
COVID-19 Infection Control Brookline Panel 4

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Agenda

Overview

Transmission

Infection Control

Overview



1918 - Spanish Flu (H1N1)
Influenza A virus



1957 - Asian Flu (H2N2)
Influenza A virus



1968 - Hong Kong Flu (H3N2)
Influenza A virus



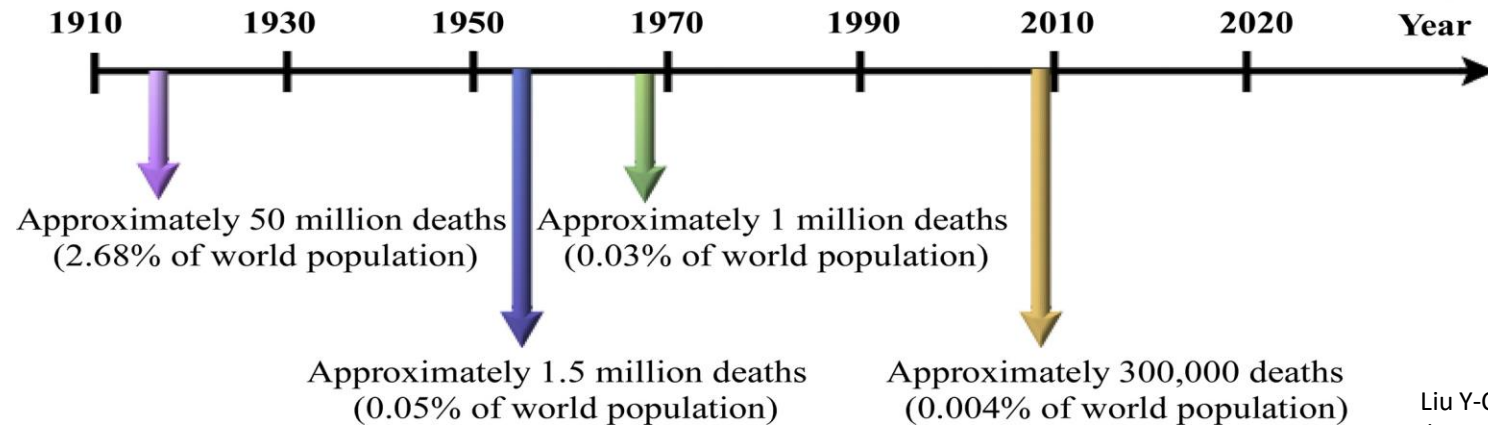
2009 - Pandemic Flu (H1N1)
Influenza A virus



