

Coronavirus Disease 2019 (COVID-19): Healthcare Associated Guidance for Department of Corrections & Partners

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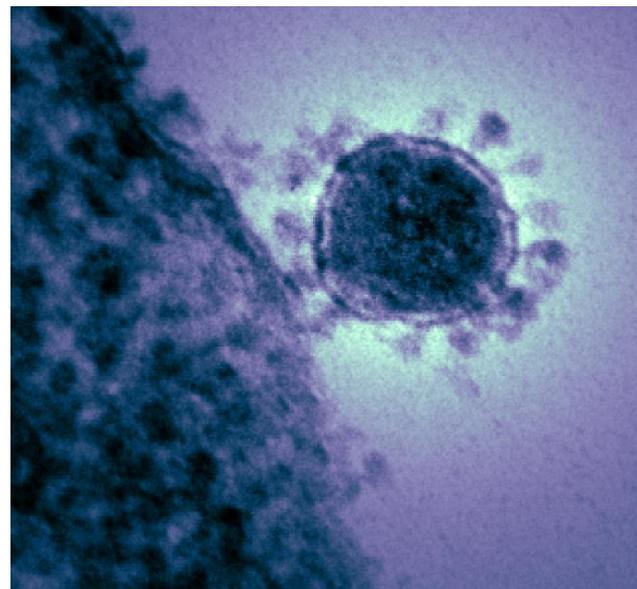
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Coronavirus Disease 2019

- On 2/11/20, WHO announced the official name for the disease that is causing the 2019 novel coronavirus outbreak
 - Disease: coronavirus disease 2019 (COVID-19)
 - Virus: severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
- SARS-CoV-2 causes COVID-19

Coronaviruses that Infect People

- 4 cause common cold symptoms
- 2 (SARS-CoV and MERS-CoV) cause severe lung infection
- Spread through coughing, sneezing or close personal contact
- Symptoms start 2-14 days after exposure



SARS-CoV-2: still
much to learn

Human Coronaviruses

4 HCoV are endemic globally

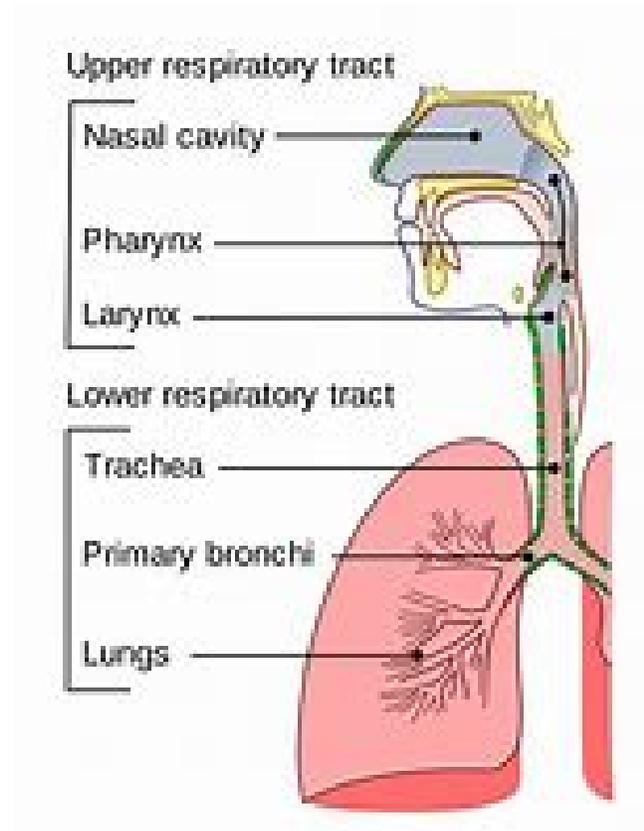
- 0%-30% of upper respiratory tract infections in adults

2 highly pathogenic HCoVs

- Lower respiratory tract infections
- 2002 - SARS
- 2012 - MERS

SARS-CoV-2

- Still learning about virus
- Symptoms include fever, cough, dyspnea



COVID-19 Compared with Past CoV Epidemics

CoV	Origin	Cases	Deaths
SARS-CoV-2 As of 3/24/20*	Dec 2019 (China)	372,757	16,231 CFR = 2%^
MERS-CoV	2012 (Saudi Arabia)	2,494	858 CFR = 34%
SARS-CoV	2002 (China)	8,098 (None since 2004)	774 CFR = 10%

*Reported by the World Health Organization

^Estimate; CFR may depend on location

How Contagious Is It?

Disease	R_0
MERS-CoV	< 1
Seasonal influenza	1-2
COVID-19	Estimates as of 2/20/20: 2-2.5
SARS-CoV	3
Measles	12-18

