

COVID-19 ECHO update Nov 4 2020

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No disclosures

Opinions expressed only my own

CDC, FDA updates

- CDC training modules infection control (clinicians)
- FDA letter on antigen test false positives (clinicians)

- FDA at home oxygen therapy (community/patient)
- Updated tribal COVID19 information (community/patient)

Project Firstline

CDC's National Training Collaborative for Healthcare Infection Prevention & Control

WE ARE **PROJECT FIRSTLINE**

CS320316-1



The power to stop infections. Together.

Every frontline healthcare worker deserves to understand infection control principles and protocols and feel they can confidently apply them to protect themselves, their facility, their family, and their community. CDC's new infection control training collaborative, Project Firstline, is designed to help every frontline healthcare worker gain that knowledge and confidence.



About Project Firstline



Training Modules

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NIHB collaboration with Firstline

Through Project Firstline, NIHB will create a Tribal Infection Control (TIC) Advisory Committee and is currently accepting applications. The committee will assist with developing content for the project, inform the mentorship program and learning community. NIHB will also host an IPC Institute and monthly TIC peer learning community webinars in addition to other activities to aid in building Tribal capacity. NIHB's mentorship program will link TIC mentors with other Tribes and Tribal IPC officers to help build capacity and strengthen local efforts. NIHB is now accepting scholarship applications to assist Tribal infection control officers and health officials who want to take online IPC training courses or complete the Certification Board of Infection Control and Epidemiology (CBIC) certification exam.

To learn more about NIHB's Project Firstline, please contact Courtney Wheeler at cwheeler@nihb.org.

Potential for False Positive Results with Antigen Tests for Rapid Detection of SARS-CoV-2 - Letter to Clinical Laboratory Staff and Health Care Providers

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The U.S. Food and Drug Administration (FDA) is alerting clinical laboratory staff and health care providers that false positive results can occur with antigen tests, including when users do not follow the instructions for use of antigen tests for the rapid detection of SARS-CoV-2. Generally, antigen tests are indicated for the qualitative detection of SARS-CoV-2 antigens in authorized specimen types collected from individuals who are suspected of COVID-19 by their healthcare provider within a certain number of days of symptom onset. The FDA is aware of reports of false positive results associated with antigen tests used in nursing homes and other settings and continues to monitor and evaluate these reports and other available information about device safety and performance.

The FDA reminds clinical laboratory staff and health care providers about the risk of false positive results with all laboratory tests. Laboratories should expect some false positive results to occur even when very accurate tests are used for screening large populations with a low prevalence of infection. Health care providers and clinical laboratory staff can help ensure accurate reporting of test results by following the authorized instructions for use of a test and key steps in the testing process as recommended by the Centers for Disease Control and Prevention (CDC), including routine follow-up testing (reflex testing) with a molecular assay when appropriate, and by considering the expected occurrence of false positive results when interpreting test results in their patient populations.

Recommendations

Content current as of:

11/03/2020

Regulated Product(s)

Medical Devices

Health Topic(s)

Coronavirus

Pulse Oximeters and Oxygen Concentrators: What to Know About At-Home Oxygen Therapy

Giving yourself too much or too little oxygen can be dangerous. Talk with your doctor & get a prescription before buying an oxygen concentrator for use at home.

