# COVID-19 Partner Agency Update

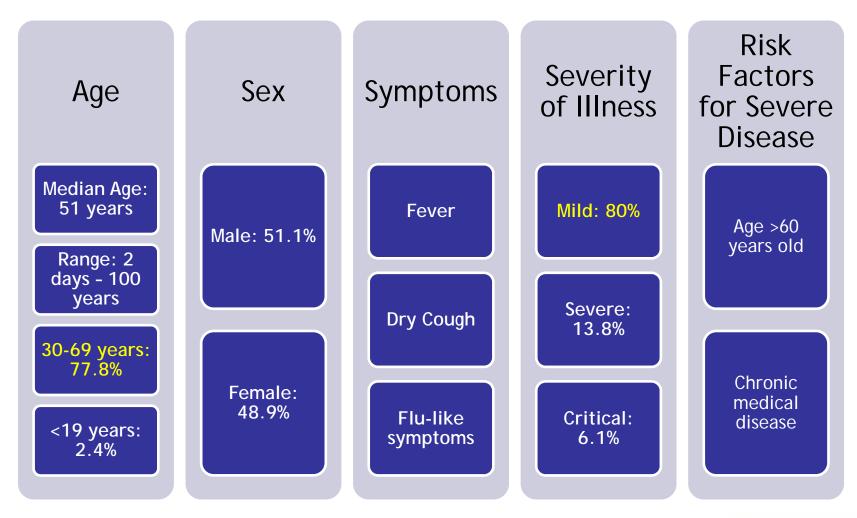
Lilian Peake, MD, MPH
State Epidemiologist
Virginia Department of Health

March 6, 2020



## Epidemiology of China's COVID-19 Outbreak

(As of 2/20/20)



 $R_0$  = 2-2.5 in absence of interventions



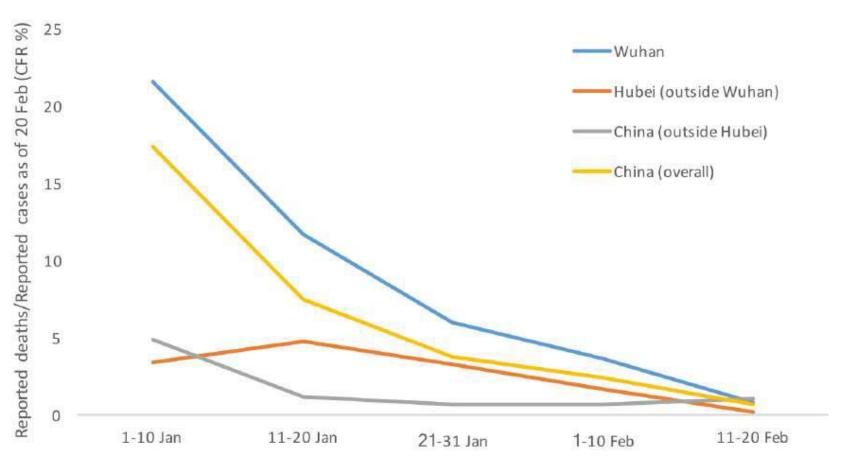
## China's Response

- Public information and targeted education
- Identified, isolated and provide medical care for cases
- Identified and quarantined contacts of cases
- Tracked cases and contacts
- Expanded healthcare staffing and hospital bed capacity
- Cancelled mass gatherings
- Closed wet markets and wildlife markets
- Banned travel in and out of Wuhan and surrounding jurisdiction
- Controlled transportation



# Case Fatality Ratio

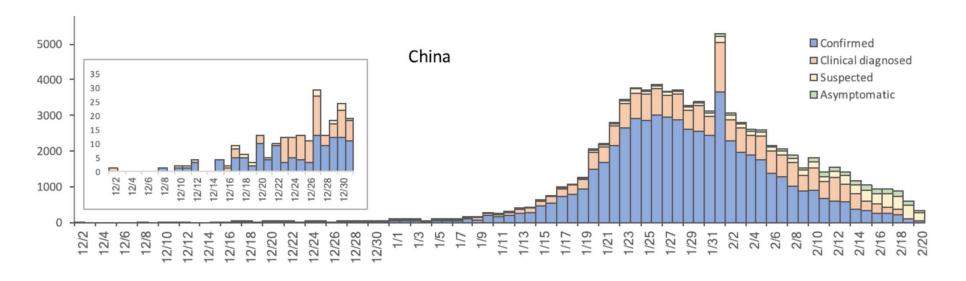
(Reported Deaths among Total Cases)



