IEW SARS-CoV 2

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MASKS MASK WEARING IN PUBLIC

- Non-medical mask materials with a filtration efficiency >90% include a blend of cotton/ chiffon, cotton/ silk and cotton guilt.*
- The ideal combination of materials for fabric masks should include 3 layers; innermost layer: hydrophilic material (e.g. cotton or cotton blends), middle layer: a synthetic non-woven material (e.g. polypropylene), outermost layer: a hydrophobic material (e.g. polypropylene, polyester, or polyester blend). Masks should not have breathing valves or vents.
- State government mandates for community use of face masks or covers across 15 US states has been associated with a decline in daily COVID-19 growth rates from 0.9 1-5 days after signing orders to 2.0 over 21 days after signing.
- The average jet distance traveled by a cough covered by a two-layer stitched mask made of guilting cotton was 2.5 in as compared to an uncovered cough which traveled approximately 8 ft. The droplets from a cough covered by a single-layer bandana style covering had an average jet distance of 3 ft 7 in.
- EXTENDING USABILITY OF N95 RESPIRATORS
 - CDC guidelines provide principles for extending usage and reuse of filtering facial respirators, like N95s, in times of limited supply. Decontamination should reduce pathogen burden, retain functionality, and present no residual chemical hazard to mask users.
 - Ultraviolet germicidal irradiation (UVGI), vaporous hydrogen peroxide (VHP), and moist heat are the recommended methods for decontaminating N95 masks. Manufacturers should be contacted for guidance on the best mechanism for decontamination.
 - The University of Nebraska Medical School has developed a decontamination protocol for N95 respirators that uses UVGI to decontaminate 90 masks/round with a total exposure dose up to 900 ml/cm2.
 - The Washington University School of Medicine has implemented a VHP protocol that is capable of decontaminating 200 N95 respirators in 24 hours using a minimum dose of 700 parts per minute (PPM) of VHP.

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EFFECTIVENESS OF STAY AT HOME ORDERS AND EFFECTS OF RE-OPENINGS

Undated on 12/1/2020

- Stay at home orders
 - Data from four major cities in the United States has shown that with the implementation of more strict stay at home measures, the average percent change in the number of new cases daily had decreased.
- Re-openings
 - o In Florida, there was a 1.2 increase in COVID-19 cases among elementary school aged children (6-16) and a 1.3 increase in high school aged children (14-17) in counties that returned to in person schooling compared to no increase in cases in counties that continued online education.*
 - Current evidence suggests that children have similar transmission rates as adults. Older children appear to have higher secondary attack rates compared to younger children.*
 - There have been several reports of COVID outbreaks in different facilities that have re-opened (e.g. summer camps, nursing homes, and child care facilities) even when precautions were taken.
- Recommendation: Social distancing was working to flatten the curve. As businesses begin to open up and people return to work and school, caution should continue to be taken; with adequate ventilation rates, social distancing, low % occupancy of a room, low exposure time, and mask requirements, the benefits of re-opening can outweigh the risk of spread. These should be implored as much as possible as the need to gather in groups grows in order to minimize the increase in cases. As childcare facilities and schools open too, children should also wear masks; even though children tend to have milder symptoms, they are still able to transmit COVID-19. School re-openings have also been associated with increase in the number of cases in those places, therefore it may be beneficial to return to virtual schooling*.

TRANSMISSION FROM SURFACES

- Virus viability is greatest on surfaces that are cooler, have lower humidity, and are not exposed to sunlight; with persistence on smooth, non-porous surfaces for up to 28 days under ideal conditions. These objects were found to have viable SARS-CoV-2 for different amounts of time: plastic and stainless steel (72 hours), cardboard (24 hours), and copper (4 hours). The greatest risk of transmission though is from airborne virus.
- No virus was detected after disinfection and sanitation of objects with a 0.1% hypochlorite solution. Other disinfecting chemicals (e.g. 75% ethanol, 10% bleach, advanced hand sanitizer) can also reduce the infectivity of SARS-CoV-2.
- Recommendation: Caution should be taken when handling objects made out of plastic, stainless steel, and cardboard, especially in higher risk settings such as the ICU, as the virus was found on computer mice, trash cans, and door handles in this setting. Disinfecting techniques should be continued.

TRANSMISSION IN DROPLET VS AEROSOL FORM

- Increasing outdoor airflow may greatly decrease the airborne transmission rate of COVID-19.*
- There is evidence that supports that COVID-19 can be spread via aerosols (ranked 8/9 on plausibility of aerosol transmission), but also evidence that supports it is not primarily spread by aerosols (measles which is spread by aerosols has a reproductive value of ~18 vs COVID-19 has a reproductive value of ~ 2.5).
- A model showed that droplets less than 60 µm can travel about 6 feet 26 feet. Aerosols of SARS-CoV-2 were found to travel up to about 13 feet.
- Increasing ventilation and decreasing air-recirculation may reduce the transmission of airborne COVID-19. Experimental studies have been done that show there is better positioning for ventilation devices in order to decrease the chance of particles landing on surfaces due to ventilation.
- Recommendation: Forceful exhalation may be sufficient in aerosolizing SARS-CoV-2 therefore precautions should be taken when doing activities such as shouting and yelling. Opening windows may help reduce the transmission of COVID-19 indoors. Though there is a chance that aerosol transmission is not the primary method of transmission, avoiding large crowds and poorly ventilated areas should still be practiced; evidence is growing for the aerosol spread of COVID-19 as well. How many and the location of ventilation devices should also be taken into consideration in order to optimize ventilation.

