COVID-19 Update

May 12, 2020
Response Objectives

1. Identify and contain the spread of COVID-19 through aggressive contact tracing, active monitoring, increased testing capacity, enforcement, and strong public messaging.

2. Mitigate the impacts of COVID-19 on our healthcare systems through strong partnerships with health agencies and hospitals, and by providing logistical support for the care of impacted people.

3. Coordinate essential State and Federal surge supplies according to established logistics priorities, while also continuing to evaluate and maintain adequate contingency surge supplies.

4. Provide the framework and guidelines to the community on the step-down process from the Stay At Home Order to the Governor's Safer at Home guidelines while not exceeding the early warning triggers.

5. Ensure quarantine and isolation measures are implemented for affected community members.

6. Establish a long-term recovery framework in coordination with municipal nonprofit and nongovernmental partners.
Protecting our most susceptible

- Older than 65: 14%
- Diabetes: 5%
- Lung Disease: 8%
- Heart Disease: 2.5%

The above conditions are the most common when considering susceptibility. However, including other comorbidities, such as underlying health conditions, obesity or smoking status in Larimer County this could be up to 100,000 people.
March 31, 2020

ICU beds in use - 78%
Ventilators in use - 73%
COVID-19 Patients - 73

May 10, 2020

ICU beds in use - 54%
Ventilators in use - 30%
COVID-19 Patients - 32

The curve doesn’t just go away
Emergency Operations Response

As of March 31, 2020

Employees, community partners and volunteers activated on this response

98

As of May 10, 2020

Employees, community partners and volunteers activated on this response

137
COVID-19 Update - Comparison to March 31, 2020

Testing Operations

Total Tests Larimer 6,718
Total COVID positives 468
7%
COVID-19 Update - Comparison to March 31, 2020

Testing Operations

Local Daily Capacity for testing

20

500

COVID PCR Tests conducted

18

236

On March 31, 2020

On May 9, 2020
COVID-19 Update - Comparison to March 31, 2020

Disease Surveillance and Infection Control

7 days

Time it took to get test results and complete contact tracing.

Isolation orders lagging because of delay in data

On March 31, 2020

24 hours

Time it took test results and same day contact tracing.

Isolation orders issued within 24 hours of contact identified.

Quarantine orders issued within 48 hours

On May 10, 2020
Outbreaks

1 facility
As of March 31, 2020

7 facilities
As of May 20, 2020
Before March 31, 2020: 960 calls

April 1 - May 10, 2020: 1,426 calls
Support & Supply Chain Monitoring

As of March 31, 2020

Total Deliveries to external partners
110
As of March 31, 2020

Total Deliveries to external partners
227
As of May 10, 2020
Employees activated to help with compliance and educational task force

As of March 31, 2020

Employees activated to help with compliance and educational task force

As of May 10, 2020
COVID-19 Update - Comparison to March 31, 2020

Alternate Care Site

March 31, 2020
Still exploring local options for a small potential alternate care site

Today
Almost completed scalable Alternate Care Facility at the Ranch with initial capacity for 200 patients.
We are Learning...

- Unified response and following incident command is working
- Hospital partnerships have been essential in this response
- Our hospitals are adjusting, trying new things, and seeing success. In a time when there is no evidence, minimal data, just trial and error, they have done a great job helping these patients pull through
- Nursing Home/ LTC Facilities outbreaks swift actions
- Asymptomatic spread is a big shift in this response. It means we have to protect each other in ways we never expected
- Strict physical distancing, small groups and facial covers appear to be working
What’s Next?

- We chose to move into the safer at home phase, while many other counties stayed in the stay at home phase.

- The next phase of safer at home is slated to allow our restaurants and other businesses to reopen in a limited capacity. We want to continue to re-open our businesses safely and thoughtfully and we will unless we trigger our early warning indicators.

- Draft suppression and early warning indicators plan approved by hospitals:
  - Allows us to consider a variance to the state to allow us some local control and decisions on re-opening.
  - This needs to include more than restaurants but also items like safe graduation ceremonies and gyms and swimming pools. All subject to approval by the state.
Early Warning Indicators?

- **911-Responses Involving Respiratory Concerns/Symptoms**
  Larimer County will work with its dispatch agencies throughout the county to monitor responses to respiratory calls.

- **New COVID Positive Cases County-wide**
  LCDHE has received reports of more than 25 new cases or 10% of individuals tested on three separate days over a 14 day period. This indicator is based on reports from CEDRS (Colorado’s reporting system used to track COVID cases).

- **New COVID-19 Presumptive Positive Admits to Hospitals**
  Based on daily hospital data provided to the Larimer EOC, if it is observed that 15 new hospital admits per day of presumptive positive cases on three separate days over a 14 day period.

- **Number of COVID Patients in the Hospitals**
  Based on daily hospital data provided to the Larimer EOC, if it is observed that more than 65 patients are being treated for COVID throughout the two major hospital systems in Larimer County.

- **Hospital Census Rates (both Total and ICU)**
  Hospitals county-wide are required to maintain a daily occupancy of less than 70% in order to continue providing elective procedures. Based on the daily hospital data provided to the Larimer EOC, if we see hospitals at 80% occupancy, this is a trigger to begin a detailed review of where patients are coming from and what may be causing the surge. If hospitals achieve 90% occupancy, this is a trigger to reinstate more restrictive social distancing practices and would be a trigger to activate an ACS. If we see hospitals at 100%, this would trigger the reinstatement of emergency protective actions.