2019 Novel Coronavirus (COVID-19)

Situational Update
04/01/2020

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH

PROTECTING HEALTH, IMPROVING LIVES

Changes to PH Recommendations for People in US Communities Exposed to a Person with Known or Suspected COVID-19 (Other than HCWs)

- Growing evidence of transmission risk from infected persons without symptoms or before the onset of recognized symptoms;
- Increased community transmission in many parts of the country;
- A need to communicate effectively to the general public and to simplify implementation for public health authorities;
- Limitations in access to COVID-19 testing and increasing number of cases diagnosed clinically
- Continued focus on reducing transmission through social distancing of individuals in affected areas

Summary of Changes

- Changed risk strata descriptions – levels of risk have been reduced to simplify communications and implementation
- Changed period of exposure risk from “onset of symptoms” to “48 hours before symptom onset”
- Added the definition of a contact to include exposure to a laboratory confirmed case as well as a clinically compatible case in regions with widespread ongoing transmission
- Removed “no risk” category and replaced with unknown risk to acknowledge that all persons in the United States are at some risk of COVID-19 given the increases in community spread throughout the United States.

Guidance for Asymptomatic Community Exposures to Confirmed COVID-19

Person	Exposure to	Recommended Precautions for the Public
Household member • Intimate partner • Individual providing care in a household without using recommended infection control precautions • Individual who has had close contact (< 6 feet)** for a prolonged period of time ***	Person with symptomatic COVID-19 during period from 48 hours before symptoms onset until meets criteria for discontinuing home isolation (can be a laboratory-confirmed disease or a clinically compatible illness in a state or territory with widespread community transmission)	• Stay home until 14 days after last exposure and maintain social distance (at least 6 feet) from others at all times • Self-monitor for symptoms; Check temperature twice a day; Watch for fever*, cough, or shortness of breath • Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure) • Follow CDC guidance if symptoms develop
All U.S. residents, other than those with a known risk exposure	Possible unrecognized COVID-19 exposures in U.S. communities	• Be alert for symptoms; watch for fever*, cough, or shortness of breath; take temperature if symptoms develop • Practice social distancing Maintain 6 feet of distance from others Stay out of crowded places • Follow CDC guidance if symptoms develop

***Data are limited; factors to consider are duration, whether person was sx and if wearing a face mask; ***Data are insufficient to precisely define the time; recommendations vary from 10 minutes to 30 minutes or more. Brief interactions are less likely to result in transmission; however symptoms and type of interaction (directly coughing on) remain important.*

