






<h1>Bond</h1>	<h2>Coronavirus COVID-19</h2>
	
	

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<h2>Public Health Authorities</h2>	
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Public Health Authorities

- Federal Government
- New York State Government
 - Local Government
 - NYC and Local Departments of Health
 - Primarily County Departments of Health
 - School Districts



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What's happened overseas

- China
 - Wuhan City Closed
 - Italy
 - City Closed
 - Japan
 - Schools closed for a month



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What's happened overseas

- France
 - Louvre closed
 - Ban on indoor events with more than 5,000 attendance
- Cruise Ships
 - Passengers held on board
 - Refused entry to various countries



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Federal Government

- Control of borders
- Setting of standards
- Advice
- Coordination
- Funding
- Testing and drug approvals
 - Approval of vaccines
 - Approval of drug treatment regimens
 - Testing kits



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Federal Government

- Control of the borders
 - January 31, 2020 Executive Order
 - Barred, with exceptions, entrance of immigrants and non-immigrants who were physically present in the People's Republic of China during the fourteen days prior to their attempted entrance
 - Covers immigrants, tourists and business travelers
 - Subject to expansion from other countries
 - Iran already added



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Federal Government

- Control of the borders
- Executive Order (con't)
 - U.S. citizen who has been in Hubei province within fourteen days of reentry subject to quarantine
 - U.S. citizens returning from rest of China subject to health screening and up to 14 days of monitored self-quarantine
 - CDC will advise NYS DOH of such individuals



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Federal Government

- Principle Agencies
 - Food and Drug Administration
 - Approval of drugs for safety and efficacy
 - Includes vaccines
 - Center for Disease Control
 - Coordination and tracking
 - Approval of testing kits
 - Lab work
 - National Institute of Health



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New York State

- State government is most important level of public health response
- Reporting and coordination requirement
- Hospital and health care provider licensing
- Coercive authorities
 - Isolation
 - Quarantine
 - Closings



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New York State Department of Health

- Supervise Local Boards of Health
- Supervise the reporting and control of diseases
- Engage in research on morbidity and mortality
- Conduct lab exams for the diagnosis and treatment of disease
- Promote education in the prevention of diseases
- Promote or provide diagnostic and therapeutic services for communicable diseases



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New York State Department of Health

- Supervise and regulate the sanitary aspects of camps, hotels, public eating and drinking establishments and other businesses and activities affecting public health
- May require testing of health care workers for communicable diseases



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New York State Department of Health

- New York State Health and Health Planning Council
 - Closely tied to the State Department of Health
 - Authority over the State Sanitary Code
 - State Sanitary Code
 - Deals with any matter affecting the life or health in the State of New York
 - Establishes communicable diseases
 - Sets rules for contact, communication and disinfecting of places where communicable diseases found



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Communicable Diseases

- Section 2 of the Public Health Law
 - Infectious, contagious or communicable disease
- Defined in the State Sanitary Code
 - Part 2 of the DOH Regulations
 - Communicable Disease defined in Part 1



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Communicable Diseases

- 64 communicable diseases listed
- Public Health and Health Planning Council can add more
- Commissioner of Health can add between PHHPC meetings



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Communicable Diseases

- Any disease outbreak or unusual disease must be reported to the State Department of Health.
- Unusual disease means a newly apparent or emerging disease, where there is reason to believe could be caused by a transmissible infectious agent



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Communicable Diseases

- Cholera
- Diphtheria
- E. coli 0157:H7 infections
- Encephalitis
- Hepatitis (A, B, C)
- Influenza (laboratory confirmed)
- Measles
- Mumps



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Communicable Diseases

- German measles
- Chicken Pox
- Plague
- Pertussis
- Poliomyelitis
- Syphilis
- Tuberculosis
- Typhoid



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Communicable Diseases

- Covid-19 added to list effective February 1, 2020



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Communicable Diseases

- Reporting
- Tracking
- Care
- Education
- Isolation
- Very Broad Scope of Authority



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Communicable Diseases

- Usual Course for State and Local Government
 - Reliance on Education
 - Development of Protocols
 - Tracking and Reporting
 - Outreach
 - Websites
 - Public Announcements



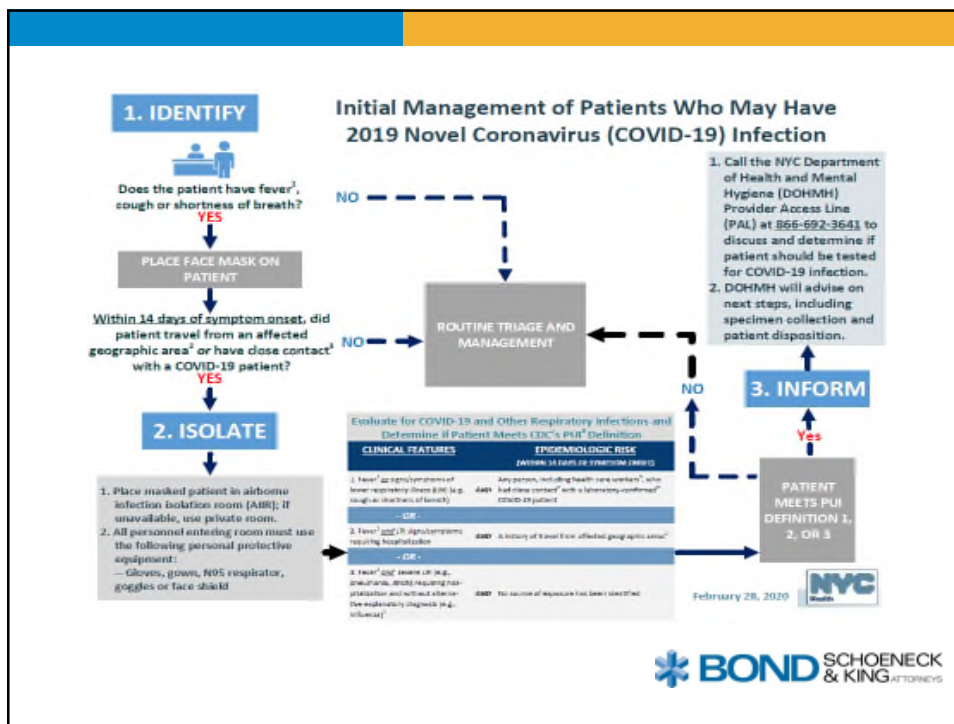
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Communicable Diseases

