No. 20A95

In the Supreme Court of the United States

REV. KEVIN ROBINSON AND RABBI YISRAEL A. KNOPFLER,

Applicants,

v.

PHILIP D. MURPHY, ET AL.,

Respondents.

APPENDIX FOR RESPONDENTS – VOLUME I OF IV, PAGES 1-230

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EXHIBIT A

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ORIGINAL ARTICLE BRIEF REPORT

First Case of 2019 Novel Coronavirus in the United States

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Summary

An outbreak of novel coronavirus (2019-nCoV) that began in Wuhan, China, has spread rapidly, with cases now confirmed in multiple countries. We report the first case of 2019-nCoV infection confirmed in the United States and describe the identification, diagnosis, clinical course, and management of the case, including the patient's initial mild symptoms at presentation with progression to pneumonia on day 9 of illness. This case highlights the importance of close coordination between clinicians and public health authorities at the local, state, and federal levels, as well as the need for rapid dissemination of clinical information related to the care of patients with this emerging infection.

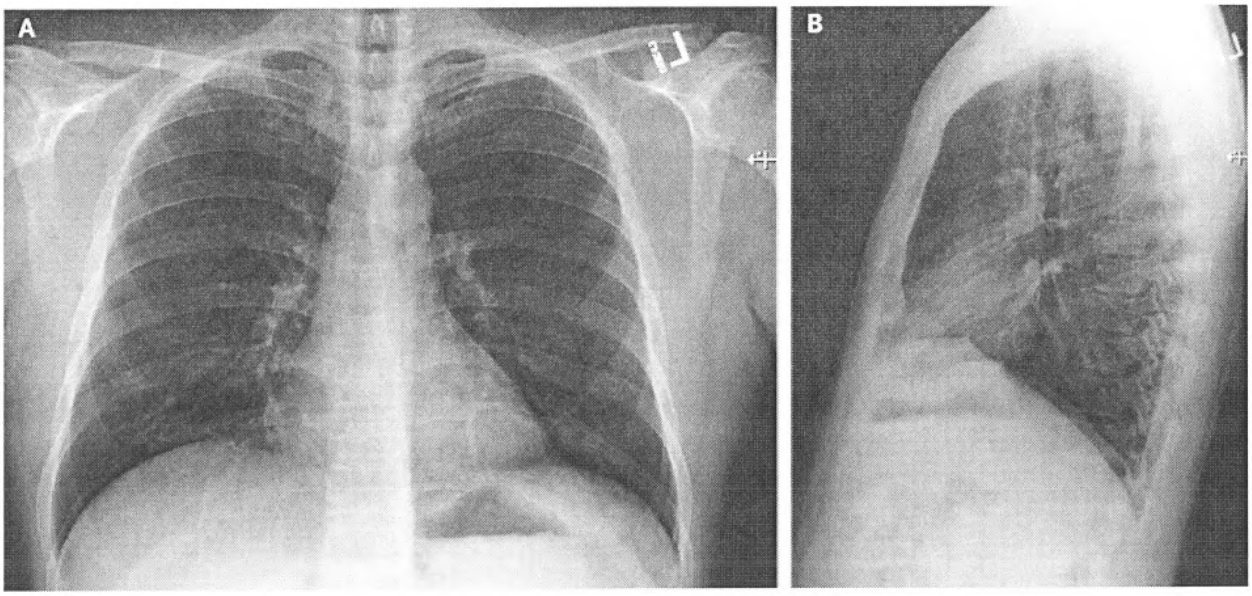
Introduction

On December 31, 2019, China reported a cluster of cases of pneumonia in people associated with the Huanan Seafood Wholesale Market in Wuhan, Hubei Province.[1] On January 7, 2020, Chinese health authorities confirmed that this cluster was associated with a novel coronavirus, 2019-nCoV.[2] Although cases were originally reported to be associated with exposure to the seafood market in Wuhan, current epidemiologic data indicate that person-to-person transmission of 2019-nCoV is occurring.[3-6] As of January 30, 2020, a total of 9976 cases had been reported in at least 21 countries,[7] including the first confirmed case of 2019-nCoV infection in the United States, reported on January 20, 2020. Investigations are under way worldwide to better understand transmission dynamics and the spectrum of clinical illness. This report describes the epidemiologic and clinical features of the first case of 2019-nCoV infection confirmed in the United States.

Case Report

On January 19, 2020, a 35-year-old man presented to an urgent care clinic in Snohomish County, Washington, with a 4-day history of cough and subjective fever. On checking into the clinic, the patient put on a mask in the waiting room. After waiting approximately 20 minutes, he was taken into an examination room and underwent evaluation by a provider. He disclosed that he had returned to Washington State on January 15 after traveling to visit family in Wuhan, China. The patient stated that he had seen a health alert from the U.S. Centers for Disease Control and Prevention (CDC) about the novel coronavirus outbreak in China and, because of his symptoms and recent travel, decided to see a health care provider.

Figure 1.



Posteroanterior and Lateral Chest Radiographs, January 19, 2020 (Illness Day 4).

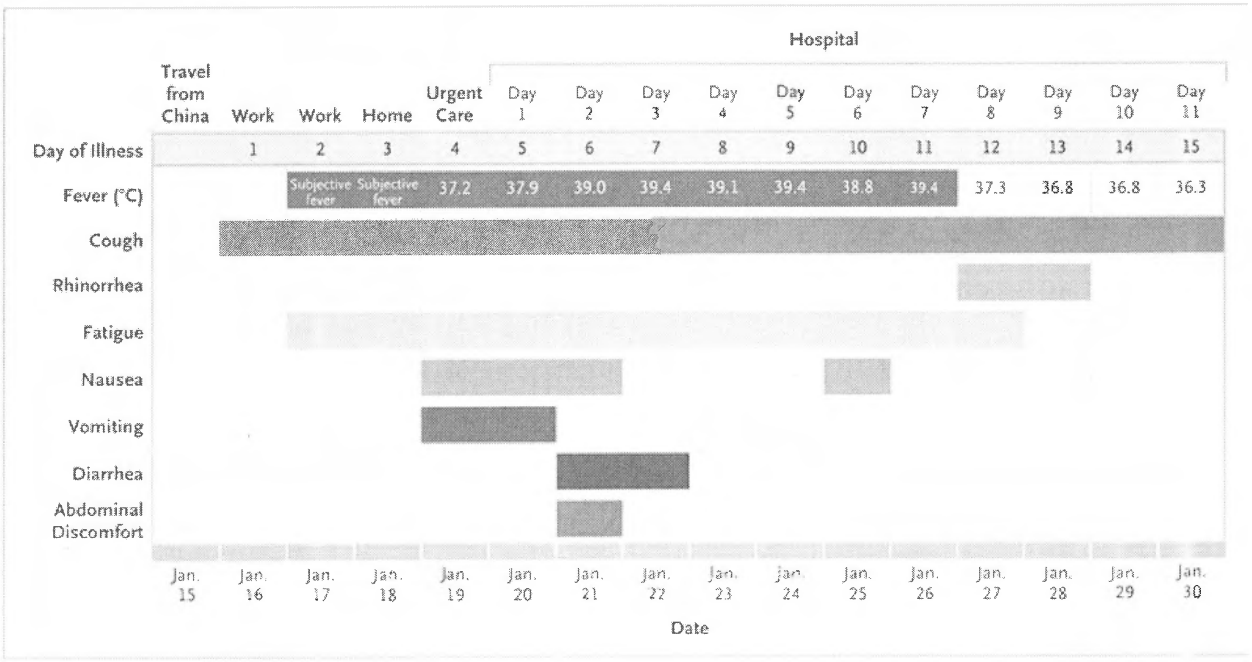
Apart from a history of hypertriglyceridemia, the patient was an otherwise healthy nonsmoker. The physical examination revealed a body temperature of 37.2°C, blood pressure of 134/87 mm Hg, pulse of 110 beats per minute, respiratory rate of 16 breaths per minute, and oxygen saturation of 96% while the patient was breathing ambient air. Lung auscultation revealed rhonchi, and chest radiography was performed, which was reported as showing no abnormalities (Figure 1). A rapid nucleic acid amplification test (NAAT) for influenza A and B was negative. A nasopharyngeal swab specimen was obtained and sent for detection of viral respiratory pathogens by NAAT; this was reported back within 48 hours as negative for all pathogens tested, including influenza A and B, parainfluenza, respiratory syncytial virus, rhinovirus, adenovirus, and four common coronavirus strains known to cause illness in humans (HKU1, NL63, 229E, and OC43).

Given the patient's travel history, the local and state health departments were immediately notified. Together with the urgent care clinician, the Washington Department of Health notified the CDC Emergency Operations Center. Although the patient reported that he had not spent time at the Huanan seafood market and reported no known contact with ill persons during his travel to China, CDC staff concurred with the need to test the patient for 2019-nCoV on the basis of current CDC "persons under investigation" case definitions.[8] Specimens were collected in accordance with CDC guidance and included serum and nasopharyngeal and oropharyngeal swab specimens. After specimen collection, the patient was discharged to home isolation with active monitoring by the local health department.

On January 20, 2020, the CDC confirmed that the patient's nasopharyngeal and oropharyngeal swabs tested positive for 2019-nCoV by real-time reverse-transcriptase–polymerase-chain-reaction (rRT-PCR) assay. In coordination with CDC subject-matter experts, state and local health officials, emergency medical services, and hospital leadership and staff, the patient was admitted to an airborne-isolation unit at Providence Regional Medical Center for clinical observation, with health care workers following CDC recommendations for contact, droplet, and airborne precautions with eye protection.[9]

On admission, the patient reported persistent dry cough and a 2-day history of nausea and vomiting; he reported that he had no shortness of breath or chest pain. Vital signs were within normal ranges. On physical examination, the patient was found to have dry mucous membranes. The remainder of the examination was generally unremarkable. After admission, the patient received supportive care, including 2 liters of normal saline and ondansetron for nausea.

Figure 2.



Symptoms and Maximum Body Temperatures According to Day of Illness and Day of Hospitalization, January 16 to January 30, 2020.

On days 2 through 5 of hospitalization (days 6 through 9 of illness), the patient's vital signs remained largely stable, apart from the development of intermittent fevers accompanied by periods of tachycardia (Figure 2). The patient continued to report a nonproductive cough and appeared fatigued. On the afternoon of hospital day 2, the patient passed a loose bowel movement

and reported abdominal discomfort. A second episode of loose stool was reported overnight; a sample of this stool was collected for rRT-PCR testing, along with additional respiratory specimens (nasopharyngeal and oropharyngeal) and serum. The stool and both respiratory specimens later tested positive by rRT-PCR for 2019-nCoV, whereas the serum remained negative.

Treatment during this time was largely supportive. For symptom management, the patient received, as needed, antipyretic therapy consisting of 650 mg of acetaminophen every 4 hours and 600 mg of ibuprofen every 6 hours. He also received 600 mg of guaifenesin for his continued cough and approximately 6 liters of normal saline over the first 6 days of hospitalization.

Table 1.

Table 1. Clinical Laboratory Results.*

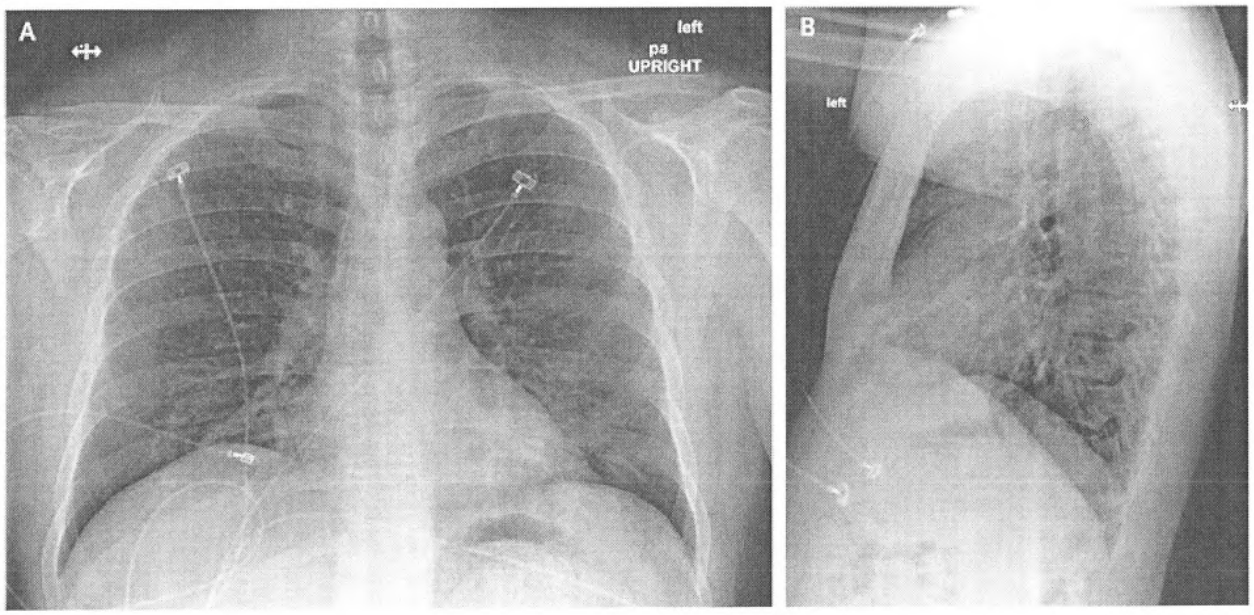
Measure	Reference Range	Illness Day 6, Hospital Day 2†	Illness Day 7, Hospital Day 3	Illness Day 9, Hospital Day 5	Illness Day 11, Hospital Day 7	Illness Day 13, Hospital Day 9	Illness Day 14, Hospital Day 10
White-cell count (per μl)	3800–11,000	"Slight decrease"	3120‡	3300‡	5400	5600	6500
Red-cell count (per μl)	4,200,000–5,700,000	—	4,870,000	5,150,000	5,010,000	4,650,000	5,010,000
Absolute neutrophil count (per μl)	1900–7400	—	1750‡	1700‡	3700	3800	3200
Absolute lymphocyte count (per μl)	1000–3900	—	1070	1400	1400	1400	2100
Platelet count (per μl)	150,000–400,000	"Adequate"	122,000‡	132,000‡	151,000	150,000	239,000
Hemoglobin (g/dl)	13.2–17.0	12.2‡	14.2	14.8	14.8	13.5	14.2
Hematocrit (%)	39.0–50.0	36.0‡	42.0	43.0	43.0	39.3	42.0
Sodium (mmol/liter)	136–145	134‡	136	138	138	135‡	138
Potassium (mmol/liter)	3.5–5.1	3.3‡	3.6	3.4‡	3.6	4.1	3.9
Chloride (mmol/liter)	98–107	99	101	105	106	100	103
Calcium (mg/dl)	8.7–10.4	—	8.5‡	9.3	9.0	8.6‡	9.3
Carbon dioxide (mmol/liter)	20–31	—	26	24	25	23	36§
Anion gap (mmol/liter)	5–16	—	9	9	7	12	9
Glucose (mmol/liter)	65–140	104	103	120	96	148§	104
Blood urea nitrogen (mg/dl)	9–23	15	10	13	13	22§	18
Creatinine (mg/dl)	0.7–1.3	1.0	1.06	1.06	0.88	1.08	0.84
Total protein (g/dl)	5.7–8.2	—	6.9	7.1	6.8	6.9	6.8
Albumin (g/dl)	3.2–4.8	—	4.2	4.7	4.5	2.9‡	4.4
Total bilirubin (mg/dl)	0.3–1.2	—	1.0	1.1	1.5§	0.8	1.0
Procalcitonin (ng/ml)	<0.05	—	—	<0.05	<0.05	—	—
Alanine aminotransferase (U/liter)	10–49	—	68§	105§	119§	219§	203§
Aspartate aminotransferase (U/liter)	≤33	—	37§	77§	85§	129§	89§
Alkaline phosphatase (U/liter)	46–116	—	50	68§	88§	137§	163§
Fibrinogen (mg/dl)	150–450	—	477§	—	—	—	—
Lactate dehydrogenase (U/liter)	120–246	—	250§	465§	—	—	388§
Prothrombin time (sec)	12.2–14.6	—	11.9‡	11.9‡	—	—	12.7
International normalized ratio	0.9–1.1	—	0.9	0.9	—	—	1.0
Creatine kinase (U/liter)	62–325	—	353§	332§	—	—	—
Venous lactate (mmol/liter)	0.4–2.0	—	1.3	1.7	—	—	—

* To convert the values for calcium to millimoles per liter, multiply by 0.250. To convert the values for blood urea nitrogen to millimoles per liter of urea, multiply by 0.357. To convert the values for creatinine to micromoles per liter, multiply by 88.4. To convert the values for total bilirubin to micromoles per liter, multiply by 17.1.
† Results are from point-of-care blood analyzer (iStat) testing.
‡ The value in the patient was below normal.
§ The value in the patient was above normal.

Clinical Laboratory Results.

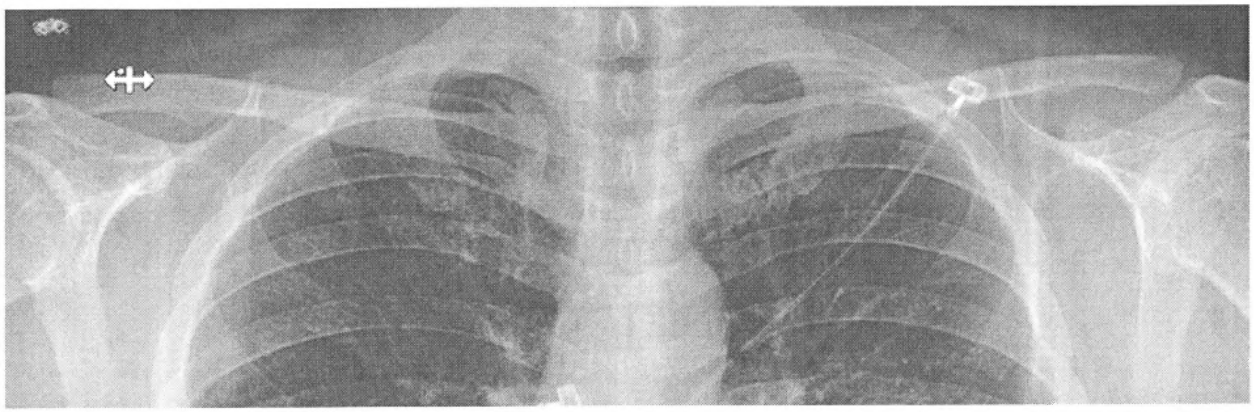
The nature of the patient isolation unit permitted only point-of-care laboratory testing initially; complete blood counts and serum chemical studies were available starting on hospital day 3. Laboratory results on hospital days 3 and 5 (illness days 7 and 9) reflected leukopenia, mild thrombocytopenia, and elevated levels of creatine kinase (Table 1). In addition, there were alterations in hepatic function measures: levels of alkaline phosphatase (68 U per liter), alanine aminotransferase (105 U per liter), aspartate aminotransferase (77 U per liter), and lactate dehydrogenase (465 U per liter) were all elevated on day 5 of hospitalization. Given the patient's recurrent fevers, blood cultures were obtained on day 4; these have shown no growth to date.

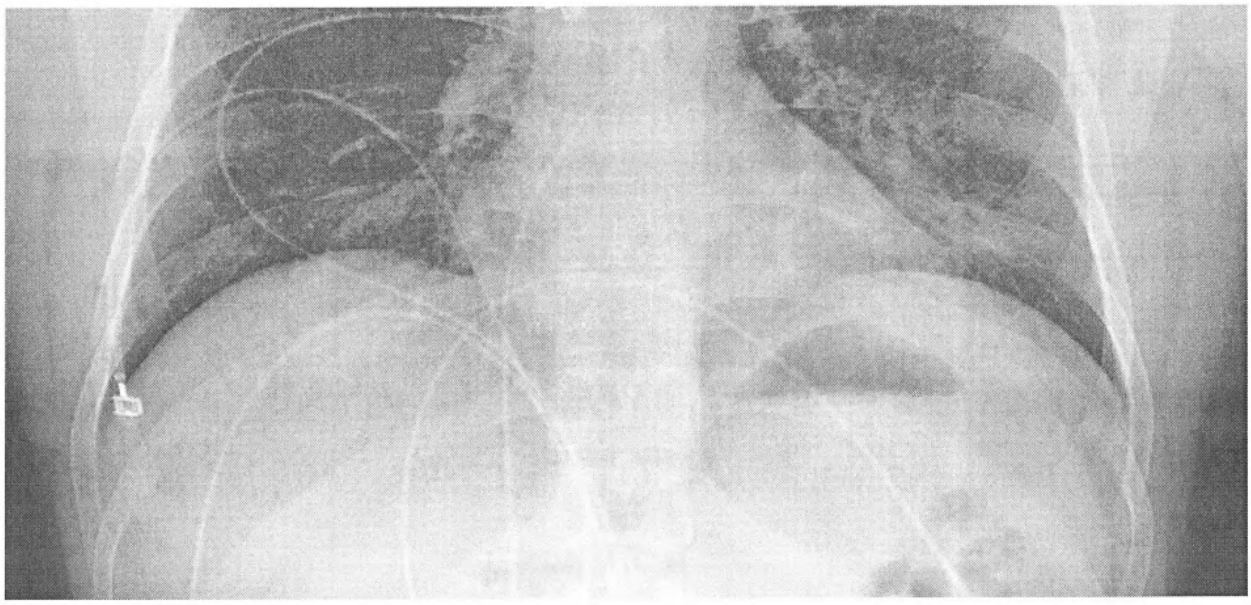
Figure 3.



Posteroanterior and Lateral Chest Radiographs, January 22, 2020 (Illness Day 7, Hospital Day 3).

Figure 4.

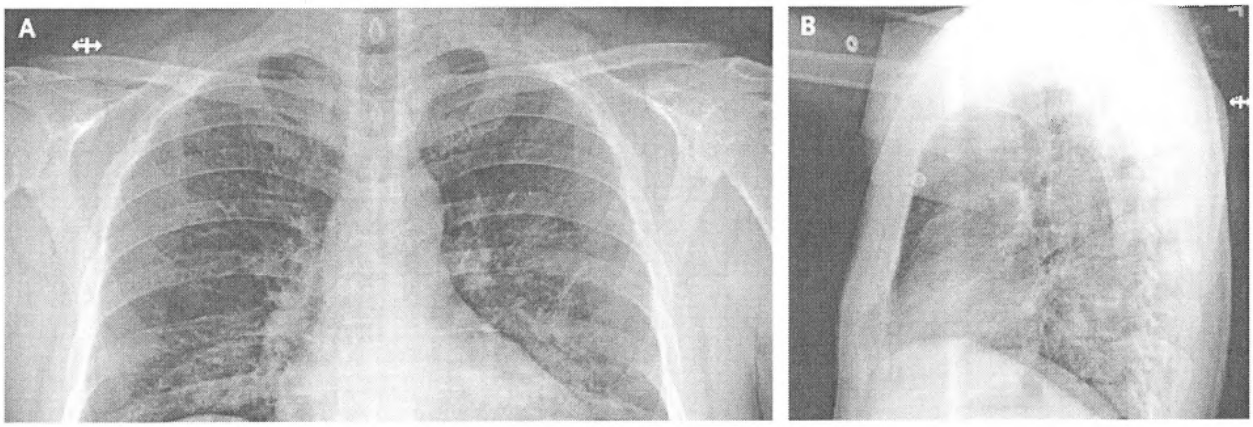




Posteroanterior Chest Radiograph, January 24, 2020 (Illness Day 9, Hospital Day 5).

A chest radiograph taken on hospital day 3 (illness day 7) was reported as showing no evidence of infiltrates or abnormalities (Figure 3). However, a second chest radiograph from the night of hospital day 5 (illness day 9) showed evidence of pneumonia in the lower lobe of the left lung (Figure 4). These radiographic findings coincided with a change in respiratory status starting on the evening of hospital day 5, when the patient's oxygen saturation values as measured by pulse oximetry dropped to as low as 90% while he was breathing ambient air. On day 6, the patient was started on supplemental oxygen, delivered by nasal cannula at 2 liters per minute. Given the changing clinical presentation and concern about hospital-acquired pneumonia, treatment with vancomycin (a 1750-mg loading dose followed by 1 g administered intravenously every 8 hours) and cefepime (administered intravenously every 8 hours) was initiated.

Figure 5.



Anteroposterior and Lateral Chest Radiographs, January 26, 2020 (Illness Day 10, Hospital Day 6).

On hospital day 6 (illness day 10), a fourth chest radiograph showed basilar streaky opacities in both lungs, a finding consistent with atypical pneumonia (Figure 5), and rales were noted in both lungs on auscultation. Given the radiographic findings, the decision to administer oxygen supplementation, the patient's ongoing fevers, the persistent positive 2019-nCoV RNA at multiple sites, and published reports of the development of severe pneumonia[3,4] at a period consistent with the development of radiographic pneumonia in this patient, clinicians pursued compassionate use of an investigational antiviral therapy. Treatment with intravenous remdesivir (a novel nucleotide analogue prodrug in development[10,11]) was initiated on the evening of day 7, and no adverse events were observed in association with the infusion. Vancomycin was discontinued on the evening of day 7, and cefepime was discontinued on the following day, after serial negative procalcitonin levels and negative nasal PCR testing for methicillin-resistant *Staphylococcus aureus*.

On hospital day 8 (illness day 12), the patient's clinical condition improved. Supplemental oxygen was discontinued, and his oxygen saturation values improved to 94 to 96% while he was breathing ambient air. The previous bilateral lower-lobe rales were no longer present. His appetite improved, and he was asymptomatic aside from intermittent dry cough and rhinorrhea. As of January 30, 2020, the patient remains hospitalized. He is afebrile, and all symptoms have resolved with the exception of his cough, which is decreasing in severity.

Methods

SPECIMEN COLLECTION

Clinical specimens for 2019-nCoV diagnostic testing were obtained in accordance with CDC guidelines.[12] Nasopharyngeal and oropharyngeal swab specimens were collected with synthetic fiber swabs; each swab was inserted into a separate sterile tube containing 2 to 3 ml of viral transport medium. Serum was collected in a serum separator tube and then centrifuged in accordance with CDC guidelines. The urine and stool specimens were each collected in sterile specimen containers. Specimens were stored between 2°C and 8°C until ready for shipment to the CDC. Specimens for repeat 2019-nCoV testing were collected on illness days 7, 11, and 12 and included nasopharyngeal and oropharyngeal swabs, serum, and urine and stool samples.

DIAGNOSTIC TESTING FOR 2019-NCOV

Clinical specimens were tested with an rRT-PCR assay that was developed from the publicly released virus sequence. Similar to previous diagnostic assays for severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV), it has three nucleocapsid gene targets and a positive control target. A description of this assay[13] and sequence information for the rRT-PCR panel primers and probes[14] are available on the CDC Laboratory Information website for 2019-nCoV.[15]

GENETIC SEQUENCING

On January 7, 2020, Chinese researchers shared the full genetic sequence of 2019-nCoV through the National Institutes of Health GenBank database[16] and the Global Initiative on Sharing All Influenza Data (GISAID)[17] database; a report about the isolation of 2019-nCoV was later published.[18] Nucleic acid was extracted from rRT-PCR–positive specimens (oropharyngeal and nasopharyngeal) and used for whole-genome sequencing on both Sanger and next-generation sequencing platforms (Illumina and MinIon). Sequence assembly was completed with the use of Sequencher software, version 5.4.6 (Sanger); minimap software, version 2.17 (MinIon); and freebayes software, version 1.3.1 (MiSeq). Complete genomes were compared with the available 2019-nCoV reference sequence (GenBank accession number NC_045512.2).

Results

SPECIMEN TESTING FOR 2019-NCOV

Table 2.

Table 2. Results of Real-Time Reverse-Transcriptase–Polymerase-Chain-Reaction Testing for the 2019 Novel Coronavirus (2019-nCoV).*

Specimen	Illness Day 4	Illness Day 7	Illness Day 11	Illness Day 12
Nasopharyngeal swab	Positive (Ct, 18–20)	Positive (Ct, 23–24)	Positive (Ct, 33–34)	Positive (Ct, 37–40)
Oropharyngeal swab	Positive (Ct, 21–22)	Positive (Ct, 32–33)	Positive (Ct, 36–40)	Negative
Serum	Negative	Negative	Pending	Pending
Urine	NT	Negative	NT	NT
Stool	NT	Positive (Ct, 36–38)	NT	NT

* Lower cycle threshold (Ct) values indicate higher viral loads. NT denotes not tested.

Results of Real-Time Reverse-Transcriptase–Polymerase-Chain-Reaction Testing for the 2019 Novel Coronavirus (2019-nCoV).

The initial respiratory specimens (nasopharyngeal and oropharyngeal swabs) obtained from this patient on day 4 of his illness were positive for 2019-nCoV (Table 2). The low cycle threshold (Ct) values (18 to 20 in nasopharyngeal specimens and 21 to 22 in oropharyngeal specimens) on illness day 4 suggest high levels of virus in these specimens, despite the patient's initial mild symptom presentation. Both upper respiratory specimens obtained on illness day 7 remained positive for 2019-nCoV, including persistent high levels in a nasopharyngeal swab specimen (Ct values, 23 to 24). Stool obtained on illness day 7 was also positive for 2019-nCoV (Ct values, 36 to 38). Serum specimens for both collection dates were negative for 2019-nCoV. Nasopharyngeal and oropharyngeal specimens obtained on illness days 11 and 12 showed a trend toward decreasing levels of virus. The oropharyngeal specimen tested negative for 2019-nCoV on illness day 12. The rRT-PCR results for serum obtained on these dates are still pending.

GENETIC SEQUENCING

The full genome sequences from oropharyngeal and nasopharyngeal specimens were identical to one another and were nearly identical to other available 2019-nCoV sequences. There were only 3 nucleotides and 1 amino acid that differed at open reading frame 8 between this patient's virus and the 2019-nCoV reference sequence (NC_045512.2). The sequence is available through GenBank (accession number MN985325).[16]

Discussion

Our report of the first confirmed case of 2019-nCoV in the United States illustrates several aspects of this emerging outbreak that are not yet fully understood, including transmission dynamics and the full spectrum of clinical illness. Our case patient had traveled to Wuhan, China, but reported that he had not visited the wholesale seafood market or health care facilities or had any sick contacts during his stay in Wuhan. Although the source of his 2019-nCoV infection is unknown, evidence of person-to-person transmission has been published. Through January 30, 2020, no secondary cases of 2019-nCoV related to this case have been identified, but monitoring of close contacts continues.[19]

Detection of 2019-nCoV RNA in specimens from the upper respiratory tract with low Ct values on day 4 and day 7 of illness is suggestive of high viral loads and potential for transmissibility. It is notable that we also detected 2019-nCoV RNA in a stool specimen collected on day 7 of the

patient's illness. Although serum specimens from our case patient were repeatedly negative for 2019-nCoV, viral RNA has been detected in blood in severely ill patients in China.[4] However, extrapulmonary detection of viral RNA does not necessarily mean that infectious virus is present, and the clinical significance of the detection of viral RNA outside the respiratory tract is unknown at this time.

Currently, our understanding of the clinical spectrum of 2019-nCoV infection is very limited. Complications such as severe pneumonia, respiratory failure, acute respiratory distress syndrome (ARDS), and cardiac injury, including fatal outcomes, have been reported in China.[4,18,20] However, it is important to note that these cases were identified on the basis of their pneumonia diagnosis and thus may bias reporting toward more severe outcomes.

Our case patient initially presented with mild cough and low-grade intermittent fevers, without evidence of pneumonia on chest radiography on day 4 of his illness, before having progression to pneumonia by illness day 9. These nonspecific signs and symptoms of mild illness early in the clinical course of 2019-nCoV infection may be indistinguishable clinically from many other common infectious diseases, particularly during the winter respiratory virus season. In addition, the timing of our case patient's progression to pneumonia on day 9 of illness is consistent with later onset of dyspnea (at a median of 8 days from onset) reported in a recent publication.[4] Although a decision to administer remdesivir for compassionate use was based on the case patient's worsening clinical status, randomized controlled trials are needed to determine the safety and efficacy of remdesivir and any other investigational agents for treatment of patients with 2019-nCoV infection.

We report the clinical features of the first reported patient with 2019-nCoV infection in the United States. Key aspects of this case included the decision made by the patient to seek medical attention after reading public health warnings about the outbreak; recognition of the patient's recent travel history to Wuhan by local providers, with subsequent coordination among local, state, and federal public health officials; and identification of possible 2019-nCoV infection, which allowed for prompt isolation of the patient and subsequent laboratory confirmation of 2019-nCoV, as well as for admission of the patient for further evaluation and management. This case report highlights the importance of clinicians eliciting a recent history of travel or exposure to sick contacts in any patient presenting for medical care with acute illness symptoms, in order to ensure appropriate identification and prompt isolation of patients who may be at risk for 2019-nCoV infection and to help reduce further transmission. Finally, this report highlights the need to determine the full spectrum and natural history of clinical disease, pathogenesis, and duration of viral shedding associated with 2019-nCoV infection to inform clinical management and public health decision making.

Funding and Disclosures

Disclosure forms provided by the authors are available with the full text of this article at NEJM.org.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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A full list of the members of the Washington State 2019-nCoV Case Investigation Team is provided in the Supplementary Appendix, available at NEJM.org.

Supplementary Material

Supplementary Appendix	PDF	113KB

Disclosure Forms PDF 480KB

References (20)

1. World Health Organization. Pneumonia of unknown cause — China. 2020 (https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/).
Google Scholar

2. World Health Organization. Novel coronavirus — China. 2020 (https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/).
Google Scholar

3. Chan JF-W, Yuan S, Kok K-H, et al. A familial cluster of pneumonia associated with the 2019 novel coronavirus indicating person-to-person transmission: a study of a family cluster. Lancet 2020 January 24 (Epub ahead of print).
Crossref | Web of Science | Medline | Google Scholar

4. Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet 2020 January 24 (Epub ahead of print).
Crossref | Web of Science | Medline | Google Scholar

5. Centers for Disease Control and Prevention. 2019 Novel coronavirus, Wuhan, China: 2019-nCoV situation summary. January 28, 2020 (https://www.cdc.gov/coronavirus/2019-nCoV/summary.html).
Google Scholar

6. Phan LT, Nguyen TV, Luong QC, et al. Importation and human-to-human transmission of a novel coronavirus in Vietnam. N Engl J Med 2020;382:872-874.
Free Full Text | Web of Science | Medline | Google Scholar

7. Johns Hopkins University CSSE. Wuhan coronavirus (2019-nCoV) global cases (https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6).
Google Scholar

8. Centers for Disease Control and Prevention. Interim guidance for healthcare professionals: criteria to guide evaluation of patients under investigation (PUI) for 2019-nCoV. 2020 (https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html).
Google Scholar

9. Centers for Disease Control and Prevention. Infection control. 2019 Novel coronavirus, Wuhan, China. 2020 (https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html).
Google Scholar

10. Mulangu S, Dodd LE, Davey RT Jr, et al. A randomized, controlled trial of ebola virus disease therapeutics. N Engl J Med 2019;381:2293-2303.
Free Full Text | Web of Science | Medline | Google Scholar

11. Sheahan TP, Sims AC, Leist SR, et al. Comparative therapeutic efficacy of remdesivir and combination lopinavir, ritonavir, and interferon beta against MERS-CoV. Nat Commun 2020;11:222-222.
Crossref | Medline | Google Scholar

12. Centers for Disease Control and Prevention. Interim guidelines for collecting, handling, and testing clinical specimens from patients under investigation (PUIs) for 2019 novel coronavirus (2019-nCoV). 2020 (https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html).
Google Scholar

13. Centers for Disease Control and Prevention, Respiratory Viruses Branch, Division of Viral Diseases. Real-time RT-PCR panel for detection 2019-novel coronavirus. 2020 (https://www.cdc.gov/coronavirus/2019-ncov/downloads/rt-pcr-panel-for-detection-instructions.pdf).
Google Scholar

14. Centers for Disease Control and Prevention, Respiratory Viruses Branch, Division of Viral Diseases. 2019-novel coronavirus (2019-nCoV) real-time rRT-PCR panel primers and probes. 2020 (https://www.cdc.gov/coronavirus/2019-ncov/downloads/rt-pcr-panel-primer-probes.pdf).
Google Scholar

15. Centers for Disease Control and Prevention. Information for laboratories. 2019 novel coronavirus, Wuhan, China. 2020 (https://www.cdc.gov/coronavirus/2019-nCoV/guidance-laboratories.html).

Google Scholar

16. National Institutes of Health. GenBank overview (https://www.ncbi.nlm.nih.gov/genbank/).
Google Scholar

17. GISAID (Global Initiative on Sharing All Influenza Data) home page (https://www.gisaid.org/).
Google Scholar

18. Zhu N, Zhang D, Wang W, et al. A novel coronavirus from patients with pneumonia in China, 2019. N Engl J Med 2020;382:727-733.
Free Full Text Web of Science Medline Google Scholar

19. Washington State Department of Health. Novel coronavirus outbreak 2020 (https://www.doh.wa.gov/Emergencies/Coronavirus).
Google Scholar

20. Chen N, Zhou M, Dong X Jr, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. Lancet 2020 January 30 (Epub ahead of print).
Crossref Web of Science Google Scholar

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Citing Articles (569)

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EXHIBIT B

WORLD | ASIA | CHINA

New Virus Discovered by Chinese Scientists Investigating Pneumonia Outbreak

Latest tally of people sickened in Wuhan is 59, with seven in critical condition

By Natasha Khan
Updated Jan. 8, 2020 8:30 pm ET

HONG KONG—Chinese scientists investigating a mystery illness that has sickened dozens in central China have discovered a new strain of coronavirus, a development that will test the country's upgraded capabilities for dealing with unfamiliar infectious diseases.

The novel coronavirus was genetically sequenced from a sample from one patient and subsequently found in some of the others affected in the city of Wuhan, people familiar with the findings said. Chinese authorities haven't concluded that the strain is the

EXHIBIT C

Row well and live

June 8, 2016 this was my day.
Hat Tip: Bryan P. Sears

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Kevin E Dayhoff, Westminster Mayor, 2001-2005 and Caroline Babylon: "There are 2 types of knowledge

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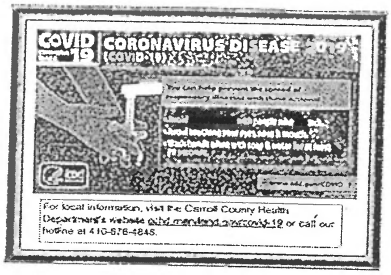
CDC confirms first human-to-human transmission of coronavirus in US



HEALTH AND SCIENCE CDC confirms first human-to-human transmission of coronavirus in US

PUBLISHED THU, JAN 30 202012:37 PM EST

UPDATED FRI, JAN 31 20201:43 AM EST Berkeley Lovelace Jr.@BERKELEYJR William Feuer@WILLFOIA

KEY POINTS: The CDC confirmed Thursday the nation's first person-to-person transmission of the coronavirus that has already killed at least 171 people in China.

The transmission makes the U.S. at least the fifth country where the infection is now spreading through human-to-human contact.

First US case of human-to-human coronavirus transmission: CDC

U.S. health officials confirmed on Thursday the nation's first person-to-person transmission of the coronavirus that has already killed at least 171 people in China and infected more than 8,200 since emerging less than a month ago.

The new patient is the husband of the Chicago woman who brought the infection back from Wuhan, China, the epicenter of the outbreak, CDC and Illinois health officials said during a press briefing. Health officials said the man, in his 60s, has "some underlying medical conditions" but was in good condition. His wife was doing well but remained in isolation at a local hospital, they said.

