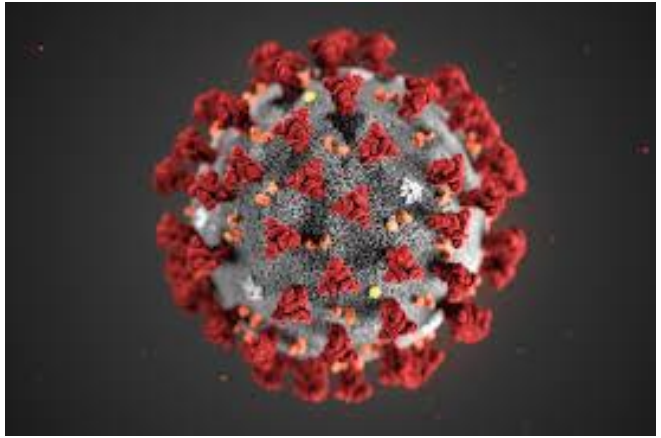
CDPH PRESENTATION TO CITY COUNCIL COVID-19

June 29, 2020

What is COVID-19?

- COVID-19 is caused by a virus called a Coronavirus.
- Coronaviruses are a large family of viruses that are common in animal species including cattle, cats and bats.
- This new ‘novel’ virus was identified in 2019



CO = Corona; VI = Virus; D = Disease; 19 = identified in 2019

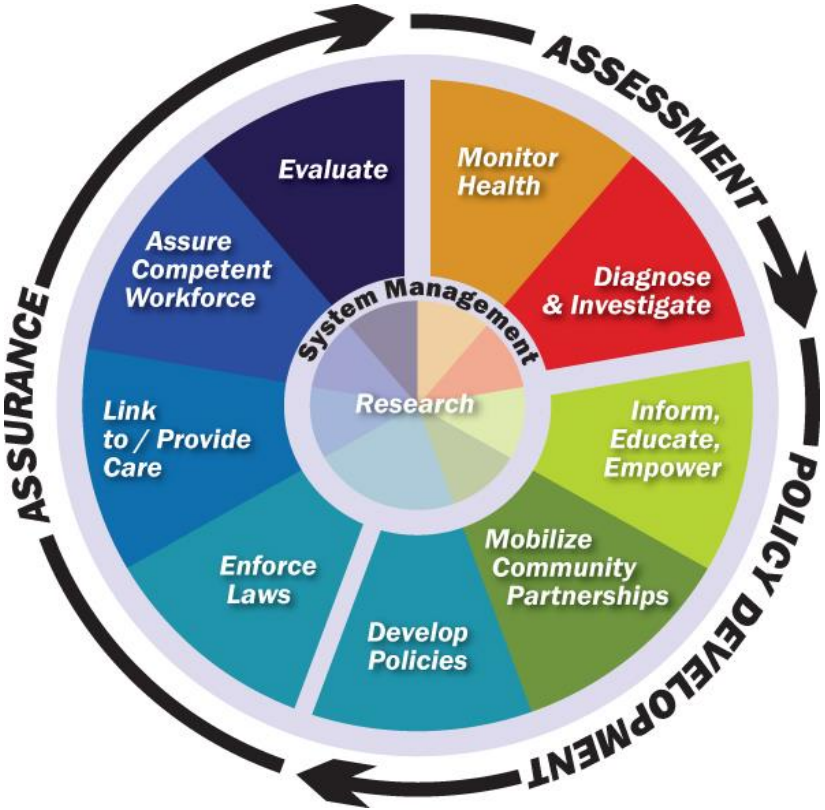
How is COVID-19 spread?

- **Person-to-person**
  - Spread among close contacts (about 6 feet) via respiratory droplets – cough, sneeze, moisture from the mouth.
  - Droplets can land in the mouth, nose or eyes of people who are nearby or possibly be inhaled into lungs.
  - People are thought to be most contagious when most symptomatic / the sickest.
- **Contaminated surfaces** then touching your mouth, nose, eyes

COVID-19 What are the symptoms?

- Very similar symptoms as influenza (flu) – fever, cough
- Symptoms may also include new loss of taste or smell.
- Less common symptoms include GI symptoms (nausea, vomiting or diarrhea).
- Symptoms may appear 2-14 days after exposure.
- Reported illnesses have ranged from mild to severe.

10 Essential Public Health Services



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Public Health Responsibility

- **Epidemiology:** Managing the incidence, distribution and possible control of diseases and other factors relating to health.
- **Surveillance:** collection, analysis and interpretation of health-related data.
- **Preparedness:** Staying safe during public health emergencies
- **Prevention:** Precautions, education and communication on the spread of infection.
- **Enforcement & Education**: Community mitigation to slow the transmission of disease.

CDPH Responsibilities

- Infection Control, case investigation, assistance and guidance in community and congregant living facilities
- Provide guidance to local businesses and organizations based on state orders
- Field concerns and investigate complaints

Stay Home	**Essential/Non-essential**	**Mass Gathering**
Social Distancing	**No masks**	**Not following ODH Orders**

- Coordinated with CPD and ODPS on complaints

CDPH COVID Response Team

Response takes place 7 days per week

- COVID Situation Room & Central Operations
  - Director
  - Health Commissioner
  - Chief Epidemiologist
  - Emergency Preparedness Coordinator
  - Contact Tracing Team Leaders
  - Contact tracers

CDPH COVID Response Team

- Chief of Public Affairs
- CDPH Medical Director
- Epidemiology
- Emergency Preparedness
- Director of Nursing and CDPH Nurses
- Communications Officer
- Healthy Cleveland
- Office of Minority Health
- Commissioners of Air Quality and Environment and Division Staff
- Deputy Commissioner of Environment
- Chief of Air Pollution Outreach

