

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Fri, 24 Jan 2020 15:26:24 +0000  
**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP); Beach, Michael J. (CDC/DDID/NCEZID/DFWED); Bunga, Sudhir (CDC state.gov); Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP); Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID); Damon, Inger K. (CDC/DDID/NCEZID/DHCPP); CDC IMS Incident Manager -2; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD); GDD-OUTBREAK (CDC); Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED); Greene, Carolyn M. (CDC/DDID/NCIRD/ID); Helfand, Rita (CDC/DDID/NCEZID/OD); Henao, Olga (CDC/DDPHSIS/CGH/DGHP); Hyde, Terri (CDC/DDPHSIS/CGH/GID); Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP); Klena, John D. (CDC/DDID/NCEZID/DHCPP); Knight, Nancy (CDC/DDPHSIS/CGH/DGHP); Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP); Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT); Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP); OConnor, John (CDC/DDID/NCEZID/OD); Park, Benjamin (CDC/DDID/NCEZID/DHQP); Patel, Anita (CDC/DDID/NCIRD/OD); Pesik, Nicki (CDC/DDID/NCEZID/OD); Prue, Christine (CDC/DDID/NCEZID/OD); Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD); Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ); Rotz, Lisa (CDC/DDID/NCEZID/DGMQ); Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO); Simonds, R. J. (CDC/DDPHSIS/CGH/OD); Smith, Rachel M. (CDC/DDID/NCEZID/DHQP); Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID); Spath (CDC); Williams, Seymour (CDC/DDPHSIS/CGH/DGHP); Moolenaar, Ronald L. (CDC/DDPHSIS/CGH/DGHP); Lessa, Fernanda (CDC/DDID/NCEZID/DHQP)  
**Subject:** RE: nCov 2019 Updates Jan 23 \_ 2nd Case in US

Ongoing CDC Press Conference:

2nd confirmed case identified in Chicago

Female in 60's

Traveled to Wuhan late December 2019

Returned to Chicago on 13 January 2020 – no symptoms during travel

Symptoms a few days after return

Contacted her doctor, isolated and hospitalized, currently doing well

No travel on public transportation, no public gatherings, mostly at home limited close contacts

Contact tracing under way – Close contacts are asymptomatic

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 10:01 AM

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Aimee L. (CDC/DDID/NCEZID/DFWED) <ihq5@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Helfand, Rita (CDC/DDID/NCEZID/OD) <rz7@cdc.gov>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <rik9@cdc.gov>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <irc4@cdc.gov>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <fma2@cdc.gov>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <izj9@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <jjn6@cdc.gov>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <lbn9@cdc.gov>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <stn1@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <bip5@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <ndp9@cdc.gov>; Prue, Christine (CDC/DDID/NCEZID/OD) <cep9@cdc.gov>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <pgr4@cdc.gov>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <snr2@cdc.gov>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <ler8@cdc.gov>; Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <dmz0@cdc.gov>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <rxs5@cdc.gov>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <yxo2@cdc.gov>; Spath (CDC) <Spath@cdc.gov>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <sjw9@cdc.gov>

**Subject:** RE: nCov 2019 Updates Jan 23 \_ IHR US Case & Today's Press conference

Hi:

Attached is the IHR Els on the US case of nCoV. **It is USG Only.** CDC website info is <https://www.cdc.gov/media/releases/2020/p0121-novel-coronavirus-travel-case.html>

Also, there is a teleconference at 10 am (below).

Philip

### **CDC Telebriefing: Update on 2019 Novel Coronavirus (2019-nCoV)**

The Centers for Disease Control and Prevention (CDC) will provide an update on the 2019 Novel Coronavirus response.

**Friday, January 24, 2020 at 10:00 a.m. ET**

#### **Dial-In:**

Media:

Non-Media:

INTERNATIONAL:

PASSCODE:

Transcripts will be posted as soon as they are available

**[2019-nCoV Digital Press Kit](#)**



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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 8:33 AM

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**Subject:** RE: nCov 2019 Updates Jan 23 \_ 2nd Case in Korea

Hi:

ECDC Weekly update. Attached and link below.

<https://www.ecdc.europa.eu/sites/default/files/documents/communicable-disease-threats-report-25-jan-2020-PUBLIC.pdf>

PMR

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 8:11 AM

**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <[mjb3@cdc.gov](mailto:mjb3@cdc.gov)>; Bunga, Sudhir (CDC state.gov) <[BungaS@state.gov](mailto:BungaS@state.gov)>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <[kvc6@cdc.gov](mailto:kvc6@cdc.gov)>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <[bid5@cdc.gov](mailto:bid5@cdc.gov)>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>; CDC IMS Incident Manager -2 <[eocim2@cdc.gov](mailto:eocim2@cdc.gov)>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <[lff4@cdc.gov](mailto:lff4@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Geissler,



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**Subject:** RE: nCov 2019 Updates Jan 23 \_ 2nd Case in Korea

HI:

Second confirmed case in Korea.

PMR

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 8:07 AM

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**Subject:** RE: nCov 2019 Updates GDDOC\_5th Case in Thailand (1 strongly suspected case, awaiting confirmation)

Hi:

The MOPH held a press conference this afternoon to announce the 5<sup>th</sup> case. We thought (b)(5)

(b)(5)

[https://www.bangkokpost.com/thailand/general/1842939/fifth-coronavirus-case-in-thailand#cxrecs\\_s](https://www.bangkokpost.com/thailand/general/1842939/fifth-coronavirus-case-in-thailand#cxrecs_s)

Here is the updated SITREP for Friday, January 24. Key items are:

- Patient #5 was confirmed via sequencing. She is the wife of Patient #4 with a risk factor of travel from Wuhan, China
- MOPH sent a team to Nakhon Pathom Province to investigate (and take specimens) from a contact of Patient #3 who has developed fever and respiratory symptoms but no travel to Wuhan. Still awaiting information from that investigation
- EOC IM suggested to Country Director that the DG of Dept of Disease Control will respond positively to the CD's request for viral sharing. No formal response received thus far
- Embassy BKK requesting site visit to learn about airport screening. DGMQ/Thailand will accompany the team

Regards,  
Philip

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**Sent:** Friday, January 24, 2020 8:01 AM

**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <mjb3@cdc.gov>; Bunga, Sudhir (CDC state.gov) <BungaS@state.gov>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <kvc6@cdc.gov>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <bid5@cdc.gov>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>; CDC IMS Incident Manager -2 <eocim2@cdc.gov>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <lff4@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <ihq5@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Helfand, Rita (CDC/DDID/NCEZID/OD) <rzh7@cdc.gov>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <rik9@cdc.gov>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <irc4@cdc.gov>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <fma2@cdc.gov>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <izj9@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <jjn6@cdc.gov>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <lbn9@cdc.gov>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP)



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**Subject:** RE: nCov 2019 Updates GDDOC\_WHO Update 23 Jan CONFIDENTIAL

WHO Update - CONFIDENTIAL

Sad new today on the sudden passing of Peter Salama, an Executive Director at WHO and a huge figure in the Emergencies programme. This is a huge blow for staff.

As of 7.00 AM Jan 24:

(b)(5)

(b)(5)

- Press conference planned at Palais today

Message from Mike Ryan to staff: This is person to person transmission, likely secondary to close contact, contact and droplet exposure. Transmission can be interrupted, and WHO will continue down that path until the data says otherwise.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 7:50 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight,

Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_WHO Sitrep

2<sup>nd</sup> SitRep from WHO.

PMR

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:36 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy EAC Updates

One more

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:35 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie)



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**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Bangkok nCoV update

EAC Reports.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:34 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Bangkok nCoV update

Hi:

Update on nCoV in Thailand.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:31 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP)



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**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Consulate Wuhan Ordered Departure

FYI

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:29 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_Embassy Beijing Wuhan closure

FYI

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 23, 2020 9:14 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_Official notice of transportation closure

Hi:

Official posting of transportation shut down.

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 23, 2020 9:07 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[bog3@cdc.gov](mailto:bog3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_Beijing cancels New Years Events

<https://www.reuters.com/article/china-health-newyear/beijing-cancels-new-year-events-to-curb-virus-spread-beijing-news-idUSB9N29F025>

## Beijing cancels New Year events to curb virus spread -Beijing News

1 MIN READ

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BEIJING, Jan 23 (Reuters) - China's capital city Beijing cancelled major public events including two well-known Lunar New Year temple fairs, the state-run Beijing News said on Thursday, as authorities try to curb the spread of a deadly coronavirus outbreak.

Separately, the country's railway operator, China State Railway Group, said passengers would be able to receive full refunds on tickets nationwide starting on Friday. (Reporting by Tony Munroe; editing by John Stonestreet)

*Our Standards:* [The Thomson Reuters Trust Principles.](#)



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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)




**Sent:** Wednesday, January 22, 2020 3:37 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_Wuhan Effectively Quarantined News Report



Wuhan temporarily shuts down local transportation to curb virus

chinadaily.com.cn | Updated: 2020-01-23 02:42    

People are seen wearing masks at Beijing Railway Station on Jan 21, 2020. [Photo by Zou Hong/chinadaily.com.cn]

The local government of Wuhan, the center of the coronavirus, announced that all public transportation in the city — local buses, long-distanced buses, subway and ferry — will be temporarily closed starting at 10am on Thursday.

All flights and trains scheduled to depart from Wuhan also will be temporarily canceled to reduce the risk of spreading the new virus, the government said.

Residents in Wuhan were suggested not to leave the city if there is no particular reason, according to the announcement.

<http://www.chinadaily.com.cn/a/202001/23/WS5e28978ea310128217272dae.html>

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 3:03 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP)

<[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_WHO News Conference NOW.

<https://www.youtube.com/watch?v=46fb8RX-Pnc>

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 2:57 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[bog3@cdc.gov](mailto:bog3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Beijing Cable 22 Jan

Hi:

Attached and below is a cable from US Embassy Beijing. It mostly covers AmCit health concerns in Beijing & Wuhan.

Cheers,  
Philip

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**From:** Gonsahn, Stephanie (CDC/DDPHSIS/CGH/OD)

**Sent:** Wednesday, January 22, 2020 1:08:49 PM (UTC-05:00) Eastern Time (US & Canada)

**To:** Simonds, R. J. (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Bresee, Joseph (CDC/DDID/NCIRD/ID); Gogstad, Eric (CDC/DDID/NCIRD/ID); GDD-OUTBREAK (CDC); Olsen, Sonja (CDC/DDID/NCIRD/ID)

**Cc:** GDD-OUTBREAK (CDC); CDC IMS 2019 NCOV DGMQ Staffing

**Subject:** FW: Beijing and Wuhan Core EAC Re Novel (2019-nCoV) Coronavirus -January 22, 2020



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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 10:34 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

**CONFIDENTIAL UPDATES**

Thanks,  
Philip

Update 22 January 2020

WHO staff are very busy prepping for the EC today. By their own admission, numbers reported this morning are already out of date.

(b)(5)



- WPRO team on visit to Wuhan were told of two HCW clusters in Wuhan, one involving 10 HCWs in a neurosurgery ward, a separate cluster of 5 HCWs in the same hospital. More details will be presented at the EC.

This is a summary of this morning's meeting; 21 January

(b)(5)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 10:26 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight,

Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

Sorry a few new people added to distribution.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 10:17 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

HI:

Confidential Communication – note link to public sources

Regards,

Philip

(b)(5)



(b)(5)

(b)(5)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Sent:** Wednesday, January 22, 2020 9:30 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** Re: nCov 2019 Updates GDDOC\_2 more cases in Thailand -US Embassy Thailand

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From: Gonsahn, Stephanie (CDC/DDPHSIS/CGH/OD)  
Sent: Wednesday, January 22, 2020 9:21:15 AM (UTC-05:00) Eastern Time (US & Canada)



<[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ WHO SitRep

Hi:

WHO SitRep on NCov.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Tuesday, January 21, 2020 9:57 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ IHR Korea

Hi:

IHR has posted notice on case in Korea. **USG Only.**

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Tuesday, January 21, 2020 9:56 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef

(CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; [teresa.quitugua@HQ.DHS.GOV](mailto:teresa.quitugua@HQ.DHS.GOV)

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ China National Health\_Healthcare worker\_ First case Korea - 22 Jan

Hi All:

Interview in which China confirms person to person transmission and healthcare worker infections. First case in Korea.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 20, 2020 9:13 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ IHR Meeting on 2019 Novel Coronavirus - 22 Jan

Good Evening:

IHR has posted a notice regarding the upcoming meeting on Novel Coronavirus.



Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 17, 2020 11:35 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashaf (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[bog3@cdc.gov](mailto:bog3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ FOUR NEW CASES in Wuhan - 17 Jan

Just posted on Wuhan Health Commission website -

On January 16, 2020, experts from the provinces and municipalities newly identified 4 cases of pneumonia with a new type of coronavirus infection based on the clinical manifestations, epidemiological history of the patients, and the results detected by the diagnostic kit issued by the country. All 4 patients were male. They developed symptoms from January 5 to 8, 2020, and were admitted to the hospital from January 8 to 13 for treatment. After treatment, the symptoms improved and the condition is stable. They have been transferred to Wuhan Jinyintan Hospital for centralized treatment. Epidemiological investigations of the four new cases are underway, and close contacts are also being tracked.

Second, the main measures for the prevention and control of the recent epidemic

Further do a good job in the management of pre-inspection and triage of medical institutions at all levels and early diagnosis, and early detection, isolation and early treatment. The sanitary killing of the South China Seafood Wholesale Market, other agricultural fairs in the city and the living environment of related hospitals, patients and close contacts will continue. Carry out a patriotic health campaign with the theme of "renovating the environment, cleaning homes, and welcoming the festival" to promote a healthy lifestyle.

3. Related situation of close contacts of confirmed cases abroad

Seventeen close contacts of the first confirmed patient in Thailand were tracked, all of which were included in medical observations. One of them had symptoms of low fever and mild cough, and has been transferred to designated hospitals for treatment. Personnel information, tracking of close family contacts is underway; 4 cases of close family contacts have been traced to patients with confirmed cases notified in Japan, all of which have been included in medical observation.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Friday, January 17, 2020 9:59 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_ ECDC Report - 17 Jan

Attached is the ECDC nCoV section from its weekly report. It provides a nice summary as well as links to public sources.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Friday, January 17, 2020 8:14 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** nCov 2019 Updates GDDOC\_ Additional death in China\_2nd case in Thailand - 17 Jan

Good morning:



- 1 additional death in Wuhan: The patient, a 69-year-old male, developed symptoms on December 31 last year. His condition deteriorated on January 4 this year and he passed away on January
- 2nd case in Thailand, which is unrelated to the first: The Thailand Department of Disease Control has screened travelers at the airport, on January 13, 2020 1 additional confirmed case of coronary pneumonia from 2019 which is a Chinese female aged 74 years.
- WHO also published additional information on the case in Japan, regarding course of illness, exposure and test results.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 16, 2020 6:21 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC 16 Jan

Chinese Media report of airport screening in Wuhan.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 16, 2020 5:11 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ)

<[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC 16 Jan

WHO DONs from this afternoon.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 16, 2020 11:27 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCov 2019 Updates GDDOC 16 Jan

Hi:

Developments to note are:

(b)(6)



(b)(6)

Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 15, 2020 11:49 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updated Communications 15 Jan

Hi:

Here is the most recent DONs posting, Wuhan Health Commission Updates, and CDC Taiwan Update.

Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 15, 2020 11:39 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>;

Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
Cc: GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP)  
<[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCov 2019 Updated Communications 15 Jan

Hi:

Confidential sources have shared the below. The communication is confidential, but you will note that many public sources are cited.

Regards,  
Philip

(b)(5)



(b)(5)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 13, 2020 10:39 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashaf (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** US Embassy Cable, Beijing & Bangkok

Hi:

New information in regards to the case in Thailand (in both cables) is “Currently, officials report there is no epidemiologic link to the Huanan Seafood Market implicated in the Wuhan outbreak, although the patient did reportedly visit another market in Wuhan days before traveling.”

Confirmation of the lack of exit screening in Wuhan(Beijing cable):

“12. (SBU) Wuhan’s airport and its three passenger train stations continued to have no illness exit screening (e.g., fever checks) beyond the normal security screening measures (x-ray, metal detector, and manual pat down for all departing passengers). In a January 10 meeting (ref A), Wuhan’s Public Security Bureau (PSB) told CG Wuhan RSO that while they had the capability to do so, there was still no need for health screening, indicating they were not concerned about the pneumonia outbreak. As of close of business in Beijing on January 13, the Huanan market remained closed.”

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Monday, January 13, 2020 10:07 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** Wuhan Health Committee Updates 11-13Jan2020

Updates from Wuhan Health Committee 11-13 Jan 2020. 12<sup>th</sup> and 13<sup>th</sup> sitreps simply report no new cases.

11<sup>th</sup> sitrep discusses nCOV and new case count of 41.

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Monday, January 13, 2020 8:05 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP)



<[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCOV 2019 case in Thailand, comments by WHO

Morning:

Case Thailand in a Chinese woman, apparently detected through entry screening. Case has recovered and is ready to return to China. Comments from WHO.

Philip

WHO statement on novel coronavirus in Thailand

13 January 2020

News release

- <https://www.who.int/news-room/detail/13-01-2020-who-statement-on-novel-coronavirus-in-thailand>

The World Health Organization (WHO) is working with officials in Thailand and China following reports of confirmation of the novel coronavirus in a person in Thailand.

The person was a traveler from Wuhan, China, and was identified by Thai officials on 8 January, and hospitalized that day. The person is recovering from the illness according to Thai officials.

The possibility of cases being identified in other countries was not unexpected, and reinforces why WHO calls for on-going active monitoring and preparedness in other countries. WHO has issued [guidance](#) on how to detect and treat persons ill with the new virus.

The genetic sequencing shared by China enables more countries to rapidly diagnose patients.

[WHO reiterates](#) that it is essential that investigations continue in China to identify the source of this outbreak and any animal reservoirs or intermediate hosts.

Given developments, WHO Director-General Dr Tedros Adhanom Ghebreyesus will consult with Emergency Committee members and could call for a meeting of the committee on short notice.

Bangkok Post <https://www.bangkokpost.com/thailand/general/1834789/coronavirus-infected-chinese-tourist-being-treated-in-thailand>

Coronavirus-infected Chinese tourist being treated in Thailand

PUBLISHED : 13 JAN 2020 AT 16:02

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Public Health Minister Anutin Charnvirakul, second right, shows visitors from Wuhan receiving health screening at Suvarnabhumi airport in Samut Prakan province on Jan 5. He said on Monday that a Chinese woman found infected with a new strain of coronavirus was in quarantine and being treated in Nonthaburi province. Public Health Minister Anutin Charnvirakul, second right, shows visitors from Wuhan receiving health screening at Suvarnabhumi airport in Samut Prakan province on Jan 5. He said on Monday that a Chinese woman found infected with a new strain of coronavirus was in quarantine and being treated in Nonthaburi province. A Chinese tourist was found to be infected with the new strain of coronavirus when she arrived in Thailand, is being treated in hospital and is expected to be discharged in a few days, Public Health Minister Anutin Charnvirakul said on Monday.

Mr Anutin said the 61-year-old woman was recovering at Bamrasnaradura Infectious Diseases Institute in Nonthaburi province.

She now had no fever or any respiratory symptoms. If doctors gave her a clearance she would be allowed to go home in a few days, said Mr Anutin.

Sixteen other people who were close to the woman on the same flight were examined, and the results were negative, he said.

Mr Anutin said 59 people in China have been confirmed infected with the new strain of the coronavirus, which has been linked to a sudden outbreak of pneumonia in central China. One of them died. All had attended big markets selling animals and seafood in Wuhan city. They were either workers or buyers.

There had not been any human-to-human transmission of the virus.

Ads by Teads

Four kept in quarantine after landing

China reports first death from mystery pneumonia outbreak

China believes new virus behind mystery pneumonia outbreak



The ill Chinese woman was the first person detected with the virus outside China. Her discovery and successful treatment was indicative of the efficiency and effectiveness of health services in Thailand, Mr Anutin said.

Health officials have been checking passengers from Wuhan arriving at Suvarnabhumi, Don Mueang, Phuket and Chiang Mai airports since Jan 3. They had found 12 ill passengers who justified being quarantined. Eight had so far been treated and discharged from hospital.

The Chinese woman was being treated in an isolation ward. Her infection with the new coronavirus was confirmed on Sunday, Mr Anutin said.

The Public Health Ministry had not found anyone else infected with it, he said.

One of Wuhan's largest meat and seafood markets was pinpointed as the centre of the mysterious pneumonia outbreak and was shut down on Jan. 1. The man who died had been a customer at that market.

Chinese scientists identified the new virus strain last week.

Coronaviruses are not necessarily life-threatening but have been the underlying cause of public health crises, including severe acute respiratory syndrome, or SARS, which killed hundreds of people after an outbreak in southern China in 2002 and 2003.

The Wuhan viral outbreak seems to be less virulent and less transmittable, according to the World Health Organisation.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Sunday, January 12, 2020 8:28 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M.(CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: China - Updates from GDDOC\_PMRicks

Hope everyone had a good weekend.

Philip

WHO DONs (b)(5)

## Novel Coronavirus – China

Disease outbreak news : Update  
12 January 2020

On 11 and 12 January 2020, WHO received further detailed information from the National Health Commission about the outbreak.

WHO is reassured of the quality of the ongoing investigations and the response measures implemented in Wuhan, and the commitment to share information regularly.

(b)(5)



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(b)(5)

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 10, 2020 1:38 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M.(CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[bog3@cdc.gov](mailto:bog3@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** China - Updates from GDDOC\_PMRicks

Hi:

Article in Science urging china to release sequencing data.



<https://www.sciencemag.org/news/2020/01/scientists-urge-china-quickly-share-data-virus-linked-pneumonia-outbreak>

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 9, 2020 10:40 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M.(CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Hello:

We have received an update to yesterday's confidential communication from international colleagues regarding pneumonia of unknown etiology in Wuhan, China (see updated information below), which primarily concerns the identification of a novel coronavirus. Although the communication was confidential, much of the information comes from public sources (links embedded).

Regards,  
Philip

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(b)(5)

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**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:46 PM  
**To:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Thank you, Philip.

cg

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:44 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>  
**Cc:** Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Hi Carolyn:



The information about exit screening came from European colleagues, but they did cite a specific source. I did a quick internet search and could not find anything online regarding exit screening at Wuhan Tianhe Airport. I did find some other info regarding volume and that Wuhan allows a 144 hour visa-free transit for 53 eligible countries, *which allows them access to the entire city during the 144 hour period.*

Regards,  
Philip

Wikipedia: The airport served 20,772,000 passengers in 2016, making it the [14th busiest](#) airport by passenger traffic in China. The name Tianhe (天河) can be literally translated as "Sky River"; it is also one of the names for the [Milky Way](#) in ancient Chinese.<sup>[3]</sup>

#### **144-hour Visa-free Transit in Wuhan, started January 1, 2019**

The 144-hour visa-free transit has come into force officially in Wuhan, Central China. Following the Liaoning 144-hour visa-free transit that took effect in 2018, the 144-hour transit without visa (TWOV) in Wuhan enables air passengers from 53 eligible countries to take a free transit in the city for 6 days without applying for Chinese visa before departure.

#### **Who Can Enjoy the Wuhan 144-hour TWOV? - List of 53 Qualifying Countries**

- ▶ 24 Schengen Agreement Countries: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland
- ▶ 15 Other European Countries: Russia, the United Kingdom, Ireland, Cyprus, Bulgaria, Romania, Ukraine, Serbia, Croatia, Bosnia-Herzegovina, Montenegro, Macedonia (FYROM), Albania, Belarus, Monaco
- ▶ 6 American Countries: the United States, Canada, Brazil, Mexico, Argentina, Chile
- ▶ 2 Oceania Countries: Australia, New Zealand
- ▶ 6 Asian Countries: Korea, Japan, Singapore, Brunei, United Arab Emirates, Qatar

#### **Areas Allowed to Stay**

The whole city of Wuhan is the allowable area to stay for foreign tourists entitled for this 144-hour TWOV. That is to say, the flight passengers who intend to transit in Wuhan for 6 days without visa are only able to sight-see Wuhan after leaving the airport.

#### **What Is the Eligible Transit Port?**

Wuhan's free transit can only be issued in its airport - [Wuhan Tianhe International Airport](#). Those travelers who enter Wuhan by trains or cruises cannot avail of the 144 hours TWOV after their arrival.

Regards,  
Philip

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**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>

**Sent:** Wednesday, January 8, 2020 12:13 PM

**To:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>

**Cc:** Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>

**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Thank you, Philip. We knew this would be messy given flu and other respiratory virus season.

One question—where is source for the exit screening out of Wuhan starting on Jan 8<sup>th</sup>? That is new to me.

Carolyn

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>

**Sent:** Wednesday, January 8, 2020 12:01 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M. (CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** Communication on Pneumonia of unknown etiology - Wuhan, China

Hello:

(b)(5)



(b)(5)

(b)(5)

**From:** Vitek, Charles (CDC/DDPHSIS/CGH/DGHT)  
**Sent:** Mon, 16 Mar 2020 12:28:38 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Fw: Confidential WHO Situation Report, Monday, 16 March 2020

(b)(5)

**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID) <jwm5@cdc.gov>  
**Sent:** Monday, March 16, 2020 7:31 AM  
**To:** Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <nkf3@cdc.gov>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <cxv3@cdc.gov>; Biggerstaff, Matthew (CDC/DDID/NCIRD/ID) <zmo2@cdc.gov>  
**Cc:** Williams, Ian (CDC/DDID/NCEZID/DFWED) <iaw3@cdc.gov>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; MOEN, Ann <moena@who.int>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Fry, Alicia (CDC/DDID/NCIRD/ID) <agf1@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>  
**Subject:** RE: Confidential WHO Situation Report, Monday, 16 March 2020

Joe,  
Thanks.  
This is very useful.  
Please do update me after the call on Wednesday.  
Jeff

Jeffrey McFarland, MD  
Measles Elimination Team Lead  
ADCSB/GID/CGH  
Centers for Disease Control and Prevention  
MS H24 - 3  
1600 Clifton Road, NE  
Atlanta, Georgia 30333



Cell: (b)(6)  
E-mail: [jwm5@cdc.gov](mailto:jwm5@cdc.gov)

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**From:** Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>  
**Sent:** Monday, March 16, 2020 12:20 PM  
**To:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID) <jwm5@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <nkf3@cdc.gov>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <cxv3@cdc.gov>; Biggerstaff, Matthew (CDC/DDID/NCIRD/ID) <zmo2@cdc.gov>  
**Cc:** Williams, Ian (CDC/DDID/NCEZID/DFWED) <iaw3@cdc.gov>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; MOEN, Ann <moena@who.int>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Fry, Alicia (CDC/DDID/NCIRD/ID) <agf1@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>  
**Subject:** RE: Confidential WHO Situation Report, Monday, 16 March 2020

Jeff,  
Here are some bullets about what the modeling team is doing. Also, there will be a meeting Wednesday with a collection of modelers from around the world (virtual meeting) hosted by USG to review models on effectiveness of interventions. Can feed you all some updates on that as well when we know them.

Joe

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID) <[jwm5@cdc.gov](mailto:jwm5@cdc.gov)>

**Sent:** Monday, March 16, 2020 7:06 AM

**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <[cxv3@cdc.gov](mailto:cxv3@cdc.gov)>; Biggerstaff, Matthew (CDC/DDID/NCIRD/ID) <[zmo2@cdc.gov](mailto:zmo2@cdc.gov)>

**Cc:** Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <[wbs8@cdc.gov](mailto:wbs8@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Monday, 16 March 2020

Barb,

Thanks for picking up that mistake and correcting it.

Thanks for putting me in touch with the modelling people.

Matt,

Hello!

I am at WHO/HQ on TDY as the CDC-WHO Liaison Officer for COVID-19.

Any information or insights you can give me on what CDC and others are doing on modelling the outbreak and using those numbers to figure out what is needed to prepare and reply would be very helpful.

Thanks,

Jeff

Jeffrey McFarland, MD  
Measles Elimination Team Lead  
ADCSB/GID/CGH  
Centers for Disease Control and Prevention  
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1600 Clifton Road, NE  
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**From:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>

**Sent:** Monday, March 16, 2020 11:59 AM

**To:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID) <[jwm5@cdc.gov](mailto:jwm5@cdc.gov)>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <[cxv3@cdc.gov](mailto:cxv3@cdc.gov)>; Biggerstaff, Matthew (CDC/DDID/NCIRD/ID) <[zmo2@cdc.gov](mailto:zmo2@cdc.gov)>

**Cc:** Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <[wbs8@cdc.gov](mailto:wbs8@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Monday, 16 March 2020

Hi Jeff—

Noting that I think [REDACTED] (b)(5)

But mostly looping Matt Biggerstaff in case he/his team have inputs [REDACTED] (b)(5)

Best,  
Barb

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID) <[jwm5@cdc.gov](mailto:jwm5@cdc.gov)>

**Sent:** Monday, March 16, 2020 6:20 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <[cxv3@cdc.gov](mailto:cxv3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <[wbs8@cdc.gov](mailto:wbs8@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Monday, 16 March 2020

**Monday 16 March 2020**

Confidential WHO Situation Report, Monday, 16MAR2020



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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Sunday, March 15, 2020 11:21 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <[c xv3@cdc.gov](mailto:c xv3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B.

(CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <[wbs8@cdc.gov](mailto:wbs8@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Sunday, 15 March 2020

**Sunday 15 March 2020**

Confidential WHO Situation Report, Sunday, 15MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Saturday, March 14, 2020 11:17 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <[cxv3@cdc.gov](mailto:cxv3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Saturday, 14 March 2020

**Saturday 14 March 2020**

Confidential WHO Situation Report, Saturday, 14MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Friday, March 13, 2020 11:31 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <[cxv3@cdc.gov](mailto:cxv3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Friday, 13 March 2020

**Friday 13 March 2020**

Confidential WHO Situation Report, Friday, 13MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Thursday, March 12, 2020 11:02 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <[cxv3@cdc.gov](mailto:cxv3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; 'MOEN, Ann' <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Thursday, 12 March 2020

**Thursday 12 March 2020**

Confidential WHO Situation Report, Thursday, 12MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Wednesday, March 11, 2020 11:05 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <[c xv3@cdc.gov](mailto:c xv3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann

<[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Wednesday, 11 March 2020

**Wednesday 11 March 2020**

Confidential WHO Situation Report, Wednesday, 11MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Tuesday, March 10, 2020 11:15 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <[c xv3@cdc.gov](mailto:c xv3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Tuesday, 10 March 2020

**Tuesday, 10 March 2020**

Confidential WHO Situation Report, Tuesday, 10MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Monday, March 9, 2020 11:04 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Monday, 09 March 2020

**Monday, 09 March 2020**

Confidential WHO Situation Report, Monday, 09MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Sunday, March 8, 2020 11:06 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B.

(CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Sunday, 08 March 2020

**Sunday, 08 March 2020**

Confidential WHO Situation Report, Sunday, 08MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Saturday, March 7, 2020 11:46 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Saturday, 07 March 2020

**Saturday, 07 March 2020**

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Friday, March 6, 2020 12:12 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Wednesday, 04 March 2020

**Friday, 06 March 2020**

Confidential WHO Situation Report, Friday, 05MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Thursday, March 5, 2020 11:58 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Wednesday, 04 March 2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Wednesday, March 4, 2020 12:11 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Wednesday, 04 March 2020

**Wednesday, 04 March 2020**

Confidential WHO Situation Report Wednesday, 04MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Tuesday, March 3, 2020 12:07 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtn4@cdc.gov](mailto:rtn4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Sunday, 01 March 2020

**Tuesday, 03 March 2020**

Confidential WHO Situation Report Monday, 02MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Monday, March 2, 2020 11:57 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann

<[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Sunday, 01 March 2020

Confidential WHO Situation Report Monday, 02MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Sunday, March 1, 2020 11:51 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Sunday, 01 March 2020

Confidential WHO Situation Report, Sunday, 01 March 2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Saturday, February 29, 2020 11:56 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** Confidential WHO Situation Report, Saturday, 29FEB2020

Confidential WHO Situation Report Saturday, 29FEB2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Friday, February 28, 2020 12:04 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Azziz-Baumgartner, Eduardo

(CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** Confidential WHO Situation Report 28FEB2020

Confidential WHO Situation Report 28FEB2020

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**From:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Sent:** Sat, 7 Mar 2020 12:03:22 +0000  
**To:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)  
**Subject:** (b)(5)

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**From:** Helfand, Rita (CDC/DDID/NCEZID/OD)  
**Sent:** Fri, 28 Feb 2020 13:47:31 +0000  
**To:** Khabbaz, Rima (CDC/DDID/NCEZID/OD)  
**Subject:** FW: GOARN / ADVANCE COPY: WHO-China Joint Mission on COVID-19 / now available

## China mission report

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**From:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>  
**Sent:** Friday, February 28, 2020 6:54 AM  
**To:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Dawood, Fatimah S. (CDC/DDID/NCIRD/ID) <hgi0@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; McCarron, Margaret (Meg) (CDC/DDID/NCIRD/ID) <dme8@cdc.gov>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <nkf3@cdc.gov>; Moolenaar, Ronald L. (CDC/DDPHSIS/CGH/DGHP) <rlm8@cdc.gov>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <bip5@cdc.gov>; Cetron, Marty (CDC/DDID/NCEZID/DGMQ) <mzc4@cdc.gov>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <ndp9@cdc.gov>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <snr2@cdc.gov>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <ler8@cdc.gov>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <rxs5@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Helfand, Rita (CDC/DDID/NCEZID/OD) <rz7@cdc.gov>  
**Cc:** Zhou, Weigong (CDC/DDID/NCIRD/ID) <waz6@cdc.gov>; Lane, Cliff (NIH/NIAID) [E] <CLANE@niaid.nih.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>; CDC IMS 2019 NCOV Response International Task Force <eoevent223@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>  
**Subject:** FW: GOARN / ADVANCE COPY: WHO-China Joint Mission on COVID-19 / now available  
**Importance:** High

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**From:** DRURY, Patrick Anthony <druryp@who.int>  
**Sent:** Friday, February 28, 2020 5:37 AM  
**To:** SURI, Sameera <suris@who.int>  
**Cc:** 'Dale Fisher' <dale\_andrew\_fisher@nuhs.edu.sg>; Gail Carson <gail.carson@ndm.ox.ac.uk>; MOSES, Lina <mosesl@who.int>; nina.gobat@phc.ox.ac.uk; AZZIZ-BAUMGARTNER, Eduardo <azzizbaumgartner@who.int>; WHOLiaison.GVA@ifrc.org; Tanja Schuemer-Cross <schuemer@un.org>; Jerome Pfaffmann <jpfaffmann@unicef.org>; BEJTULLAHU, Armand <bejtullahua@who.int>; CHRISTENSEN, Renee <rchristensen@who.int>; HAN, Mansuk Daniel <mhan@who.int>; HUO, Xiang <xhuo@who.int>; TAPPERO, Jordan Williams <tapperoj@who.int>; AZE, Jean-christophe <azej@who.int>; KIFF, Jeremy <kiffj@who.int>; SALMON, Sharon <salmons@who.int>; DEL RIO VILAS, Victor <delriov@who.int>; STOROZHENKO, Oleg Nikolayevich <storozhenkoo@who.int>; BALDE, Thierno <baldet@who.int>; ABUBAKAR, Abdinasir <abubakara@who.int>; BRENNAN, Richard John <brennanr@who.int>; Aldighieri, Dr. Sylvain (WDC) <aldighsy@paho.org>; Vicari, Dr. Andrea (WDC) <vicarian@paho.org>; 'Jansen, Andreas' <JansenA@rki.de>; Chikwe Ihekweazu <chikwe.ihekweazu@ncdc.gov.ng> <chikwe.ihekweazu@ncdc.gov.ng>; Arthur, Ray

(CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Subject:** GOARN / ADVANCE COPY: WHO-China Joint Mission on COVID-19 / now available

**Importance:** High

<https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

Sam / can we please forward this to all partners, either via email or the knowledge platform.

Pat

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**From:** AYLWARD, Raymond Bruce J.

**Sent:** 28 February 2020 10:47

**To:** SINGH, Poonam Khetrupal <[singhpoonam@who.int](mailto:singhpoonam@who.int)>; etienne <[etienne@paho.org](mailto:etienne@paho.org)>; AL MANDHARI, Ahmed <[almandharia@who.int](mailto:almandharia@who.int)>; KLUGE, Hans Henri P. <[klugeh@who.int](mailto:klugeh@who.int)>; MOETI, Matshidiso Rebecca <[moetim@who.int](mailto:moetim@who.int)>

**Cc:** GHEBREYESUS, Tedros Adhanom <[drtedros@who.int](mailto:drtedros@who.int)>; KASAI, Takeshi <[kasait@who.int](mailto:kasait@who.int)>; HQ DG/ADG <[hqdgadg@who.int](mailto:hqdgadg@who.int)>; Dr VAN KERKHOVE, Maria <[vankerkhovem@who.int](mailto:vankerkhovem@who.int)>; XING, Jun <[xingj@who.int](mailto:xingj@who.int)>; DRURY, Patrick Anthony <[druryp@who.int](mailto:druryp@who.int)>; MINHAS, Raman <[minhasr@who.int](mailto:minhasr@who.int)>; HERNANDEZ, Lindsey Caroline <[hernandezl@who.int](mailto:hernandezl@who.int)>; MURIUKI, Hilda Wairimu <[muriukih@who.int](mailto:muriukih@who.int)>

**Subject:** ADVANCE COPY: WHO-China Joint Mission on COVID-19

**Importance:** High

Dear RDs,

Further to the HSC discussion of yesterday afternoon, and as agreed with Dr Tedros, please find attached an advance copy of the final Report of the WHO-China Joint Mission on COVID-19.

This English version of the report will be released officially by Dr Tedros within the coming hour or so. Honourable Minister Ma will release the fully aligned Chinese version in parallel today.

**We would be grateful if you might hold the report for your own review in advance of its public release by midday today (at latest), Geneva time.**

I would like to take this opportunity to again recognize and thank Dr Takeshi for the incredible support that we received from him and his teams in WPR. The support of RD, WR Gauden, the RO and WCO teams, DGO and the GOARN Secretariat, before, during and after this Mission was exemplary. The ultimate success of this Mission is reflective of that support.

I would also like emphasize that this report is the consensus view of the very strong, world-class group of 25 national and international experts whose names and affiliations can be found in Annex A.

Finally, my deepest appreciation to Dr Tedros and Dr Takeshi for the opportunity to have led this Mission.

With best regards,

Bruce



**From:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)  
**Sent:** Sat, 7 Mar 2020 13:12:38 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** RE: Confidential WHO Situation Report, Saturday, 07 March 2020  
**Attachments:** Alyward debrief of GOARN mission to China .docx, GOARN report.pdf

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**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Saturday, March 7, 2020 7:03 AM  
**To:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>  
**Subject:** Re: Confidential WHO Situation Report, Saturday, 07 March 2020

Sorry for not being specific—I meant the trip summary from group led by Alyward.

Happy Saturday!

Stephen C. Redd, MD  
RADM, USPHS

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**From:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>  
**Sent:** Saturday, March 7, 2020 6:42:25 AM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** Fwd: Confidential WHO Situation Report, Saturday, 07 March 2020

Is this what you meant re: WHO report?  
Dan

Daniel B. Jernigan, MD MPH  
Novel Coronavirus Response,  
Director, Influenza Division, NCIRD, CDC

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID) <jwm5@cdc.gov>  
**Sent:** Saturday, March 7, 2020, 5:46 AM  
**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID); Arthur, Ray (CDC/DDPHSIS/CGH/DGHP)  
**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM); Williams, Ian (CDC/DDID/NCEZID/DFWED); Armstrong, Gregory (CDC/DDID/NCEZID/OD); Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM); MOEN, Ann; Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Fry, Alicia (CDC/DDID/NCIRD/ID); Greene, Carolyn M. (CDC/DDID/NCIRD/ID); Bresee, Joseph (CDC/DDID/NCIRD/ID); GDD-OUTBREAK (CDC); Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)  
**Subject:** RE: Confidential WHO Situation Report, Saturday, 07 March 2020

**Saturday, 07 March 2020**

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Friday, March 6, 2020 12:12 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Wednesday, 04 March 2020

**Friday, 06 March 2020**

Confidential WHO Situation Report, Friday, 05MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Thursday, March 5, 2020 11:58 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID)

<[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Wednesday, 04 March 2020

**Thursday, 05MAR2020**

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Wednesday, March 4, 2020 12:11 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Wednesday, 04 March 2020

**Wednesday, 04 March 2020**

Confidential WHO Situation Report Wednesday, 04MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Tuesday, March 3, 2020 12:07 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Sunday, 01 March 2020

**Tuesday, 03 March 2020**

Confidential WHO Situation Report Monday, 02MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Monday, March 2, 2020 11:57 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Sunday, 01 March 2020

Confidential WHO Situation Report Monday, 02MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Sunday, March 1, 2020 11:51 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian

(CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Sunday, 01 March 2020

Confidential WHO Situation Report, Sunday, 01 March 2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Saturday, February 29, 2020 11:56 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Saturday, 29FEB2020

Confidential WHO Situation Report Saturday, 29FEB2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Friday, February 28, 2020 12:04 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>

**Subject:** Confidential WHO Situation Report 28FEB2020

Confidential WHO Situation Report 28FEB2020

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**From:** Berger, Sherri (CDC/OCOO/OD)  
**Sent:** Mon, 13 Jan 2020 14:59:07 +0000  
**To:** Hoo, Elizabeth (CDC/OD/OCS);Redd, Stephen (CDC/DDPHSIS/OD);Martin, Rebecca (CDC/DDPHSIS/CGH/OD);McGowan, Robert (Kyle) (CDC/OD/OCS);Wolfe, Mitchell (CDC/OD);Daniel, Katherine Lyon (CDC/DDPHSIS);Dougherty, Pamela (CDC/DDPHSIS/CGH/OD);Vinter, Serena (CDC/DDPHSIS/CGH/OD);Pestorius, Ted (CDC/DDPHSIS/CGH/OD);Holloway, Rachel (CDC/OCOO/OD);Kapil, Vikas (CDC/DDPHSIS/CGH/OD)  
**Cc:** Green, Hugh (CDC/OD/OCS)  
**Subject:** Re: Meeting follow-ups: Dr. Rebecca Martin Direct Report Meeting - 01/13/2020

GRRT and GHS bullets are complete on my end. Thanks

**From:** Hoo, Elizabeth (CDC/OD/OCS) <irp5@cdc.gov>  
**Sent:** Monday, January 13, 2020 9:36:51 AM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>; Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Daniel, Katherine Lyon (CDC/DDPHSIS) <kdl8@cdc.gov>; Hoo, Elizabeth (CDC/OD/OCS) <irp5@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Holloway, Rachel (CDC/OCOO/OD) <khx1@cdc.gov>; Kapil, Vikas (CDC/DDPHSIS/CGH/OD) <vck3@cdc.gov>  
**Cc:** Green, Hugh (CDC/OD/OCS) <yke8@cdc.gov>  
**Subject:** Meeting follow-ups: Dr. Rebecca Martin Direct Report Meeting - 01/13/2020

Dear all,

Please see follow-ups from Friday's meeting:

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Thanks,

Liz

Elizabeth Hoo, PhD, MPH  
Special Assistant to the Principal Deputy Director  
Centers for Disease Control and Prevention  
Office: 404-639-5994 Cell:   
[lrp5@cdc.gov](mailto:lrp5@cdc.gov)



**From:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)  
**Sent:** Sat, 7 Mar 2020 11:42:25 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Fwd: Confidential WHO Situation Report, Saturday, 07 March 2020  
**Attachments:** 20200306-SitRep-46-COVID-19.pdf, 20200307\_9AEM\_COVID-19.pptx, Chinese journals COVID-19 selected citations 6 March 2020.docx, Coronavirus (COVID-19)-Selected Bibliographic References-06.03.2020.docx

Is this what you meant re: WHO report?  
Dan

Daniel B. Jernigan, MD MPH  
Novel Coronavirus Response,  
Director, Influenza Division, NCIRD, CDC

**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID) <jwm5@cdc.gov>  
**Sent:** Saturday, March 7, 2020, 5:46 AM  
**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID); Arthur, Ray (CDC/DDPHSIS/CGH/DGHP)  
**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM); Williams, Ian (CDC/DDID/NCEZID/DFWED); Armstrong, Gregory (CDC/DDID/NCEZID/OD); Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM); MOEN, Ann; Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Fry, Alicia (CDC/DDID/NCIRD/ID); Greene, Carolyn M. (CDC/DDID/NCIRD/ID); Bresee, Joseph (CDC/DDID/NCIRD/ID); GDD-OUTBREAK (CDC); Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)  
**Subject:** RE: Confidential WHO Situation Report, Saturday, 07 March 2020

**Saturday, 07 March 2020**

Confidential WHO Situation Report, Saturday, 07MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Friday, March 6, 2020 12:12 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <iaw3@cdc.gov>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; MOEN, Ann <moena@who.int>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Fry, Alicia (CDC/DDID/NCIRD/ID) <agf1@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>

**Subject:** RE: Confidential WHO Situation Report, Wednesday, 04 March 2020

**Friday, 06 March 2020**

Confidential WHO Situation Report, Friday, 05MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Thursday, March 5, 2020 11:58 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B.



(CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Wednesday, 04 March 2020

**Thursday, 05MAR2020**

Confidential WHO Situation Report, Thursday, 05MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Wednesday, March 4, 2020 12:11 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Wednesday, 04 March 2020

**Wednesday, 04 March 2020**

Confidential WHO Situation Report Wednesday, 04MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Tuesday, March 3, 2020 12:07 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Sunday, 01 March 2020

**Tuesday, 03 March 2020**

Confidential WHO Situation Report Monday, 02MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Sunday, March 1, 2020 11:51 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Sunday, 01 March 2020

Confidential WHO Situation Report, Sunday, 01 March 2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Saturday, February 29, 2020 11:56 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Saturday, 29FEB2020

Confidential WHO Situation Report Saturday, 29FEB2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Friday, February 28, 2020 12:04 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>

**Subject:** Confidential WHO Situation Report 28FEB2020

Confidential WHO Situation Report 28FEB2020

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## Coronavirus (2019-nCov):

### Selected Bibliographic References from Chinese journals

This list of citations and abstracts from articles published in Chinese-language journals has been prepared by the WHO Collaborating Centre for Guideline Implementation and Knowledge Translation, Lanzhou China. For articles with no English abstract, the Collaborating Center has provided a “Brief Summary” in English.

WHO accepts no responsibility for the validity, completeness or accuracy of the selection or translation of these citations and abstracts. WHO has not validated the accuracy or completeness of the “Brief Summaries” or edited them in any way and WHO accepts no responsibility for the validity or accuracy of these summaries. The provision of a link from the WHO website to other sites does not indicate endorsement of those sites by WHO.

This list of articles on this webpage may not be exhaustive and will be updated regularly.

#### **Please note the following:**

1. DOIs are provided for many of the publications listed. Use these in your browser to see full text. Some publications are not open access: we are looking for means to make these available also.
2. Scientific and primary research articles are included; editorials, commentaries and opinion pieces are excluded.
3. Articles on traditional Chinese medicine (TCM) are listed but no summary is provided.

► **Mar 6, 2020**

**No.: 858**

**Title:** ZHOU Jing, LANG Nan, YUAN Yuan, SUN Chenye. Respiratory protection countermeasures for COVID-19. Occup Health & Emerg Rescue

**DOI:** 10.16369/j.ohr.issn.1007-1326.2020.02.005

#### **Brief Summary:**

In December 2019, COVID-19 broke out in Wuhan, China. Based on the route of transmission of the pathogenic virus, this article analyzes the respiratory protection points of different groups of people, and formulates countermeasures and recommendations for breathing replacement for each group of people. The purpose is to guide respiratory protection in outbreaks and to advance related research.

**Key words:** SARS-2-CoV; COVID-19; Respiratory Protection; Masks; Epidemic; Technical Standards

**Categories:** Review

**Full Text:** <http://kns.cnki.net/kcms/detail/31.1719.R.20200305.1128.001.html>

**No.: 859**

**Title:** ZHANG Huan, ZHENG Huanying, ZOU Lirong, LIU Zhe, LIANG Lijun, PENG Xiaofang, ZHANG Wei, KE Changwen, WU Jie. First Isolation and Identification of SARS-CoV-2 in Guangdong Province, China. Chinese Journal of Virology

**DOI:** 10.13242/j.cnki.bingduxuebao.003657

**Abstract (Original):**

In January 2020, Guangdong Province, China has imported several suspected cases with SARS-CoV-2 from Wuhan City, Hubei Province, China, and has been detected as SARS-CoV-2 positive in laboratory. To further understand the SARS-CoV-2 virulence, as well as drug development and epidemic prevention and control needs, we established a SARS-CoV-2 isolation method. Vero-E6 cells were infected with the positive bronchoalveolar-lavage sample. The cells were monitored daily for cytopathic effects using light microscopy. The presence of viral nucleic acid in the supernatant was detected by RT-PCR. RNA extracted from culture supernatants were used as a template to clone and sequence the genome. We used Illumina sequencing to characterize the virus genome and the result showed that the isolated virus was SARS-CoV-2.

**Key words:** SARS-CoV-2; Isolation and identification; Complete genome analysis

**Categories:** genome analysis

**Full Text:** <http://kns.cnki.net/kcms/detail/11.1865.R.20200305.1655.002.html>

**No.: 860**

**Title:** XIE Jing, GONG Yixinyue, ZHU Yahan, DING Lisheng, LIANG Jian, ZHANG Zhonglin. New drug development strategy against COVID-19-reference from MERS-CoV and SARS-CoV. Chinese Journal of Hospital Pharmacy

**Abstract (Original):**

Corona virus disease 2019 (COVID-19) has rampant and became an international public health emergency from the beginning of 2020. The development of new drugs for COVID-19 has become an urgent national strategic demand. Based on the similarity of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) with severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV), this paper reviews the research progress and potential bottlenecks of anti SARS-CoV and MERS-CoV drugs at home and abroad in recent years, to provide reference for the research and development of anti-COVID-19 drugs.

**Key words:** SARS-CoV-2; corona virus disease 2019 (Covid-19); drug development; new use of old drugs; new targeted drugs

**Categories:** Review

**Full Text:** <http://kns.cnki.net/kcms/detail/42.1204.R.20200305.1553.002.html>

**No.: 861**



**Title:** LIU Yi, QIU Lin, LIU Xiulan, YANG Jingwen, ZHANG Chengliang, WANG Lu, LI Juan, LIU Dong. Practice of Pharmaceutical Management and Pharmaceutical Care in the Designated Hospital of COVID-19. Herald of Medicine

**Abstract (Original):**

In January 2020, Corona Virus Disease 2019 (COVID-19) broke out in Wuhan and spread rapidly across the country. As the hardest hit area of Wuhan, the growing number of confirmed cases need better therapy. On January 25,2020, the Sino-French New City Branch, Tongji Hospital of Huazhong University of Science and Technology was transformed into designated hospital for COVID-19. A total of 18 medical teams nationwide carried out treatment work here. In a short period of time, it was quickly transformed into a designated hospital for critical patients. Because most patients were critically ill, the demand for medication increased dramatically. How to guarantee the need of medication supply and pharmaceutical care became a urgent problem to be resolved. Our article mainly discussed how to ensure the supply of drug in designated hospital for critical patients, and how to ensure the safety and rationality of medication use.

**Key words:** Pharmacy administration; Pharmaceutical care; COVID-19; Designated hospital for critical patient

**Categories:** Review

**Full Text:** <http://kns.cnki.net/kcms/detail/42.1293.R.20200305.1513.006.html>

**No.: 862**

**Title:** FENG Bin, CHEN Zhengxian, JIN Longwei, ZHENG Zhihua, FENG Qixiao. Concerns about the Pharmacotherapeutics of COVID-19 Based on the Essence of "Sputum Emboli ". Pharmacy Today

**Abstract (Original):**

**OBJECTIVE** Based on the pathological characteristics of COVID-19, the nature of "phlegm emboli ", the feasibility of treatment with mucolytic agents, and drug selection were discussed. **METHODS** By referring to the related literature of COVID-19, and combining the author's working experience, the treatment method of COVID-19 mucolytic agent was summarized. **RESULTS** " phlegm emboli " is not purulent. The mucus component in the " phlegm emboli " contains a large amount of acidic mucin. Ambroxol hydrochloride and acetylcysteine have important therapeutic effects on COVID-19. **CONCLUSION** The patients with COVID-19 should be treated routinely with mucolytic agents.

**Key words:** sputum emboli ; mucolytics ; acute respiratory distress syndrome ; COVID-19

**Categories:** Review

**Full Text:** <http://kns.cnki.net/kcms/detail/44.1650.R.20200305.1513.006.html>

**No.: 863**

**Title:** CHANG Zhongyong, YANG Weibin, WANG Qiang, LIAO Guolin. Clinical significance of serum hs-CRP, IL-6, and PCT in diagnosis and prognosis of patients with COVID-19. *Drugs & Clinic*

**DOI:** 10.7501/j.issn.1674-5515.2020.03.007

**Abstract (Original):**

**Objective** To explore the clinical value of detecting hs-CRP, interleukin 6(IL-6) and procalcitonin (PCT) in evaluating the prognosis of patients with COVID-19. **Methods** Patients (150 cases) with COVID-19 were divided into four groups according to diagnostic criteria: mild group (48 cases), normal group (45 cases), serious group (35 cases), and critical group (22 cases). The serum levels of hs-CRP, IL-6, and PCT were measured, serum levels of hs-CRP, IL-6, and PCT were analyzed to assess the prognosis of COVID-19 and to predict the risk of death. **Results** For the levels of hs-CRP, IL-6, and PCT, the critical group > serious group > normal group > mild group, with significant difference ( $P < 0.05$ ). APACHE II score increased with the progression of COVID-19, but there was no significant difference. The combined detection of hs-CRP, IL-6, and PCT was more effective than the single item in predicting the prognosis of patients. Compared with the survival group, hs-CRP, IL-6, and PCT in death group were significantly increased ( $P < 0.05$ ). The accuracy in predicting the risk of death from COVID-19 of the combined detection of hs-CRP, IL-6, and PCT was more than the detection of single item ( $P < 0.05$ ), and similar to that of APACHE II. **Conclusion** The combination of serum hs-CRP, IL-6, and PCT can be used to predict the prognosis of patients with COVID-19 and to assess the risk of death in patients with COVID-19.

**Key words:** COVID-19; high sensitivity C-reactive protein; interleukin 6; procalcitonin

**Categories:** Clinical study

**Full Text:** <http://kns.cnki.net/kcms/detail/12.1407.R.20200305.1021.002.html>

**No.:** 864

**Title:** WANG Ye, XU Liang, YIN Wanhong, LIU Yanbin, LIU Tao, WANG Bo, LIU Dan, WEI Qi, FAN Zhongjie, ZHANG Li, LI Duo, FU Siyun, LIU Ruoyang, ZENG Qie, FU Ziqiao, LUO Fengming. Insights on diagnosis and treatment of coronavirus disease 2019. *West China Medical Journal*

**DOI:** 10.7507/1002-0179.202002251

**Abstract (Original):**

The diagnosis of coronavirus disease 2019 should not only depend on nucleic acid test, but also be based on clinical information such as medical history and radiographic findings. It's critical to identify patients with high risk of rapid progression. Treatment of coronavirus disease 2019 should be individualized according to the underlying diseases and progression manner. For severely ill patients, oxygen and nutrition supplementation need to be strengthened, and for some highly selected cases, administration of glucocorticoids might be beneficial.

**Key words:** Severe acute respiratory syndrome coronavirus 2; Coronavirus disease 2019; Nucleic acid test



**Categories:** Review

**Full Text:** <http://kns.cnki.net/kcms/detail/51.1356.R.20200305.0902.002.html>

**No.:** 865

**Title:** LI Muwei, CHEN Yan, CHENG Guanchang, CHU Yingjie, DONG Jianzeng, DONG Pingshuan, GAO Chuanyu, GUAN Min, HUANG Kejun, JIAN Liguu, LI Ling, ZHAO Guoan, LI Muwei, QIU Chunguang, WANG Lixia, YU Hongwei, YUAN Yiqiang, ZHANG Lin, ZHAO Guoan. Expert advice on diagnosis and treatment of acute myocardial infarction during the prevention and control of new coronavirus pneumonia in Henan Province. Journal of Chinese Practical Diagnosis and Therapy

**Brief Summary:**

Since COVID-19 outbreak in December 2019, the epidemic has spread rapidly across the country. In this special case, in addition to the prevention and control of the hospital, the hospital must also ensure the timely and effective treatment of acute myocardial infarction. Based on the relevant requirements of Henan Province for the prevention and control of new coronavirus pneumonia, and with reference to the myocardial infarction expert opinions and related guidelines in Henan Province, formulated the "Expert recommendations for diagnosis and treatment of acute myocardial infarction in the prevention and control of new coronavirus pneumonia in Henan Province".

**Categories:** Recommendation

**Full Text:** <http://kns.cnki.net/kcms/detail/41.1400.R.20200305.1440.002.html>

**No.:** 866

**Title:** YU Wenlan, SUN Daoyuan. Mental health risks of first-line female nurses treated with new coronavirus pneumonia and intervention measures. Occupational Health and Emergency Rescue

**DOI:** 10.16369/j.oher.issn.1007-1326.2020.02.002

**Brief Summary:**

Among the first-line medical staff in the fight against the epidemic, female nurses are a large group. First-line female nurses face high-intensity tasks and high-risk work. They have the characteristics of high pressure and high mental health risks. This article analyzes the working status and mental health status of female nurses, and proposes psychological countermeasures such as labor protection for female nurses to protect the physical and mental health of nurses.

**Key words:** COVID-19; Frontline female nurses; mental health risks; psychological intervention; countermeasures

**Categories:** Review

**Full Text:** <http://kns.cnki.net/kcms/detail/31.1719.R.20200304.1615.004.html>

**No.:** 867

**Title:** LI Quan, NIE Ke, QIAO Zhengrong, DAI Tao, WU Xiaolan, LI Yongpu, BAI Yan, ZUO Fulin, ZHOU Lili, ZHU Xiaolan, PENG Xiaobin. Expression of lymphocyte

subsets in peripheral blood of patients with novel coronavirus pneumonia and its clinical significance. International Journal of Laboratory Medicine

**Abstract (Original):**

**Objective** To investigate the expression and clinical significance of lymphocyte subsets in peripheral blood of patients with novel coronavirus pneumonia (COVID-19). **Methods** Twenty-five patients who were positive for the nucleic acid of new coronavirus (SARS-CoV-2) treated at the Changshou District People's Hospital of Chongqing from January 18 to February 25, 2020 were selected as the research subjects. Among them, 21 patients had clinical symptoms, and the COVID-19 patient was diagnosed as the COVID-19 group; 4 patients had no clinical symptoms, but the SARS-CoV-2 nucleic acid test was positive as the asymptomatic group; select 20 healthy people in the same period as the control group. The lymphocyte subsets of each group were detected, and the differences in the levels of lymphocyte subsets were analyzed. **Results** In 21 patients with covid-19, the total lymphocyte counts (Lym#) of 18 patients were lower than the normal reference range, and 3 patients were within the normal reference range; the natural killer cell counts (NK#) of 20 patients were lower than the normal reference range, and that of 1 patient was within the normal reference range. The percentage of T lymphocyte and B lymphocyte in COVID-19 group was higher than that in control group ( $P < 0.05$ ), the percentage of NK cells (NK%), Lym#, T lymphocyte count, CD4 + T lymphocyte count, CD8 + T lymphocyte count, NK# were lower than those in the control group ( $P < 0.05$ ). NK and NK% in COVID-19 group were lower than those in asymptomatic group ( $P < 0.05$ ). **Conclusions** The level of lymphocyte subsets is abnormal in patients with covid-19, and NK cells decrease significantly. There are differences in lymphocyte subsets among patients with covid-19, asymptomatic infection and healthy people, suggesting that lymphocyte subsets may have certain clinical value in the diagnosis and disease assessment of covid-19.

**Key words:** novel coronavirus pneumonia; lymphocyte subsets; natural killer cell

**Categories:** Clinical study

**Full Text:** <http://kns.cnki.net/kcms/detail/50.1176.R.20200305.1440.002.html>

**No.: 868**

**Title:** SUN Qianlai, LI Zuochao, TAN Xialin, JIANG Yonglin, CHEN Bozhong, LI Mouyi, XIAO Qi, XU Shansong, FANG Hongying, WU Qingchun, YANG Hao, HUANG Chaoyang, LUO Kaiwei, HE Fangling, HU Shixiong, GAO Lidong. A clustering epidemic of pneumonia caused by 2019-nCoV. Practical Preventive Medicine

**Abstract (Original):**

**Objective** To preliminarily analyze the latent period, infectious period and transmissibility of coronavirus disease 2019 (COVID-19) through an investigation of a clustering epidemic of COVID-19 in Y city. **Methods** Field epidemiological method was used to survey the cases and related close contacts. Real time RT-PCR technique was used to detect 2019-nCoV nucleic acid in throat swab samples collected from the respondents. **Results** A total of 13 confirmed cases and 4 asymptomatic infections were



discovered in the clustering epidemic, with the transmission passing through four generations. The average serial interval was 5.08 days, and the average incubation period 5.44 days (ranging between 2 and 10 days). Some confirmed cases were found to be contagious 2 days prior to the onset. There were some asymptomatic infections among the close contacts. Some cases were confirmed after several times of sample testing. Conclusions 2019-nCoV has a high transmissibility. There exist transmission during the incubation period and asymptomatic infections. It is necessary to intensify the prevention and control measures like follow-up and management of the close contacts.

**Key words:** COVID-19; clustering epidemic; transmission chain; latent period; patient with asymptomatic infection

**Categories:** Investigation

**Full Text:** <http://kns.cnki.net/kcms/detail/43.1223.r.20200304.1628.006.html>

**No.: 869**

**Title:** LUO Kaiwei, HAI Zheng, XIAO Shanliang, YANG Hao, JING Xinping, WANG Hui, XIE Zhengshen, LUO Ping, LI Wanying, LI Qiao, TAN Huilu, XU Zicheng, HU Shixiong. An epidemiological investigation of 2019 novel coronavirus diseases through aerosol-borne transmission by public transport. Practical Preventive Medicine

**Abstract (Original):**

Objective An Epidemiological investigation was conducted to sort out the 2019 novel coronavirus (COVID-19) transmission chain in clusters happened in the public transport, and find out the possible source of transmission. Methods A field descriptive epidemiology study was conducted on confirmed cases of COVID-19 and the related close contacts people. Their respiratory tract specimens were collected and detected for nucleic acid test by the RT-PCR technique. Results This COVID-19 outbreak was transmitted by a public transport, resulting in 11 confirmed cases including one asymptomatic case and two third-generation cases. The farthest transmission distance of COVID-19 in the airtight air-conditioning bus reached 4.5 meters. This contagious virus could float in the air for 30 minutes at least and cause infection. Conclusions The COVID-19 has strong transmissibility and can be transmitted by aerosol in a closed environment. To prevent infection, personal protection should be done well when taking public transports, and the ventilation and fresh air volume in public transports should be guaranteed, and the cleaning and disinfection in the carriage should be done well.

**Key words:** 2019 novel coronavirus; cluster outbreak; public transport; aerosol

**Categories:** Epidemiological investigation

**Full Text:** <http://kns.cnki.net/kcms/detail/43.1223.r.20200304.1634.008.html>

**No.: 870**

**Title:** SHEN Quan, WANG Jianqiang, YANG Shixing, WANG Xiaochun, ZHANG Wen. Some key scientific issues for novel coronavirus (SARS-CoV-2) to be clarified. Journal of Jiangsu University (Medicine Edition)

**DOI:** 10.13312/j.issn.1671-7783.y200062



**Brief Summary:**

In December 2019, COVID-19 broke out in Wuhan, China. The virus that causes this disease is a newly discovered virus in humans. During our fight against the epidemic, there are many scientific questions about the disease and the virus. Solve, this article describes these issues to a certain extent, in order to get solutions. These issues include: the naming of the virus, the host of the virus, the route of transmission of the disease, the spread of the global epidemic.

**Key words:** SARS-CoV-2, Host; transmission; global epidemic

**Categories:** Review

**Full Text:** <http://kns.cnki.net/kcms/detail/32.1669.R.20200305.1401.001.html>

**No.: 871**

**Title:** ZOU Hai, LI Huiyang, ZHANG Youzhi, XIA Jingwen, ZHANG Peng, XIONG Wanfeng, CHEN Shu, CHEN Yijian, LU Bin, LUO Zhongguang, LI Shengqing. Advances in the Relationship Between 2019-nCoV Infection and Coagulation Function. Herald of Medicine

**Abstract (Original):**

Patients infected with 2019-nCoV show elevated levels of inflammatory cytokines and disorders of clot-related indicators. Whether there is a higher risk of thromboembolism has not been confirmed in those patients. However, based on previous research on SARS-CoV, we infer that coronavirus may promote the formation of blood clots by increasing the expression of inflammatory cytokines in infected epithelial cells. These cytokines can enhance coagulation cascade, disturb the physiological balance of the blood coagulation and anticoagulation, and then progress the body into high coagulation state. The review of the relationship between coronavirus and coagulation state plays an important role for those infected patients' clinical management.

**Key words:** Novel coronavirus(2019-nCoV); Inflammatory cytokines; Coagulation function; Thromboembolism; Novel coronavirus pneumonia; COVID-19

**Categories:** Review

**Full Text:** <http://kns.cnki.net/kcms/detail/42.1293.R.20200305.1153.002.html>

**No.: 872**

**Title:** LIU Wuzhong, WANG Zubin, ZHANG Xuetao, HUANG Hutao, XIE Jing, ZHAO Chaoqiang. Evaluation of key risk points of new type of coronavirus pneumonia in resumption and production units. Occup Health & Emerg Rescue

**DOI:** 10.16369/j.oher.issn.1007-1326.2020.02.012

**Brief Summary:**

Since the outbreak of the COVID-19 in December 2019, China is currently facing the challenge of preventing and controlling the epidemic situation from the resumption of work and production. This article analyzes each key point of the epidemic prevention and control from the internal and external links of the employer, and proposes some control suggestions. This paper believes that the key risk points for prevention and control are employees returning from the field, during the commute, the internal elevator room, conference room, office, canteen, and commute to the community after work. Effective

prevention and control of these key points can reduce the risk of introduction of new coronavirus pneumonia in returning labor units.

**Key words:** Resumption of Work and Reproduction; Employer; COVID-19; Key Risk Points; Evaluation; Prevention and Control Strategy

**Categories:** Review

**Full Text:** <http://kns.cnki.net/kcms/detail/31.1719.r.20200304.1437.002.html>

#### **No.873**

**Title:** SHEN Yuetian, KUANG Xingya, JIANG Liangzhi, BAO Jin, JIANG Jianmin. Risk of Infection and Protection Countermeasures in Occupational Health Examination in New Coronavirus Pneumonia. Occupational Health & Emergency Rescue

**DOI:** 10.16369/j.oher.issn.1007-1326.2020.02.010

**Brief summary:**

In the case of the novel coronavirus pneumonia epidemic, in order to ensure the safety of resumption of work and production, enterprises need to arrange employees for occupational health examination. This article analyzed the possible infection risks of employees in occupational health examinations and proposed protective measures to protect occupational health.

**Key words:** novel coronavirus pneumonia; Hospital infection; enterprise; Resume work; Occupational health examination

**Categories:** Review.

**Full text:** <http://kns.cnki.net/kcms/detail/31.1719.R.20200304.1821.005.html>

#### **No.874**

**Title:** Hyperbaric Medicine Branch of Guangdong Medical Association. Guidelines for the Prevention and Control of Hyperbaric Oxygen Specialties during the Outbreak of Novel Coronavirus Pneumonia in Guangdong Province (First Edition). The Journal of Practical Medicine

**Brief summary:**

During the epidemic of novel coronavirus pneumonia, in order to prevent nosocomial infections among medical professionals and doctors, Guangdong Province has compiled "Guidelines for the Prevention and Control of Hyperbaric Oxygen Specialties During the Novel Coronavirus Pneumonia Outbreak in Guangdong Province" in conjunction with relevant national documents and related guidelines. And to provide guidance and suggestions for related prevention and control work from the aspects of patients investigation, strict control of hyperbaric oxygen indications, and adjustment of the layout of the hyperbaric oxygen work area.

**Categories:** Guideline.

**Full text:** <http://kns.cnki.net/kcms/detail/44.1193.R.20200304.1437.006.html>



**No.875**

**Title:** ZHOU Zhou, YANG Aiping. Airway Nursing for Patients with Tracheal Intubation of Novel Coronavirus Pneumonia: A Case Report. The Journal of Practical Medicine

**Brief summary:**

Patients with severe pulmonary infections with novel coronavirus pneumonia often need to establish an artificial airway for mechanical ventilation. This article reported the work experience of airway nursing for a patient with novel coronavirus pneumonia with mechanical ventilation, which provided a reference for related personnel.

**Categories:** Case report.

**Full text:** <http://kns.cnki.net/kcms/detail/44.1193.R.20200304.1433.002.html>

**No.876**

**Title:** HU Zuwei. Expert Consensus on Prevention and Rehabilitation of Integrated Traditional Chinese and Western Medicine During the Epidemic of Novel Coronavirus Pneumonia in Cancer Patients in Hubei Province (First Edition). Herald of Medicine

**Brief summary:**

This consensus proposed corresponding suggestions from the aspects of daily protection, specialist treatment, prevention and rehabilitation of tumor patients with novel coronary pneumonia infection, and aimed to standardize reasonable treatment of tumor patients during the epidemic of novel coronavirus pneumonia.

**Key words:** novel coronavirus pneumonia; diagnosis and treatment of tumors with integrated Chinese and Western medicine; prevention and rehabilitation; expert consensus.

**Categories:** Experts Consensus/TCM.

Full text: <http://kns.cnki.net/kcms/detail/42.1293.r.20200305.1155.004.html>

**No.877**

**Title:** MIN Rui, LIU Jie, DAI Zhe, SUN Jiazhong, DENG Haohua, LI Xin, WU Yuwen, HUANG Qi, SUN Li, YANG Miao, XU Yancheng. Advance in Clinical Study on Pathogenesis on COVID-19. Chinese Journal of Nosocomiology

**DOI:** 10.11816/cn.ni.2020-206110

**Abstract(original):**

The Corona Virus Disease 2019 (COVID-19) is caused by a new beta coronavirus the 2019 novel coronavirus(2019-nCoV). As a receptor, the angiotensin converting enzyme 2 (ACE2) invades cells, which results in lung damage. The aggravation of the disease is closely related to the secondary systemic inflammatory response. Critically ill

patients may develop to acute respiratory distress syndrome (ARDS) and septic shock, eventually the multiple organ failure. At present, most of the drugs such as balitinib, remdesivir and chloroquine are still in the clinical trial stage, and there is no specific drug for treatment. The COVID-19 is highly infectious and can cause many severe complications, which poses a great threat to global public safety. It is of great significance to study its etiology and pathogenesis and then carry out clinical studies on therapeutic drugs and vaccines so as to control the spread of the virus in time, prevent the deterioration and progression of illness condition, and reduce complications and mortality.

**Key words:** COVID-19; 2019-nCoV; Coronavirus

**Categories:** Clinical study

**Full text:** <http://kns.cnki.net/kcms/detail/11.3456.R.20200304.1653.002.html>

### **No.878**

**Title:** CHEN Jue, ZHOU Wenlan, CHEN Huiping, ZHU Weigang, LIN Huaide, LI Dangsheng, LU Chunfen, SHEN Yuqing. Practice and Understanding of Traditional Chinese Medicine in Real-world Treatment of Novel Coronavirus Pneumonia: Reflection on Diagnosis and Treatment in a Primary Designated Hospital. *Journal of Clinical Medicine in Practice*

#### **Abstract(original):**

During the outbreak period of novel coronavirus pneumonia, our hospital actively applied the method of integrated traditional Chinese and western medicine for prevention and treatment. During the course of syndrome differentiation and treatment on etiology and pathogenesis of the disease, we realized that novel coronavirus pneumonia was classified as "cold-damp epidemic" in view of traditional Chinese medicine, and the specific pathogenesis was cold-damp epidemic pathogen obstructed in spleen and lung. With the development of the disease, cold and dampness may change into heat. The disease was located at lung and spleen. In the treatment, the patients with dominant lung syndrome were classified as lung type, and the patients with dominant spleen syndrome were classified as spleen type. The treatment principles of dispersing the lung by drugs with pungent flavor and warm texture as well as refreshing the spleen by drugs with fragrant flavor were adopted according to the different types, and we do achieve good results in prevention and treatment. Therefore, method of integrated traditional Chinese and western medicine is an effective strategy for prevention and treatment of novel coronavirus pneumonia.

**Key words:** novel coronavirus pneumonia; treatment of integrated traditional Chinese and western medicine; etiology; pathogenesis; real-world diagnosis and treatment; cold-damp epidemic

**Categories:** Review.

**Full text:** <http://kns.cnki.net/kcms/detail/32.1697.R.20200305.0903.002.html>

**No.879**

**Title:** Guangdong Blood Purification Quality Control Center. Recommendations for Prevention and Control of Novel Coronavirus Pneumonia in Hemodialysis Patients (First Edition). The Journal of Practical Medicine

**Brief summary:**

This article provided suggestions from the aspects of infection management of hemodialysis rooms, publicity and education of patients and their families, self-management of medical staff, and infection control in quarantine areas to actively prevent the spread of Novel Coronavirus among dialysis populations.

**Categories:** Consensus.

**Full text:** <http://kns.cnki.net/kcms/detail/44.1193.R.20200304.1434.004.html>

**No.880**

**Title:** WANG Junjun, ZHANG Min, KONG Liang, ZHANG Yanxia, YANG Ping, LI Qiang, LIU Wen, LIU Yan, LIU Rui, ZHANG Ming. Practice of Emergency Management in Stomatological Emergency during Corona Virus Disease 2019. Journal of Practical Stomatology

**DOI:** 10.3969/j.issn.1001-7333.2020.02.0

**Abstract(original):**

To introduce the management measures in stomatological emergency during the epidemic period of Corona Virus Disease 2019 (COVID-19). The overall plan is to implement strict district management, standardized medical management, and scientific patient and accompany management. We'd better to focus on the effective pre-check and triage of patients and emergency infection control training for medical staff. The prevention and disinfection of splash treatment should be paid attention especially. Meanwhile, it's very important to establish the system of trace management and real-time patient follow up, provide targeted Psychological guidance for doctor and patient, and constantly improve the stomatological emergency system. All the measures are to provide references for oral health care personnel to win the battle of COVID-19.

**Key words:** SARS- CoV-2; Stomatological emergency; Emergency management; Oral splash treatment; Psycho-logical guidance

**Categories:** Consensus.

**Full text:** <http://kns.cnki.net/kcms/detail/61.1062.r.20200304.1458.012.html>

**No.881**

**Title:** ZHANG Qi, LI Zihan, HAN Bing, KONG Liang, ZHANG Jin, YU Shibin, GUO Jing, HOU Rui, HAO Baolian, LIU Yan, LIU Rui, XUAN Kun, ZHANG Ming. Protection Standard of Stomatological Hospitals during Novel Coronavirus Infection Epidemic Stage: Management for Splash Treatment Clinic. Journal of Practical Stomatology

**Abstract(original):**

With the combination of the prophylactic and disinfection measures to prevent novel coronavirus infection suggested by the National Health Commission and the relevant measures we take in splash treatment clinic, the study clarifies the equipment in splash treatment clinic, preparations before treatment , protection measures and attentions for medical staff and disinfection measures of clinic after treatment.

**Key words:** Novel coronavirus; Dental splash treatment; Medical staff protection

**Categories:** Consensus.

**Full text:** <http://kns.cnki.net/kcms/detail/61.1062.R.20200304.1457.010.html>

**No.882**

**Title:** LIU Wen, ZHANG Yanxia, HAO Baolian, HOU Rui, ZHANG Meimei, SUN Shukai, LIU Yan, LIU Rui, Ma Jie, ZHANG Ximu, KONG Liang, ZHANG Ming. Protection and Control Standard of Stomatological Hospitals During Novel Coronavirus Infection Stage: Management of Medical Pollutants. Journal of Practical Stomatology

**Abstract(original):**

The aim of this study is to summarize the management measures of different types of contaminants in stomatological hospital during novel coronavirus infection epidemic stage. The main contents cover the fine management measures of personal protective equipment, medical fabrics, diagnostic instruments, diagnosis and treatment environment, classification and treatment of direct wastes. This study provides reference for effective prevention and control of novel coronavirus.

