COVID-19 (Coronavirus Disease) Advisory Bulletin

Risk Services Division

2 March 2020

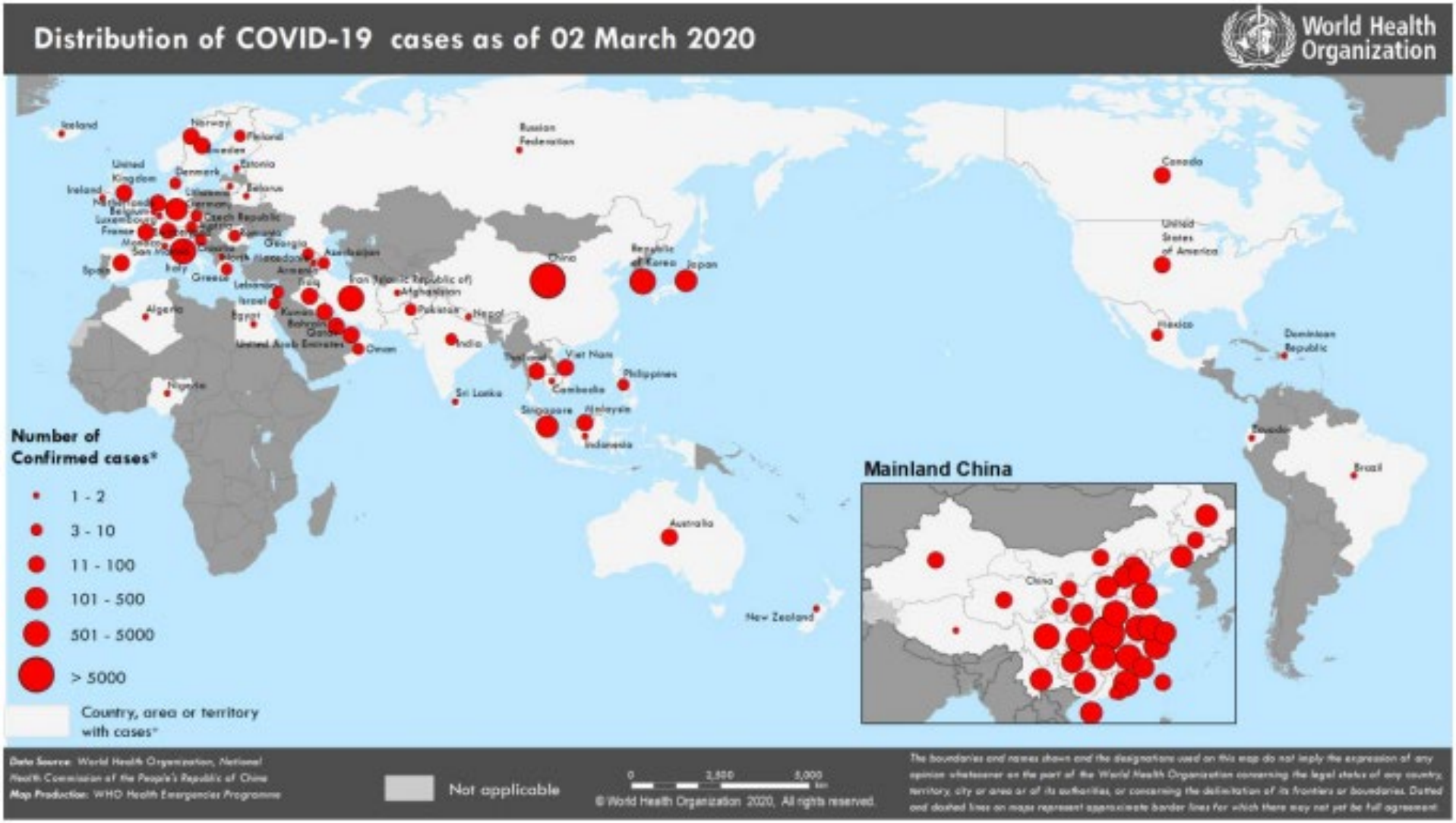
Legal Notice

COVID-19

Advisory Bulletin 2 March 2020

- On December 31, 2019, the World Health Organization was alerted to several cases of pneumonia in Wuhan City, Hubei Province, China. The virus did not match any other known virus. On January 7, 2020, China confirmed they had identified a new coronavirus subsequently named 'COVID-19' by the World Health Organization (WHO).
- Currently 88,948 confirmed cases globally; 80,174 (90.1%) of cases are in China.
- China reports 2915 related deaths.
- Cases of COVID-19 are reported in 64 countries with a total of 8774 cases and 128 deaths confirmed; eleven new countries (Azerbaijan, Ecuador, Ireland, Monaco, Qatar, Armenia, Czechia, Dominican Republic, Luxembourg, Iceland, and Indonesia) have reported cases in the past 48 hours.
- The number of confirmed cases in Hubei province, China has increased for two successive days after a period of decline.
- Containment remains the top priority for all countries.
- Imported cases of COVID-19 in travelers have been detected in The US and Canada. Person-to-person spread of COVID-19 has been detected among close contacts of returned travelers from affected regions (China, Iran) entering the US and Canada; during the week of February 23, CDC reported community spread of the virus that causes COVID-19 in California (in two places), Oregon, and Washington. Community spread in Washington resulted in the first death in the United States from COVID-19, as well as the first reported case of COVID-19 in a health care worker, and the first potential outbreak in a long-term care facility.
- The United States is reporting a total of 43 cases distributed across 10 states [16 confirmed and 27 presumptive] with 6 confirmed deaths; 17 cases are travel related and person-to-person spread accounts for 26 cases; an additional 3 individuals have been repatriated from Wuhan, China and 45 individuals have been repatriated from the *Diamond Princess* cruise ship.
- Canada reports 27 confirmed cases: 18 in Ontario, 8 in British Columbia, and 1 in Quebec.
- *The World Health Organization (WHO) states that* for those who have not travelled into an area where COVID-19 is spreading or been in close contact with someone who has and is feeling unwell, *chances of contracting the disease are low*.
- *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 health risk from COVID-19 is considered low*.
- *The Public Health Agency of Canada (PHAC) has assessed the public health risk associated with COVID-19 as low for Canada*.

