

COVID-19 UPDATES

Dr. Michael Green

Tuesday 24 March 2020

Overview

- General Updates
- Key Clinical Features
- Update on local screening and assessment processes
- Clinical process changes in Kingston
- Residents and remote supervision
- Research Impacts
- Departmental contacts and communication questions



Total Confirmed

387,382

Confirmed Cases by
Country/Region/Sovereignty

81,588 China

63,927 Italy

46,450 US

35,212 Spain

30,081 Germany

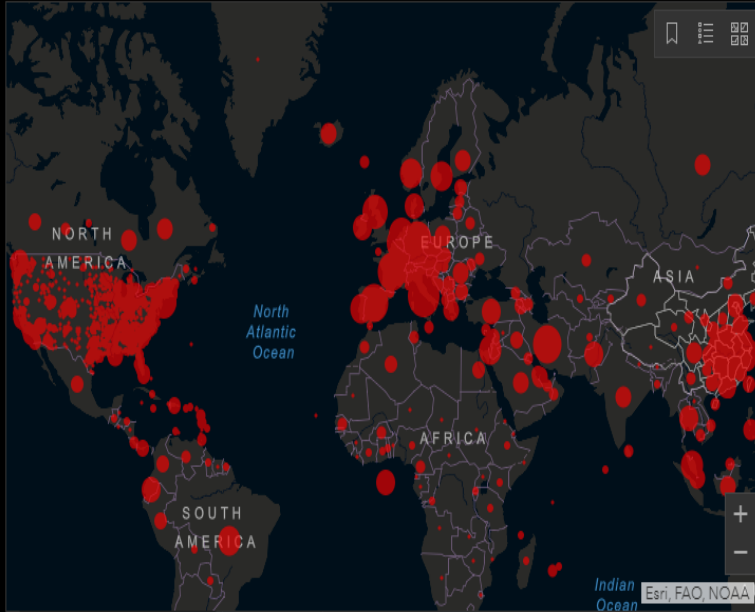
24,811 Iran

20,149 France

9,117 Switzerland

9,037 Korea, South

6,733 United Kingdom



Cumulative Confirmed Cases

Active Cases

169

countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Visualization: JHU CSSE. Automation Support: Esri Living Atlas team and JHU APL. Contact US, FAO.

Data sources: WHO, CDC, ECDC, NHC, DXY, 1point3acres, Worldometers.info, BNO, state

Total Deaths

16,767

6,077 deaths

Italy

3,160 deaths

Hubei China

2,318 deaths

Spain

1,934 deaths

Iran

860 deaths

France

335 deaths

United Kingdom

Total Recovered

101,987

60,323 recovered

Hubei China

8,376 recovered

Iran

7,432 recovered

Italy

3,507 recovered

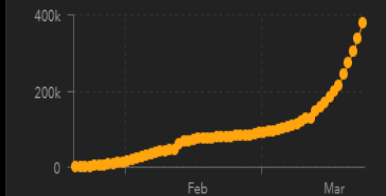
Korea, South

3,355 recovered

Spain

2,200 recovered

France



Confirmed

Daily Increase

COVID-19 Worldwide

(as of 7.25 a.m.
on Tuesday 24
March 2020)



