Introduction
Today’s Topics

- New Guidance and Updates
- Roundtable: *Lessons Learned from Worksite Exposures We’ve Supported*
- COVID-Safe for Employers Resource Guide

➢ Today’s meeting is being recorded and will be available following the event.
02

Katie Passaretti, MD
Medical Director, Infection Prevention

New Guidance and Updates
Daily Lab Confirmed COVID-19 Cases in North Carolina

TOTAL CASES
26,488
### Recent Charlotte Uptick

#### Locations with increasing cases
Locations with >10% week-to-week increase in cases, >= 200 new cases, and >= 100 new cases per 100k in the past week. Top 10 by largest week-to-week increase.

<table>
<thead>
<tr>
<th>CBSA</th>
<th>New cases last 7 days</th>
<th>New cases per 100k last 7 days</th>
<th>%</th>
<th>Daily case trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central City, KY</td>
<td>350</td>
<td>1,072</td>
<td>+60.0%</td>
<td></td>
</tr>
<tr>
<td>St. Joseph, MO</td>
<td>315</td>
<td>749</td>
<td>+65.0%</td>
<td></td>
</tr>
<tr>
<td>St. Cloud, MN</td>
<td>858</td>
<td>429</td>
<td>+464.5%</td>
<td></td>
</tr>
<tr>
<td>Nashville, TN</td>
<td>2,334</td>
<td>122</td>
<td>+129.5%</td>
<td></td>
</tr>
<tr>
<td>Oxnard, CA</td>
<td>676</td>
<td>334</td>
<td>+108.2%</td>
<td></td>
</tr>
<tr>
<td>Racine, WI</td>
<td>242</td>
<td>123</td>
<td>+133.4%</td>
<td></td>
</tr>
<tr>
<td>Garden City, KS</td>
<td>328</td>
<td>809</td>
<td>+95.2%</td>
<td></td>
</tr>
<tr>
<td>Des Moines, IA</td>
<td>1,467</td>
<td>212</td>
<td>+94.3%</td>
<td></td>
</tr>
<tr>
<td>Rockford, IL</td>
<td>570</td>
<td>110</td>
<td>+83.2%</td>
<td></td>
</tr>
<tr>
<td>Amarillo, TX</td>
<td>588</td>
<td>221</td>
<td>+72.4%</td>
<td></td>
</tr>
</tbody>
</table>

#### Stable locations
Locations with ≤10% week-to-week change in cases, >= 200 new cases, and >= 50 new cases per 100k in the past week. 10 locations closest to zero percent week-to-week change.

#### Locations with decreasing cases
Locations with at least 100 total cases and sustained decreasing case trajectories. The list is sorted by number of days in decline.

<table>
<thead>
<tr>
<th>CBSA</th>
<th>New cases last 7 days</th>
<th>New cases per 100k last 7 days</th>
<th>%</th>
<th>Days In Decline</th>
<th>Daily case trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nashville, TN</td>
<td>6,911</td>
<td>52</td>
<td>+45.5%</td>
<td>38</td>
<td></td>
</tr>
<tr>
<td>Springfield, MO</td>
<td>7</td>
<td>1</td>
<td>+10.2%</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Bremerton, WA</td>
<td>3</td>
<td>1</td>
<td>+95.0%</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Glenwood Springs, CO</td>
<td>10</td>
<td>13</td>
<td>+95.0%</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>Ann Arbor, MI</td>
<td>80</td>
<td>22</td>
<td>+55.5%</td>
<td>34</td>
<td></td>
</tr>
</tbody>
</table>

#### Locations to watch
Locations with >10% week-to-week increase in cases, >= 200 new cases, < 100 and >= 30 new cases per 100k in the past week. Top 10 by largest week-to-week increase.

