



# Partner Webinar on the Coronavirus

October 1, 2020





Welcome

RICHARDS & RICHARDS  
DESTRUCTION DIVISION

# Agenda

---

- CDC Recommendations
- Second and Third Wave COVID-19 Considerations
- Influenza and COVID-19 Considerations





# CDC Recommendations

Dr. Bill Ruby / Associate Chief Clinical Officer



# CDC: Test for Current Infection


Updated Aug. 24, 2020

Languages ▾ Print



Protect yourself and others. Wear a mask, wash hands often, stay 6 ft from others.

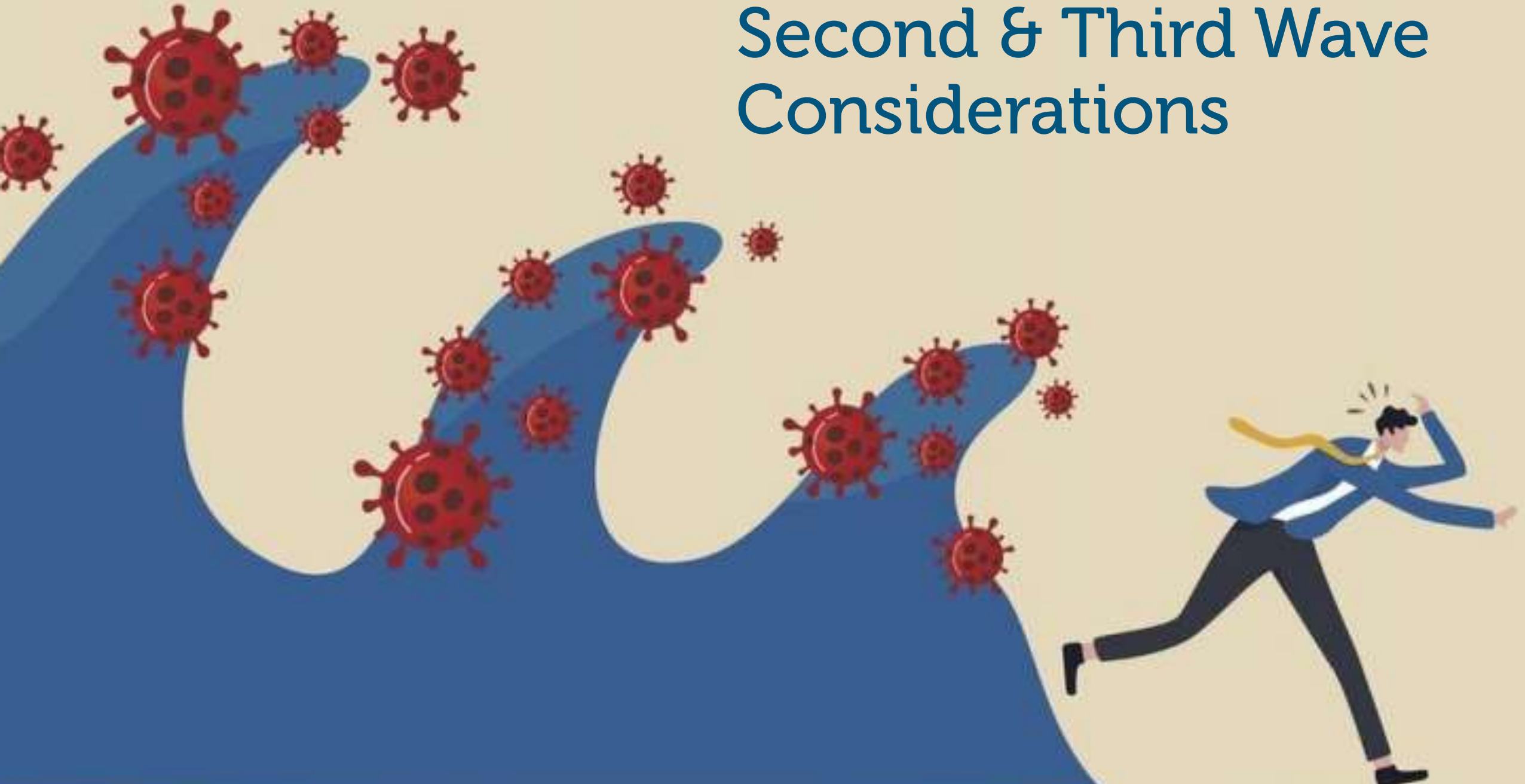
## Considerations for who should get tested

