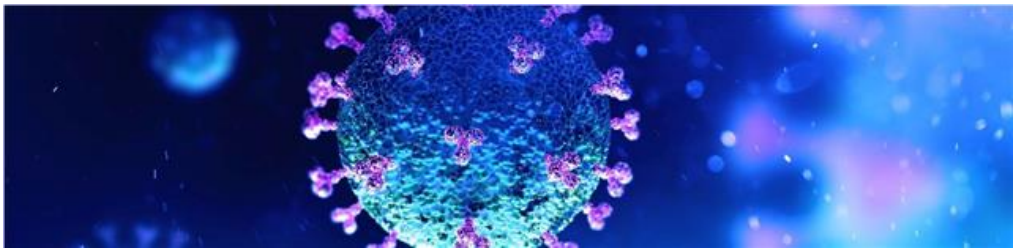


June 12: COVID-19 Clinical Update

Visitor Policy and When COVID-19 Meets Flu Season

Today's COVID-19 Clinical Update includes details on our updated visitor policy and information from Pulmonologist Benjamin D. Singer, MD, on the outlook for this fall, when COVID-19 meets flu season.

VISITOR RESTRICTION UPDATES
For the continued safety of patients, physicians, staff and the community, Northwestern Medicine has implemented visitor restrictions in all of our inpatient and outpatient care sites.

We continue to evaluate visitor restrictions at each Northwestern Medicine facility. All visitors must be 18 or older and will be screened for symptoms of COVID-19 or flu. Inpatient visitor restrictions vary by hospital, and are available on **nm.org**. All outpatient clinics and facilities have a single visitation policy**.**

Inpatient Visitor Restrictions
With the exception of **Marianjoy Rehabilitation Hospital** and the hospitals in the Northwest Region, two visitors are allowed during visiting hours for patients not being treated for COVID-19. Visitors must be:

- Identified by the patient's clinical team during the registration process
- Masked at all times, including in the patient's room

Outside of visiting hours, visitors are not allowed **except for the following**:

- One visitor is allowed for patients who:
    - Are under age 18
    - Have an intellectual, developmental or cognitive disability and require a reasonable accommodation for assistance
    - Require transportation home. Companions may be asked to wait somewhere other than the waiting room and will be notified when the patient is ready to be picked up.
- Two visitors are allowed for patients who:
    - Are in neonatal ICU; one visitor at a time
    - Who need compassionate care, including pastoral care visits and those at the end of life

See **Visitor Restrictions on nm.org** for specific guidelines by hospital and for visitors of patients in labor and post-delivery.

Outpatient Visitor Restrictions

One visitor is allowed for patients in the Emergency Department, Outpatient Clinic/Diagnostic Testing or who are having an outpatient surgery or procedure, including patients who:

- Are under age 18
- Have an intellectual, developmental or cognitive disability and require a reasonable accommodation for assistance
- Require transportation home. Companions may be asked to wait somewhere other than the waiting room and will be notified when the patient is ready to be picked up.

COVID-19 AND THE NEXT FLU SEASON

In non-pandemic years, influenza and other etiologies of pneumonia represent the eighth-leading cause of death in the U.S. Last season, the U.S. had approximately 39 to 56 million seasonal flu cases between October 2019 and May 2020, according to estimates from the Centers for Disease Control and Prevention (CDC). What can we expect as the COVID-19 pandemic evolves and seasonal influenza comes again, and how can the epidemiology and biology of these infections inform our preparation strategies?

The last influenza pandemic, caused by the then-novel H1N1pdm09 virus, began in the spring of 2009 and caused an estimated 61 million cases, 274,000 hospitalizations and 12,500 deaths in the U.S. over the next year. Even though a vaccine became available in 2010, H1N1pdm09 circulates annually and was the predominant influenza A virus strain during this past flu season.

In contrast, SARS (caused by SARS-CoV), the last human coronavirus epidemic, abated due to aggressive containment procedures before a vaccine could be deployed. Community transmission of SARS-CoV has not occurred since 2004. Based on the course of the COVID-19 pandemic to date and anticipated vaccine development timelines, it is clear that SARS-CoV-2 will not follow the abruptly terminating trajectory of SARS-CoV. Rather, it is likely that community transmission of SARS-CoV-2 will continue as we enter the next flu season.

Several factors, at least in part, will determine the overall severity of the upcoming respiratory virus season and can inform how we prepare.

- **Transmission***:* Influenza viruses and SARS-CoV-2 predominantly spread via respiratory droplets that are transmitted during close contact. Consequently, physical distancing policies designed to limit COVID-19 transmission are also effective against influenza. If COVID-19 cases begin to spike this fall, re-tightening of social distancing measures could slow the early spread of influenza and flatten curves for both diseases.

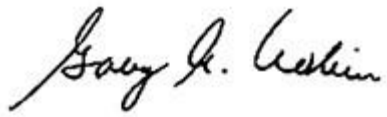
- **Vaccination**: The flu vaccine last fall had a 45% effectiveness rate in the U.S. — a level comparable to years in which close vaccine antigen-circulating strain matching occurred. However, only 45% of U.S. adults got vaccinated. As we await release of a SARS-CoV-2 vaccine, it's important to increase the vaccination rate for the flu, particularly for older adults, to reduce respiratory disease cases.

- **Co-infection***:* Co-infection with another respiratory pathogen, including the flu, occurred in more than 20% of SARS-CoV-2-positive patients who presented with a respiratory viral syndrome early in the COVID-19 pandemic. Widespread availability of rapid diagnostics for SARS-CoV-2 and other respiratory pathogens is needed to determine appropriate therapies.

- **Disparities:** The COVID-19 pandemic has highlighted unconscionable disparities in overall health and death rates among African Americans, Latinx and Native Americans. We must galvanize public health efforts to limit viral transmission, increase vaccination rates, deploy rapid diagnostics and expand other healthcare services for underserved populations.

Humans have suffered from influenza for millennia, and we can expect that the new reality of COVID-19 will only complicate the next influenza season. Measures to reduce the spread of infection — including physical distancing, increased vaccination rates, availability of diagnostics and addressing healthcare disparities — are paramount in planning for the months ahead.

Thank you for your extraordinary dedication and collaboration in providing exceptional care to our patients and supporting one another during this unprecedented crisis. I encourage you to join the NM Champion Network, an employee-led network open to all physicians for members and allies of underrepresented communities. For more information, visit **NMI** (*login required*). If you have questions or would like to share the story of an NM hero, please email us at **covid-19md@nm.org**.



Gary A. Noskin, MD
Senior Vice President, Quality
Northwestern Memorial HealthCare
Chief Medical Officer
Northwestern Memorial Hospital