Transcript for Navigating COVID-19 Series
Cold, Flue and COVID-19
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Hugh Tilson

Good evening and thanks for joining us for another chapter of navigating COVID-19 series, we're talking about cold, flu and COVID-19 this week. Next slide please. As you can see, this series is sponsored by a number of organizations CCNC the North Carolina Pediatrics society, the North Carolina Psychiatric association, the North Carolina of Academy of Family Physicians and NC AHEC. Tonight is the 12th in a continuing series of informational sessions designed to respond to needs that you have identified as you navigate COVID-19. Tom Elizabeth Robin Gregg thank you so much for your leadership and identifying those needs. And for great partnership in putting on these webinars in response to them really appreciate it. Also need to thank everybody for the great work that y'all are doing for your patients your staff your communities every day we know these are really really challenging times. We hope that the information that you get tonight will help navigating them a little bit easier.

Next slide, you can see that we've got two moderators for this evening. My name is Hugh Tilson and Tom Wroth will join me tonight and moderating so thank you Tom for that. Next slide. You can also see we've got a great panel of presenters and we decided beforehand that rather than me reading all of their credentials, we just let them introduce themselves before they present. Thank you all so much for making time in your busy schedules this evening to present to us. We do have slides for tonight and if you look in the q&a section, you can see a link, and if you click on that link it'll take you to the slides. And then you can follow along and that may make this process a little bit more convenient for you. Next slide, you'll hear from our presenters and then we'll get to our questions we're going to try to reserve plenty of time for you to ask questions of these incredible experts, just want to let you know that frequently. People will answer the questions during their presentation so if you can wait until after you hear from them to submit a question, they may be able to get to it. But if you are going to submit a question use the q&a feature on the black bar at the bottom of that screen. It's a q&a feature. If you're on the phone you're muted and the only way you can submit a question is through the Gmail account which we set up, which is questionscovid19webinar@gmail.com. Just know that we'll record this and we'll put a recording of that, and a transcript of it on the CCNC AHEC website tomorrow. And as a

reminder those slides are already up there and click on the link in the q&a section to access those. And now I'm going to turn it over to Dr. Wilson for her remarks.

Dr. Erica Wilson

I'm Erica Wilson and I am a medical epidemiologist at the NC Division of public health in vaccine preventable and respiratory disease. And so first I'm going to review a little bit about the influenza and COVID-19 and kind of where they overlap, starting with some epidemiology, talking about symptoms and high risk populations for each disease. So we've gotten a lot of questions recently about our surveillance. Normally we do influenza like illness surveillance every winter, or we look at percentage of ED visits for an influenza like illness, that's taken from data in emergency department records from the chief complaint from triage notes and from diagnosis codes. We do have a covid like illness -- as well. And they, the two syndromes are distinct as you can see the blue bars are the percentage of ED visits for influenza like illness, whereas the orange are percentage of ED visits for covid like illness, so we do are able to distinguish these somewhat through our syndromic surveillance. Based on again the chief complaint, triage notes, and diagnosis codes that we see in the.

Dr. Erika Samoff

Next slide. And just to kind of give a feel for what our flu season, normally looks like versus what we're seeing with COVID, the graph on the left is the last graph of the Year for our 2019 to 2020 influenza surveillance you can see we usually get a peek of flu. Generally, kind of January beginning of February, but last year we did get a nice flu peak in December. You can see last year we also had a third peak in that red, and that is COVID. And that is what our influenza like illness looked like for the last winter. On the right you can see what our COVID like illness syndrome looks like where you can see yes covid like illness picks up some influence like illness, you can still see the flu peak. But you see much bigger covid peaks for that for them going up and exceeding what we were getting from the signal from influenza like illness. And the reason it's so hard to distinguish as I'm sure you're aware is that the symptoms overlap. This slide is the symptoms listed for influenza on the left and COVID on the right on CDCs web page. The only distinct symptom to COVID, being new loss of taste or smell, which makes syndromic surveillance or even just determining what your patient has when they present to the office, very challenging when you're trying to distinguish between flu and covid.

Dr. Erica Wilson

The one different significant difference between the two is the people at high risk for severe illness. for both older adults are at increased risk and Covid we really do see that risk increasing with age. A 50 year old is, generally at higher risk than a 40 year old, a 60 year old is at higher risk than a 50 year old also people with underlying medical conditions. And then, pregnant women for covid is still a little bit up in the air, maybe we don't quite have the data yet for them to be declared an official risk group by CDC. But the biggest difference is in young children, young children with Covid generally have fairly mild illness. Whereas influenza can be much more severe in young children. And then, covid you also have

the risk for multi system inflammatory syndrome in the younger children. So that's usually, mostly in the elementary and middle school age groups. Next Slide. So a little bit more information on influenza vaccination for this year, on what vaccines are available and vaccination recommendations.

