



COVID-19 UPDATE: EXPERT Q&A WITH PUBLIC HEALTH, EPIDEMIOLOGY, AND LAB PERSPECTIVES

Webinar recording: **May 26, 2020**

URL: <https://ubccpd.ca/covid-19-update-expert-qa-public-health-epidemiology-and-lab-perspectives>

Slides: <https://ubccpd.ca/sites/ubccpd.ca/files/COVID-19-Webinar-Slides-May-26.pdf>

Disclaimer: Information on COVID-19 is changing rapidly and much of the research is preliminary. Assessment and management protocols are suggestions only; they do not take the place of clinical judgement. Please check with your own health authorities and local medical health officers as policies and support for the suggested approaches to patient care may vary between regions.

This summary was prepared by Dr. Simon Moore and not by the speakers.

Webinar Summary of Clinical Pearls

1. It is important for clinicians to test everyone **with symptoms** compatible with COVID-19

- **If you are a healthcare worker and have any concerns about having COVID-19 symptoms, you should get tested.** An exception would be if you suspect your symptoms are consistent with your usual seasonal allergy symptoms, and your symptoms resolve with allergy medication, then “maybe not.” This is because identifying all cases & effective contact tracing can help to mitigate even weak social distancing to a large degree. **See [slides](#) for data.**
- **Asymptomatic testing is unreliable** and is being reserved for investigation of clusters under the direction of Public Health. Random testing in the community does not provide useful information and can expend valuable resources. While the WHO has advocated for “test, test, test” it is more important to focus on “test the right people, at the right time, at the right place.”

2. Health practitioners need to balance seeing patients for essential visits while limiting transmission of COVID-19 in their clinics

Detailed and specific guidance regarding **steps to limit transmission**, what **types of visits should be limited** and **how to provide in-person care** during COVID-19 are available in the [Resource List](#) for this webinar.

- Effective steps include:
 - pre-screening patients who are exhibiting symptoms or are at risk of asymptomatic spread
 - limiting the number of people in a clinic at one time
 - maintaining distance between people by at least 2 metres
 - only holding visits in-person if the service cannot be provided another way
 - cleaning room between patients (no need for a defined amount of time for the room to air out)
 - hand hygiene
 - engineering controls (e.g. Plexiglas barriers)
 - and least effectively, personal protective equipment for providers & patients
- Currently the community prevalence is low in BC. Once the above steps have been taken, clinicians should be able to currently see asymptomatic, low-risk patients for low-risk procedures **without** having to wear PPE. **Not all patients need to wear a mask** to a doctor's office.
- **Dental procedures can continue** with the above plus standard fastidious pre-COVID-19 infection control precautions.
- **Infant vaccination should not be delayed.**
- Some clinicians who are older or immunocompromised may choose to not provide patient care, as we are currently experiencing community transmission albeit at low rates. There are no plans in BC to ban clinicians over a certain age from seeing patients.

3. It is important for clinicians to encourage patients with symptoms to stay home when sick

- Transmission is greatly reduced when sick individuals stay home. The same applies to clinicians who become sick as well. See [slides](#) for data.

4. Employers should not be asking for sick notes from physicians

- WorkSafeBC has **protocols for employers to make sure the work environment is safe** and regarding how to make accommodations for people with risk factors
- The Government of BC has asked employers to **no longer ask for physician notes** for time off work with COVID-19 symptoms or for accommodations for people with risk factors

5. Antibody testing is currently being validated, and is expected in the next few months

- There is a team of people including a National COVID-19 Immunity Task Force working to try to validate the over 250 different antibody tests available globally, which exhibit a wide range of sensitivity and specificity
- An ideal test will require exceptional sensitivity because a highly sensitive test could still miss thousands of true positives when applied to a large population (e.g. currently 11 million people are being tested in Wuhan, China; a 99.9% accurate test will still result in 11,000 false positives)
- Expected clinical uses for an antibody test include assessment of unusual post-COVID syndromes (e.g. inflammatory syndromes, “COVID toe” syndromes) and determining the prevalence of COVID-19 in the population.
- Though it is believed that **serology is likely to be protective** against future or re-infection, and studies with the similar MERS virus have shown this, nobody knows for sure whether this is true. Long-term studies are in development.

6. Rapid antigen testing is currently being validated

- Two point-of-care antigen bedside tests have been evaluated and they did not perform well. Waiting until we have a validated and reliable test is vital, because **a false positive or false negative test can be as destructive as having no test.**

7. Vaccination studies are in process, as is mathematical modeling to determine how to best distribute the vaccine in BC

- **Over 150 vaccines of various types are being developed;** for example, a Phase III trial is expected to begin in July in the United States. Phase I trials on a Bifidobacteria vaccine are expected to begin in June with BC Children’s Hospital as a site. A vaccine may not be available for 1-2 years.
- A recent trial gained attention after suggesting that vaccination for influenza could increase susceptibility to COVID infection; this trial had a methodologic flaw and **there is currently no evidence that flu vaccines increase susceptibility to COVID.**

8. A second wave is expected, but can be mitigated with effective action

- In March 2020, the Province of BC reduced contact rates to approximately 30 to 38% of normal, which is why our reproductive number is below 1 and the infection has slowed. **If we increase our contact rate to greater than 55%** of normal then the number of infections will begin to increase. Public health interventions are in place now to limit these interactions and monitor the number of interactions.
- The BCCDC expects that if we have a second wave, **it will begin with a slow takeoff** which would give sufficient time to reinstitute measures before the epidemic increases too dramatically.

Resources

- BC Family Doctors – What are Essential Services in Primary Care?: <https://bcfamilydocs.ca/wp-content/uploads/2020/03/What-are-Essential-Services-in-Primary-Care-032520.pdf>
- BC Family Doctors – Expanding In-Person Care: <https://bcfamilydocs.ca/recommendations-for-expanding-in-person-care/>
- Doctors of BC – The Doctor is In – Recommendations for expanding in-person care in community-based physician practices: https://www.doctorsofbc.ca/sites/default/files/recommendations_for_expanding_in-person_care_in_community_practice.pdf
- BCCDC – COVID-19 Infection Prevention and Control Guidance for Community-Based Physicians, Nursing Professionals and Midwives in Clinic Settings: http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidanceCommunityBasedHCPsClinicSettings.pdf
- WorkSafeBC – Health Professionals – Protocols for returning to operation: <https://www.worksafebc.com/en/about-us/covid-19-updates/covid-19-returning-safe-operation/health-professionals>
- Provincial Health Officer’s order on Workplace COVID-19 Safety Plans: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/class_order_employers_covid-19_safety_plans_covid-19_may_14_final.pdf

Thanks to the speakers on the video:

- **Dr. Bonnie Henry**, Provincial Health Officer
- **Dr. Mel Krajden**, BCCDC Public Health Laboratory
- **Dr. David Patrick**, Infectious Diseases Specialist, BCCDC
- **Dr. Simon Moore**, Moderator