

From: [CSTE Emergency Response](#)
To: [CSTE Emergency Response](#)
Cc: [CSTE Novel Coronavirus 2019](#)
Subject: CSTE COVID-19 Response | Daily AM Message for Mar. 2 (incl. Feb. 29 Call Docs, Daily and Weekly Key Points, Updated Guidance List, and more)
Date: Monday, March 2, 2020 5:24:24 AM
Attachments: [image001.png](#)
[image002.png](#)
[ATTACHMENT1_ReportingUpdates_2020March1.docx](#)
[ATTACHMENT2_PUIandCaseReportForm_2020March1.pdf](#)
[ATTACHMENT3_PUIandCaseReport_DataDictionary_2020March1.pdf](#)
[ATTACHMENT4_PUIandCaseReport_Instructions_2020March1.pdf](#)
[ATTACHMENT5_PHLIPMessageIDInstructions_2020March1.pdf](#)
[CDC COVID-19 Daily Key Points_2_29_2020_FINAL\[4\].pdf](#)
[CDC COVID-19 Weekly Key Messages_3-1-20_FINAL.pdf](#)
[CN -- Notification and Access for Persons Detained for Medical Reasons \(2020\) recd eh feb 24\[2\].pdf](#)
[COVID-19_GuidanceList_01MAR20\[1\].pdf](#)
[FinalInterimCleaningGuidanceforPersonsUnderQuarantineforCOVID19_030120.pdf](#)

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Sent to State Epidemiologists, Deputy State Epidemiologists, CLUE, Infectious Disease Points of Contact, and the CSTE Executive Board

Good morning,

Please see below for today's AM collection of COVID-19 information, gathered for your awareness:

- [Documents from Feb. 29 5:00 pm Update Call](#) [Attachments]
 - The following message is from the CDC COVID-19 Epidemiology Task Force:

Thank you for your continued partnership in the ongoing emergency response to COVID-19. The documents attached to this email provide information that aligns with what was shared by CDC during the 5 pm ET CSTE call on Saturday, February 29th, including:

- Confirmation of a jurisdiction's "Phase 2" status for reporting PUI and cases
 - Updates to the PUI and Case Report Form
 - Updates for the status of historical PUI data imports into DCIPHER
 - Clarifications to the CDC reporting process for PUI/Case Report Forms and lab findings
- Management of the PHLIP laboratory reporting process
- Jurisdiction assistance for avoiding and overcoming major issues

The noted changes are scheduled to go into effect at **5 pm ET, Sunday, March 1, 2020.**

Please find attached the following five documents:

- *Attachment 1*: PUI, presumptive positive case, and laboratory-confirmed case reporting updates and clarifications
- *Attachment 2*: Updated PUI and Case Report Form
- *Attachment 3*: Updated PUI and Case Report Form data dictionary
- *Attachment 4*: Updated PUI and Case Report Form instructions
- *Attachment 5*: PHLIP Message Instructions

We appreciate your ongoing collaboration. For questions, please email eocevent118@cdc.gov.

Best,
CDC COVID-19 Epidemiology Task Force

- CDC Daily Key Points [Attachment]
 - for Saturday, February 29, 2020
- CDC Weekly Key Points [Attachment]
 - for Sunday, March 1, 2020
- CDC Consular Notification Guidance (FAQs) Regarding Foreign Nationals [Attachment]
- CDC COVID-19 Guidance List [Attachment]
 - Updated March 1, 2020
- Interim Cleaning Recommendations for Facilities Housing Persons Under Quarantine for COVID-19 [Attachment]
 - Updated February 29, 2020
- New CDC Landing Pages for Specific Response Groups [Links]
 - [Resources for Health Departments](#)
 - [Resources for Healthcare Facilities](#)
 - [Laboratories](#)

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Council of State and Territorial Epidemiologists
Emergency Preparedness & Response Mailbox

Business Hours Line: 770.458.3811

After-Hours Line: 678.256.3945



Emergency Preparedness & Response

Coronavirus Disease (COVID-19)
WA-KINGCO-20-0492-B-000003

FOIA CASE

CO-20-0492-B-000004

AMERICAN
OVERSIGHT

Dear state and territorial partners:

Thank you for your continued partnership in the ongoing emergency response to COVID-19. The information included below aligns with what was shared by CDC during the 5 pm ET CSTE call on Saturday, February 29th regarding: 1) confirming a jurisdiction's 'Phase 2' status for reporting PUI and cases; 2) updates to the PUI and Case Report Form; 3) an update on the status of historical PUI data imports into DCIPHER; 4) clarifications to the CDC reporting process for PUI/Case Report Forms and lab findings; 5) management of the PHLIP laboratory reporting process; and 6) major avoidable issues we hope to overcome with your assistance. We plan for the noted changes to go into effect at **5 pm ET, Sunday, March 1.**

Jurisdictional 'Phase 2' Status

As we have previously outlined, jurisdictions need to be able to do several tasks before they can move into 'Phase 2'. These include assessing ill persons and determining PUI status; assigning unique identifiers to PUI and cases at the reporting jurisdiction level; and reporting PUI and cases of COVID-19 using a brief, combined form.

Given the need to maintain timely, actionable data at the national level, and process laboratory results at CDC for initial or confirmatory testing, **we anticipate that all jurisdictions will be onboarded to 'Phase 2' during the week of March 2.** As soon as your jurisdiction is able to confirm its 'Phase 2' status, please email cocevent118@cdc.gov.

As part of the 'Phase 2' rollout, CDC needs to better understand each jurisdiction's plan for providing data to CDC for the PUI and Case Report Form via DCIPHER, an electronic PUI and case reporting system. We request that each jurisdiction provides a list of ≤5 DCIPHER users before **Monday, March 2 at 5pm ET**, if they have not already done so. In addition, we ask that jurisdictions confirm their intent to input data on PUI and case-patients directly into the DCIPHER platform (preferred option) or if alternative arrangements need to be made to send data to CDC. Please email cocevent118@cdc.gov with the requested information by **March 2 at 5pm ET**.

Updates to PUI and Case Report Form on CDC's Website

On the PUI and Case Report Form included in the CSTE email on Wednesday, February 26th, there were 2 'current status of person' options: "person under investigation" or "laboratory-confirmed case." Given increased laboratory capacity at the state and local level to test for the virus that causes COVID-19 and the need to send presumptive positive specimens to CDC for confirmatory testing, there will now be 5 status classifications.

1. PUI, testing pending*
2. PUI, tested negative*
3. Presumptive case (positive local test), confirmatory testing pending†
4. Presumptive case (positive local test), confirmatory testing negative†
5. Laboratory-confirmed case†

**Testing conducted by local lab or CDC lab*

† At this time, all confirmatory testing occurs at CDC

We have also added critical laboratory testing result fields at the end of the PUI and Case Report Form to reflect COVID-19 laboratory test results from state or local laboratories and CDC. CDC will work towards populating our laboratory results into the CDC result field for each specimen sent to us so that results can be viewed in DCIPHER as they are result and communicated to individual jurisdictions.

These updates to the PUI and Case Report Form, as well as data dictionary and instructions, can be found in Attachments 2-4, and were made available on [CDC's website](https://www.cdc.gov) as of March 1, 2020.

Historical PUI Data Imported into DCIPHER

As of February 28, data reported to CDC on PUI, presumptive cases, and laboratory-confirmed cases have been made available in DCIPHER.

- Jurisdictions in ‘Phase 2’ are now able to go into the DCIPHER platform to view and edit existing records of PUI, presumptive positive, and laboratory-confirmed cases, as their status changes or more data become available.
- Jurisdictions in ‘Phase 1’ should continue to call the EOC Watch Desk at 770-488-7100 to update information on existing PUI, presumptive positive, or laboratory-confirmed cases of COVID-19.

CDC Reporting Process for PUI/Case Reports and Lab Findings

For reporting jurisdictions that have the capacity to do their own testing:

For jurisdictions that are in ‘Phase 2’:

1. The jurisdiction should enter all PUIs or Presumptive Cases (persons with a positive test performed locally without CDC lab confirmation*) into DCIPHER with the jurisdiction-issued nCoV ID, unless other arrangements to transmit data have been made and approved by CDC.
2. **If a specimen is tested locally and is NEGATIVE:**
 - a. Please update the person’s disposition to ‘PUI, tested negative’ in DCIPHER.
3. **If a specimen is tested locally and is POSITIVE:**
 - a. Call the EOC Watch Desk/PUI desk at **770-488-7100** and notify CDC of the positive result. The specimen will be identified as a ‘presumptive positive’* until the result is confirmed at CDC per the Emergency Use Agreement.
 - b. On the call with CDC, please provide: (1) jurisdiction-issued nCoV ID and (2) a brief summary of the person’s information that aligns with information collected and submitted on the PUI and Case Report Form.
 - c. Send the specimen to CDC for confirmatory testing, labeled with the nCoV ID.
 - d. Please also update the person’s disposition in DCIPHER to “Presumptive Case, confirmatory testing pending”

For jurisdictions that are in ‘Phase 1’:

1. The jurisdictions should call the EOC Watch Desk/PUI desk at 770-488-7100 to receive a CDC-issued nCoV ID, and to complete a PUI and Case Report Form.
2. **If a specimen is tested locally and is NEGATIVE:**
 - a. Please email eocevent118@cdc.gov and provide the nCoV ID and test result.
3. **If a specimen is tested locally and is POSITIVE:**
 - a. Call the EOC Watch Desk/PUI desk at **770-488-7100** and notify them of the positive result. The specimen will be identified as a ‘presumptive positive’* until the result is confirmed at CDC per the Emergency Use Agreement.
 - b. On the call with CDC, please provide: (1) jurisdiction-issued nCoV ID and (2) a brief summary of the person’s information that aligns with information collected on the PUI and Case Report form.
 - c. Send the specimen to CDC for confirmatory testing, labeled with the nCoV ID.

For reporting jurisdictions that do not have testing capacity and are sending specimens to CDC for testing:

For jurisdictions that are in ‘Phase 2’:

1. The jurisdiction should enter all PUIs into DCIPHER with the jurisdiction-issued nCoV IDs, unless other arrangements to transmit data have been made and approved by CDC.
2. Please ensure the jurisdiction-issued nCoV ID is entered in the **alternative specimen ID** field on the 50.34/DASH form sent in with the specimen to CDC for testing.
3. Testing results will be returned to the state lab per current protocol.

For jurisdictions that are in ‘Phase 1’:

1. The jurisdiction should call the EOC Watch Desk/PUI desk at **770-488-7100** to obtain a CDC-issued nCoV ID number, and complete a PUI and Case Report Form.

2. Please make sure the CDC-issued nCoV ID is entered in the **alternative specimen ID** field on the 50.34/DASH form sent in with the specimen to CDC for testing.
3. Testing results will be returned to the state lab per current protocol.

Specimens from Presumptive Cases must be tested at CDC to change their disposition to 'Confirmed Case'. However, **local public health action is recommended for Presumptive Cases identified through local or state laboratory testing.*

Management of the PHLIP reporting process

CDC and APhL have been working with public health laboratories to add automated reporting of the novel coronavirus test results through their existing influenza reporting mechanism, which is most frequently PHLIP.

We ask that participating PHLIP labs begin including nCoV IDs within the lab test message reported through PHLIP. This will allow CDC to: (1) Match these records with persons reported into DCIPHER and (2) work with states to properly characterize the status of persons without existing records in DCIPHER. Information on how to include the nCoV ID in the message is available via APhL starting at the bottom of Page 4 (Attachment 5).

Major avoidable challenges we hope to overcome with your assistance

We recognize the challenges that public health emergencies bring. With your assistance, we hope to avoid the following challenges by following the processes outlined above:

1. Unclear data flow processes for jurisdictional data on PUI and case-patients to CDC
2. Laboratory samples that are not able to be linked with PUI or case-patients
3. Incorrect reports of national and state-level PUI and case burden

We appreciate your ongoing partnership. Please email eocevent118@cdc.gov with any questions regarding the PUI or case reporting process.

Best,
CDC COVID-19 Epidemiology Task Force

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): ____/____/____

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....



Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: _____

Case state/local ID: _____

Reporting health department: _____

CDC 2019-nCoV ID: _____

Contact ID ^a: _____NNDSS loc. rec. ID/Case ID ^b: _____

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. ^bFor NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Last _____ First _____

Affiliation/Organization: _____ Telephone _____ Email _____

Basic information

What is the current status of this person? ☐ PUI, testing pending* ☐ PUI, tested negative* ☐ Presumptive case (positive local test), confirmatory testing pending† ☐ Presumptive case (positive local test), confirmatory tested negative† ☐ Laboratory-confirmed case† *Testing performed by state, local, or CDC lab. †At this time, all confirmatory testing occurs at CDC Report date of PUI to CDC (MM/DD/YYYY): ____/____/____ Report date of case to CDC (MM/DD/YYYY): ____/____/____ County of residence: _____ State of residence: _____		Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Not specified Sex: ☐ Male ☐ Female ☐ Unknown ☐ Other	Date of first positive specimen collection (MM/DD/YYYY): ____/____/____ ☐ Unknown ☐ N/A Did the patient develop pneumonia? ☐ Yes ☐ Unknown ☐ No Did the patient have acute respiratory distress syndrome? ☐ Yes ☐ Unknown ☐ No Did the patient have another diagnosis/etiology for their illness? ☐ Yes ☐ Unknown ☐ No Did the patient have an abnormal chest X-ray? ☐ Yes ☐ Unknown ☐ No	Was the patient hospitalized? ☐ Yes ☐ No ☐ Unknown If yes, admission date 1 ____/____/____ (MM/DD/YYYY) If yes, discharge date 1 ____/____/____ (MM/DD/YYYY) Was the patient admitted to an intensive care unit (ICU)? ☐ Yes ☐ No ☐ Unknown Did the patient receive mechanical ventilation (MV)/intubation? ☐ Yes ☐ No ☐ Unknown If yes, total days with MV (days) _____ Did the patient receive ECMO? ☐ Yes ☐ No ☐ Unknown Did the patient die as a result of this illness? ☐ Yes ☐ No ☐ Unknown Date of death (MM/DD/YYYY): ____/____/____ ☐ Unknown date of death
Race (check all that apply): ☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unknown ☐ Other, specify: _____		Date of birth (MM/DD/YYYY): ____/____/____ Age: _____ Age units(yr/mo/day): _____		
Symptoms present during course of illness: ☐ Symptomatic ☐ Asymptomatic ☐ Unknown	If symptomatic, onset date (MM/DD/YYYY): ____/____/____ ☐ Unknown	If symptomatic, date of symptom resolution (MM/DD/YYYY): ____/____/____ ☐ Still symptomatic ☐ Unknown symptom status ☐ Symptoms resolved, unknown date		
Is the patient a health care worker in the United States? ☐ Yes ☐ No ☐ Unknown Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? ☐ Yes ☐ No ☐ Unknown In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply): ☐ Travel to Wuhan ☐ Community contact with another lab-confirmed COVID-19 case-patient ☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology ☐ Travel to Hubei ☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient ☐ Other, specify: _____ ☐ Travel to mainland China ☐ Patient ☐ Visitor ☐ HCW ☐ Unknown ☐ Travel to other non-US country specify: _____ ☐ Household contact with another lab-confirmed COVID-19 case-patient ☐ Animal exposure If the patient had contact with another COVID-19 case, was this person a U.S. case? ☐ Yes, nCoV ID of source case: _____ ☐ No ☐ Unknown ☐ N/A				
Under what process was the PUI or case first identified? (check all that apply): ☐ Clinical evaluation leading to PUI determination ☐ Contact tracing of case patient ☐ Routine surveillance ☐ EpiX notification of travelers; if checked, DGMQID _____ ☐ Unknown ☐ Other, specify: _____				

CDC 2019-nCoV ID:

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

During this illness, did the patient experience any of the following symptoms?	Symptom Present?
Fever >100.4F (38C) ^c	☐ Yes ☐ No ☐ Unk
Subjective fever (felt feverish)	☐ Yes ☐ No ☐ Unk
Chills	☐ Yes ☐ No ☐ Unk
Muscle aches (myalgia)	☐ Yes ☐ No ☐ Unk
Runny nose (rhinorrhea)	☐ Yes ☐ No ☐ Unk
Sore throat	☐ Yes ☐ No ☐ Unk
Cough (new onset or worsening of chronic cough)	☐ Yes ☐ No ☐ Unk
Shortness of breath (dyspnea)	☐ Yes ☐ No ☐ Unk
Nausea or vomiting	☐ Yes ☐ No ☐ Unk
Headache	☐ Yes ☐ No ☐ Unk
Abdominal pain	☐ Yes ☐ No ☐ Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐ Yes ☐ No ☐ Unk
Other, specify: _____	

Pre-existing medical conditions?

☐ Yes ☐ No ☐ Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	☐ Yes ☐ No ☐ Unknown	
Diabetes Mellitus	☐ Yes ☐ No ☐ Unknown	
Cardiovascular disease	☐ Yes ☐ No ☐ Unknown	
Chronic Renal disease	☐ Yes ☐ No ☐ Unknown	
Chronic Liver disease	☐ Yes ☐ No ☐ Unknown	
Immunocompromised Condition	☐ Yes ☐ No ☐ Unknown	
Neurologic/neurodevelopmental/intellectual disability	☐ Yes ☐ No ☐ Unknown	(If YES, specify) _____
Other chronic diseases	☐ Yes ☐ No ☐ Unknown	(If YES, specify) _____
If female, currently pregnant	☐ Yes ☐ No ☐ Unknown	
Current smoker	☐ Yes ☐ No ☐ Unknown	
Former smoker	☐ Yes ☐ No ☐ Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify: _____	☐	☐	☐	☐

Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	State Lab Tested	State Lab Result	Sent to CDC	CDC Lab Result
NP Swab			☐		☐	
OP Swab			☐		☐	
Sputum			☐		☐	
Other, Specify: _____			☐		☐	

Additional State/local Specimen IDs: _____

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).

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Questions

Reporting jurisdiction
Reporting health department
Contact ID
Case state/local ID
CDC 2019-nCoV ID
NNDSS loc. Rec. ID/ Case ID

Last name of interviewer
First name of interviewer
Affiliation/ Organization
Telephone number
Email

Variable Name

state
healthdept
contact_id
local_id
cdc_ncov2019_id
nndss_id

interviewer_ln
interviewer_fn
interviewer_org
interviewer_tele
interviewer_email

Values, Labels

Character
Character
Character
Character
Character

Character
Character
Character
Character
Character

Type

What is the current status of this person?
Report date of PUI to CDC (MM/DD/YYYY)
Report date of case to CDC (MM/DD/YYYY)
County of residence
State of residence

current_status
pui_cdcreport_dt
case_cdcreport_dt
res_county
res_state

1, PUI testing pending
2, PUI tested negative
3, Presumptive case (positive local test),
confirmatory testing pending
4, Presumptive case (positive local test),
confirmatory tested negative*
5, Laboratory-confirmed case*

Number
Date (mm/dd/yyyy)
Date (mm/dd/yyyy)
Character
Character

Ethnicity

ethnicity

1, Hispanic/Latino
0, Non-Hispanic/Latino
9, Not specified
1, Male
2, Female
9, Unknown
3, Other

Number

Sex

Race (Check all that apply)

Asian
American Indian/ Alaska Native
Black
Native Hawaiian/ Other Pacific Islander
White
Unknown
Other
Other specified race

sex

race_asian
race_aian
race_black
race_nhpi
race_white
race_unk
race_other
race_spec
dob
age

1, Yes
1, Yes
1, Yes
1, Yes
1, Yes
1, Yes
1, Yes

Number
Number
Number
Number
Number
Number
Character
Date (mm/dd/yyyy)
Number

Date of birth (MM/DD/YYYY)
Age

1, Years
2, Months
3, Days

Age units (yr/mo/days):

ageunit

Date of first positive specimen collection (MM/DD/YYYY)
Check if date unknown
Check if date not applicable

pos_spec_dt
pos_spec_unk
pos_spec_na

1, Yes
1, Yes
1, Yes

Date (mm/dd/yyyy)
Number
Number

Did the patient develop pneumonia?

pna_yn

0, No
9, Unknown
1, Yes
0, No

Number

Did the patient have acute respiratory distress syndrome?

acuterespdistress_yn

9, Unknown
1, Yes
0, No

Number

Did the patient have another diagnosis/etiology for their illness?

diagother

9, Unknown
1, Yes
0, No

Number

Did the patient have an abnormal chest X-ray?

abxchest_yn

9, Unknown
1, Symptomatic
0, Asymptomatic

Number

Symptoms present during course of illness:

If symptomatic, onset date (MM/DD/YYYY)
If symptomatic, onset date - unknown
If symptomatic, date of symptom resolution (MM/DD/YYYY)

sympstatus
onset_dt
onset_unk
symp_res_dt

9, Unknown
1, Yes
1, Still symptomatic
0, Symptoms resolved, unknown date
9, Unknown symptom status
1, Yes
0, No
9, Unknown

Number
Date (mm/dd/yyyy)
Number
Date (mm/dd/yyyy)

If symptomatic, state of resolution

symp_res_yn

Was the patient hospitalized?

If yes, admission date 1 (MM/DD/YYYY)
If yes, discharge date 1 (MM/DD/YYYY)

hosp_yn
adm1_dt
dis1_dt

1, Yes
0, No
9, Unknown
1, Yes
0, No

Number
Date (mm/dd/yyyy)
Date (mm/dd/yyyy)

Was the patient admitted to an intensive care unit (ICU)?

icu_yn

9, Unknown
1, Yes
0, No

Number

Did the patient receive mechanical ventilation (MV)/intubation?
If yes, total days with MV (days)

mechvent_yn
mechvent_dur

9, Unknown
1, Yes
0, No

Number
Number

Did the patient receive extracorporeal membrane oxygenation (ECMO)?

ecmo_yn

9, Unknown
1, Yes
0, No

Number

Did the patient die as a result of this illness?

Date of Death (MM/DD/YYYY)
Date of Death Unknown

death_yn
death_dt
death_unk

9, Unknown
1, Yes
1, Yes
0, No

Number
Date (mm/dd/yyyy)
Number

Is the patient a health care worker in the United States?

hc_work_yn

9, Unknown
1, Yes
0, No

Number

Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China?

hc_work_china_yn

9, Unknown

Number

In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):

Travel to Wuhan	exp_wuhan	1, Yes	Number
Travel to Hubei	exp_hubei	1, Yes	Number
Travel to mainland China	exp_china	1, Yes	Number
Travel to other non-US country	exp_othcountry	1, Yes	Number
If yes, specify	exp_othcountry_spec		Character
Household contact with another lab-confirmed COVID-19 case-patient	exp_house	1, Yes	Number
Community contact with another lab-confirmed COVID-19 case-patient	exp_community	1, Yes	Number
Any healthcare contact with another lab-confirmed COVID-19 case-patient	exp_health	1, Yes	Number
Healthcare contact with another lab-confirmed COVID-19 case-patient -- patient	exp_health_pt	1, Yes	Number
Healthcare contact with another lab-confirmed COVID-19 case-patient -- visitor	exp_health_vis	1, Yes	Number
Healthcare contact with another lab-confirmed COVID-19 case-patient -- healthcare worker	exp_health_hcw	1, Yes	Number
Animal exposure	exp_animal	1, Yes	Number
Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology	exp_cluster	1, Yes	Number
Other	exp_other	1, Yes	Number
If other, specify	exp_other_spec		Character
Unknown	exp_unk	1, Yes	Number
		1, Yes	
		0, No	
		9, Unknown	
If the patient had contact with another COVID-19 case, was this person a U.S. case?	cont_lab_us	5, NA	Number
If yes, specify nCoV ID of source case	cdc_ncov2019_sourceid_2		Character
Under what process was the PUI or case first identified? (check all that apply):			
Clinical evaluation leading to PUI determination	process_pui	1, Yes	Number
Contact tracing of case patient	process_cont	1, Yes	Number
Routine surveillance	process_surv	1, Yes	Number
EpiX notification of travelers	process_epix	1, Yes	Number
If checked, DGMQID	process_dgmqid		Character
Unknown	process_unk	1, Yes	Number
Other	process_other	1, Yes	Number
If other, specify	process_other_spec		Character
Collected from (check all that apply):			
Patient interview	collect_ptinterview	1, Yes	Number
Medical record review	collect_medchart	1, Yes	Number
During this illness, did the patient experience any of the following symptoms?			
		1, Yes	
		0, No	
Fever >100.4F (38C)	fever_yn	9, Unknown	Number
		1, Yes	
Subjective fever (felt feverish)	sfever_yn	0, No	
		9, Unknown	Number
		1, Yes	
Chills	chills_yn	0, No	
		9, Unknown	Number
		1, Yes	
Muscle aches (myalgia)	myalgia_yn	0, No	
		9, Unknown	Number
		1, Yes	
Runny nose (rhinorrhea)	runnose_yn	0, No	
		9, Unknown	Number
		1, Yes	
Sore throat	stthroat_yn	0, No	
		9, Unknown	Number
		1, Yes	
Cough (new onset or worsening of chronic cough)	cough_yn	0, No	
		9, Unknown	Number
		1, Yes	
Shortness of breath (dyspnea)	sob_yn	0, No	
		9, Unknown	Number
		1, Yes	
Nausea or Vomiting	nauseavomit_yn	0, No	
		9, Unknown	Number
		1, Yes	
Headache	headache_yn	0, No	
		9, Unknown	Number
		1, Yes	
Abdominal pain	abdom_yn	0, No	
		9, Unknown	Number
		1, Yes	
Diarrhea (≥3 loose/looser than normal stools/24hr period)	diarrhea_yn	0, No	
Other symptoms - 1	othsym1_yn	9, Unknown	Number
Other symptoms - 1, specify:	othsym1_spec	1, Yes	Character
Other symptoms - 2	othsym2_yn		Number
Other symptoms - 2, specify:	othsym2_spec		Character
Other symptoms - 3	othsym3_yn	1, Yes	Number
Other symptoms - 3, specify:	othsym3_spec		Character
		1, Yes	
		0, No	
Pre-existing medical conditions?	medcond_yn	9, Unknown	Number
		1, Yes	
Chronic lung disease (asthma/emphysema/COPD)	cld_yn	0, No	
		9, Unknown	Number
		1, Yes	
Diabetes Mellitus	diabetes_yn	0, No	
		9, Unknown	Number
		1, Yes	
Cardiovascular disease	cvd_yn	0, No	
		9, Unknown	Number
		1, Yes	
Chronic renal disease	renaldis_yn	0, No	
		9, Unknown	Number
		1, Yes	
Liver disease	liverdis_yn	0, No	
		9, Unknown	Number
		1, Yes	
Immunocompromised condition	immsupp_yn	0, No	
		9, Unknown	Number
		1, Yes	
Neurologic/neurodevelopmental/intellectual disability	neuro_yn	0, No	
If yes, specify	neuro_spec	9, Unknown	Number
			Character

Other chronic diseases If yes, specify	otherdis_yn otherdis_spec	1, Yes 0, No 9, Unknown	Number Character
If female, currently pregnant	pregnant_yn	1, Yes 0, No 9, Unknown	Number
Current smoker	smoke_curr_yn	1, Yes 0, No 9, Unknown	Number
Former smoker	smoke_former_yn	1, Yes 0, No 9, Unknown	Number
Influenza A Rapid Ag	resp_flua_ag	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Influenza B Rapid Ag	resp_flub_ag	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Influenza A PCR	resp_flua_pcr	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Influenza B PCR	resp_flub_pcr	1, Positive 2, Negative 3, Pending 4, Not Done	Number
RSV	resp_rsv	1, Positive 2, Negative 3, Pending 4, Not Done	Number
H. metapneumovirus	resp_hm	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Parainfluenza (1-4)	resp_pi	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Adenovirus	resp_adv	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Rhinovirus/enterovirus	resp_rhino	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Coronavirus (OC43, 229E, HKU1, NL63)	resp_cov	1, Positive 2, Negative 3, Pending 4, Not Done	Number
M. pneumoniae	resp_mp	1, Positive 2, Negative 3, Pending 4, Not Done	Number
C. pneumoniae	resp_rcp	1, Positive 2, Negative 3, Pending 4, Not Done	Number
Other positive pathogens If yes, specify	othrp othrp_spec	1, Positive 2, Negative 3, Pending 4, Not Done	Number Character
NP Swab: Local Specimen ID - 1 NP Swab: Collection date - 1 NP Swab: State Lab Tested - 1	spec_npswab1id spec_npswab1_dt spec_npswab1state	1, Yes 1, Positive 2, Negative 3, Pending 4, Not Done	Character Date (mm/dd/yyyy) Number
NP Swab: State Result - 1 NP Swab: Sent to CDC - 1	spec_npswab1Stateresult spec_npswab1cdc	5, Indeterminate 1, Yes 1, Positive 2, Negative 3, Pending 4, Not Done	Number Number Number
NP Swab: CDC Result - 1 NP Swab: Local Specimen ID - 2 NP Swab: Collection date - 2 NP Swab: State Lab Tested - 2	spec_npswab1CDCresult spec_npswab2id spec_npswab2_dt spec_npswab2state	5, Indeterminate 1, Yes 1, Positive 2, Negative 3, Pending 4, Not Done	Character Date (mm/dd/yyyy) Number
NP Swab: State Result - 2 NP Swab: Sent to CDC - 2	spec_npswab2Stateresult spec_npswab2cdc	5, Indeterminate 1, Yes 1, Positive 2, Negative 3, Pending 4, Not Done	Number Number Number
NP Swab: CDC Result - 2 NP Swab: Local Specimen ID - 3 NP Swab: Collection date - 3 NP Swab: State Lab Tested - 3	spec_npswab2CDCresult spec_npswab3id spec_npswab3_dt spec_npswab3state	5, Indeterminate 1, Yes 1, Positive 2, Negative 3, Pending 4, Not Done	Character Date (mm/dd/yyyy) Number

NP Swab: State Result - 3 NP Swab: Sent to CDC - 3	spec_npswab3Stateresult spec_npswab3cdc	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Number
NP Swab: CDC Result - 3 OP Swab: Local Specimen ID - 1 OP Swab: Collection date - 1 OP Swab: State Lab Tested - 1	spec_npswab3CDCresult spec_opswab1id spec_opswab1_dt spec_opswab1state	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Character Date (mm/dd/yyyy) Number
OP Swab: State Result - 1 OP Swab: Sent to CDC - 1	spec_opswab1Stateresult spec_opswab1cdc	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Number
OP Swab: CDC Result - 1 OP Swab: Local Specimen ID - 2 OP Swab: Collection date - 2 OP Swab: State Lab Tested - 2	spec_opswab1CDCresult spec_opswab2id spec_opswab2_dt spec_opswab2state	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Character Date (mm/dd/yyyy) Number
OP Swab: State Result - 2 OP Swab: Sent to CDC - 2	spec_opswab2Stateresult spec_opswab2cdc	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Number
OP Swab: CDC Result - 2 OP Swab: Local Specimen ID - 3 OP Swab: Collection date - 3 OP Swab: State Lab Tested - 3	spec_opswab2CDCresult spec_opswab3id spec_opswab3_dt spec_opswab3state	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Character Date (mm/dd/yyyy) Number
OP Swab: State Result - 3 OP Swab: Sent to CDC - 3	spec_opswab3Stateresult spec_opswab3cdc	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Number
OP Swab: CDC Result - 3 Sputum: Local Specimen ID - 1 Sputum: Collection date - 1 Sputum: State Lab Tested - 1	spec_opswab3CDCresult spec_sputum1id spec_sputum1_dt spec_sputum1state	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Character Date (mm/dd/yyyy) Number
Sputum: State Result - 1 Sputum: Sent to CDC - 1	spec_sputum1Stateresult spec_sputum1cdc	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Number
Sputum: CDC Result - 1 Sputum: Local Specimen ID - 2 Sputum: Collection date - 2 Sputum: State Lab Tested - 2	spec_sputum1CDCresult spec_sputum2id spec_sputum2_dt spec_sputum2state	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Character Date (mm/dd/yyyy) Number
Sputum: State Result - 2 Sputum: Sent to CDC - 2	spec_sputum2Stateresult spec_sputum2cdc	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Number
Sputum: CDC Result - 2 Sputum: Local Specimen ID - 3 Sputum: Collection date - 3 Sputum: State Lab Tested - 3	spec_sputum2CDCresult spec_sputum3id spec_sputum3_dt spec_sputum3state	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Character Date (mm/dd/yyyy) Number
Sputum: State Result - 3 Sputum: Sent to CDC - 3	spec_sputum3Stateresult spec_sputum3cdc	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Number
Sputum: CDC Result - 3 Other specimen type - 1	spec_sputum3CDCresult spec_otherspecimen1_yn	1, Positive 2, Negative 3, Pending 4, Not Done 5, Indeterminate	Number
		1, Yes	Number

If yes, specify type - 1
 Other: Local Specimen ID - 1
 Other: Collection date - 1
 Other: State Lab Tested - 1

spec_otherspecimen1_spec
 spec_otherspecimen1id
 spec_otherspecimen1_dt
 spec_otherspecimen1state

1, Yes
 1, Positive
 2, Negative
 3, Pending
 4, Not Done

Character
 Character
 Date (mm/dd/yyyy)
 Number

Number

Other: State Result - 1
 Other: Sent to CDC - 1

spec_otherspecimen1Stateresult
 spec_otherspecimen1cdc

5, Indeterminate
 1, Yes
 1, Positive
 2, Negative
 3, Pending
 4, Not Done

Number

Number

Other: CDC Result - 1
 Other specimen type - 2
 If yes, specify type - 2
 Other: Local Specimen ID - 2
 Other: Collection date - 2
 Other: State Lab Tested - 2

spec_otherspecimen1CDCresult
 spec_otherspecimen2_yn
 spec_otherspecimen2_spec
 spec_otherspecimen2id
 spec_otherspecimen2_dt
 spec_otherspecimen2state

5, Indeterminate
 1, Yes
 1, Yes
 1, Positive
 2, Negative
 3, Pending
 4, Not Done

Number
 Character
 Character
 Date (mm/dd/yyyy)
 Number

Number

Other: State Result - 2
 Other: Sent to CDC - 2

spec_otherspecimen2Stateresult
 spec_otherspecimen2cdc

5, Indeterminate
 1, Yes
 1, Positive
 2, Negative
 3, Pending
 4, Not Done

Number

Number

Other: CDC Result - 2
 Other specimen type - 3
 If yes, specify type - 3
 Other: Local Specimen ID - 3
 Other: Collection date - 3
 Other: State Lab Tested - 3

spec_otherspecimen2CDCresult
 spec_otherspecimen3_yn
 spec_otherspecimen3_spec
 spec_otherspecimen3id
 spec_otherspecimen3_dt
 spec_otherspecimen3state

5, Indeterminate
 1, Yes
 1, Yes
 1, Positive
 2, Negative
 3, Pending
 4, Not Done

Number
 Character
 Character
 Date (mm/dd/yyyy)
 Number

Number

Other: State Result - 3
 Other: Sent to CDC - 3

spec_otherspecimen3Stateresult
 spec_otherspecimen3cdc

5, Indeterminate
 1, Yes
 1, Positive
 2, Negative
 3, Pending
 4, Not Done

Number

Number

Other: CDC Result - 3
 Additional State/local Specimen IDs:
 Any additional comments/notes?

spec_otherspecimen3CDCresult
 lab_local_id1
 final_notes

5, Indeterminate

Character
 Character

Instructions for Completing the Human Infection with 2019 Novel Coronavirus (COVID-19) Person Under Investigation (PUI) and Case Report Form

Purpose: This document describes the procedures for completing the 2019 Novel Coronavirus (COVID-19) Person Under Investigation (PUI) and Case Report Form (CRF) for persons under investigation who are being tested or have been tested for the virus that causes COVID-19, and presumptive positive cases and confirmed cases of COVID-19.

