



Safety Officer's Report Charles County EOC

05-12-20

John Filer
Chief of EMS and SOD
Charles County Department of
Emergency Services

Today's Safety Message: "Feeling stressed, feeling like you need to decompress? Peer Support is here to help and listen.."

Total number of PUI's transported to date: 656

Total number of patients transported by EMS testing + for COVID: 116

Total number of first responders on self-isolation: 1

Total number of first responders on quarantine: 5

Total number of first responders + for COVID-19: 9

Total number of first responders out for COVID related mental health: 0

Total number of fire stations sanitized: 6

Daily Estimated PPE Burn Rate: 20 sets/day



10425 Audie Lane
La Plata, MD 20646



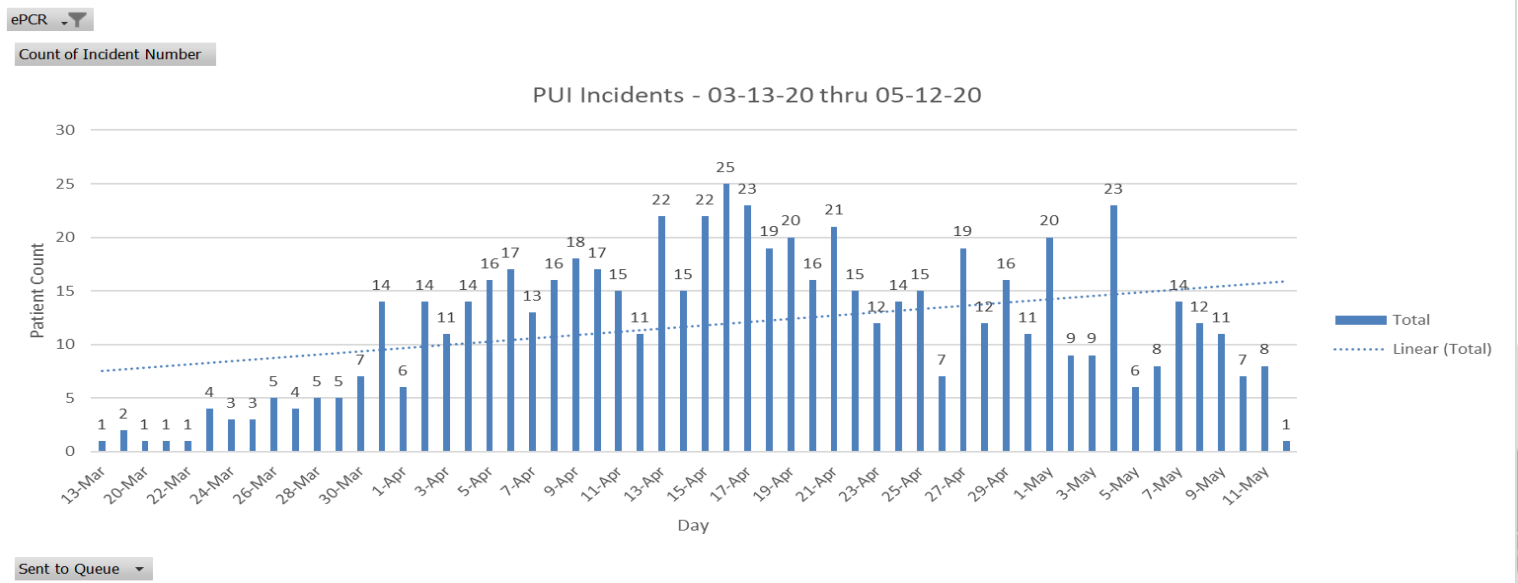
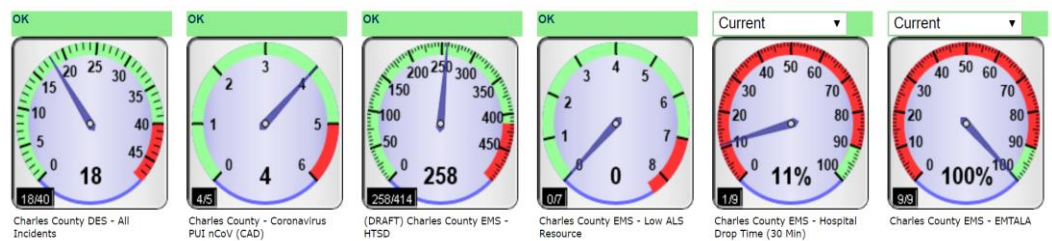
301-399-1143



DESsafety@charlescountymd.gov

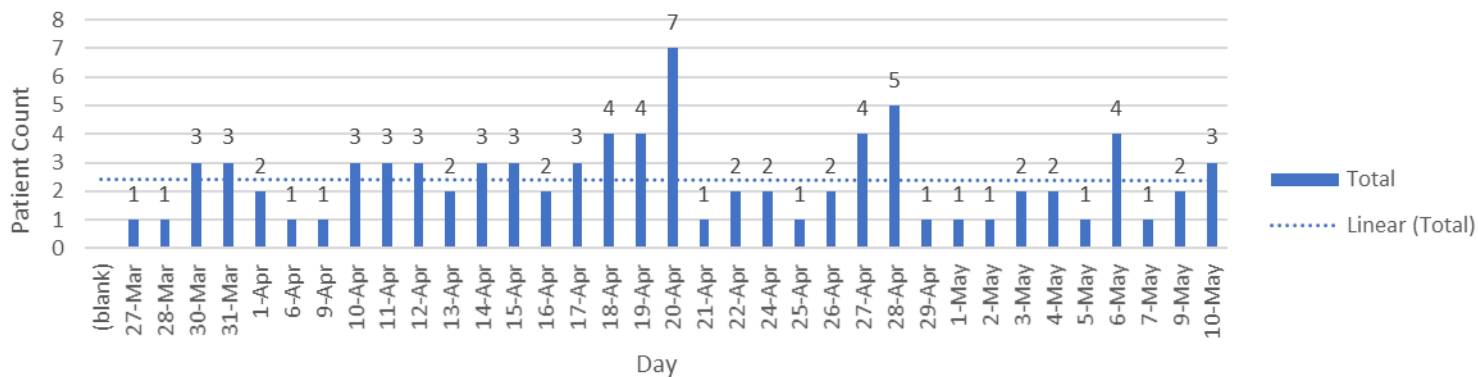


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Count of Patient Name

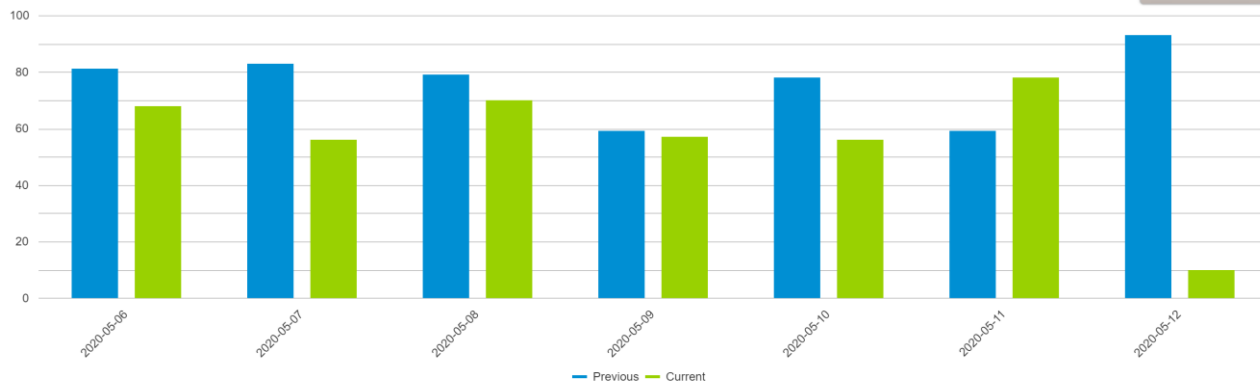
YTD COVID+ Patients Transported by EMS



Date of EMS Transport

Count of Incident Reported

Compare To: One Year





PUBLIC HEALTH BRANCH BRIEFING COVID-19 PANDEMIC RESPONSE

May 12, 2020

GENERAL REPORTING INFORMATION

INFECTIOUS DISEASE

CASE COUNT—CHARLES COUNTY

As of 5/12/2020, total case count for Charles County is 759.

- *The line list with confirmed case counts for Charles County is continuously updated as lab reports are received from MDH, hospitals, and commercial laboratories.*
- *Contact tracing efforts are continuous with a focus on healthcare workers, EMS, and police.*

CALL CENTER UPDATE

- Operation time: 0800 to 2200.
- The numbers to call remain the same: 301.609.6717 or 301.609.6777
- Volume for new system is approximately 60 call per day. *(There were 18 calls Saturday and 10 on Sunday.)*

MEDIA, SOCIAL MEDIA AND WEBSITE

The message for the electronic board will remain the same for this week:

- Protect your friends and family---Stay at home
- Use your head --Slow the spread
- Complaints concerning mask use coming in about 1 per day.

PARTNER/STAKEHOLDER OUTREACH

LTC/AL

- The Long-Term Care and Assisted Living call will be held Thursday, May 14, at 3 p.m. by CCDOH nurse liaisons.

ALL-PARTNER

- The all-partner call will be held Thursday, May 14, at 4 p.m. by CCDOH nurse liaisons.

EPI SURVEILLANCE PROFILE FOR STATE

Case Investigation, Surveillance, and Infectious Disease Response (D, Blythe)

- 1) Latest case counts – total: 34,061 (135,442 negative)
- 2) New cases: 688
 - a) Age distribution:
 - i) under 18 years - 2 %
 - ii) in 19-64 age range 74%
 - iii) in 65+ age range 24%
 - b) Geographic distribution:
 - i) National Capital 53%
 - ii) Baltimore Metro area 41%
 - iii) Eastern Shore 3%
 - iv) Southern 2%
 - v) Western 1%
 - c) Of cases, 53% female; 47% male
 - d) Hospitalizations (19 last 24 hours); total current 1,563; total ever 6,287
 - e) Deaths -- Total 1,643 (70 last 24 hours)
 - f) Release from isolation – 2,394

CONFIDENTIAL – (INFORMATION BELOW IS FOR CORE PLANNING GROUP ONLY)

RESOURCE DISTRIBUTION

- 1 request received and filled today
- IR thermometers will be included for distribution from CCDOH per request

VOLUNTEERS

MARYLAND MEDICAL RESERVE CORPS

- No new additions today.
-

CAREGIVER SERVICE CORPS

- PPE allotment of 200 gloves and 200 masks were picked up today, 5/11/2020 by the Charles County PPE Coordinator for this project

TESTING

VEIP TESTING SITE UPDATE

- Tested to Date: 873
- 135 appointment slots were open for today, May 12. The same amount of appointment slots are planned for Thursday, May 14.

EPIDEMIOLOGY AND SURVEILLANCE

Charles County

***Epidemiologist's Note:** All data presented in the Charles County profile is a snapshot of the COVID-19 situation at one specific time period. Please be cognizant that data may differ from numbers presented later in the day since new positive lab results are being received by the state and local health department and entered into NEDSS electronic surveillance system throughout the work day. This explains any discrepancies in the total count or denominator being used to calculate each data measure; therefore, the date and time of data extraction for each data source is provided for your reference.*

As of 5/12 at 9 a.m., total case count for Charles County was 765 cases.

MDH is working to get the Charles County cases from 20607 moved back into the Charles County line list and case count. They have added any new cases from 20607 to the line list, but we are still waiting for the previous 20607 cases to be moved back. After discussions with other local health department epidemiologists in the state, this has happened to several counties that share zip codes. MDH is overburdened at this time, so patience is needed as we sort out these problems.

There have been 54 confirmed deaths associated with COVID-19. This equates to 7.0% of total confirmed cases. The Charles County death rate of 7.0% is higher than the MD state average death rate of 4.8%. However, it should be noted that the majority of deaths in Charles County are associated with outbreaks in skilled nursing facilities. There was 1 probable COVID-19 death. COVID-19 is listed as the cause of death, but laboratory testing has not yet confirmed.

- Average age of fatalities: 77.6 years

Age Distribution of Fatalities:

- 0-39 years: 0
- 40-69 years: 10 (18.6%)
- 70-79 years: 22 (40.7%)
- 80+ years: 22 (40.7%)
- Gender breakdown among fatalities: 71.7% Female, 28.3% Male

Racial breakdown among fatalities:

- 50.0% Non-Hispanic White
- 44.4% Non-Hispanic Black
- 1.9% Non-Hispanic Asian
- 3.7% Hispanic
- Number of negative lab results: 3720
- Positivity Rate: 17.1% (State positivity rate: 20.1%)
- Recovered and released from isolation: 177
- Partially recovered with improved symptoms: 46
- Known asymptomatic cases: 8

- 158 or 20.7% required hospitalization: We have seen reductions in the percentage of cases needing hospitalization over the past 2 weeks. This may be due to the decline in cases in the skilled nursing facility outbreaks.
- Among confirmed cases, 439 (57.4%) Female; 326 (42.6%) Male
- 13.9% Healthcare Workers
- 1.7% First Responders: EMS, Fire, Law Enforcement
- 28.5% have underlying health conditions
- Age range of positive COVID-19 cases: 0-100 years

Age Distribution for Charles County cases:

- Under 18 years: 19 (2.5%)
- 18-64 years: 569 (75.0%)
- 65+ years: 171 (22.5%)

ESSENCE data for urgent care utilization at Patient First in Waldorf had no alert for Monday, May 11th. Patient volume was 29 patients on 5/11. Total patient volume has remained similar over the 2 weeks. All were discharged to home for self-care.

On 5/11, 6 patients presented with ILI or at least one COVID-19 like symptoms (21% of total patient volume). This is a decrease from previous days due to a decrease in COVID-19 testing on Monday, 5/11.

Diagnoses for ILI patients on Monday included cough, contact with and exposure to other viral communicable diseases, pneumonia, unspecified viral infection, and bronchitis with or without tracheitis. On 5/11, there was 1 “Visit of Interest” CDC Classifier tag. It was due to COVID-19 exposure to a positive case. There was one CDC Classifier tag for Pneumonia. They completed a total of 1 COVID-19 test in their drive-up testing site on 5/11.

Surveillance of EMS call data and alerts

The epidemiologist monitors the Charles County DES First Watch trigger alerts. The number of daily trigger alerts for COVID-19 cases or COVID-19 persons under investigation was 11 on 5/9 and 8 for 5/10. PUI call volume remains low.

- 5/9: 11
- 5/10: 8
- 5/11: 12

Epidemiologist’s Note Concerning Race breakdown: The data is now being captured in the MDH line lists of confirmed cases in REDCap. Data was accessed on 5/12 at 9 a.m. Please be cognizant that data may differ from numbers pulled later in the morning since new positive lab results are being received by the health department and entered into NEDSS throughout the work day. This explains any discrepancies in the total count or denominator being used to calculate each data measure.

Total: 765 cases on 5/12 at 9 am MDH line list assessed through REDCap:
Data on race and ethnicity changes daily as case investigations are completed and more information on demographics is updated in the electronic reporting disease system. Additionally, when there is an influx of new cases in electronic reporting

disease system, data on race and ethnicity may not be available immediately for new cases since race information is not typically captured on a lab report and must be obtained during the investigation.

Race Breakdown

- Asian: 14 (1.8%)
- Black/African American: 331 (43.3%)
- White: 198 (25.9%)
- Other or 2+ races: 46 (6.0%)
- Data not available/Declined to Answer: 176 (23.0%)

Ethnicity Breakdown

- Hispanic 37 (4.8%)
- Non-Hispanic 543 (71.0%)
- Data not available/Declined to Answer: 185 (24.2%)

Nursing Home Outbreak Data: *(Confidential: Not for public dissemination.)*

- Positive resident cases in Skilled Nursing Facilities/Assisted Living Facilities: 144
- Positive staff cases in Skilled Nursing Facilities/Assisted Living Facilities: 53
- Among those 144 resident cases, 109 are in skilled nursing facilities and 35 are in assisted living facilities.
- Current residents or staff who are Persons Under Investigation (PUI) in Skilled Nursing Facilities/Assisted Living Facilities: 3
- Total currently hospitalized: 5
- Deaths: 46

Charles County Efforts to Address the Governor's Executive Order regarding testing in Skilled Nursing Facilities:

- All 4 skilled nursing facilities in Charles County received testing kits for their residents and completed resident testing by the close of business on Friday, 5/1. Lab results have been received for each facility. A total of 371 residents in skilled nursing facilities were tested. 35 or 9.4% of those tests have come back positive for COVID-19. Health department staff is looking at previous line lists to determine which of those cases are previously positive cases and which are new positives for the facilities.
- Testing for staff members has been put on hold. MDH released information on 5/7 to the skilled nursing facilities regarding the Governor's Order to test all residents and staff of nursing homes. Their protocol will involve the National Guard teams coming in to do all of the testing at once. We are waiting for information on whether SNF residents will be retested using this National Guard protocol. On the Friday call with Dr Haft, skilled nursing facilities conveyed their readiness to test staff now while they have the ability to cover all patients even with possible staff shortages. Dr Haft was going to ask MDH again if staff testing can occur this week.