Federal, State and Local Partners

- City of Cleveland
  - Public Safety, EMS and CPD
  - Emergency Management
  - Water Department (GIS)
- Federal/National
  - CDC and HHS
  - Big Cities Health Coalition
- State
  - Office of the Governor and state agencies
  - Ohio Department of Health, Ohio National Guard, ODPS
  - Association of Ohio Health Commissioners
- Local
  - Cuyahoga County Board of Health
  - Cuyahoga County
  - Other Local Health Departments
  - Hospital Systems
  - Community Clinics/ FQHCs
  - Health & Human Service Organizations

Overview CDPH COVID Response

- Case Investigations
- Issue Isolation orders for confirmed cases
- Contact Tracing
- Wellness checks
- Release from isolation
- Triaging cases
- Manage Outbreaks
- Maintaining data

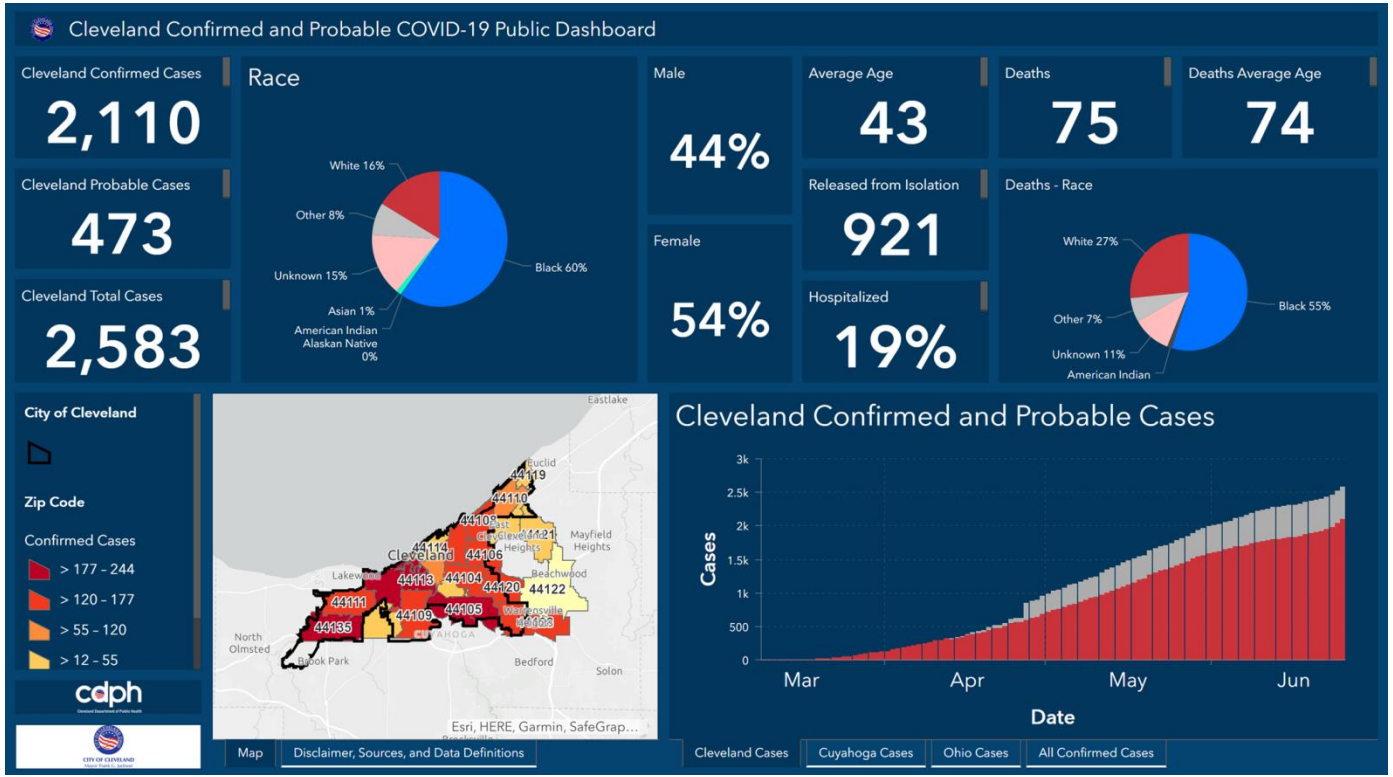
Long Term Care/Nursing Homes

- Nursing home residents are among the most vulnerable population and comprise a high percentage of COVID-19 deaths in Ohio.
- In March, all were ordered to close their doors to visitors and family – so assumption that staff were bringing it in.
- Governor ordered all staff of LTCs to be tested;
  - 250 facilities throughout the state
  - 25,000 staff to be tested + over 500 residents
  - Ohio National Guard conduct tests

Communications

- Coordination with Mayor's Office of Communications to local media
- CDPH COVID-19 Dashboard
- CDPH Website
- Social media
  - Twitter
  - Facebook

