



March 9, 2020

Latest Research in Nature Indicates Children are Susceptible

Children are just as likely to become infected with the coronavirus (COVID-19) as adults, according to a recent study based on data from Shenzhen, China. Researchers followed people infected with the virus and their close contacts and found that children under 10 who had a potential exposure had the same chance of becoming infected as other age groups; 7 to 8 percent of contacts of known cases later tested positive. The authors also found that people who lived in the same household as someone infected were about six times more likely to become infected than those exposed in other settings.

The study was led by infectious-disease epidemiologists Justin Lessler and Qifang Bi at Johns Hopkins and Ting Ma at the Harbin Institute of Technology in Shenzhen and Tiejian Feng at the Shenzhen Center for Disease Control and Prevention.

The <u>analysis</u> is posted to the medRxiv preprint server.

U.S. Department of Health & Human Services Issues Guidance on Privacy

The U.S. Department of Health and Human Services has issued a <u>bulletin on HIPAA privacy and COVID-19</u> to ensure organizations associates are aware of the ways that patient information may be shared. Privacy rules are not set aside in an emergency, but may be different.

March 6, 2020

The More You Know: COVID-19 Testing

Currently, COVID-19 testing is available only through the Centers for Disease Control.

Cincinnati Children's is working to get a local test up and running. In the meantime, be aware that while existing testing can identify strains of coronavirus, current testing cannot detect COVID-19.

If a patient has tested positive for any of the viruses detected by the CCHMC Syndromic Respiratory PCR (which include Coronaviridae 229E, HKU1, NL63, and OC43) that does not make COVID-19 infection more likely.

A patient testing positive for any of these viruses should be placed in contact+droplet isolation until they no longer have symptoms.



Step 1: Get Info

- Sign up for CDC updates. (Bottom, left of page)
- · Review the resources on the CDC healthcare website.

Step 2: Stay Up-to-Date

Bookmark and check regularly your state's Department of Health website for up-to-date regional information. Each state offers clinical updates and patient and healthcare provider information:

- . OHIO: Ohio Department of Health or ODH Resources for Providers page
- . KENTUCKY: Kentucky Cabinet for Health and Family Services
- INDIANA: Indiana State Department of Health

Step 3: Communicate

Establish a team of providers and staff in your practice to communicate with staff and with patients on a regular basis and plan. Train triage nurses to review the CDC updates and to be able to ask questions about patients potentially at-risk, including locations and dates of travel as well as clinical symptoms.

Step 4: Keep a Contact List

Keep website and contact numbers for your state and local health departments handy.

OHIO: Discuss cases with your local county Health Department.

Hamilton: 513-946-7800; COVID-19 Concerns, 513-746-7849 or 513-746-7960 (regular hours); 513-946-7830 (after hours)

Butler: 513-863-1770

Clermont: 513-735-8400 (regular hours); 1-877-774-4636 (after hours) Warren: 513-695-2097 (regular hours); 1-877-774-4636 (after hours)

ODH COVID-19 concerns: 1-833-427-5634

INDIANA: ISDH 317-233-7125 (regular hours); 317-233-1325 (after hours)

KENTUCKY: Discuss potential cases with the state first. Also, notify local epidemiology 859-391-5357 per NKIHD.

502-564-3261(regular hours); 888-973-7678 (after hours)

Find after hours numbers also on the Council of State and Territorial Epidemiologists (CSTE) site.

Step 5: Emphasize Infection Control

Emphasize good infection control measures for all staff and families. Hand hygiene is the single most effective way to prevent spread of disease.

Step 6: Put Up Signage

Consider placing signage at the front desk to encourage patients to identify if they are at-risk. Keep disposable masks handy at the front desk to use in the event a patient at-risk is identified.

Step 7: Implement Screening

Implement a screening protocol based on current CDC criteria. As of today, Cincinnati Children's EPIC screening currently asks the following during registration (on arrival):

• Did you or anyone in your family travel in the last month? If yes, where?

• Did travel include Level 2 or 3 countries? (Currently China, Italy, Iran, Japan, South Korea)

Positive answers to the questions triggers a second screen. In summary, asymptomatic patients with travel history from Level 2 or 3 countries (>14 days before the visit), family members of asymptomatic travelers, and patients with no known exposures to a patient with confirmed COVID-19 can proceed with their visit

Step 8: Phone Screen

Consider screening during phone calls to schedule visits for respiratory illness. Ask about travel from Level 2 or 3 countries within 14 days or close contact with a lab confirmed case COVID-19 case within 14 days. If either are positive:

- Send the call to a nurse triage to obtain specific history about the dates of travel, patient and family members with symptoms, and the current condition of the patient to help determine level of care needed (home, in office visit, or ED/hospital).
- Discuss with your local or state health department the current recommendations for testing and next steps for how to do this if there is a positive screen (travel or exposure PLUS symptoms). Testing recommendations for community HCP may change and vary depending on state recommendations, availability of a negative pressure room, and if appropriate PPE available.

Step 9: Actions for Positive Screens

For symptomatic patients (fever or cough) who arrive in the office, review screening questions on arrival. Again, consider using signage, laminated sheets, and verbal questions to encourage identification, including those arriving for "well" visits. If screen is positive:

- Place a mask on the patient and place in a room immediately. Use a negative pressure room if available.
- Minimize contact with staff. Staff in contact with this patient should protect themselves with droplet, contact and airborne precautions. If N95-airborne
 precautions are not available, use standard mask, droplet and contact. The minimum PPE should include facemask, eye protection, gown, and gloves.
- Contact local health department for next step guidance regarding testing. At this time, no ED-based testing will be done for COVID-19. NOTE: Testing recommendation may change or vary from day-to-day based on testing availability and your office resources.
- Contact STAT LINE at 513-636-1111 and ask to speak to an attending to coordinate a visit to Cincinnati Children's ED. Care and referrals to the ED for COVID-19 concerns should only occur for infants and children who are acutely ill and may require hospitalization or advanced stabilization for respiratory distress or dehydration.

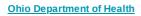
Step 10: Plan for PPE With Limited Resources

Review the CDC website for planning for PPE with limited resources.

N-95 masks are in short supply but are needed mainly for care of confirmed cases or those who are high risk. Use a disposable mask, eye protection, gloves and gown if that is what you can obtain now and you are seeing a patient in the office with potential risk. Remember, masked HCP and masked patients is considered low risk.









World Health Organization

Centers for Disease Control & Prevention

- Infection Prevention & Control Recommendations for Patients
- Evaluation & Reporting Guidelines
- Morbidity & Mortality Weekly Report (United States)



Indiana State Health Department



Kentucky Cabinet of Health & Family Services

For Patients & Families



What Families Need to Know

View flyer



Parents/Guardians

View article

