

Covid19

COVID-19 – BRIEFING

March 12, 2020

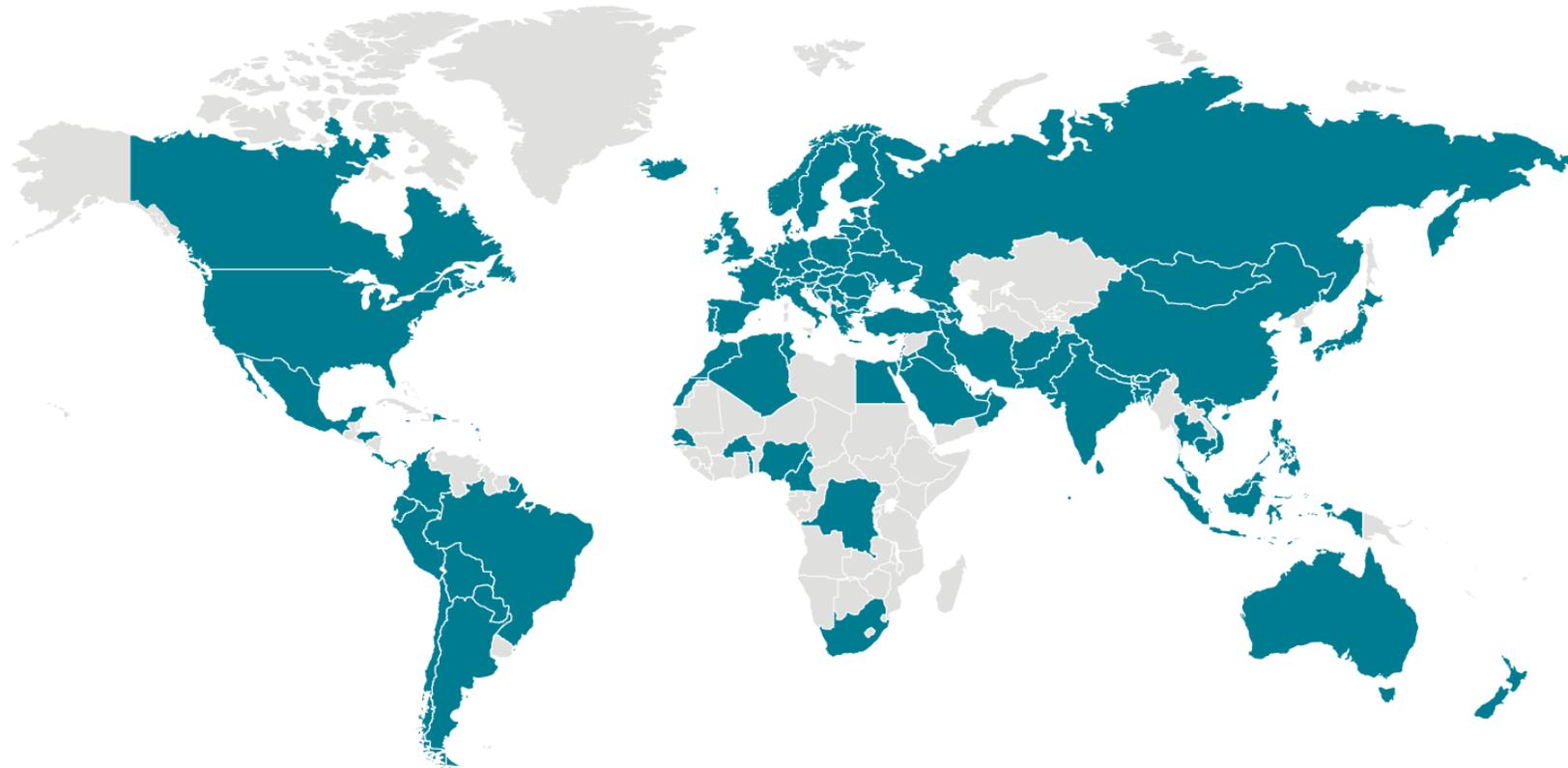
Cleveland Department of Public Health

COVID-19

- Coronavirus – a large family of viruses that are common in animal species including cattle, cats and bats. Rarely, animal coronaviruses infect people and spread between people, but COVID-19 has as did MERS, SARS and H1N1 influenza.
- First detected in Wuhan City, Hubei Province, China in December 2019. Many patients in outbreak associated/linked to a large seafood and live animal marketplace.
- As of 3.10.20, it has been detected in 114 locations internationally.
- Most common symptoms are fever, cough and shortness of breath. Very similar symptoms as influenza (flu).
- Symptoms may appear 2-14 days after exposure.
- Reported illnesses have ranged from mild to severe
- Initially called Novel Coronavirus or 2019-nCoV

Locations with Confirmed COVID-19 Cases

(as of March 11, 2020)



Approach

Public Health utilizes preparedness and epidemiology in applying an all-hazards approach regardless of the threat or the communicable disease. Applying what we do on a daily basis to this novel, emerging pathogen.

- Emergency Preparedness & Response
- Epidemiology and Disease Surveillance
- Communications and Engagement

Must address public health and ease panic while correcting rumors or false messaging:

