Update on COVID-19 for New York State Schools (Pre-K – 12)

March 3, 2020
As a reminder, the information on the PowerPoint is current only as of the date of the presentation (unless otherwise noted). The situation is rapidly evolving and for the latest numbers and/or guidance, please reference the links within the presentation.
Agenda

- Overview
- Epidemiological Update
- Shift in Response Strategies: Community Mitigation
- Student Travel Related Considerations
- Q&A
Common cold coronaviruses

SARS-CoV
SARS-CoV-2

MERS-CoV

Common cold coronaviruses
Situation Summary: COVID-19 Global

- Globally:
  - 87,137 confirmed cases
- China:
  - 79,968 confirmed
  - 2,873 deaths
- Outside of China:
  - 7,169 confirmed
  - 58 countries
  - 104 deaths
  - Expanded local transmission in South Korea, Japan, Iran and Italy

Data as of March 1, 2020. Source: WHO
Data as of 28 February 2020. Source: WHO
Situation Summary: COVID-19 U.S. PUIs

<table>
<thead>
<tr>
<th></th>
<th>Confirmed</th>
<th>Presumptive Positive**</th>
<th>Total Confirmed &amp; Presumptive Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel-related</td>
<td>12</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Person-to-person spread</td>
<td>4</td>
<td>22</td>
<td>26</td>
</tr>
<tr>
<td>Total cases</td>
<td>16</td>
<td>27</td>
<td>43</td>
</tr>
</tbody>
</table>

** These data represent cases detected and tested in the United States through U.S. public health surveillance systems since January 21, 2020. It does not include people who returned to the U.S. via State Department-chartered flights.

** A presumptive positive case has tested positive by a public health laboratory and is pending confirmatory testing at CDC. States are reporting presumptive positive cases independently; their case counts are the most up-to-date.

COVID-19: U.S. at a Glance*

- Total cases: 43
- Total hospitalized: 17
- Total deaths: 2
- States reporting cases: 10

Data as of March 2, 2020. Source: CDC
Situation Summary: COVID-19 New York State

Data last updated March 2, 2020

<table>
<thead>
<tr>
<th>Test Results</th>
<th>New York State (Outside of NYC)</th>
<th>New York City (NYC)</th>
<th>Total Persons Under Investigation (PUI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive Cases</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Negative Results</td>
<td>22</td>
<td>8</td>
<td>32</td>
</tr>
<tr>
<td>Pending Test Results</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
Situation Summary: COVID-19 New York State

- First positive case of COVID-19 in NYS
- A woman in her late 30s contracted the virus while traveling abroad in Iran and is currently isolated in her home
- The patient has respiratory symptoms, but is not in serious condition
- She has been in a controlled situation since arriving to New York
- The patient was tested by New York's Wadsworth Lab in Albany
- General risk remains low in New York State at this time
Epidemiological Update

- Evidence of community transmission in the U.S.
  - Washington State, California, and Oregon
- Six fatalities from COVID-19 in Washington State
  - Four from a single nursing home
- Reproduction number ($R_0$) of 2.2
  - On average, each infected person spreads the infection to an additional two persons
  - Indicates more infectious than most influenza strains
- Based on early data from China, approximately 80% of cases have mild symptoms, and 15-20% severe
- Case fatality rate thus far is between 1-2%, but is likely to drop some as we begin to learn more about cases with minor symptoms
REVISED Criteria to Guide Evaluation of Patients Under Investigation (PUI) for COVID-19

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>&amp;</th>
<th>Epidemiologic Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND</td>
<td>Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset</td>
</tr>
<tr>
<td>Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization</td>
<td>AND</td>
<td>A history of travel from affected geographic areas (see below) within 14 days of symptom onset</td>
</tr>
<tr>
<td>Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)</td>
<td>AND</td>
<td>No source of exposure has been identified</td>
</tr>
</tbody>
</table>

International Areas with Sustained (Ongoing) Transmission

Last updated February 28, 2020

- China (Level 3 Travel Health Notice)
- Iran (Level 3 Travel Health Notice)
- Italy (Level 3 Travel Health Notice)
- Japan (Level 2 Travel Health Notice)
- South Korea (Level 3 Travel Health Notice)

Containment Strategies – Successful to Date

- Travel restrictions
- Airport entry screening
  - Customs and Border Protection (CBP) and CDC screen passengers returning from China for symptoms, travel to Hubei province and close contacts
- Movement restrictions and monitoring of people at high and medium risk
- Lab testing of symptomatic individuals at increased risk
- The goal of containment strategies is to rapidly identify new cases and limit secondary transmission to persons who are under isolation so exposures are limited and transmission chains are suspended
NYSDOH Response Activities - Continued

