

## **TDH 2019 Novel Coronavirus (COVID-19) Talking Points February 28, 2020**

(Talking points reviewed and updated each Friday)

### **SITUATION UPDATE: TENNESSEE**

- As of February 28, 2020, no infections with COVID-19 have been reported in Tennessee.
- TDH has activated its State Health Operations Center on January 21, 2020 and is prepared to respond to any identified COVID-19 cases in this state.
- TDH has developed a web page with resources to keep Tennesseans up to date on recent guidance: [www.tn.gov/health/cedep/ncov.html](http://www.tn.gov/health/cedep/ncov.html).
- TDH will continue to work closely with CDC and other state agencies to protect the people of Tennessee.
- TDH is implementing CDC's [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel-associated or Community Settings](#).
- The Tennessee Department of Health is working closely with the CDC to monitor the situation closely and is updating our recommendations and guidance as needed.
- Some people might be worried about this virus and how it may impact Tennesseans.
  - While this situation poses a very serious public health threat, the risk to the Tennessee public is believed to be low at this time.
  - Risk depends on exposure. People exposed to ill persons are at greater risk of infection.
  - The situation is evolving, and risk will depend on how well the virus spreads and how sick it makes people.
- TDH will issue a statewide advisory if cases of COVID-19 are identified in Tennessee.

### **INFORMATION ON OUTBREAK OF 2019 NOVEL CORONAVIRUS**

- CDC is closely monitoring an outbreak of coronavirus disease 2019 (COVID-19) caused by the 2019 novel coronavirus (SARS-CoV-2). It began in Wuhan, Hubei Province, China in December 2019, and has spread throughout China and to 42 other countries and territories, including the United States.
- As of February 21, 2020, CDC will report confirmed cases under two categories: confirmed cases in the U.S. and confirmed cases among persons repatriated to the U.S.
- Confirmed U.S. cases of COVID-19: 61, including:

- 15 presenting in the U.S.
- 3 among evacuees from Hubei Province
- 43 among evacuees from Diamond Princess cruise ship
  - 28 diagnosed in Japan
  - 15 diagnosed after arrival in the U.S.
- CDC has detected the first case of novel coronavirus in someone who did not travel recently or contact with a confirmed case.
- Destinations with widespread or sustained community spread of COVID-19 include China, Iran, Italy, Japan, and South Korea.
- Other destinations with instances of apparent community spread include Hong Kong, Singapore, Taiwan, Thailand, and Vietnam.
- CDC recommends local agencies review, “Community Mitigation Guidelines to Prevent Pandemic Influenza — United States, 2017”  
<https://www.cdc.gov/mmwr/volumes/66/rr/rr6601a1.htm>
- CDC is regularly reporting on persons under investigation, or PUIs on its website:  
<https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>
- CDC is working with healthcare and industry partners to understand the supply chain for personal protective equipment (PPE) in order to adjust response actions appropriately. Based on the current COVID-19 situation and availability of PPE, on February 8, 2020, CDC posted:
  - [“Healthcare Supply of Personal Protective Equipment”](#) which outlines who needs PPE and who does not. (See section Use of Facemasks in U.S. below.)
  - [“Strategies for Optimizing Supply of N-95 Respirators”](#) which was posted in the face of potential ongoing COVID-19 transmission in the United States.
- On February 20, 263 people were released from federal quarantine after being returned to the U.S. from Wuhan, China via State Department-chartered flights
- There is an expanding outbreak in China of respiratory illness caused by a novel, or new, coronavirus.
  - The International Committee on Taxonomy of Viruses (ICTV) has named this virus **“SARS-CoV-2”** The World Health Organization has named the disease associated with this virus, **coronavirus disease 2019** or **“COVID-19”**
  - Coronavirus disease 2019 (COVID-19), ‘CO’ stands for ‘corona,’ ‘VI’ for ‘virus,’ and ‘D’ for disease.
  - The virus that causes COVID-19 illness belongs to the same species of viruses as the coronavirus named severe acute respiratory syndrome, SARS-CoV. For this reason, the International Committee on Taxonomy of Viruses has named this coronavirus SARS-CoV-2.
  - Previously, both the virus and the disease were being referred to as novel coronavirus 2019, abbreviated to nCoV-19.

