



Cancer and COVID19: Infection Prevention

Friday, June 5, 2020

Steven Pergam, MD, MPH



Pergamic

Associate Member, VIDD & CRD, FHCRC

Director, Infection Prevention, SCCA



Association of Community Cancer Centers

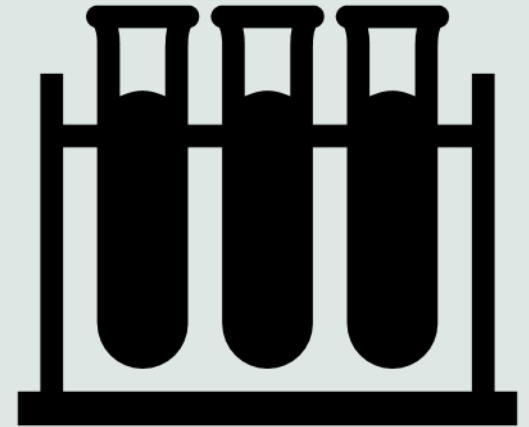
This webcast is supported by educational grants from AstraZeneca Pharmaceuticals, Merck & Co., and Pfizer, Inc.

Focus on Goals

- **Protect employees**
- No provider to patient transmission
- Avoid clusters/outbreaks among vulnerable patients
- Promote culture where patients and staff feel safe on campus
- “Transparent education”
- Listen, be flexible, learn from others and innovate



Key Issues Within all Centers



Universal Symptom Screening During COVID-19



- Direct person-to-person screening at front door in clinic and on entry to inpatient units
- Masking all symptomatic patients at door (turn away others with symptoms)
- Triage pathway for high-risk symptomatic patients
- Expansion to research campus



Patient Testing

- **Admission testing**
- **On-the-spot** testing for patients at entrance to clinical areas with symptoms (be broad)
- **Offsite Walk-up/Drive-up testing stations** outside of clinical areas
- **Pre-clinic screening calls** to assure symptomatic patients are delayed or tested at drive-up windows
- **Weekly testing high-risk groups**
- Testing patients at **boarding houses**



Testing in garage near clinical center using research staff



Employee Focused Protection - PPE

Personal Protective Equipment

- **Required masking** for staff entering clinical spaces
- **Masking all patients, caregivers and visitors***
- **Face shields** and eye protection
- N-95's for dedicated aerosol generating procedures
- Education and training
- Assessment and feedback

Screening, Evaluation and Training (SET)

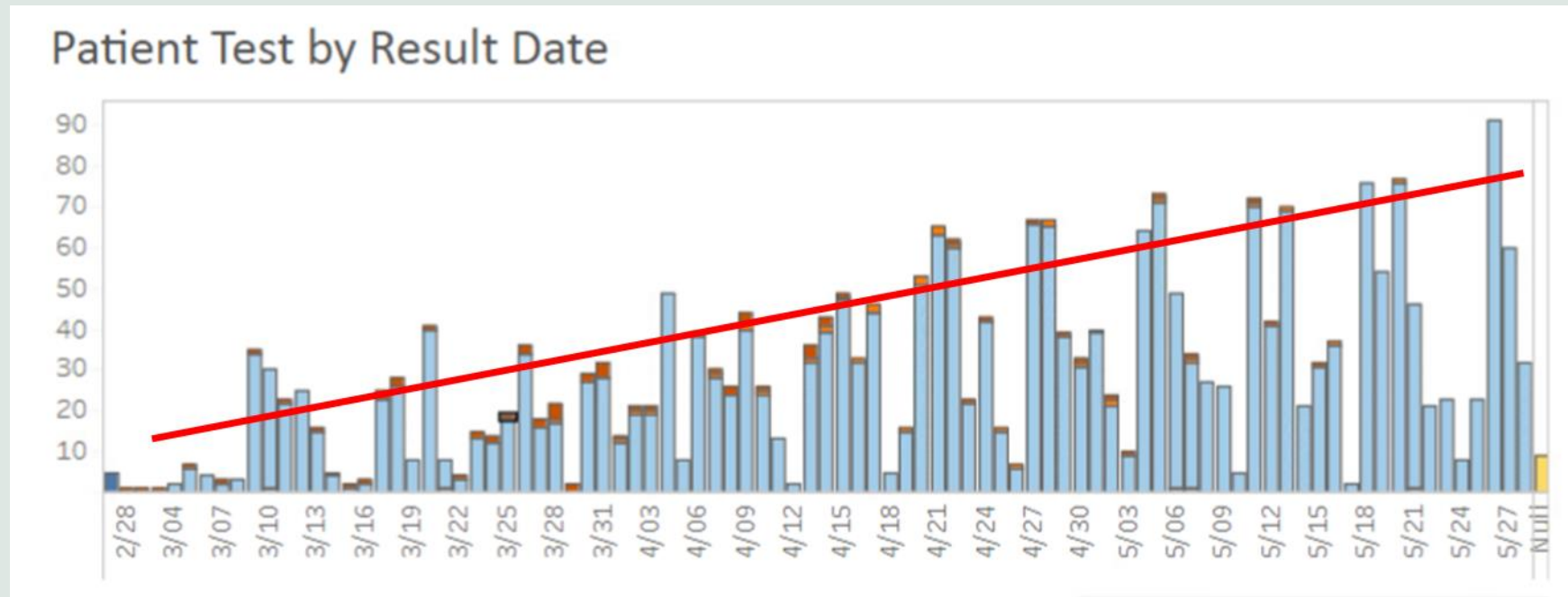
- Daily symptom screening on entry to clinic
- Training and education
- Leadership Evaluation and Review/Reporting

