COVID-19 Update

September 15, 2020

Austin Public Health

Mark Escott, MD, MPH, Interim Health Authority

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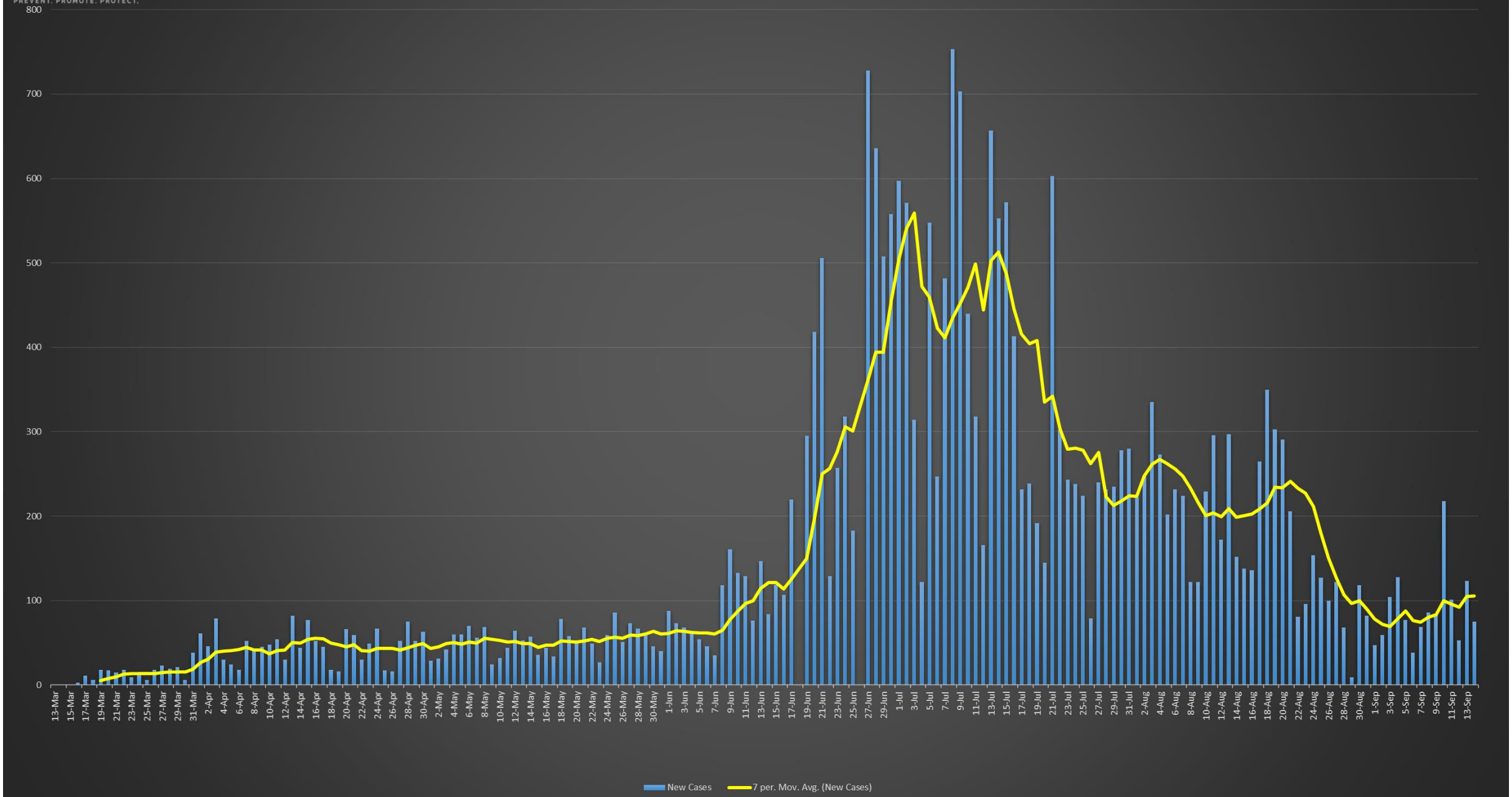
COVID-19 Travis County New Confirmed Cases