• Working closely with CDC, NYCDOHMH, local health departments, and other NYS agencies, including SED
  – Airport Screening
  – Isolation & Quarantine operations
  – Monitoring of individuals meeting risk criteria
  – Laboratory testing

• Public education
  – [NYSDOH COVID-19 webpage and public service announcements](#)
    – Hotline for information on COVID-19 (1-888-364-3065)

• Healthcare provider and healthcare facility education
  – Advisories, webinars, resources
Response Strategy

- Shift to maintain dual, simultaneous response strategies:
  - Aggressive, containment, case-based control measures
  - Prepare to implement non-pharmaceutical interventions/ community mitigation
Non-Pharmaceutical Interventions (NPIs)

Community Mitigation
Goals for the Use of NPIs

- Delay exponential growth in cases
  - Provide more time for preparation
  - Allow flu season to end
- Decrease height of the peak
  - Eases peak demand on healthcare and public health systems
- Reduce total number of cases
Community Mitigation Guidelines to Prevent Pandemic Influenza — United States, 2017

Continuing Education Examination available at http://www.cdc.gov/mmwr/cco.html
NPI Background

• Goal is to reduce the societal impact of pandemic

• Written for pandemic influenza; broadly applicable to other respiratory illnesses

• NPIs are actions that people and communities can take to help slow the spread of respiratory virus infection, including seasonal and pandemic influenza

• Often are the most readily available interventions to help slow transmission of the virus in communities – especially important before vaccines are available

• NPIs can be phased in, or layered, on the basis of pandemic severity and local transmission patterns over time
Categories of NPIs

- Personal NPIs
  - Measures for everyday use
  - Measures reserved for pandemics

- Community NPIs

- Environmental NPIs - Environmental Surface Cleaning Measures
Personal Protective Measures for Schools Students and Staff

• Voluntary home isolation
  – Ill students are sent home to stay when ill, except to obtain medical care or necessities

• Respiratory etiquette
  – Cover coughs and sneezes; use shirt sleeve if tissue not available
  – Avoid touching eyes, nose, and mouth

• Hand hygiene
  – Regular and thorough hand washing with soap and water, or alcohol-based hand sanitizers
Personal Protective Measures Reserved for Pandemics

• Voluntary home quarantine
  – Exposed, non-ill household members stay home for one estimated incubation period

• Use of face masks in the community
  – Might be worn by ill persons during severe, very severe, or extreme pandemics when in contact with household members and when crowded community setting cannot be avoided
  – Not recommended for use by well persons, except under special, high-risk circumstances*
    • e.g., caring for ill family member at home

*Surgeon General urged public to refrain from buying face masks so healthcare personnel have adequate supplies.
**Community NPIs - School Closures and Dismissals**

- There are different types of school closure actions

- Selective school closures and dismissals
  - Schools that serve students at high risk for complications, especially when transmission rates are high (e.g., certain medical conditions, child care <5yrs)
  - Goal to protect high-risk persons, not reduce community virus transmission

- Reactive school closures and dismissals
  - When many students or staff are ill and there are not enough staff to ensure safety
  - Unlikely to affect community virus transmission
Community NPIs – School Closures/Dismissals

• Preemptive, coordinated closures and dismissals
  – During severe to extreme pandemics, not mild or moderate
  – School closure – all staff and students stay home
  – School dismissal – staff report but students stay home (distance learning)
  – Preemptive – before many students and staff become ill
  – Coordinated – simultaneous or sequential closings in a jurisdiction

• Length of closure determined by objective
  – Gain time for assessment of transmissibility/severity in very early stages (up to 2 weeks)
  – Slow spread of virus in areas beginning to experience local outbreaks (up to 6 weeks)
  – Allow time for vaccine production and distribution (up to 6 months)
Community NPIs – Social Distancing Measures For Schools

- Reduce virus transmission by decreasing the frequency and duration of social contact among persons of all ages. Reduce face-to-face contact.
- Multiple measures should be implemented simultaneously
- Increase distance between people to >6 feet
- Separate sick people ASAP, send home
- Schools
  - Divide classes into smaller groups of students, space desks
  - Remote instruction/distance learning options
- Modify, postpone, or cancel mass gatherings
  - Sporting events
Environmental NPIs: Environmental Surface Cleaning Measures for Schools

