

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

Date: Monday, May 17, 2021 at 6:14:01 PM Pacific Daylight Time

From: King County Public Records

To: Sarah Wishingrad

CC: James.Apa@kingcounty.gov

EXTERNAL SENDER

--- Please respond above this line ---



May 17, 2021

Re: G000492-053020

Dear Ms. 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



From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Sent: Saturday, February 29, 2020 11:31 AM PST
To: Duchin, Jeff; Kay, Meagan; Lindquist, Scott SL (CDC doh.wa.gov)
CC: Patel, Anita (CDC/DDID/NCIRD/OD)
Subject: FW: For clearance --Interim Guidance for Healthcare Facilities to Prepare for Community Transmission of COVID-19 in the United States
Attachments: Interim Guidance for healthcare_cleared Feb 29.2020_CLEAN.docx

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Also, this is posting imminently

Satish K. Pillai, MD MPH

Deputy Director, Division of Preparedness and Emerging Infections

CDR, U.S. Public Health Service

National Center for Emerging and Zoonotic Infectious Diseases

Centers for Disease Control and Prevention

From: Koonin, Lisa (CDC/DDID/NCIRD/OD) (CTR) <lmk1@cdc.gov>
Sent: Saturday, February 29, 2020 2:25 PM
To: Chatham-Stephens, Kevin (CDC/DDNID/NCBDDD/DHDD) <xdc4@cdc.gov>; Mosites, Emily (CDC/DDID/OD) <lwx7@cdc.gov>; CDC IMS 2019 NCOV Response MCCM TF Clearance <eocevent229@cdc.gov>; CDC IMS 2019 NCOV Response MCCM Health Care Systems <eocmcctfhome@cdc.gov>; CDC IMS 2019 NCOV Response MCCM ADS <eocevent339@cdc.gov>
Cc: Gupta, Neil (CDC/DDID/NCHHSTP/DVH) <iym6@cdc.gov>; Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Perz, Joseph (CDC/DDID/NCEZID/DHQP) <bzp4@cdc.gov>
Subject: RE: For clearance --Interim Guidance for Healthcare Facilities to Prepare for Community Transmission of COVID-19 in the United States

The document (attached) has been cleared and has been sent forward by MCCM ADS for posting.

Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States

Purpose of this document: This interim guidance outlines goals and strategies for all U.S. healthcare facilities to prepare for and respond to community spread of coronavirus disease-2019 (COVID-19). Although it is not possible to predict the future course of the outbreak, planning for a scenario in which many persons become ill and seek care at the same time is an important part of preparedness and can improve outcomes if an outbreak occurs. Therefore, preserving healthcare system functioning is paramount. It is critical for healthcare facilities to continue to provide care for all patients, irrespective of COVID-19 infection status, at the appropriate level (e.g., home-based care, outpatient, urgent care, emergency room, or hospitalization). Facilities may need to respond to a surge in patients requiring care. Concentrated efforts will be required to mobilize all aspects of healthcare to reduce transmission of disease, direct people to the right level of care, and decrease the burden on the healthcare system.

Public health guidance will shift as the COVID-19 outbreak evolves. All healthcare facilities should be aware of any updates to local and state public health recommendations.

Key Goals for the U.S. healthcare system in response to the COVID-19 outbreak are to:

1. Reduce morbidity and mortality
2. Minimize disease transmission
3. Protect healthcare personnel
4. Preserve healthcare system functioning

Key Considerations for Healthcare Facilities:

Currently there are no medications to treat or vaccines to prevent COVID-19. Therefore, community approaches to slowing transmission including appropriate hand hygiene, cough etiquette, social distancing, and reducing face-to-face contact with potential COVID-19 cases are needed to slow disease transmission and reduce the number of people who get sick. In each healthcare facility, the primary goals include:

- Provision of the appropriate level of medical care
- Protecting healthcare personnel and non-COVID-19 patients accessing healthcare from infection
- Preparing for a potential surge in patients with respiratory infection
- Preparing for potential personal protective equipment supply and staff shortages

Actions to take now to prepare for an outbreak of COVID-19

1. Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare. The following may be useful resources to share information about COVID-19:
 - How [COVID-19 spreads](#)
 - [Clinical management](#) of COVID-19 patients
 - [Infection prevention and control](#) recommendations for COVID-19
2. Explore alternatives to face-to-face triage and visits. The following options can reduce unnecessary healthcare visits and prevent transmission of respiratory viruses in your facility:
 - Instruct patients to use available advice lines, patient portals, on-line self-assessment tools, or call and speak to an office/clinic staff if they become ill with symptoms such as fever, cough, or shortness of breath.
 - Identify staff to conduct telephonic and telehealth interactions with patients. Develop protocols so that staff can triage and assess patients quickly.
 - Determine algorithms to identify which patients can be managed by telephone and advised to stay home, and which patients will need to be sent for emergency care or come to your facility.
 - Instruct patients that if they have respiratory symptoms they should call before they leave home, so staff can be prepared to care for them when they arrive.
3. Plan to optimize your facility's supply of [personal protective equipment](#) in the event of shortages. Identify flexible mechanisms to procure additional supplies when needed.
4. Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with [infection prevention and control guidance](#) for managing COVID-19 patients.
 - Visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette
 - Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer)
 - Facemasks are available at triage for patients with respiratory symptoms
 - Create an area for spatially separating patients with respiratory symptoms. Ideally patients would be >6 feet apart in waiting areas.

Plan to Take the Following Actions if COVID-19 is spreading in your community

1. Work with local and state public health organizations, healthcare coalitions, and other local partners to understand the impact and spread of the outbreak in your area.
2. Designate staff who will be responsible for caring for suspected or known COVID-19 patients. Ensure they are trained on [the infection prevention and control recommendations](#) for COVID-19 and proper use of personal protective equipment.
3. Monitor healthcare workers and ensure maintenance of essential healthcare facility staff and operations:
 - Ensure staff are aware of sick leave policies and are encouraged to stay home if they are ill with respiratory symptoms.
 - Be aware of [recommended work restrictions and monitoring](#) based on staff exposure to COVID-19 patients.

- Advise employees to check for any signs of illness before reporting to work each day and notify their supervisor if they become ill.
 - Do not require a healthcare provider's note for employees who are sick with respiratory symptoms before returning to work.
 - In settings of widespread transmission, your facility may consider screening staff for fever or respiratory symptoms before entering the facility.
 - Make contingency plans for increased absenteeism caused by employee illness or illness in employees' family members that would require them to stay home. Planning for absenteeism could include extending hours, cross-training current employees, or hiring temporary employees.
4. When possible, manage mildly ill COVID-19 patients [at home](#).
- Assess the patient's ability to engage in home monitoring, the ability for safe isolation at home, and the risk of transmission in the patient's home environment.
 - Caregivers and sick persons should have clear instructions regarding home care and when and how to access the healthcare system for face-to-face care or urgent/emergency conditions.
 - If possible, identify staff who can monitor those patients at home with daily "check-ins" using telephone calls, text, patient portals or other means.
 - Engage local public health, home health services, and community organizations to assist with support services (such as delivery of food, medication and other goods) for those treated at home.

Considerations for specific settings (In addition to above)

1. Outpatient facilities

- Reschedule non-urgent outpatient visits as necessary.
- Consider reaching out to patients who may be a higher risk of COVID-19-related complications (e.g., elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women) to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill.
- Consider accelerating the timing of high priority screening and intervention needs for the short-term, in anticipation of the possible need to manage an influx of COVID-19 patients in the weeks to come.
- Symptomatic patients who need to be seen in a clinical setting should be asked to call before they leave home, so staff are ready to receive them using appropriate infection control practices and personal protective equipment.
- Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.

2. Inpatient facilities

- Reschedule elective surgeries as necessary.

- Shift elective urgent inpatient diagnostic and surgical procedures to outpatient settings, when feasible.
- Limit visitors to COVID-19 patients.
- Plan for a surge of critically ill patients and identify additional space to care for these patients. Include options for:
 - Using alternate and separate spaces in the ER, ICUs, and other patient care areas to manage known or suspected COVID-19 patients.
 - Separating known or suspected COVID-19 patients from other patients (“cohorting”).
 - Identifying dedicated staff to care for COVID-19 patients.

3. Long term care facilities

- Limit visitors to the facility
- Post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette
- Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer)
- Take steps to prevent known or suspected COVID-19 patients from exposing other patients
- Limit the movement of COVID-19 patients (e.g., have them remain in their room)
- Identify dedicated staff to care for COVID-19 patients.
- Observe newly arriving patients/residents for development of respiratory symptoms.

Box: Shifting Healthcare Delivery Modes during a COVID-19 Outbreak in the United States

Several major impacts can be anticipated during a severe outbreak that could affect the operations of healthcare facilities. These include surges in patients seeking care, the potential for workforce absenteeism from personal or family illness, and effects from social distancing measures such as school closures. Healthcare facilities will likely need to adjust the way they triage, assess and care for patients using methods that do not rely on face-to-face care.

Shifting practices to triaging and assessing ill patients (including those affected by COVID-19 and patients with other conditions) remotely using nurse advice lines, provider “visits” by telephone, text monitoring system, video conference, or other telehealth and telemedicine methods can reduce exposure of ill persons with staff and minimize surge on facilities. Many clinics and medical offices already use these methods to triage and manage patients after hours and as part of usual practices. Recent reports suggest that approximately 80% of COVID-19 patients (of all ages) have experienced mild illness¹. Managing persons at home who are ill with mild disease can reduce the strain on healthcare systems—however, these patients will need careful triage and monitoring.

Promoting the increased use of telehealth

- Healthcare facilities can increase the use of telephone management and other remote methods of triaging, assessing and caring for all patients to decrease the volume of persons seeking care in facilities.
- If a formal “telehealth” system is not available, healthcare providers can still communicate with patients by telephone (instead of visits), reducing the number of those who seek face-to-face care.

Commented [GN(1): To comms – this is meant to be a call-out box, or figure that highlights a key element of this document.

- Health plans, healthcare systems and insurers/payors should message beneficiaries to promote the availability of covered telehealth, telemedicine, or nurse advice line services.

Shifts in the way that healthcare is delivered during a COVID-19 outbreak response will be complex. Thorough and consistent communications between all components of the public health and healthcare system will be needed in every community. For example, providers in medical offices, clinics, and other outpatient settings must be informed and know their roles. Pre-hospital care by emergency management services (EMS) and public-safety answering points (PSAPs) will also need to be aware of any altered transport guidance so they can conduct in-home assessments and triage per local guidance.

Reference:

- ¹ Wu Z, McGoogan JM. Characteristics of and Important Lessons from the Coronavirus Disease 2019 (COVID-19) Outbreak in China. JAMA [Internet] 2020; available from: <https://jamanetwork.com/journals/jama/fullarticle/2762130>
-

From: MIDRS
Sent: Friday, February 28, 2020 11:44 PM PST
To: Duchin, Jeff; McKeirnan, Shelly; Gonzales, Elysia; fr1@miamidade.gov; ccalders@miamidade.gov; hector.pesquera@miamidade.gov; Kawakami, Vance; Benoliel, Eileen; Beth.Melius@DOH.WA.GOV; VSP@cdc.gov; frl3@cdc.gov; hvc4@cdc.gov; louisa.castrodale@alaska.gov; vsk9@cdc.gov; Michael.D.Boley@uscg.mil; wjf3@cdc.gov; Harold.P.Hurst@uscg.mil; fco9@cdc.gov; sad1@cdc.gov; kdr6@cdc.gov; ept3@cdc.gov; xhn6@cdc.gov; hrp6@cdc.gov; enh8@cdc.gov; pzp2@cdc.gov; bzv2@cdc.gov; ilz7@cdc.gov; fpn2@cdc.gov; tig8@cdc.gov; QS-Miami@cdc.gov; QS-SanJuan@cdc.gov; QS-Houston@cdc.gov; QS-Atlanta@cdc.gov; maritimeadmin@cdc.gov; ncc@uscg.mil; QS-ElPaso@cdc.gov; QS-SanDiego@cdc.gov; qs-anchorage@cdc.gov; Hatley, Noel; dhh0@cdc.gov; ixy3@cdc.gov; vts9@cdc.gov; viy7@cdc.gov
Subject: 3% Outbreak Feb 29, 2020 Ship: Caribbean Princess Next Port: PEV Pax: 232/3039 (7.63%) Crew: 18/1162 (1.55%)

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ATTENTION: The percentages of cases of gastrointestinal illness among passengers and crew has reached or exceeded 3%.
The VSP staff will be notified.

The Center for Disease Control and Prevention (CDC), Vessel Sanitation Program (VSP) will respond to this notification and follow up with the appropriate public health support. If you have additional questions, contact VSP's 24-hour answering service at 1-800-323-2132. If you do not need immediate attention, VSP will contact you on the next business day; however, if you need immediate attention ask for the officer on duty. The information in this notice is confidential and intended for the recipient only. Redistribution of this information without approval of the VSP will result in your removal from the distribution list. This notification is intended for planning purposes only.

Confirmation No.: 20200229024417807

Ship Name: Caribbean Princess

Voyage Number: CB2006

Report Type: 4HR

Emergency Contact Name: James Leonard

Emergency Contact Number: 661.753.2355

Embarkation Port Code: PEV

Embarkation Date: Feb 16, 2020

Next U.S. Arrival Port Code: PEV

Next U.S. Arrival Port Date Time: Feb 29 2020 7:00AM

Disembarkation Port Code: PEV

Disembarkation Date: Feb 29, 2020

Total Crew: 1162

Crew Gastroenteritis Case(s): 18

Percentage of Crew Gastroenteritis Cases (%): 1.55

Total Passengers: 3039

Passenger Gastroenteritis Case(s): 232

Percentage of Passenger Gastroenteritis Cases (%): 7.63

From: CSTE Emergency Response
Sent: Tuesday, February 25, 2020 7:01 AM PST
To: CSTE Emergency Response
CC: CSTE Novel Coronavirus 2019
Subject: CSTE COVID-19 Response | Daily Message for Feb. 25 (incl. CDC Key Messages & HHS NGA webinar summary)
Attachments: CDC_COVID-19_Daily Key Points__2_24_2020 FINAL.pdf, CDC_COVID-19 Weekly Key Messages_2-24-20 FINAL.pdf, Follow-up items from today's call on COVID-19.msg.eml

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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 the attached CDC COVID-19 daily key points and weekly key messages for Monday, February 24, 2020. Also attached is a summary of last Friday's (Feb. 21) Department of Health & Human Services webinar with the National Governor's Association.