So vaccine composition this year has changed from last year, but all three strains in the trivalent vaccine have changed. So both influenza, A strains, and the one influenza B strain that is included and trivalent. You can see which strains are now included in each of those vaccines. And then the second influenza strain that's in the quadrivalent vaccine is the same as previous years, but for the quadrivalent three out of the four strains are new this year. There are also two new vaccines this year that have been approved. One is. Next slide. For the high dose there is now a quadrivalent high-dose vaccine for people 65 years and older, as well as a quadrivalent recombinant vaccine I believe that was, that is available this year that was not previously available. And the recommendations for vaccination is recommended everybody six years and older be vaccinated for influenza, particularly high risk populations, but everybody should be vaccinated, any age appropriate vaccine will work. People should not delay vaccination because they're trying to do it so somebody over 65 and they're searching around for the high dose. It's better to be vaccinated. There is some benefit to the high dose adjuvant and recombinant vaccines in people over 65. It is not clear if one of those three options is better than another, but they are better than the standard dose in that age group. And so if it is available, those two have better efficacy in a population and there have also been a lot of questions about the timing of influenza vaccination. With covid whether people should get vaccinated earlier to protect from co-infection. The recommendations for the timing have not changed my recommendation is to start vaccination in September and October. The concern is if it's given too early, especially in the elderly, that you'll see waning of immunity later in the season. And so waiting until September October for the older, especially for the older population. The one population that is recommended to vaccinate at the earliest possible is any children that will need a two dose series. And those it's recommended to get it done the first dose as early as possible as soon as the vaccine comes out or as soon as they are eligible, so that they can get that second dose earlier in the season. There are also questions about potentially vaccinating somebody with, who is potentially infected with COVID. As you'd imagine there is pretty much no data on influenza vaccination with COVID infection. And the CDC guidance, basically says that you can consider delaying these, just make sure they come back and get the vaccine. But, mild illness is not a contraindication for vaccination, and that is my last slide.

Crystal Torain

Good afternoon. I'm Crystal Torain, the Director of nursing for Piedmont health services. Next slide. So as we think about cold, flu and COVID-19 preparedness. The CDC currently recommends that our focus be on flu vaccination. Next Slide. I anticipate that most organizations already have infection control policies in place that govern your day to day operations. So these policies should provide sound guidance. However, you may find that you want to make some modifications based on CDC recommendations, North Carolina Department of Health and Human Service guidance and other local health organizational practices. Today I will focus specifically on infection control policies principles and processes, training and education and keeping employees healthy from the perspective of continued health and safety for patients community and staff.

Next slide says we think about infection control and some basic approaches and principles to consider as you prepare or evaluate your office and current practices. Looking at your physical environment and determination of where you will see respiratory patients or patients that have respiratory symptoms. Will it be outside of your facility and if it's outside of your facility as we know the winter is approaching as all that I've heard it's going to be a mild winter or that's the prediction currently. Or if you'll see patients inside your facility. And if you're either way if you're seeing patients outside or inside some basic infection control principles, which are are your monitoring, what are your monitoring processes going to be if you're going to, if you're going to have them. Will you require patients to wear masks and what will you do if a patient refuses to wear a mask or can't wear a mask. Hand hygiene stations, monitoring of respiratory etiquette, social distancing, as well as will you have space set up within your organization, such as isolation treatment rooms or, you know, this is where patients will be specifically seen if they have respiratory symptoms.

Next Slide. So another big topic to think about as you look at some basic approaches and principles to consider as you prepare your site is personal protective equipment. So clearly defining when PPE is needed. What type of PPE is needed, and who will oversee your PPE distribution. The current guidance is recommendation for universal facemask use for everyone and recent more recent guidance, in addition to face mask use is universal face shields or goggles. And there was a little bit of conversation before we started in regards to asymptomatic patients so not everyone that you're going to encounter will display symptoms of covid, and we all know that the symptoms of about common cold, flu and covid are similar. That universal face shield, or goggles use provides protection or assumed protection, or the best protection from an infection control perspective.

Next slide. So as you think about PPE also determining whether your items will be reusable, or whether you have will have extended use practices within your organization. So, depending on what you're supply and your burn radius, probably need to look at whether should establish these policies, and if so, what does, what does it look like to reuse an item such as a face shield or goggle. And how will they be disinfected to ensure good infection control principles are followed.

Next slide. So, you know, some basic principles, which we've heard all along social distancing, hand hygiene and always wearing your mask. If we follow and I should I should have added to that the addition of a face shield or goggles. If we follow those basic principles as much as possible we can be reassured as well as we can reassure our staff as well as the patients we serve, that the risk for transmission of covert will be extremely low. This, in and of itself has truly helped to guide our organization in regards to instances of where we've had patients test positive for covid after they've had a visit. You also need to think about from an infection control perspective cleaning and disinfection. So, one of the things that tends to need clarification is the difference between cleaning and disinfection, the cleaning is when you spray in a chemical agent on and you wipe it right off that's considered cleaning.

Disinfection is when you actually spray an agent on the surface, you have a completely wet and you wait the designated amount of time that's on that agent before wiping it off.

