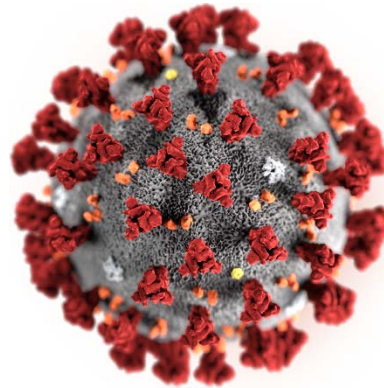# Novel Coronavirus (COVID-19) SARS-CoV-2

Virginia Department of Health

Cumberland Plateau Health District

Update as of 3/17/20**

**Data and information in this slide presentation is dated as of 3/17/20

Refer Calls to:

- Robin Jackson, Nursing Supervisor 276 202 5291

- Delilah McFadden 276-415-3367 (office); 276-701-7330 (cell)
  Public Health Emergency Coordinator

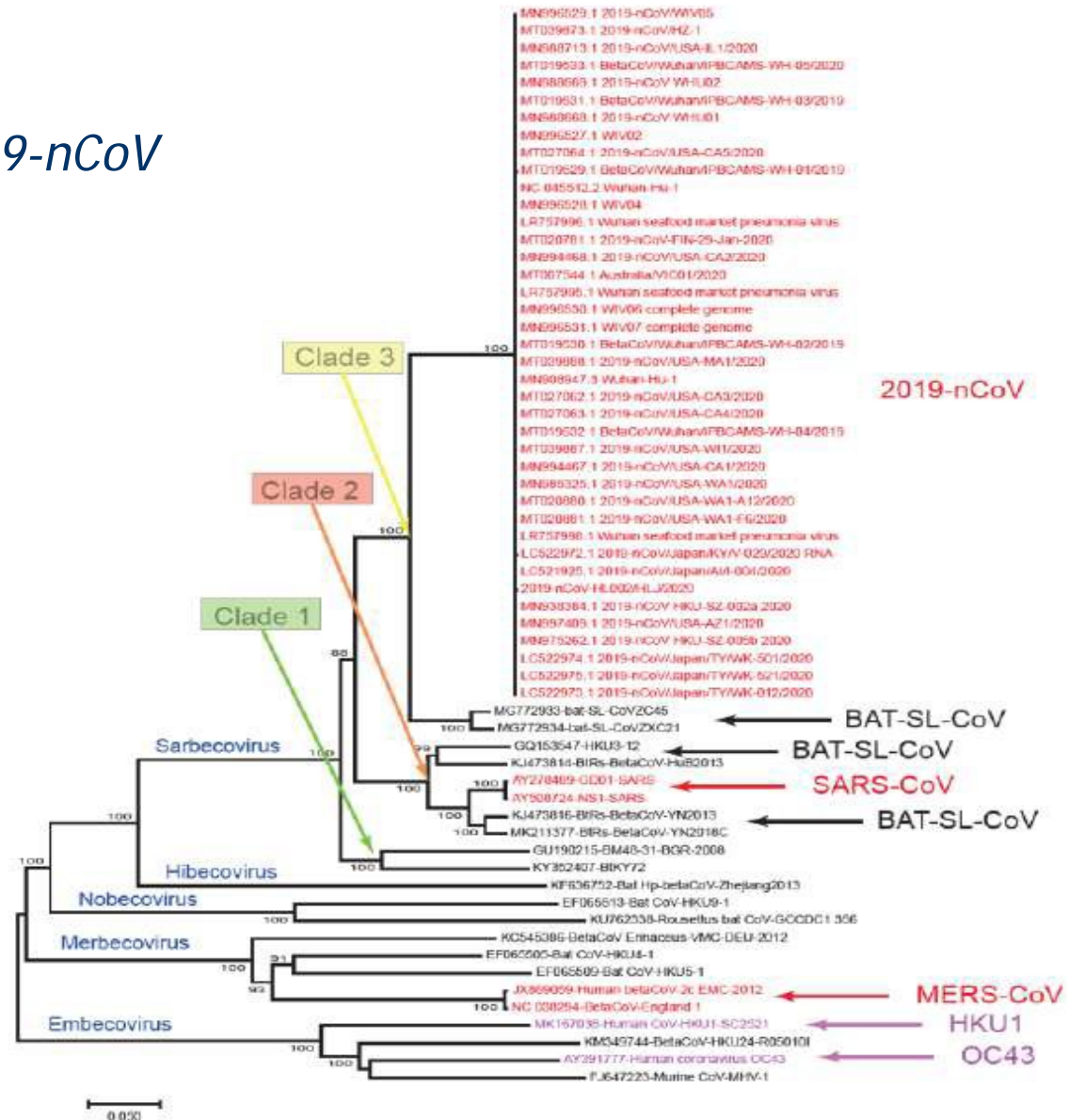- Cindy Newman 276-889-7621
  Population Health Manager

