Covid-19 Update

18 March 2020

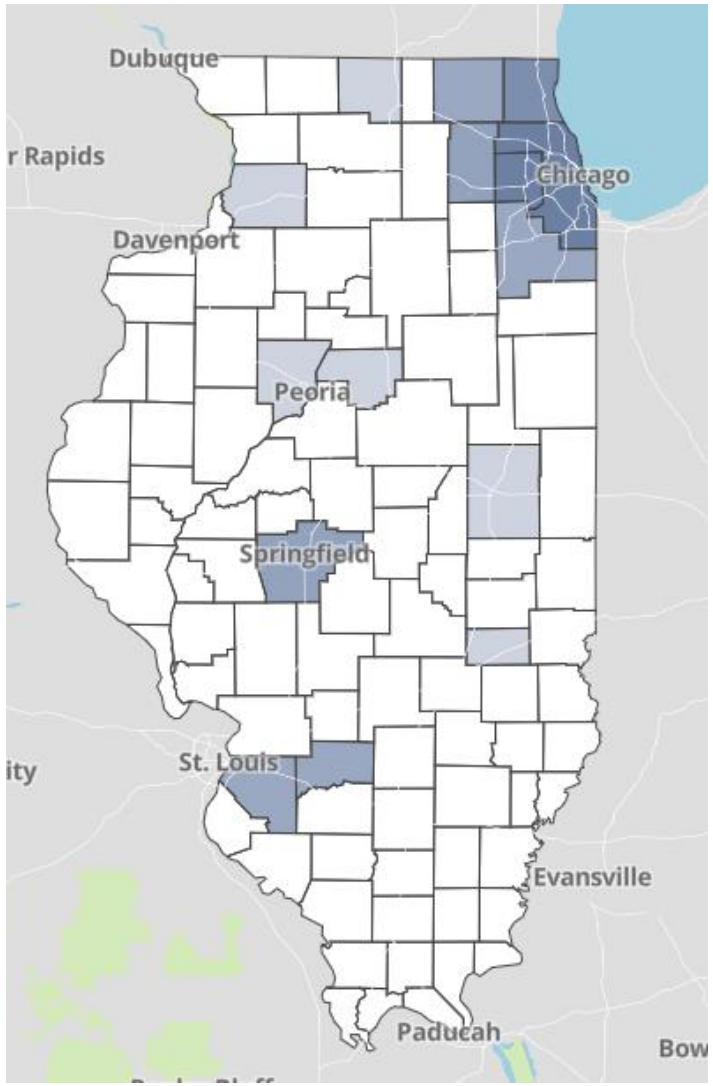
Key Messages

- The number of persons diagnosed with COVID-19 in Illinois continues to rise.
- Community transmission is occurring in multiple locations.
- Several commercial and hospital-based testing options for COVID-19 are now available.
- IDPH laboratories will now only accept nasopharyngeal (NP) swabs; lower respiratory tract specimens (eg sputum) can also be submitted.
- Immediately report cases and clusters related to congregate living facilities serving vulnerable populations--such as LTCs, jails/prisons, group homes, and homeless shelters.

