COVID-19 in Boone County and how you can help

Albert Hsu, MD
President-elect, Boone County Medical Society

April 22, 2020
Disclosures / Disclaimers

• Please understand that data is limited, preliminary, constantly-evolving.
  • Pandemics are difficult to model and predict.
  • Some “facts” stated just last week, may now already be out-of-date.

• I AM NOT YOUR DOCTOR.
  • Please see your primary care provider for any personal medical questions.

• Today’s town hall is a general informational session to the Mizzou student community.
  • We will direct you to official websites (like CDC) for public health recommendations.
Outline

• What is COVID-19?
• Am I at risk?
• #FlattenTheCurve
• Please don’t be afraid to access medical care!
• How to Help
Outline

• What is COVID-19?
• Am I at risk?
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• How to Help
Coronaviruses

Coronavirus particle is shown to contain a single-stranded, positive-sense RNA genome bound to a nucleoprotein (helical nucleocapsid) surrounded by a lipid bilayer envelope.

Petal- or club-shaped spikes (spike glycoprotein) project from the surface of the envelope giving the appearance of a solar corona.

There are several other surface proteins, including hemagglutinin-acetyltransferase glycoprotein, membrane glycoprotein, and small envelope glycoprotein.
SARS-CoV-1
2002-2003

• Severe Acute Respiratory Syndrome
  • First case was retrospectively recognized as having occurred in Nov 2002
  • By July 2003, international spread of SARS-CoV resulted in 8098 SARS cases in 26 countries, with 774 deaths

• WHO reported the last human chain of transmission, and that the epidemic had been broken on 5 July 2003
• The etiological agent, the SARS coronavirus (SARS-CoV) is believed to be an animal virus that crossed the species barrier, or changes in human behavior increased opportunities for human exposure to the virus. Virus adaptation enabled human-to-human transmission.
SARS-CoV-2 2019

• SARS-COV-2 is the virus that causes COVID-19 disease

• Symptoms:
  • Fever
  • Cough
  • Shortness of breath
  • GI disturbance

• Warning signs
  • Trouble breathing
  • Persistent pain or pressure in the chest
  • New confusion or inability to arouse
  • Bluish lips or face
Outline

• What is COVID-19?

• Am I at risk?
  • Of death? (probably not)
  • Of critical illness? (possibly!)

• #FlattenTheCurve

• Please don’t be afraid to access medical care!

• How to Help
Summary

• 1.) For those panicked about COVID-19, *people your age are unlikely to die from this.*
Case fatality rates: COVID-19 vs. US Seasonal Flu

Case fatality rate (CFR) is specific to a location and time. It is calculated by dividing the total number of deaths from a disease by the number of confirmed cases.

**Seasonal Flu**
Case fatality rates for the influenza season 2018-19 in the USA.

Symptomatic cases are calculated based on models which aim to account for underreporting – figures based on medical visits are therefore also shown in square brackets, which may be a closer comparison to COVID-19 case fatality rates.

**COVID-19**
Case fatality rates for the COVID-19 outbreak in China, for the period up to February 11, 2020.

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OurWorldInData.org - Research and data to make progress against the world’s largest problems.

Licensed under CC-BY by the authors Hannah Ritchie and Max Roser.

https://ourworldindata.org/coronavirus
CoVID-19: Progression of Disease

CoVID-19: Progression of Disease

CoVID-19: Progression of Disease

Onset: 80%

Onset: 15%

CoVID-19: Progression of Disease

- 80% Onset
- 15% Moderate
- 4-6% Severe

CoVID-19: Progression of Disease

- Onset: 80%
- Moderate: 15%
- Severe: 4-6%
- Critical: 1-3%

CoVID-19: Case Fatality Rates

- China (3.5%)
- China, excluding Hubei Province (0.8%)
- 82 countries, territories, and areas (4.2%)
- Cruise ship (0.6%)

- Broad range of 0.25%–3.0%
Coronavirus: early-stage case fatality rates by age-group in China

Case fatality rate (CFR) is calculated by dividing the total number of deaths from a disease by the number of confirmed cases. Data is based on early-stage analysis of the COVID-19 outbreak in China in the period up to February 11, 2020.

