

June 23, 2020

Dear Colleagues,

The Tennessee Department of Health (TDH) is providing this update regarding the COVID-19 outbreak. Visit our [webpage](#) for the most up to date information on case counts, information, and resources.

### **Understanding the spread of COVID-19 in your community**

COVID-19 cases are continuing to increase and be investigated throughout the state. We have a number of resources on our webpage to help you understand current transmission in your community. All data and visualizations are updated daily unless otherwise indicated.

- [Daily summary](#) (downloadable pdf) of cumulative case counts, demographics, outcomes
- Cumulative and recent [case counts](#) by region and by county
- Cumulative [case and testing rates](#) by region and by county
- Daily counts of currently [hospitalized](#) COVID-19 patients and available hospital [capacity](#)

### **Counseling and reporting cases**

As you identify cases of COVID-19 infection among your patients, please counsel them to remain isolated at home throughout their infectious period (a minimum of 10 days from symptom onset). One-pagers in English and Spanish are available [here](#).

- What to Expect After Being Diagnosed: [English](#) / [Spanish](#)
- What to Expect After Being Tested (while waiting for results): [English](#) / [Spanish](#)
- What to Expect if you were Possibly Exposed: [English](#) / [Spanish](#)

Report cases to TDH according to the [guidance here](#). Please do not fax PUI forms to CDC directly.

### **Routine COVID-19 testing in clinical settings**

Clinicians should have a low threshold to obtain testing for SARS-CoV-2 (the virus that causes COVID-19) in their patients. There is evidence of preclinical and asymptomatic transmission of COVID-19 within households and communities, as well as data to suggest that the peak transmission risk is prior to or shortly after symptom onset. For these reasons, it is acceptable to consider obtaining COVID-19 testing in patients who may be high-risk for infection (due to occupation or living environment) or complications, even if classic COVID-19 symptoms are absent. Please review updated Triage & Assessment [guidance](#).

### **Remdesivir availability and allocation**

The FDA recently issued an emergency use authorization for the investigational antiviral drug remdesivir for treatment of COVID-19 in hospitalized patients. While there is limited information known about the safety and effectiveness of remdesivir, this investigational drug was shown in a clinical trial to shorten the time to recovery in some patients.

Tennessee has received an allotment of remdesivir through the federal government. The Tennessee Hospital Association and Vanderbilt University Medical Center are managing the distribution of the drug, which is available for patients that meet specific criteria.

Current criteria are:

Adult criteria (one of the following clinical situations):

- Patient on > 4 liters of supplemental oxygen or non-invasive ventilation AND ≤14 days since onset of symptoms
- Patient on invasive mechanical ventilation or extracorporeal membrane oxygenation (ECMO) AND < 7 days since onset of symptoms

Pediatric criteria:

- ≤14 days since onset of symptoms

If a hospital has a patient for whom they think remdesivir may be appropriate, they should submit a request through <https://redcap.vanderbilt.edu/surveys/?s=MD4LM9EHY9> or email [COVIDRX@vumc.org](mailto:COVIDRX@vumc.org).

### **MIS-C Call for cases**

On May 14, 2020, CDC issued a [health advisory](#) in May to provide information on multisystem inflammatory syndrome in children (MIS-C). New York State and the United Kingdom have recently reported increasing numbers of children presenting with this syndrome. Cases have occurred in children positive for SARS-CoV-2 by PCR and/or serology or children with an epidemiological link to a COVID-19 case. Patients presented with a persistent fever and a constellation of symptoms including shock, multi-organ involvement and elevated inflammatory markers. Some cases have had features of typical or atypical Kawasaki disease and/or features of toxic shock syndrome. There is limited information currently available about risk factors, pathogenesis, clinical course, or treatment for MIS-C.

In response, Tennessee has developed a state-specific case definition and requests that healthcare providers who have cared for patients meeting the MIS-C [criteria](#) report suspected cases to the Tennessee Department of Health at **615-741-7247** (Amanda Hartley or Cassie Jones) or email at [VPD.IMM@tn.gov](mailto:VPD.IMM@tn.gov) within 24 hours of identification.

### **Battelle Critical Care Decontamination System (CCDS) available at no cost in Tennessee**

The FDA has authorized an emergency use authorization for the use of the Battelle CCDS in decontaminating compatible N95 or N95-equivalent respirators for reuse by healthcare personnel. The Battelle CCDS utilizes vapor phase hydrogen peroxide to decontaminate N95 masks, up to 20 times per mask. As PPE continues to be in high demand and short supply, healthcare workers should take measures to extend the life of all PPE whenever possible. In an effort to prolong the life of N95 masks, all healthcare personnel, and facilities, are eligible, and urged to use the Battelle CCDS at no cost to registered users.

Frequently asked questions (including packing used masks, shipping and the decontamination process) and registration information are available [online](#).

Thank you for all that you do in keeping Tennesseans safe and healthy.

Tennessee Department of Health