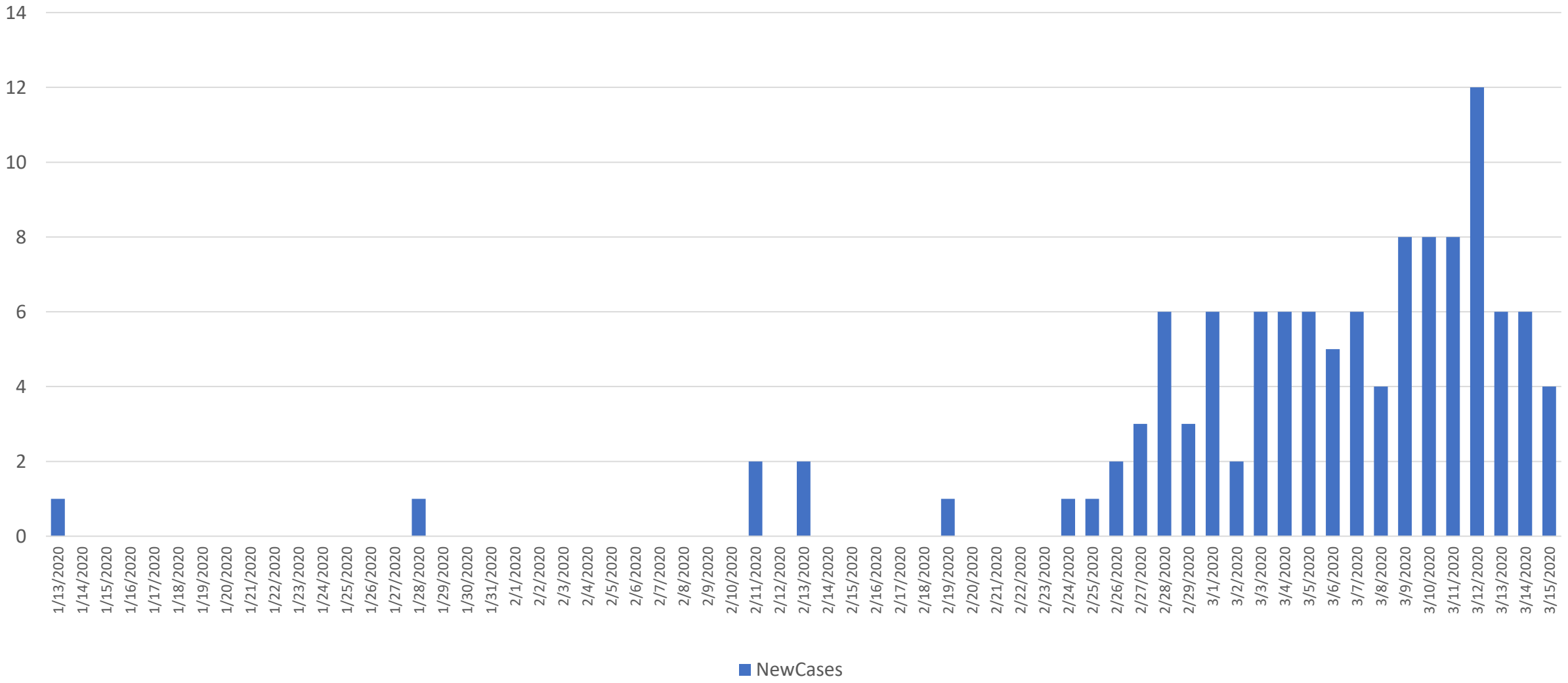
- Minimize exposures to the public, vulnerable patients, and healthcare workers.
  - Advise patients with mild respiratory illness to STAY HOME; testing is not indicated for mildly ill or asymptomatic persons.
  - This will minimize possible exposures to healthcare workers, patients and the public and reduce the demand for personal protective equipment.
- We must preserve PPE and supplies.
  - Use standard, contact, droplet precautions, and eye protection when caring for patients w/ confirmed or suspected COVID-19.
- Healthcare facilities should plan now for enhanced surge capacity.

COVID-19 Confirmed Cases by Jurisdiction

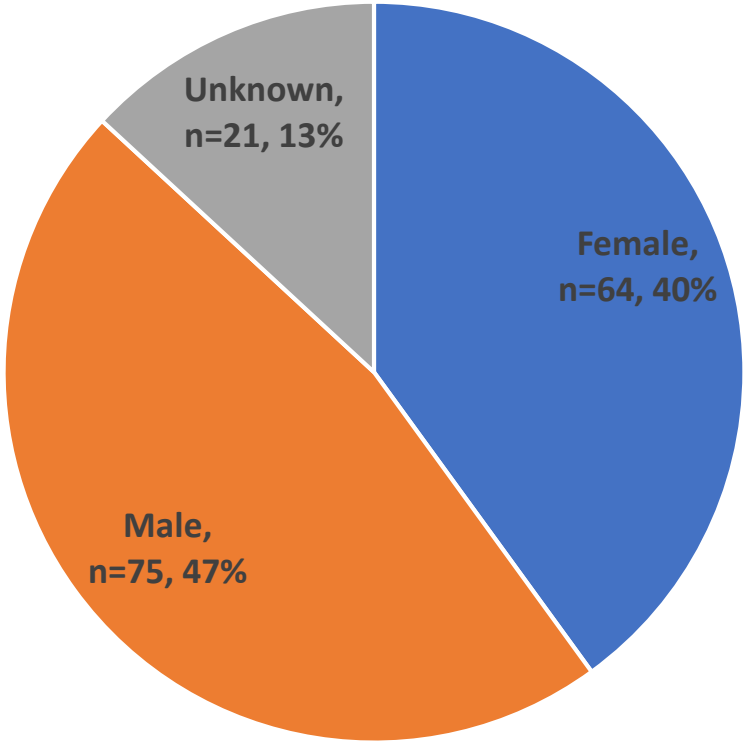
County	Cases
Champaign	1
Clinton	2
Cook	102
Cumberland	1
Dupage	22
Kane	3
Lake	7
Mchenry	2
Out Of State	5
Peoria	1
Sangamon	2
St Clair	2
Whiteside	1
Will	3
Winnebago	1
Woodford	1