- 0-9 years: 0%
- 10-19 years: 0.2%
- 20-29 years: 0.2%
- 30-39 years: 0.2%
- 40-49 years: 0.4%
- 50-59 years: 1.3%
- 60-69 years: 3.6%
- 70-79 years: 8%
- 80+ years: 14.8%

Children that are infected with the virus appear to be at lower risk of dying.

Older populations are most at risk. 14.8% of people aged 80 or older who were diagnosed died.


OurWorldInData.org – Research and data to make progress against the world’s largest problems. Licensed under CC-BY by the authors.
<table>
<thead>
<tr>
<th>Age groups, y</th>
<th>Italy as of March 17, 2020</th>
<th>China as of February 11, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of deaths (% of total)</td>
<td>Case-fatality rate, %&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>All</td>
<td>1625 (100)</td>
<td>7.2</td>
</tr>
<tr>
<td>0-9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10-19</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20-29</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30-39</td>
<td>4 (0.3)</td>
<td>0.3</td>
</tr>
<tr>
<td>40-49</td>
<td>10 (0.6)</td>
<td>0.4</td>
</tr>
<tr>
<td>50-59</td>
<td>43 (2.7)</td>
<td>1.0</td>
</tr>
<tr>
<td>60-69</td>
<td>139 (8.6)</td>
<td>3.5</td>
</tr>
<tr>
<td>70-79</td>
<td>578 (35.6)</td>
<td>12.8</td>
</tr>
<tr>
<td>≥80</td>
<td>850 (52.3)</td>
<td>20.2</td>
</tr>
</tbody>
</table>

Onder et al. JAMA 2020
Outline

• What is COVID-19?
• **Am I at risk?**
  • Of death? (probably not)
  • Of **critical illness**? (possibly!)
• #FlattenTheCurve
• Please don’t be afraid to access medical care!
• How to Help
Summary

1.) For those panicked about COVID-19, people your age are unlikely to **die** from this.

2.) For those who are nonchalant and overly complacent about this **worldwide pandemic**, please be aware that **some unlucky younger folks are sometimes getting critically ill** and needing oxygen or even ICU-level care from COVID-19.
But even if you’re not at risk of death, you may be at some risk of critical illness....
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Summary

• 1.) For those panicked about COVID-19, people your age are unlikely to die from this.

• 2.) For those who are nonchalant and overly complacent about this worldwide pandemic, please be aware that some unlucky younger folks are sometimes getting critically ill, and needing oxygen or even ICU-level care from COVID-19.

• 3.) We need to #FlattenTheCurve – and it’s going well so far
• From Tue 3/10/20 webinar, Medical Society of Virginia:
• From Tue 3/10/20 webinar, Medical Society of Virginia:
As of Sun 3/22/20
As of Wed 4/1/20
As of Wed 4/22/20
COVID-19 – Daily new confirmed cases – rolling 3–day average
The number of confirmed cases is lower than the number of total cases. The main reason for this is limited testing.

Source: European CDC – Situation Update Worldwide – Last updated 31st March, 13:00 (London time)
Note: The rolling average is the average across three days – the confirmed cases on the particular date, and those on the previous and the following day. For example, the value for 26th March is the average over the 25th, 26th and 27th March. The latest value is calculated as the average of confirmed cases on the particular date and the previous day.
FLATTENING THE CORONAVIRUS CURVE

# of cases

Without Protective Measures

Health care system capacity

With Protective Measures

Time since first case

Source: New York Times/CDC/The Economist
Delaying preventative measures made the 1918 flu pandemic much worse for some cities

St. Louis managed to flatten their curve by implementing social distancing measures rapidly, whereas Philly decided to go ahead with a parade scheduled on September 28. Their pandemics turned out very differently.

Summary

• 3.) For everyone, the main reason for cancelling sports events, closing schools/churches, and encouraging social and physical distancing is to #FlattenTheCurve, to *protect the elderly* *and* *your healthcare workers* on the front lines.

• Your nurses, doctors, and first responders are out there protecting you; please help protect us by slowing the spread.
Flattening the Curve – going well so far

• Please understand that data is limited, preliminary, and constantly evolving.
  • Pandemics are difficult to model and predict.
  • Some “facts” stated just last week, may now already be out-of-date.
• 4/1/20 projection: peak daily deaths = 2214/day in USA (4/15)

https://covid19.healthdata.org/united-states-of-america
• 4/20/20 projection: peak daily deaths = 2481/day in USA (on 4/15)

https://covid19.healthdata.org/united-states-of-america
• **4/1/20** projection: peak daily deaths = 22/day in Missouri (on 5/18)
• 4/22/20 projection: peak daily deaths = 26/day in Missouri (on 4/14)

https://covid19.healthdata.org/united-states-of-america/missouri
Testing data

Testing data is for all tests, drive-thru and other facilities, for our entire 25-county service area, not just Boone County.