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Council of State and Territorial Epidemiologists
Emergency Preparedness & Response Mailbox

Business Hours Line: 770.458.3811

After-Hours Line: 678.256.3945

From: Baker, Michael (OS/IEA)
Sent: Thursday, February 20, 2020 3:18 PM PST
To: Baker, Michael (OS/IEA)
Subject: Follow-up items from today's call on COVID-19

Dear Partner –

Thank you to all that joined us on today's call on COVID-19 with Secretary Azar, HHS, and DHS officials. While the immediate risk to the American public is still currently low, that has the potential to change rapidly. We strive to continue to provide updates to you, our valuable state partners, so that you have the best information available when developing and executing your preparedness plans.

As mentioned on the call, we wanted to provide you with some further information about available resources and to share again some prompts for consideration when planning state actions.

First, please find below links to CDC and select partner organization sites that focus on state and local readiness. Some of these link to the latest COVID-19 information, while others link to sites focused on resources for any response. As has been noted, pandemic influenza plans often provide some overlap for other infectious disease outbreak plans, so some link to CDC or external partner influenza preparedness guides.

CDC Resources

- [Coronavirus Disease 2019 homepage](#)
- [State and Local Readiness homepage](#)
- [State and Local Government Planning for Influenza](#)
- [Public Health Emergency Preparedness \(PHEP\) Cooperative Agreement](#)
- [Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases \(ELC\)](#)

Related Links

- [Association of State and Territorial Health Officials \(ASTHO\): Pandemic Influenza](#)
- [National Association of County and City Health Officials Local Health Department Pandemic Influenza Guide](#)

In addition to the above links, we wanted to share with you some questions that can inform preparedness plans. These will be particularly important if the U.S. response has to move from aggressive containment to a mitigation response. We encourage you to use these to reflect on these as you explore possible necessary response actions. In a response focused on mitigation rather than containment, state and local officials will be responsible for three key pieces of a state's response:

- Transportation;
- Housing for individuals under observation or quarantine; and
- Communication and Coordination with local and private sector partners.

We encourage you to confer and collaborate with your Attorneys General and legislature leaders to confirm and identify what authorities that you have and any that you may need to be granted.

Authorities & Responsibilities for Prudent State and Local Planning:

- Have you reviewed the scope of your emergency authorities as Governor to respond to a public health crisis in your state?

- When have you last exercised these authorities?
- Do you have plans to in the future?
- What are your quarantine and isolation authorities, roles, and responsibilities?
- Do you have plans for canceling large events and community gatherings?
- Do you have a mechanism to encourage or compel school closures, if necessary? If so, what is its scope? (public v. private, secondary v. university, time limited, etc.)?
- What are your policies for limiting or discouraging mass transit?
- Coordination and Communication with Local Governments – what authorities do local governments have in your state? What is your coordination plan between state, local, and tribal governments?
- What public health and human resource resources do you have for local governments, the private sector, and non-profits on hygiene or social distancing?
- What are your critical infrastructure, key resources, and essential services that might face personnel shortages?
- Do you have policies and plans in place for state and local government workers?

Finally, the U.S. State Department has posted guidance for cruise ship passengers in the event of planned travel to or within East Asia and the Asia-Pacific Region . That guidance can be found [here](#).

Please don't hesitate to follow up with the Office of Intergovernmental and External Affairs if there are any questions!

Sincerely,
Darcie

Darcie L. Johnston
Director, Intergovernmental Affairs
U.S. Department of Health and Human Services
Darcie.Johnston@hhs.gov

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: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Sent: Sunday, March 1, 2020 5:41 AM PST
To: Duchin, Jeff; Kay, Meagan; Lindquist, Scott SL (CDC doh.wa.gov); Lofy, Kathy KL (CDC doh.wa.gov)
Subject: FW: New web pages are live

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Some new content live (one page still pending) – some of the draft material I sent earlier is now finalized (there were some changes versus what I sent, so I'd use the content below). More to follow in the next 24 hours. I hope this is helpful as you are responding to the current situation.

Several new webpage for MCCM's work went live tonight. There are a couple of small tweaks and formatting issues I have to address with the web team tomorrow, but the content is live, public-facing, and shareable.

We have a new section of the webpage on [Resources for Healthcare Facilities](#). This section includes:

- [Steps Healthcare Facilities Can Take](#)
- [Interim Guidance for Healthcare Facilities](#)
- [Strategies to Prevent the Spread of COVID-19 in Long-Term Care Facilities](#)

The updated [Strategies for Optimization of N95s](#) went live and has been broken into three sections to make it easier to view online:

- [Conventional Capacity Strategies](#) (this page is still not live yet—will
- [Contingency Capacity Strategies](#)
- [Crisis Capacity Strategies](#)

The other PPE-related content went live, as well:

- [Checklist for Healthcare Facilities](#) (note: there will be a print-friendly version of this which will be finished tomorrow)
- [Release of Stockpiled N95 Filtering Facemask Respirators Beyond the Manufacturer-Designated Shelf-Life](#)

From: Clark, Thomas A. (CDC/DDID/NCIRD/DVD)
Sent: Monday, March 2, 2020 7:35 AM PST
To: Duchin, Jeff
CC: Kay, Meagan
Subject: RE: Info for community
Attachments: Contact One-pager 20200302.docx

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Kathy started this. I made a few comments. I'll see if someone can update with links to additional useful information.

tom

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Monday, March 2, 2020 5:09 AM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>
Cc: Kay, Meagan K. (CDC kingcounty.gov) <meagan.kay@kingcounty.gov>
Subject: Info for community

Tom - follow-up to our discussions yesterday, could rally use one pager info for community on what to do if you have COVID-19 infection and what to do if you are a contact of COVID-19 case that we can provide to public and HCP as we transition away from individual case management to community (influenza like) approach.

Thank you!

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
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E-mail: jeff.duchin@kingcounty.gov

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

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

What is coronavirus disease 2019 (COVID-19)?

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

How do I know if I was exposed?

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

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

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

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

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

What should I do if I get sick?

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

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

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

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

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

From: Clark, Thomas A. (CDC/DDID/NCIRD/DVD)
Sent: Wednesday, March 4, 2020 7:51 AM PST
To: Duchin, Jeff; Lofy, Kathy KL (CDC doh.wa.gov); Kay, Meagan
CC: Haynes, Benjamin (CDC/OD/OADC)
Subject: FW: CMTF IM slides
Attachments: CMTF_04MAR2020 final.pptx

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Colleagues, attached are a few slides that describe the framework for Community Interventions coming from CDC, and has links for the landing page and available documents. This will be good backup information for announcements of more aggressive community measures.

tom

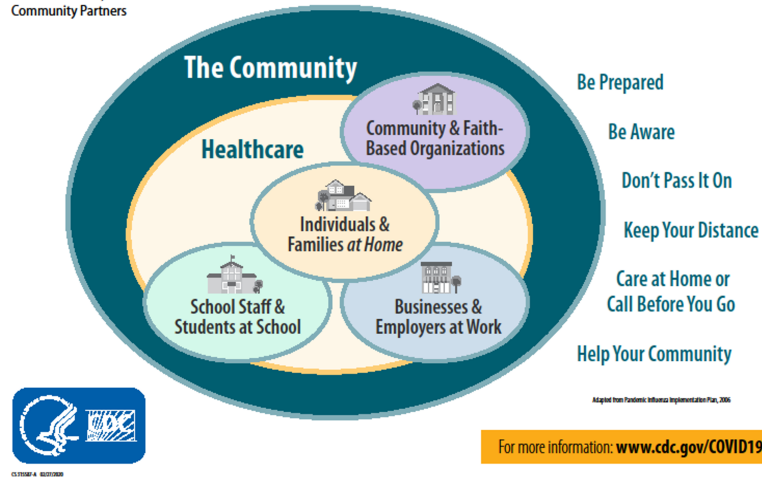
DRAFT



All of Community Approach

DRAFT

Mitigation efforts must include all aspects of the community. This includes Individuals and Households, Healthcare and other Community Partners



Community Intervention Task Force: Communications



- **Currently Available Guidance**

- Externally facing (9)
 - Landing page [“Preventing COVID-19 Spread in Communities”](#)
 - Guidance by sector and population – before, during and after community presence
 - [Households](#)
 - [Schools \(Spanish\)](#)
 - [Mass Gatherings/Large Events](#)
 - [Institutions of Higher Education](#) (including guidance for [student foreign exchange](#))
 - Surface cleaning and disinfection for [polling locations](#)
 - [Public Health Communicators](#)
- Available for *internal* reference – awaiting posting (3)
 - Environmental cleaning for households
 - Community and Faith-based Organizations
 - School Administrators FAQ

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2

CITF: Communications

- **In clearance (6)**

- FAQs for households
- Checklists for households
- Fact sheet for teachers
- Infographics for people sick, families, school administrators, businesses
- Social media posts for households
- UX improvements to Symptoms page and to How is Spreads page

- **In Development (3)**

- Older populations key messages
- Checklists for CBOs/Faith based organizations, IHE administrators, event planners, and large event administrators
- Improvements to content and UX recommendations to Prevention page on COVID website

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3

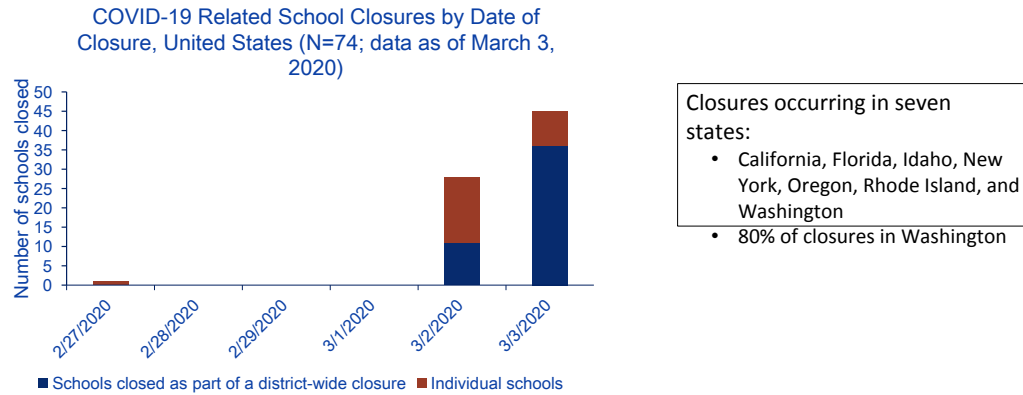
CITF: Partnerships and Technical Assistance

- **Objective**
 - Establish capacity to understand and respond to the needs of partners implementing CDC guidance
- Partnership outreach
 - Organizations serving aging and older adults
 - American School Counselor Association (ASCA) & National Association of School Nurses (NASN)
 - Outreach to NCHHSTP for expertise on prisons and jails
- Direct Technical Assistance
 - Seattle, California, Oregon, Rhode Island, Georgia

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4

CITF: COVID-19 Related School Closures



Source: Data from daily searches of publicly available online data (via Google, Google News, official school and district-level websites and social media).

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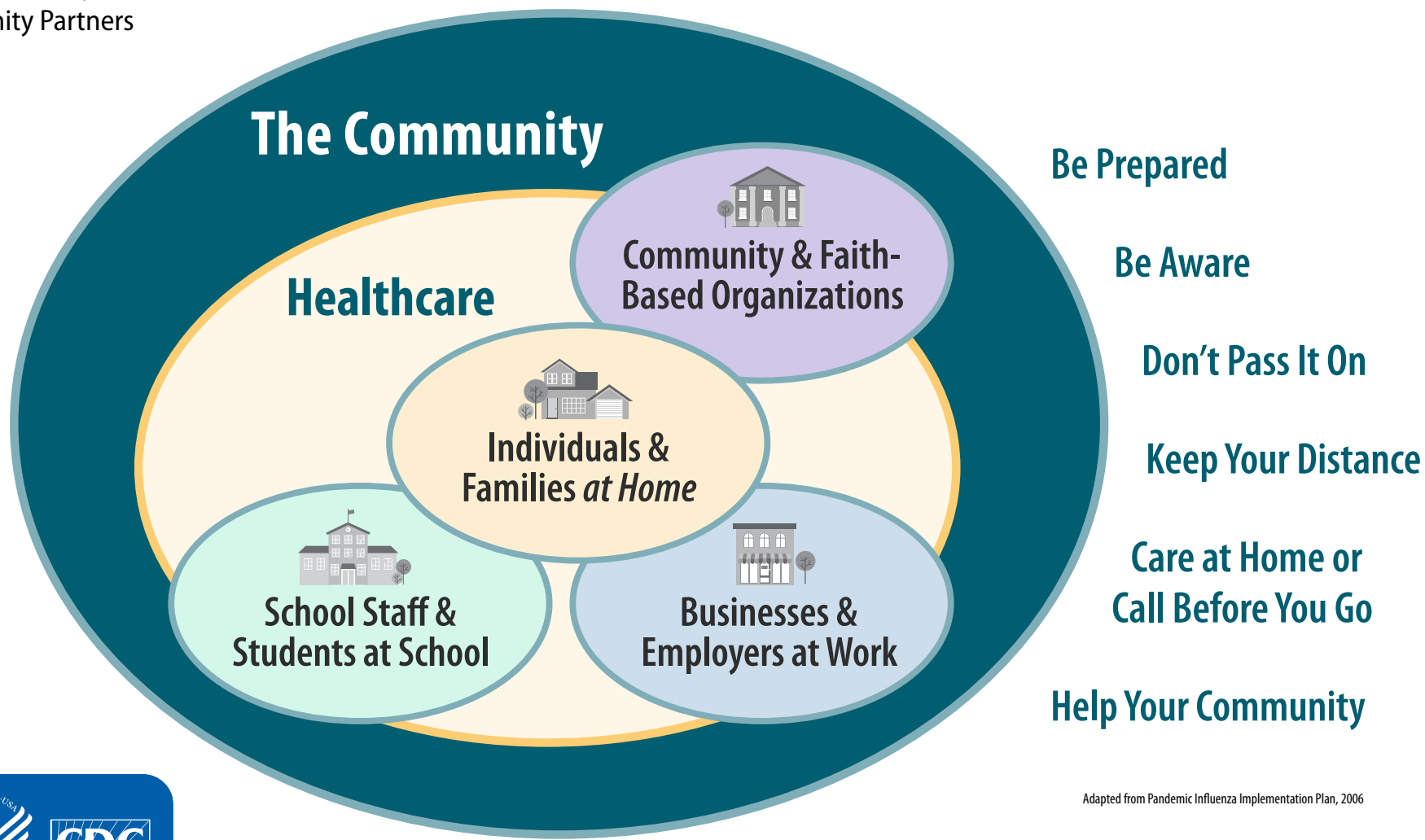
5

- The presumed case from Forest Hills Elementary School in Lake Oswego, OR is a staff member. School closed through Wednesday, March 4.
- The presumed case from Henry M. Jackson High School in Mill Creek, WA is a student.