2019 ~
COVID-19 (SARS-CoV-2)
Coronavirus

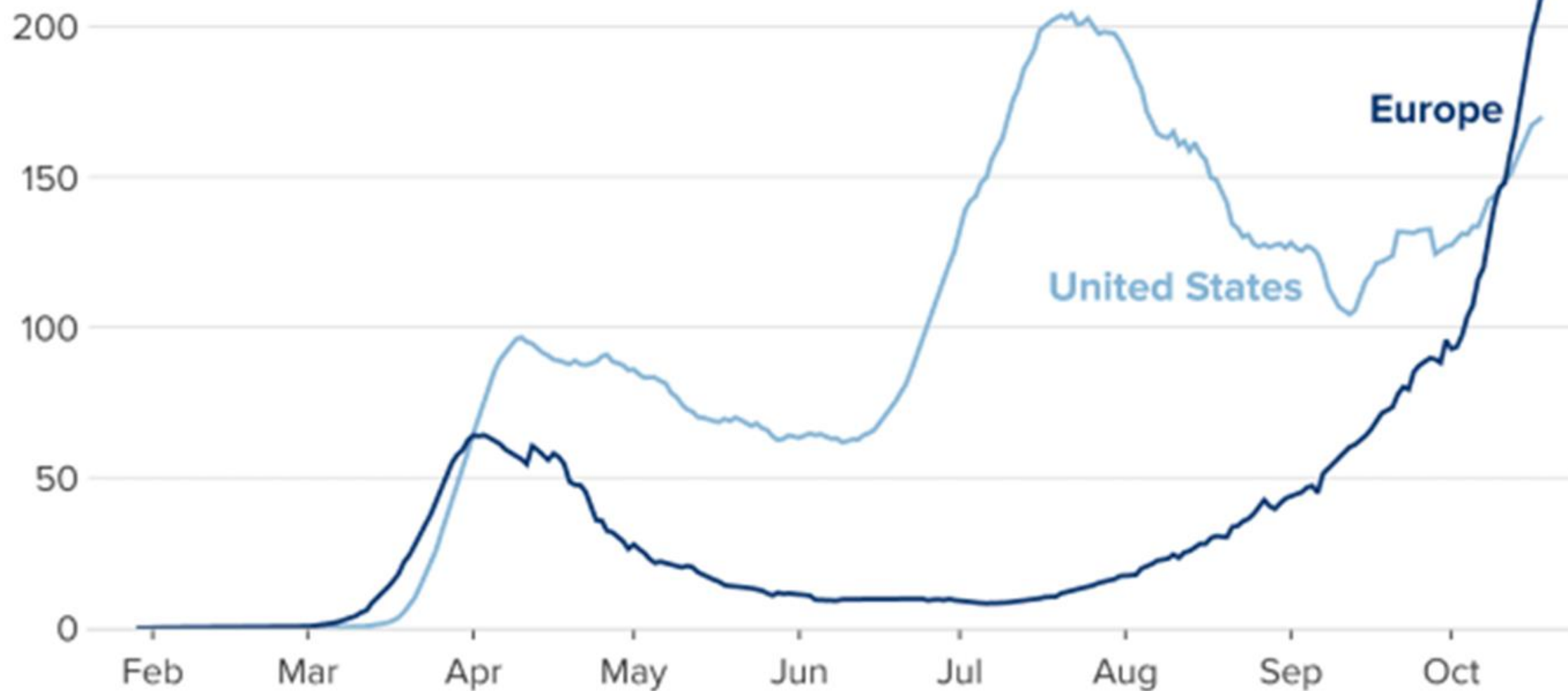


At least 772,296 deaths
as of August 18, 2020



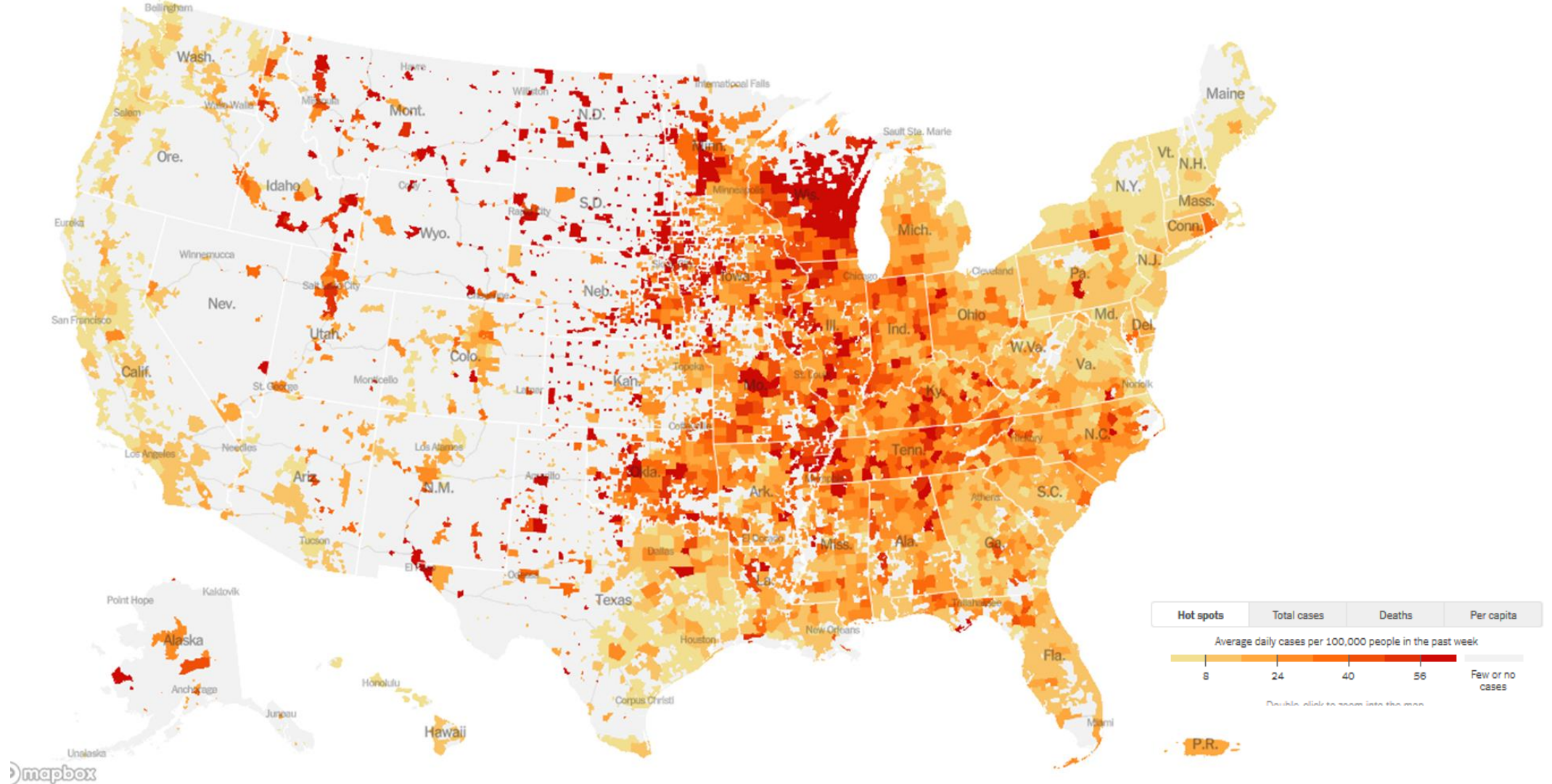
Daily new coronavirus cases per million people

Seven-day average. Europe data includes EU countries plus the United Kingdom.



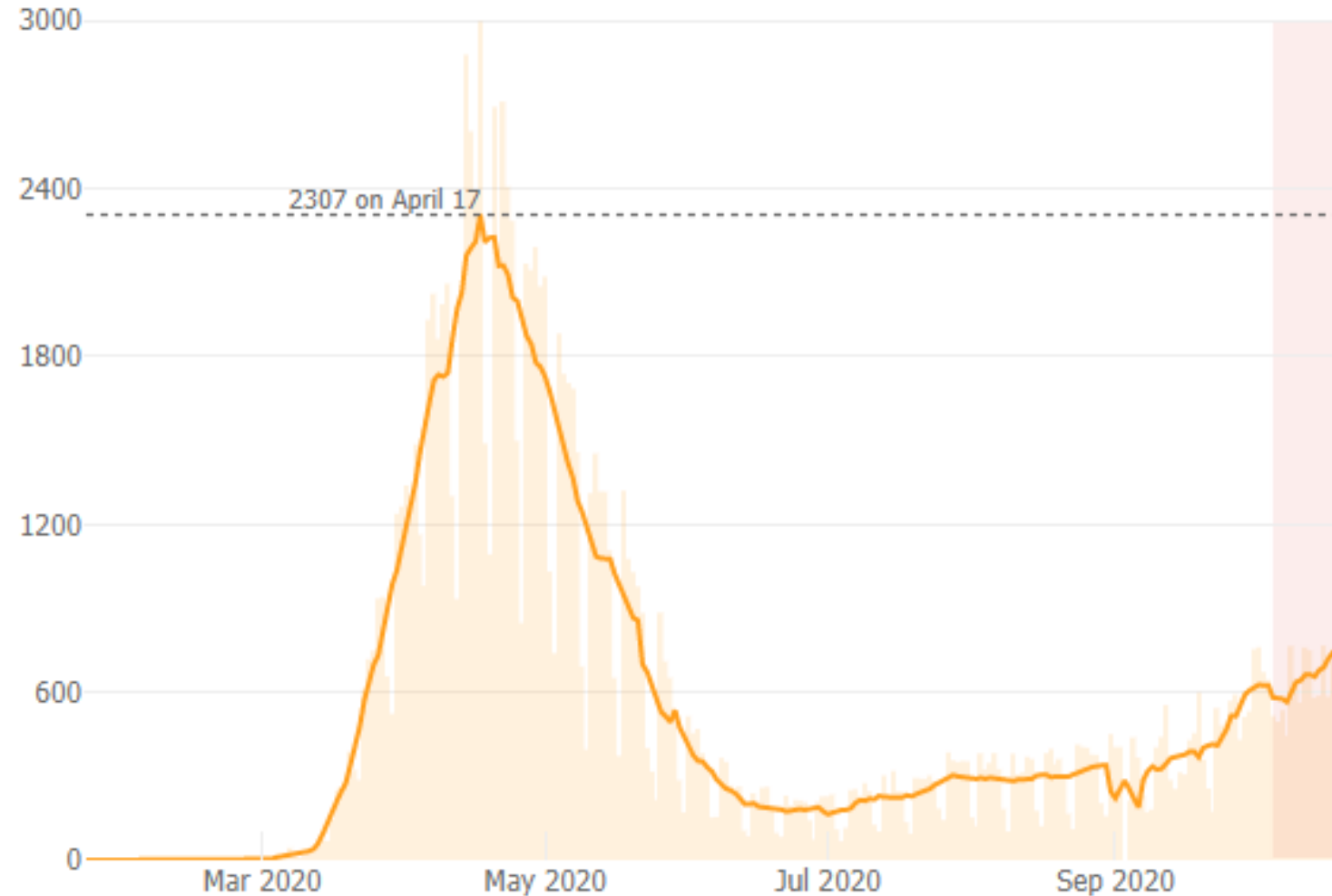
SOURCE: Johns Hopkins University, CNBC analysis. Data as of October 18, 2020.