<table>
<thead>
<tr>
<th>TOTAL TESTS</th>
<th>POSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4407</td>
<td>111</td>
</tr>
</tbody>
</table>

Inpatient data

Inpatient data is information about patients in our hospitals. Pending indicates inpatients for whom test results are pending.

<table>
<thead>
<tr>
<th>INPATIENT</th>
<th>INPATIENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>POSITIVE</td>
<td>PENDING</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Mitigation Scenarios

• Consider 5 possible futures
  • Two levels of intensity with two durations and one with no effect

• Start of social distancing: March 15\textsuperscript{th}, as measured from VDH data

• Duration: Lift on April 30\textsuperscript{th} or lift on June 10\textsuperscript{th}

• Intensity of mitigation:
  Slowing growth vs. Pausing growth
  • **Slowing** – Social distancing slows the growth, but new cases do increase
  • **Pausing** – Social distancing pauses growth, keeping new cases steady
  • Pausing scenarios track the data better

<table>
<thead>
<tr>
<th>Duration (lift date)</th>
<th>Intensity</th>
<th>Short Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr 30\textsuperscript{th}</td>
<td>Slowing</td>
<td>Slow - Apr30</td>
<td>Slowing intensity, lift April 30\textsuperscript{th}</td>
</tr>
<tr>
<td>June 10\textsuperscript{th}</td>
<td>Slowing</td>
<td>Slow - Jun10</td>
<td>Slowing intensity, lift June 10\textsuperscript{th}</td>
</tr>
<tr>
<td>Apr 30\textsuperscript{th}</td>
<td>Pausing</td>
<td>Pause – Apr30</td>
<td>Pausing intensity, lift April 30\textsuperscript{th}</td>
</tr>
<tr>
<td>June 10\textsuperscript{th}</td>
<td>Pausing</td>
<td>Pause – Jun10</td>
<td>Pausing intensity, lift June 10\textsuperscript{th}</td>
</tr>
<tr>
<td>None</td>
<td>Unmitigated</td>
<td>Unmitigated</td>
<td>No effect of social distancing</td>
</tr>
</tbody>
</table>
Short-term Projections

Confirmed cases

Hospitalizations

Ventilations
Stay the Course: Future Depends on Policy

**Weekly New Confirmed Cases**

<table>
<thead>
<tr>
<th>Week ending</th>
<th>Unmitigated</th>
<th>Slow Jun10</th>
<th>Pause Jun10</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/12/20</td>
<td>11,846</td>
<td>5,518</td>
<td>2,469</td>
</tr>
<tr>
<td>4/19/20</td>
<td>25,712</td>
<td>8,502</td>
<td>2,599</td>
</tr>
<tr>
<td>4/26/20</td>
<td>53,562</td>
<td>13,076</td>
<td>2,742</td>
</tr>
<tr>
<td>5/3/20</td>
<td>101,876</td>
<td>19,881</td>
<td>2,944</td>
</tr>
<tr>
<td>5/10/20</td>
<td>164,527</td>
<td>29,567</td>
<td>3,151</td>
</tr>
<tr>
<td>5/17/20</td>
<td>200,184</td>
<td>42,312</td>
<td>3,345</td>
</tr>
<tr>
<td>5/24/20</td>
<td>182,818</td>
<td>57,679</td>
<td>3,558</td>
</tr>
<tr>
<td>5/31/20</td>
<td>136,652</td>
<td>73,380</td>
<td>3,770</td>
</tr>
<tr>
<td>6/7/20</td>
<td>84,016</td>
<td>85,874</td>
<td>3,962</td>
</tr>
<tr>
<td>6/14/20</td>
<td>46,350</td>
<td>89,390</td>
<td>4,144</td>
</tr>
<tr>
<td>6/21/20</td>
<td>23,363</td>
<td>85,226</td>
<td>4,470</td>
</tr>
<tr>
<td>6/28/20</td>
<td>11,366</td>
<td>91,648</td>
<td>7,850</td>
</tr>
</tbody>
</table>

Numbers are medians of projections
Summary

• 4.) *COVID-19 may still be coming.*

• I would argue that our goal is not to remain disease-free forever, but to slow the spread so as to not overwhelm our healthcare system.