Next slide. So, best practices as you're looking at cleaning and disinfection processes. You know there's a new vendor or services available for electro considered electrostatic services, where they come in in the hazmat suits and spray a chemical on all surfaces. You know, looking at what will be your disinfection process and what products will you use, should you provide services inside of your facility within a treatment room. How long would you leave your room closed, you know, current recommendation from CDC is that you leave a room closed for 24 hours for no known suspected covid 19 cases. And I think for most practices, that's not realistic. So, what will be your policies so something to think about. Next slide. So employee health services. We Piedmont has always had an employee health team. However, with covid, we have found that we have had to increase employee health services from the perspective of employees who may be exhibiting symptoms of COVID, and how to determine when it's appropriate for them to come to work, or how do you determine if they can return to work after covid testing. Or, how did you determine when it's appropriate for an individual to continue to work after an exposure that may have been inside of the workplace or outside of the workplace. The best practice for us was to develop a framework and dependent upon the size of your practice, having a few staff that are knowledgeable and trained to manage exposure, as we found it very helpful to ensure consistency. And that's been reassuring to staff.

Next slide. So, at the heart of any recommendations, policies, protocols or processes that I could review with you. At the end of the day training and education are at the forefront. You have to ensure that your staff understand what you're recommending that they do and why you're recommending it, and providing them the opportunity to ask questions. Not all of the staff typically that you have working within a health organization have experience with wearing a face mask and knowing how to properly take it off, or put it on. So those are things that it's important to review, answer questions and provide education about. Next slide. Best practices, when you think about healthy employees, those same thank you oftern, in recognition as appropriate. And just clear acknowledgement that covid is hard. It's hard. And that's okay and providing support resources for your staff as able, easy access to policies and encouraging PTO or time off for your employees. Next slide. In closing, developing or expanding upon these basic principles should result in a continued healthy and sustainable health care workforce. Thank you. And also attached a slide with resources based on all the information that I've covered within the slides.

Hugh Tilson

Thank you

Dr. Christoph Diasio

Hi everybody, I'm Dr. Christoph Diasio. I'm a general pediatrician at Sandhills pediatrics in southern pines North Carolina and I'm also currently the president of the state chapter of the American Academy of Pediatrics NCPEDS. So just a couple quick thoughts on things about children that are important. I think certainly most folks have pivoted pretty quickly to dividing sick and well and coming up with different times of day and ways to make families feel more comfortable in the office I think we've gotten through that and now we're kind of ending up in normal territory. Probably the biggest thing that's come out recently is that North Carolina VFC, the state immunization branch is allowing us to use flu vaccine, with a bi directional borrowing this year, which means that if you have a kid come in the office who needs a flu vaccine and you have the wrong kind in the fridge, you can go ahead and give them that vaccine so in other words the VFC eligible child, you can borrow from private vaccine if you don't have VFC in the fridge and if it's a private child and for some reason, privately insured child and for some reason you don't have private flu vaccine in the fridge, you can borrow from VFC. Of course all of this needs to be documented. It's very important from a sort of taxpayer accountability thing that nobody's doing anything fraudulent. But this is really a wonderful thing and part of our partnership with the immunisation branch that we're, we're doing something really good here. CDC has blessed it, but I've worked this issue on a national basis for the Academy of Pediatrics for the last nine to 10 years and I can tell you, it is very difficult in many states for pediatricians and family doctors to provide flu vaccine to children.

The reason this is so important of course is that VFC flu vaccine in many places shows up significantly later than privately purchased flu vaccine, which is toxic because a lot of times people don't want to start vaccinating private kids after they've just told to the VFC eligible, no vaccine for you. So this is this is great. And that then leads into well how the heck are we going to do flu vaccine this fall, while everyone's trying to stay away from the doctor's office and be socially distant. There are practices that have done drive through flu vaccine with great success. There's a number of things to think about there, such as the average car length is 20 feet so if you just tell people to come get it you can shut down the roads of your small of your town pretty quickly. So I do know friends who do this with online scheduling software. And there's lots of different ways to do that and so I think the reality is sort of like how you divided sick and well a lot of this depends upon the architecture of your building and what the layout of your building is. Do you have a building that setup in a way that you can do walk in flu clinic. Do you need a little more control over that so you use an online appointment system to kind of sequence patients so you can pre work the charts, there's lots of different ways to get there but, you know, I think we're all going to need to step out of our comfort zone and come up with a way to do this efficiently this fall so that's a couple thoughts there.

