

# COVID-19 update

---

Alan Melnick, MD, MPH, CPH

Clark County Board of Health

April 22, 2020



# Washington state

---

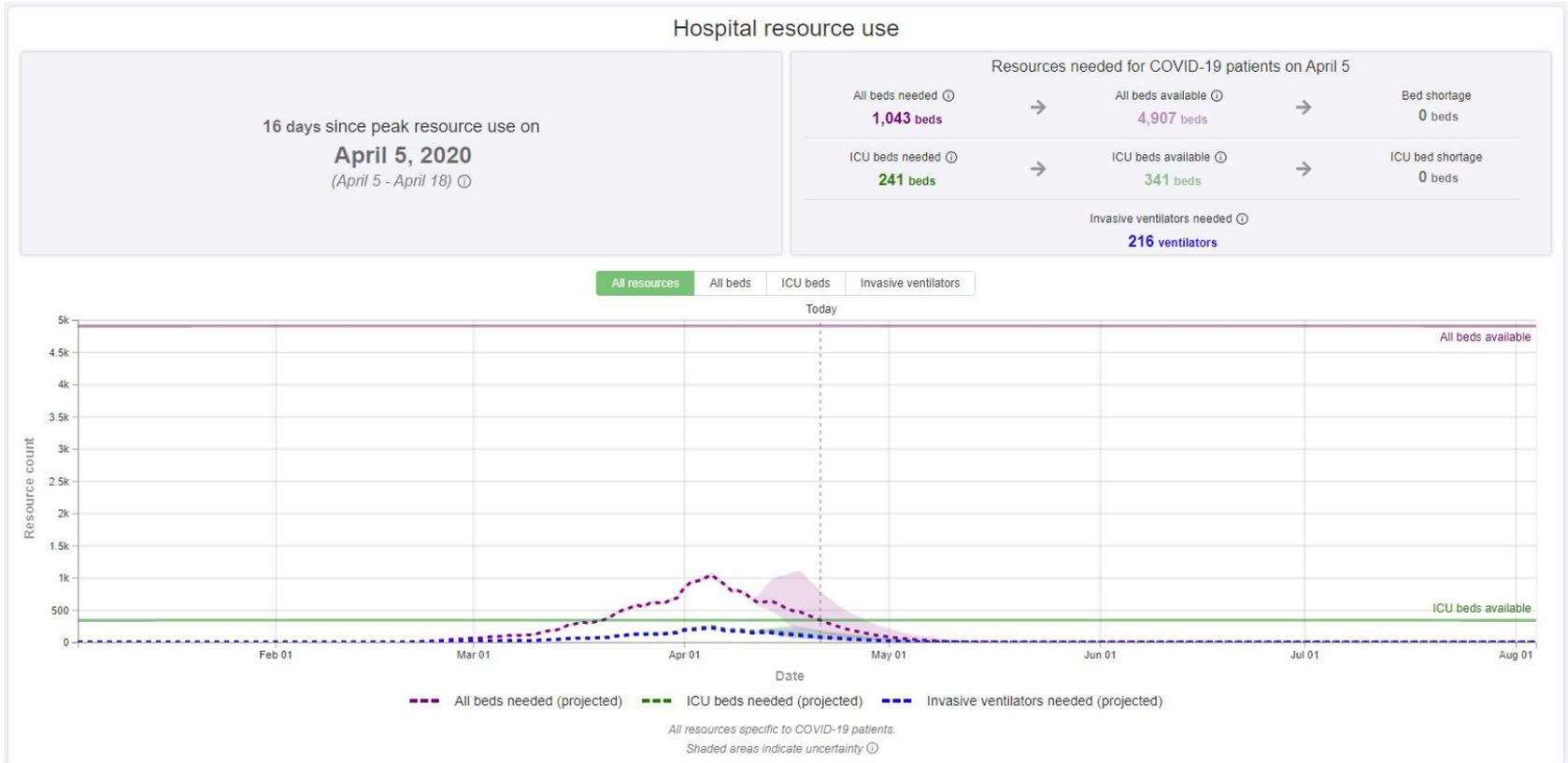
## Washington State Department of Health [data dashboard](#)



