

## COVID-19 UPDATE 2/25/20

### Executive Summary:

The COVID-19 outbreak is rapidly evolving into a global event which potentially puts people all over the world at risk for being infected by it. Although it not as lethal as SARS-CoV or MER-CoV, it does, in some countries, seem to have very efficient sustained person to person transmission, which requires careful monitoring and updated recommendations and guidance to hopefully prevent a pandemic. Today's report includes a Situation Update from both the CDC and PHAC, as well as a briefing from WHO Director-General Tedros about the findings of the WHO-China Joint Mission. Information about the U.S. expansion of flu and respiratory virus surveillance to include COVID-19 testing, to then transition to nationwide surveillance, travel guidance for travelers and the travel industry, and which body fluids are likely infectious and which ones may not be.

- **CDC & PHAC Situation Update – 2/25/20:** In the U.S. and Canada, there have been imported cases of COVID-19 and the U.S. has had a couple of close contact (spouses) transmission after travel. Repatriating citizens from travel situations have further increased travel-related case numbers but community transmission is not occurring. Reported cases of the virus have ranged from mild to severe, including deaths, but those have not occurred in the U.S. or Canada. The CDC has stated that the public health threat from COVID-19 is high, both in the U.S. and internationally, but for the general American public, at this time, the risk for getting COVID-19 is small. The PHAC has indicated that the risk to the people of Canada is low. Some people will have increased risk and that includes health care workers who may care for patients with COVID-19 or close contacts tot those with COVID-19. In addition, for the U.S., the CDC also notes that, “the current global circumstances suggest it is likely that this virus (SARS-CoV-2) will cause a pandemic. In that case, the risk assessment would be different”. More cases should be expected, including in the U.S. **“If transmission becomes more common, schools, day cares, workplaces and other places for mass gatherings might experience more absenteeism. Public health and healthcare systems may become overloaded with elevated rates of hospitalization and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and transportation industry may also be affected.”**

The CDC and PHAC are readying for operation and application their pandemic preparedness and response plans and **encourages** businesses, schools, families, hospitals and other health care facilities as well as **Public Safety, 911 PSAPs and EMS Systems to check and revise their pandemic plans, as well.** For many, this will be adapting and revising influenza or SARS pandemic plans for COVID-19. This

also includes inventorying and purchasing adequate and appropriate PPE according to the plan.

- **WHO Director-General Tedros gives a briefing on the WHO-China Joint Mission to investigate and review processes regarding the China outbreak of COVID-19.**

They reported that the epidemic in China peaked, and has now plateaued, between January 23 and February 2, with cases declining steadily since then. There has been no significant change (mutation) in the DNA of the virus. The case fatality rate in Wuhan is between 2% and 4%, but is a much lower 0.7% outside of Wuhan. Those with mild disease recover in about two weeks, while those with severe disease and/or needing critical care took three to six weeks to recover.

There are still questions that need answers about the virus and COVID-19. There is great concern about the sudden significant increase in cases in Italy, Iran and South Korea, and lots of talk about whether this expansion of cases indicates the start of a pandemic. Director Tedros indicated that changing the word from epidemic to pandemic, “is based on geographical spread of the virus, the severity of the disease it causes, and the impact it has on the whole of society”. And, from the WHO assessment, there is not uncontained global spread of the virus, and no large-scale severe disease or death. So, at least for now, it will be considered multiple epidemics in different areas of the world, affecting countries in different ways and requiring a response based on the needs of individual countries or regions. And, like the CDC, WHO states that it is time for all countries, communities, families and individuals to focus on preparing for what may come. He listed three priorities: 1) all countries must protect healthcare workers; 2) engage communities to protect people who are most at risk for severe disease, specifically the elderly and those with underlying health problems; and 3) protect the countries that are most vulnerable by containing the epidemics in the countries most capable of managing them.

- **Expanded COVID-19 Testing & Surveillance:**

On 2/13/20, Secretary of HHS Azar stated COVID-19 testing would begin for those with flu-like symptoms within current Flu & Viral Respiratory Surveillance Systems in 5 Public Health Laboratories in L.A., San Francisco, Seattle, Chicago, and New York City. On 2/21/20, Honolulu was added. This is the initial phase and more cities will be added in coming weeks until national surveillance is achieved.

- **COVID-19 Travel Guidance Provided for Travelers & Travel Industries:**

- U.S. citizens, residents & immediate family members who have been in Hubei province & other parts of Mainland China are allowed to enter the U.S., and are subject to health monitoring/possible quarantine for up to 14 days.

- CDC has issued the following Warnings, Alerts and Watches:

**Warning Level 3: Avoid All Non-Essential Travel to the following -**

**China** (updated 2/22/20)

**South Korea** (updated 2/24/20)

**Alert Level 2:** These destinations are experiencing sustained community transmission of respiratory illness caused by COVID-19. The virus can spread from person to person. **Old adults & those with chronic medical conditions should consider postponing non-essential travel –**

**Japan** (updated 2/22/20)

**Iran** (updated 2/23/20)

**Italy** (updated 2/23/20)

**Watch Level 1 CDC does not recommend canceling or postponing travel to the following destinations.** Travelers should practice usual precautions –

**Hong Kong** (2/19/20)

- CDC also recommends that all travelers reconsider cruise ship trips into or within Asia at this time
- Other Destinations with Risk of Community Spread – people have been infected with COVID-19, including some who are not sure how or where they became infected. At this time, the extent of virus spread is not sustained or widespread enough to meet the criteria for a travel health notice --

**Singapore**

**Thailand**

**Taiwan**

**Vietnam**

If that changes for any of these or other countries, the CDC will update its Travel Information page: <https://www.cdc.gov/coronavirus/2019ncov/travelers/index.html>

- **Body Fluids that May/Can Transmit SARS-CoV-2 virus:**

There is not enough data yet to determine all the body fluids that may contain viable SARS-CoV-2 RNA capable of causing COVID-19 infection. It is expected to be infectious from **upper & lower respiratory secretions/droplets like those caused by coughing or sneezing**. And, even droplets that may be too small to see, such as **those caused by aerosol droplet-producing procedures like nebulizer treatments, suctioning, BVM, CPR, intubation, ventilator or other positive pressure ventilation use**, or in bronchial washing or lavage are likely to be infectious. The SARS-CoV-2 virus has also been found in **blood** and **stool** but whether it can cause infection is undetermined at this time. Very small studies have suggested that



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vertical transmission (meaning from mother to child during pregnancy, birth through the mother's body fluids, or by breastfeeding) has NOT occurred. More studies are needed to confirm this.

However, SARS-CoV (that caused SARS) has been viable & infectious in respiratory secretions, blood, urine, and stool specimens, but in MERS-CoV viable, infectious virus has only been found in respiratory specimens.

It has not yet been determined if other non-respiratory body fluids from an infected person can cause COVID-19 with SARS-CoV-2 virus; those fluids in question include vomit, urine, breast milk, and semen.

**RESOURCES FOR CANADA (PHAC) & THE U.S. (CDC):**

**PHAC COVID-19 Situation Report with Links to Various Related Topics:**

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

**PHAC Travel Advisories:**

<https://travel.gc.ca/travelling/advisories>

**PHAC Response to the COVID-19 Outbreak:**

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/canadas-reponse.html#cru>

**PHAC COVID-19 Information for Health Care Professionals:**

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals.html>

**CDC COVID-19 Situation Summary:**

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

**CDC COVID-19 Risk Assessment**

<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

**CDC COVID-19 Travel Information and Guidance:**

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

**CDC COVID-19 FAQs:**

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