COVID-19 What is the threat and what do we do about it?

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In 6 months, what have we found out?

Clinical features:

- New onset dry cough
- Raised temperature 37.8
- ANOSMIA recently added
- Also breathlessness, fatigue, headache, muscle pain, runny nose, sneeze etc
- Illness typically lasts up to 2 weeks and cough for many more weeks
- Many people report lethargy for several weeks after recovery
- May become severely ill in second week, with respiratory failure and multiorgan failure

Transmission

- Transmitted mainly by respiratory droplets and aerosols, and from contaminated surfaces
- Organism survives longer in cold conditions and is destroyed by UV light so transmission probably low in daytime outdoor environments
- Superspreaders have been identified from mass gatherings in enclosed spaces (eg. Weddings)
- Incubation period 2 to 14 days, median around 5 days
- People with illness are infectious from around 2 days before to around 7-9 days after symptom onset, longer in those with serious illness
- Viral shedding can occur in people with asymptomatic infection but some of those go on to develop symptoms
- Antigen PCR test does not distinguish between viable virus and viral fragments. Shedding may continue for weeks

Treatment

- No specific treatments routinely available but oxygen can be lifesaving
- Dexamethesone helpful in hospital treatment of severely ill
- Many trials underway
- Most people recover at home but gain relief from analgesics
- Onset of respiratory failure is gradual and not accompanied by marked breathlessness.
- Oxygen via CPAP (continuous positive airways pressure) may avoid need to intubate and has lower risks
- Supportive therapies (ventilation, dialysis etc) may be needed for weeks while lungs recover.
- Survivors may need prolonged rehabilitation

Immunity

Antibody studies are needed to understand immunity distribution

The ONS study found 6% of the population showed antibodies and 1 in 5,000 people became infected in the preceding week

It is possible only 5-10% of the UK population will have been infected from this first wave, which will pose a challenge when lockdown restrictions ease

Vaccination

- No licensed vaccine for the other serious coronaviruses SARS-CoV-1 and MERS-CoV
- Immune response to natural coronavirus is short-lived
- Trials of many different approaches underway, some involving humans
- Markers will initially be immune responses but real outcome is whether they protect from subsequent serious disease.
- May have to wait for several years to see such outcomes at population level
- Still too early to know if natural infection confers long-lasting immunity

Infection prevention is through avoiding an infective dose of the virus through a range of measures that come under the following headings:

- Self-isolation of cases and contacts
- Social distancing
- Personal protective equipment (PPE)
- Rigorous handwashing at key times
- Rigorous environmental cleaning

Cumulative number of COVID-19 cases and cumulative incidence rate by UK Country

Nation →	Total cases ♦	Rate ♦
England	252,913	451.8
Northern Ireland	5,834	310.0
Scotland	18,422	338.8
Wales	16,897	538.4

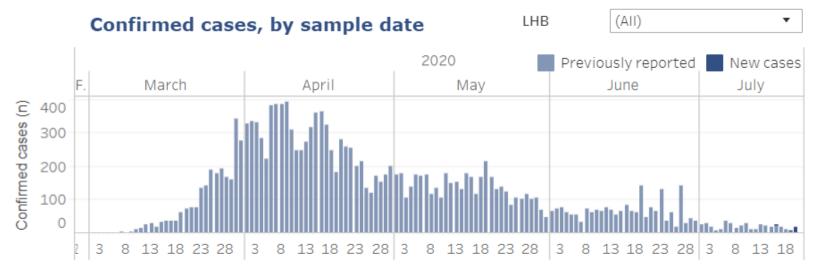
Public Health Wales Rapid COVID-19 surveillance Confirmed case data



Data correct as of:

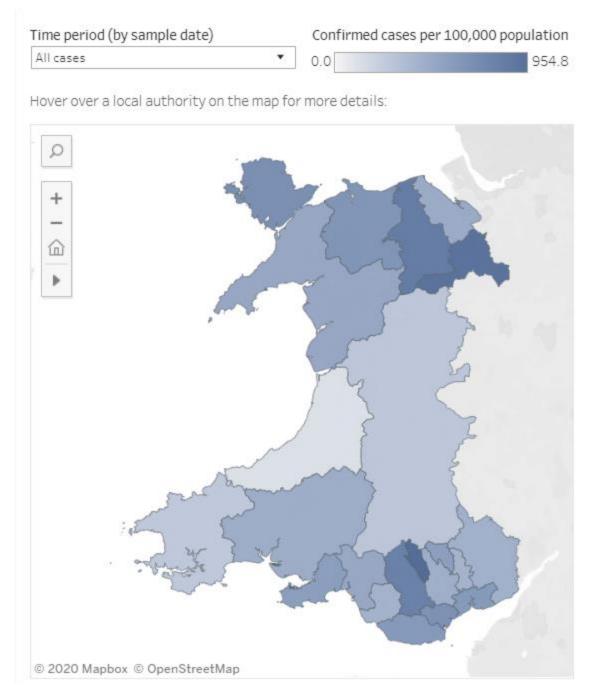
21 Jul 2020 13:00

22
16,987
1,557
217,043



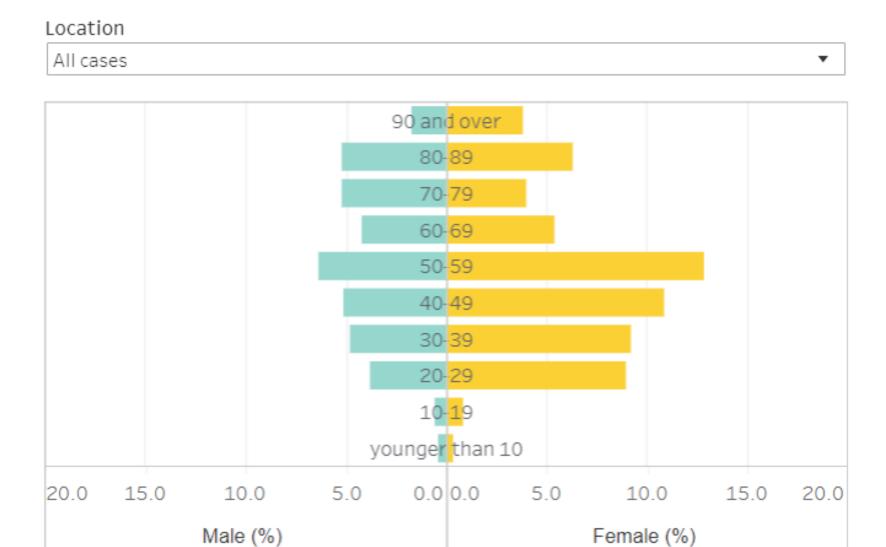
Some tests may take longer to be completed, therefore, the number of cases in the last 5 days should be treated as provisional. Sample dates prior to the 18th of March are less reliable.