Testing

- Organized testing for any symptomatic or exposed employees



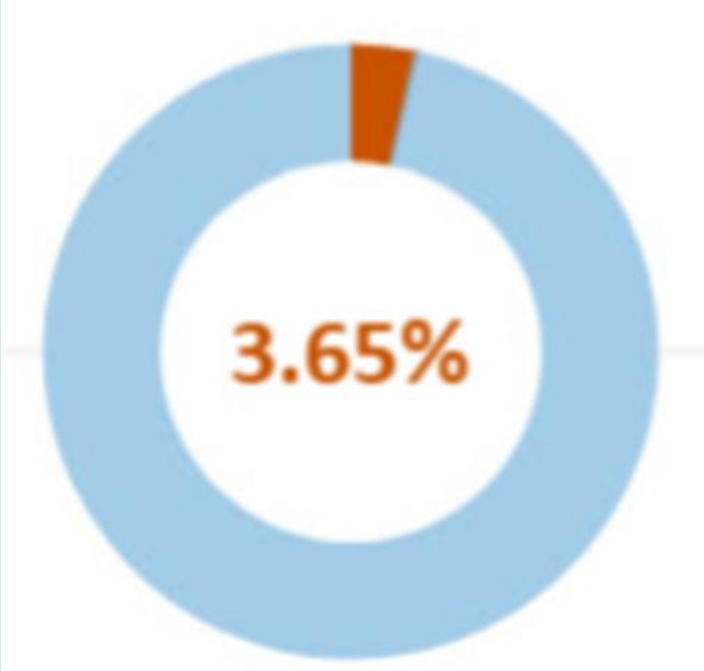
Situation Report Cancer Pts –Testing



- Testing at SCCA entrance, drive-up and walk-up on campus
- Pre-BMT, Pre-surgery, Pre-procedure, Pre-Rad/Onc