Regular reports on school dismissals will begin this week.

All of Community Approach

Mitigation efforts must include all aspects of the community. This includes Individuals and Households, Healthcare and other Community Partners



Adapted from Pandemic Influenza Implementation Plan, 2006



From: State and Local Readiness (CDC)
Sent: Thursday, February 27, 2020 5:50 AM PST
To: State and Local Readiness (CDC)
Subject: CDC Media Statement: CDC Confirms Possible Instance of Community Spread of COVID-19 in U.S.

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

Media Statement

For Immediate Release
Wednesday, February 26, 2020

Contact: [CDC Media Relations](#)
(404) 639-3286

CDC Confirms Possible Instance of Community Spread of COVID-19 in U.S.

The Centers for Disease Control and Prevention (CDC) has confirmed an infection with the virus that causes COVID-19 in California in a person who reportedly did not have relevant travel history or exposure to another known patient with COVID-19.

At this time, the patient's exposure is unknown. It's possible this could be an instance of community spread of COVID-19, which would be the first time this has happened in the United States. Community spread means spread of an illness for which the source of infection is unknown. It's also possible, however, that the patient may have been exposed to a returned traveler who was infected.

This case was detected through the U.S. public health system — picked up by astute clinicians. This brings the total number of COVID-19 cases in the United States to 15.

The federal government has been working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat. Unprecedented, aggressive efforts have been taken to contain the spread and mitigate the impact of this virus.

This is a rapidly evolving situation. CDC will continue to update the public as circumstances warrant. 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

From: State and Local Readiness (CDC)
Sent: Saturday, February 29, 2020 10:00 AM PST
To: State and Local Readiness (CDC)
Subject: CDC Media Telebriefing: Update on COVID-19 - Today at 3 P.M. EST

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Media Advisory

For Immediate Release
Saturday Feb. 29, 2020

Contact: [CDC Media Relations](#)
(404) 639-3286

CDC Media Telebriefing: Update on COVID-19

What The Centers for Disease Control and Prevention (CDC) will provide an update to media on the COVID-19 response.

Who Nancy Messonnier, M.D., Director,
National Center for Immunization and Respiratory Diseases

When 3 p.m. ET Saturday, Feb. 29, 2020

Dial-In

Non-Media: 888-795-0855
International: 1-630-395-0498
PASSCODE: 4677929

Important Instructions

Due to anticipated high volume, please plan to dial in to the telebriefing 15 minutes before the start time.

Media: If you would like to ask a question during the call, press *1 on your touchtone phone. Press *2 to withdraw your question. You may queue up at any time. You will hear a tone to indicate your question is pending.

TRANSCRIPT

A transcript will be available following the briefing at CDC's web site: www.cdc.gov/media.

###

[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.

State Coordination Task Force (SCTF)

Division of State and Local Readiness (DSLRL)

Center for Preparedness and Response (CPR)

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

1600 Clifton Road, NE, MS H21-5, Atlanta, GA 30349-4027



(Sent by BCC to PHEP directors, state epidemiologists, state health officials, public health laboratory directors, and national and federal partners)

From:
Sent: Wednesday, February 26, 2020 6:32 AM PST
To: Thomas, Stephanie B. (CDC/OID/NCIRD) (CTR)
Subject: Can you please resend the link to the ACIP background materials - some of the files I downloaded are empty...

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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E-mail: jeff.duchin@kingcounty.gov

From: Armstrong, Gregory (CDC/DDID/NCEZID/OD)
Sent: Saturday, February 29, 2020 11:33 AM PST
To: Duchin, Jeff
Subject: Short call

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

Jeff—I want to talk about using the Seattle Flu Study to get data useful for public health as COVID19 emerges. I've spoken with Stephanie Schrag about going out tomorrow to meet with the team there and have spoken briefly with Jay Shendure about this. I'd like to make sure this is okay and discuss a tentative plan for this.

Greg A
404.378.0742

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

From: State and Local Readiness (CDC)
Sent: Thursday, February 27, 2020 1:27 PM PST
To: State and Local Readiness (CDC)
Subject: Updated CDC COVID-19 Guidance: Evaluating and Reporting Persons Under Investigation (PUI)

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

Dear Colleagues:

CDC has posted updated Criteria to Guide Evaluation of PUI for COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

Revisions were made on February 27, 2020, to reflect the following:

Information updated in the “Criteria to Guide Evaluation of PUI for COVID-19” section.

Thank you,

State Coordination Task Force

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

From:
Sent: Wednesday, February 26, 2020 6:33 AM PST
To: Thomas, Stephanie B. (CDC/OID/NCIRD) (CTR)
Subject:

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)
Sent: Thursday, February 27, 2020 2:49 PM PST
To: Duchin, Jeff
Subject: RE: Dental IC guidance

[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,

I checked with our IPC colleagues – while the FAQs/documents don't have details for dental clinics just yet, they indicated they are incorporating more directed guidance for the dental setting moving forward (i.e., in the updated FAQs) . Will keep you posted,

Best,

satish

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Thursday, February 27, 2020 2:30 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Subject: Dental IC guidance

Greetings, Satish, anything forthcoming about PPE for dental offices? Have had a few inquiries.

Thanks much -

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:
Sent: Thursday, February 27, 2020 8:06 PM PST
To: Kuhnert-Tallman, Wendi (CDC/DDID/OD); Helen Y Chu; Janet Englund (janet.englund@seattlechildrens.org)
Subject:

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: Armstrong, Gregory (CDC/DDID/NCEZID/OD)
Sent: Saturday, February 29, 2020 11:48 AM PST
To: Schrag, Stephanie (CDC/DDID/NCIRD/DBD)
CC: Duchin, Jeff; Cowgill, Karen
Subject: Seattle Flu Study

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

Stephanie—I just got off the phone with Jeff Duchin, who is very supportive of this. Your contact in his shop will be Karen Cowgill (cc'd here).

Karen—Stephanie is a very seasoned doctoral-level epidemiologist here at CDC, with over 20 years of experience in bacterial respiratory disease epidemiology and public health. She is tentatively flying out tomorrow to start working side-by-side with the Seattle Flu Study. Her tentative objectives are:

- Help interface between the study and various public health partners (Seattle, the state, CDC teams in the field, etc.)
- Review the study—what it is, how it's designed, how flexible is, etc.
- Work with the study to get information that will be useful for the public-health response to SARS-CoV2
- Help develop a plan to modify the study, if needed, to get the information that will be useful to public health, both locally, and for the larger US and global response.

We view her role as being different from that of the CDC response team there, although she will coordinate closely with them (she already is).

Thanks,
Greg A

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

From: Clark, Thomas A. (CDC/DDID/NCIRD/DVD)
Sent: Saturday, February 29, 2020 11:05 AM PST
To: Duchin, Jeff
Subject: travel tonight

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Jeff, we'll organize a hotel near the SKC HD. My cell is 678-644-3269. Let me know when and where to meet. We will plan to continue to deploy staff as needed.

Tom

Thomas Clark, MD, MPH
Deputy Director
Division of Viral Diseases
National Center for Immunization and Respiratory Diseases
770.488.5229

From: Epix Helpdesk (CDC)
Sent: Wednesday, February 26, 2020 7:04 AM PST
To: Duchin, Jeff
Subject: RE: locked out again

[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,

SAMS just advised your account is **not** disabled. Please reboot your computer, and then log in to *Epi-X* here at <https://epix2.cdc.gov> .

Manually enter your username and password at the SAMS login page and you should be directed to your *Epi-X* home page.

Please let me know.

Thanks,
Marty

Marty Montgomery
CDC *Epi-X* Helpdesk
User Support Management
and Outreach
404-639-3762
1-877-438-3749
Mobile: 404-444-2706
epixhelp@cdc.gov

"Epi-X - The Power to Protect. Secured."

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, February 26, 2020 9:40 AM
To: Epix Helpdesk (CDC) <epixhelp@cdc.gov>
Subject: locked out again

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: Thomas, Stephanie B. (CDC/DDID/NCIRD/OD)
Sent: Wednesday, February 26, 2020 7:10 AM PST
To: Duchin, Jeff
Subject: RE: ACIP Background Materials

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I see them in there....they were added last night, I believe.

Stephanie Thomas
ACIP

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, February 26, 2020 9:34 AM
To: Thomas, Stephanie B. (CDC/DDID/NCIRD/OD) <hkp4@cdc.gov>
Subject: ACIP Background Materials

The Ebola folder in the background materials I downloaded is empty - are there any background materials available?

Thank you!

Jeffrey S. Duchin, MD (he/him)
Health Officer and Chief, Communicable Disease Epidemiology & Immunization Section
Public Health - Seattle and King County
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E-mail: jeff.duchin@kingcounty.gov

From: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)
Sent: Monday, March 2, 2020 5:48 PM PST
To: Duchin, Jeff
Subject: RE: Returning Travels

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

Guidance update caught up in approval processes at high levels. Understand your concerns. It's on the agenda for discussion tomorrow in DC. Do you know anything about a rumor we got of EIS officer in WA state as PUI and being tested for nCoV?
Dan

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Monday, March 2, 2020 8:12 PM
To: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>
Subject: Returning Travels

Dan - major confusion about quarantine guidance for returning asymptomatic travelers. Is CDC still recommending returning travelers from China or any specific country self quarantine? This gets really tricky when we have community transmission and are not recommending quarantine for asymptomatic contacts of known/suspected cases.

Thanks for your insight.

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
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E-mail: jeff.duchin@kingcounty.gov

From: Olson, Christine (CDC/OCOO/OSSAM)
Sent: Monday, March 2, 2020 5:12 AM PST
To: Duchin, Jeff
Subject: Automatic reply: Hello from Atlanta by way of the SeaTac Q-Station

[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 supporting the nCoV Response. Please expect delays to any emails not related to the response. I will reply to your email as soon as I am able.

Thank you,
Christine
404-293-7700

From: Armstrong, Gregory (CDC/DDID/NCEZID/OD)
Sent: Sunday, March 1, 2020 7:36 AM PST
To: Duchin, Jeff
Subject: Re: 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.

What time do you want to speak?

Gregory L. Armstrong MD | garmstrong@cdc.gov

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

Sent: Sunday, March 1, 2020 10:13:02 AM

To: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>

Subject: Re: Question: would a small call be useful

Thanks, Greg. Definitely would be helpful. The key issues for us now our infection control considerations and community mitigation. Infection control in the context of decreasing availability of respirators and really no respirators in long-term care facilities or Frontline primary care clinics. Lots of our healthcare facilities are unable to or unwilling to furlough healthcare worker contacts have confirmed cases because of impacts on counterContinuity of operations.

With respect to community mitigation, I was very interested in Trevor's findings and my suspicion is we have widespread and recognize transmission. The inability to test people with my other illnesses even though they're suspicious really is hampering us. The key question is when do we start using mitigation strategies and which ones?

Also, how do we use the evolutionary genetics to help inform our mitigation.

Appreciate your help

_____, 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: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>
Sent: Sunday, March 1, 2020 6:49:31 AM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
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: Jernigan, John A. (CDC/DDID/NCEZID/DHQP)
Sent: Monday, March 2, 2020 5:33 AM PST
To: Duchin, Jeff
Subject: RE: one pager for exposed HCP

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Will work with tom to get to right folks to produce one
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
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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: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)
Sent: Monday, March 2, 2020 5:55 PM PST
To: Duchin, Jeff
Subject: RE: Returning Travels

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

Give me a call if you have time
Dan

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Monday, March 2, 2020 8:12 PM
To: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>
Subject: Returning Travels

Dan - major confusion about quarantine guidance for returning asymptomatic travelers. Is CDC still recommending returning travelers from China or any specific country self quarantine? This gets really tricky when we have community transmission and are not recommending quarantine for asymptomatic contacts of known/suspected cases.

Thanks for your insight.

Jeff

Jeffrey S. Duchin, MD
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E-mail: jeff.duchin@kingcounty.gov

From: State and Local Readiness (CDC)
Sent: Tuesday, February 25, 2020 4:31 PM PST
To: State and Local Readiness (CDC)
Subject: Consular Notification Guidance for State and Local Authorities Regarding Foreign Nationals Detained for Medical Reasons
Attachments: CN -- Notification and Access for Persons Detained for Medical Reasons (2020) recd eh feb 24.pdf

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

Dear Colleagues:

Please find attached a document that **summarizes important information for state and local health departments regarding the medical detention of foreign nationals.**

This document comes from the U.S. State Department. It outlines existing requirements and treaty obligations for notifying foreign embassies and consulates in the United States when a foreign national is being medically detained, such as in the case when a quarantine order is issued because of possible exposure to COVID-19 disease.

We hope this information will offer guidance and a timely summary of notification requirements whenever a jurisdiction deems it necessary to isolate, quarantine, or otherwise medically detain a foreign national.

Thank you,

State Coordination Task Force

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

From: Epix Helpdesk (CDC)
Sent: Wednesday, February 26, 2020 7:10 AM PST
To: Duchin, Jeff
Subject: RE: locked out again

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

I know you have , and I am so sorry SAMS has been such a hassle for you. Would it be possible to schedule some time with you and SAMS staff to see if they can determine what is causing you to have to change your password every time you want to access?

Marty

Marty Montgomery
CDC *Epi-X* Helpdesk
User Support Management
and Outreach
404-639-3762
1-877-438-3749
Mobile:404-444-2706
epixhelp@cdc.gov
"Epi-X - The Power to Protect. Secured."