- PUI: Any person who is currently under investigation for having the virus that causes COVID-19, or who was under investigation but tested negative for the virus.
- Presumptive positive case of COVID-19: Individual who has tested positive for the virus that causes COVID-19 in at least one respiratory specimen, but testing was conducted at the local or state level. Currently, presumptive positive cases must have samples undergo confirmatory testing at CDC.
- Laboratory-confirmed case of COVID-19: Individual who has tested positive for the virus that causes COVID-19 in at least one respiratory specimen at the CDC laboratory.

If a sample from a PUI tests positive for the virus that causes COVID-19, the form should be updated to indicate an individual's change in status from a PUI to either a presumptive positive or laboratory-confirmed case, depending on whether confirmatory testing at CDC has been conducted or is still pending.

Other individuals may remain as PUI, and not become laboratory-confirmed cases if their laboratory samples test negative for the virus that causes COVID-19.

If the person has a positive laboratory result for the virus that causes COVID-19, but was not previously a PUI, the form may be filled for the first time when a person is considered a presumptive positive or laboratory-confirmed COVID-19 case.

General:

1. All dates should be formatted MM/DD/YYYY.
2. If completing the .pdf version of the form, use an "X" to mark boxes. Make sure to carefully mark boxes so that the "X" does not cross multiple boxes.

Header:

PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC AND IS FOR LOCAL-USE ONLY:

Patient first name: Enter case's first (given) name.

Patient last name: Enter case's last (family) name.

Date of birth (MM/DD/YYYY): Enter date of birth in MM/DD/YYYY format.

ID information:

Reporting jurisdiction: Enter the reporting jurisdiction where the PUI or case was identified. The reporting jurisdiction must be a state/city/territory authorized to submit data through NNDSS.

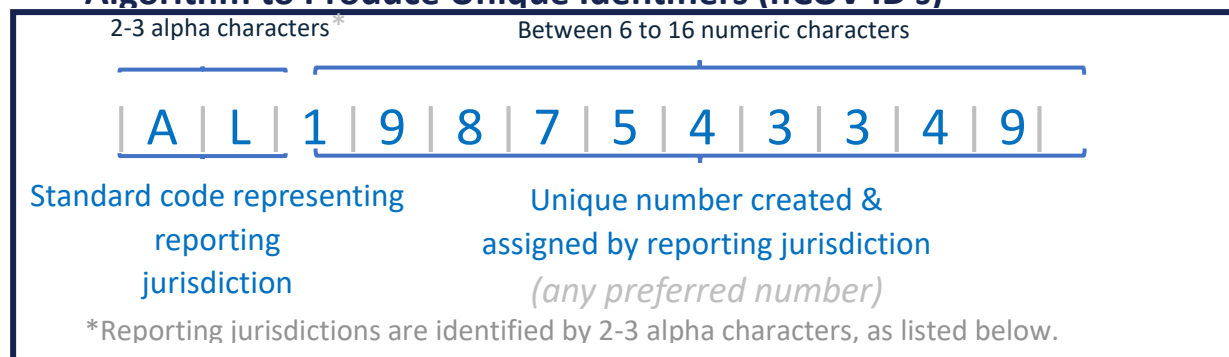
Reporting health department: Enter the name of the health department completing the PUI or case report.

Case state/local ID: Enter a local-use ID assigned by the state or local health department if desired for patient tracking or matching.

CDC 2019-nCoV ID: Enter the CDC 2019-nCoV ID assigned to the PUI or case. If the case was already identified as a PUI in collaboration with CDC, or was part of a contact investigation in which CDC was collaborating with the state or local health department, this CDC 2019-nCoV ID should have already been assigned and the CDC 2019-nCoV ID that was already provided by CDC should be entered. The CDC 2019 nCoV ID should be a part of the state or local health departments records; please check with the reporting jurisdiction. This may have previously been called a PUI ID. **Do not assign a new 2019-nCoV ID for these individuals.**

If this is a new PUI or case that was not previously under investigation or reported, the CDC 2019-nCoV ID should be assigned by the jurisdiction. CDC 2019-nCoV IDs should be assigned for all PUIs and laboratory-confirmed cases so that this person can be tracked at the jurisdictional and national level. The reporting jurisdiction should assign the CDC 2019-nCoV ID, and use this ID for all specimens and data transmitted to CDC for that person. The structure of the ID should be as follows:

Algorithm to Produce Unique Identifiers (nCoV ID's)



!!! Important !!!

Do not add special characters, dashes, or white spaces to the nCoV ID. The alpha- and numeric-portions of the ID are seamless. The numeric portion of the ID cannot begin with zero ('0').

State	Code	State	Code	State	Code	Territory/Jurisdiction	Code
Alabama	AL	Louisiana	LA	Ohio	OH	American Samoa	AS
Alaska	AK	Maine	ME	Oklahoma	OK	District of Columbia	DC
Arizona	AZ	Maryland	MD	Oregon	OR	Guam	GU
Arkansas	AR	Massachusetts	MA	Pennsylvania	PA	New York City	NYC
California	CA	Michigan	MI	Rhode Island	RI	Northern Mariana Islands	MP
Colorado	CO	Minnesota	MN	South Carolina	SC	Puerto Rico	PR
Connecticut	CT	Mississippi	MS	South Dakota	SD	U.S. Virgin Islands	VI
Delaware	DE	Missouri	MO	Tennessee	TN	Federated States of Micronesia	FSM
Florida	FL	Montana	MT	Texas	TX	Republic of Marshall Islands	RMI
Georgia	GA	Nebraska	NE	Utah	UT	Republic of Palau	ROP
Hawaii	HI	Nevada	NV	Vermont	VT		
Idaho	ID	New Hampshire	NH	Virginia	VA		
Illinois	IL	New Jersey	NJ	Washington	WA		
Indiana	IN	New Mexico	NM	West Virginia	WV		
Iowa	IA	New York	NY	Wisconsin	WI		
Kansas	KS	North Carolina	NC	Wyoming	WY		
Kentucky	KY	North Dakota	ND				

This ID will be used to track information about the PUI or case-patient in CDC data systems and **must** be provided on all forms or specimens related to this individual.

Contact ID: Only fill out this field if a PUI or case-patient is a known contact to another presumptive or confirmed case of COVID-19. Contact IDs are assigned using the original (source) case-patient's nCoV ID followed by a hyphen and a sequential number indicating the order in which the contact was identified (e.g., Confirmed case CA102034567 may have contacts CA102034567 -01 and CA102034567 -02). If the person was previously under investigation in collaboration with CDC, or was part of a contact investigation in which CDC was collaborating with state/local health departments, this Contact ID may have been assigned previously. This should be a part of the state or local health departments records; please check with the reporting jurisdiction.

NNDSS loc. rec. ID/Case ID: For NNDSS reporters, enter the GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Enter the last name and first name of the person performing the interview.

Affiliation/Organization: Enter the interviewer's affiliation/organization.

Telephone: Enter the interviewer's telephone number.

Email: Enter the interviewer's email address.

Basic case information

What is the current status of this person?

- Select "PUI, testing pending" if a PUI has been identified but the initial laboratory testing has not yet been completed.
- Select "PUI, tested negative" if a PUI was previously identified, but the laboratory testing for the virus that causes COVID-19 was negative.
- Select "Presumptive case (positive local test), confirmatory testing pending" if at least one respiratory specimen from the person has tested positive for the virus that causes COVID-19 at the state or local level, and the specimen has been sent to CDC for confirmatory testing but a final result is pending.
- Select "Presumptive case (positive local test), confirmatory testing negative" if at least one respiratory specimen from the person has tested positive for the virus that causes COVID-19 at the state or local level, but the confirmatory result at CDC was negative.
- Select "laboratory-confirmed case" if a person has at least one respiratory specimen that tested positive for the virus that causes COVID-19 as part of confirmatory testing at CDC.

Please update this field each time the individual's status changes.

Report date of PUI to CDC: Enter the date the person was initially reported to CDC as a PUI in MM/DD/YYYY format.

Report date of case to CDC: Enter the date the case-patient was initially reported to CDC as a case (including a presumptive positive case) in MM/DD/YYYY format. That is, please report the date at which the person changed from not being a case to being either a laboratory-confirmed or presumptive positive case.

County of Residence: Please enter the individual's county of residence. Residence is typically defined by CSTE as the place of 'usual residence' at the time an infection is acquired.

State of Residence: Please enter the individual's county of residence. Residence is typically defined by CSTE as the place of 'usual residence' at the time an infection is acquired. The state of residence and reporting jurisdiction may be two distinct places.

Ethnicity: Select appropriate response. If unknown, select not specified.

Sex: Select appropriate response.

Race: Check all race categories that apply. If other, please specify in free text.

Date of birth: Enter the PUI or case-patient's date of birth in MM/DD/YYYY format. Only enter data in this field if data can be transmitted to CDC per state/local policy.

Age: Enter the PUI or case-patient's age. Age may be entered in units of years, months, or days. Units will be specified later.

Age units (year/month/day): Select age units.

Date of first positive specimen collection: Enter the date of this person's first positive respiratory specimen collection, regardless of specimen type, in MM/DD/YYYY format. If the person tested positive, but the date is unknown, select "Unknown." If the person is a PUI and tested negative or is awaiting initial test results, select "N/A."

Did the patient develop pneumonia?: Select the appropriate response. Refer to the clinical discharge summary in the patient's medical chart. This should not be from ICD codes. Select 'unknown' if missing chart.

Did the patient have acute respiratory distress syndrome?: Select appropriate response. Refer to the clinical discharge summary in the patient's medical chart. This should not be from ICD codes. Select "unknown" if missing chart.

Did the patient have another diagnosis/etiology for their illness?: Select appropriate response. Refer to the clinical discharge summary in the patient's medical chart. This should not be from ICD codes. Select "unknown" if missing chart.

Did the patient have an abnormal chest X-ray?: Select appropriate response. Select "unknown" if missing chart. Select 'yes' if—at any time—the person had an abnormal chest X-ray as part of this illness.

Symptoms present during course of illness?: This question refers to the PUI or case-patient's symptom status related to the entire duration of illness. If the PUI or case-patient was ever symptomatic as part of this illness with COVID-19, select "symptomatic." If the PUI or case-patient was asymptomatic (never experienced symptoms as part of this illness), please select "asymptomatic." If symptom status is unknown, select "unknown."

- If symptomatic, record symptom onset date in MM/DD/YYYY format or mark "unknown."
- If the PUI or case-patient was previously symptomatic and symptoms are currently resolved at the time of completing or updating this form, list date of symptom resolution in MM/DD/YYYY format. If exact dates of symptom resolution are not known, but there is a known approximate date, enter this

in the date field. If still symptomatic at time of interview, mark "Still symptomatic." If the PUI or case-patient had symptoms, and the symptoms are resolved, but there is no information about the time frame of symptom resolution, mark "Symptoms resolved, unknown date." If the interviewer and patient do not know the symptom status, mark "Unknown symptom status."

Was the patient hospitalized? Select the appropriate response. If yes, provide dates of first hospital admission and first hospital discharge in MM/DD/YYYY format. If the patient is currently hospitalized, please leave the discharge date blank. This field can be revised at a later time.

Was the patient admitted to an intensive care unit (ICU)? Select the appropriate response. Select "unknown" if the medical chart is not available or ICU admission is not known.

Did the patient receive mechanical ventilation (MV)/intubation? Select "Yes" if the patient was mechanically ventilated during hospitalization via intubation *or* tracheostomy. If yes, count the total number of days with mechanical ventilation. Round up to whole number. Select "unknown" if the medical chart is not available.

Did the patient receive extracorporeal membrane oxygenation (ECMO)? Select the appropriate response. Select "unknown" if the medical chart is not available.

Did the patient die as a result of this illness? Select appropriate response. If "Yes," then enter date of death in MM/DD/YYYY format. If unknown date of death, please select "Unknown date of death." (In DCIPHER, this is phrased as "Check if date of death unknown.")

Is the patient a health care worker in the United States?: Select the appropriate response. HCP are defined as all paid and unpaid persons working in health-care settings who have the potential for exposure to patients and/or to infectious materials, including body substances, contaminated medical supplies and equipment, contaminated environmental surfaces, or contaminated air. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, laundry, security, maintenance, administrative, billing, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP and patients.

Does the patient have a history of being in a healthcare facility (as a patient, worker, or visitor) in China?: Select the appropriate response.

In the 14 days prior to illness onset, did the patient have any of the following exposures: Check all that apply. For healthcare contact with another lab-confirmed COVID-19 case-patient, check if the PUI or case-patient identified in the current form was a patient, a visitor (e.g., accompanying family member who was seeking care), or a healthcare worker, when they contacted a lab-confirmed COVID-19 case-patient.

If the PUI or case-patient traveled to a non-US country that was not China, select all of the countries that the person traveled to within the past 14 days by selecting all relevant response options from the drop-down menu. If the country that the PUI or case-patient traveled to in the past 14 days is not listed, you may write the appropriate country in the text field.

If the patient had contact with another COVID-19 case, was this person a U.S. case?: Select the appropriate response. If yes, please provide the nCoV ID of the source case. If the patient did not have contact with another case, please select “N/A.”

Under what process was the PUI or case first identified? Please check all that apply. If identified by the EpiX notification of travelers, please provide the DGMQID. If other, please specify.

Symptoms, clinical course, past medical history and social history:

Collected from (check all that apply): Please select “patient interview” or “medical record review.” If both sources were used to collect information on symptoms, clinical course, past medical history, and social history, please select both response options.

During this illness, did you experience any of the following symptoms? Please select “Yes,” “No,” or “Unknown” for each specific symptom. Please indicate the symptoms that the PUI or case-patient has experienced to date, even if he/she is no longer experiencing these symptoms. All symptoms should have an answer. If other symptoms were experienced, then describe the symptom in the space after “Other”.

Pre-existing medical conditions?: Mark the appropriate response based on whether the PUI or case-patient has *any* pre-existing medical conditions prior to investigation or confirmation of COVID-19. If PUI or case-patient has no pre-existing medical conditions, mark “No.” If not collected during interview and medical chart is missing, mark “Unknown.” After answering the initial (summary) question, please provide a response for *each* pre-existing condition. All questions—other than pregnancy—pertain to a *current* or *past* history of the condition. If “Yes” to neurologic/neurodevelopment/intellectual disability or Other Chronic Diseases, please specify. The pregnancy question should be marked “Yes” if the PUI or case-patient is female and currently or recently pregnant (i.e., gave birth while ill with COVID-19).

Current smoker: Select the appropriate response.

Former smoker: Select the appropriate response.

Respiratory diagnostic testing: For each pathogen, indicate whether the test was positive, negative, pending, or not done. If the PUI or case-patient had a test performed for another pathogen, please check the appropriate test result and specify the name of the pathogen next to “Other, Specify.” (In DCIPHER, please specify additional tests/pathogens only if they are positive.) If multiple tests for the same pathogen were completed, mark “Positive” if any of the tests for that pathogen were positive during the course of the illness suspected to be COVID-19.

Specimens for COVID-19 testing: For each specimen tested for the virus that causes COVID-19, record if the specimen was from a nasopharyngeal swab (NP), oropharyngeal swab (OP), sputum, or other specimen (specify type). Jurisdictions can provide up to three results for each type of specimen; if additional specimens are collected, please provide information about these specimens in the “additional state/local specimen ID” fields below this question. If there are still additional specimens, please use the notes field following the specimen collection information to provide specimen IDs. Provide the local, state, or jurisdictional specimen ID associated with each specimen, as well as the date the specimen was collected in MM/DD/YYYY format. Mark for each specimen whether it was sent to CDC or was tested at the state or jurisdictional public health laboratory. For each test performed at the state or local level, indicate the result: positive, negative, pending, not done, or indeterminate. CDC will populate results from CDC laboratories.

Please update these test results as they become available.

Additional state/local Specimen IDs: Provide additional specimen IDs from state/local laboratories for specimens tested for the virus that causes COVID-19. If needed, prioritize listing those specimens testing positive for the virus that causes COVID-19, regardless of specimen type.



February 12, 2020

Dear State and Local Public Health Laboratory Directors,

This communication will provide further information and a set of Frequently Asked Questions (FAQs) to support the PHL-to-CDC 2019 Novel Coronavirus (2019-nCoV) data messaging work. Please note that we are aware of the name change to:

- Disease Name: Corona Virus Disease (COVID-19)
- Virus: the International Committee on Taxonomy of Viruses has decided on SARS-CoV-2, which “formally recognizes this virus as a sister to severe acute respiratory syndrome coronaviruses.”

However, the messaging structure aligns with the current CDC Emergency Use Authorization (EUA) Assay. If CDC amends the EUA, APHL will work with its partners to update messaging structure/naming convention.

As a reminder, on February 4, 2020, APHL sent [Lab Alert #6](#), which described the collaborative efforts of APHL, the CDC, and the Regenstrief Institute to define the standard terminology and codes associated with the 2019-nCoV RNA panel. Additionally, Lab Alert #6 included specific instructions for 2019-nCoV electronic message validation processes and engaging with APHL informatics technical assistance resources.

The goal to validate and move as many PHL 2019-nCoV data feeds into production by Friday February 14 remains unchanged.

We thank all the PHLs who have completed the informatics readiness assessment and ask that those laboratories who have not completed [this short 2-question survey](#) do so as soon as possible. APHL will be following up with all PHLs who have not completed the assessment later this week.

For informatics related technical assistance requests, please contact APHL’s Help Desk at informatics.support@aphl.org. For all other questions, please contact APHL at eoc@aphl.org.

Thank you,
Scott J. Becker, MS
Executive Director
240.485.2747
scott.becker@aphl.org
[@scottjbecker](#)

2019-nCoV data messaging FAQs	
Technical Assistance (TA) Requests and Help Desk	
Question	Response
Can I request Informatics Technical Assistance?	Yes, APHL can provide technical assistance in the following areas: • Standardized terminology/vocabulary • Data integration • HL7 message generation • Message Transport • General 2019-nCoV Informatics questions
How do I request Technical Assistance?	If your PHL has not completed the 2-question assessment, please do so before submitting a TA request. If your PHL has not requested 2019-nCoV TA to date, please open a new APHL's Help Desk ticket outlining your TA needs and include 2019-nCoV Technical Assistance Request in the subject line. If your PHL has already submitted a TA request through the Informatics Help Desk, please respond to the initial Help Desk ticket thread with your updated or new TA request.
Testing and Validating 2019-nCoV Messages	
Question	Response
How do I send my HL7 test messages?	PHLs will send 2019-nCoV HL7 test messages in the same data stream as your current Public Health Laboratory Interoperability Project (PHLIP) data (HL7 2.3.1 or 2.5.1), however, test messages MUST be successfully validated by the CDC 2019-nCoV messaging leads in order to receive approval to migrate to production. As such, all test messages must be sent from a Staging Environment, not Production. If you cannot meet these requirements, please open an Informatics Help Desk ticket or respond to an existing 2019-nCoV TA request with additional questions or issues.
May I send a single message to see if my transport is set up correctly?	Yes, please send your test transport message with the contents <i>"Hello World."</i> The <i>"Hello World"</i> helps us know that the message was intentionally sent and no further action is needed.

Do we need to notify anyone when I send the test messages?	Yes- Anytime that you send test messages through Staging, please alert APHL by responding to an already open 2019-nCoV Help Desk ticket or opening a new ticket entitled 2019-nCoV Message Validation that includes: • The message count • Date/time the messages were sent. The APHL team will follow up with CDC and a response will be returned as soon as possible.
Are there sample 2019-nCoV messages we can use to build our test messages?	APHL has developed eight (8) test message scenarios to support data exchange work (4 for HL7 2.5.1 and 4 for HL7 2.3.1). Please be sure to use the correct HL7 version sample messages when developing your test messages. Sample message can be found at: • 2.5.1 Inconclusive • 2.5.1 Not Detected • 2.5.1 SpmUnsat • 2.5.1 Detected • 2.3.1 Detected • 2.3.1 Not Detected • 2.3.1 SpmUnsat • 2.3.1 Inconclusive
How will I know I am ready to send 2019-nCoV in production?	The Technical Assistance team will respond to the already open APHL Informatics Help Desk ticket with CDC's approval and instructions to move to full production. Please do NOT send any messages through production until instructed to do so.
Mapping 2019-nCoV message mapping	
Question	Response
Which descriptions should we use, as there seems to be minor differences in the target descriptions between the EUA and the APHL 2019-nCoV Encoding Guidelines?	PHLs should use the descriptions indicated in the 2019-nCoV Encoding Guidelines to report nCoV targets in conjunction with the associated LOINC codes in OBX-3.1 to OBX-3.3. For example: • 'SARS-like CoV N' should be used instead of 'N3'. These are the official LOINC descriptions approved by CDC. The EUA target descriptions may be incorporated as local test codes in OBX-3.4 to OBX-3.6.

There seems to be differences in the interpretation descriptions between the EUA and the APHL 2019-nCoV Encoding Guidelines. Which should be used for PHLIP reporting of 2019-nCoV?	PHLs should use the interpretation descriptions indicated in the 2019-nCoV Encoding Guidelines for 2019-nCoV reporting in conjunction with the associated SNOMED codes in OBX-5.1 to OBX-5.3. For example: • ‘Detected’ should be used instead of ‘Presumptive positive.’ • ‘Specimen unsatisfactory for evaluation’ should be used instead of ‘Invalid.’ These are the result descriptions agreed upon by APHL and CDC. The EUA interpretation descriptions may be incorporated as local result codes in OBX-5.4 to OBX-5.6.
Data Element Questions	
Question	Response
Are we required to report nCoV targets? Or can we report a conclusion?	Your PHL can choose to report either nCoV targets or conclusions, or both. Refer to the 2019-nCoV Encoding Guidelines for valid order/observation combinations.
Are nCoV PUI numbers required to be included in the nCoV HL7 message?	No, at this time, PUI numbers are not required in the PHLIP message.
Does the RP have to be reported?	If your PHL plans to report the nCoV targets, then the RP must be reported as well. The RP is important for determining the result interpretation.
Epidemiological data elements	
Question	Response
Are there any additional epidemiological data elements required for nCoV data reporting?	At this time, there are no requirements related to the inclusion of additional epidemiological-related data.
nCoV Response Unique Identifier	
What is this nCoV Response Unique Identifier I am hearing about?	See details below

2019-nCoV Response Unique Identifier

CDC has instructed state health departments to assign a 2019-nCoV Unique Identifier, based on the CDC defined format, to track and link data for suspect 2019-nCoV cases. This unique identifier will accompany all documents/messages and forms associated with the suspect case - including laboratory test requests. PHLs are encouraged to assess the ability to include this new ID in their LIMS and include this data element in their nCoV data stream. Detailed implementation information follows:

- PHLIP reporting of the nCoV ID is currently optional.

- Epidemiological-related OBXs will be used to populate the nCoV ID in the PHLIP message.
- OBX-3 = PLT248 and PLT249 must **BOTH be included together** in the message. These OBXs should be placed under a separate Epi order code OBR-4 = 68991-9. **If this is not feasible**, the OBXs may be placed under the nCoV testing order codes OBR-4 = 94306-8 or 94309-2 that is being utilized to report nCoV tests and results. (See table)
- For PLT249, the OBX-5 must be PLR138^outbreak^PLR to indicate the ID is associated with an outbreak event.
- For PLT248, OBX-5.1 should include the nCoV ID in the format designated by the DCIPHER algorithm (i.e. AL000001). The Assigning authority name in OBX-5.4.1 will be the state health department name, followed by its OID, and then ISO. OBX-5.5 should be populated with the code PHC for Public Health Case Identifier. These are required fields.
- Populate the remainder of the OBR and OBX segments with the required data elements. The table below shows select applicable fields for reporting the nCoV.
- **If you use an alternate method of transport to submit 2019-nCoV data, contact Krista Kniss (krk9@cdc.gov) for further instructions.**

OBR-4		
68991-9^Epidemiologically important information for public health reporting panel^LN		
OBX-2	OBX-3	OBX-5
CWE (2.5.1) CE (2.3.1)	PLT249^Sample is related to program/study/event^PLT	PLR138^outbreak^PLR
CX	PLT248^Identifier with assigning authority^PLT	[nCoV ID]^^^[Assigning authority name]&[Assigning authority OID]&ISO^PHC

Helpful Informatics Links:

- [2019-nCoV Encoding Guidelines](#)
- [Informatics Help Desk](#)
- [Informatics 2-question Assessment](#)
- **Test Message Scenarios**
 - o [2.5.1 Inconclusive](#)
 - o [2.5.1 Not Detected](#)
 - o [2.5.1 SpmUnsat](#)
 - o [2.5.1 Detected](#)
 - o [2.3.1 Detected](#)
 - o [2.3.1 Not Detected](#)
 - o [2.3.1 SpmUnsat](#)
 - o [2.3.1 Inconclusive](#)

CDC Daily Key Points
Coronavirus Disease 2019 (“COVID-19”) Outbreak
February 29, 2020

All content updated since February 27 is shown in [colored text](#).

MAIN KEY POINTS

- There is an expanding global outbreak of respiratory illness named “COVID-19” caused by a novel (new) coronavirus.
- The outbreak began in China but is spreading worldwide, including the United States.
- COVID-19 is threatening to cause a pandemic.
- The U.S. public health response is aggressive and multi-layered, with the goal of detecting introductions of this virus in the United States and reducing the potential spread and impact of this virus.
- This aggressive response has helped to limit the number of U.S. cases in the United States.
- [As](#) the virus continues to spread internationally and in the United States, it becomes harder and harder contain its spread.
- [This week, several instances of infection with the virus that causes COVID-19 occurred in people with no travel history and no known source of exposure.](#)
- [These possible instances of community spread occurred in California, Washington and Oregon.](#)
- [In Washington three patients were reported who had tested presumptive-positive for the virus that causes COVID-19 at the state.](#)
 - [These included a person who died, an infected hospitalized health care worker and a potential outbreak in a long-term care facility.](#)
 - [See Possible Washington Cluster section](#)
- The U.S. expects to detect more introductions of COVID-19 through travel, as well as more person-to-person spread and community transmission of this virus.
- Aggressive containment efforts will continue, including ongoing use of isolation and quarantine measures to decrease introductions and spread of the virus.
 - [On February 29, the U.S. government announced it was suspending entry of foreign nationals who have been in Iran within the past 14 days.](#)
- In affected communities, local authorities will implement other measures too, including Nonpharmaceutical Interventions (NPIs).
- Local authorities will determine which NPIs to implement, taking into account current circumstances in their communities.
- [Nonpharmaceutical Interventions](#) are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of illnesses like pandemic flu or COVID-19.
- The purpose of most NPIs is to help reduce spread of illness by maintaining or increasing distance between people.
- Social distancing measures are an important weapon to fight the spread of this virus and also can reduce the impact of this virus on communities as a whole.
- The potential public health threat posed by COVID-19 is high, both globally and to the United States.

- But individual risk is dependent on exposure.
- What is currently known about the potential cases of community spread has raised the level of concern about the immediate threat for COVID-19 for certain communities.
- For the general American public, who are unlikely to be exposed to this virus at this time, the immediate health risk from COVID-19 is considered low.
- People in communities where ongoing community spread with the virus that causes COVID-19 has been reported are at elevated though still relatively low risk of exposure.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected locations internationally where community spread is occurring also are at elevated risk of exposure.
- CDC has developed guidance to help in the risk assessment and management of people with potential exposures to COVID-19.
- While still taking every effort to prevent a pandemic, CDC is operationalizing all of its pandemic preparedness and response plans.
- [Guidance](#) developed in anticipation of an influenza pandemic is being repurposed and adapted for COVID-19.
- Public health partners are encouraged to review their pandemic preparedness plans at this time.

SITUATION UPDATE

- This is a rapidly evolving situation. CDC is constantly reviewing and updating its guidance as needed.

International

- To date, 60 international locations (including the U.S.) have reported confirmed cases of COVID-19, most recently Azerbaijan, Iceland, and Monaco.
- CDC is reviewing and updating its travel guidance daily.
- To date, CDC has issued:
 - Level 3 Travel Health Notices (Avoid Nonessential Travel) for China, Iran, Italy, and South Korea.
 - Level 2 Travel Health Notices (Practice Enhanced Precautions) for Japan.
 - Level 1 Travel Health Notices (Practice Usual Precautions) for Hong Kong.
- CDC also recommends that all travelers reconsider cruise ship voyages into or within Asia at this time.
 - This is consistent with [guidance by the U.S. State Department](#).

Domestic

- CDC is reporting confirmed cases of COVID-19 in the United States in two categories:
 1. Cases detected through our domestic public health systems, and
 2. Cases among people who were repatriated via U.S. State Department flights from Wuhan, China and from the *Diamond Princess* cruise ship (Japan).
- 22 cases of COVID-19 have been detected through U.S. public health surveillance.
 - Six of these cases occurred through person-to-person spread.

- On February 26, [CDC confirmed](#) what is potentially the first instance of community spread with the virus that causes COVID in Sacramento, CA.
- Late on February 28, [CDC announced three more possible instances of community-acquired COVID-19](#)—one each in California, Oregon, and the state of Washington.
- On February 29, CDC and public health officials in the state of Washington reported three hospitalized patients who have tested presumptive-positive for the virus that causes COVID-19. All of these are potential cases of community spread.
 - One of the patients has died. This is the first reported death in the United States from COVID-19.
 - *See Possible Washington Cluster section*
- Community spread means spread of an illness for which the source of infection is unknown.
- It's also possible, however, that these patients may have been exposed to a returned traveler who was infected.
- CDC is supporting investigations locations with possible community spread.
- People who were exposed to these patients during their infection are at some level of risk depending on their exposure.
- Based on what is known about how this virus behaves, additional cases among people who have had contact with these patients, especially those who have had close, prolonged contact, are expected.
- This could include family members and potentially healthcare workers who cared for the patients.
- All the remaining cases detected through the U.S. public health system were in persons who had travel to areas with ongoing community transmission.
- 47 cases of COVID-19 have been detected among the 1,100+ people repatriated from Hubei Province, China and the *Diamond Princess*.
 - 3 people were repatriated from Wuhan.
 - 44 people were repatriated from the Diamond Princess, an increase of 2 since yesterday.
- Almost all of the people from the Wuhan flights who were quarantined have finished their 14-day quarantine period.
- On Monday, most of the passengers from the Diamond Princess will complete their 14-day quarantine period.
- Patients who tested positive during their quarantine will remain in isolation. [A small number of close contacts of those patients \(for instance, spouses who have been living with them\) who are at increased risk will have their quarantines extended.](#)

WHAT'S NEW:

- On February 28 CDC issued a health alert network update titled: "[Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 \(COVID-19\).](#)"
- CDC has been watching the increased spread of this virus across the world and worked with partners on an updated [PUI definition](#).

- The updated PUI definition takes into account the new geographic spread of the virus and includes a list of affected areas with widespread or sustained community spread. This list is dynamic and will change as our travel guidance is revised.
- CDC has posted [“Community Mitigation Guidance for COVID-19 Response in the United States: Nonpharmaceutical Interventions for Community Preparedness and Outbreak Response.”](#)

WHAT TO DO

- While the immediate risk of this new virus for most of the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat:
 - It’s currently flu and respiratory disease season and CDC recommends getting a flu vaccine, taking everyday preventive actions to help stop the spread of germs, and taking flu antivirals if prescribed.
 - If you are a healthcare provider, be on the look-out for:
 - People who recently traveled from China or another affected area and who have symptoms associated with COVID-19, and;
 - People who have been in close contact with someone with COVID-19 or pneumonia of unknown cause. (Consult the most recent definition for patients under investigation [PUIs].)
 - If you are a healthcare provider or a public health responder caring for a COVID-19 patient, please take care of yourself and follow recommended infection control procedures.
 - If you are a close contact of someone with COVID-19 and develop symptoms of COVID-19, call your healthcare provider and tell them about your symptoms and your exposure.
 - If you are a resident in a community where person-to-person spread of COVID-19 has been detected and you develop COVID-19 symptoms, call your healthcare provider and tell them about your symptoms.
 - For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow CDC guidance on how to reduce the risk of spreading your illness to others. People who are mildly ill with COVID-19 are able to isolate at home during their illness.
 - If you have been in China or another affected area or have been exposed to someone sick with COVID-19 in the last 14 days, you will face some limitations on your movement and activity for up to 14 days. Please follow instructions during this time. Your cooperation is integral to the ongoing public health response to try to slow spread of this virus.

POSSIBLE WASHINGTON CLUSTER

- On February 29, CDC and public health officials in the state of Washington reported three hospitalized patients who have tested presumptive-positive for the virus that causes COVID-19.
 - One of the patients has died. This is the first reported death in the United States from COVID-19.
- Two of the patients are from a long-term care facility where one is a health care worker. This is the first reported case in a healthcare worker.

