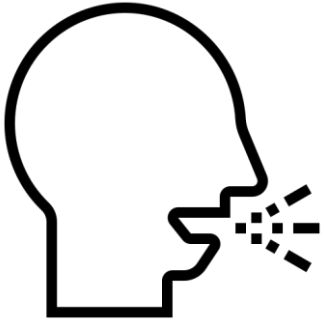
- PPE

- gloves
- gown
- medical masks
- eye protection



**Standard and Transmission Precautions**

# Infection Control

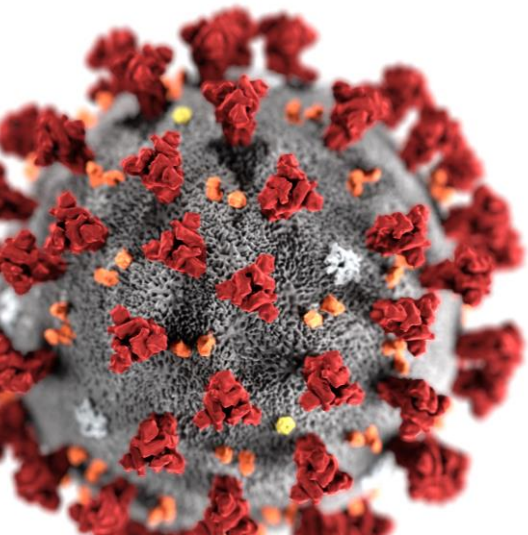


- Standard, Contact and Droplet Precautions with eye protection
- Hand Hygiene
- PPE
  - gloves
  - gown
  - medical masks
  - eye protection
- AllR and airborne precautions for aerosol generating procedures

**Standard and Transmission Precautions**

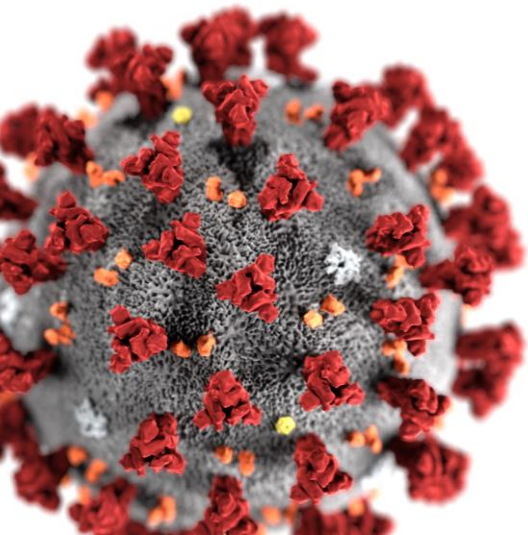
# Infection Control

- Manage visitor access and movement within the facility



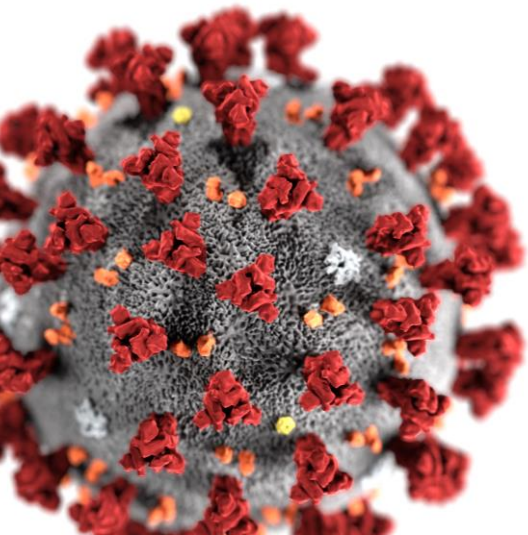
# Infection Control

- Manage visitor access and movement within the facility
- Monitor and manage ill and exposed healthcare personnel



# Infection Control

- Manage visitor access and movement within the facility
- Monitor and manage ill and exposed healthcare personnel
- Train and educate healthcare personnel





# Infection Control

- Dedicate medical equipment



**Environmental Cleaning**

# Infection Control

- Dedicate medical equipment
- Follow environmental cleaning and disinfection procedures



**Environmental Cleaning**

# Infection Control

- Dedicate medical equipment
- Follow environmental cleaning and disinfection procedures
- Use a bleach-and-water solution (0.1% solution; 1:50 dilution)



**Environmental Cleaning**

# Infection Control

- Dedicate medical equipment
- Follow environmental cleaning and disinfection procedures
- Use a bleach-and-water solution (0.1% solution; 1:50 dilution)
- [List N](#): EPA's Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the Cause of COVID-19



**Environmental Cleaning**

# **Risk Assessment**

## **Exposed Healthcare Personnel**

- Asymptomatic HCP who have had an exposure to a COVID-19 patient can continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program.