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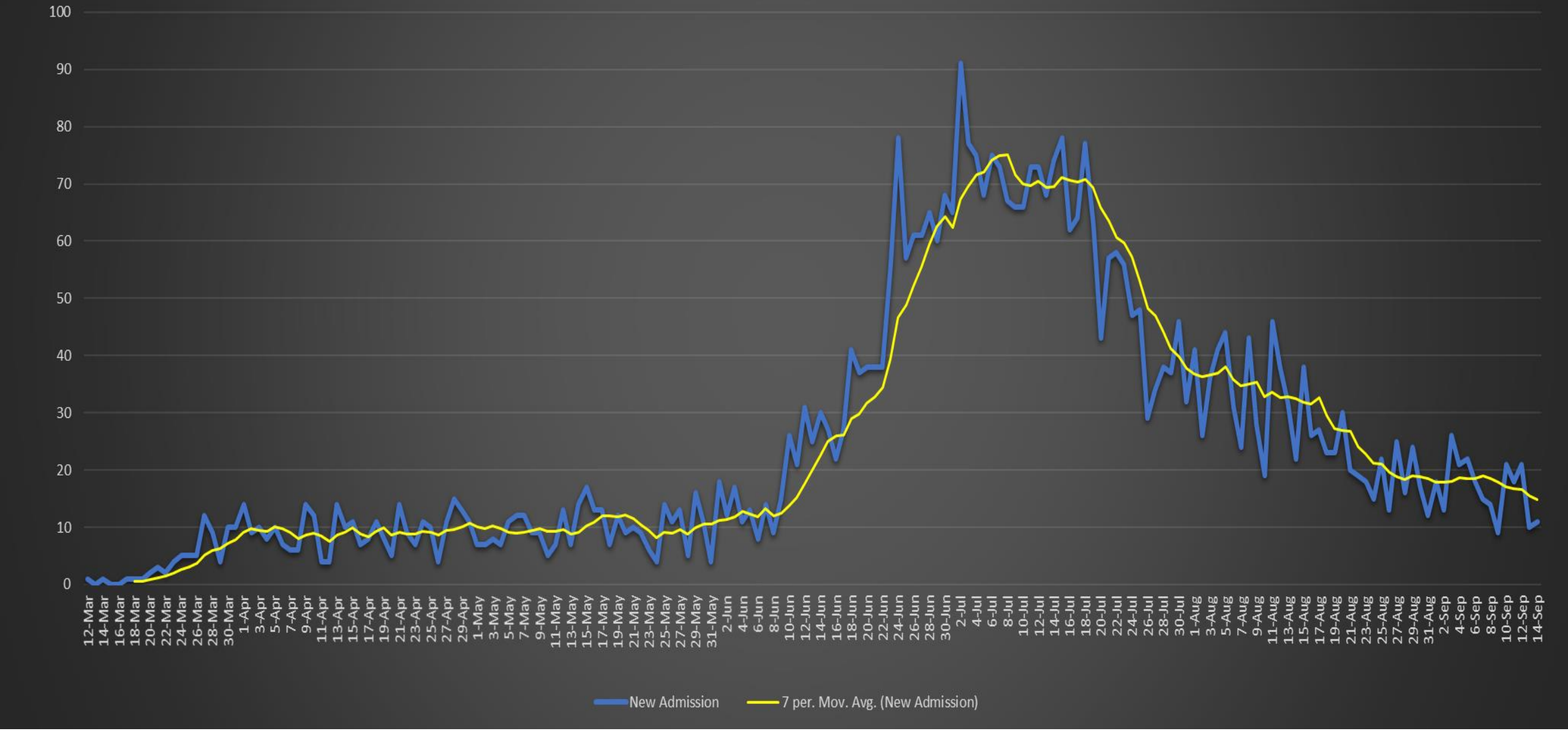
COVID-19 Austin MSA New Admissions