- Additional residents and staff of the long-term care facility who have not yet been tested for COVID-19 are reportedly either ill with respiratory symptoms or hospitalized with pneumonia of unknown cause.
- The patient who died was being treated in the same hospital as one of the other presumptive positive cases, but was not a resident of the long-term care facility.
- While there is an ongoing investigation, the source of these infections is currently unknown.
 - Circumstances suggest person-to-person spread including in the long-term care facility.
- CDC is deploying a team to Washington to support the ongoing investigation to find and identify how the patients were exposed and do extensive contact tracing of people who were exposed or might have been exposed to the patients.

TESTING

- An important part of CDC's role in testing during a public health emergency is to develop a test for the pathogen and equip state and local public health labs with the capacity to test for this virus.
- Distribution of a CDC rRT-PCR test to diagnose COVID-19 began to state and local public health labs, but shortly thereafter performance issues were identified related to a problem in the manufacturing of one of the reagents, which led to laboratories not being able to verify the test performance.
- CDC worked on two potential resolutions to this problem.
 - CDC developed a new protocol that uses two of the three components of the original CDC test kit to detect the virus that causes COVID-19.
 - CDC established that the third component, which was the problem with the original test, can be excluded from testing without affecting accuracy.
 - CDC is working with FDA to amend the existing Emergency Use Authorization (EUA) for the test, but in the meantime, FDA granted discretionary authority for the use of the original test kits.
 - Public health laboratories can use the original CDC test kit to test for the virus that causes COVID-19 using the new protocol.
 - Further, newly manufactured kits have been provided to the International Reagent Resource for distribution.
- Combined with other reagents that CDC has procured, this is enough testing kits to test more than 75,000 people.
- In addition, CDC has two laboratories conducting testing for the virus that causes COVID-19. CDC can test approximately 350 specimens per day.
- Commercial labs are working to develop their own tests and hopefully will be available soon. This will allow a greater number of tests to happen close to where potential cases are.
- Learn more information about [CDC's laboratory work](#).

NONPHARMACEUTICAL INTERVENTIONS

- Nonpharmaceutical Interventions (NPIs) are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of illnesses like pandemic flu or COVID-19.
- NPIs are also known as community interventions.

- When a new virus spreads among people, causing illness worldwide, it is called a pandemic.
- Because the virus is new, the human population has little or no immunity against it. This allows the virus to spread quickly from person to person worldwide.
- NPIs are among the best ways of controlling a pandemic caused by a respiratory virus when vaccines are not yet available.
- NPIs are grouped in three categories:
 1. Personal NPIs (personal protective measures for everyday use and personal protective measures reserved for influenza pandemics);
 2. Community NPIs (social distancing measures and school closures and dismissals); and
 3. Environmental NPIs (surface cleaning measures)
- View [information about NPIs](#) and [factors to consider before implementing nonpharmaceutical interventions](#).

BACKGROUND

- This new coronavirus has been named “SARS-CoV-2;” the disease it causes has been named COVID-19.
- Due to potential for confusion with SARS-CoV, where possible, public communications will use “the virus that causes COVID-19.”

For more information please visit the Coronavirus Disease 2019 Outbreak Page at:

www.cdc.gov/COVID19.

CDC WEEKLY KEY MESSAGES

Coronavirus Disease 2019 (COVID-19) Outbreak

March 1, 2020

This document summarizes key messages about the COVID-19 outbreak and the response. It will be updated and distributed regularly. For the most current information, visit www.cdc.gov/COVID19.

All content updated since February 24 is shown in colored text.

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CORONAVIRUS DISEASE 2019 (COVID-19) NAMING

- The International Committee on Taxonomy of Viruses named the novel coronavirus causing an outbreak of respiratory illness that was first detected in Wuhan, Hubei Province, China, Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).
 - Due to potential for confusion with SARS-CoV, where possible, public communications will use “the virus that causes COVID-19.”

- On February 11, 2020, the World Health Organization (WHO) named the disease caused by this virus Coronavirus Disease 2019 (COVID-19).
 - **Disease name:** COVID-19

OUTBREAK SUMMARY

- There is an expanding outbreak of COVID-19 caused by a novel (new) coronavirus.
 - The outbreak began in China but is spreading worldwide and is threatening to cause a pandemic.
- Initially, many of the patients reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. Since then, sustained (ongoing) person-to-person spread in the community is occurring in some international locations.
- The newly emerged COVID-19 is a respiratory disease that seems to be spreading much like flu. It can spread from person-to-person.
- The new virus can cause illness varying from mild to severe, including potentially resulting in death.
- Outbreaks like this — when a new virus has emerged to infect people and spread between people — are especially concerning.

International

- Global case numbers are reported by WHO in their [COVID-19 situation reports](#).
 - As of **February 29**, more than **85,000** cases have been identified worldwide. More than **6,000** of these cases have occurred outside of China.
- On January 30, WHO declared this outbreak a Public Health Emergency of International Concern (PHEIC). A PHEIC is declared if an event poses a public health threat to other nations through the spread of disease and potentially requires a coordinated international response.

Domestic

- On January 31, Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the United States to aid the nation's healthcare community in responding to COVID-19.
- This is a very serious public health threat and the federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.
- The goal of the ongoing US public health response is to minimize introductions of this virus, detect new cases quickly, and reduce community spread of this new coronavirus in the US.
- As the virus continues to spread internationally and in the United States, it becomes harder and harder contain its spread.
- During the week of February 23, several instances of infection with the virus that causes COVID-19 occurred in people with no travel history and no known source of exposure in multiple states. [See section "Possible U.S. cluster" below.]

- [What is currently known about the potential cases of community spread has raised the level of concern about the immediate threat for COVID-19 for certain communities.](#)
- The coming days and weeks are likely to bring more confirmed cases of COVID-19 in the United States and globally, but strong public health measures now may blunt the impact of the virus in the United States.
- While it is unclear how this situation will evolve in the United States, CDC is preparing as if it were the next pandemic, while hoping it is not.
- The current outbreak meets two criteria for a pandemic. It is a new virus and it is capable of person-to-person spread. If sustained person-to-person spread in the community begins outside in China, this will increase the likelihood that a global pandemic will result.
- Extensive work has been done over the past 15 years in the United States to prepare for an influenza pandemic.
 - Guidance developed for influenza pandemic preparedness would be appropriate in the event the current COVID-19 outbreak triggers a pandemic.
 - Selected [pandemic preparedness materials are available online.](#)

U.S. OUTBREAK STATISTICS

Cases in the United States as of **February 29, 2020**:

- **Travel-related: 13** (12 confirmed, 1 presumptive positive)
- **Person-to-person spread: 9** (3 confirmed, 6 presumptive positive)
- **Total cases: 22** (15 confirmed, 7 presumptive positive)
- **Deaths: 1** (0 confirmed, 1 presumptive positive)

Persons repatriated to the United States and tested positive by CDC, as of **February 29, 2020**:

- Wuhan, China: **3**
- *Diamond Princess* Cruise Ship: **44**

For global cases, please see the WHO [daily situation reports](#).

POSSIBLE U.S. CLUSTER

- On February 29, CDC and public health officials in the state of Washington reported three hospitalized patients who have tested presumptive-positive for the virus that causes COVID-19.
- One of the patients has died. This is the first reported death in the United States from COVID-19.
- Two of the patients are from a long-term care facility where one is a healthcare worker.
 - This is the first reported case in a healthcare worker.
- Additional residents and staff of the long-term care facility who have not yet been tested for COVID-19 are reportedly either ill with respiratory symptoms or hospitalized with pneumonia of unknown cause.
- The patient who died was being treated in the same hospital as one of the other presumptive positive cases, but was not a resident of the long-term care facility.

- While there is an ongoing investigation, the source of these infections is currently unknown.
- Circumstances suggest person-to-person spread, including in the long-term care facility.
- CDC is deploying a team to Washington to support the ongoing investigation to find and identify how the patients were exposed and do extensive contact tracing of people who were exposed or might have been exposed to the patients.
- CDC infection control experts are assessing the risk of additional healthcare worker exposures and carefully reviewing infection control practices within the facility to protect residents and healthcare workers from further spread of COVID-19.
 - The general strategies CDC recommends to prevent the spread of COVID-19 in long-term care facilities (LTCF) are the same strategies these facilities use every day to detect and prevent the spread of other respiratory viruses like influenza. View [Strategies to Prevent the Spread of COVID-19 in LTCF](#) for more information.
 - All healthcare facilities [can take steps](#) now to prepare for COVID-19 and protect both their patients and staff.

CORONAVIRUS BACKGROUND

- Coronaviruses are a group of viruses that have a halo or crown-like (corona) appearance when viewed under a microscope. They are common in many different species of animals, including camels, cattle, cats, and bats.
- Human coronaviruses are a common cause of mild to moderate upper-respiratory illness. But three coronaviruses have emerged to cause more severe illness: Severe Acute Respiratory Syndrome (SARS-CoV), Middle East Respiratory Syndrome (MERS-CoV), and now the virus that causes COVID-19.
- On February 28, the Hong Kong Agriculture, Fisheries and Conservation Department (AFCD) reported a pet dog had tested “weak positive” to COVID-19 through nose and mouth samples. The dog had contact with a person infected with COVID-19. View the [AFCD official report](#).
 - CDC is working with human and animal health partners to monitor this situation and will continue to provide updates as information becomes available.
 - It’s important to remember dogs that have their own coronaviruses.
 - To date, CDC has not received any reports of pets or other animals becoming sick with COVID-19. At this time, there is no evidence that pets, including dogs, can spread COVID-19.
 - There is no reason to think that any animals, including pets, in the United States might be a source of infection with this new coronavirus.

TRANSMISSION

- Much is unknown about how the new coronavirus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.
- Most often, person-to-person spread is thought to happen among people in close contact (about 6 feet) with each other.
- Person-to-person spread is thought to occur mainly [through](#) respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory

pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

- How easily a virus spreads person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so.
- [It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.](#)
- Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (sickest).
- Mother-to-child transmission during pregnancy is unlikely, but after birth a newborn is susceptible to person-to-person spread.
- To date, CDC does not have any evidence to suggest that animals imported from China pose a risk for spreading the new coronavirus in the United States.
- At this time, CDC has no data to suggest that this new coronavirus or other similar coronaviruses are spread by mosquitoes.
 - Mosquitoes cannot spread all types of viruses. For a virus to pass to a person through a mosquito bite, the virus must be able to replicate inside the mosquito.
- There is much more to learn about the spread of this new coronavirus, severity of the disease, and other features associated with this outbreak and investigations are ongoing. This information will further inform the [risk assessment](#).

DIAGNOSIS AND TREATMENT

- CDC developed a real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test to detect SARS-CoV-2 (the virus that causes COVID-19) in respiratory samples from clinical specimens.
- On January 24, CDC publicly posted the assay protocol for this test.
- CDC submitted an Emergency Use Authorization (EUA) package to the U.S. Food and Drug Administration on February 3 for its test.
- FDA approved the Emergency Use Authorization on February 4.
- The first manufactured batch of CDC test kits were made available for ordering by domestic and international partners through the agency's [International Reagent Resource \(IRR\)](#) on February 5.
- Upon arrival at public health laboratories, when laboratories began trying to verify the assay, several laboratories reported issues.
 - Specifically, some laboratories found sporadic reactivity in the negative control of one of the three assay components.
 - This sporadic activity resulted in an inconclusive test result.
- Routine quality control (QC) measures aim to identify these types of issues. It is unclear why QC did not detect this issue before the kits were sent out to states.

- On February 26, CDC, in conjunction with FDA, determined how to move forward and shared this information immediately with public health labs through the Association of Public Health Laboratories (APHL):
 - CDC is remanufacturing the test kits to ensure that laboratories have effective and reliable kits. The new kits will only include the two components (e.g., reagents) that are specific to novel coronavirus.
 - In the meantime, before new test kits are available:
 - States that were able to validate all three assays should continue to test in this manner.
 - States that were able to validate the other two assays (N1 and N2) can test using these two assays. We anticipate this will increase testing capacity to about 40 state and local health departments.
 - FDA granted CDC “enforcement discretion,” which means that testing in this manner can move forward while an updated EUA is officially completed.
 - CDC distributed updated instructions for use through APHL.
- On February 27, CDC distributed new test kits to 7 laboratories to serve as evaluation sites to ensure these health departments are able to verify the assay. An additional 40 test kits were hand carried to IRR for repackaging and distribution to additional public health labs.
- On February 28, IRR began to distribute new test kits to the additional 40 laboratories.
- There is no specific antiviral treatment for COVID-19. People with COVID-19 should receive supportive care to help relieve symptoms.
- For severe cases, treatment should include care to support vital organ functions.

PREVENTION

- There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.
- CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:
 - Avoid touching your eyes, nose, and mouth with unwashed hands.
 - Avoid close contact with people who are sick.
 - Stay home when you are sick.
 - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
 - Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
 - Wash your hands often with soap and water for at least 20 seconds, especially after [blowing your nose, coughing or sneezing; going to the bathroom; and before eating or preparing food.](#)
 - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

MINIMIZING STIGMA AND MISINFORMATION

- [Minimizing stigma and misinformation](#) is important, especially during contagious disease outbreaks.
- **Everyone:** Know the facts about COVID-19 and help prevent the spread of rumors:
 - Fight stigma by supporting people who are coming back to school or work after completing their quarantine or isolation period for COVID-19 exposure or illness.
 - Someone who has completed their quarantine or met the requirements to discontinue infection control measures does not pose a risk of spreading COVID-19.
 - People of Asian descent, including Chinese Americans, are not more likely to get coronavirus than anyone else. Let people know that being of Asian descent does not increase the chance of getting or spreading COVID-19.
 - Viruses cannot target people from specific populations, ethnicities, or racial backgrounds.
 - People who have not been in contact with a person who is a confirmed or suspected case are not at greater risk of acquiring and spreading this new virus than others.
- People who returned more than 14 days ago from an [area with widespread or ongoing community spread](#) and do not have symptoms of coronavirus do not put others at risk.
- To [help counter stigma](#), public health professionals can:
 - Maintain privacy and confidentiality of those seeking health care and those who may be part of any contact investigation.
 - Communicate the risk or lack of risk from associations with products, people, and places in a timely manner.
 - Raise awareness of COVID-19 [while showing empathy for people's concerns and fears](#).
 - Share accurate information about how the virus spreads.
 - Speak out against negative behaviors, including negative statements on social media about groups of people, or exclusion of people who pose no risk from regular activities.
 - Be cautious about the images that are shared. Make sure they do not reinforce stereotypes.
 - Engage with stigmatized groups in person and through media channels including news media and social media.
- Share the need for social support for people who have returned from China or are worried about friends or relatives in the affected region.

TRAVEL

Travel Restrictions from China and Iran:

- President Trump issued a [Presidential Proclamation](#) on January 31, to implement temporary measures to increase our abilities to detect and contain the novel coronavirus proactively and aggressively.

- The proclamation took effect at 5 p.m. EST, Sunday, February 2.
- The proclamation suspends entry to the United States of foreign nationals who have been in China (excluding Hong Kong and Macau) in the past 14 days. There are some exemptions, including for immediate family members of US citizens and legal permanent residents. (Hereafter referred to as “American citizens and exempted persons.”)
- In addition:
 - All American citizens and exempted persons coming from China will be directed to (“funneled to”) one of 11 US airports.
 - American citizens and exempted persons who have been in Hubei province in the previous 14 days will have an additional health assessment (screened for fever, cough, or difficulty breathing).
 - If symptomatic, American citizens and exempted persons will be transferred for further medical evaluation. (They will not be able to complete their itinerary.)
 - If asymptomatic, American citizens and exempted persons will be subject to a mandatory quarantine at or near that location until 14 days after they left Hubei Province. (They will not be able to complete their itinerary.)
 - American citizens and exempted persons who have been in other parts of mainland China (outside of Hubei Province) in the previous 14 days will have an additional health assessment (screened for fever, cough, or difficulty breathing).
 - If symptomatic, American citizens and exempted persons will be transferred for medical evaluation. (They will not be able to complete their itinerary at that time.)
 - If asymptomatic, American citizens and exempted persons will be allowed to reach their final destination and, after arrival, will self-monitor under public health supervision for 14 days.
- The 11 airports where travelers are being funneled include:
 - John F. Kennedy International Airport (JFK), New York
 - Chicago O’Hare International Airport (ORD), Illinois
 - San Francisco International Airport (SFO), California
 - Seattle-Tacoma International Airport (SEA), Washington
 - Daniel K. Inouye International Airport (HNL), Hawaii
 - Los Angeles International Airport (LAX), California
 - Hartsfield-Jackson Atlanta International Airport (ATL), Georgia
 - Washington-Dulles International Airport (IAD), Virginia
 - Newark Liberty International Airport (EWR), New Jersey
 - Dallas/Fort Worth International Airport (DFW), Texas
 - Detroit Metropolitan Airport (DTW), Michigan
- As of February 27, about 48,000 people have been screened at US airports.
- On February 29, the U.S. government announced it was suspending entry of foreign nationals who have been in Iran within the past 14 days.

Travel Notices and Advisories:

- To date, CDC has issued:
 - [Level 3 Travel Health Notices \(Avoid Nonessential Travel\) for China, Iran, Italy, and South Korea.](#)
 - [Level 2 Travel Health Notices \(Practice Enhanced Precautions\) for Japan.](#)
 - [Level 1 Travel Health Notices \(Practice Usual Precautions\) for Hong Kong.](#)
- CDC recommends that all travelers reconsider cruise ship voyages into or within Asia at this time.
 - CDC's recommendation is consistent with [guidance from the U.S. Department of State.](#)

Repatriation flights and quarantine orders:

- CDC has supported the Department of State in the safe and expedient ordered departure of US citizens and residents affected by outbreaks of COVID-19.
- Five chartered flights returned passengers from Wuhan City, China.
- Most recently, passengers from a cruise ship docked in Japan are in the process of being repatriated. (See section: *Diamond Princess*)
- The Department of Health and Human Services (DHHS) Secretary, under statutory authority, issued federal quarantine orders to all such passengers entering the United States.
 - The quarantine period is for 14 days.
 - The quarantine is a precautionary and preventive step to maximize the containment of the virus in the interest of the health of the American public.
 - This quarantine order also serves to protect the health of the repatriated persons, their families, and their communities.
- Medical staff monitor the health of each traveler, including temperature checks and observation for respiratory symptoms.
- CDC works with state and local public health departments and/or HHS's Incident Management Team (IMT) to transport any passenger exhibiting symptoms to a hospital for further evaluation.
- At the end of the 14-day period, people who have not developed symptoms have their quarantine order lifted and are free to return home.
- Almost all people from the Wuhan flights who were quarantined have fulfilled their 14-day quarantine period and have been released.

Diamond Princess:

- CDC supported the Department of State-led mission to repatriate US citizens returning to the United States from Japan who were aboard the *Diamond Princess* cruise ship.
 - Due to the dynamic nature of the ongoing outbreak, the US government recommended that US citizens disembark and return to the United States.
- On February 16, 329 American citizens returned by flights chartered by the State Department.
 - The planes were met by a team of U.S. government personnel deployed at the bases to assess the health of the passengers.
 - The passengers were screened before leaving the ship and were monitored and evaluated by medical and public health personnel during the trip and after arrival. They

will continue to be monitored [by medical and public health personnel](#) throughout the 14-day quarantine period.

- Americans returned by flights chartered by the State Department are subject to a 14-day federal quarantine and are housed at two existing federal quarantine sites for repatriated travelers:
 - Travis Air Force Base in California
 - Joint Base San Antonio-Lackland in Texas
- [No US citizens remain on the Diamond Princess.](#)
- More than [50](#) Americans who were on board the *Diamond Princess* remain in Japan, hospitalized with COVID-19, including some who are reportedly severely ill.
- The US Government is taking measures to protect the health of the people under quarantine, their loved ones, and their communities, as well as the communities where they are being temporarily housed.
- Based on what is known about this virus and other coronaviruses, CDC believes the risk to the communities temporarily housing these people is low.

WHAT CDC IS DOING

CDC Response in the US:

- The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.
- The goal of the ongoing US public health response is to detect new cases quickly and prevent further spread of COVID-19 in this country.
- CDC established a COVID-19 Incident Management Structure on January 7. On January 21, CDC activated its Emergency Operations Center to better provide ongoing support to the COVID-19 response.
- The US government has taken unprecedented steps with respect to travel in response to the growing public health threat posed by this new coronavirus.
 - Effective February 2, at 5pm, the [US government suspended entry of foreign nationals who have been in China within the past 14 days.](#)
 - US citizens, residents, and their immediate family members who have been in Hubei province and other parts of mainland China are allowed to enter the United States, but they are subject to health monitoring and possible quarantine for up to 14 days.
 - On February 29, the U.S. government announced it was suspending entry of foreign nationals who have been in Iran within the past 14 days.
 - [CDC has issued the following travel guidance related to COVID-19:](#)
 - [China — Level 3, Avoid Nonessential Travel](#) — updated February 22;
 - [Hong Kong — Level 1, Practice Usual Precautions](#) — issued February 19;
 - [Iran — Level 3, Avoid Nonessential Travel](#) — updated February 28;
 - [Italy — Level 3, Avoid Nonessential Travel](#) — updated February 28;
 - [Japan — Level 2, Practice Enhanced Precautions](#) — updated February 22;

- [South Korea — Level 3, Avoid Nonessential Travel](#) — updated February 24.
- CDC also recommends that [all travelers reconsider cruise ship voyages into or within Asia at this time.](#)
- CDC is issuing [clinical guidance](#), including:
 - On January 30, CDC published [guidance for healthcare professionals on the clinical care of COVID-19 patients.](#)
 - On February 3, CDC posted [guidance for assessing the potential risk for various exposures](#) to COVID-19 and managing those people appropriately.
 - [On February 27, CDC updated its criteria to guide evaluation of persons under investigation for COVID-19.](#)
 - [On February 28, CDC issued a Health Alert Network \(HAN\): Update and Interim Guidance on Outbreak of COVID-19.](#)
- CDC has deployed multidisciplinary teams to support state health departments with clinical management, contact tracing, and communications.
- CDC has helped mobilize state health departments to receive returned repatriated travelers.
 - Through the Public Health Emergency Preparedness (PHEP) cooperative agreement, 62 state PHEP programs across the country are part of the multi-agency infrastructure working on quarantine, isolation, case finding, protecting health care workers and assuring medical supply chains.
 - State PHEP programs stand ready to address future developments in the outbreak.
- CDC has worked with the Department of State, supporting the safe return of Americans who have been stranded as a result of the ongoing outbreaks of COVID-19 and related travel restrictions. CDC has worked to assess the health of passengers as they return to the United States and provided continued daily monitoring of people who are quarantined.
- [An important part of CDC's role during a public health emergency is to develop a test for the pathogen and equip state and local public health labs with testing capacity.](#)
 - [After distribution of a CDC rRT-PCR test to diagnose COVID-19 to state and local public health labs started, performance issues were identified related to a problem in the manufacturing of one of the reagents. Laboratories were not able to verify the test performance.](#)
 - [CDC worked on two potential resolutions to this problem.](#)
 - [CDC developed a new protocol that uses two of the three components of the original CDC test kit to detect the virus that causes COVID-19 after establishing that the third component, which was the problem with the original test, can be excluded from testing without affecting accuracy.](#)
 - [CDC is working with FDA to amend the existing Emergency Use Authorization \(EUA\) for the test, but in the meantime, FDA granted discretionary authority for the use of the original test kits.](#)
 - [Further, newly manufactured kits have been provided to the \[International Reagent Resource\]\(#\) for distribution.](#)
 - [On February 27, CDC distributed new test kits to 7 laboratories to serve as evaluation sites to ensure health departments are able to verify the](#)

assay. On February 29, 6 of 7 pilot laboratories reported successful completion of the verification panel.

- An additional 40 test kits were hand carried to IRR for repackaging and distribution to additional public health labs.
- On February 28, IRR began to distribute new test kits to the additional 40 laboratories.
- Combined with other reagents that CDC has procured, there are enough testing kits to test more than 75,000 people.
- In addition, CDC has two laboratories conducting testing for the virus that causes COVID-19. CDC can test approximately 350 specimens per day.
- CDC has been uploading the entire genome of the viruses from reported cases in the United States to GenBank as sequencing was completed.
- CDC has grown the virus in cell culture, which is necessary for further studies, including for additional genetic characterization. The cell-grown virus was sent to NIH's BEI Resources Repository for use by the broad scientific community.

Internationally:

Note: Due to the rapidly changing situation, any statements on CDC involvement in China need case-by-case clearance.

- CDC is working diligently and closely with partners to support the response to this novel coronavirus outbreak.
- CDC has staff stationed in more than 60 countries across the globe. CDC has offices in China, in a number of the countries reporting cases of COVID-19, and in countries that have not yet reported cases of COVID-19 but are busy with planning and preparedness efforts.
 - CDC and the government of China have collaborated for the past 30 years addressing public health priorities affecting the US, China, and the world.
- In addition to working with host country officials, CDC staff are working in coordination with Department of State and other agencies within US embassies.
- CDC is mobilizing Atlanta-based staff to support the response. Many of these staffers have extensive experience responding to global outbreaks.
- CDC has identified experts who are prepared to join a planned WHO mission to support efforts to better understand the severity and transmissibility of the virus.
- In China, CDC is an important technical partner for the Chinese Field Epidemiology Training Program (FETP). and has been involved in the program since 2004.
 - More than 800 FETP-trained residents or graduates of FETP are supporting ongoing COVID-19 response efforts.
 - In 2019 specialized FETP training tracks were established in non-communicable diseases and tuberculosis.
- CDC has supported China CDC's national influenza laboratory for more than 20 years.

- CDC works in close partnership with the China CDC's National Influenza Epidemiology, Virology, and Pandemic Preparedness Centers, China's provincial and local CDCs, hospitals, and academic institutions.
- CDC supports Chinese partners in monitoring seasonal and novel influenza viruses, as well as enhancing efforts to detect and respond to seasonal, avian, and other novel influenza viruses with pandemic potential. CDC's key supporting activities include:
 - Strengthening influenza surveillance for seasonal and novel influenza viruses
 - Conducting research to estimate disease burden and vaccine effectiveness among populations at greatest risk (including young children, older adults, and pregnant women)
 - Promoting influenza vaccination policy development and coverage
 - Supporting novel virus risk assessments
 - Establishing pandemic influenza preparedness in China
 - Maintaining close ties between US and China influenza experts
- In other countries, CDC is collaborating with WHO to support Ministries of Health to prepare and respond to the epidemic.
 - CDC is helping to support countries to implement WHO recommendations related to the diagnosis and care of patients, tracking the epidemic, and identifying people who might have COVID-19.
 - CDC staff are also starting to work together with country colleagues to conduct investigations that will help inform response efforts going forward.
 - CDC works closely with countries to establish FETPs that train a workforce of field epidemiologists —or disease detectives— to identify and contain outbreaks close to the source.
 - For country-specific information, please contact CDGlobal@cdc.gov.

RECOMMENDATIONS

- CDC routinely advises that people help protect themselves from respiratory illnesses by washing their hands often, avoiding touching their face with unwashed hands, avoiding close contact with people who appear sick, and cleaning frequently touched surfaces.
 - CDC defines close contact as—
 - Being within about 6 feet (2 meters) of someone with COVID-19 for a prolonged period of time, such as living with, visiting, caring for or sharing a room in a healthcare facility
 - or -
 - By having direct contact with infectious secretions from a patient, such as being coughed on.
 - If you are a resident in a community where person-to-person spread of COVID-19 has been detected and you develop COVID-19 symptoms, call your healthcare provider and tell them about your symptoms.

- For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow CDC guidance on how to reduce the risk of spreading your illness to others. People who are mildly ill with COVID-19 are able to isolate at home during their illness.

Recent Travelers to [Geographic Areas with Sustained Spread](#):

- If you were in [geographic areas with sustained spread \(China, Iran, Italy, Japan, or South Korea\)](#) and feel sick with fever, cough, or difficulty breathing, within 14 days after leaving the country, you should:
 - Seek medical advice. Before you go to a doctor's office or emergency room, call ahead and tell them about your recent travel and your symptoms.
 - Avoid contact with others.
 - Not travel while sick.
 - Cover your mouth and nose with a tissue or your sleeve (not your hands) when coughing or sneezing.
 - [Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol immediately after coughing, sneezing or blowing your nose. Soap and water should be used if hands are visibly dirty.](#)

People Confirmed to Have, or Being Evaluated for, COVID-19:

- Your doctors and public health staff will evaluate whether you can be cared for at home. If it is determined that you can be isolated at home, you will be monitored by staff from your local or state health department. You should follow the prevention steps below until a healthcare professional or local or state health department says you can return to your normal activities. Detailed information is available at [Interim Guidance for Preventing COVID-19 from Spreading to Others in Homes and Communities](#).
 - Stay home except to get medical care.
 - Separate yourself from other people in your home.
 - Call ahead before visiting your doctor.
 - Wear a facemask.
 - Cover your coughs and sneezes with a tissue or cough or sneeze into your sleeve.
 - Wash your hands often with soap and water for at least 20 seconds.
 - Avoid sharing household items like eating utensils, cups, or linens.
 - Monitor your symptoms and seek prompt medical attention if your symptoms worsen.

On February 27, CDC [updated](#) interim guidance for state and local public health officials on how to assess and manage the risks posed by patients who may have been exposed to this new coronavirus.

- This guidance establishes four risk categories: High, Medium, Low and No Identifiable Risk.
- The categories are based on a person's travel history and possible contact with patients who have laboratory-confirmed infections.
- The guidance **offers recommendations** for movement restrictions and public health evaluations for people in different risk categories.

- In most cases, state and local authorities will make these decisions. Federal public health authority primarily extends to international arrivals at ports of entry and preventing interstate communicable disease threats.
- These guidelines are subject to change as the situation requires. They do not apply retroactively to people who have been in [an affected area with sustained transmission](#) during the previous 14 days and are already in the United States, or those being managed as part of a contact investigation.
- CDC will provide separate guidance for healthcare settings.

Close Contacts of Patients Under Investigation:

People who have had close contact with someone who is confirmed to have, or being evaluated for, COVID-19, should:

- Monitor your health starting from the day you first had close contact with the person and continue for 14 days after you last had close contact with the person. Watch for these signs and symptoms:
 - Fever—take your temperature twice a day.
 - Coughing.
 - Shortness of breath or difficulty breathing.
 - Other early symptoms to watch for are chills, body aches, sore throat, headache, diarrhea, nausea, vomiting, and runny nose.
- **If you develop fever or any of these symptoms, call your healthcare professional right away.**
 - **Before** going to your medical appointment, be sure to tell your healthcare professional about your close contact with someone who is confirmed to have, or being evaluated for, COVID-19. This notification will help the healthcare professional's office take steps to keep other people from getting infected. Ask your healthcare professional to call the local or state health department.
- If you do not have any symptoms, you can continue with your daily activities, such as going to work, school, or other public areas.
- Detailed information for caregivers and household members can be found on the [Interim Guidance for Preventing COVID-19 from Spreading to Others in Homes and Communities](#) web page.

For Healthcare Professionals:

Patients in the United States who meet the following criteria should be evaluated as a patient under investigation (PUI) in association with the outbreak of COVID-19.

Clinical Features	&	Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected geographic areas (i.e., countries with CDC Travel Health Notices at warning levels 2 or 3) within 14 days of symptom onset
Fever and signs/symptoms of acute lower respiratory illness (e.g., pneumonia , ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	AND	No source of exposure has been identified

Note: The criteria are intended to serve as guidance for evaluation. In consultation with public health departments, patients should be evaluated on a case-by-case basis to determine the need for testing. Testing may be considered for deceased persons who would otherwise meet the PUI criteria. The above criteria are available on the [Interim Guidance for Healthcare Professionals web page](#).

- In addition to the above criteria, infants born to mothers with confirmed COVID-19 should be considered PUIs. As such, infants should be isolated according to the [Infection Prevention and Control Guidance for PUIs](#).

Recommendations for Reporting, Testing, and Specimen Collection:

- Clinicians should immediately implement recommended [infection prevention and control practices](#) if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and their state or local health department if a patient is classified as a PUI for COVID-19.
- State health departments that have identified a PUI or a laboratory-confirmed case should complete a [PUI and Case Report form](#) through the processes identified on CDC's Coronavirus Disease 2019 website.
- State and local health departments can contact CDC's Emergency Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping appropriate specimens to CDC for testing, including after hours or on weekends or holidays.
- Currently, diagnostic testing for COVID-19 is being performed at state public health laboratories and CDC. Testing for other respiratory pathogens should not delay specimen testing for COVID-19.

- For initial diagnostic testing for SARS-CoV-2, CDC recommends collecting and testing upper respiratory tract specimens (nasopharyngeal AND oropharyngeal swabs). CDC also recommends testing lower respiratory tract specimens, if available.
- For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended.
- For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen.
- Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for COVID-19](#) and [Biosafety FAQs](#) for handling and processing specimens from suspected cases and PUIs.
- Clinical specimens should be collected from PUIs for routine testing of respiratory pathogens at either clinical or public health labs. Note that clinical laboratories should NOT attempt viral isolation from specimens collected.
- Maintain proper infection control when collecting specimens.
- Additional guidance for collection, handling, and testing of clinical specimens is available on CDC's website.
- Detailed information on specimen types and shipping can be found on the Information for Laboratories web page.