Arizona, YOU know how to respond to respiratory illness!

	COVID-19	COLD	INFLUENZA (FLU)
Do you go to school when you feel sick from these viruses?	no	no	no
Do you go to work when you feel sick from these viruses?	no	no	no
Do you visit vulnerable people when you feel sick from these conditions?	no	no	no
Do you increase efforts to clean hi-touch surfaces?	no	no	no
Do you see the doctor if you're only mildly ill?	no	no	no
Do you get vaccinated?	no	no	YES

Arizona providers have the EXPERIENCE to respond to COVID-19

	<b>COVID-19</b>	<b>COLD</b>	<b>INFLUENZA (FLU)</b>
How do you diagnose an infection?	Nasopharyngeal swab + Oropharyngeal swab	--	Nasopharyngeal swab
How do you treat an infection?	Supportive care	Supportive care	Antivirals
How do you counsel patients about prognosis?	Virus will run its course; seek healthcare if worsens	Virus will run its course; seek healthcare if worsens	Virus will run its course; seek healthcare if worsens
How do you counsel patients about preventing spread?	Stay home when sick, wash high-use surfaces, stay away from vulnerable persons	Stay home when sick, wash high-use surfaces, stay away from vulnerable persons	Stay home when sick, wash high-use surfaces, stay away from vulnerable persons
What personal protective equipment should I use?	Standard Contact Droplet Eye protection	Standard (?)	Standard Contact Droplet

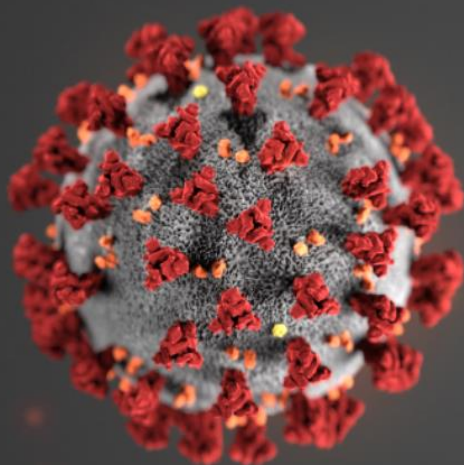
**Additional Resources**





## Coronavirus Disease 2019 (COVID-19)

[中文](#) | [Español](#)



### Coronavirus Disease 2019

CDC is closely monitoring the novel coronavirus outbreak.

[Learn More](#)

<https://www.cdc.gov/covid19>



ARIZONA DEPARTMENT OF HEALTH SERVICES

*Health and Wellness for All Arizonans*

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# 2019 Novel Coronavirus

Individuals with travel to Wuhan, China are at risk for contracting the disease

[azhealth.gov/covid19](https://azhealth.gov/covid19)



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## Arizona Health Alert Network



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**Arizona Health Alert Network (AzHAN)** is an application used to distribute important public health alerts to public health officials and healthcare professionals. AzHAN is a secure web-based application that is available 24/7/365.

If you are interested in receiving important public health alerts, please click on the [Register Now](#) button below to register.

