Dr. LaQuandra S. Nesbitt, Director
District of Columbia Department of Health

October 28, 2020
Before the
Committee of Health
Council of the District of Columbia
The Honorable Vincent C. Gray, Chairperson

October 28, 2020
9:00 AM
WebEx Virtual Platform
INCIDENT TIMELINE
PREPARING FOR AND RESPONDING TO COVID-19

End of December, 2019
Initial reports of a viral pneumonia of unknown etiology in Wuhan, China to WHO

January 10, 2020
DC Health sent a Health Alert Notice to providers regarding a viral pneumonia of unknown etiology

January 23
A novel coronavirus, SARS-CoV-2, was identified as the cause. DC Health sent second Health Alert Notice to providers

January 30
Pandemic Tabletop exercise with District, regional, and federal stakeholders

February 28
Mayor’s Order 2020-035
Direction for District Government to prepare for potential impacts of COVID-19 on District residents, businesses, visitors, and government

March 7
DC Health Confirms first case of COVID-19 in the District

March 10
Coordination calls, resource procurement, and working groups begin

March 11
Mayor’s Order 2020-045
Declaration of Public Health Emergency

March 13
Unified Command activated at DC Health

March 16
Mayor’s Order prohibits 1) gatherings of >50 or >10 in vulnerable populations, 2) restaurants and bars from seating patrons, and 3) implements distance learning

March 17
Emergency COVID-19 Bill Passes Council

March 24
Mayor’s Order 1) closes nonessential businesses, 2) requires social distancing for essential businesses, and 3) prohibits gatherings >10 people

March 30
Stay at Home Order combines all Mayor’s Orders

First public briefing on the District’s monitoring, preparation, and response to COVID-19

Cabinet meeting to prepare for COVID-19

Pandemic Tabletop exercise with District, regional, and federal stakeholders

Mayor’s Order 2020-035
Direction for District Government to prepare for potential impacts of COVID-19 on District residents, businesses, visitors, and government

Mayor’s Order 2020-045
Declaration of Public Health Emergency

Mayor’s Order prohibits 1) gatherings of >50 or >10 in vulnerable populations, 2) restaurants and bars from seating patrons, and 3) implements distance learning

Emergency COVID-19 Bill Passes Council

Stay at Home Order combines all Mayor’s Orders
DISTRICT RESPONSE

As of October 12, 2020
FLATTEN THE CURVE

PUBLIC HEALTH INTERVENTIONS

- Stay-at-home orders
- Mandatory mask orders
- Social distancing requirements
- Community guidelines
- Travel Advisory

TESTING

- 197,726 residents tested
- District government operated testing:
  - 3 mass testing sites
  - 8 firehouses
  - 3 serology sites
  - 27 congregate care sites
- 2.2-day test result turnaround time

ISOLATION & QUARANTINE

- 1 isolation and quarantine hotel (203 rooms)
- 3 safe, alternate accommodations for high-risk community members (464 rooms)

CONTACT TRACING

- Contact Trace Force of 479 employees
- Attempted contact for 99.6% of new cases within one day
- Attempted contact for 94.5% of close contacts within two days
ENHANCED HEALTHCARE CAPACITY

PPE Support

- Over 1,000 deliveries of PPE to healthcare facilities

Surge Capacity

- 437-bed Alternate Care Site (ACS)
- Surge hospital capacity to 1,509 beds over current census of 2,497
WHERE WE ARE TODAY
On May 21, after weeks of consulting with experts and community and industry leaders, the **ReOpen DC Advisory Group** presented their recommendations to the Mayor for a phased reopening.

- March 30
  - Stay at Home Order

- May 29
  - Entered Phase 1 ("Stay at Home Lite")

- June 22
  - Entered Phase 2
PHASE 2 – CURRENT GUIDANCE

Capacity Limits and Physical Distancing Required

- District Government operating on modified telework
- Mandatory mask wearing
- Self-quarantine after non-essential travel
- Mass gatherings over 50 people prohibited
- Non-essential retail business 50% indoor capacity
- Personal services by appointment only with capacity limits and physical distancing measures in place
- Indoor dining up to 50% capacity with capacity limits and physical distancing measures in place
- Fitness clubs and studios with limited access (5 people per 1,000 square feet)
- Houses of worship capacity up to 50% capacity or 100 people indoors (whichever is less)
- Pilot program for theaters, cinemas, and entertainment venue waiver approvals
- Outdoor dining seating, streateries, and curbside pickup and delivery
- Parks, playgrounds, athletic fields and courts open
- Museums and galleries reopen with capacity limits and physical distancing measures in place
- National Zoo open for ticketed guests
WHERE WE STAND TODAY