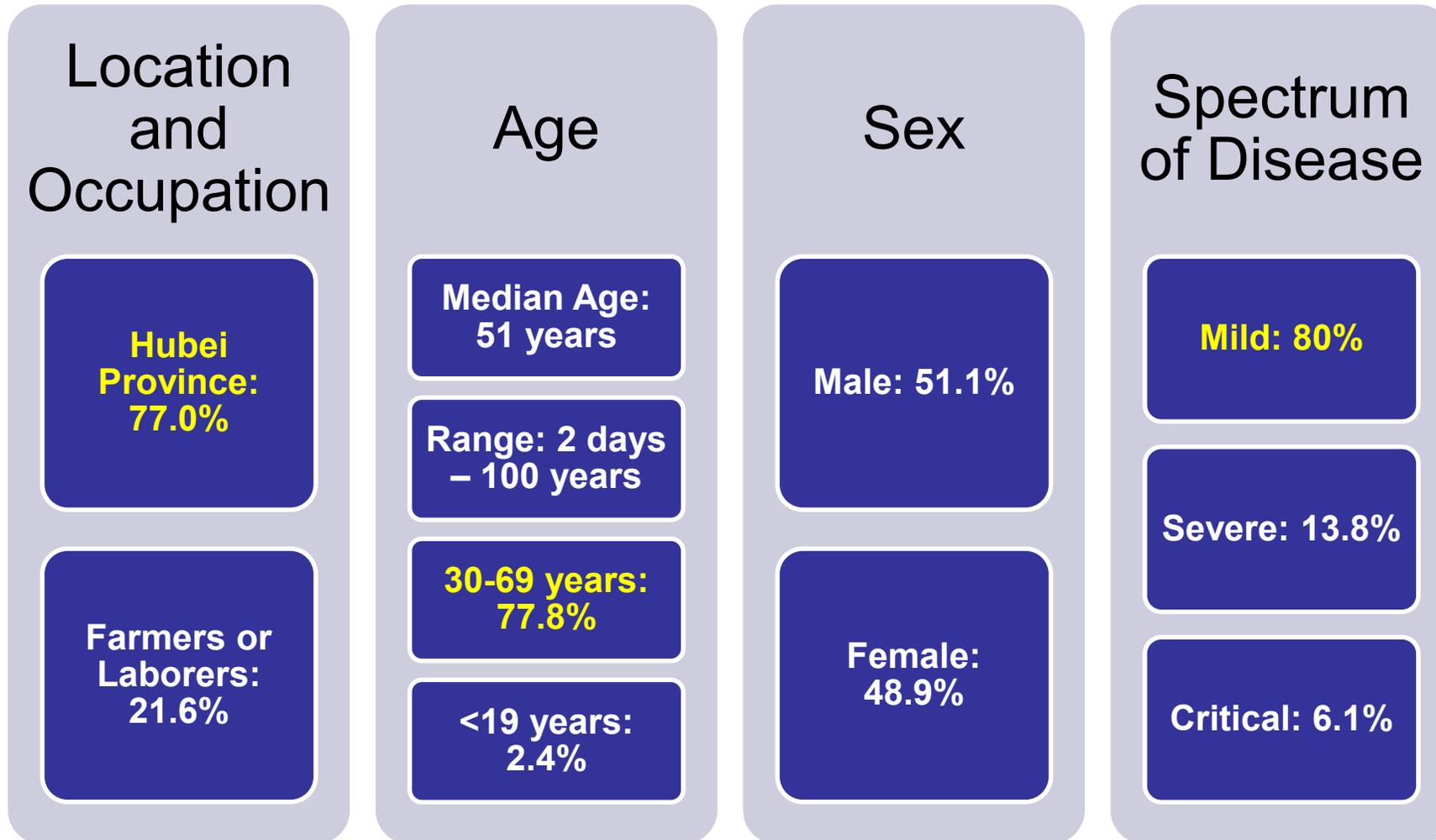
COVID-19 OUTBREAK in CHINA

Findings Published by the World Health
Organization

*Report of the WHO-China Joint Mission
on Coronavirus Disease 2019 (COVID-19): 16-24 February 2020
Submitted February 28, 2020*

www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf

Key Findings from the WHO-China Report (as of 2/20/20)



$R_0 = 2-2.5$ in absence of interventions

Key Findings from the WHO-China Report (as of 2/20/20)

Duration of Illness

Mild Disease: ~2 Weeks

Severe or Critical Disease: 3-6 Weeks

Onset to Severe Disease: 1 Week

Onset to Death: 2-8 Weeks

Severe Disease or Death

Increased with Age

Case-fatality Rate >80 Years: 21.9%

Case-fatality Rate in Males: 4.7%

Case-fatality Rate in Females: 2.8%

Severe Disease <19 Years: 2.5%

Critical Disease <19 Years: 0.2%

Case-fatality Rate by Comorbidity

No Comorbidity: 1.4%

Cardiovascular Disease: 13%

Diabetes: 9.2%

Hypertension: 8.4%

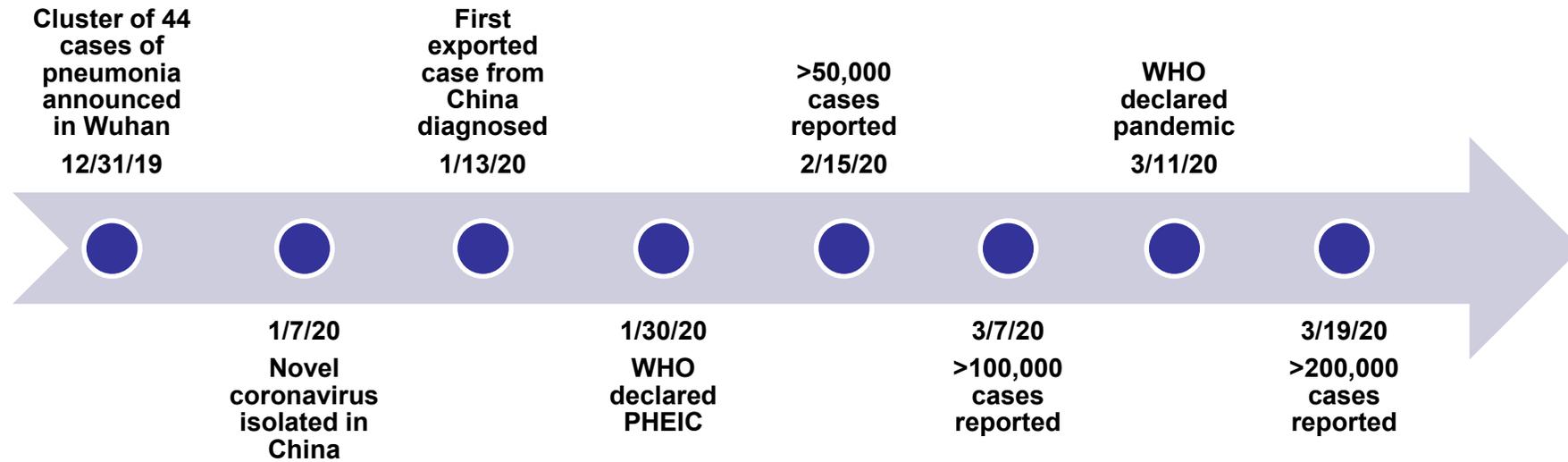
Chronic Respiratory Disease: 8.0%

Cancer: 7.6%

Routes of Transmission in Outbreak in China

- Droplets and fomites during close unprotected contact
 - Airborne spread not reported in China
 - *WHO: Can be envisaged if certain aerosol-generating procedures are conducted in healthcare facilities*
- Fecal shedding from some patients in China
 - *WHO: Fecal-oral route does not appear to be a driver of transmission; its role and significance for COVID-19 remains to be determined*