CDPH Dashboard – Updated daily (pulled 6/26/2020)
www.clevelandhealth.org



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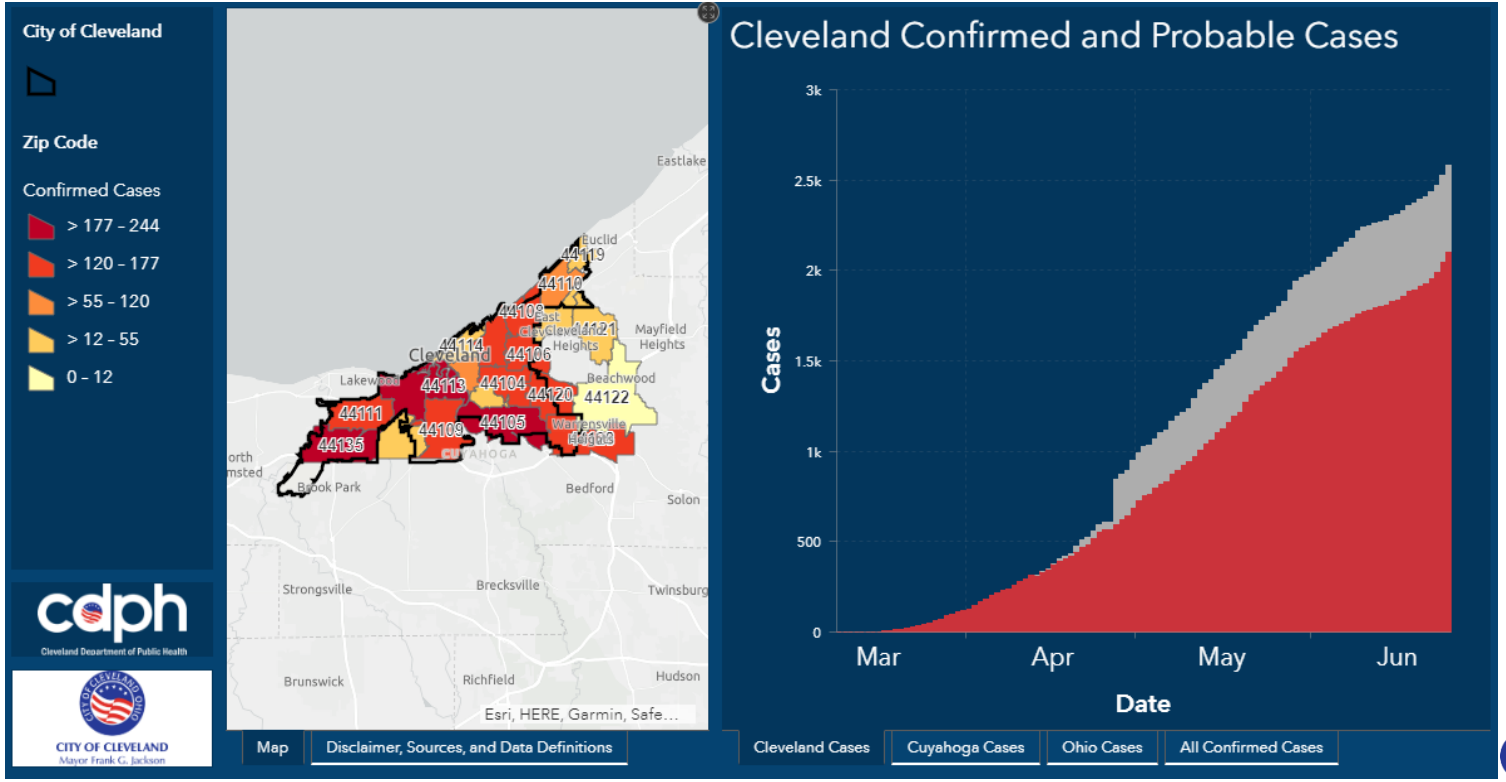

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CONTACT TRACING

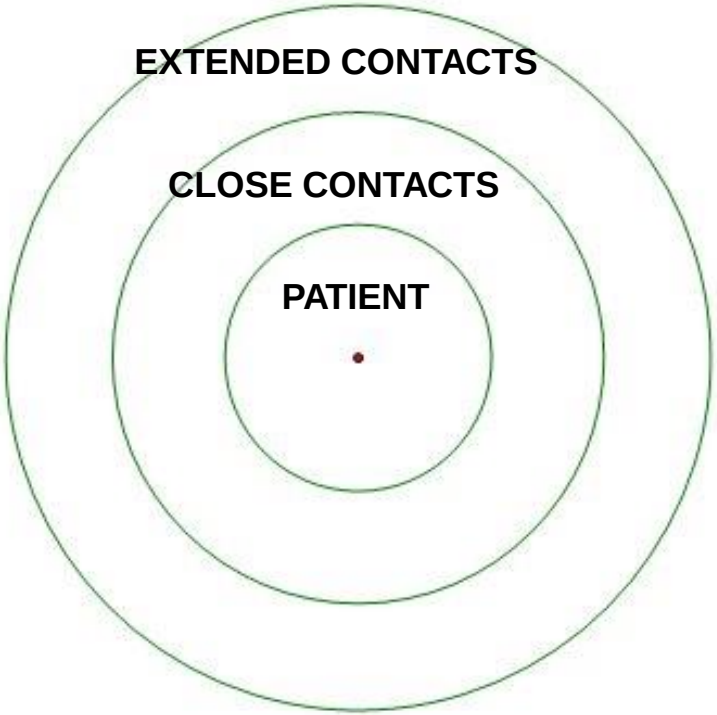
COVID-19 Cases

- Investigate international travelers since early January, 2020.
- First case in Cleveland – March 14, 2020 6am
- Since then (as of June 26, 2020),
  - 2117 confirmed cases; 473 probable
  - 921 released from isolation
  - 74 deaths

Questions asked during Contact Tracing (Sampling)

Questions	Data Gathered
Demographic Data	Race, ethnicity, primary language
Health status	Pregnant, symptoms, pre-existing health conditions?
Occupation including last day worked, duties, sensitivity of occupation: health care worker, food handler, work with children or seniors, first responder	Listing the names of individuals who were close contacts going back at least 3 days from symptom onset.
Recent travel	Domestic, international, mode of travel
Possible Exposures including:	
Eating out, large events or mass gatherings, been to a store, pool, recreation facility	Was the staff wearing a mask? Did you eat-in or dine-out? Was the facility crowded?
Did you have close contact with a confirmed/suspect COVID case?	Household; Workplace; Family or Friend?
Who else lives in the household, can they isolate/quarantine in a room away from others?	Do you sleep in same room, same bed, share a bathroom? Did you hug, kiss the patient? Did you share a vehicle?