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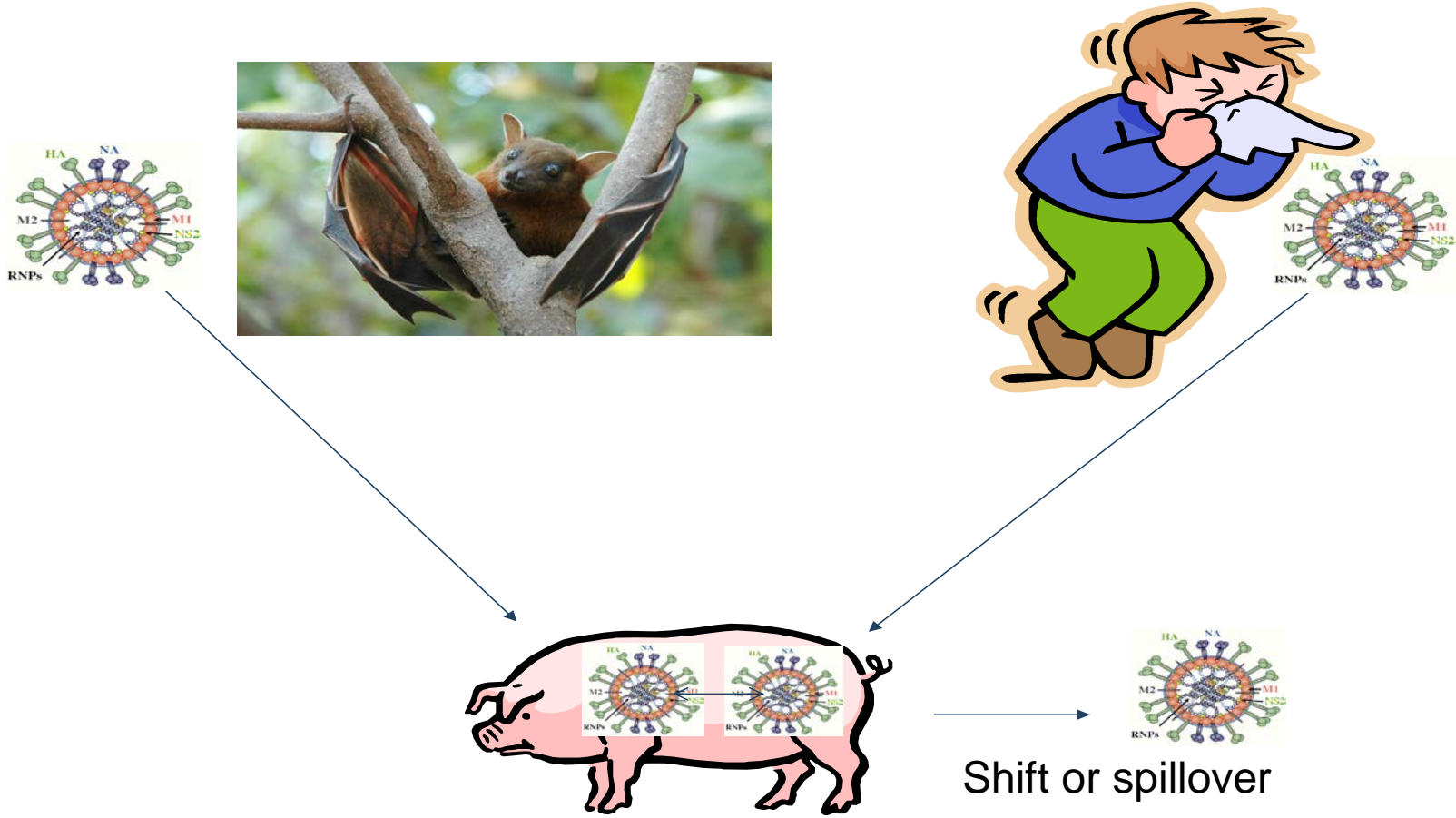
SARS-CoV-2
Initially referred to as 2019-nCoV

Reservoir appears to be bats

96% identity with bat SARS-like coronavirus strain BatCov RaTG13

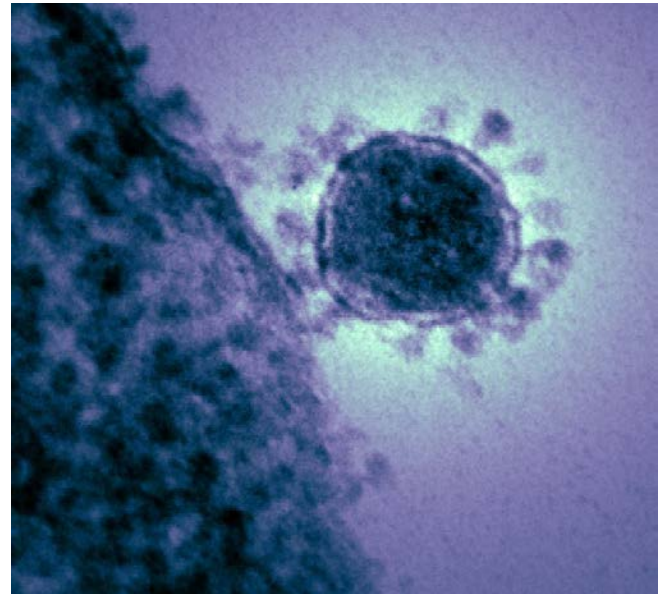Intermediate host animal not yet known

How does a novel virus originate? CoVID-19

Shift or spillover

Intermediate host is not known yet for CoVID-19

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

COVID-19: still learning about it

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What is CoVID-19?

A respiratory illness in humans caused by a new (novel) coronavirus. Coronaviruses are a large family of viruses. Individuals have no immunity to the new virus.
Symptoms of new virus can include:
- Fever
- Cough
- Shortness of breath

Most **(80%) cases not severe**
Severe cases (20%) can cause pneumonia, respiratory failure, need for ICU care and death
Symptoms may appear 2-14 days after exposure to the virus.

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How Many People Are Sick?

