I. Welcome / Introduction: Heidi Steinecker

II. Director Office Updates: Dr. Charity Dean

- I would like to start the meeting with a quick update on the status of the outbreak of 2019 novel coronavirus.

- The outbreak continues to evolve rapidly. Today’s report from the World Health Organization shows more than 20,626 reported cases and 426 reported deaths. The vast majority of these cases and deaths are being reported by China, but more than 150 cases and 1 death have been reported in 23 other countries.

- In the United States there have been 11 cases reported to date, including 6 in California. California cases have been reported by Orange, Los Angeles, Santa Clara and San Benito Counties, with two each in Santa Clara and San Benito. The two San Benito cases are spouses, one of whom was infected in California. This is the only report of person-to-person spread in California. Let me reiterate that the only person-to-person spread in California and the United States has been in a close family contact setting. There is still no reported spread of 2019 novel coronavirus in the community in California or the United States.

- Most of the cases in China have been reported in Hubei Province, where Wuhan is the largest city. However, cases have been reported in many other parts of mainland China. Taiwan, Hong Kong and Macao are less affected. As of today, testing had been done on more than 70 California patients. Local health departments continue to receive reports of suspect cases and are identifying persons who should be tested.

- The only laboratory in the United States that is able to test for the novel virus is the CDC laboratory. However, the CDPH laboratory has received protocols and test kits from CDC. We are validating these materials here at CDPH and hope to begin testing very soon.
• We would like to share some new guidance that was released by the CDC and then
discuss the implications of that guidance with all of you.

III. Center for Infectious Disease: Dr. Amanda Kamali

• Rapidly evolving situation and CDPH has activated its emergency response center the
Medical and Health Coordination Center.
• We are working closely with CDC and other federal and local partners to provide
guidance for LHDs and hospitals as new information is provided.
• Thank you for your partnership as we continue to learn more about this virus and
ensure the health and safety of all Californians.

IV. Laboratory Update: Deb Wadford

• Specimen collection for laboratory testing to detect the 2019 novel CoV (2019-nCoV):
  o At this time, diagnostic testing for 2019-nCoV can only be conducted at the CDC.
  Respiratory specimens will be tested by the CDC and if positive, the serum
  specimen will then be tested.

• Specimen Type and Priority
  o For initial diagnostic testing for 2019-nCoV, CDC recommends collecting and
testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower
respiratory (sputum, if possible)) for those patients with productive coughs.
  Induction of sputum is not indicated. Specimens should be collected as soon as
  possible once a PUI is identified, regardless of the time of symptom onset.
  Maintain proper infection control when collecting specimens.

• General Guidelines
  o Store specimens at 2-8°C and ship overnight to CDC on ice pack. Label each
  specimen container with the patient’s ID number (e.g., medical record number),
  unique specimen ID (e.g., laboratory requisition number), specimen type (e.g.,
  serum) and the date the sample was collected. Complete a CDC Form 50.34 for
  each specimen submitted. In the upper left box of the form, 1) for test requested
  select “Respiratory virus molecular detection (non-influenza) CDC-10401” and 2)
  for At CDC, bring to the attention of enter “Stephen Lindstrom: 2019-nCoV PUI”.

• Respiratory Specimens
  o Lower respiratory tract
    ▪ Bronchoalveolar lavage, tracheal aspirate
Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C and ship overnight to CDC on ice pack.

- **Sputum**
  Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C and ship overnight to CDC on ice pack.

  - **Upper respiratory tract**
    - **Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)**
      Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens should be kept in separate vials. Refrigerate specimen at 2-8°C and ship overnight to CDC on ice pack.

    - **Nasopharyngeal wash/aspirate or nasal aspirate**
      Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C and ship overnight to CDC on ice pack.

- Specimens should be collected as soon as possible once a PUI is identified, regardless of symptom onset. **Maintain proper infection control when collecting specimens.**

- Healthcare providers and/or facilities are to contact their local health departments and all specimens collected should go to the local public health laboratory for proper packing and shipment overnight to the CDC. Each specimen must be accompanied by a completed CDC DASH form 50-34 that includes the CDC assigned PUI number. This form will be completed by the public health lab/department.

- Routine respiratory testing MUST NOT delay shipment of the specimens to the CDC.
Healthcare – Associated Infections: Dr. Erin Epson

Last week, CDC posted new comprehensive interim infection prevention and control recommendations for patients under investigation or with confirmed 2019 novel coronavirus infections in healthcare settings. These are available on the CDC’s novel coronavirus webpage. I’ll just go over a few highlights:

- The overall approach generally follows the same identify, isolate and inform framework that hospitals are likely familiar with for other high consequence infectious diseases.

- Infection control begins before and immediately upon the patient’s arrival – this includes having referring providers or EMS transport call ahead of a patient’s arrival, ensuring patients have access to a facemask to wear upon entry to contain their cough as source control, and implementing measures to maintain separation between patients with suspected novel coronavirus from other patients seeking care – for example, by identifying a separate, well-ventilated space that allows waiting patients to be separated by at least 6 feet, or having medically stable patients wait or even be evaluated in their car or outside the facility.

