2019 Novel Coronavirus COVID-19

Provider Webcast

Lindsay Weaver, M.D. FACEP
Chief Medical Officer

Indiana State
Department of Health

March 20, 2020

Sign up for
Indiana Health Alert Network

https://ihan-in.org/

Indiana State
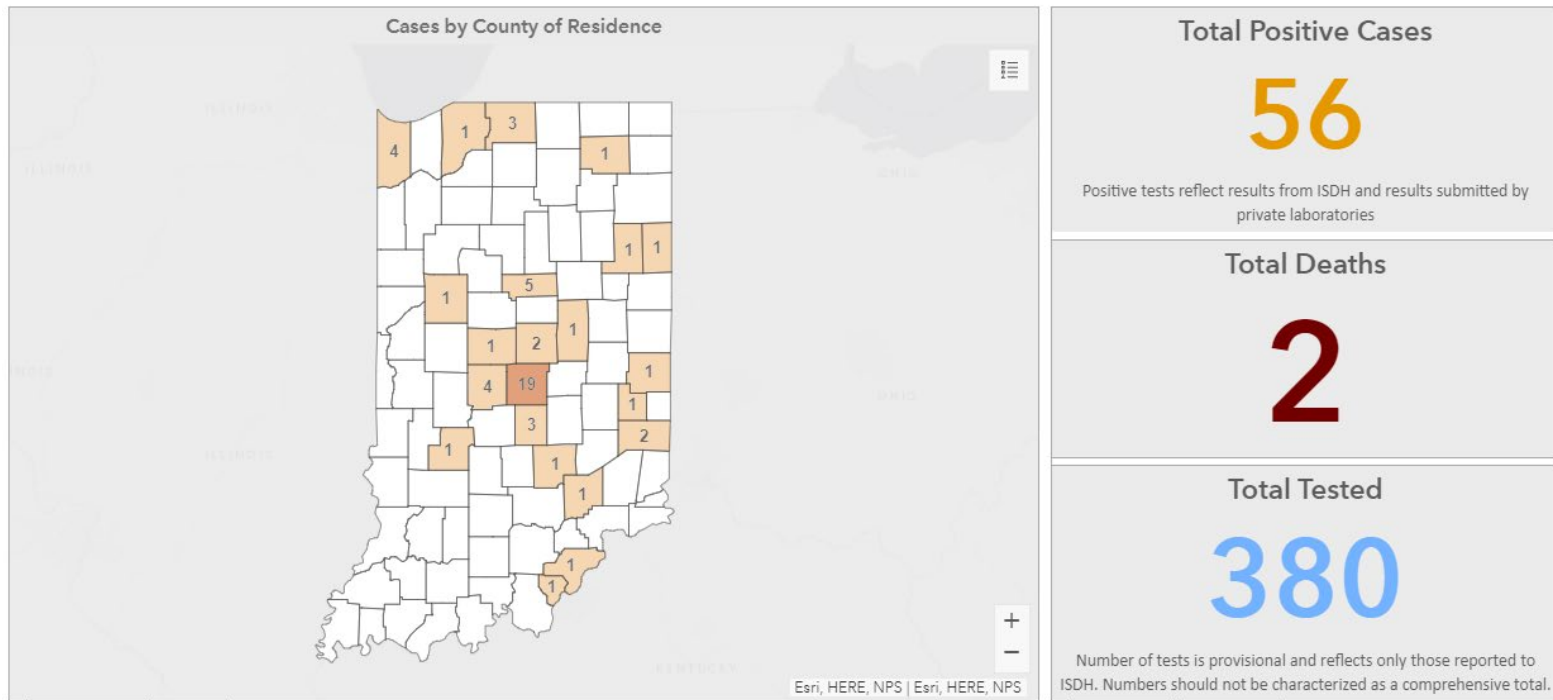Department of Health

Indiana COVID-19 Cases

ISDH has 56 positive cases of COVID-19 since Friday, March 6

- 22 counties
- Unfortunately we have 2 deaths due to COVID-19 – in Marion and Johnson counties

