



**Public Health**  
Prevent. Promote. Protect.



## COVID-19 Townhall #2

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Weld County Department of Public Health & Environment  
March 19, 2020

# PREVENTION



## Take everyday actions to protect yourself and those you love

There are effective ways to reduce the risk to yourself and the people you care about.

- Frequently and thoroughly wash your hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.
- Cover coughs and sneezes with a tissue, then throw the tissue in the trash, or use your inner elbow or sleeve.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home if you're sick, and keep your children home if they are sick.
- Clean surfaces in your home, and personal items such as cell phones, using regular household products.

# ORDERS from GOVERNOR & STATE HEALTH DIRECTOR



- **D 2020 007 Executive Order:** Ordering Suspension of Normal In-Person Instruction at All Public and Private Elementary and Secondary Schools in the State of Colorado Due to the Presence of COVID-19. *Effective until April 17, 2020.*

- Amended notice regarding **Public Health Order 20-22** Closing Bars, Restaurants, Theaters, Gymnasiums, Casinos, Nonessential Personnel, Services Facilities, and Horse Track and Off-track Betting Facilities Statewide. "This Order, originally issued on March 16, 2020, has been amended to exempt institutions of higher education in the services of meals, clarify that hotel dining services are not exempted other than in room dining services, add a definition of gymnasium, and extended the Order *through April 30, 2020.*"

- **Public Health Order 20-23** Implementing Social Distancing Measures. Limits the size of gatherings to no more than 10 people. *Effective for 30 days beginning March 19, 2020.*

# Colorado COVID-19 Data Visualization

Visit

[www.covid19.colorado.gov/data](http://www.covid19.colorado.gov/data)



## COVID - 19 Colorado case summary

Data is updated daily by about 4pm and may not reflect the actual number of cases



183  
cases

20  
hospitalized

19  
counties

1,790  
people tested

2  
deaths

### Case count by onset date

\*cases with onset dates still under investigation are not included



### Colorado case count

\*People who tested positive for COVID-19 in Colorado while visiting are included in the county where they were identified.

\*\*Location of symbols do not represent actual case locations

\*\*\*Some cases may still be under investigation and county not assign yet

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# Risk of Exposure

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- People in places where ongoing community spread of the virus that causes COVID-19 has been reported are at elevated risk of exposure, with the level of risk dependent on the location.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected [international locations](#) where community spread is occurring also are at elevated risk of exposure, with level of risk dependent on where they traveled.

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# Some People Are At Higher Risk

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- Older adults, with risk increasing by age.
- People who have serious chronic medical conditions like:
  - Heart disease
  - Diabetes
  - Lung disease

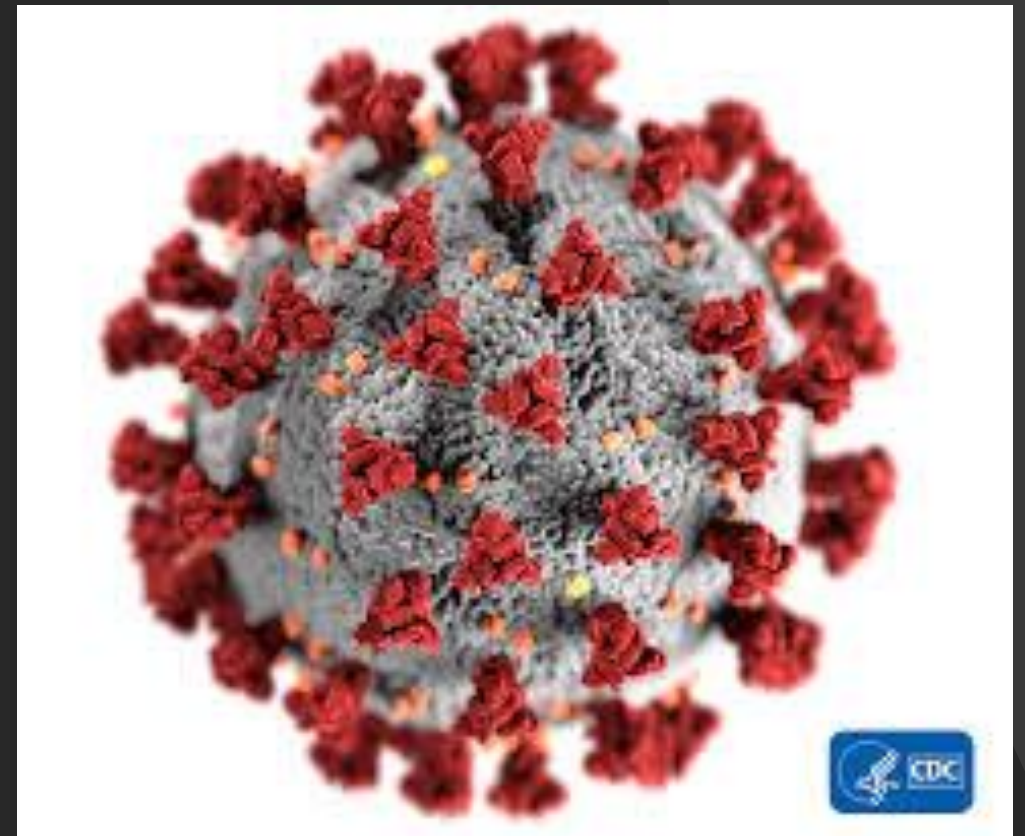
# COVID-19 Testing update

More capacity coming on-line via national private labs, regional labs, hospitals. Looking to stand up more drive-through options for specimen collection although lacking supplies to test in general.

