



COVID-19 Update for Clinicians April 13, 2020

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Isolation & Quarantine Site Update

Requested Actions:

- Please see attached materials at the end of this transmission providing additional guidance regarding Snohomish County's Isolation & Quarantine (I&Q) facility.
- Review information in [the health advisory from April 7, 2020](#) regarding the I&Q facility, **AND please note the following updates intended to streamline** the I&Q referral process and your role in it.
 - Continue to contact the Snohomish Health District's (SHD's) Communicable Disease Program at 425-339-5278 to make referrals for individuals meeting criteria (i.e., COVID-19 suspects, cases, and contacts who are unsheltered or not appropriate for home I&Q).
 - Most individuals meeting eligibility criteria likely will be admitted on a voluntary basis at the discretion of the Health District.
 - Health officer's orders will only be issued if deemed necessary by SHD based on features of the individual, present circumstances, and input from the referring clinician or facility. When a health officer's order is issued, it will be served by the I&Q staff *after* arrival at Angel of the Winds Arena. Clinicians and facilities no longer need to be involved in serving the health officer's order.
 - After getting approval from the Health District, be sure to [complete an I&Q Intake Form](#), give a copy to the individual, and fax it to the I&Q facility at 425-322-2762
 - The mechanism for transporting individuals to the facility **is via cabulance** through Northwest Ambulance, 9AM-6PM. After receiving approval from the Health District, call 425-328-7651 and ask for "COVID-19 cabulance transport to Angel of the Winds Arena."
- Ensure that the Isolation & Quarantine Flyer (page 6 of this document) is posted in a visible location in emergency departments and other areas where staff interact directly with patients who may meet criteria for the Isolation & Quarantine site.
- Review the Frequently Asked Questions (pages 7-10 of this document) about the Isolation & Quarantine site, as well as the direct referral form (page 11).

Syndromic Management of STD during COVID-19 Event

Requested actions:

- Consider using the following [table](#) as a tool for syndromic telehealth management of uncomplicated sexually transmitted diseases (STD). If using the link, scroll down to page 3 of the letter to see the table.



- Consider [expedited partner therapy \(EPT\)](#) for management of patients exposed to gonorrhea or chlamydia.
- Continue to report notifiable STD to the Health District (Tel 425-339-5261, Fax 425-339-8707).
- Refer to comprehensive [Centers for Disease Control & Prevention STD guidelines](#) and/or contact SHD at 425-339-5261 for clinical consultation.

Table 1. Therapeutic options to consider for symptomatic patients and their partners when in person clinical evaluation is not feasible:

Syndrome	<u>Preferred Treatments</u> In clinic, or other location where injections can be given*	<u>Alternative Treatments</u> When only oral medications are available [‡]	Follow-up
Male urethritis syndrome	Ceftriaxone 250mg intramuscular (IM) in a single dose PLUS Azithromycin 1g orally in a single dose (If azithromycin is not available and patient is not pregnant, then doxycycline 100 mg orally twice a day for 7 days is recommended). If cephalosporin allergy is reported, gentamicin 240 mg IM in a single dose PLUS azithromycin 2 g orally in single dose is recommended.	Cefixime 800 mg orally in a single dose PLUS Azithromycin 1g orally in a single dose (If azithromycin is not available and the patient is not pregnant, doxycycline 100 mg orally twice a day for 7 days is recommended). OR Cefpodoxime 400 mg orally q12 hours x 2 doses PLUS Azithromycin 1g orally in a single dose (If azithromycin is not available and the patient is not pregnant, doxycycline 100 mg orally twice a day for 7 days is recommended). If oral cephalosporin is not available or cephalosporin allergy is reported, azithromycin 2g orally in a single dose.	For alternative oral regimens, patients should be counseled that if their symptoms do not improve or resolve within 5-7 days, they should follow-up with the clinic or a medical provider. Patients should be counseled to be tested for STIs once clinical care is resumed in the jurisdiction. Health departments should make an effort to remind clients who have been referred for oral treatment to return for comprehensive testing and screening and link them to services at that time.
Genital ulcer disease (GUD) Suspected primary or secondary syphilis^{††}	Benzathine penicillin G, 2.4 million units IM in a single dose.	<u>Males and non-pregnant females:</u> Doxycycline 100 mg orally twice a day for 14 days.	All patients receiving regimens other than Benzathine penicillin for syphilis treatment should have repeat serologic testing performed 3 months post-treatment.
		<u>Pregnant:</u> Benzathine penicillin G, 2.4 million units IM in a single dose.	
Vaginal discharge syndrome in women without lower abdominal pain, dyspareunia or other signs concerning for pelvic inflammatory disease (PID)	Treatment guided by examination and laboratory results.	Discharge suggestive of bacterial vaginosis or trichomoniasis (frothy, odor): Metronidazole 500 mg orally twice a day for 7 days.	
		Discharge cottage cheese-like with genital itching: Therapy directed at candida.	
Proctitis syndrome[#]	Ceftriaxone 250mg IM in a single dose PLUS doxycycline 100 mg orally twice a day for 7 days. If doxycycline not available or the patient is pregnant, azithromycin 1g orally in single dose recommended.	Cefixime 800 mg orally in a single dose PLUS doxycycline 100 mg orally bid for 7 days (if doxycycline not available or the patient is pregnant, azithromycin 1g orally in single dose recommended). OR Cefpodoxime 400 mg orally q12 hours x 2 doses PLUS doxycycline 100 mg orally bid for 7 days (if doxycycline not available or the patient is pregnant, azithromycin 1g orally in single dose recommended).	

