From: FOIA <foia@americanoversight.org>
Date: Friday, July 10, 2020 at 10:15 AM
To: AO Records <records@americanoversight.org>
Subject: Fw: DOH Public Records Center :: S000121-042920

From: WA State DOH Records Center <washingtondoh@govqa.us>
Sent: Friday, July 10, 2020 12:26 PM
To: FOIA <foia@americanoversight.org>
Subject: DOH Public Records Center :: S000121-042920

EXTERNAL SENDER

--- Please respond above this line ---

Washington State Department of Health

Reference # S000121-042920.

Dear Austin Evers,

The Department of Health received a public information request from you on March 10, 2020. We combined your requests:

"All records reflecting any directive, order, or guidance from the federal government (including from the Food and Drug Administration or the Centers for Disease Control and Prevention) not to test for the novel coronavirus that causes COVID-19, to cease or otherwise stop such testing, or to stop other individuals or entities from carrying out such tests. Emails, letters, memoranda, and notes memorializing telephone calls with federal authorities are responsive to this request. Publicly available information suggests that Dr. Scott Lindquist, state epidemiologist for communicable diseases, has knowledge of the location of the responsive

records. Please provide all responsive records from January 24, 2020, through March 11, 2020."

"All email communication between All email communications between (1) Dr. Scott Lindquist, state epidemiologist for communicable diseases, and (2) anyone communication from an email address ending in cdc.gov, fda.gov, or hhs.gov, that that contain any of the following key terms:
a. Test
b. Testing
c. Coronavirus
d. "COVID-19"
e. "SARS-cov-2"
f. "2019 n-Cov"
g. EUA
h. "Emergency Use Authorization"
I. Kit
j. LDT
k. CLIA
l. Epidemic
m. Pandemic
n. Wuhan
o. Hubei
p."Dr. Chu"
q. Greniger
r. Starita
s. "Seattle Flu Study"
t. "UW Medicine"
u. "University of Washington"
v. "Keith Jerome"
w. "Dr. Jerome"
Please provide all responsive records from February 21, 2020 through March 11, 2020."

Records identified as responsive to your public records request have been uploaded to the DOH Public Records Center. Your file(s) will be available for 30 days, after which they will be no longer accessible. Since all identified records have been provided to you, this request is considered closed.

If you have any questions or need additional information, please feel free to respond directly to this email.

Sincerely,

Administrative Services
Public Records

From: Lindquist, Scott W (DOH)
Sent: 2/29/2020 12:31:15 PM
To: Armstrong, Gregory (CDC/DDID/NCEZID/OD)
Subject: Re: Follow-up to call today

Me

Scott

On Feb 29, 2020, at 11:57 AM, Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov> wrote:

☐
Scott—Following up from the call today:
* Your lab received 1 kit (1000 reactions—about enough for 350 patients) on Friday.
* 2 more kits (an additional 2000 reactions) were shipped yesterday to arrive this morning (we confirmed verbally that this could be accepted)
* We're close to validating ~320 more kits (500 reactions each), and may be ready as early as mid-week to ship.
* I'm waiting to get and answer about the extraction kits.

Also:

We've been in contact with the Seattle Flu Study (Jay Shendure) and Scott Dowell (the advisory board for the study, and a senior scientist at the Gates Foundation).

The study offers a very interesting and valuable opportunity to get data that could be useful for public health, both locally and globally. After consulting with Jeff Duchin, we're sending Stephanie Schrag (cc'd here), a very seasoned doctoral-level epidemiologist, with over 20 years of experience in bacterial respiratory disease, to meet with the study starting Monday to develop a plan around this and to help interface with the various public-health partners.

With whom in your shop should she liaise while out there? Karen Cowgill is her POC at King County DOH.

Thanks,
Greg A

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

---

From: Lindquist, Scott W (DOH)
Sent: 3/10/2020 1:02:00 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Cc:
Subject: FW: Evidence of CQ Efficacy for SARS-CoV-2

attachments\115E48A9C98243BA_image002.png

Does CDC have any opinion on this? Chloroquine phosphate as treatment….

Scott Lindquist MD MPH
State Epidemiologist for Communicable Diseases
Office of the State Health Officer
Washington State Department of Health
Scott.lindquist@doh.wa.gov
206-418-5406 | www.doh.wa.gov
<https://www.doh.wa.gov/Newsroom/SocialMedia>

From: John Kearney [mailto:johnkearney253@gmail.com]
Sent: Tuesday, March 10, 2020 12:08 PM
To: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Subject: Re: Evidence of CQ Efficacy for SARS-CoV-2

Greetings Dr. Lindquist,

I just wanted to follow up on this email. Any insight you would have would be greatly appreciated. Thank you and I hope you are well.

All the best,

John E. Kearney
E: johnkearney253@gmail.com
C: (253) 632-1997

On Thu, Mar 5, 2020 at 9:41 AM John Kearney <johnkearney253@gmail.com> wrote:
Finally, attached are pdfs of studies of the efficacy of CQ on past coronaviruses.

All the best,

John E. Kearney
E: johnkearney253@gmail.com
C: (253) 632-1997

On Thu, Mar 5, 2020 at 9:31 AM John Kearney <johnkearney253@gmail.com> wrote:
Attached are pdfs of the cited literature for reference.

All the best,

John E. Kearney
E: johnkearney253@gmail.com
C: (253) 632-1997

On Thu, Mar 5, 2020 at 9:30 AM John Kearney <johnkearney253@gmail.com> wrote:
Greetings Dr. Lindquist,

I hope this email finds you well. I am a researcher at the University of Washington in the Department of Family Medicine. I have previously studied infectious diseases and public health in the Department of Global Health at UW and before that in the Department of Global Health and Social Medicine at Harvard Medical School.

In short, I am reaching out to you as I have come across a compelling body of evidence from China and France that shows the clinical efficacy of Chloroquine phosphate, in combination therapy with other antivirals, for the pre- and post-exposure treatment for COVID-19. Chloroquine is being incorporated into the national treatment guidelines set by the Chinese National Health and Medical Commission. This evidence has been found by epidemiologists in the Department of Health for the State of Washington in their daily "Lit Reps" (attached for February 6th and 20th) but I believe it may have gotten buried in the excess of literature they are sifting through. I would like to bring this, along with more recent findings from Chinese sources, to your attention with the hope that the state might consider integrating CQ into response efforts as well as initiating further studies here in the U.S. to explore its efficacy in treating and preventing COVID-19 infection in those who are vulnerable, confirmed or presumed to be infected, as well as in healthcare providers.

Attached you will find a summary I have compiled along with a number of citations that should not be overlooked. I have intentionally tried to keep this summary short as I understand your time is precious. I will send pdfs of the journal articles in subsequent emails.

I am working now to write a more extensive review as well as bring this to the attention of other health officials who are responding to the COVID-19 crisis. Thank you for your time and consideration and I would be happy to answer any questions that you have regarding this information.

All the best,

John E. Kearney
E: johnkearney253@gmail.com
C: (253) 632-1997

From: Lindquist, Scott W (DOH)
Sent: 3/2/2020 7:48:00 PM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD)
Subject: RE: COVID-19 Surveillance


attachments\A4D3568A136849F3_image002.png

Thomas,

As the University of Washington Lab and other commercial labs are testing, our plan is to use ELR from these labs to populate our state system (WDRS). We are discussing with the UW currently as they are starting to test specimens today or tomorrow. If you are getting questions about the Snohomish case and schools, you really should talk to the health officer in Snohomish County. I have included Chris Spitters here,

Scott Lindquist MD MPH
State Epidemiologist for Communicable Diseases
Office of the State Health Officer
Washington State Department of Health
Scott.lindquist@doh.wa.gov
206-418-5406 | www.doh.wa.gov
<https://www.doh.wa.gov/Newsroom/SocialMedia>

From: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) [mailto:tnc4@cdc.gov]
Sent: Sunday, March 1, 2020 3:03 PM
To: Duchin, Jeffery, MD (DOHi) <jeff.duchin@kingcounty.gov>; Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Subject: RE: COVID-19 Surveillance

Thanks, Jeff.

Yes, we're getting questions about the Snohomish case/school. Also interested in your capacity for electronic lab reporting. Feel free to call if you get a minute, or I can set something up. 678-644-3269.

Thanks,
Tom

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Sunday, March 1, 2020 5:47 PM
To: Lofy, Kathy KL (CDC doh.wa.gov) <kathy.lofy@doh.wa.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>
Subject: COVID-19 Surveillance

Kathy, Scott – connecting you with Tom Clark from CDC who is out here helping us. We've been discussing how we will do surveillance once we can't track/investigate every case and commercial labs come on board with lots of community testing – might consider making this reportable (neg and positive). Tom, interested in helping us think this through and I'm connecting you by email – he's got other things to chat with you about as well.

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: Lindquist, Scott W (DOH)
Sent: 3/7/2020 7:45:53 PM
To: Kay, Meagan,Duchin, Jeffery, MD (DOHi)
Subject: Re: Snohomish Covid cases

Nope no one from PHSKC on the calls today or for the last few days. The other issue for us at DOH is to ask for you all (LHJ's) to be to sure that you share these investigations with the other counties directly when it involves that county. This has been a complaint about PHSKC not sharing exposures that involve these counties. We redirect to your team but I am not following up on each of these. The EPI to EPI call is a great place to do this. I know everyone is busy so if there is something we (DOH) cand do without creating a big burden would be great.

Scott

From: Kay, Meagan <Meagan.Kay@kingcounty.gov>
Sent: Saturday, March 7, 2020 7:39 PM
To: Lindquist, Scott W (DOH); Duchin, Jeffery, MD (DOHi)
Cc: Lofy, Kathy H (DOH); Clark, Thomas A. (CDC/CCID/NCIRD)
Subject: Re: Snohomish Covid cases

Hi Scott,

I thought Vance was joining these calls regularly. I will check in with him about this. Is there a way to have DOH prepare a brief summary of key points that are shared on the call more broadly? It seems that many people that should be aware of the info shared on that call but several of us often have multiple calendar conflicts each day. Let me know. Mike Boysun did an excellent job summarizing info after one of the calls recently. Maybe you are doing this and I just haven't seen it bc I'm swamped w emails like everyone is. I will remind Vance about the calls. Sorry about that!

Thanks,

Meagan

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Saturday, March 7, 2020 7:32:28 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Clark, Thomas A. (CDC/CCID/NCIRD) <tnc4@cdc.gov>
Subject: Re: Snohomish Covid cases

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Jeff and Meagan,

Make sure someone from PHSKC is on the EPI to EPI call. This is where Snohomish or Pierce or Jefferson or Kittitas or Grant or Clark share their evolving investigations and how that effects King Co and vice versa. No one from PHSKC have been on these conversations.

Scott

On Mar 7, 2020, at 7:14 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

☐
Our team feels something big may have fallen through the cracks re notification. Meagan - who should sort this out with DOH?

_____ 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: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Saturday, March 7, 2020 7:10:21 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Clark, Thomas A. (CDC/CCID/NCIRD) <tnc4@cdc.gov>

Subject: Re: Snohomish Covid cases

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No but cases have been shared between counties on this call

Scott

On Mar 7, 2020, at 7:01 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

☐

So all of there we just reported today?

_____ 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: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Saturday, March 7, 2020 6:23:06 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Clark, Thomas A. (CDC/CCID/NCIRD) <tnc4@cdc.gov>

Subject: Re: Snohomish Covid cases

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We discuss these daily on the EPI to EPI call at 11 am.

Scott

On Mar 7, 2020, at 6:02 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

☐

Just heard about the HCW in Snohomish that work in King. What can we do to facilitate real time data sharing about x-jurisdictional situations?

