

May 7th 2020

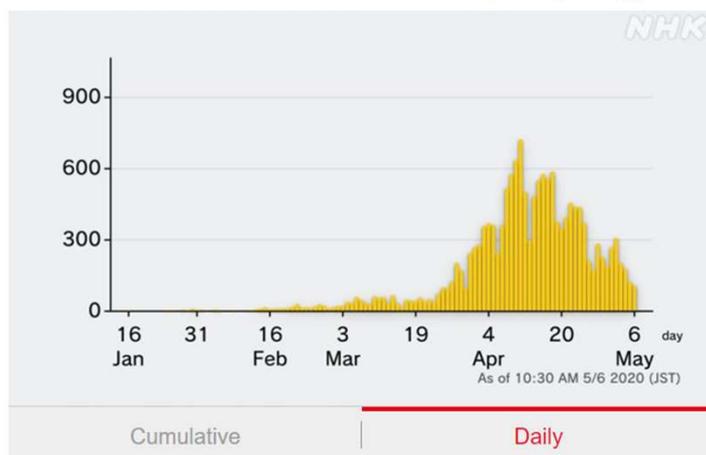
Weekly Meeting



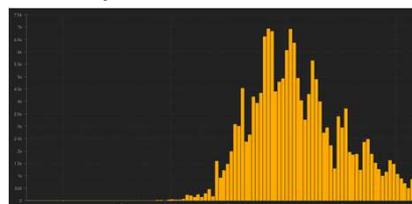
1. Trend (April 30th-May 7th)
2. How does coronavirus spread? (new report)
3. Symptoms to watch out (updated)
4. Exit strategies from lockdown
5. Q&A

What is the current situation in Japan?

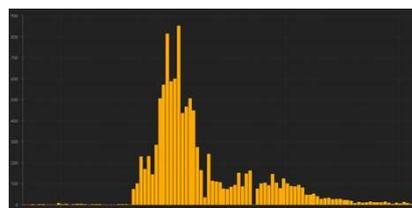
COVID-19 confirmed cases in Japan (daily)



Germany



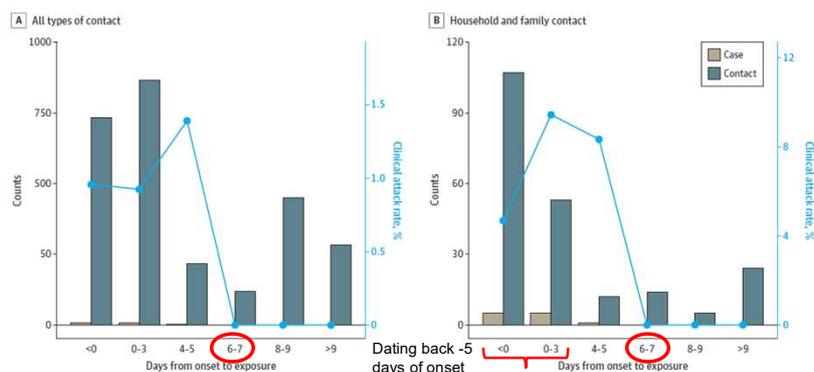
South Korea



<https://www3.nhk.or.jp/nhkworld/en/news/tags/8>

<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf62/>

Contact Tracing Assessment of COVID-19 Transmission Dynamics in Taiwan and Risk at Different Exposure Periods Before and After Symptom Onset

Published on May 1st 2020

- In a careful study from the Taiwan CDC, among 100 confirmed patients and their 2,761 close contacts, the overall secondary clinical attack rate was 0.7%, and 0 secondary cases occurred in 892 contacts beyond 5 days from symptom onset.
- Because the onset of overt clinical symptoms, such as fever, dyspnea, and signs of pneumonia, usually occurred 5 to 7 days after initial symptom onset, the infection might well have been transmitted at or before the time of detection.
- None of the 9 asymptomatic case patients transmitted a secondary case.

Published on April 24, 2020

Presymptomatic SARS-CoV-2 Infections and Transmission in a Skilled Nursing Facility

1. Impaired immune responses associated with aging and the high prevalence of underlying conditions, such as cognitive impairment and chronic cough, make it difficult to recognize early signs and symptoms of respiratory viral infections in this population.
2. The CDC and PHSKC confirmed Covid-19 infection in 26 symptomatic staff members associated with this skilled nursing facility as of March 26; these staff members most likely contributed to intrafacility transmission. A concurrent study of King County health care personnel with Covid-19 showed that 65% worked while symptomatic and that 17% of symptomatic health care personnel initially had mild, nonspecific symptoms and no fever, cough, shortness of breath, or sore throat.
3. The potential for viral shedding from staff members with SARS-CoV-2 infection during either the presymptomatic or the mildly symptomatic phase of the illness reinforces current recommendations for expanded symptom screening for health care personnel and universal use of face masks for all health care staff in long-term care facilities.

