

From: (b) (6)
Sent: Mon, 16 Mar 2020 14:31:15 -0400
To: Redfield, Robert R. (CDC/OD);Deborah Birx
Subject: Fwd: (b) (4)
Algorithm for addressing people with mild upper respiratory symptoms in the age of Covid-19.

This is a (b) (5)

Begin forwarded message:

From: Jon LaPook (b) (6)
Date: March 16, 2020 at 1:52:57 PM EDT
To: "Fauci, Anthony (NIH/NIAID) [E]" (b) (6)
Subject: (b) (4)
Algorithm for addressing people with mild upper respiratory symptoms in the age of Covid-19.

Hi Tony,

Thank you so much for calling me this morning, and for your terrific help last night trying to think through the issue (b) (4), (b) (6)

Given our discussion this morning, I think it would be very helpful if the task force on coronavirus came up with a clear algorithm for addressing issues related to people having symptoms that could be from a cold, flu, or other virus - and not related to the virus that causes COVID-19.

Let's say there's a hypothetical patient with some combination of sore throat, aches and pain, low grade fever in the 99's by mouth, and cough; there's no shortness of breath. Let's say they are now proactively self-quarantined at home and are in the process of evaluation. Questions include:

1. Who, if any, of the person's contacts within the previous days should be contacted?
2. If it's only "close contacts" – those who were within 6 feet of the person for an extended period of time:
 - a. What's the definition of extended period of time?
 - b. Does any physical touching – such as a hug or handshake – immediately mean there is significant contact?
 - c. How far back from the onset of the person's illness do we need to check for "close contacts?" This gets to the issue of how long before symptoms begin can asymptomatic shedding occur.
3. If no Covid-19 testing is available or the person has been told they are not sick enough for testing: how do we think about the potential risk to that person's contacts, for example, at home or work?