SARS CoV2 Coronavirus
The Straight Story

Parkland Health and Hospital System
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How Does COVID-19 Spread?

• From person-to-person (predominantly)
  – Droplets in air from
    • coughs or sneezes
    • Exhaling
    • talking
  – <6ft for >10min?
  – Contact (hugs, handshake)

• From surfaces
  – touching a surface or object and touching your face

• Up to 50% have no symptoms when they test positive
  – Data suggests people with COVID-19 are most infectious BEFORE they have fever and symptoms
Think *Prevalence* (how common is it in the population at this point in time)

### Table 5. Respiratory virus testing by North Texas hospitals: March 22 – May 9, 2020 (CDC Weeks 13-19)

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<tbody>
<tr>
<td><strong>SARS-CoV-2</strong></td>
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<tr>
<td>Positive</td>
<td>199</td>
<td>370</td>
<td>327</td>
<td>364</td>
<td>378</td>
<td>472</td>
<td>453</td>
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<tr>
<td>Total Tests</td>
<td>1,816</td>
<td>2,736</td>
<td>2,920</td>
<td>3,221</td>
<td>3,409</td>
<td>4,171</td>
<td>4,151</td>
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<td>% Positive</td>
<td><strong>11.0%</strong></td>
<td><strong>13.5%</strong></td>
<td><strong>11.2%</strong></td>
<td><strong>11.3%</strong></td>
<td><strong>11.1%</strong></td>
<td><strong>11.3%</strong></td>
<td><strong>10.9%</strong></td>
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Who Is At Risk for Getting the Disease?

• 81% of cases in people ages 18 to 64

• Conditions that represent high risk for infection, hospitalization and worse outcome include:
  – Diabetes
  – Heart disease
  – Lung disease
  – Cancer and Immunocompromised
  – Kidney Disease
  – Pregnancy
Outcomes

- 18% hospitalization rate in Dallas County
  - 67% under age 65
  - 50% have NO underlying chronic conditions
  - 32% in ICU
  - 19% on mechanical ventilators
- Severity of illness & mortality greatest in:
  - Elderly (> 65 years of age)
  - Men > Women
  - People with 1 or more of the high risk conditions
The Unknown Unknowns

• **Multiple strains (mutations)**
  
  • New strains with infectivity
  
  • Possibility of new means of spread
  
  • Disrupts the concept of herd immunity, vaccine development

• ? Re-infection vs. lasting immunity

• **Role of pediatric population (prevalence, spread, etc.)**
  
  • Emergence of Multisystem Inflammatory Syndrome of children
### Simplifying the Guidance…
**“High 5” for Covid-19 Safety**

<table>
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<tr>
<th>ACTION</th>
<th>KEY STEPS</th>
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| HYGIENE  | • Hand hygiene  
|          | • Respiratory Etiquette  
|          | • Environmental hygiene & high touch surfaces  |
| SCREENING| • Exposure (sick contacts)  
|          | • Symptoms and temperature (late indicators)  |
| DISTANCING| • “6 foot Rule” likely not enough when exercising/exerting  
|          | • Think 15-20ft – no definitive evidence (emerging research)  
|          | • Physical barriers where needed  |
| MASKING  | • A mask blocks 90% of droplets *if worn correctly*  
|          | • *I protect you, you protect me*  
|          | • Surgical masks (preferable) or double layer cloth – when appropriate  |
| CULTURE  | • Conscientiously adhering to the rules  
|          | • Being mindful of others  
|          | • “We are all in the same storm, but not in the same boat”  |
Have a Plan for the Unexpected

• Continue to leverage WFH options as much as possible
  – Rotational schedules

• Persons who become sick while at work
  – Isolation and exit plan
  – Subsequent cleaning and sterilization of the space

• For larger business and spaces where distancing is not as feasible
  – Consider a dedicated resource to oversee adherence to organizational mitigation strategies

• Outbreak at site or Increase in prevalence in community
  – Be nimble…plan for toggling between phases or…
  – Possibility of temporary closure
• *Amid the Coronavirus Crisis, a Regimen for Reentry.* Atul Gawande; New Yorker, May 13, 2020.