

Arlington/COVID-19

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24 September 2020

Where we are – current picture

COVID-19 basics

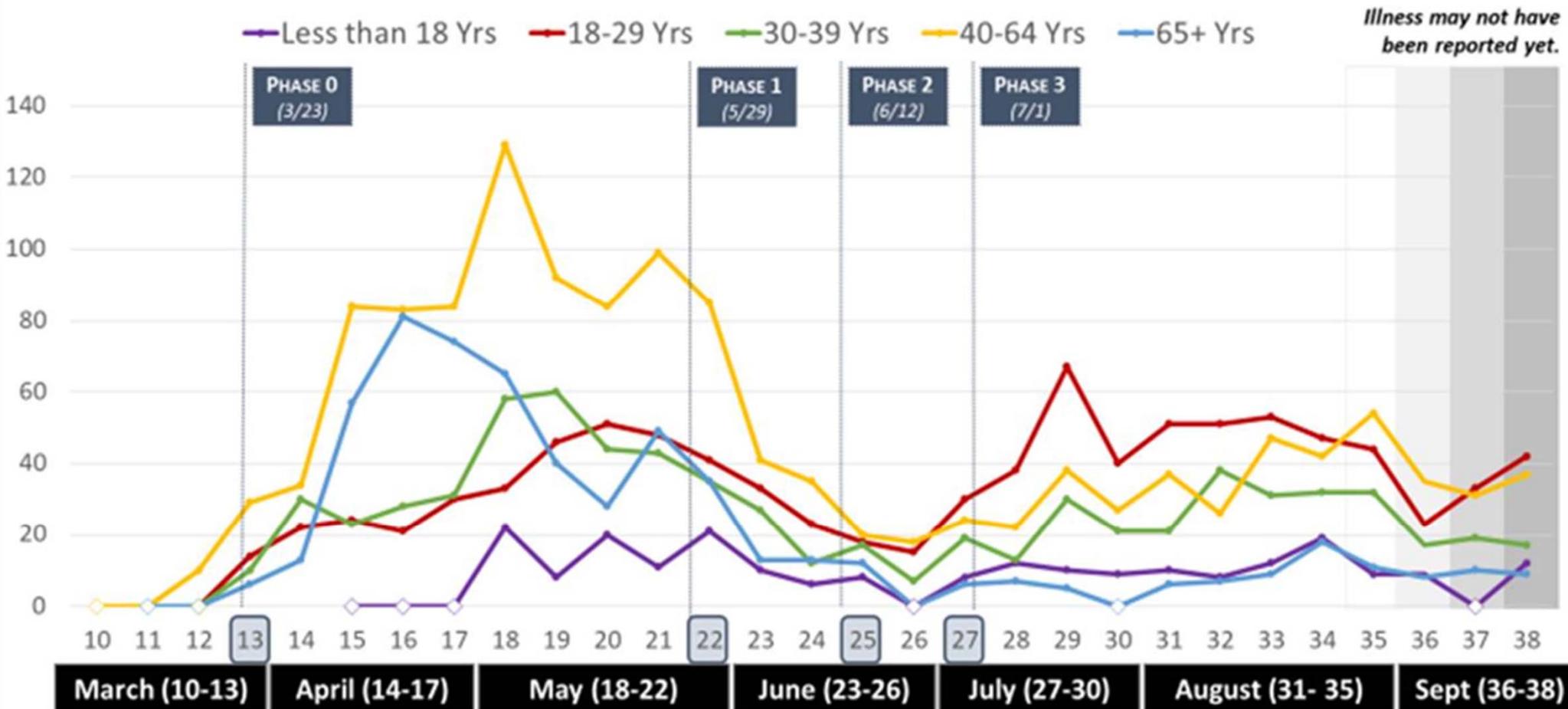
- Respiratory risk > physical contact risk
- Exposure → Outcome
 - **Without exposure, you cannot get COVID-19 – this is why staying at home = greatest social or physical distancing!**
 - Outcomes include
 - No infection – dose vs. threshold effect/response
 - Asymptomatic infection
 - Symptomatic infection with recovery +/- short, medium term, long term complications
 - Symptomatic infection without recovery, or death
- Incubation period: 2 – 14 days after exposure
- Asymptomatic spread – 2 days before symptoms arise
- Close contact \leq 6 foot for 15 minutes or more (with or without face covering)