Confirmed Cases as of 3/17/20 Reported by the World Health Organization	
Total	188,321 cases; 7,499 deaths; 80,848 recovered; 99,974 active cases; 6,491 serious/critical
China	80,881 cases; 3,226 deaths; 68,709 recovered; 8,946 active cases; 3,226 serious/critical
Outside of China	107,440 cases; 4,273 deaths; 12,139 recovered; 91,028 active cases; 162 countries
United States	4,744 cases; 93 deaths; 74 recovered 4,577 active cases; 12 serious/critical

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

COVID-19 Signs and Symptoms among Confirmed Cases Reported in China

Sign or symptom*	%
Fever	87.9
Dry Cough	67.7
Fatigue	38.1
Sputum	33.4
Shortness of breath	18.6
Myalgia or arthralgia	14.8
Sore throat	13.9
Headache	13.6
Chills	11.4
Nausea or vomiting	5.0
Nasal congestion	4.8
Diarrhea	3.7

*Among 55,924 confirmed cases

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Key Findings from the WHO-China Report (as of 2/20/20)

Location and Occupation

Hubei Province: 77.0%

Farmers or Laborers: 21.6%

Age

Median Age: 51 years

Range: 2 days - 100 years

30-69 years: 77.8%

<19 years: 2.4%

Sex

Male: 51.1%

Female: 48.9%

Spectrum of Disease

Mild: 80%

Severe: 13.8%

Critical: 6.1%

R_0 = 2-2.5 in absence of interventions

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Key Findings from the WHO-China Report (as of 2/20/20)

Duration of Illness

Mild Disease: ~2 Weeks

Severe or Critical Disease: 3-6 Weeks

Onset to Severe Disease: 1 Week

Onset to Death: 2-8 Weeks

Severe Disease or Death

Increased with Age

Case-fatality Rate >80 Years: 21.9%

Case-fatality Rate in Males: 4.7%

Case-fatality Rate in Females: 2.8%

Severe Disease <19 Years: 2.5%

Critical Disease <19 Years: 0.2%

Case-fatality Rate by Comorbidity

No Comorbidity: 1.4%

Cardiovascular Disease: 13%

Diabetes: 9.2%

Hypertension: 8.4%

Chronic Respiratory Disease: 8.0%

Cancer: 7.6%

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Which Countries Have Confirmed Cases?

What Is the Current Risk for Virginians?

- As of 3/17/20, 4,744 cases in the United States, 93 deaths, 74 recovered, 4,577 active cases and 49 jurisdictions reporting infection (WV – no case)

- The potential **public health threat** posed by CoVID-19 **is very high**, both globally and to the United Sates

- Situation is evolving

  - Future risk of infection depends on knowing the current extent of infection, and thus the risk of secondary infections associated with contact (lack of access to testing is the factor here)

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, Iran, South Korea, Europe (Schengen Area): Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, Monaco, San Marino, Vatican City, United Kingdom and Ireland: England, Scotland, Wales, Northern Ireland, Republic of Ireland

- Canceling gatherings of 50 or more (CDC guidelines)

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How Is the U.S. Responding?

- Surveillance

- Diagnostic test developed

- Ongoing research for medicine to treat sick with COVID-19

- In the safety testing stage of vaccine development

- Information and guidance

    *https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

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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

- Using epidemiological interventions that are known to prevent spread of respiratory communicable diseases (i.e. contact tracing and management, monitoring, and surveillance etc.)—containment (as long as possible)

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How is VDH Responding?

- Education and information

  - www.vdh.virginia.gov/coronavirus

  - Press releases

  - Statewide call center has been activated

  - Targeted outreach and education
    - Colleges and universities
    - Department of Education
    - Department of Emergency Management and local emergency managers
    - Virginia Hospital and Healthcare Association

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Targeted Health Information

About Coronavirus Disease 2019 (COVID-19)

Travelers

Healthcare Professionals

Educational Institutions

Businesses

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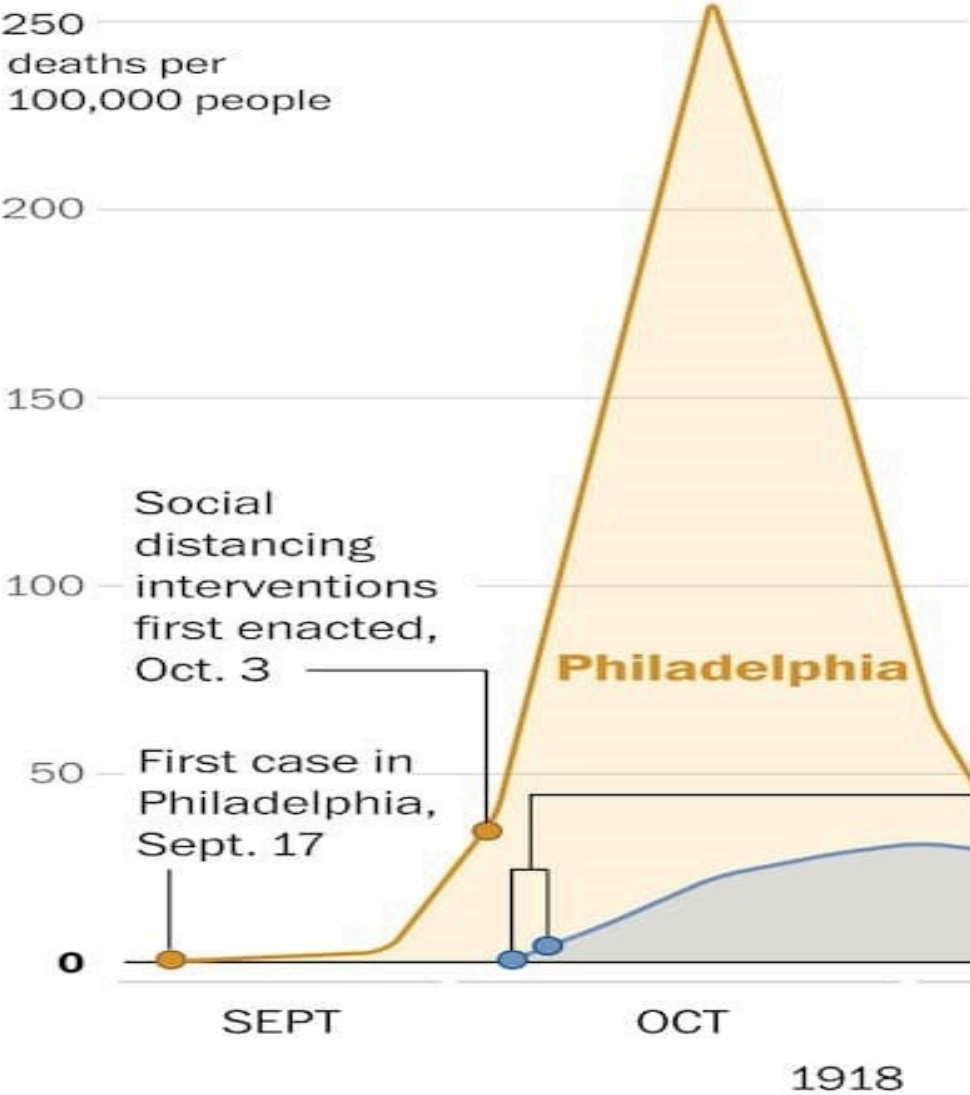well-being of all people in Virginia.