Cases by County of Residence

COVID-19 Dashboard

Updated daily at 10 a.m.
Results reported to ISDH through midnight the previous day

Indiana's COVID-19 Response

- Governor Holcomb declared a public health state of emergency – extended additional 30 days
- The state's Emergency Operations Center has been raised to Level 1 status and will work in conjunction with the Incident Command Center at ISDH for planning, coordination, predictive analysis, and other functions
- Established COVID-19 Multi-Agency Committee
- Convened a State-level Medical Advisory Committee

Governor: steps to stop the spread

- Directives for nursing homes and hospitals to follow CMS guidance, including visitation restrictions

- ISDH may waive requirements on nursing home certificate of need

- Hospitals and ambulatory surgical centers should cancel or postpone elective and non-urgent surgical procedures immediately
  - *Physicians should continue to perform critical procedures necessary to prevent short-term and/or long-term adverse effects to their patients' overall health*

- Mental health professionals permitted to practice telemedicine

Governor: steps to stop the spread

- Expanded telehealth services for mental health, substance use disorder, and prescribing for Medicaid covered services

- Following CDC guidance for canceling/postponing large events and mass gatherings

- All K-12 schools closed until May 1

- Bars, nightclubs, and restaurants are required to stop dine-in services, may provide take-out and delivery services through the end of March

- Suspend regulations to speed up deliveries to retailers and stock shelves

What ISDH Is Doing

- Collaborating daily w/federal, state, local partners
- Issuing twice daily media advisories, respond to media inquiries
- Prepared guidance for schools, universities, child care, and community organizations
- Prepared guidance for hospitals, providers, long term care facilities, EMS

- Monitoring critical state resources through EMResource, including PPE, viral media, testing supplies, bed availability, etc.
- Working with hospitals and health care partners to conserve, optimize use of PPE
- Issuing IHAN messages to keep providers updated

Testing Updates

- Partnered with Eli Lilly
- New RedCap submission form
  - You do not have to call for authorization code
  - Authorization code is given on completion of form
  - Continue to limit to at risk populations
- Request that there be 1 standard system of submitting these requests and that individual providers not be required to process the form

ISDH Testing Guidelines
March 20

1.) Patients admitted with an acute respiratory illness where COVID-19 is a concern

ISDH Testing Guidelines March 20

2.) Healthcare workers (inpatient, outpatient, nursing home, etc.):

- Symptomatic with fever and lower respiratory symptoms and in their role has potential or unknown exposure to at risk patients.

ISDH Testing Guidelines March 20

3) Long-term care facility residents or prison/jail residents and staff:

- Symptomatic with fever and respiratory illness and otherwise no known COVID-19 contact.

Considerations for Outside Testing March 20

Would consider testing patients who meet discharge but are otherwise symptomatic individuals such as:

- older adults (age ≥ 65 years) and
- individuals with chronic medical conditions and/or
- an immunocompromised state that may put them at higher risk for poor outcomes OR others as your hospital and providers designate.

Discharged patients

- Inform patients of the risks of developing severe illness about 8 days after onset of symptoms.
  - Report positive tests immediately reportable to the ISDH
  - Provide recommendations to discharge patients with instructions on home isolation
  - Sensitivity of test 60-80%, there are false negatives

Conserve Testing

- Encourage telehealth and nurse lines to have patients stay home if they have mild illness.

- Asymptomatic patients at risk for COVID-19, having direct prolonged contact with a COVID-19 patient or travel from a geographic area with community spread, should be advised to home quarantine for 14 days from the date of contact.

- Symptomatic patient with mild symptoms at risk for COVID-19 from direct contact, should be assumed to have COVID-19 and receive the same recommendations on home isolation and symptom monitoring as a patient with confirmed COVID-19. These patients do not require testing.