Key COVID-19 Events Globally



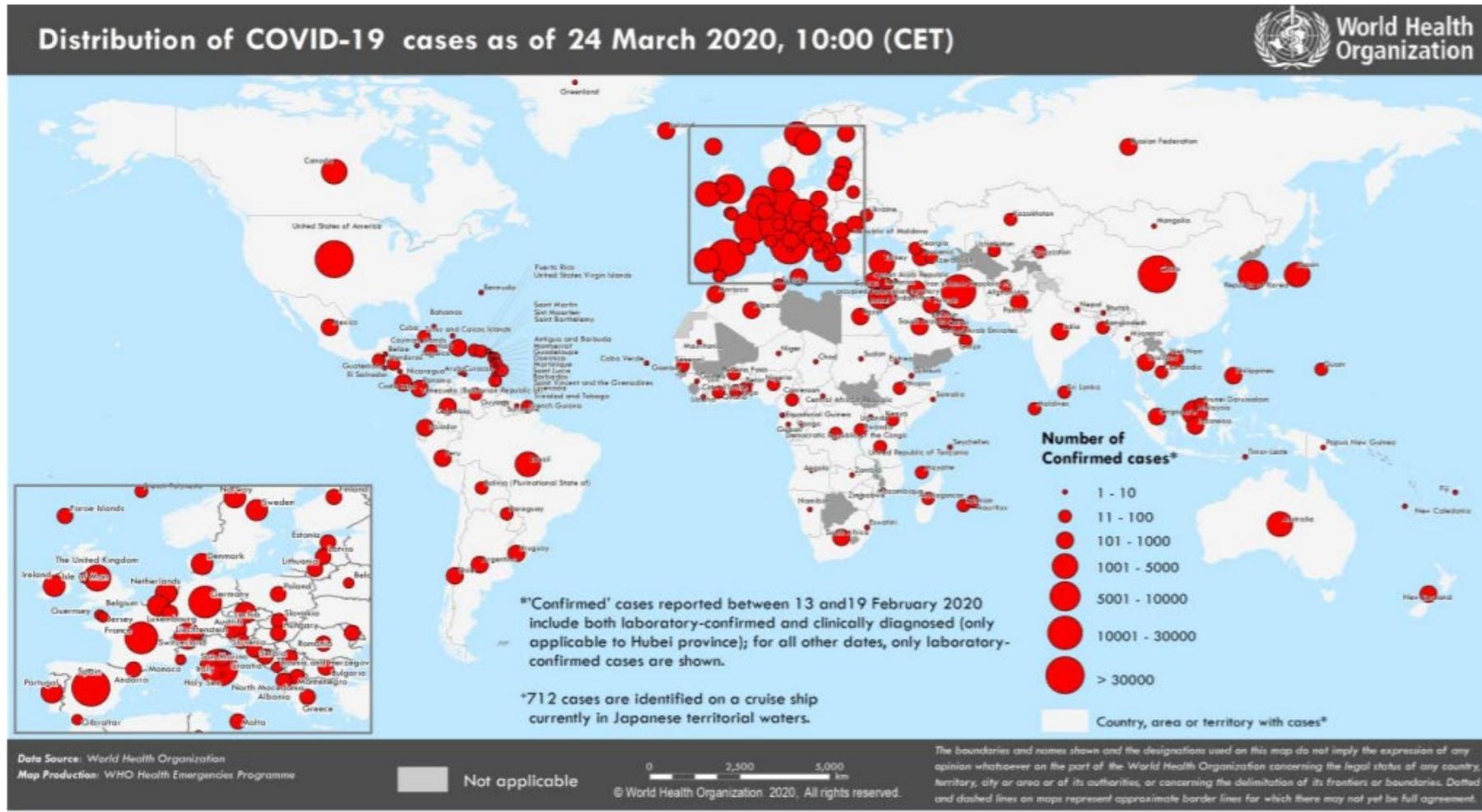
Total Confirmed Cases

As of 3/24/20

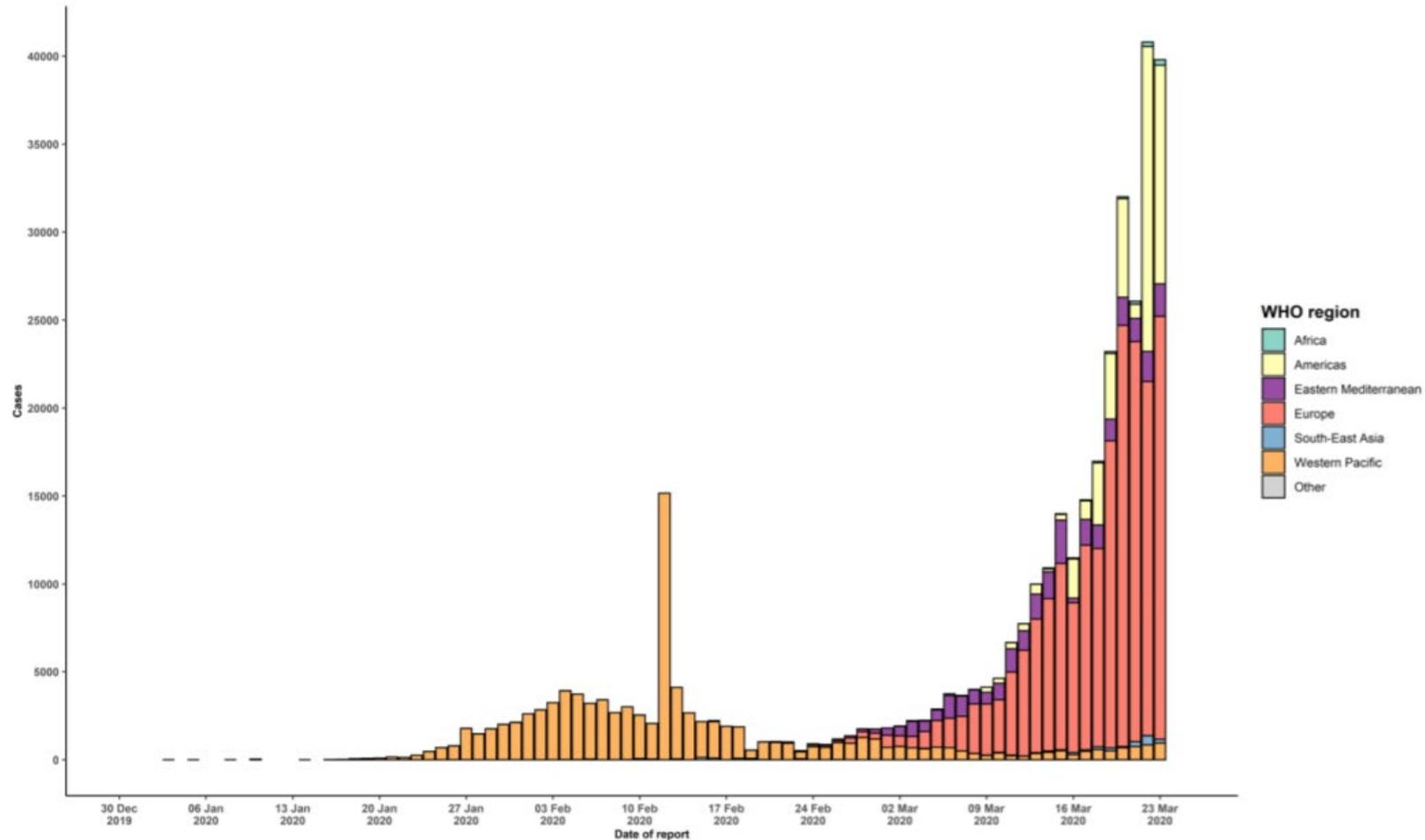
Reported by the World Health Organization

Globally	372,757 Cases; 16,231 Deaths
Western Pacific Region	96,580 Cases; 3,502 Deaths
European Region	195,511 Cases; 10,189 Deaths
South-East Asia Region	1990 Cases; 65 Deaths