Epidemiologist Note: Please use caution when drawing any conclusions regarding race or ethnicity. There is still a percentage where race data is not available, and information regarding this missing population cannot be assumed. Additionally, it should be noted that the greatest number of cases (59.9%) are the Waldorf zip codes of 20601, 20602, and 20603. Over half of the county population lives in those zip codes. Additionally, those zip codes have a very diverse population with minority populations comprising the majority of the zip code level population and with African Americans being the largest racial group in those zip codes.

Zip Code level data was also analyzed using the MDH line lists of confirmed cases in REDCap. Data was accessed on 5/12 at 9 a.m.

(Zip code level data with counts less than 7 cases cannot be shared publicly and must remain confidential.)

Confirmed cases by zip code:

Zip code:	5/6	5/8	5/11	5/12
20601	102	112	122	125
20602	117	128	137	138
20603	173	186	195	195
20604	2	2	2	2
20611	4	4	4	4
20613	11	16	17	17
20616	23	25	25	25
20622	3	3	4	4
20632	2	2	2	2
20637	18	18	20	20
20640	28	28	30	30
20645	1	1	1	1
20646	93	94	96	96
20658	3	3	3	3
20662	9	9	9	10
20664	8	8	8	9
20675	7	7	7	7
20677	9	9	9	9
20693	3	3	3	3
20695	44	46	47	47

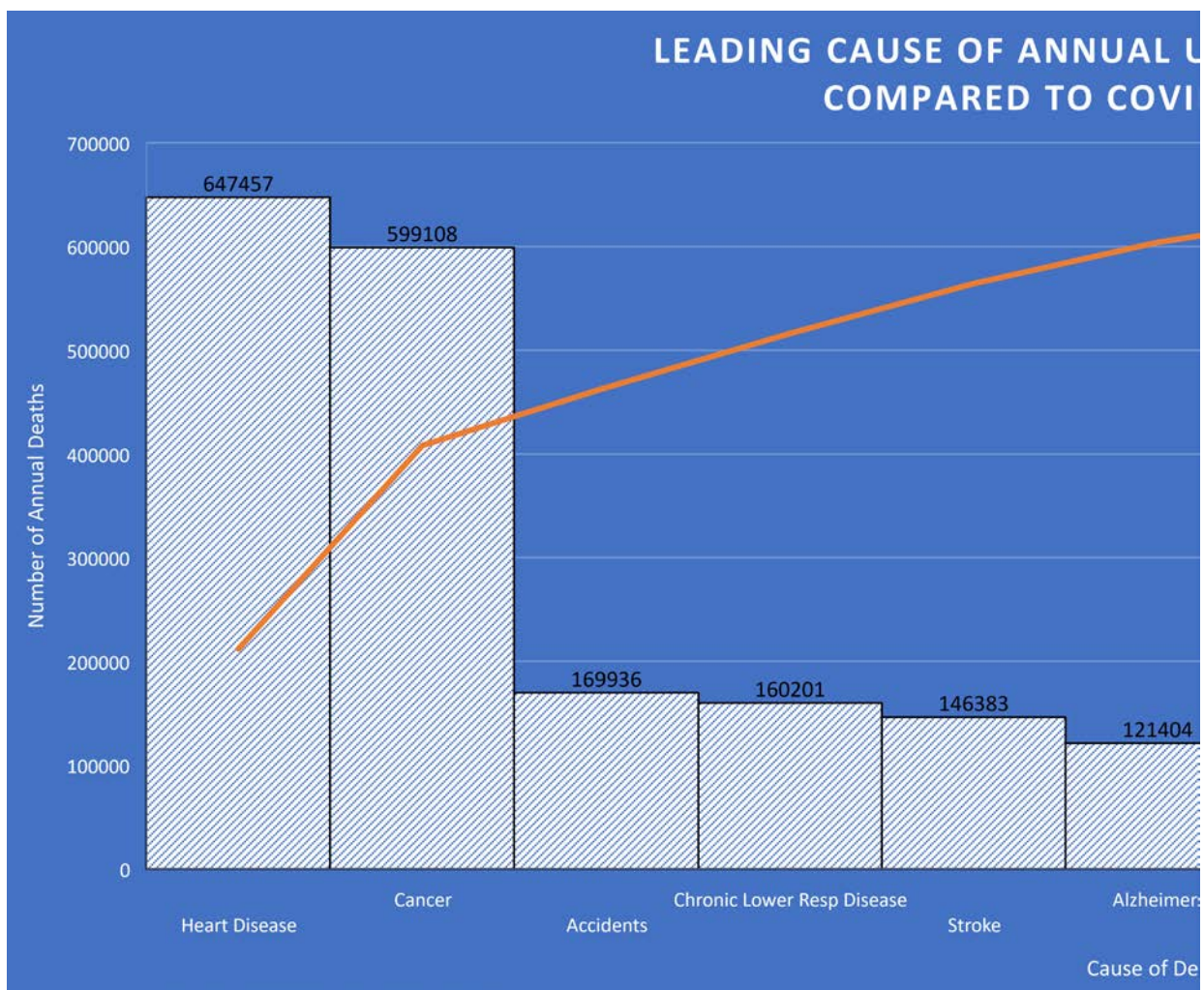
Epidemiologist's Note: *Here are the COVID-19 case rates per 1000 residents by zip code. Most zip codes saw an increase from 5/6 to 5/8; however, most were small increases.*

ADDITIONAL INFORMATION: *This includes the following:*

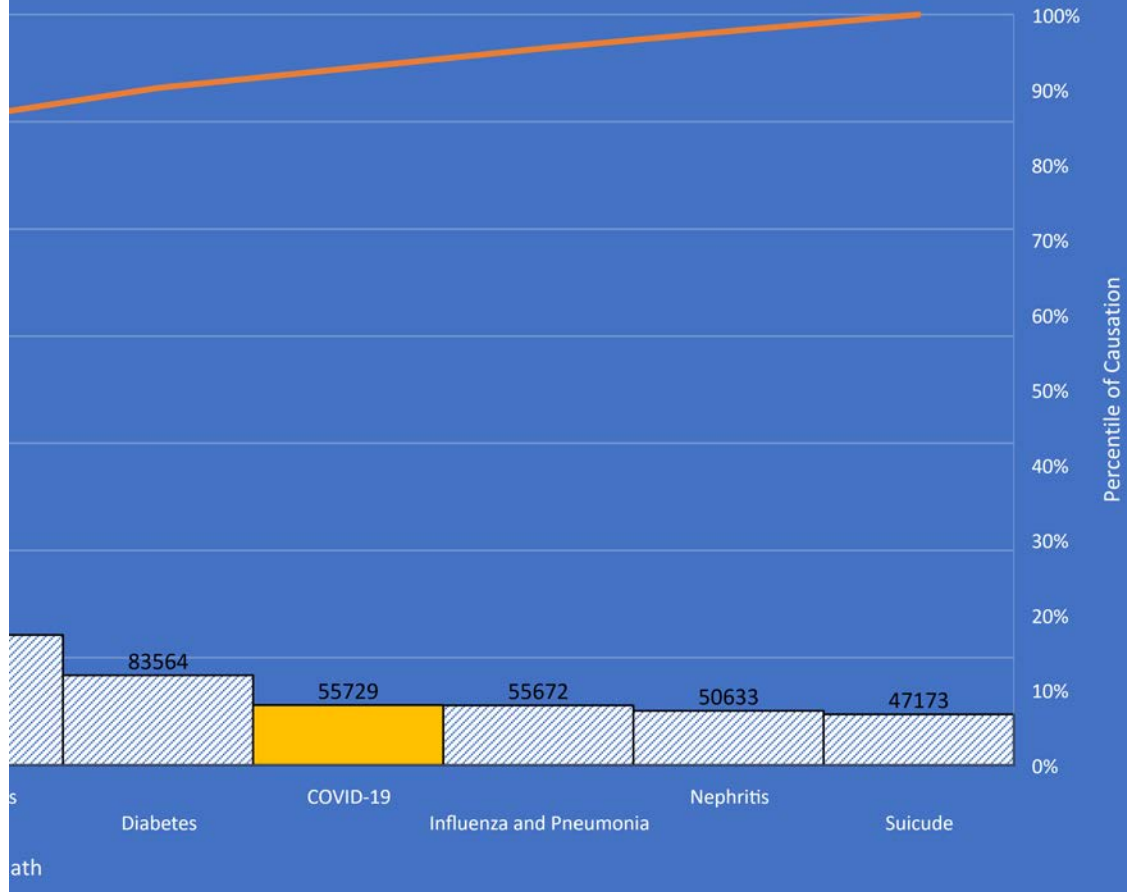
MISCELLANEOUS

Respectfully submitted by Charles County PHEP

Cause of Death	Annual US Deaths
COVID-19	55729
Diabetes	83564
Accidents	169,936
Cancer	599108
Heart Disease	647457
Chronic Lower Resp Disease	160201
Stroke	146383
Alzheimers	121404
Influenza and Pneumonia	55672
Nephritis	50633
Suicide	47173



U.S. DEATHS - 2017 *CDC
COVID-19* 04-27-20



Work Analysis Matrix ICS-234	1. Incident Name Charles County COVID-19	2. Date Prepared	3. Time Prepared
4. Operational Period (Date and Time)			
Objective (Desired Outcome)	Strategy (How)	Tactics (Who, Where, What, When)	
Maximize the safety and overall health and well-being, including mental health of the residents, county employees, and responders, throughout this incident. Minimize the effects resulting from this incident on all personnel.	Provide COVID-19 testing for first responders.	Facilitate testing of 1st Responders (CCSO, career and vol. EMS, volunteer fire, 9-1-1 Communications) thru resources at the Health Department or Hospital when there is a suspected exposure and when employee shows symptoms.	
	Provide COVID-19 testing for the public.	Facilitate and manage testing at VEIP type sites for the public who have a doctor's note, and an appointment, for up to 200 tests per day, Tuesdays and Thursdays.	
	Provide PPE.	Provide first responders with PPE needs using a standard ordering process handled by Logistics. Form 213.	
	Ensure proper decon procedures for personnel, apparatus, equipment and facilities.	Provide a "Standard Decon" of ambulances and other responder vehicles that may have been contaminated, to protect the workforce and the public from contamination, utilizing a third party contractor 24/7 while in a State of Emergency..	
		Provide 3rd party contractor to thoroughly clean work station as needed after suspected contamination.	
	Provide mental peer support as needed. Peer support Team and CISM team will monitor Charles County employees for need for assistance.	The Peer Support Team will communicate with First Responders that are in need of counseling, by visiting stations, advising supervisors to alert employees to call or email Peer Support team.	
		The Peer support Team will monitor those essential employees that have been quarantined and those that are isolated.	
	Support the medical treatment and care for the patients.		

<p>Maximize the safety and overall health and well-being, including mental health of the residents, county employees, and responders, throughout this incident. Minimize the effects resulting from this incident on all personnel.</p>	<p>Provide training and direction for handling COVID-19 response to 1st responders.</p>	<p>Author Special Orders that cover this specific incident.</p> <p>Produce weekly Podcast Town Hall meetings for vol EMS, vol Fire, DES, CCSO, and 9-1-1 Communications personnel.</p>
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HOSPITAL BRIEF 5-12-2020

- The trigger point for starting up the tent operations outside of the hospital has not yet been activated. Activation will be determined by both staffing levels and patient census presenting to the ED.
- Hospital Bed Capacity = 166. Census = 83
- Hospital ICU Census = 14
- Hospital ICU is now a dedicated COVID-19 Unit, and 3 East is for ICU overflow.
- Isolation Room Capacity = 12
- Isolation Rooms Occupied = 6
- Confirmed positive cases of COVID-19 patient admissions = 16
 - Of the total Sixteen COVID-19 positive patients, six (6) of the patients are located in the ICU. Ten (10) are located in the 3 South dedicated COVID-19 unit.
- PUI admissions = 9
- Ventilated COVID-19 positive patients = 6
- Ventilators not in use = 14
- COVID-19 related deaths = 32 (Total to Date)
- CRMC has implemented a policy that requires ALL staff, visitors (which would be very limited), and contractors of any kind to wear a mask while in the hospital at all times.
- The 3 South patient unit at CRMC is dedicated to COVID-19 positive patients only.
- EMS staff transport to CRMC on Monday, 05/11/2020 = One (1) known COVID-19 positive, and two (2) PUI's that test results came back as positive.
- CMCR total Lab tests to date = 1194
- Total COVID-19 positive Lab results to date = 259

Intelligence Briefing 5-12-2020
COVID Charles County
Week 9

Updated Infection Numbers: As of 1132 hrs.

Total worldwide: 4,215,514 **+93,341 since the 5-11-20 brief.**

Worldwide increase of confirmed cases by 24-hour period over the last 10 days

5-2/3	5-3/4	5-4/5	5-5/6	5-6/7	5-7/8	5-8/9	5-9/10	5-10/11	5-11/12
86,724	74,919	79,860	79,091	90,538	90,975	107,394	79,665	68,472	93,341

Total fatalities worldwide: 287,809 **+4,808 since the 5-11-20 brief**

Total confirmed cases in the US: 1,351,248 **+21,449 since the 5-11-20 brief**

US increase of confirmed cases by 24-hours period over the last 10 days

5-2/3	5-3/4	5-4/5	5-5/6	5-6/7	5-7/8	5-8/9	5-9/10	5-10/11	5-11/12
29,713	24,283	22,293	23,841	24,616	27,883	34,128	20,823	17,276	21,449

Total fatalities in US: 80,900 **+2045 since 5-11-2020**

Maryland Numbers: As of 1000 hrs. via <https://coronavirus.maryland.gov/>

Total confirmed cases in State in of MD: 34,061 **+688 since the 5-11-20 brief**

Total tested in the State of MD: 135,442 **+4035 over 5-11-20**

Percent of those test that test positive: **25.1%**

Total Fatalities in State of MD: 1,643 **+70 change since the 5-11-20 brief**

Number of probable deaths: 113

Total Ever Hospitalized: 6,287

Persons currently hospitalized: 1,563 -25 since 5-11-2020

4-30/5-1	5-1/2	5-2/3	5-3/4	5-4/5	5-5/5	5-6/7	5-7/8	5-8/9	5-9/10	5-10/11	5-11/12
-43	-9	-22	+14	+44	+14	-24	-33	-9	-25	-96	+19

First Responder Numbers in Charles County: NUMBERS AS OF 5-12-2020 @1230

8 Quarantine: means exposed and they can't come to work **-2 since last report**

2 Self Isolation: means sick or tested positive **+1 since the last report**

Weather:

Wed 66-46 sun, Thursday 73-60, Friday 84-62 storms

Local:

No stores were visited this AM.

The Charles County Commissioners have added another \$100,000 to the emergency relief trust fund. The application deadline is May 20.

Charles County to receive 25 million from the State of Maryland to help with COVID response and recovery.

Maryland Update:

Gov to hold press conf on 5-13 at 1700

A shipment of 30 cases of remdesivir, a drug being used to treat hospitalized COVID-19 patients, has been donated to Maryland Department of Health.

Region:

Over 39,002 cases in the NCR as of 1000 5-12-2020,

66,346 cases in Maryland, DC, and Virginia as of 1100 on 5-12-2020.

Children's is reporting 3 cases of Kawasaki disease (disease is possibly linked to COVID 19)

NOVA may not begin to open until the end of May

VA enters Phase 1 of recovery operations on Friday May 15th.

National:

AP infection map: <https://apnews.com/7b5a2994d351e5c1697e2c7478e2969c>

Heads of NIH, CDC, FDA, and other leaders testify in front of the Senate.

NY: Department of Health is investigating approximately 85 children with possible COVID-19 related illness and having symptoms characteristic of Kawasaki disease (inflammation, swelling, and redness in blood vessels throughout the body) and toxic shock syndrome (DHS NOC Update, May 10, 2020, 8:18 p.m. ET)

On May 08, the CDC announced the country could begin experiencing outbreaks of measles and other vaccine-preventable diseases because children are not getting the necessary immunizations during the COVID-19 pandemic. A newly released study found vaccinations of children and vaccine orders dropped in late March, about a week after a national emergency was declared. CDC

The federal government will spend \$3B to buy dairy, meat, and produce from U.S. farmers, ranchers and specialty growers. The goods will be provided to support food lines and kitchens and the Farmers to Families Food Box Program. NOC COVID-19 (May 10)

Suppliers will package products into family-sized boxes, then transport them to food banks, community and faith-based organizations, and other non-profits serving those in need from May 15 through June 30. (NCR Sit Rep COVID 19-128)

In April, 88,300 truck drivers filed for unemployment benefits. It is likely that unemployment numbers will continue to rise as manufacturing remains closed. Trucking capacities remain low with decreased demand as carriers have moved out of the marketplace. NBEOC (May 08)

Fourteen major meatpacking facilities in the U.S. have resumed or plan to resume operations this week after implementing the CDC's and the Department of Labor's Occupational Safety and Health Administration (OSHA) guidelines. USDA

Local critical infrastructure:

No outages or disruptions are reported or are appear to be likely as of today.