- Reporting
 - Designated Reporters
 - To the Board of Health
 - To the Health Department
 - Full name, age and address (including unusual diseases), disease within 24 hours
 - Even after death



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FOOTNOTES

¹ Fever may be subjective or confirmed

² Affected areas are defined as geographic areas where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all COVID-19 [Travel Health Notices](#).

³ Close contact:

a) Being within “6 feet (2 meters) of a COVID-19 case for a prolonged time while not wearing recommended personal protective equipment or PPE (i.e., gloves, goggles, NIOSH-certified disposable N95 respirator, eye protection); can include caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

OR

b) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment.

⁴ CDC definition for a Person Under Investigation for COVID-19 infection

⁵ For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation

⁶ Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

⁷ Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.

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Communicable Diseases

- Reporting
- When no physician in attendance, duty of the head of a private household, or school, hotel, camp, vessel to report the name and address of such infected person to the city, county or district health officer
- Sanitary Code section 2.12



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Communicable Disease – Coercive Authority

- Every local board of health and every health officer may:
 - provide for care and isolation of communicable disease in a hospital or elsewhere when necessary for protection of the public health
 - prohibit and prevent all intercourse . . . with or use of infected premises, places and things, and require, and if necessary provide the means for the thorough purification and cleansing of the same



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Communicable Disease – Coercive Authority

- Right of Entrance and Inspection
 - Investigate
 - Instruct
 - PHL 2100
 - Every local board of health and every health officer shall guard against the introduction of . . . Communicable diseases . . . , by the exercise of proper and vigilant medical inspection and control of all persons and things infected with or exposed to such diseases.



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Communicable Disease

- State Sanitary Code section 1.20
- No person shall interfere with the posting of any placard by the Commissioner or his designee



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Communicable Disease – Coercive Authority

- Regulation 2.27
 - It shall be the duty of the attending physician immediately upon discovering a case of highly communicable disease to cause the patient to be isolated pending official action by the health officer.
 - Give instruction to members of the household



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Communicable Disease – Coercive Authority

- State Sanitary Code section 1.11
- No person shall interfere with or obstruct the entrance to any house, building, or vessel or other premises by the Commissioner of Health or his designee in the discharge of his official duties, nor shall any person interfere with or obstruct the inspection or examination of any occupant by the same



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Communicable Disease – Coercive Authority

- Nonconformance punishable by a fine of up to \$250 and up to fifteen days in jail



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Communicable Disease – Coercive Authority

- Failure to cooperate
 - Court Order
 - Dangerous to others
 - Commit to an appropriate hospital or institution



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Isolation and Quarantine

- Isolation
 - Separation from other persons, in such places, under such conditions, and for such time, as will prevent transmission of the infectious agent
- Quarantine
 - Prohibition of entrance or exit from the premises
 - Prohibition of the removal from premises of any infected article



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Isolation and Quarantine

- Personal Quarantine
 - Restricting household contacts or incidental contacts to premises designated by the health officer



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Isolation and Quarantine

- When deemed necessary, public health officer can require cleansing, disinfecting, and even destruction of premises, furniture and clothing following release, death or removal of infected person
- State Sanitary Code section 2.53



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Governor – Emergency Powers

- Governor can declare an emergency due to an epidemic
- Emergency can last for thirty days
- Governor can suspend state law and regulations, but must specifically state the laws and regulations suspended
- Legislature can countermand by concurrent joint resolution



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School Districts

- Important role to play in limiting spread of disease
- Districts may close schools
- Districts may exclude students
 - “whenever . . . a student . . . shows symptoms of any communicable or infectious disease reportable under the public health law that imposes a significant risk of infection of others in the school, [the student] shall be excluded” Education Law section 906(1)



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Local Departments of Health

- Most counties in State have Departments of Health
- New York City Department of Health
 - New York City not always subject to State Sanitary Code
 - No expectation at this time of difference in approach for Covid-19 between City and State
 - Reporting, etc. falls first to local Boards of Health
 - First line of defense, excellent resource



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Resources

- NYS Department of Health
 - <http://www.health.ny.gov/diseases/communicable/coronavirus/>
- NYS Education Department
 - <https://www.schoolhealthny.com>
- NYS Office of Children and Family Services
 - <https://ocfs.ny.gov/main/>



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Resources

- Local Departments of Health
 - https://www.health.ny.gov/contact/contact_information/
 - Center for Disease Control
 - <https://www.cdc.gov/nCoV>.



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The Coronavirus at Work



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Agenda

- Affected Employees
- Potentially Affected Employees
- Medical Screenings/Employee Privacy
- OSHA
- Preventing Discrimination
- Practical Tips
- Case Studies



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Affected Employees



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ADA and NYHRL

- Two laws protect employees with disabilities in the workplace: the Americans with Disabilities Act (ADA) and the New York Human Rights Law (NYHRL)
- Both prohibit disability discrimination, and both require reasonable accommodations for disabilities



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Is a Contagious Disease a “Disability?”