# Washington state

as of April 21

## Modeling



# Washington state

as of April 21

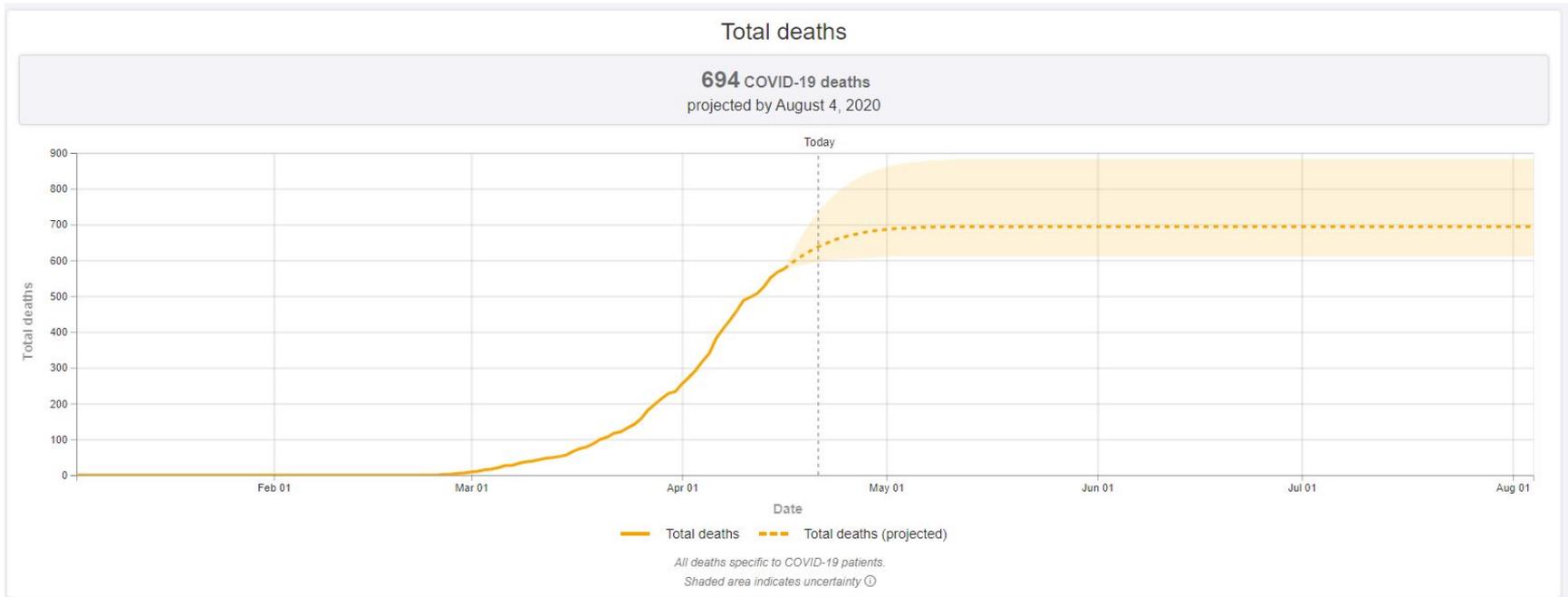
## Modeling



# Washington state

as of April 21

