



COVID-19 (Coronavirus Disease) Advisory Bulletin

Risk Services Division

17 March 2020

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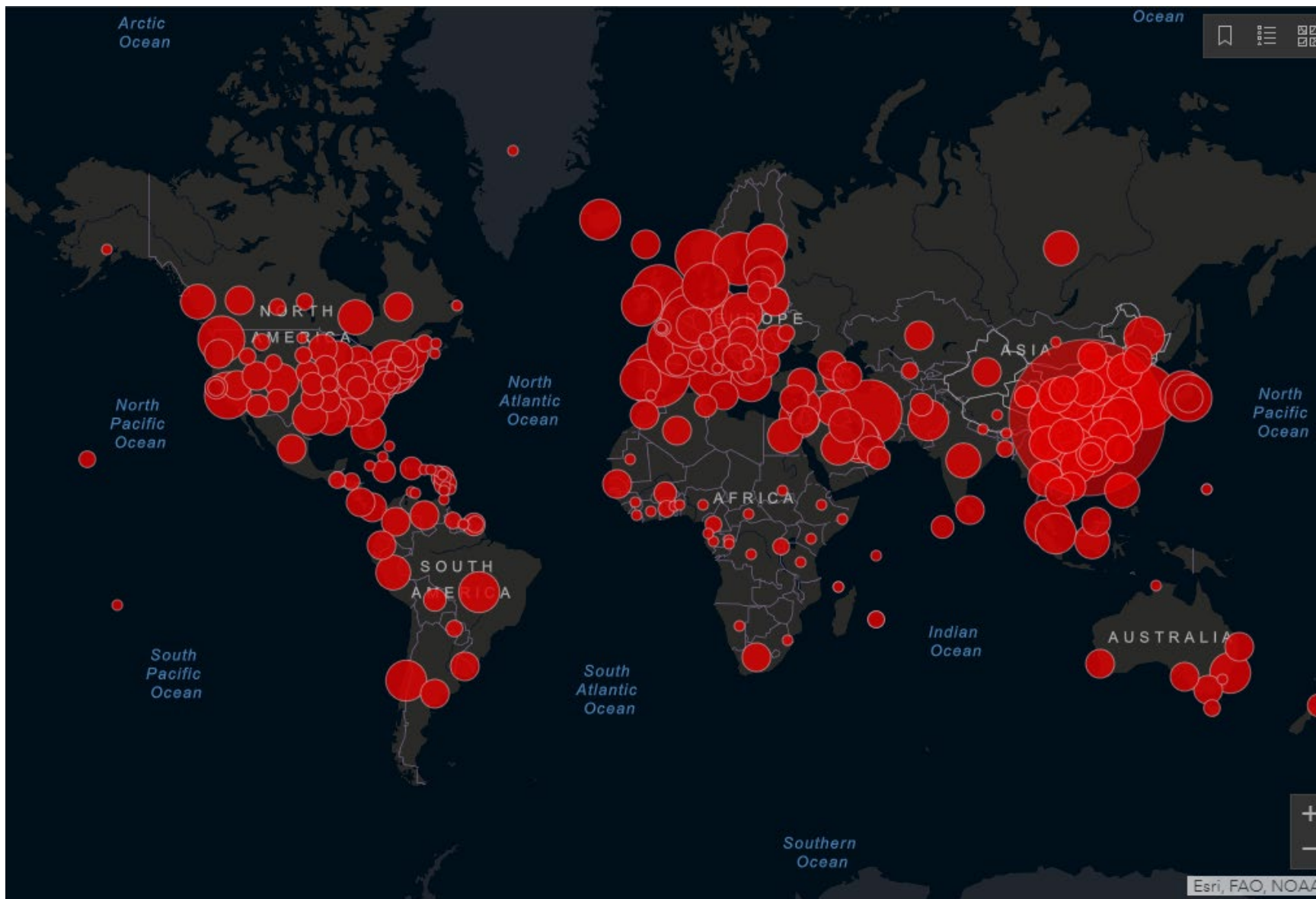
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COVID-19 (Coronavirus Disease)