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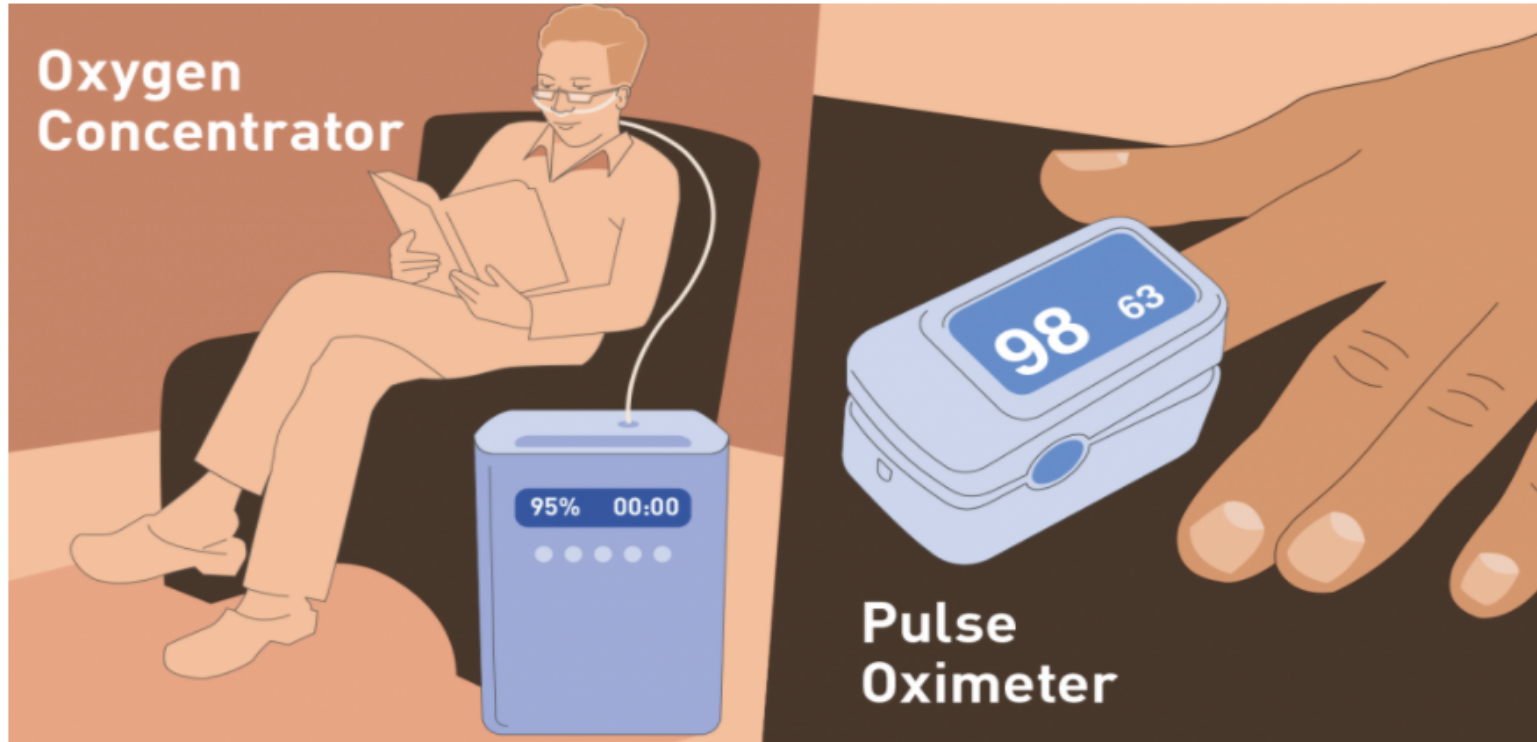
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Content current as of:
10/30/2020

Regulated Product(s)
Medical Devices

Topic(s)
Consumer Health

ts

Español

<https://www.fda.gov/consumers/consumer-updates/pulse-oximeters-and-oxygen-concentrators-what-know-about-home-oxygen-therapy>

COMMUNITY, WORK & SCHOOL

Frequently Asked Questions: Funeral and Burial Services for American Indians and Alaska Natives

Updated Nov. 2, 2020

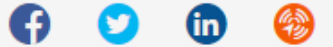
Languages ▾ Print



At the request of tribal leaders, federal partners developed this Coronavirus Disease 2019 (COVID-19) fact sheet to help guide tribes with funeral and burial health and safety. This fact sheet also helps tribes plan for an increase in deaths within a community. Tribes and families practice unique traditions and refer to death in varying ways as they honor those who have passed on. We share this public health guidance with sincere respect for those traditions.

Please visit [cdc.gov](https://www.cdc.gov) for the most updated guidance on [COVID-19](#).

<https://www.cdc.gov/coronavirus/2019-ncov/community/tribal/faq-burial-practice.html>



Transmission of SARS–COV–2 Infections in Households — Tennessee and Wisconsin, April–September 2020

Early Release / October 30, 2020 / 69

Carlos G. Grijalva, MD^{1,*}; Melissa A. Rolfes, PhD^{2,*}; Yuwei Zhu, MD¹; Huong Q. McLean, PhD³; Kayla E. Hanson, MPH³; Edward A. Belongia, MD³; Natasha B. Halasa, MD¹; Ahra Kim, MPH¹; Carrie Reed, DSc²; Alicia M. Fry, MD²; H. Keipp Talbot, MD¹ ([View author affiliations](#))

Results

- 101 patients in separate households, and 191 potential household contacts
- household contacts tested upon enrollment and trained on self-collection for 14 days
- 53% (102 of 191) secondary infections among HH contacts (35% if exclude positive test at enrollment)
- 75% tested positive within 5 days
- 67% of those testing positive reported symptoms (median 4 days after index patient illness onset)

Discussion

Secondary infections occurred rapidly

Substantial transmission occurred whether the index patient was an adult or a child

Fewer than one half of household members with confirmed SARS-CoV-2 infections reported symptoms at the time infection was first detected

Potential for transmission from asymptomatic secondary contacts

September 1, 2020

Community Outbreak Investigation of SARS-CoV-2 Transmission Among Bus Riders in Eastern China

Ye Shen, PhD¹; Changwei Li, PhD^{1,2}; Hongjun Dong, MD³; [et al](#)

» [Author Affiliations](#) | [Article Information](#)

JAMA Intern Med. Published online September 1, 2020. doi:10.1001/jamainternmed.2020.5225



COVID-19 Resource Center

Key Points

Question Is airborne transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) a potential mean of spreading coronavirus disease 2019 (COVID-19)?

Findings In this cohort study of 128 individuals who rode 1 of 2 buses and attended a worship event in Eastern China, those who rode a bus with air recirculation and with a patient with COVID-19 had an increased risk of SARS-CoV-2 infection compared with those who rode a different bus. Airborne transmission may partially explain the increased risk of SARS-CoV-2 infection among these bus riders.