The District is doing better than most big cities in daily cases per 100,000
**DC REOPENING METRICS SUMMARY**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Phase 3</th>
<th>Phase 2</th>
<th>Phase 0/1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily case rate (7-day avg per 100,000 population)</td>
<td>&lt;5</td>
<td>5 - 15</td>
<td>&gt;15</td>
</tr>
<tr>
<td>Rate of transmission (Effective reproduction number R[1])</td>
<td>N/A*</td>
<td>0.8 - 1.2</td>
<td>&gt;1.2</td>
</tr>
<tr>
<td>Test positivity rate (Percent positive from RT-PCR tests)</td>
<td>&lt;3%</td>
<td>3% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>New cases from quarantined contacts (7 day average)</td>
<td>&gt;60%</td>
<td>5% - 60%</td>
<td>&gt;5%</td>
</tr>
<tr>
<td>Percent hospital utilization (of available beds, without surge)</td>
<td>&gt;80%</td>
<td>80% - 90%</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>Percent COVID-19 patients (of daily hospital census, 7-day average)</td>
<td>&lt;5%</td>
<td>5% - 10%</td>
<td>&gt;10%</td>
</tr>
<tr>
<td>Mean test turnaround time (7-day average)</td>
<td>&lt;2 days</td>
<td>2 - 3 days</td>
<td>&gt;3 days</td>
</tr>
<tr>
<td>Positive cases with contact attempt (within 1 day, 7 day avg.)</td>
<td>&gt;90%</td>
<td>80% - 90%</td>
<td>&lt;80%</td>
</tr>
<tr>
<td>Close contacts with contact attempt (within 2 days, 7 day avg.)</td>
<td>&gt;90%</td>
<td>80% - 90%</td>
<td>&lt;80%</td>
</tr>
<tr>
<td>Positive cases interviewed (within 3 days, 7-day average)</td>
<td>&gt;80%</td>
<td>70% - 80%</td>
<td>&lt;70%</td>
</tr>
</tbody>
</table>

*Transmission rate becomes unreliable when daily case numbers are small*
WHERE WE ARE TODAY

**Current Status**

**Phase 2** Moderate community spread, moderate health and public health capacity, and fair community engagement.

**Current Values** (data through 10/24/20)

<table>
<thead>
<tr>
<th>Category</th>
<th>Metric</th>
<th>Value</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level of Community Spread</strong></td>
<td>Daily case rate</td>
<td>8.1</td>
<td>Oct 24</td>
</tr>
<tr>
<td></td>
<td>7-day avg per 100,000 pop.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Health System Capacity</strong></td>
<td>Percent hospital utilization</td>
<td>80.8%</td>
<td>Oct 24</td>
</tr>
<tr>
<td></td>
<td>of available beds without surge</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public Health System Capacity</strong></td>
<td>Percent COVID-19 patients</td>
<td>4.5%</td>
<td>Oct 24</td>
</tr>
<tr>
<td></td>
<td>of daily hospital census, 7-day average</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Community Engagement</strong></td>
<td>Positive cases interviewed</td>
<td>99.7%</td>
<td>Oct 23</td>
</tr>
<tr>
<td></td>
<td>7-day avg completed within 3 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Positive cases who provide close contacts</td>
<td>99.4%</td>
<td>Oct 22</td>
</tr>
<tr>
<td></td>
<td>7-day avg attempt within 2 days</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Test positivity rate</strong></td>
<td>Percent positive from RT-PCR tests</td>
<td>1.9%</td>
<td>Oct 22</td>
</tr>
<tr>
<td><strong>New cases from quarantined contacts</strong></td>
<td>7-day average</td>
<td>7.0%</td>
<td>Oct 22</td>
</tr>
<tr>
<td><strong>Mean test turnaround time</strong></td>
<td>7-day average</td>
<td>2.6</td>
<td>Oct 24</td>
</tr>
<tr>
<td><strong>Diagnostic tests conducted</strong></td>
<td>7-day avg per million pop.</td>
<td>5,210</td>
<td>Oct 21</td>
</tr>
</tbody>
</table>

*Data Source: DC Health*
LEVEL OF COMMUNITY SPREAD

Daily Case Rate

![Graph showing daily case rate per 100,000 population for District of Columbia COVID-19 cases. The graph includes dates and case rates, indicating periods of substantial, moderate, and minimal community spread.]

