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Updated Advice on Handling Library Materials during COVID-19 Pandemic

In response to inquiries received from various sources connected to the Wisconsin library community, the Division for Libraries and Technology (DLT) reached out to the Wisconsin Department of Health Services (DHS) for guidance on the handling and circulation of library materials during the COVID-19 pandemic.

The decision to contact DHS at this time was based on the recent advice released by the State Library of Oregon, in response to concerns about independent interpretation of the results of the REALM project, whose research has provided information about the viability of the virus on library materials, but has not provided specific recommendations on materials handling.

Upon review of the guidance provided by the State Library of Oregon, advice from the experts at the Oregon Health Authority, and review of the REALM test results, Wisconsin DHS agreed with the Oregon Health Authority's interpretation that a 24-hour quarantine time would be sufficient as a precautionary measure.

JRML's current practice of a 4 day/96 hour quarantine has ended effective immediately. As of October 12th, all materials returned will sit in quarantine for 24 hours. This means items returned on Monday afternoon, for example, will be checked back on Wednesday morning. Another example is items returned on Saturday will be checked in on Monday morning.

JRML staff will continue to help mitigate the spread of COVID 19 by continuing to follow these safety procedures and policies

- Wearing masks/face coverings,
- Washing or sanitizing hands frequently,
- Avoiding touching one's eyes/nose/mouth, and
- Maintaining at least 6 feet of physical distance from others.

Citizens seeking further information about the 24 hours quarantine of materials can reach out to JRML Director, Jennifer Einwalter at 262-673-8241 or via email at hartfordpl@hartfordlibrary.org
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[wispubdir] Recommended Materials Quarantine Time Reduced

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In response to inquiries received from various sources connected to the Wisconsin library community, the Division for Libraries and Technology (DLT) reached out to the Wisconsin Department of Health Services (DHS) for guidance on the handling and circulation of library materials during the COVID-19 pandemic. The decision to contact DHS at this time was based on the recent advice released by the State Library of Oregon, in response to concerns about independent interpretation of the results of the REALM project, whose research has provided information about the viability of the virus on library materials, but has not provided specific recommendations on materials handling.

Upon review of the guidance provided by the State Library of Oregon, advice from the experts at the Oregon Health Authority, and review of the REALM test results, Wisconsin DHS agreed with the Oregon Health Authority's interpretation that a 24-hour quarantine time would be sufficient as a precautionary measure.

DLT acknowledges that these recommendations are intended to assist libraries in making local decisions about handling and circulating materials safely. Regional and local conditions should be taken into account when considering changes to current materials handling and delivery practices. *We strongly encourage local libraries to communicate with their public library systems prior to making such changes, as systems may need time to prepare for logistical challenges brought on by an influx of circulating materials.*

Libraries can continue to help mitigate the spread of COVID-19 by following the safety protocols of mask wearing, social distancing, hand washing, increased cleaning; by avoiding touching one's eyes, nose, and mouth; and by limiting in-person services and reducing occupancy within their facilities.

The Wisconsin Public Libraries Reopening Guide will be edited to include this updated information this week.

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October 5, 2020

Updated Advice on Handling Library Materials during COVID-19 Pandemic

In response to questions received from local libraries, the State Library of Oregon sought the advice of experts from the Oregon Health Authority (OHA) on how to handle and circulate library materials safely during the COVID-19 pandemic. Those questions arose as libraries independently interpreted the results of the REopening Archives, Libraries, and Museums (REALM) project, which studied the viability of the novel coronavirus on surfaces typically found on circulating library materials. The REALM project's intent is to provide information, not to give specific recommendations on materials handling.

OHA staff reviewed the results of tests 1-4 of the REALM project, together with studies and commentary from other experts analyzing the ongoing COVID-19 pandemic. Staff reviewing the information included Deputy State Epidemiologist Ali Hamade, PhD, DABT; Public Health Physician Claire Poche, PhD; Public Health Physician Ann Thomas, PhD; and other analysts from the Oregon Health Authority. Below is Dr. Hamade's response to the State Library's inquiry. Italics added.

> "*We considered the testing results, the commentary in* The Lancet, *and some of the studies cited therein and came to the conclusion that an overnight quarantine period of materials is likely sufficient and 24 hours is even more precautionary.* This would be ideally combined with advice to library workers to wash hands with soap and water regularly especially if they are prone to touching their faces.
>
> For this conclusion, we accounted for almost complete virus loss of viability within 1-6 days in the REALM studies despite the high amounts of viable virus used that are not reflective of most real-life scenarios.
>
> With that in mind, when considering the relatively low amount of virus transferred to a surface, how much virus becomes nonviable within a day, how much the next person picks up, and how often they touch eye/nose/mouth, our conclusion of quarantine between overnight and 24 hours is reasonable."

