

Today's Agenda

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



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Idaho Epidemiology Curves and Public Health Updates

Carolyn Buxton Bridges, MD, FACP

Governor's Coronavirus Working Group, Former CDC Public Health Physician and Researcher

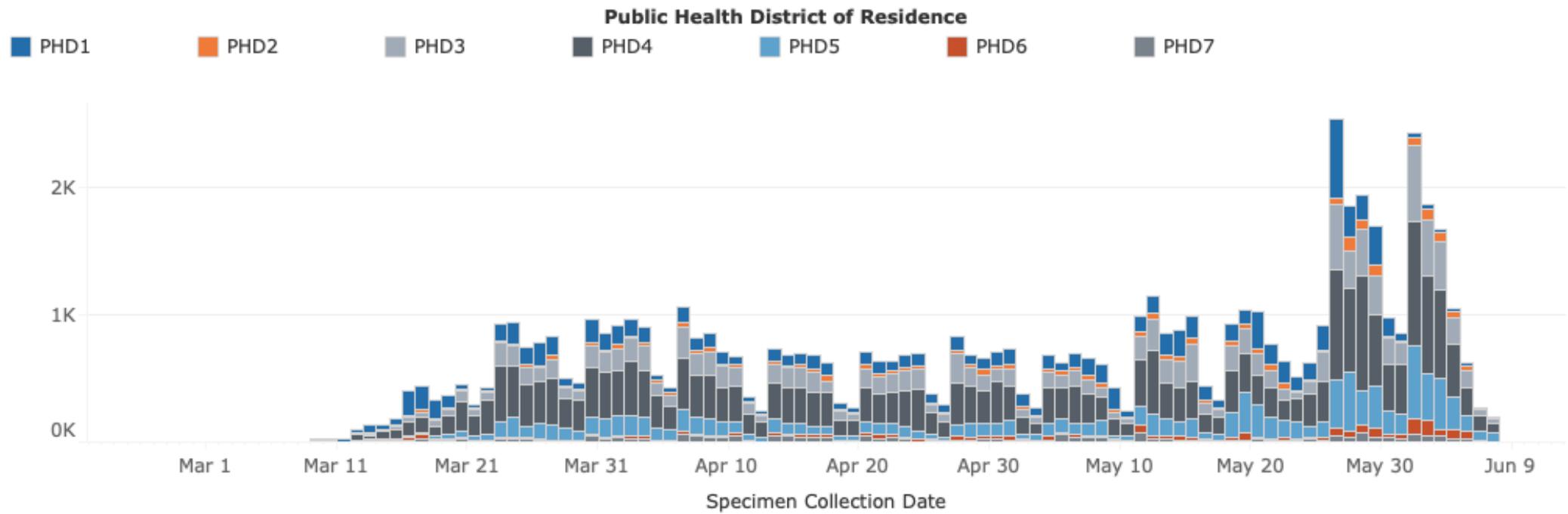


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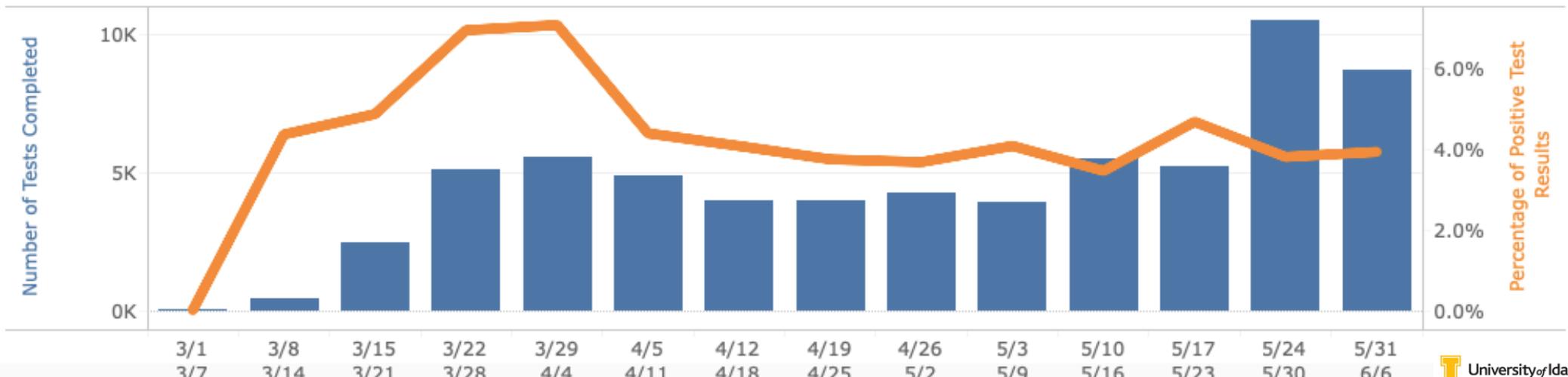


Case Counts and SARS-CoV-2 PCR Testing in Idaho

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



Weekly PCR Tests Completed and Percent Positivity by Specimen Collection Date¹



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.



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
- 114 in development – J&J /Janssen – Adenovirus virus vector / Ebola, HIV, RSV

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

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 - li-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



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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?