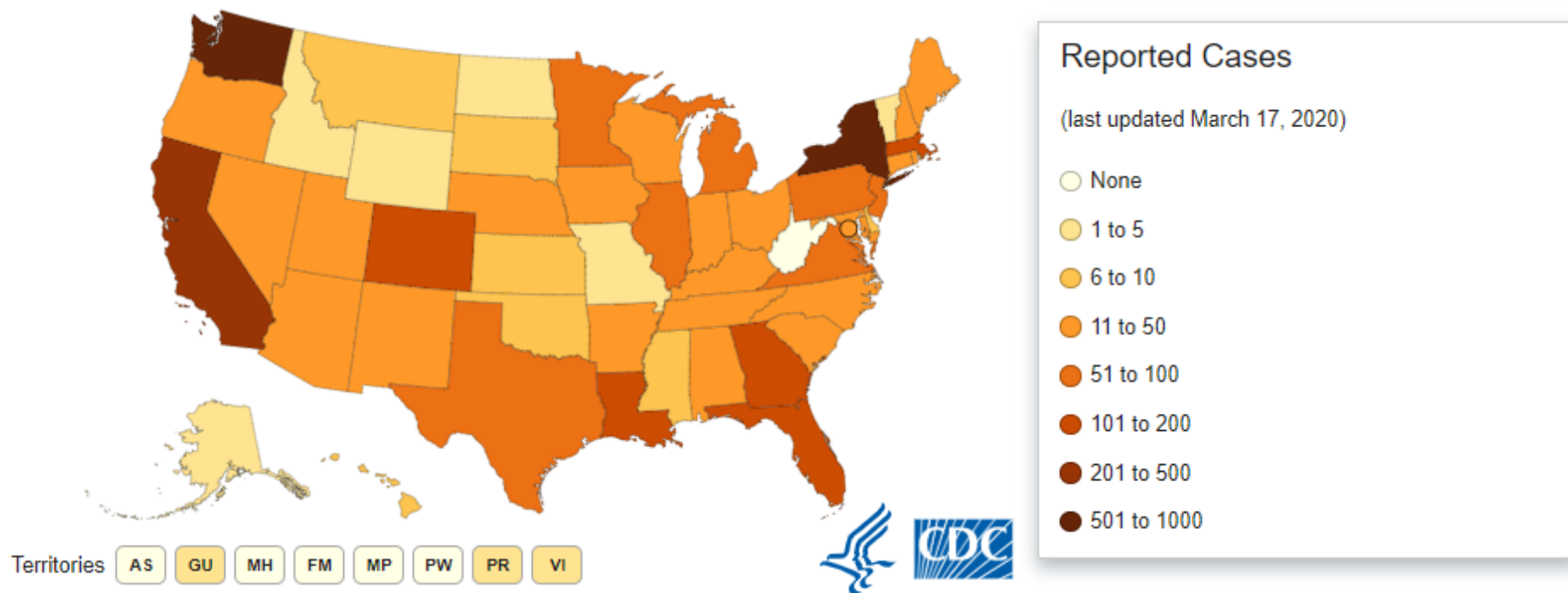
Advisory Bulletin 17 March 2020 (14:00ET)

- Expressing deep concern for the rapid spread and severity, as well as the alarming levels of inaction by countries around the world, the World Health Organization announced that the outbreak of COVID-19 can be characterized as a pandemic.
- In the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled.
- As of 17 March 2020, there are 190,694 total confirmed cases globally with 7519 deaths.
- The United States is reporting a total of 4,482 confirmed and presumptive positive cases distributed across 49 states plus the District of Columbia, Puerto Rico, Guam, and US Virgin Islands; 86 deaths are confirmed.
- US President declares the coronavirus pandemic a national emergency and invokes powers under the Robert T. Stafford Disaster Relief and Emergency Assistance Act to allow substantially more federal aid to state and local governments.
- Canada reports 441 confirmed and presumptive cases in 10 provinces; 4 deaths are confirmed.
- The World Health Organization (WHO) states that for most people in most locations the risk of catching COVID-19 is still low. However, there are now places around the world (cities or areas) where the disease is spreading. For people living in, or visiting, these areas the risk of catching COVID-19 is higher.
- In the United States, the Centers for Disease Control and Prevention (CDC) indicates the potential health threat posed by COVID-19 is high, both globally and in the US however, for the general American public, who are unlikely to be exposed to this virus at this time, the immediate risk of being exposed to the virus that causes COVID-19 is still low, but as the outbreak expands, that risk will increase.
- The Public Health Agency of Canada (PHAC) states there is an increased risk of severe outcomes for Canadians aged 65 and over, or with compromised immune systems or underlying medical conditions.

