

2019 Novel Coronavirus (COVID-19) Infection

Multi-agency Coordination Group

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Presenter

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Purpose of Multi-agency Coordination Group

- Facilitate effective information sharing among all partners in the response to the COVID-19 outbreak
- Coordinate response activities among partners
- Elicit needs from partner groups
- Identify policy decisions that need to be made
- Help implement policy decisions

How to Participate During the Call

- Over 600 people invited to participate in this call; please place your phone on mute to prevent background noise
- If you have questions during the call, please enter them into the chat section
- We will consolidate questions and send a call summary with answers to participants

Overview

- Science update
- International situation
- United States situation
- Washington situation
 - Laboratory testing in Washington
 - Screening at SeaTac Airport / Quarantine
- Current work with healthcare system
- Planning for mitigation phase
- Stigma

What do we know about COVID-19?

- Signs and symptoms
 - Fever (83–98%)
 - Cough (76%–82%)
 - Myalgia or fatigue (11–44%)
 - Sore throat reported by some patients
 - Less common symptoms: sputum production, headache, hemoptysis, and diarrhea

- Risk factors for severe illness may include:
 - Older age
 - Underlying chronic medical conditions

What do we know about COVID-19?

● Clinical course

- Reports suggest potential for clinical deterioration during the second week of illness
- Among patients with pneumonia, about half developed dyspnea median of 8 days after onset (range: 5–13 days)
- Among hospitalized patients:
 - 17–29% developed ARDS
 - 10% developed secondary infection
 - ~23–32% required intensive care for respiratory support
 - 4–10% required mechanical ventilation
 - 3–5% required extracorporeal membrane oxygenation (ECMO)
 - 11-15% with pneumonia die

What do we know about COVID-19?

- Treatment
 - No specific treatment currently available
 - Supportive management of complications, including advanced organ support if indicated
 - Remdesivir (Gilead Sciences)
 - Investigational anti-viral medication
 - Randomized, controlled trial underway in China
- Infection control: standard, contact, and airborne precautions and eye protection
- Vaccines are under development
 - Phase 1 trials in people may occur within 2½ months

What do we know about COVID-19?

○ Severity

- Novel CoV can cause mild, severe or fatal illness
 - Asymptomatic infection described in one child with CT findings
- Case fatality rate = # deaths / # cases
 - MERS ~50%
 - SARS ~10%
 - nCov probably <2%
 - ◆ Many mild/asymptomatic infections are likely under-reported so the CFR is likely much lower.
 - Measles 0.2% (2 of 1000)
 - H1N1 influenza 0.01% (1 of 10,000)
- Kids may have less severe disease

What do we know about COVID-19?

- Transmission
 - Thought to occur mostly from person-to-person via respiratory droplets among close contacts
 - Possible fomite transmission: Touching an object or surface with the virus on it, then touching mouth, nose, or eyes
 - Possible transmission through contaminated feces
- Incubation period: likely 2-14 days (median ~5 days)
- Infectious period: Unknown
 - Unknown if asymptomatic transmission occurs

What do we know about COVID-19?

- Infectiousness (reproductive rate)
 - nCoV ~1.5–3 (best guess at this time)
 - Influenza ~1.2
 - Pandemic influenza ~2
 - Measles ~12-18

International Situation

*numbers current as of 2/11/20

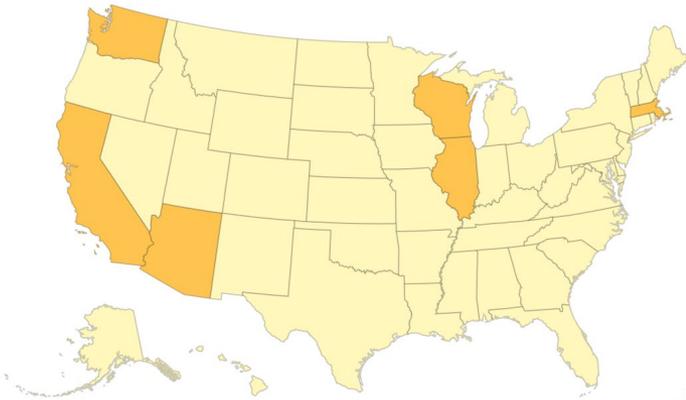
- Total confirmed cases: 43,146
 - 42,670 cases from mainland China
 - 27 other countries with confirmed cases
- Total deaths: 1018
- Follow updates in real time: [Global nCoV Case Tracker](#)



United States Situation

Confirmed cases: 12

States with confirmed 2019-nCoV cases



People Under Investigation (PUI) in the United States*†

Positive	12
Negative	318
Pending [‡]	68
Total	398

*Cumulative since January 21, 2020.