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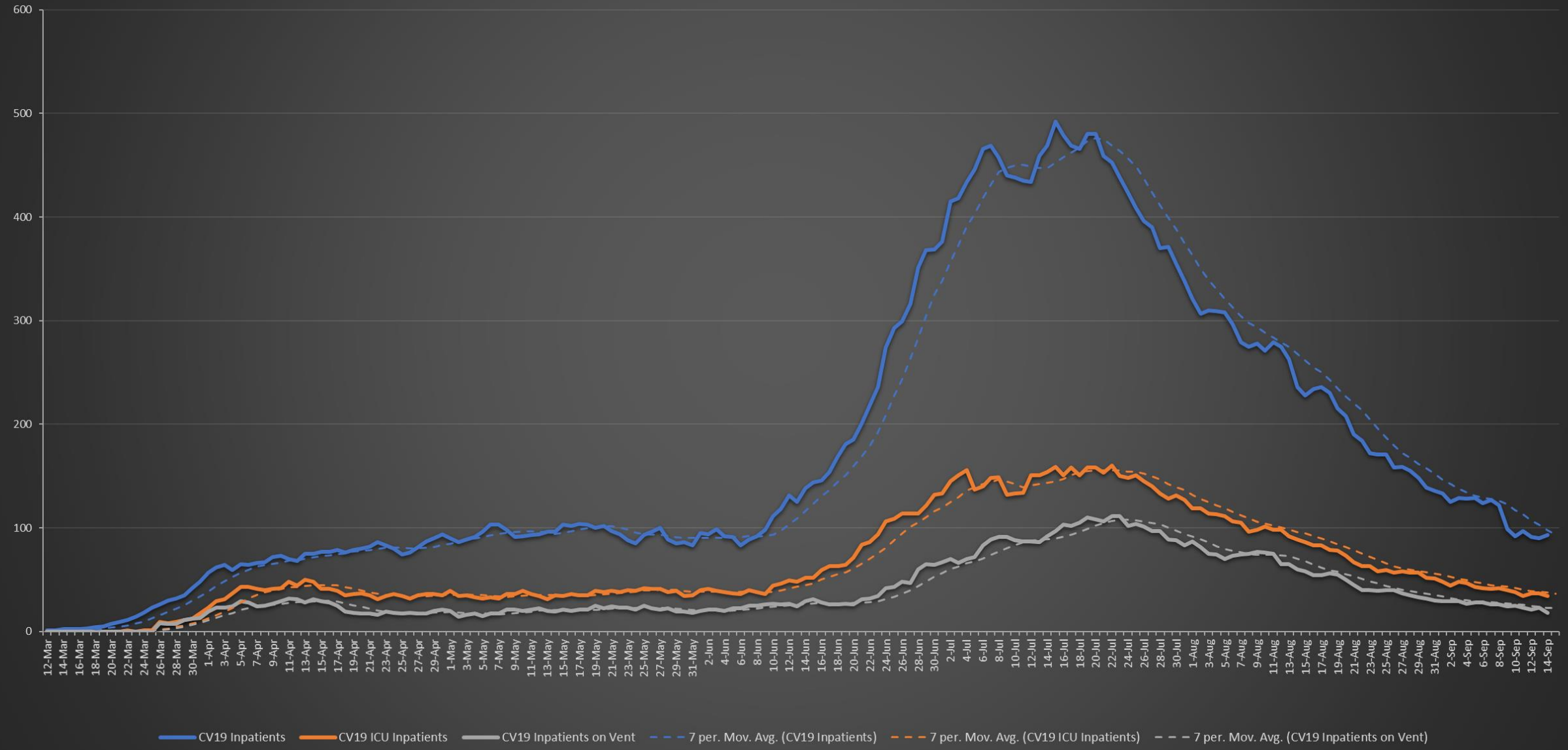
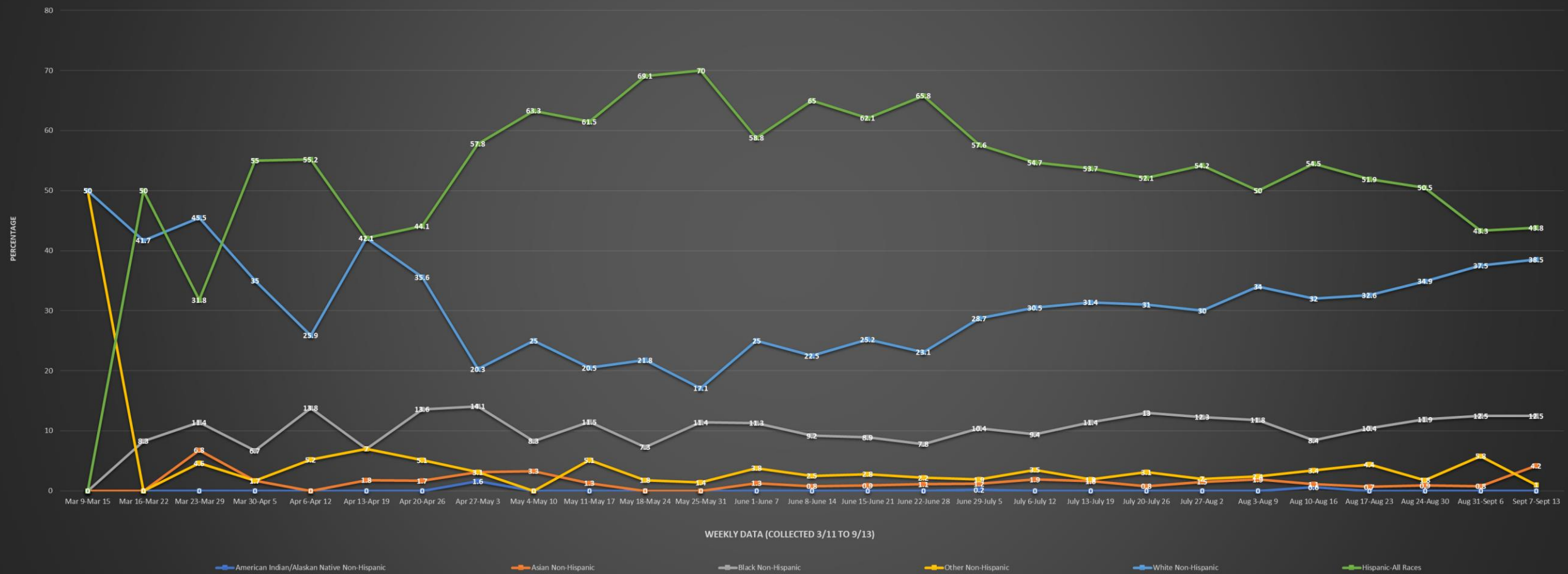
COVID-19 AUSTIN MSA CURRENT HOSPITALIZATIONS, ICU ADMISSIONS, AND VENTILATOR USE



City of Austin - Travis County COVID-19 Hospitalization by Race & Ethnicity (Austin MSA)