COMMUNITY MITIGATION

- Provides a framework for actions which persons and communities can implement in the community to both prepare for and mitigate/reduce community transmission of COVID-19

- Actions vary depending on the community and its population, risks, resources, etc. But the goal is to identify actions that persons and communities can take to help slow the spread of respiratory virus infections.

- Community mitigation is especially important before a vaccine or drug becomes widely available.

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Table 1. Local Factors to Consider for Determining Mitigation Strategies

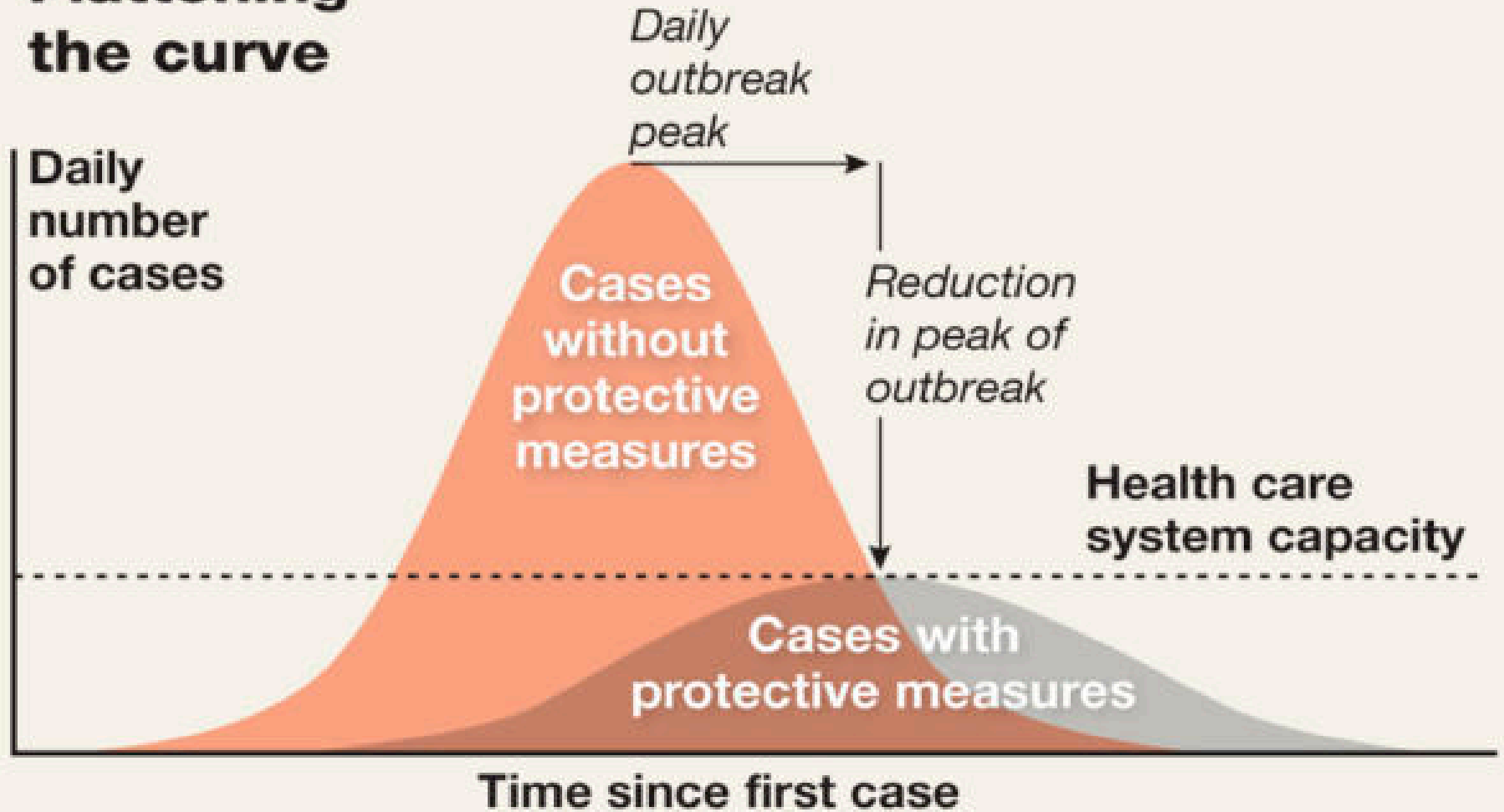| Factor	Characteristics
Epidemiology	• Level of community transmission (see Table 3) • Number and type of outbreaks (e.g., nursing homes, schools, etc.) • Impact of the outbreaks on delivery of healthcare or other critical infrastructure or services • Epidemiology in surrounding jurisdictions
Community Characteristics	• Size of community and population density • Level of community engagement/support • Size and characteristics of vulnerable populations • Access to healthcare • Transportation (e.g., public, walking) • Planned large events • Relationship of community to other communities (e.g., transportation hub, tourist destination, etc.)
Healthcare capacity	• Healthcare workforce • Number of healthcare facilities (including ancillary healthcare facilities) • Testing capacity • Intensive care capacity • Availability of personal protective equipment (PPE)
Public health capacity	• Public health workforce and availability of resources to implement strategies • Available support from other state/local government agencies and partner organizations

