Situational Report on the 2019 Coronavirus Outbreak

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Global Summary

- Total 109,577 confirmed (3,993 new)
- 3,809 deaths (225 new)

In China:
- 80,904 confirmed (45 new)
- 3,123 deaths (23 new)

Outside of China:
- 28,673 confirmed (3,948 new)
- 686 deaths (202 new)
- 104 countries (3 new)
Summary in the USA

• 722 cases in 35 States & Washington, DC
• 26 deaths

• travel related cases
• cases of person-to-person spread
• under investigation
Cases among Persons Repatriated to the United States

<table>
<thead>
<tr>
<th>Origin of Cases</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wuhan, China</td>
<td>3</td>
</tr>
<tr>
<td>Diamond Princess Cruise Ship†</td>
<td>46</td>
</tr>
</tbody>
</table>

Cases have laboratory confirmation and may or may not have been symptomatic.
Number of specimens tested for COVID-19

- CDC labs tested 3,698
- US public health laboratories tested 4,856
- 78 state and local public health labs in 50 states and the District of Columbia have successfully verified and are currently using COVID-19 diagnostic tests.
COVID-19
CORONAVIRUS

Illness Severity

Symptom

☑️ Reported illnesses have ranged from mild to severe, including illness resulting in death.

☑️ Fever
☑️ Cough
☑️ Shortness of Breath
While there is not widespread circulation in most communities in the United States, the immediate health risk from COVID-19 is considered *low*.

People in places where ongoing community spread of the virus that causes COVID-19 has been reported are at *elevated risk of exposure*, with increase in risk dependent on the location.

Healthcare workers caring for patients with COVID-19 are at *elevated risk of exposure*.

Close contacts of persons with COVID-19 also are at *elevated risk of exposure*.

Travelers returning from affected international locations where community spread is occurring also are at *elevated risk of exposure*. 
Figure 1.

**Goals of Community Mitigation**

1. Delay outbreak peak
2. Decompress peak burden on hospitals/infrastructure
3. Diminish overall cases and health impacts

The diagram illustrates the impact of community mitigation measures on the number of daily cases over days since the first case. The top curve represents the outbreak without intervention, showing a rapid peak in cases. The bottom curve, representing the outbreak with intervention, shows a flattened peak, indicating a reduction in the rate of new cases and the overall burden on healthcare systems.
$8.3Bn Emergency Funding for Coronavirus

Advocacy by NACCHO and Public Health Partners

• $950 million for localities and states to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.
  ➢ Half of the total amount is required to be sent out within 30 days. The bill also reimburses costs incurred since January 2020.

• $826 million for the National Institute of Allergy and Infectious Diseases to help develop vaccines, cures and tests.

• $300 million to help buy vaccines and treatments once they're approved.

• $136 million to reimburse dollars from Health and Human Services (HHS) programs that were temporarily transferred to support emergency preparedness and response activities at the Centers for Disease Control and Prevention (CDC) and the Office of the Assistant Secretary for Preparedness and Response (ASPR).
Local and state health departments have lost nearly a quarter (23%) of their workforce since 2008, shedding over 50,000 jobs across the country.

55% of local public health professionals are over age 45, and almost a quarter of health department staff are eligible for retirement.

Between those who plan to retire or pursue jobs in the private sector, projections suggest that nearly half of the local and state health department workforce might leave in coming years.
Public Health Workforce Loan Repayment Program

• Legislation proposed to invest in the public health workforce through a loan repayment program for public health professionals who agree to serve two years in a local, state, or tribal health department.
  • Can help with recruitment and retention, especially for staff with critical skillsets for future.
  • Based on successful National Health Service Corps Model.
  • Updates a similar program in the ACA, that was never funded and expired in 2015.
  • Two-pronged strategy: $ in appropriations bill and preparing authorization language.
    • Asks:
      • Include $100m for new public health loan repayment program
      • Sponsor/cosponsor legislation to create this program
Open Source Media Analysis

• Efforts address cost of COVID-19 response and testing.
  • A $8.3 billion federal emergency spending bill covers vaccine development, test kits public health activities, and international response efforts
  • Per VP Pence, Medicare and Medicaid will cover testing.
  • State directives require insurers to waive testing costs.
  • Insurance companies announce coverage for COVID-19 testing.

• Schools and businesses continue to respond to COVID-19.
  • University of Washington cancels in-person classes for winter semester
  • Emerald City Comic Con in Seattle postponed
  • Facebook and Google ask San Francisco employees to work from home
  • Uber offers paid leave to those quarantined
    • Uber driver was a COVID-19 case
    • Exposure to ride-share and delivery workers may increase in epidemic
Public Sentiment Analysis 📹 🍼

• Open media reports are **critical of federal response**:
  • Misallocation of limited resources
  • Not effectively ramping up mitigation efforts during containment
  • Federal messaging diminishing sense of urgency
  • Federal gov’t struggling to gather and disseminate info
  • Likely missing million weekly **test capacity** goal
Travel Restrictions

International Travel

CDC has issued the following travel guidance related to COVID-19:

China — Level 3, Avoid Nonessential Travel
Iran — Level 3, Avoid Nonessential Travel
Italy — Level 3, Avoid Nonessential Travel
South Korea — Level 3, Avoid Nonessential Travel

CDC also recommends that all travelers reconsider cruise ship voyages.

Stay home for 14 days from the time you left an area with widespread, ongoing community spread (Level 3 Travel Health Notice countries) and practice social distancing.
Clinical Guidance

Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 (COVID-19)

Summary of Recent Changes

Revisions were made on February 12, 2020, to reflect the following:

- Information added regarding time of illness onset to hospital admission
- Information added on the detection of SARS-CoV-2 in extrapulmonary specimens
- Clarification of the type of advanced support observed among hospitalized patients
- Interim guidance for discontinuation of transmission-based precautions and in-home isolation
Strategies for Optimizing the Supply of N95 Respirators

Updated February 29, 2020

Summary of Changes

- Clarification of introductory language
- Information added on Crisis/Alternative Strategies
- Information added to expand upon strategies, including two new resources:
  - Checklist for Healthcare Facilities: Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response
  - Release of Stockpiled N95 Filtering Facepiece Respirators Beyond the Manufacturer-Designated Shelf Life: Considerations for the COVID-19 Response
Prepare Yourself, Your Family, and Your Community

Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019. Everyone has a role to play in getting ready and staying healthy.

- There are actions you can take now to prepare yourself, your family, and your community.
- Follow public health official recommendations for community actions designed to help keep people healthy, reduce exposures to COVID-19, and slow the spread of the disease.

Preventing Spread

Plan Ahead

Get My Household Ready

Cleaning & Disinfection
School Guidance

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

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19).
Business Guidance

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

This interim guidance is based on what is currently known about the coronavirus disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.
EMS Guidance

Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States

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

- Steps Healthcare Facilities Can Take
- Interim Guidance for Healthcare Facilities

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

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Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases
Thank you

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