- Yes, a contagious disease can be a disability if it meets the criteria under ADA and NYHRL
- Contagious diseases can cause individuals to be unavailable for work, and may be subject to reasonable accommodations



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Job Qualifications

- In order to be protected by the ADA or NYHRL, a disabled person must be “qualified” to perform their job duties
- Courts have held that if a person poses a “direct threat” to the health and safety of others, they are not “qualified” within the meanings of the laws
- To determine if a person with a contagious disease is a “direct threat,” courts look at a series of factors



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Direct Threat

- Factors Considered:
 - The nature of the risk (how the disease is transmitted)
 - The duration of the risk (how long is the carrier infectious)
 - The severity of the risk (what is the potential harm to third parties), and
 - The probabilities the disease will be transmitted and will cause varying degrees of harm



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Application of Factors to Coronavirus

- Nature of the risk: Coronavirus is transmitted through the air and through person-to-person contact
- Duration of the risk: Carrier is infectious for at least two weeks
- Severity of the risk: For most individuals, coronavirus is not fatal
- Probabilities disease will be transmitted: Remains unclear as medical knowledge develops



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Does a Reasonable Accommodation Exist?

- A “reasonable accommodation” is a modification that allows an employee to perform the essential functions of his/her job, without causing an undue hardship to the employer.
- An “undue hardship” is one when it causes “undue financial and administrative burdens” or requires “a fundamental alternation in the nature of the services the employer offers.”



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Does a Reasonable Accommodation Exist?

- Leave is a form of a reasonable accommodation
- Placing infected employees on leave reduces the risk to others, and allows the employee to recover
- Leave may be paid or unpaid, at the employer’s discretion (employees may also be able to use accrued paid time off)



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How Long Should the Leave Be?

- Employee should be placed on leave until they are free of the contagious disease
- Can require documentation from medical professional that the employee can return to work
- Depending on the illness, this could be different periods of time



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FMLA Implications

- Is a contagious disease a “serious health condition” eligible for leave under FMLA?
- “Serious health condition:” an illness, injury, impairment or other condition that involves inpatient care or continuing treatment by a health care provider



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FMLA Implications

- If the contagious disease involves a hospital stay, then FMLA applies (maximum of 12 weeks)
- FMLA applies for as long as the employee cannot return to work (ex. period of quarantine could be considered course of treatment)
- FMLA also applies to intermittent absences for treatment or other health condition-related reasons



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FMLA Implications

- If an employee's physician recommends quarantine, likely FMLA applies for that period of time, as it could be considered "continuing treatment"
- If an employee decides to quarantine themselves, without any medical certification, then FMLA may not apply



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Paid Family Leave Implications

- Paid Family Leave is available to qualifying New York employees to care for a family member with a “serious health condition”
- “Serious health condition” is defined the same way as under FMLA
- Coronavirus, and other contagious diseases, can qualify as “serious health conditions”



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Potentially Affected Employees



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Employees Returning from Overseas

- Can an employer require employees returning from overseas (who do not have symptoms), be tested for the virus?
- Answer: Possibly. Employers should recommend employees get tested for the virus before they return to work. If an employee objects, the employer must weigh the “direct threat” assessment



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Employees Returning from Overseas

- Can employees returning from overseas who do not show symptoms be forced to stay home for 14 days (duration of period of incubation) by their employer?
- Answer: It depends. If the Centers for Disease Control are not calling for a quarantine, forcing asymptomatic employees to stay home may be viewed as discriminatory.



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Employees Returning from Overseas

- Human Resources can instruct all travelling employees whose destination is unknown, or who have travelled to a country where the infection is prevalent, to contact HR before returning to work. HR can ask:
 - Where did you travel? What part of the overseas country?
 - Did you or a family member have contact with anyone with virus or flu-like symptoms?
 - Do you have a fever or flu-like symptoms? Does anyone in your family?
- Depending on answers, the employer can make a real-time, case-by-case assessment



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Employees Returning from Overseas

- Note that this analysis changes if the person returning from overseas has or develops the coronavirus
- At that time, the “direct threat” analysis likely changes, and the employee can be put on leave



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What About Other Employees?

- If a person with a contagious disease has been in the workplace, employer needs to consider the risk to other employees, customers/clients, and third-parties who may be in the same location
- Employer may elect to fully or partially close the exposed work location until threat of contagion has elapsed
 - Depending on the contagious disease, this time period varies. Ex. For the coronavirus, people begin to show symptoms within 14 days of exposure



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What About Other Employees?

- For employees who have been exposed, or in the presence of an individual with a contagious disease, employer may:
 - Send the exposed person home (period of time will depend on the leave)
 - If the person is asymptomatic, best practice is to make the leave with pay to avoid a discrimination issue



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Other Employees- Medical Inquiries

- An employer can make medical inquiries of an employee if the employer believes the employee is a “direct threat” to the health and safety of others
- EEOC defines “direct threat” as “a significant risk of substantial harm to the health or safety of the individual or others that cannot be eliminated or reduced by reasonable accommodation”



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Other Employees- Medical Inquiries

- If an employee tells the employer that another employee has a contagious disease, the employer must consider the following when deciding whether to approach the allegedly ill/exposed employee:
 - The relationship of the person providing the information and the person about whom the information is being provided
 - The seriousness of the medical condition at issue
 - The possible motivation of the person providing the information
 - How the person learned the information (directly or indirectly)
 - Other evidence the employer has that bears on the reliability of the information provided



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Other Employees- Medical Inquiries

- EEOC Example:
 - Bob and Joe are close friends who work as copy editors for an advertising firm. Bob tells Joe that he is worried because he has just learned that he had a positive reaction to a tuberculin skin test and believes that he has tuberculosis. Joe encourages Bob to tell their supervisor, but Bob refuses. Joe is reluctant to breach Bob's trust but is concerned that he and the other editors may be at risk since they all work closely together in the same room. After a couple of sleepless nights, Joe tells his supervisor about Bob. The supervisor questions Joe about how he learned of Bob's alleged condition and finds Joe's explanation credible.