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Wednesday, February 26, 2020 10:06 AM
To: Epix Helpdesk (CDC) <epixhelp@cdc.gov>
Subject: Re: locked out again

I've tried that but will try again. I've never successfully been able to log in twice after getting assistance, always one time and then locked out

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

From: Montgomery, Marty (CDC/DDPHSIS/CPR/DEO) (CTR) <isy3@cdc.gov> on behalf of Epix Helpdesk (CDC) <epixhelp@cdc.gov>
Sent: Wednesday, February 26, 2020 10:04:09 AM

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

Subject: RE: locked out again

[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,

SAMS just advised your account is **not** disabled. Please reboot your computer, and then log in to *Epi-X* here at <https://epix2.cdc.gov> .

Manually enter your username and password at the SAMS login page and you should be directed to your *Epi-X* home page.

Please let me know.

Thanks,
Marty

Marty Montgomery

CDC *Epi-X* Helpdesk

User Support Management
and Outreach

404-639-3762

1-877-438-3749

Mobile:404-444-2706

epixhelp@cdc.gov

"*Epi-X* - The Power to Protect. Secured."

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

Sent: Wednesday, February 26, 2020 9:40 AM

To: Epix Helpdesk (CDC) <epixhelp@cdc.gov>

Subject: locked out again

Jeffrey S. Duchin, MD (he/him)

Health Officer and Chief, Communicable Disease Epidemiology & Immunization Section

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E-mail: jeff.duchin@kingcounty.gov

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

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

Consular Notification and Access Obligations with Respect to Detained Foreign Nationals

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

Who is a Foreign National?

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

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

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

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

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

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

When is Notification Mandatory?

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

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

What is the Timeline for Notification?

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

Who Notifies?

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

Guidance and Questions

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

From: Trevor Bedford
Sent: Saturday, February 29, 2020 7:31 PM PST
To: Duchin, Jeff
CC: Armstrong, Gregory (CDC/DDID/NCEZID/OD); Lindquist, Scott SL (CDC doh.wa.gov)
Subject: Re: Urgent: Genome sequence from Snohomish County case

[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,

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 observed 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 observed mutations to occur. All of this relates to triggers for pivoting our approach from case and contact centered to community-based Measures.

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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
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[E-mail: jeff.duchin@kingcounty.gov](mailto:jeff.duchin@kingcounty.gov)

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

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

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](mailto:scott.lindquist@doh.wa.gov)) <scott.lindquist@doh.wa.gov>; Duchin, Jeff (CDC [kingcounty.gov](mailto:jeff.duchin@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: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Sent: Saturday, February 29, 2020 7:29 PM PST
To: Sunshine, Brittany J. (CDC/DDID/NCEZID/DPEI); Duchin, Jeff
Subject: Re: critical PPE supplies

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Hi Jeff, if there is a POC at Swedish that knows their n95 supply chain issues, Britt can connect with them and then back with the umbrella organization.

Thanks again,

Satish

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

Sent: Saturday, February 29, 2020 10:11 PM

To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)

Subject: Re: critical PPE supplies

That's wonderful, thank you. Would it be better to put them in touch with you directly or shall I get the info I'm happy either way?

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: Saturday, February 29, 2020 7:05:51 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Subject: Re: critical PPE supplies

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can Swedish provide their primary and secondary N95s distributors? We can try share the information with the distributor umbrella group.

Get [Outlook for iOS](#)

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

Sent: Saturday, February 29, 2020 9:47:58 PM

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

Subject: Fwd: critical PPE supplies

Suggestions?

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: Pauk, John S <John.Pauk@swedish.org>

Sent: Saturday, February 29, 2020 6:44:10 PM

To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Rivera, Stacia N <Stacia.Hayes@swedish.org>; Sylvester, Evan P <Evan.Sylvester@swedish.org>

Subject: critical PPE supplies

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

Jeff,

our N-95 supply is getting critically low.

Even with restricting fit testing to critical groups who are to care for a PUI and locking these down in central supply, we have the potential to run out soon.

We are admitting more patients to be evaluated and the EDs are needing more PPE to evaluate PUI/POIs, even if they will be sent home.

I understand that there are emergency supplies of PPE, including N-95s, but these are expired.

I am not sure who to escalate this to, but I would much rather have expired respirators to have ready to use when we run out, than to have a gap of time while we wait to have these released which would be disastrous.

Do you know what the process would be to get some of this supply released to Swedish to only use when we run out?

I am assuming no other local hospitals have any huge amount to share.

Please let me know how to escalate this critical issue.

Thanks for your help,

John

John Pauk MD, MPH

Medical Director

Infection Control and Antimicrobial Stewardship

Swedish Medical Center

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

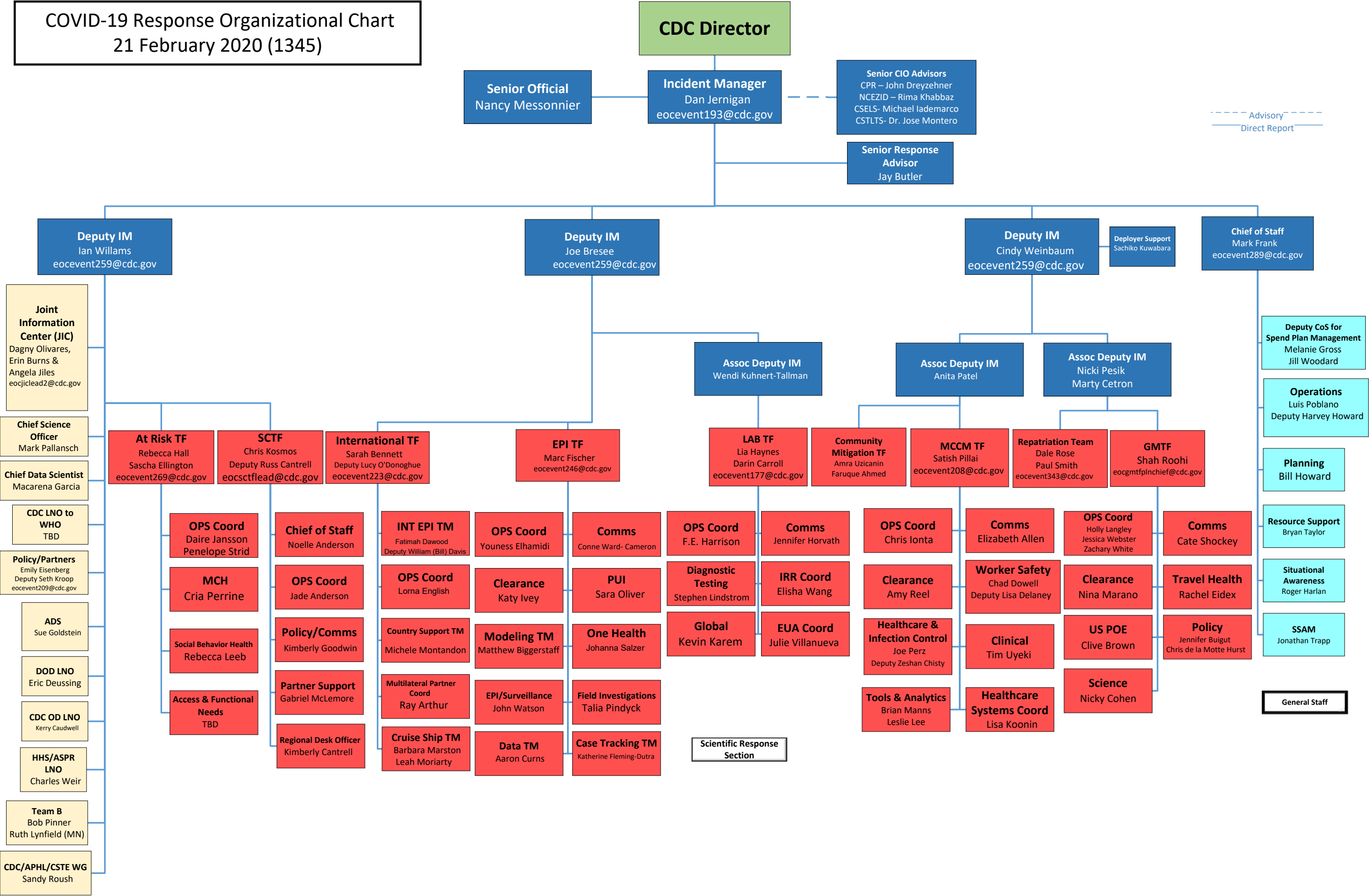
From: Bresee, Joseph (CDC/DDID/NCIRD/ID)
Sent: Tuesday, February 25, 2020 3:24 AM PST
To: Duchin, Jeff
Subject: org chart
Attachments: COVID-19 Response Organizational Chart 21 Feb 2020 - 134522120201929.pdf

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Jeff,
Here is the org chart. Greg Armstrong will be in my place for a while
Joe

Joseph Bresee, MD
Dep. Incident Manager
2020 CDC nCoV Response

COVID-19 Response Organizational Chart
21 February 2020 (1345)



From: Schrag, Stephanie (CDC/DDID/NCIRD/DBD)
Sent: Sunday, March 1, 2020 9:04 PM PST
To: Duchin, Jeff
Subject: Automatic reply: Karen and Stephanie at UW Monday

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I am out of the office. The Respiratory Diseases Branch can be reached at 404 639 2215. Thank you
--For blood spot study queries or issues related to the CHOP BAA please contact Julia Rhodes,
icq0@cdc.gov

From: Trevor Bedford
Sent: Saturday, February 29, 2020 6:36 PM PST
To: Armstrong, Gregory (CDC/DDID/NCEZID/OD)
CC: Lindquist, Scott SL (CDC doh.wa.gov); Duchin, Jeff
Subject: Re: Urgent: Genome sequence from Snohomish County case

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

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](https://www.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: Jernigan, John A. (CDC/DDID/NCEZID/DHQP)
Sent: Monday, March 2, 2020 1:02 PM PST
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
CC: Kallen, Alexander (CDC/DDID/NCEZID/DHQP); Duchin, Jeff
Subject: surge capacity for personnel

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Satish—

Jeff mentioned that you might be taking steps to mobilize HCWs to help maintain continuity of care in case current work force fails to meet demand. Can you provide an update as to where that stands?

Thanks

JJ

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: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Sent: Saturday, February 29, 2020 7:05 PM PST
To: Duchin, Jeff
Subject: Re: critical PPE supplies

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can Swedish provide their primary and secondary N95s distributors? We can try share the information with the distributor umbrella group.

Get [Outlook for iOS](#)

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Saturday, February 29, 2020 9:47:58 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Subject: Fwd: critical PPE supplies

Suggestions?

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
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Sent: Saturday, February 29, 2020 6:44:10 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Rivera, Stacia N <Stacia.Hayes@swedish.org>; Sylvester, Evan P <Evan.Sylvester@swedish.org>
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John Pauk MD, MPH

Medical Director

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From: Fischer, Marc (CDC/DDID/NCEZID/DVBD)
Sent: Saturday, February 29, 2020 4:10 PM PST
To: Duchin, Jeff
CC: Mead, Paul (CDC/DDID/NCEZID/DVBD)
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: Trevor Bedford
Sent: Saturday, February 29, 2020 5:58 PM PST
To: Armstrong, Gregory (CDC/DDID/NCEZID/OD); Lindquist, Scott SL (CDC doh.wa.gov); Duchin, Jeff
Subject: Urgent: Genome sequence from Snohomish County case

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(Can you please forward to Chris Spitters, I don't have his email address on hand)

Hi Greg, Scott and Jeff,

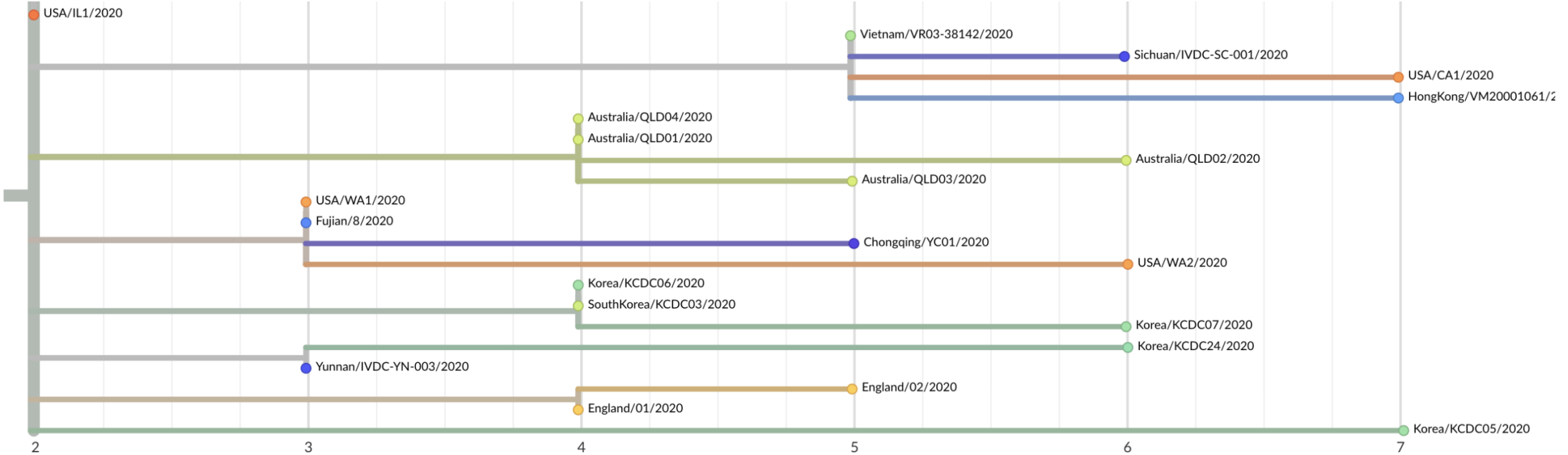
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The results firmly suggest transmission in Washington from WA1 to this this current case, which I'm calling WA2. See attached figure. I believe there has been transmission in the Snohomish Area since the arrival of the first case. This can't tell us 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



From: Scott Dowell
Sent: Monday, March 2, 2020 7:16 AM PST
To: Duchin, Jeff; Cowgill, Karen; Schrag, Stephanie (CDC/DDID/NCIRD/DBD)
CC: Keith Klugman; Mike Famulare
Subject: RE: Coronavirus and Its Impact to Foundation Operations

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Hi Jeff,
I'm sure it is possible – copying Mike who is leading on this from the Institute for Disease Modeling.
What specific questions did you have in mind? Projections of future numbers of cases?
Scott

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Monday, March 2, 2020 5:38 AM
To: Scott Dowell <Scott.Dowell@gatesfoundation.org>; Cowgill, Karen <n-kcowgill@kingcounty.gov>; Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>
Cc: Keith Klugman <Keith.Klugman@gatesfoundation.org>
Subject: Re: Coronavirus and Its Impact to Foundation Operations

PS - any additional / ongoing modeling of estimate impacts locally would be helpful. Not sure of how a case on Snohomish translates into estimates in Seattle metro/King county .

