



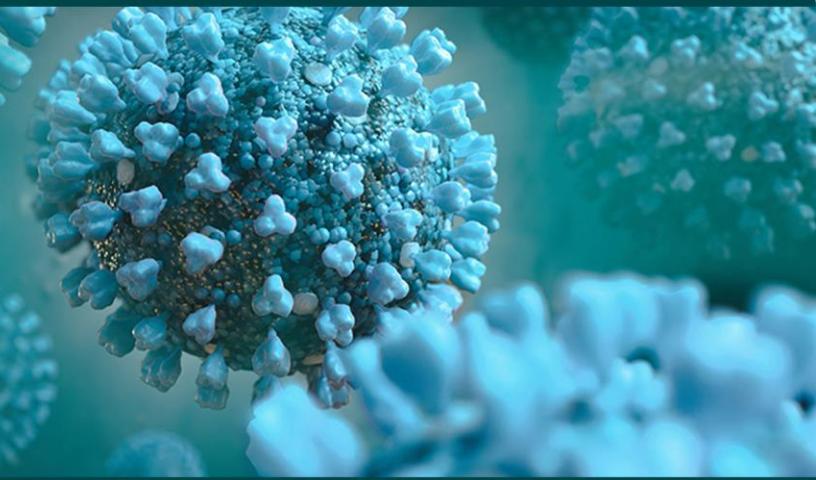
COVID-19 & DENTISTRY

New Isolation Guidance &
Precautions from the CDC



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Coronavirus Cases Are Rising in 40 States

More than 4,000,000 people in the U.S. have been infected with the coronavirus, and at least 145,000 have died.

The country, logging a seven-day average of 65,790 new cases a day, has more confirmed cases per capita than any other major industrial nation.

CDC: U.S. Coronavirus Infections May Be 10x Higher

Than Previously Reported

Testing indicates the number of people with antibodies is between two and 13 times the approximately 3.8 million recorded cases of the virus in the U.S., according to the CDC's research.

An analysis of blood samples from 10 geographic regions, including Washington state, Utah, New York, and South Florida, found that New York City has the highest proportion of antibodies within the population, with 24 percent.

CDC: U.S. Coronavirus Infections May Be 10x Higher

Than Previously Reported

May and June data indicates that 2.8 percent of Missourians have antibodies, while 3.6 percent of Philadelphia residents have them.

Epidemiologists believe 60 percent to 70 percent of the population must contract a virus to achieve so-called herd immunity.

- Seroprevalence of Antibodies to SARS-CoV-2 in 10 Sites in the United States, March 23-May 12, 2020 - *JAMA Intern Med.*

Absence of Apparent Transmission of SARS-CoV-2 from Two Stylists

After Exposure at a Hair Salon with a Universal Face Covering Policy — Springfield, Missouri, May 2020

- Consistent and correct use of cloth face coverings is recommended to reduce the spread of SARS-CoV-2
- Among 139 clients exposed to two symptomatic hair stylists with confirmed COVID-19 while both the stylists and the clients wore face masks, no symptomatic secondary cases were reported; among 67 clients tested for SARS-CoV-2, all test results were negative
 - ❖ Adherence to the community's and company's face-covering policy likely mitigated spread of SARS-CoV-2

CDC MMWR Weekly / July 17, 2020 / 69(28);930-932

**Two hair stylists with COVID-19
spent at least 15 minutes with 139 clients**

EVERYONE WORE FACE COVERINGS  **NO CLIENTS ARE KNOWN TO BE INFECTED***



WEAR CLOTH FACE COVERINGS CONSISTENTLY AND CORRECTLY TO SLOW THE SPREAD OF COVID-19

*No clients reported symptoms; all 67 customers tested had negative tests

Duration of Isolation and Precautions for Adults with COVID-19

CDC, July 2020

Accumulating evidence supports ending isolation and precautions for persons with COVID-19 using a symptom-based strategy. The following update incorporates recent evidence to inform the duration of isolation and precautions recommended to prevent transmission of SARS-CoV-2 to others, while limiting unnecessary prolonged isolation and unnecessary use of laboratory testing resources.

