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COVID-19 Clinical Update: What Business Leaders Need to Know

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Ken Bertka, MD, FAAFP, CPHIMS

Family Physician VP of Clinical Integration St. Luke's Care Network Ken.Bertka@SLUHN.org Cell: 419-346-8719





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Current Numbers



New Cases per 100k

3 Day Rolling Average



https://www.mcall.com/coronavirus/mc-nws-pa-coronavirus-cases-deaths-20200422-mpchujol6rcjrcjg2sw7xdg4mu-htmlstory.html

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St. Luke's Service Area Cases and Deaths (5-18-20)



SLUHN Service Area COVID-19 Total Positive Cases and Deaths by Location												
Location	Total Number of Positive Cases	Total Number of Deaths	Non-Nursing Home Only Mortality Rate	Nursing Home Only Mortality Rate	Overall Mortality Rate (#Deaths / #Cases)	% Overall Mortality Rate from Nursing Homes						
Berks County	3719	248	3.3%	17.9%	6.7%	61.3%						
Bucks County	4516	417	2.7%	19.5%	9.2%	82.5%						
Carbon County	214	22	6.0%	20.6%	10.3%	59.1%						
Lehigh County	3491	173	2.3%	13.9%	5.0%	63.6%						
Monroe County	1259	88	5.0%	18.2%	7.0%	39.8%						
Montgomery County	6012	566	1.2%	22.0%	9.4%	92.2%						
Northampton County	2727	171	2.3%	15.5%	6.3%	74.9%						
Schuylkill County	529	20	3.8%	3.8%	3.8%	20.0%						
Pennsylvania	63,056	4,505	3.0%	19.6%	7.1%	68.5%						
Warren, NJ	1086	121			11.1%							
New Jersey	148,039	10,435			7.0%							

 Table 1. Summary: SLUHN COVID-19 service area snapshot as of May 18th, 2020

 Data Sources: PA DOH, NJ DOH

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Symptoms

Infectivity

Death Rates

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CDC Expanded List of COVID-19 Symptoms

Symptoms

Appear 2-14 days after exposure

- Cough
- Shortness of breath or difficulty breathing

OR at least two of these symptoms

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

25-50% of COVID-19 Infections

• Minimal symptoms

OR

Atypical symptoms (not on the list)

OR

• No symptoms (up to 25%)

https://www.cdc.gov/coronavirus/2019ncov/symptoms-testing/symptoms.html

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Infectivity and Death Rate



Infectivity - Contagiousness

- Actual infectivity may be higher from asymptomatic spreading
- Compare to:
 - Measles $1 \rightarrow 12-15$
 - Influenza $1 \rightarrow 2-3$ (without community immunization)
 - Influenza $1 \rightarrow <1$ (with community immunization)

Death Rate

- 1.3% (0.5-3.6% range by counties across the US)
- Likely overestimated lack of knowledge about the prevalence of asymptomatic cases (don't know the denominator)

References:

- <u>https://labblog.uofmhealth.org/rounds/how-scientists-quantify-intensity-of-an-outbreak-like-covid-19</u>
- <u>https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.00455</u>



Where Do People with COVID-19 Get Treated?

LOCATIONS OF TREATMENT

Ambulatory/Home Hospital



*Of those who require hospitalization, around **10%** require ICU treatment

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Molecular (Diagnostic)

Serologic (Antibody)

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Testing - Defining the Difference



- Molecular Diagnostic
 - Detects virus particles
 - Used for diagnosis of infection
 - Collected by swabbing nose and/or back of throat



- Serologic Previous Exposure
 - Detects the body's response to previous infection antibodies
 - Blood test
 - Useful epidemiologically to estimate
 prevalence of infection in the community
 - NOT used for diagnosis

Molecular Testing - Challenges



- Availability and turn-around time
- Initially tested only those with classic symptoms
 - fever, cough, shortness of breath
 - Many with COVID-19 infection have milder symptoms
 or no symptoms
- Significant number of false negatives test is negative but the person has the infection
 - Test can be negative today and positive tomorrow
- All tests on the market have FDA Emergency
 Use Authorization (EUA) only

Serologic Testing - Challenges



- Useful
 - To estimate the prevalence of COVID-19 infection in a community
 - Pre- and post-testing in vaccine development trials
- Not useful or unknown
 - Not for the diagnosis of acute COVID-19 infection
 - Not for return-to-work decisions
 - NJ DOH and Infectious Disease Society of America have issued statements against using antibody testing for return-to-work
 - A positive test does NOT guarantee immunity to re-infection
 - Not for decisions about PPE needed upon return to work
 - Serological tests were initially marketed without any FDA approval approximately 8 have Emergency Use Authorization (EUA)

Prediction value of a test is dependent on the prevalence of the infection in the community.

- Assume a test that has 98% sensitivity and 98% specificity rate
- If prevalence is 5% test has a positive predictive value of only 72%
- If prevalence is 10% test has a positive predictive value of only 85%



A facility is COVID-free only until it isn't!