Effects of social distancing on 1918 flu deaths

250
deaths per
100,000 people

200

150

100

50

0

Social distancing interventions first enacted, Oct. 3

First case in Philadelphia, Sept. 17

Philadelphia

First case in St. Louis, Oct. 5
Social distancing enacted Oct. 7

St. Louis

As the first cases of the 1918 flu were reported in Philadelphia in September 1918, authorities played down the significance and allowed public gatherings to continue. Closures in Philadelphia were only enacted once the virus had spread. The first cases in St. Louis were reported in early October, with measures to contain the spread enacted two days later. This resulted in a slower spread and lower mortality rate.

SEPT   OCT   NOV   DEC

1918

Sources: "Public health interventions and epidemic intensity during the 1918 influenza pandemic" by Richard J. Hatchett, Carter E. Mecher, Marc Lipsitch, Proceedings of the National Academy of Sciences May, 2007. Data derived from "Public health interventions and epidemic intensity during the 1918 influenza pandemic" by Richard J. Hatchett, Carter E. Mecher, Marc Lipsitch, Proceedings of the National Academy of Sciences May, 2007.

Activity Level	VDH Criteria	Internal VDH Actions	Community Mitigation Strategies
No Community Transmission			
Evidence of isolated cases, case investigations underway, no evidence of exposure in large communal setting, e.g. healthcare facility, school, mass gathering.	Only cases with travel-exposure to a location outside of Virginia with sustained COVID-19 transmission (international or domestic) **OR** Cases that are in close/household contacts to confirmed cases **OR** 1 case (not including household/close contacts) are acquired in the local community and the source of exposure cannot be determined **OR** 1 case (not including household/close contacts) are acquired in the local community and the source of exposure is in a local communal setting, like a healthcare facility, school, mass gathering/event	Identify, isolate and monitor cases. Identify contacts to cases, recommend specific control measures, and monitor contacts. By phone, electronically or in-person, contact persons identified by CDC and sent to VDH through EpiX notifications (travelers and interstate transfers) and institute movement and monitoring activities consistent with CDC guidance.	See "Actions to take DURING the NO EVIDENCE of COMMUNITY TRANSMISSION" phase in VDH community mitigation interim guidance for different settings. Examples: Cancel events/gatherings of >100 people or for events that serve vulnerable populations, cancel gatherings of more than 10 people.

Activity Level	VDH Criteria	Internal VDH Actions	Community Mitigation Strategies
Minimal Community Transmission			
High likelihood of sustained community transmission OR confirmed exposure within communal settings with potential for rapid increase in suspected cases. Equivalent to CDC community mitigation category: "Minimal to Moderate"	A health district has reached <u>minimal community transmission when:</u> 2 to 4 cases (not including household/close contacts) are acquired in the local community and the source of exposure cannot be determined **OR** 2 to 4 cases (not including household/close contacts) are acquired in the local community and the source of exposure is in a local communal setting, like a healthcare facility, school, mass gathering/event	Identify, isolate and monitor cases. Identify contacts to cases, recommend specific control measures, and monitor contacts. Using electronic means, contact persons identified by CDC and sent to VDH through EpiX notifications (travelers and interstate transfers) and institute movement and monitoring activities consistent with CDC guidance. If insufficient resources: 1 - Consult with the Central Office. 2 - Prioritize case identification and contact tracing over traveler monitoring 3- Prioritize testing of high-risk individuals	See "Actions to take DURING the identification of MINIMAL COMMUNITY TRANSMISSION" " in VDH community mitigation interim guidance Examples: Cancel events/gatherings of >50 people or for events that serve vulnerable populations, cancel gatherings of more than 10 people. Short-term dismissals of schools as needed for cleaning and contact tracing. Additional cleaning, consider vulnerable populations, etc.