- Due to potential for confusion with SARS-CoV, where possible, public communications will use **“the virus that causes COVID-19.”**
- On January 30, 2020 the World Health Organization (WHO) declared the outbreak a “public health emergency of international concern” (PHEIC).
- The vast majority of Americans have a low risk of exposure. The greater risk is for people who have recently traveled to affected countries or their close contacts.
- CDC has been preparing for the introduction of this virus in the United States for weeks.
- This is a rapidly changing situation and much is still being learned about COVID-19.

## TRAVEL

To date, CDC has issued:

- Level 3 Travel Health Notices (Avoid Nonessential Travel) for China and South Korea.
- Level 2 Travel Health Notices (Practice Enhanced Precautions) for Iran, Italy, and Japan.
- Level 1 Travel Health Notices (Practice Usual Precautions) for Hong Kong.
- On February 20, the State Department updated their travel guidance for Hubei Province, China to recommend that U.S. citizens reconsider travel by cruise ship to or within East Asia and the Asia-Pacific Region.

## WHAT YOU CAN DO

- While the immediate risk of this new virus to Tennesseans is believed to be low at this time, everyone can do their part to help respond to this emerging public health threat:
  - It is flu and respiratory disease season. TDH recommends getting a flu vaccine, covering your cough and washing your hands frequently.
  - If you are a health care provider, remember to take a patient travel history for all patients, especially those with fever and respiratory symptoms.
  - If you travelled to Hubei province, China recently and are experiencing fever and respiratory symptoms, contact [your local health department](#) and your health care provider.
  - Contact TDH 24/7 with any questions at 615-741-7247. Ask to speak with someone about coronavirus.
  - Stay up to date on the situation on CDC’s website: [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)
- **Use of facemasks in the U.S.**

- At this time, CDC does not recommend the use of facemasks or respirators among the general public. While limited person-to-person spread of 2019- nCoV among close contacts has been detected, this virus is not currently spreading in the community in the United States.
- In the United States, person-to-person spread has been seen only among people in close and prolonged contact with someone who has become infected with COVID-19 in China.
- **If you are not sick:**
  - Members of the general public in the United States DO NOT need to use facemasks. CDC does NOT recommend that people who are well wear a facemask to protect themselves from respiratory viruses, including COVID-19.
  - Masks should be reserved for people who are sick, so they can protect others from getting infected.
- **If you are sick** (i.e., people with confirmed or possible COVID-19 infection, including patients under investigation who do not need to be hospitalized; and people with confirmed COVID-19 infection who were hospitalized and determined to be medically stable to go home):
  - You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) and before you enter a healthcare provider's office. This will help protect the people around from getting infected.
  - If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who are in the same room with you should wear a facemask, but they should also limit the amount of time they spend in the same room with you.
  - If worn properly, a facemask helps block the spread of respiratory viruses by the wearer from spreading to other people and surfaces.
  - People with increased risk of exposure to COVID-19, for example household contacts and caregivers of people with known or suspected COVID-19, should wear a facemask if the patient is not able to wear a facemask (for example, due to difficulty breathing while wearing a facemask)
  - Facemasks should be used once and then thrown away in the trash.
- **Healthcare personnel**
  - Healthcare personnel should wear personal protective equipment (PPE), including respirators, when caring for confirmed or possible COVID-19 patients because they are in direct contact with patients, which increases their risk of exposure.

- Respirators worn by healthcare personnel are not the same as facemasks sold in retail stores, online, etc. for public use.
- For respirators to work effectively, they must fit snugly against the user's face to make sure particles don't pass through and infect the wearer; healthcare personnel are fit-tested for their respirators and trained to use them to be sure they work correctly.
- Without proper training, respirators are likely to be worn incorrectly and used ineffectively.
- Respirators and facemasks designed for general consumer use are not subject to the same regulations required for respirators in workplaces.