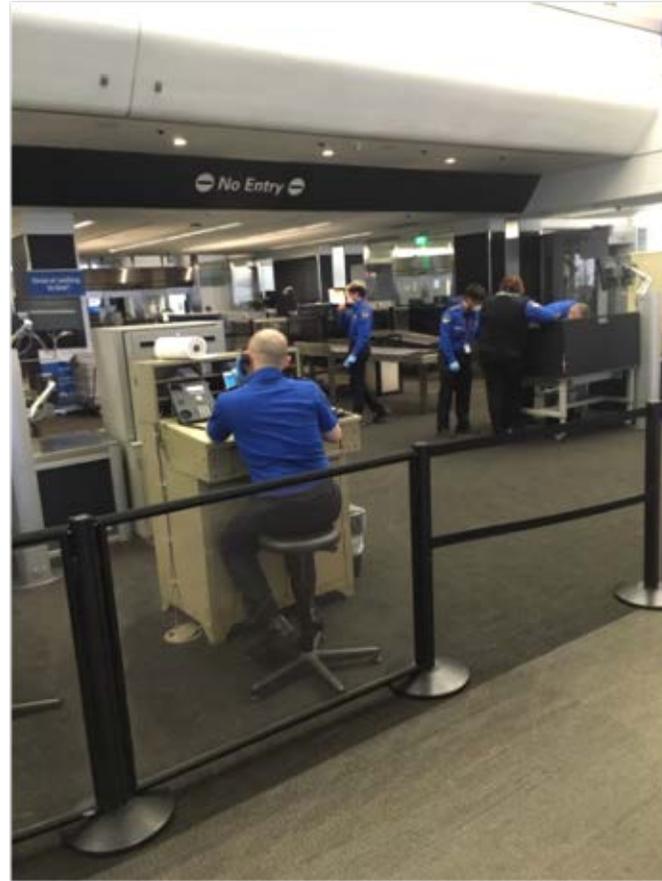
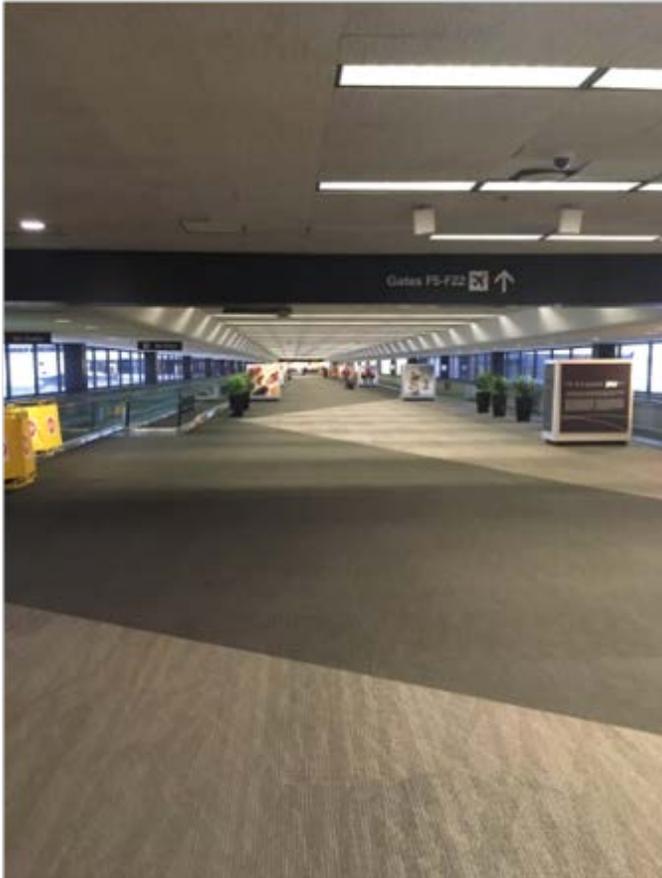


A brief series of pictures to capture life (and death) in a COVID surge hospital in April-May 2020...

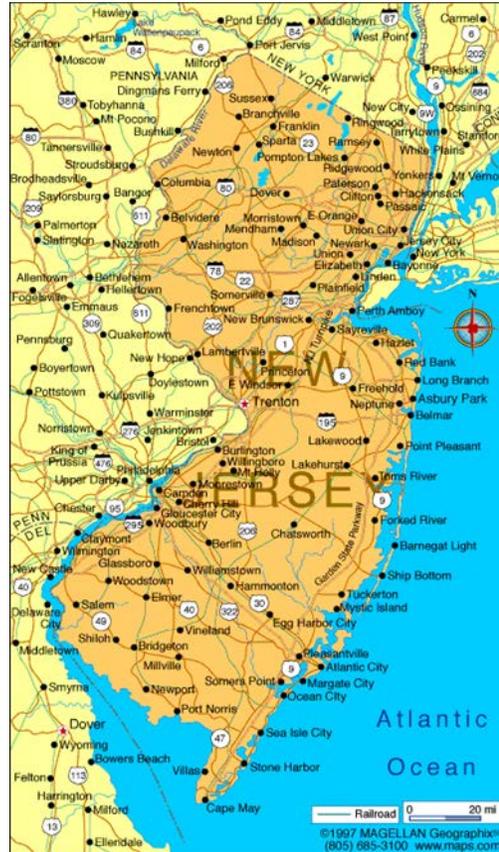


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Setting: Trenton, NJ



Comparison Stats

New Jersey Stats:

9,200,000 population
59% Non-Hispanic Anglo
18% Hispanic
13% Black
8% Asian
2% Combo of other categories

COVID-19 Cases: 163,774

COVID-19 Deaths: 11,906

Deaths/10,000 people: 12.9

Idaho Stats:

1,826,000 population
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: 2,990