Duration of Isolation and Precautions for Adults with COVID-19

CDC, July 2020

- Concentrations of SARS-CoV-2 RNA measured in upper respiratory specimens decline after onset of symptoms
 - ❖ (CDC, unpublished data, 2020; Midgley et al., 2020; Young et al., 2020; Zou et al., 2020; Wölfel et al., 2020; van Kampen et al., 2020)
- The likelihood of recovering replication-competent virus also declines after onset of symptoms; for patients with **mild to moderate** COVID-19, replication-competent virus has not been recovered after **10 days** following symptom onset
 - (CDC, unpublished data, 2020; Wölfel et al., 2020; Arons et al., 2020; Bullard et al., 2020; Lu et al., 2020; personal communication with Young et al., 2020; Korea CDC, 2020)

Duration of Isolation and Precautions for Adults with COVID-19

CDC, July 2020

- Recovery of replication-competent virus between **10 and 20 days** after symptom onset has been documented in some persons with **severe** COVID-19 that, in some cases, was complicated by immunocompromised state (van Kampen et al., 2020)
- In this series of patients, it was estimated that:
 - 88% of their specimens no longer yielded replication-competent virus after 10 days following symptom onset
 - 95% of their specimens no longer yielded replication-competent virus after 15 days following symptom onset
- A large contact tracing study demonstrated that high-risk household and hospital contacts did not develop infection if their exposure to a case patient started 6 days or more after the case patient's illness onset (Cheng et al., 2020)

Duration of Isolation and Precautions for Adults with COVID-19

CDC, July 2020

- Although replication-competent virus was not isolated 3 weeks after symptom onset, recovered patients can continue to have SARS-CoV-2 RNA detected in their upper respiratory specimens for up to 12 weeks
 - ❖ (Korea CDC, 2020; Li et al., 2020; Xiao et al, 2020)
- Investigation of 285 “persistently positive” persons, which included 126 persons who had developed recurrent symptoms, found no secondary infections among 790 contacts attributable to contact with these case patients. **Efforts to isolate replication-competent virus from 108 of these case patients were unsuccessful**
 - ❖ (Korea CDC, 2020)

Duration of Isolation and Precautions for Adults with COVID-19

CDC, July 2020

- Specimens from patients who recovered from an initial COVID-19 illness and subsequently developed new symptoms and retested positive by RT-PCR did not have replication-competent virus detected
 - ❖ (Korea CDC, 2020; Lu et al., 2020)
- The risk of reinfection may be lower in the first 3 months after initial infection, based on limited evidence from another betacoronavirus (HCoV-OC43), the genus to which SARS-CoV-2 belongs
 - ❖ (Kiyuka et al, 2018)
- Currently, 6 months after the emergence of SARS-CoV-2, there have been no confirmed cases of SARS-CoV-2 reinfection; however, the number of areas where sustained infection pressure has been maintained, and therefore reinfections would be most likely observed, remains limited

Assessment

- Available data indicate that persons with mild-to-moderate COVID-19 remain infectious no longer than 10 days after symptom onset
- Persons with more severe-to-critical illness or severe immunocompromise likely remain infectious no longer than 20 days after symptom onset
- Re-infection with SARS-CoV-2 has not yet been definitively confirmed in any recovered persons to date
 - ❖ CDC – Coronavirus page updates July 17th, 2020

Duration of Isolation and Precautions for Adults with COVID-19

Recommendations

- For most persons with COVID-19 illness, isolation and precautions can generally be discontinued **10 days after symptom onset*** and **resolution of fever for at least 24 hours, without the use of fever-reducing medications**, and with improvement of other symptoms
 - ❖ *Symptom onset is defined as the date on which symptoms first began, including non-respiratory symptoms
- For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA*

SARS-CoV-2 Illness Severity Criteria

Adapted from the NIH COVID-19 Treatment Guidelines

Mild Illness: Individuals who have any of the various signs and symptoms of COVID 19 (fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO_2) $\geq 94\%$ on room air at sea level.