*When possible, clinics should make arrangements with local pharmacies or other clinics that are still open and can give injections
[‡]Alternative regimens should be considered when recommended treatments from the 2015 CDC STD Treatment Guidelines are not available
^{††}All pregnant women with syphilis must receive Benzathine penicillin G. If clinical signs of neurosyphilis present (e.g. cranial nerve dysfunction, auditory or ophthalmic abnormalities, meningitis, stroke, acute or chronic altered mental status, loss of vibration sense), further evaluation is warranted
[#]Consider adding therapy for herpes simplex virus if pain present



Background

As the need for social distancing changes the ability to see patients face-to-face, telemedicine visits and presumptive treatment are acceptable practices for uncomplicated symptomatic infections and exposures. If a patient reports symptoms or exposure to someone with STD such as gonorrhea, chlamydia, or syphilis, clinicians may choose to treat them without having laboratory test results available (this includes not having collected a specimen at all for testing). The Washington State Department of Health (DOH) recommends that clinicians advise all presumptively treated patients to be tested as soon as practicable, and to seek further medical attention if symptoms persist.

Please find attached guidance from the CDC on management of STD during this challenging time. It is focused on syndromic management of patients based on symptoms when laboratory services are not available, or treating with oral medications when injectable medications are not feasible due to reduced clinical resources or clinic closures.

While it is ideal to collect specimens for HIV and STD testing concurrently with presumptive treatment, we understand that due to requirements for social distancing and redirection of clinical resources and space to attend to patients during the COVID-19 event, the ability to collect specimens from patients may be reduced or eliminated.

One practice that may assist providers in collecting specimens for testing is that patients may self-collect specimens (like urine, vaginal, rectal) for chlamydia and gonorrhea testing. This practice can reduce face-to-face time with a patient. Please remember that [expedited partner therapy \(EPT\)](#) is an option for some partners to persons diagnosed with chlamydia or gonorrhea. This strategy may be helpful for exposed partners who cannot be seen in a clinical environment. These medications can be prescribed to patients or to their partners to be picked up at pharmacies and covered by their insurance payer.

Please continue to report clinically suspected cases of primary and secondary syphilis, as well as laboratory confirmed cases of HIV and other notifiable STD to the Health District (Tel 425-339-5261, Fax 425-339-8707). Telephone consultation on STD diagnosis and treatment is also available through this line. STD screening and treatment guidelines can be located on the [CDC website](#).

COVID-19 UPDATE (data reported through April 11)

Table 1. Case Status

Row Labels	N	%
Home isolation	139	7.1%
Hospitalized	110	5.6%
Recovered	1182	60.4%
Deceased	68	3.5%
Lost to Follow-up	6	0.3%
I&Q Facility*	1	0.1%
Investigation pending	452	23.1%
Cumulative Total	1958	100.0%

