

From: [Stoltey, Juliet \(DPH\)](#)
To: [Aragon, Tomas \(DPH\)](#)
Cc: [Philip, Susan \(DPH\)](#)
Subject: Fw: 2019 Novel Coronavirus - process/communications to refer Wuhan travelers for assessment
Date: Sunday, January 19, 2020 8:45:02 PM

Hi Tomas,

Forwarding this email correspondence. I understand that there was a change of plans and the San Mateo DPH on-call number is not being provided to incoming passengers after all. Erica Pan requested that CDC create a triage line for incoming passengers from Wuhan if they develop symptoms; the SFO officer-in-charge at the quarantine station, Susan Dwyer, responded below that she would bring it up with her leadership.

Also, you likely saw this, but there was a large increase in cases reported by China today - <https://www.statnews.com/2020/01/19/china-reports-sharp-rise-in-case-of-novel-virus-amid-growing-concerns-of-person-to-person-transmission/>

CDPH has requested a call with CDC for 10am tomorrow (Monday) - I don't know if that is happening yet or not - the last I heard the call was currently on hold. I will send you the call-in information if I receive it (if it ends up being scheduled).

Thanks,
Julie

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From: Dwyer, Susan A. (CDC/DDID/NCEZID/DGMQ) <sad1@cdc.gov>

Sent: Sunday, January 19, 2020 7:41 PM

To: Pan M.D., Erica, Public Health, DCDCP <Erica.Pan@acgov.org>

Cc: Morrow, Scott (CDC smcgov.org) <smorrow@smcgv.org>; Han, George@Santa Clara County <George.Han@phd.sccgov.org>; Stoltey, Juliet (DPH) <juliet.stoltey@sfdph.org>; DPH-sandra.huang <sandra.huang@acgov.org>; Louise.McNitt@cchealth.org <Louise.McNitt@cchealth.org>; Jeanne Chevillet <jchevillet@smcgv.org>; Kendra Benttinen <kbenttinen@smcgv.org>; Cassius Lockett <clockett@smcgv.org>; Carly Bock <cbock@smcgv.org>; Sallenave, Catherine (San Mateo #1) <csallenave@smcgv.org>; Luc, Mary (CDC/DDID/NCEZID/DGMQ) <xkq0@cdc.gov>; Shemsu, Munira, Public Health, DCDCP <Munira.Shemsu@acgov.org>; Harriman, Kathleen@CDPH <Kathleen.Harriman@cdph.ca.gov>; Watt, James (CDC cdph.ca.gov) <James.Watt@cdph.ca.gov>; FOUNTAIN, Maya (CDC/DDID/NCEZID/DGMQ) <LCQ8@cdc.gov>; Smith, Lee (CDC/DDID/NCEZID/DGMQ) <ihf1@cdc.gov>

Subject: RE: 2019 Novel Coronavirus - process/communications to refer Wuhan travelers for assessment

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Erica,

Thank you for this suggestion and idea. My current thought is that we're having such challenges organizing, training, and scheduling badging for the deployed staff that it's too much for me/us to consider setting up a phone line here at the Q station for the calls which might come in. But as tide continues, and depending on how quickly it bubbles, and the fact that this will be decided above our QS level, we'd want to support this suggestion. I'll talk more tomorrow with our Preparedness and Policy Coordination Lead, who's with us until Tuesday.

Thank you again,
Susan

PS. Vanessa just took a job with DTBE and begins Tuesday in Richmond. We're sad, but happy for her and California!

From: Pan M.D., Erica, Public Health, DCDCP <Erica.Pan@acgov.org>

Sent: Saturday, January 18, 2020 9:43 PM

To: Dwyer, Susan A. (CDC/DDID/NCEZID/DGMQ) <sad1@cdc.gov>; Fong, Vanessa C. (CDC/DDID/NCEZID/DGMQ) <ici6@cdc.gov>

Cc: Morrow, Scott (CDC smcgov.org) <smorrow@smcgv.org>; Han, George@Santa Clara County <George.Han@phd.sccgov.org>; Stoltey, Juliet@San Francisco County <juliet.stoltey@sfdph.org>; Huang, Sandra, Public Health, DCDCP <Sandra.Huang@acgov.org>; Louise.McNitt@cchealth.org; Jeanne Chevillet <jchevillet@smcgv.org>; Kendra Benttinen <kbenttinen@smcgv.org>; Cassius Lockett <clockett@smcgv.org>; Carly Bock <cbock@smcgv.org>; Sallenave, Catherine (San Mateo #1) <csallenave@smcgv.org>; Shemsu, Munira, Public Health, DCDCP

<Munira.Shemsu@acgov.org>; Harriman, Kathleen@CDPH <Kathleen.Harriman@cdph.ca.gov>;
Watt, James (CDC cdph.ca.gov) <James.Watt@cdph.ca.gov>

Subject: RE: 2019 Novel Coronavirus - process/communications to refer Wuhan travelers for
assessment

Hi Susan & Vanessa,

I am sure you are both completely swamped with this situation, but wanted to pitch an
idea/proposal to you all at DGMQ at SFO. (and possibly the other 2 DGMQ sites?)

I got an update from Scott Morrow today about the discussion/considerations of what instructions
to give incoming travelers from Wuhan if they do develop symptoms, and I understand the current
plan is to hand out these cards/messages attached to the CAHAN alert below which tell the traveler
to “seek medical care right away and call ahead.” (and not call the San Mateo or other local PH CD
Control #).

I do have concerns after we had started to discuss in our county scenarios of travelers being
assessed at some of our less resourced sites in our jurisdiction about appropriate infection control
management, notifications, etc.

Is there a possibility of CDC setting up a phone # at each of the 3 DGMQ sites for travelers to call
that could receive calls and then appropriately triage them to the local jurisdiction where the
traveler is at that time? That way we could ideally do some communication and coordination of
appropriate assessment (including ensuring there is an AIIR at the receiving facility) and transport if
needed to a site that is prepared and can implement appropriate infection control precautions
immediately. It seems like a potential compromise between the specific individual traveler
notifications we did for Ebola and just leaving the assessment up to a more unpredictable
evaluation.

Maybe this could be discussed at the Tuesday update call? (Or I’m happy to discuss the idea sooner
over the weekend if you think this is something CDC could have some of the deployed staff do.) Let
us know, but if LHDs can be notified (we/or likely CDPH can share the list of CD Control contact
#s/after hour #s for CDC staff to call?) we know our facilities and can try to arrange as smooth as an
assessment as possible and may also help with public information/media management as well. Just
thinking of some of the false alarms and hospital/clinic reactions during Ebola (as well as some
concerning infection control practices in some locations) and want to work with everyone to figure
out how we can best feasibly manage these situations.

Thanks!

Erica
510-506-5895

From: California Health Alert Network <noreply@everbridge.net>

Sent: Saturday, January 18, 2020 12:46 PM

To: Pan M.D., Erica, Public Health, DCDCP <Erica.Pan@acgov.org>

Subject: CAHAN Disease Notification – CDC HAN 426 Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus

The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of a 2019 novel coronavirus (2019-nCoV) in Wuhan City, Hubei Province, China that began in December 2019. CDC has established an Incident Management System to coordinate a domestic and international public health response.

Please see the attachments for the Updated Interim Guidance

From: [California Health Alert Network](#)
To: [Aragon, Tomas \(DPH\)](#)
Subject: CAHAN Disease Notification – CDC HAN 426 Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus
Date: Friday, January 17, 2020 7:16:00 PM
Attachments: [CDC+HAN+426+Update+2019+Novel+Coronavirus.pdf](#)



The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of a 2019 Novel Coronavirus (2019-nCoV) in Wuhan City, Hubei Province, China that began in December 2019. CDC has established an Incident Management System to coordinate a domestic and international public health response.

Please see the attachment for the full update and interim guidance.

From: [Harriman, Kathleen@CDPH](mailto:Harriman,Kathleen@CDPH)
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Subject: CDC HAN: Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China
Date: Friday, January 17, 2020 6:21:44 PM
Attachments: [CDC HAN 426 Update 2019 Novel Coronavirus \(2019-nCoV\) in Wuhan China-01-17-2020.pdf](#)

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CDCHAN-00426

Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China

Summary

The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of a 2019 novel coronavirus (2019-nCoV) in Wuhan City, Hubei Province, China that began in December 2019. CDC has established an Incident Management System to coordinate a domestic and international public health response.

Coronaviruses are a large family of viruses. Some cause illness in people; numerous other coronaviruses circulate among animals, including camels, cats, and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with Middle Eastern Respiratory Syndrome Coronavirus (MERS-CoV) (<https://www.cdc.gov/coronavirus/mers/index.html>) and Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV) (<https://www.cdc.gov/sars/index.html>).

