

# COVID-19 UPDATE

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# TRANSMISSION

- **Droplets**
  - Droplets from coughing or sneezing
  - Tend to land within six feet of patient
- **Fomites or objects**
  - Infected person touches something (door knob, shopping cart) and then you touch it
  - If you have virus on your hands and then touch your mucus membranes (eyes, nose, mouth) you allow the virus to enter and infect you
  - Virus can live for 72 hours on plastic and steel surfaces.
  - Virus has been found in saliva, urine and feces, as well as sputum and nasal secretions

# INCUBATION PERIOD

- We believe that people without symptoms can be infected and contagious (especially kids) but relatively less contagious than severely ill patients
- People who do develop symptoms, begin symptoms from 2 to 14 days after exposure
  - average is 4-5 days after exposure to symptoms
- Those who become so ill they need hospitalization often worsen about 5-7 days after the onset of symptoms
- Overall, about 20% of people will need hospitalization

Clinical Characteristics of Coronavirus Disease  
2019 in China, Wei-jie Guan, et al, NEJM Feb 28,  
2020

# SYMPTOMS OF COVID-19 INFECTION

- Loss of taste or smell (anecdotal reports that this is an early symptom of mild disease)
- Sore throat (early symptom)
- Headache and generalized body aches
- Cough (68%)
- Fever (44% on admission to hospital, 89% by the end of the hospital stay)
- Nausea and vomiting (5%)
- Diarrhea (4%)
- Shortness of breath (a symptom of pneumonia)
- Chest tightness or chest pain (a symptom of pneumonia)
- Confusion or difficulty waking up (a symptom of low oxygen)

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# TREATMENT

- Supportive care is currently the only proven treatment available
- This specifically means
  - Controlling fever
  - Maintaining hydration, orally for mild and moderate cases and IV fluids for severe cases
  - Providing oxygen and ventilator support for severe cases
- Research trials are ongoing investigating antiviral drugs that may help the severe cases, **NONE** are yet **PROVEN** to be effective

# CLINICAL OUTCOMES

- Overall about 20% of infected people will need to be hospitalized due to need for oxygen or IV fluids
- Overall about 5% of infected people will need ventilator support in the ICU
- Those most likely to need hospitalization are
  - **Over 65 yo** (maybe over 55 yo per Massachusetts General)
  - **Chronic illness** including diabetes, hypertension, heart disease, lung disease (including asthma), liver disease, immunocompromised
  - **Morbidly obese** with BMI over 40

## CLINICAL OUTCOMES

- For those 5% who become seriously ill
  - Average time to needing ventilator support in the ICU is 9-10 days from onset of symptoms
  - Mortality rate for these patients is 22%-62% and will depend on the hospital resources available to them when they become ill

## NC STATS

- **Deaths are a more reliable statistic than positive tests**
- You can assume that the actual number of infected people is much greater than the number of positive tests (10x?, 100x?, no one knows)

As of Wednesday March 25 11:00 am

In North Carolina: 504 positive tests, 0 deaths

In United States: 55,243 positive tests, 802 deaths

Reliable worldwide information [here](#)



# TESTING

- As of Monday March 23 in NC, it is no longer recommended to test all patients with symptoms of COVID-19
- If you have fever and cough (but no shortness of breath, chest discomfort or confusion), assume you have mild COVID-19 and isolate at home
- Self- isolate for at least 7 days, and 72 hours from last fever (without meds) **and** improvement in respiratory symptoms
- Priority testing will be in hospitalized patients, healthcare workers and congregate living situations like nursing homes, homeless shelters and farmworker camps

## WHY NO WIDESPREAD TESTING?

- It doesn't change the management for the mildly infected person (self-isolate, symptomatic treatment)
- It uses up the still scarce tests and testing supplies
- It uses up the PPE
- The test is not 100% sensitive (you could test negative but still be infected)
- It is most important in the hospital to know who needs isolation, PPE, etc
- The virus is now too widely spread to do containment on a case by case basis
- This is why we have population based containment (stay home!)

