

At the time of this writing, the global COVID-19 outbreak is taking much time and attention of public health, even in Oregon where there are currently zero cases. Douglas Public Health Network has response planning partners communicating and sharing information and best practices. Our epidemiologists are prepared to respond to concerns regarding suspect cases. **If you have a patient that fits the description of a suspect case, please call the DPHN Epidemiologist number 541-677-5814.** Below is the latest update from the Oregon Health Authority. Weekly updates will be posted on the Oregon Public Health website: www.healthoregon.org/coronavirus.

Novel Coronavirus

Updated 2/24/2020

Designated "2019 novel coronavirus," aka COVID-19

- We know that many people are following the story of novel coronavirus disease, now known as COVID-19. New illnesses can lead to fear and concern for some.
- We know that fear may increase as Americans return home on commercial and U.S. State Department flights, and cruises.
- The situation is evolving. We have more data and realize that this information will help address many of the fears and concerns people in Oregon have. As of February 24, OHA will release:
 - Total numbers of people we are monitoring, current and cumulative.
 - Total number of people who are under investigation, current and cumulative.
 - The number of positive and negative tests.
 - Updates will be posted every Tuesday to www.healthoregon.org/coronavirus.
- It's important to remember that risk of getting the disease is directly related to exposure to the virus. We still have not seen COVID-19 spreading in communities in the U.S. Based on that information, we believe the risk to Oregon remains low.
 - Federal, state and local officials are working to detect COVID-19. They are taking several steps to slow the introduction of COVID-19 to the U.S. Steps being taken include funneling travelers from China through 11 U.S. airports for screening and education. Those at high risk of exposure are being asked to quarantine themselves. Public health officials in Oregon and all other states are monitoring returning travelers for signs of illness. These aggressive steps being taken to prevent or delay the spread to communities in the US.

- Self-monitoring or self-quarantine can be inconvenient. Yet, American travelers coming home from China are willingly complying with public health recommendations. These include Americans returning home to Oregon.
 - Most people in the U.S. have not been exposed through travel to China, where the virus is active, or close contact with someone who has COVID-19. We expect this to remain the case in the near future because returning travelers are taking steps to protect others.
 - The virus is not able to discriminate. Individuals of particular racial or ethnic groups are no more likely to get COVID-19 or spread it to others.
- The situation is changing quickly. We continue to reassess risks to those in Oregon. Updates will be made public if that assessment changes.

Outbreak Information

- As of February 24, 2020, there are no known cases of COVID-19 in Oregon.
- OHA and local public health authorities are monitoring American travelers returning home to Oregon.
- The first reported case of this virus in the United States was January 21, 2020, in Washington State. The case had recently traveled from Wuhan, China.
- Cases have been found in several countries. Most cases have been travelers who visited Wuhan, China.
- 98% of known cases have been in China where the virus first became active. We expect case counts and fatality rates to change. CDC, WHO and China's National Health Commission offer national and international case numbers.
- The first known case's symptoms began on 12/8/2019.
- This virus probably originally emerged from an animal source but now seems to be spreading from person to person. The virus has been spread in the health care setting.

COVID-19 : Disease Information

- The new coronavirus causes mild to severe illness in the lungs.
- **Symptoms:** People who are ill with the virus may have a fever, cough and difficulty breathing.
- **Incubation:** We do not know how long it takes for signs of illness to show up after someone is exposed to COVID-19. With other coronaviruses, signs of illness usually show up 2–14 days after a person is exposed to the virus.