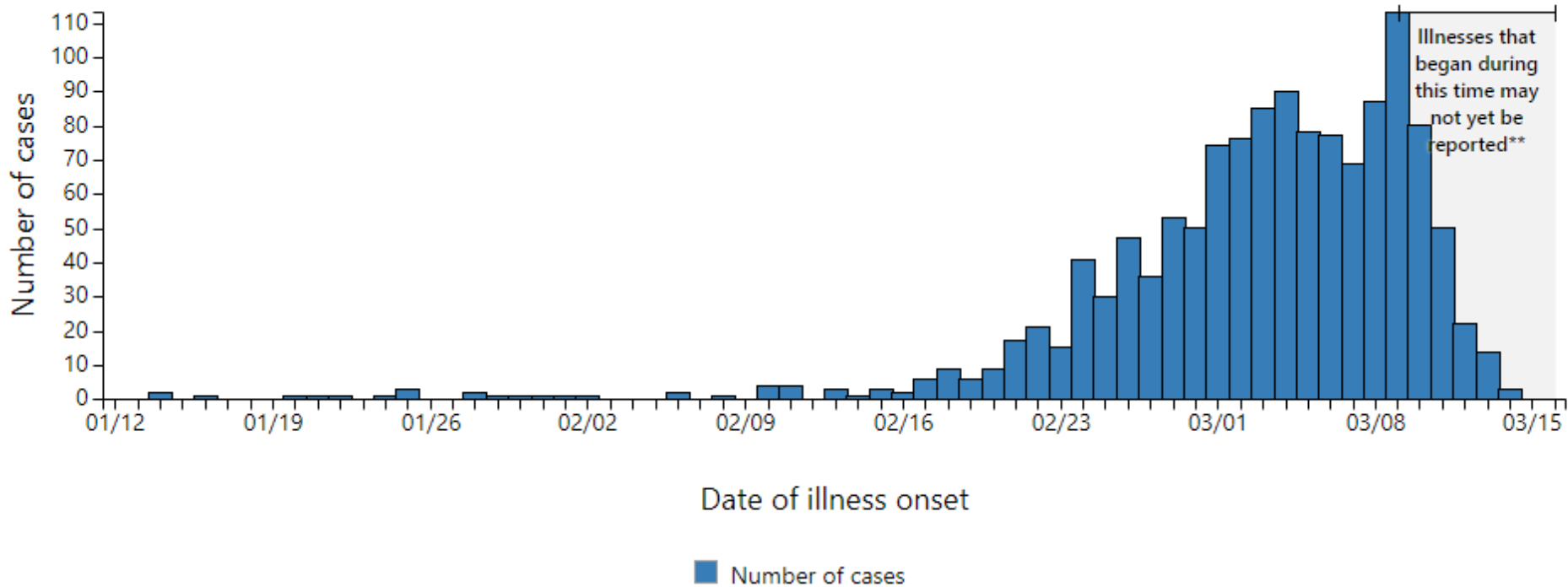
Global cases by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University



States reporting cases of COVID-19 to CDC



COVID-19 cases in the United States by date of illness onset



Summary

An outbreak of respiratory disease caused by a novel (new) coronavirus was first detected in China and has now been detected in more than 114 locations internationally, including in the United States. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “public health emergency of international concern” (PHEIC). On January 31, 2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency (PHE) for the United States to aid the nation’s healthcare community in responding to COVID-19. On March 11, 2020 WHO publicly characterized COVID-19 as a pandemic. This is the first pandemic caused by a coronavirus.