Testing for the virus that causes COVID-19

- If the decision is made to test a patient for COVID-19 then collect:
  - NP swab ONLY
  - Please update on EMResource if you are running low on the swabs or viral transport media
  - Suggested to order the swabs and media separately instead of requesting the kit

Collection of Respiratory Specimens

- HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves and a gown.

- The **number of HCP present during the procedure should be limited** to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.

- **Specimen collection should be performed in a normal examination room with the door closed.**

Patient Care

Indiana State
Department of Health

Nebulizers

- Avoid- aerosol producing
- Use Metered-Dose Inhaler when appropriate for asthma and COPD patients

Non-Invasive Oxygenation

- Nasal cannula oxygen can be used
- Place a surgical mask over the patients face
- HFNC >6L can is theoretically thought to be aerosol producing
- Preferred over CPAPA/Bipap when used with surgical mask

Airway Management

- CPAP/BiPAP should be avoided
  - Unless AIIR available and full PPE recommended
- Move to intubation quickly
- Use RSI
  - Rocuronium suggested to decrease risk of cough and vomiting
- Avoid Bag Valve Mask ventilation
  - Aerosol producing

Intubation

- High Risk Procedure- Full PPE including N95 or equivalent with gown, gloves, face shield

- Video laryngoscopy is recommended over direct laryngoscopy
  - Goal of distancing intubating physician from the patient

Treatment of COVID-19

- ARDS- Use lung-protective ventilation strategies and conservative fluid management

- Consider empiric antibiotics for concomitant bacterial pneumonia

- Treat with prone positioning for PaO2:FiO2 <150

Patient Disposition Recommendations

- Majority of patients are well (80%)
  - Plan for discharge with instructions to the patient and care givers on self isolation
  - Give the patient a mask(s) to use in home
  - Include instructions on latent (5-14 day) onset of severe symptoms
    - When to return to the hospital and instructions to call ahead if they are able

Discontinuation of Isolation

- Known or Presumed Symptomatic COVID-19 Patients
  - Non-test strategy:
    - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms
    - At least 7 days have passed since symptoms first appeared.
  - Test-based strategy:
    - Resolution of fever without the use of fever-reducing medications and
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
    - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart
- Asymptomatic Patients with Positive COVID-19
  - Discontinue home isolation 7 days after first positive COVID-19 test

Physician Resources Available

- Home care instructions for the patient and patient's caregivers
- Print these and have them readily available to give to patients
- Check the website at: in.gov/coronavirus

Indiana State Department of Health
Epidemiology Resource Center

Home Care Instructions for Novel Coronavirus (COVID-19)

The following instructions are for people who have or are being evaluated for novel coronavirus (COVID-19) and their families and caregivers. If you have or are being evaluated for COVID-19, you should follow the prevention steps below until a healthcare provider, the Indiana State Department of Health (ISDH), or your local health department determines that you can return to your normal activities.

If you are not sure if you have COVID-19, contact your healthcare provider. Your healthcare provider, in consultation with the health department, will determine whether you meet criteria for COVID-19 testing and will determine the most appropriate care plan for you.

INFORMATION FOR COVID-19 PATIENTS WHO ARE NOT HOSPITALIZED

1. **Stay home except to get medical care.** Do not go to work, school, or public areas, and do not use public transportation, ride-sharing, or taxis.

2. **Separate yourself from other people and animals in your home.** As much as possible, stay in a specific room away from other people in your home. If possible, use a separate bathroom. If you must be in the same room as other people, wear a facemask to prevent spreading germs to others. Although there have not been reports of pets becoming sick with COVID-19, you should also avoid contact with animals or pets while you are sick.

3. **Call ahead before visiting your doctor** and tell them that you have or may have COVID-19 so they can prepare for your visit and take steps to keep other people from being exposed or infected.