COMMUNITY BASED INTERVENTIONS (AKA COMMUNITY MITIGATION)

- The current risk to Americans for COVID-19 is low, but Americans should be prepared for the possibility of a COVID-19 outbreak in their community. Everyone has a role to play.
- Currently a vaccine is not available for COVID-19. Until a vaccine is developed, community-based interventions, such as school dismissals, event cancellations, social distancing, plans to work remotely can help slow the spread of coronavirus.
- Your local public health department and community partners have been preparing for an event, like COVID-19 and have plans in place. Now is a good time for businesses, community and faith-based organizations, schools, and health-care systems to reexamine their preparedness plans to make sure they are ready.
- Strong community partnerships between local health departments, the health care sector, faith-based organizations, and other community partners are vital for this response, and will be necessary to prepare for and coordinate if an outbreak occurs.
- Community-based interventions can be grouped in three categories:
 - Personal protective measures (e.g., voluntary home isolation of ill persons, voluntary home quarantine of exposed household members, covering nose/mouth when coughing or sneezing, hand hygiene, using face masks in community settings when ill)
 - Community measures aimed at increasing social distancing (e.g., school dismissals, social distancing in workplaces, postponing or cancelling mass gatherings)
 - Environmental measures (e.g., routine cleaning of frequently touched surfaces)

CDC'S Approach to Community-Based Interventions

- The federal guidance provided by CDC is intentionally broad to allow flexibility for states and local health governments to tailor guidance to their circumstances. An intervention/ approach that is appropriate for one community with local transmission won't necessarily be appropriate for another community with no local transmission.
- Local health departments should evaluate and adapt CDC guidelines and recommendations based on local conditions and with input from community partners.
- The community can take measures to reduce the spread of the COVID-19. CDC recommends working with the local health department and community partners to determine options that make the most sense. Potential measures include dismissal of students from school and closure of childcare facilities, social distancing of adults in the community and workplace, which may include cancellation of large public (or mass) gatherings and encouraging teleworking and alternate work schedules to decrease social density.

Household/Personal Protective Measures

- Everyone can do their part to help plan for, prepare, and respond to this emerging public health threat.
- Handwashing with soap and water is one of the best ways to protect against the virus.
- Creating a household emergency plan can help protect your health and the health of those you care about.
- CDC recommends that individuals/households create an emergency plan of action, practice good personal health habits and plan for home-based care (if needed), be prepared for your child's school or childcare facility to be temporarily dismissed, and plan for changes at your workplace.
- During an outbreak in your community, stay home when you are sick with COVID-19 symptoms, keep away from others who are sick, and limit face-to-face contact with others.

Community Measures

- Mass gatherings:
 - Mass gatherings and events, such as concerts, festivals, conferences, worship services, and sporting events, increase the chance of a virus, like COVID-19, to spread and infect people crowded together within a close proximity.
 - You may need to modify, postpone, or cancel your event. CDC recommends working with the emergency operations coordinator or planning team at your venue and staying informed about the local COVID-19 situation in your area.
 - CDC is in the process of creating a planning guide to help event organizers and staff plan and prevent the introduction of COVID-19 into their mass gathering or event.
- Community and faith-based organizations:
 - Local leaders and community organizers play a vital role to bring the community together to help plan for and reduce the impact of a potential COVID-19 outbreak. Since you know your community members the best, you can ensure groups most vulnerable to COVID-19 are considered and included in the planning process.

- CDC recommends finding out if your local government has a private-public emergency planning group that meets regularly that you can join. If not, suggest one that should be set up. Building strong alliances before a pandemic can help provide your organization with the support and resources needed.
- CDC is in the process of a planning guide to help you create an emergency plan for your community and faith-based organization.
- Administrators of U.S. childcare programs and K-12 schools:
 - Schools should plan for and prepare for a potential community-level outbreak of COVID-19. Fortunately, many of the steps to plan and prepare for COVID-19 are the same steps schools take to keep students healthy and safe from the flu.
 - CDC recommends childcare and K-12 school officials:
 - Collaborate with local health departments and partners to review, update, and implement emergency operations plans.
 - Develop information-sharing systems with partners that can be used for day-to-day reporting and disease surveillance to identify unusual rates of absenteeism.
 - Review attendance and sick leave policies; encourage students and staff to stay home when sick and establish procedures to ensure student and staff who become sick at school or arrive at school sick are sent home as soon as possible.
 - Perform routine environmental cleaning.
 - Create communications plans for use with the school community.
 - The decision to dismiss a school should be made locally. CDC recommends working with local health officials to determine if, when, and for how long schools may need to be dismissed in the event of an outbreak. (NOTE: DOE does not recommend using “school closure” terminology.)
 - School administrators should plan to provide critical support services, such as continuity of education and continuity of school meal programs, if schools are dismissed.
 - CDC has created interim guidance for administrators of U.S. childcare programs and K-12 schools to help plan, prepare, and respond to COVID-19.

HAND HYGIENE IN COMMUNITY SETTINGS (ENVIRONMENTAL MEASURES)

- Handwashing is one of the best ways to protect yourself and your family from getting sick.
- Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Always wash hands with soap and water if hands are visibly dirty.
- Follow these steps to make sure you wash your hands properly:

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

INFECTION PREVENTION AND CONTROL FOR HEALTHCARE SETTINGS

- Healthcare personnel (HCP) are on the front lines of caring for patients with confirmed or possible COVID-19. HCP caring for these patients have an increased risk of exposure to this virus.
- HCP can minimize their risk of exposure when caring for confirmed or possible COVID-19 patients by following CDC infection prevention and control (IPC) guidelines, including use of recommended personal protective equipment (PPE).
- Based on what CDC knows now related to severity, transmission efficiency, and shedding duration, CDC is currently recommending Standard, Contact, and Airborne Precautions, including eye protection, when caring for patients with confirmed or possible COVID-19.
- As CDC learns more about COVID-19, and as the needs of the response within US healthcare facilities change, CDC will refine and update this early and aggressive IPC approach.
- Infection control procedures and appropriate use of PPE are necessary to prevent infections from spreading while caring for patients. CDC reminds all employers and HCP that PPE is only one aspect of safe care of patients with COVID-19.
 - Focusing only on PPE gives a false sense of security of safe care and worker safety.
 - It is critical to focus on other pathways to prevent spread of COVID-19 in healthcare settings. Examples include prompt screening and triage, limiting personnel in the room, and using Airborne Infection Isolation Rooms (AIIR).
- CDC’s current guidelines are designed to prevent the spread of COVID-19 within healthcare facilities to healthcare personnel and other patients who may be exposed to a patient with confirmed or possible COVID-19.
- Healthcare personnel caring for patients with confirmed or suspected COVID-19 should adhere to CDC recommendations for [infection prevention and control \(IPC\)](#):
 - Assess and triage patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure. Place a facemask on the patient and isolate them in an AIIR, if available.
 - Use [Standard, Contact, and Airborne](#) Precautions, including eye protection, when caring for patients with confirmed or possible COVID-19.
 - Perform hand hygiene with alcohol-based hand sanitizer before and after all patient contact, before and after contact with potentially infectious material, and before

putting on and upon removal of PPE, including gloves. Use soap and water if hands are visibly soiled.

- Practice how to properly [don, use, and doff PPE](#) in a manner to prevent self-contamination.
- Perform aerosol-generating procedures (e.g., sputum induction, open suctioning of airways) in an AIIR, while following appropriate IPC practices, including use of appropriate PPE.
- The collection of respiratory specimens (e.g., nasopharyngeal swabs) are likely to induce coughing or sneezing. HCP collecting specimens for testing for COVID-19 from patients with known or suspected COVID-19 (i.e., PUI) should adhere to Standard, Contact, and Airborne Precautions, including the use of eye protection. These procedures should take place in an AIIR or in an examination room with the door closed. Ideally, the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration.
- Healthcare facilities can minimize the chance for exposures by ensuring facility policies and practices are in place and implemented before patient arrival, upon patient arrival, and throughout the duration of the affected patient's time in the healthcare setting.
- Healthcare facilities should promptly notify state or local public health authorities of patients with known or possible COVID-19 (i.e., persons under investigation or PUIs), and should designate specific persons within the healthcare facility who are responsible for communication with public health officials and dissemination of information to HCP.
- All healthcare facilities should ensure that their personnel are correctly trained and capable of implementing infection control procedures. Individual healthcare personnel should ensure they understand and can adhere to infection control requirements.
- Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
 - Products with [EPA-approved emerging viral pathogens claims](#) are recommended for use against SARS-CoV-2, the virus that causes COVID-19.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures. Federal, state, and local guidelines and regulations specify the categories of medical waste that are subject to regulation and outline the requirements associated with treatment and disposal.
- As a reminder, the role of face masks is for source control, and not to prevent exposure.
- CDC recommends that employees who are confirmed to have COVID-19, those who appear to have acute respiratory illness symptoms upon arrival to work, and persons who become sick during the work day promptly put on a facemask, be separated from other people, and be sent home immediately.
- If facemasks are not available, sick healthcare personnel should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).

WHAT CDC IS DOING TO PROTECT HEALTHCARE PERSONNEL

- CDC is providing regular communication to the US healthcare community through targeted outreach activities.
- CDC is rapidly developing [guidance and resources](#) to protect US healthcare personnel. Current guidance and recommendations are designed to protect healthcare personnel and prevent the spread of the virus that causes COVID-19 within US healthcare facilities.
- CDC has deployed field teams to provide onsite infection control assessment and consultation to the US healthcare facilities currently treating confirmed COVID-19 patients and the passengers returning from China.
- CDC is preparing first responders, healthcare providers, and health systems, by:
 - Establishing visibility across healthcare systems to understand healthcare use, particularly surges in demand for medical care and associated resources.
 - Conducting extensive outreach to clinical and hospital professional organizations to ensure health system preparedness.
 - Producing guidance documents on infection control, hospital clinical evaluation and patient management.
 - Working closely with healthcare facilities and providers to reinforce infection control principles that recognize PPE is one component of a larger set of practices that help to limit the spread of disease.
 - Developing a range of respirator conservation strategies, including strategies to make supplies last longer (such as using alternative products like reusable respirators) and extending the use of disposable respirators.
 - Leveraging existing telehealth tools to direct people to the right level of care.
 - Working with supply chain partners to understand supply usage, what products are available, and when more aggressive measures may need to be taken to ensure that HCPs at highest risk have access to PPE.
 - Sharing information with stakeholders to help them recognize when to shift the strategies they are using.
- Healthcare personnel (HCP) often have prolonged close contact with patients in healthcare settings and may come in contact with a person infected with COVID-19. HCPs can protect themselves by properly following recommended infection control practices, including the appropriate use of PPE when caring for patients with COVID-19.
- CDC recommends evaluating asymptomatic HCPs with close contact or a potential exposure to COVID-19 by assessing risk, monitoring symptoms, and determining appropriate work restrictions.

MANAGEMENT OF PATIENTS GUIDANCE FOR HEALTHCARE PROVIDERS

Clinical Presentation

- Most frequently reported symptoms of COVID-19 include fever, cough, sore throat, myalgia, or fatigue. Less commonly reported symptoms include sputum production, headache, hemoptysis, and diarrhea. Older patients and people with chronic medical conditions may be at higher risk of severe illness.
 - Possible risk factors for progressing to severe illness may include, but are not limited to, older age and underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy.

Clinical Course

- Symptoms among reported cases of COVID-19 vary in severity from mild illness to severe or fatal illness.
- Some reports suggest the potential for clinical deterioration during the second week of illness.
- Among hospitalized patients with confirmed COVID-19, some will develop complications:
 - Acute respiratory distress syndrome (ARDS)
 - Intensive care for respiratory support
 - Pneumonia resulting in death
 - Secondary infection

Laboratory and Radiographic Findings

- SARS-CoV-2 RNA has been detected from upper and lower respiratory tract specimens, and the virus has been isolated from bronchoalveolar lavage fluid.
- The duration of shedding of SARS-CoV-2 RNA in the upper and lower respiratory tracts is not yet known but may be several weeks or longer.

Clinical Management and Treatment

- No specific treatment for COVID-19 is currently available. Prompt infection prevention and control measures and supportive management of complications is recommended.
- Patients with mild clinical presentation may not initially require hospitalization.
- The decision to monitor a patient in the inpatient or outpatient setting should be made on a case-by-case basis.

INTERIM GUIDANCE FOR BUSINESSES AND EMPLOYERS (NON-HEALTHCARE SETTINGS)

- [Interim guidance for businesses and employers](#) to plan for and respond to COVID-19 is now available on CDC's website. This interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. The guidance also provides planning considerations if there are more widespread, community outbreaks.
- Employers can use strategies now to prevent workplace exposures to acute respiratory illness:

- Actively encouraging sick employees to stay home
- Separating sick employees
- Emphasizing staying home when sick, respiratory etiquette, and hand hygiene by all employees
- Performing routine environmental cleaning
- Advising employees before traveling to take certain steps
- Checking the [CDC's Traveler's Health Notices](#) website for the latest guidance and recommendations for each country to which you will travel
- For the general public, who are unlikely to be exposed to this virus, the immediate health risk from COVID-19 is considered low at this time. Some people, like healthcare workers caring for COVID-19 patients and other close contacts of COVID-19 patients, will have an increased risk of infection.
 - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
 - If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act. Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for [how to conduct a risk assessment](#) of their potential exposure.
- Employers should be ready to implement strategies to protect the workforce from COVID-19 while ensuring the continuity of operations.
 - An infectious disease outbreak response plan should include possible work-related exposures and health risks to employees. The plan should also explore flexible worksites (e.g., telecommuting) and work hours in accordance with human resource policies.

Consular Notification Guidance for State and Local Authorities Regarding Foreign Nationals Detained for Medical Reasons

SUMMARY: Given the scale and international scope of the novel coronavirus outbreak, the U.S. Department of State is providing this guidance to state and local authorities that are monitoring and treating individuals who are or are reasonably believed to be infected with the virus SARS-CoV-2 or COVID-19 disease. Since some individuals being monitored and/or treated may be foreign nationals, the U.S. Department of State would like to ensure that those individuals detained for medical reasons are advised that they may communicate with consular officers from their countries and, when requested or required, foreign embassies and consulates in the United States are informed. We ask that where notification is requested or required, state and local authorities, in coordination with the Centers for Disease Control and Prevention (CDC), notify foreign missions promptly. Consular notification obligations are reciprocal; your prompt action will support the Department of State's receipt of timely notification of U.S. citizens who are detained for medical reasons in foreign countries. Questions about obligations of state and local authorities or consular notification and access in general, should be directed to the Bureau of Consular Affairs, U.S. Department of State at consnot@state.gov.

Consular Notification and Access Obligations with Respect to Detained Foreign Nationals

Under the treaty obligations of the United States, federal, state, and local government officials are obligated to provide notification information to certain foreign consular officers and permit those officers to assist their nationals in the United States. When foreign nationals from most countries are detained, they must be advised without delay that they may, upon request, have their consular officers notified, and that they may communicate with the consular officers. If the foreign national requests notification, the nearest consulate or embassy must be notified without delay. For foreign nationals of some countries, consular officers must be notified of the detention, even if the foreign national does not request or want notification.

Who is a Foreign National?

For the purposes of consular notification, a foreign national is any person who is not a U.S. citizen. This includes lawful permanent resident aliens (LPRs), who have a resident alien registration card (Department of Homeland Security Form I-551), more commonly known as a "green card." They retain their foreign nationality and must be considered "foreign nationals" for the purposes of consular notification. Consular notification and access requirements apply regardless of immigration status. There is no reason, for purposes of consular notification, to inquire into a person's legal status in the United States. For purposes of consular notification, you should make no distinctions based on whether the foreign national is in the United States "legally" or "illegally."

If a U.S. citizen detained for medical reasons has more than one nationality and asks that his or her other country of nationality be notified, the U.S. Department of State encourages notification be made.

What is "detention for medical reasons" and why does it trigger consular notification?

Consular notification and access may be triggered for foreign nationals hospitalized, isolated, quarantined, or otherwise in circumstances in which the foreign national is detained *pursuant to governmental authority (law enforcement, judicial, or administrative)* and is not free to leave. Under the Vienna Convention on Consular Relations and most bilateral international agreements, a foreign

national in such situations must usually be treated like a foreign national in detention, and appropriate consular notification must be provided. Further, in the case of the death of a foreign national in the United States, the nearest consulate of that national's country must be notified without delay.

As a general matter, even where an individual is not detained for medical reasons, the U.S. Department of State encourages medical facilities that are treating foreign nationals to inform those individuals that they may contact their embassy or consulate.

When is Notification Mandatory?

If a foreign national is from one of the 56 mandatory notification countries, notification of the detention *must* be made. In such cases, notifications to the consular officer must be made without delay, even if the foreign national objects. See the *List of Countries Requiring Mandatory Notification* at travel.state.gov/CNA.

For all other countries, authorities must inform the foreign national that he or she may have a consular officer notified of the detention and may communicate with that officer. The foreign national can accept or decline the offer of notification. If the foreign national accepts the offer, notification should be made, in coordination with CDC, without delay to the appropriate consular officer.

What is the Timeline for Notification?

Whether the case requires mandatory notification or the foreign national has requested consular notification, the notification to the foreign government's nearest embassy or consulate should be made within 24-72 hours.

Who Notifies?

In the United States, responsibility for consular notification rests with those officials, whether federal, state, or local, who are responsible for the legal action affecting the foreign national. Compliance with the notification requirements works best when it is undertaken by those government officials closest to the foreign national's situation and with direct responsibility for it. If you are a state or local official with a foreign national detained for medical reasons (e.g., isolation or quarantine), the list of points of contact for consular notification at foreign embassies in Washington can be found [here](#). Please contact the CDC at dgmqpolicyoffice@cdc.gov and notify the foreign mission (embassy or consulate) associated with the foreign national's citizenship.

Guidance and Questions

Instructions for carrying out consular notification and access and detailed information on best practices can be found in the *Consular Notification and Access Manual* on travel.state.gov/CNA. Questions about obligations of state and local authorities or consular notification and access in general, should be directed to the Bureau of Consular Affairs, U.S. Department of State at consnot@state.gov.

CDC Coronavirus Disease 2019 (COVID-19) Guidance for State, Local, and Territorial Partners and Local Health Departments

Interim guidance documents relevant to State, Local, and Territorial partners regarding COVID-19

Highlighted Text= New since February 21, 2020

Aircraft

[Interim Guidance for Airlines and Airline Crew: Coronavirus Disease 2019 \(COVID-19\)](#)

- Interim guidance for the commercial airline industry about COVID-19

[Preventing Spread of Disease on Commercial Aircraft: Guidance for Cabin Crew](#)

- This guidance provides cabin crew with practical methods to protect themselves, passengers, and other crew members when someone onboard is sick with a possible contagious disease.

[Safety Alert for Operators 20001: 2019 Novel Coronavirus: Interim Health Guidance for Air Carrier and Crews](#)

- Interim guidance from the CDC and Federal Aviation Administration for Air Carriers and Crewmembers

Businesses, Employers, and Schools

[Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 \(COVID-19\)](#)

- This interim guidance is intended to help administrators of public and private childcare programs and K-12 schools prevent the spread of COVID-19 among students and staff.

[Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 \(COVID-19\), February 2020](#)

- Interim guidance that may help prevent workplace exposures to acute respiratory illness, including COVID-19, in non-healthcare settings.

Community Infection Control

[Interim Guidance for Preventing the Spread of Coronavirus Disease 2019 \(COVID-19\) in Homes and Residential Communities](#)

- Interim guidance to help prevent COVID-19 from spreading among people in their homes and in other residential communities.

[Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19](#)

- Interim guidance to help healthcare providers and public health officials managing patients with coronavirus disease (COVID-19) under in-home isolation to help prevent the spread of COVID-19 in the community.

Community Mitigation

[CDC in Action: Preparing Communities for Potential Spread of COVID-19](#)

- Information on how CDC is aggressively responding to the global outbreak of COVID-19 and preparing for the potential of community spread in the United States.

Healthcare Facilities

[Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States](#)

- Outlines goals and strategies for all U.S. healthcare facilities to prepare for and respond to community spread of coronavirus disease-2019 (COVID-19).

[Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities \(LTCF\)](#)

- General strategies CDC recommends to prevent the spread of COVID-19 in LTCF

[Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019 \(COVID-19\)](#)

Healthcare Professionals and Infection Control

[Evaluating and Reporting Persons Under Investigation \(PUI\)](#)

- The Centers for Disease Control and Prevention (CDC) clinical criteria for a COVID-19 person under investigation (PUI). Subject to change as additional information becomes available.

[Coronavirus Disease 2019 \(COVID-19\) Risk Assessment and Public Health Management Decision Making](#)

- Flowchart for the evaluation of patients who may be ill with or who may have been exposed to COVID-19.

[Interim Infection Prevention and Control Recommendations for Patients with Confirmed Severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) or Persons Under Investigation for SARS-CoV-2 in Healthcare Settings](#)

- Interim infection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent infections from spreading during healthcare delivery. **This guidance is not intended for non-healthcare settings (e.g., schools) OR to persons outside of healthcare settings.**

[Interim Guidance of Emergency Medical Services \(EMS\) Systems and 911 Public Safety Answering Points \(PASPs\) for COVID-19 in the United States](#)

- Interim guidance for all first responders, including law enforcement, fire services, emergency medical services, and emergency management officials, who anticipate close contact with persons with confirmed or possible COVID-19 in the course of their work

[Interim Guidance for Collection and Submission of Postmortem Specimens from Deceased Persons Under Investigation \(PUI\) for COVID-19, February 2020](#)

- Interim guidance for the collection and submission of postmortem specimens from deceased persons under investigation (PUI) for COVID-19. This document also provides recommendations for biosafety and infection control practices during specimen collection and handling, including during autopsy procedures. The guidance can be utilized by medical examiners, coroners, pathologists, other workers involved in the postmortem care of deceased PUI, and local and state health departments.

[Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19](#)

- Interim guidance for healthcare providers and public health officials managing patients with coronavirus disease (COVID-19) to help prevent the spread of COVID-19 in healthcare facilities.

[Interim Clinical Guidance for Management of Patients with Confirmed COVID-19](#)

- Interim guidance for clinicians caring for patients with confirmed COVID-19

[Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus \(2019-nCoV\)](#)

- Interim guidance for staff at local and state health departments, infection prevention and control professionals, and healthcare personnel who are coordinating the home care and isolation¹ of people with confirmed or suspected 2019-nCoV infection, including persons under investigation (see [Criteria to Guide Evaluation of Persons Under Investigation \(PUI\) for 2019- nCoV](#)).

[Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus \(2019-nCoV\)](#)

- Interim guidance intended to assist with assessment of risk, monitoring, and work restriction decisions for HCP with potential exposure to 2019-nCoV. For guidance on assessment and management of exposure risk in non-healthcare settings, refer to [the Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel-associated or Community Settings](#).

Maritime

[Interim Guidance for Ships on Managing Suspected Coronavirus Disease 2019](#)

- Interim guidance for ships originating from, or stopping in, the United States to help prevent, detect, and medically manage suspected 2019-nCoV infections.

Laboratories

Research Use Only Real-Time RT-PCR Protocol for Identification of 2019-nCoV

- This document describes the use of real-time RT PCR (rRT-PCR) assays for the in vitro qualitative detection of SARS-CoV-2 in respiratory specimens and sera.

Research Use Only 2019-Novel Coronavirus (2019-nCoV) Real-time RT-PCR Primer and Probe Information

Personal Protective Equipment (PPE)

Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response

Healthcare Supply of Personal Protective Equipment

- CDC specific PPE recommendations based on the current COVID-19 situation and availability of PPE.

Optimizing N95 Strategies

- **Strategies for Optimizing the Supply of N95 Respirators**
- **Strategies for Optimizing the Supply of N95 Respirators: Contingency Capacity Strategies**
 - In the continuum of care, the following measures can be categorized as contingency capacity, which may change daily practices but may not have any significant impact on the care delivered to the patient or the safety of the HCP.
- **Strategies for Optimizing the Supply of N95 Respirators: Crisis/Alternate Strategies**
 - These crisis capacity or alternate strategies accompany and build on the conventional and contingency capacity strategies. The following measures are not commensurate with current U.S. standards of care.

Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response

- U.S. Government decision makers are considering whether these products should be released for use during the COVID-19 response. Information is provided below that may be used to inform these product release decisions.

Public Health Officials

Information for Health Departments on Reporting a Person Under Investigation (PUI) for 2019-nCoV

- Information for health departments on reporting and specimen referral for Persons Under Investigation (PUIs).
 - **Case Report Form for 2019 Novel Coronavirus**

Last updated: March 1, 2020

[Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation \(PUIs\) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings](#)

- Guidance is intended to address recommended infection prevention and control practices when public health interviews or assessments are performed at a home or non-home residential settings.

[Pandemic Preparedness Resources](#)

- While the content at the links provided below was developed to prepare for, or respond to, an influenza (“flu”) pandemic, the newly emerged coronavirus disease 2019 (COVID-19) is a respiratory disease that seems to be spreading much like flu. Guidance developed for influenza pandemic preparedness would be appropriate in the event the current COVID-19 outbreak triggers a pandemic.

Pregnant Women and Children

[Interim Guidance on Breastfeeding for a Mother Confirmed or Under Investigation for COVID-19](#)

- Interim guidance for women who are confirmed to have COVID-19 or are [persons-under-investigation \(PUI\)](#) for COVID-19 and are currently breastfeeding.

[Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings](#)

- Interim for healthcare facilities providing obstetric care for pregnant patients with confirmed coronavirus disease (COVID-19) or pregnant [persons under investigation \(PUI\)](#) in inpatient obstetric healthcare settings including obstetrical triage, labor and delivery, recovery and inpatient postpartum settings.

Travelers

[Information for Travelers](#)

- This page includes information about 2019 novel coronavirus (COVID-19) for travelers going to and returning from China, and information for aircrew and resources ship industry.

[Travelers to China](#)

- Travel recommendations for travel to China

[Travelers from China arriving in the U.S.](#)

- Information for travelers from China arriving to the U.S.

Risk Assessment

[Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(COVID-19\) Exposure in Travel-associated or Community Settings](#)

- Interim guidance to provide U.S. public health authorities and other partners with a framework for assessing and managing risk of potential exposures to COVID-19 and implementing public health actions based on a person’s risk level and clinical presentation.

[Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus \(2019-nCoV\)](#)

- Interim guidance is intended to assist with assessment of risk, monitoring, and work restriction decisions for healthcare providers with potential exposure to COVID-19.

Stigma

[Stigma Related to COVID-19](#)

- Information to combat stigma and discrimination associated with COVID-19.

Frequently Asked Questions (FAQs)

[Frequently Asked Questions and Answers about COVID-19](#)

- General FAQs

[Healthcare Infection Prevention and Control FAQs for COVID-19](#)

- **Who is this for:** Healthcare personnel who may care for patients who are confirmed with or under investigation for COVID-19.
- **What is it for:** This creates FAQs to support the existing [Healthcare Infection Prevention and Control Guidance for COVID-19](#).
- **How is it used:** To assist healthcare facilities in preventing transmission of COVID-19 in healthcare settings.

[Frequently Asked Questions and Answers: Coronavirus Disease-2019 \(COVID-19\) and Children](#)

- This is a list of frequently asked questions and answers for questions about COVID-19 relating to children.

[Frequently Asked Questions and Answers: Coronavirus Disease 2019 \(COVID-19\) and Pregnancy](#)

- This is a list of frequently asked questions and answers for pregnant women, infants, and women who are breastfeeding.

[Frequently Asked Questions about Respirators and their Use](#)

[Healthcare Professionals: Frequently Asked Questions and Answers](#)

- FAQs for healthcare professionals

[Information for Laboratories COVID-19 Requests for Diagnostic Panels and Virus](#)

- FAQs for lab professionals

[Travel: Frequently Asked Questions and Answers](#)

- General travel-related FAQs

Additional Resources

[2020 Health Alert \(HAN\) Messages](#): CDC's Health Alert Network (HAN) is CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, tribal, and local public health practitioner; clinicians; and public health laboratories.

[CDC Newsroom: CDC Media Telebriefing: Update on COVID-19](#): CDC provides an update periodically to media on the COVID-19 response. Sign up for media announcements.

[Clinician Outreach and Communication Activity \(COCA\) Calls/Webinars](#): During COCA Calls/Webinars, subject matter experts present key emergency preparedness and response topics, followed by meaningful Q&A with participants. The call or webinar will offer the most up to date information on guidance for clinicians.

[Travel Health Notices](#): Travel Health Notices inform travelers and clinicians about current health issues that impact travelers' health, like disease outbreaks, special events or gatherings, and natural disasters, in specific international destinations.

[Coronavirus Disease 2019 \(COVID-19\) Risk Assessment and Public Health Management Decision Making](#)

Interim Cleaning Recommendations for Facilities Housing Persons Under Quarantine for Coronavirus Disease 2019 (COVID-19), Updated February 29, 2020

Background

There is much to learn about the newly emerged [coronavirus disease 2019](#) (COVID-19). Based on what is known about early cases of COVID-19, spread from person-to-person via the respiratory route and usually happens among close contacts (within about 6 feet).

People with certain types of exposure to cases of COVID-19 may be housed and quarantined for observation until 14 days after their exposure. The purpose of the observation period is to ensure they don't develop symptoms and infect others during this time. Some people stay at home for the observation period, but others may be housed either separately or in groups in other types of facilities.

In these facilities, individuals and families are provided separate quarters with separate bathroom facilities. They are instructed that congregation and shared public spaces are to be avoided. Because the people under quarantine are not ill, the risk to cleaning staff is inherently low.

Purpose

This guidance provides recommendation on the cleaning and disinfection of rooms of persons under quarantine, as well as associated worker protection practices according to expected job tasks. The goal is to minimize interactions between persons under quarantine and cleaning staff. These recommendations will be updated if additional information becomes available.

General Recommendations for Housing Facilities for Persons Under Quarantine

- Employers should develop policies for worker protection and provide training to all cleaning staff on-site prior to beginning work. Training should include:
 - An understanding of when to use personal protective equipment (PPE)
 - What PPE is necessary and why (see below for PPE recommendations)
 - How to properly don (put on), use, and doff (take off) PPE
 - How to properly dispose of PPE
- Employers must ensure workers are trained on the hazards of the cleaning chemicals used in the workplace in accordance with OSHA's Hazard Communication standard, 29 CFR 1910.1200.
- Employers must comply with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030), including proper disposal of regulated waste, and PPE (29 CFR 1910.132).
- Cleaning staff should perform [hand hygiene](#) often including immediately after removing PPE by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.
- Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures (e.g., contact with a quarantined individual without wearing appropriate PPE) to their supervisor.

- Employers should educate workers to recognize the symptoms of COVID-19 and provide instructions on what to do if they develop symptoms until 14 days after the last day they had possible exposure to the virus.
 - Cleaning staff should immediately notify their supervisor and the local health department if they develop symptoms of COVID-19. The health department will provide guidance on what actions need to be taken.
- Cleaning staff should follow normal preventive actions while at work and home including covering their mouth and nose with a tissue when coughing or sneezing and avoiding touching eyes, nose, or mouth with unwashed hands.
- If surfaces are dirty, they should be cleaned using a detergent and water prior to disinfection.
 - A list of products with EPA-approved emerging viral pathogens claims, maintained by the American Chemistry Council Center for Biocide Chemistries (CBC), is available at: <https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>.
 - Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses.
 - Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE) for use.

Cleaning Activities During the Quarantine Period

Because cleaning needs are limited during the quarantine period, CDC is recommending that cleaning staff do not clean occupied rooms in quarantine facilities. Instead, all rooms should be provisioned with personal cleaning supplies, e.g., tissues, paper towels, cleaners and disinfectants that are EPA-approved against emerging viral pathogens (see list above) for use by persons under quarantine as needed. Rooms and common areas occupied by persons under quarantine should not be cleaned by cleaning staff until all persons under quarantine have been released from quarantine and have vacated the area and no sooner than 24 hours after rooms and common areas have been vacated.

During the quarantine:

- Persons under quarantine should bag trash and place the closed bag outside their door for daily pick up.
- Similarly, persons under quarantine should bag soiled linens and place the closed bag outside their door for pick up.
- Cleaning, laundry, and trash removal staff should wear disposable gloves and gowns for all tasks in the cleaning process, including collection of closed bags.
 - Staff should remove gloves after cleaning a room or area occupied by persons under quarantine before moving to the next room.
 - After delivering bags to their final destination, staff should clean and disinfect any hard, cleanable surfaces where bags have been stored (such as on carts or on the floor).
 - Laundry and trash removal staff collecting the closed bags should remove their gloves promptly after bags are delivered to their destination and cleaning and disinfection has been performed.
 - Any time staff remove gloves, they should perform hand hygiene immediately by washing their hands with soap and water for 20 seconds. If hands are not visibly dirty and soap and water are not available, an alcohol-based hand sanitizer that contains

60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- If possible, for fabrics or other materials that can be laundered, use the warm water setting and dry items completely on high heat.
- If a person under quarantine has a special need for assisted cleaning (e.g., an elderly person who is unable to clean a spill such as vomiting in their quarters), public health staff will oversee the cleaning process as part of their evaluation of the individual.

Cleaning a Room Vacated by a Person under Quarantine with COVID-19 (Enhanced Cleaning)

Rooms that housed a person under quarantine with COVID-19 should remain closed to further use until cleaned and disinfected by appropriately trained cleaning staff. The room should not be entered by cleaning staff for at least for 24 hours.

- Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process.
 - These gloves and gowns should be compatible with the disinfectant products being used
 - Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk for splash.
 - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- Cleaning should be undertaken using products with EPA-approved emerging viral pathogens claims (<https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf>). All products should be used according to label instructions.
 - Clean the surface first, and then apply the disinfectant as instructed on the disinfectant manufacturer's label. Ensure adequate contact time for effective disinfection.
 - Adhere to any safety precautions or other label recommendations as directed (e.g., allowing adequate ventilation in confined areas, proper disposal of unused product or used containers and donning appropriate PPE).
 - Avoid using product application methods that cause splashing or generate aerosols.
 - Cleaning activities should be supervised and inspected periodically to ensure correct procedures are followed.
 - After cleaning and removal and disposal of gloves, staff should perform hand hygiene by washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60 to 95% alcohol. Soap and water should be used if the hands are visibly soiled.
- Clean and disinfect all frequently touched surfaces in quarantine locations (e.g., counters, tabletops, doorknobs, light switches, bathroom fixtures, toilets, phones, keyboards, tablets, remotes and bedside tables) according to instructions described for products with EPA-approved emerging viral pathogens claims.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present. Launder items as appropriate in accordance with the manufacturer's instructions. Porous materials that will be laundered can be transported to the laundry facility in the usual manner. If possible, launder items using the warm water setting and dry items completely on high heat.

