WELCOME to the

Learning Together About COVID-19

Session will start in less than 15 minutes
COVID-19 in the Outpatient setting
No conflicts of interest.
Why is the outpatient setting important?

- Outpatient setting includes:
  - ED
  - Clinics (PCP or subspecialist)
  - Urgent care
  - Patient home

- First point of contact with healthcare

- Report from the Chinese CDC*

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Mild (no or mild pneumonia)</td>
<td>81%</td>
</tr>
<tr>
<td>Severe disease (eg, with dyspnea, hypoxia, or &gt;50 percent lung involvement on imaging within 24 to 48 hours)</td>
<td>14%</td>
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<tr>
<td>Critical disease (eg, with respiratory failure, shock, or multiorgan dysfunction)</td>
<td>5%</td>
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</table>

- Majority of patients will not be hospitalized

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# NH Summary Report

**New Hampshire 2019 Novel Coronavirus (COVID-19) Summary Report**  
(data updated as of April 26, 2020, 9:00 AM)

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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<tbody>
<tr>
<td>Number of Persons with COVID-19¹</td>
<td>1,864</td>
</tr>
<tr>
<td>Recovered</td>
<td>779 (43%)</td>
</tr>
<tr>
<td>Deaths Attributed to COVID-19</td>
<td>60 (3%)</td>
</tr>
<tr>
<td>Total Current COVID-19 Cases</td>
<td>1,025</td>
</tr>
<tr>
<td>Persons Who Have Been Hospitalized for COVID-19</td>
<td>242 (13%)</td>
</tr>
<tr>
<td>Current Hospitalizations²</td>
<td>101</td>
</tr>
<tr>
<td>Persons Tested Negative at Selected Laboratories³</td>
<td>17,860</td>
</tr>
<tr>
<td>Persons with Specimens Submitted to NH PHL</td>
<td>8,360</td>
</tr>
<tr>
<td>Persons with Test Pending at NH PHL⁴</td>
<td>270</td>
</tr>
<tr>
<td>Persons Being Monitored in NH (approximate point in time)</td>
<td>2,225</td>
</tr>
</tbody>
</table>
VT Summary report

11 + 22/855 = 3.9%
Triage and approach to care

• Clinic phone triage and ambulatory workflow
  • CDC COVID-19 phone guidance or script
  • Make best use of EMR
• Telehealth and telephone assessments
• In person visits:
  • Separate respiratory clinic
  • Dedicated staff for COVID-19
  • AM/PM clinic
• How do we approach asymptomatic transmission?
  • DHMC- universal face mask policy + face shields with every patient encounter
  • Hand hygiene compliance essential
  Approach should be sustainable.
Testing

• Expanding criteria for testing, which now includes some asymptomatic patients
• No gatekeeper, CDC prioritization, NH DHHS HAN
• Limited availability
• How will we approach the increase in volume?
• Where will testing be performed?
  • Home self-collected specimen (+/- telehealth)
  • Drive by self-collected specimen
  • Drive by provider collected specimen
  • Clinic
  • Separate location outside hospital
  • Urgent care
  • ED (only if there is indication to send to ED)
Recommendations for asymptomatic

- What can I do to prevent COVID-19?
  (Fear of getting COVID-19)
  - Social distancing
  CDC How to protect yourself and others
  - Face covering- not N95 or surgical face masks..for now
  CDC How to make your face covering
  - Clean and disinfect surfaces
  CDC document for patients
  - I don’t think it’s safe for me to go to work, can I get a letter?
  - Can you give me a letter stating I don’t have COVID-19?

- Should I cancel my cruise?
- Is it safe to travel?
- I think I was exposed, what should I do?