I would also like to mention that our practice had an interesting thing recently I've been kind of thinking about all this how we divide sick from well and that we may need to sort of get used to things in the sense. I'm thinking about it as the way we did HIV when HIV first came on the scene and everybody was freaking out wearing the hazmat suits, and then eventually we went to universal precautions with a realization that if you knew the patient had HIV, once we had anti retrovirals, they were much less dangerous than if they were an unknown person with HIV. With a new infection and a high viral load and I'm almost thinking about this the same way so I've tried to even though we still are running sick

and well sides of the office, I'm really reinforcing with our staff I don't want you to feel safe on the well side. We've already had an interesting case where we had a child to come in, who was there well totally well had their well as it went home. Family calls back a day and a half later to say the kid just had a fever went to the ER and had a positive coronavirus test so that child was absolutely infectious in our office, we had zero secondary cases. So that's, that's really the last thing I'll say and then the Peds society we are going to do a little demonstration show and tell with the state vaccine branch Thursday at noon about bidirectional vaccine borrowing so we can get that information out if anybody hasn't heard about that yet. So I think all I think I'll stop there so I don't run away with things here.

Dr. Tom Wroth

Great, thank you Dr Diasio. So, this is Tom Wroth from CCNC and look at this panel we've got this is a super panel we've got a physician epidemiologist working with the Division of Public Health we've got Crystal Torain as a nurse leader and with multiple sites and infection control expertise you got to get Dr Diasio a pediatrician, and we've got Jessica Triche a family medicine, doc and Constance Olatidoye a psychiatrist I'd like to ask Dr. Triche and Dr. Olatidoye to introduce themselves if they if they would. Thanks,

Dr. Jessica Triche

Hi, I'm Jessica Triche, I'm a family physician practice in a town called Chocowinity, which is eastern North Carolina. I'm also current president elect of the North Carolina Academy of Family Physicians.

Dr. Tom Wroth

Great welcome Thank you. And Dr Olatidoye.

Dr. Constance Olatidoye

Hi, my name is Constance Olatidoye I'm a psychiatrist and I practice in Rosehill, North Carolina, which is in duplin County in the eastern part of the state. And I currently run a clinic, seeing outpatient there for medication management therapy, and also doing community based services.

Dr. Tom Wroth

Great, thank you. So we're going to go to the next slide, then we're going to we're going to explore this area that is coming up over the next several months and maybe it's not an area it's a tsunami. We know, one of the most common visits to primary care in the fall is going to be cough cold sore throat. And we also as Dr. Wilson showed us we know that flu season is coming in January, February, sometimes a little bit earlier. And it's just, it's really difficult to figure out how we're going to sort through all of these different scenarios that that come up so we'll start with kind of the present day and more cold season

and COVID season. And then we'll flip to maybe in February where we also have the overlap of where flu is in the community. So let's start. So, Doctor Triche in your practice if now had a 17 year old that was calling in themselves to make an appointment who had a three day history of cough and sore throat. How are you all handling this walk me through the triage piece, whether you're using telehealth what you would do in the exam in the office.

Dr. Jessica Triche

It's amazing how much this question has changed since a year ago, I mean I don't think a year ago, we would have thought about telehealth and keeping people out of the office. In this present day with it the seventeen year old was healthy, and the only symptom I knew was cough and sore throat, I would offer, we would offer our office a telehealth visit with the idea of, we've got elderly patients immunocompromised patients, newborns in our office. If it were to be covid trying to limit the exposure. I think once the telehealth visit was performed and I could gather more information. Is it more covid symptoms, is there a lack of smell or is this patient sneezing to gather whether he needs, he or she needs to be covid tested. Currently our offices are not a regional testing center yet that's probably going to change over the next month. We have tested for covid within the building, we're trying to limit it so we would I would need to figure out if he meets covid criteria and direct him to the regional center, or if I could recommend something like allergy medicine or over the counter medicine, it would really depend on what he what this patient said. If on the television, there was any sort of alarm for, you know, distress, where he needs to be physically examined. We can either refer to a center, or we can do. We've been doing some car, car parking lot visits with full PPE.

Dr. Tom Wroth

Great. So, let's say if this is a much younger patient So, two or three year old So Dr Diasio who are Dr Triche. Does that change with a younger, younger patient.

Dr. Christoph Diasio

This Christoph I think they're definitely cuter. Jokes really don't work on audio only conference. So yeah, I mean we we've been seeing, probably, younger kids in the office a little bit more than older kids, not on a scientific basis just kind of what we've done. And sometimes what we're doing, whether we see them in the car or whether we see them in the office kind of depends upon the time of day in other words if it's kind of the end of the day they'll be the last person in that exam room it's a little easier to not worry about the cleaning stuff quite so much. Cuz you're not worried about another patient getting in there. But we're, you know we're seeing this, you know, patients and, and I, I sort of go back to my original comment, which is that, you know, we're seeing well patients who are shedding my risk. And to the extent that we're now better prepared than we've been before with, you know, face mask, universal masking of patient and, Doc. I think we're, I think we're okay to see those people in the office.

Dr. Tom Wroth

Great. In a psychiatrist's office in a behavioral health office. Is it different, what are you doing to keep your, your workforce and your patients safe.