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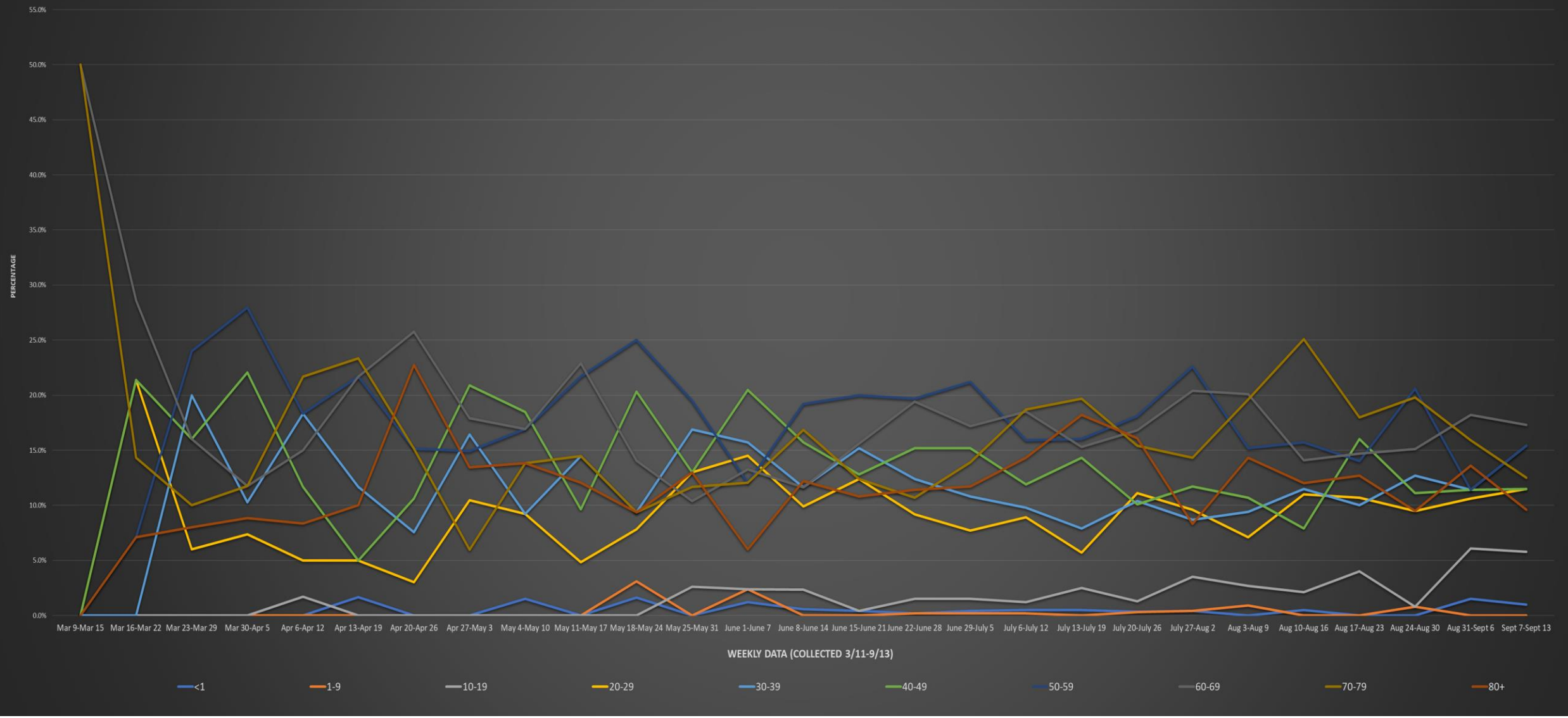
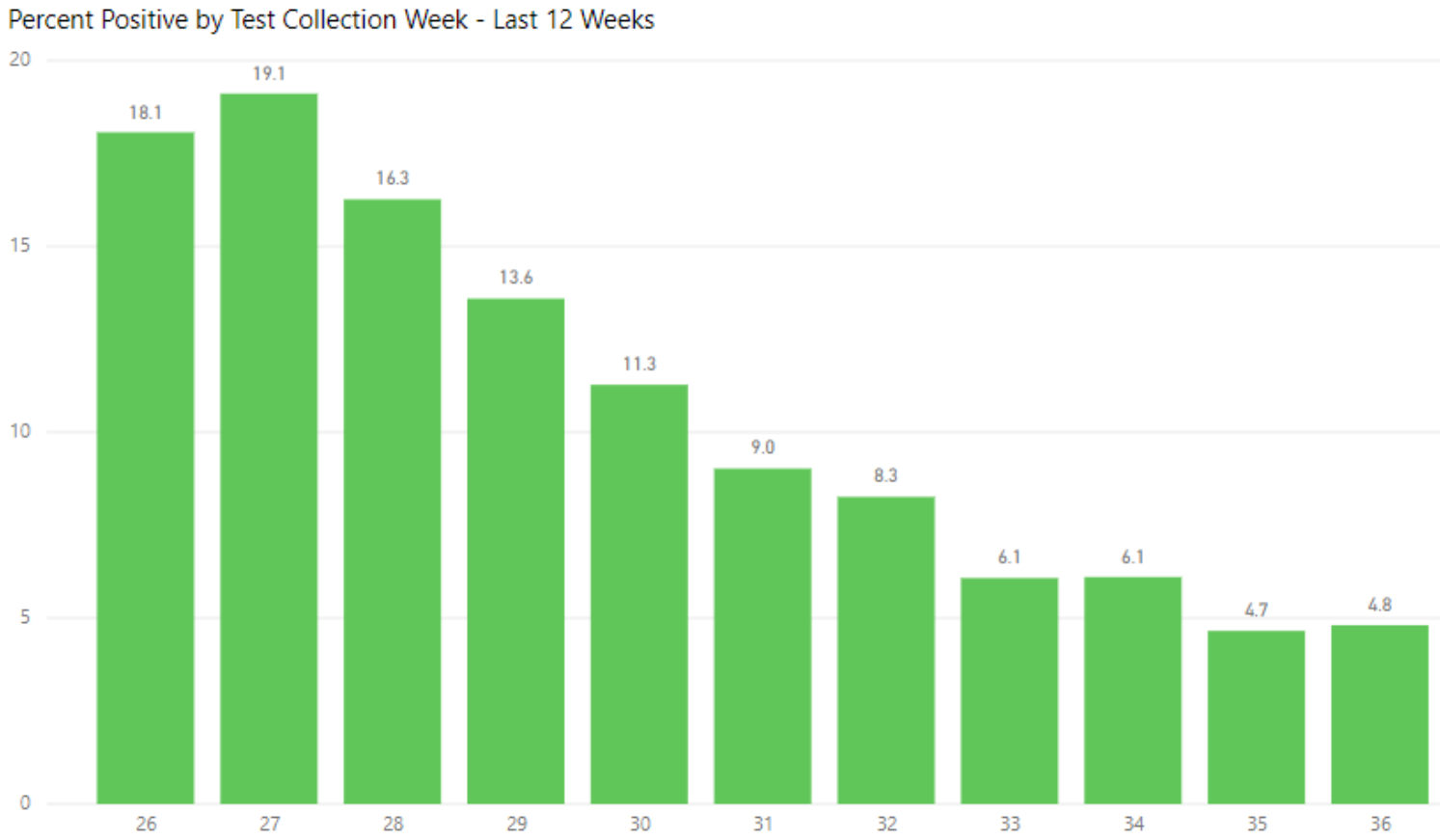
City of Austin - Travis County COVID-19 Hospitalization by Age Group (Austin MSA)