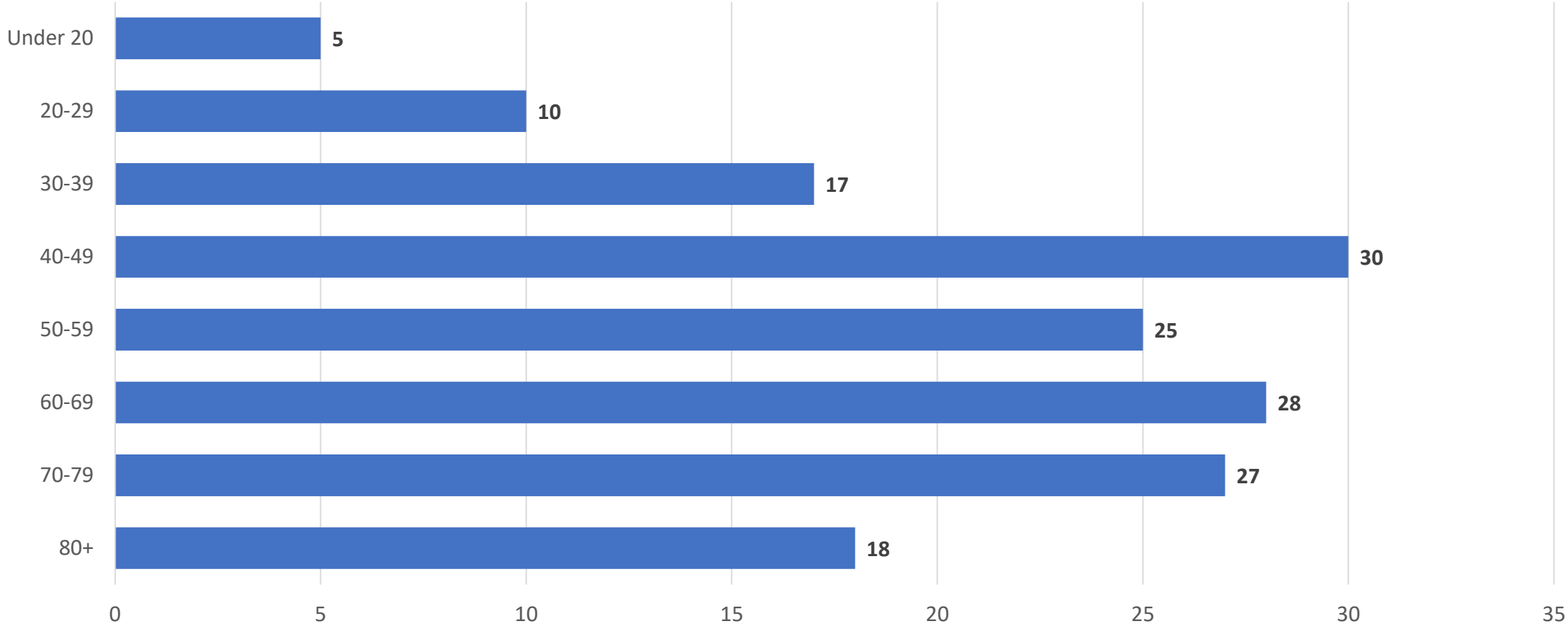
COVID-19 Epi Curve



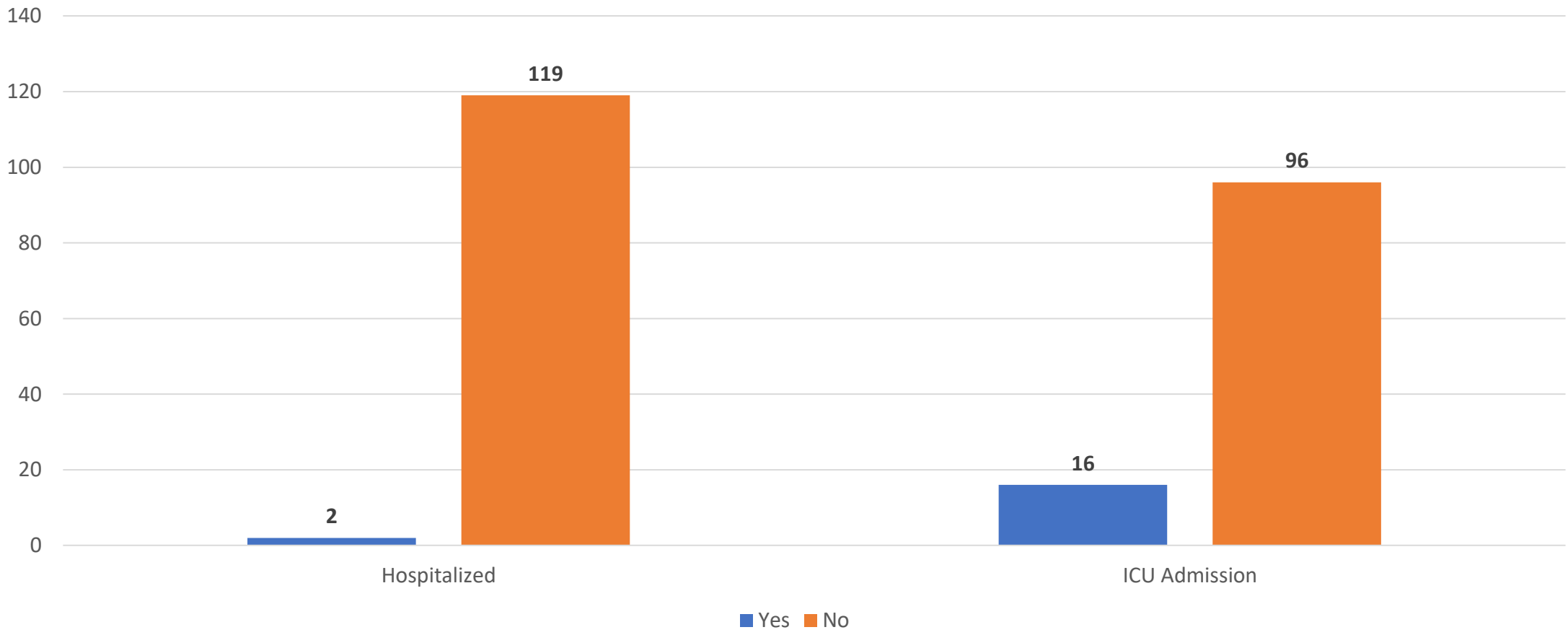
COVID-19 Confirmed Cases by Sex



COVID-19 Confirmed Cases by Age Group



COVID-19 Outcomes: Admissions



Advice

Daily Activities

- Stay home. You should only leave your home for essential tasks.
  - Many of your are essential and need to leave home
- Hand hygiene
- Cover your nose and mouth with a tissue or sleeve when sneezing or coughing.
- Do not shake hands. Instead, wave or elbow bump.
- Avoid all unnecessary gatherings and events.

When to Stay Home and Self-Monitor

All of us should consider ourselves at risk for exposure to coronavirus. That means that everyone should stay home as much as possible, even if without any symptoms of COVID-19.