Contact Tracing



Contact Tracing

DEFINITIONS

CLOSE CONTACTS =

- Household members
- Person(s) being cared for
- Intimate contacts

EXTENDED CONTACTS =

- Work
- School
- Church
- Social

Determined around time patient became symptomatic.

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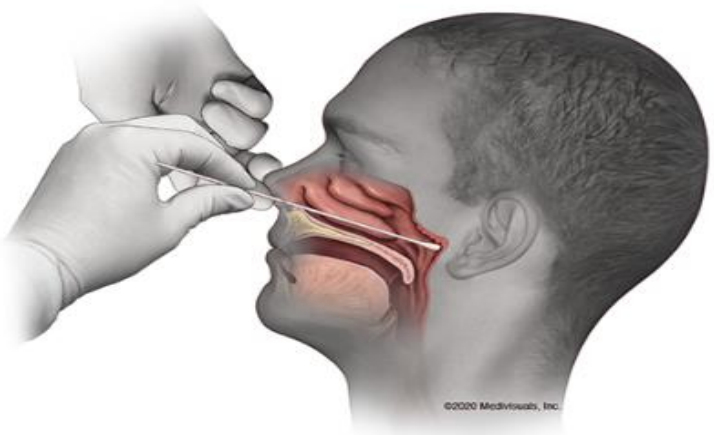
Important definitions

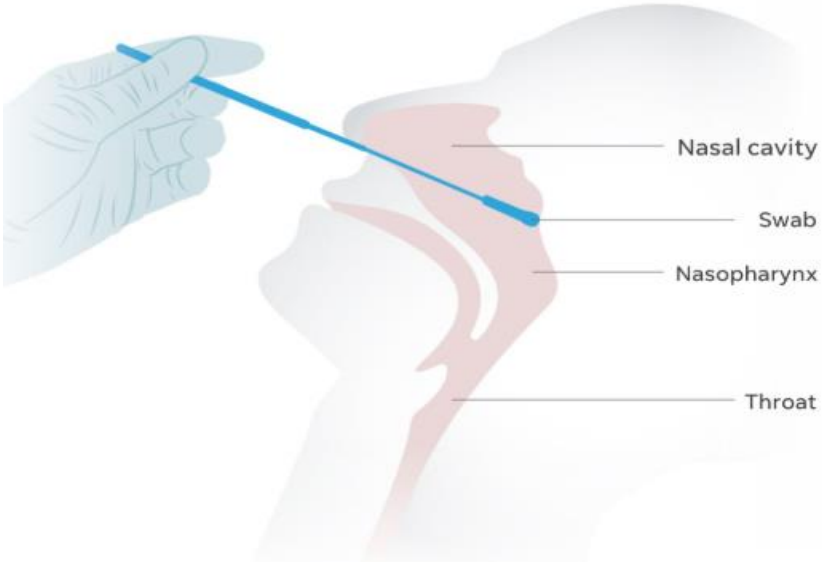
- **Isolation** – separate ill persons who have a disease from those who are healthy. Person is **already** sick.

- **Quarantine** – separate and restrict movement of well persons who may have been exposed to communicable disease. This helps to determine if they become ill. Person is **not yet** sick.

COVID-19 Testing

- March - May 2020
  - Priority 1
    - Ohioans with symptoms who were hospitalized and healthcare workers.
  - Priority 2
    - With symptoms + residents of LTC/congregant living settings, first responders, 65+, Living with underlying conditions
    - Without symptoms + residents or staff directly exposed during an outbreak
- Initially, very limited test supplies & medium, available test sites and labs.





Nasal farangeyal test is administered by a clinician. It goes deep into the nasal cavity to capture active cells.

Testing

- Tests detect the genetic information of the virus, its RNA. It detects the presence of an antigen rather than the presence of the body's immune response (antibody).
- Since early May, the average number of tests conducted/processed weekly at local hospitals is between 10,588 – 15,726.
- Overall positivity rate = 3.7%

ODH Testing Priority Levels

As of June 11, 2020, testing may be made available to individuals described in all Priorities. The purpose of ODH prioritization is to assure access to testing for the most ill and vulnerable and those who care for them and to limit the risk of spread in congregate living environments and communities.

The prioritization also recognizes the appropriate use and preservation of personal protection equipment across all health care and community settings to ensure safety.