• While we flattened the curve, we don’t know what will happen when they cancel the “stay at home” and social distancing orders, and *there may be multiple waves.*
Concern: another wave of cases this fall?

This is speculation, but:

• Flu season is usually in the fall and spring
• Considerations for the fall:
  • Going back to school
  • Daycare facilities
  • Fall sports
  • Football season

• ....BUT, maybe by this fall, we’ll be better about good hygiene and not going to work/school when feeling sick.
1918 Flu Pandemic: Effect of delaying preventative measures

1918 St. Louis, or Philadelphia?

Philadelphia and St Louis

How some cities ‘flattened the curve’ during the 1918 flu pandemic

Social distancing isn’t a new idea—it saved thousands of American lives during the last great pandemic. Here’s how it worked.

BY NINA STROCHLIC AND RILEY D. CHAMPINE

St. Louis

358 Deaths per 100,000

St. Louis had strong social distancing measures and a low total death rate. The city successfully delayed its peak in deaths, but faced a sharp increase when restrictions were temporarily relaxed.

Philadelphia

748 Deaths per 100,000 after 24 weeks of pandemic

Philadelphia waited eight days after their death rate began to take off before banning gatherings and closing schools. They endured the highest peak death rate of all cities studied.

San Francisco

673 Deaths per 100,000

After relaxing social distancing measures, San Francisco faced a long second wave of deaths.

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• How to Help
“Where have all the heart attacks gone?”

• National decline in accessing medical care
  • Fewer heart attacks
  • Fewer (non-COVID) emergency room visits
  • Fewer orthopedic visits
    • (speculation: less sports injuries? Less motor vehicle accidents?)
Don’t be afraid of the hospital!

"I would rather die than risk getting coronavirus right now."

That’s what a patient told Dr. Comilla Sasson, an emergency medicine physician in Denver, after she advised the patient during a telemedicine visit that she was showing signs of a heart attack and should go to a hospital.
Don’t be afraid to seek medical care

• Hospitals’ first priority is keeping its patients safe
• Patients who are positive for COVID-19 or who are awaiting results are kept in restricted areas
• Hospitals have rigorous disinfectant protocols in their buildings and for their equipment.
• Social and physical distancing is used in clinics and hospitals.
• All patients, visitors and employees are screened for fever before entering the hospital. Visitors also are limited.
• Preventative care and treating chronic medical conditions are still very important! Don’t let an untreated chronic condition become an acute emergency.
“Where have all the heart attacks gone?”

• **Preventative care** is still important!

• Most physicians’ offices are **still open** and doctors are seeing patients via virtual visits.
  
  • If you have concerns about any underlying medical condition, please contact your health care provider.

• Your hospitals are still open and ready to take care of you. **Go to the emergency room for medical emergencies.**
  
  • Virtual visits and drive-thru COVID-19 testing help ease hospital capacity so that we can serve patients with other urgent needs.
Don’t be afraid of the hospital!

• All of your local hospitals are working closely together throughout this public health emergency.

• All of your hospitals are rigorously disinfecting public spaces. They are working hard to minimize the risk of spread of COVID-19.

• Preventative care and treating chronic medical conditions are still very important!

• Please don’t let an untreated chronic condition become an acute emergency.
“Where have all the heart attacks gone?”

• Preventative care remains important!

• Most physician’s offices are still open and seeing patients via telemedicine.
  • If you have concerns about any underlying medical condition(s), please contact your health care provider.

• Your hospitals are still open and ready to take care of you, so please go to the emergency room for any medical emergencies.
Outline

• What is COVID-19?
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• How to Help
  • 1.) CDC recommendations
  • 2.) Donate blood
  • 3.) CoMoHelps.org
  • 4.) Student committees
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CDC recommendations (as of 4/22/20)

Know How it Spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- The best way to prevent illness is to avoid being exposed to this virus.
- The virus is thought to spread mainly from person-to-person.
  - Between people who are in close contact with one another (within about 6 feet).
  - Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  - Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone Should

Clean your hands often
- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact
- **Avoid close contact** with people who are sick
- **Stay home as much as possible**.
- **Put distance between yourself and other people**.
  - Remember that some people without symptoms may be able to spread virus.
  - Keeping distance from others is especially important for [people who are at higher risk of getting very sick](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html)
Cover coughs and sneezes
- If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow.
- Throw used tissues in the trash.
- Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect
- Clean AND disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- If surfaces are dirty, clean them. Use detergent or soap and water prior to disinfection.
- Then, use a household disinfectant. Most common EPA-registered household disinfectant will work.
# How long does COVID last on surfaces?

