



Health Update

March 20, 2020

COVID-19

Three additional cases of COVID-19 have been confirmed in Fresno County, a total of 6 cases as of March 20, 2020. Two individuals had travelled on a cruise, and one elderly person visited relative within California. Contact tracing has been initiated, and the Fresno County Department of Public Health website will maintain daily updated numbers. For the general population, the risk from COVID-19 from community related transmission is still low within Fresno County. Once the number of cases rises to 10, it is likely that community spread will be occurring within Fresno county and the Fresno County Department of Public Health will transition from a strategy of containment to mitigation. **As a medical community, our most important task at this time is to make sure that all of our clinical spaces and interactions are prepared to minimize the risk of nosocomial transmission to vulnerable patients.** More information, links, and the latest flowchart for appropriate testing are included below. Please let us know what we can do better or if you are doing something that is working well, and you want to share with the medical community.

1. **Social Distancing in Clinical Areas, Residential Facilities and Nursing Homes.** There is a lot of progress being made within Fresno County to minimize social interactions and slow the spread of transmission in the community. Even though there is currently no evidence of transmission within the health care setting, experience from other locales teaches that nosocomial spread for this illness can be as high as 40% of all infections. Minimizing the rate of spread in health care settings will be a key strategy for successfully addressing this epidemic. **PLEASE do your part** and ask your staff and colleagues to do theirs, with careful attention at all times to hand hygiene, social spacing of 6 feet at all times, no prolonged meetings or gatherings, and limiting all visitors as much as possible.
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AFL-20-25.aspx>
https://www.nejm.org/doi/full/10.1056/NEJMp2004768?query=featured_home
2. **Lab Testing—NO EASY ANSWERS.** This has been a universally frustrating process, as there is a high demand and evolving guidance about who needs to be tested. To make the best use of limited resources, time and personnel, please use the following flowchart about whom to test. These criteria were developed to define those with “high probability of having COVID-19, and/or high probability of passing it on to many others.” **All medical providers are responsible for doing testing swabs on high risk patients, and are strongly encouraged NOT to test populations with a low risk of being infected with COVID-19, low risk for complications from infection, and minimal to no contact with vulnerable populations.**
3. **PPE and masks: CONSERVE, CONSERVE, CONSERVE.** Droplet precautions are appropriate if N-95 respirators are not available. Always wear eye protection, gown, and gloves if you are working within 6 feet of a patient with symptoms

Categories of Health Alert Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action

Health Information: Provides general health information which is not considered to be of emergent nature

Promotion, preservation and protection of the community's health

1221 Fulton Street, Fresno, CA 93721 · P.O. Box 11867, Fresno, CA 93775

(559) 600-3200 · FAX (559) 600-7687

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concerning for COVID-19 infection. If you can use N-95 masks (e.g. airborne precautions) that is ideal; however, a surgical mask (droplet precautions) is also acceptable if N-95 masks are not available. Droplet precautions are being adopted by many health care facilities for low-risk encounters and are now adopted by World Health Organization. The key message is: Masks are helpful regardless of what kind, and N-95 respirators that fit well should be worn during aerosol generating procedures (intubation, bronchoscopy). Sputum induction is NOT advised in suspected or confirmed COVID-19 cases. Continue to email us (cjack@fresnocounyca.gov) about your supply shortages.

4. **General Office Visits and Ambulatory Care**

By way of general guidance, avoid all unnecessary visits, delay scheduling appointments where possible for next 3 months, keep age 65+ patients out of the office. Engage in use of phone visits, renew scrips by phone, and adopt low-contact or no-contact IT solutions whenever possible. Telemedicine is easier to do now: on March 6, Congress passed the Coronavirus Preparedness and Response Supplemental Appropriations Act. (www.congress.gov) The legislation will allow physicians and other health care professionals to bill Medicare fee-for-service for patient care delivered by telehealth during the current coronavirus public health emergency. Allow all non-essential providers such as Health Educators/Behavioral Health providers to use phone visits or telemedicine as well.

(<https://www.cmadocs.org/Portals/CMA/files/public/Medicare%20Telehealth%20Waiver%20Guidance%20-%20Key%20Takeaways.pdf?ver=2020-03-17-120136-510>).

Most importantly, ALL patients need to be appropriately triaged on arrival with signage outside the office to direct patients who have any respiratory symptoms plus fever to wait outside or call the office from their vehicle. Also have a triage station using full droplet precautions as many may not be able to read/understand signage.

5. **Wellness and Mental Health: Please make time to attend to mental wellness for you, your patients, and the general public.** There is a lot of anxiety in the general community and within the health care setting. Unfortunately, panic prevents learning and drives more panic. So please guard against it and help de-escalate anxiety wherever you can. Much of the concern at the medical leadership level is over legitimate issues related to supply and lab shortages, and I can assure you that all public health agencies from local to federal are working on solutions as fast as we can, just as all of you are being stretched to your limits in the care you provide. Beyond that, the fever pitch of anxiety related to this epidemic locally, nationally and worldwide is preventing many of us from communicating effectively with patients and peers. We have a hard road ahead of us, there is no doubt—but we will be more successful if we prepare for healthy ways to manage and deescalate difficult emotions within and around us. <https://www.co.fresno.ca.us/departments/behavioral-health>

Further Reading and References:

Map of California Case Counts, from Los Angeles Times

<https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak/>

Here is the link for CDC guidelines in regard to criteria for return to work.

<https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>

Here is the link that is updated often and is dedicated to cases in California.

<https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak/>

Here is the link for US and global cases:

<https://nssac.bii.virginia.edu/covid-19/dashboard/>

COVID-19 TESTING GUIDELINE 3/20/2020



Is the patient concerned but not symptomatic?

YES

Does Patient have Symptoms?

Fevers, aches, cough, SOB?

NO

Practice social distancing at ALL TIMES, frequent hand hygiene, and cleaning of high touch areas
EDUCATE TO De-Escalate pandemic anxiety:
“Hoard Your germs, not your groceries” etc.
Wear a Mask ONLY if you are symptomatic

YES

Fever and Respiratory Illness with no high risk features:

3-4 days of bedrest and hydration

Self-isolate for 14 days, Return to work if no symptoms for 3 days

NO

Assess for High Risk situation:

1. High Risk of Having It
2. High Risk of Passing it On

Travel to a high-risk area globally, on a cruise, or within in the US (>10 cases or with community transmission) in last 14 days?

OR

Close contact with COVID-19 suspected or confirmed patient?

- Healthcare worker
- First Responder
- Long-term Care Facility employee or resident
- Over 65
- Comorbidities (HTN, DM, CLD, CKD) or immunocompromised
- Hospitalized patient
- Lives OR work in shelters, jails, or other congregate settings

YES

TESTING RECOMMENDED

SEND FLU AND COVID, and cancel COVID test if INFLUENZA positive

When do high risk professions return to work?

1. Asymptomatic and self isolating for 14 days after travel (
2. Symptomatic/ Confirmed COVID infection:
 - If not tested for COVID-19, can return to work:
 - No fever for 3 days without the aid of medications, and
 - Have no respiratory symptoms
 - 7 days out from first day of symptoms
 - If tested for COVID-19 and were positive, can return to work:
 - Resolution of fever without the aid of medications and improvement in respiratory symptoms, and
 - Two negative tested collected >24 hours apart