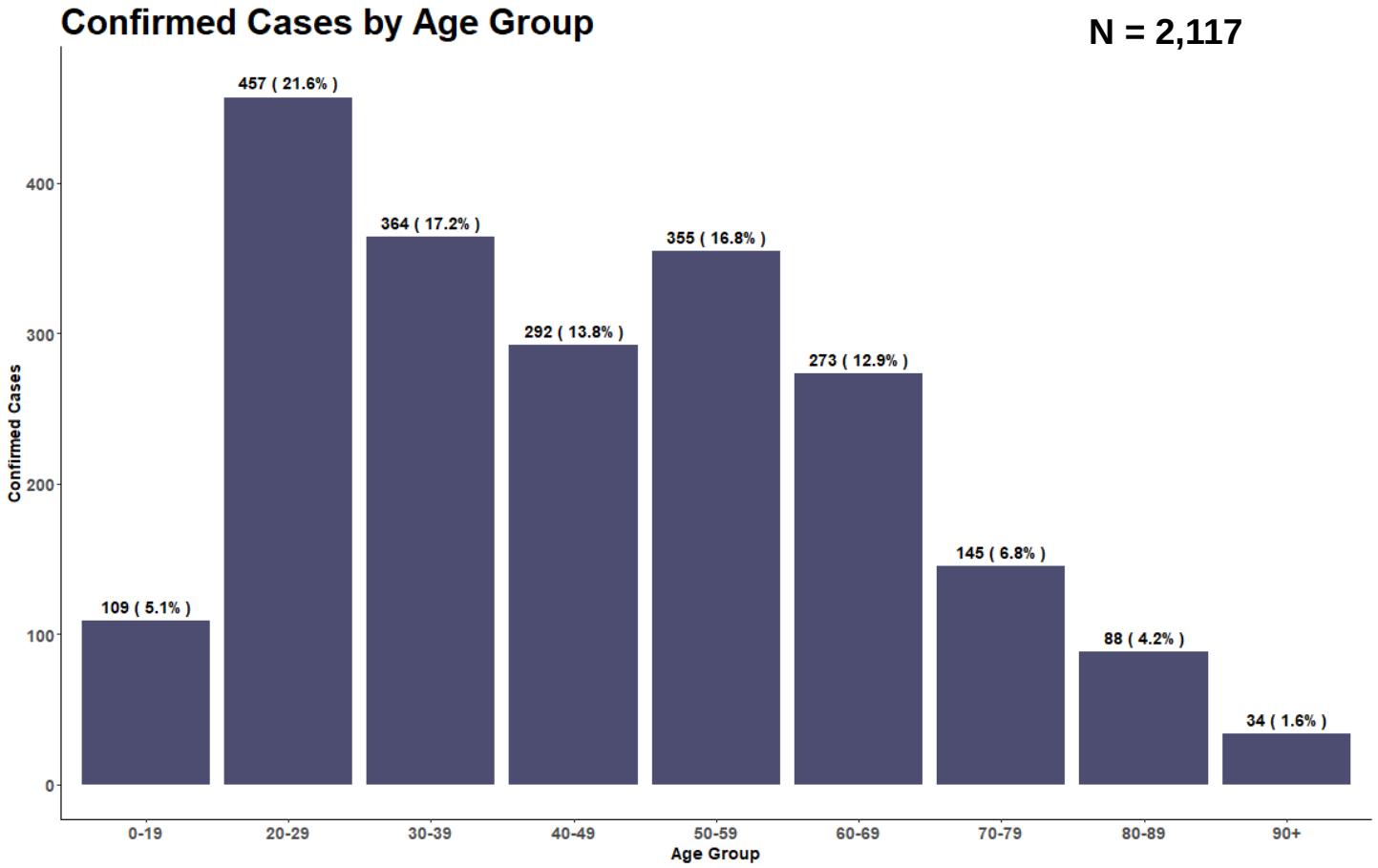
Testing now

Most require a doctor's order or general health screening.

- Hospitals
- FQHCs
- Drug Stores
- Community events
- Pop-Up events

DEMOGRAPHICS

The data in this section is current as of Friday, June 26, 2020.
Total number of confirmed cases = 2,117
Total number of confirmed deaths = 74



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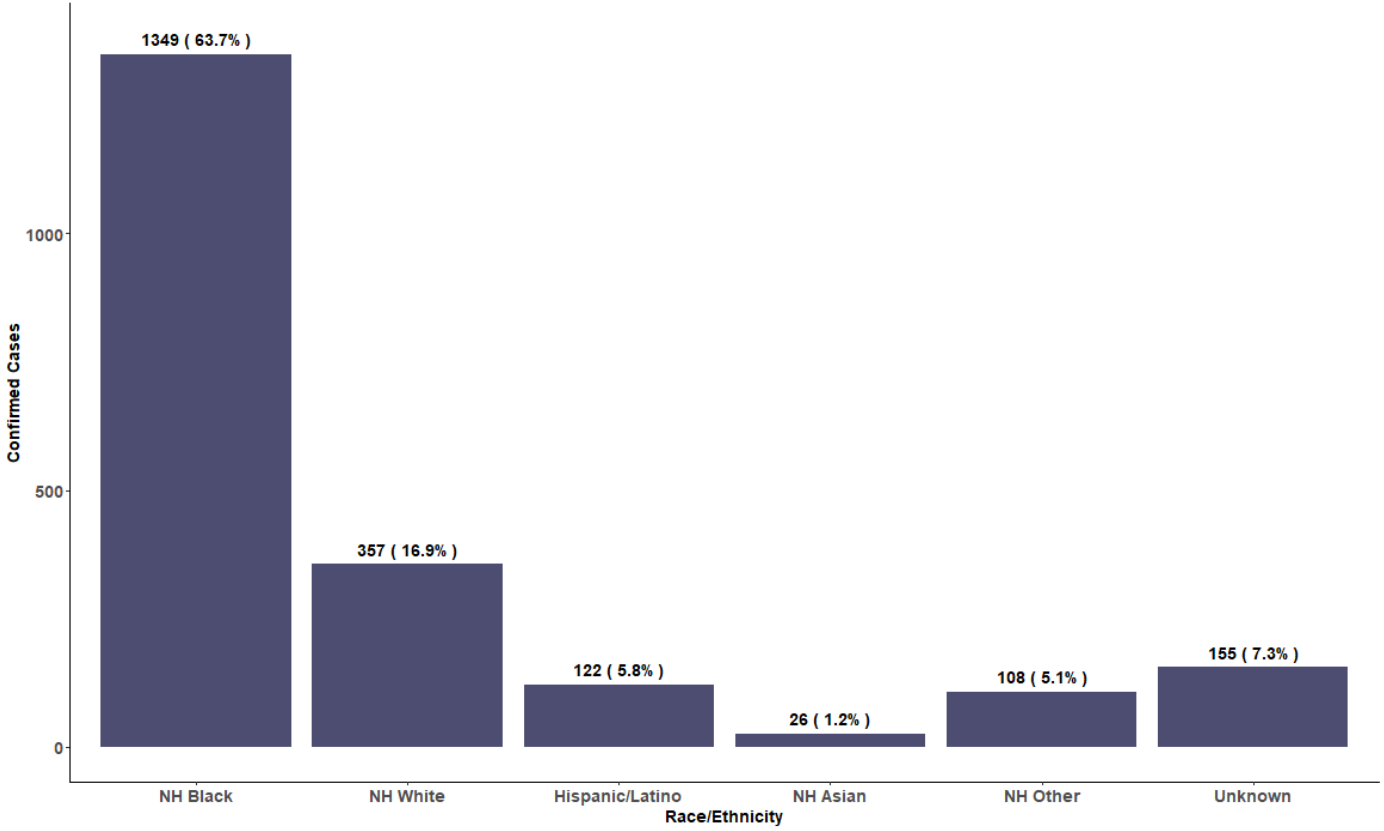
Confirmed Cases by Combined Race/Ethnicity