Travis County COVID-19 Percent Positive by Week



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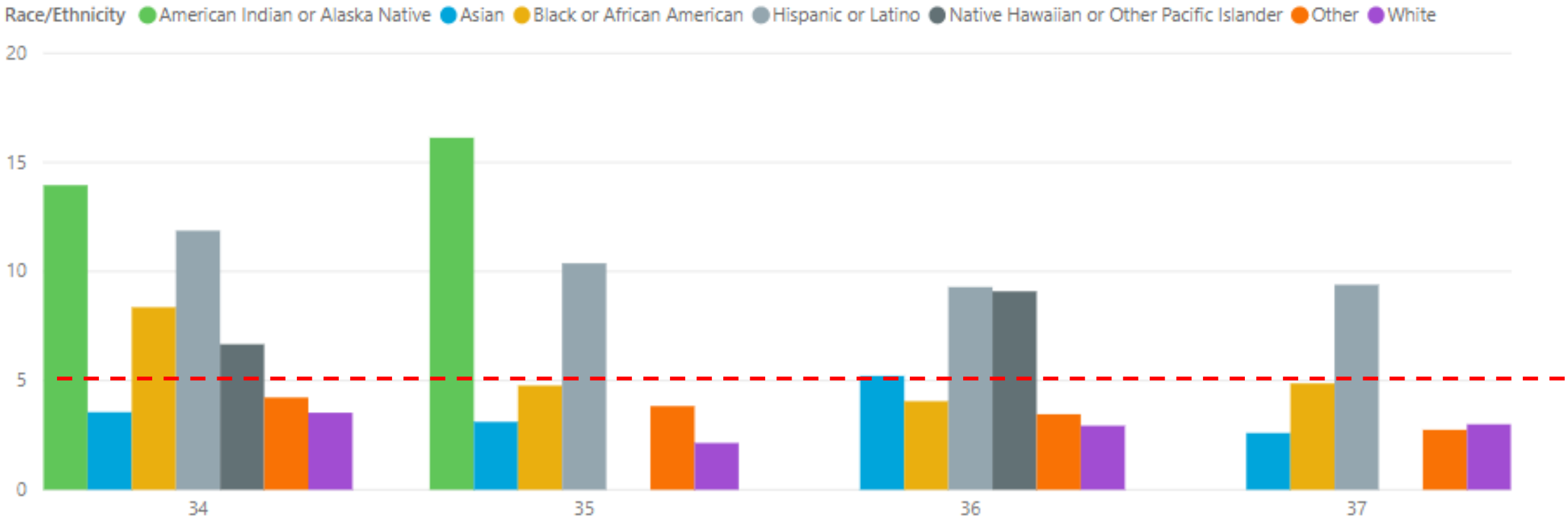
Percent Positive By Race/Ethnicity - Last Four Weeks