**Key words:** Novel coronavirus; Medical pollutants; Classification process; Infection prevention and control

**Categories:** Consensus.

**Full text:** <http://kns.cnki.net/kcms/detail/61.1062.R.20200304.1455.008.html>

**No.883**

**Title:** ZHANG Yanxia, LIU Wen, KONG Liang, LIU Rui, HOU Rui, ZHANG Meimei, LIU Yan, ZHANG Yi, HAO Baolian, QIU Erchen, SUN Shukai, ZHANG Ming. Protection Standard of Stomatological Hospitals during Novel Coronavirus Infection Epidemic Stage: Staff Protection. Journal of Practical Stomatology

**Abstract(original):**

With the combination of the use scope of medical protective equipment for new coronavirus infection suggested by the National Health and Health Commission and the professional characteristics of diagnosis and treatment of oral disease, the study formulate she protection standards for the staffs in the Stomatological hospitals during the epidemic stage. The main contents cover the protective equipment and their functions, personnel protection standards and hand hygiene requirements so as to provide the reference for the institutions carrying out diagnosis and treatment of oral diseases during the epidemic period.

**Key words:** Novel coronavirus; Diagnosis and treatment of oral diseases; Personnel classification; Protection standards

**Categories:** Consensus.

**Full text:** <http://kns.cnki.net/kcms/detail/61.1062.R.20200304.1453.002.html>

**No.884**

**Title:** The Subspecialty Group of Developmental and Behavioral Pediatrics, the Society of Pediatrics, Chinese Medical Association; The Subspecialty Group of Child Health Care, the Society of Pediatrics, Chinese Medical Doctor Association. Influence of Corona Virus Disease 2019 on Mental Health of Children and Adolescents and Suggestions for Family Intervention. Chinese Journal of Child Health Care

**Abstract(original):**

The Corona Virus Disease 2019 has spread rapidly throughout the country, which has caused great harm to the whole society's production, life and even health, and also caused serious psychological trauma. Children and adolescents are the vulnerable groups of stress events, they need to be timely and appropriate psychological crisis intervention to prevent psychological problems. Aiming at the novel coronavirus pneumonia epidemic, it is suggested that the parents should timely identify and help children to prevent psychological problems, based on the psychological development characteristics of children and adolescents at different ages.

**Key words:** Corona Virus Disease 2019; children and adolescents; psychological crisis; family intervention

**Categories:** Consensus.

**Full text:** <http://kns.cnki.net/kcms/detail/61.1346.r.20200305.1105.002.html>

**No.885**

**Title:** XIANG Yuxia, ZENG Chan, HUANG Zhijun, WANG Xiaomin, ZHANG Zeyu, YANG Guoping. Analysis of Registration Information of Clinical Trials of Novel

Coronavirus Pneumonia in China. Chinese Journal of Clinical Pharmacology and Therapeutics

**Brief summary:**

This article collected clinical trial registration information during novel coronavirus pneumonia, and analyzed it from research type, research distribution, research design, intervention plan and other aspects to provide reference for the launch and implementation of clinical trials.

**Key words:** Novel coronavirus pneumonia; Novel coronavirus; Clinical Trials; Intervention Plan

**Categories:** Review.

**Full text:** <http://kns.cnki.net/kcms/detail/34.1206.R.20200304.1222.002.html>

**No.886**

**Title:** LAI Sha, MA Jianchun, YANG Zemin, CHEN Jisheng. The Potential and Clinical Application of Favipiravir for the Treatment of Coronavirus Disease 2019. Pharmacy Today

**Abstract(original):**

**OBJECTIVE** To explore the potential of favipiravir for the treatment of Coronavirus Disease 2019 and to provide reference for its clinical application. **METHODS** With the keywords of 'favipiravir', 'antivirus' and 'CoV', we retrieved relevant studies published in Chinese and English from databases, such as CNKI, VIP, Wangfang Data, CBM, PubMed, Cochrane Library, et al. In addition, the website of clinical trials, and National Health Commission of the People's Republic of China were retrieved, so as to search the relevant references as an auxiliary. Evidence evaluation and data extraction were carried out. **RESULTS** Coronavirus Disease 2019(COVID-19) was proved to be effective, well tolerated and convenient for administration in vitro and human body study. The RNA virus of influenza A, B, avian influenza and Ebola virus had been proved to be effective in treating with favipiravir. **CONCLUSION** Favipiravir is expected to be a new antiviral therapy option for patients with COVID-19 pneumonia, but further clinical studies are needed to confirm it.

**Key words:** favipiravir; coronavirus disease 2019; clinical application

**Categories:** Review.

**Full text:** <http://kns.cnki.net/kcms/detail/44.1650.R.20200305.0921.004.html>

**No.887**

**Title:** LIU Yuwei, Gong Renrong, XU Ruihua, JIANG Yan, Gong Shu. Evidence Summary of Issues Related to Fever Screening during Corona Virus Disease 2019 Epidemic. Nursing Research of China



**Abstract(original):**

This article analyzed and summarized the information about fever screening in the retrieved literature, and proposed a standardized plan for fever screening from the aspects of equipment and inspection processes to enhance the effectiveness of fever screening during novel coronavirus pneumonia.

**Key words:** SARS-CoV-2; COVID-19; fever screening; infrared thermometer; Body temperature ; body temperature measuring instrument ; body temperature measuring method

**Categories:** Review.

**Full text:** <http://kns.cnki.net/kcms/detail/14.1272.R.20200303.1807.002.html>

**No.888**

**Title:** BIAN Yuan, XIONG Yu, JIANG Min, YANG Zhiyong. Evaluation and Monitoring of Drug Therapy in a Patient with Novel Coronavirus Pneumonia with Common Chronic Disease. Pharmacy Today

**Abstract(original):**

Since the outbreak of Corona Virus Disease 2019 (covid-19), the monitoring and treatment of patients has gradually developed towards scientific, standardized and rational direction. In this process, clinical pharmacists play an increasingly important role. Therefore, this paper took a covid-19 patient with common chronic diseases as an example to analyze the treatment plan, combine medication and provide pharmaceutical care, in order to provide reference for clinical pharmacists to participate in the diagnosis and treatment of covid-19 combined with other diseases.

**Key words :** Corona Virus Disease 2019 (COVID-19); common chronic diseases; clinical pharmacists; drug treatment evaluation; pharmaceutical care

**Categories:** case report

**Full text:** <http://kns.cnki.net/kcms/detail/44.1650.R.20200305.0742.002.html>

**No.889**

**Title:** XIAN Nanxing, ZHANG Zhe, LI Ning, LIU Nan. Study on Treatment from Heart for Severe Patients Based on Etiology and Pathogenesis Transmission of Corona Virus Disease 2019. Chinese Archives of Traditional Chinese Medicine

**Abstract(original):**

This article discussed the possible mechanism of severe pneumonia caused by the receptor action of ACE2 in virus infection and the related dysfunction of blood clotting caused by pulmonary progenitor cell injury and analyzed the severe pneumonia formation rule according to the classical theory of traditional Chinese medicine. And according to the relevant guidelines, it provided the corresponding integrated Chinese and Western medicine prevention and treatment of infectious diseases as well as the innovative advice for integrated Chinese and Western medicine treating infectious diseases. It also can provide ideas for new drug research and development.

**Key words:** corona virus disease 2019; severe acute respiratory syndrome coronavirus 2; combination of Chinese traditional and Western medicine; heart manifestation

**Categories:** TCM

**Full text:** <http://kns.cnki.net/kcms/detail/21.1546.R.20200304.2151.004.html>

**No.890**

**Title:** MA Xiangyi, YE Shuangmei, WANG Shixuan. Novel coronavirus pneumonia prevention and control period gynecological patients clinical diagnosis and management strategy. Journal of Practical Obstetrics and Gynecology

**Abstract(original):**

With the continuous spread of the epidemic, the pressure of clinical treatment for patients with gynecological diseases is increasing day by day, and patients and their families are also eager for it Get all-round diagnosis and help. How to prevent and control the covid-19 epidemic without delaying the diagnosis and treatment of gynecological diseases, especially the critical patients, is a practical problem that must be faced and solved. Therefore, it is urgent to establish the relevant diagnosis and treatment process and management strategy to ensure medical safety and minimize the occurrence of iatrogenic infection of medical staff. Therefore, this article focuses on the related diagnosis and treatment of gynecological emergency and peaceful diagnosis patients during the covid-19 epidemic and the protection principles of medical staff.

**Categories:** guideline

**Full text:** <http://kns.cnki.net/kcms/detail/51.1145.R.20200304.1801.002.html>

**No.891**

**Title :** ZHU Qihang; HE Zhe; YANG Yi; YANG Jinliang; SU Zhiyong; WANG Dongbin; JIN Longyu; ZHANG Qiang; ZHANG Xin; YI Jun; GAO Xuhui; XU Chi; CHEN Xingya; ZHA Lulu; XU En-wu; Thoracic Trauma Group, Thoracic Surgery Branch of China International Exchange and Promotion Association for Medical and Health care. Expert consensus on clinical management strategy for patients with thoracic trauma during the epidemic period of 2019-nCoV pneumonia. Medical Journal of Chinese People's Liberation Army

**DOI:** 10.11855/j.issn.0577-7402.2020.03

**Abstract(original):**

Since Dec. 2019, a series of cases of unexplained pneumonia had been found in many hospitals in Wuhan city, Hubei province, China. Since then, the epidemic disease has continued to spread to the whole country and overseas. A novel coronavirus has been confirmed to be the pathogen of the disease. Strong concealment and infectivity are the characteristics of the disease, which bring great difficulties for the prevention and control. Extend the holidays and stop production were used to combat the disease, which are conducive to blocking the spread of the epidemic. As well, the incidence of chest injury caused mainly by traffic accidents and high falling is significantly reduced. While, with the recovery of industrial and traffic, it is predicted that the chest injury will increased gradually. Each patient with chest injury might be the potential 2019-nCoV until the epidemic is completely eliminated, so clinical treatment still faces great risks and challenges. Therefore, in combination with the current epidemic environment and the characteristics of thoracic trauma treatment, the management strategies of the



patients with thoracic trauma are adjusted and standardized by some experts from the units listed above, so as to make the patients get the most reasonable treatment and pay attention to the risk control of patients and medical personnel, to achieve scientific diagnosis and orderly treatment of thoracic trauma.

**Key words :** coronavirus infection; thoracic trauma; infection protection; surgery; viral pneumonia; pulmonary contusion

**Categories:** guidance

**Full text:** <http://kns.cnki.net/kcms/detail/11.1056.R.20200304.1800.012.html>

#### **No.892**

**Title:** Xu Junli, Fang Yujie, He Yun, Wu Wenbin, Yang Hua, Zhang Mingli, Hui Li, Liu Yongguo. Prevention and control of new coronavirus pneumonia in elderly patients with digestive diseases. Chin J Diffic and Compl Cas

#### **Abstract(original):**

The elderly are at high risk of infectious diseases due to weakened immune function and chronic underlying diseases. People are generally susceptible to the new coronavirus, and the elderly are more ill after infection. The main clinical symptoms of the new coronavirus pneumonia are fever, cough, dyspnea and other respiratory manifestations. In addition, diarrhea is also the first symptom in some patients. Therefore, for the prevention of new coronavirus infection in elderly patients with digestive tract diseases, we took some understanding and prevention. we conducted prevention and control from the patients medical treatment process and daily life. In addition, the patients were evaluated for malnutrition, and corresponding nutrition programs were developed for severely malnourished patients. At the same time, the screening, operation and elimination of digestive endoscopy to strengthen the prevention and control. On this basis, we actively treat patients with primary disease. After a series of prevention and control measures, no cross infection patients in our ward, achieved a phased effect. A series of prevention and control measures can effectively prevent the occurrence of new coronavirus pneumonia in elderly patients with digestive diseases.

**Key words :** Novel coronavirus pneumonia; Nutritional risk screening; Digestive endoscopy

**Categories:** suggestion

**Full text:** <http://kns.cnki.net/kcms/detail/13.1316.R.20200304.1237.002.html>

#### **No.893**

**Title:** WANG Jing, CHENG Yaqian, ZHOU Zhao, JIANG Anni, GUO Junhui, CHEN Zhenhua, WAN Qirong. Psychological status of Wuhan medical staff in fighting against COVID-19. Medical Journal of Wuhan University

**DOI:** 10.14188/j.1671-8852.2020.0098

#### **Abstract(original):**

**Objective** To investigate the mental health conditions of Chinese medical staff in response to coronavirus disease 2019 (COVID - 19) outbreak in Wuhan, Hubei. **Methods** We did a survey with SCL -90 in 112 frontline medical staff who were

working in the period of COVID - 19 outbreak. Results: There were significant differences in somatization, anxiety, and terror ( $P < 0.01$ ), and had significant differences ( $P < 0.05$ ) in obsession and psychosis between the frontline medical staff and the general population. There was significant difference only in somatization factor of medical staff between different genders ( $P < 0.05$ ). The factors of somatization, anxiety, and psychotic had significant differences between the medical staff with a monthly household income  $< 10\,000$  Yuan and those with income  $\geq 10\,000$  Yuan ( $P < 0.05$ ), and interpersonal sensitivity, hostility, and paranoid factors also had significant differences between two different monthly household income groups ( $P < 0.01$ ). Conclusion: The frontline medical staff had a lower level of psychological status, which is manifested by stronger somatization, anxiety, and horror of medical staff. The medical staff with different gender and different family income had different psychological status. We need to pay attention to the mental health of frontline medical staff in the epidemic, and provide guarantees to the medical staff to maintain a healthy working status.

**Key words:** COVID-19; Medical Staff; SCL-90; Psychological Status

**Categories:** investigation

**Full text:** <http://kns.cnki.net/kcms/detail/42.1677.r.20200303.2159.001.html>

#### No.894

**Title :** Hunan Medical Association, Internal Medicine Specialized Committee. Medical work guide of physician during the outbreak of corona virus disease 2019 (trial edition). Journal of Central South University (Medical Science)

**DOI:** 10.11817/j.issn.1672-7347.XXXX.200089

#### **Abstract(original):**

According to the current epidemic situation of 2019-nCoV and the fact that many corona virus disease 2019 (COVID-19) patients seeking for medical help due to some other possible clinical symptoms, besides respiratory symptoms, all the internal medicine departments (including emergency department) could be involved. Moreover, an increasing number of physician are going to work in fever clinic, isolation wards and supporting the medical work in Hubei Province in the future. For a better medical work implementation of physician against COVID-19 and the interruption of this viral transmission, the work guide was drawn up by Hunan Medical Association, Internal Medicine Specialized Committee.

**Key words:** 2019-nCoV; corona virus disease 2019 (COVID-19); internal medicine work guide

**Categories:** guideline

**Full text:** <http://kns.cnki.net/kcms/detail/43.1427.r.20200303.1732.004.html>

#### No.895

**Title:** JU Xiuli. The potential mechanism and research progress of mesenchymal stem cells in the treatment of 2019 novel coronavirus pneumonia. Journal of Shandong University (Health Sciences)

**DOI:** 10.6040 / j.issn.1671-7554.0.2020.224



**Abstract(original):**

The current spread of 2019 novel coronavirus pneumonia (2019-nCoV) seriously endangers human health, socio-economic development, as well as the global medical and public health system. The 2019-nCoV is highly contagious and lethal, characterized by long incubation period and difficulty control. More importantly, there is no specific and effective treatment for this disease so far. The cytokine storm caused by excessive immune response is a key factor leading to acute respiratory distress syndrome, septic shock, multiple organ failure, and even death. As mesenchymal stem cells (MSCs) have powerful anti-inflammatory and immunoregulatory potentials, which can inhibit the occurrence and development of cytokine storms and repair tissue damage, MSCs are expected to reduce lung injury, severe complications and mortality. The academic institutes in China have initiated several clinical research projects on MSCs for the treatment of 2019-nCoV, and have preliminarily confirmed its safety, effectiveness and clinical prospect.

**Key words:** novel coronavirus pneumonia; mesenchymal stem cells; immune regulation; damage repair; cytokine storm syndrome

Categories: summary

**Full text:** <http://kns.cnki.net/kcms/detail/37.1390.r.20200304.1426.002.html>

**No.896**

**Title:** LIU Jianzhong, CHEN Chuanwen, XIA Sai. Clinical analysis of 15 novel coronavirus pneumonia cases. Henan J Prev Med

**DOI:** 10.13515/j.cnki.hnjpm.1006-8414.2020.03.01

**Abstract(original):**

Novel coronavirus pneumonia (novel coronavirus pneumonia) is a new acute respiratory infectious disease caused by a new coronavirus infection. Currently, there are not many antiviral drugs that can be recommended, the effect is not clear, and the combination of various antiviral drugs is widespread. Whether the combination of drugs, indications of combination therapy and side effects of combined drugs need to be further studied. COVID-19 is a new type of coronavirus pneumonia. After the nucleic acid of discharged patients turned negative, but the imaging changes were not completely absorbed, whether there is still infectivity, there is no detailed guidance. Although the number of cures is increasing, we still need to explore new drugs and methods to improve the curative effect.

**Categories:** case reports

**No.897**

**Title:** Huang Xiaojing, Liu Zhuochao, Song Yinzi, Lin Fengxia, Xu Luhua. Study on medication regularity of TCM Plague Theory in treating children with COVID-19 based on analysis of data mining. World Chinese Medicine

**Abstract(original):**

To explore medication regularity of TCM plague theory in treating children with novel coronavirus pneumonia (COVID-19) through the Chinese medicine inheritance auxiliary platform (V2.5). By collecting the cases through a composition named "Wen

Bing Da Cheng” (Part 1) in treating children with novel coronavirus pneumonia,58 complete prescriptions were input into TCM inheritance assistant platform (V2.5). The data of medication rule of TCM plague theory in treating children with novel coronavirus pneumonia was mined by integrated rule analysis, complex system entropy clustering, unsupervised entropy hierarchical clustering. The data of 58 selected TCM prescriptions were analyzed, indicating the frequency of drug use and association rules in treating children with novel coronavirus pneumonia. Sixteen combinations of core drugs were extracted. Eight new TCM prescriptions in treating children with novel coronavirus pneumonia were excavated and analyzed. Because children have weaker yang and vital energy, children with novel coronavirus pneumonia happens easier. TCM treatment should base on the premise of strengthening children’s spleen and the combination of attack and repair. If the pathogens still in the table, which means the stomach gas has not failed, to clear lung heat and aromatic turbid are acceptable. Otherwise, to clear heat and nourish yin, make the best use of the body circumstances should be considered.

**Key words:** Children with COVID-19; TCM inheritance assistant platform; Medication rule

**Categories:** TCM

**Full text:** <http://kns.cnki.net/kcms/detail/11.5529.r.20200304.1246.002.html>

#### **No.898**

**Title:** SHEN Cun-yi, LI Bao-zhen, LI Xi, LIU Si-nan, XIN Xia, SUN Zeng-li, LIU Qing-guang, LIU Chang, WU Zheng, WANG Zheng. Layout and management of the surgical intensive care unit during the novel coronavirus infection epidemic period. Journal of Xi'an Jiaotong University (Medical Sciences).

**DOI:** 10.13703/j.0255-2930.20200302-k0009

#### **Abstract (Original):**

**Objective** To discuss the key points of reconstruction from the surgical intensive care unit (SICU) to the negative pressure isolation ward which can treat patients with novel coronavirus pneumonia (NCP). **Methods** The key points of the reconstruction are as follows: establishment of “three zones and two passages,” transformation of the ventilation system, process management of personnel access room, and introduction of the visual management concept. **Results** The reconstructed surgical ICU can maintain the original space area. As for space layout, there are separate clean zone, semi-polluted zone and polluted zone as well as a separate passage for patients and medical personnel respectively, without the two groups of people contacting each other. To achieve positive air pressure in the clean zone, negative air pressure in the semi-polluted zone is -5Pa to -10Pa, and negative air pressure in the patient zone is -10Pa to -20Pa. And we ensure that the pressure difference (negative pressure) in adjacent rooms with the same pollution level is not less than 5Pa. Under normal circumstances, the pressure can be switched to positive one for admission of general ICU patients. **Conclusion** Through the reconstruction, the SICU can meet the requirements of treatment of NCP patients. The main points of reconstruction are space layout and the air conditioning and ventilation system.



**KEY WORDS:** intensive care unit; 2019-nCov; layout transformation; three zones and two passages; total negative pressure isolation ward

**Categories:** TCM

**Full text:** <http://kns.cnki.net/kcms/detail/61.1399.r.20200303.1506.004.html>

#### **No.899**

**Title:** FENG Ruiqi, LU Tong, ZHAN Libin. Differentiating and Treating Corona Virus Disease 2019 by Theory of “Treatment Individualized to Patient, Season and Locality”. Chinese Archives of Traditional Chinese Medicine.

#### **Abstract(original):**

**Objective:** Under the guidance of the theory of “treatment individualized to patient, season and locality” to explore the Traditional Chinese Medicine Diagnosis and Treatment Program for Corona Virus Disease 2019(COVID-19) formulated by various provinces and cities and analyze the differences and treatments in each diagnosis. **Methods:** We sorted out and compared the traditional Chinese medicine diagnosis and treatment plans formulated by the seven provinces in China and screened out the common syndrome types, prescriptions, proprietary Chinese formulae and acupoints. **Results:** The northern area patients are mainly cold and damp, and mixed with dryness syndrome. The medication is mainly nourishing Yin and moistening. The southern area patients are mainly damp and heat syndrome. The main medication is to clear the heat and detoxify and eliminate the dampness. The elderly patients use supplementary medicines more frequently, pregnant women use birth-settling medicines, and children and those with basic diseases have different preferences. **Conclusion:** The occurrence of COVID-19 is closely related to the special season, abnormal climate and human resistance, and the symptoms in different regions and different populations are different.

**Key words:** corona virus disease 2019; treatment individualized to patient, season and locality; treatment based on syndrome differentiation

**Categories:** TCM

**Full text:** <http://kns.cnki.net/kcms/detail/21.1546.R.20200304.1800.002.html>

#### **No.900**

**Title:** SUN Liang-ming, CHEN Jin-song, XUE Yan-xing, XUE BoShou. Thought on COVID-19 in Traditional Chinese Medicine by TCM Master XUE Bo-Shou. World Journal of Integrated Traditional and Western Medicine

#### **Abstract(original):**

Based on the clinical manifestations of COVID-19, professor XUE Bo-Shou combined with the academic thoughts and clinical experience of Mr. PU Fu-zhou proposed the diagnosis thought and therapeutic method of COVID-19. He thought that COVID-19 was cold and dampness epidemic and the disease location was mainly in the lungs. The treatment should be paid attention to seasonal climate influences and brought the academic medical experience of "typhoid fever" "warm disease" "plague" together and understand thoroughly, selected the best and use them, especially not ignore Treatise on Febrile Disease. The treatment should be attached importance to the etiology of the disease. At the beginning of the epidemic, we should pay attention to dispel external

pathogenic factor and attach importance to the overall treatment, especially strengthening qi and protecting stomach qi.

**Keywords:** COVID-19; Cold and Dampness Epidemic; XUE Bo-Shou

**Categories:** TCM

**Full text:** <http://kns.cnki.net/kcms/detail/11.5511.R.20200304.1800.002.html>

#### **No.901**

**Title:** YANG Xiuwei. Antiviral effect of glycyrrhizic acid. Modern Chinese Medicine

**DOI:** 10.13313/j.issn.1673-4890.20200221002

**Abstract(original):**

Antiviral substances obtained from medicinal plants are one of potentially good targets to study. Glycyrrhiza medicinal herbs have been commonly used in both traditional and modern medicine. Glycyrrhizic acid (glycyrrhizin) is one of the major bioactive constituent in Glycyrrhiza medicinal herbs. The paper reviewed antiviral effect of glycyrrhizic acid to provides basis for the further research and development as well as rational utilization of glycyrrhizic acid and its derivatives.

**Keywords:** genus Glycyrrhiza; glycyrrhizic acid; antiviral effect

**Categories:** TCM

**Full text:** <https://doi.org/10.13313/j.issn.1673-4890.20200221002>

#### **No.902**

**Title:** TENG Jun, JIANG Yunning, CHAI Xinlou, WANG Qi, LIU Yaqian, WANG Yujia, ZHAO Yanfen, ZHANG Yongsheng. Research Progress of COVID-19 Treated with Integration of Chinese and Western Medicine. Acta Chinese Medicine

**Abstract(original):**

In response to this epidemic, western medicine is mainly used for the new use of old medicine and experimental drugs, while Chinese medicine has shown that it is not inferior to western medicine in its ability to treat critically ill and severe diseases, highlighting the characteristics and advantages of Chinese medicine. Although the treatment of corona virus disease 2019 (COVID-19) with integration of Chinese and western medicine has achieved initial success, there are still the following problems: on the one hand, there is no specific antiviral drug; on the other hand, although Chinese medicine has shown good therapeutic effects, the long-term safety and effectiveness of clinical medication are difficult to be evaluated. Therefore, for Chinese medicine, in order to ensure the clinical efficacy, we should also gradually improve the medicine use standard, explore the pharmacological mechanism, and provide theoretical support for safe and rational medicine use.

**Key words:** COVID-19; coronavirus; therapeutic drugs; integration of Chinese and western medicine

**Categories:** TCM

**Full text:** <http://kns.cnki.net/kcms/detail/41.1411.R.20200305.0737.002.html>

#### **No.903**



**Title:** NI Liqiang, TAO Hongwu, YANG Xiaolin, ZHANG Jie, NI Xingjian. Analysis and Strategy on Prevention Plan of Corona Virus Disease 2019 by Traditional Chinese Medicine. Chinese Archives of Traditional Chinese Medicine.

**Abstract(original):**

Objective: To investigate the current prevention of corona virus disease 2019(COVID-19) with traditional Chinese medicine (TCM) for epidemic prevention. Method: We manually screened the plans with TCM from the latest diagnosis and treatment plans of COVID-19 issued by the national, provincial, autonomous regional, Wuhan health commissions, the State Administration of Traditional Chinese Medicine and the suggestions published by TCM masters, academicians and TCM clinical experts before February 15th, 2020. The information extraction table was made by concluding sources, time, organizations or workers, prescription compositions, medication methods and precautions. Results: A total of 23 diagnosis and 15 individual suggestions of TCM experts were retrieved, and 102 prescriptions for oral prevention of TCM and 17 other prevention plans were provided. Some of program writings were not standard and difficult to apply. Results showed that Huangqi (Astragalus), Jinyinhua (honeysuckle) and Shengjiang (ginger) have the higher using frequency in various prevention programs. Conclusion: The prevention of COVID-19 by traditional Chinese medicine should be promoted, and relevant laboratory research and clinical evaluation should be carried out. We should further standardize the diagnosis and treatment programs. Different physical groups should be given different preventive prescriptions. Huangqi (Astragalus), Jinyinhua (honeysuckle) and Shengjiang (ginger) should be noted.

**Keywords:** SARS-Cov-2; COVID-19; prevention of Chinese medicine

**Categories:** TCM

**Full text:** <http://kns.cnki.net/kcms/detail/21.1546.R.20200305.0914.002.html>

**No.904**

**Title:** SHI Jia, YANG Zongguo, YE Chen, CHEN Shishi, LU Yunfei, LV Ying, XU Qingnian, TANG Bozong, YIN Keshan, CHEN Xiaorong. Clinical observation on 49 cases of non-critical coronavirus disease 2019 in Shanghai treated by integrated traditional Chinese and western medicine. Shanghai Journal of Traditional Chinese Medicine.

**DOI:** 10.16305/j.1007-1334.2020.04.095

**Categories:** TCM

**Full text:** <https://doi.org/10.16305/j.1007-1334.2020.04.095>

**No.905**

**Title:** XIE Yang, ZHANG Peng, ZHAO Hulei, LI Suyun, LI Jiansheng. Clinical characteristics of novel coronavirus pneumonia clinical trial registration. Journal of Traditional Chinese Medicine

**Brief Summary:**

The objective of this study is to analyze clinical trial registration of clinical characteristics of novel coronavirus, and discuss it. The results found that the number of novel coronavirus pneumonia clinical trial registration increased rapidly, which is

conducive to the transparency of clinical trials. However, some trials have some problems of information being irregular and incomplete. Clinical research of TCM needs to highlight the advantages and advantages of TCM in terms of intervention measures and outcome indicators.

**Categories:** clinical trial registration/ TCM

**Full text:** <http://kns.cnki.net/kcms/detail/11.2166.r.20200304.1515.008.html>

#### **No.906**

**Title:** Diagnosis and treatment of novel coronavirus pneumonia (trial version sixth). Tianjin Journal of Traditional Chinese Medicine.

**Categories:** TCM/ guideline

**Full text:** <http://kns.cnki.net/kcms/detail/12.1349.R.20200304.1638.006.html>

#### **No.907**

**Title:** Xu Dongyu, Xu Yulong, Wang Zhiwan, Lü Yali, Zhu Honglei, Song Ting. Mechanism of Qingfeipaidu Decoction on COVID-19 Based on Network Pharmacology. Pharmacology and Clinics of Chinese Materia Medica

**DOI:** 10.13412/j.cnki.zyyl.20200305.00

#### **Abstract(original):**

**Objective:** To study Qingfeipaidu decoction and its mechanism in the treatment of COVID-19 based on network pharmacology. **Methods:** TCMSP database was used to search and screen the active components of Qingfeipaidu decoction, and GeneGards database was used to predict and screen the disease target, the active component-target network diagram was established. STRING was used to construct protein-protein interaction (PPI) network. Gene Ontology (Go) and KEGG enrichment analysis were performed, the target signal pathway network map was drawn. **Results:** A total of 217 targets of traditional Chinese medicine and 200 targets of COVID-19 were screened, then 51 common drug-disease targets were obtained, mostly enriched in biological processes and 30 signaling pathways, such as TNF signaling pathway, IL-17 signaling pathway, NF- $\kappa$ B signaling pathway and Th17 cell differentiation. **Conclusion:** The five main active components of Qingfeipaidu decoction in the treatment of COVID-19 are quercetin, luteolin, kaempferol, naringin and isorhamnetine. They can inhibit inflammatory reaction, regulate immune function, reduce lung injury and protect nerve function by regulating targets to achieve the purpose of treating COVID-19, such as mapk1, mapk3, mapk8, Mapk14, IL6, RELA and STAT1 and so on.

**Key words:** Qingfeipaidu decoction, COVID-19, target, signal pathway

**Categories:** TCM

**Full text:** <https://doi.org/10.13412/j.cnki.zyyl.20200305.001>

#### **No.908**

**Title:** MA Qing-yun, LIU Chen, DU Hai-tao, ZHANG Gui-sheng, SUN Qi-hui, LIU Xiao-yun, QI Dong-mei, YANG Yong, RONG Rong. Virtual Screening of Small Molecular Inhibitors of SARS-CoV-2 3CL Hydrolase and Anti-COVID-19 novel



coronavirus Pneumonia Traditional Chinese Medicine and Its Compound Prediction Based on High-throughput Molecular Docking. Chinese Traditional and Herbal Drugs.

**Abstract(original):**

Objective Based on the systematic pharmacological database of traditional Chinese medicine (TCM) and the analysis platform TCMSP, the computer virtual screening technique was used to find the small molecule inhibitors of TCM for SARS-CoV-2 3CL hydrolase, and to speculate the potential anti-COVID-19 novel coronavirus pneumonia TCMS and traditional Chinese Herbal Compounds. Methods SARS-CoV-2 3CL hydrolase protein was targeted in this study. Autodock Vina software and Python script were used to realize high-throughput molecular docking. Combined with “ADME-Lipinski” rules, the re-screening was carried out to optimize the active ingredients and to speculate the key TCMS and compound prescriptions. Based on the perspective of network pharmacology, a component-target-pathway network was constructed to infer the mechanism of action of core drug pairs. Results Taking lopinavir/ritonavir compound preparation as positive control, 66 natural micromolecule compounds with good pharmacokinetic properties were screened out, so that 66 natural micromolecule inhibitors with good pharmacokinetic properties were obtained. Eleven single TCMS, two Chinese medicine pairs of Licorice-Mori Cortex and Lonicerae Japonicae Flos-Forsythiae Fructus, and twelve TCM prescriptions including Sangju Drink and Modified Sangju Drink and Yinqiao Powder were selected as candidate schemes to fight against novel coronavirus pneumonia. Conclusion This study is based on high-throughput molecular docking technology to virtually screen small molecule inhibitors of SARS-CoV-2 3CL hydrolase of TCM and Chinese herbal medicines, innovatively analyze the potential molecular mechanism in combination with network pharmacology, and provide scientific guidance and theoretical basis for TCM to resist novel coronavirus pneumonia.

**Key words:** molecular docking; SARS-CoV-2; COVID-19; 3CL hydrolase; Small molecule inhibitor of TCM; network pharmacology

**Categories:** TCM

**Full text:** <http://kns.cnki.net/kcms/detail/12.1108.R.20200305.1441.004.html>

**No.909**

**Title:** LI Xiaodong, LIU Baoyan, WANG Yi, GUAN Ling, LI Guangxi, WANG Hua, WANG Jian, WENG Changshui, XIAO Mingzhong, TONG Xiaolin. Interpretation of novel coronavirus pneumonia recovery period guidance for Chinese medicine rehabilitation (Trial Implementation). Journal of Traditional Chinese Medicine.

**Categories:** TCM

**Full text:** <http://kns.cnki.net/kcms/detail/11.2166.R.20200304.1714.010.html>

► 06.03.2020

Year: 2020  
Author:  
Title: Correction to Lancet Glob Health 2020; published online Feb 28. [https://doi.org/10.1016/S2214-109X\(20\)30074-7](https://doi.org/10.1016/S2214-109X(20)30074-7)  
Journal: The Lancet Global Health  
DOI: [https://doi.org/10.1016/S2214-109X\(20\)30083-8](https://doi.org/10.1016/S2214-109X(20)30083-8)  
Abstract:  
URL: [https://doi.org/10.1016/S2214-109X\(20\)30083-8](https://doi.org/10.1016/S2214-109X(20)30083-8)  
Categories: \* Opinion piece; Epidemiology

Year: 2020  
Author:  
Title: Internatioanl News Letter - April 2020  
Journal: Midwifery  
DOI: <https://doi.org/10.1016/j.midw.2020.102668>  
Abstract:  
URL: <https://doi.org/10.1016/j.midw.2020.102668>  
Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020  
Author: Al-Qaness, Mohammed A. A.; Ewees, Ahmed A.; Fan, Hong; Abd El Aziz, Mohamed  
Title: Optimization Method for Forecasting Confirmed Cases of COVID-19 in China  
Journal: J Clin Med  
DOI: 10.3390/jcm9030674  
Abstract: In December 2019, a novel coronavirus, called COVID-19, was discovered in Wuhan, China, and has spread to different cities in China as well as to 24 other countries. The number of confirmed cases is increasing daily and reached 34,598 on 8 February 2020. In the current study, we present a new forecasting model to estimate and forecast the number of confirmed cases of COVID-19 in the upcoming ten days based on the previously confirmed cases recorded in China. The proposed model is an improved adaptive neuro-fuzzy inference system (ANFIS) using an enhanced flower pollination algorithm (FPA) by using the salp swarm algorithm (SSA). In general, SSA is employed to improve FPA to avoid its drawbacks (i.e., getting trapped at the local optima). The main idea of the proposed model, called FPASSA-ANFIS, is to improve the performance of ANFIS by determining the parameters of ANFIS using FPASSA. The FPASSA-ANFIS model is evaluated using the World Health Organization (WHO) official data of the outbreak of the COVID-19 to forecast the confirmed cases of the upcoming ten days. More so, the FPASSA-ANFIS model is compared to several existing models, and it showed better performance in terms of Mean Absolute Percentage Error (MAPE), Root Mean Squared Relative Error (RMSRE), Root Mean Squared Relative Error (RMSRE), coefficient of determination ( $R^2$ ), and computing time. Furthermore, we tested the proposed model using two different datasets of weekly influenza confirmed cases in two countries, namely the USA and China. The outcomes also showed good performances.  
URL: <https://doi.org/10.3390/jcm9030674>  
Categories: \* Epidemiological study; Epidemiology

Year: 2020  
Author: Al-Tawfiq, Jaffar A.; Al-Homoud, Ali H.; Memish, Ziad A.  
Title: Remdesivir as a possible therapeutic option for the COVID-19  
Journal: Travel Medicine and Infectious Disease  
DOI: <https://doi.org/10.1016/j.tmaid.2020.101615>  
Abstract:  
URL: <https://doi.org/10.1016/j.tmaid.2020.101615>  
Categories: Awaiting classification

Year: 2020  
Author: Al-Tawfiq, Jaffar A.; Memish, Ziad A.  
Title: Diagnosis of SARS-CoV-2 Infection based on CT scan vs. RT-PCR: Reflecting on Experience from MERS-CoV  
Journal: Journal of Hospital Infection  
DOI: <https://doi.org/10.1016/j.jhin.2020.03.001>  
Abstract:  
URL: <https://doi.org/10.1016/j.jhin.2020.03.001>  
Categories: \* Narrative review; Clinical aspects, diagnosis, treatment

Year: 2020  
Author: Chen, Chen; Zhou, Yiwu; Wang, Dao Wen  
Title: SARS-CoV-2: a potential novel etiology of fulminant myocarditis  
Journal: Herz  
DOI: [10.1007/s00059-020-04909-z](https://doi.org/10.1007/s00059-020-04909-z)  
Abstract:  
URL: <https://doi.org/10.1007/s00059-020-04909-z>  
Categories: \* Narrative review; Clinical aspects, diagnosis, treatment

Year: 2020  
Author: Chen, Dabiao; Xu, Wenxiong; Lei, Ziyang; Huang, Zhanlian; Liu, Jing; Gao, Zhiliang; Peng, Liang  
Title: Recurrence of positive SARS-CoV-2 RNA in COVID-19: A case report  
Journal: International Journal of Infectious Diseases  
DOI: <https://doi.org/10.1016/j.ijid.2020.03.003>  
Abstract: The ongoing outbreak of COVID-19 that began in Wuhan, China, has constituted a Public Health Emergency of International Concern, with cases confirmed in multiple countries. Currently patients are the main source of infection. We report a confirmed case of COVID-19 whose oropharyngeal swab test of SARS-CoV-2 RNA turned positive in convalescence. This case highlights the importance of dynamic surveillance of SARS-CoV-2 RNA for infectivity assessment.  
URL: <https://doi.org/10.1016/j.ijid.2020.03.003>  
Categories: \* Case study/series; Clinical aspects, diagnosis, treatment; Epidemiology

Year: 2020  
Author: Cheng, Lionel Tim-Ee; Chan, Lai Peng; Tan, Ban Hock; Chen, Robert Chun; Tay, Kiang Hiong; Ling, Moi Lin; Tan, Bien Soo  
Title: Déjà Vu or Jamais Vu? How the Severe Acute Respiratory Syndrome Experience Influenced a Singapore Radiology Department's Response to the Coronavirus Disease (COVID-19) Epidemic  
Journal: AJR Am J Roentgenol  
DOI: 10.2214/AJR.20.22927  
Abstract: OBJECTIVE. This article shares the ground operational perspective of how a tertiary hospital radiology department in Singapore is responding to the coronavirus disease (COVID-19) epidemic. This same department was also deeply impacted by the severe acute respiratory syndrome (SARS) outbreak in 2003. CONCLUSION. Though similar to SARS, the COVID-19 outbreak has several differences. We share how lessons from 2003 are applied and modified in our ongoing operational response to this evolving novel pathogen.  
URL: <https://doi.org/10.2214/AJR.20.22927>  
Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year:  
Author: Cheng, Vincent C. C.; Wong, Shuk-Ching; Chen, Jonathan H. K.; Yip, Cyril C. Y.; Chuang, Vivien W. M.; Tsang, Owen T. Y.; Sridhar, Siddharth; Chan, Jasper F. W.; Ho, Pak-Leung; Yuen, Kwok-Yung  
Title: Escalating infection control response to the rapidly evolving epidemiology of the Coronavirus disease 2019 (COVID-19) due to SARS-CoV-2 in Hong Kong  
Journal: Infection Control & Hospital Epidemiology  
DOI: 10.1017/ice.2020.58  
Abstract: Background:To describe the infection control preparedness for Coronavirus Disease (COVID-19) due to SARS-CoV-2 [previously known as 2019-novel coronavirus] in the first 42 days after announcement of a cluster of pneumonia in China, on 31 December 2019 (day 1) in Hong Kong.Methods:A bundle approach of active and enhanced laboratory surveillance, early airborne infection isolation, rapid molecular diagnostic testing, and contact tracing for healthcare workers (HCWs) with unprotected exposure in the hospitals was implemented. Epidemiological characteristics of confirmed cases, environmental and air samples were collected and analyzed.Results:From day 1 to day 42, forty-two (3.3%) of 1275 patients fulfilling active (n=29) and enhanced laboratory surveillance (n=13) confirmed to have SARS-CoV-2 infection. The number of locally acquired case significantly increased from 1 (7.7%) of 13 [day 22 to day 32] to 27 (93.1%) of 29 confirmed case [day 33 to day 42] (p<0.001). Twenty-eight patients (66.6%) came from 8 family clusters. Eleven (2.7%) of 413 HCWs caring these confirmed cases were found to have unprotected exposure requiring quarantine for 14 days. None of them was infected and nosocomial transmission of SARS-CoV-2 was not observed. Environmental surveillance performed in a patient with viral load of 3.3x10<sup>6</sup> copies/ml (pooled nasopharyngeal/ throat swab) and 5.9x10<sup>6</sup> copies/ml (saliva) respectively. SARS-CoV-2 revealed in 1 (7.7%) of 13 environmental samples, but not in 8 air samples collected at a distance of 10 cm from patient's chin with or without wearing a surgical mask.Conclusion:Appropriate hospital infection control measures could prevent nosocomial transmission of SARS-CoV-2.  
URL: <https://doi.org/10.1017/ice.2020.58>  
Categories: \* Epidemiological study; \* Narrative review; Clinical aspects, diagnosis, treatment; Epidemiology; Infection prevention and control

Year: 2020  
Author: Colson, Philippe; Rolain, Jean-Marc; Lagier, Jean-Christophe; Brouqui, Philippe; Raoult, Didier  
Title: Chloroquine and hydroxychloroquine as available weapons to fight COVID-19  
Journal: International Journal of Antimicrobial Agents  
DOI: <https://doi.org/10.1016/j.ijantimicag.2020.105932>  
Abstract:  
URL: <https://doi.org/10.1016/j.ijantimicag.2020.105932>



Categories: \* Narrative review; Clinical aspects, diagnosis, treatment

Year: 2020

Author: Couzin-Frankel, Jennifer

Title: With \$115 million, more than 80 Boston researchers will collaborate to tackle COVID-19

Journal: Science

DOI: 10.1126/science.abb6021

Abstract: A \$115 million collaboration to tackle the rapidly spreading viral disease COVID-19, led by heavy hitters of Boston science and funded by a Chinese property development company, kicked off today as the group's leaders pledged to take on the virus on many fronts. The project brings together researchers at many of the city's top academic institutions, along with local biotechnology companies such as Moderna. Those leading it hope they can quickly funnel money into studies that will build off a new repository of samples from infected people and community surveillance, materials that can be rapidly shared among scientists. The project, they anticipate, should answer critical questions about how COVID-19 is spreading and how best to prevent and treat infections.

URL: <https://doi.org/10.1126/science.abb6021>

Categories: Ethics, social science, economics; Infection prevention and control

Year:

Author: Diao, MengYuan; Zhang, Sheng; Chen, Dechang; Hu, Wei

Title: The novel coronavirus (COVID-19) infection in Hangzhou: An experience to share

Journal: Infection Control & Hospital Epidemiology

DOI: 10.1017/ice.2020.62

Abstract: Current situation in Hangzhou Hangzhou, the capital of Zhejiang province in China, was confronted with the pandemic of a novel coronavirus (COVID-19) that originated in Wuhan, Hubei province<sup>1</sup>. According to the Health Commission of Zhejiang Province<sup>2</sup>, six cases was first reported on January 19, 2020, and the cumulative cases reached 169 as of February 20, 2020. The situation in Hangzhou was once rather severe as it was once the top ranking city with respect to number of confirmed cases in Zhejiang province at the beginning of the epidemic. Since Hangzhou government took rigorous measures to contain the epidemic, positive trends have been seen. The daily number of newly confirmed cases has sharply decreased within the last week and there was only one confirmed case from February 17 to 20. Similarly, another point to be emphasized was that Hangzhou reported no deaths in its administrative region. We used a regression of log-incidence over time model<sup>3</sup>, which could provide a fitted trajectory for the actual daily incidence to verify the control effect. As show in Fig.1, the optimal splitting point, which was defined as the peak in number of daily new cases simulated by the model, occurred on January 25. That date was just about a week after launching the highest level of emergency public health alert and response in Hangzhou, which indicates that the prevention and control measures may be effective

URL: <https://doi.org/10.1017/ice.2020.62>

Categories: \* Epidemiological study; \* Narrative review; Clinical aspects, diagnosis, treatment; Epidemiology; Infection prevention and control

Year: 2020  
Author: Fahmi, Muhamad; Kubota, Yukihiro; Ito, Masahiro  
Title: Nonstructural proteins NS7b and NS8 are likely to be phylogenetically associated with evolution of 2019-nCoV  
Journal: Infection, Genetics and Evolution  
DOI: <https://doi.org/10.1016/j.meegid.2020.104272>  
Abstract: The seventh novel human infecting Betacoronavirus that causes pneumonia (2019 novel coronavirus, 2019-nCoV) originated in Wuhan, China. The evolutionary relationship between 2019-nCoV and the other human respiratory illness-causing coronavirus is not closely related. We sought to characterize the relationship of the translated proteins of 2019-nCoV with other species of Orthocoronavirinae. A phylogenetic tree was constructed from the genome sequences. A cluster tree was developed from the profiles retrieved from the presence and absence of homologs of ten 2019-nCoV proteins. The combined data were used to characterize the relationship of the translated proteins of 2019-nCoV to other species of Orthocoronavirinae. Our analysis reliably suggests that 2019-nCoV is most closely related to BatCoV RaTG13 and belongs to subgenus Sarbecovirus of Betacoronavirus, together with SARS coronavirus and Bat-SARS-like coronavirus. The phylogenetic profiling cluster of homolog proteins of one annotated 2019-nCoV protein against other genome sequences revealed two clades of ten 2019-nCoV proteins. Clade 1 consisted of a group of conserved proteins in Orthocoronavirinae comprising Orf1ab polyprotein, Nucleocapsid protein, Spike glycoprotein, and Membrane protein. Clade 2 comprised six proteins exclusive to Sarbecovirus and Hibecovirus. Two of six Clade 2 nonstructural proteins, NS7b and NS8, were exclusively conserved among 2019-nCoV, BetaCoV\_RaTG, and BatSARS-like Cov. NS7b and NS8 have previously been shown to affect immune response signaling in the SARS-CoV experimental model. Thus, we speculated that knowledge of the functional changes in the NS7b and NS8 proteins during evolution may provide important information to explore the human infective property of 2019-nCoV.  
URL: <https://doi.org/10.1016/j.meegid.2020.104272>  
Categories: \* Narrative review; Virology, immunology

Year: 2020  
Author: Gu, Jinyang; Han, Bing; Wang, Jian  
Title: COVID-19: Gastrointestinal manifestations and potential fecal-oral transmission  
Journal: Gastroenterology  
DOI: <https://doi.org/10.1053/j.gastro.2020.02.054>  
Abstract: <https://doi.org/10.1053/j.gastro.2020.02.054>  
URL: <https://doi.org/10.1053/j.gastro.2020.02.054>  
Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020  
Author: Harman, Sophie  
Title: The danger of stories in global health  
Journal: The Lancet  
DOI: [https://doi.org/10.1016/S0140-6736\(20\)30427-X](https://doi.org/10.1016/S0140-6736(20)30427-X)  
Abstract: [https://doi.org/10.1016/S0140-6736\(20\)30427-X](https://doi.org/10.1016/S0140-6736(20)30427-X)  
URL: [https://doi.org/10.1016/S0140-6736\(20\)30427-X](https://doi.org/10.1016/S0140-6736(20)30427-X)  
Categories: \* Opinion piece; Ethics, social science, economics



Year:

Author: Hoffmann, Markus; Kleine-Weber, Hannah; Schroeder, Simon; Krüger, Nadine; Herrler, Tanja; Erichsen, Sandra; Schiergens, Tobias S.; Herrler, Georg; Wu, Nai-Huei; Nitsche, Andreas; Müller, Marcel A.; Drosten, Christian; Pöhlmann, Stefan

Title: SARS-CoV-2 Cell Entry Depends on ACE2 and TMPRSS2 and Is Blocked by a Clinically Proven Protease Inhibitor

Journal: Cell

DOI: 10.1016/j.cell.2020.02.052

Abstract: The recent emergence of the novel, pathogenic SARS-coronavirus 2 (SARS-CoV-2) in China and its rapid national and international spread pose a global health emergency. Cell entry of coronaviruses depends on binding of the viral spike (S) proteins to cellular receptors and on S protein priming by host cell proteases. Unravelling which cellular factors are used by SARS-CoV-2 for entry might provide insights into viral transmission and reveal therapeutic targets. Here, we demonstrate that SARS-CoV-2 uses the SARS-CoV receptor ACE2 for entry and the serine protease TMPRSS2 for S protein priming. A TMPRSS2 inhibitor approved for clinical use blocked entry and might constitute a treatment option. Finally, we show that the sera from convalescent SARS patients cross-neutralized SARS-2-S-driven entry. Our results reveal important commonalities between SARS-CoV-2 and SARS-CoV infection and identify a potential target for antiviral intervention.

URL: <https://doi.org/10.1016/j.cell.2020.02.052>

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Virology, immunology

Year: 2020

Author: Huang, J. Z.; Han, M. F.; Luo, T. D.; Ren, A. K.; Zhou, X. P.

Title: Mental health survey of 230 medical staff in a tertiary infectious disease hospital for COVID-19

Journal: Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi

DOI: 10.3760/cma.j.cn121094-20200219-00063

Abstract: Objective: To investigate the mental health of clinical first-line medical staff in COVID-19 epidemic and provide theoretical basis for psychological intervention. Method: The mental health status of the first-line medical staff was investigated by Self-rating Anxiety Acale (SAS) and Post-Traumatic Stress Disorder Self-rating Scale(PTSD-SS). From February 7 to 14, 2020, 246 medical staff were investigated who participated in the treatment of COVID-19 using cluster sampling , and received 230 responses, with a recovery rate of 93.5%. Results: The incidence of anxiety in medical staff was 23.04% (53/230), and the score of SAS was (42.91 ± 10.89). Among them, the incidence of severe anxiety, moderate anxiety and mild anxiety were 2.17% (5/230), 4.78% (11/230) and 16.09% (37/230), respectively. The incidence of anxiety in female medical staff was higher than that in male [25.67% (48/187) vs 11.63% (5/43), Z=-2.008, P=0.045], the score of SAS in female medical staff was higher than that in male [(43.78±11.12) vs (39.14 ± 9.01), t =-2.548, P=0.012]. The incidence of anxiety in nurses was higher than that in doctors [26.88% (43/160) vs 14.29% (10/70), Z=-2.066, P=0.039], and the score of SAS in nurses was higher than that in doctors [(44.84±10.42) vs (38.50±10.72), t =-4.207, P<0.001]. The incidence of stress disorder in medical staff was 27.39% (63/230), and the score of PTSD-SS was (42.92 ± 17.88). The score of PTSD-SS in female medical staff was higher than that of male [(44.30±18.42) vs(36.91 ± 13.95), t=-2.472, P=0.014]. Conclusions: In COVID-19 epidemic, the incidence of anxiety and stress disorder is high among medical staff. Medical institutions should strengthen the training of psychological skills of medical staff. Special attention should be paid to the mental health of female nurses.

URL: <https://doi.org/10.3760/cma.j.cn121094-20200219-00063>

Categories: \* Epidemiological study; Ethics, social science, economics

Year: 2020  
Author: Hurley, Richard  
Title: Prepare for a pandemic  
Journal: BMJ  
DOI: 10.1136/bmj.m864

Abstract: A covid-19 pandemic is highly likely, warns our editorialist, the epidemiologist John Watkins (doi:10.1136/bmj.m810), and we need to plan now how to reconfigure care services to cope with the looming escalation in demand. "We should plan on the assumption that most of the population may contract the virus with few or no long term effects," he writes, "while harnessing vital secondary healthcare resources to treat the small percentage of people who become seriously ill." As at Tuesday 3 March the UK had confirmed 51 cases of infection (doi: ...

URL: <https://doi.org/10.1136/bmj.m864>

Categories: \* Narrative review; \* Opinion piece; Clinical aspects, diagnosis, treatment; Epidemiology; Infection prevention and control

Year: 2020  
Author: Jiang, Fang; Deng, Liehua; Zhang, Liangqing; Cai, Yin; Cheung, Chi Wai; Xia, Zhengyuan  
Title: Review of the Clinical Characteristics of Coronavirus Disease 2019 (COVID-19)  
Journal: Journal of General Internal Medicine  
DOI: 10.1007/s11606-020-05762-w

Abstract: In late December 2019, a cluster of cases with 2019 Novel Coronavirus pneumonia (SARS-CoV-2) in Wuhan, China, aroused worldwide concern. Previous studies have reported epidemiological and clinical characteristics of coronavirus disease 2019 (COVID-19). The purpose of this brief review is to summarize those published studies as of late February 2020 on the clinical features, symptoms, complications, and treatments of COVID-19 and help provide guidance for frontline medical staff in the clinical management of this outbreak.

URL: <https://doi.org/10.1007/s11606-020-05762-w>

Categories: \* Narrative review; Epidemiology

Year: 2020  
Author: Keshavarz, Ahmad Tavakoli; Katayon, Vahdat; Mohsen  
Title: Novel Coronavirus Disease 2019 (COVID-19): An Emerging Infectious Disease in the 21st Century  
Journal: Iranian South Medical Journal  
DOI:

Abstract: Background: At the beginning of the New Year 2020, China alerted the world health organization (WHO) to a cluster of unusual pneumonia cases in Wuhan. After extensive speculation, eventually a new species of coronavirus introduced as the causative pathogen of the disease. Coronavirus disease 2019 (COVID-19) is a name for the disease, and the virus that causes it is known SARS-CoV-2. The very rapid spread of the COVID-19 in China and in many other countries has caused fear among people across the world. The novel coronavirus outbreak declared a Public Health Emergency of International Concern on 30 January 2020. Materials and Methods: Several databases such as PubMed, Scopus, Google scholar, and BioRxiv were searched for publications reporting on the novel coronavirus up to 29 February 2020. Literature searches were performed using keywords including "Coronavirus 2019", "2019-nCoV", "COVID-19", and "SARS-CoV-2". Moreover, websites such as the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) were searched to retrieve updated data and statistics regarding the novel coronavirus. We extracted data on the epidemiology, pathogenesis, virology, clinical manifestations, transmission routes, diagnosis, treatment, and prevention measures. Results: From the 1416 articles identified in the initial search, 53 were remained after title and abstract screening. After full-text review, 37 articles were eligible to include in our study. Incubation period for COVID-19 is between 2-10 days, according to the World Health Organization (WHO). The case fatality rate in patients infected with SARC-CoV-2 is 4.3%, and the results indicate that the mortality is higher in elderly individuals and patients with chronic

conditions including patients with coronary artery disease, diabetes, chronic pulmonary disease, and hypertension. The mortality rate in healthy subjects is less than 1%. Conclusion: The outbreak caused by the novel coronavirus is larger than the previous human coronaviruses, showing that the SARS-CoV-2 is an extremely contagious virus. However, the mortality rate of COVID-19 is lower than that of other coronaviruses diseases such as SARS or MERS and other viruses like HIV and Ebola. Currently, due to the lack of an effective treatment and vaccine, the best way to deal with the COVID-19 disease is to prevent transmission and spread of the virus and to execute personal protective measures.

URL: <https://doi.org/>

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Epidemiology; Infection prevention and control

Year: 2020

Author: Ko, Wen-Chien; Rolain, Jean-Marc; Lee, Nan-Yao; Chen, Po-Lin; Huang, Ching-Tai; Lee, Ping-Ing; Hsueh, Po-Ren

Title: Arguments in favor of remdesivir for treating SARS-CoV-2 infections

Journal: International Journal of Antimicrobial Agents

DOI: <https://doi.org/10.1016/j.ijantimicag.2020.105933>

Abstract:

URL: <https://doi.org/10.1016/j.ijantimicag.2020.105933>

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment

Year: 2020

Author: Konrad, Regina; Eberle, Ute; Dangel, Alexandra; Treis, Bianca; Berger, Anja; Bengs, Katja; Fingerle, Volker; Liebl, Bernhard; Ackermann, Nikolaus; Sing, Andreas

Title: Rapid establishment of laboratory diagnostics for the novel coronavirus SARS-CoV-2 in Bavaria, Germany, February 2020

Journal: Eurosurveillance

DOI: [doi:https://doi.org/10.2807/1560-7917.ES.2020.25.9.2000173](https://doi.org/10.2807/1560-7917.ES.2020.25.9.2000173)

Abstract: In connection with the ongoing outbreak of a novel coronavirus in the province Hubei and surrounding areas in China, it was expected that Europe would also be confronted with the emerging severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), as infections in travellers in several Asian countries outside of China were confirmed shortly after the announcement of the outbreak in Wuhan [1-4]. Therefore, it was necessary to rapidly implement adequately quick and sensitive diagnostic assays for outbreak management of SARS-CoV-2 in public health laboratories. As soon as the World Health Organization (WHO) published the first protocols for real-time RT-PCR assays, the Bavarian Food and Health Authority started to implement them. We ordered control material and oligonucleotides (see details below) in week 4 and ran our first SARS-CoV-2 assays on 27 January (week 5). On the same day, the first German case of coronavirus disease 2019 (COVID-19) was diagnosed in Bavaria [1]. In the following days, health authorities implemented comprehensive measures to prevent further transmission of SARS-CoV-2, including testing of contact persons. We initially used the protocol based on the E gene and RdRp gene developed by the German Consiliary Laboratory for Coronaviruses hosted at the Charité in Berlin [5]. Real-time RT-PCR was initially performed with the QuantiTect Virus +Rox Vial kit (QIAGEN, Hilden, Germany) on the Bio-Rad CFX96 Touch Real-Time PCR Detection System (Bio-Rad, Feldkirchen, Germany). The kit was chosen for its frequent and successful use in our laboratory with other assays and its immediate availability. Primers and probes were used as described [5] and provided by TIB Molbiol (Berlin, Germany). Control material was ordered from the European Virus Archive (EVAg) and consisted of synthetic Wuhan coronavirus 2019 E gene control (reference number 026N-03866) and SARS-CoV Frankfurt 1 RNA (reference number 004N-02005) [6]. In addition, the control of LightMix Modular Wuhan CoV RdRP-gene (TibMolbiol, Berlin, Germany) was used for the SARS-CoV-2 specific assay. Respiratory samples (nasopharyngeal swabs or sputum) were obtained from patients and contact persons. Sputum samples were diluted in 2 mL phosphate buffered saline (PBS). RNA was extracted using the QIAamp Bio Robot kit

(QIAGEN) on a Hamilton Microlab Star (Hamilton, Bonaduz, Switzerland). As at 1 March, 87,024 cases and 2,979 associated deaths have been reported worldwide [1]. The vast majority of the deaths (96%) have been reported in China [1]. Despite the high number of cases reported globally, estimates of the severity pyramid of disease and case fatality rate remain very uncertain; one large study conducted in China estimated that the majority (81%) of the cases were mild (i.e. non-pneumonia or mild pneumonia), 14% were severe (e.g. with dyspnoea) and 5% were in a critical condition (i.e. respiratory failure, septic shock and/or multiple organ dysfunction/failure) [2]. The case fatality ratio was 2.3% [2]. Despite extraordinary containment measures implemented in China, including the enforced lockdown of several cities and closures of schools, the virus has spread throughout the country and internationally [2]. It is too early to predict with any certainty the epidemiological developments over the coming weeks, but the possibility of widespread community transmission becoming established throughout the EU/EEA is becoming increasingly likely.

URL: <https://doi.org/doi:https://doi.org/10.2807/1560-7917.ES.2020.25.9.2000173>

Categories: \* Case study/series; \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020

Author: Kumar, Swatantra; Maurya, Vimal K.; Prasad, Anil K.; Bhatt, Madan L. B.; Saxena, Shailendra K.

Title: Structural, glycosylation and antigenic variation between 2019 novel coronavirus (2019-nCoV) and SARS coronavirus (SARS-CoV)

Journal: VirusDisease

DOI: 10.1007/s13337-020-00571-5

Abstract: The emergence of 2019 novel coronavirus (2019-nCoV) is of global concern and might have emerged from RNA recombination among existing coronaviruses. CoV spike (S) protein which is crucial for receptor binding, membrane fusion via conformational changes, internalization of the virus, host tissue tropism and comprises crucial targets for vaccine development, remain largely uncharacterized. Therefore, the present study has been planned to determine the sequence variation, structural and antigenic divergence of S glycoprotein which may be helpful for the management of 2019-nCoV infection. The sequences of spike glycoprotein of 2019-nCoV and SARS coronavirus (SARS-CoV) were used for the comparison. The sequence variations were determined using EMBOSS Needle pairwise sequence alignment tools. The variation in glycosylation sites was predicted by NetNGlyc 1.0 and validated by N-GlyDE server. Antigenicity was predicted by NetCTL 1.2 and validated by IEDB Analysis Resource server. The structural divergence was determined by using SuperPose Version 1.0 based on cryo-EM structure of the SARS coronavirus spike glycoprotein. Our data suggests that 2019-nCoV is newly spilled coronavirus into humans in China is closely related to SARS-CoV, which has only 12.8% of difference with SARS-CoV in S protein and has 83.9% similarity in minimal receptor-binding domain with SARS-CoV. Addition of a novel glycosylation sites were observed in 2019-nCoV. In addition, antigenic analysis proposes that great antigenic differences exist between both the viral strains, but some of the epitopes were found to be similar between both the S proteins. In spite of the variation in S protein amino acid composition, we found no significant difference in their structures. Collectively, for the first time our results exhibit the emergence of human 2019-nCoV is closely related to predecessor SARS-CoV and provide the evidence that 2019-nCoV uses various novel glycosylation sites as SARS-CoV and may have a potential to become pandemic owing its antigenic discrepancy. Further, demonstration of novel Cytotoxic T lymphocyte epitopes may impart opportunities for the development of peptide based vaccine for the prevention of 2019-nCoV.

URL: <https://doi.org/10.1007/s13337-020-00571-5>

Categories: \* Narrative review; Virology, immunology



Year: 2020  
Author: Lai, Chih-Cheng; Liu, Yen Hung; Wang, Cheng-Yi; Wang, Ya-Hui; Hsueh, Shun-Chung; Yen, Muh-Yen; Ko, Wen-Chien; Hsueh, Po-Ren  
Title: Asymptomatic carrier state, acute respiratory disease, and pneumonia due to severe acute respiratory syndrome coronavirus 2 (SARSCoV-2): Facts and myths  
Journal: Journal of Microbiology, Immunology and Infection  
DOI: <https://doi.org/10.1016/j.jmii.2020.02.012>  
Abstract: Since the emergence of coronavirus disease 2019 (COVID-19) (formerly known as the 2019 novel coronavirus [2019-nCoV]) in Wuhan, China in December 2019, which is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), more than 75,000 cases have been reported in 32 countries/regions, resulting in more than 2,000 deaths worldwide. Despite the fact that most COVID-19 cases and mortalities were reported in China, the WHO has declared this outbreak as the sixth public health emergency of international concern. The COVID-19 can present as an asymptomatic carrier state, acute respiratory disease, and pneumonia. Adults represent the population with the highest infection rate; however, neonates, children, and elderly patients can also be infected by SARS-CoV-2. In addition, nosocomial infection of hospitalized patients and healthcare workers, and viral transmission from asymptomatic carriers are possible. The most common finding on chest imaging among patients with pneumonia was ground-glass opacity with bilateral involvement. Severe cases are more likely to be older patients with underlying comorbidities compared to mild cases. Indeed, age and disease severity may be correlated with the outcomes of COVID-19. To date, effective treatment is lacking; however, clinical trials investigating the efficacy of several agents, including remdesivir and chloroquine, are underway in China. Currently, effective infection control intervention is the only way to prevent the spread of SARS-CoV-2.  
URL: <https://doi.org/10.1016/j.jmii.2020.02.012>  
Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Epidemiology; Infection prevention and control

Year: 2020  
Author: Lee, Ing-Kit; Wang, Chih-Chi; Lin, Meng-Chih; Kung, Chia-Te; Lan, Kuo-Chung; Lee, Chien-Te  
Title: Effective strategies to prevent coronavirus disease-2019 (COVID-19) outbreak in hospital  
Journal: Journal of Hospital Infection  
DOI: <https://doi.org/10.1016/j.jhin.2020.02.022>  
Abstract:  
URL: <https://doi.org/10.1016/j.jhin.2020.02.022>  
Categories: \* Opinion piece; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020  
Author: Li, Xiaowei; Geng, Manman; Peng, Yizhao; Meng, Liesu; Lu, Shemin  
Title: Molecular immune pathogenesis and diagnosis of COVID-19  
Journal: Journal of Pharmaceutical Analysis  
DOI: <https://doi.org/10.1016/j.jpha.2020.03.001>  
Abstract: Coronavirus disease 2019 (COVID-19) is a kind of viral pneumonia with an unusual outbreak in Wuhan, China, in December 2019, which is caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The emergence of SARS-CoV-2 has been marked as the third introduction of a highly pathogenic coronavirus into the human population after the severe acute respiratory syndrome coronavirus (SARS-CoV) and the Middle East respiratory syndrome coronavirus (MERS-CoV) in the twenty-first century. In this minireview, we provide a brief introduction of the general features of SARS-CoV-2 and discuss current knowledge of molecular immune pathogenesis, diagnosis and treatment of COVID-19 on the base of the present understanding of SARS-CoV and MERS-CoV infections, which may be helpful in offering novel insights and potential therapeutic targets for combating the SARS-CoV-2 infection.  
URL: <https://doi.org/10.1016/j.jpha.2020.03.001>

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control; Virology, immunology

Year: 2020

Author: Li, Yan; Xia, Liming

Title: Coronavirus Disease 2019 (COVID-19): Role of Chest CT in Diagnosis and Management

Journal: AJR Am J Roentgenol

DOI: 10.2214/AJR.20.22954

Abstract: OBJECTIVE. The objective of our study was to determine the misdiagnosis rate of radiologists for coronavirus disease 2019 (COVID-19) and evaluate the performance of chest CT in the diagnosis and management of COVID-19. The CT features of COVID-19 are reported and compared with the CT features of other viruses to familiarize radiologists with possible CT patterns. MATERIALS AND METHODS. This study included the first 51 patients with a diagnosis of COVID-19 infection confirmed by nucleic acid testing (23 women and 28 men; age range, 26-83 years) and two patients with adenovirus (one woman and one man; ages, 58 and 66 years). We reviewed the clinical information, CT images, and corresponding image reports of these 53 patients. The CT images included images from 99 chest CT examinations, including initial and follow-up CT studies. We compared the image reports of the initial CT study with the laboratory test results and identified CT patterns suggestive of viral infection. RESULTS. COVID-19 was misdiagnosed as a common infection at the initial CT study in two inpatients with underlying disease and COVID-19. Viral pneumonia was correctly diagnosed at the initial CT study in the remaining 49 patients with COVID-19 and two patients with adenovirus. These patients were isolated and obtained treatment. Ground-glass opacities (GGOs) and consolidation with or without vascular enlargement, interlobular septal thickening, and air bronchogram sign are common CT features of COVID-19. The "reversed halo" sign and pulmonary nodules with a halo sign are uncommon CT features. The CT findings of COVID-19 overlap with the CT findings of adenovirus infection. There are differences as well as similarities in the CT features of COVID-19 compared with those of the severe acute respiratory syndrome. CONCLUSION. We found that chest CT had a low rate of missed diagnosis of COVID-19 (3.9%, 2/51) and may be useful as a standard method for the rapid diagnosis of COVID-19 to optimize the management of patients. However, CT is still limited for identifying specific viruses and distinguishing between viruses.

URL: <https://doi.org/10.2214/AJR.20.22954>

Categories: \* Case study/series; Clinical aspects, diagnosis, treatment

Year: 2020

Author: Liang, Huan; Acharya, Ganesh

Title: Novel corona virus disease (COVID-19) in pregnancy: What clinical recommendations to follow?

Journal: Acta Obstetrica et Gynecologica Scandinavica

DOI: 10.1111/aogs.13836

Abstract: Interim guidance has been issued by the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) on managing COVID-19, which include some recommendations specific to pregnant women mostly drawn on experience from previous coronavirus outbreaks.<sup>8, 9</sup> Chinese expert recommendations for the care of pregnant women with suspected and confirmed COVID-19 were developed and disseminated in China quite early following the outbreak in Wuhan.<sup>10</sup> These recommendations have been dynamic, evolving as more knowledge about epidemiology, pathogenesis, disease progression and clinical course among infected pregnant patients has been gathered. Limited clinical experience in managing pregnant women with COVID-19 and their neonates has been reported from China recently based on a case series of nine pregnancies with confirmed COVID-19 treated in Zhongnan Hospital of Wuhan University and 10 neonates (nine pregnancies) delivered at five different hospitals,<sup>11, 12</sup> although many more cases (>100) of suspected or confirmed COVID-19 have been treated and delivered in several hospitals in China according to the news releases and media reports. So far, no

maternal deaths have been reported. There appears to be some risk of premature rupture of membranes, preterm delivery, fetal tachycardia and fetal distress when the infection occurs in the third trimester of pregnancy. However, there is no evidence suggesting transplacental transmission based on very limited data, as the analysis of amniotic fluid, cord blood, neonatal throat swab, and breast milk samples available from six of the nine patients were found to be negative for SARS-COV-2. Whether virus shedding occurs vaginally is also not known.

URL: <https://doi.org/10.1111/aogs.13836>

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment

Year: 2020

Author: Lin, Qianying; Zhao, Shi; Gao, Daozhou; Lou, Yijun; Yang, Shu; Musa, Salihu S.; Wang, Maggie H.; Cai, Yongli; Wang, Weiming; Yang, Lin; He, Daihai

Title: A conceptual model for the outbreak of Coronavirus disease 2019 (COVID-19) in Wuhan, China with individual reaction and governmental action

Journal: International Journal of Infectious Diseases

DOI: <https://doi.org/10.1016/j.ijid.2020.02.058>

Abstract: The ongoing Coronavirus Disease 2019 (COVID-19) outbreak, originated in the end of 2019 in Wuhan, China, has claimed more than 2200 lives and posed a huge threat to global public health. The Chinese government has implemented control measures including setting up special hospitals and travel restriction to mitigate the spread. We propose conceptual models for the outbreak in Wuhan with the consideration of individual behavioural reaction and governmental actions, e.g., holiday extension, travel restriction, hospitalisation and quarantine. We employed the estimates of these two key components from the 1918 influenza pandemic in London, United Kingdom, incorporated zoonotic introductions and the emigration, then computed future trends and the reporting ratio. The model is concise in structure, and it successfully captures the course of the COVID-19 outbreak, and thus sheds light on understanding the trends of the outbreak.

URL: <https://doi.org/10.1016/j.ijid.2020.02.058>

Categories: \* Epidemiological study; Epidemiology

Year: 2020

Author: Lippi, Giuseppe; Plebani, Mario

Title: Procalcitonin in patients with severe coronavirus disease 2019 (COVID-19): a meta-analysis

Journal: Clinica Chimica Acta

DOI: <https://doi.org/10.1016/j.cca.2020.03.004>

Abstract:

URL: <https://doi.org/10.1016/j.cca.2020.03.004>

Categories: \* Epidemiological study; Clinical aspects, diagnosis, treatment

Year: 2020

Author: Liu, Kai; Chen, Ying; Wu, Duozhi; Lin, Ruzheng; Wang, Zaisheng; Pan, Liqing

Title: Effects of progressive muscle relaxation on anxiety and sleep quality in patients with COVID-19

Journal: Complementary Therapies in Clinical Practice

DOI: <https://doi.org/10.1016/j.ctcp.2020.101132>

Abstract: Background Patients with Coronavirus Disease 2019(COVID-19) will experience high levels of anxiety and low sleep quality due to isolation treatment. Some sleep-improving drugs may inhibit the respiratory system and worsen the condition. Prolonged bedside instruction may increase the risk of medical infections. Objective To investigate the effect of progressive muscle relaxation on anxiety and sleep quality of COVID-19. Methods In this randomized controlled clinical trial, a total of 51 patients who entered the isolation ward were included in the study and randomly divided into experimental and control groups. The experimental group used progressive

muscle relaxation (PMR) technology for 30 min per day for 5 consecutive days. During this period, the control group received only routine care and treatment. Before and after the intervention, the Spielberger State-Trait Anxiety Scale (STAI) and Sleep State Self-Rating Scale (SRSS) were used to measure and record patient anxiety and sleep quality. Finally, data analysis was performed using SPSS 25.0 software. Results The average anxiety score (STAI) before intervention was not statistically significant ( $P = 0.730$ ), and the average anxiety score after intervention was statistically significant ( $P < 0.001$ ). The average sleep quality score (SRSS) of the two groups before intervention was not statistically significant ( $P = 0.838$ ), and it was statistically significant after intervention ( $P < 0.001$ ). Conclusion Progressive muscle relaxation as an auxiliary method can reduce anxiety and improve sleep quality in patients with COVID-19.

URL: <https://doi.org/10.1016/j.ctcp.2020.101132>

Categories: \* Comparative study, RCT; Ethics, social science, economics

Year: 2020

Author: Mahase, Elisabeth

Title: Covid-19: 90% of cases will hit NHS over nine week period, chief medical officer warns

Journal: BMJ

DOI: 10.1136/bmj.m918

Abstract: Nearly all covid-19 cases will hit the NHS in a "heavily concentrated" burst, with 50% of cases predicted to happen over a three week period and 90% over nine weeks, says the chief medical officer for England, Chris Whitty. Speaking to the Health and Social Care Committee on 5 March, Whitty said that the NHS would be put under huge pressure and would have to push some routine care to before or after the expected peak of cases. Adding more detail to the government's suggestion<sup>1</sup> that retired doctors could be called "back to duty," he said that doctors who had retired in the past two to three years would be considered and that he was "confident" that many would ...

URL: <https://doi.org/10.1136/bmj.m918>

Categories: \* Opinion piece; Epidemiology

Year:

Author: Namendys-Silva, Silvio A.

Title: Respiratory support for patients with COVID-19 infection

Journal: The Lancet Respiratory Medicine

DOI: 10.1016/S2213-2600(20)30110-7

Abstract: As of Feb 27, 2020, coronavirus disease 2019 (COVID-19) has affected 47 countries and territories around the world.<sup>1</sup> Xiaobo Yang and colleagues<sup>2</sup> described 52 of 710 patients with confirmed COVID-19 admitted to an intensive care unit (ICU) in Wuhan, China. 29 (56%) of 52 patients were given non-invasive ventilation at ICU admission, of whom 22 (76%) required further orotracheal intubation and invasive mechanical ventilation. The ICU mortality rate among those who required non-invasive ventilation was 23 (79%) of 29 and among those who required invasive mechanical ventilation was 19 (86%) of 22.<sup>2</sup> Jonathan Chun-Hei Cheung and colleagues<sup>3</sup> do not recommend use of a high-flow nasal cannula or non-invasive ventilation until the patient has viral clearance. Supporting the recommendation of the authors, I would like to add some points in relation to the use of high-flow nasal oxygen therapy and non-invasive ventilation in patients with COVID-19 infection: First, although exhaled air dispersion during high-flow nasal oxygen therapy and non-invasive ventilation via different interfaces is restricted, provided that there is a good mask interface fitting,<sup>4</sup> not all hospitals around the world have access to such interfaces or enough personal-protective equipment of sufficiently high quality (ie, considered fit-tested particulate respirators, N95 or equivalent, or higher level of protection) for aerosol-generating procedures, and several hospitals do not have a negative pressure isolation room. Of 1688 health-care workers who have become infected with COVID-19, five (0.3%) have died;<sup>5</sup> a sign of the vastly difficult working conditions for health-care workers.