†Numbers closed out at 7 p.m. the night before reporting.

‡Includes specimens received and awaiting testing, as well as specimens in route to CDC.

Number of states and territories with PUI: 37

**numbers current as of 2/10/20*

Source: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>

Risk Assessment

- Serious public health threat to the United States
- Low health risk for 2019-nCoV to the general public in the United States and Washington at this time
- More cases in US are likely
- Person-to-person spread, including in US, likely to occur

- Strategy is to slow the spread of the virus so that we have time to:
 - Prepare the healthcare system and the general public
 - Better characterize the infection to guide public health recommendations and development of medical countermeasures including diagnostics, therapeutics, and vaccines

Washington Situation

— *numbers current as of 2/11/20

- Confirmed cases: 1
 - Persons Under Investigation (PUI): 1
 - Number of people under public health supervision*: 486
- *The number of people at risk of having been exposed to 2019-nCoV who are monitoring their health under the supervision of public health officials. This includes close contacts of laboratory confirmed cases and persons who have returned from China in the past 14 days.*
- Ongoing incident management team and command center activated January 21 at the department's Public Health Laboratories

Laboratory Testing for COVID-19 in Washington

- CDC developed RT-PCR assay for COVID-19
- Released assay to Public Health Laboratories under FDA emergency use authorization
- State public health laboratories identified problem with the test kit
- New test kits will be released to state public health laboratories soon

- Research labs in WA have developed COVID-19 assays; cannot be used for clinical diagnostic purposes
- CDC will work with commercial labs to validate tests in the future to build testing capacity

What is Quarantine?

- The separation of a person believed to have been exposed to a communicable disease but NOT YET symptomatic, from others who have not been exposed, to prevent the possible spread of the disease
- A public health best practice for HEALTHY TRAVELERS
- Home quarantine is always the preferred choice as it allows the traveler to remain in the most familiar and comfortable environment

Screening at Sea-Tac International Airport

- All travelers from China funneled to 11 airports (including SeaTac) and screened for fever and respiratory symptoms
- Travelers arriving at Sea-Tac International Airport
 - If ill → isolation and evaluation
 - If asymptomatic and from Hubei Province → quarantine with active health monitoring (none in Washington)
 - If asymptomatic from China (non-Hubei) → self-monitoring at home with public health supervision, asked to avoid public settings including school and work

Quarantine Facilities

- Designated quarantine facilities will house people with high likelihood of exposure (e.g., travel to Hubei Province, household contact of confirmed case) if home quarantine is not possible
- The Department of Health is prepared to receive travelers under quarantine at several potential sites – at this time, we have no travelers at these sites
- Hundreds of Americans have already returned from China and been asked to quarantine at home

Current Work with Healthcare System

- Provider alerts
- Infection control webinars
- Readiness survey completed
- Establishment of Home Assessment Team at Harborview Medical Center
- PPE supply chains

Planning Efforts Underway

- Pandemic preparedness planning
 - **Medical surge and emergency operations plans**
 - **PPE supply lines / PPE use**
(<https://www.cdc.gov/coronavirus/2019-ncov/hcp/healthcare-supply-ppe.html>)
 - Continuity of operations plans
 - Clinic hours / Triage lines
 - Strategic National Stockpile
 - Alternate care facilities
 - Crisis standards of care
 - Fatality management

Planning Efforts Underway

- Non-pharmaceutical Interventions (NPIs) (AKA community mitigation measures)
 - Personal NPIs
 - Home isolation of ill people, hand hygiene, resp. etiquette
 - Home quarantine of well, potentially exposed people
 - Social distancing
 - School closures and dismissals
 - Social distancing in workplaces
 - Postponing or cancelling mass gatherings
 - Environmental measures (e.g., routine cleaning of frequently touched surfaces)
- New guidance: [CDC Interim Guidance for Businesses & Employers to Plan & Respond to 2019 Novel Coronavirus](#)

Messaging to Fighting Stigma

- Stigma will not help to fight the illness.
- Sharing accurate information during a time of heightened concern is one of the best things we can do to keep rumors and misinformation from spreading.
- Avoid stigmatizing people who are in quarantine. They are making the right choice for their communities.
- Do not make assumptions about someone's health status based on their ethnicity, race or national origin.
- Viruses don't discriminate and neither should we.



Washington State Department of Health is committed to providing customers with forms and publications in appropriate alternate formats. Requests can be made by calling 800-525-0127 or by email at civil.rights@doh.wa.gov. TTY users dial 711.