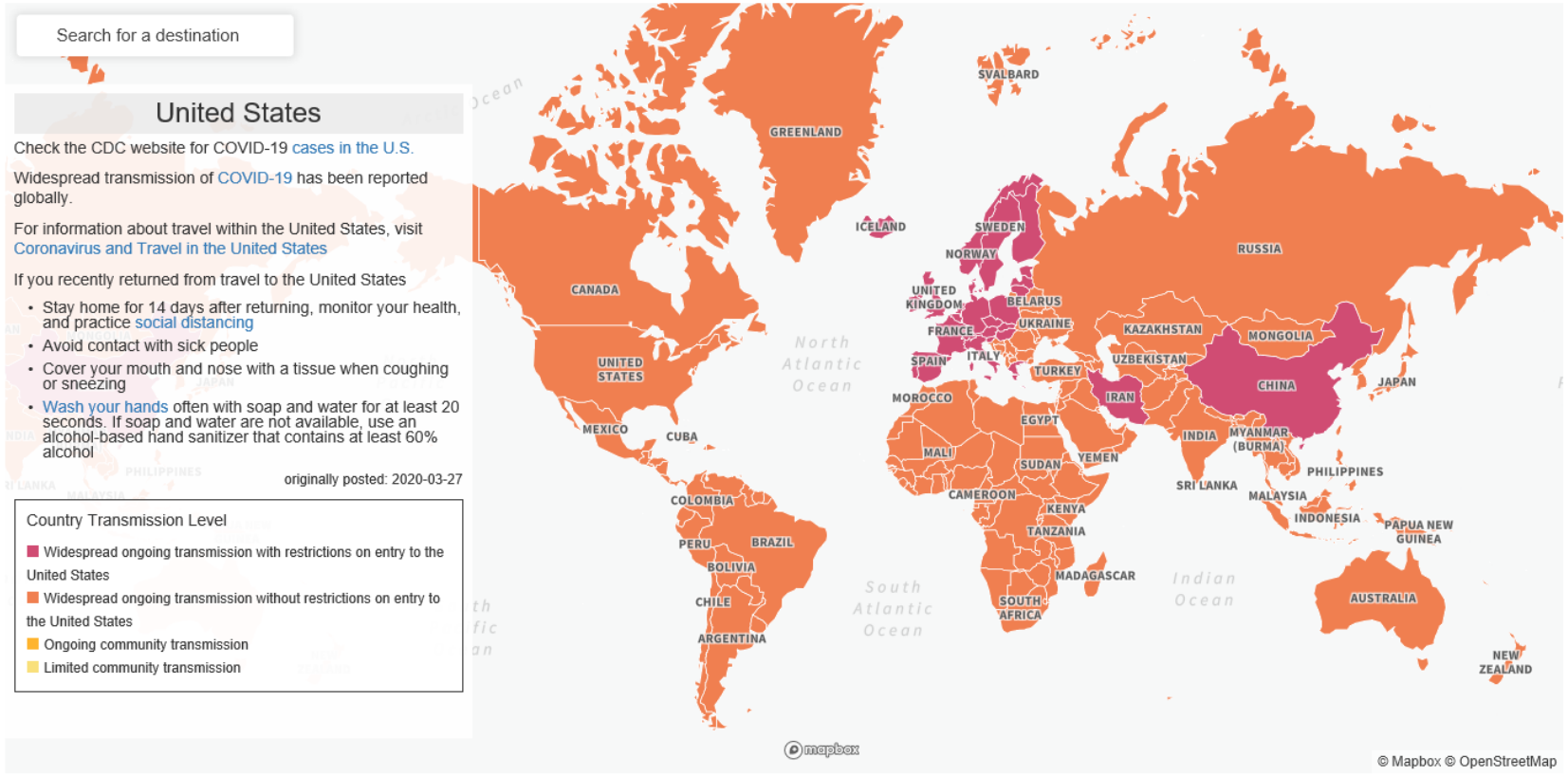
Traveler Guidance Remains Unchanged

Exposure	Recommended Precautions

• Travel from a country with widespread ongoing transmission[1]
• Travel on cruise ship or river boat
	• Stay home until 14 days after arrival and maintain a distance of at least 6 feet (2 meters) from others[2]
	• Self-monitor for symptoms
	  ◦ Check temperature twice a day
	  ◦ Watch for fever[3], cough, shortness of breath
	• Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure)
	• Follow CDC guidance if symptoms develop

• Travel from a country with ongoing community transmission	• Practice social distancing
	  ◦ Maintain a distance of at least 6 feet (2 meters) from others
	  ◦ Stay out of crowded places
	• Be alert for symptoms
	  ◦ Watch for fever[3], cough, shortness of breath
	  ◦ Take temperature if symptoms develop
	• Follow CDC guidance if symptoms develop

COVID-19 Travel Recommendations by Country



Two Recent Outbreak

- Homeless Shelters
  - New CDC Guidance
  - Challenges with Quarantine and Isolation
  - Need to Ensure Shelters are Implementing Preventative Measures