<table>
<thead>
<tr>
<th>CBSA</th>
<th>New cases last 7 days</th>
<th>New cases per 100k last 7 days</th>
<th>%</th>
<th>Days In Decline</th>
<th>Δ%</th>
<th>Daily case trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlotte, NC</td>
<td>995</td>
<td>38</td>
<td>+268.5%</td>
<td>38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kansas City, MO</td>
<td>2,021</td>
<td>56</td>
<td>+130.9%</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minneapolis, MN</td>
<td>2,021</td>
<td>56</td>
<td>+110.7%</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Montgomery, AL</td>
<td>235</td>
<td>63</td>
<td>+105.8%</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Omaha, NE</td>
<td>640</td>
<td>68</td>
<td>+85.0%</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kennewick, WA</td>
<td>237</td>
<td>80</td>
<td>+71.7%</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbus, OH</td>
<td>1,290</td>
<td>61</td>
<td>+60.6%</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visalia, CA</td>
<td>290</td>
<td>62</td>
<td>+55.8%</td>
<td>36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phoenix, AZ</td>
<td>1,525</td>
<td>31</td>
<td>+55.5%</td>
<td>34</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Percent of Positive Tests

May 29, 2020

Atrium Health
NC COVID-19 Case Demographics

By Race
- American Indian/Alaskan Native: 1%
- Asian: 3%
- Black or African American: 30%
- Native Hawaiian or Pacific Islander: 0%
- White: 54%
- Other: 12%

By Age
- 0-17: 6%
- 18-24: 9%
- 25-49: 44%
- 50-64: 23%
- 65-74: 8%
- 75+: 10%

By Ethnicity
- Hispanic: 37%
- Non-Hispanic: 63%

By Gender
- Male: 49%
- Female: 51%

Missing Demographic Data
- Race: 6,911
- Ethnicity: 8,033
- Age: 5
- Gender: 372
NC COVID-19 Hospitalizations

Is North Carolina seeing a 14-day downward trajectory or sustained leveling in the number of people currently hospitalized?

Currently Hospitalized

<table>
<thead>
<tr>
<th>Date</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/30</td>
<td>680</td>
</tr>
<tr>
<td>5/5</td>
<td></td>
</tr>
<tr>
<td>5/10</td>
<td></td>
</tr>
<tr>
<td>5/15</td>
<td></td>
</tr>
<tr>
<td>5/20</td>
<td></td>
</tr>
<tr>
<td>5/25</td>
<td></td>
</tr>
<tr>
<td>5/30</td>
<td></td>
</tr>
</tbody>
</table>

Currently Hospitalized: 680

Hospitals Reporting: 89%

Hospital Bed Totals

<table>
<thead>
<tr>
<th>Bed Type</th>
<th>Available Percentage</th>
<th>Available Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Beds</td>
<td>23%</td>
<td>6,000</td>
</tr>
<tr>
<td>Intensive Care Unit (ICU) Beds</td>
<td>16%</td>
<td>2,000</td>
</tr>
</tbody>
</table>

Ventilators

<table>
<thead>
<tr>
<th>Ventilators</th>
<th>Available Percentage</th>
<th>Available Ventilators</th>
</tr>
</thead>
<tbody>
<tr>
<td>In use</td>
<td>76%</td>
<td>3,000</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>4,000</td>
</tr>
</tbody>
</table>

In use

Total

Atrium Health
### Types of Tests for COVID-19 and Potential Uses

<table>
<thead>
<tr>
<th>Type of Test</th>
<th>Measure</th>
<th>Value</th>
<th>Beneficiary</th>
</tr>
</thead>
</table>
| Nucleic acid amplification test for viral RNA    | Current infection with SARS-CoV-2 | • Inform individual of infection status so they can anticipate course of illness and take action to prevent transmission  
• Inform patient management and actions needed to prevent transmission  
• Inform actions needed to prevent transmission | • Individual  
• Healthcare or long-term care facility  
• Public health |
| Antibody detection                               | Past exposure to SARS-CoV-2    | • Detect susceptible individuals (antibody negative) and those previously infected  
• Identify individuals with neutralizing antibodies  
• Facilitate contact tracing and surveillance | • Identify those potentially immune to SARS-CoV-2 (if tests can detect protective immunity, individuals could be returned to work)  
• Healthcare facilities: Experimental therapy  
• Public health |
## Diagnostic Testing Criteria Updates

### Symptomatic Testing

- Fever
- New cough
- New shortness of breath
- Sore throat
- Persistent headache
- New loss of taste or smell
- Chills
- Muscle aches

### Asymptomatic Testing

- Close contacts of known positive cases
  - Household contact
  - Workplace
  - Community
- Close contact = exposure for 15 continuous minutes in the absence of appropriate PPE
Ensure Diagnostic Testing Access

- Persons who live in or have regular contact with high risk settings (e.g.: LTC, homeless, jail, etc.)
- Persons at high risk of severe illness (ages >65 or have underlying health conditions)
- Healthcare workers/First responders
- Front line and essential workers in settings where social distancing is difficult to maintain
Statistics Lesson (and why that matters)
Currently Available Antibody Tests

- Initially no oversight though recently FDA has pulled back many

- Some available for use under EUA

SARS-CoV-2 Antibody Testing

- Looks for antibodies that the body creates to fight an infection
- IgM antibodies are “early” responders (~7-10 days)
- IgG antibodies are “late responders” (>3-4 weeks)
  - Presence of adequate levels of IgG antibodies can indicate immunity for some infectious diseases
  - Duration of immunity can vary by type of infectious disease
Potential Pitfalls of Antibody Testing

Limited data to date on what a positive antibody test means

• Are the antibodies present “neutralizing”?
• Are antibody levels high enough so that the individual is protected?
• Do those high antibody levels provide prolonged protection?
• Can you have antibodies AND still have the ability to transmit infection?
Minimizing False Positive Antibody Results

- Highly specific test
- Test populations with a higher likelihood of having positive results
  - Prior illness suggestive
  - High risk for prior exposure
    - Healthcare workers
    - First responders
    - Household contacts
**Herd immunity estimate**
At least 60% of population

**New York City**
19.9% have antibodies  May 2

**London**
17.5% have antibodies  May 21

**Madrid**
11.3% have antibodies  May 12

**Wuhan (returning workers)**
10% have antibodies  April 20

**Boston**
9.9% have antibodies  May 15

**Stockholm region**
7.3% have antibodies  May 20

**Barcelona**
7.1% have antibodies  May 13
Charlotte Data

• Early
• Overall 63 positive of 1,496 tested
  • 4.2% positive
• Of those without prior PCR positive (i.e. not previously known to have COVID), positive IgG in 30 of 1,463
  • 2.1% positive
Roundtable Panelists:

David Cosenza, MD, Specialty Medical Director, Employer Solutions and On-Demand Telemedicine

Katie Passaretti, MD, Medical Director, Infection Prevention

Angela Albero, PA-C, MMSc, Chief Advanced Practice Provider, Employer Solutions

Grady Hardeman, LAT, ATC, Director, Employer Solutions

Lessons Learned from Worksite Exposures We’ve Supported
Lessons Learned from Worksite Exposures We’ve Supported

Roundtable Discussion

- Employer Solutions has long served as a resource for worksite exposures.
- Guiding employers through the challenges of COVID-19 has been a natural transition.
- Over the past several weeks, we’ve provided assistance on over a dozen COVID-19 worksite exposures.
Lessons Learned from Worksite Exposures We’ve Supported

01 From a young age we’ve all heard, “It’s better to be safe than sorry.” Have you seen instances with worksite exposures when an employer took an overly cautious approach (beyond what’s recommended)? If so, what were the potential consequences of those actions?

02 With most worksite exposures you’ve known, did the employer have an existing plan in place to address sick workers and continuity of operations? Is having a plan important?

03 What are some of the most frequently asked questions you get from employers when they first reach out following an exposure? What answers did you provide for their questions that have been more general in nature?
### Lessons Learned from Worksite Exposures We’ve Supported

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>04</strong> What are some of the common themes you’ve seen across exposures?</td>
</tr>
<tr>
<td><strong>05</strong> What are the top 3-5 things that could have been done to avoid these worksite exposures?</td>
</tr>
<tr>
<td><strong>06</strong> What is the one thing most employers seem to do well after an exposure occurs?</td>
</tr>
<tr>
<td><strong>07</strong> After a worksite exposure occurs and immediate needs are addressed, what safeguards do you typically recommend to employers to reduce their chances of another exposure?</td>
</tr>
</tbody>
</table>
Ruth Krystopolski, MBA
Senior Vice President, Population Health

New COVID-19 Resource - Coming Soon
Helping organizations and our community reopen safely

Contents:

- **Preventing workplace spread**: social distancing, PPE, hand hygiene, screening employees before work
- **Protective measures**: HR policies and practices, high risk employees
- **Worksite exposures**: Identifying and managing exposures, caring for symptomatic employees
Questions/Closing
Questions?
Next meeting:
Wednesday, June 17, 3-4 PM

For additional information:
Email Covid19RTW@AtriumHealth.org with questions or topic suggestions for the next Town Hall.
Thank you.