Exposure Risk vs Complication Risk – they are different

- Everyone is at risk for becoming ill from COVID – no natural immunity we are aware of.
- Who is at greater exposure risk from COVID?
 - Persons living in congregate settings – those unable to manage their own activities of daily living – dependent on others for services (i.e., unable to maintain 6 foot distances for their own care)
 - Essential workers – those who cannot stay at home and must be customer facing in their duties the majority of their work day
- Who is at greater risk for COVID complications after COVID-19 exposure?
 - Those 65 and older
 - Chronic medical conditions: Lung disease, asthma, heart disease, weakened immune system, diabetes, kidney disease, liver disease, cancer
- When you have both greater exposure risk and greater complication risk – these are at the greatest risk for COVID infection and its complications.

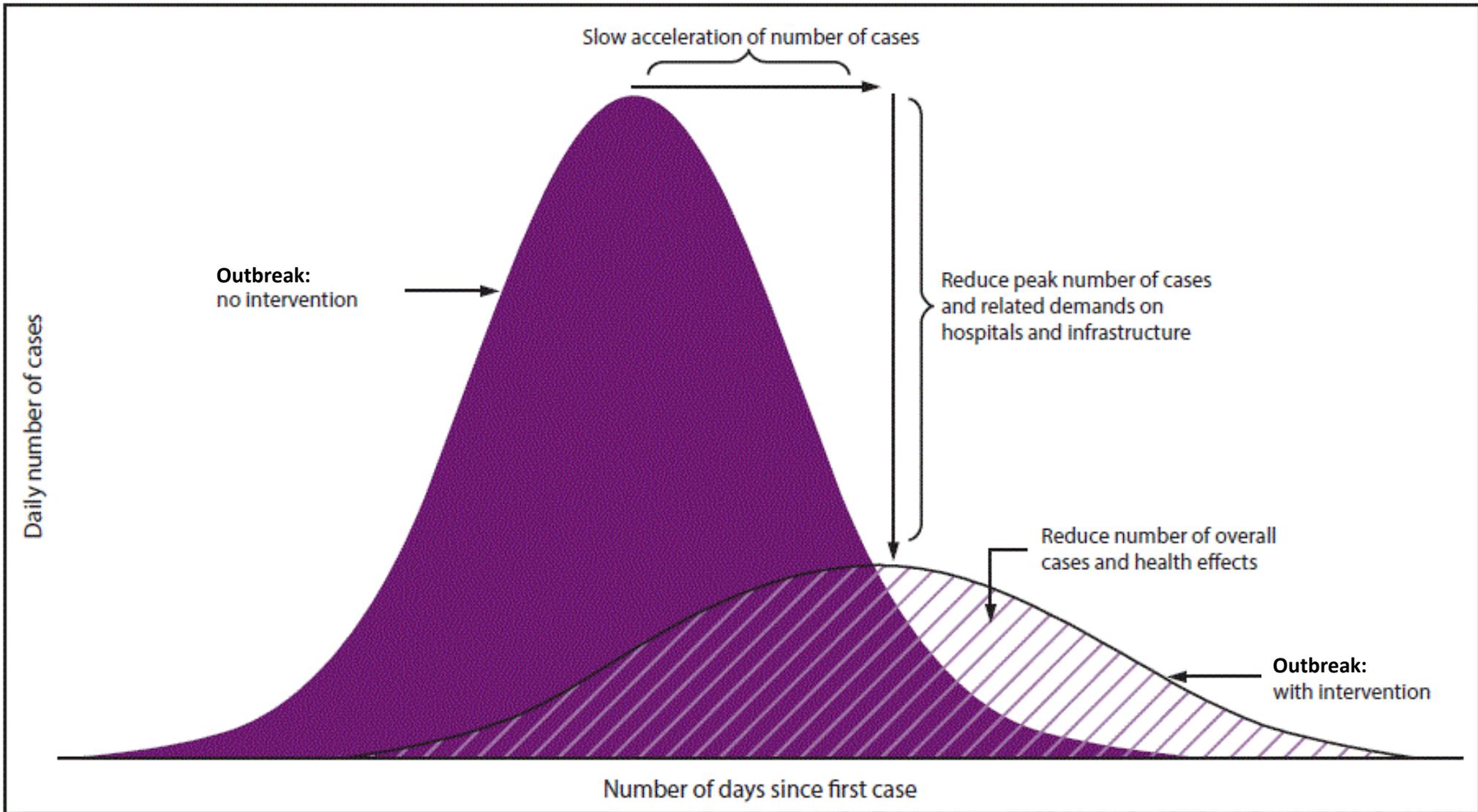
3,841 New Cases of COVID-19 by Week of Symptom Onset by Age

