## Today’s Agenda

<table>
<thead>
<tr>
<th>Time (MT)</th>
<th>Presentation</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noon – 12:02 pm</td>
<td>Welcome, Announcements, Introductions</td>
<td>Lachelle Smith, Director, ECHO Idaho</td>
</tr>
<tr>
<td>12:02 – 12:07 pm</td>
<td>Idaho Epidemiology Curves and Public Health Updates</td>
<td>Carolyn Buxton Bridges, MD, FACP</td>
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<tr>
<td>12:07 – 12:40 pm</td>
<td>Helping Others, Helping Ourselves: Lessons Learned in New Jersey Patient Case and Management Discussion</td>
<td>Justin Glass, MD</td>
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<tr>
<td>12:40 – 12:55 pm</td>
<td>Continued Case Conversation</td>
<td>ECHO Panelists</td>
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<tr>
<td>12:55 – 1 pm</td>
<td>Closing Pearls, Announcements, Call to Action</td>
<td>Megan Dunay, MD, MPH Lachelle Smith, Director, ECHO Idaho</td>
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</tbody>
</table>
Idaho Epidemiology Curves and Public Health Updates

Carolyn Buxton Bridges, MD, FACP
Governor’s Coronavirus Working Group, Former CDC Public Health Physician and Researcher
## Case Counts and SARS-CoV-2 PCR Testing in Idaho

<table>
<thead>
<tr>
<th></th>
<th>5/19/2020</th>
<th>6/1/2020</th>
<th>6/15/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total lab-confirmed and probable</td>
<td>2,455</td>
<td>2,906 (△451)</td>
<td>3,462 (△556)</td>
</tr>
<tr>
<td>Deaths</td>
<td>74</td>
<td>83</td>
<td>88</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>213</td>
<td>247</td>
<td>270</td>
</tr>
<tr>
<td>ICU admissions</td>
<td>89</td>
<td>98</td>
<td>100</td>
</tr>
<tr>
<td>Healthcare personnel</td>
<td>295</td>
<td>309 (△14)</td>
<td>366 (△57)</td>
</tr>
<tr>
<td>Total tests</td>
<td>37,847</td>
<td>47,870 (△10,023)</td>
<td>65,306 (△17,436)</td>
</tr>
</tbody>
</table>

[https://coronavirus.idaho.gov](https://coronavirus.idaho.gov)
Rebound Idaho

• Stage 4 began June 13
  • Visits to senior living facilities and congregate facilities (e.g. assisted living, nursing homes, correctional institutions) can resume.
  • All businesses and governmental agencies should adhere to the physical distancing and sanitation requirements
  • Vulnerable individuals may resume public interactions but should take precautionary measures.
  • Gatherings of any size are allowed but should adhere to the physical distancing and sanitation requirements
  • Non-essential travel can resume.

https://rebound.idaho.gov/business-specific-protocols-for-opening/
New Guidance on Testing and Criteria for Opening Long-Term Care Facilities to Visitors

Minimum criteria before a facility opens to visitors or relaxes other restrictions:

- No COVID-19 cases among residents or HCP within the previous 28 days.
- If feasible, baseline SARS-CoV-2 (the virus that causes COVID-19) PCR testing of all HCP, regardless of any symptoms, completed for facilities located in counties with community spread.
- Facility has adequate personal protective equipment (PPE) for direct care HCP for the care of all residents for at least three days. And plan to obtain additional PPE, if needed.
- HCP have been trained in proper use of PPE and other infection and control prevention measures.
- Procedures in place to conduct daily surveillance to identify any new illnesses among HCP and residents and to screen anyone who enters the facility for illness.
- Infection prevention and control plan for COVID-19 has been developed and includes policies for admissions and readmissions to the facility.
- Plan to rapidly implement testing of all HCP and all residents if confirmed case identified among residents or HCP. The plan should address access to testing supplies and a laboratory agreement.
- Plan to manage a suspected or confirmed cases of COVID-19 among HCP or residents.
- Staffing contingency plan has been developed to mitigate any staffing shortages.
- Communication plan to notify HCP, residents and residents’ families/ representatives if a suspected or confirmed case of COVID-19 among HCP or residents.

WHO Draft landscape of COVID-19 candidate vaccines

- 10 in human clinical trials

<table>
<thead>
<tr>
<th>Platform</th>
<th>Vaccine</th>
<th>Manufacturer</th>
<th>Trials Phase</th>
<th>Other vaccines using platform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-replicating viral vector</td>
<td>Adenovirus Type 5 Vector</td>
<td>CanSino/Beijing</td>
<td>Phase 1 and 2</td>
<td>Ebola</td>
</tr>
<tr>
<td></td>
<td>ChAdOx1-S</td>
<td>Oxford U/AstraZeneca</td>
<td>Phase 1 / 2</td>
<td>MERS, influenza, TB, Chikungunya, Zika, MenB, plague</td>
</tr>
<tr>
<td>Protein subunit</td>
<td>Recombinant SAR-2 glycoprotein nanoparticle with Matrix M adjuvant</td>
<td>Novavax</td>
<td>Phase 1 / 2</td>
<td>RSV; CCHF, HPV, VZV, Ebola</td>
</tr>
<tr>
<td>DNA</td>
<td>DNA plasmid</td>
<td>Inovio</td>
<td>Phase 1 / 2</td>
<td>Multiple candidates</td>
</tr>
<tr>
<td>RNA</td>
<td>3 LNP-mRNAs</td>
<td>BioNTech/Pfizer</td>
<td>Phase 1 / 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LNP-encapsulated mRNA</td>
<td>Moderna/NIH</td>
<td>Phase 1&amp;2</td>
<td>Multiple candidates</td>
</tr>
<tr>
<td>Inactivated</td>
<td>inactivated</td>
<td>Wuhan/SinoPharm</td>
<td>Phase 1 / 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>inactivated</td>
<td>Beijing Institute/Sinopharm</td>
<td>Phase 1 / 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inactivated + Alum</td>
<td>Sinovac</td>
<td>Phase 1 / 2</td>
<td>SARS</td>
</tr>
<tr>
<td></td>
<td>inactivated</td>
<td>Chinese Acad M S</td>
<td>Phase 1</td>
<td></td>
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</table>
WHO Landscape of COVID-19 candidate vaccines

