AHNA Coronavirus Update  
Tuesday, March 3, 2020

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.

Increased Emergence within the United States of America:
New cases were reported in California, Oregon, Washington, (the second death from COVID-19 occurred this week at a long term care facility in Seattle) Rhode Island, New York, and Florida. While East coast occurrences were post-return flights from Iran and Italy, Oregon and Washington cases believed to have developed at a community level. The Miami Herald reported Florida’s first two cases this week stating,

“One is an adult who lives in Hillsborough County who recently traveled to impacted areas of Italy, more alarming is the other, a 60 year old man who has no documented travel recently.”

The current USA total cases have risen to 60, with 6 deceased: 22 cases have been declared travel related, 11 community related with an additional 27 cases under investigation per the Center for Disease Control. Last Wednesday, the military announced the first U.S. service member to become infected has been quarantined in his off-base residence in South Korea. They have taken precautions for service personnel, canceling activities, and limiting all non-mission essential meetings.
Clinical Care Update from World Health Organization (WHO) on March 1, 2020: Pathophysiological effects of COVID-19 in critical care patients:

It is well understood that COVID-19 affects the respiratory system. Circulatory effects are irregular cardiac rhythms, and hypotension requiring vasopressors, though long term prognosis is unclear. Several cases of renal failure requiring transplant have occurred, as well as elevated liver enzymes, and subsequent liver damage. Researches have not reported if these sequelae are side effects of life-saving interventions or the virus. Cytokine storm from sepsis is a likely cause for most severe damage to multiple organs. There is no known effective antiviral therapy for COVID-19, however, a master randomized clinical trial has been formulated by WHO. Ongoing ethics-approved clinical trials continue globally using pharmaceuticals such as ritonavir/lopinavir and remdesivir. In a daily COVID-19 press briefing the WHO Director-General said that more than 20 vaccines are in development as well.

“Oxygen therapy is the major treatment intervention for patients with severe COVID-19. All countries should work to optimize the availability of pulse oximeters and medical oxygen systems. Mortality in those with critical illness has been reported as over 50%, thus implementation of proven critical care interventions such as lung protective ventilation should be optimized.”

Afflicted Population:
There are few positive cases of COVID-19 in persons under 9 years old. It is hypothesized this is further evidence of immunological component as children often have a less severe form of certain infections. The most severe cases continue in elderly and immunocompromised individuals.

Pandemic Status:
Monday Dr. Anne Schuchat, principal deputy director of the CDC stated that, “The World Health Organization will likely deem this coronavirus a global pandemic once sustained person-to-person spread takes hold outside China.” Under the technical designation of a pandemic, 2 criteria have already been met. That afternoon, WHO officials said the number of new COVID-19 cases outside China was almost nine times higher than that inside the country in the previous 24 hours. Tedros, of the CDC said, "We have now increased our assessment of the risk of spread and the risk of impact of COVID-19 to very high at a global level." Currently, 67 countries are affected; this is substantial. UN Humanitarian Chief Mark Lowcock released $15 million, of the requested $675 million USD, from the Central Emergency Response Fund (CERF) to WHO and UNICEF to help fund global efforts to contain the COVID-19 virus. WHO began offering global COVID-19 clinical case management training at the end of February in various high-risk countries.
Xenophobia Concerns: [https://www.texasnurses.org/news/488855/Practice-Tip-of-the-Week-Colds-Influenza-and-COVID-19.htm](https://www.texasnurses.org/news/488855/Practice-Tip-of-the-Week-Colds-Influenza-and-COVID-19.htm). A growing number of nurses and healthcare professionals have noted patients referring to COVID-19 as “Chinese flu” or “Wuhan flu”. These statements can create unjustified fear of persons of Asian descent or appearance, as has been demonstrated on a few YouTube channels recently, and is echoing on social media. Texasnurses.org recommends, “during patient interactions, nurses should be careful how they talk about COVID-19. Let patients know that coronaviruses cause about 15% of colds already. Nurses can address both these issues by consistently using the viral name, COVID-19.”

RESOURCES:

- Follow @DrTedros and @WHO on Twitter.