# 06/16/2020 QM/RM COVID-19 Update

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**Case Counts**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Scurry** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** | **MONDAY** | **Δ 24h** |
| *06/09/2020* | *06/10/2020* | *06/11/2020* | *06/12/2020* | *06/13/2020* | *06/14/2020* | *06/15/2020* |
| **Active Cases** | **23** | **19** | **19** | **16** |  |  | **16** | **0** |
| **Recovered Cases** | **3** | **8** | **9** | **12** |  |  | **12** | **0** |
| **Total Cases** | **26** | **27** | **28** | **28** |  |  | **28** | **0** |

*As reported by the Scurry County COVID-19 Resource Page (*[*https://sites.google.com/snyderisd.net/scurry-county-covid19/home*](https://sites.google.com/snyderisd.net/scurry-county-covid19/home)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Texas** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** | **MONDAY** | **Δ 24h** |
| *06/09/2020* | *06/10/2020* | *06/11/2020* | *06/12/2020* | *06/13/2020* | *06/14/2020* | *06/15/2020* |
| **Total Cases** | **77,253** | **79,757** | **81,583** | **83,680** | **86,011** | **87,854** | **89,108** | **1,254** |
| **Fatalities** | **1,853** | **1,885** | **1,920** | **1,939** | **1,957** | **1,976** | **1,983** | **7** |
| **Hospitalized** | **2,056** | **2,153** | **2,008** | **2,166** | **2,242** | **2,287** | **2,326**¹ | **39** |

*As reported by Texas DSHS* [*https://dshs.texas.gov/coronavirus/*](https://dshs.texas.gov/coronavirus/) *¹All-time high for hospitalizations in Texas*

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## **COGDELL**

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* *Staff is encouraged to take some vacation/PTO time this summer. A break from the work routine whether vacation or “staycataion”, promotes both personal balance and workplace productivity.*
* *Board meets Wednesday the 24th at 8:00a.m.*
* *No Task Force meeting held on Monday the 15th. Next Task Force meeting Monday June 22nd at 1:15p.m.*
* *Huddles for the remainder of this week will be Wednesday and Friday at 9:00a.m.*
* *CMS and its accrediting organizations (AOs) are resuming hospital licensure and site surveys.* 
  + *Cogdell received a life safety inspection in March just prior to the issuance of the COVID disaster proclamation. The life safety inspection is usually conducted just prior to a state survey. It is therefore likely that a full survey is in our not-too-distant future.*
  + *While perfection is impossible, it is important to recognize areas of improvement and the significant strides forward realized over the past few years.*

## **STATE**

***DSHS***

*Page for Hospitals and Healthcare Workers last updated 06/01/20 and guidance documents on that page last updated 05/26/20.*

*Minimum Recommended Health Protocols last updated 06/03/20*

***DHHS***

## Guidance Letters & Frequently Asked Questions Issued since Med Staff meeting on 06/09/20

***Today****, HHS issued Health Facility Compliance Guidance Letter GL 19-2000 titled Preservation of Records from Forensic Medical Examinations (HB 531 – 86R) to provide instruction on the passage of House Bill (HB) 531, relating to the requirement by physicians and hospitals to retain the medical record from a forensic medical examination of a sexual assault victim for 20 years.*

*On* ***06/10/20*** *HHS issued Health Facility Compliance Guidance Letter GL 20-2004 titled Telemedicine in Rural Trauma Facilities (HB 871-86R)* *to provide instruction regarding the passage of House Bill (HB) 871, 86th Legislature, Regular Session (2019), relating to the use of telemedicine medical services in trauma facilities.* [*https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-2004.pdf*](https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/facilities-regulation/memos/gl-20-2004.pdf)

***OFFICE OF THE GOVERNOR***

*Today at 1 p.m. CST, a press conference is to be held by Gov. Abbott; John Zerwas, MD, Chief Medical Advisor of the Governor’s Strike Force to Open Texas; John Hellerstedt, MD, DSHS Commissioner; and Nim Kidd, TDEM Chief to address hospital capacity and the increase in hospitalizations in Texas.*

*On* ***June 3, 2020****, Governor Greg Abbott issued an Executive Order to announce the third phase of the ongoing plan to open additional businesses and activities in Texas. This announcement expands upon the businesses and activities included in the first two phases of the plan to Open Texas while minimizing the spread of COVID-19. All newly opened businesses and services are subject to the recommended minimum standard health protocols outlined by DSHS.*

***THA***

*THA and the Texas Healthcare Trustees will host a webinar at noon CST June 30 outlining the organizational, staffing, telehealth, patient safety and other areas likely to be transformed by COVID-19.* [*https://www.tha.org/COVID-19-Preparing-For-the-New-Normal*](https://www.tha.org/COVID-19-Preparing-For-the-New-Normal)

## **FEDERAL**

# ***CMS***

*Blanket waivers reissued yesterday (dated 06/12/20 – released 06/15/20). Formatting changes noted, but no substantive changes to content appreciated on initial review.* [*https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf*](https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf)

*Last press release 06/09/20.*

***CDC***

Many revisions/updates issued including, but not limited to the following (see <https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html>):