- When cleaning is completed, collect soiled material and PPE in a sturdy, leak-proof (e.g., plastic) bag that is tied shut and not reopened. This waste can go to the regular solid waste stream (e.g., municipal trash) as it is not biohazardous or regulated medical waste.
- If bulk material and spills containing blood or body substances are present, cleaning staff should use absorbent materials, such as towels, to remove the material. The area should then be cleaned and then disinfected with products with EPA-approved emerging viral pathogens claims used according to product label instructions.
- No additional cleaning is needed for supply and return ventilation registers or filtration systems for the building.
- No additional treatment of wastewater is needed before discharging to sanitary sewer.

Cleaning Recommendations for Quarantined Persons from Uncontrolled Sources (e.g. increased likelihood of many cases such as on cruise ships, etc.)

Cleaning for facilities housing persons under quarantine because of exposure from an uncontrolled source should be conducted following the Enhanced Cleaning procedures and include cleaning of common areas outlined above.

Cleaning a Room Vacated by persons under quarantine without COVID-19

After all persons under quarantine are released and assuming the quarantined persons are not from an uncontrolled source (see above):

- If all persons under quarantine have been released and vacated the housing area and no persons tested positive for COVID-19, the facility (e.g., rooms, common areas) should be cleaned according to standard procedures.
- No additional PPE is required beyond what is normally worn for regular housekeeping activities.

Cleaning of Common Areas of a Housing Facility (if used)

If common areas are used by persons under quarantine, those areas will require cleaning and disinfection during the quarantine period.

- Common areas of a facility should be cleaned on a daily basis, and as needed.
- Regardless of known COVID-19 status of persons under quarantine, common areas should be cleaned according to ***Cleaning a Room Vacated by a person under quarantine with COVID-19(Enhanced Cleaning)*** recommendations, since communication to cleaning staff about persons under quarantine who develop symptoms or test positive for COVID-19 may not be able to occur as quickly as cleaning services are required.
- No quarantined individuals should be present in a common area during cleaning. Common areas of a facility should be closed off to all persons except for cleaning staff before cleaning and disinfection activities take place.

Additional Resource:

OSHA COVID-19 Website:

<https://www.osha.gov/SLTC/covid-19/>

From: [Podczervinski, Sara T \(DOH\)](#)
To: [Montgomery, Patricia A \(DOH\)](#); [Kay, Meagan](#); [Clark, Shauna](#); [Brostrom-Smith, Claire](#)
Cc: [Hensley, Joni L \(DOH\)](#); [Lewis, Larissa C \(DOH\)](#)
Subject: Documents, etc - COVID
Date: Monday, March 2, 2020 8:33:02 AM
Attachments: [image011.png](#)
[image012.png](#)
[image013.png](#)
[image014.png](#)
[image015.png](#)
[SocialDistancingGuidance_COVID-19_PDF.pdf](#)
[SocialDistancingGuidance.docx](#)
[Preserving PPE in Healthcare COVID 19.docx](#)
[Preserving PPE in Healthcare COVID 19.pdf](#)
[PPE checklist_mask.docx](#)
[Outpatient Guidance for COVID 19.docx](#)
[Interim_2019NovelCoronavirusQuicksheetProviders_2-28-20.docx](#)
[PHL_Testing_02_28_2020.pdf](#)

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

Hi Patty, Meagan, Shauna, and Claire,

I attached a few documents:

- Social Distancing – would be helpful for mildly ill symptomatic persons. If this needs to be tweaked to better fit the need – say the word!
- Preserving PPE in healthcare
- Outpatient guidance (just finalized this last night so it's not posted)
- PPE Checklist – for nursing homes. This is for masks, not N95s
- PHL Lab Testing

We are finalizing the guidance for LTC this morning. It's close to done.

Also, we would like to schedule a webinar for LTC facilities across the state -- for later this week -- Wed or Thurs. Just to review infection procedures and answer questions. I plan on getting an invite out today. Hope that's ok. If you have concerns, let me know.

Let me know if you need anything else.

I'm available today for a site visit at Evergreen if help is needed.

Thanks,
Sara

Sara Podczervinski, RN, MPH, CIC, FAPIC

Healthcare-Associated Infections and Antimicrobial Resistance Program Manager
Office of Communicable Disease Epidemiology
Disease Control and Health Statistics
Washington State Department of Health

sara.podczervinski@doh.wa.gov
206-418-5519 | www.doh.wa.gov





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Social Distancing Guidance for Persons with Potential Exposure to 2019 Novel Coronavirus (COVID-19)

You can help stop the spread of COVID-19

You have been identified as a person who may have been exposed to COVID-19. This guidance explains restrictions on your travel and activities to prevent spread to others. You should also follow any symptom and fever **monitoring instructions** you were given. These restrictions will be in place for the 14 days from the time of your last possible exposure, or as instructed by your Local Public Health Jurisdiction (LHJ).

Regardless of any restrictions on your travel or activities, if you have fever or any symptom listed on the monitoring form, immediately call the local health jurisdiction: ; if not available call the Washington State Department of Health at 206-418-5500.

To the extent possible, remain at home or in a comparable setting.	Remain out of public places where close contact with others may occur (e.g., shopping centers, movie theaters, stadiums), workplaces (unless the work is in an office space that allows distancing from others), schools and other classroom settings, and local public conveyances (e.g., bus, subway, taxi, ride-share).
It is recommended that you postpone long-distance travel.	
Clean your hands.	Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water should be used preferentially if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.
Cover your coughs and sneezes.	Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can and wash your hands with soap and water or apply alcohol-based hand sanitizer that contains at least 60% alcohol.
Avoid sharing personal household items.	You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home. After using these items, they should be washed thoroughly with soap and water.
Monitor your symptoms according to the directions provided by your LHJ.	Seek prompt medical attention if your illness is worsening (e.g., shortness of breath or difficulty breathing). Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19 infection. Put on a facemask that covers your nose and mouth before you enter the facility. After you put on the facemask, clean your hands with soap and water or alcohol-based hand sanitizer. These steps will help the healthcare provider's office to keep other people from getting infected or exposed. Your healthcare provider may call the LHJ for additional guidance. If the LHJ has told you that you are under active monitoring please follow the instructions that were provided to you by the LHJ or your employer's occupational health department.
Discontinuing these restrictions.	Patients with confirmed COVID-19 infection should remain under home isolation precautions through this date: _____ or as instructed by your LHJ.

Social Distancing Guidance for Persons with Potential Exposure to 2019 Novel Coronavirus (COVID-19)

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Discontinuing these restrictions.	Patients with confirmed COVID-19 infection should remain under home isolation precautions through this date: _____ or as instructed by your LHJ.

2019 Novel Coronavirus (COVID-19) Response: Optimizing Use of Personal Protective Equipment (PPE)

Background

The Centers for Disease Control and Prevention (CDC) recommends the use of a [hierarchy of controls](#) in healthcare settings to prevent transmission of 2019 Novel Coronavirus (COVID-19) infections, which are caused by the virus SARS-CoV-2. These include:

Control Type	Description
Engineering	Reduce exposures by placing a barrier between health care personnel and the people who may be infected. Engineering controls can be very effective as part of a suite of strategies to protect healthcare workers (HCW) without placing primary responsibility of implementation on them (i.e., they function without HCW having to take an action).
Administrative	Refers to employer-dictated work practices and policies that reduce or prevent hazardous exposures. Their effectiveness depends on employer commitment and HCP acceptance and consistent use of the strategies.
Personal Protective Equipment (PPE) and Respiratory Protection	The use of PPE should also be part of a suite of strategies used to protect personnel. Proper use of respiratory protection by HCW requires a comprehensive program (including medical clearance, training, and fit testing) that complies with Occupational Safety and Health Administration's (OSHA) Respiratory Protection Standard and a high level of HCW involvement.

Healthcare personnel should adhere to **Standard, Contact, and Airborne Precautions**, including the use of eye protection (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. These precautions include the use of the following PPE:

	✓ NIOSH approved fit-tested N-95 respirator or higher such as a powered air-purifying respirator (PAPR)	✓ Eye protection (e.g., goggles, or a disposable face shield that covers the front and sides of the face)
	✓ Isolation gown	✓ Clean, nonsterile gloves

Engineering Controls

- Patients with known or suspected COVID-19 should be placed in an [airborne infection isolation room \(AIIR\)](#) that has been constructed and maintained in accordance with current guidelines.
 - In spaces not currently designated for AIIR, consider heating, ventilation, air conditioning (HVAC) capacity to manipulate airflow, consider direction of air flow, filtration and exchanges rates.
- Reduce HCW exposures to ill patients through placement of physical barriers. Examples include as glass/plastic windows in reception areas where patients may first report or arrive to health-care facility and the use of curtains between patients in shared areas and closed suctioning systems for airway suctioning for intubated patients.

If you need this document in an alternative format, call 800.525.0127 (for TDD/TTY call 711).

Administrative Controls

Before Patient Arrives at Healthcare Facility

- *Limit number of patients going to hospital or outpatient settings.* Develop mechanisms to screen patients for acute respiratory illness prior to their non-urgent care or elective visits or procedures, such as through the appointment reminder system. Triage persons to the appropriate level of care will reduce the influx of patients to healthcare facilities seeking evaluation.
- *Practice telehealth.* Use nurse advice lines and telemedicine to screen and manage patients who may be infected with COVID-19.
- *Postpone and reschedule visits,* especially for those with COVID-19 symptoms presenting for these non-acute visits.
- *Limit the unanticipated arrivals of symptomatic stable persons to healthcare facilities* by conducting active outreach to symptomatic patients (e.g., Ecare message reminders for patients).

During Healthcare

- *Source control.* Patients with symptoms of respiratory infection should wear a facemask (i.e., surgical or procedure masks). Patients with symptoms should not use N95 respirators.
- *Limit face-to-face HCW encounters with patient.* Approaches to minimize the number of HCW providing direct care to patients with known or suspected COVID-19 include:
 - Bundle patient care activities.
 - Use of tablet, telephone, computer, and cell phone for verbal and video communication.
 - Develop visitor exception policies based on end-of-life situations or other situations when visitor is essential to the patient's emotional well-being.
- *Cohorting patients and HCW.* Cohorting is the practice of grouping together patients who are infected with the same organism to confine their care to one area and prevent contact with other patients. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent. Assigning designated teams of HCW to provide care for all patients with suspected or confirmed COVID-19 could minimize respirator use.

Strategies for Optimizing PPE Use

- Minimize contact with people who may be infected through engineering and administrative controls.
- Use alternatives to N95 respirators (e.g., other classes of filtering facepiece respirators, elastomeric half-mask and full facepiece air-purifying respirators, powered air-purifying respirators) where feasible.
- Implement practices allowing extended use and/or limited reuse of N95 respirators and PAPRS, when acceptable.
- Prioritize use of N95 respirators for those HCW at the highest risk of acquiring infection.
- Consider pausing mandatory HCW masking policies for asymptomatic employees who did not receive the influenza vaccine.
- Conserve facemasks by limiting use to symptomatic patients.
- Prioritize locations of masks to prevent theft (e.g., reception staff provide masks to symptomatic patients).

Resources

- CDC Strategies for Optimizing the Supply of N95 Respirators:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html>
- NIOSH Guidance for Extended Use and Limited Reuse of N95s:
<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

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Healthcare personnel should adhere to **Standard**, **Contact**, and **Airborne Precautions**, including the use of eye protection (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. These precautions include the use of the following PPE:

	✓ NIOSH approved fit-tested N-95 respirator or higher such as a powered air-purifying respirator (PAPR)	✓ Eye protection (e.g., goggles, or a disposable face shield that covers the front and sides of the face)
	✓ Isolation gown	✓ Clean, nonsterile gloves

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Resources

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- NIOSH Guidance for Extended Use and Limited Reuse of N95s:
<https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>

If you need this document in an alternative format, call 800.525.0127 (for TDD/TTY call 711).

Personal Protective Equipment (PPE) Competency Validation

Donning and Doffing – Gown, Gloves, Mask, Eye Protection

Donning PPE	Correct	Incorrect
1. Perform Hand Hygiene		
2. Don Gown: - Fully covering torso from neck to knees, arms to end of wrists - Fasten in the back of neck and waist		
3. Don Mask - Secure ties/elastic bands at middle of head & neck - Fit flexible band to nose bridge - Fit snug to face and below chin		
4. Don Goggles or Face Shield: Place over face and eyes and adjust to fit		
5. Don Gloves: Extend to cover wrist of gown		
Doffing PPE		
1. Remove Gloves: - Using a gloved hand, grasp outside of glove with opposite gloved hand; peel off - Hold removed glove in the opposite gloved hand - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove - Discard gloves in waste container - Outside of the gloves are contaminated. If your hands get contaminated during glove removal, immediately wash your hands or use alcohol-based hand sanitizer		
2. Remove Goggles or Face Shield: - Remove from the back by lifting head band or ear pieces - Discard in designated receptacle if re-processed or in waste container - Outside of the goggles or face shield are contaminated. If your hands get contaminated during goggles or face shield removal, immediately wash your hands or use alcohol-based hand sanitizer		
3. Remove Gown: - Unfasten ties/fastener taking care that sleeves don't contact your body when reaching for ties - Pull away from neck and shoulders, touching inside of gown only - Turn gown inside out - Fold or roll into bundle and discard - Gown front and gown sleeves are contaminated. If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer		
4. Remove Mask: - Front of the mask is contaminated – DO NOT TOUCH! - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer - Grasp bottom, then top ties or elastics and remove without touching the front of the mask - Discard in waste container		
5. Perform Hand Hygiene after removing all PPE - Wash hands with soap and water for at least 20 seconds OR - Use an alcohol-based hand sanitizer - Perform hand hygiene between steps if hands become contaminated		

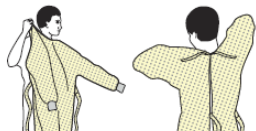
Standard Precautions & Transmission Based Precautions	Correct	Incorrect
23. Staff correctly identifies the appropriate PPE for the following scenarios:		
a. Standard Precautions (PPE to be worn based on anticipated level of exposure)*		
b. Contact/Contact Enteric Precautions (gown & gloves)		
c. Droplet Precautions (surgical mask with eye protection)		
d. Airborne Precautions (fit-tested respirator if applicable)		

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



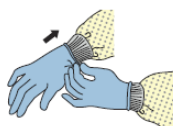
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

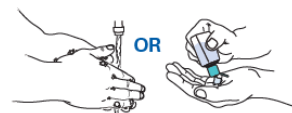


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



CDC/PHN/14-00000

<https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>

Comments or follow up actions:

2019 Novel Coronavirus (COVID-19) Response: Infection Prevention for Outpatient Settings

Background

This document provides guidance for outpatient settings evaluating persons for 2019 Novel Coronavirus (COVID-19) or caring for persons with confirmed COVID-19. Information on prompt detection and effective triage and isolation protocols of potentially infectious patients is described. Effective infection control protocols in the outpatient setting can prevent unnecessary exposures among patients, healthcare personnel, and visitors at the facility.

Definition of Healthcare Personnel (HCP) – For the purposes of this guidance, HCP refers to all persons, paid and unpaid, working in healthcare settings engaged in patient care activities, including patient assessment for triage, entering examination rooms or patient rooms to provide care or clean and disinfect the environment, obtaining clinical specimens, handling soiled medical supplies or equipment, and coming in contact with potentially contaminated environmental surfaces.

Healthcare personnel should adhere to **Standard, Contact, and Airborne Precautions**, including the use of eye protection (e.g., goggles or a face shield) when caring for patients with COVID-19 infection. These precautions include the use of the following PPE:

	✓ NIOSH approved fit-tested N-95 respirator or higher such as a powered air-purifying respirator (PAPR)	✓ Eye protection (e.g., goggles, or a disposable face shield that covers the front and sides of the face)
	✓ Isolation gown	✓ Clean, nonsterile gloves

Visual Alerts

Post visual alerts (in appropriate languages) at the entrance to outpatient facilities (e.g., emergency departments, physician offices, outpatient clinics) instructing patients and persons who accompany them (e.g., family, friends) to inform HCP of symptoms of a respiratory infection and any recent travel history when they first register for care and to practice respiratory hygiene and cough etiquette.

Respiratory Hygiene and Cough Etiquette

Recommend that all persons with signs and symptoms of a respiratory infection the following measures to contain respiratory secretions:

- Cover your mouth and nose with a tissue when coughing or sneezing;
- Use nearest waste receptacle to dispose of the tissue after use;
- Perform hand hygiene (e.g., handwashing with non-antimicrobial soap and water, alcohol-based hand rub, or antiseptic handwash) after having contact with respiratory secretions and contaminated objects/materials. Wash hands with soap and water if they are visibly soiled.

Ensure the availability of materials for adhering to respiratory hygiene and cough etiquette in waiting areas and patient care area for patients and visitors.

- Provide tissues and no-touch receptacles for used tissue disposal.
- Provide conveniently located dispensers of alcohol-based hand rub. Where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.

Masking and Separation of Persons with Respiratory Symptoms

Offer masks to persons who are coughing. Either procedure masks (i.e., with ear loops) or surgical masks (i.e., with ties) may be used by patients and visitors to contain respiratory secretions (respirators such as N-95 or above are not necessary for this purpose). Minimize the time patients with acute respiratory symptoms spend in waiting area by placing them in a private room or encourage coughing persons to sit at least six feet away from others in common waiting areas. Persons escorting patient to private room should maintain a distance of 6 feet from masked patient while in a public area. Once patient is roomed, staff should only enter in recommended PPE.

*Please Note: Clinics that lack resources to safely provide care for patients being evaluated for or confirmed to have COVID-19 **should identify a facility where patients can be safely evaluated and arrange transport.** Depending on acuity of illness, transportation may involve EMS. The outpatient clinic should communicate the patient's COVID-19 evaluation status to receiving facility and EMS.*

Steps to minimize exposure when the arrival of a patient with known or suspected COVID-19 is anticipated:

1. Use pre-visit communication systems through telephone and text appointment reminders or patient portals if available.
2. Conduct active outreach to patients to instruct those at risk for COVID-19, such as travel from China or other affected areas in last 14 days or contact with a person with COVID-19, to call before their clinic appointment.
3. If possible, schedule appointment at the end of day or at a time when clinic is not busy.
4. When scheduling appointments by phone, provide instructions to persons with signs or symptoms of COVID-19 on how to arrive at the clinic, including which entrance to use and the precautions to take (e.g., how to notify clinic staff, don a facemask upon entry, follow triage procedures).
5. Provide surgical or procedure mask to the patient and place immediately in an Airborne Infection Isolation Room (AIIR), if available. If AIIR or room with negative air pressure is not available, place the patient in a private exam room and close door.
6. Perform aerosol-generating procedures, including collection of diagnostic respiratory specimens in an AIIR while following appropriate infection prevention and control (IPC) practices, including use of appropriate PPE.
7. Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs), when possible. If equipment will be used for more than one patient, clean and disinfect such equipment before use on another patient according to manufacturer's instructions.

Steps to minimize exposure if when a patient with known or suspected COVID-19 arrives and is **not anticipated**:

1. Consider posting signage on entrance doors where patients could arrive without calling ahead. Provide masks to allow symptomatic patients to don prior to entering clinic. See <https://www.doh.wa.gov/Portals/1/Documents/1600/AirborneRespiratorContactPrecautionSign-nCoV.PDF>.
2. Have a screening process in place to quickly identify patients with suspected COVID-19. Provide a mask to all patients with respiratory symptoms and instruct on proper use. Encourage hand hygiene with soap and water or alcohol-based hand sanitizer. Persons escorting a patient to a private room should maintain a distance of 6 feet from the masked patient while in a public area. Once patient is roomed, staff should only enter in recommended PPE.
3. Limit the number of personnel and visitors entering the room. Encourage those accompanying the patient to use their own transportation to go to the receiving facility rather than ride in transport vehicle.
4. As soon as patient is identified as suspicious for COVID-19, place the patient in an AIIR.
 - a) If an AIIR is not available, place in a private room, with the door closed.
 - b) If placed in an AIIR, the patient may remove their facemask.
 - c) If placed in a non-AIIR, the patient should keep the facemask on, except as needed for physical examination or specimen collection, replacing when wet or soiled.
 - d) Establish procedures for monitoring, managing and training visitors. When at all possible, visitors should be restricted from entering the room of known or suspected COVID-19 patients. All visitors should follow respiratory hygiene and cough etiquette precautions while in the common areas of the facility.
5. If indicated, perform aerosol-generating procedures, including collection of diagnostic respiratory specimens, in an AIIR, while following appropriate IPC practices, including use of appropriate PPE.
6. Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs), when possible. If equipment will be used for more than one patient, clean and disinfect such equipment before use on another patient according to manufacturer's instructions.

Steps to arrange for transport of suspected COVID-19 patient to another facility

1. Initiate protocol to transfer patient to a health care facility that has the recommended infection control capacity to safely manage the patient, if needed.
2. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they will be caring for, transporting, or receiving a patient who may have COVID-19.

Steps to minimize exposure after the patient leaves:

1. Once the patient leaves, the exam room should remain vacant for up to two hours before anyone enters. Adequate wait time may vary depending on the ventilation rate of the room and should be determined accordingly. See [Table B 1 “ Air changes/hour \(ACH\) and time required for airborne-contaminant removal by efficiency” From the 2003 Guidelines for Environmental Infection Control in Health-care Facilities](#)

Table B.1. Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency *

ACH § ¶	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
4	69	104
6 ⁺	46	69
8	35	52
10 ⁺	28	41
12 ⁺	23	35
15 ⁺	18	28
20	14	21
50	6	8

* This table is revised from Table S3-1 in reference 4 and has been adapted from the formula for the rate of purging airborne contaminants presented in reference 1435.

+ Denotes frequently cited ACH for patient-care areas.

§ Values were derived from the formula: $t_2 - t_1 = - [\ln (C_2 / C_1) / (Q / V)] \times 60$, with $t_1 = 0$

2. If staff need to enter the room before recommended ventilation time has elapsed, staff must wear a NIOSH approved fit-tested N95 or PAPR.
3. Use dedicated or disposable noncritical patient-care equipment (e.g., blood pressure cuffs), when possible. If equipment will be used for more than one patient, clean and disinfect such equipment before use on another patient according to manufacturer’s instructions.
4. Use products with [EPA-approved](#) emerging viral pathogens claim when disinfecting equipment and surfaces.
5. If there are no available EPA-registered products with an approved emerging viral pathogen claim, use products with label claims against human coronaviruses, or enveloped or non-enveloped viruses, according to label instructions.

Patient Disposition

1. **Home care:** Patients going home with suspected COVID-19 should adhere to appropriate transmission-based isolation precautions until the risk of secondary transmission is thought to be low. Current information on COVID-19 is limited, thus home precautions should be conservative based on general recommendations for other coronaviruses, like Middle Eastern Respiratory Syndrome (MERS), and may last up to 14 days.
See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
2. **Hospital:** Notify the transportation team and the receiving hospital to ensure measures are implemented before patient arrival, upon arrival, and throughout the duration of the affected patient's presence in the healthcare setting. Ensure receiving facility policies and practices are in place to minimize exposures to respiratory pathogens including COVID-19.
See <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>

Staff Management

1. Clinics should keep a log of all persons who care for or enter the room or care area of patients with suspected or confirmed COVID-19.
2. Movement and monitoring decisions for HCP with exposure to COVID-19 should be made in consultation with public health authorities. Review the most current *Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019 Novel Coronavirus (2019-nCoV)*. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
3. Facilities and organizations providing healthcare should implement sick leave policies for HCP that are non-punitive, flexible, and consistent with public health guidance. See <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>

COVID-19 Assessment Information:

Evaluating Persons with Fever and Acute Respiratory Illness (updated 2/28/2020)

- Obtain a detailed travel history on ALL patients being evaluated for fever and acute respiratory illness.
- Use the assessment criteria below to determine if COVID-19 should be included in the differential diagnosis.

Name:		DOB:	Interview date:
Address:		Phone:	
Assessment Criteria	Yes	No	Comments
A) Did/Does the patient have a fever? (Fever may not be present in some patients, use clinical judgement to guide testing.)			Fever onset date: ____/____/____ Highest measured temperature: _____ °F □ °C □ Check if SUBJECTIVE fever only
B) Does the patient have symptoms of lower respiratory illness (LRI) (e.g. cough or shortness of breath)?			Symptom onset date: ____/____/____ □ Cough □ Sore throat □ Difficulty breathing Other Symptoms (list): _____
C) Does the patient require hospitalization for severe LRI (e.g., pneumonia, ARDS)?			
D) Has the patient tested negative for other common respiratory pathogens? (e.g., influenza)?			
E) In the 14 days before symptom onset, did the patient: i. Have close contact with a lab-confirmed COVID-19 patient?			Dates of contact with COVID-19 lab-confirmed case: ____/____/____ to ____/____/____ Name of COVID-19 lab-confirmed case (if known): _____ Nature of contact: □ Family/Household □ Coworker □ Healthcare worker □ Travel □ Other: _____ Comments: _____
ii. Travel from affected geographic areas*? CDC Coronavirus Travel Information: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html			Dates: ____/____/____ to ____/____/____ Arrival in US: ____/____/____ Locations visited in 14 days before symptom onset: _____
Suspect COVID-19 if you answered YES to - A or B and Ei, OR - A and B and C and Eii, OR - A and B and C and D			

*If patient does not meet case definition but there is a high index of clinical suspicion, contact LHJ.

IMMEDIATELY:

- ☐ Ensure that the patient is masked and isolated in a private room with the door closed AND
- ☐ Ensure that healthcare personnel entering the room use standard, contact, AND airborne precautions, **INCLUDING** eye protection (e.g., goggles or face shield that covers the front and sides of the face).
 - Note: Airborne precautions includes use of fit-tested NIOSH-certified N95 filtering facepiece respirator or higher.
- ☐ Notify your healthcare facility's infection control personnel.
- ☐ Perform any clinically indicated respiratory and other diagnostic tests and note results below:

Rapid Influenza: □ A □ B	Neg □ Pos □ Pending □ Not Done
Rapid Strep	Neg □ Pos □ Pending □ Not Done
Viral Respiratory Panel	Neg □ Pos □ Pending □ Not Done
Pneumonia	Neg □ Pos □ Pending □ Not Done
Legionella	Neg □ Pos □ Pending □ Not Done
Other: _____	Neg □ Pos □ Pending □ Not Done
Other: _____	Neg □ Pos □ Pending □ Not Done

Other clinically relevant testing:

Chest X-Ray □ Not Done □ Pending □ Normal
 □ Abnormal: _____
 Other: _____
 Other: _____

- ☐ Call your [local health jurisdiction](#) (LHJ) with the above information to discuss the case and determine whether to test for SARS-CoV-2. (If after hours and the LHJ is not available, call the Washington State Department of Health at 206-418-5500.)
- ☐ If instructed by your local health department, collect two of the following samples for SARS-CoV-2 testing.
<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu>
☐ Nasopharyngeal (NP) swab* ☐ Oropharyngeal (OP) swab* ☐ Sputum or BAL (if available)

*synthetic swab in 2-3 ml viral transport media



Healthcare Provider & Facility Guidance: SARS-CoV-2 Testing at Washington State Public Health Laboratories

Testing for SARS-CoV-2, the cause of COVID-19 disease, is an important component for monitoring the impact of COVID-19 and for planning interventions. These guidelines for testing at Washington State Public Health Laboratories (PHL) are based on available information about the virus and CDC recommendations for testing.

To ensure timely and reliable test results from PHL, please make sure that:

- A. The patient meets criteria for testing at PHL (local health jurisdiction approval)**
- B. The specimen type is acceptable and has been collected properly**
- C. The specimen is labeled, packaged, and shipped properly**

A. Criteria for testing at PHL

Testing criteria may change frequently. Providers should consult with their local health jurisdiction for testing approval:

<https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>

On 2/28/2020 the current SARS-CoV-2 testing criteria are:

- 1) Fever **or** lower respiratory symptoms/signs **AND** close contact (including healthcare work) with a laboratory-confirmed COVID-19 case within 14 days of symptom onset
- 2) Fever **and** lower respiratory symptoms/signs requiring hospitalization **AND** travel to an affected geographic (CDC level 2 or 3) within 14 days of onset; see: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- 3) Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization (or fatal) **and** without alternative explanatory diagnosis (test negative for other viral respiratory pathogens)
- 4) Local health officer request (any equivocal epidemiology or clinical symptoms)

Clinicians should consider and, as appropriate, continue investigating other potential causes of the symptoms while waiting for SARS-CoV-2 test results.

If SARS-CoV-2 testing is available at a commercial laboratory, immediately report positive results to the local health jurisdiction.

For specimen collection, testing and shipping details, and **COV** Specimen Submission Form see: <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu>

See page 2 for summary of testing instructions.

QUESTIONS? Most questions should be directed to your local health jurisdiction. DOH Communicable Diseases Epidemiology may be reached at 206-418-5500

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B. Specimen collection for SARS-CoV-2 testing

Initiate isolation (home **or** in hospital standard, contact, and airborne precautions.)

Use appropriate personal protection while taking specimens, including at least: gown, gloves, NIOSH-certified fit-tested N-95 respirator or higher, and goggles (or face shield). **Ensure the container caps are closed tightly** after collection. Specimens that leak in transit will be rejected.

Submit two of the following specimens for each patient for SARS-CoV-2 PCR testing at PHL:

1. Nasopharyngeal swab
2. Sputum or BAL if available
3. Oropharyngeal swab, if no sputum or BAL

If a PHL test kit is available, follow instructions. For NP and OP swabs, use a synthetic swab (Dacron, polyester, or nylon) with plastic or metal shaft (**not** cotton, calcium alginate or wooden shaft.) The submitted swab must not have contact with reagents used for other tests. Place in viral or universal transport medium, label with date, specimen source, and two patient identifiers, and refrigerate until ready to ship. Sputum or BAL should go in sterile screw cap container. Freeze specimens ($\leq -70^{\circ}\text{C}$) if expected arrival at PHL is ≥ 72 hours after collection. Complete the **CoV (not Virology)** specimen submission form **including the SARS-CoV-2 approval number** from the local health jurisdiction.

C. Specimen shipping

PLEASE NOTE: PHL must receive specimens within **72 hours of collection at 2-8°C** with chemical ice packs, or frozen and shipped with dry ice. Arrival after 10 AM will delay testing.

Specimens should be shipped Category B. The submitter must correctly package and label specimens to meet shipping regulations. Persons shipping medical specimens must have documented shipping training for packaging and labeling of Infectious Substances. Use a permanent marker to **write the approval number on the outer plastic packaging bag.**

Washington State Public Health Laboratories – Attention BT Laboratory
1610 NE 150th Street
Shoreline, WA 98155

D. PHL Testing Procedures

PHL uses an RT-PCR test developed by CDC. Turnaround time is 3-5 business days from receipt of specimens. Final results may be delayed if further work is needed, such as confirmatory testing by CDC. A positive result is considered presumptive and must be confirmed by CDC.

PHL presumptive and CDC confirmatory results are sent to the local health jurisdiction and to the submitter by autofax.

QUESTIONS? Most questions should be directed to your local health jurisdiction.
DOH Communicable Diseases Epidemiology may be reached at 206-418-5500

Last update 2/27/2020 2

WA-KINGCO-20-0492-B-000092

From: [Schaeffer, Cyndi](#)
To: [Scappini, Stephanie](#)
Subject: FW: talking points for
Date: Monday, March 2, 2020 12:38:00 PM
Attachments: [Talking points for City Cabinet update.docx](#)
[COVID-19 Essential Talking Points 03.2.20.pdf](#)
[image002.png](#)

Could you print please attachments and this email. Oh please. oh please. James in my room

Cyndi Schaeffer (she/hers), PhD
Chief of Staff
Public Health - Seattle & King County
Cyndi.schaeffer@kingcounty.gov
206.477.3264

Making King County a Welcoming community where every person can thrive.

From: Levy, Susan (Susie) <slevy@kingcounty.gov>
Sent: Monday, March 2, 2020 12:34 PM
To: Schaeffer, Cyndi <Cyndi.Schaeffer@kingcounty.gov>
Cc: Burkland, Anne <Anne.Burkland@kingcounty.gov>
Subject: talking points for

Attached are the key talking points from comms and a situational update and points on our community mitigations branch. I think sharing about prevention measures for their staff (hand washing, don't come if sick, etc) from the key points would be great to share.
Below is the press release in case they have specific questions. Let us know if you need anything else.
-Susie

Public Health
Seattle & King County 



March 2, 2020 11:15 a.m.

Contacts:

Public Health – Seattle & King County Media Line: 206-477-9000

Email: PHPIO@kingcounty.gov

Washington State Department of Health: 253-512-7100

Email: doh-pio@doh.wa.gov

Public Health confirms four new COVID-19 cases, bringing overall total to 14

King County to purchase motel, repurpose other properties in fight against COVID-19

Summary:

Public Health – Seattle & King County announced on Monday four additional confirmed cases of COVID-19 in King County residents, bringing the total of confirmed cases to fourteen. King County Executive Dow Constantine signed an Emergency Declaration, enabling county government to take extra steps to fight COVID-19. Among the first actions: purchasing a motel and setting up modular housing units on publicly-owned parking lots and other available land.

Story:

On Sunday, March 1, Executive Constantine signed a Proclamation of Emergency in response to COVID-19, enabling “extraordinary measures” to fight the outbreak, including waiving some procurement protocols, and authoring overtime for King County employees, among other powers.

Executive Constantine immediately ordered the purchase of an area motel to be used to isolate patients in recovery as well as those in active treatment. The acquisition is expected to be finalized in a matter of days and available to Public Health by the end of the week. Location details will be made available when the transaction is complete.

In addition, King County will place modular units on public properties in locations throughout King County.

“We have moved to a new stage in the fight to contain and mitigate this outbreak. King County is aligned and organized behind this common mission, with Public Health – Seattle & King County as our lead agency,” said Executive Constantine. “We will direct all available resources to help cities, health-care facilities, businesses, and families continue life as normally as possible. But our best strategies depend on millions of residents actively following established disease prevention guidelines.”

“As we learn more about this outbreak, it’s now more important than ever that we look out for one another and stand strong as a community,” King County Council Chair Claudia Balducci said. “In King County, we are fortunate to have a network of highly skilled public health professionals who are working round-the-clock to assess and respond to the situation, while making sure we are informed with up-to-date information.”