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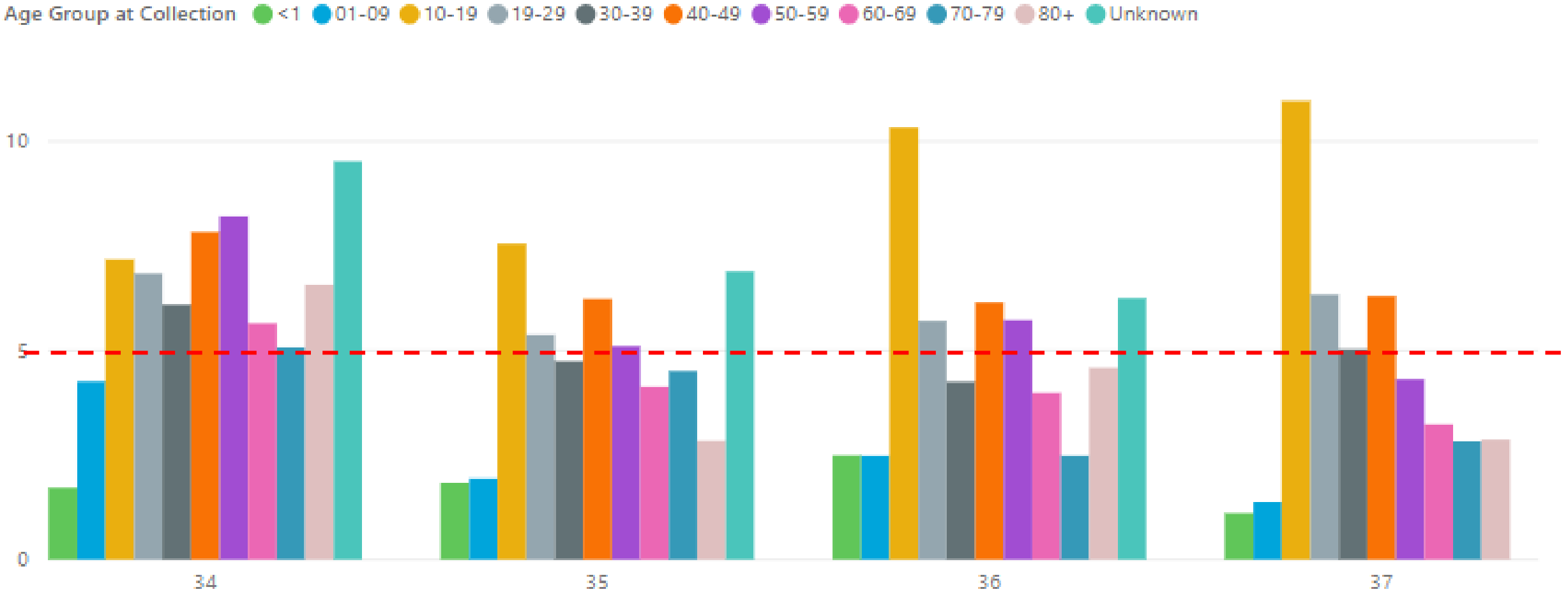
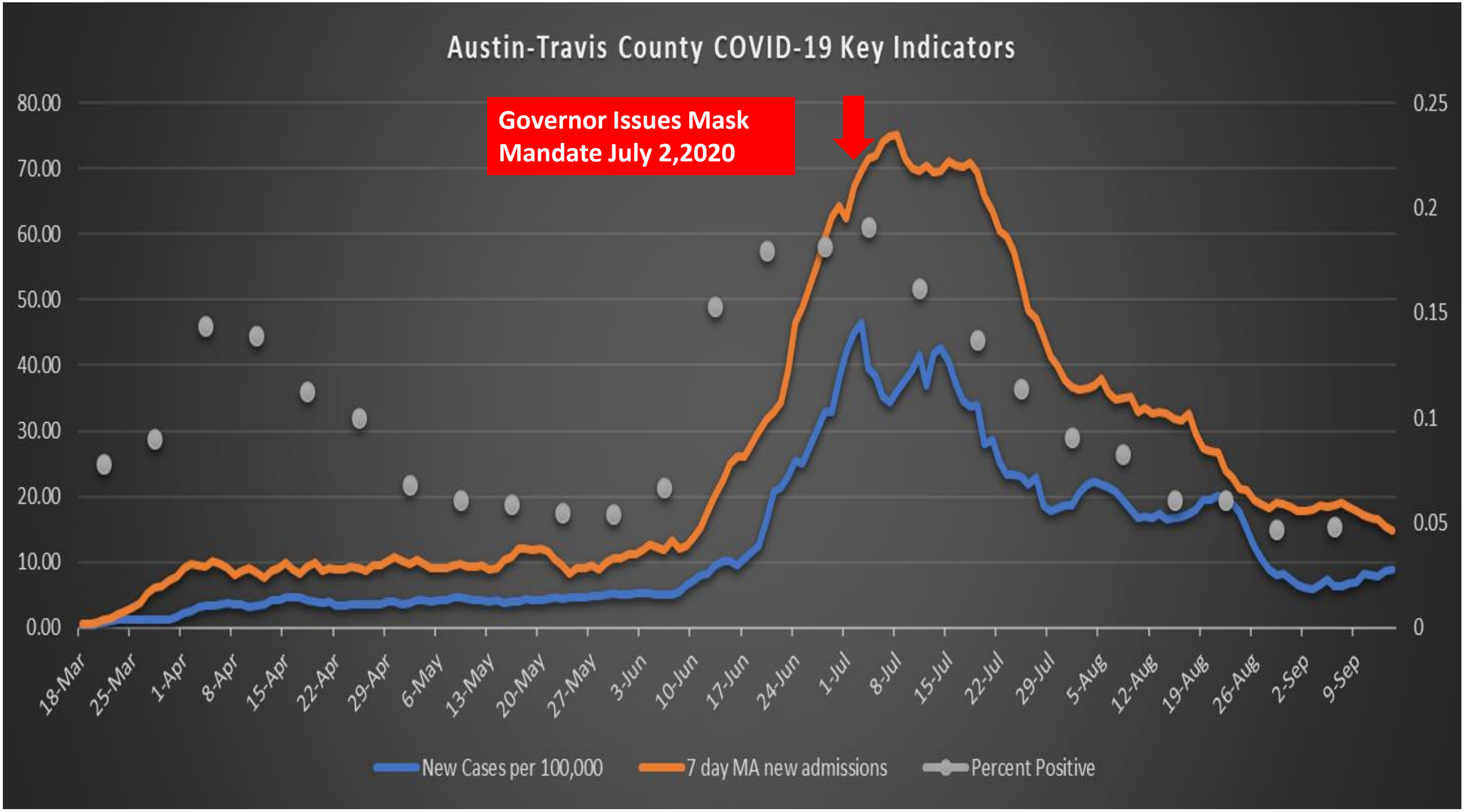
Percent Positive By Age Group and Week - Last Four Weeks