COVID-19 Deaths: 83

Deaths/10,000 people: 0.5

Trenton, NJ Population

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

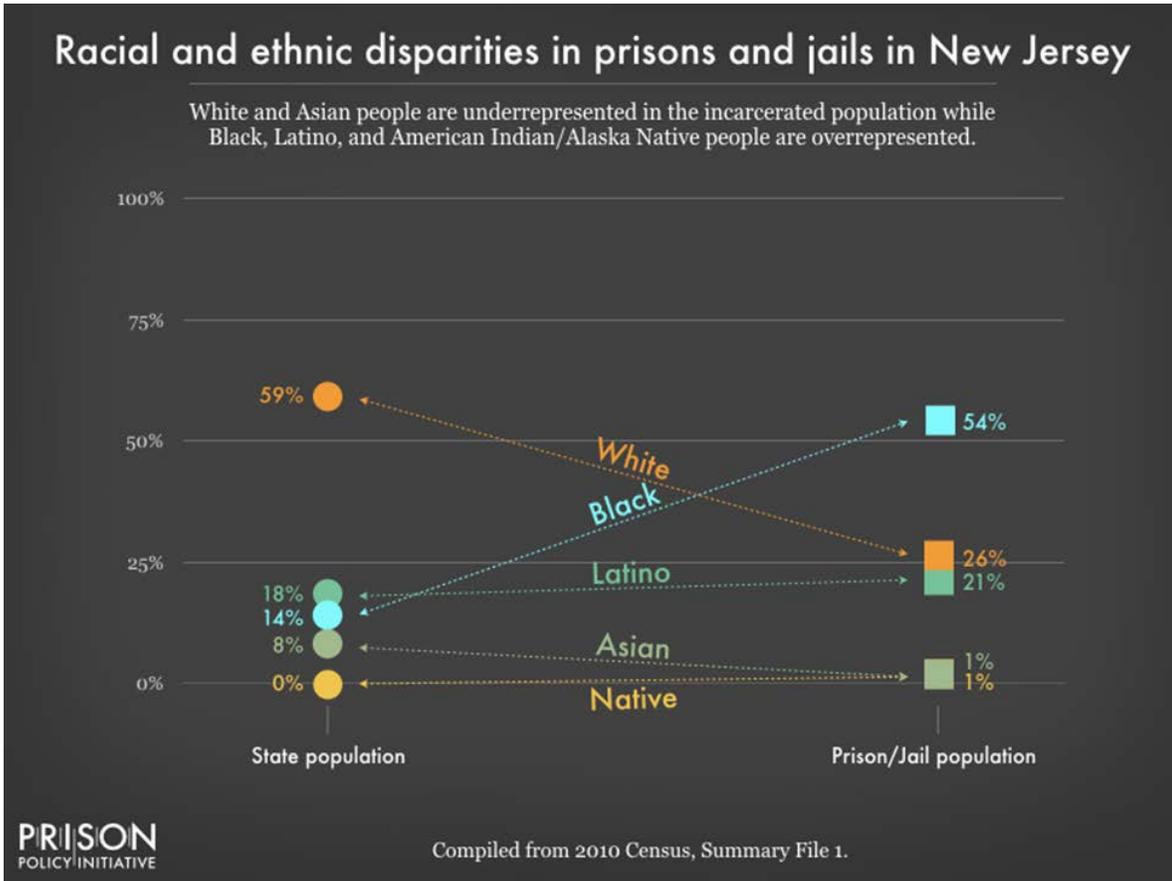
27% of Trenton population below poverty line.

(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

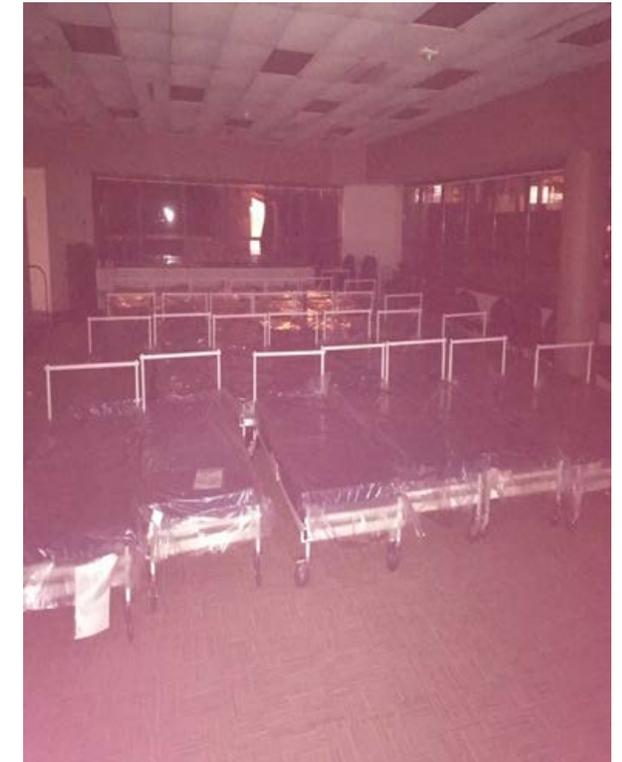
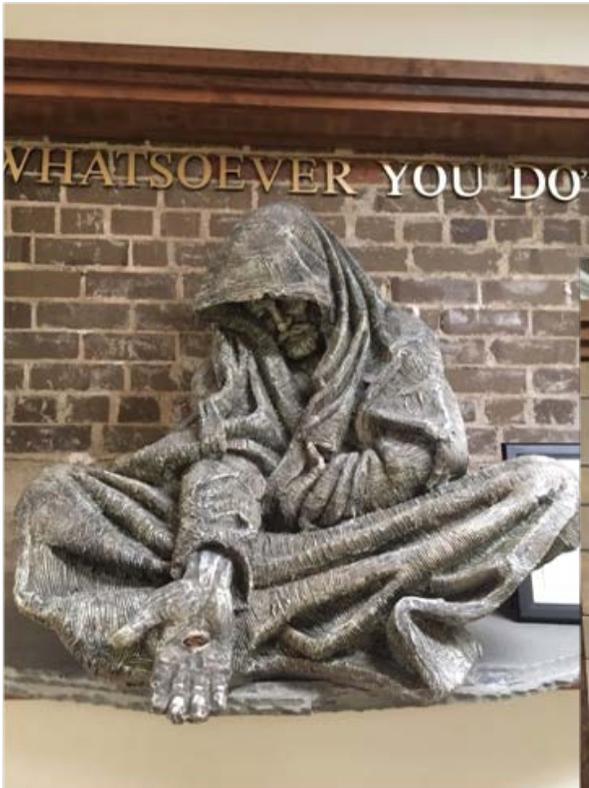
St Francis Medical Center - Trenton



Capital Med Center- Hopewell Township, NJ



Compassion



Seton Hall Internal Medicine Residency

Chief Medical Residents

 Muhammad Talha Khalid 844-1844	 Hassaan Iftikhar 844-1651	 Hamadullah Shaikh 844-1817
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Post Graduate Year 3 Medical Residents

 Muhammad Nadeem 844-1926	 Hafiz Naeem 844-1883	 Shahryar Ansari 291-2243	 Tariq Mabrouk 844-1859	 Julvet Mbianda 844-1897	 Hafiz Aslam 844-1889
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Post Graduate Year 2 Medical Residents

 Sowjanya Kapaganti 844-1878	 Talha Awwal 844-1718	 Swati Prabhakar 844-1852	 Yiting Li 844-1929	 Anoop Jose Thoppil 844-1658
 Abdul Rehman 844-1809	 Richard Saba 844-1921	 Nafisah Rajabalee 844-1865	 Maryam Munir 844-1868	 Derek Enos 291-2244