N = 2,117



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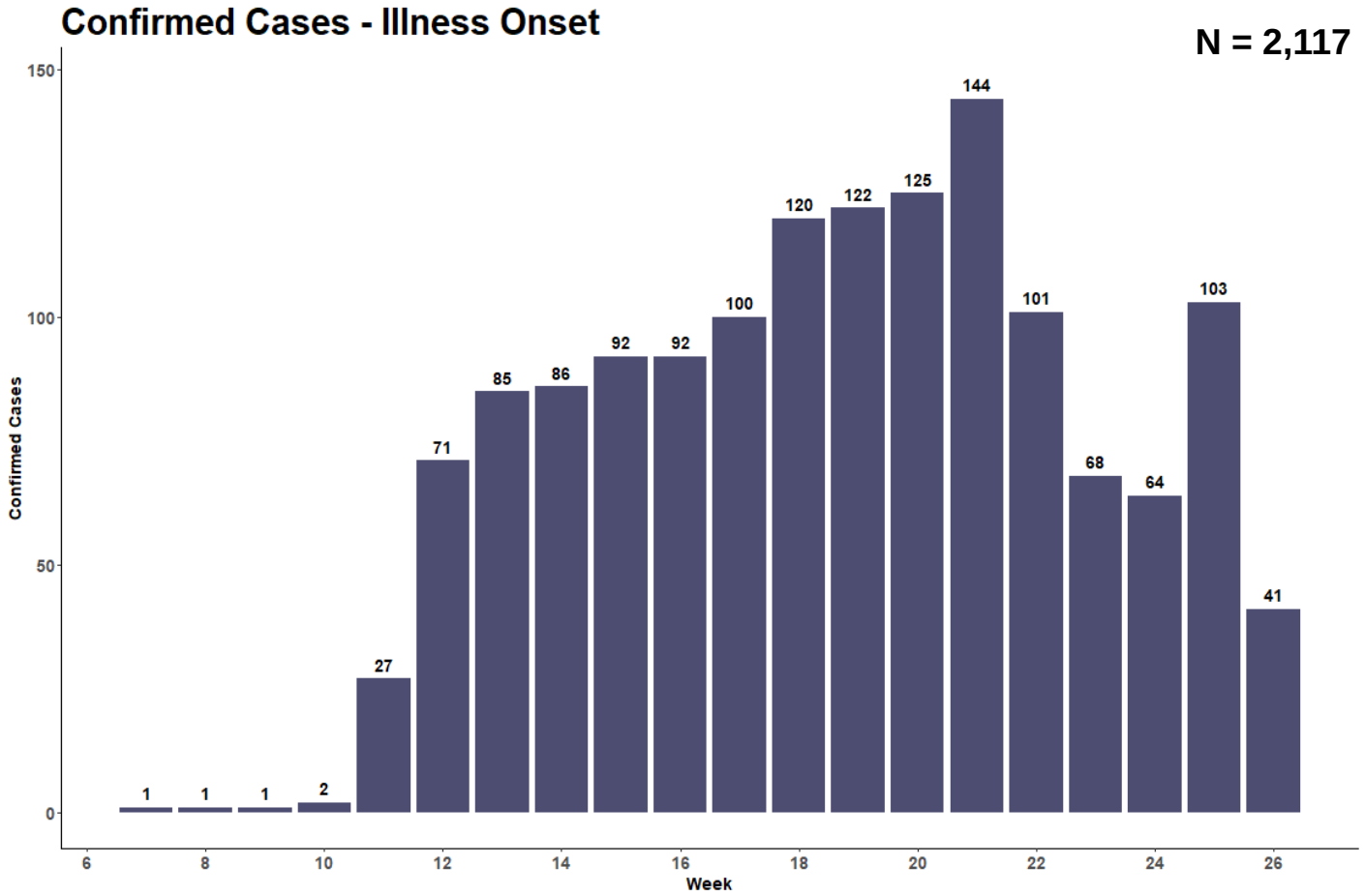