Eastern Mediterranean Region	27,215 Cases; 1,877 Deaths
Regions of the Americas	49,444 Cases; 565 Deaths
African Regions	1,305 Cases; 26 Deaths

Which Countries Have Cases?

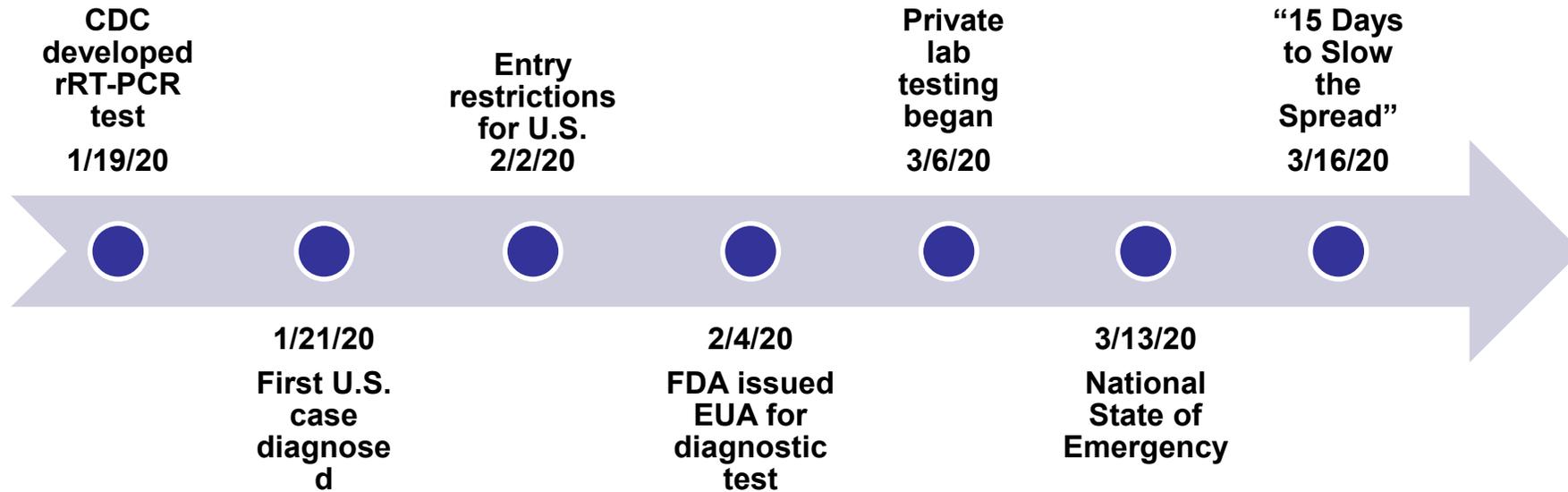


Epidemic Curve of COVID-19 Cases by Date and Region



As of March 24, 2020

Key COVID-19 Events in the U.S.



