

COVID-19 Agency Head Briefing

March 3, 2020



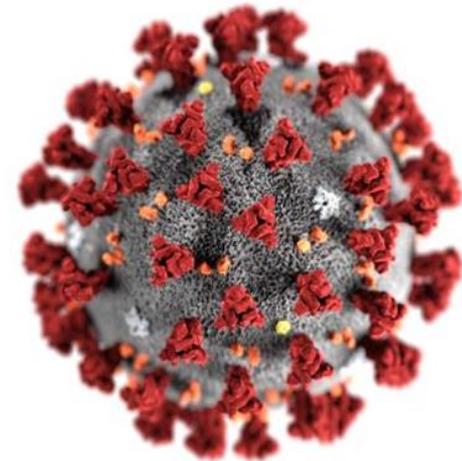
Indiana State
Department of Health

Current Situation

- Expanding global outbreak of COVID-19
- Two of three steps for pandemic have been met
- Tone of CDC has changed from containment to community mitigation
- States being asked to prepare for when, not if
- Now several reported cases of community spread in U.S.

Features of COVID-19

- Emerged in Wuhan City, China in December, 2019
- Spread by contact with respiratory droplets within 6 feet
- Incubation period: 2-14 days
- Symptoms: fever, cough, SOB
- Wide range of severity
- Can progress to pneumonia; about 30% of hospitalized patients require ICU care
- Case fatality rate: 1-2%
- Role of pre-symptomatic and post-symptomatic shedding is unknown
- Treatment is symptomatic, no steroids



Case Statistics

- No confirmed cases of COVID-19 in Indiana
- Over 87,500 cases and 3,000 deaths reported worldwide
- Vast majority in China but 60 countries have cases – all continents represented
- Pandemic not yet declared but close
- U.S.:
 - 22 confirmed domestic cases
 - 13 travel-related / 9 person-to-person
 - 47 confirmed repatriated cases
 - 3 Wuhan / 44 Diamond Princess

Travel Advisories

- Level 3: China, South Korea, Iran
Italy
 - Avoid all nonessential travel
- Level 2: Japan
 - Older adults and those with chronic conditions should postpone
- Level 1: Hong Kong
 - Practice usual precautions
- Reconsider cruises into or within Asia



Returning Travelers

- All travelers returning from China routed to one of 11 airports: itinerary checked, assessed for symptoms
 - If traveled to Hubei Province: high risk, mandatory 14-day quarantine
 - If traveled to mainland China: medium risk, continue home-- stay at home if possible, avoid congregate settings, practice social distancing
- Travelers receive care kit: temperature log, general instructions, stay home, call health department if symptoms develop
- Indiana has monitored more than 60 travelers, actively monitoring 26

HEALTH ALERT: *Travelers from China*

There is an outbreak of respiratory illness in China.

Travelers are required to be monitored for up to 14 days after leaving China.

Travelers should stay home and monitor their health within this 14-day period.

A health official will contact you to give additional instructions.

Take your temperature with a thermometer 2 times a day and watch your health.

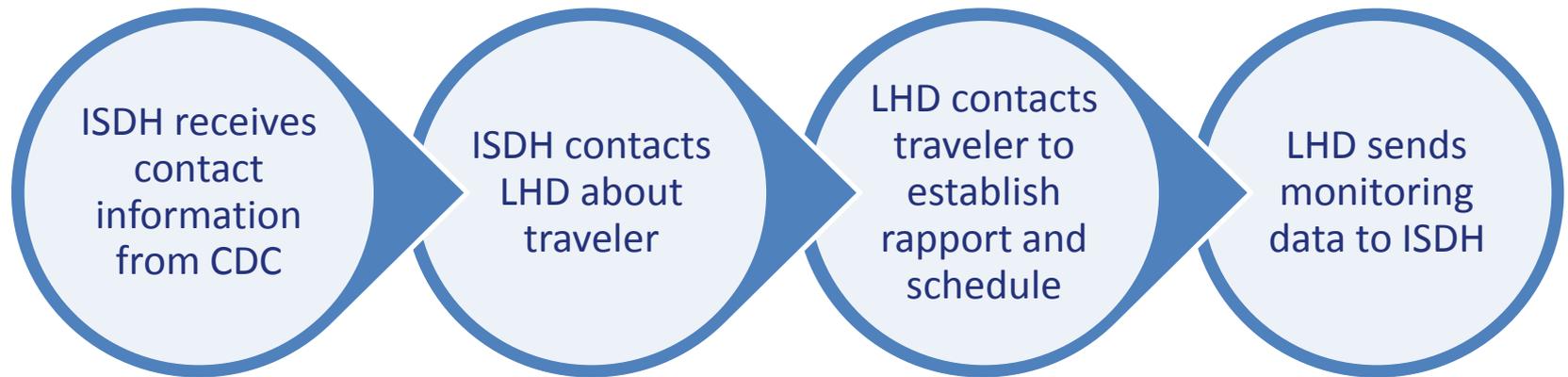
If you develop a fever (100.4°F/38°C or higher), cough, or have difficulty breathing:

- Call your health department for advice before seeking care.
- If you can't reach your health department, call ahead before going to a doctor's office or emergency room.
- Tell them your symptoms and that you were in China.



For more information: www.cdc.gov/nCoV

Traveler Monitoring Process



What Is a Person Under Investigation (PUI)?

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

If a PUI Is Identified

Health care provider contacts LHD or ISDH/LHD contacts other agency

ISDH verifies with LHD and provider that PUI criteria are met

Make arrangements for medical evaluation and testing

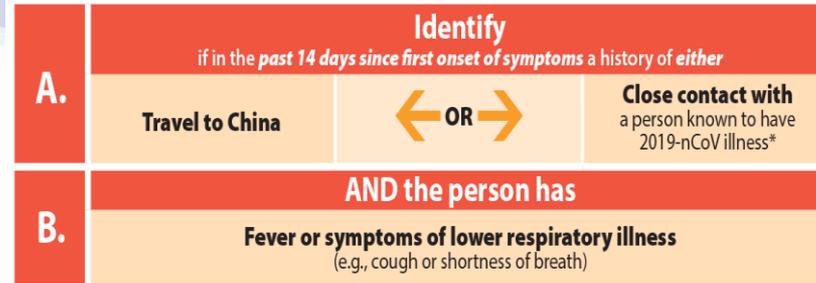
Use appropriate infection control when transporting and meeting PUI at facility

Collect specimens and admit if necessary

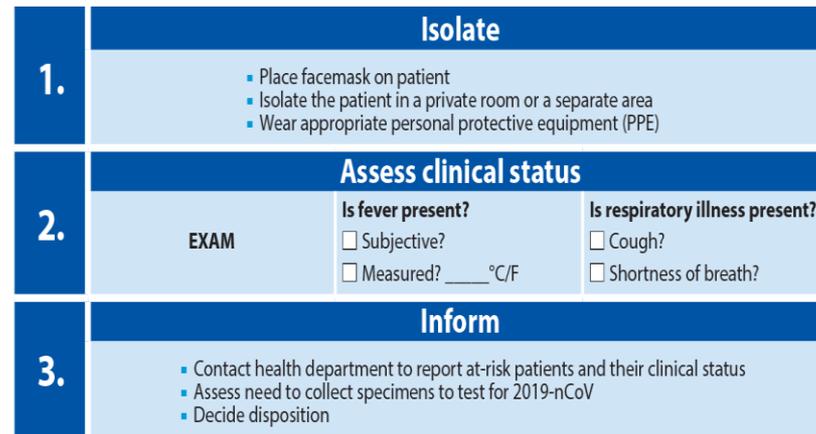
Make arrangements with ISDH for testing at CDC or ISDH Lab

Flowchart to Identify and Assess 2019 Novel Coronavirus

For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)



if both exposure and illness are present



If discharged to home



* Documentation of laboratory confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact see CDC's Interim Guidance for Healthcare Professionals: www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

Laboratory Testing

- Preferred specimens
 - Lower respiratory: sputum, BAL, tracheal aspirate
 - Upper respiratory: NP and OP swabs
 - Serum: one 5-10 ml SST
 - Other: stool and urine – collect and store
- Transport specimens to ISDH Laboratory – testing to begin week of March 2
- Communicate results to provider, LHD when received