- People who have symptoms of COVID-19
- People who have had close contact (within 6 feet of an infected person for at least 15 minutes) with someone with confirmed COVID-19
- People who have been asked or referred to get testing by their healthcare provider, [local](#)  or [state](#) health department.

Not everyone needs to be tested. If you do get tested, you should self-quarantine/isolate at home pending test results and follow the advice of your health care provider or a public health professional.

<https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html#who-should-get-tested>: accessed 9/29/2020

# Second & Third Wave Considerations



# CDC Interpretation of Forecasts of New Cases

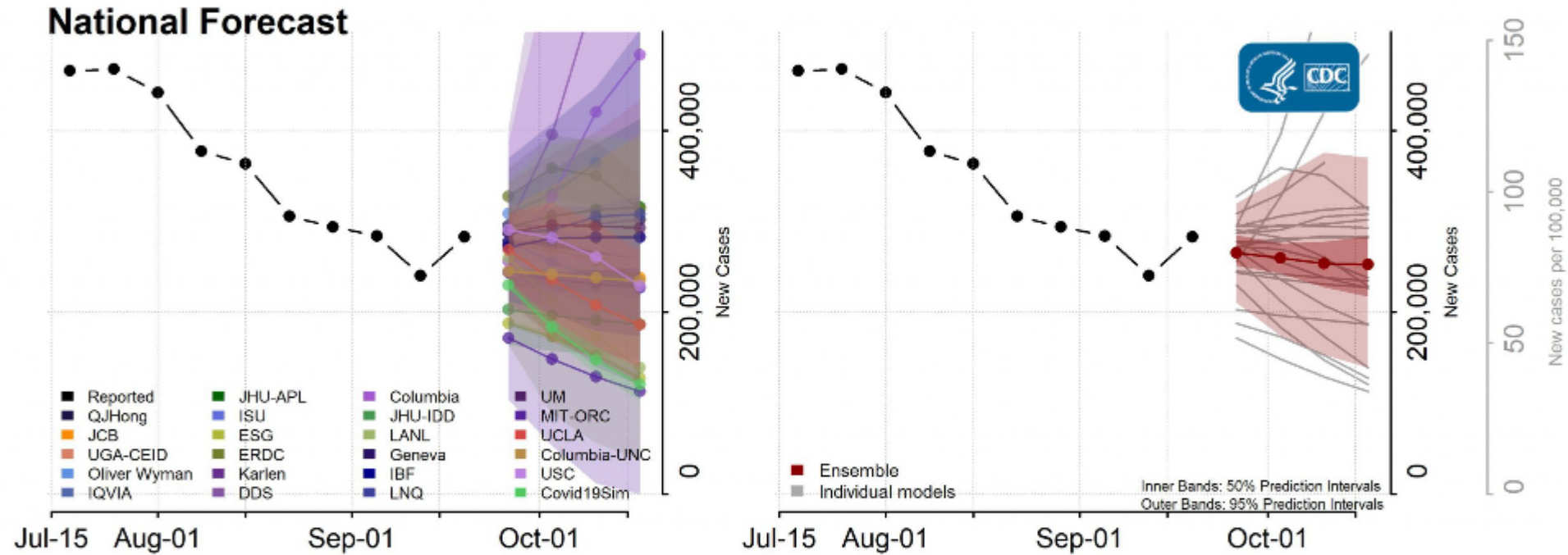
---

- This week CDC received forecasts of new reported COVID-19 cases over the next 4 weeks from 29 modeling groups.
- This week's national ensemble forecast indicates an uncertain trend in new COVID-19 cases reported over the next four weeks and predicts that 140,000 to 370,000 new cases will likely be reported during the week ending October 17, 2020.
- The state- and territory-level ensemble forecasts predict that over the next four weeks, the number of new reported cases per week may decrease in 14 states and territories, which are labeled on the forecast plots below. Trends in numbers of future reported cases are uncertain or predicted to remain stable in the other states and territories.