Public health officials are also monitoring 21 patients in Illinois for possible infections.

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EXHIBIT D

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

Frequently Asked Questions

Updated May 24, 2020

Other Frequently Asked Questions and Answers About:

- Travel
- Water Transmission
- Healthcare Professionals
- Healthcare Infection
- Laboratory Viral Panels
- Laboratory Biosafety
- General Business
- Personal Protective Equipment
- K-12 Schools and Child Care Program Administrators
- Community events: for administrators and individuals
- Retirement Communities and Independent Living Facilities
- Correctional and Detention Facilities
- Event Organizers & Individuals
- Cloth Face Coverings

Help control the spread of rumors and be aware of fraud schemes.

- Coronavirus Rumor Control (FEMA)
- COVID-19 Fraud Alert (Office of the Inspector General)

Coronavirus Disease 2019 Basics

What is a novel coronavirus?

A novel coronavirus is a new coronavirus that has not been previously identified. The virus causing coronavirus disease 2019 (COVID-19), is not the same as the coronaviruses that commonly circulate among humans and cause mild illness, like the common cold.

A diagnosis with coronavirus 229E, NL63, OC43, or HKU1 is not the same as a COVID-19 diagnosis. Patients with COVID-19 will be evaluated and cared for differently than patients with common coronavirus diagnosis.

Why is the disease being called coronavirus disease 2019, COVID-19?

On February 11, 2020 the World Health Organization announced an official name for the disease that is causing the 2019 novel coronavirus outbreak, first identified in Wuhan China. The new name of this disease is coronavirus disease 2019, abbreviated as COVID-19. In COVID-19, 'CO' stands for 'corona,' 'VI' for 'virus,' and 'D' for disease. Formerly, this disease was referred to as "2019 novel coronavirus" or "2019-nCoV".

There are many types of human coronaviruses including some that commonly cause mild upper-respiratory tract illnesses. COVID-19 is a new disease, caused be a novel (or new) coronavirus that has not previously been seen in humans. The name of this disease was selected following the World Health Organization (WHO) best practice for naming of new human infectious diseases.

Why might someone blame or avoid individuals and groups (create stigma) because of COVID-19?

People in the U.S. may be worried or anxious about friends and relatives who are living in or visiting areas where COVID-19 is spreading. Some people are worried about getting the disease from these people. Fear and anxiety can lead to social stigma, for example, toward people who live in certain parts of the world, people who have traveled internationally, people who were in quarantine, or healthcare professionals.

Stigma is discrimination against an identifiable group of people, a place, or a nation. Stigma is associated with a lack of knowledge about how COVID-19 spreads, a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths.

Stigma hurts everyone by creating more fear or anger toward ordinary people instead of focusing on the disease that is causing the problem.

How can people help stop stigma related to COVID-19?

People can fight stigma by providing social support in situations where you notice this is occurring. Stigma affects the emotional or mental health of stigmatized groups and the communities they live in. Stopping stigma is important to making communities and community members resilient. See resources on mental health and coping during COVID-19. Everyone can help stop stigma related to COVID-19 by knowing the facts and sharing them with others in your community.

Why do some state's COVID-19 case numbers sometimes differ from what is posted on CDC's website?

CDC's overall case numbers are validated through a confirmation process with jurisdictions. The process used for finding and confirming cases displayed by different places may differ.

How do CDC's COVID-19 case numbers compare with those provided by the World Health Organization (WHO) or Johns Hopkins?

CDC's COVID-19 case numbers include many publicly reported numbers, including information from state, local, territorial, international and external partners.

Why do the number of cases for previous days increase?

Delays in reporting can cause the number of COVID-19 cases reported on previous days to increase. (Sometimes this effect is described as "backfill.") State, local, and territorial health departments report the number of cases that have been confirmed and share these data with CDC. Since it takes time to conduct laboratory testing, cases from a previous day may be added to the daily counts a few days late.

COVID-19 and Hypertension

Are people with high blood pressure (hypertension) at higher risk from COVID-19?

At this time, we do not think that people with high blood pressure and no other underlying health conditions are more likely than others to get severely ill from COVID-19. Although many people who have gotten severely ill from COVID-19 have high blood pressure, they are often older or have other medical conditions like obesity, diabetes, and serious heart conditions that place them at higher risk of severe illness from COVID-19.

If you have high blood pressure, it's critically important that you keep your blood pressure under control to lower your risk for heart disease and strokes. Take your blood pressure medications as directed, keep a log of your blood pressure every day if you are able to take your blood pressure at home, and work with your healthcare team to make sure your blood pressure is well controlled. Any changes to your medications should be made in consultation with your healthcare team.

Should I continue to take my blood pressure medication?

Yes. Continue to take your blood pressure medications exactly as prescribed and make lifestyle modifications agreed upon in your treatment plan. Continue all your regular medications, including angiotensin-converting enzyme inhibitors (ACE-Is) or angiotensin receptor blockers (ARBs), as prescribed by your healthcare team. This is recommended by current clinical guidelines from the American Heart Association, the Heart Failure Society of America, and the American College of Cardiology

How COVID-19 Spreads

What is the source of the virus?

COVID-19 is caused by a coronavirus called SARS-CoV-2. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people. This occurred with MERS-CoV and SARS-CoV, and now with the virus that causes COVID-19. The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recent emergence of this virus from an animal reservoir. However, the exact source of this virus is unknown.

More information about the source and spread of COVID-19 is available on the Situation Summary: Source and Spread of the Virus.

How does the virus spread?

The virus that causes COVID-19 is thought to spread mainly from person to person, mainly through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Spread is more likely when people are in close contact with one another (within about 6 feet).

COVID-19 seems to be spreading easily and sustainably in the community ("community spread") in many affected geographic areas. Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

Learn what is known about the spread of newly emerged coronaviruses.

Why are we seeing a rise in cases?

The number of cases of COVID-19 being reported in the United States is rising due to increased laboratory testing and reporting across the country. The growing number of cases in part reflects the rapid spread of COVID-19 as many U.S. states and territories experience community spread. More detailed and accurate data will allow us to better understand and track the size and scope of the outbreak and strengthen prevention and response efforts.

Can someone who has had COVID-19 spread the illness to others?

The virus that causes COVID-19 is spreading from person-to-person. People are thought to be most contagious when they are symptomatic (the sickest). That is why CDC recommends that these patients be isolated either in the hospital or at home (depending on how sick they are) until they are better and no longer pose a risk of infecting others. More recently the virus has also been detected in asymptomatic persons.

How long someone is actively sick can vary so the decision on when to release someone from isolation is made using a test-based or non-test-based strategy (i.e. time since illness started and time since recovery) in consultation with state and local public health officials. The decision involves considering the specifics of each situation, including disease severity, illness signs and symptoms, and the results of laboratory testing for that patient.

Learn more about CDC's guidance on when to release someone from isolation and discharge hospitalized patients with COVID-19. For information on when someone who has been sick with COVID-19 is able to stop home isolation see Interim Guidance for Discontinuation of In-Home Isolation for Patients with COVID-19.

Someone who has been released from isolation is not considered to pose a risk of infection to others.

Can someone who has been quarantined for COVID-19 spread the illness to others?

Quarantine means separating a person or group of people who have been exposed to a contagious disease but have not developed illness (symptoms) from others who have not been exposed, in order to prevent the possible spread of that disease. Quarantine is usually established for the incubation period of the communicable disease, which is the span of time during which people have developed illness after exposure. For COVID-19, the period of quarantine is 14 days from the last date of exposure because the incubation period for this virus is 2 to 14 days. Someone who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to others because they have not developed illness during the incubation period.

Can the virus that causes COVID-19 be spread through food, including restaurant take out, refrigerated or frozen packaged food?

Coronaviruses are generally thought to be spread from person to person through respiratory droplets. Currently, there is no evidence to support transmission of COVID-19 associated with food. Before preparing or eating food it is important to always wash your hands with soap and water for at least 20 seconds for general food safety. Throughout the day use a tissue to cover your coughing or sneezing, and wash your hands after blowing your nose, coughing or sneezing, or going to the bathroom.

It may be possible that a person can get COVID-19 by touching a surface or object, like a packaging container, that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging.

Learn what is known about the spread of COVID-19.

Can I get sick with COVID-19 if it is on food?

Based on information about this novel coronavirus thus far, it seems unlikely that COVID-19 can be transmitted through food – additional investigation is needed.

Will warm weather stop the outbreak of COVID-19?

It is not yet known whether weather and temperature affect the spread of COVID-19. Some other viruses, like those that cause the common cold and flu, spread more during cold weather months but that does not mean it is impossible to become sick with these viruses during other months. There is much more to learn about the transmissibility, severity, and other features associated with COVID-19 and investigations are ongoing.

What is community spread?

Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

What temperature kills the virus that causes COVID-19?

Generally coronaviruses survive for shorter periods at higher temperatures and higher humidity than in cooler or dryer environments. However, we don't have direct data for this virus, nor do we have direct data for a temperature-based cutoff for inactivation at this point. The necessary temperature would also be based on the materials of the surface, the environment, etc. Regardless of temperature please follow CDC's guidance for cleaning and disinfection.

Can mosquitoes or ticks spread the virus that causes COVID-19?

At this time, CDC has no data to suggest that this new coronavirus or other similar coronaviruses are spread by mosquitoes or ticks. The main way that COVID-19 spreads is from person to person. See How Coronavirus Spreads for more information.

How to Protect Yourself

Am I at risk for COVID-19 in the United States?

This is a rapidly evolving situation and the risk assessment may change daily. The latest updates are available on CDC's Coronavirus Disease 2019 (COVID-19) website.

How many cases have been reported in the United States?

COVID-19 case counts for the United States are updated regularly online. See the current U.S. case count of COVID-19.

How can I help protect myself?

Visit the COVID-19 Prevention and Treatment page to learn about how to protect yourself from respiratory illnesses, like COVID-19.

What should I do if I have had close contact with someone who has COVID-19?

There is information for people who have had close contact with a person confirmed to have, or being evaluated for, COVID-19 available online.

Does CDC recommend the use of facemask or face coverings to prevent COVID-19?

In light of data about how COVID-19 spreads, along with evidence of widespread COVID-19 illness in communities across the country, CDC recommends that people wear a cloth face covering to cover their nose and mouth in the community setting. This is an additional public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand cleaning and other everyday preventive actions. A cloth face covering is not intended to protect the wearer, but may prevent the spread of virus from the wearer to others. This would be especially important in the event that someone is infected but does not have symptoms. A cloth face covering should be worn whenever people must go into public settings (grocery stores, for example). Medical masks and N-95 respirators are reserved for healthcare workers and other first responders, as recommended by current CDC guidance.

Is it safe to get care for my other medical conditions during this time?

- **It is important to continue taking care of your health and wellness.** If you have a chronic health problem, you may be at higher risk for severe illness from COVID-19. Below are some things you can to do to take care of your health during this time.
- **Continue your medications,** and do not change your treatment plan without talking to your healthcare provider.
- **Continue to manage your disease** the way your healthcare provider has told you.
- **Have at least a 2-week supply** of all prescription and non-prescription medications. Talk to your healthcare provider, insurer, and pharmacist about getting an extra supply of prescription medications, if possible, to reduce trips to the pharmacy.
- **Talk to your healthcare provider about whether your vaccinations are up-to-date.** People aged 65 years or older, and those with some underlying medical conditions, are recommended to receive vaccinations against influenza and pneumococcal disease as soon as your provider tells you that can.
- **Call your healthcare provider**
  - **if you have any concerns** about your medical conditions, or if you get sick.
  - **to find out about different ways you can connect with your healthcare provider for chronic disease** management or other conditions. Ask about phone calls, video appointments, use of the patient portal, emails and mailings. Learn more about telehealth here .
- **Do not delay getting emergency care for your health problems or *any* health condition that requires immediate attention.**
  - If you need emergency help, call 911.
  - Emergency departments have infection prevention plans to protect you from getting COVID-19 if you need care for your medical condition.
- **Continue** to practice everyday prevention: wash your hands often, keep space between yourself and others, cover your mouth and nose with a cloth face cover when around other people, cover coughs and sneezes, and clean and disinfect frequently touched surfaces often.

Am I at risk for COVID-19 from mail, packages, or products?

There is still a lot that is unknown about COVID-19 and how it spreads. Coronaviruses are thought to be spread most often by respiratory droplets. Although the virus can survive for a short period on some surfaces, it is unlikely to be spread from domestic or international mail, products or packaging. However, it may be possible that people can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Learn more about safe handling of deliveries and mail.

Is it okay for me to donate blood?

In healthcare settings across the United States, donated blood is a lifesaving, essential part of caring for patients. The need for donated blood is constant, and blood centers are open and in urgent need of donations. CDC encourages people who are well to continue to donate blood if they are able, even if they are practicing social distancing because of COVID-19. CDC is supporting blood centers by providing recommendations that will keep donors and staff safe. Examples of these recommendations include spacing donor chairs 6 feet apart, thoroughly adhering to environmental cleaning practices, and encouraging donors to make donation appointments ahead of time.

Should contact lens wearers take special precautions to prevent COVID-19?

- Currently there is no evidence to suggest contact lens wearers are more at risk for acquiring COVID-19 than eyeglass wearers.
- Contact lens wearers should continue to practice safe contact lens wear and care hygiene habits to help prevent against transmission of any contact lens-related infections, such as always washing hands with soap and water before handling lenses.
- People who are healthy can continue to wear and care for their contact lenses as prescribed by their eye care professional.

Find more information about how coronavirus spreads and how to protect yourself.

Visit CDC's contact lens website for more information on healthy contact lens wear and care.

Is contact lens disinfecting solution effective against COVID-19?

- Hydrogen peroxide-based systems for cleaning, disinfecting, and storing contact lenses should be effective against the virus that causes COVID-19.
    - For other disinfection methods, such as multipurpose solution and ultrasonic cleaners, there is currently not enough scientific evidence to determine efficacy against the virus.
- Always use solution to disinfect your contact lenses and case to kill germs that may be present.
- Handle your lenses over a surface that has been cleaned and disinfected.

Find more information about how coronavirus spreads and how to protect yourself.

Visit CDC's contact lens website for more information on healthy contact lens wear and care.

COVID-19 and Children

What is the risk of my child becoming sick with COVID-19?

Based on available evidence, children do not appear to be at higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date. You can learn more about who is at higher risk for severe illness from COVID-19 at People who are at higher risk for severe illness.

How can I protect my child from COVID-19 infection?

You can encourage your child to help stop the spread of COVID-19 by teaching them to do the same things everyone should do to stay healthy.

- Avoid close contact with people who are sick.
- Stay home when you are sick, except to get medical care.
- Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Clean and disinfect frequently touched surfaces and objects (e.g., tables, countertops, light switches, doorknobs, and cabinet handles).
- Launder items, including washable plush toys, as appropriate and in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.

You can find additional information on preventing COVID-19 at Prevention for 2019 Novel Coronavirus and at Preventing COVID-19 Spread in Communities. Additional information on how COVID-19 is spread is available at How COVID-19 Spreads.

More information on Children and Coronavirus Disease 2019 (COVID-19) is available online.

Are the symptoms of COVID-19 different in children than in adults?

No. The symptoms of COVID-19 are similar in children and adults. However, children with confirmed COVID-19 have generally presented with mild symptoms. Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Vomiting and diarrhea have also been reported. It's not known yet whether some children may be at higher risk for severe illness, for example, children with underlying medical conditions and special healthcare needs. There is much more to be learned about how the disease impacts children.

Should children wear masks?

CDC recommends that everyone 2 years and older wear a cloth face covering that covers their nose and mouth when they are out in the community. Cloth face coverings should NOT be put on babies or children younger than 2 because of the danger of suffocation. Children younger than 2 years of age are listed as an exception as well as anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the face covering without assistance.

Wearing cloth face coverings is a public health measure people should take to reduce the spread of COVID-19 in addition to (not instead of) social distancing, frequent hand cleaning ,and other everyday preventive actions. A cloth face covering is not intended to protect the wearer but may prevent the spread of virus from the wearer to others.

This would be especially important if someone is infected but does not have symptoms. Medical face masks and N95 respirators are still reserved for healthcare personnel and other first responders, as recommended by current CDC guidance.

How do I prepare my children in case of COVID-19 outbreak in our community?

Outbreaks can be stressful for adults and children. Talk with your children about the outbreak, try to stay calm, and reassure them that they are safe. If appropriate, explain to them that most illness from COVID-19 seems to be mild. Children respond differently to stressful situations than adults. CDC offers resources to help talk with children about COVID-19.

What steps should parents take to protect children during a community outbreak?

This is a new virus and we are still learning about it, but so far, there does not seem to be a lot of illness in children. Most illness, including serious illness, is happening in adults of working age and older adults. However, children do get the virus and become ill. Many schools across the country have announced dismissals for temporary periods. Keep track of school dismissals in your community. Read or watch local media sources that report school dismissals. If schools are dismissed temporarily, use alternative childcare arrangements, if needed.

If your child/children become sick with COVID-19, notify their childcare facility or school. Talk with teachers about classroom assignments and activities they can do from home to keep up with their schoolwork.

Discourage children and teens from gathering in other public places while school is dismissed to help slow the spread of COVID-19 in the community.

What is multisystem inflammatory syndrome in children (MIS-C) and who is at risk?

CDC is working with state and local health departments to investigate reports of multisystem inflammatory syndrome in children (MIS-C) associated with COVID-19 and gather more information as quickly as possible about how common it is and who is at risk. As new information becomes available, we will continue to provide information for parents and caregivers as well as healthcare and public health professionals. MIS-C has been described as inflammation (swelling) across multiple body systems, potentially including the heart, lungs, kidneys, brain, skin, eyes, and gastrointestinal organs. Signs and symptoms of MIS-C include fever and various symptoms such as abdominal pain, vomiting, diarrhea, neck pain, rash, and feeling tired.

If your child has any of these symptoms, other symptoms of COVID-19, or other concerning signs, **contact your pediatrician**. If your child is showing any emergency warning signs including trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, bluish lips or face, severe abdominal pain, or other concerning signs, **seek emergency care right away**.

School Dismissals and Children

While school's out, can my child hang out with their friends?

- The key to slowing the spread of COVID-19 is to practice social distancing. While school is out, children should not have in-person playdates with children from other households. If children are playing outside their own homes, it is essential that they remain 6 feet from anyone who is not in their own household.
- To help children maintain social connections while social distancing, help your children have supervised phone calls or video chats with their friends.
- Make sure children practice everyday preventive behaviors, such as washing their hands often with soap and water. Remember, if children meet outside of school in groups, it can put everyone at risk.
  - Revise spring break plans if they included non-essential travel.
- Information about COVID-19 in children is somewhat limited, but current data suggest children with COVID-19 may have only mild symptoms. However, they can still pass this virus onto others who may be at higher risk, including older adults and people who have serious underlying medical conditions.

While school's out, how can I help my child continue learning?

- Stay in touch with your child's school.
  - Many schools are offering lessons online (virtual learning). Review assignments from the school, and help your child establish a reasonable pace for completing the work. You may need to assist your child with turning on devices, reading instructions, and typing answers.
  - Communicate challenges to your school. If you face technology or connectivity issues, or if your child is having a hard time completing assignments, let the school know.
- Create a schedule and routine for learning at home, but remain flexible.
  - Have consistent bedtimes, and get up at the same time, Monday through Friday.
  - Structure the day for learning, free time, healthy meals and snacks, and physical activity.
  - Allow flexibility in the schedule—it's okay to adapt based on your day.
- Consider the needs and adjustment required for your child's age group.
  - The transition to being at home will be different for preschoolers, K-5, middle school students, and high school students. Talk to your child about expectations and how they are adjusting to being at home versus at school.
  - Consider ways your child can stay connected with their friends without spending time in person.
- Look for ways to make learning fun.
  - Have hands-on activities, like puzzles, painting, drawing, and making things.
  - Independent play can also be used in place of structured learning. Encourage children to build a fort from sheets or practice counting by stacking blocks.
  - Practice handwriting and grammar by writing letters to family members. This is a great way to connect and limit face-to-face contact.
  - Start a journal with your child to document this time and discuss the shared experience.
  - Use audiobooks or see if your local library is hosting virtual or live-streamed reading events.

While school's out, will kids have access to meals?

Check with your school on plans to continue meal services during the school dismissal. Many schools are keeping school facilities open to allow families to pick up meals or are providing grab-and-go meals at a central location.

While school's out, how can I keep my family healthy?

- Watch your child for any signs of illness.
  - If you see any sign of illness consistent with symptoms of COVID-19, particularly fever, cough, or shortness of breath, call your healthcare provider and keep your child at home and away from others as much as possible. Follow CDC's guidance on "What to do if you are sick."
- Watch for signs of stress in your child.
  - Some common changes to watch for include excessive worry or sadness, unhealthy eating or sleeping habits, and difficulty with attention and concentration. For more information, see the "For Parents" section on CDC's website, Manage Anxiety and Stress.
  - Take time to talk with your child or teen about the COVID-19 outbreak. Answer questions and share facts about COVID-19 in a way that your child or teen can understand.
  - Go to CDC's Helping Children Cope with Emergencies or Talking with Children About COVID-19 for more information.
- Teach and reinforce everyday preventive actions.
  - Parents and caretakers play an important role in teaching children to wash their hands. Explain that hand washing can keep them healthy and stop the virus from spreading to others.
  - Be a good role model—if you wash your hands often, they're more likely to do the same.
  - Make handwashing a family activity.
- Help your child stay active.
  - Encourage your child to play outdoors—it's great for physical and mental health. Take a walk with your child or go on a bike ride.
  - Use indoor activity breaks (stretch breaks, dance breaks) throughout the day to help your child stay healthy and focused.
- Help your child stay socially connected.
  - Reach out to friends and family via phone or video chats.
  - Write cards or letters to family members they may not be able to visit.
  - Some schools and non-profits, such as the Collaborative for Academic, Social, and Emotional Learning and The Yale Center for Emotional Intelligence , have resources for social and emotional learning. Check to see if your school has tips and guidelines to help support social and emotional needs of your child.

While school's out, limit time with older adults, including relatives, and people with chronic medical conditions.

Older adults and people who have serious underlying medical conditions are at highest risk of getting sick from COVID-19.

- If others in your home are at particularly high risk for severe illness from COVID-19, consider extra precautions to separate your child from those people.
- If you are unable to stay home with your child during school dismissals, carefully consider who might be best positioned to provide childcare. If someone at higher risk for COVID-19 will be providing care (older adult, such as a grandparent or someone with a serious underlying medical condition), limit your children's contact with other people.
- Consider postponing visits or trip to see older family members and grandparents. Connect virtually or by writing letters and sending via mail.

Children and Youth with Special Healthcare Needs

Is my child with an underlying medical condition or special healthcare need at higher risk for severe illness from COVID-19?

Children with complex, chronic medical conditions, including children with physical, developmental, behavioral, or emotional differences, can have special healthcare needs. It's not known yet whether all of these children are at higher risk for severe illness from COVID-19.

Although most COVID-19 cases in children are not severe, serious illness that needs to be treated at the hospital still happens. Some data on children reported that the majority who needed hospitalization for COVID-19 had at least one underlying medical condition. The most common underlying conditions reported among children with COVID-19 include chronic lung disease (including asthma), heart disease, and conditions that weaken the immune system. This information suggests that children with these underlying medical conditions may be at risk for more severe illness from COVID-19.

More data are needed to learn which underlying or complex medical conditions may put children at increased risk. CDC is monitoring new information as it becomes available and will provide updates as needed.

Learn more about caring for children with special health care needs during a disaster and people who are at higher risk for severe illness from COVID-19.

What additional steps should families that have a child with an underlying medical condition or special health care need take?

In addition to following the recommendations to prevent getting sick and running essential errands, families should take extra steps recommended for persons with higher risk of severe COVID-19 illness and steps outlined for those with potential COVID-19 exposure or confirmed illness.

- Identify potential alternative caregivers, if you or other regular caregivers become sick and are unable to care for your child. If possible, these alternative caregivers would not be at higher risk of severe illness from COVID-19 themselves.
- Try to have at least one month of medication and medical supplies on hand. Some health plans allow for a 90-day supply of prescription medications. Consider discussing this option with your child's healthcare provider.
- Review any care plans for your child, such as an asthma action plan, and make sure caregivers and backup caregivers are familiar with these plans.
- If you do not have care plans or an emergency notebook, try to make them. They typically include important information about your child's medical conditions, how to manage those conditions, how to get in touch with your child's doctors, allergies, information on medications (names, dosages, and administration instructions), preferences (food and other) or special needs, daily routines and activities, friends, and details about routines that are important to support behavioral and emotional health.
- Learn if your child's healthcare providers, including doctors and therapists, have new ways to be contacted or new ways of providing appointments. If they offer telemedicine visits, find out how those are arranged and any additional information you need.
- If your child receives any support care services in the home that need to be continued, make plans for what you will do if those direct care providers get sick, or if persons in your household are sick.

- Discuss with the support care agencies and the providers ways to minimize risk for exposure to the virus that causes COVID-19.
  - If your child or other persons in your household are sick with COVID-19 and are able to recover at home, inform your direct care providers and consider postponing or rescheduling services until the criteria for discontinuing home isolation have been met.
  - Ask service providers if they are experiencing any symptoms of COVID-19, or if they have been in contact with someone who has COVID-19.
  - Tell the service provider to:
    - Wear a cloth face covering if they will be close (less than 6 feet) to you or persons in your household. Their cloth face covering helps protect you if they are infected but do not have symptoms.
    - Ask them to wash their hands with soap and water or, if unavailable, use hand sanitizer with at least 60% alcohol when they enter your home, before and after helping your child (dressing, bathing/showering, transferring, toileting and/or diapering, feeding), after handling tissues, and after changing linens or doing laundry. Learn more about proper handwashing.
  - Service providers and families should:
    - Routinely clean and disinfect frequently touched objects and surfaces (counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, bedside tables), and equipment such as wheelchairs, scooters, walkers, oxygen tanks and tubing, communication boards, and other assistive devices. Refer to CDC's recommendations for Cleaning and Disinfecting Your Home.

What can I do if my child has difficulties adjusting to new routines and following recommendations?

Helping children understand and follow recommendations, like social distancing and wearing cloth face coverings, can be challenging if your child has intellectual disabilities, sensory issues, or other special healthcare needs.

- Keeping children at home and sheltering in place can lower stress created by social distancing and cloth face covering recommendations. Reach out to others for help in running essential errands.
- Behavioral techniques can be used to address behavioral challenges and to develop new routines. These include social stories, video modeling, picture schedules, and visual cues. Try rewarding your child in small ways with his or her favorite non-food treat or activities to help switch routines and to follow recommendations.
- Many of the organizations you turn to for information and support around your child's complex, chronic medical condition may have information on their websites to help families address issues related to COVID-19.
- Your child's therapist(s) and/or teachers may also have resources to help successfully introduce new routines to your child.

Additional information on caring for children and on child development specific conditions are available.

How can my family cope with the added stress?

Supporting children with special healthcare needs can put additional demands and stress on families, especially during emergency situations. You have likely found ways to manage the stress and challenges unique to your family's situation. It is important to continue your family's coping methods, including reaching out to other family members, friends, support groups, and organizations that have been helpful in the past.

See information on ways to cope with stress (such as visiting parks, trails, or open spaces) and making your family stronger.

If you, or someone you care about, are feeling overwhelmed with emotions like sadness, depression, or anxiety, or feel like you want to harm yourself or others:

- Call 911
- Visit the Disaster Distress Helpline , call 1-800-985-5990, or text TalkWithUs to 66746
- Visit the National Domestic Violence Hotline or call 1-800-799-7233 and TTY 1-800-787-3224

What if my child or someone else in the home is sick with symptoms of COVID-19?

If your child with special healthcare needs becomes sick with symptoms of COVID-19, contact your child's healthcare provider. If your child has new or worsening emergency warning signs, such as trouble breathing, pain or pressure in the chest, confusion or inability to wake them up, or bluish lips or face, call 911. If you think your child may have COVID-19, notify the operator so that first responders may be appropriately prepared to protect themselves and others.

Notify your child's healthcare provider if someone else in your house becomes sick with COVID-19, so they can provide any advice specific for your child.

See additional information if someone in the home is sick with COVID-19 or suspected of having COVID-19.

What if my child's symptoms of their underlying medical condition or complex, chronic medical condition get worse?

- Call your child's healthcare provider if you have any concerns about your child's medical conditions. If you need emergency help, call 911.
- Emergency departments have infection prevention plans to protect you and your child from getting COVID-19 if your child needs care for medical conditions not related to COVID-19. Do not delay getting emergency care for your child's underlying condition or complex medical condition because you are afraid of getting exposed to COVID-19 when visiting the healthcare setting.

What if my child needs to go to the hospital?

If your child's healthcare provider tells you to go to the hospital for any health problem, including COVID-19:

- Ask the healthcare provider to let the hospital know you are coming and to share the important information the hospital will need to know to care for your child.
- Visiting policies may have changed due to COVID-19. If your child's hospital policy does not allow an adult to stay with a child, ask your child's healthcare provider for a statement explaining your child's need for a familiar adult to be present.
- Bring your care plans/emergency notebook with you along with paper and pen to write down questions you have during your time at the hospital.

Preparing Your Home and Family for COVID-19

How can my family and I prepare for COVID-19?

Create a household plan of action to help protect your health and the health of those you care about in the event of an outbreak of COVID-19 in your community:

- Talk with the people who need to be included in your plan, and discuss what to do if a COVID-19 outbreak occurs in your community.
- Plan ways to care for those who might be at greater risk for serious complications, particularly older adults and those with severe chronic medical conditions like heart, lung or kidney disease.
  - Make sure they have access to several weeks of medications and supplies in case you need to stay home for prolonged periods of time.
- Get to know your neighbors and find out if your neighborhood has a website or social media page to stay connected.
- Create a list of local organizations that you and your household can contact in the event you need access to information, healthcare services, support, and resources.
- Create an emergency contact list of family, friends, neighbors, carpool drivers, health care providers, teachers, employers, the local public health department, and other community resources.

What steps can my family take to reduce our risk of getting COVID-19?

Practice everyday preventive actions to help reduce your risk of getting sick and remind everyone in your home to do the same. These actions are especially important for older adults and people who have severe chronic medical conditions:

- Avoid close contact with people who are sick.
- Stay home when you are sick, except to get medical care.
- Cover your coughs and sneezes with a tissue and throw the tissue in the trash.
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Clean and disinfect frequently touched surfaces and objects (e.g., tables, countertops, light switches, doorknobs, and cabinet handles).
- Launder items, including washable plush toys, as appropriate and in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.

What should I do if someone in my house gets sick with COVID-19?

Most people who get COVID-19 will be able to recover at home. CDC has directions for people who are recovering at home and their caregivers, including:

- Stay home when you are sick, except to get medical care.

When to Seek Emergency Medical Attention

Look for **emergency warning signs*** for COVID-19. If someone is showing any of these signs, **seek emergency medical care immediately**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.

- Use a separate room and bathroom for sick household members (if possible).
- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Provide your sick household member with clean disposable facemasks to wear at home, if available, to help prevent spreading COVID-19 to others.
- Clean the sick room and bathroom, as needed, to avoid unnecessary contact with the sick person.
- Avoid sharing personal items like utensils, food, and drinks.

How can I prepare in case my child's school, child care facility, or university is dismissed?

Talk to the school or facility about their emergency operations plan. Understand the plan for continuing education and social services (such as student meal programs) during school dismissals. If your child attends a college or university, encourage them to learn about the school's plan for a COVID-19 outbreak.

How can I prepare for COVID-19 at work?

Plan for potential changes at your workplace. Talk to your employer about their emergency operations plan, including sick-leave policies and telework options. Learn how businesses and employers can plan for and respond to COVID-19.

Should I use soap and water or a hand sanitizer to protect against COVID-19?

Handwashing is one of the best ways to protect yourself and your family from getting sick. Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.

What cleaning products should I use to protect against COVID-19?

Clean and disinfect frequently touched surfaces such as tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection. To disinfect, most common EPA-registered household disinfectants will work. See CDC's recommendations for household cleaning and disinfection.

Should I make my own hand sanitizer if I can't find it in the stores?

CDC recommends handwashing with soap and water for at least 20 seconds or, using alcohol-based hand sanitizer with at least 60% alcohol when soap and water are not available. These actions are part of everyday preventive actions individuals can take to slow the spread of respiratory diseases like COVID-19.

- When washing hands, you can use plain soap or antibacterial soap. Plain soap is as effective as antibacterial soap at removing germs.
- If soap and water are not readily available, you can use an FDA-approved alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

CDC does not encourage the production and use of homemade hand sanitizer products because of concerns over the correct use of the ingredients and the need to work under sterile conditions to make the product. Local industries that are looking into producing hand sanitizer to fill in for commercial shortages can refer to the World Health Organization guidance . Organizations should revert to the use of commercially produced, FDA-approved product once such supplies again become available.

- To be effective against killing some types of germs, hand sanitizers need to have a strength of at least 60% alcohol and be used when hands are not visibly dirty or greasy.
- Do not rely on "Do It Yourself" or "DIY" recipes based solely on essential oils or formulated without correct compounding practices.
- Do not use hand sanitizer to disinfect frequently touched surfaces and objects. See CDC's information for cleaning and sanitizing your home.

See FAQs about hand hygiene for healthcare personnel responding to COVID-2019.

In Case of an Outbreak in Your Community

What should I do if there is an outbreak in my community?

During an outbreak, stay calm and put your preparedness plan to work. Follow the steps below:

Protect yourself and others.

- Stay home if you are sick. Keep away from people who are sick. Limit close contact with others as much as possible (about 6 feet).

Put your household plan into action.

- **Stay informed about the local COVID-19 situation.** Be aware of temporary school dismissals in your area, as this may affect your household's daily routine.
- **Continue practicing everyday preventive actions.** Cover coughs and sneezes with a tissue and wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that contains 60% alcohol. Clean frequently touched surfaces and objects daily using a regular household detergent and water.
- **Notify your workplace as soon as possible if your regular work schedule changes.** Ask to work from home or take leave if you or someone in your household gets sick with COVID-19 symptoms, or if your child's school is dismissed temporarily. Learn how businesses and employers can plan for and respond to COVID-19.
- **Stay in touch with others by phone or email.** If you have a chronic medical condition and live alone, ask family, friends, and health care providers to check on you during an outbreak. Stay in touch with family and friends, especially those at increased risk of developing severe illness, such as older adults and people with severe chronic medical conditions.

Will schools be dismissed if there is an outbreak in my community?

Depending on the situation, public health officials may recommend community actions to reduce exposures to COVID-19, such as school dismissals. Read or watch local media sources that report school dismissals or and watch for communication from your child's school. If schools are dismissed temporarily, discourage students and staff from gathering or socializing anywhere, like at a friend's house, a favorite restaurant, or the local shopping mall.

Should I go to work if there is an outbreak in my community?

Follow the advice of your local health officials. Stay home if you can. Talk to your employer to discuss working from home, taking leave if you or someone in your household gets sick with COVID-19 symptoms, or if your child's school is dismissed temporarily. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual in case of a community outbreak.

Will businesses and schools close or stay closed in my community and for how long? Will there be a "stay at home" or "shelter in place" order in my community?

CDC makes recommendations, shares information, and provides guidance to help slow down the spread of COVID-19 in the U.S. including guidance for schools and businesses. CDC regularly shares information and provides assistance to state, local, territorial, and tribal health authorities. These local authorities are responsible for making decisions including "stay at home" or "shelter in place." What is included in these orders and how they are implemented are also decided by local authorities. These decisions may also depend on many factors such as how the virus is spreading in a certain community.

Please contact your local health department to find out more.

Can CDC tell me or my employer when it is safe for me to go back to work/school after recovering from or being exposed to COVID-19?

CDC cannot address the policies of any business or organization. CDC shares recommendations based on the best available science to help people make decisions that improve their health and safety. Employers, schools, and organizations may decide to visibly screen for symptoms or perform on-site symptom checks.

If your employer, school, or organization requires you to present documentation regarding COVID-19 before returning to work or school (for example, proof of a negative COVID-19 lab test, if a test was performed, contact your healthcare provider to ask if he or she would be able to provide a form of documentation for you. Documentation of self-isolation and self-quarantine may not be possible.

CDC has guidance for when and how people with COVID-19 can discontinue home isolation: https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html.

CDC also has guidance for what people should do if they think they have been exposed or feel sick: https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html.

In all cases, **follow the guidance of your healthcare provider and local health department**. Local decisions depend on local circumstances.

Symptoms & Testing

What are the symptoms and complications that COVID-19 can cause?

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Children have similar symptoms to adults and generally have mild illness.

This list is not all inclusive. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

Read about COVID-19 Symptoms.

Is it possible to have the flu and COVID-19 at the same time?

Yes. It is possible to test positive for flu (as well as other respiratory infections) and COVID-19 at the same time.

Should I be tested for COVID-19?

Maybe; not everyone needs to be tested for COVID-19.

If you have symptoms of COVID-19 and want to get tested, call your healthcare provider first.

You can also visit your state or local health department's website to look for the latest local information on testing. See

Test for Past Infection for more information.

How can I get tested for COVID-19?

Two kinds of tests are available for COVID-19: viral tests and antibody tests. A viral test checks for a current infection. An antibody test checks for a previous infection.

If you think you need a viral test, call your healthcare provider or state or local health department and tell them about your symptoms and how you think you may have been exposed to the virus. Your healthcare provider can let you know if they offer viral tests at their office. Your state or local health department can provide local information on where testing is available. See Testing for Current Infection for more information.

If you want an antibody test, call your healthcare provider to see if they offer antibody tests and whether you should get one. You can also visit your state or local health department's website for local information on antibody testing.

Can someone test negative and later test positive on a viral test for COVID-19?

Yes, it is possible. You may test negative if the sample was collected early in your infection and test positive later during this illness. You could also be exposed to COVID-19 after the test and get infected then. Even if you test negative, you still should take steps to protect yourself and others. See Testing for Current Infection for more information.

What kind of tests are being used to diagnose COVID-19?

Viral tests are used to diagnose COVID-19. These tests tell you if you currently have an infection with the virus that causes COVID-19. There are many viral tests available. All of the viral tests identify the virus in respiratory samples, such as from swabs from the inside of your nose.

Some tests are conducted at the testing site you visit, and results are available to you within minutes. Other tests must be sent to a laboratory to analyze, a process that takes 1-2 days once the laboratory receives your samples. Two tests allow you to collect your sample at home – either a swab from the inside of your nose or a saliva sample – but you will still need to send the sample to a laboratory for processing.

Locations and types of testing sites vary depending on where you live (see question: Where can I get tested). Check with your testing site to learn which test it uses. You can find a patient information sheet about each test on FDA's website .

What is antibody testing? And can I be tested using this method?

Antibody testing checks a sample of a person's blood to look for antibodies to the virus that causes COVID-19. When someone gets COVID-19, their body usually makes antibodies. However, it typically takes one to three weeks to develop these antibodies. Some people may take even longer to develop antibodies, and some people may not develop antibodies. A positive result from this test may mean that person was previously infected with the virus. Talk to your healthcare provider about what your antibody test result means.

Antibody tests should **not** be used to diagnose COVID-19. To see if you are currently infected, you need a viral test. Viral tests identify the virus in respiratory samples, such as swabs from the inside of your nose.

We do not know yet if having antibodies to the virus that causes COVID-19 can protect someone from getting infected again or, if they do, how long this protection might last. Scientists are conducting research to answer those questions.