- Patients should be placed in an airborne infection isolation room wherever possible, or if an airborne isolation room is not available, in a private room with the door closed. Patients who require hospitalization should be transferred as soon as possible to a facility where an airborne isolation room is available.

- Healthcare personnel must adhere to Standard, Contact, and Airborne Precautions, and wear eye protection. This means gloves, gowns, N95 or higher level respirator, and goggles or face shield. Healthcare personnel should receive training on what personal protective equipment (or PPE) is necessary; how to properly don, use, and in particular how to take off PPE in a manner to prevent self-contamination. Hospitals need to have policies and procedures for safely donning and doffing their particular PPE ensemble.

- If the patient does not require hospitalization they can be discharged to home (in consultation with public health authorities) if home isolation can be safely implemented.

- Furthermore, decisions to discharge patients with confirmed novel coronavirus infections are made on a case-by-case basis in consultation with public health; increasingly, the recommendations is for discharge decisions to be based upon clinical criteria without a requirement to demonstrate clearance of the virus or lack of infectiousness, as long as any necessary home isolation can be safely implemented.

- CDC will soon be posting guidance for assessment, monitoring and work exclusion of healthcare personnel that are potentially exposed to patients with confirmed novel coronavirus infection. On a high level, this involves risk stratification of healthcare
personnel based upon the nature of their interactions with the patient, whether the patient was masked, and what personal protective equipment the healthcare personnel was wearing during the interactions. The risk stratification and any active monitoring and work exclusion decisions will be made in consultation with public health.

VI. **Epidemiology: Kathy Harriman**

- As you all know, the novel coronavirus outbreak continues to evolve rapidly and case numbers in China continue to rise exponentially. As of the last report from China, 20,704 confirmed cases, including 2,792 (13%) in critical condition, and 427 (2%) deaths had been reported; 781 cases have been reported as recovered. The spectrum of infections ranges from asymptomatic or mild to severe or fatal.

- Outside of China, there have 214 confirmed cases, including one death in the Philippines, and one death in Hong Kong. There have been 11 confirmed cases in five US states; 6 of which have been in California in Orange (1), Los Angeles (1), Santa Clara (2) and San Benito (2) Counties. The two cases in San Benito are spouses, one of whom was infected in California. This is the first instance of person-to-person spread in California. In addition to the 6 cases, 73 “persons under investigation” have been identified in California, and 50 have received negative test results to date.

- There are at least 24 clinical trials underway in China to identify medical countermeasures for novel coronavirus infection. In addition, a number of scientific papers have been published using computer modeling, artificial intelligence, and deep-learning to predict antiviral activity of a range of medicinal compounds. The CDC Novel Coronavirus Clinical Team is available for consultation on treatment of hospitalized cases.

VII. **Surveillance and Reporting: Erin Murray**

- On Saturday, February 1, CDC updated the definition of what constitutes a person under investigation, or PUI, for novel coronavirus 2019.

- The new PUI definition is divided into three categories as follows:
  - One: Fever OR signs/symptoms of lower respiratory illness, such as cough or shortness of breath AND having close contact with a laboratory-confirmed 2019 novel coronavirus patient within 14 days of symptom onset
  - Two: Fever AND signs/symptoms of lower respiratory illness, such as cough or shortness of breath AND a history of travel to Hubei Province, China within 14 days of symptom onset
o Three: Fever AND signs/symptoms of lower respiratory illness, such as cough or shortness of breath, requiring hospitalization AND a history of travel to mainland China within 14 days of symptom onset

- CDPH continues to recommend that providers concerned about a possible novel coronavirus infection in a patient should contact their local health department by phone immediately as per the California Code of Regulations, Title 17, Section 2500.
  o Your local health department will work with you and CDC to determine if testing of the patient is warranted.
  o If testing is deemed appropriate, your local health department will provide guidance to you regarding specimen collection and submission to the appropriate public health laboratory for shipping to CDC.

- Results of nCoV testing conducted at CDC will be reported back to the local health department that reported the suspect case, and a copy will be sent to CDPH. Local health departments will be responsible for notifying you and the patient of the results and provide further instructions and guidance.

- Please note that the criteria just stated for notifying your local public health department about potential suspect cases of novel coronavirus may change as the situation evolves. We will alert you of any changes if and when they are made.

VIII. Investigation Guidance: Dr. Cora Hoover

- Last Friday, the federal government announced a new framework for quarantine and monitoring for travelers returning from China. CDC released guidance yesterday on risk assessment and public health management of persons at risk of novel coronavirus, including returning travelers. This guidance divides individuals into high, medium, low, and no-risk categories, with specific actions to be taken based on an individual’s risk level with respect to travel restrictions, quarantine, and monitoring.