*Data Source: DC Health. Data subject to change on a daily basis. Data Notes: The line represents a seven-day average of the daily case rate per 100,000 population. The number of daily cases is subject to the timeliness of test results reported from laboratories and may not always reflect the number of new positive tests on a given day. Data reflect ongoing data quality improvements.*
LEVEL OF COMMUNITY SPREAD

Rate of Transmission

The transmission rate measures if the size of the epidemic is growing or falling by estimating the number of people who will be infected by each positive case. If this number is below one, the epidemic will eventually stop.

- **Substantial Community Spread (>1.2)**
- **Moderate Community Spread (0.8-1.2)**

Source: DC Health, Data are subject to change on a daily basis.

Metric Definition: The effective reproduction number (Rt) estimates the average number of secondary cases generated by an individual with SARS-CoV-2. If Rt is above 1, the number of daily new infections will grow at an exponential rate. If it is below 1, the number of daily new infections will decrease.
LEVEL OF COMMUNITY SPREAD

Test Positivity Rate

In areas with high levels of testing, such as in DC, a decreasing positivity rate indicates that the level of virus circulating in the District is falling.

Sources: DC Health and Public Health Labs. Data are subject to change on a daily basis.

Metric Definition: Test positivity rate is calculated by date of specimen collection and takes the number of DC residents who test positive in a screening or diagnostic test, divided by the number of DC residents with an adequate sample collection for a test on that date.
LEVEL OF COMMUNITY SPREAD

New Cases from Quarantined Contacts

As the outbreak is brought under control and there is a high level of contact tracing capacity, most new positive cases should stem from individuals who we have already identified as close contacts of other positive cases and have quarantined, allowing transmission to be effectively reduced.
HEALTH SYSTEM CAPACITY

Percent Hospital Utilization

Utilization of beds at acute care hospitals

- Insufficient Capacity (>90%)
- Moderate Capacity (80%-90%)
- Sufficient Capacity (<80%)

Available bed capacity in the hospitals means that the health system is able to care for all patients, including those requiring care because of the COVID-19 outbreak, without needing to use emergency surge resources.

Source: DC Health & Hospital Preparedness Program, DC Health & Hospital Association.

Metric Definitions: The number of beds currently in use for patient care divided by the total number of beds available under standard operations in acute care hospitals within DC.
HEALTH SYSTEM CAPACITY

Percent COVID-19 Patients

Data Source: DC Health. Data are subject to change on a daily basis.

Data notes: The line represents a seven day average of the percentage of COVID-19 positive patients among the total number of hospitalized patients (i.e., the daily hospital census). Daily reporting of inpatients in DC hospitals includes individuals from other jurisdictions, and reflects ongoing data quality improvements.
HEALTH SYSTEM CAPACITY

Mean Test Turnaround Time

Mean test turnaround time shows us how quickly the processing and reporting of labs takes. The more quickly a person’s results are known, the more quickly public health action can be taken to isolate cases and quarantine contacts.

Data Sources: DC Health and Public Health Labs.
Data Notes: The line represents a seven-day average of the mean test turnaround time for labs reporting COVID-19 diagnostic tests to DC Health. Daily reporting reflects ongoing data quality improvements and is subject to change.
HEALTH SYSTEM CAPACITY

Diagnostic Tests Conducted

While there is no specific desired target for testing rates, testing should be stable or increasing to indicate that the capacity is sufficient to support those who need to be tested.
PUBLIC HEALTH SYSTEM CAPACITY

Positive Cases With Contact Attempt

A high level of contact tracing capacity means the health department is capable of containing the spread of the outbreak through timely identification of positive cases and their close contacts to ensure appropriate isolation and quarantine.

Source: DC Health. Data are subject to change on a daily basis.