Total Confirmed

2,088

Confirmed Cases by Country/Region/Sovereignty

4,767 Netherlands

4,742 Austria

4,269 Belgium

2,647 Norway

2,088 Canada

2,060 Portugal

2,059 Sweden

2,044 Australia

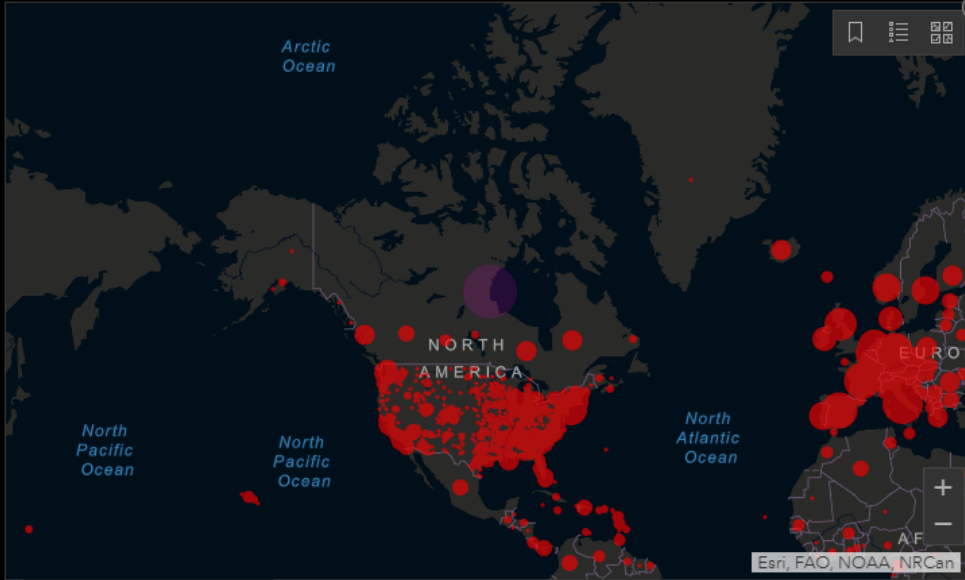
1,960 Brazil

1,703 Denmark

Admin1

Last Updated at (M/D/YYYY)

3/24/2020, 6:34:58 AM



Cumulative Confirmed Cases

Active Cases

169

countries/regions

Lancet Inf Dis Article: [Here](#). Mobile Version: [Here](#). Visualization: JHU CSSE. Automation Support: [Esri Living Atlas team](#) and [JHU APL](#). Contact US. [FAQ](#). Data sources: [WHO](#), [CDC](#), [ECDC](#), [NHC](#), [DXY](#), [1point3acres](#), [Worldometers.info](#), [BNO](#), [state](#)

Total Deaths

25

13 deaths

British Columbia Canada

6 deaths **Ontario** Canada

4 deaths **Quebec** Canada

1 deaths **Alberta** Canada

1 deaths **Diamond Princess** Canada

Total Recovered

0

No Data



Confirmed

Daily Increase

COVID-19 in Canada

(as of 7.25 a.m. on Tuesday 24 March 2020)

Table. Case-Fatality Rate by Age Group in Italy and China^a

	Italy as of March 17, 2020		China as of February 11, 2020	
	No. of deaths (% of total)	Case-fatality rate, % ^b	No. of deaths (% of total)	Case rate, % ^b
All	1625 (100)	7.2	1023 (100)	2.3
Age groups, y				
0-9	0	0	0	0
10-19	0	0	1 (0.1)	0.2
20-29	0	0	7 (0.7)	0.2
30-39	4 (0.3)	0.3	18 (1.8)	0.2
40-49	10 (0.6)	0.4	38 (3.7)	0.4
50-59	43 (2.7)	1.0	130 (12.7)	1.3
60-69	139 (8.6)	3.5	309 (30.2)	3.6
70-79	578 (35.6)	12.8	312 (30.5)	8.0
≥80	850 (52.3)	20.2	208 (20.3)	14.8

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Viewpoint
 March 23, 2020
Case-Fatality Rate and Characteristics of Patients Dying in Relation to COVID-19 in Italy
Graziano Onder, MD, PhD¹; Giovanni Rezza, MD²; Silvio Brusaferro, MD³
> [Author Affiliations](#) | [Article Information](#)
JAMA. Published online March 23, 2020. doi:10.1001/jama.2020.4683

Current Canadian & Ontario Public Health Response Measures

- Canada – all non-essential international travel prohibited, no admission for most people who are not Canadian residents or Citizens, US Canada border closure, no cruise ships permitted to dock.
- **Self-isolation for 14 days for all returning travellers**
- Ontario – **State of Emergency**, all non-essential business closed until Monday 13 April 2020, Schools closed – return TBD, hospitals granted emergency powers

- Queen's – All face to face teaching and examinations suspended. Virtual only. Exception for health sciences programs and graduate thesis defenses/comprehensive exams.
- Convocation cancelled. No in person summer courses. No group meetings >10 people. All events cancelled.
- FHS – All clinical teaching for health professions on hold, virtual classes for pre-clinical years. No clinical skills etc....
- No Grand Rounds at DFM KTI Site

Clinical Features of COVID Required for Case Definition

- Fever
- Dry Cough
- Shortness of Breath
- Reduced O2 sats

Other Sx (symptoms) to consider:

- » Sore throat/pharyngitis
- » GI prodrome?
- » Anosmia? Ageusia?

Local Screening & Assessment (Kingston)

- COVID-19 Primary Assessment Centre (Memorial Centre)
- Secondary Assessment Centre (KHSC)
- Facility Specific Screening for Healthcare Workers (KHSC & QFHT / others)
- Trying to get HCW tests done as priority
- All HCW with URI Sx are to be screened - we can do at QFHT

Returning from travel outside of Canada within 14 days prior to their illness onset
 OR
 Returning from an area in Canada with established local transmission within 14 days prior to their illness onset,
 OR
 A close contact of a confirmed or probable case of COVID-19 in the last 14 days.