Chinese authorities report most patients in the Wuhan City outbreak have been epidemiologically linked to a large seafood and animal market, suggesting a possible zoonotic origin to the outbreak. Chinese authorities additionally report that they are monitoring several hundred healthcare workers who are caring for outbreak patients; no spread of this virus from patients to healthcare personnel has been reported to date. Chinese authorities are reporting no ongoing spread of this virus in the community, but they cannot rule out that some limited person-to-person spread may be occurring. China has reported that two of the patients have died, including one with pre-existing medical conditions. Chinese health officials publicly posted the genetic sequence of the 2019-nCoV on January 12, 2020. This will facilitate identification of infections with this virus and development of specific diagnostic tests.

Thailand and Japan have confirmed additional cases of 2019-nCoV in travelers from Wuhan, China. It is possible that more cases will be identified in the coming days. This is an ongoing investigation and given previous experience with MERS-CoV and SARS-CoV, it is possible that person-person spread may occur. There is much more to learn about the transmissibility, severity, and other features associated with 2019-nCoV as the investigations in China, Thailand, and Japan continue. Additional information about this novel virus is needed to better inform population risk.

This HAN Update provides a situational update and guidance to state and local health departments and healthcare providers that supersedes guidance in CDC's HAN Advisory 424 distributed on January 8, 2020. This HAN Update adds guidance for evaluation of patients under investigation (PUI) for 2019-nCoV, prevention and infection control guidance, including the addition of an eye protection recommendation, and additional information on specimen collection.

Background

An outbreak of pneumonia of unknown etiology in Wuhan City was initially reported to WHO on December 31, 2019. Chinese health authorities have confirmed more than 40 infections with a novel

coronavirus as the cause of the outbreak. Reportedly, most patients had epidemiological links to a large seafood and animal market. The market was closed on January 1, 2020. Currently, Chinese health authorities report no community spread of this virus, and no transmission among healthcare personnel caring for outbreak patients. No additional cases of infection with 2019-nCoV have been identified in China since January 3, 2020.

On January 13, 2020 public health officials in Thailand confirmed detection of a human infection with 2019-nCoV in a traveler from Wuhan, China. This was the first confirmed case of 2019-nCoV documented outside China. On January 17, 2020 a second case was confirmed in Thailand, also in a returned traveler from Wuhan City. On January 15, 2020 health officials in Japan confirmed 2019-nCoV infection in a returned traveler from Wuhan City. These persons had onset dates after January 3, 2020. These cases did not report visiting the large seafood and animal market to which many cases in China have been linked.

On January 11, 2020, CDC updated the level 1 travel health notice (“practice usual precautions”) for Wuhan City, Hubei Province, China with additional information (originally issued on January 6, 2020): <https://wwwnc.cdc.gov/travel/notices/watch/novel-coronavirus-china>.

Recommendations for Healthcare Providers

Limited information is available to characterize the spectrum of clinical illness associated with 2019-nCoV. No vaccine or specific treatment for 2019-nCoV infection is available; care is supportive.

The CDC clinical criteria for a 2019-nCoV patient under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available.

Healthcare providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. CDC guidance for evaluating and reporting a PUI for MERS-CoV remains unchanged.

Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV

Patients in the United States who meet the following criteria should be evaluated as a PUI in association with the outbreak of 2019-nCoV in Wuhan City, China.

- 1) Fever¹ AND symptoms of lower respiratory illness (e.g., cough, shortness of breath)
–and in the last 14 days before symptom onset,
 - History of travel from Wuhan City, China
 - or–
 - Close contact² with a person who is under investigation for 2019-nCoV while that person was ill.

2. Fever¹ OR symptoms of lower respiratory illness (e.g., cough, shortness of breath)
–and in the last 14 days before symptom onset,
 - Close contact² with an ill laboratory-confirmed 2019-nCoV patient.

The above criteria are also available at <https://www.cdc.gov/coronavirus/novel-coronavirus-2019/clinical-criteria.html>. The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

Recommendations for Reporting, Testing, and Specimen Collection

Healthcare providers should **immediately** notify both infection control personnel at their healthcare facility and their local or state health department in the event of a PUI for 2019-nCoV. State health departments that have identified a PUI should immediately contact CDC’s Emergency Operations Center (EOC) at 770-488-7100 and complete a 2019-nCoV PUI case investigation form available at <https://www.cdc.gov/coronavirus/novel-coronavirus-2019/downloads/pui-form.pdf>. CDC’s EOC will assist local/state health departments to collect, store, and ship specimens appropriately to CDC, including

during afterhours or on weekends/holidays. At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC. Testing for other respiratory pathogens should not delay specimen shipping to CDC. If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with public health authorities, they may no longer be considered a PUI. This may evolve as more information becomes available on possible 2019 nCoV co-infections.

For biosafety reasons, it is not recommended to perform virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI for 2019-nCoV. To increase the likelihood of detecting 2019-nCoV infection, CDC recommends collecting and testing multiple clinical specimens from different sites, including all three specimen types—lower respiratory, upper respiratory, and serum specimens. Additional specimen types (e.g., stool, urine) may be collected and stored. Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset. Additional guidance for collection, handling, and testing of clinical specimens is available at <https://www.cdc.gov/coronavirus/2019-nCoV/>.

Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019-nCoV

Although the transmission dynamics have yet to be determined, CDC currently recommends a cautious approach to patients under investigation for 2019-nCoV (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>). Such patients should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). Immediately notify your healthcare facility's infection control personnel and local health department.

Additional Infection Control Practices Resources

- Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>)

Notes

¹Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

²Close contact with a person who is under investigation for 2019-nCoV.

Close contact is defined as—

a) being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a novel coronavirus case.

– or –

b) having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's [Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus](https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html) (<https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with novel coronavirus (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in healthcare settings.

For More Information

More information is available at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> or by calling 800-CDC-INFO | (800-232-4636) | TTY: (888) 232-6348

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance

Health Advisory May not require immediate action; provides important information for a specific incident or situation

Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation

HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations##

From: [California Health Alert Network](#)
To: [Aragon, Tomas \(DPH\)](#)
Subject: CAHAN Disease Notification – CDC Telebriefing Update on 2019 Novel Coronavirus (2019-nCoV)
Date: Friday, January 17, 2020 3:57:50 PM
Attachments: [2019+Novel+Coronavirus+Communications_January+17_2020_Partners.docx](#)



The Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security's Customs and Border Protection (CBP) will implement enhanced health screenings to detect ill travelers traveling to the United States on direct or connecting flights from Wuhan, China. This activity is in response to an outbreak in China caused by a novel (new) coronavirus (2019 nCoV), with exported cases to Thailand and Japan.

Starting January 17, 2020, travelers from Wuhan to the United States will undergo entry screening for symptoms associated with 2019-nCoV at three U.S. airports that receive most of the travelers from Wuhan, China: San Francisco (SFO), New York (JFK), and Los Angeles (LAX) airports.

“To further protect the health of the American public during the emergence of this novel coronavirus, CDC is beginning entry screening at three ports of entry. Investigations into this novel coronavirus are ongoing and we are monitoring and responding to this evolving situation,” said Martin Cetron, M.D., Director of CDC's Division of Global Migration and Quarantine.

Based on current information, the risk from 2019-nCoV to the American public is currently deemed to be low. Nevertheless, CDC is taking proactive preparedness precautions.

Entry screening is part of a layered approach used with other public health measures already in place to detect arriving travelers who are sick (such as detection and reporting of ill travelers by airlines during travel and referral of ill travelers arriving at a US port of entry by CBP) to slow and reduce the spread of any disease into the United States.

CDC is deploying about 100 additional staff to the three airports (SFO, JFK, and LAX) to supplement existing staff at CDC quarantine stations located at those airports.

From: [California Health Alert Network](#)
To: [Aragon, Tomas \(DPH\)](#)
Subject: CAHAN LHD Conference Call Notification – CDC's 2019 Novel Coronavirus (2019-nCoV) All State Update Conference Call [Today – 1/17/2020 1 pm PST]
Date: Friday, January 17, 2020 11:43:02 AM



The CDC's 2019 Novel Coronavirus (2019-nCoV) response team will host an update call from 1 p.m. to 2 p.m. PST on Friday, January 17, 2020 to provide state and local partners with the latest information on the Novel Coronavirus outbreak and U.S. preparedness efforts.

Invited participants include state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, and nongovernmental partners. Participant information can be found below.

Participant Information:

Bridgeline: 1 (888)-989-4402

Participant Passcode: 6001456

From: [Hanson, Jake@CDPH](mailto:Hanson.Jake@CDPH)
To: [CDPH CCLHO DL](#)
Subject: Fwd: CDC 2019 Novel Coronavirus (2019-nCoV) call today at 1:00 pm
Date: Friday, January 17, 2020 11:36:53 AM

This message is from outside the City email system. Do not open links or attachments from untrusted sources.