_____ 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: Lindquist, Scott W (DOH)
Sent: 3/1/2020 11:35:48 AM
To: Armstrong, Gregory (CDC/DDID/NCEZID/OD)
Cc:
Subject: Re: Genome sequence from Snohomish County case


attachments\E454D06495A545A8_image002.png


attachments\F75AF5C8A60C48DA_image003.png

How about 4 pm EST and it is really about Trevor Bedford's work and your guidance to us.

Scott

On Mar 1, 2020, at 10:58 AM, Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov> wrote:

☐
Scott: Yes. What time, and what will be the topics—I want to make sure I have the right people there.

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

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Sunday, March 1, 2020 1:27 PM
To:

Greg,

Here at DOH, can we have a call with you and Chris Spitters the health officer in Snohomish? Sometime today would be great.

From: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>
Sent: Sunday, March 1, 2020 5:50:39 AM
To: Bialek, Stephanie R. (CDC/DDPHSIS/CGH/DPDM); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Clark, Thomas A. (CDC/DDID/NCIRD/DVD); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Jernigan, John A. (CDC/DDID/NCEZID/DHQP); Kuhnert-Tallman, Wendi (CDC/DDID/OD); Haynes, Lia (CDC/DDPHSIS/CPR/OD)
Cc: MacCannell, Duncan (CDC/DDID/NCEZID/OD); Neuhaus, Elizabeth (CDC/DDID/NCEZID/OD); Duchin, Jeffery, MD (DOHi); Lindquist, Scott W (DOH); Trevor Bedford
Subject: FW: Genome sequence from Snohomish County case

Stephanie and others: An intriguing note on sequencing from the Washington cases:

Trevor Bedford (cc'd here, from UW—Trevor collaborates with CDC and other public health agencies) is a PI on the Seattle Flu Study and has been able to get two Washington samples for sequencing:
* WA1: the first US case (from January, I think)

* WA2: one of the recent ones (he doesn't have access to the others yet—note that "WA2" is a temporary name he has given to it)

Here is what they look like within the phylogenetic tree (https://nextstrain.org):

<image002.png>
<image003.png>

This means that WA2 is a direct descendant of WA1, with 3 additional mutations. This is consistent with a couple of hypotheses:
* The first Washington case wasn't contained and has been circulating in Washington since then. This is actually the most parsimonious explanation.
* This is one of several somewhat common clades (the "clade" here is everything in the red circle) that was circulating in China in the last couple of months (Fujian/8 and Chongqing/YC01 are part of this clade), and by chance we've picked it up in Washington twice. Trevor did some calculations on this, and the crude probability of this happening is p~0.03. This assumes that all of the clusters in China are equally likely to be found in people coming to the US; if this particular clade, for example, were to be circulating among people who travel frequently to the US, then this p-level wouldn't be as significant as this suggests.

The bottom line (at least this is my take): The most likely explanation here is that this virus has been circulating in Washington, but this is definitely not proof of that. If sequencing of additional cases shows they belong to different clades, it would suggest there have been multiple introductions into Washington. If they're all within this clade, we'll have to see what the tree looks like after we get many more sequences; the shape of the tree might suggest when the introduction occurred and might provide evidence to push towards one of the two hypotheses above.

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

From: Trevor Bedford <trevor@bedford.io>
Sent: Saturday, February 29, 2020 10:53 PM
To: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>
Cc: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Mike Famulare <mfamulare@idmod.org>
Subject: Re: Urgent: Genome sequence from Snohomish County case

Greg: I've just submitted as "USA/WA2/2020(provisional)" and can update to "USA/WA2/2020" or otherwise to align with CDC strain numbering.

- Trevor

On Feb 29, 2020, at 7:38 PM, Trevor Bedford <trevor@bedford.io> wrote:

Yes, please. That would most welcome. We're aiming to have methods as open as possible. We can be in touch tomorrow with an initial draft (cc'ing Mike here).

- Trevor

On Feb 29, 2020, at 7:32 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

That's awesome. I hope you wouldn't be insulted by this suggestion but if we're going to make sure the weighty decisions based on this at least in part, would you be open to having some outsiders review the methods and the findings?

_____ Jeffrey S. Duchin, MD
Health Officer and Chief, Communicable Disease Epidemiology & Immunization Section
Public Health - Seattle and King County
Professor in Medicine, Division of Infectious Diseases, University of Washington
Adjunct Professor, School of Public Health
401 5th Ave, Suite 1250, Seattle, WA 98104
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E-mail: jeff.duchin@kingcounty.gov

_____

From: Trevor Bedford <trevor@bedford.io>
Sent: Saturday, February 29, 2020 7:31:09 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Cc: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Subject: Re: Urgent: Genome sequence from Snohomish County case

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Hi Jeff,

We'll be sequencing any additional cases as quickly as possible. I'm assuming that the cases announced today are currently being processed by CDC. Based on the 2 sequenced genomes, the time frame, and finding 1 positive out of ~400 samples we sequenced we are currently estimating a median of 500 infections in Seattle area. Mike Famulare is working on this analysis and we hope to have something more to share tomorrow.

- Trevor

On Feb 29, 2020, at 7:24 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

Trevor, thanks for sharing this information and for doing this incredible work. I'm not very sophisticated with respect to interpreting the data your share but I get the basic picture. One thing I'm wondering is whether you'll be looking at additional strains from Washington? We would love any additional data that can help us understand the transmission dynamics in the community with respect to potential Independent transmission lineages and if possible any estimate on a number of persons that would need to have had this infection for the observe mutations to the car. All of this relates to independent transmission lineages and if possible any estimate on a number of persons that would need to have had this infection for the observe mutations to occur. All of this relates to triggers for pivoting our approach from case and contact centered to community-based Measures.

_____ Jeffrey S. Duchin, MD
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: Saturday, February 29, 2020 6:40:55 PM
To: Trevor Bedford <trevor@bedford.io>
Cc: Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Duchin, Jeff

<Jeff.Duchin@kingcounty.gov>
Subject: Re: Urgent: Genome sequence from Snohomish County case

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That makes perfect sense. A logical way of looking at it.

Gregory L. Armstrong MD | garmstrong@cdc.gov

From: Trevor Bedford <trevor@bedford.io>
Sent: Saturday, February 29, 2020 9:36:14 PM
To: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>
Cc: Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>
Subject: Re: Urgent: Genome sequence from Snohomish County case

Hi Greg,

These are very astute points. And perhaps "firmly suggest" may have been too strong. I'll try to put better probabilities here. I think the key probability is likelihood of sampling 18060T twice in Snohomish. 18060T is present in the Fujian sample and the Chongqing sample. This is 2/59 samples in China with this variant (https://nextstrain.org/ncov?c=gt-nuc_18060&f_country=China). If I had to put a p value on this, I'd say 2/59 = 0.03.

To me, this is significant and I would favor the hypothesis of endemic circulation. If the second case had been farther away than 10 miles, I might be more skeptical.

- Trevor

On Feb 29, 2020, at 6:18 PM, Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov> wrote:

I'm not sure what convention the lab is using for naming the specimens, but maybe put "(interim identifier)" after it (or something like that).

Some skepticism here, which you should please poke holes in:
* There is often some understated uncertainty when dealing with phylogenetic trees based on a small proportion of the total population of pathogens (i.e., the total number of cases)
* Fuijian/8/2020 is identical to WA1, suggesting that this sequence was circulating in China (in Fijian, 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 the were imported separately imported) 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: Lindquist, Scott W (DOH)
Sent: 3/1/2020 10:20:48 AM
To: Gupta, Neil (CDC/DDID/NCHHSTP/DVH),Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Cc:
Subject: Re: New web pages are live

attachments\1B0557DFDE6C4D04_What To Do If You Have The Symptoms Of COVID.docx

Neil,

This looks great but is too flu specific. All the rash questions do not apply to COVID-19 unless we are just trying to rule out something else. Need to remove the antiviral references and aspirin therapy questions. Otherwise I think it is great and will inform the scripts also. I am including a very stripped down version we will use to set up nurse triage in the state. I would like to use your scripts and symptom checker when ready. Providence health system is ready to pilot and this version I am sendign you will be what we sghare with the media.

Scott

From: Gupta, Neil (CDC/DDID/NCHHSTP/DVH) <iym6@cdc.gov>
Sent: Sunday, March 1, 2020 10:05:01 AM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI); Lindquist, Scott W (DOH)
Subject: RE: New web pages are live

Hi, Scott,

Attached are the algorithms used for flu-on-call. I am currently modifying the 1st document (triage algorithm) for COVID-19 with some folks here on the clinical team. I would like to get your thoughts in a bit when I have a draft (my plan is to make it more simple). Based on that, I will adjust the second document (script) following the same logic. Obviously this will need to be altered to the local situation.

Neil

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Sent: Sunday, March 1, 2020 12:44 PM
To: Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Gupta, Neil (CDC/DDID/NCHHSTP/DVH) <iym6@cdc.gov>
Subject: RE: New web pages are live

Neil is working on the algorithms with team as we speak.

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Sunday, March 1, 2020 12:43 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Subject: Re: New web pages are live

Satish

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Scott

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---

From: Lindquist, Scott W (DOH)
Sent: 2/21/2020 10:10:00 AM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Cc:
Subject: Community Guidance

attachments\5A686118A1FB47F7_What To Do If You Have The Symptoms Of COVID.docx

attachments\54E059F8079A42F8_image003.png

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From: Lindquist, Scott W (DOH)
Sent: 3/1/2020 10:28:34 AM
To: Gupta, Neil (CDC/DDID/NCHHSTP/DVH),Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Cc:
Subject: Re: New web pages are live

Great, we will give it a trial here as soon as it is available.

Scott

From: Gupta, Neil (CDC/DDID/NCHHSTP/DVH) <iym6@cdc.gov>
Sent: Sunday, March 1, 2020 10:25 AM
To: Lindquist, Scott W (DOH); Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Subject: RE: New web pages are live

Thanks, Scott,

Yes I just wanted to show you the source documents we are working with (from flu). I am stripping away all the flu-specific stuff right now. We have chatted with Providence health system on Friday and also been contacted by UCSF with their protocol.

I am getting consensus on a draft "CDC protocol" and will share that with you as soon as I can --- stay tuned.