<table>
<thead>
<tr>
<th>Surface</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardboard</td>
<td>24 hours</td>
</tr>
<tr>
<td>Stainless Steel</td>
<td>24-48 hours</td>
</tr>
<tr>
<td>Plastic</td>
<td>48-72 hours</td>
</tr>
</tbody>
</table>

[https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v2](https://www.medrxiv.org/content/10.1101/2020.03.09.20033217v2)
Cover your mouth and nose with a cloth face cover when around others

- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
  - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker.
- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
Summary of CDC recommendations

• The best way to prevent illness is to avoid being exposed:
  • Clean your hands often.
  • Avoid touching your eyes, nose, mouth with unwashed hands.
  • Avoid close contact with people who are sick.
  • Cover coughs and sneezes.
  • Cover your mouth and nose with a cloth face cover when around others.

• Social / physical distancing: stay 6 feet apart, avoid crowds
  • (“Stay Home” order in Missouri through 5/3/20)
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  • 4.) Student committees
Blood drive availability during COVID-19 outbreak.

We are working to quickly identify and replace blood drives canceled due to workplace and school closures. Search above for opportunities near you and check back often as we are continuously adding new donation opportunities. If you don’t see available appointments near you in the near future, please search 14 days out or beyond. The need for blood is constant—patients need your help.
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Student volunteer opportunities

- For general volunteers: go to como.gov, click on “coronavirus official info”
Student volunteer opportunities

• For general volunteers: goto como.gov, click on “coronavirus official info” => then click on “give help”
Student volunteer opportunities

• For general volunteers: goto como.gov, click on “coronavirus official info” => then click on “give help” => that redirects you to “CoMoHelps” webpage
Caution

• Caution: beware of volunteer opportunities that may violate “social distancing” recommendations!
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Get organized!

• Suggested Principles for student volunteers:
  • (1) School responsibilities first! Do well on your exams and school requirements.
  • (2) Let’s anticipate that our response to Coronavirus will go on for weeks-to-months.
  • (3) Many of us are going to get sick or may need to take time off to help care for friends and family. Some students will graduate soon. Succession planning is key in a crisis.
Options for organized volunteer efforts

• (1) Lobbying
• (2) Social Media
• (3) Influencers
• (4) Mutual Support
• (5) #IAmSmiling
• (6) Community Support
(1) Lobbying/Advocacy – Taylor Ross
Advocacy: Local Public Health Agencies

• Critical in containing the outbreak and limiting the spread of disease.
  • The CDC currently recommends extensive contact tracing.
  • South Korea, Singapore, and Taiwan: business open due to extensive tracing

• This work involves community surveillance through case identification and contact tracing.

• Many local public health departments in MO have been underfunded
  • PPE supply has been limited, when available
  • Long hours and limited personnel reinforcements

• We are urging the state legislator to directly fund LPHA’s
(2) Social Media – Eric Grisham
Social Media Team

Eric Grisham → eaggzd@umsystem.edu
Shelly (Koch) D’Alessandro → mfkbfq6@umsystem.edu
Follow Student Volunteer Efforts on Social Media!

Courage In COVID

Your one-stop shop for positive vibes, stories of resilience, and lobbying/fundraising campaigns

- Facebook: @CourageInCOVID
- Instagram: @CourageInCOVID
- Twitter: @Courage_COVID
- Medium: @CourageInCOVID

Artwork credit: Genevieve Pentecost
Current Projects

• #HumansOfCOVID
• #IAmSmiling
• #LoveIsViral promotion
• Various articles highlighting public health work and essential personnel → You can see an example here
• GoFundMe promotion: You can find our fundraising page here!
• Be sure to send any positive story ideas or suggestions for our #HumansOfCOVID photo series to CourageInCOVID@gmail.com.
(3) Influencers – Patricia DeCastro
Influencers Committee - Love is Viral