Post Graduate Year 1 Medical Interns

 Ahmed Eikhoully 844-1885	 Sneha Kola 844-1898	 Mustafa Ali 844-1804	 Xiu Ying Au 844-1871	 Marcos Almonte 844-1882
 Rana Tauseen 844-1896	 Steven Hamilton 844-1650	 Pravin Thomas 844-1884	 Mohab Hassib 844-1839	 Michael Alalak 844-1632

1624

St. Trent
Trent
DICTATING
Did not
any month
Call 60
any 0
Back up
844
Support phone
908 or local no
Extension 30 #

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

• Date	A21	A22	A23	A24	A27	A28
• COVID Census	52	48	43	42	47	48
• Ventilated	13	10	10	6	6	5
• Deaths	1	3	3	6	3	3

ER Board

Bed	Urgency	Patient	Age	Complaint	Physician			RN		PMD
					ATT	RES	EXT	MUR	EXT	
ER 01		[REDACTED]	M82	COUGH SOB	MHAR		SHER	VTE	ADULT DIAGNOSTIC,	
ER 03		[REDACTED]	M56	EVAL	AJI			VTE	NONE PER PT,	
ER 04ADMIT		[REDACTED]	M54	ABNORMAL LABS	MHAR			CMUR	OSGOOD, ERIC UNKNOWN,	
ER 05ADMIT		[REDACTED]	M61	SOB R/O COVID 19	AJI			CMUR	OSGOOD, ERIC ADTC,	
ER 07ADMIT		[REDACTED]	M67	DYSPNEA	MHAR			CMUR	OSGOOD, ERIC UNKNOWN,	
ER 08ADMIT		[REDACTED]	M60	DIARRHEA/ dyspnea	MHAR		SHER	LAMA	OSGOOD, ERIC NONE PER PT,	
ER 09ADMIT		[REDACTED]	M56	SOB	MHAR		JMAG	LAMA	Dr. Osgood NONE PER PT,	
ER 11ADMIT		[REDACTED]	M51	VOMITING BLOOD	MHAR			MOWU	OSGOOD, ERIC NONE PER PT,	
ER 12ADMIT		[REDACTED]	M57	LOW PULSE OX	MHAR		SHER	MOWU	OSGOOD, ERIC GARDEN STATE PRISON,	
ER 15		[REDACTED]	M29	ALLERGIC REACTION	AJI		SHER	LAMA	NONE,	
ER Chair1		[REDACTED]	M47	MENTAL ILLNESS	AJI			VTE	NONE,	

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.

Source	Match	Accession No	Proc Description
SYNAPSE-WEB	100	F2089868	CTA CHEST W/WO CONTR
SYNAPSE-WEB	100	F2089854	CT HEAD/BRAIN W/O CONTR
SYNAPSE-WEB	100	F2089848	XR PORTABLE CHEST

CR + CT comparison CR 1-up + CT 6-up Initial State

St Francis Medical Center
XR PORTABLE CHEST
AP
04/24/2020, 2:25:35 PM
F2089848

RIGHT PORTABLE AP ERECT

mA: ---
Kvp: ---
DI: 0.14
ETI: 185
EI: 190.92
DoseAreaProduct: ---
Exposure: ---
Page: 1 of 1

Technologist
CS-7
S: 2500
Z: 0.2
C: 2047
W: 4096
IM: 1

St. Francis Medical Center
CTA CHEST W/WO CONTR
1.25MM LL
04/24/2020, 4:56:03
F2089868
ISOVUE 3
LOC: -97.3
THK: 1.25 SP: 1.25

RD: 328
Tilt: 0
mA: 127
Kvp: 120
Acq no: 1
Page: 98 of 254

DLM
ERCTVCT
Z: 0.95
C: -500
W: 1500
DFOV: 32.8x 49.6cm
IM: 98 SE: 4

Source	Match	Accession No	Proc Description
SYNAPSE-WEB	100	F2089704	XR PORTABLE CHEST
SYNAPSE-WEB	100	F2089667	CT HEAD/BRAIN W/O CONTR
SYNAPSE-WEB	100	F2089615	XR PORTABLE CHEST

SynapseRP, 1Monitor, CR, DX CR + DX Initial State

St. Francis Medical Center
XR PORTABLE CHEST
Chest
04/22/2020, 8:49:31 PM
F2089615

PORTABLE
AP ERECT

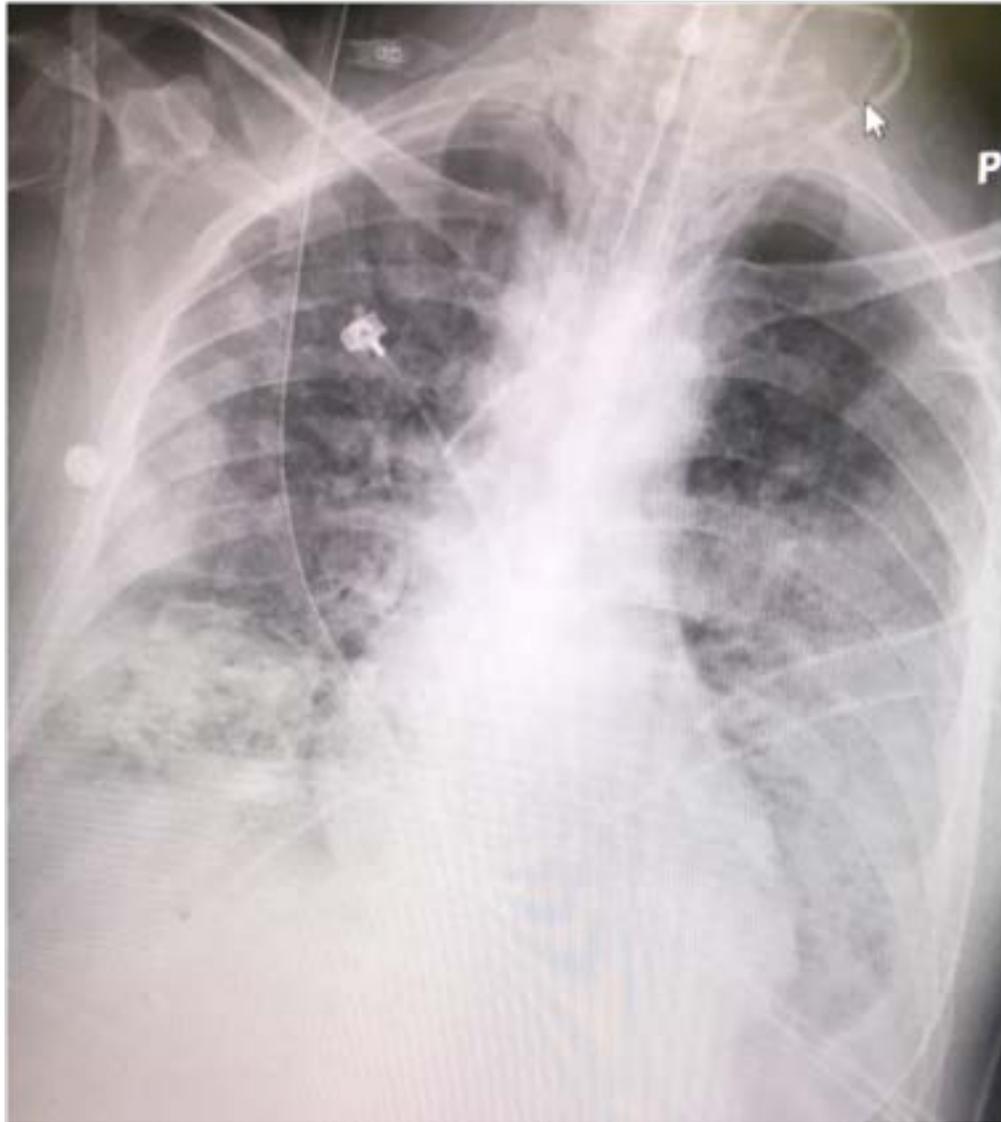
mA: 155
Kvp: 94.69
DI: -0.80
ETI: 168.92
EI: 139.72
DoseAreaProduct: 0.92
Exposure: 2
Page: 1 of 1