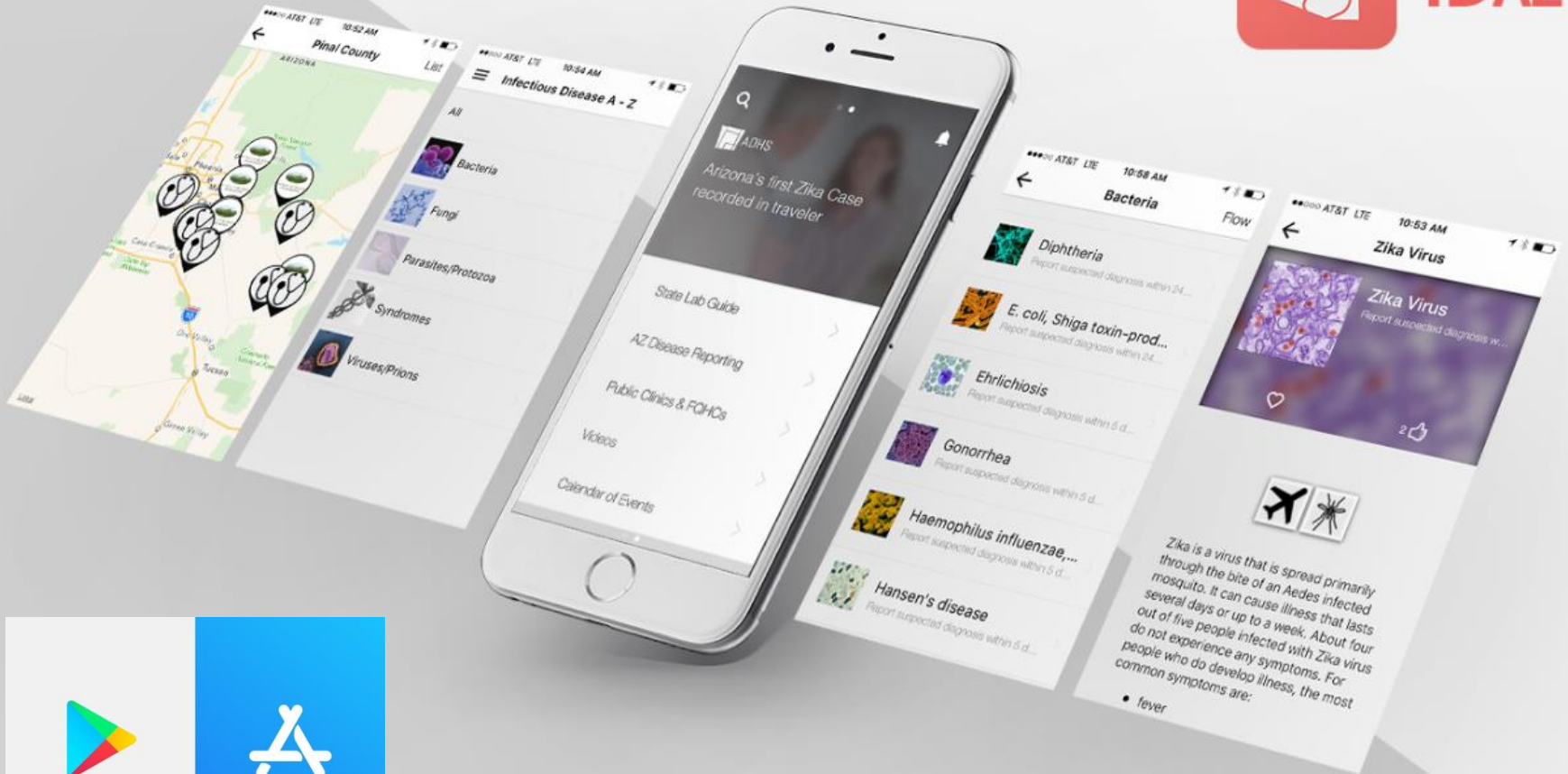
**REGISTER NOW**

<https://han.health.azdhs.gov/>





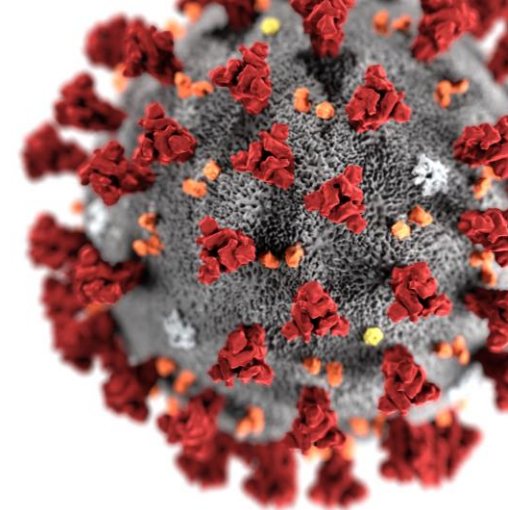
IDAZ



Google Play

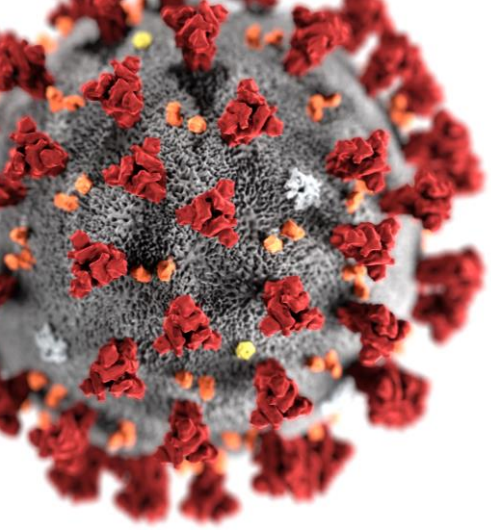


App Store



- [azhealth.gov/coronavirus](https://azhealth.gov/coronavirus)
- [cdc.gov/coronavirus/2019-ncov](https://cdc.gov/coronavirus/2019-ncov)
- [What Healthcare Personnel Should Know](#)
- [Clinical management of severe acute respiratory infection when novel coronavirus \(nCoV\) infection is suspected](#)
- [Coronavirus Disease: Strategies to Prevent Spread in LTCF](#)
- [Arizona Pandemic Influenza Response Plan](#)
- [Non-Pharmaceutical Intervention Plan \(ADHS\)](#)
- [Non-Pharmaceutical Intervention Plan \(CDC\)](#)

## **Additional Resources**



**QUESTIONS?**

**Thank you for attending!**