	Self-Monitor	Self-Isolate at Home	COVID-19 Assessment Centre	Emergency Department
Patient Pathway	<p>Asymptomatic people who are not subject to KFL&A Public Health quarantine recommendations (i.e., those who have not travelled outside of Canada).</p> <p>Note: Healthcare workers should follow their hospital specific policy related to return to work after travel</p>	<p>Asymptomatic people who are subject to KFL&A Public Health quarantine recommendations related to travel outside of Canada.</p> <p>Mild symptoms of URTI¹ AND all of the following:</p> <ul style="list-style-type: none"> No fever (T<38C) No underlying health conditions of concern² Age <60 years Able to rapidly access hospital if symptoms worsen 	<p>Mild symptoms of URTI AND any of the following:</p> <p>Fever</p> <ul style="list-style-type: none"> (T≥38C) Underlying health condition(s) of concern² Age ≥60 years Sent by KFL&A Public Health due to (i) a history of contact with a COVID-19 patient or; (ii) coming from a congregate environment of concern (e.g., shelter, group home) Occupation within at-risk settings³ 	<p>Symptoms of a URTI AND any clinical signs of severity, regardless of travel history:</p> <ul style="list-style-type: none"> Shortness of breath⁴ Chest pain Weakness⁵ Lethargy or drowsiness Dizziness Symptomatic infants refer to Appendix A on when to go to the Emergency Department
Key Actions	<p>Do not test.</p> <p>Advise to self monitor for at least 14 days (healthcare workers included).</p>	<p>Do not test.</p> <p>Return home and self-isolate for at least 14 days upon return, for those who have travelled outside of Canada and are asymptomatic.</p> <p>If mildly, symptomatic, return home and self isolate for at least 7 days and until symptom-free for at least 48 hours.</p>	<p>Complete full clinical assessment. Test in Assessment Centre.</p> <p>Advise patient to self isolate until results provided and further advice given by KFL&A Public Health.</p>	<p>Send to Emergency Department.</p> <p>Advise patient to self isolate until assessment.</p>
Discharge	<p>Provide handout: [insert resource name]</p>	<p>Provide appropriate KFL&A Public Health information fact sheet</p> <p>Advise patients self-isolate until 48 hours after fever resolves without NSAIDs or Tylenol/Advil etc. Advise patient that if their symptoms worsen, they should consult the COVID-19 for self-assessment website, call their primary care provider, or, if they become very sick, go to the emergency department.</p>	<p>Provide KFL&A Public Health information fact sheet</p> <p>If symptoms worsen, go to Emergency Department</p>	<p>Provide KFL&A Public Health information fact sheet</p>

Footnotes

¹ URTI (upper respiratory tract infection) symptoms include: cough, sore throat, headache, muscle aches, fatigue, runny nose, and joint aches. May also include nausea, diarrhea and stomach pains

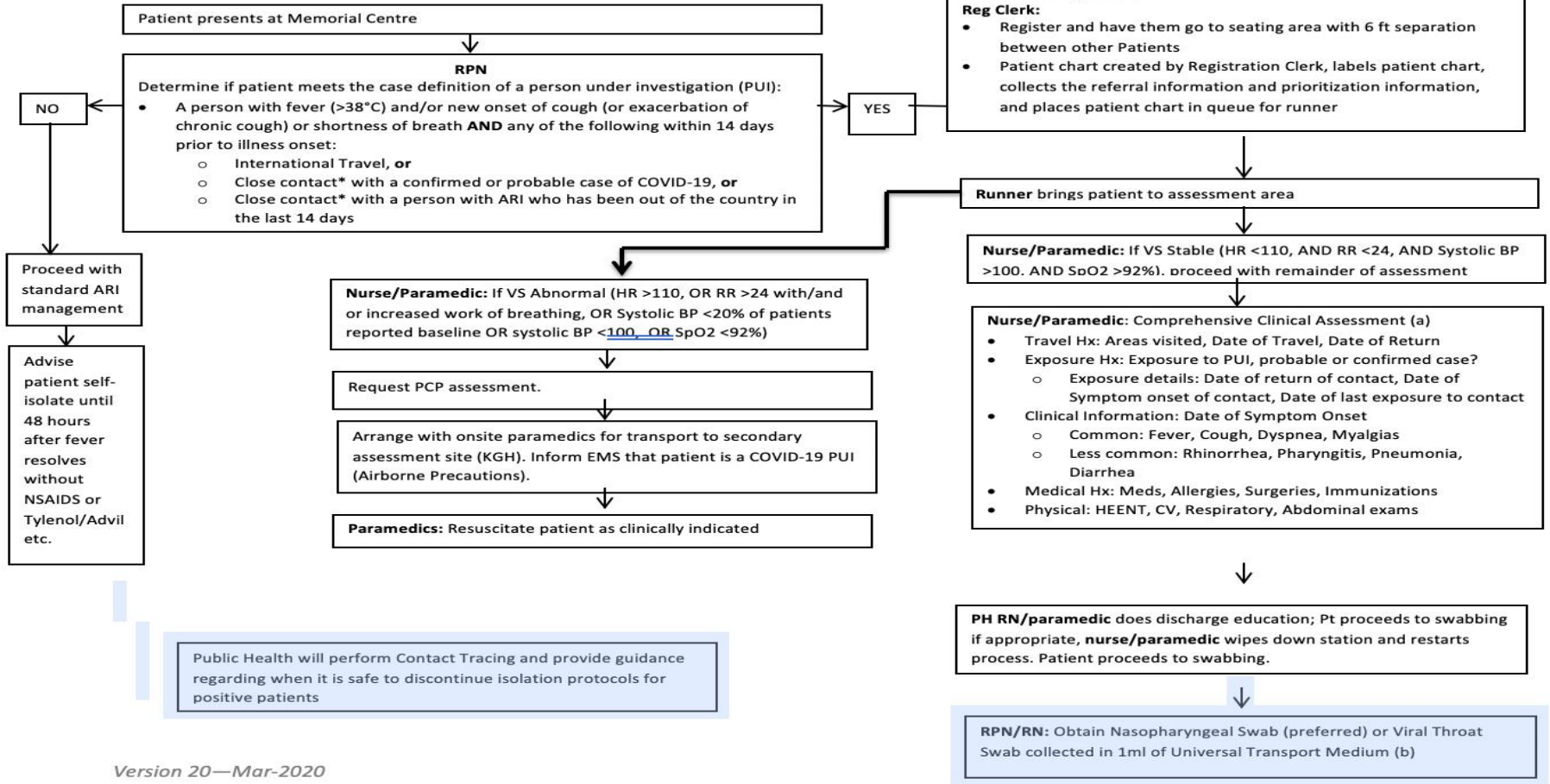
² Includes: cardiovascular disease, chronic lung disease, cerebrovascular disease (e.g. previous stroke), hypertension, diabetes, cancer, immunosuppression, current smoking

³ Includes working in: any healthcare setting, including long-term care facility, complex continuing care and rehabilitation centre; school or childcare centre; retirement home; homeless shelter, prison or other settings with vulnerable populations

⁴ Shortness of breath when walking, exercising, or at rest, which is unusual for the patient

⁵ Weakness that impairs ability to carry out activities of daily living, such as showering, preparing meals, and dressing.

COVID-19 Assessment Centre, Flow Chart



Close Contacts



***Close contact defined:**

To ask the probable Case	To ask the contact RPN/RN: places swab in the fridge and place pt chart on top of fridge.
<p>Who is considered a close contact?</p> <ul style="list-style-type: none"> Household contacts (people you live with or spend significant time with), <i>or</i> People who have cared for you while you were ill. <p>OR</p> <p>People with whom you:</p> <ul style="list-style-type: none"> Share the same bed with or have sexual relations with—(especially while you had symptoms), <i>or</i> Shared, drinks, cigarettes, joints, bong, shared utensils with, (while you had symptoms). 	<ul style="list-style-type: none"> Were you notified that you are a close contact of someone with COVID-19? Do you live with, or spend significant time with someone who might have COVID-19? Have you provided care for someone with symptoms of COVID-19?