Meaning These results suggest that future efforts at prevention and control must consider the potential for airborne spread of SARS-CoV-2, which is a highly transmissible pathogen in closed environments with air recirculation.

Outbreak setting

-Tight seating on two busses

-100 minute trip, 150 minute event, 100 minute return

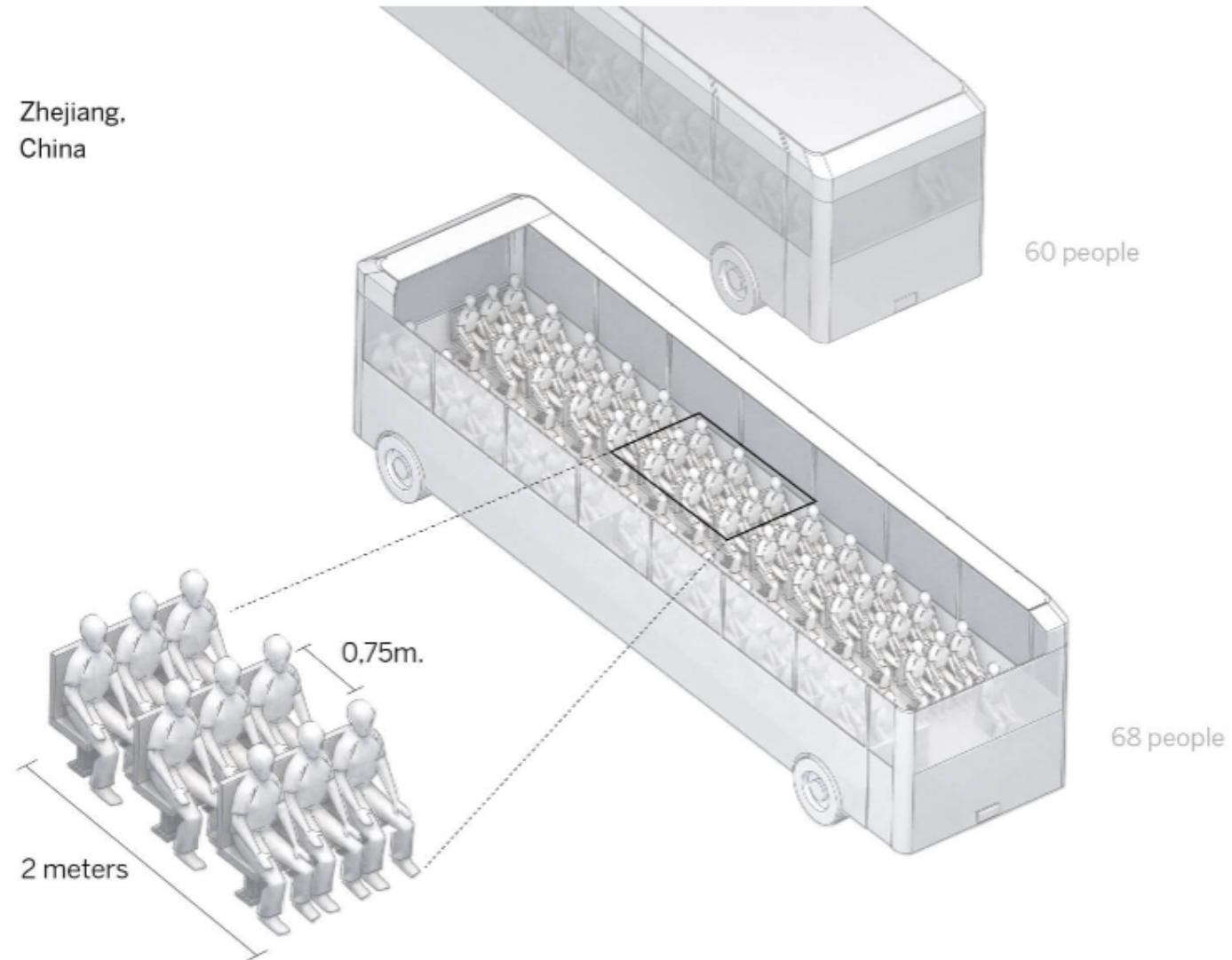
-150 minute event included short lunch at 10 person tables, mixed seating, spacious room, followed by mixing in crowd socially