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Updated on 12/1/2020 **Indirect Health Effects & Personal Impact**

FOOD SECURITY

- Food insecurity rates in the US have doubled from 18% to 35% during the pandemic. Previous large observational studies suggest that living in food poverty increases the risk of developing childhood asthma, and that parents of children with CF are twice as likely to be living in food insecurity.
- One study found that self reported food security rates among low income Latinx families decreased from 76.9-80% in 2019 to 34.2-38.1% between May and September 2020.*
- Recommendation: Clinicians should screen for food insecurity and connect patients with appropriate resources.

NONCOMMUNICABLE DISEASES & LIFE EXPECTANCY

- 75% of countries surveyed by the World Health Organization reported a considerable degree of disruption to noncommunicable disease services due to the pandemic.
- The CDC reported that by June 30th, 41% of US adults had delayed or avoided care due to the pandemic.*
- There have been fewer patients admitted for strokes and myocardial infarctions, likely due to public health messages.
- The duration of lockdown is proportional to uncontrolled glycemia and diabetic complications.
- Children may experience unhealthy weight gain related to the pandemic. Unhealthy weight gain may be related to increased food insecurity caused by the pandemic or related to decreased physical activity because of closures.
- The average 2020 US life expectancy is estimated to decrease by 1.41 years. The Black-white life expectancy gap is estimated to increase by 50%, undoing 20 years of progress towards closing the gap.
- Recommendation: Practitioners should educate patients with chronic diseases about telemedicine options in order to ensure adequate management. Clinicians should also counsel parents on healthy practices to avoid unhealthy weight gain despite closures. This should include screening for food insecurity and providing appropriate resources.

MENTAL HEALTH

- Psychiatric symptoms such as depression, stress, and anxiety in the general population may have increased since the pandemic with .40% of adults struggling with mental health or substance abuse; young adults, essential workers, unpaid caregivers of adults, and racial/ethnic minorities are experiencing these symptoms at higher rates.
 - There is some evidence that psychiatric symptoms increased at the beginning of the pandemic but then returned to baseline levels by June. More research is necessary to determine the effects of extended pandemic conditions.*
 - Healthcare workers are especially at risk, Home Health Care workers reported feeling vulnerable but invisible.
 - In a Canadian cross-sectional study of mothers of kids aged 0-8, the levels of clinically significant depression and anxiety both were dramatically increased compared to pre-COVID levels.
 - A study of LGBTQ+ individuals found higher levels of stress and depression compared to pre-COVID studies.
 - A UK study of families with children who have special education needs or disabilities found that many families reported increased anxiety and fear.
- Since 57% of children who receive mental health services receive it from school, there is reduced access to mental health care for children whose schools closed. This disproportionately affects LGBTQ+ youths since many of them utilize mental health services.
- A cross-sectional study of people with alcohol use disorders in the UK found that lockdown was a risk factor for increased alcohol consumption, including harmful levels. However, some participants actually decreased their alcohol consumption.
- Recommendation: Practitioners should screen for psychiatric symptoms and connect patients with mental health resources, including affordable and telemedicine options where possible. Public health efforts should include efforts to prevent psychiatric symptoms, like financial support and promoting social connectedness. Clinicians should screen for increased alcohol use and connect patients at risk of harmful alcohol use with alcohol liaison services.

GENDER EQUALITY, DOMESTIC VIOLENCE, CHILD ABUSE & NEGLECT

- A study of working parents found that 36% of surveyed dual-earner couples adopted a strategy for childcare in which the wife worked and did all or most of the childcare, and that this group had the lowest measures of well-being and job performance.*
- There may be increased risk of domestic violence compared to pre-COVID-19 levels due to increased stress and financial insecurity as well as decreased social support, especially in the LGBTQ+ population.
- Child abuse reporting in several states have decreased by up to 70% percent compared to pre-COVID-19 levels. In the United States, 67% of substantiated reports come from victim-serving professionals like educators, so reduced reporting likely indicates that child abuse and neglect are continuing unreported due to school closures.
- Domestic violence reports have increased dramatically around the world, by as much as three-fold during lockdown in China. Some reports also include the use of COVID-19 as a weapon for emotional abuse.
- Recommendations: As clinicians are some of the few remaining reporters, they should screen for signs of domestic violence, child abuse or neglect.

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Updated on 12/1/2020 **Indirect Health Effects & Personal Impact Continued**

CHILDHOOD VACCINATIONS

- A World Health Organization poll found that in 85% of 61 countries that responded, childhood immunization rates had decreased since January which may reflect parental concern of exposing children to the disease.
- Recommendations: Clinicians should continue outreach efforts for bringing children up to date with routine vaccinations, including educating parents on the importance of preventing serious illness with vaccines even during the pandemic. Making vaccine administration available with limited contact (for example, via a drive-thru vaccine clinic) could also ease parental concerns.

STIGMA & RACISM

- In one survey, a quarter of respondents felt that healthcare workers should have restrictions placed on their freedoms to avoid infecting people with COVID-19. Nearly a third would avoid healthcare workers to avoid infection. These indicate increased stigma.
- In a survey of Chinese American families, nearly half of parents and youth reported being directly targeted by COVID-19 racial discrimination online. Higher levels of parental and youth perceived racism and racial discrimination were associated with poorer mental health in parents and youth.
- Recommendation: Clinicians should be sensitive to the challenges Asian American families may face due to racism during the pandemic.