Activity Level	VDH Criteria	Internal VDH Actions	Community Mitigation Strategies
Substantial Community Transmission			
Large-scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings, etc. Equivalent to CDC community mitigation category: "Substantial"	A health district has reached <u>substantial community transmission when</u>: 5 or more cases (not including household/close contacts) are acquired in the local community and the source of exposure cannot be determined **OR** 5 or more (not including household/close contacts) <u>are acquired in the local community</u> and the source of exposure is in a local communal setting, like a healthcare facility, school, mass gathering/event. **OR** Health district may self-assign designation after consultation with central office	Identify, isolate and monitor cases. Identify contacts to cases, recommend specific control measures, and monitor contacts. Discontinue monitoring of persons identified by CDC and sent to VDH through EpiX notifications (travelers and interstate transfers). If insufficient resources: 1 - Consult with Central Office 2 - Prioritize tracing of contacts with high risk for poor outcomes. 3 - Prioritize testing of high-risk individuals.	See "Actions to take DURING the identification of SUBSTANTIAL COMMUNITY TRANSMISSION" in VDH community mitigation interim guidance. Cancel/postpone events or mass gatherings of any size Broader or long-term school dismissals, cancellation of school-associated gatherings, cancelling non- essential work travel, etc.

Activity Level	VDH Criteria	Internal VDH Actions	Community Mitigation Strategies
Substantial Community Transmission - Statewide			
	3 regions in the state reach substantial community transmission.	Identify, isolate and monitor cases. Prioritize tracing of contacts with high risk for poor outcomes. If insufficient resources: 1 - Consult with the Central Office. 2 - Discontinue contact tracing.	Statewide implementation of "Actions to take DURING the identification of SUBSTANTIAL COMMUNITY TRANSMISSION"

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None (preparedness phase)	Minimal to moderate	Substantial
Individuals and Families at Home "What you can do to prepare, if you or a family member gets ill, or if your community experiences spread of COVID-19"	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if symptomatic: » Stay home when you are sick » Call your health care provider's office in advance of a visit » Limit movement in the community » Limit visitors • Know what additional measures those at high-risk and who are vulnerable should take. • Implement personal protective measures (e.g., stay home when sick, handwashing, respiratory etiquette, clean frequently touched surfaces daily). • Create a household plan of action in case of illness in the household or disruption of daily activities due to COVID-19 in the community. » Consider 2-week supply of prescription and over the counter medications, food and other essentials. Know how to get food delivered if possible. » Establish ways to communicate with others (e.g., family, friends, co-workers). » Establish plans to telework, what to do about childcare needs, how to adapt to cancellation of events. • Know about emergency operations plans for schools/workplaces of household members.	• Continue to monitor local information about COVID-19 in your community. • Continue to practice personal protective measures. • Continue to put household plan into action. • Individuals at increased risk of severe illness should consider staying at home and avoiding gatherings or other situations of potential exposures, including travel.	• Continue to monitor local information. • Continue to practice personal protective measures. • Continue to put household plan into place. • All individuals should limit community movement and adapt to disruptions in routine activities (e.g., school and/or work closures) according to guidance from local officials.

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None (preparedness phase)	Minimal to moderate	Substantial

Workplace
 	
"What workplaces can do to prepare for COVID-19, if the workplace has cases of COVID-19, or if the community is experiencing spread of COVID-19)"
	• Know where to find local information on COVID-19 and local trends of COVID-19 cases.
	• Know the signs and symptoms of COVID-19 and what to do if staff become symptomatic at the worksite.
	• Review, update, or develop workplace plans to include:
	  » Liberal leave and telework policies
	  » Consider 7-day leave policies for people with COVID-19 symptoms
	  » Consider alternate team approaches for work schedules.
	• Encourage employees to stay home and notify workplace administrators when sick (workplaces should provide non-punitive sick leave options to allow staff to stay home when ill).
	• Encourage personal protective measures among staff (e.g., stay home when sick, handwashing, respiratory etiquette).
	• Clean and disinfect frequently touched surfaces daily.
	• Ensure hand hygiene supplies are readily available in building.
		• Encourage staff to telework (when feasible), particularly individuals at increased risk of severe illness.
		• Implement social distancing measures:
		  » Increasing physical space between workers at the worksite
		  » Staggering work schedules
		  » Decreasing social contacts in the workplace (e.g., limit in-person meetings, meeting for lunch in a break room, etc.)
		• Limit large work-related gatherings (e.g., staff meetings, after-work functions).
		• Limit non-essential work travel.
		• Consider regular health checks (e.g., temperature and respiratory symptom screening) of staff and visitors entering buildings (if feasible).
			• Implement extended telework arrangements (when feasible).
			• Ensure flexible leave policies for staff who need to stay home due to school/childcare dismissals.
			• Cancel non-essential work travel.
			• Cancel work-sponsored conferences, tradeshows, etc.

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None (preparedness phase)	Minimal to moderate	Substantial

Schools/childcare "What childcare facilities, K-12 schools, and colleges and universities can do to prepare for COVID-19, if the school or facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	• Know where to find local information on COVID-19 and local trends of COVID-19 cases.
	
	• Know the signs and symptoms of COVID-19 and what to do if students or staff become symptomatic at school/childcare site.
	
	• Review and update emergency operations plan (including implementation of social distancing measures, distance learning if feasible) or develop plan if one is not available.
	
	• Evaluate whether there are students or staff who are at increased risk of severe illness and develop plans for them to continue to work or receive educational services if there is moderate levels of COVID-19 transmission or impact.
	
	  » Parents of children at increased risk for severe illness should discuss with their health care provider whether those students should stay home in case of school or community spread.
	
	  » Staff at increased risk for severe illness should have a plan to stay home if there are school-based cases or community spread.
	
	• Encourage staff and students to stay home when sick and notify school administrators of illness (schools should provide non-punitive sick leave options to allow staff to stay home when ill).
	
	• Encourage personal protective measures among staff/students (e.g., stay home when sick, handwashing, respiratory etiquette).
	