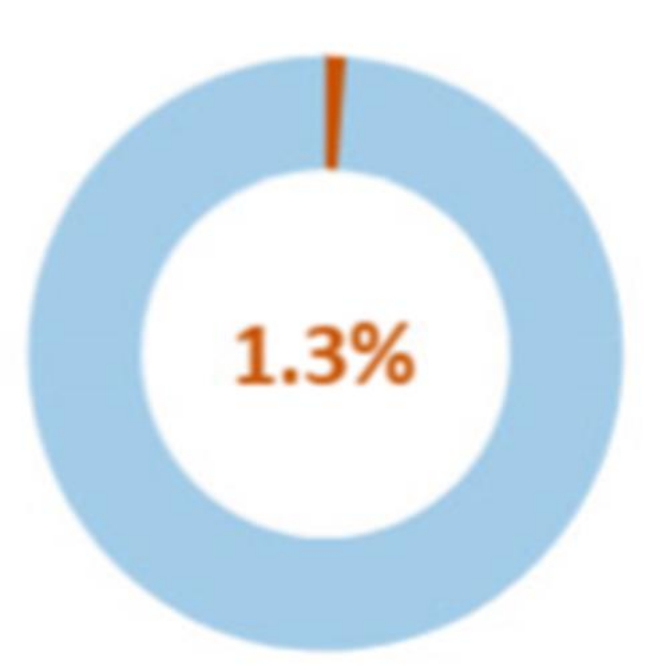


Current Situation Report – SCCA Pts & Staff



Patients

>2000 tests



Staff

881 tests



Ongoing Challenges



**Supply
Chain**



**Changing
Guidelines**



**Caregivers
& Family**



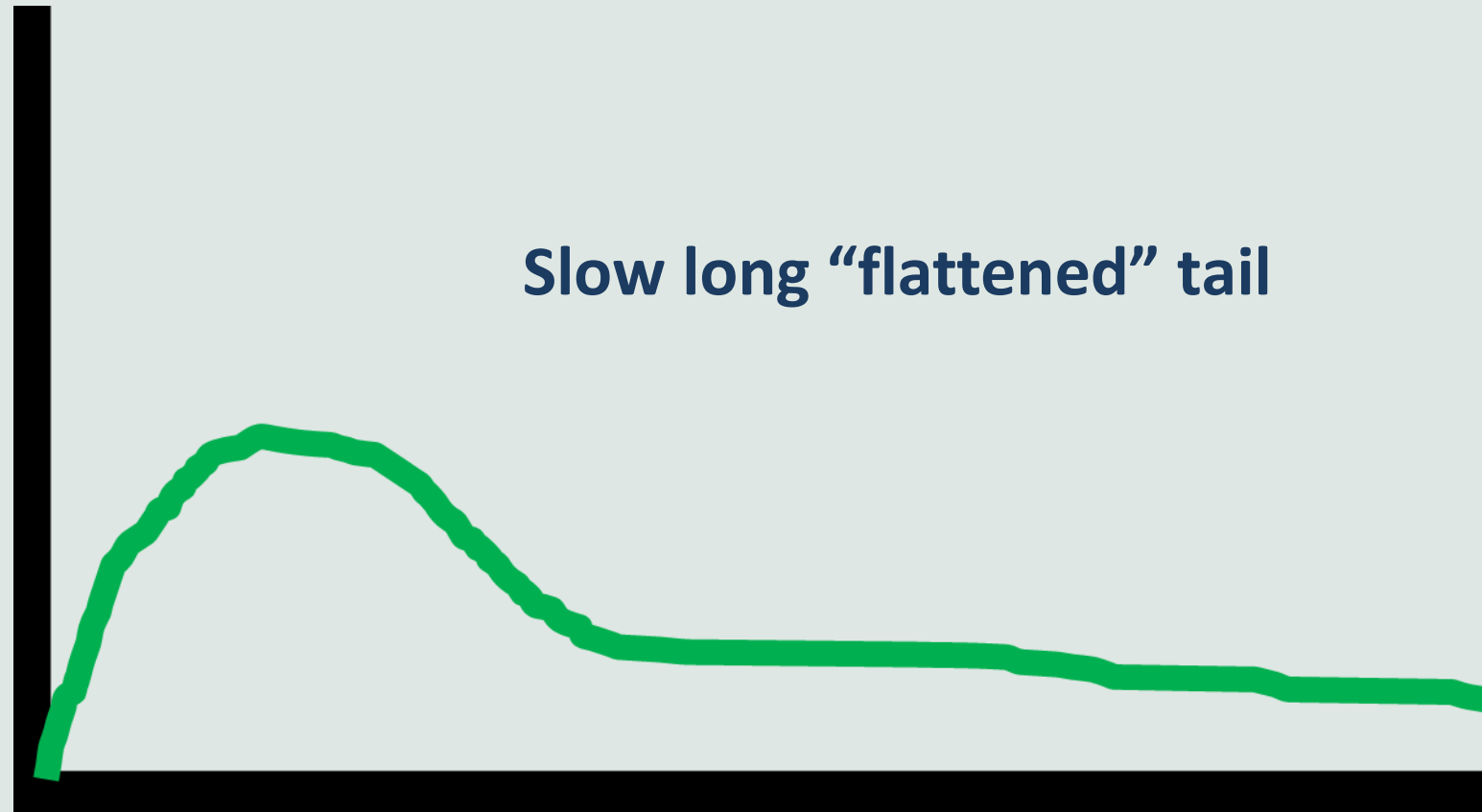
**Physical
Distancing**



Unknown Path – Recovery



What Can We Expect From Next Year?



