

Notes from coronavirus Q&A session on Thursday, March 5, 2020 at Wedgwood Elementary

- Wedgwood Elementary was disinfected the evening of March 4th, 2020 by a team from the district due to concerns about the norovirus/stomach flu.
- Seattle Public Schools has a response team that is meeting daily to receive recommendations from the Department of Public Health and to decide next steps for the district.
- The District, when considering school closures, must take into account lots of factors such as families needing to find childcare, social and economic impacts, and taking health care professionals and emergency responders out of the workforce to stay home with their children.
- The district is taking the coronavirus outbreak very seriously and that student safety is our top priority!

Dr. Chetan Seshadri is a Wedgwood parent to three students, an Associate Professor of Infectious Disease at the University of Washington, and a physician at Harborview Medical Center. His responses to the questions are listed below.

What symptoms should parents watch out for and what symptoms are the most common at the onset of the coronavirus?

The Coronaviruses are a class of viruses that affect humans and we have all been affected by them because they are involved in the common cold. There are also animal coronaviruses and, at times, there are animal coronaviruses that spread to humans so this is a new virus to humanity. SARS and MERS are examples of other animal coronaviruses that made the jump to humans. This coronavirus (SARS-CoV-2) is different and much more serious. The first report of this coronavirus came out on New Year's Eve where a household of five became diagnosed with severe pneumonia. Only one of the individuals in this house had been to the market where the coronavirus originated.

The data from Chinese CDC is that within 30 days, the coronavirus was in every province in China. 45,000 people have been infected in China and the vast majority of the infected had mild symptoms such as upper respiratory cold symptoms and mucus production. Some individuals (5-10%) have developed severe infections because the virus travels further down in the lungs and the Chinese reported that there was about a 2% fatality rate. Out of the 45,000 people that were infected in China, less than 1% of those infected were under the age of 10. So, children are often asymptomatic, or they do not get the virus at all. The elderly and those with underlying health conditions are those most susceptible to the most severe cases of the coronavirus.

Who should get tested? What is the turnaround time for testing, and do you have enough test kits?

Dr. Seshadri is extremely proud to be a resident of this community, this city, and this state and WA State was the first to discover coronavirus based on testing. Initially, the people who got tested had to have their tests sent to the CDC in Atlanta, which was a longer turnaround time. Testing was limited until about last week where better tests were sent to WA State labs. This past Monday, testing became active at the University of Washington and so next week, we will hear about exponentially more cases of the coronavirus because we have much more testing capacity. The increase of cases will look dramatic, but this is due to cases that were already exposed weeks ago. Those who should get tested are currently individuals who are hospitalized with severe cases but that will expand further as testing capacity is expanded.

The Public Health Department does not want individuals with mild to moderate symptoms to go to the emergency room because they may get others sick. Testing is primarily done with individuals who were exposed from the confirmed cases. New patients with compatible syndromes are also being tested.

How long can children and other healthy adults be carriers of the coronavirus in thinking about how children may spread the virus to the elderly and other with pre-existing conditions?

Nobody knows for sure. Dr. Seshadri finds it hard to believe that children do not get the infection but that children are the silent part of the transmission cycle. He worries that children and sick children's interactions with grandparents, parents with chronic medical conditions, and those with underlying health conditions. We may not notice children transmitting it to other children.

How long can the virus live on surfaces and how does that compare to other viruses?

Influenza provides us better information about how viruses survive on surfaces. Influenza can survive on surfaces for a few hours or a day, but influenza is generally transmitted to people by other people. Health professional's infection control practices are very careful not to touch any object in the room of a person who is infected with the coronavirus, and all the objects are thrown away.

Does the virus live on fabrics and clothing and do gloves help protect individuals?

In the health care setting, that is definitely the strategy but in the household, it is difficult to provide care for your child while also avoiding contact with the individual. A more efficient way to protect oneself is to keep your physical distance from those who are at risk.

Does bleach kill the coronavirus?

Absolutely and that is a standard practice at Harborview and the disinfecting that was done at Wedgwood follows that practice.

Do you recommend that large group gatherings be canceled such as the Wedgwood Spring Musical?

The purpose of closing and canceling group gatherings needs to be considered so if children were experiencing serious effects from the virus and were transmitting the virus to each other, then closing schools and gatherings would make sense. That is not the case with the coronavirus and there is not evidence that children are part of the transmission chain. But if the schools close and children still gather at Dahl park and have a playdate then we haven't solved anything. School closings also have immense social and economic disruption and the loss of essential personnel (health care providers and emergency responders) to the community. Social distancing is better done in a staged way and not all at once.

Is it safe to travel by airline, domestically, if things stay the same or if things get worse?

Dr. Seshadri recommends not traveling to other parts of the country but he wonders if other parts of the country have the coronavirus but they haven't tested and so they are not aware of current cases.

Do you and your colleagues have enough protective equipment such as masks and shields, and how do medical professionals protect themselves?