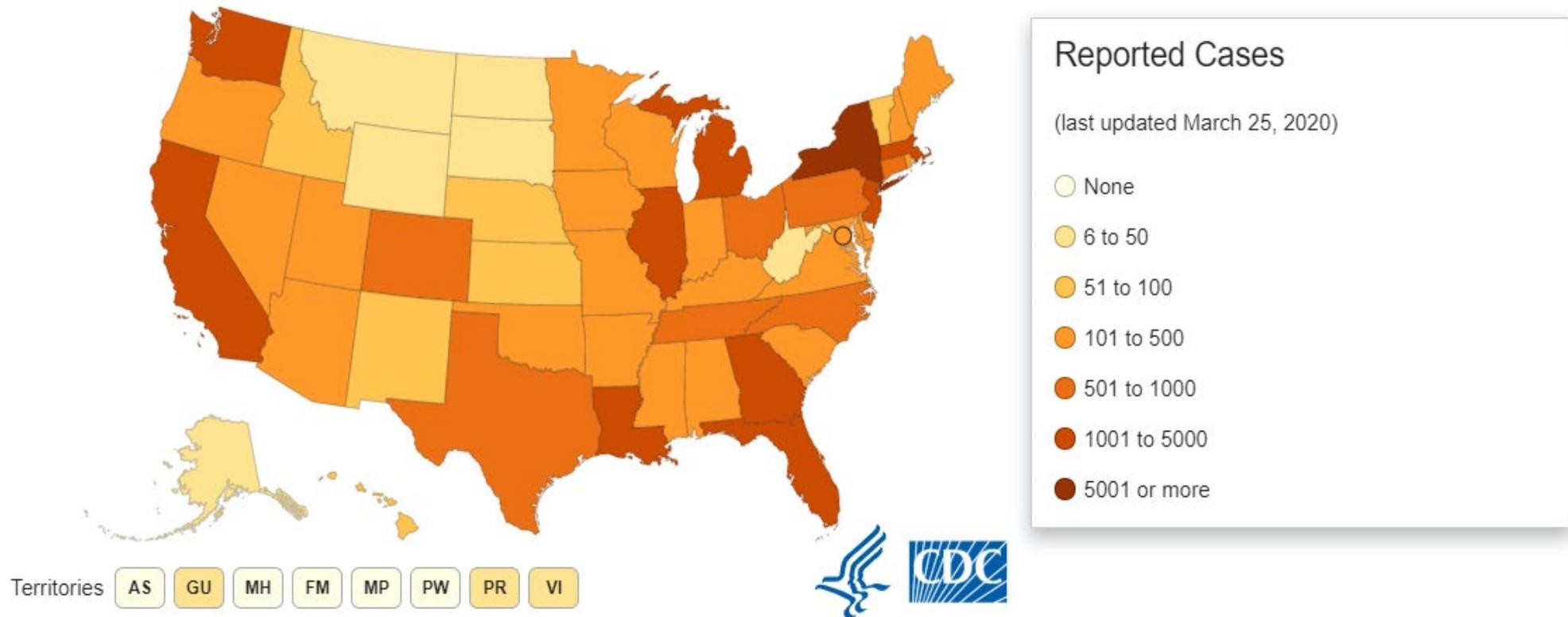
Cases in the United States

As of 3/25/20

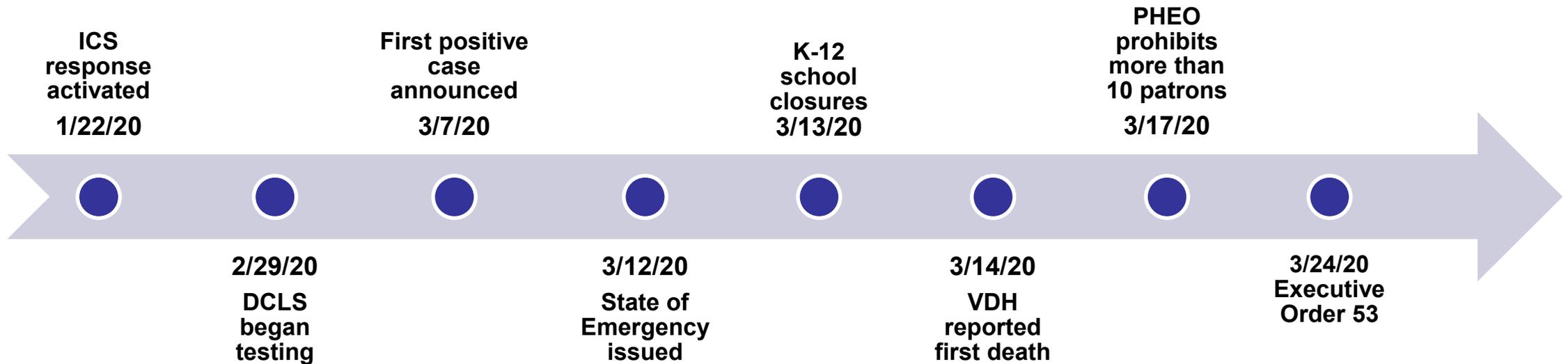
Cases Identified in the United States	
Travel-related	584
Person-to-person from known case	986
Under investigation	52,883
Total as of 3/25/20	54,453
Total Deaths	737

States Reporting Cases of COVID-19 to CDC

As of 3/25/20



Key COVID-19 Events in Virginia



Cases in Virginia

As of 3/26/20

Number of People Tested [^]	Total Cases [*]	Total Hospitalizations	Total Deaths
6,189	460	65	13