## WHEN WILL THERE BE A VACCINE?

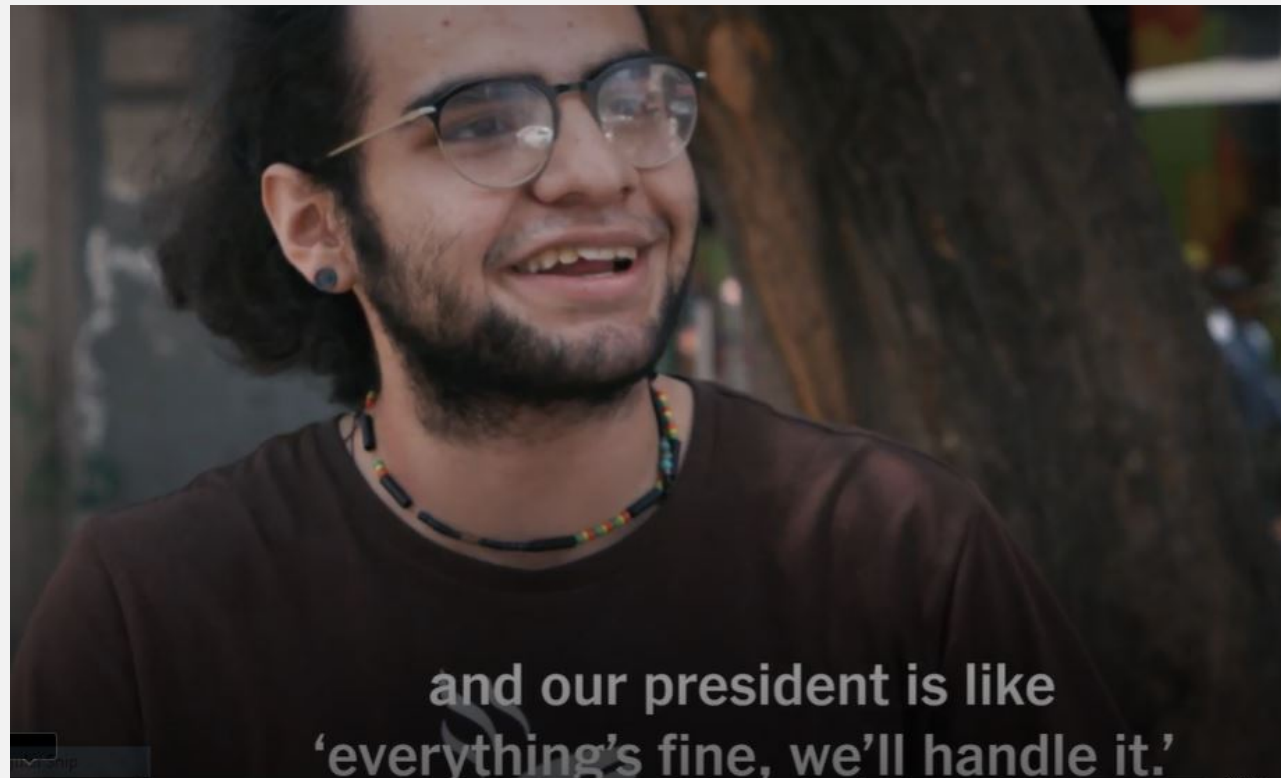
- Researchers around the world are racing to develop and test a vaccine
- Estimates are from 12-18 months before it is tested and manufactured in large enough amounts to be publicly available

## PREVENTION OF INFECTION FOR FARMWORKERS

- Many have not been told the truth about the pandemic by their president
- Some believe it is a hoax to keep them from coming
- They will need to be educated quickly to take this seriously and protect themselves!

“AS THE CORONAVIRUS APPROACHES,  
MEXICO LOOKS THE OTHER WAY”