Also, can any modeling be done based on the number of cases reported through case reporting?

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: Scott Dowell <Scott.Dowell@gatesfoundation.org>
Sent: Sunday, March 1, 2020 9:40:15 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Cowgill, Karen <n-kcowgill@kingcounty.gov>; Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>
Cc: Keith Klugman <Keith.Klugman@gatesfoundation.org>
Subject: FW: Coronavirus and Its Impact to Foundation Operations

[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 and all,

You are doing a superb job leading during a difficult time!

As we discussed with Karen and Stephanie this evening, the foundation has stepped up our restrictions on travel and event convenings (details below), and are looking to follow guidance from public health authorities regarding more pro-active work from home recommendations or requirements.

At some point we are anticipating hearing from you or other authorities that there is substantial community transmission, triggering recommendations for work-from-home for those who can (we can). You may already have such triggers in mind, but here is some recent thinking in case it helps.

If by Trevor Bedford's estimate there are currently 200-1,200 cases in the Seattle metro area population of 3.4m, that is about 1 in 10,000 or so. Wuhan medical facilities were overwhelmed with numbers peaking around 1/1,000. At Ro of 2.5 and serial interval of 8 days we might reach that level in about 2-4 weeks. If such social distancing is to be most effective you would want to implement it early – some time between now and then.

Does that make sense? If not please let us know and we can adjust communications with our leadership.

Thanks so much,

Scott

From: Mark Suzman <Mark.Suzman@gatesfoundation.org>
Sent: Sunday, March 1, 2020 7:20 PM
To: All Foundation Staff <Allfoundationstaff@gatesfoundation.org>
Subject: Coronavirus and Its Impact to Foundation Operations
Importance: High

All,

By now most of you will have seen the news about COVID-19 hitting very close to our headquarters and I want to communicate some additional changes to the way we plan to operate in response. The ELT will follow up with further details soon.

[In our message last Friday](#), we updated our response to the coronavirus and said we were monitoring the situation closely. Later that evening, the Washington State Department of Health announced additional cases of COVID-19 in Snohomish and King counties. Since then the first U.S. deaths related to COVID-19 have been confirmed in the Seattle area as has community transmission. We fully expect additional cases to be reported in the coming days.

This situation is changing rapidly, and while the Seattle campus *remains open for now*, you should prepare for some significant changes in how you conduct foundation business – including working remotely if needed, cancelling all travel (any essential travel will require ELT-level approval according to our existing high-risk travel protocols), and cancelling on-site and off-site events through March. We are committed to providing more details on all of these steps within the next 24-48 hours. If you have immediate questions about travel please contact [Security@](#).

For strategy reviews specifically we are supportive of any employee currently scheduled to participate in person opting to do so remotely on an exceptional basis. Colleagues from regional offices who have already traveled to Seattle in preparation for these important meetings are free to join in person as planned but encouraged to dial-in if they feel uncomfortable in any way.

This is an very fluid situation and we are anticipating that local public health officials may recommend moving to a more explicit mitigation strategy including an approach called social distancing – efforts might range from avoiding handshakes, closing schools, limiting public transportation, and canceling large gatherings.

We understand some of our decisions may sound alarming. However, in the same way the foundation has been at the forefront of the global response to the coronavirus because we believed in the importance of early action before the scope of the crisis was clear, we feel it important to take a careful approach with regard to our own policies and activities. We also feel a responsibility as a foundation focused on global health to take extra precautions to minimize the virus spreading unintentionally to family and community members with weakened immune systems. In addition to following public health officials and our own internal experts for guidance, we are also coordinating closely with the Gates family entities and referencing the actions and decisions of other Seattle-based businesses.

As we previously shared, the foundation is playing a unique role in the wider global response and to maximize our commitment of up to \$100M to accelerate global efforts to end the COVID-19 epidemic, [a working group](#) with foundation resources has been deployed to rapidly strengthen global detection and containment efforts; protect at-risk populations in Africa and South Asia; and help develop vaccines, treatments and diagnostics.

Although you've heard from us frequently via email over the last several weeks and we will continue to send important new guidance directly, please also make use of [Ampersand's COVID-19 page](#) as a reliable source of regularly-updated information.

Thank you for your flexibility, understanding, and patience as we navigate this evolving situation.

Mark

Mark Suzman

Chief Executive Officer

Bill & Melinda Gates Foundation

Executive Assistant Melissa Anderson

V +1.206.770.1870

E melissa.anderson@gatesfoundation.org

Bill & Melinda Gates Foundation

www.gatesfoundation.org





[Impatient Optimists](#)

From: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)
Sent: Sunday, March 1, 2020 6:38 PM PST
To: Duchin, Jeff
Subject: RE: Syndromic updates

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

Thanks. Hope you are doing OK.
Dan

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Sunday, March 1, 2020 9:25 PM
To: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>
Subject: Fwd: Syndromic updates

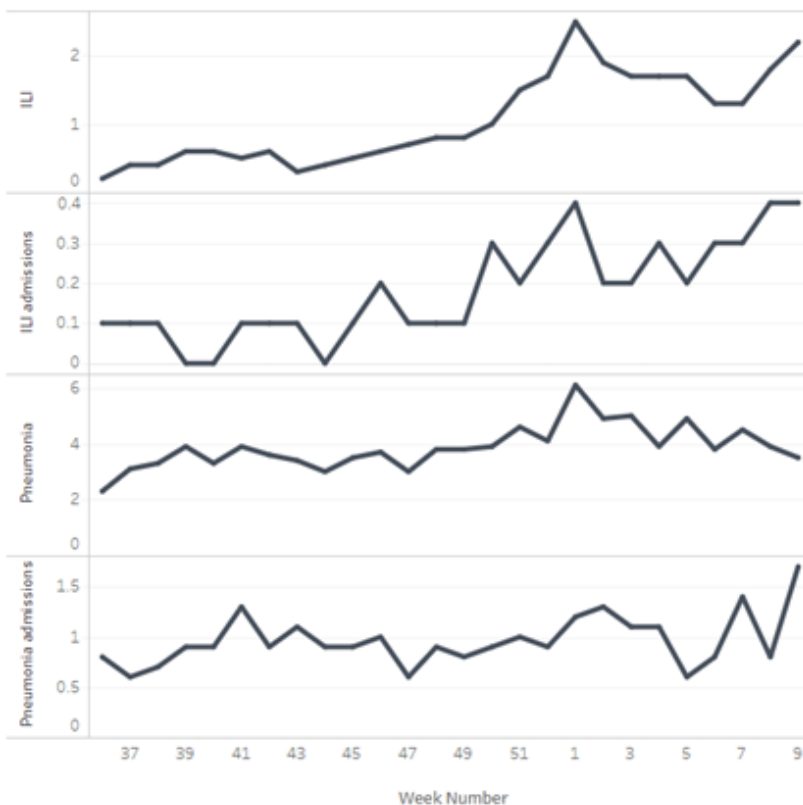
Jeffrey S. Duchin, MD
Health Officer and Chief, Communicable Disease Epidemiology & Immunization Section
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Professor in Medicine, Division of Infectious Diseases, University of Washington
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Tel: (206) 296-4774; Direct: (206) 263-8171; Fax: (206) 296-4803
E-mail: jeff.duchin@kingcounty.gov

From: Baer, Atar <Atar.Baer@kingcounty.gov>
Sent: Sunday, March 1, 2020 3:54:38 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; 'Close, Natasha (DOH)' (<Natasha.Close@DOH.WA.GOV> <Natasha.Close@DOH.WA.GOV>
Cc: data, cdimms <cdimms.data@kingcounty.gov>
Subject: Syndromic updates

The weekly figures for our local syndromic surveillance system's Tableau dashboard have been updated [here](#) (reminders: only accessible when logged into the KC network at the office or via AnyConnect VPN; these weekly aggregate data are updated on Sundays).

Of note, the percent of visits related to pneumonia was down relative to the previous week, but there was an increase in percent of pneumonia admits, particularly among the 65+ age group, where pneumonia admissions are now at or above peak levels observed during each of the past 5 seasons. Among this age group, the percent of ED ILI visits is also elevated relative to the prior week, and the percent of ILI admissions is the same as the prior week. Here is a sampling for those who cannot access our Tableau dashboards (filtered just for the current season to make it easier on the eye):

Weekly Trends (Percent) by Season for Age Group=65+ years



These trends are similar among adults ages 45-64 years: Increase in percent of ILI visits, flatline for % ILI admits, and increase in percent of pneumonia admits relative to the prior week.

Among 18-44 year-olds, the percent of ILI visits and pneumonia visits are edging higher than last week, but % admits are down.

The pediatric age groups overall look in the clear across these four indicators.

I'm attaching a summary based on the ESSENCE data as well, which tells a similar story. The team is working to pull data from ESSENCE into a Tableau dashboard, but this is a task that might not be done until the end of the week. Amanda Morse from DOH is coming to give an ESSENCE just-in-time training tomorrow afternoon for anyone who hasn't already had an introduction (thank you!!). We also need to explore and monitor several other syndrome defs that Natasha set up in in ESSENCE. If there is any additional capacity at DOH to help monitor the King County facilities, that would be very much appreciated. We still have some work to do on syndrome def validation, and you are steps ahead of us (thanks, Natasha!!).

From: Woods, LaDora (CDC/DDID/NCIRD/ISD) (CTR)
Sent: Thursday, February 27, 2020 9:06 AM PST
To: Woods, LaDora (CDC/DDID/NCIRD/ISD) (CTR)
CC: Woods, LaDora (CDC/DDID/NCIRD/ISD) (CTR)
Subject: National Adult and Influenza Immunization Summit Call, TODAY, February 27
Attachments: USFluVE_ACIP_Influenza_VE_26Feb2020_FINAL.pdf, MMWR Spotlight Article Interim VE.docx

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

Please join us for the National Adult and Influenza Immunization Summit call **TODAY, Thursday, February 27th at 3:00 p.m. ET**. These calls are scheduled to take place every Thursday at 3:00 pm ET, so please add them to your calendar using the number below.

Also, if you have agenda items or updates that you are interested in sharing with the Summit, please let us know and we will add you to an upcoming call. We appreciate your continued participation!

DIAL-IN: 1-888-455-1003
PASSCODE: 3780355

AGENDA

Influenza Surveillance Update	Noreen Ajayi (CDC)
Influenza Vaccine Effectiveness	Brendan Flannery (CDC)
Other Items	Carolyn Bridges (IAC)

Registration is OPEN for the 2020 NAIIS Meeting on May 18, 2020. For registration and poster submission information, please visit:

<https://www.izsummitpartners.org/2020-naiis/>

- o Poster submission deadline: **March 15, 2020**

Information and resources for adult and influenza immunizations, including information about the National Adult and Influenza Immunization Summit, can be found at www.izsummitpartners.org.

From: Crist, Matthew (CDC/DDID/NCEZID/DHQP)
Sent: Monday, March 2, 2020 2:25 PM PST
To: Julie Vaishampayan; Elisa Choi, MD, FACP, FIDSA; Susan Kline
CC: Jezek, Amanda; Public Health Committee 2019-20
Subject: RE: Question re: N95 Masks & Fit-Testing

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I agree that this would be a reasonable measure to help preserve the supply of N95 respirators.

Matt Crist

From: Julie Vaishampayan <JVaishampayan@schsa.org>
Sent: Friday, February 28, 2020 10:06 PM
To: Elisa Choi, MD, FACP, FIDSA <elisamdfacp@gmail.com>; Susan Kline <kline003@umn.edu>
Cc: Jezek, Amanda <ajezeke@idsociety.org>; Public Health Committee 2019-20
<PublicHealthCommittee2019-20@idsociety.org>
Subject: Re: Question re: N95 Masks & Fit-Testing

Absolutely agree as well. Unfortunately, in California we have our own OSHA that would also have to take action, so it would be nice if other OSHA's must somehow be required to follow this guidance/waiver/whatever it would be. As I'm sure you know, many masks are consumed in the act of fit testing, so time and resources could be save.

Thanks for bringing this forward. Have a great weekend everyone.

*Julie Vaishampayan, MD, MPH, FIDSA
Public Health Officer
Stanislaus County Health Services Agency
820 Scenic Drive, Modesto, CA 95350
PH: 209-558-8804*

<http://www.schsa.org/PublicHealth/index.shtm>

From: Elisa Choi, MD, FACP, FIDSA <elisamdfacp@gmail.com>
Sent: Friday, February 28, 2020 6:55 PM
To: Susan Kline <kline003@umn.edu>
Cc: Jezek, Amanda <ajezeke@idsociety.org>; Public Health Committee 2019-20
<PublicHealthCommittee2019-20@idsociety.org>
Subject: Re: Question re: N95 Masks & Fit-Testing

Agree.

On Fri, Feb 28, 2020 at 9:52 PM Susan Kline <kline003@umn.edu> wrote:

I would think that if people had been previously been tested and their face had not changed in any significant way, that they could assume safely that the same size and model of mask should still fit for then.

Susan

On Fri, Feb 28, 2020, 8:43 PM Jezek, Amanda <ajezek@idsociety.org> wrote:

Dear Public Health Committee:

Today IDSA received the question below from the Senate Homeland Security Committee. Can you provide advise on how IDSA should reply?

Thank you,
Amanda

From: Tsilker, Yelena (HSGAC) <Yelena_Tsilker@hsgac.senate.gov>
Sent: Friday, February 28, 2020 5:52 PM
To: Levy, Jaclyn <jlevy@idsociety.org>
Subject: Question re: N95 Masks & Fit-Testing

Hi Jaclyn,

I hope this email finds you well. I don't believe we've met before, but I'm a staff member for Senator Gary Peters on his Homeland Security and Governmental Affairs Committee staff. I was hoping to chat with you (or another appropriate staff member at IDSA) regarding OSHA's requirement that N95 masks be annually fit-tested, and a proposal we've heard from some stakeholders that this requirement be temporarily waived for providers who have previously been fitted and have not had any significant changes to their weight, facial structure, etc., given the potential supply chain issues for respirators that we could be facing this year.

