



To Our Iranian American Health Professional Community,

The Society of Iranian American Health Professionals (SIAHP), takes the health and safety of our members and community a priority task. We know there are growing concerns around coronavirus disease 2019 (COVID-19) and we are closely following the Center for Disease Control and Prevention (CDC), National Institute of Allergy and Infectious Disease (NIAID) of the National Institutes of Health (NIH), and World Health Organization (WHO) for updates.

Mortality rate estimates for the coronavirus are often cited as about 2%, though estimates have ranged from 1.4% to 3.4%. In comparison, the mortality rate for severe seasonal influenza is much lower, at 0.1%. As you know, Iran has currently become one of the global epicenter of the coronavirus with the highest mortality rate in the world. Based on official numbers, the mortality rate in Iran has fluctuated daily, between 8-18%, compared to 2.5-3% in China and less everywhere else.

There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19). However, NIAID together with Moderna Therapeutics are working on a vaccine that will start its human clinical trials in April 2020. Currently, the best way to prevent illness is to avoid being exposed to this virus. As a reminder, CDC always recommends everyday preventive actions to help prevent the spread of any respiratory diseases (including regular cold and flu), including:

- Avoid close contact with people who are sick or coughing
- Avoid touching your eyes, nose, and mouth
- Stay home when you are sick
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe
- Follow CDC's recommendations for using a facemask.
 - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
 - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for [health workers](#) and [people who are taking care of someone in close settings](#) (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

Click here for more detailed information: <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention-treatment.html>



Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings

As part of the [risk assessment and public health management of persons with potential COVID-19](#), public health personnel will typically conduct interviews and assess these individuals for fever or other symptoms of COVID-19. In certain circumstances they will also obtain respiratory specimens. This guidance is intended to address recommended infection prevention and control practices when these activities are performed at a home or non-home residential settings, which warrant additional considerations beyond those described for healthcare settings.

For recommendations on the evaluation of PUIs in healthcare settings refer to the [Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation (PUI) for COVID-19, February 2020

This interim guidance is based on what is currently known [about COVID-19](#). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

State and local health departments who have identified a Persons Under Investigation (PUI) should immediately notify CDC's Emergency Operations Center (EOC) at 770-488-7100 to report a deceased PUI and determine whether testing for SARS-CoV-2, the virus that causes COVID-19, at CDC is indicated. The EOC will assist local/state health departments to collect, store, and ship specimens appropriately to CDC, including during afterhours or on weekends/holidays.

CDC is available for urgent consultation in the event that an autopsy on a COVID-19 PUI is being considered. CDC can be reached for urgent consultation by calling the EOC at **770-488-7100**.

Evaluating and Reporting Persons Under Investigation (PUI)

Limited information is available to characterize the spectrum of clinical illness associated with coronavirus disease 2019 (COVID-19). No vaccine or specific treatment for COVID-19 is available; care is supportive.

The CDC clinical criteria for a COVID-19 person under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available.

Healthcare providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. CDC guidance for evaluating and reporting a [PUI for MERS-CoV](#) remains unchanged.

Criteria to Guide Evaluation of PUI for COVID-19

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including healthcare workers ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas ⁵ (see below) within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) ⁶	AND	No source of exposure has been identified



Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States

Emergency medical services (EMS) play a vital role in responding to requests for assistance, triaging patients, and providing emergency medical treatment and transport for ill persons. However, unlike patient care in the controlled environment of a healthcare facility, care and transports by EMS present unique challenges because of the nature of the setting, enclosed space during transport, frequent need for rapid medical decision-making, interventions with limited information, and a varying range of patient acuity and jurisdictional healthcare resources.

When preparing for and responding to patients with confirmed or possible coronavirus disease 2019 (COVID-19), close coordination and effective communications are important among 911 Public Safety Answering Points (PSAPs)—commonly known as 911 call centers, the EMS system, healthcare facilities, and the public health system. Each PSAP and EMS system should seek the involvement of an EMS medical director to provide appropriate medical oversight. For the purposes of this guidance, “EMS clinician” means prehospital EMS and medical first responders. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection.

Updated information about COVID-19 may be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>. Infection prevention and control recommendations can be found here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>. Additional information for healthcare personnel can be found at <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>.

Patient assessment

- If PSAP call takers advise that the patient is suspected of having COVID-19, EMS clinicians should put on appropriate PPE before entering the scene. EMS clinicians should consider the signs, symptoms, and risk factors of COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>).
- If information about potential for COVID-19 has not been provided by the PSAP, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient. If COVID-19 is suspected, all PPE as described below should be used. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
- A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated. If the patient requires intubation, see below for additional precautions for aerosol-generating procedures.
- During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.

Documentation of patient care

- Documentation of patient care should be done after EMS clinicians have completed transport, removed their PPE, and performed hand hygiene.
 - Any written documentation should match the verbal communication given to the emergency department providers at the time patient care was transferred.
- EMS documentation should include a listing of EMS clinicians and public safety providers involved in the response and level of contact with the patient (for example, no contact with patient, provided direct patient care). This documentation may need to be shared with local public health authorities.

Recommended Personal Protective Equipment (PPE)

- EMS clinicians who will directly care for a patient with possible COVID-19 infection or who will be in the compartment with the patient should follow Standard, Contact, and Airborne Precautions, including the use of eye protection. Recommended PPE includes:
 - A single pair of disposable patient examination gloves. Change gloves if they become torn or heavily contaminated,
 - Disposable isolation gown,
 - Respiratory protection (i.e., N-95 or higher-level respirator), and
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).
- Drivers, if they provide direct patient care (e.g., moving patients onto stretchers), should wear all recommended PPE. After completing patient care and before entering an isolated driver's compartment, the driver should remove and dispose of PPE and perform hand hygiene to avoid soiling the compartment.
 - If the transport vehicle does **not** have an isolated driver's compartment, the driver should remove the face shield or goggles, gown and gloves and perform hand hygiene. A respirator should continue to be used during transport.
- All personnel should avoid touching their face while working.
- On arrival, after the patient is released to the facility, EMS clinicians should remove and discard PPE and perform hand hygiene. Used PPE should be discarded in accordance with routine procedures.
- Other required aspects of Standard Precautions (e.g., injection safety, hand hygiene) are not emphasized in this document but can be found in the guideline titled [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#).

We are so grateful for you and your shared efforts to keep yourself and our community safe!

With Sincere Adoration and Care,

SIAHP Board Members

References:

1. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
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3. <https://www.nih.gov/health-information/coronavirus>
4. Characteristics of and Important Lessons From the Coronavirus Disease 2019 (COVID-19) Outbreak in China; Published Online: February 24, 2020. doi:[10.1001/jama.2020.2648](https://doi.org/10.1001/jama.2020.2648)
5. <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
6. Coronavirus Infections—More Than Just the Common Cold; Fauci et. al., January 23, 2020. doi:[10.1001/jama.2020.0757](https://doi.org/10.1001/jama.2020.0757)