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Other Employees- Medical Inquiries

- EEOC Example:
 - Because tuberculosis is a potentially life-threatening medical condition and can be passed from person to person by coughing or sneezing, the supervisor has a reasonable belief, based on objective evidence, that Bob will pose a direct threat if he in fact has active tuberculosis. Under these circumstances, the employer may make disability-related inquiries or require a medical examination to the extent necessary to determine whether Bob has tuberculosis and is contagious.



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Medical Screenings and Employee Privacy



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Medical Screenings

- Can an employer insist on medically screening its employees for a contagious disease?
- Employee may elect to go to his/her own medical provider, OR
- An employer may require medical screenings of employees when an employee will pose a “direct threat” due to a medical condition

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Medical Screenings

- The assessment of whether an employee is a “direct threat” must be based on objective evidence – in most cases, medical documentation
- Employer may elect to have an employee undergo a medical assessment to determine whether the employee can perform the essential functions of the job without being a direct threat



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Medical Screenings

- If the medical screening supports the finding that an employee is a “direct threat,” the employee can be removed from work until that status is abated
- Removal can be with or without pay



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Employee Privacy

- When informing co-workers of potential exposure, protect the privacy of the ill employee to the extent possible
 - Do not use the employee's name
 - Do not provide personal details about the employee's illness- ex., how they became exposed, etc.
 - Avoid stereotypes



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Employee Privacy

- Employees **may** also have the right to
 - Discuss with one another their disease-related workplace safety concerns with one another under the National Labor Relations Act, which protects workers' rights to safety in the workplace
 - Object to working with a co-worker or third party who has been exposed to a contagious disease
 - Report to the employer that another employee has a contagious disease under OSHA (without fear of retaliation)



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OSHA Involvement



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OSHA Involvement

- The Occupational Safety and Health Act's General Duty Clause requires employers to furnish each worker with a place of employment which is "free from recognized hazards that are causing or are likely to cause death or serious physical harm"
- Requires employers to keep the workplace free from contagious diseases that meet those criteria
- OSHA does not have a separate safety standard for airborne illnesses, such as a the coronavirus

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OSHA Involvement

- OSHA record-keeping requirement (29 CFR Part 1904) mandates the recording of certain work-related injuries and illnesses for covered employers
- OSHA has said coronavirus is a recordable illness when an employee is infected on the job
 - Ex. From a co-worker, from a patient, from a client, etc.



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OSHA Involvement

- All employers, regardless of size or industry, must record a work-related coronavirus infection if it results in a fatality, or in-patient hospitalization
- Illness not resulting in hospitalization must be reported yearly on March 2 (for the preceding calendar year)
- Hospitalizations must be reported within 24 hours, and all fatalities within 8 hours



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OSHA Involvement

- OSHA recording is done through forms available online, or by phone
- OSHA requires covered employers to post a summary of injuries and illnesses each preceding year, from February to April
- OSHA's coronavirus webpage can be found at:
<https://www.osha.gov/SLTC/covid-19/standards.html#workers>



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Preventing Discrimination



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Preventing Discrimination

- Employers should make employees, especially supervisors, aware that discrimination is illegal
- Discrimination can take many forms, such as:
 - Preventing an Asian employee from sitting near non-Asian employees for fear of contamination
 - Prohibiting an employee who has recently returned from overseas (who does not show symptoms) from coming to work, unless the employee were put on paid leave
 - Allowing employees to spread rumors that an Asian employee who is out sick has the coronavirus



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Preventing Discrimination

- Employers may ask about travel plans for employees, as long as they do so for every employee (this includes questions for employees returning from an unknown destination)
- Employers may ask employees who are ill to stay home from work, as long as they do so for all employees with similar symptoms



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Preventing Discrimination

- EEOC Pandemic Preparedness in the Workplace (2010)
 - Employers may not ask employees if they have health conditions that would make them more susceptible to the virus
 - Employers may ask employees if they are experiencing symptoms consistent with coronavirus
 - Employers may require employees to wear personal protective equipment
 - Employers may require hygiene practices, such as handwashing
 - Employers may ask employees why they have been absent from work



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Practical Tips for Employers



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Practical Tips for Employers

- Encourage handwashing among employees
- Regularly clean the workplace
- Tell employees who are sick to use good judgment about reporting to work (especially if the employees have fever or flu-like symptoms)
- Allow employees to work from home if appropriate



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Practical Tips for Employers

- Require employees to notify Human Resources immediately if they are diagnosed with a contagious disease
- If an illness is suspected, have supervisors and HR carefully document basis for that suspicion
- Train employees, especially supervisors, to recognize and prevent discrimination



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Practical Tips for Employers

- Create an Infectious Disease Outbreak Response Plan (CDC Guidance):
 - Appoint an individual or a team of people responsible for creating, updating, and implementing the plan
 - Explore whether flexible work policies, such as remote working and flexible hours, can be put in place
 - Identify essential business functions, and essential jobs and roles; plan for how increased absenteeism will affect those roles
 - Set up methods for alerting employees about when to stay home and when to come to work
 - Determine procedures for employees who will need to stay home for childcare purposes for sick children, or if schools are closed



