

MEETING SUMMARY

Coronavirus Disease 2019 (COVID-19) All Provider Conference Call

03/03/2020 0730

RIDOH Experts on Calls:

- Alysia Mihalakos, RIDOH, Chief, Center for Emergency Preparedness and Response
- Dr. Philip Chan, RIDOH, Consultant Medical Director, Division of Preparedness, Response, Infectious Disease, and Emergency Medical Services
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Situational Overview

- Globally: 90,000 confirmed cases of COVID-19
 - Spike in COVID-19 cases across the last few days
 - Italy, Japan, South Korea, and Iran are seeing a fair number of cases
- United States: approximately 43 confirmed and presumptive positive COVID-19 cases (cases diagnosed within the boundaries of the US)
 - Does not include repatriated citizens
- Rhode Island: 2 COVID-19 cases diagnosed within the last few days
 - Both cases went on a school trip to Italy
- The COVID-19 situation has shifted greatly over the last week.
 - RIDOH has been preparing for cases of COVID-19 in RI for months
 - Instituted Incident Command System (ICS)
 - Taking an “all hands on deck” approach to address COVID-19
- RIDOH is doing extensive contact tracing to identify everyone who may have had direct contact with COVID-19 cases
 - All individuals who went on the trip will be self-monitoring for symptoms at home for 14 days from their contact with a case
 - Staying home, not going to work and not going to school
 - Public health nurses will check in daily
 - RIDOH will notify primary care providers if a member of their patient population is a person under investigation (PUI).
 - In consultation with the Rhode Island Department of Education (RIDE) and RIDOH, school leadership made the decision to temporarily close Achievement First Academy (campuses in Providence and Cranston) and Saint Raphael Academy in Pawtucket, as well as Meadowbrook Farms School in East Greenwich, which was occurring while we were on the call.
- RI is not seeing widespread community transmission and general risk for RI remains low at this time
- Risk level for COVID-19 is low for someone who has not had direct contact with a case

Symptoms and Clinical Course of COVID-19

- CDC website provides excellent guidance and resources for clinical consideration
- Other sources of COVID-19 information include:
 - WHO daily situation reports

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- Johns Hopkins Coronavirus COVID-19 Global Cases dashboard
- At this time, information on the spectrum of clinical illness associated with COVID-19 is being learned from countries experiencing widespread cases and community transmission.
 - Range from mild disease with non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock.
 - From the [literature](#), mild disease is most common (Chinese CDC report: [Characteristics of and Important Lessons from the Coronavirus Disease 2019](#) [COVID-19])
 - 81% of cases are classified as mild
 - 4.7% of cases are classified as severe
 - Concerning that mortality rate 1-2%
 - Those at greatest risk of infection are persons who have had prolonged, unprotected close contact with a patient with symptomatic, confirmed COVID-19 and those who live in or have recently been to areas with sustained transmission.
 - Current information supports that people are most contagious when most symptomatic
 - People who are not sick, but who have risk factors, are self-monitoring for symptoms under the supervision of RIDOH staff
 - Instructed to stay home, not attend work or school and avoid public places and gatherings for 14 days
 - At this time, CDC has not made recommendations for travelers returning to the US from countries other than China to self-quarantine
 - Individual returning travelers who have gone to countries with widespread or community transmission may elect to self-quarantine for 14 days.
 - No vaccine for COVID-19 is available
 - Some vaccines are under development
 - Remdesivir (an antiviral agent) is available for selected cases from CDC and has shown in vitro activity against COVID-19
 - Testing in randomized trials in China and US

Identifying and Evaluating Persons Under Investigation (PUI)

- Clinical knowledge of COVID-19 is rapidly evolving.
 - Asking healthcare providers to consult with RIDOH to evaluate patients on a case-by-case basis
 - Healthcare providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness
 - Key history questions for determining risk:
 - Travel history
 - Close contact with a confirmed case of COVID-19
 - PUI for whom testing is indicated:
 - People with fever or signs/symptoms of lower respiratory illness AND any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
 - People with fever and signs/symptoms of a lower respiratory illness AND a history of travel from affected geographic areas within 14 days of symptom onset
 - People with severe acute lower respiratory illness requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) AND no source of exposure has been identified