- Spraying alcohol/chlorine on the body will not kill virus inside the body
- Packages of items from China do not contain the virus
- No evidence that companion pets can be infected with virus

How It Spreads – what is currently known

- Person-to-person spread among close contacts (about 6 feet) via respiratory droplets produced when an infected person sneezes or coughs. Droplets can land in the mouth, nose or eyes of people who are nearby or possibly be inhaled into lungs.
- People are thought to be most contagious when most symptomatic – i.e. the sickest.
- Most cases in US related to relevant travel history or exposure to known patient.
 - First US case confirmed* where person did not meet this criteria on 2.25.2020
 - First US outbreak of cases – State of Washington
- Community Spread – when the virus spreads easily and sustainably in the community with no known path of transmission.
- Believed to live on surfaces at room temperature (at least 2 hours), however, disinfected by most EPA approved cleaning solutions – and bleach.
- Asymptomatic transmission is still undetermined.
- As a virus, it is not responsive to anti-bacterial wipes or hand sanitizer.

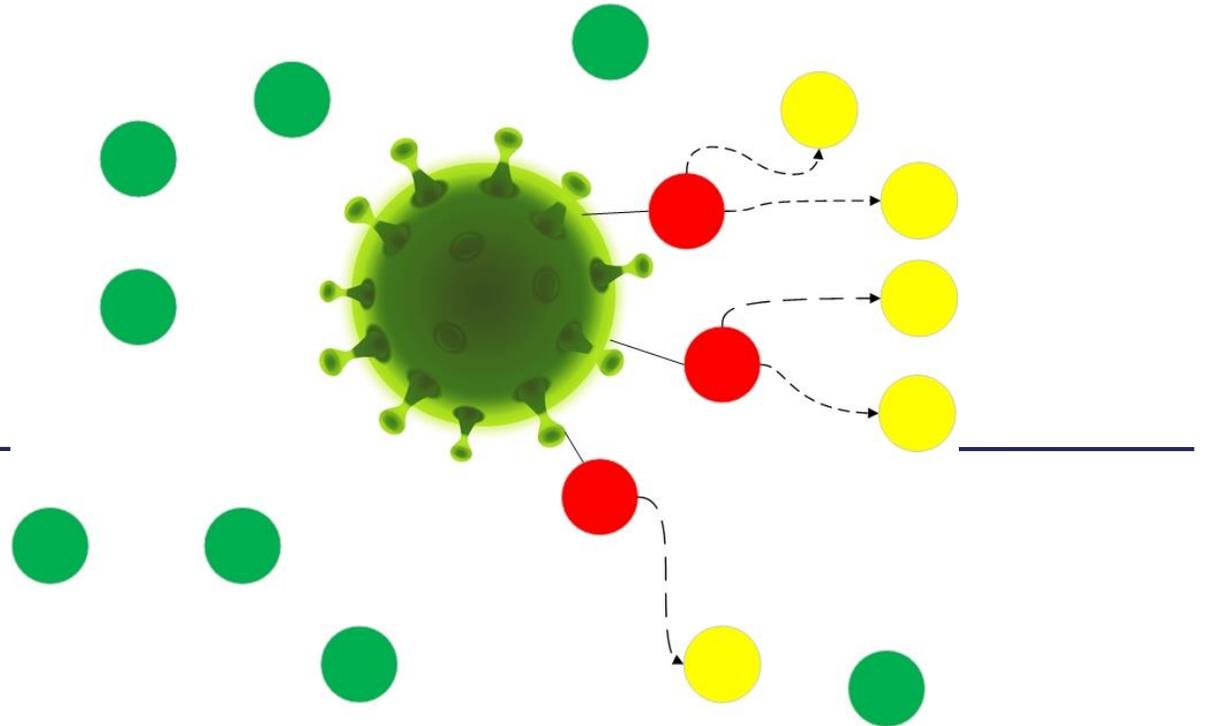
My friend has been in contact with someone who has been in contact with a COVID-19 case. Do I need to self-quarantine?