Neil

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Sunday, March 1, 2020 1:21 PM
To: Gupta, Neil (CDC/DDID/NCHHSTP/DVH) <iym6@cdc.gov>; Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
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Sent: 3/5/2020 3:01:00 PM
To: Arvelo, Wences (CDC/DDPHSS/CSELS/DSEPD)
Cc:
Subject: RE: hotel and travel information for 2020 conference

attachments\CDBBA9C129E74242_image002.png

We will be there

Scott Lindquist MD MPH
State Epidemiologist for Communicable Diseases
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Washington State Department of Health
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206-418-5406 | www.doh.wa.gov
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From: Arvelo, Wences (CDC/DDPHSS/CSELS/DSEPD) [mailto:dwi4@cdc.gov]
Sent: Thursday, March 5, 2020 8:12 AM
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Subject: FW: hotel and travel information for 2020 conference

Making sure you received this. Lets discuss at some point if you think it will be challenging for you and/or your team to attend EIS conference given the COVID-19 response.
W

From: Wright, Jennifer G. (CDC/DDPHSS/CSELS/DSEPD) <pzw5@cdc.gov>
Sent: Thursday, March 5, 2020 7:45 AM
To: Bisgard, Kris (CDC/DDPHSS/CSELS/DSEPD) <kmb6@cdc.gov>; Bosch, Stacey A. (CDC/DDPHSS/CSELS/DSEPD) <gii5@cdc.gov>; Beavers, Suzanne (CDC/DDPHSS/CSELS/DSEPD) <fgx5@cdc.gov>; Arvelo, Wences (CDC/DDPHSS/CSELS/DSEPD) <dwi4@cdc.gov>; Eaton, Danice (CDC/DDPHSS/CSELS/DSEPD) <dhe0@cdc.gov>
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Rebecca.Sunenshine@Maricopa.gov; sarah.kemble@doh.hawaii.gov; barbara.montana@doh.nj.gov; Watt, James (CDC cdph.ca.gov) <James.Watt@cdph.ca.gov>; Ruestow, Peter (CDC cityofchicago.org) <Peter.Ruestow@cityofchicago.org>; Windam, Gayle (CDC cdph.ca.gov) <Gayle.Windham@cdph.ca.gov>; Venkat, Heather (CDC azdhs.gov) <heather.venkat@azdhs.gov>; Barry, Pennan (CDC cdph.ca.gov) <pennan.barry@cdph.ca.gov>; Kerins, Janna (CDC cityofchicago.org) <janna.kerins@cityofchicago.org>; Wilken, Jason (CDC cdph.ca.gov) <jason.wilken@cdph.ca.gov>; Klos, Rachel (CDC wi.gov) <rachel.klos@wi.gov>; Holzbauer, Stacy (CDC state.mn.us) <stacy.holzbauer@state.mn.us>; carlota.medus@state.mn.us; Harrist, Alexia (CDC wyo.gov) <alexia.harrist1@wyo.gov>; ryan.westergaard@wi.gov; Lynfield, Ruth (CDC state.mn.us) <Ruth.Lynfield@state.mn.us>; Leman, Richard RL (CDC state.or.us) <richard.f.leman@state.or.us>; Becker, Tom (CDC ohsu.edu) <beckert@ohsu.edu>; Busacker, Ashley (CDC wyo.gov) <ashley.busacker@wyo.gov>; Davies-Cole, John (CDC dc.gov) <john.davies-cole@dc.gov>; CDC EISO Field Supervisors 2018 <EISOFieldSupervisors2018@cdc.gov>; CDC EISO Field Supervisors 2019 <EISOFieldSupervisors2019@cdc.gov>; Jain, Seema (CDC cdph.ca.gov) <Seema.Jain@cdph.ca.gov>; Black, Stephanie SB (CDC cityofchicago.org) <stephanie.black@cityofchicago.org>
Subject: hotel and travel information for 2020 conference

Hi all, The 69th Annual EIS conference will be held at the Sheraton Atlanta Hotel, May 4-7, 2020. This is the same hotel as last year.

Each year we send letters that can be used to help support supervisor travel to EIS conference (some states require these and some don't). I've attached 3 letters: one for current supervisors, one for recruiting supervisors, and one for prematched supervisors. Please use the one most applicable for your situation.

If you need the location for your travel paperwork, the address is Sheraton Atlanta Hotel, 165 Courtland St NE, Atlanta, GA 30303. The room block is open and rooms can be booked at the link below. Please be sure to book your rooms before the block expires, on April 13. We will be sending this information to your officers in the coming weeks.

https://book.passkey.com/go/ATLXSCEI

Registration is open online and accessible via https://www.cdc.gov/eis/conference/index.html

There is a draft agenda available online for those who need it for travel purposes https://www.cdc.gov/eis/conference/agenda-faqs.html

Please share with everyone on your supervisory team who might need this information in case I missed someone.

Many thanks and we look forward to seeing everyone in a few months at EIS conference.

From: Lindquist, Scott W (DOH)
Sent: 2/21/2020 4:01:00 PM
To: Koonin, Lisa (CDC/DDID/NCIRD/OD) (CTR),Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Subject: RE: Community Guidance


attachments\51E549F1B73A441F_image003.png


attachments\0FF32DEA95574322_image002.png

I would be happy to talk. Name the time. Wednesday is the only day I cannot.

Scott

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From: Koonin, Lisa (CDC/DDID/NCIRD/OD) (CTR) [mailto:lmk1@cdc.gov]
Sent: Friday, February 21, 2020 3:41 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>; Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Cc: Gupta, Neil (CDC/DDID/NCHHSTP/DVH) <iym6@cdc.gov>
Subject: RE: Community Guidance

Scott
This is a great tool and thanks so much for sharing. We have a draft in de3velopment and it would be great to chat with you next week—can we arrange a time to talk?

Best,
Lisa

Lisa M. Koonin DrPH, MN, MPH
Health Preparedness Partners, LLC
A subcontractor of General Dynamics Information Technology (GDIT)
Senior Advisor and
Healthcare Systems Coordination Team Partners Lead
in support of the CDC 2019 Novel Coronavirus (nCoV) Response
Centers for Disease Control and Prevention (CDC)
lmk1@cdc.gov
Mobile: 404 435-2551

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Sent: Friday, February 21, 2020 1:17 PM
To: Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Gupta, Neil (CDC/DDID/NCHHSTP/DVH) <iym6@cdc.gov>; Koonin, Lisa (CDC/DDID/NCIRD/OD) (CTR) <lmk1@cdc.gov>
Subject: RE: Community Guidance

Awesome question. We have a symptom checker tool that is for the general population that is being put into clearance.

That you have developed this to meet WA needs, gives me more data to share w/ IM leadership to get the tool cleared quickly.
Am sharing your document w/ our health systems leadership (Neil and Lisa), to see if we can incorporate some of your ideas into it, and maybe get a pulse check from you on what we have. Also, plus my deputy IM (anita) to let her know that this is a priority so she can share that up the leadership chain.
Thank you,
satish

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Friday, February 21, 2020 1:10 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Subject: Community Guidance

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From: Lindquist, Scott W (DOH)
Sent: 3/9/2020 1:16:31 PM
To: Arvelo, Wences (CDC/DDPHSS/CSELS/DSEPD)
Subject: Re: EIS Match Contingency Planning

attachments\29427A9F2B02498D_image001.png

We in Washington are open to any options that work for the CDC and EIS candidates. Wipe your nose and keep your hands even cleaner.....

Scott

On Mar 9, 2020, at 1:02 PM, Arvelo, Wences (CDC/DDPHSS/CSELS/DSEPD) <dwi4@cdc.gov> wrote:

☐
Dear Scott and Marcia,

Would like to ask for your input on contingency plans for match that involve starting virtual recruitment as early as next week.

The EIS Program is considering contingency options for the Match in the event EIS conference needs to be cancelled or some supervisors/officers are not able to travel. One option is to open up for virtual interactions between sites and officers as early as next week, and allow for incoming officers and supervisors to contact each other. Obviously this will represent a significant burden in the coming weeks for supervisors like you that are actively involved in the COVID-19 response. On the other hand if conference is cancelled or a supervisor is not able to travel to the conference, this virtual interactions will serve as recruitment in lieu of person-person events/meetings during the conference. Let me know if you have any thoughts or concerns, and if there is any support we can provide that will make this virtual recruitment any easier for supervisors like you.

Feel free to call me 404 498 6003 if easier to discuss.

Thank you.
W

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Thursday, March 5, 2020 3:01 PM
To: Arvelo, Wences (CDC/DDPHSS/CSELS/DSEPD) <dwi4@cdc.gov>
Subject: RE: hotel and travel information for 2020 conference

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<EISOFieldSupervisors2018@cdc.gov>; CDC EISO Field Supervisors 2019 <EISOFieldSupervisors2019@cdc.gov>; Jain, Seema (CDC cdph.ca.gov) <Seema.Jain@cdph.ca.gov>; Black, Stephanie SB (CDC cityofchicago.org) <stephanie.black@cityofchicago.org>
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Many thanks and we look forward to seeing everyone in a few months at EIS conference.

From: Lindquist, Scott W (DOH)
Sent: 3/4/2020 12:26:37 PM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD),Lofy, Kathy H (DOH),Hensley, Joni L (DOH)
Subject: Re: Advice for people with sx c/w COVID but no known exposure

attachments\27359224C17A44A1_image002.png

Alright, I gave Danny the final review and they will be posted promptly.

Scott Lindquist MD

From: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>
Sent: Wednesday, March 4, 2020 12:25:37 PM
To: Lofy, Kathy H (DOH); Lindquist, Scott W (DOH); Hensley, Joni L (DOH)
Cc: Duchin, Jeffery, MD (DOHi)
Subject: RE: Advice for people with sx c/w COVID but no known exposure

Good to me.

From: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>
Sent: Wednesday, March 4, 2020 10:54 AM
To: Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>; Hensley, Joni L (DOH) <joni.hensley@doh.wa.gov>
Cc: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>
Subject: Advice for people with sx c/w COVID but no known exposure

Can you please review this document?

We now have three documents:

* Advice for confirmed and probable cases
* Advice for contacts of confirmed cases
* Advice for people with symptoms of COVID-19 but no known exposure (attached)

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
<https://www.doh.wa.gov/Newsroom/SocialMedia>

From: Lindquist, Scott W (DOH)
Sent: 3/2/2020 7:49:00 PM
To: CDC IMS 2019 NCOV Response Epi Surveillance State Coordination Unit
Cc:
Subject: RE: Request for DCIPHER Users

attachments\CCF808A3C6D14FF3_image002.png

I am not sure what the disconnect is but that info has been sent multiple times by our incident command. What can I help you with that you have not already received?

Scott Lindquist MD MPH
State Epidemiologist for Communicable Diseases
Office of the State Health Officer
Washington State Department of Health
Scott.lindquist@doh.wa.gov
206-418-5406 | www.doh.wa.gov
<https://www.doh.wa.gov/Newsroom/SocialMedia>

From: CDC IMS 2019 NCOV Response Epi Surveillance State Coordination Unit
[mailto:eocevent118@cdc.gov]
Sent: Sunday, March 1, 2020 2:10 PM
To: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Cc: CDC IMS 2019 NCOV Response Epi Surveillance State Coordination Unit
<eocevent118@cdc.gov>
Subject: Request for DCIPHER Users

Dear Scott Lindquist,
Our team is working diligently to ensure that you have access to DCIPHER for the purpose of reporting COVID-19 PUI and cases. Receiving a list of DCIPHER users with email addresses will ensure that we can onboard your jurisdiction to 'Phase 2' of the reporting process this week.
To date, we have not received your list of desired users and corresponding email addresses. Please respond by Monday, March 2, at 5pm ET with a list of up to 5 DCIPHER users and their email addresses. You are welcomed to specify whether you want these people to have read-only or read-and-write access to DCIPHER. At least one person must have read/write access.
We appreciate your assistance in advance.

State Coordination Unit, Case-Tracking Team
Epidemiology Task Force
CDC COVID-19 Outbreak Response

State Coordination Unit
eocevent118@cdc.gov
CDC 2019-nCoV Response

From: Lindquist, Scott W (DOH)
Sent: 2/21/2020 6:59:37 AM
To: Biggs, Holly (CDC/DDID/NCIRD/DVD)
Subject: Re: Follow up serum from enhanced contact investigation

I agree especially since it was part of the initial protocol but the logistics of contacting, consenting and arranging the blood draws are beyond local staffing. All is contingent on consent of the subjects of course.

Scott

On Feb 21, 2020, at 6:45 AM, Biggs, Holly (CDC/DDID/NCIRD/DVD) <xdc6@cdc.gov> wrote:

☐
Hi Scott,
I hope you are well. I wanted to follow up about the possibility of collecting serum from our group of close case contacts at ~4-6 week timepoint (which is approaching quickly!). The aim of this is to assess a possible immune response to SARS-CoV-2 exposure. We have ~38 people on the list that we would reach out to. This follow up was part of the initial protocol, but of course participation would be voluntary.

I wanted to get your thoughts on whether this collection might be feasible locally, or whether we might need to send a couple of people to support it, if you agree of course. Would be happy to also set up a call to discuss next steps and logistics.