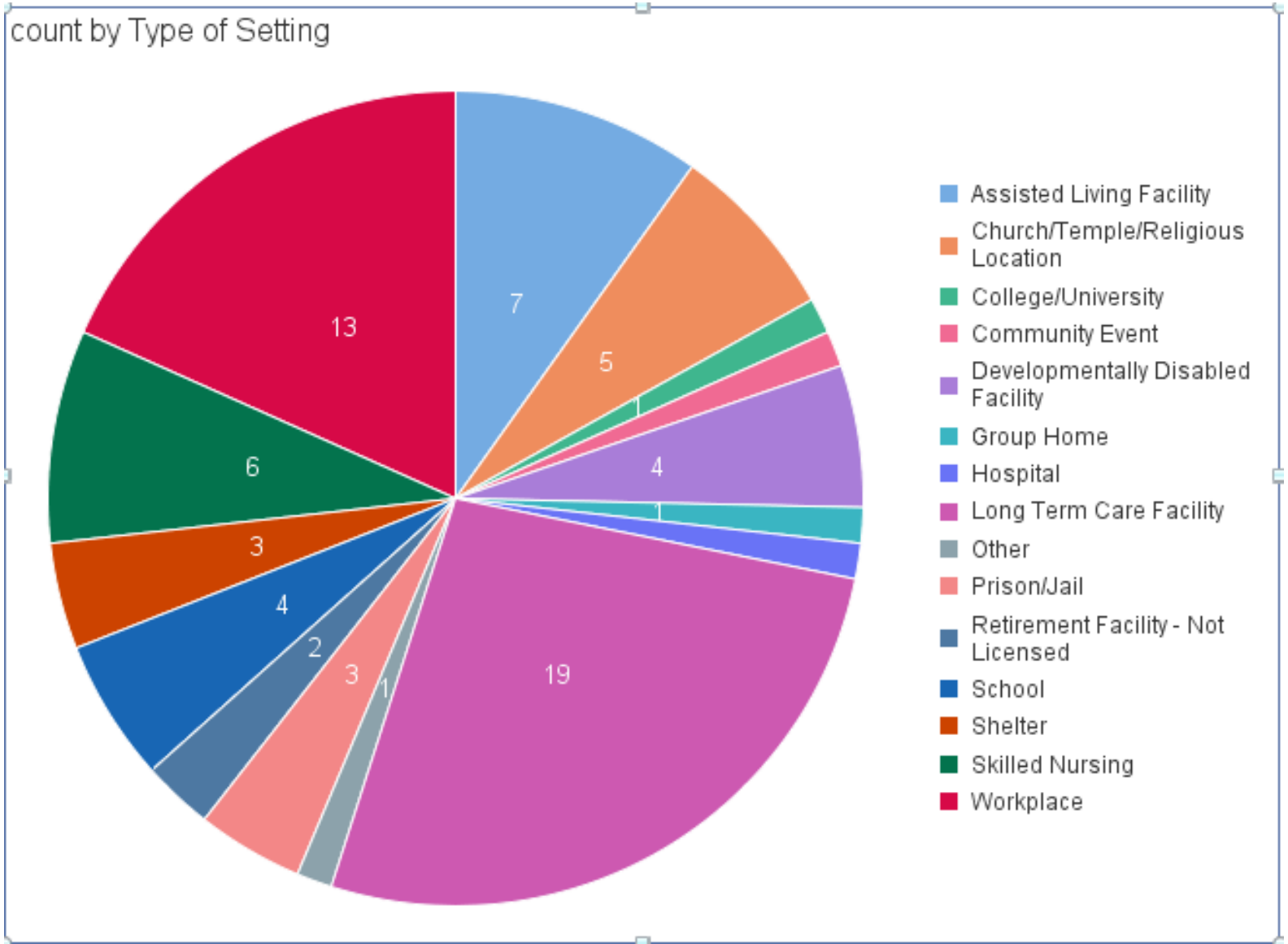
Homeless Outbreak Response

- Minimize staffing and exclude staff at high risk for COVID
- No visitors
- Environmental cleaning
- Quarantined building
- Separate Ills and Wells (alternative housing is not an option) with separate bathrooms and meals in room for ills
- Tested all ills

Senior Living Facility

- Single housing units
- No health care services
- Shared living spaces
- At risk population

COVID-19 Outbreaks in Congregate Settings; n = 71



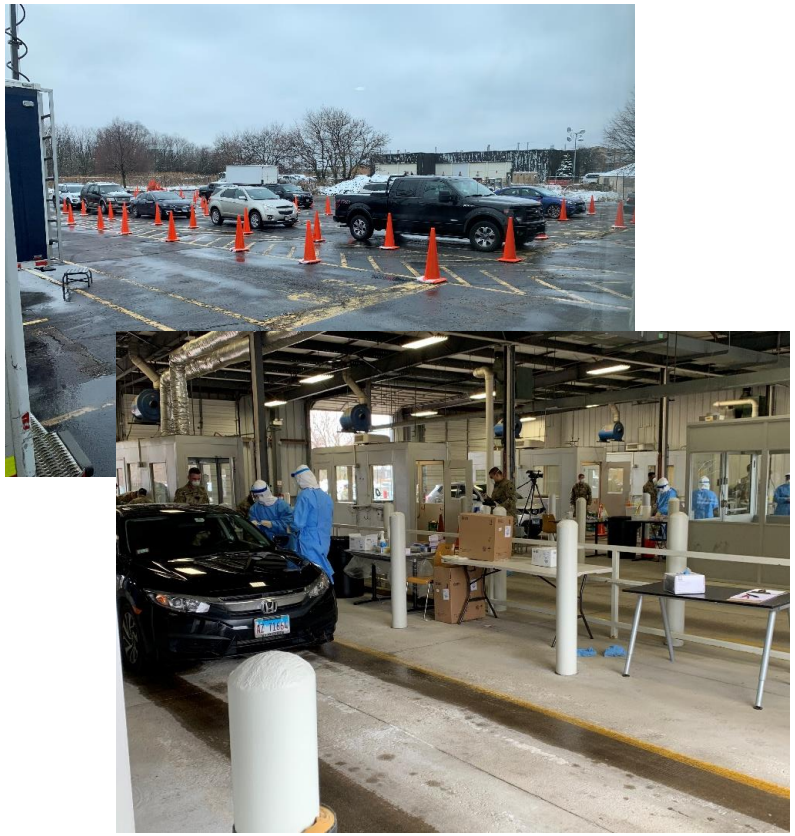
Updates to LTC Guidance

- Nebulizers
- Dining

FEMA/HHS supported Community Based Testing Sites (CBTS)

- Max 250 specimens collected per day per site
- Specimens sent to LabCorp and Quest for testing
- HHS Priority Criteria updated:
  - Healthcare workers with symptoms
  - First responders with symptoms
  - Seniors (65+) with symptoms
  - Those with underlying conditions with symptoms
- Five CBTS sites operational

