

Subject: [Records Center] General Records Request :: G000492-053020

Date: Thursday, April 8, 2021 at 3:13:01 PM Pacific Daylight Time

From: King County Public Records

To: Sarah Wishingrad

CC: James.Apa@kingcounty.gov

EXTERNAL SENDER

--- Please respond above this line ---



April 08, 2021

Re: G000492-053020

Dear Sarah Wishingrad:

Thank you again for the public records request which the King County Executive Branch received from you on March 05, 2020. We understand you are seeking the following records:

"All email communications between (1) Public Health Director Patty Hayes and/or Health Officer Jeff Duchin, and (2) anyone communicating from an email address ending in cdc.gov, eop.gov, or hhs.gov."

An installment of records responsive to your request is available to you now in the King County Public Records Center. Click the link below to retrieve the records. Please note that the link works best with the Google Chrome browser, and any pop-up blockers need to be turned off.

[General Records Request - G000492-053020](#)

In addition, I have placed the new installment in your shared OneDrive folder.

[Wishingrad OneDrive](#)

We continue to gather and review responsive records, and we anticipate that we will be able to make another installment of responsive records, should they exist, available to you in approximately 4-6 weeks.

Please let me know if you have any questions.

Sincerely,

Jonathan Bibler
Public Records Officer
Public Health Seattle & King County

To monitor the progress or update this request please log into the



	A	B	C	D	E	F	G	H
1		Values	All ages	0-4 years	5-17 years	18-49 years	50-64 years	65+ years
2	A	Number of specimens selected for SARS-CoV-2 testing, per week						
3	B	Number of ILI visits or unique ILI patients with negative specimens, per week (only if pre-screening)						
4	B (other)	Total number of ILI visits or unique ILI patients with specimens collected, per week (only if pre-screening)						
5	C	Number of ILI visits or unique ILI patients seen at facility, per week						
6	D	Number of total visits or unique patients seen at facility, per week						
7	E	Patient population served by facility						

From: Gronostaj, Michael (CDC/DDPHSS/CSELS/DSEPD)
Sent: Friday, February 28, 2020 6:44 AM PST
To: CDC EISO Class 2018; CDC EISO Class 2019; CDC LLS Class 2018; CDC LLS Class 2019
CC: CDC EISO Supervisors 2018; CDC EISO Supervisors 2019; CDC LLS Supervisor 2018; CDC LLS Supervisors 2019; LLS (CDC); Epi Aid (CDC)
Subject: CDC COVID-19 airport screener volunteers wanted

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

Hello EIS/LLS,

The Global Migration Task Force (GMTF) in the CDC Emergency Operations Center is currently seeking available FTEs to deploy to the 11 US airports to serve as tertiary screeners and medical officers.

Tertiary screeners are responsible for conducting and documenting passenger screening interviews/triage case reviews; distributing communication materials and health information updates; conducting data entry and transport coordination activities; and providing basic quarantine station support, including purchasing, property management, document processing, timekeeping, and answering inquiries, etc.

Medical officers are responsible for reviewing the clinical information collected at the quarantine stations, evaluating the history and presenting symptoms, assessing available laboratory data, consulting with specialists, and making a clinical recommendation for disposition of ill travelers. We are accepting licensed medical physicians, physician assistants, and nurse practitioners for this role.

We are also looking for deployers who are fluent in Mandarin to fill both the tertiary screener and medical officer roles.

All positions above require that you pass a medical clearance exam and are respiratory fit tested. You will be required to interact with travelers and wear personal protective equipment that includes respiratory protection. Upon return to your duty stations you will be advised to self-monitor for 14 days while you go about your normal activities of daily living. Additional information is available on [DeployCDC](#).

Deployments are 29 days in length and we have vacancies at all 11 station locations for March and April. The station locations include:

- Los Angeles
- New York
- San Francisco
- Atlanta
- Chicago
- Newark
- Seattle
- Honolulu
- Detroit
- Washington DC

Dallas

If you are interested in a deployment opportunity with GMTF, please respond to eocdgmqsrlldaid@cdc.gov with your supervisory approval and answer the following.

Supervisor approval (please attach an email from your supervisor)

Dates of Availability (29 days):

Current duty location (e.g. Atlanta, GA):

Mobile number:

Many thanks for your consideration,

Michael Gronostaj, MD, MPH, FACPM

CDR, United States Public Health Service

Epi-Aid/Lab-Aid Response Team Lead | EIS/LLS Deployment Coordinator

Fellowship Response and Support Team | Epidemiology Workforce Branch

Division of Scientific Education and Professional Development

Center for Surveillance, Epidemiology, and Laboratory Services

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road NE, MS V24-5, Atlanta, GA 30329-4027

Work Phone: 404-498-6167 / Fax: 404-498-6535

vie0@cdc.gov

From: Harris, Aaron M. (CDC/DDID/NCHHSTP/DVH)
Sent: Tuesday, February 25, 2020 11:44 AM PST
To: EIS (CDC); Gupta, Neil (CDC/DDID/NCHHSTP/DVH); Broughton, Latwanda (CDC/DDPHSS/CSELS/DSEPD); Hamilton, Takiyyah (CDC/DDPHSS/CSELS/DSEPD) (CTR); CDC EIS EAC Roster 2019; CDC EISO Supervisors 2018; CDC EISO Supervisors 2019; McGowan, Eileen (CDC/DDPHSS/CSELS/DSEPD); Davis, Meagan (CDC/DDPHSS/CSELS/DSEPD); Lee, Beth (CDC/DDPHSS/CSELS/DSEPD); Abara, Winston E. (CDC/DDID/NCHHSTP/DSTDP); Greiner, Ashley L. (CDC/DDPHSS/CGH/DGHP); Lasry, Arielle (CDC/DDPHSS/CGH/DGHT); Annor, Francis (CDC/DDNID/NCIPC/DVP); Appiah, Grace D (CDC/DDID/NCEZID/DFWED); Armstrong, Paige A (CDC/DDID/NCEZID/DVBD); Arvey, Melissa (CDC/DDID/NCIRD/DBD); awv4@cdc.gov; Bagchi, Suparna (CDC/DDID/NCEZID/DHQP); Balter, Sharon (CDC ph.lacounty.gov); barbara.montana@doh.nj.gov; Barfield, Wanda D. (CDC/DDNID/NCCDPHP/DRH); Basavaraju, Sridhar (CDC/DDID/NCEZID/DHQP); Beer, Karlyn D. (CDC/DDID/NCEZID/DFWED); Bell, Jeneita (CDC/DDID/NCEZID/DHQP); Bell, Linda (CDC dhecc.sc.gov); Benowitz, Isaac (CDC/DDID/NCEZID/DHQP); Bish, Connie (CDC/DDNID/NCCDPHP/DRH); Bitsko, Rebecca (CDC/DDNID/NCBDDD/DHDD); Black, Stephanie SB (CDC cityofchicago.org); Blau, Dianna M. (CDC/DDPHSS/CGH/OD); Bonwitt, Jesse (CDC/DDID/NCEZID/DHCPP); Bozio, Catherine H. (CDC/DDID/NCIRD/ID); Brown, Allison C. (CDC/DDID/NCEZID/DHQP); Bruce, Michael G. (CDC/DDID/NCEZID/DPEI); Busacker, Ashley (CDC wyo.gov); Cantey, Paul T. (CDC/DDPHSS/CGH/DPDM); Carlson, Susan (CDC/DDNID/NCCDPHP/DNPAO); Carroll, Yulia (CDC/DDNID/NCEH/DEHSP); Cartter, Matthew (CDC ct.gov); Chaleunsky, Charlie (CMS/CMHPO); Chang, Arthur (Art) (CDC/DDNID/NCEH/DEHSP); Chatham-Stephens, Kevin (CDC/DDNID/NCBDDD/DHDD); Chen, Michael (CDC/DDID/NCIRD/ISD); Cherry, Cara C. (CDC/DDID/NCEZID/DVBD); Chew, Ginger L. (CDC/DDNID/NCEH/DEHSP); Chiu, Sophia (CDC/NIOSH/DFSE/HETAB); Christensen, Bryan E. (CDC/DDID/NCEZID/DHQP); Christensen, Deborah (Daisy) (CDC/DDNID/NCBDDD/DHDD); Cieslak, Paul (CDC dhsosha.state.or.us); Clayton, Heather B. (CDC/DDID/NCHHSTP/DASH); CMMMainConfRoom (CDC); Cogdill, Keith (NIH/OD/ORS) [E]; Courtney-Long, Elizabeth A. (CDC/DDNID/NCCDPHP/OSH); Curran, Kathryn (CDC/DDPHSS/CGH/DGHT); Cwynar, Kevin (NIH/CIT) [C]; Dale, Helen M. (CDC/DDPHSS/CGH/DGHT); D'Angelo, Denise V. (CDC/DDNID/NCCDPHP/DRH); Danielson, Melissa (CDC/DDNID/NCBDDD/DHDD); Dasgupta, Sharoda (CDC/DDID/NCHHSTP/DHPSE); Davies-Cole, John (CDC dc.gov); Dawood, Fatimah S. (CDC/DDID/NCIRD/ID); DBITS (CDC); Dieffenbach, Carl (NIH/NIAID) [E]; Diekman, Shane T. (CDC/DDPHSS/CGH/DGHT); Drenzek, Cherie (CDC dph.ga.gov); Eakin, Ann (NIH/NIAID) [E]; Edison, Laura (CDC dph.ga.gov); Elam-Evans, Laurie (CDC/DDID/NCIRD/ISD); Ellis, Esther (CDC doh.vi.gov); Epstein, Lauren H. (CDC/DDID/NCEZID/DHQP); Eyassu, Abinet (CDC/DDID/NCIRD/ISD) (CTR); Fairley, Temeika (CDC/DDNID/NCCDPHP/DCPC); Fechter-Leggett, Ethan (CDC/NIOSH/RHD/FSB); Fleming-Dutra, Katherine E. (CDC/DDID/NCIRD/DBD); Foster, Monique Aaron (CDC/DDID/NCHHSTP/DVH); Galang, Romeo Regi (CDC/DDNID/NCCDPHP/DRH); Garcia-Williams, Amanda (CDC/DDID/NCEZID/DFWED); Gargano, Julia Marie W. (CDC/DDID/NCIRD/DVD); Gleason, Brigitte (CDC/DDID/NCEZID/DFWED); Gokhale, Runa Hatti (CDC/DDID/NCEZID/DHQP); Gould, Carolyn V. (CDC/DDID/NCEZID/DVBD); Gould, Hannah HG (CDC health.nyc.gov); Groenewold, Matthew (CDC/NIOSH/DFSE/HIB); Guerra, Marta (CDC/DDPHSS/CGH/DGHP); Gwynn, Charon R (CDC health.nyc.gov); Halik, Lindsay (FDA/CFSAN) (CTR); Hall, Aron (CDC/DDID/NCIRD/DVD); Hall, Noemi (CDC/NIOSH/RHD/SB); Hamner, Heather (CDC/DDNID/NCCDPHP/DNPAO); Harrist, Alexia (CDC wyo.gov); Heath-Mason, Matthew (NIH/OD) [E]; Henao, Olga (CDC/DDPHSS/CGH/DGHP); Herzig, Carolyn (CDC/DDID/NCEZID/DHQP); Hill, Holly A. (CDC/DDID/NCIRD/ISD); Hills, Susan (CDC/DDID/NCEZID/DVBD); Hinckley, Alison F. (CDC/DDID/NCEZID/DVBD); Hocevar Adkins, Susan N. (CDC/DDID/NCHHSTP/DASH); Holzbauer, Stacy (CDC state.mn.us); Hsu, Christopher (CDC/DDPHSS/CGH/GID); Hughes, Christine (CDC/DDID/NCEZID/DHCPP); Hughes, Michelle (CDC/DDNID/NCBDDD/DHDD); Ly, Alpha (FDA/CBER) (CTR); Iyengar, Preetha (CDC dc.gov); Jackson, Brendan R. (CDC/DDID/NCEZID/DFWED); Jackson, Sandra L. (CDC/DDNID/NCCDPHP/DHDS); Jain, Seema (CDC cdph.ca.gov); Jannath, Syeda (CDC/OCOO/OF/OFAS) (CTR); jcorbett@lgc.org (CDC lgc.org); Jennings, Andre'a (CDC/DDPHSS/CSELS/DSEPD) (CTR); Jones, Jefferson (CDC/DDID/NCEZID/DHQP); Jyothi Prakashan, Senthil Kumar (FDA/OC) (CTR); KathleenBuckheit (CDC email.unc.edu); Khetsuriani, Nino (CDC/DDPHSS/CGH/GID); Kimura, Akiko (CDC cdph.ca.gov); Klabansky, Jennifer (NIH/NCI) [C]; Klos, Rachel (CDC wi.gov); Kmet, Matthew (FDA/CFSAN) (CTR); Kneipp, Teresa (CDC/NIOSH/HELD/CBMB); Ko, Jean Y. (CDC/DDNID/NCCDPHP/DRH); Komatsu, Kenneth (CDC azdhs.gov); Kracalik, Ian (CDC/DDID/NCEZID/DHQP); Lakkamraju, Suneetha (FDA/ORA) (CTR); Laney, Anthony S. (CDC/NIOSH/RHD/SB); Langer, Adam J. (CDC/DDID/NCHHSTP/DTE); Langley, Gayle E. (CDC/DDID/NCIRD/DVD); Laufer Halpin, Alison S. (CDC/DDID/NCEZID/DHQP); Lawson, Christina (Tina) (CDC/NIOSH/DFSE/FRB); Leadbetter, Laurie (NIH/NLM) [C]; Leman, Richard (CDC dhsosha.state.or.us); Lessa, Fernanda (CDC/DDID/NCEZID/DHQP); Li, Ruowei (Rosie) (CDC/DDNID/NCCDPHP/DNPAO); Loustalot, Fleetwood (CDC/DDNID/NCCDPHP/DHDS); Luckhaupt, Sara E. (CDC/NIOSH/DFSE/HIB); Lundeen, Elizabeth Ann (CDC/DDNID/NCCDPHP/DDT); Lyman, Meghan Marie (CDC/DDID/NCEZID/DFWED); m.weston@ana.org (CDC ana.org); Maenner, Matthew J. (CDC/DDNID/NCBDDD/DHDD); Marano, Nina (CDC/DDID/NCEZID/DGMQ);

Marietta, Cheryl (NIH/NIAAA) [E]; Markowitz, Lauri (CDC/DDID/NCIRD/DVD);
 Martin, Stacey (CDC/DDID/NCEZID/DVBD); Marx, Grace (CDC/DDID/NCEZID/DVBD);
 Materna, Barbara (CDC cdph.ca.gov); Meites, Elissa M. (CDC/DDID/NCIRD/DVD); Mhali, Tanesha (FDA/ORA);
 Midgley, Claire (CDC/DDID/NCIRD/DVD); Minta, Anna Akua (CDC/DDPHSIS/CGH/GID);
 Mirabelli, Maria (CDC/DDNID/NCEH/DEHSP); mstoops@nationalhomeless.org (CDC nationalhomeless.org);
 Mullins, Jocelyn (CDC ct.gov); Murrill, Christopher S. (CDC/DDPHSIS/CGH/GID);
 Nanduri, Srinivas Acharya (CDC/DDID/NCIRD/DBD); Nickel, Alexandra K (OIG/OMP) (CTR);
 Nolen, Leisha (CDC/DDID/NCEZID/DPEI); Omura, John Daniel (CDC/DDNID/NCCDPHP/DNPAO);
 Parashar, Umesh (CDC/DDID/NCIRD/DVD); Park, Benjamin (CDC/DDID/NCEZID/DHQP); Paz-
 Bailey, Gabriela (CDC/DDID/NCEZID/DVBD); Pazol, Karen (CDC/DDNID/NCBDDD/DHDD);
 Perrine, Cria G. (CDC/DDNID/NCCDPHP/DNPAO); Petersen, Brett W. (CDC/DDID/NCEZID/DHCPP);
 Pierce, Rebecca (CDC dhsosha.state.or.us); Pindyck, Talia (CDC/DDID/NCEZID/DFWED);
 Plumb, Ian (CDC/DDID/NCEZID/DFWED); Pollack, Loria A. (CDC/DDNID/NCCDPHP/DCPC);
 Psychas, Paul (CDC usaid.gov); Radcliffe, Rachel (CDC dhcc.sc.gov);
 Rajasingham, Anangu (CDC/DDPHSIS/CGH/DGHP); Rao, Carol (CDC/DDPHSIS/CGH/DGHP); RDB Inquiries (CDC);
 Reichard, Audrey A. (CDC/NIOSH/DSR/SFIB); Reynolds, Laura (CDC/NIOSH/DFSE/HETAB);
 Ridpath, Alison D. (CDC/DDID/NCHHSTP/DSTDP); rmartinez@nas.edu (CDC nas.edu);
 Rolfes, Melissa (CDC/DDID/NCIRD/ID); Romero, Lisa (CDC/DDNID/NCCDPHP/DRH);
 Rose, Erica (CDC/DDID/NCEZID/DFWED); Roth, Joseph (CDC doh.vi.gov); Ryans, Eric (NIH/CIT) [C];
 Saydah, Sharon (CDC/DDNID/NCCDPHP/DDT); Serbanescu, Florina (CDC/DDNID/NCCDPHP/DRH);
 Sferazza, Giovanni (IHS/HQ) [C]; Shaw, Kelly (CDC/DDNID/NCBDDD/DHDD);
 Shetty, Sharmila (CDC/DDPHSIS/CGH/DGHP); Silk, Benjamin J. (CDC/DDID/NCHHSTP/DTE);
 Skrobarcek, Kimberly (CDC/DDID/NCEZID/DGMQ); Slayton, Rachel B. (CDC/DDID/NCEZID/DHQP);
 Smith, Kirk (CDC state.mn.us); Socias-Morales, Christina M. (CDC/NIOSH/DSR/AFEB);
 Soeters, Heidi (CDC/DDPHSIS/CGH/GID); Sosa, Lynn (CDC ct.gov); Sparkman, Jessica E. (CMS/OFM);
 Stinn, John (CDC/OCOO/OCIO) (CTR); Straily, Anne (CDC/DDPHSIS/CGH/DPDM);
 Sweeney, Marie (CDC/NIOSH/DFSE/HIB); Tan, Christina CT (CDC doh.nj.gov);
 Tate, Jacqueline E. (CDC/DDID/NCIRD/DVD); Terashita, Dawn (CDC ph.lacounty.gov);
 Terranella, Andrew J (IHS/POR); Thompson-Paul, Angela M. (CDC/DDNID/NCCDPHP/DHDS);
 Tomasi, Suzanne (CDC/NIOSH/RHD/FSB); Tong, Van T. (CDC/DDNID/NCBDDD/DBDID);
 Trackemas, Jack D. (CDC/NIOSH/PMRD/GCB); Trout, Douglas (CDC/NIOSH/DFSE/HETAB);
 Twentyman, Evelyn Rebecca Ford (CDC/DDNID/NCCDPHP/OSH);
 Ussery, Emily Neusel (CDC/DDNID/NCCDPHP/DNPAO); VanFrank, Brenna (CDC/DDNID/NCCDPHP/OSH);
 Vanhouten, Clay (CDC wyo.gov); Wallace, Ryan (CDC/DDID/NCEZID/DHCPP); Warren-
 Mears, Victoria (CDC npaihb.org); Waterman, Steve (CDC/DDID/NCEZID/DVBD);
 Watson, John (CDC/DDID/NCIRD/DVD); Watt, James (CDC cdph.ca.gov); Weiser, Thomas (CDC npaihb.org);
 Whelan, Elizabeth A. (CDC/NIOSH/DFSE/FRB); Wiggins, Lisa (CDC/DDNID/NCBDDD/DHDD);
 Wilken, Jason (CDC cdph.ca.gov); Wilkinson, Amanda (CDC/DDPHSIS/CGH/GID);
 Wise, Matthew E. (CDC/DDID/NCEZID/DFWED); Woodworth, Kate (CDC/DDNID/NCBDDD/DBDID);
 Wortley, Pascale (CDC dph.ga.gov); Wu, Hsiu (CDC/DDID/NCEZID/DHQP);
 Zambrano, Laura (CDC/DDNID/NCBDDD/DBDID); Adams, Monica (CDC/DDID/NCHHSTP/DHPSE);
 Agnew Brune, Christine (CDC/DDID/NCHHSTP/DHPSE)

Subject: RE: EIS Supervisor Seminar: EIS Conference and Match Orientation

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Thanks, I didn't receive this!

-----Original Appointment-----

From: Foster, Monique Aaron (CDC/DDID/NCHHSTP/DVH) <ydg9@cdc.gov> **On Behalf Of** EIS (CDC)

Sent: Tuesday, February 25, 2020 2:20 PM

To: Gupta, Neil (CDC/DDID/NCHHSTP/DVH); Harris, Aaron M. (CDC/DDID/NCHHSTP/DVH)

Subject: FW: EIS Supervisor Seminar: EIS Conference and Match Orientation

When: Wednesday, March 18, 2020 1:00 PM-2:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: Adobe Connect Webinar

Importance: High

Not sure if you already received this but wanted to pass this along as I'll be deployed for COVID-19 on this day. If it's slow at the quarantine station I'll try to join remotely.

Regards,
Monique

Monique A. Foster, MD MPH
LCDR, United States Public Health Service
Medical Epidemiologist, Division of Viral Hepatitis
Centers for Disease Control and Prevention
1600 Clifton Road NE
Mailstop G-37
Atlanta, GA 30333

Phone: 404-718-8561
Email: ydg9@cdc.gov

-----Original Appointment-----

From: EIS (CDC)

Sent: Tuesday, February 25, 2020 2:07 PM

To: EIS (CDC); Broughton, Latwanda (CDC/DDPHSS/CSELS/DSEPD); Hamilton, Takiyyah (CDC/DDPHSS/CSELS/DSEPD) (CTR); CDC EIS EAC Roster 2019; CDC EISO Supervisors 2018; CDC EISO Supervisors 2019; McGowan, Eileen (CDC/DDPHSS/CSELS/DSEPD); Davis, Meagan (CDC/DDPHSS/CSELS/DSEPD); Lee, Beth (CDC/DDPHSS/CSELS/DSEPD); Abara, Winston E. (CDC/DDID/NCHHSTP/DSTDP); Greiner, Ashley L. (CDC/DDPHSS/CGH/DGHP); Lasry, Arielle (CDC/DDPHSS/CGH/DGHT); Annor, Francis (CDC/DDNID/NCIPC/DVP); Appiah, Grace D (CDC/DDID/NCEZID/DFWED); Armstrong, Paige A (CDC/DDID/NCEZID/DVBD); Arvay, Melissa (CDC/DDID/NCIRD/DBD); awv4@cdc.gov; Bagchi, Suparna (CDC/DDID/NCEZID/DHQP); Balter, Sharon (CDC ph.lacounty.gov); barbara.montana@doh.nj.gov; Barfield, Wanda D. (CDC/DDNID/NCCDPPH/DRH); Basavaraju, Sridhar (CDC/DDID/NCEZID/DHQP); Beer, Karlyn D. (CDC/DDID/NCEZID/DFWED); Bell, Jeneita (CDC/DDID/NCEZID/DHQP); Bell, Linda (CDC dhec.sc.gov); Benowitz, Isaac (CDC/DDID/NCEZID/DHQP); Bish, Connie (CDC/DDNID/NCCDPPH/DRH); Bitsko, Rebecca (CDC/DDNID/NCBDDD/DHDD); Black, Stephanie SB (CDC cityofchicago.org); Blau, Dianna M. (CDC/DDPHSS/CGH/OD); Bonwitt, Jesse (CDC/DDID/NCEZID/DHCPP); Bozio, Catherine H. (CDC/DDID/NCIRD/ID); Brown, Allison C. (CDC/DDID/NCEZID/DHQP); Bruce, Michael G. (CDC/DDID/NCEZID/DPEI); Busacker, Ashley (CDC wyo.gov); Cantey, Paul T. (CDC/DDPHSS/CGH/DPDM); Carlson, Susan (CDC/DDNID/NCCDPPH/DNPAO); Carroll, Yulia (CDC/DDNID/NCEH/DEHSP); Cartter, Matthew (CDC ct.gov); Chaleunsky, Charlie (CMS/CMHPO); Chang, Arthur (Art) (CDC/DDNID/NCEH/DEHSP); Chatham-Stephens, Kevin (CDC/DDNID/NCBDDD/DHDD); Chen, Michael (CDC/DDID/NCIRD/ISD); Cherry, Cara C. (CDC/DDID/NCEZID/DVBD); Chew, Ginger L. (CDC/DDNID/NCEH/DEHSP); Chiu, Sophia (CDC/NIOSH/DFSE/HETAB); Christensen, Bryan E. (CDC/DDID/NCEZID/DHQP); Christensen, Deborah (Daisy) (CDC/DDNID/NCBDDD/DHDD); Cieslak, Paul (CDC dhsoha.state.or.us); Clayton, Heather B. (CDC/DDID/NCHHSTP/DASH); CMMainConfRoom (CDC); Cogdill, Keith (NIH/OD/ORS) [E]; Courtney-Long, Elizabeth A. (CDC/DDNID/NCCDPPH/OSH); Curran, Kathryn (CDC/DDPHSS/CGH/DGHT); Cwynar, Kevin (NIH/CIT) [C]; Dale, Helen M.

(CDC/DDPHSIS/CGH/DGHT); D'Angelo, Denise V. (CDC/DDNID/NCCDPHP/DRH); Danielson, Melissa (CDC/DDNID/NCBDDD/DHDD); Dasgupta, Sharoda (CDC/DDID/NCHHSTP/DHPSE); Davies-Cole, John (CDC dc.gov); Dawood, Fatimah S. (CDC/DDID/NCIRD/ID); DBITSD (CDC); Dieffenbach, Carl (NIH/NIAID) [E]; Diekman, Shane T. (CDC/DDPHSIS/CGH/DGHT); Drenzek, Cherie (CDC dph.ga.gov); Eakin, Ann (NIH/NIAID) [E]; Edison, Laura (CDC dph.ga.gov); Elam-Evans, Laurie (CDC/DDID/NCIRD/ISD); Ellis, Esther (CDC doh.vi.gov); Epstein, Lauren H. (CDC/DDID/NCEZID/DHQP); Eyassu, Abinet (CDC/DDID/NCIRD/ISD) (CTR); Fairley, Temeika (CDC/DDNID/NCCDPHP/DCPC); Fechter-Leggett, Ethan (CDC/NIOSH/RHD/FSB); Fleming-Dutra, Katherine E. (CDC/DDID/NCIRD/DBD); Foster, Monique Aaron (CDC/DDID/NCHHSTP/DVH); Galang, Romeo Regi (CDC/DDNID/NCCDPHP/DRH); Garcia-Williams, Amanda (CDC/DDID/NCEZID/DFWED); Gargano, Julia Marie W. (CDC/DDID/NCIRD/DVD); Gleason, Brigitte (CDC/DDID/NCEZID/DFWED); Gokhale, Runa Hatti (CDC/DDID/NCEZID/DHQP); Gould, Carolyn V. (CDC/DDID/NCEZID/DVBD); Gould, Hannah HG (CDC health.nyc.gov); Groenewold, Matthew (CDC/NIOSH/DFSE/HIB); Guerra, Marta (CDC/DDPHSIS/CGH/DGHP); Gupta, Neil (CDC/DDID/NCHHSTP/DVH); Gwynn, Charon R (CDC health.nyc.gov); Halik, Lindsay (FDA/CFSAN) (CTR); Hall, Aron (CDC/DDID/NCIRD/DVD); Hall, Noemi (CDC/NIOSH/RHD/SB); Hamner, Heather (CDC/DDNID/NCCDPHP/DNPAO); Harris, Aaron M. (CDC/DDID/NCHHSTP/DVH); Harrist, Alexia (CDC wyo.gov); Heath-Mason, Matthew (NIH/OD) [E]; Henao, Olga (CDC/DDPHSIS/CGH/DGHP); Herzig, Carolyn (CDC/DDID/NCEZID/DHQP); Hill, Holly A. (CDC/DDID/NCIRD/ISD); Hills, Susan (CDC/DDID/NCEZID/DVBD); Hinckley, Alison F. (CDC/DDID/NCEZID/DVBD); Hocevar Adkins, Susan N. (CDC/DDID/NCHHSTP/DASH); Holzbauer, Stacy (CDC state.mn.us); Hsu, Christopher (CDC/DDPHSIS/CGH/GID); Hughes, Christine (CDC/DDID/NCEZID/DHCPP); Hughes, Michelle (CDC/DDNID/NCBDDD/DHDD); Ly, Alpha (FDA/CBER) (CTR); Iyengar, Preetha (CDC dc.gov); Jackson, Brendan R. (CDC/DDID/NCEZID/DFWED); Jackson, Sandra L. (CDC/DDNID/NCCDPHP/DHDS); Jain, Seema (CDC cdph.ca.gov); Jannath, Syeda (CDC/OCOO/OFR/OFAS) (CTR); jcorbett@lgc.org (CDC lgc.org); Jennings, Andre'a (CDC/DDPHSS/CSELS/DSEPD) (CTR); Jones, Jefferson (CDC/DDID/NCEZID/DHQP); Jyothi Prakashan, Senthil Kumar (FDA/OC) (CTR); KathleenBuckheit (CDC email.unc.edu); Khetsuriani, Nino (CDC/DDPHSIS/CGH/GID); Kimura, Akiko (CDC cdph.ca.gov); Klabansky, Jennifer (NIH/NCI) [C]; Klos, Rachel (CDC wi.gov); Kmet, Matthew (FDA/CFSAN) (CTR); Kneipp, Teresa (CDC/NIOSH/HELD/CBMB); Ko, Jean Y. (CDC/DDNID/NCCDPHP/DRH); Komatsu, Kenneth (CDC azdhs.gov); Kracalik, Ian (CDC/DDID/NCEZID/DHQP); Lakkamraju, Suneetha (FDA/ORA) (CTR); Laney, Anthony S. (CDC/NIOSH/RHD/SB); Langer, Adam J. (CDC/DDID/NCHHSTP/DTE); Langley, Gayle E. (CDC/DDID/NCIRD/DVD); Laufer Halpin, Alison S. (CDC/DDID/NCEZID/DHQP); Lawson, Christina (Tina) (CDC/NIOSH/DFSE/FRB); Leadbetter, Laurie (NIH/NLM) [C]; Leman, Richard (CDC dhsoha.state.or.us); Lessa, Fernanda (CDC/DDID/NCEZID/DHQP); Li, Ruowei (Rosie) (CDC/DDNID/NCCDPHP/DNPAO); Loustalot, Fleetwood (CDC/DDNID/NCCDPHP/DHDS); Luckhaupt, Sara E. (CDC/NIOSH/DFSE/HIB); Lundeen, Elizabeth Ann (CDC/DDNID/NCCDPHP/DDT); Lyman, Meghan Marie (CDC/DDID/NCEZID/DFWED); m.weston@ana.org (CDC ana.org); Maenner, Matthew J. (CDC/DDNID/NCBDDD/DHDD); Marano, Nina (CDC/DDID/NCEZID/DGMQ); Marietta, Cheryl (NIH/NIAAA) [E]; Markowitz, Lauri (CDC/DDID/NCIRD/DVD); Martin, Stacey (CDC/DDID/NCEZID/DVBD); Marx, Grace (CDC/DDID/NCEZID/DVBD); Materna, Barbara (CDC cdph.ca.gov); Meites, Elissa M. (CDC/DDID/NCIRD/DVD); Mhali, Tanesha (FDA/ORA); Midgley, Claire (CDC/DDID/NCIRD/DVD); Minta, Anna Akua (CDC/DDPHSIS/CGH/GID); Mirabelli, Maria (CDC/DDNID/NCEH/DEHSP); mstoops@nationalhomeless.org (CDC nationalhomeless.org); Mullins, Jocelyn (CDC ct.gov); Murrill, Christopher S. (CDC/DDPHSIS/CGH/GID); Nanduri, Srinivas Acharya (CDC/DDID/NCIRD/DBD); Nickel, Alexandra K (OIG/OMP) (CTR); Nolen, Leisha (CDC/DDID/NCEZID/DPEI); Omura, John Daniel (CDC/DDNID/NCCDPHP/DNPAO); Parashar, Umesh (CDC/DDID/NCIRD/DVD); Park, Benjamin (CDC/DDID/NCEZID/DHQP); Paz-Bailey, Gabriela (CDC/DDID/NCEZID/DVBD); Pazol, Karen (CDC/DDNID/NCBDDD/DHDD); Perrine, Cria G. (CDC/DDNID/NCCDPHP/DNPAO); Petersen, Brett W.