	• Clean and disinfect frequently touched surfaces daily.
	
	• Ensure hand hygiene supplies are readily available in buildings.
		• Implement social distancing measures:
		
		  » Reduce the frequency of large gatherings (e.g., assemblies), and limit the number of attendees per gathering.
		
		  » Alter schedules to reduce mixing (e.g., stagger recess, entry/dismissal times)
		
		  » Limit inter-school interactions
		
		  » Consider distance or e-learning in some settings
		
		• Consider regular health checks (e.g., temperature and respiratory symptom screening) of students, staff, and visitors (if feasible).
		
		• Short-term dismissals for school and extracurricular activities as needed (e.g., if cases in staff/students) for cleaning and contact tracing.
		
		• Students at increased risk of severe illness should consider implementing individual plans for distance learning, e-learning.
			• Broader and/or longer-term school dismissals, either as a preventive measure or because of staff and/or student absenteeism.
			
			• Cancellation of school-associated congregations, particularly those with participation of high-risk individuals.
			
			• Implement distance learning if feasible.

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None (preparedness phase)	Minimal to moderate	Substantial
Community and faith-based organizations "What organizations can do to prepare for COVID-19, if the organizations has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	• Know where to find local information on COVID-19 and local trends of COVID-19 cases. • Know the signs and symptoms of COVID-19 and what to do if organization members/staff become symptomatic. • Identify safe ways to serve those that are at high risk or vulnerable (outreach, assistance, etc.). • Review, update, or develop emergency plans for the organization, especially consideration for individuals at increased risk of severe illness. • Encourage staff and members to stay home and notify organization administrators of illness when sick. • Encourage personal protective measures among organization/members and staff (e.g., stay home when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces at organization gathering points daily. • Ensure hand hygiene supplies are readily available in building.	• Implement social distancing measures: 　» Reduce activities (e.g., group congregation, religious services), especially for organizations with individuals at increased risk of severe illness. 　» Consider offering video/audio of events. • Determine ways to continue providing support services to individuals at increased risk of severe disease (services, meals, checking in) while limiting group settings and exposures. • Cancel large gatherings (e.g., >250 people, though threshold is at the discretion of the community) or move to smaller groupings. • For organizations that serve high-risk populations, cancel gatherings of more than 10 people.	• Cancel community and faith-based gatherings of any size.

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None (preparedness phase)	Minimal to moderate	Substantial
Assisted living facilities, senior living facilities and adult day programs "What facilities can do to prepare for COVID-19, if the facility has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	• Know where to find local information on COVID-19. • Know the signs and symptoms of COVID-19 and what to do if clients/residents or staff become symptomatic. • Review and update emergency operations plan (including implementation of social distancing measures) or develop a plan if one is not available. • Encourage personal protective measures among staff, residents and clients who live elsewhere (e.g., stay home or in residences when sick, handwashing, respiratory etiquette). • Clean frequently touched surfaces daily. • Ensure hand hygiene supplies are readily available in all buildings.	• Implement social distancing measures: 　» Reduce large gatherings (e.g., group social events) 　» Alter schedules to reduce mixing (e.g., stagger meal, activity, arrival/departure times) 　» Limit programs with external staff 　» Consider having residents stay in facility and limit exposure to the general community 　» Limit visitors, implement screening • Temperature and respiratory symptom screening of attendees, staff, and visitors. • Short-term closures as needed (e.g., if cases in staff, residents or clients who live elsewhere) for cleaning and contact tracing.	• Longer-term closure or quarantine of facility. • Restrict or limit visitor access (e.g., maximum of 1 per day).

Factor	Potential mitigation activities according to level of community transmission or impact of COVID-19 by setting		
	None (preparedness phase)	Minimal to moderate	Substantial
Healthcare settings and healthcare provider (includes outpatient, nursing homes/long-term care facilities, inpatient, telehealth) "What healthcare settings including nursing homes/long-term care facilities, can do to prepare for COVID-19, if the facilities has cases of COVID-19, or if the community is experiencing spread of COVID-19)"	• Provide healthcare personnel ([HCP], including staff at nursing homes and long-term care facilities) and systems with tools and guidance needed to support their decisions to care for patients at home (or in nursing homes/long-term care facilities). • Develop systems for phone triage and telemedicine to reduce unnecessary healthcare visits. • Assess facility infection control programs; assess personal protective equipment (PPE) supplies and optimize PPE use. • Assess plans for monitoring of HCP and plans for increasing numbers of HCP if needed. • Assess visitor policies. • Assess HCP sick leave policies (healthcare facilities should provide non-punitive sick leave options to allow HCP to stay home when ill). • Encourage HCP to stay home and notify healthcare facility administrators when sick. • In conjunction with local health department, identify exposed HCP, and implement recommended monitoring and work restrictions. • Implement triage prior to entering facilities to rapidly identify and isolate patients with respiratory illness (e.g., phone triage before patient arrival, triage upon arrival).	• Implement changes to visitor policies to further limit exposures to HCP, residents, and patients. Changes could include temperature/symptom checks for visitors, limiting visitor movement in the facility, etc. • Implement triage before entering facilities (e.g., parking lot triage, front door), phone triage, and telemedicine to limit unnecessary healthcare visits. • Actively monitor absenteeism and respiratory illness among HCP and patients. • Actively monitor PPE supplies. • Establish processes to evaluate and test large numbers of patients and HCP with respiratory symptoms (e.g., designated clinic, surge tent). • Consider allowing asymptomatic exposed HCP to work while wearing a facemask. • Begin to cross train HCP for working in other units in anticipation of staffing shortages.	• Restrict or limit visitors (e.g., maximum of 1 per day) to reduce facility-based transmission. • Identify areas of operations that may be subject to alternative standards of care and implement necessary changes (e.g., allowing mildly symptomatic HCP to work while wearing a facemask). • Cancel elective and non-urgent procedures • Establish cohort units or facilities for large numbers of patients. • Consider requiring all HCP to wear a facemask when in the facility depending on supply.