FEMA/HHS supported Community Based Testing Sites



- **Private sector sites:**
  - Wal-Mart, 137 E North Ave, Northlake IL
    Hours of operation: 10-4
  - Wal-Mart, 2424 W Jefferson, Joliet IL
    Hours of operations: 10-4
  - Walgreens, 695 W Boughton Rd, Bolingbrook IL
    Hours of operation: 10-4
- **State run sites:**
  - Harwood Heights site
    (Former EPA Emissions Testing Facility)
    6959 W Forest Preserve Drive, Chicago, IL
    Hours of operation: 9-5
  - McLean county fairgrounds
    1106 Interstate Dr. Bloomington, IL
    Hours of operation: 9-5

CBTS Transition to State Led, Managed, Supported

- April 10th, all federally supported CBTS will either transition to fully state led/managed/supported OR will permanently close
- What this means
  - Demobilization of all US Public Health Service officers
  - No federal contract with LabCorp and Quest
  - No federal contract for shipping
- State is planning for transition to fully state led sites

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

HOSPITAL PREPAREDNESS PROGRAM

HPP prepares the nation's health care system to save lives during emergencies and disasters.

PROGRAM EVOLUTION

2002–2011

Individual facilities purchase equipment with HPP's support.
Hospitals use HPP funding to buy tangible resources like ventilators, mobile medical units, and pharmaceutical caches.

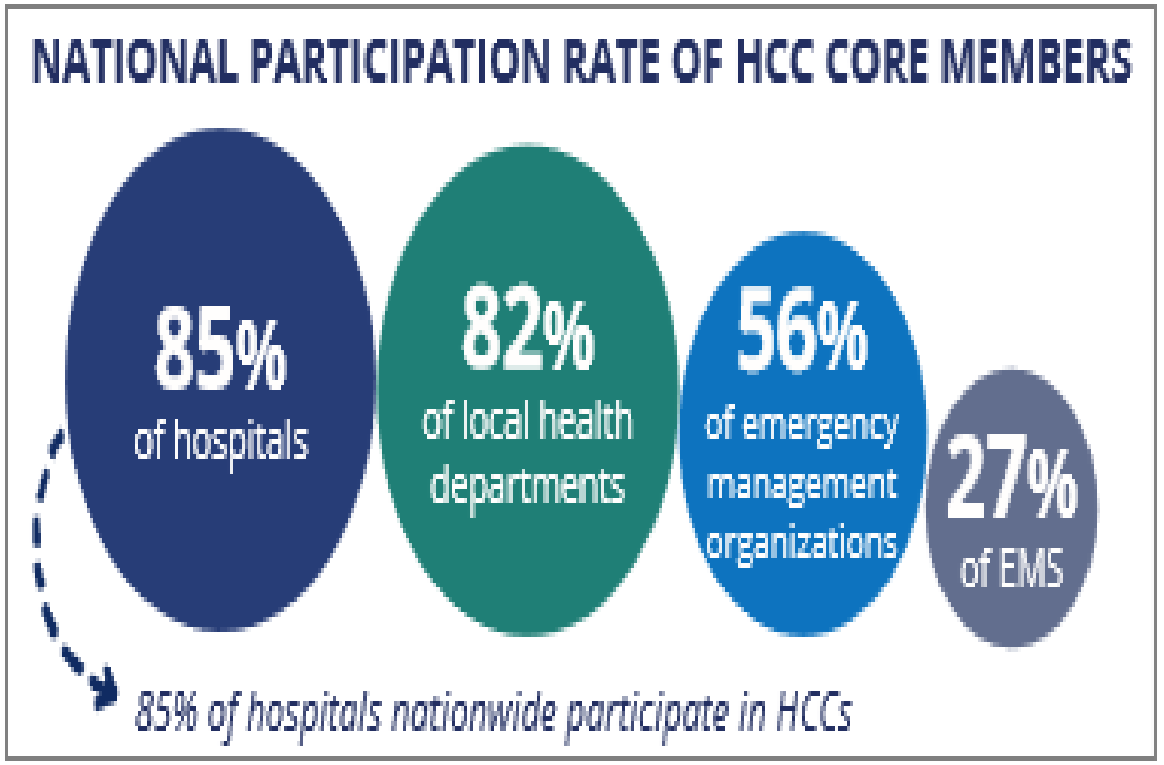
2012–2016

HPP formalizes support for regional health care coalitions.
Awardees disburse HPP funding to HCCs to promote the development of health care capabilities.

2017 and beyond

HPP emphasizes the role of HCCs as response entities.
HCCs use HPP funding to operationalize for response by optimizing membership and geographic coverage.