If I have recovered from COVID-19, will I be immune to it?

We do not know yet if people who recover from COVID-19 can get infected again. CDC and partners are investigating to determine if a person can get sick with COVID-19 more than once. Until we know more, continue to take steps to protect yourself and others.

Higher Risk

Who is at higher risk for serious illness from COVID-19?

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults** and **people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

Based on what we know now, those at high-risk for severe illness from COVID-19 are:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility

People of all ages with underlying medical conditions, particularly if not well controlled, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People who are immunocompromised
  - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] ≥40)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

What should people at higher risk of serious illness with COVID-19 do?

If you are at higher risk of getting very sick from COVID-19, you should:

- Stock up on supplies

- Take everyday precautions to keep space between yourself and others
- When you go out in public, keep away from others who are sick
- Limit close contact and wash your hands often
- Avoid crowds, cruise travel, and non-essential travel

If there is an outbreak in your community, stay home as much as possible. Watch for symptoms and emergency signs. If you get sick, stay home and call your doctor. More information on how to prepare, what to do if you get sick, and how communities and caregivers can support those at higher risk is available on People at Risk for Serious Illness from COVID-19.

How were the underlying conditions for people considered higher risk of serious illness with COVID-19 selected?

This list is based on:

- What we are learning from the outbreak in other countries and in the United States.
- What we know about risk from other respiratory infections, like flu.

As CDC gets more information about COVID-19 cases here in the United States, we will update this list as needed.

Are there any medications I should avoid taking if I have COVID-19?

Currently, there is no evidence to show that taking ibuprofen or naproxen can lead to a more severe infection of COVID-19.

People with high blood pressure should take their blood pressure medications, as directed, and work with their healthcare provider to make sure that their blood pressure is as well controlled as possible. Any changes to your medications should only be made by your healthcare provider.

What about underlying medical conditions that are not included on this list?

Based on available information, adults aged 65 years and older and people of any age with underlying medical conditions included on this list are at higher risk for severe illness and poorer outcomes from COVID-19. CDC is collecting and analyzing data regularly and will update the list when we learn more. People with underlying medical conditions not on the list might also be at higher risk and should consult with their healthcare provider if they are concerned.

We encourage all people, regardless of risk, to:

- Take steps to protect yourself and others.
- Call your healthcare provider if you are sick with a fever, cough, or shortness of breath.
- Follow CDC travel guidelines and the recommendations of your state and local health officials.

What does a well-controlled health condition mean?

Generally, well-controlled means that your condition is stable, not life-threatening, and laboratory assessments and other findings are as similar as possible to those without the health condition. You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

What does more severe illness mean?

Severity typically means how much impact the illness or condition has on your body's function. You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

Are people with disabilities at higher risk?

Most people with disabilities are not inherently at higher risk for becoming infected with or having severe illness from COVID-19. Some people with physical limitations or other disabilities might be at a higher risk of infection because of their underlying medical condition.

- People with certain disabilities might experience higher rates of chronic health conditions that put them at higher risk of serious illness and poorer outcomes from COVID-19. Adults with disabilities are three times more likely to have heart disease, stroke, diabetes, or cancer than adults without disabilities.

You should talk with your healthcare provider if you have a question about your health or how your health condition is being managed.

COVID-19 and Hypertension

Are people with high blood pressure (hypertension) at higher risk from COVID-19?

At this time, we do not think that people with high blood pressure and no other underlying health conditions are more likely than others to get severely ill from COVID-19. Although many people who have gotten severely ill from COVID-19 have high blood pressure, they are often older or have other medical conditions like obesity, diabetes, and serious heart conditions that place them at higher risk of severe illness from COVID-19.

If you have high blood pressure, it's critically important that you keep your blood pressure under control to lower your risk for heart disease and strokes. Take your blood pressure medications as directed, keep a log of your blood pressure every day if you are able to take your blood pressure at home, and work with your healthcare team to make sure your blood pressure is well controlled. Any changes to your medications should be made in consultation with your healthcare team.

Should I continue to take my blood pressure medication?

Yes. Continue to take your blood pressure medications exactly as prescribed and make lifestyle modifications agreed upon in your treatment plan. Continue all your regular medications, including angiotensin-converting enzyme inhibitors (ACE-Is) or angiotensin receptor blockers (ARBs), as prescribed by your healthcare team. This is recommended by current clinical guidelines from the American Heart Association, the Heart Failure Society of America, and the American College of Cardiology.

Healthcare Professionals and Health Departments

What should healthcare professionals and health departments do?

For recommendations and guidance on persons under investigation; infection control, including personal protective equipment guidance; home care and isolation; and case investigation, see Information for Healthcare Professionals. For information on specimen collection and shipment, see Information for Laboratories. For information for public health professional on COVID-19, see Information for Public Health Professionals.

See also: FAQs for Healthcare Professionals

COVID-19 and Funerals

Am I at risk if I go to a funeral or visitation service for someone who died of COVID-19?

There is currently no known risk associated with being in the same room at a funeral or visitation service with the body of someone who died of COVID-19.

Am I at risk if I touch someone who died of COVID-19 after they have passed away?

COVID-19 is a new disease and **we are still learning how it spreads.** The virus that causes COVID-19 is thought to mainly spread from close contact (i.e., within about 6 feet) with a person who is currently sick with COVID-19. The virus likely spreads primarily through respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory infections spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. This type of spread is not a concern after death.

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

People should consider not touching the body of someone who has died of COVID-19. Older people and people of all ages with severe underlying health conditions are at higher risk of developing serious COVID-19 illness. There may be less of a chance of the virus spreading from certain types of touching, such as holding the hand or hugging after the body has been prepared for viewing. Other activities, such as kissing, washing, and shrouding should be avoided before, during, and after the body has been prepared, if possible. If washing the body or shrouding are important religious or cultural practices, families are encouraged to work with their community's cultural and religious leaders and funeral home staff on how to reduce their exposure as much as possible. At a minimum, people conducting these activities should wear disposable gloves. If splashing of fluids is expected, additional personal protective equipment (PPE) may be required (such as disposable gown, faceshield or goggles and N-95 respirator).

Cleaning should be conducted in accordance with manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time). Products with EPA-approved emerging viral pathogens claims ↗ are expected to be effective against COVID-19 based on data for harder to kill viruses. After removal of PPE, perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available. Soap and water should be used if the hands are visibly soiled.

What do funeral home workers need to know about handling decedents who had COVID-19?

A funeral or visitation service can be held for a person who has died of COVID-19. Funeral home workers should follow their routine infection prevention and control precautions when handling a decedent who died of COVID-19. If it is necessary to transfer a body to a bag, follow Standard Precautions, including additional personal protective equipment (PPE) if splashing of fluids is expected. For transporting a body after the body has been bagged, disinfect the outside of the bag with a product with EPA-approved emerging viral pathogens claims expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). Wear disposable nitrile gloves when handling the body bag.

Embalming can be conducted. During embalming, follow Standard Precautions including the use of additional PPE if splashing is expected (e.g. disposable gown, faceshield or goggles and N95 respirator). Wear appropriate respiratory protection if any procedures will generate aerosols or if required for chemicals used in accordance with the manufacturer's label. Wear heavy-duty gloves over nitrile disposable gloves if there is a risk of cuts, puncture wounds, or other injuries that break the skin. Additional information on how to safely conduct aerosol-generating procedures is in the CDC's Postmortem Guidance. Cleaning should be conducted in accordance with manufacturer's instructions. Products with EPA-approved emerging viral pathogens claims are expected to be effective against COVID-19 based on data for harder to kill viruses. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time).

After cleaning and removal of PPE, perform hand hygiene by washing hands with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water is not available. Soap and water should be used if the hands are visibly soiled.

Decedents with COVID-19 can be buried or cremated, but check for any additional state and local requirements that may dictate the handling and disposition of the remains of individuals who have died of certain infectious diseases.

How can loved ones safely handle belongings of someone who died from COVID-19?

The belongings of someone who has died of suspected or confirmed COVID-19 outside their home (for example, in a hospital setting) may be returned to family members along with instructions for cleaning and disinfection. Depending on local rules and regulations, family members may retrieve these belongings at the funeral home or the healthcare facility.

Family members should use gloves and practice good hand hygiene when handling these items. Depending on the belongings received, family members should also follow the household item-specific cleaning and disinfection guidelines for personal items, such as electronics.

What should I do if my family member died from COVID-19 while overseas?

When a US citizen dies outside the United States, the deceased person's next of kin or legal representative should notify US consular officials at the Department of State. Consular personnel are available 24 hours a day, 7 days a week, to provide assistance to US citizens for overseas emergencies. If a family member, domestic partner, or legal representative is in a different country from the deceased person, he or she should call the Department of State's Office of Overseas Citizens Services in Washington, DC, from 8 am to 5 pm Eastern time, Monday through Friday, at 888-407-4747 (toll-free) or 202-501-4444. For emergency assistance after working hours or on weekends and holidays, call the Department of State switchboard at 202-647-4000 and ask to speak with the Overseas Citizens Services duty officer. In addition, the US embassy closest to or in the country where the US citizen died can provide assistance.

My family member died from COVID-19 while overseas. What are the requirements for returning the body to the United States?

CDC does not require an autopsy before the remains of a person who died overseas are returned to the United States. Depending on the circumstances surrounding the death, some countries may require an autopsy. Sources of support to the family include the local consulate or embassy, travel insurance provider, tour operator, faith-based and aid organizations, and the deceased's employer. There likely will need to be an official identification of the body and official documents issued by the consular office.

CDC requirements for importing human remains depend upon if the body has been embalmed, cremated, or if the person died from a quarantinable communicable disease.

At this time, COVID-19 is a quarantinable communicable disease in the United States and the remains must meet the standards for importation found in 42 Code of Federal Regulations Part 71.55 and may be cleared, released, and authorized for entry into the United States only under the following conditions:

- The remains are cremated; OR
- The remains are properly embalmed and placed in a hermetically sealed casket; OR
- The remains are accompanied by a permit issued by the CDC Director. The CDC permit (if applicable) must accompany the human remains at all times during shipment.
    - Permits for the importation of the remains of a person known or suspected to have died from a quarantinable communicable disease may be obtained through the CDC Division of Global Migration and Quarantine by calling the CDC Emergency Operations Center at 770-488-7100 or emailing dgmqpolicyoffice@cdc.gov.

Please see CDC's guidance for additional information.

What CDC is Doing

What is CDC doing about COVID-19?

CDC is working with other federal partners in a whole-of-government response. This is an emerging, rapidly evolving situation and CDC will continue to provide updated information as it becomes available. CDC works 24/7 to protect people's health. More information about CDC's response to COVID-19 is available online.

Cleaning and Disinfection

What is the difference between cleaning and disinfecting?

Cleaning with soap and water removes germs, dirt, and impurities from surfaces. It lowers the risk of spreading infection. *Disinfecting* kills germs on surfaces. By killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

Is it safe to vacuum in a school, business, or community facility after someone with suspected or confirmed COVID-19 has been present?

The risk of transmitting or spreading SARS-CoV-2, the virus that causes COVID-19, during vacuuming is unknown. At this time, there are no reported cases of COVID-19 associated with vacuuming. If vacuuming is necessary or required in a school, business, or community facility that was used by a person with suspected or confirmed COVID-19, first follow the CDC recommendations for Cleaning and Disinfection for Community Facilities that apply, which includes a wait time of 24 hours, or as long as practical.

After cleaning and disinfection, the following recommendations may help reduce the risk to workers and other individuals when vacuuming:

- Consider removing smaller rugs or carpets from the area completely, so there is less that needs to be vacuumed.
- Use a vacuum equipped with a high-efficiency particulate air (HEPA) filter, if available.
- Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
- Consider temporarily turning off room fans and the central HVAC system that services the room or space, so that particles that escape from vacuuming will not circulate throughout the facility.

What is routine cleaning? How frequently should facilities be cleaned to reduce the potential spread of COVID-19?

Routine cleaning is the everyday cleaning practices that businesses and communities normally use to maintain a healthy environment. Surfaces frequently touched by multiple people, such as door handles, bathroom surfaces, and handrails, should be cleaned with soap and water or another detergent at least daily when facilities are in use. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use. Cleaning *removes* dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs, but it reduces the number of germs on a surface.

Is cleaning alone effective against the virus that causes COVID-19?

Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection. If a surface may have gotten the virus on it from a person with or suspected to have COVID-19, the surface should be cleaned and disinfected. Disinfecting kills germs on surfaces.

Who should clean and disinfect community spaces?

Regular cleaning staff can clean and disinfect community spaces. Cleaning staff should be trained on appropriate use of cleaning and disinfection chemicals and provided with the personal protective equipment (PPE) required for the chemicals used.

How long do companies need to close for disinfection after an exposure? How long before other workers can come back to work?

Companies do not necessarily need to close after a person with confirmed or suspected COVID-19 has been in a company facility. The area(s) used or visited by the ill person should be closed for 24 hours or as long as possible. Open outside doors and windows as much as possible ensuring that doing so does not pose a safety risk to children using the facility (i.e. make sure that children are not able to enter the closed off area through any windows or doors). and use ventilating fans to increase air circulation in the area. Once the area has been appropriately disinfected, it can be opened for use. Workers without close contact with the person with confirmed or suspected COVID-19 can return to work immediately after disinfection is completed.

How effective are alternative disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light?

The efficacy of these disinfection methods against the virus that causes COVID-19 is not known. EPA only recommends use of the surface disinfectants identified on List N against the virus that causes COVID-19. EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of COVID-19.

Should outdoor playgrounds, like those at schools or in parks, be cleaned and disinfected to prevent COVID-19?

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on outdoor playgrounds is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas. If practical, high touch surfaces made of plastic or metal, such as grab bars and railings, should be cleaned routinely. Cleaning and disinfection of wooden surfaces (e.g., play structures, benches, tables) or groundcovers (e.g., mulch, sand) is not recommended.

Can sanitizing tunnels be used at building entrances or exits to prevent the spread of COVID-19?

CDC does not recommend the use of sanitizing tunnels. There is no evidence that they are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or damage.

Should sidewalks and roads be disinfected to prevent COVID-19?

CDC does not recommend disinfection of sidewalks or roads. Spraying disinfectant on sidewalks and roads is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. The risk of spreading the virus that causes COVID-19 from these surfaces is very low and disinfection is not effective on these surfaces.

COVID-19 and Animals

Can I get COVID-19 from my pets or other animals?

At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. A small number of pets have been reported to be infected with the virus that causes COVID-19, mostly after contact with people with COVID-19.

Pets have other types of coronaviruses that can make them sick, like canine and feline coronaviruses. These other coronaviruses cannot infect people and are not related to the current COVID-19 outbreak.

However, since animals can spread other diseases to people, it's always a good idea to practice healthy habits around pets and other animals, such as washing your hands and maintaining good hygiene. For more information on the many benefits of pet ownership, as well as staying safe and healthy around animals including pets, livestock, and wildlife, visit CDC's Healthy Pets, Healthy People website.

Do I need to get my pet tested for COVID-19?

No. At this time, routine testing of animals for COVID-19 is not recommended.

Can animals carry the virus that causes COVID-19 on their skin or fur?

Although we know certain bacteria and fungi can be carried on fur and hair, there is no evidence that viruses, including the virus that causes COVID-19, can spread to people from the skin, fur, or hair of pets.

However, because animals can sometimes carry other germs that can make people sick, it's always a good idea to practice healthy habits around pets and other animals, including washing hands before and after interacting with them.

Should I avoid contact with pets or other animals if I am sick with COVID-19?

We are still learning about this virus, but it appears that it can spread from people to animals in some situations. Until we learn more about this new coronavirus, you should restrict contact with pets and other animals while you are sick with COVID-19, just like you would with people. When possible, have another member of your household care for your animals while you are sick. If you are sick with COVID-19, avoid contact with your pet, including

- Petting
- Snuggling
- Being kissed or licked
- Sharing food or bedding

If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with pets and wear a cloth face covering.

What animals can get COVID-19?

We don't know for sure which animals can be infected with the virus that causes COVID-19. CDC is aware of a small number of pets, including dogs and cats, reported to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19. A tiger at a zoo in New York has also tested positive for the virus.

Recent research shows that ferrets, cats, and golden Syrian hamsters can be experimentally infected with the virus and can spread the infection to other animals of the same species in laboratory settings. Pigs, chickens, and ducks did not become infected or spread the infection based on results from these studies. Data from one study suggested dogs are not as likely to become infected with the virus as cats and ferrets. These findings were based on a small number of animals, and do not show whether animals can spread infection to people.

At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. Further studies are needed to understand if and how different animals could be affected by the virus that causes COVID-19 and the role animals may play in the spread of COVID-19.

Should I worry about my pet cat?

We are still learning about this virus and how it spreads, but it appears it can spread from humans to animals in some situations. CDC is aware of a small number of pets, including cats, reported to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19. Most of these animals had contact with a person with COVID-19. A tiger at a New York zoo has also tested positive for the virus that causes COVID-19.

At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited data available, the risk of animals spreading COVID-19 to people is considered to be low. The virus that causes COVID-19 spreads mainly from person to person, typically through respiratory droplets from coughing, sneezing, or talking.

People sick with COVID-19 should isolate themselves from other people and animals, including pets, during their illness until we know more about how this virus affects animals. If you must care for your pet or be around animals while you are sick, wear a cloth face covering and wash your hands before and after you interact with pets.

Can I walk my dog?

Walking a dog is important for both animal and human health and well-being. Walk dogs on a leash, maintaining at least 6 feet (2 meters) from other people and animals, do not gather in groups, and stay out of crowded places and avoid mass gatherings. Do not go to dog parks or public places where a large number of people and dogs gather. To help maintain social distancing, do not let other people pet your dog when you are out for a walk.

Can I take my dog to daycare or a groomer?

Until we know more about how this virus affects animals, CDC encourages pet owners to treat pets as you would other human family members to protect them from possible infection. This means limiting contact between pets and people or animals outside the household as much as possible and avoiding places where large numbers of animals and people gather.

Some areas are allowing groomers and boarding facilities such as dog daycares to open. If you must take your pet to a groomer or boarding facility, follow any protocols put into place at the facility, such as wearing a cloth face covering and maintaining at least 6 feet of space between yourself and others if possible.

Limit pet items brought from home to the groomer or boarding facility, and disinfect any objects that are taken into a facility and returned home (such as leashes, bowls, and toys). Use an EPA-registered disinfectant to clean items and rinse thoroughly with clean water afterwards. **Do not** wipe or bathe your pet with chemical disinfectants, alcohol, hydrogen peroxide, or any other products not approved for animal use.

Do not put face coverings on pets, and do not take a sick pet to a groomer or boarding facility. Signs of sickness in animals may include:

- Fever
- Coughing
- Difficulty breathing or shortness of breath
- Lethargy
- Sneezing
- Nasal/ocular discharge
- Vomiting
- Diarrhea

If you think your pet is sick, call your veterinarian. Some veterinarians may offer telemedicine consultations or other plans for seeing sick pets. Your veterinarian can evaluate your pet and determine the next steps for your pet's treatment and care.

See more information on pets and COVID-19 and recommendations for how to help keep your pet safe.

What should I do if my pet gets sick and I think it's COVID-19?

There is a small number of animals around the world reported to be infected with the virus that causes COVID-19, mostly after having contact with a person with COVID-19. Talk to your veterinarian about any health concerns you have about your pets.

If your pet gets sick after contact with a person with COVID-19, **do not take your pet to the veterinary clinic yourself**. Call your veterinarian and let them know the pet was around a person with COVID-19. Some veterinarians may offer telemedicine consultations or other plans for seeing sick pets. Your veterinarian can evaluate your pet and determine the next steps for your pet's treatment and care.

Why are animals being tested when many people can't get tested?

Animals are only being tested in very rare circumstances. Routine testing of animals is not recommended at this time, and any tests done on animals are done on a case by case basis. For example, if the pet of a COVID-19 patient has a new, concerning illness with symptoms similar to those of COVID-19, the animal's veterinarian might consult with public health and animal health officials to determine if testing is needed.

Are pets from a shelter safe to adopt?

Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low. There is no reason to think that any animals, including shelter pets, play a significant role in spreading the virus that causes COVID-19.

What about imported animals or animal products?

CDC does not have any evidence to suggest that imported animals or animal products pose a risk for spreading COVID-19 in the United States. This is a rapidly evolving situation and information will be updated as it becomes available. CDC, the U. S. Department of Agriculture (USDA), and the U.S. Fish and Wildlife Service (FWS) play distinct but complementary roles in regulating the importation of live animals and animal products into the United States.

- CDC regulates animals and animal products that pose a threat to human health,
- USDA regulate animals and animal products that pose a threat to agriculture; and
- FWS regulates importation of endangered species and wildlife that can harm the health and welfare of humans, the interests of agriculture, horticulture, or forestry, and the welfare and survival of wildlife resources.

Can I travel to the United States with dogs or import dogs into the United States during the COVID-19 outbreak?

Please refer to CDC's requirements for bringing a dog to the United States. The current requirements for rabies vaccination apply to dogs imported from high-risk countries for rabies.

What precautions should be taken for animals that have recently been imported from outside the United States (for example, by shelters, rescues, or as personal pets)?

Imported animals will need to meet CDC and USDA requirements for entering the United States. At this time, there is no evidence that companion animals, including pets and service animals, can spread the virus that causes COVID-19. As with any animal introduced to a new environment, animals recently imported should be observed daily for signs of illness. If an animal becomes ill, the animal should be examined by a veterinarian. Call your local veterinary clinic **before** bringing the animal into the clinic and let them know that the animal was recently imported from another country.

This is a rapidly evolving situation and information will be updated as it becomes available.

Can wild animals spread the virus that causes COVID-19 to people or pets?

Currently, there is no evidence to suggest the virus that causes COVID-19 is circulating in free-living wildlife in the United States, or that wildlife might be a source of infection for people in the United States. The first case of a wild animal testing positive for the virus in the United States was a tiger with a respiratory illness at a zoo in New York City. However, this tiger was in a captive zoo environment ,and public health officials believe the tiger became sick after being exposed to a zoo employee who was infected and spreading the virus.

If a wild animal were to become infected with the virus, we don't know whether the infection could then spread among wildlife or if it could spread to other animals, including pets. Further studies are needed to understand if and how different animals, including wildlife, could be affected by COVID-19. Because wildlife can carry other diseases, even without looking sick, it is always important to enjoy wildlife from a distance.

Take steps to prevent getting sick from wildlife in the United States:

- Keep your family, including pets, a safe distance away from wildlife.
- Do not feed wildlife or touch wildlife droppings.
- Always wash your hands and supervise children washing their hands after working or playing outside.
- Leave orphaned animals alone. Often, the parents are close by and will return for their young.
- Consult your state wildlife agency's guidance if you are preparing or consuming legally harvested game meat.
- Do not approach or touch a sick or dead animal – contact your state wildlife agency instead.

Can bats in United States get the virus that causes COVID-19, and can they spread it back to people?

Other coronaviruses have been found in North American bats in the past, but there is currently no evidence that the virus that causes COVID-19 is present in any free-living wildlife in the United States, including bats. In general, coronaviruses do not cause illness or death in bats, but we don't yet know if this new coronavirus would make North American species of bats sick. Bats are an important part of natural ecosystems, and their populations are already declining in the United States. Bat populations could be further threatened by the disease itself or by harm inflicted on bats resulting from a misconception that bats are spreading COVID-19. However, there is no evidence that bats in the United States are a source of the virus that causes COVID-19 for people. Further studies are needed to understand if and how bats could be affected by COVID-19.

Is hunter-harvested game meat safe to eat during the COVID-19 pandemic?

Currently, there is no evidence that you can get infected with the virus that causes COVID-19 by eating food, including wild hunted game meat. However, hunters can get infected with other diseases when processing or eating game. Hunters should always practice good hygiene when processing animals by following these food safety recommendations:

- Do not harvest animals that appear sick or are found dead.
- Keep game meat clean and cool the meat down as soon as possible after harvesting the animal.
- Avoid cutting through the backbone and spinal tissues and do not eat the brains of any wild animal.
- When handling and cleaning game:
  - Wear rubber or disposable gloves.
  - Do not eat, drink, or smoke.
- When finished handling and cleaning game:
  - Wash your hands thoroughly with soap and water.
  - Clean knives, equipment, and surfaces that were in contact with game meat with soap and water and then disinfect them. While these recommendations apply to general food safety practices, if you are concerned about COVID-19, you may use a product on the EPA list of disinfectants for use against the COVID-19 virus .
- Cook all game meat thoroughly (to an internal temperature of 165°F or higher).

- Check with your state wildlife agency regarding any testing requirements for other diseases and for any specific instructions regarding preparing, transporting, and consuming game meat.

How can I safely run my equestrian facility?

You should follow your state and/or local jurisdictional guidance regarding continuing operations at your facility. **There have not been any reports of horses testing positive for the virus that causes COVID-19.** Based on the limited information available to date, the risk of animals spreading the virus that causes COVID-19 to people is considered to be low. COVID-19 is primarily spread from person to person, so steps should be taken to reduce the risks for people visiting your facility.

- **Encourage employees and other visitors, including boarders, owners, farriers, veterinarians, and those taking lessons, not to enter the facility if they are sick.** Employees should not return to work until the criteria to discontinue home isolation are met, after talking with their doctor. Implement sick leave policies that are flexible, nonpunitive, and consistent with public health guidance, allowing employees to stay home if they have symptoms of respiratory infection.
- **Consider conducting daily health checks (e.g., symptom and/or temperature screening) of employees and others visiting the facility before they enter the premises.** People with a fever of 100.4º(38.0ºC) or above or other signs of illness should not be admitted to the premises. If implementing health checks, conduct them safely and respectfully. See General Business FAQs for more information.
    - Employees or visitors who appear to have symptoms upon arrival or who become sick during their visit should immediately be separated from other employees and visitors and sent home.
- **Limit the number of people entering the facility.** Consider staggering lesson and visiting times to limit the number of people in the facility and potential for person-to-person contact. If possible, you can also take steps to decrease high-traffic areas by limiting areas open to visitors/owners or staggering use of common areas like grooming or wash stalls and tack rooms.
- **Increase distance and limit duration of contact between employees and visitors in the facility.** Whenever possible, people should maintain at least 6 feet of distance between each other at the facility, including instructors teaching lessons. Allow for social distancing and avoid large numbers of people within the facility, including in employee-only areas.
- **Visitors and employees should wear cloth face coverings** to protect others especially where social distancing measures are difficult to maintain. Wearing a cloth face covering does NOT replace the need to practice social distancing.

- **Set up hand hygiene stations** at the entrance and within the facility, so that employees and people entering can clean their hands before they enter. Employees should wash hands regularly with soap and water for at least 20 seconds. An alcohol-based hand sanitizer containing at least 60% alcohol can be used, but if hands are visibly dirty, they should be washed with soap and water before using an alcohol-based hand sanitizer. Examples of hand hygiene stations may be a hose and soap located at entrances to allow for handwashing before entry.
- **Clean and disinfect frequently touched surfaces** such as grooming tools, halters, lead ropes, shared tack and equipment, and door handles/gates (including those to stall doors and pasture/turn out areas) on a routine basis. To disinfect, use products that meet EPA's criteria for use against the virus that causes COVID-19 and are appropriate for the surface, diluted household bleach solutions prepared according to the manufacturer's label for disinfection, or alcohol solutions with at least 70% alcohol. Follow manufacturer's directions for use, especially regarding product contact time and protections from chemical hazards posed by cleaners and disinfectants.
- **Follow local guidance** on shelter in place and travel recommendations when traveling for showing, training, or trail riding.
- If traveling to a new facility, **limit contact between people, horses, tack, equipment, and other supplies** from different facilities, and maintain a distance of at least 6 feet between horses and riders.
  - Follow state and local guidance on travel. People who are sick should not travel to other facilities.
  - People visiting other facilities should follow the same precautions as they would normally, including maintaining at least 6 feet of distance between each other, wearing a cloth face covering to protect others, and washing hands frequently with soap and water.
- If other animals, such as barn cats, are present at the facility, be aware that a small number of pets have been reported to be infected with the virus that causes COVID-19, mostly after contact with people with COVID-19.

For more information, see Guidance on Preparing Workplaces for COVID-19 and Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19).

> See also: Animals and COVID-19

Community Mitigation

What is community mitigation?

Community mitigation activities are actions that people and communities can take to slow the spread of infectious diseases, including COVID-19. Community mitigation is especially important before a vaccine or drug becomes widely available.

What are community mitigation actions for COVID-19?

Some community mitigation actions may include:

- Washing hands often
- Avoiding close contact with people who are sick, and practicing social distancing
- Covering mouth and nose with a cloth face cover when around others
- Covering coughs and sneezes
- Cleaning and disinfecting frequently touched surfaces daily

Who is involved in community mitigation actions?

Individuals, communities, schools, businesses and healthcare organizations all have a role to play in community mitigation. Policies*, which include limits on large gatherings, restrictions on businesses, and school closures are often needed to fully put in place community mitigation strategies.

Each community is unique. Because some actions can be very disruptive to daily life, mitigation activities will be different depending on how much disease has spread within the community, what the community population is like, and the ability to take these actions at the local level. To identify appropriate activities, all parts of a community that might be impacted need to be considered, including populations most vulnerable to severe illness, and those who might be more impacted socially or economically. When selecting mitigation activities, states and communities need to consider the spread of disease locally, characteristics of the people who live in the community (for example, age groups, languages spoken, overall health status), and the kind of public health resources and healthcare systems (like hospitals) that are available in the community. State and local officials may need to adjust community mitigation activities and immediately take steps to scale them up or down depending on the changing local situation.

Putting mitigation into practice is based on:

- Emphasizing individual responsibility for taking recommended personal-level actions
- Empowering businesses, schools, and community organizations to take recommended actions, particularly in ways that protect persons at increased risk of severe illness
- Focusing on settings that provide critical infrastructure or services to individuals at increased risk of severe illness
- Minimizing disruptions to daily life to the extent possible

*CDC cannot address the policies of any business or organization. CDC shares recommendations based on the best available science to help people make decisions that improve their health and safety. In all cases, **follow the guidance of your healthcare provider and local health department**. Local decisions depend on local circumstances.

COVID-19 and Water

Can the virus that causes COVID-19 spread through drinking water?

The virus that causes COVID-19 has not been detected in drinking water. Conventional water treatment methods that use filtration and disinfection, such as those in most municipal drinking water systems, should remove or inactivate the virus that causes COVID-19.

Is the virus that causes COVID-19 found in feces (stool)?

The virus that causes COVID-19 has been found in the feces of some patients diagnosed with COVID-19. However, it is unclear whether the virus found in feces may be capable of causing COVID-19. There has not been any confirmed report of the virus spreading from feces to a person. Scientists also do not know how much risk there is that the virus could be spread from the feces of an infected person to another person. However, they think this risk is low based on data from previous outbreaks of diseases caused by related coronaviruses, such as severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS).

Can the virus that causes COVID-19 spread through pools, hot tubs, spas, and water play areas?

While there is ongoing community spread of COVID-19 of the virus that causes COVID-19, it is important for individuals as well as owners and operators of these facilities to take steps to ensure health and safety:

Can the COVID-19 virus spread through sewerage systems?

The virus that causes COVID-19 has been found in untreated wastewater. Researchers do not know whether this virus can cause disease if a person is exposed to untreated wastewater or sewerage systems. There is no evidence to date that this has occurred. At this time, the risk of transmission of the virus that causes COVID-19 through properly designed and maintained sewerage systems is thought to be low.

Should wastewater workers take extra precautions to protect themselves from the virus that causes COVID-19?

Recently, the virus that causes COVID-19 has been found in untreated wastewater. While data are limited, there is no information to date that anyone has become sick with COVID-19 because of exposure to wastewater.

Standard practices associated with wastewater treatment plant operations should be sufficient to protect wastewater workers from the virus that causes COVID-19. These standard practices can include engineering and administrative controls, hygiene precautions, specific safe work practices, and personal protective equipment (PPE) normally required when handling untreated wastewater. No additional COVID-19–specific protections are recommended for workers involved in wastewater management, including those at wastewater treatment facilities.

If my utility has issued a Boil Water Advisory, can I still use tap water to wash my hands?

In most cases, it is safe to wash your hands with soap and tap water during a Boil Water Advisory. Follow the guidance from your local public health officials. If soap and water are not available, use an alcohol-based hand sanitizer containing at least 60% alcohol.

Footnotes

[1]Fever may be subjective or confirmed

[2]Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met"

See CDC's updated Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus.

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

Page last reviewed: May 24, 2020
Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

EXHIBIT E

PROCLAMATIONS

Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak

Issued on: **March 13, 2020**

★ ★ ★

In December 2019, a novel (new) coronavirus known as SARS-CoV-2 ("the virus") was first detected in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease COVID-19 that has now spread globally. The Secretary of Health and Human Services (HHS) declared a public health emergency on January 31, 2020, under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19. I have taken sweeping action to control the spread of the virus in the United States, including by suspending entry of foreign nationals seeking entry who had been physically present within the prior 14 days in certain jurisdictions where COVID-19 outbreaks have occurred, including the People's Republic of China, the Islamic Republic of Iran, and the Schengen Area of Europe. The Federal Government, along with State and local governments, has taken preventive and proactive measures to slow the spread of the virus and treat those affected, including by instituting Federal quarantines for individuals evacuated from foreign nations, issuing a declaration pursuant to section 319F-3 of the Public Health Service Act (42 U.S.C. 247d-6d), and releasing policies to accelerate the acquisition of personal protective equipment and streamline bringing new diagnostic capabilities to laboratories. On March 11, 2020, the World Health Organization announced that the COVID-19 outbreak can be characterized as a

pandemic, as the rates of infection continue to rise in many locations around the world and across the United States.

The spread of COVID-19 within our Nation's communities threatens to strain our Nation's healthcare systems. As of March 12, 2020, 1,645 people from 47 States have been infected with the virus that causes COVID-19. It is incumbent on hospitals and medical facilities throughout the country to assess their preparedness posture and be prepared to surge capacity and capability. Additional measures, however, are needed to successfully contain and combat the virus in the United States.

NOW, THEREFORE, I, DONALD J. TRUMP, President of the United States, by the authority vested in me by the Constitution and the laws of the United States of America, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq.*) and consistent with section 1135 of the Social Security Act (SSA), as amended (42 U.S.C. 1320b-5), do hereby find and proclaim that the COVID-19 outbreak in the United States constitutes a national emergency, beginning March 1, 2020. Pursuant to this declaration, I direct as follows:

Section 1. Emergency Authority. The Secretary of HHS may exercise the authority under section 1135 of the SSA to temporarily waive or modify certain requirements of the Medicare, Medicaid, and State Children's Health Insurance programs and of the Health Insurance Portability and Accountability Act Privacy Rule throughout the duration of the public health emergency declared in response to the COVID-19 outbreak.

Sec. 2. Certification and Notice. In exercising this authority, the Secretary of HHS shall provide certification and advance written notice to the Congress as required by section 1135(d) of the SSA (42 U.S.C. 1320b-5(d)).

Sec. 3. General Provisions. (a) Nothing in this proclamation shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This proclamation shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This proclamation is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

IN WITNESS WHEREOF, I have hereunto set my hand this thirteenth day of March, in the year of our Lord two thousand twenty, and of the Independence of the United States of America the two hundred and forty-fourth.

DONALD J. TRUMP

EXHIBIT F

EXECUTIVE ORDERS

Executive Order on Prioritizing and Allocating Health and Medical Resources to Respond to the Spread of Covid-19

HEALTHCARE

Issued on: March 18, 2020

★ ★ ★

By the authority vested in me as President by the Constitution and the laws of the United States of America, including the Defense Production Act of 1950, as amended (50 U.S.C. 4501 *et seq.*) (the "Act"), and section 301 of title 3, United States Code, it is hereby ordered as follows:

Section 1. Policy and Findings. On March 13, 2020, I declared a national emergency recognizing the threat that the novel (new) coronavirus known as SARS-CoV-2 poses to our national security. In recognizing the public health risk, I noted that on March 11, 2020, the World Health Organization announced that the outbreak of COVID-19 (the disease caused by SARS-CoV-2) can be characterized as a pandemic. I also noted that while the Federal Government, along with State and local governments, have taken preventive and proactive measures to slow the spread of the virus and to treat those affected, the spread of COVID-19 within our Nation's communities threatens to strain our Nation's healthcare system. To ensure that our healthcare system is able to surge capacity and capability to respond to the spread of COVID-19, it is critical that all health and medical resources needed to respond to the spread of COVID-19 are properly

distributed to the Nation's healthcare system and others that need them most at this time.

Accordingly, I find that health and medical resources needed to respond to the spread of COVID-19, including personal protective equipment and ventilators, meet the criteria specified in section 101(b) of the Act (50 U.S.C. 4511(b)). Under the delegation of authority provided in this order, the Secretary of Health and Human Services may identify additional specific health and medical resources that meet the criteria of section 101(b).

Sec. 2. Priorities and Allocation of Medical Resources.

(a) Notwithstanding Executive Order 13603 of March 16, 2012 (National Defense Resource Preparedness), the authority of the President conferred by section 101 of the Act to require performance of contracts or orders (other than contracts of employment) to promote the national defense over performance of any other contracts or orders, to allocate materials, services, and facilities as deemed necessary or appropriate to promote the national defense, and to implement the Act in subchapter III of chapter 55 of title 50, United States Code, is delegated to the Secretary of Health and Human Services with respect to all health and medical resources needed to respond to the spread of COVID-19 within the United States.

(b) The Secretary of Health and Human Services may use the authority under section 101 of the Act to determine, in consultation with the Secretary of Commerce and the heads of other executive departments and agencies as appropriate, the proper nationwide priorities and allocation of all health and medical resources, including controlling the distribution of such materials (including applicable services) in the civilian market, for responding to the spread of COVID-19 within the United States.

(c) The Secretary of Health and Human Services shall issue such orders and adopt and revise appropriate rules and regulations as may be necessary to implement this order.

Sec. 3. General Provisions. (a) Nothing in this order shall be construed to impair or otherwise affect:

(i) the authority granted by law to an executive department or agency, or the head thereof; or

(ii) the functions of the Director of the Office of Management and Budget relating to budgetary, administrative, or legislative proposals.

(b) This order shall be implemented consistent with applicable law and subject to the availability of appropriations.

(c) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity by any party against the United States, its departments, agencies, or entities, its officers, employees, or agents, or any other person.

DONALD J. TRUMP

THE WHITE HOUSE,
March 18, 2020.

EXHIBIT G

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Coronavirus Disease 2019 (COVID-19)

How to Protect Yourself & Others

Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing serious complications from COVID-19 illness. More information on Are you at higher risk for serious illness.

Know how it spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
  - Between people who are in close contact with one another (within about 6 feet).
  - Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  - Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Everyone Should

Wash your hands often

- Wash your hands often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol.** Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.

Avoid close contact

- **Avoid close contact with people who are sick, even inside your home.** If possible, maintain 6 feet between the person who is sick and other household members.
- Put distance between yourself and other people outside of your home.
  - Remember that some people without symptoms may be able to spread virus.
  - Stay at least 6 feet (about 2 arms' length) from other people.
  - Do not gather in groups.

- Stay out of crowded places and avoid mass gatherings.
- Keeping distance from others is especially important for people who are at higher risk of getting very sick.

Cover your mouth and nose with a cloth face cover when around others

- You could spread COVID-19 to others even if you do not feel sick.
- Everyone should wear a cloth face cover when they have to go out in public, for example to the grocery store or to pick up other necessities.
  - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- Do NOT use a facemask meant for a healthcare worker.
- Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes

- **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.