Confirmed cases per 100,000 population by Local Authority

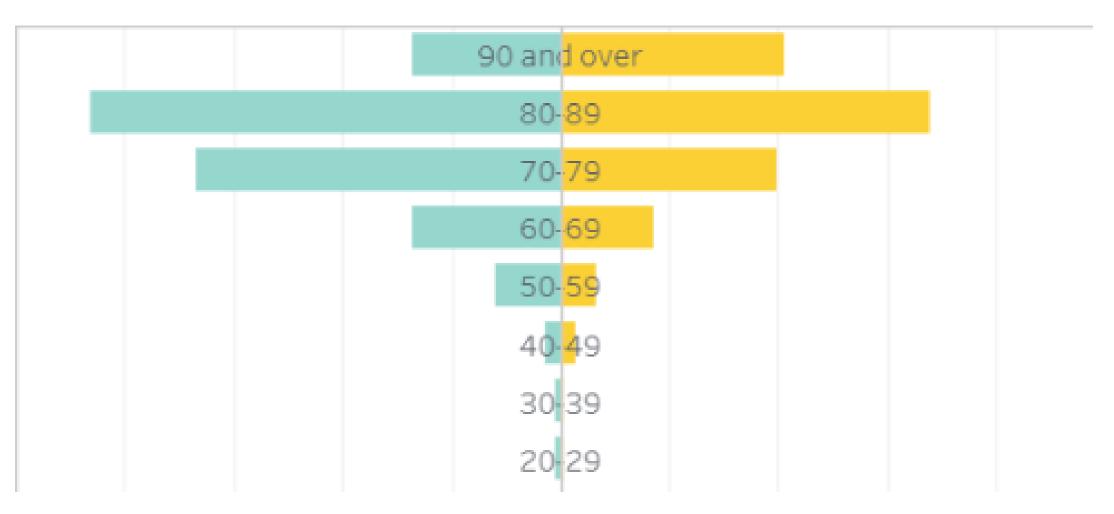


Age and sex distribution of confirmed cases

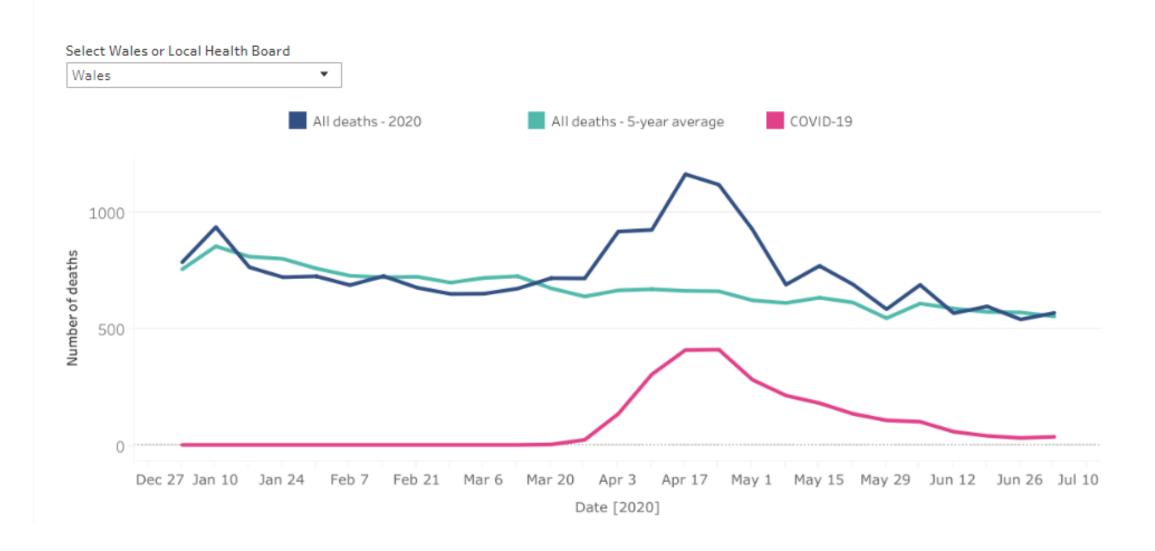
Public Health Wales Data



Age and sex distribution of deaths



Weekly number of deaths registered, all deaths, COVID-19 deaths (any mention) and 5-year average (2015-2019), week ending 3 January 2020 (Week 1) to week ending 3 July 2020 (Week 27), Wales



You can follow the course of the pandemic in your area on line at the Public Health Wales website:

https://public.tableau.com/profile/public.health.walles.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary

It will be several years and many PhDs before we know the full impact of COVID-19 globally

Thank you for listening



Reopening Guidance for the Tattoo and Body Piercing Industry in Wales

Dr Sarah Jones
Senior Environmental Health Advisor for COVID-19

COVID-19 is spread through respiratory secretions (coughs and sneezes) and touching surfaces contaminated by these secretions



The Guidance – what to expect

- Follows a similar approach to BEIS
- Not prescriptive and advocates applying a risk assessment
- Provides practical advice on complying with the social distancing requirement, other hygiene measures and hyperlinks to other guidance.
- It puts the responsibility on business owners/practitioners to apply all necessary safety measures

What's the benchmark?

Reasonably practicable and proportionate



Special Procedure Practitioners are in a good position to operate safely

You already:

- Understand the principles of infection control and prevention
- Apply standard infection control precautions/safe working practices

You now need to:

- Review those practices and where necessary introduce additional precautions to prevent and control COVID
- Keep up to date, easily retrievable client records*



What do I need to do to operate safety?

Take all reasonable measures to prevent the:

- Introduction of COVID-19 into your business
- Pre consultation/health questionnaire
- Appointments only, no 'walk ins'
- Only the client to attend the appointment Hand sanitiser as/before the client enters the business
- Avoid using the waiting area/lock front door?
- Follow social isolation guidance*
- Transmission of the virus within your business
- Adhere to social distancing follow 2 metre rule*
- Changing the way you work
- Redesign your studio/treatment areas, staff rooms
- Lengthen your opening hours/days of work, stagger work patterns
- Increase the use hand sanitisers, make this readily available.
- Increasing the frequency of cleaning and disinfection



Preventing the introduction of COVID-19 – social isolation

You should refuse clients/visitors appointments if they have:

- tested positive for COVID in last 10 days
- symptoms, however mild
- live in a household where a member of that family/household has symptoms or has tested positive for COVID
- béen identified as a close contact through 'Test, Trace and Protect'

YOU MUST ALSO STRICTLY ADOPT THIS RULE FOR YOURSELF AND ALL THE PRACTITIONERS AND STAFF THAT WORK IN YOUR BUSINESS AND OTHER VISITORS



Social Distancing – 2 metre rule - Critical

Practitioner and Practitioner

Client and Practitioner

Other staff – receptionists/managers

- Demarcation and signage
- Reduce the number of people in the studio
- Reduce the traffic and need to walk around the studio

When is social distancing most frequently compromised?

Additional measures – provision of screens/barriers, PPE, cleaning and disinfection



PPE and Cleaning and Disinfection

PPE when undertaking procedure:

- Fluid Resistant Surgical Mask (FRSM) this is usually worn 2 -3 hours without compromise if worn correctly
- Eye protection either a visor or goggles
- FRSM and Eye protection sessional use and Gloves and apron single use per client

Cleaning and Disinfection:

- Focus should be on increasing the frequency of cleaning and disinfection throughout the day rather than
 focusing on a deep clean at the end of the day
- Remember priority on hand contact surfaces



Any questions?

Thank you for your attention

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Senior Environmental Health Advisor for COVID-19

Useful hyperlinks

https://www.futurelearn.com/courses/covid19-novel-coronavirus/1

https://public.tableau.com/profile/public.health.wales.health.protection #!/

https://www.hse.gov.uk/coronavirus/working-safely/risk-assessment.htm

https://www.youtube.com/watch?v=-GncQ_ed-9w