Coronavirus (COVID-19) Community Response Briefing

Barry-Eaton District Health Department
Webinar Facilitator

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Outbreak Response Role: Risk Communication
Webinar Overview

- Coronavirus and COVID-19 Basics
- Public health Concepts
- Community Mitigation Strategies
- What is BEDHD, what are we doing, who are key staff?
- Q and A Session
Rapidly changing situation

We are facing an unprecedented public health challenge.

We have included the most accurate information possible in this presentation.

However, expect that

Recommendations will change. They will likely get more strict before they loosen.

BEDHD will do its best to keep the community informed; via our website, our Facebook Page, and our press releases.
Coronavirus COVID-19 Basics
What is it?

• Coronavirus (formally named “SARS-CoV-2”) and the disease it causes has been named “coronavirus disease 2019” or COVID-19

• It has been declared a pandemic by the World Health Organization. There has never been a pandemic caused by a coronavirus.

• A complete clinical profile is not yet fully known.
  • Symptoms are generally flu-like and can vary from very mild to severe, including illness resulting in death
  • Populations with underlying health conditions (ex. Heart disease, lung disease, diabetes) are at a higher risk of developing serious illness
  • COVID-19 is spread person-to-person through respiratory droplets when an infected person coughs or sneezes

SOURCE: CDC.GOV/CORONAVIRUS
Stigma and discrimination can occur when people associate a disease, such as COVID-19, with a population or nationality, even though not everyone in that population or from that region is specifically at risk for the disease.

Some groups of people who may be experiencing stigma because of COVID-19 include:
- Persons of Asian descent
- People who have traveled
- Emergency responders or healthcare professionals

Stigma hurts everyone by creating fear or anger towards other people. Stopping stigma is important to making communities and community members resilient.

**Speak out against stigma in the communications you have control over.**
COVID-19 Symptoms

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

The following symptoms may appear 2-14 days after exposure. 

SOURCE: CDC.GOV/CORONAVIRUS
* Data include both confirmed and presumptive positive cases of COVID-19 reported to CDC or tested at CDC since January 21, 2020, with the exception of testing results for persons repatriated to the United States from Wuhan, China and Japan. State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.
This map shows confirmed positive cases of COVID-19 in the state of Michigan, per county.
Prevention Basics

• There is not yet a vaccine to prevent COVID-19

• The best way to prevent illness is to avoid exposure and practice preventative measures such as:
  • Avoiding close contact with those who are sick
  • Avoid touching your eyes, nose, and mouth
  • Stay home when you feel sick
  • Cover your cough or sneeze with a tissue and dispose of the tissue
  • Clean and disinfect frequently touched surfaces or object with regular household cleaning sprays or wipes
  • Wash your hands often with soap and water for at least 20 seconds, especially after using the restroom, before eating, and after blowing your nose, coughing or sneezing.
    • If there is no soap, you can use hand sanitizer with at least 60% alcohol content
  • Follow the CDC’s guidance for travelers

SOURCE: CDC.GOV/CORONAVIRUS
If you feel sick...

• Stay home, avoid public areas, and public transportation – self-isolate

• When at home, try to stay away from others and limit contact with pets and animals

• Call ahead to your doctor, or to a hospital, if you have or suspect you have COVID-19, and for requests to be tested. Your doctor can order a test for you if they believe it’s warranted (more info on testing capacity later)

• Wear a facemask (but you do not need them if you are not sick)
Public Health Concepts

INDIVIDUALS, ORGANIZATIONS, COMMUNITIES CAN TAKE ACTION

SOURCE: CDC.GOV/CORONAVIRUS
COVID-19 cases in the United States by date of illness onset, January 12, 2020, to March 11, 2020, at 4pm ET (n=420)**

Retrieved 6:58 PM 3/12/2020
The main thing = flatten the curve.
Flattening the curve

Source: CDC

Source: https://www.vox.com/2020/3/10/21171481/coronavirus-us-cases-quarantine-cancellation
See also: https://healthblog.uofmhealth.org/wellness-prevention/flattening-curve-for-covid-19-what-does-it-mean-and-how-can-you-help?scid=hemt051906_w_zznc068504daunw19q3679j9g0oc00ou5v7qweo.tm
As the first cases of the 1918 flu were reported in Philadelphia in September 1918, authorities played down the significance and allowed public gatherings to continue. Closures in Philadelphia were only enacted once the virus had spread. The first cases in St. Louis were reported in early October, with measures to contain the spread enacted two days later. This resulted in a slower spread and lower mortality rate.


TIM MEKO/THE WASHINGTON POST
Isolation separates sick people with a contagious disease from people who are not sick.

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

Social distancing: Creating ways to increase distance between people in settings where people commonly come into close contact with one another. Specific priority settings may include schools, workplaces, events, meetings, and other places where people gather.