Predications/ Analysis:

- The cascading effects of the prolonged closures, along with community fear and anxiety have led to unintended consequences that we likely have not explored. The recent reports of increasing measles outbreaks due to children not being inoculated likely due to fear and limited availability is a terrific example. It would be wise if task forces or committees were established to better identify, develop proactive frameworks for future responses, and potential solutions prior to full reopening.
- Pediatric Multi-system Inflammatory Syndrome is receiving increasing media coverage (100+ cases in NY, 3 at WDC Children's). We are likely to see increased reports from fearful parents who have limited knowledge but high fear. Factual information spread is needed, ongoing and open channel communication with local pediatricians must start now, redistribution of PPE may be needed, and we should likely begin adding them to EOC operations.
- We appear to be on the downward side or at least seeing a leveling of this crisis. Commander should take this time to review and collect documents needed to begin the AAR process of the tactical portion of this event. Logistics should begin placing orders to build stockpiles for the next round.
- The change at the Gov. Office re: to releasing nursing home case counts and fatalities this week is likely to create more questions than answers. In addition, it is likely to create a public uproar and increase anger.
- The length and scope of this situation have exposed large cracks in food supply chains, medical supply chains, fossil fuel industries, and other major portions of everyday life. Local leaders should begin a gap analysis and start the after-action process so they can create and modernize resiliency plans, local stockpiles, and coming up with other forward leaning solutions so when the next disaster occurs they are more self-sufficient and better prepared.
- While we have concentrated our efforts on peer support and helping our responders, a proactive approach to including families of first responders is quickly emerging. The command structure should consider a Family Support liaison or expand the Peer support branch.
- The increased discussions about opening the economy, added with the on-going conversation about health care inequity and racial disproportionality of infections is causing increased polarization, anger, and hate. Social media is rampant with spirited discussions. It is only a matter of time before we begin to see emotions spill over into

the public. The small protest we have witnessed thus far could pale in comparison to what is to come. LE should be reviewing plans, manpower, and boosting intelligence gathering to better prepare for potential situations.

- Protests over the continuing of stay at home orders, and business closures are becoming more prevalent and boisterous. Law enforcement should begin to make plans on how to track these groups and respond to events.
- First responder staffing and exposure issues will likely continue to increase. Priority messaging about PPE, manpower reduction strategies, and outside the box thinking should be continued and solutions expedited.
- FOIA and PIA requests for detailed records on infections in assisted living and nursing homes will increase as investigative reporting on this issue increases.
- Grocery stores could become a hotbed of fear and anxiety due to limiting numbers of patrons, assigning shopping days, mask requirements, and now limited meat supplies.
- As critical case in Charles County remain low (outside of nursing homes and assisted living homes), needs in other local jurisdictions are growing. Resources should be prioritized and plans should be made to share/deploy critical resources, personnel, and/or facility space to meet the needs regionally.
- The longer this crisis continues the more likely we are to experience critical events that may not be related to the COVID crisis (incidents within the incident). Those in leadership positions need to be prepared to step into dual leadership/managerial roles at a moment's notice. This requires taking care of yourself and staying up on the latest tactics, strategies and knowledge.
- Planning for crisis recovery starts as soon as the crisis begins. Monday marks the 8th weeks of this crisis, 6th week of schools being closed. Partners and stakeholders should begin planning for what the return to the "new normal" looks like in their organization. Sharing of these plans will help each organization build more comprehensive processes.
- Over the weekend the US will likely eclipse 500,000 cases and 15,000 deaths. Md numbers will likely pass 5000 and 150 fatalities by Friday. These numbers will cause increased pressure to ratchet up rhetoric re: "stay at home orders" and could result in further sanctions and restrictions.
- As the confirmed case numbers continue to rapidly ascend the likelihood of jurisdictions issuing "travel bans" increases. Law enforcement should begin researching the constitutionality of these potential edicts and have plans in place for implantation and begin to develop a public communication strategy. Standardizing local "travel authorization documentation" should be explored by the lead jurisdiction having authority.
- Due to diverted attention, the international and domestic terrorism threat is rapidly increasing. Responders should be reminded to remain vigilant and of the DHS guidelines for spotting suspicion activities and terrorism indicators.
- As we enter into the reported peak of this situation communication, along with sharing of individual branch capability and capacity is more important now than ever. "We don't know what we are going to need to know until we need to know it."

- First responder organizations should begin surveying members for pre-existing conditions and other complicating medical conditions. Responders found to have pre-existing conditions should be placed in limited citizen contact roles.
- A review of the 179 countries that report COVID-19 cases, only two (South Korea and China) have somewhat “flattened the curve” of NEW infections. Both showed flattening roughly 30 to 45 days after the initial spikes. The initial spike in the US began around 3-18-2020.
- Reduced stability in the supply chain along with increased fear and anxiety can be expected with today’s “stay at home order.”
- After 3 weeks of social distancing and schools being closed non-english speaking communities within Charles County are likely feeling further isolated due to a lack of language specific communications. Direct and increased messaging to Spanish speakers is likely necessary.
- As mass transit continues to shrink in availability, plans should be made to ensure those who rely on it for essential supplies and trips have delivery resources.
- LE and EMS screening protocols should include questions about recent travel to NY, NJ, CT, and FL.
- Immediate attention is needed to direct companies and organization on the proper processes and appropriate contact to use (Donation Manager at the EOC) to donate PPE and cleaning materials to essential personnel
- The next 7 days will likely see a stabilization of a majority of the grocery supply chain. However, the potential for disruption moving forward continues to remain high.
- FOIA and PIA request from media and citizens groups will likely begin to increase the longer this event lasts. “New normal” processes need to be established as soon as possible.
- Lack of child care options will likely add to family stress. Additional resources, activity and options are needed.
- JIC staff should substantially amplify community resource communications
- As we enter the 2nd week of social distancing stress, anxiety, and fear will likely increase. Continuous reminders of patience and focusing on kindness will become increasingly important.
- Many stores restock overnight. Seniors and the vulnerable populations should be strongly encouraged to shop during the early morning hours when supplies are likely to be at their highest.
- As testing increased the confirmed cases in MD will increase. This will likely cause additional life restrictions.
- Supply chain issues will continue and likely increase as further life interruptions and travel restrictions are ordered. The possibility of violence increases as stress increases, especially at grocery stores.
- Commanders of responders and essential staff should have robust plans for potential quarantines and updated continuity of operations including plans for diminished manpower. Further, responder organizations should begin reviewing existing integration plans with the National Guard.

- Obtaining medical supplies and PPE will continue to be an issue for the foreseeable future. All services should use the command ordering process so orders can be tracked.
- The community of Charles County is showing increased signs of pulling together and assisting one another. The JIC should continue to encourage civility and increase positive press of good news stories occurring throughout our community.

“The most effective leaders in crises ensure that someone else is managing the present well, while focusing their attention on leading beyond the crisis toward a more promising future” (Nutley and Marcus, 2019, Harvard Business Review)

Respectfully submitted by Jason Stoddard

Law Enforcement Branch Briefing

COVID-19 Charles County IMT

May 12th, 2020

Buildings:

Charles County Sheriff's Office: District 1 Lobby is closed for scheduled remodeling. The District 1 clerks have moved to the CCDC Annex building in the same parking area and that lobby is open as normal.

Maryland State Police: Restricted to public

Maryland Transportation Authority: Closed to Public

La Plata Police Department: Closed to the public

Natural Resources Police: Building Closed

Operations:

Charles County Sheriff's Office: Operations have gone to emergency scheduling in accordance with a CCSO level 3 All-Hazards activation. Patrol operational periods are 12 hours from 0700-1900 and 1900-0700. All other operations sections running with normal services being provided from modified locations. Services provided have not been reduced or augmented.

Maryland State Police: Operations as normal.

Maryland Transportation Authority: Operations as normal.

La Plata Police Department: Operations as normal; Doing screening in and screening out.

Natural Resources Police: Operations as normal.

Internal COVID-19:

Charles County Sheriff's Office:

- **1 Sworn Officer quarantined**
 - 1 Officer who has family member with symptoms. Estimated return date 05/19/20.
- **1 Sworn Officers isolated**
 - **Officer isolated based on symptoms and doctor order for testing.**
- **2 Correctional Officer quarantined**
 - 1 Correctional Officer who has family members who is sick with symptoms. Estimated return date - 05/19/20.
 - **1 Correctional Officer who has family member with a positive test. Estimated return date - 05/25/20.**
- 0 Correctional Officers isolated.
- 0 civilians quarantined.

- 0 civilians isolated.

Charles County Detention Center Population:

- 119 inmates
- 0 COVID positive inmates
- 0 Inmates with symptoms

Maryland State Police: None local

Maryland Transportation Authority: None local

La Plata Police Department: None

Natural Resources Police: None local

Definitions

Quarantine: Quarantine is the process of keeping an asymptomatic (no symptoms) person who had a reported exposure away from other people.

Isolation: Isolation is the process of keeping a symptomatic or positive person away from all other people.

Crime Stats:

Crime continues to be down in all aspects.

TRU:

Charles County Sheriff's Office: Open and working; triage site for COVID-19 calls for service.

Maryland State Police: Open and working.

Maryland Transportation Authority: Open and working.

La Plata Police Department: Open and working.

Natural Resources Police: Open and working.

Call Restrictions:

Charles County Sheriff's Office: None

Maryland State Police: None

Maryland Transportation Authority: None

La Plata Police Department: None

Natural Resources Police: None

Governor's Order Violations since Emergency Orders Issued:

Violation sustained calls for service: 57

Warnings: 54

Charges later: 2

On-scene arrest: 1

Health Department Order Violations (Between 04/16/20 and 04/18/20):

Calls for Service

Founded: 5

Unfounded: 10

Dispositions

Warnings: 5 issued

Items of Note: (Not for redistribution)

Changes denoted in red.

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Operational Task Forces	
Medical Counter-Measure (MCM) Development	<ul style="list-style-type: none"> Emergency Use Authorizations granted by FDA: 54 molecular diagnostic tests, 25 (+1) laboratory-developed tests, 12 antibody tests, 1 antigen test, and 3 repurposed treatments (chloroquine, hydroxychloroquine, Remdesivir) <i>(MCM TF Update, May 11, 2020, 9:00 a.m. ET)</i> Clinical trial to evaluate therapeutics started last week: Adaptive COVID-19 Treatment Trial (ACTT) 2 to evaluate the efficacy of remdesivir with or without baricitinib, a rheumatoid arthritis drug, for treatment of COVID-19 <i>(MCM TF Update, May 11, 2020, 9:00 a.m. ET)</i> Clinical trial to evaluate therapeutics started last week: ACTG trial to evaluate the efficacy of combination therapy with azithromycin and hydroxychloroquine for treatment of COVID-19 <i>(MCM TF Update, May 11, 2020, 9:00 a.m. ET)</i>
Health Care Resilience (HCR)	<ul style="list-style-type: none"> COVID-19 lessons learned webinar scheduled for May 11; speakers from NYC, NJ, New Orleans, and Detroit hospitals will focus on best practices for addressing hospital space, staff, and supply challenges <i>(HCR TF Update, May 11, 2020, 10:03 a.m. ET)</i> Presenting PPE Preservation topic, in coordination with the U.S. Fire Administration and the International Association of Fire Chiefs (IAFC), during IAFC weekly webinar on 5/11 <i>(HCR TF Update, May 11, 2020, 10:03 a.m. ET)</i> Healthcare Workforce Collaborative Meeting with federal workforce partners scheduled for May 12 <i>(HCR TF Update, May 11, 2020, 10:03 a.m. ET)</i> Coordinating with Joint Acquisitions Taskforce on Emergency Use Authorizations to allow for increased use of the decontamination system units <i>(HCR TF Update, May 11, 2020, 10:03 a.m. ET)</i> Developed fact sheet on counterfeit N95 respirators and cleared fact sheet on elastomeric masks as alternatives to N95s in health care settings <i>(HCR TF Update, May 11, 2020, 10:03 a.m. ET)</i>
Lab Diagnostics (LD)	<ul style="list-style-type: none"> National Joint Information Center released the ESF-15 COVID 19 Testing Platforms document to Regions on May 10 <i>(LDTF Update, May 11, 2020 10:19 a.m. ET)</i> Contract for the serology pilots in New York City and Detroit was awarded; continuing to coordinate with officials <i>(LDTF Update, May 11, 2020 10:19 a.m. ET)</i> Working with SNS to ship additional test kits to national labs today and continue extraction validation study <i>(LDTF Update, May 11, 2020 10:19 a.m. ET)</i>
Community Based Testing Sites (CBTS)	<ul style="list-style-type: none"> 172,547 (+666) samples collected at CBTS locations since March 20 <i>(CBTS TF Update, May 11, 2020, 10:01 a.m. ET)</i> 167,523(2,609) tests processed and received by call center since March 20; 25,711 (+201) positive, 1,861 (+36) indeterminate, and 139,951 (+2,372) negative <i>(CBTS TF Update, May 11, 2020, 10:01 a.m. ET)</i> 182,017(+8,174) tests processed from Private-Partnership Testing Sites since April 5; 18,143 (+506) positive, 539 (+15) indeterminate, and 163,335 (+7,653) negative <i>(CBTS TF Update, May 11, 2020, 10:01 a.m. ET)</i> Reconciling CBTS 1.0 data to ensure accuracy of data received from the field <i>(CBTS TF Update, May 11, 2020, 10:01 a.m. ET)</i>
Supply Chain Stabilization (SC)	<ul style="list-style-type: none"> Airbridge flight #129 arrived in New York City, May 10; cargo is face shields <i>(SC TF Update, May 11, 2020, 10:14 a.m. ET)</i> Airbridge flight #130 arrived in Los Angeles; cargo is masks and gowns <i>(SC TF Update, May 11, 2020, 10:14 a.m. ET)</i> Airbridge flights #131 and #132 scheduled to arrive in Chicago, May 11; cargo will be assessed upon arrival <i>(SC TF Update, May 11, 2020, 10:14 a.m. ET)</i> The Department of Veterans Affairs successfully established service agreements with decontamination system company to use the already deployed Critical Care Decontamination Systems; on May 8, 10 hospitals used the systems to sanitize 2,100 N95 masks; usage is expected to grow as the VA integrates more broadly with decontamination system company logistics <i>(SC TF Update, May 11, 2020, 10:14 a.m. ET)</i> 376K FEMA procured 3M N-95 masks remain in transit to the following locations: AZ (15K), ND (50K), NM (76.8K), NV (60K), SC (100.8K) and one U.S. territory Guam (69,750). The SCTF acceleration line of effort and the NRCC will monitor the shipment until it reaches state distribution centers <i>(SC TF Update, May 11, 2020, 10:14 a.m. ET)</i> 245K Tyvek suits from the eighth HHS airlift remain in transit to the following locations: NJ (140K), KS (40K), CT (30K), RI (30K), AZ (2K), and the Navajo Nation (3K). NRCC and SCTF will confirm when suits reach endpoint destinations <i>(SC TF Update, May 11, 2020, 10:14 a.m. ET)</i> The National Resource Prioritization Cell will publish Resource Prioritization Bulletin #10 to FEMA, HHS, and medical/surgical distributors who have Memorandums of Agreement with FEMA <i>(SC TF Update, May 11, 2020, 10:14 a.m. ET)</i>
Community Mitigation Measures (CMM)	<ul style="list-style-type: none"> Updating the CDC Community Mitigation Framework to align with state of the science and updating Guidance for Reopening Buildings and Guidance for Funeral Services and Visitations <i>(CMM TF Update, May 11, 2020, 10:14 a.m. ET)</i> Developing considerations documents for Schools, Institutions of Higher Education, Businesses, Restaurants and Bars, and Other Sectors and Settings <i>(CMM TF Update, May 11, 2020, 10:14 a.m. ET)</i> Continue meeting with Well-Being Trust to discuss plans to align Blueprint and Federal Long-Term Recovery & Resiliency <i>(CMM TF Update, May 11, 2020, 10:14 a.m. ET)</i> Publishing syringe service program guidance and one-pager about naloxone use by law enforcement and other EMS personnel <i>(CMM TF Update, May 11, 2020, 10:14 a.m. ET)</i>
Continuity of Operations (COOP)	<ul style="list-style-type: none"> Over the past 24 hours 1 Wireless Emergency Alert (WEA) messages related to COVID-19 sent by local authorities; 1 stay-at-home/curfew reminder <i>(COOP TF Update, May 11, 2020, 9:23 a.m. ET)</i>
Data and Analysis (DA)	<ul style="list-style-type: none"> Completed request for methodology to identify locations experiencing emerging outbreaks and locations with sustained community spread; explanation and supporting graphics delivered to the White House Task Force on May 10 <i>(DA TF Update, May 11, 2020, 10:18 a.m. ET)</i> Evaluating and analyzing gaps in hospital data collected; configuring FEMA and ASPR region reports with state-level data element detail to facilitate improved reporting to close the data gaps; developed unified hospitals dataset table to support deduplication; targeted Regional outreach to deduplicate reporting ongoing this week <i>(DA TF Update, May 11, 2020, 10:18 a.m. ET)</i>