URL: [https://doi.org/10.1016/S2213-2600\(20\)30110-7](https://doi.org/10.1016/S2213-2600(20)30110-7)

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment



Year: 2020  
Author: Nature  
Title: Coronavirus latest: children are as susceptible as adults, study suggests  
Journal: Nature  
DOI:

Abstract: Updates on the respiratory illness that has infected tens of thousands of people and killed thousands. Children are just as likely to get infected with the new coronavirus as adults, finds one of the most detailed studies yet published on the spread of the virus, known as SARS-CoV-2. The analysis — based on data from Shenzhen, China — provides a partial answer to one of the most pressing questions surrounding the outbreak: the role of children.

URL: <https://doi.org/>

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment

Year: 2020  
Author: Nishiura, Hiroshi; Linton, Natalie M.; Akhmetzhanov, Andrei R.  
Title: Serial interval of novel coronavirus (COVID-19) infections  
Journal: International Journal of Infectious Diseases  
DOI: <https://doi.org/10.1016/j.ijid.2020.02.060>

Abstract: Objective To estimate the serial interval of novel coronavirus (COVID-19) from information on 28 infector-infectee pairs. Methods We collected dates of illness onset for primary cases (infectors) and secondary cases (infectees) from published research articles and case investigation reports. We subjectively ranked the credibility of the data and performed analyses on both the full dataset (n = 28) and a subset of pairs with highest certainty in reporting (n = 18). In addition, we adjust for right truncation of the data as the epidemic is still in its growth phase. Results Accounting for right truncation and analyzing all pairs, we estimated the median serial interval at 4.0 days (95% credible interval [CrI]: 3.1, 4.9). Limiting our data to only the most certain pairs, the median serial interval was estimated at 4.6 days (95% CrI: 3.5, 5.9). Conclusions The serial interval of COVID-19 is close to or shorter than its median incubation period. This suggests that a substantial proportion of secondary transmission may occur prior to illness onset. The COVID-19 serial interval is also shorter than the serial interval of severe acute respiratory syndrome (SARS), indicating that calculations made using the SARS serial interval may introduce bias.

URL: <https://doi.org/10.1016/j.ijid.2020.02.060>

Categories: \* Epidemiological study; Epidemiology

Year: 2020  
Author: Peng, Jianhui; Ren, Nina; Wang, Mingke; Zhang, Gangqing  
Title: Practical experiences and suggestions on the eagle-eyed observer, a novel promising role for controlling nosocomial infection of the COVID-19 outbreak  
Journal: Journal of Hospital Infection  
DOI: <https://doi.org/10.1016/j.jhin.2020.02.020>

Abstract:

URL: <https://doi.org/10.1016/j.jhin.2020.02.020>

Categories: \* Narrative review; Infection prevention and control

Year: 2020  
Author: Peters, Alexandra; Vetter, Pauline; Guitart, Chloé; Lotfinejad, Nasim; Pittet, Didier  
Title: Understanding the emerging coronavirus: what it means for health security and infection prevention  
Journal: Journal of Hospital Infection  
DOI: <https://doi.org/10.1016/j.jhin.2020.02.023>  
Abstract:  
URL: <https://doi.org/10.1016/j.jhin.2020.02.023>  
Categories: Awaiting classification

Year: 2020  
Author: Petersen, Eskild; Hui, David; Hamer, Davidson H.; Blumberg, Lucille; Madoff, Lawrence C.; Pollack, Marjorie; Lee, Shui Shan; McLellan, Susan; Memish, Ziad; Praharaj, Ira; Wasserman, Sean; Ntoumi, Francine; Azhar, Esam Ibraheem; McHugh, Timothy D.; Kock, Richard; Ippolito, Guisepe; Zumla, Ali; Koopmans, Marion  
Title: Li Wenliang, a face to the frontline healthcare worker? The first doctor to notify the emergence of the SARS-CoV-2, (COVID-19), outbreak  
Journal: International Journal of Infectious Diseases  
DOI: <https://doi.org/10.1016/j.ijid.2020.02.052>  
Abstract:  
URL: <https://doi.org/10.1016/j.ijid.2020.02.052>  
Categories: \* Opinion piece; Infection prevention and control

Year: 2020  
Author: Pfeifferle, Susanne; Reucher, Svenja; Nörz, Dominic; Lütgehetmann, Marc  
Title: Evaluation of a quantitative RT-PCR assay for the detection of the emerging coronavirus SARS-CoV-2 using a high throughput system  
Journal: Eurosurveillance  
DOI: [doi:https://doi.org/10.2807/1560-7917.ES.2020.25.9.2000152](https://doi.org/10.2807/1560-7917.ES.2020.25.9.2000152)  
Abstract: The ability to quickly confirm or clear suspected cases is crucial during global outbreak scenarios, especially when clinical manifestations are difficult to distinguish from other respiratory infections such as influenza, molecular diagnostics is key for detection of the emerging virus. A variety of suitable assays were made available early on during the course of the outbreak, notably by Corman et al. and others [4,5]. However, their implementation in the diagnostics laboratory usually relies on manual PCR setups requiring a high degree of human interaction for execution and interpretation, thus limiting their capacity to be scaled up for handling large numbers of samples. In this study we report the analytical evaluation of a laboratory-developed test for the detection of SARS-CoV-2 using the open channel (utility channel) of the cobas 6800 system.%U  
<https://eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.9.2000152>  
URL: <https://doi.org/doi:https://doi.org/10.2807/1560-7917.ES.2020.25.9.2000152>  
Categories: \* Comparative study, RCT; Clinical aspects, diagnosis, treatment

Year: 2020  
Author: Razai, Mohammad S.; Doerholt, Katja; Ladhani, Shamez; Oakeshott, Pippa  
Title: Coronavirus disease 2019 (covid-19): a guide for UK GPs  
Journal: BMJ  
DOI: 10.1136/bmj.m800  
Abstract: What you need to know Consider covid-19 infection in anyone with cough, fever, or breathlessness who has had contact with someone with covid-19, or has returned from a high risk area in the 14 days before the onset of symptoms Every effort should be made to avoid in-person assessment of patients with possible covid-19 in primary care GP surgeries should plan ahead and develop clear protocols for managing possible cases, including isolation procedures, personal protective equipment, seeking specialist advice, and decontamination If covid-19 infection is suspected in someone attending the practice, isolate the patient in a room (away from other patients and staff), close the door, and ask the patient to call NHS 111 The guidance may change so it is essential to look at the latest guidance online (box 1) The UK recorded its first confirmed case of acute respiratory infection due to coronavirus disease 2019 (covid-19) on 31 January 2020 and responded by quarantining at-risk individuals to contain the spread of infection. Executive agencies Public Health England (PHE)<sup>1</sup> and Health Protection Scotland (HPS) have since published guidance to healthcare providers on managing patients suspected to have the disease. Guidance for the public and health professionals varies internationally, depending partly on risk levels and healthcare systems, and is being regularly updated. This article offers a practical guide for GPs and others working in UK primary care on when to suspect covid-19 and how to respond. It is based on current UK guidance at the time of publication. We recommend readers consult the latest guidance (box 1).  
Box 1 Essential resources covid-19: latest case definition, investigation, and initial clinical management of possible cases: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection> Coronavirus: latest information and advice including updated list of high risk countries: <https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public> Guidance on isolation of healthcare workers: <https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-guidance-for-healthcare-providers-with-staff-who-have-travelled-to-china/guidance-for-healthcare-providers-healthcare-workers-who-have-travelled-to-china> Find your local Health Protection Team in England: <https://www.gov.uk/health-protection-team> covid-19: interim guidance ... RETURN TO TEXT  
URL: <https://doi.org/10.1136/bmj.m800>  
Categories: \* Normative guidance; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020  
Author: Rello, Jordi; Tejada, Sofia; Userovici, Caroline; Arvaniti, Kostoula; Pugin, Jérôme; Waterer, Grant  
Title: Coronavirus Disease 2019 (COVID-19): A critical care perspective beyond China  
Journal: Anaesthesia Critical Care & Pain Medicine  
DOI: <https://doi.org/10.1016/j.accpm.2020.03.001>  
Abstract:  
URL: <https://doi.org/10.1016/j.accpm.2020.03.001>  
Categories: \* Narrative review; Infection prevention and control

Year: 2020  
Author: Ren, Jun-ling; Zhang, Ai-Hua; Wang, Xi-Jun  
Title: Traditional Chinese Medicine for COVID-19 Treatment  
Journal: Pharmacological Research  
DOI: <https://doi.org/10.1016/j.phrs.2020.104743>  
Abstract:  
URL: <https://doi.org/10.1016/j.phrs.2020.104743>  
Categories: \* Narrative review; Ethics, social science, economics

Year: 2020  
Author: Rubin, Eric J.; Baden, Lindsey R.; Morrissey, Stephen  
Title: Audio Interview: What Clinicians Need to Know in Diagnosing and Treating Covid-19  
Journal: N Engl J Med  
DOI: 10.1056/NEJMe2004244  
Abstract:  
URL: <https://doi.org/10.1056/NEJMe2004244>  
Categories: \* Opinion piece; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020  
Author: Shen, Cong; Yu, Nan; Cai, Shubo; Zhou, Jie; Sheng, Jiexin; Liu, Kang; Zhou, Heping; Guo, Youmin; Niu, Gang  
Title: Quantitative computed tomography analysis for stratifying the severity of Coronavirus Disease 2019  
Journal: Journal of Pharmaceutical Analysis  
DOI: <https://doi.org/10.1016/j.jpha.2020.03.004>  
Abstract: Purpose To examine the feasibility of using a computer tool for stratifying the severity of Coronavirus Disease 2019 (COVID-19) based on computed tomography (CT) images. Materials and methods We retrospectively examined 44 confirmed COVID-19 cases. All cases were evaluated separately by radiologists (visually) and through an in-house computer software. The degree of lesions was visually scored by the radiologist, as follows, for each of the 5 lung lobes: 0, no lesion present; 1, <1/3 involvement; 2, >1/3 and < 2/3 involvement; and 3, >2/3 involvement. Lesion density was assessed based on the proportion of ground-glass opacity (GGO), consolidation and fibrosis of the lesions. The parameters obtained using the computer tool included lung volume (mL), lesion volume (mL), lesion percentage (%), and mean lesion density (HU) of the whole lung, right lung, left lung, and each lobe. The scores obtained by the radiologists and quantitative results generated by the computer software were tested for correlation. A Chi-square test was used to test the consistency of radiologist- and computer-derived lesion percentage in the right/left lung, upper/lower lobe, and each of the 5 lobes. Result The results showed a strong to moderate correlation between lesion percentage scores obtained by radiologists and the computer software ( $r$  ranged from 0.7679 to 0.8373,  $P < 0.05$ ), and a moderate correlation between the proportion of GGO and mean lesion density ( $r = -0.5894$ ,  $P < 0.05$ ), and proportion of consolidation and mean lesion density ( $r = 0.6282$ ,  $P < 0.05$ ). Computer-aided quantification showed a statistical significant higher lesion percentage for lower lobes than that assessed by the radiologists ( $\chi^2 = 8.160$ ,  $P = 0.004$ ). Conclusions Our experiments demonstrated that the computer tool could reliably and accurately assess the severity and distribution of pneumonia on CT scans.  
URL: <https://doi.org/10.1016/j.jpha.2020.03.004>  
Categories: \* Comparative study, RCT; \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020  
Author: Spiteri, Gianfranco; Fielding, James; Diercke, Michaela; Campese, Christine; Enouf, Vincent; Gaymard, Alexandre; Bella, Antonino; Sognamiglio, Paola; Sierra Moros, Maria José; Riutort, Antonio Nicolau; Demina, Yulia V.; Mahieu, Romain; Broas, Markku; Bengnér, Malin; Buda, Silke; Schilling, Julia; Filleul, Laurent; Lepoutre, Agnès; Saura, Christine; Mailles, Alexandra; Levy-Bruhl, Daniel; Coignard, Bruno; Bernard-Stoecklin, Sibylle; Behillil, Sylvie; van der Werf, Sylvie; Valette, Martine; Lina, Bruno; Riccardo, Flavia; Nicastri, Emanuele; Casas, Inmaculada; Larrauri, Amparo; Salom Castell, Magdalena; Pozo, Francisco; Maksyutov, Rinat A.; Martin, Charlotte; Van Ranst, Marc; Bossuyt, Nathalie; Siira, Lotta; Sane, Jussi; Tegmark-Wisell, Karin; Palméus, Maria; Broberg, Eeva K.; Beauté, Julien; Jorgensen, Pernille; Bundle, Nick; Pereyaslov, Dmitriy; Adlhoch, Cornelia; Pukkila, Jukka; Pebody, Richard; Olsen, Sonja; Ciancio, Bruno Christian  
Title: First cases of coronavirus disease 2019 (COVID-19) in the WHO European Region, 24 January to 21 February 2020  
Journal: Eurosurveillance  
DOI:  
Abstract: A cluster of pneumonia of unknown origin was identified in Wuhan, China, in December 2019 [1]. On 12 January 2020, Chinese authorities shared the sequence of a novel coronavirus termed severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) isolated from some clustered cases [2]. Since then, the disease caused by SARS-CoV-2 has been named coronavirus disease 2019 (COVID-19). As at 21 February 2020, the virus had spread rapidly mostly within China but also to 28 other countries, including in the World Health Organization (WHO) European Region [3-5]. Here we describe the epidemiology of the first cases of COVID-19 in this region, excluding cases reported in the United Kingdom (UK), as at 21 February 2020. The study includes a comparison between cases detected among travellers from China and cases whose infection was acquired due to subsequent local transmission.%R doi:<https://doi.org/10.2807/1560-7917.ES.2020.25.9.2000178>  
URL: <https://doi.org/>  
Categories: \* Case study/series; \* Narrative review; Clinical aspects, diagnosis, treatment; Epidemiology; Infection prevention and control

Year: 2020  
Author: Tao, J.; Song, Z.; Yang, L.; Huang, C.; Feng, A.; Man, X.  
Title: Emergency management for preventing and controlling nosocomial infection of 2019 novel coronavirus: implications for the dermatology department  
Journal: British Journal of Dermatology  
DOI: 10.1111/bjd.19011  
Abstract: Summary As of Feb 15, 2020, the novel coronavirus (2019-nCoV) has rapidly spread throughout China and across the world with more than 60,000 laboratory-confirmed cases. Due to the current lack of specific treatment and the risk of transmission during the viral incubation period, infection prevention and control of 2019-nCoV are both urgent and critical to global health. In this article, we aim to highlight the necessity of implementing protective measures, and recommend how to set proper emergency management plans for preventing and controlling nosocomial infection of 2019-nCoV in dermatology departments.  
URL: <https://doi.org/10.1111/bjd.19011>  
Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020  
Author: team, Eurosurveillance editorial  
Title: Updated rapid risk assessment from ECDC on the outbreak of COVID-19: increased transmission globally  
Journal: Eurosurveillance  
DOI: [doi:https://doi.org/10.2807/1560-7917.ES.2020.25.9.2003051](https://doi.org/10.2807/1560-7917.ES.2020.25.9.2003051)  
Abstract: The European Centre for Disease Prevention and Control (ECDC) provides regularly updated

information on coronavirus disease-2019 (COVID-19) relevant to Europe on a dedicated webpage. Besides general information including Q&As, daily case counts, and maps with disease distribution, examples of latest updates comprise: Resource estimation for contact tracing, quarantine and monitoring activities for COVID-19 cases in the EU/EEA, Guidance for wearing and removing personal protective equipment in healthcare settings for the care of patients with suspected or confirmed COVID-19 and Checklist for hospitals preparing for the reception and care of coronavirus 2019 (COVID-19) patients. ECDC also publishes regular risk assessments and the Box below contains the summary from the fifth update published on 2 March 2020.%U

<https://europa.eu/eurosurveillance.org/content/10.2807/1560-7917.ES.2020.25.9.2003051>

URL: <https://doi.org/doi:https://doi.org/10.2807/1560-7917.ES.2020.25.9.2003051>

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Epidemiology; Infection prevention and control

Year: 2020

Author: Thapa, Bibek Rajbhandari; Naveen, Phuyal; Bikal, Shrestha; Moon

Title: Air Medical Evacuation of Nepalese Citizen During Epidemic of COVID-19 from Wuhan to Nepal

Journal: Journal of Nepal Medical Association

DOI: 10.31729/jnma.4857

Abstract: In December 2019, the world was disrupted by the news of a new strain of virus known as Novel Corona virus, taking lives of many in China. Wuhan, the capital of Central China's Hubei province is said to be the place where the outbreak started. The city went on a lockdown as the disease spread rapidly. After the lockdown, most countries like India and Bangladesh airlifted their citizens who were studying in Wuhan. Similarly, Nepal also has many youth studying medicine in Wuhan. Pleas for help from the students reached the government. This was a first encounter of such experience for Nepal government. With the help of Health Emergency Organizing committee, Epidemiology and Disease Control Division, Nepal Army Hospital, Nepal Police Hospital, Waste Management team, Nepal Ambulance service, Tribhuvan Airport and Royal Airlines the government of Nepal planned, organized and successfully brought back all the 175 students on 15 the February, 2019 from Wuhan, China. The aim of the present article is to share the experience, the challenges faced and recommendations for future similar cases.

URL: <https://doi.org/10.31729/jnma.4857>

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Ethics, social science, economics

Year: 2020

Author: The, Lancet

Title: COVID-19: too little, too late?

Journal: The Lancet

DOI: [https://doi.org/10.1016/S0140-6736\(20\)30522-5](https://doi.org/10.1016/S0140-6736(20)30522-5)

Abstract:

URL: [https://doi.org/10.1016/S0140-6736\(20\)30522-5](https://doi.org/10.1016/S0140-6736(20)30522-5)

Categories: \* Narrative review; \* Opinion piece; Clinical aspects, diagnosis, treatment; Epidemiology; Infection prevention and control



Year: 2020  
Author: Touret, Franck; de Lamballerie, Xavier  
Title: Of chloroquine and COVID-19  
Journal: Antiviral Research  
DOI: <https://doi.org/10.1016/j.antiviral.2020.104762>  
Abstract: Recent publications have brought attention to the possible benefit of chloroquine, a broadly used antimalarial drug, in the treatment of patients infected by the novel emerged coronavirus (SARS-CoV-2). The scientific community should consider this information in light of previous experiments with chloroquine in the field of antiviral research.  
URL: <https://doi.org/10.1016/j.antiviral.2020.104762>  
Categories: \* Narrative review; \* Opinion piece; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020  
Author: Wang, Jiancong; Zhou, Mouqing; Liu, Fangfei  
Title: Exploring the reasons for healthcare workers infected with novel coronavirus disease 2019 (COVID-19) in China  
Journal: Journal of Hospital Infection  
DOI: <https://doi.org/10.1016/j.jhin.2020.03.002>  
Abstract:  
URL: <https://doi.org/10.1016/j.jhin.2020.03.002>  
Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020  
Author: Wang, Xinghuan; Pan, Zhenyu; Cheng, Zhenshun  
Title: Association between 2019-nCoV transmission and N95 respirator use  
Journal: Journal of Hospital Infection  
DOI: <https://doi.org/10.1016/j.jhin.2020.02.021>  
Abstract:  
URL: <https://doi.org/10.1016/j.jhin.2020.02.021>  
Categories: \* Case study/series; \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020  
Author: Wang, Yixuan; Wang, Yuyi; Chen, Yan; Qin, Qingsong  
Title: Unique epidemiological and clinical features of the emerging 2019 novel coronavirus pneumonia (COVID-19) implicate special control measures  
Journal: Journal of Medical Virology  
DOI: 10.1002/jmv.25748  
Abstract: Abstract By Feb 27th, 2020, the outbreak of COVID-19 caused 82623 confirmed cases and 2858 deaths globally, more than Severe Acute Respiratory Syndrome (SARS) (8273 cases, 775 deaths) and Middle East Respiratory Syndrome (MERS) (1139 cases, 431 deaths) caused in 2003 and 2013 respectively. COVID-19 has spread to 46 countries internationally. Total fatality rate of COVID-19 is estimated at 3.46% by far based on published data from Chinese Center for Disease Control and Prevention (China CDC). Average incubation period of COVID-19 is around 6.4 days, ranges from 0-24 days. The basic reproductive number (R0) of COVID-19 ranges from 2-3.5 at the early phase regardless of different prediction models, which is higher than SARS and MERS. A study from China CDC showed majority of patients (80.9%) were considered asymptomatic or mild pneumonia but released large

amounts of viruses at the early phase of infection, which posed enormous challenges for containing the spread of COVID-19. Nosocomial transmission was another severe problem. 3019 health workers were infected by Feb 12, 2020, which accounted for 3.83% of total number of infections, and extremely burdened the health system, especially in Wuhan. Limited epidemiological and clinical data suggest that the disease spectrum of COVID-19 may differ from SARS or MERS. We summarize latest literatures on genetic, epidemiological, and clinical features of COVID-19 in comparison to SARS and MERS and emphasize special measures on diagnosis and potential interventions. This review will improve our understanding of the unique features of COVID-19 and enhance our control measures in the future. This article is protected by copyright. All rights reserved.

URL: <https://doi.org/10.1002/jmv.25748>

Categories: \* Epidemiological study; Epidemiology; Other related diseases and viruses

Year: 2020

Author: Wei, J.; Xu, H.; Xiong, J.; Shen, Q.; Fan, B.; Ye, C.; Dong, W.; Hu, F.

Title: 2019 Novel Coronavirus (COVID-19) Pneumonia: Serial Computer Tomography Findings

Journal: Korean journal of radiology

DOI: 10.3348/kjr.2020.0112

Abstract: From December 2019, Coronavirus disease 2019 (COVID-19) pneumonia (formerly known as the 2019 novel Coronavirus [2019-nCoV]) broke out in Wuhan, China. In this study, we present serial CT findings in a 40-year-old female patient with COVID-19 pneumonia who presented with the symptoms of fever, chest tightness, and fatigue. She was diagnosed with COVID-19 infection confirmed by real-time reverse-transcriptase-polymerase chain reaction. CT showed rapidly progressing peripheral consolidations and ground-glass opacities in both lungs. After treatment, the lesions were shown to be almost absorbed leaving the fibrous lesions.

URL: <https://doi.org/10.3348/kjr.2020.0112>

Categories: \* Case study/series; Clinical aspects, diagnosis, treatment

Year: 2020

Author: Wertheim, Joel O.

Title: A glimpse into the origins of genetic diversity in SARS-CoV-2

Journal: Clin Infect Dis

DOI: 10.1093/cid/ciaa213

Abstract:

URL: <https://doi.org/10.1093/cid/ciaa213>

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control; Virology, immunology

Year:

Author: Wilder-Smith, Annelies; Chiew, Calvin J.; Lee, Vernon J.

Title: Can we contain the COVID-19 outbreak with the same measures as for SARS?

Journal: The Lancet Infectious Diseases

DOI: 10.1016/S1473-3099(20)30129-8

Abstract: The severe acute respiratory syndrome (SARS) outbreak in 2003 resulted in more than 8000 cases and 800 deaths. SARS was eventually contained by means of syndromic surveillance, prompt isolation of patients, strict enforcement of quarantine of all contacts, and in some areas top-down enforcement of community quarantine. By interrupting all human-to-human transmission, SARS was effectively eradicated. By contrast, by Feb 28, 2020, within a matter of 2 months since the beginning of the outbreak of coronavirus disease 2019 (COVID-19), more than 82,000 confirmed cases of COVID-19 have been reported with more than 2800 deaths. Although there are striking similarities between SARS and COVID-19, the differences in the virus characteristics will ultimately



determine whether the same measures for SARS will also be successful for COVID-19. COVID-19 differs from SARS in terms of infectious period, transmissibility, clinical severity, and extent of community spread. Even if traditional public health measures are not able to fully contain the outbreak of COVID-19, they will still be effective in reducing peak incidence and global deaths. Exportations to other countries need not result in rapid large-scale outbreaks, if countries have the political will to rapidly implement countermeasures.

URL: [https://doi.org/10.1016/S1473-3099\(20\)30129-8](https://doi.org/10.1016/S1473-3099(20)30129-8)

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Epidemiology; Infection prevention and control; Other related diseases and viruses

Year: 2020

Author: Xia, Wei; Shao, Jianbo; Guo, Yu; Peng, Xuehua; Li, Zhen; Hu, Daoyu

Title: Clinical and CT features in pediatric patients with COVID-19 infection: Different points from adults

Journal: Pediatric Pulmonology

DOI: 10.1002/ppul.24718

Abstract: **Purpose** To discuss the different characteristics of clinical, laboratory, and chest computed tomography (CT) in pediatric patients from adults with 2019 novel coronavirus (COVID-19) infection. **Methods** The clinical, laboratory, and chest CT features of 20 pediatric inpatients with COVID-19 infection confirmed by pharyngeal swab COVID-19 nucleic acid test were retrospectively analyzed during 23 January and 8 February 2020. The clinical and laboratory information was obtained from inpatient records. All the patients were undergone chest CT in our hospital. **Results** Thirteen pediatric patients (13/20, 65%) had an identified history of close contact with COVID-19 diagnosed family members. Fever (12/20, 60%) and cough (13/20, 65%) were the most common symptoms. For laboratory findings, procalcitonin elevation (16/20, 80%) should be pay attention to, which is not common in adults. Coinfection (8/20, 40%) is common in pediatric patients. A total of 6 patients presented with unilateral pulmonary lesions (6/20, 30%), 10 with bilateral pulmonary lesions (10/20, 50%), and 4 cases showed no abnormality on chest CT (4/20, 20%). Consolidation with surrounding halo sign was observed in 10 patients (10/20, 50%), ground-glass opacities were observed in 12 patients (12/20, 60%), fine mesh shadow was observed in 4 patients (4/20, 20%), and tiny nodules were observed in 3 patients (3/20, 15%). **Conclusion** Procalcitonin elevation and consolidation with surrounding halo signs were common in pediatric patients which were different from adults. It is suggested that underlying coinfection may be more common in pediatrics, and the consolidation with surrounding halo sign which is considered as a typical sign in pediatric patients.

URL: <https://doi.org/10.1002/ppul.24718>

Categories: \* Case study/series; \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020

Author: Xiao, Fei; Tang, Meiwen; Zheng, Xiaobin; Liu, Ye; Li, Xiaofeng; Shan, Hong

Title: Evidence for gastrointestinal infection of SARS-CoV-2

Journal: Gastroenterology

DOI: <https://doi.org/10.1053/j.gastro.2020.02.055>

Abstract:

URL: <https://doi.org/10.1053/j.gastro.2020.02.055>

Categories: \* Case study/series; Clinical aspects, diagnosis, treatment

Year:

Author: Xiao, Yonghong; Torok, Mili Estee

Title: Taking the right measures to control COVID-19

Journal: The Lancet Infectious Diseases

DOI: 10.1016/S1473-3099(20)30152-3

Abstract: First, although COVID-19 is spread by the airborne route, air disinfection of cities and communities is not known to be effective for disease control and needs to be stopped. The widespread practice of spraying disinfectant and alcohol in the sky, on roads, vehicles, and personnel has no value; moreover, large quantities of alcohol and disinfectant are potentially harmful to humans and should be avoided.<sup>3, 4</sup> Second, in the use of personal protective equipment, we should try to distinguish different risk factors, adopt different epidemic prevention measures, and reduce the waste of personal protective equipment, as these resources are already in short supply. Although surgical masks are in widespread use by the general population, there is no evidence that these masks prevent the acquisition of COVID-19, although they might slightly reduce the spread from an infected patient. High-filtration masks such as N95 masks and protective clothing (goggles and gowns) should be used in hospitals where health-care workers are in direct contact with infected patients.<sup>5</sup> Third, the practice of blocking traffic and lockdown of villages is of no value for the prevention and control of COVID-19. Since the outbreak of COVID-19, some countries have suspended flights to and from China, and prevented Chinese people from travelling to their countries; both of these actions violate WHO International Health Regulations.<sup>6</sup> Similarly, in community prevention and control of the disease, the measures taken by individual villages and communities to seal off roads are of no value.<sup>7</sup> Such measures could result in civil unrest and reduce compliance with infection prevention and control advice. Fourth, public health education must be based on scientific evidence to reduce the anxiety and distress caused by misinformation. In particular, epidemiological findings need to be reported in a timely and objective manner so that they can be accurately assessed and interpreted. The risk of transmission with brief contact (less than 15 min face-to-face contact) or infection onset after 14 days of exposure to a known infected person (the estimated maximum incubation period) is low and should not be over-exaggerated. Misinformation spreads panic among the general population and is not conducive to implementation of epidemic control measures.<sup>8</sup> Fifth, WHO has made it clear that there are currently no known effective treatments for COVID-19 and does not recommend the use of antiviral drugs, antibiotics, glucocorticoids, or traditional Chinese medicine. Despite this, there have been reports of the use of oseltamivir, lopinavir/ritonavir, prednisone, antibiotics, and traditional Chinese medicine for the treatment of patients with COVID-19.<sup>9</sup> Care should be taken to not give patients drugs of unknown efficacy, which might be detrimental to critically ill patients with COVID-19; clinical trials are urgently required in this context.<sup>10</sup> Likewise, the development of a vaccine is an urgent public health priority.

URL: [https://doi.org/10.1016/S1473-3099\(20\)30152-3](https://doi.org/10.1016/S1473-3099(20)30152-3)

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020

Author: Yang, H.; Wang, C.; Poon, L. C.

Title: Novel coronavirus infection and pregnancy

Journal: Ultrasound in Obstetrics & Gynecology

DOI: 10.1002/uog.22006

Abstract: Clinical manifestation of COVID-19 infection during pregnancy Due to the physiological changes in their immune and cardiopulmonary systems, pregnant women are more likely to develop severe illness after infection with respiratory viruses. In 2009, pregnant women accounted for 1% of patients infected with influenza A subtype H1N1 virus, but they accounted for 5% of all H1N1-related deaths<sup>6</sup>. In addition, severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV), two notable strains of the coronavirus family, are both known to be responsible for severe complications during pregnancy, including the need for endotracheal intubation, admission to an intensive care unit (ICU), renal failure and death<sup>7, 8</sup>. Interestingly, the impact of COVID-19 infection on pregnant women appears to be less severe. Chen et al.<sup>9</sup> reported the clinical characteristics of nine pregnant women with laboratory-confirmed COVID-19 in the third trimester, which comprised mainly fever and cough. Other symptoms included myalgia, malaise, sore throat, diarrhea and shortness of breath. Data from laboratory tests showed that the majority of patients had

lymphopenia and increased C-reactive protein, and chest CT scans showed multiple patchy ground-glass shadows in the lungs. Pregnancy complications that appeared after the onset of COVID-19 infection included fetal distress in two of nine patients and premature rupture of the membranes in two of nine patients. None of the patients developed severe COVID-19 pneumonia or died. Another series<sup>10</sup> of nine pregnant women with COVID-19 pneumonia presenting from mid-trimester onwards, or during the postpartum period, reported similar findings except for one woman requiring ICU care and ventilation for acute respiratory distress syndrome after the infection was diagnosed 2?days postpartum. In general, both studies reported that the clinical characteristics of the pregnant women with COVID-19 pneumonia were similar to those of non-pregnant adult patients who developed COVID-19 pneumonia<sup>2-4</sup>. These observations are also in line with what has been learned about COVID-19 pneumonia in pregnancy in several other hospitals in Wuhan, China. Pregnant healthcare professionals should follow risk-assessment and infection-control guidelines following exposure to patients with suspected or confirmed COVID-19. Adherence to recommended infection prevention and control practices is an important part of protecting all healthcare professionals in clinical settings<sup>11</sup>.

URL: <https://doi.org/10.1002/uog.22006>

Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Infection prevention and control

Year: 2020

Author: Yang, Qing-Xin; Zhao, Ting-Hui; Sun, Chong-Zhou; Wu, Li-Meng; Dai, Qiang; Wang, Shuai-dao; Tian, Hui

Title: New thinking in the treatment of 2019 novel coronavirus pneumonia

Journal: Complementary Therapies in Clinical Practice

DOI: <https://doi.org/10.1016/j.ctcp.2020.101131>

Abstract:

URL: <https://doi.org/10.1016/j.ctcp.2020.101131>

Categories: \* Narrative review; \* Opinion piece; Clinical aspects, diagnosis, treatment

Year: 2020

Author: Yang, Yongshi; Peng, Fujun; Wang, Runsheng; Guan, Kai; Jiang, Taijiao; Xu, Guogang; Sun, Jinlyu; Chang, Christopher

Title: The deadly coronaviruses: The 2003 SARS pandemic and the 2020 novel coronavirus epidemic in China

Journal: Journal of Autoimmunity

DOI: <https://doi.org/10.1016/j.jaut.2020.102434>

Abstract: The 2019-nCoV is officially called SARS-CoV-2 and is the cause of the disease named COVID-19. This viral epidemic in China has led to the deaths of over 1800 people, mostly elderly or those with an underlying chronic disease or immunosuppressed state. This is the third serious Coronavirus outbreak in less than 20 years, following SARS in 2002–2003 and MERS in 2012. While human strains of Coronavirus are associated with about 15% of cases of the common cold, the SARS-CoV-2 may present with varying degrees of severity, from flu-like symptoms to death. It is currently believed that this deadly Coronavirus strain originated from wild animals at the Huanan market in Wuhan, a city in Hubei province. Bats, snakes and pangolins have been cited as potential carriers based on the sequence homology of CoV isolated from these animals and the viral nucleic acids of the virus isolated from SARS-CoV-2 infected patients. Extreme quarantine measures, including sealing off large cities, closing borders and confining people to their homes, were instituted in January 2020 to prevent spread of the virus, but by that time much of the damage had been done, as human-human transmission became evident. While these quarantine measures are necessary and have prevented a historical disaster along the lines of the Spanish flu, earlier recognition and earlier implementation of quarantine measures may have been even more effective. Lessons learned from SARS resulted in faster determination of the nucleic acid sequence and a more robust quarantine strategy. However, it is clear that finding an effective antiviral and developing a vaccine are still significant challenges. The costs of the epidemic are not limited to medical aspects, as the virus has led to significant sociological, psychological and economic effects globally. Unfortunately, emergence of SARS-CoV-2 has led to numerous reports of Asians being subjected to racist behavior and hate crimes across the world.

URL: <https://doi.org/10.1016/j.jaut.2020.102434>  
Categories: \* Narrative review; Clinical aspects, diagnosis, treatment; Epidemiology; Infection prevention and control; Other related diseases and viruses

Year: 2020  
Author: Zandifar, Atefeh; Badrfam, Rahim  
Title: Iranian mental health during the COVID-19 epidemic  
Journal: Asian Journal of Psychiatry  
DOI: <https://doi.org/10.1016/j.ajp.2020.101990>  
Abstract:  
URL: <https://doi.org/10.1016/j.ajp.2020.101990>  
Categories: \* Opinion piece; Ethics, social science, economics; Other related diseases and viruses

Year: 2020  
Author: Zhang, Hongyan; Huang, Yihua; Xie, Conghua  
Title: The Treatment and Outcome of a Lung Cancer Patient Infected with SARS-CoV-2  
Journal: Journal of Thoracic Oncology  
DOI: <https://doi.org/10.1016/j.jtho.2020.02.025>  
Abstract:  
URL: <https://doi.org/10.1016/j.jtho.2020.02.025>  
Categories: \* Case study/series; Clinical aspects, diagnosis, treatment

Year:  
Author: Zhou, Pengcheng; Huang, Zebing; Xiao, Yinzong; Huang, Xun; Fan, Xue-Gong  
Title: Protecting Chinese Healthcare Workers While Combating the 2019 Novel Coronavirus  
Journal: Infection Control & Hospital Epidemiology  
DOI: 10.1017/ice.2020.60  
Abstract: Hospital-associated transmission is an important route of spreading the 2019 novel coronavirus (2019-nCoV) infection and pneumonia (Corona Virus Disease 2019, COVID-19) [1]. Healthcare workers (HCWs) are at high risk while combating COVID-19 at the very frontline, and nosocomial outbreaks among HCWs are not unusual in similar settings; the 2003 severe acute respiratory syndrome (SARS) outbreak led to over 966 HCW infections with 1.4% deaths in mainland China [2]. As of 11 February 2020, 3019 HCWs might have been infected with 2019-nCoV in China, 1716 HCW cases were confirmed by nucleic acid testing[3], and at least 6 HCWs died, including the famous whistleblower Dr Li Wenliang. In view of this severe situation, we are recommending urgent interventions to help to protect HCWs.  
URL: <https://doi.org/10.1017/ice.2020.60>  
Categories: \* Case study/series; Clinical aspects, diagnosis, treatment; Infection prevention and control

**From:** Vitek, Charles (CDC/DDPHSIS/CGH/DGHT)  
**Sent:** Fri, 13 Mar 2020 13:07:36 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Fw: Confidential WHO Situation Report, Friday, 13 March 2020  
**Attachments:** 2020\_03\_12\_WHO media talking points on COVID\_HQ3.docx, 20200312-SitRep-52-COVID-19.pdf, Friday 13MAR2020 Daily SitRep numbers to CDC\_11am\_send.xlsx

**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID) <jwm5@cdc.gov>  
**Sent:** Friday, March 13, 2020 6:30 AM  
**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <nkf3@cdc.gov>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <cxv3@cdc.gov>  
**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <iaw3@cdc.gov>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; MOEN, Ann <moena@who.int>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Fry, Alicia (CDC/DDID/NCIRD/ID) <agf1@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>  
**Subject:** Confidential WHO Situation Report, Friday, 13 March 2020

**Friday 13 March 2020**

Confidential WHO Situation Report, Friday, 13MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Thursday, March 12, 2020 11:02 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <nkf3@cdc.gov>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <c xv3@cdc.gov>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <b xm5@cdc.gov>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <iaw3@cdc.gov>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <b xm5@cdc.gov>; 'MOEN, Ann' <moena@who.int>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Fry, Alicia (CDC/DDID/NCIRD/ID) <agf1@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Bresee, Joseph (CDC/DDID/NCIRD/ID)



<jsb6@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>

**Subject:** Confidential WHO Situation Report, Thursday, 12 March 2020

**Thursday 12 March 2020**

Confidential WHO Situation Report, Thursday, 12MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Wednesday, March 11, 2020 11:05 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP)

<[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <[cxv3@cdc.gov](mailto:cxv3@cdc.gov)>

Cc: Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Wednesday, 11 March 2020

**Wednesday 11 March 2020**

Confidential WHO Situation Report, Wednesday, 11MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Tuesday, March 10, 2020 11:15 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <[cxv3@cdc.gov](mailto:cxv3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Tuesday, 10 March 2020

**Tuesday, 10 March 2020**

Confidential WHO Situation Report, Tuesday, 10MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Monday, March 9, 2020 11:04 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Monday, 09 March 2020

**Monday, 09 March 2020**

Confidential WHO Situation Report, Monday, 09MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Sunday, March 8, 2020 11:06 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <[nkf3@cdc.gov](mailto:nkf3@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD)

<[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Sunday, 08 March 2020

**Sunday, 08 March 2020**

Confidential WHO Situation Report, Sunday, 08MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Saturday, March 7, 2020 11:46 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID)

<[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Saturday, 07 March 2020

**Saturday, 07 March 2020**

Confidential WHO Situation Report, Saturday, 07MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Thursday, March 5, 2020 11:58 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID)



<[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Wednesday, 04 March 2020

**Thursday, 05MAR2020**

Confidential WHO Situation Report, Thursday, 05MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Wednesday, March 4, 2020 12:11 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** Confidential WHO Situation Report, Wednesday, 04 March 2020

**Wednesday, 04 March 2020**

Confidential WHO Situation Report Wednesday, 04MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Tuesday, March 3, 2020 12:07 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>

**Subject:** RE: Confidential WHO Situation Report, Sunday, 01 March 2020

**Tuesday, 03 March 2020**

Confidential WHO Situation Report Monday, 02MAR2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Monday, March 2, 2020 11:57 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Saturday, February 29, 2020 11:56 AM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[iaw3@cdc.gov](mailto:iaw3@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** Confidential WHO Situation Report, Saturday, 29FEB2020

Confidential WHO Situation Report Saturday, 29FEB2020

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**From:** McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID)

**Sent:** Friday, February 28, 2020 12:04 PM

**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <[iyk3@cdc.gov](mailto:iyk3@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>

**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Williams, Ian (CDC/DDID/NCEZID/DFWED) <[jaw3@cdc.gov](mailto:jaw3@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <[gca3@cdc.gov](mailto:gca3@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Azziz-Baumgartner, Eduardo

(CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** Confidential WHO Situation Report 28FEB2020

Confidential WHO Situation Report 28FEB2020

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**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID)  
**Sent:** Mon, 3 Feb 2020 13:22:35 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD); Brand, Anstice M. (CDC/OD/CDCWO)  
**Subject:** RE: WHO update: confidential

Hello Steve,

(b)(5) I believe. I will try to track down the latest to share with you.

Thank you,  
Carolyn

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**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Monday, February 3, 2020 8:20 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Brand, Anstice M. (CDC/OD/CDCWO) <atb6@cdc.gov>  
**Subject:** Re: WHO update: confidential

Carolyn, thanks so much. (b)(5)?

(b)(5)

Stephen C. REDD, M.D.  
RADM, USPHS

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**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>  
**Sent:** Monday, February 3, 2020 8:09:40 AM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>; Brand, Anstice M. (CDC/OD/CDCWO) <atb6@cdc.gov>  
**Subject:** FW: WHO update: confidential

Hello Steve and Anstice—

The below and attached is from our CDC LNO in Geneva at this time. As you know, he asks that we not distribute this widely.

Thank you,  
Carolyn

---

**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>  
**Sent:** Monday, February 3, 2020 6:49 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>  
**Subject:** FW: WHO update: confidential

Sorry, meant to copy you. I also talked to Josh who was very helpful. Thank you Carolyn.

---

**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)  
**Sent:** Monday, February 3, 2020 11:39 AM  
**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>  
**Subject:** RE: WHO update: confidential

Sorry, meant to attached the line list. Are you getting what you need in the format you need it in? E

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**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)  
**Sent:** Monday, February 3, 2020 11:38 AM  
**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; 'Fry, Alicia (CDC/DDID/NCIRD/ID)' <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>  
**Subject:** RE: WHO update: confidential

February 3<sup>rd</sup> SitRep (confidential)

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**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)

**Sent:** Sunday, February 2, 2020 12:02 PM

**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>

**Cc:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>

**Subject:** RE: WHO update: confidential

February 2nd SitRep (confidential)

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**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)

**Sent:** Saturday, February 1, 2020 10:59 AM

**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>

**Cc:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Watson, John (CDC/DDID/NCIRD/DVD) <[acq4@cdc.gov](mailto:acq4@cdc.gov)>

**Subject:** RE: WHO update: confidential

February 1<sup>st</sup> SitRep (confidential)

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**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)

**Sent:** Friday, January 31, 2020 12:10 PM

**To:** Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <[lff4@cdc.gov](mailto:lff4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>

**Cc:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Watson, John (CDC/DDID/NCIRD/DVD) <[acq4@cdc.gov](mailto:acq4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>

**Subject:** RE: WHO update: confidential

Dear folks

January 31<sup>st</sup> confidential SitRep

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**From:** Brand, Anstice M. (CDC/OD/CDCWO)  
**Sent:** Mon, 3 Feb 2020 13:16:54 +0000  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID); Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** RE: WHO update: confidential

Thanks so much Carolyn! Steve, this gets at some of your questions.

---

**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>  
**Sent:** Monday, February 3, 2020 8:10 AM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <[scr1@cdc.gov](mailto:scr1@cdc.gov)>; Brand, Anstice M. (CDC/OD/CDCWO) <[atb6@cdc.gov](mailto:atb6@cdc.gov)>  
**Subject:** FW: WHO update: confidential

Hello Steve and Anstice—

The below and attached is from our CDC LNO in Geneva at this time. As you know, he asks that we not distribute this widely.

Thank you,

Carolyn

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**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <[eha9@cdc.gov](mailto:eha9@cdc.gov)>  
**Sent:** Monday, February 3, 2020 6:49 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>  
**Subject:** FW: WHO update: confidential

Sorry, meant to copy you. I also talked to Josh who was very helpful. Thank you Carolyn.

---

**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)  
**Sent:** Monday, February 3, 2020 11:39 AM  
**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>  
**Subject:** RE: WHO update: confidential

Sorry, meant to attached the line list. Are you getting what you need in the format you need it in? E

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**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)  
**Sent:** Monday, February 3, 2020 11:38 AM  
**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; 'Fry, Alicia (CDC/DDID/NCIRD/ID)' <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>; MOEN, Ann <[moena@who.int](mailto:moena@who.int)>  
**Subject:** RE: WHO update: confidential

February 3rd SitRep (confidential)

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**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)

**Sent:** Sunday, February 2, 2020 12:02 PM

**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>

**Cc:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rmt4@cdc.gov](mailto:rmt4@cdc.gov)>

**Subject:** RE: WHO update: confidential

February 2nd SitRep (confidential)

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**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)

**Sent:** Saturday, February 1, 2020 10:59 AM

**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>

**Cc:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Watson, John (CDC/DDID/NCIRD/DVD) <[acq4@cdc.gov](mailto:acq4@cdc.gov)>

**Subject:** RE: WHO update: confidential

February 1<sup>st</sup> SitRep (confidential)

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**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)

**Sent:** Friday, January 31, 2020 12:10 PM

**To:** Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <[lff4@cdc.gov](mailto:lff4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>

**Cc:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Watson, John (CDC/DDID/NCIRD/DVD) <[acq4@cdc.gov](mailto:acq4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>

**Subject:** RE: WHO update: confidential

Dear folks

January 31<sup>st</sup> confidential SitRep

(b)(5)

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(b)(5)

**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID)  
**Sent:** Mon, 3 Feb 2020 13:09:40 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD); Brand, Anstice M. (CDC/OD/CDCWO)  
**Subject:** FW: WHO update: confidential  
**Attachments:** WHO case count.xlsx

Hello Steve and Anstice—

The below and attached is from our CDC LNO in Geneva at this time. As you know, he asks that we not distribute this widely.

Thank you,  
Carolyn

---

**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>  
**Sent:** Monday, February 3, 2020 6:49 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>  
**Subject:** FW: WHO update: confidential

Sorry, meant to copy you. I also talked to Josh who was very helpful. Thank you Carolyn.

---

**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)  
**Sent:** Monday, February 3, 2020 11:39 AM  
**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>  
**Subject:** RE: WHO update: confidential

Sorry, meant to attached the line list. Are you getting what you need in the format you need it in? E

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**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)  
**Sent:** Monday, February 3, 2020 11:38 AM  
**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>  
**Cc:** GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; 'Fry, Alicia (CDC/DDID/NCIRD/ID)' <agf1@cdc.gov>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; MOEN, Ann <moena@who.int>  
**Subject:** RE: WHO update: confidential

February 3rd SitRep (confidential)

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(b)(5)

**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)

**Sent:** Sunday, February 2, 2020 12:02 PM

**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>

**Cc:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Fry, Alicia (CDC/DDID/NCIRD/ID) <[agf1@cdc.gov](mailto:agf1@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <[rtm4@cdc.gov](mailto:rtm4@cdc.gov)>

**Subject:** RE: WHO update: confidential

February 2nd SitRep (confidential)

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(b)(5)

**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)

**Sent:** Saturday, February 1, 2020 10:59 AM

**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>

**Cc:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Watson, John (CDC/DDID/NCIRD/DVD) <[acq4@cdc.gov](mailto:acq4@cdc.gov)>

**Subject:** RE: WHO update: confidential

February 1<sup>st</sup> SitRep (confidential)

(b)(5)

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**From:** Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID)

**Sent:** Friday, January 31, 2020 12:10 PM

**To:** Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <[lff4@cdc.gov](mailto:lff4@cdc.gov)>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <[dbj0@cdc.gov](mailto:dbj0@cdc.gov)>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <[bxm5@cdc.gov](mailto:bxm5@cdc.gov)>

**Cc:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Watson, John (CDC/DDID/NCIRD/DVD) <[acq4@cdc.gov](mailto:acq4@cdc.gov)>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <[jsb6@cdc.gov](mailto:jsb6@cdc.gov)>

**Subject:** RE: WHO update: confidential

Dear folks

January 31<sup>st</sup> confidential SitRep

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(b)(5)



**From:** Newton, Donovan (CDC/DDID/NCEZID/DHCPP)  
**Sent:** Tue, 28 Apr 2020 19:31:44 +0000  
**To:** Montgomery, Joel M. (CDC/DDID/NCEZID/DHCPP);Hummel, Kim (CDC/DDID/NCEZID/DHCPP);Damon, Inger K. (CDC/DDID/NCEZID/DHCPP)  
**Cc:** Taboy, Celine (CDC/DDID/NCEZID/DHCPP);Spiropoulou, Christina (CDC/DDID/NCEZID/DHCPP);Klena, John D. (CDC/DDID/NCEZID/DHCPP);Towner, Jonathan (Jon) (CDC/DDID/NCEZID/DHCPP);Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP)  
**Subject:** RE: Follow-Up Question: Sen. Feinstein One Health Inquiry (Fast Turn - 1:00pm Today)

Also related. Ecology is the topic of the moment.

**From:** POLITICO Pro Health Care  
**Sent:** Monday, April 27, 2020 7:00:08 PM (UTC-05:00) Eastern Time (US & Canada)  
**To:** Klingbeil, Martin (CDC/OD/CDCWO)  
**Subject:** Trump cuts U.S. research on bat-human virus transmission over China ties

### Trump cuts U.S. research on bat-human virus transmission over China ties

By Sarah Oweremohle

04/27/2020 06:58 PM EDT

The Trump administration abruptly cut off funding for a project studying how coronaviruses spread from bats to people after reports linked the work to a lab in Wuhan, China, at the center of conspiracy theories about the Covid-19 pandemic's origins.

The National Institutes of Health on Friday told EcoHealth Alliance, the study's sponsor for the past five years, that all future funding was cut. The agency also demanded that the New York-based research nonprofit stop spending the \$369,819 remaining from its 2020 grant, according to emails obtained by POLITICO.

"At this time, NIH does not believe that the current project outcomes align with the program goals and agency priorities," Michael Lauer, the agency's deputy director for extramural research, wrote in a letter to EcoHealth Alliance officials.

The group caught national attention a week ago after reports swirled that millions from [its NIH grants](#) had been sent to the Wuhan Institute of Virology, a research facility in the city where the coronavirus pandemic originated. In an email last week to NIH officials, EcoHealth Alliance President Pete Daszak denied giving any money this year to the Wuhan lab, although researchers from the facility have collaborated with EcoHealth Alliance scientists on research supported by an earlier grant.

The Wuhan lab is at the center of conspiracy theories alleging that the coronavirus outbreak began when the virus escaped the facility. U.S. intelligence agencies and scientists [have not found any evidence](#) to support the rumors.

Meanwhile, the NIH's strategic plan for studying the novel coronavirus, [released Thursday](#), lays out four key priorities — including understanding its origin and transmission, in line with the EcoHealth alliance's broader investigation of bat coronaviruses. The agency did not respond to a request for comment on its decision to terminate the group's funding.

In a statement, the EcoHealth Alliance said it wanted to know more about the NIH's reasoning. "For the past 20 years our organization has been investigating the sources of emerging diseases such as COVID-19," the group said. "We work in the United States and in over 25 countries with institutions that have been pre-approved by federal funding agencies to do scientific research critical to preventing pandemics. We are planning to talk with NIH to understand the rationale behind their decision."

Suddenly ending a grant early is an unusual move for the NIH, which typically takes such steps only when there is evidence of scientific misconduct or financial improprieties — neither of which it has alleged took place in this case.

The EcoHealth Alliance has received more than \$3.7 million since 2015 for its research on the risks of coronavirus spread through bats and the potential for spillover into humans. The effort has produced at least 20 scientific papers, including several published in prominent journals such as Nature.

As recently as April 2018, the NIH issued a press release promoting a study linked to the research project, whose authors included a scientist at the Wuhan lab.

But the project had turned into a political liability for the NIH by the time Lauer emailed Daszak on April 20 asking for a list of all Chinese participants.

A Newsmax reporter asked President Donald Trump about the research project in an April 17 press briefing, suggesting that all \$3.7 million had gone to the Wuhan lab.

"We will end that grant very quickly," Trump said. "It was granted quite awhile ago," he added, referencing the Obama administration. "Who was president then, I wonder?"

The NIH awarded the original grant for the project during the Obama administration, but renewed it in July 2019. The funding allotted this year, and cut last week, came from the Trump administration.

Days after Trump's briefing promise, Republican lawmakers wrote to leadership asking that no stimulus funding go to the Wuhan lab, citing State Department cables about safety concerns. The White House did not respond to a request for comment.

By that time, NIH officials had contacted EcoHealth questioning the group about Chinese links to its bat-coronavirus research project.

"We need to know all sites in China that have been in any way linked to this award," Lauer wrote in one email to the researchers. In a separate April 20 message to the group he said "it would be helpful for us to know about all China-based participants in this work since the Type 1 grant started in 2014 — who they were and how much money they received. The sooner you can



get us that information, the better.”

Daszak told Lauer that EcoHealth would need time to go through its request for information but that “I can categorically state that no fund from [the grant] have been sent to the Wuhan Institute of Virology, nor has any contract been signed.”

Within days, NIH told EcoHealth that all future funding was canceled and it would need to stop spending its remaining 2020 grant monies immediately.

EcoHealth Alliance has secured dozens of contracts amounting to millions of dollars from multiple government sources, including health agencies, the Department of Defense and the Department of Homeland Security.

*To view online:*

<https://subscriber.politicopro.com/health-care/article/2020/04/trump-cuts-us-research-on-bat-human-virus-transmission-over-china-ties-1924574>

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USA

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**From:** Montgomery, Joel M. (CDC/DDID/NCEZID/DHCPP) <[ztq9@cdc.gov](mailto:ztq9@cdc.gov)>

**Sent:** Tuesday, April 28, 2020 3:03 PM

**To:** Newton, Donovan (CDC/DDID/NCEZID/DHCPP) <[ime1@cdc.gov](mailto:ime1@cdc.gov)>; Hummel, Kim (CDC/DDID/NCEZID/DHCPP) <[kbh2@cdc.gov](mailto:kbh2@cdc.gov)>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>

**Cc:** Taboy, Celine (CDC/DDID/NCEZID/DHCPP) <[cnt5@cdc.gov](mailto:cnt5@cdc.gov)>; Spiropoulou, Christina (CDC/DDID/NCEZID/DHCPP) <[ccs8@cdc.gov](mailto:ccs8@cdc.gov)>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <[irc4@cdc.gov](mailto:irc4@cdc.gov)>; Towner, Jonathan (Jon) (CDC/DDID/NCEZID/DHCPP) <[jit8@cdc.gov](mailto:jit8@cdc.gov)>; Nichol, Stuart T.

(CDC/DDID/NCEZID/DHCPP) <stn1@cdc.gov>

**Subject:** FW: Follow-Up Question: Sen. Feinstein One Health Inquiry (Fast Turn - 1:00pm Today)

Interesting dialogue but not unexpected. **Has NCEZID received the same request?**

---

**From:** Gershick, Jessica (CDC/DDPHSIS/CGH/DGHP) <grc7@cdc.gov>

**Sent:** Tuesday, April 28, 2020 2:58 PM

**To:** Hedges, Sarah (CDC/DDPHSIS/CGH/DGHP) <vow7@cdc.gov>

**Cc:** Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Peruski, Leonard F. (CDC/DDPHSIS/CGH/DGHP) <czn1@cdc.gov>; DGHP Policy (CDC) <dghppolicy@cdc.gov>; Montgomery, Joel M. (CDC/DDID/NCEZID/DHCPP) <ztq9@cdc.gov>

**Subject:** RE: Follow-Up Question: Sen. Feinstein One Health Inquiry (Fast Turn - 1:00pm Today)

Sorry! CDC OD/Office of Appropriations (OA). Also, told CGH OD Policy to let OA know that we'd need to better understand what they are looking for and for more time to pull this information together.

Note: **Sen. Feinstein's question could be connected to following letter (see attached)**

**Sen. WARREN, KING PUSH FOR USAID FUNDING** — The agency needs "robust" funding for pandemic prevention efforts in upcoming legislation, Sens. [Elizabeth Warren](#) and [Angus King](#) write to Senate appropriators in a [letter](#) shared first with PULSE.

"USAID's PREDICT Program strengthened the international community's capability to detect and discover zoonotic viruses with pandemic potential, trained epidemiologists and other health officials, facilitated international data sharing, and conducted zoonotic diseases research," the senators write — alluding to a program that was discontinued just weeks before the Covid-19 outbreak emerged.

Best,  
Jessica

---

**From:** Hedges, Sarah (CDC/DDPHSIS/CGH/DGHP) <vow7@cdc.gov>

**Sent:** Tuesday, April 28, 2020 2:51 PM

**To:** Gershick, Jessica (CDC/DDPHSIS/CGH/DGHP) <grc7@cdc.gov>

**Cc:** Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Peruski, Leonard F. (CDC/DDPHSIS/CGH/DGHP) <czn1@cdc.gov>; DGHP Policy (CDC) <dghppolicy@cdc.gov>; Montgomery, Joel M. (CDC/DDID/NCEZID/DHCPP) <ztq9@cdc.gov>

**Subject:** RE: Follow-Up Question: Sen. Feinstein One Health Inquiry (Fast Turn - 1:00pm Today)

Hi Jessica,

What is OA? 😊 It will take me time to dig up the old documents so I'll need some time to prepare if we have a call.

Thank you,  
Sarah



---

**From:** Gershick, Jessica (CDC/DDPHSIS/CGH/DGHP) <[grc7@cdc.gov](mailto:grc7@cdc.gov)>  
**Sent:** Tuesday, April 28, 2020 2:50 PM  
**To:** Hedges, Sarah (CDC/DDPHSIS/CGH/DGHP) <[vow7@cdc.gov](mailto:vow7@cdc.gov)>  
**Cc:** Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <[dot8@cdc.gov](mailto:dot8@cdc.gov)>; Peruski, Leonard F. (CDC/DDPHSIS/CGH/DGHP) <[czn1@cdc.gov](mailto:czn1@cdc.gov)>; DGHP Policy (CDC) <[dghppolicy@cdc.gov](mailto:dghppolicy@cdc.gov)>; Montgomery, Joel M. (CDC/DDID/NCEZID/DHCPP) <[ztq9@cdc.gov](mailto:ztq9@cdc.gov)>  
**Subject:** RE: Follow-Up Question: Sen. Feinstein One Health Inquiry (Fast Turn - 1:00pm Today)

Hi Sarah,

This is enough information for today. It will be very helpful to have OA to clarify with staffers that EISLB/GELSB and not GDD OC that collaborated with PREDICT. If OA needs more detailed information on our engagement with PREDICT, I will reach out. Note, OA is considering offering Sen. Feinstein's staff a phone briefing on CDC's OH work. If a briefing gets setup I will loop you in.

Best,  
Jessica

---

**From:** Hedges, Sarah (CDC/DDPHSIS/CGH/DGHP) <[vow7@cdc.gov](mailto:vow7@cdc.gov)>  
**Sent:** Tuesday, April 28, 2020 12:26 PM  
**To:** Gershick, Jessica (CDC/DDPHSIS/CGH/DGHP) <[grc7@cdc.gov](mailto:grc7@cdc.gov)>  
**Cc:** Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <[dot8@cdc.gov](mailto:dot8@cdc.gov)>; Peruski, Leonard F. (CDC/DDPHSIS/CGH/DGHP) <[czn1@cdc.gov](mailto:czn1@cdc.gov)>; DGHP Policy (CDC) <[dghppolicy@cdc.gov](mailto:dghppolicy@cdc.gov)>; Montgomery, Joel M. (CDC/DDID/NCEZID/DHCPP) <[ztq9@cdc.gov](mailto:ztq9@cdc.gov)>  
**Subject:** RE: Follow-Up Question: Sen. Feinstein One Health Inquiry (Fast Turn - 1:00pm Today)

Hi Jessica,

Thanks for reaching out. We have worked with PREDICT in the past. The GDD Centers had several projects funded by USAID's Emerging Pandemic Program – PREDICT was one of the pillars.

How specific do you need us to be?

Thanks!  
Sarah

---

**From:** Gershick, Jessica (CDC/DDPHSIS/CGH/DGHP) <[grc7@cdc.gov](mailto:grc7@cdc.gov)>  
**Sent:** Tuesday, April 28, 2020 8:24 AM  
**To:** Peruski, Leonard F. (CDC/DDPHSIS/CGH/DGHP) <[czn1@cdc.gov](mailto:czn1@cdc.gov)>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <[dot8@cdc.gov](mailto:dot8@cdc.gov)>; Hedges, Sarah (CDC/DDPHSIS/CGH/DGHP) <[vow7@cdc.gov](mailto:vow7@cdc.gov)>  
**Cc:** DGHP Policy (CDC) <[dghppolicy@cdc.gov](mailto:dghppolicy@cdc.gov)>  
**Subject:** Follow-Up Question: Sen. Feinstein One Health Inquiry (Fast Turn - 1:00pm Today)

Hi All,

Sen. Feinstein would like to know – how much GESLB may have collaborated with USIAD's Project Predict? Let me know either way if you did or did not collaborate not. If you can send this information back to me by 1:00pm today that would be greatly appreciated.

Thank you,

**Jessica**

Jessica Gershick, MS, CHES

Associate Director for Policy, Partnerships and Communication (Acting)

Division of Global Health Protection (DGHP)

Center for Global Health | CDC

Phone: 770.488.5031

Mobile: (b)(6)

**From:** McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP)  
**Sent:** Mon, 27 Jan 2020 19:47:50 +0000  
**To:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP); Braden, Chris (CDC/DDID/NCEZID/OD); Khabbaz, Rima (CDC/DDID/NCEZID/OD); Lubar, Debra (CDC/DDID/NCEZID/OD)  
**Cc:** Zaki, Sherif (CDC/DDID/NCEZID/DHCPP); Reagan-Steiner, Sarah (CDC/DDID/NCEZID/DHCPP)  
**Subject:** 2019-nCoV suspect autopsy update

Good afternoon, I mentioned these results at the meeting today, but sharing for official record.

(b)(5)

**CAPT Jennifer McQuiston**

Deputy Division Director, Division of High Consequence Pathogens and Pathology, CDC

[Fzh7@cdc.gov](mailto:Fzh7@cdc.gov); 404-639-0041, new mobile # (b)(6)

---

**From:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>  
**Sent:** Friday, January 24, 2020 4:50 PM  
**To:** Braden, Chris (CDC/DDID/NCEZID/OD) <crb5@cdc.gov>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>; Lubar, Debra (CDC/DDID/NCEZID/OD) <dpl9@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>  
**Subject:** RE: heads up

(b)(5)

Other DHCPP news:

EPI AID to LA for the melioidosis follow up will begin this weekend

(b)(5)

---

**From:** Braden, Chris (CDC/DDID/NCEZID/OD) <crb5@cdc.gov>  
**Sent:** Thursday, January 23, 2020 3:43 PM  
**To:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>; Lubar, Debra (CDC/DDID/NCEZID/OD) <dpl9@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>  
**Subject:** RE: heads up

Great- impressive how fast assays are being developed.

---

**From:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>  
**Sent:** Thursday, January 23, 2020 2:26 PM  
**To:** Braden, Chris (CDC/DDID/NCEZID/OD) <[crb5@cdc.gov](mailto:crb5@cdc.gov)>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <[rfk1@cdc.gov](mailto:rfk1@cdc.gov)>; Lubar, Debra (CDC/DDID/NCEZID/OD) <[dpl9@cdc.gov](mailto:dpl9@cdc.gov)>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <[fzh7@cdc.gov](mailto:fzh7@cdc.gov)>  
**Subject:** RE: heads up

Since last week, Julu and Shieh have been working on an in situ PCR with the coronavirus lab...

---

**From:** Braden, Chris (CDC/DDID/NCEZID/OD) <[crb5@cdc.gov](mailto:crb5@cdc.gov)>  
**Sent:** Thursday, January 23, 2020 2:06 PM  
**To:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <[rfk1@cdc.gov](mailto:rfk1@cdc.gov)>; Lubar, Debra (CDC/DDID/NCEZID/OD) <[dpl9@cdc.gov](mailto:dpl9@cdc.gov)>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <[fzh7@cdc.gov](mailto:fzh7@cdc.gov)>  
**Subject:** RE: heads up

Got it- thanks for the heads up. Has Sharif worked out a tissue assay?

---

**From:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>  
**Sent:** Thursday, January 23, 2020 1:51 PM  
**To:** Khabbaz, Rima (CDC/DDID/NCEZID/OD) <[rfk1@cdc.gov](mailto:rfk1@cdc.gov)>; Braden, Chris (CDC/DDID/NCEZID/OD) <[crb5@cdc.gov](mailto:crb5@cdc.gov)>; Lubar, Debra (CDC/DDID/NCEZID/OD) <[dpl9@cdc.gov](mailto:dpl9@cdc.gov)>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <[fzh7@cdc.gov](mailto:fzh7@cdc.gov)>  
**Subject:** heads up

(b)(5)
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I will hear more at 4 PM



**From:** Helfand, Rita (CDC/DDID/NCEZID/OD)  
**Sent:** Thu, 27 Feb 2020 14:19:28 +0000  
**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP);Zhou, Weigong (CDC/DDID/NCIRD/ID);Beach, Michael J. (CDC/DDID/NCEZID/DFWED);Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID);Bresee, Joseph (CDC/DDID/NCIRD/ID);Bunga, Sudhir (CDC.state.gov);Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP);Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID);Damon, Inger K. (CDC/DDID/NCEZID/DHCPP);Dawood, Fatimah S. (CDC/DDID/NCIRD/ID);CDC IMS Incident Manager - 2;Fox, LeAnne M. (CDC/DDID/NCIRD/DBD);GDD-OUTBREAK (CDC);Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED);Greene, Carolyn M. (CDC/DDID/NCIRD/ID);Henao, Olga (CDC/DDPHSIS/CGH/DGHP);Hyde, Terri (CDC/DDPHSIS/CGH/GID);Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP);Klena, John D. (CDC/DDID/NCEZID/DHCPP);Knight, Nancy (CDC/DDPHSIS/CGH/DGHP);Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP);Lessa, Fernanda (CDC/DDID/NCEZID/DHQP);Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM);McCarron, Margaret (Meg) (CDC/DDID/NCIRD/ID);McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP);Montandon, Michele (CDC/DDPHSIS/CGH/DGHT);Moolenaar, Ronald L. (CDC/DDPHSIS/CGH/DGHP);Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHT);Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT);Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP);OConnor, John (CDC/DDID/NCEZID/OD);Park, Benjamin (CDC/DDID/NCEZID/DHQP);Patel, Anita (CDC/DDID/NCIRD/OD);Pesik, Nicki (CDC/DDID/NCEZID/OD);Prue, Christine (CDC/DDID/NCEZID/OD);Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD);Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ);Rotz, Lisa (CDC/DDID/NCEZID/DGMQ);Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO);Simonds, R. J. (CDC/DDPHSIS/CGH/OD);Smith, Rachel M. (CDC/DDID/NCEZID/DHQP);Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID);Spath (CDC)  
**Subject:** Re: Slides from debrief of GOARN mission to China

Thx Ray. [redacted] (b)(5)

[redacted] (b)(5)

Thumb typed on iPhone.

**From:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>  
**Sent:** Thursday, February 27, 2020 9:15:50 AM  
**To:** Zhou, Weigong (CDC/DDID/NCIRD/ID) <waz6@cdc.gov>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <mjb3@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>; Bunga, Sudhir (CDC.state.gov) <BungaS@state.gov>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <kvc6@cdc.gov>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <bid5@cdc.gov>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>; Dawood, Fatimah S. (CDC/DDID/NCIRD/ID) <hgj0@cdc.gov>; CDC IMS Incident Manager -2 <eocim2@cdc.gov>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <lff4@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <ihq5@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Helfand, Rita (CDC/DDID/NCEZID/OD) <rzh7@cdc.gov>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <rik9@cdc.gov>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <irc4@cdc.gov>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <fma2@cdc.gov>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <izj9@cdc.gov>; Lessa, Fernanda (CDC/DDID/NCEZID/DHQP) <dta3@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; McCarron, Margaret (Meg) (CDC/DDID/NCIRD/ID) <dme8@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>; Montandon,

Michele (CDC/DDPHSIS/CGH/DGHT) <nkf3@cdc.gov>; Moolenaar, Ronald L. (CDC/DDPHSIS/CGH/DGHP) <rlm8@cdc.gov>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <jjn6@cdc.gov>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <lbn9@cdc.gov>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <stn1@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <bip5@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <ndp9@cdc.gov>; Prue, Christine (CDC/DDID/NCEZID/OD) <cep9@cdc.gov>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <pgr4@cdc.gov>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <snr2@cdc.gov>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <ler8@cdc.gov>; Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <dmz0@cdc.gov>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <rxs5@cdc.gov>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <yxo2@cdc.gov>; Spath (CDC) <Spath@cdc.gov>

**Subject:** Slides from debrief of GOARN mission to China

(b)(5)

The full mission report should be posted within the next 24-48 hrs.

Ray

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**From:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thu, 27 Feb 2020 22:36:53 +0000  
**To:** Zhou, Weigong (CDC/DDID/NCIRD/ID); Beach, Michael J. (CDC/DDID/NCEZID/DFWED); Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID); Bresee, Joseph (CDC/DDID/NCIRD/ID); Bunga, Sudhir (CDC state.gov); Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP); Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID); Damon, Inger K. (CDC/DDID/NCEZID/DHCPP); Dawood, Fatimah S. (CDC/DDID/NCIRD/ID); CDC IMS Incident Manager -2; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD); GDD-OUTBREAK (CDC); Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED); Greene, Carolyn M. (CDC/DDID/NCIRD/ID); Helfand, Rita (CDC/DDID/NCEZID/OD); Henao, Olga (CDC/DDPHSIS/CGH/DGHP); Hyde, Terri (CDC/DDPHSIS/CGH/GID); Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP); Klena, John D. (CDC/DDID/NCEZID/DHCPP); Knight, Nancy (CDC/DDPHSIS/CGH/DGHP); Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP); Lessa, Fernanda (CDC/DDID/NCEZID/DHQP); Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM); McCarron, Margaret (Meg) (CDC/DDID/NCIRD/ID); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Montandon, Michele (CDC/DDPHSIS/CGH/DGHT); Moolenaar, Ronald L. (CDC/DDPHSIS/CGH/DGHP); Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHT); Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT); Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP); OConnor, John (CDC/DDID/NCEZID/OD); Park, Benjamin (CDC/DDID/NCEZID/DHQP); Patel, Anita (CDC/DDID/NCIRD/OD); Pesik, Nicki (CDC/DDID/NCEZID/OD); Prue, Christine (CDC/DDID/NCEZID/OD); Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD); Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ); Rotz, Lisa (CDC/DDID/NCEZID/DGMQ); Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO); Simonds, R. J. (CDC/DDPHSIS/CGH/OD); Smith, Rachel M. (CDC/DDID/NCEZID/DHQP); Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID); Spath (CDC)  
**Subject:** RE: Notes and Slides from GOARN Ops Call 27 Feb.  
**Attachments:** GOARN Call COVID-19 Epi Slides 2020 02 27.pptx, GOARN Call Meeting Notes 2020 02 27.docx

This the additional COVID-19 slide set and detailed call notes.

Ray

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**From:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thursday, February 27, 2020 9:16 AM  
**To:** Zhou, Weigong (CDC/DDID/NCIRD/ID) <waz6@cdc.gov>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <mjb3@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>; Bunga, Sudhir (CDC state.gov) <BungaS@state.gov>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <kvc6@cdc.gov>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <bid5@cdc.gov>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>; Dawood, Fatimah S. (CDC/DDID/NCIRD/ID) <hgj0@cdc.gov>; EOC IM <eocim2@cdc.gov>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <lff4@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <ihq5@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Helfand, Rita (CDC/DDID/NCEZID/OD) <rzh7@cdc.gov>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <rik9@cdc.gov>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <irc4@cdc.gov>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <fma2@cdc.gov>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP)



<izj9@cdc.gov>; Lessa, Fernanda (CDC/DDID/NCEZID/DHQP) <dta3@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; McCarron, Margaret (Meg) (CDC/DDID/NCIRD/ID) <dme8@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <nkf3@cdc.gov>; Moolenaar, Ronald L. (CDC/DDPHSIS/CGH/DGHP) <rlm8@cdc.gov>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <jjn6@cdc.gov>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <lbn9@cdc.gov>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <stn1@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <bip5@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <ndp9@cdc.gov>; Prue, Christine (CDC/DDID/NCEZID/OD) <cep9@cdc.gov>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <pgr4@cdc.gov>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <snr2@cdc.gov>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <ler8@cdc.gov>; Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <dmz0@cdc.gov>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <rxs5@cdc.gov>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <yxo2@cdc.gov>; Spath (CDC) <Spath@cdc.gov>

**Subject:** Slides from debrief of GOARN mission to China

(b)(5)

Ray

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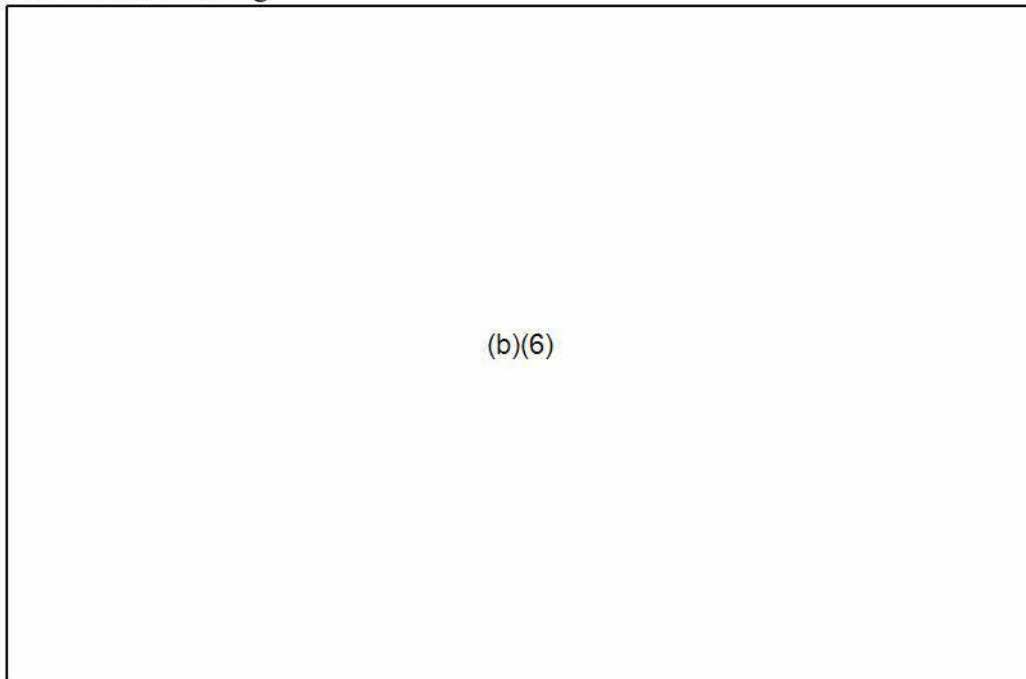
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**From:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thu, 19 Mar 2020 12:03:29 +0000  
**To:** Armstrong, Gregory (CDC/DDID/NCEZID/OD);Beach, Michael J. (CDC/DDID/NCEZID/DFWED);Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID);Bresee, Joseph (CDC/DDID/NCIRD/ID);Bunga, Sudhir (CDC.state.gov);Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP);Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID);Damon, Inger K. (CDC/DDID/NCEZID/DHCPP);Dawood, Fatimah S. (CDC/DDID/NCIRD/ID);CDC IMS Incident Manager -2;Fox, LeAnne M. (CDC/DDID/NCIRD/DBD);GDD-OUTBREAK (CDC);Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED);Greene, Carolyn M. (CDC/DDID/NCIRD/ID);Helfand, Rita (CDC/DDID/NCEZID/OD);Henao, Olga (CDC/DDPHSIS/CGH/DGHP);Hyde, Terri (CDC/DDPHSIS/CGH/GID);Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP);Klena, John D. (CDC/DDID/NCEZID/DHCPP);Knight, Nancy (CDC/DDPHSIS/CGH/DGHP);Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP);Lessa, Fernanda (CDC/DDID/NCEZID/DHQP);Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM);McCarron, Margaret (Meg) (CDC/DDID/NCIRD/ID);McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP);Montandon, Michele (CDC/DDPHSIS/CGH/DGHT);Moolenaar, Ronald L. (CDC/DDPHSIS/CGH/DGHP);Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHT);Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT);Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP);OConnor, John (CDC/DDID/NCEZID/OD);Park, Benjamin (CDC/DDID/NCEZID/DHQP);Patel, Anita (CDC/DDID/NCIRD/OD);Pesik, Nicki (CDC/DDID/NCEZID/OD);Prue, Christine (CDC/DDID/NCEZID/OD);Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD);Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ);Rotz, Lisa (CDC/DDID/NCEZID/DGMQ);Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO);Simonds, R. J. (CDC/DDPHSIS/CGH/OD);Smith, Rachel M. (CDC/DDID/NCEZID/DHQP);Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID);Spath (CDC)  
**Subject:** RE: GOARN Weekly Ops Call Thurs. 19 March 09:00 EDT - NOTE CHANGE FROM WEBEX TO ZOOM MEETING

WHO HQ EOC COVID-19 is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting



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**From:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, March 18, 2020 5:14 PM

**To:** Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <mjb3@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>; Bunga, Sudhir (CDC state.gov) <BungaS@state.gov>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <kvc6@cdc.gov>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <bid5@cdc.gov>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>; Dawood, Fatimah S. (CDC/DDID/NCIRD/ID) <hgj0@cdc.gov>; EOC IM <eocim2@cdc.gov>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <lff4@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <ihq5@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Helfand, Rita (CDC/DDID/NCEZID/OD) <rz7@cdc.gov>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <rik9@cdc.gov>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <irc4@cdc.gov>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <fma2@cdc.gov>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <izj9@cdc.gov>; Lessa, Fernanda (CDC/DDID/NCEZID/DHQP) <dta3@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; McCarron, Margaret (Meg) (CDC/DDID/NCIRD/ID) <dme8@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <nkf3@cdc.gov>; Moolenaar, Ronald L. (CDC/DDPHSIS/CGH/DGHP) <rlm8@cdc.gov>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <jjn6@cdc.gov>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <lbn9@cdc.gov>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <stn1@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <bip5@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <ndp9@cdc.gov>; Prue, Christine (CDC/DDID/NCEZID/OD) <cep9@cdc.gov>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <pgr4@cdc.gov>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <snr2@cdc.gov>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <ler8@cdc.gov>;

Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <dmz0@cdc.gov>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <rxs5@cdc.gov>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <yxo2@cdc.gov>; Spath (CDC) <Spath@cdc.gov>

**Subject:** GOARN Weekly Ops Call Thurs. 19 March 09:00 EDT

Dear Colleagues,

You are kindly invited to the GOARN Weekly Operations Call on Thursday, 19 March 2020 at 14:00 – 15:00 (Geneva time).

