Public Health COVID-19 update

Alan Melnick, MD, MPH, CPH Board of Health May 6, 2020

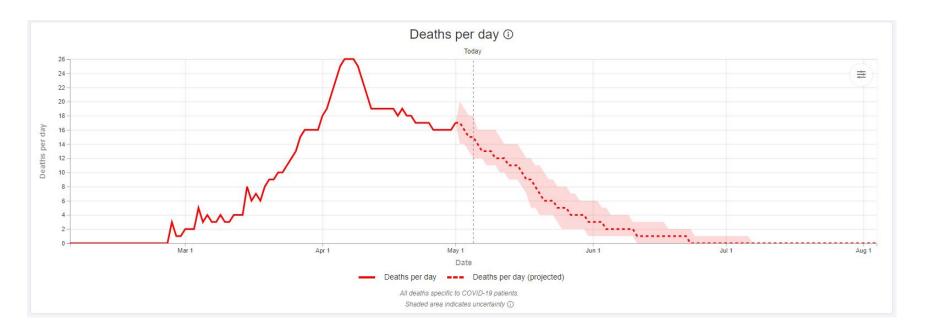


Washington State Department of Health data dashboard



as of May 5

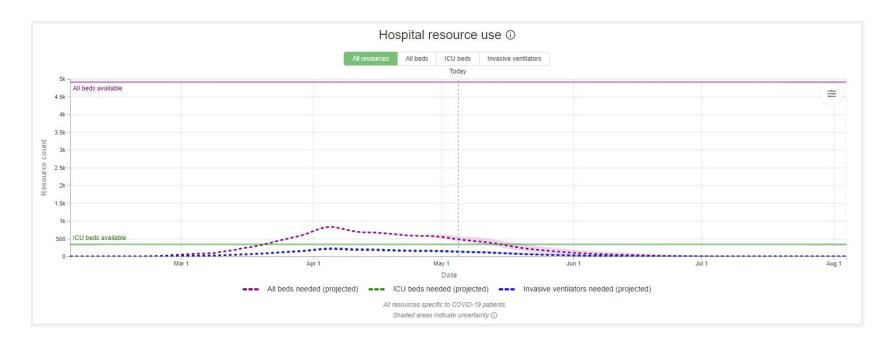
Modeling





as of May 5

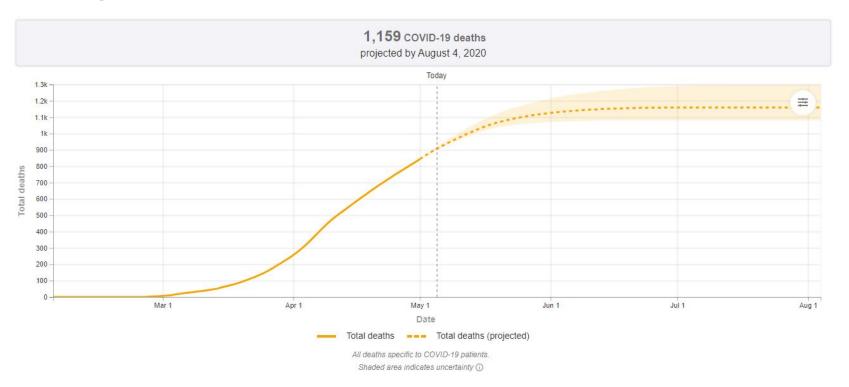
Modeling





as of May 5

Modeling

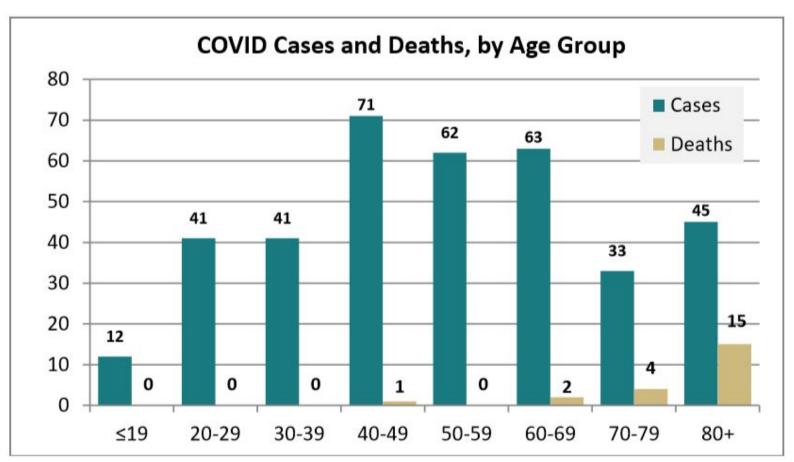




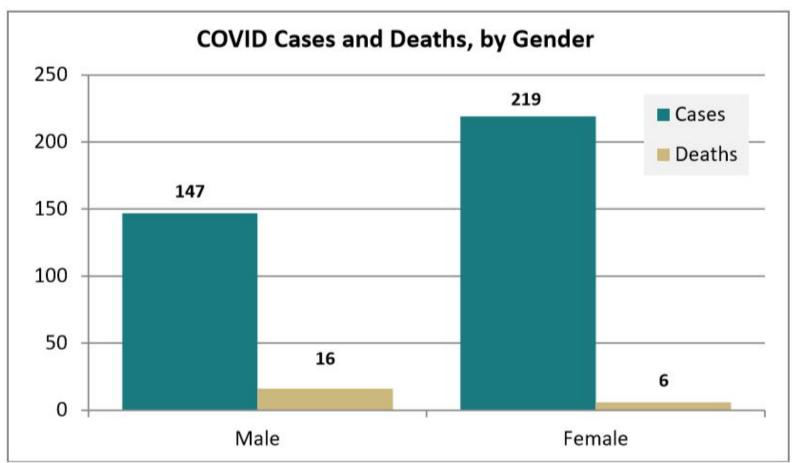
Number positive tests	368
Number of deaths	22
Number of people tested*	4,939