Title 32 Status by State and Territories											
41,066 (+103) Activated				State Active Duty (SAD): 848 (+149)				T32 Approved: 49			
				T-32 502(f): 40,218 (-46)				T32 Requested: 3			
NGB Update, May 11, 2020, 8:29 a.m. ET											
State / Territory	SAD	T-32 502(f)	Title 32 Request Status	State / Territory	SAD	T-32 502(f)	Title 32 Request Status	State / Territor y	SAD	T-32 502(f)	Title 32 Reques Status
AK	5	91	WH AUTHORIZED & APPROVED**	KY	0	681	WH AUTHORIZED & APPROVED**	OH	3	895	WH AUTHORIZED & APPROVED**
AL	0	677	WH AUTHORIZED & APPROVED**	LA	0	1032	WH AUTHORIZED & APPROVED**	OK	0	360	WH AUTHORIZED & APPROVED**
AR	38	0	REQUESTED	MA	107	1557	WH AUTHORIZED & APPROVED**	OR	0	166	WH AUTHORIZED & APPROVED**
AZ	0	917	WH AUTHORIZED & APPROVED**	MD	5	997	WH AUTHORIZED & APPROVED**	PA	54	858	WH AUTHORIZED & APPROVED**
CA	104	1583	WH AUTHORIZED & APPROVED**	ME	0	100	WH AUTHORIZED & APPROVED**	PR	40	745	WH AUTHORIZED & APPROVED**
CO	0	363	WH AUTHORIZED & APPROVED**	MI	0	807	WH AUTHORIZED & APPROVED**	RI	10	826	WH AUTHORIZED & APPROVED**
CT	5	805	WH AUTHORIZED & APPROVED**	MN	11	0	REQUESTED	SC	11	534	WH AUTHORIZED & APPROVED**
DC	0	314	WH AUTHORIZED & APPROVED**	MO	0	850	WH AUTHORIZED & APPROVED**	SD	71	0	WH AUTHORIZED & APPROVED**
DE	0	79	WH AUTHORIZED & APPROVED**	MS	1	437	WH AUTHORIZED & APPROVED**	TN	13	776	WH AUTHORIZED & APPROVED**
FL	8	2113	WH AUTHORIZED & APPROVED**	MT	0	199	WH AUTHORIZED & APPROVED**	TX	0	2804	WH AUTHORIZED & APPROVED**
GA	0	2589	WH AUTHORIZED & APPROVED**	NC	0	876	WH AUTHORIZED & APPROVED**	UT	46	0	N/A
GU	1	165	WH AUTHORIZED & APPROVED**	ND	0	223	WH AUTHORIZED & APPROVED**	VA	0	503	WH AUTHORIZED & APPROVED**
HI	0	1221	WH AUTHORIZED & APPROVED**	NE	2	361	WH AUTHORIZED & APPROVED**	USVI	0	146	WH AUTHORIZED & APPROVED**
IA	2	835	WH AUTHORIZED & APPROVED**	NH	1	529	WH AUTHORIZED & APPROVED**	VT	1	214	WH AUTHORIZED & APPROVED**
ID	0	0	REQUESTED	NJ	0	889	WH AUTHORIZED & APPROVED**	WA	0	936	WH AUTHORIZED & APPROVED**
IL	95	999	WH AUTHORIZED & APPROVED**	NM	12	552	WH AUTHORIZED & APPROVED**	WI	165	1217	WH AUTHORIZED & APPROVED**
IN	0	1352	WH AUTHORIZED & APPROVED**	NV	0	941	WH AUTHORIZED & APPROVED**	WV	26	471	WH AUTHORIZED & APPROVED**
KS	0	628	WH AUTHORIZED & APPROVED**	NY	11	3005	WH AUTHORIZED & APPROVED**	WY	0	0	N/A
**Title 32 has been authorized and approved by the Secretary of Defense.											

**Title 32 has been authorized and approved by the Secretary of Defense.



FEMA

Senior Leadership Brief COVID-19

May 11, 2020 5:00 p.m. ET

For the most up to date COVID-19 data (account required): <https://geohealth.hhs.gov/arcgis/home/>



PPE and Ventilator Quantities by Resource Subcategory and Status

Resource	Resource Subcategory	Obligated ¹	In Transit ²	Delivered ³	Total
Personal Protective Equipment (PPE)	Coveralls	1,420	10,000	665,063	676,483
	Face Shields	167,383	341,000	7,586,404	8,094,787
	Gloves	13,467,000	3,797,850	55,116,895	72,381,745
	Goggles	800		5,149	5,949
	K90 Masks	12,000	793,400	2,957,500	3,762,900
	N95 Respirators	18,471,612	7,648,800	62,929,483	89,049,895
	PAPR	1,100	578	2,831	4,509
	PAPR Batteries			4	4
	PAPR Chargers			4	4
	Surgical Gowns	76,860	73,488	5,191,082	5,341,430
	Surgical Masks	2,322,516	839,750	32,466,767	35,629,033
	Tychem Suits			130,329	130,329
	Tyvek Suits	800	245,900	2,307,774	2,554,474

As of 5/10/2020 4:00 p.m.

Region	State/Location	EMAC	Federally Supported		Total Federal Vents (SNS + DoD)	SNS Status
			SNS	DoD		
1	CT		350		350	Delivered
1	MA		400		400	Delivered
1	RI		100		100	Delivered
2	NY	100	2,140		2,140	Delivered
2	NYC		2,400		2,400	Delivered
2	NJ	100	1,050	500	1,550	Delivered
2	USVI		30		30	En Route
3	MD	50	470		470	Delivered
3	DE	50	50		50	Delivered
3	DC	50	200		200	Delivered
4	FL		200		200	Delivered
4	GA		150		150	Delivered
5	IL	100	310		310	Delivered
5	Chicago		310		310	Delivered
5	MI		700		700	Delivered
5	IN		110		110	Delivered
6	LA		350		350	Delivered
6	BOP		20		20	Delivered
6	Navajo Nation		50		50	Delivered
6	Cherokee Nation (OK)		10		10	Delivered
8	CO		100		100	Delivered
9	CA		0		0	N/A
9	LA County		170		170	Delivered
9	GU		55		55	Delivered
9	NV	50	150		150	Delivered
9	AZ		100		100	Delivered
9	CNMI		25		25	Delivered
9	Federated States of Micronesia		30		30	Delivered
9	Palau		10		10	Delivered
9	Republic of the Marshall Islands		10		10	Delivered
9	American Samoa		10		10	Delivered
10	AK		60		60	Delivered
10	OR		0		0	Transferred 140 to NY
10	WA		73		73	WA returned 427 vents to the SNS
Total		500	10,193	500	10,693	

As of 5/11/2020 4:42 p.m.

Stay at Home Order Expiration by State/Territory, as of May 11, 2020 3:00 p.m. EDT								
State / Territory	Exp Date	Notes	State / Territory	Exp Date	Notes	State / Territory	Exp Date	Notes
AL	Exp.	Phased reopening underway	KS	Exp.	Phased reopening with local restrictions	OH	5/29	SAH extended
AK	Exp.	Phased reopening underway	KY	Exp.	Phased reopening underway	OK	Exp.	Phased reopening with local restrictions underway
AS	5/31	SAH extended	LA	5/15		OR		No official expiration date; phased reopening will begin 5/15
AZ	5/15	Phased reopening underway	ME	5/31	Phased reopening underway	PA	Exp.	Phased reopening underway
AR		No statewide SAH order issued; phased reopening underway at local level	MD		Until the emergency concludes, but some restrictions being lifted	PR	5/24	
CA		No official expiration date; phased reopening underway	MA	5/18		RI	Exp.	Phased reopening underway
CO	Exp.	Phased reopening underway, excluding certain counties	MI	5/28	SAH extended	SC	Exp.	Phased reopening underway
CNMI		SAH until the emergency concludes	MN	5/18	SAH extended	SD		No statewide SAH order issued; phased reopening underway at local level
CT	5/20	Or until terminated; phased reopening following expiration of SAH order	MS	Exp.	Phased reopening underway	TN	Exp.	Phased reopening underway
DE	5/15	Or until health threat eliminated	MO	Exp.	Phased reopening underway	TX	Exp.	Phase 1 of phased reopening underway
DC	5/15	Or until date of any emergency date extension	MT	Exp.	Phased reopening underway at local level	USVI	6/1	Phased reopening following SAH expiration
FL	Exp.	Phased reopening underway	NE		No statewide SAH order issued; phased reopening underway at local level	UT		No statewide SAH order issued; phased reopening underway at local level
GA	Exp.	Phased reopening underway	NV	5/15	Phased reopening underway	VT	5/15	Phased reopening underway
GU	5/30	Phased reopening underway with local restrictions	NH	5/31	SAH extended	VA	6/10	
HI	5/31	Phased reopening with local restrictions	NJ		Until terminated	WA	Exp.	Phased reopening underway
ID	Exp.	Phased reopening underway	NM	5/15	SAH extended	WV		Phased reopening underway
IL	5/29	SAH extended	NY	5/15		WI	5/26	New changes to SAH lift some restrictions
IN	Exp.	Phased reopening underway	NC	Exp.		WY		No statewide SAH order issued; phased reopening underway at local level
IA		No statewide SAH order issued; phased reopening underway at local level	ND		No statewide SAH order issued; phased reopening underway at local level			

* Source: Based on State-at-Home Orders from State websites

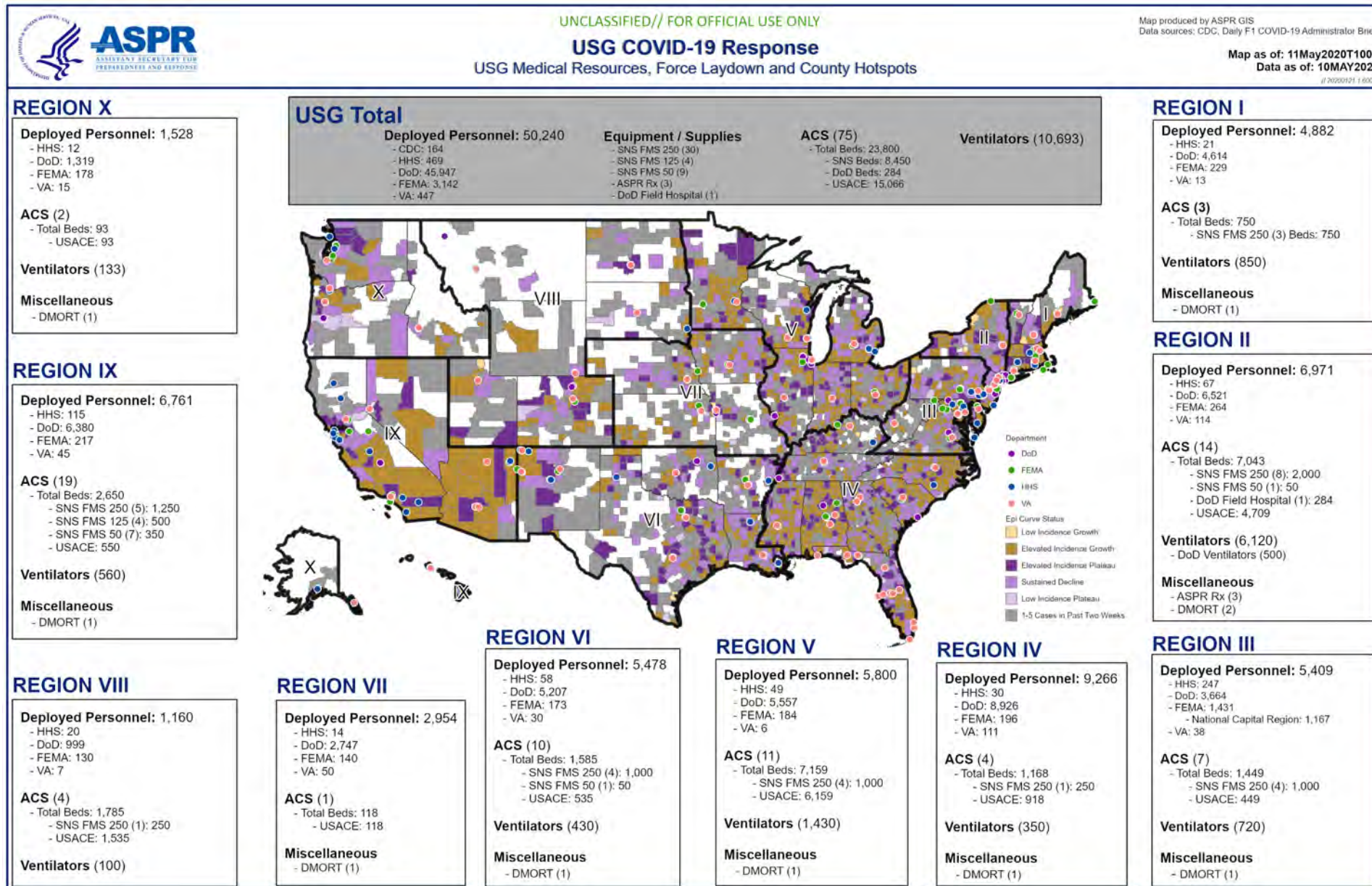


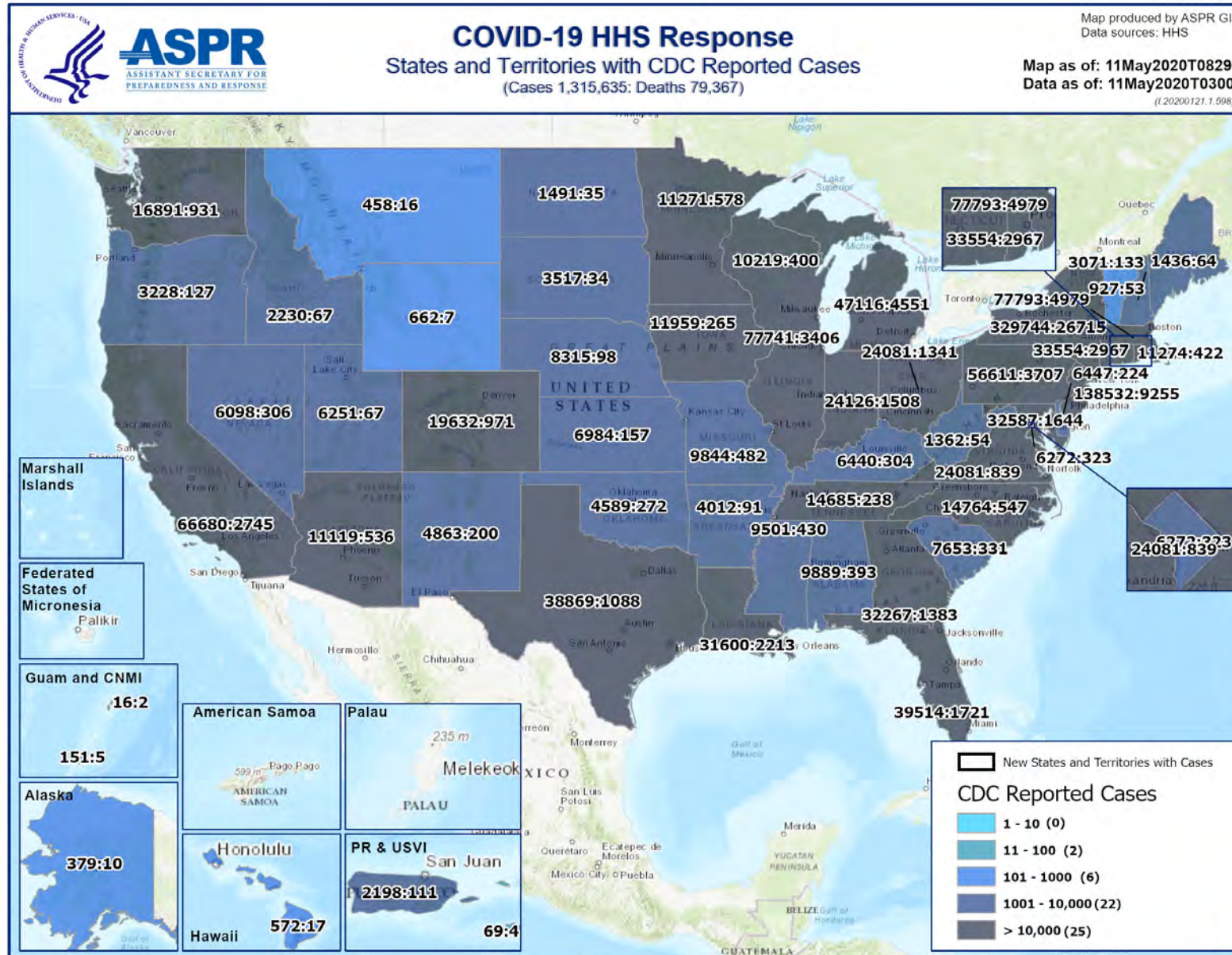
FEMA

Senior Leadership Brief COVID-19

May 11, 2020 5:00 p.m. ET

For the most up to date COVID-19 data (account required): <https://geohealth.hhs.gov/arcgis/home/>