Agenda:

- \* EVD, DRC
- \* COVID-19
- \* Other business

Please see below dial-in details:

**IMPORTANT:** All participants must enter full name and institution name when joining the WebEx call.

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You have two options to connect to your audio within Webex:

- On the audio and video connection pop-up, select audio connection, choose either: *“I will call in”* or *“Call using computer”*.
- *Mute your microphone unless speaking.*
- *press the hand button in webex if you want to speak.*

GOARN Operational Support Team

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**From:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thu, 23 Apr 2020 16:25:18 +0000  
**To:** Armstrong, Gregory (CDC/DDID/NCEZID/OD);Beach, Michael J. (CDC/DDID/NCEZID/DFWED);Ben Hamida, Amen (em-EN) (CDC/DDPHSIS/CGH/DGHP);Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID);Bresee, Joseph (CDC/DDID/NCIRD/ID);Bunga, Sudhir (CDC.state.gov);Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP);Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID);Damon, Inger K. (CDC/DDID/NCEZID/DHCPP);Dawood, Fatimah S. (CDC/DDID/NCIRD/ID);CDC IMS Incident Manager - 2;Fitter, David L. (CDC/DDPHSIS/CGH/GID);Fox, LeAnne M. (CDC/DDID/NCIRD/DBD);GDD-OUTBREAK (CDC);Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED);Greene, Carolyn M. (CDC/DDID/NCIRD/ID);Helfand, Rita (CDC/DDID/NCEZID/OD);Henao, Olga (CDC/DDPHSIS/CGH/DGHP);Hyde, Terri (CDC/DDPHSIS/CGH/GID);Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP);Klena, John D. (CDC/DDID/NCEZID/DHCPP);Knight, Nancy (CDC/DDPHSIS/CGH/DGHP);Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQ);Lessa, Fernanda (CDC/DDID/NCEZID/DHQ);Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM);McCarron, Margaret (Meg) (CDC/DDID/NCIRD/ID);McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP);Mirza, Sara (CDC/DDID/NCIRD/DBD);Montandon, Michele (CDC/DDPHSIS/CGH/DGHT);Moolenaar, Ronald L. (CDC/DDPHSIS/CGH/DGHP);Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP);Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT);Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP);OConnor, John (CDC/DDID/NCEZID/OD);Park, Benjamin (CDC/DDID/NCEZID/DHQ);Patel, Anita (CDC/DDID/NCIRD/OD);Pesik, Nicki (CDC/DDID/NCEZID/OD);Prue, Christine (CDC/DDID/NCEZID/OD);Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD);Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ);Rotz, Lisa (CDC/DDID/NCEZID/DGMQ);Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO);Simonds, R. J. (CDC/DDPHSIS/CGH/OD);Smith, Rachel M. (CDC/DDID/NCEZID/DHQ);Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID);Spath (CDC)  
**Subject:** FW: 23 April GOARN Weekly Ops Call Notes/Slides  
**Attachments:** GOARN Weekly Ops Call Notes 2020 04 23.docx, DRC EVD Data Pack\_Final\_2020 04 23.pptx, GOARN Weekly Ops Call Slides 2020 04 23.pptx

Thanks Puneet,

All,

The WHO IT system was attacked and WHO is implementing additional security measures. Access to future weekly GOARN Ops calls may require a password and vetting prior to entry so please provide your email address or other info when requested to indicate you are joining from CDC.

Thanks.  
Ray

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**From:** Anantharam, Puneet (CDC/DDPHSIS/CGH/DGHP) <ogq2@cdc.gov>  
**Sent:** Thursday, April 23, 2020 12:10 PM  
**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>  
**Subject:** 23 April GOARN Weekly Ops Call Notes/Slides

Hi Ray and team,



Attached are the 08:00 EDT/ 14:00 CET GOARN Ops call notes, EVD Epi Data Pack, and slides (includes EVD/COVID) from today.

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Regards,  
**Puneet Anantharam, MPH**

Please copy [GDDOUTBREAK@CDC.GOV](mailto:GDDOUTBREAK@CDC.GOV) on all outbreak related e-mails.

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Center for Global Health  
Centers for Disease Control and Prevention  
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For after hours support, please phone the EOC Watch Desk at: +1.770.488.7100

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# Situation update: EVD, Kivu & Ituri provinces, DRC

**PREFACE:**The following slides are produced solely for the purposes of informing operations. As investigations are ongoing, all data are subject to verification and change. Not all analyses are updated daily, and additional analyses will be added/removed depending on operational needs at the time of production. All information in this slide deck should be treated as confidential, and should not be shared or used for any outward facing products. The latest published information can be accessed and freely cited at: [www.who.int/ebola/situation-reports/drc-2018/en/](http://www.who.int/ebola/situation-reports/drc-2018/en/) Questions or comments regarding this pack should be sent to [emergencypmo@who.int](mailto:emergencypmo@who.int)



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**From:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thu, 23 Jan 2020 12:00:32 +0000  
**To:** Patel, Anita (CDC/DDID/NCIRD/OD);Greene, Carolyn M. (CDC/DDID/NCIRD/ID);Fox, LeAnne M. (CDC/DDID/NCIRD/DBD);Bensyl, Diana M. (CDC/DDPHSIS/CGH/DGHP);Blanton, Jesse (CDC/DDID/NCEZID/DGMQ);Bunga, Sudhir (CDC state.gov);Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP);Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID);Damon, Inger K. (CDC/DDID/NCEZID/DHCPP);CDC IMS Incident Manager - 2;Ewetola, Raimi (CDC/DDPHSIS/CGH/DGHT);GDD-OUTBREAK (CDC);Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED);Helfand, Rita (CDC/DDID/NCEZID/OD);Hyde, Terri (CDC/DDPHSIS/CGH/GID);Klena, John D. (CDC/DDID/NCEZID/DHCPP);Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP);Macdonald, Gene (CDC/DDPHSIS/CGH/DGHT);McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP);Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP);Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT);Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP);OConnor, John (CDC/DDID/NCEZID/OD);Park, Benjamin (CDC/DDID/NCEZID/DHQP);Pesik, Nicki (CDC/DDID/NCEZID/OD);Prue, Christine (CDC/DDID/NCEZID/OD);Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD);Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ);Rotz, Lisa (CDC/DDID/NCEZID/DGMQ);Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO);Smith, Rachel M. (CDC/DDID/NCEZID/DHQP);Spath (CDC);Thomas, Peter (CDC/DDPHSIS/CGH/DGHP);Walke, Henry (CDC/DDID/NCEZID/DPEI);Williams, Seymour (CDC/DDPHSIS/CGH/DGHP);Knight, Nancy (CDC/DDPHSIS/CGH/DGHP)  
**Subject:** RE: CHANGE OF DATE: GOARN Weekly Ops call: 2020-01-23  
**Attachments:** 20200122-sitrep-2-2019-ncov.pdf

WHO has provided the attached 22 Jan. 2019-nCoV SitRep.

Best,  
Ray

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**From:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thursday, January 23, 2020 6:47 AM  
**To:** Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <lff4@cdc.gov>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Bensyl, Diana M. (CDC/DDPHSIS/CGH/DGHP) <zqg6@cdc.gov>; Blanton, Jesse (CDC/DDID/NCEZID/DGMQ) <asi5@cdc.gov>; Bunga, Sudhir (CDC state.gov) <BungaS@state.gov>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <kvc6@cdc.gov>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <bid5@cdc.gov>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>; EOC IM <eocim2@cdc.gov>; Ewetola, Raimi (CDC/DDPHSIS/CGH/DGHT) <hcx6@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <ihq5@cdc.gov>; Helfand, Rita (CDC/DDID/NCEZID/OD) <rz7@cdc.gov>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <irc4@cdc.gov>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <izj9@cdc.gov>; 'Macdonald, Gene (CDC/CGH/DGHT)' <fuu5@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <jjn6@cdc.gov>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <lbn9@cdc.gov>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <stn1@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <bip5@cdc.gov>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <ndp9@cdc.gov>;

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**Subject:** FW: CHANGE OF DATE: GOARN Weekly Ops call: 2020-01-23

**Importance:** High

Due to a second day of deliberations by the IHR EC on whether 2019-nCoV constitutes a PHEIC, the weekly GOARN Ops call has moved to Friday 24 Jan. The call will be a 08:00 EST.

Thanks.

Ray

Dear All,

Due to competing priorities, the GOARN Operational Call is exceptionally **rescheduled for tomorrow, 24 January 2020 at the same time- 1400-1500 Geneva**. The agenda and dial in instructions remain the same.

We thank you all for your support and understanding.

Best

Sameera

**Agenda:**

- EVD, DRC
  - Find daily WHO Situation updates posted on the Knowledge Platform (*Operations > Ebola Virus Disease, Democratic Republic of the Congo (North Kivu), 2018 > Updates (on the right side)*)
- Novel Coronavirus (nCoV), China
- AoB

Please see below dial-in details:

**IMPORTANT:** All participants must enter full name and institution name when joining the WebEx call.

[Click here](#) to join the meeting by Webex

1. Enter your full name and institution.

2. Enter the meeting access code:

You have two options to connect to your audio within Webex:

- On the audio and video connection pop-up, select audio connection, choose either: "I will call in" or "Call using computer".
- Mute your microphone unless speaking.

GOARN Operational Support Team



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Division of Emergency Response (WRE)  
WHO Health Emergencies Programme (WHE)  
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Avenue Appia 20  
1211 Geneva 27, Switzerland

E-mail: [goarn@who.int](mailto:goarn@who.int)

---

**From:** goarn

**Sent:** Thursday, January 23, 2020 9:38 AM

**To:** SHOC <[shoc@who.int](mailto:shoc@who.int)>; emergencycpmo <[emergencycpmo@who.int](mailto:emergencycpmo@who.int)>; Dr VAN KERKHOVE, Maria <[vankerkhovem@who.int](mailto:vankerkhovem@who.int)>; DEGAIL CHABRAT, Marie Amélie <[degailm@who.int](mailto:degailm@who.int)>; [Alexandre.JULLY@ec.europa.eu](mailto:Alexandre.JULLY@ec.europa.eu); [jpfaffmann@unicef.org](mailto:jpfaffmann@unicef.org); [claire\\_beck@wvi.org](mailto:claire_beck@wvi.org); [Axelle.Ronsse@brussels.msf.org](mailto:Axelle.Ronsse@brussels.msf.org); [mainaa@unhcr.org](mailto:mainaa@unhcr.org); [trina.helderman@medair.org](mailto:trina.helderman@medair.org); CAYABYAB, Ramoncito <[cayabyabr@who.int](mailto:cayabyabr@who.int)>; [hgk4@cdc.gov](mailto:hgk4@cdc.gov); [ahmedz@africa-union.org](mailto:ahmedz@africa-union.org); [MerawiA@africa-union.org](mailto:MerawiA@africa-union.org); [BenjaminD@africa-union.org](mailto:BenjaminD@africa-union.org); [T-Drake@dfid.gov.uk](mailto:T-Drake@dfid.gov.uk); [C-Watts@dfid.gov.uk](mailto:C-Watts@dfid.gov.uk); 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RYAN, Michael J. <[ryanm@who.int](mailto:ryanm@who.int)>; PESIGAN, Arturo <[pesigana@who.int](mailto:pesigana@who.int)>; [peter.horby@ndm.ox.ac.uk](mailto:peter.horby@ndm.ox.ac.uk); QUEYRAS, Guillaume <[queyrasg@who.int](mailto:queyrasg@who.int)>; SLATTERY, Raphael James



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Cc: goarn <[goarn@who.int](mailto:goarn@who.int)>

Subject: GENTLE REMINDER: GOARN Weekly Ops call: 2020-01-23

Dear Colleagues,

Please see attached for your update the latest Coronavirus Sitrep. We look forward to having you with us on the call today and welcome all partners involved in this response to feed into the discussion at the meeting with an update on their institutional involvement in the ongoing outbreak.

The Knowledge platform is being updated with relevant information regarding the ongoing outbreaks and we welcome your contribution as a GOARN partner ensure that the network is updated and engaged.

Best

Sameera

-----Original Appointment-----

**From:** goarn

**Sent:** Tuesday, January 21, 2020 5:03 PM

**To:** SHOC; emergencycpmo; Dr VAN KERKHOVE, Maria; DEGAIL CHABRAT, Marie Amélie;

[Alexandre.JULLY@ec.europa.eu](mailto:Alexandre.JULLY@ec.europa.eu); [jpfaffmann@unicef.org](mailto:jpfaffmann@unicef.org); [claire\\_beck@wvi.org](mailto:claire_beck@wvi.org);

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**Cc:** goarn

**Subject:** GOARN Weekly Ops call: 2020-01-23

**When:** Thursday, January 23, 2020 2:00 PM-3:00 PM (UTC+01:00) Brussels, Copenhagen, Madrid, Paris.

**Where:** Upper SHOC / WebEx

Dear colleagues,

You are kindly invited to the GOARN Weekly Operations Call on **Thursday, 23 January 2020 at 14:00 – 15:00 (Geneva time)**.

**Agenda:**

- EVD, DRC
  - Find daily WHO Situation updates posted on the Knowledge Platform (*Operations > Ebola Virus Disease, Democratic Republic of the Congo (North Kivu), 2018 > Updates (on the right side)*)
- Novel Coronavirus (nCoV), China
- AoB

Please see below dial-in details:

**IMPORTANT:** All participants must enter full name and institution name when joining the WebEx call.

[Click here](#) to join the meeting by Webex

1. Enter your full name and institution.

2. Enter the meeting access code

You have two options to connect to your audio within Webex:

- On the audio and video connection pop-up, select audio connection, choose either: “I will call in” or “Call using computer”.
- Mute your microphone unless speaking.

GOARN Operational Support Team

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Division of Emergency Response (WRE)  
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*NOTE: Please note that this WebEx service allows audio and other information sent during the session to be recorded. By joining this session, you automatically consent to such recordings. If you do not consent to being recorded, discuss your concerns with the host or do not join the session. The recording is used for the purpose of minutes.*

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(b)(5)

**From:** Braden, Chris (CDC/DDID/NCEZID/OD)  
**Sent:** Fri, 24 Jan 2020 21:51:09 +0000  
**To:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP);Khabbaz, Rima (CDC/DDID/NCEZID/OD);Lubar, Debra (CDC/DDID/NCEZID/OD);McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP)  
**Subject:** RE: heads up

Thanks for the update, Inger.

---

**From:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>  
**Sent:** Friday, January 24, 2020 4:50 PM  
**To:** Braden, Chris (CDC/DDID/NCEZID/OD) <crb5@cdc.gov>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>; Lubar, Debra (CDC/DDID/NCEZID/OD) <dpl9@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>  
**Subject:** RE: heads up

(b)(5)

Other DHCPP news:

(b)(5)

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**From:** Braden, Chris (CDC/DDID/NCEZID/OD) <crb5@cdc.gov>  
**Sent:** Thursday, January 23, 2020 3:43 PM  
**To:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>; Lubar, Debra (CDC/DDID/NCEZID/OD) <dpl9@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>  
**Subject:** RE: heads up

Great- impressive how fast assays are being developed.

---

**From:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>  
**Sent:** Thursday, January 23, 2020 2:26 PM  
**To:** Braden, Chris (CDC/DDID/NCEZID/OD) <crb5@cdc.gov>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>; Lubar, Debra (CDC/DDID/NCEZID/OD) <dpl9@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>  
**Subject:** RE: heads up

Since last week, Julu and Shieh have been working on an in situ PCR with the coronavirus lab....

---

**From:** Braden, Chris (CDC/DDID/NCEZID/OD) <crb5@cdc.gov>  
**Sent:** Thursday, January 23, 2020 2:06 PM  
**To:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>; Lubar, Debra (CDC/DDID/NCEZID/OD) <dpl9@cdc.gov>;

McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <[fzh7@cdc.gov](mailto:fzh7@cdc.gov)>

**Subject:** RE: heads up

Got it- thanks for the heads up. Has Sharif worked out a tissue assay?

---

**From:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>

**Sent:** Thursday, January 23, 2020 1:51 PM

**To:** Khabbaz, Rima (CDC/DDID/NCEZID/OD) <[rfk1@cdc.gov](mailto:rfk1@cdc.gov)>; Braden, Chris (CDC/DDID/NCEZID/OD) <[crb5@cdc.gov](mailto:crb5@cdc.gov)>; Lubar, Debra (CDC/DDID/NCEZID/OD) <[dpl9@cdc.gov](mailto:dpl9@cdc.gov)>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <[fzh7@cdc.gov](mailto:fzh7@cdc.gov)>

**Subject:** heads up

(b)(5)

I will hear more at 4 PM

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Fri, 24 Jan 2020 13:11:08 +0000  
**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP); Beach, Michael J. (CDC/DDID/NCEZID/DFWED); Bunga, Sudhir (CDC state.gov); Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP); Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID); Damon, Inger K. (CDC/DDID/NCEZID/DHCPP); CDC IMS Incident Manager -2; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD); GDD-OUTBREAK (CDC); Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED); Greene, Carolyn M. (CDC/DDID/NCIRD/ID); Helfand, Rita (CDC/DDID/NCEZID/OD); Henao, Olga (CDC/DDPHSIS/CGH/DGHP); Hyde, Terri (CDC/DDPHSIS/CGH/GID); Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP); Klena, John D. (CDC/DDID/NCEZID/DHCPP); Knight, Nancy (CDC/DDPHSIS/CGH/DGHP); Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP); Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT); Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP); OConnor, John (CDC/DDID/NCEZID/OD); Park, Benjamin (CDC/DDID/NCEZID/DHQP); Patel, Anita (CDC/DDID/NCIRD/OD); Pesik, Nicki (CDC/DDID/NCEZID/OD); Prue, Christine (CDC/DDID/NCEZID/OD); Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD); Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ); Rotz, Lisa (CDC/DDID/NCEZID/DGMQ); Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO); Simonds, R. J. (CDC/DDPHSIS/CGH/OD); Smith, Rachel M. (CDC/DDID/NCEZID/DHQP); Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID); Spath (CDC); Williams, Seymour (CDC/DDPHSIS/CGH/DGHP)  
**Subject:** RE: nCov 2019 Updates Jan 23 \_ 2nd Case in Korea  
**Attachments:** Korea CDC Press\_Release\_(Jan.24-2)-2nd Case.pdf

HI:

Second confirmed case in Korea.

PMR

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Friday, January 24, 2020 8:07 AM  
**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <mjb3@cdc.gov>; Bunga, Sudhir (CDC state.gov) <BungaS@state.gov>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <kvc6@cdc.gov>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <bid5@cdc.gov>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>; CDC IMS Incident Manager -2 <eocim2@cdc.gov>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <lff4@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <ihq5@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Helfand, Rita (CDC/DDID/NCEZID/OD) <rz7@cdc.gov>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <rik9@cdc.gov>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <irc4@cdc.gov>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <fma2@cdc.gov>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <izj9@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <jjn6@cdc.gov>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <lbn9@cdc.gov>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <stn1@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>; Park, Benjamin

(CDC/DDID/NCEZID/DHQP) <bip5@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <ndp9@cdc.gov>; Prue, Christine (CDC/DDID/NCEZID/OD) <cep9@cdc.gov>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <pgr4@cdc.gov>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <snr2@cdc.gov>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <ler8@cdc.gov>; Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <dmz0@cdc.gov>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <rxs5@cdc.gov>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <yxo2@cdc.gov>; Spath (CDC) <Spath@cdc.gov>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <sjw9@cdc.gov>

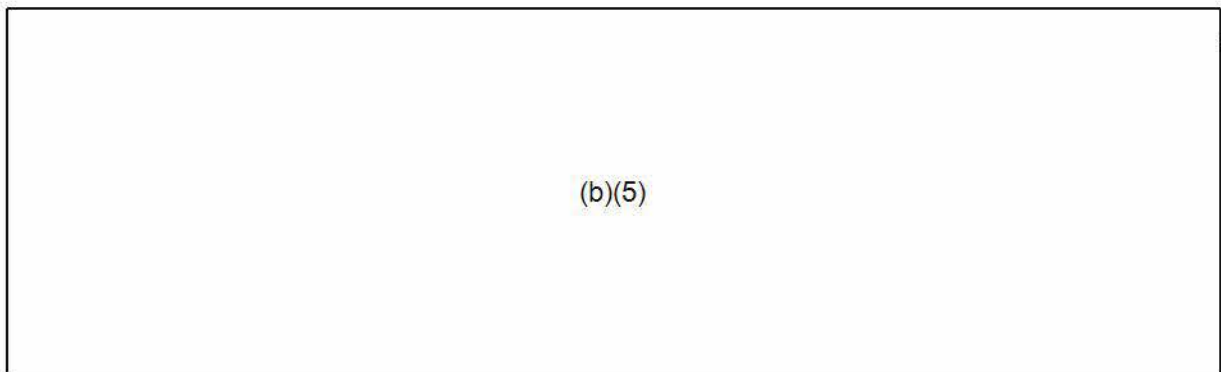
**Subject:** RE: nCov 2019 Updates GDDOC\_5th Case in Thailand (1 strongly suspected case, awaiting confirmation)

Hi:

The MOPH held a press conference this afternoon to announce the 5<sup>th</sup> case. We thought it would be the case described below and in the SITREP but evidently, there is another 33 yo Chinese woman picked up at a private hospital. This brings our total to 6 (5 reported publically)

[https://www.bangkokpost.com/thailand/general/1842939/fifth-coronavirus-case-in-thailand#cxrecs\\_s](https://www.bangkokpost.com/thailand/general/1842939/fifth-coronavirus-case-in-thailand#cxrecs_s)

Here is the updated SITREP for Friday, January 24. Key items are:



Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 8:01 AM

**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <[mjb3@cdc.gov](mailto:mjb3@cdc.gov)>; Bunga, Sudhir (CDC state.gov) <[BungaS@state.gov](mailto:BungaS@state.gov)>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <[kvc6@cdc.gov](mailto:kvc6@cdc.gov)>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <[bid5@cdc.gov](mailto:bid5@cdc.gov)>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>; CDC IMS Incident Manager -2 <[eocim2@cdc.gov](mailto:eocim2@cdc.gov)>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <[lff4@cdc.gov](mailto:lff4@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <[ihq5@cdc.gov](mailto:ihq5@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Helfand, Rita (CDC/DDID/NCEZID/OD) <[rz7@cdc.gov](mailto:rz7@cdc.gov)>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <[dot8@cdc.gov](mailto:dot8@cdc.gov)>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>;



Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <[rik9@cdc.gov](mailto:rik9@cdc.gov)>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <[irc4@cdc.gov](mailto:irc4@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <[izj9@cdc.gov](mailto:izj9@cdc.gov)>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <[fzh7@cdc.gov](mailto:fzh7@cdc.gov)>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <[jjn6@cdc.gov](mailto:jjn6@cdc.gov)>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <[lbn9@cdc.gov](mailto:lbn9@cdc.gov)>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <[stn1@cdc.gov](mailto:stn1@cdc.gov)>; OConnor, John (CDC/DDID/NCEZID/OD) <[jpo2@cdc.gov](mailto:jpo2@cdc.gov)>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <[bip5@cdc.gov](mailto:bip5@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <[ndp9@cdc.gov](mailto:ndp9@cdc.gov)>; Prue, Christine (CDC/DDID/NCEZID/OD) <[cep9@cdc.gov](mailto:cep9@cdc.gov)>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <[pgr4@cdc.gov](mailto:pgr4@cdc.gov)>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <[snr2@cdc.gov](mailto:snr2@cdc.gov)>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <[ler8@cdc.gov](mailto:ler8@cdc.gov)>; Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <[dmz0@cdc.gov](mailto:dmz0@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <[vih9@cdc.gov](mailto:vih9@cdc.gov)>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <[yxo2@cdc.gov](mailto:yxo2@cdc.gov)>; Spath (CDC) <[Spath@cdc.gov](mailto:Spath@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_WHO Update 23 Jan CONFIDENTIAL

WHO Update - CONFIDENTIAL

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(b)(5)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 7:50 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_WHO Sitrep

2<sup>nd</sup> SitRep from WHO.

PMR

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:36 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy EAC Updates

One more

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:35 AM



**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Bangkok nCoV update

EAC Reports.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:34 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Bangkok nCoV update

HI:

Update on nCoV in Thailand.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:31 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C.



(CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Consulate Wuhan Ordered Departure

FYI

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:29 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C.

(CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_Embassy Beijing Wuhan closure

FYI

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 23, 2020 9:14 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C.

(CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP)



<abj0@cdc.gov>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <yhy8@cdc.gov>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <mvi0@cdc.gov>; PHMIT (CDC) <phmit@cdc.gov>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <lzo9@cdc.gov>; Blain, Amy (CDC/DDID/NCIRD/DBD) <>wgi9@cdc.gov>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <hno1@cdc.gov>  
**Cc:** GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <maq2@cdc.gov>

**Subject:** RE: nCov 2019 Updates GDDOC\_Official notice of transportation closure

Hi:

Official posting of transportation shut down.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 23, 2020 9:07 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <ahl4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <fma2@cdc.gov>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <sjw9@cdc.gov>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <eco1@cdc.gov>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <kil6@cdc.gov>; Burns, Erin (CDC/DDID/NCIRD/ID) <eub5@cdc.gov>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <rxs5@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <boq3@cdc.gov>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <abj0@cdc.gov>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <yhy8@cdc.gov>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <mvi0@cdc.gov>; PHMIT (CDC) <phmit@cdc.gov>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <lzo9@cdc.gov>; Blain, Amy (CDC/DDID/NCIRD/DBD) <wgi9@cdc.gov>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <hno1@cdc.gov>  
**Cc:** GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <maq2@cdc.gov>

**Subject:** RE: nCov 2019 Updates GDDOC\_Beijing cancels New Years Events

<https://www.reuters.com/article/china-health-newyear/beijing-cancels-new-year-events-to-curb-virus-spread-beijing-news-idUSB9N29F025>

## Beijing cancels New Year events to curb virus spread -Beijing News

1 MIN READ

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BEIJING, Jan 23 (Reuters) - China's capital city Beijing cancelled major public events including two well-known Lunar New Year temple fairs, the state-run Beijing News said on Thursday, as authorities try to curb the spread of a deadly coronavirus outbreak.

Separately, the country's railway operator, China State Railway Group, said passengers would be able to receive full refunds on tickets nationwide starting on Friday. (Reporting by Tony Munroe; editing by John Stonestreet)

*Our Standards: [The Thomson Reuters Trust Principles.](#)*

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)





**Sent:** Wednesday, January 22, 2020 3:37 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_Wuhan Effectively Quarantined News Report

**CHINADAILY** 中国·新闻网  
COM.CN

Wuhan temporarily shuts down local transportation to curb virus

chinadaily.com.cn | Updated: 2020-01-23 02:42    

People are seen wearing masks at Beijing Railway Station on Jan 21, 2020. [Photo by Zou Hong/chinadaily.com.cn]

The local government of Wuhan, the center of the coronavirus, announced that all public transportation in the city — local buses, long-distanced buses, subway and ferry — will be temporarily closed starting at 10am on Thursday.

All flights and trains scheduled to depart from Wuhan also will be temporarily canceled to reduce the risk of spreading the new virus, the government said.

Residents in Wuhan were suggested not to leave the city if there is no particular reason, according to the announcement.

<http://www.chinadaily.com.cn/a/202001/23/WS5e28978ea310128217272dae.html>

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 3:03 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP)



<[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_WHO News Conference NOW.

<https://www.youtube.com/watch?v=46fb8RX-Pnc>

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 2:57 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Beijing Cable 22 Jan

Hi:

Attached and below is a cable from US Embassy Beijing. It mostly covers AmCit health concerns in Beijing & Wuhan.

Cheers,  
Philip

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From: Gonsahn, Stephanie (CDC/DDPHSIS/CGH/OD)

Sent: Wednesday, January 22, 2020 1:08:49 PM (UTC-05:00) Eastern Time (US & Canada)

(b)(6)

(b)(6)

(b)(6)



(b)(6)

DOD/DAO:Henderschedt, Thomas M (Beijing)  
HHS/OGA:Parrish Fuentes, Adrienne L (Beijing)  
HHS/CDC/CGH:Simonds, Robert J (Beijing)  
ESTH:Marcus, Gregory R (Beijing)  
PD:Surendra, Shanna D (Beijing)  
PD:Anderson, Pauline (Beijing)

Approved By: A/DCM:Klein, William H (Beijing)

Released By: BEIJING:McClanahan, Sean L (Beijing)

Info: SHANGHAI, AMCONSUL ROUTINE; SHENYANG, AMCONSUL ROUTINE; CHENGDU, AMCONSUL ROUTINE; WUHAN, AMCONSUL ROUTINE; GUANGZHOU, AMCONSUL ROUTINE; HONG KONG, AMCONSUL ROUTINE; TAIPEI, AIT ROUTINE; TOKYO, AMEMBASSY ROUTINE; SEOUL, AMEMBASSY ROUTINE; BANGKOK, AMEMBASSY ROUTINE; VLADIVOSTOK, AMCONSUL ROUTINE; CIA WASHINGTON DC ROUTINE; DIA WASHINGTON DC ROUTINE; FBI WASHINGTON DC ROUTINE; DEPT OF AGRICULTURE USD FAS WASHINGTON DC ROUTINE; DEPT OF AGRICULTURE WASHINGTON DC ROUTINE; DEPT OF COMMERCE WASHINGTON DC ROUTINE; DEPT OF ENERGY WASHINGTON DC ROUTINE; DEPT OF HHS WASHINGTON DC ROUTINE; JICPAC HONOLULU HI ROUTINE; ATLANTA GA, CDC ROUTINE; NATIONAL SECURITY COUNCIL WASHINGTON DC ROUTINE; DEPT OF HOMELAND SECURITY IP WASHINGTON DC ROUTINE

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 11:12 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_NHC Update 22 Jan

Hi:

The National Health Committee (NHC) of China is now providing the country wide updates.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 22, 2020 10:34 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

**CONFIDENTIAL UPDATES**

Thanks,  
Philip

Update 22 January 2020

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 10:26 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

Sorry a few new people added to distribution.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 10:17 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

Hi:

Confidential Communication – note link to public sources

Regards,

Philip

(b)(5)

(b)(5)

(b)(5)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>

**Sent:** Wednesday, January 22, 2020 9:30 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP)



[<maq2@cdc.gov>](mailto:maq2@cdc.gov)

**Subject:** Re: nCov 2019 Updates GDDOC\_ 2 more cases in Thailand -US Embassy Thailand

---

From: Gonsahn, Stephanie (CDC/DDPHSIS/CGH/OD)

Sent: Wednesday, January 22, 2020 9:21:15 AM (UTC-05:00) Eastern Time (US & Canada)

To: MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP); Mercer, J. Todd (CDC/DDPHSIS/CGH/OD);

Martin, Rebecca (CDC/DDPHSIS/CGH/OD); CDC IMS 2019 NCOV DGMQ Staffing

Cc: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Bresee, Joseph (CDC/DDID/NCIRD/ID); Gogstad,

Eric (CDC/DDID/NCIRD/ID); GDD-OUTBREAK (CDC); Olsen, Sonja (CDC/DDID/NCIRD/ID)

Subject: FW: 2019-Novel Coronavirus in Thailand: Third, Fourth Cases Confirmed

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(b)(5)

(b)(5)

(b)(5)

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Signature: HEATH

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Drafted By: BANGKOK:Anderson, Erik M (Bangkok)

Cleared By: EXEC:O'Neill, Sean

Director Office (DIR):Malnak, Peter (RDMA/DIR)

(U) MacArthur, John R (Bangkok)

CONS:Scherer, Timothy M (Bangkok)

PD:Montgomery, Thomas R (Bangkok)

MGT/MED:Guerin, Peter T (Bangkok)

ECON:Apostol, Douglas J (Bangkok)

EXEC/LEG:Post, Robert (Bangkok)

Approved By: EXEC/LEG:Heath, Michael G (Bangkok)

Released By: BANGKOK:Anderson, Erik M (Bangkok)

Info: CHIANG MAI, AMCONSUL ROUTINE; Knobelsdorf, Valerie P ROUTINE; To, Jonathan C ROUTINE; Wilson, Maryam ROUTINE; Bhandare, Jui S ROUTINE; Carlson, Eric J ROUTINE; Costello, Kelly E ROUTINE; Davis, Anika L ROUTINE; Glasser, Joshua L ROUTINE; Lievano-Martinez, Marcela L ROUTINE; Lucera, Mark B ROUTINE; Nesselroad, Lisa L ROUTINE; Petrillo, Jessica E ROUTINE; Rubin, Joshua N ROUTINE; Scovitch, Joseph R ROUTINE; Seedorff, Jennifer E ROUTINE; Stevens, Kathleen E ROUTINE; Tobert, Gwen M ROUTINE; Whittington, Tracy ROUTINE; DEPT OF HHS WASHINGTON DC ROUTINE; ATLANTA GA, CDC ROUTINE; WUHAN, AMCONSUL ROUTINE; BEIJING, AMEMBASSY ROUTINE; Hendon, Anthony J (Beijing) ROUTINE; Fox, Evan W ROUTINE; Bakewell, Richard A ROUTINE; Ballinger, Chase ROUTINE; Beran, Sarah ROUTINE; De Lima, Deanne E ROUTINE; Fischer, Emily A ROUTINE; Futamoto, Yuko ROUTINE; Houge, Roxie ROUTINE; Princic, Kevin R ROUTINE; Snyder, Carla E ROUTINE; Wang, Vincent ROUTINE; (U) MacArthur, John R (Bangkok) ROUTINE; [ztc9@cdc.gov](mailto:ztc9@cdc.gov) ROUTINE; (U) Daves, Sharon (Bangkok) ROUTINE; Ahmed, Marie (RDMA/OPH) ROUTINE; Neill, Juniper (RDMA/DIR) ROUTINE; Schar, Daniel (RDMA/OPH) ROUTINE; Guerin, Peter T (Bangkok) ROUTINE; Scherer, Timothy M (Bangkok) ROUTINE; Bonnardeaux, Jillian F (Bangkok) ROUTINE; Montgomery, Thomas R (Bangkok) ROUTINE; VLADIVOSTOK, AMCONSUL ROUTINE

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Tuesday, January 21, 2020 4:47:25 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_ WHO SitRep

Hi:

WHO SitRep on NCov.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Tuesday, January 21, 2020 9:57 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_ IHR Korea

Hi:



IHR has posted notice on case in Korea. **USG Only.**

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Tuesday, January 21, 2020 9:56 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; [teresa.quitugua@HQ.DHS.GOV](mailto:teresa.quitugua@HQ.DHS.GOV)

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ China National Health\_Healthcare worker\_ First case Korea - 22 Jan

Hi All:

Interview in which China confirms person to person transmission and healthcare worker infections. First case in Korea.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 20, 2020 9:13 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen

(CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ IHR Meeting on 2019 Novel Coronavirus - 22 Jan

Good Evening:

IHR has posted a noticed regarding the upcoming meeting on Novel Coronavirus.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 17, 2020 11:35 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ FOUR NEW CASES in Wuhan - 17 Jan

Just posted on Wuhan Health Commission website -

On January 16, 2020, experts from the provinces and municipalities newly identified 4 cases of pneumonia with a new type of coronavirus infection based on the clinical manifestations, epidemiological history of the patients, and the results detected by the diagnostic kit issued by the country. All 4 patients were male. They developed symptoms from January 5 to 8, 2020, and were admitted to the hospital from January 8 to 13 for treatment. After treatment, the symptoms improved and the condition is stable. They have been transferred to Wuhan Jinyintan Hospital for centralized treatment. Epidemiological investigations of the four new cases are underway, and close contacts are also being tracked.

Second, the main measures for the prevention and control of the recent epidemic

Further do a good job in the management of pre-inspection and triage of medical institutions at all levels and early diagnosis, and early detection, isolation and early treatment. The sanitary killing of the South China Seafood Wholesale Market, other agricultural fairs in the city and the living environment of related hospitals, patients and close contacts will



continue. Carry out a patriotic health campaign with the theme of “renovating the environment, cleaning homes, and welcoming the festival” to promote a healthy lifestyle.

3. Related situation of close contacts of confirmed cases abroad

Seventeen close contacts of the first confirmed patient in Thailand were tracked, all of which were included in medical observations. One of them had symptoms of low fever and mild cough, and has been transferred to designated hospitals for treatment. Personnel information, tracking of close family contacts is underway; 4 cases of close family contacts have been traced to patients with confirmed cases notified in Japan, all of which have been included in medical observation.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Friday, January 17, 2020 9:59 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_ ECDC Report - 17 Jan

Attached is the ECDC nCoV section from its weekly report. It provides a nice summary as well as links to public sources.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Friday, January 17, 2020 8:14 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD)



<[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCov 2019 Updates GDDOC\_ Additional death in China\_2nd case in Thailand - 17 Jan

Good morning:

- 1 additional death in Wuhan: The patient, a 69-year-old male, developed symptoms on December 31 last year. His condition deteriorated on January 4 this year and he passed away on January
- 2nd case in Thailand, which is unrelated to the first: The Thailand Department of Disease Control has screened travelers at the airport, on January 13, 2020 1 additional confirmed case of coronary pneumonia from 2019 which is a Chinese female aged 74 years.
- WHO also published additional information on the case in Japan, regarding course of illness, exposure and test results.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 16, 2020 6:21 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashif (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC 16 Jan

Chinese Media report of airport screening in Wuhan.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thursday, January 16, 2020 5:11 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
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**Subject:** RE: nCov 2019 Updates GDDOC 16 Jan

WHO DONs from this afternoon.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thursday, January 16, 2020 11:27 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
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**Subject:** nCov 2019 Updates GDDOC 16 Jan

Hi:

Developments to note are:

(b)(5)



(b)(5)

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 15, 2020 11:49 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updated Communications 15 Jan

Hi:

Here is the most recent DONs posting, Wuhan Health Commission Updates, and CDC Taiwan Update.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 15, 2020 11:39 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCov 2019 Updated Communications 15 Jan

HI:

Confidential sources have shared the below. The communication is confidential, but you will note that many public sources are cited.

Regards,  
Philip

(b)(5)

(b)(5)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 13, 2020 10:39 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP)



[<maq2@cdc.gov>](mailto:maq2@cdc.gov)

**Subject:** US Embassy Cable, Beijing & Bangkok

Hi:

New information in regards to the case in Thailand (in both cables) is “Currently, officials report there is no epidemiologic link to the Huanan Seafood Market implicated in the Wuhan outbreak, although the patient did reportedly visit another market in Wuhan days before traveling.”

Confirmation of the lack of exit screening in Wuhan(Beijing cable):

“12. (SBU) Wuhan’s airport and its three passenger train stations continued to have no illness exit screening (e.g., fever checks) beyond the normal security screening measures (x-ray, metal detector, and manual pat down for all departing passengers). In a January 10 meeting (ref A), Wuhan’s Public Security Bureau (PSB) told CG Wuhan RSO that while they had the capability to do so, there was still no need for health screening, indicating they were not concerned about the pneumonia outbreak. As of close of business in Beijing on January 13, the Huanan market remained closed.”

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 13, 2020 10:07 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) [<cqg4@cdc.gov>](mailto:cqg4@cdc.gov); Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) [<ahl4@cdc.gov>](mailto:ahl4@cdc.gov); Patel, Anita (CDC/DDID/NCIRD/OD) [<bop1@cdc.gov>](mailto:bop1@cdc.gov); Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) [<fma2@cdc.gov>](mailto:fma2@cdc.gov); Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) [<sjw9@cdc.gov>](mailto:sjw9@cdc.gov); OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) [<eco1@cdc.gov>](mailto:eco1@cdc.gov); Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) [<kil6@cdc.gov>](mailto:kil6@cdc.gov); Burns, Erin (CDC/DDID/NCIRD/ID) [<eub5@cdc.gov>](mailto:eub5@cdc.gov); Simonds, R. J. (CDC/DDPHSIS/CGH/OD) [<rxs5@cdc.gov>](mailto:rxs5@cdc.gov); Vinter, Serena (CDC/DDPHSIS/CGH/OD) [<uvv3@cdc.gov>](mailto:uvv3@cdc.gov); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) [<vhi9@cdc.gov>](mailto:vhi9@cdc.gov); Kilgore, Neely (CDC/OCOO/OSSAM) [<nfk2@cdc.gov>](mailto:nfk2@cdc.gov); Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) [<boq3@cdc.gov>](mailto:boq3@cdc.gov); Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) [<abj0@cdc.gov>](mailto:abj0@cdc.gov)

**Cc:** GDD-OUTBREAK (CDC) [<GDDOUTBREAK@cdc.gov>](mailto:GDDOUTBREAK@cdc.gov); Quick, Linda (CDC/DDPHSIS/CGH/DGHP) [<maq2@cdc.gov>](mailto:maq2@cdc.gov)

**Subject:** Wuhan Health Committee Updates 11-13Jan2020

Updates from Wuhan Health Committee 11-13 Jan 2020. 12<sup>th</sup> and 13<sup>th</sup> sitreps simply report no new cases.

11<sup>th</sup> sitrep discusses nCOV and new case count of 41.

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 13, 2020 8:05 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCOV 2019 case in Thailand, comments by WHO

Morning:

Case Thailand in a Chinese woman, apparently detected through entry screening. Case has recovered and is ready to return to China. Comments from WHO.

Philip

WHO statement on novel coronavirus in Thailand

13 January 2020

News release

- <https://www.who.int/news-room/detail/13-01-2020-who-statement-on-novel-coronavirus-in-thailand>

The World Health Organization (WHO) is working with officials in Thailand and China following reports of confirmation of the novel coronavirus in a person in Thailand.

The person was a traveler from Wuhan, China, and was identified by Thai officials on 8 January, and hospitalized that day. The person is recovering from the illness according to Thai officials.

The possibility of cases being identified in other countries was not unexpected, and reinforces why WHO calls for on-going active monitoring and preparedness in other countries. WHO has issued [guidance](#) on how to detect and treat persons ill with the new virus.

The genetic sequencing shared by China enables more countries to rapidly diagnose patients.

[WHO reiterates](#) that it is essential that investigations continue in China to identify the source of this outbreak and any animal reservoirs or intermediate hosts.

Given developments, WHO Director-General Dr Tedros Adhanom Ghebreyesus will consult with Emergency Committee members and could call for a meeting of the committee on short notice.



Bangkok Post <https://www.bangkokpost.com/thailand/general/1834789/coronavirus-infected-chinese-tourist-being-treated-in-thailand>

Coronavirus-infected Chinese tourist being treated in Thailand

PUBLISHED : 13 JAN 2020 AT 16:02

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Public Health Minister Anutin Charnvirakul, second right, shows visitors from Wuhan receiving health screening at Suvarnabhumi airport in Samut Prakan province on Jan 5. He said on Monday that a Chinese woman found infected with a new strain of coronavirus was in quarantine and being treated in Nonthaburi province. Public Health Minister Anutin Charnvirakul, second right, shows visitors from Wuhan receiving health screening at Suvarnabhumi airport in Samut Prakan province on Jan 5. He said on Monday that a Chinese woman found infected with a new strain of coronavirus was in quarantine and being treated in Nonthaburi province. A Chinese tourist was found to be infected with the new strain of coronavirus when she arrived in Thailand, is being treated in hospital and is expected to be discharged in

a few days, Public Health Minister Anutin Charnvirakul said on Monday.

Mr Anutin said the 61-year-old woman was recovering at Bamrasnaradura Infectious Diseases Institute in Nonthaburi province.

She now had no fever or any respiratory symptoms. If doctors gave her a clearance she would be allowed to go home in a few days, said Mr Anutin.

Sixteen other people who were close to the woman on the same flight were examined, and the results were negative, he said.

Mr Anutin said 59 people in China have been confirmed infected with the new strain of the coronavirus, which has been linked to a sudden outbreak of pneumonia in central China. One of them died. All had attended big markets selling animals and seafood in Wuhan city. They were either workers or buyers.

There had not been any human-to-human transmission of the virus.

Ads by Teads



Four kept in quarantine after landing

China reports first death from mystery pneumonia outbreak

China believes new virus behind mystery pneumonia outbreak

The ill Chinese woman was the first person detected with the virus outside China. Her discovery and successful treatment was indicative of the efficiency and effectiveness of health services in Thailand, Mr Anutin said.

Health officials have been checking passengers from Wuhan arriving at Suvarnabhumi, Don Mueang, Phuket and Chiang Mai airports since Jan 3. They had found 12 ill passengers who justified being quarantined. Eight had so far been treated and discharged from hospital.

The Chinese woman was being treated in an isolation ward. Her infection with the new coronavirus was confirmed on Sunday, Mr Anutin said.

The Public Health Ministry had not found anyone else infected with it, he said.

One of Wuhan's largest meat and seafood markets was pinpointed as the centre of the mysterious pneumonia outbreak and was shut down on Jan. 1. The man who died had been a customer at that market.

Chinese scientists identified the new virus strain last week.

Coronaviruses are not necessarily life-threatening but have been the underlying cause of public health crises, including severe acute respiratory syndrome, or SARS, which killed hundreds of people after an outbreak in southern China in 2002 and 2003.

The Wuhan viral outbreak seems to be less virulent and less transmittable, according to the World Health

Organisation.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Sunday, January 12, 2020 8:28 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M.(CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: China - Updates from GDDOC\_PMRicks

Hope everyone had a good weekend.

Philip

WHO DONs

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## Novel Coronavirus – China

Disease outbreak news : Update  
12 January 2020

On 11 and 12 January 2020, WHO received further detailed information from the National Health Commission about the outbreak.

WHO is reassured of the quality of the ongoing investigations and the response measures implemented in Wuhan, and the commitment to share information regularly.

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(b)(5)

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 10, 2020 1:38 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M.(CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)

<[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** China - Updates from GDDOC\_PMRicks

Hi:

Article in Science urging china to release sequencing data.

<https://www.sciencemag.org/news/2020/01/scientists-urge-china-quickly-share-data-virus-linked-pneumonia-outbreak>

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thursday, January 9, 2020 10:40 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M.(CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashaf (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Hello:

We have received an update to yesterday's confidential communication from international colleagues regarding pneumonia of unknown etiology in Wuhan, China (see updated information below), which primarily concerns the identification of a novel coronavirus. Although the communication was confidential, much of the information comes from public sources (links embedded).

Regards,  
Philip

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(b)(5)

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**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:46 PM  
**To:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Thank you, Philip.



cg

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:44 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>  
**Cc:** Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Hi Carolyn:

The information about exit screening came from European colleagues, but they did cite a specific source. I did a quick internet search and could not find anything online regarding exit screening at Wuhan Tianhe Airport. I did find some other info regarding volume and that Wuhan allows a 144 hour visa-free transit for 53 eligible countries, *which allows them access to the entire city during the 144 hour period.*

Regards,  
Philip

Wikipedia: The airport served 20,772,000 passengers in 2016, making it the [14th busiest](#) airport by passenger traffic in China. The name Tianhe (天河) can be literally translated as "Sky River"; it is also one of the names for the [Milky Way](#) in ancient Chinese.<sup>[3]</sup>

#### **144-hour Visa-free Transit in Wuhan, started January 1, 2019**

The 144-hour visa-free transit has come into force officially in Wuhan, Central China. Following the Liaoning 144-hour visa-free transit that took effect in 2018, the 144-hour transit without visa (TWOV) in Wuhan enables air passengers from 53 eligible countries to take a free transit in the city for 6 days without applying for Chinese visa before departure.

#### **Who Can Enjoy the Wuhan 144-hour TWOV? - List of 53 Qualifying Countries**

- ▶ 24 Schengen Agreement Countries: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland
- ▶ 15 Other European Countries: Russia, the United Kingdom, Ireland, Cyprus, Bulgaria, Romania, Ukraine, Serbia, Croatia, Bosnia-Herzegovina, Montenegro, Macedonia (FYROM), Albania, Belarus, Monaco
- ▶ 6 American Countries: the United States, Canada, Brazil, Mexico, Argentina, Chile
- ▶ 2 Oceania Countries: Australia, New Zealand
- ▶ 6 Asian Countries: Korea, Japan, Singapore, Brunei, United Arab Emirates, Qatar

#### **Areas Allowed to Stay**

The whole city of Wuhan is the allowable area to stay for foreign tourists entitled for this 144-hour TWOV. That is to say, the flight passengers who intend to transit in Wuhan for 6 days without visa are only able to sight-see Wuhan after leaving the airport.

#### **What Is the Eligible Transit Port?**

Wuhan's free transit can only be issued in its airport - [Wuhan Tianhe International Airport](#). Those travelers who enter Wuhan by trains or cruises cannot avail of the 144 hours TWOV after their arrival.

Regards,  
Philip

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**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:13 PM  
**To:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Cc:** Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Thank you, Philip. We knew this would be messy given flu and other respiratory virus season.

One question—where is source for the exit screening out of Wuhan starting on Jan 8<sup>th</sup>? That is new to me.

Carolyn

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:01 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ah14@cdc.gov](mailto:ah14@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M. (CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashaf (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** Communication on Pneumonia of unknown etiology - Wuhan, China

Hello:

We have received a confidential communication from international colleagues regarding pneumonia of unknown etiology in Wuhan, China (see below). Although the communication was confidential, much of the information comes from public sources (links embedded).

*Please note that on 25 January 2020 Chinese New Year celebrations will take place, involving a high volume of population movement inside the country and posing an increased risk of spread of this and other communicable diseases.*

Regards,  
Philip

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Please copy [GDDOUTBREAK@CDC.GOV](mailto:GDDOUTBREAK@CDC.GOV) on all outbreak related e-mails.

Global Disease Detection Operations Center (GDDOC)  
Division of Global Health Protection  
Center for Global Health  
Centers for Disease Control and Prevention  
1600 Clifton Road NE, Mailstop D68

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GDDOC secure mailbox: [gddoutbreak@cdc.gov](mailto:gddoutbreak@cdc.gov)

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Puneet Anantharam, MPH, ORISE Fellow: mobile: (b)(6)

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## **The Result of Initial Epidemiological Investigation on the Second confirmed case of 2019-nCoV infection in Korea**

- The Korea Centers for Disease Control and Prevention(KCDC) has released the result of initial epidemiological investigation on the second confirmed case of 2019-nCoV in Korea.
- The case-patient has been working in Wuhan, Hubei province, China since April 2019. He initially developed sore throat on 10 January 2020. As his symptoms were worsened, he visited local clinic in Wuhan on 19 January and his temperature was found within normal range. He arrived at Gimpo airport via Shanghai, departure from Wuhan on 22 January.  
\* Arrival airline : Shanghai Airline FM823 (Shanghai -> Gimpo)
- The case was detected by a thermal scanner during entry screening conducted by the quarantine station with fever. At the airport, he had fever with his temperature of 37.8°C and sore throat without respiratory symptoms. He met the criteria for active monitoring and sent home after giving instruction to report if symptom develops.
- On 23 January, he experienced worsening sore throat and reported to local public health center. His chest X-ray revealed bronchitis, and reclassified as Patient Under Investigation(PUI). He was tested for 2019-nCoV and confirmed positive on 24 January.
- From the early investigation, he did not go to Huanan Seafood Wholesale Market, but he said his Chinese colleagues had cold symptoms. Total 69 contacts including 56 passengers were identified and in-depth epidemiological investigation is ongoing. They will be under active monitoring for 14 days by local public health center.

\*For more information, refer to the Korean press release as following;

[https://is.cdc.go.kr/upload\\_comm/syview/doc.html?fn=157982963662400.hwp&rs=/upload\\_comm/docu/0015/](https://is.cdc.go.kr/upload_comm/syview/doc.html?fn=157982963662400.hwp&rs=/upload_comm/docu/0015/)

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Fri, 24 Jan 2020 13:33:09 +0000  
**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP); Beach, Michael J. (CDC/DDID/NCEZID/DFWED); Bunga, Sudhir (CDC state.gov); Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP); Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID); Damon, Inger K. (CDC/DDID/NCEZID/DHCPP); CDC IMS Incident Manager -2; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD); GDD-OUTBREAK (CDC); Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED); Greene, Carolyn M. (CDC/DDID/NCIRD/ID); Helfand, Rita (CDC/DDID/NCEZID/OD); Henao, Olga (CDC/DDPHSIS/CGH/DGHP); Hyde, Terri (CDC/DDPHSIS/CGH/GID); Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP); Klena, John D. (CDC/DDID/NCEZID/DHCPP); Knight, Nancy (CDC/DDPHSIS/CGH/DGHP); Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP); McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP); Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP); Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT); Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP); OConnor, John (CDC/DDID/NCEZID/OD); Park, Benjamin (CDC/DDID/NCEZID/DHQP); Patel, Anita (CDC/DDID/NCIRD/OD); Pesik, Nicki (CDC/DDID/NCEZID/OD); Prue, Christine (CDC/DDID/NCEZID/OD); Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD); Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ); Rotz, Lisa (CDC/DDID/NCEZID/DGMQ); Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO); Simonds, R. J. (CDC/DDPHSIS/CGH/OD); Smith, Rachel M. (CDC/DDID/NCEZID/DHQP); Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID); Spath (CDC); Williams, Seymour (CDC/DDPHSIS/CGH/DGHP)  
**Subject:** RE: nCov 2019 Updates Jan 23 \_ 2nd Case in Korea  
**Attachments:** ECDC communicable-disease-threats-report-nCov 25-jan-2020-PUBLIC.pdf

Hi:

ECDC Weekly update. Attached and link below.

<https://www.ecdc.europa.eu/sites/default/files/documents/communicable-disease-threats-report-25-jan-2020-PUBLIC.pdf>

PMR

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Friday, January 24, 2020 8:11 AM  
**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <mjb3@cdc.gov>; Bunga, Sudhir (CDC state.gov) <BungaS@state.gov>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <kvc6@cdc.gov>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <bid5@cdc.gov>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>; CDC IMS Incident Manager -2 <eocim2@cdc.gov>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <lff4@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <ihq5@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Helfand, Rita (CDC/DDID/NCEZID/OD) <rzh7@cdc.gov>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <rik9@cdc.gov>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <irc4@cdc.gov>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <fma2@cdc.gov>; Kolwaite, Amy R.



(CDC/DDID/NCEZID/DHQP) <izj9@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <jjn6@cdc.gov>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <lbn9@cdc.gov>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <stn1@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <bip5@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <ndp9@cdc.gov>; Prue, Christine (CDC/DDID/NCEZID/OD) <cep9@cdc.gov>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <pgr4@cdc.gov>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <snr2@cdc.gov>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <ler8@cdc.gov>; Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <dmz0@cdc.gov>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <rxs5@cdc.gov>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <yxo2@cdc.gov>; Spath (CDC) <Spath@cdc.gov>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <sjw9@cdc.gov>

**Subject:** RE: nCov 2019 Updates Jan 23 \_ 2nd Case in Korea

HI:

Second confirmed case in Korea.

PMR

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 8:07 AM

**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <[mjb3@cdc.gov](mailto:mjb3@cdc.gov)>; Bunga, Sudhir (CDC state.gov) <[BungaS@state.gov](mailto:BungaS@state.gov)>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <[kvc6@cdc.gov](mailto:kvc6@cdc.gov)>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <[bid5@cdc.gov](mailto:bid5@cdc.gov)>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>; CDC IMS Incident Manager -2 <[eocim2@cdc.gov](mailto:eocim2@cdc.gov)>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <[lff4@cdc.gov](mailto:lff4@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <[ihq5@cdc.gov](mailto:ihq5@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Helfand, Rita (CDC/DDID/NCEZID/OD) <[rzh7@cdc.gov](mailto:rzh7@cdc.gov)>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <[dot8@cdc.gov](mailto:dot8@cdc.gov)>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <[rik9@cdc.gov](mailto:rik9@cdc.gov)>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <[irc4@cdc.gov](mailto:irc4@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <[izj9@cdc.gov](mailto:izj9@cdc.gov)>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <[fzh7@cdc.gov](mailto:fzh7@cdc.gov)>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <[jjn6@cdc.gov](mailto:jjn6@cdc.gov)>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <[lbn9@cdc.gov](mailto:lbn9@cdc.gov)>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <[stn1@cdc.gov](mailto:stn1@cdc.gov)>; OConnor, John (CDC/DDID/NCEZID/OD) <[jpo2@cdc.gov](mailto:jpo2@cdc.gov)>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <[bip5@cdc.gov](mailto:bip5@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <[ndp9@cdc.gov](mailto:ndp9@cdc.gov)>; Prue, Christine (CDC/DDID/NCEZID/OD) <[cep9@cdc.gov](mailto:cep9@cdc.gov)>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <[pgr4@cdc.gov](mailto:pgr4@cdc.gov)>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <[snr2@cdc.gov](mailto:snr2@cdc.gov)>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <[ler8@cdc.gov](mailto:ler8@cdc.gov)>; Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <[dmz0@cdc.gov](mailto:dmz0@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <[vih9@cdc.gov](mailto:vih9@cdc.gov)>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <[yxo2@cdc.gov](mailto:yxo2@cdc.gov)>; Spath (CDC) <[Spath@cdc.gov](mailto:Spath@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_5th Case in Thailand (1 strongly suspected case, awaiting confirmation)

Hi:

The MOPH held a press conference this afternoon to announce the 5<sup>th</sup> case. We thought it would be the case described below and in the SITREP but evidently, there is another 33 yo Chinese woman picked up at a private hospital. This brings our total to 6 (5 reported publically)

[https://www.bangkokpost.com/thailand/general/1842939/fifth-coronavirus-case-in-thailand#cxrecs\\_s](https://www.bangkokpost.com/thailand/general/1842939/fifth-coronavirus-case-in-thailand#cxrecs_s)

Here is the updated SITREP for Friday, January 24. Key items are:

(b)(5)

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 8:01 AM

**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <[mjb3@cdc.gov](mailto:mjb3@cdc.gov)>; Bunga, Sudhir (CDC state.gov) <[BungaS@state.gov](mailto:BungaS@state.gov)>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <[kvc6@cdc.gov](mailto:kvc6@cdc.gov)>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <[bid5@cdc.gov](mailto:bid5@cdc.gov)>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>; CDC IMS Incident Manager -2 <[eocim2@cdc.gov](mailto:eocim2@cdc.gov)>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <[lff4@cdc.gov](mailto:lff4@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <[ihq5@cdc.gov](mailto:ihq5@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Helfand, Rita (CDC/DDID/NCEZID/OD) <[rzh7@cdc.gov](mailto:rzh7@cdc.gov)>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <[dot8@cdc.gov](mailto:dot8@cdc.gov)>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <[rik9@cdc.gov](mailto:rik9@cdc.gov)>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <[irc4@cdc.gov](mailto:irc4@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <[izj9@cdc.gov](mailto:izj9@cdc.gov)>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <[fzh7@cdc.gov](mailto:fzh7@cdc.gov)>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <[jjn6@cdc.gov](mailto:jjn6@cdc.gov)>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <[lbn9@cdc.gov](mailto:lbn9@cdc.gov)>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <[stn1@cdc.gov](mailto:stn1@cdc.gov)>; OConnor, John (CDC/DDID/NCEZID/OD) <[jpo2@cdc.gov](mailto:jpo2@cdc.gov)>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <[bip5@cdc.gov](mailto:bip5@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <[ndp9@cdc.gov](mailto:ndp9@cdc.gov)>; Prue, Christine (CDC/DDID/NCEZID/OD) <[cep9@cdc.gov](mailto:cep9@cdc.gov)>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <[pgr4@cdc.gov](mailto:pgr4@cdc.gov)>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <[snr2@cdc.gov](mailto:snr2@cdc.gov)>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <[ler8@cdc.gov](mailto:ler8@cdc.gov)>;



Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <[dmz0@cdc.gov](mailto:dmz0@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <[vih9@cdc.gov](mailto:vih9@cdc.gov)>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <[yxo2@cdc.gov](mailto:yxo2@cdc.gov)>; Spath (CDC) <[Spath@cdc.gov](mailto:Spath@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_WHO Update 23 Jan CONFIDENTIAL

WHO Update - CONFIDENTIAL

(b)(5)

(b)(5)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 7:50 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD)



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**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_WHO Sitrep

2<sup>nd</sup> SitRep from WHO.

PMR

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:36 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy EAC Updates

One more

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:35 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy



(CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP)  
<[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Bangkok nCoV update

EAC Reports.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:34 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Bangkok nCoV update

Hi:

Update on nCoV in Thailand.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:31 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>



**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Consulate Wuhan Ordered Departure

FYI

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:29 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_Embassy Beijing Wuhan closure

FYI

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 23, 2020 9:14 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_Official notice of transportation closure

Hi:

Official posting of transportation shut down.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 23, 2020 9:07 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_Beijing cancels New Years Events

<https://www.reuters.com/article/china-health-newyear/beijing-cancels-new-year-events-to-curb-virus-spread-beijing-news-idUSB9N29F025>

## Beijing cancels New Year events to curb virus spread -Beijing News

1 MIN READ

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BEIJING, Jan 23 (Reuters) - China's capital city Beijing cancelled major public events including two well-known Lunar New Year temple fairs, the state-run Beijing News said on Thursday, as authorities try to curb the spread of a deadly coronavirus outbreak.

Separately, the country's railway operator, China State Railway Group, said passengers would be able to receive full refunds on tickets nationwide starting on Friday. (Reporting by Tony Munroe; editing by John Stonestreet)

*Our Standards:* [The Thomson Reuters Trust Principles.](#)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 3:37 PM







**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_Wuhan Effectively Quarantined News Report



Wuhan temporarily shuts down local transportation to curb virus

chinadaily.com.cn | Updated: 2020-01-23 02:42    

People are seen wearing masks at Beijing Railway Station on Jan 21, 2020. [Photo by Zou Hong/chinadaily.com.cn]

The local government of Wuhan, the center of the coronavirus, announced that all public transportation in the city — local buses, long-distanced buses, subway and ferry — will be temporarily closed starting at 10am on Thursday.

All flights and trains scheduled to depart from Wuhan also will be temporarily canceled to reduce the risk of spreading the new virus, the government said.

Residents in Wuhan were suggested not to leave the city if there is no particular reason, according to the announcement.

<http://www.chinadaily.com.cn/a/202001/23/WS5e28978ea310128217272dae.html>

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 3:03 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP)

<[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_WHO News Conference NOW.

<https://www.youtube.com/watch?v=46fb8RX-Pnc>

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 2:57 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Beijing Cable 22 Jan

Hi:

Attached and below is a cable from US Embassy Beijing. It mostly covers AmCit health concerns in Beijing & Wuhan.

Cheers,  
Philip

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From: Gonsahn, Stephanie (CDC/DDPHSIS/CGH/OD)

Sent: Wednesday, January 22, 2020 1:08:49 PM (UTC-05:00) Eastern Time (US & Canada)

To: Simonds, R. J. (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Bresee, Joseph (CDC/DDID/NCIRD/ID); Gogstad, Eric (CDC/DDID/NCIRD/ID); GDD-OUTBREAK (CDC); Olsen, Sonja (CDC/DDID/NCIRD/ID)

Cc: GDD-OUTBREAK (CDC); CDC IMS 2019 NCOV DGMQ Staffing

Subject: FW: Beijing and Wuhan Core EAC Re Novel (2019-nCoV) Coronavirus -January 22, 2020

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[STATE SEAL]

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SENSITIVE BUT UNCLASSIFIED

Signature: BRANSTAD

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Drafted By: RSO:McClanahan, Sean L (Beijing)

Cleared By: RSO:Clark, Ashley E (Beijing)

MGT:Munchmeyer, Katherine A (Beijing)

MGT/MED:Fierro, Jose M (Beijing)

CONS:Evans, Jewell E (Beijing)

CONS/AG:Walton, Christopher D (Beijing)

DOD/DAO:Henderschedt, Thomas M (Beijing)

HHS/OGA:Parrish Fuentes, Adrienne L (Beijing)

HHS/CDC/CGH:Simonds, Robert J (Beijing)

ESTH:Marcus, Gregory R (Beijing)

PD:Surendra, Shanna D (Beijing)

PD:Anderson, Pauline (Beijing)

Approved By: A/DCM:Klein, William H (Beijing)

Released By: BEIJING:McClanahan, Sean L (Beijing)

Info: SHANGHAI, AMCONSUL ROUTINE; SHENYANG, AMCONSUL ROUTINE; CHENGDU, AMCONSUL ROUTINE; WUHAN, AMCONSUL ROUTINE; GUANGZHOU, AMCONSUL ROUTINE; HONG KONG, AMCONSUL ROUTINE; TAIPEI, AIT ROUTINE; TOKYO, AMEMBASSY ROUTINE;

SEOUL, AMEMBASSY ROUTINE; BANGKOK, AMEMBASSY ROUTINE; VLADIVOSTOK, AMCONSUL ROUTINE; CIA WASHINGTON DC ROUTINE; DIA WASHINGTON DC ROUTINE; FBI WASHINGTON DC ROUTINE; DEPT OF AGRICULTURE USD FAS WASHINGTON DC ROUTINE; DEPT OF AGRICULTURE WASHINGTON DC ROUTINE; DEPT OF COMMERCE WASHINGTON DC ROUTINE; DEPT OF ENERGY WASHINGTON DC ROUTINE; DEPT OF HHS WASHINGTON DC ROUTINE; JIC PAC HONOLULU HI ROUTINE; ATLANTA GA, CDC ROUTINE; NATIONAL SECURITY COUNCIL WASHINGTON DC ROUTINE; DEPT OF HOMELAND SECURITY IP WASHINGTON DC ROUTINE

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 22, 2020 11:12 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_NHC Update 22 Jan

Hi:

The National Health Committee (NHC) of China is now providing the country wide updates.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 22, 2020 10:34 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C.

(CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>  
Cc: GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

**CONFIDENTIAL UPDATES**

Thanks,  
Philip

Update 22 January 2020

(b)(5)

This is a summary of this morning's meeting; 21 January

(b)(5)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 10:26 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>;



Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

Sorry a few new people added to distribution.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 22, 2020 10:17 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

HI:

Confidential Communication – note link to public sources

Regards,

Philip

(b)(5)

(b)(5)



(b)(5)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>

**Sent:** Wednesday, January 22, 2020 9:30 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** Re: nCov 2019 Updates GDDOC\_2 more cases in Thailand -US Embassy Thailand

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From: Gonsahn, Stephanie (CDC/DDPHSIS/CGH/OD)

Sent: Wednesday, January 22, 2020 9:21:15 AM (UTC-05:00) Eastern Time (US & Canada)

To: MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP); Mercer, J. Todd (CDC/DDPHSIS/CGH/OD);  
Martin, Rebecca (CDC/DDPHSIS/CGH/OD); CDC IMS 2019 NCOV DGMQ Staffing  
Cc: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Bresee, Joseph (CDC/DDID/NCIRD/ID); Gogstad,  
Eric (CDC/DDID/NCIRD/ID); GDD-OUTBREAK (CDC); Olsen, Sonja (CDC/DDID/NCIRD/ID)  
Subject: FW: 2019-Novel Coronavirus in Thailand: Third, Fourth Cases Confirmed

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(U) MacArthur, John R (Bangkok)  
CONS:Scherer, Timothy M (Bangkok)  
PD:Montgomery, Thomas R (Bangkok)  
MGT/MED:Guerin, Peter T (Bangkok)  
ECON:Apostol, Douglas J (Bangkok)  
EXEC/LEG:Post, Robert (Bangkok)  
Approved By: EXEC/LEG:Heath, Michael G (Bangkok)  
Released By: BANGKOK:Anderson, Erik M (Bangkok)  
Info: CHIANG MAI, AMCONSUL ROUTINE; Knobelsdorf, Valerie P ROUTINE; To, Jonathan C ROUTINE; Wilson, Maryam ROUTINE; Bhandare, Jui S ROUTINE; Carlson, Eric J ROUTINE; Costello, Kelly E ROUTINE; Davis, Anika L ROUTINE; Glasser, Joshua L ROUTINE; Lievano-Martinez, Marcela L ROUTINE; Lucera, Mark B ROUTINE; Nesselroad, Lisa L ROUTINE; Petrillo, Jessica E ROUTINE; Rubin, Joshua N ROUTINE; Scovitch, Joseph R ROUTINE; Seedorff, Jennifer E ROUTINE; Stevens, Kathleen E ROUTINE; Tobert, Gwen M ROUTINE; Whittington, Tracy ROUTINE; DEPT OF HHS WASHINGTON DC ROUTINE; ATLANTA GA, CDC ROUTINE; WUHAN, AMCONSUL ROUTINE; BEIJING, AMEMBASSY ROUTINE; Hendon, Anthony J (Beijing) ROUTINE; Fox, Evan W ROUTINE; Bakewell, Richard A ROUTINE; Ballinger, Chase ROUTINE; Beran, Sarah ROUTINE; De Lima, Deanne E ROUTINE; Fischer, Emily A ROUTINE; Futamoto, Yuko ROUTINE; Houge, Roxie ROUTINE; Princic, Kevin R ROUTINE; Snyder, Carla E ROUTINE; Wang, Vincent ROUTINE; (U) MacArthur, John R (Bangkok) ROUTINE; [ztc9@cdc.gov](mailto:ztc9@cdc.gov) ROUTINE; (U) Daves, Sharon (Bangkok) ROUTINE; Ahmed, Marie (RDMA/OPH) ROUTINE; Neill, Juniper (RDMA/DIR) ROUTINE; Schar, Daniel (RDMA/OPH) ROUTINE; Guerin, Peter T (Bangkok) ROUTINE; Scherer, Timothy M (Bangkok) ROUTINE; Bonnardeaux, Jillian F (Bangkok) ROUTINE; Montgomery, Thomas R (Bangkok) ROUTINE; VLADIVOSTOK, AMCONSUL ROUTINE

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Tuesday, January 21, 2020 4:47:25 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP)



<[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ WHO SitRep

Hi:

WHO SitRep on NCov.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Tuesday, January 21, 2020 9:57 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ IHR Korea

Hi:

IHR has posted notice on case in Korea. **USG Only.**

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Tuesday, January 21, 2020 9:56 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef

(CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; [teresa.quitugua@HQ.DHS.GOV](mailto:teresa.quitugua@HQ.DHS.GOV)

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ China National Health\_Healthcare worker\_ First case Korea - 22 Jan

Hi All:

Interview in which China confirms person to person transmission and healthcare worker infections. First case in Korea.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 20, 2020 9:13 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ IHR Meeting on 2019 Novel Coronavirus - 22 Jan

Good Evening:

IHR has posted a notice regarding the upcoming meeting on Novel Coronavirus.



Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 17, 2020 11:35 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashaf (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[bog3@cdc.gov](mailto:bog3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ FOUR NEW CASES in Wuhan - 17 Jan

Just posted on Wuhan Health Commission website -

On January 16, 2020, experts from the provinces and municipalities newly identified 4 cases of pneumonia with a new type of coronavirus infection based on the clinical manifestations, epidemiological history of the patients, and the results detected by the diagnostic kit issued by the country. All 4 patients were male. They developed symptoms from January 5 to 8, 2020, and were admitted to the hospital from January 8 to 13 for treatment. After treatment, the symptoms improved and the condition is stable. They have been transferred to Wuhan Jinyintan Hospital for centralized treatment. Epidemiological investigations of the four new cases are underway, and close contacts are also being tracked.

Second, the main measures for the prevention and control of the recent epidemic

Further do a good job in the management of pre-inspection and triage of medical institutions at all levels and early diagnosis, and early detection, isolation and early treatment. The sanitary killing of the South China Seafood Wholesale Market, other agricultural fairs in the city and the living environment of related hospitals, patients and close contacts will continue. Carry out a patriotic health campaign with the theme of "renovating the environment, cleaning homes, and welcoming the festival" to promote a healthy lifestyle.

3. Related situation of close contacts of confirmed cases abroad

Seventeen close contacts of the first confirmed patient in Thailand were tracked, all of which were included in medical observations. One of them had symptoms of low fever and mild cough, and has been transferred to designated hospitals for treatment. Personnel information, tracking of close family contacts is underway; 4 cases of close family contacts have been traced to patients with confirmed cases notified in Japan, all of which have been included in medical observation.



Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Friday, January 17, 2020 9:59 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_ ECDC Report - 17 Jan

Attached is the ECDC nCoV section from its weekly report. It provides a nice summary as well as links to public sources.

Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Friday, January 17, 2020 8:14 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** nCov 2019 Updates GDDOC\_ Additional death in China\_2nd case in Thailand - 17 Jan

Good morning:

(b)(5)

Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 16, 2020 6:21 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC 16 Jan

Chinese Media report of airport screening in Wuhan.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 16, 2020 5:11 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ)



<[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC 16 Jan

WHO DONs from this afternoon.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

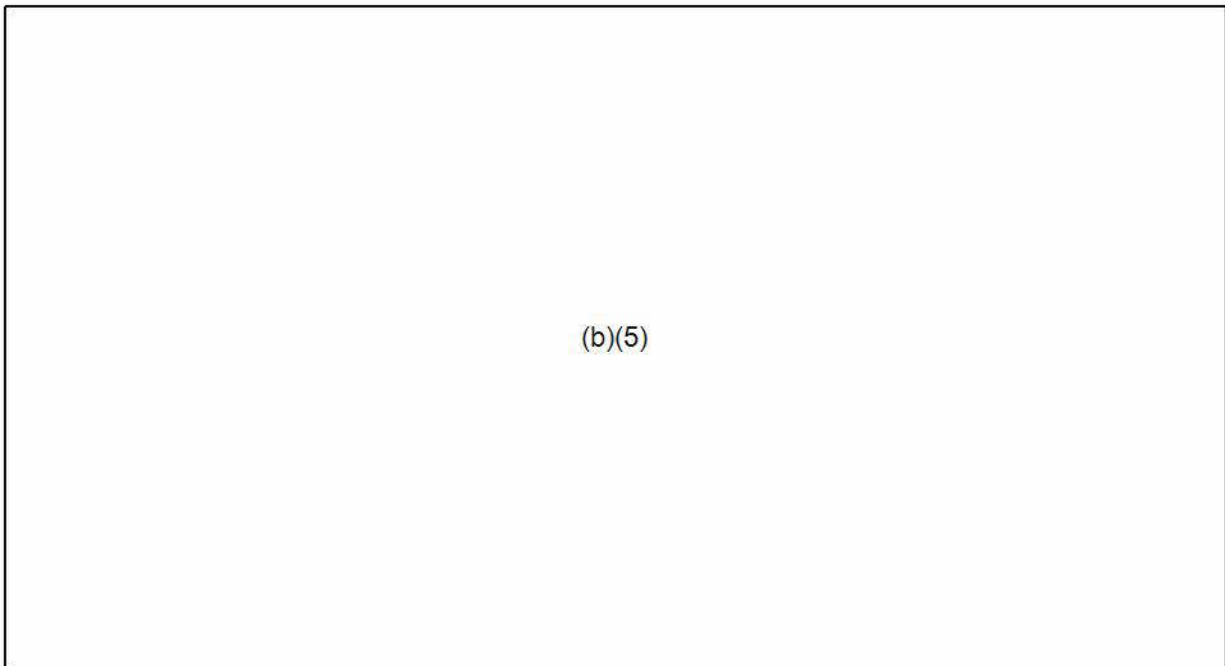
**Sent:** Thursday, January 16, 2020 11:27 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCov 2019 Updates GDDOC 16 Jan

Hi:

Developments to note are:



(b)(5)

(b)(5)

Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 15, 2020 11:49 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updated Communications 15 Jan

Hi:

Here is the most recent DONs posting, Wuhan Health Commission Updates, and CDC Taiwan Update.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 15, 2020 11:39 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>;

Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
Cc: GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP)  
<[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCov 2019 Updated Communications 15 Jan

Hi:

Confidential sources have shared the below. The communication is confidential, but you will note that many public sources are cited.