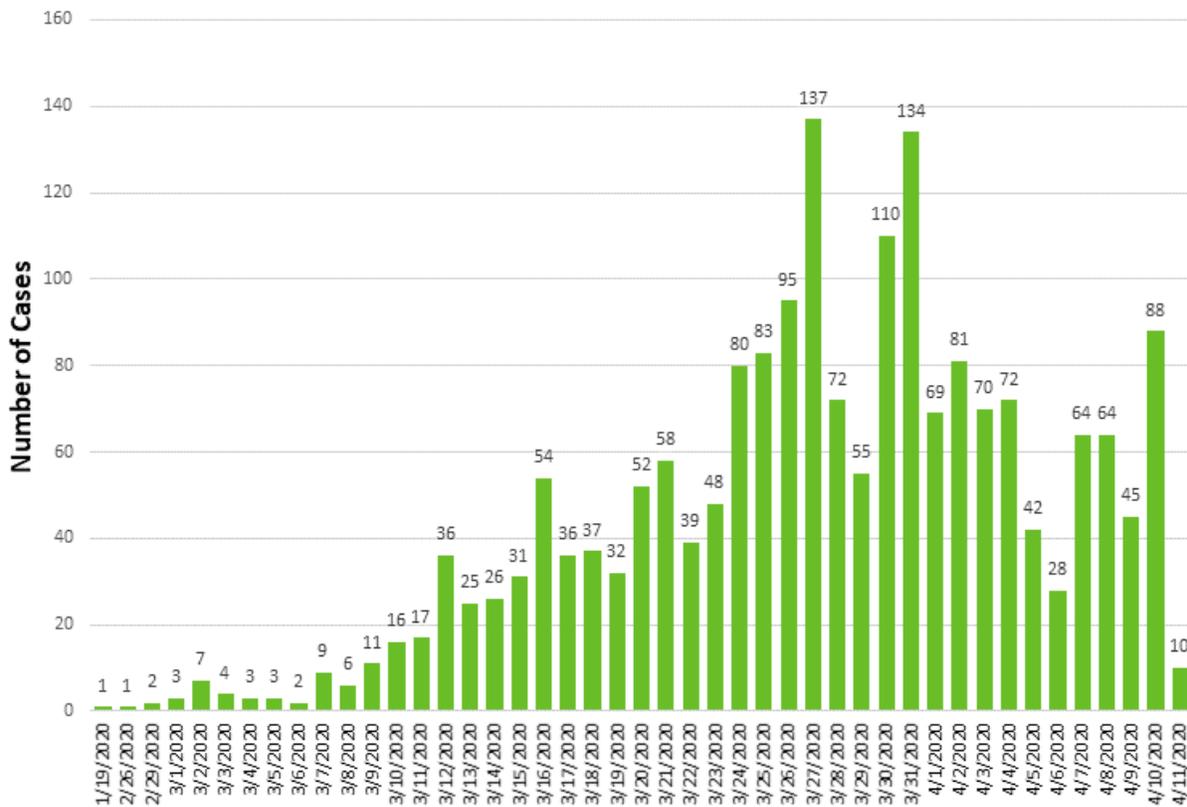
*4 suspected cases also isolated at I&Q facility with test results pending



Table 2. Transmission Risk-Assessment

Setting	N	%
Community acquired	793	40.5%
Close contact	292	14.9%
HCW	135	6.9%
Long-term Care	240	12.3%
Correctional Facility	11	0.6%
Travel	25	1.3%
Dialysis	2	0.1%
Lost to Follow-up	6	0.3%
Pending investigation	454	23.2%
Grand Total	1958	100.0%