Case fatality ratio for COVID-19 in China over time and by location, as of 20 February 2020



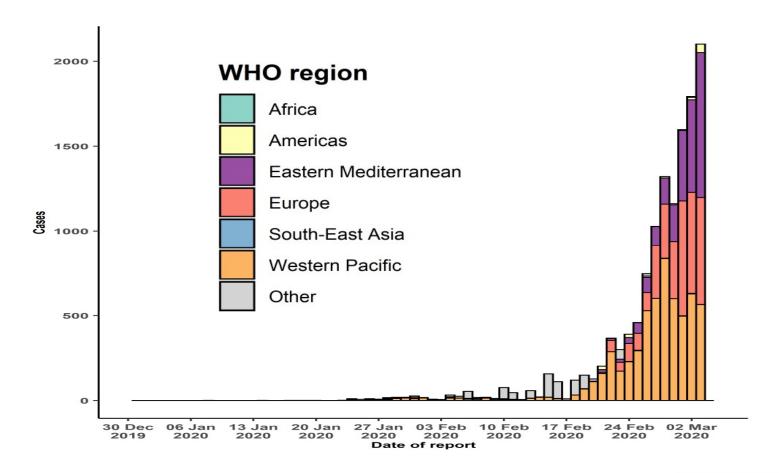
# Epidemic Curve of COVID-19 Cases in China



Epidemic curve of COVID-19 cases reported in China by date of onset of illness, as of 20 February 2020



# Epidemic Curve of COVID-19 Cases Outside of China by Date and WHO Region



As of March 3, 2020



## **Total Confirmed Cases**

As of 3/4/20

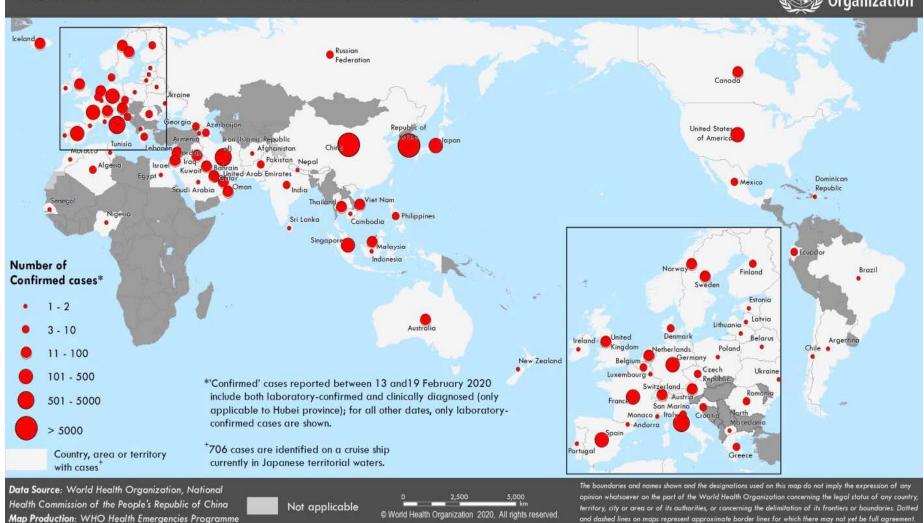
#### Reported by the World Health Organization

Total	93,090 cases
China	80,422 cases 2,984 deaths
Outside of China 76 countries	12,668 cases 214 deaths