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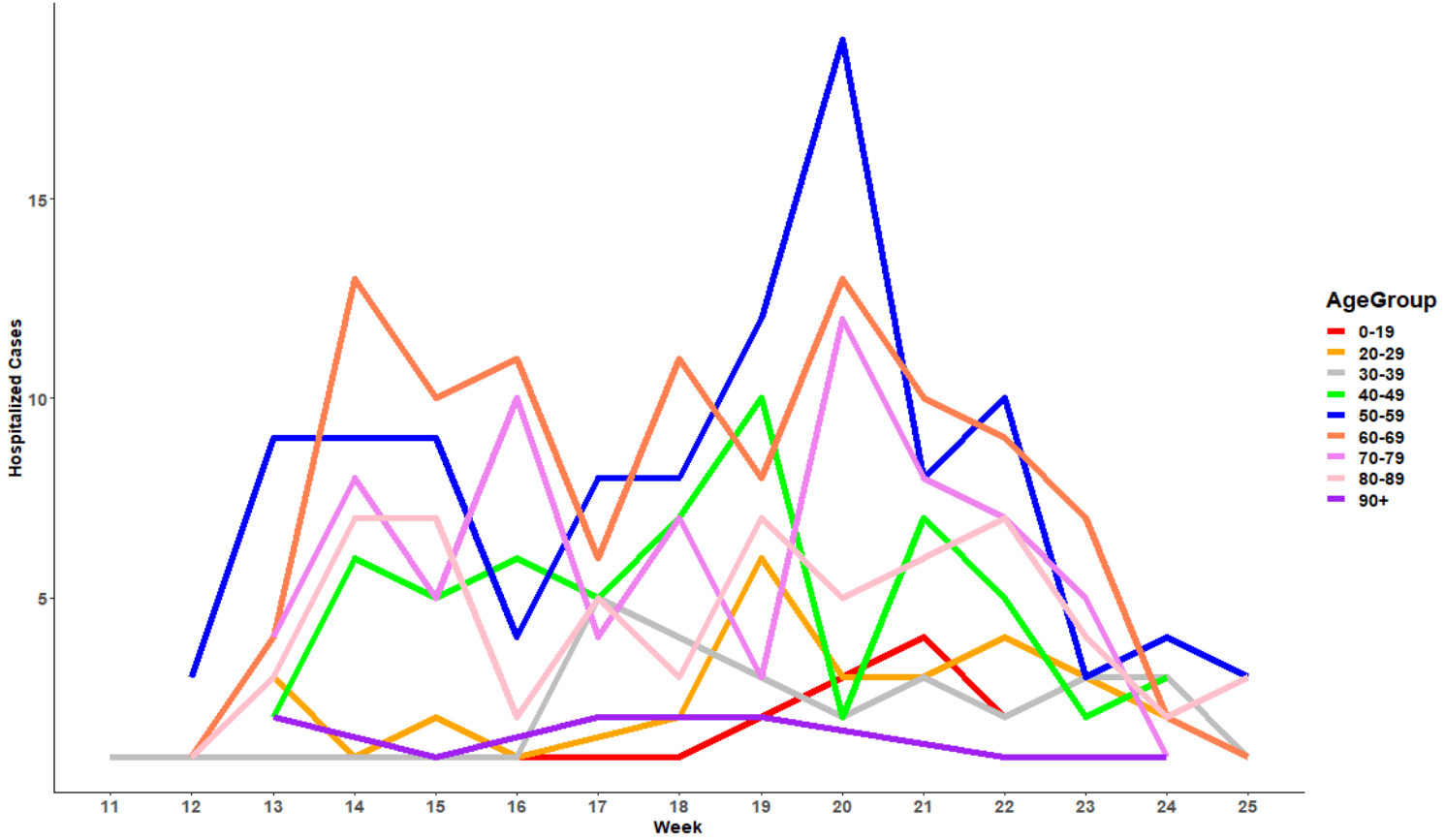
Age Group on Week of Hospitalization

N = 465



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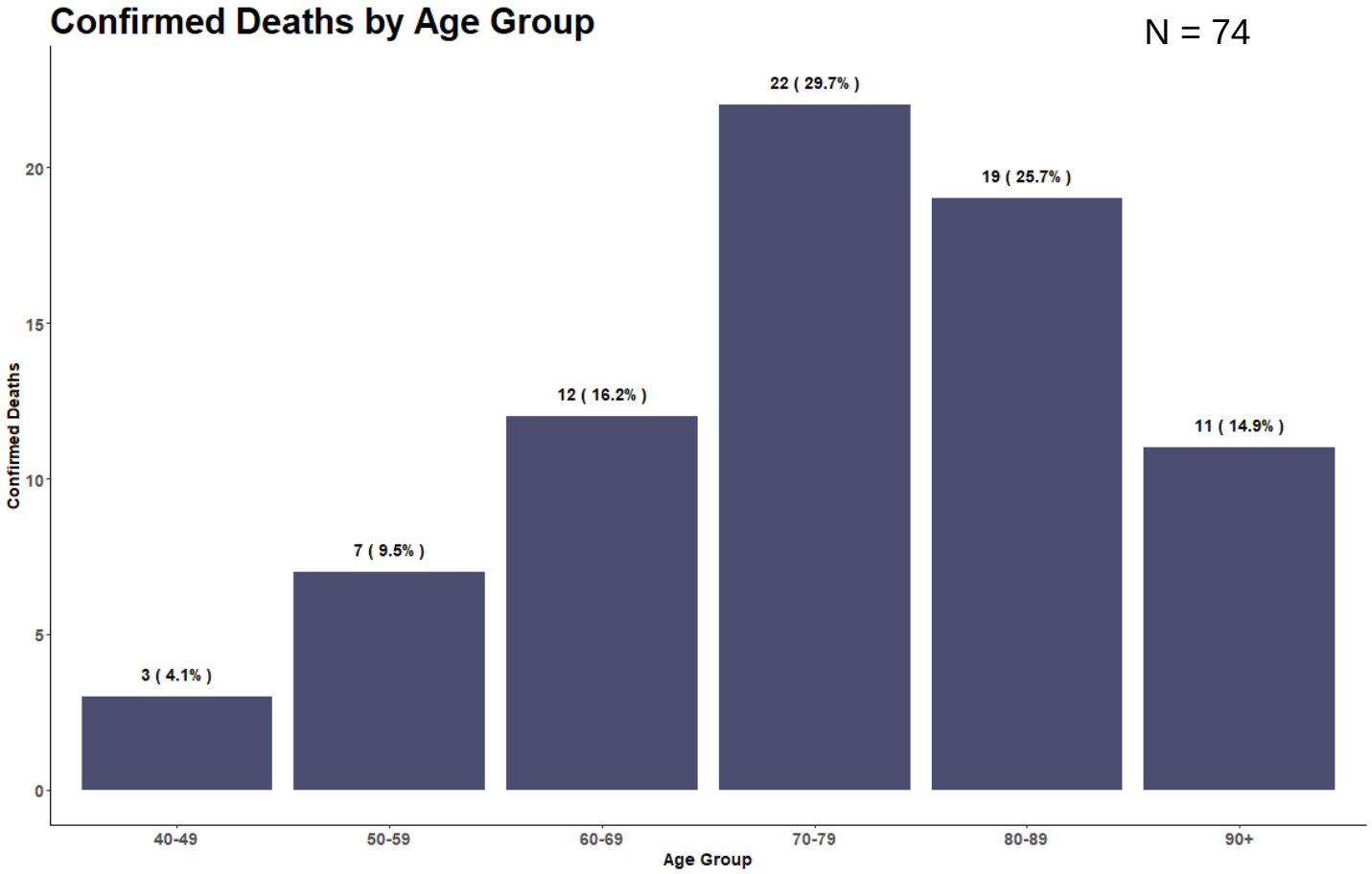