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- Per CDC guidance, not testing people without symptoms
- Any suspected cases should be reported immediately to the RIDOH Center for Acute Infectious Disease Epidemiology at 401-222-2577 during business hours (M-F, 8:30AM-4:30PM) and 401-276-8046 after hours

Role of Outpatient and Primary Care Providers

- RIDOH has advised Rhode Islanders to call their healthcare provider before going to a healthcare facility if they have recently traveled to an area with widespread or ongoing community spread of COVID-19, or if they have had contact with a case, and they have symptoms of the disease
- If you receive a call from a patient who meets these criteria, call RIDOH immediately.
 - RIDOH will assist with triage and next steps to identify a location where the patient can be safely evaluated
- If a symptomatic patient presents at your office:
 - Have the patient put on a surgical mask
 - Immediately place the patient in a room with the door closed, a negative pressure room if available
 - Contact RIDOH and notify infection control personnel at your healthcare facility immediately
 - Any staff who will be in contact with the patient should wear appropriate personal protective equipment
 - Rooms should be thoroughly [disinfected](#) before they are used again
- CDC recommends a cautious approach for PPE:
 - Gown, gloves, eye protection (goggles or a face shield) and N95 respirators
- If you do not have appropriate PPE, contact RIDOH to determine next steps
 - RIDOH will likely refer patient to a hospital Emergency Department with advanced notice
- RIDOH is working to better understand the availability of PPE and gaps in supply in a variety of settings.
 - Survey of existing PPE supplies will be sent out by separate email today
 - RIDOH urges all outpatient practices to complete the survey as soon as possible

Question and Answer Session

1. *When will we have a faster COVID-19 test?*
 - A. RIDOH does currently have the test up and running. The State Health Lab (SHL) does usually have a same-day turn around for the test results. RIDOH is running the assay at the SHL. Tests are being confirmed at the CDC. The FDA is looking to expand testing.
2. *Can you issue guidance on methods on collecting specimens?*
 - A. The RIDOH SHL will be sharing guidance in the next few days. While the CDC did put out guidance related to specimen collection, RIDOH wants to put out a guidance that is a little more direct and clear-cut because the CDC guidance was a very long document. Healthcare workers collecting specimens should use appropriate PPE.
3. *Our health system has not made it a priority to get N95 masks in our offices. Are we okay to use PPE without N95 masks, like our regular masks in the office? Are you coming down against that?*

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- A. CDC guidance states that if you are evaluating a patient with risk factors for COVID-19, it is ideal to have an N95 mask for optimal protection of those healthcare providers. We want healthcare providers kept safe by screening patients for COVID-19 risk factors before scheduling appointments and, if somebody does walk in, putting them in a room with the door closed and masking the patient, then calling RIDOH before doing any kind of evaluation. We want to minimize putting healthcare providers at risk.
4. *In the Providence area, are there specific facilities we should send our patients to if they need to be hospitalized?*
- A. At this point, no. We would base the hospital determination on the clinical needs of the patient. RIDOH will continue to send patients to the closest hospital geographically or based on the patient's preference, when we're consulting with you.
5. *Related to that, are you able to provide us a list of all the phone numbers for the hospitals of where we should call if we do have to send a patient?*
- A. The best approach is to call RIDOH and RIDOH will help to facilitate contact with the hospitals.
6. *Is that 14-day a hard rule? If somebody who comes from a country with high community transmission develops a fever and they were there 21 days ago, does that discount the possibility of exposure?*
- A. Per the current guidance from the CDC, the answer would be yes, discount them. If someone returned 21 days ago from Italy or China and becomes symptomatic, then yes, discount them because they don't meet the risk criteria for COVID-19. The typical onset of symptoms is 4-7 days with an average of five days. 14 days, based now on multiple studies, is seen as the upper limit. Once you get to 21 days, unless there is an incredibly unusual circumstance, we would use the 14-day rule of thumb.
7. *Is RIDOH doing any surveillance testing?*
- A. We are not seeing widespread community transmission in RI. RI is not doing surveillance testing at this time. There is not a protocol to do this at this time.
8. *Separate from wearing N95s in the appropriate setting, how is fit testing done and who does it?*
- A. RIDOH will discuss internally and after the call, RIDOH will develop guidance on fit testing for outpatient providers.
9. *Does RI provide the specimen collection kit if we have a suspected case?*
- A. Not at this time. RIDOH refers the patient to a local hospital Emergency Department for specimen collection to ensure the individuals collecting the specimen have the proper PPE.
10. *Can you confirm that we are handling the following common scenarios seen by clinicians across the state in the outpatient setting appropriately:*
- When someone is sick with symptoms and have traveled to an endemic area, we have advised our practices to contact RIDOH for further guidance.*