Austin-Travis County COVID-19 Key Indicators
Governor Issues Mask Mandate July 2,2020
80.00
70.00
60.00
50.00
40.00
30.00
20.00
10.00
0.00
0.25
0.2
0.15
0.1
0.05
0
18-Mar
25-Mar
1-Apr
8-Apr
15-Apr
22-Apr
29-Apr
6-May
13-May
20-May
27-May
3-Jun
10-Jun
17-Jun
24-Jun
1-Jul
8-Jul
15-Jul
22-Jul
29-Jul
5-Aug
12-Aug
19-Aug
26-Aug
2-Sep
9-Sep
New Cases per 100,000
7 day MA new admissions
Percent Positive

Austin Travis County COVID-19 Long Term Care Facility

For more information on COVID-19 visit:

Reported by Austin Public Health: Data Refreshed: 9/14/2020

Arbor Terrace Lakeway (AL)
Cases within last 14 days: **0**
Cases within last 28 days: **2**

Arden Courts (AL)
Cases within last 14 days: **0**
Cases within last 28 days: **0**

Auberge at Bee Caves (AL)
Cases within last 14 days: **1**
Cases within last 28 days: **2**

Auberge at Onion Creek (AL)
Cases within last 14 days: **0**
Cases within last 28 days: **1**

Austin Healthcare and Rehab (NH)
Cases within last 14 days: **0**
Cases within last 28 days: **0**

Cases	New Cases Within Last 14 Days	New Cases Within Last 28 Days	Deaths
1,558	21	86	167

Resident Cases

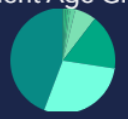
Staff Cases

Resident/Staff Epi Curve | Cumulative Count, PPE

Hover over segment to see details

Resident Ethnicity

Resident Age Group

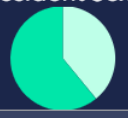


Staff Ethnicity

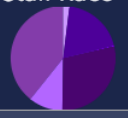
Staff Age Group

Resident Race

Resident Sex



Staff Race



Staff Sex

Demographics | Notes

COVID-19: Journal Club

Airborne Transmission

COVID-19 Convalescent Plasma

COVID-19: Airborne Transmission

CORRESPONDENCE

Aerosol and Surface Stability of SARS-CoV-2 as Compared with SARS-CoV-1

April 16, 2020
N Engl J Med 2020; 382:1564-1567
DOI: 10.1056/NEJMc2004973

TO THE EDITOR:

- Jet nebulizer→ aersol containing SARS-CoV-2
- Virus present in sampled air for 3 hours (duration of experiment)

COVID-19: Airborne Transmission-Pro

- Chia PY, for the Singapore Novel Coronavirus Outbreak Research T, Coleman KK, Tan YK, Ong SWX, Gum M, et al. Detection of air and surface contamination by SARS-CoV-2 in hospital rooms of infected patients. Nat Comm. 2020;11(1).
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- Santarpia JL, Rivera DN, Herrera V, Morwitzer MJ, Creager H, Santarpia GW, et al. Transmission potential of SARS-CoV-2 in viral shedding observed at the University of Nebraska Medical Center (pre-print). MedRxiv. 2020 doi: 10.1101/2020.03.23.20039446.
- Zhou J, Otter J, Price JR, Cimpeanu C, Garcia DM, Kinross J, et al. Investigating SARS-CoV-2 surface and air contamination in an acute healthcare setting during the peak of the COVID-19 pandemic in London (pre-print). MedRxiv. 2020 doi: 10.1101/2020.05.24.20110346.
- Liu Y, Ning Z, Chen Y, Guo M, Liu Y, Gali NK, et al. Aerodynamic analysis of SARS-CoV-2 in two Wuhan hospitals. Nature. 2020;582:557-60.
- 28. Ma J, Qi X, Chen H, Li X, Zhan Z, Wang H, et al. Exhaled breath is a significant source of SARS-CoV-2 emission (pre-print). MedRxiv. 2020 doi: 10.1101/2020.05.31.20115154.