Regards,  
Philip

(b)(5)



(b)(5)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 13, 2020 10:39 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashaf (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** US Embassy Cable, Beijing & Bangkok

Hi:

New information in regards to the case in Thailand (in both cables) is “Currently, officials report there is no epidemiologic link to the Huanan Seafood Market implicated in the Wuhan outbreak, although the patient did reportedly visit another market in Wuhan days before traveling.”

Confirmation of the lack of exit screening in Wuhan(Beijing cable):

“12. (SBU) Wuhan’s airport and its three passenger train stations continued to have no illness exit screening (e.g., fever checks) beyond the normal security screening measures (x-ray, metal detector, and manual pat down for all departing passengers). In a January 10 meeting (ref A), Wuhan’s Public Security Bureau (PSB) told CG Wuhan RSO that while they had the capability to do so, there was still no need for health screening, indicating they were not concerned about the pneumonia outbreak. As of close of business in Beijing on January 13, the Huanan market remained closed.”

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Monday, January 13, 2020 10:07 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** Wuhan Health Committee Updates 11-13Jan2020

Updates from Wuhan Health Committee 11-13 Jan 2020. 12<sup>th</sup> and 13<sup>th</sup> sitreps simply report no new cases.

11<sup>th</sup> sitrep discusses nCOV and new case count of 41.

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Monday, January 13, 2020 8:05 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP)

<[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCOV 2019 case in Thailand, comments by WHO

Morning:

Case Thailand in a Chinese woman, apparently detected through entry screening. Case has recovered and is ready to return to China. Comments from WHO.

Philip

WHO statement on novel coronavirus in Thailand

13 January 2020

News release

- <https://www.who.int/news-room/detail/13-01-2020-who-statement-on-novel-coronavirus-in-thailand>

The World Health Organization (WHO) is working with officials in Thailand and China following reports of confirmation of the novel coronavirus in a person in Thailand.

The person was a traveler from Wuhan, China, and was identified by Thai officials on 8 January, and hospitalized that day. The person is recovering from the illness according to Thai officials.

The possibility of cases being identified in other countries was not unexpected, and reinforces why WHO calls for on-going active monitoring and preparedness in other countries. WHO has issued [guidance](#) on how to detect and treat persons ill with the new virus.

The genetic sequencing shared by China enables more countries to rapidly diagnose patients.

[WHO reiterates](#) that it is essential that investigations continue in China to identify the source of this outbreak and any animal reservoirs or intermediate hosts.

Given developments, WHO Director-General Dr Tedros Adhanom Ghebreyesus will consult with Emergency Committee members and could call for a meeting of the committee on short notice.

Bangkok Post <https://www.bangkokpost.com/thailand/general/1834789/coronavirus-infected-chinese-tourist-being-treated-in-thailand>

Coronavirus-infected Chinese tourist being treated in Thailand

PUBLISHED : 13 JAN 2020 AT 16:02



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Public Health Minister Anutin Charnvirakul, second right, shows visitors from Wuhan receiving health screening at Suvarnabhumi airport in Samut Prakan province on Jan 5. He said on Monday that a Chinese woman found infected with a new strain of coronavirus was in quarantine and being treated in Nonthaburi province. Public Health Minister Anutin Charnvirakul, second right, shows visitors from Wuhan receiving health screening at Suvarnabhumi airport in Samut Prakan province on Jan 5. He said on Monday that a Chinese woman found infected with a new strain of coronavirus was in quarantine and being treated in Nonthaburi province. A Chinese tourist was found to be infected with the new strain of coronavirus when she arrived in Thailand, is being treated in hospital and is expected to be discharged in a few days, Public Health Minister Anutin Charnvirakul said on Monday.

Mr Anutin said the 61-year-old woman was recovering at Bamrasnaradura Infectious Diseases Institute in Nonthaburi province.

She now had no fever or any respiratory symptoms. If doctors gave her a clearance she would be allowed to go home in a few days, said Mr Anutin.

Sixteen other people who were close to the woman on the same flight were examined, and the results were negative, he said.

Mr Anutin said 59 people in China have been confirmed infected with the new strain of the coronavirus, which has been linked to a sudden outbreak of pneumonia in central China. One of them died. All had attended big markets selling animals and seafood in Wuhan city. They were either workers or buyers.

There had not been any human-to-human transmission of the virus.

Ads by Teads

Four kept in quarantine after landing

China reports first death from mystery pneumonia outbreak

China believes new virus behind mystery pneumonia outbreak

The ill Chinese woman was the first person detected with the virus outside China. Her discovery and successful treatment was indicative of the efficiency and effectiveness of health services in Thailand, Mr Anutin said.

Health officials have been checking passengers from Wuhan arriving at Suvarnabhumi, Don Mueang, Phuket and Chiang Mai airports since Jan 3. They had found 12 ill passengers who justified being quarantined. Eight had so far been treated and discharged from hospital.

The Chinese woman was being treated in an isolation ward. Her infection with the new coronavirus was confirmed on Sunday, Mr Anutin said.

The Public Health Ministry had not found anyone else infected with it, he said.

One of Wuhan's largest meat and seafood markets was pinpointed as the centre of the mysterious pneumonia outbreak and was shut down on Jan. 1. The man who died had been a customer at that market.

Chinese scientists identified the new virus strain last week.

Coronaviruses are not necessarily life-threatening but have been the underlying cause of public health crises, including severe acute respiratory syndrome, or SARS, which killed hundreds of people after an outbreak in southern China in 2002 and 2003.

The Wuhan viral outbreak seems to be less virulent and less transmittable, according to the World Health Organisation.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Sunday, January 12, 2020 8:28 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M.(CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: China - Updates from GDDOC\_PMRicks

Hope everyone had a good weekend.

Philip

WHO DONs

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## Novel Coronavirus – China

Disease outbreak news : Update  
12 January 2020

On 11 and 12 January 2020, WHO received further detailed information from the National Health Commission about the outbreak.

WHO is reassured of the quality of the ongoing investigations and the response measures implemented in Wuhan, and the commitment to share information regularly.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 10, 2020 1:38 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M.(CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[bog3@cdc.gov](mailto:bog3@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** China - Updates from GDDOC\_PMRicks

Hi:

Article in Science urging china to release sequencing data.

<https://www.sciencemag.org/news/2020/01/scientists-urge-china-quickly-share-data-virus-linked-pneumonia-outbreak>

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 9, 2020 10:40 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M. (CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Hello:

We have received an update to yesterday's confidential communication from international colleagues regarding pneumonia of unknown etiology in Wuhan, China (see updated information below), which primarily concerns the identification of a novel coronavirus. Although the communication was confidential, much of the information comes from public sources (links embedded).

Regards,  
Philip

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**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:46 PM  
**To:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Thank you, Philip.

cg

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:44 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>  
**Cc:** Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Hi Carolyn:



The information about exit screening came from European colleagues, but they did cite a specific source. I did a quick internet search and could not find anything online regarding exit screening at Wuhan Tianhe Airport. I did find some other info regarding volume and that Wuhan allows a 144 hour visa-free transit for 53 eligible countries, *which allows them access to the entire city during the 144 hour period.*

Regards,  
Philip

Wikipedia: The airport served 20,772,000 passengers in 2016, making it the [14th busiest](#) airport by passenger traffic in China. The name Tianhe (天河) can be literally translated as "Sky River"; it is also one of the names for the [Milky Way](#) in ancient Chinese.<sup>[3]</sup>

#### **144-hour Visa-free Transit in Wuhan, started January 1, 2019**

The 144-hour visa-free transit has come into force officially in Wuhan, Central China. Following the Liaoning 144-hour visa-free transit that took effect in 2018, the 144-hour transit without visa (TWOV) in Wuhan enables air passengers from 53 eligible countries to take a free transit in the city for 6 days without applying for Chinese visa before departure.

#### **Who Can Enjoy the Wuhan 144-hour TWOV? - List of 53 Qualifying Countries**

- ▶ 24 Schengen Agreement Countries: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland
- ▶ 15 Other European Countries: Russia, the United Kingdom, Ireland, Cyprus, Bulgaria, Romania, Ukraine, Serbia, Croatia, Bosnia-Herzegovina, Montenegro, Macedonia (FYROM), Albania, Belarus, Monaco
- ▶ 6 American Countries: the United States, Canada, Brazil, Mexico, Argentina, Chile
- ▶ 2 Oceania Countries: Australia, New Zealand
- ▶ 6 Asian Countries: Korea, Japan, Singapore, Brunei, United Arab Emirates, Qatar

#### **Areas Allowed to Stay**

The whole city of Wuhan is the allowable area to stay for foreign tourists entitled for this 144-hour TWOV. That is to say, the flight passengers who intend to transit in Wuhan for 6 days without visa are only able to sight-see Wuhan after leaving the airport.

#### **What Is the Eligible Transit Port?**

Wuhan's free transit can only be issued in its airport - [Wuhan Tianhe International Airport](#). Those travelers who enter Wuhan by trains or cruises cannot avail of the 144 hours TWOV after their arrival.

Regards,  
Philip

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**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>

**Sent:** Wednesday, January 8, 2020 12:13 PM

**To:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>

**Cc:** Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>

**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Thank you, Philip. We knew this would be messy given flu and other respiratory virus season.



One question—

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? That is new to

me.

Carolyn

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>

**Sent:** Wednesday, January 8, 2020 12:01 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M. (CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** Communication on Pneumonia of unknown etiology - Wuhan, China

Hello:

We have received a confidential communication from international colleagues regarding pneumonia of unknown etiology in Wuhan, China (see below). Although the communication was confidential, much of the information comes from public sources (links embedded).

*Please note that on 25 January 2020 Chinese New Year celebrations will take place, involving a high volume of population movement inside the country and posing an increased risk of spread of this and other communicable diseases.*

Regards,  
Philip

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Please copy [GDDOUTBREAK@CDC.GOV](mailto:GDDOUTBREAK@CDC.GOV) on all outbreak related e-mails.

Global Disease Detection Operations Center (GDDOC)  
Division of Global Health Protection  
Center for Global Health  
Centers for Disease Control and Prevention  
1600 Clifton Road NE, Mailstop D68  
Atlanta, GA 30333

GDDOC secure mailbox: [gddoutbreak@cdc.gov](mailto:gddoutbreak@cdc.gov)

Ray Arthur, PhD, Director: tel: +1.404.639.3855; mobile: (b)(6)

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## COMMUNICABLE DISEASE THREATS REPORT

CDTR

Week 4, 19-25 January 2020

All users

This weekly bulletin provides updates on threats monitored by ECDC.

## I. Executive summary

### EU Threats

#### Cluster of pneumonia cases associated with novel coronavirus – Multicountry (World) – 2019

Opening date: 7 January 2020

Latest update: 24 January 2020

On 31 December 2019, the Wuhan Municipal Health and Health Commission reported a cluster of pneumonia cases of unknown aetiology with a common exposure in Wuhan's South China Seafood City market. Further investigations identified a novel coronavirus as the causative agent of the respiratory symptoms for these cases. The outbreak has rapidly evolved affecting other parts of China and outside the country.

##### Update of the week

Since 31 December 2019 and as of 24 January 2020, overall, 897 laboratory-confirmed cases of novel coronavirus (2019-nCoV) infection, including 15 healthcare workers, and 26 deaths were reported. Cases have been reported from China (878), Hong Kong (2), Macau (2), Taiwan (1), Thailand (4), Japan (2), South Korea (2), the US (1), Singapore (3), and Vietnam (2). As of 24 January 2020, all cases reported outside China had recent travel history to Wuhan, China and at least one had a contact with a case from Wuhan. Of the 26 deaths reported, all in China, 24 were from Hubei province, and one from each of Heilongjiang and Hebei provinces.

Chinese authorities have implemented a range of measures, including closure of public transport in Wuhan and several other cities near Wuhan. EU/EEA countries immediately started implementation of measures by informing their healthcare providers and/or general public about this event, implementing an enhanced surveillance for the incoming flights from Wuhan and other cities in China, in the EU/EEA countries where such flights are present, and evaluation of diagnostic capacities.

Preliminary [epidemiological](#) investigations from China revealed a fourth-generation transmission in Wuhan.



## Cluster of pneumonia cases associated with novel coronavirus – Multicountry (World) – 2019

Opening date: 7 January 2020

Latest update: 24 January 2020

### Epidemiological summary

On 31 December 2019, the Wuhan Municipal Health Commission in Wuhan City, Hubei province, China reported a cluster of pneumonia cases of unknown aetiology, with a common reported link to Wuhan's Huanan Seafood Wholesale Market (a wholesale fish and live animal market selling different animal species). The market was closed to the public on 1 January 2020. According to Wuhan Municipal Health Commission, samples from the market tested positive for the novel coronavirus. Cases showed symptoms such as fever, dry cough, dyspnoea, and radiological findings of bilateral lung infiltrates.

On 9 January 2020, China CDC reported that a novel coronavirus (2019-nCoV) was detected as the causative agent and the genome sequence was made publicly available. Sequence analysis showed that the newly identified virus is related to the SARS-CoV clade. The announced incubation period for the infection with 2019-nCoV is from 2 to 12 days with an average of 7 days.

Since 31 December 2019 and as of 24 January 2020, overall, 897 laboratory-confirmed cases of novel coronavirus (2019-nCoV) infection, including 15 healthcare workers, and 26 deaths were reported. Cases have been reported from China (878), Hong Kong (2), Macau (2), Taiwan (1), Thailand (4), Japan (2), South Korea (2), the US (1), Singapore (3), and Vietnam (2). As of 24 January 2020, all cases reported outside China had recent travel history to Wuhan, China and at least one had a contact with a case from Wuhan. Of the 26 deaths reported, all in China, 24 were from Hubei province, and one from each of Heilongjiang and Hebei provinces.

Wuhan had first implemented [exit screening](#) at the Wuhan Tianhe International Airport, also strengthened screening measures were implemented in railway stations, and long-distance bus stations for the entry and exit of the city and private vehicles are checked for live birds and wild animals. People are also advised against group activities. Passengers with fever are registered, provided with brochures and masks, and referred to the medical institutions. Public transport is disinfected on a daily basis. A list of designated medical institutions in Wuhan was published on 20 January 2020.

On 23 January 2020, China's [Hubei Province](#) activated a level 2 public health emergency response, which includes activities such as quarantine, reporting of the cases, and material supply to control pneumonia caused by 2019-nCoV. Offices for pneumonia control are being set up at various levels across the province. Local governments at various levels should have designated hospitals to receive the suspected and confirmed cases, and should cover all related treatment expenses.

7/16



In addition, on 22 and 23 January 2020, all public transport, and public places such as markets, internet cafes, cinemas, cultural sites have been closed and group activities cancelled in Wuhan and Huanggang cities. As of 24 January 2020, similar measures were taken in at least eight other cities close to Wuhan and affecting more than 20.5 million people, according to [media](#). Additionally, Beijing city has cancelled all festival activities related to the Chinese new year.

On 10 January 2020, the novel coronavirus [genome sequence](#) was made publicly available. The sequence was deposited in the GenBank database (accession number [MN908947](#)) and was uploaded to the Global Initiative on Sharing all Influenza Data (GISAID). Preliminary analysis showed that the novel coronavirus (2019-nCoV) clusters with the SARS-related CoV clade and differs from the core genome of known bat CoV.

WHO released a set of [technical documents](#) such as [case definition](#), [laboratory guidance](#), clinical management of cases and others, related to the novel coronavirus outbreak reported in Wuhan, China. [Assays for laboratory diagnostics](#) for the novel coronavirus detected in Wuhan, China are now available on the webpage of WHO. In addition, ECDC has published [ECDC guidelines](#) on laboratory testing of suspect cases of 2019-nCoV.

According to the International Air Transport Association (IATA) data from 2018, the [top five passenger destination countries](#) from Wuhan in decreasing order are Thailand, Hong Kong SAR, Japan, Taiwan and South Korea. To our knowledge, entry-screening activities for all incoming travellers from Wuhan have been implemented in [Australia](#), [Canada](#), [Hong Kong](#), [India](#), [Indonesia](#), [Malaysia](#), [Myanmar](#), [New Caledonia](#), [the Philippines](#), [Singapore](#), [Taiwan](#), [Thailand](#), [the US](#), [Russia](#) and [Vietnam](#).

Three EU airports had direct flight connections to Wuhan and there are indirect flight connections to other EU hubs. Countries have informed their healthcare providers and/or general public about this event.

**Sources:** [Wuhan Municipal Health Commission](#) | [China CDC](#) | [WHO statement](#) | [Japanese Ministry of Health](#) | [Thai Ministry of Health](#) | [WHO coronavirus website](#) | [ECDC 2019-nCoV website](#) | [RAGIDA](#)

## ECDC assessment

In light of the currently available information, ECDC considers that the potential impact of 2019-nCoV outbreaks is high and further global spread is likely. Currently, there is a moderate likelihood of infection for EU/EEA citizens in Hubei province. EU/EEA travellers visiting other provinces in China have a low likelihood of infection but the likelihood would increase should the number of reported cases increase and should sustained human-to-human transmission occur in those provinces.

Importation of cases in the EU/EEA is likely. EU/EEA countries should ensure that timely and rigorous infection prevention and control measures (IPC) are applied around cases detected in the EU/EEA, in order to prevent further sustained spread in the community and healthcare settings.

Assuming that timely and rigorous IPC measures are applied around imported cases detected in the EU/EEA, the likelihood of further sustained spread in community settings is considered low. For updated information, please refer to the dedicated [ECDC web page](#).

The airport of Wuhan had [direct flight connections](#) with some EU cities: Paris (France) with six weekly flights, London (the United Kingdom) with three weekly flights and Rome (Italy) with three weekly flights. Health authorities in the concerned Member States remain vigilant and closely monitor the ongoing situation in China.

The upcoming Chinese New Year celebrations at the end of January 2020 will cause an increased travel volume to/from China and within China, hence increasing the likelihood of arrival of possible cases.

More information can be found in the [ECDC 2019-nCoV website](#).

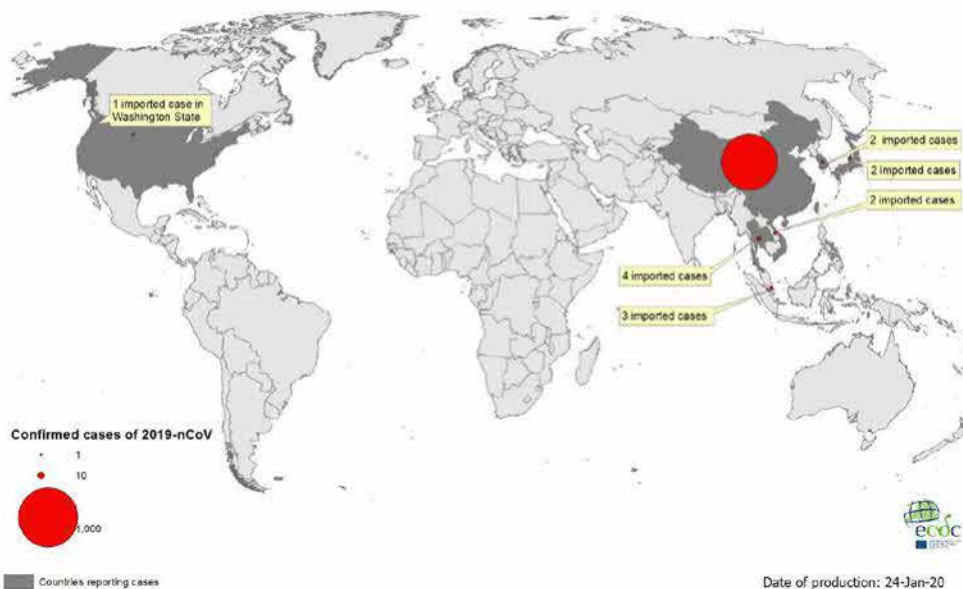
## Actions

ECDC is actively monitoring this event through epidemic intelligence activities. ECDC has published a threat assessment brief on ['Pneumonia cases possibly associated with a novel coronavirus in Wuhan, China'](#) on 9 January 2020, a ['Health emergency preparedness checklist for imported cases of high-consequence infectious diseases'](#), guidelines on [laboratory testing of suspect cases of 2019 nCoV using RT-PCR](#), the rapid risk assessment ['Cluster of pneumonia cases caused by a novel coronavirus, Wuhan, China'](#) published on 17 January and its first update on 22 January 2020 ['Outbreak of acute respiratory syndrome associated with a novel coronavirus, Wuhan, China; first update'](#).

In collaboration with EVD-LabNet, ECDC has distributed a laboratory capacity assessment survey on the detection capabilities and capacities for 2019-nCoV to the EU/EEA Member States EVD-LabNet and Influenza and other respiratory viruses Operational contact points for Microbiology.

Geographical distribution of 2019-nCoV cases, World, as of 24 January 2020

ECDC



Distribution of 2019-nCoV cases, World, as of 24 January 2020

ECDC

Places reporting cases	Confirmed cases	Confirmed deaths
<input type="checkbox"/> <b>America</b>	<b>1</b>	<b>0</b>
United_States_of_America	1	0
<input type="checkbox"/> <b>Asia</b>	<b>896</b>	<b>26</b>
China	882	26
Japan	2	0
Republic_of_Korea	2	0
Taiwan	1	0
Thailand	4	0
singapore	3	0
vietnam	2	0
<b>Total</b>	<b>897</b>	<b>26</b>



Geographical distribution of 2019-nCoV cases, Asia, as of 24 January 2020

ECDC









**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Fri, 24 Jan 2020 15:01:04 +0000  
**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP);Beach, Michael J. (CDC/DDID/NCEZID/DFWED);Bunga, Sudhir (CDC state.gov);Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP);Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID);Damon, Inger K. (CDC/DDID/NCEZID/DHCPP);CDC IMS Incident Manager -2;Fox, LeAnne M. (CDC/DDID/NCIRD/DBD);GDD-OUTBREAK (CDC);Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED);Greene, Carolyn M. (CDC/DDID/NCIRD/ID);Helfand, Rita (CDC/DDID/NCEZID/OD);Henao, Olga (CDC/DDPHSIS/CGH/DGHP);Hyde, Terri (CDC/DDPHSIS/CGH/GID);Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP);Klena, John D. (CDC/DDID/NCEZID/DHCPP);Knight, Nancy (CDC/DDPHSIS/CGH/DGHP);Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP);McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP);Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP);Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT);Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP);OConnor, John (CDC/DDID/NCEZID/OD);Park, Benjamin (CDC/DDID/NCEZID/DHQP);Patel, Anita (CDC/DDID/NCIRD/OD);Pesik, Nicki (CDC/DDID/NCEZID/OD);Prue, Christine (CDC/DDID/NCEZID/OD);Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD);Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ);Rotz, Lisa (CDC/DDID/NCEZID/DGMQ);Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO);Simonds, R. J. (CDC/DDPHSIS/CGH/OD);Smith, Rachel M. (CDC/DDID/NCEZID/DHQP);Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID);Spath (CDC);Williams, Seymour (CDC/DDPHSIS/CGH/DGHP)  
**Subject:** RE: nCov 2019 Updates Jan 23 \_ IHR US Case & Today's Press conference  
**Attachments:** IHR EIS - US nCoV.pdf

Hi:

Attached is the IHR EIs on the US case of nCoV. **It is USG Only.** CDC website info is <https://www.cdc.gov/media/releases/2020/p0121-novel-coronavirus-travel-case.html>

Also, there is a teleconference at 10 am (below).

Philip

### **CDC Telebriefing: Update on 2019 Novel Coronavirus (2019-nCoV)**

The Centers for Disease Control and Prevention (CDC) will provide an update on the 2019 Novel Coronavirus response.

**Friday, January 24, 2020 at 10:00 a.m. ET**

#### **Dial-In:**

Media:

Non-Media:

INTERNATIONAL:

PASSCODE:

Transcripts will be posted as soon as they are available

## 2019-nCoV Digital Press Kit

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 8:33 AM

**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <mjb3@cdc.gov>; Bunga, Sudhir (CDC state.gov) <BungaS@state.gov>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <kvc6@cdc.gov>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <bid5@cdc.gov>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>; CDC IMS Incident Manager -2 <eocim2@cdc.gov>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <lff4@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <ihq5@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Helfand, Rita (CDC/DDID/NCEZID/OD) <rzh7@cdc.gov>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <rik9@cdc.gov>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <irc4@cdc.gov>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <fma2@cdc.gov>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <izj9@cdc.gov>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <fzh7@cdc.gov>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <jjn6@cdc.gov>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <lbn9@cdc.gov>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <stn1@cdc.gov>; OConnor, John (CDC/DDID/NCEZID/OD) <jpo2@cdc.gov>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <bip5@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <ndp9@cdc.gov>; Prue, Christine (CDC/DDID/NCEZID/OD) <cep9@cdc.gov>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <pgr4@cdc.gov>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <snr2@cdc.gov>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <ler8@cdc.gov>; Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <dmz0@cdc.gov>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <rxs5@cdc.gov>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <vih9@cdc.gov>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <yxo2@cdc.gov>; Spath (CDC) <Spath@cdc.gov>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <sjw9@cdc.gov>

**Subject:** RE: nCov 2019 Updates Jan 23 \_ 2nd Case in Korea

Hi:

ECDC Weekly update. Attached and link below.

<https://www.ecdc.europa.eu/sites/default/files/documents/communicable-disease-threats-report-25-jan-2020-PUBLIC.pdf>

PMR

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 8:11 AM

**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <mjb3@cdc.gov>; Bunga, Sudhir (CDC state.gov) <BungaS@state.gov>;



Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <[kvc6@cdc.gov](mailto:kvc6@cdc.gov)>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <[bid5@cdc.gov](mailto:bid5@cdc.gov)>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>; CDC IMS Incident Manager -2 <[eocim2@cdc.gov](mailto:eocim2@cdc.gov)>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <[lff4@cdc.gov](mailto:lff4@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <[ihq5@cdc.gov](mailto:ihq5@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Helfand, Rita (CDC/DDID/NCEZID/OD) <[rzh7@cdc.gov](mailto:rzh7@cdc.gov)>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <[dot8@cdc.gov](mailto:dot8@cdc.gov)>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <[rik9@cdc.gov](mailto:rik9@cdc.gov)>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <[irc4@cdc.gov](mailto:irc4@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <[izj9@cdc.gov](mailto:izj9@cdc.gov)>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <[fzh7@cdc.gov](mailto:fzh7@cdc.gov)>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <[jjn6@cdc.gov](mailto:jjn6@cdc.gov)>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <[lbn9@cdc.gov](mailto:lbn9@cdc.gov)>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <[stn1@cdc.gov](mailto:stn1@cdc.gov)>; OConnor, John (CDC/DDID/NCEZID/OD) <[jpo2@cdc.gov](mailto:jpo2@cdc.gov)>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <[bip5@cdc.gov](mailto:bip5@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Pesik, Nicki (CDC/DDID/NCEZID/OD) <[ndp9@cdc.gov](mailto:ndp9@cdc.gov)>; Prue, Christine (CDC/DDID/NCEZID/OD) <[cep9@cdc.gov](mailto:cep9@cdc.gov)>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <[pgr4@cdc.gov](mailto:pgr4@cdc.gov)>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <[snr2@cdc.gov](mailto:snr2@cdc.gov)>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <[ler8@cdc.gov](mailto:ler8@cdc.gov)>; Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <[dmz0@cdc.gov](mailto:dmz0@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <[vih9@cdc.gov](mailto:vih9@cdc.gov)>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <[yxo2@cdc.gov](mailto:yxo2@cdc.gov)>; Spath (CDC) <[Spath@cdc.gov](mailto:Spath@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>

**Subject:** RE: nCov 2019 Updates Jan 23 \_ 2nd Case in Korea

HI:

Second confirmed case in Korea.

PMR

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 8:07 AM

**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <[mjb3@cdc.gov](mailto:mjb3@cdc.gov)>; Bunga, Sudhir (CDC state.gov) <[BungaS@state.gov](mailto:BungaS@state.gov)>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <[kvc6@cdc.gov](mailto:kvc6@cdc.gov)>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <[bid5@cdc.gov](mailto:bid5@cdc.gov)>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>; CDC IMS Incident Manager -2 <[eocim2@cdc.gov](mailto:eocim2@cdc.gov)>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <[lff4@cdc.gov](mailto:lff4@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <[ihq5@cdc.gov](mailto:ihq5@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Helfand, Rita (CDC/DDID/NCEZID/OD) <[rzh7@cdc.gov](mailto:rzh7@cdc.gov)>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <[dot8@cdc.gov](mailto:dot8@cdc.gov)>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <[rik9@cdc.gov](mailto:rik9@cdc.gov)>; Klena, John D. (CDC/DDID/NCEZID/DHCPP) <[irc4@cdc.gov](mailto:irc4@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Kolwaite, Amy R. (CDC/DDID/NCEZID/DHQP) <[izj9@cdc.gov](mailto:izj9@cdc.gov)>; McQuiston, Jennifer H. (CDC/DDID/NCEZID/DHCPP) <[fzh7@cdc.gov](mailto:fzh7@cdc.gov)>; Neatherlin, John C. (CDC/DDPHSIS/CGH/DGHP) <[jjn6@cdc.gov](mailto:jjn6@cdc.gov)>; Nelson, Lisa J. (CDC/DDPHSIS/CGH/DGHT) <[lbn9@cdc.gov](mailto:lbn9@cdc.gov)>; Nichol, Stuart T. (CDC/DDID/NCEZID/DHCPP) <[stn1@cdc.gov](mailto:stn1@cdc.gov)>; OConnor, John (CDC/DDID/NCEZID/OD) <[jpo2@cdc.gov](mailto:jpo2@cdc.gov)>; Park, Benjamin (CDC/DDID/NCEZID/DHQP) <[bip5@cdc.gov](mailto:bip5@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>;

Pesik, Nicki (CDC/DDID/NCEZID/OD) <[ndp9@cdc.gov](mailto:ndp9@cdc.gov)>; Prue, Christine (CDC/DDID/NCEZID/OD) <[cep9@cdc.gov](mailto:cep9@cdc.gov)>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <[pgr4@cdc.gov](mailto:pgr4@cdc.gov)>; Roohi, Shahrokh (CDC/DDID/NCEZID/DGMQ) <[snr2@cdc.gov](mailto:snr2@cdc.gov)>; Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <[ler8@cdc.gov](mailto:ler8@cdc.gov)>; Rouse, Edward N. (CDC/DDPHSIS/CPR/DEO) <[dmz0@cdc.gov](mailto:dmz0@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Smith, Rachel M. (CDC/DDID/NCEZID/DHQP) <[vih9@cdc.gov](mailto:vih9@cdc.gov)>; Soke, Gnakub (Norbert) (CDC/DDPHSIS/CGH/GID) <[yxo2@cdc.gov](mailto:yxo2@cdc.gov)>; Spath (CDC) <[Spath@cdc.gov](mailto:Spath@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_5th Case in Thailand (1 strongly suspected case, awaiting confirmation)

Hi:

The MOPH held a press conference this afternoon to announce the 5<sup>th</sup> case. We thought it would be the case described below and in the SITREP but evidently, there is another 33 yo Chinese woman picked up at a private hospital. This brings our total to 6 (5 reported publically)

[https://www.bangkokpost.com/thailand/general/1842939/fifth-coronavirus-case-in-thailand#cxrecs\\_s](https://www.bangkokpost.com/thailand/general/1842939/fifth-coronavirus-case-in-thailand#cxrecs_s)

Here is the updated SITREP for Friday, January 24. Key items are:

(b)(5)

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 8:01 AM

**To:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <[mjb3@cdc.gov](mailto:mjb3@cdc.gov)>; Bunga, Sudhir (CDC state.gov) <[BungaS@state.gov](mailto:BungaS@state.gov)>; Clarke, Kevin R. (CDC/DDPHSIS/CGH/DGHP) <[kvc6@cdc.gov](mailto:kvc6@cdc.gov)>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <[bid5@cdc.gov](mailto:bid5@cdc.gov)>; Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>; CDC IMS Incident Manager -2 <[eocim2@cdc.gov](mailto:eocim2@cdc.gov)>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <[lff4@cdc.gov](mailto:lff4@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Geissler, Aimee L. (CDC/DDID/NCEZID/DFWED) <[ihq5@cdc.gov](mailto:ihq5@cdc.gov)>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Helfand, Rita (CDC/DDID/NCEZID/OD) <[rzh7@cdc.gov](mailto:rzh7@cdc.gov)>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <[dot8@cdc.gov](mailto:dot8@cdc.gov)>; Hyde, Terri (CDC/DDPHSIS/CGH/GID) <[tkh4@cdc.gov](mailto:tkh4@cdc.gov)>; Kaiser, Reinhard (CDC/DDPHSIS/CGH/DGHP) <[rik9@cdc.gov](mailto:rik9@cdc.gov)>; Klena, John D. (CDC/DDID/NCEZID/DHCPP)



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**Subject:** RE: nCov 2019 Updates GDDOC\_WHO Update 23 Jan CONFIDENTIAL

WHO Update - CONFIDENTIAL

(b)(5)

(b)(5)



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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 7:50 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_WHO Sitrep

2<sup>nd</sup> SitRep from WHO.

PMR

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:36 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy EAC Updates

One more

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:35 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Bangkok nCoV update

EAC Reports.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:34 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Bangkok nCoV update

HI:

Update on nCoV in Thailand.

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:31 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C.



(CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Consulate Wuhan Ordered Departure

FYI

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 24, 2020 6:29 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C.

(CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_Embassy Beijing Wuhan closure

FYI

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 23, 2020 9:14 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C.

(CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP)



<abj0@cdc.gov>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <yhy8@cdc.gov>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <mvi0@cdc.gov>; PHMIT (CDC) <phmit@cdc.gov>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <lzo9@cdc.gov>; Blain, Amy (CDC/DDID/NCIRD/DBD) <>wgi9@cdc.gov>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <hno1@cdc.gov>  
**Cc:** GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <maq2@cdc.gov>

**Subject:** RE: nCov 2019 Updates GDDOC\_Official notice of transportation closure

Hi:

Official posting of transportation shut down.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 23, 2020 9:07 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <ahl4@cdc.gov>; Patel, Anita (CDC/DDID/NCIRD/OD) <bop1@cdc.gov>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <fma2@cdc.gov>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <sjw9@cdc.gov>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <eco1@cdc.gov>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <kil6@cdc.gov>; Burns, Erin (CDC/DDID/NCIRD/ID) <eub5@cdc.gov>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <rxs5@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <boq3@cdc.gov>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <abj0@cdc.gov>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <wng2@cdc.gov>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <yhy8@cdc.gov>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <mvi0@cdc.gov>; PHMIT (CDC) <phmit@cdc.gov>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <lzo9@cdc.gov>; Blain, Amy (CDC/DDID/NCIRD/DBD) <wgi9@cdc.gov>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <hno1@cdc.gov>  
**Cc:** GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <maq2@cdc.gov>

**Subject:** RE: nCov 2019 Updates GDDOC\_Beijing cancels New Years Events

<https://www.reuters.com/article/china-health-newyear/beijing-cancels-new-year-events-to-curb-virus-spread-beijing-news-idUSB9N29F025>

## Beijing cancels New Year events to curb virus spread -Beijing News

1 MIN READ

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BEIJING, Jan 23 (Reuters) - China's capital city Beijing cancelled major public events including two well-known Lunar New Year temple fairs, the state-run Beijing News said on Thursday, as authorities try to curb the spread of a deadly coronavirus outbreak.

Separately, the country's railway operator, China State Railway Group, said passengers would be able to receive full refunds on tickets nationwide starting on Friday. (Reporting by Tony Munroe; editing by John Stonestreet)

*Our Standards: [The Thomson Reuters Trust Principles.](#)*

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 22, 2020 3:37 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_Wuhan Effectively Quarantined News Report

**CHINADAILY** 中国·新闻网  
COM.CN

Wuhan temporarily shuts down local transportation to curb virus

chinadaily.com.cn | Updated: 2020-01-23 02:42 [f](#) [t](#) [in](#) [+](#)

People are seen wearing masks at Beijing Railway Station on Jan 21, 2020. [Photo by Zou Hong/chinadaily.com.cn]

The local government of Wuhan, the center of the coronavirus, announced that all public transportation in the city — local buses, long-distanced buses, subway and ferry — will be temporarily closed starting at 10am on Thursday.

All flights and trains scheduled to depart from Wuhan also will be temporarily canceled to reduce the risk of spreading the new virus, the government said.

Residents in Wuhan were suggested not to leave the city if there is no particular reason, according to the announcement.

<http://www.chinadaily.com.cn/a/202001/23/WS5e28978ea310128217272dae.html>

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 22, 2020 3:03 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP)



<[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_WHO News Conference NOW.

<https://www.youtube.com/watch?v=46fb8RX-Pnc>

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 2:57 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>; Bunga, Sudhir (CDC/DDPHSIS/CGH/DGHT) <[hno1@cdc.gov](mailto:hno1@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_US Embassy Beijing Cable 22 Jan

Hi:

Attached and below is a cable from US Embassy Beijing. It mostly covers AmCit health concerns in Beijing & Wuhan.

Cheers,  
Philip

---

From: Gonsahn, Stephanie (CDC/DDPHSIS/CGH/OD)

Sent: Wednesday, January 22, 2020 1:08:49 PM (UTC-05:00) Eastern Time (US & Canada)

To: Simonds, R. J. (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Bresee, Joseph (CDC/DDID/NCIRD/ID); Gogstad, Eric (CDC/DDID/NCIRD/ID); GDD-OUTBREAK (CDC); Olsen, Sonja (CDC/DDID/NCIRD/ID)  
Cc: GDD-OUTBREAK (CDC); CDC IMS 2019 NCOV DGMQ Staffing  
Subject: FW: Beijing and Wuhan Core EAC Re Novel (2019-nCoV) Coronavirus -January 22, 2020

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SENSITIVE BUT UNCLASSIFIED

Signature: BRANSTAD

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Drafted By: RSO:McClanahan, Sean L (Beijing)

Cleared By: RSO:Clark, Ashley E (Beijing)

MGT:Munchmeyer, Katherine A (Beijing)

MGT/MED:Fierro, Jose M (Beijing)

CONS:Evans, Jewell E (Beijing)

CONS/AG:Walton, Christopher D (Beijing)

DOD/DAO:Henderschedt, Thomas M (Beijing)  
HHS/OGA:Parrish Fuentes, Adrienne L (Beijing)  
HHS/CDC/CGH:Simonds, Robert J (Beijing)  
ESTH:Marcus, Gregory R (Beijing)  
PD:Surendra, Shanna D (Beijing)  
PD:Anderson, Pauline (Beijing)

Approved By: A/DCM:Klein, William H (Beijing)

Released By: BEIJING:McClanahan, Sean L (Beijing)

Info: SHANGHAI, AMCONSUL ROUTINE; SHENYANG, AMCONSUL ROUTINE; CHENGDU, AMCONSUL ROUTINE; WUHAN, AMCONSUL ROUTINE; GUANGZHOU, AMCONSUL ROUTINE; HONG KONG, AMCONSUL ROUTINE; TAIPEI, AIT ROUTINE; TOKYO, AMEMBASSY ROUTINE; SEOUL, AMEMBASSY ROUTINE; BANGKOK, AMEMBASSY ROUTINE; VLADIVOSTOK, AMCONSUL ROUTINE; CIA WASHINGTON DC ROUTINE; DIA WASHINGTON DC ROUTINE; FBI WASHINGTON DC ROUTINE; DEPT OF AGRICULTURE USD FAS WASHINGTON DC ROUTINE; DEPT OF AGRICULTURE WASHINGTON DC ROUTINE; DEPT OF COMMERCE WASHINGTON DC ROUTINE; DEPT OF ENERGY WASHINGTON DC ROUTINE; DEPT OF HHS WASHINGTON DC ROUTINE; JICPAC HONOLULU HI ROUTINE; ATLANTA GA, CDC ROUTINE; NATIONAL SECURITY COUNCIL WASHINGTON DC ROUTINE; DEPT OF HOMELAND SECURITY IP WASHINGTON DC ROUTINE

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Dissemination Rule: Released Copy

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 11:12 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_NHC Update 22 Jan

Hi:

The National Health Committee (NHC) of China is now providing the country wide updates.

Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 22, 2020 10:34 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

**CONFIDENTIAL UPDATES**

Thanks,  
Philip

(b)(5)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 10:26 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; Killerby, Marie (CDC/DDPHSIS/CGH/DGHP) <[lxo9@cdc.gov](mailto:lxo9@cdc.gov)>; Blain, Amy (CDC/DDID/NCIRD/DBD) <[wgi9@cdc.gov](mailto:wgi9@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

Sorry a few new people added to distribution.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Wednesday, January 22, 2020 10:17 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_CONFIDENTIAL UPDATE

Hi:

Confidential Communication – note link to public sources

Regards,

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>

**Sent:** Wednesday, January 22, 2020 9:30 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP)

<maq2@cdc.gov>

**Subject:** Re: nCov 2019 Updates GDDOC\_ 2 more cases in Thailand -US Embassy Thailand

---

From: Gonsahn, Stephanie (CDC/DDPHSIS/CGH/OD)

Sent: Wednesday, January 22, 2020 9:21:15 AM (UTC-05:00) Eastern Time (US & Canada)

To: MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP); Mercer, J. Todd (CDC/DDPHSIS/CGH/OD);

Martin, Rebecca (CDC/DDPHSIS/CGH/OD); CDC IMS 2019 NCOV DGMQ Staffing

Cc: Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Bresee, Joseph (CDC/DDID/NCIRD/ID); Gogstad,

Eric (CDC/DDID/NCIRD/ID); GDD-OUTBREAK (CDC); Olsen, Sonja (CDC/DDID/NCIRD/ID)

Subject: FW: 2019-Novel Coronavirus in Thailand: Third, Fourth Cases Confirmed

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Signature: HEATH

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Drafted By: BANGKOK:Anderson, Erik M (Bangkok)

Cleared By: EXEC:O'Neill, Sean

Director Office (DIR):Malnak, Peter (RDMA/DIR)

(U) MacArthur, John R (Bangkok)

CONS:Scherer, Timothy M (Bangkok)

PD:Montgomery, Thomas R (Bangkok)

MGT/MED:Guerin, Peter T (Bangkok)

ECON:Apostol, Douglas J (Bangkok)

EXEC/LEG:Post, Robert (Bangkok)

Approved By: EXEC/LEG:Heath, Michael G (Bangkok)

Released By: BANGKOK:Anderson, Erik M (Bangkok)

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Tuesday, January 21, 2020 4:47:25 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_ WHO SitRep

Hi:

WHO SitRep on NCov.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Tuesday, January 21, 2020 9:57 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_ IHR Korea

Hi:

IHR has posted notice on case in Korea. **USG Only.**

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Tuesday, January 21, 2020 9:56 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>; [teresa.quitugua@HQ.DHS.GOV](mailto:teresa.quitugua@HQ.DHS.GOV)

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ China National Health\_Healthcare worker\_ First case Korea - 22 Jan

Hi All:

Interview in which China confirms person to person transmission and healthcare worker infections. First case in Korea.

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 20, 2020 9:13 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen



(CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ IHR Meeting on 2019 Novel Coronavirus - 22 Jan

Good Evening:

IHR has posted a noticed regarding the upcoming meeting on Novel Coronavirus.

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 17, 2020 11:35 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC\_ FOUR NEW CASES in Wuhan - 17 Jan

Just posted on Wuhan Health Commission website -

On January 16, 2020, experts from the provinces and municipalities newly identified 4 cases of pneumonia with a new type of coronavirus infection based on the clinical manifestations, epidemiological history of the patients, and the results detected by the diagnostic kit issued by the country. All 4 patients were male. They developed symptoms from January 5 to 8, 2020, and were admitted to the hospital from January 8 to 13 for treatment. After treatment, the symptoms improved and the condition is stable. They have been transferred to Wuhan Jinyintan Hospital for centralized treatment. Epidemiological investigations of the four new cases are underway, and close contacts are also being tracked.

Second, the main measures for the prevention and control of the recent epidemic

Further do a good job in the management of pre-inspection and triage of medical institutions at all levels and early diagnosis, and early detection, isolation and early treatment. The sanitary killing of the South China Seafood Wholesale Market, other agricultural fairs in the city and the living environment of related hospitals, patients and close contacts will



continue. Carry out a patriotic health campaign with the theme of “renovating the environment, cleaning homes, and welcoming the festival” to promote a healthy lifestyle.

3. Related situation of close contacts of confirmed cases abroad

Seventeen close contacts of the first confirmed patient in Thailand were tracked, all of which were included in medical observations. One of them had symptoms of low fever and mild cough, and has been transferred to designated hospitals for treatment. Personnel information, tracking of close family contacts is underway; 4 cases of close family contacts have been traced to patients with confirmed cases notified in Japan, all of which have been included in medical observation.

Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Friday, January 17, 2020 9:59 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC\_ ECDC Report - 17 Jan

Attached is the ECDC nCoV section from its weekly report. It provides a nice summary as well as links to public sources.

Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Friday, January 17, 2020 8:14 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD)

<[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCov 2019 Updates GDDOC\_ Additional death in China\_2nd case in Thailand - 17 Jan

Good morning:

- 1 additional death in Wuhan: The patient, a 69-year-old male, developed symptoms on December 31 last year. His condition deteriorated on January 4 this year and he passed away on January
- 2nd case in Thailand, which is unrelated to the first: The Thailand Department of Disease Control has screened travelers at the airport, on January 13, 2020 1 additional confirmed case of coronary pneumonia from 2019 which is a Chinese female aged 74 years.
- WHO also published additional information on the case in Japan, regarding course of illness, exposure and test results.

Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Thursday, January 16, 2020 6:21 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashif (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: nCov 2019 Updates GDDOC 16 Jan

Chinese Media report of airport screening in Wuhan.



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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thursday, January 16, 2020 5:11 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updates GDDOC 16 Jan

WHO DONs from this afternoon.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thursday, January 16, 2020 11:27 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** nCov 2019 Updates GDDOC 16 Jan

Hi:

Developments to note are:

(b)(5)

(b)(5)

Regards,  
Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 15, 2020 11:49 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: nCov 2019 Updated Communications 15 Jan

Hi:

Here is the most recent DONs posting, Wuhan Health Commission Updates, and CDC Taiwan Update.

Regards,  
Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Wednesday, January 15, 2020 11:39 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>; LaPorte, Kathleen (CDC/DDID/NCIRD/ID) <[wng2@cdc.gov](mailto:wng2@cdc.gov)>; Thrasher, Janelle (CDC/DDID/NCIRD/OD) <[yhy8@cdc.gov](mailto:yhy8@cdc.gov)>; Mandel, Samantha (CDC/DDID/NCIRD/ID) <[mvi0@cdc.gov](mailto:mvi0@cdc.gov)>; PHMIT (CDC) <[phmit@cdc.gov](mailto:phmit@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCov 2019 Updated Communications 15 Jan

HI:

Confidential sources have shared the below. The communication is confidential, but you will note that many public sources are cited.

Regards,  
Philip

(b)(5)



(b)(5)

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 13, 2020 10:39 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP)

<[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** US Embassy Cable, Beijing & Bangkok

Hi:

(b)(5)

Philip

---

**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 13, 2020 10:07 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** Wuhan Health Committee Updates 11-13Jan2020

Updates from Wuhan Health Committee 11-13 Jan 2020. 12<sup>th</sup> and 13<sup>th</sup> sitreps simply report no new cases.

11<sup>th</sup> sitrep discusses nCOV and new case count of 41.

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Monday, January 13, 2020 8:05 AM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>; Johnson, Alison (CDC/DDPHSIS/CGH/DGHP) <[abj0@cdc.gov](mailto:abj0@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** nCOV 2019 case in Thailand, comments by WHO

Morning:

Case Thailand in a Chinese woman, apparently detected through entry screening. Case has recovered and is ready to return to China. Comments from WHO.

Philip

WHO statement on novel coronavirus in Thailand

13 January 2020

News release

- <https://www.who.int/news-room/detail/13-01-2020-who-statement-on-novel-coronavirus-in-thailand>

The World Health Organization (WHO) is working with officials in Thailand and China following reports of confirmation of the novel coronavirus in a person in Thailand.

The person was a traveler from Wuhan, China, and was identified by Thai officials on 8 January, and hospitalized that day. The person is recovering from the illness according to Thai officials.

The possibility of cases being identified in other countries was not unexpected, and reinforces why WHO calls for on-going active monitoring and preparedness in other countries. WHO has issued [guidance](#) on how to detect and treat persons ill with the new virus.

The genetic sequencing shared by China enables more countries to rapidly diagnose patients.

[WHO reiterates](#) that it is essential that investigations continue in China to identify the source of this outbreak and any animal reservoirs or intermediate hosts.

Given developments, WHO Director-General Dr Tedros Adhanom Ghebreyesus will consult with Emergency Committee members and could call for a meeting of the committee on short notice.



Bangkok Post <https://www.bangkokpost.com/thailand/general/1834789/coronavirus-infected-chinese-tourist-being-treated-in-thailand>

Coronavirus-infected Chinese tourist being treated in Thailand

PUBLISHED : 13 JAN 2020 AT 16:02

1

Public Health Minister Anutin Charnvirakul, second right, shows visitors from Wuhan receiving health screening at Suvarnabhumi airport in Samut Prakan province on Jan 5. He said on Monday that a Chinese woman found infected with a new strain of coronavirus was in quarantine and being treated in Nonthaburi province. Public Health Minister Anutin Charnvirakul, second right, shows visitors from Wuhan receiving health screening at Suvarnabhumi airport in Samut Prakan province on Jan 5. He said on Monday that a Chinese woman found infected with a new strain of coronavirus was in quarantine and being treated in Nonthaburi province. A Chinese tourist was found to be infected with the new strain of coronavirus when she arrived in Thailand, is being treated in hospital and is expected to be discharged in

a few days, Public Health Minister Anutin Charnvirakul said on Monday.

Mr Anutin said the 61-year-old woman was recovering at Bamrasnaradura Infectious Diseases Institute in Nonthaburi province.

She now had no fever or any respiratory symptoms. If doctors gave her a clearance she would be allowed to go home in a few days, said Mr Anutin.

Sixteen other people who were close to the woman on the same flight were examined, and the results were negative, he said.

Mr Anutin said 59 people in China have been confirmed infected with the new strain of the coronavirus, which has been linked to a sudden outbreak of pneumonia in central China. One of them died. All had attended big markets selling animals and seafood in Wuhan city. They were either workers or buyers.

There had not been any human-to-human transmission of the virus.

Ads by Teads

Four kept in quarantine after landing

China reports first death from mystery pneumonia outbreak

China believes new virus behind mystery pneumonia outbreak

The ill Chinese woman was the first person detected with the virus outside China. Her discovery and successful treatment was indicative of the efficiency and effectiveness of health services in Thailand, Mr Anutin said.

Health officials have been checking passengers from Wuhan arriving at Suvarnabhumi, Don Mueang, Phuket and Chiang Mai airports since Jan 3. They had found 12 ill passengers who justified being quarantined. Eight had so far been treated and discharged from hospital.

The Chinese woman was being treated in an isolation ward. Her infection with the new coronavirus was confirmed on Sunday, Mr Anutin said.

The Public Health Ministry had not found anyone else infected with it, he said.

One of Wuhan's largest meat and seafood markets was pinpointed as the centre of the mysterious pneumonia outbreak and was shut down on Jan. 1. The man who died had been a customer at that market.

Chinese scientists identified the new virus strain last week.

Coronaviruses are not necessarily life-threatening but have been the underlying cause of public health crises, including severe acute respiratory syndrome, or SARS, which killed hundreds of people after an outbreak in southern China in 2002 and 2003.

The Wuhan viral outbreak seems to be less virulent and less transmittable, according to the World Health

Organisation.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Sunday, January 12, 2020 8:28 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M.(CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>

**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>

**Subject:** RE: China - Updates from GDDOC\_PMRicks

Hope everyone had a good weekend.

Philip

WHO DONs

(b)(5)

## Novel Coronavirus – China

Disease outbreak news : Update

12 January 2020

On 11 and 12 January 2020, WHO received further detailed information from the National Health Commission about the outbreak.

WHO is reassured of the quality of the ongoing investigations and the response measures implemented in Wuhan, and the commitment to share information regularly.

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)

**Sent:** Friday, January 10, 2020 1:38 PM

**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M.(CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <[rxs5@cdc.gov](mailto:rxs5@cdc.gov)>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <[uvv3@cdc.gov](mailto:uvv3@cdc.gov)>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)



<[vhi9@cdc.gov](mailto:vhi9@cdc.gov)>; Kilgore, Neely (CDC/OCOO/OSSAM) <[nfk2@cdc.gov](mailto:nfk2@cdc.gov)>; Henry, Ronald (Ronnie) (CDC/DDID/NCEZID/DGMQ) <[boq3@cdc.gov](mailto:boq3@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** China - Updates from GDDOC\_PMRicks

Hi:

Article in Science urging china to release sequencing data.

<https://www.sciencemag.org/news/2020/01/scientists-urge-china-quickly-share-data-virus-linked-pneumonia-outbreak>

Philip

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP)  
**Sent:** Thursday, January 9, 2020 10:40 AM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ahl4@cdc.gov](mailto:ahl4@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M.(CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashaf (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Burns, Erin (CDC/DDID/NCIRD/ID) <[eub5@cdc.gov](mailto:eub5@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Hello:

We have received an update to yesterday's confidential communication from international colleagues regarding pneumonia of unknown etiology in Wuhan, China (see updated information below), which primarily concerns the identification of a novel coronavirus. Although the communication was confidential, much of the information comes from public sources (links embedded).

Regards,  
Philip

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**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cgg4@cdc.gov](mailto:cgg4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:46 PM  
**To:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Thank you, Philip.

cg

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:44 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>  
**Cc:** Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Hi Carolyn:

The information about exit screening came from European colleagues, but they did cite a specific source. I did a quick internet search and could not find anything online regarding exit screening at Wuhan Tianhe Airport. I did find some other info regarding volume and that Wuhan allows a 144 hour visa-free transit for 53 eligible countries, *which allows them access to the entire city during the 144 hour period.*

Regards,  
Philip

Wikipedia: The airport served 20,772,000 passengers in 2016, making it the [14th busiest](#) airport by passenger traffic in China. The name Tianhe (天河) can be literally translated as "Sky River"; it is also one of the names for the [Milky Way](#) in ancient Chinese.<sup>[3]</sup>

#### **144-hour Visa-free Transit in Wuhan, started January 1, 2019**

The 144-hour visa-free transit has come into force officially in Wuhan, Central China. Following the Liaoning 144-hour visa-free transit that took effect in 2018, the 144-hour transit without visa (TWOV) in Wuhan enables air passengers from 53 eligible countries to take a free transit in the city for 6 days without applying for Chinese visa before departure.

#### **Who Can Enjoy the Wuhan 144-hour TWOV? - List of 53 Qualifying Countries**

- ▶ 24 Schengen Agreement Countries: Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland
- ▶ 15 Other European Countries: Russia, the United Kingdom, Ireland, Cyprus, Bulgaria, Romania, Ukraine, Serbia, Croatia, Bosnia-Herzegovina, Montenegro, Macedonia (FYROM), Albania, Belarus, Monaco
- ▶ 6 American Countries: the United States, Canada, Brazil, Mexico, Argentina, Chile
- ▶ 2 Oceania Countries: Australia, New Zealand
- ▶ 6 Asian Countries: Korea, Japan, Singapore, Brunei, United Arab Emirates, Qatar

#### **Areas Allowed to Stay**

The whole city of Wuhan is the allowable area to stay for foreign tourists entitled for this 144-hour TWOV. That is to say, the flight passengers who intend to transit in Wuhan for 6 days without visa are only able to sight-see Wuhan after leaving the airport.

#### **What Is the Eligible Transit Port?**

Wuhan's free transit can only be issued in its airport - [Wuhan Tianhe International Airport](#). Those travelers who enter Wuhan by trains or cruises cannot avail of the 144 hours TWOV after their arrival.

Regards,  
Philip



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**From:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:13 PM  
**To:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Cc:** Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>  
**Subject:** RE: Communication on Pneumonia of unknown etiology - Wuhan, China

Thank you, Philip. We knew this would be messy given flu and other respiratory virus season.

One question— (b)(5) That is new to me.

Carolyn

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**From:** Ricks, Philip M. (CDC/DDPHSIS/CGH/DGHP) <[hgp4@cdc.gov](mailto:hgp4@cdc.gov)>  
**Sent:** Wednesday, January 8, 2020 12:01 PM  
**To:** Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <[cqg4@cdc.gov](mailto:cqg4@cdc.gov)>; Fowlkes, Ashley C. (CDC/DDID/NCIRD/ID) <[ah14@cdc.gov](mailto:ah14@cdc.gov)>; Patel, Anita (CDC/DDID/NCIRD/OD) <[bop1@cdc.gov](mailto:bop1@cdc.gov)>; Knight, Nancy (CDC/DDPHSIS/CGH/DGHP) <[fma2@cdc.gov](mailto:fma2@cdc.gov)>; Williams, Seymour (CDC/DDPHSIS/CGH/DGHP) <[sjw9@cdc.gov](mailto:sjw9@cdc.gov)>; OMara, Elizabeth A. (CDC/DDPHSIS/CGH/OD) <[eco1@cdc.gov](mailto:eco1@cdc.gov)>; Johnson, Allison M. (CMS/CPI) <[Allison.Johnson@cms.hhs.gov](mailto:Allison.Johnson@cms.hhs.gov)>; Ijaz, Kashaf (CDC/DDPHSIS/CGH/DGHP) <[kil6@cdc.gov](mailto:kil6@cdc.gov)>  
**Cc:** GDD-OUTBREAK (CDC) <[GDDOUTBREAK@cdc.gov](mailto:GDDOUTBREAK@cdc.gov)>; Quick, Linda (CDC/DDPHSIS/CGH/DGHP) <[maq2@cdc.gov](mailto:maq2@cdc.gov)>  
**Subject:** Communication on Pneumonia of unknown etiology - Wuhan, China

Hello:

We have received a confidential communication from international colleagues regarding pneumonia of unknown etiology in Wuhan, China (see below). Although the communication was confidential, much of the information comes from public sources (links embedded).

*Please note that on 25 January 2020 Chinese New Year celebrations will take place, involving a high volume of population movement inside the country and posing an increased risk of spread of this and other communicable diseases.*

Regards,  
Philip

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(b)(5)

Please copy [GDDOUTBREAK@CDC.GOV](mailto:GDDOUTBREAK@CDC.GOV) on all outbreak related e-mails.

Global Disease Detection Operations Center (GDDOC)  
Division of Global Health Protection  
Center for Global Health  
Centers for Disease Control and Prevention  
1600 Clifton Road NE, Mailstop D68

Atlanta, GA 30333

GDDOC secure mailbox: [gddoutbreak@cdc.gov](mailto:gddoutbreak@cdc.gov)

Ray Arthur, PhD, Director: tel: +1.404.639.3855; mobile: (b)(6)

Puneet Anantharam, MPH, ORISE Fellow: mobile: (b)(6)

Catherine Chow, MD, MPH, Captain, USPHS, Analyst: tel: +1.404.553.7659; mobile: (b)(6)

Kira Christian Coggeshall, DVM, MPH, DACVPM, Analyst: tel: +1.404.553.7666; mobile: (b)(6)

James Fuller, PhD, MSPH, Analyst: tel: +1.404.639.7361; mobile: (b)(6)

Christine Hercik, PhD, Analyst: tel: +1.404.718.6669; mobile: (b)(6)

Lawrence Hinkle, MSPH, Analyst: tel: +1.404.718.5654; mobile: (b)(6)

Rossanne M. Philen, MD, MS, Analyst: tel: +1.404.553.7660; mobile: (b)(6)

Philip M Ricks, PhD, MPH, Analyst: tel: +1 404.553.7664; mobile: (b)(6)

Serena Fuller, MPH, Emergency Coordinator: tel: +1.404.553.7662; mobile: + (b)(6)

**From:** Fitter, David L. (CDC/DDPHSIS/CGH/GID)  
**Sent:** Sat, 13 Jun 2020 21:51:01 +0000  
**To:** Butler, Jay C. (CDC/DDID/OD); Meaney Delman, Dana M. (CDC/DDNID/NCBDDD/DBDID); Eisenberg, Emily (CDC/DDID/NCIRD/ID)  
**Subject:** Fwd: Confidential WHO Situation Report, Saturday, 13 June 2020  
**Attachments:** 20200612-covid-19-sitrep-144.pdf, weekly-update-on-covid19-12-june-2020.pdf

FYI re Covid in Beijing market below.

Sent from mobile device

**From:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>  
**Sent:** Saturday, June 13, 2020 10:19 AM  
**To:** Fitter, David L. (CDC/DDPHSIS/CGH/GID)  
**Cc:** Pesik, Nicki (CDC/DDID/NCEZID/OD); Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP)  
**Subject:** FW: Confidential WHO Situation Report, Saturday, 13 June 2020

David – you had previously pinged us about reports out of China of new lockdowns, just wanted to make sure you saw the one below – Beijing. We discussed the newly reported cases in Beijing with our China team on Thursday night's call, but there was little information. Appears, by media reports and WHO, the focus is now on a cluster related to a local meat market.

---

**From:** MOFFETT, Daphne <moffettd@who.int>  
**Sent:** Saturday, June 13, 2020 4:24 AM  
**To:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Montandon, Michele (CDC/DDPHSIS/CGH/DGHT) <nkf3@cdc.gov>; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT) <cxv3@cdc.gov>  
**Cc:** Williams, Ian (CDC/DDPHSIS/CPR/OD) <iaw3@cdc.gov>; Armstrong, Gregory (CDC/DDID/NCEZID/OD) <gca3@cdc.gov>; Dirlikov, Emilio (CDC/DDPHSIS/CGH/DGHT) <klt9@cdc.gov>; Ghiselli, Margherita (CDC/DDPHSIS/CGH/GID) <wkz8@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID) <dbj0@cdc.gov>; Fry, Alicia (CDC/DDID/NCIRD/ID) <agf1@cdc.gov>; GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cqg4@cdc.gov>; Bresee, Joseph (CDC/DDID/NCIRD/ID) <jsb6@cdc.gov>; Azziz-Baumgartner, Eduardo (CDC/DDID/NCIRD/ID) <eha9@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>; Millman, Alexander J. (CDC/DDID/NCIRD/ID) <irm6@cdc.gov>; Simonds, R. J. (CDC/DDPHSIS/CGH/OD) <rxs5@cdc.gov>; Lynch, Michael (CDC/DDPHSIS/CGH/GID) <wzl4@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Zhou, Weigong (CDC/DDID/NCIRD/ID) <waz6@cdc.gov>; Farag, Noha (CDC/DDPHSIS/CGH/GID) <iym0@cdc.gov>; Rao, Carol (CDC/DDPHSIS/CGH/DGHP) <cnr3@cdc.gov>; Mirza, Sara (CDC/DDID/NCIRD/DBD) <zjk4@cdc.gov>; McFarland, Jeffrey (CDC/DDPHSIS/CGH/GID) <jwm5@cdc.gov>; Moffett, Daphne (CDC/DDPHSIS/CGH/GID) <zzc0@cdc.gov>; Hakim, Avi (CDC/DDPHSIS/CGH/DGHT) <hxv8@cdc.gov>; Farag, Noha (CDC/DDPHSIS/CGH/GID) <iym0@cdc.gov>; Hagan, Jose Edward (CDC who.int) <haganj@who.int>; Hagan, Jose Edward (CDC/DDPHSIS/CGH/GID) <esp3@cdc.gov>; Soeters, Heidi (CDC/DDPHSIS/CGH/GID) <hzx8@cdc.gov>; Shepard, Colin (FDA/CDRH) <Colin.Shepard@fda.hhs.gov>; Beach, Michael J. (CDC/DDID/NCEZID/DFWED) <mjb3@cdc.gov>; Christie, Athalia (CDC/DDPHSIS/CGH/OD) <akc9@cdc.gov>  
**Subject:** Confidential WHO Situation Report, Saturday, 13 June 2020

**Saturday, 13 June 2020**

WHO Confidential Situation Report, Saturday, 13 June 2020

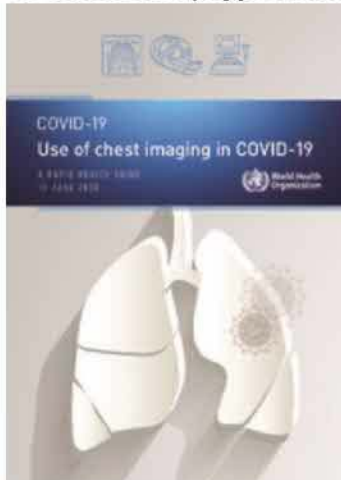
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The Minions and Gru give advice about how to stay safe and healthy [Facebook](#) [Instagram](#) [LinkedIn](#) [Pinterest](#) [Twitter](#)

### WHO/HQ newly posted COVID19 technical guidance and consideration documents (hyperlinked):



WHO has published a rapid advice guidance on the [Use of chest imaging in COVID-19](#). The guide examines available evidence and makes recommendations for the use of radiography, computed tomography and ultrasound for acute care of adult patients with suspected, probable or confirmed COVID-19 at different levels of disease severity.

### [New technical guidance translations](#)

Gender and COVID-19: Advocacy brief [EN](#) **NEW:** [AR](#) [CH](#) [ES](#) [FR](#) [RU](#)

Water, sanitation, hygiene, and waste management for the COVID-19 virus [AR](#) [EN](#) [ES](#) [FR](#) [RU](#) **NEW:** [CH](#)

Framework for decision-making: implementation of mass vaccination campaigns in the context of COVID-19 [AR](#) [EN](#) [RU](#) **NEW:** [CH](#) [ES](#) [FR](#)

Disability considerations during the COVID-19 outbreak [EN](#) [ES](#) [Portuguese](#) **NEW:** [FR](#)

Laboratory biosafety guidance related to coronavirus disease (COVID-19) [AR](#) [EN](#) [RU](#) **NEW:** [ES](#) [FR](#)

Population-based age-stratified seroepidemiological investigation protocol for coronavirus 2019 (COVID-19) infection [AR](#) [EN](#) **NEW:** [FR](#)

Medical certification, ICD mortality coding, and reporting mortality associated with COVID-19 [EN](#)

Digital tools for COVID-19 contact tracing [EN](#)

Interim guidance for the poliomyelitis (polio) surveillance network in the context of coronavirus disease (COVID-19) [EN](#)

**All COVID-19 Technical Guidance:**

[English](#) | [Arabic](#) | [Chinese](#) | [French](#) | [Russian](#) | [Spanish](#)

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Kind regards,  
Daphne

Dr Daphne B. Moffett/CAPT, USPHS  
CDC LNO to WHO-HQ  
Mobile: +41 79 308 9873  
e-mail: [moffettd@who.int](mailto:moffettd@who.int); [zzc0@cdc.gov](mailto:zzc0@cdc.gov)

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**From:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID)  
**Sent:** Mon, 29 Jun 2020 19:29:26 +0000  
**To:** Butler, Jay C. (CDC/DDID/OD);Walke, Henry (CDC/DDID/NCEZID/DPEI)  
**Cc:** Thompson, Betsy (CDC/DDNID/NCCDPHP/DHDSP);Philip, Celeste M. (CDC/DDNID/OD)  
**Subject:** FW: CONFIDENTIAL: GOARN SCOM Background documents  
**Attachments:** Reducing mortality\_23 June2020.pptx, Reducing the Incidence of COVID-19.pptx, Engaging society in COVID19 prevention and control.pptx

Hi Jay and Henry

These were circulated by WHO in preparation for the GOARN meeting that took place this morning. They are limited distribution, but I thought you would be interested in seeing these.

I thought [redacted] (b)(5)

[redacted] (b)(5)

[redacted] (b)(5)

Also see highlighted note below re Mike Ryan's remarks.

Sarah

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**From:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>  
**Sent:** Monday, June 29, 2020 3:02 PM  
**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <bid5@cdc.gov>; Mikus, Kristie (CDC/DDPHSIS/CGH/OD) <lqq1@cdc.gov>  
**Cc:** GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>  
**Subject:** FW: CONFIDENTIAL: GOARN SCOM Background documents  
**Importance:** High

Mike Ryan in his brief remarks this morning mentioned WHO's efforts to distill into the simplest terms these three areas needed to control the pandemic. These slides were sent in advance and were not presented. [redacted] (b)(5)

[redacted] (b)(5)

There was no discussion after his comments.

Ray

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**From:** SURI, Sameera <suris@who.int>  
**Sent:** Monday, June 29, 2020 7:47 AM  
**To:** External Partner - khan azharul <azharul@icddr.org>; Navarro-Colorado, Carlos (CDC unicef.org) <cnavarrocolorado@unicef.org>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>; Dr S Antara AFENET <santara@afenet.net>; Dr Yanping Zhang CHINA CDC <zhangyp@chinacdc.cn>; Josep Jansa <Josep.jansa@ecdc.europa.eu>; executive.director <executive.director@globalhealthdev.org>; FALL, Ibrahima Soce <socef@who.int>; INEVH Alejandra <morales.mariaalejandra@yahoo.com.ar>; External Partner - Sall Amadou <asall@pasteur.sn>; Gail Carson <gail.carson@ndm.ox.ac.uk>; N MSF International <Myriam.Henkens@msf.org>; External Partner - Khan Ali <ali.khan@unmc.edu>; januszp <januszp@nicd.ac.za>; dale\_andrew\_fisher <dale\_andrew\_fisher@nuhs.edu.sg>; O RED <panu.saaristo@ifrc.org> [redacted] (b)(6) PHAC Elisabeth Gooding

<[elizabeth.gooding@canada.ca](mailto:elizabeth.gooding@canada.ca)>; PHE Dan <[daniel.bausch@phe.gov.uk](mailto:daniel.bausch@phe.gov.uk)>; RKI Andreas Jansen <[jansena@rki.de](mailto:jansena@rki.de)>; Lina Moses <[Lmoses2@tulane.edu](mailto:Lmoses2@tulane.edu)>; O RED <[gwen.eamer@ifrc.org](mailto:gwen.eamer@ifrc.org)>; ABUBAKAR, Abdinasir <[abubakara@who.int](mailto:abubakara@who.int)>; Aldighieri, Sylvain <[aldighierisyl@who.int](mailto:aldighierisyl@who.int)>; BRENNAN, Richard John <[brennanr@who.int](mailto:brennanr@who.int)>; BULIVA, Evans <[ebuliva@who.int](mailto:ebuliva@who.int)>; DEL RIO VILAS, Victor <[delriov@who.int](mailto:delriov@who.int)>; NITZAN, Dorit <[nitzankaluskid@who.int](mailto:nitzankaluskid@who.int)>; OFRIN, Roderico <[ofrinr@who.int](mailto:ofrinr@who.int)>; PESIGAN, Arturo <[pesigana@who.int](mailto:pesigana@who.int)>; SALMON, Sharon <[salmons@who.int](mailto:salmons@who.int)>; STOROZHENKO, Oleg Nikolayevich <[storozhenkoo@who.int](mailto:storozhenkoo@who.int)>; Vicari, Dr. Andrea (WDC) <[vicarian@paho.org](mailto:vicarian@paho.org)>; YAO, N'da Konan Michel <[yaom@who.int](mailto:yaom@who.int)>; YOTI, Zabulon <[yotiza@who.int](mailto:yotiza@who.int)>

**Cc:** DRURY, Patrick Anthony <[druryp@who.int](mailto:druryp@who.int)>; AZE, Jean-christophe <[azej@who.int](mailto:azej@who.int)>; BEJTULLAHU, Armand <[bejtullahua@who.int](mailto:bejtullahua@who.int)>; CAYABYAB, Ramoncito <[cayabyabr@who.int](mailto:cayabyabr@who.int)>; CHRISTENSEN, Renee <[rchristensen@who.int](mailto:rchristensen@who.int)>; goarn <[goarn@who.int](mailto:goarn@who.int)>; HAN, Mansuk Daniel <[mhan@who.int](mailto:mhan@who.int)>; HUO, Xiang <[xhuo@who.int](mailto:xhuo@who.int)>; KIFF, Jeremy <[kiffj@who.int](mailto:kiffj@who.int)>; LOI, Gianluca <[loig@who.int](mailto:loig@who.int)>; MOSES, Lina <[mosesl@who.int](mailto:mosesl@who.int)>; O'CONNOR, Eve Louise <[occonnore@who.int](mailto:occonnore@who.int)>; SURI, Sameera <[suris@who.int](mailto:suris@who.int)>; UMALI DALANGIN, Khristeen <[umalik@who.int](mailto:umalik@who.int)>

**Subject:** CONFIDENTIAL: GOARN SCOM Background documents

**Importance:** High

Dear Colleagues,

To inform the discussion at the Steering committee today, please see attached a few additional documents **shared confidentially** with the GOARN Steering committee only and not for further dissemination. **These are internal WHO documents shared to engage the GOARN SCOM** in providing advice and input.

(b)(5)

The GOARN SCOM advice and input is welcome to feed into a comprehensive disease control strategy for the months ahead.

Many thanks

Sameera



**Sameera Suri**

Technical Officer, **Global Outbreak Alert and Response Network (GOARN)**

Division of Emergency Response (WRE)

WHO Health Emergencies Programme (WHE)

World Health Organization

20 Avenue Appia, Geneva 1211, Switzerland

Tel. direct: (b)(6)  
Mobile: (b)(6)  
Webex: (b)(6)  
Twitter: @sameera\_suri  
<https://extranet.who.int/goarn/>

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(b)(5)

**From:** Butler, Jay C. (CDC/DDID/OD)  
**Sent:** Sat, 15 Feb 2020 14:55:25 +0000  
**To:** Rotz, Lisa (CDC/DDID/NCEZID/DGMQ); Park, Sarah Y., MD; Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Fischer, Marc (CDC/DDID/NCEZID/DVBD)  
**Subject:** RE: Notification of COVID-19 cases traveled to HI, USA # [redacted] (b)(6)

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яяяр6 А а @ @ ` Ъ А а ` Ъ А а @ яяяр

**From:** Rotz, Lisa (CDC/DDID/NCEZID/DGMQ)  
**Sent:** Wed, 29 Jan 2020 14:36:05 +0000  
**To:** Butler, Jay C. (CDC/DDID/OD)  
**Subject:** Fwd: Thailand SITREP 15

Lisa Rotz MD  
Deputy Director,  
Division of Global Migration and Quarantine, CDC  
**From:** Mercer, J. Todd (CDC/DDPHSIS/CGH/OD) <ztc9@cdc.gov>  
**Sent:** Wednesday, January 29, 2020 8:02:17 AM  
**To:** Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <ler8@cdc.gov>  
**Subject:** RE: Thailand SITREP 15

It's pretty much a game changer here...

