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Subject: Virginia Department of Health- Information on the Coronavirus
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Novel Coronavirus (2019-nCoV)

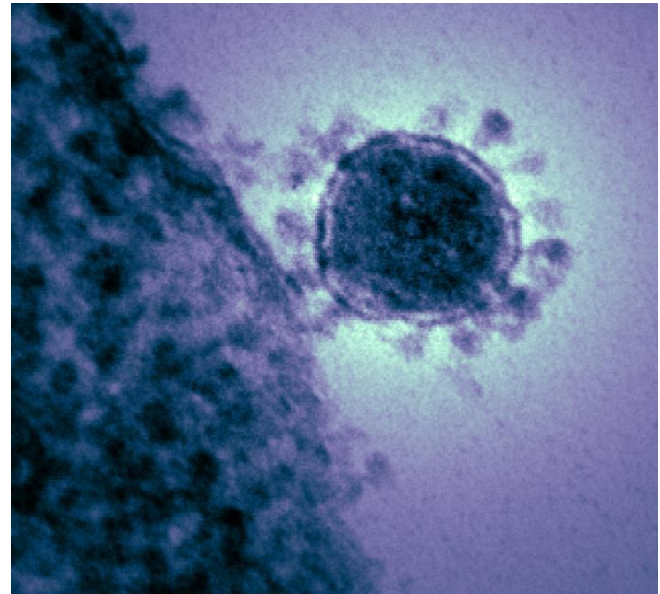
Briefing for Local Emergency Managers

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Coronaviruses that Infect People

- 4 cause common cold symptoms
- 2 (SARS and MERS) cause severe lung infection
- Spread through coughing, sneezing or close personal contact
- Symptoms start 2-14 days after exposure



2019 Novel
Coronavirus - still
learning about it

2019-nCoV Compared to Past CoV Epidemics

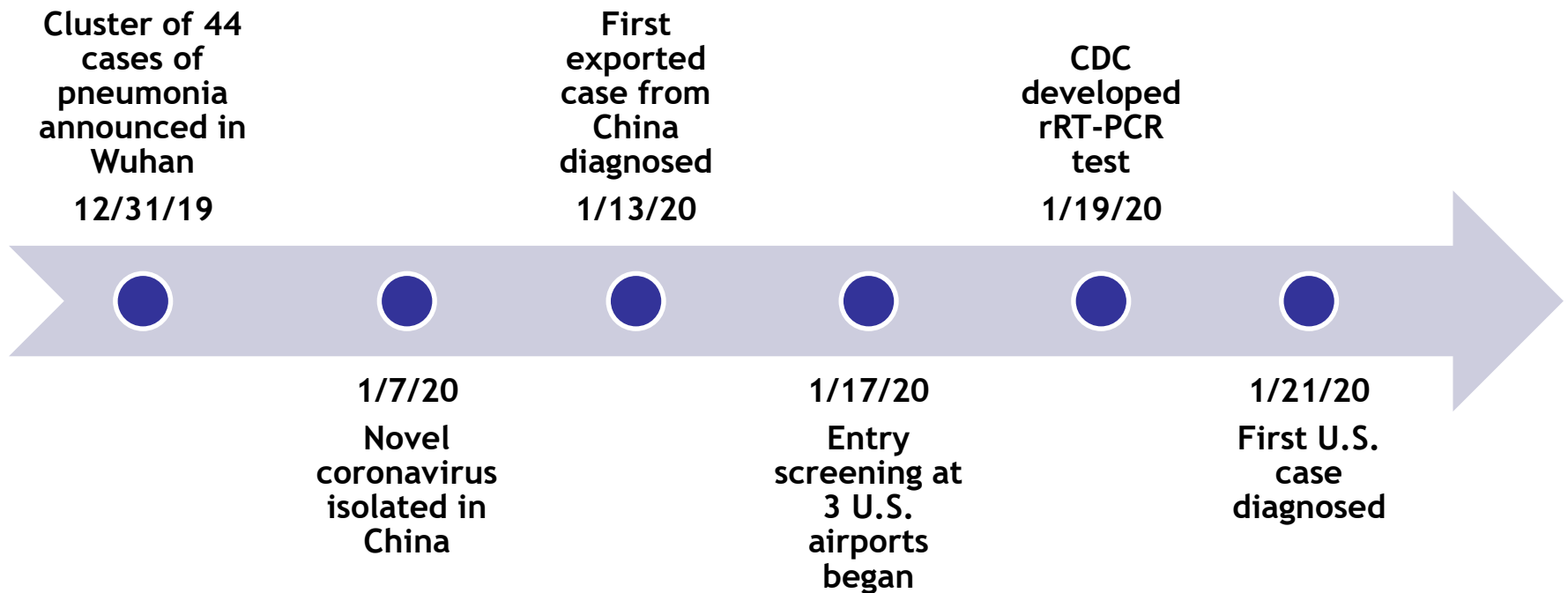
CoV	Origin	Cases	Deaths
2019-nCoV As of 1/30/20*	Dec 2019 (China)	7,818	170 CFR = 2-4%
MERS-CoV	2012 (Saudi Arabia)	2,494	858 CFR = 34%
SARS-CoV	2002 (China)	8,098 (None since 2004)	774 CFR = 10%