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Practical Tips for Employers

- Create an Infectious Disease Outbreak Response Plan (CDC Guidance):
 - Develop policies on how non-essential business travel will be conducted
 - Consider travel restrictions of other countries
 - Review current human resource policies to ensure that they are compliant with the current laws
 - Plan communications to prevent misinformation and discrimination
 - Use CDC resources (including posters and handouts) to educate employees about the realities of the disease
 - Instruct employees on how they should alert the employer if they become ill or suspect they have the contagious disease



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Practical Tips for Employers

- Employee Communication
 - Create a policy or other type of communication to inform employees about the virus and the employer's procedures
 - This can include practical advice, such as handwashing, and other disease-prevention tactics
 - It can also inform employees of government sources where up-to-date, accurate information is provided



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Tricky Situations



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Case Study

- Mike has recently returned from a trip to China with his family, including his wife and young children
- Mike tells you, his supervisor, that he believes his daughter has contracted coronavirus and he has been taking care of her at home
- What should you do?



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Case Study

- Steven, an employee you supervise, appears to have grown increasingly nervous about the coronavirus over the past weeks
- Three days ago, Steven stopped coming to work, and told you that he was afraid to leave his house until the coronavirus was no longer spreading.
- What should you do?



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Case Study

- Your employee, Sue, has been sneezing and coughing at work. Co-workers have reported to you that Sue appears out of breath, and has mentioned having headaches.
- When you confront Sue, she insists that she is fine, and refuses to leave work or see a medical provider.
- What should you do?



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Case Study

- Darren and Calvin are co-workers who have disliked one another for years.
- Calvin has been absent from work for the past three days, and Darren tells you, his supervisor, that Calvin has recently been to China and has the coronavirus.
- Calvin has also spread this information to other employees, who are becoming very upset.
- What should you do?



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Higher Education and the Novel Coronavirus



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Global Industry of Higher Education

- Faculty travel to conferences
- Students travel abroad
- Faculty, students and staff travel abroad during Spring/Summer break



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Close Quarters on Campus

- Large lectures
- Auditoriums for Concerts
- Residence Halls
- Dining Halls



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University/College Response

- Websites devoted to Coronavirus, with links to CDC
- Regular communication, alerts approaching Spring Break
- Prohibition on University-Sponsored travel to CDC Level 3 and 4 countries
- Shutting down study abroad programs in high risk countries
- Student housing for purpose of self-isolation
- Communication to students about public health recommendations and travel



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Sample College/University Coronavirus Messaging

- Barnard College: <https://barnard.edu/information-and-updates-2019-novel-coronavirus-2019-ncov>
- Cornell University: <https://www.cornell.edu/health-update/>
- New York University: <https://www.nyu.edu/students/health-and-wellness/health-alerts.html>
- Rutgers University: <https://global.rutgers.edu/coronavirus-rutgers-university-update>
- University of California: <https://ucnet.universityofcalifornia.edu/news/2020/01/ucs-response-to-coronavirus.html>



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Impact on Higher Education

- Cold Spring Harbor Laboratory and Cold Spring Harbor Asia have canceled all meetings planned for Suzhou, China “through at least the end of June.”
- 19th International Congress on Infectious Diseases, 20–23 February, Kuala Lumpur. Postponed until 10–13 September.
- 36th International Geological Congress, New Delhi, 2–8 March. Ban on attendees with a Chinese passport.



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Impact on Higher Education (cont'd)

- Metamorphosis: Science, Information, Planet and Democracy, 12–13 March, Lisbon, Portugal. Canceled.
- Stem Cells and Regenerative Medicine, 13–15 March, Shanghai. Postponed indefinitely.
- Second Singapore ECS Symposium on Energy Materials, 1–5 April, Singapore. Postponed indefinitely.
- Materials Beyond, 18–19 June, Shanghai. Postponed until October.



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Impact on Higher Education (cont'd)

- Gordon Research Conference on Electrochemical Interfaces, 28 June-3 July, Hong Kong. Canceled.
- American Physical Society, March 2020 Meeting in Denver, canceled.
- EduCause ELI Annual Meeting, March 2-4, 2020 in Bellevue, Washington, canceled.



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Tips for Higher Education

- Does your institution's emergency management and communication plan cover pandemics and do you know what it provides?
- When should your institution impose travel restrictions and how would such restrictions be scoped and monitored?
- Do your HR policies and practices allow your organization to follow public health recommendations regarding work restrictions to contain the spread of the virus?



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More Tips

- Should your workplace become compromised due to the virus, how would decisions regarding work be made? Do you have a business continuity program that will guide you through reduced staff availability or an increase in work done remotely?
- What will you do if a student, faculty member or other employee wish to travel to a location where there's been an outbreak for personal reasons? Similarly, how will you monitor personal visitors to members of the institution's community coming from areas where an outbreak has been identified?