(CDC/DDID/NCEZID/DHCPP); Pierce, Rebecca (CDC dhsoha.state.or.us); Pindyck, Talia (CDC/DDID/NCEZID/DFWED); Plumb, Ian (CDC/DDID/NCEZID/DFWED); Pollack, Loria A. (CDC/DDNID/NCCDHP/DCPC); Psychas, Paul (CDC usaid.gov); Radcliffe, Rachel (CDC dhec.sc.gov); Rajasingham, Anangu (CDC/DDPHSIS/CGH/DGHP); Rao, Carol (CDC/DDPHSIS/CGH/DGHP); RDB Inquiries (CDC); Reichard, Audrey A. (CDC/NIOSH/DSR/SFIB); Reynolds, Laura (CDC/NIOSH/DFSE/HETAB); Ridpath, Alison D. (CDC/DDID/NCHHSTP/DSTDP); rmartinez@nas.edu (CDC nas.edu); Rolfes, Melissa (CDC/DDID/NCIRD/ID); Romero, Lisa (CDC/DDNID/NCCDHP/DRH); Rose, Erica (CDC/DDID/NCEZID/DFWED); Roth, Joseph (CDC doh.vi.gov); Ryans, Eric (NIH/CIT) [C]; Saydah, Sharon (CDC/DDNID/NCCDHP/DDT); Serbanescu, Florina (CDC/DDNID/NCCDHP/DRH); Sferrazza, Giovanni (IHS/HQ) [C]; Shaw, Kelly (CDC/DDNID/NCBDDD/DHDD); Shetty, Sharmila (CDC/DDPHSIS/CGH/DGHP); Silk, Benjamin J. (CDC/DDID/NCHHSTP/DTE); Skrobarcek, Kimberly (CDC/DDID/NCEZID/DGMQ); Slayton, Rachel B. (CDC/DDID/NCEZID/DHQP); Smith, Kirk (CDC state.mn.us); Socias-Morales, Christina M. (CDC/NIOSH/DSR/AFEB); Soeters, Heidi (CDC/DDPHSIS/CGH/GID); Sosa, Lynn (CDC ct.gov); Sparkman, Jessica E. (CMS/OFM); Stinn, John (CDC/OCOO/OCIO) (CTR); Straily, Anne (CDC/DDPHSIS/CGH/DPDM); Sweeney, Marie (CDC/NIOSH/DFSE/HIB); Tan, Christina CT (CDC doh.nj.gov); Tate, Jacqueline E. (CDC/DDID/NCIRD/DVD); Terashta, Dawn (CDC ph.lacounty.gov); Terranella, Andrew J (IHS/POR); Thompson-Paul, Angela M. (CDC/DDNID/NCCDHP/DHDSP); Tomasi, Suzanne (CDC/NIOSH/RHD/FSB); Tong, Van T. (CDC/DDNID/NCBDDD/DBDID); Trackemas, Jack D. (CDC/NIOSH/PMRD/GCB); Trout, Douglas (CDC/NIOSH/DFSE/HETAB); Twentyman, Evelyn Rebecca Ford (CDC/DDNID/NCCDHP/OSH); Ussery, Emily Neusel (CDC/DDNID/NCCDHP/DNPAO); VanFrank, Brenna (CDC/DDNID/NCCDHP/OSH); Vanhouten, Clay (CDC wyo.gov); Wallace, Ryan (CDC/DDID/NCEZID/DHCPP); Warren-Mears, Victoria (CDC npaihb.org); Waterman, Steve (CDC/DDID/NCEZID/DVBD); Watson, John (CDC/DDID/NCIRD/DVD); Watt, James (CDC cdph.ca.gov); Weiser, Thomas (CDC npaihb.org); Whelan, Elizabeth A. (CDC/NIOSH/DFSE/FRB); Wiggins, Lisa (CDC/DDNID/NCBDDD/DHDD); Wilken, Jason (CDC cdph.ca.gov); Wilkinson, Amanda (CDC/DDPHSIS/CGH/GID); Wise, Matthew E. (CDC/DDID/NCEZID/DFWED); Woodworth, Kate (CDC/DDNID/NCBDDD/DBDID); Wortley, Pascale (CDC dph.ga.gov); Wu, Hsiu (CDC/DDID/NCEZID/DHQP); Zambrano, Laura (CDC/DDNID/NCBDDD/DBDID); Adams, Monica (CDC/DDID/NCHHSTP/DHPSE); Agnew Brune, Christine (CDC/DDID/NCHHSTP/DHPSE)

Subject: EIS Supervisor Seminar: EIS Conference and Match Orientation

When: Wednesday, March 18, 2020 1:00 PM-2:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: Adobe Connect Webinar

Importance: High

*****This seminar is primarily for supervisors who have been approved to match at the 2020 EIS Conference; however, all supervisors are welcome to participate. As a reminder, final dispositions on approvals to participate in the 2020 EIS match will be sent on March 9.*****

EIS Supervisors –

Do you have questions about the 2020 EIS Conference and match?

Would you like to become familiar with the recruitment venue?

Would you like to see an overview on how to schedule interviews, and assign and enter your match scores?

Then please join us for the next EIS Supervisor Seminar, where we will be discussing the EIS Conference and match!

During the seminar, we will review 2020 EIS match process, including the recruitment venue, how to enter your interview slots, and how to enter your scores.

If you already have questions about EIS Conference or match that you would like addressed during the seminar, please send them ahead of time to Larry Cohen at cbu1@cdc.gov. We will compile the submitted questions and answer them during the seminar.

We look forward to your participation at the next EIS Supervisor Seminar!

Thank you,
EIS Program

Adobe Connect Webinar Information

<https://adobeconnect.cdc.gov/ruqnt1n2uhla>

If you have never attended an Adobe Connect meeting before:

Test your connection:

https://virtalsepd.adobeconnect.com/common/help/en/support/meeting_test.htm

Get a quick overview: <http://www.adobe.com/products/adobeconnect.html>

Phone Line Information

(770) 488-3600

Conference ID: 3183827

From: CSTE Emergency Response
Sent: Wednesday, February 26, 2020 7:38 AM PST
To: CSTE Emergency Response
CC: eoevent118@cdc.gov; CSTE Novel Coronavirus 2019
Subject: CSTE COVID-19 Response | CDC Phase 2 Rollout
Attachments: Attachment1_COVID19_Phase2Instructions_2020Feb25[1].docx,
Attachment2_COVID19_PUI_Case_ReportForm_2020Feb24[1].pdf,
Attachment3_COVID19_PUI_Case_Data Dictionary_2020Feb24[1].pdf,
Attachment4_COVID19_PUI_Case_ReportForm_Instructions_2020Feb24[3].pdf,
Attachment5_COVID19_SpecimenSubmission_2020Feb24[3].pdf

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

Good morning,

Please see below for a message from the CDC COVID-19 Epi Task Force, regarding **Phase 2** of COVID-19 jurisdictional identification and reporting.

Colleagues,

Thank you for your continued partnership in the ongoing emergency response to the novel coronavirus, COVID-19. As we presented at the 50-state CSTE call on Wednesday, February 19th, we will begin to transition today, February 25th, to 'Phase 2' of jurisdictional identification and reporting of persons under investigation (PUI) and laboratory-confirmed cases of COVID-19.

This transition to Phase 2 will occur for all reporting jurisdictions that are able to do the following:

- Assess ill persons and determine PUI status
- Assign unique identifiers to PUI and cases using the specified format
- Report PUI and laboratory-confirmed cases to CDC using a brief, combined, report form

For the purposes of COVID-19 PUI and case reporting, a 'reporting jurisdiction' refers to any jurisdiction that submits data directly to the National Notifiable Disease Surveillance System. A complete list of the 59 jurisdictions included as reporting jurisdictions is contained in Attachment 1. Although COVID-19 is not a nationally notifiable disease, limiting reporting to only these jurisdictions will provide greater assurance of unique ID assignment and ensure higher data quality during this rapidly evolving outbreak.

If your reporting jurisdiction is able to meet criteria to move to Phase 2, please email the State Coordination Unit of the CDC COVID-19 Epidemiology Task Force at eocevent118@cdc.gov to confirm your readiness.

Full details of the Phase 2 rollout are documented in the 5 attachments:

- Attachment 1: Clear description of Phase 2 implementation, including nCoV ID assignment
- Attachment 2: Combined PUI and Case Report Form
- Attachment 3: PUI and Case Report Form Data Dictionary
- Attachment 4: Instructions for completing the PUI and Case Report Form
- Attachment 5: Information on how to ship specimens to CDC

CDC is available to answer questions about the PUI and laboratory-confirmed case-reporting process. For inquiries, please email eocevent118@cdc.gov. We appreciate your continued efforts.

Best,
CDC COVID-19 Epidemiology Task Force



Council of State and Territorial Epidemiologists
Emergency Preparedness & Response Mailbox
Business Hours Line: 770.458.3811
After-Hours Line: 678.256.3945

.....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? ☐ Patient under investigation (PUI) ☐ Laboratory-confirmed case 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		Date of death (MM/DD/YYYY): ____/____/____ ☐ Unknown date of death																
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): <table border="0"> <tr> <td>☐ Travel to Wuhan</td> <td>☐ Community contact with another lab-confirmed COVID-19 case-patient</td> <td>☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology</td> </tr> <tr> <td>☐ Travel to Hubei</td> <td>☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient</td> <td>☐ Other, specify: _____</td> </tr> <tr> <td>☐ Travel to mainland China</td> <td>☐ Patient ☐ Visitor ☐ HCW</td> <td>☐ Unknown</td> </tr> <tr> <td>☐ Travel to other non-US country specify: _____</td> <td>☐ Animal exposure</td> <td></td> </tr> <tr> <td>☐ Household contact with another lab-confirmed COVID-19 case-patient</td> <td></td> <td></td> </tr> </table> 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												☐ 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: _____	☐ Animal exposure		☐ Household contact with another lab-confirmed COVID-19 case-patient		
☐ 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																								
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☐ Travel to mainland China	☐ Patient ☐ Visitor ☐ HCW	☐ Unknown																								
☐ Travel to other non-US country specify: _____	☐ Animal exposure																									
☐ Household contact with another lab-confirmed COVID-19 case-patient																										
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: _____																										

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).

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	☐ 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	Sent to CDC	State Lab Tested
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).

Questions	Variable Name	Values, Labels	Type
Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form			
Reporting jurisdiction	state		Character
Reporting health department	healthdept		Character
Contact ID	contact_id		Character
Case state/local ID	local_id		Character
CDC 2019-nCoV ID	cdc_ncov2019_id		Character
NNDS loc. Rec. ID/ Case ID	nndds_id		Character
Interviewer Information			
Last name of interviewer	interviewer_ln		Character
First name of interviewer	interviewer_fn		Character
Affiliation/ Organization	interviewer_org		Character
Telephone number	interviewer_tele		Character
Email	interviewer_email		Character
Basic Case Information			
What is the current status of this person?	current_status	1, Patient under investigation (PUI)	Number
Report date of PUI to CDC (MM/DD/YYYY)	pui_cdcreport_dt	2, Laboratory-confirmed case	Date (mm/dd/yyyy)
Report date of case to CDC (MM/DD/YYYY)	case_cdcreport_dt		Date (mm/dd/yyyy)
County of residence	res_county		Character
State of residence	res_state		Character
Ethnicity	ethnicity	1, Hispanic/Latino 0, Non-Hispanic/Latino 9, Not specified 1, Male 2, Female 9, Unknown 3, Other	Number
Sex	sex		Number
Race (Check all that apply)			
Asian	race_asian	1, Yes	Number
American Indian/ Alaska Native	race_aian	1, Yes	Number
Black	race_black	1, Yes	Number
Native Hawaiian/ Other Pacific Islander	race_nhpi	1, Yes	Number
White	race_white	1, Yes	Number
Unknown	race_unk	1, Yes	Number
Other	race_other	1, Yes	Number
Other specified race	race_spec		Character
Date of birth (MM/DD/YYYY)	dob		Date (mm/dd/yyyy)
Age	age	1, Years 2, Months 3, Days	Number
Age units (yr/mo/days):	ageunit		Number
Date of first positive specimen collection (MM/DD/YYYY)	pos_spec_dt		Date (mm/dd/yyyy)
Check if date unknown	pos_spec_unk	1, Yes	Number
Check if date not applicable	pos_spec_na	1, Yes 0, No	Number
Did the patient develop pneumonia?	pna_yn	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:	sympstatus	9, Unknown	Number
If symptomatic, onset date (MM/DD/YYYY)	onset_dt		Date (mm/dd/yyyy)
If symptomatic, onset date - unknown	onset_unk	1, Yes	Number
If symptomatic, date of symptom resolution (MM/DD/YYYY)	symp_res_dt		Date (mm/dd/yyyy)
If symptomatic, state of resolution	symp_res_yn	1, Still symptomatic 0, Symptoms resolved, unknown date 9, Unknown symptom status 1, Yes 0, No	Number
Was the patient hospitalized?	hosp_yn	9, Unknown	Number
If yes, admission date 1 (MM/DD/YYYY)	adm1_dt		Date (mm/dd/yyyy)
If yes, discharge date 1 (MM/DD/YYYY)	dis1_dt	1, Yes 0, No	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?	mechvent_yn	9, Unknown	Number
If yes, total days with MV (days)	mechvent_dur	1, Yes 0, No	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?	death_yn	9, Unknown	Number
Date of Death (MM/DD/YYYY)	death_dt		Date (mm/dd/yyyy)
Date of Death Unknown	death_unk	1, Yes	Number
Is the patient a health care worker in the United States?	hc_work_yn	1, Yes 0, No 9, Unknown	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	1, Yes 0, No 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
Symptoms, clinical course, past medical history and social history			
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	
		0, No	
Subjective fever (felt feverish)	sfever_yn	9, Unknown	Number
		1, Yes	
		0, No	
Chills	chills_yn	9, Unknown	Number
		1, Yes	
		0, No	
Muscle aches (myalgia)	myalgia_yn	9, Unknown	Number
		1, Yes	
		0, No	
Runny nose (rhinorrhea)	runnose_yn	9, Unknown	Number
		1, Yes	
		0, No	
Sore throat	stthroat_yn	9, Unknown	Number
		1, Yes	
		0, No	
Cough (new onset or worsening of chronic cough)	cough_yn	9, Unknown	Number
		1, Yes	
		0, No	
Shortness of breath (dyspnea)	sob_yn	9, Unknown	Number
		1, Yes	
		0, No	
Nausea or Vomiting	nauseavomit_yn	9, Unknown	Number
		1, Yes	
		0, No	
Headache	headache_yn	9, Unknown	Number
		1, Yes	
		0, No	
Abdominal pain	abdom_yn	9, Unknown	Number
		1, Yes	
		0, No	
Diarrhea (≥3 loose/looser than normal stools/24hr period)	diarrhea_yn	9, Unknown	Number
Other symptoms - 1	othsym1_yn	1, Yes	Number
Other symptoms - 1, specify:	othsym1_spec		Character
Other symptoms - 2	othsym2_yn	1, Yes	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	
		0, No	
Chronic lung disease (asthma/emphysema/COPD)	cld_yn	9, Unknown	Number
		1, Yes	
		0, No	
Diabetes Mellitus	diabetes_yn	9, Unknown	Number
		1, Yes	
		0, No	
Cardiovascular disease	cvd_yn	9, Unknown	Number
		1, Yes	
		0, No	
Chronic renal disease	renaldis_yn	9, Unknown	Number
		1, Yes	
		0, No	
Liver disease	liverdis_yn	9, Unknown	Number
		1, Yes	
		0, No	
Immunocompromised condition	immsupp_yn	9, Unknown	Number
		1, Yes	
		0, No	
Neurologic/neurodevelopmental	neuro_yn	9, Unknown	Number
If yes, specify	neuro_spec		Character
		1, Yes	
		0, No	
Other chronic diseases	otherdis_yn	9, Unknown	Number
If yes, specify	otherdis_spec		Character
		1, Yes	
		0, No	
If female, currently pregnant	pregnant_yn	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
Respiratory Diagnostic Testing			
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	4, Not Done	Number Character
Specimens for COVID-19 Testing			
NP Swab: Local Specimen ID - 1	spec_npswab1id		Character
NP Swab: Collection date - 1	spec_npswab1_dt		Date (mm/dd/yyyy)
NP Swab: Sent to CDC - 1	spec_npswab1cdc	1, Yes	Number
NP Swab: State Lab Tested - 1	spec_npswab1state	1, Yes	Number
NP Swab: Local Specimen ID - 2	spec_npswab2id		Character
NP Swab: Collection date - 2	spec_npswab2_dt		Date (mm/dd/yyyy)
NP Swab: Sent to CDC - 2	spec_npswab2cdc	1, Yes	Number
NP Swab: State Lab Tested - 2	spec_npswab2state	1, Yes	Number
NP Swab: Local Specimen ID - 3	spec_npswab3id		Character
NP Swab: Collection date - 3	spec_npswab3_dt		Date (mm/dd/yyyy)
NP Swab: Sent to CDC - 3	spec_npswab3cdc	1, Yes	Number
NP Swab: State Lab Tested - 3	spec_npswab3state	1, Yes	Number
OP Swab: Local Specimen ID - 1	spec_opswab1id		Character
OP Swab: Collection date - 1	spec_opswab1_dt		Date (mm/dd/yyyy)
OP Swab: Sent to CDC - 1	spec_opswab1cdc	1, Yes	Number
OP Swab: State Lab Tested - 1	spec_opswab1state	1, Yes	Number
OP Swab: Local Specimen ID - 2	spec_opswab2id		Character
OP Swab: Collection date - 2	spec_opswab2_dt		Date (mm/dd/yyyy)
OP Swab: Sent to CDC - 2	spec_opswab2cdc	1, Yes	Number
OP Swab: State Lab Tested - 2	spec_opswab2state	1, Yes	Number
OP Swab: Local Specimen ID - 3	spec_opswab3id		Character
OP Swab: Collection date - 3	spec_opswab3_dt		Date (mm/dd/yyyy)
OP Swab: Sent to CDC - 3	spec_opswab3cdc	1, Yes	Number
OP Swab: State Lab Tested - 3	spec_opswab3state	1, Yes	Number
Sputum: Local Specimen ID - 1	spec_sputum1id		Character
Sputum: Collection date - 1	spec_sputum1_dt		Date (mm/dd/yyyy)
Sputum: Sent to CDC - 1	spec_sputum1cdc	1, Yes	Number
Sputum: State Lab Tested - 1	spec_sputum1state	1, Yes	Number
Sputum: Local Specimen ID - 2	spec_sputum2id		Character
Sputum: Collection date - 2	spec_sputum2_dt		Date (mm/dd/yyyy)
Sputum: Sent to CDC - 2	spec_sputum2cdc	1, Yes	Number
Sputum: State Lab Tested - 2	spec_sputum2state	1, Yes	Number
Sputum: Local Specimen ID - 3	spec_sputum3id		Character
Sputum: Collection date - 3	spec_sputum3_dt		Date (mm/dd/yyyy)
Sputum: Sent to CDC - 3	spec_sputum3cdc	1, Yes	Number
Sputum: State Lab Tested - 3	spec_sputum3state	1, Yes	Number
Other specimen type - 1	spec_otherspecimen1_yn	1, Yes	Number
If yes, specify type - 1	spec_otherspecimen1_spec		Character
Other: Local Specimen ID - 1	spec_otherspecimen1id		Character
Other: Collection date - 1	spec_otherspecimen1_dt		Date (mm/dd/yyyy)
Other: Sent to CDC - 1	spec_otherspecimen1cdc	1, Yes	Number
Other: State Lab Tested - 1	spec_otherspecimen1state	1, Yes	Number
Other specimen type - 2	spec_otherspecimen2_yn	1, Yes	Number
If yes, specify type - 2	spec_otherspecimen2_spec		Character

Other: Local Specimen ID - 2
 Other: Collection date - 2
 Other: Sent to CDC - 2
 Other: State Lab Tested - 2
 Other specimen type - 3
 If yes, specify type - 3
 Other: Local Specimen ID - 3
 Other: Collection date - 3
 Other: Sent to CDC - 3
 Other: State Lab Tested - 3
 Additional State/local Specimen IDs:
 Any additional comments/notes?

spec_otherspecimen2id
 spec_otherspecimen2_dt
 spec_otherspecimen2cdc
 spec_otherspecimen2state
 spec_otherspecimen3_yn
 spec_otherspecimen3_spec
 spec_otherspecimen3id
 spec_otherspecimen3_dt
 spec_otherspecimen3cdc
 spec_otherspecimen3state
 lab_local_id1
 final_notes

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

CDC RESPIRATORY VIRUSES DIAGNOSTIC LABORATORY

2019 NOVEL CORONAVIRUS (nCoV) SPECIMEN SUBMISSION GUIDELINES

FOR PUIs

The Respiratory Viruses Diagnostic Laboratory, located within Division of Viral Diseases, Centers for Disease Control and Prevention (CDC), is responsible for the detection and identification of respiratory viruses (non-influenza), including respiratory syncytial virus, human parainfluenza viruses 1-4, human metapneumovirus, adenovirus, rhinovirus, coronavirus (including SARS-coronavirus and MERS) and human bocavirus. Diagnostic testing for human parvovirus B19 is also available on a limited basis.

Prior to submitting any specimens, consultation is required

SAFETY NOTE

Health care personnel collecting clinical samples from potentially infectious patients should follow infection prevention and control [recommendations](#). Sample processing should be performed in at least a Class II biological safety cabinet following a minimum of biosafety level 2 guidelines. Please refer to the CDC website for specimen handling biosafety guidelines: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html>

TIMING OF SPECIMEN COLLECTION

Specimens should be collected as soon as possible after onset of illness, preferably within the first 3-4 days. Although some viruses may be detected after longer time periods, the likelihood of recovering most respiratory viruses diminishes after 3-4 days.

SPECIMEN TYPE

For novel coronavirus testing, CDC is currently requesting nasopharyngeal swab and oropharyngeal swab specimens on all persons under investigation (PUI). In addition, sputum samples are requested for PUIs with productive cough. Swab specimens should be collected using only swabs with a synthetic tip (e.g., polyester, Dacron®) and an aluminum or plastic shaft. Swabs with cotton tips and wooden shafts are not recommended. Specimens collected with swabs made of calcium alginate are not acceptable.

SPECIMEN COLLECTION AND STORAGE

Specific specimen collection/handling instructions and biosafety guidelines for 2019 novel coronavirus specimens are available at: <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-laboratories.html>.

Refrigerate all specimens promptly after collection. If specimens can be shipped to CDC within 72 hours of collection, they should be kept refrigerated at 4°C and shipped on gel ice-packs. Freezing should be avoided if possible, as this will reduce virus viability. If specimens must be held for >72 hours, they should be promptly frozen at -70°C and shipped on dry ice. Liquid specimens should be aliquoted into properly labeled, leakproof, unbreakable screw-cap vials. Samples should be collected and processed in a manner that prevents cross-contamination between specimens, including changing gloves between specimens.

SPECIMEN LABELING AND DOCUMENTATION

All specimens must be labeled with:

- A unique identifier assigned to the patient
- CDC nCoV ID (previously called the CDC PUI ID)
- Specimen type
- Date collected

Please make sure that the information on the specimen tube matches exactly the information provided in the CDC Form 50.34 below. Otherwise, the specimen will be rejected or testing will be significantly delayed while the discordant information is rectified.

Please submit all specimens through the State Public Health Laboratory. All results will be reported from the Respiratory Viruses Diagnostic Laboratory to the State Public Health Laboratory.

FORM:

Each specimen should be accompanied by a completed CDC Form 50.34 (also known as a DASH form). Please include the 50.34 in the package. A copy of the form is available at: <https://www.cdc.gov/laboratory/specimen-submission/pdf/form-50-34.pdf>

Complete all fields of the 50.34 electronically. **DO NOT fill it in by hand.**

In particular, please make sure to include the following:

- Patient first name and last name
- Patient date of birth
- Original Submitter Patient ID
- Original Submitter Specimen ID
- State Public Health Laboratory contact information including full name, title, complete mailing address, email address, telephone, and fax number of the submitter
- State Public Health Lab Patient ID
- States Public Health Lab Specimen ID
- CDC nCoV ID (previously called CDC PUI ID e.g., 0010GA)
- CDC nCoV ID (previously called the CDC PUI ID) - two letter specimen type identifier (NP = nasopharyngeal swab, OP = oropharyngeal swab, SP = sputum, BAL = bronchoalveolar lavage)
 - If there are multiple of the same specimen type please label them sequentially (e.g. 0010GA-NP1, 0010GA-NP2)
- Specimen collected date
- Specimen source (type)

In the upper left-hand corner of the form, to ensure proper routing:

- For *test requested*, select “Respiratory virus molecular detection (non-influenza) CDC-10401”
- For *At CDC bring to the attention of*, put “Stephen Lindstrom: 2019-nCoV”

Please make sure the State Public Health Laboratory ID and CDC nCoV IDs (previously called the CDC PUI ID) are included in the fields indicated below.

Select the Specimen Origin to Begin the Form

HUMAN

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

LABORATORY EXAMINATION REQUESTED	STATE PHL / NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE / FEDERAL AGENCY / INTERNATIONAL INSTITUTION / PEACE CORPS
Test order name: Test order code: Suspected Agent: Date sent to CDC: At CDC, bring to the attention of:	Name: Title: Last: First: Middle: Degree: Institution name: Street address: City: State: ZIP Postal Code: Country: Phone: Point of Contact: (Person to be contacted if there is a question regarding this order)
PATIENT INFORMATION Patient Name: Sex: Birth date: Case ID: Age: Age Units: Clinical Diagnosis: Date of onset: Pregnancy Status: Fatal: Date of Death:	State Public Health Lab Patient ID: CDC nCoV ID: Patient ID: Alternative Patient ID: Specimen ID: Alternative Specimen ID: State Public Health Lab Specimen ID: CDC nCoV ID - Specimen type identifier:

If you need help completing the 50.34 DASH Form, please contact 404-639-2170 or cccidlabinfo@cdc.gov

SHIPPING GUIDELINES

Specimens should be packed according to International Air Transport Association (IATA) regulations <http://www.iata.org/whatwedo/cargo/dgr/Pages/index.aspx>. Shipments from outside of the United States may require an importation permit that can be obtained from the CDC. For specific instructions, see the "Packing, Shipping, and Transport" section from this CDC webpage document (last section): <http://www.cdc.gov/coronavirus/mers/guidelines-lab-biosafety.html>

Specimens should be stored and shipped at the temperatures indicated in the *Specimen Collection and Storage* section above. **If samples are unable to be shipped within 72 hours of collection, they should be stored at -70°C and shipped on dry ice.** Virus isolates can be shipped on gel ice-packs. When shipping a frozen specimen from long distances or from international locations, it is best to use a combination of dry ice and frozen gel ice-packs. The gel ice-packs will remain frozen for a day or two after the dry ice has dissipated.

All specimens must be prepacked to prevent breakage and spillage.

- Specimen containers should be sealed with Parafilm® and placed in ziplock bags.
- Place enough absorbent material to absorb the entire contents of the Secondary Container (containing Primary Container) and separate the Primary Containers (containing specimen) to prevent breakage.
- Send specimens with cold packs or other refrigerant blocks that are self-contained, not actual wet ice. This prevents leaking and the appearance of a spill.
- When large numbers of specimens are being shipped, they should be organized in a sequential manner in boxes with separate compartments for each specimen.

Some things ***not to do***:

- Do not place any dry ice in the "Primary Container" or "Secondary Container", foam envelopes, ziplock bags, cryovial boxes, or hermetically sealed containers.
- Do not place Primary Containers sideways or upside down in ziplock bags.
- Do not place any paperwork in the Secondary Containers or ziplock bags, so as not to damage the paperwork.
- Do not use biohazard/autoclave bags to prepack your materials due the inadequate seal of these bags.

When shipments are going out on Monday – Thursday:

Ship overnight using your usual courier such as FedEx or UPS to the following address

ATTN: STAT LAB - 2019 novel coronavirus - PUI
c/o Steve Lindstrom, Shifaq Kamili (Unit 84)
Respiratory Viruses Diagnostic Laboratory / DVD
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, Georgia, 30333
Telephone: 404-639-1587
Email: SQL5@CDC.GOV

If shipments are going out Friday, Saturday, or Sunday or holidays:

- The designated shipping point of contact should collect the following information:
 - Name and contact information for the person who will be handing the package to the courier
 - Address of where the package will be picked up
 - Estimated time the package will be ready
 - Number, rough dimensions, and rough weight of the package(s)
 - Whether package contains cold pack, dry ice, or other
 - PUI ID

- Next, the shipping point of contact should email the above information to CDC IMS Logistics Transportation (eocevent306@cdc.gov) and CDC IMS Logistics Section Chief (CDC) (eoclogchief@cdc.gov)
- Then the shipping point of contact should call the CDC Emergency Operations Center (770-488-7100) to notify the EOC Logistics Section that a World Courier shipment needs to be arranged for coronavirus specimen shipping. Please have the PUI ID number and the information in bullet number 1 ready when you call.
- CDC EOC shipping staff will contact the person handing off the package to provide the details for how and when the courier will pick up the package.

Please email the CDC laboratory staff (sgk5@cdc.gov), the Novel Coronavirus Response Laboratory Task Force (eocevent177@cdc.gov), and the Novel Coronavirus Response PUI Team (eocevent185@cdc.gov) the shipping information, including the sender's name on the shipping label and the tracking number.

Version 10.0, February 11, 2020



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 reporting persons under investigation who are being tested for the virus that causes COVID-19 as well as laboratory-confirmed cases of COVID-19. If a person under investigation tests positive for the virus that causes COVID-19, the form should be updated to change the individual's status from a PUI to a laboratory-confirmed case. 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 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.

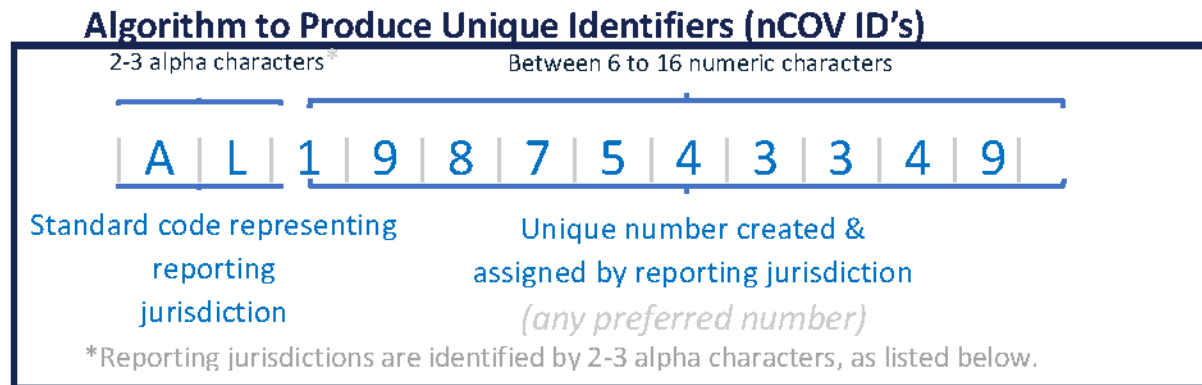
Reporting health department: Enter the name of the health department completing the PUI or case report.

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 person was previously under investigation 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. This should be a part of the state or local health departments records; please check with the reporting jurisdiction. If any of the above scenarios are true, enter the CDC 2019-nCoV ID that has been provided by CDC. 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:



!!! 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		
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 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 "patient under investigation (PUI)" or "laboratory-confirmed case." If the person is being tested for the virus that causes COVID-19, but no positive test result has occurred, select "patient under investigation." If the person has had at least one respiratory specimen test positive for the virus that causes COVID-19, select "laboratory-confirmed case." Please update this field when applicable.

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 in MM/DD/YYYY format. That is, please report the date at which the person changed from not being a case to being a 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 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.

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.

Dear state and territorial partners:

Thank you for your continued partnership in the ongoing emergency response to the novel coronavirus, COVID-19. As we presented at the 50-state CSTE call on Wednesday, February 19th, we will begin to transition today, February 25th, to 'Phase 2' of jurisdictional identification and reporting of persons under investigation (PUI) and laboratory-confirmed cases of COVID-19.

This transition to Phase 2 will occur for all reporting jurisdictions that are able to do the following:

- Assess ill persons and determine PUI status
- Assign unique identifiers to PUI and cases using the specified format (Figure 1, below)
- Report PUI and laboratory-confirmed cases to CDC using a brief, combined, report form

For the purposes of COVID-19 PUI and case reporting, a 'reporting jurisdiction' refers to any jurisdiction that submits data directly to the National Notifiable Disease Surveillance System. A complete list of the 59 jurisdictions included as reporting jurisdictions is contained below (Figure 2). Although COVID-19 is not a nationally notifiable disease, limiting reporting to only these jurisdictions will provide greater assurance of unique ID assignment and ensure higher data quality during this rapidly evolving outbreak.

If your reporting jurisdiction is able to meet criteria to move to Phase 2, please email the State Coordination Unit of the CDC COVID-19 Epidemiology Task Force at eocevent118@cdc.gov to confirm your readiness.

Jurisdictions in Phase 2:

Jurisdictions in Phase 2 will have processes in place to determine an individual person's PUI status without first contacting CDC. CDC staff remain available via the CDC EOC (770-488-7100) to consult on whether a person meets criteria for being a PUI. We recognize that many jurisdictions will choose to centralize this type of PUI assessment at the state level while others may develop systems that use a more decentralized approach.

Reporting jurisdictions will also assign unique identifiers (**nCoV IDs**) for each PUI and laboratory-confirmed case at the reporting jurisdiction level. To ensure that **nCoV IDs** are truly unique, reporting jurisdictions must use the ID format described in Figure 1, below.

As of Monday, February 24th, a single, combined form for reporting PUIs and Cases (PUI and Case Report Form) is available on CDC's novel coronavirus [website](#). The data dictionary and instructions for completing the form are available on the same website. For convenience, we are attaching copies of the report form, the data dictionary, and the form instructions to this email. PDF copies of the PUI and Case Report Form remain available on CDC's website for local use but should not be used to transmit data to CDC.

Before shipping specimens to CDC, jurisdictions in Phase 2 should enter data on PUIs directly into the DCIPHER data platform, unless other arrangements have been made and approved by CDC. Data entered into DCIPHER will be used to identify laboratory samples for testing and to link specimens and their results back to individual PUIs and cases. Data must be entered into DCIPHER in order for laboratory specimens to be tested by CDC.

While CDC encourages all reporting jurisdictions to provide updated information on PUIs and cases as it becomes available, the following variables are those considered minimally-acceptable for initial data submission to CDC:

- CDC 2019-nCoV ID (cdc_ncov2019_id) (**required field**)
- Reporting jurisdiction (state) (**required field**)
- Current status of the person as PUI or laboratory-confirmed case (current_status)
- Report date of PUI to CDC (pui_cdcreport_dt)
- Report date of case to CDC (case_cdcreport_dt)
- Sex (sex)
- Age (age) and Age Units (ageunit)
- Symptoms present during course of illness (sympstatus)
- If symptomatic, onset date (onset_dt)
- Hospitalization status (hosp_yn)
- ICU Admission status (icu_yn)
- Death (death_yn)
- If female, currently pregnant (pregnant_yn)
- Travel to mainland China (exp_China)
- Travel to other non-US country (exp_othcountry)
- Travel to other non-US country, specify (exp_othcountry_spec)
- Household contact with a COVID-19 case patient (exp_house)
- Community contact with a COVID-19 case patient (exp_community)
- Any healthcare contact with a COVID-19 case patient (exp_health)
- Healthcare contact with a COVID-19 case patient, healthcare worker (exp_health_hcw)
- Exposure to a cluster of patients with ARDS with unknown etiology (exp_cluster)
- Specimen type (see series on specimen type)
- Specimen ID (see series on specimen ID)
- Specimen sent to CDC (see series on specimen sent to CDC)

Variable names are contained in parentheses and can be found in the data dictionary (attached and on CDC's website).

Specimens should be packaged and shipped to CDC using the attached instructions for labelling and shipping novel coronavirus specimens. All specimens should include the CDC 2019-**nCoV ID** in the box specified in CDC's shipping instructions, which will facilitate timely testing of laboratory specimens.

Jurisdictions in Phase 1:

Jurisdictions that are not in Phase 2 should continue to follow previously established processes. This includes calling the CDC EOC (770-488-7100) to consult with CDC staff on determining whether a person meets criteria for being a PUI, receiving a CDC-issued CDC2019-**nCoV ID**, and working with CDC to complete the PUI and Case Report Form.

CDC is available to answer questions about the PUI and laboratory-confirmed case-reporting process. For inquiries, please email eocevent118@cdc.gov. We appreciate your continued efforts.

Best,
CDC COVID-19 Epidemiology Task Force

Figure 1.

Algorithm to Produce Unique Person Identifiers (nCOV IDs)



*Reporting jurisdictions are identified by 2-3 alpha characters, as listed in next slide

!!! 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').

Figure 2.