COVID-19 Case updates

COVID-19 test results have come back from the Washington State Public Health Laboratory confirming four additional cases of COVID-19 in King County residents. With these four new results, the total number of cases in King County is 14. Today’s results include 2 additional deaths, along with an individual who was previously reported as ill but who has now died. This brings the total number of deaths in King County from COVID-19 to five.

“We have the best people in the world right here in King County responding to this crisis,” said Patty Hayes, RN, MN, Director of Public Health – Seattle & King County. “We will get through this by staying informed and united. There are things each one of us can do to take control and reduce the impact of this disease in our community.”

The four new cases are in:

- A male in his 50s, hospitalized at Highline Hospital. No known exposures. He is in stable but critical condition. He had no underlying health conditions.
 - A male in his 70s, a resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The man had underlying health conditions, and died 3/1/20
 - A female in her 70s, a resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The woman had underlying health conditions, and died 3/1/20
 - A female in her 80s, a resident of LifeCare, was hospitalized at EvergreenHealth. She is in critical condition.
-
- In addition, a woman in her 80s, who was already reported as in critical condition at Evergreen, has died. She died on 3/1/20

10 other cases, already reported earlier by Public Health, include:

- A female in her 80s, hospitalized at EvergreenHealth in Kirkland. This person has now died, and is reported as such above.
- A female in her 90s, hospitalized at EvergreenHealth in Kirkland. The woman has underlying health conditions, and is in critical condition
- A male in his 70s, hospitalized at EvergreenHealth in Kirkland. The

- man has underlying health conditions, and is in critical condition
- A male in his 70s was hospitalized at EvergreenHealth. He had underlying health conditions and died on 2/29/20.
 - A man in his 60s, hospitalized at Valley Medical Center in Renton.
 - A man in 60s, hospitalized at Virginia Mason Medical Center.
 - A woman in her 50s, who had traveled to South Korea; recovering at home
 - A woman in her 70s, who was a resident of LifeCare in Kirkland, hospitalized at EvergreenHealth
 - A woman in her 40s, employed by LifeCare, who is hospitalized at Overlake Medical Center
 - A man in his 50s, who was hospitalized and died at EvergreenHealth

Public Health is working hard to identify close contacts of these confirmed cases. These close contacts may include family members, co-workers, emergency responders and other contacts. A team of CDC officials is on-the-ground working with Public Health, along with the Washington State Department of Health, our healthcare system partners and many others.

The public can help:

- 1) **Do not go to the emergency room unless essential.** Emergency rooms need to be able to serve those with the most critical needs. If you have symptoms like cough, fever, or other respiratory problems, contact your regular doctor first.
- 2) Stay home when sick.
- 3) Practice excellent personal hygiene habits, including handwashing, coughing into tissue or elbow, avoid touching eyes, nose, or mouth.
- 4) Stay away from people who are ill, especially if you are 60 and older or have underlying health conditions such as diabetes, heart disease, lung disease, or a weakened immune system.
- 4) Stay informed. Information is changing frequently. Check and subscribe to Public Health's website (www.kingcounty.gov/COVID) or blog (www.publichealthinsider.com).

Providing effective and innovative health and disease prevention services for more than two million residents and visitors of King County, Public Health – Seattle & King County works for safer and healthier communities for everyone, every day. More at www.kingcounty.gov/health

Keep up with the latest Public Health news in King County by subscribing to the department's blog, [Public Health Insider](http://www.kingcounty.gov/health).

[Facebook](#) | [Twitter](#) | [Instagram](#)

###

Susie Levy, MPH (*she/her*)

Government Affairs Analyst

Public Health – Seattle & King County

Phone: 206-263-8328

slevy@kingcounty.gov

Talking points for City Cabinet update:

Status update:

- Current situation:
 - 14 confirmed cases, 5 deaths
 - 4 deaths associated with LifeCare facility, the 5th was also someone with underlying health conditions
 - Seen at 5 area facilities and dialysis center
 - Facilities impacted: Evergreen, Overlake, Valley, Highline, Virginia Mason
- Community mitigation branch stood up as of this week, building on previous work and in coordination with DOH-
 - Matias is lead, groups focused on the following:
 - Non pharmaceutical intervention implementation group
 - Outreach on pandemic planning to specific groups including:
 - Houseless
 - Business
 - Children and youth
 - CBO and faith-based
 - Government agency

Essential Talking Points: Novel Coronavirus (COVID-19)

Updated 02-29-20

Basic facts:

- Novel coronavirus (COVID-19) is a new virus strain that emerged in Dec 2019.
- Novel coronavirus spreads between people via droplets produced when an infected person coughs or sneezes.
- Symptoms of coronavirus may include: fever, coughing, and shortness of breath. These may appear in as few as 2 days or as long as 14 days after exposure to the virus.
- People are thought to be the most contagious when they are the sickest, though some spread is possible before people show symptoms.
- Most people have mild illness. The most serious cases have been among older adults and those with underlying chronic medical conditions. Children may have less severe disease.
- Novel coronavirus is not at all connected with race, ethnicity, or nationality.

International & U.S. Situation:

- Countries where novel coronavirus is widespread or ongoing include: China, Japan, Italy, South Korea, and Iran. For updates, visit the [CDC Travel Alert](#) page.
- With continuing spread of the novel coronavirus outbreak to more countries, it is increasingly likely that we will see a worldwide spread.
- Current travel alerts, include:

Widespread sustained (ongoing) transmission and restrictions on entry to the U.S. (Level 3)	CDC recommends that travelers avoid all nonessential travel to the following destinations. Entry of foreign nationals from these destinations has been suspended.	China Iran
Widespread sustained (ongoing) transmission (Level 3)	CDC recommends that travelers avoid all nonessential travel to the following destinations:	South Korea Italy
Sustained (ongoing) community transmission (Level 2)	CDC recommends that older adults or those who have chronic medical conditions consider postponing travel to the following destinations:	Japan
Limited community transmission (Level 1)	Travelers should practice usual precautions at the following destination:	Hong Kong

Local Situation:

- To date, there have been cases of novel coronavirus in King and Snohomish counties, including several deaths.
- Additional positive cases are expected.
- This is a quickly changing situation. Check [Public Health's Novel Coronavirus webpage](#) for frequent updates.

Prevention:

- There is no vaccine available to protect against novel coronavirus.
- You may be able to reduce the risk of spread of coronaviruses by taking the same steps as you would to prevent infection from the flu and the common cold: washing hands, avoid touching your face, avoiding contact with sick people, staying home, and covering your mouth.

Treatment:

- There are no medications specifically approved for novel coronavirus.
- Most people with mild novel coronavirus illness will recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications. However, some cases develop pneumonia and require care or hospitalization.
- If you have symptoms like cough, fever, or other respiratory problems, contact your regular doctor first. **Do not go to the emergency room.** Emergency rooms need to be able to serve those with the most critical needs.
- If you have difficulty breathing, it doesn't mean you have novel coronavirus, but you should call 9-1-1.
- If you're over 60 and you have underlying conditions like diabetes, heart disease, and lung disease. Come up with a plan with your doctor to identify your health risks for coronavirus and how to manage symptoms. Contact your doctor right away if you do have symptoms.

Face masks:

- We do not currently recommend that people wear masks when they are in public.
- Scientists are not sure whether wearing a mask in public actually keeps healthy people from getting sick. It is most important for people who are sick to wear a mask in a healthcare setting (such as a waiting room) to avoid exposing other people when they cough or sneeze.
- People wear masks for a variety of acceptable reasons. We should not assume that someone wearing a mask is sick.

Preparing for an outbreak:

- We cannot predict when a pandemic outbreak might reach us nor how severe a novel coronavirus pandemic might be locally. But if it happens, and that seems increasing likely, it could cause large numbers of people to become ill in a short time.
- To prevent novel coronavirus from spreading, large gatherings and public events may be postponed or cancelled.
- School dismissals *may* happen if a serious pandemic occurs.
- For more information about outbreak preparedness, check out [Public Health Insider](#).

What Public Health is doing:

- Public Health has activated over 100 employees and volunteers, working on disease containment and pandemic preparedness.
- Some of our activities include: conducting disease surveillance & investigation; working with community partners to address stigmatization and bias; disseminating messages and materials to the public, media, and community partners; and, conducting pandemic planning in anticipation of widespread transmission.

Visit www.kingcounty.gov/covid for updates or follow us on social media (@KCPubHealth).

492-3-000101

AMERICAN
OVERSIGHT

Washington State Department of
Health

From: [Schaeffer, Cyndi](#)
To: [Otusanya, Yinka](#)
Subject: FW: talking points for
Date: Monday, March 2, 2020 12:43:00 PM
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March 2, 2020 11:15 a.m.

Contacts:

Public Health – Seattle & King County Media Line: 206-477-9000

Email: PHPIO@kingcounty.gov

Washington State Department of Health: 253-512-7100

Email: doh-pio@doh.wa.gov

Public Health confirms four new COVID-19 cases, bringing overall total to 14

King County to purchase motel, repurpose other properties in fight against COVID-19

Summary:

Public Health – Seattle & King County announced on Monday four additional confirmed cases of COVID-19 in King County residents, bringing the total of confirmed cases to fourteen. King County Executive Dow Constantine signed an Emergency Declaration, enabling county government to take extra steps to fight COVID-19. Among the first actions: purchasing a motel and setting up modular housing units on publicly-owned parking lots and other available land.

Story:

On Sunday, March 1, Executive Constantine signed a Proclamation of Emergency in response to COVID-19, enabling “extraordinary measures” to fight the outbreak, including waiving some procurement protocols, and authoring overtime for King County employees, among other powers.

Executive Constantine immediately ordered the purchase of an area motel to be used to isolate patients in recovery as well as those in active treatment. The acquisition is expected to be finalized in a matter of days and available to Public Health by the end of the week. Location details will be made available when the transaction is complete.

In addition, King County will place modular units on public properties in locations throughout King County.

“We have moved to a new stage in the fight to contain and mitigate this outbreak. King County is aligned and organized behind this common mission, with Public Health – Seattle & King County as our lead agency,” said Executive Constantine. “We will direct all available resources to help cities, health-care facilities, businesses, and families continue life as normally as possible. But our best strategies depend on millions of residents actively following established disease prevention guidelines.”

"As we learn more about this outbreak, it's now more important than ever that we look out for one another and stand strong as a community," King County Council Chair Claudia Balducci said. "In King County, we are fortunate to have a network of highly skilled public health professionals who are working round-the-clock to assess and respond to the situation, while making sure we are informed with up-to-date information."

COVID-19 Case updates

COVID-19 test results have come back from the Washington State Public Health Laboratory confirming four additional cases of COVID-19 in King County residents. With these four new results, the total number of cases in King County is 14. Today's results include 2 additional deaths, along with an individual who was previously reported as ill but who has now died. This brings the total number of deaths in King County from COVID-19 to five.

"We have the best people in the world right here in King County responding to this crisis," said Patty Hayes, RN, MN, Director of Public Health – Seattle & King County. "We will get through this by staying informed and united. There are things each one of us can do to take control and reduce the impact of this disease in our community."

The four new cases are in:

- A male in his 50s, hospitalized at Highline Hospital. No known exposures. He is in stable but critical condition. He had no underlying health conditions.
 - A male in his 70s, a resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The man had underlying health conditions, and died 3/1/20
 - A female in her 70s, a resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The woman had underlying health conditions, and died 3/1/20
 - A female in her 80s, a resident of LifeCare, was hospitalized at EvergreenHealth. She is in critical condition.
-
- In addition, a woman in her 80s, who was already reported as in critical condition at Evergreen, has died. She died on 3/1/20

10 other cases, already reported earlier by Public Health, include:

- A female in her 80s, hospitalized at EvergreenHealth in Kirkland. This person has now died, and is reported as such above.
- A female in her 90s, hospitalized at EvergreenHealth in Kirkland. The woman has underlying health conditions, and is in critical condition
- A male in his 70s, hospitalized at EvergreenHealth in Kirkland. The

- man has underlying health conditions, and is in critical condition
- A male in his 70s was hospitalized at EvergreenHealth. He had underlying health conditions and died on 2/29/20.
- A man in his 60s, hospitalized at Valley Medical Center in Renton.
- A man in 60s, hospitalized at Virginia Mason Medical Center.
- A woman in her 50s, who had traveled to South Korea; recovering at home
- A woman in her 70s, who was a resident of LifeCare in Kirkland, hospitalized at EvergreenHealth
- A woman in her 40s, employed by LifeCare, who is hospitalized at Overlake Medical Center
- A man in his 50s, who was hospitalized and died at EvergreenHealth

Public Health is working hard to identify close contacts of these confirmed cases. These close contacts may include family members, co-workers, emergency responders and other contacts. A team of CDC officials is on-the-ground working with Public Health, along with the Washington State Department of Health, our healthcare system partners and many others.

The public can help:

- 1) **Do not go to the emergency room unless essential.** Emergency rooms need to be able to serve those with the most critical needs. If you have symptoms like cough, fever, or other respiratory problems, contact your regular doctor first.
- 2) Stay home when sick.
- 3) Practice excellent personal hygiene habits, including handwashing, coughing into tissue or elbow, avoid touching eyes, nose, or mouth.
- 4) Stay away from people who are ill, especially if you are 60 and older or have underlying health conditions such as diabetes, heart disease, lung disease, or a weakened immune system.
- 4) Stay informed. Information is changing frequently. Check and subscribe to Public Health's website (www.kingcounty.gov/COVID) or blog (www.publichealthinsider.com).

Providing effective and innovative health and disease prevention services for more than two million residents and visitors of King County, Public Health – Seattle & King County works for safer and healthier communities for everyone, every day. More at www.kingcounty.gov/health

Keep up with the latest Public Health news in King County by subscribing to the department's blog, [Public Health Insider](http://www.publichealthinsider.com).

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###

Susie Levy, MPH (*she/her*)

Government Affairs Analyst

Public Health – Seattle & King County

Phone: 206-263-8328

slevy@kingcounty.gov

Talking points for City Cabinet update:

Status update:

- Current situation:
 - 14 confirmed cases, 5 deaths
 - 4 deaths associated with LifeCare facility, the 5th was also someone with underlying health conditions
 - Seen at 5 area facilities and dialysis center
 - Facilities impacted: Evergreen, Overlake, Valley, Highline, Virginia Mason
- Community mitigation branch stood up as of this week, building on previous work and in coordination with DOH-
 - Matias is lead, groups focused on the following:
 - Non pharmaceutical intervention implementation group
 - Outreach on pandemic planning to specific groups including:
 - Houseless
 - Business
 - Children and youth
 - CBO and faith-based
 - Government agency

Essential Talking Points: Novel Coronavirus (COVID-19)

Updated 02-29-20

Basic facts:

- Novel coronavirus (COVID-19) is a new virus strain that emerged in Dec 2019.
- Novel coronavirus spreads between people via droplets produced when an infected person coughs or sneezes.
- Symptoms of coronavirus may include: fever, coughing, and shortness of breath. These may appear in as few as 2 days or as long as 14 days after exposure to the virus.
- People are thought to be the most contagious when they are the sickest, though some spread is possible before people show symptoms.
- Most people have mild illness. The most serious cases have been among older adults and those with underlying chronic medical conditions. Children may have less severe disease.
- Novel coronavirus is not at all connected with race, ethnicity, or nationality.

International & U.S. Situation:

- Countries where novel coronavirus is widespread or ongoing include: China, Japan, Italy, South Korea, and Iran. For updates, visit the [CDC Travel Alert](#) page.
- With continuing spread of the novel coronavirus outbreak to more countries, it is increasingly likely that we will see a worldwide spread.
- Current travel alerts, include:

Widespread sustained (ongoing) transmission and restrictions on entry to the U.S. (Level 3)	CDC recommends that travelers avoid all nonessential travel to the following destinations. Entry of foreign nationals from these destinations has been suspended.	China Iran
Widespread sustained (ongoing) transmission (Level 3)	CDC recommends that travelers avoid all nonessential travel to the following destinations:	South Korea Italy
Sustained (ongoing) community transmission (Level 2)	CDC recommends that older adults or those who have chronic medical conditions consider postponing travel to the following destinations:	Japan
Limited community transmission (Level 1)	Travelers should practice usual precautions at the following destination:	Hong Kong

Local Situation:

- To date, there have been cases of novel coronavirus in King and Snohomish counties, including several deaths.
- Additional positive cases are expected.
- This is a quickly changing situation. Check [Public Health's Novel Coronavirus webpage](#) for frequent updates.

Prevention:

- There is no vaccine available to protect against novel coronavirus.
- You may be able to reduce the risk of spread of coronaviruses by taking the same steps as you would to prevent infection from the flu and the common cold: washing hands, avoid touching your face, avoiding contact with sick people, staying home, and covering your mouth.

Treatment:

- There are no medications specifically approved for novel coronavirus.
- Most people with mild novel coronavirus illness will recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications. However, some cases develop pneumonia and require care or hospitalization.
- If you have symptoms like cough, fever, or other respiratory problems, contact your regular doctor first. **Do not go to the emergency room.** Emergency rooms need to be able to serve those with the most critical needs.
- If you have difficulty breathing, it doesn't mean you have novel coronavirus, but you should call 9-1-1.
- If you're over 60 and you have underlying conditions like diabetes, heart disease, and lung disease. Come up with a plan with your doctor to identify your health risks for coronavirus and how to manage symptoms. Contact your doctor right away if you do have symptoms.

Face masks:

- We do not currently recommend that people wear masks when they are in public.
- Scientists are not sure whether wearing a mask in public actually keeps healthy people from getting sick. It is most important for people who are sick to wear a mask in a healthcare setting (such as a waiting room) to avoid exposing other people when they cough or sneeze.
- People wear masks for a variety of acceptable reasons. We should not assume that someone wearing a mask is sick.

Preparing for an outbreak:

- We cannot predict when a pandemic outbreak might reach us nor how severe a novel coronavirus pandemic might be locally. But if it happens, and that seems increasing likely, it could cause large numbers of people to become ill in a short time.
- To prevent novel coronavirus from spreading, large gatherings and public events may be postponed or cancelled.
- School dismissals *may* happen if a serious pandemic occurs.
- For more information about outbreak preparedness, check out [Public Health Insider](#).

What Public Health is doing:

- Public Health has activated over 100 employees and volunteers, working on disease containment and pandemic preparedness.
- Some of our activities include: conducting disease surveillance & investigation; working with community partners to address stigmatization and bias; disseminating messages and materials to the public, media, and community partners; and, conducting pandemic planning in anticipation of widespread transmission.

Visit www.kingcounty.gov/covid for updates or follow us on social media (@KCPubHealth).

492-3-000110

AMERICAN
OVERSIGHT

Washington State Department of

Health

From: [McKeirnan, Shelly](#)
To: Amy.morrison@lwtech.edu
Cc: [Kay, Meagan](#); [Brostrom-Smith, Claire](#); [Clark, Shauna](#); [Valenzuela, Matias](#)
Subject: Follow-up to our call earlier this evening
Date: Sunday, March 1, 2020 11:00:11 PM
Attachments: [Guidance-for-Contacts-Monitoring.pdf](#)

Hi Amy, thanks so much for speaking with me earlier. I appreciate your concern for your students and faculty and I am sure this has been a challenging situation for you and the school. As I mentioned when we spoke, I am emailing you information on self-monitoring and quarantine (the self-monitoring information and chart for documentation are at the end of this document) for you to review. As I mentioned, based on the information we have about the risk assessment, we are recommending home quarantine and self-monitoring for the nursing and physical therapy students and staff who were at the Lifecare SNF in the last 14 days. The period of monitoring/quarantine is for 14 days after last exposure at LifeCare. This is based on the information that the students/faculty were providing clinical care to residents of LifeCare SNF at the SNF.

As of earlier this afternoon, we have 10 confirmed cases of COVID-19 in King County residents, 6 of the 10 are residents/staff of LifeCare SNF, status update online at:
<https://www.kingcounty.gov/depts/health/news/2020/March/1-covid19-4-cases.aspx>

I understand you have concerns about the quarantine recommendation and the hardships for some of the students/staff, and we can discuss this further tomorrow. I will have one of our staff cc'ed on this email contact you tomorrow by email or call. I understand you want a final plan for management of the exposed students/faculty by the end of the day tomorrow. We will also reach out to the faculty member who is ill (thanks for her contact information and for letting her know we will be contacting her). If you get more information on the student who is not feeling well, we can follow-up with that person also.

Thanks, Shelly

Shelly McKeirnan (she/her), BSN MPH | Public Health Services Supervisor | Communicable Disease Epidemiology & Immunization Section | 401 5th Ave., Suite 1250 | Seattle WA 98104 | P: 206.296.4774 (Main) | P: 206.263.8195 (Direct) | F: 206.296.4803 | <http://www.kingcounty.gov/health/cd>
My normal work week is M-F (off work every other Wednesday)

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Interim Guidance for Health Departments for Monitoring Contacts and Travelers for 2019 Novel Coronavirus (2019-nCoV)

Purpose

This document gives guidance for temperature and symptom monitoring by a public health official for persons potentially exposed to 2019 novel coronavirus, until 14 days after the last potential exposure ([see Table 1: CDC Risk Categories](#)).

Introduction

Novel coronavirus (2019-nCoV) was detected December 2019 in Wuhan City, Hubei Province, China. Thousands of 2019-nCoV infections are reported from many areas in China and are also being reported in a growing number of international locations, including the United States. In January 2020, the first infection with 2019-nCoV was detected in the United States in a traveler returning from Wuhan.

Coronaviruses belong to a large family of viruses affecting humans and other animals. Rarely, animal coronaviruses can infect people and then spread between people such as with Middle East Respiratory Syndrome ([MERS](#)), Severe Acute Respiratory Syndrome ([SARS](#)), and now with the 2019 Novel Coronavirus ([2019-nCoV](#)).

No vaccine or specific treatment for 2019-nCoV infection is available; care is supportive.

Exposure risk assessment

Each person's exposure risks should be assessed, and classified according to CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

Included in this document are the following:

- [Table 1: CDC Risk Categories](#)
- [Table 2: Movement and Monitoring of People who are Symptomatic](#)
- [Table 3: Movement and Monitoring of People who are Asymptomatic](#)
- [Active & Self-Monitoring Guidance](#)
- [14-day symptom monitoring log](#)

Table 1: CDC Risk Categories

CDC Risk Categories	
High Risk	• Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed 2019-nCoV infection without using recommended precautions for home care and home isolation. • The same risk assessment applies for the above-listed exposures to a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing. • Travel from Hubei Province, China.
Medium Risk	• Close contact with a person with symptomatic laboratory-confirmed 2019-nCoV infection, and not having any exposures that meet a high-risk definition. ❖ The same risk assessment applies for close contact with a person diagnosed clinically with 2019-nCoV infection outside of the United States who did not have laboratory testing. ❖ On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection; this distance correlates approximately with 2 seats in each direction. • Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed 2019-nCoV infection while consistently using recommended precautions for home care and home isolation. • Travel from mainland China outside Hubei Province AND not having any exposures that meet a high-risk definition.
Low Risk	• Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed 2019-nCoV infection for a prolonged period of time but not meeting the definition of close contact. • On an aircraft, being seated within two rows of a traveler with symptomatic laboratory-confirmed 2019-nCoV infection but not within 6 feet (2 meters) AND not having any exposures that meet a medium- or a high-risk definition.
No Identifiable Risk	• Interactions with a person with symptomatic laboratory-confirmed 2019-nCoV infection that do not meet any of the high-, medium- or low-risk conditions above, such as walking by the person or being briefly in the same room.

Table 2: Movement and Monitoring of People who are Symptomatic

Risk Category	Movement Restrictions & Public Activities	Medical Evaluation	Travel
High risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Controlled; air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
Medium risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS, if EMS transport indicated, and with all recommended infection control precautions in place.	Controlled; air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.
Low risk	Recommendation to avoid contact with others and public activities while symptomatic.	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition .	Recommendation to not travel on long-distance commercial conveyances or local public transport while symptomatic.
No identifiable risk ²	No restriction	Routine medical care.	No restriction.

Table 3: Movement and Monitoring of People who are Asymptomatic

Risk Category	Movement Restrictions and Public Activities	Monitoring	Travel
High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring.	Controlled.
Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure: Self-monitoring with public health supervision. All others in this category: Active monitoring.	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.
Low risk	No restriction.	Self-observation.	No restriction.
No identifiable risk	No restriction.	None.	No restriction.

Active and Self-Monitoring

- ❖ **Active monitoring** means that the state or local public health agency checks in daily to assess for symptoms and fever. Check-ins are through daily phone calls, interactive voice response, internet reporting, or via Skype or other video conferencing, with possible follow-up home visits as needed.
- ❖ **Self-monitoring** means the person being monitored assesses for fever and symptoms, notifying public health immediately if symptoms occur.

The goal is to monitor the health of the person and to take actions if the person develops symptoms or is lost from follow-up.

Monitoring is for 14 days from the last potential exposure.

Active monitoring process

Persons under active monitoring should measure their temperature twice daily and monitor themselves for symptoms. Local public health will contact them at least once a day for results of their monitoring.

Procedures for active monitoring:

1. The local public health official should confirm that the person received a **14-day fever and symptom log** and has instructions about where to seek health care.
 - Initial training is helpful to explain the monitoring process, ensure that the person being monitored understands the required follow-up and to establish rapport.
2. Every day, the person will take their temperature twice (morning and night) and record their temperature and the presence or absence of all symptoms on the **14-day fever and symptom log**.
 - The person should record if they are taking any medication with aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen). Temperature readings should be taken **before** the person's next dose of any such medication.
 - The person should report all other medication taken and any current health conditions to the LHJ.
3. The person being monitored should report daily to public health officials by phone, email, or other means to confirm symptoms have been monitored and the individual remains asymptomatic.
4. If the person has a fever or is feverish or reports at least one of the other symptoms, they should immediately notify the LHJ at **206-296-4774**, if unavailable call the Washington State Department of Health at 206-418-5500. **If the person has an urgent health situation, the first call should be to 911 and the second call should be to the public health department.**
5. If the person has not monitored or recorded the presence or absence of symptoms for two consecutive days, additional efforts should be made to increase adherence to the follow-up protocol, such as in-person visits. The LHJ should be notified at **206-296-4774** if unavailable call the Washington State Department of Health at 206-418-5500.

Self-monitoring process

Persons under self-monitoring should measure their temperature twice daily and monitor themselves for symptoms. If the person under self-monitoring experiences any symptoms on the tracking log, they must contact the LHJ immediately at: **206-296-4774**, if unavailable call the Washington State Department of Health at 206-418-5500.

Procedures for self-monitoring:

1. The local public health official should confirm that the person received a **14-day fever and symptom log**.
 - Initial training is helpful to explain the monitoring process, ensure that the person being monitored understands the required follow-up and to establish rapport.
2. Each day, the person will take their temperature twice (morning and night) and record their temperature and the presence or absence of all symptoms on the **14-day fever and symptom log**.
 - The person should record if they are taking any medication with aspirin, Tylenol® (acetaminophen), paracetamol, Aleve® (naproxen), Motrin® or Advil® (ibuprofen). Temperature readings should be taken **before** the contact's next dose of any such medication.
 - The person should report all other medication taken and any current health conditions to the LHJ.
3. If the person has a fever or subjective fever or reports at least one of the other symptoms on the monitoring log, they should immediately notify the local public health agency at **206-296-4774**, if unavailable call the Washington State Department of Health at 206-418-5500. If the person has an urgent health situation, first call 911 and then call should the public health agency.

If a person under active or self-monitoring develops any of the symptoms listed on the fever and symptom log, the LHJ should be immediately contacted at **206-296-4774, if unavailable call the Washington State Department of Health at 206-418-5500.**

If the LHJ decides that the person should undergo medical evaluation for 2019-nCoV, the person should be isolated and arrangements should be made for safe transport to an appropriate healthcare facility for evaluation

14-day fever and symptom follow-up form for contacts of 2019-nCov patients, days 1-7

Name: _____ Age (yrs): _____ Sex: M F
 Street address: _____ City _____, State: _____ Telephone number: _____
 Case ID number (from contact listing form): _____ Contact number (from contact listing form): _____
 Where did contact with the case occur: _____ Date of last contact with the case (mm/dd/yyyy): _____

Take your temperature twice a day, in the morning and in the evening, and write it down. Mark if you have any of the symptoms: circle 'Y' for Yes and 'N' for No. **Don't leave any spaces blank.**

If you have a fever or any symptom, immediately call the public health department at **206-296-4774** or 206-418-5500.

Day # (from last contact)	1		2		3		4		5		6		7	
Date														
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature														
Felt feverish	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore Throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle aches	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal discomfort	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

14-day fever and symptom follow-up form for contacts of 2019-nCov patients, days 8-14

Name: _____ Age (yrs): _____ Sex: M F
 Street address: _____ City _____, State: _____ Telephone number: _____
 Case ID number (from contact listing form): _____ Contact number (from contact listing form): _____
 Where did contact with the case occur: _____ Date of last contact with the case (mm/dd/yyyy): _____

Take your temperature twice a day, in the morning and in the evening, and write it down. Mark if you have any of the symptoms: circle 'Y' for Yes and 'N' for No. **Don't leave any spaces blank.**

If you have a fever or any symptom, immediately call the public health department at **206-296-4774** or 206-418-5500.

Day # (from last contact)	8		9		10		11		12		13		14	
Date														
AM or PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Temperature														
Felt feverish	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Sore throat	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle aches	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal discomfort	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Vomiting	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Diarrhea	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

From: [Kay, Meagan](#)
To: [McKeirnan, Shelly](#)
Subject: Fwd: Follow-up to our call earlier this evening
Date: Monday, March 2, 2020 8:36:44 AM

What does she mean anticipated final plan to quarantine. They should be doing that now.

From: Morrison, Amy <Amy.Morrison@lwtech.edu>
Sent: Monday, March 2, 2020 8:25:51 AM
To: McKeirnan, Shelly <Shelly.McKeirnan@kingcounty.gov>
Cc: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Brostrom-Smith, Claire <Claire.Brostrom-Smith@kingcounty.gov>; Clark, Shauna <shclark@kingcounty.gov>; Valenzuela, Matias <Matias.Valenzuela@kingcounty.gov>
Subject: RE: Follow-up to our call earlier this evening

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

Thank you Shelly,

I have communicated your request for self-monitoring with the anticipated final plan to self-quarantine to students and faculty at LifeCare. We are assessing what they need to do in order to be better prepared.

Please call me today any time at 425-256-1981.

Thanks.

Amy

From: McKeirnan, Shelly [mailto:Shelly.McKeirnan@kingcounty.gov]
Sent: Sunday, March 1, 2020 11:00 PM
To: Morrison, Amy <Amy.Morrison@lwtech.edu>
Cc: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Brostrom-Smith, Claire <Claire.Brostrom-Smith@kingcounty.gov>; Clark, Shauna <shclark@kingcounty.gov>; Valenzuela, Matias <Matias.Valenzuela@kingcounty.gov>
Subject: Follow-up to our call earlier this evening

EXTERNAL SENDER: Use caution with links and attachments

Hi Amy, thanks so much for speaking with me earlier. I appreciate your concern for your students and faculty and I am sure this has been a challenging situation for you and the school. As I mentioned when we spoke, I am emailing you information on self-monitoring and quarantine (the self-monitoring information and chart for documentation are at the end of this document) for you to review. As I mentioned, based on the information we have about the risk assessment, we are recommending home quarantine and self-monitoring for the nursing and physical therapy students and staff who were at the Lifecare SNF in the last 14 days. The period of monitoring/quarantine is

for 14 days after last exposure at LifeCare. This is based on the information that the students/faculty were providing clinical care to residents of LifeCare SNF at the SNF.

As of earlier this afternoon, we have 10 confirmed cases of COVID-19 in King County residents, 6 of the 10 are residents/staff of LifeCare SNF, status update online at:

<https://www.kingcounty.gov/depts/health/news/2020/March/1-covid19-4-cases.aspx>

I understand you have concerns about the quarantine recommendation and the hardships for some of the students/staff, and we can discuss this further tomorrow. I will have one of our staff cc'ed on this email contact you tomorrow by email or call. I understand you want a final plan for management of the exposed students/faculty by the end of the day tomorrow. We will also reach out to the faculty member who is ill (thanks for her contact information and for letting her know we will be contacting her). If you get more information on the student who is not feeling well, we can follow-up with that person also.

Thanks, Shelly

Shelly McKeirnan (she/her), BSN MPH | Public Health Services Supervisor | Communicable Disease Epidemiology & Immunization Section | 401 5th Ave., Suite 1250 | Seattle WA 98104 | P: 206.296.4774 (Main) | P: 206.263.8195 (Direct) | F: 206.296.4803 | <http://www.kingcounty.gov/health/cd>
My normal work week is M-F (off work every other Wednesday)

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From: [Kay, Meagan](#)
To: [Duchin, Jeff](#); [Bogan, Sharon](#); [Li-Vollmer, Meredith](#)
Subject: Fwd: "Close contacts" messaging
Date: Monday, March 2, 2020 8:30:17 AM

Language for people exposed at Lifecare at bottom of this message

From: Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <ige4@cdc.gov>
Sent: Monday, March 2, 2020 8:27 AM
To: Kay, Meagan
Subject: "Close contacts" messaging

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.

Meagan,

The language re: definition of close contacts is in the email at the bottom of this email chain.

--Agam

From: Rao, Agam K. (CDC/DDID/NCEZID/DHCPP)
Sent: Sunday, March 1, 2020 7:08 PM
To: Kay, Meagan <Meagan.Kay@kingcounty.gov>
Cc: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>
Subject: RE: Re: messaging for the various levels of "exposure" to the LTCF

Hi Meagan,

As just discussed with you in the hallway, the CDC recommendation is to be quarantined at home if someone had close contact with a confirmed case patient. However, if the county wants to loosen that policy given the shortage of HCP, perhaps having these asymptomatic contacts wear masks is acceptable. That would be your call.

It sounds like you are putting out the message that HCP should stay at home for 2 weeks and self monitor (quarantine). It is up to the individuals to follow those recommendations. Sorry for the delay in getting back to you on this.

--Agam

From: Kay, Meagan <Meagan.Kay@kingcounty.gov>
Sent: Sunday, March 1, 2020 5:05 PM
To: Rao, Agam K. (CDC/DDID/NCEZID/DHCPP) <ige4@cdc.gov>
Cc: Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Clark, Thomas A.

(CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>

Subject: RE: Re: messaging for the various levels of "exposure" to the LTCF

One question to clarify...

For asymptomatic people who meet the close contact definition, when you say self-monitor at home, do you mean quarantine? Some of these people will be HCWs and they don't have enough staff in many of these facilities. We talked about relaxing that message possibly. Any movement on that or should we continue to be very strict about implementing quarantine for all close contacts?

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Per the DHQP team, this same definition can be used for all persons who entered the facility. We know there are countless groups that have entered the facility with varying levels of exposure. Some have low risk exposures like while delivering packages and some may have had prolonged exposure (e.g., healthcare personnel like nursing students, floating healthcare workers, and family members). The team suggests reaching out to the parent agencies to which all of these people belong. You can convey to those groups that they should contact their employees / students and convey the information about the close contacts. If they are symptomatic, they should report this to their employers and if they are not, self-monitor at home. They recommend public messaging be limited to stating something to the effect of, "Only persons who had close contact with persons in the LTCF are considered to have had some exposure. Close contact is defined as.... [insert that definition above] For all other persons who may have entered the facility for activities unrelated to patient care, the risk is very low.

--Agam

CDC Epi

From: [Kay, Meagan](#)
To: [Brostrom-Smith, Claire](#)
Subject: Fwd: "Close contacts" messaging
Date: Monday, March 2, 2020 9:00:40 AM

From: Kay, Meagan <Meagan.Kay@kingcounty.gov>
Sent: Monday, March 2, 2020 8:30:16 AM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Li-Vollmer, Meredith <Meredith.Li-Vollmer@kingcounty.gov>
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--Agam

CDC Epi

From: [Karasz, Hilary](#)
Subject: Media Release: Public Health confirms four more COVID-19 cases, bringing the total number of cases in King County to 14
Date: Monday, March 2, 2020 11:31:19 AM
Attachments: [image002.png](#)



March 2, 2020 11:15 a.m.

Contacts:

Public Health – Seattle & King County Media Line: 206-477-9000

Email: PHPIO@kingcounty.gov

Washington State Department of Health: 253-512-7100

Email: doh-pio@doh.wa.gov

Public Health confirms four new COVID-19 cases, bringing overall total to 14

King County to purchase motel, repurpose other properties in fight against COVID-19

Summary:

Public Health – Seattle & King County announced on Monday four additional confirmed cases of COVID-19 in King County residents, bringing the total of confirmed cases to fourteen. King County Executive Dow Constantine signed an Emergency Declaration, enabling county government to take extra steps to fight COVID-19. Among the first actions: purchasing a motel and setting up modular housing units on publicly-owned parking lots and other available land.

Story:

On Sunday, March 1, Executive Constantine signed a Proclamation of Emergency in response to COVID-19, enabling “extraordinary measures”

to fight the outbreak, including waiving some procurement protocols, and authoring overtime for King County employees, among other powers.

Executive Constantine immediately ordered the purchase of an area motel to be used to isolate patients in recovery as well as those in active treatment. The acquisition is expected to be finalized in a matter of days and available to Public Health by the end of the week. Location details will be made available when the transaction is complete.

In addition, King County will place modular units on public properties in locations throughout King County.

"We have moved to a new stage in the fight to contain and mitigate this outbreak. King County is aligned and organized behind this common mission, with Public Health – Seattle & King County as our lead agency," said Executive Constantine. "We will direct all available resources to help cities, health-care facilities, businesses, and families continue life as normally as possible. But our best strategies depend on millions of residents actively following established disease prevention guidelines."

"As we learn more about this outbreak, it's now more important than ever that we look out for one another and stand strong as a community," King County Council Chair Claudia Balducci said. "In King County, we are fortunate to have a network of highly skilled public health professionals who are working round-the-clock to assess and respond to the situation, while making sure we are informed with up-to-date information."

COVID-19 Case updates

COVID-19 test results have come back from the Washington State Public Health Laboratory confirming four additional cases of COVID-19 in King County residents. With these four new results, the total number of cases in King County is 14. Today's results include 2 additional deaths, along with an individual who was previously reported as ill but who has now died. This brings the total number of deaths in King County from COVID-19 to five.

"We have the best people in the world right here in King County responding to this crisis," said Patty Hayes, RN, MN, Director of Public Health – Seattle & King County. "We will get through this by staying informed and united. There are things each one of us can do to take control and reduce the impact of this disease in our community."

The four new cases are in:

- A male in his 50s, hospitalized at Highline Hospital. No known exposures. He is in stable but critical condition. He had no underlying health conditions.

- A male in his 70s, a resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The man had underlying health conditions, and died 3/1/20
- A female in her 70s, a resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The woman had underlying health conditions, and died 3/1/20
- A female in her 80s, a resident of LifeCare, was hospitalized at EvergreenHealth. She is in critical condition.
- In addition, a woman in her 80s, who was already reported as in critical condition at Evergreen, has died. She died on 3/1/20

10 other cases, already reported earlier by Public Health, include:

- A female in her 80s, hospitalized at EvergreenHealth in Kirkland. This person has now died, and is reported as such above.
- A female in her 90s, hospitalized at EvergreenHealth in Kirkland. The woman has underlying health conditions, and is in critical condition
- A male in his 70s, hospitalized at EvergreenHealth in Kirkland. The man has underlying health conditions, and is in critical condition
- A male in his 70s was hospitalized at EvergreenHealth. He had underlying health conditions and died on 2/29/20.
- A man in his 60s, hospitalized at Valley Medical Center in Renton.
- A man in 60s, hospitalized at Virginia Mason Medical Center.
- A woman in her 50s, who had traveled to South Korea; recovering at home
- A woman in her 70s, who was a resident of LifeCare in Kirkland, hospitalized at EvergreenHealth
- A woman in her 40s, employed by LifeCare, who is hospitalized at Overlake Medical Center
- A man in his 50s, who was hospitalized and died at EvergreenHealth

Public Health is working hard to identify close contacts of these confirmed cases. These close contacts may include family members, co-workers, emergency responders and other contacts. A team of CDC officials is on-the-ground working with Public Health, along with the Washington State

Department of Health, our healthcare system partners and many others.

The public can help:

- 1) **Do not go to the emergency room unless essential.** Emergency rooms need to be able to serve those with the most critical needs. If you have symptoms like cough, fever, or other respiratory problems, contact your regular doctor first.
- 2) Stay home when sick.
- 3) Practice excellent personal hygiene habits, including handwashing, coughing into tissue or elbow, avoid touching eyes, nose, or mouth.
- 4) Stay away from people who are ill, especially if you are 60 and older or have underlying health conditions such as diabetes, heart disease, lung disease, or a weakened immune system.
- 4) Stay informed. Information is changing frequently. Check and subscribe to Public Health's website (www.kingcounty.gov/COVID) or blog (www.publichealthinsider.com).

Providing effective and innovative health and disease prevention services for more than two million residents and visitors of King County, Public Health – Seattle & King County works for safer and healthier communities for everyone, every day. More at www.kingcounty.gov/health

Keep up with the latest Public Health news in King County by subscribing to the department's blog, Public Health Insider.

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###

492-3-0001B2

AMERICAN
OVERSIGHT

Washington State Department of
Health

From: [Kay, Meagan](#)
To: [Morrison, Amy](#); [McKeirnan, Shelly](#)
Cc: [Brostrom-Smith, Claire](#); [Clark, Shauna](#); [Valenzuela, Matias](#)
Subject: RE: Follow-up to our call earlier this evening
Date: Monday, March 2, 2020 1:37:00 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Your third question is addressed in CDC guidance on this page:
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>
Contacts of Asymptomatic People Exposed to COVID-19

CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people with potential exposures to SARS-CoV-2 (such as in a household), i.e., “contacts of contacts;” these people are not considered exposed to SARS-CoV-2.

From: Morrison, Amy <Amy.Morrison@lwtech.edu>
Sent: Monday, March 2, 2020 1:09 PM
To: McKeirnan, Shelly <Shelly.McKeirnan@kingcounty.gov>
Cc: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Brostrom-Smith, Claire <Claire.Brostrom-Smith@kingcounty.gov>; Clark, Shauna <shclark@kingcounty.gov>; Valenzuela, Matias <Matias.Valenzuela@kingcounty.gov>
Subject: RE: Follow-up to our call earlier this evening
Importance: High

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Good Afternoon Shelly,

All of our students and faculty are now being asked to self-quarantine. We are working directly with them to accommodate their needs.

I have several follow-up needs:

1. One faculty member (who's information is shared with you yesterday) continues to have severe symptoms and has not yet been contacted. Four students have mild symptoms. I need to get them tested. How can I prioritize their testing? Please advise.
2. When can all of our students/faculty get tested? Can they be included in exposed health care provider testing at EvergreenHealth?
3. Finally, do you have written documentation that demonstrates that those who were not at LifeCare but live, work, and/or go to school with those directly exposed, are not at risk? Our students' spouses are being negatively impacted by their employers at this time and we need help communicating that community spread is not in effect at this time.

I am available all day on my cell at 425-256-1981.

Thank you,

Amy

Dr. Amy Morrison
President



West Building, Room 301 | 11605 132nd Ave NE | Kirkland, WA 98034
T: (425) 739-8200 | amy.morrison@lwtech.edu



www.LWTech.edu | [@LWTechPrez](https://twitter.com/LWTechPrez)

From: McKeirnan, Shelly [<mailto:Shelly.McKeirnan@kingcounty.gov>]

Sent: Monday, March 2, 2020 10:00 AM

To: Morrison, Amy <Amy.Morrison@lwtech.edu>

Cc: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Brostrom-Smith, Claire <Claire.Brostrom-Smith@kingcounty.gov>; Clark, Shauna <shclark@kingcounty.gov>; Valenzuela, Matias <Matias.Valenzuela@kingcounty.gov>

Subject: RE: Follow-up to our call earlier this evening

EXTERNAL SENDER: Use caution with links and attachments

Thanks Amy, yes, the recommendation from Public Health (based on CDC recommendations) is for these students and faculty who were at LifeCare SNF to quarantine themselves at home for 14 days from their last exposure at SNF and they should be doing self-monitoring (more details on how to do this in the document I sent to you). All the faculty and staff who spent time at LifeCare recently are considered exposed. As of yesterday, there are 6 confirmed cases of COVID-19 infection in residents/staff of LifeCare with more testing in process.

Thanks, Shelly

Shelly McKeirnan (she/her), BSN MPH | Public Health Services Supervisor | Communicable Disease Epidemiology & Immunization Section | 401 5th Ave., Suite 1250 | Seattle WA 98104 | P: 206.296.4774 (Main) | P: 206.263.8195 (Direct) | F: 206.296.4803 | <http://www.kingcounty.gov/health/cd>
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Thank you Shelly,

I have communicated your request for self-monitoring with the anticipated final plan to self-quarantine to students and faculty at LifeCare. We are assessing what they need to do in order to be better prepared.

Please call me today any time at 425-256-1981.

Thanks.

Amy

From: McKeirnan, Shelly [<mailto:Shelly.McKeirnan@kingcounty.gov>]
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Hi Amy, thanks so much for speaking with me earlier. I appreciate your concern for your students and faculty and I am sure this has been a challenging situation for you and the school. As I mentioned when we spoke, I am emailing you information on self-monitoring and quarantine (the self-monitoring information and chart for documentation are at the end of this document) for you to review. As I mentioned, based on the information we have about the risk assessment, we are recommending home quarantine and self-monitoring for the nursing and physical therapy students and staff who were at the Lifecare SNF in the last 14 days. The period of monitoring/quarantine is for 14 days after last exposure at LifeCare. This is based on the information that the students/faculty were providing clinical care to residents of LifeCare SNF at the SNF.

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I understand you have concerns about the quarantine recommendation and the hardships for some of the students/staff, and we can discuss this further tomorrow. I will have one of our staff cc'ed on this email contact you tomorrow by email or call. I understand you want a final plan for management of the exposed students/faculty by the end of the day tomorrow. We will also reach out to the faculty member who is ill (thanks for her contact information and for letting her know we will be contacting her). If you get more information on the student who is not feeling well, we can follow-up with that person also.

Thanks, Shelly

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Date: Monday, March 2, 2020 1:32:00 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

Hi Amy,

Shelly is out of the office right now. If you have a provider with severe symptoms that needs urgent healthcare, they should call their healthcare provider or seek care and warn ahead of the exposure. If not, we are working to get testing arranged at a location – by appointment. We can let you know more as soon as the details are figured out.

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Sent: Monday, March 2, 2020 10:00 AM
To: Morrison, Amy <Amy.Morrison@lwtech.edu>
Cc: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Brostrom-Smith, Claire <Claire.Brostrom-Smith@kingcounty.gov>; Clark, Shauna <shclark@kingcounty.gov>; Valenzuela, Matias <Matias.Valenzuela@kingcounty.gov>
Subject: RE: Follow-up to our call earlier this evening

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Thanks Amy, yes, the recommendation from Public Health (based on CDC recommendations) is for these students and faculty who were at LifeCare SNF to quarantine themselves at home for 14 days from their last exposure at SNF and they should be doing self-monitoring (more details on how to do this in the document I sent to you). All the faculty and staff who spent time at LifeCare recently are considered exposed. As of yesterday, there are 6 confirmed cases of COVID-19 infection in residents/staff of LifeCare with more testing in process.

Thanks, Shelly

Shelly McKeirnan (she/her), BSN MPH | Public Health Services Supervisor | Communicable Disease Epidemiology & Immunization Section | 401 5th Ave., Suite 1250 | Seattle WA 98104 | P: 206.296.4774 (Main) | P: 206.263.8195 (Direct) | F: 206.296.4803 | <http://www.kingcounty.gov/health/cd>
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Subject: RE: Follow-up to our call earlier this evening

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Thank you Shelly,

I have communicated your request for self-monitoring with the anticipated final plan to self-quarantine to students and faculty at LifeCare. We are assessing what they need to do in order to be better prepared.

Please call me today any time at 425-256-1981.

Thanks.

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From: [Morrison, Amy](#)
To: [McKeirnan, Shelly](#)
Cc: [Kay, Meagan](#); [Brostrom-Smith, Claire](#); [Clark, Shauna](#); [Valenzuela, Matias](#)
Subject: RE: Follow-up to our call earlier this evening
Date: Monday, March 2, 2020 1:09:30 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

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1. One faculty member (who's information is shared with you yesterday) continues to have severe symptoms and has not yet been contacted. Four students have mild symptoms. I need to get them tested. How can I prioritize their testing? Please advise.
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3. Finally, do you have written documentation that demonstrates that those who were not at LifeCare but live, work, and/or go to school with those directly exposed, are not at risk? Our students' spouses are being negatively impacted by their employers at this time and we need help communicating that community spread is not in effect at this time.

I am available all day on my cell at 425-256-1981.

Thank you,

Amy

Dr. Amy Morrison
President



West Building, Room 301 | 11605 132nd Ave NE | Kirkland, WA 98034

T: (425) 739-8200 | amy.morrison@lwtech.edu



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Thanks, Shelly

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From: [McKeirnan, Shelly](#)
To: [Kay, Meagan](#)
Subject: RE: Follow-up to our call earlier this evening
Date: Monday, March 2, 2020 8:47:36 AM

She is resistant, I told her someone would get back to her to discuss again after the materials I sent her after she had chance to read them. She said they are all currently in QT but she was pushing back on that for 14 days. So someone needs to get back to her today. I told her based on what she told us, we are considering them all exposed to confirmed case at Lifecare and what the recommendation is from us (14 day QT from last day of exposure). Also, they have ill faculty member and maybe ill nursing student.

Thanks, Shelly

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From: Kay, Meagan <Meagan.Kay@kingcounty.gov>
Sent: Monday, March 2, 2020 8:37 AM
To: McKeirnan, Shelly <Shelly.McKeirnan@kingcounty.gov>
Subject: Fwd: Follow-up to our call earlier this evening

What does she mean anticipated final plan to quarantine. They should be doing that now.

From: Morrison, Amy <Amy.Morrison@lwtech.edu>
Sent: Monday, March 2, 2020 8:25:51 AM
To: McKeirnan, Shelly <Shelly.McKeirnan@kingcounty.gov>
Cc: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Brostrom-Smith, Claire <Claire.Brostrom-Smith@kingcounty.gov>; Clark, Shauna <shclark@kingcounty.gov>; Valenzuela, Matias <Matias.Valenzuela@kingcounty.gov>
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Thank you Shelly,

I have communicated your request for self-monitoring with the anticipated final plan to self-quarantine to students and faculty at LifeCare. We are assessing what they need to do in order to be

better prepared.

Please call me today any time at 425-256-1981.

Thanks.

Amy

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Sent: Sunday, March 1, 2020 11:00 PM

To: Morrison, Amy <Amy.Morrison@lwtech.edu>

Cc: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Brostrom-Smith, Claire <Claire.Brostrom-Smith@kingcounty.gov>; Clark, Shauna <shclark@kingcounty.gov>; Valenzuela, Matias <Matias.Valenzuela@kingcounty.gov>

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To: [McKeirnan, Shelly](#)
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Subject: RE: Follow-up to our call earlier this evening
Date: Monday, March 2, 2020 8:25:55 AM

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To: [Kay, Meagan](#); [McKeirnan, Shelly](#)
Cc: [Brostrom-Smith, Claire](#); [Clark, Shauna](#); [Valenzuela, Matias](#)
Subject: RE: Follow-up to our call earlier this evening
Date: Monday, March 2, 2020 1:46:09 PM
Attachments: [image001.png](#)
[image002.png](#)
[image003.png](#)
[image004.png](#)

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Okay thank you.
Amy

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Sent: Monday, March 2, 2020 1:33 PM
To: Morrison, Amy <Amy.Morrison@lwtech.edu>; McKeirnan, Shelly <Shelly.McKeirnan@kingcounty.gov>
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Hi Amy,

Shelly is out of the office right now. If you have a provider with severe symptoms that needs urgent healthcare, they should call their healthcare provider or seek care and warn ahead of the exposure. If not, we are working to get testing arranged at a location – by appointment. We can let you know more as soon as the details are figured out.

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Importance: High

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Cc: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Brostrom-Smith, Claire <Claire.Brostrom-Smith@kingcounty.gov>; Clark, Shauna <shclark@kingcounty.gov>; Valenzuela, Matias <Matias.Valenzuela@kingcounty.gov>
Subject: RE: Follow-up to our call earlier this evening

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Thank you Shelly,

I have communicated your request for self-monitoring with the anticipated final plan to self-quarantine to students and faculty at LifeCare. We are assessing what they need to do in order to be better prepared.

Please call me today any time at 425-256-1981.

Thanks.

Amy

From: McKeirnan, Shelly [<mailto:Shelly.McKeirnan@kingcounty.gov>]
Sent: Sunday, March 1, 2020 11:00 PM
To: Morrison, Amy <Amy.Morrison@lwtech.edu>
Cc: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Brostrom-Smith, Claire <Claire.Brostrom-Smith@kingcounty.gov>; Clark, Shauna <shclark@kingcounty.gov>; Valenzuela, Matias <Matias.Valenzuela@kingcounty.gov>

Subject: Follow-up to our call earlier this evening

EXTERNAL SENDER: Use caution with links and attachments

Hi Amy, thanks so much for speaking with me earlier. I appreciate your concern for your students and faculty and I am sure this has been a challenging situation for you and the school. As I mentioned when we spoke, I am emailing you information on self-monitoring and quarantine (the self-monitoring information and chart for documentation are at the end of this document) for you to review. As I mentioned, based on the information we have about the risk assessment, we are recommending home quarantine and self-monitoring for the nursing and physical therapy students and staff who were at the Lifecare SNF in the last 14 days. The period of monitoring/quarantine is for 14 days after last exposure at LifeCare. This is based on the information that the students/faculty were providing clinical care to residents of LifeCare SNF at the SNF.

As of earlier this afternoon, we have 10 confirmed cases of COVID-19 in King County residents, 6 of the 10 are residents/staff of LifeCare SNF, status update online at:

<https://www.kingcounty.gov/depts/health/news/2020/March/1-covid19-4-cases.aspx>

I understand you have concerns about the quarantine recommendation and the hardships for some of the students/staff, and we can discuss this further tomorrow. I will have one of our staff cc'ed on this email contact you tomorrow by email or call. I understand you want a final plan for management of the exposed students/faculty by the end of the day tomorrow. We will also reach out to the faculty member who is ill (thanks for her contact information and for letting her know we will be contacting her). If you get more information on the student who is not feeling well, we can follow-up with that person also.

Thanks, Shelly

Shelly McKeirnan (she/her), BSN MPH | Public Health Services Supervisor | Communicable Disease Epidemiology & Immunization Section | 401 5th Ave., Suite 1250 | Seattle WA 98104 | P: 206.296.4774 (Main) | P: 206.263.8195 (Direct) | F: 206.296.4803 | <http://www.kingcounty.gov/health/cd>
My normal work week is M-F (off work every other Wednesday)

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From: [Clark, Thomas A. \(CDC/DDID/NCIRD/DVD\)](#)
To: [Lofy, Kathy KL \(CDC doh.wa.gov\)](#); [Duchin, Jeff](#)
Subject: Santa Clara County Phased Approach to COVID Mit 03012020
Date: Monday, March 2, 2020 3:28:08 PM
Attachments: [Santa Clara County Phased Approach to COVID Mit 03012020.docx](#)
[Contact One-pager 20200302.docx](#)
[Phased approach guidance - DRAFT 030120v4.docx](#)

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Santa Clara County Phased Approach to COVID-19 Mitigation

Targeted Layered Mitigation Overarching Goals: The targeted layered mitigation strategy is a phased approach to individual, community, business, and healthcare interventions aimed to:

1. Slow transmission and acceleration of disease
2. Minimize morbidity and mortality
3. Preserve function of healthcare, workforce, infrastructure, and minimize social and economic impacts

An “all of community approach” will be needed to implement Targeted Layered Mitigation (TLM).

Implementation emphasizes that:

- Life should go with as little disruption as possible,
- Individual responsibility,
- Empowering business and communities, and
- Effective healthcare response

Actions in the community will vary based on epidemiology, severity, and capacity and capabilities of the available public health and healthcare resources.

Immediate Steps to Consider

- Continue contact tracing, monitor and observe contacts as advised in guidance. Focus here is containment around cases.

Phase 1. Enhanced personal protective measures.

Trigger. First travel-related case

Rationale. Personal protective measures are preventive actions that can be used daily to slow the spread of COVID-19.

Recommendations. (Note: This has already been implemented)

- For individuals, the recommendations are very simple, but very important:
 - Keep your hands clean. It is one of the most important steps you can take to avoid getting sick and spreading germs to others. And always need to cover your cough and stay home when you are sick.
 - Today, start working on not touching your face because one way viruses spread is when you touch your own mouth, nose or eyes.
 - Since we know the disease is here, we all need to stay away from people who are sick.
 - And finally, start thinking about family preparedness, how to take care of sick family while not getting infected. Think about a room to isolate a sick person.
- For communities, we need to prepare for the possibility of widespread transmission,
 - Here are some examples of practical measures that can help limit spread by reducing exposure in community settings.
 - Schools: should plan for absenteeism and explore options for tele-learning and enhance surface cleaning.

- Businesses, whenever possible, can replace in-person meetings with video or telephone conferences and increase teleworking options and modify absenteeism policies and also enhance surface cleaning.
- What can I do to protect myself?
 - Start preparing your family and home over the coming days and weeks:
 - Meet with household members, other relatives, and friends to discuss what should be done if a pandemic occurs and what the needs of each person will be.
 - Discuss how you are going to care for family members or loved ones if they become ill, including how to protect the ones giving care.
 - Think about a room in your home that can be used to separate sick household members from those who are healthy. If possible, also choose a bathroom for the sick person to use. Plan to clean these rooms daily. Learn how to care for someone at home.
 - Identify alternative childcare or consider keeping your children at home.
 - If your neighborhood has a website or social media page, consider joining it to stay connected to neighbors, information, and resources.
 - Identify organizations in your community that can help. Consider including organizations that provide mental health or counseling services, food, and other supplies.
 - Create an emergency contact list. Ensure that your household has a current list of emergency contacts for family, friends, neighbors, carpool drivers, health care providers, teachers, employers, and other community resources.
 - Stock up on recommended supplies:
 - Store a two-week supply of water and food.
 - Periodically check your regular prescription drugs to ensure a continuous supply in your home. If you can, have at least a one-month supply of your prescription drugs.
 - Have any nonprescription drugs and other health supplies on hand, including pain relievers, stomach remedies, cough and cold medicines, fluids with electrolytes, and vitamins.
 - Include cleaning supplies (soap, antibacterial wipes, hand sanitizers, bleach, rubber gloves, disposable face masks, tissues, toilet paper, and cold medicines.
 - Practice good hygiene:
 - Stay home when you are sick.
 - Cover coughs and sneezes with a tissue or sleeve.
 - Keep your hands clean. Wash hands with soap and water or using hand sanitizer when soap and water are not available.
 - Stay away from people who are sick.
 - Do not touch your face (nose, eyes, mouth) because viruses can spread to you when you touch your own mouth, nose or eyes.
- What is social distancing?
 - Social distancing is a way to slow the spread of a virus. Social distancing includes personal things you can do, and larger public health actions that can be taken.
 - Personal social distancing includes:
 - Washing your hands after touching commonly used items or coming into contact with someone who is sick. Scrub your hands for at least 20 seconds with soap and water.
 - Disposing things that come in contact with your mouth such as tissues or plastic eating utensils.

- Stay away from people who show symptoms of an illness.
 - If you work closely to others, try to keep a distance of approximately three feet from the nearest person while at work.
 - Avoid large public venues such as theaters or sporting events.
- What should schools do?
 - Schools should start planning for the possibility of widespread transmission in our community. This should include plans for absenteeism and exploring options for tele-learning and enhance surface cleaning.
 - When should I keep my child home from school?
 - If anyone is ill with fever, cough or other symptoms, they should stay home from work or school and other public activities until at least 24 hours after they have recovered.
- What Should Businesses Do?
 - Businesses should prepare for widespread transmission in our community. Planning should consider replacing in-person meetings with video or telephone conferences; an increased ability for teleworking options; and, modifying absenteeism policies and enhancing surface cleaning.

Phase 2. Emphasizing protecting vulnerable populations.

Trigger. Second confirmed case of community transmission

Rationale. Based on our current understanding of COVID-19, older adults (65+) and adults with underlying medical problems (such, as diabetes, COPD, etc) are at high risk of severe illness and death. The following recommendations are designed to focus on protecting these vulnerable populations initially. Additional recommendations designed to protect additional groups of individuals may be needed in the future depending on the evolution of the outbreak.

Recommendations.

- Communicate with vulnerable populations about personal hygiene measures
 - Respiratory hygiene etiquette
 - Staying home when sick^[DM1]
 - Contact provider
 - Enhanced cleaning of environmental surfaces
- Identify and target outreach to vulnerable population community leaders
 - Nursing homes
 - Retirement communities
 - Rehabilitation facilities
 - Certain ethnic groups??
 - Prisons and jails??
- In assisted and group living situations
 - Enhanced screening of visitors, staff, and patients for symptoms
 - Enhanced cleaning of environmental surfaces
- Congregate settings
 - Recommend high-risk individuals avoiding mass gatherings such as parades, sporting events, and concerts.

- Recommend high-risk individuals consider avoiding other settings where people congregate such as community centers or movie theaters.
- Recommend faith-based and other community organizations to scale back large group activities (e.g. services, group congregation) especially for high risk groups (e.g., the elderly).
- Healthcare considerations
 - Reinforce existing messaging around guidance; specific outreach to long-term care facilities and skilled nursing (new guidance available from cdc)

Phase 3. Maximizing social distancing

Trigger. Three (????) confirmed cases of community transmission

Rationale. Reducing congregation of people can reduce transmission, prevent illness, and slow the course of the epidemic.

- For individuals
 - Recommend that all people avoid attending gatherings such as parades, concerts, and sporting events, if possible.
 - If they do attend large gatherings, ask people to try to maintain at least 6 feet (2 meters) of distance between themselves and others
- For the community
 - Ask businesses to employ strategies to increase social distancing, including maximizing use of telework policies, canceling in-person meetings or assemblies, and consider alternate team approaches for work schedules
 - Ask schools to employ strategies increase social distancing
 - Pre-K
 - Enhanced screening of visitors, staff, and kids for symptoms, with clear guidance to not come to school if any symptoms
 - K-12
 - Enhanced screening of visitors, staff, and students for symptoms, with clear guidance to not come to school if any symptoms
 - Cancelling large group and communal activities like assemblies, camps, mass celebrations
 - Universities and college campuses
 - Cancelling large group and communal activities like lectures, mass celebrations, and sporting events.
 - Provide information to students and faculty to encourage minimizing interactions in dorms and dining halls
 - Ask faith-based and community-based organizations to cancel/postpone gatherings, religious gatherings, celebrations, and events
 - Ask event organizers to postpone large gatherings such as concerts, music festivals, and parades
 - Ask businesses to allow liberal leave and telework policies, 5-day leave policies for people with symptoms, consider alternate team approaches for work schedules.

Phase 4. School cancellation/dismissal

Trigger. Case with school contacts has been identified??

Rationale. Preventing the spread of disease in educational settings among children and young adults may be one of the most effective measures to reduce the risk for infection for these age groups and slows virus transmission in the community.

Recommendation.

- Dismiss or cancel schools until further notice

Appendix 1. Possible K-12 Social Distancing Strategies

- Split classes into smaller groups of students and staff
- Cancelling large group and communal activities like assemblies, camps, mass celebrations
- Stagger times for larger groups to congregate (e.g., entrance and dismissal, recess, mealtimes)
- Hold after school activities in small groups only (size at the discretion of local authorities) or consider cancelling them

What to do if you were potentially exposed to someone with coronavirus disease 2019 (COVID-19)

If you think you have been exposed to someone with COVID-19, follow the steps below to monitor your health and avoid spreading the disease to others if you get sick.

What is coronavirus disease 2019 (COVID-19)?

COVID-19 is a respiratory disease caused by a new virus called SARS-CoV-2. The most common symptoms of the disease are fever and cough. Most people with COVID-19 will have mild disease but some people will get sicker and need to be hospitalized.

How do I know if I was exposed?

COVID-19 is most commonly spread to people who come into face-to-face contact with someone who is sick with COVID-19.

What should I do if I think I was exposed to someone with COVID-19?

People who think they may have been exposed to someone with COVID-19 should monitor their health for fever and other respiratory symptoms like cough or sore throat during the 14 days after the last day they were in close contact with the ill person with COVID-19.

If I do not have symptoms, can I go to work, school and other public places?

Yes, if you do not have symptoms, you can go to work, school and other public places.

What should I do if I get sick?

If you get sick with fever, cough, or other respiratory symptoms (even if they are very mild), you should immediately go home and stay away from other people.

If your symptoms are mild symptoms, you can stay at home, rest, and drink plenty of fluids.

If your symptoms worsen, you should call your healthcare provider and tell them that you were exposed to someone with COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

If you have any of the following conditions—age 60 years or over, diabetes, chronic lung diseases, or chronic serious heart disease, contact your physician's office. They may want to monitor your health more closely. Your physician may want to test you for influenza or other respiratory viruses.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive or immediately after they arrive.

Example of Phased Mitigation Options Actions for Communities with Local Spread

Targeted Layered Mitigation Overarching Goals: The targeted layered mitigation strategy is a phased approach to individual, community, business, and healthcare interventions aimed to:

1. Slow transmission and acceleration of disease
2. Minimize morbidity and mortality
3. Preserve function of healthcare, workforce, infrastructure, and minimize social and economic impacts

An “all of community approach” will be needed to implement Targeted Layered Mitigation (TLM). Implementation emphasizes that:

- ~~Life should go with as little disruption as possible,~~
- Individual responsibility,
- Empowering business and communities, and
- Effective healthcare response

Actions in the community will vary based on epidemiology, severity, and capacity and capabilities of the available public health and healthcare resources. TLM is categorized in four key areas: 1) Individual and household actions, 2) Community interventions 3) Healthcare system response, 4) Travel and border health. This appendix outlines the guiding principles, key areas for actions. Implementation will be a phased approach. This strategy will evolve as USG learns more.

As communities begin to have outbreak/cases (3 generations of spread, signals of community spread, multiple healthcare facilities impacted) a phased in approach to begin mitigation should be used.

Note: Decisions regarding the point at which an individual jurisdiction reaches this threshold for transition from active case finding and contact tracing and broad testing (Phase 1) to broad social distancing messaging and symptom monitoring with targeted testing of high risk individuals (Phase 2) may vary based on the capacity of an individual health department jurisdiction (e.g., city, county) and should be made in joint discussion with state health officials, leveraging additional resources that may be available from adjacent jurisdictions, the state and federal government. It is recognized that within an individual state one jurisdiction may transition from this containment (Phase 1) to mitigation (Phase 2) strategy while another jurisdiction in the same state may still be in containment (Phase 1) or be exiting from mitigation (Phase 2) into recovery.

Below Outlines Immediate Steps to Consider for Action

Phase 1.