What Can We Expect From Next Year?



Physical Distancing



May 8th, 2020
Seattle Times



What Can We Expect From Next Year?



What Next?

- Patients will come back to our centers
- More community transmission (waves?)
- Ongoing cases throughout at least next 1-2 years
- Up and down restrictions - but varied and less rigorous
- Limited new agents to treat illness
- Improved tech for tracing/rapid testing
- **No early vaccine** (best 1.5 years) – and unclear if will be fully protective or similar to flu vaccine

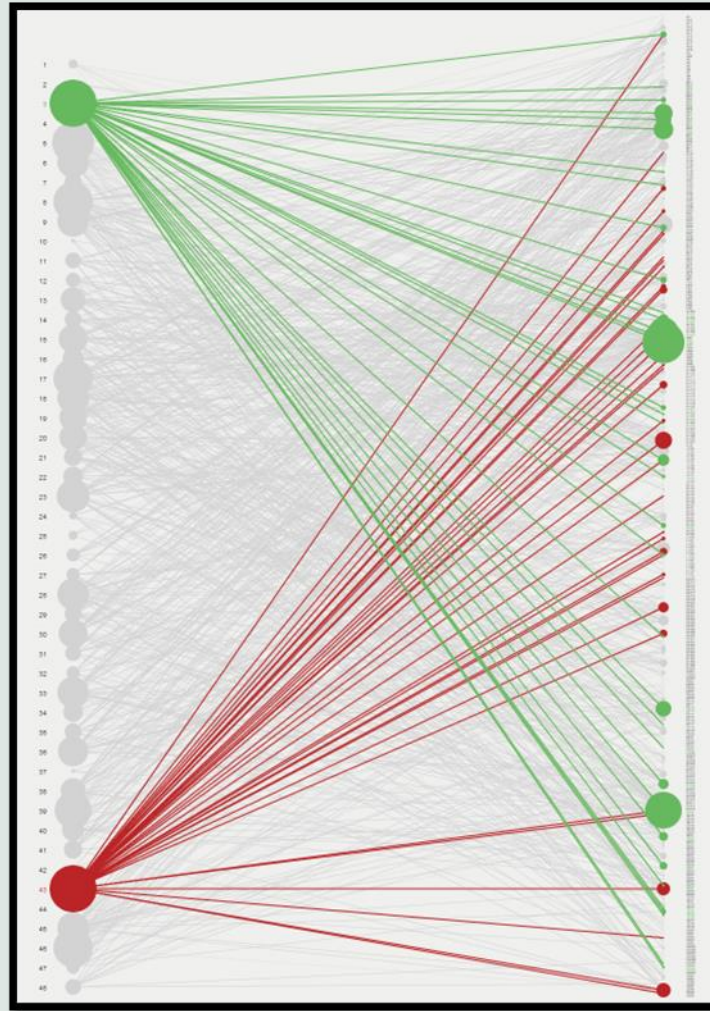


Mobilized Staff Used for COVID-19 Response Returning to Work

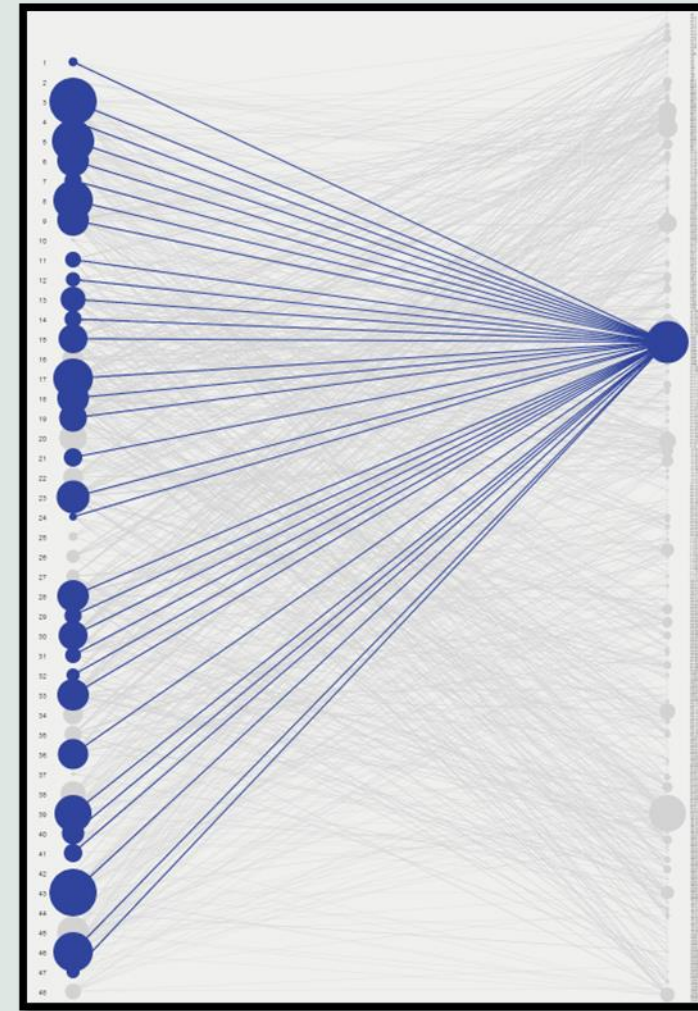


High-level Interactions in Cancer Patients

Patients



Staff



Herd Immunity? A Way To Go

- Varies around the world/country
 - 1-2% in Seattle
 - 5% in Spain/France
 - 7% in Sweden
 - 14% in NYC
- Less in rural areas?
- Herd Immunity? Estimated to be ~60% (based on R^0 of 2.5)
- Where are we now?



Preparing for an Uncertain Future

- **Making Testing** infrastructure more permanent -testing/triage center, pre-visit, pre-procedure,/surgery, pre-radiation, pre-admission
- **Contact Tracing** – testing those around positives
- **Screening**
 - Front door screening for patients and clinical staff
 - Pre-appt with automated phone calls
- **Universal Masking** policy
- **Staff** – stay and home when sick, testing, self-isolation
- **Telehealth** for patients
- **Remote work** for non-clinical employees
- **Collaborative Decisions**



Example – Collaborative Decisions

- Recent IDSA/ASCO guidelines suggest asymptomatic pre-chemotherapy screening – based on no data
- How did we address?
 - Reviewed published data
 - Meeting with nursing, Hem/Oncology and ID teams to discuss and gather opinions, concerns and options
 - Reviewed protocols from major centers (all over the map)
 - Reviewed admission/pre-surgery/procedure data to see prevalence
 - Discussed risk and benefits



Example – Waiting Rooms

- Number of people coming in increasing
- Patients with multiple appointment on campus all day
- More staff/research teams
- Families/kids
- Chairs a must/Disabilities
- Space cannot be increased



Solutions Can't Be Fancy



- Timed appointments
- Convert conference rooms into excess waiting spaces
- Remove chairs
- Masking, masking, and more masking
- Limit caregivers to 1
- Electronic/text tools when rooms are ready
- **Tele-health**