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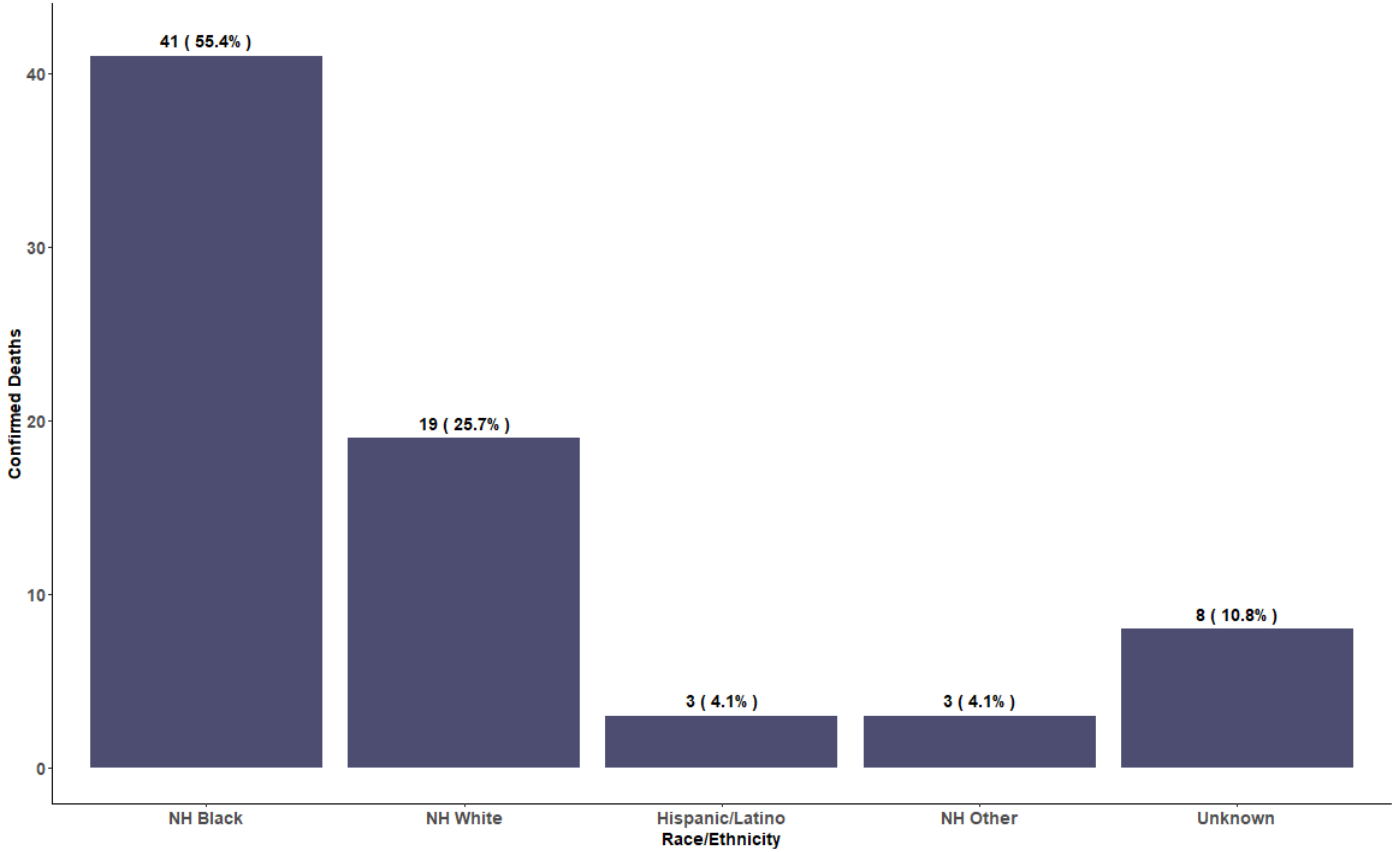
Confirmed Deaths by Combined Race/Ethnicity

N = 74



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Prevention

- Stay home unless it is absolutely necessary to leave – especially if you are sick
- Wash your hands with soap and water frequently. Avoid touching face with uncleaned hands.
- Wear a mask or face covering over both nose and mouth when around others.
- Sanitize/clean frequently touched surfaces.
- Physically distance from others by at least 6 feet to avoid being in one another's air space.

Thank you

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www.clevelandhealth.org