- **Level of Risk:** About 3% of patients hospitalized with COVID-19 have died. Early information suggests that older adults and people with underlying health conditions may have a higher risk of severe illness and complications.
- **Transmission:** We are still learning about how this new coronavirus spreads. Other coronaviruses spread from animals or through droplets from the coughs and sneezes of people who have the illness. Scientists are still working to find out if individuals without signs of illness can spread the illness.
- **Prevention:** The best way to protect yourself is to avoid exposure to the virus. Currently, this includes avoiding travel to China, where the virus is active; older adults and those with chronic medical conditions should consider postponing nonessential travel to other areas like Japan and South Korea, where community transmission has been detected. Avoid close contact with individuals who have COVID-19.
 - **Everyday Precautions:** There are also everyday actions you can take to prevent the spread of many types of illness- including the flu:
 - ✦ Cover your coughs and sneezes with a tissue and then throw the tissue in the trash.
 - ✦ Wash your hands often with soap and water for 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
 - ✦ Avoid close contact with people who are sick.
 - ✦ Avoid touching your eyes, nose and mouth with unwashed hands.
 - ✦ Clean and disinfect surfaces that are often touched.
 - **Masks:** CDC does not recommend that healthy people wear a facemask to protect themselves. Individuals who may have been exposed to the virus who are ill should wear a surgical mask to prevent the spread of COVID-19 germs to others. Note: Wuhan made it mandatory to wear surgical masks in public.
- **Treatment:** Treatment for patients with COVID-19 is supportive care only. There are currently no known disease-specific treatments. There is no vaccine for COVID-19.

Travel Guidance

- **CDC has issued travel advisories related to the COVID-19 outbreak. The situation is changing quickly, and CDC's travel advisories may continue to change.** Travelers should check CDC's website for travel information for their destination prior to travel.

- **Currently, CDC recommends that travelers avoid all nonessential travel to China.** For more information check the CDC travel alert.
- **CDC recommends special precautions for travelers going to Japan and South Korea.**
- If you have been to China, Japan or South Korea within the past 14 days and are ill with fever, cough, or difficulty breathing, contact your health care provider before going in. They will identify the safest way to seek care without exposing others.
- In response to the outbreak, Chinese officials have closed transport within and out of Wuhan and other areas in Hubei Province. Restrictions apply to buses, subways, trains and the international airport.
- Travelers arriving from China, including those who have itineraries with connecting flights, will be funneled through one of several airports. CDC is screening these passengers at these airports. Portland International Airport is not currently one of these airports.

CDC just released new guidance for testing persons with suspected COVID-19 or Persons Under Investigation (PUI). Primary changes include expanding travel exposure to include Iran, Italy, Japan, and South Korea, and provisions for testing persons with unexplained severe lower respiratory illness who have no known source of exposure to COVID-19. These new guidelines are summarized below. The COVID-19 Interim Investigative Guidelines are under revision, and we will update the OHA COVID-19 webpage with new information as soon as possible.

Criteria for a COVID-19 Person Under Investigation (PUI) as of 2/27/2020:

- Fever OR signs/symptoms of lower respiratory illness* AND close contact with a laboratory-confirmed case of COVID-19 within 14 days of symptom onset
- Fever AND signs/symptoms of lower respiratory illness requiring hospitalization AND a history of travel from affected geographic areas** within 14 days of symptom onset
- Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) AND no source of exposure has been identified

*Lower respiratory illness includes cough or shortness of breath

** Affected geographic areas include China, Iran, Italy, Japan, and South Korea

Web Resources:

CDC Evaluating and Monitoring Persons Under Investigation:

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

OHA COVID-19 Updates: healthoregon.org/coronavirus

We appreciate your patience as we work to provide further guidance and update our website.

- In a White House briefing held January 31st, the U.S. Department of Health and Human Services announced additional steps to detect and prevent the spread of COVID-19. The measures took effect February 2, 2020, and include:
 - Foreign nationals, other than immediate family of U.S. citizens and permanent residents, who have traveled to China within the last 14 days will be denied entry to the U.S. for this time.
 - Up to 14 days of mandatory quarantine of U.S. citizens who traveled to Hubei province in the last 14 days. This is to ensure that they receive proper medical care and health screening.
 - U.S. travelers who have traveled to the rest of mainland China within the last 14 days will be monitored and asked to self-quarantine.

- 50% of Oregon hospitals report the ability to screen for international travel when a patient arrives at the emergency room or is admitted.