Clean and disinfect

- **Clean AND disinfect** frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **If surfaces are dirty, clean them.** Use detergent or soap and water prior to disinfection.
- **Then, use a household disinfectant.** Most common EPA-registered household disinfectants will work.

Monitor Your Health

- **Be alert for symptoms.** Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.
  - Especially important if you are running essential errands, going into the office or workplace, and in settings where it may be difficult to keep a physical distance of 6 feet.
- **Take your temperature** if symptoms develop.
  - Don't take your temperature within 30 minutes of exercising or after taking medications that could lower your temperature, like acetaminophen.

EXHIBIT H

CORRESPONDENCE

Transmission of 2019-nCoV Infection from an Asymptomatic Contact in Germany

TO THE EDITOR: The novel coronavirus (2019-nCoV) from Wuhan is currently causing concern in the medical community as the virus is spreading around the world.[1] Since identification of the virus in late December 2019, the number of cases from China that have been imported into other countries is on the rise, and the epidemiologic picture is changing on a daily basis. We are reporting a case of 2019-nCoV infection acquired outside Asia in which transmission appears to have occurred during the incubation period in the index patient.

A 33-year-old otherwise healthy German businessman (Patient 1) became ill with a sore throat, chills, and myalgias on January 24, 2020. The following day, a fever of 39.1°C (102.4°F) developed, along with a productive cough. By the evening of the next day, he started feeling better and went back to work on January 27.

Before the onset of symptoms, he had attended meetings with a Chinese business partner at his company near Munich on January 20 and 21. The business partner, a Shanghai resident, had visited Germany between January 19 and 22. During her stay, she had been well with no signs or symptoms of infection but had become ill on her flight back to China, where she tested positive for 2019-nCoV on January 26 (index patient in Fig. 1) (see Supplementary Appendix, available at NEJM.org, for details on the timeline of symptom development leading to hospitalization).

On January 27, she informed the company about her illness. Contact tracing was started, and the above-mentioned colleague was sent to the Division of Infectious Diseases and Tropical Medicine in Munich for further assessment. At presentation, he was afebrile and well. He reported no previous or chronic illnesses and had no history of foreign travel within 14 days before the onset of symptoms. Two nasopharyngeal swabs and one sputum sample were obtained and were found to be positive for 2019-nCoV on quantitative reverse-transcriptase–polymerase-chain-reaction (qRT-PCR) assay.[2] Follow-up qRT-PCR assay revealed a high viral load of 10^8 copies per milliliter in his sputum during the following days, with the last available result on January 29.

On January 28, three additional employees at the company tested positive for 2019-nCoV (Patients 2 through 4 in Fig. 1). Of these patients, only Patient 2 had contact with the index patient; the other two patients had contact only with Patient 1. In accordance with the health authorities, all the patients with confirmed 2019-nCoV infection were admitted to a Munich infectious diseases unit for clinical monitoring and isolation. So far, none of the four confirmed patients show signs of severe clinical illness.

This case of 2019-nCoV infection was diagnosed in Germany and transmitted outside Asia. However, it is notable that the infection appears to have been transmitted during the incubation period of the index patient, in whom the illness was brief and nonspecific.[3]

The fact that asymptomatic persons are potential sources of 2019-nCoV infection may war-

THIS WEEK'S LETTERS

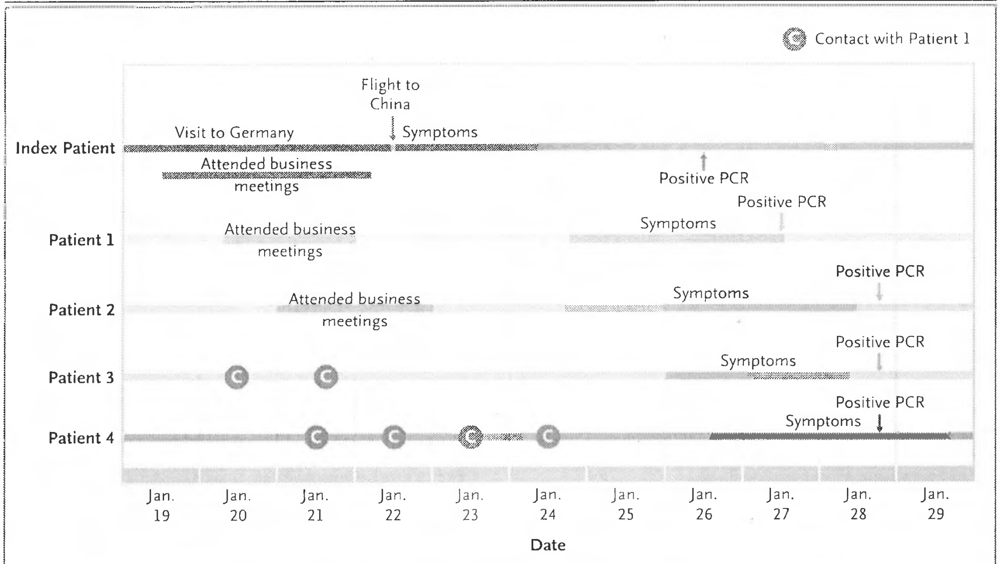

Figure 1. **Timeline of Exposure to Index Patient with Asymptomatic 2019-CoV Infection in Germany.**

rant a reassessment of transmission dynamics of the current outbreak. In this context, the detection of 2019-nCoV and a high sputum viral load in a convalescent patient (Patient 1) arouse concern about prolonged shedding of 2019-nCoV after recovery. Yet, the viability of 2019-nCoV detected on qRT-PCR in this patient remains to be proved by means of viral culture.

Despite these concerns, all four patients who were seen in Munich have had mild cases and were hospitalized primarily for public health purposes. Since hospital capacities are limited — in particular, given the concurrent peak of the influenza season in the northern hemisphere — research is needed to determine whether such patients can be treated with appropriate guidance and oversight outside the hospital.

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Disclosure forms provided by the authors are available with the full text of this letter at NEJM.org.

This letter was published on January 30, 2020, and updated on February 6, 2020, at NEJM.org.

1. Zhu N, Zhang D, Wang W, et al. A novel coronavirus from patients with pneumonia in China, 2019. N Engl J Med 2020;382:727-33.
2. Corman V, Bleicker T, Brünink S, et al. Diagnostic detection of Wuhan coronavirus 2019 by real-time RT-PCR. Geneva: World Health Organization, January 13, 2020 (https://www.who.int/docs/default-source/coronaviruse/wuhan-virus-assay-v1991527e5122341d99287a1b17c111902.pdf).
3. Callaway E, Cyranoski D. China coronavirus: six questions scientists are asking. Nature 2020;577:605-7.

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EXHIBIT I

Morbidity and Mortality Weekly Report

High SARS-CoV-2 Attack Rate Following Exposure at a Choir Practice — Skagit County, Washington, March 2020

Lea Hamner, MPH[1]; Polly Dubbel, MPH[1]; Ian Capron[1]; Andy Ross, MPH[1]; Amber Jordan, MPH[1]; Jaxon Lee, MPH[1]; Joanne Lynn[1]; Amelia Ball[1]; Simranjit Narwal, MSc[1]; Sam Russell[1]; Dale Patrick[1]; Howard Leibrand, MD[1]

On May 12, 2020, this report was posted as an MMWR *Early Release on the* MMWR *website (https://www.cdc.gov/mmwr).*

On March 17, 2020, a member of a Skagit County, Washington, choir informed Skagit County Public Health (SCPH) that several members of the 122-member choir had become ill. Three persons, two from Skagit County and one from another area, had test results positive for SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19). Another 25 persons had compatible symptoms. SCPH obtained the choir's member list and began an investigation on March 18. Among 61 persons who attended a March 10 choir practice at which one person was known to be symptomatic, 53 cases were identified, including 33 confirmed and 20 probable cases (secondary attack rates of 53.3% among confirmed cases and 86.7% among all cases). Three of the 53 persons who became ill were hospitalized (5.7%), and two died (3.7%). The 2.5-hour singing practice provided several opportunities for droplet and fomite transmission, including members sitting close to one another, sharing snacks, and stacking chairs at the end of the practice. The act of singing, itself, might have contributed to transmission through emission of aerosols, which is affected by loudness of vocalization (*1*). Certain persons, known as superemitters, who release more aerosol particles during speech than do their peers, might have contributed to this and previously reported COVID-19 superspreading events (*2–5*). These data demonstrate the high transmissibility of SARS-CoV-2 and the possibility of superemitters contributing to broad transmission in certain unique activities and circumstances. It is recommended that persons avoid face-to-face contact with others, not gather in groups, avoid crowded places, maintain physical distancing of at least 6 feet to reduce transmission, and wear cloth face coverings in public settings where other social distancing measures are difficult to maintain.

Investigation and Findings

The choir, which included 122 members, met for a 2.5-hour practice every Tuesday evening through March 10. On March 15, the choir director e-mailed the group members to inform them that on March 11 or 12 at least six members had developed fever and that two members had been tested for SARS-CoV-2 and were awaiting results. On March 16, test results for three members were positive for SARS-CoV-2 and were reported to two respective local health jurisdictions, without indication of a common source of exposure. On March 17, the choir director sent a second e-mail stating that 24 members reported that they had developed influenza-like symptoms since March 11, and at least one had received test results positive for SARS-CoV-2. The email emphasized the importance of social distancing and awareness of symptoms suggestive of COVID-19. These two emails led many members to self-isolate or quarantine before a delegated member of the choir notified SCPH on March 17.

All 122 members were interviewed by telephone either during initial investigation of the cluster (March 18–20; 115 members) or a follow-up interview (April 7–10; 117); most persons participated in both interviews. Interviews focused on attendance at practices on March 3 and March 10, as well as attendance at any other events with members during March, other potential exposures, and symptoms of COVID-19. SCPH used Council of State and Territorial Epidemiologists case definitions to classify confirmed and probable cases of COVID-19 (*6*). Persons who did not have symptoms at the initial interview were instructed to quarantine for 14 days from the last practice they had attended. The odds of becoming ill after attending each practice were computed to ascertain the likelihood of a point-source exposure event.

No choir member reported having had symptoms at the March 3 practice. One person at the March 10 practice had cold-like symptoms beginning March 7. This person, who had also attended the March 3 practice, had a positive laboratory result for SARS-CoV-2 by reverse transcription–polymerase chain reaction (RT-PCR) testing.

In total, 78 members attended the March 3 practice, and 61 attended the March 10 practice (Table 1). Overall, 51 (65.4%) of the March 3 practice attendees became ill; all but one of these persons also attended the March 10 practice. Among 60 attendees at the March 10 practice (excluding the patient who became ill March 7, who also attended), 52 (86.7%) choir members subsequently became ill. Some members exclusively attended one practice; among 21 members who only attended March 3, one became ill and was not tested (4.8%), and among three members who only attended March 10, two became ill (66.7%), with one COVID-19 case being laboratory-confirmed.

Summary

What is already known about this topic?

Superspreading events involving SARS-CoV-2, the virus that causes COVID-19, have been reported.

What is added by this report?

Following a 2.5-hour choir practice attended by 61 persons, including a symptomatic index patient, 32 confirmed and 20 probable secondary COVID-19 cases occurred (attack rate = 53.3% to 86.7%); three patients were hospitalized, and two died. Transmission was likely facilitated by close proximity (within 6 feet) during practice and augmented by the act of singing.

What are the implications for public health practice?

The potential for superspreader events underscores the importance of physical distancing, including avoiding gathering in large groups, to control spread of COVID-19. Enhancing community awareness can encourage symptomatic persons and contacts of ill persons to isolate or self-quarantine to prevent ongoing transmission.

Because illness onset for 49 (92.5%) patients began during March 11–15 (Figure), a point-source exposure event seemed likely. The median interval from the March 3 practice to symptom onset was 10 days (range = 4–19 days), and from the March 10 practice to symptom onset was 3 days (range = 1–12 days). The odds of becoming ill after the March 3 practice were 17.0 times higher for practice attendees than for those who did not attend (95% confidence interval [CI] = 5.5–52.8), and after the March 10 practice, the odds were 125.7 times greater (95% CI = 31.7–498.9). The clustering of symptom onsets, odds of becoming ill according to practice attendance, and known presence of a symptomatic contagious case at the March 10 practice strongly suggest that date as the more likely point-source exposure event. Therefore, that practice was the focus of the rest of the investigation. Probable cases were defined as persons who attended the March 10 practice and developed clinically compatible COVID-19 symptoms, as defined by Council of State and Territorial Epidemiologists (*6*). The choir member who was ill beginning March 7 was considered the index patient.

The March 10 choir rehearsal lasted from 6:30 to 9:00 p.m. Several members arrived early to set up chairs in a large multipurpose room. Chairs were arranged in six rows of 20 chairs each, spaced 6–10 inches apart with a center aisle dividing left and right stages. Most choir members sat in their usual rehearsal seats. Sixty-one of the 122 members attended that evening, leaving some members sitting next to empty seats. Attendees practiced together for 40 minutes, then split into two smaller groups for an additional 50-minute practice, with one of the groups moving to a smaller room. At that time, members in the larger room moved to seats next to one another, and members in the smaller room sat next to one another on benches. Attendees then had a 15-minute break, during which cookies and oranges were available at the back of the large room, although many members reported not eating the snacks. The group then reconvened for a final 45-minute session in their original seats. At the end of practice, each member returned their own chair, and in the process congregated around the chair racks. Most attendees left the practice immediately after it concluded. No one reported physical contact between attendees. SCPH assembled a seating chart of the all-choir portion of the March 10 practice (not reported here because of concerns about patient privacy).

Among the 61 choir members who attended the March 10 practice, the median age was 69 years (range = 31–83 years); 84% were women. Median age of those who became ill was 69 years, and 85% of cases occurred in women. Excluding the laboratory-confirmed index patient, 52 (86.7%) of 60 attendees became ill; 32 (61.5%) of these cases were confirmed by RT-PCR testing and 20 (38.5%) persons were considered to have probable infections. These figures correspond to secondary attack rates of 53.3% and 86.7% among confirmed and all cases, respectively. Attendees developed symptoms 1 to 12 days after the practice (median = 3 days). The first SARS-CoV-2 test was performed on March 13. The last person was tested on March 26.

Three of the 53 patients were hospitalized (5.7%), including two who died (3.8%). The mean interval from illness onset to hospitalization was 12 days. The intervals from onset to death were 14 and 15 days for the two patients who died.

SCPH collected information about patient signs and symptoms from patient interviews and hospital records (Table 2). Among persons with confirmed infections, the most common signs and symptoms reported at illness onset and at any time during the course of illness were cough (54.5% and 90.9%, respectively), fever (45.5%, 75.8%), myalgia (27.3%, 75.0%), and headache (21.2%, 60.6%). Several patients later developed gastrointestinal symptoms, including diarrhea (18.8%), nausea (9.4%), and abdominal cramps or pain (6.3%). One person experienced only loss of smell and taste. The most severe complications reported were viral pneumonia (18.2%) and severe hypoxemic respiratory failure (9.1%).

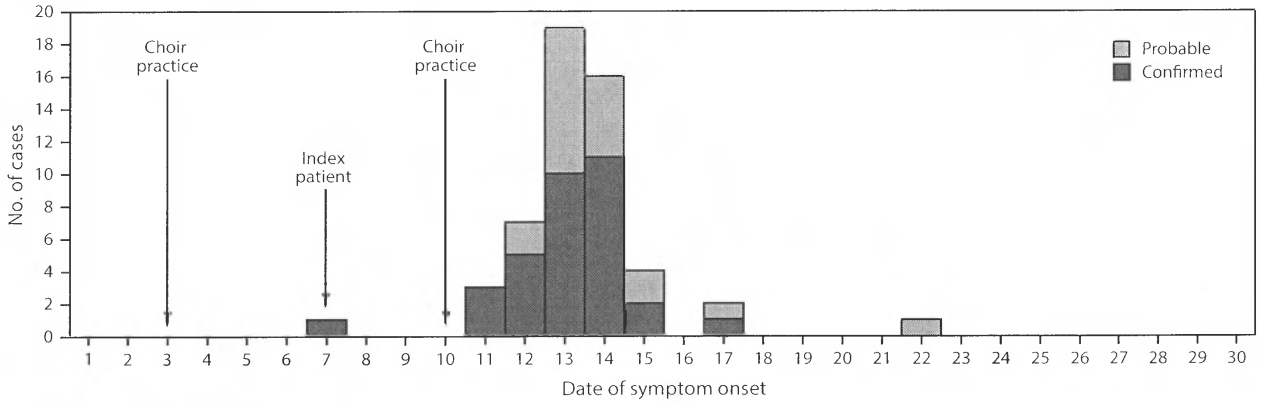
Among the recognized risk factors for severe illness, the most common was age, with 75.5% of patients aged ≥65 years. Most patients (67.9%) did not report any underlying medical conditions, 9.4% had one underlying medical condition, and 22.6% had two or more underlying medical conditions. All three hospitalized patients had two or more underlying medical conditions.

TABLE 1. Number of choir members with and without COVID-19–compatible symptoms (N = 122)* and members' choir practice attendance† — Skagit County, Washington, March 3 and 10, 2020

	No. (row %)					
	March 3 practice			March 10 practice		
Attendance	Total	Symptomatic	Asymptomatic	Total	Symptomatic	Asymptomatic
Attended	78	51 (65.4)	27 (34.6)	61	53§ (86.9)	8 (13.1)
Did not attend	40	4 (10.0)	36 (90.0)	61	3 (4.9)	58 (95.1)
Attendance information missing	4	1 (25.0)	3 (75.0)	0	0 (—)	0 (—)
Attended only one practice	21	1 (4.8)	20 (95.2)	3	2 (66.7)	1 (33.3)

Abbreviation: COVID-19 = coronavirus disease 2019.
* No choir members were symptomatic at the March 3 practice.
† Thirty-seven choir members attended neither practice; two developed symptoms, and 35 remained asymptomatic.
§ Includes index patient; if the index patient excluded, 52 secondary cases occurred among the other 60 attendees (attack rate = 86.7%).

FIGURE. Confirmed* and probable† cases of COVID-19 associated with two choir practices, by date of symptom onset (N = 53) — Skagit County, Washington, March 2020



Abbreviation: COVID-19 = coronavirus disease 2019.
* Positive reverse transcription–polymerase chain reaction test result.
† Attendance at the March 10 practice and clinically compatible symptoms as defined by the Council of State and Territorial Epidemiologists, Interim-20-ID-01: Standardized surveillance case definition and national notification for 2019 novel coronavirus disease (COVID-19). https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/interim-20-id-01_covid-19.pdf.

Public Health Response

SCPH provided March 10 practice attendees with isolation and quarantine instructions by telephone, email, and postal mail. Contacts of patients were traced and notified of isolation and quarantine guidelines. At initial contact, 15 attendees were quarantined, five of whom developed symptoms during quarantine and notified SCPH.

Before detection of this cluster on March 17, Skagit County had reported seven confirmed COVID-19 cases (5.4 cases per 100,000 population). At the time, SCPH informed residents that likely more community transmission had occurred than indicated by the low case counts.* On March 21, SCPH issued a press release to describe the outbreak and raise awareness about community transmission.† The press release emphasized the highly contagious nature of COVID-19 and the importance of following social distancing guidelines to control the spread of the virus.

Discussion

Multiple reports have documented events involving superspreading of COVID-19 (*2–5*); however, few have documented a community-based point-source exposure (*5*). This cluster of 52 secondary cases of COVID-19 presents a unique opportunity for understanding SARS-CoV-2 transmission following a likely point-source exposure event. Persons infected with SARS-CoV-2 are most infectious from 2 days before through 7 days after symptom onset (*7*). The index patient developed symptoms on March 7, which could have placed the patient within this infectious period during the March 10 practice. Choir members who developed symptoms on March 11 (three) and March 12 (seven) attended both the March 3

* Skagit County, updated social distancing information. https://skagitcounty.net/departments/home/press/031620.htm.
† Skagit County, public health investigating cluster of related COVID-19 cases. https://skagitcounty.net/departments/home/press/032120.htm.

TABLE 2. Signs and symptoms reported at the onset of COVID-19 illness and during the course of illness among persons infected at a choir practice (N = 53)* — Skagit County, Washington, March 2020

Sign or symptom	No. (%) Reported at onset of illness		no./No. (%) Reported during course of illness	
	All cases (N = 53)	Confirmed cases (N = 33)	All cases (N = 53)	Confirmed cases (N = 33)
Cough	27 (50.9)	18 (54.5)	47/53 (88.7)	30/33 (90.9)
Fever	28 (52.8)	15 (45.5)	36/53 (67.9)	25/33 (75.8)
Myalgia	13 (24.5)	9 (27.3)	34/52 (65.4)	24/32 (75.0)
Headache	10 (18.9)	7 (21.2)	32/53 (60.4)	20/33 (60.6)
Chills or rigors	7 (13.2)	6 (18.2)	23/51 (45.1)	16/31 (51.6)
Congestion	4 (7.5)	2 (6.1)	25/52 (48.1)	15/32 (46.9)
Pharyngitis	2 (3.8)	2 (6.1)	12/52 (23.1)	8/32 (25.0)
Lethargy	4 (7.5)	2 (6.1)	5/52 (9.6)	3/32 (9.4)
Fatigue	3 (5.7)	1 (3.0)	24/52 (46.2)	15/32 (46.9)
Aguesia (loss of taste)	1 (1.9)	1 (3.0)	11/48 (22.9)	5/28 (17.9)
Anosmia (loss of smell)	1 (1.9)	1 (3.0)	10/48 (20.8)	5/28 (17.9)
Chest congestion or tightness	1 (1.9)	1 (3.0)	5/52 (9.6)	4/32 (12.5)
Weakness	1 (1.9)	1 (3.0)	3/52 (5.8)	2/32 (6.3)
Eye ache	1 (1.9)	1 (3.0)	1/52 (1.9)	1/32 (3.1)
Dyspnea	0 (—)	0 (—)	8/51 (15.7)	8/31 (25.8)
Diarrhea	0 (—)	0 (—)	8/52 (15.4)	6/32 (18.8)
Pneumonia	0 (—)	0 (—)	6/53 (11.3)	6/33 (18.2)
Nausea	0 (—)	0 (—)	3/52 (5.8)	3/32 (9.4)
Acute hypoxemic respiratory failure	0 (—)	0 (—)	3/53 (5.7)	3/33 (9.1)
Abdominal pain or cramps	0 (—)	0 (—)	2/52 (3.8)	2/32 (6.3)
Malaise	1 (1.9)	0 (—)	1/52 (1.9)	0/32 (—)
Anorexia	0 (—)	0 (—)	1/52 (1.9)	0/32 (—)
Vomiting	0 (—)	0 (—)	0/52 (—)	0/32 (—)

Abbreviation: COVID-19 = coronavirus disease 19.
* Including the index patient.

and March 10 practices and thus could have been infected earlier and might have been infectious in the 2 days preceding symptom onset (i.e., as early as March 9). The attack rate in this group (53.3% and 86.7% among confirmed cases and all cases, respectively) was higher than that seen in other clusters, and the March 10 practice could be considered a superspreading event (*3*,*4*). The median incubation period of COVID-19 is estimated to be 5.1 days (*8*). The median interval from exposure during the March 10 practice to onset of illness was 3 days, indicating a more rapid onset.

Choir practice attendees had multiple opportunities for droplet transmission from close contact or fomite transmission (*9*), and the act of singing itself might have contributed to SARS-CoV-2 transmission. Aerosol emission during speech has been correlated with loudness of vocalization, and certain persons, who release an order of magnitude more particles than their peers, have been referred to as superemitters and have been hypothesized to contribute to superspeading events (*1*). Members had an intense and prolonged exposure, singing while sitting 6–10 inches from one another, possibly emitting aerosols.

The findings in this report are subject to at least two limitations. First, the seating chart was not reported because of concerns about patient privacy. However, with attack rates of 53.3% and 86.7% among confirmed and all cases, respectively, and one hour of the practice occurring outside of the seating arrangement, the seating chart does not add substantive additional information. Second, the 19 choir members classified as having probable cases did not seek testing to confirm their illness. One person classified as having probable COVID-19 did seek testing 10 days after symptom onset and received a negative test result. It is possible that persons designated as having probable cases had another illness.

This outbreak of COVID-19 with a high secondary attack rate indicates that SARS-CoV-2 might be highly transmissible in certain settings, including group singing events. This underscores the importance of physical distancing, including maintaining at least 6 feet between persons, avoiding group gatherings and crowded places, and wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain during this pandemic. The choir mitigated further spread by quickly communicating to its members and notifying SCPH of a cluster of cases on March 18. When first contacted by SCPH during March 18–20, nearly all persons who attended the practice reported they were already self-isolating or quarantining. Current CDC recommendations, including maintaining physical distancing of at least 6 feet and wearing cloth face coverings if this is not feasible, washing hands often, covering coughs and sneezes, staying home when ill, and frequently cleaning and disinfecting

high-touch surfaces, remain critical to reducing transmission. Additional information is available at https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html.

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References

1. Asadi S, Wexler AS, Cappa CD, Barreda S, Bouvier NM, Ristenpart WD. Aerosol emission and superemission during human speech increase with voice loudness. Sci Rep 2019;9:2348. https://doi.org/10.1038/s41598-019-38808-z
2. Wang D, Hu B, Hu C, et al. Clinical characteristics of 138 hospitalized patients with 2019 novel coronavirus-infected pneumonia in Wuhan, China. JAMA 2020;323:1061–9. https://doi.org/10.1001/jama.2020.1585
3. McMichael TM, Currie DW, Clark S, et al. Epidemiology of COVID-19 in a long-term care facility in King County, Washington. N Engl J Med 2020;NEJMoa2005412. https://doi.org/10.1056/NEJMoa2005412
4. Ghinai I, Woods S, Ritger KA, et al. Community transmission of SARS-CoV-2 at two family gatherings—Chicago, Illinois, February–March 2020. MMWR Morb Mortal Wkly Rep 2020;69:446–50. https://doi.org/10.15585/mmwr.mm6915e1
5. South Korean city on high alert as coronavirus cases soar at 'cult' church. The Guardian, US Edition. February 20, 2020. https://www.theguardian.com/world/2020/feb/20/south-korean-city-daegu-lockdown-coronavirus-outbreak-cases-soar-at-church-cult-cluster
6. Council of State and Territorial Epidemiologists. Interim-20-ID-01: standardized surveillance case definition and national notification for 2019 novel coronavirus disease (COVID-19). Atlanta, GA: Council of State and Territorial Epidemiologists; 2020. https://cdn.ymaws.com/www.cste.org/resource/resmgr/2020ps/interim-20-id-01_covid-19.pdf
7. He X, Lau EHY, Wu P, et al. Temporal dynamics in viral shedding and transmissibility of COVID-19. Nat Med 2020;26:672–5.
8. Lauer SA, Grantz KH, Bi Q, et al. The incubation period of coronavirus disease 2019 (COVID-19) from publicly reported confirmed cases: estimation and application. Ann Intern Med 2020;172:577. https://doi.org/10.7326/M20-0504
9. van Doremalen N, Bushmaker T, Morris DH, et al. Aerosol and surface stability of SARS-CoV-2 as compared with SARS-CoV-1. N Engl J Med 2020;382:1564–7. https://doi.org/10.1056/NEJMc2004973

EXHIBIT J

Morbidity and Mortality Weekly Report

High COVID-19 Attack Rate Among Attendees at Events at a Church — Arkansas, March 2020

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On May 19, 2020, this report was posted as an MMWR *Early Release on the* MMWR *website (https://www.cdc.gov/mmwr).*

On March 16, 2020, the day that national social distancing guidelines were released (*1*), the Arkansas Department of Health (ADH) was notified of two cases of coronavirus disease 2019 (COVID-19) from a rural county of approximately 25,000 persons; these cases were the first identified in this county. The two cases occurred in a husband and wife; the husband is the pastor at a local church (church A). The couple (the index cases) attended church-related events during March 6–8, and developed nonspecific respiratory symptoms and fever on March 10 (wife) and 11 (husband). Before his symptoms had developed, the husband attended a Bible study group on March 11. Including the index cases, 35 confirmed COVID-19 cases occurred among 92 (38%) persons who attended events held at church A during March 6–11; three patients died. The age-specific attack rates among persons aged ≤18 years, 19–64 years, and ≥65 years were 6.3%, 59.4%, and 50.0%, respectively. During contact tracing, at least 26 additional persons with confirmed COVID-19 cases were identified among community members who reported contact with church A attendees and likely were infected by them; one of the additional persons was hospitalized and subsequently died. This outbreak highlights the potential for widespread transmission of SARS-CoV-2, the virus that causes COVID-19, both at group gatherings during church events and within the broader community. These findings underscore the opportunity for faith-based organizations to prevent COVID-19 by following local authorities' guidance and the U.S. Government's Guidelines: Opening Up America Again (*2*) regarding modification of activities to prevent virus transmission during the COVID-19 pandemic.

On March 10 and 11, the wife of the church pastor, aged 56 years, and the pastor, aged 57 years, developed fever and cough. On March 12, the pastor, after becoming aware of similar nonspecific respiratory symptoms among members of their congregation, closed church A indefinitely. Because of fever, cough, and increasing shortness of breath, the couple sought testing for SARS-CoV-2 on March 13; both were notified of positive results by reverse transcription–polymerase chain reaction testing on March 16. The same day, ADH staff members began an investigation to identify how the couple had been exposed and to trace persons with whom they had been in contact. Based on their activities and onset dates, they likely were infected at church A events during March 6–8, and the husband might have then exposed others while presymptomatic during a Bible study event held on March 11.

During March and April 2020, all persons in Arkansas who received testing for SARS-CoV-2 at any laboratory were entered into a database (Research Electronic Data Capture [REDCap]; version 8.8.0; Vanderbilt University) managed by ADH. Using a standardized questionnaire, ADH staff members interviewed persons who had positive test results to ascertain symptoms, onset date, and potential exposure information, including epidemiologic linkages to other COVID-19 patients; this information was stored in the database. Close contacts of patients with laboratory-confirmed cases of COVID-19 were interviewed and enrolled in active symptom monitoring; those who developed symptoms were tested and their information was also entered into the database. Church A–associated cases were defined as those in 1) persons who had laboratory results positive for SARS-CoV-2 who identified contact with church A attendees as a source of exposure and 2) actively monitored contacts of church attendees who had a test result positive for SARS-CoV-2 after becoming symptomatic.

The public health investigation focused on the transmission of SARS-CoV-2 among persons who attended church A events during March 6–11. To facilitate the investigation, the pastor and his wife generated a list of 94 church members and guests who had registered for, or who, based on the couple's recollection, might have attended these events.

During March 6–8, church A hosted a 3-day children's event which consisted of two separate 1.5-hour indoor sessions (one on March 6 and one on March 7) and two, 1-hour indoor sessions during normal church services on March 8. This event was led by two guests from another state. During each session, children participated in competitions to collect offerings by hand from adults, resulting in brief close contact among nearly all children and attending adults. On March 7, food prepared by church members was served buffet-style. A separate Bible study event was held March 11; the pastor reported most attendees sat apart from one another in a large room at this event. Most children and some adults participated in singing during the children's event; no singing occurred during the March 11 Bible study. Among all 94 persons who might have attended any of the events, 19 (20%) attended both the children's event and Bible study.

Summary

What is already known about this topic?

Large gatherings pose a risk for SARS-CoV-2 transmission.

What is added by this report?

Among 92 attendees at a rural Arkansas church during March 6–11, 35 (38%) developed laboratory-confirmed COVID-19, and three persons died. Highest attack rates were in persons aged 19–64 years (59%) and ≥65 years (50%). An additional 26 cases linked to the church occurred in the community, including one death.

What are the implications for public health practice?

Faith-based organizations should work with local health officials to determine how to implement the U.S. Government guidelines for modifying activities during the COVID-19 pandemic to prevent transmission of the virus to their members and their communities.

The husband and wife were the first to be recognized by ADH among the 35 patients with laboratory-confirmed COVID-19 associated with church A attendance identified through April 22; their illnesses represent the index cases. During the investigation, two persons who were symptomatic (not the husband and wife) during March 6–8 were identified; these are considered the primary cases because they likely initiated the chain of transmission among church attendees. Additional cases included those in persons who attended any church A events during March 6–11, but whose symptom onset occurred on or after March 8, which was 2 days after the earliest possible church A exposure. One asymptomatic attendee who sought testing after household members became ill was included among these additional cases.

Consistent with CDC recommendations for laboratory testing at that time (*3*), clinical criteria for testing included cough, fever, or shortness of breath; asymptomatic persons were not routinely tested. To account for this limitation when calculating attack rates, upper and lower boundaries for the attack rates were estimated by dividing the total number of persons with laboratory-confirmed COVID-19 by the number of persons tested for SARS-CoV-2 and by the number of persons who attended church A during March 6–11, respectively. All analyses were performed using R statistical software (version 4.0.0; The R Foundation). Risk ratios were calculated to compare attack rates by age, sex, and attendance dates. Fisher's exact test was used to calculate two-sided p-values; p-values <0.05 were considered statistically significant.

Overall, 94 persons attended church A events during March 6–11 and might have been exposed to the index patients or to another infectious patient at the same event; among these persons, 92 were successfully contacted and are included in the analysis. Similar proportions of church A attendees were aged ≤18 years (35%), 19–64 years (35%), and ≥65 years (30%) (Table 1). However, a higher proportion of adults aged 19–64 years and ≥65 years were tested (72% and 50%, respectively), and received positive test results (59% and 50%), than did younger persons. Forty-five persons were tested for SARS-CoV-2, among whom 35 (77.8%) received positive test results (Table 2).

During the investigation, two church A participants who attended the March 6–8 children's event were found to have had onset of symptoms on March 6 and 7; these represent the primary cases and likely were the source of infection of other church A attendees (Figure). The two out-of-state guests developed respiratory symptoms during March 9–10 and later received diagnoses of laboratory-confirmed COVID-19, suggesting that exposure to the primary cases resulted in their infections. The two primary cases were not linked except through the church; the persons lived locally and reported no travel and had no known contact with a traveler or anyone with confirmed COVID-19. Patient interviews revealed no additional common exposures among church attendees.

The estimated attack rate ranged from 38% (35 cases among all 92 church A event attendees) to 78% (35 cases among 45 church A event attendees who were tested for SARS-CoV-2). When stratified by age, attack rates were significantly lower among persons aged ≤18 years (6.3%–25.0%) than among adults aged 19–64 years (59.4%–82.6%) (p<0.01). The risk ratios for persons aged ≤18 years compared with those for persons aged 19–64 years were 0.1–0.3. No severe illnesses occurred in children. Among the 35 persons with laboratory-confirmed COVID-19, seven (20%) were hospitalized; three (9%) patients died.

At least 26 additional confirmed COVID-19 cases were identified among community members who, during contact tracing, reported contact with one or more of the 35 church A members with COVID-19 as an exposure. These persons likely were infected by church A attendees. Among these 26 persons, one was hospitalized and subsequently died. Thus, as of April 22, 61 confirmed cases (including eight [13%] hospitalizations and four [7%] deaths) had been identified in persons directly and indirectly associated with church A events.

Discussion

This investigation identified 35 confirmed COVID-19 cases among 92 attendees at church A events during March 6–11; estimated attack rates ranged from 38% to 78%. Despite canceling in-person church activities and closing the church as soon as it was recognized that several members of the congregation had become ill, widespread transmission within church A and within the surrounding community occurred. The primary patients had no known COVID-19 exposures in

TABLE 1. Demographic characteristics, church A event attendance, and SARS-CoV-2 testing status of persons who attended church A events where persons with confirmed COVID-19 (N = 92) also attended — Arkansas, March 2020

Characteristic	All attendees No. (%)*	No. (%) tested†	p-value§	No. (%) who tested positive†	p-value§
Total	92 (100)	45 (49)	—	35 (38)	—
Age group (yrs)					
≤18	32 (35)	8 (25)	0.001	2 (6)	0.004
18–64	32 (35)	23 (72)		19 (59)	
≥65	28 (30)	14 (50)		14 (50)	
Sex					
Male	44 (48)	22 (50)	1.0	17 (39)	1.0
Female	48 (52)	23 (48)		18 (38)	
Church A event attendance					
Weekend only (Mar 6–8)	64 (70)	33 (52)	0.28	28 (44)	0.16
Bible study only (Mar 11)	9 (10)	2 (22)		1 (11)	
Both weekend and Bible study	19 (21)	10 (53)		6 (32)	

Abbreviation: COVID-19 = coronavirus disease 2019.
* Includes all persons who were confirmed to have attended church A events during March 6–11; percentages are column percentages.
† Percentage of attendees (row percentages).
§ Calculated with Fisher's exact test.

TABLE 2. Estimated attack rates of COVID-19 among attendees at church A events — Arkansas, March 6–11, 2020

	All Mar 6–11 church A attendees (lower bound)			All tested Mar 6–11 church A attendees (upper bound)		
Characteristic	No. of cases/no. exposed (%)	Risk ratio (95% CI)	p-value	No. of cases/no. tested (%)	Risk ratio (95% CI)	p-value
Overall	35/92 (38.0)	—	—	35/45 (77.8)	—	—
Age group (yrs)						
≤18	2/32 (6.3)	0.1 (0.03–0.4)	<0.001	2/8 (25.0)	0.3 (0.1–1.0)	0.003
19–64	19/32 (59.4)	Referent	—	19/23 (82.6)	Referent	—
≥65	14/28 (50.0)	0.8 (0.5–1.3)	0.47	14/14 (100.0)	1.2 (1.0–1.5)	0.10
Sex						
Male	17/44 (38.6)	1.0 (0.6–1.7)	0.91	17/22 (77.3)	1.0 (0.7–1.3)	0.94
Female	18/48 (37.5)	Referent	—	18/23 (78.3)	Referent	—
Church A event attendance						
Weekend only (Mar 6–8)	28/64 (43.8)	1.4 (0.7–2.8)	0.3	28/33 (84.8)	1.4 (0.8–2.4)	0.09
Bible study only (Mar 11)	1/9 (11.1)	0.4 (0.05–2.5)	0.25	1/2 (50.0)	1.7 (0.4–6.8)	0.21
Both weekend and Bible study	6/19 (31.6)	Referent	—	6/10 (60.0)	Referent	—

Abbreviations: CI = confidence interval; COVID-19 = coronavirus disease 2019.

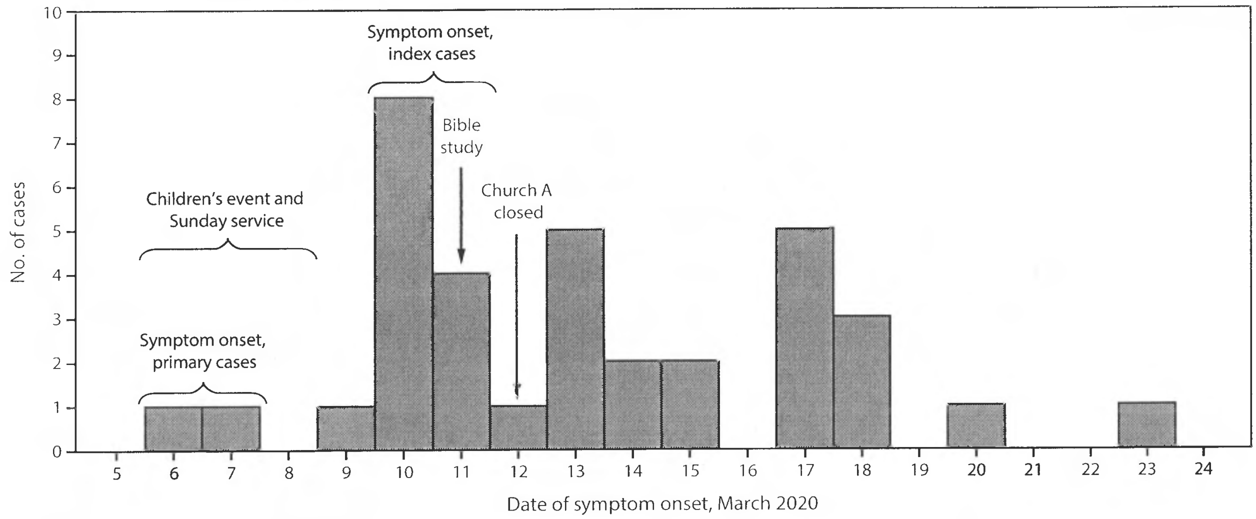
the 14 days preceding their symptom onset dates, suggesting that local transmission was occurring before case detection.