## Modeling



# Clark County

---

as of April 21

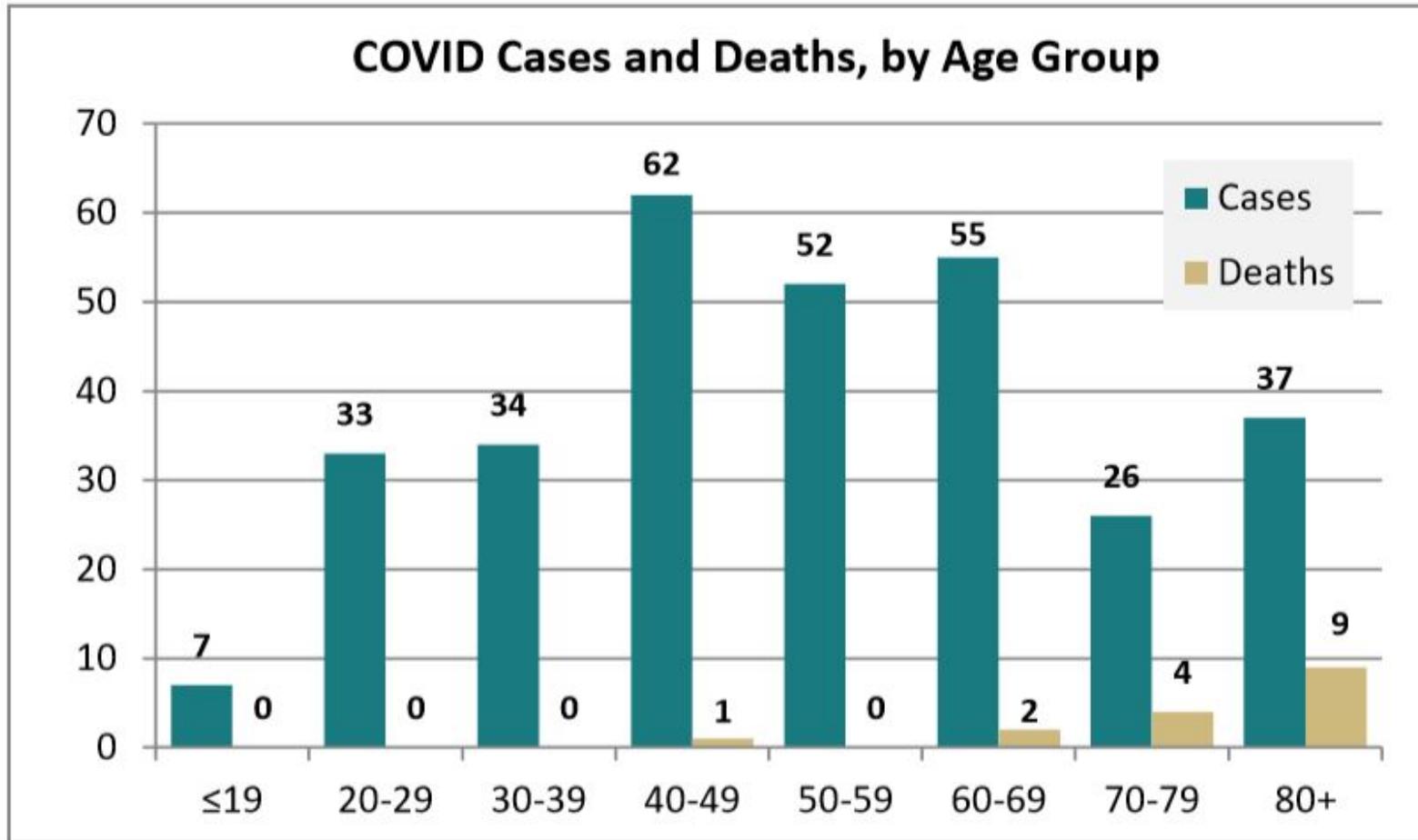
Number positive tests	306
Number of deaths	16
Number of people tested*	2,957