>8.4 million cases and 223,000 deaths



Sources: State and local health agencies. Population and demographic data from Census Bureau.

Massachusetts New Cases per Day



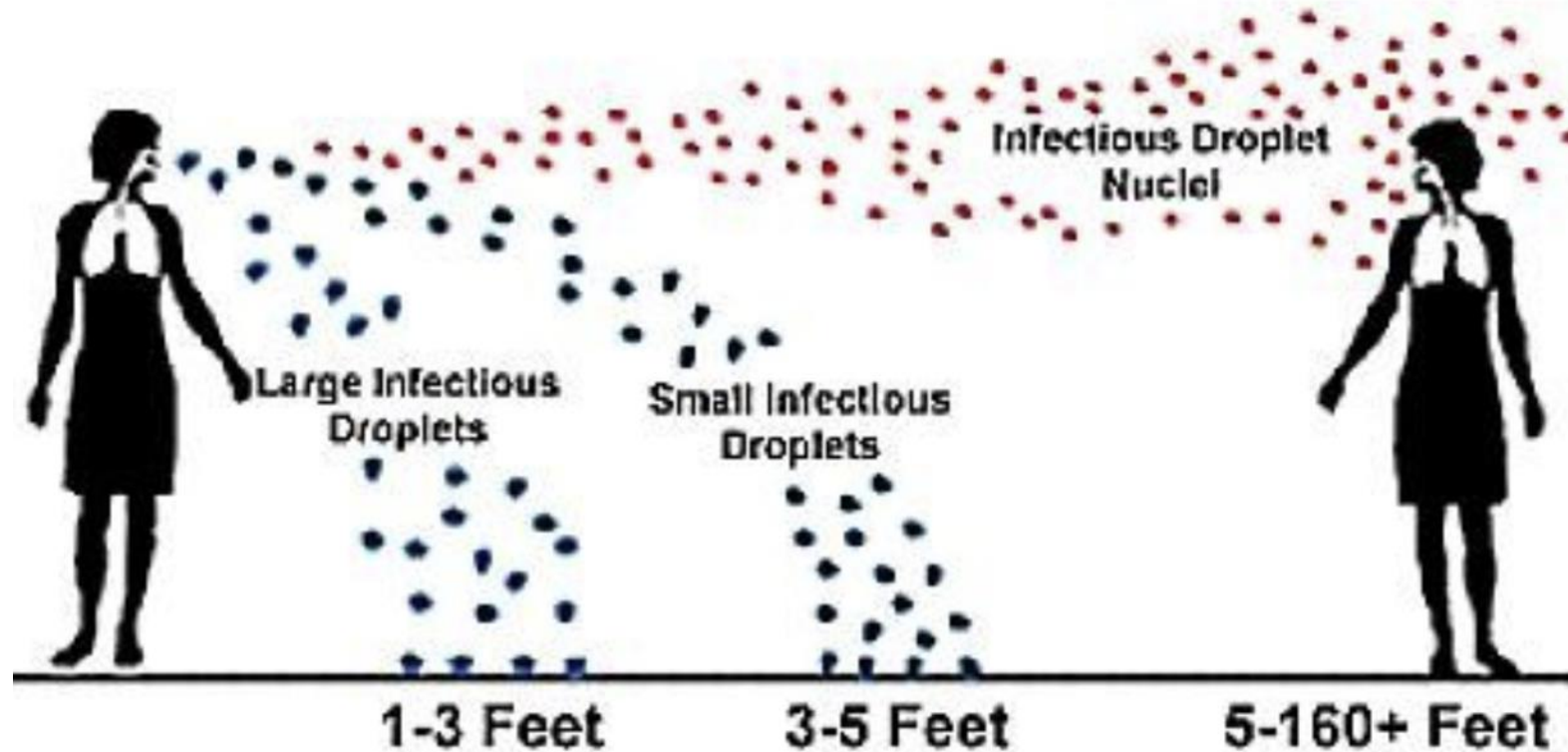
Transmission



How is SARS-CoV-2 spread?

- Person to person, mainly respiratory droplets, airborne also possible
 - Respiratory droplets when an infected person coughs, sneezes, talks landing on mucosal surfaces
 - Spread mostly when people are in close contact <6 feet
- Less commonly spread by touching a surface with virus on it and touching mouth, nose, eyes