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		
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				

From: Cowgill, Karen
Sent: Sunday, March 1, 2020 9:01 PM PST
To: Duchin, Jeff; Kay, Meagan
CC: Schrag, Stephanie (CDC/DDID/NCIRD/DBD)
Subject: Karen and Stephanie at UW Monday

Jeff and Meagan, just a quick update. Stephanie Schrag arrived from Atlanta today and I picked her up at SeaTac and brought her to her hotel near U Village -- we spent an hour on the phone with Scott Dowell and Keith Klugman and will be meeting tomorrow at UW with SFS folks about surveillance so we may not make it to the health department.

Jeff, at some point we hope to consult with you about designing and implementing the surveillance to ensure it's of optimal use for informing public health action. I understand BMGF folks were hoping you could lead the effort, but barring that, is there someone else from PHSKC or WA DOH you recommend? Stephanie (CDC) and I (on behalf of PHSKC) will take the lead for now unless/until we hear otherwise from you.

Karen

Karen Cowgill, PhD, MSc (*she/her*)
COVID-19 Response Epidemiologist
Communicable Disease Epidemiology & Immunization Section
Public Health - Seattle and King County
Affiliate Assistant Professor in Global Health, University of Washington
401 5th Ave, Suite 1250, Seattle, WA 98104
Tel: (206) 296-4774; Direct: (206) 263-3087; Fax: (206) 296-4803
E-mail: n-kcowgill@kingcounty.gov

From: Karasz, Hilary
Sent: Wednesday, March 4, 2020 2:58 PM PST
To: Hayes, Patty; Duchin, Jeff; Heather Thomas; Bogan, Sharon
CC: Lofy, Kathy H (DOH); Kay, Meagan; Wickersham, Kevin P (DOH); Wiesman, John (DOH); Shawn Frederick; Christopher Spitters [External]; Apa, James; bhaynes@cdc.gov; Worsham, Dennis
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

When people ask us what do we mean by “large gathering,” what would you like us to say?
I think a number is important, or a range. A large group may be 6 people to some and 10,000 to others.

From: Hayes, Patty <Patty.Hayes@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:57 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Sorry Jeff. Right, it was Dow

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:55 PM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

I did not say that...Dow did

Jeffrey S. Duchin, MD
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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: Hayes, Patty <Patty.Hayes@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:50 PM
To: Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>;
Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>;
Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH)
<jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External]
<christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov;
Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION
2

Jeff said at the press conference groups more than 10. We are not putting that on our web.

From: Heather Thomas <hthomas@snohd.org>
Sent: Wednesday, March 4, 2020 9:49 AM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>;
Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>;
Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH)
<jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick
<sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa,
James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis
<Dennis.Worsham@kingcounty.gov>
Subject: Re: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION
2

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

Does King or DOH have definition of large groups being announced?

Heather Thomas
Public & Government Affairs Manager
Snohomish Health District
[425.508.4980](tel:425.508.4980)

Sent from my iPhone

On Mar 3, 2020, at 11:20 PM, Bogan, Sharon <Sharon.Bogan@kingcounty.gov> wrote:

Thanks Kathy.

Here is where we are. I have made changes based on Kathy Lofy and Meagan Kay's review. I will wait to integrate additional changes until 8:00 am tomorrow so that Jeff and others have time to review and to send me their edits.

For version control, I'm calling this. VERSION 2.

Thanks-
Sharon

From: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>
Sent: Tuesday, March 3, 2020 10:37 PM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

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

I think we also decided that confirmed or suspected cases (with close contact to confirmed case) of COVID-19 would stay home for 7 days or 72 hours after resolution of sx whichever longer.

Other people with F and cough/SOB without an exposure risk would say stay home for 72 hours after resolution of fever and improvement of symptoms.

I would recommend against public messaging on this issue...too complicated.

For people who are sick:

Stay home when you are sick. Do not go out in public when you are sick.

~~Adults with fever AND cough OR shortness of breath should stay home for 10 days or until symptoms have been resolved for 72 hours, whichever is longer.~~

Avoid medical settings in general unless necessary. If you are ill in any way call your doctor's office first before going in.

From: Bogan, Sharon [<mailto:Sharon.Bogan@kingcounty.gov>]
Sent: Tuesday, March 3, 2020 10:30 PM
To: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeffery, MD (DOHi) <jeff.duchin@kingcounty.gov>; Karasz, Hilary (DOHi) <hilary.karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH)

<jmwiesman@doh.wa.gov>; Hayes, Patty (DOHi) <patty.hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James (DOHi) <james.apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis (DOHi) <Dennis.worsham@kingcounty.gov>

Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Yes, you are right. I will correct that.

From: Kay, Meagan <Meagan.Kay@kingcounty.gov>

Sent: Tuesday, March 3, 2020 10:29 PM

To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; jmwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>

Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>

Subject: Re: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

I think they landed on staying home for 7 days not 10 days. Correct me if I'm wrong

From: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>

Sent: Tuesday, March 3, 2020 10:25:30 PM

To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; jmwiesman@doh.wa.gov <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>

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<Meagan.Kay@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>

Subject: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Here are the key messages that we would like to use for press release, talking points etc.
Please use this version for edits and approvals.

With appreciation,

Sharon Bogan
Communications
(she/her pronouns)
Public Health – Seattle & King County
401 5th Avenue | Seattle, WA 98104
206.263.8770 | sharon.bogan@kingcounty.gov
[Facebook](#) | [Twitter](#) | [Public Health Insider](#) | [Newsletter](#)

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Subject: Re: COVID 19 community mitigation draft 3-3.docx

please send word doc and ill review in am

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

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Subject: Re: COVID 19 community mitigation draft 3-3.docx

Copying Meagan and Dennis on this as well.

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From: Heather Thomas <hthomas@snohd.org>

Sent: Tuesday, March 3, 2020 5:36:41 PM

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Thanks; I have forwarded to Shawn and Chris. Also copied them on this thread for future communication.

Heather Thomas | Public & Government Affairs Manager | Snohomish Health District
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.8688** | c: 425.508.4980

Public Health: Always working for a safer & healthier Snohomish County

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Sent: Tuesday, March 3, 2020 5:24 PM

To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>

Cc: Heather Thomas <hthomas@snohd.org>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov

Subject: COVID 19 community mitigation draft 3-3.docx

These are the community mitigation strategies we discuss this afternoon. We have reviewed them together several times, but Jeff has not noodled with them. These are the measures we will

announce at the presser tomorrow. I think Chris Spitters was looking to see these as well but I don't have his email. Please forward.

Hilary Karasz, PhD (she/her)
Communications
Public Health – Seattle & King County
401 5th Avenue, Suite 1300
Seattle, WA 98104
206-263-8705
Subscribe to the *PH Insider*! <https://publichealthinsider.com/subscribe/>

<DRAFT COVID 19 community mitigation_key messages_03-03-20 as of 1130 pm.docx>

From: Heather Thomas
Sent: Wednesday, March 4, 2020 3:03 PM PST
To: Karasz, Hilary; Hayes, Patty; Duchin, Jeff; Bogan, Sharon
CC: Lofy, Kathy H (DOH); Kay, Meagan; Wickersham, Kevin P (DOH); Wiesman, John (DOH); Shawn Frederick; Christopher Spitters [External]; Apa, James; bhaynes@cdc.gov; Worsham, Dennis
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

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Chris is leaning toward the table that said 10+

Heather Thomas | Public & Government Affairs Manager | Snohomish Health District
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.8688** | c: 425.508.4980

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From: Karasz, Hilary [mailto:Hilary.Karasz@kingcounty.gov]
Sent: Wednesday, March 4, 2020 2:59 PM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

When people ask us what do we mean by "large gathering," what would you like us to say?
I think a number is important, or a range. A large group may be 6 people to some and 10,000 to others.

From: Hayes, Patty <Patty.Hayes@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:57 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Sorry Jeff. Right, it was Dow

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:55 PM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

I did not say that...Dow did

Jeffrey S. Duchin, MD
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
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Tel: (206) 296-4774; Direct: (206) 263-8171; Fax: (206) 296-4803
E-mail: jeff.duchin@kingcounty.gov

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Sent: Wednesday, March 4, 2020 2:50 PM
To: Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Jeff said at the press conference groups more than 10. We are not putting that on our web.

From: Heather Thomas <hthomas@snohd.org>
Sent: Wednesday, March 4, 2020 9:49 AM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>;

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Does King or DOH have definition of large groups being announced?

Heather Thomas
Public & Government Affairs Manager
Snohomish Health District
[425.508.4980](tel:425.508.4980)

Sent from my iPhone

On Mar 3, 2020, at 11:20 PM, Bogan, Sharon <Sharon.Bogan@kingcounty.gov> wrote:

Thanks Kathy.

Here is where we are. I have made changes based on Kathy Lofy and Meagan Kay's review. I will wait to integrate additional changes until 8:00 am tomorrow so that Jeff and others have time to review and to send me their edits.

For version control, I'm calling this. VERSION 2.

Thanks-
Sharon

From: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>
Sent: Tuesday, March 3, 2020 10:37 PM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

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I think we also decided that confirmed or suspected cases (with close contact to confirmed case) of COVID-19 would stay home for 7 days or 72 hours after resolution of sx whichever longer.

Other people with F and cough/SOB without an exposure risk would say stay home for 72 hours after resolution of fever and improvement of symptoms.

I would recommend against public messaging on this issue...too complicated.

For people who are sick:

Stay home when you are sick. Do not go out in public when you are sick.

Adults with fever AND cough OR shortness of breath should stay home for 10 days or until symptoms have been resolved for 72 hours, whichever is longer.

Avoid medical settings in general unless necessary. If you are ill in any way call your doctor's office first before going in.

From: Bogan, Sharon [<mailto:Sharon.Bogan@kingcounty.gov>]

Sent: Tuesday, March 3, 2020 10:30 PM

To: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeffery, MD (DOHi) <jeff.duchin@kingcounty.gov>; Karasz, Hilary (DOHi) <hilary.karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty (DOHi) <patty.hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
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Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Yes, you are right. I will correct that.

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With appreciation,

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Communications
(she/her pronouns)
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206.263.8770 | sharon.bogan@kingcounty.gov
[Facebook](#) | [Twitter](#) | [Public Health Insider](#) | [Newsletter](#)

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Subject: Re: COVID 19 community mitigation draft 3-3.docx

please send word doc and ill review in am

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
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From: Karasz, Hilary [<mailto:Hilary.Karasz@kingcounty.gov>]
Sent: Tuesday, March 3, 2020 5:24 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>
Cc: Heather Thomas <hthomas@snohd.org>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov
Subject: COVID 19 community mitigation draft 3-3.docx

These are the community mitigation strategies we discuss this afternoon. We have reviewed them together several times, but Jeff has not noodled with them. These are the measures we will announce at the presser tomorrow. I think Chris Spitters was looking to see these as well but I don't have his email. Please forward.

Hilary Karasz, PhD (she/her)
Communications
Public Health – Seattle & King County
401 5th Avenue, Suite 1300
Seattle, WA 98104
206-263-8705
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<DRAFT COVID 19 community mitigation_key messages_03-03-20 as of 1130 pm.docx>

From: Heather Thomas
Sent: Wednesday, March 4, 2020 5:27 PM PST
To: Karasz, Hilary; Duchin, Jeff; Hayes, Patty; Bogan, Sharon; Kari Bray
CC: Lofy, Kathy H (DOH); Kay, Meagan; Wickersham, Kevin P (DOH); Wiesman, John (DOH); Shawn Frederick; Christopher Spitters [External]; Apa, James; bhaynes@cdc.gov; Worsham, Dennis
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

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Thank you all! Looping in Kari to thread as she's helping pull together final notes for Chris.

Heather Thomas | Public & Government Affairs Manager | Snohomish Health District
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.8688** | c: 425.508.4980

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Sent: Wednesday, March 4, 2020 3:37 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfriderick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Re: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

I spoke with Patty. I will write up the decisions on this guidance and distribute to all ASAP.

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From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, March 4, 2020 3:12 PM
To: Karasz, Hilary; Hayes, Patty; Heather Thomas; Bogan, Sharon
Cc: Lofy, Kathy H (DOH); Kay, Meagan; Wickersham, Kevin P (DOH); Wiesman, John (DOH); Shawn Frederick; Christopher Spitters [External]; Apa, James; bhaynes@cdc.gov; Worsham, Dennis
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Not one answer, more or less arbitrary. For meetings at work or community gatherings we said consider avoiding if more than ten but it's not strict cutoff.

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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

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Sent: Wednesday, March 4, 2020 2:57 PM
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Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
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Sorry Jeff. Right, it was Dow

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Sent: Wednesday, March 4, 2020 2:55 PM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
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Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

I did not say that...Dow did

Jeffrey S. Duchin, MD
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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

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Sent: Wednesday, March 4, 2020 2:50 PM
To: Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Jeff said at the press conference groups more than 10. We are not putting that on our web.

From: Heather Thomas <hthomas@snohd.org>
Sent: Wednesday, March 4, 2020 9:49 AM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Re: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

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Does King or DOH have definition of large groups being announced?

Heather Thomas
Public & Government Affairs Manager
Snohomish Health District
[425.508.4980](tel:425.508.4980)

Sent from my iPhone

On Mar 3, 2020, at 11:20 PM, Bogan, Sharon <Sharon.Bogan@kingcounty.gov> wrote:

Thanks Kathy.

Here is where we are. I have made changes based on Kathy Lofy and Meagan Kay's review. I will wait to integrate additional changes until 8:00 am tomorrow so that Jeff and others have time to review and to send me their edits.

For version control, I'm calling this. VERSION 2.

Thanks-
Sharon

From: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>
Sent: Tuesday, March 3, 2020 10:37 PM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

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I think we also decided that confirmed or suspected cases (with close contact to confirmed case) of COVID-19 would stay home for 7 days or 72 hours after resolution of sx whichever longer.

Other people with F and cough/SOB without an exposure risk would say stay home for 72 hours after resolution of fever and improvement of symptoms.

I would recommend against public messaging on this issue...too complicated.

For people who are sick:

Stay home when you are sick. Do not go out in public when you are sick.

Adults with fever AND cough OR shortness of breath should stay home for 10 days or until symptoms have been resolved for 72 hours, whichever is longer.

Avoid medical settings in general unless necessary. If you are ill in any way call your doctor's office first before going in.

From: Bogan, Sharon [<mailto:Sharon.Bogan@kingcounty.gov>]

Sent: Tuesday, March 3, 2020 10:30 PM

To: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeffery, MD (DOHi) <jeff.duchin@kingcounty.gov>; Karasz, Hilary (DOHi) <hilary.karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty (DOHi) <patty.hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>

Cc: Apa, James (DOHi) <james.apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis (DOHi) <Dennis.worsham@kingcounty.gov>

Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Yes, you are right. I will correct that.

From: Kay, Meagan <Meagan.Kay@kingcounty.gov>

Sent: Tuesday, March 3, 2020 10:29 PM

To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; jmwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>

Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>

Subject: Re: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

I think they landed on staying home for 7 days not 10 days. Correct me if I'm wrong

From: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>

Sent: Tuesday, March 3, 2020 10:25:30 PM

To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; jmwiesman@doh.wa.gov <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>

Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov <bhaynes@cdc.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>

Subject: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Re-sending with John's correct email address. That way, if there are edits, you can all be in the loop.

Thanks-
Sharon

From: Bogan, Sharon
Sent: Tuesday, March 3, 2020 10:15 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; jwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
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Subject: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Here are the key messages that we would like to use for press release, talking points etc.
Please use this version for edits and approvals.

With appreciation,

Sharon Bogan
Communications
(she/her pronouns)
Public Health – Seattle & King County
401 5th Avenue | Seattle, WA 98104
206.263.8770 | sharon.bogan@kingcounty.gov
[Facebook](#) | [Twitter](#) | [Public Health Insider](#) | [Newsletter](#)

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Tuesday, March 3, 2020 10:10 PM
To: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
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Subject: Re: COVID 19 community mitigation draft 3-3.docx

please send word doc and ill review in am

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
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Sent: Tuesday, March 3, 2020 7:05 PM
To: Heather Thomas <hthomas@snohd.org>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov <jwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sf frederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
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Copying Meagan and Dennis on this as well.

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From: Heather Thomas <hthomas@snohd.org>
Sent: Tuesday, March 3, 2020 5:36:41 PM
To: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov <jwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sf frederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
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Thanks; I have forwarded to Shawn and Chris. Also copied them on this thread for future communication.

Heather Thomas | Public & Government Affairs Manager | Snohomish Health District
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | p: 425.339.8688 | c: 425.508.4980

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I did not say that...Dow did

Jeffrey S. Duchin, MD
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: Hayes, Patty <Patty.Hayes@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:50 PM
To: Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Jeff said at the press conference groups more than 10. We are not putting that on our web.

From: Heather Thomas <hthomas@snohd.org>
Sent: Wednesday, March 4, 2020 9:49 AM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>;

Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Re: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

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Does King or DOH have definition of large groups being announced?

Heather Thomas
Public & Government Affairs Manager
Snohomish Health District
[425.508.4980](tel:425.508.4980)

Sent from my iPhone

On Mar 3, 2020, at 11:20 PM, Bogan, Sharon <Sharon.Bogan@kingcounty.gov> wrote:

Thanks Kathy.

Here is where we are. I have made changes based on Kathy Lofy and Meagan Kay's review. I will wait to integrate additional changes until 8:00 am tomorrow so that Jeff and others have time to review and to send me their edits.

For version control, I'm calling this. VERSION 2.

Thanks-
Sharon

From: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>
Sent: Tuesday, March 3, 2020 10:37 PM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

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I think we also decided that confirmed or suspected cases (with close contact to confirmed case) of COVID-19 would stay home for 7 days or 72 hours after resolution of sx whichever longer.

Other people with F and cough/SOB without an exposure risk would say stay home for 72 hours after resolution of fever and improvement of symptoms.

I would recommend against public messaging on this issue...too complicated.

For people who are sick:

Stay home when you are sick. Do not go out in public when you are sick.

Adults with fever AND cough OR shortness of breath should stay home for 10 days or until symptoms have been resolved for 72 hours, whichever is longer.

Avoid medical settings in general unless necessary. If you are ill in any way call your doctor's office first before going in.

From: Bogan, Sharon [<mailto:Sharon.Bogan@kingcounty.gov>]

Sent: Tuesday, March 3, 2020 10:30 PM

To: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeffery, MD (DOHi) <jeff.duchin@kingcounty.gov>; Karasz, Hilary (DOHi) <hilary.karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty (DOHi) <patty.hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James (DOHi) <james.apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis (DOHi) <Dennis.worsham@kingcounty.gov>

Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Yes, you are right. I will correct that.

From: Kay, Meagan <Meagan.Kay@kingcounty.gov>

Sent: Tuesday, March 3, 2020 10:29 PM

To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; jmwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>

Subject: Re: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

I think they landed on staying home for 7 days not 10 days. Correct me if I'm wrong

From: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Sent: Tuesday, March 3, 2020 10:25:30 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; jmwiesman@doh.wa.gov <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov <bhaynes@cdc.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Re-sending with John's correct email address. That way, if there are edits, you can all be in the loop.

Thanks-
Sharon

From: Bogan, Sharon
Sent: Tuesday, March 3, 2020 10:15 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; jwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Here are the key messages that we would like to use for press release, talking points etc.
Please use this version for edits and approvals.

With appreciation,

Sharon Bogan
Communications
(she/her pronouns)
Public Health – Seattle & King County
401 5th Avenue | Seattle, WA 98104
206.263.8770 | sharon.bogan@kingcounty.gov
[Facebook](#) | [Twitter](#) | [Public Health Insider](#) | [Newsletter](#)

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Tuesday, March 3, 2020 10:10 PM
To: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov; Hayes, Patty

<Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Re: COVID 19 community mitigation draft 3-3.docx

please send word doc and ill review in am

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: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>
Sent: Tuesday, March 3, 2020 7:05 PM
To: Heather Thomas <hthomas@snohd.org>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov <jwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov <bhaynes@cdc.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Re: COVID 19 community mitigation draft 3-3.docx

Copying Meagan and Dennis on this as well.

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From: Heather Thomas <hthomas@snohd.org>
Sent: Tuesday, March 3, 2020 5:36:41 PM
To: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov <jwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov <bhaynes@cdc.gov>
Subject: RE: COVID 19 community mitigation draft 3-3.docx

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Thanks; I have forwarded to Shawn and Chris. Also copied them on this thread for future communication.

Heather Thomas | Public & Government Affairs Manager | Snohomish Health District
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.8688** | c: 425.508.4980

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From: Karasz, Hilary [<mailto:Hilary.Karasz@kingcounty.gov>]
Sent: Tuesday, March 3, 2020 5:24 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>
Cc: Heather Thomas <hthomas@snohd.org>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov
Subject: COVID 19 community mitigation draft 3-3.docx

These are the community mitigation strategies we discuss this afternoon. We have reviewed them together several times, but Jeff has not noodled with them. These are the measures we will announce at the presser tomorrow. I think Chris Spitters was looking to see these as well but I don't have his email. Please forward.

Hilary Karasz, PhD (she/her)
Communications
Public Health – Seattle & King County
401 5th Avenue, Suite 1300
Seattle, WA 98104
206-263-8705
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<DRAFT COVID 19 community mitigation_key messages_03-03-20 as of 1130 pm.docx>

From: Duchin, Jeff
Sent: Wednesday, March 4, 2020 7:22 PM PST
To: Karasz, Hilary; Heather Thomas; Hayes, Patty; Bogan, Sharon; Kari Bray
CC: Lofy, Kathy H (DOH); Kay, Meagan; Wickersham, Kevin P (DOH); Wiesman, John (DOH); Shawn Frederick; Christopher Spitters [External]; Apa, James; bhaynes@cdc.gov; Worsham, Dennis
Subject: Re: group size

I also say that there is no magic number. People need to balance the risks to their individual health and to the community against the benefit of or need to gather. The larger the group, the higher the risk; the closer the contact the higher the risk.

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: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>

Sent: Wednesday, March 4, 2020 7:02 PM

To: Heather Thomas <hthomas@snohd.org>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Kari Bray <kbray@snohd.org>

Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov <bhaynes@cdc.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>

Subject: re: group size

What we will be saying is that Public Health is recommending that people avoid gathering in large groups to the extent possible, which we're defining as groups of 50 or more. People should pay close attention to social distancing measures, particularly if they are in a high risk category for COVID-19.

Thank you,

Hilary

Hilary Karasz, PhD (she/her)
Communications
Public Health – Seattle & King County
401 5th Avenue, Suite 1300
Seattle, WA 98104
206-263-8705

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From: Heather Thomas <hthomas@snohd.org>
Sent: Wednesday, March 4, 2020 5:28 PM
To: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Kari Bray <kbray@snohd.org>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

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Thank you all! Looping in Kari to thread as she's helping pull together final notes for Chris.

Heather Thomas | Public & Government Affairs Manager | Snohomish Health District
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.8688** | c: 425.508.4980

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From: Karasz, Hilary [<mailto:Hilary.Karasz@kingcounty.gov>]
Sent: Wednesday, March 4, 2020 3:37 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Re: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

I spoke with Patty. I will write up the decisions on this guidance and distribute to all ASAP.

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From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, March 4, 2020 3:12 PM
To: Karasz, Hilary; Hayes, Patty; Heather Thomas; Bogan, Sharon
Cc: Lofy, Kathy H (DOH); Kay, Meagan; Wickersham, Kevin P (DOH); Wiesman, John (DOH); Shawn Frederick; Christopher Spitters [External]; Apa, James; bhaynes@cdc.gov; Worsham, Dennis
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Not one answer, more or less arbitrary. For meetings at work or community gatherings we said consider avoiding if more than ten but it's not strict cutoff.

Jeffrey S. Duchin, MD
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: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:59 PM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

When people ask us what do we mean by "large gathering," what would you like us to say? I think a number is important, or a range. A large group may be 6 people to some and 10,000 to others.

From: Hayes, Patty <Patty.Hayes@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:57 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>;

Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Sorry Jeff. Right, it was Dow

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:55 PM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

I did not say that...Dow did

Jeffrey S. Duchin, MD
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: Hayes, Patty <Patty.Hayes@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:50 PM
To: Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>;

bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>

Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Jeff said at the press conference groups more than 10. We are not putting that on our web.

From: Heather Thomas <hthomas@snohd.org>

Sent: Wednesday, March 4, 2020 9:49 AM

To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>

Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>

Subject: Re: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

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

Does King or DOH have definition of large groups being announced?

Heather Thomas
Public & Government Affairs Manager
Snohomish Health District
[425.508.4980](tel:425.508.4980)

Sent from my iPhone

On Mar 3, 2020, at 11:20 PM, Bogan, Sharon <Sharon.Bogan@kingcounty.gov> wrote:

Thanks Kathy.

Here is where we are. I have made changes based on Kathy Lofy and Meagan Kay's review. I will wait to integrate additional changes until 8:00 am tomorrow so that Jeff and others have time to review and to send me their edits.

For version control, I'm calling this. VERSION 2.

Thanks-
Sharon

From: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>
Sent: Tuesday, March 3, 2020 10:37 PM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

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I think we also decided that confirmed or suspected cases (with close contact to confirmed case) of COVID-19 would stay home for 7 days or 72 hours after resolution of sx whichever longer.

Other people with F and cough/SOB without an exposure risk would say stay home for 72 hours after resolution of fever and improvement of symptoms.

I would recommend against public messaging on this issue...too complicated.

For people who are sick:

Stay home when you are sick. Do not go out in public when you are sick.

~~Adults with fever AND cough OR shortness of breath should stay home for 10 days or until symptoms have been resolved for 72 hours, whichever is longer.~~

Avoid medical settings in general unless necessary. If you are ill in any way call your doctor's office first before going in.

From: Bogan, Sharon [<mailto:Sharon.Bogan@kingcounty.gov>]
Sent: Tuesday, March 3, 2020 10:30 PM
To: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeffery, MD (DOHi) <jeff.duchin@kingcounty.gov>; Karasz, Hilary (DOHi) <hilary.karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty (DOHi) <patty.hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James (DOHi) <james.apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis (DOHi) <Dennis.worsham@kingcounty.gov>
Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Yes, you are right. I will correct that.

From: Kay, Meagan <Meagan.Kay@kingcounty.gov>
Sent: Tuesday, March 3, 2020 10:29 PM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; jmwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfderick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Re: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

I think they landed on staying home for 7 days not 10 days. Correct me if I'm wrong

From: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Sent: Tuesday, March 3, 2020 10:25:30 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; jmwiesman@doh.wa.gov <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfderick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov <bhaynes@cdc.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Re-sending with John's correct email address. That way, if there are edits, you can all be in the loop.

Thanks-
Sharon

From: Bogan, Sharon
Sent: Tuesday, March 3, 2020 10:15 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; jwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfderick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Here are the key messages that we would like to use for press release, talking points etc.
Please use this version for edits and approvals.

With appreciation,

Sharon Bogan
Communications
(she/her pronouns)
Public Health – Seattle & King County
401 5th Avenue | Seattle, WA 98104
206.263.8770 | sharon.bogan@kingcounty.gov
[Facebook](#) | [Twitter](#) | [Public Health Insider](#) | [Newsletter](#)

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Tuesday, March 3, 2020 10:10 PM
To: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Re: COVID 19 community mitigation draft 3-3.docx

please send word doc and ill review in am

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: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>
Sent: Tuesday, March 3, 2020 7:05 PM
To: Heather Thomas <hthomas@snohd.org>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov <jwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>

Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov <bhaynes@cdc.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Re: COVID 19 community mitigation draft 3-3.docx

Copying Meagan and Dennis on this as well.

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From: Heather Thomas <hthomas@snohd.org>
Sent: Tuesday, March 3, 2020 5:36:41 PM
To: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov <jwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov <bhaynes@cdc.gov>
Subject: RE: COVID 19 community mitigation draft 3-3.docx

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Thanks; I have forwarded to Shawn and Chris. Also copied them on this thread for future communication.

Heather Thomas | Public & Government Affairs Manager | Snohomish Health District
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.8688** | c: 425.508.4980

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From: Karasz, Hilary [<mailto:Hilary.Karasz@kingcounty.gov>]
Sent: Tuesday, March 3, 2020 5:24 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>
Cc: Heather Thomas <hthomas@snohd.org>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov
Subject: COVID 19 community mitigation draft 3-3.docx

These are the community mitigation strategies we discuss this afternoon. We have reviewed them together several times, but Jeff has not noodled with them. These are the measures we will announce at the presser tomorrow. I think Chris Spitters was looking to see these as well but I don't have his email. Please forward.

Hilary Karasz, PhD (she/her)
Communications
Public Health – Seattle & King County
401 5th Avenue, Suite 1300
Seattle, WA 98104
206-263-8705
Subscribe to the *PH Insider*! <https://publichealthinsider.com/subscribe/>

<DRAFT COVID 19 community mitigation_key messages_03-03-20 as of 1130 pm.docx>

From: Karasz, Hilary
Sent: Wednesday, March 4, 2020 7:02 PM PST
To: Heather Thomas; Duchin, Jeff; Hayes, Patty; Bogan, Sharon; Kari Bray
CC: Lofy, Kathy H (DOH); Kay, Meagan; Wickersham, Kevin P (DOH); Wiesman, John (DOH); Shawn Frederick; Christopher Spitters [External]; Apa, James; bhaynes@cdc.gov; Worsham, Dennis
Subject: re: group size

What we will be saying is that Public Health is recommending that people avoid gathering in large groups to the extent possible, which we're defining as groups of 50 or more. People should pay close attention to social distancing measures, particularly if they are in a high risk category for COVID-19.

Thank you,

Hilary

Hilary Karasz, PhD (she/her)
Communications
Public Health – Seattle & King County
401 5th Avenue, Suite 1300
Seattle, WA 98104
206-263-8705
Subscribe to the *PH Insider*! <https://publichealthinsider.com/subscribe/>

From: Heather Thomas <hthomas@snohd.org>
Sent: Wednesday, March 4, 2020 5:28 PM
To: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Kari Bray <kbray@snohd.org>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

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Thank you all! Looping in Kari to thread as she's helping pull together final notes for Chris.

Heather Thomas | Public & Government Affairs Manager | Snohomish Health District
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.8688** | c: 425.508.4980

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From: Karasz, Hilary [<mailto:Hilary.Karasz@kingcounty.gov>]
Sent: Wednesday, March 4, 2020 3:37 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: Re: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

I spoke with Patty. I will write up the decisions on this guidance and distribute to all ASAP.

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From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, March 4, 2020 3:12 PM
To: Karasz, Hilary; Hayes, Patty; Heather Thomas; Bogan, Sharon
Cc: Lofy, Kathy H (DOH); Kay, Meagan; Wickersham, Kevin P (DOH); Wiesman, John (DOH); Shawn Frederick; Christopher Spitters [External]; Apa, James; bhaynes@cdc.gov; Worsham, Dennis
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Not one answer, more or less arbitrary. For meetings at work or community gatherings we said consider avoiding if more than ten but it's not strict cutoff.

Jeffrey S. Duchin, MD
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: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:59 PM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>;

Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>

Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

When people ask us what do we mean by "large gathering," what would you like us to say?
I think a number is important, or a range. A large group may be 6 people to some and 10,000 to others.

From: Hayes, Patty <Patty.Hayes@kingcounty.gov>

Sent: Wednesday, March 4, 2020 2:57 PM

To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>

Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>;

Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH)

<kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick

<sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa,

James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis

<Dennis.Worsham@kingcounty.gov>

Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Sorry Jeff. Right, it was Dow

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>

Sent: Wednesday, March 4, 2020 2:55 PM

To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>

Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>;

Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH)

<kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick

<sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa,

James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis

<Dennis.Worsham@kingcounty.gov>

Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

I did not say that...Dow did

Jeffrey S. Duchin, MD

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: Hayes, Patty <Patty.Hayes@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:50 PM
To: Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>;
Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>;
Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH)
<jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External]
<christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov;
Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION
2

Jeff said at the press conference groups more than 10. We are not putting that on our web.

From: Heather Thomas <hthomas@snohd.org>
Sent: Wednesday, March 4, 2020 9:49 AM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>;
Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>;
Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH)
<jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick
<sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa,
James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis
<Dennis.Worsham@kingcounty.gov>
Subject: Re: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION
2

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Does King or DOH have definition of large groups being announced?

Heather Thomas
Public & Government Affairs Manager
Snohomish Health District
[425.508.4980](tel:425.508.4980)

Sent from my iPhone

On Mar 3, 2020, at 11:20 PM, Bogan, Sharon <Sharon.Bogan@kingcounty.gov> wrote:

Thanks Kathy.

Here is where we are. I have made changes based on Kathy Lofy and Meagan Kay's review. I will wait to integrate additional changes until 8:00 am tomorrow so that Jeff and others have time to review and to send me their edits.

For version control, I'm calling this. VERSION 2.

Thanks-
Sharon

From: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>
Sent: Tuesday, March 3, 2020 10:37 PM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

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I think we also decided that confirmed or suspected cases (with close contact to confirmed case) of COVID-19 would stay home for 7 days or 72 hours after resolution of sx whichever longer.

Other people with F and cough/SOB without an exposure risk would say stay home for 72 hours after resolution of fever and improvement of symptoms.

I would recommend against public messaging on this issue...too complicated.

For people who are sick:

Stay home when you are sick. Do not go out in public when you are sick.

~~Adults with fever AND cough OR shortness of breath should stay home for 10 days or until symptoms have been resolved for 72 hours, whichever is longer.~~

Avoid medical settings in general unless necessary. If you are ill in any way call your doctor's office first before going in.

From: Bogan, Sharon [<mailto:Sharon.Bogan@kingcounty.gov>]
Sent: Tuesday, March 3, 2020 10:30 PM
To: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeffery, MD (DOHi) <jeff.duchin@kingcounty.gov>; Karasz, Hilary (DOHi) <hilary.karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH)

<jmwiesman@doh.wa.gov>; Hayes, Patty (DOHi) <patty.hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James (DOHi) <james.apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis (DOHi) <Dennis.worsham@kingcounty.gov>

Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Yes, you are right. I will correct that.

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Sent: Tuesday, March 3, 2020 10:29 PM

To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; jmwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>

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Subject: Re: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

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Subject: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

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<Meagan.Kay@kingcounty.gov>; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>

Subject: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Here are the key messages that we would like to use for press release, talking points etc.
Please use this version for edits and approvals.

With appreciation,

Sharon Bogan
Communications
(she/her pronouns)
Public Health – Seattle & King County
401 5th Avenue | Seattle, WA 98104
206.263.8770 | sharon.bogan@kingcounty.gov
[Facebook](#) | [Twitter](#) | [Public Health Insider](#) | [Newsletter](#)

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Subject: Re: COVID 19 community mitigation draft 3-3.docx

please send word doc and ill review in am

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

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Sent: Tuesday, March 3, 2020 7:05 PM

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Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>

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Subject: Re: COVID 19 community mitigation draft 3-3.docx

Copying Meagan and Dennis on this as well.

