ARHS Novel Coronavirus (COVID-19) Situation Report #11

April 10, 2020 PLEASE SEE ADDITIONS/ UPDATES IN RED

Please note, we are shifting the format of these situation reports slightly and will be reviewing our update schedule, sending more frequently as needed based on this rapidly evolving situation.

Please monitor the ARHS Website at www.arhs-nc.org or http://www.arhs-nc.org/information/COVID-19/ .

Background

2019 Novel Coronavirus (the WHO has now named this COVID-19, you may still see it referred to as 2019-nCoV) is a virus (more specifically, a coronavirus) identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China. Early on, many of the patients in the outbreak in Wuhan, China reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread.

Human coronaviruses are common throughout the world. Seven different coronaviruses, that scientists know of, can infect people and make them sick. Some human coronaviruses were identified many years ago and some have been identified recently. Human coronaviruses commonly cause mild to moderate illness in people worldwide. Two newer human coronaviruses, MERS-CoV and SARS-CoV, have been known to frequently cause severe illness.

This is a rapidly evolving situation. The most up to date information and guidance can be found at

- **https://www.cdc.gov/coronavirus/2019-ncov/index.html**
- **https://www.ncdhhs.gov/coronavirus**

Current Situation

- An outbreak of pneumonia of unknown etiology in Wuhan City was initially reported to the World Health Organization (WHO) on December 31, 2019.
- U.S. WHO announced a Public Health Emergency of International Concern on January 30.
- The U.S. Department of Health and Human Services declared a public health emergency on January 31, 2020.
- The first NC Confirmed Positive Case was identified on 3/3/2020.
    - First ARHS case identified on 3/19/20
    - See case count section below
- The Governor of North Carolina declared a state of emergency on 3/10/2020.

- o The primary reason for the state of emergency is to allow flexibility in the response effort and to better prepare and move resources as needed.
  - o The State EOC activated on 3/10/2020 to allow for greater coordination amongst NC State Partners.
- The WHO has announced on 3/11/2020 that this outbreak has reached pandemic proportions.
- The Governor of North Carolina implemented the following executive orders:
  - o EO 117 – 3/14/20 – Closes K-12 Public School Statewide, limits mass gathers to 100 people (however, NCDHHS recommends no mass gatherings of more than 50 (3/16))
  - o EO 118 – 3/17/20 – Closes restaurants and bars for dine-in service, makes unemployment benefits more widely available
  - o EO 119 – 3/21/20 – Waives restrictions on child care and elder care, provides DMV flexibilities.
  - o EO 120 – 3/23/20 – Closes K-12 public school statewide through May 15, bans mass gatherings over 50 people, closes some businesses.
  - o EO 121 – 3/27/20 – Effective 3/30/20 – Stay At Home Order and bans gatherings of more than 10 people.
  - o EO 122 – 3/30/20 – Help schools and local governments access state surplus property to help bridge gaps during the response to COVID-19.
  - o EO 124 – 3/31/20 – Prohibits utilities - including electric, gas, water and wastewater services - from disconnecting people who are unable to pay during this pandemic and prohibits them from collecting fees, penalties or interest for late payment. The order applies for the next 60 days and gives residential customers at least six months to pay outstanding bills.
  - o EO 130 – 4/8/20 – Provides more access to health care beds, expands the pool of health care workers and orders essential childcare services for workers responding to the crisis.
  - o EO 131 – 4/9/20 – Addresses three issues: requires retail stores that are still operating to implement new social distancing policies to make shopping safer for customers and employees; makes earlier COVID-19 guidelines mandatory for nursing facilities, and recommends other long-term care facilities to do the same; speeds up the process to get benefits to people out of work. Effective 4/13/20.
- Travel Notices:
  - o https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

Case Counts

Web-reported data and local investigation data as of 4/10/20 at 4:00 pm

	Lab Confirmed Case Count	Deaths	Additional Info
United States (4pm update)	**459,165**	**16,570**	55 jurisdictions
Virginia (9am update)	**4,509**	**121**	772 hospitalizations
North Carolina (11am update)	**3,908**	**74**	423 hospitalizations
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Bertie	12	1	
Camden	0	0	
Chowan	2	0	
Currituck	3	0	
Gates	4	0	
Hertford	4	1	
Pasquotank	11	0	
Perquimans	3	0	
ARHS – Region Total	**39**	**2**	

Please note – ARHS will not be reporting Persons Under Investigation (PUI) or tests completed for the region. These are not standardized reporting systems so any representation would be inaccurate, therefore we will only report confirmed positive lab results.

