

COVID-19 Report to Members ~ November 2, 2020

Reports are sent on Mondays and Thursdays, unless there's breaking news.

Quality & Patient Safety

Reinfection with SARS-CoV-2

Cases of reinfection with SARS-CoV-2, meaning that a person was infected, recovered, and then became infected again, have been reported in the scientific literature and media, but remain rare. CDC recently released a [Common Investigation Protocol for Investigating Suspected SARS-CoV-2 Reinfection](#).

The protocol is for use by state and local public health jurisdictions to support a common public health investigation for suspected reinfection. Confirming SARS-CoV-2 reinfection requires advanced planning and laboratory diagnostic capacity. A gold-standard confirmation of SARS-CoV-2 reinfection requires virus detection across two distinct time periods with genetic sequencing data in order to differentiate it from persistent infection. Reinfection cannot be confirmed if clinical specimens from the initial infection are not available.

Data on the likelihood of reinfection can be used to guide COVID-19 prevention and public health surveillance activities and an understanding of the immune response that allows for reinfection is needed to inform vaccine planning efforts.

Using this common protocol will aid in answering many questions about reinfection:

- What is the frequency with which SARS-CoV-2 reinfection occurs?
- What is the interval between initial infection and reinfection, and what is the clinical course?
- Among confirmed reinfection cases, what is the duration of RT-PCR positivity and shedding of replication-competent virus?
- What is the serologic response to reinfection?

The investigative criteria prioritize persons with detected SARS-Cov-2 RNA \geq 90 days after the first detection, whether or not symptoms were present, with respiratory specimens from each infection episode available. Additional cases can be considered among persons with detection of SARS-CoV-2 RNA \geq 45 days after the first detection of SARS-CoV-2 RNA, with a symptomatic second episode or close contact with a person with confirmed COVID-19, and respiratory specimens from each infection episode available.

Data collected with this protocol will identify potential cases of reinfection, advance understanding of SARS-CoV-2 epidemiology, and inform public health response.

New treatments potentially available to hospitals

Two new therapeutic treatments for COVID-19 positive patients are expected to receive emergency use authorizations (EUAs) soon. AHA has provided some [guidance](#) for hospitals to begin preparing to incorporate them into their workflows.

It is expected that distribution of the treatments, which will be in limited supply at least initially, will follow a similar process as was used for remdesivir (Veklury). States will receive an allocation based on hospitals' daily reporting and other public health data. How the Department of Health and Welfare will distribute to specific hospitals and/or public health districts has not yet been communicated.

Resources & Equipment

Additional details on cyber threat directed at hospitals

On Friday, additional details on [tactics, techniques and procedures](#) used in targeted attacks on the healthcare and public health sectors were sent out by AHA and federal agencies.

In addition, the October 28 [joint cybersecurity advisory](#) has been updated (although it still shows the original date) to include the latest technical indicators of compromise (IOCs) and malware signatures.

Hospitals and health systems are urged to share the information with their technology and cybersecurity staff as well as share any suspicious or related cyberattack information with the FBI Cyber Watch command center at 855-292-3937.

Virtual Meetings & Education

Webinar ~ What We Learned - Leadership

The Idaho Healthcare Executive Forum (IHEF), the Idaho chapter of ACHE, is presenting this virtual session where panelist will discuss lessons learned from COVID-19 from a leadership perspective. This program has been awarded 1.5 ACHE face-to-face education credits and both ACHE members and non-members are encouraged to attend.

COVID-19: What We Learned - Leadership
Thursday, November 12 ~ 4:30p MTN / 3:30p PAC

[Register](#)

Registration deadline: 4:30p MTN on Tuesday, November 10

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