

<b>From:</b>	(b)(3):10 USC 424; (b)(6)
<b>To:</b>	
<b>CC:</b>	
<b>Subject:</b>	DR Prep Due Out
<b>Date:</b>	2020/02/24 22:18:57
<b>Due Date:</b>	2020/02/25 00:00:00
<b>Priority:</b>	Normal
<b>Type:</b>	Note

Classification: UNCLASSIFIED, ~~FOUO~~

=====

OSG Team – I attended today’s DR congressional prep session and we have one due out.

Just need an email response to who declares a pandemic? Is it WHO, NIH, DoD, NORTHCOM...are there different levels of authority? Can just be an simple paragraph response via email.

When I respond back, I’ll provide the text in the attached as additional background.

Thanks.

R,

(b)(3):10 USC 424; (b)(6)

=====  
Classification: UNCLASSIFIED//~~FOUO~~

<b>Sender:</b>	(b)(3):10 USC 424; (b)(6)
<b>Recipient:</b>	
<b>Sent Date:</b>	2020/02/24 22:18:56
<b>Delivered Date:</b>	2020/02/24 22:18:57
<b>From:</b>	(b)(3):10 USC 424; (b)(6)
<b>To:</b>	
<b>CC:</b>	
<b>Subject:</b>	Coronavirus Talking Points
<b>Date:</b>	2020/02/24 20:36:27
<b>Priority:</b>	Normal
<b>Type:</b>	Note

=====  
Classification: UNCLASSIFIED//~~FOUO~~

(b)(3):10 USC 424; (b)(6)

Here are the updated talking points as of today (I briefed MS leadership on Thursday at the Off-Site). Korea was added today to DIA's **Infectious Disease Response Plan** as below. (b)(6)

(b)(3):10 USC 424; (b)(6)

(b)(6) is preparing a message for the workforce on this, which will need to be disseminated ASAP. She has been in direct communication with (b)(6) due to the time sensitivity.

OSG also strongly recommends that this information gets briefed to members of the Command Element and other Senior Leaders soonest – especially given Dr. Fauci’s concerns about a pandemic. This is too much info for the LGM – however, I did highlight in red the most important points as of today.

Please let me know the best way to get this briefed.

V/r,

(b)(3):10 USC 424;  
(b)(6)

**OVERVIEW on OSG Response Plan to Novel Coronavirus (COVID-19)**  
**Talking Points**

- **Only 50 days ago, the World Health Organization’s country office was notified of a cluster of cases of pneumonia of unknown cause in Wuhan city. In just seven weeks, this outbreak (A disease outbreak happens when a disease occurs in greater numbers than expected in a community or region or during a season. An outbreak may occur in one community or even extend to several countries. It can last from days to years) has captured the world’s attention, because it has the potential to cause severe political, social and economic upheaval.**
- **Novel Coronavirus is a new virus that causes respiratory illness in people and can spread from person to person. The virus was first identified during an investigation of an outbreak in Wuhan, Hubei Province, China in mid-December, 2019.**
- **On 30 January the World Health Organization declared it an outbreak of Public Health Emergency of International Concern (PHEIC). The goal of PHEIC is to mobilize researchers and clinicians to develop effective drug treatments and vaccines against the new virus which currently do not exist.**
- **DIA has been tracking Novel Coronavirus (also known as 2019 n-CoV Virus name), and COVID-19 (name of illness) through NCMI Intel channels as it has done for other coronaviruses MERS/SARS, but more aggressively from a medical/epidemiologic perspective over the past six weeks.**

- In recent weeks this illness has become an Epidemic (An epidemic occurs when an infectious disease spreads rapidly to many people.) Due to the increasing number of confirmed cases we must remain vigilant about containing the spread of the illness.
  - The WHO provides daily Situation in Numbers— The Total number and new cases in the last 24 Hours are:  
 Globally 79,331 confirmed (715 new)  
 China 77,262 confirmed (415 new), 2595 deaths (150 new)  
 Outside of China 2,069 confirmed (300 new), 29 countries, 1 new deaths
- As of 02/24/20 –The total number of confirmed cases in the U.S. is 35 (with 14 determined as China being the likely source of exposure; (2) in reporting country, (1) case with site of transmission under investigation).
- The symptoms of 2019 n-COV include: fever, cough, shortness of breath. Patients with COVID-19 have reportedly had mild to severe respiratory illness—severe complications have resulted in pneumonia and in some cases death. The current outbreak of COVID-19 has now spread internationally, impacting an increasing number of countries. Most often spread from person to person –this happens during close exposure to a person infected with 2019-n-COV mainly through respiratory droplets produced when an infected person coughs, similar to influenza viruses and other respiratory pathogens. These droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs.
- Out of an abundance of caution approach to protect the Safety and Health of the DIA workforce and maintain mission readiness we instituted a response plan announced by the Deputy Chief of Staff 30 January.
  - While the epicenter of the epidemic is in China, we are now taking additional measures to control the potential spread of the disease guided by input from the U.S. Centers for Disease Control and Prevention, the World Health Organization through the pandemic alert system to include Hong Kong and Korea. We are now including Korea in our administrative leave (14 day home-self isolation response plan) in addition to China and Hong Kong. This response also includes monitoring temperature twice daily (and recording) and call-in to the DIA-HQ clinic/soon to be [redacted] clinic as well for medical screening and medical clearance for return to work.