-Weather: fifty degrees out

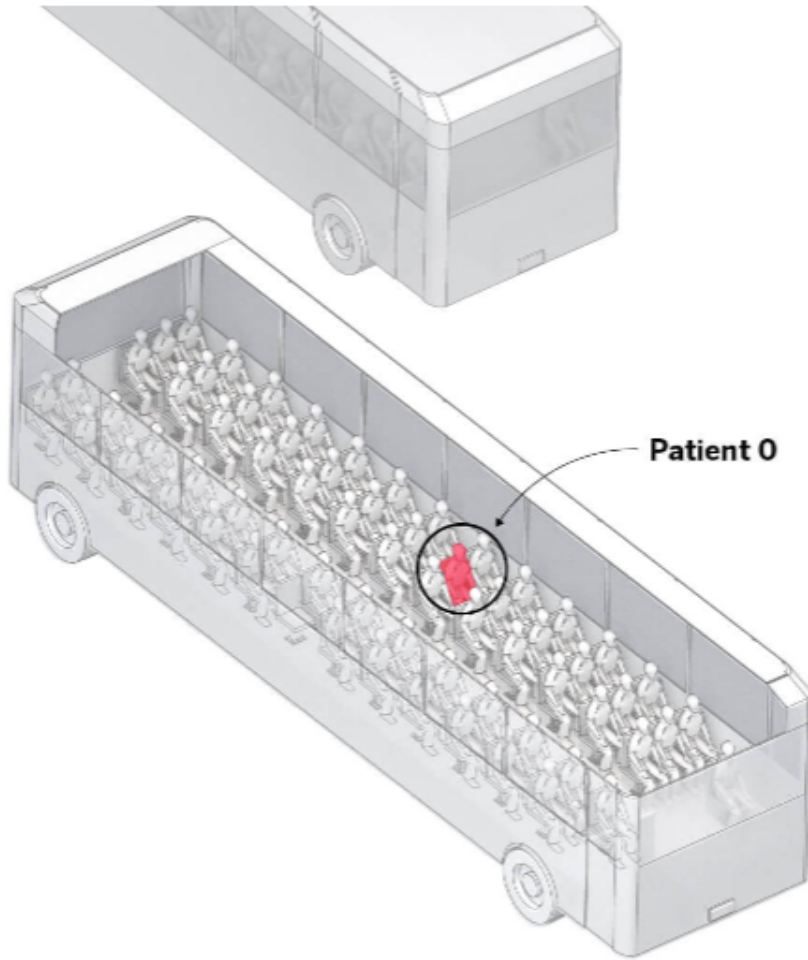
-No known COVID at the time (early 2020)

-Same seats on bus each way

Zhejiang,
China

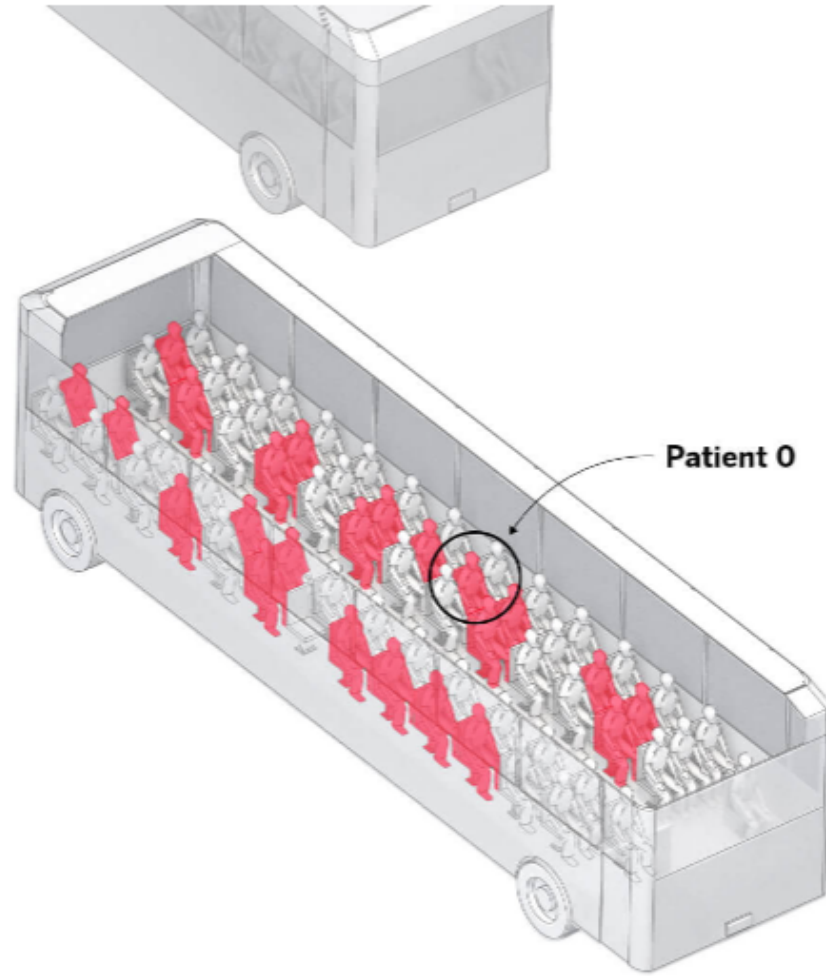


Two buses traveled to a Buddhist ceremony. **The vehicles were packed,** with scarcely 75 centimeters between rows.



Patient 0, a 64-year-old woman, had been in contact with people from Wuhan. She had no symptoms until the following day.

■ **23 infected
from Covid-19
on the bus**



In total, **23 people got infected** on the bus. No one became ill on the other bus, despite the fact they were all mixing at the ceremony.