- Starting now, travelers from Hubei province in China are being quarantined upon arrival to the United States. Travelers from elsewhere in China will receive instructions to remain at home and monitor their own health. We are expecting for a process to be identified in the next several days whereby public health departments are notified of these returning travelers from elsewhere in China and will have the ability to conduct follow up.
• All of these new procedures should help decrease the chances that a person at significant risk for infection with novel coronavirus will present to a hospital for evaluation without having received instructions in advance about how to do so in order to minimize exposures. These include instructions such as notifying the hospital in advance so that they can be masked and isolated upon arrival.

• Of note, the guidance released yesterday does not address health care workers and that guidance is forthcoming.

IX. Resource Request & MHOAC Roles: John Wogec

• The resource requesting process is discussed in the California Public Health and Medical Emergency Operations Manual (EOM) (July 2011 version). The EOM can be located and printed by accessing the following link:
  o https://www.cdph.ca.gov/Programs/EPO/CDPH%20Document%20Library/FinalEOM712011.pdf

• Healthcare facilities requiring additional support/resources should contact their Medical and Health Operational Area Coordinator (MHOAC). Contacts can be obtained via these resources:
  o Local Health Department or Local Emergency Medical Services Agency

• The MHOAC Program is based on the functional activities described in Health and Safety Code §1797.153. Within each Operational Area, the Health and Safety Code authorizes the county health officer and local emergency medical services administrator to jointly act as the MHOAC or appoint another individual to fulfill the responsibilities. More information on the MHOAC program can be found in the Public Health and Medical EOM (link above).

• Once the MHOAC is notified of a resource need, they will complete a Public Health and Medical Resource Request form.
• MHOACs will check for available resources within the requesting facility’s county to fulfill the request

• If resources are unavailable within the county, the MHOAC will escalate the request to the Regional Disaster Medical and Health Coordination Program (RDMHC).
• The RDMHC will then search for resources within the appropriate Mutual Aid Region, and possibly through other Mutual Aid Regions.

• If the RDMHC is unable to locate the resources, they will escalate the request to the State.

x. Communication & Reporting: Heidi Steinecker

XI. Question and Answer:

Q: What is the turnaround time for receipt of CDC test results?
A: Currently, anywhere from 2 to 7 days.

Q: What are the recommendations regarding healthcare workers that are cohabitants of people returning from China?
A: We suggest you work closely with your Local Health Department (LHD) since they are working on risk assessments and coordinating closely with state and federal partners on decisions specific to healthcare workers.

Q: We have several healthcare personnel returning this week from China and want to make sure we are following current guidelines.
A: Healthcare workers would be subject to the same returning traveler guidelines announced by the federal government.

Q: When is an infected person considered clear?
A: We are still pending specific CDC guidance on this topic. For confirmed cases, serial polymerase chain reaction (PCR) testing is performed, and at least one set of oropharyngeal/nasopharyngeal swabs must be negative before a patient can be cleared.

Q: What are your recommendations if a PUI needs to be transferred from a negative pressure isolation room to the operating room?
A: There is currently no specific CDC guidance addressing this topic. We recommend managing this situation similarly to any other airborne infection.

Q: What is the timeline for introducing lab testing to California labs?
A: The CDC is prepping test kits and they are currently in the approval process with the U.S. Food and Drug Administration (FDA). We are hopeful that the FDA will approve the Emergency Use Authorization (EUA) for the tests this week and they will become available to public health labs.
Q: At what point should hospitals report a suspect cases of coronavirus to the Licensing and Certification (L&C) District Office?
A: Suspect cases should be reported when a hospital has identified a PUI according to CDC’s PUI definition.

Q: Are there any plans for public health to collect specimens in the homes of PUIs instead of presenting to healthcare facilities?
A: This depends on if the PUI is cleared for testing. It still needs to be done using the appropriate Personal Protective Equipment (PPE), and will need to be discussed with individual LHDs.

Q: If a behavioral health hospital identifies a PUI, should the PUI be sent directly to an Emergency Room, or would we contact the LHD first?
A: Please refer to the CDC PUI definition guidelines, and check with your LHD for guidance on what facility to send the PUI to so they may receive appropriate care.

Q: Are N95 masks effective in preventing transmission?
A: N95 mask use is not being recommended for use in the community since general community risk is low. N95 masks effective in protecting healthcare personnel when working with a PUI. The public can use surgical masks if someone becomes symptomatic to prevent their own secretions from coming in contact with others.

Q: What are your recommendations for entry staff wearing N95 masks since they would have first contact with a PUI?
A: Currently there are no recommendations for entry staff to wear PPE in absence of knowledge a PUI is coming to the facility.

Q: What are you recommendations for birthing mothers who are PUIs? Do you isolate baby, and what are your recommendations for breast feeding?
A: There is currently no CDC guidance on this topic. Please contact your LHD to consult on a case by case basis.