St Francis Medical Center Trenton
XR PORTABLE CHEST
Chest
04/24/2020, 2:50:40 AM
F2089704

PORTABLE
AP ERECT
2:50am

mA: 159
Kvp: 94.96
DI: 0.40
ETI: 174.42
EI: 193.23
DoseAreaProduct: ---
Exposure: 2
Page: 1 of 1

609599GE220
S: 118.83
Z: 0.24
C: 8192
W: 16383
IM: 1

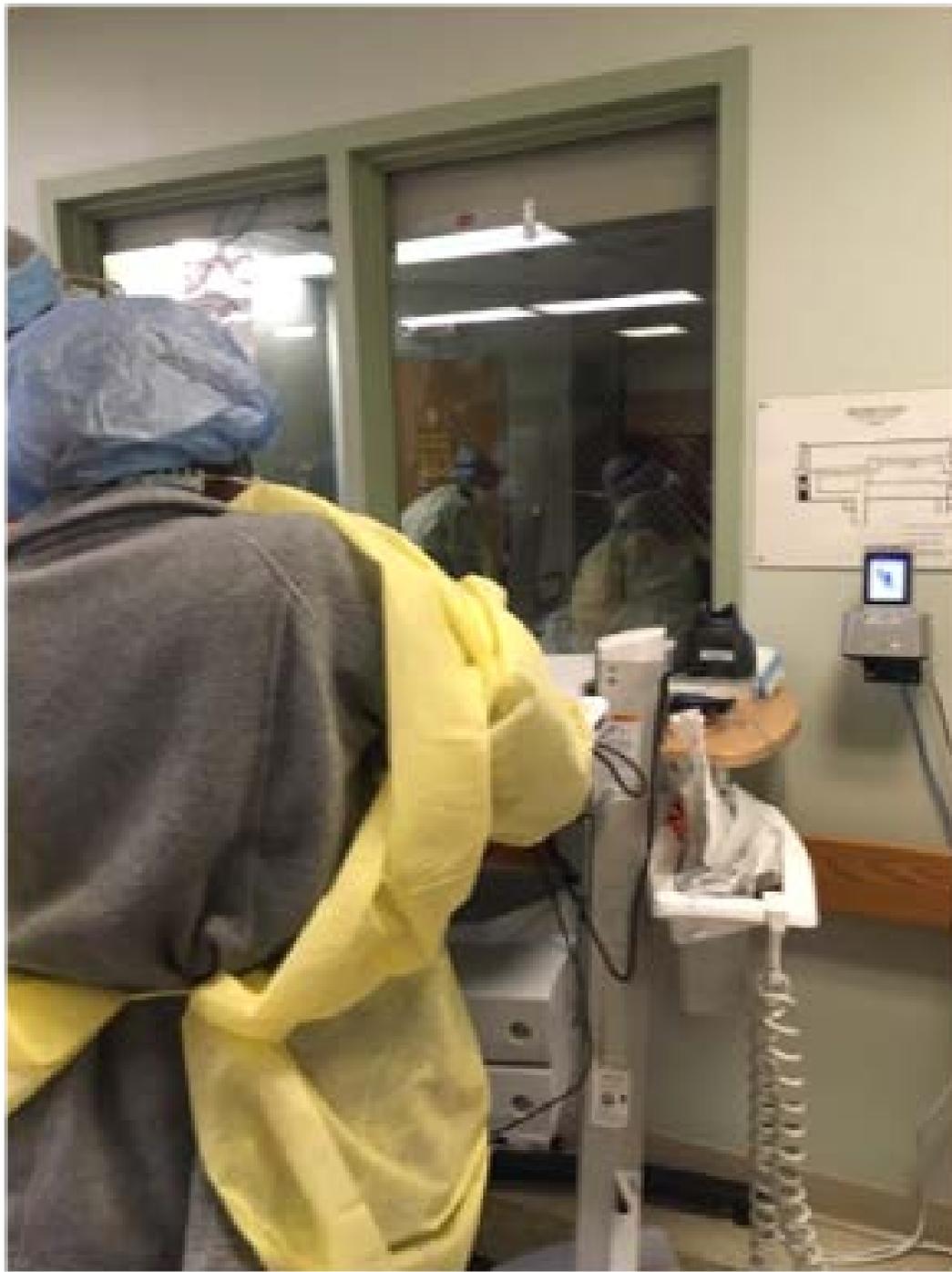




COVID-19 Warriors Prone Team



***For Assistance with Turning or Proning, please
reach out to Maria Sbarro, Wound Care Coordinato***





RAPIDPoint® 500

ARTERIAL SAMPLE
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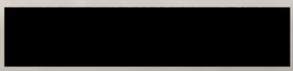
Patient ID
 Lst Name
 1st Name
 Operator