Press Release

**Embargoed until 2:00 pm
Friday, January 17, 2020**

Contact: [CDC Media Relations](#)
(404) 639-3286

Public Health Screening to Begin at 3 U.S. Airports for 2019 Novel Coronavirus (“2019-nCoV”)

The Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security’s Customs and Border Protection (CBP) will implement enhanced health screenings to detect ill travelers traveling to the United States on direct or connecting flights from Wuhan, China. This activity is in response to an outbreak in China caused by a novel (new) coronavirus (2019 nCoV), with exported cases to Thailand and Japan.

Starting January 17, 2020, travelers from Wuhan to the United States will undergo entry screening for symptoms associated with 2019-nCoV at three U.S. airports that receive most of the travelers from Wuhan, China: San Francisco (SFO), New York (JFK), and Los Angeles (LAX) airports.

“To further protect the health of the American public during the emergence of this novel coronavirus, CDC is beginning entry screening at three ports of entry. Investigations into this novel coronavirus are ongoing and we are monitoring and responding to this evolving situation,” said Martin Cetron, M.D., Director of CDC’s Division of Global Migration and Quarantine.

Based on current information, the risk from 2019-nCoV to the American public is currently deemed to be low. Nevertheless, CDC is taking proactive preparedness precautions.

Entry screening is part of a layered approach used with other public health measures already in place to detect arriving travelers who are sick (such as detection and reporting of ill travelers by airlines during travel and referral of ill travelers arriving at a US port of entry by CBP) to slow and reduce the spread of any disease into the United States.

CDC is deploying about 100 additional staff to the three airports (SFO, JFK, and LAX) to supplement existing staff at CDC quarantine stations located at those airports.

CDC is actively monitoring this situation for pertinent information about the source of outbreak, and risk for further spread through person-to-person or animal-to-person transmission. CDC may adjust screening procedures and other response activities as this outbreak investigation continues and more is learned about the newly emerging virus. Entry screening alone is not a guarantee against the possible importation of this new virus but is an important public health tool during periods of uncertainty and part of a multilayered government response strategy. As new information emerges, CDC will reassess entry screening measures and could scale activities up or down accordingly.

On Jan. 11, 2020, CDC updated a [Level 1 Travel Health Notice](#) (“practice usual precautions”) for travelers to Wuhan City and an updated [Health Alert](#) to health care professionals and public health partners with new and updated guidance is forthcoming.

China health officials report that most of the patients infected with 2019-nCoV have had exposure to a large market where live animals were present, suggesting this is a novel virus that has jumped the species barrier to infect people. Chinese authorities additionally report that several hundred health care workers caring for outbreak patients are being monitored and no spread of this virus from patients to health care workers has been seen. They report no sustained spread of this virus in the community, however there are indications that some limited person-to-person spread may have occurred. CDC is responding to this outbreak out of an abundance of caution, ready to detect people infected with 2019-CoV.

For the latest information on the outbreak, visit [CDC’s Novel Coronavirus 2019](#) website.

From: Hanson, Jake@CDPH <Jake.Hanson@cdph.ca.gov>
Sent: Friday, January 17, 2020 10:54 AM
To: Harriman, Kathleen@CDPH <Kathleen.Harriman@cdph.ca.gov>
Subject: RE: CDC 2019 Novel Coronavirus (2019-nCoV) call today at 1:00 pm

Sending out now!
Thanks!

From: Harriman, Kathleen@CDPH <Kathleen.Harriman@cdph.ca.gov>
Sent: Friday, January 17, 2020 10:33 AM
To: Hanson, Jake@CDPH <Jake.Hanson@cdph.ca.gov>
Subject: CDC 2019 Novel Coronavirus (2019-nCoV) call today at 1:00 pm

Jake, can you please send this out to Hos? Thanks, Kathy

CDC's 2019 Novel Coronavirus (2019-nCoV) response team will host an update call from 1 p.m. to 2 p.m. PST on Friday, January 17, to provide state and local partners with the latest information on the novel coronavirus outbreak and US preparedness efforts.

Invited participants include state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, and

nongovernmental partners. Participant information can be found below.

Participant Information

Bridgeline: 1(888)-989-4402
Participant Passcode: 6001456

CDC State Coordination Task Force (SCTF) - Operations
eocscfops@cdc.gov
<https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>

From: [Harriman, Kathleen@CDPH](mailto:Harriman,Kathleen@CDPH)
To: [Feaster, Matt \(Pasadena\)](mailto:Feaster,Matt@Pasadena); [McNitt, Louise](mailto:McNitt,Louise)
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Subject: CDC Press Release: Public Health Screening to Begin Today at 3 U.S. Airports

Date:

Friday, January 17, 2020 11:08:40 AM

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Press Release

**Embargoed until 2:00 pm
Friday, January 17, 2020**

Contact: [CDC Media Relations](#)

(404) 639-3286

Public Health Screening to Begin at 3 U.S. Airports for 2019 Novel Coronavirus (“2019-nCoV”)

The Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security’s Customs and Border Protection (CBP) will implement enhanced health screenings to detect ill travelers traveling to the United States on direct or connecting flights from Wuhan, China. This activity is in response to an outbreak in China caused by a novel (new) coronavirus (2019 nCoV), with exported cases to Thailand and Japan.

Starting January 17, 2020, travelers from Wuhan to the United States will undergo entry screening for symptoms associated with 2019-nCoV at three U.S. airports that receive most of the travelers from Wuhan, China: San Francisco (SFO), New York (JFK), and Los Angeles (LAX) airports.

“To further protect the health of the American public during the emergence of this novel coronavirus, CDC is beginning entry screening at three ports of entry. Investigations into this novel coronavirus are ongoing and we are monitoring and responding to this evolving situation,” said Martin Cetron, M.D., Director of CDC’s Division of Global Migration and Quarantine.

Based on current information, the risk from 2019-nCoV to the American public is currently deemed to be low. Nevertheless, CDC is taking proactive preparedness precautions.

Entry screening is part of a layered approach used with other public health measures already in place to detect arriving travelers who are sick (such as detection and reporting of ill travelers by airlines during travel and referral of ill travelers arriving at a US port of entry by CBP) to slow and reduce the spread of any disease into the United States.

CDC is deploying about 100 additional staff to the three airports (SFO, JFK, and LAX) to supplement existing staff at CDC quarantine stations located at those airports.

CDC is actively monitoring this situation for pertinent information about the source of outbreak, and risk for further spread through person-to-person or animal-to-person transmission. CDC may adjust screening procedures and other response activities as this outbreak investigation continues and more is learned about the newly emerging virus. Entry

screening alone is not a guarantee against the possible importation of this new virus but is an important public health tool during periods of uncertainty and part of a multilayered government response strategy. As new information emerges, CDC will reassess entry screening measures and could scale activities up or down accordingly.

On Jan. 11, 2020, CDC updated a [Level 1 Travel Health Notice](#) (“practice usual precautions”) for travelers to Wuhan City and an updated [Health Alert](#) to health care professionals and public health partners with new and updated guidance is forthcoming.

China health officials report that most of the patients infected with 2019-nCoV have had exposure to a large market where live animals were present, suggesting this is a novel virus that has jumped the species barrier to infect people. Chinese authorities additionally report that several hundred health care workers caring for outbreak patients are being monitored and no spread of this virus from patients to health care workers has been seen. They report no sustained spread of this virus in the community, however there are indications that some limited person-to-person spread may have occurred. CDC is responding to this outbreak out of an abundance of caution, ready to detect people infected with 2019-CoV.

For the latest information on the outbreak, visit [CDC’s Novel Coronavirus 2019](#) website.

From: Hanson, Jake@CDPH
To: [CDPH CCLHO DL](#)
Subject: CDC 2019 Novel Coronavirus (2019-nCoV) call today at 1:00 pm
Date: Friday, January 17, 2020 10:54:38 AM

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FYI

CDC's 2019 Novel Coronavirus (2019-nCoV) response team will host an update call from 1 p.m. to 2 p.m. PST on Friday, January 17, to provide state and local partners with the latest information on the novel coronavirus outbreak and US preparedness efforts.

Invited participants include state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, and nongovernmental partners. Participant information can be found below.