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/forecasts-cases.html>. Updated September 24, 2020



# CDC: National Forecast



- The figure shows the number of new COVID-19 cases reported nationally in the United States each week from July 18 to September 19, 2020, and forecasted new cases over the next four weeks, through October 17, 2020.
- Models make various assumptions about the levels of social distancing and other interventions, which may not reflect recent changes in behavior. See model descriptions below for details.



# Considerations

---

- **90% of U.S. has not yet been exposed**
- Conflicting guidelines
  - Behaviors likely to be dominant driver
    - Not wearing masks
- Increase in Rural Areas
- Increase in College-aged individuals
  - Less risk-averse
  - Jobs that increase exposure risk (retail, restaurant)
- Colder Weather
- Less Travel
- COVID-19 “Fatigue”



Do You Have  
Covid-19 Caution Fatigue?



# What Should We Do

Heather Norman, MSN, RN, NE-BC, CNL //  
Chief Nursing Officer

# Reducing Risk of Getting or Spreading COVID-19

---

There is **NO WAY** to ensure **ZERO** risk of infection

**BEST DEFENSE IS RISK REDUCTION**

- Limit close interactions with other people as much as possible
- Take precautions to prevent exposure
- Limit exposure number, duration
- Mask, social distancing, wash hands often



# What Are Some Good Ways To Stay Healthy?

---

- Wash your hands with soap and water for 20 seconds.
- Wear your mask, keeping mouth and nose covered.
- Don't touch your face with your hands.
- When possible, maintain 6 feet social distance.
- Try to get 8 hours a sleep a day.
- Make the time to exercise. Eat balanced meals. Drink more water.
- Do you smoke? Consider quitting.