^{*}DOH data as of May 3. Does not include rapid testing.

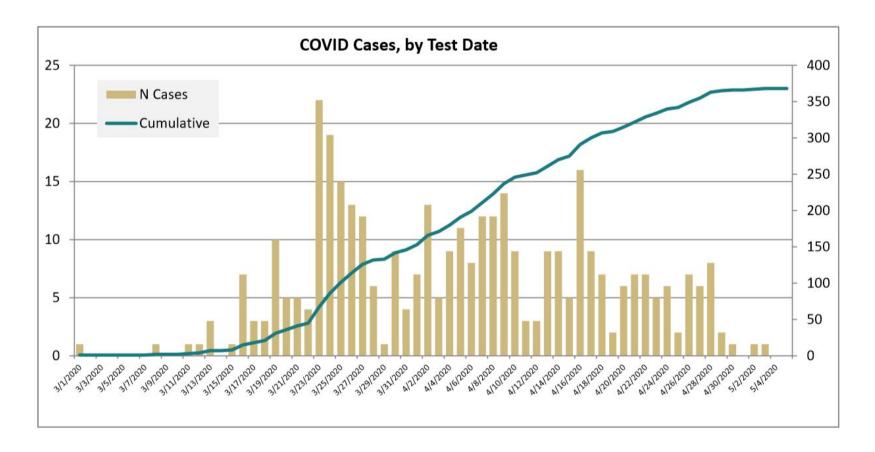




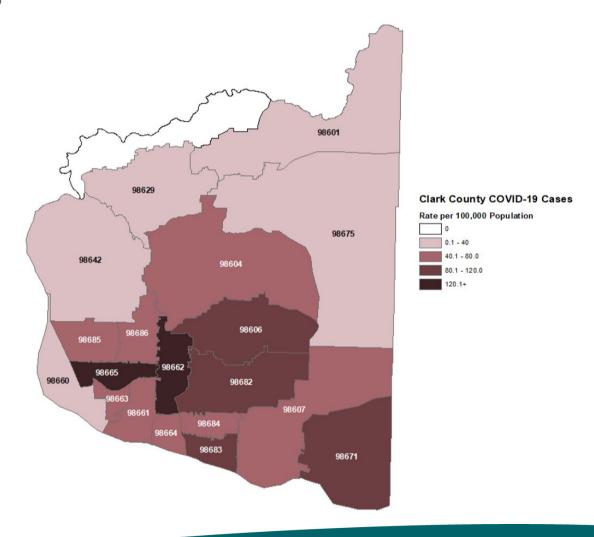














as of May 5

Long term care facility outbreaks

Facility type	Cases
Adult family home	19
Assisted/independent living	39
Skilled nursing	13



as of May 4

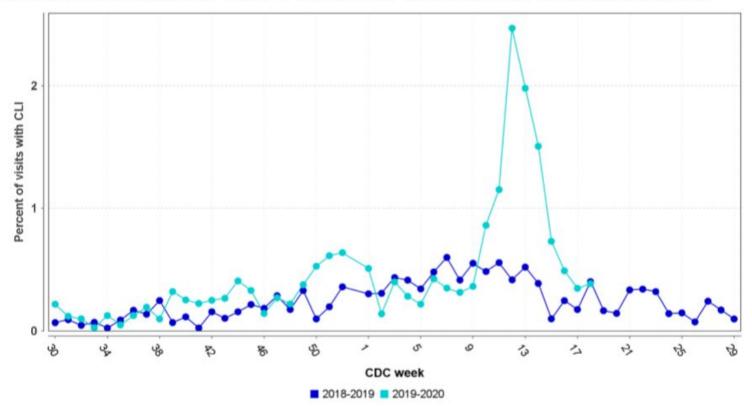
Hospitalizations

Facility	Total COVID-19 cases hospitalized	COVID-19 hospitalized in ICU	Empty ICU beds
Legacy Salmon Creek Medical Center	1	0	5
PeaceHealth Southwest Medical Center*	11	2	17