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More Tips

- How will you respond to fears, rumors and concerns within the community about the pandemic?
- If your campus must shut down temporarily, how will you deal with student grades, especially for graduating seniors?
- Do you have on-line capabilities for transitioning live course formats into on-line format?
- **DO NOT PANIC/DO NOT DISCRIMINATE**



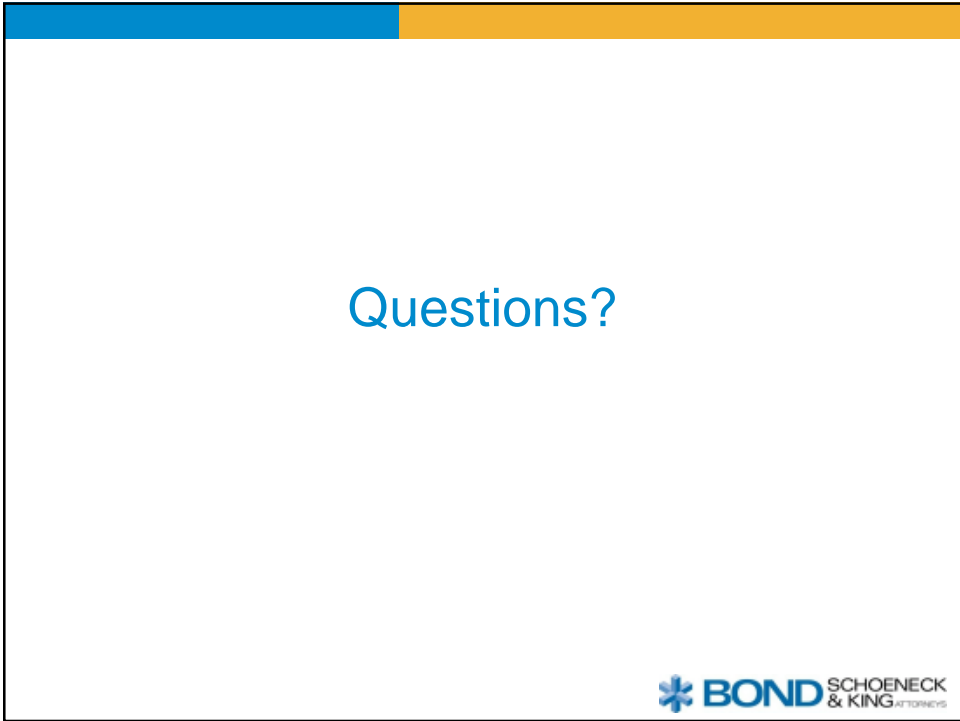
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Issues for Public School Districts


- Public school districts should defer to reasonable judgment of public health officials
- Check CDC guidance and NYS Education Department guidance for specific updates:
<http://www.p12.nysed.gov/sss/documents/FINALJointNYSDOH-NYSEDCoronavirus020520.pdf>; <http://www.p12.nysed.gov/sss/documents/CoronavirusParentLetter2-5-20.pdf>
- See also, Arline v. School Board of Nassau County, 107 S.Ct. 1123, 1131 (1987); Chalk v. U.S. District Court, 840 F.2d 701 (9th Cir. 1988); Thomas v. Atascadero Unified School District, 662 F.Supp. 376 (C.D. Cal. 1987); Ray v. School District of DeSoto County, 666 F.Supp. 1524 (M.D.Fla. 1987)



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Questions?



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COVID-19 (SARS-CoV-2)

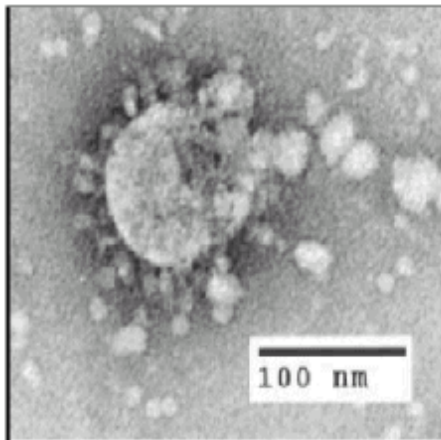


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Coronavirus



RNA virus

Many animal species

Hepatitis, gastroenteritis,
pneumonitis

Seven human strains

OC43, 229E

NL163, HKU1

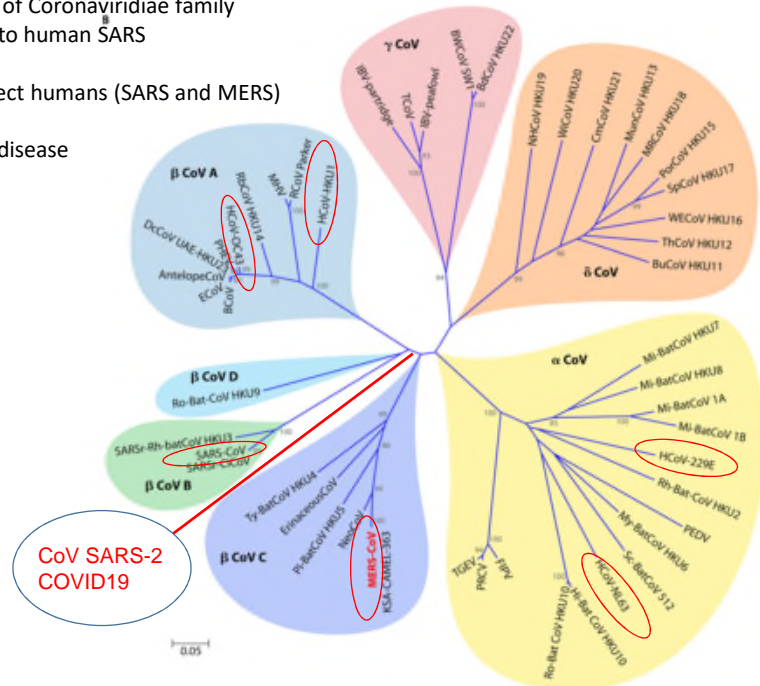
CoV SARS 1, MERs,
CoV SARS-2

2

Betacoronavirus sarbecovirus subgenus of Coronaviridae family
 WGS= 89% bat-like SARS, 82% identical to human SARS