- Issue of reporting to epidemiology
  - No count of how many tests have been ordered and on whom?
  - Multiple sources of testing and uncoordinated communication about status/results.
  - Significant delays in reporting to public health for investigation and tracking.
- Laboratories refusing specimens after significant investments in collecting.

What about false negative tests for COVID-19 PCR?

- Test performance characteristics not as well known given rapid development and deployment
- Why false negatives: viral load too low, viral divergence, inhibitors in samples
- Some papers out of China suggest FNR as high as 30%





# Implications of False-negative COVID-19 PCR

- Patients in a hospital setting should not be taken out of isolation solely on the basis of a single negative PCR test.
- Clinicians should take into account the clinical and radiographic presentation and the clinical course.
- The presence of another viral infection should not be taken as clear evidence of the lack of COVID-19. Co-infection with COVID-19 and other respiratory viruses has been documented.
- Symptomatic HCP and first responders should not be sent back to work based upon a single negative PCR (if using a testing schema)





# Are there false positives with COVID PCR?

- Probably (as with any test)
- Really no reliable data on frequency of false positives
- Could occur if laboratory or specimen cross-contamination (this has been shown for other PCR tests); mislabeled specimens; or test characteristics not understood at this time.

\*Bill Burman, MD – Denver Health



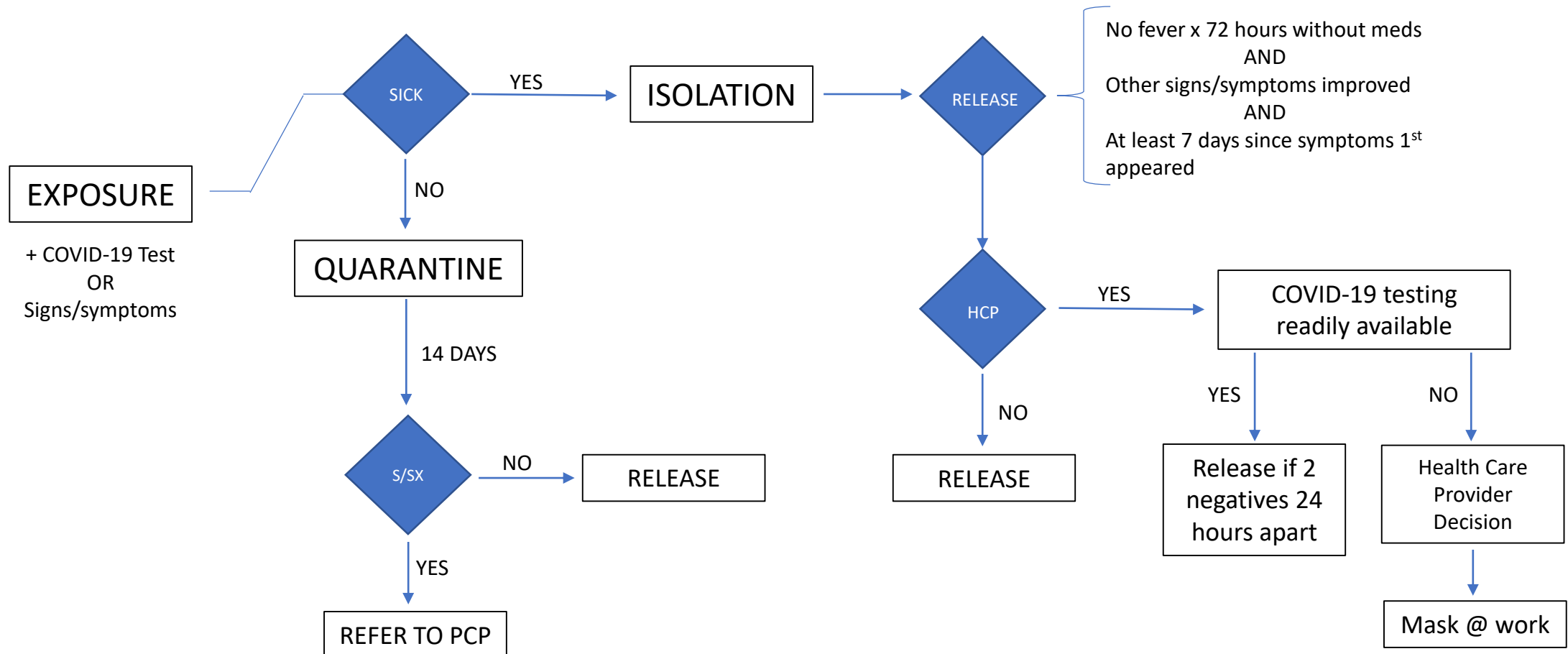
# ISOLATION

- Separates sick people with a contagious disease from people who are not sick.
- Is for people who are already sick.
- Is a routine procedure in hospitals and health care facilities.
- Can be voluntary, but public health agencies have legal authority to issue isolation orders to people who are sick.
- If you have tested positive for COVID-19 **OR** if you develop fever, cough, and shortness of breath, you should be in isolation (stay away from others) until:
  - You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)  
**AND**
  - other symptoms have improved (for example, when your cough or shortness of breath have improved)  
**AND**
  - At least **7 days** have passed since your symptoms first appeared
  - CDC: What to do if you are in isolation: [cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html)
- Health care workers may have to isolate for longer and should do what they are told by the health care facility they work for.

# QUARANTINE

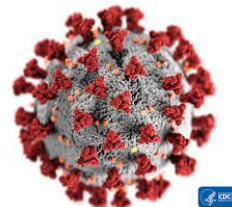
- Separates people and restricts their movement if they were exposed to a contagious disease to see if they become sick. This could include exposure to a person who has tested positive for COVID-19 or a person with the symptoms of COVID-19.
- Is for people who are not sick, but who may have been exposed to (in close contact with) someone who is sick. This could include members of your household, co-workers, or others you spend a great deal of time with (and are within six feet of for 10 minutes or more).
- Can be voluntary, but public health has legal authority to issue quarantine orders to people who were exposed to a contagious disease.
- Quarantined people:
  - Stay at home or in another location **for 14 days** so they don't spread the disease to healthy people.