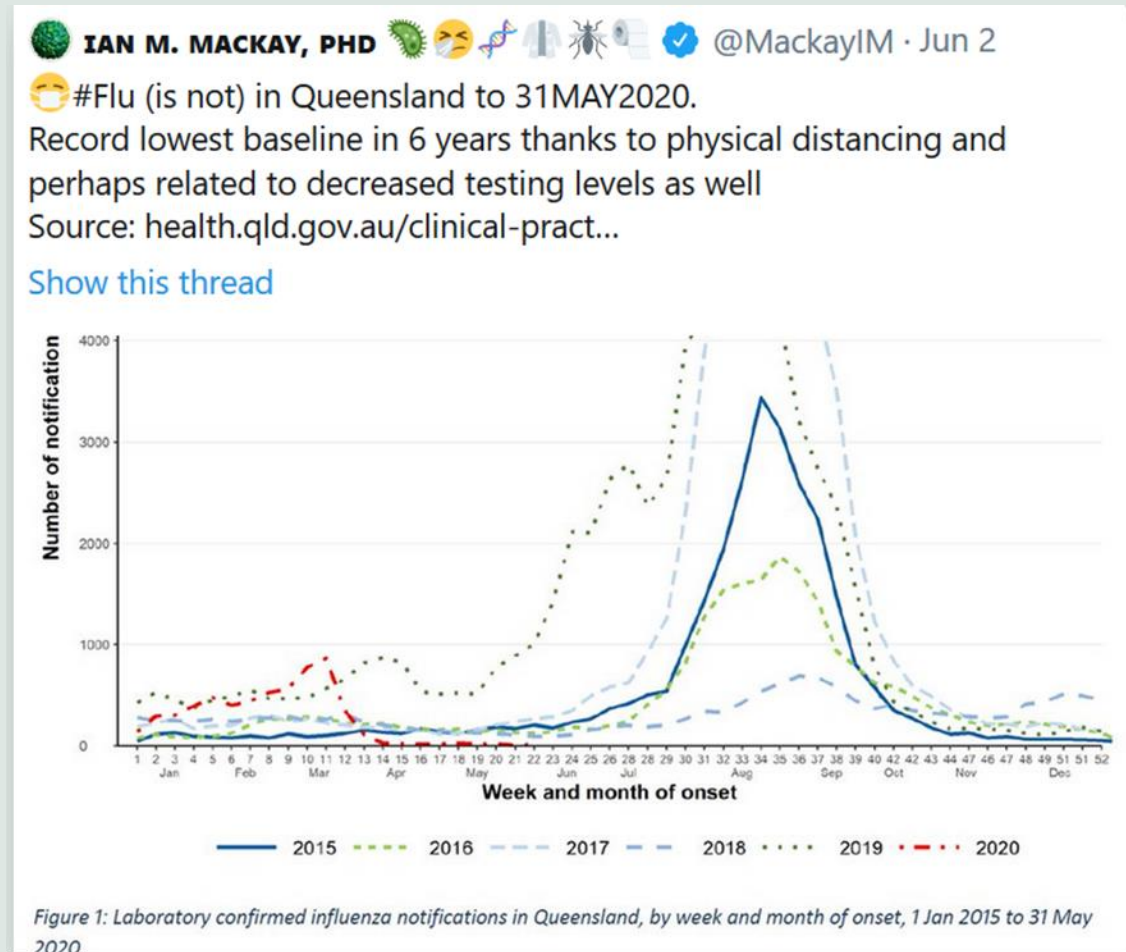
Re-emerging Challenges

- Maintaining focus on Infection Prevention
- Caregivers/family
- More people on campus
- Restarting clinical trials
- Changing data/National policies
- Community risk = major risk for patients/staff
- Coordination with local/national colleagues
- PPE and other supplies
- **Respiratory viral season – Flu/RSV, etc.**



Physical Distancing – Masking Help?

Will we have a milder flu season?



Focused Vaccine Efforts on Caregiver/Family

- Challenges with vaccinating family/caregivers due to:
 - Costs
 - Timing of vaccination
 - Limited time for education
 - Focus on patient/staff vaccination
- Risk of transmission much higher among those who live in the household
- Although recommendations nationally for close-contacts to be vaccinated – few studies evaluating in cancer patients



Exposure Levels Matter



**High level recurrent
exposure**



**Sporadic
exposure**



Opportunities

- **Focus on prevention of respiratory viruses**
 - Vaccinations
 - Caregivers/Family
 - Studies in prevention
 - Hand hygiene
- **Improve education**
 - Social media
 - Infographics
 - Town Halls
 - Videos
 - Improved website?
- **Embrace technology**
 - Tracing apps/monitoring
 - Transparent data
 - Novel disinfection tools
 - Webcasts
- **Build on telehealth**
- **Improve access to clinic/testing**
 - Shifting hours
 - Community sites



Example

- **Caregivers/Family/Community Education**
 - Improve communication
 - Mini-infection prevention training
 - Enhanced provider webpage / access
 - Testing of symptomatic caregivers
 - Target POC, non-English speaking communities



Questions?