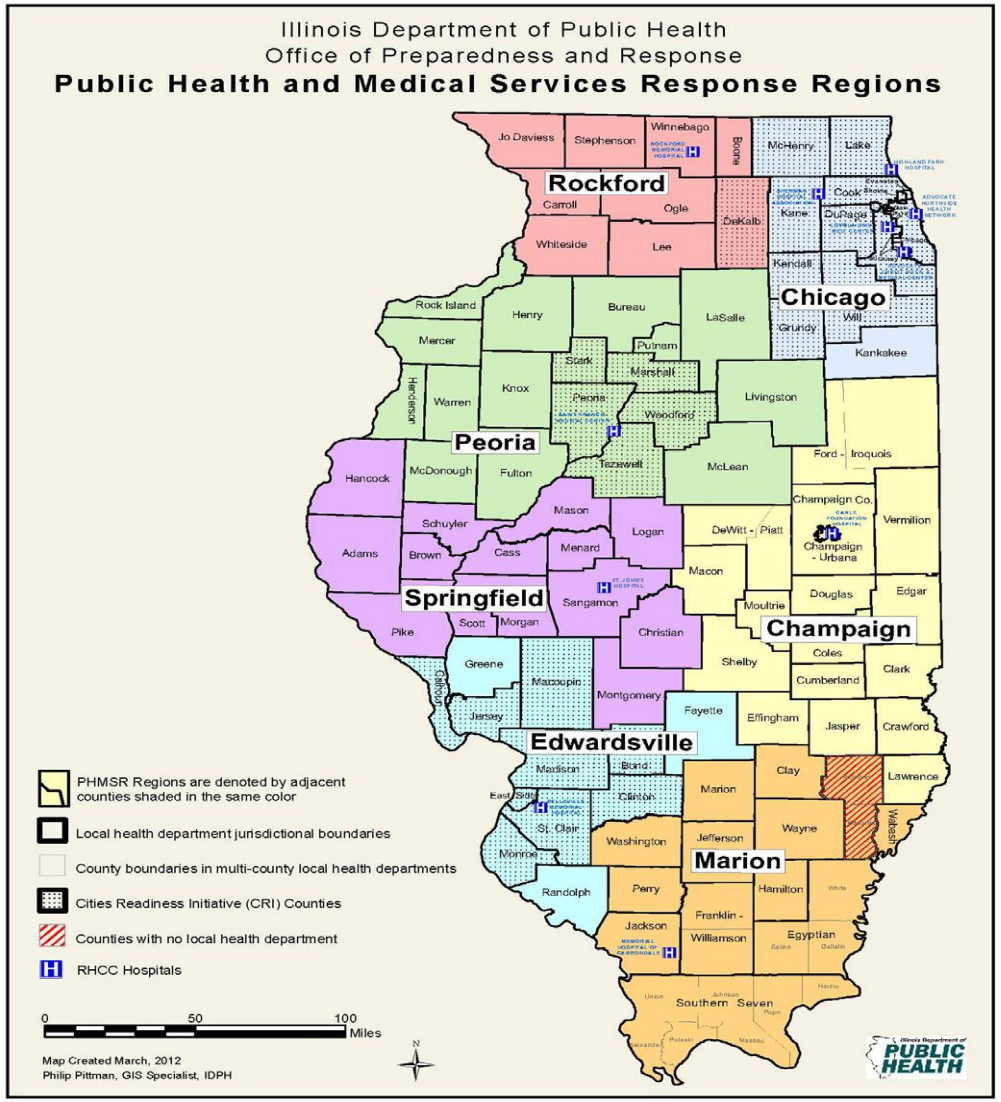
NATIONAL PARTICIPATION RATE OF HCC CORE MEMBERS

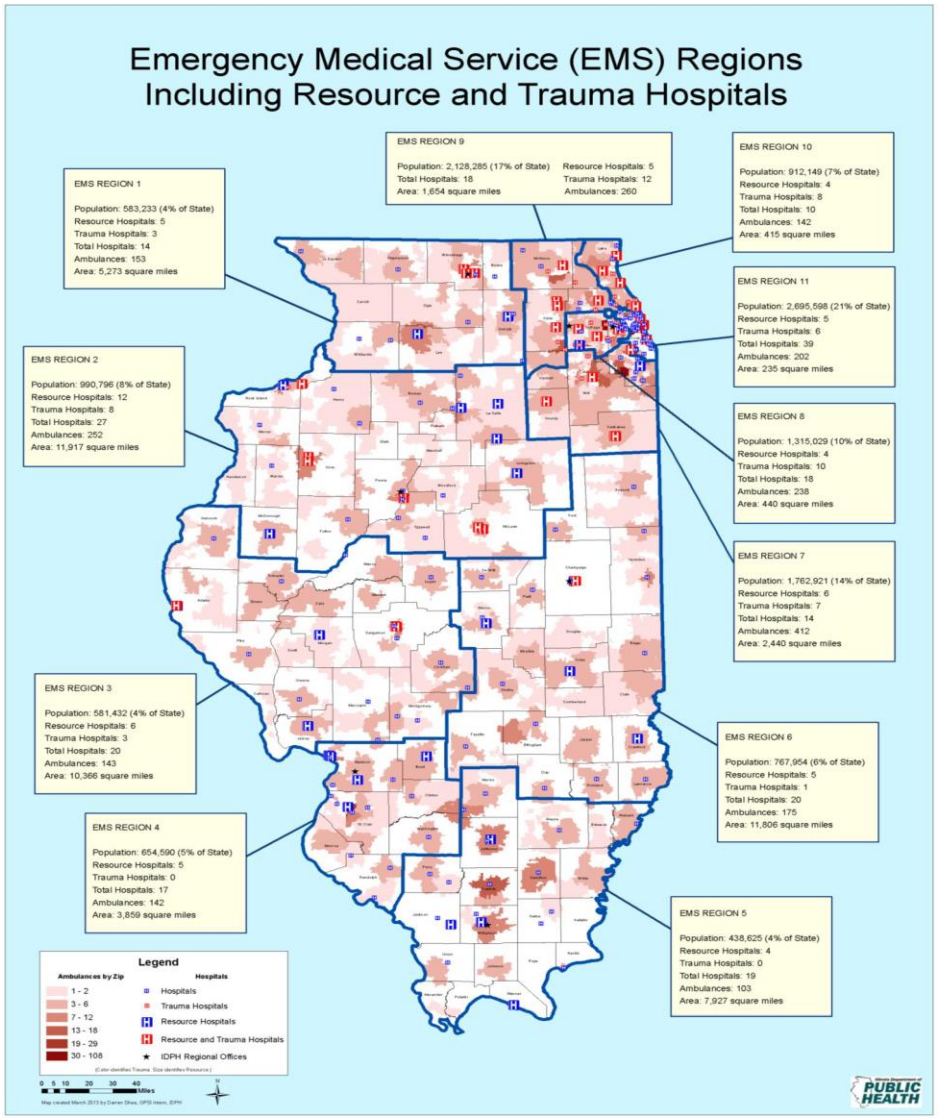


The Four Capabilities

- **Capability 1:** Foundation for Health Care and Medical Readiness
  - Coordinated and sustainable HCCs
- **Capability 2:** Health Care and Medical Response Coordination
  - Info sharing, managing resources, strategizing
- **Capability 3:** Continuity of Health Care Service Delivery
  - Uninterrupted, optimal medical care
- **Capability 4:** Medical Surge
  - Delivery timely and efficient care when the need exceeds available supply

Healthcare Coalitions in Illinois





Healthcare Coalitions in Illinois

- Provide an avenue for sharing situational awareness among partners
- Enhance response strategies
- Coordinate messaging to the partners and the public
- Share or request resources using the States ESF-8 Plan and Request for Medical Resources Process (RFMR)

The value of membership

- Does not deter from the individual entity's autonomous decision-making authority.
- Enhances the ability for members to discuss regional hazards and risks and mitigation and response strategies.
- May improve your ability to actually respond in real event
- Easier access to resources when they are needed.
- May assist in meeting standards and regulations related to community preparedness and integration into emergency response.

Medical Surge Capacity and Capability

- the ability to manage patients requiring unusual or very specialized medical evaluation and care
- specialized medical services (expertise, information, procedures, equipment, or personnel) that are not normally available at the location where they are needed (e.g., pediatric care provided at non-pediatric facilities).
- require special intervention to protect medical providers, other patients, and the integrity of the HCO.

Basic example: Many hospitals encountered difficulties with the arrival of patients with symptoms of severe acute respiratory syndrome (SARS).

specialty requirements of caring for a few patients with a highly contagious illness that demonstrated particular transmissibility in the healthcare setting

Priorities

Protecting staff and other patients

Screening for illness

Coordination with public health, emergency management, and other response assets was critical.