  - Can seek medical treatment from a health care provider. In the case of COVID-19, they should **CALL** a provider or clinic first to get instructions **BEFORE** going to a health care office, hospital, or urgent care. If they have a medical emergency, they should tell the 911 dispatcher they are under quarantine for COVID-19.

# Isolation versus Quarantine / Release



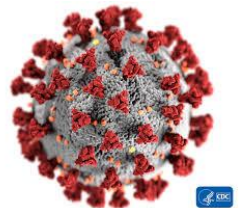
# Return to Work Criteria for HCP with Confirmed or Suspected COVID-19

- Use one of the below strategies to determine when HCP may return to work in healthcare settings
  - *Test-based strategy.* Exclude from work until:
    - Resolution of fever without the use of fever-reducing medications **and**
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
    - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart (total of two negative specimens)[\[1\]](#). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).
  - *Non-test-based strategy.* Exclude from work until:
    - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
    - At least 7 days have passed *since symptoms first appeared*
- If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.



# Return to Work Practices and Work Restrictions

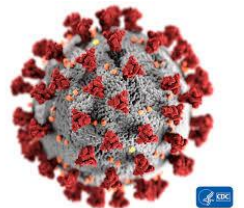
- **After returning to work, HCP should:**
  - Wear a facemask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer
  - Be restricted from contact with severely immunocompromised patients (e.g., transplant, hematology-oncology) until 14 days after illness onset
  - Adhere to hand hygiene, respiratory hygiene, and cough etiquette in [CDC's interim infection control guidance](#) (e.g., cover nose and mouth when coughing or sneezing, dispose of tissues in waste receptacles)
  - Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen



# Universal Masking of HCP and First-responders

## A measure designed to reduce loss of health care and other essential workforce

- Wear a facemask at all times while working around others
- Surgical mask is sufficient unless caring for known COVID-19 positive patient or performing aerosolizing procedure on high risk person suspected of disease
- Given shortage of surgical masks it can be worn until soiled, contaminated, or otherwise deemed to be compromised
- Avoid use of N95 respirator if adopting universal masking given short supply and difficult to work in for prolonged periods of time
- The [CDC Guidance on Strategies for Optimizing the Supply of PPE](#) provides information on extended use, re-use, expired use, and alternative options for use of PPE based on Contingency, Crisis levels, and when no stock is available.
  - **Contingency stock:** represents approximately 25% or less, compared to normal stock levels on hand (items physically in inventory)
  - **Crisis stock:** Reduced stock on hand causing changes in daily practice that are not commensurate with established standards of care.





# Other Preventive Measures for HCP and Essential Workforce

- **Strict social (physical) distancing**
- **Limit visitors and non-essential staff from entering building**
- **Symptom and temperature check before working shift or entering building**
  - Self-attestation
  - Asked / checked prior to entering facility
- **Create zones in health care facilities to cluster different categories of patients; helps staff know the status of patients in a particular zone and control/target distribution of scarce materiel to match patient status.**