Persons Under Monitoring (PUM), Persons Under Investigation (PUI), Isolation, and Quarantine

- Public health experts often use the terms “persons under monitoring,” “persons under investigation,” “isolation” and “quarantine” during a disease outbreak.
- To understand the terms, it is important to pay attention to whether the person has signs of illness. It is also important to understand whether the individual or group is being separated from others.
- Broadly speaking, **persons under monitoring** refers to people who do not have signs of illness and may have been exposed to a disease that can spread to others.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Follow CDC's recommendations for using facemask.
 - ✦ CDC does not recommend that people who are well wear facemask to protect themselves from respiratory viruses, including 2019-nCoV.
 - ✦ Facemask should be used by people who show symptoms of 2019 novel coronavirus, in order to protect others from the risk of getting infected. The use of facemasks is also crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
 - ✦ If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- People may become exposed to COVID-19 through contact with a sick person, or travel to an area where the virus is very active.
- Signs of illness with COVID-19 include measured fever, cough and difficulty breathing.
- These individuals may be asked to limit their movement and contact with others. In the case of COVID-19, individuals will be asked to isolate themselves from others by avoiding people, public places, and work or school.
- Health officials may want to test these people for the disease.
- **Quarantine** is used to separate and restrict the movement of individuals or groups who may have been exposed to a disease but not know it, or who may be infected but not show symptoms. Quarantines are sometimes used when it is not known whether a disease can be spread before a person has signs of illness.

- **Persons under investigation (PUIs)** are individuals who have been exposed to a disease and then developed signs of illness. Public health officials worry that PUIs, too, might have the disease and could spread it to others. Health officials often want to learn more about these individuals and their illness to better understand how to prevent further spread of the illness.

- **Isolation** is used to separate people who have an illness from people who are healthy. Isolation restricts the movement of people who have an illness to prevent the spread of the disease.

CDC guidance for health care providers

- Screen all patients with fever or respiratory symptoms for international travel within the last 14 days. Consider adding questions that identify patients who have traveled to an area with community transmission of COVID-19 or had close contact with a confirmed COVID-19 case. Close contact is defined as being within six feet for 20 or more minutes cumulatively in the last 14 days.

- In health care settings, airborne precautions should be used, along with standard precautions, contact precautions and eye protection (goggles or face shield), for persons being investigated for COVID-19. Ensure proper donning and doffing, along with fit testing of N95 masks.

- When possible, ask patients with a history of exposure to COVID-19 to call ahead to inform the clinic or hospital of their possible exposure and symptoms.

- Such patients should wear mask upon entry to the facility and practice respiratory etiquette.

- Patients should also be placed in an airborne infection isolation room, if available.

- Ensure that frontline staff have access to interpreter services. Verify that Mandarin- and Cantonese-speaking interpreters are available if needed.

- Testing guidance: **please call the DPHN Epidemiologist number 541-677-5814 for assistance with specimen transportation.**

- Obtain specimens if a patient presents with severe respiratory symptoms unexplained by another known diagnosis; and

- ✦ was in mainland China in the last 14 days; or

- ✦ had close contact with known COVID-19 case

- Collect upper respiratory specimens (nasopharyngeal and oropharyngeal swabs), lower respiratory specimens, and serum from any patients who meet the screening criteria.
- ✦ If additional specimens, such as whole blood, urine, or stool, are collected, health care providers should retain them.
- Specimens will be sent through the Oregon State Public Health Laboratory (OSPHL) to CDC for COVID-19 testing.
- CDC turnaround time for testing reports is 24–48 hours. This is an estimate subject to change.
- Currently, CDC is the only laboratory with testing kits. CDC has sent testing kits to state public health labs, including Oregon’s, but the kits need to be tested at each location where they’ll be used. OSPHL laboratorians are working to test these kits. OHA will provide updates as more information becomes available.