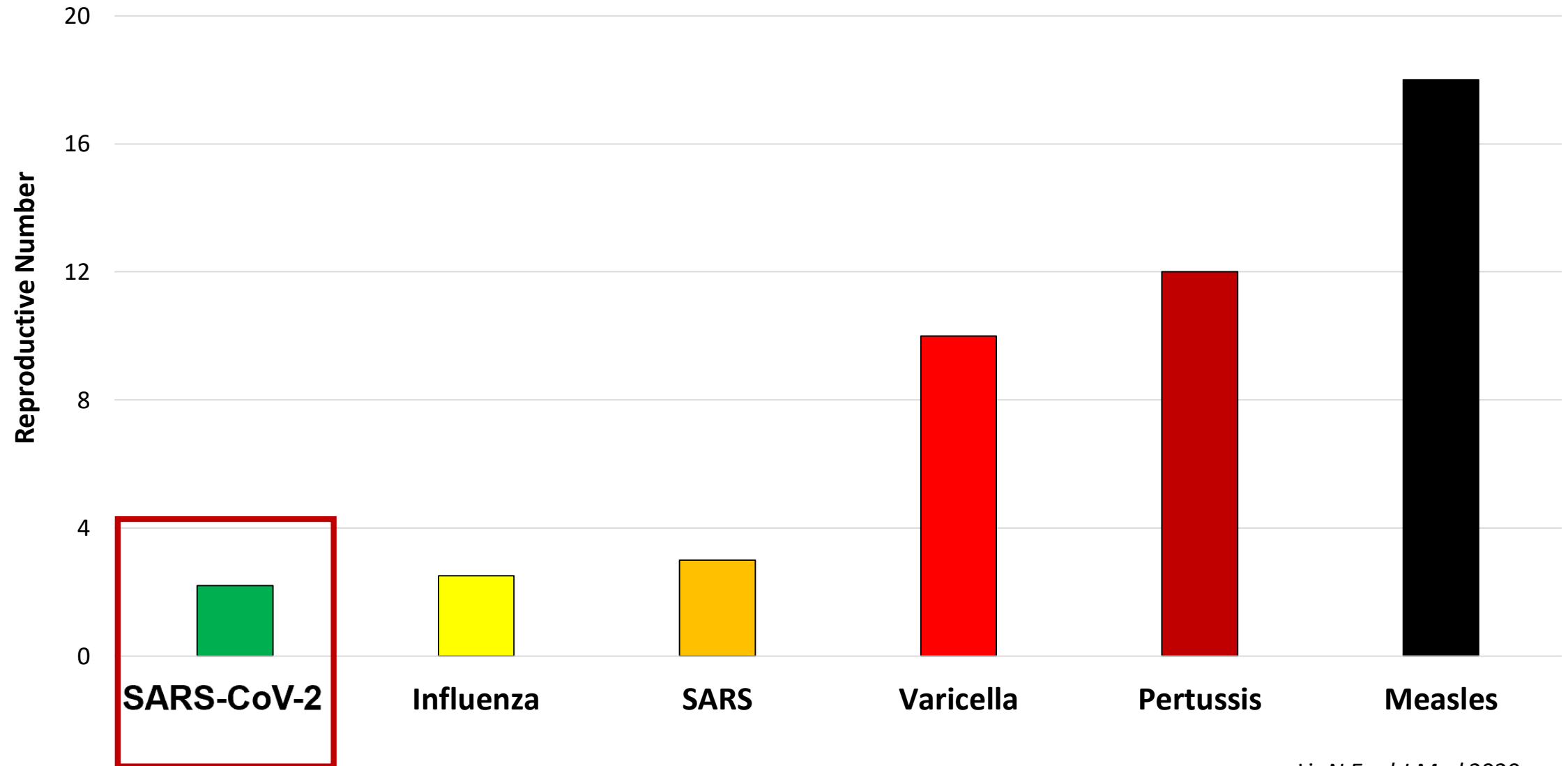
Droplet vs Airborne Transmission



— Demonstrating that speaking and coughing can generate aerosols or that it is possible to recover viral RNA from air does not prove aerosol-based transmission...

- **Experimental data support the possibility of airborne transmission**
 - Speaking and coughing produce mixture of droplets and aerosols
 - Some of these secretions can travel for up to 27 feet
 - Viral RNA and replication-competent virus isolated from air samples of rooms of COVID-19 patients
- **Epidemiological data indicate that aerosols are not the primary mode of transmission**
 - And little evidence of long-range airborne transmission

Contagiousness (R_0)



How contagious is SARS-CoV-2?

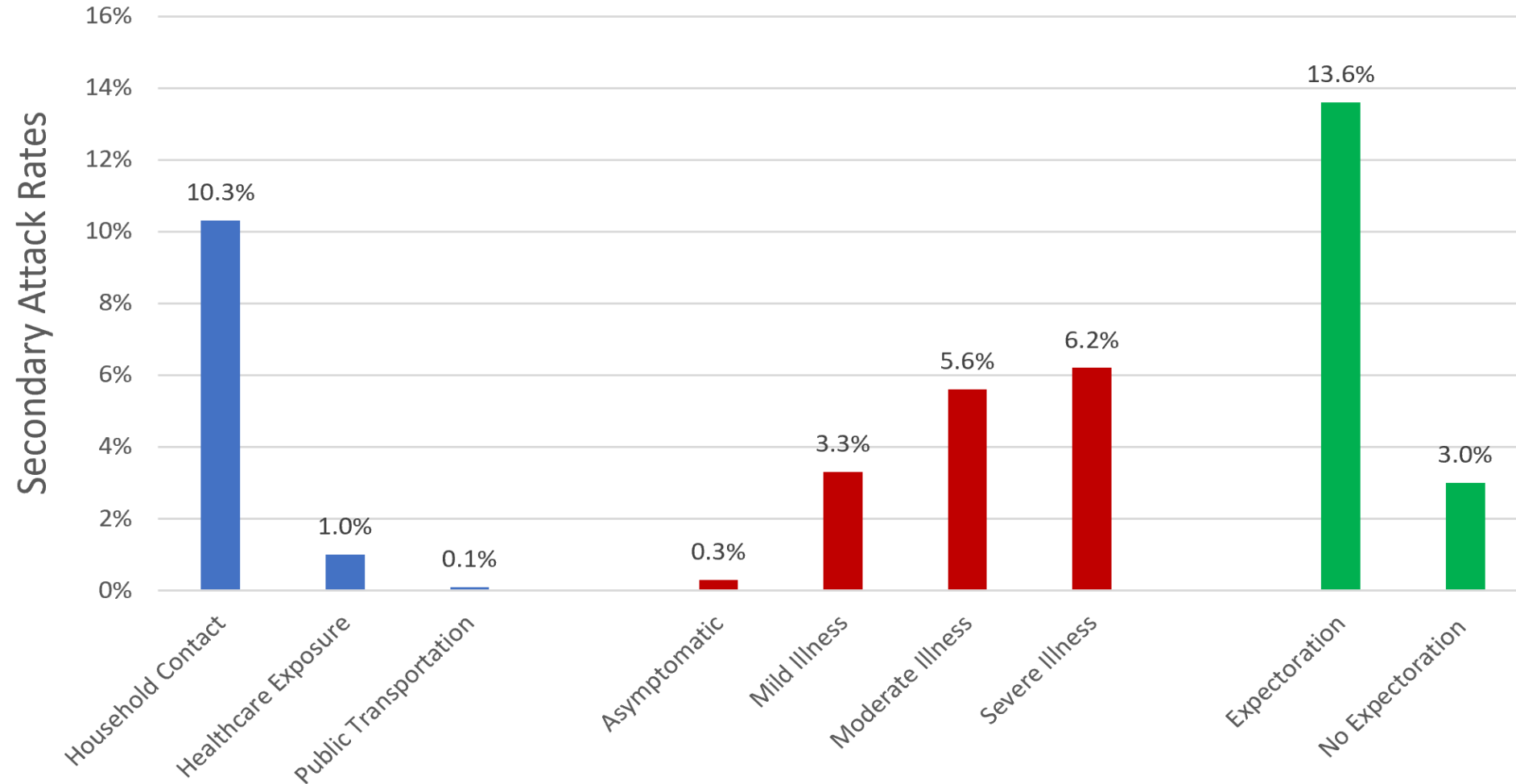
- **CDC analysis of the first U.S. case of locally acquired COVID-19 (Solano, CA)**
- **Patient with unsuspected COVID-19**
 - 121 providers had contact with the patient, no precautions
 - 3 developed COVID-19 (2.5%)
 - Risk factors:
 - Aerosol generating procedures (2 HCWs)
 - Prolonged contact (>2 hours, 1 HCW)

How contagious is SARS-CoV-2?