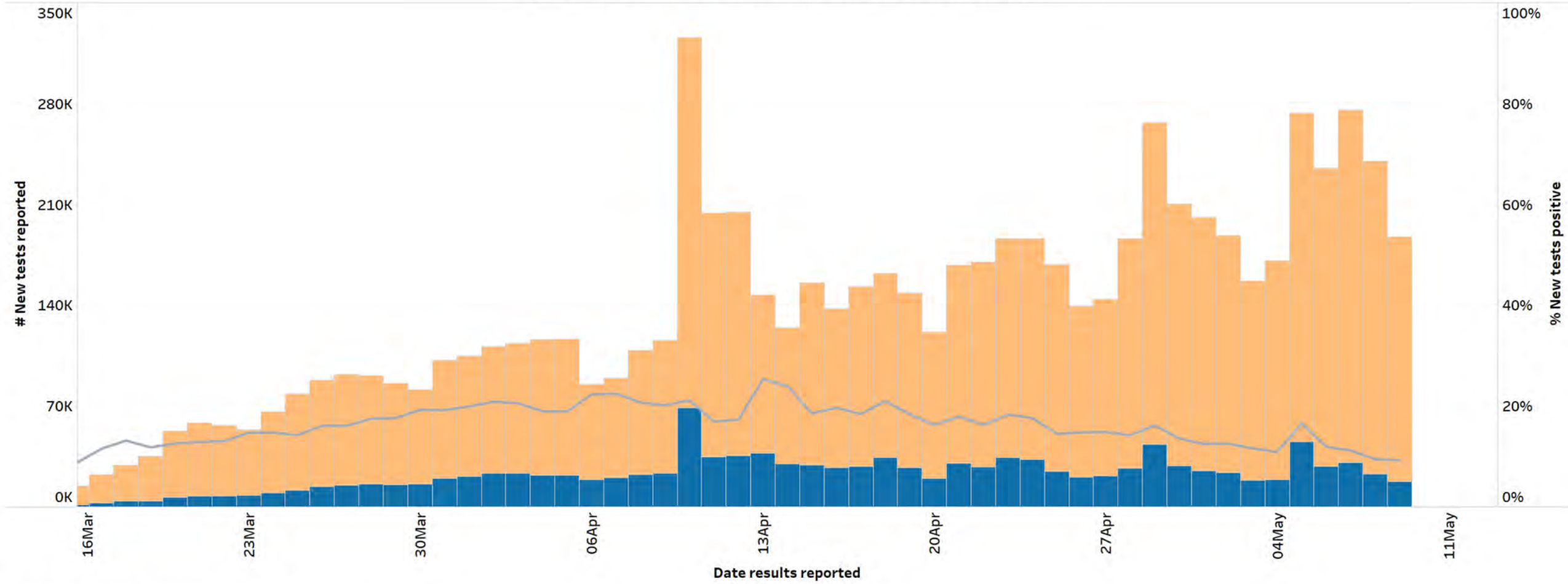




New COVID-19 tests with a reported result as either **positive** (bar) or **negative** (bar) and percent of tests positive (line)

Total tests through 09May2020 = 7,678,427 (16.3% positive)

SOURCE: Hospital, commercial, and public health labs, through 09May2020



Analyst note: Tests include those that had a positive or negative tests and do not include tests with an inconclusive result.

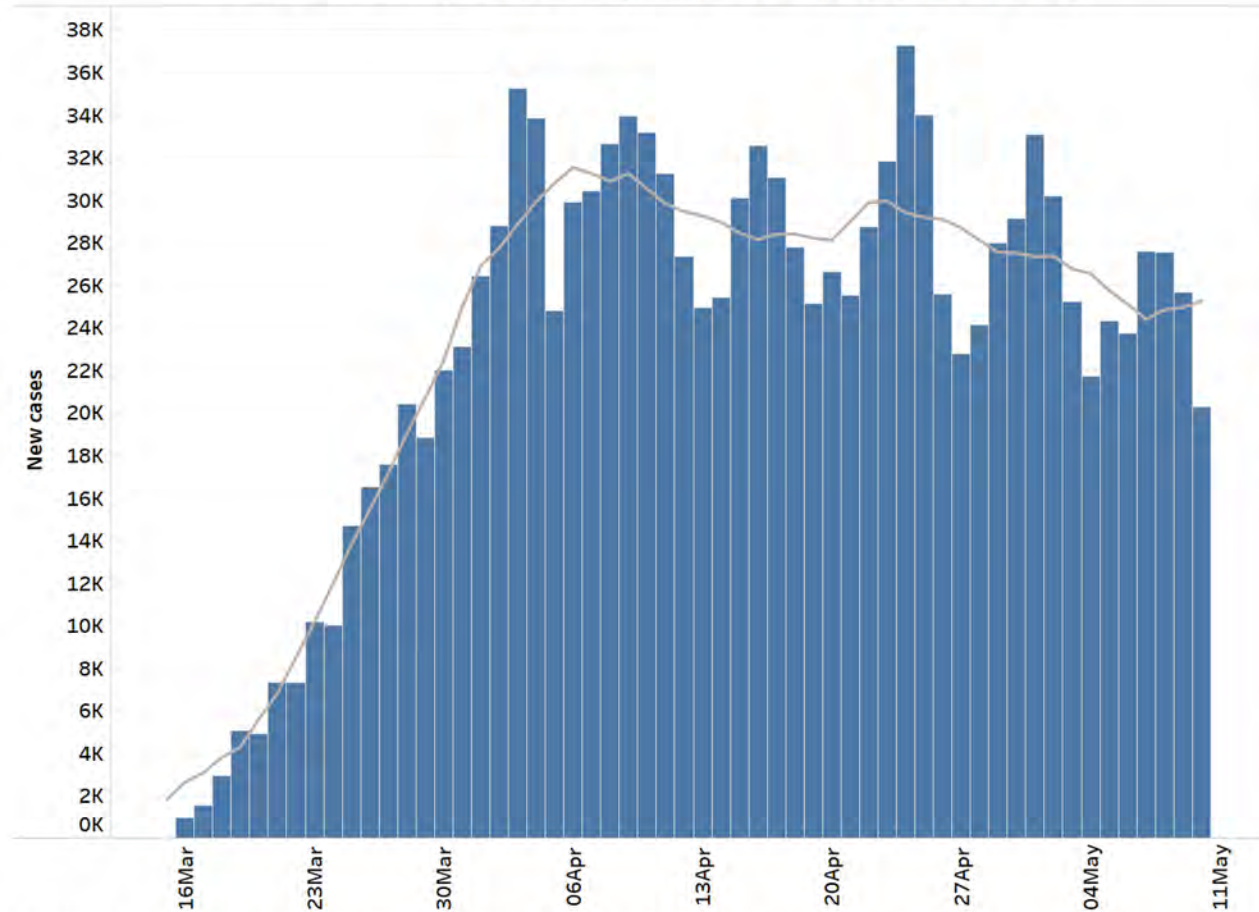
Produced by the ASPR Operational Data and Analytics Branch

New COVID-19 cases for the United States

Total cases through 10May2020 = 1,324,247

Cases before 16Mar2020 are not shown (n = 3,784)

SOURCE: USAFacts (through 10May2020) and JHU (through 10May2020)

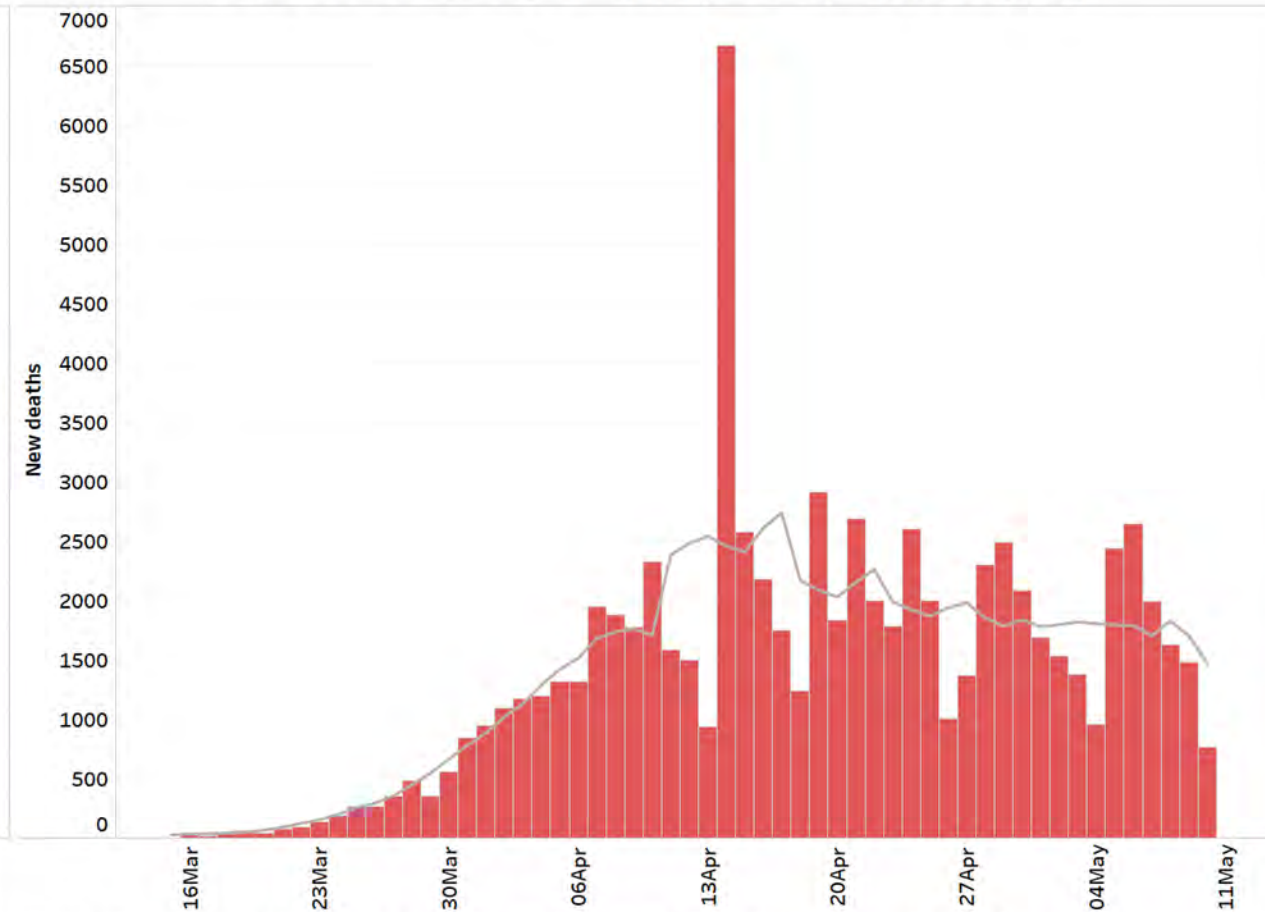


New COVID-19 deaths for the United States

Total deaths through 10May2020 = 78,997

Deaths before 16Mar2020 are not shown (n = 71)

SOURCE: USAFacts (through 10May2020) and JHU (through 10May2020)



Analyst notes: The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

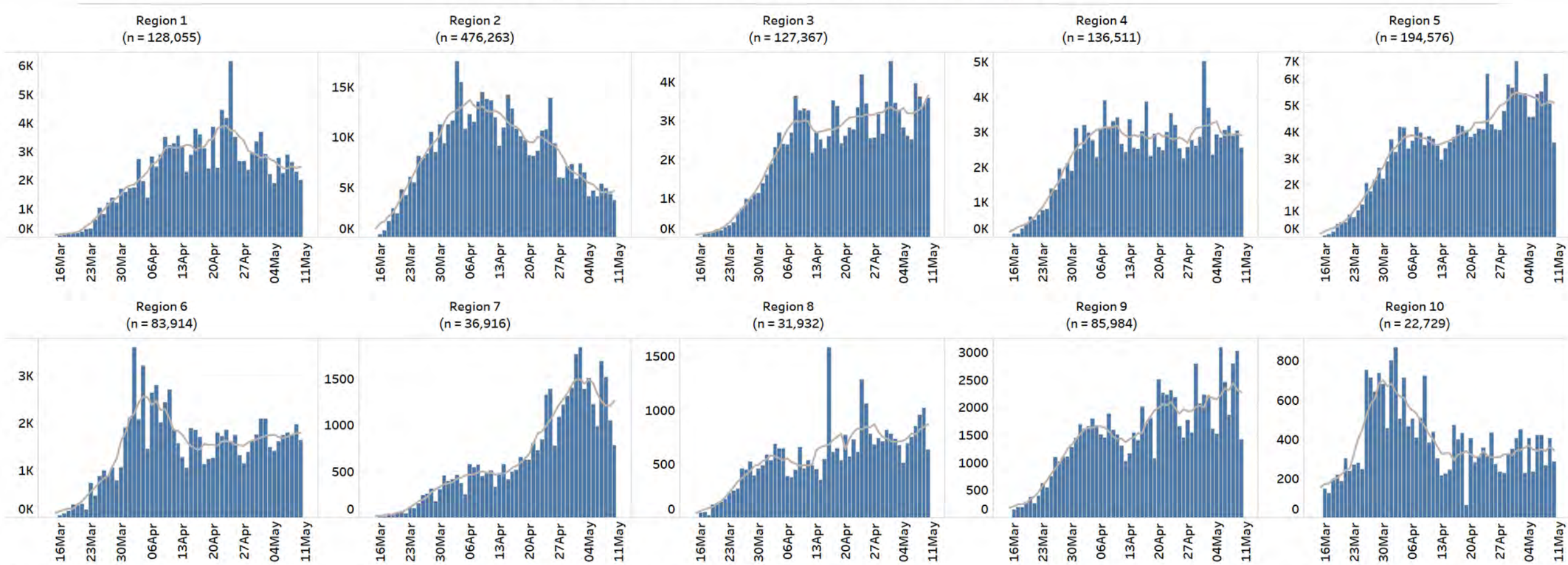
Produced by the ASPR Operational Data and Analytics Branch

New COVID-19 cases for the United States (cumulative cases in parentheses)

Total cases through 10May2020 in the United States = 1,324,247

Cases before 16Mar2020 are not shown (n = 3,784)

SOURCE: USAFacts (through 10May2020) and JHU (through 10May2020)



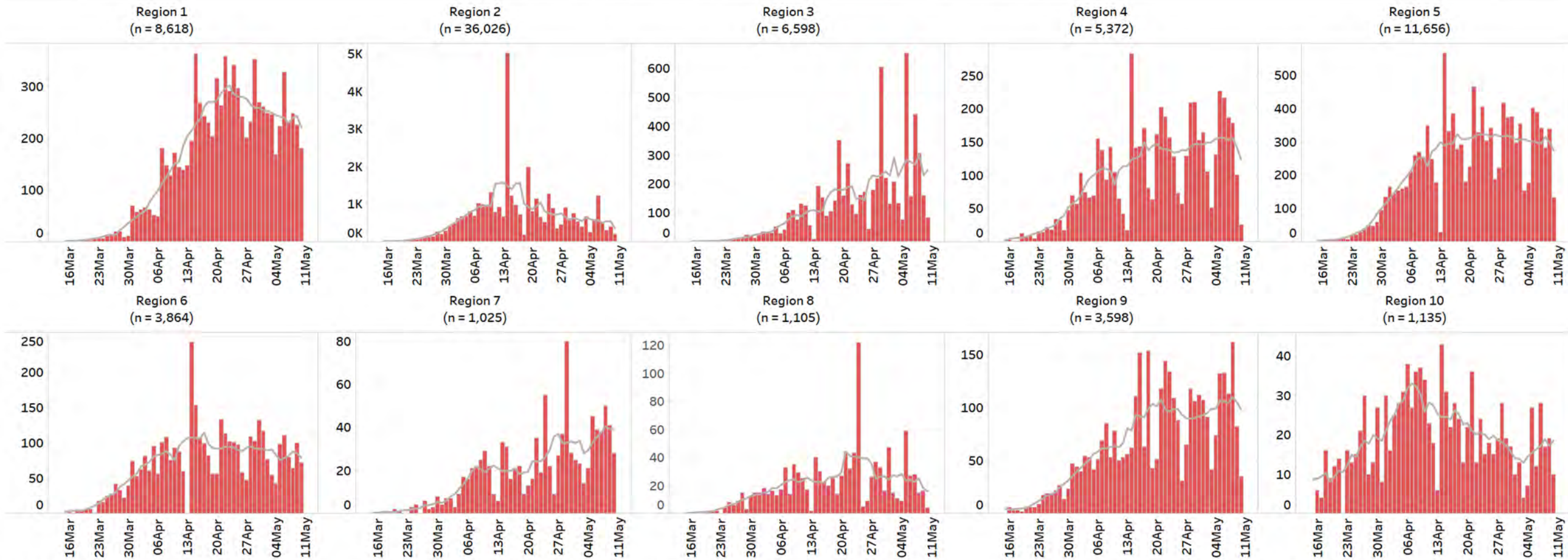
Analyst notes: The y-axis of the graphs varies. The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