Steven Pergam, MD, MPH

Seattle Cancer Care Alliance

University of Washington

Fred Hutchinson Cancer Research Center

Email: spergam@fredhutch.org

Twitter



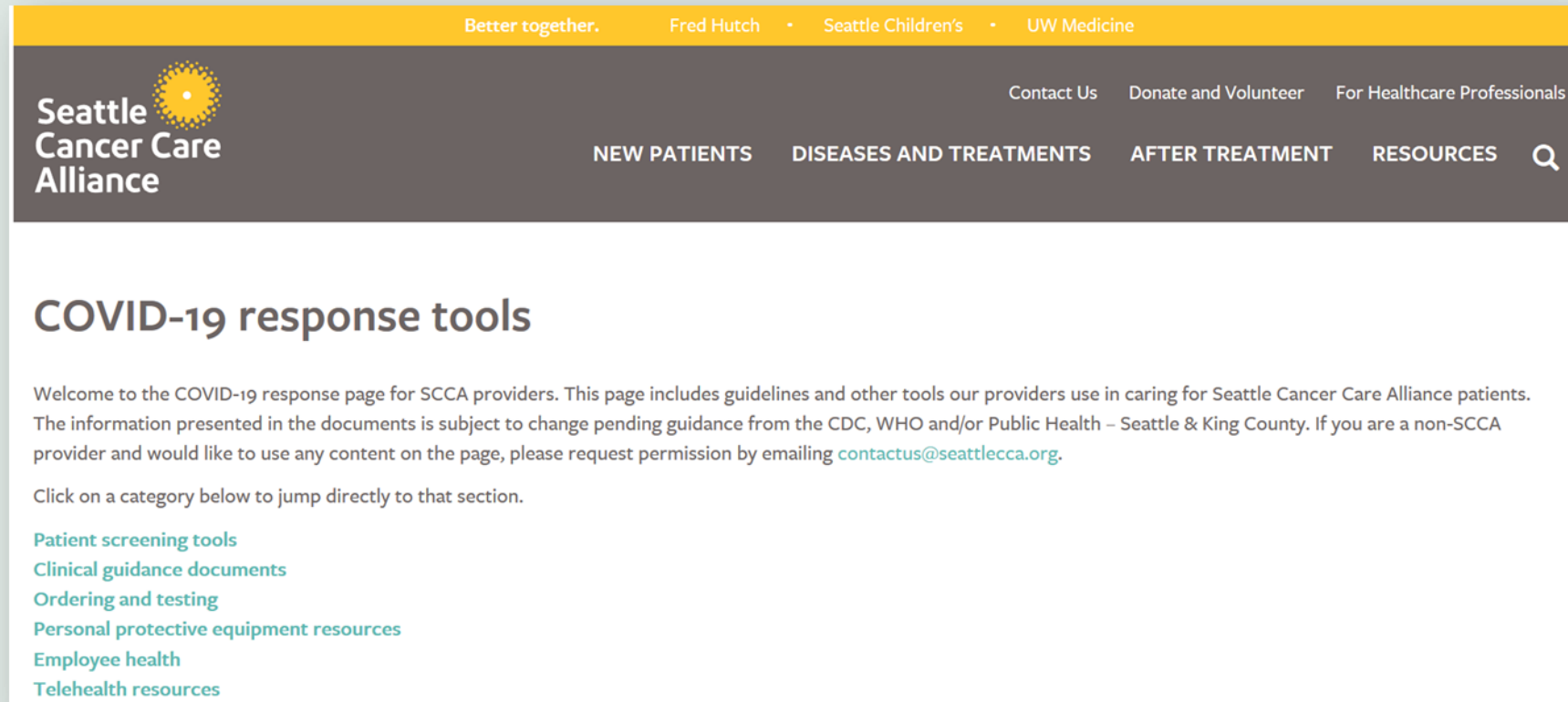
@Pergam1C

UW Medicine
SCHOOL OF MEDICINE

Seattle
Cancer Care
Alliance

FRED HUTCH
CURES START HERE™

Guidelines Available



Better together. Fred Hutch · Seattle Children's · UW Medicine

Seattle Cancer Care Alliance

Contact Us Donate and Volunteer For Healthcare Professionals

NEW PATIENTS DISEASES AND TREATMENTS AFTER TREATMENT RESOURCES

COVID-19 response tools

Welcome to the COVID-19 response page for SCCA providers. This page includes guidelines and other tools our providers use in caring for Seattle Cancer Care Alliance patients. The information presented in the documents is subject to change pending guidance from the CDC, WHO and/or Public Health – Seattle & King County. If you are a non-SCCA provider and would like to use any content on the page, please request permission by emailing contactus@seattlecca.org.

Click on a category below to jump directly to that section.

- [Patient screening tools](#)
- [Clinical guidance documents](#)
- [Ordering and testing](#)
- [Personal protective equipment resources](#)
- [Employee health](#)
- [Telehealth resources](#)

<https://www.seattlecca.org/covid-19-screening-tools>





ACCC COVID-19 Resource Center & Discussion Group

- Weekly Live Webcast Series & Archived Recordings
- CANCER BUZZ Mini-Podcasts
- Evidence-Based Guidelines & Information
- Member Discussions & Resources on ACCCeXchange

acc-cancer.org/COVID-19