Would you or another appropriate person at IDSA have some time to discuss on Monday morning? It would be great to get IDSA's perspective on this.

Thank you in advance for your time.

Best,

Yelena

Yelena Tsilker
Professional Staff Member
Senate Committee on Homeland Security and Governmental Affairs
Senator Gary Peters, Ranking Member
202-224-8707

--

(Please excuse brevity, typos, or other errors due to voice transcription.)

No need to reply to my emails after hours or on the weekends.

ACP Internal Medicine Meeting 2020

April 23-25, 2020 ~ Los Angeles, CA

Register here (Early Registration Discount Deadline 1/31/2020) :

[ACP IM2020](#)

Best regards,

Elisa Choi, MD, FACP, FIDSA ("She/Her/Hers")
Internal Medicine / HIV Medicine / Infectious Diseases
American College of Physicians (ACP) - Board of Governors
Governor, Massachusetts ACP Chapter
Executive Committee - ACP Board of Governors
Vice Chair, ACP Awards Committee
ACP Representative - AMA House of Delegates
Massachusetts ACP Chapter Health and Public Policy Committee - Immediate Past Co-Chair & Member



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Interim Flu Vaccine Effectiveness Estimates for the 2019-20 Flu Season Show Flu Vaccines Providing Substantial Protection, Especially in Children

Today, CDC published new interim flu vaccine effectiveness (VE) estimates for the 2019-2020 flu season. So far this season, flu vaccines are reducing doctor's visits for flu illness by almost half (45%). This is consistent with estimates of flu vaccine effectiveness (VE) from previous flu seasons that ranged 40%-60% when flu vaccine viruses were similar to circulating influenza viruses. Vaccination is providing substantial protection (VE = 55%) for children who have been particularly hard hit by flu this season. These estimates are available for viewing in a CDC Morbidity and Mortality Weekly Report (MMWR) titled "Interim Estimates of 2019-20 Seasonal influenza Vaccine Effectiveness – United States, February 2020."

The VE findings reported today provide important evidence that 2019-20 flu vaccines are working to protect children. This flu season has been especially bad for children. Flu hospitalization rates among children are higher than at this time in other recent seasons, including the 2017-18 season. Also, the number of pediatric flu deaths (92) is now higher for the same time period than in every season since reporting began in 2004-05, with the exception of the 2009 pandemic. Flu vaccination remains the best way to protect children and people of all ages against flu and its potentially serious complications.

This study used data from 4,112 children and adults enrolled in the U.S. Influenza Vaccine Effectiveness Network (U.S. Flu VE Network) during October 23, 2019–January 25, 2020. CDC conducts vaccine effectiveness (VE) studies each year to determine how well flu vaccines are working. Interim VE estimates are typically released during the flu season and updated after the season has ended.

The interim VE estimates published today also estimated the benefits provided by vaccination in different age groups. In addition to the VE estimate of 55% reported among children 6 months through 17 years of age, VE was estimated to be 25% among adults 18-49 years old, and 43% among adults 50 years of age and older. The lower VE point estimates observed among adults 18-49 years appear to be associated with a trend suggesting lower VE in age this group against A(H1N1)pdm09 viruses (VE = 5%). CDC will continue to monitor VE in this age group against A(H1N1)pdm09 viruses as more study participants are enrolled throughout the season. This will help CDC determine if VE against A(H1N1)pdm09 viruses in this age group is actually lower than in previous seasons, and if so, to investigate possible causes.

Vaccination is providing protection against the predominant influenza B/Victoria viruses. Circulation of different B/Victoria viruses early this season raised questions about how well vaccines would work against these viruses. These interim data are reassuring because effectiveness against B/Victoria viruses so far this season is similar to past seasons when vaccines were well-matched. So far this season, circulation of A(H3N2) viruses has been too limited to provide interim estimates of protection against these viruses.

The 2019-20 flu season began with a predominance of influenza B/Victoria viruses, followed by increasing numbers of A(H1N1)pdm09 viruses, with approximately equal numbers of influenza A(H1N1)pdm09 and influenza B/Victoria viruses now reported for the season overall. FluView data have shown increases in influenza A(H1N1)pdm09 viruses over recent weeks. Both influenza A and B viruses can cause severe illness, including hospitalizations and deaths. Some prior studies have suggested that influenza B virus infections might also result in more severe illness among children.

Overall, the VE findings reported today are encouraging and serve to highlight the importance of continued vaccination efforts in the United States. CDC recommends that everyone 6 months and older be vaccinated against flu if they have not already. It is especially important that children 6 months - 8 years old who have gotten less than two doses of flu vaccine in their lifetime, receive two doses of flu vaccine spaced at least 4 weeks apart for best protection against flu this season. This season is similar to past seasons in that most reported flu deaths in children have occurred in children who are not vaccinated or only partially vaccinated.

Vaccination efforts should continue as long as influenza viruses continue to circulate. At this time, flu activity remains high and is expected to continue for weeks.

For people who are suspected to have influenza, CDC recommends that flu antiviral drugs are started as soon as possible for those who are hospitalized, those who are very sick but who do not need to be hospitalized, and those who are at high risk of serious flu complications based on their age or health. Early treatment with antivirals is recommended for children younger than 2 years old because they are at high risk for serious flu complications that can require hospitalization—all children younger than 5 years are considered at high risk for serious flu complications, but the highest risk is for those younger than 2 years. Antiviral treatment should be started as soon as possible and should not wait for laboratory confirmation of influenza.



Interim Estimates of 2019–20 Seasonal Influenza Vaccine Effectiveness against Medically Attended Influenza from the US Flu VE Network

For the US Flu VE Network

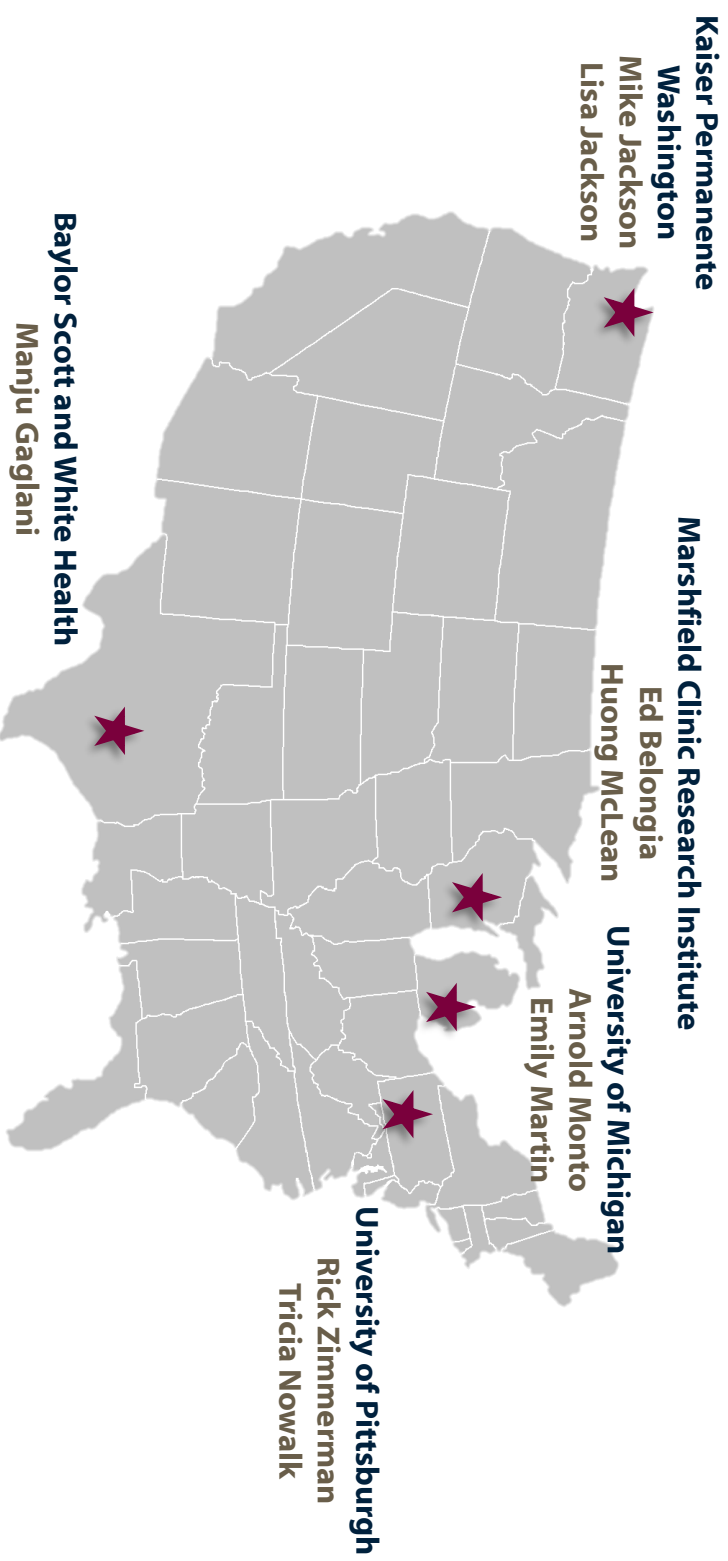
February 26, 2020

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2019–20 Influenza Season

2019-20 northern hemisphere influenza vaccine components

A(H1N1)pdm09	A/Brisbane/02/2018 (6B.1A)
A(H3N2)	A/Kansas/14/2017 (3C.3a)
B Victoria	B/Colorado/06/2017 (V1A.1)
B Yamagata	B/Phuket/3073/2013 (Y3)

US Flu VE Network sites and principal investigators



US Flu VE Network Methods

Enrollees: Outpatients aged ≥ 6 months with acute respiratory illness with cough ≤ 7 days duration

Dates of enrollment: October 23, 2019–January 25, 2020

Design: Test-negative design

- Comparing vaccination odds among influenza RT-PCR positive cases and RT-PCR negative controls
- Vaccination status: receipt of at least one dose of any 2019–20 seasonal flu vaccine according to medical records, immunization registries, and/or self-report

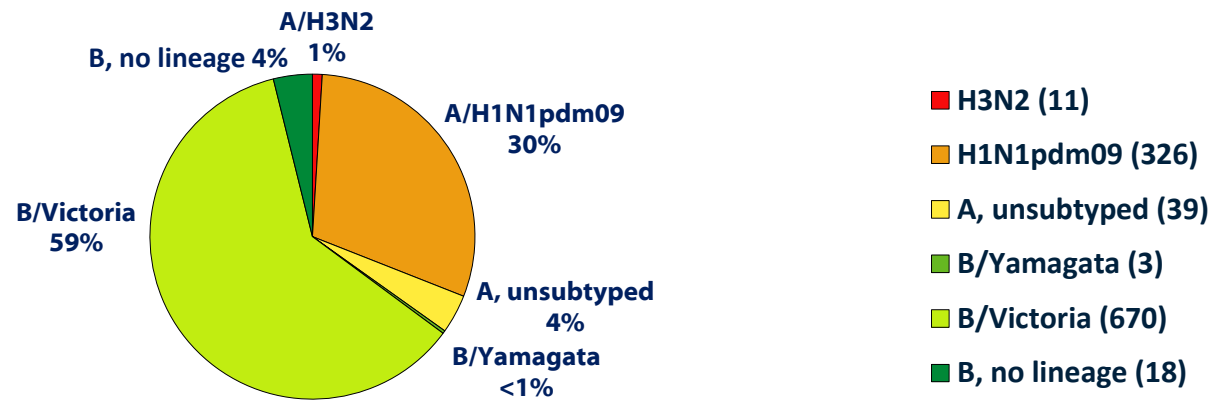
Analysis: $VE = (1 - \text{adjusted OR}) \times 100\%$

- Adjustment for study site, age, sex, self-rated general health status, race/Hispanic ethnicity, interval from onset to enrollment, and calendar time

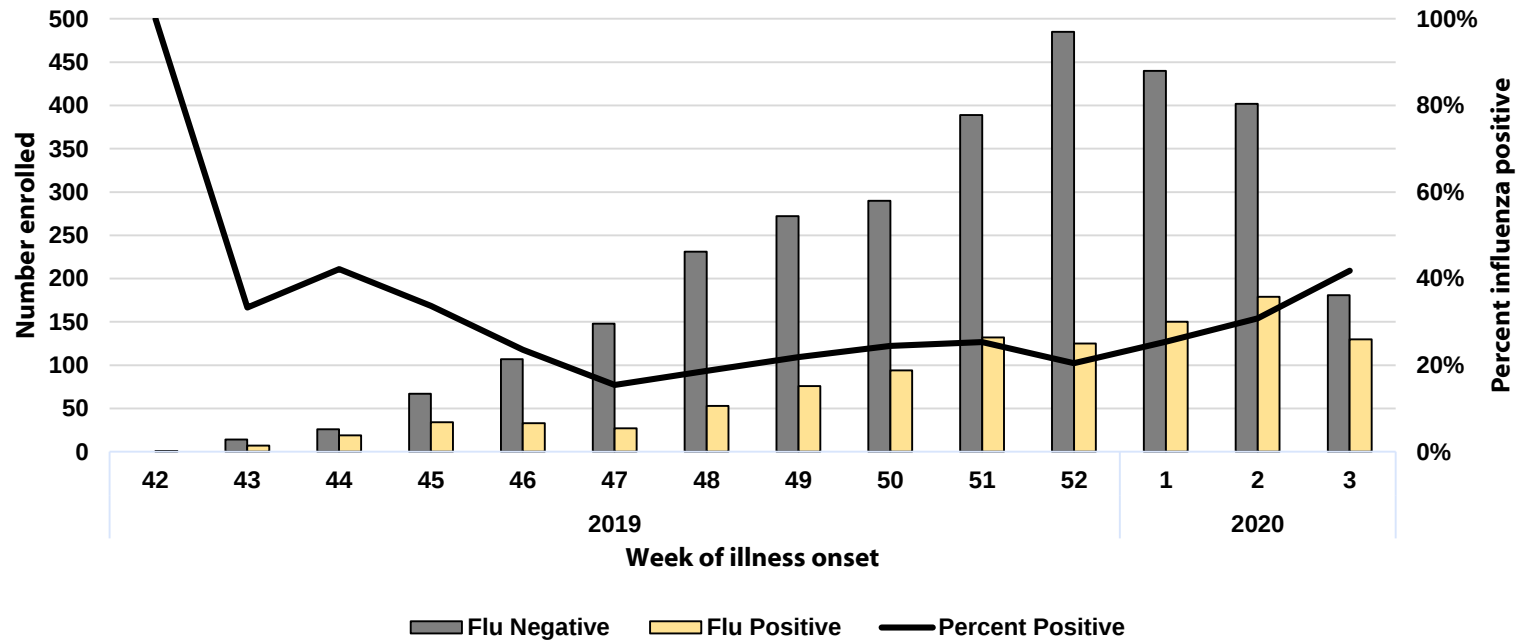
Interim Results

- 4,112 enrolled from Oct 23, 2019–Jan 25, 2020 at 52 clinics at 5 sites
- 1,060 (26%) influenza RT-PCR positive
- 3,052 (74%) influenza RT-PCR negative

Cases enrolled by (sub)type, N=1,060



Number of enrolled participants by influenza RT-PCR result and percent positivity by week of onset



Note: Week 3 only includes patients with completed laboratory tests and thus does not reflect all enrolled patients during that week across study sites.