Based on probable and confirmed reports through 09/19/2020



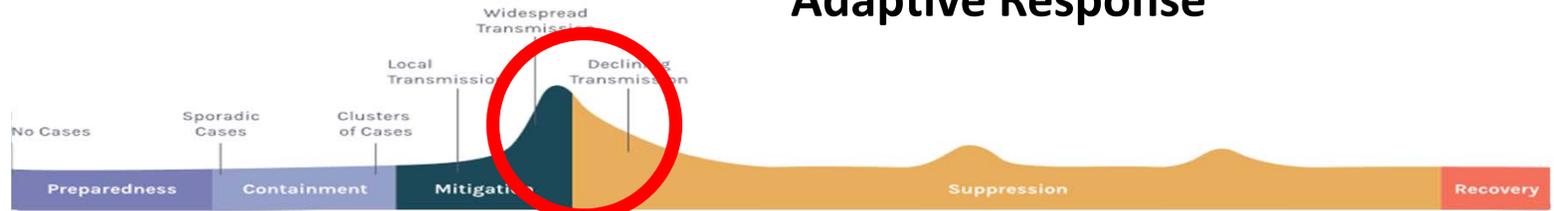
◇ Per VDH confidentiality policy, counts of 1-4 cases are suppressed and noted with the diamond symbol on the chart.

<https://data-dashboard.arlingtonva.us/covid#home>



What we can do: Adaptive Response Framework

Adaptive Response



Disease control

- Early detection (lab testing, alert clinical systems) and case isolation (home, hospital, other facilities)
- Extensive testing
- Contact tracing
- Health care infection prevention and control
- Appropriate clinical care including staff surge when needed

Non-Pharmaceutical Interventions (NPIs)

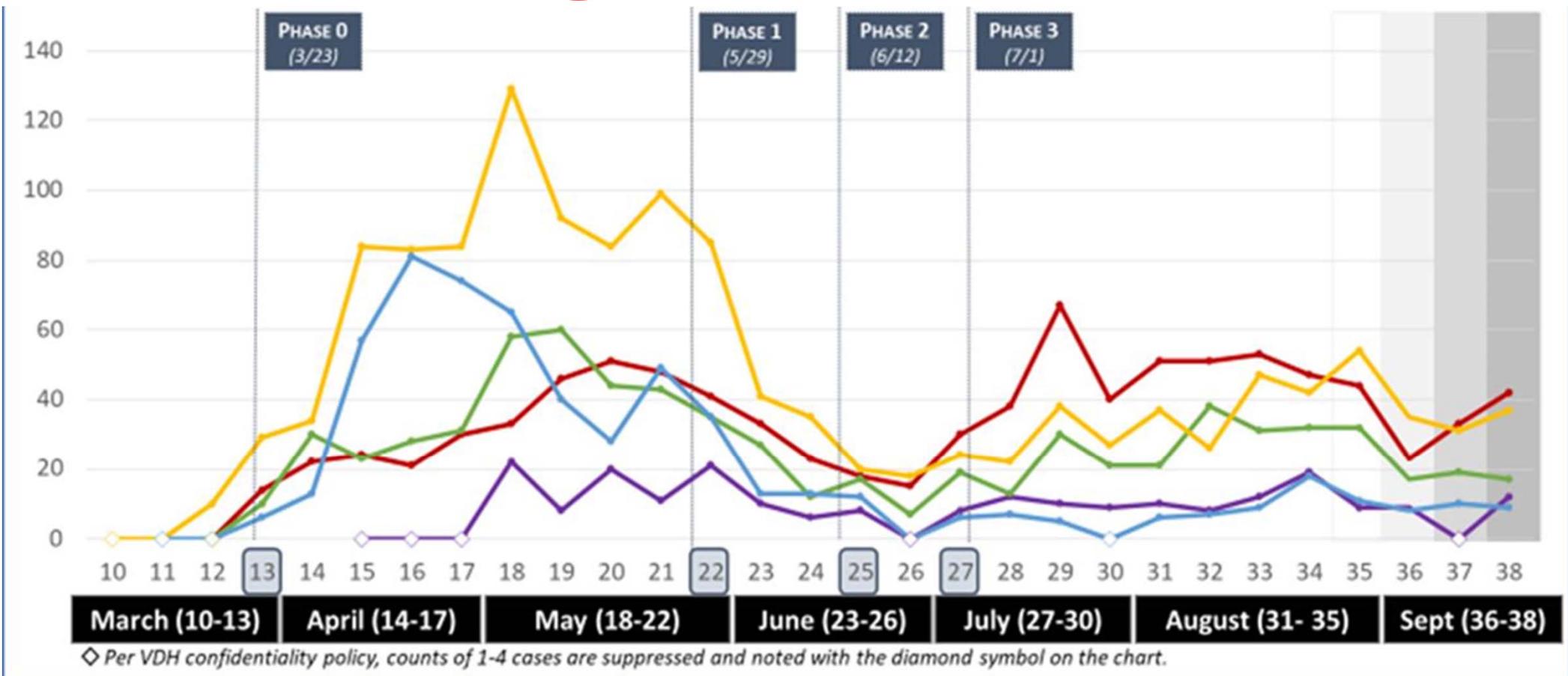
- Community engagement with clear communication, assessment of community acceptance leading to adjustment of approach
- Everyday personal NPIs (wash hands, cover coughs, stay home if ill)
- Environmental NPIs (clean surfaces, increase ventilation)
- Personal NPIs (household quarantine, mask in community if ill)
- Community NPIs (high-risk group social distancing and closing schools)
- Community NPIs (general social distancing (SD) and closing schools (CS))
- Community NPIs (general SD and CS)
- Community NPIs (general SD and CS)