Children represented 35% of all church A attendees but accounted for only 18% of persons who received testing and 6% of confirmed cases. These findings are consistent with those from other reports suggesting that many children with COVID-19 experience more asymptomatic infections or milder symptoms and have lower hospitalization rates than do adults (*4*,*5*). The role of asymptomatic or mildly symptomatic children in SARS-CoV-2 transmission remains unknown and represents a critical knowledge gap as officials consider reopening public places.

The risk for symptomatic infection among adults aged ≥65 years was not higher than that among adults aged 19–64 years. However, six of the seven hospitalized persons and all three deaths occurred in persons aged ≥65 years, consistent with other U.S. data indicating a higher risk for COVID-19–associated hospitalization and death among persons aged ≥65 years (*6*).

The findings in this report are subject to at least four limitations. First, some infected persons might have been missed because they did not seek testing, were ineligible for testing based on criteria at the time, or were unable to access testing. Second, although no previous cases had been reported from this county, undetected low-level community transmission was likely, and some patients in this cluster might have had exposures outside the church. Third, risk of exposure likely varied among attendees but could not be characterized because data regarding individual behaviors (e.g., shaking hands or hugging) were not collected. Finally, the number of cases beyond the cohort of church attendees likely is undercounted because tracking out-of-state transmission was not possible, and patients might not have identified church members as their source of exposure.

FIGURE. Date of symptom onset* among persons with laboratory-confirmed cases of COVID-19 (N = 35) who attended March 6–11 church A events — Arkansas, March 6–23, 2020



Abbreviation: COVID-19 = coronavirus disease 2019.
* One asymptomatic person who had a positive test result is included on the date of specimen collection (March 18).

High transmission rates of SARS-CoV-2 have been reported from hospitals (*7*), long-term care facilities (*8*), family gatherings (*9*), a choir practice (*10*), and, in this report, church events. Faith-based organizations that are operating or planning to resume in-person operations, including regular services, funerals, or other events, should be aware of the potential for high rates of transmission of SARS-CoV-2. These organizations should work with local health officials to determine how to implement the U.S. Government's guidelines for modifying activities during the COVID-19 pandemic to prevent transmission of the virus to their members and their communities (*2*).

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References

1. Office of the President of the United States. Coronavirus guidelines for America. Washington, DC: Office of the President of the United States; 2020. https://www.whitehouse.gov/briefings-statements/coronavirus-guidelines-america/
2. Office of the President of the United States. Guidelines: opening up America again. Washington, DC: Office of the President of the United States; 2020. https://www.whitehouse.gov/openingamerica/
3. CDC. Health Alert Network: update and interim guidance on outbreak of coronavirus disease 2019 (COVID-19). Atlanta, GA: US Department of Health and Human Services, CDC; 2020. https://emergency.cdc.gov/han/2020/HAN00428.asp
4. Bialek S, Gierke R, Hughes M, McNamara LA, Pilishvili T, Skoff T; CDC COVID-19 Response Team. Coronavirus disease 2019 in children—United States, February 12–April 2, 2020. MMWR Morb Mortal Wkly Rep 2020;69:422–6. https://doi.org/10.15585/mmwr.mm6914e4
5. Dong Y, Mo X, Hu Y, et al. Epidemiology of COVID-19 among children in China. Pediatrics 2020. Epub March 16, 2020. https://doi.org/10.1542/peds.2020-0702
6. Bialek S, Boundy E, Bowen V, et al.; CDC COVID-19 Response Team. Severe outcomes among patients with coronavirus disease 2019 (COVID-19)—United States, February 12–March 16, 2020. MMWR Morb Mortal Wkly Rep 2020;69:343–6. https://doi.org/10.15585/mmwr.mm6912e2
7. Heinzerling A, Stuckey MJ, Scheuer T, et al. Transmission of COVID-19 to health care personnel during exposures to a hospitalized patient—Solano County, California, February 2020. MMWR Morb Mortal Wkly Rep 2020;69:472–6. https://doi.org/10.15585/mmwr.mm6915e5
8. McMichael TM, Currie DW, Clark S, et al. Epidemiology of Covid-19 in a long-term care facility in King County, Washington. N Engl J Med 2020. Epub March 27, 2020. https://doi.org/10.1056/NEJMoa2005412
9. Ghinai I, Woods S, Ritger KA, et al. Community transmission of SARS-CoV-2 at two family gatherings—Chicago, Illinois, February–March 2020. MMWR Morb Mortal Wkly Rep 2020;69:446–50. https://doi.org/10.15585/mmwr.mm6915e1
10. Hamner L, Dubbel P, Capron I, et al. High SARS-CoV-2 attack rate following exposure at a choir practice—Skagit County, Washington, March 2020. MMWR Morb Mortal Wkly Rep 2020;69:606–10. https://doi.org/10.15585/mmwr.mm6919e6

EXHIBIT K

Community Transmission of SARS-CoV-2 at Two Family Gatherings — Chicago, Illinois, February–March 2020

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SARS-CoV-2, the virus that causes coronavirus disease 2019 (COVID-19), has spread rapidly around the world since it was first recognized in late 2019. Most early reports of person-to-person SARS-CoV-2 transmission have been among household contacts, where the secondary attack rate has been estimated to exceed 10% (*1*), in health care facilities (*2*), and in congregate settings (*3*). However, widespread community transmission, as is currently being observed in the United States, requires more expansive transmission events between nonhousehold contacts. In February and March 2020, the Chicago Department of Public Health (CDPH) investigated a large, multifamily cluster of COVID-19. Patients with confirmed COVID-19 and their close contacts were interviewed to better understand nonhousehold, community transmission of SARS-CoV-2. This report describes the cluster of 16 cases of confirmed or probable COVID-19, including three deaths, likely resulting from transmission of SARS-CoV-2 at two family gatherings (a funeral and a birthday party). These data support current CDC social distancing recommendations intended to reduce SARS-CoV-2 transmission. U.S residents should follow stay-at-home orders when required by state or local authorities.

During January 1–March 20, 2020, specimens that tested positive for SARS-CoV-2 at hospital, commercial, or public health laboratories were reported to CDPH; each triggered an epidemiologic investigation. Contact tracing interviews were conducted with patients with confirmed COVID-19 using a structured questionnaire designed to identify the date of symptom onset and any person with whom the patient had close contact since that date. The type of contact and setting in which the contact occurred were recorded. Close contacts of patients with confirmed or probable COVID-19 were interviewed and enrolled in active symptom monitoring using Research Electronic Data Capture software (REDCap, version 8.8.0, Vanderbilt University, 2020). Patients were classified as having confirmed COVID-19 if SARS-CoV-2 was detected by real-time reverse transcription–polymerase chain reaction testing of a nasopharyngeal or oropharyngeal specimen. Patients were classified as having probable COVID-19 if they developed new symptoms of fever, cough, or shortness of breath within 14 days of contact with a patient with confirmed or probable COVID-19 but did not undergo laboratory testing (consistent with CDC recommendations,* the Illinois Department of Public Health prioritizes testing for hospitalized patients and other high-risk groups).

In February 2020, a funeral was held for a decedent with a non-COVID-19, nonrespiratory cause of death. A close friend of the bereaved family (patient A1.1) attended the funeral; patients in this investigation were referred to by their family cluster letter (A or B), then by the assumed transmission generation (1–4), and finally, in sequence order within each generation (1–7)[†] (Figure 1). Patient A1.1 had recently traveled out of state and was experiencing mild respiratory symptoms; he was only tested later as part of the epidemiologic investigation and received a diagnosis of confirmed COVID-19. The evening before the funeral (investigation day 1), patient A1.1 shared a takeout meal, eaten from common serving dishes, with two family members of the decedent (patients B2.1 and B2.2) at their home. At the meal, which lasted approximately 3 hours, and the funeral, which lasted about 2 hours and involved a shared "potluck-style" meal, patient A1.1 also reported embracing family members of the decedent, including patients B2.1, B2.2, B2.3, and B3.1, to express condolences.

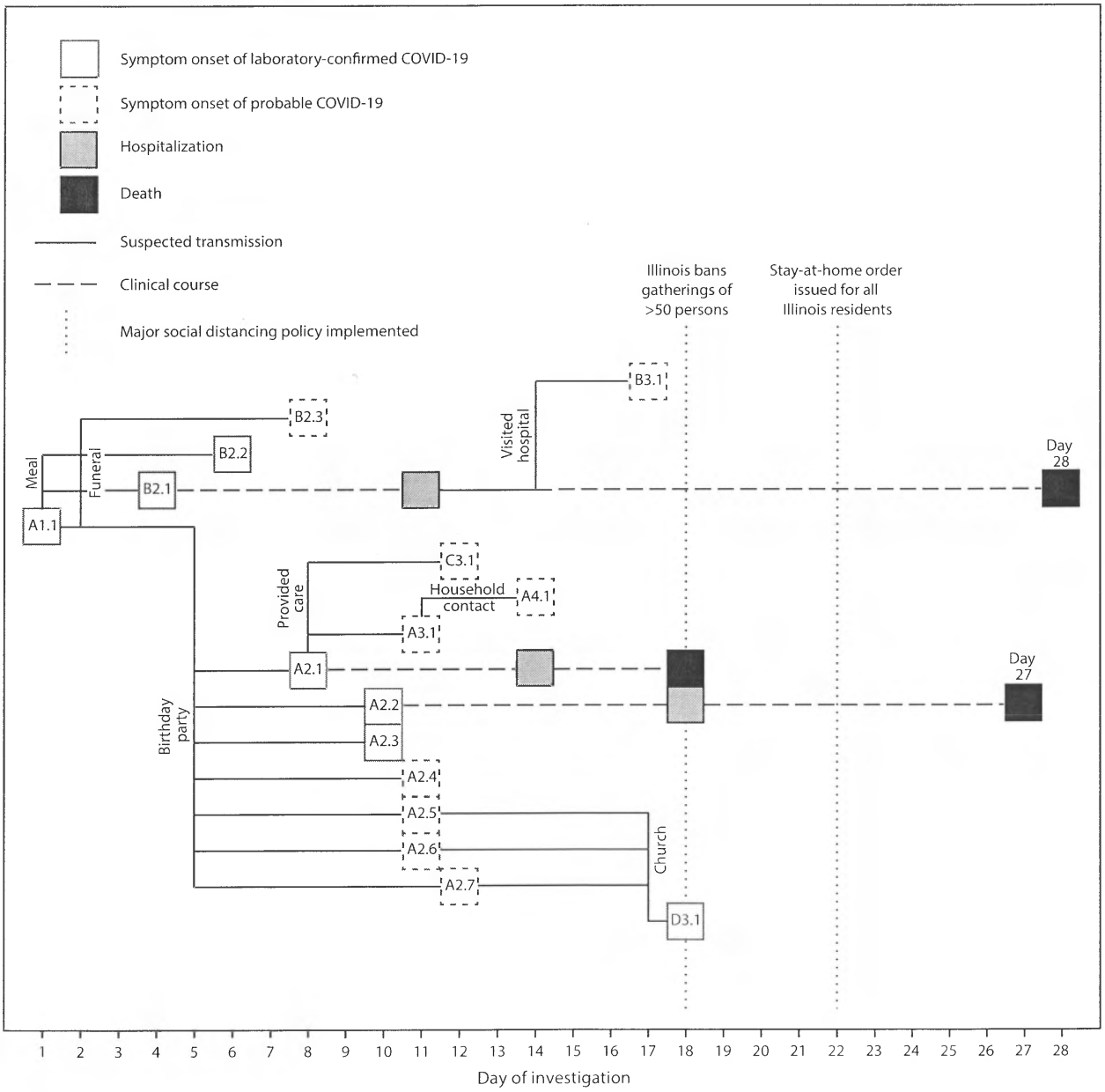
Patients B2.1 and B2.2 subsequently developed confirmed COVID-19 with onset of symptoms 2 and 4 days, respectively, after the funeral; patient B2.3 developed probable COVID-19 with symptom onset 6 days after the funeral (investigation day 8). Patient B2.1 was hospitalized on investigation day 11, required endotracheal intubation and mechanical ventilation for acute repiratory failure, and died on investigation day 28. Patients B2.2 and B2.3 were managed as outpatients, and both recovered.

During investigation days 11–14, another family member who had close physical contact with patient A1.1 at the funeral (patient B3.1) visited patient B2.1 on the acute medical inpatient ward, embraced patient B2.1, and provided limited personal care, while wearing no personal protective equipment (PPE). Patient B3.1 developed signs and symptoms consistent with COVID-19, including a fever and cough on investigation day 17, 3 days after last visiting B2.1. Patient B3.1 had

* CDC. Evaluating and testing persons for coronavirus disease 2019 (COVID-19). https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html.

† For example, the likely index patient was the first person in the first generation and belonged to family A and is designated A1.1.

FIGURE 1. Timeline of events and symptom onsets, by day of investigation, in a cluster of COVID-19 likely transmitted at two family gatherings — Chicago, Illinois, February–March 2020



Abbreviation: COVID-19 = coronavirus disease 2019.
Notes: Patients were designated by their family cluster letter (A or B), then by the assumed transmission generation (1–4), and finally, by sequence within each generation (1–7). Patient A2.1 died on investigation day 18; patient A2.2 died on investigation day 27; and patient B2.1 died on investigation day 28.

also attended the funeral 15 days before symptom onset but described more extensive exposure while visiting patient B2.1 in the hospital.

Three days after the funeral, on investigation day 5, patient A1.1, who was still experiencing mild respiratory symptoms, attended a birthday party attended by nine other family members, hosted in the home of patient A2.1. Close contact between patient A1.1 and all other attendees occurred; patient A1.1 embraced others and shared food at the 3-hour party. Seven party attendees subsequently developed COVID-19 3–7 days after the event (Figure 2), including three with confirmed cases (patients A2.1, A2.2, and A2.3) and four with probable cases (patients A2.4, A2.5, A2.6, and A2.7). Two patients with confirmed COVID-19 (A2.1 and A2.2) were hospitalized; both required endotracheal intubation and mechanical ventilation, and both died. One patient with a confirmed case (A2.3) experienced mild symptoms of cough and subjective low-grade fever, as did the four others who received diagnoses of probable COVID-19. Two attendees did not develop symptoms within 14 days of the birthday party.

Two persons who provided personal care for patient A2.1 without using PPE, including one family member (patient A3.1) and a home care professional (patient C3.1), both developed probable COVID-19. It is likely that patient A3.1 subsequently transmitted SARS-CoV-2 to a household contact (patient A4.1), who did not attend the birthday party, but developed a new onset cough 3 days following unprotected, close contact with patient A3.1 while patient A3.1 was symptomatic.

Three symptomatic birthday party attendees with probable COVID-19 (patients A2.5, A2.6, and A2.7) attended church 6 days after developing their first symptoms (investigation day 17). Another church attendee (patient D3.1, a health care professional) developed confirmed COVID-19 following close contact with patients A2.5, A2.6, and A2.7, including direct conversations, sitting within one row for 90 minutes, and passing the offering plate.

The patients described in this report ranged in age from 5 to 86 years. The three patients who died (patients A2.1, B2.1 and A2.2) were aged >60 years, and all had at least one underlying cardiovascular or respiratory medical condition.

Discussion

This cluster comprised 16 cases of COVID-19 (seven confirmed and nine probable), with transmission mostly occurring between nonhousehold contacts at family gatherings. The median interval from last contact with a patient with confirmed or probable COVID-19 to first symptom onset was 4 days. Within 3 weeks after mild respiratory symptoms were noted in the index patient, 15 other persons were likely infected with SARS-CoV-2, including three who died. Patient A1.1, the index patient, was apparently able to transmit infection to 10 other persons, despite having no household contacts and experiencing only mild symptoms for which medical care was not sought (patient A1.1 was only tested later as part of this epidemiologic investigation). Super-spreading events have played a significant role in transmission of other recently emerged coronaviruses such as SARS-CoV and MERS-CoV (*4*,*5*), although their relevance to SARS-CoV-2 spread is debated (*6*).

Summary

What is already known about this topic?

Early reports of person-to-person transmission of SARS-CoV-2 have been among household contacts, health care workers, and within congregate living facilities.

What is added by this report?

Investigation of COVID-19 cases in Chicago identified a cluster of 16 confirmed or probable cases, including three deaths, likely resulting from one introduction. Extended family gatherings including a funeral and a birthday party likely facilitated transmission of SARS-CoV-2 in this cluster.

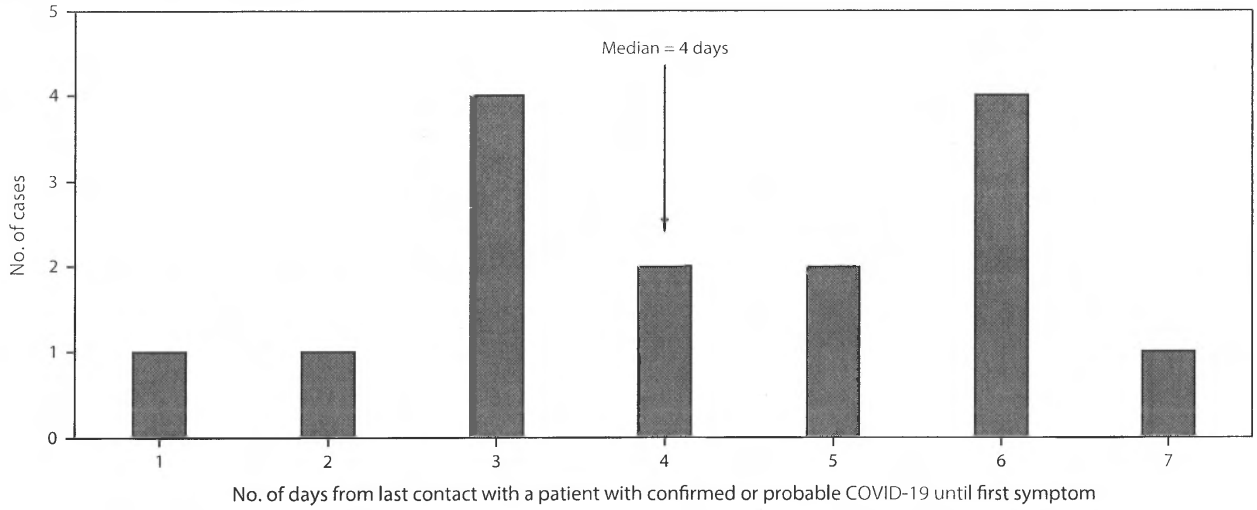
What are the implications for public health practice?

U.S. residents should adhere to CDC recommendations for social distancing, avoid gatherings, and follow stay-at-home orders when required by state or local authorities.

These data illustrate the importance of social distancing for preventing SARS-CoV-2 transmission, even within families. In this cluster, extended family gatherings (a birthday party, funeral, and church attendance), all of which occurred before major social distancing policies were implemented, might have facilitated transmission of SARS-CoV-2 beyond household contacts into the broader community. These findings support CDC recommendations to avoid gatherings (*7*) and reinforce the executive order from the governor of Illinois prohibiting all public and private gatherings of any number of persons occurring outside a single household (*8*).

The findings in this investigation are subject to at least three limitations. First, lack of laboratory testing for probable cases means some probable COVID-19 patients might have instead experienced unrelated illnesses, although influenza-like illness was declining in Chicago at the time. Second, phylogenetic data, which could confirm presumed epidemiologic linkages, were unavailable. For example, patient B3.1 experienced exposure to two patients with confirmed COVID-19 in this cluster, and the causative exposure was presumed based on expected incubation periods. Patient D3.1 was a health care professional, and, despite not seeing any patients with known COVID-19, might have acquired SARS-CoV-2 during clinical practice rather than through contact with members of this cluster. Similarly, other members of the cluster might have

FIGURE 2. Likely incubation periods for confirmed and probable cases of COVID-19 following transmission of SARS-CoV-2 at two family gatherings (N = 15)* — Chicago, Illinois, February–March 2020



* The exposure of infection for the index patient, and consequently the incubation period, was unknown.

experienced community exposures to SARS-CoV-2, although these transmission events occurred before widespread community transmission of SARS-CoV-2 in Chicago. Finally, despite intensive epidemiologic investigation, not every confirmed or probable case related to this cluster might have been detected. Persons who did not display symptoms were not evaluated for COVID-19, which, given increasing evidence of substantial asymptomatic infection (*9*), means the size of this cluster might be underestimated.

In this cluster, two family gatherings outside the household likely facilitated the spread of SARS-CoV-2; one index patient who attended both events likely triggered a chain of transmission that included 15 other confirmed and probable cases of COVID-19 and ultimately resulted in three deaths. Media reports suggest the chain of transmission described in Chicago is not unique within the United States.[§] Together with evidence emerging from around the world (*10*), these data shed light on transmission beyond household contacts, including the potential for super-spreading events. More comprehensive information is needed to better understand the transmission of SARS-CoV-2 in community settings and households to better inform initiation and termination of public health policies related to social distancing or stay-at-home orders. Overall, these findings highlight the importance of adhering to current social distancing recommendations,[¶] including guidance to avoid any gatherings with persons from multiple households and following state or local stay-at-home orders.

[§] New York Times. After a funeral in a Georgia town, coronavirus 'hit like a bomb.' March 20, 2020. https://www.nytimes.com/2020/03/30/us/coronavirus-funeral-albany-georgia.html.

[¶] CDC. Coronavirus disease 2019 (COVID-19). How to protect yourself and others. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2020. https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html.

Acknowledgments

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[1]Chicago Department of Public Health; [2]Epidemic Intelligence Service, CDC; [3]Center for Surveillance, Epidemiology, and Laboratory Services, CDC; [4]COVID-19 Response Team, CDC.

All authors have completed and submitted the International Committee of Medical Journal Editors form for disclosure of potential conflicts of interest. No potential conflicts of interest were disclosed.

References

1. Burke RM, Midgley CM, Dratch A, et al. Active monitoring of persons exposed to patients with confirmed COVID-19—United States, January–February 2020. MMWR Morb Mortal Wkly Rep 2020;69:245–6. https://doi.org/10.15585/mmwr.mm6909e1
2. Kluytmans M, Buiting A, Pas S, et al. SARS-CoV-2 infection in 86 healthcare workers in two Dutch hospitals in March 2020. medRxiv. Epub March 31, 2020. https://www.medrxiv.org/content/10.1101/2020.03.23.20041913v3
3. McMichael TM, Currie DW, Clark S, et al. Epidemiology of COVID-19 in a long-term care facility in King County, Washington. N Engl J Med 2020;NEJMoa2005412. https://doi.org/10.1056/NEJMoa2005412
4. Stein RA. Super-spreaders in infectious diseases. Int J Infect Dis 2011;15:e510–3. https://doi.org/10.1016/j.ijid.2010.06.020
5. Han Y, Yang H. The transmission and diagnosis of 2019 novel coronavirus infection disease (COVID-19): a Chinese perspective. J Med Virol 2020.10.1002/jmv.25749. https://doi.org/10.1002/jmv.25749
6. Frieden TR, Lee CT. Identifying and interrupting superspreading events—implications for control of severe acute respiratory syndrome coronavirus 2. Emerg Infect Dis 2020;26. https://doi.org/10.3201/eid2606.200495
7. CDC. Implementation of mitigation strategies for communities with local COVID-19 transmission. US Department of Health and Human Services; CDC; 2020. https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf
8. Pritzker JB. Executive Order 2020–10, issued March 20, 2020: executive order to expand telehealth services and protect health care providers in response to COVID-19 (COVID-19 Executive Order No. 8). https://www2.illinois.gov/Pages/Executive-Orders/ExecutiveOrder2020-10.aspx
9. Kimball A, Hatfield KM, Arons M, et al.; Public Health – Seattle & King County; CDC COVID-19 Investigation Team. Asymptomatic and presymptomatic SARS-CoV-2 infections in residents of a long-term care skilled nursing facility—King County, Washington, March 2020. MMWR Morb Mortal Wkly Rep 2020;69:377–81. https://doi.org/10.15585/mmwr.mm6913e1
10. Pung R, Chiew CJ, Young BE, et al.; Singapore 2019 Novel Coronavirus Outbreak Research Team. Investigation of three clusters of COVID-19 in Singapore: implications for surveillance and response measures. Lancet 2020;395:1039–46. https://doi.org/10.1016/S0140-6736(20)30528-6

EXHIBIT L

The Washington Post

World

How a South Korean church helped fuel the spread of the coronavirus

By Youjin Shin, Bonnie Berkowitz and Min Joo Kim March 25, 2020

From the movements and contacts of the first people with confirmed cases of covid-19 in South Korea, we get a real-life picture of how a disease spread through a vulnerable population.

Jan. 20 1 known case

The country's **first known case** was a 35-year-old Chinese woman who arrived at Incheon Airport from Wuhan. She tested positive for the novel coronavirus on Jan 20.

Jan. 27 4 known cases

Within a week, there were three more known cases, **all travelers from Wuhan** and all in their 50s. Two were detected and isolated at airports, so it is very unlikely they passed the disease to anyone else.

Jan. 30 7 known cases

Three additional people were confirmed to have the virus. Two were from Wuhan, and one was a man who had eaten a meal at a restaurant with Patient 3. He would become Patient 6, the **first known case of local transmission** (→) in South Korea.

Case: 20-3048 Document: 25-3 Page: 97 Date Filed: 11/06/2020

Jan. 31 11 known cases

The next day, Patient 6's wife and son were confirmed positive, as well. Eleven days after the first case was diagnosed, there were just 10 other known cases. Local transmission had occurred **only among family members or within close social circles**.

Feb. 2 15 known cases

The first case of **transmission between strangers** was documented when an airline passenger tested positive after sitting near an infected person on a flight.

Feb. 16 30 known cases

Nearly all local transmission was still among families and friends.

Feb. 18 39 known cases

Patient 31, a 61-year-old woman, became the first congregant at Shincheonji Church of Jesus in Daegu to test positive. It was unclear where she contracted the virus.

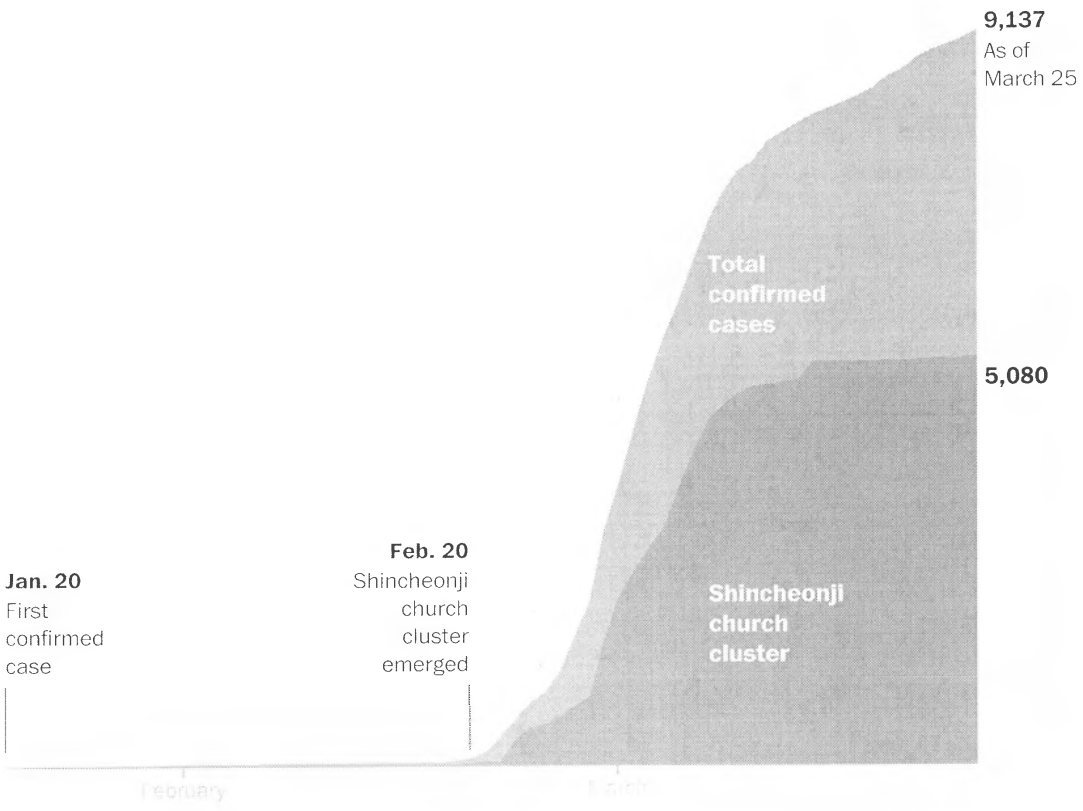
Feb. 20 104 known cases

Within two days after Patient 31 tested positive, 15 more people connected to the Shincheonji church were confirmed to have the virus, as well. A month later, thousands of people with connections to the church would test positive for the virus.

While the virus ravaged the church, more than 100 new cases had been confirmed in surrounding Daegu, as well. The disease appeared in hospitals, housing for the elderly and other churches. Most of these additional clusters were near the Shincheonji church.

March 25 9,137 known cases

A little over one month later, the cluster at the Shincheonji church accounted for 5,080 confirmed cases of covid-19, more than half of South Korea's total.



[Sign up for our Coronavirus Updates newsletter to track the outbreak. All stories linked within the newsletter are free to access.]

After the country's biggest cluster of infections emerged among the Daegu congregation, the South Korean government ordered testing on more than 200,000 members of the Shincheonji church across the country.

Thousands tested positive for the virus, including some who showed no symptoms.

Officials mandated rigorous inspections at gathering places deemed to be high risk, such as hospitals, gyms, karaoke bars, nursing homes, call centers and computer cafes.

The government reacted quickly with other policies, as well, hoping to isolate the virus from the uninfected population. Officials closed schools and public places, shut down sporting events and banned large gatherings.

The tactics appear to have worked. The rate of new known infections in South Korea has markedly slowed from a peak of 909 new cases on Feb. 29 to 100 or fewer new cases on most days since mid-March.

But the country is remaining vigilant and has continued thorough testing to track the spread of the virus.

[Mapping the spread of the coronavirus in the U.S. and worldwide]

Youjin Shin
Youjin Shin works as graphics reporter at The Washington Post. Before joining The Post, she worked as multimedia editor at the Wall Street Journal and a research fellow at the MIT SENSEable city lab.

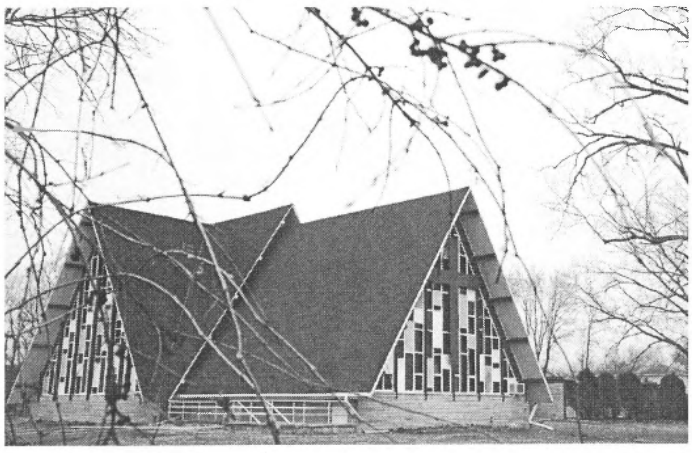
Bonnie Berkowitz
Bonnie Berkowitz is a reporter in the Graphics department at The Washington Post who often focuses on Health & Science topics.

EXHIBIT M

GLENVIEW SUBURBS

Glenview church hit by COVID-19 is now streaming service online, as pastor remembers usher who died of disease

By ANNA KIM
PIONEER PRESS | MAR 31, 2020 | 3:49 PM

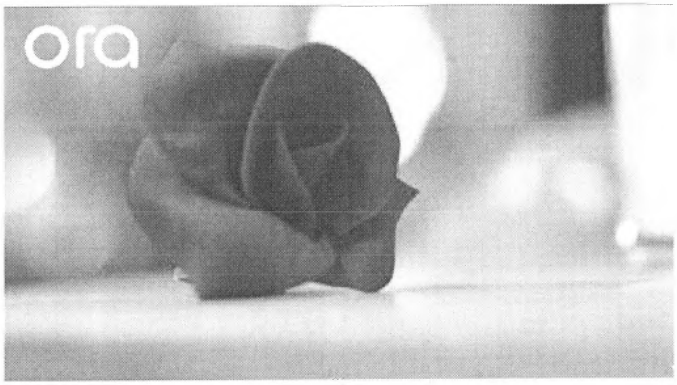


Forty-three people who attended a March 15 service at the church, located in Glenview, **are displaying symptoms of the illness**, including LoCascio, his wife Layna LoCascio wrote in a Facebook post March 25.

Ten members tested positive for COVID-19, the disease caused by the novel coronavirus, Anthony LoCascio confirmed in an email Monday to Pioneer Press.

[Most read] Coronavirus in Illinois updates: Here's what's happening Tuesday with COVID-19 in the Chicago area »

The last in-person Sunday service was March 15, days before the **governor's stay-at-home order**, and church leaders said about 80 people attended. Government officials had already called for large public events to be scaled down to **1,000 people and for private ones** to have a maximum 250 in attendance.



In the service Sunday livestreamed from the LoCascio's home, the pastor said the congregation is "on the mend." He asked members who are symptomatic to continue to self-quarantine at their homes until they are free of symptoms for at least three days to prevent spreading the disease to others.

He also commemorated the church's lead usher, a man who died Friday, after he had previously tested positive for COVID-19, saying he was "promoted to his eternal reward." Several months ago, the man had been diagnosed with "inoperable stage four pancreatic cancer," Anthony LoCascio said.

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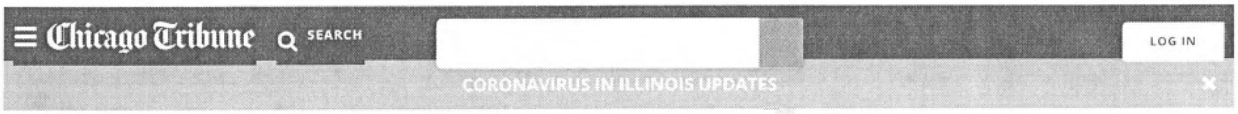

"He will be missed, but he will never be forgotten," he said. "We have shed lots of tears ... and we are lifting (the family) up."

[Most read] Column: Trump's coronavirus response has been brilliant. Here's what you don't understand. »

Although Layna LoCascio said in her post that two other members were hospitalized, everyone is now recovering at home, Anthony LoCascio said in the email.

The church's leadership has faced criticism for holding that last in-person service which some say seemed to have lead to the spread of COVID-19 among members. Anthony LoCascio said church leaders "were operating under the current information available at the time" and had asked sick people to stay home, wiped down surfaces and provided hand sanitizer.

"Even before service here, my phone was blowing up. Not everything was pleasant to read," he said. "We're infamous for deciding to have church on Sunday the 15th. And people have been feeling the need to tell me that over and over and over."

He said he understands people are "scared" and "want to lash out," but the outbreak in the church is "not an isolated situation."

The pastor and his wife at times became emotional while praying and singing during the virtual service Sunday. He asked the congregation to pray and "seek the face of God" and said he is sending "love" to people criticizing the church.

[Most read] Gov. J.B. Pritzker announces reopening rules for businesses as Illinois is poised to move to next phase and loosen restrictions »

"In this hour of darkness, I know how to turn on the light," LoCascio said through tears near the end of the service. "It's to shut all of this negativity out and say 'I love you, Lord.'"

LATEST GLENVIEW

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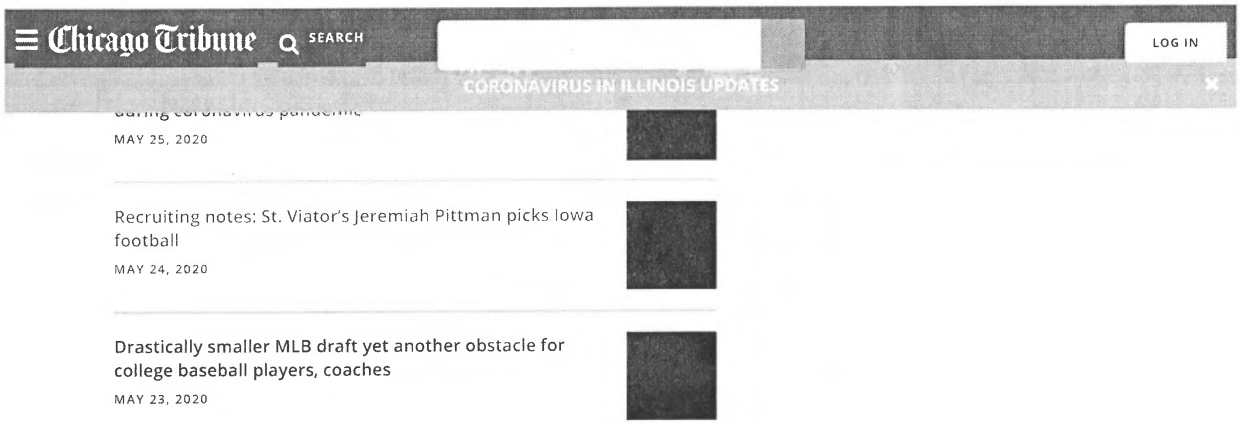


During the online service, the pastor said the church was considering an outdoor Easter service where people stay six feet apart, but said in the email Monday that the Easter service would be virtual.

In the email, Anthony LoCascio said the congregation is supporting each other.