<table>
<thead>
<tr>
<th>Self-Monitor</th>
<th>Self-Quarantine</th>
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<tbody>
<tr>
<td>If you or someone in your home might have been exposed</td>
<td>Close contact with a person with COVID-19, or Recently traveled from outside the U.S.(or within!) or on a cruise ship or river boat</td>
</tr>
</tbody>
</table>

- Be alert for symptoms.
- Watch for fever, cough, or shortness of breath.
- Take your temperature if symptoms develop.
- Practice social distancing.
- Check your temperature twice a day and watch for symptoms.
- Stay home for 14 days and self-monitor.
- If possible, stay away from people who are high-risk for getting very sick from COVID-19.
Recommendations for symptomatic

• Who should be tested?
• Isolation for all symptomatic
• When should we discontinue isolation?
  • **Test based strategy**
    - Resolution of fever without the use of fever-reducing medications and
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
    - Negative results of a molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart

  • **Non test based strategy**
    - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath); and,  
    - At least 7 days have passed since symptoms first appeared

• For asymptomatic who test positive
  - At least 7 days have passed since the date of their first positive COVID-19 diagnostic test and
  - Had no subsequent illness.
Recommendations for symptomatic outpatient

- What treatment can I get?
  - Targeted therapy for COVID-19?
    
    *There are no drugs or other therapeutics approved by the US FDA to prevent or treat COVID-19.*

    - Chloroquine and hydroxychloroquine (HCQ)
      
      Risk vs benefit?
      
      *‘High-dose chloroquine trial for COVID-19 halted due to increased fatality rates’*
      
      *‘Hydroxychloroquine-COVID-19 study did not meet publishing society’s “expected standard”’*

      NH DHHS guidance restricting use.
      
      FDA cautions against use in outpatient setting.

- Azithromycin
  
  NIH recommends against its use with HCQ.

- Lopinavir/ritonavir
  
  NIH recommends against use for COVID-19.
  
  Recommends against use of HIV PI regimens.

- Favipiravir
  
  Influenza treatment in Japan
  
  Clinical trial for mild disease, [Stanford University](https://www.stanford.edu)
Recommendations for symptomatic outpatient

Additional clinical trials

- **Hydroxychloroquine**
  University of Minnesota (Enroll)
  Sanofi
  University of Washington
  Many other HCQ trials
- **Colchicine**
  Montreal Heart Institute (NYU and UCSF)
- **Losartan**
  University of Minnesota

- **Tranexamic acid**
  University of Alabama at Birmingham
- **Ascorbic acid and Zinc**
  The Cleveland Clinic
Recommendations for symptomatic outpatient

• Other medications
  • NSAIDS
    Tylenol first line.
    Do not discontinue if on it chronically.
    Low dose if needs to be started.
  • Inhaled steroids
  • HMG-CoA reductase inhibitors (statins)
  • ACE Inhibitors/ARB
    Not used for treatment of COVID-19.
    Do not discontinue if prescribed for other indication.

• Symptomatic treatment
  DHMC Palliative Care: COVID-19 Symptom Management Quick Reference (Outpatient)
Planning for the future

Staff
- PPE training
- Testing (training)
- Phone triage guidance
- Maintaining safety: physical and psychological
- Wellbeing and Joy in work
- Who should I call with questions?
- Plan for quarantine and isolation

Supplies
- PPE
  NH DHHS PPE request form
- Testing supplies
- Medication supplies
- Anticipate and prepare for the worst case scenario

Space
- Space for testing
- Space for seeing patients

Patients
- Education
- Testing
- Continued follow-up after diagnosis
- Crisis communication during a pandemic
- Goals of care discussions

Does this need to be a separate space?
Designated staff for COVID patients?
Resources

NH COVID-19 Summary report
VT COVID-19 Dashboard

NIH COVID-19 treatment guidelines
IDSA COVID-19 treatment guidelines
CDC COVID-19 for Healthcare Professionals
NH DHHS HAN
WHO "Immunity passports" in the context of COVID-19

Some recent studies and articles:
ARB and ACE inhibitor study in JAMA Cardiology
ARB and ACE inhibitor study in Circulation Research
JAMA research letter on symptom-based screening
Look out for each other.

American Red Cross