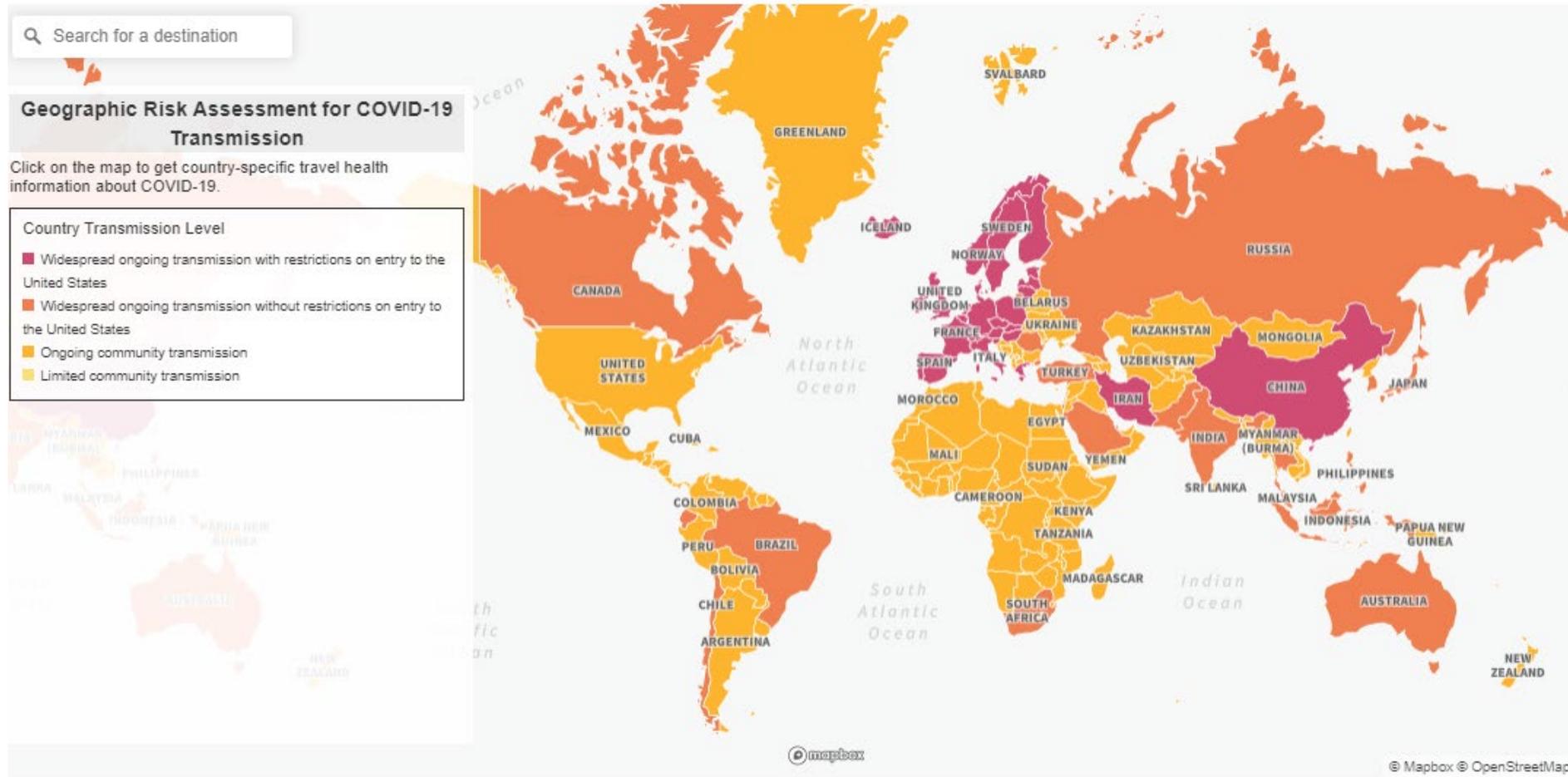
[^] Test results received by public health from all reporting labs

^{*} Positive tests among people tested

Community transmission is has been identified in the Northern and Central regions and in the Peninsula Health District in the Eastern region of the state

Travel Notices and Restrictions

As of 3/25/20



CDC Guidance for Correctional and Detention Facilities

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

1. Operational Preparedness. This guidance is intended to help facilities prepare for potential COVID-19 transmission in the facility.
2. Prevention. This guidance is intended to help facilities prevent spread of COVID-19 from outside the facility to inside.
3. Management. This guidance is intended to help facilities clinically manage confirmed and suspected COVID-19 cases inside the facility and prevent further transmission.

Operational Preparedness

- Review existing pandemic flu, all-hazards, and disaster plans, and revise for COVID-19.
 - Consider strategies to prevent over-crowding
 - Consider facilities that do not have healthcare capacity onsite
- Communicate with and educate **ALL** staff, offenders and visitors about COVID-19 and facility response plans.
- Develop contingency plans for reduced workforce due to absences, and coordinate with public health and correctional partners.
 - Consider revising duties of staff and offenders who are at higher risk of severe illness with COVID-19.
- Ensure that sufficient stocks of hygiene supplies, cleaning supplies, personal protective equipment (PPE), and medical supplies are available, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility.
 - Provide training to staff on how to properly don, doff, and dispose of PPE

Prevention

- Restrict unnecessary transfers to and from other jurisdictions and postpone non-urgent medical visits. Perform screening if transfer is necessary.
- Reinforce healthy hygiene practices, and provide and continually restock hygiene supplies throughout the facility.
- Implement [social distancing](#) strategies for all to increase the physical space between people (ideally 6 feet between all individuals, regardless of the presence of symptoms).
- Identify resources and provide access to mental health services.

Environmental Cleaning

- Intensify cleaning with products with EPA-approved emerging viral pathogens claims.
 - Adhere to [CDC recommendations for cleaning and disinfection during the COVID-19 response](#).
- Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE)

Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARSCoV-2

Prevention - Offenders

- Perform pre-intake screening and temperature checks for all new entrants and for anyone being transferred to another facility or released from custody.
- Implement social distancing strategies to increase physical space between offenders regardless of the presence of symptoms.
 - Consider staggering meals and recreation time
 - Limit mixing housing units during meals and recreation if possible
 - Limit group activity size
 - If space allows, reassign beds to allow more space between individuals.
 - If possible, designate a room near each housing unit to be used for evaluating individuals with COVID-19 symptoms rather than having them walk through the entire facility.

Prevention - Staff

- Remind staff to stay home if they are sick
 - Encourage staff to quarantine at home for 14 days if they have a known exposure to a confirmed COVID-19 case
- Perform verbal and temperature checks for all staff daily at entry
- If a staff member has a confirmed COVID-19 infection, maintain confidentiality, but inform close contacts of the need to quarantine and self-monitor for symptoms.