New COVID-19 **deaths** for the United States (cumulative deaths in parentheses)

Total deaths through 10May2020 in the United States = **78,997**

Deaths before 16Mar2020 are not shown (n = 71)

SOURCE: USAFacts (through 10May2020) and JHU (through 10May2020)



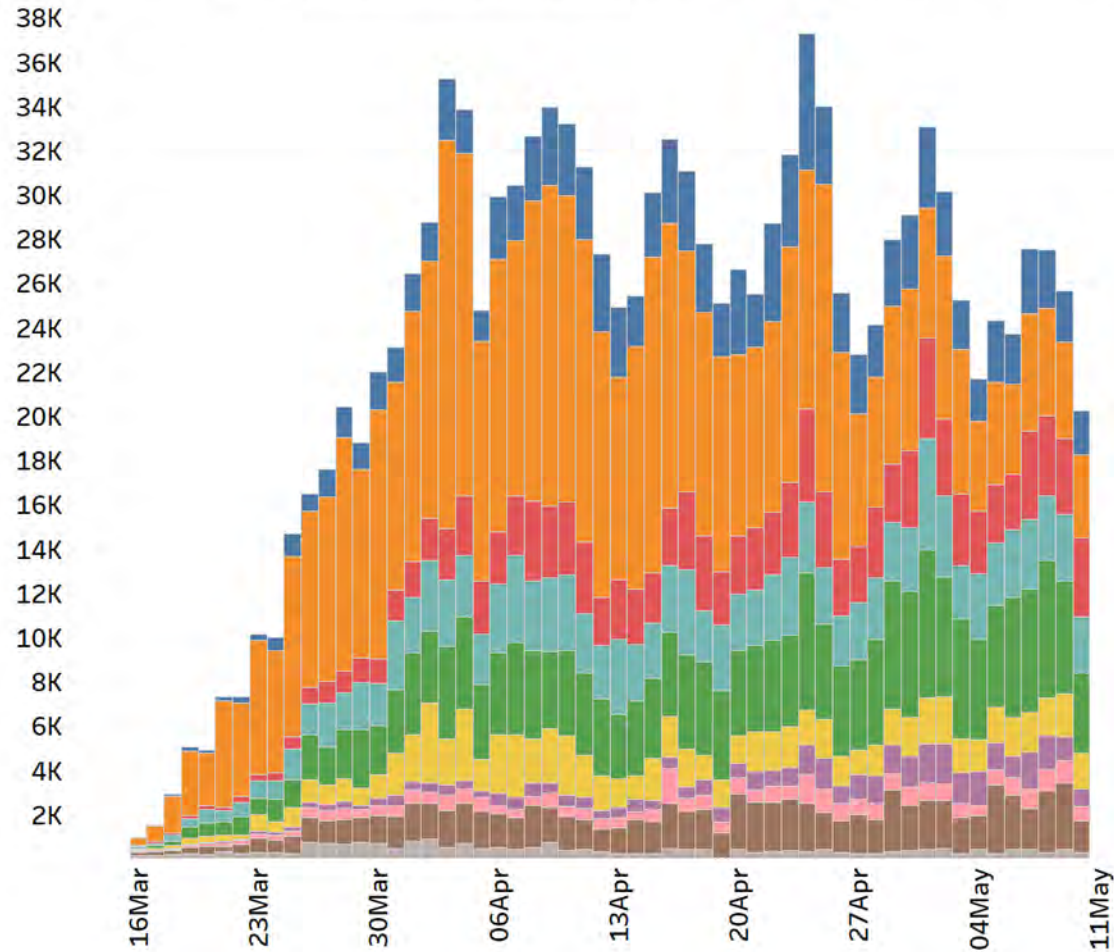
Analyst notes: The y-axis of the graphs varies. The charts display data since 16Mar2020. The grey lines provide the number of new cases and deaths as a smoothed average of data points up to 3 days before and after each date.

New COVID-19 cases for the United States, by FEMA region

Total cases through 10May2020 = 1,324,247

Cases before 16Mar2020 are not shown (n = 3,784)

SOURCE: USAFacts (through 10May2020) and JHU (through 10May2020)

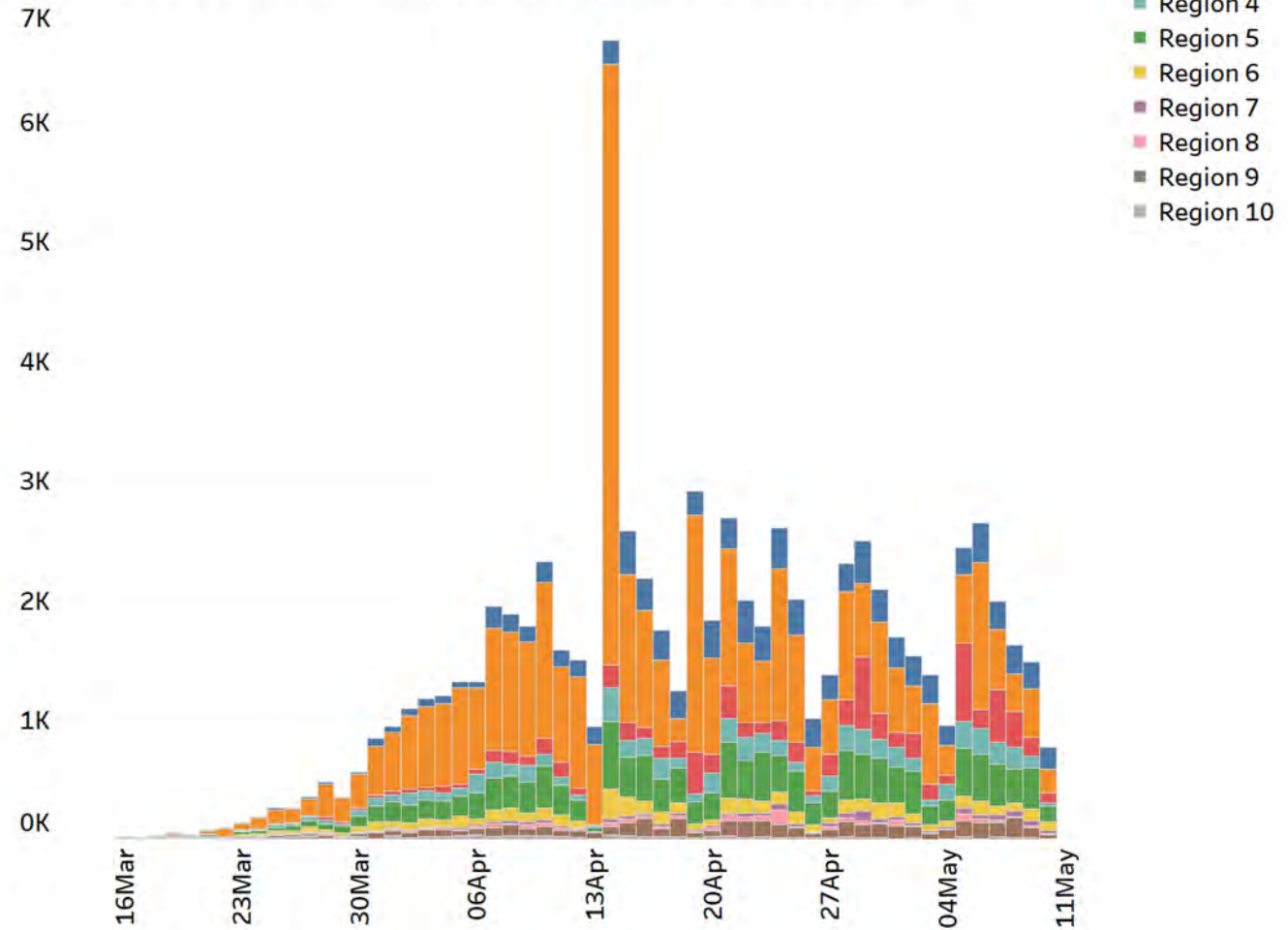


New COVID-19 deaths for the United States, by FEMA region

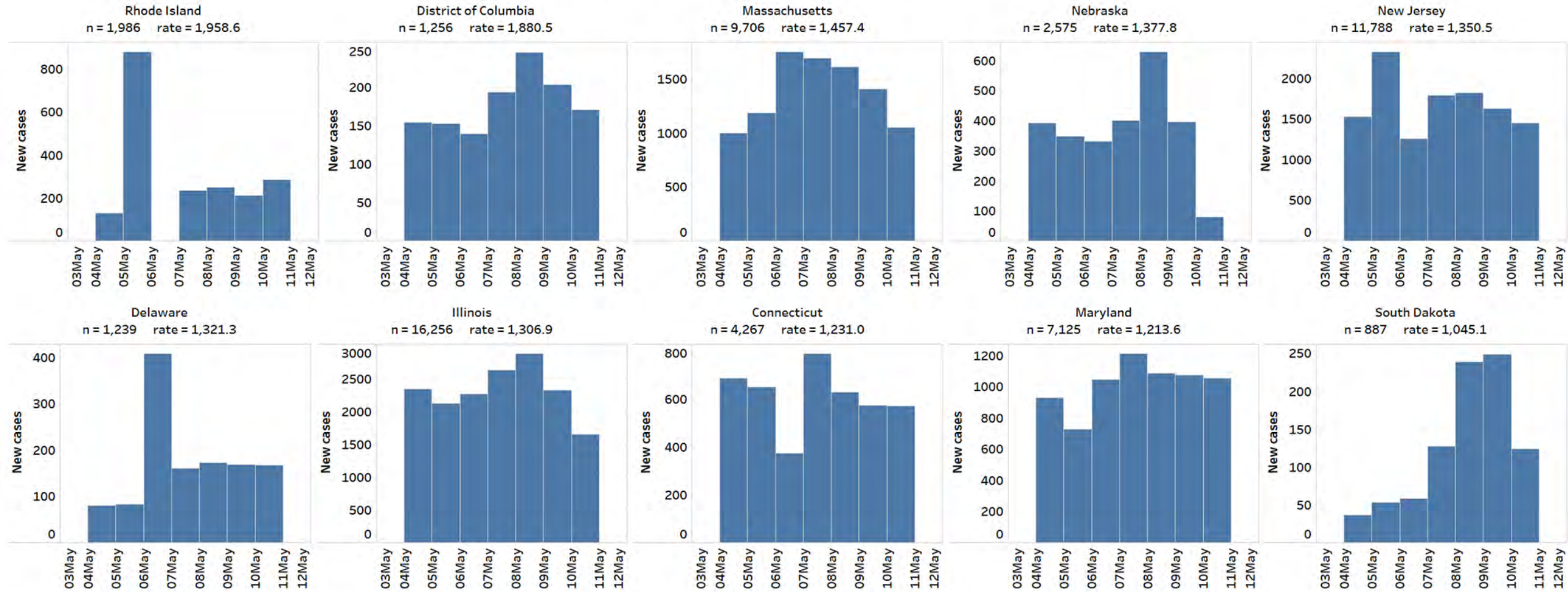
Total deaths through 10May2020 = 78,997

Deaths before 16Mar2020 are not shown (n = 71)

SOURCE: USAFacts (through 10May2020) and JHU (through 10May2020)

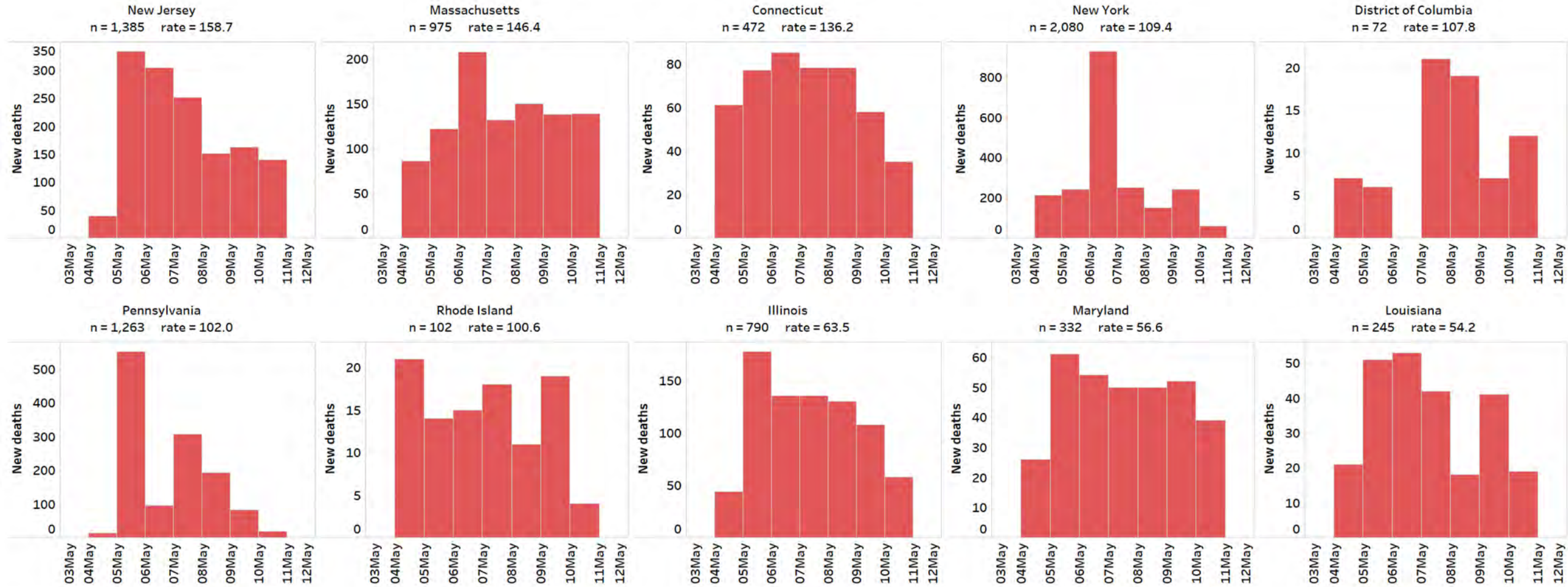


Number and rate (per 1M person) of COVID-19 cases in the past 7 days
among the top 10 U.S. locations with the highest 7-day case rates
SOURCE: USAFacts (through 10May2020) and JHU (through 10May2020) and U.S. Census (2018)

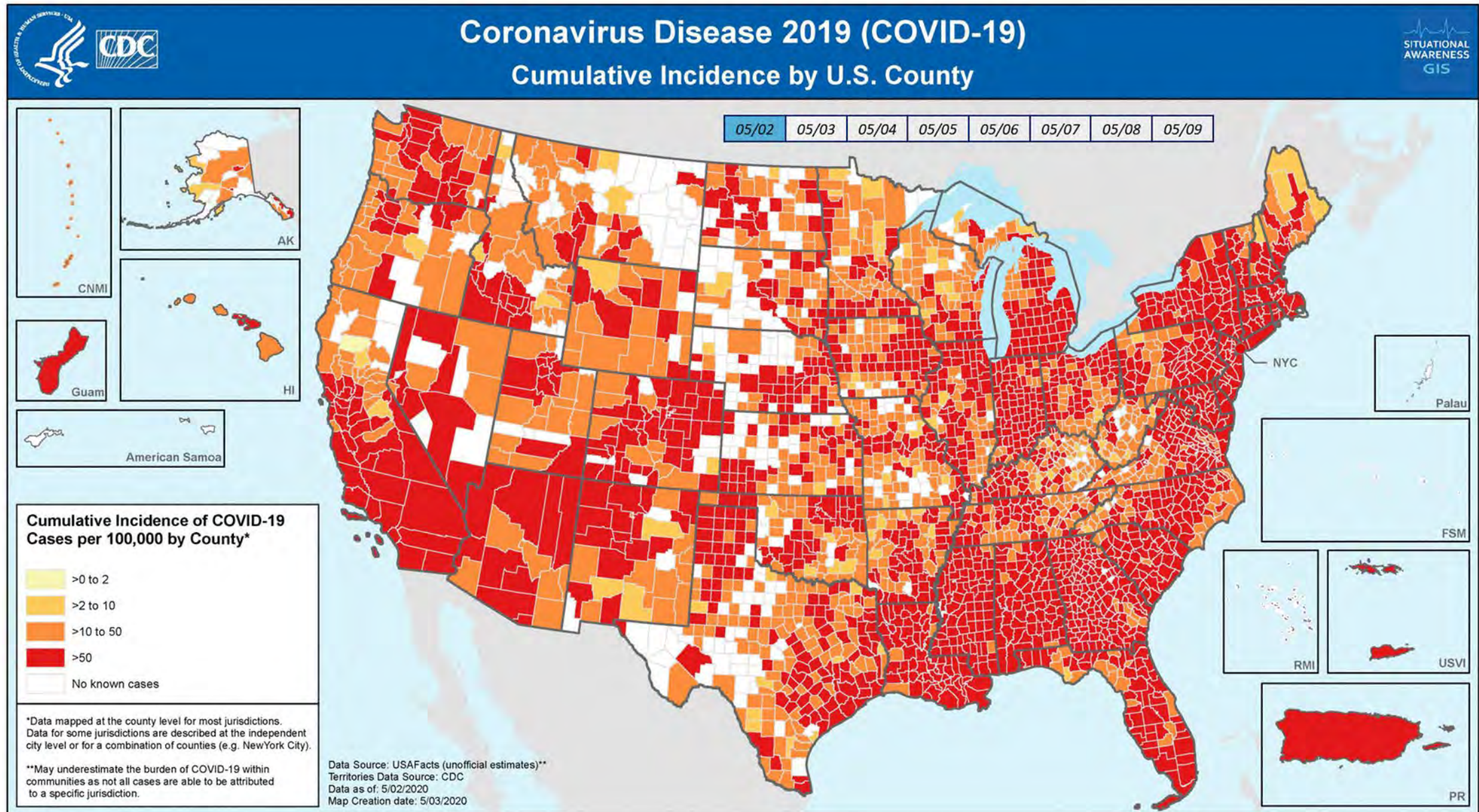


Analyst note: The y-axis of the graphs varies.