Discussion

- Recirculated air system considered a key factor
- Risk on bus with index patient 42x higher
- Risk on bus with index patient 11x higher than all who attended event
- Of 172 persons who traveled to event separately, 7 (4%) later tested positive, all described being in close proximity to index patient
- Limitations of study (e.g cannot rule out fomite)



COVID-19 Airborne



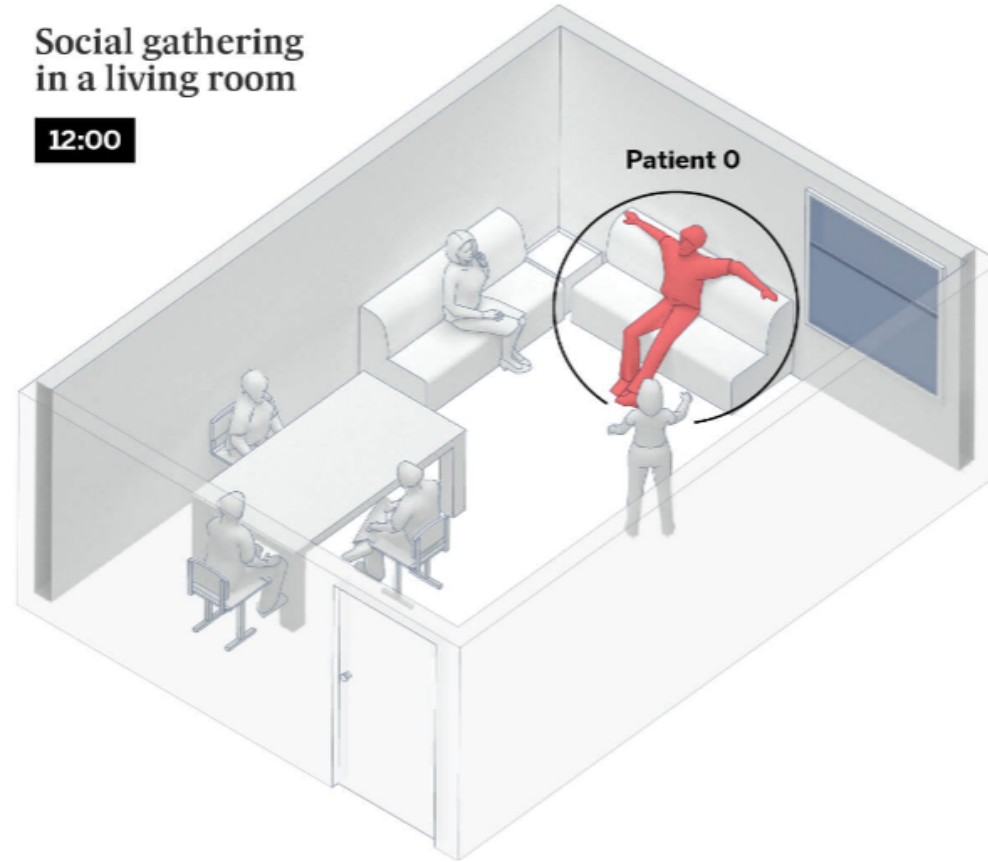
CIRES Fellow and Distinguished Professor of Chemistry Maggie Tolbert is joining the CIRES administration as **Associate Director**.

<https://english.elpais.com/society/2020-10-28/a-room-a-bar-and-a-class-how-the-coronavirus-is-spread-through-the-air.html>