• Some additional examples of vaccines in development, platform and other vaccines using similar platform
  • J&J /Janssen – Adenovirus virus vector / Ebola, HIV, RSV
  • Sanofi / GSK – S protein subunit (baculovirus production recombinant) / SARS-1, influenza
  • Generex / EpiVax - Ii-Key peptide / SARS-1, influenza, HIV
  • Merck – Vesicular stomatitis virus vector / Ebola vaccine

• Can also follow vaccine development at www.bio.org/policy/human-health/vaccines-biodefense/coronavirus/pipeline-tracker
Helping Others, Helping Ourselves: Lessons Learned in New Jersey

Justin A. Glass, MD
Program Director, Family Medicine Residency of Idaho
Internal dialogue in the first month of COVID-19

- Do I help at home versus help on the road?
- If I travel, how do I effectively and efficiently find a place to help as a physician?
- Wait, how do I safely travel during the COVID-19 Pandemic?
A brief series of pictures to capture life (and death) in a COVID surge hospital in April-May 2020...
Setting:
Trenton, NJ
Comparison Stats

New Jersey Stats:
- Population: 9,200,000
  - 59% Non-Hispanic Anglo
  - 18% Hispanic
  - 13% Black
  - 8% Asian
  - 2% Combo of other categories

Idaho Stats:
- Population: 1,826,000
  - 82% Non-Hispanic Anglo
  - 13% Hispanic
  - 0.6% Black
  - 1.4% Asian
  - 1.4% Native American
  - 1.5% Combo of other categories

COVID-19 Cases:
- New Jersey: 163,774
- Idaho: 2,990

COVID-19 Deaths:
- New Jersey: 11,906
- Idaho: 83

Deaths/10,000 people:
- New Jersey: 12.9
- Idaho: 0.5

Trenton, NJ Population
- Population: 84,867
  - 13% Non-Hispanic Anglo
  - 36% Hispanic
  - 49% Black
  - 2% Combo of other categories

27% of Trenton population below poverty line. (Boise – 14%, Seattle – 11%, Yakima-21%)
New Jersey Prison Population: Approximately 19,500 prisoners
St. Francis Medical Center is the contracted hospital for all outpatient care / inpatient hospital stays

Early-May:
42 prisoners have died in New Jersey. Deaths/10,000 = 21
15 prisoners have died in New York. Deaths/10,000 = 2.8

Cumulative Death – Metro area US (per 10,000)

NYC area: 19.0
Gallup, NM: 14.4
Albany, GA: 14.1
Fairfield County, CT: 13.3
Trenton-Princeton, NJ: 12.6
Trenton-Princeton, NJ

St Francis Medical Center - Trenton

Capital Med Center- Hopewell Township, NJ
Seton Hall Internal Medicine Residency
### Hospital census data

- **COVID-19 Census @ St. Francis Med Center** (April 21-28, 2020)
  - Typical total inpatient census: 55-60 pts.
  - Average April: 80 pts

<table>
<thead>
<tr>
<th>Date</th>
<th>A21</th>
<th>A22</th>
<th>A23</th>
<th>A24</th>
<th>A27</th>
<th>A28</th>
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<tbody>
<tr>
<td>COVID Census</td>
<td>52</td>
<td>48</td>
<td>43</td>
<td>42</td>
<td>47</td>
<td>48</td>
</tr>
<tr>
<td>Ventilated</td>
<td>13</td>
<td>10</td>
<td>10</td>
<td>6</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Deaths</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Chief complaints of my COVID-19 admits: Dyspnea, Cough, Fever, Chills, Tired, Not Eating, Nausea, Vomiting, Diarrhea, Infirmary RN checked my O2 sat and it was low, Didn’t feel right, Loss of Sense of Smell

ER take-home:

Regardless of chief complaint, the lungs had crackles and the CXR was abnormal.
COVID-19 Warriors
Prone Team

For Assistance with Turning or Proning, please reach out to Maria Sbarro, Wound Care Coordinator
RAPIDPoint® 500

ARTERIAL SAMPLE
05/02/2020
01:39
System ID
0500-45287

Patient ID
Lst Name
1st Name
Operator

ACID/BASE 37.0 °C
pH 7.108 ±
\( \rho CO_2 \) 80.1 ± mmHg
\( \rho O_2 \) 52.0 ± mmHg
HCO\(_3\)-act 24.8 mmol / L
BE(B) - 6.8 mmol / L

OXYGEN STATUS 37.0 °C
\( O_2 SAT(est) \) 72.8 %

Date of Birth

\( F_{2}O_2 \) 100.0 %
Resp Rate 34.0 bpm
PEEP 18
PC 22 above 400 psig

[Image of a medical monitor]
Staying safe, my constant companions in the hospital...
Ongoing Resources List

Resources from today’s session and past sessions can be found in our ongoing resources list:

https://iecho.unm.edu/sites/uidaho/download.hns?i=440
COVID-19 ECHO More to Come...

Tuesday, July 7: Noon to 1 p.m. MT

Reminder that sessions are now the first and third Tuesdays of the month