



PSA

Date: April 1, 2020
To: All Media
From: Stephanie Krell, PIO Unified Command Team
Subject: **Answers to common questions about the public health response to COVID-19**

As of publication of this post, there are seven confirmed cases of COVID-19 in Wasco County and zero confirmed cases in Sherman and Gilliam counties. In Oregon, there have been 690 positive cases and 18 deaths.

Does North Central Public Health District (NCPHD) get notified when people are diagnosed with COVID-19?

Yes. The Oregon Health Authority (OHA) mandates that healthcare providers and laboratories must report positive test results for COVID-19 within 24 hours, and negative results within one working day, to the health department in the patient's county of residence.

What steps does NCPHD take upon receiving a new positive COVID-19 report?

We begin investigating immediately. First we talk to the patient's healthcare provider to learn the patient's symptoms, onset of illness date and contact information.

Then, we reach out to the patient to make sure they are isolating themselves to avoid exposing others. We provide recommendations on when they can discontinue their isolation and how to avoid spreading the virus to those living in the same household.

Finally, the health department does contact tracing, which means identifying well people the patient may have had close contact with from the time they first developed symptoms to when they went into isolation. Then we work to get in touch with each of these close contacts individually to let them know of their exposure, and to provide recommendations on quarantine and/or monitoring.

How does the public health district determine who has had close contact with a person with COVID-19?

Someone qualifies as a “close contact” if they have been within 6 feet of a symptomatic case for a prolonged period of time, which is defined by the OHA as at least 60 minutes.

These guidelines are based on what we currently know about SARS-CoV-2, the new coronavirus that causes COVID-19, and on what we can infer from other coronaviruses that have been around longer.

Why isn't the public health district or the state releasing more information about individual cases of COVID-19?

You may remember public health departments releasing information about measles cases in winter of 2018-2019 that included public locations where people with measles had visited during their infectious period. We aren't doing that for COVID-19 cases because of what we know about the transmission of each virus.

Measles is an airborne virus that can remain suspended in the air for as long as 2 hours after someone with measles has coughed or sneezed in that space. Conversely, based on what we know, the new coronavirus appears to be spread mostly through heavy respiratory droplets that are expelled when someone coughs or sneezes, and then rapidly descend down to the ground or other surfaces. This is why SARS-CoV-2 requires prolonged close contact in order for transmission to occur. That is also why we don't release public locations where positive COVID-19 cases have been, because it is unlikely someone will contract COVID-19 from brief, casual contact such as in passing at the grocery store. Releasing that information would only cause confusion and lead to people seeking currently limited resources like medical care and/or testing when they have not had a significant exposure.

There have been reports of people getting the virus by touching a contaminated surface and then touching their mouth, nose or eyes, but this route of transmission is easily mitigated if people routinely wash their hands and avoid touching their face. One study showed that SARS-CoV-2 could remain suspended in the air similarly to measles, but this experiment was performed under ideal laboratory conditions where they were

intentionally trying to aerosolize the virus. This phenomenon has not been documented in the field.

By law, health departments can only release the minimum amount of information necessary about a case to protect the public's health. Other countries may take a more liberal approach, but they don't have our strict health information privacy laws.

Revealing too much information about a case may lead to their identity being exposed, causing them to be ostracized by the community, or worse. Additionally, if patients feel we won't keep their identity confidential, they are less likely to cooperate with disease investigations, leaving public health departments with less actionable information on people who may have been significantly exposed.

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