Thank you,
Holly

Holly Biggs, MD, MPH
Medical Epidemiologist
Respiratory Viruses Branch
Division of Viral Diseases
National Center for Immunization and Respiratory Diseases
U.S. Centers for Disease Control and Prevention
Office: 404-639-3989
Email: hbiggs@cdc.gov

From: Lindquist, Scott W (DOH)
Sent: 3/1/2020 9:57:16 AM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Cc:
Subject: Re: New web pages are live

How about call line scripts

Scott

On Mar 1, 2020, at 9:43 AM, Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov> wrote:

☐
Neil is working on the algorithms with team as we speak.

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Sunday, March 1, 2020 12:43 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Subject: Re: New web pages are live

Satish

What about scripts for nurse call and the symptom checker algorithm?
Scott

On Mar 1, 2020, at 5:41 AM, Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov> wrote:
☐
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
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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: Lindquist, Scott W (DOH)
Sent: 3/7/2020 7:10:21 PM
To: Duchin, Jeffery, MD (DOHi)
Subject: Re: Snohomish Covid cases

No but cases have been shared between counties on this call

Scott

On Mar 7, 2020, at 7:01 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

□

So all of there we just reported today?

_____ 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: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Saturday, March 7, 2020 6:23:06 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Clark, Thomas A. (CDC/CCID/NCIRD) <tnc4@cdc.gov>

Subject: Re: Snohomish Covid cases

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

We discuss these daily on the EPI to EPI call at 11 am.

Scott

On Mar 7, 2020, at 6:02 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

□

Just heard about the HCW in Snohomish that work in King. What can we do to facilitate

real time data sharing about x-jurisdictional situations?

_____ 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: Lindquist, Scott W (DOH)
Sent: 3/2/2020 7:45:00 PM
To: Gupta, Neil (CDC/DDID/NCHHSTP/DVH)
Cc:
Subject: RE: COVID flowchart -- DRAFT

attachments\3B0751F7F6044A3C_image002.png

Sorry to be so tardy….as you can imagine it has been busy. I think this works well for us and for the moment we are still using PUI criteria in the PHL. The University of Washington Virology lab is now offering testing to clinicians and will likely do away with any PUI criteria in the future as this becomes more widely spread and tested in the community.

Scott Lindquist MD MPH
State Epidemiologist for Communicable Diseases
Office of the State Health Officer
Washington State Department of Health
Scott.lindquist@doh.wa.gov
206-418-5406 | www.doh.wa.gov
<https://www.doh.wa.gov/Newsroom/SocialMedia>

From: Gupta, Neil (CDC/DDID/NCHHSTP/DVH) [mailto:iym6@cdc.gov]
Sent: Sunday, March 1, 2020 4:35 PM
To: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Cc: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Subject: COVID flowchart -- DRAFT

Hi, Scott,

Our team met today for a few hours to compile the various resources and come up with a draft for COVID clinical decision tree. If you have a chance, can you let us know how the attached algorithm would work in your jurisdiction? This was written with the assumption that you want to triage people to the right level of care, but still care about PUIs even if they have mild illness. If you don't care about PUIs, it will make the algorithm that much more simple.

Appreciate your thoughts. Once we finalize the decision tree – we will finalize the script/ questionnaire.

Neil

Neil Gupta, MD, MPH
CAPT, U.S. Public Health Service
Chief, Epidemiology & Surveillance Branch
Division of Viral Hepatitis
Centers for Disease Control and Prevention
Phone: 404-639-3122
Email: Ngupta1@cdc.gov
Currently Healthcare Systems Coordination Lead for CDC's COVID-19 Response

---

From: Lindquist, Scott W (DOH)
Sent: 3/1/2020 9:42:52 AM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Cc:
Subject: Re: New web pages are live

Satish

What about scripts for nurse call and the symptom checker algorithm?

Scott

On Mar 1, 2020, at 5:41 AM, Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov> wrote:

☐
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From: Lindquist, Scott W (DOH)
Sent: 3/1/2020 12:09:15 PM
To: Armstrong, Gregory (CDC/DDID/NCEZID/OD)
Subject: Re: Genome sequence from Snohomish County case

So It is Chris Spitters not Jeff

Scott

On Mar 1, 2020, at 11:53 AM, Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov> wrote:

☐
Okay. I'm probably the best contact for that. In fact the press office just asked whether I could speak with the NYT reporter about this (they're trying to decide—if they do want me to, I'll send you and Jeff some talking points I can use).

I'll set up something at 4:00.

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

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Sunday, March 1, 2020 2:36 PM
To: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>
Subject: Re: Genome sequence from Snohomish County case

How about 4 pm EST and it is really about Trevor Bedford's work and your guidance to us.
Scott

On Mar 1, 2020, at 10:58 AM, Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov> wrote:
☐
Scott: Yes. What time, and what will be the topics—I want to make sure I have the right people there.

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

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Sunday, March 1, 2020 1:27 PM
To:

Greg,

Here at DOH, can we have a call with you and Chris Spitters the health officer in Snohomish? Sometime today would be great.

From: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>
Sent: Sunday, March 1, 2020 5:50:39 AM
To: Bialek, Stephanie R. (CDC/DDPHSIS/CGH/DPDM); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Clark, Thomas A. (CDC/DDID/NCIRD/DVD); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Jernigan, John A. (CDC/DDID/NCEZID/DHQP); Kuhnert-Tallman, Wendi (CDC/DDID/OD); Haynes, Lia (CDC/DDPHSIS/CPR/OD)
Cc: MacCannell, Duncan (CDC/DDID/NCEZID/OD); Neuhaus, Elizabeth (CDC/DDID/NCEZID/OD); Duchin, Jeffery, MD (DOHi); Lindquist, Scott W (DOH); Trevor Bedford
Subject: FW: Genome sequence from Snohomish County case

Stephanie and others: An intriguing note on sequencing from the Washington cases:

Trevor Bedford (cc'd here, from UW—Trevor collaborates with CDC and other public health agencies) is a PI on the Seattle Flu Study and has been able to get two Washington samples for sequencing:
* WA1: the first US case (from January, I think)
* WA2: one of the recent ones (he doesn't have access to the others yet—note that "WA2" is a temporary name he has given to it)

Here is what they look like within the phylogenetic tree (https://nextstrain.org):
<image002.png>
<image003.png>

This means that WA2 is a direct descendant of WA1, with 3 additional mutations. This is consistent with a couple of hypotheses:
* The first Washington case wasn't contained and has been circulating in Washington since then. This is actually the most parsimonious explanation.
* This is one of several somewhat common clades (the "clade" here is everything in the red circle) that was circulating in China in the last couple of months (Fujian/8 and Chongqing/YC01 are part of this clade), and by chance we've picked it up in Washington twice. Trevor did some calculations on this, and the crude probability of this happening is p~0.03. This assumes that all of the clusters in China are equally likely to be found in people coming to the US; if this particular clade, for example, were to be circulating among people who travel frequently to the US, then this p-level wouldn't be as significant as this suggests.

The bottom line (at least this is my take): The most likely explanation here is that this virus has been circulating in Washington, but this is definitely not proof of that. If sequencing of additional cases shows they belong to different clades, it would suggest there have been multiple introductions into Washington. If they're all within this clade, we'll have to see what the tree looks like after we get many more sequences; the shape of the tree might suggest when the introduction occurred and might provide evidence to push towards one of the two hypotheses above.

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

From: Trevor Bedford <trevor@bedford.io>
Sent: Saturday, February 29, 2020 10:53 PM
To: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>
Cc: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Mike Famulare <mfamulare@idmod.org>
Subject: Re: Urgent: Genome sequence from Snohomish County case

Greg: I've just submitted as "USA/WA2/2020(provisional)" and can update to

"USA/WA2/2020" or otherwise to align with CDC strain numbering.

- Trevor

On Feb 29, 2020, at 7:38 PM, Trevor Bedford <trevor@bedford.io> wrote:

Yes, please. That would most welcome. We're aiming to have methods as open as possible. We can be in touch tomorrow with an initial draft (cc'ing Mike here).

- Trevor

On Feb 29, 2020, at 7:32 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

That's awesome. I hope you wouldn't be insulted by this suggestion but if we're going to make sure the weighty decisions based on this at least in part, would you be open to having some outsiders review the methods and the findings?

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

_____
From: Trevor Bedford <trevor@bedford.io>
Sent: Saturday, February 29, 2020 7:31:09 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Cc: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Subject: Re: Urgent: Genome sequence from Snohomish County case

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Hi Jeff,

We'll be sequencing any additional cases as quickly as possible. I'm assuming that the cases announced today are currently being processed by CDC. Based on the 2 sequenced genomes, the time frame, and finding 1 positive out of ~400 samples we sequenced we are currently estimating a median of 500 infections in Seattle area. Mike Famulare is working on this analysis and we hope to have something more to share tomorrow.

- Trevor

On Feb 29, 2020, at 7:24 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

Trevor, thanks for sharing this information and for doing this incredible work. I'm not very sophisticated with respect to interpreting the data your share but I get the basic picture. One thing I'm wondering is whether you'll be looking at additional strains from Washington? We would love any additional data that can help us understand the transmission dynamics in the community with respect to potential Independent transmission lineages and if possible any estimate on a number of persons that would need to have had this infection for the observe mutations to the car. All of this relates to independent transmission lineages and if possible any estimate on a number of persons that would need to have had this infection for the observe mutations to occur. All of this

relates to triggers for pivoting our approach from case and contact centered to community-based Measures.

_____ Jeffrey S. Duchin, MD
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: 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)

* Fuijian/8/2020 is identical to WA1, suggesting that this sequence was circulating in China (in Fijian, 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 the were imported separately imported) 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: Lindquist, Scott W (DOH)
Sent: 2/24/2020 9:13:00 AM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Cc:
Subject: RE: Sending hospitazliezed patients home.

attachments\194286E580214C9F_image001.png

attachments\1F08F5B9C9694FED_image003.png

Satish,

Thanks and we are aware but want to make sure there were no politics or promises made about D/C. Realistically, several of these patients met this criteria upon transfer from California.

Scott Lindquist MD MPH
State Epidemiologist for Communicable Diseases
Office of the State Health Officer
Washington State Department of Health
Scott.lindquist@doh.wa.gov
206-418-5406 | www.doh.wa.gov
<https://www.doh.wa.gov/Newsroom/SocialMedia>

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) [mailto:vig8@cdc.gov]
Sent: Monday, February 24, 2020 8:58 AM
To: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Cc: Bialek, Stephanie R. (CDC/DDPHSIS/CGH/DPDM) <zqg7@cdc.gov>; Koppaka, Ram (CDC/DDID/NCIRD/ISD) <vcr4@cdc.gov>; CDC IMS 2019 NCOV Response MCCM TF Clearance <eocevent229@cdc.gov>; Uyeki, Timothy M. (CDC/DDID/NCIRD/ID) <tmu0@cdc.gov>
Subject: RE: Sending hospitazliezed patients home.

Hi Scott –

I wonder if this gets at your question:

https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html
Q: Do patients with confirmed or suspected COVID-19 need to be admitted to the hospital?
A: Not all patients with COVID-19 require hospital admission. Patients whose clinical presentation warrants in-patient clinical management for supportive medical care should be admitted to the hospital under appropriate isolation precautions. Some patients with an initial mild clinical presentation may worsen in the second week of illness. The decision to monitor these patients in the inpatient or outpatient setting should be made on a case-by-case basis. This decision will depend not only on the clinical presentation, but also on the patient's ability to engage in monitoring, the ability for safe isolation at home, and the risk of transmission in the patient's home environment. For more information, see Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for Coronavirus Disease 2019 (COVID-19) in a Healthcare Setting and Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19).
Q: When can patients with confirmed COVID-19 be discharged from the hospital?
A: Patients can be discharged from the healthcare facility whenever clinically indicated. Isolation should be maintained at home if the patient returns home before the end of the period recommended for discontinuation of hospital Transmission-Based Precautions

described below.
Decisions to discontinue Transmission-Based Precautions or in-home isolation can be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health based upon multiple factors, including disease severity, illness signs and symptoms, and results of laboratory testing for COVID-19 in respiratory specimens.
Criteria to discontinue Transmission-Based Precautions can be found in: Interim Considerations for Disposition of Hospitalized Patients with COVID-19
I wonder if Tim and the clinical team is already tracking the patients you are referencing below (will cc here) – I won't be able to join, but maybe they know about this already? And, including Stephanie Bialek (Epi TF lead) about your counting question.