"Like everyone right now, we are reaching for our loved ones and doing what we can to flatten the curve," he said. "Our prayers are with those who are still recovering, for first responders and health care workers who are on the front lines providing critical care for those who are ill."

akim@chicagotribune.com

EXHIBIT N

Coronavirus in Canada

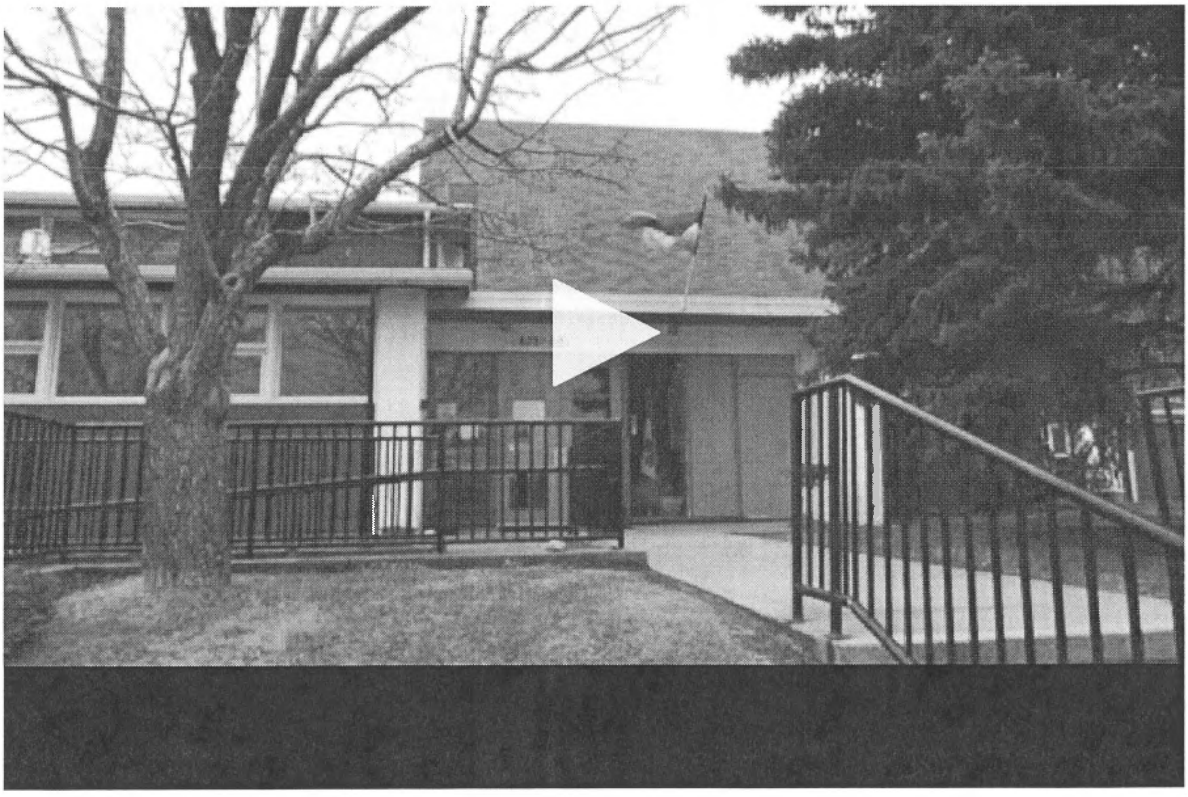
Total cases: 86,613 | Active: 34,731 | Recovered: 45,245 | Deceased: 6,637

CALGARY

'I would do anything for a do-over': Calgary church hopes others learn from their tragic COVID-19 experience

Chris Epp Senior Reporter / Anchor Weekend News at 6 & 11:30
@CTVchrisepp | Contact

Published Sunday, May 10, 2020 8:12PM MDT
Last Updated Monday, May 11, 2020 8:06AM MDT



Church congregation speaks after COVID-19 outbreak

NOW PLAYING

SHARE

CALGARY -- Members of a Calgary church ravaged by COVID-19 in the early days of the pandemic are sharing their stories of grief and healing, after Alberta's chief medical health officer cited them as a cautionary tale.

"I had the opportunity recently to talk to a faith leader whose faith community gathered together in mid-March before many of our public health measures were in place," Dr Deena Hinshaw said Thursday. "The congregation had a worship service and then gathered together for a celebratory social event. There were only 41 people present, and they were careful to observe two meter distancing and good hand hygiene. They followed all the rules and did nothing wrong. "

Despite that, 24 of the 41 people at the party ended up infected. Two of them died.

Rev. Shannon Mang is the minister of Living Spirit United Church.

"One of our most beloved members was having a very important birthday and we wanted to celebrate that," Mang said of the post-service celebration. "Under the circumstances, we thought we were going to be safe. We were very diligent about physical distancing, very diligent about hand hygiene."

Though the church has capacity for 200 people, fewer than 50 were at the event - well within the public health rules of the time.

Food was served but everyone handling it wore gloves.

"We were very careful and then a week later, we learned of the first person who was diagnosed with COVID-19," explained Mang. "A few days later we had the second, and the third and within a week there were about 14. Within two weeks, there were 24 of the 41 people who had been there that day.

"The overwhelming emotion was shock."

Shannon Morey attends the church with her mom and dad and all three were at the party that day. She never got sick, but both of her parents did.

"My mom thought she had a sinus infection, then a day later my dad thought he had a cold."

Her father Dennis was admitted to the hospital on April 3 and the ICU two days later. Three weeks after that, he died.

He was 81 but, according to his family, still very active.

"He was out shoveling the walk just days before he got sick and looking forward to planting his garden," said Shannon.

Other church members organized a vigil in his memory with more than 100 people dropping off candles outside his house, one at a time.

The church also held online wakes for members who died, allowing the community to grieve virtually.

"That was so important because COVID-19 interrupts our traditions," said Mang. "The food at the house, being able to stay and visit and to cry together and tell stories together and laugh and show pictures.

"All that stuff that we want to do, we can't do. So having an online wake helped."

Mang also says she struggles with her decision to proceed with the party.

"It's really tough. Me personally I've had to keep working through this," she said. "We were working with the information that we had at the time, but I would do anything for a do-over. It's very very hard to live with this reality."

Mang says the church has been devastated by the aftermath of the infection spreading among members and she wants others to learn from their experience.

"We don't want another organization or faith community to go through what we've been through," said Mang. "It's really, really hard. There seems to be this huge divide between those who've experienced (COVID-19) and the majority who haven't.

"If you haven't experienced it, you are so lucky. You have no idea how fortunate you are."

Even as public health restrictions start to loosen, Mang is encouraging people not to rush.

"Think about the oldest person that you hang out with and visit and take care of. Are you willing to give them up?"

It still isn't clear how the virus entered the church in the first place since none of the infected had travelled or knowingly encountered an infected person in the days before their last gathering together.

It's suspected the virus may have breached the church a day earlier when a large choir was using the facility.

Health officials say they likely will never know how it was transmitted there - and that's fine with Shannon Morey.

"I don't want to know, " said Morey. "When bad things happen people want to be angry and direct anger at something but if I were that person who brought it in, I would feel terrible."

Meanwhile, Reverend Mang says she doesn't know when her congregation will meet inside their church again.

"We are not going back to what we were because we never will be what we were. We lost two really important members. We lost something but hope this experience will help us grow into something new - I hope a new more loving and caring community."

RELATED IMAGES

EXHIBIT O

WORLD & NATION

A choir decided to go ahead with rehearsal. Now dozens of members have COVID-19 and two are dead

Skagit Valley Chorale members Mark Backlund and his wife, Ruth Backlund, sing choir music Friday at their home in Anacortes, Wash., while convalescing from COVID-19. (Karen Ducey / For The Times)

By RICHARD READ
SEATTLE BUREAU CHIEF

MARCH 29, 2020 | 7:34 PM

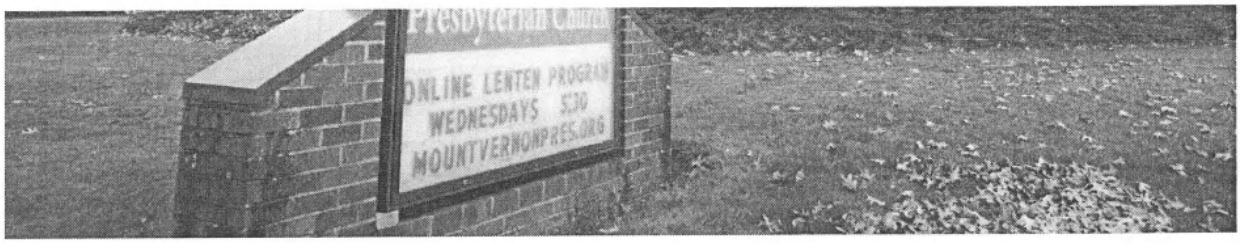
MOUNT VERNON, Wash. — With the coronavirus quickly spreading in Washington state in early March, leaders of the Skagit Valley Chorale debated whether to go ahead with weekly rehearsal.

The virus was already killing people in the Seattle area, about an hour's drive to the south.

But Skagit County hadn't reported any cases, schools and businesses remained open, and prohibitions on large gatherings had yet to be announced.

On March 6, Adam Burdick, the choir's conductor, informed the 121 members in an email that amid the "stress and strain of concerns about the virus," practice would proceed as scheduled at Mount Vernon Presbyterian Church.

"I'm planning on being there this Tuesday March 10, and hoping many of you will be, too," he wrote.



The Mount Vernon Presbyterian Church in Mount Vernon, Wash. (Karen Ducey / For The Times)

Sixty singers showed up. A greeter offered hand sanitizer at the door, and members refrained from the usual hugs and handshakes.

"It seemed like a normal rehearsal, except that choirs are huggy places," Burdick recalled. "We were making music and trying to keep a certain distance between each other."

After 2½ hours, the singers parted ways at 9 p.m.

Nearly three weeks later, 45 have been diagnosed with COVID-19 or ill with the symptoms, at least three have been hospitalized, and two are dead.

The outbreak has stunned county health officials, who have concluded that the virus was almost certainly transmitted through the air from one or more people without symptoms.

"That's all we can think of right now," said Polly Dubbel, a county communicable disease and environmental health manager.

In interviews with the Los Angeles Times, eight people who were at the rehearsal said that nobody there was coughing or sneezing or appeared ill.

CALIFORNIA

The coronavirus crisis in visuals

Everybody came with their own sheet music and avoided direct physical contact. Some members helped set up or remove folding chairs. A few helped themselves to mandarins that had been put out on a table in back.

Experts said the choir outbreak is consistent with a growing body of evidence that the virus can be transmitted through aerosols — particles smaller than 5 micrometers that can float in the air for minutes or longer.

The World Health Organization has downplayed the possibility of transmission in aerosols, stressing that the virus is spread through much larger "respiratory droplets," which are emitted when an infected person coughs or sneezes and quickly fall to a surface.

But a study published March 17 in the New England Journal of Medicine found that when the virus was suspended in a mist under laboratory conditions it remained "viable and infectious" for three hours — though researchers have said that time period would probably be no more than a half-hour in real-world conditions.

One of the authors of that study, Jamie Lloyd-Smith, a UCLA infectious disease researcher, said it's possible that the forceful breathing action of singing dispersed viral particles in the church room that were widely inhaled.

"One could imagine that really trying to project your voice would also project more droplets and aerosols," he said.

With three-quarters of the choir members testing positive for the virus or showing symptoms of infection, the outbreak would be considered a "super-spreading event," he said.

Linsey Marr, an environmental engineer at Virginia Tech and an expert on airborne transmission of viruses, said some people happen to be especially good at exhaling fine material, producing 1,000 times more than others.

Marr said that the choir outbreak should be seen as a powerful warning to the public.

"This may help people realize that, hey, we really need to be careful," she said.

***

The Skagit Valley Chorale draws its members from across northwest Washington and often sells out its winter and spring concerts at the 650-seat McIntyre Hall in Mount Vernon.

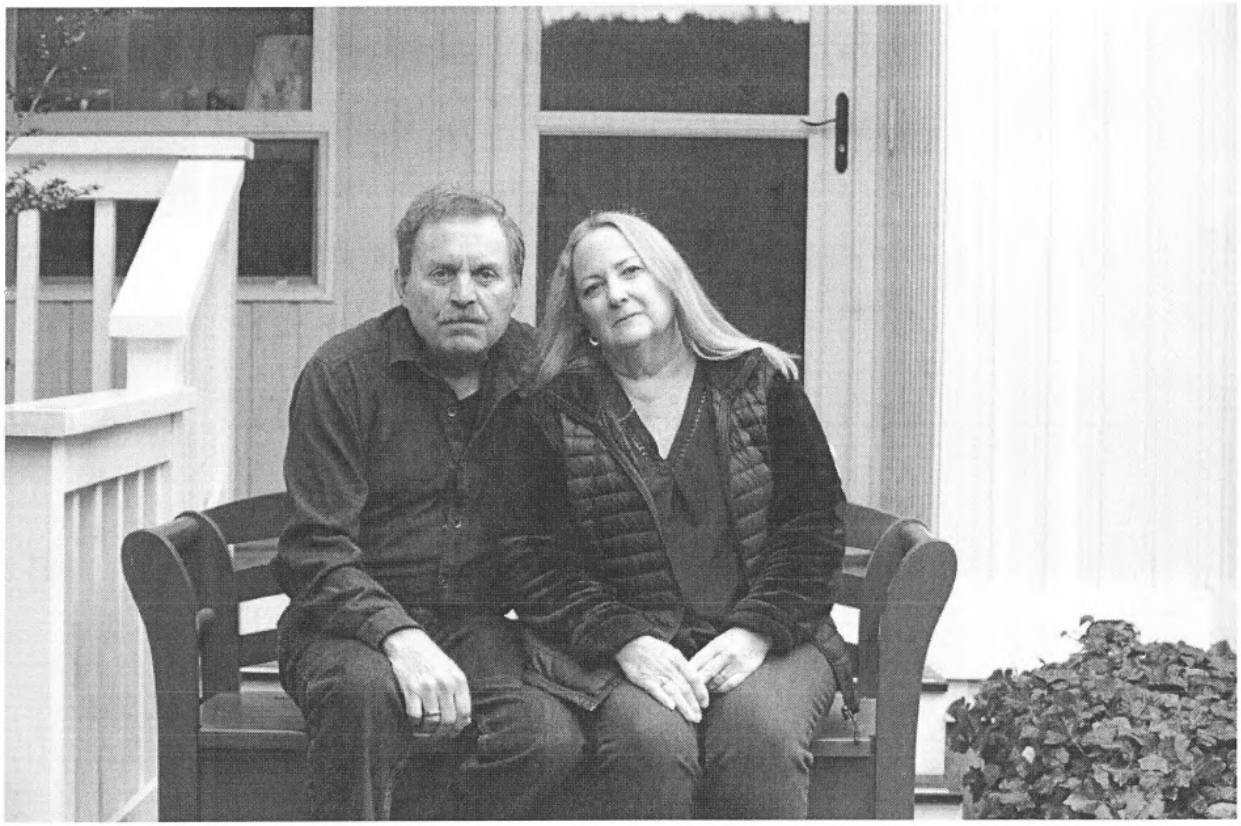
Amateur singers interested in choral music tend to be older, but the group includes some young adults. Last year, Burdick worked some hip-hop into one number.

The next big performance on the group's schedule was in late April, peak tourist season, when the annual Skagit Valley Tulip Festival attracts more than a million people to view brilliant hues in meadows surrounding Mount Vernon.

The festival would soon be canceled, but nothing had been announced yet and the choir was continuing to prepare.

Carolynn Comstock and her husband, Jim Owen, carpooled to the March 10 practice from the nearby city of Anacortes with their friends Ruth and Mark Backlund.

Carolynn and Jim, who ran a home remodeling business together, had been singing with the choir for 15 years and thought of it as a centering force in their lives. They had introduced the Backlunds to the choir.



Jim Owen and Carolynn Comstock, singers in the Skagit Valley Chorale, sit outside their home in Anacortes, Wash. (Karen Ducey / For The Times)

The two couples entered the rented church hall — roughly the size of a volleyball court — and offered their hands for the disinfectant.

Cushioned metal chairs extended in six rows of 20, with about a foot between chairs and one aisle down the center. There were twice as many seats as people.

Comstock, a soprano, and Owen, a tenor, took their usual seats beside each other in the third row. The rows toward the front and center filled up around them.

Burdick, 49, stood facing his choir, with an accompanist to his right seated at a grand piano.

Given the anxiety over the coronavirus, the conductor decided to lead off with a piece called "Sing On."

The singers inhaled deeply, and sang the chorus with gusto: "Sing on! Whatever comes your way, sing on! Sing on!"

The choir moved on to other numbers, including a popular spiritual piece written by gospel legend Thomas A. Dorsey: "If we ever needed the Lord before, we sure do need Him now."

WHAT YOU CAN DO ABOUT CORONAVIRUS ›

Face masks and coverings: How to do it right

Touching your face is an infection risk: Here's how to stop

What to look for if you think you might be sick

California's 'What you can do' site

At one point the members broke into two groups, each standing around separate pianos to sing.

When it was time to leave, Burdick's wife, Lorraine, a contralto who also sang professionally, refrained from her custom of embracing friends.

Instead, she curtsied her goodbyes.

***

Three days later, Comstock felt chills. A sweater didn't help. She took her temperature: 99.3.

She and Owen canceled their plans for dinner that night at the Backlunds' house.

At 9 p.m., she got a text from Ruth Backlund. Ruth, 72, and Mark, 73, had fevers.

Burdick woke up the next day, March 14, with a fever. As his temperature rose to 103, he began hearing from other choir singers.

They felt fatigued and achy. Some had fevers, coughs and shortness of breath they had heard were telltale symptoms of COVID-19. Some had nausea and diarrhea.

On March 15, Comstock, 62, noticed something odd when she made pasta. She couldn't taste the sauce, a spicy Italian sausage. She would soon learn that loss of taste and smell was a common symptom too.

When Owen, 66, first felt sick that day, he found that his temperature was below normal, a symptom that continued. The same day, the Backlunds tested negative for influenza.

Their clinic sent out their samples for coronavirus tests, which would come back four days later showing they both had COVID-19.

On March 17, a choir member alerted Skagit County Public Health about the outbreak.

Working from the choir's membership roster, a dozen health officers scrambled for three days to contain the outbreak. They called every member, determining who had attended the rehearsal.

They asked each person with symptoms to list their close contacts during the 24 hours before illness set in. Then they called those people, telling anyone who felt sick to quarantine themselves.

"We think it was just a really super-unfortunate, high-risk occurrence," said Dubbel, the county health official.

Mark Backlund felt himself slipping, but not as badly as a friend a decade younger, a runner, who was rushed to the hospital with pneumonia. Both men would ultimately recover.

On March 18, Burdick received a message from Nancy "Nicki" Hamilton, an 83-year-old soprano, known for her political activism and tales of international travel. She was worried about a fellow member.

Three days later, he received another call. Hamilton had been rushed to the hospital soon after he had talked with her and now she was dead.

Word quickly spread among the choir members, many of them sick and left to grieve alone in their homes.

Health officials said all 28 choir members who were tested for COVID-19 were found to be infected. The other 17 with symptoms never got tested, either because tests were not available or — like Comstock and Owen — the singers were under the impression that only people in dire condition were eligible.

The youngest of those sickened was 31, but they averaged 67, according to the health department.

In their split-level home, Burdick and his wife kept distance between themselves for a week. But Lorraine got sick anyway.

WORLD & NATION

He never missed a visit despite her memory loss. Then the coronavirus scare ended visits forever

The Burdicks had been heartened to hear that another woman in the hospital — an alto in her 80s — seemed to be getting better.

But this past Friday, the conductor got another call. She had died. And another woman, a tenor, had been rushed to the hospital.

Others felt the disease waning. Fifteen days after the rehearsal, Comstock squirted shampoo into her hand and experienced an odd and pleasing sensation.

It smelled. Like coconut.

***

Marr, the Virginia Tech researcher, said that the choir outbreak reminded her of a classic case study in the spread of infectious disease.

In 1977, an Alaska Airlines flight returned to Homer, Alaska, after experiencing engine trouble and sat on the tarmac there for four hours with the ventilation system off.

Of the 49 passengers on board, 35 developed flu symptoms and five were hospitalized. Researchers ultimately traced the outbreak to a woman who felt fine when she boarded but later became ill.

The case jolted epidemiologists into the realization that influenza could spread through the air.

Research has already shown that the coronavirus is nearly twice as contagious as influenza and far more deadly.

There is still much to learn about the choir outbreak, starting with the original source of the virus.

Dubbel, the county official, said she hoped that a study would be conducted someday to determine how the infection spread. But for now, her team is swamped trying to contain additional outbreaks.

WORLD & NATION

'What if I am a carrier?' As the coronavirus spreads in Florida, a priest struggles to reach his flock

Marr said that researchers will have lots of questions for choir members.

Did the singers sit in customary seats, allowing them to recall their locations that evening and help reconstruct the layout of the room and its occupants?

Might the 15 people who did not get sick have sat together?

By Sunday, 99 people had tested positive in Skagit County.

It could be months before the choir meets again. The Backlunds, though, have started singing again — an alto and a bass together in their living room.

The couple, and Comstock and Owen, would like to know if they have antibodies against the virus, so it would be safe for them to deliver meals and find other ways to help as the infection spreads.

Comstock marveled at the randomness of it all.

"It's just normal random people doing things that they love to do, and all of a sudden some people are dead," she said. "It's very sobering."

WORLD & NATION **MUSIC** **CORONAVIRUS PANDEMIC**

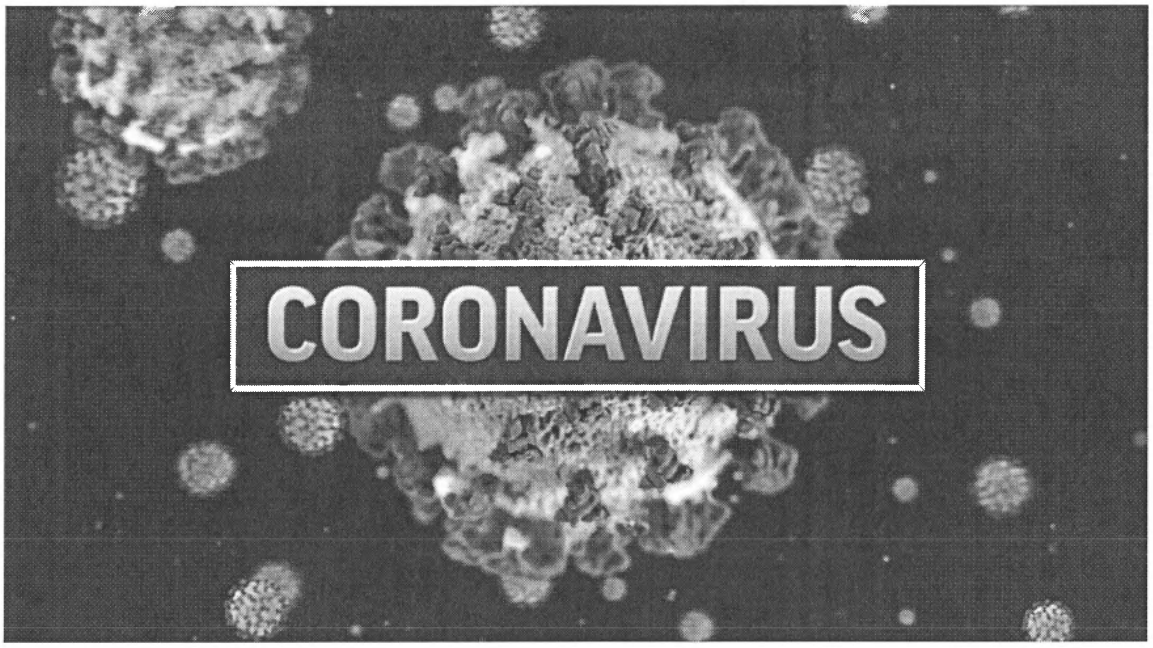
Richard Read

EXHIBIT P

https://www.kctv5.com/coronavirus/two-people-die-of-covid-19-as-result-of-church-gathering-in-kck/article_1cf279c4-79d9-11ea-b376-bf9597496bc5.html

Two people die of COVID-19 as result of church gathering in KCK

Maggie Holmes
Posted Apr 8, 2020



(KCTV5 News)

KANSAS CITY, KS (KCTV) – Two people have now died as a result of a church gathering in Kansas City, Kansas.

On Monday, Kansas Governor Laura Kelly announced that several confirmed cases of the coronavirus came from clusters and three of those clusters were related to church gatherings.

CORONAVIRUS
Kansas clusters tied to church gatherings
Betsy Webster

One of the gatherings was a conference at Church of God in Christ in Kansas City, Kansas, three weeks ago, which ended the day after the local government issued an order against gatherings of more than ten.

On Wednesday, the Kansas Department of Health and Environment said that 18 positive cases of the coronavirus were connected to this church event. Eight of them were hospitalized and two people died.

Of the two people who died, one was in Montgomery County and they were an attendee of the event and the second death was a contact of the attendee also in Montgomery County.

EXHIBIT Q

Kentucky county 'hit really, really hard' by church revival that spread deadly COVID-19

Bailey Loosemore and Mandy McLaren, Louisville Courier Journal Published 6:37 p.m. ET April 1, 2020 | Updated 9:24 a.m. ET April 2, 2020

A church revival that took place in mid-March has been linked to at least 28 cases of the novel coronavirus and two deaths in a small Kentucky community.

Hopkins County "has been hit really, really hard" by the event, Gov. Andy Beshear said Wednesday while addressing the revival.

"When people violate the rules and the recommendations that are out there … (this is) the significant harm it can cause," said Beshear, whose family is connected to the county.

According to the Hopkins County Health Department, a local church held a revival with a preacher from Texas on March 15 and 16 in Dawson Springs, a rural town east of Paducah.

People did not practice social distancing at the event, the department said, and several families soon reported feeling sick.

The church posted on social media that the families had the flu and did not encourage its members to self-quarantine.

Coronavirus in Kentucky: Louisville grandmother uses 'birthday express,' locally made gifts for a special birthday (/story/news/local/2020/04/01/coronavirus-louisville-grandmother-gives-girl-sweet-birthday/5098936002/)

Dozens of residents have since tested positive for the coronavirus, and at least 100 have been placed in quarantine.

The cases have stretched from Hopkins County into Muhlenberg, Clark and Warren counties, with a nursing home, a business and an ambulance service all linked to the outbreak.

Two people — including a 77-year-old man — have died.

Of the confirmed cases in Hopkins County, the youngest is 23 and the oldest is 79, officials said.

Denise Beach, head of the Hopkins County Health Department, said during a Wednesday briefing that several people remain hospitalized, with two COVID-19 patients in the ICU.

Beach said even drive-in church services — which sprang up across Kentucky in the wake of social distancing measures — are problematic.

It's "human nature" for people to congregate, she said.

Kentucky coronavirus live updates: Get the latest information (/story/life/wellness/health/2020/03/03/coronavirus-what-know-covid-19-kentucky/4939264002/)

many-cases-and-where-they-kentucky/5001636002/)

"We've seen drive-in churches, some of them are not following the 6 feet in between," Beach said "... It's just we're asking you for a couple weeks to just make this sacrifice. Watch church service online, watch it on Facebook. There are many other avenues."

Local leaders have been taking to live briefings to urge residents to follow public health guidelines.

"I've been asked several times, 'Can a state or the county or the city shut churches down?'" Hopkins County Judge-Executive Jack Whitfield Jr., said during a Monday briefing.

"No, I don't think we can, but we are asking everybody to not meet because we are hurting because this virus is spreading and it's beginning to spread faster and faster," he said.

Whitfield added that officials were "not trying to bash the churches."

"They are the heart and soul of our community," he said. "We are trying to control the spread of this virus. So if I've hurt anybody's feelings by what I've said or what the mayor said, that's not our intent.

"Please understand, we both go to church. I watched mine online Sunday. I love my pastor, and I love my church family, and we all do. We just want to keep this county and the people of Hopkins county safe."

Read more: Louisville police investigating pop-up coronavirus testing sites for scams, officials say (/story/news/2020/03/31/coronavirus-test-sites-operate-without-louisvilles-knowledge/5100299002/)

Kevin Cotton, mayor of Madisonville, the county seat, has also pleaded with residents to stay home.

"The church is not inside the building," Cotton said Monday. "The church is inside your heart. It's that relationship that you have."

On Wednesday, his pleas continued.

Standing in a government meeting room, Cotton presented viewers with a red plastic ball, representing a person infected with COVID-19.

He then showed how that person, by just interacting with a few other plastic balls, could quickly spread the virsus through a community — dumping two full trash cans, each full to the brim with colorful plastic balls, on the meeting room floor.

"Please work with us, understand how important this is," he said.

"We are begging you."

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Read or Share this story: https://www.courier-journal.com/story/news/2020/04/01/coronavirus-kentucky-church-revival-leads-28-cases-2-deaths/5108111002/

EXHIBIT R

The Guardian

This article is more than **1 month old**

California megachurch linked to spread of more than 70 coronavirus cases

Sacramento area church says it has been unfairly blamed in the spread as health officials link a third of cases to places of worship

Coronavirus – live US updates
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See all our coronavirus coverage

Mario Koran

Fri 3 Apr 2020 20.09 EDT

A California megachurch has found itself at the center of a coronavirus outbreak after public health officials connected it to 71 cases , even as church leaders say they have been unfairly blamed for failing to take action to stop the spread among church members.

County health officials have put Bethany Slavic Missionary church, a Pentecostal house of worship in a suburb of Sacramento, at the heart of one of the largest outbreak clusters in the country. The church is reported to be the largest Slavic congregation in the US, with 3,500 members and a total attendance at some services of up to 10,000.

The county's public health director said that a third of all coronavirus cases in Sacramento county have been linked to places of worship. As of Thursday, health officials tallied the number of county cases at 350, with 10 deaths.

Seventy-one of the members who tested positive live in Sacramento county, and members who live in other counties may also be infected. One parishioner has died, officials said, and a pastor indicated in an online sermon the church's senior pastor has been hospitalized and two others are critically ill.

Health officials did not immediately respond to requests for comment, but the Sacramento county public health director, Peter Beilenson, told the Los Angeles Times it is "outrageous this is happening", adding that public health guidelines trump the freedom of religious expression.

Beilenson said Thursday that in-person services at the Slavic megachurch have now ceased.

But he said church leaders rebuffed previous attempts to discuss the cases. "They've basically told us to leave them alone," Beilenson told the Sacramento Bee. "This is extremely irresponsible and dangerous for the community."

Church leaders did not immediately respond to phone calls from the Guardian, but a pre-recorded voicemail greeting said that most church services have been moved online.

Places of worship across the county have in recent weeks found themselves in the spotlight after resisting or being slow to enforce social distancing norms. Hugs, handshakes, or passing a common donation basket can easily pass the virus from one person to the next.

Faith Presbyterian church, also in Sacramento, has had two parishioners die from the virus and a total of five people test positive for the virus, the Sacramento Bee reported.

Forty minutes south, in Lodi, church leaders sent the city a "cease and desist" letter after police entered the church during a service on 25 March, telling authorities the church "intends to continue to meet this Sunday and all future Wednesdays and Sundays".

Leaders from Bethany Slavic Missionary church did not immediately respond to a request for comment, but a press release published by the church contests information released by county health officials and media outlets.

The release states that a church leader said in a 14 March video address that the church "will comply with all regulations and guidance from the CDC. It also challenges the

number of cases that have been linked to the church and said it was never informed any of its members had died.

"It has been reported that 71 members of this church had fallen ill. These reports are believed to be inaccurate and falsely place the emphasis on this church," the release says.

It adds that the county's total number of cases linked to places of worship "has been falsely linked to Bethany Slavic Missionary Church. Media repetition of such unfounded representations invite ridicule, hatred, and violence against our church community."

In an interview with a local ABC affiliate, Beilenson said the county released the name of the church out of concern for public safety.

"The reason that we're disclosing this is not to cause pariahs or cast aspersions at anybody, but to really hammer home the importance of congregating, not only in church, but also in prayer meetings in people's homes," said Beilenson.

On Friday, the Sacramento county health department released additional information in response to the church's press release, confirming the numbers it had reported and saying the county coroner only informs family of the deceased as to cause of death.

"While we know that the church as a whole has ceased to meet and the leadership is hosting online services, we have been told by multiple sources that there are groups that continue to meet in homes, despite the public health order to not gather with anyone outside of household members. These gatherings have been directly linked to the clusters of cases in the community," the health department said.

"In no way does Sacramento county condone ridicule, hatred or violence toward this church, any other church, or any member of society."

● The photo caption on this article was amended on 6 April 2020 to make clear that the picture shows the California State Capitol in Sacramento.

to an ever greater extent on our readers, both for the moral force to continue doing journalism at a time like this and for the financial strength to facilitate that reporting.

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Have you got a minute?
Please answer four short questions to help us improve how we remind our readers to contribute.

EXHIBIT S

CNN

A person who was Covid-19 positive attended a church service and exposed 180 people, officials say

By Dakin Andone and Artemis Moshtaghian, CNN

Updated 10:28 PM ET, Sun May 17, 2020

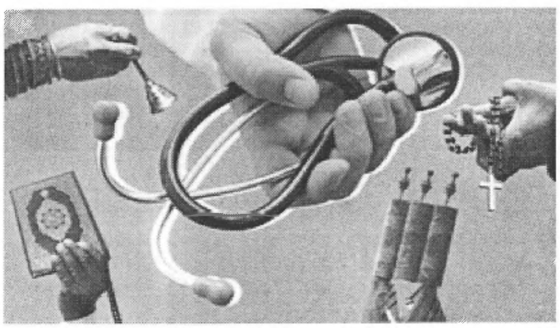
(CNN) — A person who later learned they were positive for Covid-19 attended a California religious

CNN US LIVE TV

The individual got a positive diagnosis for Covid-19 the day after the service and is now in isolation at home, Butte County Public Health said in a statement Friday.

People who attended the service have been notified about their exposure and received instructions from health officials to self-quarantine, the statement said. Officials are working to get testing for everyone who was in attendance.

As of Sunday afternoon, California had more than 78,800 cases of coronavirus, according to data from Johns Hopkins University. More than 3,200 people in the state have died.



Related Article: When religion is dangerous for your health

The incident highlights the ongoing tug-of-war between some religious organizations and public officials as they work to slow the spread of the coronavirus. Some congregations around the country have continued to meet, despite stay-at-home orders -- though some states had exempted religious gatherings.

"At this time, organizations that hold in-person services or gatherings are putting the health and safety of their congregations, the general public and our local ability to open up at great risk," said Butte County Public Health Director Danette York, who implored everyone to do their part to adhere to mitigation efforts.

Gov. Gavin Newsom's stay-at-home order prohibited gatherings of any size when it went into effect in March. While the state has started to lift some restrictions in a phased reopening, in-person religious gatherings remain prohibited until a later stage.

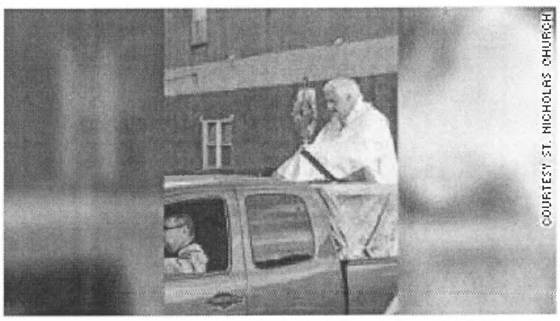
Butte County Public Health condemned the religious organization, which it did not name, saying its decision to open doors despite the governor's order would cost health officials many hours and present a "financial burden" during the Covid-19 response.

"Moving too quickly through the reopening process can cause a major setback and could require us to revert back to more restrictive measures," its statement said. "We implore everyone to follow the State order and our reopening plan to help combat the potential spread of Covid-19."

Religion vs. public health

Disagreements over whether religious groups should be allowed to meet amid the pandemic have led to several legal showdowns between religious leaders and public officials, who have expressed concerns that religious services could exacerbate the issue.

CNN US LIVE TV



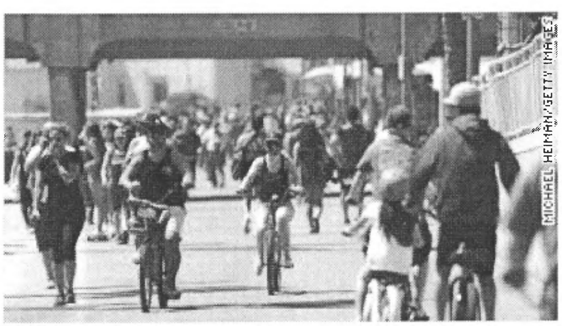
Related Article: A priest rode around in the back of a pickup truck blessing people in Philadelphia

Three pastors and a church member sued Newsom and other officials claiming their orders were an abuse of power and deprived Californians of "fundamental rights" guaranteed by the US and state constitutions, including freedom of religion.

A judge in North Carolina issued a ruling Saturday that would temporarily allow indoor worship services to resume, according to CNN affiliate WNCN, after a lawsuit argued Gov. Roy Cooper's executive order violated constitutional rights.

North Carolina began easing restrictions under a three-phase reopening plan beginning May 8. In the first phase, gatherings are limited to 10 people, including indoor services. Guidance from Cooper's office had said there would not be limits on outdoor worship services but attendees should follow social distancing as much as possible.

A hearing in the case is scheduled for May 29, but Cooper's office said it would not appeal the decision.



Related Article: Health officials double down on the dangers of mass gatherings as states reopen more venues

"We don't want indoor meetings to become hotspots for the virus and our health experts continue to warn that large groups sitting together for long periods of time are much more likely to cause the spread of Covid-19," Ford Porter, a spokesman for Cooper, said in a statement. "While our office disagrees with the decision, we will not appeal, but instead urge houses of worship and their leaders to voluntarily follow public health guidance to keep their members safe."

Another US District Court judge this week denied Louisiana pastor Tony Spell's request for a temporary restraining order that would have protected him from being arrested or fined for continuing to hold services.

Spell has repeatedly violated the order by holding services and refusing to limit the number of parishioners, practice social distancing or make churchgoers wear masks. In March, Baton Rouge police hit Spell with six misdemeanor counts of violating Gov. John Bel Edwards' order.

Spell's request was denied as Louisiana began lifting restrictions on religious organizations under phase one of its reopening plan, allowing them to resume services if they limited capacity to 25% — a step Spell told CNN he would not take.