*\*DOH data as of April 19. Does not include rapid testing.*



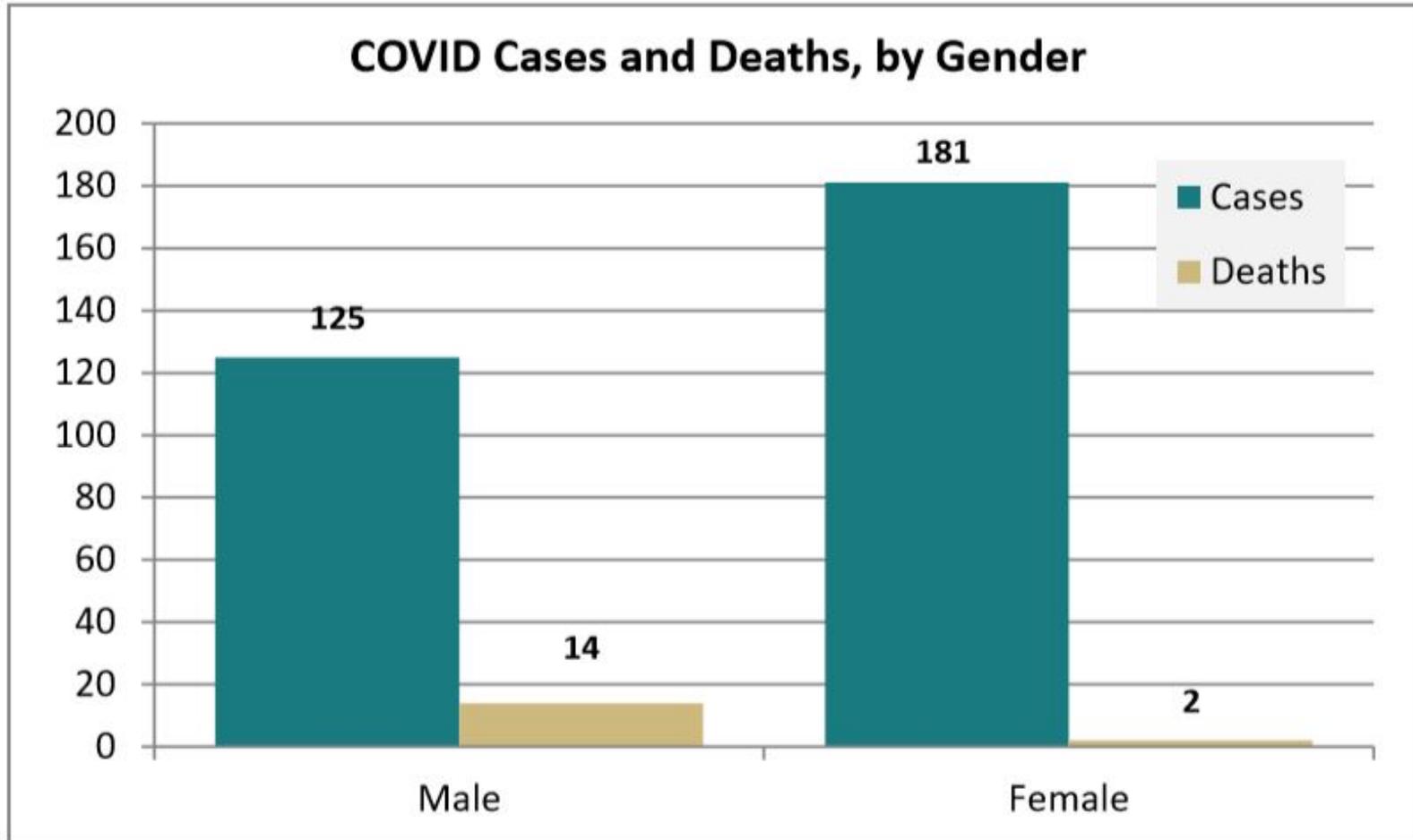
# Clark County

as of April 21



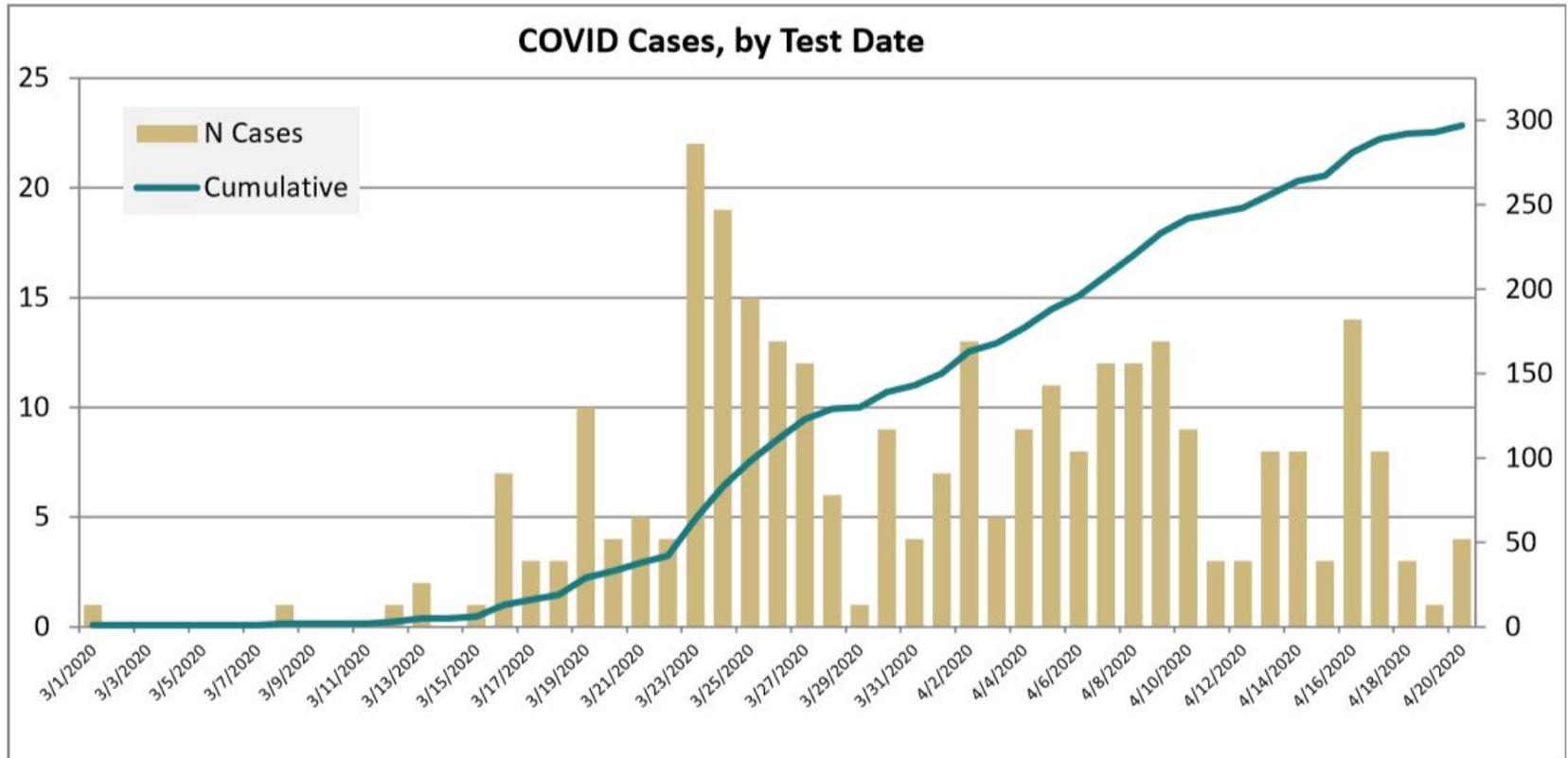
# Clark County

as of April 21



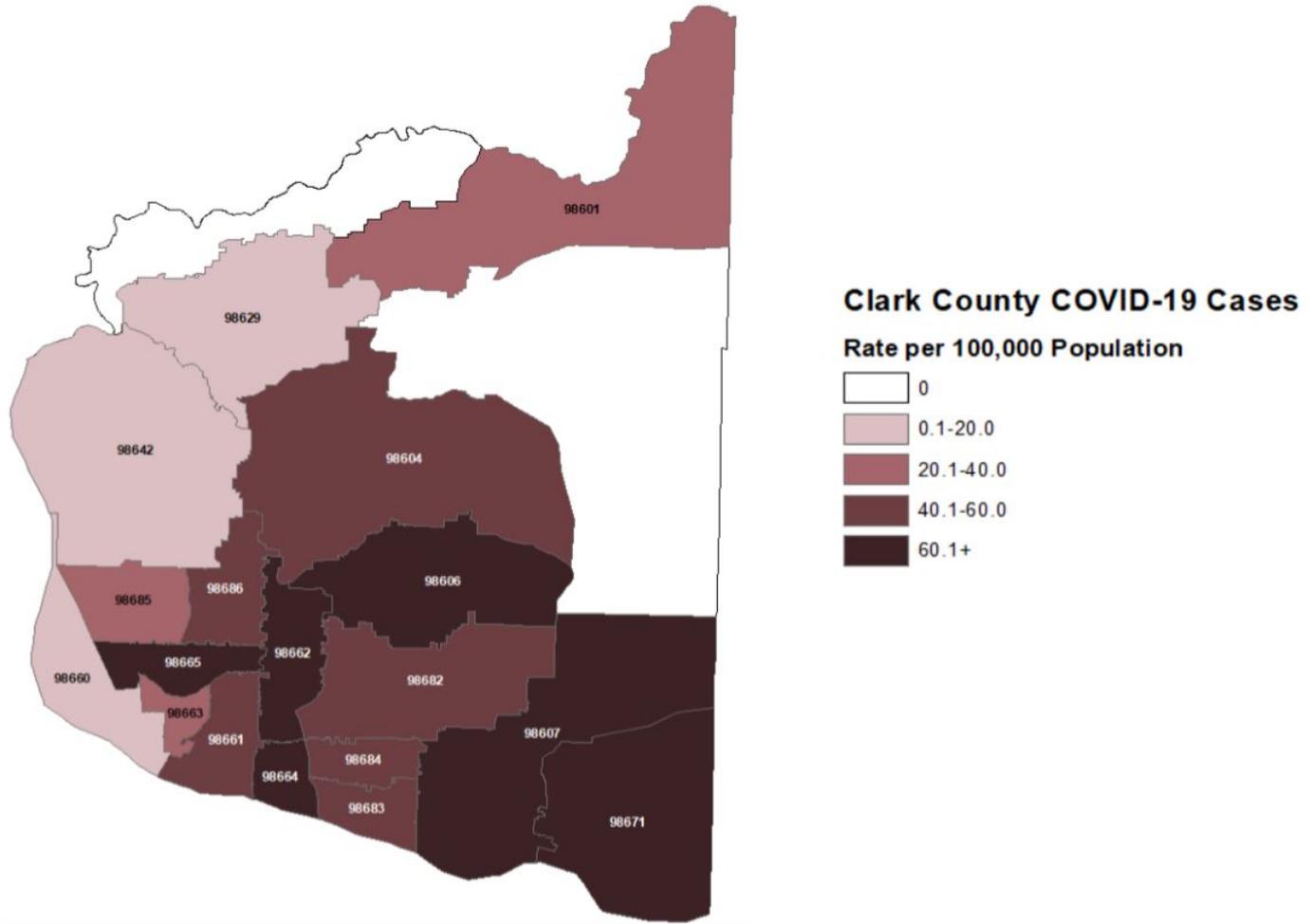