Supporting society

- Address ongoing health care needs including supply chain management and increased telemedicine
- Support continued social and economic activity including learning, emergency services, essential activities
- Protect vulnerable populations

Pharmaceutical interventions

- Treatments
- Vaccines



Disease Control

- Case investigation and contact tracing – 7 days a week – 10 AM – 6:30 PM
- Infection control and prevention – provide guidance
 - Personal behaviors – washing hands, covering coughs, staying home when ill & when well
 - Ongoing guidance for work and congregate living settings re: COVID related germ spread prevention and control
 - LTCF observation/case management unit
- Appropriate clinical care including staff surge when needed
 - Medical Reserve Corps (MRC)
- Extensive testing (all under EUA)
 - Quincy Street (Quest), Arlington Mill (AFC/ACPHD)
 - Private sector including mail order testing options
 - Health Equity project
 - See next slide (data)

Testing in Arlington

Week Starting Date	Positive PCR Tests	Negative/Inconclusive Tests	% Positive PCR Tests
March 9	5	24	22.50%
March 16	40	173	17.45%
March 23	83	328	21.86%
March 30	163	635	22.01%
April 6	255	529	34.08%
April 13	283	310	47.57%
April 20	358	597	38.15%
April 27	500	1192	29.07%
May 4	490	1439	25.25%
May 11	410	1645	20.73%
May 18	475	2147	18.89%
May 25	298	2815	10.26%
June 1	197	2262	8.20%
June 8	143	2387	5.84%
June 15	79	3141	2.60%
June 22	73	2581	2.86%
June 29	126	2496	5.10%
July 6	147	3006	4.69%
July 13	148	3503	4.11%
July 20	140	3878	3.46%
July 27	144	3806	3.67%
August 3	136	3480	3.69%
August 10	183	3489	5.03%
August 17	143	3404	4.10%
August 24	153	3173	4.47%
August 31	112	3294	3.28%
September 7	107	2884	4.04%
September 14	109	3560	3.04%
September 21	30	1055	2.76%

Non-Pharmaceutical Interventions (NPIs)

- Continue with everyday personal NPIs (standard)
 - wash hands
 - cover coughs
 - stay home if ill
 - stay home when well
- Continue with Environmental NPIs
 - clean and disinfect surfaces
 - maintain ventilation systems properly
 - increase air exchanges
- Personal NPIs (new)
 - Household quarantine
 - Masking when outside, masking inside as needed
- Community NPIs
 - Physical distancing - ≥ 6 feet or ≥ 10 feet (when exercising)
 - Opening/Closing criteria – Phase 0 \rightarrow Phase 1 \rightarrow Phase 2 \rightarrow Phase 3 \rightarrow ? Phase 4
 - Governor's executive orders – primarily focused on distancing and masking in certain settings
- Community engagement/communication: Risk = Hazard + Outcome
 - Working to put out guidance re: Halloween