Clinical Process Changes - KHSC

- Restricted entry – KGH Connell 0 and Watkins 2
- ID required
- Individual screening for symptoms and travel
- Ministry mandated slow down for elective procedures
- Many clinics cancelled / held virtually only
- Transfer out of ALC patients
- Strict Visitor Restrictions including OB
- Emergency powers to reallocate staff roles / hours

Clinical Process Changes - QFHT

- Passive screening (signs) and active screening at all encounters
- Move to telephone visits, virtual, working to expand OTN / Zoom
- Increased cleaning routines
- Dedicated Screening RNs to assess and swab suspect pts
- PPE stations
- Designated rooms for ARI
- As many staff working from home as possible
- Reduced onsite nursing staff
- AHC changes on the way to reduce in person assessments
- Limit patient guests to 1 (one) additional person

Changes at LTC:

- Goal: to minimize exposing Providence Manor (PM) to residents
- 1. We will have **2 residents per week** identified to do all necessary *on site* visits at PM. There will be **ResidentAM** who will have dedicated time to assess patients at PM for visits at the end of the morning (10:30-12:00) and **ResidentPM** who will have dedicated time at end of day (3:00-4:30). All teams affected by *Resident AM/PM* have been notified and schedules should be blocked during these times.
- 2. All MRRs will continue to be on call for their patients at PM during the weekday and will do their best to manage issues over the phone. The MRR should not go in to PM, they shall report to their home team at QFHT instead.
- 3. If an MRR feels that one of their patients needs to be assessed, they will contact the LTC MRP and review the case. If the MRP agrees that the patient needs to be seen, then either **ResidentAM** or **ResidentPM** will be notified by the MRR to go and assess resident.

Other Service Impacts

- LifeLabs closed Bagot Street location
- Decreased community mental health services
- Change in service delivery model for LTC
- Group homes restricting visits if not essential

Changes for Residents

- MCCQE Exams postponed
- CFPC Certification Exams postponed
- Provisional licensure based on successful completion of program
- This means the portfolio is ESSENTIAL – keep up field notes, etc!
- Many electives withdrawn – increased need for local options

- DFM remote supervision guidelines to be distributed
- Principles:
 - Encourage social distancing by reducing the number of staff and patients in the clinic areas at any given time
 - Allow for safe and efficient delivery of care
 - Maintain appropriate supervision and assessment of learners
 - Maintain the educational mandate of the DFM
 - All faculty and residents shall share in the workload, including equitable numbers of in-person clinics (QFHT)

Impact on Research

- Many delays anticipated
- Many central staff working virtually
- Likely impact on peer review timelines
- All research involving humans outside a hospital/healthcare facility setting requiring face to face contact is on hold.
- CIHR will likely extend timelines on grants
- Also some opportunities for COVID-19 specific research

Departmental Response and Communications

- DFM COVID-19 Response Team (Drs Green, Wolfrom, Howse, Hall Barber, Diane Cross, Laura McDiarmid, Allen McAvoy, and Jen MacDaid) meeting daily.
- This group will send updates regularly.
- Starting Tuesday 24 March 2020, we will replace our Grand Rounds with weekly updates via Zoom.

Wellness Resources / Initiatives

- <https://www.qfmblog.com/wellness> (Residents)
- Counselling service provided by the School of Medicine and Queen's Student Wellness Services (SWS): (613) 533-6000 ext. 78264, counselling.services@queensu.ca (Residents)
- <http://cmajblogs.com/crisis-reflections-from-the-front-lines/> (Dr. Wolfrom's blog)
- Virtual Ice-Cream Rounds?!

Wellness Resources / Initiatives

- Tips for working from home:
<http://www.queensu.ca/humanresources/sites/webpublish.queensu.ca/hrdwww/files/files/COVID-19/Tips-for-Working-Remotely.pdf>
- Our staff, faculty and families, as well as residents (through employment with KHSC) have access to 24-hour Employee and Family Assistant Services through Homewood Health: 1.800.663.1142 or 1.866.398.9505
- QFM Resident Wellness and Resilience Subcommittee working on some initiatives around social isolation.

- We are working together to make our clinics safer for everyone.
- We welcome suggestions on way something safer way for you.
- We are available for you!

Thank You!

- Especially to the people who are working on site— our custodians, clerks, on-site nurses, screening RNs, managers, administrators, residents reassigned to clinic, and faculty who are changing their roles
- It's a challenging time and I thank you all for putting doing your best during these unusual circumstances.

Special Mentions

- Dr. Brown will conclude his clinical / leadership within DFM early next month. During his 10+ years with the DFM, Glenn implemented long-lasting financial decisions and oversaw educational site expansion. Together, his decisions years ago have made our department and program one of the strongest in the country today.
- Vicky Garrah— today is her last day with DFM. She has been AMAZING in preparing us for this current challenge. She has been instrumental in fitting our N95 masks and working tirelessly behind the scenes to ensure our safety. She will be greatly missed.

Stay Safe and Stay Well, Everyone!
Thank you for all that you do!

**Please join us on Tuesday 31 March 2020
for our next update**