Confidentiality of a Public Health Investigation

- In the course of our work in public health, OHA and local authorities are entrusted with sensitive information.
- How we protect this information ensures our success in conducting public health investigations, protecting public health and maintaining the confidence and cooperation of individuals participating in public health investigations.
- State law supports public health authorities in maintaining confidentiality over the information entrusted to us.
- Under state law, specifically ORS 433.008(1), any information obtained by OHA or a local public health administrator in the course of an investigation of a reportable disease or disease outbreak is extremely confidential.
- Such information:
 - Is not subject to disclosure under the public records law; and
 - Cannot be compelled to be disclosed pursuant to a subpoena.
- OHA may, in limited circumstances, disclose reportable disease or disease outbreak information to state, local or federal agencies authorized to receive the information under state law or federal law, but OHA and local public health administrators may only release the ***minimum amount of information necessary to carry out the purpose of the release***. ORS 433.008(2)(a) and (4).

- OHA may release statistical compilations that do not identify individual cases or sources of information; in that spirit, on a weekly basis OHA will release statewide totals of persons under monitoring and persons under investigation for COVID-19.
- Some local health authorities and health care providers are bound by HIPAA. OHA is sensitive to our partners' limitations and obligations to protect patient information under HIPAA.
- OHA itself is not HIPAA-bound; we are protective of patient information shared with us out of the spirit of protecting patient confidentiality and to maintain positive working partnerships with our healthcare partners.

OHA Activities to date

- Activated an Incident Management Team January 21, 2020, to coordinate response activities.
- Forwarded CDC HAN alert to local and tribal health partners, hospitals, infection preventionists and other health partners Friday, January 17, 2020, and a second HAN alert Thursday, January 23.
- Developed and updated guidelines according to which Oregon local public health authorities monitor persons returning from areas with COVID and investigate those with symptoms.
- Obtained testing instructions and began to validate test kits at the Oregon State Public Health Laboratory.
- Reached out to our airport partners to let them know we are ready to support if needed.
- Activated a virtual Joint Information Center to coordinate with county, university, tribal and hospital PIOs.
- Update website to include a COVID-19 section with latest Oregon information.
- Conducted social media in English and Chinese to alert travelers to the outbreak and CDC travel guidance.
- Provided related guidance to health partners.
- Assisted Oregon Department of Education in development of materials designed to inform and to reduce stigma.
- Supported the Washington State Department of Health by offering epidemiological surge capacity.
- Evaluated capacity to serve as a repatriation and quarantine location.
- Reviewed inventory of personal protective equipment.

- Began monitoring travelers returning home to Oregon, in collaboration with the CDC and Oregon's local public health authorities.

References

- OHA Emerging Respiratory Disease page: www.healthoregon.org/coronavirus
- CDC 2019-nCoV page: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC travel notice: <https://wwwnc.cdc.gov/travel/notices/alert/novel-coronavirus-china>
- WHO page: <https://www.who.int/westernpacific/emergencies/novel-coronavirus>
- CDC HAN archive (latest 2020-01-17): <https://emergency.cdc.gov/han/2020.asp>
- National Health Commission of the People's Republic of China:
<http://en.nhc.gov.cn/>
 - News updates: <http://en.nhc.gov.cn/news.html>
 - Latest updates
 - ✦ http://en.nhc.gov.cn/2020-01/21/c_75990.htm
 - ✦ http://en.nhc.gov.cn/2020-01/22/c_75997.htm
- Chinese CDC: <http://www.chinacdc.cn/en/>
 - This site has very little of substance and points to NHC pages.
- Wuhan Municipal Health Commission:
<http://wjw.wuhan.gov.cn/front/web/main/xwzx.html>
- Center for Health Protection (Hong Kong):
<https://www.chp.gov.hk/en/features/102465.html>
- Washington State Department of Health 2019-CoV update page:
www.doh.wa.gov/Emergencies/Coronavirus.
- White House Briefing, January 31, 2020:
<https://www.whitehouse.gov/briefings-statements/press-briefing-members-presidents-coronavirus-task-force/>