This is the first pandemic known to be caused by the emergence of a new coronavirus. In the past century, there have been four pandemics caused by the emergence of novel influenza viruses. As a result, most research and guidance around pandemics is specific to influenza, but the same premises can be applied to the current COVID-19 pandemic. Pandemics of respiratory disease follow a certain progression outlined in a “Pandemic Intervals Framework.” Pandemics begin with an investigation phase, followed by recognition, initiation, and acceleration phases. The peak of illnesses occurs at the end of the acceleration phase, which is followed by a deceleration phase, during which there is a decrease in illnesses. Different countries can be in different phases of the pandemic at any point in time and different parts of the same country can also be in different phases of a pandemic.

Government health agencies in both Canada and the United States continue to closely monitor the situation and issue daily updates, alerts, and guidance. More information can be found on the US Centers for Disease Control and Prevention (CDC) website at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>) or at the Public Health Agency of Canada website at: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>.

In addition to CDC, many public health laboratories in the US are now testing for the virus that causes COVID-19. The increase in testing has resulted an increase in the number of reported cases. US COVID-19 cases include imported cases in travelers, cases among close contacts of a known case, and community-acquired cases where the source of the infection is unknown.

Canada's Chief Public Health Officer of Canada is in close contact with provincial and territorial Chief Medical Officers of Health to ensure that any cases of COVID-19 occurring in Canada continue to be rapidly identified and managed in order to protect the health of Canadians. Canada's National Microbiology Laboratory has implemented testing to diagnose COVID-19 from clinical specimens. The laboratory is working collaboratively with Canadian provincial public health laboratories to ensure there is additional testing capacity in multiple jurisdictions.

The situation is dynamic as more information about the virus, the illness, and transmission patterns becomes known.

Coronavirus and COVID-19

The complete clinical picture with regard to COVID-19 is not fully known. Reported illnesses have ranged from very mild (including some with no reported symptoms) to severe, including illness resulting in death. While information so far suggests that most COVID-19 illness is mild, a report out of China suggests serious illness occurs in 16% of cases. Older people and people of all ages with severe underlying health conditions — like heart disease, lung disease and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness.

Symptoms may appear 2 – 14 days after exposure and include fever, cough, and shortness of breath.

Seek medical advice if you develop symptoms and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

How COVID-19 Spreads

Much is still unknown about how COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- People are thought to be most contagious when they are most symptomatic (the sickest).
- Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so.

The virus that causes COVID-19 seems to be spreading easily and sustainably in the community (“community spread”) in some affected geographic areas.

Recently released research from the Chinese Centre for Disease Control and Prevention, based on more than 72,000 patient records of COVID-19 reported nationwide through February 11th indicates that among confirmed cases nearly 87% were between the ages of 30 to 79; approximately four out of five cases (80%) were considered mild, and did not lead to pneumonia; another 14% were classified as severe causing symptoms such as pneumonia and shortness of breath. Approximately 5% of patients develop critical disease such as respiratory failure, septic shock, and multi-organ failure. Among the 1,023 deaths represented in the study, the majority were among those aged 60 and older, many of whom had other medical conditions such as hypertension, cardiovascular disease, and diabetes. The study suggests fatality rates from COVID-19 are typically about 2% but that symptoms have been mild for over 80% of cases.

Steps to prevent the spread of COVID-19

If you are sick with COVID-19 or suspect you are infected with the virus that causes COVID-19, follow these steps to help prevent the disease from spreading to people in your home and community:

- **Stay home:** People who are mildly ill with COVID-19 are able to isolate at home during their illness. You should restrict activities outside your home, except for getting medical care.
- **Avoid public areas:** Do not go to work, school, or public areas.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.
- **Stay away from others:** As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.
- **Limit contact with pets & animals:** You should restrict contact with pets and other animals while you are sick with COVID-19, just like you would around other people. Although there have not been reports of pets or other animals becoming sick with COVID-19, it is still recommended that people sick with COVID-19 limit contact with animals until more information is known about the virus.
- When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including petting, snuggling, being kissed or licked, and sharing food. If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a facemask.
- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds or, if soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.
- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer:** If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.
- **Clean and disinfect:** Practice routine cleaning of high touch surfaces.