---

**From:** Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <ler8@cdc.gov>  
**Sent:** Wednesday, January 29, 2020 8:00 PM  
**To:** Mercer, J. Todd (CDC/DDPHSIS/CGH/OD) <ztc9@cdc.gov>  
**Subject:** Re: Thailand SITREP 15

I'll let Marty know

Lisa Rotz, MD, FIDSA  
Division of Global Migration and Quarantine

---

**From:** Mercer, J. Todd (CDC/DDPHSIS/CGH/OD) <ztc9@cdc.gov>  
**Sent:** Wednesday, January 29, 2020 7:49:32 AM  
**To:** Rotz, Lisa (CDC/DDID/NCEZID/DGMQ) <ler8@cdc.gov>  
**Subject:** FW: Thailand SITREP 15

FYSA - (b)(5) Please don't share this email; I'm sure you'll hear your AM, if not already. Let me know if this information would be helpful to you and Marty?

---

**From:** MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP) <zae5@cdc.gov>  
**Sent:** Wednesday, January 29, 2020 7:10 PM  
**To:** GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>  
**Cc:** Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; Senesie, Schabbethai (CDC/DDPHSIS/CGH/DGHP) <yfc2@cdc.gov>; Mott, Joshua (CDC/DDID/NCIRD/ID) <zud9@cdc.gov>; Mercer, J. Todd (CDC/DDPHSIS/CGH/OD) <ztc9@cdc.gov>; Greene, Carolyn M. (CDC/DDID/NCIRD/ID) <cgg4@cdc.gov>; Fox, LeAnne M. (CDC/DDID/NCIRD/DBD) <lff4@cdc.gov>; Moolenaar, Ronald L.

(CDC/DDPHSIS/CGH/DGHP) <[rlm8@cdc.gov](mailto:rlm8@cdc.gov)>

**Subject:** RE: Thailand SITREP 15

ALCON,

Please see attached SITREP #16 for 29JAN2020. Major new events include:

(b)(5)

Please let me know if you have any questions or concerns.

Warm regards,

John

John R. MacArthur, MD MPH

CAPT, USPHS

Director, Thailand MOPH - U.S. CDC Collaboration

Centers for Disease Control and Prevention, Bangkok, Thailand

Country Representative to Thailand, Department of Health and Human Services

Tel: +66(0)2-580-0669 ext. 312 | Fax: +66(0)2-580-0911 | Mobile:

[jmacarthur@cdc.gov](mailto:jmacarthur@cdc.gov)

(b)(6)



**From:** Walke, Henry (CDC/DDID/NCEZID/DPEI)  
**Sent:** Mon, 29 Jun 2020 19:51:24 +0000  
**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID);Butler, Jay C. (CDC/DDID/OD)  
**Cc:** Thompson, Betsy (CDC/DDNID/NCCDPHP/DHDSP);Philip, Celeste M. (CDC/DDNID/OD)  
**Subject:** RE: CONFIDENTIAL: GOARN SCOM Background documents

Will take a look, thank you!

---

**From:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>  
**Sent:** Monday, June 29, 2020 3:29 PM  
**To:** Butler, Jay C. (CDC/DDID/OD) <jcb3@cdc.gov>; Walke, Henry (CDC/DDID/NCEZID/DPEI) <hfw3@cdc.gov>  
**Cc:** Thompson, Betsy (CDC/DDNID/NCCDPHP/DHDSP) <bst0@cdc.gov>; Philip, Celeste M. (CDC/DDNID/OD) <fhd7@cdc.gov>  
**Subject:** FW: CONFIDENTIAL: GOARN SCOM Background documents  
**Importance:** High

Hi Jay and Henry

These were circulated by WHO in preparation for the GOARN meeting that took place this morning. They are limited distribution, but I thought you would be interested in seeing these.

I thought

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(b)(5)

Also see highlighted note below re Mike Ryan's remarks.

Sarah

---

**From:** Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <rca8@cdc.gov>  
**Sent:** Monday, June 29, 2020 3:02 PM  
**To:** Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Dahl, Benjamin A. (CDC/DDPHSIS/CGH/GID) <bid5@cdc.gov>; Mikus, Kristie (CDC/DDPHSIS/CGH/OD) <lqq1@cdc.gov>  
**Cc:** GDD-OUTBREAK (CDC) <GDDOUTBREAK@cdc.gov>  
**Subject:** FW: CONFIDENTIAL: GOARN SCOM Background documents  
**Importance:** High

Mike Ryan in his brief remarks this morning mentioned

(b)(5)

(b)(5)

Ray

---

**From:** SURI, Sameera <suris@who.int>  
**Sent:** Monday, June 29, 2020 7:47 AM

**To:** External Partner - khan azharul <[azharul@icddrb.org](mailto:azharul@icddrb.org)>; Navarro-Colorado, Carlos (CDC unicef.org) <[cnavarrocolorado@unicef.org](mailto:cnavarrocolorado@unicef.org)>; Arthur, Ray (CDC/DDPHSIS/CGH/DGHP) <[rca8@cdc.gov](mailto:rca8@cdc.gov)>; Dr S Antara AFENET <[santara@afenet.net](mailto:santara@afenet.net)>; Dr Yanping Zhang CHINA CDC <[zhangyp@chinacdc.cn](mailto:zhangyp@chinacdc.cn)>; Josep Jansa <[Josep.jansa@ecdc.europa.eu](mailto:Josep.jansa@ecdc.europa.eu)>; executive.director <[executive.director@globalhealthdev.org](mailto:executive.director@globalhealthdev.org)>; FALL, Ibrahima Soce <[socef@who.int](mailto:socef@who.int)>; INEVH Alejandra <[morales.mariaalejandra@yahoo.com.ar](mailto:morales.mariaalejandra@yahoo.com.ar)>; External Partner - Sall Amadou <[asall@pasteur.sn](mailto:asall@pasteur.sn)>; Gail Carson <[gail.carson@ndm.ox.ac.uk](mailto:gail.carson@ndm.ox.ac.uk)>; N MSF International <[Myriam.Henkens@msf.org](mailto:Myriam.Henkens@msf.org)>; External Partner - Khan Ali <[ali.khan@unmc.edu](mailto:ali.khan@unmc.edu)>; januszp <[januszp@nicd.ac.za](mailto:januszp@nicd.ac.za)>; dale\_andrew\_fisher <[dale\\_andrew\\_fisher@nuhs.edu.sg](mailto:dale_andrew_fisher@nuhs.edu.sg)>; O RED <[panu.saaristo@ifrc.org](mailto:panu.saaristo@ifrc.org)>; pauleffler <[pauleffler@gmail.com](mailto:pauleffler@gmail.com)>; PHAC Elisabeth Gooding <[elizabeth.gooding@canada.ca](mailto:elizabeth.gooding@canada.ca)>; PHE Dan <[daniel.bausch@phe.gov.uk](mailto:daniel.bausch@phe.gov.uk)>; RKI Andreas Jansen <[jansena@rki.de](mailto:jansena@rki.de)>; Lina Moses <[Lmoses2@tulane.edu](mailto:Lmoses2@tulane.edu)>; O RED <[gwen.eamer@ifrc.org](mailto:gwen.eamer@ifrc.org)>; ABUBAKAR, Abdinasir <[abubakara@who.int](mailto:abubakara@who.int)>; Aldighieri, Sylvain <[aldighierisyl@who.int](mailto:aldighierisyl@who.int)>; BRENNAN, Richard John <[brennanr@who.int](mailto:brennanr@who.int)>; BULIVA, Evans <[ebuliva@who.int](mailto:ebuliva@who.int)>; DEL RIO VILAS, Victor <[delriov@who.int](mailto:delriov@who.int)>; NITZAN, Dorit <[nitzankaluskid@who.int](mailto:nitzankaluskid@who.int)>; OFRIN, Roderico <[ofrinr@who.int](mailto:ofrinr@who.int)>; PESIGAN, Arturo <[pesigana@who.int](mailto:pesigana@who.int)>; SALMON, Sharon <[salmons@who.int](mailto:salmons@who.int)>; STOROZHENKO, Oleg Nikolayevich <[storozhenkoo@who.int](mailto:storozhenkoo@who.int)>; Vicari, Dr. Andrea (WDC) <[vicarian@paho.org](mailto:vicarian@paho.org)>; YAO, N'da Konan Michel <[yaom@who.int](mailto:yaom@who.int)>; YOTI, Zabulon <[yotiza@who.int](mailto:yotiza@who.int)>

**Cc:** DRURY, Patrick Anthony <[druryp@who.int](mailto:druryp@who.int)>; AZE, Jean-christophe <[azej@who.int](mailto:azej@who.int)>; BEJTULLAHU, Armand <[bejtullahua@who.int](mailto:bejtullahua@who.int)>; CAYABYAB, Ramoncito <[cayabyabr@who.int](mailto:cayabyabr@who.int)>; CHRISTENSEN, Renee <[rchristensen@who.int](mailto:rchristensen@who.int)>; goarn <[goarn@who.int](mailto:goarn@who.int)>; HAN, Mansuk Daniel <[mhan@who.int](mailto:mhan@who.int)>; HUO, Xiang <[xhuo@who.int](mailto:xhuo@who.int)>; KIFF, Jeremy <[kiffj@who.int](mailto:kiffj@who.int)>; LOI, Gianluca <[loig@who.int](mailto:loig@who.int)>; MOSES, Lina <[mosesl@who.int](mailto:mosesl@who.int)>; O'CONNOR, Eve Louise <[oconnore@who.int](mailto:oconnore@who.int)>; SURİ, Sameera <[suris@who.int](mailto:suris@who.int)>; UMALI DALANGIN, Khristeen <[umalik@who.int](mailto:umalik@who.int)>

**Subject:** CONFIDENTIAL: GOARN SCOM Background documents

**Importance:** High

Dear Colleagues,

To inform the discussion at the Steering committee today, please see attached a few additional documents shared confidentially with the GOARN Steering committee only and not for further dissemination. These are internal WHO documents shared to engage the GOARN SCOM in providing advice and input.

(b)(5)

The GOARN SCOM advice and input is welcome to feed into a comprehensive disease control strategy for the months ahead.

Many thanks

Sameera

**GOARN**  
Global Outbreak Alert and Response Network

2020  
YEARS

20 YEARS OF STOPPING  
OUTBREAKS TOGETHER

**Sameera Suri**

Technical Officer, **Global Outbreak Alert and Response Network (GOARN)**

Division of Emergency Response (WRE)

WHO Health Emergencies Programme (WHE)

World Health Organization

20 Avenue Appia, Geneva 1211, Switzerland

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Mobile: (b)(6)

Webex: (b)(6)

Twitter: @sameera\_suri

<https://extranet.who.int/goarn/>

**From:** Butler, Jay C. (CDC/DDID/OD)  
**Sent:** Sun, 16 Feb 2020 18:47:11 +0000  
**To:** Kadlec, Robert (OS/ASPR/IO);Yeskey, Kevin (OS/ASPR/IO);Fauci, Anthony (NIH/NIAID) [E]  
**Cc:** Anne Schuchat MD (CDC/OD) (acs1@cdc.gov);Redfield, Robert R. (CDC/OD);Daniel B. Jernigan (CDC/DDID/NCIRD/ID) (dbj0@cdc.gov)  
**Subject:** The letter we are discussing and the link to its public posting  
**Attachments:** alert-20200216-diamond-princess.pdf



**From:** US Embassy Tokyo Cruise Ship Quarantine Inquiries <[USGShipContact@state.gov](mailto:USGShipContact@state.gov)>  
**Date:** February 16, 2020 at 8:25:05 AM GMT+9  
**Subject:** INFORMATION FOR U.S. CITIZENS- DIAMOND PRINCESS  
**To:** US Embassy Tokyo Cruise Ship Quarantine Inquiries <[USGShipContact@state.gov](mailto:USGShipContact@state.gov)>

February 16, 2020

**U.S. Embassy Tokyo**

#### INFORMATION FOR U.S. CITIZENS- DIAMOND PRINCESS

As we notified you yesterday, the U.S. Government recommends that U.S. citizens disembark from the Diamond Princess and return to the United States. This is a rapidly evolving situation and we are taking additional steps to assist U.S. citizens. Please know the safety and well-being of our citizens is the U.S. Government's top priority. To this end, the U.S. government has chartered flights that will depart Yokohama to the United States on Sunday, February 16. These charter flights are the only opportunity for eligible passengers to fly to the United States until March 4, 2020, at the earliest. This date is 14 days after the remaining passengers are expected to depart the ship on February 19.

Based on the high number of COVID-19 cases identified onboard the Diamond Princess, the Department of Health and Human Services made an assessment that passengers and crew members onboard are at high risk of exposure. Given this assessment, the U.S. Government is chartering these flights to minimize the risks to your health going forward.

In order to ensure a smooth repatriation process to the United States, the U.S. Embassy in Tokyo requires your response **by 10:00 am Tokyo time**. As you consider whether to take advantage of this option, we are sharing additional information with you about these onward arrangements:

- Health authorities will screen all passengers prior to allowing them to board the chartered flights. No symptomatic or infected passengers will be allowed to board.
- Passengers on the chartered aircraft will be quarantined in the United States at Travis Air Force Base in Fairfield, California or Lackland Air Force Base near San Antonio, Texas for 14 days upon arrival. These sites were specifically selected to ensure health care facilities are immediately available in the vicinity to treat any medical needs.
- Medical professionals will be present on the flights to provide medical care, if needed. You will have access to medication and medical care at all times.
- If your immediate family member is not a U.S. citizen, they will also be accommodated on these flights.
- **You will not be liable for the cost of the chartered flights to the United States.** However, after your quarantine in the United States, you will be responsible for your onward travel to your home.
- We would like to highlight potential constraints that would impact your return to the United States in the next two weeks if you choose not to take these flights and instead choose to

remain on the ship until February 19. After you disembark from the Diamond Princess, under U.S. quarantine orders, you will be required to wait 14 days without symptoms and positive test results before you are permitted to board commercial flights to the United States.

- Governments in the region have been implementing fast changing travel rules in regard to individuals who have been in high risk environments for exposure to COVID-19. These charter flights are your only option to fly to the United States before March 4, 2020, at the earliest.

If you reside in Japan, or another location outside of the United States, and therefore elect not to use the chartered transportation, after you disembark you may be subject to abide by local quarantine and health monitoring obligations as required by the Government of Japan or your local health authorities.

Thank you again for your patience and cooperation. These measures are consistent with the most current medical assessments available, and the careful policies we have instituted to limit the potential spread of the virus. We are deeply grateful to the Government of Japan, Carnival Cruise Line, and public health authorities around the world, who are working diligently to contain and control the spread of the illness. We reiterate our deep appreciation for your patience and understanding.

Please note, if Embassy Tokyo has already received your response regarding the charter flights, you do not need to reply again.

**From:** Butler, Jay C. (CDC/DDID/OD)  
**Sent:** Sun, 16 Feb 2020 19:05:29 +0000  
**To:** Kadlec, Robert (OS/ASPR/IO);Yeskey, Kevin (OS/ASPR/IO);Fauci, Anthony (NIH/NIAID) [E]  
**Cc:** Anne Schuchat MD (CDC/OD) (acs1@cdc.gov);Redfield, Robert R. (CDC/OD);Daniel B. Jernigan (CDC/DDID/NCIRD/ID) (dbj0@cdc.gov)  
**Subject:** RE: The letter we are discussing and the link to its public posting

And the link to the posting...

<https://japan2.usembassy.gov/pdfs/alert-20200216-diamond-princess.pdf>

Jay C. Butler, MD, FAAP, MACP, FIDSA  
Deputy Director for Infectious Diseases  
Centers for Disease Control and Prevention  
1600 Clifton Rd., Mailstop H24-12  
Atlanta, GA 30333  
404-718-7841

**From:** Butler, Jay C. (CDC/DDID/OD)  
**Sent:** Fri, 21 Feb 2020 01:02:33 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]; Cetron, Marty (CDC/DDID/NCEZID/DGMQ); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)  
**Cc:** Messonnier, Nancy (CDC/DDID/NCIRD/OD)  
**Subject:** Stafford Act Briefs for TTx Tomorrow  
**Attachments:** Stafford Act for Infectious Disease Response - Summary. 05.12.19.docx

Tony, Dan, and Marty—attached is a nice summary of Stanford Act prepared by Anita Patel after our Crimson Contagion adventures last August. The primer on the ASTHO website also provides a good general brief:

<https://www.astho.org/Programs/Preparedness/Public-Health-Emergency-Law/Emergency-Authority-and-Immunity-Toolkit/Robert-T--Stafford-Disaster-Relief-and-Emergency-Assistance-Act-Fact-Sheet/>

Jay



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(b)(5)

**From:** Butler, Jay C. (CDC/DDID/OD)  
**Sent:** Sat, 14 Mar 2020 11:55:24 +0000  
**To:** Howard Bauchner;Fauci, Anthony (NIH/NIAID) [E];Preeti Malani;Eli Perencevich;Phil Fontanarosa  
**Cc:** Edward Livingston  
**Subject:** Re: Testing - JAMA - Important

I am surprised these are only crossing your desk 4-5 times per day! Yes, we could certainly address 5-6 questions more formally and done better than over the first cup of coffee on Sat AM.

I am interested in Tony's thoughts, both on the preliminary answers below, and the Q&A concept.

Monopoly is a classic but my entire family is too restless to ever finish a game. Too bad Settlers of Catan does not provide as much allegorical material.

Get [Outlook for iOS](#)

**From:** Howard Bauchner <[REDACTED]@jamanetwork.org>

**Sent:** Saturday, March 14, 2020 7:48:04 AM

**To:** Butler, Jay C. (CDC/DDID/OD) <jcb3@cdc.gov>; Fauci, Anthony (NIH/NIAID) [E]

<[REDACTED]@niaid.nih.gov>; Preeti Malani <[REDACTED]@med.umich.edu>; Eli Perencevich <[REDACTED]

<[REDACTED]@uiowa.edu>; Phil Fontanarosa <[REDACTED]@jamanetwork.org>

**Cc:** Edward Livingston <[REDACTED]@jamanetwork.org>

**Subject:** Re: Testing - JAMA - Important

Thanks Jay

Have also copied Ed –

This is going to become very very important – if we created 5-6 questions – sort of like FAQs – would you be willing to answer them and then we would publish it.

This is crossing my desk 4-5 times per day now – and will only get more important (and sadly confusing) – in the weeks to come.

Some questions would focus on public others on HCW (where I am sure general guide; talk with your CMO).

I do love the mention of monopoly – a popular game at our house in Maine.

What you think?

HCB

Howard Bauchner, MD  
Editor in Chief of JAMA and the JAMA Network

Please respect the confidentiality of this email

Listen to my [chats with authors](#)

---

**From:** "Butler, Jay C. (CDC/DDID/OD)" <jcb3@cdc.gov>

**Date:** Saturday, March 14, 2020 at 6:42 AM

**To:** Howard Bauchner <(b)(6)@jamanetwork.org>, Tony Fauci

(b)(6)@niaid.nih.gov>, Preeti Malani <(b)(6)@med.umich.edu>, Eli Perencevich <(b)(6)

(b)(6)@uiowa.edu>, Phil Fontanarosa <(b)(6)@jamanetwork.org>

**Subject:** Re: Testing - JAMA - Important

[Warning External Email]

Good morning, Howard—some answers and non-answers. As is the case for most answers, (b)(5)

(b)(5)

(b)(5)

More to follow.

Best regards,  
Jay

Get [Outlook for iOS](#)

---

**From:** Howard Bauchner <Howard.Bauchner@jamanetwork.org>

**Sent:** Saturday, March 14, 2020 5:53 AM

**To:** Butler, Jay C. (CDC/DDID/OD); Fauci, Anthony (NIH/NIAID) [E]; Preeti Malani; Eli Perencevich; Phil Fontanarosa

**Subject:** Testing - JAMA - Important

Jay/Tony

Some very complicated questions around testing have come up and will only increase.

(b)(5)



Jay – does CDC have specific recommendations.

Sorry to bother on Saturday morning -but would like to get up a VP as soon as Tuesday.

HCB

Howard Bauchner, MD  
Editor in Chief of JAMA and the JAMA Network

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**From:** Butler, Jay C. (CDC/DDID/OD)  
**Sent:** Sat, 14 Mar 2020 13:51:37 +0000  
**To:** Howard Bauchner;Fauci, Anthony (NIH/NIAID) [E];Preeti Malani;Eli Perencevich;Phil Fontanarosa  
**Cc:** Edward Livingston;Hilary Eiring (CDC/DDNID/NCIPC/OD) (vte0@cdc.gov)  
**Subject:** RE: Testing - JAMA - Important

If you can get the set of questions to me ASAP, I can start the process of running the concept up the chain.

---

**From:** Howard Bauchner <(b)(6)@jamanetwork.org>  
**Sent:** Saturday, March 14, 2020 9:13 AM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <(b)(6)@niaid.nih.gov>; Butler, Jay C. (CDC/DDID/OD) <jcb3@cdc.gov>; Preeti Malani <(b)(6)@med.umich.edu>; Eli Perencevich <(b)(6)@uiowa.edu>; Phil Fontanarosa <(b)(6)@jamanetwork.org>  
**Cc:** Edward Livingston <(b)(6)@jamanetwork.org>  
**Subject:** Re: Testing - JAMA - Important

TY.

Jay – can you get permission from whomever to do a Q and A podcast on Monday.

I am convinced this will be very important.

What you think?

Ed would do it.

HCB

Howard Bauchner, MD  
Editor in Chief of JAMA and the JAMA Network

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---

**From:** Tony Fauci <(b)(6)@niaid.nih.gov>  
**Date:** Saturday, March 14, 2020 at 7:37 AM  
**To:** Howard Bauchner <(b)(6)@jamanetwork.org>, "Butler, Jay C. (CDC/DDID/OD)" <jcb3@cdc.gov>, Preeti Malani <(b)(6)@med.umich.edu>, Eli Perencevich <(b)(6)@uiowa.edu>, Phil Fontanarosa <(b)(6)@jamanetwork.org>

**Cc:** Edward Livingston <(b)(6)>@jamanetwork.org>  
**Subject:** RE: Testing - JAMA - Important

[Warning External Email]

Howard/Jay:

I liked Jay's answers to Howard's questions even though there were still some open issues. I will have to leave it to Jay and the CDC to continue with the discussion since I am really swamped. Sorry.

Thanks,

Tony

---

**From:** Howard Bauchner <(b)(6)>@jamanetwork.org>  
**Sent:** Saturday, March 14, 2020 7:48 AM  
**To:** Butler, Jay C. (CDC/DDID/OD) <jcb3@cdc.gov>; Fauci, Anthony (NIH/NIAID) [E] <(b)(6)>@niaid.nih.gov>; Preeti Malani <(b)(6)>@med.umich.edu>; Eli Perencevich <Eli-(b)(6)>@uiowa.edu>; Phil Fontanarosa <(b)(6)>@jamanetwork.org>  
**Cc:** Edward Livingston <(b)(6)>@jamanetwork.org>  
**Subject:** Re: Testing - JAMA - Important

Thanks Jay

Have also copied Ed –

This is going to become very very important – if we created 5-6 questions – sort of like FAQs – would you be willing to answer them and then we would publish it.

This is crossing my desk 4-5 times per day now – and will only get more important (and sadly confusing) – in the weeks to come.

Some questions would focus on public others on HCW (where I am sure general guide; talk with your CMO).

I do love the mention of monopoly – a popular game at our house in Maine.

What you think?

HCB

Howard Bauchner, MD  
Editor in Chief of JAMA and the JAMA Network

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---

**From:** "Butler, Jay C. (CDC/DDID/OD)" <[jcb3@cdc.gov](mailto:jcb3@cdc.gov)>

**Date:** Saturday, March 14, 2020 at 6:42 AM

**To:** Howard Bauchner <[\(b\)\(6\)@jamanetwork.org](mailto:(b)(6)@jamanetwork.org)>, Tony Fauci <[AFAUCI@niaid.nih.gov](mailto:AFAUCI@niaid.nih.gov)>, Preeti Malani <[\(b\)\(6\)@med.umich.edu](mailto:(b)(6)@med.umich.edu)>, Eli Perencevich <[\(b\)\(6\)@uiowa.edu](mailto:(b)(6)@uiowa.edu)>, Phil Fontanarosa <[\(b\)\(6\)@jamanetwork.org](mailto:(b)(6)@jamanetwork.org)>

**Subject:** Re: Testing - JAMA - Important

[Warning External Email]

Good morning, Howard—some answers and non-answers. As is the case for most answers, (b)(5)

(b)(5)

(b)(5)

More to follow.

Best regards,  
Jay

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---

**From:** Howard Bauchner (b)(6) [@jamanetwork.org](mailto:(b)(6)@jamanetwork.org)>

**Sent:** Saturday, March 14, 2020 5:53 AM

**To:** Butler, Jay C. (CDC/DDID/OD); Fauci, Anthony (NIH/NIAID) [E]; Preeti Malani; Eli Perencevich; Phil Fontanarosa

**Subject:** Testing - JAMA - Important

Jay/Tony

Some very complicated questions around testing have come up and will only increase.

(b)(5)

Any ideas who can write about this.

Jay – does CDC have specific recommendations.

Sorry to bother on Saturday morning -but would like to get up a VP as soon as Tuesday.

HCB

Howard Bauchner, MD  
Editor in Chief of JAMA and the JAMA Network

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**From:** Butler, Jay C. (CDC/DDID/OD)  
**Sent:** Sun, 12 Apr 2020 21:39:56 +0000  
**To:** Kadlec, Robert (OS/ASPR/IO);Jernigan, Daniel B. (CDC/DDID/NCIRD/ID)  
**Cc:** Redfield, Robert R. (CDC/OD);Shuy, Bryan (OS/ASPR/IO);Yeskey, Kevin (OS/ASPR/IO);Redd, John (OS/ASPR/SPPR);Fauci, Anthony (NIH/NIAID) [E]  
**Subject:** Re: Singapore and maybe China

Hi, Bob—I have probably only heard some of the same informal reports as you. Given that the vast majority of people are likely still susceptible and the fact that increased temperature and humidity are unlikely to completely eradicate the virus from surfaces, it would not be too surprising if transmission continues even after the temperature and humidity have increased. It is still early in the summer, even in these areas, and we are dealing with a virus that is seeing its first summer, as far as we know. We need to prepare for the worst—ongoing transmission through the summer.

Sorry I could not be more helpful. As the NAS concluded in their rapid expert consultation last week, “Studies published so far have conflicting results regarding potential seasonal effects, and are hampered by poor data quality, confounding factors, and insufficient time since the beginning of the pandemic from which to draw conclusions.”

Best regards,  
Jay

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**From:** Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>  
**Sent:** Sunday, April 12, 2020 10:01 AM  
**To:** Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Butler, Jay C. (CDC/DDID/OD)  
**Cc:** Redfield, Robert R. (CDC/OD); Shuy, Bryan (OS/ASPR/IO); Yeskey, Kevin (OS/ASPR/IO); Redd, John (OS/ASPR/SPPR); Fauci, Anthony (NIH/NIAID) [E]  
**Subject:** Singapore and maybe China

Dan and Jay I have been getting informal reports from Singapore and South China that indicate this virus continues to circulate during “summer” like conditions and transmission in un-air conditioned facilities like dormitories suggesting that seasonal diminution may not be as significant or enough to provide a respite from general population risks. Does this comport with your insights?

**From:** Butler, Jay C. (CDC/DDID/OD)  
**Sent:** Fri, 24 Jul 2020 02:09:40 +0000  
**To:** Fauci, Anthony (NIH/NIAID) [E]  
**Subject:** Just a bit wide

But a greater honor than a Nobel Prize in my book.

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**From:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP)  
**Sent:** Fri, 31 Jan 2020 10:29:20 +0000  
**To:** LeDuc, James (CDC utmb.edu)  
**Subject:** Re: NCOV

Yes. That is my understanding.

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**From:** LeDuc, James W. <jwleduc@UTMB.EDU>  
**Sent:** Thursday, January 30, 2020 9:32:20 AM  
**To:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>  
**Subject:** RE: NCOV

So this means we should request the isolate from BEI?

---

**From:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>  
**Sent:** Thursday, January 30, 2020 7:21 AM  
**To:** LeDuc, James W. <jwleduc@UTMB.EDU>  
**Subject:** NCOV

**WARNING:** This email originated from outside of UTMB's email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

CDC will deposit an isolate with BEI next week

Inger K Damon MD PhD  
Director, Division of High Consequence Pathogens and Pathology  
NCEZID  
CDC

**From:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP)  
**Sent:** Fri, 7 Feb 2020 17:29:28 +0000  
**To:** Choi, Mary Joung (CDC/DDID/NCEZID/DHCPP); LeDuc, James (CDC utmb.edu); Pierre Rollin; Montgomery, Joel M. (CDC/DDID/NCEZID/DHCPP); Cossaboom, Caitlin (CDC/DDID/NCEZID/DHCPP)  
**Cc:** Helfand, Rita (CDC/DDID/NCEZID/OD)  
**Subject:** RE: chat to discuss ACIP recommendations  
**Attachments:** Backup of PoxexpSOPfinal.wbk, Backup of DEVELOPMENT OF STANDARD PROCEDURES OF RESPONSE FOR EXPOSURE TO VARIOLA VIRUS.wbk, Backup of PoxexpSOPfinal\_2009.wbk

Here are the historic / relic smallpox vaccination documents, and some modifications over time

Much of this is too detailed for use, but gives some insights as to how the decision was approached

Inger

-----Original Appointment-----

**From:** Choi, Mary Joung (CDC/DDID/NCEZID/DHCPP) <whz2@cdc.gov>  
**Sent:** Friday, February 7, 2020 10:52 AM  
**To:** Choi, Mary Joung (CDC/DDID/NCEZID/DHCPP); LeDuc, James (CDC utmb.edu); Pierre Rollin; Montgomery, Joel M. (CDC/DDID/NCEZID/DHCPP); Cossaboom, Caitlin (CDC/DDID/NCEZID/DHCPP)  
**Cc:** Helfand, Rita (CDC/DDID/NCEZID/OD); Damon, Inger K. (CDC/DDID/NCEZID/DHCPP)  
**Subject:** chat to discuss ACIP recommendations  
**When:** Friday, February 7, 2020 12:00 PM-12:30 PM (UTC-05:00) Eastern Time (US & Canada).  
**Where:** teleconference (b)(6) passcode (b)(6)

Mary – I have a conflict at noon – will see if I can rearrange

-----Original Appointment-----

**From:** Choi, Mary Joung (CDC/DDID/NCEZID/DHCPP)  
**Sent:** Friday, February 7, 2020 10:48 AM  
**To:** Choi, Mary Joung (CDC/DDID/NCEZID/DHCPP); LeDuc, James W.; Pierre Rollin; Montgomery, Joel M. (CDC/DDID/NCEZID/DHCPP); Cossaboom, Caitlin (CDC/DDID/NCEZID/DHCPP)  
**Subject:** chat to discuss ACIP recommendations  
**When:** Friday, February 7, 2020 12:00 PM-12:30 PM (UTC-05:00) Eastern Time (US & Canada).  
**Where:** teleconference (b)(6)

**From:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Sent:** Mon, 27 Jan 2020 03:59:50 +0000  
**To:** Tom Inglesby  
**Subject:** Re: Thinking ahead about nCoV

Thanks Tom. This feels a lot like the October exercise.

Stephen C. REDD, M.D.

RADM, USPHS

**From:** Tom Inglesby <tinglesby@jhu.edu>

**Sent:** Sunday, January 26, 2020 10:07:19 PM

**To:** John Dreyzehner [REDACTED]; Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>; Andreadis, Joanne (CDC/DDPHSIS/CPR/OD) <jsa9@cdc.gov>

**Subject:** Thinking ahead about nCoV

Hi Steve, John, Joanne,

I am sure it has been very busy last week at CDC with all going on related to nCoV. I know there are increasing numbers of PUIs and lots of testing and media interaction and lab testing going on.

In the model of a Team B like effort (which Steve was involved in sometime back during 2009H1N1) I wanted to share my views regarding what we should be thinking about in terms of global and national response to nCoV if these current containment efforts in China fail and that leads to uncontrollable spread beyond. I sent these attached tweets out on twitter today in a thread, and they got a lot of positive reaction and engagement, so I wanted to share it with you all directly. Some of the priorities I included are in CDC's lane (diagnostics, serology et al) Others would be carried out by other parts of USG, or international actions, or work with private sector, vaccine companies, travel etc.

Just wanted to send this as fyi. Its obviously a very brief sketch and not comprehensive. But it has been valuable exercise for us to be thinking about what needs to happen if containment fails, what kind of money will be required from the Admin and Hill to deal with these possibilities etc. There are still ways this might diminish in seriousness, but it could also turn out to be quite serious globally as well.

Feel free to share w Dr Redfield, Nancy and her team, Dan J, Anita P, Marty C and/or others as you might see appropriate. Didn't want to bother them with it tonight, but perhaps it will be useful to discussions ahead.

Looking forward to connecting soon.

Best

Tom

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security

Professor, Environmental Health and Engineering

Johns Hopkins Bloomberg School of Public Health

Joint Appointment, Medicine, Johns Hopkins School of Medicine

621 East Pratt Street, Suite 210

Baltimore, MD 21202

(b)(6) @jhu.edu

T: 443-573-3325 | F: 443-573-3305

[www.centerforhealthsecurity.org](http://www.centerforhealthsecurity.org)



**From:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Sent:** Mon, 3 Feb 2020 17:09:45 +0000  
**To:** Thomas Inglesby  
**Subject:** Fwd: CDC Executive Job Vacancy: Deputy Director for Public Health Service and Implementation Science (DDPHSIS)

Tom, please share with people you think would be good for this position.

Thanks.

Stephen C. Redd, MD  
RADM, USPHS

**From:** Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>  
**Sent:** Thursday, January 30, 2020 12:16  
**To:** CDC Senior Leadership  
**Subject:** CDC Executive Job Vacancy: Deputy Director for Public Health Service and Implementation Science (DDPHSIS)

**Please share**

CDC is recruiting for the Deputy Director for Public Health Service and Implementation Science (DDPHSIS) RF-601/602-00. The selectee will:

- Provide leadership in formulation and communication of CDC public health policy, and reviews of national and international programs in order to accomplish Agency objectives
- Provide guidance and leadership to national center directors on strategies necessary to communicate and maximize acceptance of Agency's position on issues as well as preserve and strengthen selected areas that support public health service and implementation science across the national centers.
- Provide leadership and direction to staff responsible for coordinating multi-year planning activities, developing and coordinating legislative initiatives and regulations and preparation for hearings, responses to Congressional inquiries and requests, and establishment of Agency positions on proposed public health legislation.
- Lead the coordination of applied and operational research to define, prevent, and control threats to public health.
- Exercise leadership to ensure that all programs under her/his direction reflect the principles of workforce diversity in their management and operation in such areas as recruitment and staffing, employee development, staff assignments, and communications.

Interested candidates should apply by **February 12, 2020** at:

RF-602 (MDs): <https://www.usajobs.gov/GetJob/ViewDetails/558252700>

RF-601 (PhD and equiv): <https://www.usajobs.gov/GetJob/ViewDetails/558253300>



**From:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Sent:** Wed, 5 Feb 2020 13:03:41 +0000  
**To:** Thomas Inglesby  
**Subject:** Americans in China - Wikipedia

[https://en.wikipedia.org/wiki/Americans\\_in\\_China](https://en.wikipedia.org/wiki/Americans_in_China)

A smaller number than Larry cited.

Stephen C. Redd, MD  
RADM, USPHS

**From:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Sent:** Wed, 11 Mar 2020 12:04:28 +0000  
**To:** Dieffenbach, Carl (NIH/NIAID) [E]  
**Cc:** Fauci, Anthony (NIH/NIAID) [E]; Birx, Deborah L. EOP/NSC  
**Subject:** Contact info for Steve Redd

I'm at (b)(6)

Stephen C. REDD, M.D.  
RADM, USPHS



**From:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Sent:** Mon, 16 Mar 2020 15:38:23 +0000  
**To:** Tom Inglesby  
**Subject:** Re: time sensitive information important for you to know

Tried your numbers, please call me at (b)(6)

Stephen C. Redd, M.D.

RADM, USPHS

**From:** Tom Inglesby <tinglesby@jhu.edu>

**Sent:** Monday, March 16, 2020 11:03:36 AM

**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>

**Subject:** time sensitive information important for you to know

Hi Steve,

If you have two minutes I want to convey by phone something I just learned about white house policies that are coming that I want to make sure you know about

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security

Professor, Environmental Health and Engineering

Johns Hopkins Bloomberg School of Public Health

Joint Appointment, Medicine, Johns Hopkins School of Medicine

621 East Pratt Street, Suite 210

Baltimore, MD 21202

[tinglesby@jhu.edu](mailto:tinglesby@jhu.edu)

T: 443-573-3325 | F: 443-573-3305

[www.centerforhealthsecurity.org](http://www.centerforhealthsecurity.org)



**From:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Sent:** Wed, 1 Apr 2020 22:30:37 +0000  
**To:** Tom Inglesby  
**Subject:** Re: among other things to catch up on tonight

BTW, I completely agree about the image of lots of people standing next to each other.

Stephen C. Redd, MD  
RADM, USPHS

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Wednesday, April 1, 2020 6:29:58 PM  
**To:** Tom Inglesby <tinglesby@jhu.edu>  
**Subject:** Re: among other things to catch up on tonight

Tom, how late can you talk—is 9 too late? It would be fine for me. Alternatively, we could talk at 815 tomorrow.

Stephen C. Redd, MD  
RADM, USPHS

**From:** Tom Inglesby <tinglesby@jhu.edu>  
**Sent:** Wednesday, April 1, 2020 5:58:37 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** among other things to catch up on tonight

I thought the WH TF meeting was very clear and forthright last night. Good to see the use of models which was well done.

But I am worried about both the substance and the symbolism of all these senior leaders standing close together for two hours at the podium, also relatively close to reporters.

Substantively we have our top political leaders and top health leaders all together, much closer than 6 feet, touching the same surfaces. They all go out and have their own lives in their own networks outside these meetings. There are so many examples of large groups of people being infected by one asymptomatic or presymptomatic person. I worry that multiple people will get sick at once and they are all in high risk age categories. This substantive worry is above and beyond whatever close distances they might be in during planning meetings during the day.

Symbolically, I worry that them operating that way every night will give Americans impression that social distancing is not so important. If it were important than why are top political leaders and health leaders all hanging out so closely together.

I don't have a good solution to propose – that room is small.

But perhaps they could move the briefing somewhere else in the White House complex where there is more space. People could be separated more clearly. Perhaps have their own podiums at a distance from each other.

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security  
Professor, Environmental Health and Engineering  
Johns Hopkins Bloomberg School of Public Health  
Joint Appointment, Medicine, Johns Hopkins School of Medicine  
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[www.centerforhealthsecurity.org](http://www.centerforhealthsecurity.org)



**From:** Khabbaz, Rima (CDC/DDID/NCEZID/OD)  
**Sent:** Sat, 21 Mar 2020 12:37:28 +0000  
**To:** Amponsah, Edith;Kester, Kent /US  
**Cc:** Peter Daszak;Alison Andre;Grant, Celeste (CDC/DDID/NCEZID/OD) (CTR);Louchie, Vivian /US;Pavlin, Julie;Goodtree, Hannah;Buckley, Gillian  
**Subject:** Re: FMT Leadership Meeting - March 27th

3:30 pm or later should work for me too.

Thanks, Rima

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**From:** Amponsah, Edith <EAmponsah@nas.edu>

**Sent:** Saturday, March 21, 2020 7:12:17 AM

**To:** Kester, Kent /US <Kent.Kester@sanofi.com>

**Cc:** Peter Daszak <daszak@ecohealthalliance.org>; Alison Andre <andre@ecohealthalliance.org>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>; Grant, Celeste (CDC/DDID/NCEZID/OD) (CTR) <vjk1@cdc.gov>; Louchie, Vivian /US <Vivian.Louchie@sanofi.com>; Pavlin, Julie <JPavlin@nas.edu>; Goodtree, Hannah <HGoodtree@nas.edu>; Buckley, Gillian <GBuckley@nas.edu>

**Subject:** Re: FMT Leadership Meeting - March 27th

Works for us on our end. Rima?

Thank you,

**Edith Amponsah, MPH, IBCLC**

Research Associate

Forum on Microbial Threats

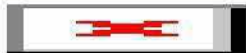
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On Mar 20, 2020, at 15:44, Kester, Kent /US <Kent.Kester@sanofi.com> wrote:

I'm good after 1530 on the 27<sup>th</sup>.

---

**From:** Peter Daszak <daszak@ecohealthalliance.org>

**Sent:** Friday, March 20, 2020 2:29 PM

**To:** Amponsah, Edith <EAmponsah@nas.edu>; Alison Andre <andre@ecohealthalliance.org>; Rima F. Khabbaz <rfk1@cdc.gov>; Kester, Kent /US <Kent.Kester@sanofi.com>

**Cc:** 'vjk1@cdc.gov' <vjk1@cdc.gov>; Louchie, Vivian /US <Vivian.Louchie@sanofi.com>; Pavlin, Julie <JPavlin@nas.edu>; Goodtree, Hannah <HGoodtree@nas.edu>; Buckley, Gillian <GBuckley@nas.edu>

**Subject:** [EXTERNAL] RE: FMT Leadership Meeting - March 27th  
**Importance:** High

**EXTERNAL :** Real sender is [daszak@ecohealthalliance.org](mailto:daszak@ecohealthalliance.org)

Hi everyone,

Sorry to do this but can we push the meeting back a bit if possible? I've got to be on a virtual conference with USAID that I can't get out of from 1-3pm that day. They changed the date, so that's why I had said this time/date would work.

I can definitely do 3:30 onwards on the 27<sup>th</sup>, and I have plenty of other times/dates the week after.

Many apologies and much appreciated if you can change...

Cheers,

Peter

**Peter Daszak**

*President*

EcoHealth Alliance  
460 West 34<sup>th</sup> Street  
New York, NY 10001  
USA

Tel.: +1-212-380-4474

Website: [www.ecohealthalliance.org](http://www.ecohealthalliance.org)

Twitter: [@PeterDaszak](https://twitter.com/PeterDaszak)

*EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation*

---

**From:** Amponsah, Edith <[EAmponsah@nas.edu](mailto:EAmponsah@nas.edu)>

**Sent:** Thursday, March 19, 2020 11:17 AM

**To:** Alison Andre <[andre@ecohealthalliance.org](mailto:andre@ecohealthalliance.org)>; Peter Daszak <[daszak@ecohealthalliance.org](mailto:daszak@ecohealthalliance.org)>; Rima



F. Khabbaz <[rfk1@cdc.gov](mailto:rfk1@cdc.gov)>; Kent Kester <[Kent.Kester@sanofi.com](mailto:Kent.Kester@sanofi.com)>  
**Cc:** 'vjk1@cdc.gov' <[vjk1@cdc.gov](mailto:vjk1@cdc.gov)>; 'vivian.louchie@sanofipasteur.com' <[vivian.louchie@sanofipasteur.com](mailto:vivian.louchie@sanofipasteur.com)>; Pavlin, Julie <[JPavlin@nas.edu](mailto:JPavlin@nas.edu)>; Goodtree, Hannah <[HGoodtree@nas.edu](mailto:HGoodtree@nas.edu)>; Buckley, Gillian <[GBuckley@nas.edu](mailto:GBuckley@nas.edu)>  
**Subject:** Re: FMT Leadership Meeting - March 27th

Thanks all - I will send a short agenda early next week.

Talk soon,

Edith

---

**From:** Alison Andre <[andre@ecohealthalliance.org](mailto:andre@ecohealthalliance.org)>  
**Sent:** Tuesday, March 17, 2020 4:46 PM  
**To:** Amponsah, Edith; Peter Daszak; Rima F. Khabbaz; Kent Kester  
**Cc:** 'vjk1@cdc.gov'; 'vivian.louchie@sanofipasteur.com'; Pavlin, Julie; Goodtree, Hannah; Buckley, Gillian  
**Subject:** Re: FMT Leadership Meeting - March 27th

This time still works for Peter.

Best,  
Alison

---

**From:** "Amponsah, Edith" <[EAmponsah@nas.edu](mailto:EAmponsah@nas.edu)>  
**Date:** Tuesday, March 17, 2020 at 3:35 PM  
**To:** Peter Daszak <[daszak@ecohealthalliance.org](mailto:daszak@ecohealthalliance.org)>, "Rima F. Khabbaz" <[rfk1@cdc.gov](mailto:rfk1@cdc.gov)>, Kent Kester <[Kent.Kester@sanofi.com](mailto:Kent.Kester@sanofi.com)>  
**Cc:** Alison Andre <[andre@ecohealthalliance.org](mailto:andre@ecohealthalliance.org)>, "'vjk1@cdc.gov'" <[vjk1@cdc.gov](mailto:vjk1@cdc.gov)>, "'vivian.louchie@sanofipasteur.com'" <[vivian.louchie@sanofipasteur.com](mailto:vivian.louchie@sanofipasteur.com)>, "Pavlin, Julie" <[JPavlin@nas.edu](mailto:JPavlin@nas.edu)>, "Goodtree, Hannah" <[HGoodtree@nas.edu](mailto:HGoodtree@nas.edu)>, "Buckley, Gillian" <[GBuckley@nas.edu](mailto:GBuckley@nas.edu)>  
**Subject:** FMT Leadership Meeting - March 27th

Dear Peter, Rima, and Kent,

With the current COVID-19 outbreak at the center of attention currently, we understand many people's schedules and availability have changed. I am writing to confirm that we are still meeting virtually via zoom next Friday from 1-2:30pm ET for our regular leadership meetings.

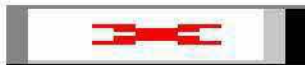
Please let us know if you're still available (or not) by responding to this email.

Thank you,

**Edith Amponsah, MPH, IBCLC**

Research Associate  
Forum on Microbial Threats  
Health and Medicine Division  
The National Academies of Sciences, Engineering, and Medicine  
500 Fifth Street, NW  
Phone: 202-334-3222

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**From:** Khabbaz, Rima (CDC/DDID/NCEZID/OD)  
**Sent:** Tue, 31 Mar 2020 18:20:31 +0000  
**To:** Kester, Kent /US;Amponsah, Edith;Goodtree, Hannah;Louchie, Vivian /US;'daszak@ecohealthalliance.org';Grant, Celeste (CDC/DDID/NCEZID/OD) (CTR);'andre@ecohealthalliance.org';Pavlin, Julie;Buckley, Gillian  
**Subject:** RE: Forum Leadership Meeting

The dates look fine for now too.  
Thanks,  
Rima

-----Original Message-----

From: Kester, Kent /US <Kent.Kester@sanofi.com>  
Sent: Monday, March 30, 2020 2:37 PM  
To: Amponsah, Edith <EAmponsah@nas.edu>; Goodtree, Hannah <HGoodtree@nas.edu>; Louchie, Vivian /US <Vivian.Louchie@sanofi.com>; 'daszak@ecohealthalliance.org' <daszak@ecohealthalliance.org>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfkl@cdc.gov>; Grant, Celeste (CDC/DDID/NCEZID/OD) (CTR) <vjkl@cdc.gov>; 'andre@ecohealthalliance.org' <andre@ecohealthalliance.org>; Pavlin, Julie <JPavlin@nas.edu>; Buckley, Gillian <GBuckley@nas.edu>  
Subject: RE: Forum Leadership Meeting

As of now, all of the proposed dates work for me.

-----Original Message-----

From: Amponsah, Edith <EAmponsah@nas.edu>  
Sent: Monday, March 30, 2020 10:19 AM  
To: Kester, Kent /US <Kent.Kester@sanofi.com>; Goodtree, Hannah <HGoodtree@nas.edu>; Louchie, Vivian /US <Vivian.Louchie@sanofi.com>; 'daszak@ecohealthalliance.org' <daszak@ecohealthalliance.org>; 'rfkl@cdc.gov' <rfkl@cdc.gov>; 'vjkl@cdc.gov' <vjkl@cdc.gov>; 'andre@ecohealthalliance.org' <andre@ecohealthalliance.org>; Pavlin, Julie <JPavlin@nas.edu>; Buckley, Gillian <GBuckley@nas.edu>  
Subject: [EXTERNAL] RE: Forum Leadership Meeting

EXTERNAL : Real sender is eamponsah@nas.edu

Dear Peter, Kent, and Rima,

Thank you for a productive call on Friday. Below are some dates in August and September with availability at the Keck center for the vaccines workshop. Please let us know if any of these dates do not work for you or if you have any preferences.

Peter and Kent - I have also attached the sponsors list and took a first try at dividing some of the potential sponsors into first vs second tier.

Wednesday 8/19 - Thursday 8/20  
Tuesday 9/1 - Wednesday 9/2  
Monday 8/10 - Tuesday 8/11  
Thursday 8/20 - Friday 8/21  
Thursday 8/27 - Friday 8/28  
Monday 8/31 - Tuesday 9/1



Best,  
Edith

-----Original Message-----

From: Kester, Kent /US <Kent.Kester@sanofi.com>  
Sent: Friday, March 27, 2020 3:32 PM  
To: Goodtree, Hannah <HGoodtree@nas.edu>; Louchie, Vivian /US <Vivian.Louchie@sanofi.com>; Amponsah, Edith <EAmponsah@nas.edu>; 'daszak@ecohealthalliance.org' <daszak@ecohealthalliance.org>; 'rfk1@cdc.gov' <rfk1@cdc.gov>; 'vjk1@cdc.gov' <vjk1@cdc.gov>; 'andre@ecohealthalliance.org' <andre@ecohealthalliance.org>; Pavlin, Julie <JPavlin@nas.edu>; Buckley, Gillian <GBuckley@nas.edu>  
Subject: RE: Forum Leadership Meeting

The Zoom session seems to have ended. I'm on the phone now and there is only music.

-----Original Appointment-----

From: Goodtree, Hannah <HGoodtree@nas.edu>  
Sent: Wednesday, February 19, 2020 12:21 PM  
To: Goodtree, Hannah; Louchie, Vivian /US; Amponsah, Edith; 'daszak@ecohealthalliance.org'; 'rfk1@cdc.gov'; 'vjk1@cdc.gov'; 'andre@ecohealthalliance.org'; Kester, Kent /US; Pavlin, Julie; Buckley, Gillian  
Subject: [EXTERNAL] Forum Leadership Meeting  
When: Friday, March 27, 2020 3:30 PM-5:00 PM (UTC-05:00) Eastern Time (US & Canada).  
Where:

EXTERNAL : Real sender is HGoodtree@nas.edu

Hello,

Please see below for the call-in details for the Forum on Microbial Threats Leadership Meeting on March 27th, 1-2:30 PM

Join from PC, Mac, Linux, iOS or Android:

Or Dial:

US:  (Toll Free)

Meeting ID:

International numbers available

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**From:** Khabbaz, Rima (CDC/DDID/NCEZID/OD)  
**Sent:** Wed, 13 May 2020 00:05:01 +0000  
**To:** Kester, Kent /US;Amponsah, Edith;Goodtree, Hannah;Louchie, Vivian /US;'daszak@ecohealthalliance.org';Grant, Celeste (CDC/DDID/NCEZID/OD) (CTR);'andre@ecohealthalliance.org';Pavlin, Julie;Buckley, Gillian  
**Subject:** Re: Forum Leadership Meeting

Nothing conflicting for now, so hopefully should work for me too.

Rima

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**From:** Kester, Kent /US <Kent.Kester@sanofi.com>

**Sent:** Tuesday, May 12, 2020 5:48:55 PM

**To:** Amponsah, Edith <EAmponsah@nas.edu>; Goodtree, Hannah <HGoodtree@nas.edu>; Louchie, Vivian /US <Vivian.Louchie@sanofi.com>; 'daszak@ecohealthalliance.org' <daszak@ecohealthalliance.org>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>; Grant, Celeste (CDC/DDID/NCEZID/OD) (CTR) <vjk1@cdc.gov>; 'andre@ecohealthalliance.org' <andre@ecohealthalliance.org>; Pavlin, Julie <JPavlin@nas.edu>; Buckley, Gillian <GBuckley@nas.edu>

**Subject:** RE: Forum Leadership Meeting

Works for me.

-----Original Message-----

**From:** Amponsah, Edith <EAmponsah@nas.edu>

**Sent:** Tuesday, May 12, 2020 5:45 PM

**To:** Kester, Kent /US <Kent.Kester@sanofi.com>; Goodtree, Hannah <HGoodtree@nas.edu>; Louchie, Vivian /US <Vivian.Louchie@sanofi.com>; 'daszak@ecohealthalliance.org' <daszak@ecohealthalliance.org>; 'rfk1@cdc.gov' <rfk1@cdc.gov>; 'vjk1@cdc.gov' <vjk1@cdc.gov>; 'andre@ecohealthalliance.org' <andre@ecohealthalliance.org>; Pavlin, Julie <JPavlin@nas.edu>; Buckley, Gillian <GBuckley@nas.edu>

**Subject:** [EXTERNAL] RE: Forum Leadership Meeting

EXTERNAL : Real sender is EAmponsah@nas.edu

Hello everyone,

We have a leadership meeting scheduled for May 21st 1-2pm. We understand schedules are busier than ever right now so I wanted to confirm with everyone if this day and time is still good.

Best,  
Edith

-----Original Message-----

**From:** Amponsah, Edith

**Sent:** Friday, March 27, 2020 3:54 PM

**To:** 'Kester, Kent /US' <Kent.Kester@sanofi.com>; Goodtree, Hannah <HGoodtree@nas.edu>; Louchie, Vivian /US <Vivian.Louchie@sanofi.com>; 'daszak@ecohealthalliance.org'



<daszak@ecohealthalliance.org>; 'rfk1@cdc.gov' <rfk1@cdc.gov>; 'vjk1@cdc.gov' <vjk1@cdc.gov>;  
'andre@ecohealthalliance.org' <andre@ecohealthalliance.org>; Pavlin, Julie <JPavlin@nas.edu>;  
Buckley, Gillian <GBuckley@nas.edu>  
Subject: RE: Forum Leadership Meeting

Agenda attached.

Best,  
Edith

-----Original Message-----

From: Kester, Kent /US <Kent.Kester@sanofi.com>  
Sent: Friday, March 27, 2020 3:32 PM  
To: Goodtree, Hannah <HGoodtree@nas.edu>; Louchie, Vivian /US <Vivian.Louchie@sanofi.com>;  
Amponsah, Edith <EAmponsah@nas.edu>; 'daszak@ecohealthalliance.org'  
<daszak@ecohealthalliance.org>; 'rfk1@cdc.gov' <rfk1@cdc.gov>; 'vjk1@cdc.gov' <vjk1@cdc.gov>;  
'andre@ecohealthalliance.org' <andre@ecohealthalliance.org>; Pavlin, Julie <JPavlin@nas.edu>;  
Buckley, Gillian <GBuckley@nas.edu>  
Subject: RE: Forum Leadership Meeting

The Zoom session seems to have ended. I'm on the phone now and there is only music.

-----Original Appointment-----

From: Goodtree, Hannah <HGoodtree@nas.edu>  
Sent: Wednesday, February 19, 2020 12:21 PM  
To: Goodtree, Hannah; Louchie, Vivian /US; Amponsah, Edith; 'daszak@ecohealthalliance.org';  
'rfk1@cdc.gov'; 'vjk1@cdc.gov'; 'andre@ecohealthalliance.org'; Kester, Kent /US; Pavlin, Julie; Buckley,  
Gillian  
Subject: [EXTERNAL] Forum Leadership Meeting  
When: Friday, March 27, 2020 3:30 PM-5:00 PM (UTC-05:00) Eastern Time (US & Canada).  
Where:

EXTERNAL : Real sender is HGoodtree@nas.edu

Hello,

Please see below for the call-in details for the Forum on Microbial Threats Leadership Meeting on March 27th, 1-2:30 PM

Join from PC, Mac, Linux, iOS or Android:

Or Dial:

US: +  (Toll Free)

Meeting

International numbers available:

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**From:** Khabbaz, Rima (CDC/DDID/NCEZID/OD)  
**Sent:** Tue, 26 May 2020 17:13:05 +0000  
**To:** Pavlin, Julie;'Kester, Kent /US';Peter Daszak  
**Cc:** Amponsah, Edith;Goodtree, Hannah  
**Subject:** RE: Forum meeting

I can only do 30 mins or so after.  
Rima

---

**From:** Pavlin, Julie <JPavlin@nas.edu>  
**Sent:** Tuesday, May 26, 2020 1:09 PM  
**To:** 'Kester, Kent /US' <Kent.Kester@sanofi.com>; Peter Daszak <daszak@ecohealthalliance.org>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>  
**Cc:** Amponsah, Edith <EAmponsah@nas.edu>; Goodtree, Hannah <HGoodtree@nas.edu>  
**Subject:** RE: Forum meeting

We will need to get everything ready and doing a trial run of the comms right before – sorry, didn't think about that before. Does anyone have time afterwards?

---

**From:** Kester, Kent /US <Kent.Kester@sanofi.com>  
**Sent:** Monday, May 25, 2020 9:39 AM  
**To:** Pavlin, Julie <JPavlin@nas.edu>; Peter Daszak <daszak@ecohealthalliance.org>; Rima F. Khabbaz <rfk1@cdc.gov>  
**Cc:** Amponsah, Edith <EAmponsah@nas.edu>; Goodtree, Hannah <HGoodtree@nas.edu>  
**Subject:** RE: Forum meeting

I'm not fully sure of my schedule but this is a good idea. For me, an hour before the workshop would be best.

---

**From:** Pavlin, Julie <JPavlin@nas.edu>  
**Sent:** Friday, May 22, 2020 4:56 PM  
**To:** Peter Daszak <daszak@ecohealthalliance.org>; Kester, Kent /US <Kent.Kester@sanofi.com>; Rima F. Khabbaz <rfk1@cdc.gov>  
**Cc:** Amponsah, Edith <EAmponsah@nas.edu>; Goodtree, Hannah <HGoodtree@nas.edu>  
**Subject:** [EXTERNAL] Forum meeting

**EXTERNAL :** Real sender is [JPavlin@nas.edu](mailto:JPavlin@nas.edu)

I didn't think to bring it up when we talked yesterday. We are planning a forum meeting in August with the larger workshop – but would you like to try to have a 1 hour meeting with the forum before or after the workshop next week just to update everyone?

**Julie A. Pavlin, MD, PhD, MPH**  
Director, Board on Global Health



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**From:** Khabbaz, Rima (CDC/DDID/NCEZID/OD)  
**Sent:** Mon, 1 Jun 2020 18:43:07 +0000  
**To:** Amponsah, Edith;'Kester, Kent /US';Peter Daszak;'Alison Andre'  
**Cc:** Pavlin, Julie;Goodtree, Hannah;Buckley, Gillian  
**Subject:** RE: New workshop dates and times

Thank you Edith. These times should work for me.  
Rima

---

**From:** Amponsah, Edith <EAmponsah@nas.edu>  
**Sent:** Monday, June 1, 2020 2:23 PM  
**To:** 'Kester, Kent /US' <Kent.Kester@sanofi.com>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>; Peter Daszak <daszak@ecohealthalliance.org>; 'Alison Andre' <andre@ecohealthalliance.org>  
**Cc:** Pavlin, Julie <JPavlin@nas.edu>; Goodtree, Hannah <HGoodtree@nas.edu>; Buckley, Gillian <GBuckley@nas.edu>  
**Subject:** RE: New workshop dates and times

Thank you Kent. As of now (if the dates and times work for Rima and Peter), Monday August 17<sup>th</sup> would be 11am – 2pm, Tuesday August 18<sup>th</sup> 11am – 1pm, Wednesday August 19 11am – 2pm, and Thursday August 20 11am – 1:30pm. I've attached a first draft of the reshaped agenda here if it would be helpful.

Also, the presentation by Nickie Lurie on “new vaccines in the midst of an outbreak” you'll be moderating would be on Thursday August 20<sup>th</sup> at 11:00am but we can shift things around if needed.

Best,  
Edith

---

**From:** Kester, Kent /US <[Kent.Kester@sanofi.com](mailto:Kent.Kester@sanofi.com)>  
**Sent:** Monday, June 1, 2020 1:39 PM  
**To:** Amponsah, Edith <[EAmponsah@nas.edu](mailto:EAmponsah@nas.edu)>; Rima F. Khabbaz <[rfk1@cdc.gov](mailto:rfk1@cdc.gov)>; Peter Daszak <[daszak@ecohealthalliance.org](mailto:daszak@ecohealthalliance.org)>; 'Alison Andre' <[andre@ecohealthalliance.org](mailto:andre@ecohealthalliance.org)>  
**Cc:** Pavlin, Julie <[JPavlin@nas.edu](mailto:JPavlin@nas.edu)>; Goodtree, Hannah <[HGoodtree@nas.edu](mailto:HGoodtree@nas.edu)>; Buckley, Gillian <[GBuckley@nas.edu](mailto:GBuckley@nas.edu)>  
**Subject:** RE: New workshop dates and times

Dear Edith—

The proposed dates/times work for me—just need to have final clarity in order to adjust other items on my daily schedule.

Kent

---

**From:** Amponsah, Edith <[EAmponsah@nas.edu](mailto:EAmponsah@nas.edu)>  
**Sent:** Monday, June 1, 2020 1:16 PM  
**To:** Kester, Kent /US <[Kent.Kester@sanofi.com](mailto:Kent.Kester@sanofi.com)>; Rima F. Khabbaz <[rfk1@cdc.gov](mailto:rfk1@cdc.gov)>; Peter Daszak



<daszak@ecohealthalliance.org>; 'Alison Andre' <andre@ecohealthalliance.org>  
Cc: Pavlin, Julie <JPavlin@nas.edu>; Goodtree, Hannah <HGoodtree@nas.edu>; Buckley, Gillian  
<GBuckley@nas.edu>  
Subject: [EXTERNAL] New workshop dates and times

**EXTERNAL :** Real sender is [EAmponsah@nas.edu](mailto:EAmponsah@nas.edu)

Hello Rima, Peter, and Kent,

As we discussed during our last meeting, we will be holding the August workshop online over several days. We are thinking of doing it that same week from **Monday August 17<sup>th</sup> to Thursday August 20<sup>th</sup>** and having one session a day. Some days will be 2 hours long and others will be 3 hours long. We are thinking of doing from **11 – 1 pm ET** for the shorter sessions and **11-2pm ET** for the longer sessions. Please let us know if those dates and time frames are okay with you all. We can also plan to have our Forum closed session meeting the following week.

Please also complete this doodle [poll](#) with your availability in July, September, and November for the remaining leadership calls of the year.

Please let me know if you have any questions.

Thank you,  
**Edith Amponsah, MPH, IBCLC**  
Associate Program Officer  
Forum on Microbial Threats  
Health and Medicine Division  
The National Academies of Sciences, Engineering, and Medicine  
500 Fifth Street, NW  
Phone: 202-334-3222  
[www.nationalacademies.org/HMD](http://www.nationalacademies.org/HMD)

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**From:** Khabbaz, Rima (CDC/DDID/NCEZID/OD)  
**Sent:** Sun, 28 Jun 2020 19:57:34 +0000  
**To:** Kester, Kent /US;Pavlin, Julie;Peter Daszak  
**Cc:** Alison Andre  
**Subject:** RE: FMT and EID Standing Committee

Agreed, and think it is a very good idea.  
Rima

---

**From:** Kester, Kent /US <Kent.Kester@sanofi.com>  
**Sent:** Sunday, June 28, 2020 2:29 PM  
**To:** Pavlin, Julie <JPavlin@nas.edu>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>; Peter Daszak <daszak@ecohealthalliance.org>  
**Cc:** Alison Andre <andre@ecohealthalliance.org>  
**Subject:** RE: FMT and EID Standing Committee

Certainly fine with me. There are clear relevant connectivities that can be leveraged.

Kent

---

**From:** Pavlin, Julie <JPavlin@nas.edu>  
**Sent:** Sunday, June 28, 2020 2:27 PM  
**To:** 'Khabbaz, Rima (CDC/DDID/NCEZID/OD)' <rfk1@cdc.gov>; Peter Daszak <daszak@ecohealthalliance.org>; Kester, Kent /US <Kent.Kester@sanofi.com>  
**Cc:** Alison Andre <andre@ecohealthalliance.org>  
**Subject:** [EXTERNAL] FMT and EID Standing Committee

**EXTERNAL :** Real sender is [JPavlin@nas.edu](mailto:JPavlin@nas.edu)

Hi Peter, Rima and Kent,

What do you think about having any interested members of the Standing Committee on EID to join our FMT meeting for perhaps an hour of it to give an update on the activities (of course Peter and Kent could do that, being a member of both), but also where the Forum could perhaps take on some of the ideas that are coming out of ASPR and OSTP (mini-workshops, etc.). I can invite Lisa Brown and Andy Pope to attend as well for them to review some of the requests that they are fielding.

Your thoughts? I know we only have 3 hours. We are going to have the One Health meeting on a different day so it isn't too much.

Julie

**Julie A. Pavlin, MD, PhD, MPH**  
Director, Board on Global Health

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**From:** Khabbaz, Rima (CDC/DDID/NCEZID/OD)  
**Sent:** Fri, 10 Jul 2020 13:44:08 +0000  
**To:** Kester, Kent /US;Pavlin, Julie;Peter Daszak  
**Cc:** Goodtree, Hannah;Alison Andre  
**Subject:** RE: December workshop

Good morning. I agree with Kent.  
Rima

---

**From:** Kester, Kent /US <Kent.Kester@sanofi.com>  
**Sent:** Friday, July 10, 2020 7:20 AM  
**To:** Pavlin, Julie <JPavlin@nas.edu>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>; Peter Daszak <daszak@ecohealthalliance.org>  
**Cc:** Goodtree, Hannah <HGoodtree@nas.edu>; Alison Andre <andre@ecohealthalliance.org>  
**Subject:** RE: December workshop

An in-person event would be optimal if we can do it in February. Of course, who knows what the situation will be in late 2020/early 2021.

---

**From:** Pavlin, Julie <JPavlin@nas.edu>  
**Sent:** Thursday, July 9, 2020 7:33 PM  
**To:** 'Khabbaz, Rima (CDC/DDID/NCEZID/OD)' <rfk1@cdc.gov>; Peter Daszak <daszak@ecohealthalliance.org>; Kester, Kent /US <Kent.Kester@sanofi.com>  
**Cc:** Goodtree, Hannah <HGoodtree@nas.edu>; Alison Andre <andre@ecohealthalliance.org>  
**Subject:** [EXTERNAL] December workshop

**EXTERNAL :** Real sender is [JPavlin@nas.edu](mailto:JPavlin@nas.edu)

Hi all,

A quick question. We cannot have in-person meetings through the rest of the year. Since we pushed our vaccine workshop to August, 6 months later would be Feb. Do we want to push our One Health workshop to Feb in the hopes of having it in person (who knows if it will be possible even then), or just stick with Dec?

We can also ask the entire Forum if you would like us to poll them.

Thanks!

Julie

**Julie A. Pavlin, MD, PhD, MPH**  
Director, Board on Global Health  
Health and Medicine Division – Find us at [nationalacademies.org/HMD](https://nationalacademies.org/HMD)

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**From:** Khabbaz, Rima (CDC/DDID/NCEZID/OD)  
**Sent:** Mon, 27 Jul 2020 16:22:09 +0000  
**To:** Kester, Kent /US;Pavlin, Julie;'Peter Daszak'  
**Cc:** Alison Andre;Goodtree, Hannah;Minicucci, Charles  
**Subject:** RE: Draft closed session agenda

Hi Julie. Agree with Kent, the agenda looks good; great that we have Harvey on, as you have him seems good but whichever way works best is fine. Rima

---

**From:** Kester, Kent /US <Kent.Kester@sanofi.com>  
**Sent:** Saturday, July 25, 2020 6:36 PM  
**To:** Pavlin, Julie <JPavlin@nas.edu>; 'Peter Daszak' <daszak@ecohealthalliance.org>; Khabbaz, Rima (CDC/DDID/NCEZID/OD) <rfk1@cdc.gov>  
**Cc:** Alison Andre <andre@ecohealthalliance.org>; Goodtree, Hannah <HGoodtree@nas.edu>; Minicucci, Charles <CMinicucci@nas.edu>  
**Subject:** RE: Draft closed session agenda

Julie—

Looks good to me. And as to working in the Standing Committee aspect, I'm fine with whatever works the best from a logistical standpoint.

Kent

---

**From:** Pavlin, Julie <JPavlin@nas.edu>  
**Sent:** Saturday, July 25, 2020 4:20 PM  
**To:** 'Peter Daszak' <daszak@ecohealthalliance.org>; Kester, Kent /US <Kent.Kester@sanofi.com>; 'Khabbaz, Rima (CDC/DDID/NCEZID/OD)' <rfk1@cdc.gov>  
**Cc:** Alison Andre <andre@ecohealthalliance.org>; Goodtree, Hannah <HGoodtree@nas.edu>; Minicucci, Charles <CMinicucci@nas.edu>  
**Subject:** [EXTERNAL] Draft closed session agenda

**EXTERNAL :** Real sender is [jpavlin@nas.edu](mailto:jpavlin@nas.edu)

Hi Peter, Kent and Rima,

Attached is a draft agenda for the closed session on August 28<sup>th</sup>. Let me know what you think. Scheduled for 2-5PM, and then we're going to have the OHAC meeting separately the following week.

Harvey Fineberg has blocked the entire time on his calendar for now, pending on when we want to talk about the Standing Committee and if they have any items they won't be getting to that the Forum could take on. I have that at the end. I can move it to the beginning, middle, add more time, etc. Just let me know.

Thanks and hope you're staying safe (and cool!).

Julie

**Julie A. Pavlin, MD, PhD, MPH**

Director, Board on Global Health

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**From:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Sent:** Fri, 17 Apr 2020 23:05:13 +0000  
**To:** Tom Inglesby  
**Subject:** Re: time for a quick call this eve or tomorrow?

H

Stephen C. Redd, MD  
RADM, USPHS

**From:** Tom Inglesby <tinglesby@jhu.edu>  
**Sent:** Friday, April 17, 2020 5:17:57 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** time for a quick call this eve or tomorrow?

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security  
Professor, Environmental Health and Engineering  
Johns Hopkins Bloomberg School of Public Health  
Joint Appointment, Medicine, Johns Hopkins School of Medicine  
621 East Pratt Street, Suite 210  
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[www.centerforhealthsecurity.org](http://www.centerforhealthsecurity.org)





**From:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Sent:** Thu, 2 Apr 2020 00:52:14 +0000  
**To:** Tom Inglesby  
**Subject:** Re: among other things to catch up on tonight

Talk w you in a few minutes. I'm  
Stephen C. Redd, MD  
RADM, USPHS

**From:** Tom Inglesby <tinglesby@jhu.edu>  
**Sent:** Wednesday, April 1, 2020 6:42:44 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** RE: among other things to catch up on tonight

9P would be great

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Wednesday, April 01, 2020 6:30 PM  
**To:** Tom Inglesby <tinglesby@jhu.edu>  
**Subject:** Re: among other things to catch up on tonight

Tom, how late can you talk—is 9 too late? It would be fine for me. Alternatively, we could talk at 815 tomorrow.

Stephen C. Redd, MD  
RADM, USPHS

---

**From:** Tom Inglesby <[tinglesby@jhu.edu](mailto:tinglesby@jhu.edu)>  
**Sent:** Wednesday, April 1, 2020 5:58:37 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <[scr1@cdc.gov](mailto:scr1@cdc.gov)>  
**Subject:** among other things to catch up on tonight

I thought the WH TF meeting was very clear and forthright last night. Good to see the use of models which was well done.

But I am worried about both the substance and the symbolism of all these senior leaders standing close together for two hours at the podium, also relatively close to reporters.

Substantively we have our top political leaders and top health leaders all together, much closer than 6 feet, touching the same surfaces. They all go out and have their own lives in their own networks outside these meetings. There are so many examples of large groups of people being infected by one asymptomatic or presymptomatic person. I worry that multiple people will get sick at once and they are all in high risk age categories. This substantive worry is above and beyond whatever close distances they might be in during planning meetings during the day.

Symbolically, I worry that them operating that way every night will give Americans impression that social distancing is not so important. If it were important than why are top political leaders and health leaders all hanging out so closely together.

I don't have a good solution to propose – that room is small.

But perhaps they could move the briefing somewhere else in the White House complex where there is more space. People could be separated more clearly. Perhaps have their own podiums at a distance from eachother.

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security  
Professor, Environmental Health and Engineering  
Johns Hopkins Bloomberg School of Public Health  
Joint Appointment, Medicine, Johns Hopkins School of Medicine  
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**From:** Tom Inglesby  
**Sent:** Fri, 12 Jun 2020 14:07:01 +0000  
**To:** Butler, Jay C. (CDC/DDID/OD)  
**Subject:** good to see you are doing the briefing today with Bob

And great to talk last week

**From:** Tom Inglesby  
**Sent:** Mon, 15 Jun 2020 18:48:06 +0000  
**To:** Butler, Jay C. (CDC/DDID/OD)  
**Subject:** schools in the fall?

Hi Jay,

Hope you are doing well. Good work on the telebriefing last week. Hope that you are able to do that on a more regular basis now. That would be very good for the country.

Do you have any time in coming days for another brief call? We are spending a lot of time thinking about k-12 school opening in the fall. I have read through the CDC guidance on the issue and its quite useful. But would be great to think through some of the tougher issues with you for a few minutes at some point if you see any breaks in the action this week.

All the best

Tom

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security  
Professor, Environmental Health and Engineering  
Johns Hopkins Bloomberg School of Public Health  
Joint Appointment, Medicine, Johns Hopkins School of Medicine  
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**From:** LeDuc, James W.  
**Sent:** Mon, 13 Jan 2020 15:46:12 +0000  
**To:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP)  
**Cc:** Travis, Audrey D.  
**Subject:** RE: GNL director

First, be safe. You're in a tough neighborhood.

If you're interested at all in the position, just send an email to Audrey Travis (copied here; she is out until 20 Jan) expressing your interest (or to me and I'll forward). You can send your cv and more formal letter later.

I invited Greg to visit and share his work on genomics in PH as recently published in the NEJM. We should be doing more in pathogen genomics and his excellent paper really creates a strong foundation for discussion here as to what we need to be doing to be more relevant, both in research and in education of our students. While it would be wonderful to have you both here, I know that this is a longshot. Nonetheless, you both could have a very major impact on the future of UTMB and I want to make sure that we make the most appealing case possible.

Best wishes,

Jim

---

**From:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <iad7@cdc.gov>  
**Sent:** Monday, January 13, 2020 3:38 AM  
**To:** LeDuc, James W. <jwleduc@UTMB.EDU>  
**Subject:** RE: GNL director

**WARNING:** This email originated from outside of UTMB's email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

OK – heard, and will look back for your prior email per the application process.

I am currently in DRC (left on the 2<sup>nd</sup>), return on the 15<sup>th</sup>.

Best

Inger

Inger Damon MD PhD  
Director Division of High Consequence Pathogens and Pathology (DHCPP)  
National Center for Emerging and Zoonotic Diseases (NCEZID)  
Centers for Disease Control and Prevention  
Atlanta, GA

---

**From:** LeDuc, James W. <[jwleduc@UTMB.EDU](mailto:jwleduc@UTMB.EDU)>

**Sent:** Friday, January 3, 2020 8:17 PM

**To:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP) <[iad7@cdc.gov](mailto:iad7@cdc.gov)>

**Subject:** GNL director

Hi Inger

I wanted to let you know that the search is now open for the new GNL director and they are already reviewing candidates. I have spoken to leadership about a position for (b)(6) and they are eager to talk with him. If you're at all interested I would encourage you to apply. I'll then arrange for an invitation for (b)(6) to visit, give a seminar if he wants, and meet with our folks working in relevant fields so that he too can get an idea of the opportunities here.

Best wishes,

Jim

James W. Le Duc, Ph.D.

Director

Galveston National Laboratory

University of Texas Medical Branch

Galveston, TX 77555-0610

(t) 409-266-6500

(f) 409-266-6810

(m) (b)(6)



**From:** LeDuc, James W.  
**Sent:** Tue, 14 Jan 2020 21:27:05 +0000  
**To:** Armstrong, Gregory (CDC/DDID/NCEZID/OD)  
**Cc:** Urban, Randall J.;Pettitt, Bernard M.;Niesel, David W.;Damon, Inger K.  
(CDC/DDID/NCEZID/DHCPP)  
**Subject:** Visit

Hi Greg,

I wanted to follow up on a possible visit and seminar to share your work on pathogen genomics with our faculty and students. I've spoken to a number of folks here and they are excited about your work and the possibility of learning more about it. Are there dates in February or March that would work well for you? It's probably easiest to plan on spending a night here, arriving mid-morning one day, giving your talk and meeting with folks in the afternoon, having a dinner and then leaving early the next day. We can arrange for your (and Inger's if she's available) travel and expenses, to include a weekend if that's more convenient. Hobby airport is closest to Galveston and both Southwest and Delta have direct flights.