Time Now to Prepare

- CDC: expect widespread transmission in U.S.
- Using H1N1 pandemic plans as framework
- Containment → mitigation based on transmission in other countries
- Vaccine 12-18 months; antiviral several months away
- Non-pharmaceutical interventions (NPIs) best defense: contain spread, reduce impact
 - Personal: hand hygiene, respiratory etiquette, stay home if ill, don't touch face
 - Community: isolation/quarantine, social distancing
 - Environmental: disinfection of surfaces

What ISDH Is Doing

- Host weekly webinars w/LHDs, providers
- Activated 24/7 call center
- Launched dedicated webpage
- Participated in MCPHD advisory committee meeting
- Hosting state-level advisory group
- Collaborate daily w/federal, state, local partners
- Prepared guidance for schools and universities
- Meeting with ISP team
- Planned outreach to community partners
- Working with hospital and health care partners to conserve, optimize use of PPE – PPE flyer
- Conducting hospital readiness survey
- Issue IHAN messages
- Ordering supplies for LHDs
- Host media advisory, respond to media inquiries

ISDH Communication

- Latest information posted at www.in.gov/isdh
- 24/7 call center
 - 317-233-7125 (M-F, 8:15 a.m. - 4:45 p.m.)
 - 317-233-1325 (after hours)
- Dedicated email box: epiresource@isdh.in.gov
- Provider webcast recording available on the ISDH Video Center: <http://videocenter.isdh.in.gov/videos/>
(Internet Explorer only)
- **Sign up for the Indiana Health Alert Network:**
<https://www.in.gov/isdh/25862.htm>

Hospital Preparedness

- All hospitals should be prepared to receive and care for a patient with COVID-19
- Recent reports from the CDC are clear that we are in the preparation phase
- Leaders need to be aware of emergency plans and CDC COVID-19 guidance
 - From the standpoint as an employer as well as caring for patients

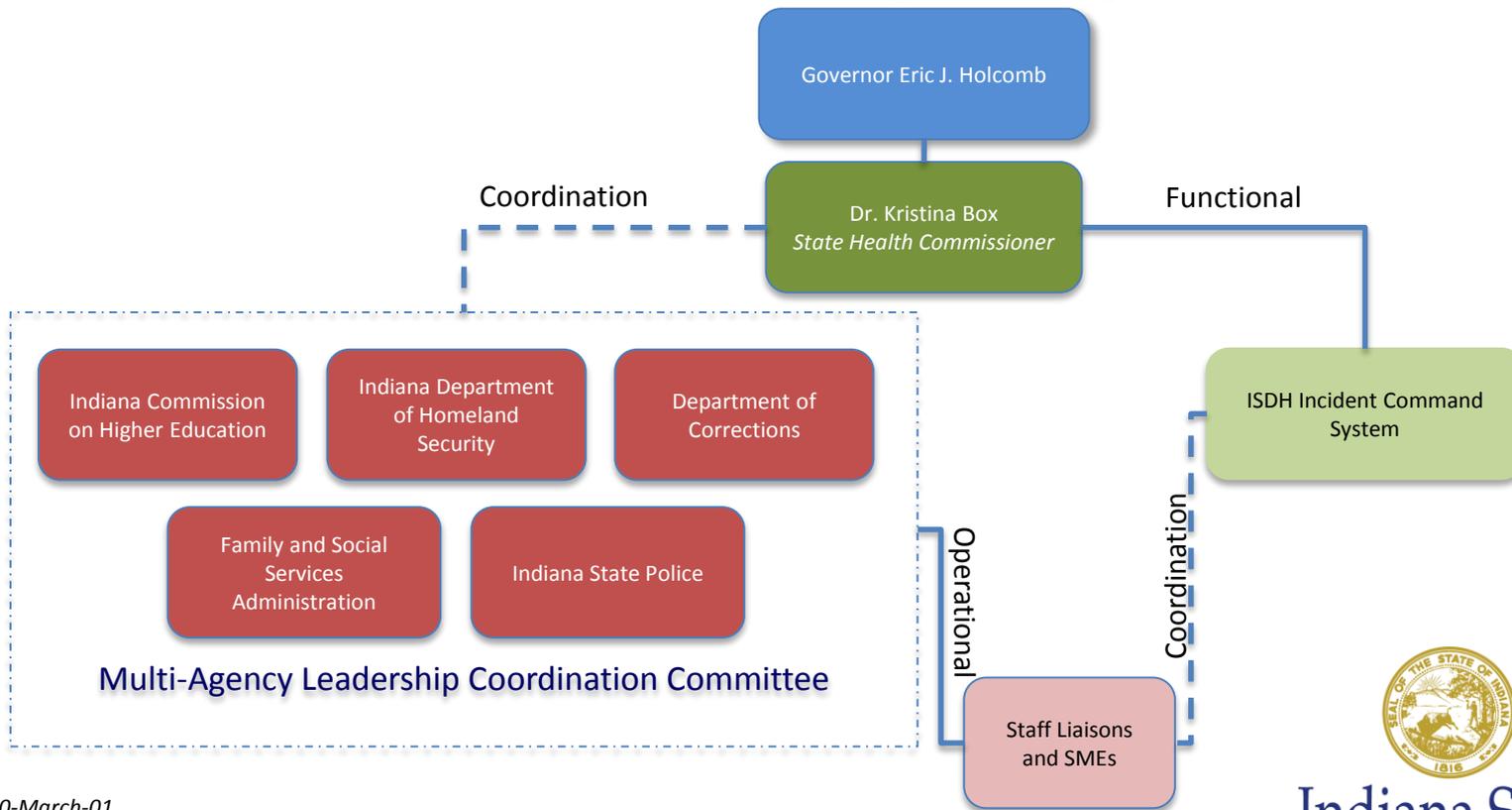
EMResource (EMR)