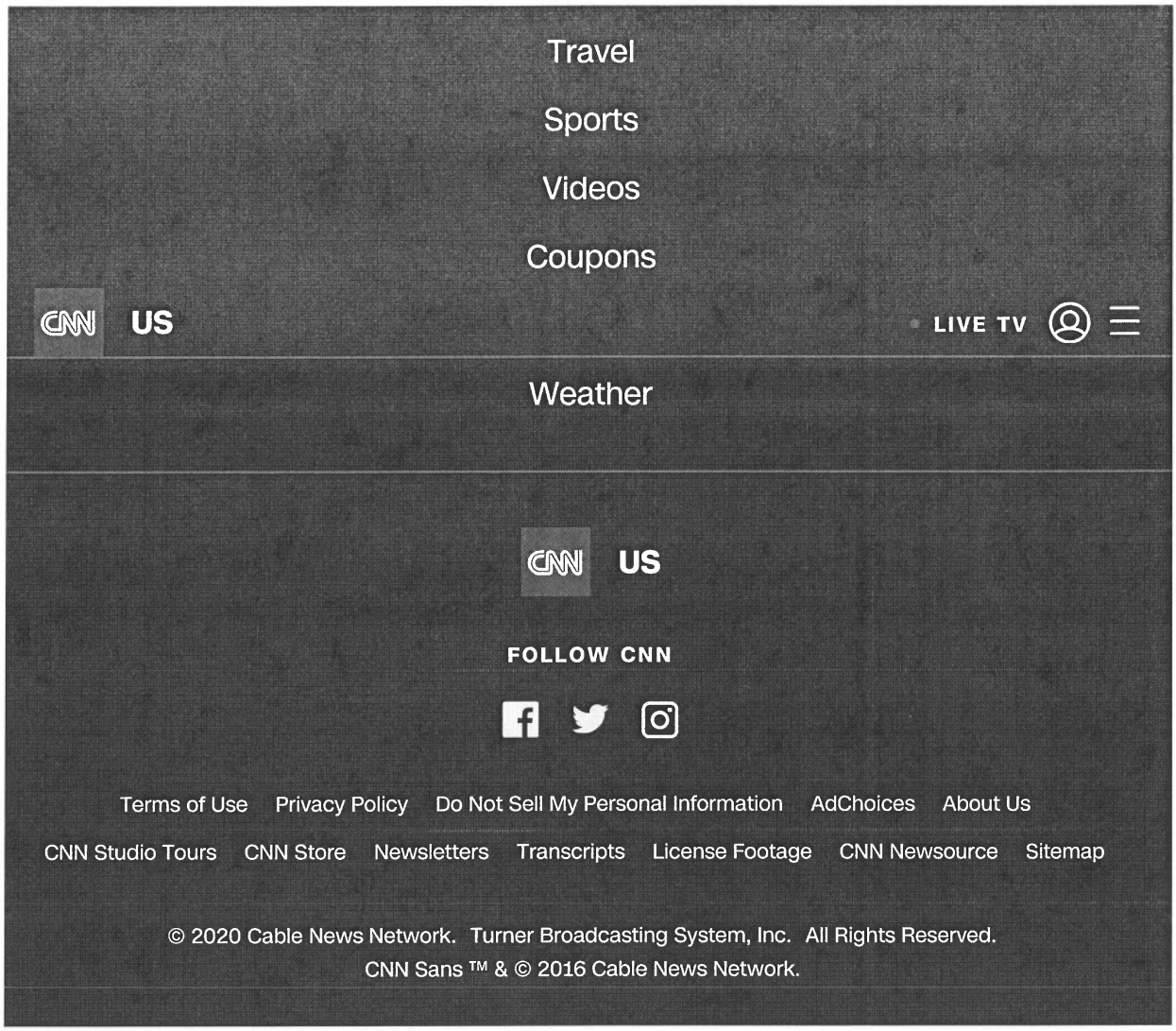

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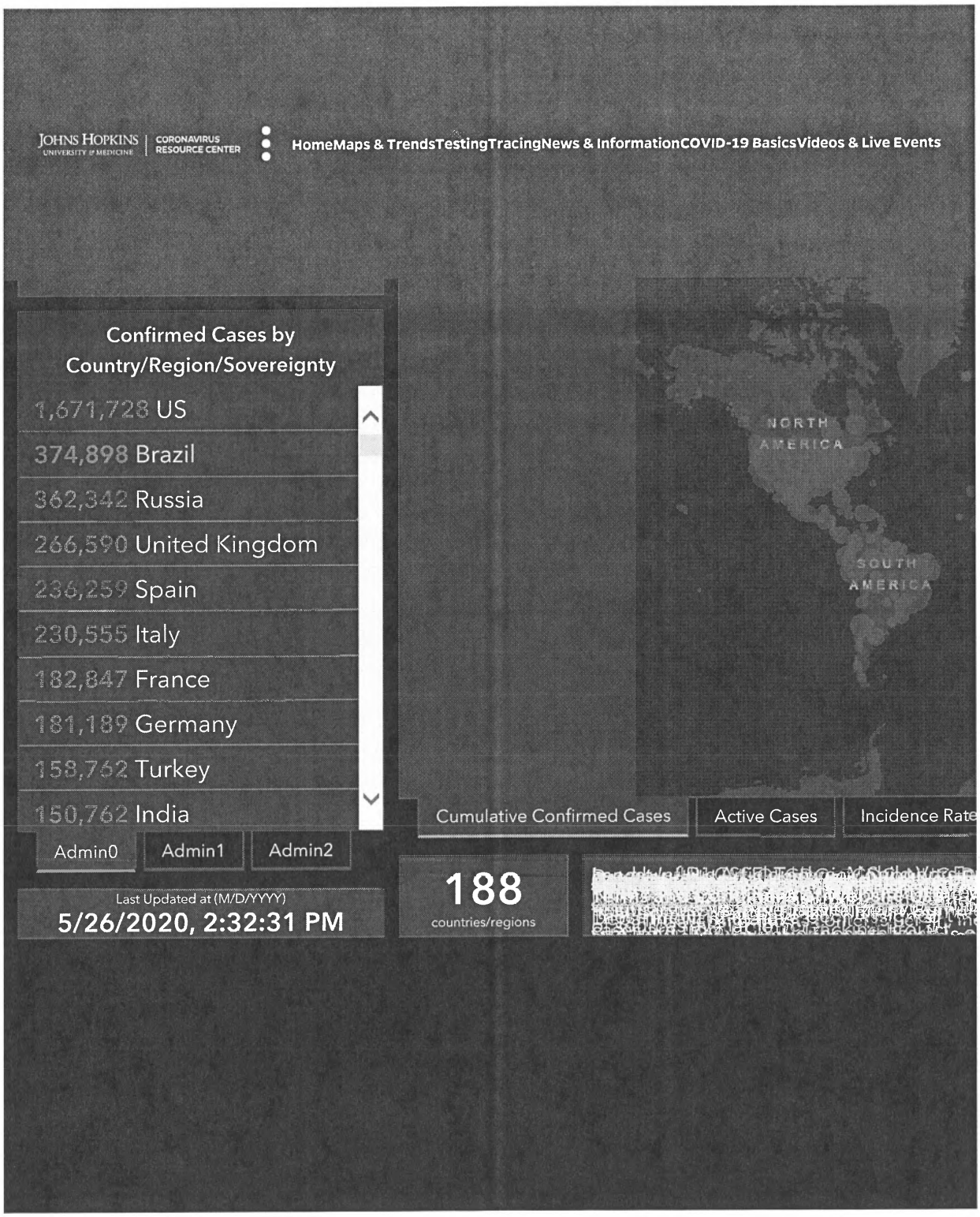
EXHIBIT T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Home Maps & Trends Testing Tracing News & Information COVID-19 Basics Videos & Live Events
Confirmed Cases by Country/Region/Sovereignty
1,671,728 US
374,898 Brazil
362,342 Russia
266,590 United Kingdom
236,259 Spain
230,555 Italy
182,847 France
181,189 Germany
158,762 Turkey
150,762 India
NORTH AMERICA
SOUTH AMERICA
Cumulative Confirmed Cases
Active Cases
Incidence Rate
Admin0
Admin1
Admin2
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188
countries/regions

EXHIBIT U

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

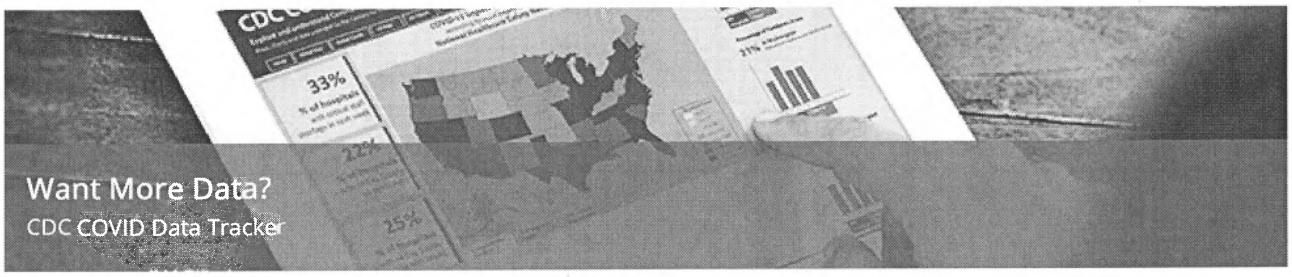
Coronavirus Disease 2019 (COVID-19)

Cases in the U.S.

Last updated on May 26, 2020

TOTAL CASES
1,662,414
24,958 New Cases*

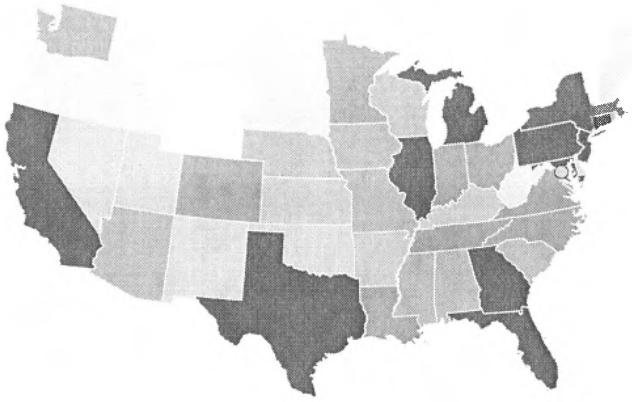
TOTAL DEATHS
98,261
592 New Deaths*



Cases & Deaths by State

30 states report more than 10,000 cases of COVID-19.

This map shows COVID-19 cases and deaths reported by U.S. states, the District of Columbia, and other U.S.-affiliated jurisdictions. Hover over the map to see the number of cases and deaths reported in each jurisdiction. To go to a jurisdiction's health department website, click on the jurisdiction on the map.



Reported Cases

- 0 to 1,000
- 1,001 to 5,000
- 5,001 to 10,000
- 10,001 to 20,000
- 20,001 to 40,000
- 40,001 or more

AS GU MH FM MP PW PR VI

Jurisdictions

Add U.S. Map to Your Website

Cases & Deaths by County

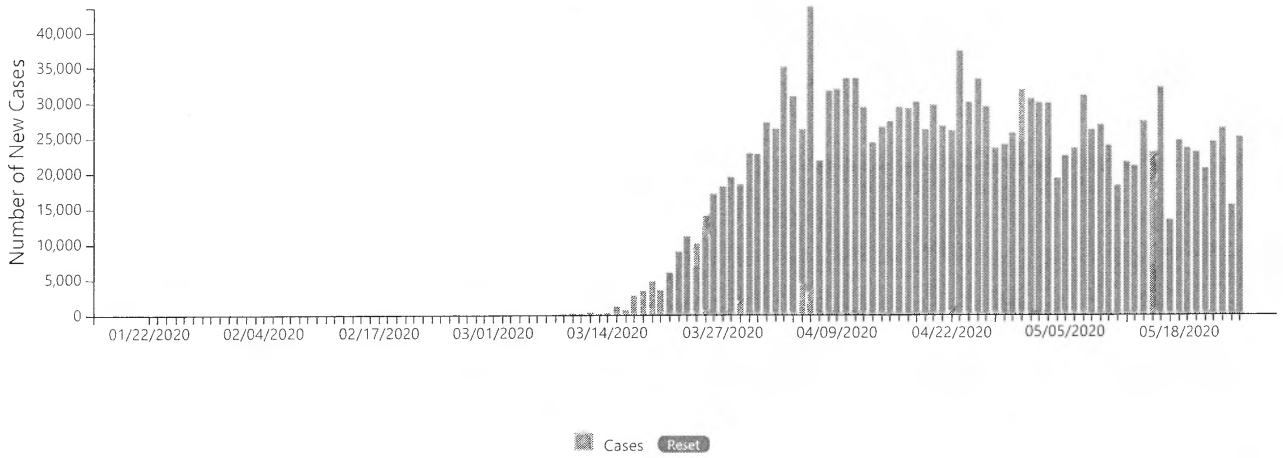
Select a state to view the number of cases and deaths by county. This data is courtesy of USAFacts.org

Select a State

View County Data

New Cases by Day

The following chart shows the number of new cases of COVID-19 reported by day in the U.S. since the beginning of the outbreak.



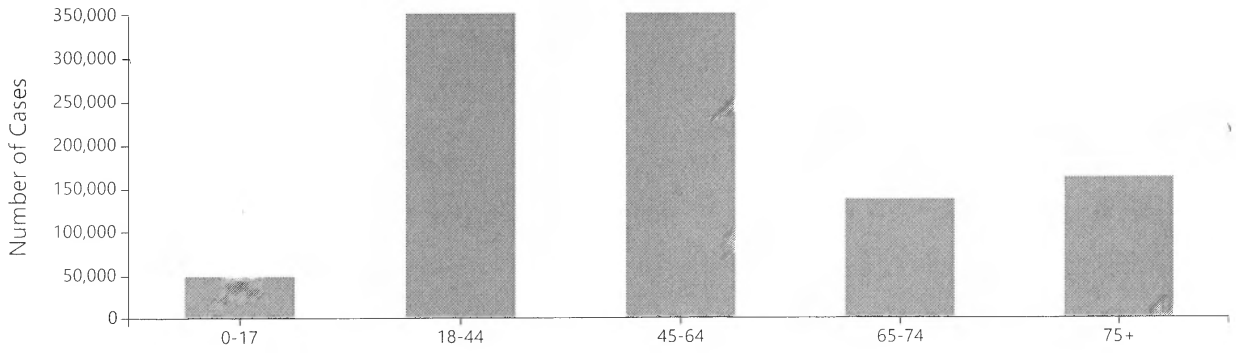
View Data by Date

	01/22/2020	01/23/2020	01/24/2020	01/25/2020	01/26/2020	01/27/2020	01/28/2020	01/29/2020	01/30/2020
Cases	1	0	1	0	3	0	0	0	0

Scroll for additional info

Cases by Age

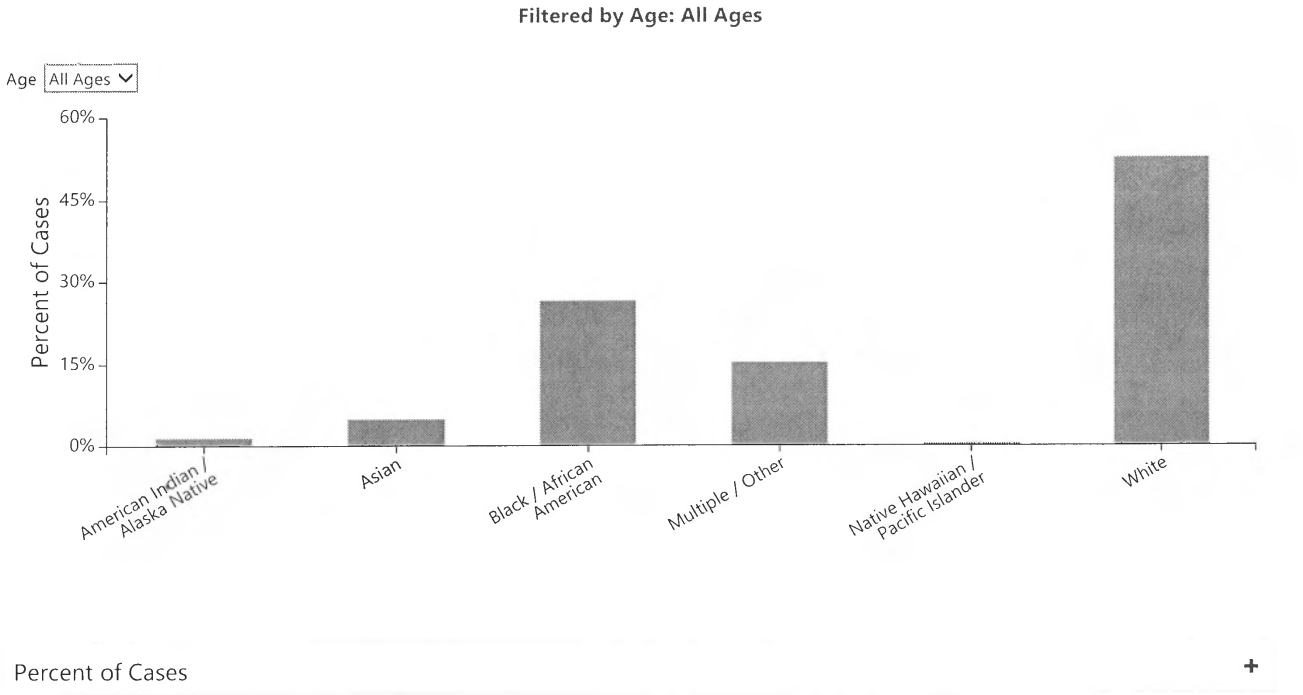
The following chart shows the age of people with COVID-19. Data were collected from 1,327,267 people, and age was available for 1,324,111 (99.8%) people.



Number of Cases

Cases by Race & Age

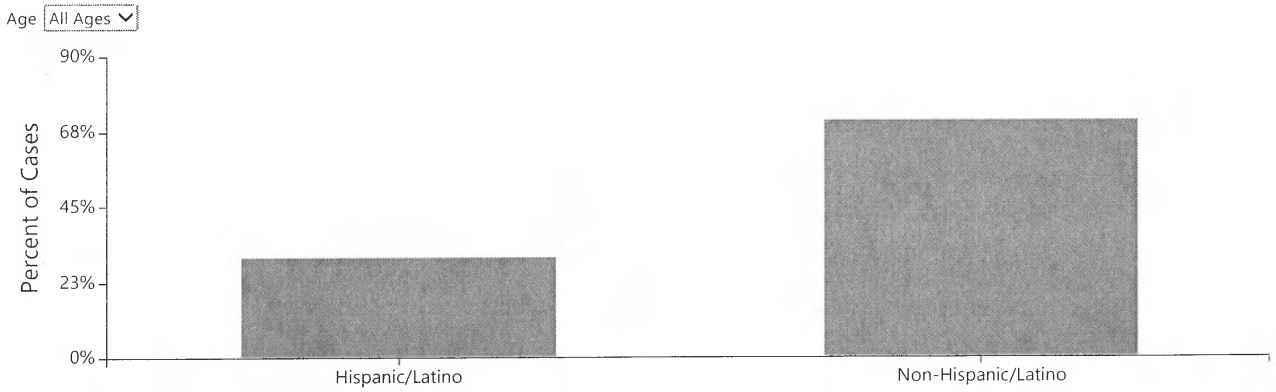
The following chart shows the race of people with COVID-19. Data were collected from 1,327,267 people, but race was only available for 653,561 (49.2%) people.



Cases by Ethnicity & Age

The following chart shows the ethnicity of people with COVID-19. Data were collected from 1,327,267 people, but ethnicity was only available for 613,757 (46.2%) people.

Filtered by Age: All Ages



Percent of Cases +

Cases & Deaths among Healthcare Personnel

Data were collected from 1,327,266 people, but healthcare personnel status was only available for 282,366 (21.3%) people. For the 62,344 cases of COVID-19 among healthcare personnel, death status was only available for 35,460 (56.9%).

CASES AMONG HCP	DEATHS AMONG HCP
62,344	291

Previous U.S. COVID-19 Case Data

CDC has moved the following information to the Previous U.S. COVID-19 Case Data

- When did people in the U.S. get sick from COVID-19,
- How did people in the U.S. get COVID-19, and
- Cases of COVID-19 from Wuhan, China and the Diamond Princess cruise.

About the Data

Updated Daily

This page is updated daily based on data confirmed at 4:00pm ET the day before.

Numbers reported on Saturdays and Sundays are preliminary and not yet confirmed by state and territorial health departments. These numbers may be modified when numbers are updated on Mondays.

Number of Jurisdictions

There are currently 55 U.S.-affiliated jurisdictions reporting cases of COVID-19. This includes 50 states, District of Columbia, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S Virgin Islands.

Confirmed & Probable Cases

As of April 14, 2020, CDC case counts and death counts include both confirmed and probable cases and deaths. This change was made to reflect an interim COVID-19 position statement issued by the Council for State and Territorial Epidemiologists on April 5, 2020. The position statement included a case definition and made COVID-19 a nationally notifiable disease.

A confirmed case or death is defined by meeting confirmatory laboratory evidence for COVID-19.

A probable case or death is defined by one of the following:

- Meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19
- Meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence
- Meeting vital records criteria with no confirmatory laboratory testing performed for COVID19

Case Notifications

Case notifications were received by CDC from U.S. public health jurisdictions and the National Notifiable Diseases Surveillance System (NNDSS).

Accuracy of Data

CDC does not know the exact number of COVID-19 illnesses, hospitalizations, and deaths for a variety of reasons. COVID-19 can cause mild illness, symptoms might not appear immediately, there are delays in reporting and testing, not everyone who is infected gets tested or seeks medical care, and there may be differences in how states and territories confirm numbers in their jurisdictions.

State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

EXHIBIT V

Communicable Disease Service

New Jersey COVID-19 Dashboard

Go Back to Main COVID-19 page

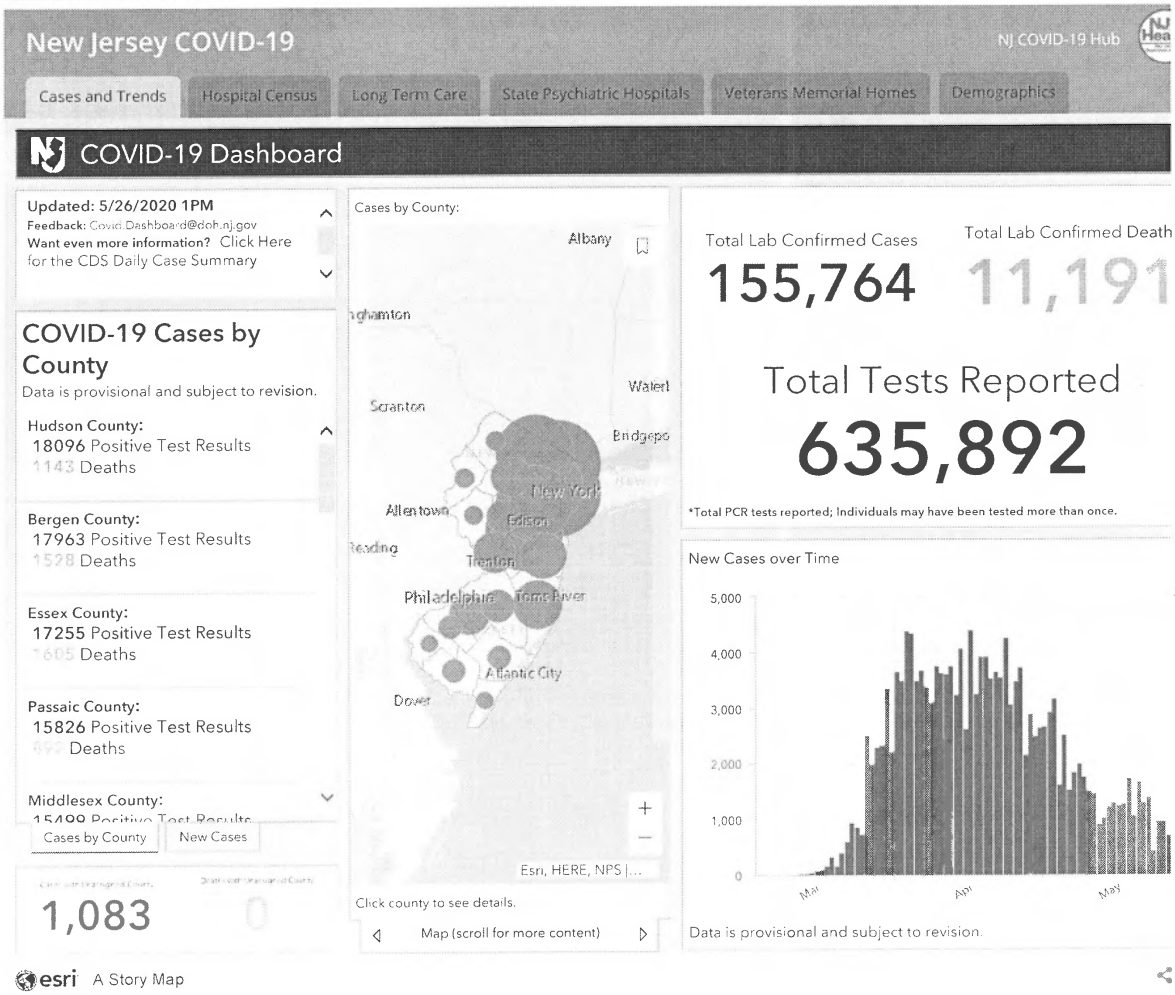


EXHIBIT W

The New York Times

Worst-Case Estimates for U.S. Coronavirus Deaths

Projections based on C.D.C. scenarios show a potentially vast toll. But those numbers don't account for interventions now underway.

By Sheri Fink

Published March 13, 2020 Updated March 18, 2020

Officials at the U.S. Centers for Disease Control and Prevention and epidemic experts from universities around the world conferred last month about what might happen if the new coronavirus gained a foothold in the United States. How many people might die? How many would be infected and need hospitalization?

One of the agency's top disease modelers, Matthew Biggerstaff, presented the group on the phone call with four possible scenarios — A, B, C and D — based on characteristics of the virus, including estimates of how transmissible it is and the severity of the illness it can cause. The assumptions, reviewed by The New York Times, were shared with about 50 expert teams to model how the virus could tear through the population — and what might stop it.

The C.D.C.'s scenarios were depicted in terms of percentages of the population. Translated into absolute numbers by independent experts using simple models of how viruses spread, the worst-case figures would be staggering if no actions were taken to slow transmission.

Between 160 million and 214 million people in the United States could be infected over the course of the epidemic, according to a projection that encompasses the range of the four scenarios. That could last months or even over a year, with infections concentrated in shorter periods, staggered across time in different communities, experts said. As many as 200,000 to 1.7 million people could die.

And, the calculations based on the C.D.C.'s scenarios suggested, 2.4 million to 21 million people in the United States could require hospitalization, potentially crushing the nation's medical system, which has only about 925,000 staffed hospital beds. Fewer than a tenth of those are for people who are critically ill.

The assumptions fueling those scenarios are mitigated by the fact that cities, states, businesses and individuals are beginning to take steps to slow transmission, even if some are acting less aggressively than others. The C.D.C.-led effort is developing more sophisticated models showing how interventions might decrease the worst-case numbers, though their projections have not been made public.

"When people change their behavior," said Lauren Gardner, an associate professor at the Johns Hopkins Whiting School of Engineering who models epidemics, "those model parameters are no longer applicable," so short-term forecasts are likely to be more accurate. "There is a lot of room for improvement if we act appropriately."

Those actions include testing for the virus, tracing contacts, and reducing human interactions by stopping mass gatherings, working from home and curbing travel. In just the last two days, multiple schools and colleges closed, sports events were halted or delayed, Broadway theaters went dark, companies barred employees from going to the office and more people said they were following hygiene recommendations.

The Times obtained screenshots of the C.D.C. presentation, which has not been released publicly, from someone not involved in the meetings. The Times then verified the data with several scientists who did participate. The scenarios were marked valid until Feb. 28, but remain "roughly the same," according to Ira Longini, co-director of the Center for Statistics and Quantitative Infectious Diseases at the University of Florida. He has joined in meetings of the group.

The C.D.C. declined interview requests about the modeling effort and referred a request for comment to the White House Coronavirus Task Force. Devin O'Malley, a spokesman for the task force, said that senior health officials had not presented the findings to the group, led by Vice President Mike Pence, and that nobody in Mr. Pence's office "has seen or been briefed on these models."

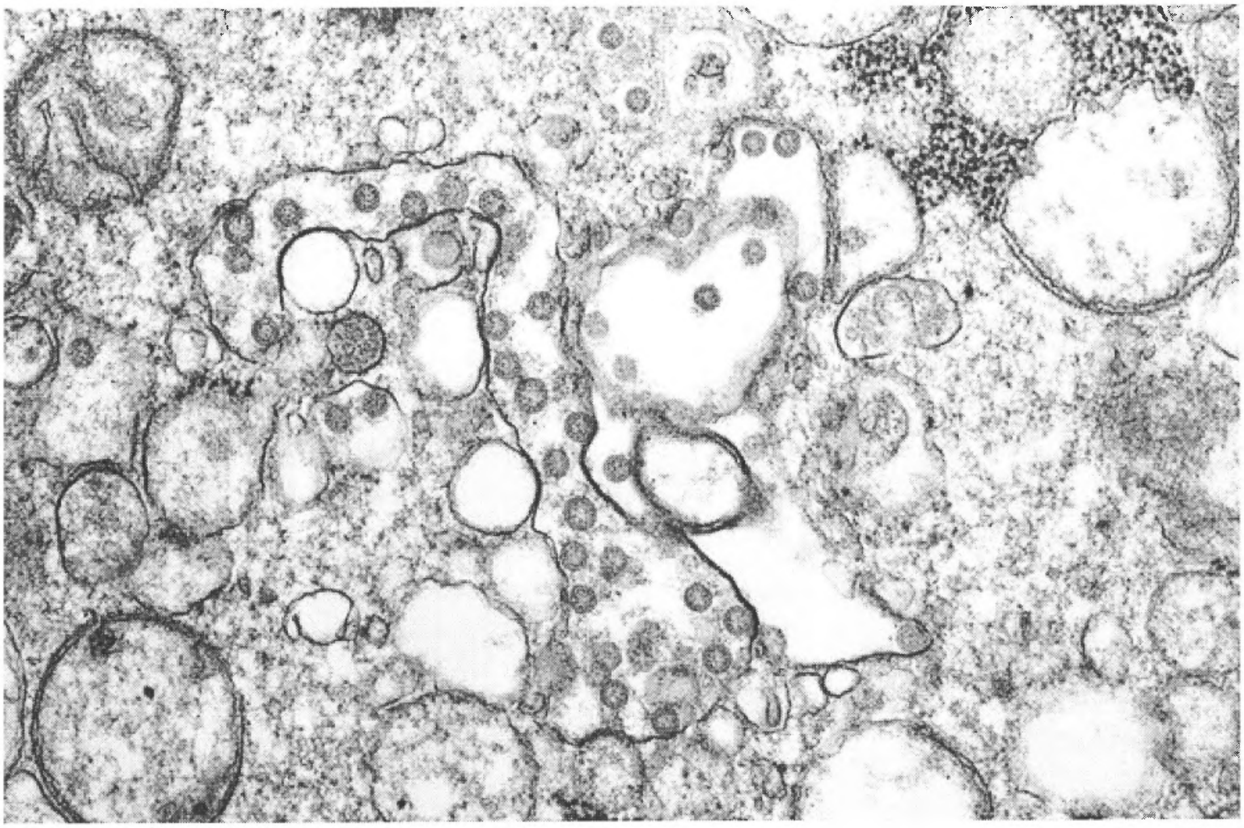
The assumptions in the C.D.C.'s four scenarios, and the new numerical projections, fall in the range of others developed by independent experts.

Dr. Longini said the scenarios he helped the C.D.C. refine had not been publicly disclosed because there remained uncertainty about certain key aspects, including how much transmission could occur from people who showed no symptoms or had only mild ones.

"We're being very, very careful to make sure we have scientifically valid modeling that's drawing properly on the epidemic and what's known about the virus," he said, warning that simple calculations could be misleading or even dangerous. "You can't win. If you overdo it, you panic everybody. If you underdo it, they get complacent. You have to be careful."

But without an understanding of how the nation's top experts believe the virus could ravage the country, and what measures could slow it, it remains unclear how far Americans will go in adopting — or accepting — socially disruptive steps that could also avert deaths. And how quickly they will act.

Studies of previous epidemics have shown that the longer officials waited to encourage people to distance and protect themselves, the less useful those measures were in saving lives and preventing infections.



An isolate from the first U.S. case of Covid-19, the illness caused by coronavirus. Centers for Disease Control via Reuters

"A fire on your stove you could put out with a fire extinguisher, but if your kitchen is ablaze, that fire extinguisher probably won't work," said Dr. Carter Mecher, a senior medical adviser for public health at the Department of Veterans Affairs and a former director of medical preparedness policy at the White House during the Obama and Bush administrations. "Communities that pull the fire extinguisher early are much more effective."

From Flu to Coronavirus

Dr. Biggerstaff presented his scenarios in a meeting held weekly to model the pandemic's effects in the United States, Dr. Longini said. Its participants had been at work for several months before the emergence of the virus, modeling a potential influenza pandemic. "We just kind of retooled, re-shifted," said Dr. Longini. "The priority's now coronavirus."

Latest Updates: Coronavirus Outbreak in the U.S.

- About a dozen states are reporting upticks in new cases, even as the national picture improves.
- The floor of the New York Stock Exchange reopened and the stock market rallied in early trading.
- The stakes for reopening are especially high for Las Vegas.

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The four scenarios have different parameters, which is why the projections range so widely. They variously assume that each person with the coronavirus would infect either two or three people; that the hospitalization rate would be either 3 percent or 12; and that either 1 percent or a quarter of a percent of people experiencing symptoms would die. Those assumptions are based on what is known so far about how the virus has behaved in other contexts, including in China.

Other weekly C.D.C. modeling meetings center on how the virus is spreading internationally, the impact of community actions such as closing schools, and estimating the supply of respirators, oxygen and other resources that could be needed by the nation's health system, participants said.

In the absence of public projections from the C.D.C., outside experts have stepped in to fill the void, especially in health care. Hospital leaders have called for more guidance from the federal government as to what might lie in store in the coming weeks.

Even severe flu seasons stress the nation's hospitals to the point of setting up tents in parking lots and keeping people for days in emergency rooms. Coronavirus is likely to cause five to 10 times that burden of disease, said Dr. James Lawler, an infectious diseases specialist and public health expert at the University of Nebraska Medical Center. Hospitals "need to start working now," he said, "to get prepared to take care of a heck of a lot of people."

Dr. Lawler recently presented his own "best guess" projections to American hospital and health system executives at a private webinar convened by the American Hospital Association. He estimated that some 96 million people in the United States would be infected. Five out of every hundred would need hospitalization, which would mean close to five million hospital admissions, nearly two million of those patients requiring intensive care and about half of those needing the support of ventilators.

Dr. Lawler's calculations suggested 480,000 deaths, which he said was conservative. By contrast, about 20,000 to 50,000 people have died from flu-related illnesses this season, according to the C.D.C. Unlike with seasonal influenza, the entire population is thought to be susceptible to the new coronavirus.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, speaking at a congressional hearing on Thursday, said predictions based on models should be treated with caution. "All models are as good as the assumptions that you put into the model," he said, responding to a question from Representative Rashida Tlaib about an estimate from the attending physician of Congress that the United States could have 70 million to 150 million coronavirus cases.

What will determine the ultimate number, he said, "will be how you respond to it with containment and mitigation."

Clues From 1918

Independent experts said these projections were critically important to act on, and act on quickly. If new infections can be spread out over time rather than peaking all at once, there will be less burden on hospitals and a lower ultimate death count. Slowing the spread will paradoxically make the outbreak last longer, but will cause it to be much milder, the modelers said.

A Red Cross hospital in Wuhan, China, the outbreak's epicenter. Agence France-Presse — Getty Images

A preliminary study released on Wednesday by the Institute for Disease Modeling projected that in the Seattle area, enhancing social distancing — limiting contact with groups of people — by 75 percent could reduce deaths caused by infections acquired in the next month from 400 to 30 in the region.

A recent paper, cited by Dr. Fauci at a news briefing on Tuesday, concludes that the rapid and aggressive quarantine and social distancing measures applied by China in cities outside of the outbreak's epicenter achieved success. "Most countries only attempt social distancing and hygiene interventions when widespread transmission is apparent. This gives the virus many weeks to spread," the paper said, with the average number of people each new patient infects higher than if the measures were in place much earlier, even before the virus is detected in the community.

"By the time you have a death in the community, you have a lot of cases already," said Dr. Mecher. "It's giving you insight into where the epidemic was, not where it is, when you have something fast moving." He added: "Think starlight. That light isn't from now, it's from however long it took to get here."

He said a single targeted step — a school closing, or a limit on mass gatherings — cannot stop an outbreak on its own. But as with Swiss cheese, layering them together can be effective.

during flu season, the safest place to sit on a plane is by a window, as people sitting in window seats had less contact with potentially sick people. Disinfect hard surfaces. When you get to your seat and your hands are clean, use disinfecting wipes to clean the hard surfaces at your seat like the head and arm rest, the seatbelt buckle, the remote, screen, seat back pocket and the tray table. If the seat is hard and nonporous or leather or pleather, you can wipe that

READ MORE

This conclusion is backed up by history.

The most lethal pandemic to hit the United States was the 1918 Spanish flu, which was responsible for about 675,000 American deaths, according to estimates cited by the C.D.C.

The Institute for Disease Modeling calculated that the new coronavirus is roughly equally transmissible as the 1918 flu, and just slightly less clinically severe, and it is higher in both transmissibility and severity compared with all other flu viruses in the past century.

Dr. Mecher and other researchers studied deaths during that pandemic a century ago, comparing the experiences of various cities, including what were then America's third- and fourth-largest, Philadelphia and St Louis. In October of that year Dr. Rupert Blue, America's surgeon general, urged local authorities to "close all public gathering places if their community is threatened with the epidemic," such as schools, churches, and theaters. "There is no way to put a nationwide closing order into effect," he wrote, "as this is a matter which is up to the individual communities."

The mayor of St. Louis quickly took that advice, closing for several weeks "theaters, moving picture shows, schools, pool and billiard halls, Sunday schools, cabarets, lodges, societies, public funerals, open air meetings, dance halls and conventions until further notice." The death rate rose, but stayed relatively flat over that autumn.

PNAS

By contrast, Philadelphia took none of those measures; the epidemic there had started before Dr. Blue's warning. Its death rate skyrocketed.

The speed and deadliness of the pandemic humbled doctors then much as the coronavirus pandemic is doing now. Some commented on the difficulty of getting healthy people to take personal precautions to help protect others at greater risk.

Modern societies have tools that did not exist then: advanced hospitals, the possibility of producing a vaccine in roughly a year, the production of diagnostics. But other signs are more worrying.

The world population is about triple the size it was the year before the 1918 flu, with 10 times as many people over 65 and 30 times as many over 85. These groups have proven especially likely to become critically ill and die in the current coronavirus pandemic. In Italy, hospitals are so overwhelmed that ventilators are being rationed.

"It's so important that we protect them," said Dr. Gabriel Leung, a professor in population health at Hong Kong University. In work accepted for publication in the journal Nature Medicine, he estimated that 1.5 percent of symptomatic people with the virus died. He and others who have devoted their careers to modeling said that looking at the experiences of other countries already battling the coronavirus was all it took to know what needed to be done in the United States.

"All U.S. cities and states have the natural experiment of the cities that have preceded us, namely the superb response of Singapore and Hong Kong," said Dr. Michael Callahan, an infectious disease specialist at Harvard. Those countries

implemented school closures, eliminated mass gatherings, required work from home, and rigorously decontaminated their public transportation and infrastructure. They also conducted widespread testing.

They were able to "reduce an explosive epidemic to a steady state one," Dr. Callahan said.

As in the case of an approaching hurricane, Dr. Mecher said, "You've got to take potentially very disruptive actions when the sun is shining and the breeze is mild."

EXHIBIT X

northjersey.com

Nearly all businesses in NJ are closed. Why are liquor stores considered 'essential'?

Ashley Balcerzak, NorthJersey.com 3/29/2020

When Gov. Phil Murphy declared that only "essential" retail businesses "critical to our response" could remain open, liquor stores were one of the handful that made the essential list. Why?

There may be a public health reason for that, addiction experts say.

"If someone is dependent on alcohol and they can't get alcohol, then they can go into withdrawal," said Paul Nestadt, assistant professor at the Johns Hopkins University School of Medicine. "Alcohol is one of the few substances that when you're withdrawing you can actually die. You can't die from heroin withdrawal or cocaine withdrawal."

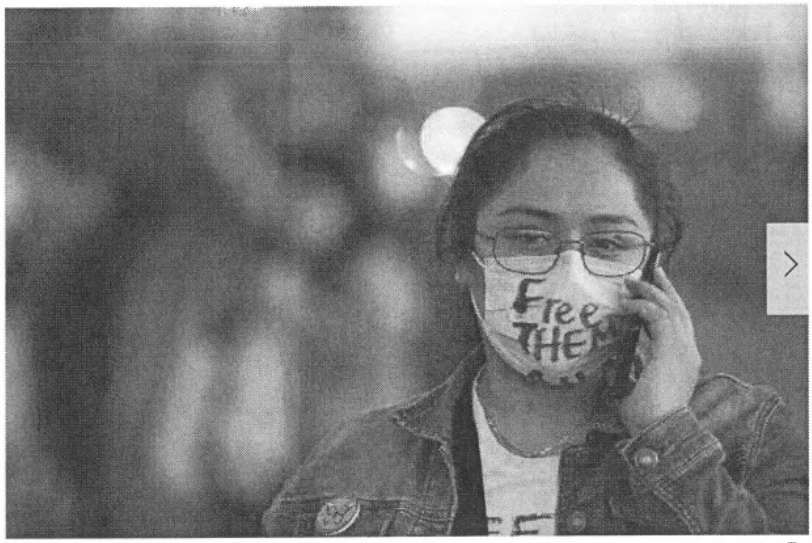
tremors, body aches and fatigue, Nestadt said. Withdrawal can even lead to hallucinations or cause seizures.