3rd coronavirus to cross species and infect humans (SARS and MERS)

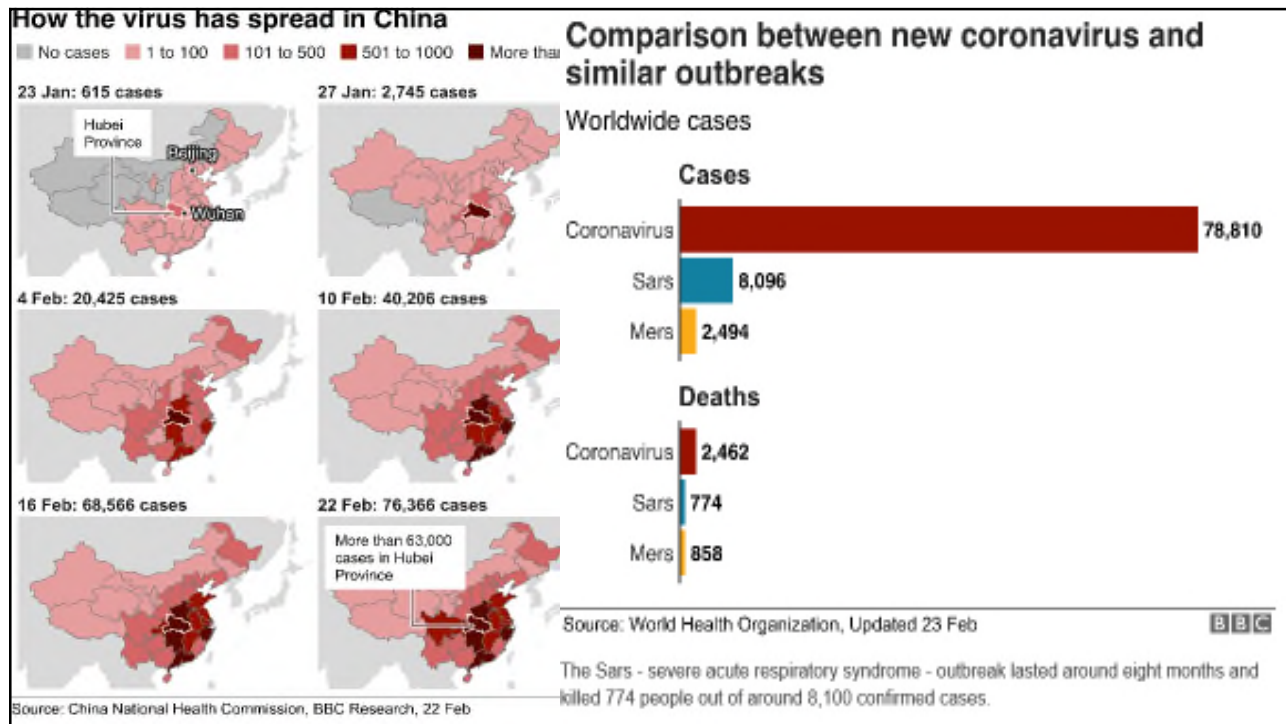
SARS both upper and lower respiratory disease



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SITUATION IN NUMBERS

total and new cases in last 24 hours

Globally
87 137 confirmed (1739 new)

China
79 968 confirmed (579 new)
2873 deaths (35 new)

Outside of China
7169 confirmed (1160 new)
58 countries (5 new)
104 deaths (18 new)

March 1 2020

- Rate of increase in China slowed; other countries increased
- Case fatality ratio = deaths/total cases at a point in time = 2.3
- Ro = how many new from one (fully susceptible population)= 2.8-3.9
- Similar to 1918 pandemic flu

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

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

Clearly community spread in Washington State

* 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.

COVID-19: Confirmed and Presumptive Positive Cases in the United States*

	Confirmed	Presumptive Positive**	Total Confirmed & Presumptive Positive
Travel-related	12	5	17
Person-to-person spread	4	22	26
Total cases	16	27	43

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COVID-19 Compared to Others

Table 1

Case fatality rate and R_0 value of commonly known emerging virus infections.

Virus	Case Fatality Rate (%)	R_0
2019-nCoV	3	1.4–5.5 ^a
SARS-CoV	10	2–5
MERS-CoV	40	<1
Avian H7N9 (2013)	40	<1
H1N1 (2009)	0.03	1.2–1.6
H1N1 (1918)	3	1.4–3.8
Measles Virus	0.3	12–18
Rhinovirus	<0.01	6
Ebola Virus	70	1.5–2.5
HIV	80 ^b	2–4
Small Pox Virus	17	5–7

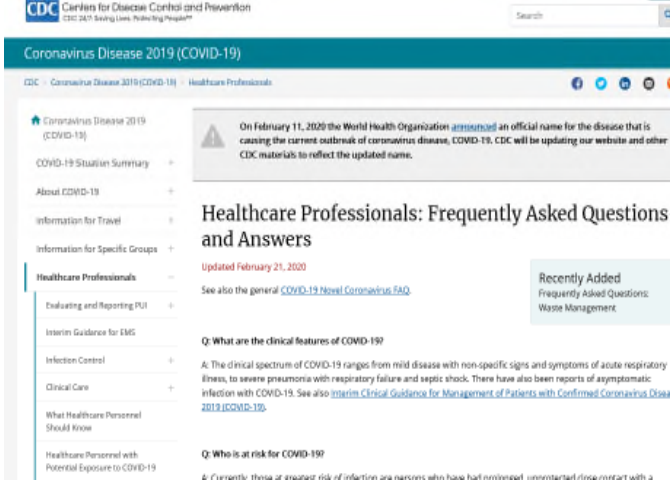
^a WHO: 1.4–2.5; S. Zhao et al.: 3.3–5.5; J. Read et al.: 3.6–4.0; M. Shen et al.: 4.5–4.9.