#### Distribution of COVID-19 cases as of 04 March 2020





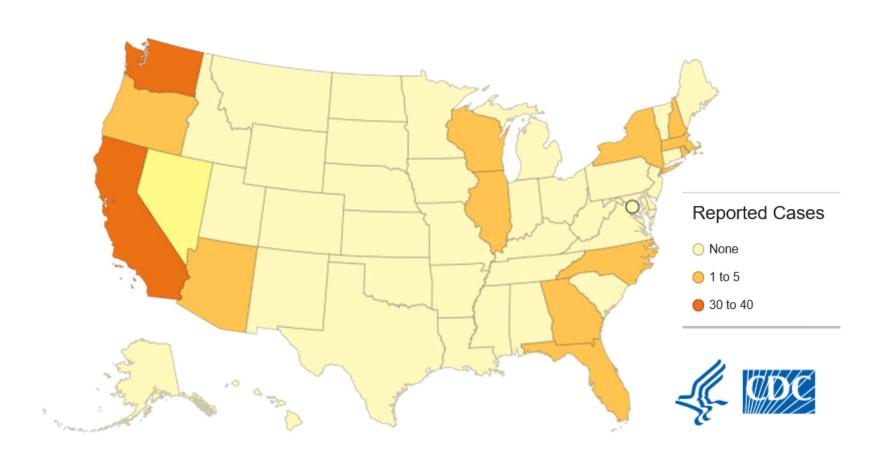


# Cases in the United States As of 3/5/20

Cases Identified in the United States			
Travel-related 30			
Person-to-person from known case	20		
Under investigation	49		
Total as of 3/5/20	99		
Total Deaths	10		



# States Reporting Cases of COVID-19 to CDC As of 3/5/20





# UPDATES ON VIRGINIA'S RESPONSE



# Number of Virginians Tested for COVID-19

(As of 3/5/20)

Total Number of People Tested for COVID-19, by Region and Testing Status				
	Negative	Pending*	Positive	Total^
Central	8	1	0	9
Eastern	2	2	0	4
Northern	6	0	0	6
Northwest	0	0	0	0
Southwest	2	0	0	2
Total	18	3	0	21

# Interim COVID-19 Testing through Virginia Public Heath Lab (DCLS)

Clinical Features		Epidemiologic Risk
Fever OR signs/symptoms of	AND	Any person, including health
lower respiratory illness (e.g.		care personnel2, who has had
cough or shortness of breath)		close contact3 with a
		laboratory-confirmed COVID-
		19 patient within 14 days of
		symptom onset
Fever AND signs/symptoms	AND	A history of travel to a country
of lower respiratory illness		with a Level 2 or 3 Travel
(e.g. cough or shortness of		Advisory OR an area with
breath) AND tested negative		confirmed ongoing community
for influenza <sup>s</sup>		transmission, within 14 days of
		symptom onset
Fever OR signs/symptoms of	AND	A history of residing in a
lower respiratory illness (e.g.		nursing home or long-term
cough or shortness of breath)		care facility within 14 days of
AND tested negative for		symptom onset
influenzas AND a respiratory		
virus panel negative for all		
pathogens AND without an		
alternative explanatory		
diagnosis		



### Travel Notices and Restrictions

(As of 3/5/20)

_	 _		LEV	 _
_	 			 _
_	 _			

RECOMMENDATION

Avoid Nonessential Travel

AFFECTING

China, South Korea, Iran, Italy

#### **ALERT LEVEL 2**

RECOMMENDATION

**Practice Enhanced Precautions** 

AFFECTING

Japan

#### WATCH LEVEL I

RECOMMENDATION

Practice Usual Precautions

AFFECTING

Hong Kong

Reconsider cruise ship voyages to or within Asia

Entry of foreign nationals suspended in U.S. from:

- China
- Iran



# Travelers Under Public Health Monitoring in Virginia

(As of 3/5/20)

Total Number of People under Public Health Monitoring, by Monitoring Status				
	Low Risk**	Medium Risk†	High Risk	Total^^
Currently under Monitoring	13	95	0	108
Completed Monitoring without further Public	15	216	0	231
Became a PUI	0	0	0	0
Total	28	311	0	339



# **Communications Updates**

- Governor's press conference 3/4/20
- VDH twice weekly media briefings T/Th
- Call center operational 1-877-ASK-VDH3
- Developing a comprehensive communications plan for print, broadcast, social media, etc.