While at home, **all of us** should self-monitor. Self-monitoring means you check yourself for fever and remain alert for cough, shortness of breath or sore throat.

If you are sick, stay home

- Avoid the ED and other places you seek healthcare if you are not severely ill, unless your doctor advises otherwise.
- Stay home and keep healthcare access available for others with more severe illness.
- If you have a respiratory illness, stay home for 7 days after your symptoms started and for 3 days after your fever has stopped without the use of fever-reducing drugs, and your cough or sore throat symptoms have improved (whichever is longer)

You should consult with your doctor if you have:

- Fever, cough, shortness of breath or other cold or flu-like symptoms and do not feel better after three to four days. Use telephone, text, telemedicine or a patient portal to reach out rather than going to your doctor in person.
- Mild symptoms and are an older adult or have chronic health conditions of concern.
- You and your provider will decide if you need to come to medical care. You usually do not need to be tested unless you are admitted to the hospital.

Testing

- IDPH currently recommends against **testing persons with mild illness who can be safely managed at home**, unless a diagnosis will impact patient management.
- This will minimize possible exposures to healthcare workers, patients and the public and reduce the demand for personal protective equipment.

Testing

- Most illness caused by coronavirus is mild.
- If think you have COVID-19 and your illness is mild, and you are not older or with an underlying health condition of concern, you do not need to see your doctor and you do not need to get tested.
- This is because getting tested will not change how your doctor will take care of you. If you do not feel better in three to four days, call your provider.

Definitions

- COVID-19 like illness : new onset of subjective or measured (≥100.4 F or 38.0 C) fever OR cough OR shortness of breath OR sore throat that cannot be attributed to an underlying or previously recognized condition.
- A confirmed case of COVID-19 is defined as a person with a positive laboratory test (false positives can occur!)
- A possible case of COVID-19 is defined as a person with COVID-19 like illness for whom testing was not performed.

*In children, fever with sore throat may be attributable to conditions other than COVID-19 (e.g., strep throat) and parent/guardian should be instructed to consult a healthcare provider to rule out other etiologies.

Testing-High Priority

- Hospitalized patients with pneumonia
  - Be sure to expeditiously test staff or patients from a residential congregate setting that serves vulnerable populations such as a skilled nursing (SNF) or assisted living facility, group home, homeless shelter, or correctional settings.

- Persons (staff or patients) who are part of a cluster of in a residential congregate setting that serves more vulnerable populations such as a SNF, assisted living facility, group home, homeless shelter, or correctional settings.

Reporting

Providers should **immediately** report to the LHD

1) persons who are part of a cluster of **2** or more possible or confirmed cases in a residential congregate setting that serves more vulnerable populations such as an assisted living facility, group home, homeless shelter, or correctional settings

2) any person hospitalized with pneumonia who is from a residential congregate setting that serves more vulnerable populations such as an assisted living facility, group home, homeless shelter, or correctional settings

Reporting

- ELR:
  - Hospitals performing COVID-19 testing that do not have ELR must report positive results.
  - Hospitals with ELR report positive and negative results electronically.
- Other:
  - Need to track severe illness, minimizing burden on hospitals
  - Hospitalizations/ICU –methods
- LHD investigation focus will vary

Infection Control

Patients can be evaluated in a private examination room with the door closed. **An airborne infection isolation room (AIIR) is no longer required by the CDC unless the patient will be undergoing an aerosol generating procedure (the CDC does NOT consider the collection of a NP or OP swab an aerosol generating procedure).**

- CDC recommends healthcare workers do not need to use a fit tested N95 respirator or Powered Air Purifying Respirator (PAPR) for routine (non-aerosol generating) care of a COVID-19 patient. Patients can be evaluated in a private examination room with the door closed.

- Recent NEJM article in the news:

- Does not provide insight into whether humans generate aerosols when talking, coughing and sneezing as they do with measles and varicella, or only during aerosol generating procedures as is true for almost every other respiratory virus we know.

  It shows that when an artificial aerosol is generated and maintained in an artificial chamber at an optimum relative humidity, the virus survives. This would be true for every other enveloped virus.

