The American Holistic Nurses Association (AHNA) supports the Center for Disease Control (CDC) and the World Health Organization (WHO) in acknowledging the immediate global public health risk of the COVID-19.

This update is intended to provide our members with the most accurate and up to date information on the date of issuance.

SITUATION REPORT:
As of February 24th Center for Disease Control (CDC) update 14 confirmed COVID-19 cases are within the United States, though the numbers still hospitalized overseas may indicate as many as 35 afflicted US citizens. Of particular concern: two cases on U.S. soil are from person to person contact.

The World Health Organization (WHO) most recent report 2/24/2020: globally there are 79,331
cases, with 715 new in 24 hours. WHO global tracking relates thirty-five countries are now affected. A highlighted concern in the recent WHO situation release was combating illness and its stigma:

Since the emergence of COVID-19 we have seen instances of public stigmatization among specific populations, and the rise of harmful stereotypes. Stigmatization could potentially contribute to more severe health problems, ongoing transmission, and difficulties controlling infectious diseases during an epidemic. We all need to be intentional and thoughtful when communicating on social media and other communication platforms, showing supportive behaviors around COVID-19. Possible actions to counter stigmatizing attitudes: Spread the facts. Stigma can be heightened by insufficient knowledge about how the new coronavirus disease (COVID-19) is transmitted and treated, and how to prevent infection. The International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF and the WHO are developing community-based guides and global campaigns to thwart the effects of stigma on people and the COVID-19 response.

Updated Clinical Knowledge per the Center for Disease Control (CDC):

**Diagnostic symptoms and laboratory observations:**
The most common laboratory abnormalities reported among hospitalized patients with pneumonia *on admission*, included leukopenia (9–25%), leukocytosis (24–30%), lymphopenia (63%), and elevated alanine aminotransferase and aspartate aminotransferase levels (37%). Chest CT images have shown bilateral involvement: multiple areas of consolidation and ground glass opacities are typical findings reported to date.

Pregnancy has been added to the possible risk factors for progressing to severe illness.

**Severe Disease Progression:**
Acute respiratory distress syndrome (ARDS) developed in 17–29% of hospitalized patients, secondary infection in 10%. The median time from symptom onset to ARDS was 8 days. Between 23–32% of hospitalized patients with 2019-nCoV infection and pneumonia have required intensive care for respiratory support. In one study, among critically ill patients admitted to an intensive care unit, 11% received high-flow oxygen therapy, 42% received noninvasive ventilation, and 47% received mechanical ventilation. Some required advanced organ support with endotracheal intubation and mechanical ventilation (4–10%), and a small proportion required ECMO, (3–5%). Other reported complications include acute cardiac injury, arrhythmia, shock, and acute kidney injury. Among hospitalized patients with pneumonia, the case fatality proportion was reported as 4–15%. This estimate includes only hospitalized patients- it is biased upward. *Nosocomial transmission among healthcare personnel and patients has occurred.*

**New Treatment Recommendations:**
Avoid Corticosteroids unless indicated for other reasons (COPD exacerbation or septic shock) because of the potential for prolonging viral replication as observed in MERS-CoV patients. Li Wenliang, the otherwise healthy 34-year-old ophthalmologist who was of the first to warn Wuhan, died despite receiving antibodies, antivirals, antibiotics, oxygen and ECMO. It is thought that immunosuppression caused by early use of corticosteroids, may contribute to higher mortality. Corticosteroids are discouraged, except during late stages of disease. Currently no antiviral drugs are licensed by the U.S. Food and Drug Administration (FDA) to treat patients with 2019-nCoV infection, however, Remdesivir, an investigational antiviral is reported to have in-vitro activity against 2019-nCoV. A small number of patients with 2019-nCoV infection have received intravenous Remdesivir for compassionate use outside of a clinical trial setting.
Updated Healthcare Personnel (HCP) / Health Facility Recommendations:
HCP should use N95 respirators when caring for patients under airborne precautions for airborne infectious diseases including COVID-19.

The effectiveness of N95 respirators are highly dependent upon proper fit and use. If healthcare facilities are expecting to receive COVID-19 patients, they should begin training and start fit testing now.