• Eliminate viruses from frequently touched surfaces and objects
  – Tables, door knobs, toys, desks, and computer keyboards
  – In homes, child care facilities, schools, workplaces, and other places where persons gather
• Cleaning surfaces with detergent-based cleaners or EPA-registered disinfectants
• Use in seasonal influenza and all pandemic severity scenarios
Timing of Community Mitigation

<table>
<thead>
<tr>
<th>Investigation/Recognition</th>
<th>Initiation</th>
<th>Acceleration</th>
<th>Deceleration</th>
<th>Preparation</th>
</tr>
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<tr>
<td>NPI planning</td>
<td>Determine when community NPIs will be implemented; use PSAF results to select actions proportional to disease severity</td>
<td>Initiation of appropriate community NPIs</td>
<td>Planning for appropriate suspension of community NPIs</td>
<td>Discontinuing/modifying community NPIs</td>
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Pre-Pandemic NPI Planning Guides

The following user-friendly Guides are to help public health departments and community settings put the 2017 Guidelines into action as part of their NPI pre-pandemic planning.

- Get Ready for Pandemic Flu: Individuals and Households  [PDF – 16 pages]
- Get Ready for Pandemic Flu: Educational Settings  [PDF – 16 pages]
- Get Ready for Pandemic Flu: Workplace Settings  [PDF – 16 pages]
- Get Ready for Pandemic Flu: Event Planners  [PDF – 16 pages]
- Get Ready for Pandemic Flu: Community and Faith-Based Organizations Serving Vulnerable Populations  [PDF – 16 pages]
- Get Ready for Pandemic Flu: Health Communicators  [PDF – 17 pages]
Current CDC COVID-19 Travel Restrictions and Recommendations

- Avoid all nonessential travel to Mainland China, Iran, South Korea and Italy
- Entry of foreign nationals suspended if recent travel in China and Iran
- Consider postponing travel to Japan
- Practice usual precautions in Hong Kong
- Regularly check for updates to travel advisories on the CDC COVID-19 Travel Health webpage and U.S. State Department Travel Advisories webpage
Travel-Related Considerations for Schools

- Recommend suspending school sponsored travel programs for all students and staff in currently impacted countries (China, Iran, Italy, Japan, and South Korea)
- Develop plans to suspend programs in all other countries, regardless of whether they are currently impacted by CDC travel alerts
- Students and faculty returning from currently impacted countries or regions of impacted countries will be required to be quarantined for 14 days upon return.
  - Includes school sponsored travel or individual travel (Spring break)
Travel-Related Considerations for Schools

• Schools should call their Local Health Department for questions about movement restrictions

• Quarantine, restricted movement, and monitoring should only be enacted by public health authorities and must be overseen by Local Health Departments

• We all must work together proactively against any xenophobia that could possibly arise
COVID-19 Resources
# Novel Coronavirus (COVID-19)

**Novel Coronavirus Hotline**

Call 1-888-364-3065 for Information about Coronavirus

Recently, a new coronavirus - 2019 Novel (New) Coronavirus – that was first detected in China is now spreading worldwide. This virus causes a disease called COVID-19 and can lead to fever, cough and shortness of breath. There are thousands of confirmed cases in a growing number of countries internationally and the virus is now spreading in the United States. There are ongoing investigations to learn more about this virus.

Individuals who are experiencing symptoms and may have traveled to areas of concern, or have been in contact with somebody who has traveled to these areas, should call ahead to their health care provider before seeking treatment in person.

This is a rapidly changing situation. Please regularly check this site and the [CDC's Novel Coronavirus webpage](https://www.cdc.gov/coronavirus/) for updates.

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Health Care Providers: Click for more Information

[Also available in: Chinese, Simplified Chinese, Korean](https://www.cdc.gov/coronavirus/)
Preventing COVID–19 Spread in Communities

Protect yourself and your community from getting and spreading respiratory illnesses like coronavirus disease 2019.

Americans should be prepared for the possibility of a COVID-19 outbreak in their community. The community can take measures to reduce the spread of COVID-19. Everyone has a role to play in getting ready and staying healthy.

Currently a vaccine is not available for COVID-19. Community-based interventions such as school dismissals, event cancellations, social distancing, and creating employee plans to work remotely can help slow the spread of COVID-19. Individuals can practice everyday prevention measures like frequent hand washing, staying home when sick, and covering coughs and sneezes. Click below to learn about steps to take before, during, and after any community spread of COVID-19.

How to prepare and take action for COVID–19:

- At Home
- At Childcare and K-12 Schools
- At Colleges or Universities

Get my household ready

NEW YORK STATE OF OPPORTUNITY. Department of Health
QUESTIONS?

THANK YOU!