Thank you so much to the individual who wrote this question. Health professionals do not have enough protective equipment. Masks are a great example in that N95 masks are typically used in hospitals and clinics by health professionals to keep themselves protected and that doctors and nurses wear N95 masks to treat tuberculosis patients but if there aren't enough N95 masks available, then health professionals will find it difficult to adequately treat patients with coronavirus and tuberculosis patients. Surgical masks help protect others from an illness that you have and N95 masks are very uncomfortable and people tend to touch their faces a lot if they are wearing these masks. Please keep a small supply at your home if you have them but please consider donating N95 masks to health care facilities in the area.

What was the role in the Seattle Flu Study in catching the coronavirus?

The first patient was diagnosed in Everett with samples sent to the CDC. The people the first patient came into contact with were also tested and all of the tests came back negative. The second person, a high school student in Snohomish County, was diagnosed through the Seattle Flu Study.

What are the indications that the coronavirus is more dangerous than the seasonal flu?

The flu has caused more than 18,000 deaths in the United States and over 30 million people have been infected. In WA state alone, there have been 50 cases of outbreak of the flu in nursing home facilities. We may have become complacent because we have a flu vaccine that is partially effective and because we have drugs that are reasonably effective. The mortality rate of coronavirus is around 2-3% but the mortality rate of influenza is under 0.5% so the coronavirus is 50 times more lethal.

What cautions should asthmatic students or those with asthma take?

We need to take into account vulnerable children. As a parent and a professional, I am going to watch my kid with asthma very closely. I know what he is like when he gets an asthma flare and I know how to treat him and when he gets better. If things look different, then I will say something.

Is it possible for a person to carry the coronavirus, infect others, and not actually get sick?

That is what we could be seeing in that children may be transmitting the virus but not be getting sick.

Can you clarify who should be tested and where should they go?

The Public Health Department has guidelines on who to test and where to send the test. The priority is to test those who are hospitalized and then eventually test outpatients. Eventually, anyone who wants to get tested will be able to get tested. The Gates Foundation recently announced additional funding for the coronavirus response and some funds will be given to the Seattle Flu Study to fund expansion of their testing capacity in the community.

What is the turnaround time for testing and is there plans for other testing sites to come online?

The turnaround time at Harborview is about a day. The turnaround time for tests if you are in the community are longer but not exactly known. The other sites coming online are talking with the state so testing will probably get quicker.

If a child with asthma is going through a rough period, should they come to school or stay home?

If a student is having a hard time with asthma, then they should probably stay home. My sense from the reports coming out of China is that children are not really a high risk group but we don't know much information about children with medical conditions.

Can you develop immunities to the coronavirus?

Probably. H1N1 was a new influenza a few years ago and many people got sick but the second wave was not as serious because most people had been exposed to it and developed at least partial immunity to it. The coronavirus could be like SARS and burn out or it could be like H1N1 and be a part of the regular flu cycle.

With children with chronic medical conditions, how concerned should parents be about exposure at school with students who may be non-symptomatic?

Parents won't be able to tell the difference between a student with a runny nose and a student with the coronavirus.

How worried I be about my 80-year-old parents and should I keep my children away from their grandparents?

That is the first social distancing that we should do and we should keep our children away from our most vulnerable. That is one of the most difficult lessons we are learning from the Life Care Nursing home cases.

Should grandparents keep their distance from children when the grandparents are care providers when the parents need to work or need their help?

Dr. Seshadri told his parents and parents-in-law to stay away at this time.

Do you have an idea of when the peak of the epidemic will occur?

We haven't tested enough and so we don't really know where we are in the phase of the epidemic.

How accurate is the testing?

You know a test is good if it picks up everyone with what you're looking for and if it doesn't pick up those who don't have it. The test works reasonably well but there have been false negatives. It is the test we have right now though.

Talk about Trevor Bedford at Fred Hutch and his work.

Trevor Bedford sequenced the virus from the first few patients to determine how long the coronavirus may have been spreading in the area and he suspected that 500-1000 individuals may have been infected for weeks before the second case appeared. Dr. Seshadri does not doubt the findings from Trevor Bedford.

How do we avoid panic and over-reaction?

This Q&A session is one of the ways to help ease panic. Please feel free to share this information with others. Know that scientists are working very hard in Seattle on this and the Seattle Flu Study is working to know what is happening very quickly, more quickly than if this outbreak happened in another part of

the country. A new drug is being tested and a vaccine is also being tested. We have so many great resources in Seattle and we don't seem to over-react in this community. Let's work together to make logical choices such as social distancing from elders, canceling gatherings, and other logical measures.

How are we address the coronavirus with our students?

Staff are spending time talking with students about preventative measures such as handwashing, coughing into your sleeve, and washing hands after using a tissue. Kids are also showing us their resiliency and that they are still focused on learning, having fun, and being with their classmates and friends.

Do we have a drug for coronavirus?

We have a drug that we are testing in this area and will probably see continued testing in other areas of the country as the coronavirus spreads.

Is fever a hallmark of the coronavirus?

Having a fever, muscle aches, and body pains are hallmarks of the coronavirus and having the illness develop into pneumonia. This is happening more frequently with coronavirus than with influenza.

Is a dry cough more indicative of coronavirus that a gurgled cough?

I'm not sure.