Dr. Constance Olatidoye

Yeah, I think we are implementing some of the same practices, mainly social distancing. We are limiting the number of people will come into the office. You know I have a staff of about 40 people and maybe about half come into the office now because the others can work remotely. So, of those who come in we all have to wear masks, the front door staff is really good at doing the screening right at the front door to ask both questions to do a temperature check. And if everything checks out okay, make sure the person has a mask. Those folks that we are seeing. We typically sit in a conference room that you know we're sitting maybe 10 feet apart if not further than that. Just to ensure that everybody is safe and keeping that mask on at all times. You know in psychiatry we don't have to do a lot of touching. So that kind of works to our advantage. And then once we see people in the office for most follow up appointments we're doing telehealth work. Usually, we're in a rural county some of the folks do have WiFi and they can you know do the audio visual but then we have certain populations that can only do telephone.

Dr. Tom Wroth

Great. So Dr Triche, talk to you a little bit we bring this patient in let's say and what are you all doing as far as screening at the front desk, and, and, you know, sort of patient flow and physical distancing all those things in your practice.

Dr. Jessica Triche

Very good question, violent, or organization has a standard policy in each clinic and sort of tweak it but we have someone in our front right at the front door actually before they get into the waiting room, who will check the temperature and asked 12 questions about symptoms, they keep being added to whether they have it. If they trigger positive or if they have a temperature over the current cutoff to whoever's whoever provider is is pulled aside and we decide the next step. If there is concern for being COVID if they're already somehow in the building we put them in a room and kind of call it isolation, which will then be cleaned and sit for a couple hours, if we can catch them at the front door, and we suspect COVID, we ask them to return to their car for a phone call, and then we will proceed with carside exam and history. Sometimes some of the questions you know if it's a cause if you find out they've had it for 12 years, and then they would proceed to a normal exam room where we all wear masks. And we clean it, just as the directions on the spray say and do the best we can to keep everyone safe.

Dr. Tom Wroth

What are y'all doing with eye coverings and what Crystal is talking about Have you adopted universal

Dr. Jessica Triche

I have adopted universal eye coverings, I use goggles. I've actually to be honest on it, more recently, looking at the literature. I've encouraged staff members and colleagues. It's not an organizational requirement so I've really only seen me walk around with goggles, or if it's a suspected person with covid. I have a feeling that may change with the flu season coming.

Dr. Tom Wroth

Yeah, I love what you all brought up maybe Dr. Diasio just about universal precautions I think this winter, that's going to be the way the way to go. It makes a lot of sense. Crystal as you're hearing the procedures over there in eastern North Carolina, anything to add on infection control procedures or what, what, anything to add in terms of what Piedmont is doing .

Crystal Torain

Only thing to add, I think it's been touched on, and so our parking lots, are actually our waiting room. So, in addition to screening that's done at the door. The patients actually wait in their car until the room is ready the provider is ready to see the patient and then they're escorted into the room and directly I'm sorry escorted into the building and directly to the room with the, with the door closed after they get in.

Dr. Tom Wroth

I think a lot of it's great to hear different practices of, you know, an addict Christoph said it well you have to kind of examine your own, you know, office space and parking lot and all those things and design something that will work best for you.

Dr. Christoph Diasio

This is Christoph one other idea that some of the EMR support now is to have text to patient where you can send like a single outbound text from inside your EMR so that's been really helpful for us and we've had patients using their car as the waiting room. Ms.Jan's ready come to her, you know come to the front door, we'll take you to room 12 or whatever.

Dr. Tom Wroth

Yeah, that's great. Let's so Crystal a little bit of this might be a controversial one. What if we bring in this patient let's say that a four year old and they're wheezing and want to do a nebulizer treatment. What's the latest on PPE when you're going to use a nebulizer

Crystal Torain

Yeah so full PPE is is recommended, you know nebulizers consider an aerosol generating procedure for lack of better word to describe it. So, that would include your gown, gloves, and N95, preferably and face covering. There is guidance that you could use a face sheild and a mask if N95 are an issue which I know they have been for for several organizations. But full PPE is what's recommended. I will say that so our Community Health Center site has specialized in providing nebulizer treatments that absolutely have to be given. Preferably outside our pay centers, which specifically focus on the elderly population. There's a mobile van that that is utilized to provide services for individuals who may have respiratory symptoms. So, letting the windows down the staff member is not actually inside of the van. The patient is put on there, and a nebulizer treatment is administered but the nurse or the medical assistant can monitor the patient from right outside of the van. So just to give other avenues for looking outside of the box. Yeah.

Dr. Tom Wroth

Yeah, that's great.