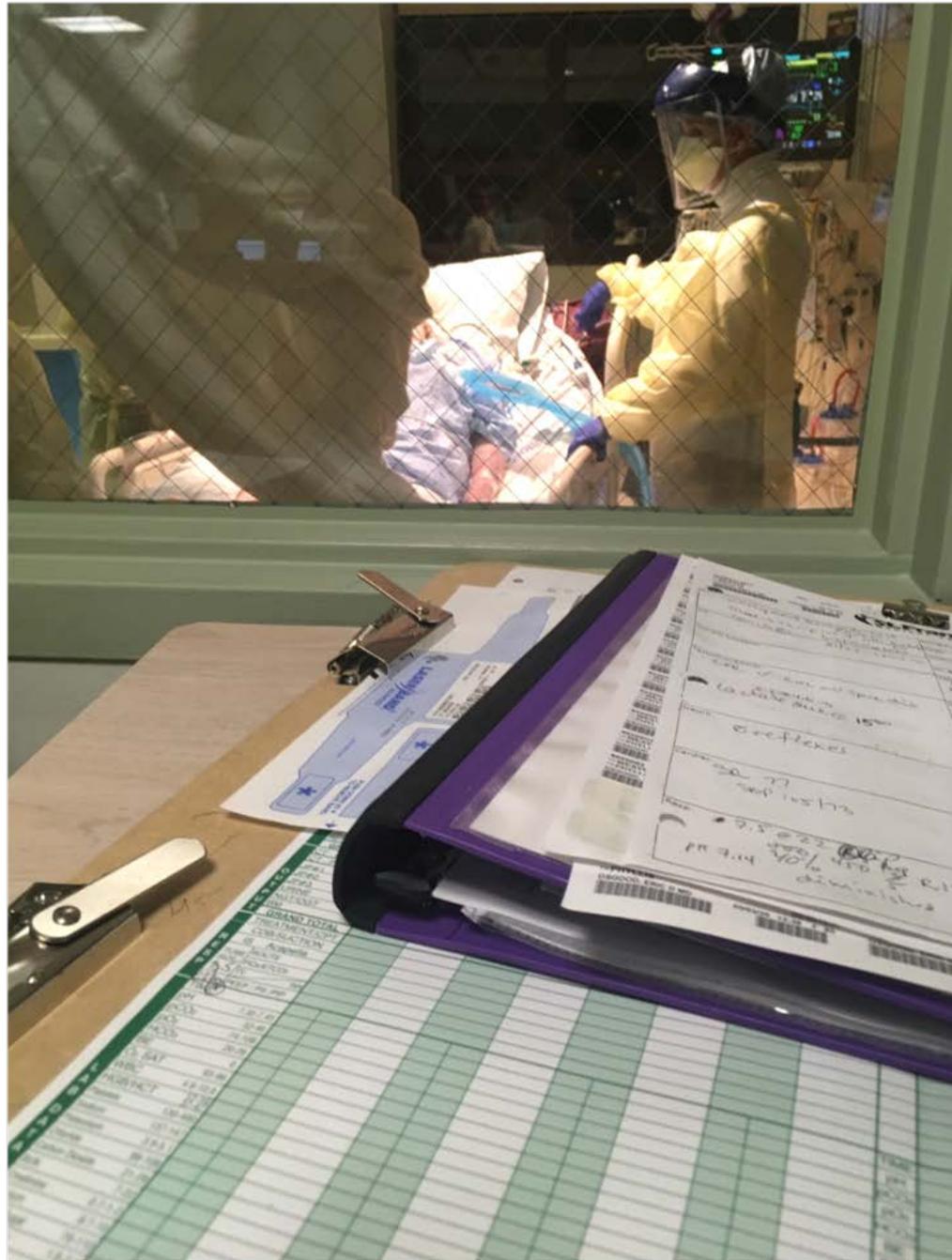
ACID/BASE 37.0 °C
 pH 7.108 ↓
 pCO₂ 80.1 † mmHg
 pO₂ 52.0 mmHg
 HCO₃⁻act 24.8 mmol / L
 BE(B) - 6.8 mmol / L