^b Without therapy

8

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CDC Resource



On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the current outbreak of coronavirus disease, COVID-19. CDC will be updating our website and other CDC materials to reflect the updated name.

Healthcare Professionals: Frequently Asked Questions and Answers

Updated February 21, 2020

See also the general [COVID-19 Novel Coronavirus FAQ](#).

Q: What are the clinical features of COVID-19?

A: The clinical spectrum of COVID-19 ranges from mild disease with non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock. There have also been reports of asymptomatic infection with COVID-19. See also [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\)](#).

Q: Who is at risk for COVID-19?

A: Persons at greater risk of infection are persons who have had recent contact with a

Recently Added
Frequently Asked Questions:
Waste Management

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

- Who is at risk for COVID-19?
- Who is at risk for severe disease?
- When is someone infectious?
- Which body fluids are infectious?
- How is the virus transmitted?
- How do you test at patient?
- Is hospital admission needed?
- Pets and animals?
- Clinical Features?

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Clinical Features from 30 Dec-Jan 24

- 137 Patients admitted to tertiary care of 9 hospitals in Hubei
 - 55 +/-16 mean age
 - Fever 81%; cough 50%; fatigue 32%
 - 80% normal or decreased WBC
 - 73% lymphocytopenia
 - Lung involvement in all cases
 - Chest CT: lesions in multiple lung lobes, some of which were dense; ground-glass opacity co-existed with consolidation shadows or cord-like shadows
 - Risk of death associated w/ age, co-morbidities, and interval b/t initial symptoms and dyspnea (fatalities not given)
 - Conclusions: majority had fever as first symptom, showed typical manifestations of viral PNA on imaging; middle aged and elderly w/ co-morbidities susceptible to resp. failure and poorer prognosis

Kui L, et al. Chin Med J (Engl). 2020.


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Vaccines and Treatment: None Yet





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Research Article

Coronavirus Susceptibility to the Antiviral Remdesivir (GS-5734) Is Mediated by the Viral Polymerase and the Proofreading Exoribonuclease

Walia L. Agostini, Erica L. Andres, Amy C. Sless, Rachel L. Graham, Timothy P. Sheahan, Xiaofao Lu, Everett Clinton Smith, James Brett Case, Joy Y. Feng, Robert Jordan, Adrian S. Ray, Tomas Cihlar, Dustin Siegel, Richard L. Mackman, Michael O. Clarke, Ralph S. Baric, Mark R. Denison

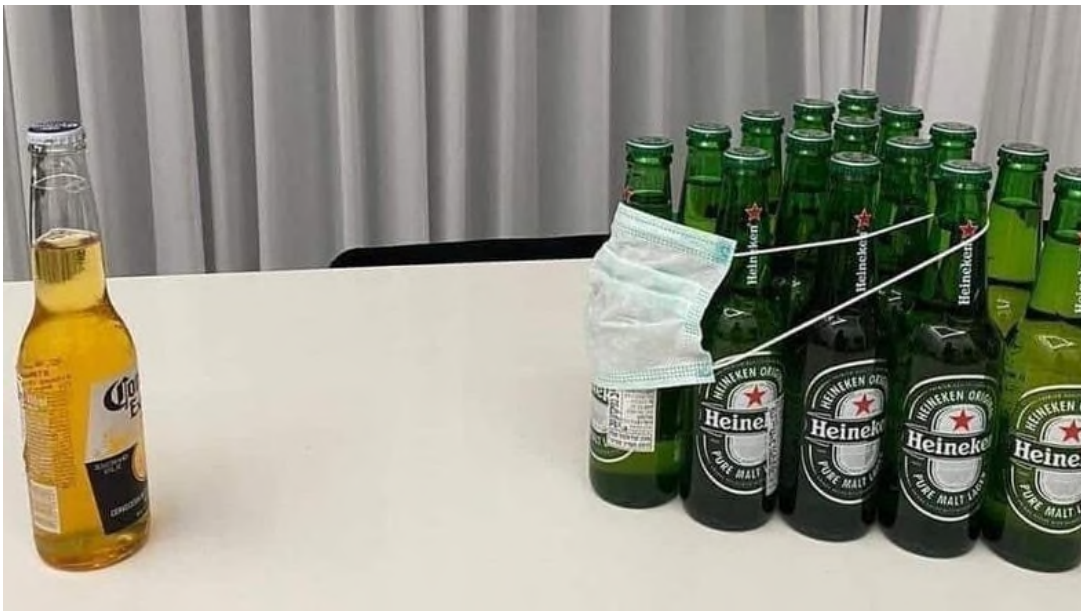
12

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CDC Says Be Prepared..... but what does that even mean???

- Consider work from home plans
- Sick employees need to stay home
- Don't stock pile masks
- Wash your hands a lot and try not to touch face
- Get some hand gel and bleach wipes
- 2 weeks of non perishable food
- 2 week supply of essential meds
- Tylenol, Advil, cough syrup

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Important Numbers

Monroe County
Department of Public
Health

111 Westfall Rd Rm 950
Rochester, NY 14620-4647
Phone: [\(585\) 753-2989](tel:(585)753-2989)

If can't reach local DOH = **518-473-4439**

24 hr: **1-866-881-2809**

Public line for patient questions: **888-364-3065**