Number and rate (per 1M person) of COVID-19 **deaths** in the past 7 days
among the top 10 U.S. locations with the highest 7-day death rates
SOURCE: USAFacts (through 10May2020) and JHU (through 10May2020) and U.S. Census (2018)



Analyst note: The y-axis of the graphs varies.

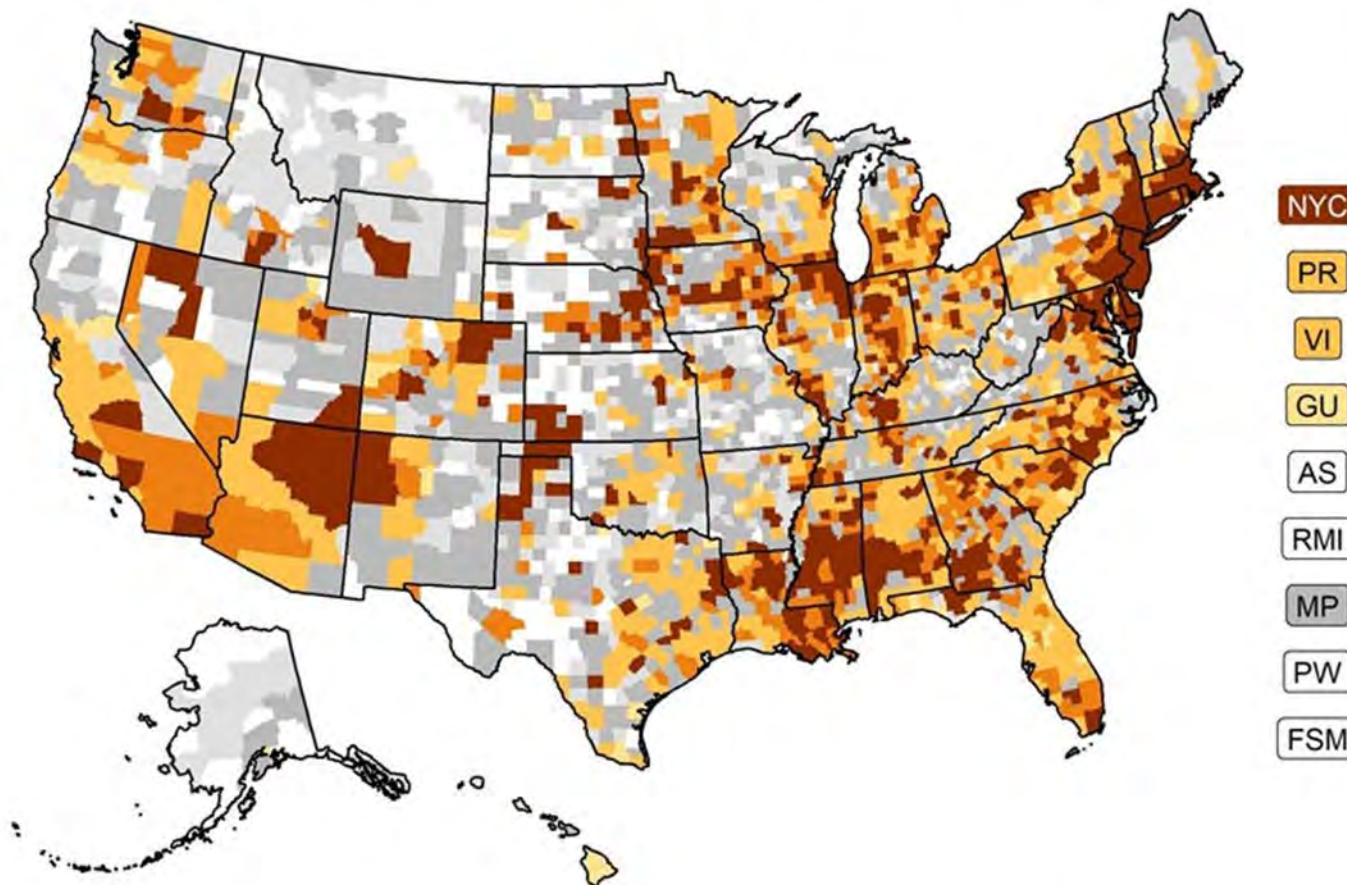




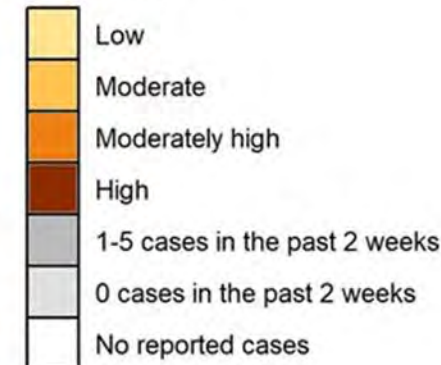
FEMA



Coronavirus Disease 2019 (COVID-19)
Number of New Cases per 100,000 in the past 2 weeks,
by U.S. County, 25 April 2020 - 09 May 2020



Incidence



Purpose of this map

Describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare

Main Findings

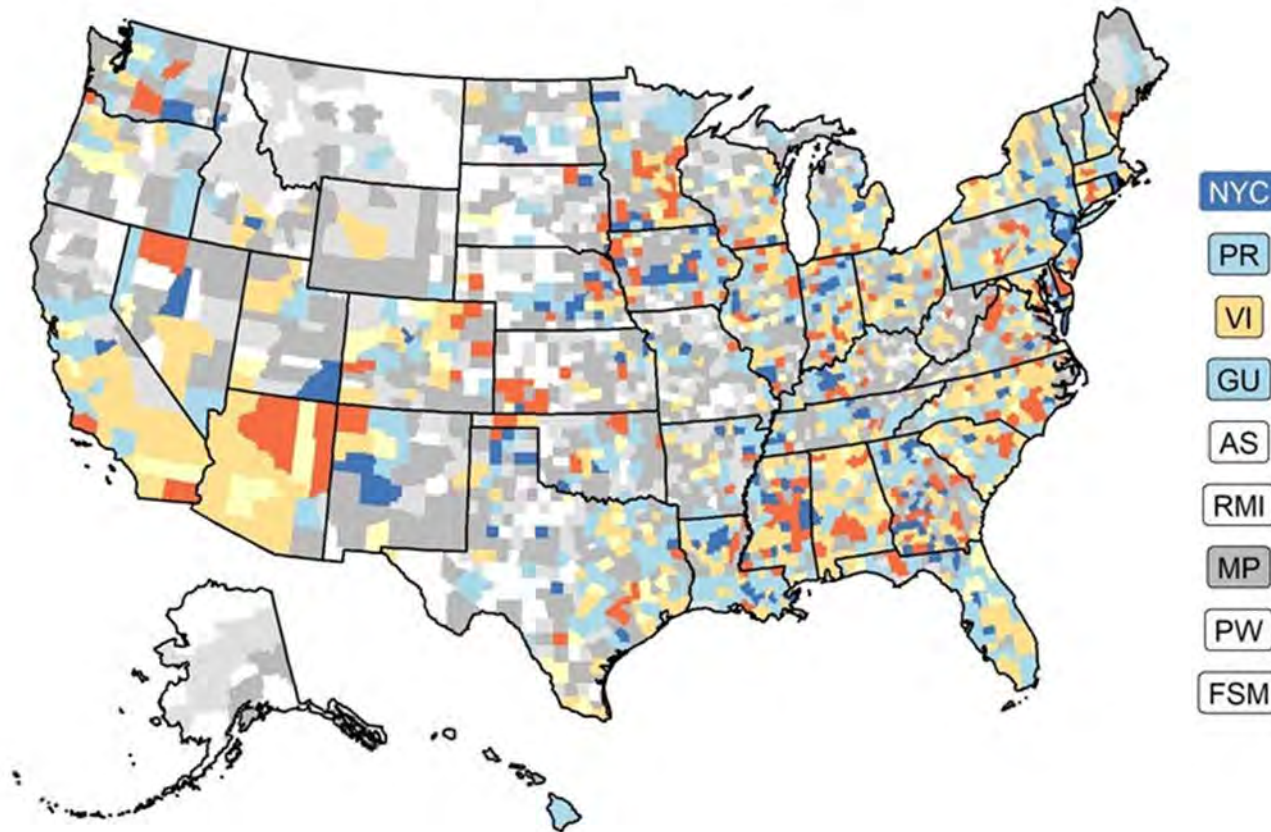
- COVID-19 infection remains prevalent throughout the country
- Elevated incidence of disease during the past 2 weeks is widespread, including in the New York City region, Massachusetts, central Indiana, areas around Chicago, eastern Iowa, northeast Arizona, and the southeastern US

Notes: Defined using the number of new cases per 100,000 in the past 2 weeks. Low is >0 to 10, moderate is >10 to 50, moderately high is >50 to 100, and high is >100. Jurisdictions denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

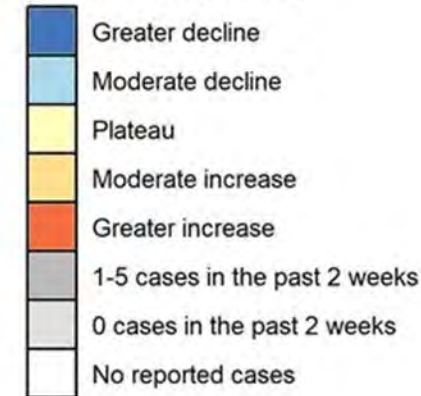
Sources: USAFacts, US Census



Coronavirus Disease 2019 (COVID-19) Change in Daily Incidence*, by U.S. County, 09 May 2020



Change in incidence
per 100,000 per day



Purpose of this map

Describes the trajectory of new illnesses as recently increasing, being stable, or decreasing in number

Main Findings

- Incidence rates continue to decrease in multiple counties, including hard hit areas in Louisiana and in the New York City region
- Incidence rates have also recently increased in multiple counties.

*Measured as the change in slope of a spline fit to smoothed daily incidence. Incidence was smoothed using a 3-day moving average. These values therefore represent the change in 3-day average number of new cases per 100,000 per day. Greater declines are ≤ -1 , moderate declines are > -1 to ≤ -0.1 , plateaus are > -0.1 to ≤ 0.1 , moderate increases are > 0.1 to ≤ 1 , greater increases are > 1 . Counties denoted as 0 cases in the past 2 weeks have had at least 1 case previously.

Sources: USAFacts, US Census



FEMA

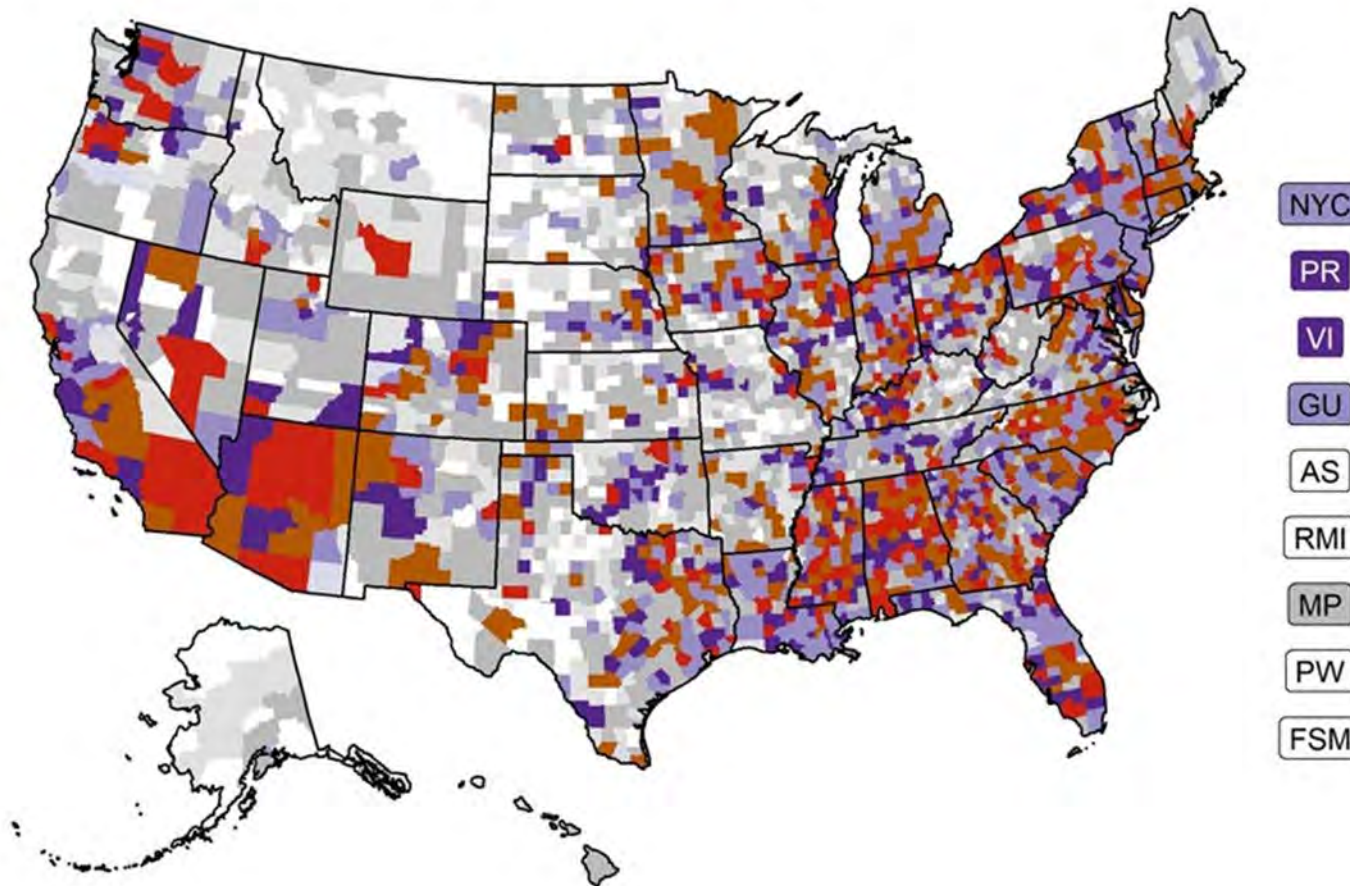
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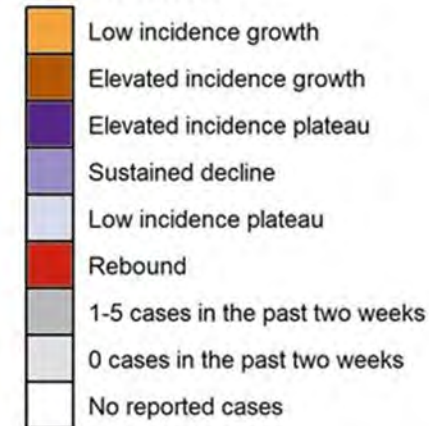
For the most up to date COVID-19 data (account required): <https://geohealth.hhs.gov/arcgis/home/>



Coronavirus Disease 2019 (COVID-19) Current epidemic curve status*, by U.S. County, 08 May 2020



Current status



Purpose of this map

Provides the most detailed view into both the burden of illness and the trajectory of new illnesses

Main Findings

- There remains a large number of counties whose burden continues to grow or are in an elevated incidence plateau, including in the Great Lakes region and parts of the Southeast.
- The goal is to have all communities be represented in the lighter colors, demonstrating little to no disease burden and no increase in trajectory

*Categorized according to the slope of a spline fit to the 3 day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.