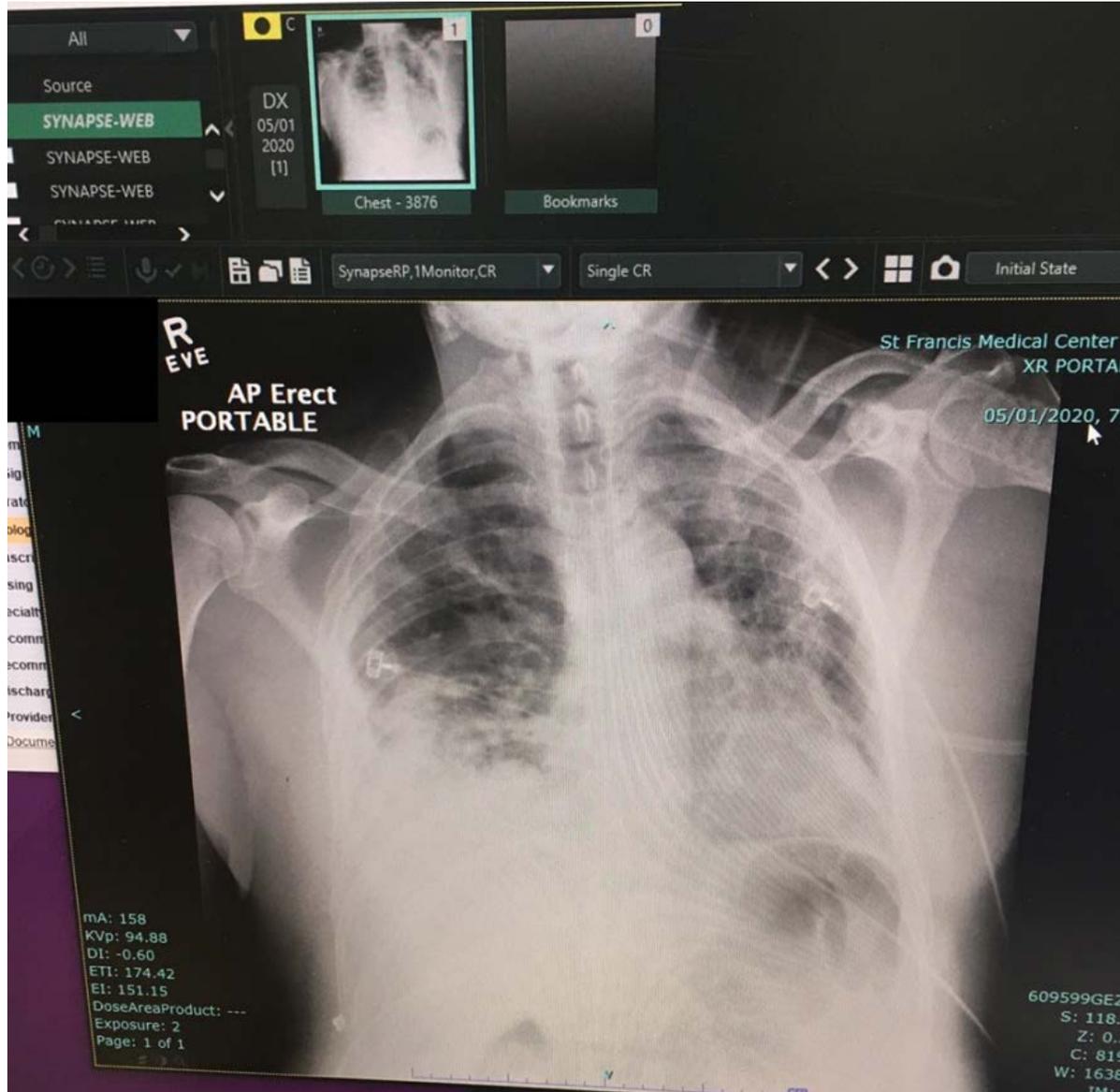
OXYGEN STATUS 37.0 °C
 O₂SAT(est) 72.8 %