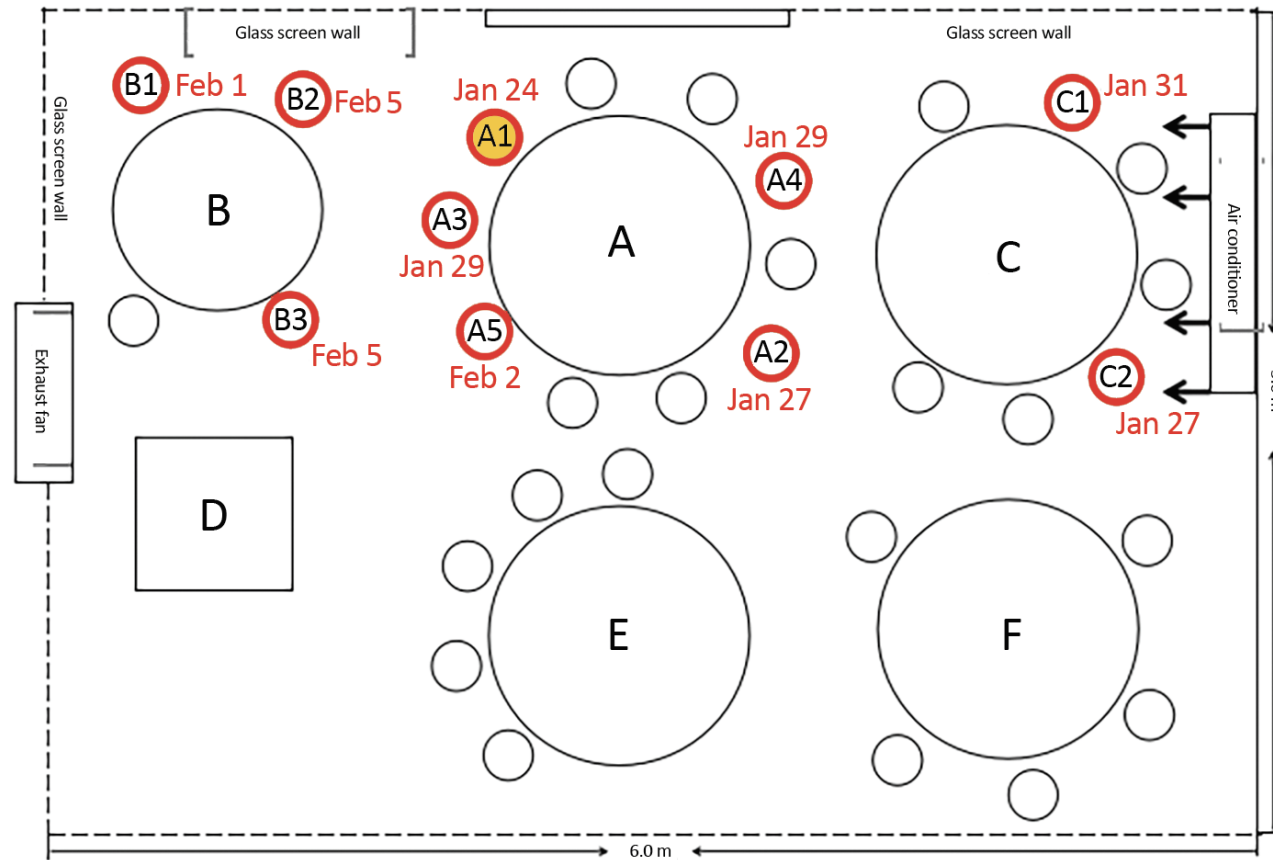
- **China conducted intensive contact tracing of all COVID+ cases**
 - Amongst 2,147 close contacts of 187 cases in Ningbo City, China
 - 6.2% became infected
- **Risk factors**
 - Household members – 18% developed infection
 - Eating together – 12% developed infection
 - Relatives – 5% developed infection
 - Supermarket – 0.6% developed infection

Risk for transmission by setting and illness severity

Contact tracing of 391 index cases in China → 3410 close contacts quarantined for 14 days and tested by PCR daily