It is essential to have HCP trained and fit tested prior to receiving patients. N95 respirator is designated a limited reuse item: To maintain the integrity of the respirator, it is important for HCP to hang used respirators in a designated storage area or keep them in a clean, breathable container such as a paper bag between uses. Patients with symptoms of suspected SARS-CoV-2 or other respiratory infection (e.g., fever, cough) presenting to care should use basic facemasks for source control until they can be placed in an airborne infection isolation room. When single patient rooms are not available, cohorting COVID-19 patients could minimize respirator use when extended wear of RPDs is implemented. All visitors should be restricted from known or suspected COVID-19 patients.

INTERNATIONAL EVENTS:
Iran, Singapore, and Italy each reported multiple clusters of infection. Italian health authorities declared 58 cases in 48 hours, and as of 2-21, noted a dramatic increase to 219 cases. The European Union has pledged €230 million to help fight the COVID-19 coronavirus outbreak.

The money will be spent as follows:
- €114 million to the World Health Organisation's (WHO) call for global preparedness
- €15 million to support partner countries
- €100 million to research funding, development of vaccines, and treatment
- €3 million to support member states' efforts on provision of personal protective equipment and on repatriations of EU citizens

In Iran, the outbreak seeded new cases in Lebanon and Canada, spreading more quickly than previously predicted. The number of individuals who appear to be asymptomatic carriers and transmitting the virus has increased. COVID-19 spreads without causing severe symptoms: of the 600 passengers from the Diamond Princess cruise ship whom have tested positive, half-experienced symptoms. A similar pattern of inflammation noted among Covid-19 patients was documented after the 1918 “Spanish flu” pandemic, said Gregory A. Poland, infectious diseases expert from the Mayo Clinic in Rochester, Minnesota. Per the CDC, some of those infected with COVID-19 caught the virus in their local community and have no known link to China. The CDC has predicted that within a month, it may be possible to identify if this is a pandemic.

Many countries have taken seriously to limit public gatherings and travel, implementing restricted or denying travel between borders of countries with confirmed cases: Austria's
railway company announced on Sunday that it had stopped all rail traffic to and from Italy, where, the sudden increase in cases prompted authorities to suspend events related to the famous Venice carnival. In Barcelona Spain, despite extensive new health and hygiene initiatives, Mobile World Congress cancelled their technology event to preserve the health and safety of the near 100,000 scheduled participants.

Middle Eastern countries have responded with bans between borders of infection clusters. This week Kuwait, Bahrain and Iraq each reported their first COVID-19 cases, all originating in Iran, which raised its toll from the disease to 12 dead and 61 infected. Shipping and flights between Iran and Kuwait are suspended, while Saudi Arabia, Kuwait, Iraq, Turkey and Afghanistan have imposed travel, trade, and immigration restrictions from Iran. Most of the cases in Iran have been in Qom. Government spokesman Ali Rabiei stated, “The cause of infections in Iran are people who have entered the country illegally from Pakistan, Afghanistan and China. We will announce any deaths… and be transparent about the reporting of figures,” said in a news conference.

The New York times reported Monday Feb 24\textsuperscript{th} that the announcement that the Chinese city of Wuhan would relax its travel restrictions, was erroneous. Wuhan local government stated, “this announcement was made without authorization and has been revoked.”

**UPDATED RESOURCES:**


[Laboratory Requests for Diagnostic Panels and Virus](https://www.who.int/emergencies/diseases/novel-coronavirus-2019-ncov/laboratory-guidelines)

Coronavirus disease (COVID-2019) situation reports (weekly)-
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/

Reporting a Person Under Investigation (PUI) for COVID-19 – Information for health departments on reporting and specimen referral for Persons Under Investigation (PUIs).

**Health Alert Network (HAN) Messages:** Primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, tribal, and local public health practitioner; clinicians; and public health laboratories.

**Clinician Outreach and Communication Activity (COCA) Calls/Webinars:** Subject matter experts present key emergency preparedness and response topics, followed by meaningful Q&A with participants.

**CDC Newsroom: CDC Media Telebriefing: Update on COVID-19:** CDC provides an update periodically to media on the COVID-19 response.

**Information for Businesses and Employers to Plan and Response to COVID-19**