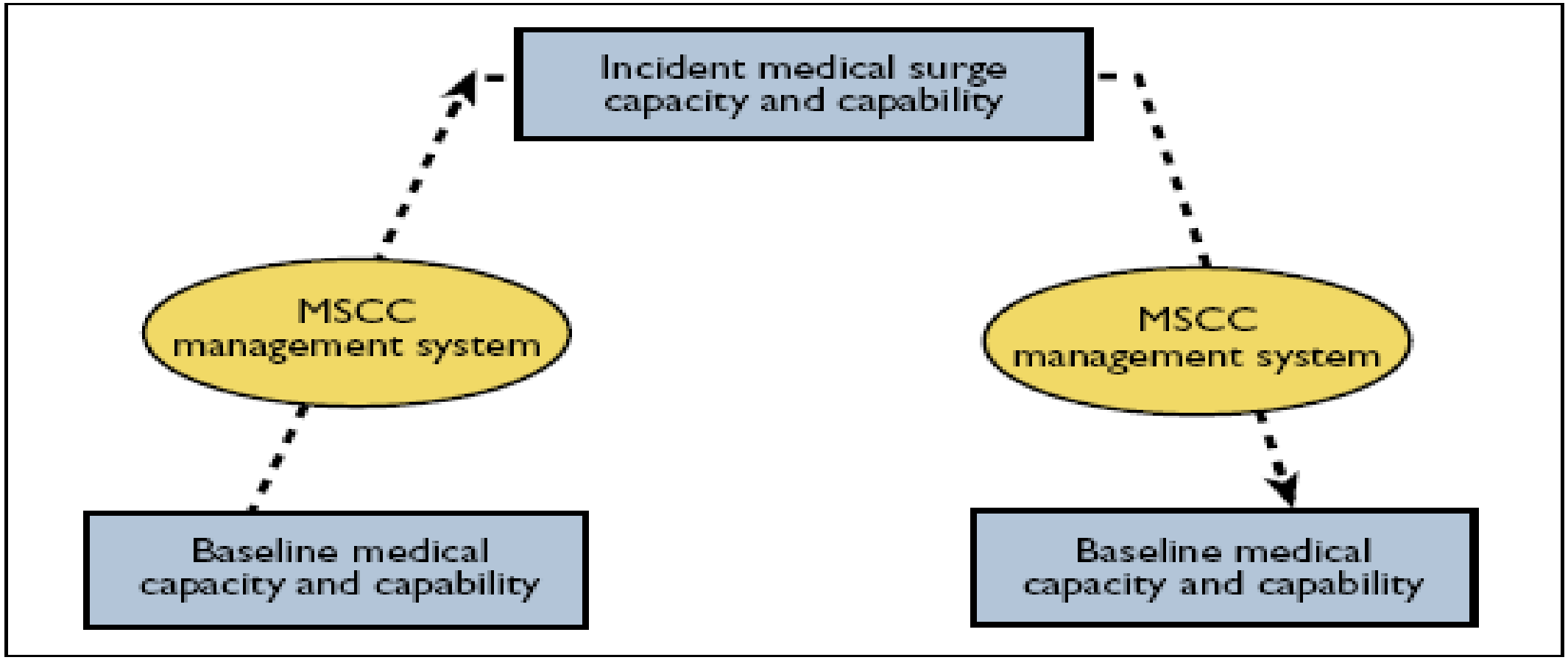
Requirements of MSCC Strategies

systematic approach to meet patient needs that challenge or exceed normal operational abilities

preserving quality of care and the integrity of the healthcare system

coordinate existing resources and then obtain "outside" assistance in a timely and efficient manner

Medical Surge Capacity and Capability



time sensitive and must be based primarily at the local level

Healthcare Call to Action

- Know your surge capacity and tell your neighbors
- Identify capabilities that you have that others do not and vice versa (peds care, burn, trauma, etc.)
- Recognize early when you are approaching capacity
- Alert HCC partners and IDPH
- Plan for surge outside of the HCO
- What does that look like? Who makes those arrangements? Does that involve hospital system movement or transfers?

EmResource for Hospitals

- Increased bed reporting and COVID patient data to TWICE DAILY 10am and 6pm- starting April 1, 2020
- As hospitals increase capacity ensure that this is reflected the Hospital Bed Capacity
- Be as accurate as possible when reporting
- IDPH is reviewing frequently to identify hot spots of increased activity
- This does not account for the COVID patients outside the ICU

What is a stay at home order?

YOU MAY LEAVE YOUR HOME ONLY TO PERFORM THE FOLLOWING ALLOWABLE ACTIVITIES:

HEALTH AND SAFETY ACTIVITIES – OBTAINING EMERGENCY SERVICES, VISITING A HEALTH CARE PROFESSIONAL, PICKING UP MEDICINE OR MEDICAL SUPPLIES