Participant Information

Bridgeline: 1(888)-989-4402
Participant Passcode: 6001456

CDC State Coordination Task Force (SCTF) - Operations
eocsctfops@cdc.gov
<https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>

From: [Harriman, Kathleen@CDPH](mailto:Harriman,Kathleen@CDPH)
To: [Feaster, Matt \(Pasadena\)](mailto:Feaster,Matt@Pasadena); [McNitt, Louise](mailto:McNitt,Louise)
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Subject: CDC 2019 Novel Coronavirus (2019-nCoV) call today at 1:00 pm
Date: Friday, January 17, 2020 10:32:30 AM

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CDC's 2019 Novel Coronavirus (2019-nCoV) response team will host an update call from 1 p.m. to 2 p.m. PST on Friday, January 17, to provide state and local partners with the latest information on the novel coronavirus outbreak and US preparedness efforts.

Invited participants include state, local, and territorial preparedness directors, state epidemiologists, state health officials, public health laboratory directors, and nongovernmental partners. Participant information can be found below.

Participant Information

Bridgeline: 1(888)-989-4402
Participant Passcode: 6001456

CDC State Coordination Task Force (SCTF) - Operations
eocscfops@cdc.gov
<https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>

From: [Stoltey, Juliet \(DPH\)](#)
To: [Aragon, Tomas \(DPH\)](#); [Philip, Susan \(DPH\)](#)
Subject: FW: Entry screen and information card given to passengers at SFO
Date: Thursday, January 16, 2020 11:23:29 AM

FYI

Julie Stoltey, MD, MPH
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From: Catherine Sallenave <CSallenave@smcgov.org>
Sent: Thursday, January 16, 2020 10:52 AM
To: Stoltey, Juliet (DPH) <juliet.stoltey@sfdph.org>; DPH-sandra.huang <sandra.huang@acgov.org>; George.Han@phd.sccgov.org; James.Watt@cdph.ca.gov
Cc: Carly Bock <cbock@smcgov.org>; Matthew Geltmaker <MGeltmaker@smcgov.org>; kathy.harriman@cdph.ca.gov
Subject: FW: Entry screen and information card given to passengers at SFO

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All—

I just sent an email to Marty Cetron and Clive Brown to echo Kathy's concerns regarding referring well passengers from Wuhan City to "their doctor."

Please see below.

Thanks.

Cath

From: Catherine Sallenave <CSallenave@smcgov.org>
Sent: Thursday, January 16, 2020 10:46 AM
To: Cetron, Marty (CDC/DDID/NCEZID/DGMQ) <mzc4@cdc.gov>; cmb8@cdc.gov
Cc: Harriman, Kathleen@CDPH <Kathleen.Harriman@cdph.ca.gov>; Dwyer, Susan A. (CDC/DDID/NCEZID/DGMQ) <sad1@cdc.gov>; Scott Morrow <SMorrow@smcgov.org>; Cassius

Lockett <clockett@smcgov.org>

Subject: Entry screen and information card given to passengers at SFO

Dear Drs Brown and Martin,

I am writing to echo the concerns that were brought forth by Dr. Harriman.

As you may remember, SFO airport is located in San Mateo County (not in San Francisco County) and we have health jurisdiction once passengers pass the border into the US. Since they pass directly into our county, we and our healthcare partners are on the front lines once the entry screening process begins.

The passengers who will be identified as being PUIs during entry screening processes at SFO will be directed to Mills Peninsula, the closest hospital. While Mills Peninsula does not have the capacity to receive potential Ebola patients, it is able and willing to isolate, evaluate and test passengers from Wuhan City who may be infected with the novel Coronavirus.

However, many health care facilities in our county are not in a position to do so and we share Dr Harriman's concerns in terms of the information provided on the card that will be given to well travelers from Wuhan.

From our perspective, asking tourists who will not have a primary care physician to call their doctor will lead to problems, including but not limited to passengers showing up at facilities (i.e. private offices and small urgent care centers) that will not be prepared to safely evaluate and test the ill passenger(s) due to a lack of AIIRs and testing capability, which will potentially lead to many avoidable patient and staff exposures as well as unnecessary transport between facilities.

Additionally, as Dr Harriman said in her email, while we have the capacity to contact many facilities in our county to relay guidance from CDC, we do not have a good way to communicate information with many of our urgent care clinics, which will be unprepared to receive the passengers that may show up at their doors based on the information contained on the card that will be given to them upon entry.

We think it is preferable to ask well passengers to contact Public Health. While the passengers' destination may be somewhere else in the Bay Area or California, since the passengers will be flying into SFO, we suggest that the card refer passengers to the San Mateo County Communicable Disease Control Program. We will then advise the passenger(s) as to where it would be appropriate to seek care or contact the appropriate jurisdiction, should they no longer be in San Mateo County.

We certainly understand that this is a complicated matter and that other jurisdictions may disagree but we hope that you will consider our rationale and allow Public Health to be the point of contact for Wuhan City passengers visiting the San Francisco Bay Area. All it would take to tailor the card to our local needs and preferences would be to tell well passengers to contact Public Health instead of referring them to their doctor. We are happy to provide you with the appropriate contact information, should you decide to follow our suggestion.

Sincerely,

Catherine Sallenave, MD
Infectious Diseases Staff Physician
Communicable Diseases Controller
San Mateo County Health

Scott Morrow, MD
San Mateo County Health Officer

Cassius Lockett, Ph.D
San Mateo County Public Health Director

Hi Marty and Clive,

We're having an all-county call today at 3:00 PT, and I asked Susan Dwyer at the SFO quarantine station if she had any information about what would be contained on the information card that will be given to well travelers from Wuhan after they're screened at the airport. She said she hadn't seen the card but believed that passengers would be told to call their doctor if symptoms develop.

It this is what is planned, it is very problematic for several reasons:

1. **Most passengers from Wuhan will be Chinese nationals who do not have a physician in the US, or even know how to find one.**
2. If ill passengers aren't instructed otherwise, it's likely they'd show up in an urgent care clinic or hospital ED, which is problematic because:
 - a. We want ill passengers to be referred to a hospital ED with an airborne infection isolation room and the capacity for multiplex viral PCR, and if the facility does not have an ED AIIR or appropriate lab capacity, we would want them transferred to a facility that did.
 - b. We do not have a good way to communicate with urgent care clinics in California unless they are part of a healthcare system (and most aren't) so in addition to the fact that they typically don't have AIIRs and PCR capacity, we would not be able to easily provide them with information about appropriate evaluation of PUIs.

In California, we want public health to be able to refer ill passengers to an appropriate

healthcare facility for evaluation and testing. Thank you for your consideration in this matter.
Kathy

From: [CDPH CCLHO Mailbox](#)
To: [CDPH CCLHO DL](#); [Arakawa, G](#); [Bobba, Naveena \(DPH\)](#); [Cheung, Michele \(Orange # 2\)](#); [Dean Sidelinger](#); [DeBurgh, Kat@calhealthofficers.org](#); [Ennis, Josh \(Humboldt\)](#); [Furst, Karen@San Joaquin County](#); [Goldstein, David \(Contra Costa\)](#); [Gunzenhauser, Jeffrey](#); [Han, George@Santa Clara County](#); [Hernandez, Liz@County of San Diego](#); [Hoover, Cora \(DPH\)](#); [Kagoda, Mercy](#); [Kinnison, Michael@SutterCounty](#); [DPH - sarah.lewis](#); [Limbos, Mary Ann \(Yolo\)](#); [McMillan, Craig \(Mendocino\)](#); [McNitt, Louise@Countra Costa County](#); [Michele Violich \(michele.violich@co.santa-cruz.ca.us\)](#); [Morrow, Gib](#); [Newel, Gail](#); [Pan, Erica \(Alameda\)](#); [Papaszomenos, Thea](#); [DPH-daniel.peddycord](#); [Perti, Tara \(Santa Clara\)](#); [Nichole Quick](#); [Radhakrishna, Rohan \(Contra Costa\)](#); [Rosen, Frederick](#); [Sallenave, Catherine \(San Mateo\)](#); [Santora, Lisa@marincounty.org](#); [Smith, Denise@Kern County](#); [Stacey, Michael \(Solano County\)](#); [Stoltey, Juliet \(DPH\)](#); [Taylor, Melody@Sacramento County](#); [Torno, Mauro \(Long Beach\)](#); [Tzvieli, Ori \(Contra Costa\)](#); [Warne, Thomas \(Contra Costa\)](#); [Zahn, Matt@Orange County](#)
Subject: 3:00pm conference call
Date: Wednesday, January 15, 2020 7:06:07 AM

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FYI

From: Harriman, Kathleen@CDPH <Kathleen.Harriman@cdph.ca.gov>
Sent: Tuesday, January 14, 2020 12:21 PM
To: CDPH CCLHO Mailbox <CCLHO@cdph.ca.gov>
Subject: Can you please forward this as an appointment to the HOs? Thanks!