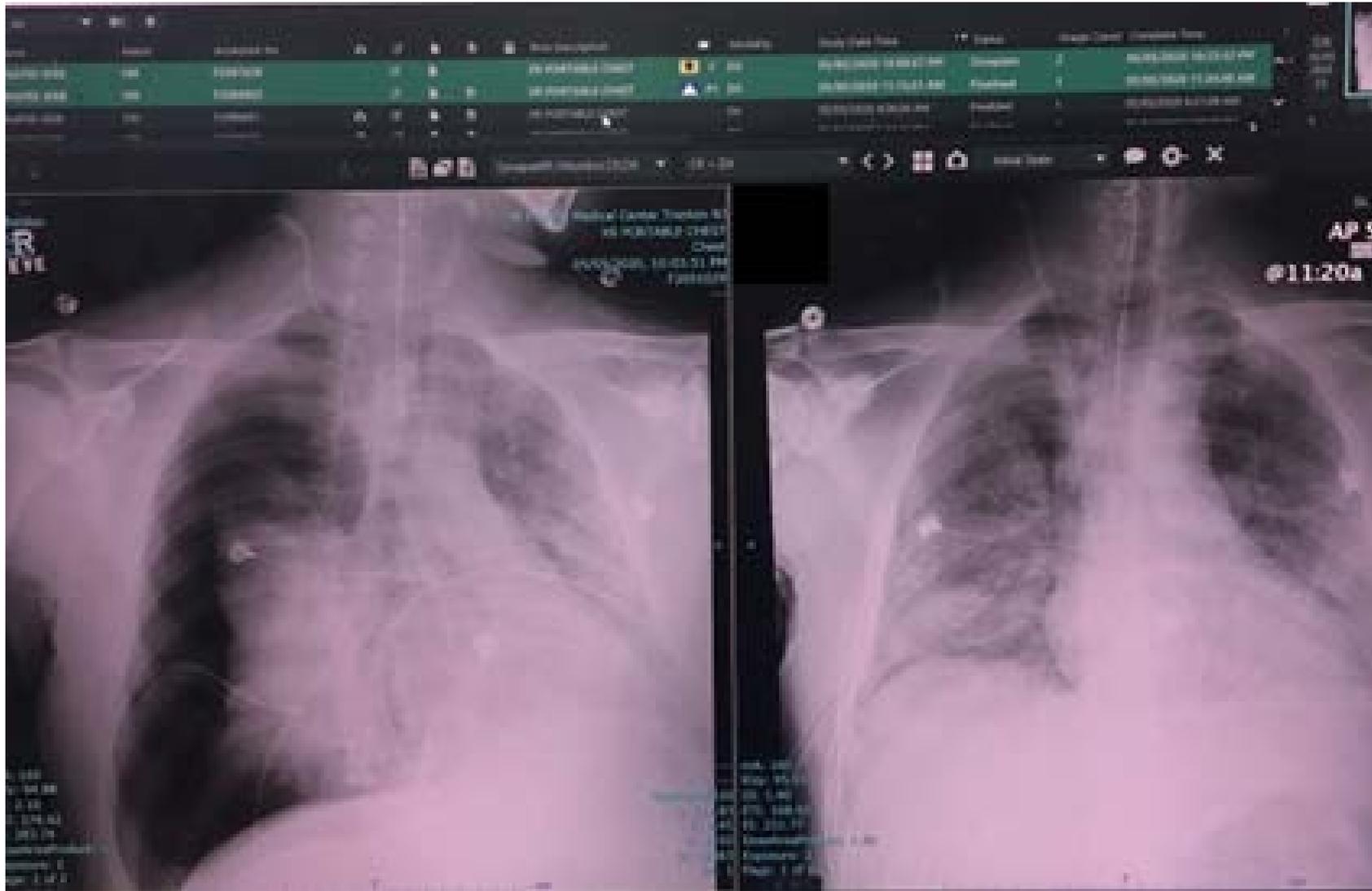
Date of Birth

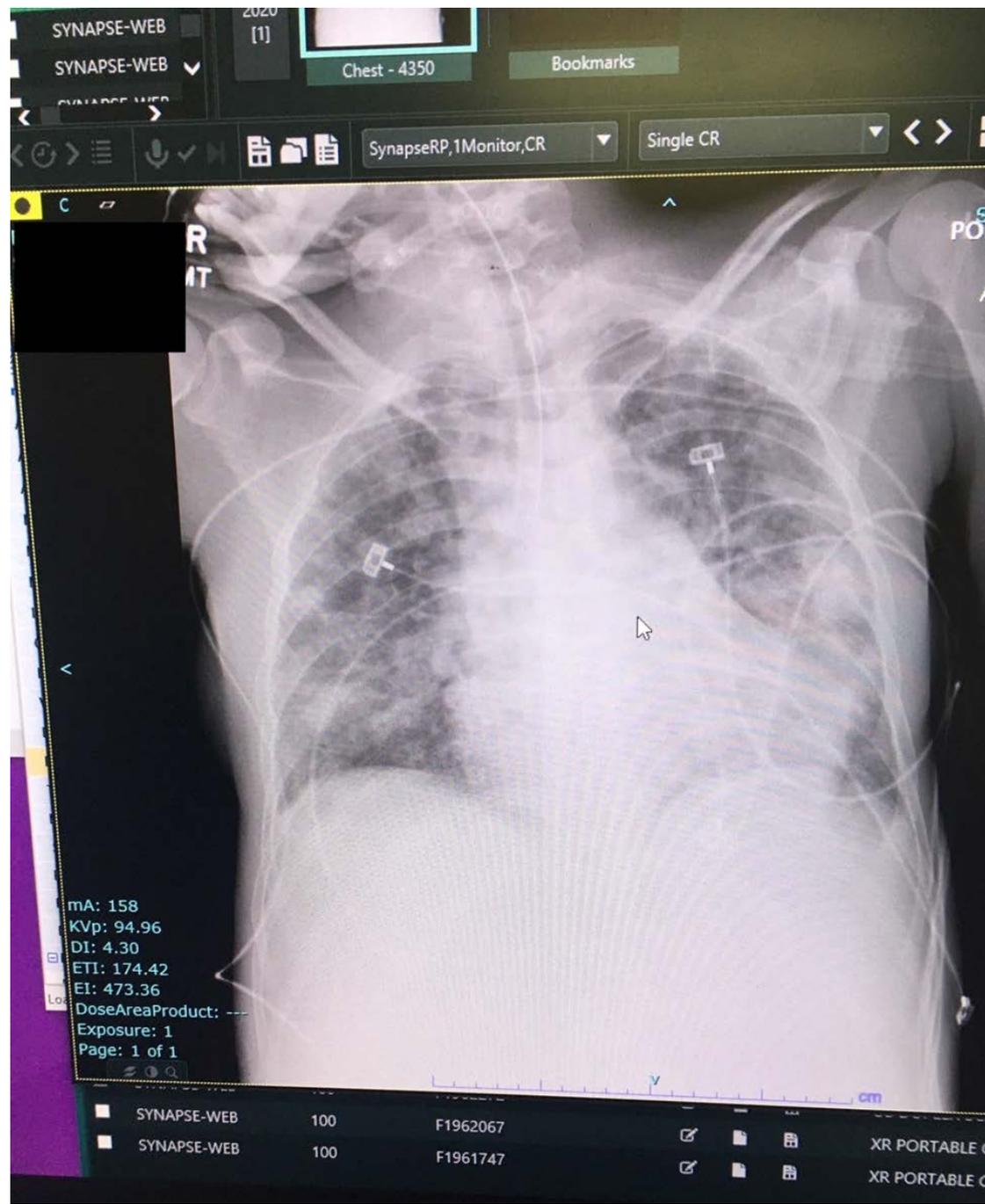


F_iO₂ 100.0 %
 Resp Rate 34 n bpm
 PEEP 18 4.0
 PC 22 above PEEP

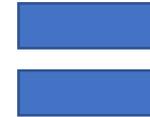
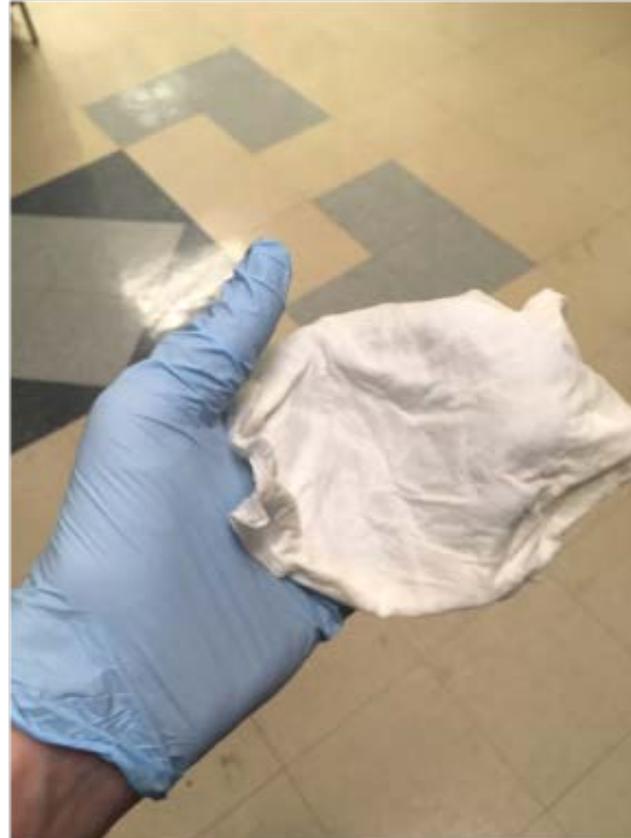








Staying safe, my constant companions in the hospital...



AT&T 2:18 AM 47%

< Test Results

RESULT VALUES

COVID-19 IGG, QUALITATIVE

Value **Negative**

Standard Range Negative

Negative results do not rule out SARS-CoV-2 infection, particularly in those who have been in contact with the virus. Follow-up testing with a molecular diagnostic test should be considered to rule out infection in these individuals. Results from antibody testing should not be used as the sole basis to diagnose or exclude SARS-CoV-2 infection or to inform infection status.

INTERPRETIVE INFORMATION:

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