# Clark County

as of April 21



# Clark County

as of April 17



# Clark County

---

as of April 21

## Long term care facility outbreaks

<b>Facility type</b>	<b>Cases</b>
Adult family home	10
Assisted/independent living	28
Skilled nursing	12



# Clark County

---

as of April 20

## Hospitalizations

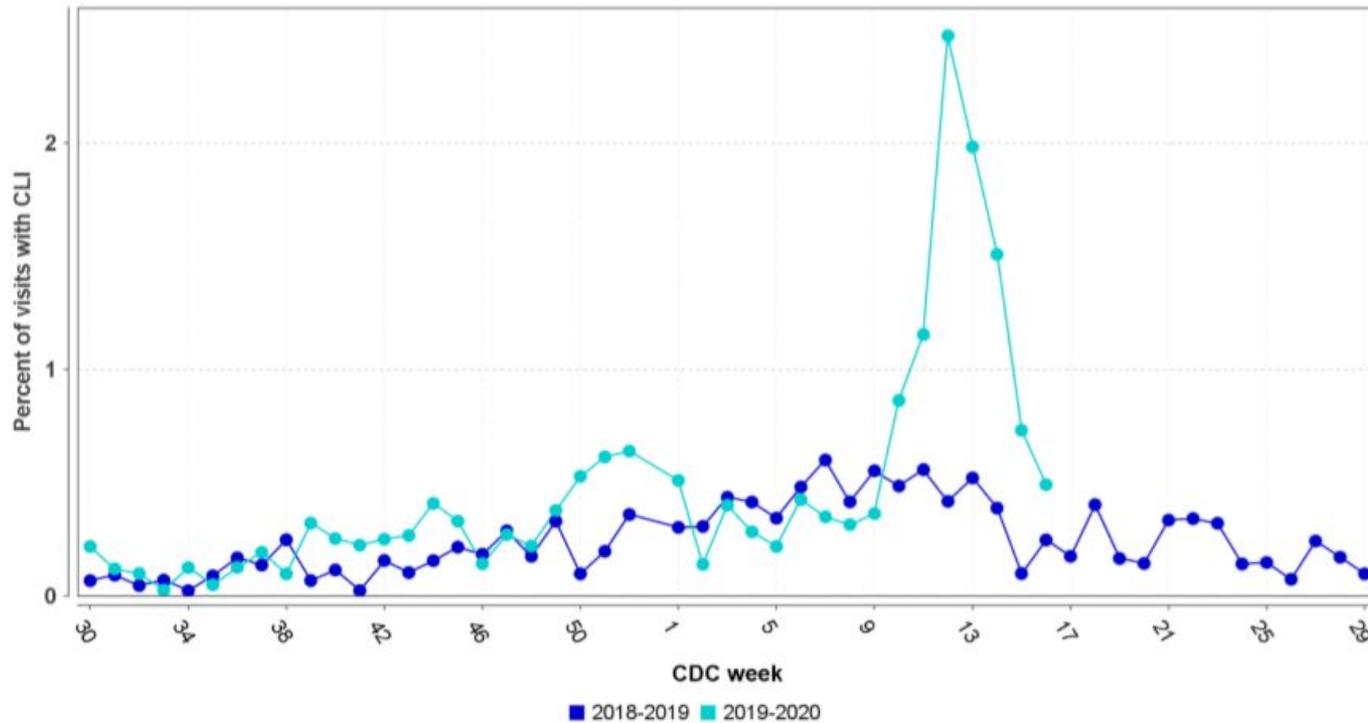
<b>Facility</b>	<b>Total COVID-19 cases hospitalized</b>	<b>COVID-19 hospitalized in ICU</b>	<b>Empty ICU beds</b>
Legacy Salmon Creek Medical Center	7	0	6
PeaceHealth Southwest Medical Center	14	5	24