OUTDOOR ACTIVITIES – WALKING, HIKING, RUNNING, BIKING

SUPPLIES AND SERVICES – SHOPPING FOR GROCERIES, GASOLINE OR TAKE-OUT, ESSENTIAL HOME MAINTENANCE SUPPLIES

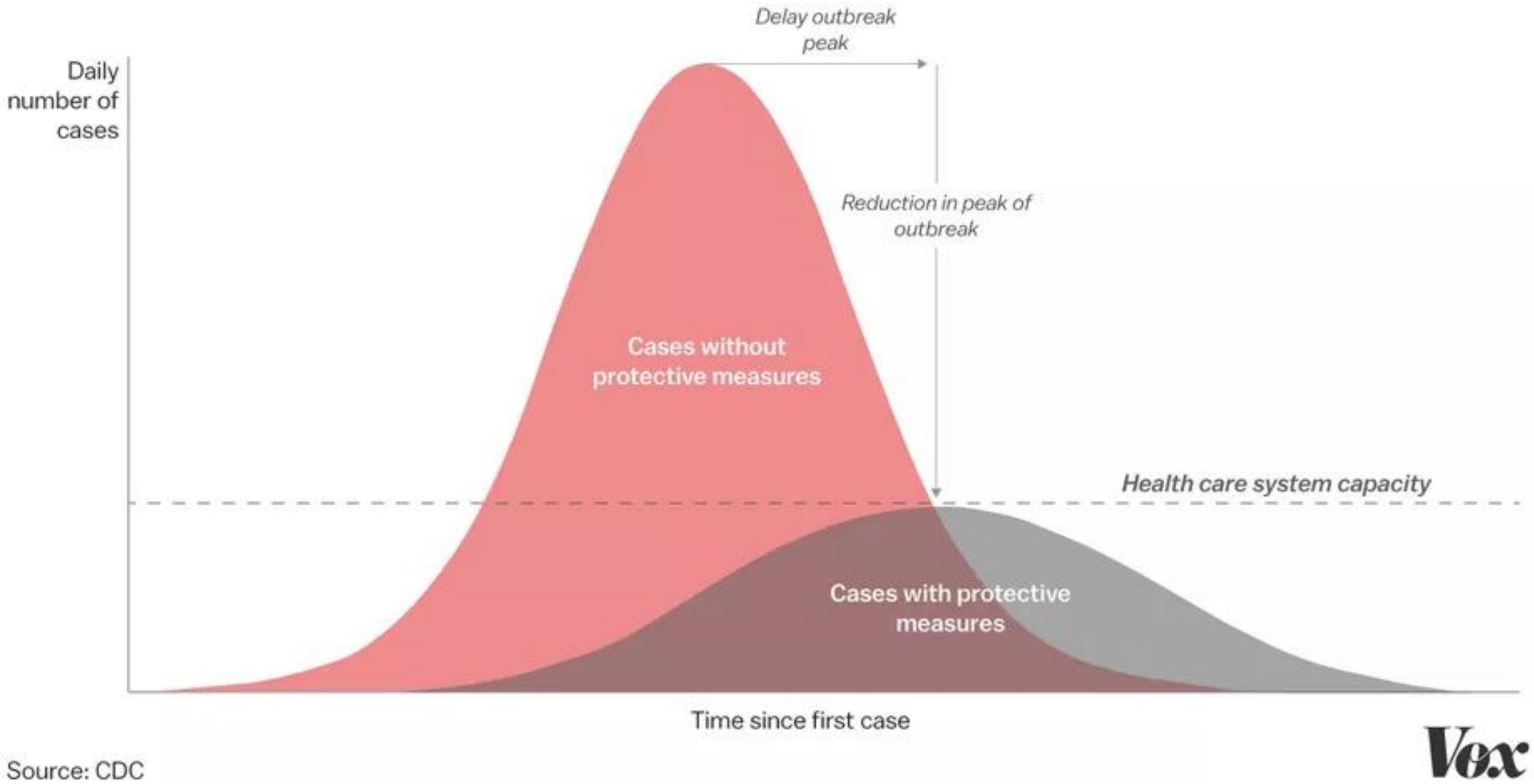
CARE OF OTHERS – TRAVEL TO CARE FOR THE ELDERLY, DEPENDENTS, PERSONS WITH DISABILITIES OR UNDERLYING HEALTH CONDITIONS, A FRIEND OR PET IN ANOTHER HOUSEHOLD

ESSENTIAL BUSINESSES – TRAVEL TO PERFORM WORK PROVIDING ESSENTIAL PRODUCTS AND SERVICES, SUCH AS HEALTH CARE AND PUBLIC HEALTH, PUBLIC SAFETY, BANKS, FOOD AND AGRICULTURE, AND MEDIA

FUNERALS – PERMISSIBLE PROVIDED THE GATHERING CONSISTS OF NO MORE THAN 10 ATTENDEES AND THE SPACE UTILIZED ALLOWS FOR SOCIAL DISTANCING (6 FEET SPACING BETWEEN PEOPLE). IF POSSIBLE, VENUES SHOULD MAKE ACCOMMODATIONS FOR REMOTE ATTENDANCE.

IF YOU DO LEAVE HOME, STAY AT LEAST 6 FEET APART FROM OTHER PEOPLE. EVERYONE IS ENCOURAGED TO STAY ACTIVE OUTSIDE DURING THIS TIME, PROVIDED THEY PRACTICE SAFE SOCIAL DISTANCING.

Flattening the curve



Source: CDC

Vox

Universal Masking Recommendation

- Recommendation: implement a universal-masking policy requiring all staff to wear a mask when working. This includes staff responsible for direct interaction or care involving residents as well as staff who do not normally interact directly with patients and residents
- Scope: long term care facilities, including skilled nursing and assisted living, group homes, homeless shelters, and correctional facilities (city, county, or state)
- Rationale: Universal masking will reduce the risk of transmission from staff who may be carrying SARS-CoV2 but are asymptomatic.
- Additional information on alternative facemasks and designs is available from: https://www.health.state.mn.us/diseases/coronavirus/hcp/masksalt.pdf