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From: Heather Thomas <hthomas@snohd.org>

Sent: Tuesday, March 3, 2020 5:36:41 PM

To: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov <jwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>

Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov <bhaynes@cdc.gov>

Subject: RE: COVID 19 community mitigation draft 3-3.docx

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Thanks; I have forwarded to Shawn and Chris. Also copied them on this thread for future communication.

Heather Thomas | Public & Government Affairs Manager | Snohomish Health District
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.8688** | c: 425.508.4980

Public Health: Always working for a safer & healthier Snohomish County

NOTICE: All emails and attachments sent to and from the Snohomish Health District are public records and may be subject to disclosure pursuant to the Public Records Act (RCW 42.56).

From: Karasz, Hilary [<mailto:Hilary.Karasz@kingcounty.gov>]

Sent: Tuesday, March 3, 2020 5:24 PM

To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>

Cc: Heather Thomas <hthomas@snohd.org>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov

Subject: COVID 19 community mitigation draft 3-3.docx

These are the community mitigation strategies we discuss this afternoon. We have reviewed them together several times, but Jeff has not noodled with them. These are the measures we will

announce at the presser tomorrow. I think Chris Spitters was looking to see these as well but I don't have his email. Please forward.

Hilary Karasz, PhD (she/her)
Communications
Public Health – Seattle & King County
401 5th Avenue, Suite 1300
Seattle, WA 98104
206-263-8705
Subscribe to the *PH Insider*! <https://publichealthinsider.com/subscribe/>

<DRAFT COVID 19 community mitigation_key messages_03-03-20 as of 1130 pm.docx>

From: Karasz, Hilary
Sent: Wednesday, March 4, 2020 3:36 PM PST
To: Duchin, Jeff; Hayes, Patty; Heather Thomas; Bogan, Sharon
CC: Lofy, Kathy H (DOH); Kay, Meagan; Wickersham, Kevin P (DOH); Wiesman, John (DOH); Shawn Frederick; Christopher Spitters [External]; Apa, James; bhaynes@cdc.gov; Worsham, Dennis
Subject: Re: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

I spoke with Patty. I will write up the decisions on this guidance and distribute to all ASAP.

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From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, March 4, 2020 3:12 PM
To: Karasz, Hilary; Hayes, Patty; Heather Thomas; Bogan, Sharon
Cc: Lofy, Kathy H (DOH); Kay, Meagan; Wickersham, Kevin P (DOH); Wiesman, John (DOH); Shawn Frederick; Christopher Spitters [External]; Apa, James; bhaynes@cdc.gov; Worsham, Dennis
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Not one answer, more or less arbitrary. For meetings at work or community gatherings we said consider avoiding if more than ten but it's not strict cutoff.

Jeffrey S. Duchin, MD
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: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:59 PM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
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Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

When people ask us what do we mean by "large gathering," what would you like us to say?
I think a number is important, or a range. A large group may be 6 people to some and 10,000 to others.

From: Hayes, Patty <Patty.Hayes@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:57 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2

Sorry Jeff. Right, it was Dow

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, March 4, 2020 2:55 PM
To: Hayes, Patty <Patty.Hayes@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
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I did not say that...Dow did

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Adjunct Professor, School of Public Health
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To: Heather Thomas <hthomas@snohd.org>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External]

<christopher.spitters@comcast.net>; Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov;
Worsham, Dennis <Dennis.Worsham@kingcounty.gov>

Subject: RE: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION
2

Jeff said at the press conference groups more than 10. We are not putting that on our web.

From: Heather Thomas <hthomas@snohd.org>

Sent: Wednesday, March 4, 2020 9:49 AM

To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>

Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@doh.wa.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>;
Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>;
Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH)
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James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis
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Subject: Re: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION
2

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Does King or DOH have definition of large groups being announced?

Heather Thomas
Public & Government Affairs Manager
Snohomish Health District
[425.508.4980](tel:425.508.4980)

Sent from my iPhone

On Mar 3, 2020, at 11:20 PM, Bogan, Sharon <Sharon.Bogan@kingcounty.gov> wrote:

Thanks Kathy.

Here is where we are. I have made changes based on Kathy Lofy and Meagan Kay's review. I will wait to integrate additional changes until 8:00 am tomorrow so that Jeff and others have time to review and to send me their edits.

For version control, I'm calling this. VERSION 2.

Thanks-
Sharon

From: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>
Sent: Tuesday, March 3, 2020 10:37 PM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
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Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

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I think we also decided that confirmed or suspected cases (with close contact to confirmed case) of COVID-19 would stay home for 7 days or 72 hours after resolution of sx whichever longer.

Other people with F and cough/SOB without an exposure risk would say stay home for 72 hours after resolution of fever and improvement of symptoms.

I would recommend against public messaging on this issue...too complicated.

For people who are sick:

Stay home when you are sick. Do not go out in public when you are sick.

Adults with fever AND cough OR shortness of breath should stay home for 10 days or until symptoms have been resolved for 72 hours, whichever is longer.

Avoid medical settings in general unless necessary. If you are ill in any way call your doctor's office first before going in.

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Sent: Tuesday, March 3, 2020 10:30 PM
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Subject: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

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Please use this version for edits and approvals.

With appreciation,

Sharon Bogan
Communications
(she/her pronouns)
Public Health – Seattle & King County

401 5th Avenue | Seattle, WA 98104
206.263.8770 | sharon.bogan@kingcounty.gov
[Facebook](#) | [Twitter](#) | [Public Health Insider](#) | [Newsletter](#)

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Subject: Re: COVID 19 community mitigation draft 3-3.docx

please send word doc and ill review in am

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
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Copying Meagan and Dennis on this as well.

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Sent: Tuesday, March 3, 2020 5:36:41 PM

To: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov <kevin.wickersham@doh.wa.gov>; Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; jwiesman@doh.wa.gov <jwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov <bhaynes@cdc.gov>
Subject: RE: COVID 19 community mitigation draft 3-3.docx

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Thanks; I have forwarded to Shawn and Chris. Also copied them on this thread for future communication.

Heather Thomas | Public & Government Affairs Manager | Snohomish Health District
3020 Rucker Avenue, Suite #306 | Everett, WA 98201 | **p: 425.339.8688** | c: 425.508.4980

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Communications
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<DRAFT COVID 19 community mitigation_key messages_03-03-20 as of 1130 pm.docx>

From: Bogan, Sharon
Sent: Tuesday, March 3, 2020 11:20 PM PST
To: Lofy, Kathy H (DOH); Kay, Meagan; Duchin, Jeff; Karasz, Hilary; Thomas, Heather (DOHi); Wickersham, Kevin P (DOH); Wiesman, John (DOH); Hayes, Patty; Frederick, Shawn (DOHi); Spitters, Christopher (DOHi)
CC: Apa, James; bhaynes@cdc.gov; Worsham, Dennis
Subject: LATEST VERSION_COVID 19 community mitigation draft 3-3.docx KEY MESSAGES_VERSION 2
Attachments: DRAFT COVID 19 community mitigation_key messages_03-03-20 as of 1130 pm.docx

Thanks Kathy.

Here is where we are. I have made changes based on Kathy Lofy and Meagan Kay's review. I will wait to integrate additional changes until 8:00 am tomorrow so that Jeff and others have time to review and to send me their edits.

For version control, I'm calling this. VERSION 2.

Thanks-
Sharon

From: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>
Sent: Tuesday, March 3, 2020 10:37 PM
To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James <James.Apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis <Dennis.Worsham@kingcounty.gov>
Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

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I think we also decided that confirmed or suspected cases (with close contact to confirmed case) of COVID-19 would stay home for 7 days or 72 hours after resolution of sx whichever longer.

Other people with F and cough/SOB without an exposure risk would say stay home for 72 hours after resolution of fever and improvement of symptoms.

I would recommend against public messaging on this issue...too complicated.

For people who are sick:

Stay home when you are sick. Do not go out in public when you are sick.

~~Adults with fever AND cough OR shortness of breath should stay home for 10 days or until symptoms have been resolved for 72 hours, whichever is longer.~~

Avoid medical settings in general unless necessary. If you are ill in any way call your doctor's office first before going in.

From: Bogan, Sharon [<mailto:Sharon.Bogan@kingcounty.gov>]
Sent: Tuesday, March 3, 2020 10:30 PM
To: Kay, Meagan <Meagan.Kay@kingcounty.gov>; Duchin, Jeffery, MD (DOHi) <jeff.duchin@kingcounty.gov>; Karasz, Hilary (DOHi) <hilary.karasz@kingcounty.gov>; Thomas, Heather (DOHi) <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Wickersham, Kevin P (DOH) <kevin.wickersham@doh.wa.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>; Hayes, Patty (DOHi) <patty.hayes@kingcounty.gov>; Frederick, Shawn (DOHi) <sfrederick@snohd.org>; Spitters, Christopher (DOHi) <christopher.spitters@comcast.net>
Cc: Apa, James (DOHi) <james.apa@kingcounty.gov>; bhaynes@cdc.gov; Worsham, Dennis (DOHi) <Dennis.worsham@kingcounty.gov>
Subject: RE: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

Yes, you are right. I will correct that.

From: Kay, Meagan <Meagan.Kay@kingcounty.gov>
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To: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Karasz, Hilary <Hilary.Karasz@kingcounty.gov>; Heather Thomas <hthomas@snohd.org>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; kevin.wickersham@doh.wa.gov; jmwiesman@doh.wa.gov; Hayes, Patty <Patty.Hayes@kingcounty.gov>; Shawn Frederick <sfrederick@snohd.org>; Christopher Spitters [External] <christopher.spitters@comcast.net>
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Subject: Re: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES

I think they landed on staying home for 7 days not 10 days. Correct me if I'm wrong

From: Bogan, Sharon <Sharon.Bogan@kingcounty.gov>
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With appreciation,

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Communications
(she/her pronouns)
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401 5th Avenue | Seattle, WA 98104
206.263.8770 | sharon.bogan@kingcounty.gov
[Facebook](#) | [Twitter](#) | [Public Health Insider](#) | [Newsletter](#)

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Subject: Re: COVID 19 community mitigation draft 3-3.docx

please send word doc and ill review in am

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: Karasz, Hilary <Hilary.Karasz@kingcounty.gov>

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**DRAFT KEY MESSAGES ABOUT MEASURES TO MINIMIZE THE SPREAD OF COVID-19 IN THE
COMMUNITY**

3/3/20

Public Health – Seattle & King County is taking proactive steps to protect the health of our community by making recommendations that are meant to slow the spread of the novel coronavirus (COVID-19) in our community and reduce the number of people infected.

We understand these actions will have a tremendous impact on the lives of people in our community. Public Health is making these recommendations in consultation with Centers for Disease Control and Prevention (CDC) based on the best information we have to protect the public's health. This is a critical moment in the growing outbreak of COVID-19 in King County when such measures can potentially impact the spread of the disease.

PUBLIC HEALTH RECOMMENDATIONS

Public Health is recommending, but not requiring, the following steps:

Guidance for people at higher risk for severe COVID-19 illness

Public Health recommends that people at higher risk of severe illness should stay home and away from large groups of people as much as possible, including public places with lots of people and large gatherings where there will be close contact with others. This includes concert venues, conventions, sporting events, and crowded social gatherings.

People at higher risk include people:

- Over 60 years of age
- With underlying health conditions including include heart disease, lung disease, or diabetes
- With weakened immune systems
- Who are pregnant

Caregivers of children with underlying health conditions should consult with healthcare providers about whether their children should stay home. Anyone who has questions about whether their condition puts them at risk for novel coronavirus should consult with their healthcare providers.

People who are not in these higher risk groups should continue their normal daily activities and routines.

Workplaces and businesses

All employees should work from home if they are able.

Employers should take steps to make it more feasible for their employees to work in ways that minimize close contact with large numbers of people.

Employers should:

- Maximize telecommuting options for as many employees as possible.
- Urge employees to stay home when they are sick and maximize flexibility in sick leave benefits.

- Consider staggering start and end times to reduce large numbers of people coming together at the same time.

Event and community gathering considerations

If you can feasibly avoid bringing large groups of people together, consider postponing events and gatherings.

If you can't avoid bringing groups of people together:

- Urge anyone who is sick to not attend.
- Encourage those who are at higher risk for coronavirus to not attend.
- Try to find ways to give people more physical space so that they aren't in close contact as much as possible.
- Encourage attendees to maintain good healthy habits, such as frequent hand washing.
- Clean surfaces with standard cleaners.

Schools:

Public Health is not recommending closing schools at this time unless there has been a confirmed case in your school. The reason we are not recommending school closures at this time is because children have not been shown to be a high risk group for serious illness from this virus. In addition, when some schools briefly closed during the H1N1 influenza pandemic, we learned that many children still gathered in group settings and still had exposure to one another. As much as possible, children should be allowed to carry on with their education and normal activities.

Public Health –Seattle & King County also respects an individual school's decisions about closures or postponement of activities as each school knows the needs of their community best.

Some children have underlying health conditions, such as weakened immune systems, that put them at higher risk. Caregivers of children with underlying health conditions should consult with healthcare providers about whether their children should stay home.

For people who are sick:

Stay home when you are sick. Do not go out in public when you are sick.

Avoid medical settings in general unless necessary. If you are ill in any way call your doctor's office first before going in.

For the general public:

- Even if you are not ill, avoid visiting hospitals, long term care facilities or nursing homes to the extent possible. If you do need to visit one of these facilities limit your time there and keep 6 feet away from patients.
- **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.
- Stay home when sick.
- Practice excellent personal hygiene habits, including washing your hands with soap and water frequently, coughing into a tissue or your elbow, and avoid touching your eyes, nose, or mouth.
- Stay away from people who are ill, especially if you are at higher risk for coronavirus.
- Clean frequently touched surfaces and objects (like doorknobs and light switches). Regular household cleaners are effective.
- Avoid touching your eyes, nose, and mouth unless you've just washed your hands.
- Get plenty of rest, drink plenty of fluids, eat healthy foods, and manage your stress to keep your immunity strong
- Stay informed. Information is changing frequently. Check and subscribe to Public Health's website (www.kingcounty.gov/COVID) or blog (www.publichealthinsider.com).

How the decision to issue these recommendations were made

We recognize that we are the first in the nation to issue such recommendations, and the decision was not made lightly. It was made in consultation with the CDC, based on the rising number of cases in our community and the importance of taking these actions now to reduce further transmission.

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Subject: Resending: COVID 19 community mitigation draft 3-3.docx KEY MESSAGES
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Public Health is recommending, but not requiring, the following steps:

Guidance for people at higher risk for severe COVID-19 illness

Public Health recommends that people at higher risk of severe illness should stay home and away from large groups of people as much as possible, including public places with lots of people and large gatherings where there will be close contact with others. This includes concert venues, conventions, sporting events, and crowded social gatherings.

People at higher risk include people:

- Over 60 years of age
- With underlying health conditions including include heart disease, lung disease, or diabetes
- With weakened immune systems
- Who are pregnant

Caregivers of children with underlying health conditions should consult with healthcare providers about whether their children should stay home. Anyone who has questions about whether their condition puts them at risk for novel coronavirus should consult with their healthcare providers.

People who are not in these higher risk groups should continue their normal daily activities and routines.

Workplaces and businesses

All employees should work from home if they are able.

Employers should take steps to make it more feasible for their employees to work in ways that minimize close contact with large numbers of people.

Employers should:

- Maximize telecommuting options for as many employees as possible.
- Urge employees to stay home when they are sick and maximize flexibility in sick leave benefits.

- Consider staggering start and end times to reduce large numbers of people coming together at the same time.

Event and community gathering considerations

If you can feasibly avoid bringing large groups of people together, consider postponing events and gatherings.

If you can't avoid bringing groups of people together:

- Urge anyone who is sick to not attend.
- Encourage those who are at higher risk for coronavirus to not attend.
- Try to find ways to give people more physical space so that they aren't in close contact as much as possible.
- Encourage attendees to maintain good healthy habits, such as frequent hand washing.
- Clean surfaces with standard cleaners.

Schools:

Public Health is not recommending closing schools at this time unless there has been a confirmed case in your school. The reason we are not recommending school closures at this time is because children have not been shown to be a high risk group for serious illness from this virus. In addition, when some schools briefly closed during the H1N1 influenza pandemic, we learned that many children still gathered in group settings and still had exposure to one another. As much as possible, children should be allowed to carry on with their education and normal activities.

Public Health –Seattle & King County also respects an individual school's decisions about closures or postponement of activities as each school knows the needs of their community best.

Some children have underlying health conditions, such as weakened immune systems, that put them at higher risk. Caregivers of children with underlying health conditions should consult with healthcare providers about whether their children should stay home.

For people who are sick:

Stay home when you are sick. Do not go out in public when you are sick.

Adults with fever AND cough OR shortness of breath should stay home for 10 days or until symptoms have been resolved for 72 hours, whichever is longer.

Avoid medical settings in general unless necessary. If you are ill in any way call your doctor's office first before going in.

For the general public:

- Even if you are not ill, avoid visiting hospitals, long term care facilities or nursing homes to the extent possible. If you do need to visit one of these facilities limit your time there and keep 6 feet away from patients.
- **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.
- Stay home when sick.
- Practice excellent personal hygiene habits, including washing your hands with soap and water frequently, coughing into a tissue or your elbow, and avoid touching your eyes, nose, or mouth.
- Stay away from people who are ill, especially if you are at higher risk for coronavirus.
- Clean frequently touched surfaces and objects (like doorknobs and light switches). Regular household cleaners are effective.
- Avoid touching your eyes, nose, and mouth unless you've just washed your hands.
- Get plenty of rest, drink plenty of fluids, eat healthy foods, and manage your stress to keep your immunity strong
- Stay informed. Information is changing frequently. Check and subscribe to Public Health's website (www.kingcounty.gov/COVID) or blog (www.publichealthinsider.com).

How the decision to issue these recommendations were made

We recognize that we are the first in the nation to issue such recommendations, and the decision was not made lightly. It was made in consultation with the CDC, based on the rising number of cases in our community and the importance of taking these actions now to reduce further transmission.

From: Bogan, Sharon
Sent: Monday, March 2, 2020 2:12 PM PST
To: Duchin, Jeff; Kay, Meagan; Worsham, Dennis; Elsenboss, Carina; james_lewis@med.unc.edu
CC: Haynes, Benjamin (CDC/OD/OADC)
Subject: Reference sheet for cases
Attachments: CASES TOTAL 3.2.20 2pm.docx

Hi there,

I have cleaned up a handout that includes all the information to share with media about case counts and deaths. We will not be doing this in the future, but given some of the number confusion this morning, this may be helpful for you all if you get questions.

Note- this is just King County cases, not statewide.

Sharon Bogan
Communications
(she/her pronouns)
Public Health – Seattle & King County
401 5th Avenue | Seattle, WA 98104
206.263.8770 | sharon.bogan@kingcounty.gov
[Facebook](#) | [Twitter](#) | [Public Health Insider](#) | [Newsletter](#)

COVID-19 Cases King County as of 3/2/2020 11:45 am

Total cases in King County:

14 cases, including 5 deaths

New cases

<i>Person</i>	<i>Status</i>
A male in his 50s, hospitalized at Highline Hospital. No known exposures.	Stable but critical condition
A female in her 80s, a resident of LifeCare was hospitalized at EvergreenHealth	Critical condition
A male in his 70s, a resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The man had underlying health conditions	Died 3/1/20
A female in her 70s, a resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The woman had underlying health conditions	Died 3/1/20

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

<i>Person</i>	<i>Status</i>
A female in her 80s, a resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The woman has underlying health conditions	Died 3/1/20
A male in his 70s, resident of LifeCare, was hospitalized at EvergreenHealth. He had underlying health conditions	Died 2/29/20
A man in his 50s, who was hospitalized at Evergreen	Died 2/28/20
A female in her 90s, resident of LifeCare, hospitalized at EvergreenHealth in Kirkland. The woman has underlying health conditions	Hospitalized
A male in his 70s, hospitalized at EvergreenHealth in Kirkland. The man has underlying health conditions	Hospitalized
A man in his 60s, hospitalized at Valley Medical Center in Renton	Hospitalized
A man in 60s, hospitalized at Virginia Mason Medical Center	Hospitalized
A woman in her 50s, traveled to South Korea	Recovering at home
A woman in her 70s, who was a resident of LifeCare in Kirkland, hospitalized at EvergreenHealth	Hospitalized
A woman in her 40s, exposed at LifeCare who is hospitalized at Overlake Medical Center	Hospitalized

From: Langley, Gayle E. (CDC/DDID/NCIRD/DVD)
Sent: Monday, March 2, 2020 7:57 AM PST
To: Alexander Davidson; Alison Muse; Arwady, Allison AA (CDC cityofchicago.org); Armstrong, Gregory (CDC/DDID/NCEZID/OD); Balter, Sharon (CDC ph.lacounty.gov); Bialek, Stephanie R. (CDC/DDPHSIS/CGH/DPDM); Brad Hutton; Bresee, Joseph (CDC/DDID/NCIRD/ID); Brian Hiatt; Christine Mahle; Christopher Shields; Conover, Craig (CDC illinois.gov); Blog, Debra (CDC health.ny.gov); Debra Wadford; Bushman, Dena (CDC health.nyc.gov); Duchin, Jeff; Edward Desmond; Gail Cooksey; Ghinai, Isaac; Godfred Masinde; Green, Nicole (CDC ph.lacounty.gov); Hector Rivas; Jain, Seema (CDC cdph.ca.gov); Jessica Sell; Julia Latash; Justin DeWitt; Alroy, Karen (CDC health.nyc.gov); Kauerauf, Judy (CDC illinois.gov); Komatsu, Kenneth (CDC azdhs.gov); Kuhnert-Tallman, Wendi (CDC/DDID/OD); Layden, Jennifer (CDC illinois.gov); Layton, Marci (CDC health.nyc.gov); Leslie Chapman; Lindquist, Scott SL (CDC doh.wa.gov); Liz Dufort; Marelle Fricchione; Kay, Meagan; Meredith Haddix; Molly Lamb; Cowgill, Karen; Page Keating; Pathela, Preeti (CDC health.nyc.gov); PGounder@ph.lacounty.gov; Prill, Mila M. (CDC/DDID/NCIRD/DVD); Rakeman, Jennifer JR (CDC health.nyc.gov); Rose, Laura E. (CDC/DDPHSS/OLSS/OLS); Sarah Park; Greene, Sharon (CDC health.nyc.gov); Black, Stephanie SB (CDC cityofchicago.org); Thomas-Smith, Evonda; Safraneck, Thomas <NE> (CDC nebraska.gov); Vagi, Sara J. (CDC/DDPHSIS/CPR/DEO); Weiss, Don (CDC health.nyc.gov); Zahn, Matthew
Subject: Community sentinel surveillance--agenda and materials for today's call
Attachments: Copy of SentinelSurveillanceDataRequest.docx.xlsx, SentinelSurveillanceDataRequest_29Feb2020v2.docx, CDC Communications Rollout - First case detected through enhanced surveillance_CLEAN-V3.docx, QA-COVID-Surveillance-Enhancement-Brief-Media-Statements-v10_langley.docx, QA-COVID-Surveillance-Enhancement-QA-v7-CLEAN.docx

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1. Communication strategies (documents previously circulated are enclosed)—**please feel free to forward the materials and call invite to comms staff**
2. Mitigation strategies
3. Modeling data requests (documents enclosed)
4. Updates from sites

Gayle Langley, MD, MPH, FAAP
Centers for Disease Control and Prevention
Respiratory Viruses Branch
Lead, RSV Epi Team
1600 Clifton Road NE MS H24-5
Atlanta, GA 30333
Telephone: 404-639-8092
Email: fez7@cdc.gov

COVID-19 Sentinel Surveillance Data Request

Date: 29 February 2020

POCs: CDC COVID-19 Modeling Team: eocevent334@cdc.gov

The objective of this data request is to gather the minimum data needed to provide a crude estimate of underlying burden of COVID-19 cases in each participating jurisdiction. **If possible, please provide values across all ages, and stratified by the following age groups: 0-4 years, 5-17 years, 18-49 years, 50-64 years, and ≥65 years.** If it is not possible to provide values by facility, please provide value totals for all participating facilities, an estimate of the proportion each facility contributes, and the type of patient population served by the facility, e.g. pediatric.

Value	
A	Number of specimens selected for SARS-CoV-2 testing, per facility per week
B	Number of influenza-like illness (ILI) visits or unique ILI patients with (influenza/respiratory viral panel) negative specimens, per facility per week <i>Only needed if pre-screening specimens.</i>
OR	Total number of ILI visits or unique ILI patients with specimens collected at facility, per week <i>Only needed if pre-screening specimens.</i>
C	Number of ILI visits or unique ILI patients seen at facility, per week
D	Number of total visits or unique patients seen at facility, per week
E	Patient population served by facility
This can be calculated by determining the total number of patients registered with the provider or determining the number of unique persons who the provider has seen in a given calendar year and averaging that number for the past 3 years. This is NOT the same as the number of patient visits each year, since in any given year people may come more than once or they may not have a visit.	

The following additional information would be helpful to improve estimates.

1. Description of procedure for selecting specimens for SARS-CoV-2 testing:
 - Are specimens pre-screened prior to submission for SARS-CoV-2 testing (e.g. for influenza)? (Yes/No)
 - What pre-screening is done? (Influenza rapid Ag/Influenza PCR/Respiratory Viral Panel/Other)
 - System for selecting specimens from pre-test negatives, e.g. every 5th ILI patient seen that week at the facility
2. Level of care provided by participating facilities (outpatient/ED) to assist with assessment of severity.
3. For values B-D, please specify if values are for visits or unique patients.

CDC COVID-19 Surveillance Enhancement Plan

Q&As

February 24, 2020

1. What actions is CDC taking to detect community spread of COVID the United States?

Soon CDC and state and local health department partners will begin focused community surveillance in areas that have identified persons with COVID-19 or communities with large numbers of travelers from places where spread of COVID-19 is occurring.

Patients who come into healthcare settings, including emergency rooms or clinics, with respiratory symptoms compatible with influenza (flu) or novel coronavirus infection (fever, coughing, or shortness of breath) will have respiratory samples taken. Those samples that are negative for flu will be tested for novel coronavirus infection. Testing will take place at CDC or one of several designated public health laboratories.

2. Why were these areas chosen?

These areas were chosen for two reasons:

- They have existing surveillance systems to detect respiratory illnesses that can be enhanced to include surveillance for novel coronavirus relatively quickly.
- These sites have large numbers of travelers from places where community transmission of COVID-19 has been reported.

3. How will community surveillance be implemented?

In the first stage, communities will begin additional testing on respiratory samples taken from patients appearing at healthcare settings, such as emergency rooms and clinics, with symptoms compatible with influenza (flu) and novel coronavirus infection (fever, coughing, or shortness of breath) but whose flu tests have been negative. Those samples will then be tested for coronavirus at CDC or at public health laboratories.

Starting in these areas and testing a subset of patients will provide data on whether this novel coronavirus is circulating in the United States and inform guidance on who to test and what measures to take to control the spread of the virus. This can in turn signal whether additional surveillance or public health actions are warranted.

In the second stage, with additional funding, CDC will support community surveillance in all states by adding coronavirus testing to the current respiratory virus testing conducted in public health laboratories around the country.

In the third stage, with additional funding, CDC will to enhance existing respiratory virus surveillance infrastructure by adding coronavirus surveillance. The National Center for Health Statistics will begin monitoring death certificates for deaths related to coronavirus and CDC and its partners will launch special research studies to learn more about this new coronavirus and the disease it causes.

4. When will community surveillance expand to stages two and three?

Assuming funds are provided, stage two should begin within the next month and stage three within the next two months.

5. What are the existing respiratory virus surveillance systems that will be used in phase three?

Possible systems that will be used include:

- Emerging Infections Programs ([EIP](#)) network of sites across the United States, representing a population of approximately 44 million people.
- The seven study sites of the New Vaccine Surveillance Network ([NVSN](#)).
- CDC's U.S. Influenza Surveillance System which receives reports from more than 350 laboratories, approximately 2,600 outpatient health care providers, the National Center for Health Statistics, and respiratory surveillance coordinators and state epidemiologists from all state, local and territorial health departments.

6. How sensitive will this surveillance be?

Starting in areas where we believe the population is most at risk, we hope to detect any spread of the virus quickly. Once we have the initial data from the locations of stage one, CDC and its public health partners will be able to estimate how much of this new coronavirus is in the community.

7. What happens if you detect community spread with the virus that causes COVID-19?

We will be able to estimate how much the virus is circulating in those communities. CDC will also stand up more surveillance sites in those communities in order to better understand the number of cases there. All these data will help inform how the nation devotes its public health resources.

Rollout Title: First Case of “2019 Novel Coronavirus” Detected Through Enhanced Surveillance

Target Release Date: TBD

Topic: 2019 Novel Coronavirus in United States

Indicates areas to be updated when identification happens

Indicates items still being created

BLUE: [BOTTOM LINE UP FRONT]

The surveillance system set up to detect community spread of COVID-19 has identified its first case to test positive for the virus that causes COVID-19 [insert specifics]. It’s unclear at this point whether this case signals widespread community transmission of COVID is occurring. Community spread is defined as spread in the community that cannot be traced back to a traveler or someone who had another case.

MATERIALS

Rollout (this document)

Tick Tock (timeline – below)

Press Release (below)

Social media messaging (below)

Key messages/Talking points

Website content

CDC INFO prepared response

Partner communication dissemination

TICK TOCK:

Note: Some activities will happen **prior to** the official confirmation of a case in the United States.

Time Range	Activities
Pre-Public Announcement – 6 hours in advance	- Planning meeting with key surveillance partners to discuss communications roll-out - Brief key leadership at HHS/ASPA and other relevant agencies - NCIRD leadership - CDC leadership - HHS leadership - NSC - Other relevant HHS agencies - CDC-W and OA notifies Hill leadership, with specific calls between CDC leadership and state where case is located - HHS notifies intergovernmental organization partners: NGA, NCSL, CSG, NACo, NLC, and USCM - CDC notifies state and territorial health departments and key partner organizations including ASTHO, APHL, CSTE, NACCHO, etc. - CDC notifies PIOs (NPHIC) - CDC develops and clears media statement

Time Range	Activities
0 hour/Public Announcements (Day 1)	• CDC distributes media statement in coordination with state/local officials • POSSIBLE: Hold a press briefing (if possible, jointly with state/local health officials) ◦ Respond to news media requests • Update website and post messages on CDC social media handles • CDC notifies and coordinates with country offices and international partners • Activate archived prepared responses for CDC-INFO; consider “Hot Topic” announcement • Monitor and assess news media, social media, and public inquiries • Provide CDC guidance to clinicians, public health community, and labs (already in progress)
Days 2–4	• Distribute additional internal info to CDC staff, including Director email, Connects article • CDC issues a Health Alert Network announcement • Outreach to other stakeholder groups (e.g. hospital nurses and unions) • Ongoing strategic media outreach
Within first 5 days and beyond	New activities: • Coordinate outreach through COCA and partner calls, including calls with ASTHO, NACCHO, CSTE, NPHIC, DOD and additional notifications • Respond to partner requests for information and communication products Ongoing: • Continue posting updated information on main CDC communication channels • Respond to escalated public inquiries • Share updated information and resources with clinicians, health departments, labs, partners • Distribute additional internal communication updates to CDC staff • Monitor and assess news media, social media, and public inquiries for common themes and misperceptions and respond accordingly

PRIMARY POINTS OF CONTACT:

HHS/ASPA — Bill Hall, Mike Robinson
Agency/Communications — Michelle Bonds, Amy Heldman
NCIRD/Policy — Brooke Barry
NCIRD/Communications — Erin Burns, Kristen Nordlund

MEDIA SPOKESPERSONS:

- [spokesperson from state/local jurisdiction]
- Dr. Nancy Messonnier, Director, National Center for Immunization and Respiratory Diseases
- Dr. Anne Schuchat, CDC Principal Deputy Director

PRESS RELEASE

CDC Community-Based Surveillance Detects First Case of COVID

DATE -- The Centers for Disease Control and Prevention (CDC) today confirmed that a surveillance system set up to detect community spread of COVID-19 has identified a person who tested positive for the virus that causes COVID-19. This is the first instance of possible community spread detected through an enhanced surveillance system that CDC stood up in February. Community spread is defined as spread in the community that cannot be traced back to a traveler or someone who had another case.

Many other countries have also identified cases in the community and 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.

[If case is from de-identified specimen] In order to get quick answers to the question of whether the virus is spreading in the community, we tested deidentified samples that had been previously collected from persons with respiratory illness. A person who sought medical care in XX tested positive. We are not able to identify the person, but we will be able to use this information to focus our surveillance efforts.

CDC and XX will enhance testing in that particular community, as well as those around it, to see whether additional cases are detected. Identifying community spread of a novel pathogen can sometimes be a trigger a change to public health response strategy. For example, efforts might move to tracking the infected person's contacts to minimize spread in hospitals and among most vulnerable people in the community.

[If case is from identifiable specimen] This case was detected in a patient in XXX who sought medical care. Testing on the respiratory sample was negative for flu, at which point it was tested for novel coronavirus and found to be positive. It's unclear at this point whether this case signals widespread community transmission of COVID is occurring or whether this person may have had travel history or exposure to a known COVID case.

CDC and XX are looking into the case and will enhance testing in that particular community, as well as those around it, to see whether additional cases are detected. Identifying community spread of a novel pathogen can sometimes be a trigger a change to public health response strategy. For example, efforts might move to tracking the infected person's contacts to minimize spread in hospitals and among most vulnerable people in the community.

CDC has been proactively preparing for the introduction of 2019-nCoV in the U.S. for weeks, including:

- First alerting clinicians on January 8 to be on the look-out for patients with respiratory symptoms and a history of travel to Wuhan, China.
- Developing guidance for preventing 2019 novel coronavirus (SARS-nCoV-2) from spreading to others in homes and communities.
- Developing guidance for clinicians for testing and management of COVID-19, as well as guidance for infection control of patients hospitalized or being evaluated by a healthcare provider.

CDC is working closely with (NAME STATES HERE) health departments, and other local partners. A CDC team has been deployed to support the ongoing investigations.

It is likely there will be more cases reported in the U.S. in the coming days and weeks. Community spread of COVID-19 is occurring in China as well as a number of other countries, including Hong Kong, Iran, Italy, Japan, Singapore, South Korea, Taiwan, and Thailand.

There is no vaccine to prevent COVID-19 and no medication specifically approved to treat infection. Treatment consists of supportive care. At this time, urging sick people to stay home and to call ahead before visiting their doctor, recommending reconsideration of large gatherings, and encouraging hand hygiene would be the most important response strategy.

