

## SYNOPSIS

03/24/2020

# Review of “COVID-19 in a long-term care facility — King County, Washington, February 27–March 9, 2020”

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<https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e1.htm>

## One-Minute Summary

- This is a report of a novel coronavirus 2019 (COVID-19) **outbreak involving two long-term care facilities** (LTCF) in Washington State from February 27 to March 9, 2020.
- **129 cases** were identified in two facilities, with 111 cases in Facility A and 18 cases in Facility B:
  - **81 were residents** (median age of 81 years), 34 were staff members from multiple disciplines (median age of 42.5 years) and 14 were visitors (median age of 62.5 years).
  - **22 residents and one visitor died.**
- In Facility A, **81 of the approximately 130 residents** and 17 of the 170 staff were infected.
  - **56.8% of residents**, 35.7% of visitors and 5.9% of staff infected with COVID-19 were **hospitalized.**
  - Case fatality among residents and visitors (as of March 9) were 27.2% and 7.1%, respectively.
- The most common **underlying conditions** among the 81 residents with COVID-19 were: hypertension (n=56, 69.1%), cardiac disease (n=46, 56.8%), renal disease (n=35, 43.2%), diabetes (n=30, 37.0%), obesity (n=27, 33.3%) and pulmonary disease (n=26, 32.1%).
- The **index patient** was a 73-year-old LTCF resident with comorbidities, who reported no travel or known contact with a COVID-19 case. Her febrile respiratory symptoms began on February 19 and COVID-19 was diagnosed on February 28 – four days after transfer to a local hospital. The patient died on March 2.
- An outbreak investigation **led by local and national public health agencies identified factors that likely contributed to the vulnerability of LTCFs:** staff working while symptomatic; staff working in more than one facility; lack of knowledge of, and barriers to, implementing infection prevention and control (IPAC) measures; and delayed recognition of cases.

## Additional Information

- In response to the outbreak, a county-wide investigation of LTCFs was conducted through email surveys, daily review of emergency medical service databases for serious respiratory infections and identification of influenza-like illness clusters from LTCF active surveillance reports.

- As of March 9, at least eight other facilities reported  $\geq 1$  confirmed COVID-19 case. Preventive and mitigation supports in the form of on-site testing, infection control assessment, support and training were offered to LTCFs determined to be highest risk.
- The introduction of COVID-19 into a LTCF has the potential for high attack rates and mortality. With **coordinated efforts from public health, health care systems and regulatory departments**, LTCFs are supported to take **proactive steps to mitigate this risk**, including identifying and excluding symptomatic staff members, restricting visitation except for compassionate circumstances, ensuring early recognition of infections and implementing appropriate IPAC measures (i.e., staff training and supply chain and stockpile release coordination).

## PHO Reviewer's Comments

- None.

## Citation

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