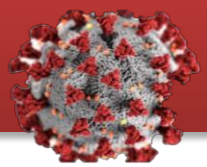
NEQCA
New England Quality Care Alliance
Affiliated with Tufts Medical Center

COVID-19 BRIEFING

March 10, 2020



Key Clinical Points

*Items highlighted in yellow have been updated since original publication on 3/6/20

Symptoms

Suggestive symptoms:
Fever, cough, dyspnea, sore throat, nasal congestion.

Frequency: Fever 43% at presentation, 88% over the course of hospitalization; cough (68%), sputum (34%), dyspnea (19%), sore throat (14%) nasal congestion (5%), nausea or vomiting (5%), diarrhea (4%)

NON-suggestive symptoms: Prominent GI symptoms without prominent respiratory symptoms

Testing

COVID-19 overlaps heavily with influenza and other respiratory viruses in clinical presentation. It is desirable to do **a rapid flu test** and/or **rapid viral panel** if those tests are available. While co-infections have been reported, they are likely rare. Tests are available through the Massachusetts Department of Public Health (DPH)/Federal Centers for Disease Control (CDC) and require approval from the DPH Epidemiologist by calling 617-983-6800. Several commercial labs are now able to run these tests, but patients must still meet the CDC criteria in order to be tested even at the commercial labs.

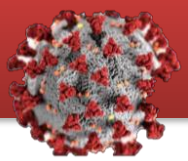
Patients with the following symptoms should be tested:

- Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) with known close contact with a laboratory confirmed COVID-19 case, OR
- History of travel from an affected geographic area (Currently China, South Korea, Iran, Italy) within 14 days of onset of fever and signs/symptoms of lower respiratory illness, with a negative influenza test (and preferably a negative respiratory viral panel) OR
- Fever with severe acute lower respiratory illness requiring hospitalization in an ICU and without alternative explanation (negative results on a respiratory viral panel and other infectious disease testing as appropriate)

Testing involves a nasopharyngeal swab AND a separate throat swab: standard flocked nasopharyngeal (NP) and oropharyngeal (OP) swabs are commercially available, as is any transport media appropriate for collection of viral specimens (examples: VTM, UTM, M4).

- **Testing is not helpful in asymptomatic or possibly pre-symptomatic patients.**
- **Testing cannot rule-out incubating COVID-19**

(see page 2)



Key Clinical Points (continued)

Transmission

- Respiratory droplets are likely to be the major mechanism, followed by physical contact.
- If more than 3 feet away face to face, with no physical contact, transmission is unlikely.
- Asymptomatic patients are probably NOT a major source of transmission.

Vulnerable Patients

- Elders are at highest risk, starting at age 60; risk increases with age.
- Chronic diseases increase risk. Clear data exists for CAD, COPD, DM, CVA, HTN. Probably applies to all significant chronic conditions though data is limited.
- Children RARELY get sick and if they do, they very rarely have severe disease.
- Immunocompromised patients are expected to be at elevated risk. Please consult these **guidelines** (www.neqca.org/Newsroom/COVID-19) when advising them about COVID-19.
    - ESSENTIAL POINT**:** Patients who are on immunosuppressive medications for any reason should NOT decrease or discontinue these medicines except in consultation with the prescribing physician.

Guidelines to Protect Health Care Workers and Other Patients

- **Triage calls:** Patients with compatible symptoms should mask themselves (if possible) before coming in, call ahead so they can be met by a practice staff member, and brought into the office by the least populated route. Patients should immediately be offered a mask by a masked staff member and brought directly to the closest exam room.

- **Anyone seeing the patient** (especially when patient is unmasked) should put on a mask and (ideally) eye protection. Gloves and (ideally) a gown/lab coat should be worn during physical contact (e.g., exam, oral temp, throat swab, etc.). Avoid nebulizer treatments for suspect COVID-19 patients, if possible (inhalers may be given in the office and are an appropriate substitute in most cases).

- **Reverse the above process** when the patient exists.

- **Good hand hygiene** before and after EVERY patient contact (including after removing gloves). Unless hands are visibly soiled, alcohol-based hand sanitizer is as effective as soap and water and easier to perform correctly.

- **Disinfect exam room surfaces** and high-touch areas after any suspect patient, at the end of the day and every four hours during the day.

- **Use any general medical disinfectant** [quaternary ammonium compounds, 70% isopropanol, OR dilute bleach 1:100 in tap water (unless cleaning up blood or bloody fluids, in which case 1:10 dilution is appropriate)]. If medical disinfectants are unavailable, general household disinfectants or cleaning agents are likely to be active against this virus, though not preferred.