No.

The **red** indicates immediate contacts who are most at risk and must self-quarantine.

The **yellow** indicates individuals who have been in contact with the red but not the case and who do not need to self-quarantine.

The **green** also do not need to self-quarantine.



Travel and Travel Restrictions

- Foreign nationals who have visited China and Iran in past 14 days may not enter US.
- American citizens who have been in China in past 14 days are allowed to enter US, but will be redirected to one of 11 airports to undergo health screening. Depending on health and travel history, they will have some level of movement restriction.
 - Local Health Departments responsible for monitoring these individuals in their jurisdiction.
- As of 3.11.2020, Level 3 Travel Health Notice issued for China, Iran, Italy, South Korea.
- Possible new travel restrictions due to world-wide prevalence
- New restrictions may be forthcoming

Testing

- Initial testing at CDC on individuals who met criteria
 - Travelled from China
 - Exhibited symptoms of influenza like illness
- Testing is currently available in the State of Ohio on a limited basis and must be approved by ODH
- More testing will certainly result in more positives for COVID-19
- LabCorp and Quest are also testing as are some hospitals (or will soon)
- Developing strategies for safe testing sites; coordinating with hospital systems and health centers

Numbers – as of 3.11.2020

- Confirmed Cases in Ohio: 4 (Cuyahoga and Stark Counties)
- Persons Under Investigation (PUI) in Ohio: 24
- Negative PUIs (person tested negative for COVID-19 and for whom no further follow up is needed) in Ohio: 21.
- Cumulative Number of Individuals Under Public Health Supervision in Ohio: 255 (per ODH as of 3/04/20)

Numbers – as of 3.11.2020

- Number of Persons Tested in the U.S.: 11,079
- Confirmed Persons Travel Related in US: 92
- Confirmed Person to Person spread in US: 75
- Total confirmed of persons repatriated from Wuhan, China: 3
- Total confirmed of persons repatriated from Diamond Princess Cruise: 46
- States with confirmed cases: 38 + District of Columbia

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

Travelers - CDPH

As of Date	Number of Travelers Currently Monitoring	Number of Travelers Transferred to Another Jurisdiction	Number of Travelers that Completed Monitoring	Last Day of Scheduled Monitoring
2/20/2020	8	3	3	3/1/2020
2/24/2020	11	3	3	3/6/2020
2/27/2020	8	3	6	3/6/2020
3/2/2020	7	3	9	3/12/2020
3/9/2020	5	4	14	3/22/2020

56% of monitored travelers are female.
Age range is from 1 year to 88 years old.