Hi all,

As you know, a novel coronavirus has been identified as the cause of a cluster of pneumonia cases among residents of Wuhan, China. Yesterday CDC's Division of Global Migration and Quarantine (DGMQ) announced that screening of passengers whose travel originated in Wuhan will be screened upon arrival at JFK, LAX and SFO airports. CDC intends to issue a HAN on this today or tomorrow.

We have a call set up for **3:00 tomorrow afternoon, January 15, to discuss the implication of this airport screening**. If for some reason, the CDC HAN has not been issued by the time of the call, we'll reschedule the call for Thursday. This will be a statewide call since passengers from Wuhan who are well at the time of airport screening could develop symptoms later while in other locations in California (or other states).

Phone #: 888-411-5128

Participant Code: 3312382#

Current situation:

As of Monday, January 13, 2020, the numbers of patients in Wuhan with pneumonia remained at 59, but 41 had been confirmed with the novel coronavirus and one patient had died. This patient had a number of underlying conditions. There have been no cases in China with symptom onset dates after December 29, 2019. No information has been provided to CDC about animal testing at the originally affected wet market. It does not appear that animals at

that market were depopulated so they could have been transferred to other wet markets in Wuhan.

Over the weekend, information was released that a 61 yo female resident of Wuhan, China who had traveled to Thailand on vacation was confirmed in Thailand as being infected with the novel coronavirus. Thailand has been screening passengers arriving on direct flights from Wuhan since January 3, 2020 and as of January 13, had identified 12 ill passengers; 8 of whom have been cleared. Of note, is that the symptom onset date of the new confirmed case was January 5, 2020, and she had not visited the Wuhan wet market implicated in the other cases. She had, however, visited other wet markets during her presumed exposure period. This new case has resulted in the CDC elevating their level of concern about travelers from Wuhan.

Because of this increased concern, CDC, including DGMQ, held a call yesterday morning with public health representatives from state, county, and city health departments in the vicinity of JFK, LAX, and SFO airports. A second call was held yesterday afternoon for all state health departments. Seventy-five percent of passengers who initiate travel in Wuhan, China, arrive in the US at JFK, LAX and SFO via direct or indirect flights. We are trying to obtain estimates of the number of passengers from Wuhan who arrive on direct and indirect flights to LAX and SFO each week.

Actions that will be taken:

1. Pilots on flights with passengers from Wuhan will be asked to complete documents stating that passengers appeared well. This is expected to enhance identification of ill passengers both before and during flights.
2. All passengers with travel originating in Wuhan on direct or indirect flights who are arriving at JFK, LAX or SFO will be identified at arrival and screened for fever and respiratory symptoms by DGMQ staff. This screening is expected to begin on **Thursday, January 16, 2020** and continue for at least two weeks through the Chinese New Year travel period. Chinese New Year is January 25, 2020.
3. Any passenger from Wuhan with fever or respiratory symptoms will be evaluated by DGMQ medical staff and potentially referred to a hospital.
4. Passengers referred to the hospital will be tested for standard respiratory viruses and potentially for the new coronavirus, which CDC now has the ability to do. Test kits are being developed for state health departments, but they are not yet available.
5. Recommended infection control precautions for passengers referred to a healthcare setting are standard + contact + airborne precautions + eye protection.
6. Passengers without symptoms at US entry will be given information on symptoms to watch for over the next 14 days as well as how to self-isolate, contact public health and obtain healthcare if symptoms occur. There will be no active monitoring of these passengers at this time. Passenger information will be provided in Mandarin and English.
7. It would be optimal for ill passengers to be referred to a hospital with negative pressure

rooms in its ED, and the capacity to perform rapid multiplex PCR testing for viral pathogens, eg, Biofire or similar testing.

8. The CDC HAN will contain additional information that will hopefully clarify testing protocols, etc.

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Subject: Phone: 888-411-5128, passcode: 3312382

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Hi all,

As you know, a novel coronavirus has been identified as the cause of a cluster of pneumonia cases among residents of Wuhan, China. Yesterday CDC's Division of Global Migration and Quarantine (DGMQ) announced that screening of passengers whose travel originated in Wuhan will be screened upon arrival at JFK, LAX and SFO airports. CDC intends to issue a HAN on this today or tomorrow.

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Phone #: 888-411-5128

Participant Code: 3312382#

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8. The CDC HAN will contain additional information that will hopefully clarify testing protocols, etc.

From: [Dwyer, Susan A. \(CDC/DDID/NCEZID/DGMO\)](mailto:susan.dwyer@cdc.gov)
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Subject: RE: Wuhan China pneumonia cluster and Port of Entry Activities
Date: Sunday, January 12, 2020 11:34:06 PM

Late on Sunday—SFO Emergency Response is onboard with the information as it is now.

Thanks,
Susan

From: Stoltey, Juliet (DPH) <juliet.stoltey@sfdph.org>
Sent: Friday, January 10, 2020 4:11 PM
To: Gurley, Jan (DPH) <jan.gurley@sfdph.org>; Aragon, Tomas MD, DrPH (CDC [sfdph.org](mailto:susan.philip@sfdph.org)) <tomas.aragon@sfdph.org>; Philip, Susan (CDC [sfdph.org](mailto:susan.philip@sfdph.org)) <Susan.Philip@sfdph.org>
Cc: Dwyer, Susan A. (CDC/DDID/NCEZID/DGMO) <sad1@cdc.gov>
Subject: RE: Wuhan China pneumonia cluster and Port of Entry Activities

Hi Jan,

San Mateo was on the call so I would expect they would communicate with their emergency response colleagues.

Re communications with SFO emergency response – I'm not sure. Copying Susan Dwyer, Officer in Charge of the Quarantine Station at SFO, who will have a better sense of the communications at SFO.

Thanks,
Julie

Julie Stoltey, MD, MPH
Director, Communicable Disease Control and Prevention
Population Health Division
San Francisco Department of Public Health
25 Van Ness, Suite 500, San Francisco, CA 94102
Direct line: 628-217-6343
email: juliet.stoltey@sfdph.org

CD Control main number: 415-554-2830
<http://www.sfdph.org/cdcp>

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Subject: Re: Wuhan China pneumonia cluster and Port of Entry Activities

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R. Jan Gurley, M.D.

Director of Public Health Emergency Preparedness and Response

Deputy Health Officer

San Francisco Department of Public Health

30 Van Ness Avenue, Suite 2300

San Francisco, CA 94102

Phone (415) 558-5939

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Subject: RE: Wuhan China pneumonia cluster and Port of Entry Activities

Hi all,

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There are reports of an outbreak of pneumonia in Wuhan, China, potentially due to a novel coronavirus thought to be related to an exposure at a seafood and live animal market in Wuhan. The market has been closed and undergone disinfection. The first case was reported as occurring around Dec 12, and the last case was reported occurring around 12/29. Total case count is 59 cases, 7 of which were reported as severe. Most cases were described as bilateral pneumonias consistent with a viral etiology. Last report of any cases was on 1/5/2020; no updated reports since then. The information is primarily coming from Wuhan city health officials reporting to the China CDC (not the U.S. CDC office in China); there is relatively limited epi information available – no detailed clinical description of patients has been provided, no epi curve with onset dates other than the first and latest occurrences.

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There have been no reports of sustained person-to-person transmission. No reports of HCW illness or nosocomially acquired infection. No confirmed reports of person to person spread among the 150 or so contacts that have been followed. No known cases identified outside of Wuhan.

There are about 4 million travelers every year from China to the U.S. Main US destination ports on an annual basis are SFO, LAX, and JFK. From Wuhan specifically, there are about 58,000 travelers to the U.S. over the course of the year. LAX, SFO, and JFK receive almost 75% of the incoming passengers from Wuhan (Wuhan city itself has over 10 million residents). January tends to be one of the busier months for travel because of the Chinese new year. In January 2019, there were 1,447 passengers who traveled directly from Wuhan into SFO (this represented about a quarter of all travelers from Wuhan into the U.S. that month) – they anticipate that there will be a similar number of travelers this month. There is a nonstop China Southern Airlines flight from Wuhan to SFO three times a week, that arrives on Tu/Th/Sat around 11am (there are other airlines that provide service from Wuhan with connecting flights). There is no active exit screening occurring in Wuhan, although CDC has offered assistance with this and is awaiting a response. Some countries have implemented entry screening for persons coming from Wuhan (Taiwan, Singapore, Hong Kong, some of the Russian border provinces, among others). CDC at this time is not planning on implementing formal entry screening from Wuhan, however they are planning to educate CBP officers and reach out to the main airlines to watch out for individuals who are visibly ill and are traveling from Wuhan. CDC has stood up their incident management structure to provide a central coordinated response but have not activated EOC at this time. They are in the process of developing additional infection control guidance, management information, case definition, and a PUI hotline; they are also planning more clinician and health dept calls.