Metric Definitions: A contact tracing attempt is defined as a phone call attempting to reach the individual. The percentage of positive cases with at least one contact attempt made within one day of case notification to DC Health. New cases are reported largely through 12pm, and contact tracing attempts are considered to meet the one-day criteria if the attempt is made before the end of the following day.
PUBLIC HEALTH SYSTEM CAPACITY

Close Contacts With Contact Attempt

A high level of contact tracing capacity means the health department is capable of containing the spread of the outbreak through effective contact tracing.
COMMUNITY ENGAGEMENT

Percent Cases Interviewed

Positive Cases with a Completed Interview within 3 Days
(7-day average)

- Sufficient Engagement (>80%)
- Moderate Engagement (70%-80%)
- Insufficient Engagement (<70%)

Positive case interviews completed quickly (within 3 days) are important not only to share instructions for isolation and to gather names and contact information of close contacts, but for continued investigation and notification. Delays make it difficult for us to implement public health actions to stop the spread of the virus to others.

Data Source: DC Health. Data subject to change on a daily basis.
Data Notes: The metric includes only DC residents, though out of state residents may be interviewed. Three contact attempts are made before a case is marked loss to followup.
COMMUNITY ENGAGEMENT

Positive Cases Who Provide Close Contacts

Percent cases who provide close contact information tells us how willing people are to tell contact tracers about people they have been in contact with during the time they can spread the virus to others. It is vitally important to share this information so investigators can anonymously inform contacts and give them information to keep them and others safe.

Data Source: DC Health. Data subject to change on a daily basis.
Data Notes: The metric includes only DC residents, though out of state residents may be interviewed. Three contact attempts are made before a case is marked loss to followup.
COMMUNITY ENGAGEMENT

Mean Number Close Contacts Provided

Mean number of close contacts provided tells us how willing people are to tell contact tracers about people they have been in contact with during their infectious period. It is vitally important to share this information so investigators can anonymously inform contacts and give them information to keep them and others safe.
COMMUNITY ENGAGEMENT

Exposure Notification Opt-In

127,100 Opt-ins as of 10.22.20
THE ROAD TO 2021 AND BEYOND
PLAN FOR THE CRITICAL MONTHS AHEAD

October
- Second wave and vaccination planning
- Plan for hybrid return to school
- Extreme weather and hurricane season
- Election Week

November
- Second wave and vaccination planning
- Commence hybrid return to school
- Election Day, pre-inauguration period, and related demonstrations
- Extreme weather and hurricane season
- Winter weather

December
- Second wave and vaccination planning
- Sustain hybrid school instruction
- Pre-inauguration period and related demonstrations
- Winter weather

January
- Second wave and vaccination planning
- Sustain hybrid school instruction
- Inauguration and related demonstrations
- Winter weather
PLANNING FOR A COVID-19 VACCINE

DC Health has been planning and preparing for the eventual COVID-19 vaccine by:

- Working closely with federal partners such as the CDC and the Health and Human Services Agency (HHS)
- Building a team of subject matter experts in vaccine science, policy, logistics, distribution, and administration.
- Strengthening previous as well as developing new public and private partnerships
- Launching a new Immunization Information System (IIS) to have easier vaccine ordering, tracking, and reporting
DISTRICT RESPONSE
DC Health Structure
DISTRICT RESPONSE

HEPRA & the Vaccination Group Structures
COVID-19 VACCINE PLANNING AND COORDINATION

- The DC Health staff of the COVID-19 Vaccination Planning and Coordination Team include:
  - Internal staff from the DC Health Community Health Administration;
  - Health Regulation and Licensing Administration;
  - Center for Policy Planning and Epidemiology; and
  - The Office of the Director (including the Office of Health Equity and the Office of Communications and Community Relations).

- The DC Health COVID-19 Vaccine Planning and Coordination Team includes:
  - Subject Matter Experts (SME) in emergency management;
  - Immunization science;
  - IT systems;
  - Pandemic planning;
  - Public health immunization policy;
  - Disease surveillance; and
  - Communications.
COVID-19 VACCINE GROUP

NATIONAL ACADEMY OF MEDICINE:
FRAMEWORK FOR AN EQUITABLE ALLOCATION OF COVID-19 VACCINE

Foundational Ethical Principles

Maximum benefit: The obligation to protect and promote the public's health and its socioeconomic well-being in the short and long term.

Equal concern: The obligation to consider and treat every person as having equal dignity, worth, and value.

Mitigation of health inequities: The obligation to explicitly address the higher burden of COVID-19 experienced by the populations affected most heavily, given their exposure and compounding health inequities.

Foundational Procedural Principles

Fairness: Decisions should incorporate input from affected groups, especially those disproportionately affected by the pandemic. Once informed by public input, decisions should be data-driven and made by impartial decision makers, such as public health officials.