In addition, please note, due to testing guidance, case counts DO NOT represent true disease burden.

Case Count Info can be found here:

- NC: https://www.ncdhhs.gov/covid-19-case-count-nc
- US: https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html
- Worldwide: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports
- GIS Map from Johns Hopkins: https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

Modeling Information/ Sites:

NC report: https://files.nc.gov/ncdhhs/documents/files/covid-19/NC-Covid-Brief-1-4-6-20.pdf

Modeling Site: https://covid19.healthdata.org/united-states-of-america

Signs and Symptoms:

For confirmed COVID-19 infections, reported illnesses have ranged from people with little to no symptoms to people being severely ill and dying. Symptoms can include:

- Fever
- Cough
- Shortness of breath

CDC believes at this time that symptoms of COVID-19 may appear in as few as 2 days or as long as 14 after exposure.

Case Investigation/ Testing:

Testing is being expanded through private labs such as Lab Corp and Quest. In this situation, we encourage providers to follow the case definition and utilize their clinical expertise to determine if testing is needed. The state is asking that providers focus on testing of patients with more severe respiratory symptoms; patients for whom clinical management would be different if they were infected with COVID-19; patients in high-risk settings (i.e. long term care, congregate care); and health care workers and first responders. We will be notified upon any positive results as this is a reportable condition.

- Physicians should make decisions to test based on local epidemiology and clinical presentation.
- Testing should NOT be done for asymptomatic patients.
- Prior authorization is not required in this situation, but IF testing is done, they should be considered a Person Under Investigation and MUST BE ISOLATED by the provider and given ISOLATION guidance.
- Patients not tested based on clinical review or because of mild symptoms can/should still be considered a suspect case and self-isolate based on guidance.

For any NC State Public Health Lab tests, testing MUST be authorized through local health department staff in conjunction with and approval from NCDPH and CDC.

NCDHHS has now announced there is widespread community transmission of COVID-19 in N.C. Therefore, we are moving from a strategy of containment to mitigation to help slow the spread of the virus. Recent steps taken to protect ourselves and our community in order to prepare for this (i.e. social distancing, cancelling of mass gatherings, school closures, etc.), are even more important now in order to slow the spread of this illness, protect our most vulnerable population, and protect our health care infrastructure.

Since COVID-19 is transmissible throughout our communities, much like seasonal flu and other viral respiratory illness, it is not necessary to do mass screenings. It is most important that people stay home if they are sick and follow local, state and federal guidelines for infection control to protect themselves and their loved ones. Most healthy individuals will be able to recover at home without needing medical care, and the vast majority will not need a lab test. We want to make sure that those needing medical care can get it – and we need our community's help in making sure that can happen by taking this seriously.

Additional testing within the home of a known positive is not clinically recommended as anyone that is symptomatic in the home would be considered positive for the virus. Testing could create a false negative result (or false sense of security) as the incubation period for the virus varies and symptoms may not show up until later in the 14 day isolation period. Due to the nature of community spread of this illness, it is most important for individuals to stay home when they are sick and limit all contacts as much as possible.

If an individual receives a positive test result or suspects COVID-19, they are to remain isolated until the individual can answer yes to all three of these questions:

1. Has it been at least 7 days since you first has symptoms?
2. Have you been without fever for 3 days (72 hours) without any medicine for fever?
3. Are your other symptoms improved?

Prevention & Treatment:

There is currently no vaccine to prevent COVID-19 infection. The best way to prevent infection is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- 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 a facemask.
    - CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
    - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. 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.

There is no specific antiviral treatment recommended for COVID-19 infection. People infected with COVID-19 should receive supportive care to help relieve symptoms. For severe cases, treatment should include care to support vital organ functions

The North Carolina Response:

NCDPH specific provider guidance can be found here:
https://epi.dph.ncdhhs.gov/cd/coronavirus/providers.html

The North Carolina Division of Public Health (NCDPH) has been coordinating with local health departments since the end of January. Guidance and conference calls have been held to update locals on the situation and coordinate surveillance and response. Calls are also being coordinated with partners at the state level such as through Emergency Management, Hospitals, and EMS.