Public health control activities by level of COVID-19 community transmission		
None/minimal	Moderate	Substantial
Evidence of isolated cases or limited community transmission, case investigations underway, no evidence of exposure in large communal setting, e.g., healthcare facility, school, mass gathering.	Widespread and/or sustained transmission with high likelihood or confirmed exposure within communal settings with potential for rapid increase in suspected cases.	Large scale community transmission, healthcare staffing significantly impacted, multiple cases within communal settings like healthcare facilities, schools, mass gatherings etc.
• Continue contact tracing, monitor and observe contacts as advised in guidance to maximize containment around cases. • Isolation of confirmed COVID-19 cases until no longer considered infectious according to guidance. • For asymptomatic close contacts exposed to a confirmed COVID-19 case, consideration of movement restrictions based on risk level, social distancing. • Monitoring close contacts should be done by jurisdictions to the extent feasible based on local priorities and resources. • Encourage HCP to develop phone triage and telemedicine practices. • Test individuals with signs and symptoms compatible with COVID-19. • Determine methods to streamline contact tracing through simplified data collection and surge if needed (resources including staffing through colleges and other first responders, technology etc.).	• May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure). • Encourage HCP to more strictly implement phone triage and telemedicine practices. • Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals.	• May reduce contact tracing if resources dictate, prioritizing to those in high-risk settings (e.g., healthcare professionals or high-risk settings based on vulnerable populations or critical infrastructure). • Encourage HCP to more strictly implement phone triage and telemedicine practices. • Continue COVID-19 testing of symptomatic persons; however, if testing capacity limited, prioritize testing of high-risk individuals.

Appendix A: Underlying medical conditions that may increase the risk of serious COVID-19 for individuals of any age.

- **Blood disorders** (e.g., sickle cell disease or on blood thinners)

- **Chronic kidney disease** as defined by your doctor. Patient has been told to avoid or reduce the dose of medications because kidney disease, or is under treatment for kidney disease, including receiving dialysis

- **Chronic liver disease** as defined by your doctor. (e.g., cirrhosis, chronic hepatitis) Patient has been told to avoid or reduce the dose of medications because liver disease or is under treatment for liver disease.

- **Compromised immune system (immunosuppression)** (e.g., seeing a doctor for cancer and treatment such as chemotherapy or radiation, received an organ or bone marrow transplant, taking high doses of corticosteroids or other immunosuppressant medications, HIV or AIDS)

- **Current or recent pregnancy** in the last two weeks

- **Endocrine disorders** (e.g., diabetes mellitus)

- **Metabolic disorders** (such as inherited metabolic disorders and mitochondrial disorders)

- **Heart disease** (such as congenital heart disease, congestive heart failure and coronary artery disease)

- **Lung disease** including asthma or chronic obstructive pulmonary disease (chronic bronchitis or emphysema) or other chronic conditions associated with impaired lung function or that require home oxygen

- **Neurological and neurologic and neurodevelopment conditions** [including disorders of the brain, spinal cord, peripheral nerve, and muscle such as cerebral palsy, epilepsy (seizure disorders), stroke, intellectual disability, moderate to severe developmental delay, muscular dystrophy, or spinal cord injury].

Preventing COVID-19: What You Can Do

- Certain basic prevention measures that can help people avoid illness with a number of respiratory infections include:
  - Wash your hands often with soap and water for at least 20 seconds (or an alcohol-based hand sanitizer if soap and water not available)
  - Avoid touching your eyes, nose, and mouth with unwashed hands
  - Avoid close contact with people who are sick
  - Cover your cough
  - Stay home when sick

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Take Home Messages

- Flu is still circulating in the community and there is a vaccine available

- 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

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What Can Partners Do?

- Review emergency Operations Plan, Pan Flu Plan and Continuity of Operations Plan

- Support CoVID-19 Task Force/Emergency Support Function (ESF-8) at the local or State level

- Work closely with the local health department on containment strategies should they be needed in the future.

  - Review guidance on Preventing the Spread in Communities

- Maintain situational awareness through trusted sources

- www.vdh.Virginia.gov/coronavirus or 1-877-ASK-VDH3

Non-Pharmaceutical Interventions

Vaccination and Treatment

Clinical trials for treatment and vaccines in development

Treatment

- Currently no specific antiviral treatment
- Supportive care
- Research is ongoing

Vaccine

- Currently no vaccine
- NIH research and development ongoing
    - Projected timeline = 12-18 months

List of treatments and vaccines in development
https://www.clinicaltrialsarena.com/analysis/coronavirus-mers-cov-drugs/

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Knowledge Gaps

- Source of infection
- The pathogenesis and virulence evolution of the virus
- Transmission dynamics
  - Role of aerosol transmission in non-healthcare settings
  - Role of fecal-oral transmission
- Viral shedding
- Risk factors for infection
  - Asymptomatic infection
- Seasonality

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Resources

Virginia Department of Health (VDH)

- 35 Local Health Districts
- www.vdh.virginia.gov/coronavirus
- 1-877-ASK-VDH3 (1-877-275-8343)

Lenowisco Health District

- http://www.vdh.virginia.gov/lenowisco/

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

Questions?