# Clark County

as of April 21

Weekly percent of visits with \*COVID-19-like Illness (CLI) at Clark County emergency departments



\*COVID-19-like Illness (CLI) includes ((fever or chills) and (cough, shortness of breath or difficulty breathing)) and not an influenza diagnosis.

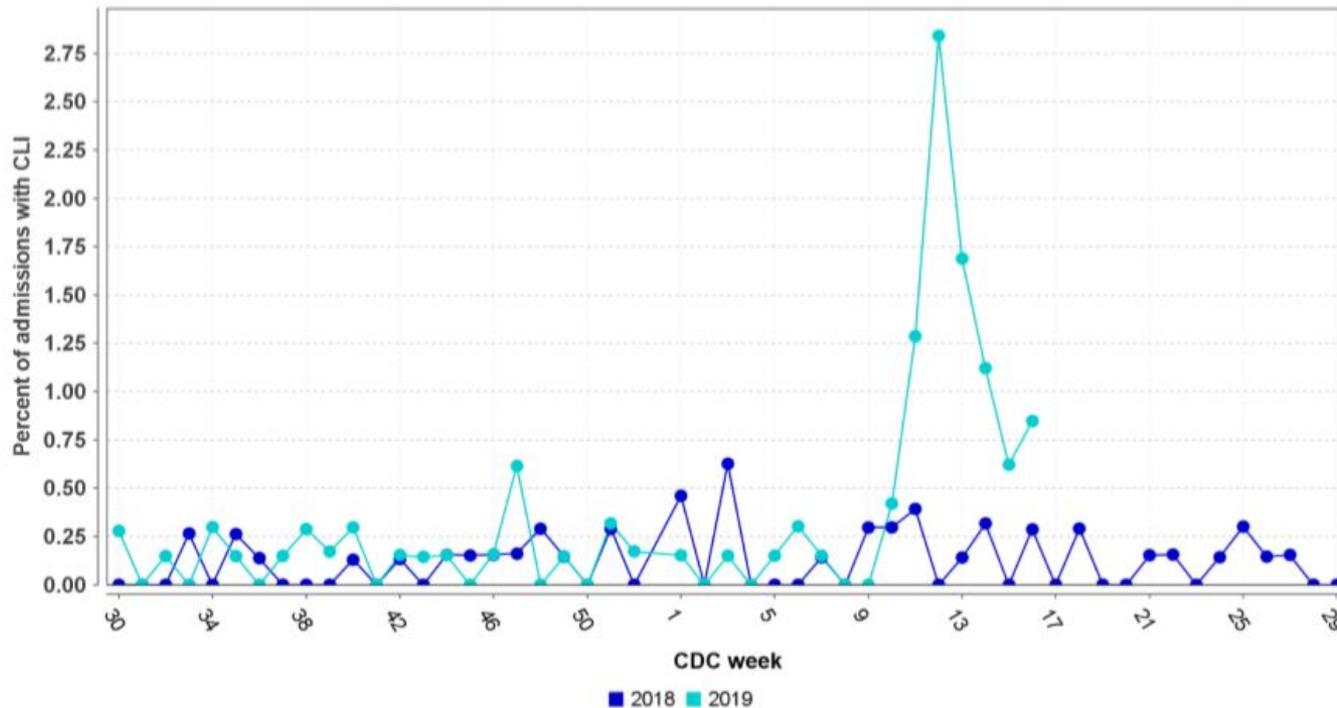
Note: We are currently in CDC week 17. Week 30 is approximately the end of July each year.