Best,
Satish

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: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Monday, February 24, 2020 11:41 AM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Subject: Sending hospitazliezed patients home.

Satish,

We are beginning our conversations with Sacred Heart about patient clinical status, status of lab results (we did NP/OP over the weekend), and when to start initiating conversations with the home counties of these patients in an attempt to come to some agreement about discharge criteria. I am super clear about ending isolation criteria but would love your thoughts on clinical discharge criteria from the hospital. We are having a clinical call with Sacred Heart today at 11am. You are welcome to join and I can send you the invite.

Second question is who is counting these cases? Are the 2 Washington cases to be included in our numbers (that would bring us to 3) and are the other 2 cases to be counted by their home states?

Scott Lindquist MD MPH
State Epidemiologist for Communicable Diseases
Office of the State Health Officer
Washington State Department of Health
Scott.lindquist@doh.wa.gov
206-418-5406 | www.doh.wa.gov
<https://www.doh.wa.gov/Newsroom/SocialMedia>

_____
From: Lindquist, Scott W (DOH)
Sent: 3/5/2020 6:49:25 AM
To: Duchin, Jeffery, MD (DOHi)
Subject: Re: Results from first four WA SARS-CoV-2 genomes


attachments\A2FE3A97EF4F4CE1_image001.png

I have the same concern but I talked to Trevor yesterday about getting positive sample aliquots from PHL to inform the hypothesis. This is underway

Scott

On Mar 5, 2020, at 6:19 AM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

☐
Am I the only one wondering how much we can say about transmission with only a few if the available isolates examined?

_____ 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: Thursday, March 5, 2020 3:51:29 AM
To: Trevor Bedford <trevor@bedford.io>
Cc: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Cowgill, Karen <n-kcowgill@kingcounty.gov>; Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>; Helen Y Chu <helenchu@uw.edu>; Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>; Jay Shendure <shendure@gmail.com>; Mark J Rieder <mrieder@uw.edu>; Englund, Janet <janet.englund@seattlechildrens.org>; Bialek, Stephanie R. (CDC/DDPHSIS/CGH/DPDM) <zqg7@cdc.gov>; Belay, Ermias (CDC/DDID/NCEZID/DHCPP) <ebb8@cdc.gov>; MacCannell, Duncan (CDC/DDID/NCEZID/OD) <fms2@cdc.gov>; Alex Greninger <agrening@uw.edu>; Pavitra Roychoudhury <proychou@uw.edu>; Jerome, Keith R <kjerome@fredhutch.org>
Subject: RE: Results from first four WA SARS-CoV-2 genomes

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Agreed that it “suggests” a single introduction. Actually, more than “suggests”, but I’m not sure what the best language would be.

I’m concerned it’s being interpreted as “proves”, which is not the case. Any experienced

public health epidemiologist has run into all sorts of “coincidences” in outbreak investigations that never pan out despite an exhaustive investigation. So with something on edge of statistical significance, I’d be hesitant to state the case too strongly without additional evidence.

At this point, it’s more of academic interest and doesn’t impact the response. Whether it was one or two introductions, the response is the same and is what SKC and WA are already doing—to look aggressively for cases in the community.

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

From: Trevor Bedford <trevor@bedford.io>
Sent: Wednesday, March 4, 2020 10:06 PM
To: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>
Cc: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; n-kcowgill@kingcounty.gov; Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>; Helen Y Chu <helenchu@uw.edu>; Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>; Jay Shendure <shendure@gmail.com>; Mark J Rieder <mrieder@uw.edu>; Englund, Janet <janet.englund@seattlechildrens.org>; Bialek, Stephanie R. (CDC/DDPHSIS/CGH/DPDM) <zqg7@cdc.gov>; Belay, Ermias (CDC/DDID/NCEZID/DHCPP) <ebb8@cdc.gov>; MacCannell, Duncan (CDC/DDID/NCEZID/OD) <fms2@cdc.gov>; Alex Greninger <agrening@uw.edu>; Pavitra Roychoudhury <proychou@uw.edu>; Jerome, Keith R <kjerome@fredhutch.org>
Subject: Re: Results from first four WA SARS-CoV-2 genomes

Hi all,

We have an additional genome from the UW Virology (Alex, Pavitra and Keith cc'ed). This is "WA4-UW2". This is identical in sequence to what SFS sequenced today with "WA-S1". Again, I think the most probable scenario is a transmission chain initiated in mid-Jan by WA1 that has continued to circulate locally resulting in WA-S2, WA4-UW2, WA2.

The metadata shows that WA-S2, WA4-UW2 are definitely different samples.

Scott, Alex was able to confirm that yes WA3_UW1 was a travel case.

For me, the evidence suggests a single transmission chain circulating in the community. The forward simulation still suggests a median of 600 active infections.

- Trevor

<image001.png>

On Mar 4, 2020, at 3:14 PM, Trevor Bedford <trevor@bedford.io> wrote:

Thanks for the input Greg. We should be able to do some modeling of clade sizes. We've done this in other projects.

I'm working with Scott, UW Virology to confirm travel history of WA3_UW1. Preliminarily, this may be a one-off travel introduction and so we'd still be looking at the (hypothesized) single large transmission chain.

- Trevor

On Mar 4, 2020, at 2:33 PM, Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov> wrote:

Trevor:

Let me know if this interpretation is correct:
* The clade of three is consistent that clade being introduced into Washington, with ongoing transmission since then. This is the most simple explanation.
* That clade could also could be consistent with 2 separate introductions (or more). If you consider only the phylogenetic data, this scenario would be much less likely. It would be hard to put a p-value on this , but if you only look at the probability of this (i.e., the probability that a second introduction into Washington would be from the same clade), the p-value would be ~0.2-0.4. However, this assumes that sequencing that has been done so far has been done at random among cases. This is unlikely, so the p-value is probably higher, possibly considerably higher.
* So while the most parsimonious explanation remains a single introduction, the findings by themselves at this point aren't definitive. It will be interesting to see what additional sequences show.
* If the case in the other clade is in a traveler, that is what we'd expect. If that's not the case—if the case had no known exposures—it would suggest a second introduction into Washington.

Thanks,
Greg

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

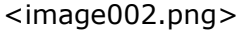
From: Trevor Bedford <trevor@bedford.io>
Sent: Wednesday, March 4, 2020 5:10 PM
To: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; n-kcowgill@kingcounty.gov; Schrag, Stephanie (CDC/DDID/NCIRD/DBD) <zha6@cdc.gov>
Cc: Helen Y Chu <helenchu@uw.edu>; Mike Famulare <mfamulare@idmod.org>; Jay Shendure <shendure@gmail.com>; Mark J Rieder <mrieder@uw.edu>; Englund, Janet <janet.englund@seattlechildrens.org>
Subject: Results from first four WA SARS-CoV-2 genomes

Hi all,

We just had another genome come off the sequencer. I'm provisionally calling this WA-S2.

This brings us to:
- WA1 --- Jan 19, first case in Everrett (sequenced by CDC)
- WA2 --- Feb 24, Snohomish County
- WA3_UW1 --- Feb 27 Seattle (sequenced by UW Virology)
- WA-S2 --- Feb 20 Seattle

We see that WA1, WA2 and WA-S2 all fall into the same cluster. This is the one we think has been circulating since mid-Jan. WA3_UW1 is a separate, possibly recent introduction.



Given that these three fall into the same cluster, we still estimate that this cluster has resulted in ~600 infections circulating at this moment.

It's hard to say how big of a transmission chain WA3_UW1 is part of.

This genome came from a metagenomics run, the other three failed in this run. These were run in parallel in hybrid capture and should be finished tomorrow I believe.

Please feel free to forward this within public health as you see fit.

I would like to make a public announcement of this genome result alongside broad denominator data (we tested ~1000 specimens and found 5 positives in our research assay) this evening. I will plan to preview this announcement with the group.

- Trevor

From: Lindquist, Scott W (DOH)
Sent: 3/6/2020 12:25:00 PM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD)
Cc:
Subject: RE: CDC reinforcements

attachments\D0172C98635A46E1_image002.png

Great, Have them contact me for site and debrief and an introduction to the team.

Scott Lindquist MD MPH
State Epidemiologist for Communicable Diseases
Office of the State Health Officer
Washington State Department of Health
Scott.lindquist@doh.wa.gov
206-418-5406 | www.doh.wa.gov
<https://www.doh.wa.gov/Newsroom/SocialMedia>

From: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) [mailto:tnc4@cdc.gov]
Sent: Friday, March 6, 2020 12:19 PM
To: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Duchin, Jeffery, MD (DOHi) <jeff.duchin@kingcounty.gov>
Subject: RE: CDC reinforcements

Sounds good. Will let you know who that is today.

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Friday, March 6, 2020 9:25 AM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>
Cc: Lofy, Kathy KL (CDC doh.wa.gov) <kathy.lofy@doh.wa.gov>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>
Subject: Re: CDC reinforcements

We could use 1 person at PHL to coordinate your concerns and the rest should support King County and their response. Including Jeff to establish a contact
Scott

On Mar 6, 2020, at 9:00 AM, Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov> wrote:
☐
Kathy, Scott:

We have an additional 25 CDC deployers arriving with the next 24 hours. Do you have any asks for assistance or view any roles for liaison officers with PH SKC?
I'm wondering about:
* Daily coordination across labs. Need to ensure equitable distribution of testing capacity, identify if additional resources are needed.
* Visibility on community mitigation efforts by state.
* Visibility on community surveillance by state.

Let me know if what you think and what you need.

Tom

From: Lindquist, Scott W (DOH)
Sent: 2/28/2020 3:51:23 PM
To: Fleming-Dutra, Katherine E. (CDC/DDID/NCIRD/DBD)
Subject: Re: follow-up on patient from flu study

Results are known today and test at PHL is positive

Scott

On Feb 28, 2020, at 3:10 PM, Fleming-Dutra, Katherine E. (CDC/DDID/NCIRD/DBD) <ftu2@cdc.gov> wrote:

☐
Just a quick follow up, do you all know when these results might come back? Do you expect results today?

Thank you very much!
Best,
Katherine
Cell 901-289-0572

Katherine E. Fleming-Dutra, MD
Case Tracking Team
COVID-19 Epi Task Force
Centers for Disease Control and Prevention
ftu2@cdc.gov

From: Christopher Spitters <christopher.spitters@comcast.net>
Sent: Friday, February 28, 2020 3:13 PM
To: Fleming-Dutra, Katherine E. (CDC/DDID/NCIRD/DBD) <ftu2@cdc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Cc: Langley, Gayle E. (CDC/DDID/NCIRD/DVD) <fez7@cdc.gov>; Oliver, Sara Elizabeth (CDC/DDID/NCIRD/DBD) <yxo4@cdc.gov>; CDC IMS 2019 NCOV Response Epi TF Lead <eocevent332@cdc.gov>; Bowen, Virginia B. (CDC/DDID/NCHHSTP/DSTDP) <xef3@cdc.gov>; CDC IMS 2019 NCOV Response Epi TF Case Tracking Team <eocevent331@cdc.gov>
Subject: Re: follow-up on patient from flu study

Hi, Katherine. Got it and will do.
Chris Spitters

From: "Fleming-Dutra, Katherine E. (CDC/DDID/NCIRD/DBD)" <ftu2@cdc.gov>
Date: Friday, February 28, 2020 at 12:06 PM
To: Christopher Spitters <christopher.spitters@comcast.net>, Scott Lindquist <scott.lindquist@doh.wa.gov>
Cc: "Langley, Gayle E. (CDC/DDID/NCIRD/DVD)" <fez7@cdc.gov>, "Oliver, Sara Elizabeth (CDC/DDID/NCIRD/DBD)" <yxo4@cdc.gov>, CDC IMS 2019 NCOV Response Epi TF Lead <eocevent332@cdc.gov>, "Bowen, Virginia B.