FROM NYTIMES: BY BRENT MCDONALD AND MIGUEL TOVAR  
MARCH 24, 2020



# UNIVISION IS COVERING THE PANDEMIC



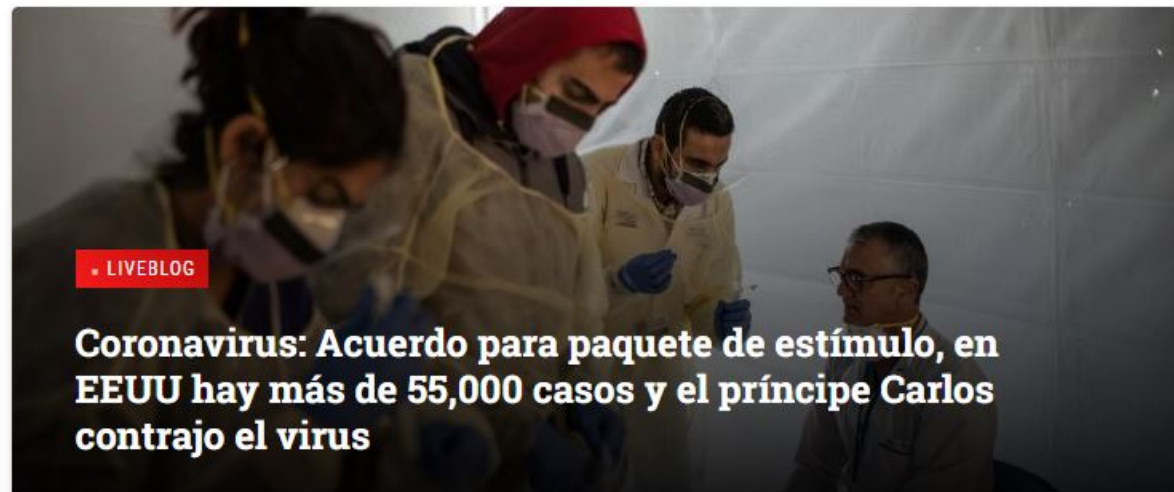
TV SHOWS

**NOTICIAS**

FAMOSOS

DEPORTES

RADIO



LIVEBLOG

## Coronavirus: Acuerdo para paquete de estímulo, en EEUU hay más de 55,000 casos y el príncipe Carlos contrajo el virus

Última actualización | Hace unos 36 minutos

- El FMI y el Banco Mundial piden que se suspendan los pagos de deuda de los países más pobres
- Acuerdo en el Congreso impulsa a los mercados de acciones de EEUU: estas son las claves de lo que

# PREVENTION OF INFECTION FOR FARMWORKERS

- Social distancing as possible
- Beds 6 feet apart, head to foot
- Sitting one person per seat, spaced every other seat on bus, meaning multiple trips
- Daily disinfection with bleach solution or other disinfectant of high touch areas (door knobs, counters, fridge doorhandles, stove, sinks, faucets, toilet handles)
- Frequent handwashing, hand sanitizer use (if available)

## SEPARATING SICK FROM WELL AND EXPOSED FROM UNEXPOSED

- **Isolation** is keeping the sick from the well (for at least 7 days AND 72 hours from last fever without meds AND improvement in respiratory symptoms)
- **Quarantine** is keeping the exposed (but not yet sick) from the unexposed for the 14 day incubation period (because they will be contagious BEFORE they have symptoms)
- Farmworkers will need to know the early symptoms
- They will need to advocate with their housing provider for the ability to self-isolate and quarantine
- We hope they will be a high priority for testing by the state and local health departments



## SICK WORKERS WILL NEED

- Separate bedrooms, kitchens and bathrooms
- Masks to use when they leave their bedrooms
- Help with food and medical supplies while confined
- Access to emergency medical care if their condition worsens
- To feel that someone cares!

## ISOLATION HOUSING FOR WORKCAMPERS

- State is working on using hotels and motels for patients who cannot self isolate
- Cost will not be a barrier for uninsured
- Documentation status will not be a barrier
- This is very much still in process of being developed

## PRIORITY MESSAGES TO FARMWORKERS

- This is a world-wide infection, most people are able to recover at home without medical care, but some will die from it
- You should prepare **now** to care for yourself and others with this infection
- Try to have food and supplies for 2 weeks in case you get sick and can't go to the store
- Try to have on hand a supply of medication for fever (paracetamol or acetaminophen, not ibuprofen)
- Know your address and how to call 9-1-1 if you or your coworkers feel short of breath, have chest discomfort or become confused.

# THE ROLE OF OUTREACH WORKERS

Courtney Peragallo, CHES  
Community Health Specialist  
Black River Health Services

# IMPORTANCE OF OUR ROLE AS OUTREACH WORKERS

- Understanding our role as outreach workers and the critical time frame we have to protect farmworkers
- Communicating messages and responding in a time sensitive manner
  - Ex: Isolation when symptomatic, providing resources, checking in
- Focus on what we are able to do within our control from where we are
  - Check in on each other, farmworkers, patients at higher risk of complications
- Protecting these high risk populations of farmworkers from an outbreak at their camp or community
- Serving as an advocate and a point person to ensure the safety of the farmworker community

# EMERGENCY MANAGEMENT RESOURCES

- Getting involved in the community and understanding the resources available in the event of an emergency
  - Partnership, collaboration, stake holder matrix, joining a coalition
    - Link: <https://nchealthcarecoalitions.org> (click on each graphic to get to website)
- North Carolina Department of Public Safety's website provides contact information for county emergency management offices which can serve as critical resources, depending on the emergency
  - Link: <https://www.ncdps.gov/emergency-management/em-community/directories/counties>

# DISSEMINATING KEY INFORMATION

Changes are being made everyday but resources are limited for farmworkers. I highly suggest everyone **text COVIDNC to the following number: 898211**

- Receive text messages in English or Spanish to your phone with updates
  - The links that are provided are initially in English, with the option to translate to Spanish at the bottom of the page
- Be prepared to share important information to farmworkers if they are unable to receive texts from this phone number
  - Unsure of whether or not it will work on phone numbers from out of the US for free or not (ex: farmworker with a phone number from Mexico may not be able to receive them at all and/or at a low cost)

# DISCUSSION

- Any questions or comments?
- Updates from our service areas and how we are impacted