# Targeted Education: Webinars

#### Completed this week

- Colleges and universities March 4
- Local government March 6
- K-12 public schools March 6

#### **Upcoming**

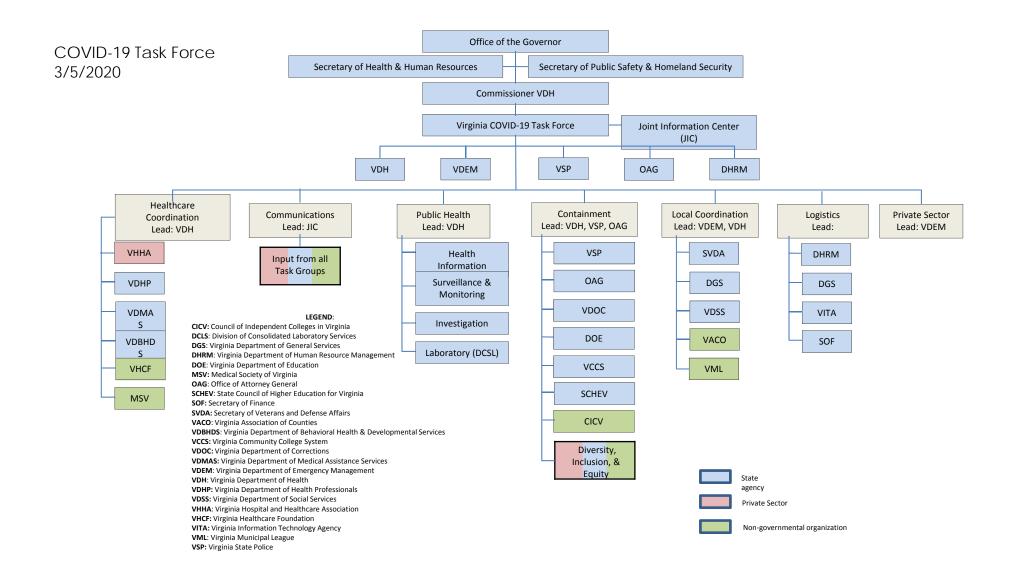
- Physicians (MSV) March 20
- K-12 private schools TBD
- Nursing homes and long-term care facilities TBD
- EMS TBD



# **Planning**

- Established Incident Management Team in January
  - Incident Action Plans 2 week operational periods
  - Daily command meetings
  - Sit Reps M,W,F wide distribution
- Coordination
  - Daily coordination between local, state, and federal public health
  - Weekly operational briefings with local health districts
  - Ongoing collaboration with regional health care coalitions
  - Partner briefings
  - Virginia COVID-19 Task Force "whole of government" response





### Planning

- Review emergency operations plan, pan flu plan, and continuity of operations plan
  - Be prepared to support Emergency Support Function (ESF-8) at the state or local level
- Work closely with local health district or VDH central office to implement COVID-19 containment strategies and to plan for mitigation strategies should they be needed in the future.
  - Review CDC guidance on <u>Preventing COVID-19 Spread in Communities</u>
- Maintain situational awareness through trusted sources
- Direct Virginians to <u>www.vdh.virginia.gov/coronavirus</u> or 1-877-ASK-VDH3

#### Considerations

- VDH Ongoing Battle Rhythm
- Multi Agency Battle Rhythm
  - SitReps
  - IAPs
  - Meetings
  - Calls
- JIC Management
- Essential Elements of Information (EEI)
- Section Leads
  - Additional Partners
- Consistency and Division of Effort between MA TF and VDH IMT
- COOP / COG

#### **EEI**

#### **Healthcare Facilities**

- 1. The total number of hospital beds occupied by patients with flu-like symptoms (breakdown by age)?
- 2. Of the total for question 1, the number of critical care beds occupied by patients with COVID-19 symptoms?
- 3. The number of new hospital admissions with flu-like symptoms within the past 24 hours?
- 4. The number of deaths due to flu-like illness within the past 7 days?
- 5. Has there been, or are there, any planned reductions in elective procedures due to pressures associated with COVID-19? If yes, provide a description.
- 6. The number of urgent elective admission/procedure(s) canceled or rescheduled due to pandemic flu?
- 7. PPE Supplies on Hand (i.e. gloves, gowns, goggles, etc). Adequate or Inadequate? (If Inadequate add comments)
- 8. Number and type of **ventilators**, on hand?
- 9. Number of **respirators**, N95, or great, on hand?