Key Messaging

- This is an emerging, rapidly evolving situation. Public Health is monitoring it closely.
- Containment is priority.
- Community spread likely.
- More cases are likely to be identified in the coming days and weeks – particularly since testing will increase.
- The goal of ongoing public health response is to detect new or probable cases quickly and prevent community spread.
- County Emergency Operations Center and Joint Information Center has been activated; CDPH is staffing.

Key Messaging

- This is influenza/ flu and respiratory disease season. 876 influenza related hospitalizations in Cleveland (as of March 6, 2020)
- Prevention is key
 - Wash hands frequently with soap and water
 - Wash hands often especially after going to the bathroom, before eating and after blowing your nose, coughing or sneezing
 - Get the flu shot/ influenza vaccination
 - Avoid touching eyes, nose and mouth with unwashed hands
 - Avoid close contact with sick people, stay at least 6 feet away
 - Stay home when you are sick
 - Cover your mouth and nose when coughing or sneezing with a tissue then throw it in the trash.
 - Routinely clean frequently touched surfaces and objects

Non-Pharmaceutical Interventions (NPI)

- Public Health actions that can slow the spread of emerging respiratory disease for which vaccines and drug treatments are not yet available.
 - Personal protective measures
- **Isolation** – separate ill persons who have a communicable disease from those who are healthy. Person is already sick.
- **Quarantine** – separate and restrict movement of well persons who may have been exposed to communicable disease to see if they become ill. Person is not yet sick.
- Restriction on movement – voluntary staying home
- Proper hand hygiene

Personal Protective Equipment (PPE)

- A disposable **N95 mask** (respirator) is a safety device that covers the nose and mouth and helps **protect** the wearer from breathing in some hazardous substances. An **N95 mask protects** you from breathing in small particles in the air such as dust and mold.
- Facemasks and N95 respirators are examples of personal protective equipment that are used to protect the wearer from liquid and airborne particles contaminating the face. They are one part of an infection-control strategy.
- The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles. If properly fitted, the filtration capabilities of N95 respirators exceed those of face masks. However, even a properly fitted N95 respirator does not completely eliminate the risk of illness or death.
- **N95 respirators are not designed for children or people with facial hair. Because a proper fit cannot be achieved on children and people with facial hair, the N95 respirator may not provide full protection.**
- **Must be fit tested through a 3rd party contractor**
- **Should only be used by healthcare providers or safety personnel**

CDPH work

- Provide information to the public including public safety, schools, colleges, universities, Asian community – produce info and fact sheets and talking regularly to healthcare community.
- Translating documentation and using Language Line to communicate with patients
- Conduct contact tracing, surveillance and investigations
- Monitoring recent travelers – persons identified by Feds, ODH throughout the 14 day monitoring period post return from China and other areas.
 - Provide travelers with thermometers and information on COVID-19
 - Go to home if unresponsive or if contact information is bad
 - Submit information to ODH
 - Complete CDC PUI Case Report Form and submit
- Participate on all ODH calls, monitor CDC guidance, connect frequently with EMA, provide information to community partners – including presentation at events in Asian community, mitigate rumors and stigma
- Pandemic Influenza Response Plan - Tabletop Exercise conducted 11.6.2019.

Proclamation of Civil Emergency

- Mayor issued on March 12, 2020
- Authority to call a Civil Emergency Executive Policy Group to make recommendations and decisions to determine necessary actions
- To oversee the conditions during the existence of the Civil Emergency
- To make recommendations as to additional actions necessary to minimize the adverse impact of the Civil Emergency, including the issuance or amendment of City rules, regulations, and procedures to alleviate or manage in an orderly manner
- To make recommendations for the amendment or suspension of any rule of any office, department, division, bureau, board or commission of the City of Cleveland to minimize the adverse impact of the Civil Emergency.

Resources

- [Coronavirus.ohio.gov](https://coronavirus.ohio.gov)
- [CDC.gov](https://www.cdc.gov)
- [Clevelandhealth.org](https://www.clevelandhealth.org)
- [CCBH.net](https://www.ccbh.net)
- 1-833-4-ASKODH (1-833-427-5634)

THANK YOU!