Looking forward to your visit!

Jim

James W. Le Duc, Ph.D.  
Director  
Galveston National Laboratory  
University of Texas Medical Branch  
Galveston, TX 77555-0610  
(t) 409-266-6500  
(f) 409-266-6810  
(m) (b)(6)

**From:** LeDuc, James W.  
**Sent:** Fri, 17 Jan 2020 15:57:48 +0000  
**To:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP)  
**Cc:** Shi, Pei yong; Tseng, Chien-Te K.; Niesel, David W.  
**Subject:** nCoV

Hi Inger,

I hope you are safely back from the DRC. I'm writing to let you know that we are actively seeking a reference strain of the new Wuhan nCoV. We have a transgenic mouse model that has proven quite useful in pathogenesis and antiviral efficacy testing for SARS CoV and we would like to explore its value for testing the new virus. We have requested an isolate from colleagues in China, but not surprising, have yet to hear back. We are beginning work to recreate the virus from the published sequences in a parallel effort. Reflecting back to SARS, I know that many will be requesting access to a reference isolate from CDC and I ask that you add us to the list. Coincidentally, the select agent program is here this week completing our annual BSL4 inspections and I will inquire about any select agent issues relevant to the nCoV. We plan to handle it at BSL3/ABSL3 unless we hear otherwise.

Best wishes,

Jim

James W. Le Duc, Ph.D.  
Director  
Galveston National Laboratory  
University of Texas Medical Branch  
Galveston, TX 77555-0610  
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(f) 409-266-6810  
(m) (b)(6)



**From:** LeDuc, James W.  
**Sent:** Wed, 1 Jul 2020 15:36:29 +0000  
**To:** Damon, Inger K. (CDC/DDID/NCEZID/DHCPP)  
**Subject:** GNL director

Hi Inger,

They are restarting the search for my replacement as director of the GNL. Let me know if you'd like to discuss; I'd be pleased to talk to you at your convenience. I continue to think that you would be an ideal candidate, but I understand both the opportunities of being at CDC and (b)(6) great program and challenges associated with his move. Options are available, however.

I hope you and (b)(6) are doing well during this unprecedented time. We're fine, although experiencing a tremendous surge in COVID infections across the greater Houston area, with much of it linked to crazy behavior of tourist coming to the beach.

Best wishes,

Jim

James W. Le Duc, Ph.D.  
Director  
Galveston National Laboratory  
University of Texas Medical Branch  
Galveston, TX 77555-0610  
(t) 409-266-6500  
(f) 409-266-6810  
(m) (b)(6)

**From:** Peter Daszak  
**Sent:** Wed, 5 Feb 2020 17:17:14 +0000  
**To:** Pavlin, Julie; 'Kester, Kent /US'; Khabbaz, Rima (CDC/DDID/NCEZID/OD)  
**Cc:** Amponsah, Edith; Goodtree, Hannah  
**Subject:** RE: **Forum on Microbial Threats**

Andrew's right that this would be extremely topical, but you're right that we don't have enough time to line this up, and in any case, all the key speakers are at other meetings...

We could certainly bring some discussion of the nCoV into the introduction and to a couple of the sessions. We should also address it at the closed part of our meeting, I think.

Cheers,

Peter

**Peter Daszak**  
*President*

EcoHealth Alliance  
460 West 34<sup>th</sup> Street – 17<sup>th</sup> Floor  
New York, NY 10001

Tel. +1 212-380-4474

Website: [www.ecohealthalliance.org](http://www.ecohealthalliance.org)

Twitter: [@PeterDaszak](https://twitter.com/PeterDaszak)

*EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.*

---

**From:** Pavlin, Julie [mailto:JPavlin@nas.edu]  
**Sent:** Wednesday, February 5, 2020 7:23 AM  
**To:** Peter Daszak; 'Kester, Kent /US'; 'Khabbaz, Rima (CDC/DDID/NCEZID/OD)'  
**Cc:** Amponsah, Edith; Goodtree, Hannah  
**Subject:** FW: Forum on Microbial Threats

FYI – Andrew's idea below. With how busy everyone is on the topic, I think it might be difficult to get speakers to commit to anything right now, and of course, there are still a lot of uncertainties to determine what are the most relevant issues to discuss. We'd also have to go back to our governing

board with a new topic and get approval, which takes about a month. But still, obviously of high interest right now – let me know your thoughts and whether we should bring this to the entire Forum for their input.

**From:** Andrew Clements <[aclements@usaid.gov](mailto:aclements@usaid.gov)>

**Sent:** Wednesday, February 5, 2020 6:43 AM

**To:** Pavlin, Julie <[JPavlin@nas.edu](mailto:JPavlin@nas.edu)>

**Subject:** Re: Forum on Microbial Threats

Tomorrow or Friday works for me.

Is there any appetite to push the vaccine workshop back to December 2020 to make space for a nCoV workshop during the May 28-29, 2020 slot?

Andrew Clements, Ph.D.  
Senior Scientific Advisor  
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health  
U.S. Agency for International Development  
Mobile phone: (b)(6)  
E-mail: [aclements@usaid.gov](mailto:aclements@usaid.gov)

For more information on USAID's Emerging Pandemic Threats program, see: <http://www.usaid.gov/ept2>

On Tue, Feb 4, 2020 at 10:33 PM Pavlin, Julie <[JPavlin@nas.edu](mailto:JPavlin@nas.edu)> wrote:

Hi Andrew,

Hope everything is going well – are you getting involved in the coronavirus issues? Just checking to see if there is a good time to talk about USAID's continued support to the FMT for 2020 – let me know if I can send you any documentation or if there are others I should include in a conversation.

Thanks for all your support!

Julie

**Julie A. Pavlin, MD, PhD, MPH**

Director, Board on Global Health

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**From:** Peter Daszak  
**Sent:** Thu, 6 Feb 2020 01:59:26 +0000  
**To:** Kester, Kent /US;Pavlin, Julie  
**Cc:** Khabbaz, Rima (CDC/DDID/NCEZID/OD);Amponsah, Edith;Goodtree, Hannah  
**Subject:** RE: FMT Co-chair

Great to hear this news!!

Welcome onto the leadership Rima – Kent and I are looking forward eagerly to you joining our calls and helping continue the momentum of the FMT.

Cheers,

Peter

**Peter Daszak**  
*President*

EcoHealth Alliance  
460 West 34<sup>th</sup> Street – 17<sup>th</sup> Floor  
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Website: [www.ecohealthalliance.org](http://www.ecohealthalliance.org)  
Twitter: [@PeterDaszak](https://twitter.com/PeterDaszak)

*EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.*

---

**From:** Kester, Kent /US [mailto:Kent.Kester@sanofi.com]  
**Sent:** Tuesday, February 4, 2020 4:37 PM  
**To:** Pavlin, Julie  
**Cc:** Khabbaz, Rima (CDC/DDID/NCEZID/OD); Peter Daszak; Amponsah, Edith; Goodtree, Hannah  
**Subject:** FMT Co-chair

Excellent news!

On Feb 4, 2020, at 4:35 PM, Pavlin, Julie <JPavlin@nas.edu> wrote:



**EXTERNAL** : Real sender is JPavlin@nas.edu

Hi Peter and Kent,

I wanted to let you know that Rima has agreed to serve as co-chair of the Forum with the 2 of you. Yay! We're going to put the official nomination packet forward for our internal approvals here and as soon as that is approved, we will let the Forum members know.

Thank you again Rima!

Julie

**Julie A. Pavlin, MD, PhD, MPH**  
Director, Board on Global Health  
Health and Medicine Division – Find us at [nationalacademies.org/HMD](http://nationalacademies.org/HMD)  
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**From:** Peter Daszak  
**Sent:** Thu, 6 Feb 2020 01:59:25 +0000  
**To:** Jay Siegel;atennenb@ITS.JNJ.com;Amponsah, Edith;Pavlin, Julie  
**Cc:** Shah, Cecilia;Andrew M. Pope, Ph.D.;'Kent.Kester@sanofi.com'  
(Kent.Kester@sanofi.com);Khabbaz, Rima (CDC/DDID/NCEZID/OD)  
**Subject:** Thank you for your service to the Forum on Microbial Threats  
**Importance:** High

Thanks for letting us know in a timely way Jay – much appreciated. I have to agree with you that being a member of 3 fora would be more than a burden, and we completely understand your decision.

On behalf of Kent, Rima, Julie, Ceci, the rest of the staff and all FMT members, I want to take this opportunity to thank you for your service to the Forum on Microbial Threats. Your voice of calm reason and depth of experience has been a major resource for us over the years, and your personal commitment to joining so many workshop organizing committees and conference calls is exemplary to all of us, and a reflection of your own values of public service.

You will be sorely missed, but in the meantime, if by any chance you happen to be in DC around the time of our next meeting (especially the dinner), feel free to come over and I'll make sure we personally toast you!

Cheers,

Peter

**Peter Daszak**  
*President*

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Twitter: [@PeterDaszak](https://twitter.com/PeterDaszak)

*EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.*

**From:** Jay Siegel [mailto:[\(b\)\(6\)](#)]  
**Sent:** Wednesday, February 5, 2020 7:27 PM  
**To:** Peter Daszak [[\(b\)\(6\)](#)]; Amponsah, Edith; Pavlin, Julie

**Cc:** Shah, Cecilia; Andrew M. Pope, Ph.D.

**Subject:** Resigning from Forum on Microbial Threats

I have not responded to the various survey notices re FMT topics as it is intent to resign from the forum, effective immediately.

It has truly been an honor to serve on the Forum for several years during which:

- 1) the threats, including emerging infections, zoonoses, flu pandemic, antimicrobial resistance, and climate change impact persist, evolve, and grow.
- 2) the tools for addressing those risks are also rapidly expanding
- 3) the political and social challenges in mounting global responses are enormous but critical to address.
- 4) Ebola and Zika are but 2 of the examples of how important these issues are.

The leadership, membership and staffing of the Forum have been excellent throughout and I have learned much re process that has served well in other activities including, but not limited to, being founding co-chair of the Forum on Regenerative Medicine.

The reason I am resigning now is

(b)(6)

(b)(5)

Again, it has been a pleasure to work with you and I wish FMT the best in the important work ahead.

Sincerely,

Jay



**From:** Jonna Mazet  
**Sent:** Thu, 21 May 2020 16:31:32 -0700  
**To:** Amponsah, Edith  
**Cc:** Peter Daszak; Kent Kester; Khabbaz, Rima (CDC/DDID/NCEZID/OD); Pavlin, Julie; Goodtree, Hannah; Buckley, Gillian  
**Subject:** Re: OHAC chair discussion

Hi Edith,

Thanks to you all for discussing. I think any of the three suggestions would be good choices. However, I do think the chair should also be an (b)(6) member for optimal functioning. I think that means the only viable choice is (b)(6) if we use that as a guiding principle. I'm not sure if (b)(6) would be interested, given her (b)(6). Maybe you all have insight on that?

Let me know & I can reach out to gauge her interest,  
Jonna

On Thu, May 21, 2020 at 1:07 PM Amponsah, Edith <[EAmponsah@nas.edu](mailto:EAmponsah@nas.edu)> wrote:

Hello Jonna,

During our FMT leadership call today, we discussed briefly the subject of the next OHAC chair. (b)(6) were the names that came up. We wanted to gather your thoughts on either of them as the next OHAC chair...or giving them a little nudge to motivate them to take up this role. Let us know what you think.

Best,

**Edith Amponsah, MPH, IBCLC**

Associate Program Officer

Forum on Microbial Threats

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**From:** Tom Inglesby  
**Sent:** Thu, 4 Jun 2020 17:05:51 +0000  
**To:** Butler, Jay C. (CDC/DDID/OD)  
**Subject:** RE: checking in - time for a brief call in next week?

Ok great  
Will call you at 11A  
Looking forward to it!  
Best  
Tom

---

**From:** Butler, Jay C. (CDC/DDID/OD) <jcb3@cdc.gov>  
**Sent:** Thursday, June 04, 2020 1:03 PM  
**To:** Tom Inglesby <(b)(6)@jhu.edu>  
**Subject:** RE: checking in - time for a brief call in next week?

I have a 10:00, so let do 11:00. You can reach me at (b)(6)

---

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Thursday, June 4, 2020 12:42 PM  
**To:** Butler, Jay C. (CDC/DDID/OD) <jcb3@cdc.gov>  
**Subject:** RE: checking in - time for a brief call in next week?

Sounds great. Would 10 or 11A on Saturday work for you? If so, just let me know what number to call.  
Best  
Tom

---

**From:** Butler, Jay C. (CDC/DDID/OD) <jcb3@cdc.gov>  
**Sent:** Thursday, June 04, 2020 12:36 PM  
**To:** Tom Inglesby <(b)(6)@jhu.edu>  
**Subject:** RE: checking in - time for a brief call in next week?

That sounds good, Tom—how about Saturday? Let me know if there is a time that will work for you.

---

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Thursday, June 4, 2020 12:34 PM  
**To:** Butler, Jay C. (CDC/DDID/OD) <jcb3@cdc.gov>  
**Subject:** checking in - time for a brief call in next week?

Dear Jay,  
I hope you are doing well and staying healthy despite the enormous ongoing challenges of responding to this pandemic. It doesn't seem like that long ago what we were in Germany talking about the possible origins of a future pandemic. And here we are in the midst of the worse pandemic in a century. In some ways that Germany trip seems like a lifetime ago!

I had heard that you are now Incident Commander for the response, and I was so happy to hear that given your lifetime of experience and your good judgment on all things public health.

If you have time in the week ahead, would love to have a quick phone call to check in and share notes on what we are seeing and hearing. Let me know if you have time for that.

In any event, if there are things that I or my colleagues at our Center can do to help you or CDC, please do let me know.

All the best

Tom

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security

Professor, Environmental Health and Engineering

Johns Hopkins Bloomberg School of Public Health

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(b)(6) [tom.inglesby@jhu.edu](mailto:tom.inglesby@jhu.edu)

T: 443-573-3325 | F: 443-573-3305

[www.centerforhealthsecurity.org](http://www.centerforhealthsecurity.org)



**From:** Tom Inglesby  
**Sent:** Tue, 21 Jan 2020 22:50:55 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Re: call later today?

Yes sure can!

On Jan 21, 2020, at 5:50 PM, Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov> wrote:

A lot can change in 72 hrs!

Stephen C. Redd, MD

RADM, USPHS

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>

**Sent:** Saturday, January 18, 2020 12:55:26 PM

**To:** Tom Inglesby <(b)(6)@jhu.edu>

**Subject:** Re: call later today?

(b)(6)

—cellphone

Stephen C. Redd, MD

RADM, USPHS

**From:** Tom Inglesby <(b)(6)@jhu.edu>

**Sent:** Saturday, January 18, 2020 12:47:10 PM

**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>

**Subject:** Re: call later today?

Great will call you then - could you let me know what number to call!

Tom

On Jan 18, 2020, at 12:45 PM, Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov> wrote:

1PM would be great.

Stephen C. Redd, MD

RADM, USPHS

**From:** Tom Inglesby <(b)(6)@jhu.edu>

**Sent:** Saturday, January 18, 2020 12:42:44 PM

**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>

**Subject:** Re: call later today?

Thanks steve - might it work to talk in about 15 minutes instead?. I think it could be just few minute exchange, might be that we both know what each other know already

Tom



On Jan 18, 2020, at 12:21 PM, Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov> wrote:

Tom,

I'd be happy to talk, but earlier would be better—would 230 work for you? I'm not sure that I know much more than you do.

Ill

Stephen C. Redd, MD

RADM, USPHS

**From:** Tom Inglesby (b)(6)@jhu.edu>

**Sent:** Saturday, January 18, 2020 10:34:53 AM

**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>

**Subject:** call later today?

Hi Steve,

I hope all is well as you plan through the next couple weeks! I know it must be a busy time and lots of good byes.

I wanted to see if you had time later this afternoon for quick call? I wanted to see if I could check in with you briefly about nCOV preparations and information. We are trying to properly prepare ourselves at the Center and to be making useful contributions around this, but there is real paucity of information.

Happy to have a call not for attribution or background if that would be easiest.

If you do happen to be around today, would a call around 4P work for you?

All the best

Tom

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security

Professor, Environmental Health and Engineering

Johns Hopkins Bloomberg School of Public Health

Joint Appointment, Medicine, Johns Hopkins School of Medicine

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<image001.jpg>

**From:** Tom Inglesby  
**Sent:** Wed, 1 Apr 2020 19:18:58 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Time for a quick call today? Anytime after 4P?

Have some ideas and info to share?

**From:** Tom Inglesby  
**Sent:** Mon, 20 Apr 2020 00:54:05 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** RE: radiologists seeing COVID pts

I guess that kind of thing gets around!

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Sunday, April 19, 2020 8:38 PM  
**To:** Tom Inglesby <(b)(6)@jhu.edu>  
**Subject:** Fwd: radiologists seeing COVID pts

She'd already seen it.

Stephen C. Redd, MD  
RADM, USPHS

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Sunday, April 19, 2020 16:46  
**To:** Stephen Redd - CDC <(b)(6)>  
**Subject:** Fwd: radiologists seeing COVID pts

Stephen C. Redd, MD  
RADM, USPHS

---

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Sunday, April 19, 2020 09:59  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Re: radiologists seeing COVID pts

I could see how this might be very funny or very not depending on the moment. So yes good to consider if it would be appreciated or not!

Tom

On Apr 19, 2020, at 5:42 AM, Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov> wrote:

I might wait to find the right moment to send the video. <(b)(6)>, so maybe even funnier.

Stephen C. Redd, M.D.



RADM, USPHS

---

**From:** Tom Inglesby (b)(6) @jhu.edu>  
**Sent:** Saturday, April 18, 2020 10:16:56 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** radiologists seeing COVID pts

Hi Steve, good to talk today. Given that (b)(6) I thought you might find this very funny.

Not sure if she will like it or not, but hopefully she would get a good laugh!

<https://youtu.be/uFx92e6JGhM>

**From:** Tom Inglesby  
**Sent:** Mon, 9 Mar 2020 18:00:28 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** RE: 60 min!

Hi Steve,

So glad you are (b)(6) Yes would be happy to set up regular discussion with you and Marc. Let me know what you think would work best on that.

Below are links to the after action reports on Clade X and Event 201. While Clade X did raise the possibility of a governor trying to block the movement of cases from one state to the next, we did not get far into the issue of interstate air travel. I agree that that issue may be a rising one. I think the loose language around the possibility of a "lockdown" being put in place in the US is dangerous and hope it does not continue. It would be one thing for a governor to say he wanted people to take voluntary snow week or two and stay home as much as they can, but people need to be able to do what they need to do to care for themselves, getting food and meds, etc. it will not work to lock people down in the US. We didn't look at that in our exercises in any serious way, because it seemed to be self evident that it would never work in the US

<http://www.centerforhealthsecurity.org/event201/event201-resources/200117-PublicPrivatePandemicCalltoAction.pdf>

<https://www.liebertpub.com/doi/pdf/10.1089/hs.2019.0097>

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Monday, March 09, 2020 7:23 AM  
**To:** Tom Inglesby (b)(6)@jhu.edu>  
**Subject:** 60 min!

Wow! What a great story on the work of the center and the exercise!

I starting getting texts part way into it when I appeared about 5 minutes in. How strange that would've been if I my (b)(6) hadn't been cancelled. Actually, the (b)(6) has been postponed and I am working to pull the plug on the (b)(6)

What would think about setting up a regular call to include you, me, and Marc Lipsitch. I have been assigned to Debbi Birx and we are in the process of setting up a task force structure. It looks like this structure will be where the major priorities will be established and tracked.

I'm not sure when the best time to do this would be, as I'm not sure of the daily or weekly rhythm, but I was thinking that once a week, either early or late in the day would be good.

Stephen C. Redd, MD  
RADM, USPHS

**From:** Tom Inglesby  
**Sent:** Fri, 13 Mar 2020 23:32:21 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** RE: checking in

Ok great  
Will be great to talk this weekend

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Friday, March 13, 2020 3:23 PM  
**To:** Tom Inglesby <(b)(6)@jhu.edu>  
**Subject:** Re: checking in

It's been wild! I'm now assigned to Amb Birx. She is quite a force of nature. I will give you a call over the weekend. It looks like I will be in DC for the duration or thereabouts.

Stephen C. Redd, MD  
RADM, USPHS

---

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Friday, March 13, 2020 12:07:48 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** checking in

How are you doing?  
Is there anything you think we could do to help you or CDC?

**Tom Inglesby, MD**  
Director, Johns Hopkins Center for Health Security  
Professor, Environmental Health and Engineering  
Johns Hopkins Bloomberg School of Public Health  
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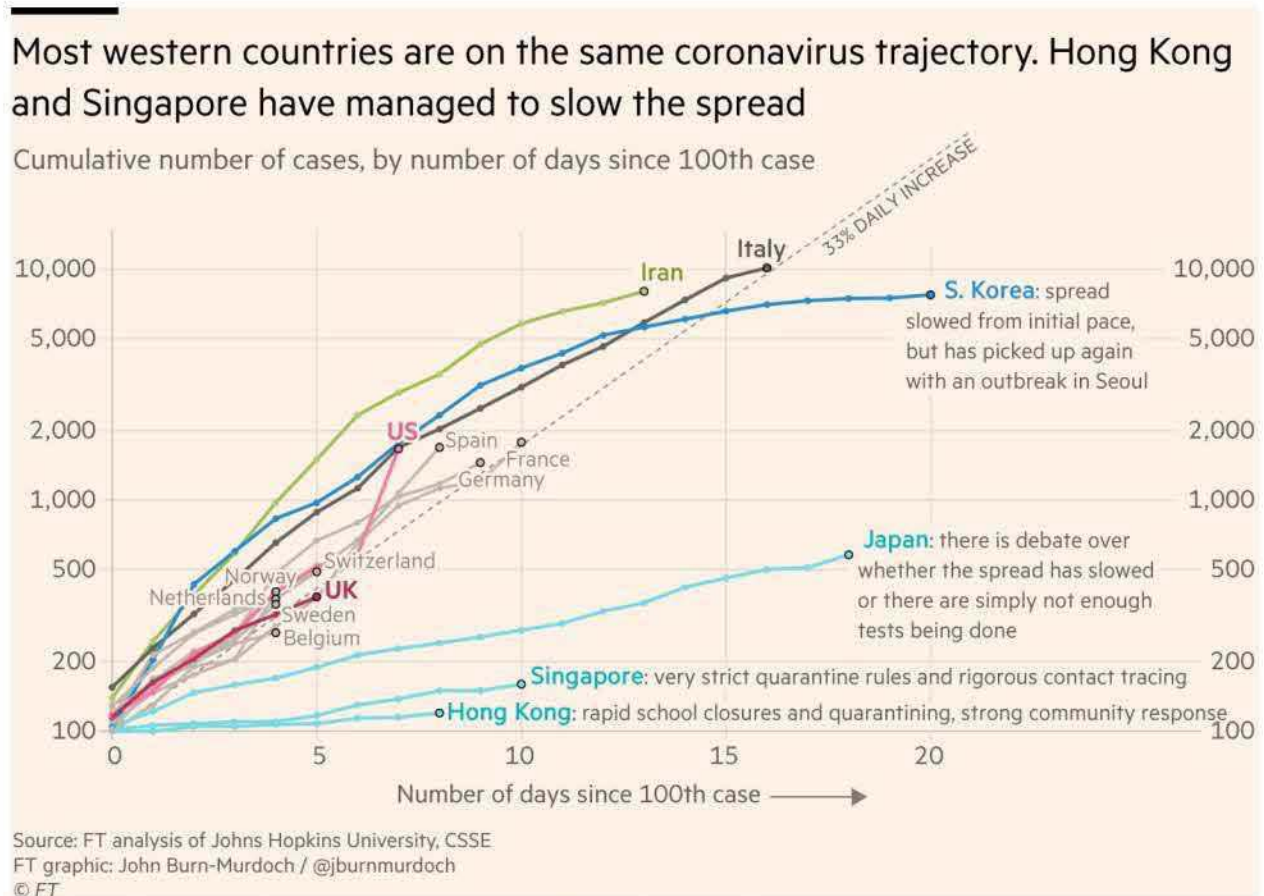
[www.centerforhealthsecurity.org](http://www.centerforhealthsecurity.org)



**From:** Tom Inglesby  
**Sent:** Sun, 15 Mar 2020 13:52:45 +0000  
**To:** Gastfriend, Daniel Z. EOP/OMB  
**Cc:** Redd, Stephen (CDC/DDPHSIS/OD); Daniel Gastfriend; Vitek, Charles (CDC/DDPHSIS/CGH/DGHT)  
**Subject:** Re: [EXTERNAL] Policies in Asia that are saving those countries?

Some insights approach but need much more detail <https://jamanetwork.com/journals/jama/fullarticle/2762689>

And see photo for epidemic curves. Taiwan not included because it has so few cases it is below threshold, despite Habiger early cases and huge daily interaction with China by air for a while into the epidemic



On Mar 15, 2020, at 7:48 AM, Gastfriend, Daniel Z. EOP/OMB

(b)(6) @omb.eop.gov> wrote:


Adding in Chuck on our team. Thanks for this Tom. We will discuss.



Sent from my iPhone

On Mar 14, 2020, at 11:57 PM, Tom Inglesby <(b)(6)@jhu.edu> wrote:  
Steve and Daniel - China, Taiwan, Singapore, Hong Kong, South Korea, Thailand, kind of Japan, have all flattened their curves dramatically. They are handling the virus. The rest of the world including US have nearly vertical lines straight up. We know all those Asian countries have put in place big social distancing programs, national education programs etc, everyone there knows what the national mission is and is invested. But we need to know more detail. It seems like on an urgent basis it would be critical to learn via top of US government to top of their governments all the policies that they have put into place to see if we can emulate as many of them as possible rapidly. Can your office do that? We are trying to understand all of that from our center vantage but we don't have access to all that has been decided and implemented.  
Tom

**From:** Tom Inglesby  
**Sent:** Sun, 15 Mar 2020 17:37:54 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) [REDACTED] (b)(6) @omb.eop.gov; Daniel Gastfriend  
**Subject:** Tweet by Jefferson on Twitter



**Jefferson (@Jefferson MFG)**  
[3/15/20, 3:24 AM](#)  
BREAKING: The UK government is set to ask Rolls-Royce, JCB and other British manufacturers to produce thousands of ventilators as part of a "national effort" to help tackle coronavirus [#UKmfg](#) [#GBmfg](#) □ □

[Download](#) the Twitter app

Tom

**From:** Tom Inglesby  
**Sent:** Tue, 17 Mar 2020 22:31:49 +0000  
**To:** Gastfriend, Daniel Z. EOP/OMB;Gastfriend, Daniel Z. EOP/OMB;Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Labs running out of reagents and swabs  
**Attachments:** NYC alert.pdf

Hi Steve and Daniel,

I wanted to make sure you saw these notes. First in blue is from a leader in Association of Public Health Labs. In subsequent note he said one state was going to run out of reagent tomorrow.

He also included info from NYC Health Dept – message in black and attached. NYC Health dept officials are saying in very loud voice that they have to focus on the sickest people first and that messages coming from WH that everyone can be tested are very harmful to their operations now. They are running out of reagents and using up PPE to do it.

I am hoping there are huge efforts underway at national level now to:

1. Assess what seems like critical reagent shortage common to all tests that could grind testing to halt soon, and find work around to make that reagent on large scale by another means.
2. Find work around for shortage of swabs that is emerging – I heard that one Maine company can make up some of the shortfall but only a small fraction of what is needed. Is there another workaround.
3. War time mobilization on PPE production
4. War time mobilization on ventilator manufacture

---

From a leader in the APHL lab system

“I’m afraid it’s what we’re hearing. I’m having all my labs call into the new FDA hotline to report the issues, hoping it gets to HHS and the WH. The message really has to change that not



everyone gets or needs a test. The big labs are definitely less far along; they will do an amazing business moving forward but they aren't there now. I'm doing some media on this but have been very careful because I don't want to cause widespread panic. You are beginning to see states message this. NYC has also issued an alert limiting their testing, attached.

This is from our list serve and is exactly the message – we are honestly in a world of hurt because the floodgates opened and labs of all types use the same supply chain. I don't know of any technical solutions. We've already moved to one swab. The reagent shortage for the extraction platforms (not just one platform but multiple) is very real. I know of one state that is stopping testing tomorrow but we are on a call with a supplier right now trying to prioritize them.”

---

From NYC Health DEPT

Hi all,

I want to share perspective from a jurisdiction with widespread community transmission. I am attaching some documents and data with the hope that it will help you advocate in your jurisdiction.

In NYC, we are only testing hospitalized patients and patients for whom a result is needed to make a critical public health decision. **THAT IS IT, and THOSE ARE THE ONLY PATIENTS WE SHOULD BE TESTING.** Mildly ill people and asymptomatic people need to stay home until they feel better.

We, as Public Health Lab Directors, with our clinical lab counterparts, need to come together to stop this madness of testing people inappropriately. It goes beyond the (very real) issue of burning out our staff. It goes beyond the (very real) issue of burning through reagents. Encouraging asymptomatic people and mildly ill people to be tested – by providing these ridiculous drive-through test sites and by governors and mayors and other "elected" officials telling people that "we can test this many millions of people!", etc. – is sending the exact opposite message than the public health message that is needed.

We need to be telling people to STAY HOME. If you are very sick, call your doctor. Otherwise, STAY HOME. Wash your hands, cover your cough. STAY HOME. Don't go to the doctor, don't go to a testing site. You DON'T NEED TO BE TESTED. STAY HOME.

We have all been well trained and we all know that you don't perform a clinical test unless the result is going to impact care.

When mildly ill and asymptomatic people go to a doctor's office or an ED or a drive through test site, they are doing so to get a test that will not change how they are managed as a patient. They are going to be told to stay home regardless of the result of the test. But, by going to get that test, they have exposed people on the way there, while at the office or ED or site, and on their way home. Their visit has resulted in the use of PPE that is in extremely limited supply. Their visit has used up health care and laboratory resources that need to be conserved to meet the rapidly approaching need of many, many very sick patients that will need these resources to get through the disease.

More than half of the hospitalized patients with COVID-19 in NYC are in the ICU, and this ratio increases every day. Attached are some slides with NYC data and projections. Syndromic data shows that COVID-19 is here – no testing needed. ILI visits to the ED showed a lovely curve for flu season which went down until early March where visits have SHOT up to well above peak during this year's flu season. Estimates are that 3.3-5.8 million NYC residents will be infected, up to almost 900K will be hospitalized and almost 300K of those will need ICU care. We need to preserve testing and PPE now because we will need it even more urgently later. The way to flatten the curve of this outbreak is to move to mitigation strategies now, and use social distancing. **And this means that we need to limit testing to hospitalized patients AND we need to message that mildly ill people don't need a test, but need to STAY HOME.**

As Public Health Lab Directors, we have power to get this message heard. I am lucky (very lucky) to have support in my Deputy Commissioner/Incident Commander/boss in my day job and in the NYC Commissioner of Health. We are all working very hard in the Health Department to make the NYC response right and to get the message up our chain to the elected officials. It isn't easy, but it is critical.

Your jurisdiction can't test without you. Use that power.





## Health Alert # 6:

### COVID-19 Updates for New York City

- **The number of persons diagnosed with COVID-19 in New Yorker continues to rise**
  - **Of cases where source of exposure was known (n=56), only 7 (13%) were known to have exposure outside NYC, confirming community-wide transmission**
  - **60% of hospitalized cases were admitted to the ICU, 1 death reported**
- **Several commercial and hospital-based testing options for COVID-19 are now available**
- **New York City Public Health Laboratory (PHL) will now only accept nasopharyngeal (NP) and oropharyngeal (OP) swabs packaged in the SAME viral transport medium (VTM) collection tube; lower respiratory tract specimens (sputum) can also be submitted**
- **MINIMIZE EXPOSURES TO THE PUBLIC, VULNERABLE PATIENTS AND HEALTHCARE WORKERS**
  - **Advise patients with mild respiratory illness to STAY HOME; testing is not indicated for mildly ill or asymptomatic persons**
  - **This will minimize possible exposures to healthcare workers, patients and the public and reduce the demand for personal protective equipment**
- **WE MUST PRESERVE PERSONAL PROTECTIVE EQUIPMENT SUPPLIES**
  - **Use standard, contact, droplet precautions, and eye protection when caring for patients who are confirmed or suspected to have COVID-19**
- **Healthcare facilities should plan now for enhanced surge capacity**
- **The Provider Access Line (PAL) is intended to receive calls only from healthcare providers. Do not share this number with the public.**

March 15, 2020

Dear Colleagues:

The World Health Organization (WHO) has announced that the current coronavirus disease 2019 (COVID-19) outbreak is now a pandemic. Widespread community transmission of SARS-CoV-2, the virus that causes COVID-19, is occurring in New York City (NYC). To date, 240 cases have been reported in NYC, 28% of which are in patients aged  $\geq 65$  years and 58% of which are in males (see data table and figure 1 below). Of cases where source of exposure was known (n=56), only 7 (13%) were known to have exposure outside NYC. Of the 62 cases known to have ever been hospitalized, 60% were admitted to the intensive care unit and 44% required ventilator support. Because NYC DOHMH has prioritized the testing and investigation of severely ill individual cases, these data are likely biased towards that population and may not accurately represent the severity of disease among all infected persons.

Widespread transmission of SARS-CoV-2 will likely result in large numbers of people needing medical care in the coming weeks. Syndromic surveillance data continue to show an increase in the number of persons visiting an emergency department who report influenza-like illness (see figure 2 below). At this time, providers and healthcare facilities are therefore urged to implement mitigation strategies to lessen the impact that COVID-19 may have on staff and patients and to ensure continuing operations. Resources are available on the [Greater New York Hospital Association](#) and [CDC](#) websites. Providers should manage any persons with acute febrile or respiratory illness that cannot be attributed to other causes as being potentially infected with SARS-CoV-2.

### **COVID-19 LIKE ILLNESS**

**COVID-19 like illness** is described as new onset of subjective or measured ( $\geq 100.4^{\circ}\text{F}$  or  $38.0^{\circ}\text{C}$ ) **fever OR cough OR shortness of breath OR sore throat** that cannot be attributed to an underlying or previously recognized condition. In children, fever with sore throat may be attributable to conditions other than COVID-19 (e.g., strep throat) and parent/guardian should be instructed to consult a healthcare provider to rule out other etiologies. A *confirmed case* of COVID-19 is defined as a person with COVID-19 like illness and a positive laboratory test. A *possible case* of COVID-19 is defined as a person with COVID-19 like illness for whom testing was not performed.

To date, factors associated with severe illness include age  $\geq 50$  years (children and young adults appear to be less affected) and chronic medical conditions, such as chronic lung disease (e.g., asthma, emphysema), hypertension or diabetes.

### **TESTING FOR COVID-19**

Several commercial and hospital-based laboratories are now offering COVID-19 testing using a molecular assay. However, the DOHMH strongly recommends against **testing persons with mild illness who can be safely managed at home**, unless a diagnosis may impact patient management. This will minimize possible exposures to healthcare workers, patients and the public and reduce the demand for personal protective equipment. Providers should keep in mind that a negative result in the context of a person who is symptomatic and who is not improving and in whom there is a high index of suspicion for COVID-19 might represent a false negative. If there is reason to suspect a person has COVID-19 despite a negative test result, consider re-testing and continuing infection control practices appropriate for COVID-19.

**Moving forward, the NYC Public Health Laboratory (PHL) will only accept pre-approved specimens for hospitalized patients with severe acute lower respiratory illness (e.g., pneumonia).** To obtain approval for PHL testing, contact the NYC Health Department Coronavirus Testing Call Center by calling the Provider Access Line (PAL) at 866-692-3641. If testing is approved, the clinical team should send patient specimens to the hospital's central laboratory and provide the hospital's central laboratory with the unique identification number provided by the Call Center. The hospital's central laboratory should then submit the necessary laboratory requisition online through PHL's eOrder (an internet-based application developed by PHL). The hospital's central laboratory should then call back the PAL with the eOrder number and the unique identification number provided by the Call Center to arrange courier transportation of the specimen to PHL (the hospital can also arrange for its own courier to PHL). If you do not already have an eOrder account, please visit the [PHL website for more information](#).

Specimens required for COVID-19 testing include 1 nasopharyngeal (NP) swab and 1 oropharyngeal (OP) swab **packaged in the SAME** viral transport medium (VTM) collection tube. One lower respiratory tract



specimen (e.g., sputum) can also be submitted if it can be easily collected (e.g., bronchial or tracheal aspirate in patients who are on ventilator support).

All PHL test reports will be delivered by fax to the submitting laboratory. The report will also be available in eOrder. Providers should contact their hospital's central laboratory for test results. The NYC Health Department will not report back results to patients on behalf of providers.

### **REPORTING PERSONS WITH SUSPECTED OR CONFIRMED COVID-19 TO THE NYC HEALTH DEPARTMENT**

The NYC Health Department receives positive test results directly from the laboratory. Providers should report persons who are part of a cluster of 3 or more possible or confirmed cases in a residential congregate setting that serves more vulnerable populations such as an assisted living facility, group home, homeless shelter, or correctional settings. Reports can be made by calling the PAL at (866) 692-3641.

### **PROTECTING PATIENTS AND STAFF**

Providers should strongly discourage persons who have a mild disease consistent with COVID-19 like illness and who do not require medical care from visiting a healthcare facility. Message clients who are at [higher risk for more severe disease](#) (e.g., older adults, persons with a compromised immune system or chronic health conditions such as heart disease, diabetes and lung disease) to limit the amount of time they spend with other people, especially outside the home, to reduce the possibility of being infected with the virus. Consider placing signage and greeters at entry points to screen persons seeking care and visitors by asking if they have a COVID-19 like illness. This will help avoid unnecessary exposures within the healthcare facility. As an alternative to in person evaluation, communicate with patients by telephone, electronic messaging or video conferencing. Evaluation for patients with severe illness, which might include worsening symptoms or difficulty breathing, should be done in an acute care facility. If a patient with COVID-19 like illness needs to be evaluated in person, instruct them to minimize contact with other persons, travel by private car if possible and, when available, to use a face mask while traveling to the healthcare facility.

### **INFECTION CONTROL UPDATES**

Healthcare facilities should implement and adhere to policies and practices that minimize exposures to respiratory pathogens including SARS-CoV-2. A continuum of infection control [measures should be implemented](#) before patient arrival, upon arrival, throughout the patient's visit, and until the patient's room is cleaned and disinfected. It is particularly important to protect individuals at increased risk for adverse outcomes from COVID-19 (e.g., older persons with comorbid conditions). Triage personnel should have a supply of facemasks and tissues for patients with COVID-19 like illness that can be provided to them upon arrival. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help to prevent transmission to others.

Additionally, in the setting of a pandemic with widespread community transmission in NYC, all healthcare workers are at some risk for exposure to COVID-19, whether in the workplace or in the community. Therefore, the NYC Health Department is asking ALL healthcare workers, regardless of whether they have had a known SARS-CoV-2 exposure, to self-monitor by taking their temperature twice daily and assessing for COVID-19 like illness. **If healthcare workers develop any signs or symptoms of a COVID-19 like illness (for healthcare workers, fever cutoff is 100.0°F), they should NOT report to work. If any signs or symptoms occur while working, healthcare workers should immediately leave the patient care area, inform their supervisor per facility protocol, and isolate themselves from other people.**



### **PERSONAL PROTECTIVE EQUIPMENT (PPE) UPDATE:**

As per the [newest CDC guidance](#), patients can be managed with droplet precautions along with gown, gloves, and eye protection. This means that patients can be evaluated in a private examination room with the door closed. **An airborne infection isolation room (AIIR) is no longer required by the CDC unless the patient will be undergoing an aerosol generating procedure (the CDC does NOT consider the collection of a NP or OP swab an aerosol generating procedure).**

If a private exam room is not readily available in the healthcare facility, ensure that the patient is not allowed to wait among other patients seeking care. Identify a separate space that allows the patient to be separated from others by  $\geq 6$  feet, with easy access to respiratory hygiene supplies. In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.

The safety of healthcare workers is a top priority for the NYC Health Department. As we gain more understanding of COVID-19, our guidance will evolve. The use of standard, contact, and droplet precautions with eye protection is appropriate when caring for patients with possible or confirmed COVID-19. Personal protective equipment (PPE) should include: facemask (procedure or surgical mask) AND gown AND gloves AND eye protection (goggles or face shield).

**The NYC Health Department recommends healthcare workers do not need to use a fit tested N95 respirator or Powered Air Purifying Respirator (PAPR) for routine (non-aerosol generating) care of a COVID-19 patient. Patients can be evaluated in a private examination room with the door closed.**

Supplies of PPE must be reserved for high risk procedures due to potential supply chain constraints. Ample studies indicate the safety of droplet precautions which may also help prevent the complete exhaustion of fit tested N95 respirators and PAPRs; higher level PPE will continue to be needed to protect HCWs during critical and medically necessary aerosol generating procedures (e.g., intubation, suctioning) throughout the course of this outbreak.

Placing the patient in an AIIR and the use of a fit tested N95 respirator or PAPR is still recommended for *aerosol-generating procedures* (e.g., intubation, suctioning, nebulizer therapy) and when caring for patients with severe illness requiring intensive care. These recommendations are based on our current knowledge of COVID-19 and other coronaviruses, are endorsed by subject matter experts in the field of infection control, and are aligned with the [WHO Infection Control Guidance for COVID-19](#). According to the new [Report on the WHO-China Joint Missions on Coronavirus Disease 2019](#): "Airborne spread has not been reported for COVID-19 and it is not believed to be a major driver of transmission based on available evidence; however, it can be envisaged if certain aerosol-generating procedures are conducted in health care facilities." Additionally, several studies, including a recent large randomized control trial, showed no benefit to the use of N95 respirators vs. face masks in preventing influenza and other viral respiratory infections in healthcare workers ([Radonovich, 2019](#)).

These measures are part of an overall infection control package designed to keep healthcare workers safe: rapid identification and source control of symptomatic patients, strict adherence to respiratory and hand hygiene practices, training staff on [correct use of PPE](#), and routine cleaning and disinfection of surfaces and equipment.



## HEALTHCARE FACILITY PREPAREDNESS

Healthcare resources in New York City will become strained in the weeks ahead and healthcare facilities should plan for enhanced surge capacity. Considerations might include closing nonessential services, cohorting patients, using non-patient care spaces for triage of patients suspected to have COVID-19, opening closed units, using ambulatory areas, discharging/transferring patients, and creating designated isolation spaces. Healthcare facilities are also encouraged to implement plans now for canceling elective admissions and procedures. The American College of Surgeons released a [statement](#) on March 13, 2020, recommending that health systems “minimize, postpone, or cancel electively scheduled operations, endoscopies, or other invasive procedures” and “minimize use of essential items needed to care for patients, including but not limited to, ICU beds, personal protective equipment, terminal cleaning supplies, and ventilators.”

## TREATMENT

Currently, medical care for COVID-19 is supportive. Corticosteroids should be avoided unless they are indicated for other reasons (e.g., COPD exacerbation, septic shock). The antiviral remdesivir is being studied as one experimental treatment. Criteria for compassionate use of the drug as per the manufacturer Gilead include a confirmed SARS-CoV-2 infection, pneumonia, and hypoxia (oxygen saturation  $\leq 94\%$  on room air). Exclusion criteria may include creatinine clearance  $< 30$  ml/min and liver function tests  $> 5$  times normal. Clinicians interested in obtaining the drug can directly reach out to the National Institutes of Health or Gilead. In addition, see CDCs current Clinical Guidance at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

## ISOLATION AND QUARANTINE GUIDANCE FOR MANAGING PERSONS WITH POSSIBLE OR CONFIRMED COVID-19

Isolation and quarantine are different. These two terms are not interchangeable. Isolation refers to the separation of sick people with a contagious disease from people who are not sick. Quarantine refers to the separation of asymptomatic people who were exposed to a contagious disease to see if they become sick. Guidance [materials will be available on the NYC Health Department website.](#)

When preparing to discharge patients with confirmed or possible COVID-19 from the emergency or inpatient department, or sending them home from an outpatient healthcare facility, instruct them to self-isolate and remind their household contacts to self-monitor (see below). The NYC Health Department DOES NOT require a negative COVID-19 test to release a patient from a healthcare facility..

## SELF-ISOLATION AT HOME

As a routine matter, but especially during the current pandemic, persons who are not hospitalized but who have possible or confirmed COVID-19 should be instructed to isolate themselves in a private residence until 7 days following onset of illness and 72 hours after being consistently afebrile without use of antipyretics and with resolving respiratory symptoms. Caregivers should consult a healthcare provider for children with fever and sore throat to determine if testing is indicated for other illnesses such as strep throat. Persons staying at home because of confirmed or presumed COVID-19 infection should not attend work or school and should avoid public settings and other situations that may permit close contact with others. This guidance applies to any person, regardless of whether they have received a laboratory-confirmed COVID-19 diagnosis, including healthcare workers. **Healthcare workers and other staff employed by a facility regulated by the New York State Health Department (e.g., an**

**Article 28 Facility) or a jurisdiction outside of NYC should check with their employer before returning to work as the employer may have a different policy regarding COVID-19.**

*SOCIAL DISTANCING AND SELF-MONITORING*

We are entering a phase of the pandemic where social distancing may have the greatest impact on minimizing transmission. All New Yorkers are asked to practice social distancing, meaning that they should stay at home to the extent possible and only leave home for essential tasks. All New Yorkers should consider themselves as possibly exposed to SARS-CoV-2 and must therefore self-monitor for COVID-19 like illness – especially those who have had close contact with a person with possible or confirmed COVID-19 and those who are healthcare workers. Close contact includes those persons who reside or provide care in the same household of the ill person or are an intimate partner of the ill person. Close contacts should monitor their health *at all times*, but should be particularly vigilant for 14 days starting from the last time there was close contact with the person while they were ill. Persons in whom COVID-19 like illness develops should isolate themselves at home and adhere to guidance on self-isolation at home for persons with confirmed or possible COVID-19 (see above). Such ill persons should only seek healthcare if they have severe or worsening illness.

As a reminder, patients with mild illness do not need COVID-19 testing, unless it may change management. Providers with questions can call the NYC Health Department at the Provider Access Line (PAL) at 1866-692-3641; note that this number is intended only for providers, not the public.

Emotional reactions to this emerging health crisis are expected. Remind yourself, your staff and your patients that feeling sad, anxious, overwhelmed or having other symptoms of distress such as trouble sleeping is normal. If symptoms become worse, encourage them, and yourself, to reach out for support and help. Those living in NYC can call NYC Well at 888-NYC WELL (888 692-9355), or text “WELL” to 65173 for access to a confidential help line.

NYC healthcare providers and institutions are reminded to check COVID-19 resources available on the NYC Health Department provider webpage ([on.nyc.gov/covid19provider](https://on.nyc.gov/covid19provider)), and the [CDC website](https://www.cdc.gov).

Thank you for your collaboration.

Sincerely,



Demetre Daskalakis, MD, MPH  
Deputy Commissioner



## **2019 Novel Coronavirus (COVID-19) – Data Summary**

March 14, 2020

The data in this report reflect events and activities through March 14, 2020.

Includes cases in NYC residents and foreign residents treated in NYC facilities

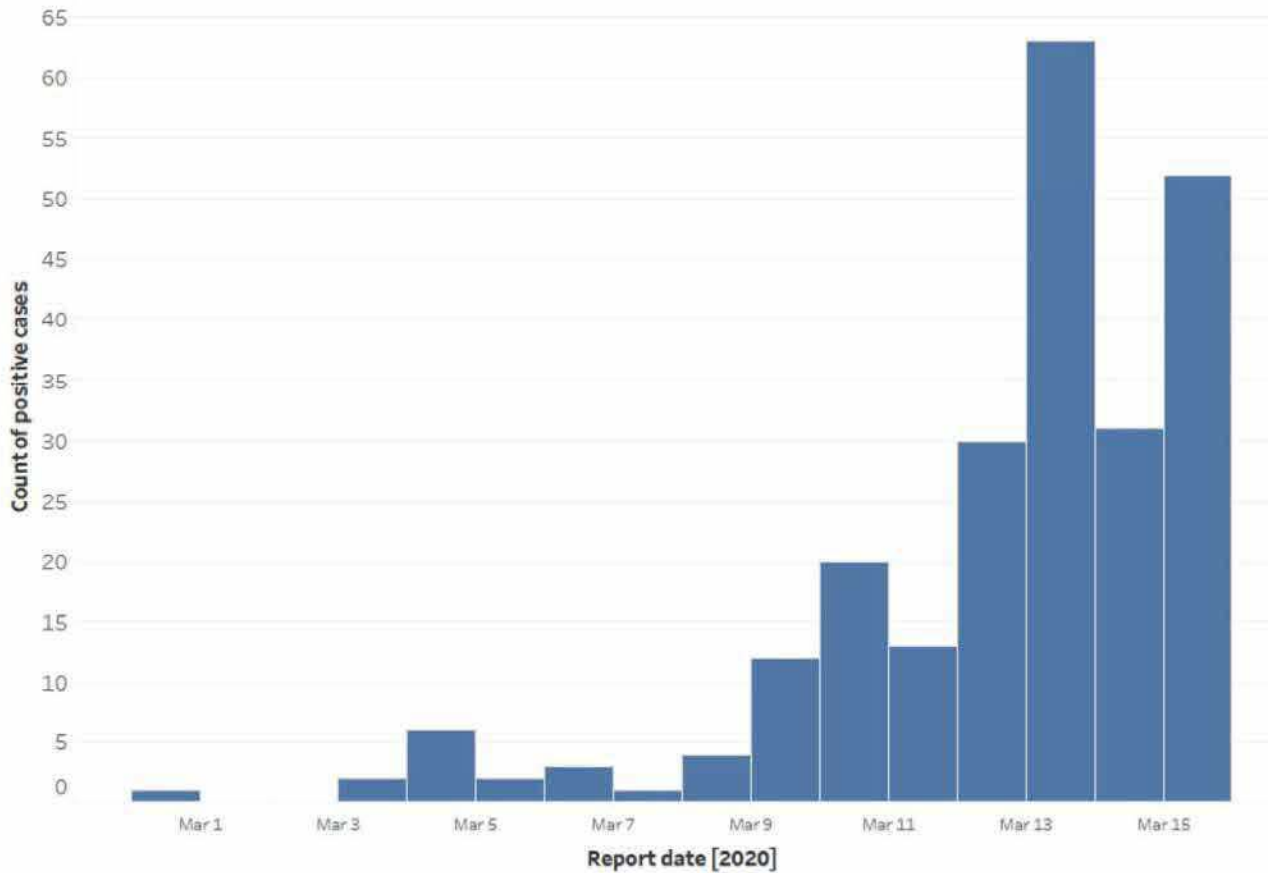
	<b>Total Cases</b>
<b>Total</b>	240
<b>Median Age (Range)</b>	48 (7-96)
<b>Age Group</b>	
- 0 to 17	13 (5%)
- 18 to 40	81 (34%)
- 41 to 65	78 (33%)
- over 65	68 (28%)
<b>Sex</b>	
- Female	98 (42%)
- Male	134 (58%)
<b>Borough</b>	
- Bronx	21
- Brooklyn	53
- Manhattan	72
- Queens	78
- Staten Island	16
- Unknown	0
<b>Ever Hospitalized</b>	62
- Discharged	12
- Admitted to ICU	37
- On Ventilator	27
<b>Deaths</b>	1

<sup>1</sup>Cumulative since January 31, 2020. Data may be updated in between reports on DOHMH's website and/or press releases.

## Figure 1. COVID-19 Cases in New York City by Week of Diagnosis\*

Coronavirus cases in NYC by day of report, February 29 - March 15, 2020

All data in this report are as of 9AM March 15, 2020. All data are preliminary and subject to change as the cases represented within are actively being investigated  
Includes cases in NYC residents and foreign residents treated in NYC facilities



\*Due to day of week effects (lower reporting on weekend), counts of reports represented for the past two days do not represent a true decrease in incidence.

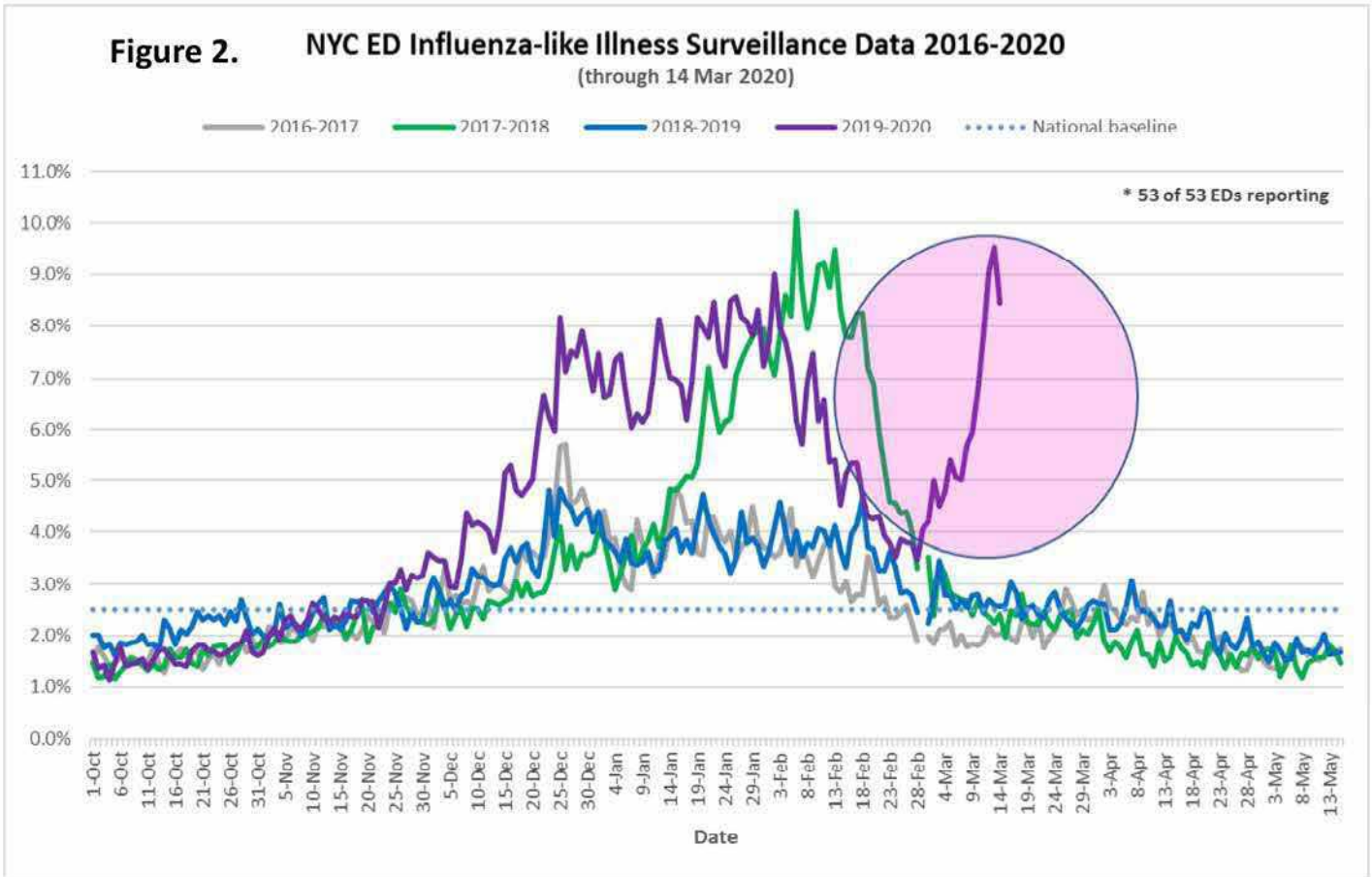


Figure 2. Influenza-like illness (ILI) emergency department (ED) visits (defined as presence of fever AND cough or sore throat OR mention of influenza). The lines show the proportion of daily ED visits for ILI comparing four influenza seasons. The recent increase in ILI visits (highlighted in the circle) is unusual for this time of year.

**Caution:** Do not over interpret the downturn as this does not mean the pandemic has peaked. Day of the week variation occurs in ED visits where lower numbers are seen on weekends.

**From:** Tom Inglesby  
**Sent:** Wed, 18 Mar 2020 20:31:41 +0000  
**To:** Gastfriend, Daniel Z. EOP/OMB  
**Cc:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Re: [EXTERNAL] Labs running out of reagents and swabs

Daniel

This is from colleague in Assoc Pub Health Labs

"They are announcing the swabs etc and haven't worked with CDC to see if this works with the CDC assay. I do think it will get better in the next few days but they two agencies are not together on the science. I'm now getting questions about what the FDA presser is on tomorrow...we have no idea what will hit us next.

**CDC and FDA are not on the same page about saline, meaning FDA announced it but didn't confer with CDC. At all. This just came out on our national call 2 mins ago. We also asked about swabs....FDA will get back to us.**

**It's clear that CDC and FDA need to get together on these decisions but reality is that FDA is leaping ahead IMO."**

**From:** Gastfriend, Daniel Z. EOP/OMB <(b)(6)@omb.eop.gov>  
**Sent:** Wednesday, March 18, 2020 3:48 PM  
**To:** Tom Inglesby  
**Cc:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Re: [EXTERNAL] Labs running out of reagents and swabs

Tom thank you for this. There are teams hard at work on exactly these issues and we have passed the message along.

On swabs specifically- do you have a view on to what extent stockouts have been ameliorated by latest guidance from FDA allowing saline, expanding the swab types, etc?

Sent from my iPhone

On Mar 17, 2020, at 6:32 PM, Tom Inglesby <(b)(6)@jhu.edu> wrote:

Hi Steve and Daniel,

I wanted to make sure you saw these notes. First in blue is from a leader in Association of Public Health Labs. In subsequent note he said one state was going to run out of reagent tomorrow.

He also included info from NYC Health Dept – message in black and attached. NYC Health dept officials are saying in very loud voice that they have to focus on the sickest people first and that messages coming



from WH that everyone can be tested are very harmful to their operations now. They are running out of reagents and using up PPE to do it.

I am hoping there are huge efforts underway at national level now to:

1. Assess what seems like critical reagent shortage common to all tests that could grind testing to halt soon, and find work around to make that reagent on large scale by another means.
2. Find work around for shortage of swabs that is emerging – I heard that one Maine company can make up some of the shortfall but only a small fraction of what is needed. Is there another workaround.
3. War time mobilization on PPE production
4. War time mobilization on ventilator manufacture

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From a leader in the APHL lab system

“I’m afraid it’s what we’re hearing. I’m having all my labs call into the new FDA hotline to report the issues, hoping it gets to HHS and the WH. The message really has to change that not everyone gets or needs a test. The big labs are definitely less far along; they will do an amazing business moving forward but they aren’t there now. I’m doing some media on this but have been very careful because I don’t want to cause widespread panic. You are beginning to see states message this. NYC has also issued an alert limiting their testing, attached.

This is from our list serve and is exactly the message – we are honestly in a world of hurt because the floodgates opened and labs of all types use the same supply chain. I don’t know of any technical solutions. We’ve already moved to one swab. The



reagent shortage for the extraction platforms (not just one platform but multiple) is very real. I know of one state that is stopping testing tomorrow but we are on a call with a supplier right now trying to prioritize them.”

---

From NYC Health DEPT

Hi all,

I want to share perspective from a jurisdiction with widespread community transmission. I am attaching some documents and data with the hope that it will help you advocate in your jurisdiction.

In NYC, we are only testing hospitalized patients and patients for whom a result is needed to make a critical public health decision. **THAT IS IT, and THOSE ARE THE ONLY PATIENTS WE SHOULD BE TESTING.** Mildly ill people and asymptomatic people need to stay home until they feel better.

We, as Public Health Lab Directors, with our clinical lab counterparts, need to come together to stop this madness of testing people inappropriately. It goes beyond the (very real) issue of burning out our staff. It goes beyond the (very real) issue of burning through reagents. Encouraging asymptomatic people and mildly ill people to be tested – by providing these ridiculous drive-through test sites and by governors and mayors and other "elected" officials telling people that "we can test this many millions of people!", etc. – is sending the exact opposite message than the public health message that is needed.

We need to be telling people to **STAY HOME**. If you are very sick, call your doctor. Otherwise, **STAY HOME**. Wash your hands, cover your cough. **STAY HOME**. Don't go to the doctor, don't go to a testing site. You **DON'T NEED TO BE TESTED**. **STAY HOME**.

We have all been well trained and we all know that you don't perform a clinical test unless the result is going to impact care.

When mildly ill and asymptomatic people go to a doctor's office or an ED or a drive through test site, they are doing so to get a test that will not change how they are managed as a patient. They are going to be told to stay home regardless of the result of the test. But, by going to get that test, they have exposed people on the way there, while at the office or ED or site, and on their way home. Their visit has resulted in the use of PPE that is in extremely limited supply. Their visit has used up health care and laboratory resources that need to be conserved to meet the rapidly approaching need of many, many very sick patients that will need these resources to get through the disease.

More than half of the hospitalized patients with COVID-19 in NYC are in the ICU, and this ratio increases every day. Attached are some slides with NYC data and projections. Syndromic data shows that COVID-19 is here – no testing needed. ILI visits to the ED showed a lovely curve for flu season which went down until early March where visits have **SHOT** up to well above peak during this year's flu season. Estimates are that 3.3-5.8 million NYC residents will be infected, up to almost 900K will be hospitalized and almost 300K of those will need ICU care. We need to preserve testing and PPE now

because we will need it even more urgently later. The way to flatten the curve of this outbreak is to move to mitigation strategies now, and use social distancing. **And this means that we need to limit testing to hospitalized patients AND we need to message that mildly ill people don't need a test, but need to STAY HOME.**

As Public Health Lab Directors, we have power to get this message heard. I am lucky (very lucky) to have support in my Deputy Commissioner/Incident Commander/boss in my day job and in the NYC Commissioner of Health. We are all working very hard in the Health Department to make the NYC response right and to get the message up our chain to the elected officials. It isn't easy, but it is critical.

Your jurisdiction can't test without you. Use that power.

<NYC alert.pdf>

**From:** Tom Inglesby  
**Sent:** Thu, 19 Mar 2020 00:32:05 +0000  
**To:** Gastfriend, Daniel Z. EOP/OMB; (b)(6) @gmail.com; Redd, Stephen  
(CDC/DDPHSIS/OD)  
**Subject:** FW: Plea for help from an ER doc

On 18 Mar 2020, at 19:52, Rebecca Katz <(b)(6) @georgetown.edu> wrote:

I just got this note from a family member who works in a large hospital (serving a broad geographic region). She is the most even tempered person I know, and in over 20 years, I've never seen her frustrated or frightened.

Any advice? What can I tell her?

[In reference to the guidance China is putting out....]

They do this with what seems like limitless resources while we are being told to wear the same mask as many days in a row as possible, to re-use face shields, there are no goggles (though we bought some home depot safety glasses for my small department but this may be false security), almost no testing media or viral swabs left and only a couple hundred testing kits left for the whole state. Our hospital lab has testing abilities but we have to limit to ICU patients and our own healthcare workers. State DOH is swamped.

When is the federal government going to step up and send the help front line care workers need? Where is the national guard? Where is our military? If this is a war on an invisible army, where are our soldiers? The medical community feels like we are being sent to war with no gun, no helmet, not even a pocket knife. The WHO and all of the new media are saying test test test, but that is exactly opposite of what we can actually do. We have the ability to test almost no one. Now we have new info coming out about just how contagious this virus is, how it can be found in hair and eyelash samples, and on various surfaces for days, etc. Our entire hospital has about 10-15 CAPR's. We will run out of masks in about a week with no news of getting anything from the fed. stockpile. We are short on gowns, face shields, everything...

Sorry to vent, but this is so INSANE that I can't even begin to tell you how frustrated our whole medical establishment has become. This fight cannot be fought on a local or state level. It needs federal oversight and we need it today.

Anything you can do to help the federal government get moving on this, the better.

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**From:** Tom Inglesby  
**Sent:** Mon, 23 Mar 2020 18:04:16 +0000  
**To:** Gastfriend, Daniel Z. EOP/OMB; Daniel Gastfriend; Redd, Stephen  
(CDC/DDPHSIS/OD)  
**Subject:** RE: Potential large new source of Covid-19 testing supplies

excellent

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**From:** Gastfriend, Daniel Z. EOP/OMB <(b)(6)@omb.eop.gov>  
**Sent:** Monday, March 23, 2020 2:03 PM  
**To:** Tom Inglesby <(b)(6)@jhu.edu>; Daniel Gastfriend <(b)(6)@gmail.com>; Steve Redd MD <scr1@cdc.gov>  
**Subject:** RE: Potential large new source of Covid-19 testing supplies

Thanks, I've reached out to her.

---

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Saturday, March 21, 2020 9:57 AM  
**To:** Gastfriend, Daniel Z. EOP/OMB <(b)(6)@omb.eop.gov>; Daniel Gastfriend <(b)(6)@gmail.com>; Steve Redd MD <scr1@cdc.gov>  
**Subject:** [EXTERNAL] Potential large new source of Covid-19 testing supplies

Through the EA network, a potential source of large numbers of test kits as per below. I don't know Katie or Barry. But this got forwarded to us. I thought you could call her directly to see what she has to offer

**From:** Tara Sell <(b)(6)@jhu.edu>  
**Date:** March 21, 2020 at 6:00:44 AM EDT  
**To:** Tom Inglesby <(b)(6)@jhu.edu>  
**Subject:** Fw: Covid-19 testing supplies

FYI

---

**From:** Barry Grimes <(b)(6)@centreforeffectivealtruism.org>  
**Sent:** Saturday, March 21, 2020 5:56 AM  
**To:** Tara Sell <(b)(6)@jhu.edu>; Jaime Yassif <(b)(6)>; Cassidy Nelson <(b)(6)@gtc.ox.ac.uk>; Gregory Lewis <(b)(6)> Claire Zabel <(b)(6)@openphilanthropy.org>; Andrew Snyder-Beattie <(b)(6)@openphilanthropy.org>  
**Subject:** Covid-19 testing supplies

Hi everyone,

I thought I should forward this email to you all in case any of you can help.

Please respond directly to Katie

(b)(6)

Best wishes,

**Barry Grimes**

Events Associate | Centre for Effective Altruism

----- Forwarded message -----

From: **Katie McGowan**

(b)(6)

Date: Sat, 21 Mar 2020 at 09:48

Subject: Re: Re: Complete your registration for EA Global: San Francisco

Dear Amy,

Apologies for not responding sooner. Covid-19 has turned my world a bit on it's head. I was very much looking forward to attending the conference but no longer have the bandwidth.

Partners of mine in Hong Kong manage 80% of the world's Covid-19 testing supplies and I have found myself suddenly focused on helping get these tests and other medical supplies to those that need them around the globe. We have come to realize most Western nations are dramatically underprepared and at a lost at how to get the resources they and their communities need.

There is a sense of panic and we are trying to help.

This is a long shot, but I'm wondering if anyone within the EA networks would have relationships with high-up decision makers in the US (or elsewhere) that we could be put in touch with to help them get the immediate supplies they need? Governors, senators, mayors, heads of hospitals?

I know this sounds like a crazy ask, but at this point I'm trying any potential resource I can as if orders aren't made in coming days, there will simply not be enough supply to reach the US before the situation becomes dire. 6 million kits are made per day. We've had an order for 60 million today alone.

I would welcome any referrals to decision makers whom we can assist in this regard.

Many thanks

Katie McGowan

(b)(6)

[www.katiemcgowan.ca](http://www.katiemcgowan.ca)

**From:** Tom Inglesby  
**Sent:** Wed, 1 Apr 2020 21:22:57 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Re: Time for a quick call today? Anytime after 4P?

sounds good!

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Wednesday, April 1, 2020 5:11:22 PM  
**To:** Tom Inglesby  
**Subject:** Re: Time for a quick call today? Anytime after 4P?

Oops. How about 730. Typical last minute assignment.  
Stephen C. Redd, MD  
RADM, USPHS

**From:** Tom Inglesby (b)(6)@jhu.edu>  
**Sent:** Wednesday, April 1, 2020 4:52:14 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** Re: Time for a quick call today? Anytime after 4P?

sound great (b)(6)

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Wednesday, April 1, 2020 4:50:33 PM  
**To:** Tom Inglesby  
**Subject:** Re: Time for a quick call today? Anytime after 4P?

You were reading my mind! Yes I have calls at 5, 630 and 7. Maybe I could call around 520, when the 5 pm call ends.

Stephen C. Redd, MD  
RADM, USPHS

**From:** Tom Inglesby (b)(6)@jhu.edu>  
**Sent:** Wednesday, April 1, 2020 3:18:58 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** Time for a quick call today? Anytime after 4P?

Have some ideas and info to share?



**From:** Tom Inglesby  
**Sent:** Wed, 1 Apr 2020 22:01:56 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Cc:** Eric Toner  
**Subject:** comment from George Gao on public mask use

Also for what it is worth, George Gao, Director of China CDC said in interview in Science with Jon Cohen: the first thing on the list for mounting a strong response was fir everyone to wear masks to prevent transmission from people who don't know they are infected.

---

**From:** Tom Inglesby  
**Sent:** Wednesday, April 01, 2020 5:51 PM  
**To:** Steve Redd MD <scr1@cdc.gov>  
**Cc:** Eric Toner (b)(6)@jhu.edu  
**Subject:** One thing I wanted to talk with you about tonight when we talk - CIDRAP mask paper from today.

Steve,

I hope you are doing well. I just wanted to say that we have read the CIDRAP essay section on public cloth mask use and disagree with it. It equates absence of evidence with evidence that it will not be useful.

<http://www.cidrap.umn.edu/news-perspective/2020/04/commentary-masks-all-covid-19-not-based-sound-data>

There are two articles cited in the essay's section regarding cloth public mask use for source control. The first of them says that "Cloth masks may provide some protection and reduce exposure to resp aerosols, but this is unproven in the absence of an RCT." May be true, but policy makers need to often make decisions in the absence of RCTS. The second paper cited was a 1920

study of the use of gauze as a facemask. Which is irrelevant.

The essay also makes these three summary points in italics up front. I have excerpted them below. My comments in blue are added.

*“We do not recommend requiring the general public who do not have symptoms of COVID-19-like illness to routinely wear cloth or surgical masks because:*

- *There is no scientific evidence they are effective in reducing the risk of SARS-CoV-2 transmission.* We don't have evidence that it does or does not reduce transmission of SARS COV2. It is self evident though that coughing into fabric prevents droplet spread better than coughing into the air prevents droplet spread.
- *Their use may result in those wearing the masks to relax other distancing efforts because they have a sense of protection* We do not use this argument when we tell people to wear hand sanitizer. We do not think wearing hand sanitizer will make people take unusual risks. It can be clearly communicated that wearing a mask does not provide protection, but that it provides source control. It is not complicated.



- *We need to preserve the supply of surgical masks for at-risk healthcare workers.”* Everyone agrees with this. The recommendation to use a cloth mask in the public would be made with explicit concurrent messages that all surgical/medical masks must go to hospitals.

Below are other problems in the paper noted by my Center colleague that are related to surgical masks (in any event no one is recommending the public use surgical masks at this point)

<https://bmjopen.bmj.com/content/6/12/e012330.long>

What the review says: Household studies find very limited effectiveness of surgical masks at reducing respiratory illness in other household members.

What the paper they cite found: "rates of clinical respiratory illness (relative risk (RR) 0.61, 95% CI 0.18 to 2.13), ILI (RR 0.32, 95% CI 0.03 to 3.13) and laboratory-confirmed viral infections (RR 0.97, 95% CI 0.06 to 15.54) were consistently lower in the mask arm compared with control, although not statistically significant"

Note: This study is clearly underpowered, but to the extent we can say anything about their findings they are supportive of mask use.

<https://academic.oup.com/cid/article/49/2/275/405108>

What the review says: "There is some evidence that surgical masks can be effective at reducing overall particle emission from patients who have multidrug-resistant tuberculosis,<sup>36</sup> cystic fibrosis,<sup>34</sup> and influenza.<sup>33</sup> The latter found surgical masks decreased emission of large particles (larger than 5  $\mu\text{m}$ ) by 25-fold and small particles by threefold from flu-infected patients.<sup>33</sup>"

What the paper they cite found: Overall, masks produced a 3.4 fold (95% CI 1.8 to 6.3) reduction in viral aerosol shedding...Surgical masks nearly eliminated viral RNA detection in the coarse aerosol fraction with a 25 fold reduction in the number of viral copies, a statistically significant 2.8 fold reduction in copies detected in the fine aerosol fraction, and an overall statistically significant 3.4 fold reduction of viral copy number in the exhaled aerosols. This finding supports current Centers for Disease Control and Prevention recommendations that healthcare facilities encourage patients with influenza-like illness to don surgical facemasks as one component of an influenza infection control program. Note: I'm confused about why this study apparently weighs so little towards the author's conclusions.

<https://academic.oup.com/cid/article/49/2/275/405108>



What the review says: There is evidence from laboratory studies with coughing infectious subjects that surgical masks are effective at preventing emission of large particles."

What the paper it cites found: Surgical and N95 masks were equally effective in preventing the spread of PCR-detectable influenza.

Note: Again, not sure why this highly relevant study counts so little towards the conclusions.

Other examples, e.g. about preventing surgical site infections, clearly have other relevant routes of transmission.

**From:** Tom Inglesby  
**Sent:** Sat, 18 Apr 2020 14:32:59 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** talking today at noon  
**Attachments:** BRT Note Exhibits.pdf, reopening-guidance-governors.pdf

Hi Steve,

Hope you are doing well.

Looking forward to talking at noon. One of the things I wanted to check in on was around guidance for businesses as they consider reopening. Attached is a letter from Business Roundtable. In Exhibit 1 it says what it believes are key federal roles around businesses reopening – one of those things is guidance for “Measures on how to ensure safety in public spaces and workplaces” and what they are seeking is for CDC to develop guidance for how to reopen various key industries – e.g. something like: CDC guidance on how to operate manufacturing factories as safely as possible with respect to COVID; and CDC guidance on how to operate food production operations as safety as possible with respect to COVID.

So one thing I wanted to talk about is whether CDC/NIOSH are in the process of doing that?

Also wanted to send a report that we published yesterday just as fyi

Will be good to talk. My cell is (b)(6)  
All the best  
Tom

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Friday, April 17, 2020 7:06 PM  
**To:** Tom Inglesby (b)(6)@jhu.edu>  
**Subject:** Re: time for a quick call this eve or tomorrow?

Does noon tomorrow work?

Stephen C. Redd, MD  
RADM, USPHS

---

**From:** Tom Inglesby (b)(6)@jhu.edu>  
**Sent:** Friday, April 17, 2020 5:17:57 PM

**To:** Redd, Stephen (CDC/DDPHSIS/OD) <[scr1@cdc.gov](mailto:scr1@cdc.gov)>

**Subject:** time for a quick call this eve or tomorrow?

**Tom Inglesby, MD**

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Professor, Environmental Health and Engineering  
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*International Paper Company*

April 14, 2020

The Honorable Michael R. Pence  
Vice President of the United States  
The White House  
1600 Pennsylvania Avenue NW  
Washington, DC 20500

Dear Mr. Vice President,

In recent weeks, our country has come together in extraordinary ways to address the unprecedented health and economic crisis caused by COVID-19. As CEOs of many of America's largest employers, Business Roundtable members have been inspired by the courage and determination of so many Americans, including healthcare workers, public health officials, first responders and the many employees of our companies who are working to provide the country with essential goods and services. We are also moved by the generosity of the American spirit during this uncertain time, as neighbors look out for one another and help keep the most vulnerable among us safe. We are confident that Americans will adapt to the many changes we need to make in the months ahead and that the country will emerge from this crisis with renewed strength and resolve.

While our country continues to take the steps necessary to bring the public health crisis under control, including following national, state, and local guidance on shelter in place and physical distancing orders, we appreciate the efforts of the Trump Administration and many Governors to begin the difficult work of developing economic recovery plans. It is important to plan now for the gradual lifting of some restrictions on activity when policymakers, guided by public health officials, conclude the time is right. This work is especially important to small and medium-sized businesses – many of whom are our customers and suppliers – and for individuals and families who are bearing the brunt of the current crisis. Careful planning now will help us manage the health crisis, while also mitigating economic suffering as much as possible.