- The show
  - An “original” 5-episode series created by Med Head Productions
  - Parody of the hit Netflix reality dating show Love Is Blind

- Our mission
  - Educate young people (16-25 year olds) on the importance of social distancing during the COVID-19 pandemic
  - Explain underlying concepts (i.e. flattening the curve)
  - Share CDC recommendations (i.e. mask usage)
  - Raise awareness of mental health impact
  - Utilize social media platforms in a positive way

- Where we are now
  - 3 episodes released on IGTV and Facebook with over 10K views total
  - Episode 4 drops Friday 4/24
  - Episode 5 (season finale) drops Monday 4/27
How can you help?

- Follow and share our content
  - 4th episode – Friday 4/24
  - Finale – Monday 4/27

- Facebook: @LoveIsViral
- Instagram: @Love_Is_Viral_
- TikTok: @Love_Is_Viral_
Mutual Support Team

• Purpose
  • Connect University of Missouri students together to address the needs of students, community organizations, and health care workers

• Goals
  • Create open communication through multiple departments
  • Provide opportunities for students to learn how COVID-19 is affecting our community and how we can help

• Next Steps
  • Bring in guest speakers for biweekly presentations
    • Specialists, organizations, activists, small business owners, etc.
  • Utilize our resources to address areas of high need
(5) #IAmSmiling – Taylor Ross
IamSmiling

Quick Cut T-Shirt Face Covering

1. Cut out 6-7 inches of the t-shirt.
2. Cut around the neck and tie the strings around the head.
3. Tie the strings around the neck, then over the top of the head.

Bandana Face Covering

1. Fold bandana in half.
2. Fold top down. Fold bottom up.
3. Place rubber bands or hair ties about 6 inches apart.
4. Fold side to the middle and tuck.
5.
(6) Community Service Team – Ramya Ramadas
Community Service Opportunities

• **Hand out food** at Loaves and Fishes soup kitchen
  • [Sign up here](#)

• **Cook!**
  • Vegetable sides, snacks, baked goods!
  • Drop off at Loaves and Fishes at 4:30pm any day!
    • ~100 portions each night, but we can accept any quantity
  • St. Francis House also serves 20-30 people every night from 7-9 pm.
    • Call St. Francis House at (573) 875-4913

• **Columbia Crisis Shelter**
  • [Find opportunities here](#)
Community Service Opportunities, cont.

• Donate anything you can!
  • Non-perishable food, clothes, cleaning supplies, $$, you name it! See list here.
  • Lucy Sheahan is coordinating donations, email LDSWB8@health.missouri.edu
  • GoFundMe: COVID-19 Community Organization Relief Effort (by Melissa An)

• Grocery delivery for older and at-risk populations
  • Email Taylor Ross TRCCZ9@health.missouri.edu

• Resources for survivors of intimate partner violence
  • Sign up here
Disclosures / Disclaimers

• Please understand that data is limited, preliminary, constantly-evolving.
  • Pandemics are difficult to model and predict.
  • Some “facts” stated just last week, may now already be out-of-date.

• I AM NOT YOUR DOCTOR.
  • Please see your primary care provider for any personal medical questions.

• Today’s town hall is a general informational session to the Mizzou student community.
  • We will direct you to official websites (like CDC) for public health recommendations.
Novel Coronavirus (COVID-19)

As the number of coronavirus cases grows in the state, you may be wondering how MU Health Care is adapting and continuing to care for the community. Know that your safety is our top priority.

Our infectious disease experts are working closely with local and state public health agencies, as well as following guidelines from the Centers for Disease Control and Prevention (CDC), to ensure we have the most up-to-date information and best care plans for our patients.

Letter from the CEO
To our family, friends and neighbors: a letter from CEO Jonathan Curtright

MU HEALTH CARE DATA

Testing data
Testing data is for all tests, drive-thru and other facilities, for our entire 25-county service area, not just Boone County.