Closures: Temporarily closing child care centers, schools, places of worship, sporting events, concerts, festivals, conferences, and other settings where people gather.
Phases of Communicable Disease Control

**Containment**
- Stop the transmission of the disease to other persons.
  - Detection and Surveillance
  - Isolation and Quarantine
  - Contact Tracing

**Mitigation**
- Slow the transmission of the disease to avoid overwhelming healthcare resources.
  - Isolation and Quarantine
  - Contact Tracing
  - Social Distancing
  - Closures

SOURCE: CDC.GOV/CORONAVIRUS
Classic Public Health Interventions

All of these can be undertaken at many different levels.

Individuals and Families
- Make decisions to protect your own family.
- Example: Person age 65+ who does not travel to crowded locations is practicing social distancing

Organizations and Employers
- Make decisions to protect your clients, employees, and the public
- Example: Senior Center shifts from congregate meals to meal delivery service

Community-Level
- Make decisions to protect the public
- May be in the form of recommendations (usually) or orders (rarely)
- Example: Health Officer orders that no one can gather in groups of more than 10 people

SOURCE: CDC.GOV/CORONAVIRUS
Community Mitigation Strategies for Michigan

ACTIONS EVERYONE CAN TAKE TO #FLATTENTHECURVE
“By the time it stops feeling silly to consider major changes, it may be too late [for those changes to make a difference]”

https://www.washingtonpost.com/health/2020/03/10/social-distancing-coronavirus/
New State Recommendations

Information released from the state on 3/11, 3/12, and 3/13:

We are at the community mitigation stage now!

• Cancel all events over 250 people and all assemblages in shared spaces over 250 people beginning on Friday, March 13 at 5:00pm and ending on Sunday, April 5 at 5:00pm.

• Close all K-12 school buildings to students from Monday, March 16 until Sunday, April 5.

• Child care facilities will remain open during this time, whether they are attached to schools or free standing.

• Cancel or postpone large gatherings, conferences, and sporting events (e.g., greater than 100 people in a shared space).

• Set up handwashing stations at large gatherings.

• Businesses/organizations are encouraged to offer flexible sick leave for those who may be contagious.

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98155-521467--,00.html
Guidelines for your specific need from CDC

The CDC has been publishing new guidance for many different audiences, settings, and situations since the outbreak began and is constantly revised.

Seek out this guidance for detailed instructions.


• healthcare facilities
• schools
• childcare
• businesses/workplaces
• Homeless shelters
• Travelers
• Households
• Caregivers
• Laboratories
• Pregnant Women & Children
Individuals and families at home:

Learn about the signs and symptoms of COVID-19. Symptoms include fever, cough, and difficulty breathing.

If you have respiratory symptoms, STAY HOME WHEN YOU ARE SICK. Call your health care provider’s office in advance of your visit.

Regularly clean and disinfect frequently touched surfaces, like doorknobs, keyboards, cell phones, and light switches.

Communicate and reinforce best practices for washing hands and covering coughs and sneezes.

Be prepared if there is COVID-19 in your household or a disruption of daily activities in your community. For example, maintain a supply of medications, food, and other essentials in your house. Consider alternative shopping options such as curbside pickups or online deliveries.

Access services as much as possible online or by phone.
High-risk populations

Examples of those at higher risk of serious complications include:

- Older adults
- Persons with underlying health conditions such as heart disease or diabetes
- Pregnant women and children
- Persons in homeless shelters
High-risk Individuals

Individuals at risk of severe illness should stay at home and keep away from others who are sick, except in exceptional circumstances. Wash your hands often, particularly after contact with high-touch surfaces. Avoid crowds and closed-in settings with little air ventilation as much as possible. Avoid cruise travel and non-essential air travel.

Regularly clean and disinfect frequently touched surfaces, like doorknobs, keyboards, cell phones, and light switches.

In households with individuals at risk of severe illness, provide a protected space for those individuals and have healthy people conduct themselves as if they were a significant risk to those individuals. For example, healthy people should wash their hands before feeding or caring for an at-risk individual.

Have a plan for if you get sick, and stay in touch with others by phone or email. Watch for symptoms and emergency warning signs that require immediate medical attention.

Family members and caregivers can support older adults by knowing what medications they are taking and ensuring there is an extra supply on hand. Family members and caregivers can support older adults by monitoring food and other necessary medical supplies (e.g., oxygen, incontinence, dialysis, and wound care supplies) and by creating a back-up plan for securing those essentials if they run out.
Assisted living facilities, adult day care programs, and senior living facilities:

Encourage personal protective measures among residents, clients, and staff, including handwashing and covering coughs and sneezes.

Encourage residents, clients, and staff to stay home (or in their private quarters) when sick and to notify program administrators of illness.