<https://cires.colorado.edu/news/covid-19-airborne-transmission-tool-available>

Social gathering in a living room

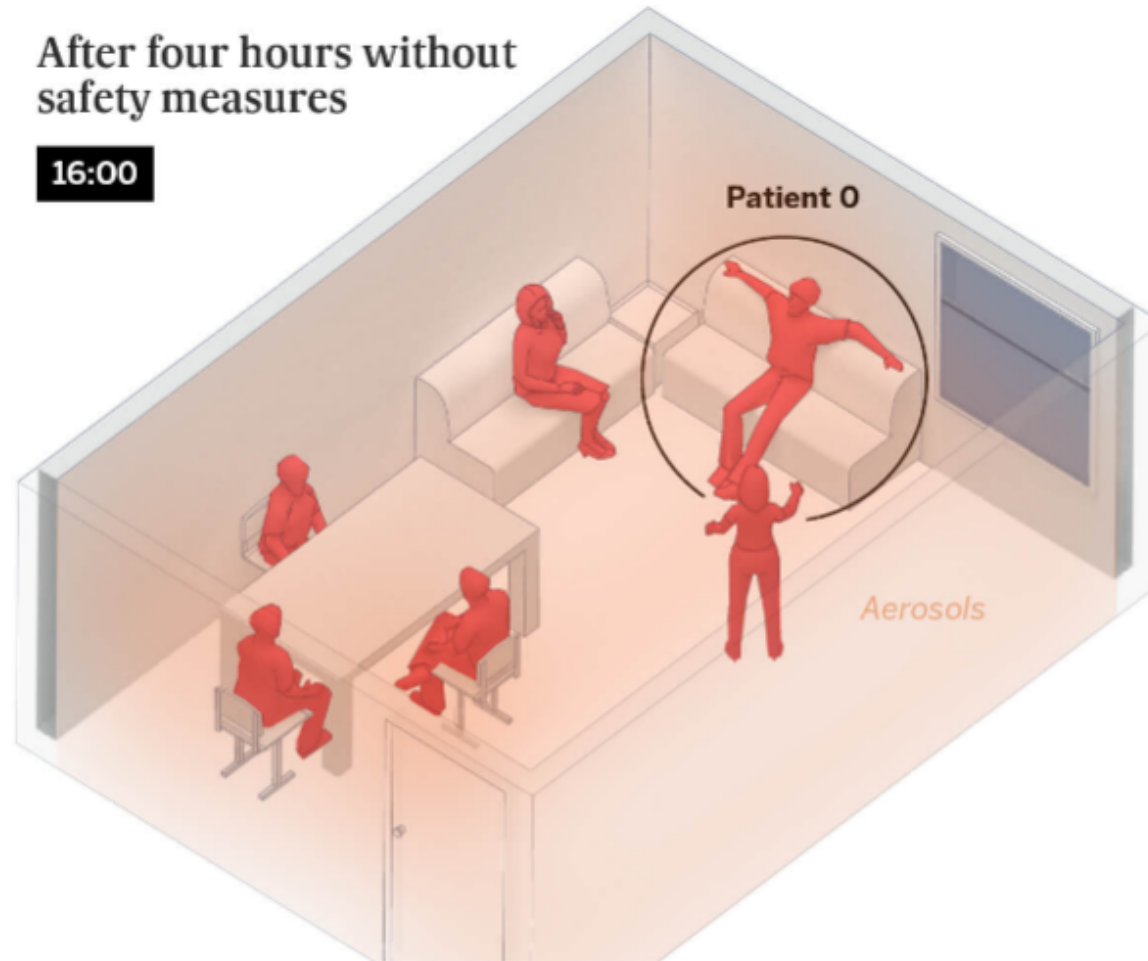
12:00



Six people get together in a private home, one of whom is infected. **Some 31% of coronavirus outbreaks recorded in Spain** are caused by this kind of gathering, mainly between family and friends.