(CDC/DDID/NCHHSTP/DSTDP)" <xef3@cdc.gov>, CDC IMS 2019 NCOV Response Epi TF Case Tracking Team <eocevent331@cdc.gov>
Subject: RE: follow-up on patient from flu study

Hi Dr. Spitters and Dr. Lindquist,

I wanted to connect with you about the possible COVID-19 positive from the WA flu study. I am on the CDC's COVID-19 response Epidemiology Task Force, Case Tracking team. I understand that there was a COVID-19 potential positive on an unvalidated research test that is now being retested at Washington Department of Health.

As I am sure you are aware, if this sample (or any other sample) is positive at the Washington Department of Health, we would term this a presumptive positive that needs to be confirmed at the CDC laboratory per the Emergency Use Authorization for this test. The Washington Department of Health can and should take appropriate public health action if you identify a presumptive positive specimen in your state public health laboratory. We are currently working out a system for state health departments to notify us if they identify a presumptive positive COVID-19 case in their public health labs and will share that information as soon as it is ready. However, if this specimen is indeed a presumptive positive at WADOH, please notify us immediately. Tonight or this weekend, you can call me directly if this sample is positive, and you can call or email if it is negative. My cell phone is 901-289-0572.

Best,
Katherine

Katherine E. Fleming-Dutra, MD
Case Tracking Team
COVID-19 Epi Task Force
Centers for Disease Control and Prevention
404-639-4243
ftu2@cdc.gov

From: Langley, Gayle E. (CDC/DDID/NCIRD/DVD) <fez7@cdc.gov>
Sent: Friday, February 28, 2020 2:39 PM
To: Fleming-Dutra, Katherine E. (CDC/DDID/NCIRD/DBD) <ftu2@cdc.gov>; Oliver, Sara Elizabeth (CDC/DDID/NCIRD/DBD) <yxo4@cdc.gov>
Subject: FW: follow-up on patient from flu study

Hello. This is the patient from Snohomish Cty, if someone from one of your teams can follow-up. Thank you, Gayle

From: Christopher Spitters <christopher.spitters@comcast.net>
Sent: Friday, February 28, 2020 2:28 PM
To: Langley, Gayle E. (CDC/DDID/NCIRD/DVD) <fez7@cdc.gov>
Cc: Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Subject: Re: follow-up on patient from flu study

Hi, Gayle.

Here's my contact info:

Chris Spitters, MD
Interim Health Officer
Snohomish Health District
Cell 206 383 0474

From: "Langley, Gayle E. (CDC/DDID/NCIRD/DVD)" <fez7@cdc.gov>
Date: Friday, February 28, 2020 at 11:20 AM
To: Christopher Spitters <christopher.spitters@comcast.net>
Cc: Scott Lindquist <scott.lindquist@doh.wa.gov>
Subject: follow-up on patient from flu study

Hello. I am just following-up on the patient that we talked about who was enrolled in the flu study. I would like to connect you with our team that tracks persons under investigation. Please let me know the best way to get in touch. Thank you, Gayle

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

From: Lindquist, Scott W (DOH)
Sent: 3/6/2020 9:25:26 AM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD)
Subject: Re: CDC reinforcements

We could use 1 person at PHL to coordinate your concerns and the rest should support King County and their response. Including Jeff to establish a contact

Scott

On Mar 6, 2020, at 9:00 AM, Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov> wrote:

☐
Kathy, Scott:

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I'm wondering about:
* Daily coordination across labs. Need to ensure equitable distribution of testing capacity, identify if additional resources are needed.
* Visibility on community mitigation efforts by state.
* Visibility on community surveillance by state.

Let me know if what you think and what you need.

Tom

From: Lindquist, Scott W (DOH)
Sent: 3/1/2020 10:27:12 AM
To: Armstrong, Gregory (CDC/DDID/NCEZID/OD),Bialek, Stephanie R. (CDC/DDPHSIS/CGH/DPDM),McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP),Clark, Thomas A. (CDC/DDID/NCIRD/DVD),Jernigan, Daniel B. (CDC/DDID/NCIRD/ID),Jernigan, John A. (CDC/DDID/NCEZID/DHQP),Kuhnert-Tallman, Wendi (CDC/DDID/OD),Haynes, Lia (CDC/DDPHSIS/CPR/OD)
Subject: Re: Genome sequence from Snohomish County case

attachments\7B7BAAE08FA44E69_image001.png

attachments\A3E47148E1E548DD_image003.png

Greg,

Here at DOH, can we have a call with you and Chris Spitters the health officer in Snohomish? Sometime today would be great.

From: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>
Sent: Sunday, March 1, 2020 5:50:39 AM
To: Bialek, Stephanie R. (CDC/DDPHSIS/CGH/DPDM); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Clark, Thomas A. (CDC/DDID/NCIRD/DVD); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Jernigan, John A. (CDC/DDID/NCEZID/DHQP); Kuhnert-Tallman, Wendi (CDC/DDID/OD); Haynes, Lia (CDC/DDPHSIS/CPR/OD)
Cc: MacCannell, Duncan (CDC/DDID/NCEZID/OD); Neuhaus, Elizabeth (CDC/DDID/NCEZID/OD); Duchin, Jeffery, MD (DOHi); Lindquist, Scott W (DOH); Trevor Bedford
Subject: FW: Genome sequence from Snohomish County case

Stephanie and others: An intriguing note on sequencing from the Washington cases:

Trevor Bedford (cc'd here, from UW—Trevor collaborates with CDC and other public health agencies) is a PI on the Seattle Flu Study and has been able to get two Washington samples for sequencing:
* WA1: the first US case (from January, I think)
* WA2: one of the recent ones (he doesn't have access to the others yet—note that "WA2" is a temporary name he has given to it)

Here is what they look like within the phylogenetic tree (https://nextstrain.org):

This means that WA2 is a direct descendant of WA1, with 3 additional mutations. This is consistent with a couple of hypotheses:
* The first Washington case wasn't contained and has been circulating in Washington since then. This is actually the most parsimonious explanation.
* This is one of several somewhat common clades (the "clade" here is everything in the red circle) that was circulating in China in the last couple of months (Fujian/8 and Chongqing/YC01 are part of this clade), and by chance we've picked it up in Washington twice. Trevor did some calculations on this, and the crude probability of this happening is p~0.03. This assumes that all of the clusters in China are equally likely to be found in people coming to the US; if this particular clade, for example, were to be circulating among people who travel frequently to the US, then this p-level wouldn't be as significant as this suggests.

The bottom line (at least this is my take): The most likely explanation here is that this

virus has been circulating in Washington, but this is definitely not proof of that. If sequencing of additional cases shows they belong to different clades, it would suggest there have been multiple introductions into Washington. If they're all within this clade, we'll have to see what the tree looks like after we get many more sequences; the shape of the tree might suggest when the introduction occurred and might provide evidence to push towards one of the two hypotheses above.

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

From: Trevor Bedford <trevor@bedford.io>
Sent: Saturday, February 29, 2020 10:53 PM
To: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>
Cc: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>; Mike Famulare <mfamulare@idmod.org>
Subject: Re: Urgent: Genome sequence from Snohomish County case

Greg: I've just submitted as "USA/WA2/2020(provisional)" and can update to "USA/WA2/2020" or otherwise to align with CDC strain numbering.

- Trevor

On Feb 29, 2020, at 7:38 PM, Trevor Bedford <trevor@bedford.io> wrote:

Yes, please. That would most welcome. We're aiming to have methods as open as possible. We can be in touch tomorrow with an initial draft (cc'ing Mike here).

- Trevor

On Feb 29, 2020, at 7:32 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

That's awesome. I hope you wouldn't be insulted by this suggestion but if we're going to make sure the weighty decisions based on this at least in part, would you be open to having some outsiders review the methods and the findings?

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

From: Trevor Bedford <trevor@bedford.io>
Sent: Saturday, February 29, 2020 7:31:09 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Cc: Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Subject: Re: Urgent: Genome sequence from Snohomish County case

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Hi Jeff,

We'll be sequencing any additional cases as quickly as possible. I'm assuming that the cases announced today are currently being processed by CDC. Based on the 2 sequenced genomes, the time frame, and finding 1 positive out of ~400 samples we sequenced we are currently estimating a median of 500 infections in Seattle area. Mike Famulare is working on this analysis and we hope to have something more to share tomorrow.

- Trevor

On Feb 29, 2020, at 7:24 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

Trevor, thanks for sharing this information and for doing this incredible work. I'm not very sophisticated with respect to interpreting the data your share but I get the basic picture. One thing I'm wondering is whether you'll be looking at additional strains from Washington? We would love any additional data that can help us understand the transmission dynamics in the community with respect to potential Independent transmission lineages and if possible any estimate on a number of persons that would need to have had this infection for the observe mutations to the car. All of this relates to independent transmission lineages and if possible any estimate on a number of persons that would need to have had this infection for the observe mutations to occur. All of this relates to triggers for pivoting our approach from case and contact centered to community-based Measures.

_____ Jeffrey S. Duchin, MD
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: 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)
* Fuijian/8/2020 is identical to WA1, suggesting that this sequence was circulating in China (in Fijian, 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 the were imported separately imported) 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: Lindquist, Scott W (DOH)
Sent: 3/7/2020 10:02:15 AM
To: Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID)
Subject: Re: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

attachments\2BF5912E39B94CCA_image001.jpg

Peggy

It would be great to get a roster or list of CDC folks that are here if that is doable. If our incident command already have a current list, I can get it from them.

Scott

On Mar 7, 2020, at 9:57 AM, Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) <mrh7@cdc.gov> wrote:

☐
Introducing myself – arriving in Seattle yesterday to work with Tom on the CDC side. We are still defining roles/responsibilities, but anticipate helping Tom with managing the CDC team on the ground here. My cell number is 770-402-0160.

Margaret (Peggy) Honein, PhD, MPH
Director, Division of Birth Defects and Infant Disorders
National Center on Birth Defects and Developmental Disabilities
U.S. Centers for Disease Control and Prevention
mrh7@cdc.gov

<image001.jpg>

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Saturday, March 7, 2020 9:42 AM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>
Cc: Akl, Pascale <Pascale.Akl@virginiamason.org>; Carlson, Christina (CDC/DDPHSIS/CGH/DPDM) <okq1@cdc.gov>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; Jacobs, Jesica (CDC/DDPHSS/CSELS/DSEPD) <phx2@cdc.gov>; Gautom, Romesh (DOH) <Romesh.Gautom@DOH.WA.GOV>; Lewis, James <jamelewis@kingcounty.gov>; Kay, Meagan K. (CDC kingcounty.gov) <meagan.kay@kingcounty.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Pogosjans, Sargis <spogosjans@kingcounty.gov>; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) <mrh7@cdc.gov>
Subject: Re: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

Christina can contact me at 2067182664. Same with Jessica, but who is Peggy?
Scott

On Mar 7, 2020, at 9:37 AM, Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov> wrote:
☐
Christina Carlson will be CDC's liaison between State PHL and Seattle response. Jesica will back her up. They can focus on bringing all lab capacity online effectively and making sure the right people have visibility on the status of lab capacity daily.

