

Q&A with Dr. Claudia Sarbu, MOH, Public Health

March 23, 2020

Why are pilots and flight attendants NOT required to self-isolate after international travel? They fly to Asia or Europe, stay overnight in the community and return to Canada. Then they are permitted to continue working internationally and domestically.

Essential services/IPC on board/we have tested as they reached out to MOH

How can we get the word out to those who may not be paying attention? Some suggestions include using the Amber alert system for a broad message.

Hopefully the CMOH order will address this

Dr. Strang suggested that small group gatherings (i.e. 10 people) would be considered to be "ok" although I had thought group gatherings/playdates/etc. were discouraged?

Based on the last direction from the Premier this was limited to five and social distancing must be followed.

For patients who tested negative for COVID while symptomatic, what are the criteria for testing again if they are not improving?

Worsening of symptoms

Do we continue with routine well baby visits and routine immunization or is this considered nonessential at this time? Do you think we should be delaying well baby visits/ routine immunizations etc. for the next few weeks? or continue with office visits as usual

Childhood immunization are essential, as we protect individuals from VPDs

Comment rather than questions: it is recommended that we continue to provide routine childhood immunization, but we have a very limited supply available from public health.

Should call PH and ask for supply

Should the office staff who ask the initial screening questions be wearing masks? They are usually closer than 2 meters to the patient.

Screening at the time when they book appointment by phone. If walk-in clinic, create a barrier/plastic shield.

Persons returning from out of country should self-isolate from nontraveling household members, should they not? Within household self-isolation is 2m from other persons in the household, using separate bathrooms, not eating together, correct?

Yes, they should

What to do if someone developed symptoms at the end of self-isolation?

Get tested/ call 811

Just to clarify, doctors who returned from overseas before noon, March 13th are not obliged to quarantine. This my 12th day home and no symptoms so it would seem senseless to cancel my office for the week.

14-day isolation MUST be respected; some develop symptoms the last day

How long should a person recovering from COVI-19 be isolated due to risk of transmission?

Isolation is lifted at day 10, if afebrile

If family comes back from the US and comes home to their children that reside in Nova Scotia, does the whole family now have to isolate together, or only the people who have travelled.

Only family members who travelled

If someone is in the 14-day quarantine after travel, I understand that they can walk outdoors, bike and be outside as long as they respect a 2-meter distance. Is that accurate? Thank you for the clarification. The media had indicated on CBC the National, that people could be in parks and outdoors while in quarantine.

If asymptomatic, yes.

Could you provide us with the number again that health care workers including physicians are to call if they themselves develop symptoms so they can be tested?

1-833-750-0632

I am getting messages from friends who are complaining about length of wait time to get callback from 811. Some are family members of immunocompromised people but have been in contact with travelers. How can we speed up testing if persons are not our patients?

811 has now doubled capacity to answer calls, public was instructed to use on line tool before calling. Self-assessment tool is at <https://811.novascotia.ca/>

If one was at a gathering in Canada and someone was rumored to have been positive, then what should one do?

Watch for symptoms and if URTI symptoms onset call 811 – now travelling from Canada is included.

Can we be permitted to test hospitalized patients whose symptoms suggest COVID without known exposure?

Yes, it is.

I have a question about patients who self-isolating for flu like symptoms are - similar to COVID-19. Do we test these patients? According to WHO testing is important.

If unwell due to symptoms and go in ED will be tested

The current guidelines of 2m distance are going to be very difficult in the ER's. The current triage guideline is that no patient can be sent away without being seen after being triaged. Considering that 811 is triaging and potentially telling people to stay at home and not go to the ER and that offices regularly give patients an appt for the same day or next day why can we not have the patients leave the ER after triage (level 4 and 5's only) to be called back when they are ready to be seen in order to avoid ER waiting room congestion and to prevent potential spread of disease.

I hope that assessment centers addressed this issue

Have any of the reported cases to date been admitted to hospital

Yes, and recovered. Check this link, updated daily: <https://novascotia.ca/coronavirus/#cases>

Do you know if NS GOV will keep track of numbers of Nova Scotians coming in from airport travel over the next 2-3 weeks, assuming that that cohort would be more likely to be carrying the virus and developing symptoms? Having these numbers could help estimate the potential extent of outbreak here?

Based on the new direction from government 14 days for all NS returning to the province. Everyone is advised to monitor symptoms and call 811 if symptomatic.

Can we have a form letter to give patients to give their employers? People are still asking for doctors' notes for ILIs to go off work and to return to work.

Employees have been informed that there is no need for such a letter.

If we have a high-risk patient i.e. (international travel, symptoms etc.) who have tested negative, are they still required to self-isolate for 14 days?

Yes, and this is clearly communicated when PH follows up with negative test result.

If a doctor in my family practice tests positive, is that a close contact for me and for our staff, and would we need to self-isolate for two weeks?

Public Health will investigate the exposure and communicate with all high-risk contacts.

Please review quarantine vs self-isolation procedures. Do you have a link for handout material with guidelines?

Here is a handout that explains the difference: <https://tinyurl.com/t2rkxjt>

We have a large family practice with 8 physicians. One of our staff's husband is returning from overseas in the next few days. Is she considered a HCW and allowed to work or are we suggesting self-isolation for her?

Self-isolation

Do we have the exact mortality rate of COVID-19?

Depending on the study and data may be different; overall approx. 3.5.

Are patients told when they are "presumptive pos" or only when it is confirmed?

Only when confirmed, when tested are asked to home isolate.

Are current inpatients with respiratory symptoms being tested for COVID?

Yes

So many people have travelled before the ban started - should we figure there may be community spread here now already?

PH surveillance was implemented since January; first Special Bulletin from CMOH was sent out January 24; screening guidelines have been modified as frequently as the international situation/epidemiologic trends required.

For those people who are confirmed COVID-19 +, what are the criteria for their return into public - when are they considered "cured"?

10 days after the onset of symptoms, if afebrile

Should patients that are ill with red flags, be calling 911 first instead of showing up at ED?

Yes

What do we do with patients with coughs/cold Sx/sore throats with or without fever, who want to be seen and there is no Hx of travel/contact with traveler or with suspect COVID-19?

Family docs could refer to assessment centers.

as we know that there is widespread community transmission and pos cases without the high risk Hx for this infection...

there is no evidence for community spread in NS

**I feel vulnerable seeing this patient without proper protection myself and not being able to protect my other patients as we are running out of sanitizers, etc. Should we assess them wearing PPE..? - which we don't have as everything has been on back order for a few wks and not knowing when this will arrive..?
or should we just tell them to stay home and use supportive measures and go to ER if having more worrisome Sx...?**

You could book them at the end of the day, put on PPE and evaluate/assess. Refer them to assessment centers.

If we see a patient in family practice who we feel needs an X-ray (not COVID related), is there a process for this other than sending them to ER?

Not aware. Check with the Health Authority.

Why have we not yet increased our testing / self isolation to include those who have arrived back from WITHIN Canada (i.e. Ontario, BC especially) where there is local spread?

They are included now.

Would they consider drive through testing Centers as they do in South Korea?

I am not aware; the plan in NS was to open the assessment centres to reduce the burden in ED.

At what point is it projected that the travel history is no longer a major risk factor in regard to screening? This week? Next week?

When we will have evidence of community spread