- Resource-sharing platform available to all healthcare facilities, public health departments, EMS and EMA
 - Note: “resource” is defined as facility in EMR
- Real-time information sharing
- Facility, county, district and state views

Community Care Recommendations

- Provide information for the worried well
- Provide information for caretakers
 - Social distancing, when patients should seek care, educate on hand hygiene
- Determine if the patient has access to food and other necessities if asked to remain at home
- Recognize and respond to social determinants of health
- Nurse line scripting and recommendations

COVID-19 Multi-Agency Committee



R/2020-March-01



Indiana State
Department of Health

CDC Guidance

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>



What You Should Know

[How it spreads](#)

[Symptoms](#)

[Prevention & treatment](#)

[Testing](#)

[Frequently Asked Questions](#)

[About COVID-19](#)

Situation Updates

[Situation summary](#)

[Cases in the U.S.](#)

[Global locations with COVID-19](#)

[Risk assessment](#)

[CDC in Action](#)

[Latest Updates](#)

Information For

[Communities, schools, and businesses](#)

[Healthcare professionals](#)

[Health departments](#)

[Travel](#)

[Laboratories](#)

[For Specific Audiences](#)

What you should know:

- How the virus spreads - mainly person-to-person
- Symptoms 2-14 days after exposure that include fever, cough and shortness of breath
- Everyday preventive actions to prevent illness - three Cs, doesn't recommend facemasks
- Stigma - communicate facts that being Asian doesn't increase chance of getting or spreading
- Comprehensive FAQ that's constantly being reviewed, and in fact was just updated yesterday

Situation updates:

- Background on source and spread of the virus
- Case updates, including PUIs, updated Monday, Wednesday and Friday
- Explains that most people in the US are not in immediate risk and that we aren't at pandemic levels, but it's rapidly evolving
- CDC in action describes what the CDC is doing, including more than 23 guidance documents and reaching out to preparedness and clinical organizations to reinforce readiness

Information for:

- Those 23 guidance documents include what everyone can be doing now to get ready, including at home, school, work and healthcare settings, such as long-term care facilities
- Lots of information on what healthcare providers should know, including PUI investigation, clinical and home care guidance, infection control and managing protective equipment
- Information for health departments, including risk assessment and monitoring
- Frequently asked questions for travelers and updated travel notices
- Interim guidance for labs on safely handling and testing specimens

Questions?

- Stay informed – accurate info – CDC & ISDH website – all kinds of info & guidance
- Non-Pharmaceutical Interventions - Personal Hygiene:
 - Wash hands with soap and water
 - Avoid touching face
 - Cough, sneeze into shoulder or arm
 - Stay home if you are sick
- Prepare for the possibility that there could be disruptions in your daily routine & how would you handle that, i.e. day care, schools, quarantined at home
- Be a good Hoosier – who can you reach out to in your neighborhood, church or community
- Do not use all our masks – no evidence to indicate that healthy people wearing masks decreases their chance of becoming ill. Masks should be used on individuals who are ill and for our health care providers