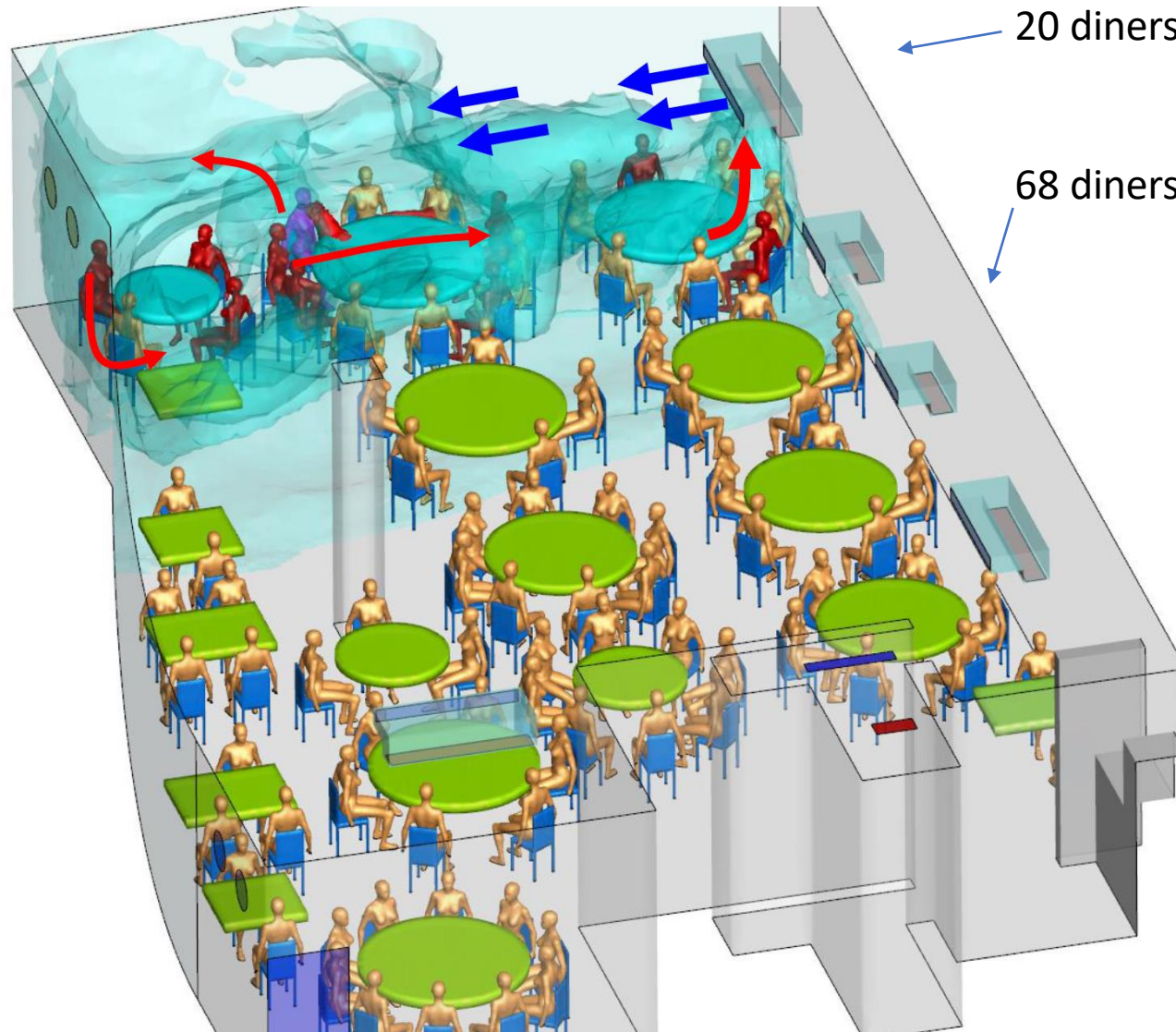


Covid Cluster Associated with Air Conditioning, Guangzhou, China



- Cluster of 10 cases, A1 pre-symptomatic
- Some of the infected diners up to 4 meters away from the index case
- Air conditioning and lack of ventilation potentially contributory

Air flow modeling



20 diners (attack rate 9/20)

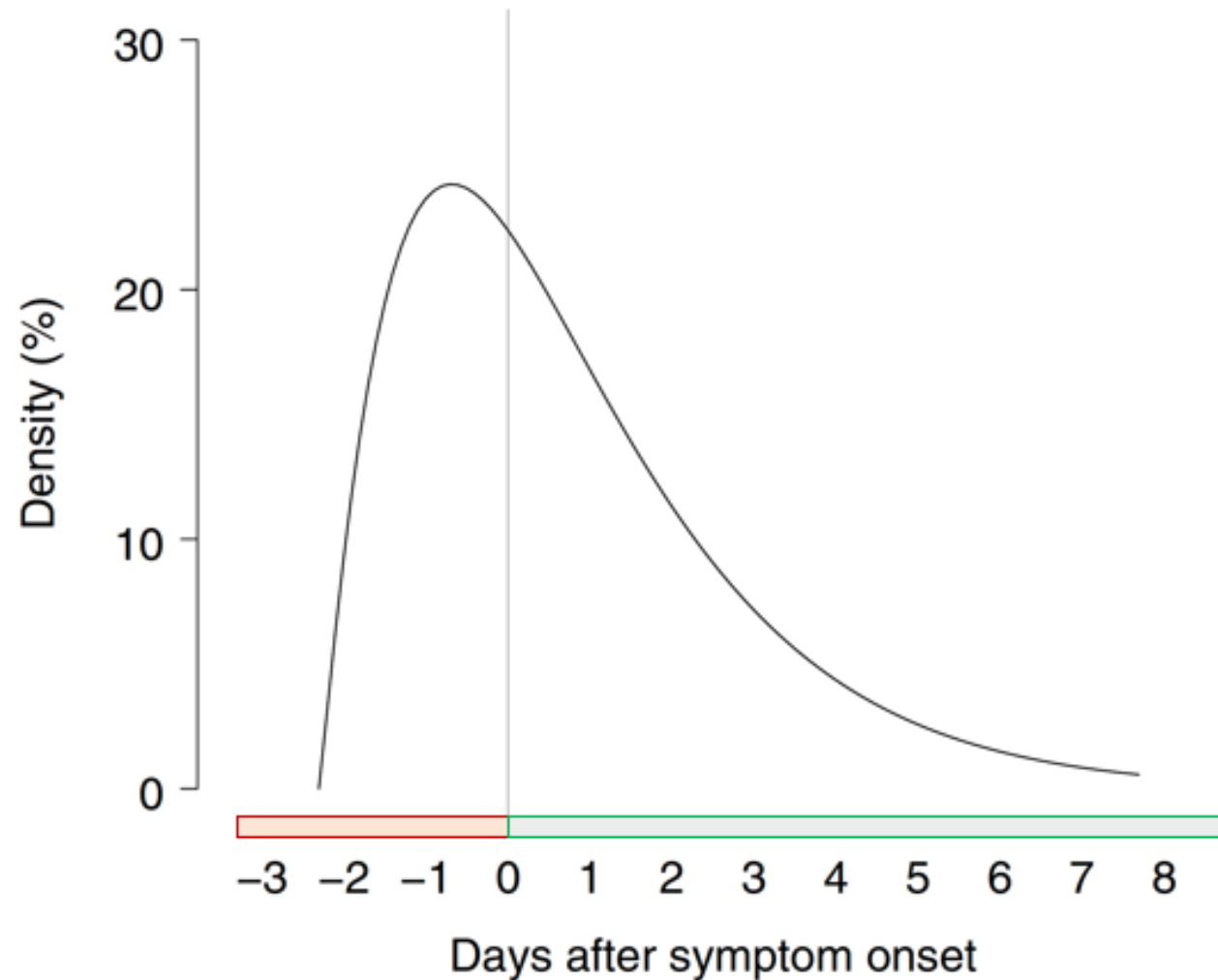
68 diners (attack rate 0/68)

