

OVERVIEW: IMPACT OF SARS-COV-2 (COVID-19)

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HOW ARE WE DOING?

AS OF 9/15/20

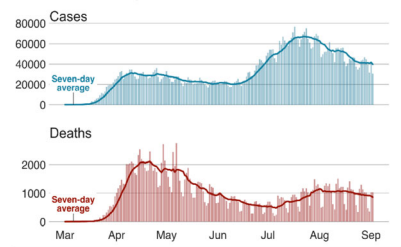


Total cases: 29,155, 581
Reported deaths: 926,544



Total cases: 186, 887
Reported deaths: 3,111

Number of daily cases and deaths in the US

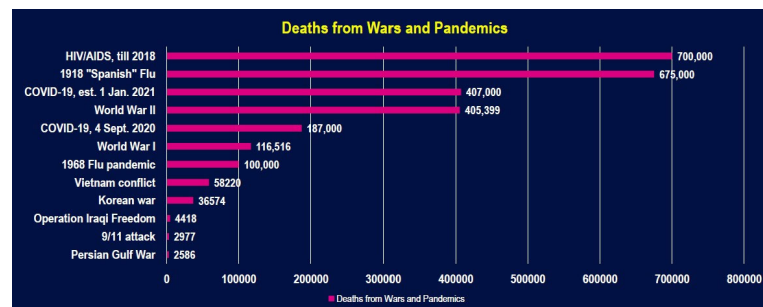


Source: COVID Tracking Project
Total cases: 6,537,627
Reported deaths: 194,092

COVID-19: NEW INFORMATION

- ▶ Cases high numbers in the 18-45-year age range
- ▶ Multiple outbreaks on college/university campuses
- ▶ 2% - 6% rate of population infected (CDC): (outlier, NYC = 20%)
- ▶ 20-80% percent asymptomatic infections: (depends on study population)
- ▶ Airborne (>6 feet) transmission is rare, if it occurs
- ▶ Duration of infectiousness:
 - ▶ Ambulatory patients, <11 days (5 studies); hospitalized patients, <20 days (2 studies) 1 report of re-infection 142 days after initial infection
- ▶ Masks very effective in preventing transmission when worn by infected persons and in preventing acquisition when worn by uninfected persons

DEATHS FROM COVID-19 AND OTHER PANDEMICS AND WARS, US



David Weber: Associate Chief Medical Officer, UNC Hospitals; Medical Director, Hospital Epidemiology: COVID-19 (SARS Co-V-2) Update

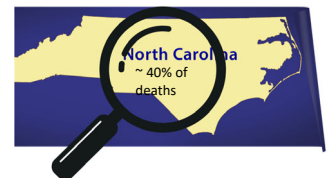
David Weber: Associate Chief Medical Officer, UNC Hospitals; Medical Director, Hospital Epidemiology: COVID-19 (SARS Co-V-2) Update

ALL CARE SETTINGS IMPACTED

- ▶ During the COVID-19 pandemic, **healthcare systems** should adjust their **standard approaches** of delivering healthcare services to reduce the need to provide in-person care to minimize risk to patients and HCP-(CDC) resulting in:
 - ▶ Family members not allowed at time of birth-early separation from mother if COVID suspected
 - ▶ Family not allowed at time of death
 - ▶ Belief unsafe to attend regular appointments
 - ▶ Routine procedures cancelled/postponed
 - ▶ Healthcare personnel quarantining from family members

COVID-19 IMPACT: LONG-TERM CARE

- ▶ Long-term care facilities accounts for 43% of U.S. COVID-19 deaths
- ▶ Adjustment of standard approaches of care:
 - ▶ Restrict visitors-considered to be resident's home
 - ▶ Resident cohorting
 - ▶ Universal source control
 - ▶ Use of personal protective equipment
 - ▶ Aerosol generating procedures



COVID-19 IMPACT: OUTPATIENT CARE-PHYSICIANS

8%	Practices Closed	55% Future of tele-medicine: Not continue unless reimbursement comparable to in-person visit
43%	Reduced staff	
72%	Reduced income	

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COVID-19 IMPACT: HEALTHCARE PERSONNEL

- ▶ More than 1,000 front line health care workers have died
 - ▶ Approximately 38% nurses
 - ▶ Median age 57
 - ▶ Disproportionate toll on communities of color and immigrants
- ▶ At least 57 (32%) were reported to have had inadequate personal protective equipment (PPE)
- ▶ ²A higher percentage of participants who reported a PPE shortage had detectable SARS-CoV-2 antibodies (9%) than those who did not report a PPE shortage (6%) (p=0.009)
- ▶ Fear of spread to patients, co-workers and their families



¹<https://khn.org/news/tag/lost-on-the-frontline/>

²Self WH, et al. MMWR 2020;69:1221-1226

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COVID-19 IMPACT: HEALTHCARE PERSONNEL



- ▶ Psychological fallout related to working long hours
- ▶ Isolation from family
- ▶ Incomparable amount of death
- ▶ Debate over route of transmission and most appropriate PPE
- ▶ Prolonged uncertainty

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NEW NORMAL?



Beckers ebook

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GENERAL PREVENTION RECOMMENDATIONS FOR COVID-19



- ▶ Wash hands often with soap and water for at least 20 seconds



- ▶ If soap and water are not available, use an alcohol-based hand sanitizer (>60% alcohol)

- ▶ Social Distancing

- ▶ Universal source control-face covering and eye protection

- ▶ Use of PPE



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