Conservative Strategy for Management of HCW Exposures to COVID-19 (CDC)

Exposure category	Recommended Monitoring for COVID-19 (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
High	Active	Exclude from work for 14 days after last exposure
Medium	Active	Exclude from work for 14 days after last exposure
Low	Self with delegated supervision	None
Low	Self with delegated supervision	None

- In the setting of community transmission, all HCW are at some risk for exposure to COVID-19, whether in the workplace or in the community.

- This development means some recommended actions (e.g., contact tracing and risk assessment of all potentially exposed HCW) are impractical for implementation by healthcare facilities.

- Devoting resources to contact tracing and retrospective risk assessment may divert resources from other important infection prevention and control activities .

- “Facilities can consider allowing asymptomatic HCW 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.” (CDC)
- These HCW should still report temperature and absence of symptoms each day prior to starting work.
- Facilities could have exposed HCW wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks.
- If HCW develop even mild symptoms consistent with COVID-19, they must leave the patient care area/notify their supervisor prior to leaving work.

- Given the limited availability of personal protective equipment, use of surgical masks by asymptomatic exposed providers at work MAY be limited to those who have had known high-risk exposures or are involved in care of vulnerable patients (e.g., age ≥60, chronic lung disease (e.g., asthma, COPD), heart disease, dialysis, diabetes immunocompromised).
- **<u>Note</u>: your employer may require you to report your temperature and symptoms 2-3x daily (i.e., active monitoring) and may have additional guidance for specific employees caring for high-risk populations such as the elderly or immune compromised.**

Return to work criteria for HCW with confirmed or possible COVID-19

Use one of these strategies to determine when HCW may return to work in healthcare settings:

1. Testing- and symptom-based strategy for HCW with confirmed COVID-19: Exclude HCW from work until

- After resolution of fever and
- Resolution or improvement in respiratory symptoms, and
- Negative results on COVID-19 PCR from at least 2 consecutive NP swab specimens collected ≥24 hours apart

Return to work criteria for HCW with confirmed or possible COVID-19

2. Symptom-based strategy (i.e., no SARS-CoV-2 testing to inform decision about return to work). Exclude from work until:

- ≥7 days after illness onset, or ≥3 days after resolution of fever, whichever is longer and
- Resolution or improvement in respiratory symptoms

  If HCW were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.

After returning to work, HCW with confirmed or possible COVID-19 should

- Adhere to hand hygiene, respiratory hygiene, and cough etiquette (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles).
- Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.
- Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset.

In the context of sustained community transmission of COVID-19, all healthcare workers are at some risk for exposure at work and within the community.

IDPH stresses that ALL providers should be self-monitoring and if sick, stay home.

Health care facilities should consider implementing pre-shift screening for all their staff.

- Things will get worse before they get better.
- We need to learn more to help guide our response
- Our goal is to reduce
  - morbidity and mortality
  - pain and suffering
- Be compassionate.
- Take care of yourselves.

Questions

Healthcare workers with exposures to a confirmed or probable COVID-19 patient

- Timing of these checks should be at least 8 hours apart with (if working) one check immediately before each healthcare shift.
- If any of these signs/symptoms develop then you MAY NOT come to work. If symptoms develop at work, HCW MUST immediately leave the patient care area, isolate yourself and notify your supervisor.

High-risk exposures include:

1) an unmasked provider having prolonged close contact (<6 feet for more than a few minutes) with an unmasked confirmed COVID-19 patient;

2) a provider not wearing eye protection while present for an aerosol generating procedure (e.g. cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction);

3) an unmasked provider present for an aerosol generating procedure.

Healthcare workers with exposures to a confirmed or probable COVID-19 patient

- Timing of these checks should be at least 8 hours apart with (if working) one check immediately before each healthcare shift.
- If any of these signs/symptoms develop then you MAY NOT come to work. If symptoms develop at work, HCW MUST immediately leave the patient care area, isolate yourself and notify your supervisor.

- HCWs should self monitor at least 2x daily for symptoms (fever, or shortness of breath or sore throat) and additional new onset lower acuity symptoms that may be associated with early signs of infection with COVID-19 including muscle aches, or malaise (feeling tired or run down), or runny nose, or stuffiness, or congestion.