None of the 8 waiters infected

Air conditioner was recirculating “old” air rather than fresh

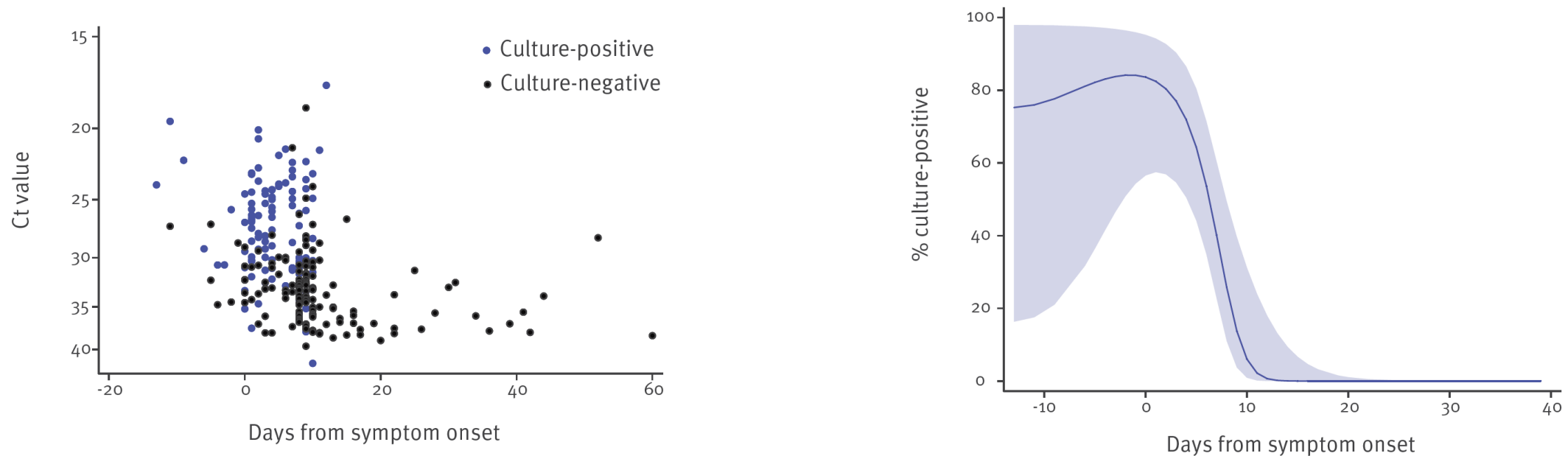
Affected area of the restaurant 0.7 air changes/hour
(hospital standard ≥ 6 air changes/hour)