#### **Public Health**

- 1. MRC Volunteers currently utilized
- 2. Other organizations used to support efforts (EMS, School Nurses, etc.)
- 3. Anticipated staffing shortage
- 4. PPE Supplies on Hand (i.e. gloves, gowns, goggles, respirators, etc) Adequate or Inadequate? (If Inadequate add comments)
- 5. Localities within the District with local Emergency Declarations (Provide total number and list localities)
- 6. Local EOCs open (virtual or physical) with ESF-8 staffing (Provide total number and list localities)
- 7. Health District Operations Center (HDOC) Status (i.e., Open, Closed, Full Staffing, Minimal Staffing, Virtual)
- 8. Do you have pre-identified quarantine site/locations within your district?
- 9. School Closures in effect
- 10. Government operational status (open/close)
- 11. Community Events Canceled
- 12. Other Community Impacts

# Convening New COVID-19 Planning Workgroups

- Healthcare Coordination
  - Develop recommendations on the management, and mitigation of, medical surge in acute care facilities, outpatient care settings, and residential care facilities
  - Develop guidance for Crisis Standards of Care
- Containment
  - Guidance on planning for events
  - Planning for mitigation strategies



### 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 state or local level
- Work closely with local health district or VDH central office to implement COVID-19 containment strategies and to plan for mitigation strategies should they be needed in the future.
  - Review CDC guidance on <u>Preventing COVID-19 Spread in</u> Communities
- Maintain situational awareness through trusted sources
- Direct Virginians to <u>www.vdh.virginia.gov/coronavirus</u> or 1-877-ASK-VDH3

# Take Home Messages

- Currently, there are no cases in Virginia
- More U.S. cases are expected
- An effective response requires a whole-of-community approach
- Everyone has a role to play in preparing for the possibility of COVID-19 in the community



### General COVID-19 Resources

#### Virginia Department of Health (VDH)

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

#### Centers for Disease Control and Prevention (CDC)

- COVID-19 Website: <a href="www.cdc.gov/coronavirus/2019-nCoV">www.cdc.gov/coronavirus/2019-nCoV</a>
- Health Alert Network (HAN): <a href="https://emergency.cdc.gov/han/2020.asp">https://emergency.cdc.gov/han/2020.asp</a>

#### World Health Organization (WHO)

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



# Nonpharmaceutical Interventions: Resources

- CDC Community Mitigation Guidelines to Prevent Pandemic Influenza-United States, 2017 <a href="https://www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm#suggestedcitation">www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm#suggestedcitation</a>
- CDC pandemic flu educational and planning materials by setting <u>www.cdc.gov/nonpharmaceutical-</u> <u>interventions</u>





### Extra Slide(s)

- Maryland: Governor Hogan confirmed three Montgomery County residents tested positive for COVID-19. The patients, who contracted the virus while traveling overseas, are in good condition. <u>Link</u>
- Maryland: Governor Hogan declared a state of emergency to ramp up a statewide coordinated response across all levels of government. <u>Link</u>
  - & CA,FL,HI,OR,WA
- Nationwide: The Environmental Protection Agency released a list of approved disinfectants to use against COVID-19. <u>Link</u>

Virginia Medical Reserve Corps COVID-19 Status Report - data provided as of March 5, 2020					
Total number of deployable Medical Reserve Corps volunteers	7,633				
# of volunteers who have indicated availability to support COVID-19 response efforts from activation alerts sent (Feb 27 - March 5)	237	Chesterfield (49), Loudoun (156), Henrico-Chick (12), Three Rivers (18)			
# of MRC volunteers assigned to COVID-19 Response Teams	12	Alexandria (9), Norfolk (1), Western Tidewater (1)			
Health districts providing training related to COVID-19 to MRC Volunteers (Feb 27 - March 5)	2	Rappahannock, Central Virginia			
Health districts with volunteers providing COVID-19 Epidemiology support (Feb 27 - March 5)	0				
Health districts with volunteers providing COVID-19 Public Information Support (Feb 27 - March 5)	1	Henrico (1)			
Health districts with MRC volunteers supporting COVID-19 outreach and education efforts (Feb 27 - March 5)	0				
# of new VVHS accounts created (Feb 27 - March 5)	355				
COVID-19 MRC Activities (as reported in VVHS at the time of data report)					
Retired MD assisted the epidemiologist in returning and answering phone calls about COVID-19 from providers and the general public	3/5/2020	Henrico			
Volunteers provide programmatic support to Travelers Monitoring Team.	2/11/2020	Fairfax			
Communicable Disease Program Support (COVID-19)	2/10-2/14	Arlington			
Communicable Disease Program Support (COVID-19)	2/8/2020	Arlington			