###

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CDC works 24/7 protecting America's health, safety, and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

SOCIAL MEDIA MESSAGES:

Twitter

@CDC confirmed the first case covid-19 (2019-nCoV) imported into the U.S. CDC continues to follow the situation closely and has already taken preparedness precautions to respond to this potential emerging public health threat. #2019-nCoV <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>

Facebook

CDC has confirmed the first case of 2019 Novel Coronavirus (2019-nCoV) imported into the United States in a patient in [state]. Laboratory testing confirmed this patient's illness was caused by the new coronavirus

associated with a recent outbreak of pneumonia in Wuhan City, China. The patient has been isolated and all necessary precautions are being taken to prevent any further exposures. Learn more about what CDC is doing to respond here: <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html#cdc-response>

KEY MESSAGES/TALKING POINTS

WEBSITE CONTENT

CDC-INFO PREPARED RESPONSES

PARTNER COMMUNICATION DISSEMINATION

NATIVE DOCUMENT PLACEHOLDER

Please review the native document KCPRRCV0169030.xlsx

CDC COVID-19 Surveillance Enhancement Plan

Brief Media Statements

February 28, 2020

CDC and public health partners beginning enhanced COVID-19 surveillance in communities

In a few days, CDC and its public health partners will begin focused surveillance for community spread of novel coronavirus in locations with large numbers of travelers from places where widespread of COVID-19 has been reported.

Respiratory samples will be taken from patients who come into healthcare settings, including emergency rooms or outpatient clinics, with respiratory symptoms (fever, coughing, or shortness of breath). Some labs will be testing for coronavirus in stored samples that previously tested negative for influenza. Testing will take place at CDC or one of several designated public health laboratories.

The goal of the US public health response is to detect new cases quickly and prevent the spread of 2019-nCoV in this country. Imported cases of COVID-19 in travelers have been [detected in the U.S. and It is possible the US has seen its first instance of community spread of COVID-19](#). We are starting this surveillance to understand whether the infection has spread further in the community.

How will community surveillance be implemented?

A number of public health partners have agreed to work with CDC to begin this community surveillance. To get answers quickly, in some geographic areas we will test samples that were previously collected from persons with respiratory illness. Personally identifiable information for these specimens has been removed so we will not be able to identify those who test positive for the virus.

In some areas, we will be testing people going forward. We will be able to identify and notify those persons and take additional actions to try to stop the spread of the virus.

Starting with select sites and testing a sample of patients will help inform whether this novel coronavirus is spreading in the United States. and allow CDC to review guidance on who to test and what measures to take to control the spread of the virus.

How will community surveillance roll out to the rest of the country?

In the second stage, with additional funding, CDC will support community surveillance in all states by adding coronavirus testing to the current respiratory virus testing conducted in public health laboratories around the country.

In the third stage, with additional funding, CDC will add coronavirus surveillance to other existing respiratory virus surveillance systems. CDC will also monitor deaths from coronavirus in various ways, including using death certificate data from the National Center for Health Statistics. CDC will launch special research studies to learn more about this new coronavirus and the disease it causes.

What happens if you detect community spread with the virus that causes COVID-19?

Detecting if and where community spread is occurring will help determine where to focus our surveillance and prevention efforts.

From: Clark, Thomas A. (CDC/DDID/NCIRD/DVD)
Sent: Saturday, February 29, 2020 11:23 AM PST
To: Duchin, Jeff
Subject: Automatic reply: travel tonight

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

I am currently deployed to the COVID-19 Response. For DVD business please contact April Allman.

From: Scott Dowell
Sent: Saturday, February 29, 2020 1:15 PM PST
To: shrags@cdc.gov; Duchin, Jeff
Subject: Chat tomorrow?

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

Hi Stephanie, I was delighted to hear you are heading our way.

There are some extraordinary resources being offered to help SFS contribute to Covid19 control - perhaps too many resources.

I thought it might be useful for the 3 of us to chat, perhaps some time after you land? I can help you prioritize what is useful and if necessary hold the others off.

Let me know if that works.

Scott

Sent from my iPhone

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Sent: Sunday, February 23, 2020 3:51 PM PST
To: Duchin, Jeff
Subject: Re: WHO Guidance for Returning HCW??

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

No problem! And I've asked my dhqp colleagues if they could follow up on the time for air circulation question you asked the other day. I think it has gone to their team that develops faqs/guidances - hopefully we'll have a response for you soon. Best,
satish

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From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Sunday, February 23, 2020 6:47:35 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Subject: Re: WHO Guidance for Returning HCW??

Thanks for the reality check, Satish!

Jeffrey S. Duchin, MD
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: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Sent: Sunday, February 23, 2020 3:44:18 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Subject: Fwd: WHO Guidance for Returning HCW??

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

Jeff - fyi. Folks here unaware of such a who guidance. If fernanda gets back with additional detail I'll let you know. satish

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From: Lessa, Fernanda (CDC/DDID/NCEZID/DHQP) <dta3@cdc.gov>
Sent: Sunday, February 23, 2020 5:02:49 PM
To: Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>
Subject: Re: WHO Guidance for Returning HCW??

Hello,

WHO is just finalizing a quarantine document (which is not publicly available yet) and it does not have anything about quarantine of HCWs coming back from the countries listed below. Not sure from where this is coming from. I can ask tomorrow to see if anyone knows.

Fernanda

Get [Outlook for iOS](#)

From: Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>

Sent: Sunday, February 23, 2020 10:02 PM

To: Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID); Pillai, Satish K. (CDC/DDID/NCEZID/DPEI); Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID); Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM); Lessa, Fernanda (CDC/DDID/NCEZID/DHQP)

Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP)

Subject: Re: WHO Guidance for Returning HCW??

I am not aware of any when I was there a week and half ago. Adding Fernanda here to see if she is aware -

Fernanda - there is a healthcare group that is restricting HCW in the US who have visited several countries (see below) and saying it is due to WHO guidance?

Rachel

From: Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>

Sent: Sunday, February 23, 2020 1:00 PM

To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>

Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>

Subject: RE: WHO Guidance for Returning HCW??

I'm not aware of any, adding Rachel in case she is aware of any.

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>

Sent: Sunday, February 23, 2020 12:38 PM

To: Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>

Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>

Subject: Fwd: WHO Guidance for Returning HCW??

Hi Eddie, Sarah - you all aware of who guidance for hcw returning from the countries below and work restrictions?

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From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>

Sent: Sunday, February 23, 2020 12:35:16 PM

To: Uyeki, Timothy M. (CDC/DDID/NCIRD/ID) <tmu0@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>; Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Fagan, Ryan (CDC/DDID/NCEZID/DHQP) <fev3@cdc.gov>;

Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>

Subject: WHO Guidance for Returning HCW??

Colleagues - Please see message below from one of our local medical centers. I am not aware of any WHO guidance(or CDC guidance) specific to returning-traveler HCWs or the basis for these recommendations. I searched the WHO web pages and did not find anything. Are you aware of guidance that is consistent with what the hospital is recommending?

Thanks much!

From: Overlake Medical Staff Office <Overlake.MedicalStaffOffice@overlakehospital.org>

Date: February 21, 2020 at 17:00:13 PST

To: Overlake Medical Staff Office <Overlake.MedicalStaffOffice@overlakehospital.org>

Subject: Travel for Overlake providers: novel coronavirus

Medical Staff:

Please be aware that if you have traveled to one of the following countries, you are required to have a 10-day quarantine period after returning from overseas travel prior to returning to work or practice at Overlake:

- China
- Nepal
- Thailand
- Singapore
- Vietnam
- South Korea
- Japan

This list is changing frequently and Overlake is following the World Health Organization's (WHO) guidelines. Please contact Pam Morcom in Employee Health at 425-688-5381 if traveling in Asia *prior to returning to work*. If you develop symptoms you should immediately mask (for your family's and the public's safety) and access care immediately declaring that you have traveled.

CDC [Link regarding coronavirus](#)

WHO [Link regarding novel coronavirus](#)

Thank you for your caution and care.

-Dave

David Knoepfler, MD | CMO

Office: 425.688.5575

OVERLAKE MEDICAL CENTER
& CLINICS

Executive Assistant: Deana Wilisch 425.688.5886

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: Uyeki, Timothy M. (CDC/DDID/NCIRD/ID) <tmu0@cdc.gov>
Sent: Saturday, February 22, 2020 10:14 AM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Layton, Marci (CDC health.nyc.gov) <mLAYTON@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Fagan, Ryan (CDC/DDID/NCEZID/DHQP) <fev3@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>
Subject: RE: follow-up to yesterday's SCTF call

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I defer to IPC experts in DHQP.
Tim

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Saturday, February 22, 2020 12:05 AM
To: Uyeki, Timothy M. (CDC/DDID/NCIRD/ID) <tmu0@cdc.gov>; Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Layton, Marci (CDC health.nyc.gov) <mLAYTON@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
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Subject: Re: follow-up to yesterday's SCTF call

Thanks, Tim. Do you think there will be guidance for HCW at some point re: who should not care for COVID-19 cases?

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
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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: Uyeki, Timothy M. (CDC/DDID/NCIRD/ID) <tmu0@cdc.gov>
Sent: Friday, February 21, 2020 9:03 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Layton, Marci (CDC health.nyc.gov) <mLAYTON@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
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Subject: RE: follow-up to yesterday's SCTF call

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Not sure there is enough information to inform guidance to date on the breath of high-risk groups, but I would be concerned about pregnant women and immunocompromised HCWers caring for COVID-19 patients. Possibly older adults, but not sure at what cutoff – 60 years? How to define “immunocompromised”? Cardiovascular disease (not sure about isolated HTN), chronic lung disease, diabetes are also signals in the China CDC report (attached).
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Sent: Friday, February 21, 2020 8:38 PM
To: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; Layton, Marci (CDC health.nyc.gov) <mLAYTON@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
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Subject: RE: follow-up to yesterday's SCTF call

Hi Jeff –

At this point, I don't believe there is sufficient granularity on the potential risk factors, asides from older age (and I've seen diabetes as well – though the challenge I have with this is not knowing level of control; if there were accompanying HbA1C% correlation, that would be more meaningful to me at least). As you probably know, Tim is the one most versed here on the full breadth of the clinical observations seen domestically and internationally, and whether other countries have identified any pre-disposing conditions that might require that individual from avoiding provision of clinical care. The separation of household contacts for a HCW is a nuance to the current home isolation guidance, I would think – we don't restrict the activities of the household members of an individual that may be under

home isolation, though provide recommendations to keep people living in shared quarters safe; by extrapolation I'm thinking the same could apply for a high risk contact. I'll discuss with the team whether either of these types of topics are being considered in our ongoing FAQ updates.

I've added Tim to see if he has additional thoughts on this.

Thanks and have a nice weekend!
Satish

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Friday, February 21, 2020 1:03 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Layton, Marci (CDC health.nyc.gov) <mLAYTON@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Fagan, Ryan (CDC/DDID/NCEZID/DHQP) <fev3@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>
Subject: Re: follow-up to yesterday's SCTF call

Thanks, Satish. One question I've had is related to guidance around any restriction for HCW caring for COVID-19 patients. For example, would it be appropriate for a HCW with moderate immunocompromise to work with a COVID-19 patient? Are there any other high risk categories (e.g. pregnancy), that would be contra-indications to being a caregiver for a COVID-19 patient? Do we need to consider separation of HCWs from any very high risk household contacts if they are under monitoring? It would be very helpful to have this type of guidance ASAP to help HC systems in their planning.

Jeff

Jeffrey S. Duchin, MD (he/him)
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Tel: (206) 296-4774; Direct: (206) 263-8171; Fax: (206) 296-4803
E-mail: jeff.duchin@kingcounty.gov

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Sent: Thursday, February 20, 2020 5:28 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Layton, Marci (CDC health.nyc.gov) <mLAYTON@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Fagan, Ryan (CDC/DDID/NCEZID/DHQP) <fev3@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>
Subject: RE: follow-up to yesterday's SCTF call

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

Hi Jeff – thank you for your understanding, and everything you are doing. I recognize how incredibly challenging this is. Don't want to speak on behalf of CDC leadership, or outside my task force lens, but there is a community mitigation task force that is now stood up to address community level issues that may arise with sustained human-to-human transmission (and which will go even beyond the issues of IPC practices). I think many of the documents currently on the web (whether the optimizing N95s supply; business COOP guidance; etc) are written with an eye to this mitigation phase, but having a dedicated task force will continue to ensure significant attention will be paid to this. Basically, what can you do now to prepare/mitigate risk to workers, patients, businesses etc when there is community transmission. To the particular issue below, clearly it is one that we will continue to evaluate/adjust as the outbreak evolves, and hopefully we can make informed decisions as we learn more and more data from the management of the cases here in the US. Particularly with Washington on the leading edge of managing cases, I'm guessing your lessons/experiences are going to help shape things. As I have more specific information/updates, will make sure to keep you all informed.

Best,
Satish

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>

Sent: Thursday, February 20, 2020 2:07 PM

To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Layton, Marci (CDC health.nyc.gov) <mlayton@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>

Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Fagan, Ryan (CDC/DDID/NCEZID/DHQP) <fev3@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>

Subject: RE: follow-up to yesterday's SCTF call

Thanks, Satish, I understand the scientific rational for the guidance and it is appropriate in that sense. Given the increasing chatter about potential asymptomatic transmission and high viral load in nose/throat (and now stool) and transmission from cases with mild infection (NEJM yesterday), this is extremely challenging and probably not possible for many outpatient and specialty care providers, even with the currently limited number of people who are being considered at risk.

Is there another strategy for once community transmission is occurring?

Appreciate all the amazing work you and the CDC team are doing.

jeff

Jeffrey S. Duchin, MD

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
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Tel: (206) 296-4774; Direct: (206) 263-8171; Fax: (206) 296-4803
E-mail: jeff.duchin@kingcounty.gov

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Sent: Thursday, February 20, 2020 10:52 AM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Layton, Marci (CDC health.nyc.gov) <mLAYTON@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Fagan, Ryan (CDC/DDID/NCEZID/DHQP) <fev3@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>
Subject: follow-up to yesterday's SCTF call

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Hi Marci, Jeff –

Very much appreciated hearing your concerns about our current guidance for close contacts who are being evaluated for non-infectious complaints. We recognize this approach poses challenges. However, since we know cases can present with very mild symptoms, we feel an aggressive approach is important to identify cases early and prevent potential amplification and spread in healthcare facilities. We are continuing to evaluate and modify our guidance as we learn more about COVID-19 and as the situation in the United States evolves. Your continued feedback will be important to inform those modifications.

Thank you,
Satish

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Sent: Sunday, February 23, 2020 3:44 PM PST
To: Duchin, Jeff
Subject: Fwd: WHO Guidance for Returning HCW??

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Jeff - fyi. Folks here unaware of such a who guidance. If fernanda gets back with additional detail I'll let you know. satish

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From: Lessa, Fernanda (CDC/DDID/NCEZID/DHQP) <dta3@cdc.gov>
Sent: Sunday, February 23, 2020 5:02:49 PM
To: Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>
Subject: Re: WHO Guidance for Returning HCW??

Hello,

WHO is just finalizing a quarantine document (which is not publicly available yet) and it does not have anything about quarantine of HCWs coming back from the countries listed below. Not sure from where this is coming from. I can ask tomorrow to see if anyone knows.

Fernanda

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From: Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>
Sent: Sunday, February 23, 2020 10:02 PM
To: Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID); Pillai, Satish K. (CDC/DDID/NCEZID/DPEI); Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID); Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM); Lessa, Fernanda (CDC/DDID/NCEZID/DHQP)
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP)
Subject: Re: WHO Guidance for Returning HCW??

I am not aware of any when I was there a week and half ago. Adding Fernanda here to see if she is aware -

Fernanda - there is a healthcare group that is restricting HCW in the US who have visited several countries (see below) and saying it is due to WHO guidance?

Rachel

From: Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>
Sent: Sunday, February 23, 2020 1:00 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>
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Thanks much!

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CDC [Link regarding coronavirus](#)

WHO [Link regarding novel coronavirus](#)

Thank you for your caution and care.

-Dave

David Knoepfler, MD | CMO

Office: 425.688.5575



Executive Assistant: Deana Wilisch 425.688.5886

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
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Subject: RE: follow-up to yesterday's SCTF call

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Subject: Re: follow-up to yesterday's SCTF call

Thanks, Tim. Do you think there will be guidance for HCW at some point re: who should not care for COVID-19 cases?

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
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401 5th Ave, Suite 1250, Seattle, WA 98104
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Not sure there is enough information to inform guidance to date on the breath of high-risk groups, but I would be concerned about pregnant women and immunocompromised HCWers caring for COVID-19 patients. Possibly older adults, but not sure at what cutoff – 60 years? How to define “immunocompromised”? Cardiovascular disease (not sure about isolated HTN), chronic lung disease, diabetes are also signals in the China CDC report (attached).

Tim

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Sent: Friday, February 21, 2020 8:38 PM
To: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; Layton, Marci (CDC health.nyc.gov) <mLAYTON@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Fagan, Ryan (CDC/DDID/NCEZID/DHQP) <fev3@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Uyeki, Timothy M. (CDC/DDID/NCIRD/ID) <tmu0@cdc.gov>
Subject: RE: follow-up to yesterday's SCTF call

Hi Jeff –

At this point, I don't believe there is sufficient granularity on the potential risk factors, besides from older age (and I've seen diabetes as well – though the challenge I have with this is not knowing level of control; if there were accompanying HbA1C% correlation, that would be more meaningful to me at least). As you probably know, Tim is the one most versed here on the full breadth of the clinical observations seen domestically and internationally, and whether other countries have identified any pre-disposing conditions that might require that individual from avoiding provision of clinical care. The separation of household contacts for a HCW is a nuance to the current home isolation guidance, I would think – we don't restrict the activities of the household members of an individual that may be under home isolation, though provide recommendations to keep people living in shared quarters safe; by extrapolation I'm thinking the same could apply for a high risk contact. I'll discuss with the team whether either of these types of topics are being considered in our ongoing FAQ updates.

I've added Tim to see if he has additional thoughts on this.

Thanks and have a nice weekend!
Satish

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Friday, February 21, 2020 1:03 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Layton, Marci (CDC health.nyc.gov) <mLAYTON@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Fagan, Ryan (CDC/DDID/NCEZID/DHQP) <fev3@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>
Subject: Re: follow-up to yesterday's SCTF call

Thanks, Satish. One question I've had is related to guidance around any restriction for HCW caring for COVID-19 patients. For example, would it be appropriate for a HCW with moderate immunocompromise to work with a COVID-19 patient? Are there any other high risk categories (e.g. pregnancy), that would be contra-indications to being a caregiver for a COVID-19 patient? Do we need to consider separation of HCWs from any very high risk household contacts if they are under monitoring? It would be very helpful to have this type of guidance ASAP to help HC systems in their planning.

Jeff

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: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Sent: Thursday, February 20, 2020 5:28 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Layton, Marci (CDC health.nyc.gov) <mlayton@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Fagan, Ryan (CDC/DDID/NCEZID/DHQP) <fev3@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>
Subject: RE: follow-up to yesterday's SCTF call

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

Hi Jeff – thank you for your understanding, and everything you are doing. I recognize how incredibly challenging this is. Don't want to speak on behalf of CDC leadership, or outside my task force lens, but there is a community mitigation task force that is now stood up to address community level issues that may arise with sustained human-to-human transmission (and which will go even beyond the issues of IPC practices). I think many of the documents currently on the web (whether the optimizing N95s supply; business COOP guidance; etc) are written with an eye to this mitigation phase, but having a dedicated task force will continue to ensure significant attention will be paid to this. Basically, what can you do now to prepare/mitigate risk to workers, patients, businesses etc when there is community transmission. To the particular issue below, clearly it is one that we will continue to evaluate/adjust as the outbreak evolves, and hopefully we can make informed decisions as we learn more and more data from the management of the cases here in the US. Particularly with Washington on the leading edge of managing cases, I'm guessing your lessons/experiences are going to help shape things. As I have more specific information/updates, will make sure to keep you all informed.

Best,
Satish

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Thursday, February 20, 2020 2:07 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Layton, Marci (CDC health.nyc.gov) <mlayton@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>

Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Fagan, Ryan (CDC/DDID/NCEZID/DHQP) <fev3@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>
Subject: RE: follow-up to yesterday's SCTF call

Thanks, Satish, I understand the scientific rationale for the guidance and it is appropriate in that sense. Given the increasing chatter about potential asymptomatic transmission and high viral load in nose/throat (and now stool) and transmission from cases with mild infection (NEJM yesterday), this is extremely challenging and probably not possible for many outpatient and specialty care providers, even with the currently limited number of people who are being considered at risk.

Is there another strategy for once community transmission is occurring?

Appreciate all the amazing work you and the CDC team are doing.

jeff

Jeffrey S. Duchin, MD
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: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Sent: Thursday, February 20, 2020 10:52 AM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Layton, Marci (CDC health.nyc.gov) <mlayton@health.nyc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Bell, Michael MD (CDC/DDID/NCEZID/DHQP) <zzb8@cdc.gov>; Fagan, Ryan (CDC/DDID/NCEZID/DHQP) <fev3@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>
Subject: follow-up to yesterday's SCTF call

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

Hi Marci, Jeff –

Very much appreciated hearing your concerns about our current guidance for close contacts who are being evaluated for non-infectious complaints. We recognize this approach poses challenges. However, since we know cases can present with very mild symptoms, we feel an aggressive approach is important to identify cases early and prevent potential amplification and spread in healthcare facilities. We are continuing to evaluate and modify our guidance as we learn more about COVID-19 and as the situation in the United States evolves. Your continued feedback will be important to inform those modifications.

Thank you,

Satish

From: Scott Dowell
Sent: Saturday, February 29, 2020 9:04 PM PST
To: Schrag, Stephanie (CDC/DDID/NCIRD/DBD); Duchin, Jeff
Subject: RE: Chat tomorrow?

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

Is that 2 PM Seattle time? After that would work well. Where are you staying?
Jeff are you up for a brief call or meeting? I will be on the Seattle side then and could meet someplace central or do it by phone.
Alternative would be to talk before Stephanie's flight takes off.
Scott

From: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>
Sent: Saturday, February 29, 2020 1:30 PM
To: Scott Dowell <Scott.Dowell@gatesfoundation.org>
Subject: Re: Chat tomorrow?

Yes please! On 2pm flight. Could talk morning or after I arrive

404 580 1960

Fun to see familiar name as part of this!!

Get [Outlook for iOS](#)

From: Scott Dowell <Scott.Dowell@gatesfoundation.org>
Sent: Saturday, February 29, 2020 4:19:18 PM
To: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>
Subject: Fwd: Chat tomorrow?

3rd time?
Sent from my iPhone

Begin forwarded message:

From: Scott Dowell <Scott.Dowell@gatesfoundation.org>
Date: February 29, 2020 at 1:16:53 PM PST
To: "sshrag@cdc.gov" <sshrag@cdc.gov>
Subject: Fwd: Chat tomorrow?

Trying again

Sent from my iPhone

Begin forwarded message:

From: Scott Dowell <Scott.Dowell@gatesfoundation.org>

Date: February 29, 2020 at 1:15:49 PM PST

To: "shrags@cdc.gov" <shrags@cdc.gov>, Jeff Duchin <Jeff.Duchin@kingcounty.gov>

Subject: Chat tomorrow?

Hi Stephanie, I was delighted to hear you are heading our way.

There are some extraordinary resources being offered to help SFS contribute to Covid19 control - perhaps too many resources.

I thought it might be useful for the 3 of us to chat, perhaps some time after you land? I can help you prioritize what is useful and if necessary hold the others off.

Let me know if that works.

Scott

Sent from my iPhone

From: Schrag, Stephanie (CDC/DDID/NCIRD/DBD)
Sent: Saturday, February 29, 2020 9:14 PM PST
To: Scott Dowell; Duchin, Jeff; Cowgill, Karen
Subject: Re: Chat tomorrow?

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

Arrive Seattle approx 5 pm ET. Karen Cowgill who Jeff has designated from King County plans to meet me at airport then and we were going to try to get briefed on SFS from Helen Chu shortly after if it works. We could check in w you and Jeff first, after I arrive, if you have availability. I guess morning my time for Sunday will mean v early morning for Seattle. Definitely am interested in connecting. The SFS team organized a mtng for me and Karen w their team for Monday morning, Scott maybe also you will be there?

Looking forward to learning more

Stephanie

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From: Scott Dowell <Scott.Dowell@gatesfoundation.org>

Sent: Sunday, March 1, 2020 12:04:29 AM

To: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>

Subject: RE: Chat tomorrow?

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Sent: Saturday, February 29, 2020 9:28 PM PST
To: Schrag, Stephanie (CDC/DDID/NCIRD/DBD); Duchin, Jeff; Cowgill, Karen
Subject: RE: Chat tomorrow?

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OK that sounds like 2 PM our time. Perhaps we can meet with Karen, Helen, and Jeff at or near your hotel after you arrive? Monday is a mess for me so it will be better to touch bases at your convenience Sunday.
Scott

From: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>
Sent: Saturday, February 29, 2020 9:14 PM
To: Scott Dowell <Scott.Dowell@gatesfoundation.org>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; n-kcowgill@kingcounty.gov
Subject: Re: Chat tomorrow?

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Looking forward to learning more
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Sent: Sunday, March 1, 2020 12:04:29 AM
To: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>
Subject: RE: Chat tomorrow?

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To: Scott Dowell <Scott.Dowell@gatesfoundation.org>
Subject: Re: Chat tomorrow?

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Begin forwarded message:

From: Scott Dowell <Scott.Dowell@gatesfoundation.org>
Date: February 29, 2020 at 1:15:49 PM PST
To: "shrags@cdc.gov" <shrags@cdc.gov>, Jeff Duchin <Jeff.Duchin@kingcounty.gov>
Subject: Chat tomorrow?

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I thought it might be useful for the 3 of us to chat, perhaps some time after you land? I can help you prioritize what is useful and if necessary hold the others off.
Let me know if that works.
Scott

Sent from my iPhone

From: Armstrong, Gregory (CDC/DDID/NCEZID/OD)
Sent: Sunday, March 1, 2020 6:49 AM PST
To: Duchin, Jeff
Subject: Question: would a small call be useful

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

Jeff—The call yesterday was somewhat large, maybe too large to ask frank questions on.

QUESTIONS:

- Would it be helpful for you to have a call with a smaller, higher-level group here?
- If so, which type of expertise should we have on the call (e.g., community mitigation)?

If this wouldn't be helpful at this point, please feel free to say no.

Greg

Gregory Armstrong, MD | currently assigned to CDC Coronavirus Response as Deputy Incident Manager | garmstrong@cdc.gov

From: Fischer, Marc (CDC/DDID/NCEZID/DVBD)
Sent: Sunday, March 1, 2020 4:56 AM PST
To: Duchin, Jeff
CC: Mead, Paul (CDC/DDID/NCEZID/DVBD)
Subject: RE: Discuss coronavirus community mitigation plans

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Understood. We had discussion with CDC mitigation team in EOC yesterday and came away thinking it might be more useful to have discussion directly between counties or states that are at edge of needing to implement such measures. Let us know if someone else from your group can join us on a call or if someone from here can participate in your call with CDC Team in Atlanta.

Marc

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Saturday, February 29, 2020 9:55 PM
To: Fischer, Marc (CDC/DDID/NCEZID/DVBD) <mx2@cdc.gov>
Cc: Mead, Paul (CDC/DDID/NCEZID/DVBD) <pfm0@cdc.gov>
Subject: Re: Discuss coronavirus community mitigation plans

Hi, would like that but an really abit overwhelmed - will cointacat you asn see if I can find a break to chat. This is rapidly escalating and I think we have a narrow window to act - will be discussing with CDC mitigation team tomorrow (I hope). and our electeds.

Jeff

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: Fischer, Marc (CDC/DDID/NCEZID/DVBD) <mx2@cdc.gov>
Sent: Saturday, February 29, 2020 4:10 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Cc: Mead, Paul (CDC/DDID/NCEZID/DVBD) <pfm0@cdc.gov>
Subject: Discuss coronavirus community mitigation plans

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Jeff.

Paul and I are deployed to Santa Clara County for the coronavirus response. Saw your press conference earlier today; sorry for your problems there.

Sarah Cody (Santa Clara County Health Officer) and others here think it would be really useful to have a discussion to compare and brainstorm about community mitigation plans in King and Santa Clara Counties.

Sure you are very busy but wondered if you might have some time tomorrow?

Best wishes,
Marc

Marc Fischer, MD, MPH
Centers for Disease Control and Prevention
970-556-7514
mfischer@cdc.gov

From: State and Local Readiness (CDC)
Sent: Monday, February 24, 2020 1:42 PM PST
To: State and Local Readiness (CDC)
Subject: CDC COVID-19 Daily Key Points and Weekly Key Messages for February 24, 2020
Attachments: CDC_COVID-19_Daily Key Points__2_24_2020 FINAL.pdf, CDC_COVID-19 Weekly Key Messages_2-24-20 FINAL.pdf

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Dear Colleagues:

Attached please find the CDC COVID-19 daily key points **AND** weekly key messages for Monday, February 24, 2020.

Thank you,

State Coordination Task Force

Sent by BCC to PHEP Directors, SHOS, State Epis, Non-governmental Partners, STLTs, and BCHC

CDC Daily Key Points

Coronavirus Disease 2019 (“COVID-19”) Outbreak

February 24, 2020

All content updated since February 21 is shown in colored text.

MAIN KEY POINTS

- There is an expanding [global](#) outbreak of respiratory illness caused by a novel (new) coronavirus.
- This virus 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.”
- While most COVID-19 cases outside of China have been associated with travel to or from China, [community spread is being detected in a growing number of countries.](#)
- Destinations with apparent community spread of COVID-19 include Hong Kong, [Iran, Italy, Japan, Singapore, South Korea, Taiwan, and Thailand.](#)
- [The fact that COVID-19 has caused illness, including illness resulting in death, and sustained person-to-person spread is concerning. These factors meet two of the criteria of a pandemic.](#)
- [As community spread is detected in more and more countries, the world moves closer toward meeting the third criteria, worldwide spread of the new virus.](#)
- [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.](#)
- [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 low.](#)
- [Under current circumstances, certain people will have an increased risk of infection. For example, healthcare workers caring for patients with COVID-19 and other close contacts of persons with COVID-19. CDC has developed guidance to help in the risk assessment and management of people with potential exposures to COVID-19.](#)
- [However, it’s important to note that current global circumstances suggest it is likely that this virus will cause a pandemic. In that case, risk assessment would be different.](#)
- [Global efforts at this time are focused concurrently on containing spread of this virus and mitigating the impact of this virus.](#)
- [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 public health response is multi-layered, with the goal of detecting and minimizing introductions of this virus in the United States so as to reduce the spread and the impact of this virus.](#)
- [CDC is operationalizing all of its pandemic preparedness and response plans, working on multiple fronts to meet these goals, including specific measures to prepare communities to respond local transmission of the virus that causes COVID-19.](#)
- [Pandemic guidance developed in anticipation of an influenza pandemic is being repurposed and adapted for a COVID-19 pandemic.](#)
- [Public health partners are encouraged to review their pandemic preparedness plans at this time.](#)

- At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it.
- [Nonpharmaceutical interventions](#) would be the most important response strategy.
- CDC launched a new weekly email newsletter with updates on the agency's COVID-19 outbreak response. [Sign up for the newsletter.](#)

SITUATION UPDATE

- To date, [35](#) international locations (including the U.S.) have reported confirmed cases of COVID-19.
- [More than 77,000 cases have been confirmed on mainland China, with more than 2,500 deaths.](#)
- [On February 22, 2020, CDC issued a Level 2 Travel Notice \(Practice Enhanced Precautions\) for Japan and South Korea.](#)
- [On February 23, 2020 CDC issued Level 1 Travel Alert Notices \(Practice Usual Precautions\) for Iran and Italy.](#)
- 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.](#)
- For the latest travel guidance, visit [COVID-19 Information for Travel.](#)
- [This is a rapidly evolving situation. CDC is constantly reviewing and updating its guidance as needed.](#)
- 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).
- [Fourteen](#) cases of COVID-19 have been detected in California, Illinois, Massachusetts, Washington, and Wisconsin through U.S. public health surveillance.
- Two of these cases occurred through person-to-person spread. The remaining cases all were in persons who had travel to China.
- [39 cases of COVID-19 have been detected among the 1,100+ people repatriated from Hubei Province, China and the Diamond Princess. \(That includes 3 people repatriated from Wuhan and 36 people who were repatriated from the Diamond Princess.\)](#)
- Almost all of the people from the Wuhan flights who were quarantined have finished their 14-day quarantine period.
- Because the passengers on the Diamond Princess were in a close setting where there was significant spread of COVID-19, they are considered at high-risk for infection. CDC expects to see additional confirmed cases of among those passengers.

WHAT YOU CAN DO

- While the immediate risk of this new virus to 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 with who recently traveled from China and fever and respiratory symptoms.
- If you are a healthcare provider caring for a COVID-19 patient or a public health responder, please take care of yourself and follow recommended infection control procedures.
- If you have been in China 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. Please follow instructions during this time. Your cooperation is integral to the ongoing public health response to try to slow spread of this virus. If you develop COVID-19 symptoms, contact your healthcare provider, and tell them about your symptoms and your travel or exposure to a COVID-19 patient.
- For people who have had close contact with someone with COVID-19 who develop symptoms, contact your healthcare provider, and tell them about your symptoms and your exposure to a COVID-19 patient.
- For people who are ill with COVID-19, please follow CDC guidance on how to reduce the risk of spreading your illness to others. This guidance in on the CDC website.

TESTING

- All testing for COVID-19 continues to be performed at CDC. At this time, all positive results from testing conducted in non-CDC, U.S. laboratories must be confirmed at CDC.
- CDC is remanufacturing test kits, which will be distributed following rigorous quality control processes.

REPATRIATED FLIGHTS & QUARANTINE ORDERS

- CDC has supported the Department of State in the safe and expedient ordered departure of U.S. 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 were 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.
- Almost all of the people from the Wuhan flights who were quarantined fulfilled their 14-day quarantine period and been released.
 - On February 12, 195 people from the first chartered flight were discharged from quarantine.
 - On February 18, 347 people who were under federal quarantine were released.
 - On February 20, 263 people who were under federal quarantine were released.
- People released from quarantine pose no health risk to their communities.

DIAMOND PRINCESS

- On February 16, 329 American citizens returned by flights chartered by the State Department.
- [Persons who are not sick are being kept in quarantine.](#)
- [Persons who are sick with COVID-19 are in isolation and receiving medical care as needed.](#)

- All American passengers have disembarked from the *Diamond Princess* cruise ship. These people have been placed under travel restrictions, as have the ship's other passengers and crew.
- Some American crew members of the *Diamond Princess* remain aboard the ship.
- More than 60 Americans who were on board the *Diamond Princess* remain in Japan, hospitalized with COVID-2, including some who are reportedly severely ill.
- The U.S. 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.