*Reported by the World Health Organization

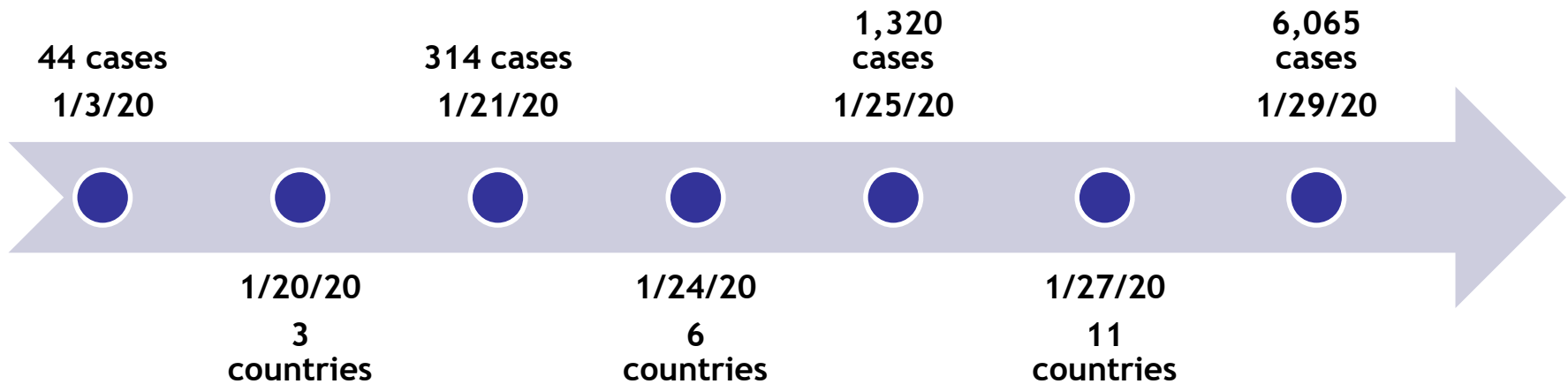
How Contagious Is It?

Disease	R_0
MERS-CoV	< 1
Seasonal influenza	1-2
2019-nCoV	Estimates as of 1/30/20: 1.4-3.0
SARS-CoV	3
Measles	12-18

When Did the Outbreak Start?



How Many People Are Sick?



Confirmed Cases as of 1/30/20 Reported by the World Health Organization	
Total	7,818 cases
China	7,736 cases; 170 deaths
Outside of China	82 cases; 18 countries
United States	6 cases

Who Should Be Tested for 2019-nCoV?