- In a recent report by the WHO Director-General he stated it is far too early to make predictions about this epidemic. "We know that more than 80% of patients have mild disease and will recover. But the other 20% of patients have severe or critical disease, ranging from shortness of breath to septic shock and multi-organ failure. In 2% of reported cases, the virus is fatal, and the risk of death increases the older the patient is, and with underlying health conditions. WHO is working with Chinese counterparts to find answers to the severity of the disease, transmissibility of the virus, and the impact of measures taken thus far.
- Seven days ago Dr. Anthony Fauci (DR National Institute for Allergy and Infectious Diseases at the National Institutes of Health 02/17/20... stated it is on the "verge of becoming a Pandemic, (a pandemic is when you have multiple countries throughout the world that have what's called sustained transmission from person to person to person, spanning multiple generations), unless containment is more successful than it is right now."
- He also said researchers are working on a vaccine, but a one-year timeline is very ambitious: Fauci said, "If you go any faster, you'll be cutting dangerous corners."

An influenza pandemic occurs when:

- • \* A new subtype of virus arises. This means humans have little or no immunity to it. Everyone is at risk.
- • \* The virus spreads easily from person to person, such as through sneezing or coughing.
- • \* The virus begins to cause serious illness worldwide. With past flu pandemics, the virus reached all parts of the globe within six to nine months. With the speed of air travel today, public health experts believe an influenza pandemic could spread much more quickly. A pandemic can occur in waves. And all parts of the world may not be affected at the same time.

- This Infectious Disease Response Plan includes:

-Home isolation (self-quarantine) for all DIA personnel returning from China and traveling through Hong Kong, and newly added KOREA for the 14 day incubation period of the illness.

-Medical screening through the DIA HQ and soon to be added [redacted] clinic for DO and DI officers for all returning personnel before clearance to return to work at their duty location including (military, civilian, and contractors)

(b)(3):10 USC  
424

- Screening of "Visitors" entering DIA facilities for recent travel to China, Hong Kong and Korea- and a no admit policy for those who have returned within the past 14 days.
- All Hazards Working Group—consisting of organizational elements with stake in the game to prevent/control exposures and protect our workforce and assure mission readiness worldwide
- Updating the Pandemic Influenza/Emerging Pathogen Preparedness and Response Plan for COVID-19
- Providing technical support to organizational elements on personal protection equipment
- Ordering medical supplies and PPE
- Coordinating with local, state, federal entities –including DoD, IC—the number of cases of COVID-19 is expected to grow OCONUS and CONUS in the coming weeks.
- If it spreads in U.S. Communities, this will trigger additional actions on the part of local/state/federal health authorities – school and business closings, quarantine locations, contact tracing—we want to ensure our workforce is well-informed.

- Risk Communication Information to the workforce on:
  - What you need to know about COVID-19, How to Stop the Spread of Germs, What to Do if you are sick with or suspect you may be sick with COVID-19, and What the public should do. And we have prepared Operational Guidance documents for special populations (e.g. DO/DI).

- Daily SITREPS to DIA Senior Leadership

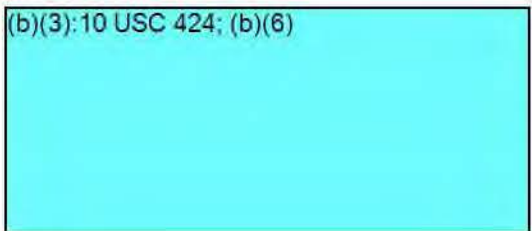
- In the days, weeks, and months ahead we will continue to monitor the progression of the Disease, provide the best available information to leadership and the workforce and take efforts to control its spread ensuring the safety, health and readiness of our global team.

- In the coming days we will inform the workforce how to prevent the spread of this illness from person to person, and how local, state and federal agencies will work to minimize exposures and contain the spread.

- We would be happy to provide additional details/briefs to the Command Element and other Senior Leaders

V/r,

(b)(3):10 USC 424; (b)(6)



(b)(3):10 USC 424; (b)(6)

=====  
Classification: UNCLASSIFIED//~~FOUO~~

<b>Sender:</b>	(b)(3):10 USC 424; (b)(6)
<b>Recipient:</b>	
<b>Sent Date:</b>	2020/02/24 20:36:25
<b>Delivered Date:</b>	2020/02/24 20:36:27