Briefing on COVID-19

Minnesota Department of Health

PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS
Spread of Coronavirus:

- Overall >116,000 cases globally; >4,000 deaths, 86 countries plus China (March 10)

- COVID-19 Confirmed Cases in US:
  756 US; 26 deaths (22 WA, 2 CA, 2 FL)
Hotline Summary for Monday, March 9th:
Public Hotline Calls = 389
Provider Hotline Calls = 221

Lab testing
By the end of Tuesday:
Over 250 persons tested
How infectious is COVID compared to other diseases?

- We use "basic reproduction number," known as R0, to measure how a disease spreads in a population.
- This number tells us how many people each infected person will in turn infect.
- R0 is a measure of how infectious a disease is:
  - If R0 is less than 1, disease typically dies out.
  - R0 larger than 1 means each sick person infects at least one other person on average, who then can infect others, until disease spreads through a population.
- The R0 for COVID-19 is between 2-3

How lethal is COVID-19 compared to other diseases?

- Estimated case fatality for COVID-19 is 2.3% *
- Seasonal flu 0.1%
- SARS 10%
- MERS 30%
- Ebola 50%
COVID-19 Characteristics - China CDC Summary

- Spectrum of illness:
  - 81% of cases Mild (non-pneumonia and mild pneumonia)
  - 14% of cases Severe (difficulty breathing, rapid respirations, lower oxygenation saturation levels, and rapidly developing lung infiltrates)
  - 5% of patients admitted to ICU
  - Overall 2.3% mortality rate*
  - Higher mortality in elderly and those with underlying health conditions
Purpose of Pandemic Intervention
Phases of Pandemic Mitigation

- Containment
- Community Mitigation
- Pandemic Management
- Demobilization

Number of Cases
Phases of Pandemic Mitigation

- **Containment** (handful of cases)
  - When a first case is identified in MN, we will focus on isolation, contact identification, and quarantine.

- **Community mitigation** (multiple cases from different areas/exposures)
  - Consider temporary school closings, postpone large community events, promote virtual/video faith services, etc.

- **Pandemic management** (widespread transmission – hundreds to thousands of cases from across the state)
  - Provide oversight and management of scarce resources, continue to encourage self-isolation
Current US Response

- Dual approach: Containment AND Community Mitigation
  - Slow transmission
  - Minimize mortality
  - Minimize impact on health care system and infrastructure
▪ MDH working on containment and expanding to mitigation
  ▪ Working with clinicians to identify/evaluate patients who may have COVID-19 based on clinical and epidemiological data
  ▪ Public Health Laboratory testing now online
  ▪ Working closely with Minnesota Hospital Association, clinicians, Long Term Care, Local Public Health, K-12 and Higher Ed
  ▪ Community mitigation planning has started and will provide recommendations about public gatherings
▪ Legal review
  ▪ Quarantine and isolation protocols
  ▪ Public Health Emergency Response Fund
  ▪ Public Health Emergency Authority
▪ Local public health Joint Information Center (JIC) activated

▪ State Agency JIC activated in partnership with Department of Public Safety (DPS)

▪ MDH, MMB and HSEM unified coordination of state agencies activation

▪ Department of Administration has implemented enhanced cleaning protocols
Health Care Facilities, including Skilled Nursing Facilities
- Outreach to key stakeholders
- Weekly calls
- Guidance distributed
Minnesota Responds

- Ongoing stakeholder connections/outreach
  - Long-term care (Leading Age, Care Providers)
  - Schools (MDE, superintendents, nurses)
  - Hospitals and health care sector
  - Community groups
  - Other state and local government agencies
  - Elected officials
Protective Recommendations for Public

- Standard guidance for avoiding respiratory infections also applies for COVID-19:
  - Stay home when sick with cold/flu-like symptoms
  - Cover your cough
  - Wash your hands well
  - Avoid touching your face – especially eyes, nose and mouth
Protective Recommendations for Public

- Keeping informed
  - CDC website (www.cdc.gov)
  - Minnesota Department of Health website (www.health.state.mn.us)
Continuity Planning Considerations for Infectious Diseases

Cathy Hockert, MPH, CBCP, MnCEM
Enterprise Continuity Director
• Continuity of Operations (COOP):
  • Agency, department, office Business Operations
    • Priority Services

• Continuity of Government (COG)
  • Elected Officials
    • Constitutional Requirements
Continuity Considerations

• Identifying Priority Services
• Identify staff in Priority Services
  • Number
  • License/Certifications
  • Telework
• Lines of Succession/Delegation of Authority
• Interdependencies
• HR/Employee considerations
• Continuity Actions
Considerations for Internal Control for COOP Activities

• Continuity Components
  • Emergency Purchasing
  • Physical and System Security when operating remotely
  • Line of Succession/Delegation of Authority—granting and removing access
HR/LR Considerations COVID-19

Teresa Pivec, SPHR, SHRM-SCP
Enterprise Director, Human Resource Management
Review HR/LR policies and procedures

- Telework
- Leaves

Communication plan

- HR/LR, leaders, managers, supervisors, employees, unions
- Conference calls, workgroups, FAQ’s

Resources

- CDC, MDH, BeReadyMN, Ready.gov, OSHA and EEOC
Thank you!

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What you can expect from LMC

• Sharing resources online (i.e. model policies, guidance on city operations, HR issues)

• Communicating updates from state and federal partners, including MDH, CDC & National League of Cities

• Events are going forward as planned
  • Social distancing protocols

• Monitoring state & federal legislation closely
### QUESTIONS?

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<th>League of MN Cities</th>
<th>Association of MN Counties</th>
<th>MN School Boards</th>
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A recording of this presentation, materials referenced, and a FAQ based on questions received during this webinar will be posted at:

[www.lmc.org/coronaviruswebinar20](http://www.lmc.org/coronaviruswebinar20)