As of 1/30/20

Patients who have:

Fever **AND** symptoms of lower respiratory illness (e.g., cough, difficulty breathing) **AND** in the last 14 days before symptom onset:

- History of travel from Wuhan, China **OR**
- Close contact with a person who is under investigation for 2019-nCoV while that person was ill

OR

Fever **OR** symptoms of lower respiratory illness (e.g., cough, difficulty breathing) **AND** in the last 14 days before symptom onset had close contact with an ill laboratory-confirmed patient with 2019-nCoV

What Is the Risk for Virginians at this Time?

- As of 1/30/20, 6 cases in the United States
 - WA, IL, CA (2), AZ (2)
 - More cases likely
- Not spreading in the community in the U.S.
- Immediate risk to general public is low
 - People exposed to ill persons are at greater risk - family members and healthcare workers caring for patients with 2019-nCoV
- Situation is evolving
 - Future risk will depend on how well the virus spreads and how sick it makes people

How Is the U.S. Responding?

- Public health entry screening at 20 U.S. airports
- CDC Level 3 Travel Advisory - Avoid all nonessential travel to China
- Surveillance
- Diagnostic test developed
- Ongoing research for medicine to treat sick with 2019-nCoV
- Started on vaccine development
- Information and guidance

How is VDH Responding?

- Established ICS structure to coordinate the public health response
 - Daily command meetings
 - Weekly situation reports
- Working closely with clinical providers and CDC EOC to find, isolate, and diagnose cases early to help prevent further spread
- Case managing patients who are being tested for the virus
- Identifying contacts of those patients

How is VDH Responding?

- Engaging with clinical providers, other state agencies and community partners to raise awareness and provide most current information
- Providing guidance for clinical providers and local health departments for case investigation, infection control and testing
- Developing an Incident Action Plan (IAP) in preparation for the potential of further spread within the U.S.

How is VDH Responding?

- Education and information
 - www.vdh.virginia.gov/coronavirus
 - Press releases
 - Plans in place to active statewide call center if necessary
- Targeted outreach and education
 - Colleges and universities
 - Department of Education
 - Department of Emergency Management and local emergency managers
 - Virginia Hospital and Healthcare Association

What Should Emergency Managers Do?

- Maintain open lines of communication with your local health department through the District Health Director and District Emergency Coordinator
- Collaborate with local public health, EMS and healthcare partners
- Review emergency operations plan, continuity plan, etc.
- Maintain situational awareness through trusted sources
- Direct residents to www.vdh.virginia.gov/coronavirus

What Do EMS Providers Need to Know?

- **Obtain a travel history from patients with fever and acute respiratory illness**
- **Infection Control**
 - For Patients Under Investigation (PUI), place a face mask on the patient as soon as possible
 - Use standard precautions, contact precautions, and airborne precautions
 - Use eye protection (goggles or face shield) when treating and transporting
- **Transport**
 - Transport to closest appropriate facility
 - Place patient in an appropriate isolation room at the facility
 - Hospitals should be notified before arrival that the patient is a PUI
- **Decontamination**
 - Use any EPA-registered hospital disinfectant on work surfaces and equipment
 - Follow manufacturer's recommendations for use-dilution (i.e., concentration), contact time, and care in handling

Take Home Messages

- Rapidly evolving situation
 - Case counts will grow in the coming days and weeks
 - Interim guidance will change
- Vigilance, frequent communication, and coordination across healthcare, public health, emergency management and other partners is critical
- More to learn about virus source, transmission factors and risks
- Promote flu and respiratory infection prevention
- Updates will be communicated via www.vdh.virginia.gov/coronavirus as more information is available

Resources

Virginia Department of Health (VDH)

- 35 Local Health Districts
- www.vdh.virginia.gov/coronavirus
- Respiratory@vdh.virginia.gov

Centers for Disease Control and Prevention (CDC)

- www.cdc.gov/coronavirus/2019-nCoV

World Health Organization (WHO)

- www.who.int/emergencies/diseases/novel-coronavirus-2019

Thank you!