The attached file is being sent to assisted living facilities, adult day care centers, independent foster homes, child placing agencies, children’s residential facilities, child caring institutions, child day centers, certified preschools, family day homes, voluntarily registered family day homes, family day systems, religiously exempt child day centers, short-term child day centers and unlicensed child day programs receiving child care subsidy assistance from the Virginia Department of Social Services Email Distribution Service.

***Please do not reply to this email.***
Novel Coronavirus (2019-nCoV) Briefing for Local Emergency Managers

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Director, Office of Epidemiology
Virginia Department of Health

January 31, 2020
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

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

*Reported by the World Health Organization

Sources: [www.who.int/health-topics/coronavirus](http://www.who.int/health-topics/coronavirus); [diseases/novel-coronavirus-2019/situation-reports](http://diseases/novel-coronavirus-2019/situation-reports)
# How Contagious Is It?

<table>
<thead>
<tr>
<th>Disease</th>
<th>$R_0$</th>
</tr>
</thead>
<tbody>
<tr>
<td>MERS-CoV</td>
<td>&lt; 1</td>
</tr>
<tr>
<td>Seasonal influenza</td>
<td>1-2</td>
</tr>
<tr>
<td>2019-nCoV</td>
<td>Estimates as of 1/30/20: 1.4-3.0</td>
</tr>
<tr>
<td>SARS-CoV</td>
<td>3</td>
</tr>
<tr>
<td>Measles</td>
<td>12-18</td>
</tr>
</tbody>
</table>

When Did the Outbreak Start?

- Cluster of 44 cases of pneumonia announced in Wuhan: 12/31/19
- First exported case from China diagnosed: 1/13/20
- CDC developed rRT-PCR test: 1/19/20
- Novel coronavirus isolated in China: 1/7/20
- Entry screening at 3 U.S. airports began: 1/17/20
- First U.S. case diagnosed: 1/21/20

Source: www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/
How Many People Are Sick?

Confirmed Cases as of 1/30/20
Reported by the World Health Organization

<table>
<thead>
<tr>
<th>Date</th>
<th>Cases</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/3/20</td>
<td>44 cases</td>
<td></td>
</tr>
<tr>
<td>1/20/20</td>
<td>314 cases</td>
<td>3 countries</td>
</tr>
<tr>
<td>1/21/20</td>
<td>1,320 cases</td>
<td>6 countries</td>
</tr>
<tr>
<td>1/25/20</td>
<td>6,065 cases</td>
<td>11 countries</td>
</tr>
</tbody>
</table>

Total: 7,818 cases
China: 7,736 cases; 170 deaths
Outside of China: 82 cases; 18 countries
United States: 6 cases

Source: www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/
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

Source: www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html
What Is the Risk for Virginians at this Time?

• As of 1/30/20, 6 cases in the United States
  o WA, IL, CA (2), AZ (2)
  o More cases likely

• Not spreading in the community in the U.S.

• Immediate risk to general public is low
  o People exposed to ill persons are at greater risk - family members and healthcare workers caring for patients with 2019-nCoV

• Situation is evolving
  o 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
  • Press releases
  • Plans in place to active statewide call center if necessary
• Targeted outreach and education
  o Colleges and universities
  o Department of Education
  o Department of Emergency Management and local emergency managers
  o 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](http://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
  o For Patients Under Investigation (PUI), place a face mask on the patient as soon as possible
  o Use standard precautions, contact precautions, and airborne precautions
  o Use eye protection (goggles or face shield) when treating and transporting

• Transport
  o Transport to closest appropriate facility
  o Place patient in an appropriate isolation room at the facility
  o Hospitals should be notified before arrival that the patient is a PUI

• Decontamination
  o Use any EPA-registered hospital disinfectant on work surfaces and equipment
  o Follow manufacturer’s recommendations for use-dilution (i.e., concentration), contact time, and care in handling

http://www.vdh.virginia.gov/clinicians/2019-ncov/
Take Home Messages

• Rapidly evolving situation
  o Case counts will grow in the coming days and weeks
  o 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!