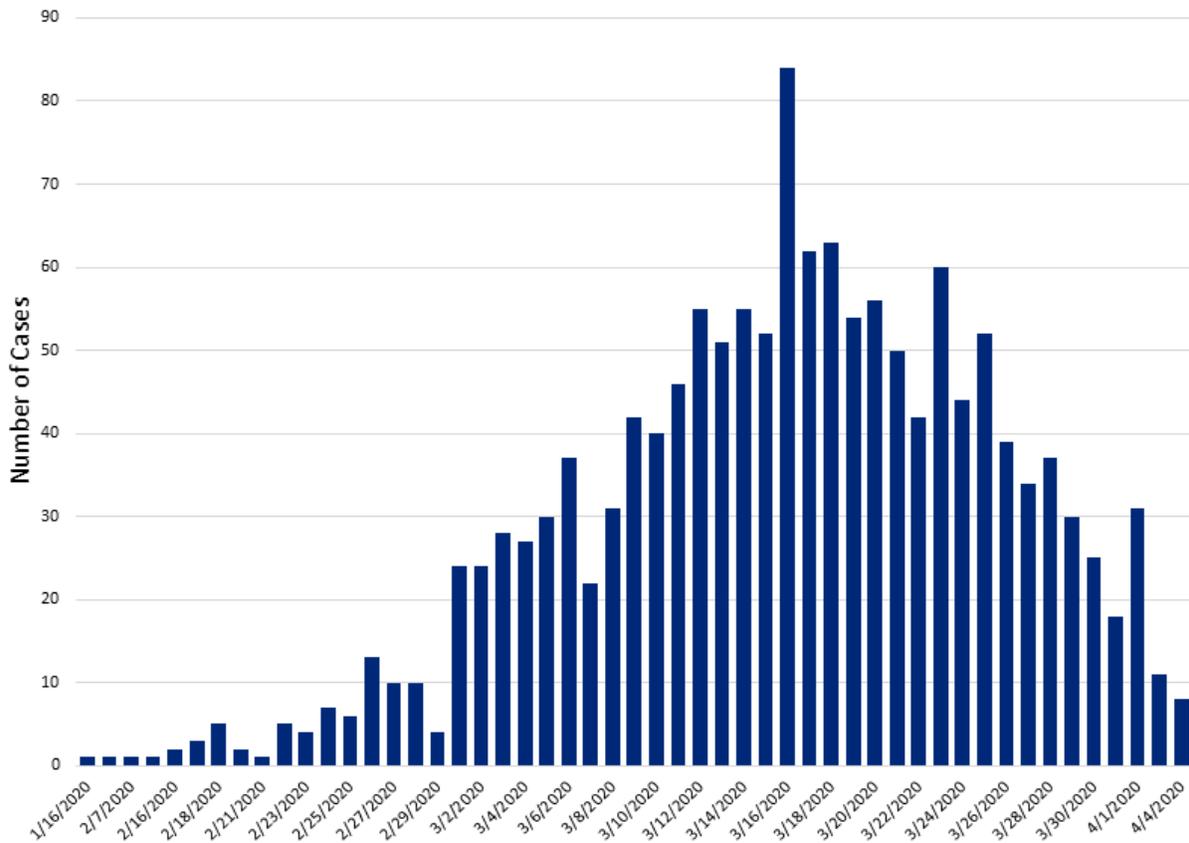
Number of Reported COVID-19 Cases in Snohomish County, by Date



Note: frequency by date of report to SHD (not date of onset)

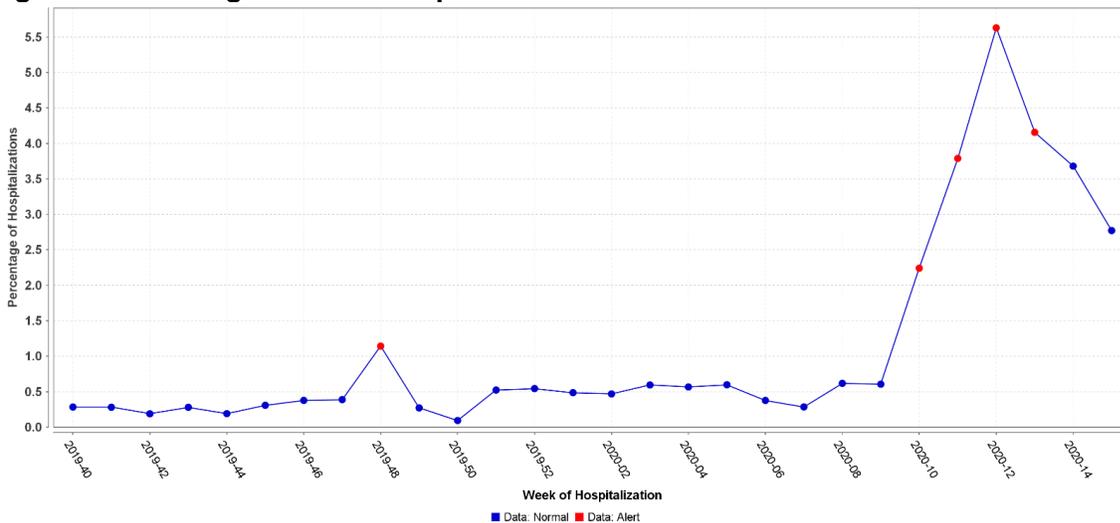


Snohomish County COVID-19 Case Onset Dates



Note: Frequency by date of onset. Figures for recent dates at the far right end of the y-axis may increase following updates from pending investigations.