<table>
<thead>
<tr>
<th>TOTAL TESTS</th>
<th>POSITIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,561</td>
<td>82</td>
</tr>
</tbody>
</table>

Inpatient data
Inpatient data is information about patients in our hospitals. Pending indicates inpatients for whom test results are pending.
For more information, e-mail bcms@socket.net or goto:

https://health.mo.gov/
https://www.como.gov/coronavirus/

https://www.boonecountymedicalsociety.org/covid-19-resources.html
Helpful websites

- [CDC.gov](https://www.cdc.gov)
- Missouri DHSS: [https://health.mo.gov/](https://health.mo.gov/)
- City of Columbia: [https://www.como.gov/coronavirus/](https://www.como.gov/coronavirus/)
- BCMS: [https://www.boonecountymedicalsociety.org/covid-19-resources.html](https://www.boonecountymedicalsociety.org/covid-19-resources.html)
Available Resources

- Stay at Home Order 2020-03
- Essential Business Determination Form
- Latest Updates
- Health Resources
- Get Help
- Give Help
- Frequently Asked Questions
- Changes to City Services
- City-Related Cancellations and Closings

Total Cases in Boone County:
- 66 Total Cases

Cases in Missouri:
- 1,327 Positive
- 42 Active
- 23 Recovered
- 14 Deaths

* Prior to the Missouri's approval to test for the virus that causes COVID-19 on Feb. 27, the CDC was performing testing for Missouri. The first 6 patients were tested by the CDC.
Help stop COVID-19
DO THE FIVE

HANDS
Wash them often

ELBOW
Cough into it

FACE
Don't touch it

FEET
Stay more than 6ft apart

FEEL
Sick? Stay Home

Missouri Novel Coronavirus Information Hotline
877-435-8411
Helpful websites

• CDC.gov
• Missouri DHSS: https://health.mo.gov/
• City of Columbia: https://www.como.gov/coronavirus/
• BCMS: https://www.boonecountymedicalsociety.org/covid-19-resources.html
Local Resources

- Columbia/Boone County Department of Health

State Resources

- Missouri Department of Health and Senior Services
- MO HealthNet
- Missouri State Medical Association Resource Page
- Missouri Hospital Association
- DHSS: COVID-19 Fact Sheet
- DHSS: COVID-19 Call Center Information/Script
- DHSS: Missouri Pandemic Influenza Response Plan

National Resources

AMA

- A Physicians Guide to COVID-19
- AMA COVID-19 News Page

World Health Organization

Centers for Disease Control and Prevention

- CDC Situation Summaries

COVID-19 Webinar Handouts

March 24, 2020 Handouts

- Resource list for providers
- 3-23-20 DHSS HU Criteria to Guide for Evaluation and Laboratory Testing
- Information for possible exposure in healthcare professionals
Coronavirus Disease 2019 (COVID-19)

Missouri health care providers and public health practitioners are being asked to contact DHSS or their local public health agency to immediately report any patients who meet the criteria for evaluation for COVID-19.

COVID–19 Conference Calls

- DHSS & MsMA Partner for COVID–19 Conference Calls – Participate Here

Missouri

- MsMA Asks Governor Parson for "Shelter-In-Place" Order
- MsMA Asks Congress for Physician Financial Stability Involving Economic Relief
- Missouri Department of Health and Senior Services – Report COVID–19 Virus
- DHSS: COVID–19 Fact Sheet
- DHSS: COVID–19 Call Center Information/Script
- DHSS: Missouri Pandemic Influenza Response Plan
- Shewnee Response
- Boone County Medical Society COVID–19 Webinar Slides

Centers for Disease Control/World Health Organization Developing

- CDC – What You Need to Know About COVID–19
- CDC – COVID–19 Health Alert Network for Emergency Health Professionals
- CDC – Travel Health & COVID–19 Information for Travelers
- CDC – COVID–19 FAQs
- World Health Organization Updates
- Johns Hopkins Global COVID–19 Count
COVID-19 (2019 novel coronavirus) resource center for physicians

The AMA and Centers for Disease Control and Prevention (CDC) are closely monitoring the outbreak of COVID-19 (2019 novel coronavirus).

Stay informed and updated with the AMA

Call for Ideas—Conserving Supply of Personal Protective Equipment

AMA is inviting immediate suggestions. Please help patients and health care workers.

Essential Tools & Resources

- A Physician’s Guide to COVID-19
- COVID-19 FAQ: Your pressing questions answered
- AMA president speaks on preparing physicians for COVID-19
- JAMA Network Coronavirus disease 2019 (COVID-19)
- CDC monitoring of COVID-19 outbreak

A time to stand together
With expert resources and information, we can help each other.