WESTERDAM

- No testing of passengers from the *Westerdam* Cruise Ship for SARS-CoV-2, the virus that causes COVID-19, has been done at CDC.
- CDC is aware that an American passenger on the *Westerdam* tested positive for infection with SARS-CoV-2 in Malaysia and that two subsequent and sequential tests on samples from that same person were negative.
- CDC is aware that follow-up testing among more than 1,500 passengers from the *Westerdam* has all been negative.
- CDC considers passengers from the *Westerdam* to be at "low risk" of SARS-CoV-2 infection during the 14 days after their last exposure per the agency's [Risk Assessment guidance](#).
- Given this level of risk, testing of *Westerdam* passengers for SARS-CoV-2 is not recommended unless additional exposures are identified to warrant testing.

CDC ACTIONS

- CDC is aggressively responding to the global outbreak of COVID-19 and preparing for the potential of community spread in the United States.
- **Preparing first responders, healthcare providers, and health systems:**
 - 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 more than **23 guidance documents** on infection control, hospital preparedness assessments, personal protective equipment (PPE) supply planning, and clinical evaluation and management (as of February 22, 2020).
 - 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 healthcare for their medical needs.

- **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 healthcare workers at highest risk have access to PPE.
- **Sharing information with stakeholders** to help them recognize when to shift the strategies they are using.
- **Reinforcing state, territorial, and local public health readiness:**
 - **Assessing state and local readiness** to implement community mitigation measures like home containment, including housing and transportation needs.
 - Coordinating with states to **identify and mitigate gaps in readiness** that will help reduce the spread of disease in the community while protecting workers, infrastructure, and institutions.
 - Linking public health agencies and healthcare systems to **identify and mitigate stressors to the health system**
 - **Tracking stockpiles of PPE** across jurisdictions.
 - Working with state and local public health to **use existing Public Health Emergency Preparedness (PHEP) funding** to support COVID-19 preparedness and response activities.
 - Leveraging funding mechanisms to help states **accelerate preparedness activities**.
 - Providing **technical assistance and guidance** to states to improve their ability to respond to the outbreak.
- **Supporting communities, businesses, and schools:**
 - **Creating business guidance** to help the public and private sectors ensure they are able to operate with adaptations like telework and flexible sick leave policies, as well as how to respond if an employee gets sick.
 - **Developing guidance for childcare programs, K-12 schools, and colleges/universities** to help them plan and prepare for COVID-19 and respond if there is a local outbreak in their community.
 - Providing **planning guides for COVID-19** that households, community- and faith-based organizations, event planners of mass gatherings, and public health communicators can use.
 - Educating communities about **nonpharmaceutical interventions (NPIs)** that help slow the spread of illness, like 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

February 24, 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 16 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, centered in China, caused by a novel (new) coronavirus.
- The new virus can cause illness varying from mild to severe, including potentially resulting in death. It can spread from person-to-person.
- This virus is spreading from person-to-person in China. A growing number of countries are reporting cases in travelers from China and person-to-person spread has been reported in countries outside of China, including in the United States.
- [Chinese officials report that sustained person-to-person spread in the community is occurring in China. In addition, other destinations have apparent community spread, meaning some people have been infected who are not sure how or where they became infected.](#)
- Global case numbers are reported by the World Health Organization in their [Coronavirus Disease 2019 \(COVID-19\) situation reports](#).
 - As of **February 23**, **more than 78,800** cases have been identified worldwide. Fewer than **1,800** cases have occurred outside 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.
- 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.
- Also on January 31, the President of the United States issued a "[Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus](#)."
- The situation is rapidly changing, and CDC is monitoring it closely. Guidance will be updated as needed.
- Outbreaks like this — when a new virus has emerged to infect people and spread between people — are especially concerning.
- 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.
- 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](#).
- The newly emerged coronavirus disease 2019 (COVID-19) is a respiratory disease that seems to be spreading much like flu.

U.S. OUTBREAK STATISTICS

Confirmed cases in the United States as of **February 21, 2020**:

- Travel-related: **12**
- Person-to-person spread: **2**
- Total confirmed cases: **14**
- Total tested: **426**
- Deaths: **0**

Persons repatriated to the United States and tested positive by CDC, as of **February 21, 2020**:

- Wuhan, China: **3**
- *Diamond Princess* Cruise Ship: **36**

For global cases, please see the [daily situation reports](#) from the World Health Organization.

OUTBREAK BACKGROUND

- In early January 2020, Chinese health officials identified a novel (new) coronavirus (now named SARS-CoV-2) linked to an outbreak of respiratory illness in Wuhan, Hubei Province, China.
- Most cases have been detected in China, but some cases have been detected in [more than thirty other locations](#). Most infections outside of China have occurred in travelers coming from Wuhan City.
- Initially, many of the patients in the Wuhan outbreak reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread.
- Since then, Chinese officials report that sustained person-to-person spread in the community is occurring in China.
- Most cases in the US have been associated with travel to Wuhan, China; however, person-to-person spread also has been seen in close (household) contacts of confirmed COVID-19 cases.
- 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.

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 via 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.
- Based on our current knowledge, it is unclear whether a person may become infected with the new coronavirus by touching a surface or object contaminated with the virus and then touching their own mouth, nose, or possibly their eyes.
- 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. CDC is looking into this situation further.
- To address this issue, CDC is remanufacturing the complete test kits to ensure that laboratories have effective and reliable kits.
- The new kits are being manufactured as quickly as possible and will be made available to domestic and international laboratories immediately thereafter.
- At this time:
 - CDC continues to perform initial and confirmatory testing.
 - Laboratories that have verified the assay are able to test.
 - All positive results from testing conducted in non-CDC laboratories must be confirmed at CDC.
 - Laboratories that have encountered problems verifying the assay should not continue testing.
 - CDC understands that 2-3 states are currently using the CDC diagnostic test for patient care. Many are not testing due to the current reagent issues.
- 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 going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- 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 and fear 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. Help fight fear by letting 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 areas where COVID-19 is active 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 without increasing fear.
 - 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 from China:

- 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 23, about 45,000 people have been screened at US airports.

Travel Notices and Advisories:

- On January 27, CDC issued a [level 3 Travel Health Notice for China](#) recommending that all travelers avoid non-essential travel (this does not include the Special Administrative Regions of Hong Kong and Macau, or the island of Taiwan).
- On January 30, the US State Department issued a [level 4 travel advisory](#), their highest threat level, requesting Americans not to travel to China because of the public health threat posed by COVID-19.
- On February 19, CDC issued a travel notice for [Hong Kong](#), recommending that travelers practice usual precautions (Level 1).
- On February 22, CDC issued travel notices for [Japan](#) and [South Korea](#), recommending that travelers practice enhanced precautions (Level 2). Older adults and those with chronic medical conditions should consider postponing nonessential travel to these countries.
- On February 23, CDC issued travel notices for [Iran](#) and [Italy](#), recommending that travelers practice usual precautions (Level 1).
- 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 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
- Passengers who elected not to return on the repatriation flights remain in Japan under a 14-day travel restriction.
 - CDC, in partnership with the US Embassy in Tokyo, is monitoring their health during the 14-day travel restriction in order to ensure they are healthy prior to their return to the United States.
- More than 60 Americans who were on board the *Diamond Princess* remain in Japan, hospitalized with COVID-2, 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.

- On January 27, CDC issued updated travel guidance for China, recommending that travelers avoid all nonessential travel to all of the country ([Level 3 Travel Health Notice](#)).
- 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.
 - See more at: "[Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus](#)".
- CDC issued an [interim Health Alert Network \(HAN\) Update](#) to inform state and local health departments and healthcare professionals about this outbreak on February 1.
- 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](#).
- 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.
- CDC has developed a real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test that can diagnose COVID-19 in respiratory and serum samples from clinical specimens. On January 24, CDC [publicly posted the assay protocol](#) for this test.
- CDC's [International Reagent Resource](#) began distributing test kits domestically on February 6. However, CDC identified a problem in the manufacturing of one of the three controls used in the verification process of the test.
 - To address this issue, CDC is remanufacturing the [complete](#) test kits, to ensure that laboratories have effective and reliable kits. This process is being expedited. The new kits will be made available to both domestic and international laboratories as soon as possible.
- 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).
 - Using classroom and hands-on experience, the China FETP program has graduated 279 epidemiologists who conducted more than 2,000 outbreak investigations as part of their training.
 - Specialized training tracks are now being established in non-communicable diseases and tuberculosis.
 - With technical guidance from CDC, 71 graduates completed training for the new Western FETP that supports 13 under-served provinces of China — remote areas more vulnerable to novel infections and with increasing transport corridors.
- 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 CDCglobal@cdc.gov.](mailto:CDCglobal@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.

Recent Travelers to China:

- If you were in China 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.
 - Wash your hands often with soap and water for at least 20 seconds to avoid spreading the virus to others. Use an alcohol-based hand sanitizer if soap and water are not available.

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 3, CDC published 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 China 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 in Wuhan City, China.

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 Hubei Province , China within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from mainland China within 14 days of symptom onset

Note: Fever may be subjective or confirmed. The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure). The above criteria are available on the [Interim Guidance for Healthcare Professionals web page](#).

Recommendations for Reporting, Testing, and Specimen Collection:

- Healthcare professionals should **immediately** notify both infection control personnel at their healthcare facility **AND** their local or state health department in the event of a PUI for COVID-19.
- State health departments that have identified a PUI should immediately contact CDC's Emergency Operations Center (EOC) at 770-488-7100 and complete a COVID-19 PUI case investigation form available on [CDC's Interim Guidance for Healthcare Professionals](#).
- 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 from COVID-19 PUIs.

- **For biosafety reasons, it is not recommended to perform virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI for COVID-19.**
- For initial diagnostic testing for COVID-19, CDC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those patients with productive coughs.
 - Induction of sputum is not recommended.
- Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset.
- 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.

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 SARS-CoV-2 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 SARS-CoV-2 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 isolating 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.
- 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 HCPs 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.

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 the CDC 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 of COVID-19.
- Employers can use strategies now to prevent workplace exposures to acute respiratory illness, such as:
 - 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.

From: Epix Helpdesk (CDC)
Sent: Friday, February 28, 2020 1:39 PM PST
To: Duchin, Jeff; Epix Helpdesk (CDC)
CC: EPIX Editor (CDC)
Subject: RE: Can you please send me this update? I'm locked out of SAMS
Attachments: HAN 428 Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19).pdf, CDC HAN 428 - Update Interim Guidance on Outbreak of COVID-19 02 28 2020.docx

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

The web team should be posting the HAN shortly at <https://emergency.cdc.gov/han/index.asp>. Please feel free to send the attached word and PDF version to HCP; this is the same version that will be posted online. Additionally, I have pasted the HAN in its entirety below.

This is an official CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
February 28, 2020, 15:05 ET (3:05 PM ET)
CDCHAN-0428

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

Summary

The Centers for Disease Control and Prevention (CDC) continues to closely monitor and respond to the COVID-19 outbreak caused by the novel coronavirus, SARS-CoV-2.

This CDC Health Alert Network (HAN) Update provides updated guidance on evaluating and testing persons under investigation (PUIs) for COVID-19. It supersedes guidance provided in CDC's HAN 427 distributed on February 1, 2020.

The outbreak that began in Wuhan, Hubei Province, has now spread throughout China and to 46 other countries and territories, including the United States. As of February 27, 2020, there were 78,497 reported cases in China and 3,797 cases in locations outside China. In addition to sustained transmission in China, there is evidence of community spread in several additional countries. CDC has updated travel guidance to reflect this information (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>). To date, there has been limited spread of COVID-19 in the United States. As of February 26, 2020, there were a total of 61 cases within the United States, 46 of these were among repatriated persons from high-risk settings. The other 15 cases were diagnosed in the United States; 12 were persons with a history of recent travel in China and 2 were persons in close household contact with a COVID-19 patient (i.e. person-to-person spread). One patient with COVID-19 who had no travel history or links to other known cases was reported on February 26, 2020, in California. The California Department of Public Health, local health departments, clinicians, and CDC are working together to investigate this case and are identifying contacts with whom this individual interacted.

CDC, state and local health departments, other federal agencies, and other partners have been implementing measures to slow and contain transmission of COVID-19 in the United States. These measures include assessing, monitoring, and caring for travelers arriving from areas with substantial COVID-19 transmission and identifying cases and contacts of cases in the United States.

Recognizing persons at risk for COVID-19 is a critical component of identifying cases and preventing further transmission. With expanding spread of COVID-19, additional areas of geographic risk are being identified and PUI criteria are being updated to reflect this spread. To prepare for possible additional person-to-person spread of COVID-19 in the United States, CDC continues to recommend that clinicians and state and local health departments consider COVID-19 in patients with severe respiratory illness even in the absence of travel history to affected areas or known exposure to another case.

Criteria to Guide Evaluation and Testing of Patients Under Investigation (PUI) for COVID-19

Local or state health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-19. The CDC clinical criteria for COVID-19 PUIs have been developed based on available information about this novel virus, as well as what is known about Severe Acute Respiratory Syndrome (SARS) (<https://www.cdc.gov/sars/clinical/guidance.html>) and Middle East Respiratory Syndrome (MERS) (<https://www.cdc.gov/coronavirus/mers/interim-guidance.html#evaluation>). These criteria are subject to change as additional information becomes available.

Clinical Features		Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including healthcare personnel ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas ⁵ , within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) requiring hospitalization and without an alternative explanatory diagnosis (e.g., influenza). ⁶	AND	No identified source of exposure

These 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.

¹Fever may be subjective or confirmed.

²For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).

³Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Additional information is available in CDC's updated Interim Healthcare Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings, as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).

⁴Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

⁵Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. Current information is available in CDC's COVID-19 Travel Health Notices (<https://www.cdc.gov/coronavirus/2019-ncov/travelers>).

⁶Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) of unknown etiology in which COVID-19 is being considered.

Recommendations for Reporting, Testing, and Specimen Collection

Clinicians should immediately implement recommended infection prevention and control practices (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) 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 (<https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>). 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 (<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>) and Biosafety FAQs for handling and processing specimens from suspected cases and PUIs (<https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html>).

For More Information

More information is available at the COVID-19 website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance
Health Advisory May not require immediate action; provides important information for a specific incident or situation
Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations##

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Friday, February 28, 2020 4:29 PM
To: Epix Helpdesk (CDC) <epixhelp@cdc.gov>
Cc: EPIX Editor (CDC) <epixeditor@cdc.gov>
Subject: RE: Can you please send me this update? I'm locked out of SAMS

I looked at the HAN site multiple times and this is not posted – I don't see a link on the pdf. Where can I get this online? I need to share with our HCP and have no way to do that.

Jeffrey S. Duchin, MD
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: Evanson, Amanda (CDC/DDPHSIS/CPR/DEO) <afe0@cdc.gov> **On Behalf Of** Epix Helpdesk (CDC)
Sent: Friday, February 28, 2020 1:19 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Epix Helpdesk (CDC) <epixhelp@cdc.gov>
Cc: EPIX Editor (CDC) <epixeditor@cdc.gov>
Subject: RE: Can you please send me this update? I'm locked out of SAMS

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

I'm not sure if you noticed or not but we have been including the public URL in the summary of the immediate email notification when the information that is being disseminated via Epi-X is available online. We hope that this addition to our business rules is beneficial to our users who are unable to access Epi-X.

I'll add your issue to my To Do list and reach out to you next week and, if you have time, we can resolve your login dilemma.

V/R,
Amanda

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Friday, February 28, 2020 4:06 PM
To: Epix Helpdesk (CDC) <epixhelp@cdc.gov>
Subject: RE: Can you please send me this update? I'm locked out of SAMS

Changing the OPW is not the issue, it always changes successfully and I can log in afterwards ONE TIME ONLY AND THEN ENTER AGAIN. No one has been able to help solve the problem. And the forums should not be secret

Jeffrey S. Duchin, MD
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From: Evanson, Amanda (CDC/DDPHSIS/CPR/DEO) <afe0@cdc.gov> **On Behalf Of** Epix Helpdesk (CDC)
Sent: Friday, February 28, 2020 1:02 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Subject: RE: Can you please send me this update? I'm locked out of SAMS

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

I totally understand your hesitation; thank goodness I can use my CDC PIV card to log into SAMS. When/if you are ready to change your password we will walk you through to make sure that it goes through the password change process as smoothly as possible.

Amanda

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Friday, February 28, 2020 3:54 PM
To: Epix Helpdesk (CDC) <epixhelp@cdc.gov>
Subject: Re: Can you please send me this update? I'm locked out of SAMS

I've changed it multiple times without success so I hope you can understand why I'm not prioritizing changing it again.

Jeffrey S. Duchin, MD

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
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From: Evanson, Amanda (CDC/DDPHSIS/CPR/DEO) <afe0@cdc.gov> on behalf of Epix Helpdesk (CDC) <epixhelp@cdc.gov>

Sent: Friday, February 28, 2020 12:52:38 PM

To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>

Subject: RE: Can you please send me this update? I'm locked out of SAMS

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

My pleasure. Please know that we are here for you when you are available to walk us through changing your SAMS password.

Best,
Amanda

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>

Sent: Friday, February 28, 2020 3:47 PM

To: Epix Helpdesk (CDC) <epixhelp@cdc.gov>

Subject: RE: Can you please send me this update? I'm locked out of SAMS

Thank you

Jeffrey S. Duchin, MD
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From: Evanson, Amanda (CDC/DDPHSIS/CPR/DEO) <afe0@cdc.gov> **On Behalf Of** Epix Helpdesk (CDC)

Sent: Friday, February 28, 2020 12:46 PM

To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>

Subject: RE: Can you please send me this update? I'm locked out of SAMS

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

Hi Dr. Duchin,

Do you want this HAN update? If so, here it is 😊

Best,
Amanda

Amanda F. Evanson

Health Communication Specialist/*Epi-X* Editor

Epi-X, Epidemic Information Exchange

Situational Awareness (SA)

Division of Emergency Operations (DEO)

Center for Preparedness and Response (CPR)

Centers For Disease Control and Prevention (CDC)

Phone: 404-660-7815 aevanson@cdc.gov



From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>

Sent: Friday, February 28, 2020 3:41 PM

To: Epix Helpdesk (CDC) <epixhelp@cdc.gov>

Subject: Can you please send me this update? I'm locked out of SAMS

Jeffrey S. Duchin, MD

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E-mail: jeff.duchin@kingcounty.gov

From: Scott Dowell
Sent: Saturday, February 29, 2020 9:57 PM PST
To: Schrag, Stephanie (CDC/DDID/NCIRD/DBD); Duchin, Jeff; Cowgill, Karen
CC: Sheila Austria; Keith Klugman
Subject: RE: Chat tomorrow?

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

OK let's connect by phone. Let me try to set something up for 6 PM. Will do it on teams but you can dial in if Teams is foreign.

Scott

From: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>
Sent: Saturday, February 29, 2020 9:37 PM
To: Scott Dowell <Scott.Dowell@gatesfoundation.org>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; n-kcowgill@kingcounty.gov
Subject: Re: Chat tomorrow?

Sorry meant 5 pm Seattle. My mistake! I know Karen has a 7 pm commitment but perhaps we can talk before or in any case I can be available

Get [Outlook for iOS](#)

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Sent: Sunday, March 1, 2020 12:28:51 AM
To: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; n-kcowgill@kingcounty.gov <n-kcowgill@kingcounty.gov>
Subject: RE: Chat tomorrow?

OK that sounds like 2 PM our time. Perhaps we can meet with Karen, Helen, and Jeff at or near your hotel after you arrive? Monday is a mess for me so it will be better to touch bases at your convenience Sunday.

Scott

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Subject: Re: Chat tomorrow?

Arrive Seattle approx 5 pm ET. Karen Cowgill who Jeff has designated from King County plans to meet me at airport then and we were going to try to get briefed on SFS from Helen Chu shortly after if it works. We could check in w you and Jeff first, after I arrive, if you have availability. I guess morning my time for Sunday will mean v early morning for Seattle. Definitely am interested in connecting. The SFS team organized a mtng for me and Karen w their team for Monday morning, Scott maybe also you will be there?

Looking forward to learning more
Stephanie

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Is that 2 PM Seattle time? After that would work well. Where are you staying?
Jeff are you up for a brief call or meeting? I will be on the Seattle side then and could meet someplace central or do it by phone.
Alternative would be to talk before Stephanie's flight takes off.
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Subject: Re: Chat tomorrow?

Yes please! On 2pm flight. Could talk morning or after I arrive

404 580 1960

Fun to see familiar name as part of this!!

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3rd time?
Sent from my iPhone

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Subject: Fwd: Chat tomorrow?

Trying again

Sent from my iPhone

Begin forwarded message:

From: Scott Dowell <Scott.Dowell@gatesfoundation.org>
Date: February 29, 2020 at 1:15:49 PM PST
To: "shrags@cdc.gov" <shrags@cdc.gov>, Jeff Duchin <Jeff.Duchin@kingcounty.gov>
Subject: Chat tomorrow?

Hi Stephanie, I was delighted to hear you are heading our way.
There are some extraordinary resources being offered to help SFS contribute to Covid19 control - perhaps too many resources.
I thought it might be useful for the 3 of us to chat, perhaps some time after you land? I can help you prioritize what is useful and if necessary hold the others off.
Let me know if that works.
Scott

Sent from my iPhone

From: Mead, Paul (CDC/DDID/NCEZID/DVBD)
Sent: Saturday, February 29, 2020 9:55 PM PST
To: Duchin, Jeff
Subject: Automatic reply: Discuss coronavirus community mitigation plans

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I am out of the office. For urgent matters please contact 970-221-6400.

This is an official
CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
February 28, 2020, 15:05 ET (3:05 PM ET)
CDCHAN-0428

**Update and Interim Guidance on Outbreak of Coronavirus Disease 2019
(COVID-19)**

Summary

The Centers for Disease Control and Prevention (CDC) continues to closely monitor and respond to the COVID-19 outbreak caused by the novel coronavirus, SARS-CoV-2.

This CDC Health Alert Network (HAN) Update provides updated guidance on evaluating and testing persons under investigation (PUIs) for COVID-19. It supersedes guidance provided in CDC's HAN 427 distributed on February 1, 2020.

The outbreak that began in Wuhan, Hubei Province, has now spread throughout China and to 46 other countries and territories, including the United States. As of February 27, 2020, there were 78,497 reported cases in China and 3,797 cases in locations outside China. In addition to sustained transmission in China, there is evidence of community spread in several additional countries. CDC has updated travel guidance to reflect this information (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>).

To date, there has been limited spread of COVID-19 in the United States. As of February 26, 2020, there were a total of 61 cases within the United States, 46 of these were among repatriated persons from high-risk settings. The other 15 cases were diagnosed in the United States; 12 were persons with a history of recent travel in China and 2 were persons in close household contact with a COVID-19 patient (i.e. person-to-person spread). One patient with COVID-19 who had no travel history or links to other known cases was reported on February 26, 2020, in California. The California Department of Public Health, local health departments, clinicians, and CDC are working together to investigate this case and are identifying contacts with whom this individual interacted.

CDC, state and local health departments, other federal agencies, and other partners have been implementing measures to slow and contain transmission of COVID-19 in the United States. These measures include assessing, monitoring, and caring for travelers arriving from areas with substantial COVID-19 transmission and identifying cases and contacts of cases in the United States.

Recognizing persons at risk for COVID-19 is a critical component of identifying cases and preventing further transmission. With expanding spread of COVID-19, additional areas of geographic risk are being identified and PUI criteria are being updated to reflect this spread. To prepare for possible additional person-to-person spread of COVID-19 in the United States, CDC continues to recommend that clinicians and state and local health departments consider COVID-19 in patients with severe respiratory illness even in the absence of travel history to affected areas or known exposure to another case.

Criteria to Guide Evaluation and Testing of Patients Under Investigation (PUI) for COVID-19

Local or state health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-19. The CDC clinical criteria for COVID-19 PUIs have been developed based on available information about this novel virus, as well as what is known about Severe Acute Respiratory Syndrome (SARS) (<https://www.cdc.gov/sars/clinical/guidance.html>) and Middle East Respiratory Syndrome (MERS) (<https://www.cdc.gov/coronavirus/mers/interim-guidance.html#evaluation>). These criteria are subject to change as additional information becomes available.

Clinical Features		Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including healthcare personnel ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas ⁵ , within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) requiring hospitalization and without an alternative explanatory diagnosis (e.g., influenza). ⁶	AND	No identified source of exposure

These 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.

¹Fever may be subjective or confirmed.

²For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).

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a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

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If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

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From: Jernigan, John A. (CDC/DDID/NCEZID/DHQP)
Sent: Monday, March 2, 2020 11:21 AM PST
To: Duchin, Jeff
Subject: RE: one pager for exposed HCP

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

Sorry I missed this email before. Just to be clear, you'd like one for anyone (non—healthcare) that is exposed to COVID-19?

JJ

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Monday, March 2, 2020 8:32 AM
To: Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>
Subject: Re: one pager for exposed HCP

Do you think you could also do one for close contacts/family members?

Jeffrey S. Duchin, MD
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: Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>
Sent: Monday, March 2, 2020 5:21:19 AM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Subject: one pager for exposed HCP

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Jeff-as requested. It is not an official CDC document but you can modify as needed. It mainly takes from existing guidance. If you need cleared CDC document this will probably take 3 days or so. Is this what you needed?

From: Schrag, Stephanie (CDC/DDID/NCIRD/DBD)
Sent: Sunday, March 1, 2020 6:04 PM PST
To: Scott Dowell; Duchin, Jeff; Cowgill, Karen
CC: Sheila Austria; Keith Klugman
Subject: Re: Chat tomorrow?

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We're linking in now sorry few mins late

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Cc: Sheila Austria <Sheila.Austria@gatesfoundation.org>; Keith Klugman <Keith.Klugman@gatesfoundation.org>

Subject: RE: Chat tomorrow?

OK let's connect by phone. Let me try to set something up for 6 PM. Will do it on teams but you can dial in if Teams is foreign.

Scott

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Sorry meant 5 pm Seattle. My mistake! I know Karen has a 7 pm commitment but perhaps we can talk before or in any case I can be available

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Looking forward to learning more
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Alternative would be to talk before Stephanie's flight takes off.
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To: "shrags@cdc.gov" <shrags@cdc.gov>, Jeff Duchin <Jeff.Duchin@kingcounty.gov>

Subject: Chat tomorrow?

Hi Stephanie, I was delighted to hear you are heading our way.

There are some extraordinary resources being offered to help SFS contribute to Covid19 control - perhaps too many resources.

I thought it might be useful for the 3 of us to chat, perhaps some time after you land? I can help you prioritize what is useful and if necessary hold the others off.

Let me know if that works.

Scott

Sent from my iPhone

From: Fischer, Marc (CDC/DDID/NCEZID/DVBD)
Sent: Saturday, February 29, 2020 9:55 PM PST
To: Duchin, Jeff
Subject: Automatic reply: Discuss coronavirus community mitigation plans

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

I am currently out of the office. If you need immediate assistance, please call 970-221-6400.

From: David Blazes
Sent: Tuesday, March 3, 2020 7:54 AM PST
To: Jordan Tappero; Duchin, Jeff; Schrag, Stephanie (CDC/DDID/NCIRD/DBD);
Coronavirus Epi/surveillance Workstream Team
CC: Sheila Austria; Scott Dowell
Subject: RE: Seattle

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

Thx Jordan – I've already been in touch with Andy Tatem and got the same slide deck this am! They have posted their code and a pre-print.

Thx.

David

David Blazes, MD MPH
Epidemiology & Surveillance
Global Health Program
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C +1 (206) 708-5804
David.Blazes@gatesfoundation.org
Bill & Melinda Gates Foundation
www.gatesfoundation.org

From: Jordan Tappero <Jordan.Tappero@gatesfoundation.org>
Sent: Tuesday, March 3, 2020 7:51 AM
To: David Blazes <David.Blazes@gatesfoundation.org>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>;
Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>; Coronavirus Epi/surveillance Workstream
Team <CoronavirusEpiSurveillanceWorkstreamTeam@gatesfoundation.org>
Cc: Sheila Austria <Sheila.Austria@gatesfoundation.org>; Scott Dowell
<Scott.Dowell@gatesfoundation.org>
Subject: RE: Seattle

David – this is a slide that summarizes the Southampton (Lai) group's work on NPI. To my knowledge, the Southampton groups work hasn't published yet. JT

From: David Blazes <David.Blazes@gatesfoundation.org>
Sent: Tuesday, March 3, 2020 7:36 AM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Schrag, Stephanie (CDC/DDID/NCIRD/DBD)
<zha6@cdc.gov>; Coronavirus Epi/surveillance Workstream Team
<CoronavirusEpiSurveillanceWorkstreamTeam@gatesfoundation.org>
Cc: Sheila Austria <Sheila.Austria@gatesfoundation.org>; Scott Dowell
<Scott.Dowell@gatesfoundation.org>
Subject: FW: Seattle

Hi Jeff,

See below email from FB – I'm sure our modeling experts at IDM/IHME can do a similar analysis on potential for NPI that the WorldPop group did based on Baidu data for China. I have already asked about the efforts underway that FB mentioned, and will let you know what I hear. Perhaps a call this afternoon would be good. I can move things from 1-3, and 4-5pm, or anytime after 5:30, and I'm sure many of the team can join as well.

Let us know what makes most sense.

Thx.

David

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David.Blazes@gatesfoundation.org

Bill & Melinda Gates Foundation

www.gatesfoundation.org

From: Alex Pompe <alexpompe@fb.com>

Sent: Tuesday, March 3, 2020 5:51 AM

To: David Blazes <David.Blazes@gatesfoundation.org>; Laura McGorman <lmcgorman@fb.com>

Cc: Emily Turner <Emily.Turner@gatesfoundation.org>

Subject: Re: Seattle

Hey David,

We're happy to help out in any way we can. We started generation of our standard Disease Prevention Maps for 20 US metro areas a few days ago per the request of a modelers at a different partner (happy to reach out to them and connect you if they agree - by default we don't mention partner names externally or to other partners without permission). This includes Seattle, and the interactive version of the movement data should be [viewable for you at this link](#) or try searching for "Seattle Coronavirus Disease Prevention Map Feb 27 2020" and the layers should appear. Let me know if the boundary box is missing some of the area that you want coverage for.

We also are working on manually generation our early version colocation maps for all covid19 Disease Prevention Maps. We generated these for Hong Kong and Taiwan a couple weeks ago, and will have updated versions of those countries along with South Korea, Japan, Singapore, and Italy by today (fingers crossed). If you would be able to make use of colocation data (and comfortable looking at an early version that we've accelerated due to covid19) let me know. Happy to provide more details.

-Alex

For reference here is a list of items that Facebook Data for Good has to offer that we hope assist with the covid19 response:

- I've just kicked off our [Disease Prevention Maps](#) for South Korea and Italy per partner requests but feel free to let me know of additional geos you need data for. We are generating these maps for several other geographies by request of partners, so I encourage you to search in the GeolInsights tool for them. If you have trouble finding things just shoot me an email or slack and I am happy to provide support.
- Our baseline [high resolution population density maps with demographic breakouts](#) should be useful as well. The Disease Prevention Maps are just showing Facebook mobile app users, but these maps show the overall population. They are available on [UN OCHA's Humanitarian Data Exchange here](#) or [Amazon AWS Open Data Sets here](#).
- We are working with the Crowdtangle team at Facebook who are [building dashboards like this one](#) to monitor content across social media related to the virus.
- We can give access to our prototype colocation maps data sets for Taiwan and Hong Kong (with more countries in the works) . Our documentation is still a bit fragmented since these are still in active development, but here is the [best writeup we have of how we generate them](#). Please do not share these data sets with anyone internal or external but feel free to connect them to me and I can share directly after obtaining approval.

Let me know if I can be of additional help!

From: David Blazes <David.Blazes@gatesfoundation.org>

Sent: Monday, March 2, 2020 10:53 PM

To: Alex Pompe <alexpompe@fb.com>

Cc: Emily Turner <Emily.Turner@gatesfoundation.org>

Subject: Seattle

Hi Alex,

As you know, we have an issue in Seattle these days. Any way our modelers can use FB mobility data to plan mitigation strategies with public health officials for Seattle and Snohomish counties?

Thx.

David

David Blazes, MD MPH

Epidemiology & Surveillance

Global Health Program

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C +1 (206) 708-5804

David.Blazes@gatesfoundation.org

Bill & Melinda Gates Foundation

www.gatesfoundation.org

From: Alex Pompe <alexpompe@fb.com>

Sent: Saturday, January 25, 2020 3:36 PM

To: Emily Turner <Emily.Turner@gatesfoundation.org>; Laura McGorman <lmcgorman@fb.com>; Scott

Dowell <Scott.Dowell@gatesfoundation.org>; David Blazes <David.Blazes@gatesfoundation.org>

Subject: Re: in-country mobility maps for Africa

BMGF colleagues,

I've just sent you logins and instructions to access the Facebook Disease Prevention Maps. I've also just kicked off boundary rectangles for the following requests covering the entire country. Search for these once you activate your logins and ping me if you can't find them after allowing ~12 hours for them to finish the first batch.

- Corona virus ethiopia map
- Coronavirus Kenya map Jan 25 2020
- Coronavirus Rwanda map Jan 25 2020
- Coronavirus South Africa Jan 25 2020
- Coronavirus Tanzania Jan 25 2020
- Coronavirus Senegal Jan 25 2020
- Coronavirus Uganda Jan 25 2020

Most of these are very large areas for our pipelines. We generate movement data as vectors between both admin level 3 shapes and bing tiles of 0.6km². However I would predict that these are large enough areas that our pipeline will not be able to finish within 8 hours, which means it will step up bing tile levels and become more coarse until it can finish in that refresh rate. If you need more fine grained resolution, then let me know more specific areas of interest. You don't need to provide exact lat+lon pairs - just a rectangle drawn on a google map. Laura and I will be hand drawing the rectangles.

This was probably the largest batch of pipeline jobs I've ever kicked off, so we may run into unexpected delays - but typically the first data sets will land in 12-18 hours. For this reason I recommend we not generate for all African countries in SSA. You can search for other boundary boxes for all active Disaster / Disease Prevention Maps and to get a feel for what the data looks like. Make sure take note of the download tab to export a csv / geotiff version of the data for your own workflow. Let us know if you have further questions or additional boundary boxes to kick off.

-Alex

From: Emily Turner <Emily.Turner@gatesfoundation.org>

Sent: Saturday, January 25, 2020 3:09 PM

To: Alex Pompe <alexpompe@fb.com>; Laura McGorman <lmcgorman@fb.com>; Scott Dowell <Scott.Dowell@gatesfoundation.org>; David Blazes <David.Blazes@gatesfoundation.org>

Subject: in-country mobility maps for Africa

Dear Scott and David,

I'd like to introduce Alex Pompe and Laura McGorman at Facebook's Data for Good. Alex is the Research Manager at Facebook's Data for Good, and Laura is their Policy Lead. David and Scott lead our Surveillance and Epidemiology efforts here at the foundation.