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international spread to the US is thought to be low. CDC is still waiting on additional epi information to further inform their assessment, but the thought is that if there were sustained multigenerational spread that occurred readily, they would have expected to hear about other cases outside of Wuhan by now. Potential triggers for moving into active entry screening would include evidence of sustained multigenerational human-to-human transmission, rapid increases in case counts, internationally exported cases. Given that we are in the midst of flu season, there is concern that there would be a large number of false positives if screening were to be implemented now.

Generally the situation is dynamic, and CDC has some ongoing communication with China CDC, but not necessarily on a daily basis, and they are currently awaiting additional information.

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Subject: Fwd: Wuhan China pneumonia cluster and Port of Entry Activities

Hi Tomas, Susan, and Jan,
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Thanks,
Julie

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From: Brown, Clive (CDC/DDID/NCEZID/DGMQ) <cmb8@cdc.gov>
Sent: Thursday, January 9, 2020 5:14 PM

To: Ann Winters; bar.bright-motelson@health.ny.gov; Layton, Marci (CDC health.nyc.gov); Balter, Sharon (CDC ph.lacounty.gov); Jain, Seema (CDC cdph.ca.gov); Sallenave, Catherine (San Mateo #1); Stoltey, Juliet (DPH); DPH-sandra.huang; Harriman, Kathleen@CDPH
Cc: Lee, Laquanda (CDC/DDID/NCEZID/DGMQ) (CTR); Brown, Clive (CDC/DDID/NCEZID/DGMQ)
Subject: Wuhan China pneumonia cluster and Port of Entry Activities

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Good-day,

I know everyone has been following with interest the reports out of Wuhan, China regarding a cluster of Cluster of Pneumonia Cases, possibly related to a novel coronavirus. The WHO issued the following statement:

<https://www.who.int/china/news/detail/09-01-2020-who-statement-regarding-cluster-of-pneumonia-cases-in-wuhan-china>

DGMQ has a report confirming that Russia has strengthened Quarantine control on its border with China due to the outbreak; this was partly done in anticipation of increased travel volume for the upcoming celebration of the Chinese New Year on January 25. The report did not specify the nature of border control activities. We have also heard through a variety of channels that other nearby countries have implemented border control actions for persons arriving from China.

As is usual in these situations, the US CDC, specifically DGMQ, aims to implement border control measures commensurate with the estimated risk, while continually evaluating the situation to determine the need to adjust our actions. In addition to publishing a Travel Health Notice: <https://wwwnc.cdc.gov/travel/notices/watch/pneumonia-china>, (please continually check for updates), we're working to provide enhanced communications to our partners and the public at our ports of entry.

While travelers from Wuhan, China arrive at a number of US Ports of Entry, a large proportion of those travelers arrive via San Francisco (SFO), Los Angeles (LAX) and NYC (JFK), including direct flights 3-days per week to (1) SFO via China Southern (with apparent codeshares with American Airlines and Delta) and (2) JFK via China Southern.

As part of our preparedness discussions, Marty Cetron and I would like to host a teleconference to update you on potential plans and activities at our Ports of Entry. If possible we would like to have this meeting either Friday January 10 or Monday January 13, let's say 10:30am or later to ensure participation by our West Coast partners.

Could you please provide Laquanda Lee cc'd here, with possible times on those days, and she will coordinate with Marty's schedule.

Once the meeting is scheduled, I will invite my staff from SFO, LAX and JFK so that they will also be on the call.

Thank you and please let me know if there are any questions.

Clive

Dr. Clive M. Brown, *MBBS*, MPH, MSc, DTM&H (London), FRSPH
Chief, Quarantine and Border Health Services Branch
Division of Global Migration and Quarantine
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

From: [Stoltey, Juliet \(DPH\)](#)
To: [Aragon, Tomas \(DPH\)](#); [Philip, Susan \(DPH\)](#); [Stier, David \(DPH\)](#)
Subject: Fwd: Updated synopsis from Clive Brown
Date: Saturday, January 11, 2020 12:45:58 PM

Please see updates below.

Thanks,

Julie

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From: Dwyer, Susan A. (CDC/DDID/NCEZID/DGMQ) <sad1@cdc.gov>

Sent: Saturday, January 11, 2020 11:16 AM

To: Catherine Sallenave (CSallenave@smcgov.org); Carly Bock (cbock@smcgov.org); jlindquist@smcgov.org; Morrow, Scott (CDC smcgov.org); Cassius Lockett; Shruti Dhapodkar; Stoltey, Juliet (DPH); Shemsu, Munira, Public Health, DCDCP; Pan M.D., Erica, Public Health, DCDCP; DPH-sandra.huang; kathy.harriman@cdph.ca.gov; Han, George; Gurley, Jan (DPH)

Cc: Jeff Littlefield (AIR); Doug Yakel (AIR); Audrey Lawrence (AIR)

Subject: Updated synopsis from Clive Brown

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Hi All,

You may already have this by now, but I thought I'd send Clive's update...

Sorry for the late evening update, but will likely be in the news tomorrow, if not already. (6:29pm Friday)

The **case count has been updated** by authorities in China and **a death** has now been reported. Also note what seems to be **a later date of onset**; OD says late today the SMEs reported they were told a new last date of onset of **Dec 31**, this report seems to suggest, but is somewhat unclear, that it's **Jan 3**. If that's the case and we assume the incubation period is 14 days (which is still unknown since it's a new virus), that would mean **observation for new cases should continue until at least Jan 17** next Friday. They still report no HCW illnesses and no suggestion of efficient person to person transmission. However it's most likely we would still watch for another IP until Jan 31, to make absolutely sure there were unbroken chains of transmission.

The SMEs note that they will need to work to confirm the accuracy of this new information.

The report from Wuhan states in summary:

"... initial diagnosis of a new coronavirus infection of pneumonia cases 41 cases, of

which 2 cases have been discharged from the hospital, 7 cases of severe illness, 1 case of death, the remaining patients stable condition. No new cases have been detected since 3 January 2020. At present, no medical personnel infection has been found, no clear human-to-human evidence has been found.

Translated summary (translation appears when you open the link on your device.:
<http://wjw.wuhan.gov.cn/front/web/showDetail/2020011109035>):

Sorry for the late evening update, but will likely be in the news tomorrow, if not already.

- The new name for the response is: **Novel Coronavirus (nCoV) 2019 Response**. Please use this moving forward especially for any documents we develop.
- **There is a new CDC Website** for the response which can be found at:
<https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html>
- **For any lab guru's among you; Sequence notice:** <http://virological.org/t/initial-genome-release-of-novel-coronavirus/319>

This morning from Clive: (1/11/20)

Updated info from Wuhan:

- Illness onset dates adjusted to 12/8/2019 to 1/2/2020.
- Since 1/3 they have not found any additional infected cases.
 - So Jan 2 seems to be the last date of onset. Assuming 14 day incubation period (IP) watching for one IP would end on Jan 16, 2-IP would end Jan 30. If no more cases, assuming there is no other source, all clear on Jan 31.
- Clinical presentation...Fever, fatigue accompanied by dry cough, hospitalized patients often had respiratory distress. The majority came into the hospital with stable vital signs.
- The one Wuhan reported death had co-morbidities (see more details below).
- Still no confirmed person to person transmission.
 - Based on the investigation, most cases have exposure history to the Hua NaN Market.
 - No confirmed person to person transmission.
 - Additionally, no cases have been found among close contacts or healthcare workers
 - Continuing epidemiological and laboratory investigation.