# Masking

**Do NOT wear a mask**



**Around your neck**



**On your forehead**



**Under your nose**



**Only on your nose**



**On your chin**



**Dangling from one ear**



**On your arm**

# Masking

---



Properly Fitting Mask  
Mouth & Nose Covered

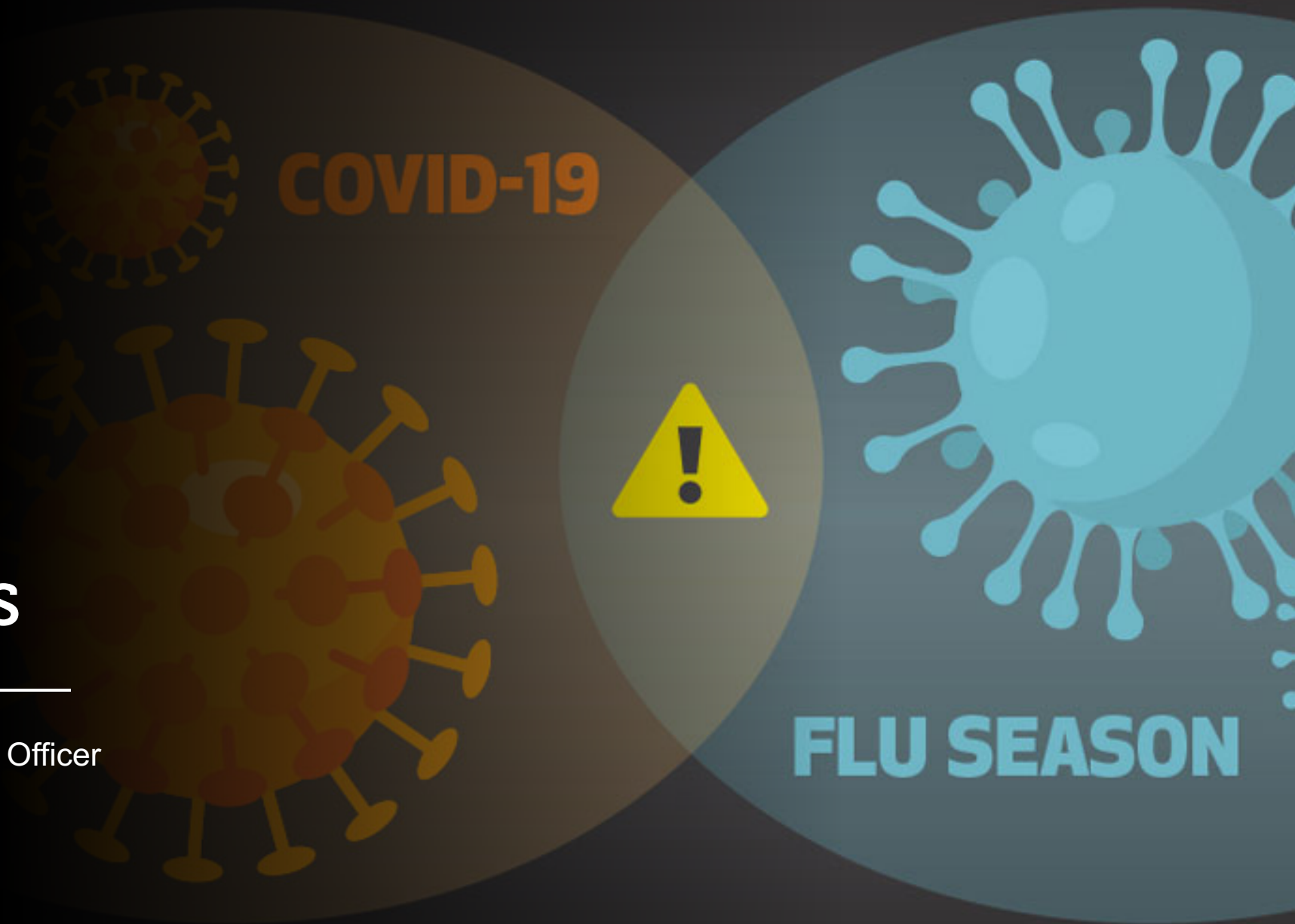




# Influenza and COVID-19 Considerations

---

Dr. Bill Ruby // Associate Chief Clinical Officer



# Influenza (Flu) vs. COVID-19

## Influenza

- Mild to severe illness
- Could take longer to develop S/S (1-4 days)
- Contagious -1 to 7 days
- Younger children at higher risk of severe illness
- Complications rare
- Vaccination

## COVID-19

- **Change in loss of taste or smell**
- S/S 5 days after infection (2-14)
- Contagious -2 to 10 days
  - “superspreading”
- Younger children MIS-C
- Complications
  - Blood clots of lungs, heart, legs, brain
- No vaccination “yet”

*So.....what is the best way to prevent an additional pandemic?*



# GET YOUR FLU SHOT THIS YEAR

## Benefits of Flu vaccination

- Keep you from getting sick with flu
- Reduce risk of hospitalization
- Important preventive tool for people with chronic health conditions
- Protect women during and after pregnancy
- Lifesaving to children
- Reduce severity of illness if those that become infected
- Protection of others around you



# 2020-21 INF Overview



## Morbidity and Mortality Weekly Report (*MMWR*)

CDC



## Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2020–21 Influenza Season

*Recommendations and Reports* / August 21, 2020 / 69(8);1–24

Lisa A. Grohskopf, MD<sup>1</sup>; Elif Alyanak, MPH<sup>1,2</sup>; Karen R. Broder, MD<sup>3</sup>; Lenee H. Blanton, MPH<sup>1</sup>; Alicia M. Fry, MD<sup>1</sup>; Daniel B. Jernigan, MD<sup>1</sup>; Robert L. Atmar, MD<sup>4</sup> ([View author affiliations](#))