Figure. Percentage of Total Hospitalizations due to COVID-Like Illness



Note: Oct 1, 2019 through April 10, 2020

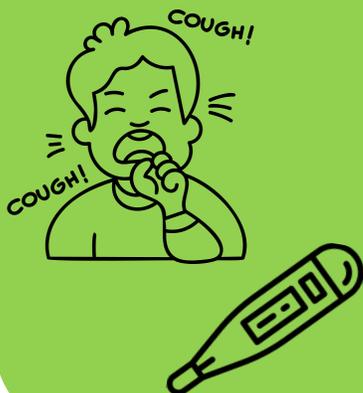
Christopher Spitters, MD, MPH
Health Officer
Snohomish Health District

Snohomish County



COVID-19 Screening/Admission Protocol

Is your patient homeless OR unable to self quarantine and needs to...



- **QUARANTINE** for up to 14 days since **exposure** to someone who tested **POSITIVE** for COVID-19?

- **ISOLATION** due to **fever and/or other symptoms** consistent with **COVID-19** or due to **testing positive** for COVID-19?

CALL the Health District for exposure verification AND



Health District approval

425-339-5278

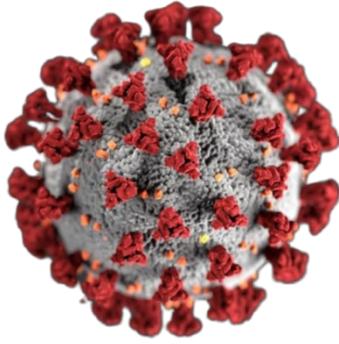


Once Health District approval is received:

- ✓ Ensure testing has been done
- ✓ Complete referral form and **FAX** to I&Q Facility (**425-322-2762**).
- ✓ Print copies of referral form to accompany patient.
- ✓ Ensure patient has an adequate supply of medications
- ✓ Contact Northwest Ambulance (**425-328-7651**) for **CABULANCE** transport to Angel of the Winds Arena (**2000 Hewitt Ave, Everett, WA 98201**)

Snohomish County Isolation and Quarantine Facility | 24/7 On-Duty Site Coordinators

425-238-3439 | iandqsite@snoco.org



COVID-19

SNOHOMISH COUNTY RESPONSE

The following information provides clarity on Snohomish County's plan for quarantine and isolation in response to the novel coronavirus outbreak.



Snohomish County



SNOHOMISH COUNTY FREQUENTLY ASKED QUESTIONS QUARANTINE & ISOLATION FACILITY

Snohomish County has a coordinated plan in place for the quarantine and isolation facility.

On Wednesday, March 18, 2020, Snohomish County approved funding to support a quarantine and isolation plan that aligns with the Health Officer order. The site was opened and fully operational on April 1, 2020. This facility will remain open until the public need is met.

Where is the quarantine and isolation site located?

Angel of the Winds Arena in Everett is serving as Snohomish County's quarantine and isolation site. Clients are housed in the main arena and community ice rink.

Who does this facility serve?

The quarantine and isolation site is for people who need a safe, secure place to stay without exposing others to COVID-19. In some cases, an infected or exposed client lives with an elderly or immuno-compromised family member and does not want to spread the disease. Most clients will be experiencing homelessness and need a place to stay until it is safe for them to be around others. The goal of the quarantine and isolation site is to reduce the spread of COVID-19 from these individuals.

How many beds are available at the site?

There are 48 quarantine beds and 48 isolation beds. There is space to expand as needed. Clients will be separated by zones according to their risk or condition.

Why aren't clients being quarantined or isolated at a hospital?

The quarantine and isolation site has been set up to supplement capacity at our local hospitals to ensure there are enough beds available for critical needs.

What can clients expect during their stay at the quarantine and isolation center?

Each client has been provided with a private 8-foot by 10-foot space to rest and recover during their stay. Hot meals and snacks will be provided. Restrooms and showers are available. Phones, tablets, online library access, wireless internet and other amenities will be available for client use.

There are common areas that may be used with appropriate social distancing measures. Clean clothes and laundry services will also be provided.

What if there is a medical emergency at the quarantine or isolation site? How will the client be cared for?

Under the guidance of Dr. Gary Goldbaum and Dr. Eric Cooper, trained medical staff will be available to assess the health of each client, including temperature and symptom checks, each day. In case of emergency, clients will be transported to the hospital. The nearest hospital is Providence Regional Medical Center Everett, which is located less two miles away. Other services, such as behavioral health and substance abuse treatment, will be provided as needed.