Countries, territories, or areas with reported confirmed cases of COVID-19, 02 March 2020



Summary

A Novel (new) Coronavirus (COVID-19) was first identified in Wuhan, China in late December 2019 and subsequently spread to other nations including the USA and Canada. The situation presents a public health emergency with the potential for pandemic with significant implications to communities and workplaces in the USA and Canada.

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.

Background

Introduction

On 31 December 2019, WHO was alerted to several cases of pneumonia in Wuhan City, Hubei Province, China. The cases were quickly identified as a virus and raised concerns because it did not match any other known virus.

One week later, on 7 January, Chinese authorities confirmed they had identified a new coronavirus subsequently named COVID-19 by the WHO. Coronavirus is a family of viruses that include the common cold, as well as SARS and MERS.

WHO has been working with Chinese authorities and global experts since first being informed, to learn more about the virus, how it affects the people who are sick with it, how they can be treated, and what countries can do to respond.

To date, 88,948 cases are confirmed globally with 80,174 (90.1%) of cases reported in China. China has reported 2915 related deaths.

Cases of COVID-19 are reported in 64 countries with a total of 8774 cases and 128 deaths confirmed; eleven new countries (Azerbaijan, Ecuador, Ireland, Monaco, Qatar, Armenia, Czechia, Dominican Republic, Luxembourg, Iceland, and Indonesia) have reported cases in the past 48 hours.

The United States is reporting a total of 43 cases distributed across 10 states [16 confirmed and 27 presumptive] with 6 confirmed deaths; 17 cases are travel related and person-to-person spread accounts for 26 cases; an additional 3 individuals have been repatriated from Wuhan, China and 45 individuals have been repatriated from the *Diamond Princess* cruise ship.

Canada reports 27 confirmed cases: 18 in Ontario, 8 in British Columbia, and 1 in Quebec.

Imported cases of COVID-19 in travelers have been detected in The US and Canada. Person-to-person spread of COVID-19 has been detected among close contacts of returned travelers from affected regions (China, Iran) entering the US and Canada; dduring the week of February 23, CDC reported community spread of the virus that causes COVID-19 in California (in two places), Oregon, and Washington. Community spread in Washington resulted in the first death in the United States from COVID-19, as well as the first reported case of COVID-19 in a health care worker, and the first potential outbreak in a long-term care facility.

Travel restrictions of one form or another are still in place both within China and to/from other countries to stem the spread of the virus internationally. Enhanced medical screening of travelers coming into the US and Canada from overseas is in place at major airports.

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

Coronavirus and COVID-19

According to the Centers for Disease Control, coronaviruses are common in many different species of animals. The viruses can evolve and infect humans, and then spread between humans. Recent examples include SARS-CoV and MERS-CoV, and now COVID-19.

Many patients in the Wuhan, China outbreak were reportedly linked to a large seafood and animal market, suggesting animal-to-person spread. Through occasional mutations, the virus can be transmitted from person-to-person which is when it becomes more of a public health concern, as is the case now emerging with COVID-19.

Symptoms include fever, cough, and shortness of breath and may appear in as few as two days or as long as 14 days after exposure.

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.

Most often, spread from person-to-person happens among close contacts (about 6 feet). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouth or nose of people who are nearby or possibly be inhaled into the lungs. It is currently unclear whether 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 as the viability of the virus outside a living host is still under investigation.

Typically, with most respiratory viruses, people are thought to be most contagious when they are most symptomatic (the sickest). With COVID-19, however, there have been reports of spread from an infected patient with no symptoms to a close contact.

It is important to note how easily a virus spreads person-to-person can vary. Some viruses are highly contagious (like measles), while other viruses are less so. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19. A number of agencies around the world are investigating.

Recently released research form 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.

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. These factors meet two of the criteria of a pandemic. As community spread is detected in more and more countries, the world moves closer toward meeting the third criteria, worldwide spread of the new virus.

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 health risk from COVID-19 is considered low.
- Under current circumstances, certain people will have an increased risk of infection, for example healthcare workers caring for patients with COVID-19 and other close contacts of persons with COVID-19.

More cases are likely to be identified in the coming days, including more cases in the United States. It is also likely that person-to-person spread will continue to occur, including in the United States and Canada. Widespread transmission of COVID-19 in the United States and Canada would translate into large numbers of people needing medical care at the same time. Schools, childcare centers, workplaces, and other places for mass gatherings may experience more absenteeism. 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 the transportation industry may also be affected. Health care 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 will 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.

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 occurance. 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.

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,
- Personl 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 is also monitoring developments in order to offer assistance and guidance to our clients as they weigh their potential responses to this developing 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 or if we can be of any assistance.

For More 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