CDC and PHAC Risk Assessment

Outbreaks of novel virus infections among people are always of public health concern. The risk from these outbreaks depends on characteristics of the virus, including how well it spreads between people, the severity of resulting illness, and the medical or other measures available to control the impact of the virus (for example, vaccine or treatment medications). The fact that this disease has caused illness, including illness resulting in death, and sustained person-to-person spread is concerning.

The potential public health threat posed by COVID-19 is high, both globally and to the United States. But individual risk is dependent on exposure:

- For the general American public, who are unlikely to be exposed to this virus at this time, the immediate risk of being exposed to the virus that causes COVID-19 is thought to be low. There is not widespread circulation in most communities in the United States. People in places where ongoing community spread of the virus that causes COVID-19 has been reported are at elevated risk of exposure, with increase in risk dependent on the location.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected international locations where community spread is occurring also are at elevated risk of exposure, with increase in risk dependent on the location.

More cases of COVID-19 are likely to be identified in the United States in the coming days, including more instances of community spread. It's likely that at some point, widespread transmission of COVID-19 in the United States will occur. Widespread transmission of COVID-19 would translate into large numbers of people needing medical care at the same time. Schools, childcare centers, and workplaces may experience more absenteeism. Mass gatherings may be sparsely attended or postponed. Public health and healthcare systems may become overloaded, with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and sectors of the transportation industry may also be affected. Healthcare providers and hospitals may be overwhelmed. At this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it. [Nonpharmaceutical interventions](#) continue to be the most important response strategy.

Global efforts at this time are focused concurrently on containing spread of this virus and mitigating the impact of this virus. The US Federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat. In Canada, PHAC is working with provinces, territories and international partners, including the World Health Organization, to actively monitor the situation. Canada's Chief Public Health Officer of Canada is in close contact with provincial and territorial Chief Medical Officers of Health to ensure that any cases of COVID-19 occurring in Canada continue to be rapidly identified and managed in order to protect the health of Canadians.

The public health response is multi-layered, with the goal of detecting and minimizing introductions of this virus in the United States and Canada so as to reduce the spread and the impact of this virus. CDC is operationalizing all of its pandemic preparedness and response plans, working on multiple fronts to meet these goals, including specific measures to prepare communities to respond to local transmission of the virus that causes COVID-19. There is an abundance of pandemic guidance developed in anticipation of an influenza pandemic that is being repurposed and adapted for a COVID-19 pandemic.