Regularly clean and disinfect frequently touched surfaces, like doorknobs, keyboards, cell phones, and light switches.

Ensure hand hygiene supplies are readily accessible throughout the facility.

If caring for an individual living in a care facility, monitor the situation, ask about the health of the other residents frequently, and know the protocol if there is an outbreak.

Implement social distancing measures as feasible, such as reducing large gatherings, altering meal schedules to reduce mixing, and limiting programs with external staff.

Limit visitors to only those who are absolutely necessary and implement screening of visitors for temperature and respiratory symptoms.

Maintain contact with individuals at risk of severe illness who are no longer able to attend day care programs.
Childcare/Daycare and (schools)

Educate children and the community about COVID-19 and preventative hygiene practices.

Encourage staff and children to stay home when sick.

Report influenza-like activity, absenteeism, and potential school dismissals to public health officials.

Separate sick students and staff from others until they can go home. When feasible, identify a “sick room” through which others do not regularly pass.

Communicate and reinforce best practices for washing hands and covering coughs and sneezes.

Regularly clean and disinfect frequently touched surfaces, like doorknobs, keyboards, cell phones, and light switches.

Consider having students eat meals in their classrooms as opposed to a cafeteria-like setting, or alter meal schedules for smaller-group gatherings.

Cancel large gatherings such as assemblies and limit inter-school interactions.

Alter schedules for recess and entry/dismissal to reduce the mixing of large numbers of students and staff.
Workplaces

Encourage employees to stay home when sick and to notify supervisors of illness.

Communicate and reinforce best practices for washing hands covering coughs and sneezes.

Regularly clean and disinfect frequently touched surfaces, like doorknobs, keyboards, cell phones, and light switches.

Ensure hand hygiene supplies are readily accessible throughout the workplace.

Encourage staff to tele-work when feasible, particularly individuals at risk of severe illness.

Implement social distancing measures as feasible, including limiting in-person meetings. Discourage sick persons from entering buildings.

Limit large work-related gatherings (e.g., staff meetings and after-work functions).

Limit non-essential work travel.

Cancel or postpone large gatherings, conferences, and sporting events (e.g., greater than 100 people in a shared space).

Discourage employees from eating meals in a large group setting, such as a cafeteria.

Tailor continuity of operation plans to the COVID-19 threat.
Community and Faith Organizations

Establish ongoing communication with the public health department (sign up for our mailing list at https://mailchi.mp/5f2d6f388146/barryeatoncovid19

Identify safe ways to serve those who are at high risk or vulnerable through outreach and assistance.

Encourage staff and members to stay home when sick and to notify the organization of illness. Discourage sick persons from entering buildings.

Communicate and reinforce best practices for washing hands and covering coughs and sneezes.

Regularly clean and disinfect frequently touched surfaces, like doorknobs, keyboards, cell phones, and light switches.

Ensure hand hygiene supplies are readily accessible.
Implement social distancing measures as feasible.

Reduce in-person gatherings and activities, especially for organizations with individuals at risk of severe illness. Consider offering video or audio of events.

Determine ways to continue providing support services to individuals at risk of severe illness while limiting group settings and exposures.

Avoid large gatherings (e.g., greater than 100 people in a shared space) or move to smaller and staggered gatherings.

For organizations that serve high-risk communities, cancel gatherings of more than 10 people.

Establish a “buddy” system for vulnerable and hard-to-reach community members so they can be connected to COVID-19 related news and services.
Where can I get materials to print/share?

CDC’s Communications Library on COVID-19


MDHHS Website Coronavirus Communications Materials

https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98281--,00.html

BEDHD’s website; COVID-19 page

https://www.barryeatonhealth.org/covid-19-resources-and-update
Our materials to date

BEDHD is happy to assist with helping you find materials or create them, however given limited public health resources we encourage you to reach out to colleagues in your field.
BEDHD and our role
Key Staff to know

Colette Scrimger, MSW
Health Officer, BEDHD
Outbreak Response Role: Incident Commander

J. Daniel Woodall, DO, MPH
Medical Director, BEDHD
Outbreak Response Role: Medical Direction
Key Staff to know

Jennifer Casarez, RN
Emergency Preparedness Coordinator, BEDHD
Outbreak Response Role: Liaison Officer

Sarah Surna, MPH, MSSA
Community Health Promotion Specialist, BEDHD
Outbreak Response Role: Public Information Officer
Current Situation in Barry and Eaton

Cases being monitored / self-quarantined?

Cases approved for testing?

Can local healthcare providers get tests for their patients?

Public health capacity?
Question and Answer Session

Please type your questions into the chat box on your screen. Keep in mind to avoid discussing private health information; we can address these one-on-one with you.

If time allows, we will also open the lines for voice questions.