COVID-19: Airborne Transmission-Con

- Faridi S, Niazi S, Sadeghi K, Naddafi K, Yavarian J, Shamsipour M, et al. A field indoor air measurement of SARS-CoV-2 in the patient rooms of the largest hospital in Iran. Sci Total Environ. 2020;725:138401.
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- Ong SWX, Tan YK, Chia PY, Lee TH, Ng OT, Wong MSY, et al. Air, Surface Environmental, and Personal Protective Equipment Contamination by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) From a Symptomatic Patient. JAMA. 2020 323(16):1610-1612.
- Taskforce for the COVID-19 Cruise Ship Outbreak, Yamagishi T. Environmental sampling for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) during a coronavirus disease (COVID-19) outbreak aboard a commercial cruise ship (pre-print). MedRxiv. 2020.
- Döhla M, Wilbring G, Schulte B, Kümmerer BM, Diegmann C, Sib E, et al. SARS-CoV-2 in environmental samples of quarantined households (pre-print). MedRxiv. 2020 doi: 10.1101/2020.05.02.20088567.
- Wu S, Wang Y, Jin X, Tian J, Liu J, Mao Y. Environmental contamination by SARS-CoV-2 in a designated hospital for coronavirus disease 2019. Am J Infect Control. 2020;S0196-6553(20)30275-3.
- Ding Z, Qian H, Xu B, Huang Y, Miao T, Yen H-L, et al. Toilets dominate environmental detection of SARS-CoV-2 virus in a hospital (pre-print). MedRxiv. 2020 doi: 10.1101/2020.04.03.20052175.
- Cheng VCC, Wong SC, Chen JHK, Yip CCY, Chuang VWM, Tsang OTY, et al. Escalating infection control response to the rapidly evolving epidemiology of the coronavirus disease 2019 (COVID-19) due to SARS-CoV-2 in Hong Kong. Infect Control Hosp Epidemiol. 2020;41:493-8.

COVID-19: Airborne Transmission Take Home Points

- Airborne transmission has been shown to be POSSIBLE in the lab
- Settings such as hospital rooms and cruise ships with COVID-19 positive patients have not shown that viable virus remains in the air in sufficient quantities to cause infection
- **CONCLUSION: Airborne transmission is a possible route of transmission, but unlikely to be a significant contributor to spread of COVID-19**
- CAUTION:
  - Confined indoor spaces with poor ventilation for an extended period of time

COVID-19: Convalescent Plasma: Pro

Effect of Convalescent Plasma on Mortality among Hospitalized Patients with COVID-19: Initial Three-Month Experience

Michael J. Joyner[1]*, M.D., Jonathon W. Senefeld[1], Ph.D., Stephen A. Klassen[1], Ph.D.,

- 35,322 Patients Transfused COVID-19 Convalescent Plasma (CCP)
- 53% in the ICU
- 27.5 % on a Ventilator
- Important Finding #1:
  - Patients who received CCP in 3 days or less had a 37% lower **7-day mortality** rate as compared to patients receiving CCP on day 4 or after (8.7% vs. 11.9%)
  - The patients receiving CCP earlier had a **30-day mortality rate** that was 24% lower
- Important Finding #2:
  - Patients who received higher doses of antibodies also had improved mortality
  - 7-day mortality: High dose<Medium dose<Low Dose (8.9%<11.6%<13.7%)
  - 30-day mortality: Dose response relationship maintained (22.3%<27.4%<29.6%)

COVID-19 Convalescent Plasma: Con

- Goal: Assess 60-day mortality of CCP vs. standard care
- 86 Patients enrolled
- Study Halted: Patients were found to have similar antibody levels to the donors
- NOTE: Patients had been symptomatic for a median of 10 days prior to randomization

COVID-19 Convalescent Plasma: Take Home Points

- The Mayo CCP study demonstrates promising results
  - Earlier administration yields improvements in mortality
  - Progressively higher doses yield progressively higher reductions in mortality
- Randomized controlled trials are needed to better identify:
  - Patients most likely to benefit from CCP
  - Optimal timing of administration
  - Optimal dosing of CCP
- Recommendation: CCP should continue to be utilized in the clinical setting and preparations should be made to provide antibody screening, increased collection, and increased storage of CCP

COVID-19: Risk-Based Guidelines

Recommended thresholds 7-day average hospital admits		Practice Good Hygiene Stay Home If Sick Avoid Sick People	Maintain Social Distancing	Wear Facial Coverings	Higher Risk Individuals Aged 65+, diabetes, high blood pressure, heart, lung and kidney disease, immunocompromised, obesity Avoid Gatherings	Avoid Non-Essential Travel	Avoid Dining/ Shopping	Avoid Gatherings	Avoid Non-Essential Travel	Avoid Dining/ Shopping	Workplaces Open
0	**Stage 1**	•			Greater than 25		Except with precautions	Gathering size TBD			All businesses
< 10	**Stage 2**	•	•	•	Greater than 10		Except as essential	Greater than 25			Essential and reopened businesses
10 - 39	**Stage 3**	•	•	•	Social and greater than 10	•	Except as essential	Social and greater than 10			Essential and reopened businesses
40 - (70 to 123)*	**Stage 4**	•	•	•	Social and greater than 2	•	Except as essential	Social and Greater than 10	•	Except expanded essential businesses	Expanded essential businesses
> (70 - 123)* (depending on rate of increase)	**Stage 5**	•	•	•	Outside of household	•	Except as essential	Outside of household	•	Except as essential	Essential businesses only

* The exact hospitalization average trigger will depend on the rate of increase. A faster increase in the daily average will trigger stage 5 risk recommendations when the number reaches the lower end of this range.

Use this color-coded alert system to understand the stages of risk. This chart provides recommendations on what people should do to stay safe during the pandemic. Individual risk categories identified pertain to known risks of complication and death from COVID-19. This chart is subject to change as the situation evolves.