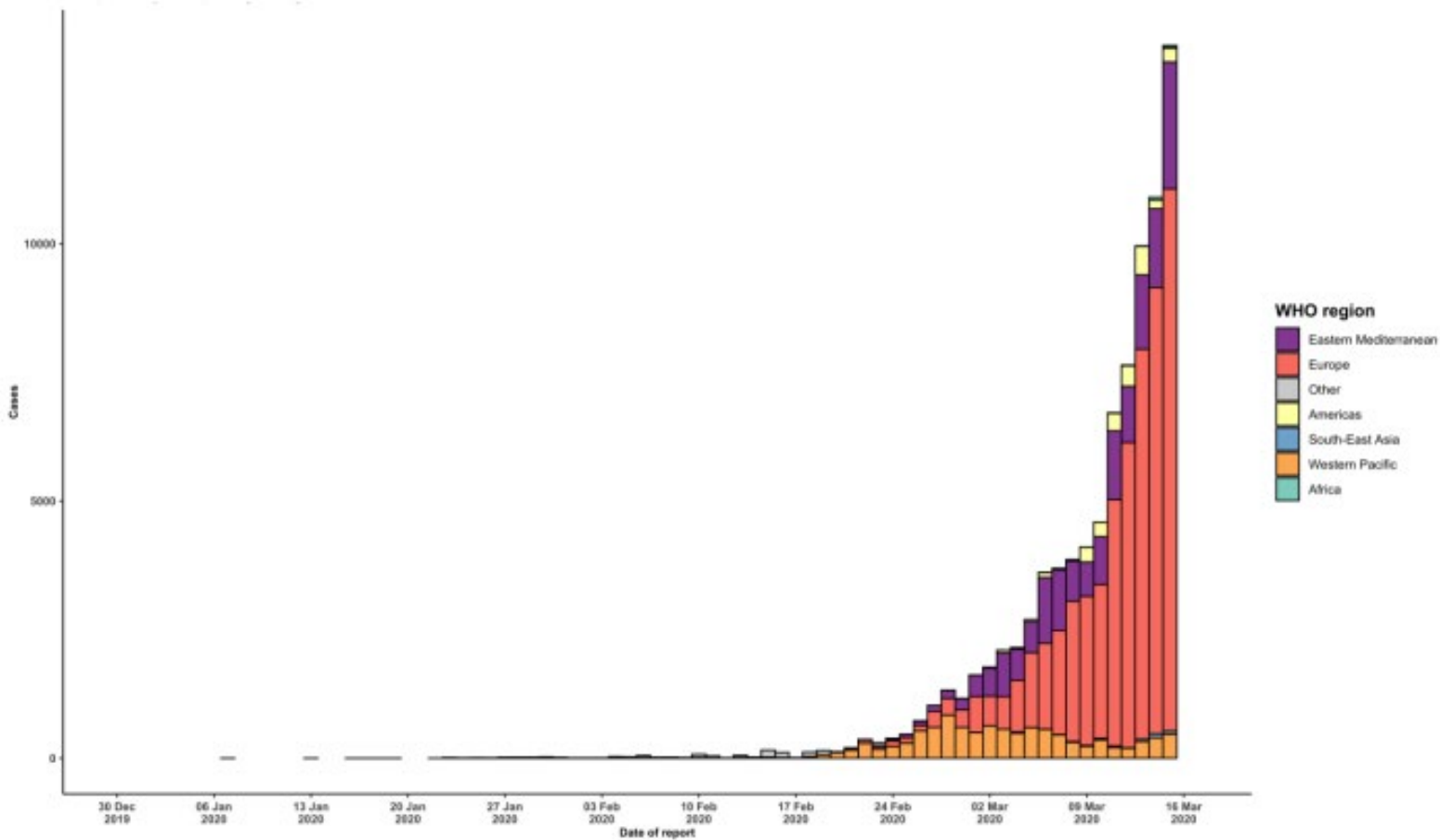
Strategic Objectives

WHO's strategic objectives for this response are to:

- Limit human to human transmission including, reducing secondary infections among close contacts and health care workers, preventing transmission amplification events, and preventing further international spread from China*
- Identify, isolate and care for patients early, including providing optimized care for infected patients
- Identify and reduce transmission from the animal source
- Address crucial unknowns and about clinical severity, extent of transmission and infection, treatment options, and accelerate the development of diagnostics, therapeutics and vaccines
- Communicate critical risk and event information to all communities and counter misinformation
- Minimize social and economic impact through multisectoral partnerships.

*This can be achieved through a combination of public health measures, such as rapid identification, diagnosis and management of the cases, identification and follow up of the contacts, infection prevention and control in healthcare settings, implementation of health measures for travelers, awareness raising in the population, risk communication.

Epidemic curve of confirmed COVID-19 cases reported outside of China todate



OSHA Pandemic Planning Guidance

Introduction

In the event of a pandemic, employers have a key role in protecting the safety and health of their employees as well as in limiting the impact on the economy and society. A business may experience employee absences and interrupted supply and delivery schedules. Good planning will allow employers in both the public and private sectors to better address issues that will arise.

While there is a difference between seasonal flu and a pandemic respiratory virus, symptoms and response can be the same or similar. Seasonal flu is an annual occurrence. Many get sick and unfortunately, deaths do occur. Vaccines are available and many have some immunity. A “new” virus such as COVID-19 may have worldwide implications. Initially there is no immunity and no vaccines which can lead to high levels of illness, death, social disruption and economic loss.

