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.


Of significance, per the World Health Organization situation report from 3-9-2020: local transmission has been identified in every country in the Western Pacific, most of Europe, the Middle-East, South-East Asia region, and the Americas. Africa has seen 2 cases. These results confirm COVID-19 is no longer a virus contracted by traveling any further then the local grocers. WHO cites 3,993 new confirmed cases in last 24 hours: Globally 111,363 total, in 104 countries/territories/ areas.

Today, March 10th, the newest recommendations from the Center for Disease Control: Those over the age of 60, or with pre-existing medical conditions, should
"This virus is capable of spreading easily and sustainably from person to person... there’s essentially no immunity against this virus. It’s fair to say that, as the trajectory of the outbreak continues, many people in the United States will at some point in time, either this year or next, be exposed to this virus and there’s a good chance many will become sick. While most don’t develop serious symptoms, approximately 15% to 20% of people who are exposed to the virus get severely ill,” Dr. Nancy Messonnier, director of the CDC’s National Center for Immunization and Respiratory Diseases.

CLINICAL MANAGEMENT:

Initial Clinical Measures: All clinical personnel should encourage cerebral vascular disease patients to receive the pneumococcal vaccine due to the increased risk of secondary bacterial infection. If telehealth options are possible, these would be prudent to offer high-risk patients to prevent transmission in medical facilities. Funding will be available to initiate tele-health services, as “Increasing access to telemedicine services” passed as part of the $8.3 billion bipartisan emergency funding package. The legislation is awaiting signature by President Trump.

The CDC recommends the following strategies to prevent patients who can be cared for at home from coming to medical facilities, potentially exposing themselves or others to germs:

- Using your telephone system to deliver messages to incoming callers about when to seek medical care at your facility, when to seek emergency care, and where to go for information about caring for a person with COVID at home.
- Adjusting your hours of operation to include telephone triage and follow-up of patients during a community outbreak.
- Leveraging telemedicine technologies and self-assessment tools.
- Separate patients with respiratory symptoms so they are not waiting among other patients seeking care.
- Identify a separate, well-ventilated space that allows waiting patients and visitors to be separated.
- Triage of suspected COVID-19 patients should involve quick identification (and consideration of) pre-existing conditions for prioritized care.

The decision to monitor a patient in the inpatient or outpatient setting should be based upon clinical presentation and the patient’s ability and willingness to engage in monitoring, home isolation, as well as the risk of transmission in the patient’s home environment. For more information, see Evaluating and Reporting Persons Under Investigation (PUI)

Inpatient Management: In one report, among patients with confirmed COVID-19 and pneumonia, just over half of patients developed dyspnea a median of 8 days after illness onset. Approximately 20-30% of hospitalized patients with COVID-19 and pneumonia have required intensive care for respiratory support. Pathogen induced Acute Lung injury is provoked by cytokine storm. This is best explained as local inflammation spilling into systemic circulation, producing sepsis: defined by persistent hypotension, hyper- or hypothermia, leukocytosis or leukopenia, and often thrombocytopenia. Acute respiratory distress syndrome (ARDS) is the severe form, which has developed in 17–29% of hospitalized patients. Secondary
infection developed in 10%. Among critically ill patients admitted to an intensive care unit, 11–64% received high-flow oxygen therapy and 47-71% received mechanical ventilation; some hospitalized patients have required advanced organ support with endotracheal intubation and mechanical ventilation (4–42%). 61.5% of critically ill patients with COVID-19 had died by day 28 of ICU admission per CDC.

March 6, 2020 American College of Cardiology (ACC) https://www.acc.org/latest-in-cardiology/articles/2020/03/06/15/01/acc-issues-covid-19-clinical-guidance-for-the-cv-care-team “The overall case fatality rate (CFR) of COVID-19 based on published reports remains low at 2.3%. More than 80% of infected patients experience mild symptoms and recover without intensive medical intervention. Morbidity and mortality increase significantly with age, rising to 8.0% among patients 70-79 and 14.8% in patients over 80 in large-scale Chinese case reporting. Comorbid conditions heighten risk of contracting and a worse prognosis; between 25% and 50% of COVID-19 patients present with underlying conditions. Case fatality rates for comorbid patients are materially higher: Cardiovascular disease: 10.5% Chronic respiratory disease: 6.3% Diabetes: 7.3% Hypertension: 6.0% Cancer 5%”

In CVD patients, arrhythmia occurred in 17.5% of cases. Other sequelae included acute cardiac injury, CHF, MI, and myocarditis. ACC reminds providers to use caution with copious fluid administration in septic patients with CHF, and notes that “critical care and cardiology teams should confer to guide care for patients requiring extracorporeal circulatory support with veno-venous (V-V) versus veno-arterial (V-A) ECMO”.

Treatment is not yet FDA approved, however, the National Institute of Health (NIH) has initiated an FDA sanctioned randomized investigational therapeutics trial, for hospitalized COVID-19 patients in the United States. The first study is on remdesivir. For information on specific clinical trials underway for treatment of patients with COVID-19, see clinicaltrials.gov external icon, and www.chictr.org.cn external icon

VACCINE DEVELOPMENT and SUPPLY LOGISTICS:
Synthetic biology approaches are in process to develop candidate COVID-19 vaccines. In these vaccines, lab-developed RNA or DNA, are being designed to encourage cells to produce viral proteins, initiating an immune response. These approaches intend to produce more effective, scalable vaccines then have previously been available. These efforts are in hope of creating a coronavirus vaccine in time to mitigate further global mortality.