Peggy, Scott Lindquist the State ID Epi agreed so I think we are good to go, but please facilitate if needed.

Thanks, all.

Tom

From: Akl, Pascale <Pascale.Akl@virginiamason.org>
Sent: Saturday, March 7, 2020 8:49 AM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>
Cc: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; Gautom, Romesh (DOH) <Romesh.Gautom@doh.wa.gov>; Lewis, James <jamelewis@kingcounty.gov>; Kay, Meagan K. (CDC kingcounty.gov) <meagan.kay@kingcounty.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Pogosjans, Sargis <spogosjans@kingcounty.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Subject: Re: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

Thank you all again.
Sent from my iPhone

On Mar 7, 2020, at 7:44 AM, Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov> wrote:
☐
** STOP. THINK. External Email **
_____
All:

CDC will put a liaison officer from our Seattle response at the State PHL lab today, at their request. We're meeting in 15 minutes with the new arrivals, so I'll let you know ASAP who that is. I'll ask that she make it a priority today to make a plan for assay validation.

Tom

From: Akl, Pascale <Pascale.Akl@virginiamason.org>
Sent: Friday, March 6, 2020 8:45 PM
To: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>
Cc: Gautom, Romesh (DOH) <Romesh.Gautom@doh.wa.gov>; Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>; Lewis, James <jamelewis@kingcounty.gov>; Kay, Meagan K. (CDC kingcounty.gov) <meagan.kay@kingcounty.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Pogosjans, Sargis <spogosjans@kingcounty.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Subject: Re: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

Thank you all for your prompt responses. Who would be best contact at the CDC?

Thanks,
Pascale

Sent from my iPhone

On Mar 6, 2020, at 7:22 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:
☐
** STOP. THINK. External Email **
_____

Thanks, Romesh
_____ 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: Gautom, Romesh (DOH) <Romesh.Gautom@DOH.WA.GOV>
Sent: Friday, March 6, 2020 5:11:43 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>; Lewis, James <jamelewis@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Pogosjans, Sargis <spogosjans@kingcounty.gov>
Cc: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Subject: RE: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

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

I think going to CDC for validation/verification may be an expeditious process to ramp up testing capacity in our state. We can certainly help if CDC is busy as well.

Thanks,

Romesh

From: Duchin, Jeff [mailto:Jeff.Duchin@kingcounty.gov]
Sent: Friday, March 6, 2020 1:52 PM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>; Lewis, James <jamelewis@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Pogosjans, Sargis <spogosjans@kingcounty.gov>
Cc: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>; Gautom, Romesh (DOH) <Romesh.Gautom@DOH.WA.GOV>
Subject: RE: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

Great suggestion – Scott, Romesh: can VM work directly with CDC for validation?

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: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>
Sent: Friday, March 6, 2020 1:46 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>; Lewis, James <jamelewis@kingcounty.gov>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Pogosjans, Sargis <spogosjans@kingcounty.gov>
Subject: RE: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

[EXTERNAL Email Notice!] External communication is important to us. Be cautious of phishing attempts. Do not click or open suspicious links or attachments.
This is great. If we need to connect them to CDC lab for verification, we can. I know the State Lab is working flat out and wanted CDC to take on the validation role.

tom

From: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Sent: Friday, March 6, 2020 1:41 PM
To: Lewis, James <jamelewis@kingcounty.gov>; Kay, Meagan K. (CDC kingcounty.gov) <meagan.kay@kingcounty.gov>; Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Pogosjans, Sargis <spogosjans@kingcounty.gov>
Subject: Fwd: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

FYI
_____ 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: Duchin, Jeff
Sent: Friday, March 6, 2020 1:36:48 PM
To: Akl, Pascale <Pascale.Akl@virginiamason.org>
Cc: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>; Gautom, Romesh (DOH) <Romesh.Gautom@doh.wa.gov>
Subject: RE: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

Thank you, Akl, I'm connecting you with our Washington State PHL to confirm you procedure.

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: Akl, Pascale <Pascale.Akl@virginiamason.org>
Sent: Friday, March 6, 2020 12:42 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Subject: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

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

This is Pascale Akl, medical director of Virginia Mason Medical Center Laboratory. I am reaching out to inform you that we are looking into validating an assay for SARS-CoV-2 (COVID-19) at our institution. Abbott offers a Research Use Only (RUO) assay on their m2000sp/rt, which we currently have in our virology lab. We are still at the initial steps and will be moving forward with the process. The plan is to validate the assay as a "lab developed test" based on CDC/FDA guidance and will be submitting an "emergency release authorization (EUA)" before going live with the assay. I have already reached out to Dr. Sung Choi to inform her as well. Please let me know if we are missing anything.

Thanks,

Pascale Akl, MD
Medical Director, Virginia Mason Clinical and Anatomical Laboratories
<image001.jpg>

Virginia Mason Medical Center
1110 Ninth Ave., C6-LAB | Seattle, WA 98101
Phone: (206) 287-6230

From: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI)
Sent: 2/21/2020 10:17:50 AM
To: Lindquist, Scott W (DOH)
Subject: RE: Community Guidance

attachments\0B6B4F27FCC14263_What To Do If You Have The Symptoms Of COVID.docx

attachments\E68ECF4C96DA4426_image001.png

Awesome question. We have a symptom checker tool that is for the general population that is being put into clearance.
That you have developed this to meet WA needs, gives me more data to share w/ IM leadership to get the tool cleared quickly.
Am sharing your document w/ our health systems leadership (Neil and Lisa), to see if we can incorporate some of your ideas into it, and maybe get a pulse check from you on what we have. Also, plus my deputy IM (anita) to let her know that this is a priority so she can share that up the leadership chain.
Thank you,
satish

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Friday, February 21, 2020 1:10 PM
To: Pillai, Satish K. (CDC/DDID/NCEZID/DPEI) <vig8@cdc.gov>
Subject: Community Guidance

Satish,

Where is CDC on guidance to the general public if they have COVID-19 or symptoms of COVID-19 assuming community spread and a high prevalence in the community. I have created one (DRAFT) for WA state that involves guidance to the community as well as setting up a COVID 19 call center staffed by nursing staff. Let me know if you have or are creating similar guidance or algorithms for the public to follow. Feel free to hare or use this draft if needed.

Scott Lindquist MD MPH
State Epidemiologist for Communicable Diseases
Office of the State Health Officer
Washington State Department of Health
Scott.lindquist@doh.wa.gov
206-418-5406 | www.doh.wa.gov
<https://www.doh.wa.gov/Newsroom/SocialMedia>

_____
From: Lindquist, Scott W (DOH)
Sent: 3/7/2020 7:32:28 PM
To: Duchin, Jeffery, MD (DOHi)
Subject: Re: Snohomish Covid cases

Jeff and Meagan,

Make sure someone from PHSKC is on the EPI to EPI call. This is where Snohomish or Pierce or Jefferson or Kittitas or Grant or Clark share their evolving investigations and how that effects King Co and vice versa. No one from PHSKC have been on these conversations.

Scott

On Mar 7, 2020, at 7:14 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

☐
Our team feels something big may have fallen through the cracks re notification. Meagan - who should sort this out with DOH?

_____ 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: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Saturday, March 7, 2020 7:10:21 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Clark, Thomas A. (CDC/CCID/NCIRD) <tnc4@cdc.gov>

Subject: Re: Snohomish Covid cases

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No but cases have been shared between counties on this call

Scott

On Mar 7, 2020, at 7:01 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

☐

So all of there we just reported today?

_____ Jeffrey S. Duchin, MD
Health Officer and Chief, Communicable Disease Epidemiology & Immunization Section
Public Health - Seattle and King County
Professor in Medicine, Division of Infectious Diseases, University of Washington
Adjunct Professor, School of Public Health
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E-mail: jeff.duchin@kingcounty.gov

_____

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Saturday, March 7, 2020 6:23:06 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Cc: Lofy, Kathy H (DOH) <Kathy.Lofy@DOH.WA.GOV>; Kay, Meagan <Meagan.Kay@kingcounty.gov>; Clark, Thomas A. (CDC/CCID/NCIRD) <tnc4@cdc.gov>

Subject: Re: Snohomish Covid cases

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We discuss these daily on the EPI to EPI call at 11 am.

Scott

On Mar 7, 2020, at 6:02 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

☐

Just heard about the HCW in Snohomish that work in King. What can we do to facilitate real time data sharing about x-jurisdictional situations?

_____ 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: Lindquist, Scott W (DOH)
Sent: 2/24/2020 5:34:27 PM
To: Goldoft, Marcia (DOH),Holshue, Michelle L (DOH Fellow),Wences Arvelo
Cc:
Subject: Fwd: Your EIS Host Site Application Has Been Submitted

Scott

Begin forwarded message:

From: EIS Fellowship Program <no-reply@email.zenginehq.com>
Date: February 24, 2020 at 5:32:27 PM PST
To: "Lindquist, Scott W (DOH)" <scott.lindquist@doh.wa.gov>
Subject: Your EIS Host Site Application Has Been Submitted
Reply-To: EIS@cdc.gov

☐
Dear Scott Lindquist,
Thank you for submitting your EIS host site application. We will communicate the status of your application via email. Please feel free to contact us if you have any questions in the meantime.
Sincerely,
Epidemic Intelligence Service
Centers for Disease Control and Prevention
1600 Clifton Road MS E-92
Atlanta, GA 30329-4027 USA
eis@cdc.gov

From: Lindquist, Scott W (DOH)
Sent: 3/7/2020 9:59:57 AM
To: Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID)
Subject: Re: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

attachments\3605ABF855B04010_image001.jpg

Glad to meet you!

Scott

On Mar 7, 2020, at 9:57 AM, Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) <mrh7@cdc.gov> wrote:

☐
Introducing myself – arriving in Seattle yesterday to work with Tom on the CDC side. We are still defining roles/responsibilities, but anticipate helping Tom with managing the CDC team on the ground here. My cell number is 770-402-0160.

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Director, Division of Birth Defects and Infant Disorders
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Cc: Akl, Pascale <Pascale.Akl@virginiamason.org>; Carlson, Christina (CDC/DDPHSIS/CGH/DPDM) <okq1@cdc.gov>; Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; Jacobs, Jesica (CDC/DDPHSS/CSELS/DSEPD) <phx2@cdc.gov>; Gautom, Romesh (DOH) <Romesh.Gautom@DOH.WA.GOV>; Lewis, James <jamelewis@kingcounty.gov>; Kay, Meagan K. (CDC kingcounty.gov) <meagan.kay@kingcounty.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Pogosjans, Sargis <spogosjans@kingcounty.gov>; Honein, Margaret (Peggy) (CDC/DDNID/NCBDDD/DBDID) <mrh7@cdc.gov>
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Peggy, Scott Lindquist the State ID Epi agreed so I think we are good to go, but please facilitate if needed.

Thanks, all.