* [COVID-19 Travel Recommendations by Country](https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html) Monday, June 15, 2020
* [Travelers Prohibited from Entry to the United States](https://www.cdc.gov/coronavirus/2019-ncov/travelers/from-other-countries.html) Monday, June 15, 2020
* [CDC Diagnostic Test for COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/lab/testing.html) Sunday, June 14, 2020
* [CDC releases consolidated COVID-19 testing recommendations](https://www.cdc.gov/media/releases/2020/s0613-covid19-testing-recommendations.html) Saturday, June 13, 2020
* [Frequently Asked Questions about Coronavirus (COVID-19) for Laboratories](https://www.cdc.gov/coronavirus/2019-ncov/lab/faqs.html) Saturday, June 13, 2020
* [CDC in Action](https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cdc-in-action.html) Saturday, June 13, 2020
* [Transcript - CDC Media Telebriefing: Update on COVID-19](https://www.cdc.gov/media/releases/2020/t0612-covid-19-update.html) Friday, June 12, 2020
* [Public Attitudes, Behaviors, and Beliefs Related to COVID-19, Stay-at-Home Orders, Nonessential Business Closures, and Public Health Guidance — United States, New York City, and Los Angeles, May 5–12, 2020](https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e1.htm?s_cid=mm6924e1_w)

***FDA***

# ***Yesterday,*** the U.S. Food and Drug Administration (FDA) and the Biomedical Advanced Research and Development Authority (BARDA) within the U.S. Department of Health and Human Services ***revoked the emergency use authorization (EUA) that allowed for chloroquine phosphate and hydroxychloroquine sulfate*** donated to the Strategic National Stockpile ***to be used to treat certain hospitalized patients with COVID-19***. Based on its ongoing analysis of the EUA and emerging scientific data, the FDA determined that chloroquine and hydroxychloroquine are unlikely to be effective in treating COVID-19 for the authorized uses in the EUA. Additionally, in light of ongoing serious cardiac adverse events and other potential serious side effects, the known and potential benefits of chloroquine and hydroxychloroquine no longer outweigh the known and potential risks for the authorized use.[*https://www.fda.gov/media/138945/download*](https://www.fda.gov/media/138945/download)

*On* ***06/11/20***, the FDA issued an Emergency Use Authorization (EUA) for Cue Health Inc.’s ***Cue Point of Care COVID-19 Test***. <https://www.fda.gov/media/138823/download>

***OCR***

The Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) has issued guidance on how the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule permits covered health care providers to contact their patients who have recovered from COVID-19 to inform them about how they can donate their blood and plasma containing antibodies to help other patients with COVID-19. [*https://www.hhs.gov/sites/default/files/guidance-on-hipaa-and-contacting-former-covid-19-patients-about-blood-and-plasma-donation.pdf*](https://www.hhs.gov/sites/default/files/guidance-on-hipaa-and-contacting-former-covid-19-patients-about-blood-and-plasma-donation.pdf)

**Recent Articles**

Identifying airborne transmission as the dominant route for the spread of COVID-19

Renyi Zhang, Yixin Li, Annie L. Zhang, Yuan Wang, and Mario J. Molina

PNAS first published June 11, 2020 https://doi.org/10.1073/pnas.2009637117

<https://www.pnas.org/content/early/2020/06/10/2009637117>

This protective measure (mandated face covering) alone significantly reduced the number of infections, that is, by over 78,000 in Italy from April 6 to May 9 and over 66,000 in New York City from April 17 to May 9. Other mitigation measures, such as social distancing implemented in the United States, are insufficient by themselves in protecting the public. We conclude that wearing of face masks in public corresponds to the most effective means to prevent interhuman transmission, and this inexpensive practice, in conjunction with simultaneous social distancing, quarantine, and contact tracing, represents the most likely fighting opportunity to stop the COVID-19 pandemic.

Presence of SARS-CoV-2 RNA in Isolation Ward Environment 28 Days after Exposure

Yunyun Zhou, MD, Yuyang Zeng, MB, Changzheng Chen, MD, PhD

<https://www.ijidonline.com/article/S1201-9712(20)30451-3/pdf>

Highlights

* SARS-CoV-2 RNA could be detected on the surfaces of pagers and in drawers in the isolation wards 28 days after discharge of COVID-19 patients.
* First report of the presence of SARS-CoV-2 RNA in isolation ward environment so long after exposure.
* The thorough disinfection of the ward environment included air and surface disinfection.
* After thorough disinfection, SARS-CoV-2 RNA tested negative in isolation ward environment.

Individualizing risk prediction for positive COVID-19 testing: results from 11,672 patients

Jehi L, Ji X, Milinovich A, Erzurum S, Rubin B, Gordon S, Young J, Kattan, MW

*CHEST* (2020), doi: <https://doi.org/10.1016/j.chest.2020.05.580>.

Research Question: Can a statistical model accurately predict infection with COVID?

Results: 11,672 patients fulfilled study criteria in the development cohort, including 818 (7.0%) COVID-19 (+), and 2,295 patients fulfilled criteria in the validation cohort including 290 COVID-19 (+). Males, African Americans, older patients, and those with known COVID-19 exposure were at higher risk of being COVID-19 (+). Risk was reduced in those who had pneumococcal polysaccharide or influenza vaccine, or were on melatonin, paroxetine, or carvedilol. Our model had favorable discrimination (c-statistic=0.863 in development; 0.840 in validation cohort) and calibration. We present sensitivity, specificity, negative predictive value, and positive predictive value at different prediction cut-offs.

The calculator is freely available at <https://riskcalc.org/COVID19>.