Is there security at the quarantine and isolation site?

Yes. Security is provided on site by Angel of the Winds Arena staff and supported by local law enforcement.

Should businesses and residents be concerned if they are nearby the quarantine and isolation site?

No. This will be a carefully coordinated and secure site. All recommended measures are being implemented for cleaning, sanitation, and safety on-site. People outside of the site will not be in contact with those who are quarantined.

Who determines who is admitted and released from the quarantine and isolation site?

Entry is gained via review-and-approval through the Snohomish Health District when a health care provider or health care facility submits a request for referral via telephone. It is anticipated that most admissions will be voluntary, but in some instances, a written health officer's order may be issued by the Health District as part of the referral when the health officer deems necessary and in accordance with relevant Washington State law. Residents there will be directed to stay until released according to prevailing standards for COVID-19 isolation and quarantine and, when applicable, under orders issued by the Health District. A typical stay would extend from just a few days up to two weeks (occasionally longer), depending on the circumstances.

Will clients be allowed to come and go from the quarantine and isolation site?

State and local public health agencies request that clients voluntarily cooperate with quarantine and isolation instructions. Clients who choose to leave against medical advice will not be readmitted. Those under health officer orders who make an unauthorized departure from the facility may be subject to misdemeanor charges and possible pursuit of court action if deemed necessary by the Health District.

Will visitors be allowed at the quarantine and isolation site?

No. We encourage the use of video calling loved ones to stay connected. Due to client privacy, media will not be admitted while the site is in operation.

Will clients have access to their phone and internet while at the quarantine and isolation site?

Yes, clients are encouraged to stay in touch with their loved ones while in quarantine or isolation. Phones, tablets, wireless internet and other amenities will be provided.

Are quarantine and isolation different?

Yes. Isolation is the process of separating individuals with a contagious disease from others until they are no longer contagious. In most cases, those who are suspected of having the disease are isolated while awaiting test results and then are released from isolation if their results are negative. For those with positive results, isolation continues until they have met release criteria for that disease. With COVID-19, isolation continues until at least 72 hours have passed since improvement in symptoms and resolution of fever (without use of fever-reducing medications) AND at least 7 days have passed since the illness began.

Quarantine is the process of separating exposed-but-well individuals from others until we are reasonably sure they have not developed disease from that exposure. The period of time between exposure and the onset of illness is the incubation period. In the case of COVID-19, the quarantine period is the maximum incubation period (14 days). If a person in quarantine develops symptoms of COVID-19, they are then placed in isolation (but separate from the confirmed COVID-19 cases) and undergo testing for COVID-19. If their results are positive, then they continue isolation as set forth above. If their test results are negative, further management depends on the specific circumstances at hand and may include continued isolation or release back into quarantine to complete the 14-day monitoring period

Most people are isolated or quarantined at home, but the Snohomish County quarantine and isolation site provides a place for people who are unsheltered or for whom isolation at home is not acceptable due to conditions at the home. For example, a confirmed COVID-19 case may be living in a small home with a severely immunosuppressed housemate and there are not enough living spaces within the home to ensure they remain separated for the duration of the contagious period.

Quarantine and Isolation Site Direct Referral Form

1. Contact the Snohomish County Health District at 425-339-5278 for referral approval
2. Fax to 425-322-2762 and give a physical copy to the client
3. Call the Quarantine and Isolation site manager at 425-238-3439

Name of Health District staff who gave verbal approval for referral: _____

Today's date _____

Client Name _____ Date of Birth _____

Has the client been tested for COVID-19? _____ Test Date _____

If so, are there results on hand? (please attach copy) _____

If pending, to what lab was the test sent? _____

Current Symptoms:

Symptoms			Date of Onset
Fever – temperature:	Yes	No	
Cough	Yes	No	
Shortness of Breath	Yes	No	
Chills	Yes	No	
Headache	Yes	No	
Muscle Aches	Yes	No	
Sore Throat	Yes	No	

Other medical problems:

Known medications (attach med list if not enough room):

Known allergies: _____

Is the individual at risk of withdrawal from opiates, benzodiazepines, or alcohol? Yes No

If so, what substance(s) and time of last use:

Name of person filling out form: _____

Signature: _____

Organization and contact information: _____