Particularly for the QMOs:

- Description of the death:
 - *61 year old man with stomach cancer and chronic liver disease who came into the hospital with respiratory failure and severe pneumonia. He was a purchaser at the Hua Nan Market for many years. In the hospital he was given treatment and antimicrobials and respiratory support, and ECMO but his symptoms did not improve. On the evening of 1/9 he had a cardiac arrest, was unable to be resuscitated and died. He was PCR positive for the novel coronavirus. At death he was diagnosed with severe pneumonia, acute respiratory failure, septic shock, multiorgan failure, acid base disturbance, and cirrhosis. Primary cause of death was respiratory and circulatory collapse*
- Late last night, WHO posted its guidance package and other information at
<https://www.who.int/health-topics/coronavirus>
 - Their technical documents for novel coronavirus includes:

- Case definitions
- Laboratory guidance
 - Infection prevention and control
 - Risk communications
 - Readiness checklist
 - Disease commodity package for novel coronavirus

Particularly of note for Z-Team:

- The sequencing suggests a **bat CoV related to SARS**. The novel CoV GSD appears to be released publicly on virological.org

Clive

Dr. Clive M. Brown, *MBBS*, MPH, MSc, DTM&H (London), FRSPH
Chief, Quarantine and Border Health Services Branch
Division of Global Migration and Quarantine
National Center for Emerging and Zoonotic Infectious Diseases
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Thanks,

Susan

Susan A. Dwyer

Officer in Charge

San Francisco Quarantine Station

San Francisco International Airport

[CDC](#) | [NCEZID](#) | [DGMO](#) | QBHSB

T: 650-876-2872 | F: 650-876-2796 | M: 650-333-9322

From: [Stoltey, Juliet \(DPH\)](#)
To: [Gurley, Jan \(DPH\)](#); [Aragon, Tomas \(DPH\)](#); [Philip, Susan \(DPH\)](#)
Cc: [Dwyer, Susan A. \(CDC/DDID/NCEZID/DGMO\)](#)
Subject: RE: Wuhan China pneumonia cluster and Port of Entry Activities
Date: Friday, January 10, 2020 4:12:51 PM

Hi Jan,

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Re communications with SFO emergency response – I'm not sure. Copying Susan Dwyer, Officer in Charge of the Quarantine Station at SFO, who will have a better sense of the communications at SFO.

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Cc: Lee, Laquanda (CDC/DDID/NCEZID/DGMQ) (CTR); Brown, Clive (CDC/DDID/NCEZID/DGMQ)
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Chief, Quarantine and Border Health Services Branch
Division of Global Migration and Quarantine
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

From: [CDBRIEF \(CDPH-DCDC\)](#)
Subject: CD BRIEF 20-02 - Outbreak of Pneumonia of Unknown Etiology and Flu Update
Date: Friday, January 10, 2020 4:08:49 PM
Attachments: [CD BRIEF 20-02 - Outbreak of Pneumonia of Unknown Etiology and Flu Update.pdf](#)

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From: [Stoltey, Juliet \(DPH\)](#)
To: [Aragon, Tomas \(DPH\)](#); [Philip, Susan \(DPH\)](#); [Gurley, Jan \(DPH\)](#)
Subject: RE: Wuhan China pneumonia cluster and Port of Entry Activities
Date: Friday, January 10, 2020 3:33:50 PM

Hi all,

The call took place earlier today. It was conducted by CDC DGMQ director Dr. Marty Cetron, along with Dr. Clive Brown (chief of quarantine branch). Other participants included CDPH, San Mateo county, Alameda county, LA county, NYC, and quarantine station officers at JFK, LAX, and SFO. The purpose of the call was to provide a high-level situation report and describe their thinking in terms of managing potential importation based on the current risk assessment.

There are reports of an outbreak of pneumonia in Wuhan, China, potentially due to a novel coronavirus thought to be related to an exposure at a seafood and live animal market in Wuhan. The market has been closed and undergone disinfection. The first case was reported as occurring around Dec 12, and the last case was reported occurring around 12/29. Total case count is 59 cases, 7 of which were reported as severe. Most cases were described as bilateral pneumonias consistent with a viral etiology. Last report of any cases was on 1/5/2020; no updated reports since then. The information is primarily coming from Wuhan city health officials reporting to the China CDC (not the U.S. CDC office in China); there is relatively limited epi information available – no detailed clinical description of patients has been provided, no epi curve with onset dates other than the first and latest occurrences.

Recent news has described a novel coronavirus in the SARS-like family but distinct from SARS and MERS. The new coronavirus has been identified by pcr in 15 of the patients, and the whole genome was sequenced from one of the patients. CDC has not received any sequences or specimens yet. Chinese authorities have reportedly created a diagnostic PCR. Coronaviruses often have animal reservoirs, and investigations are underway to identify an animal reservoir in this case, but at this time it is unknown. Other testing that was reported negative by Wuhan health authorities include: seasonal flu, avian flu, adenovirus, SARS CoV 2003, MERS CoV.

There have been no reports of sustained person-to-person transmission. No reports of HCW illness or nosocomially acquired infection. No confirmed reports of person to person spread among the 150 or so contacts that have been followed. No known cases identified outside of Wuhan.

There are about 4 million travelers every year from China to the U.S. Main US destination ports on an annual basis are SFO, LAX, and JFK. From Wuhan specifically, there are about 58,000 travelers to the U.S. over the course of the year. LAX, SFO, and JFK receive almost 75% of the incoming passengers from Wuhan (Wuhan city itself has over 10 million residents). January tends to be one of the busier months for travel because of the Chinese new year. In January 2019, there were 1,447 passengers who traveled directly from Wuhan into SFO (this represented about a quarter of all travelers from Wuhan into the U.S. that month) – they anticipate that there will be a similar number of travelers this month. There is a nonstop China Southern Airlines flight from Wuhan to SFO three times a week, that arrives on Tu/Th/Sat around 11am (there are other airlines that provide service from Wuhan with connecting flights). There is no active exit screening occurring in Wuhan,

although CDC has offered assistance with this and is awaiting a response. Some countries have implemented entry screening for persons coming from Wuhan (Taiwan, Singapore, Hong Kong, some of the Russian border provinces, among others). CDC at this time is not planning on implementing formal entry screening from Wuhan, however they are planning to educate CBP officers and reach out to the main airlines to watch out for individuals who are visibly ill and are traveling from Wuhan. CDC has stood up their incident management structure to provide a central coordinated response but have not activated EOC at this time. They are in the process of developing additional infection control guidance, management information, case definition, and a PUI hotline; they are also planning more clinician and health dept calls.

Current CDC threat assessment is that in the absence of confirmed sustained human-to-human transmission and without newly reported incident cases since the closure of the market, the risk for international spread to the US is thought to be low. CDC is still waiting on additional epi information to further inform their assessment, but the thought is that if there were sustained multigenerational spread that occurred readily, they would have expected to hear about other cases outside of Wuhan by now. Potential triggers for moving into active entry screening would include evidence of sustained multigenerational human-to-human transmission, rapid increases in case counts, internationally exported cases. Given that we are in the midst of flu season, there is concern that there would be a large number of false positives if screening were to be implemented now.

Generally the situation is dynamic, and CDC has some ongoing communication with China CDC, but not necessarily on a daily basis, and they are currently awaiting additional information.

Please let me know if you have questions.

Thanks,
Julie

Julie Stoltey, MD, MPH
Director, Communicable Disease Control and Prevention
Population Health Division
San Francisco Department of Public Health
25 Van Ness, Suite 500, San Francisco, CA 94102
Direct line: 628-217-6343
email: juliet.stoltey@sfdph.org

CD Control main number: 415-554-2830
<http://www.sfdph.org/cdcp>

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From: Stoltey, Juliet (DPH) <juliet.stoltey@sfdph.org>
Sent: Thursday, January 9, 2020 6:03 PM
To: Aragon, Tomas (DPH) <tomas.aragon@sfdph.org>; Philip, Susan (DPH) <susan.philip@sfdph.org>; Gurley, Jan (DPH) <jan.gurley@sfdph.org>

Subject: Fwd: Wuhan China pneumonia cluster and Port of Entry Activities

Hi Tomas, Susan, and Jan,

CDC DGMQ is arranging a conference call for CD controllers at key ports of entry (SFO, LAX, and JFK) from Wuhan. Please see below. I will plan to be on this call once it is scheduled and will report back.

Thanks,

Julie

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From: Brown, Clive (CDC/DDID/NCEZID/DGMQ) <cmb8@cdc.gov>

Sent: Thursday, January 9, 2020 5:14 PM

To: Ann Winters; bar.bright-motelson@health.ny.gov; Layton, Marci (CDC health.nyc.gov); Balter, Sharon (CDC ph.lacounty.gov); Jain, Seema (CDC cdph.ca.gov); Sallenave, Catherine (San Mateo #1); Stoltey, Juliet (DPH); DPH-sandra.huang; Harriman, Kathleen@CDPH

Cc: Lee, Laquanda (CDC/DDID/NCEZID/DGMQ) (CTR); Brown, Clive (CDC/DDID/NCEZID/DGMQ)

Subject: Wuhan China pneumonia cluster and Port of Entry Activities

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Good-day,

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DGMQ has a report confirming that Russia has strengthened Quarantine control on its border with China due to the outbreak; this was partly done in anticipation of increased travel volume for the upcoming celebration of the Chinese New Year on January 25. The report did not specify the nature of border control activities. We have also heard through a variety of channels that other nearby countries have implemented border control actions for persons arriving from China.

As is usual in these situations, the US CDC, specifically DGMQ, aims to implement border control measures commensurate with the estimated risk, while continually evaluating the situation to determine the need to adjust our actions. In addition to publishing a Travel Health Notice: <https://wwwnc.cdc.gov/travel/notices/watch/pneumonia-china>, (please continually check for updates), we're working to provide enhanced communications to our partners and the public at our ports of entry.