Transparency: The obligation to communicate with the public openly, clearly, accurately, and straightforwardly about the vaccine allocation criteria and framework, as they are being developed and deployed.

Evidence-based: Vaccination phases, specifying who receives the vaccine when, should be based on the best available scientific evidence, regarding risk of disease, transmission, and societal impact.
COVID-19 VACCINE GROUP

NATIONAL ACADEMY OF MEDICINE:
FRAMEWORK FOR AN EQUITABLE ALLOCATION OF COVID-19 VACCINE

Goal
Reduce severe morbidity and mortality and negative societal impact due to the transmission of SARS-CoV-2

Allocation Criteria
Risk of: 1) acquiring infection; 2) severe morbidity and mortality; 3) negative societal impact; and 4) transmitting infection to others
COVID-19 VACCINE GROUP
CDC PHASED APPROACH TO VACCINATION

The COVID-19 Vaccination Program will require a phased approach

**Phase 1**
Potentially Limited Doses Available

- Projected short period of time for when doses may be limited
- Volume doses available (per month)
- Likely to be constrained by supply
- Likely to focus vaccine administration

**Phase 2**
Large Number of Doses Available

- Likely sufficient supply to meet demand
- Likely to expand beyond initial populations
- Use a broad provider network and settings including:
  - Healthcare settings (doctor's offices, clinics)
  - Commercial sector settings (retail pharmacies)
  - Public health venues (public health clinics, mobile clinics, FQHCs, community settings)

**Phase 3**
Continued Vaccination, Shift to Routine Strategy

- Likely sufficient supply
- Open access to vaccination
- Administer through additional private partner sites
- Maintain public health sites where required

Populations of Focus:

**Phase 1**
- Phase 1A: Paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home.
- Phase 1B: Other essential workers and people at higher risk of severe COVID-19 illness, including people 65 years of age and older

**Phase 2**
- Remainder of Phase 1 populations
- Critical populations
- General population

**Phase 3**
- Remainder of Phase 1 populations
- Critical populations
- General population

9/4/20
COVID-19 VACCINE GROUP

CDC PHASED APPROACH TO VACCINATION

Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) will publish vaccination recommendations after vaccine approval by the Food and Drug Administration (FDA).

**Phase 1-A:** Paid and unpaid people serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials and are unable to work from home.

**Phase 1-B:** People who play a key role in keeping essential functions of society running and cannot socially distance in the workplace (e.g., healthcare personnel not included in Phase 1-A, emergency and law enforcement personnel not included in Phase 1-A, food packaging and distribution workers, teachers/school staff, childcare providers), and people at increased risk for severe COVID-19 illness, including people 65 years of age or older.
DC COVID-19 VACCINATION PLAN

CDC COVID-19 VACCINATION PROGRAM PLAYBOOK FOR JURISDICTIONS

• 15 section guiding document that includes
  • Preparedness Planning
  • COVID-19 Organizational Structure & Partner Involvement
  • Phased Approach to COVID-19 Vaccination
  • Critical Populations
  • Provider Recruitment and Enrollment
  • Vaccine Administration Capacity
  • Vaccine Allocation, Ordering, Distribution, and Inventory Management
  • Vaccine Storage and Handling

• Vaccine Administration Documentation and Reporting
• Vaccination Second-Dose Reminders
• Requirements for IIS and other External Systems
• Regulatory Considerations
• Vaccine Safety Monitoring
• Vaccine Program Monitoring
DC COVID-19 VACCINATION PLAN

Executive Summary

- District's Phase 1 vaccine allocation is based on the critical infrastructure workforce serving and working in the District, as opposed to just those workers who are District residents.
- District's Phase 1 vaccine allocation identifies all individuals working in a specific setting as opposed to specific profession types in those settings.
- Focus to have vaccine access to populations that have been disproportionately affected by the COVID-19 pandemic, such as District Seniors, those with chronic medical conditions, and racial and ethnic minorities.
- Ensuring strong vaccine safety monitoring and tracking
- Importance of clear, transparent, and honest public health messaging to battle vaccine hesitancy among high priority populations.
DC COVID-19 VACCINATION PLAN

Key External Partners

- District of Columbia Health and Medical Coalition
  - Representation from the District's hospitals and healthcare facilities
- ImmunizeDC Coalition
  - Representation from District government, healthcare providers, community partners, pharmacies, and the pharmaceutical industry
- The DC Health Scientific Advisory Committee for the Development and Implementation of a Safe, Effective, and Equitable COVID-19 Vaccine Distribution Program in the District of Columbia
  - Representation from local and independent District scientists, clinicians, and community leaders
SCIENTIFIC ADVISORY COMMITTEE

OBJECTIVES

• To advise the Director of DC Health on effective strategies to communicate public health information regarding safety and effectiveness of an eventual COVID-19 vaccine in order to promote vaccine confidence and uptake.