As the public and private sectors undertake this work, Business Roundtable endorses the following overriding **principles**:

**Safety First.** Protecting the lives of Americans must remain the country's paramount interest. Americans need to know that policymakers and employers are prioritizing their safety. A successful recovery strategy must give Americans confidence that they can safely return to work and public spaces. This means reopening at the right time, as guided by public health officials. It also means that as community-based movement restrictions are gradually lifted, those restrictions will need to be replaced by other kinds of protections that



keep Americans safe, including, among other things, personal protective equipment, cleaning procedures, testing and other diagnostic tools, and virus monitoring.

**Coordination.** While we value the critical role states play in protecting public health and safety, federal guidelines on a range of issues will help build confidence for workers and consumers by fostering a common understanding of the measures being taken across the country. Federal guidelines will also help businesses of all sizes plan, prepare for and execute the most effective recovery possible. Even on issues not covered by federal guidelines, states should endeavor to be as coordinated as possible, particularly states within the same region.

In the coming weeks, Business Roundtable will be preparing a more detailed document outlining approaches to a safe recovery and revitalization. **Our work will focus on the following issues:**

### **Federal Guidelines**

- **Risk Levels.** The federal government has an important role to play in helping define the public health criteria that would inform a state or local decision to begin lifting activity restrictions. Specific factors in determining risk level should be developed with guidance from public health officials and could include, for example, local caseload and infection rates, capacity in the healthcare system, and the ability to conduct rigorous diagnostics and disease monitoring. (See Exhibit 3)
- **Public and Workplace Safety.** Business Roundtable believes it will be important for the federal government to issue national guidelines outlining appropriate safety measures such as personal protective equipment, cleaning procedures, testing and other diagnostic tools, and virus monitoring. Clear federal guidelines, implemented across states, will give workers and consumers greater confidence, will ensure that essential services can continue to function without interruption, and will help direct use of critical supplies to the areas with greatest need.

**Access to Critical Resources and Supplies.** Alongside the adoption of consistent national guidelines, we urge policymakers at all levels to rapidly identify and invest in the critical resources our country needs in order to lift restrictions safely.

- **Testing and Virus Monitoring.** Better data and information will be essential, both to identify and isolate specific cases and their contacts and to monitor infection rates and potential hotspots. We welcome efforts by policymakers to focus now on development of a comprehensive, coordinated approach to testing and monitoring and to ensure we have sufficient resources to reach these goals.
- **Supplies.** We appreciate your close and urgent attention to addressing continued shortages of personal protective equipment and other resources needed for testing, tracing and monitoring, as well as disruptions to the supply chains necessary to produce such materials. Personal protective equipment and other supplies should continue to go first to healthcare workers who need them most. As more individuals return to work, supplies will need to be even more broadly available to restart operations and keep workers safe. We strongly support additional investment in PPE, testing equipment, and other critical supplies, and clear federal guidance on how and when they should be used.

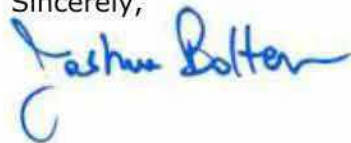
Addressing these shortages will require both increased domestic and global capacity as well as access to foreign inputs and supplies. We urge continued coordination with trading partners to keep markets open and strengthen supply chains to ensure that healthcare workers, essential services and other businesses have access to the resources and supplies we need to keep Americans safe.

- Therapeutics and Vaccines. Business Roundtable members in the healthcare community are going all out in the effort to develop therapeutics and vaccines. To ultimately defeat the virus, we need a globally coordinated approach to development, testing, approval and production. We urge that policymakers work with the global community to ensure appropriate mechanisms are in place to accelerate the development, approval and deployment of effective interventions to combat the spread of this virus.

**Vital Worker and Community Needs.** As large employers, we are fully committed to the health and safety of our workers and customers. While governments and businesses are investing in the tools to keep workers and consumers safe, we cannot lose sight of needs outside the workplace, including safe schools, childcare and transportation. This includes the restoration of comprehensive healthcare services as soon as possible so that non-coronavirus healthcare needs can be addressed. In your recovery planning, we urge you to prioritize these critical issues. We look forward to engaging with you on common sense solutions.

We have attached some exhibits outlining a framework for approaching these issues. We look forward to working with the Trump Administration, Governors, local officials and other key stakeholders on a strong and lasting recovery.

Sincerely,



Joshua Bolten  
President & CEO, Business Roundtable

C: Lawrence A. Kudlow  
Jared C. Kushner  
Christopher P. Liddell  
Mark R. Meadows

## Exhibit 1: Federal guidelines are essential to a coordinated approach

	Federal role	State and local role
<b>Public health strategy</b>	Set the national strategy	Execute the strategy based on local conditions
<b>Guidelines</b>	Provide national guidelines <ul style="list-style-type: none"><li>• Considerations on when and where to lift restrictions</li><li>• Defined risk levels</li><li>• Measures on how to ensure safety in public spaces and workplaces</li></ul>	Implement guidelines based on local conditions
<b>Investment in critical resources</b>	Provide critical resources and coordinate national healthcare capacity and national virus monitoring	Provide and manage resources and investments in healthcare capacity, virus monitoring, etc.

## Exhibit 2: Example considerations on when and where to lift restrictions

National guidelines to be implemented based on local conditions

### Epidemic status

State and trajectory of the epidemic (caseload, growth rate, transmission risk, etc.)

### Healthcare capacity

Healthcare system capacity and preparedness measures (e.g., ICU beds, ventilators)

Sufficient capacity for all non-COVID healthcare operations and services

### Virus monitoring

Broad diagnostic and disease monitoring strategies

Capacity to test, trace, monitor and report at scale



## Exhibit 3: Federal guidance should define risk levels

### Example of risk levels

4

*Shelter-in-place with essential services only*

3

*Gradual increased freedom of movement coupled with strict measures on gathering limitations, physical distancing, cleaning protocols, testing, tracing, virus monitoring, etc.*

2

*Further lifting of restrictions coupled with targeted measures on physical distancing, cleaning protocols, testing, tracing, virus monitoring, etc.*

1

*Return to normal activity levels (widespread availability of vaccine or reliable treatment)*

**Risk levels, applied to the appropriate geographic area by state/local elected and public health officials, should guide restrictions on key categories**

## Exhibit 4: Example measures to ensure public health and safety

Categories of national guidelines, to be adapted and implemented by state and local officials

	CATEGORY	MEASURES
<b>Movement and Activity</b>	Work / activity	<ul style="list-style-type: none"> <li>• Limitations placed on the operations of individuals and business (e.g., lockdown)</li> </ul>
	Gathering size	<ul style="list-style-type: none"> <li>• Limitations on gathering of individuals (e.g., meeting size, event size)</li> </ul>
	Physical distancing	<ul style="list-style-type: none"> <li>• Limitations on physical proximity to other individuals (including occupancy)</li> </ul>
	Movement and commerce	<ul style="list-style-type: none"> <li>• Limitations on the movement of people and goods across/within regions</li> </ul>
<b>Public and Workplace Safety and Trust</b>	Access to establishments	<ul style="list-style-type: none"> <li>• Entry conditions for access to workplaces, stores, and public venues (e.g., health checks)</li> </ul>
	Hygiene and cleaning	<ul style="list-style-type: none"> <li>• Actions taken to disinfect public and private areas, maintain personal hygiene</li> </ul>
	Protective equipment	<ul style="list-style-type: none"> <li>• Use of protective gear (e.g., face masks) outside of the home / at workplaces</li> </ul>
	Special measures for vulnerable population	<ul style="list-style-type: none"> <li>• Adjusted precautions to ensure people most at risk are protected (e.g., special hours at stores)</li> </ul>
<b>Monitoring</b>	Testing, tracing, and monitoring	<ul style="list-style-type: none"> <li>• Criteria for application and extent of testing, tracing, and monitoring to guide appropriate actions</li> </ul>
	Reporting	<ul style="list-style-type: none"> <li>• Communication protocols for reporting on testing measures and ensuring adherence by stakeholders to established guidelines</li> </ul>

## Exhibit 5: Example guidance on measures to vary across risk levels

CATEGORY		4	3	2	1
<b>Movement and Activity</b>	Work / activity	<b>Restricted</b> <ul style="list-style-type: none"> <li>Shelter-in-place with essential services only</li> <li>Gathering size (e.g., &lt;10)</li> <li>Strict physical distancing</li> <li>Essential travel</li> <li>Appropriate protocols and requirements for essential workers</li> </ul>	<b>Cautious</b> <ul style="list-style-type: none"> <li>Gradual shift to in-person work</li> <li>Gathering size (e.g., &lt;100)</li> <li>Strict physical distancing</li> </ul>	<b>Vigilant</b> <ul style="list-style-type: none"> <li>Further lifting of restrictions</li> <li>Gathering size (e.g., &lt;500)</li> <li>Moderate physical distancing</li> </ul>	<b>Fully open</b> <ul style="list-style-type: none"> <li>Return to normal activity levels</li> </ul> <i>Rebuild readiness and invest in HC system modernization</i>
	Gathering size				
	Physical distancing				
	Movement and commerce				
<b>Public and Workplace Safety and Trust</b>	Access to establishments	<b>Restricted</b> <ul style="list-style-type: none"> <li>Shelter-in-place with essential services only</li> <li>Gathering size (e.g., &lt;10)</li> <li>Strict physical distancing</li> <li>Essential travel</li> <li>Appropriate protocols and requirements for essential workers</li> </ul>	<b>Cautious</b> <ul style="list-style-type: none"> <li>Gradual shift to in-person work</li> <li>Gathering size (e.g., &lt;100)</li> <li>Strict physical distancing</li> </ul>	<b>Vigilant</b> <ul style="list-style-type: none"> <li>Further lifting of restrictions</li> <li>Gathering size (e.g., &lt;500)</li> <li>Moderate physical distancing</li> </ul>	<b>Fully open</b> <ul style="list-style-type: none"> <li>Return to normal activity levels</li> </ul> <i>Rebuild readiness and invest in HC system modernization</i>
	Hygiene and cleaning				
	Protective equipment				
	Special measures for vulnerable population				
<b>Monitoring</b>	Testing, tracing, and monitoring	<b>Restricted</b> <ul style="list-style-type: none"> <li>Shelter-in-place with essential services only</li> <li>Gathering size (e.g., &lt;10)</li> <li>Strict physical distancing</li> <li>Essential travel</li> <li>Appropriate protocols and requirements for essential workers</li> </ul>	<b>Cautious</b> <ul style="list-style-type: none"> <li>Gradual shift to in-person work</li> <li>Gathering size (e.g., &lt;100)</li> <li>Strict physical distancing</li> </ul>	<b>Vigilant</b> <ul style="list-style-type: none"> <li>Further lifting of restrictions</li> <li>Gathering size (e.g., &lt;500)</li> <li>Moderate physical distancing</li> </ul>	<b>Fully open</b> <ul style="list-style-type: none"> <li>Return to normal activity levels</li> </ul> <i>Rebuild readiness and invest in HC system modernization</i>
	Reporting				



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BLOOMBERG SCHOOL  
*of* PUBLIC HEALTH

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**Center for Health Security**

# **Public Health Principles for a Phased Reopening During COVID-19: Guidance for Governors**

## **AUTHORS**

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## EXECUTIVE SUMMARY

As the COVID-19 pandemic continues to progress, most jurisdictions have implemented physical distancing measures community-wide. As chains of transmission begin to decline, along with new COVID-19 cases, there will need to be decisions at the state level about how to transition out of strict physical distancing and into a phased reopening.

This document provides an assessment of the risk of SARS-CoV-2 transmission in a variety of organizations and settings that have been closed. We outline steps to reduce potential transmission during the reopening of these organizations and settings, building on the proposed phased approach from the [National Coronavirus Response: A Road Map to Reopening](#). Reopening businesses and other sectors represents one of many steps that will need to be taken to revitalize communities recovering from the pandemic, restore economic activity, and mitigate the unintended public health impact of the distancing measures that were necessary to confront the epidemic of COVID-19. A discussion of larger community-wide considerations for holistically enhancing recovery can be found in the [Appendix](#).

State-level decision makers will need to make choices based on the individual situations experienced in their states, risk levels, and resource assessments. They should make these decisions in consultation with community stakeholder groups. Different parts of the country face varying levels of risk and have different resources available to confront these uncertainties. These decisions will need to be accompanied by clear and transparent communication to gain community engagement around the greatly anticipated reopenings. Individuals, businesses, and communities have a role to play in taking actions to protect themselves and those around them during this time. In this report, we offer a framework for considering risks regarding the likelihood of transmission and potential consequences of those transmissions. This is accompanied by proposed assessments for nonessential businesses, schools and childcare facilities, outdoor spaces, community gathering spaces, transportation, mass gatherings, and interpersonal gatherings. This is followed by proposed action steps for state-level decision makers on how to use risk assessment findings.

# INTRODUCTION

Over the past few weeks, most states have implemented strict physical distancing measures in an extraordinary effort to reduce transmission of SARS-CoV-2. These measures are working, and there are now signs of improvement in some communities where the numbers of new cases reported daily have begun to decline. Although no states are ready to lift physical distancing measures, there is immense pressure to get back to business as usual, and these developments have prompted questions around how to reopen in individual states when it becomes safer to do so.

It will be essential for each state to make informed decisions about how to carefully move from a strict physical distancing phase (Phase I) to a staged reopening phase (Phase II) and to communicate that rationale clearly. As important, governors should set appropriate expectations around the risks involved in reopening businesses and other sectors. To be clear, reopening will increase the risk of COVID-19 spread. Therefore, it is important for leaders to know that getting things open again will increase the risks of individuals contracting COVID-19, and there is no way to completely guard against that.

The majority of models have shown that, in the absence of social distancing, COVID-19 has a reproduction rate of between 2 and 3 (though some models have shown it to be higher). This means that every person with the disease will spread it to 2 to 3 others, on average. To end an epidemic, control measures need to drive that number as far below 1 as possible. A vaccine can do that if and when it becomes available. But in the meantime, social distancing measures, combined with case-based interventions, are the key tools to maintaining the reproduction rate below 1. If the reproduction rate rises above 1, this means that epidemic growth has resumed. If that occurs, it may be necessary to re-initiate large-scale physical distancing. It is important to recognize that states will need to actively manage COVID-19 cases with great vigilance for the entire duration of the pandemic until a safe and effective vaccine is widely available.

The purpose of this document is to assess the risk of SARS-CoV-2 transmission in businesses, schools, and other community spaces considered nonessential by state orders, in order to identify candidates for reopening. This evaluation should be done on the basis of risk for viral transmission in different settings and the ability to implement mitigation measures to reduce risks to employees and customers. Reopening businesses is only one step among many that will need to be considered on the path to recovering from this pandemic. This document is limited to issues of reopening and does not address other important matters related to recovery from this pandemic around the country. At the same time, reopening decisions prompt the larger question of how communities can plan better for other, future decisions ([see Appendix](#)).



## PHASES OF REOPENING

This report builds on the epidemic phases described in the [National Coronavirus Response: A Road Map to Reopening](#), published last month. That report outlined 4 phases and identified capacities required in each phase, as well as the triggers needed to progress from one phase to the next.

Phase I consists of community-level physical distancing measures to “slow the spread.” In addition to asking community members to remain at home, state leaders should also use Phase I to increase access to diagnostic testing and increase public health and medical system capacities. These capacities are needed to safely identify and treat all COVID-19 patients and to prepare for a shift from community mitigation (what we are doing now) to case-based interventions (when we try to control spread by focusing testing and resources on individuals with disease who may be infectious and their close contacts).

A shift to Phase II could be considered when the following 4 criteria have been met: (1) the number of new cases has declined for at least 14 days; (2) rapid diagnostic testing capacity is sufficient to test, at minimum, all people with COVID-19 symptoms, as well as close contacts and those in essential roles; (3) the healthcare system is able to safely care for all patients, including having appropriate personal protective equipment for healthcare workers; and (4) there is sufficient public health capacity to conduct [contact tracing](#) for all new cases and their close contacts, as described in our [National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US](#).

During Phase II, businesses and sectors can begin a process of reopening, with modifications. Rather than asking everyone to stay home, states can limit SARS-CoV-2 transmission through a combination of physical distancing and case-based interventions (testing, contact tracing, and self-isolation for those with active disease or individuals who may have contracted SARS-CoV-2 and are awaiting test results), which in most places may require an expanded workforce and resources.

Phase III looks ahead to a time when an effective therapeutic or vaccine is available, and Phase IV identifies some policy priorities for increasing preparedness for the next public health threat. Details of those phases can be found in that [full report](#).



# CONSIDERATIONS FOR STATE-LEVEL DECISION MAKING

There is no one-size-fits-all approach to reopening. Governors will need to assess the epidemiologic situation in consultation with public health and healthcare leaders, along with mayors, local community leaders, and health departments. These discussions should include considerations of available capacities (eg, in the areas of diagnostic testing, personal protective equipment, healthcare and medical resources), careful risk assessments, and a weighing of the risks and benefits sector by sector. Governors will need to decide whether to implement the same reopening policies across the state or if there will be local decisions taken at the county or city levels. They will also need to make plans for the potential reintroduction of physical distancing measures should there be an uptick in cases.

Epidemiologic risk for increasing virus transmission is only one of many factors that should guide decision making at the state level. This document is not intended to be a comprehensive representation of necessary steps for transitioning into new phases of the pandemic. Decisions pertaining to reopening of different sectors can be particularly high consequence, and governors should ideally consult with a multidisciplinary group of stakeholders who have an understanding of the circumstances facing communities and the ability to identify downstream impacts of decisions around reopening sectors in local communities. These stakeholders could include, for example, leaders from chambers of commerce or small business bureaus, faith-based communities, representatives from minority and underserved communities, and organizations that regularly work with vulnerable populations. These diverse perspectives will highlight the practicalities of what reopening will mean for their communities and will uncover opportunities for state and local leaders to provide additional support to those communities during the transition to Phase II, where gradual reopening begins.

Consequential decisions around reopening have the potential to be immensely beneficial but also carry the possibility for unintentional harm. Decisions driven by risk assessments will support protection of the health and safety of the public. The addition of consultations with multidisciplinary stakeholder groups ensures that many voices are heard and that additional programmatic and financial resources can be directed to places where they are most needed.

## COMMUNICATION AROUND REOPENING

The most critical component in communication around reopening is to ensure community engagement in both mitigation measures taken to prevent the spread of disease and plans for reopening. This requires substantial effort to coordinate with community and business stakeholders. Communication must address concerns from those stakeholders and should be conducted with an interest in 2-way communication and input from a wide range of voices. Without community engagement as a goal of communication efforts, there is a risk of distrust, spread of misinformation, and lack of compliance. Different states and local communities may weigh differently the competing considerations as to how they stage their reopening, based on local needs, resources, social issues, and risk factors. This underscores the importance of leaving these decisions to state and local officials, and for state and local officials to involve interdisciplinary stakeholder groups in reopening discussions.

There is great anticipation of the possibility of returning to a sense of normalcy and routine activities; therefore, framing and communication of goals and considerations around reopening will be of key importance. The position from which decisions are framed will function to generate support from members of the public. Communities are feeling the costs of lost livelihoods, interrupted schooling for children, and grief from loss of loved ones to the virus. Measured strategies for explaining the factors involved with reopening decision making will be needed.

Communication before and during the period of phased reopening should be transparent about the factors that are being used to make decisions, the decision-making process, and those stakeholders who were part of the decision-making process. Leaders should acknowledge uncertainty where it exists and highlight what measures are being taken to reduce that uncertainty. They should also foreshadow what information may lead to a change in recommendations. A nuanced understanding of the challenges faced by those affected by decisions about reopening and empathy toward these challenges is also critical to ensure members of the community feel their issues have been given consideration.

Communication during reopening should also ensure that individuals know what actions they should take to protect themselves from COVID-19 and what should reasonably be expected from businesses and other community members. This requires a good understanding of their risks and the mitigation measures being put in place by businesses. State and local authorities should regularly update members of the public about what they are doing to keep people safe, changing circumstances, and changes in requirements for businesses.



# THE IMPORTANCE OF RISK ASSESSMENT

Risk assessments should be integrated into the decisions around reopening. Risk assessments are formalized processes to evaluate risks and hazards. Assessing the risks of easing social distancing measures and restarting parts of the economy requires a measurement of the **likelihood** of increased transmission and the **consequences** of that transmission. Likelihood in this case means the probability that reopening a business, school, or other organization where people congregate will cause significantly increased transmission. Consequence is the impact that increased transmission could have on individuals or communities if a business, school, or other organization reopens or eases social distancing measures.

In addition, there are mitigation measures that can decrease both the likelihood and consequences of transmission. Although enumeration of those mitigation measures for every type of business is beyond the scope of this report, we briefly describe principles of risk reduction through the hierarchy of controls later in this section. Where possible, we have also linked to a selection of existing guidance throughout the document.

The risks of increased transmission of COVID-19 are balanced against risks to the health and well-being of the public, society, and the economy from measures taken to reduce the spread of the disease. The likelihood and consequence of harms across a range of factors, including but not limited to increased disease transmission, other health impacts, threats to livelihoods, and consequences to regional economies, should be considered together.

## Likelihood

There are still many gaps in scientific understanding about the transmission dynamics of SARS-CoV-2. But initial published data suggest that transmission of SARS-CoV-2 occurs primarily through prolonged, close contact. In studies that have monitored people with a known exposure to a confirmed case, household members, those who report frequent contact, and people who have traveled together or shared a meal are found to be at highest risk of infection. Other studies that attempt to reconstruct transmission chains among confirmed cases have also found that prolonged close contact is the source of most new infections. Some special settings have also been identified. Superspreading events have been linked to religious services, choir practice, and large family gatherings, among others. Congregate settings like cruise ships, institutions of incarceration, and long-term care facilities have also been the source of large outbreaks. These findings suggest that settings where close contact is minimal will be lower risk than settings with prolonged close contact.

However, it is important to note that low risk does not mean no risk. Any place where people come together or have contact with shared surfaces could in theory be a transmission opportunity. Exact quantification of the risks of various activities is not possible, so we present here qualitative assessments using expert elicitation and published data as of the date of this report.

## Consequences

The primary consequence is the risk of increased transmission of SARS-CoV-2, which could precipitate community spread. Businesses or activities that bring people together in densely populated spaces, those that have employees or customers that travel further and disperse more widely, and those that either employ or have a large number of customers with COVID-19 risk factors, like underlying medical conditions, may create greater personal and societal consequences if they ignite a chain of transmission by reopening.

## Mitigation

Mitigation measures are those actions to reduce the negative impacts of situations carrying increased risk through minimizing the severity or scope of impact. The [Centers for Disease Control and Prevention](#) has published extensive guidance on implementation of mitigation measures across multiple levels of society, including individuals, schools, workplaces, faith-based organizations, and congregate living spaces.

Even if a business or organization is deemed to be high risk because of likelihood or consequences of increased transmission, it is possible to reduce that risk with targeted mitigation steps. However, it should be noted that no mitigation step will reduce the risk completely, and even with multiple mitigation steps in place, some businesses or organizations may be at too high a risk to open until the pandemic is over.

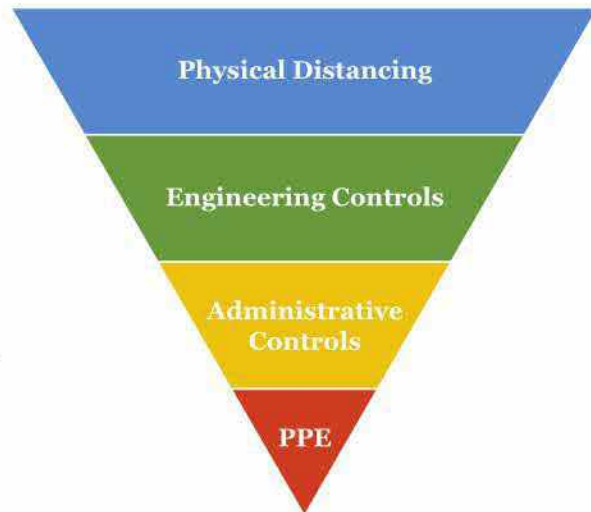
[Hierarchy of controls](#) is a concept used by the National Institute for Occupational Safety and Health (NIOSH) as a framework for identifying controls for potentially harmful workplace hazards. These principles are useful for assessing the effectiveness of controls for COVID-19 and for understanding the range of impacts those measures can have on decreasing the likelihood of transmission. The NIOSH hierarchy of controls structure is adapted below for COVID-19 purposes.



## MODIFIED HIERARCHY OF CONTROLS

Using the modified hierarchy of controls, COVID-19 mitigation measures can look like:

- Physical Distancing — wherever possible having people work or access the business from home; this should include restructuring responsibilities to minimize the numbers of workers that need to be physically present.
- Engineering controls — creating physical barriers between people
- Administrative controls — redistributing responsibilities to reduce contact between individuals, using technology to facilitate communication
- PPE — having people wear nonmedical cloth masks



Regardless of business specific considerations, there are measures that can be taken to mitigate the risk of infection to protect individuals:

- Use of nonmedical cloth masks
- Incorporating engineering controls such as physical barriers where possible
- Reconfiguring space to enable people to be located apart (ideally, at least 6 feet)
- Supporting and enabling employees to remain at home if they are unwell or have been in close contact with someone who is sick

## ASSESSING RISK FOR ORGANIZATIONS AND SPECIFIC SETTINGS

This section provides high-level risk assessments for the following 7 categories: (1) “nonessential” businesses,\* (2) schools and childcare facilities, (3) outdoor spaces, (4) community gathering spaces, (5) transportation, (6) mass gatherings, and (7) interpersonal gatherings. Each of these categories was assessed along 3 dimensions: contact intensity, number of contacts, and the degree to which the activities are considered to be modifiable (through mitigation measures such as enabling people to remain 6 feet apart) to reduce risk. We note that these assessments are qualitative and

\* “Nonessential businesses” is a term being used by states to distinguish between businesses that are allowed to remain open because they are critical to societal functioning and those that have been asked to temporarily close.

based on expert judgment. Currently, there are not enough detailed data available to enable quantitative risk stratification. Unfortunately, states will need to make decisions about re-initiating some business activities before there are validated data to know the levels of risk we are assuming in reducing social distancing in various settings.

For purposes of this document, contact intensity was rated as either low, medium, or high. We define contact intensity as a function of contact type (ranging from close to distant) and duration (ranging from brief to prolonged). Low contact intensity activities are interactions that are brief and fairly distant, like walking past someone in a shop. High contact intensity activities involve prolonged close contact, like sharing a dormitory. Medium contact intensity activities fall between these 2 poles, like sharing a meal in a seats that are separated by several feet. Of course, inside 1 business environment, there may be physical spaces and/or activities that range from low to medium to high, and that should be taken into account during the decision-making process.

We also assess the number of contacts as either low, medium, or high. We define the number of contacts as the approximate number of people in the setting at the same time, on average. A higher number of contacts is presumed to be riskier.

Modification potential (the degree to which mitigation measures can buy down those risks) is a qualitative assessment of the degree to which activities can be modified to reduce risk. The engineering controls framework was used to inform the risk assessments; sectors and businesses that could effectively incorporate physical distancing and engineering controls were considered to have a higher modification potential than those relying on administrative controls or personal protective equipment. Links to a selection of existing guidance on what those mitigation steps could include are also provided.

Included in the next section are high-level risk assessments for various sectors. They are not listed in any particular order, and the list is not fully comprehensive. Governors and their teams may want to modify these risk assessments according to local considerations. In the final section, there are proposed principles for incorporating these determinations into policy decisions. Those, too, should be modified to reflect local context.



## “Nonessential” Businesses

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Restaurants	Medium	Medium	Medium	<a href="#">National Restaurant Association, FDA</a>
Bars	High	High	Medium	<a href="#">FDA</a>
Salon, spas, and other personal care industries	Medium/high	Low	Medium	<a href="#">TN Cosmetology &amp; Barber Guidelines</a>
Retailers	Low	Medium	Medium	<a href="#">NY state guidance, OSHA</a>
Shopping malls	Low	Medium	Medium	<a href="#">NC state guidance, OSHA</a>
Gyms/fitness studios	Medium	Medium	Medium	<a href="#">CDC Small Business guidance</a>
Theaters, museums, and other indoor leisure spaces	Medium	High	Medium	<a href="#">CA entertainment venue guidance, Americans for the Arts, American Alliance of Museums</a>
Outdoor large venues (concerts, sports)	High	High	Medium	<a href="#">CDC Mass Gathering guidance</a>
Indoor large venues (concerts, sports)	High	High	Low	<a href="#">CDC Mass Gathering guidance</a>

## Schools and Childcare Facilities

Schools and childcare facilities play many important roles in communities. Schools provide necessary education to prepare children for adulthood. Online education from K-12 is not a substitute for in-person learning and socialization in a school setting. Long-term shutdowns will likely lead to education gaps and other consequences for many children. In addition to the critical function of educating children, schools and childcare facilities also enable parents to work outside the home. They also serve as key resources in that they offer meals, safe environments, and other services, particularly to vulnerable families.

Unlike businesses and sectors that primarily serve adults, the consequences of increased transmission are potentially different for settings and activities that primarily serve kids. Children are less vulnerable to severe illness from COVID-19 than adults. A

recent [report](#) found that fewer than 2% of cases of COVID-19 in the United States were diagnosed in children, and of those (for whom data were available), between 5.7% and 20% required hospitalization. Most children requiring hospitalization were under 1 year of age. These considerations favor the reopening of schools and childcare facilities.

However, it is still not known what role children play in the transmission of SARS-CoV-2. For other viral illnesses, like influenza, children are drivers of transmission. Early and prolonged school closures have been shown to reduce overall community transmission of influenza. There has been some evidence that COVID-19 produces more [mild illness](#) in children and therefore it may be less likely to be detected than in adults. However, without more conclusive evidence, it is difficult to quantify the role of [children](#) in propagating [COVID-19](#) to other students, their family members, teachers, and school staff. Furthermore, schools and childcare facilities are staffed by adults, some of whom may be at risk of severe illness. These considerations weigh against reopening.

Some students are likely to have underlying medical conditions that will prevent them from returning to school safely. Other students who are healthy without underlying conditions may have parents who believe it is unsafe for their children to return to school, either because of concerns about the health of the student or the possibility of bringing infection back to the household and infecting adults. If schools are reopened, decisions will need to be made regarding whether tele-education will need to be provided to those students who do not come back to school, alongside in-person education being provided in school.

In order to better understand the role of children in transmission, studies reconstructing transmission chains are needed, as are studies seeking to correlate viral load to infectiousness. Governors should work with their state public health departments to make this research a priority.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Childcare facilities (daycare, preschools)	High	Medium/High	Low/Medium	<a href="#">CDC</a> , <a href="#">WHO</a>
Schools (elementary, middle, and high)	High	High	Low	<a href="#">CDC</a> , <a href="#">WHO</a>
Contact school sports	High	Medium/High	Low	<a href="#">NCAA</a> , <a href="#">CDC</a>
Noncontact school sports	Low	Medium	High	<a href="#">NCAA</a> , <a href="#">CDC</a>



Summer camps	High	High	Low	<a href="#">American Camp Association</a> , <a href="#">Association of Camp Nursing</a>
Institutions of higher education	High	High	High	<a href="#">CDC</a> , <a href="#">American College Health Association</a>
Residence halls and other overnight programs	High	Medium	Low	<a href="#">NYC guidance for congregate settings and residential buildings</a>

## Outdoor Spaces

COVID-19 transmission is more likely in [enclosed spaces](#) than outdoor spaces, based on current epidemiologic understanding. Indoor spaces may have poor ventilation, which may lead to viral particles persisting in the air or recirculating longer than they would outdoors or in enclosed spaces with good ventilation. People also tend to be closer together indoors, and there are more high-touch surfaces that can serve as fomites of disease transmission. Therefore, there is lower risk of disease transmission [outdoors than indoors](#), especially if distance is maintained between individuals while outdoors.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Parks, walking paths/trails, dog parks	Low	Low	Low	<a href="#">Guidance from MD</a> , <a href="#">Guidance from RI</a> , <a href="#">Guidance from Los Angeles, CA</a>
Athletic fields and other outdoor congregate settings	Medium	Medium	Low	<a href="#">Guidance from the National Mall Trust in Washington, DC</a>
Pools	Medium	Low	High	<a href="#">CDC</a> , <a href="#">Guidance from WA</a>
Beaches, piers	Low	High	Medium	<a href="#">Guidance from Orange Beach, AL</a> , <a href="#">Guidance from RI</a>
Playgrounds, skateparks, and other outdoor recreation spaces	Medium	Medium	Medium	<a href="#">Guidance from MD</a> , <a href="#">Guidance from Santa Cruz, CA</a>

## Community Gathering Spaces

Community spaces provide important societal benefits and can range from civic centers to places of worship. The risk in these spaces is highly dependent on the size of the population they serve and the size of the space.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Places of worship	High	High	Medium	<a href="#">CDC</a> , <a href="#">FAQ for Faith Leaders from NYC</a> , <a href="#">Guidance from NY state</a> , <a href="#">Risk Assessment from WHO</a> , <a href="#">Decision Tree from WHO</a>
Libraries	Low	Low	Medium	<a href="#">CDC</a> , <a href="#">Guidance from Baltimore County Library</a>
Community centers	Medium	High	Medium	<a href="#">CDC</a> , <a href="#">Guidance from PA</a> , <a href="#">Guidance from Riverside University Health System</a> , <a href="#">Guidance from IL</a>

## Transportation

Transit is very important for keeping communities functioning, and limiting mass transit availability disproportionately affects [under-resourced populations](#). Transit should be opened with careful mitigation measures, given that public transportation is a fairly high-risk setting.

Category	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Buses	High	High	Medium	<a href="#">CDC</a> , <a href="#">NY state guidance for public transportation</a>
Metros/rail	High	High	Medium	<a href="#">CDC Transit Stations</a> , <a href="#">CDC Transit Workers</a>
Airplanes	High	High	Medium	<a href="#">CDC guidance: baggage claim/ cargo, airport staff, staff interacting with passengers, aircraft technicians</a>
Rideshare/taxis	High	Low	Low	<a href="#">Washington State Guidance for Rideshare/Taxis</a> , <a href="#">Toronto Guidance</a>

## Mass Gatherings

According to the [World Health Organization](#), an event is defined as a mass gathering “if the number of people it brings together is so large that it has the potential to strain the planning and response resources of the health system in the community where it takes place.” The size of an event that can be considered a mass gathering may depend on the national and local healthcare capacity and the context. For example, if other strains are placed on the health system at the same time, such as an ongoing outbreak, the threshold of the health system would be considerably lower, and, therefore, the size of the event could be considerably smaller and still be defined as a mass gathering.

[Mass gatherings](#) have often been the source of infectious disease outbreaks that spread globally or have contributed to the international spread of disease. While a number of public health measures can be implemented in the planning and operational phases of a mass gathering to significantly reduce the risk of disease spread, during the current pandemic, the high risk for COVID-19 transmission that mass gatherings pose should be recognized. This [high risk of transmission](#) is due to a number of factors, including the high density of individuals often in attendance in confined spaces during mass gatherings, the possibility of further domestic or international spread, and the new formation of clusters as people often travel significant distances to attend a mass gathering.

Mass gathering organizers must comply with national and local guidelines and restrictions. At the current stage in the pandemic, while the White House Coronavirus Task Force has recommended banning gatherings of more than 10 people, [Individual states](#) have varied in the size of gatherings they are banning. As these restrictions lift and organizers begin hosting large events, they should conduct a COVID-19–specific risk assessment to determine the level of risk of transmission the event may pose and identify areas for modification that could reduce or mitigate these risks. The [WHO](#), among others, provides risk assessment and mitigation tools for mass gathering organizers, along with several technical guidance documents.



<b>Category</b>	<b>Contact Intensity</b>	<b>Number of Contacts</b>	<b>Modification Potential</b>	<b>Mitigation Resources</b>
Sports related mass gatherings: games, tournaments, championships	High	High	Medium	<a href="#">WHO guidance for mass gatherings-Sports Addendum</a> , <a href="#">WHO mass gatherings risk assessment - sports addendum</a> , <a href="#">WHO Interim guidance for all mass gatherings</a> , <a href="#">WHO generic mass gathering decision tree</a> , <a href="#">CDC guidance</a>
Sports related mass gatherings: training	High (sport dependent)	Medium	Medium	<a href="#">WHO Interim guidance for mass gatherings-Sports Addendum</a> , <a href="#">WHO generic mass gatherings risk assessment - sports addendum</a> , <a href="#">WHO Interim guidance for all mass gatherings</a> , <a href="#">WHO generic mass gathering decision tree</a> , <a href="#">CDC guidance</a>
Religious related mass gatherings: large celebrations, festivals, pilgrimages	High	High	Medium	<a href="#">CDC, FAQ for Faith Leaders from NYC</a> , <a href="#">Guidance from NY state</a> , <a href="#">Risk Assessment from WHO</a> , <a href="#">Decision Tree from WHO</a> , <a href="#">WHO considerations for religious mass gatherings</a>
Business-related mass gatherings: trade shows, conferences, conventions, workshops, retreats	High	High	High	<a href="#">WHO Interim guidance for mass gatherings</a> , <a href="#">WHO generic mass gatherings risk assessment</a> , <a href="#">WHO generic mass gathering decision tree</a> , <a href="#">CDC guidance</a>
Entertainment-related mass gatherings: large concerts, festivals, carnivals, conventions, shows	High	High	Medium	<a href="#">WHO Interim guidance for mass gatherings</a> , <a href="#">WHO generic mass gatherings risk assessment</a> , <a href="#">WHO generic mass gathering decision tree</a> , <a href="#">CDC guidance</a>
Politically related mass gatherings: election rallies, polling centers, parades, speeches/addresses	High	High	Medium	<a href="#">WHO Interim guidance for mass gatherings</a> , <a href="#">WHO generic mass gatherings risk assessment</a> , <a href="#">WHO generic mass gathering decision tree</a> , <a href="#">CDC guidance</a>

## Interpersonal Gatherings

Interpersonal gatherings among family and friends, including events such as weddings, birthday parties, and funerals, hold great personal and societal value. Attending these events, however, also holds the risk of disease transmission. An epidemiologic assessment of a large, multifamily cluster of COVID-19 cases found that transmission of the virus likely resulted from attendance at a funeral and birthday party. Factors including interacting closely together in enclosed spaces, hugging or kissing, and sharing food or utensils are all practices that are often common at interpersonal gatherings and can increase the risk of SARS-CoV-2 transmission. Certain cultural practices in funerals that promote physical contact with a deceased individual, when that deceased person was infected with SARS-CoV-2, should also be avoided. Careful consideration should be given to ensure that mitigation measures are implemented to reduce the risk of spread, where possible, while still respecting the cultural value of important events. In particular, the [CDC recommends](#) that organizers should consider the number and density of attendees, the prevalence of people who could be at high risk of severe illness due to underlying factors, the level of local community disease transmission, and the ability to reduce the number of attendees where possible.

<b>Category</b>	<b>Contact Intensity</b>	<b>Number of Contacts</b>	<b>Modification Potential</b>	<b>Mitigation Resources</b>
Small social gatherings (eg, birthday parties)	High	Medium	High	<a href="#">CDC guidance</a>
Large social gatherings (weddings, funerals with many attendees)	High	High	High	<a href="#">CDC guidance</a> , <a href="#">National Funeral Directors Association guidance</a>



## PROPOSED PRINCIPLES FOR ACTION

States should consider initiating the reopening process when (1) the number of new cases has declined for at least 14 days; (2) rapid diagnostic testing capacity is sufficient to test, at minimum, all people with COVID-19 symptoms, including mild cases, as well as close contacts and those in essential roles; (3) the healthcare system is able to safely care for all patients, including providing appropriate personal protective equipment for healthcare workers; and (4) there is sufficient public health capacity to conduct contact tracing for all new cases and their close contacts.

Governors should involve stakeholder groups in the decision-making process in order to better understand the needs, capacities, and challenges of different communities.

Even when reopening actions are under way, those who can continue to telework should continue to do so. This will reduce social interactions overall and will reduce the risk of infection in workplaces where telework is feasible. Businesses should actively support social distancing by implementing telework policies and adopting flexible sick leave policies that encourage workers to stay home when sick or when known exposure to COVID-19 has occurred.

All individuals going back to work should wear nonmedical cloth masks. This will reduce the chance of those people transmitting the virus to their co-workers.

Governors should consider reopening in phases separated by 2 to 3 weeks. After each phase of reopenings, state public health officials should review the numbers of new COVID-19 daily case counts, hospitalizations, and deaths carefully, along with other syndromic surveillance tools. The results of reopening decisions will take 2 to 3 weeks to be reflected in those numbers. If case counts, hospitalizations, and deaths go up in that time, further actions in reopening should be paused, and steps should be taken to get control of the rising numbers. Possible actions might include changes to case finding and contact tracing, taking specific measures to respond to identified new outbreaks, and, as needed, re-imposition of some or all of the previously relaxed social distancing interventions.

Organizations and activities that are outdoors are less likely to result in transmission than are indoor activities and seem to carry the lowest risk, assuming personal mitigation measures (maintaining 6 feet of separation, wearing nonmedical cloth masks in public) are all maintained.

Businesses and sectors that have low contact intensity, low numbers of contacts, and high ability to modify operations in ways that diminish the potential to spread will be safer to reopen sooner and more fully than those with high contact intensity, high contacts, and the inability to modify or mitigate operations.

While public transportation is normally high contact intensity and high numbers of contacts, modifications should be pursued to make them safer. More spacing between people, with lower ridership, would reduce risks. Without public transportation, many people will not be able to get to work at all.

Schools and childcare facilities pose special challenges. They are very important for the education of children, and many parents will have difficulty going back to work if schools remain out of session. There are many scientific uncertainties that complicate this decision. Children infected with COVID-19 generally experience more mild symptoms than adults, but the rate at which they spread the disease to other children, teachers, school staff, and family members is uncertain. If schools are reopened, most kids will be at low risk of severe infection themselves. However, some kids will have underlying conditions that increase their risks, and some teachers and staff will be at high risk. Their parents may also be at high risk if children do get infected and transmit the disease at home. Some parents may elect to not allow their children back in school, so schools that reopen will need to decide whether to also offer tele-education. States will need their own processes of decision making and community engagement regarding how to make decisions about school reopening on the basis of these uncertainties.

## **CONCLUSIONS**

This document summarizes considerations, risks, and opportunities for governors to weigh when deciding when and how to slowly reopen. These decisions should be made carefully and thoughtfully to limit the risk of disease resurgence. Reopening of businesses is only one step among many that will need to be considered on the path to recovering from this pandemic.



# APPENDIX

## Planning to Restore Community Vitality in the Pandemic Context: Leadership Considerations and Actions

When can businesses, schools, recreational facilities, and places of worship reopen for normal operations? This is one in a series of major decisions that will reflect and shape how communities adapt to the protracted pandemic and its cascading social and economic effects. As governors urgently consider the proper public health conditions for an economic restart, they can also begin to prepare for a more comprehensive process of community revitalization that will stretch over near, intermediate, and long terms. The demands for social service, mental health, and workforce development needs, for instance, will stretch farther into the future than society's requirements for physical distancing. It is, thus, prudent for states' top executives to be proactive and plan for the future well-being of their residents. Below are some principles and practices that governors can adopt to that end:

**Draw lessons from analogous complex threats, characterized by uncertainty, that require measured decision making:** A pandemic is not the only scenario in which economic well-being and public health are seemingly at odds and potential tradeoffs require careful weighing. In the case of widespread contamination from radioactive materials, for instance, the standard is not a prescribed numeric clean-up guideline but, rather, a flexible, iterative, and multifaceted decision-making process that involves stakeholders such as citizens' groups and businesses in developing an exit strategy. The individuals most affected by the decision have input into those societal aims governing the clean-up.

**Recognize that the desire to get back to normal as quickly as possible is a common reaction in the catastrophic context, and it is an impulse worth restraining:** Governors, mayors, and county executives governing during disasters know the tensions in wanting a swift return to business-as-usual versus aspiring toward greater community safety, equity, and quality of life. The pandemic—which has revealed deficiencies, for instance, in healthcare delivery, the social safety net, and workplace leave policies—represents an opportunity for visionary leadership, goal setting, and transformation. Pandemic recovery planning can readily learn from best practices in disaster recovery planning.

**Initiate a planning process for community revitalization (aka pandemic recovery) that runs in parallel with the public health response:** The COVID-19 pandemic is an organic event marked by uncertainty; still, it is certain that the health crisis will eventually end. At the same time, the need to adapt to sudden or long-term shifts in conditions



will not end. And yet, despite its oversized effects, this health crisis is not, in the end, exceptional. We can benefit from extant, forward-looking, data-driven, coordinating bodies that already enable disaster recovery and other long-range planning efforts (eg, economic development, community development). A revitalization management organization can integrate with emergency operations center activities and run concurrently to maximize community benefits from short- and long-term recovery duties.

Consult diverse stakeholders and communicate broadly, to ensure that state residents can partake in decision making that is relevant to community vitality: Rebuilding a community over the long term after a complex calamity devolves to thousands of people navigating recovery as nonprofessionals; it is a collective action problem. An organization to make collective action possible knits together key leadership roles and collaboration: an authorizing and approving body, plan leadership via a lead planning agency or official, and a planning task force. A revitalization plan that reflects shared values can be enabled by specialists in planning, communication, and information and data management and by public and stakeholder involvement.



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BLOOMBERG SCHOOL  
*of* PUBLIC HEALTH

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**From:** Tom Inglesby  
**Sent:** Sat, 18 Apr 2020 01:56:58 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Re: time for a quick call this eve or tomorrow?  
**Attachments:** image001.jpg

Yes that would be great

My cell is

Tom

On Apr 17, 2020, at 7:06 PM, Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov> wrote:

Does noon tomorrow work?

Stephen C. Redd, MD

RADM, USPHS

**From:** Tom Inglesby @jhu.edu>

**Sent:** Friday, April 17, 2020 5:17:57 PM

**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>

**Subject:** time for a quick call this eve or tomorrow?

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security

Professor, Environmental Health and Engineering

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<image001.jpg>



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UNIVERSITY OF  
BALTIMORE

Center for  
Health Security

**From:** Tom Inglesby  
**Sent:** Sat, 18 Apr 2020 16:18:35 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** smithfield story

**Coronavirus at Smithfield pork plant: The untold story of America's biggest outbreak**

Infections spread like wildfire through a pork factory in South Dakota. Here's how it happened.

Read in BBC News: <https://apple.news/A2pcWeeA0RBK6Aaq93FVdlg>

This article is alarming in many ways. "Essential businesses" as large as source of risk of major outbreaks as non-essential if they don't find ways to operate safely. To me this shows how key it will be to get very early warning through rapid extensive frequent use of diagnostics regarding what is happening in these large plants, to make sure those cases are reported to public health immediately, to get those people out of the plants and their contacts traced and quarantined by very strong public health operation, to get factory workers PPE when that becomes possible (if/when we can first get enough PPE for workers who interact with patients), and to make companies pay for people to stay home when they are sick.

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**From:** Tom Inglesby  
**Sent:** Thu, 30 Apr 2020 15:55:10 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD);Gastfriend, Daniel Z. EOP/OMB  
**Subject:** Request to Dr. Birx and your team to allocate testing kits for Navajo Nation  
**Attachments:** Deborah Birx MD 04302020.docx

Hi Steve and Daniel,

I hope you are both doing well amid all the challenges and very hard work.

I have attached here a letter asking if you could intervene to have 20,000 test kits shipped to Navajo Nation. My colleagues at Hopkins run the Center for American Indian Health and work very closely with the Navajo Nation and have been in close contact with them. They are in serious need of test kits.

I am happy to talk with you on this if that would be helpful and would include the Director of that Center who knows details on the ground.

All the best

Tom

**Tom Inglesby, MD**

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April 30, 2020

Deborah L. Birx, M.D.  
White House Coronavirus Response Coordinator

Dear Dr. Birx,

**We are writing with an urgent request for diagnostic testing supplies, prioritizing Cepheid or Abbott ID tests, to support the COVID-19 response on the Navajo Nation—the largest federally recognized tribe in the nation with the highest rates of COVID-19 in the entire US.**

Johns Hopkins Bloomberg School of Public Health, through its Center for American Indian Health, has worked with the Navajo Nation for more than 40 years to mount strategic public health responses to infectious disease disparities—and create models relevant to all of Indian Country. This work has proven powerful infectious disease prevention tools—including three childhood vaccines (Hib, Prevnar, Rota) that are now the standard of care in the US and scaled throughout the world.

With over 1800 cases of COVID-19 and 60 deaths as of April 29, 2020, **Navajo Nation has among the highest rate of disease in the US.** Diagnostic testing to identify persons infected with SARS-CoV-2 is central to preventing greater spread of disease. There more than 250,000 Navajo citizens at risk. Even in non-pandemic times, death from viral respiratory illness for Native American people is more than 2x higher than non-Hispanic Whites. Complex factors are driving tribal health disparities, most particularly the higher prevalence of underlying conditions such as diabetes, cardiovascular disease and obesity and generations of insufficient health care and negative social determinants. Native American people are more likely to live in poverty. In turn, poverty and poor infrastructure contributes to household crowding, lack of running water (22% of our homes) and poor indoor air quality (related to use of wood or coal burning stoves for heating or cooking)—all of which are associated with higher rates of respiratory infections. COVID-19 is shining a light on these long-standing inequities.

**The Indian Health Service (IHS)**, the main source of health care on Navajo Nation, is chronically underfunded, exacerbating tribal health disparities. Fortunately, 6 of the 8 federally- and tribally-operated hospitals on Navajo Nation **have the Cepheid GeneXpert and sufficient staffing to do more testing.** Further all 8 of the hospitals received the Abbott ID equipment and a small number of tests per week. The rate limiting factor for a comprehensive testing strategy is a consistent supply of tests.

Currently, **the test PCR positivity on Navajo Nation is ~30%** (min 12% in Fort Defiance; max 40% in Kayenta). Based on WHO guidelines, **this should be no higher than 3-10%**, indicating we need expanded diagnostic testing. Insufficient testing is crippling our mitigation efforts. It's unconscionable that Native American populations, who have been decimated by pandemics in the past, are not able to access the tests to protect our peoples from COVID-19.

Our Center for American Indian Health has received funding to support expanded testing based on the target proposed by Harvard: 152/100,000/day for the period of the surge. Based on the estimated 2019 Navajo Nation IHS User Population (~240,000), this would equate to doing a minimum of 365 tests/day across Navajo Nation. Given current hot spots, this likely should be closer to 500/day. This level of testing would likely be **needed for the next six weeks** and could then drop back.

**In summary, we urgently request priority access to supplies (e.g., swabs, kits, reagents) for 20,000 COVID-19 tests kits to be delivered in the next two weeks, to support work with Navajo Nation that will create a comprehensive testing model for all federally recognized tribes. Our Center for American Indian Health can then provide technical support to other Indian nations to mount their own comprehensive testing initiatives as the supply chain opens up.**

We appreciate your urgent consideration of this request.

Sincerely,



**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security  
Professor, Environmental Health and Engineering  
Johns Hopkins Bloomberg School of Public Health  
Joint Appointment, Medicine, Johns Hopkins School of Medicine



**From:** Tom Inglesby  
**Sent:** Thu, 30 Apr 2020 22:58:55 +0000  
**To:** Gastfriend, Daniel Z. EOP/OMB  
**Cc:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Re: Request to Dr. Birx and your team to allocate testing kits for Navajo Nation  
**Attachments:** image001.jpg

Thanks very much Daniel!

Tom

On Apr 30, 2020, at 6:13 PM, Gastfriend, Daniel Z. EOP/OMB

(b)(6) <[@omb.eop.gov](mailto:(b)(6)@omb.eop.gov)> wrote:

Thanks for raising this Tom. We are sharing this with the team and will have them reach out if there are questions.

Best,  
Daniel

---

**From:** Tom Inglesby <[@jhu.edu](mailto:(b)(6)@jhu.edu)>  
**Sent:** Thursday, April 30, 2020 11:55 AM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <[scr1@cdc.gov](mailto:scr1@cdc.gov)>; Gastfriend, Daniel Z. EOP/OMB  
(b)(6) <[@omb.eop.gov](mailto:(b)(6)@omb.eop.gov)>  
**Subject:** [EXTERNAL] Request to Dr. Birx and your team to allocate testing kits for Navajo Nation

Hi Steve and Daniel,  
I hope you are both doing well amid all the challenges and very hard work.  
I have attached here a letter asking if you could intervene to have 20,000 test kits shipped to Navajo Nation. My colleagues at Hopkins run the Center for American Indian Health and work very closely with the Navajo Nation and have been in close contact with them. They are in serious need of test kits. I am happy to talk with you on this if that would be helpful and would include the Director of that Center who knows details on the ground.  
All the best  
Tom

**Tom Inglesby, MD**  
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<image001.jpg>



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PHYSICIAN INFIRMARY

Center for  
Health Security

**From:** Tom Inglesby  
**Sent:** Fri, 1 May 2020 02:11:52 +0000  
**To:** Gastfriend, Daniel Z. EOP/OMB;Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** RE: Request to Dr. Birx and your team to allocate testing kits for Navajo Nation

Thank you so much Daniel

---

**From:** Gastfriend, Daniel Z. EOP/OMB (b)(6)@omb.eop.gov>  
**Sent:** Thursday, April 30, 2020 6:12 PM  
**To:** Tom Inglesby (b)(6)@jhu.edu>; Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** RE: Request to Dr. Birx and your team to allocate testing kits for Navajo Nation

Thanks for raising this Tom. We are sharing this with the team and will have them reach out if there are questions.

Best,  
Daniel

---

**From:** Tom Inglesby (b)(6)@jhu.edu>  
**Sent:** Thursday, April 30, 2020 11:55 AM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>; Gastfriend, Daniel Z. EOP/OMB (b)(6)@omb.eop.gov>  
**Subject:** [EXTERNAL] Request to Dr. Birx and your team to allocate testing kits for Navajo Nation

Hi Steve and Daniel,  
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All the best  
Tom

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**From:** Tom Inglesby  
**Sent:** Mon, 4 May 2020 22:42:52 +0000  
**To:** Gastfriend, Daniel Z. EOP/OMB  
**Cc:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** RE: Request to Dr. Birx and your team to allocate testing kits for Navajo Nation

Thanks very much!

---

**From:** Gastfriend, Daniel Z. EOP/OMB <(b)(6)@omb.eop.gov>  
**Sent:** Monday, May 04, 2020 6:37 PM  
**To:** Tom Inglesby <tinglesby@jhu.edu>  
**Cc:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** RE: Request to Dr. Birx and your team to allocate testing kits for Navajo Nation

Thanks for following up, checking back with the team.

---

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Monday, May 4, 2020 6:17 PM  
**To:** Gastfriend, Daniel Z. EOP/OMB <(b)(6)@omb.eop.gov>  
**Cc:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** [EXTERNAL] RE: Request to Dr. Birx and your team to allocate testing kits for Navajo Nation

Hi Daniel

I hope you are doing well. I wanted to see if there is any update on what might be possible in terms of getting tests to the Navajo Nation?

Best  
Tom

---

**From:** Gastfriend, Daniel Z. EOP/OMB **Sent:** Thursday, April 30, 2020 6:12 PM  
**To:** Tom Inglesby <(b)(6)@jhu.edu>; Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** RE: Request to Dr. Birx and your team to allocate testing kits for Navajo Nation

Thanks for raising this Tom. We are sharing this with the team and will have them reach out if there are questions.

Best,  
Daniel

---

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Thursday, April 30, 2020 11:55 AM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD); Gastfriend, Daniel Z. EOP/OMB  
**Subject:** [EXTERNAL] Request to Dr. Birx and your team to allocate testing kits for Navajo Nation

Hi Steve and Daniel,  
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All the best

Tom

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**From:** Tom Inglesby  
**Sent:** Wed, 6 May 2020 14:02:21 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** RE: Time to talk

Ok 9P is great

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Wednesday, May 06, 2020 9:58 AM  
**To:** Tom Inglesby (b)(6)@jhu.edu>  
**Subject:** Re: Time to talk

9 would be better. The rhythm is odd; 4 to 730 are peak hours for calls.

Stephen C. Redd, MD  
RADM, USPHS

---

**From:** Tom Inglesby (b)(6)@jhu.edu>  
**Sent:** Wednesday, May 6, 2020 9:53:23 AM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** RE: Time to talk

Sure – would 6P work? or on the later side like 9PM?

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Wednesday, May 06, 2020 9:48 AM  
**To:** Tom Inglesby (b)(6)@jhu.edu>  
**Subject:** Time to talk

Tom,  
Don you have time to talk tonight?

Stephen C. Redd, MD  
RADM, USPHS

**From:** Tom Inglesby  
**Sent:** Thu, 7 May 2020 00:28:42 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** I can talk now if you are done with work ?

Tom

**From:** Tom Inglesby  
**Sent:** Fri, 8 May 2020 02:58:35 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** News on Navajo nation

Hi steve - great to talk last night. Were you able to get that update on Navajo nation testing?

Tom

**From:** Tom Inglesby  
**Sent:** Wed, 27 May 2020 01:50:43 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** RE: check in this week?

Great  
Lets do it at 9PM  
Its on my calendar!

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Tuesday, May 26, 2020 9:46 PM  
**To:** Tom Inglesby <(b)(6)@jhu.edu>  
**Subject:** Re: check in this week?

8 or 9 would be great.

Stephen C. Redd, MD  
RADM, USPHS

---

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Tuesday, May 26, 2020 9:44:41 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** RE: check in this week?

Looks good. what time should we pencil in – 9PM?>

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Tuesday, May 26, 2020 8:32 PM  
**To:** Tom Inglesby <(b)(6)@jhu.edu>  
**Subject:** Re: check in this week?

I didn't look carefully at my flight times. I depart at 8 not 930 (when I arrive). How would Thursday night work?

Stephen C. Redd, MD  
RADM, USPHS

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Tuesday, May 26, 2020 7:29:21 PM  
**To:** Tom Inglesby <(b)(6)@jhu.edu>  
**Subject:** Re: check in this week?

Tom,  
Let's talk. I am in Atlanta at the moment, but will be returning tomorrow night. Would 8PM tomorrow night work?

Steve

Stephen C. Redd, MD  
RADM, USPHS

---

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Tuesday, May 26, 2020 5:47:10 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** check in this week?

Hi Steve – do you have time to touch base sometime this week? Evening still work for you?  
Best  
Tom

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security  
Professor, Environmental Health and Engineering  
Johns Hopkins Bloomberg School of Public Health  
Joint Appointment, Medicine, Johns Hopkins School of Medicine  
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**From:** Tom Inglesby  
**Sent:** Fri, 29 May 2020 01:04:15 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** checking in

Hi Steve - give me a call on my cell (b)(6) if this time still works for you.  
If not, let me know if you have time Saturday?

Best  
Tom

**From:** Tom Inglesby  
**Sent:** Sat, 6 Jun 2020 16:03:53 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD);Gastfriend, Daniel Z. EOP/OMB  
**Subject:** Gingko Bioworks pitch to substantially expand manufacturing of NA vaccines  
**Attachments:** Gingko Bioworks – Vaccine Responses for JHU - 20200605.pdf

Hi Steve and Daniel,

I think you all both probably know Gingko Bioworks and its impact in and contributions to the US biotech world. They have a proposal for how they could help scale up nucleic acid based vaccines. I saw their attached brief and said I would forward it on to colleagues in Op Warp Speed – so I have sent on to Andy Kilianski and Matt Hepburn there. So this is just mostly an fyi for both of you to use in whatever way you think is appropriate.

Gingko has already been working with Moderna on some of these issues, but not in a way yet that could make the differences they talk about in the attached brief.

This is not my expertise so will leave it to the OWS team to judge whether or how they might contribute. But I do know that Gingko as a company is pretty extraordinary, and the kinds of increase in scale they are talking about seem stunning if they are true (and if the nucleic acid vaccines work as hoped).

Best  
Tom



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**From:** Tom Inglesby  
**Sent:** Thu, 18 Jun 2020 12:57:45 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Re: Checking in

yes sounds great  
talk to you then!

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Thursday, June 18, 2020 8:50:52 AM  
**To:** Tom Inglesby  
**Subject:** Re: Checking in

Thursday (tonight)!would be great would 830 work?

Stephen C. Redd, MD

RADM, USPHS

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Wednesday, June 17, 2020 9:40:56 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** Checking in

Hi steve - hope all is well with you! Would be great to check in this week if you have time. Any chance tomorrow (Thursday) evening - perhaps 9P works for a call?

Best  
Tom

**From:** Tom Inglesby  
**Sent:** Sat, 11 Jul 2020 16:11:28 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Re: checking in

hi Steve - will call you now

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Saturday, July 11, 2020 11:58:34 AM  
**To:** Tom Inglesby  
**Subject:** Re: checking in

**External Email - Use Caution**

No problem. Call when you are able.

(b)(6)

Stephen C. Redd, MD  
RADM, USPHS

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Saturday, July 11, 2020 11:57:25 AM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** Re: checking in

running about 10 mins late

**From:** Tom Inglesby  
**Sent:** Friday, July 10, 2020 9:31:56 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Re: checking in

Great talk to you then

Tom

On Jul 10, 2020, at 9:26 PM, Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov> wrote:

**External Email - Use Caution**

Noon would be great.

Stephen C. Redd, MD  
RADM, USPHS

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Friday, July 10, 2020 6:54:32 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** RE: checking in

Hey Steve – would it work to talk about noon tomorrow. Or around 5P?

---

**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Friday, July 10, 2020 6:38 AM  
**To:** Tom Inglesby (b)(6)@jhu.edu>  
**Subject:** Re: checking in

**External Email - Use Caution**

Tom, let's talk on Saturday. Let me know a time that works for you. Thanks for keeping in touch. Steve.

Stephen C. Redd, MD  
RADM, USPHS

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**From:** Tom Inglesby (b)(6)@jhu.edu>  
**Sent:** Thursday, July 9, 2020 5:41:57 PM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** checking in

Hi Steve,  
Hope you are doing well! There is a lot going on these days.  
Any chance you are up for a check in call tonight or over the weekend?  
All the best  
Tom

**From:** Tom Inglesby  
**Sent:** Sat, 18 Jan 2020 17:42:44 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Subject:** Re: call later today?  
**Attachments:** image001.jpg

Thanks steve - might it work to talk in about 15 minutes instead?. I think it could be just few minute exchange, might be that we both know what each other know already

Tom

On Jan 18, 2020, at 12:21 PM, Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov> wrote:

Tom,  
I'd be happy to talk, but earlier would be better—would 230 work for you? I'm not sure that I know much more than you do.

Ill

Stephen C. Redd, MD  
RADM, USPHS

**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Saturday, January 18, 2020 10:34:53 AM  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Subject:** call later today?

Hi Steve,

I hope all is well as you plan through the next couple weeks! I know it must be a busy time and lots of good byes.

I wanted to see if you had time later this afternoon for quick call? I wanted to see if I could check in with you briefly about nCOV preparations and information. We are trying to properly prepare ourselves at the Center and to be making useful contributions around this, but there is real paucity of information. Happy to have a call not for attribution or background if that would be easiest.

If you do happen to be around today, would a call around 4P work for you?

All the best

Tom

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security  
Professor, Environmental Health and Engineering  
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<image001.jpg>





JOHNS HOPKINS

UNIVERSITY OF  
BALTIMORE

Center for  
Health Security

**From:** Tom Inglesby  
**Sent:** Mon, 27 Jan 2020 03:07:19 +0000  
**To:** John Dreyzehner;Redd, Stephen (CDC/DDPHSIS/OD);Andreadis, Joanne (CDC/DDPHSIS/CPR/OD)  
**Subject:** Thinking ahead about nCoV  
**Attachments:** Tom\_Tweet\_Thread\_1.26.pdf

Hi Steve, John, Joanne,

I am sure it has been very busy last week at CDC with all going on related to nCoV. I know there are increasing numbers of PUIs and lots of testing and media interaction and lab testing going on.

In the model of a Team B like effort (which Steve was involved in sometime back during 2009H1N1) I wanted to share my views regarding what we should be thinking about in terms of global and national response to nCoV if these current containment efforts in China fail and that leads to uncontrollable spread beyond. I sent these attached tweets out on twitter today in a thread, and they got a lot of positive reaction and engagement, so I wanted to share it with you all directly. Some of the priorities I included are in CDC's lane (diagnostics, serology et al) Others would be carried out by other parts of USG, or international actions, or work with private sector, vaccine companies, travel etc.

Just wanted to send this as fyi. Its obviously a very brief sketch and not comprehensive. But it has been valuable exercise for us to be thinking about what needs to happen if containment fails, what kind of money will be required from the Admin and Hill to deal with these possibilities etc. There are still ways this might diminish in seriousness, but it could also turn out to be quite serious globally as well.

Feel free to share w Dr Redfield, Nancy and her team, Dan J, Anita P, Marty C and/or others as you might see appropriate. Didn't want to bother them with it tonight, but perhaps it will be useful to discussions ahead.

Looking forward to connecting soon.

Best  
Tom

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## **A thread by Tom Inglesby**

The following thread regards how we should be planning for the possibility that nCoV cannot be contained. #2019nCoV (1/x)

Containment of nCoV is, and should be, the highest priority in China. This requires gov, health care/PH system & the public to work together to ID those w/ sx, get them tested rapidly, get them isolated (home or hospital), provide good med care while keeping HCWs protected. (2/x)

The global community should be doing all it can to be helping China w/ the terrible set of challenges it is facing in its effort to contain nCoV. It is not only the right thing to do for China, but it is critical in trying to help prevent global spread. (3/x)

We don't know what overall CFR will be w/ nCoV-that requires more data, time. SARS-like illness has been seen in some, but we don't know what % of nCoV pts will get severe disease. We all hope it'll be far less than SARS, but we don't know enough to predict %. (4/x)

We also don't have enough data on H2H transmission yet to make confident predictions about how it will spread. We don't know enough about extent of asymptomatic cases, asymptomatic spread, proportion of spread happening in health care facilities vs community. (5/x)

But given uncertainties + very high stakes, part of global & national planning efforts should now be aimed at possibility that nCoV containment could fail. (6/x)

Others have raised this possibility too, including @neil\_ferguson at Imperial who has said in last 24 hrs that containment of nCoV might not succeed. (7/x)

Global and national leaders should be looking ahead to what must be done to prepare for the possibility nCoV can't be contained, even as we continue to work as hard as possible to contain it in China and beyond. (8/x)

The work to prepare for the possibility of failed containment could be called something like: Plan for Global Mobilization to Respond to a nCoV Pandemic. There are a series of highest priorities that should be at the top of that Plan, including: (9/x)

Crash vaccine development. Top of list because would so dramatically change response and outcomes. [@NIAID](#) & [@CEPI](#) working on vaccines, as are others. All pharma+biotech companies that could have a vaccine or therapy candidate of relevance should be enlisted in the effort. (10/x)

Multiple vaccine efforts should be pursued in parallel. Money should not be rate-limiting. Timelines should be shortened in whatever ways possible that doesn't get in the way of a final safe, effective product. Rapid clinical trials prepared. (11/x)

Global plan for mass manufacturing of vaccine when it is created. This should be planned for multiple places in the world concomitantly. Cannot have a successful vaccine come out of only one place and remain only in that country. It will need to be broadly distributed.(12/x)

Plan for WHO global stockpile w/ global allocation plan. Once vaccine developed, WHO will need to allocate vaccine quickly to countries around world. WHO can work w/ UN system to help distribute, but will also need partnerships w/ global logistics companies to succeed. (13/x)

Urgent serology development programs. Need this to help determine severity of nCoV. If many have been exposed and are immune, but never had disease, this suggests asymptomatic spread and that disease will be mild in many. We need serology testing. (14/x)

Massive expansion of diagnostics development capacity in China and around world. We need diagnostics to isolate and triage and care for people, and if containment fails will need very high numbers of reliable diagnostic tests around the world in the months ahead. (15/x)

Rapid clinical trials for antivirals. There isn't much evidence current antivirals will be useful, but there should be in vitro studies, clinical trials to study all reasonable candidates. Other med interventions that have sound theoretical basis should be studied quickly. (16/x)

Major expansion of personal protective equipment for health care workers. We have seen in SARS that much of the spread of disease is through hospitals. We will need to make sure health care workers have needed equipment to protect themselves. (17/x)

Hospital infection control plans. Beyond protecting health care workers, hospitals will need administrative plans, equipment, engineering controls where relevant, to care for higher number of patients at same time they are working to prevent resp spread of disease. (18/x)

Government plans to provide transparent, full, rapid communication. People need to trust that governments giving them the full story so that they will agree to get tested, isolated and treated. (19x)

Good accurate info needs to flood out the bad, the harmful rumors, the conspiracy info. Govs may need to partner w traditional and social media to get factual info out to people. (20/x)

Plans to keep travel&trade moving in the world, even if we do have disease spread around the world. nCoV airport screening efforts make sense now as a way of early ID of pts. But if containment fails and disease is widespread in world in time ahead, new plans are needed. (21/x)

If nCoV spreads widely in the world, it will be in strong interest of all countries, to keep trade going despite the pandemic– global economy is highly interdependent. Govs would need to work w/ orgs like WTO and travel industry orgs like IATA to keep goods, people moving.(22/x)

Certainly there are other key elements of such a Global Plan, and additional recommendations welcome here. (23/X)

Overall in this Planning effort, countries will need to take some actions on their own. Others will require international coop. e.g. many countries don't have capacity to develop, make vaccines, Dx's, masks, et al so will need to work w/ countries that do. (24/x)

Other elements of this Plan will require close cooperation between countries, global business and international orgs. Organization of the elements of this Global Planning effort will be hard and consuming. (25/x)

It is important to move ahead on planning for the possible failure of nCoV containment in event we need it. In truth, we should have already done a lot of this planning work in advance of nCoV, but we haven't. So it should be done now. (26/x)

If nCoV is contained – as we all hope it can be, we should see work on this Plan as an insurance policy that was only partially needed now, but will help us be prepared for what comes next. But if nCoV containment fails, we will need all of this Plan to deal with it. (27/x)



**From:** Tom Inglesby  
**Sent:** Sat, 1 Feb 2020 04:40:16 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Cc:** Andrea Lapp; Diane Meyer  
**Subject:** INVITATION TO ATTEND: Strategic Dialogue on Biosecurity between India and the United States | May 28-29, 2020 | Washington, DC  
**Attachments:** US India Dialogue May 2020 Invitation Letter - Steve Redd, MD.docx



January 31, 2020

Steve Redd, MD  
Deputy Director, Public Health Service and Implementation Science  
US Centers for Disease Control and Prevention

Dear Dr. Redd,

Together with my colleague Gigi Gronvall, I invite you to participate in the next Strategic Dialogue on Biosecurity between India and the United States, which will take place on **28-29 May 2020 in Washington, DC** at the W Hotel, which is located just a few blocks from the White House.

The Johns Hopkins Center for Health Security is organizing this dialogue, after receiving an award from the Naval Postgraduate School, Project on Advanced Systems and Concepts for Countering WMD (PASCC), supported by the US Department of Defense, Defense Threat Reduction Agency (DTRA). The meeting will be held in collaboration with the Department of Biotechnology within the Indian Ministry of Science and Technology.

The purposes of this dialogue are to increase knowledge of prevention and response efforts for natural, deliberate, and accidental biological threats in India and the United States; to look for new synergies and share best practices and innovations; to examine opportunities for partnership and collaboration; to develop and deepen relationships between dialogue participants; and to identify issues that may warrant being brought to the attention of the governments of India and the US. The dialogue will focus on biosecurity, biosafety, advances in biotechnology, dual-use science, nonproliferation, preparedness for deliberate biological threats and emerging infectious diseases, pandemic planning, and other issues and policies which shape the changing biological threat landscape in India and the US. An official from the US National Security Council will also be invited to make a presentation to the dialogue group.

These are small meetings with approximately 7-8 participants from each country representing a range of senior level perspectives. Previous participants have included leaders from government, academia, private industry, research, and healthcare. The discussions are not-for-attribution so they can be candid and highly informative. Themes of the meeting are summarized into a report, but no quotes are attributed to individuals.

This meeting is the 7<sup>th</sup> gathering of this Dialogue, with the first 6 meetings occurring in Washington, Hyderabad, and New Delhi in the last 3 years.

The reports from the last 6 meetings of the dialogue can be found here:

<http://www.centerforhealthsecurity.org/our-work/Center-projects/pascc-us-india-biosecurity-dialogue.html>

The Center for Health Security will pay for your airfare, hotel accommodations in Washington, DC, and we will reimburse miscellaneous travel costs. Please RSVP to our Events Director, Andrea Lapp at [alapp1@jhu.edu](mailto:alapp1@jhu.edu). Andrea will give you information on booking travel. Please let me know if you have any questions about the content of the Dialogue.

Sincerely,



Tom Inglesby, MD  
Director  
Johns Hopkins Center for health Security  
health Security



Gigi Gronvall, PhD  
Senior Associate  
Johns Hopkins Center for



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1. Dr Subeer Majumdar, Director, National Institute of Animal Biotechnology
2. Dr. Rakesh Mishra, Director, Centre for Cellular and Molecular Biology
3. Dr. V. Siva Reddy, Chief Scientific Officer, Biosafety Support Unit, Regional Center for Biotechnology
4. Ambassador Rakesh Sood, Observer Research Foundation
5. Dr. Randeep Guleria, Director, All India Institute of Medical Science (AIIMS)
6. Dr. Indira Nath, former Health and Senior Professor, Department of Biotechnology, AIIMS
7. Ambassador Amandeep Singh Gill, Executive Director and co-Lead, UN High-Level Panel on Digital Cooperation, former Permanent Representative to the Conference on Disarmament
8. Dr. Shambhavi Naik, Research Fellow, Takshashila Institution
9. Dr. Sudhanshu Vrati, Executive Director, Regional Center for Biotechnology

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Sincerely,

Tom Inglesby, MD  
Director

Gigi Gronvall, PhD  
Senior Associate

**From:** Tom Inglesby  
**Sent:** Sun, 2 Feb 2020 23:32:17 +0000  
**To:** John Dreyzehner;Redd, Stephen (CDC/DDPHSIS/OD);Andreadis, Joanne (CDC/DDPHSIS/CPR/OD)  
**Subject:** TEAM B ?

Hi all,

I hope you are all doing well. It's a very challenging time!

I heard there is a Team B that has been created for interacting with CDC on nCoV. I just wanted to say that I would be happy to be part of that if you could use my help.

Or if there are other things that you think I or our Center could do to be helpful, please have you or your colleagues let us know.

We have a lot of interactions with state and local and hospitals and public, and so might have useful connections and info to share and consider.

All the best

Tom

**Tom Inglesby, MD**

Director, Johns Hopkins Center for Health Security  
Professor, Environmental Health and Engineering  
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Joint Appointment, Medicine, Johns Hopkins School of Medicine  
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**From:** Tom Inglesby  
**Sent:** Fri, 21 Feb 2020 15:07:12 +0000  
**To:** Redd, Stephen (CDC/DDPHSIS/OD)  
**Cc:** Andrea Lapp; Diane Meyer  
**Subject:** RE: INVITATION TO ATTEND: Strategic Dialogue on Biosecurity between India and the United States | May 28-29, 2020 | Washington, DC

Steve – belated thanks for the note. No worries at all. We are definitely interested in continuing to work with you on these issues too and will stay in touch! Hope transition goes smoothly

Best  
Tom

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**From:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Sent:** Wednesday, February 12, 2020 9:52 AM  
**To:** Tom Inglesby <(b)(6)@jhu.edu>  
**Cc:** Andrea Lapp <(b)(6)@jhu.edu>; Diane Meyer <(b)(6)@jhmi.edu>  
**Subject:** RE: INVITATION TO ATTEND: Strategic Dialogue on Biosecurity between India and the United States | May 28-29, 2020 | Washington, DC

Tom,

(b)(6) I am learning that it's even more important to check at home before making commitments. Unfortunately, I am not available in that final week in May. I'm very interested in continuing to work with you guys on areas such as the health security cooperation with India, so please keep me in mind.

Steve

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**From:** Tom Inglesby <(b)(6)@jhu.edu>  
**Sent:** Friday, January 31, 2020 23:40  
**To:** Redd, Stephen (CDC/DDPHSIS/OD) <scr1@cdc.gov>  
**Cc:** Andrea Lapp <(b)(6)@jhu.edu>; Diane Meyer <(b)(6)@jhmi.edu>  
**Subject:** INVITATION TO ATTEND: Strategic Dialogue on Biosecurity between India and the United States | May 28-29, 2020 | Washington, DC



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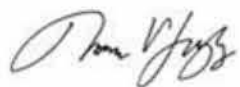
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