# Clark County

as of April 21

Weekly percent of hospital admissions with \*COVID-19-like Illness (CLI) at Clark County hospitals



\*COVID-19-like Illness (CLI) includes ((fever or chills) and (cough, shortness of breath or difficulty breathing)) and not an influenza diagnosis.

Note: We are currently in CDC week 17. Week 30 is approximately the end of July each year.



# Hospital PPE

---

as of April 21

## **PeaceHealth Southwest Medical Center**

- Red for testing supplies and PAPR hoods

## **Legacy Salmon Creek Medical Center**

- Critically low on duckbill N95 masks and PAPR face shields
- Low on oxivir wipes, PAPR helmets, and GlideScope Blades and disposable covers.

Staffing, beds and other supplies are green for local hospitals



# Current activities

---

- Case contact and investigation continues
  - Contacting all confirmed cases
  - Investigations for cases who are health care workers, long-term care residents/staff, linked to the jail
- Begin planning for increased case investigation and contact tracing when Stay Home order is modified
- Coordinate testing of all residents, staff at long-term care facilities with confirmed COVID-19 cases
- Working with the Department of Community Services, community housing partners and health care partners to identify unhoused persons with COVID-19 and to provide isolation housing for them and quarantine housing for their close contacts
- Continue case updates on website Monday-Friday



# Physical Distancing Interventions

---

- Working with Department of Health and other local health departments to develop epidemiologic metrics for modifying current restrictions, including:
  - Percent of tests positive
  - COVID-like illness ED visits and hospitalizations
  - Hospital resource availability (beds and ICU beds)
  - Modeling results/Reproductive number
- Also identifying needs for doing increased case investigation, contact tracing and active monitoring, such as:
  - Adequate testing
  - Personal protective equipment
  - Workforce - staff and support that can do/ensure robust case investigation, contact tracing, isolation, quarantine and active monitoring



# Serology

---

- The antibody response in infected patients remains largely unknown, and the clinical values of antibody testing have not been fully demonstrated
- COVID-19 serologic tests are in early stage of development and are not validated and therefore unreliable
  - High rate of false positives - difficulty distinguishing between SARS-CoV-2 and common cold coronavirus antibodies
    - In populations with low prevalence, false positives can outnumber false negatives
  - While detection of antibody might confer some degree of protection, we have no direct evidence of this for SARS-CoV-2
  - Need to understand relationship between specific antibody responses and levels with immunity before using results to determine reduced risk.
    - Should not be used to make decisions about return to work or need for personal protective equipment until more evidence about immunity is available.
  - False negative risks if performed early in disease course, especially in mild disease



# Serology

---

- Antibody tests may be better suited for public health surveillance and vaccine development than for diagnosis.
- Serologic results, when reliable and validated, can indicate whether someone has been exposed to an antigen at some point in the past.
  - Cannot indicate whether someone is currently infected or if someone is contagious.
- Potential uses for serology:
  - Detection of PCR (antigen) -negative cases
  - Identification plasma donors
    - Caveat: concerns about potentiation of cytokine release syndrome (CRS) by a vaccine or hyper-immune plasma administration. This immune enhancement is seen for some flaviviruses such as dengue.
  - Studies of disease prevalence in community
  - Verification of vaccine response (once we understand the relationship between antibody responses and immunity)



# Thank you!