This advice may differ from libraries' current practices, which are informed by individual interpretations of the REALM results, analysis of other research, and consultation with local public health professionals. OHA's recommendations are intended to assist libraries in making local decisions about handling and circulating materials safely. As such, the State Library recommends that libraries do the following:

- Compare above OHA's advice to current practice. Note how implementing the recommendations may change workflows, if at all.
- Share this information with library staff, decision makers, local health departments, and anyone else involved in establishing the library's pandemic protocols.
- Discuss the recommendations and determine if any changes to current practice are warranted, based on local situations and needs.

As Dr. Hamade noted, libraries can continue helping mitigate the spread of novel coronavirus by adopting policies and procedures to encourage pandemic best practices:

- Wearing masks/face coverings,
- Washing or sanitizing hands frequently,
- Avoiding touching one's eyes/nose/mouth, and
- Maintaining at least 6 feet of physical distance from others.

Libraries seeking further information and support to respond to the pandemic may access the State Library's page on COVID-19 information for Oregon libraries at https://libguides.osl.state.or.us/coronavirus. Questions may also be directed to Buzzy Nielsen, Program Manager for Library Support and Development Services, at buzzy.nielsen@state.or.us or 971-375-3486.

Availability of diagnostics and antifungals, and training in their use, will reduce deaths from advanced HIV disease (by up to 30%).[2] Mistaken diagnoses of pulmonary tuberculosis when actually the problem is a fungal lung infection will be averted. Implementation of these priorities will strengthen public health systems, support antimicrobial stewardship,[9] develop clinician skills, and appropriately diversify differential diagnosis. New approaches have to be explored, such as the implementation of artificial intelligence, to address the shortage of health-care workers in the Latin American and Caribbean region, Africa, and southeast Asia. We anticipate that the enhancement, innovation, and increased integration of fungal disease diagnosis and management within the health system will benefit not only those with fungal disease, but also improve the effectiveness, efficiency, and quality of the entire health-care system.

We declare no competing interests.

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1 Global Fungal Infection Forum 4 in Lima. Geneva, London: Global Action Fund for Fungal Infections, 2019. https://www.gaffi.org/global-fungal-infection-forum-4-in-lima/ (accessed June 3, 2020).
2 Denning DW. Minimizing fungal disease deaths will allow the UNAIDS target of reducing annual AIDS deaths below 500 000 by 2020 to be realized. *Philos Trans R Soc Lond B Biol Sci* 2016; 371: 20150468.
3 Samayoa B, Aguilre L, Bonilla O, et al. The diagnostic laboratory hub: a new health care system reveals the incidence and mortality of tuberculosis, histoplasmosis, and cryptococcosis of PWH in Guatemala. *Open Forum Infect Dis* 2019; 7: ofz534.
4 Bongomin F, Govender NP, Chakrabarti A, et al. Essential in vitro diagnostics for advanced HIV and serious fungal diseases: International experts' consensus recommendations. *Eur J Clin Microbiol Infect Dis* 2019; 38: 1581–84.
5 WHO. Second WHO model list of essential in vitro diagnostics. Geneva: World Health Organization, 2019. https://www.who.int/docs/default-source/nutritionlibrary/complementary-feeding/second-who-model-list-v8-2019.pdf?sfvrsn=6fe86adf_1 (accessed June 3, 2020).
6 WHO. Global Antimicrobial Resistance Surveillance System: early implementation protocol for inclusion of *Candida* spp. Geneva; World Health Organization, August, 2019. https://apps.who.int/iris/bitstream/handle/10665/326926/WHO-WSI-AMR-2019.4-eng.pdf?sequence=1&isAllowed=y (accessed June 3, 2020).
7 Cole DC, Govender NP, Chakrabarti A, Sacarlal J, Denning DW. Improvement of fungal disease identification and management: combined health systems and public health approaches. *Lancet Infect Dis* 2017; 17: e412–19.
8 Pan-American Health Organization. PAHO strategic fund. Washington, DC: Pan-American Health Organization. https://www.paho.org/hq/index.php?option=com_content&view=article&id=12163:paho-strategic-fund&Itemid=16948&lang=en
9 Denning DW, Perlin DS, Muldoon EG, et al. Delivering on antimicrobial resistance agenda not possible without improving fungal diagnostic capabilities. *Emerg Infect Dis* 2017; 23: 177–83.