Distribution of infectivity



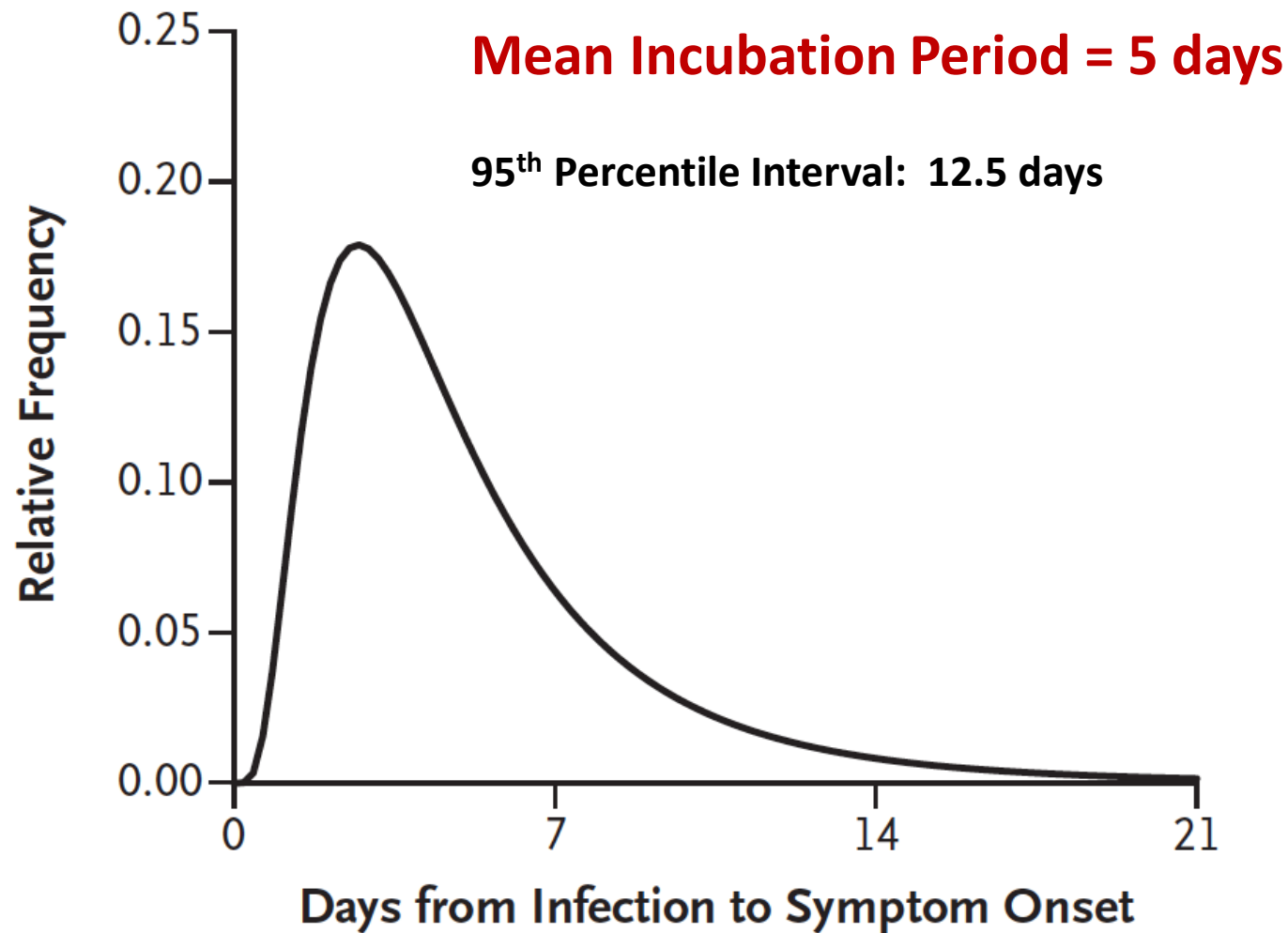
Patients with mild-moderate COVID-19

246 upper respiratory samples from 176 patients with mild-moderate disease

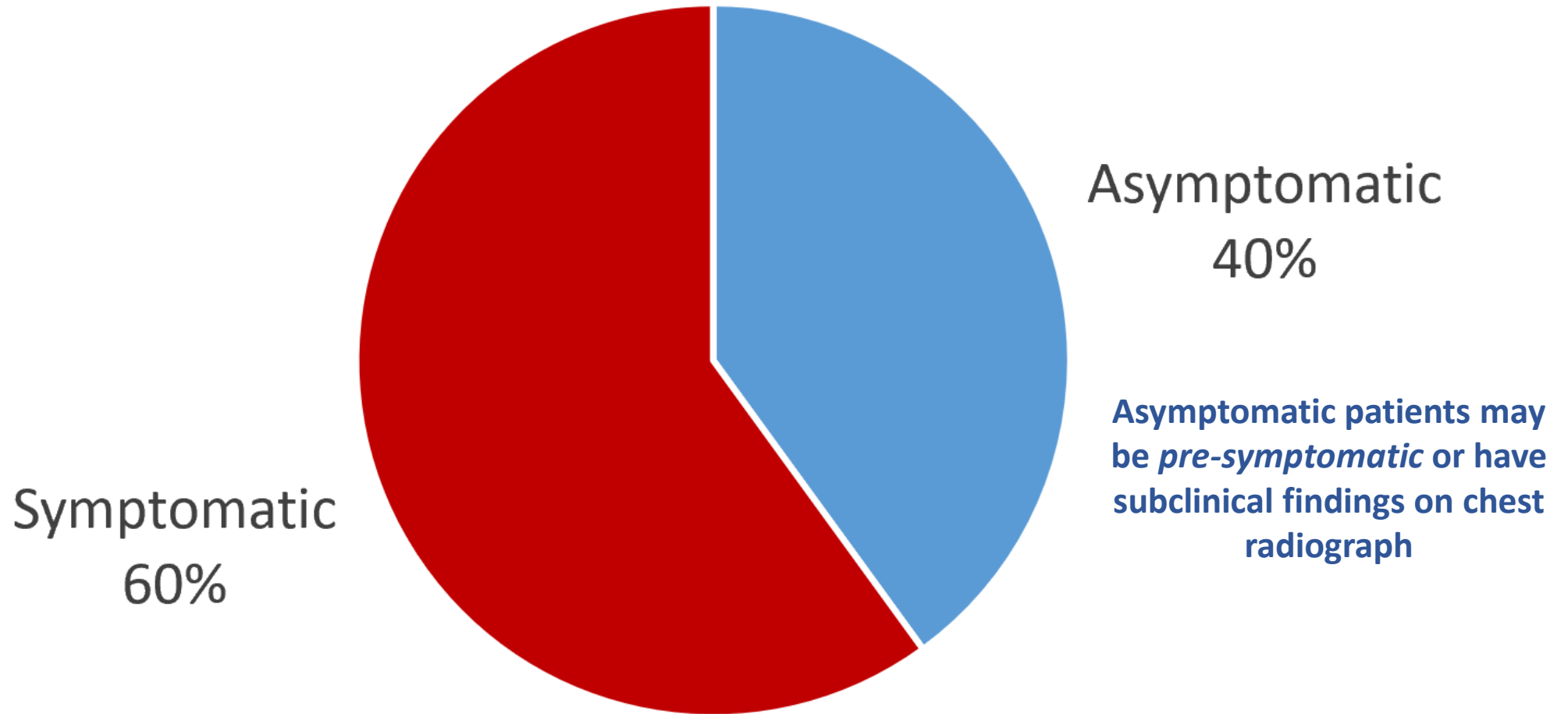


Probability of culturing virus <6% after 10 days from symptom onset

Incubation Period



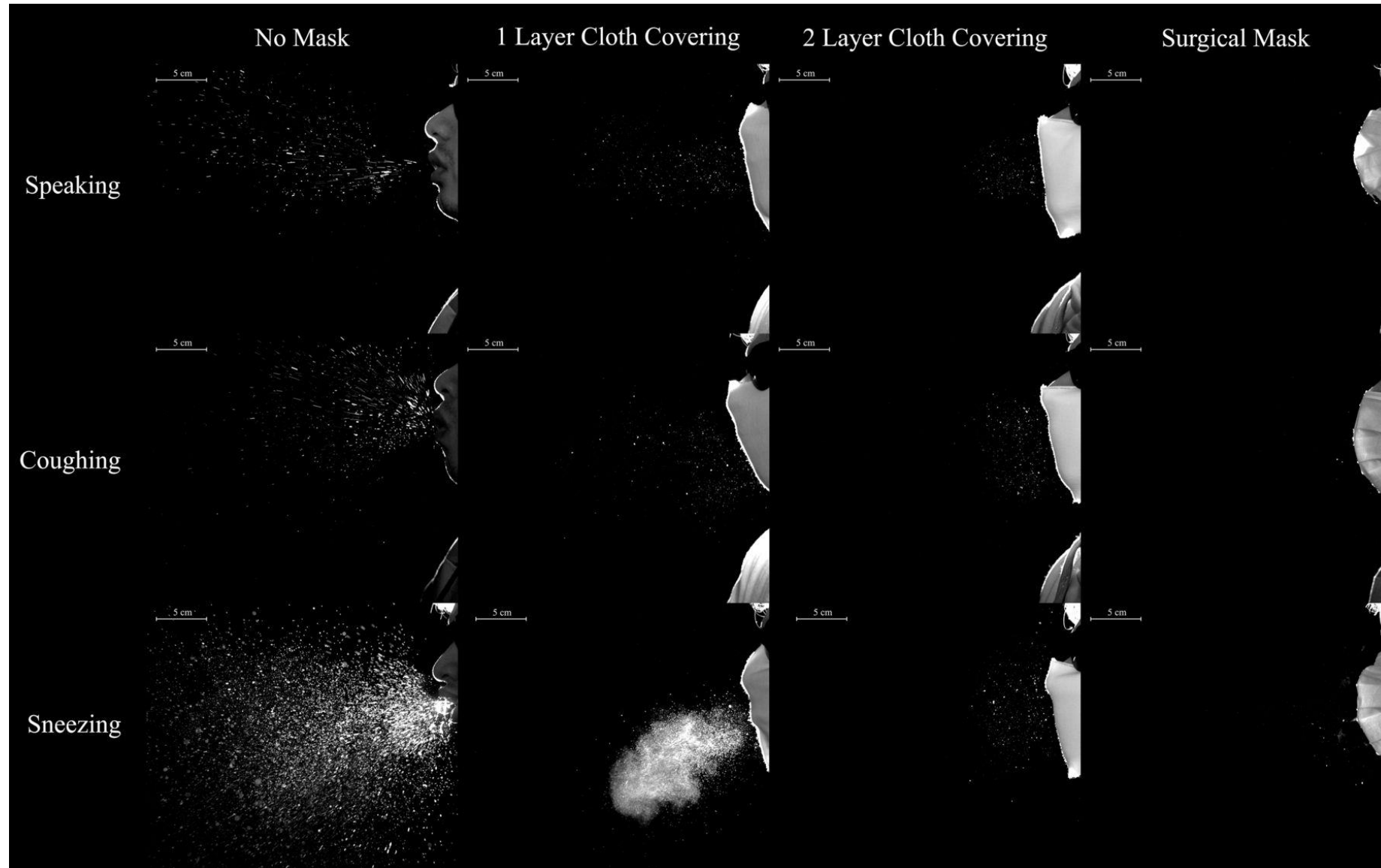
Symptomatic vs Asymptomatic



Infection control principles

- Assume anyone could be infected with SARS-CoV-2
 - Masks
 - Physical distancing
 - Ventilation/air turnover
 - Hand hygiene
 - Symptom screening

Face coverings and face mask to minimize droplet dispersion and aerosolization in three different scenarios



Questions