Dr. Christoph Diasio

I'll present a divergent view, which is that, and the advice Crystal gives everyone is exactly the correct advice that, you know, people have told us I don't I don't disagree with her but I've just been troubled by this because you know nebulizer you do with an adult where they're sitting in the nebulizers, you know, chamber I sort of get how we worry about aerosolizing virus but the way a lot of people are giving nebulizers to a four year old where you're kind of waving it the air at the kid is there screaming and they're yelling. I'm just a little skeptical that a lot of spit ends up in the nebulizer chamber. There are also some ones with nebulizer devices that have some one way valves that people are using to try to reduce risk and I think it's also worth saying that, I don't think this is a settled science thing I think this is a let's be as careful as possible kind of recommendation because in the United Kingdom, they don't consider giving a nebulizer treatment an aerosol generating procedure. So, you know, it's, it's, we're all gonna have to figure out how to navigate this and I was telling the group earlier I've gotten 30 emails over this issue with pediatricians trying to figure out what to do and people are running extension cords out to cars. And it just, I don't know that there's a part of me that feels like there's not a lot of science here this is these are recommendations that are being made in the absence of evidence that are as careful as possible. And if and the result of those science based recommendations that we we shut down our ability to see patients in winter who need breathing treatments where every kid needs a breathing treatment ends up in the emergency department. I think we're doing a greater net harm, so I would throw that out there as consideration.

Dr. Tom Wroth

Yeah, let's hope there will be some emerging evidence that will help us answer that question because that is that is part of the tsunami here it's going to be hard to, especially if you're going to have trouble with PPE supply to imagine how this is going to work,

Dr. Christoph Diasio

But I also want to increase your judgments, I want to pick at the premise there a little bit which is we may not have a tsunami in the sense that if we really do a good job with universal masking and people really do socially isolate, influenza is a lot less contagious than coronavirus and so we may not be as quote unquote overwhelmed, as we normally are, you know, every fall. So there's that maybe reason to hope.

Dr. Tom Wroth

Yeah. Dr. Wilson is there any information from kind of the Southern Hemisphere they're going through their flu season now about whether that's been what that flu season has been like in while it's coinciding with COVID.

Dr. Erica Wilson

Yeah, I haven't seen anything recently I can say from our influenza of surveillance data from the end of our flu season, that when the stay at home orders went into effect we did see a pretty dramatic drop off in our influenza cases. So, at the same, the same things that protect against COVID protects can flu in social distance wash your hands, wear a mask. It works for both. So people are doing a good job and we may not see as much flu as we might otherwise, we'll have to wait and see.

Dr. Tom Wroth

Yeah, that would be a real, real positive. Hopefully that'll be be the case. But let's quickly let's shift a little bit to flu season we're in February and kind of thinking this through you've got your typical, you know, a 45 year old with fever, cough and fatigue maybe some headache. And in the old days, if flu was endemic in your, in your community. You would, you know, you have some, some options as far as treat at home and as long as they were low risk and those sorts of things. But it's different this year, because we need to probably try to differentiate between flu and covid because different treatments and different course of illness and. And those, those pieces. So, how about this patient Dr. Triche how, what are your thoughts on whether you would triage out or bring in or test or what are your thoughts on the approach to this flu light patient.

Dr. Jessica Triche

This is the question we've been asking each other in our clinic for the past few weeks, how are we going to handle flu and COVID differentiating without, bringing it into our patients. In this case you like you said a healthy 45 year old normally we'd say stay home. I would probably begin with a telehealth visit to do an initial assessment. Eye ball him virtually. We are in the process of trying to come up we will be a COVID testing center and flu testing issue now being PPE, we don't have a lot. I don't think our nurses have I don't think everyone has an N95, so that's an issue but eventually we're going to be getting that. I think the big thing I would recommend and I guess there's no data yet but a swab for flu and COVID I don't think we can rule out one without the other. And I'm guessing there will be times where you could have both at the same time. I think with if this person were having any kind of chronic illness definitely get them in person instead of virtually you know asthma, diabetes, because you would really need to get a good set of vitals, see how they look. But it's gonna be a work in progress, interesting work in progress, I think.

Dr. Tom Wroth

Yeah, absolutely. And a lot of that has to do with the supply and the PPE and the opportunities for different testing strategies. So, Christoph and and Crystal from Piedmont, are you all thinking about testing any differently this fall and this winter.

Dr. Christoph Diasio

This is Christoph we've had a good partnership with our local hospital has been able to turn around molecular tests pretty quickly for coronavirus, we are. There are some companies that are marketing, sort of point of care coronavirus tests I don't know if we want to get into company names on the call, but I guess not a CME talk and there's no real secrets so the -- people and BioFire people. Biofire is extremely expensive and it's a panel. And so that really gives me a lot of heartburn. But, if we're, my, you know my real hope is that we all have access to the Yale tests really quickly where people just spit them to get an answer back quickly and cheaply, but I I don't really know, but I agree it's that same issue we're gonna every kid you wonder about a flu infection, you're gonna wonder is it COVID and so the big thing that we can control from this as to just rock flu vaccine this fall so we squish as many cases of influenza as possible.

Dr. Tom Wroth

That's great. I love that should be our last line we need to rock the flu vaccination I think from Dr. Wilson and others that's the, that's sort of the key right.

Dr. Christoph Diasio

What can you control, that's the thing we can control.

Dr. Tom Wroth

Absolutely. Yeah. Let's just. We've got several questions in the chat I'd love to just have one more area with you all. And just thinking about flu vaccination, in general and what strategy you all are using to vaccinate your, your panels or your, all your, your patients this year. Are you doing it outside flu clinics are you. Any other strategies out there to get your patients vaccinated.