Interim vaccine effectiveness against medically attended influenza A/B by age group, 2019–20

	Influenza positive		Influenza negative		Vaccine Effectiveness			
					Unadjusted		Adjusted*	
Any influenza A or B virus	N vaccinated /Total	(%)	N vaccinated /Total	(%)	VE %	95% CI	VE %	95% CI
Overall	390/1060	37	1682/3052	55	53	(45 to 59)	45	(36 to 53)
Age group (yrs)								
6 mos–17	142/462	31	492/934	53	60	(50 to 69)	55	(42 to 65)
18–49	143/413	35	452/1084	42	26	(6 to 42)	25	(3 to 41)
≥50	105/185	57	738/1034	71	47	(27 to 62)	43	(19 to 60)

* Multivariable logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time.

Interim vaccine effectiveness against influenza B/Victoria by age group, 2019–20

	Influenza positive		Influenza negative		Vaccine Effectiveness			
					Unadjusted		Adjusted*	
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	VE %	95% CI	VE %	95% CI
<u>Influenza B/Victoria**</u>								
Overall	221/670	33	1682/3052	55	60	(52 to 66)	50	(39 to 59)
Age group (yrs)								
6 mos–17	104/353	29	492/934	53	62	(51 to 71)	56	(42 to 67)
≥18	117/317	37	1190/2118	56	54	(42 to 64)	32	(11 to 48)

* Multivariable logistic regression models adjusted for site, sex, race/ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time.

** 262 B/Victoria viruses from US Flu VE Network participants have been sequenced:

--256 (98%) V1A.3 (2020 S. hemisphere vaccine component)

--6 (2%) V1A.1 clade (2019-20 N. hemisphere vaccine component)

Interim vaccine effectiveness against influenza A/H1N1pdm09 by age group, 2019–20

	Influenza positive		Influenza negative		Vaccine Effectiveness			
	N vaccinated /Total	(%)	N vaccinated /Total	(%)	Unadjusted		Adjusted*	
					VE %	95% CI	VE %	95% CI
<u>Influenza A/H1N1pdm09**</u>								
Overall	138/326	42	1682/3052	55	40	(25 to 53)	37	(19 to 52)
Age group (yrs)								
6 mos–17	35/98	36	492/934	53	50	(23 to 68)	51	(22 to 69)
18–49	48/125	38	452/1084	42	13	(-27 to 40)	5	(-45 to 37)
≥50	55/103	53	738/1034	71	54	(31 to 69)	50	(20 to 68)

* Multivariable logistic regression models adjusted for site, sex, race/ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time.

** 94 A(H1N1)pdm09 viruses from US Flu VE Network participants have been sequenced:
--94 (100%) 6B.1A (2019-20 N. hemisphere vaccine component)

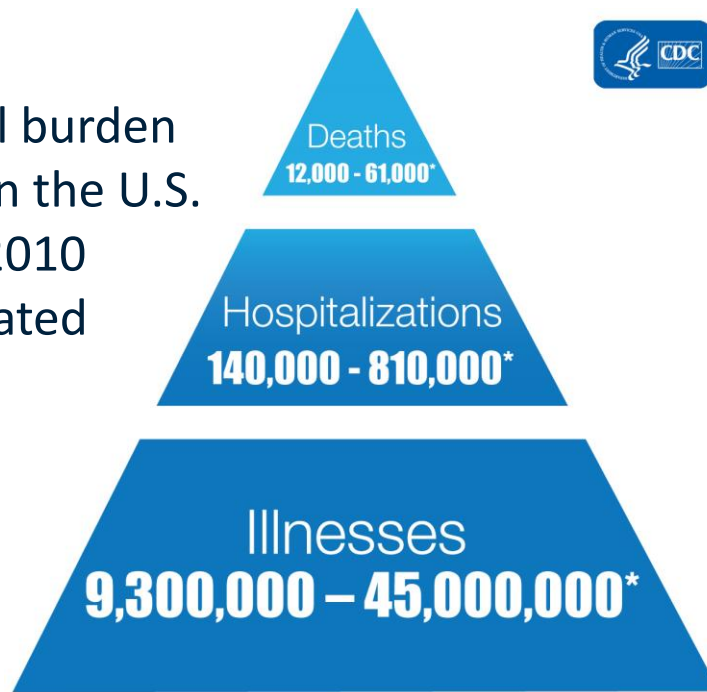
Interim estimates of 2019/20 vaccine effectiveness during early-season co-circulation of influenza A and B viruses, Canada, February 2020

Influenza outcome	Age group (years)	Total	Cases			Controls			Adjusted VE % ^{a,b,c}	95% CI
			All	Vaccinated	%	All	Vaccinated	%		
Any A or B ^d	All ages	2,808	1,411	191	14	1,397	399	29	58	47 to 66
	1–19	866	512	33	6	354	70	20	74	59 to 84
	20–64	1,718	841	122	15	877	229	26	55	41 to 66
	≥65 ^e	224	58	36	62	166	100	60	18	–59 to 58
A(H1N1)pdm09	All ages	1,948	551	107	19	1,397	399	29	44	26 to 58
	1–19	478	124	13	10	354	70	20	63	25 to 81
	20–64	1,273	396	75	19	877	229	26	39	14 to 56
	≥65	197	31	19	ND	166	100	60	NE	
A(H3N2)	All ages	1,561	164	22	13	1,397	399	29	62	37 to 77
	1–19	414	60	2	3	354	70	20	NE	
	20–64	967	90	11	12	877	229	26	64	29 to 81
	≥65	180	14	9	ND	166	100	60	NE	
Influenza B ^f	All ages	2,080	683	60	9	1,397	399	29	69	57 to 77
	1–19	679	325	18	6	354	70	20	77	59 to 87
	20–64	1,224	347	34	10	877	229	26	68	51 to 79
	≥65	177	11	8	ND	166	100	60	NE	

*Skowronski et al, Eurosurveillance 21 Feb 2020. www.eurosurveillance.org

Estimated annual burden of influenza in the U.S. since 2010

Annual burden
of flu in the U.S.
since 2010
(estimated
range)



*The top range of these burden estimates are from the 2017-2018 flu season. These are preliminary and may change as data are finalized.

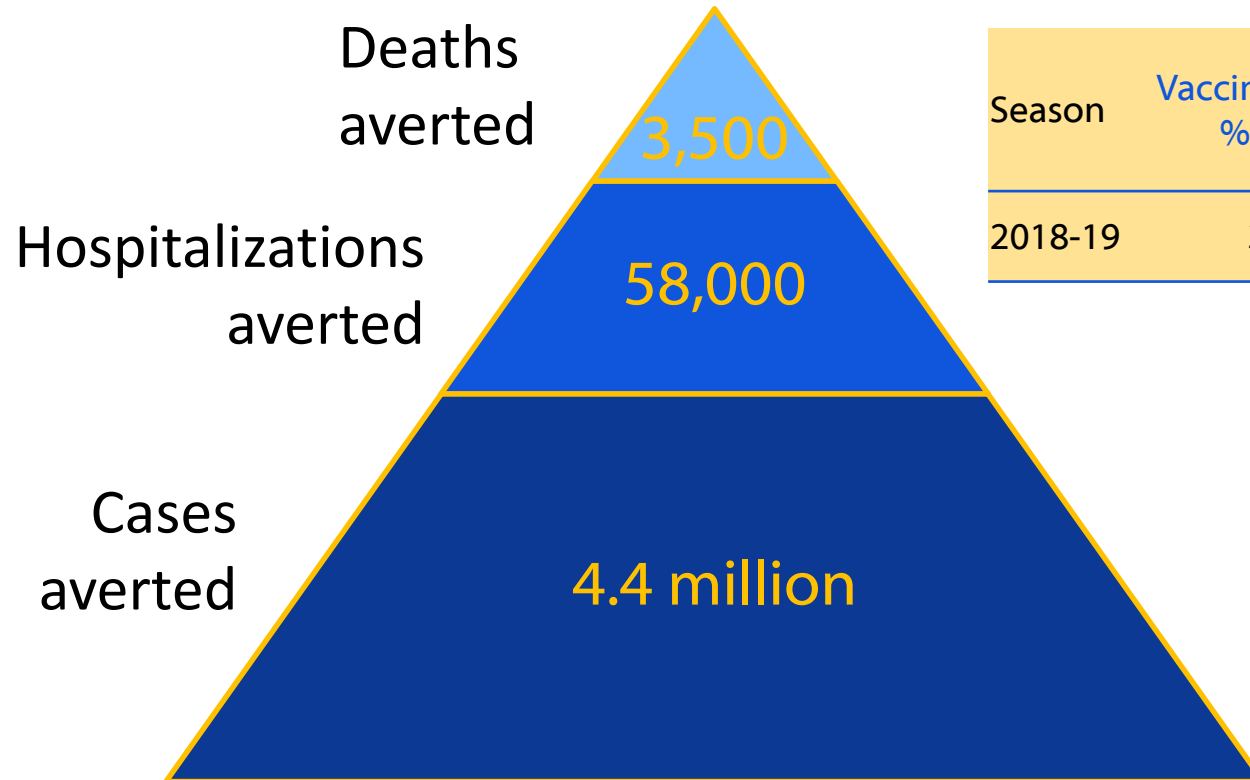


Recent influenza seasons

Season	Illnesses	Hospitalizations	Deaths
2017-18	45,000,000	810,000	61,000
2018-19	35,000,000	490,000	34,000

www.cdc.gov/flu/about/burden/index.html

Deaths, hospitalizations and cases averted in the US due to influenza vaccination, 2018-19 flu season



Season	Vaccine coverage % (range)	Vaccine effectiveness % (95% CI)
2018-19	35–73	26 (19–33)

Estimates of 2019-20 averted burden expected in fall 2020

Chung et al, Clinical Infectious Diseases 2020

Summary

- Interim results for 2019–20 season indicate vaccination reduced medically attended illness due to any influenza virus type by 45% (CI: 36 to 53) based on enrollment through January 25, 2020
 - 55% (CI: 42 to 65) VE against any influenza in children 6m–17 years
- Vaccination provided 50% (CI: 39 to 59) protection against predominant influenza B/Victoria virus (clade V1A.3)
- Overall effectiveness against H1N1pdm09 = 37% (CI: 19 to 52)
 - H1N1pdm09 circulation has increased since January 2020—increased enrollment will improve precision of age-specific estimates



US Flu VE Network

- **Baylor Scott and White Health, Texas A&M University College of Medicine:** Manjusha Gaglani, Alejandro Arroliga, Madhava Beeram, Kelsey Bounds, Lydia Clipper, Amanda Karl, Mary Kylberg, Michael Smith, Kempapura Murthy, Teresa O'Quinn, Deborah Price, Chandni Raiyani, Jeremy Ray, Michael Reis, Natalie Settele, Courtney Shaver, Jennifer Thomas, Jamie Walkowiak, Tnelda Zunie
- **University of Pittsburgh Schools of the Health Sciences and UPMC:** Richard Zimmerman, Mary Patricia Nowalk, G.K. Balasubramani, Todd M. Bear, Heather Eng, Andrew Fackler, Edward Garofolo, Robert Hickey, Philip Iozzi, Monika Johnson, Stephanie Kirk, Jason A. Lyons, Donald B. Middleton, Jonathan M. Raviotta, Evelyn C. Reis, Theresa Sax, Joe Suyama, Leonard F. Urbanski, Marian Vanek, Alexandra Weissman, John V. Williams
- **Kaiser Permanente Washington Health Research Institute:** Michael Jackson, Lisa Jackson, Rachael P. Burganowski, Erika Kiniry, Matt Nguyen, Suzie Park, C. Hallie Phillips, Stacie Wellwood, Brianna M Wickersham
- **University of Michigan and Henry Ford Health System:** Arnold S. Monto, Emily Martin, Joshua G. Petrie, Lois E. Lamerato, Ryan E. Malosh, E.J. McSpadden, Hannah Segaloff, Caroline K. Cheng, Rachel Truscon, Emileigh Johnson, Armanda Kimberly, Anne Kaniclides, Amy Getz, Kim Beney, Sarah Bauer, Michelle Groesbeck, Kendra Goforth, Rebecca Fong, Sanaa Khechen, Sarah Davenport, Miranda Viars, Micah Wildes, Regina Lehmann-Wandell, Asad Kamal, Ava Selke, Marco Ciavaglia, Rachel Phillips, Sonny Kim, Stephanie Taylor
- **Marshfield Clinic Research Institute:** Edward A. Belongia, Huong Q. McLean, Elizabeth Armagost, Samantha Braun, Deanna Cole, Tom Dalcher, Erin Donnerbauer, Terry Foss, Wayne Frome, Hannah Gourdoux, Gregg Greenwald, Sherri Guzinski, Kayla Hanson, Ellice Harris, Linda Heeren, Lynn Ivacic, Julie Karl, Jennifer King, Tamara Kronenwetter Koepel, Diane Kohnhorst, Laura Konrardy, Erik Kronholm, Stacey Kyle, Carrie Marcis, Karen McGreevey, Jennifer Meece, Nidhi Mehta, Vicki Moon, Madalyn Palmquist, Cory Pike, Rebecca Pilsner, DeeAnn Polacek, Martha Presson, Carla Rottscheit, Julian Savu, Jacklyn Sazwedel, Rachel Schoone, Charity Schug, Kristin Seyfert, Elisha Stefanski, Patrick Stockwell, Sandy Strey, Arin Thompson, Chelsey Thompson, Suellyn Wojcik
- **CDC:** Fatimah S. Dawood, Jessie R. Chung, Sara S. Kim, Angie Foust, Wendy Sessions, Juliana DaSilva, Shoshona Le, Thomas Stark, Rebecca J. Kondor, John R. Barnes, David E. Wentworth, Lynnette Brammer, Alicia M. Fry, Manish Patel

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



From: Scott Dowell
Sent: Sunday, March 1, 2020 9:40 PM PST
To: Duchin, Jeff; Cowgill, Karen; Schrag, Stephanie (CDC/DDID/NCIRD/DBD)
CC: Keith Klugman
Subject: FW: Coronavirus and Its Impact to Foundation Operations
Importance: High

[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 and all,

You are doing a superb job leading during a difficult time!

As we discussed with Karen and Stephanie this evening, the foundation has stepped up our restrictions on travel and event convenings (details below), and are looking to follow guidance from public health authorities regarding more pro-active work from home recommendations or requirements.

At some point we are anticipating hearing from you or other authorities that there is substantial community transmission, triggering recommendations for work-from-home for those who can (we can). You may already have such triggers in mind, but here is some recent thinking in case it helps.

If by Trevor Bedford's estimate there are currently 200-1,200 cases in the Seattle metro area population of 3.4m, that is about 1 in 10,000 or so. Wuhan medical facilities were overwhelmed with numbers peaking around 1/1,000. At Ro of 2.5 and serial interval of 8 days we might reach that level in about 2-4 weeks. If such social distancing is to be most effective you would want to implement it early – some time between now and then.

Does that make sense? If not please let us know and we can adjust communications with our leadership.

Thanks so much,

Scott

From: Mark Suzman <Mark.Suzman@gatesfoundation.org>
Sent: Sunday, March 1, 2020 7:20 PM
To: All Foundation Staff <Allfoundationstaff@gatesfoundation.org>
Subject: Coronavirus and Its Impact to Foundation Operations
Importance: High

All,

By now most of you will have seen the news about COVID-19 hitting very close to our headquarters and I want to communicate some additional changes to the way we plan to operate in response. The ELT will follow up with further details soon.

[In our message last Friday](#), we updated our response to the coronavirus and said we were monitoring the situation closely. Later that evening, the Washington State Department of Health announced additional cases of COVID-19 in Snohomish and King counties. Since then the first U.S. deaths related to COVID-19 have been confirmed in the Seattle area as has community transmission. We fully expect additional cases to be reported in the coming days.

This situation is changing rapidly, and while the Seattle campus *remains open for now*, you should prepare for some significant changes in how you conduct foundation business – including working remotely if needed, cancelling all travel (any essential travel will require ELT-level approval according to our existing high-risk travel protocols), and cancelling on-site and off-site events through March. We are committed to providing more details on all of these steps within the next 24-48 hours. If you have immediate questions about travel please contact [Security@](#).

For strategy reviews specifically we are supportive of any employee currently scheduled to participate in person opting to do so remotely on an exceptional basis. Colleagues from regional offices who have already traveled to Seattle in preparation for these important meetings are free to join in person as planned but encouraged to dial-in if they feel uncomfortable in any way.

This is an very fluid situation and we are anticipating that local public health officials may recommend moving to a more explicit mitigation strategy including an approach called social distancing – efforts might range from avoiding handshakes, closing schools, limiting public transportation, and canceling large gatherings.

We understand some of our decisions may sound alarming. However, in the same way the foundation has been at the forefront of the global response to the coronavirus because we believed in the importance of early action before the scope of the crisis was clear, we feel it important to take a careful approach with regard to our own policies and activities. We also feel a responsibility as a foundation focused on global health to take extra precautions to minimize the virus spreading unintentionally to family and community members with weakened immune systems. In addition to following public health officials and our own internal experts for guidance, we are also coordinating closely with the Gates family entities and referencing the actions and decisions of other Seattle-based businesses.

As we previously shared, the foundation is playing a unique role in the wider global response and to maximize our commitment of up to \$100M to accelerate global efforts to end the COVID-19 epidemic, [a working group](#) with foundation resources has been deployed to rapidly strengthen global detection and containment efforts; protect at-risk populations in Africa and South Asia; and help develop vaccines, treatments and diagnostics.

Although you've heard from us frequently via email over the last several weeks and we will continue to send important new guidance directly, please also make use of [Ampersand's COVID-19 page](#) as a reliable source of regularly-updated information.

Thank you for your flexibility, understanding, and patience as we navigate this evolving situation.

Mark

Mark Suzman

Chief Executive Officer
Bill & Melinda Gates Foundation

Executive Assistant Melissa Anderson

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E melissa.anderson@gatesfoundation.org

Bill & Melinda Gates Foundation

www.gatesfoundation.org

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From: Armstrong, Gregory (CDC/DDID/NCEZID/OD)
Sent: Saturday, February 29, 2020 6:40 PM PST
To: Trevor Bedford
CC: Lindquist, Scott SL (CDC doh.wa.gov); Duchin, Jeff
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: Armstrong, Gregory (CDC/DDID/NCEZID/OD)
Sent: Saturday, February 29, 2020 6:18 PM PST
To: Trevor Bedford; Lindquist, Scott SL (CDC doh.wa.gov); Duchin, Jeff
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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,

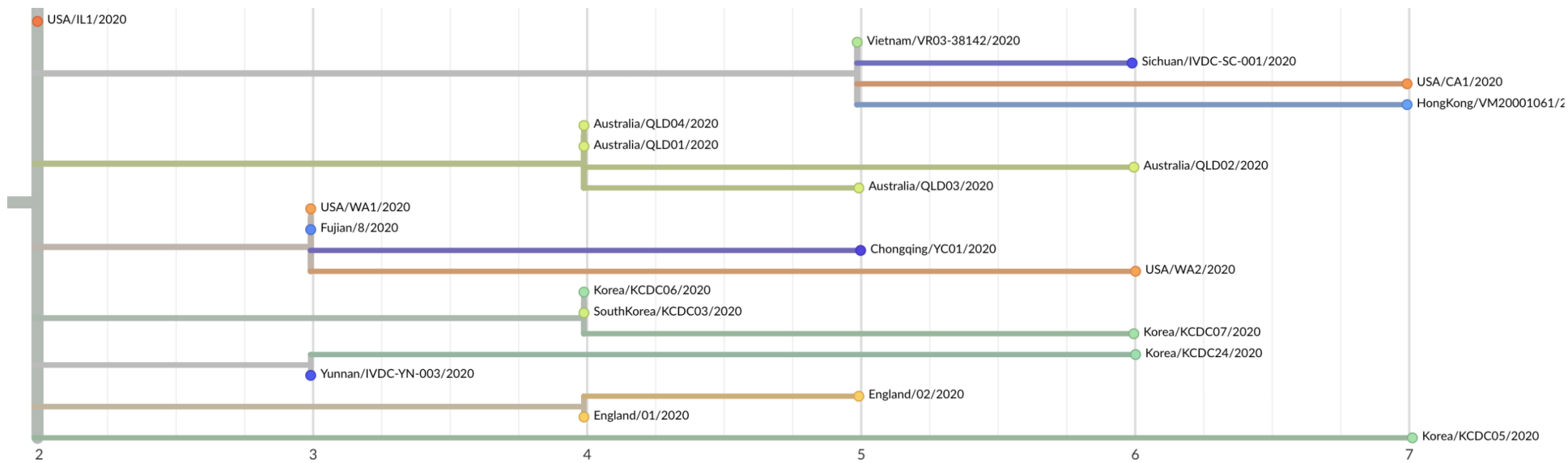
30 minutes ago we got the genome sequence off the machine and we got this assembled and a phylogeny run.

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



From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Sent: Saturday, February 29, 2020 5:52 AM PST
To: Lofy, Kathy KL (CDC doh.wa.gov); Duchin, Jeff
CC: Lindquist, Scott SL (CDC doh.wa.gov); Wiesman, John (CDC doh.wa.gov); Perz, Joseph (CDC/DDID/NCEZID/DHQP); Kay, Meagan; Bialek, Stephanie R. (CDC/DDPHIS/CGH/DPDM); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Patel, Anita (CDC/DDID/NCIRD/OD); Nordlund, Kristen (CDC/DDID/NCIRD/OD)
Subject: Re: Epi-AID Request

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Thank you Kathy, Jeff

Dan and I, along with several staff, were on a call last night with Meagan and others from county. Between epi and IPC we are rostering staff. Kristen is also thinking through comms support. I've included Anita and Dan so we have formal approval to deploy - it will be an eoc deployment, not an epi aid per se, but that's semantics. To Jeff's point, I raised last night the issue of hospital staffing with IM leadership to see how USG could support. We will be in touch shortly.

Get [Outlook for iOS](#)

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

Sent: Saturday, February 29, 2020 2:57 AM

To: Lofy, Kathy KL (CDC doh.wa.gov); Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)

Cc: Lindquist, Scott SL (CDC doh.wa.gov); Wiesman, John (CDC doh.wa.gov); Perz, Joseph (CDC/DDID/NCEZID/DHQP); Kay, Meagan K. (CDC kingcounty.gov)

Subject: Re: Epi-AID Request

Thank you, Kathy. Satish and Joe - dice Kathy sent this we became aware of 7 new PUI, 4 linked to the SNF and at least one of the others linked to the dialy center where our COVID-death case occurred. We also learned that here are likely multiple other HCF that cared for the SNF patients recently. I think we need a team of 12-14 FTE to help with these multiple HCF and community based investigations and associated work.

We are also concerned about staffing the SNF if many are furloughed or don't show - any thoughts about emergency sources of a HCW that could work safely in this environment would be appreciated.

Thanks much - 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: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>

Sent: Friday, February 28, 2020 10:44:09 PM

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

Cc: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>;
Wiesman, John (DOH) <jmwiesman@doh.wa.gov>
Subject: Epi-AID Request

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Hi Satish,

Can you please direct this Epi-AID request to the correct person?

I am writing to request a large Epi-AID team to assist with investigating and responding to an outbreak of COVID-19 in a skilled nursing facility. The facility has 108 residents and 179 staff. Six residents have been hospitalized for pneumonia since 2/18, and there are at least 5 other residents with pneumonia who are not hospitalized. At least 18 staff have been ill since mid-February. Tonight, one resident and one healthcare provider tested presumptively positive for COVID-19 at our state Public Health Laboratory.

Ideally, we would like 2 FTEs to provide an on-site infection control assessment and support, including obtaining clinical specimens for COVID-19 testing. In addition, we would like 5 FTEs to perform contact tracing and 1 FTE to assist with communications.

Thank you for your assistance.

Best,
Kathy

Kathy Lofy, MD

Gender Pronouns: she/her

State Health Officer

Office of the Secretary

Washington State Department of Health

kathy.lofy@doh.wa.gov

360-236-4030 | www.doh.wa.gov



From: Baker, Michael (OS/IEA)
Sent: Wednesday, March 4, 2020 11:23 AM PST
To: Baker, Michael (OS/IEA)
Subject: HHS Announces Initial Funding to Jurisdictions Supporting COVID-19 Response

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

Dear Partner –

Today, the U.S. Department of Health and Human Services (HHS), through the Centers for Disease Control and Prevention (CDC) is [announcing upcoming action](#) to provide initial resources to a limited number of state and local jurisdictions in support of our nation's response to the coronavirus disease 2019 (COVID-19).

“State and local governments are the backbone of our public health system. They have been essential partners in the ongoing work to contain and mitigate the spread of COVID-19 in the United States,” said HHS Secretary Alex Azar. “The Trump Administration is acting swiftly through every avenue we have to ensure state and local governments have the support they need to combat this outbreak.”

“CDC is committed to working with state, local, tribal and territorial public health departments to mitigate community spread of novel coronavirus in this nation,” said CDC Director Robert R. Redfield, M.D. “Our partners are on the front lines of this response and we support their efforts to increase needed public health capacity to confront the challenges this virus presents.”

Using funds provided to CDC through the HHS Secretary's Transfer, CDC will:

- Award an initial \$25 million cooperative agreement to the states and local jurisdictions who have borne the largest burden of response and preparedness activities to date. This is an initial award for those jurisdictions who require immediate assistance for activities such as monitoring of travelers, data management, lab equipment, supplies, staffing, shipping, infection control, and surge staffing. Once supplemental funding is provided, support will be provided to all states and local jurisdictions for a variety of critical public health activities.
- Award an initial \$10 million cooperative agreement to state and local jurisdictions to begin implementation of coronavirus surveillance across the U.S., building on existing influenza activities and other surveillance systems. This initial award is for a limited number of jurisdictions. Once supplemental funding is provided, additional support will be provided to all states and local jurisdictions to enhancing testing and surveillance.

CDC will use existing networks to reach out to state and local jurisdictions to access this initial funding.

For more information about COVID-19, please visit CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Sincerely,
Darcie

Darcie L. Johnston
Director, Intergovernmental Affairs
U.S. Department of Health and Human Services
Darcie.Johnston@hhs.gov

From: Lofy, Kathy H (DOH)
Sent: Friday, February 28, 2020 10:44 PM PST
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
CC: Lindquist, Scott W (DOH); Duchin, Jeff; Wiesman, John (DOH)
Subject: Epi-AID Request

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Best,
Kathy

Kathy Lofy, MD

Gender Pronouns: she/her_

State Health Officer

Office of the Secretary

Washington State Department of Health

kathy.lofy@doh.wa.gov

360-236-4030 | www.doh.wa.gov



From: Duchin, Jeff
Sent: Friday, February 28, 2020 11:56 PM PST
To: Lofy, Kathy H (DOH); Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
CC: Lindquist, Scott W (DOH); Wiesman, John (DOH); Perz, Joseph (CDC/OID/NCEZID); Kay, Meagan
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Jeffrey S. Duchin, MD
Health Officer and Chief, Communicable Disease Epidemiology & Immunization Section
Public Health - Seattle and King County
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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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To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Cc: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>; Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Wiesman, John (DOH) <jmwiesman@doh.wa.gov>
Subject: Epi-AID Request

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