WHO Operations Supply and Logistics (OSL) continues to support COVID-19 emergency operations where global demand for critical items continues to outpace global supply. WHO continues to highlight the need for prioritization of personal protective equipment (PPE) supplies for frontline healthcare workers. To help make supplies available, OSL and partners in the Pandemic Supply Chain Network (PSCN) have agreed on mechanisms to secure global warehousing, and have shipped laboratory tests to more than 120 countries to facilitate testing.
STAFF PROTECTION:
Healthcare workers in rural and small communities may not be as versed in utilizing PPE. Ensure all staff are aware of the proper PPE sequence and have practiced donning the precautionary equipment. https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf. CDC recommendations for care facility staffing:

According to NPR, in Seattle, employees at the University of Washington Medical System are tested for COVID-19 in an open-air hospital parking garage. This prevents people congregating and lessens the risk of exposure. The drive-through tests 1 person every 5 minutes and returns results within about 24 hours. It is currently limited to healthcare workers who are experiencing COVID-19 symptoms. The University is also planning to work with the Gates Foundation to develop home testing kits.

UPDATE IN THE UNITED STATES:
The Bill and Melinda Gates Foundation announced their support for a program that would offer Seattle residents at-home, mail-in COVID-19 tests, as over half of the 600 plus confirmed cases occurred in Washington state and California, with 19 deaths. The virus has now spread to over half the United States. The state of Washington, one of the areas where the virus has hit the hardest, reported 136 cases and 18 deaths, the majority in King County (where Seattle is located).

In Santa Clara, CA, the Public Health Department ordered the canceling of mass gatherings of more than 1,000 people. California reported 114 confirmed cases and 1 death tied to the outbreak, and New York state reported 105 total cases. In some areas, public health officials are advocating the implementation of voluntary social distancing measures, and preparation in advance of documented transmission.
The CDC has acknowledged the increased risk for infection in cruise ship environments. The US Department of State published a Travel Warning for cruise itineraries, particularly travelers with underlying health conditions, advising they avoid cruising until a later date. The State Department emphasized that travelers “should not rely on the federal government for repatriation flights in the event of an outbreak onboard a cruise ship,” noting that recent examples may not be standard operating procedure moving forward.

**INTERNATIONAL**

- Italy has the most cases outside of China with more than 9,100 infections: the Italian government cordoned a region with nearly 25% of its citizens. The measures do not permit the travel in or out, except for proven work or emergency-related reasons. The Ministry of Health closed commercial entities which could not guarantee a distance of at least 1 meter between guests.
- Korea and Iran each had more than 7,100 COVID-19 cases as of Monday afternoon, according to data compiled by Johns Hopkins University.
- Turkmenistan, Azerbaijan, are listed under a Level 3 travel advisory due to uncertainty of screens, quarantine, and acceptable healthcare supply availability.
- According to *The New York Times*, Saudi Arabia has substantially reduced its export oil prices in response to Russia’s recent refusal to join the Organization of Petroleum Exporting Countries (OPEC) in reducing production as COVID-19 has reduced global demand for oil.
- Qatar suspended international travel to multiple countries, and has indefinitely suspended school nationwide.
- Iran released 70,000 prisoners temporarily to “reduce the spread of the virus in jails,” Judiciary chief Ebrahim Raisi, to Reuters.
- The traditional ceremony on Thursday in which the Olympic torch is passed to the organizers of the 2020 Tokyo Games will be closed to the public. Greece's Olympic committee said only 100 accredited guests will be on hand in Ancient Olympia to take part in the ceremony.
- France has banned all gatherings of more than 1,000 people to prevent the spread of the virus: the match between Paris Saint-Germain and Borussia Dortmund at Paris's Parc des Princes stadium will take place with no fans in attendance.
HOLISTIC STRATEGIES
Drinking water, hand-washing, and adequate rest and nutrition, are the gold-standard to prevent infection. Beyond the typical PPE guidelines, Holistic staff may be familiar with psychoneuroimmunology; the interaction between our psychology, nervous system, and the immune system that emotional states of fear, worry, and anxiety depress the immune system. Bringing our positive energies into the stressful setting through encouragement toward other staff members to be present, practicing mindfulness, pausing for breathing, or taking time to be in natural settings, are helpful coping mechanisms holistic nurses can facilitate with co-workers and patients.

ANNUAL AHNA CONFERENCE
The 2020 Annual Conference will currently proceed as scheduled. To date, there are no confirmed cases in New Mexico. Our top priority is the health and safety of all participants: the majority of whom travel from within North America. The cancellation policy remains, that all but a $50 processing fee, is refunded for cancellations prior to May 15, 2020.

We believe this will provide adequate time for individual decision-making, planning, and reflection regarding COVID-19 and its trajectory over the coming months.

During our convention planning, we are monitoring COVID-19 carefully, strategizing for infection precaution and management, and will take into consideration all relevant information, including the guidance and directives of local health officials in Albuquerque.

CLINICIAN RESOURCES:
Real-time training during global emergencies is critical for effective preparedness and
response. The COVID-19 Channel provides learning resources for health professionals, decision-makers and the public for the outbreak of coronavirus disease (COVID-19). As the outbreak continues to evolve, new resources will be added and existing courses will be updated to best reflect the changing context.

[https://openwho.org/channels/covid-19](https://openwho.org/channels/covid-19)

**COVID-19 Genetics** (PDF)
A summary of findings from the latest phylogenetic research on COVID-19.

**Serology testing for COVID-19** (PDF)
Serology tests are blood-based tests that can be used to identify whether people have been exposed to a particular pathogen.

**PUBLIC EDUCATION:**


Experts from the Johns Hopkins Bloomberg School of Public Health offer science and evidence-based insights on the public health news. Email questions to the show at [PublicHealthQuestion@jhu.edu](mailto:PublicHealthQuestion@jhu.edu), or follow on Twitter at [@PublicHealthPod](https://twitter.com/PublicHealthPod).