After four hours without
safety measures

16:00

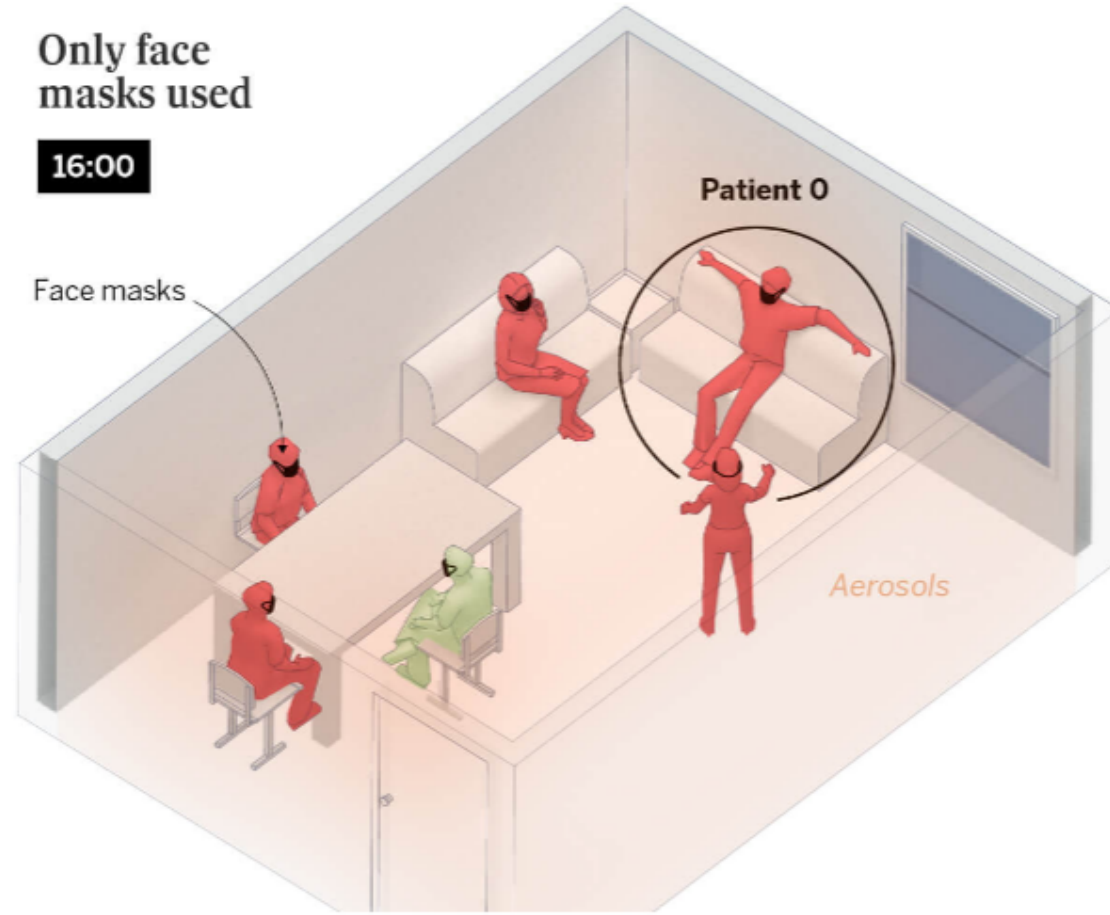


Irrespective of whether safe distances are maintained, if the six people spend four hours together talking loudly, without wearing a face mask in a room with no ventilation, **five will become infected**, according to the scientific model explained in the methodology.

Only face
masks used

16:00

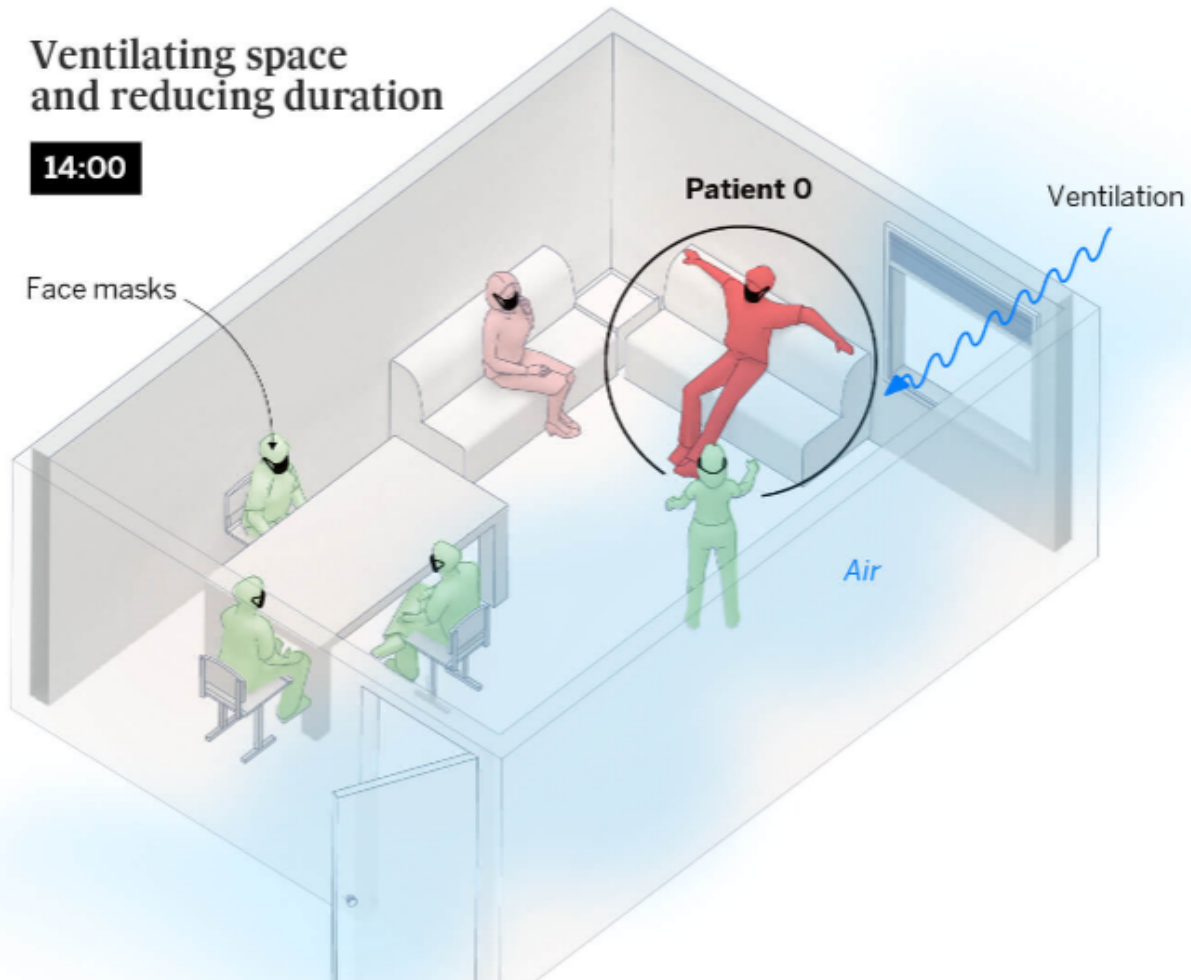
Face masks



If face masks are worn, four people are at risk of infection. Masks alone will not prevent infection if the exposure is prolonged.