4. **Wear a facemask.** You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

5. **Cover coughs and sneezes.** To prevent spreading germs to others, when coughing or sneezing cover your mouth and nose with a tissue or your sleeve. Throw used tissues in a lined trash can, and immediately wash hands with soap and water for at least 20 seconds, or use alcohol-based hand sanitizer if soap and water are not available. You should use soap and water if your hands are visibly dirty.

6. **Wash your hands often** and thoroughly with soap and water for at least 20 seconds. Use alcohol-based hand sanitizer if soap and water are not available and if hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

7. **Avoid sharing household items.** Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people or pets in your home. These items should be washed thoroughly after use with soap and warm water.

8. **Monitor your symptoms.** If illness gets worse (e.g., trouble breathing, pain in chest), get medical care right away. **Before** you visit a clinic or hospital, call your healthcare provider and tell them that you have, or might have, COVID-19. This will help your provider take steps to keep other people from getting infected. If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for, COVID-19. If possible, put on a facemask before emergency medical services arrive.

These recommendations should be followed until your healthcare provider and/or the health department confirm that you do not have COVID-19 or determine that you are no longer contagious.

Supportive and Symptomatic Treatment Recommended

Reported Alternative Treatments…

Indiana State
Department of Health

Hydroxychloroquine and Chloroquine

- Minimal Research

- Suggested that in vitro reduces viral replication

- In Vivo outcome data is minimal
  - Gautret et al: Hydroxychlorquine and azithromycin (Marseille study)
    - Non-randomized open label study of 20 patients
    - Reduction of viral load

- Risk vs. Benefit

Hydroxychloroquine and Chloroquine

- Contraindications:
  - Prolonged QT interval
  - Epilepsy
  - Porphyria
  - Myasthenia gravis
  - Retinal pathology

- Serious adverse events
  - Torsade de pointes
  - Cardiomyopathy
  - Bone marrow suppression (thrombocytopenia, agranulocytosis, leukopenia)
  - Hypoglycemia

Remdesivir

- Available from Gilead for compassionate use only; apply through FDA
- Being used in one trial in the United States
- May be effective based on *in vitro* and animal data

Treatment

Lopinavir–Ritonavir

- No benefit found at this time

Steroids

- Not recommended at this time for treatment of COVID-19

Protect Healthcare Providers

Indiana State
Department of Health

PPE

- Recommend symptomatic patients be immediately given a mask
- Providers should suspect COVID-19 on all undifferentiated patients and wear a mask
  - N95 or equivalent is not necessary unless performing an aerosol producing procedure
- Review recommendations for reuse of mask

PPE Update

- National shortage of personal protective equipment, specifically facemasks and N95s
  - Follow PPE conservation recommendations and optimize your facility's supply of PPE in the event of shortages
- Continuously monitoring supply on EMResource statewide
  - Ensure your facility is updating EMResource daily with accurate numbers so that ISDH can assist with allotment if available
- Contact outpatient facilities (outpatient clinics, outpatient surgery centers, etc.) to obtain PPE
- Those out of supplies and in immediate need email isdhdeplogistics@isdh.in.gov

PPE Update

- Facemask is appropriate for care of COVID-19 patients, N95 is only needed for aerosol producing procedures
- When collecting NP swab from a possible COVID-19 patient:
  - If available, HCP should consider wearing an N-95 or higher-level respirator (or **facemask if a respirator is not available**), eye protection, gloves, and gown
  - Several hospitals/hospital systems have gone to only using droplet precautions and using facemasks (with shield/goggles, gloves, and gown)

PPE Conservation

- Extended use if limited access to respirators or facemasks:
  - Consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask
  - Risk of transmission from eye protection and facemasks during extended use is expected to be very low

PPE Conservation

- Elective surgeries should be postponed
- Use alternatives where feasible
- Consider implementing extended use and limited reuse
  - Any reusable PPE must be properly cleaned, decontaminated and maintained after and between uses
- Minimize number of HCP who need to use the N95
  - Limit number of patients going to hospital or outpatient
  - Exclude HCP not directly involved in patient care (dietary and environmental services)
  - Limit face to face encounters and bundle necessary interactions
  - Visitor restrictions
  - Telemedicine
  - Cohort patients

Recommended PPE Update

- Facemasks are an acceptable alternative when respirators cannot meet the demand.