Dr. Jessica Triche

This is Jessica we are in the process of having flu clinics, but they're likely going to be curveside drive by or under a tent of some sort. Hopefully in the next few weeks.

Dr. Tom Wroth

Crystal, what about you.

Crystal Torain

Similar to what was just stated. We're also taking into account that we have a lot of families or, or caregivers who are likely serving two roles now with, with their children. And so looking at time periods where families may be available to bring their children in for flu vaccination and perhaps it's on the weekends so consideration of extended hours. So essentially a flu clinic but alternate hours than what we may have, have had or are a part of our normal operations for our site. But yeah, similar to what has been stated.

Dr. Christoph Diasio

So this is Christoph we've tried a number of things over the years and, you know, prior to this season, the thing that was most successful for us was basically walk in flu clinic all the time, so that it wasn't ever one big day. And if you drove up to our parking lot and there was nowhere to park, you know maybe today wasn't the day you wanted to get your flu vaccine. I was talking to some pediatricians at a national conference in Connecticut and they were going on and on about how they'll never do walk in flu clinic again. And when I said ask well what's different about you and Connecticut. They were renting space and a physician office building in a giant hospital complex so they had you know football fields parking. So you can tell they were mobbed until you actually got in the waiting room, and they had people hanging from the ceiling. So, you know, I think again it comes down to what is your local physical layout I mean if I had a massive parking lot the idea of just come and get it you know drive through flu clinic would be really appealing. But we don't have that kind of layout where that's practical. So I think all of us are just going to need to innovate and come up with new ways to do it this fall. Couple little caveats. If you're arguing flu vaccine in the parking lot, or if you're doing an off site flu vaccine you do need to get permission from the immunization branch, if you're using VFC vaccine, just to talk to them about what

your plan is for cold chain. My good friend will have some chest pain unless I mentioned that, remember with vaccines, it's not a two sided risk it's much more a one sided risk if the vaccines touch zero and you freeze them they're dead. A lot of vaccines can be a little bit warmer. If they have to be but it's freezing them it really kills them so making sure that you don't have a cooler that's too cold, is really very relevant to any kind of off site vaccination. And of course if you're just doing them in your parking lot, and you just get an extension cord and a small fridge and you're good, but not a dorm fridge, they're bad, they're evil, don't use them, they freeze.

Dr. Tom Wroth

Well let's, we got some questions in the chat and Hugh, will you tee up some questions for our panelists.

Hugh Tilson

Well yeah, first of all, wanted to show Cristoph that we did get a comment that somebody laughed out loud at your joke. So while it may not translate perfectly. It did translate. One question. One question we got is if we borrow, then do we switch as the supply becomes available with regard to vaccines.

Dr. Christoph Diasio

Yeah, I think we're gonna have a meet yet yes I think you could do it that way some practices, they do all their borrowing up front and then they have just one day that they do all their trade outs because it makes it easy for their nursing staff to keep up with it that way. Because you should have a relatively small number of trade outs that you need to do so I think there's multiple different ways to do it. As I mentioned Thursday at noon, we're going to have the immunization branch on an NCPEDs webinar where we're going to go through all those sort of practical nuts and bolts things. And they're going to actually show how to use the NCIR as a way to have a report that will count as something that you can turn into your immunization officer field person who comes to, you know, check out your site to make sure you're doing the right things I forgot there. It's consultant that the name.

Hugh Tilson

Gotcha. Thanks. Got a question about where to find more help in developing infection control policies that are realistic simple to follow and not an overwhelming amount of information to read for staff are their resources are there best practices are things that y'all are seeing that are perhaps more applicable than perfect.

Crystal Torain

This is Crystal. I've recommended if you're looking for something specific to COVID-19. Using the CDC website and I, on my presentation I've provided a list of where you can go actually on the site for CDC

because it can be hard to to locate information that you're looking for. But I would recommend that being a resource. I also strongly recommend consulting and building relationships with other organizations, healthcare organizations and seeing what what they're doing. The other big thing that I would say is, if you're able having someone who can monitor the CDC website, because it tends to change a lot. Sometimes more frequently than than not, so that you can stay abreast of the latest recommendations. But, those would be my recommendations to you. I've found that the CDC website information is pretty simplistic. And you can take principles that you are all ready really knowledgeable about and work them and develop them into policies and procedures for your organization.

Hugh Tilson

Thanks, that's really helpful. got a question for Dr Olatidoye. You're in one of the poorest counties in the state. What thoughts do you have about flu and access to vaccinations for your patient population are there special populations special challenges, lessons that we can learn.