SARS-CoV-2 Illness Severity Criteria

Adapted from the NIH COVID-19 Treatment Guidelines

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

Role of PCR Testing

Role of PCR testing to discontinue isolation or precautions:

- For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts
- For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined previously

Role of PCR Testing

Role of PCR testing after discontinuation of isolation or precautions:

- For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, re-testing is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection
- In addition, quarantine is not recommended in the event of close contact with an infected person
- For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset

Footnotes

The studies used to inform this guidance did not clearly define “severely immunocompromised”. For the purposes of this guidance, CDC used the following definition that was created to more generally address HCP occupational exposures.

- Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of HCP work restrictions

Footnotes

The studies used to inform this guidance did not clearly define “severely immunocompromised”. For the purposes of this guidance, CDC used the following definition that was created to more generally address HCP occupational exposures.

- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect occupational health actions to prevent disease transmission
- Ultimately, the degree of immunocompromise for HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation

Summary

For mild-to-moderate illness: isolation for 10 days

For severe illness: isolation for 20 days

Retesting within three months not necessary unless
there is a recurrence of symptoms.

FDA Issues First Emergency Authorization for Sample Pooling

In Diagnostic Testing

On July 18, 2020, the U.S. Food and Drug Administration re-issued an emergency use authorization (EUA) to Quest Diagnostics to authorize its Quest SARS-CoV-2 rRT-PCR test for use with pooled samples containing up to four individual swab specimens collected under observation.

Sample pooling is an important public health tool because it allows for more people to be tested quickly using fewer testing resources. Sample pooling does this by allowing multiple people – in this case four individuals – to be tested at once.

FDA Issues First Emergency Authorization for Sample Pooling

In Diagnostic Testing

The samples collected from these four individuals are then tested in a pool or “batch” using one test, rather than running each individual sample on its own test.

If the pool is positive, it means that one or more of the individuals tested in that pool may be infected, so each of the samples in that pool are tested again individually.

FDA News Release 07/18/2020

Your Questions Answered!

Your Questions Answered!

What is the difference between N95
and KN95 masks?

Your Questions Answered!

Can you explain again how to change disposable gowns between patients and for hygiene exams?

Your Questions Answered!

If you are performing non-AGPs, do the gowns need to be replaced after each patient?

Your Questions Answered!

Can disposable gowns be placed in regular trash, or do they have to be treated as medical waste?

Your Questions Answered!

Can you spray gowns with an alcohol disinfectant between patients, rather than changing gowns completely?

Your Questions Answered!

We are having to reuse our N95 masks and have been disinfecting them with Discide but they smell of Discide for 1-2 days after.

Any advice on how to disinfect masks?

Your Questions Answered!

We are a surgical center and use blankets for recovering patients. Do the blankets need to be washed between each patient, or is there a quicker way we can disinfect between uses?

Your Questions Answered!

What mouth rinses do you recommend patients use prior to procedures?

Your Questions Answered!

I thought UV lights need minimum exposure time to destroy the virus – placing them in vents/furnaces doesn't allow enough time to kill.

What is your opinion?

Should we require patients to be tested for COVID before performing aerosolized procedures?

Your Questions Answered!

If a patient tested positive and has been quarantined for the appropriate number of days, when is it advisable to see them?

When they do come in, are there any special instructions?

Your Questions Answered!

If a patient tested positive and it's been 2 months since they had symptoms, do you recommend they test negative before coming in?

Your Questions Answered!

If an employee goes on vacation, are they required to get a COVID test before returning to work?

Are they required to quarantine?

Your Questions Answered!

What is the protocol if an employee tests positive for COVID-19?

Thank You!

Have topics you'd like us to cover in next week's webinar on COVID-19 & Dentistry?

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Next Air Date: Friday, August 7, 2 PM ET – See you then!