Alex has confirmed that their Disease Prevention mapping tool can provide mobility data within a country's borders, with the ability to focus around specific geographies of interest (e.g. airports). My understanding is that their pipelines take 12-18 hours for the first run, with an ~8 hour refresh after that.

Alex has confirmed that BMGF, IHME and IDM have existing agreements to access their data, and he can create new logins for anyone in those institutions. At this point, Alex, please add Scott, David and me to the access list for BMGF. Alex is also about to get on a 7 hour flight, so I suggest we kick off a mapping run with the following countries, which perhaps could be refined with input from Scott/David for a follow-up run:

Ethiopia
Kenya
Rwanda
South Africa
Tanzania
Senegal
Uganda

Of course, if it's a trivial increment to map every sub-Saharan country, perhaps it's worth doing that. Alex, do you need specific coordinates to seed your map (eg airport locations), or can you just use the borders?

Thanks
Emily

From: Schrag, Stephanie (CDC/DDID/NCIRD/DBD)
Sent: Saturday, February 29, 2020 9:37 PM PST
To: Scott Dowell; Duchin, Jeff; Cowgill, Karen
Subject: Re: Chat tomorrow?

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Sorry meant 5 pm Seattle. My mistake! I know Karen has a 7 pm commitment but perhaps we can talk before or in any case I can be available

Get [Outlook for iOS](#)

From: Scott Dowell <Scott.Dowell@gatesfoundation.org>

Sent: Sunday, March 1, 2020 12:28:51 AM

To: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; n-kcowgill@kingcounty.gov <n-kcowgill@kingcounty.gov>

Subject: RE: Chat tomorrow?

OK that sounds like 2 PM our time. Perhaps we can meet with Karen, Helen, and Jeff at or near your hotel after you arrive? Monday is a mess for me so it will be better to touch bases at your convenience Sunday.

Scott

From: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>

Sent: Saturday, February 29, 2020 9:14 PM

To: Scott Dowell <Scott.Dowell@gatesfoundation.org>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; n-kcowgill@kingcounty.gov

Subject: Re: Chat tomorrow?

Arrive Seattle approx 5 pm ET. Karen Cowgill who Jeff has designated from King County plans to meet me at airport then and we were going to try to get briefed on SFS from Helen Chu shortly after if it works. We could check in w you and Jeff first, after I arrive, if you have availability. I guess morning my time for Sunday will mean v early morning for Seattle. Definitely am interested in connecting. The SFS team organized a mtng for me and Karen w their team for Monday morning, Scott maybe also you will be there?

Looking forward to learning more
Stephanie

Get [Outlook for iOS](#)

From: Scott Dowell <Scott.Dowell@gatesfoundation.org>

Sent: Sunday, March 1, 2020 12:04:29 AM

To: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>

Subject: RE: Chat tomorrow?

Is that 2 PM Seattle time? After that would work well. Where are you staying?

Jeff are you up for a brief call or meeting? I will be on the Seattle side then and could meet someplace central or do it by phone.

Alternative would be to talk before Stephanie's flight takes off.

Scott

From: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>

Sent: Saturday, February 29, 2020 1:30 PM

To: Scott Dowell <Scott.Dowell@gatesfoundation.org>

Subject: Re: Chat tomorrow?

Yes please! On 2pm flight. Could talk morning or after I arrive

404 580 1960

Fun to see familiar name as part of this!!

Get [Outlook for iOS](#)

From: Scott Dowell <Scott.Dowell@gatesfoundation.org>

Sent: Saturday, February 29, 2020 4:19:18 PM

To: Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>

Subject: Fwd: Chat tomorrow?

3rd time?

Sent from my iPhone

Begin forwarded message:

From: Scott Dowell <Scott.Dowell@gatesfoundation.org>

Date: February 29, 2020 at 1:16:53 PM PST

To: "sshrag@cdc.gov" <sshrag@cdc.gov>

Subject: Fwd: Chat tomorrow?

Trying again

Sent from my iPhone

Begin forwarded message:

From: Scott Dowell <Scott.Dowell@gatesfoundation.org>

Date: February 29, 2020 at 1:15:49 PM PST

To: "shrags@cdc.gov" <shrags@cdc.gov>, Jeff Duchin <Jeff.Duchin@kingcounty.gov>

Subject: Chat tomorrow?

Hi Stephanie, I was delighted to hear you are heading our way.

There are some extraordinary resources being offered to help SFS contribute to Covid19 control - perhaps too many resources.

I thought it might be useful for the 3 of us to chat, perhaps some time after you land? I can help you prioritize what is useful and if necessary hold the others off.

Let me know if that works.

Scott

Sent from my iPhone

From: Jernigan, John A. (CDC/DDID/NCEZID/DHQP)
Sent: Monday, March 2, 2020 8:33 PM PST
To: Baliga, Christopher
CC: D'Angeli, Marisa (DOH) (Marisa.DAngeli@DOH.WA.GOV); Duchin, Jeff
Subject: RE: Connecting you

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

Chris-
I might yield to my lab colleagues on this one
JJ

From: Baliga, Christopher <Christopher.Baliga@viriniamason.org>
Sent: Monday, March 2, 2020 11:21 PM
To: Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>
Cc: D'Angeli, Marisa (DOH) (Marisa.DAngeli@DOH.WA.GOV) <Marisa.DAngeli@DOH.WA.GOV>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>
Subject: RE: Connecting you

Similar question, but the UW is only running NP swabs, not OP. I can't believe the two really make much difference, but do you know the discordance rate of the NP and OP swabs?

Looping in Marisa at the DoH lab. Any ideas Marisa?

Thanks!

From: Baliga, Christopher
Sent: Monday, March 02, 2020 7:08 PM
To: 'Jernigan, John A. (CDC/DDID/NCEZID/DHQP)' <jqj9@cdc.gov>
Subject: FW: Connecting you

Hi John,

I don't think there is an answer to this question, but

Pts with negative COVID-19 results, either through the CDC, WA DoH, or the University of Washington. How reliable is that? Do we know the false negative rate (or even the false positive?).

If you know great. If not that's ok too.

Thanks,
Chris

Chris Baliga, MD
Infectious Diseases

Medical Director of Infection Prevention and Employee Health



Virginia Mason Hospital & Seattle Medical Center

1100 9th Ave | H7-ID | Seattle, WA 98101

(206) 341-1617 office | (206) 341-0846 clinic | (206) 223-6814 fax

VirginiaMason.org

From: Stone, Nimalie (CDC/DDID/NCEZID/DHQP) [<mailto:ei2@cdc.gov>]

Sent: Monday, March 02, 2020 12:48 PM

To: Baliga, Christopher <Christopher.Baliga@viriniamason.org>; Jernigan, John A.

(CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Reddy, Sujana C. (CDC/DDID/NCEZID/DHQP) <kuj0@cdc.gov>

Subject: Connecting you

**** STOP. THINK. External Email ****

Chris,

Here are the email contacts for Sujana Reddy, John Jernigan, and myself.

Thanks,

Nimalie D. Stone, MD, MS

Team Lead, Long-term Care

Prevention and Response Branch

Division of Healthcare Quality Promotion

Centers for Disease Control and Prevention

Email: nstone@cdc.gov

Office: 404-639-4757

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If you need emergency attention, call 911.

From: David Blazes
Sent: Monday, March 2, 2020 10:10 PM PST
To: Scott Dowell; Duchin, Jeff
CC: Schrag, Stephanie (CDC/DDID/NCIRD/DBD)
Subject: RE: Impact of social distancing in China

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Hi Jeff – let us know how we can help. As Scott says, this paper shows some impressive results and predicts more control if NPI had been implemented earlier – there are some caveats of course, especially the options for implementation that China has...

I'm sure you saw that East Side Prep has moved to distance learning thru mid-April...I'm sure more to come.

D

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Global Health Program
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C +1 (206) 708-5804
David.Blazes@gatesfoundation.org
Bill & Melinda Gates Foundation
www.gatesfoundation.org

From: Scott Dowell <Scott.Dowell@gatesfoundation.org>
Sent: Monday, March 2, 2020 10:05 PM
To: Jeff Duchin (jeff.duchin@kingcounty.gov) <jeff.duchin@kingcounty.gov>
Cc: David Blazes <David.Blazes@gatesfoundation.org>; Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>
Subject: Impact of social distancing in China

Hey Jeff,

Here is that paper I mentioned, in case you have time to look at it. Pretty stunning results, if the China CDC numbers are credible. I am not sure about that, so I take it with a grain of salt. But if even partial implementation of social distancing, started earlier than they did in Wuhan, could blunt the epidemic peak it would be worth considering.

Copying David who leads our Epi and Modelling workstream on Covid-19 and can assemble some modelers to help support your decisions if useful.

Scott

From: Jernigan, John A. (CDC/DDID/NCEZID/DHQP)
Sent: Wednesday, March 4, 2020 12:15 PM PST
To: Duchin, Jeff; Pavan Bhatraju; Craig Smith; 'Liles, Conrad'; sumip1@gmail.com
CC: Page, Libby Charhon; Stein, Kate
Subject: RE: Resource for Community Prevalence Estimate of COVID-19

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

Pavan-

Thank you for reaching out! I am leading the infection prevention and control team from CDC here in Seattle. Can we touch base by phone? Cell 404-259-7280

John

John A. Jernigan, MD, MS
Director, Office of Prevention Research and Evaluation
Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention
1600 Clifton Road, Mailstop A-31
Atlanta, Georgia 30333
Phone 404-639-4245
Fax 404-639-4046

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, March 4, 2020 3:03 PM
To: Pavan Bhatraju <bhatraju@uw.edu>; Craig Smith <CSmith@Bloodworksnw.org>; 'Liles, Conrad' <WCLiles@medicine.washington.edu>; sumip1@gmail.com
Cc: Page, Libby Charhon <Libby.Page@kingcounty.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Stein, Kate <Kate.Stein@kingcounty.gov>
Subject: RE: Resource for Community Prevalence Estimate of COVID-19

Pavan,

This is very wonderful news. We desperately need field teams to do testing for people who need testing but not medical care. I'm connecting you with our staff working on developing mobile field strike teams. We have an acute need at LifeWorks and would like to test family members of patients ASAP.

Much obliged - Jeff

Jeffrey S. Duchin, MD
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: Pavan Bhatraju <bhatraju@uw.edu>
Sent: Wednesday, March 4, 2020 11:51 AM
To: Craig Smith <CSmith@Bloodworksnw.org>; 'Liles, Conrad' <WCLiles@medicine.washington.edu>;
sumip1@gmail.com; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Subject: Resource for Community Prevalence Estimate of COVID-19

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Dear All,

Bloodworks NW has reached out and wants to know how they can help. They have mobile bloodworks units, have the capability to swab and collect samples from many people and have the capacity to run COVID-19 assays at Bloodworks.

How can we utilize this resource to understand the prevalence of COVID-19 in the community?

Dr. Duchin, please tell us your thoughts and who we could work with.

Thanks,

Pavan

Pavan Bhatraju, MD MSc
Assistant Professor
Pulmonary, Critical Care and Sleep Medicine

From: CDC IMS State Coordination Task Force (SCTF) Operations
Sent: Saturday, February 29, 2020 4:02 PM PST
To: CDC IMS State Coordination Task Force (SCTF) Operations;
CDC IMS State Coordination Task Force (SCTF) Policy & Comm
Subject: RE: COVID-19 Public Health Response Operations

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Good Evening Colleagues,

As a follow-up to yesterday call, please find the "Interim Guidance for Administrators of US Childcare Programs and K-12 Schools to Plan, Prepare, and Respond to Coronavirus Disease 2019 (COVID-19)" [here](#).

Schools should continue to collaborate, share information, and review plans with local health officials to help protect the whole school community, including those with special health needs. School plans should be designed to minimize disruption to teaching and learning and protect students and staff from social stigma and discrimination. Plans can build on everyday practices (e.g., encouraging hand hygiene, monitoring absenteeism, communicating routinely) that include strategies for before, during, and after a possible outbreak.

Thank you!

State Coordination Task Force (SCTF)

Center for Preparedness and Response (CPR)

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road, NE, MS H21-5, Atlanta, GA 30349-4027



-----Original Appointment-----

Subject: COVID-19 Public Health Response Operations

When: Friday, February 28, 2020 3:00 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).

Where: Bridgeline: 1(888)455-7719 Passcode: 6905931

COVID-19 Public Health Response Operations

CDC's 2019 Novel Coronavirus (COVID-19) response team will host a recurring call series from 3 p.m. to 4 p.m. EST every Wednesday's and Friday's, to discuss plans for returning travelers, including movement & monitoring, quarantine, data reporting, and status reports or concerns. **Please note, this call is not open to the media.**

Invited participants include all 62 PHEP funded jurisdictions (state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, and emergency management officials), nongovernmental partner organization leadership (APHL, ASTHO, CSTE, and NACCHO), Big City Health Coalition (BCHC), and ASPR regional administrators. In order to ensure and maintain the appropriate target audience, please have **ONE** representative from each **CORE** function listed participate from your jurisdiction. Participant information can be found below.

Participant Information

Bridgeline: 1(888)455-7719

Passcode: 6905931

State Coordination Task Force (SCTF)

Center for Preparedness and Response (CPR)

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

1600 Clifton Road, NE, MS H21-5, Atlanta, GA 30349-4027



For your situational awareness, the forwarding option for this invite is DISABLED.

Please contact eocscfops@cdc.gov if you have any questions.

(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, and national and federal partners)

From: Armstrong, Gregory (CDC/DDID/NCEZID/OD)
Sent: Sunday, March 1, 2020 10:58 AM PST
To: Lindquist, Scott SL (CDC doh.wa.gov)
CC: Duchin, Jeff; Belay, Ermias (CDC/DDID/NCEZID/DHCPP)
Subject: RE: Genome sequence from Snohomish County case

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Scott: Yes. What time, and what will be the topics—I want to make sure I have the right people there.

Gregory Armstrong, MD | currently assigned to CDC Coronavirus Response as Deputy Incident Manager | garmstrong@cdc.gov

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Sunday, March 1, 2020 1:27 PM
To:

Greg,

Here at DOH, can we have a call with you and Chris Spitters the health officer in Snohomish? Sometime today would be great.

From: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>
Sent: Sunday, March 1, 2020 5:50:39 AM
To: Bialek, Stephanie R. (CDC/DDPHSIS/CGH/DPDM); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Clark, Thomas A. (CDC/DDID/NCIRD/DVD); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Jernigan, John A. (CDC/DDID/NCEZID/DHQP); Kuhnert-Tallman, Wendi (CDC/DDID/OD); Haynes, Lia (CDC/DDPHSIS/CPR/OD)
Cc: MacCannell, Duncan (CDC/DDID/NCEZID/OD); Neuhaus, Elizabeth (CDC/DDID/NCEZID/OD); Duchin, Jeffery, MD (DOHi); Lindquist, Scott W (DOH); Trevor Bedford
Subject: FW: Genome sequence from Snohomish County case

Stephanie and others: An intriguing note on sequencing from the Washington cases:

Trevor Bedford (cc'd here, from UW—Trevor collaborates with CDC and other public health agencies) is a PI on the Seattle Flu Study and has been able to get two Washington samples for sequencing:

- WA1: the first US case (from January, I think)
- WA2: one of the recent ones (he doesn't have access to the others yet—note that "WA2" is a temporary name he has given to it)

Here is what they look like within the phylogenetic tree (<https://nextstrain.org>):



This means that WA2 is a direct descendant of WA1, with 3 additional mutations. This is consistent with a couple of hypotheses:

- The first Washington case wasn't contained and has been circulating in Washington since then. This is actually the most parsimonious explanation.
- This is one of several somewhat common clades (the "clade" here is everything in the red circle) that was circulating in China in the last couple of months (Fujian/8 and Chongqing/YC01 are part of this clade), and by chance we've picked it up in Washington twice. Trevor did some calculations on this, and the crude probability of this happening is $p \sim 0.03$. This assumes that all of the clusters in China are equally likely to be found in people coming to the US; if this particular clade, for example, were to be circulating among people who travel frequently to the US, then this p-level wouldn't be as significant as this suggests.

The bottom line (at least this is my take): The most likely explanation here is that this virus has been circulating in Washington, but this is definitely not proof of that. If sequencing of additional cases shows they belong to different clades, it would suggest there have been multiple introductions into Washington. If they're all within this clade, we'll have to see what the tree looks like after we get many more sequences; the shape of the tree *might* suggest when the introduction occurred and might provide evidence to push towards one of the two hypotheses above.

Gregory Armstrong, MD | currently assigned to CDC Coronavirus Response as Deputy Incident Manager | garmstrong@cdc.gov

From: Trevor Bedford <trevor@bedford.io>

Sent: Saturday, February 29, 2020 10:53 PM

To: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>

Cc: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Mike Famulare <mfamulare@idmod.org>

Subject: Re: Urgent: Genome sequence from Snohomish County case

Greg: I've just submitted as "USA/WA2/2020(provisional)" and can update to "USA/WA2/2020" or otherwise to align with CDC strain numbering.

- Trevor

On Feb 29, 2020, at 7:38 PM, Trevor Bedford <trevor@bedford.io> wrote:

Yes, please. That would most welcome. We're aiming to have methods as open as possible. We can be in touch tomorrow with an initial draft (cc'ing Mike here).

- Trevor

On Feb 29, 2020, at 7:32 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

That's awesome. I hope you wouldn't be insulted by this suggestion but if we're going to make sure the weighty decisions based on this at least in part, would you be open to having some outsiders review the methods and the findings?

Jeffrey S. Duchin, MD
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](mailto:jeff.duchin@kingcounty.gov)

From: Trevor Bedford <trevor@bedford.io>
Sent: Saturday, February 29, 2020 7:31:09 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Cc: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Subject: Re: Urgent: Genome sequence from Snohomish County case

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Hi Jeff,

We'll be sequencing any additional cases as quickly as possible. I'm assuming that the cases announced today are currently being processed by CDC. Based on the 2 sequenced genomes, the time frame, and finding 1 positive out of ~400 samples we sequenced we are currently estimating a median of 500 infections in Seattle area. Mike Famulare is working on this analysis and we hope to have something more to share tomorrow.

- Trevor

On Feb 29, 2020, at 7:24 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

Trevor, thanks for sharing this information and for doing this incredible work. I'm not very sophisticated with respect to interpreting the data you share but I get the basic picture. One thing I'm wondering is whether you'll be looking at additional strains from Washington? We would love any additional data that can help us understand the transmission dynamics in the community with respect to potential Independent transmission lineages and if possible any estimate on a number of persons that would need to have had this infection for the observe mutations to the car. All

of this relates to independent transmission lineages and if possible any estimate on a number of persons that would need to have had this infection for the observe mutations to occur. All of this relates to triggers for pivoting our approach from case and contact centered to community-based Measures.

Jeffrey S. Duchin, MD
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From: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>
Sent: Saturday, February 29, 2020 6:40:55 PM
To: Trevor Bedford <trevor@bedford.io>
Cc: Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Subject: Re: Urgent: Genome sequence from Snohomish County case

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That makes perfect sense. A logical way of looking at it.

Gregory L. Armstrong MD | garmstrong@cdc.gov

From: Trevor Bedford <trevor@bedford.io>
Sent: Saturday, February 29, 2020 9:36:14 PM
To: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>
Cc: Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>
Subject: Re: Urgent: Genome sequence from Snohomish County case

Hi Greg,

These are very astute points. And perhaps "firmly suggest" may have been too strong. I'll try to put better probabilities here. I think the key probability is likelihood of sampling 18060T twice in Snohomish. 18060T is present in the Fujian sample and the Chongqing sample. This is 2/59 samples in China with this variant (https://nextstrain.org/ncov?c=gt-nuc_18060&f_country=China). If I had to put a p value on this, I'd say 2/59 = 0.03.

To me, this is significant and I would favor the hypothesis of endemic circulation. If the second case had been farther away than 10 miles, I might be more skeptical.

- Trevor

On Feb 29, 2020, at 6:18 PM, Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov> wrote:

I'm not sure what convention the lab is using for naming the specimens, but maybe put "(interim identifier)" after it (or something like that).

Some skepticism here, which you should please poke holes in:

- There is often some understated uncertainty when dealing with phylogenetic trees based on a small proportion of the total population of pathogens (i.e., the total number of cases)
- Fujian/8/2020 is identical to WA1, suggesting that this sequence was circulating in China (in Fujian, anyway) and was common enough that it ended up in this relatively small sample. It was probably not the most common clade there, but definitely not rare.
- WA2 is a direct descendant of this clade (i.e., the clade including Fujian/8 and WA1)
- The most parsimonious explanation here is that the virus was circulating in China, was imported as WA1, went through several rounds of transmission in the Seattle area, and was detected (with additional mutations) as WA2
- Another explanation--less parsimonious, but also plausible--is that Fujian/8 and WA1 are from a clade that was circulating in China. It was imported the first time as WA1. It was imported again several weeks later as WA2 (after picking up some more mutations).

So, a skeptic would say that the first hypothesis (the WA1 wasn't contained and has been spreading in the Seattle area) is the most parsimonious, but the second hypothesis (that they were imported separately) is plausible enough that we can accept the first hypothesis based solely on the phylogenetic data.

From: Trevor Bedford <trevor@bedford.io>

Sent: Saturday, February 29, 2020 8:58 PM

To: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>

Subject: Urgent: Genome sequence from Snohomish County case

(Can you please forward to Chris Spitters, I don't have his email address on hand)

Hi Greg, Scott and Jeff,

30 minutes ago we got the genome sequence off the machine and we got this assembled and a phylogeny run.

The results firmly suggest transmission in Washington from WA1 to this this current case, which I'm calling WA2. See attached figure. I believe there has been transmission in the Snohomish Area since the arrival of the first case. This can't tell us the route, but is strongly indicative (alongside location proximity).

Happy to address questions. I'll be getting this up on GISAID tonight.

Greg: Is it okay to name this USA/WA2/2020, with the expectation that the CDC will name it the same thing when they've done their sequencing (good to have the same strain name so there's not confusion).

- Trevor

<wa2.png>

From: Jordan Tappero
Sent: Tuesday, March 3, 2020 8:02 AM PST
To: David Blazes
CC: Duchin, Jeff; Schrag, Stephanie (CDC/DDID/NCIRD/DBD); Coronavirus Epi/surveillance Workstream Team; Sheila Austria; Scott Dowell
Subject: Re: Seattle

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Perfect

Best, JT

On Mar 3, 2020, at 4:54 PM, David Blazes <David.Blazes@gatesfoundation.org> wrote:

Thx Jordan – I’ve already been in touch with Andy Tatem and got the same slide deck this am! They have posted their code and a pre-print.

Thx.

David

David Blazes, MD MPH

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From: Jordan Tappero <Jordan.Tappero@gatesfoundation.org>
Sent: Tuesday, March 3, 2020 7:51 AM
To: David Blazes <David.Blazes@gatesfoundation.org>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>; Coronavirus Epi/surveillance Workstream Team <CoronavirusEpiSurveillanceWorkstreamTeam@gatesfoundation.org>
Cc: Sheila Austria <Sheila.Austria@gatesfoundation.org>; Scott Dowell <Scott.Dowell@gatesfoundation.org>
Subject: RE: Seattle

David – this is a slide that summarizes the Southampton (Lai) group’s work on NPI. To my knowledge, the Southampton groups work hasn’t published yet. JT

From: David Blazes <David.Blazes@gatesfoundation.org>
Sent: Tuesday, March 3, 2020 7:36 AM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>; Coronavirus Epi/surveillance Workstream Team <CoronavirusEpiSurveillanceWorkstreamTeam@gatesfoundation.org>
Cc: Sheila Austria <Sheila.Austria@gatesfoundation.org>; Scott Dowell <Scott.Dowell@gatesfoundation.org>
Subject: FW: Seattle

Hi Jeff,
See below email from FB – I'm sure our modeling experts at IDM/IHME can do a similar analysis on potential for NPI that the WorldPop group did based on Baidu data for China. I have already asked about the efforts underway that FB mentioned, and will let you know what I hear. Perhaps a call this afternoon would be good. I can move things from 1-3, and 4-5pm, or anytime after 5:30, and I'm sure many of the team can join as well.

Let us know what makes most sense.
Thx.
David

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From: Alex Pompe <alexpompe@fb.com>
Sent: Tuesday, March 3, 2020 5:51 AM
To: David Blazes <David.Blazes@gatesfoundation.org>; Laura McGorman <lmcgorman@fb.com>
Cc: Emily Turner <Emily.Turner@gatesfoundation.org>
Subject: Re: Seattle

Hey David,

We're happy to help out in any way we can. We started generation of our standard Disease Prevention Maps for 20 US metro areas a few days ago per the request of a modelers at a different partner (happy to reach out to them and connect you if they agree - by default we don't mention partner names externally or to other partners without permission). This includes Seattle, and the interactive version of the movement data should be [viewable for you at this link](#) or try searching for "Seattle Coronavirus Disease Prevention Map Feb 27 2020" and the layers should appear. Let me know if the boundary box is missing some of the area that you want coverage for.

We also are working on manually generation our early version colocation maps for all covid19 Disease Prevention Maps. We generated these for Hong Kong and Taiwan a couple weeks ago, and will have updated versions of those countries along with South Korea, Japan, Singapore, and Italy by today (fingers crossed). If you would be able to make use of colocation data (and comfortable looking at an early version that we've accelerated due to covid19) let me know. Happy to provide more details.

-Alex

For reference here is a list of items that Facebook Data for Good has to offer that we hope assist with the covid19 response:

- I've just kicked off our [Disease Prevention Maps](#) for South Korea and Italy per partner requests but feel free to let me know of additional geos you need data for. We are generating these maps for several other geographies by request of partners, so I encourage you to search in the Geolnsights tool for them. If you have trouble finding things just shoot me an email or slack and I am happy to provide support.
- Our baseline [high resolution population density maps with demographic breakouts](#) should be useful as well. The Disease Prevention Maps are just showing Facebook mobile app users, but these maps show the overall population. They are available on [UN OCHA's Humanitarian Data Exchange here](#) or [Amazon AWS Open Data Sets here](#).
- We are working with the Crowdtangle team at Facebook who are [building dashboards like this one](#) to monitor content across social media related to the virus.
- We can give access to our prototype colocation maps data sets for Taiwan and Hong Kong (with more countries in the works) . Our documentation is still a bit fragmented since these are still in active development, but here is the [best writeup we have of how we generate them](#). Please do not share these data sets with anyone internal or external but feel free to connect them to me and I can share directly after obtaining approval.

Let me know if I can be of additional help!

From: David Blazes <David.Blazes@gatesfoundation.org>

Sent: Monday, March 2, 2020 10:53 PM

To: Alex Pompe <alexpompe@fb.com>

Cc: Emily Turner <Emily.Turner@gatesfoundation.org>

Subject: Seattle

Hi Alex,

As you know, we have an issue in Seattle these days. Any way our modelers can use FB mobility data to plan mitigation strategies with public health officials for Seattle and Snohomish counties?

Thx.

David

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From: Alex Pompe <alexpompe@fb.com>
Sent: Saturday, January 25, 2020 3:36 PM
To: Emily Turner <Emily.Turner@gatesfoundation.org>; Laura McGorman <lmcgorman@fb.com>;
Scott Dowell <Scott.Dowell@gatesfoundation.org>; David Blazes
<David.Blazes@gatesfoundation.org>
Subject: Re: in-country mobility maps for Africa

BMGF colleagues,

I've just sent you logins and instructions to access the Facebook Disease Prevention Maps. I've also just kicked off boundary rectangles for the following requests covering the entire country. Search for these once you activate your logins and ping me if you can't find them after allowing ~12 hours for them to finish the first batch.

- Corona virus ethiopia map
- Coronavirus Kenya map Jan 25 2020
- Coronavirus Rwanda map Jan 25 2020
- Coronavirus South Africa Jan 25 2020
- Coronavirus Tanzania Jan 25 2020
- Coronavirus Senegal Jan 25 2020
- Coronavirus Uganda Jan 25 2020

Most of these are very large areas for our pipelines. We generate movement data as vectors between both admin level 3 shapes and bing tiles of 0.6km². However I would predict that these are large enough areas that our pipeline will not be able to finish within 8 hours, which means it will step up bing tile levels and become more coarse until it can finish in that refresh rate. If you need more fine grained resolution, then let me know more specific areas of interest. You don't need to provide exact lat+lon pairs - just a rectangle drawn on a google map. Laura and I will be hand drawing the rectangles.

This was probably the largest batch of pipeline jobs I've ever kicked off, so we may run into unexpected delays - but typically the first data sets will land in 12-18 hours. For this reason I recommend we not generate for all African countries in SSA. You can search for other boundary boxes for all active Disaster / Disease Prevention Maps and to get a feel for what the data looks like. Make sure take note of the download tab to export a csv / geotiff version of the data for your own workflow. Let us know if you have further questions or additional boundary boxes to kick off.

-Alex

From: Emily Turner <Emily.Turner@gatesfoundation.org>
Sent: Saturday, January 25, 2020 3:09 PM

To: Alex Pompe <alexpompe@fb.com>; Laura McGorman <lmcgorman@fb.com>; Scott Dowell <Scott.Dowell@gatesfoundation.org>; David Blazes <David.Blazes@gatesfoundation.org>
Subject: in-country mobility maps for Africa

Dear Scott and David,

I'd like to introduce Alex Pompe and Laura McGorman at Facebook's Data for Good. Alex is the Research Manager at Facebook's Data for Good, and Laura is their Policy Lead. David and Scott lead our Surveillance and Epidemiology efforts here at the foundation.

Alex has confirmed that their Disease Prevention mapping tool can provide mobility data within a country's borders, with the ability to focus around specific geographies of interest (e.g. airports). My understanding is that their pipelines take 12-18 hours for the first run, with an ~8 hour refresh after that.

Alex has confirmed that BMGF, IHME and IDM have existing agreements to access their data, and he can create new logins for anyone in those institutions. At this point, Alex, please add Scott, David and me to the access list for BMGF. Alex is also about to get on a 7 hour flight, so I suggest we kick off a mapping run with the following countries, which perhaps could be refined with input from Scott/David for a follow-up run:

Ethiopia
Kenya
Rwanda
South Africa
Tanzania
Senegal
Uganda

Of course, if it's a trivial increment to map every sub-Saharan country, perhaps it's worth doing that. Alex, do you need specific coordinates to seed your map (eg airport locations), or can you just use the borders?

Thanks
Emily

From: State and Local Readiness (CDC)
Sent: Tuesday, March 3, 2020 3:20 PM PST
To: State and Local Readiness (CDC)
Subject: 03-03-2020 CDC Media Statement: CDC Announces Additional COVID-19 Infections

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Media Statement

For Immediate Release

Tuesday, March 3, 2020

Contact: [CDC Media Relations](#)
(404) 639-3286

CDC Announces Additional COVID-19 Infections

At noon on Tuesday, March 3 the Centers for Disease Control and Prevention (CDC) reported 60 cases of COVID-19 from 12 states. Twenty-two of these cases are travel-related; 11 are believed to be person-to-person spread; and for the remaining 27 the source of exposure is still under investigation. Noteworthy developments in recent days include:

- [Florida](#) announced its first and second presumptive positive cases of COVID-19, one in a person with recent travel history ([to Italy](#)), the other with no currently known travel or contact history.
- [Georgia](#) announced its first and second confirmed cases of COVID-19, one is a person with recent travel history ([to Italy](#)), the other in a close contact of the first patient.
- [New Hampshire](#) also reported its first presumptive positive case of COVID-19 in a person with recent travel history ([to Italy](#)).
- [New York state](#) announced its first case of COVID-19 in a person with recent travel history ([to Iran](#)).
- [Rhode Island](#) announced its first presumptive positive case of COVID-19 in a person with recent travel history (to [Italy](#)).
- [Washington state](#) announced more cases of COVID-19 associated with an outbreak in a long-term care facility. Washington has announced it now has 14 cases of COVID-19, including 6 COVID-19 deaths.

The 12 states that have reported cases include: Arizona, California, Florida, Georgia, Illinois, Massachusetts, New Hampshire, New York, Oregon, Rhode Island, Washington, and Wisconsin.

As the outbreak of COVID-19 continues to expand and as testing capacity in the U.S. increases, CDC expects more cases to be detected across the country, including more instances of person-to-person spread in more states. While information so far suggests that most COVID-19 illness is mild, [a report](#) out of China suggests serious illness occurs in 16% of cases. Older people and

people with certain underlying health conditions like heart disease, lung disease and diabetes, for example, seem to be at greater risk of serious illness.

The federal government has been working closely with state, local, tribal, and territorial partners, as well as public health partners, to prepare for and respond to this public health emergency. CDC expects additional instances of person-to-person spread in the coming days and weeks.

Cases reported to CDC include those confirmed by CDC as well as presumptive positive cases reported by states. A presumptive positive result is when a patient has tested positive by a public health laboratory, but results are pending confirmation at CDC. For public health purposes, a presumptive positive result using the CDC test is treated as a positive.

CDC will report total presumptive and confirmed cases weekdays at noon. This number is based on all state reports received by 4 p.m. the previous day. CDC is no longer reporting number of persons-under-investigation (PUIs) nor those PUIs that test negative because now that states are testing and reporting their own results, these numbers would not be representative of the testing being done nationally. States are reporting results quickly and in the event of a discrepancy between CDC and state case counts, the state case counts should always be considered more up-to-date.

For more information about COVID-19 visit www.cdc.gov/covid19.

###

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CDC works 24/7 protecting America's health, safety and security. Whether diseases start at home or abroad, are curable or preventable, chronic or acute, or from human activity or deliberate attack, CDC responds to America's most pressing health threats. CDC is headquartered in Atlanta and has experts located throughout the United States and the world.

(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, and national and federal partners)

From: Clark, Thomas A. (CDC/DDID/NCIRD/DVD)
Sent: Wednesday, March 4, 2020 7:43 PM PST
To: Belay, Ermias (CDC/DDID/NCEZID/DHCPP)
CC: McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Jernigan, John A. (CDC/DDID/NCEZID/DHQP); Rao, Agam K. (CDC/DDID/NCEZID/DHCPP); Duchin, Jeff
Subject: UPDATED bullets
Attachments: SKCFieldTeam-SITREP_3_4_2020.docx

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Apologies—I reviewed the epi bullets, which looked great, then the IPC bullets, which looked great, but I missed that they had been pasted into the wrong document because I didn’t look at the epi bullets again. Use these. We’ll all get some rest.

Tom

From: Clark, Thomas A. (CDC/DDID/NCIRD/DVD)
Sent: Tuesday, March 3, 2020 6:25 PM PST
To: Belay, Ermias (CDC/DDID/NCEZID/DHCPP)
CC: McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Duchin, Jeff
Subject: updates
Attachments: SKCFieldTeam-SITREP_3_3_2020jj.docx

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Didn't have time for a short update so folks wrote a long update.