While travelers from Wuhan, China arrive at a number of US Ports of Entry, a large proportion of those travelers arrive via San Francisco (SFO), Los Angeles (LAX) and NYC (JFK), including direct flights 3-days per week to (1) SFO via China Southern (with apparent codeshares with American Airlines and

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Could you please provide Laquanda Lee cc'd here, with possible times on those days, and she will coordinate with Marty's schedule.

Once the meeting is scheduled, I will invite my staff from SFO, LAX and JFK so that they will also be on the call.

Thank you and please let me know if there are any questions.

Clive

Dr. Clive M. Brown, *MBBS*, MPH, MSc, DTM&H (London), FRSPH
Chief, Quarantine and Border Health Services Branch
Division of Global Migration and Quarantine
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

From: [Gurley, Jan \(DPH\)](#)
To: [Stoltey, Juliet \(DPH\)](#); [Aragon, Tomas \(DPH\)](#); [Philip, Susan \(DPH\)](#)
Subject: Re: Wuhan China pneumonia cluster and Port of Entry Activities
Date: Thursday, January 9, 2020 7:40:08 PM

Thank you for your work on this, Julie, and especially for the updates, Jan

R. Jan Gurley, M.D.
Director of Public Health Emergency Preparedness and Response
Deputy Health Officer
San Francisco Department of Public Health
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San Francisco, CA 94102
Phone (415) 558-5939
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From: Stoltey, Juliet (DPH) <juliet.stoltey@sfdph.org>
Sent: Thursday, January 9, 2020 6:02:34 PM
To: Aragon, Tomas (DPH) <tomas.aragon@sfdph.org>; Philip, Susan (DPH) <susan.philip@sfdph.org>; Gurley, Jan (DPH) <jan.gurley@sfdph.org>
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Sent: Thursday, January 9, 2020 5:14 PM
To: Ann Winters; bar.bright-motelson@health.ny.gov; Layton, Marci (CDC health.nyc.gov); Balter, Sharon (CDC ph.lacounty.gov); Jain, Seema (CDC cdph.ca.gov); Sallenave, Catherine (San Mateo #1); Stoltey, Juliet (DPH); DPH-sandra.huang; Harriman, Kathleen@CDPH
Cc: Lee, Laquanda (CDC/DDID/NCEZID/DGMQ) (CTR); Brown, Clive (CDC/DDID/NCEZID/DGMQ)
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Division of Global Migration and Quarantine

National Center for Emerging and Zoonotic Infectious Diseases
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From: [Stoltey, Juliet \(DPH\)](#)
To: [Aragon, Tomas \(DPH\)](#); [Philip, Susan \(DPH\)](#); [Gurley, Jan \(DPH\)](#)
Subject: Fwd: Wuhan China pneumonia cluster and Port of Entry Activities
Date: Thursday, January 9, 2020 6:02:36 PM

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To: Ann Winters; bar.bright-motelson@health.ny.gov; Layton, Marci (CDC health.nyc.gov); Balter, Sharon (CDC ph.lacounty.gov); Jain, Seema (CDC cdph.ca.gov); Sallenave, Catherine (San Mateo #1); Stoltey, Juliet (DPH); DPH-sandra.huang; Harriman, Kathleen@CDPH
Cc: Lee, Laquanda (CDC/DDID/NCEZID/DGMQ) (CTR); Brown, Clive (CDC/DDID/NCEZID/DGMQ)
Subject: Wuhan China pneumonia cluster and Port of Entry Activities

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Dr. Clive M. Brown, *MBBS*, MPH, MSc, DTM&H (London). FRSPH
Chief, Quarantine and Border Health Services Branch
Division of Global Migration and Quarantine
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention

From: [California Health Alert Network](#)
To: [Aragon, Tomas \(DPH\)](#)
Subject: CAHAN Disease Notification – CDC HAN 424: Outbreak of Pneumonia of Unknown Etiology (PUE) in Wuhan, China
Date: Wednesday, January 8, 2020 3:03:15 PM
Attachments: [CDC+HAN+424_Pneumonia+Outbreak+in+Wuhan+China_01.08.2020.pdf](#)



The Centers for Disease Control and Prevention (CDC) is closely monitoring a reported cluster of pneumonia of unknown etiology (PUE) with possible epidemiologic links to a large wholesale fish and live animal market in Wuhan City, Hubei Province, China. An outbreak investigation by local officials is ongoing in China; the World Health Organization (WHO) is the lead international public health agency. Currently, there are no known U.S. cases nor have cases been reported in countries other than China. CDC has established an Incident Management Structure to optimize domestic and international coordination if additional public health actions are required.

This Health Alert Network (HAN) Advisory informs state and local health departments and health care providers about this outbreak and requests that health care providers ask patients with severe respiratory disease about travel history to Wuhan City. Wuhan City is a major transportation hub about 700 miles south of Beijing with a population of more than 11 million people.

The full health alert is attached and available at the following link:
<https://emergency.cdc.gov/han/HAN00424.asp>

From: [Harriman, Kathleen@CDPH](mailto:Harriman,Kathleen@CDPH)
To: [Feaster, Matt \(Pasadena\)](mailto:Feaster,Matt@Pasadena); [McNitt, Louise](mailto:McNitt,Louise)
Cc: DPH-sandra.huang; Munira.Shemsu@acgov.org; [Pan, Erica \(Alameda\)](mailto:Pan,Eric@Alameda); [Oschsner, Allyson@AlamedaCo](mailto:Oschsner,Allyson@AlamedaCo); Dustin.Heaton@acgov.org; Brendan.Kober@acgov.org; Rita.Shiau@acgov.org; Robert.Brown2@acgov.org; [Johnson, Richard \(ALPINE\)](mailto:Johnson,Richard@ALPINE); [Streeper, Tim \(ALPINE\)](mailto:Streeper,Tim@ALPINE); [Dupuis, Tamara@AlpineCount](mailto:Dupuis,Tamara@AlpineCount); [Huspen Kerr, Rita](mailto:Huspen.Kerr,Rita); [Desvoignes, Liz@Amadorgov](mailto:Desvoignes,Liz@Amadorgov); dlittlefield@amadorgov.org; [Hernandez, Lisa \(City of Berkeley\)](mailto:Hernandez,Lisa@CityofBerkeley); [Lewis, Linda@Butte County](mailto:Lewis,Linda@ButteCounty); [Thao, Mary \(Butte County\)](mailto:Thao,Mary@ButteCounty); [Miller, Andrew](mailto:Miller,Andrew); [Kelaita, Dean](mailto:Kelaita,Dean); [Rodriguez, Colleen](mailto:Rodriguez,Colleen); [Gregory, Burt](mailto:Gregory,Burt); bonnie.davies@countyofcolusa.com; [Rios, Connie](mailto:Rios,Connie); 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Sydney.Loewen@countyofmerced.com; Yer.Chang@countyofmerced.com; Jessica.Juarez@countyofmerced.com; Parmjit.Sahota@countyofmerced.com; Raul.Medina@countyofmerced.com; [Schulz, Tanya](mailto:Schulz,Tanya); [Sphar, Stacy \(Modoc County\)](mailto:Sphar,Stacy@ModocCounty); [Richert, Edward](mailto:Richert,Edward); chevenneo@sullivan.co.modoc.ca.us; [Wheeler, Bryan](mailto:Wheeler,Bryan); [Pearce, Sandra@Mono County](mailto:Pearce,Sandra@MonoCounty); [Boo, Thomas \(MONO\)](mailto:Boo,Thomas@MONO); [Moreno, Edward](mailto:Moreno,Edward); [Michie, Kristy](mailto:Michie,Kristy); Lindsey.Termini@countyofnapa.org; Jenny.Vargas@countyofnapa.org; Beth.Grant@countyofnapa.org; [Cutler, Kenneth](mailto:Cutler,Kenneth); [Key, Cindy \(Nevada County\)](mailto:Key,Cindy@NevadaCounty); [Wilson, Cynthia@Nevada County](mailto:Wilson,Cynthia@NevadaCounty); [Zahn, Matt@Orange County](mailto:Zahn,Matt@OrangeCounty); [Cheung, Michele \(Orange # 2\)](mailto:Cheung,Michele@Orange#2); [Jacobs, Josh@Orange County](mailto:Jacobs,Josh@OrangeCounty); 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Subject: CDC HAN: Outbreak of Pneumonia of Unknown Etiology (PUE) in Wuhan, China
Date: Wednesday, January 8, 2020 2:05:53 PM
Attachments: [CDC HAN PUE in Wuhan China Jan 8 2020.pdf](#)

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