ARHS and other local health departments have been sharing guidance with medical providers, EMS workers, EM, and other partners.

Testing capacity is currently expanding nationwide, with NC State Lab of Public Health testing, along with private labs. With this change, while we strongly encourage coordination with public health for testing to ensure we are following the case definition, providers may order on their own. Therefore, the focus is shifting to investigation of KNOWN POSITIVE events, as long as resources will allow.

Guidance has also been updated by CDC and NCDHHS focusing on the high risk groups of 65 and older, those with underlying health conditions, and immunocompromised. CDC guidance can be found here: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/index.html

A listing of all NC Guidance can be found here: https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/covid-19-guidance

ARHS Local Regional Response Coordination:

As mentioned previously, ARHS has been working diligently to share information with providers and partners. ARHS has worked to make staff available at all times to answer any partner questions. In addition, staff are also working on the following response actions:

- Epi Team briefings & Staff briefings
- Briefings to Local Government Partners
- Situation monitoring through CDC, NCDPH and news media.
- Coordination with other local health departments in North Carolina and Virginia.
- Sharing of guidance to medical and provider list servs, EMS providers, funeral directors, colleges and universities, and other partners.
- Review of All Hazards Response Plan

ARHS encourages partners to consider the following regarding the local response:

- Situation monitoring through CDC, NCDPH, ARHS, and news media.
- Sharing of guidance and resources with response partners.
- Review of All Hazards Response Plan
    o Decontamination Procedures
    o Handling of symptomatic patients
    o Reporting structure/ contacts
    o Isolation and Quarantine Plans and support needs
    o Public Information and Communications
- Review of PPE inventory.
- Staff outreach and awareness/ education.
- Continuity of Operations Planning.

This is a constantly evolving situation. ARHS will do everything possible to keep partners updated in a timely manner. If at any time you have questions or concerns, please contact us.

If anyone needs to be added to our contact list, please contact Cheryl Leigh at cheryl.leigh@arhs-nc.org

Key Links and Resources:

- NCDPH
  - Guidance: https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina
  - Healthcare Guidance: https://epi.dph.ncdhhs.gov/cd/coronavirus/providers.html
  - Lab Guidance: https://slph.ncpublichealth.com/bioterrorism/2019-ncov.asp
- CDC: https://www.cdc.gov/coronavirus/2019-ncov/index.html
  - Guidance for Healthcare providers: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html
- School/ Childcare Resources/ Guidance
  - CDC has compiled the following guidelines to assist school systems with planning efforts: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/guidance-for-schools.html
  - NCDPH has compiled the following resources as well: https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/covid-19-guidance
  - We strongly encourage the review of response plans, communication plans, attendance tracking, absenteeism policies, etc. We are here to answer any questions you may have and assist in these efforts.
- Faith Based Resources/ Guidance
  - CDC: https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/index.html
  - NCDHHS: https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/covid-19-guidance
- Long Term Care Facility Resources/ Guidance
  - NCDHHS Release: https://www.ncdhhs.gov/news/press-releases/covid-19-mitigation-measures-march-12-2020
  - CDC: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html
  - NCDHHS: https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina/covid-19-guidance

ARHS Contact Information:

ARHS Department Contacts

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Department	Phone	Address
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Perquimans Health Department (Supervisor Laura Harkins)	252-426-2100	103 ARPDC St., Hertford
Camden Health Department (Supervisor Sherry East)	252-338-4460	160 US 158, BLDG B, Camden
Chowan Health Department (Supervisor Amber Woodell)	252-482-6003	202 Hicks St., Edenton
Currituck Health Department (Supervisor Nicole Hines)	252-232-2271	2795 Caratoke Highway, Currituck
Bertie Health Department (Supervisor Sara Davidson)	252-794-5322	102 Rhodes Ave., Windsor
Gates Health Department (Supervisor Karen Riddick)	252-357-1380	29 Medical Center Rd., Gates
Hertford Health Department (Supervisor Valerie Pearce)	252-862-4054	828 S. Academy St., Ahoskie

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