Tom

From: Akl, Pascale <Pascale.Akl@virginiamason.org>
Sent: Saturday, March 7, 2020 8:49 AM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>
Cc: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; Gautom, Romesh (DOH) <Romesh.Gautom@doh.wa.gov>; Lewis, James <jamelewis@kingcounty.gov>; Kay, Meagan K. (CDC kingcounty.gov) <meagan.kay@kingcounty.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Pogosjans, Sargis <spogosjans@kingcounty.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Subject: Re: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

Thank you all again.
Sent from my iPhone

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All:

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Cc: Gautom, Romesh (DOH) <Romesh.Gautom@doh.wa.gov>; Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>; Lewis, James <jamelewis@kingcounty.gov>; Kay, Meagan K. (CDC kingcounty.gov) <meagan.kay@kingcounty.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Pogosjans, Sargis <spogosjans@kingcounty.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Subject: Re: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

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Thanks,

Pascale

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☐
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_____

Thanks, Romesh
_____ Jeffrey S. Duchin, MD
Health Officer and Chief, Communicable Disease Epidemiology & Immunization Section
Public Health - Seattle and King County
Professor in Medicine, Division of Infectious Diseases, University of Washington
Adjunct Professor, School of Public Health
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Tel: (206) 296-4774; Direct: (206) 263-8171; Fax: (206) 296-4803
E-mail: jeff.duchin@kingcounty.gov
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From: Akl, Pascale <Pascale.Akl@virginiamason.org>
Sent: Friday, March 6, 2020 12:42 PM
To: Duchin, Jeff <Jeff.Duchin@kingcounty.gov>
Subject: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

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Dr. Duchin,

This is Pascale Akl, medical director of Virginia Mason Medical Center Laboratory. I am reaching out to inform you that we are looking into validating an assay for SARS-CoV-2 (COVID-19) at our institution. Abbott offers a Research Use Only (RUO) assay on their m2000sp/rt, which we currently have in our virology lab. We are still at the initial steps and will be moving forward with the process. The plan is to validate the assay as a "lab developed test" based on CDC/FDA guidance and will be submitting an "emergency release authorization (EUA)" before going live with the assay. I have already reached out to Dr. Sung Choi to inform her as well. Please let me know if we are missing anything.

Thanks,

Pascale Akl, MD
Medical Director, Virginia Mason Clinical and Anatomical Laboratories
<image001.jpg>

Virginia Mason Medical Center
1110 Ninth Ave., C6-LAB | Seattle, WA 98101
Phone: (206) 287-6230

_____
From: Lindquist, Scott W (DOH)
Sent: 3/7/2020 6:23:06 PM
To: Duchin, Jeffery, MD (DOHi)
Subject: Re: Snohomish Covid cases

We discuss these daily on the EPI to EPI call at 11 am.

Scott

On Mar 7, 2020, at 6:02 PM, Duchin, Jeff <Jeff.Duchin@kingcounty.gov> wrote:

☐

Just heard about the HCW in Snohomish that work in King. What can we do to facilitate real time data sharing about x-jurisdictional situations?

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From: Lindquist, Scott W (DOH)
Sent: 2/21/2020 7:31:22 AM
To: Biggs, Holly (CDC/DDID/NCIRD/DVD)
Subject: Re: Follow up serum from enhanced contact investigation

I think your plan is great. You could reach out to Michelle to see if she is available....

Scott

On Feb 21, 2020, at 7:21 AM, Biggs, Holly (CDC/DDID/NCIRD/DVD) <xdc6@cdc.gov> wrote:

☐
Hi Scott,
Would you be ok with us planning to move forward with this from CDC? I could reach out to Chris Spitters and Jeff Duchin, copying you. We could work on the contacting, consenting and plan for blood draws from Atlanta. And I can start exploring the possibility of sending a couple of people out for the blood draws. We could either do home visits again, or if there might be a space available locally where people could come. Is there anyone else from the state I should involve – not sure about Michelle's interest?

Thank you,
Holly

From: Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov>
Sent: Friday, February 21, 2020 10:00 AM
To: Biggs, Holly (CDC/DDID/NCIRD/DVD) <xdc6@cdc.gov>
Cc: Chu, Victoria (CDC/DDID/NCIRD/DVD) <pgz4@cdc.gov>
Subject: Re: Follow up serum from enhanced contact investigation

I agree especially since it was part of the initial protocol but the logistics of contacting, consenting and arranging the blood draws are beyond local staffing. All is contingent on consent of the subjects of course.
Scott

On Feb 21, 2020, at 6:45 AM, Biggs, Holly (CDC/DDID/NCIRD/DVD) <xdc6@cdc.gov> wrote:
☐
Hi Scott,
I hope you are well. I wanted to follow up about the possibility of collecting serum from our group of close case contacts at ~4-6 week timepoint (which is approaching quickly!). The aim of this is to assess a possible immune response to SARS-CoV-2 exposure. We have ~38 people on the list that we would reach out to. This follow up was part of the initial protocol, but of course participation would be voluntary.

I wanted to get your thoughts on whether this collection might be feasible locally, or whether we might need to send a couple of people to support it, if you agree of course. Would be happy to also set up a call to discuss next steps and logistics.

Thank you,
Holly

Holly Biggs, MD, MPH
Medical Epidemiologist
Respiratory Viruses Branch
Division of Viral Diseases
National Center for Immunization and Respiratory Diseases
U.S. Centers for Disease Control and Prevention
Office: 404-639-3989
Email: hbiggs@cdc.gov

From: Lindquist, Scott W (DOH)
Sent: 2/26/2020 9:37:21 AM
To: Smart, John (DOHi)
Cc:
Subject: Re: Check in

The overall from CDC regarding sending home is covered by CDC guidance and is OK to send. Plan was to have Marisa call Florida and Georgia again to connect Home Counties with patients to coordinate home isolation. Labs are still pending.
Washington residents are OK by LHJ's and transportation is being arranged. Need transportation for Florida and Georgia.

Scott

On Feb 26, 2020, at 9:25 AM, Smart, John (OS/ASPR/EMMO) <John.Smart@hhs.gov> wrote:

I'll check in on the transport coordination.

Just so I'm clear on a few things:
1) Test results for the pts? Assume positive but you were awaiting the results yesterday.
2) CDC has officially said "Yes" to home isolation in both FL and GA? I was getting a different message from ASPR yesterday and want to make sure we are aligned. Can I call you or Marisa to discuss this?
3) And, the requirements for home isolation support in FL and GA are in place?

Thanks.

John Smart
Field Operations and Response Division
HHS/ASPR/Emergency Management and Medical Operations
New cell: 202.304.0043
john.smart@hhs.gov
aspr.r10@hhs.gov (regional email)
New regional number: 206.615.2600 (on call duty officer and regional phone directory)

On Feb 26, 2020, at 09:17, Lindquist, Scott W (DOH) <scott.lindquist@doh.wa.gov> wrote:

Sounds like CDC discussed with states and we need transportation details sorted out. How are we sending them home?

Scott

On Feb 26, 2020, at 9:11 AM, Smart, John (OS/ASPR/EMMO) <John.Smart@hhs.gov> wrote:

Good morning Dr. Lindquist.

Wanted to check in regarding the home isolation for the WA residents and CDC's discussion with FL and GA. Are there updates we need to discuss before the 1100 call today? Thanks.

John Smart
Field Operations and Response Division
HHS/ASPR/Emergency Management and Medical Operations
New cell: 202.304.0043
john.smart@hhs.gov
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From: Lindquist, Scott W (DOH)
Sent: 3/7/2020 9:42:27 AM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD)
Subject: Re: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

Christina can contact me at 2067182664. Same with Jessica, but who is Peggy?

Scott

On Mar 7, 2020, at 9:37 AM, Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov> wrote:

☐
Christina Carlson will be CDC's liaison between State PHL and Seattle response. Jesica will back her up. They can focus on bringing all lab capacity online effectively and making sure the right people have visibility on the status of lab capacity daily.

Peggy, Scott Lindquist the State ID Epi agreed so I think we are good to go, but please facilitate if needed.

Thanks, all.

Tom

From: Akl, Pascale <Pascale.Akl@virginiamason.org>
Sent: Saturday, March 7, 2020 8:49 AM
To: Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov>
Cc: Duchin, Jeff (CDC kingcounty.gov) <jeff.duchin@kingcounty.gov>; Gautom, Romesh (DOH) <Romesh.Gautom@doh.wa.gov>; Lewis, James <jamelewis@kingcounty.gov>; Kay, Meagan K. (CDC kingcounty.gov) <meagan.kay@kingcounty.gov>; Jernigan, John A. (CDC/DDID/NCEZID/DHQP) <jqj9@cdc.gov>; Pogosjans, Sargis <spogosjans@kingcounty.gov>; Lindquist, Scott SL (CDC doh.wa.gov) <scott.lindquist@doh.wa.gov>
Subject: Re: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

Thank you all again.
Sent from my iPhone

On Mar 7, 2020, at 7:44 AM, Clark, Thomas A. (CDC/DDID/NCIRD/DVD) <tnc4@cdc.gov> wrote:
☐
** STOP. THINK. External Email **

All:

CDC will put a liaison officer from our Seattle response at the State PHL lab today, at their request. We're meeting in 15 minutes with the new arrivals, so I'll let you know ASAP who that is. I'll ask that she make it a priority today to make a plan for assay

validation.

Tom

From: Akl, Pascale <Pascale.Akl@virginiamason.org>
Sent: Friday, March 6, 2020 8:45 PM
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Subject: Re: Virginia Mason Medical Center- SARS-Cov-2 (COVID-19) assay validation

Thank you all for your prompt responses. Who would be best contact at the CDC?

Thanks,
Pascale

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Medical Director, Virginia Mason Clinical and Anatomical Laboratories
<image001.jpg>

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Phone: (206) 287-6230

on e-mail communication if you or a family member is injured or is experiencing a sudden change in health status.

If you need emergency attention, call 911.

What To Do If You Have The Symptoms Of COVID-19 Or Have Been Diagnosed With COVID-19

Symptoms of COVID-19

Patients with COVID-19 may present with mild to severe respiratory illness. Most common symptoms include fever cough and shortness of breath. Other symptoms include muscle aches, tiredness, headaches, sore throat, runny nose, diarrhea, and nausea/vomiting.

Possible risk factors for progressing to severe illness may include, but are not limited to, older age (>65 years), and underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy.

No specific treatment for COVID-19 infection is currently available so clinical management includes immediately starting recommended infection prevention and control measures and supportive management of complications.

Do I need to go to the emergency room if I am only a little sick?

No. The emergency room should be used for people who are very sick. You should not go to the emergency room if you are only mildly ill. If you have the ***emergency warning signs of COVID-19***, you should go to the emergency room. If you get sick with COVID-19 symptoms and are at high risk of complications or you are concerned about your illness, call your health care provider for advice.

What are the emergency warning signs?

In children

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- COVID-19 symptoms improve but then return with fever and worse cough

In adults

- Difficulty breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting
- COVID-19 symptoms improve but then return with fever and worse cough

Group A

You are able to breathe easily but may have a cough, runny nose, sore throat, muscle aches, headache or fever.

Actions: Stay at home and do not go to work or school and remain greater than 6 feet away from anyone to prevent the spread of illness. Do not share common household items such as glasses and eating utensils, towels, toothbrushes etc. Try to have a dedicated bathroom for those that are ill if possible, Cover your cough, wash your hands frequently, dispose of tissues and mucous in a trash bin. Have someone else get your groceries and other needs from outside your home.

Access to Healthcare: No need to be evaluated if you have these mild symptoms unless you develop any emergency signs or are concerned because you have any of the underlying conditions listed above. If concerns, call your medical provider or the COVID Hotline to alert your provider and find a suitable Healthcare Facility for evaluation.

Group B

You are having trouble breathing, or your cough is so severe you are feeling short of breath. You may have a fever unresponsive to common over the counter medications like Tylenol and Motrin. These include emergency warning signs like pain or pressure in the chest or abdomen, sudden dizziness, confusion, severe or persistent vomiting. Even if your COVID-19 symptoms initially improve but then return with fever and worse cough.

Actions: Do not drive yourself anywhere for evaluation without first calling ahead.

Access to Healthcare: You need to be evaluated. Call your medical provider or the COVID Hotline to alert your provider and find a suitable Healthcare Facility for evaluation. If worsening of symptoms while arranging for a healthcare evaluation, call 911 And alert them to your COVID-19 symptoms and diagnosis.

Considerations for care at home include:

- You are comfortable with receiving care at home.
- Appropriate caregivers are available at home if needed.
- There is a separate bedroom where you can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.
- You and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
- There are NO household members who may be at increased risk of complications from COVID-19 (i.e. lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy).