

Return-to-Work Town Hall: Part 4

June 3, 2020

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01

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Introduction

Today's Topics



New Guidance and
Updates



Roundtable: *Lessons Learned from
Worksite Exposures We've Supported*



COVID-Safe for Employers
Resource Guide

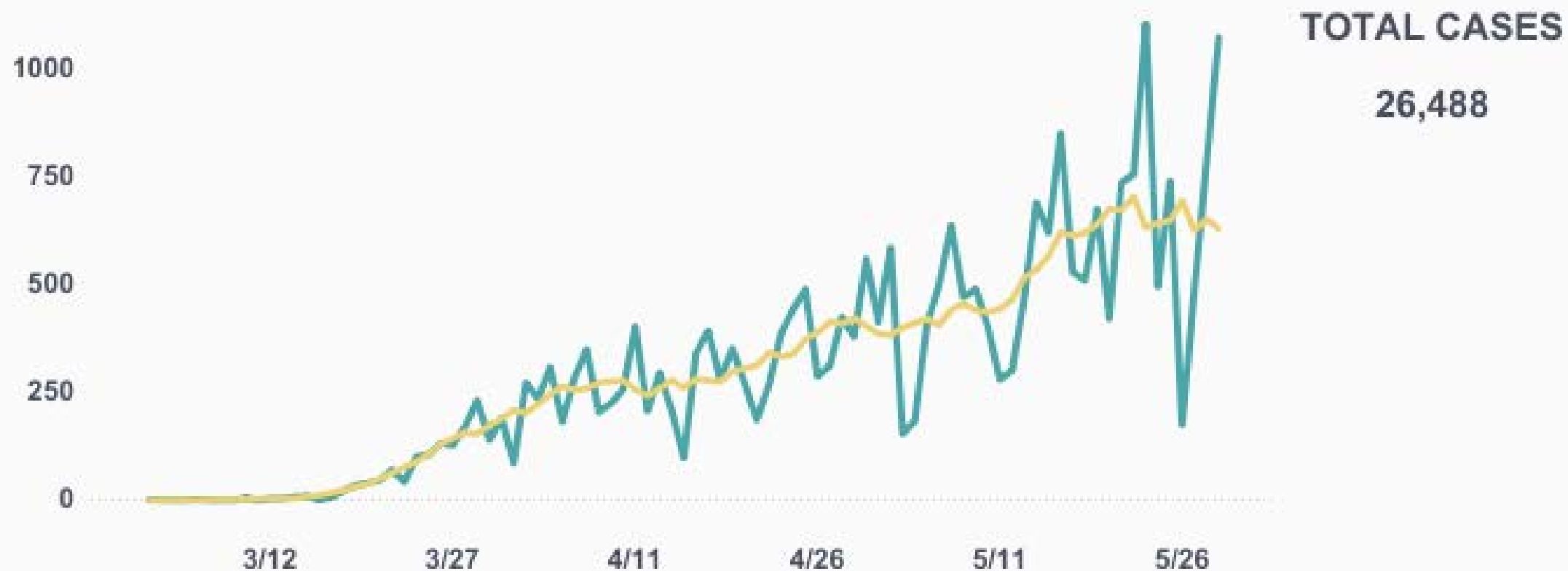
➤ Today's meeting is being recorded and will be available following the event.

02

Katie Passaretti, MD

Medical Director, Infection Prevention

New Guidance and Updates



Daily Lab Confirmed COVID-19 Cases in North Carolina

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.

CBSA	New cases last 7 days	New cases per 100k last 7 days	Δ%	Daily case trend
Central City, KY	330	1,072	+650.0%	
St. Joseph, MO	315	249	+650.0%	
St. Cloud, MN	858	429	+464.5%	
Nashville, TN	2,334	122	+129.5%	
Gainesville, GA	676	334	+104.2%	
Racine, WI	242	123	+103.4%	
Garden City, KS	328	809	+95.2%	
Des Moines, IA	1,467	212	+94.3%	
Rockford, IL	370	110	+83.2%	
Amarillo, TX	588	221	+72.4%	

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.

CBSA	New cases last 7 days	New cases per 100k last 7 days	Δ%	Daily case trend
Denver, CO	2,161	74	-6.9%	
Mobile, AL	278	65	-6.7%	
Toledo, OH	391	61	-0.8%	
Los Angeles, CA	6,911	52	+5.5%	

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.

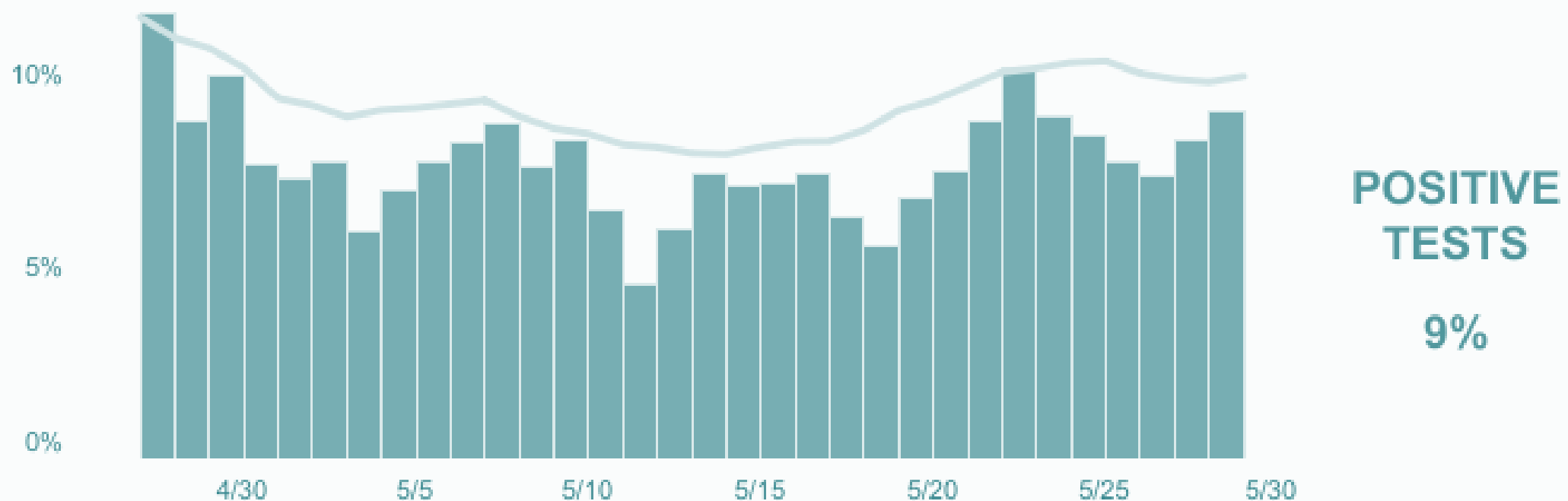
CBSA	New cases last 7 days	New cases per 100k last 7 days	Days In Decline	Daily case trend
Spokane, WA	26	5	39	
Seattle, WA	944	24	39	
Ithaca, NY	2	2	38	
Pittsfield, MA	21	17	38	
Springfield, MO	7	1	36	
Bremerton, WA	3	1	36	
Wilmington, NC	18	6	36	
Glenwood Springs, CO	10	13	36	
Ann Arbor, MI	80	22	35	
Hilton Head Island, SC	9	4	34	

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.

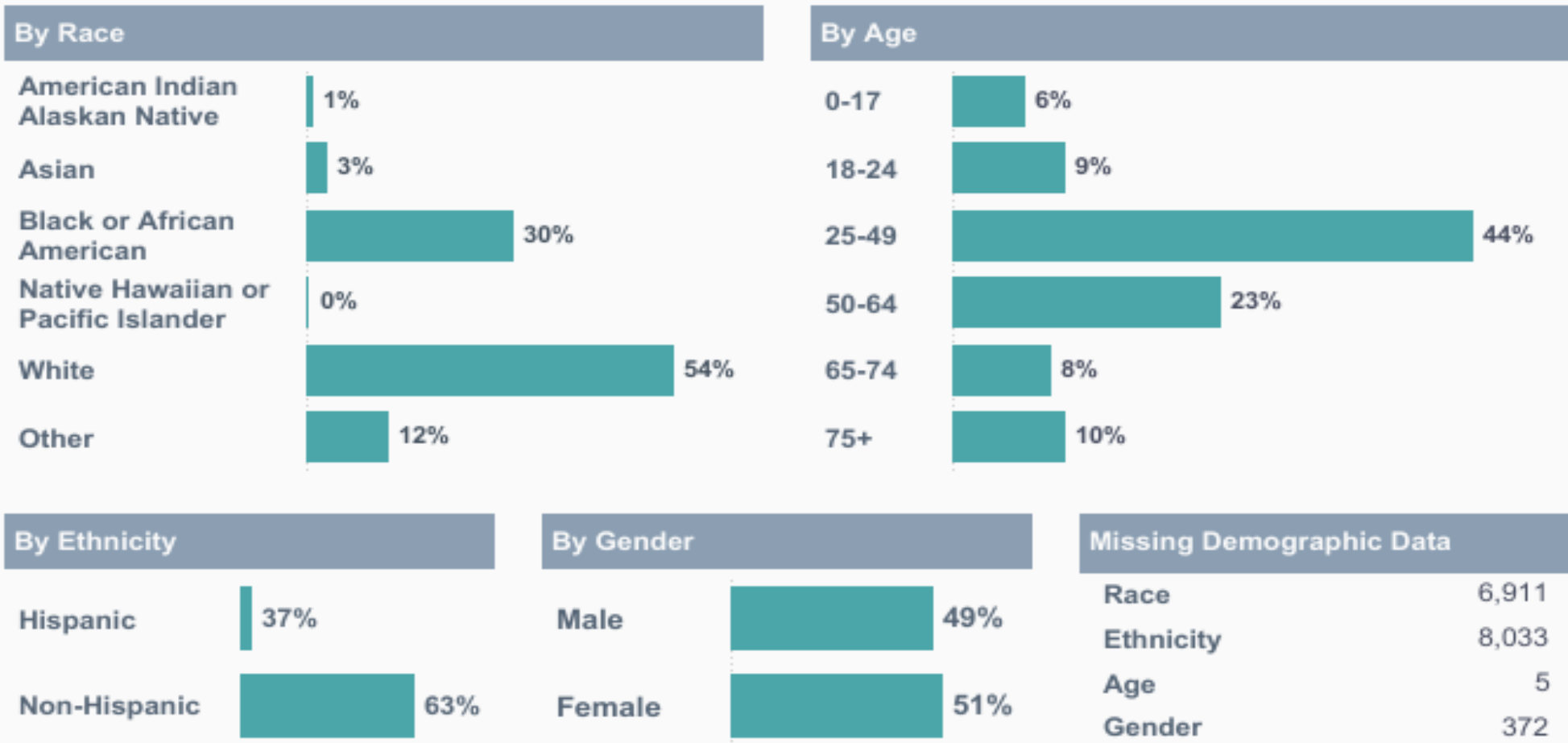
CBSA	New cases last 7 days	New cases per 100k last 7 days	Δ%	Daily case trend
Charlotte, NC	995	38	+268.5%	
Kansas City, MO	1,221	28	+260.5%	
Lincoln, NE	254	76	+130.9%	
Minneapolis, MN	2,021	56	+110.7%	
Montgomery, AL	235	63	+109.8%	
Omaha, NE	640	68	+85.0%	
Kennewick, WA	237	80	+71.7%	
Columbus, OH	1,290	61	+60.6%	
Visalia, CA	290	62	+56.8%	
Phoenix, AZ	1,525	31	+55.5%	

Recent Charlotte Uptick



May 29, 2020

Percent of Positive Tests



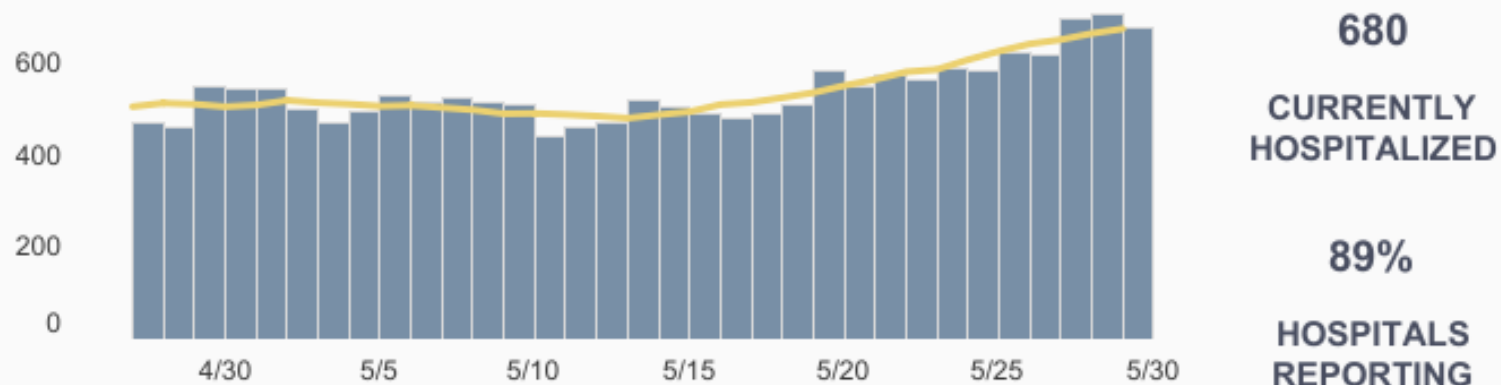
NC COVID-19 Case Demographics

NC COVID-19 Hospitalizations

Currently Hospitalized



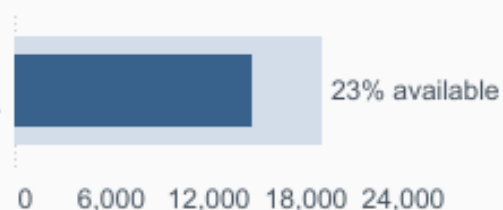
Is North Carolina seeing a 14-day downward trajectory or sustained leveling in the number of people currently hospitalized?



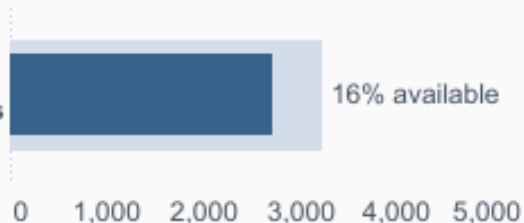
Hospital Bed Totals



Inpatient
Hospital Beds



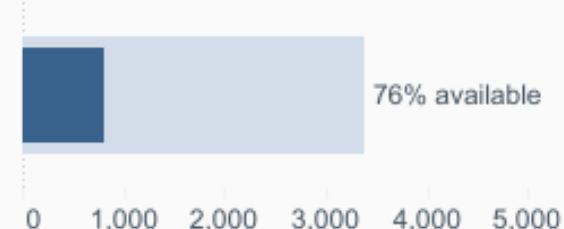
Intensive Care
Unit (ICU) Beds



Ventilators



Ventilators



In use

Total

Type of Test	Measure	Value	Beneficiary
 <p>Nucleic acid amplification test for viral RNA <i>(nasopharyngeal swab, oropharyngeal swab, sputum, bronchoalveolar lavage fluid, others)</i></p>	Current infection with SARS-CoV-2	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Individual • Healthcare or long-term care facility • Public health
 <p>Antibody detection</p>	Past exposure to SARS-CoV-2	<ul style="list-style-type: none"> • Detect susceptible individuals (antibody negative) and those previously infected • Identify individuals with neutralizing antibodies • Facilitate contact tracing and surveillance 	<ul style="list-style-type: none"> • 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

Types of Tests for COVID-19 and Potential Uses

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

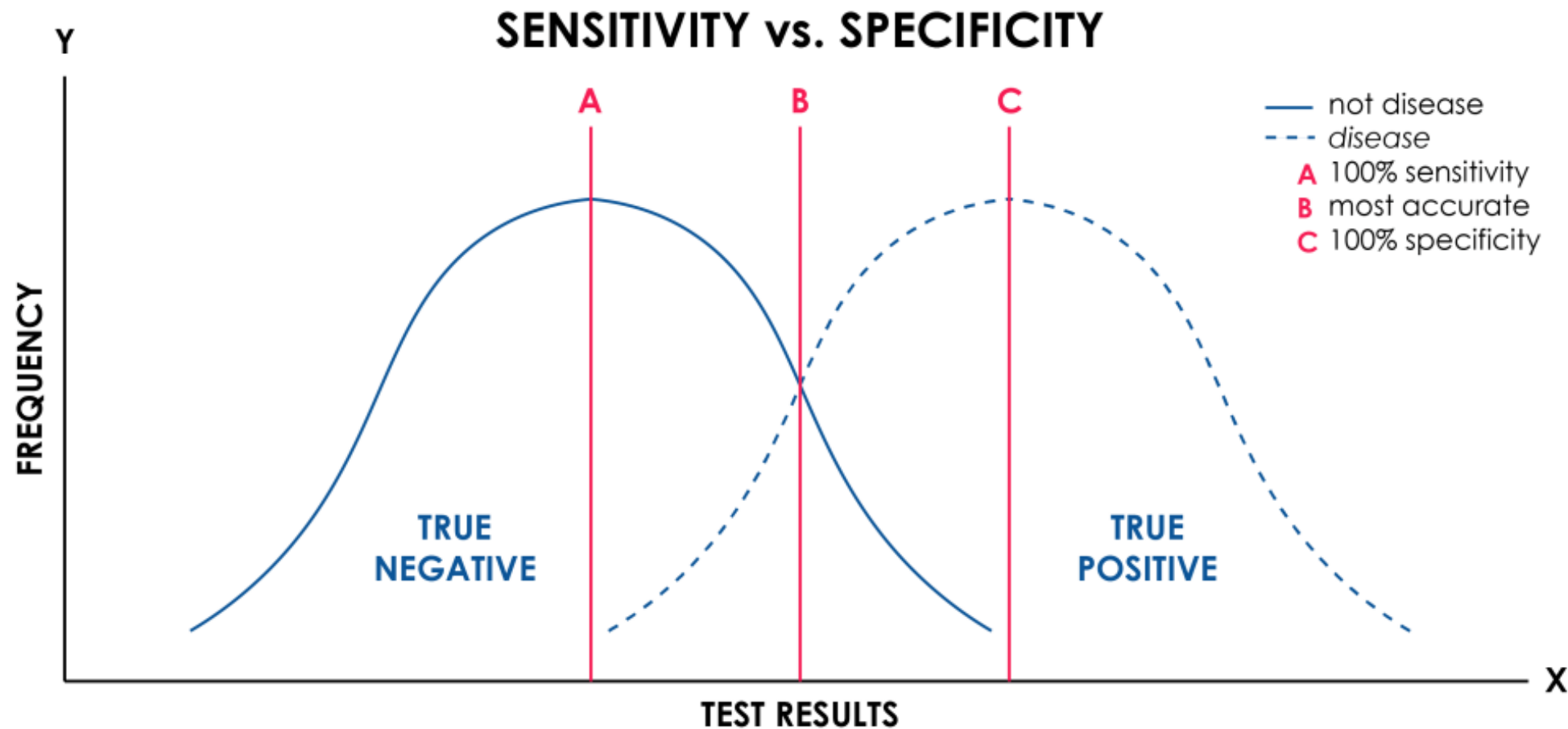
Asymptomatic Testing

- 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

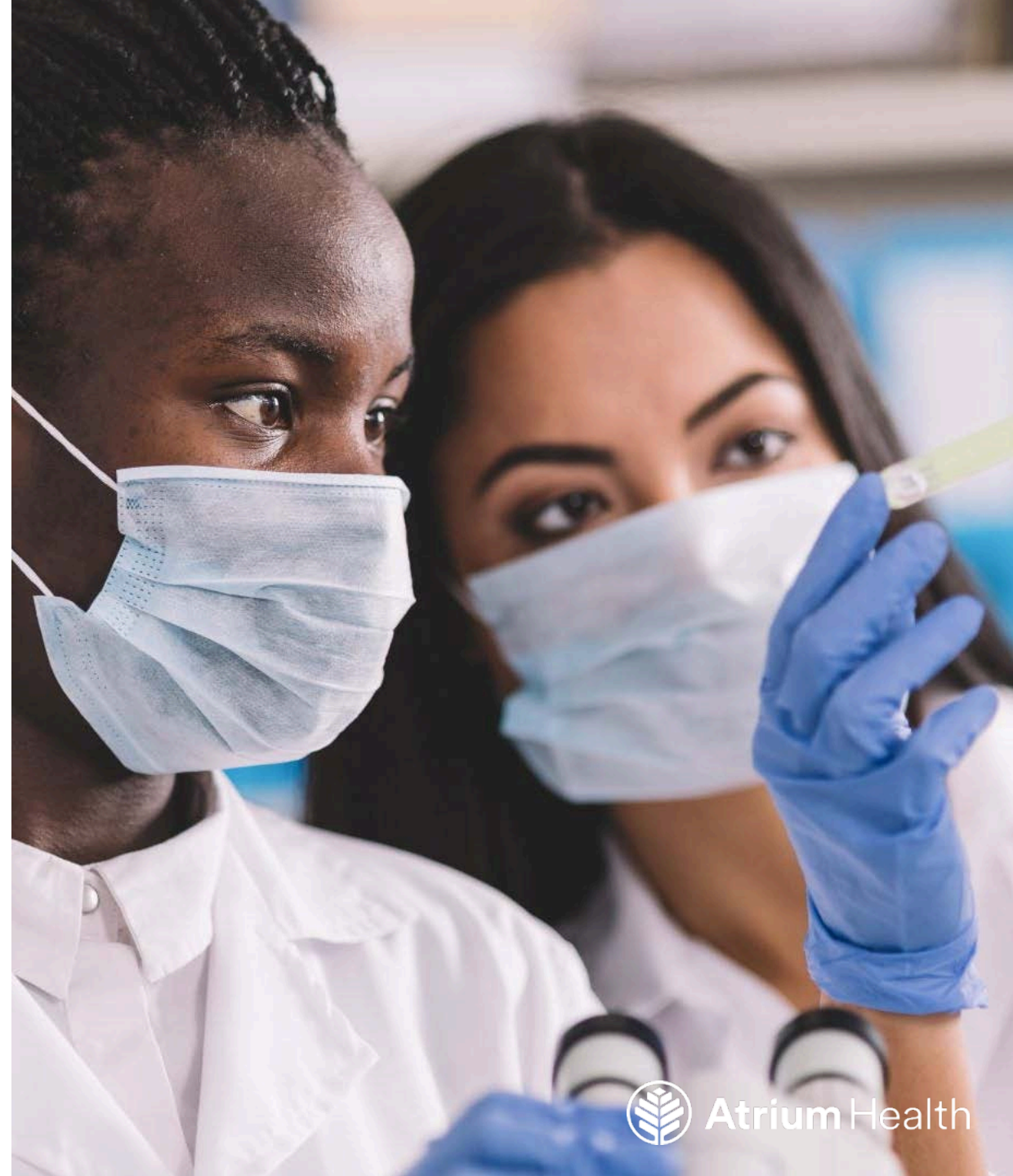
- Initially no oversight though recently FDA has pulled back many
- Some available for use under EUA

<https://www.fda.gov/medical-devices/emergency-situations-medical-devices/eua-authorized-serology-test-performance>



SARS-CoV-2 Antibody Testing

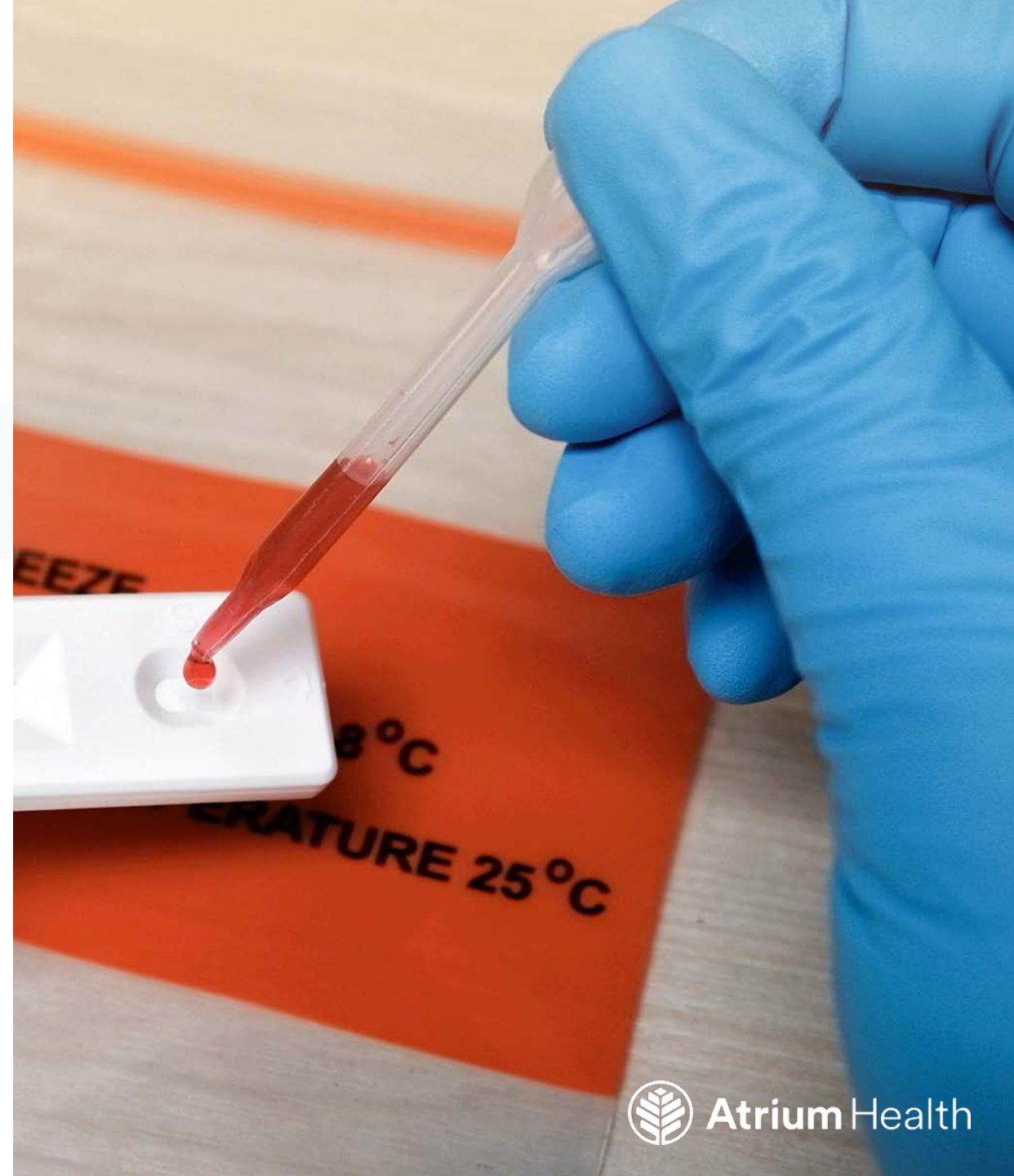
- Looks for antibodies that the body creates to fight an infection
- IgM antibodies are “early” responders (~7-10 days)
- IgG antibodies are “late responders” (>3-4 weeks)
 - Presence of adequate levels of IgG antibodies can indicate immunity for some infectious diseases
 - Duration of immunity can vary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



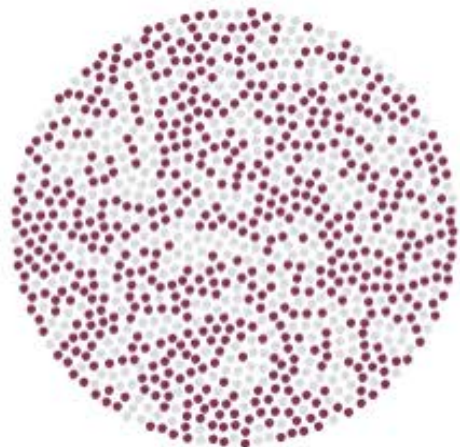
Minimizing False Positive Antibody Results

- 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



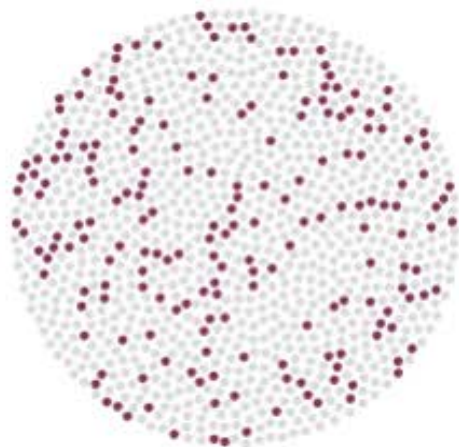
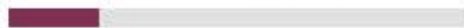
Herd immunity estimate

At least 60% of population



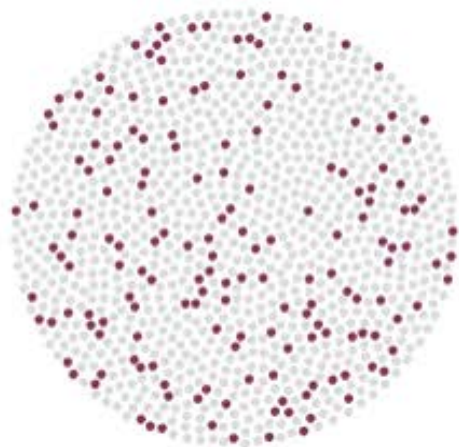
New York City

19.9% have antibodies May 2



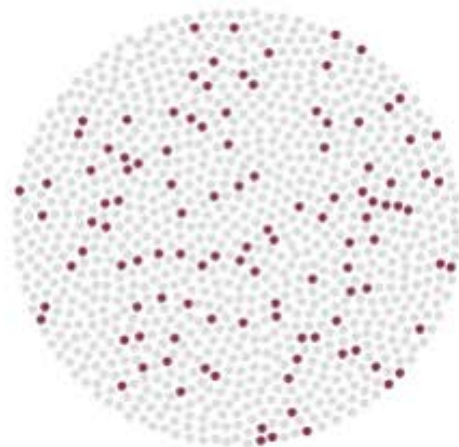
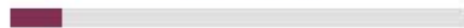
London

17.5% have antibodies May 21



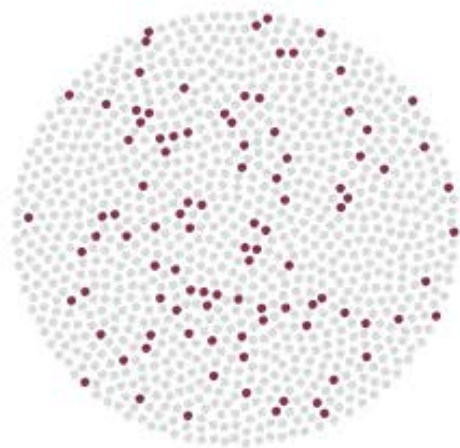
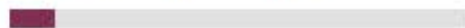
Madrid

11.3% have antibodies May 13



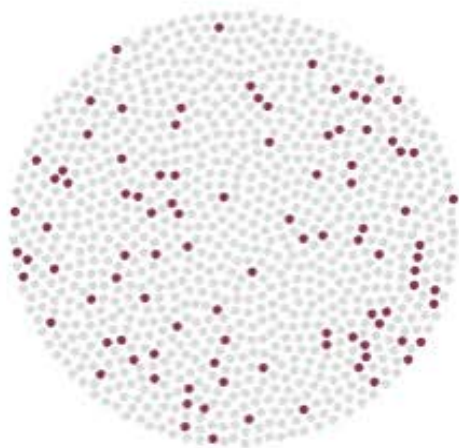
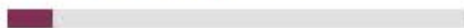
Wuhan (returning workers)

10% have antibodies April 20



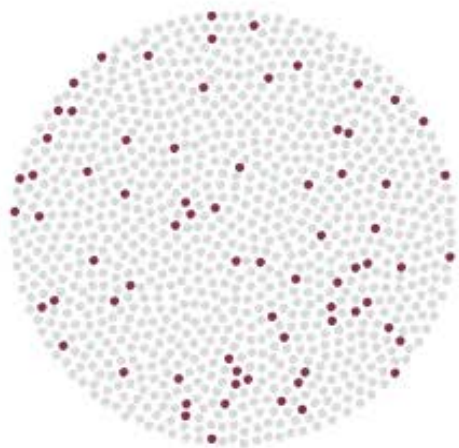
Boston

9.9% have antibodies May 15



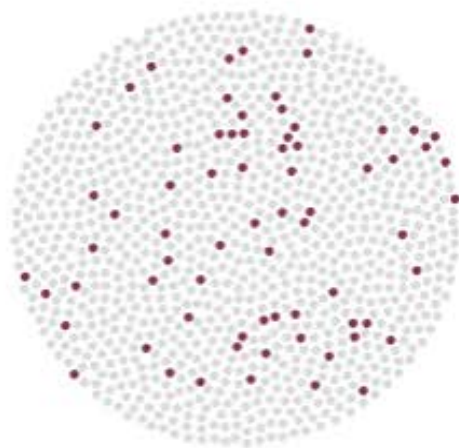
Stockholm region

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



03

Roundtable Panelists:

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

Katie Passaretti, MD, *Medical Director, Infection Prevention*

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

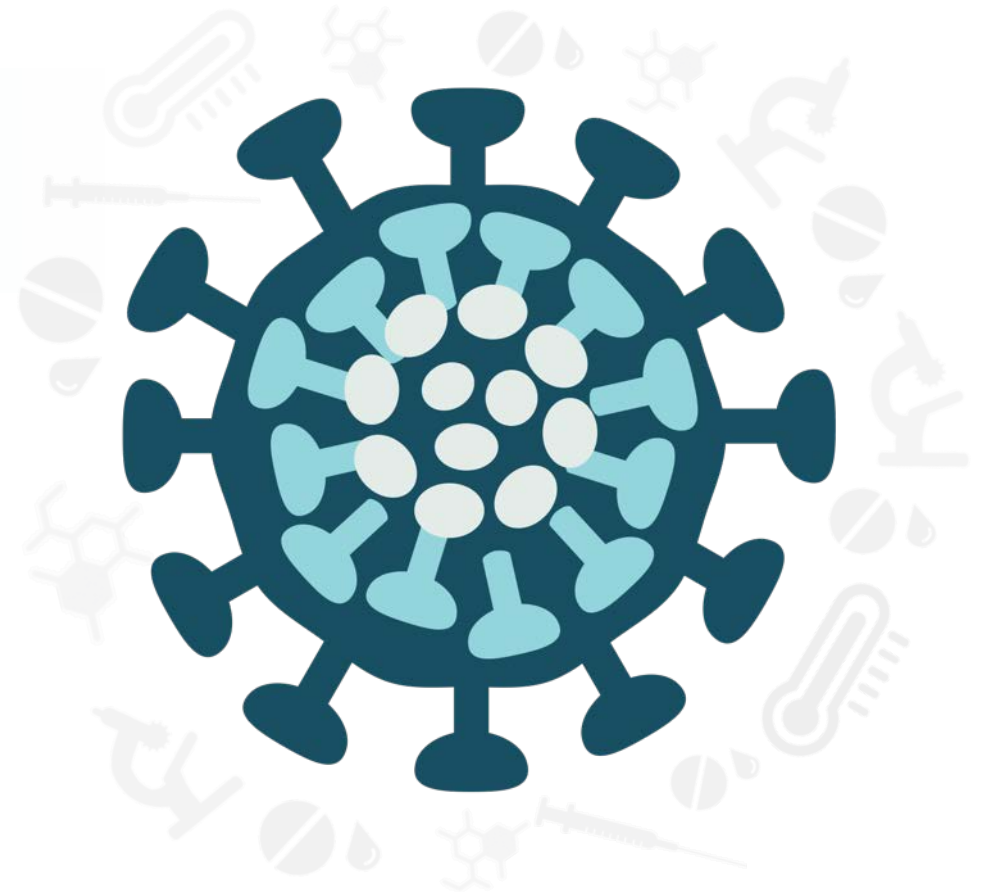
Grady Hardeman, LAT, ATC, *Director, Employer Solutions*

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

04 *What are some of the common themes you've seen across exposures?*

05 *What are the top 3-5 things that could have been done to avoid these worksite exposures?*

06 *What is the one thing most employers seem to do well after an exposure occurs?*

07 *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?*

04

Ruth Krystopolski, MBA

Senior Vice President, Population Health

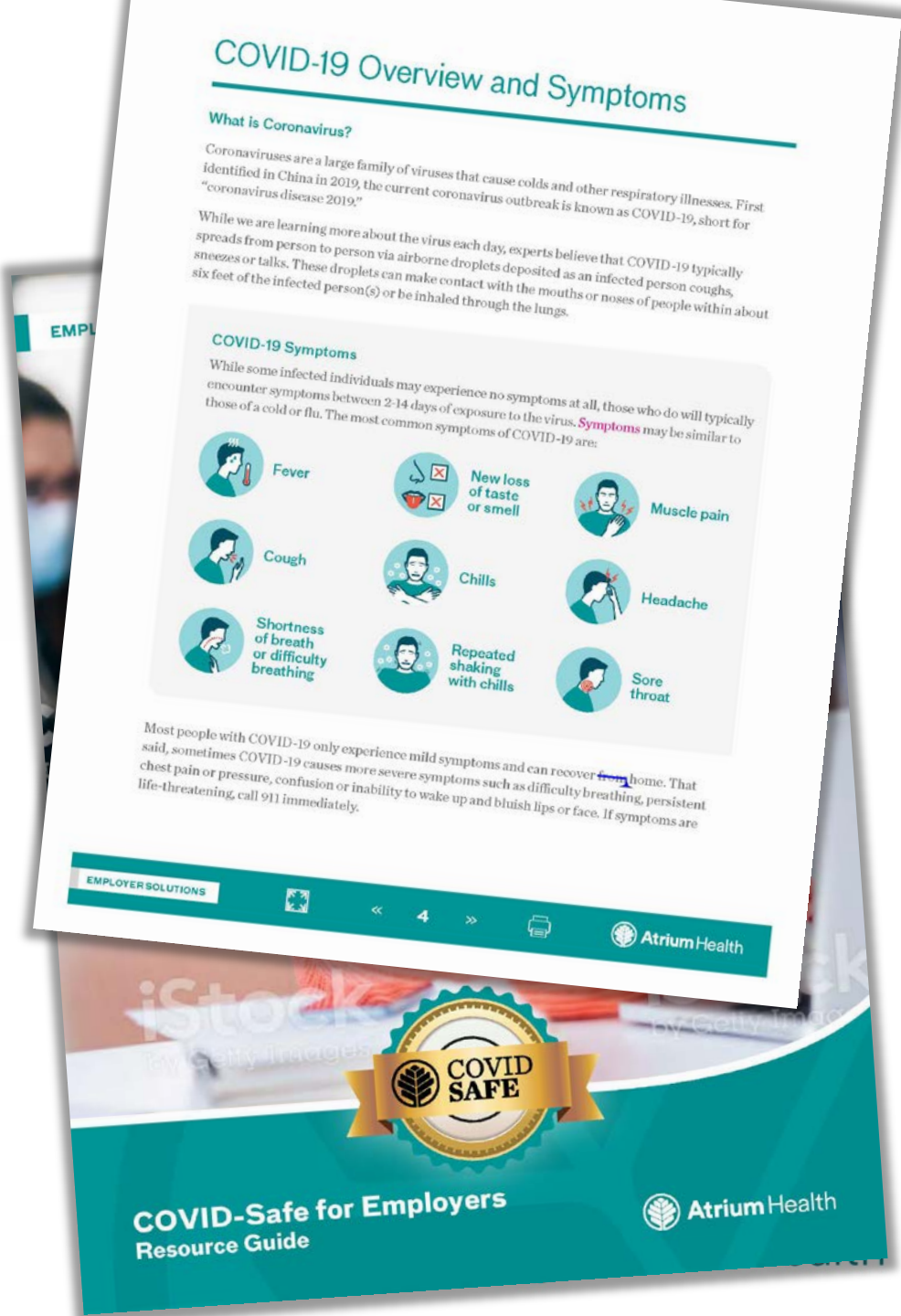
***New COVID-19 Resource -
Coming Soon***

COVID-Safe for Employers Resource Guide

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



03

Ruth Krystopolski, MBA

Senior Vice President, Population Health

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.

EMPLOYER SOLUTIONS

Thank you.



Atrium Health