- Communications: Communicate to the public about individual and household responsibility and importance of actions to:
 - Recognize symptoms
 - Call healthcare provider BEFORE arriving at the healthcare setting
 - Stay at home if you're ill
 - Care at home if you or a family member is ill
 - Prepare for disruption

- Active case finding: Continue contact tracing, monitor and observe contacts as advised in guidance. Focus here is containment around cases. Consider also testing cases of hospitalized pneumonia with unknown cause.
 - Self isolation: Initial decisions regarding duration of self-isolation may be based on existing guidance that recommends two sets of NP and OP swabs collected greater than 24 hours apart to be negative.
 - Self quarantine; For close contacts that may be exposed to a confirmed COVID-19 case, individuals should be counseled to stay at home (out of social circles, minimize community movement), watch for signs and symptoms of COVID-19 illness (fever, cough, SOB), for 14 days.
 - Monitoring of isolated and quarantined patients should be done to the extent needed for adequate public health action.
- **Phase 2**
 - Communications: emphasize individual and household actions above. Messages should strengthen on staying at home when you're sick if illness is mild (COVID-19 or non-COVID-19) and understanding when to seek care.
 - Consider using decision trees, self checkers to help direct people to the right level of care
 - (~~e~~Case identification and contact tracing): Determine cases to be identified and extent of contact tracking
 - As case counts increase, it is recognized that ~~detailed ongoing~~ contact tracing ^[bop11] will may no longer be possible due to the numbers of individuals and contacts.
 - At this point, it will be important to communicate broadly that individuals with signs and symptoms of COVID-19 (e.g., fever, cough, shortness of breath) self-isolate in their home to reduce the risk of subsequent risk of infecting others.
 - Self-isolation timeframe:
 - Initial decisions regarding duration of self-isolation could be based on existing guidance that recommends two sets of NP and OP swabs collected greater than 24 hours apart to be negative.
 - However, As state and local resources to conduct home based testing (or facility-based outpatient testing) to be constrained, decisions could be based on 7-14 days of isolation with symptom resolution (no fever for 72 hours, improved other ~~symptoms~~^[bop12]).
 - Recognizing the challenges with isolation for 14 days for large numbers of people (individual challenges regarding being out of work, and societal challenges associated with having large numbers of people out of work) shorter periods (e.g., 7 days) with a minimum of 72 hours ~~of afebrility~~with no fever and improved symptoms may be an approach jurisdictions may elect to consider.
 - Self-quarantine:
 - Similarly, it is recognized that as large numbers of cases occur in the community, and there is risk to societal disruption, the role of quarantine of close contacts of confirmed cases will be a challenge.
 - Ideally, individuals should be counseled to stay at home (out of social circles, minimize community movement), watch for signs and symptoms of COVID-19 illness (fever, cough, SOB), for 14 days.

- If possible Again, using Recognizing the role of individual responsibility, a social responsibility principle, individuals will should be counseled to stay at home (out of social circles, minimize community movement), watch for signs and symptoms of COVID-19 illness (fever, cough, SOB), and self-isolate for 7 days. as noted above.
- Phase 2 (testing): Decisions regarding discontinuing routine testing will be based on the metrics noted above regarding jurisdictional evidence of widespread community transmission (3 generations of spread, signals of community spread, multiple healthcare facilities impacted, with local health jurisdictions unable to conduct contact tracing of all cases, quarantine or isolation activities limiting the ability of essential societal functions to continue).

—Testing of high-risk individuals is still recommended for:

- Asthma
- Neurologic and neurodevelopment conditions
- Blood disorders (such as sickle cell disease)
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Endocrine disorders (such as diabetes mellitus)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- People who are obese with a body mass index [BMI] of 40 or higher
- People younger than 19 years of age on long-term aspirin- or salicylate-containing medications.
- People with a weakened immune system due to disease (such as people with HIV or AIDS, or some cancers such as leukemia) or medications (such as those receiving chemotherapy or radiation treatment for cancer, or persons with chronic conditions requiring chronic corticosteroids or other drugs that suppress the immune system) Adults 65 years and older
- Children younger than 2 years old¹
- Pregnant women and women up to 2 weeks after the end of pregnancy
- American Indians and Alaska Natives
- People who live in nursing homes and other long-term care facilities

*Note: For all individuals for whom a decision is made for home-isolation, use of telemedicine and use of nurse triage lines is encouraged to ensure those in isolation are assessed for clinical improvement and, if there is progression of symptoms, appropriate triage to higher levels of evaluation and care. Coordination between state, local and federal public health and healthcare will be important to ensure access for all individuals to these services.

Note: Decisions regarding the point at which an individual jurisdiction reaches this threshold for transition from active case finding and contact tracing and broad testing (Phase 1) to broad social distancing messaging and symptom monitoring with targeted testing of high risk individuals (Phase 2) may vary based on the capacity of an individual health department jurisdiction (e.g., city, county) and

~~should be made in joint discussion with state health officials, leveraging additional resources that may be available from adjacent jurisdictions, the state and federal government. It is recognized that within an individual state one jurisdiction may transition from this containment (Phase 1) to mitigation (Phase 2) strategy while another jurisdiction in the same state may still be in containment (Phase 1) or be exiting from mitigation (Phase 2) into recovery.~~

- For medical facilities:
 - Ensure triage
 - Assess infection control actions; assess personal protective equipment (PPE) needs and optimize PPE use
 - Assess visitor policies
 - Consider restriction of visitors to reduce healthcare facility-based transmission.
 - Healthcare workers: Identify exposed healthcare workers, request exposed HCWs voluntary home quarantine (See sub-bullet 4)^[bop13]
 - - ~~consideration: hospital may need to go on diversion due to staffing limitations~~
 - Monitor absenteeism and respiratory illness among non-exposed HCWs
 - Messaging for healthcare workers for the hospitals
 - As the numbers of cases in the community increase, It is recognized that critical work shortage may occur with home quarantine of HCWs having high or medium risk contacts of confirmed cases, and prevent optimal operation of essential clinical services; facilities in conjunction with their local, state health departments should in this setting institute fever and symptom monitoring for health care workers that are contacts of PUIs or confirmed cases, at the beginning and middle of a shift, to ensure continuity of facility operations. If HCWs become symptomatic or develop a fever at any time during the shift, they should report to the facility occupational health clinic, be masked and triaged to home (if mildly ill) or further evaluated (if moderately or more severely ill).

~~• Communicate to the public about individual and household actions to:~~

- ~~▪ Recognize symptoms~~
- ~~○ Call healthcare provider BEFORE arriving at the healthcare setting~~
- ~~▪ Stay at home if you're ill~~
- ~~▪ Care at home if you or a family member is ill~~
- ~~▪ Prepare for disruption~~

- Generous with medical evaluation, medical leave for ~~5-7~~ days for low clinical acuity/mild illness, if illness continues see healthcare provider
- Communicate to business, faith-based and community leaders about encouraging hygiene, actions individuals can take and responsibility messages.
- Ask businesses to ~~asses~~^[author4] continuity of business plans – should include liberal leave and telework policies, ~~75~~-day leave policies for people with symptoms, consider alternate team approaches for work schedules. Also, know how their resources

- Ask faith-based and other community organizations to consider scaling back large group activities (e.g. services, group congregation) especially for high risk groups (e.g., the elderly).
- Ask organizers of community-wide mass gatherings of more than 500 people to consider cancelling events or move to smaller groupings.

- Schools:

- For schools that are not impacted (no students, or teachers with confirmed cases that may have exposed others), actions should focus on minimize an individuals interactions with various groups. Ask local education agencies and colleges and universities to consider^[bop15]:

- ~~Cancelling large group and communal activities like assemblies, camps, mass celebrations~~

- Stagger times for larger groups to congregate (e.g., entrance and dismissal, recess, meal times)

- Hold after school activities in small groups only (size at the discretion of local authorities)

- Cancelling large group and communal activities like assemblies, camps, mass celebrations

-

- Consider regular health checks (e.g., temperature screening) of students, staff and visitors.

- In schools where cases have been identified, ~~one~~ allow one-three days for closure for cleaning and contact tracing to inform if larger school closures may be needed and duration. Contacts of exposed person should follow community exposure self-quarantine described above (7-14 days),. In addition, all 14 day leave for contacts, extra curricular activities should be suspended for two weeks; smaller class sizes should be considered rather than large lectures. Students and families should be reminded to minimize congregation outside of school setting

From: [Healthcare Emergency Coordination Center](#)
To: [Healthcare Emergency Coordination Center](#)
Subject: Snapshot #1 2020-03-02 - COVID-19
Date: Monday, March 2, 2020 3:46:43 PM
Attachments: [image002.png](#)
[image003.png](#)
[COVID-19 Healthcare Planning Checklist.pdf](#)
[COVID-19-Snapshot_1_2020-03-02.pdf](#)

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Snapshot Report #1

HEALTHCARE EMERGENCY COORDINATION CENTER (HECC)

DATE: 03/02/2020

TIME: 1540hrs

Distributed to: Healthcare, Public Health, State, and Sovereign Tribal partners throughout the W. WA Coalition service area.

COVID-19 Response

SITUATION UPDATE

The Northwest Healthcare Response Network (NWHRN) Healthcare Emergency Coordination Center (HECC) has carried out the following activities to support the healthcare coalition and state DOH-IMT COVID-19 mitigation and response efforts:

If you have questions about what is happening in Washington State, how the virus is spread, and what to do if you have symptoms, please call 1-800-525-0127 and press #.

- In collaboration with the WA State Department of Health (DOH) Incident Management Team (IMT) DOH-IMT, developed and distributed a Healthcare Capability Survey to all healthcare coalition partners.
- Incorporated resource links regarding COVID-19 into the [NWHRN website](#).
- Co-sponsored the DOH webinar "COVID-19: Readyng our Healthcare System" held February 28, from 11am to 12pm.
- Hosted King County hospital call on Sunday, March 1, with information shared by Public Health Seattle & King County (PHSKC).
- The HECC is assisting partners with resource requests they are unable to fulfill through normal channels. Please note some items, such as key personal protective equipment, are in very short supply, but we continue to work with public health and healthcare partners to urgently acquire additional PPE, as best as possible.
- COVID-19 Healthcare Planning Checklist (Attached in Email).
- Office of the Assistant Secretary for Preparedness and Response (ASPR) hosts COVID-19 stakeholder call.
 - What: COVID-19 Stakeholder Call to Action
 - When: Monday, March 2, 2020 (6:00-7:00 pm ET)
 - Dial-in Number: 1-800-369-1924
 - Passcode: 8652907

NWHRN NEXT STEPS

The NWHRN HECC anticipates carrying out the following tasks over the next 7-day operational period:

- Continue to provide support to WA State Department of Health (DOH) Incident Management Team (IMT) and other activated jurisdictions with HECC Support or NWHRN Agency Representative
- Planning forward collaboratively with Coalitions, Local Health Jurisdictions, and DOH to ensure healthcare is represented throughout the duration of the COVID-19 response.
- Convening calls with healthcare and Local Health Jurisdictions regularly to discuss ongoing support and identify gaps.
- Assisting with information gathering around potential supply chain needs.
- Working with DOH-IMT mitigation branch and other activated jurisdictions to support healthcare assessment, PPE conservation, and surge strategies.

ROLE	EMAIL

NWHRN Duty Officer/HECC Main	HECC@nwhrn.org
Agency Administrator	Onora.Lien@nwhrn.org
HECC Director	Command.HECC@nwhrn.org
Public Information Officer	Pio.HECC@nwhrn.org
Medical/Technical Specialist	Vicki.Sakata@nwhrn.org
Planning Section Chief	PlanSC.HECC@nwhrn.org
Operations Section Chief	OpsSC.HECC@nwhrn.org
Logistics Section Chief	LogsSC.HECC@nwhrn.org

Healthcare Emergency Coordination Center

Northwest Healthcare Response Network

24/7 Duty Officer Line: 425-988-2897

hecc@nwhrn.org



WA-KINGCO-20-0492-B-000184

Security settings or invalid file format do not permit using COVID-19 Healthcare Planning Checklist.pdf (601789 Bytes).

Snapshot Report #1

HEALTHCARE EMERGENCY COORDINATION CENTER (HECC)

DATE: 03/02/2020

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- The HECC is assisting partners with resource requests they are unable to fulfill through normal channels. Please note some items, such as key personal protective equipment, are in very short supply, but we continue to work with public health and healthcare partners to urgently acquire additional PPE, as best as possible.
- COVID-19 Healthcare Planning Checklist (Attached in Email).
- Office of the Assistant Secretary for Preparedness and Response (ASPR) hosts COVID-19 stakeholder call.
 - o What: COVID-19 Stakeholder Call to Action
 - o When: Monday, March 2, 2020 (6:00-7:00 pm ET)
 - o Dial-in Number: 1-800-369-1924
 - o Passcode: 8652907

NWHRN NEXT STEPS

The NWHRN HECC anticipates carrying out the following tasks over the next 7-day operational period:

- Continue to provide support to WA State Department of Health (DOH) Incident Management Team (IMT) and other activated jurisdictions with HECC Support or NWHRN Agency Representative

- Planning forward collaboratively with Coalitions, Local Health Jurisdictions, and DOH to ensure healthcare is represented throughout the duration of the COVID-19 response.
- Convening calls with healthcare and Local Health Jurisdictions regularly to discuss ongoing support and identify gaps.
- Assisting with information gathering around potential supply chain needs.
- Working with DOH-IMT mitigation branch and other activated jurisdictions to support healthcare assessment, PPE conservation, and surge strategies.

ROLE	EMAIL
NWHRN Duty Officer/HECC Main	HECC@nwhrn.org
Agency Administrator	Onora.Lien@nwhrn.org
HECC Director	Command.HECC@nwhrn.org
Public Information Officer	Pio.HECC@nwhrn.org
Medical/Technical Specialist	Vicki.Sakata@nwhrn.org
Planning Section Chief	PlanSC.HECC@nwhrn.org
Operations Section Chief	OpsSC.HECC@nwhrn.org
Logistics Section Chief	LogsSC.HECC@nwhrn.org

From: [Duchin, Jeff](#)
To: [Jernigan, John A. \(CDC/DDID/NCEZID/DHQP\)](#); [Clark, Thomas A. \(CDC/DDID/NCIRD/DVD\)](#)
Cc: [Kay, Meagan](#)
Subject: Thank You
Date: Sunday, March 1, 2020 9:03:00 PM

Thanks again to you both and the CDC team for joining us today. As you observed, we're in crisis response mode and feeling the stress. Key things I'd like your help with tomorrow (Meagan may have additional suggestions) below. We discussed some of this today, would appreciate any summaries we can use to share with decision makers and new ideas and well as help with material development where appropriate.

- 1) Assessment of the LifeCare SNF response - are we doing all we can be doing? Any issues identified to improve our response and maximize protection of residents and staff?
- 2) Support helping us draft policies/procedures to pivot away from containment to mitigation. Specifically: who to investigate, what info to collect, what guidance to provide to cases, their close contacts and public.
- 3) Help provide any available data for decision making re: pivot from containment to mitigation: severity, transmissibility, current thinking about cost/benefit, effectiveness/downsides of individual measures in the context of CoV. Info sheets for the public on what to do if I have/have been exposed to COVID-19; info for HCW guidance for if exposed and quarantine isolated at home.

I think there may have been a few things on the list I'm not able to recall at the moment and I'm passing out.

See you tomorrow.

Jeffrey S. Duchin, MD (he/him)
Health Officer and Chief, Communicable Disease Epidemiology & Immunization Section
Public Health - Seattle and King County
Professor in Medicine, Division of Infectious Diseases, University of Washington
Adjunct Professor, School of Public Health
401 5th Ave, Suite 1250, Seattle, WA 98104
Tel: (206) 296-4774; Direct: (206) 263-8171; Fax: (206) 296-4803
E-mail: jeff.duchin@kingcounty.gov

From: [IDSA Daily News Briefing](#)
To: [Duchin, Jeff](#)
Subject: Washington State Health Officials Confirm First Two Coronavirus Deaths In US
Date: Monday, March 2, 2020 5:03:54 AM

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Good morning Jeffrey Duchin

March 2, 2020

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Study Indicates SVR Is An Important Endpoint For Patients With HCV

[Healio](#) (2/28, Stulpin) reports that while SVR “has been challenged in regard to its association with clinical outcomes,” a [study](#) published in Clinical Infectious Diseases “has been confirmed as a prognosis-altering endpoint in patients with hepatitis C virus [HCV].” The study’s results suggest that “SVR can serve as a surrogate endpoint that results in better clinical outcomes.”

No Difference Reported In Risk For Serious Neuropsychiatric Events In Patients Who Received Oseltamivir In 30 Days After Influenza Diagnosis, Study Finds

[Infectious Disease Advisor](#) (2/28) reported that according to a [study](#) published in Clinical Infectious Diseases, “no difference was seen in the risk for serious neuropsychiatric events in patients who received oseltamivir in the 30 days after influenza diagnosis compared with those who did not. Further, the risk for moderate to severe neuropsychiatric events was significantly lower among those prescribed oseltamivir.”

Researchers Detect Coronavirus In Saliva Of Patients

[Healio](#) (3/1, Dreisbach) reports researchers detected the coronavirus “in the saliva of 11 of 12 patients infected with the virus,” according to a study published in Clinical Infectious Diseases. The [study's](#) findings suggest that saliva tests might be viable for the diagnosis and management of the virus.

Expert Discusses How Prepared Africa Is For COVID-19 Compared To The Rest Of The World

Bertha Serwa Ayi, MD, FACP, FIDSA, MBA, an adjunct Assistant Professor of Medicine at the Nebraska

Medical Center, wrote in a guest post for IDSA's [Science Speaks](#) (2/28) blog about the impact COVID-19 is already having around the world, and how "it seems the world is waiting and watching, nail-biting to see what will happen if it takes root in Africa." Dr. Ayi said that "although its healthcare infrastructure lags behind the world it is wields great experience in surveillance for poliomyelitis, cholera and Ebola virus and may be better prepared than other systems." Dr. Ayi highlighted Ghana as "a case in point" saying "the country is ready for the first few 100 cases," but "a case load beyond 1000s may overwhelm the current strategic plan."

DISEASES & CONDITIONS

Scientists In China And Singapore Reportedly Using Blood Test That Can Identify People Who Have Previously Been Exposed To Coronavirus

[NPR](#) (2/28, Harris) reported scientists in China and Singapore are using a blood test that can identify people who have been previously exposed to coronavirus, and scientists in the US are working to develop a similar test here. NPR said that such tests can help identify people who had asymptomatic infections and thus aid the tracking of outbreaks.

Researchers Say Those Who Have Recovered From COVID-19 May Still Be Virus Carriers.

[CIDRAP](#) (2/28, Beusekom) reported researchers found that "four medical professionals with COVID-19 who met the criteria for hospital release or lifting of quarantine in China had positive real-time reverse transcriptase-polymerase chain reaction results 5 to 13 days later." The researchers wrote in a [research letter](#) published in JAMA, "These findings suggest that at least a proportion of recovered patients may still be virus carriers."

Researchers Identify Similarities Between CT Scans Of COVID-19, SARS, And MERS

[Diagnostic Imaging](#) (2/28, Palmer) reported researchers found in a review study that while "initial features for COVID-19 seen on CT scans have been non-specific,...the findings are significantly similar to the two previous viral outbreaks that also caused worldwide concern in the past 20 years – SARS and MERS." The [review study](#) was published in the American Journal of Roentgenology.

From IDSA

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IDSA has developed an IDSA Guidelines App that includes all IDSA guidelines and five interactive clinical diagnostic tools, which provide decision-making support. Once the app is downloaded, all guidelines are available offline on your tablet or mobile device. An internet connection is only necessary to download the app or when downloading updates.

Download the app from your app store by searching "IDSA Guidelines" or download from [Apple](#) or [Android](#).

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Washington State Health Officials Confirm First Two Coronavirus Deaths In US

The [AP](#) (3/1, Flaccus, Superville) reports Washington state health officials confirmed that two people have died in the state from coronavirus marking the first two deaths from the virus in the US. Officials said both of the deceased had underlying health conditions.

The [Wall Street Journal](#) (3/1, A1, Abbott, Mullins, Subscription Publication) reports that the deaths in Washington and a cluster of confirmed cases in states such as Oregon and California may indicate the virus is more widespread in some communities.

Researchers Say Coronavirus May Have Been Spreading In Washington For Weeks Based On Genomic Analysis Of Two Infections. The [New York Times](#) (3/1, A1, Fink, Baker) reports researchers “examined the genomes of two coronavirus infections in Washington” and found similarities that suggest “the virus may have been spreading in the state for weeks.” The researchers compared the genomes of the coronavirus found in the first case in Washington back in January, which was also the first reported case in the US, with the coronavirus found in a more recent case in Washington and found similarities suggesting the cases were related by currently unknown ties.

[USA Today](#) (3/1, Bacon) reports Trevord Bedford, a biologist at Fred Hutchinson Cancer Research Center who was involved in the research, said that based on the study’s results there may already be hundreds of cases in Washington alone. Bedford said, “I believe we’re facing an already substantial outbreak in Washington State that was not detected until now. There are some enormous implications here.”

Health Officials Announce Possible Coronavirus Outbreak At Long-Term Care Facility In Washington. [The Hill](#) (2/29, Sullivan) reported health officials announced there may be an outbreak of coronavirus at a long-term care facility in Kirkland, Washington called Life Care. The Hill says that “there are two presumptive positives associated with the facility, one a health care worker and the other a woman in her 70s,” and in addition, “approximately 27 of 108 residents and 25 of 180 staff have some kind of symptoms and are being tested.”

[STAT](#) (2/29, Facher) reported Jeff Duchin, a local health official, said, “We are very concerned about an outbreak in a setting where there are many older people, as we would be wherever people who are susceptible might be gathering.” Duchin added that currently no link has been identified between the deceased and the facility.

California, Oregon, And Washington Say There Is Community Spread Of The Coronavirus In Their States. [CIDRAP](#) (2/29, Schirring) reported California, Oregon, and Washington all say that there is community spread of the coronavirus in their states. CIDRAP said that there have now been four cases of community spread within those states.

COVID-19 Cases Soar In South Korea, Italy, Iran

[CIDRAP](#) (3/1, Schnirring) reports, “The pace of new COVID-19 infections continued to surge in three international hot spots.” South Korea tops the list, reporting 586 cases in the last day, “raising its total to 3,736 cases, 18 of them fatal.” Additionally, there have been “big increases in both Italy and Iran, as at least five countries reported their first cases.”

Hong Kong Appears To Have Contained Coronavirus

[NPR](#) (3/1, Beaubien) reports that Hong Kong has “managed to limit the spread” of the coronavirus, but at a high cost. NPR says that while neighboring Guangdong Province has seen more than 1,300 cases, more than any other province but Hubei, “Hong Kong has seen fewer than 100 cases since the outbreak began, and so

far its strategies to contain the coronavirus have prevented large-scale outbreaks that have happened in countries like Iran, Italy and South Korea.” NPR says that while Hong Kong has managed to suppress the disease, “schools are closed. Many businesses are shuttered. All train, bus and ferry service to mainland China is suspended, and the border with China is essentially shut down.”

HEALTH POLICY

FDA Expands Coronavirus Testing Across The US

The [New York Times](#) (2/29, Sheikh) reported the FDA announced that coronavirus testing “would be greatly expanded in the United States, giving laboratories and hospitals around the country the go-ahead to conduct tests that had until now been severely limited to those analyzed by the” CDC. The Times says that the FDA’s “decision should improve the pace of detecting coronavirus infections and make it possible to more rapidly spot patterns of suspected or confirmed cases.”

[Reuters](#) (2/29, Bortor, Allen, Steenhuysen, Kalia) reported as a result of the decision, laboratories will immediately be able to “use tests they have developed and validated to achieve more rapid testing capacity for the coronavirus in the country.”

[CIDRAP](#) (2/28, Soucheray) also covered the story.

Maine Residents To Vote On Whether To Limit Vaccine Exemptions

The [Wall Street Journal](#) (2/29, Kamp, Subscription Publication) reported Maine residents will vote on a ballot measure that could override a state law that eliminated nonmedical exemptions for vaccines.

FRIDAY'S LEAD STORIES

- [White House Names HIV/AIDS Expert As New Coronavirus Response Coordinator](#)
- [US Researchers Say Early Signs Of Coronavirus Infection Can Be Seen In The Lungs](#)
- [Trivalent Inactivated Influenza Vaccine May Offer Comparable Protection Against Influenza B As Quadrivalent Influenza Vaccine, Study Suggests](#)
- [HHS Secretary Says At Least 40 Labs Can Test For Coronavirus](#)
- [FDA Reaches Out To Medical Device Companies And Reports There Are No Shortages Due To Coronavirus At This Point](#)

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From: [Levy, Susan \(Susie\)](#)
To: [Schaeffer, Cyndi](#)
Cc: [Burkland, Anne](#)
Subject: talking points for
Date: Monday, March 2, 2020 12:34:19 PM
Attachments: [Talking points for City Cabinet update.docx](#)
[COVID-19 Essential Talking Points 03.2.20.pdf](#)
[image002.png](#)

Attached are the key talking points from comms and a situational update and points on our community mitigations branch. I think sharing about prevention measures for their staff (hand washing, don't come if sick, etc) from the key points would be great to share.

Below is the press release in case they have specific questions. Let us know if you need anything else.

-Susie



March 2, 2020 11:15 a.m.

Contacts:

Public Health – Seattle & King County Media Line: 206-477-9000

Email: PHPIO@kingcounty.gov

Washington State Department of Health: 253-512-7100

Email: doh-pio@doh.wa.gov

**Public Health confirms four new COVID-19 cases,
bringing overall total to 14**

**King County to purchase motel, repurpose other
properties in fight against COVID-19**

Summary:

Public Health – Seattle & King County announced on Monday four

additional confirmed cases of COVID-19 in King County residents, bringing the total of confirmed cases to fourteen. King County Executive Dow Constantine signed an Emergency Declaration, enabling county government to take extra steps to fight COVID-19. Among the first actions: purchasing a motel and setting up modular housing units on publicly-owned parking lots and other available land.

Story:

On Sunday, March 1, Executive Constantine signed a Proclamation of Emergency in response to COVID-19, enabling “extraordinary measures” to fight the outbreak, including waiving some procurement protocols, and authoring overtime for King County employees, among other powers.

Executive Constantine immediately ordered the purchase of an area motel to be used to isolate patients in recovery as well as those in active treatment. The acquisition is expected to be finalized in a matter of days and available to Public Health by the end of the week. Location details will be made available when the transaction is complete.

In addition, King County will place modular units on public properties in locations throughout King County.

“We have moved to a new stage in the fight to contain and mitigate this outbreak. King County is aligned and organized behind this common mission, with Public Health – Seattle & King County as our lead agency,” said Executive Constantine. “We will direct all available resources to help cities, health-care facilities, businesses, and families continue life as normally as possible. But our best strategies depend on millions of residents actively following established disease prevention guidelines.”

“As we learn more about this outbreak, it’s now more important than ever that we look out for one another and stand strong as a community,” King County Council Chair Claudia Balducci said. “In King County, we are fortunate to have a network of highly skilled public health professionals who are working round-the-clock to assess and respond to the situation, while making sure we are informed with up-to-date information.”

COVID-19 Case updates

COVID-19 test results have come back from the Washington State Public Health Laboratory confirming four additional cases of COVID-19 in King County residents. With these four new results, the total number of cases in King County is 14. Today’s results include 2 additional deaths, along with an individual who was previously reported as ill but who has now died. This brings the total number of deaths in King County from COVID-19 to five.

"We have the best people in the world right here in King County responding to this crisis," said Patty Hayes, RN, MN, Director of Public Health – Seattle & King County. "We will get through this by staying informed and united. There are things each one of us can do to take control and reduce the impact of this disease in our community."

The four new cases are in:

- A male in his 50s, hospitalized at Highline Hospital. No known exposures. He is in stable but critical condition. He had no underlying health conditions.
 - A male in his 70s, a resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The man had underlying health conditions, and died 3/1/20
 - A female in her 70s, a resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The woman had underlying health conditions, and died 3/1/20
 - A female in her 80s, a resident of LifeCare, was hospitalized at EvergreenHealth. She is in critical condition.
-
- In addition, a woman in her 80s, who was already reported as in critical condition at Evergreen, has died. She died on 3/1/20

10 other cases, already reported earlier by Public Health, include:

- A female in her 80s, hospitalized at EvergreenHealth in Kirkland. This person has now died, and is reported as such above.
- A female in her 90s, hospitalized at EvergreenHealth in Kirkland. The woman has underlying health conditions, and is in critical condition
- A male in his 70s, hospitalized at EvergreenHealth in Kirkland. The man has underlying health conditions, and is in critical condition
- A male in his 70s was hospitalized at EvergreenHealth. He had underlying health conditions and died on 2/29/20.
- A man in his 60s, hospitalized at Valley Medical Center in Renton.
- A man in 60s, hospitalized at Virginia Mason Medical Center.
- A woman in her 50s, who had traveled to South Korea; recovering at home
- A woman in her 70s, who was a resident of LifeCare in Kirkland, hospitalized at EvergreenHealth
- A woman in her 40s, employed by LifeCare, who is hospitalized at Overlake Medical Center
- A man in his 50s, who was hospitalized and died at EvergreenHealth

Public Health is working hard to identify close contacts of these confirmed cases. These close contacts may include family members, co-workers, emergency responders and other contacts. A team of CDC officials is on-the-ground working with Public Health, along with the Washington State

Department of Health, our healthcare system partners and many others.

The public can help:

- 1) **Do not go to the emergency room unless essential.** Emergency rooms need to be able to serve those with the most critical needs. If you have symptoms like cough, fever, or other respiratory problems, contact your regular doctor first.
- 2) Stay home when sick.
- 3) Practice excellent personal hygiene habits, including handwashing, coughing into tissue or elbow, avoid touching eyes, nose, or mouth.
- 4) Stay away from people who are ill, especially if you are 60 and older or have underlying health conditions such as diabetes, heart disease, lung disease, or a weakened immune system.
- 4) Stay informed. Information is changing frequently. Check and subscribe to Public Health's website (www.kingcounty.gov/COVID) or blog (www.publichealthinsider.com).

Providing effective and innovative health and disease prevention services for more than two million residents and visitors of King County, Public Health – Seattle & King County works for safer and healthier communities for everyone, every day. More at www.kingcounty.gov/health

Keep up with the latest Public Health news in King County by subscribing to the department's blog, *Public Health Insider*.

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###

Susie Levy, MPH (*she/her*)

Government Affairs Analyst

Public Health – Seattle & King County

Phone: 206-263-8328

slevy@kingcounty.gov

Talking points for City Cabinet update:

Status update:

- Current situation:
 - 14 confirmed cases, 5 deaths
 - 4 deaths associated with LifeCare facility, the 5th was also someone with underlying health conditions
 - Seen at 5 area facilities and dialysis center
 - Facilities impacted: Evergreen, Overlake, Valley, Highline, Virginia Mason
- Community mitigation branch stood up as of this week, building on previous work and in coordination with DOH-
 - Matias is lead, groups focused on the following:
 - Non pharmaceutical intervention implementation group
 - Outreach on pandemic planning to specific groups including:
 - Houseless
 - Business
 - Children and youth
 - CBO and faith-based
 - Government agency

Essential Talking Points: Novel Coronavirus (COVID-19)

Updated 02-29-20

Basic facts:

- Novel coronavirus (COVID-19) is a new virus strain that emerged in Dec 2019.
- Novel coronavirus spreads between people via droplets produced when an infected person coughs or sneezes.
- Symptoms of coronavirus may include: fever, coughing, and shortness of breath. These may appear in as few as 2 days or as long as 14 days after exposure to the virus.
- People are thought to be the most contagious when they are the sickest, though some spread is possible before people show symptoms.
- Most people have mild illness. The most serious cases have been among older adults and those with underlying chronic medical conditions. Children may have less severe disease.
- Novel coronavirus is not at all connected with race, ethnicity, or nationality.

International & U.S. Situation:

- Countries where novel coronavirus is widespread or ongoing include: China, Japan, Italy, South Korea, and Iran. For updates, visit the [CDC Travel Alert](#) page.
- With continuing spread of the novel coronavirus outbreak to more countries, it is increasingly likely that we will see a worldwide spread.
- Current travel alerts, include:

Widespread sustained (ongoing) transmission and restrictions on entry to the U.S. (Level 3)	CDC recommends that travelers avoid all nonessential travel to the following destinations. Entry of foreign nationals from these destinations has been suspended.	China Iran
Widespread sustained (ongoing) transmission (Level 3)	CDC recommends that travelers avoid all nonessential travel to the following destinations:	South Korea Italy
Sustained (ongoing) community transmission (Level 2)	CDC recommends that older adults or those who have chronic medical conditions consider postponing travel to the following destinations:	Japan
Limited community transmission (Level 1)	Travelers should practice usual precautions at the following destination:	Hong Kong

Local Situation:

- To date, there have been cases of novel coronavirus in King and Snohomish counties, including several deaths.
- Additional positive cases are expected.
- This is a quickly changing situation. Check [Public Health's Novel Coronavirus webpage](#) for frequent updates.

Prevention:

- There is no vaccine available to protect against novel coronavirus.
- You may be able to reduce the risk of spread of coronaviruses by taking the same steps as you would to prevent infection from the flu and the common cold: washing hands, avoid touching your face, avoiding contact with sick people, staying home, and covering your mouth.

Treatment:

- There are no medications specifically approved for novel coronavirus.
- Most people with mild novel coronavirus illness will recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications. However, some cases develop pneumonia and require care or hospitalization.
- If you have symptoms like cough, fever, or other respiratory problems, contact your regular doctor first. **Do not go to the emergency room.** Emergency rooms need to be able to serve those with the most critical needs.
- If you have difficulty breathing, it doesn't mean you have novel coronavirus, but you should call 9-1-1.
- If you're over 60 and you have underlying conditions like diabetes, heart disease, and lung disease. Come up with a plan with your doctor to identify your health risks for coronavirus and how to manage symptoms. Contact your doctor right away if you do have symptoms.

Face masks:

- We do not currently recommend that people wear masks when they are in public.
- Scientists are not sure whether wearing a mask in public actually keeps healthy people from getting sick. It is most important for people who are sick to wear a mask in a healthcare setting (such as a waiting room) to avoid exposing other people when they cough or sneeze.
- People wear masks for a variety of acceptable reasons. We should not assume that someone wearing a mask is sick.

Preparing for an outbreak:

- We cannot predict when a pandemic outbreak might reach us nor how severe a novel coronavirus pandemic might be locally. But if it happens, and that seems increasing likely, it could cause large numbers of people to become ill in a short time.
- To prevent novel coronavirus from spreading, large gatherings and public events may be postponed or cancelled.
- School dismissals *may* happen if a serious pandemic occurs.
- For more information about outbreak preparedness, check out [Public Health Insider](#).

What Public Health is doing:

- Public Health has activated over 100 employees and volunteers, working on disease containment and pandemic preparedness.
- Some of our activities include: conducting disease surveillance & investigation; working with community partners to address stigmatization and bias; disseminating messages and materials to the public, media, and community partners; and, conducting pandemic planning in anticipation of widespread transmission.

Visit www.kingcounty.gov/covid for updates or follow us on social media (@KCPubHealth).

492-3-000202

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Health