Supporting Society

- Supply chain management and increased telemedicine – examples include ...
 - Internet access for APS families – dual purpose
 - Testing supplies
 - Personal protective equipment (PPE)
- Support continued social and economic activity including learning, emergency services, essential activities – examples include
 - School Health Bureau working with APS on safe return, following public health principles
 - Essential services – like DES, Police, Fire, Public Health, CPS, APS, BHD, EID services
 - Protect vulnerable populations - examples
 - Food programs, gift cards; food coordinator position recently authorized
 - Health equity project – early efforts at Arlington Mill; now more mobile services using a saliva based project
- Protect vulnerable populations – exposure/complications
 - Health equity/VDEM-AC, LTCF
 - See next slide

Pharmaceutical Interventions

- **Treatments**

- No explicit outpatient treatments – supportive care
- Inpatient treatments available to deal with complications of COVID – IDSA*

- **Vaccines in development**

- TBD, earliest for the US based on the region 3 HHS meeting that MWCOG told us about, between January and April 2021. Vaccine development*
- 2 doses most likely – cannot mix and match different vaccines (separated by 2 – 4 weeks)
- Initial supplies will not be sufficient – will need to prioritize
 - Health care system & other critical infrastructure (e.g., hospital and EMS)
 - Those most at risk for complications and exposure (e.g., residents of skilled nursing facilities)
- Unknowns: Will the vaccine be effective long term? Will we achieve herd immunity with vaccine?
 - Herd immunity occurs when a high percentage of the community is immune to a disease (through vaccination and/or prior illness), making the spread of this disease from PTP unlikely. (source: APIC)

What Arlington Public Schools is doing ...

Arlington Public Schools – VDH Metrics (source APS)

- Case incidence rate (cases/100k)
- PCR test % positivity (%)
- % COVID cases among Healthcare workers (%)
- Rate of ED visits for COVID-like illness (cases/100k)
- Rate of ICU hospitalization (Cases/100k)
- % Hospital beds occupied (all reasons) (%)
- Surge Capacity of Hospital (% of total)
- Access to sufficient PPE for hospitals

APS –Operational Capacity & Preference (source APS)

- Sufficient staffing levels to
 - Provide instruction in person
 - Clean and disinfect facilities
 - Provide transportation for students
 - Provide food services to students
 - 10-week supply of cleaning and disinfecting supplies on hand
- Personal Protective Equipment
 - 90-day supply of equipment and PPE for faculty, staff, and students
 - 90-day supply of equipment and PPE for isolation and quarantine rooms
- Health Measures
 - Ability to implement temperature screening, face covering mandates, cleaning and disinfecting routine
 - Ability to ensure appropriate social distancing in all instructional spaces, hallways, conference rooms, etc.
 - Ability to implement response protocols and contact tracing for students and employees
 - Increased access for students to COVID testing

ACPHD Continuity of Operations (COOP)

- COVID-19 is the top priority
- PH: Onsite/in person services
 - Maternity Clinics – M/T 20 clients/day
 - STI services – symptomatic patients only, 1 – 3 per week
 - TB clinic: active disease only, no new latent TB patients
 - Vaccinations – school entry vaccinations
 - Health Appraisal Clinic – school entry physicals for children without primary care access
 - Environmental Health – restaurant inspections – complaint based at present; pre-opening inspections
- PH: telework services continue
- PH: COVID related – shifting certain activities to the county so we can focus staff actions on the control and prevention activities we are typically required to do (e.g., ACST, community testing, ? LTCF observations – shift to county with PH input)
- PHD looking at identifying services which may need to be resumed that have come to attention since services mostly went remote/telework, based on the equity lens – see next.
- Equity lens: who benefit?, who is burdened?, who is missing? how do we know? (D2027 questions)
- Intangibles
 - Communicable diseases, Vaccine preventable diseases (e.g., measles)? Norovirus, flu seasons? Other?
 - School Reopening

Questions?