Implications in the workplace and for your business can vary widely depending on the product or service you provide. Many “critical” industries are already mandated to have pandemic plans in place. This list includes: Government Facilities, Dams, Commercial Facilities, Nuclear Power Plants, Critical Infrastructure, Food and Agriculture, Public Health and Healthcare, Banking and Finance, Chemical and Hazardous Materials, Defense Industrial Base, Water, Energy, Emergency Services, Information Technology, Telecommunications, Postal and Shipping, Transportation, and National Monuments and Icons.

How a Pandemic Can Affect the Workplace

While your business may not be considered a “critical industry”, implications for being unprepared may have significant impacts on your business and employees as follows:

- **Absenteeism** - A pandemic could affect a large percent of the workforce. Employees could be absent because they are sick, they must care for family members, they are afraid to come to work, or unbeknown to the employer, the employee may have died.
- **Change in patterns of commerce** – Consumer demand for items related to infection control is likely to increase, while interest in other goods may decline. They may change the ways they shop. They may try to shop at off-peak hours to reduce contact with others, or show increased interest in home delivery services, or drive-through service, to reduce person-to-person contact.
- **Interrupted supply/delivery** - Shipments from geographic areas severely affected may be delayed or cancelled. We live in a global economy so this may greatly affect business.

Employee risks of occupational exposure to a virus during a pandemic may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on whether or not jobs require close proximity to people potentially infected with the virus, or whether they are required to have either repeated or extended contact with known or suspected sources of pandemic virus such as coworkers, the general public, outpatients, school children or other such individuals or groups.

Pandemic planning resources are based on past pandemic scenarios and would apply to COVID-19 pending further information. It is unlikely that any significant changes will be made to this guidance.

Additional guidance information and documents specifically for pandemic planning and response for business as bulleted below can be found on [OSHA's Pandemic Influenza website](#), and on the [CDC website](#).

Specific checklists for business planning including those with overseas operations can be found on the [CDC website](#).

Current travel advisories:

There are currently no official restrictions placed on domestic travel.

The World Health Organization (WHO) continues to advise against the application of travel restrictions to countries experiencing outbreaks of COVID-19

- The position of the WHO is that, in general, evidence shows that restricting the movement of people and goods during public health emergencies is ineffective in most situations and may divert resources from other interventions. Furthermore, restrictions may interrupt needed aid and technical support, may disrupt businesses, and may have negative social and economic effects on the affected countries. Travel bans to affected areas or denial of entry to passengers coming from affected areas are usually not effective in preventing the importation of cases but may have a significant economic and social impact.
- WHO has advised countries to institute public health measures proportionate to the public health risks and consistent with the International Health Regulation [IHR (2005)]. WHO has also underlined the importance of travelers' awareness in preventing the transmission of COVID-19.

The US Centers for Disease Control and Prevention (CDC) has established geographic risk-stratification criteria for the purpose of issuing travel health notices for countries with COVID-19 transmission and guiding public health management decisions for people with potential travel-related exposures to COVID-19. A number of factors inform the geographic risk stratification including size, geographic distribution, and epidemiology of the outbreak. CDC encourages that travelers avoid nonessential travel to the following destinations:

- China
- Iran
- Most European countries
- United Kingdom and Ireland
- South Korea

CDC does not generally issue advisories or restrictions for travel within the United States. However, cases of COVID-19 have been reported in many states, and some areas are experiencing community spread of the disease. Crowded travel settings, like airports, may increase the risk of exposure to COVID-19.

Acting Secretary Chad F. Wolf issued instructions supplementing a decision issued on January 31, 2020 directing all flights from specified countries to be routed through designated U.S. airports where the government is focusing public health resources.

Domestic travel and travel into Canada are not restricted

Along with the Government of Canada, The **Public Health Agency of Canada (PHAC)** has issued a global travel advisory: **Avoid non-essential travel outside Canada** until further notice.

Travel into and out of the United States is being restricted by some Canadian jurisdictions, particularly British Columbia

Maintaining Operations During a Pandemic

As an employer, you have an important role in protecting employee health and safety and limiting the impact of an influenza pandemic. OSHA recommends a systematic approach to planning.