- i. That is appropriate.

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We ask that patients with mild respiratory symptoms who are not severely ill and have no epidemiological risk factors to stay at home and use good hygiene. They most likely do not need to be seen. Does that seem reasonable?

- ii. If the patient does not have epidemiological risk factors for COVID-19, those are the calls primary care can triage away from RIDOH. Screening out individuals that practices can confidently say do not have travel history or close contact with a confirmed case is helpful. It is up to the office protocols to determine the threshold for bringing patients in for evaluation.

11. Is RIDOH aware of concerns related to limited reporting abilities of countries in Southeast Asia? And what should practices do if people are returning from these areas?

- A. Many countries do not have the same robust reporting structure as the US. At this time, CDC is only recommending measures be taken in the five current countries we have identified. There is a lag between when infection in other countries become widespread and when people realize it. RIDOH is following CDC guidance about how to best handle people traveling from other countries. Use your best judgement and if you have someone with travel outside the country in the past 14 days and unexplained viral illness, call RIDOH for advice.

12. Can RIDOH provide more guidance about how to properly disinfect a room after isolating a patient?

- A. [CDC has provided specific guidance around infection control](#) for different settings. RIDOH has not yet seen guidance on how long to keep a room vacant after evaluating a patient.

13. Any recommendations for home care if COVID-19 reaches the point that visiting nurses are needed to monitor individuals in the home?

- A. At this moment in time, we do not have guidance on monitoring individuals in the home. RIDOH did implement questions in the travel questionnaire asking if anyone in the home is receiving any home care or companion services. We will follow up with the RIDOH Center for Acute Infectious Disease Epidemiology (CAIDE) to ensure that as they follow up on confirmed cases, they are asking about any existing home care services.

14. Will we be getting a directive from RIDOH regarding cancellations of large gatherings?

- A. We are in a phase where things are progressing. RIDOH has not issued guidance on mass gatherings at this point. We will work with local partners to discuss these risks together. If things become very widespread, we may issue more broad-based guidance about event and gathering cancellations. At present, we have not asked that any large gatherings be cancelled.

15. Have we had any further discussion with the federal government, FEMA, etc. about accessing the federal government's stash of N95s that are in their cache for federal emergencies?

- A. RIDOH has made several inquiries to federal partners about the Strategic National Stockpile (SNS), about what is in it and what is available to us. There are currently no plans to release the cache. SNS does maintain the PPE that was purchased during H1N1. There may, at some time, be PPE that is old but available. Using expired PPE is the last-

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ditch method CDC recommends. RIDOH is doing everything it can to learn more about what is available. RIDOH recognizes that it is very difficult to order and receive PPE through the current supply chain.

