Protecting Healthcare Workers from COVID-19

Earlier this month, China reported that over 1,700 healthcare workers had been infected by the COVID-19 virus. At least six of those workers have apparently died. Although many epidemiologists believe that COVID-19 statistics from China are questionable, the issue of healthcare worker personal protection is still an important one to consider, both in China and other countries, especially as the virus spreads.

COVID-19 is not endemic within the United States, but just like all viruses, COVID-19 has proven to be unpredictable and is constantly mutating (although most mutations in viruses do not render them more deadly). Last week, the Director of the Centers for Disease Control and Prevention recently stated that the COVID-19 virus will probably become an endemic community infection “at some point in time, this year or next year”, but more importantly, we currently lack the kind of countermeasures (like those we use to treat for influenza), in order to treat COVID-19. It appears the timeline may be moving forward quicker than anticipated. Only yesterday, The CDC warned Americans to begin preparing for the possibility of a COVID-19 outbreak and that it is not a matter of “if”, but “when” it will spread in communities in the U.S. Moreover, the CDC indicated that Americans should prepare for "significant disruption" to their lives as a result of the virus.

Most cases of COVID-19 are mild and some patients who test positive for the disease are even asymptomatic. COVID-19 currently has a relatively low case fatality rate when compared to other novel infectious viruses such as SARS, Ebola and MERS, but with a case fatality rate of approximately 2%, COVID-19 is 20 times more deadly than seasonal influenza. COVID-19 appears to spread easily and impacts individuals of the population, 60 years of age and older. These characteristics, when viewed in the context of the population demographics of nursing homes and assisted living facilities, present significant challenges and concerns to our operations.

It is now critically important that long term care facilities review their current policies and procedures to minimize exposures to respiratory pathogens such as COVID-19 and their pandemic plans. The current interim CDC guidelines for healthcare professionals involved in treatment of confirmed or suspected cases of COVID-19 include adhering to standard, contact and airborne precautions (including the use of eye protection). Additional infection control measures include: managing visitor access and movement within the facility, implementing engineering controls, monitoring and managing ill and exposed healthcare personnel, implementing strict environmental infection control, ensuring that reporting protocols to local public health authorities are adhered to and training and educating your facility’s healthcare personnel.

Please review the enclosed link (https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html#anchor_1564058318) for information related to transmission-based precautions, as well as, resources for excellent signs and posters that can be posted outside patient rooms within your operation.
COVID-19 cases and deaths by age (%)
From among 44,672 confirmed cases, Mainland China as of February 11, 2020

Cases and deaths as a proportion of each age group

Data from Novel Coronavirus Pneumonia Emergency Response Epidemiology Team
The Epidemiological Characteristics of an Outbreak of 2019 Novel Coronavirus Diseases (COVID-19) — China, 2020
China CDC Weekly Vol.2
Prepared by Ian M Mackay, virologydownunder.com
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