Develop a Disaster Plan That Includes Pandemic Preparedness

Issues to consider and plan for:

- Be aware of and review federal, regional, and local health department pandemic plans, and integrate into your plan.
- Prepare and plan for operations with a reduced workforce.
- Develop a sick leave policy that does not penalize sick employees, thereby encouraging those who are sick to stay home. Recognize that employees with ill family members may need to stay home to care for them.
- Identify possible exposure and health risks to your employees.
- Minimize exposure to fellow employees or the public.
- Identify business-essential positions and people required to sustain business-necessary functions and operations. Prepare to cross-train or develop ways to function in the absence of these positions.
- Plan for downsizing services but also anticipate any scenario which may require a surge in your services.
- Recognize that, in the course of normal daily life, all employees will have non-occupational risk factors at home and in community settings.
- Stockpile items such as soap, tissue, hand sanitizer, cleaning supplies & recommended PPE.
- Provide employees and customers with easy access to infection control supplies.
- Develop policies and practices that distance employees from each other, customers and the general public.
- Identify a team to serve as a communication source so that employees and customers can have accurate information during the crisis.
- Work with employees & their union(s) to address leave, pay, transportation, childcare, absence & other human resource issues.
- Provide training, education and informational material about business-essential job functions and employee health and safety.
- Work with your insurance companies, and state and local health agencies to provide information to employees and customers about medical care in the event of a pandemic.
- Assist employees in managing additional stressors related to the pandemic.

Protecting Your Employees

For most employers, protecting their employees will depend on stressing proper hygiene (disinfecting hands and surfaces) and practicing social distancing. Social distancing means reducing the frequency, proximity, and duration of contact between people (both employees and customers) to reduce the chances of spreading the virus and illness from person-to-person.

OSHA, and the safety profession at large, recognizes and encourages the framework called the "hierarchy of controls" to select ways of dealing with workplace hazards. An expanded discussion of these 4 levels of control can be found on the OSHA website referenced above however, in brief, there are 4 levels of control:

- Work Practice Controls
- Engineering Controls
- Administrative Controls, and lastly,
- Personal Protective Equipment.

CDC Preventive Guidance

How We Can Protect Ourselves?

There is currently no vaccine to prevent COVID-19 infection. The best way to prevent infection is to avoid being exposed to this virus. However, as a reminder, CDC always recommends everyday preventive actions to help prevent the spread of respiratory viruses, including:

- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces

These are everyday habits that can help prevent the spread of several viruses. They are the same guidelines that can help prevent the spread of seasonal flu and the common cold.

If You Think You Have Been Exposed

If you are not in an area where COVID-19 is spreading, or if you have not travelled from one of those areas or have not been in close contact with someone who has and is feeling unwell, your chances of getting it are currently low.

Persons infected with the virus should receive supportive care to help relieve symptoms. There is no specific antiviral treatment recommended for COVID-19 infection.

Those who think they may have been exposed to COVID-19 should contact their healthcare provider immediately.

Summary

Diligence, Prevention, & Mitigation are Key

Following recognized practices to avoid exposures common to any respiratory virus will help to keep this threat in check.

Proper planning can help protect your employees, customers, and your business.

HUB International continues to monitor developments in order to provide assistance and guidance to clients as potential responses are considered to this evolving situation.

Visit our [Coronavirus Resource Center](#) for additional tips, guides and resources.

Please reach out to your local HUB service team if you have any questions.

.For Additional Information:

Centers for Disease Control and Prevention

[CDC Travelers' Health: Novel Coronavirus in China](#)

[CDC Health Alert Network Advisory Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus \(2019-nCoV\) in Wuhan, China](#)

[CDC Health Alert Network Advisory information for state and local health departments and health care providers](#)

[CDC Information on Coronaviruses](#)

[Nonpharmaceutical interventions](#)

[Symptoms associated with COVID-19](#)

[Guidance to help in the risk assessment and management](#)

[CDC guidance on how to reduce the risk of spreading your illness to others](#)

World Health Organization

[World Health Organization, Coronavirus](#)

Public Health Canada

[Current situation](#)

[How Canada is monitoring the 2019 Novel Coronavirus infection](#)

[Risk to Canadians](#)