16. *Does RIDOH have any specific guidance for post-acute Long-Term Care beyond the CDC and AMDA?*
- A. No. RIDOH will send out the CDC guidance to ensure that all Long-Term Care facilities have it.
17. *Right now it is nice that we have the travel history and contact with confirmed cases as a way of keeping people out of the office, but as a pediatrician, I see on a day-to-day basis children with upper-respiratory, fever, sore throat, cough, that need to be treated. When we get the point where this might be community acquired, what are we going to use as the triage then to keep people out of the office, or trying to find the ones that need to be seen for other reasons?*
- A. We don't have a clear answer at this point. It is going to be a challenge and that is why we are working hard to try to have a plan in place to help people triage. It will get a lot easier if we have the appropriate amount of PPE for folks.
18. *Is there any specific guidance for pregnant patients?*
- A. CDC released [guidance for pregnant patients](#) about two weeks ago, and we can include a link to that in the notes that go out after this call. If anything, it is reassuring that younger people, children, and kids do not seem to be as acutely affected by COVID-19 as adults.
19. *Can RIDOH give guidance to school departments about not needing notes if kids stay home sick or needing clearance to go back to school/childcare center?*
- A. We have a call tomorrow, 03/04/2020, with educators and will bring up that topic.
20. *At what point do our staff need N95 masks when they are screening for flu in order to rule out COVID-19?*
- A. Your question refers to that scenario where we have a more widespread occurrence and we cannot rely on the two triage screening questions. Having that appropriate PPE makes that a workable scenario. Hopefully we can make some progress on PPE before we encounter that widespread scenario.
21. *What are you learning about the nursing home in Washington state? Is it true that they are on lockdown? What can we do to be proactive to avoid that scenario? February is big vacation time, how are we going to keep track of who is coming in to visit and where they have been?*
- A. In terms of the nursing home and long-term care (LTC) facilities, something that is being done at some of the hospitals is to screen people coming in to visit for flu-like symptoms and saying if you have flu-like symptoms and are visiting, please do not visit. Important to reinforce good hand hygiene practice.

It is true the facility in Washington is on lockdown and not accepting new residents because they have an active outbreak and have had four deaths. CDC has deployed a team to that specific facility to better understand how to cohort residents. RIDOH has been in discussion with hospitals about visitation policies and will look to see if it is applicable to other LTC facilities.

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22. *Are nursing homes being surveyed for N95s and PPEs?*
- A. RIDOH will send LTC facilities a separate survey.
23. *Is there guidance for N95 re-use?*
- A. Yes, RIDOH will ensure it included the [strategies for optimizing the use of N95s](#) in the follow-up email from today's call. There is a section dedicated to extended use and reuse (appropriate doffing and storing for reuse).
24. *How will we know when there is community transmission if we are not doing surveillance?*
- A. There are five sites nationally that have shifted their syndromic surveillance for ILI to include COVID-19 testing. We anticipate that at some point in the future, that will roll out to RIDOH and its sentinel sites. We hope the five sites will provide some insight into what is happening in the community that may be translatable across the nation. Underlying the term community transmission implies that you are having cases of confirmed COVID-19 that have none of the epidemiological risk factors. When you are at the point when you are seeing positive COVID-19 cases with no epidemiological indicators/no known risk factors for COVID-19, you are seeing community transmission. RI is not seeing person to person-to-person transmission or community transmission at this time.
25. *Can we get more information on how many people are quarantined and how many people had contact with those students?*
- A. Right now, of the group that traveled to Europe, there are approximately 38-39 folks and all contact tracing for the travelers has occurred. Close contacts of symptomatic cases have been identified. RIDOH cannot provide an exact number of all the people in quarantine at this point. It includes all the students and chaperones who travelled and close contacts of the two confirmed cases.
26. *If the patient of concern is from RI, but my practice is in MA, should I initiate contact with RIDOH?*
- A. That is correct. If the patient is a MA resident, you would reach out to Mass DPH. If the patient is a RI resident, you would reach out to RIDOH. There is communication between RI and MA on a daily basis and there should not be a difference in the guidance and recommendations provided by the states. If you discover any wide discrepancies, please alert RIDOH.
27. *Any plans to use telemedicine to consult with patients during this scenario?*
- A. Many outpatient providers are not set up with the technology for telemedicine, but RIDOH is working to pursue ideas around how to support providers in telephone or telehealth care provided.
28. *Is there any truth that warmer weather will suppress the viral spread of COVID-19?*
- A. It is a new virus and we are learning together. Here is the CDC response to this question: "It is not yet known whether weather and temperature impact the spread of COVID-19. Some other viruses, like the common cold and flu, spread more during cold weather months but that does not mean it is impossible to become sick with these viruses during

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other months. At this time, it is not known whether the spread of COVID-19 will decrease when weather becomes warmer. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing.”

29. *Is there a generic email or point person to which we can send questions not addressed on the call?*

- A. RIDOH will look into establishing an email mechanism for non-urgent questions. If you need assistance on a patient matter, it is best to call RIDOH.