Ventilating space and reducing duration

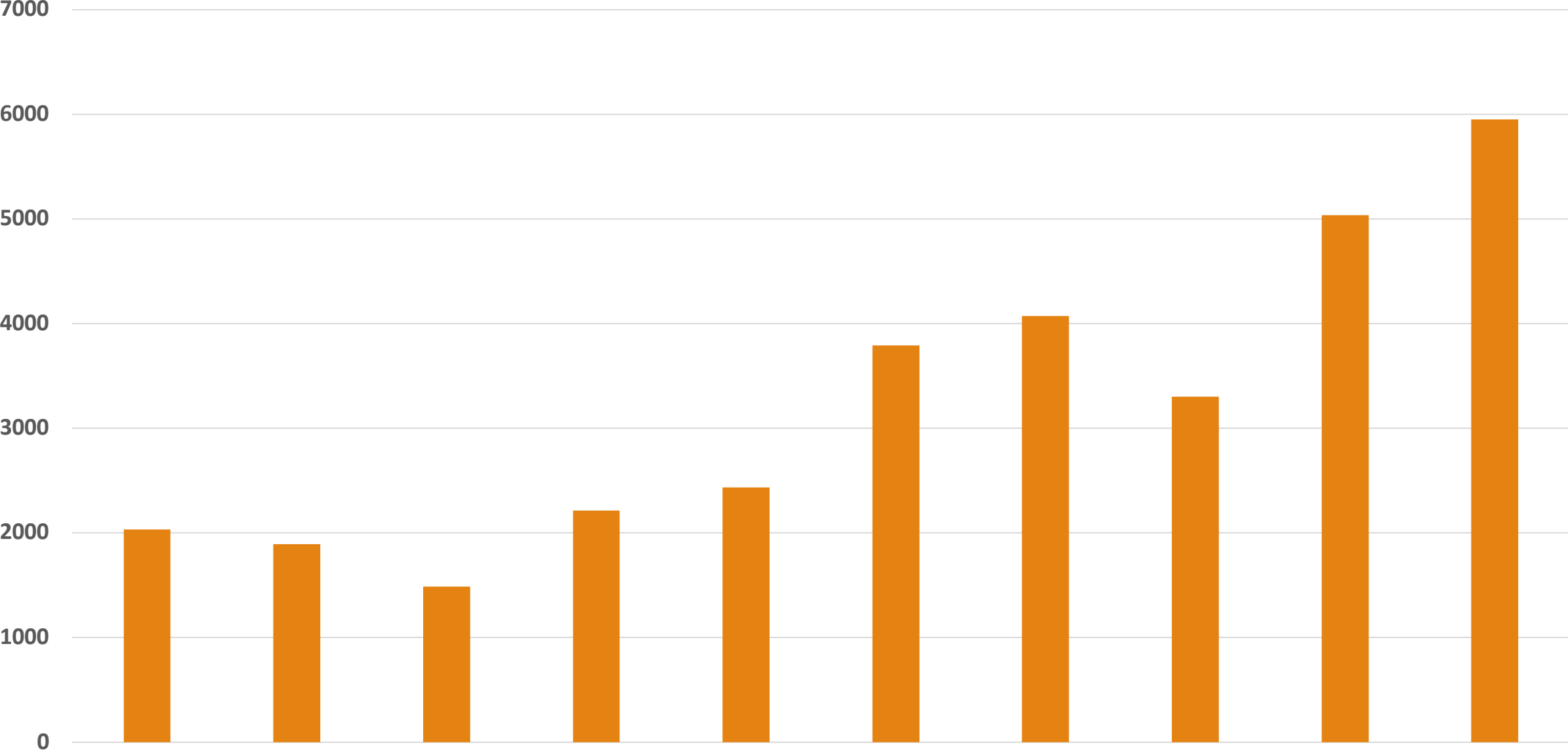
14:00



The risk of infection drops to below one when the group uses face masks, shortens the length of the gathering by half and ventilates the space used.

IHS Dashboard Data update

Positive SARS-CoV-2 tests, IHS Dashboard, Aug 21-Oct 31, weekly



Comparison of first and second half October, National SARS-CoV-2 tests

Area	+ tests 10/2-10/15	+ tests 10/15-10/31	Δ tests+	Δ Total tests
National	7373	10990	+49%	-1%

Comparison of first and second half October, by Area, SARS-CoV-2 tests

	+ tests 10/2-10/15	+ tests 10/15-10/31	Δ tests+	Δ Total tests
AK	911	1374	51%	-20%
ABQ	217	679	213%	+91%
BEM	557	879	58%	+66%
BIL	1261	790	-37%	-36%
CA	637	164	-74%	-67%
GP	1039	1826	+75%	-8%
NAS	191	233	+22%	-5%
NAV	290	858	+195%	+59%
OKC	1774	2493	+40%	-14%
PHX	256	1267	+394%	+172%
POR	220	207	-5%	-9%
TUC	20	40	+100%	-1%

Points to consider

- Data reporting may be contributing factor in some Area changes
- Resurgence in SW
- 7 day rolling average positivity
 - >5% in 11 Areas,
 - >10% in 5 Areas
 - >20% in 1 Area
- Cumulative total of 71,026 + tests

Thank you