CDC updated the list of symptoms for COVID19 on April 28th

Major symptoms:

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
<https://www.nejm.org/doi/full/10.1056/NEJMoa2008457>

What about children?

Typical symptoms for children with COVID19

- Runny nose
- Congestion
- Cough
- Temperature 37.5c or over
- Vomit/diarrhea

Children are primarily infected via infected family members

A household study in China and observations in a limited number of contact investigations in Germany have suggested that children are infected by SARS-CoV-2 at a rate that may not be different from that of adults.

Osaka Governor's original Exit Criteria :

All criteria met for consecutive 7 days

- Number of new cases with unclear infection route <10/day
- Positive rate among people tested <7%
- Occupancy rate of hospital beds for severe symptoms <60%

Osaka decides own criteria for reopening economy



The governor of Osaka, western Japan, says the prefecture has determined its own criteria for gradually lifting restrictions amid the coronavirus pandemic in the wake of the central government's extension of the state of emergency.

The prefecture's taskforce met on Tuesday.

Governor Yoshimura Hirofumi said the spread of the virus has slowed considerably thanks to the tremendous efforts of the people of Osaka over the past month. But he said the state of emergency was extended nonetheless.

https://www3.nhk.or.jp/nhkworld/en/news/20200506_10/

Exit strategies

Sustained reduction

- ✓ Stabilization in the number of hospitalized for a period of time
- ✓ Stabilization of new cases for a period of time

Sufficient health system capacity

- ✓ Adequate number of hospital beds
- ✓ Adequate number of pharmaceutical products
- ✓ Adequate stock of equipment

Appropriate monitoring capacity

- ✓ Large-scale testing capacity
- ✓ Quickly detect and Isolated infected individual
- ✓ Tracking and tracing capacity

**COVID-19 CAN SPREAD QUICKLY IN
CORRECTIONAL AND DETENTION FACILITIES**

Strategies to stop the spread include:

- 1 Regular symptom screenings
- 2 Isolating people with symptoms
- 3 Physical distancing
- 4 Intensified cleaning
- 5 Infection control training
- 6 Disinfection of high-touch surfaces
- 7 Cloth face coverings

cdc.gov [bit.ly/MMWR5620](https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e1.htm?s_cid=mm6919e1_e&deliveryName=USCDC_921-DM27552) MMWR

https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e1.htm?s_cid=mm6919e1_e&deliveryName=USCDC_921-DM27552

CDC working on Contact Tracing Strategies

- Contact tracing is part of the process of supporting patients with suspected or confirmed infection.
- In contact tracing, public health staff work with a patient to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious.
- Public health staff then warn these exposed individuals (contacts) of their potential exposure as rapidly and sensitively as possible.
- To protect patient privacy, contacts are only informed that they may have been exposed to a patient with the infection. They are not told the identity of the patient who may have exposed them.
- Contacts are provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if they themselves do not feel ill.
- Contacts are encouraged to stay home and maintain social distance from others (at least 6 feet) until 14 days after their last exposure, in case they also become ill. They should monitor themselves by checking their temperature twice daily and watching for cough or shortness of breath. To the extent possible, public health staff should check in with contacts to make sure they are self-monitoring and have not developed symptoms. Contacts who develop symptoms should promptly isolate themselves and notify public health staff. They should be promptly evaluated for infection and for the need for medical care.
- Contact investigation in care facilities, other congregate living settings and households with many people living in one house is a priority.
- Social services and housing will be needed for contacts unable to separate themselves from others in their current living situation.

<https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

How do we tackle this?

- **Telemedicine**
- **Prevention of other preventable diseases**
(Routine vaccine/Flu vaccine)
- Medication?
 - Emergency Use Authorization (EUA): Remdesivir
 - Favipiravir (Avigan®) ? Hydrochloroquine X
- Immune Substance? (=Passive Immunity)
 - Kitazato University (Japan)
- Vaccine? (=Active Immunity)
 - UK Oxford University Trial started in April
 - Osaka University Trail to start in July (?)
 -(over 70 candidates according to WHO)
- Herd immunity? Immunity Test??

NIH (US) says:
There are insufficient data to recommend either for or against any antiviral or immunomodulatory therapy in patients with COVID-19 with mild illness

Thank you for joining!
See you next week!

Schedules are available from
www.adachiclinic.org