• To advise on messaging and outreach strategies to counter misinformation regarding an eventual COVID-19 vaccine.

• To promote confidence among high-risk populations in an eventual COVID-19 vaccine.
SCIENTIFIC ADVISORY COMMITTEE
RESPONSIBILITIES

- To review and provide technical feedback on data regarding vaccine safety for Phase 3 clinical trials, Phase 4 clinical trials and pharmacovigilance data for all vaccine candidates in the US.

- To review and provide technical feedback on data on vaccine efficacy and quality for all vaccine candidates in the US.

- To review vaccine policy recommendations of the National Academy of Medicine and the CDC’s Advisory Committee on Immunization Practices related to priority groups for vaccination.
SCIENTIFIC ADVISORY COMMITTEE

CLINICIAN AND SCIENTIST MEMBERS

• Dr. Andrea Anderson
  • Chair, D.C. Board of Medicine

• Dr. Melissa Clarke
  • Physician Consultant, 3M Health Information Systems
  • Member, Black Coalition Against COVID-19

• Dr. Millicent Collins
  • Board Member, The Medico-Chirurgical Society of the District of Columbia
  • Assistant Professor of Pediatrics, Howard University College of Medicine

• Dr. Roberta DeBiasi
  • Chief of Pediatric Infectious Diseases, Children’s National Hospital

• Dr. Melissa Fries
  • Chair, Women’s and Infant’s Services, Medstar Washington Hospital Center

• Dr. Alan Greenberg
  • Professor and Chair of the Department of Epidemiology and Biostatistics, GWU Milken Institute of Public Health
  • Professor of Medicine and of Microbiology, Immunology and Tropical Medicine, GWU School of Medicine and Health Sciences
SCIENTIFIC ADVISORY COMMITTEE

CLINICIAN AND SCIENTIST MEMBERS

- Dr. Elmer Huerta
  - Clinical Professor of Medicine, The GW Medical Faculty Associates
- Dr. Tamara McCants
  - Chair, D.C. Board of Pharmacy
  - Director of Residency Programs and Practice Transformation, Howard University College of Pharmacy
- Dr. J. Desiree Pineda
  - President, Medical Society of the District of Columbia
- Dr. Pamela Riley
  - Medical Director, D.C. Department of Healthcare Finance
- Dr. Marc Siegel
  - Associate Professor of Medicine, GWU School of Medicine and Health Sciences
SCIENTIFIC ADVISORY COMMITTEE

COMMUNITY LEADERSHIP MEMBERS

• Reverend Dr. Kendrick Curry
  • President, District of Columbia AARP
  • Pastor, Pennsylvania Baptist Church

• Lupi Quinteros-Grady
  • President and CEO, Latin American Youth Center

• Rhonda Hamilton
  • Ward 6 ANC Commissioner 6D06

• Reverend Dexter Nutall
  • Pastor, New Bethel Baptist Church

SPECIAL ADVISOR

• Dr. Nicole Lurie
  • Former Assistant Secretary of Preparedness and Response, United States Department of Health and Human Services
  • Clinician, Bread for the City
PROTECT YOURSELF.
PROTECT YOUR FRIENDS AND FAMILY.
PROTECT DC.
WEAR A MASK
(over your mouth and nose)

- When you leave home or when visitors come in your home
- At work
- Hanging out with friends
- Visiting family who don’t live with you
ALWAYS KEEP AT LEAST SIX FEET OF SPACE BETWEEN YOURSELF AND OTHERS

• Remember:
  – Masks don’t replace social distancing
  – Outdoors is better than indoors, but COVID-19 can still spread outside
PRACTICE GOOD HYGIENE

Wash your hands frequently and avoid touching your face with unwashed hands.
AVOID OTHER ACTIVITIES IF YOU FEEL SICK

Call your doctor, get a COVID-19 test, and stay home while you wait for your results.
CHOOSE YOUR ACTIVITIES WISELY

Just because you can go doesn’t mean you should go.
Do Your Part, DC