Exaggerated risk of transmission of COVID-19 by fomites

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A clinically significant risk of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) transmission by fomites (inanimate surfaces or objects) has been assumed on the basis of studies that have little resemblance to real-life scenarios.

The longest survival (6 days) of severe acute respiratory syndrome coronavirus (SARS-CoV) on surfaces was done by placing a very large initial virus titre sample (10^7 infectious virus particles) on the surface being tested.[1] Another study that claimed survival of 4 days used a similarly large sample (10^6 infectious virus particles) on the surface.[2] A report by van Doremalen and colleagues found survival of both SARS-CoV and SARS-CoV-2 of up to 2 days (on surfaces) and 3 days (in aerosols generated in the laboratory), but again with a large inoculum (10^5–10^7 infectious virus particles per mL in aerosols, 10^4 infectious virus particles on surfaces).[3] Yet another study found long survival (5 days) of human coronavirus 229E on surfaces with what I would still consider a substantially large viral load (10^3 plaque-forming units) in a cell lysate.[4] However, using a cell lysate rather than purified or semipurified virus might enable initial viral proliferation or protection from the effects of the sample drying out.

None of these studies present scenarios akin to real-life situations. Although I did not find measurements of coronavirus quantities in aerosol droplets from patients, the amount of influenza virus RNA in aerosols has been measured, with a concentration equivalent to 10–100 viral particles in a droplet, with even fewer infectious influenza virus particles capable of growth in a plaque assay.[5] By contrast, one study found human coronavirus 229E to survive for only 3–6 h (depending on the surface tested), and human coronavirus OC43 to survive for 1 h, after drying on various surfaces including aluminum, sterile latex surgical gloves, and

sterile sponges.[6] In a study in which the authors tried to mimic actual conditions in which a surface might be contaminated by a patient, no viable SARS-CoV was detected on surfaces.[7]

A 2020 literature review[8] included most of the studies I have cited here (and others), but adds no new research, and in my view, does not critically evaluate previously published studies. I am not disputing the findings of these studies, only the applicability to real life. For example, in the studies that used a sample of 10^7, 10^6, and 10^4 particles of infectious virus on a small surface area,[1–3] these concentrations are a lot higher than those in droplets in real-life situations, with the amount of virus actually deposited on surfaces likely to be several orders of magnitude smaller.[5] Hence, a real-life situation is better represented in the work of Dowell and colleagues[7] in which no viable virus was found on fomites.

In my opinion, the chance of transmission through inanimate surfaces is very small, and only in instances where an infected person coughs or sneezes on the surface, and someone else touches that surface soon after the cough or sneeze (within 1–2 h). I do not disagree with erring on the side of caution, but this can go to extremes not justified by the data. Although periodically disinfecting surfaces and use of gloves are reasonable precautions especially in hospitals, I believe that fomites that have not been in contact with an infected carrier for many hours do not pose a measurable risk of transmission in non-hospital settings. A more balanced perspective is needed to curb excesses that become counterproductive.

I declare no competing interests.

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1 Rabenau HF, Cinatl J, Morgenstern B, Bauer G, Preiser W, Doerr HW. Stability and inactivation of SARS coronavirus. *Med Microbiol Immunol* 2005; 194: 1–6.
2 Duan SM, Zhao XS, Wen RF, Huang JJ, Pi GH, Zhang SX. Stability of SARS coronavirus in human specimens and environment and its sensitivity to heating and UV irradiation. *Biomed Environ Sci* 2003; 16: 246–55.
3 van Doremalen N, Bushmaker T, Morris DH, et al. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. *N Engl J Med* 2020; 382: 1564–67.
4 Warnes SL, Little ZR, Keevil CW. Human coronavirus 229E remains infectious on common touch surface materials. *mBio* 2015; 6: e01697–15.
5 Lindsley WG, Blachere FM, Thewlis RE, et al. Measurements of airborne influenza virus in aerosol particles from human coughs. *PLoS One* 2010; 5: e15100.
6 Sizun J, Yu MW, Talbot PJ. Survival of human coronaviruses 229E and OC43 in suspension and after drying on surfaces: a possible source of hospital-acquired infections. *J Hosp Infect* 2000; 46: 55–60.
7 Dowell SF, Simmerman JM, Erdman DD, et al. Severe acute respiratory syndrome coronavirus on hospital surfaces. *Clin Infect Dis* 2004; 39: 652–57.
8 Kampf G, Todt D, Pfaender S, Steinmann E. Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. *J Hosp Infect* 2020; 104: 246–51.