Medical Isolation of Confirmed/Suspected COVID-19 Case

- As soon as an individual develops symptoms of COVID-19, they should wear a face mask and be isolated from other individuals.
- Limit movement outside of the medical isolation space
 - Assign a dedicated bathroom, ideally attached to the room
 - Exclude from activities
 - Provide meals and medical care within the isolation space
 - If leaving the space is required, the individual should wear a face mask
- The medical isolation space should be an individual room if at all possible
 - CDC provides a hierarchy of options for medical isolation
- Designate staff to monitor the individual
- If release from custody must occur during medical isolation, arrange for safe transport and continuity of medical isolation

Criteria for Release from Medical Isolation

- With testing:
 - Fever free without medication for 72 hours **AND** symptoms have improved **AND** two negative tests collected 24 hours apart
- Without testing:
 - Fever free without medication for 72 hours **AND** symptoms have improved **AND** at least 7 days have passed since the first symptoms appeared
- For those who never showed symptoms:
 - At least 7 days must have passed since the first positive test **AND** no new symptoms have developed

Quarantine of Close Contacts of Cases

- **Close contact:** if the individual has been within approximately 6 feet of a COVID-19 case for a prolonged (>15 minute) period of time **OR** has had direct contact with infectious secretions of a COVID-19 case.
- Close contacts should be placed under quarantine for 14 days.
 - Quarantine individually if possible
 - If cohorting is necessary, CDC provides a hierarchy of preferred options.
 - Quarantined individuals should wear face masks if feasible based on local supply, as source control, if cohorted or leaving the quarantine area.
 - Monitor quarantined individuals twice daily for symptoms and temperature.
- Staff who have close contact with quarantined individuals should wear recommended PPE if feasible based on local supply and feasibility.

FREQUENTLY ASKED QUESTIONS

What is the current public health testing criteria/process?

Public health testing will focus on:

1. Healthcare worker or first line responder with fever OR signs/symptoms of a lower respiratory illness.
2. Potential cluster of unknown respiratory illness where influenza has been ruled out, with priority for healthcare facility outbreaks. All suspected clusters or outbreaks should be reported to the local health department immediately.
3. Person hospitalized with fever OR signs of lower respiratory illness. Priority will be given to patients where circumstances require a confirmed COVID-19 diagnosis for compassionate use treatment with antivirals.
4. Person who resides or works in a congregate setting (e.g., homeless shelter, assisted living facility, group home, prison, detention center, jail, or nursing home) AND who has fever or signs/symptoms of a lower respiratory illness AND who tested negative for influenza on initial workup

What is the current public health testing criteria/process?

- Testing approval requests can be submitted electronically:
<https://redcap.vdh.virginia.gov/redcap/surveys/?s=EWFER7X7YX>

VDH VIRGINIA DEPARTMENT OF HEALTH

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General Overview of COVID-19 Testing:

The **COVID-19 Testing Request Form** was developed to streamline and expedite the approval process for COVID-19 testing at the DCLS. Due to a limited number of tests available, public health testing performed at DCLS is reserved for patients who meet [VDH Updated Guidance on Testing for COVID-19](#). (Click the blue link to open in new tab)

Items to consider prior to requesting testing:

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Items to remember when considering testing:

- Clinicians are strongly encouraged to test for other causes of respiratory illness first (e.g., Influenza).
- Advise patients with mild illness to isolate at home, according to [CDC recommendations](#).
- Virginia's local health departments do **not** provide primary care and thus are not equipped to clinically evaluate patients with respiratory symptoms. At this time, local health departments are **not** providing COVID-19 testing. Please do **not** refer your patients to a local health department for testing.
- VDH cannot supply swabs and other specimen collection supplies that are used for the collection of specimens for COVID-19 testing.

If you have a patient who meets [VDH Updated Guidance on Testing for COVID-19](#), please complete this **COVID-19 Testing Request Form**. A summary of the current criteria is below.

Summary of VDH Guidance on Testing for COVID-19 at DCLS:

1. Healthcare worker or first line responder with fever **OR** signs/symptoms of a lower respiratory illness.
2. Potential cluster of unknown respiratory illness where influenza has been ruled out, with priority for healthcare facility outbreaks. All suspected clusters or outbreaks should be reported to the local health department immediately.
3. Person hospitalized with fever **OR** signs of lower respiratory illness. Priority will be given to patients where circumstances require a confirmed COVID-19 diagnosis for compassionate use treatment with antivirals.
4. Person who resides in a congregate setting (e.g., homeless shelter, assisted living facility, group home, prison, detention center, or nursing home) **AND** who has fever or signs/symptoms of a lower respiratory illness **AND** who tested negative for

If your patient meets any of these VDH criteria for testing for COVID-19, please click **Next Page >>** button to proceed with your COVID-19 Testing Request.

General Outline of COVID-19 Testing Requests will show as followed:

1. Healthcare provider submits COVID-19 Testing Request at DCLS on this Form
 - Ill person **does NOT** meet VDH Investigation Criteria for COVID-19 Testing at DCLS
 - Stop this request and pursue alternative COVID-19 Testing at private clinical laboratories.
 - Ill person **does** meet VDH Investigation Criteria for COVID-19 Testing at DCLS
 - Move to the next step.
2. If ill person meets VDH Investigation Criteria for COVID-19 Testing at DCLS the testing request will be triaged to VDH Epidemiologist who will make Final Assessment to approve or deny COVID-19 Testing at DCLS.
 - At this point collect specimens. Do not wait for health department approval in order to collect specimens. If this request is denied, consider testing through a private laboratory.
 - For COVID-19 testing at DCLS, collect one nasopharyngeal swab in viral transport media. Updated instructions are available on the [DCLS website](#). (Click blue link to open in new tab!)
 - Do not ship specimens without prior VDH approval.
3. The requester will receive an email notification indicating final assessment of approval or denial of the testing request **within 3 hours**.
 - If the Final Assessment is **denied**
 - Stop this request and pursue alternative COVID-19 Testing at private clinical laboratories.
 - If the Final Assessment is **approved**
 - You will be contacted by VDH Epidemiologists and given a Person Under Investigation (PUI) number and guidance to coordinate specimen submission for COVID-19 testing at DCLS.