From: Karasz, Hilary
Sent: Tuesday, March 3, 2020 5:23 PM PST
To: Duchin, Jeff; Lofy, Kathy H (DOH); kevin.wickersham@doh.wa.gov; Bogan, Sharon; jwiesman@doh.wa.gov; Hayes, Patty
CC: Heather Thomas (hthomas@snohd.org); Apa, James; bhaynes@cdc.gov
Subject: COVID 19 community mitigation draft 3-3.docx
Attachments: COVID 19 community mitigation draft 3-3.docx

These are the community mitigation strategies we discuss this afternoon. We have reviewed them together several times, but Jeff has not noodled with them. These are the measures we will announce at the presser tomorrow. I think Chris Spitters was looking to see these as well but I don't have his email. Please forward.

Hilary Karasz, PhD (she/her)
Communications
Public Health – Seattle & King County
401 5th Avenue, Suite 1300
Seattle, WA 98104
206-263-8705
Subscribe to the *PH Insider*! <https://publichealthinsider.com/subscribe/>

DRAFT MESSAGING FOR THE PUBLIC

3/3/20

Public Health is taking proactive steps to protect the health of our community. While there is limited community spread of COVID-19 now Public Health is recommending, but not requiring, the following steps: . To minimize additional spread,

These actions we are taking today are meant to slow the spread of COVID-19 in our community and reduce of the number of people infected with this novel coronavirus. We understand these actions will have an impact on your daily activities and the lives of people in our community.

Guidance for people at higher risk for severe COVID-19 illness

Public Health recommends that some people should stay home and away from large groups of people. The following people should avoid public spaces with lots of people, and large gatherings where there will be close contact with others:

- People over 60;
- People with underlying health conditions including include heart disease, lung disease, or diabetes.
- Compromised immune systems,
- Pregnant people,

Caregivers of children with underlying health conditions should consult with healthcare providers about whether their children should stay home.

Most people should continue their normal daily activities and routines.

Workplaces and businesses

Employers should maximize telecommuting options for as many employees as possible.

Encourage employees to stay home when they are sick. Maximize flexibility in sick leave benefits.

All employees should work from home if they are able.

Consider staggering start and end times to reduce large numbers of people coming together at the same time.

Community advice:

Community based groups, churches, and other similar organizations should try to avoid group gatherings larger than 10.

If you can't avoid bringing groups of people together, than try to minimize the number of people attending where possible.

Large events

People over 60, with underlying health conditions, or pregnant people should avoid large sporting and other events to the extent possible.

Events such as conventions, and other large events where people might congregate should considering postponing.

For people who are sick:

Stay home when you are sick. Do not go into the public when you are sick.

For adults with fever AND cough OR shortness of breath: stay home for 10 days or until symptoms have been resolved for 72 hours, whichever is longer.

Avoid medical settings in general unless necessary. If you are ill in any way call your doctor's office first before going in.

Schools:

Public Health is not recommending closing schools at this time unless there has been a confirmed case in your school.

Public Health is not recommending school closure unless there is a confirmed case in the school because children are not believed to be at high risk for serious illness from this virus. As much as possible, children should be allowed to carry on with their normal activities.

For the general public:

- Even if you are not ill, avoid visiting hospitals, long term care facilities or nursing homes to the extent possible. If you do need to visit one of these facilities limit your time there and keep 6 feet away from patients.
- **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.
- Stay home when sick.
- Practice excellent personal hygiene habits, including handwashing, coughing into tissue or elbow, avoid touching eyes, nose, or mouth.
- 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.
- Stay informed. Information is changing frequently. Check and subscribe to Public Health's website (www.kingcounty.gov/COVID) or blog (www.publichealthinsider.com).

Field Investigation team daily sitreps outline

1. **Case description** (31 confirmed cases, 10 of which are new). 9 deaths, 1 of which is new.
 - a. Among the 31 cases, 22 appear to be part of a cluster involving the LTCF (4 visitors / contacts of the LTCF, 2 HCP, and 16 patients), Northwest Kidney Center (1 dialysis patient who received dialysis at the same facility as a confirmed Life Care LTCF patient with confirmed COVID-19), and Toyota of Kirkland (2 persons, one of whom is friends with a COVID-19 dialysis patient).
 - i. Of the remaining 9 people:
 1. One is a returning traveler from South Korea
 2. 5 patients comprise 4 “community” transmission chains. However, only 2 of these patients have no connection to Kirkwood per information collected to date.
 - b. Of the 31 cases:
 - i. 9 total deaths of which 8 are directly related to the LTCF. Among the 22 persons directly related to the LTCF, 8 (36%) have died.
 - ii. 9 hospitalized [7 in the ICU of which 6 of them are intubated]
 - iii. 3 isolated [2 at home and 1 is living with her husband who is formally hospitalized]. These 3 are improving.
 - c. Among these 31 cases, we have been in touch with 13 patients or their proxy to determine numbers of exposed contacts. Of these, we have identified ~40 exposed contacts and ~15 (38%) are symptomatic. We’ve given them instructions and handed this information off to the persons coordinating testing. We have notified 3 of 4 employers of confirmed case patients (Only Amazon we have not been able to notify).
2. **PUIs:** We have 5 rounds of testing that are pending for today. We do not know the total number that are pending and have not been registering the total number of negatives among these. SKC has receives emails about it but we don’t have access to those and have not requested access because large numbers are being tested. However, we can tell you that several EMS workers and 2 other healthcare workers have tested negative today. There is testing done via the Seattle Flu Study and the U of Washington. SKC is trying to sort whether positive test results
3. **HCW investigations** (3 confirmed cases among healthcare workers. 2 of these people acquired COVID-19 through work exposures. One pediatric nurse acquired it from her husband who is not a healthcare worker. The 3 healthcare workers are furloughed / isolated. We are unsure of the number of contacts from these persons)
4. **Community Mitigation Update:** On March 4th, SKC announced the following in a press conference: 1) Anyone ill should stay home . 2) Persons at increased risk for disease due to age, medical conditions, pregnancy, etc. should increase social distancing and stay home. 3) Large business and employers promote telework and other alternative work arrangements. 4) Faith-based communities should modify their work to minimize face-to-face interactions of large gatherings. Large gatherings = 10 or more people. 5) Close of schools is discouraged but if done, is recommended only for 2-5 days if a case occurs there to facilitate mitigation and containment.
5. **Community Surveillance Update**
6. **Updates on Field Studies**
7. **IPC/Safety Update**
 - Long Term Care
 - CDC and State public health staff onsite providing infection control education and PPE training to Life Care Staff

- Significant shipment of PPE received today including face shields, face masks, isolation gowns and gloves; inventory underway to estimate how long supplies can support clinical care
- Seattle-King County public health staff providing clinical support to assess medical status of residents with symptoms consistent with COVID-19
- Working with facility leadership to support development of communications for residents, families and staff
- Continuing outreach to identify other facilities that might have unexplained clusters of acute respiratory illness among staff and residents. 2/6 facilities contacted have cases concerning for COVID-19
- Acute Care
 - Continued discussions with multiple ACH regarding HCP monitoring. Washington DOH announced move to droplet/contact precautions with respirator for aerosol generating procedures. Many facilities were moving to that today, many more planning to communicate this tomorrow.
 - County announced community mitigation strategy which include at risk patients (including >60 or pregnant) avoid *visiting* healthcare settings. Many HCP calling in asking whether they should return to work if they were in those two groups. County working on communicating on this issue.
 - Epi working on getting data on all cases in this region to help with understanding burden at healthcare settings in King County as well as better track HCP infections
 - Evergreen swabbing station swabbed 45 people today alone. Various symptomatic HCP from Evergreen, HD, Lifecare, EMS, and visitors of Evergreen cases
 - Continued working with NW Kidney Centers, getting information on 19 dialysis centers regarding the number of symptomatic patients at each center
 - Training 'strike team' to start swabbing as early as tomorrow. one priority would be swabbing the symptomatic contacts that are getting HD in the Kirkland center
 - See table for numbers of HCP exposed/swabbed/positives

LTC team update

8. Communications Update

- Drafted messaging for SNF administrators to use to answer basic questions. Audience is primarily families and residents.
- Provided input of SNF web site language.
- Drafted script for SNF health care staff to use for discussions with families.
- Helped draft messaging for county public health spokespeople around community intervention strategies for press conference and communication products.

9. Needs/Gaps (Staffing, Ops, Request calls with special teams or task forces, etc):

- a. Need guidance for funerals and funeral parlors
- b. Need guidance (if any) re: persons who return from travel to countries with large numbers of cases

10. Other issues:

- a. Autopsies: Sarah Reagan-Steiner is working with us and with the MEO to prioritize bodies for autopsy and also to send specimens to CDC. 7-8 autopsies have been performed. Specimens **should** arrive at CDC by the end of the week but this still needs to be confirmed with the MEO.
- b. Call center: SKC is overwhelmed by the number of phone calls that the on-call person is receiving overnight. We are attempting to coordinate with CDC Info to see if SKC calls can be

shunted to CDC Info. We have a call with CDC Info tomorrow (Thursday). Tonight, we may have a recorded message telling callers to SKC to call CDC Info directly.

- c. Attempting to collaborate with WA state health department re: their cases and also, those confirmed case patients who are residents of Snohomish County but hospitalized in SKC. The purpose is to determine if the transmission chains overlap. Also, to know the extent of COVID-19 hospitalized patients at the various SKC hospitals regardless of whether these persons are residents of SKC.
- d. Labeling of specimens: LLS fellow working with Evergreen hospital to ensure labeling is being done correctly and to ensure line list of persons tested (including county) is sent to us so that a positive test can be managed quickly.

Team	Total field team #'s Date 3/4/2020	Aggregate Case Numbers by County	New Cases in Last 24 Hours	Total HCW cases	Total Deaths	Notes
Seattle King County Team	31 (Includes SKC ONLY)	King County Residents 31 Snohomish County ? [We currently do not have good visibility on the # of cases in Snohomish County but are attempting to be better connected on this, particularly because some of these people are admitted to SKC hospitals].	10	3 (Only 2 were exposed through their work. The other was exposed by her husband who is NOT a HCW)	9 (8 of which were patients of the Life Care LTCF)	See bullets at the top of this document

Field Investigation team daily sitreps outline

- **Case description** (21 confirmed cases, 7 of which are new). 8 deaths, 3 of which are new.
 - Among the 21 cases, 13 appear to be directly related to the LTCF (2 visitors to the LTCF, 2 staff, and 9 patients). One additional person was exposed from her husband who is one of the visitors to the LTCF.
 - Of the 21 cases
 - i. 8 deaths. 7 of these are among patients of the LTCF. Among the 13 persons directly related to the LTCF, 7 (54%) have died.
 - ii. 9 hospitalized [7 in the ICU of which 6 of them are intubated]
 - iii. 3 isolated [2 at home and 1 is living with her husband who is formally hospitalized]. These 3 are improving.
 - Among these 21 cases, the number of household and community contacts is unclear
- **PUIs:** We have 5 rounds of testing that are pending for today. We do not know the total number that are pending and have not been registering the total number of negatives among those that were tested yesterday.
- **HCW investigations** (3 confirmed cases among healthcare workers. 2 of these people acquired COVID-19 through work exposures. One pediatric nurse acquired it from her husband who is not a healthcare worker. The 3 healthcare workers are furloughed / isolated. We are unsure of the number of contacts from these persons)
- **Community Mitigation Update:** On March 4th, SKC will announce the following: 1) High risk people (immunocompromised and those with comorbidities) should do social distancing and stay home. 2) Large gatherings should be discouraged. 3) Large business and employers should utilize aggressive telework and support their staff in doing so. 4) Faith-based communities should modify their work so as to minimize face-to-face interactions of large gatherings. Large gatherings = 10 or more people. 5) Close of schools is discouraged but if done, is recommended only for 2-5 days if a case occurs there. During that 2-5 day time period, disinfection + contacting of cases should occur. They are not supportive of curtailing student activities because school-age children do not seem to be a population significantly affected by this COVID-19 outbreak.
- **Community Surveillance Update**
- **Updates on Field Studies**
 - Long forms completed on cases
 - Other studies planned
- **IPC/Safety Update**
 - **Acute care Team Update:**
 - 7 ACH in King county have cases
 - o Geographically dispersed around Seattle area
 - o Estimated 600-700 exposed-burden of tracking large
 - Currently 50-70 exposed HCWs with symptoms, under evaluation
 - One hospital Highline-had one case, 41 HCW furloughed, potentially planning to close down some services
 - Evergreen set up 'drive through' swabbing station staffed by NIOSH and lab LLS fellow. 28 symptomatic HCP from region swabbed (Evergreen HCP, Lifecare HCP, including student nurses, EMS, NW dialysis center), symptomatic family of confirmed Evergreen patients were also offered tested. Plan is to expand hours tomorrow and run through at least Friday

- There have been issues with discharging ANY patients from some of these hospitals back to long term care facilities (non-COVID patients from Evergreen unable to get placed). County in discussions.

Worker safety

- Worked with ME's office doing PPE training and observation. Respiratory protection program to fit test additional staff to facilitate safe autopsies
- Discussion ongoing regarding funeral homes

Patient sampling

- Exploring establishing "swab strike team" tomorrow; CDC staff prepared to train staff on PPE and safety of performing those specimens. Team will be deployed to collect specimens of particular epidemiologic importance (e.g. investigate clusters in other SNFs or dialysis centers)

Dialysis

- Provided additional infection control guidance to NW facility (and major Dialysis system responsible for approximately 80% of dialysis centers in Seattle)
- Working to obtain information regarding other facilities that could be involved in outbreak

EMS

- Attended a CME for paramedics on COVID-19, and participated in Q & A answering questions related to the EMS IPC guidance. >100 paramedics in attendance and many more on the phone.
- If feasible, will attempt to do in person training on PPE and IPC at a few stations/groups in coming days.

LTC team update

- Shortages in clinical and nursing staff are stressing the LifeCare Center; 4 hospitalizations between 3/2 pm and 3/3 afternoon
 - Escalated the urgent need to establish reciprocity with WA licensing board for nursing to WA DOH leadership
 - Spoke with President of Diagnostic service provider to answer questions and re-establish laboratory and radiologic testing for LCC
 - Efforts underway to deploy federal medical staff to support clinical operations
 - Family concern with lack of communication-Family Town Hall scheduled for tomorrow, CDC participation requested
- LCC requesting public health and CDC support for town hall meeting planned for afternoon of 3/4 -- risk communication support available from CDC
- Needs to address workforce shortages at LCC and questions re: eligibility for federal reimbursement have been escalated to CMS leadership
- Outreach underway to other community nursing homes to identify other potential clusters
- Communications Update
 - Helped County Communicators develop short term media strategy for mitigation shift and pivoting from highlighting numbers to highlight actions and action steps.
 - Coordinated with County counterparts on community mitigation talking points.
 - Worked with call center on CDC INFO support.
 - Worked with CDC team and county counterparts to develop talkers for Skilled Nursing Facility workers

- Needs/Gaps (Staffing, Ops, Request calls with special teams or task forces, etc):
 - Need guidance for funerals and funeral parlors
 - Need guidance (if any) re: persons who return from travel to countries with large numbers of cases
- Other issues:
 - Sarah Reagan-Steiner is working with us and with the MEO to prioritize bodies for autopsy and also to send specimens to CDC.

Team	Total field team #'s Date 3/3/2020	Aggregate Case Numbers by County	New Cases in Last 24 Hours	Total HCW cases	Total Deaths	Notes
Seattle King County Team	21 (Includes SKC ONLY)	King County 21 Snohomish County ? [We currently do not have good visibility on the # of cases in Snohomish County but are attempting to be better connected on this, particularly because some of these people are admitted to SKC hospitals.	7	3 (Only 2 were exposed through their work. The other was exposed by her husband who is NOT a HCW)	8 (7 of which were patients of the Life Care LTCF)	13 confirmed patients are directly linked to the LTCF, 1 is linked to one of these. 2 friends can be linked to the LTCF cluster because one of these received dialysis at the same facility where a Life Care patient received dialysis. In this way, 16 people seem to be part of the same large cluster even though some, on first look, seem to be community cases. The team is working on sorting out the transmission chains for the remaining 5 persons

From: Jernigan, John A. (CDC/DDID/NCEZID/DHQP)
Sent: Monday, March 2, 2020 5:21 AM PST
To: Duchin, Jeff
Subject: one pager for exposed HCP
Attachments: Considerations for HCP on Furlough for contact with COVID_ak.docx

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

Jeff-as requested. It is not an official CDC document but you can modify as needed. It mainly takes from existing guidance. If you need cleared CDC document this will probably take 3 days or so. Is this what you needed?

This document highlights actions healthcare personnel should take during the 14-day period they are restricted from work due to a medium- or high-risk exposure to COVID-19.

1. Do not report to work or your office.
 - a. HCP with high-risk exposures should remain at home and not participate any public activities.
 - b. HCP with medium-risk exposures should, to the extent possible, remain at home. They should avoid congregate settings, limit public activities, and practice social distancing. They should avoid long-distance travel.
2. Take your temperature twice a day and monitor yourself for respiratory symptoms (e.g., cough, shortness of breath, sore throat).
3. As long as you do not have a fever or respiratory symptoms you do not need to isolate yourself from household members but you should:
 - a. Clean your hands often and avoid preparing food for others.
 - b. Avoid sharing personal household items such as dishes, drinking glasses, cups, eating utensils, towels with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.
 - c. As long as remain asymptomatic your laundry and household cleaning can be performed per your usual practice.
4. If you develop a temperature $\geq 100.0^{\circ}\text{F}$ or respiratory symptoms you should:
 - a. Notify your established contact, which should either be your occupational health program or the health department.
 - b. Self-isolate in the home. Ideally you should have your own bedroom and bathroom.
 - c. Wear a facemask for source control if you are in a room with others or must leave the house for medical evaluation.
 - d. If presenting for medical evaluation, call ahead to notify the healthcare facility so they can prepare for your arrival.
 - e. Refer to [Interim Guidance for Preventing the Spread of COVID-19 in Homes and Residential Communities](#) for additional actions to prevent transmission of COVID-19 to others in the home.

From: Jordan Tappero
Sent: Tuesday, March 3, 2020 7:51 AM PST
To: David Blazes; Duchin, Jeff; Schrag, Stephanie (CDC/DDID/NCIRD/DBD);
Coronavirus Epi/surveillance Workstream Team
CC: Sheila Austria; Scott Dowell
Subject: RE: Seattle
Attachments: 20200303. Deep dive modeling slides .pptx

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

David – this is a slide that summarizes the Southampton (Lai) group’s work on NPI. To my knowledge, the Southampton groups work hasn’t published yet. JT

From: David Blazes <David.Blazes@gatesfoundation.org>
Sent: Tuesday, March 3, 2020 7:36 AM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>; Coronavirus Epi/surveillance Workstream Team <CoronavirusEpiSurveillanceWorkstreamTeam@gatesfoundation.org>
Cc: Sheila Austria <Sheila.Austria@gatesfoundation.org>; Scott Dowell <Scott.Dowell@gatesfoundation.org>
Subject: FW: Seattle

Hi Jeff,
See below email from FB – I’m sure our modeling experts at IDM/IHME can do a similar analysis on potential for NPI that the WorldPop group did based on Baidu data for China. I have already asked about the efforts underway that FB mentioned, and will let you know what I hear. Perhaps a call this afternoon would be good. I can move things from 1-3, and 4-5pm, or anytime after 5:30, and I’m sure many of the team can join as well.

Let us know what makes most sense.
Thx.
David

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From: Alex Pompe <alexpompe@fb.com>
Sent: Tuesday, March 3, 2020 5:51 AM
To: David Blazes <David.Blazes@gatesfoundation.org>; Laura McGorman <lmcgorman@fb.com>

Cc: Emily Turner <Emily.Turner@gatesfoundation.org>

Subject: Re: Seattle

Hey David,

We're happy to help out in any way we can. We started generation of our standard Disease Prevention Maps for 20 US metro areas a few days ago per the request of a modelers at a different partner (happy to reach out to them and connect you if they agree - by default we don't mention partner names externally or to other partners without permission). This includes Seattle, and the interactive version of the movement data should be [viewable for you at this link](#) or try searching for "Seattle Coronavirus Disease Prevention Map Feb 27 2020" and the layers should appear. Let me know if the boundary box is missing some of the area that you want coverage for.

We also are working on manually generation our early version colocation maps for all covid19 Disease Prevention Maps. We generated these for Hong Kong and Taiwan a couple weeks ago, and will have updated versions of those countries along with South Korea, Japan, Singapore, and Italy by today (fingers crossed). If you would be able to make use of colocation data (and comfortable looking at an early version that we've accelerated due to covid19) let me know. Happy to provide more details.

-Alex

For reference here is a list of items that Facebook Data for Good has to offer that we hope assist with the covid19 response:

- I've just kicked off our [Disease Prevention Maps](#) for South Korea and Italy per partner requests but feel free to let me know of additional geos you need data for. We are generating these maps for several other geographies by request of partners, so I encourage you to search in the GeoInsights tool for them. If you have trouble finding things just shoot me an email or slack and I am happy to provide support.
- Our baseline [high resolution population density maps with demographic breakouts](#) should be useful as well. The Disease Prevention Maps are just showing Facebook mobile app users, but these maps show the overall population. They are available on [UN OCHA's Humanitarian Data Exchange here](#) or [Amazon AWS Open Data Sets here](#).
- We are working with the Crowdtangle team at Facebook who are [building dashboards like this one](#) to monitor content across social media related to the virus.
- We can give access to our prototype colocation maps data sets for Taiwan and Hong Kong (with more countries in the works) . Our documentation is still a bit fragmented since these are still in active development, but here is the [best writeup we have of how we generate them](#). Please do not share these data sets with anyone internal or external but feel free to connect them to me and I can share directly after obtaining approval.

Let me know if I can be of additional help!

From: David Blazes <David.Blazes@gatesfoundation.org>

Sent: Monday, March 2, 2020 10:53 PM

To: Alex Pompe <alexpompe@fb.com>

Cc: Emily Turner <Emily.Turner@gatesfoundation.org>

Subject: Seattle

Hi Alex,

As you know, we have an issue in Seattle these days. Any way our modelers can use FB mobility data to plan mitigation strategies with public health officials for Seattle and Snohomish counties?

Thx.

David

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From: Alex Pompe <alexpompe@fb.com>

Sent: Saturday, January 25, 2020 3:36 PM

To: Emily Turner <Emily.Turner@gatesfoundation.org>; Laura McGorman <lmcgorman@fb.com>; Scott Dowell <Scott.Dowell@gatesfoundation.org>; David Blazes <David.Blazes@gatesfoundation.org>

Subject: Re: in-country mobility maps for Africa

BMGF colleagues,

I've just sent you logins and instructions to access the Facebook Disease Prevention Maps. I've also just kicked off boundary rectangles for the following requests covering the entire country. Search for these once you activate your logins and ping me if you can't find them after allowing ~12 hours for them to finish the first batch.

- Corona virus ethiopia map
- Coronavirus Kenya map Jan 25 2020
- Coronavirus Rwanda map Jan 25 2020
- Coronavirus South Africa Jan 25 2020
- Coronavirus Tanzania Jan 25 2020
- Coronavirus Senegal Jan 25 2020
- Coronavirus Uganda Jan 25 2020

Most of these are very large areas for our pipelines. We generate movement data as vectors between both admin level 3 shapes and bing tiles of 0.6km2. However I would predict that these are large enough areas that our pipeline will not be able to finish within 8 hours, which means it will step up bing tile levels and become more coarse until it can finish in that refresh rate. If you need more fine grained resolution, then let me know more specific areas of interest.

You don't need to provide exact lat+lon pairs - just a rectangle drawn on a google map. Laura and I will be hand drawing the rectangles.

This was probably the largest batch of pipeline jobs I've ever kicked off, so we may run into unexpected delays - but typically the first data sets will land in 12-18 hours. For this reason I recommend we not generate for all African countries in SSA. You can search for other boundary boxes for all active Disaster / Disease Prevention Maps and to get a feel for what the data looks like. Make sure take note of the download tab to export a csv / geotiff version of the data for your own workflow. Let us know if you have further questions or additional boundary boxes to kick off.

-Alex

From: Emily Turner <Emily.Turner@gatesfoundation.org>
Sent: Saturday, January 25, 2020 3:09 PM
To: Alex Pompe <alexpompe@fb.com>; Laura McGorman <lmcgorman@fb.com>; Scott Dowell <Scott.Dowell@gatesfoundation.org>; David Blazes <David.Blazes@gatesfoundation.org>
Subject: in-country mobility maps for Africa

Dear Scott and David,

I'd like to introduce Alex Pompe and Laura McGorman at Facebook's Data for Good. Alex is the Research Manager at Facebook's Data for Good, and Laura is their Policy Lead. David and Scott lead our Surveillance and Epidemiology efforts here at the foundation.

Alex has confirmed that their Disease Prevention mapping tool can provide mobility data within a country's borders, with the ability to focus around specific geographies of interest (e.g. airports). My understanding is that their pipelines take 12-18 hours for the first run, with an ~8 hour refresh after that.

Alex has confirmed that BMGF, IHME and IDM have existing agreements to access their data, and he can create new logins for anyone in those institutions. At this point, Alex, please add Scott, David and me to the access list for BMGF. Alex is also about to get on a 7 hour flight, so I suggest we kick off a mapping run with the following countries, which perhaps could be refined with input from Scott/David for a follow-up run:

Ethiopia
Kenya
Rwanda
South Africa
Tanzania
Senegal
Uganda

Of course, if it's a trivial increment to map every sub-Saharan country, perhaps it's worth doing that. Alex, do you need specific coordinates to seed your map (eg airport locations), or can you just use the borders?

Thanks
Emily

Modeling

Non-Pharmaceutical Interventions

Source: Shengjie Lai et al, 2020. Effect of non-pharmaceutical interventions for containing the COVID-19 outbreak: an observational and modelling study. (Pre-Print)

- If NPIs would have started X weeks before they did:

	1 week	2 weeks	3 weeks
% Reduction of cases	66%	86%	95%
Number of Cities Affected	192	130	61

- Early detection and isolation of cases was the single most effective NPI, but contact reduction and social distancing are critical for long term reduction in cases.

Source: Hiroshi Nishiura et al, 2020. Closed environments facilitate secondary transmission of coronavirus disease 2019 (COVID-19). (Pre-Print)

- The odds that a primary case transmitted COVID-19 in a closed environment was 18.7 times greater compared to an open-air environment (95% confidence interval [CI]: 6.0, 57.9).
- Superspreading events are more likely to occur in enclosed spaces than open air spaces.
 - Fitness Gyms
 - Restaurant boat
 - Festivals with tents without ventilation for eating
- Ventilation is important for minimizing transmission.

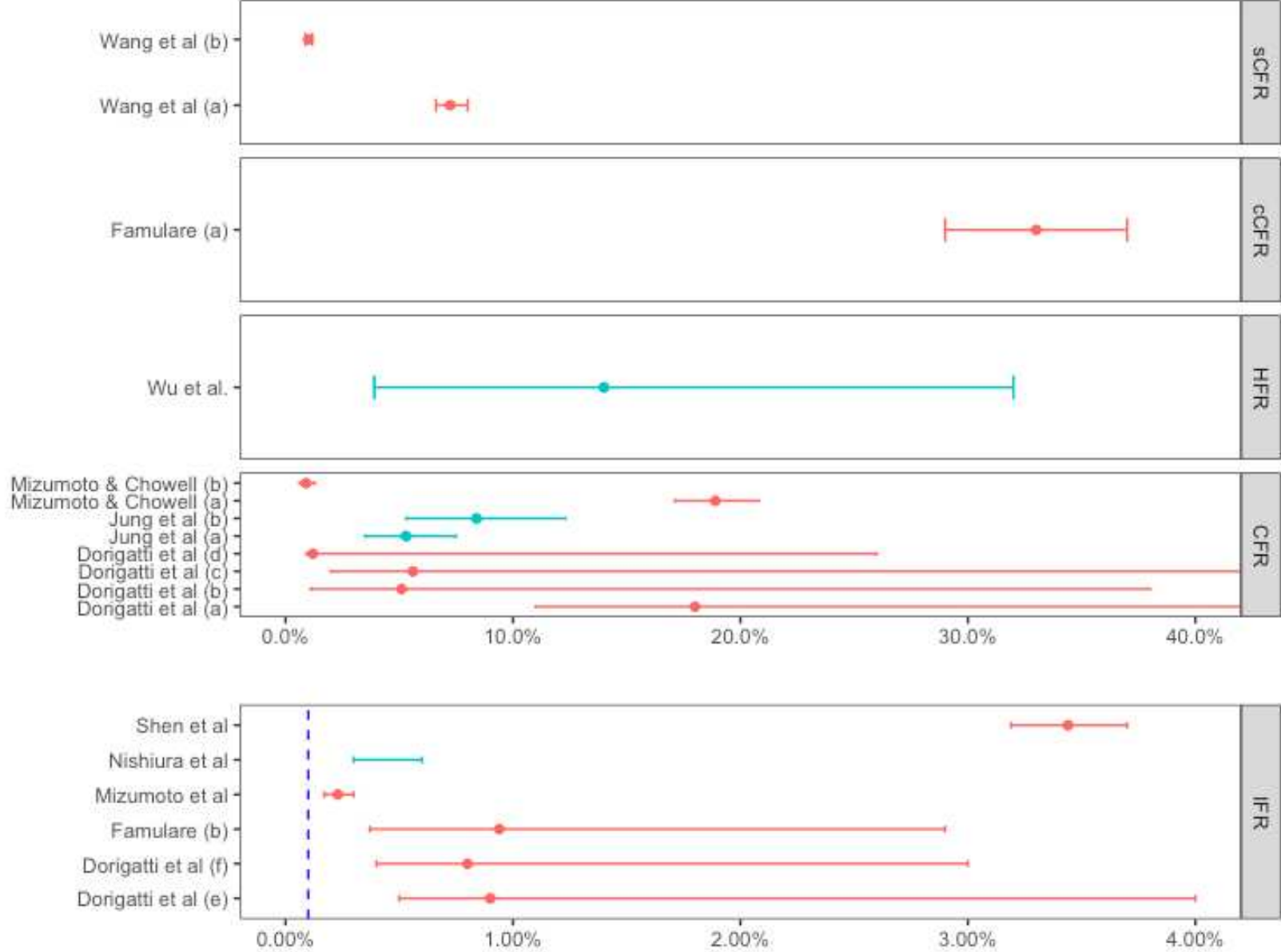


CFR estimates

DO NOT CIRCULATE- NOT PUBLISHED

CFR estimates from published (green) and preprint (red) articles.

Compiled by Natsuko Imai and Zulma Cucunuba



From: Clark, Thomas A. (CDC/DDID/NCIRD/DVD)
Sent: Monday, March 2, 2020 3:31 PM PST
To: Lofy, Kathy KL (CDC doh.wa.gov); Duchin, Jeff
Subject: letter
Attachments: Letter to businesses regarding COVID-19.pdf

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Also useful



CITY OF PHILADELPHIA

DEPARTMENT OF PUBLIC HEALTH
1101 Market Street
Philadelphia, PA 19107

THOMAS A. FARLEY, MD, MPH
Health Commissioner

CAROLINE JOHNSON, MD
Deputy Health Commissioner

STEVEN ALLES, MD, MS
Director, Division of Disease Control

March 2, 2020

Dear Executives and Business Owners,

The Centers for Disease Control and Prevention (CDC) is responding to an outbreak of respiratory disease caused by a new coronavirus. To date, there have been no cases of infection from this virus (COVID-19) identified in Philadelphia, but this is a rapidly evolving situation, and the Philadelphia Department of Public Health (PDPH) is taking steps to prepare. We are recommending that businesses and nonprofit organizations take the steps below now so that they are prepared if community transmission of this virus were to occur. These steps can help slow spread of the virus and protect vulnerable populations, while still maintaining the continuity of your critical operations.

Develop or review a Continuity of Operations (COOP) Plan.

- Consider the essential resources needed to keep your organization operating.
- Consider the effects on your organization's operations if absenteeism were 25-40%.
- Identify and cross-train employees to perform essential roles in the case of severe staffing shortages.
 - Consider which employees would most likely be absent if schools close.
 - Identify alternate staff to fill essential positions.
- Plan how to communicate and coordinate with employees, customers/clients, and suppliers during emergencies.
- Consider trigger points to:
 - Reduce operations to core activities with a diminished workforce
 - Temporarily reduce services
 - Shorten hours of operation
- Consider on-site housing arrangements for employees performing critical roles, if this were to become necessary.

Encourage employees to stay home when sick.

- Develop flexible policies for employees who need to stay home when they or their family members are sick, particularly:
 - Policies regarding unscheduled absences
 - Policies regarding use of sick time
 - Return to work policies
 - Compensation
- Suspend policies requiring physicians' notes for extended sick leave.
- Educate employees about the availability of leave under the Family and Medical Leave Act (FMLA).
- Consider mandatory sick leave for employees with fever or respiratory symptoms.
- Consider reassigning employees who are at an increased risk for severe complications associated with COVID-19 away from direct contact with customers and clients.

Educate employees on the outbreak and preparedness.

- Provide employees with links to COVID-19 information from the [Philadelphia Department of Public Health](http://www.phila.gov/health) (www.phila.gov/health) and the [Centers for Disease Control and Prevention \(CDC\)](https://www.cdc.gov/coronavirus/2019-ncov/) (https://www.cdc.gov/coronavirus/2019-ncov/).
- Provide information to employees regarding the organization's continuity plan.
- Circulate information on respiratory etiquette and environmental cleaning procedures.
- Encourage employees to create personal emergency preparedness plans.
 - Include alternative childcare arrangements, where applicable.

Ensure the availability of essential technology and supplies.

- Work with IT to support continued communications (e.g., email, remote access, conference calls, webinars, etc.).
- Identify supply needs for 2-5-week periods.
- Stockpile infection control supplies, including handwashing products (soap, towels, hand sanitizers), tissues, and materials to produce educational materials on infection control (paper, printer ink, toner).

Be prepared to take steps to reduce employee interaction if recommended.

- Be prepared to encourage employees to work from home, if possible.
- Be prepared to cancel large meetings.

Limit non-essential travel.

- Consider limiting or canceling trips.
- Avoid affected areas with active COVID-19 transmission.

Provide hygiene products.

- Place tissues and hand sanitizer in common areas of the workplace.
- Ensure that soap and paper towels are stocked in restrooms at all times.

Discourage handshakes.

- Discourage the use of handshakes as a greeting between employees and customers.

Establish infection control measures in regard to environmental cleanliness.

- All office space and common facilities (e.g., bathrooms, conference rooms, workstations) should be cleaned regularly and surface areas disinfected daily.

For more information on COVID-19, please visit our website at www.phila.gov/health.

Sincerely,

Thomas A. Farley, MD, MPH
Commissioner, Philadelphia Department of Public Health