

## 1. Clinical Presentations and findings of COVID-19 from reported cases

- Clinical findings range from asymptomatic infection to mild illness to severe or fatal illness.
- Most frequently reported signs/symptoms for hospitalized patients include fever, cough, myalgia, and shortness of breath.
- For patients with symptomatic illness, estimated median incubation period is 4 days with an interquartile range of 2 to 7 days.
- Common clinical laboratory findings include leukopenia, leukocytosis, lymphopenia, and elevated alanine aminotransferase and aspartate aminotransferase levels.
- SARS-CoV-2 RNA has been detected from upper and lower respiratory tract specimens, and the virus has been isolated in cell culture from upper respiratory tract specimens and bronchoalveolar lavage fluid.
- Radiographic imaging often shows multiple bilateral areas of consolidation with ground glass opacities.
- Some reports suggest potential for clinical deterioration during the 2<sup>nd</sup> week of illness.
- 20-30% of hospitalized patients have required intensive care for respiratory support.
- 2% overall case-fatality rate has been reported from China, but this includes mostly hospitalized patients so likely overestimates true mortality.

## 2. Risk Factors for severe illness by COVID-19

- Risk factors for severe illness include older age and chronic medical conditions:
  - Case-fatality increases with age, including 4% among 60–69 years, 8% among 70–79 years, and 15% in those ≥80 years.
  - Patients who reported no underlying medical conditions had case fatality <1% compared to 6–10% in patients with chronic medical conditions.
- From limited data, COVID-19 appears to be milder among pediatric patients:
  - Of confirmed cases in China, only 2% were aged <20 year and no deaths were reported among children aged <10 years.

## 3. Prevention of COVID-19 infections:

- In the absence of an approved vaccine, community mitigation measures are the primary way to reduce COVID-19 transmission among persons in the community.
- Adherence to recommended infection prevention and control measures can reduce the risk of COVID-19 spread in healthcare facilities.

## 4. Treatment of COVID-19

- No specific treatment for COVID-19 is currently available.
- There are no antiviral drugs licensed by US FDA to treat patients with COVID-19.
- There is no available data from randomized controlled trials to support recommending any investigational therapeutics for patients with confirmed or suspected COVID-19.
  - Remdesivir is an investigational antiviral drug that is reported to have in-vitro activity against SARS-CoV-2.

- Some patients with COVID-19 have received intravenous remdesivir for compassionate use outside of a clinical trial setting.
- NIH is sponsoring a [randomized controlled trial](#) to investigate the effectiveness of remdesivir.
- Two other clinical trials sponsored by the manufacturer (Gilead) are evaluating the safety of remdesivir in patients with [moderate](#) or [severe](#) COVID-19 disease.
- For more information about the clinical trials or compassionate use contact [coronavirus.response@gilead.com](mailto:coronavirus.response@gilead.com) or (443) 691-5813.

#### 5. Clinical Management of COVID-19 includes:

- Prompt implementation of infection prevention and control measures for hospitalized cases.
- Supportive management of complications, including mechanical ventilation and advanced organ support.
- Corticosteroids should be avoided, because of the potential for prolonging viral replication as observed in MERS-CoV patients, unless indicated for other reasons (e.g., chronic obstructive pulmonary disease exacerbation or septic shock).

#### 6. Isolation Protocol for patients receiving aerosolizing procedures:

- Intubation, high-flow oxygen by nasal canula or mask, and non-invasive positive pressure ventilation are all aerosolizing procedures.
- Patients receiving or undergoing these procedures should be highest priority for use of negative pressure rooms and should be prioritized to receive airborne isolation precautions.

#### 7. Discharge Instructions for patients currently on isolation:

- Before discharging a patient currently on isolation, please assess the patient's housing status and ability to isolate at home.
  - If the patient will be discharged to a SNF, assisted living facility, jail, prison, shelter, dormitory, or other congregant setting, you no longer need to notify the Public Health Department prior to discharge.
  - All other discharges may proceed without notifying the Public Health Department.
  - If discharged to a private residence, the patient should be instructed to complete home isolation as per usual guidance, with no follow up testing required to end isolation.
- If a patient has been cleared for removal of isolation in the hospital, they may be discharged to locations appropriate based on clinical status without consulting the Public Health Department.

#### 8. Get more information on COVID-19

- Visit the County of Santa Clara Public Health Department webpage: [www.sccphd.org/coronavirus](http://www.sccphd.org/coronavirus)
- Visit the County of Santa Clara Public Health Department Provider webpage: [www.sccphd.org/covidproviders](http://www.sccphd.org/covidproviders)
- Visit the Center of Disease Control & Prevention webpage: [www.cdc.gov/coronavirus/2019-ncov](http://www.cdc.gov/coronavirus/2019-ncov)