Dr. Christoph Diasio

I know a lot of the patients that we see they do have primary care providers and usually they will access that. But even, you know, prior to COVID-19, the whole issue of transportation being able to get to providers has always been a significant issue. So, what we're doing, you know, it's just that basic education just tell the folks the flu season's coming and make sure you get your flu shot. I think that's kind of the best that we can do but we still are faced with that population that they're just not able to get out with transportation. One thing that they did use was Medicaid transportation and I think that still exists but then yet there are a lot of people who are afraid to do that. So it is becoming an issue but again we're trying to just talk with them about it now hopefully they can use natural supports to be able to make that connection. As I mentioned earlier, we have quite a few people that we serve actually with community based services, and that is staff will keep in touch with them and sometimes even mobilize and go to their houses, not going inside at this point that will actually meet with them out in the community or at their houses. So that's another way that we do keep in touch with them and try to encourage them to make sure that they continue to be in touch with their primary care provider and again look at getting flu shots coming up.

Hugh Tilson

It's really helpful, I wanted to direct folks to the Q&A, where Elizabeth from the Peds society has posted links to a couple of resources that build on your comments and provide additional resources I want to kind of pivot a little bit. I got a question, is everyone reusing PPE.

Unknown Speaker

Yes.

Hugh Tilson

Everybody's reusing PPE?

Dr. Jessica Triche

This is Jessica we are putting into this. I guess it is this place to be possibly reused in the future. Those are facemask shields and goggles we just reuse wipe clean.

Dr. Tom Wroth

Just what the guidelines are on that. Can you remind us with masks and others.

Crystal Torain

Sure. So, as far as your face mask. That's really a key to your organization how long you're going to recommend a face mask is used. And what we've, we've said for our organization is use one face mask for one week. However, providing avenues for being able to change those out such as if they don't fit well if you can't breathe through it. Or if that your, your loop breaks. Of course you do want individuals to be able to change that out They're N95s you know, up to five times, and a strong encouragement, that there's not a whole lot of taking it off and putting it back on. So you know for instance if you know you're going to be seeing respiratory patients, trying to have them seen all together so if it's from eight to 12 so that you're not having to take that N95 offf and on multiple times throughout the day, it just increases the infection control risk to everyone. Of course in circumstances where you're directly coughed on. Those are time periods where you want to throw that N95 away and get a new one. Goggles and face sheilds just was already stated disinfection and being clear on what agent your organization is going to use for disinfection. So everybody's clear, and then isolation down a little bit of the same principle. However, you want to make sure that, again, the patients that you're providing here service services to you, such as respiratory patients who consider them all to be potential positives for COVID, and you don't want to mix wearing a gown with someone who is considered well. So those, those are principles to use when you're talking when you're thinking about using PPE, and of course training is very important, including how to properly put on and take off the PPE.

Dr. Christoph Diasio

This is Christoph I just like to throw out there that if pediatricians haven't ever considered vaccinating parents against the flu. This is a great year to consider starting to do that we've done that for a number of years and it's been very very popular we don't usually do it at the start of season when we haven't gotten all our supply but as the supply improves that's, that's a really great thing to do and families love it.

Hugh Tilson

So, we're just about out a time when I want to do next is just be sure to thank everybody Erica, Crystal Christoph, Jessica, Constance for your time tonight your expertise. Erica I have a little bit of line of sight into the life you've been leading. Thank you so much for carving out some time to be with us tonight. I hope all of you who are practicing in the communities are benefiting from the information that we have tonight, and thank everybody for participating. What I'm gonna do now is turn it back to our panelists and Tom, see if you guys have any final comments you want to make before we sign off. Tom, why don't we start with you.

Dr. Tom Wroth

Thank you. Yeah, just really just want to thank the thank everyone that's here just thanked as well and we are also the organizations that put this on interested in what might be helpful over the next couple of months so feel free to reach out to Hugh, myself, Elizabeth, Greg or Robin, or others if there aretopics that would be helpful to you. Panelists any closing thoughts.

Dr. Christoph Diasio

Well, Tom I think you already said I had to say we've got a rock flu vaccine this fall so I'll stick with that.

Yeah, I'd like to thank everybody on the panel this was very insightful for me, as I mentioned, we don't tend to touch base with patients or get too close but this gives me a lot more to think about especially with flu season coming up. And I think I'm pretty pleased that we were doing okay with our precautions with COVID and, but I did get more insight about what else we could do things there so thank you everyone.

Hugh Tilson

Crystal.

Crystal Torain

Thank you for that opportunity. And it's been very insightful and I agree, rock, rock flu vaccination I've joined in the club without one.

Hugh Tilson

Jessica.

Dr. Jessica Triche

Thanks for letting me participate and appreciate everyone's work on this. We continue into the unknown and let's rock flu vacs.

Dr. Erica Wilson

I'll go with the rock flu vacs and then add on if anybody would like to be part of the state laboratory influenza surveillance, which sends samples to CDC to help build next year's flu vaccine. There's information at flu.nc.gov or you can email me directly.

Hugh Tilson

Great. So last thing I'll observe is these slides are available on the joint CCNC AHEC website, please go get them and we'll post a recording tomorrow. Thanks, panelists for your time really really appreciate you carving out time in your busy schedules. And for all of you participate, I hope this is helpful. Have a great evening and we'll talk to you soon. Take care everybody.