[View suggested citation](#)

# Summary

---

- Routine annual INF vaccination is recommended for **all persons aged  $\geq 6$  months who do not have contraindications**
- INF will coincide with continued or recurrent circulation of SARS-CoV-2
- 2 Phase Strategy
  - **Phase I:** Initial Vaccination Clinic- all eligible patients in facility
    - Eligible = all persons aged  $\geq 6$  months who do not have contraindications
  - **Phase II:** High Risk Groups

# Phase I: Initial Vaccination Clinic

PHASE **ONE**

- WHO:** ALL eligible patients in the facility  
Eligible = all persons aged  $\geq 6$  months who do not have contraindications
- WHEN:** Begin first week of October
- WHERE:** Safe place  
Use COVID-19 Principles & Practices (masks, gloves)
- WHY:** CDC, “The existence of COVID-19 pandemic has resulted in a major push to vaccinate every eligible person”.
- HOW:** Schedule Administration “Clinics”  
50% ADP initially  
Utilize Flow Diagram



# Phase II: High Risk Groups

---

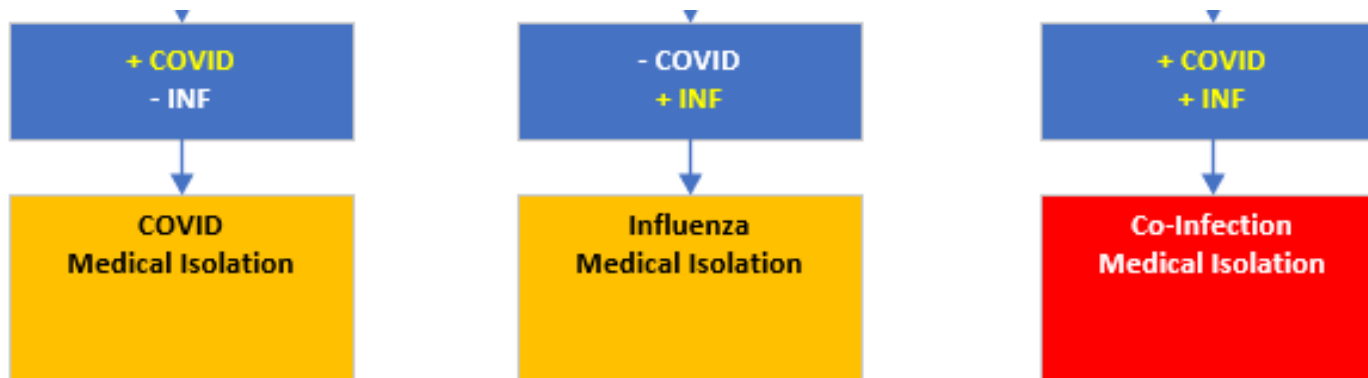
- Age  $\geq$  50 years
- Chronic pulmonary disease (including asthma)
- Cardiovascular disease (excluding isolated hypertension)
- Renal Disease
- Liver Disease
- Neurologic Disease
- Hematologic Disease
- Metabolic Disorders (including diabetes mellitus)
- Immunocompromised due to any cause
- Women who are or will be pregnant during INF season
- Children & adolescents (6 months through 18 yrs) receiving ASA or salicylate-containing medications who might be at risk for Reye Syndrome
- Residents of long-term care facilities
- American Indians/Alaska Natives
- Obese (BMI  $\geq$  40 for adults)





# Influenza-Like Illness (ILI)

- Presence of fever ( $\geq 100^\circ$ ), in addition to cough or sore throat in absence of an alternative cause.
- Most cases NOT caused by influenza
- Multiplexed Point-of-Care (POC) with exam
- Diagnostic testing not needed for all pts with ILI to make treatment decisions, BUT...
- COVID-19 pandemic this year
  - Cohort / medical isolation by infectious agent



Thank you!