- Available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.

- Eye protection, gown, and gloves continue to be recommended.

Summary of Key Changes for the EMS Guidance:

- Facemasks are an acceptable alternative until the supply chain is restored

- Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.

- Eye protection, gown, and gloves continue to be recommended.

AIIR Update

Updated recommendations regarding need for an airborne infection isolation room (AIIR):

- Patients with **known or suspected COVID-19 should be cared for in a single-person room with the door closed.**

- **Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures.**

- Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

Communicable Disease Reporting Rule

- Per the Communicable Disease Reporting Rule (410 IAC 1-2.5), COVID-19 infection is considered an immediately reportable disease.

- As private laboratories gain testing capacity, clinicians and laboratories that receive positive COVID-19 test results must report those immediately to their appropriate local health departments.

- Please also make sure that you are communicating both positive and negative test results with the patient. This is particularly important for tests at private labs.

Outpatient Facilities

– Reschedule non-urgent outpatient visits as necessary.

– Consider reaching out to patients who may be a higher risk of COVID-19-related complications

- Elderly
- Medical co-morbidities- especially respiratory disease
- Pregnant women

– Symptomatic patients who need to be seen in a clinical setting should be asked to call before they leave home

– Eliminate patient penalties for cancellations and missed appointments related to respiratory illness

Strike Teams

- ISDH allocated resources to offer testing to residents in long-term care facilities
- Help receive treatment quickly and prevent spread within facility
- Call Tami Johnson at 317-412-2127 or email tamjohnson@isdhin.gov to schedule testing at your facility
- Nurse Surveyors are doing infection control education

Inpatient Facilities

– Reschedule elective surgeries

– Limit or restrict visitors to COVID-19 patients

– Plan for a surge of critically ill patients and identify additional space to care for these patients. Include options for:

- Using alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.

- Separating known or suspected COVID-19 patients from other patients ("cohorting").

- Identifying dedicated staff to care for COVID-19 patients.

Monitor Healthcare Workers

– Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.

– Be aware of recommended work restrictions and monitoring based on staff exposure to COVID-19 patients.

– Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill

Monitor Healthcare Workers

– Do not require a healthcare provider's note for employees who are sick with respiratory symptoms before returning to work.

– In settings of widespread transmission, your facility may consider screening staff for fever or respiratory symptoms before entering the facility.

– Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home.

– Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.

How can you counter stigma during the COVID-19 response

Maintain privacy and confidentiality of those seeking healthcare and those who may be part of any contact investigation

- Quickly communicate the risk or lack of risk from associations with products, people, and places.
- Raise awareness about COVID-19 without increasing fear.
- Share accurate information about how the virus spreads.
- Share the need for social support for people who have returned from China or are worried about friends or relatives in the affected region.
- Share mental health resources within your healthcare team

How to Report Deaths Involving COVID-19

- **Coronavirus Disease 2019** or **COVID-19** should be reported on the death certificate for all decedents where the disease caused or is assumed to have caused or contributed to death. Please report as soon as possible.
  - Specification of the causal pathway leading to death in Part I of the certificate is also important.

ISDH Contact

- ISDH ICS Activated
- Provider Number: 877-826-0011
  - 24 hours a day, seven days a week
- Latest information at: in.gov/coronavirus

Indiana State
Department of Health

Contact Information

Lindsay Weaver MD FACEP
Chief Medical Officer
317-233-7164
email@isdh.in.gov

Indiana State
Department of Health