Sources: USAFacts, US Census





FEMA

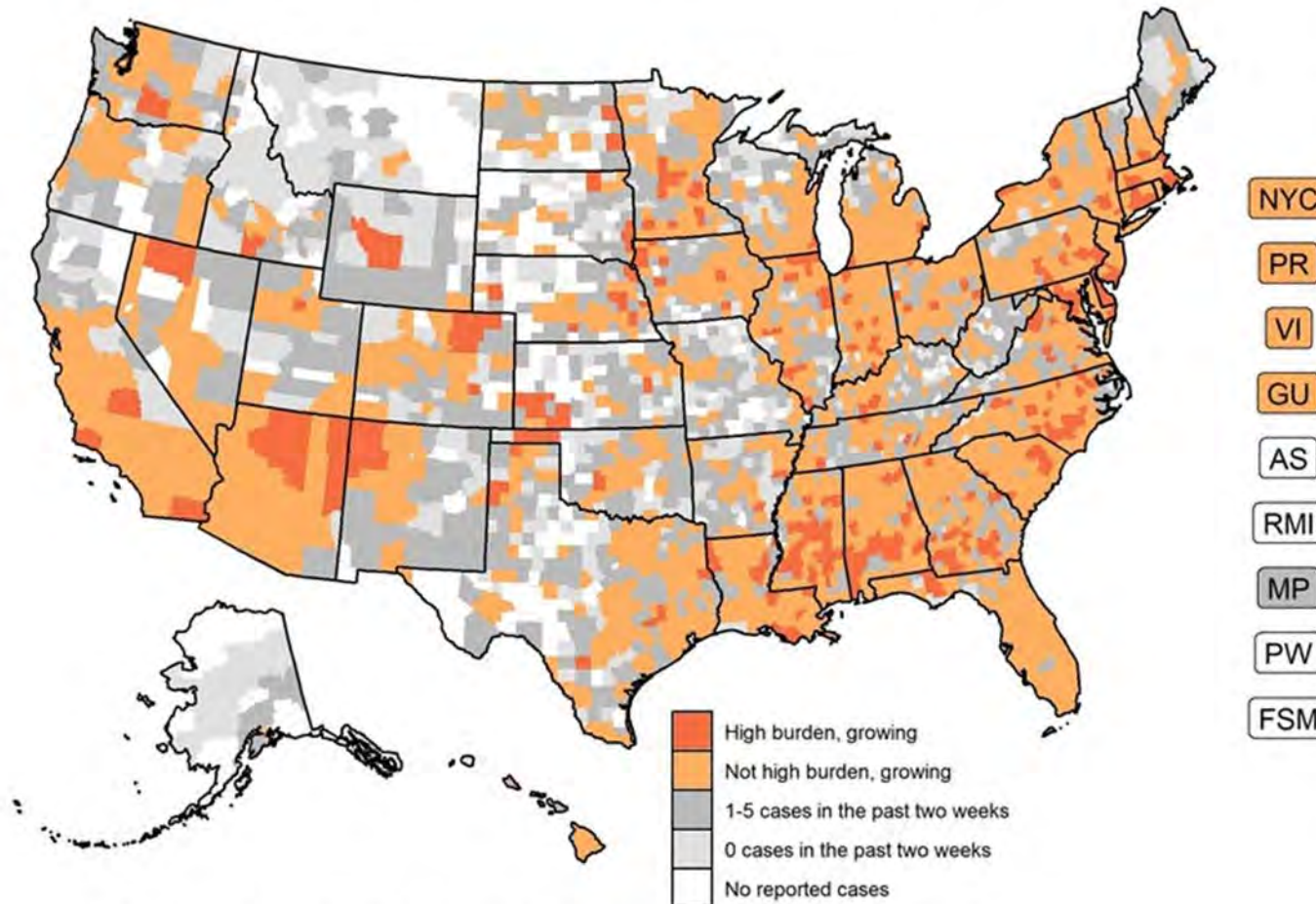
Senior Leadership Brief COVID-19

May 11, 2020 5:00 p.m. ET

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Coronavirus Disease 2019 (COVID-19) High burden and growing numbers of new cases per 100,000 in the past 2 weeks, by U.S. county, 25 April 2020 - 09 May 2020



Notes: High burden, growing counties are counties with >100 new cases per 100,000 in the past 2 weeks and a slope of at least 0.1 per 100,000 per day.

Sources: USAFacts, US Census

Purpose of this map

Identifies "areas of concern" where a county's disease burden is high and still growing

Main Findings

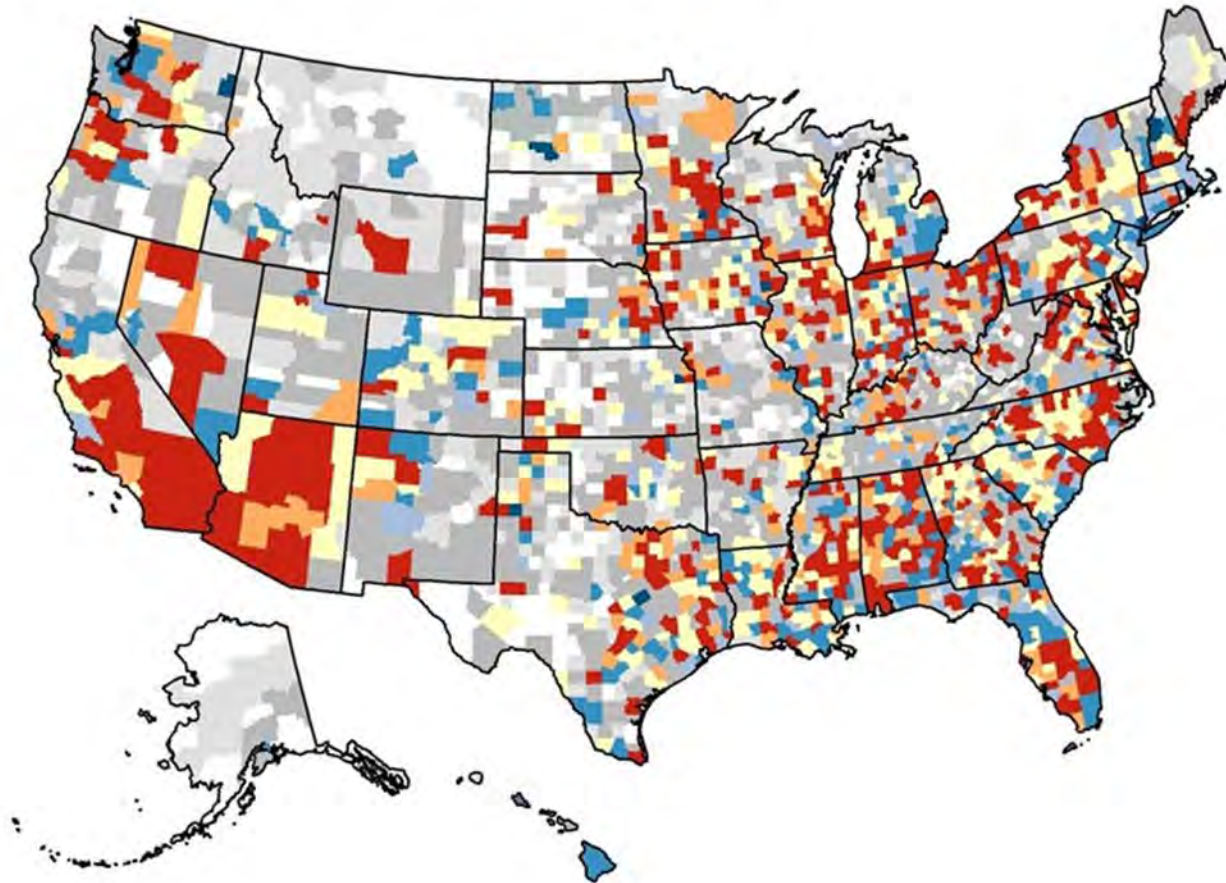
- Counties with the greatest burden and who are still demonstrating growth are listed in the table below.

Counties in the high burden, growing category (Top 10 with the highest number of cases per 100,000 in the past 2 weeks)

County name, State	No. of new cases in past 2 weeks	2-week incidence (per 100,000)	Change in daily incidence (per 100,000 per day)
Dakota, NE	1186	5905.5	61.8
Colfax, NE	404	3712.9	9.7
Liberty, FL	194	2294.0	78.0
Ford, KS	645	1903.3	11.5
Finney, KS	644	1759.0	19.1
Lincoln, AR	186	1389.8	3.7
Texas, OK	277	1354.2	1.1
Hancock, GA	110	1317.7	4.9
Buckingham, VA	211	1241.2	7.8
Mckinley, NM	800	1106.7	0.3



Coronavirus Disease 2019 (COVID-19) Current consecutive days of downward trajectory, by U.S. County, 09 May 2020



Days in downward trajectory*



Purpose of this map

Identifies progress in counties towards achieving a downward trajectory in case incidence over a 14-day period

Main Findings

- 450 counties have been identified as having 14 or more consecutive days of improvement and are indicated in the blue colors (excludes counties with 0-5 cases in the past 2 weeks); median population size: 56,310 (range: 2,887 to 8,398,748)
- This method is still being refined to best characterize progress towards achieving a downward trajectory in daily case incidence over a 14-day period, and the results provided should be interpreted with caution when determining mitigation strategies to use

*The number of days in a downward trajectory represents the number of consecutive days for which the jurisdiction experienced either a negative slope or a low incidence plateau (two-week incidence ≤ 10 cases per 100,000 and slope > -0.1 and ≤ 0.1).

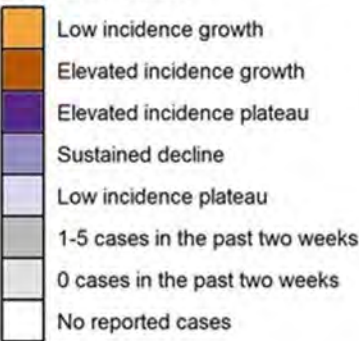
Jurisdictions are allowed a 5 day grace period of departure from downward trajectory before the downward trajectory is considered over

Sources: USAFacts, US Census

Trends in Epidemic Curve Status* of Major CBSAs in Each FEMA/HHS Region

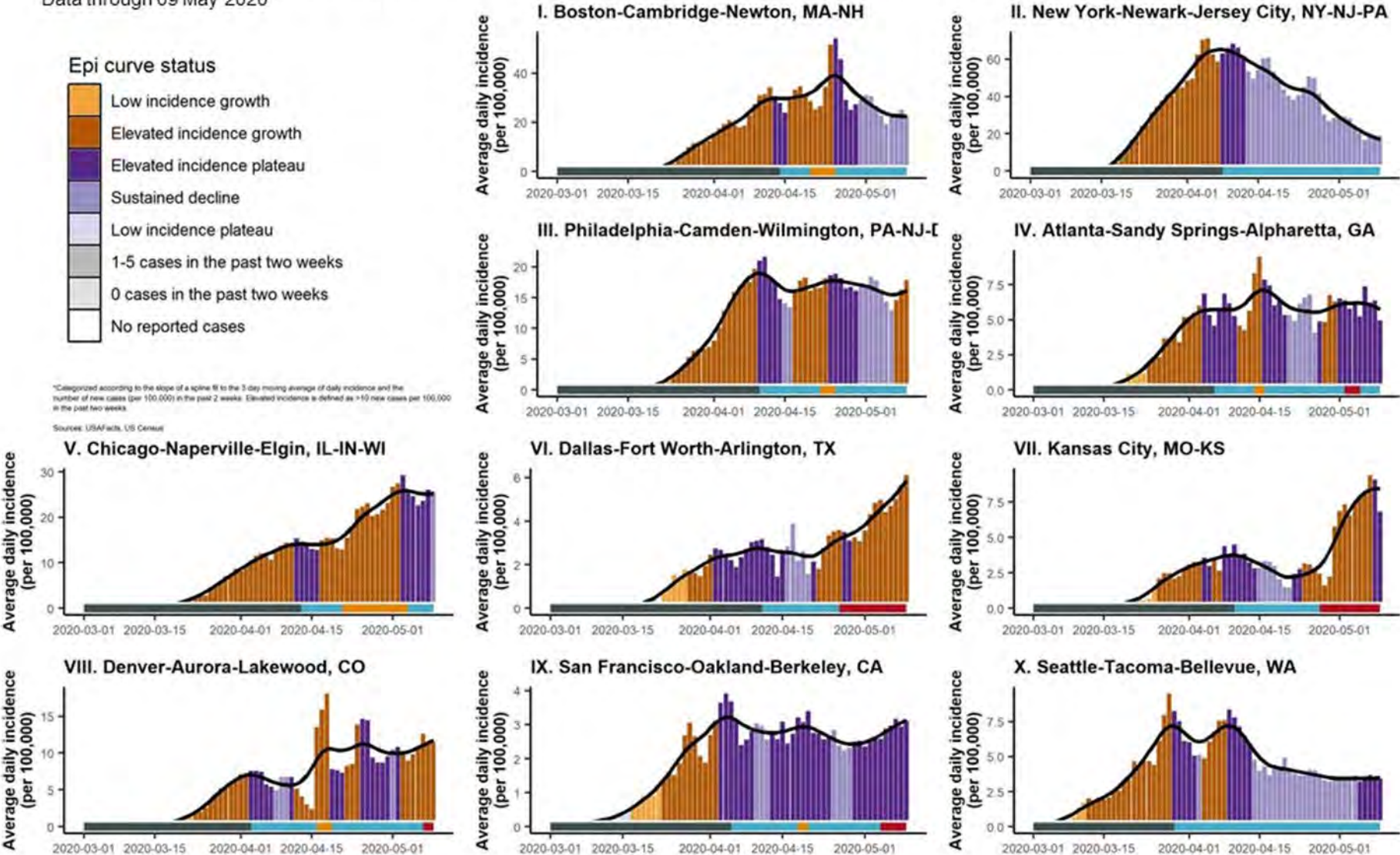
Data through 09 May 2020

Epi curve status



*Categorized according to the slope of a spline fit to the 3-day moving average of daily incidence and the number of new cases (per 100,000) in the past 2 weeks. Elevated incidence is defined as >10 new cases per 100,000 in the past two weeks.

Sources: USAFacts, US Census





FEMA

Senior Leadership Brief COVID-19

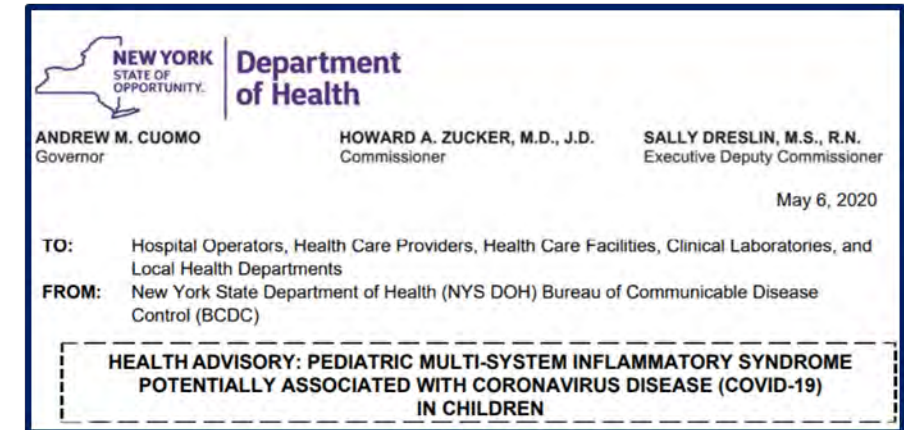
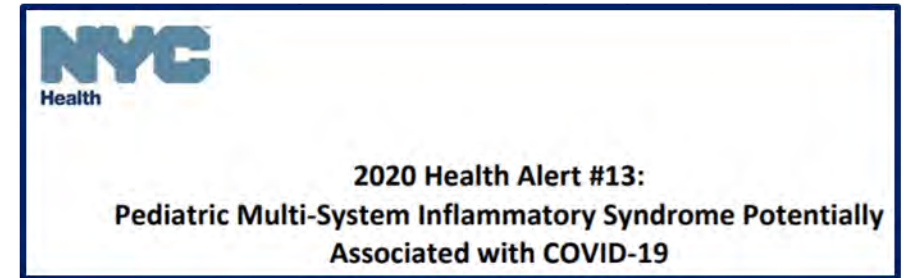
May 11, 2020 5:00 p.m. ET

For the most up to date COVID-19 data (account required): <https://geohealth.hhs.gov/arcgis/home/>



Multisystem inflammatory syndrome in children - Update

- 145 potential cases as of 5/9/20 in New York
 - NYC HAN released 5/4/20, NYS HAN on 5/6/20
 - 2 reported deaths, with more under investigation
 - 7-9 new cases reported each day
 - CDC deployment team to assist with chart abstraction
- CDC to draft HAN to be released early this week
 - Describe what is known about multisystem inflammatory syndrome in children
 - Include working case definition
 - Request clinicians report cases to local and state HDs
- Case report form in process



Send questions to: eocevent272@cdc.gov



Dammit Jim, I'm a Doctor not a Peer Support Specialist!

Feeling stressed, feeling like you need
to decompress? Peer Support is here
to help and listen.

DESpeersupport@charlescountymd.gov

240-532-0558