PA Governor's Plan – Phased Reopening



COVID-19 REOPENING PHASES

WORK & CONGREGATE	SOCIAL
SETTINGS	SETTINGS
 LIFE-SUSTAINING BUSINESSES ONLY RESTRICTIONS IN PLACE FOR PRISON + CONGREGATE CARE SCHOOLS CLOSED FOR IN-PERSON INSTRUCTION MOST CHILD CARE CLOSED 	STAY AT HOME ORDERED LARGE GATHERINGS PROHIBITED RESTAURANTS/BARS LIMITED TO CARRY-OUT + DELIVERY ONLY TRAVEL FOR LIFE-SUSTAINING PURPOSES
 • TELEWORK MUST CONTINUE WHERE FEASIBLE • BUSINESSES WITH IN-PERSON OPERATIONS MUST FOLLOW SAFETY ORDERS • CHILD CARE OPEN WITH WORKER + BUILDING SAFETY ORDERS • RESTRICTIONS IN PLACE FOR PRISON + CONGREGATE CARE • SCHOOLS CLOSED FOR IN-PERSON INSTRUCTION 	 STAY AT HOME RESTRICTIONS LIFTED IN FAVOR OF AGGRESSIVE MITIGATION LARGE GATHERINGS PROHIBITED IN-PERSON RETAIL ALLOWED CURBSIDE/DELIVERY PREFERRED INDOOR RECREATION, HEALTH AND WELLNESS FACILITIES (SUCH AS GYMS, SPAS), AND ALL ENTERTAINMENT (SUCH AS CASINOS, THEATERS) REMAIN CLOSED RESTAURANTS/BARS LIMITED TO CARRY-OUT + DELIVERY
• ALL BUSINESSES MUST	AGGRESSIVE MITIGATION
FOLLOW CDC AND PA	ORDERS LIFTED INDIVIDUALS MUST FOLLOW
DEPARTMENT OF HEALTH	CDC AND PA DEPARTMENT
GUIDELINES	OF HEALTH GUIDELINES

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Gloves - False Sense of Security?

- Gloves become an extension of your skin
- COVID-19 does NOT enter the body by passing through the skin of the hands
- COVID-19 DOES enter the body when contaminated hands or gloves touch the face near the eyes, nose or mouth
- Hand sanitation is the most important factor
- Wearing gloves may remind people to not touch their faces











- #1 Stay home if not feeling right
- Demonstrates concern and intent to maintain a healthy workplace
 - U.S. Equal Employment Opportunity Commission (EEOC) employers can check temperatures (March 17, 2020)
 - EEOC also cautioned that patients with COVID-19 may not have a fever
- If done, do in way that does not interfere with social distancing
- Does *NOT* replace masking and other mitigation measures
- Not failsafe 25-50% of people with COVID-19 infection have minimal to no symptoms especially early in their infection
- PA Department of Health <u>discourages</u> employee self-monitoring of temperature as an alternative to employer screening





Contors for Disagras Control o	All A-Z Topics							
CDC 24/7: Saving Lives, Protecting People ^T	Search	h Coronavirus						
Coronavirus Disease 2019 (C	OVID-19)							
CDC > Coronavirus Disease 2019 (COVID-19)		Ģ	0	in	${\boldsymbol{\boxtimes}}$	(
✿ Coronavirus Disease 2019 (COVID-19)	^T Communities, Schools, Workplaces, and Events							
Symptoms	Guidance for Where You Live, Work, Learn, Pray, and Play							
• http:	s://www.cdc.gov/coronavirus/2019-ncov/comr	nunity/index.html						

CDC Workplaces Decision Tool



WORKPLACES DURING THE COVID-19 PANDEMIC



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PA Resources for Businesses Mitigation in the Workplace



GUIDANCE FOR BUSINESSES PERMITTED TO OPERATE DURING THE COVID-19 DISASTER EMERGENCY TO ENSURE THE SAFETY AND HEALTH OF EMPLOYEES AND THE PUBLIC



Order of the Secretary of the Pennsylvania Department of Health Directing Public Health Safety Measures for Businesses Permitted to Maintain In-person Operations



Order of the Secretary of the Pennsylvania Department of Health Directing Building Safety Measures May 4, 2020 https://www.governor.pa.gov/wpcontent/uploads/2020/05/2020050 4-COVID-19-Business-Guidance.pdf

April 15, 2020 https://www.governor.pa.gov/wpcontent/uploads/2020/04/2020041 5-SOH-worker-safety-order.pdf

April 5, 2020 https://www.governor.pa.gov/wpcontent/uploads/2020/04/2020040 5-SOH-Building-Safety-Measures.pdf



Return to Work After Infection

Patients with symptoms

- Symptom-based
- Test-based

Patients without symptoms

- Time-based
- Test-based



Returning to Work After COVID-19 Infection CDC Recommendations



- Three CDC approaches
 - Symptom-based return not based on testing
 - Test-based use of diagnostic testing
 - Time-based for asymptomatic infections
- Antibody (serologic) testing is NOT indicated
- All mitigation measures remain in place
 - Virus can be shed for a prolonged period of time after resolution of symptoms
 - Respiratory 8 days or longer
 - Stool 22 days
 - We don't know for sure how long a person with COVID-19 remains infectious

CDC: <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html</u>

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Return to Work After <u>Symptomatic</u> Infection Current CDC Recommendations



Symptom-Based Approach

 ≥10 days have passed since symptoms first appeared

AND

≥3 days (72 hours) with no fever without the use of medication for fever

AND

3. \geq 3 days of overall improvement

Test-Based Approach

 No fever for ≥24 hours without the use of fever-reducing medication

AND

2. Improvement in symptoms

AND

- 3. 2 consecutive diagnostic tests
 ≥ 24 hours apart are negative
 - If positive, start over in 7 days



Return to Work After <u>Asymptomatic</u> Infection Current CDC Recommendations



Time-Based Approach

- ≥10 days have passed since first positive COVID-19 test
- Note: From the CDC "...it is possible that the duration of viral shedding could be longer or shorter than the 10 days after their first positive test"

Test-Based Approach

- 2 consecutive diagnostic tests ≥ 24 hours apart are negative
 - St. Luke's recommends waiting 7 days from the first positive test to start testing for return to work
 - If positive, start over in 7 days



COVID-19 Future - Before a Vaccine We Will Live and Work with COVID-19 for the Foreseeable Future





Source: Michael Osterholm, University of Minnesota State News, <u>https://www.statnews.com/2020/05/01/three-potential-futures-for-covid-19/</u>

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