as of May 4

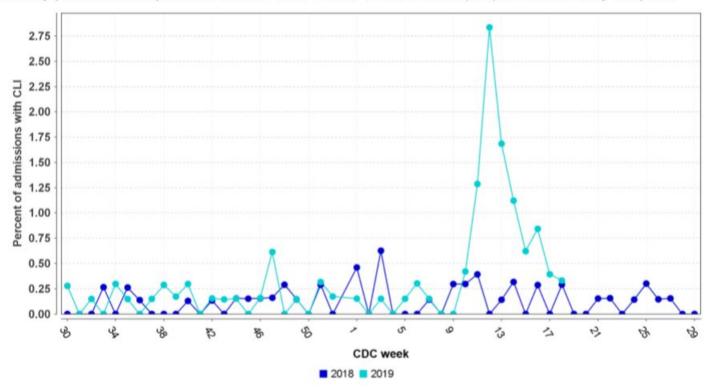
Weekly percent of visits with *COVID-19-like Illness (CLI) at Clark County emergency departments





as of May 4

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 18. Week 30 is approximately the end of July each year.



Hospital PPE

as of May 5

PeaceHealth Southwest Medical Center

Red for testing supplies and PAPR hoods

Legacy Salmon Creek Medical Center

- Critically low GlideScope Blades and disposable covers
- Low on isolation gowns, N95 masks and PAPR helmets.

Staffing, beds and other supplies are green for local hospitals



Stay Home order

- Gov. Inslee has extended the Stay Home order until May 31.
- Announced "Safe Start" a four-phase approach to reopening Washington's economy.
- Expect at least three weeks between phases to allow for one complete disease incubation period, plus an additional week to compile complete data and confirm trends.
- Data and metrics determine moving to next phase. Four key areas:
 - healthcare system readiness
 - testing capacity and availability
 - case and contact investigations
 - ability to protect high-risk populations



Stay Home order

- Variance available for counties with less than 75,000 people and no new cases in last three weeks.
- Phase 1 began May 5. Still requires social distancing, hygiene practices.
 - Low-risk construction activities permitted
 - Some outdoor recreation (hunting, fishing, golf)
 - Religious services can be provided as drive-in service, one household per vehicle
 - Other low-risk activities opening, pending compliance with industry-specific requirements issued by May 15:
 - Landscaping and lawn care
 - Vehicle and vessel sales
 - Pet walking
 - Retail (curbside pick-up orders only)
 - Car washes



WASHINGTON'S PHASED APPROACH

Reopening Business and Modifying Physical Distancing Measures



High-risk populations are currently defined by CDC as: persons 65 years of age and cider; people with driven serious heart conditions, people with over disease; people with severe obesity, people with disease; people with driven serious heart conditions, people with liver disease; people with severe obesity, people with disease; people with disease; people with disease; people with disease; people with a nursing home or long-term care facility.



Testing

Testing capacity

- Contacting health care facilities, laboratories
 - Type of testing they're doing (PCR, POC, serology)
 - Number of tests available weekly
 - Criteria for testing
- PCR testing (28 facilities), POC testing (seven facilities), antibody testing (seven facilities)
- TVC can do 1900 POC and Kaiser can do 700-800 POC and 2000 PCR tests/week
- Many only testing established patients; hospitals testing only inpatient



Testing

Test results

- Working with larger health system partners to report COVID testing in a similar way to how we conduct flu surveillance.
 - Allow us to track the number of tests conducted and number of positives weekly.
 - TVC and Kaiser reporting aggregated PCRs, POCs and serology (TVC) for the past week
- Asked providers to report negative test results to DOH, via provider advisory.



Current activities

- Continue case contacts; investigations for cases who are health care workers, long-term care residents/staff, linked to the jail
- Working on proposal for increased case investigations, contact tracing and active monitoring as Stay Home order is modified.
 - Proposal to hire 80 additional staff
- Continue to 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
 - arrange testing for unhoused population
 - Continue case updates on website Monday-Friday



Provider advisory

- Issued regional provider advisory Monday morning with updated guidance on testing.
- Recommend testing all patients who have symptoms consistent with COVID-19 regardless of age or health status as early on in their illness as possible.
 - cough, shortness of breath/difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of appetite or smell
- Early testing will allow public health actions, such as isolation and quarantine, to happen quickly and potentially disrupt transmission.
- Ask providers to report all results.
 - Positive results to Public Health; negative to DOH



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!