What specimens should be collected for public health testing?

- Specimen collection:
 - 1 nasopharyngeal (NP) specimen in 3-4 mL of viral transport media
 - Store and ship specimens refrigerated at 4°C within 72 hours
 - Freeze if sample cannot be delivered to DCLS within 72 hours

Commonwealth of Virginia
Department of General Services
Division of Consolidated Laboratory Services
Richmond, Virginia

Clinical Microbiology/Virology Request Form

Patient Information (Please Print)

Name: Last _____ First _____ Middle Initial _____ DOB: ____/____/____ Age: ____ M ____ F
 Pt Address: _____ City: _____ State: _____ Zip Code: _____
 City/County of Residence: _____
 Medical Record/Chart/Accession#: _____ Patient ID: _____
 Marital Status: single married separated divorced widowed unknown
 Race: Black White Asian AI/AN NH/PI Other _____ Ethnicity: Hispanic/Latino Not-Hispanic/Latino
(check all that apply)

Submitter Information

Submitter Code # _____ Site code _____ FIPS code _____
Send Report to:
 Submitter _____ Submitter Phone # _____
 (Name of Health Dept, Hospital &/or private Clinician)
 Submitter Address _____ City _____ State _____ Zip code _____
 Attending Clinician _____ Site Type _____
 Attending Clinician Phone # _____ - _____ - _____
 District or PH Contact _____
 District or PH Contact Phone # _____ - _____ - _____

Patient Medical History

Disease suspected/Diagnosed _____

Signs/Symptoms

Asymptomatic Fever Respiratory Bloody sputum Date of Onset: ____/____/____
 Cough Productive cough Rash Vomiting Deceased Date: ____/____/____
 Diarrhea Stool + Blood Stool + Mucous Abdominal Pain
 Apnea SIDS Sudden Unexplained Death Vaccine Administered (Please specify) _____
 Other _____ Vaccine Administration Date: ____/____/____

Recent Exposure (if applicable) Birds Ticks Mosquitoes Antibiotics/Anti-Viral Used (Please specify) _____
 Other _____ Antibiotics/Antiviral Start Date: ____/____/____

Special Information for Laboratorians

Outbreak Related no yes Outbreak Number: _____
 Role of Patient (ex. food-handler, patron): _____
 Other Information _____

What should we do with an offender who is being tested for COVID-19 until the results are returned?

- Offenders who are symptomatic with COVID-19 symptoms should be placed in medical isolation if testing is [indicated](#) and while waiting for results.
- If the COVID-19 test is positive, continue [medical isolation](#) per the CDC interim guidance.
- If the COVID-19 test is negative, return the offender to their prior housing assignment unless they require further medical assessment or care.

What is the most appropriate PPE guidance for correctional staff?

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/Coveralls
Staff					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care)		Face mask, eye protection, and gloves as local supply and scope of duties allow.			
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons		X	X	X	X
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see CDC infection control guidelines)	X**		X	X	X
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see CDC infection control guidelines)	X		X	X	X
Staff handling laundry or used food service items from a COVID-19 case or case contact				X	X
Staff cleaning an area where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X

What is the most appropriate PPE guidance for offenders?

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*)	Apply face masks for source control as feasible based on local supply, especially if housed as a cohort				
Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19		X			
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact				X	X
Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X

* If a facility chooses to routinely quarantine all new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility's general population, face masks are not necessary.

PPE requirements for Suspected and Confirmed COVID-19

Providers in Close Contact



Hand Hygiene



Goggles or
Face Shield



Gown



Gloves

or



Facemask



N95
Respirator

Patients



Hand Hygiene



Facemask

What is the guidance about use of negative pressure rooms?

- Airborne infection isolation rooms (All) should be reserved for offenders undergoing aerosol-generating procedures (e.g., sputum induction, open suctioning of airways) as well as for offenders who require airborne isolation, such as offenders with tuberculosis.
- The [CDC Interim Guidance](#) includes recommendations in order of preference for housing individuals under medical isolation and multiple quarantined individuals.
 - For both situations, the top two preferred housing arrangements are:
 - Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
 - Separately, in single cells with solid walls but without solid doors

What should be done if an offender appears ill with symptoms of COVID-19 before being transferred to another facility?

- Do not transfer an ill offender if at all possible. Isolate the offender until a medical examination can be performed.
- If an offender is identified on a bus or van as being ill, that offender should be given a mask and moved away from other people if possible and then that offender should be identified for a medical exam.
- Facilities should work closely with local health departments to identify possible contacts of a COVID-19 case and follow instructions associated with quarantine of offender or staff considered exposed.

Should we move offenders who are ill all to one correctional facility?

- Per CDC guidance, offender transfer should be avoided due to the potential to introduce infection to another facility, and should proceed only if no other options are available.
- Facilities should make every possible effort to place suspected and confirmed COVID-19 cases under medical isolation individually. **Cohorting** should only be practiced if there are no other available options. If cohorting is necessary:
 - **Only individuals who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort. Do not cohort confirmed cases with suspected cases or case contacts.**
 - Unless no other options exist, do not house COVID-19 cases with individuals who have an undiagnosed respiratory infection.
 - Ensure that cohorted cases wear face masks at all times.

Resources

- [Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#)
- [National Commission on Correctional Health Care](#)
- [Department of Justice - National Institute of Corrections](#)
- [Interim Guidance for Healthcare Facilities](#)
- [Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 \(COVID-19\)](#)
- [Interim Infection Prevention and Control Recommendations for Patient with Suspected or Confirmed Coronavirus Disease \(COVID-19\) in Healthcare Settings](#)
- [PPE Optimization Strategies](#)
- [CDC](#)
- [VDH](#)



Questions?

Thank you!

Please send questions to:

respiratory@vdh.virginia.gov