"If someone is going through withdrawal cold turkey, they need a medical doctor to supervise," said Ashley Linden-Carmichael, an assistant research professor at Pennsylvania State University. "And as our health care system is being flooded with COVID-19 right now, it's a difficult time for people to get the treatment that they need."

A person experiencing withdrawal would go to the hospital to detox, and medical professionals would give the person medication similar to Valium as a taper over a couple of days until the patient is safely out of the woods and through the withdrawal, Nestadt said. The person would then typically be sent to a rehabilitation facility.

"Right now we're trying to keep people out of the ERs for a lot of reasons, and even in a normal situation if suddenly alcohol was unavailable, you would see ERs flooded," Nestadt said.

Story continues below gallery



1/168 SLIDES © Michael Karas/NorthJersey.com Full screen

alcohol differently. New York is keeping liquor stores open, while Pennsylvania's Liquor Control Board closed all locations of the state-

"For the population of people who are experiencing severe alcohol dependency, I completely understand why this would be deemed essential," Linden-Carmichael said.

Murphy's office would not answer questions on the record as to why New Jersey included liquor stores on the necessary list.

When asked on Tuesday why he included liquor stores, Murphy told an anecdote about a recovery coach he worked with who thanked him for his decision.

"She was on her knees profusely thanking me for keeping the liquor stores open as it relates to just the whole addiction front," Murphy said. "She said the alternative would have been crushing for a lot of people. The concern we got ... is that it wasn't just whether liquor stores were essential or not. It was they were becoming social gathering places. We're OK with the liquor stores staying open, but we're not OK with any social gatherings."

"All businesses ... were deemed essential after careful consideration of several factors such as the impact to our health care system and transportation, and accessibility to food, water and hardware," said Sgt. Jeff Flynn of the New Jersey State Police.

On the other hand, as more people are quarantined or ordered to stay at home, it can lead to increased drinking and exacerbate problems for those with anxiety or depression.

"If the economy is not doing great, that's linked to increased suicide rates, and at the same time, there's been a run on firearms and a lot of new gun owners right now, isolated and economically destroyed," Nestadt said.

March 8 to 14 compared with the same period last year, according to the latest data available from the Department of Labor.

know about COVID-19

People holding "virtual happy hours" or doing the "see a shot, take a shot" social media challenge should keep in mind that excessive drinking can hurt your immune system's ability to fight off illness, according to scientific studies.

Excessive drinking is linked with a higher likelihood of pneumonia and acute respiratory distress syndrome, which causes breathing difficulty and often requires support from ventilators, which are already in short supply with rising cases of COVID-19.

A study from Loyola University Medical Center in Illinois found that binge drinking disrupted the immune systems of young adults. Hours after drinking four or five shots of vodka, participants' immune systems were less active than when they were sober.

Ashley Balcerzak is a reporter in the New Jersey Statehouse. For *unlimited access to her work covering New Jersey's legislature and political power structure, please subscribe or activate your digital account today.*

Email: balcerzaka@northjersey.com Twitter: @abalcerzak

This article originally appeared on NorthJersey.com: Nearly all businesses in NJ are closed. Why are liquor stores considered 'essential'?

Microsoft may earn an Affiliate Commission if you purchase something through recommended links in this article.

EXHIBIT Y

For Immediate Release:
March 27, 2020

Office of The Attorney General
- Gurbir S. Grewal, *Attorney General*
New Jersey State Police
- Colonel Patrick Callahan, *Superintendent*

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Attorney General Grewal Urges Public to Comply with Emergency Orders or Face Law Enforcement Action

"Stay Home and Stay Safe" Is Not Just Good Advice During COVID-19 Emergency - It's the Law

TRENTON – Attorney General Gurbir S. Grewal today urged the public and business owners to comply with the Governor's emergency orders - not only to keep themselves and others healthy, but to avoid creating more work and risks for hard-pressed law enforcement officers. He warned that those who fail to comply will be held accountable, citing numerous cases where charges have been filed for violations of the orders or other offenses related to the coronavirus.

"Our police officers are going above and beyond the call of duty during this health crisis. Unfortunately, they are being called upon far too often to deal with people violating the orders put in place to protect us all - or what is more egregious, people falsely using the coronavirus to spread fear or impede officers in their vital work," said Attorney General Grewal. "Staying home and maintaining social distance is not just good advice to stay healthy, it's the law. Make no mistake, we will do what it takes to keep our residents and police officers safe, and that means we won't hesitate to file criminal charges against those who violate the emergency orders."

"Once again, New Jersey citizens are facing a crisis with unwavering resolve, fortitude and perseverance, because the vast majority of our residents and businesses are complying with Governor Murphy's executive order, which must be strictly adhered to in order to prevent community spread of COVID-19," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "As we work collectively to accomplish this goal, it is imperative that businesses and residents follow the protocols set forth in the executive order. Failure to do so will result in a swift response from law enforcement."

Here are some of the recent enforcement actions taken, as well as other cases where individuals were charged by law enforcement with crimes related to COVID-19:

- On March 12, Lea Piazza, 28, was charged with false public alarm and motor vehicle offenses after falsely claiming to be infected with the coronavirus during a DWI arrest in Hanover Township.
- On March 16, Jennifer Burgess allegedly spit on officers in Dunellen, claiming to have tested positive for COVID-19. She was charged with throwing bodily fluid at a law enforcement officer and second-degree terroristic threats.

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Criminal Justice (Division of)
Election Law Enforcement Comm.
Gaming Enforcement (Div. of)
Highway Traffic Safety (Division of)
Insurance Fraud Prosecutor (Office of)
Juvenile Justice Commission
State Police (Division of NJ)
Law (Division of)

- On March 17, Nicole A. Ayvaz, 23, was arrested in Belleville and charged with false public alarm for allegedly calling emergency dispatchers and claiming she had the coronavirus to try to get Essex County College to close. She did not have the virus.

- On March 20, Shaul Kuperwasser, 43, was charged with maintaining a nuisance for holding a wedding in Lakewood the previous day, March 19, in violation of the emergency order prohibiting large gatherings.

- On March 20, Eliyohu S. Zaks, 49, was charged with maintaining a nuisance for holding a wedding in Lakewood in violation of the emergency order prohibiting large gatherings.

- On March 20, Zachary Hagin, 33, was charged with aggravated assault on a law enforcement officer, resisting arrest, and endangering for allegedly spitting on a police officer in Gloucester Township and claiming to have the coronavirus.

- On March 20, Marina N. Bishara-Rhone, 22, allegedly coughed directly on an officer during a domestic violence incident in River Edge, saying she had the virus and she hoped he was now infected. She was charged with endangering and throwing bodily fluid at a law enforcement officer.

- On March 21, Jacquon Jones, 37, was charged with disorderly conduct for holding a large party in Penns Grove in violation of the emergency order prohibiting large gatherings.

- On March 21, David Haley, 52, was charged in Middlesex County with throwing bodily fluid at a law enforcement officer and second-degree terroristic threats. He claimed to be infected with the coronavirus.

- On March 22, in Waterford, Carmen J. Fasanella, 25, was charged after he allegedly went out drinking with a friend and crashed his car. He was charged with DWI, reckless driving, and a disorderly persons offense for violating the stay at home order.

- On March 24, Adrienne Morris, 34, was charged in Gloucester Township after she allegedly went to the home of another woman and assaulted her. She was charged with aggravated assault, harassment, and a disorderly persons offense for violating the stay at home order.

- On March 24, George Falcone, 50, was charged with terroristic threats, obstruction, and harassment for allegedly purposely coughing on an employee at the Wegmans store in Manalapan and refusing to cooperate with a police officer.

- On March 24, David C. Morris, 54, allegedly told New Jersey state troopers in Sussex County that he had the coronavirus in an attempt to avoid arrest after a motor vehicle stop. He was charged with DWI.

- On March 24 in Lakewood, police charged Meir T. Gruskin, 37, with a disorderly persons offense for holding a wedding at his home in violation of the emergency orders.

- On March 24, the Jersey City Police Department charged multiple individuals who were loitering as a group outside an apartment building. Three juveniles were charged with defiant trespass, failure to disperse, and disorderly persons offenses related to the emergency orders.

- On March 25, Karley A. Rosell, 24, of Pitman, was charged in a domestic violence incident with leaving her home and allegedly throwing a Molotov cocktail at her boyfriend's residence. It did not detonate. She was charged with arson and weapons offenses, as well as a disorderly persons offense for violating the stay at home order.

- On March 25 in Lakewood, police charged Abraham Bursztyn, 48, with maintaining a nuisance, in violation of the emergency order prohibiting large gatherings, for holding a gathering of approximately 25 young men at the school where he is headmaster.

- On March 25, Raymond Ricciardi, 51, was arrested in New Providence on domestic violence charges. He allegedly stated that he was infected with the coronavirus and started to cough at police and medical personnel. He was charged with obstruction and harassment.

- On March 25, in Lakewood, Juan Gomez Sanchez was charged with a disorderly persons offense for purposely coughing at a liquor store and claiming he was infected with the coronavirus.

- On March 26, police in Washington Township, Warren County, charged David Merring, 62, owner of Rack and Roll Billiards Hall, with obstruction of the administration of law for keeping his business open in violation of the emergency order. He was previously warned about opening during the emergency and closed down. He re-opened and had customers inside when police arrived.

- On March 27, Piscataway Police charged four individuals, Yu Han, 20, Xiaonuo Shi, 18, Chenyu Yang, 19, and Roukai Wang, 19, with disorderly persons offenses for violating the emergency orders and criminal mischief for allegedly drag racing and doing donuts in a school parking lot.

- On March 27, in Hazlet, state troopers charged Travis Urban, 30, with obstruction and hindering apprehension or prosecution for allegedly falsely claiming he had the coronavirus to try to avoid charges after being involved in a motor vehicle accident.

- On March 26, Lakewood Police charged William Katzenstein, 39, with a disorderly persons offense for holding a wedding in violation of the emergency order.

- On March 27, police charged Pria Milledge, 37, with a disorderly persons offense for holding a party in Bridgeton in violation of the order prohibiting large gatherings.

If you are seeing a lack of compliance in your town, please contact your local police department or report here https://covid19.nj.gov/violation

The Attorney General's Office and New Jersey State Police will continue to work with law enforcement throughout New Jersey to deter non-complaint behavior.

The charges are merely accusations and the defendants are presumed innocent until proven guilty.

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THE STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
OFFICE OF THE ATTORNEY GENERAL

For Immediate Release:
April 1, 2020

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Division of Criminal Justice
- Veronica Allende, *Director*

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AG Grewal: If You Threaten a Cop with COVID-19, You Will Face the Maximum Criminal Charges

AG's Office Brings Enhanced Criminal Charges Against Six Individuals Who Spat or Coughed at Officers and Threatened Them with COVID-19

TRENTON – Attorney General Gurbir S. Grewal today announced that the Attorney General's Office has taken over prosecution of six cases and is filing upgraded charges against defendants who allegedly threatened police officers by spitting or coughing at

them and claiming to have COVID-19.

"Last week, I said the time for warnings is over and those violating the COVID-19 emergency orders will face strong law enforcement action," said Attorney General Grewal. "Police all across New Jersey are making good on that vow by charging violators with crimes. Now, with the cases being announced today, we're letting our dedicated officers know that we have their backs as they work tirelessly to maintain public safety and health at this difficult time."

"We take all assaults on police officers seriously, but it is especially heinous for someone to spit or cough at an officer in an attempt to infect or threaten to infect them with COVID-19," Attorney General Grewal added. "Hundreds of officers across New Jersey are already infected with the virus, which, in many cases, they likely contracted by protecting and serving the public while on the frontlines of the battle against COVID-19. We have zero tolerance for anyone who uses the coronavirus as a weapon or instrument of terror against officers bravely performing their duties during this health crisis."

"Troopers and officers throughout the State do not have the ability to work from home or practice social distancing while protecting and serving the residents of New Jersey in the midst of this pandemic. Law enforcement comes with many risks, none of which do the men and women who wear a badge shy away from," said Colonel Patrick Callahan of the New Jersey State Police. "For a defendant to intentionally expose an officer to COVID-19 is not just an assault on that officer, it's an assault on their family members, fellow officers, and the general public. Anyone who uses the virus as a weapon against an officer will face a swift law enforcement response."

"We have superseded these criminal cases to ensure that they are prioritized and consistently prosecuted to the full extent of the law," said Director Veronica Allende of the Division of Criminal Justice. "We have upgraded the charges in four cases by adding a second-degree charge of making terroristic threats during a state of emergency, and in all cases we have charged fourth-degree aggravated assault on an officer. All six defendants now face both of those charges."

Second-degree crimes carry a sentence of five to 10 years in state prison and a fine of up to $150,000, while third-degree crimes carry a sentence of three to five years in prison and a fine of up to $15,000. Fourth-degree crimes carry a sentence of up to 18 months in prison and a $10,000 fine.

The following cases, which initially were charged by local police and county prosecutors, have been superseded for prosecution by the Division of Criminal Justice:

- **David Haley, 52, of Perth Amboy**, is charged with terroristic threats during a state of emergency (2nd degree), aggravated assault on an officer (4th degree), throwing bodily fluid at an officer (4th degree), and resisting arrest (disorderly persons offense). On March 21, Haley allegedly spit on Perth Amboy officers who responded to a domestic violence call. He claimed to be infected with the coronavirus. He also is charged with simple assault/domestic violence.

- **Raymond Ricciardi, 51, of New Providence**, is charged with terroristic threats during a state of emergency (2nd degree), aggravated assault on an officer and EMTs (4th degree), resisting arrest (disorderly persons offense), and harassment (petty disorderly persons offense). On March 25, during a domestic violence incident, Ricciardi allegedly claimed he had the coronavirus and purposely coughed at police and medics. He also is charged with simple assault/domestic violence.

- **Marina Bishara-Rhone, 25, of River Edge**, is charged with terroristic threats

during a state of emergency (2nd degree), aggravated assault on an officer (4th degree), endangering (4th degree), throwing bodily fluid at an officer (4th degree), and false public alarm (2nd degree). On March 14, she was involved in a domestic violence incident and allegedly coughed directly on a responding officer, claiming that she had the coronavirus and hoped he was now infected.

- **Kenneth Wideman Jr., 30, of Flemington**, is charged with terroristic threats during a state of emergency (2nd degree), aggravated assault on an officer (4th degree), throwing bodily fluid at an officer (4th degree), possession of controlled dangerous substance (3rd degree), and related disorderly persons offenses. During his arrest on March 19, Wideman allegedly yelled in the faces of police officers and actively coughed and spit at them, claiming to have the coronavirus. He refused police commands that he wear a mask.

- **Vanessa Shaaraway, 35 of Kearny**, is charged with terroristic threats during a state of emergency (2nd degree), aggravated assault on an officer (4th degree), two counts of throwing bodily fluid at an officer (3rd degree), resisting arrest (3rd degree), obstruction (4th degree), and shoplifting (4th degree). On March 27, Belleville Police responded to a report of a shoplifter and encountered the suspect, Shaaraway, who allegedly fled and refused commands to stop. When she was caught by two officers, she purposefully coughed on them and claimed that she was infected with COVID-19.

- **Jennifer Burgess, 35, of Plainfield,** is charged with terroristic threats during a state of emergency (2nd degree), aggravated assault on an officer (4th degree), resisting arrest (3rd degree and disorderly persons offense), throwing bodily fluid at an officer (4th degree), disorderly conduct, and DWI. During a motor vehicle stop on March 16 in Dunellen, Burgess allegedly attempted to elude police and deliberately coughed on an officer, telling the officer that she had the coronavirus.

The charges are merely accusations and the defendants are presumed innocent until proven guilty.

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The Attorney General's Office and New Jersey State Police will continue to work with law enforcement throughout New Jersey to deter non-complaint behavior.

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For Immediate Release:
April 3, 2020

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AG Grewal: Police Are Cracking Down on Violators of COVID-19 Orders - *Police Throughout New Jersey Are Filing Criminal Charges Against Violators of Orders to Stay at Home, Close Non-Essential Businesses, and Stop Gatherings*

TRENTON – Attorney General Gurbir S. Grewal today announced that law enforcement officers across New Jersey have ramped up enforcement efforts over the past week by filing criminal charges against violators of the Governor's Executive Orders (or "emergency orders"), including hundreds of offenders in Newark, where the Newark Police Department deployed a large COVID-19 task force.

"Last week, I said we were done with warnings and would take strong law enforcement action against anyone who failed to heed the Governor's COVID-19 related emergency orders," said Attorney General Grewal. "This crackdown will continue until everyone gets the message that they need to stop these violations, which are putting lives at risk, including the lives of the law enforcement officers who are striving courageously each day to protect us during this emergency. I especially want to commend Newark Public Safety Director Anthony Ambrose and Chief Darnell Henry, as well as the men and women of the Newark Police Department, for their extraordinary efforts to protect the residents of Newark and this state. Their work and the work of all our dedicated officers is saving lives."

"Law enforcement and medical professionals are on the frontlines of this battle to protect the citizens of New Jersey from the COVID-19 virus, and we cannot stress enough how important it is that each person follow the guidelines set forth in the Executive Order," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "Because lives are at stake, enforcement action will be taken without hesitation against those who are blatantly placing the lives of others at risk."

During the past nine days, law enforcement agencies across New Jersey took the following actions to enforce the Governor's COVID-19 related Executive Orders:

Newark Enforcement. The Newark Police Department's COVID-19 task force issued 416 summonses for violation of the emergency orders and ordered 24 non-essential businesses closed in enforcement actions by their between March 30 and April 1.

Joseph Figueroa, 18, Hailey Leavens, 19, Alejandra Aguirre-Lopez, 22, Itayezci Pena-Noyola, 22, and Isais Pena, 20, all residents of Atlantic City, except Leavens, who lives in Mays Landing, were arrested on April 2 on second-degree weapons charges and violations of the executive orders after a loaded .38-caliber revolver was found in

their vehicle during an investigation and motor vehicle stop by the Atlantic City Police Department.

Craig O'Neill, 42, of Gloucester City, was charged on March 28 in Gloucester City with violating the emergency orders and trespassing at a business, both disorderly persons offenses.

Edward Montero, 33, of Bridgeton, was charged on March 29 with violating the emergency orders for holding a health supplement sales presentation at a gym with over 10 people.

Rama Igbarra, 36, of Clifton, was charged on March 26 with violating the emergency orders for opening the business he manages, Bobby's Discount Home Furnishings store in Orange, N.J., after police warned him that the store had to be closed.

Matthew Shrewsbury, 34, of Milford, was charged on March 31 with violating the emergency orders, terroristic threats, aggravated assault, risking widespread injury, and endangering another person. He allegedly became combative with staff at Hunterdon Medical Center, where he was taken following a motor vehicle accident. Shrewsbury allegedly removed a protective surgical mask from his face, yelled and coughed at nurses and other staff, and threatened to spit on nurses and patients. He allegedly said he had COVID-19 and did not care if he gave it to others.

Wade Jackson, 54, of Ewing, was charged on March 28 with obstruction of administration of law and violation of the emergency orders for holding a party with a DJ and nearly 50 guests inside his one-bedroom apartment in Ewing.

Willi Rojas, 42, of Woodbridge, was charged on March 29 with violating the emergency orders for opening his barbershop in Woodbridge to customers.

Joseph H. Benigno, 56, of Holmdel, was charged on March 31 with violating the emergency orders for holding an auction with 15 to 20 people at a warehouse in Edison.

Steven P. Cato, 20, of Edison, was charged on April 1 with terroristic threats during an emergency, obstruction, resisting arrest, three counts of aggravated assault on an officer, and criminal mischief. When police were called to his house for a domestic incident, he allegedly coughed at officers and claimed to have COVID-19.

Juan Ocampo-Quiceno, 29, of Wharton, was charged on April 1 with violating the executive orders for opening his business, Mine Hill Sports Complex in Wharton, after he was warned to close it. Police found youths playing soccer and men lifting weights at the facility.

Christian Enriquez, 29, of North Plainfield, was charged on April 1 with violating the emergency orders.

Anekia Dawkins, 35, of Morristown, was charged on April 2 with violating the emergency orders.

Anthony J. Lodespoto, 43, of Matawan, allegedly sent messages through social media threatening to attack Jewish residents in Lakewood with a baseball bat. He was charged on March 26 with making terroristic threats during a state of emergency.

William J. Katzenstein, 39, of Lakewood, was charged on March 26 with violating the emergency orders for holding a wedding with 20 to 30 people in his backyard.

Eliezer Silber, 37, and Miriam Silber, 34, of Lakewood, were charged on March 29

with violating the emergency orders and five counts of child neglect for holding a bat mitzvah with 40 to 50 adults and children outside their home.

David Gluck, 48, and Abraham Haberfield, 32, of Lakewood, were charged on March 30 with maintaining a nuisance for holding a gathering of approximately 35 males in a school facility that Gluck owns and Haberfield manages.

Yaakov Kaufman, 47, and Eti Kaufman, 45, of Lakewood, were charged on March 31 with violating the emergency orders and six counts of child neglect for holding an engagement party at their home with a large number of adults and children. Thirteen adult guests also were charged with violating the emergency orders.

Samuel Manheim, 27, of Brooklyn, N.Y., and 16 other individuals were charged on April 1 with violating the emergency orders for attending an outdoor funeral in Lakewood. Manheim was also charged with hindering apprehension for initially refusing to identify himself to police. Approximately 60 to 70 people were present for the funeral.

Ephraim Adler, 42, and Sarah Adler, 18, of Lakewood, were charged on April 2 with violating the emergency orders for opening the Brooklyn Southwest clothing store in Lakewood to customers. A sign on the door stated "Maximum of 50 People."

Nathan Kline, 66, of Lakewood, was charged on April 2 with violating the emergency orders for illegally selling alcohol out of a rental truck in a residential neighborhood where more than 10 people were present.

Rafael Medina, 21, Robert Feliz, 18, Edwin Valera, 25, Miguel Lopez, 22, and Angel Gonzalez, 18, were charged on March 31 with disorderly conduct for violating the emergency orders after police stopped the vehicle in which they were riding in Passaic.

Joyce Billings, 59, of Columbia, was charged twice by police for opening her business, Post Time Pub in Blairstown, in violation of the emergency orders. She was charged with obstruction on March 27 and violation of a law intended to protect public health on April 2.

Jacqueline Maltese, 48 of Hackettstown, was charged on April 2 with simple assault and filing a false police report. During a domestic violence incident, Maltese repeatedly yelled at officers that she had tested positive for COVID-19. That was not true.

Louis A. Nunez, 52, of Manalapan, was charged on April 2 with making terroristic threats during a state of emergency and throwing bodily fluid at an officer. As he was being booked at the Monmouth County Jail on an unrelated matter he became belligerent and allegedly threated to spit on a corrections officer, stating he had the coronavirus.

While a number of defendants identified above were also charged with indictable offenses that carry greater penalties, violations of the Governor's emergency orders constitute a disorderly persons offense that carries a potential sentence of up to six months in jail and a fine of up to $1,000. In addition, earlier this week, Attorney General Grewal announced enhanced charges against six individuals who were charged with assaulting law enforcement officers and violating the emergency orders. Specifically, those enhanced charges included making terroristic threats during a state of emergency, which is a second degree offense and carries a sentence of five to 10 years in state prison and a fine of up to $150,000. Defendants Cato and Nunez are similarly charged for their conduct against law enforcement officers.

If you are seeing a lack of compliance with the Governor's emergency orders in your

town, please contact your local police department or report here https://covid19.nj.gov/violation

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For Immediate Release:
April 5, 2020

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AG Grewal and Colonel Callahan Issue Update on Charges Filed Against Violators of Governor Murphy's COVID-19 Executive Orders

TRENTON – Attorney General Gurbir S. Grewal and Colonel Patrick J. Callahan, Superintendent of the New Jersey State Police, announced the following recent enforcement actions against violators of Governor Murphy's Emergency Orders related to COVID-19.

"The Governor's executive orders are commonsense measures to keep people safe during this historic health crisis," said Attorney General Grewal. "When people like the partiers in Rumson flout the orders and show disrespect and hostility to police officers, they not only put themselves and the others immediately involved in peril, they risk inciting others to engage in such irresponsible and dangerous behavior. Our police officers are working courageously every day to protect us all, and we will continue to charge anyone who violates the emergency orders, which literally are a matter of life and death."

"Law enforcement and medical professionals are on the frontlines of this battle to protect the citizens of New Jersey from the COVID-19 virus, and we cannot stress enough how important it is that each person follow the guidelines set forth in the Executive Order," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "I have said that law enforcement will act swiftly against those who blatantly place the lives of others at risk. Well, you don't get much more blatant than the party crowd in Rumson that resisted and insulted police officers who asked them to disperse."

- **Newark Enforcement.** The Newark Police Department's COVID-19 task force issued 180 summonses for violation of the emergency orders and ordered 11 non-essential businesses closed in enforcement actions on Friday and Saturday, April 3 and 4.

- **Rumson Party—John Maldjian, age 54 of Rumson**, was charged today by the Rumson Police with reckless endangerment, disorderly conduct, and two separate charges related to violating the emergency orders. All are disorderly persons offenses. He was also charged with violating two borough ordinances. The charges stem from an incident in Rumson on Saturday evening, April 4. At approximately 8:19 p.m., the police were dispatched to a report of a large party with a band. When they arrived, they discovered the homeowner, John Maldjian, together with another man, playing acoustic guitars on the front porch of the home. There were approximately 30 people, between the ages of 40 and 50,

gathered on Maldjian's front lawn and the adjoining street watching the performance. Some had lawn chairs and alcoholic beverages. Despite the fact that police were on scene with flashing lights attempting to disperse the crowd, the band continued playing. It was not until a Rumson officer directly approached Maldjian that he stopped singing and playing. Maldjian then told his Facebook Live audience (he was streaming his performance) that he had to stop playing. The crowd became unruly when told to disperse and some shouted curses at the police and "Welcome to Nazi Germany." Charges related to those disorderly "audience" members are forthcoming.

- **Sughuy Cepeda, 43, of Teaneck**, was charged with second-degree terroristic threats during an emergency, two counts of third-degree aggravated assault on an officer, obstruction, resisting arrest, and violation of a temporary restraining order (TRO). On Saturday, April 4, Cepeda was arrested by the Englewood Police Department for violation of a TRO. While in custody, Cepeda spit and coughed at officers on several occasions and stated she was COVID positive. Cepeda was transported to Bergen New Bridge Medical Center in Paramus. There, she allegedly coughed at two police officers and spit a mouthful of water at them.

- **Wegmans Coughing Incident.** The West Windsor Police Department signed juvenile petitions for harassment and obstruction of justice against a 16-year-old female for allegedly purposely coughing on another customer at the Wegmans food store in West Windsor on Tuesday, March 31. The victim, a 52-year-old woman, had asked the juvenile to step back because she was too close. The juvenile and her mother got into an argument with the victim, during which the juvenile allegedly pulled down a facial mask she was wearing, walked closer to the victim, and coughed toward the victim while claiming that she had the coronavirus.

- **Rita A Lacis, 61, of Parsippany**, was charged with violating the emergency order on Saturday, April 4, by the Rockaway Borough Police Department. Police had given Lacis a warning after they learned that she was continuing to operate her dog grooming service. At that time, she claimed that she misunderstood the order requiring closure of all non-essential businesses. She was charged when officer saw two customers drop off a dog a short time later.

- **Saul Rosen, 52, of Toms River**, was charged on Saturday, April 4, with violating the emergency orders for hold a gathering in his back yard with more than 20 people.

- **Luke Shuscavage, 27, of Princeton, N.J.**, was charged on Friday, April 3, with violating the emergency orders for bringing five youths from a youth shelter to Lenape Park in Raritan Township to play basketball.

Violations of the emergency orders constitute a disorderly persons offense carrying a potential sentence of up to six months in jail and a fine of up to $1,000. However, violators can potentially face criminal charges including second, third, and fourth degree indictable offenses.

Last week, Attorney General Grewal announced enhanced charges against six individuals who were charged with assaulting law enforcement officers and violating the emergency orders. Specifically, those enhanced charges included making terroristic threats during a state of emergency, which is a second degree offense and carries a sentence of five to 10 years in state prison and a fine of up to $150,000. Defendant Cepeda is similarly charged for her conduct against law enforcement officers. Third-degree charges carry a sentence of three to five years in prison and a fine of up to $15,000.

If you are seeing a lack of compliance with the Governor's emergency orders in your town, please contact your local police department or report here www.covid19.nj.gov/violation

The Attorney General's Office and New Jersey State Police will continue to work with law enforcement throughout New Jersey to deter non-complaint behavior.

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April 6, 2020

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AG Grewal and Colonel Callahan Issue Daily Update on Charges Filed Against Violators of Governor Murphy's COVID-19 Executive Orders

TRENTON – Attorney General Gurbir S. Grewal and Colonel Patrick J. Callahan, Superintendent of the New Jersey State Police, announced the following recent enforcement actions against violators of Governor Murphy's Emergency Orders related to COVID-19:

Newark Enforcement. The Newark Police Department's COVID-19 task force issued 26 summonses for violations of the emergency orders and ordered four non-essential businesses closed in enforcement actions yesterday, April 5.

Rumson Party— Ryan Sheftel, 46 of Rumson, was charged last night with disorderly conduct and violating a borough ordinance by disturbing the peace in connection with the large party and concert in Rumson on Saturday night, April 4. When officers ordered the partygoers to disperse, Sheftel allegedly cursed at the police and shouted "Welcome to Nazi Germany." Earlier yesterday, the host of the party, homeowner John Maldjian, 54, of Rumson, was charged with reckless endangerment, disorderly conduct, and two separate charges related to violating the emergency orders – all disorderly persons offenses – and violation of two borough ordinances.

Marco Costa, 28, of Harrison, was charged today by police in Kearny with terroristic threats during an emergency (2nd degree), three counts of throwing bodily fluid at a law enforcement officer (4th degree), five counts of attempted burglary (3rd degree), and possession of a hypodermic syringe (disorderly persons offense). Costa was arrested after police received a report of a man fitting his description pulling on car door handles in the area. While being handcuffed, Costa allegedly told officers he had the coronavirus and purposely coughed at them.

Dennis Steward, 52, of Valley Stream, N.Y., was charged on April 4 in Hamilton, Mercer County, with terroristic threats during an emergency (2nd degree), throwing bodily fluid at an officer (4th degree), and DWI. Steward was charged after he crashed into a house on South Olden Avenue in Hamilton. He was taken to St. Francis Hospital in Trenton at his request after he complained of chest pains. While there, he allegedly became aggressive and spat on hospital security guards, two Hamilton police officers, and a nurse. He claimed he had Covid-19 and had just come back from visiting someone in Bronx, N.Y., who died from the virus.

Derrick E. Hughes II, 32, of Woolwich, was charged on April 5 with terroristic threats

during an emergency (2nd degree), endangering (3rd degree), throwing bodily fluid at an officer (4th degree), violation of a temporary restraining order (TRO) (disorderly persons offense), and violating the emergency orders. Hughes was arrested by the Woolwich Township Police for violation of a TRO, and while being fingerprinted, he allegedly spat at officers. While being handcuffed, he allegedly breathed heavily on an officer and stated that he had COVID-19 and hoped the officers would catch it.

Terrance Edwards, 34, of New Brunswick, was arrested early today by New Brunswick police after he allegedly broke into a residence while naked and armed with a knife. He left that residence and allegedly attempted unsuccessfully to break into a neighboring residence. When officers arrived, Edwards yelled that he had the coronavirus. He was charged with burglary (2nd degree), possession of a weapon for an unlawful purpose (3rd degree), unlawful possession of a weapon (4th degree), and violation of the executive orders.

Anekia Dawkins, 35, of Morristown, was charged by local police with violating the executive orders for holding a party at her residence with more than 10 people on Saturday night, April 4.

Tyeashia Henderson, 20, of Hillside, was charged by police with violating the executive orders for holding a party at her house with approximately 20 people on Sunday, April 5.

Steven Nunez, 22, of Clifton, Tiffany Colon, 21, of Clifton, and Valerie Saez, 22, of Passaic, were charged with violating the emergency orders after a West Milford police officer found them parked in a vehicle at the Clinton Road Reservoir boat launch after hours.

"Our police officers are working bravely and tirelessly every day to protect us during this health crisis. Regrettably, they are being called upon far too often to deal with people violating the emergency orders— or what is more egregious, people using the virus to spread fear or impede officers in their vital work," said Attorney General Grewal. "Staying home and maintaining social distance isn't just the best advice to stay healthy, it's the law. Make no mistake, we will do everything in our power to keep our residents and officers safe, and that means we won't hesitate to file charges against violators."

"Law enforcement and medical professionals are on the frontlines of this battle to protect the citizens of New Jersey from the COVID-19 virus, and we cannot stress enough how important it is that each person follow the guidelines set forth in the Executive Order," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "Because lives are at stake, enforcement action will be taken without hesitation against those who are blatantly placing the lives of others at risk."

Violations of the emergency orders constitute a disorderly persons offense carrying a potential sentence of up to six months in jail and a fine of up to $1,000. However, violators can potentially face criminal charges including second, third, and fourth degree indictable offenses.

Last week, Attorney General Grewal announced enhanced charges against six individuals who were charged with assaulting law enforcement officers and violating the emergency orders. Specifically, those enhanced charges included making terroristic threats during a state of emergency, which is a second degree offense and carries a sentence of five to 10 years in state prison and a fine of up to $150,000. Defendants Costa, Steward, and Hughes are similarly charged for their conduct against law enforcement officers.

Second-degree charges carry a sentence of five to 10 years in state prison and a fine of

up to $150,000, while third-degree charges carry a sentence of three to five years in prison and a fine of up to $15,000. Fourth-degree charges carry a sentence of up to 18 months in prison and a fine of up to $10,000.

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For Immediate Release:
April 7, 2020

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Attorney General Moves to Revoke Liquor License of Warren County Pub that Flouted Governor Murphy's Emergency Orders

Notice of Charges | Order to Show Cause | Filing in Support of OTSC

NEWARK – Attorney General Gurbir S. Grewal and the Division of Alcoholic Beverage Control ("ABC") today announced that they are seeking to revoke the liquor license of Billings, Inc., the entity that holds the liquor license for the Post Time Pub in Blairstown, for serving alcoholic beverages for on-premise consumption on March 27 and April 2 in violation of Governor Murphy's emergency orders related to COVID-19. Today's action comes after the business was twice issued criminal charges and flouted local law enforcement efforts.

"As the Governor has repeatedly made clear - social distancing is the only tool we have to slow the spread of COVID-19 and to "flatten the curve" so our health care system is not overrun," said Attorney General Grewal. "The Governor's emergency orders strike a balance between allowing essential businesses to function, while ensuring the safety and well-being of New Jersey residents. Liquor license holders who flout the "take-out only" rule by allowing patrons to come inside their establishments and linger for drinks are breaking the law and putting themselves, their customers, and all New Jerseyans at risk. To any other businesses, let this be a warning that it is no longer business as usual and we will seek compliance by bringing both criminal charges and by seeking revocation of their licenses when necessary."

In addition to the Notice of Charges Seeking Revocation filed yesterday, ABC Acting Director James Graziano today issued an Order to Show Cause requiring Billings Inc. to explain why its license should not be suspended immediately pending a full hearing on the charges.

In a filing in support of the Order to Show Cause ("the filing"), the Enforcement Bureau argued that the immediate suspension is necessary, "(g)iven the potential life and death consequences of its conduct."

"The facts of this matter clearly demonstrate that Post Time Pub licensee refuses to comply with Executive Order 107 and will continue to cause irreparable harm to the public unless its license is suspended (during this litigation), because Post Time Pub has created a situation that fosters transmission of COVID-19, either to its patrons or persons that may come in contact with its patrons," the filing stated.

According to the filing, on two separate occasions Post Time Pub owner Joyce Billings was observed by local police serving what appeared to be alcoholic beverages to patrons inside the pub in violation of Governor Murphy's Executive Order 107 and Executive Order 104, a prior directive limiting business operations and travel in New Jersey during the COVID-19 declared state of emergency.

Executive Order 107, which incorporated and superseded Executive Order 104 issued by Governor Murphy on March 16, permitted bars and restaurants to remain open as essential businesses but only for take-out or delivery services of food and alcohol.

Guidelines issued by ABC clarified that under the Executive Order 107, no licensee with a retail consumption privilege is permitted to sell, serve or deliver alcoholic beverages for on-premises consumption.

"This means that no table, bar, or tasting room service is permitted by any holder of a liquor license until further notice," the ABC wrote in its guidelines. "In addition, no licensee may sell, serve or deliver alcoholic beverages in open containers."

In the filing, ABC's Enforcement Bureau stated that local police observed owner Billings serving what appeared to be alcohol to a patron in her bar. After issuing Billings a summons and warning her that her conduct violated Governor Murphy's emergency directives, police again observed Billings serving patrons on April 2.

The ABC charges against Billings Inc., include violating Governor Murphy's emergency order; aiding and abetting illegal activity on the premises by allowing patrons to eat and/or drink in the bar in violation of the emergency order; and serving alcohol outside the scope of its license because at the time of the incidents, Post Time Pub's license was restricted to only serving package goods. Billings Inc. is also charged with advertising the sale of food and drink on March 20, in violation of Gov. Murphy's March 16th directive ordering the closure of non-essential businesses.

ABC's Enforcement Bureau alleges that Post Time Pub committed multiple violations of Executive Orders 103, 104 and/or 107 by allowing, permitting, or suffering its patrons to consume food and/or beverages on its licensed premises.

The presumptive penalty for violating an Order is a ten-day suspension, but because Post Time Pub is alleged to have violated an Executive Order signed by Governor Murphy during a declared State of Emergency, the violation poses an imminent threat to the public health, safety and welfare and is grounds revocation. The Enforcement Bureau seeks revocation of the Post Time Pub's license.

Billings, Inc. has until April 14, 2020 to file a response to ABC's Order to Show Cause.

# # #

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For Immediate Release:
April 8, 2020

Office of The Attorney General
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New Jersey State Police
- Colonel Patrick Callahan, *Superintendent*

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AG Grewal and Colonel Callahan Issue Daily Update on Charges Filed Against Violators of Governor Murphy's COVID-19 Executive Orders

TRENTON – Attorney General Gurbir S. Grewal and Colonel Patrick J. Callahan, Superintendent of the New Jersey State Police, announced the following recent enforcement actions against violators of Governor Murphy's Emergency Orders related to COVID-19:

- **Newark Enforcement.** The Newark Police Department's COVID-19 task force issued 34 summonses for violations of the emergency orders and ordered three non-essential businesses closed in enforcement actions yesterday, April 7.

- **Paterson Enforcement.** Police in Paterson issued 40 summonses for violations of the emergency orders and ordered two non-essential businesses closed (see below) in enforcement actions on Monday, April 6.

- **Zharia N. Young, 21, of Woodbine,** was arrested early yesterday, April 7, on a DWI charge by the New Jersey State Police after she was involved in a motor vehicle accident in Maurice River Township. During her arrest, Young allegedly became belligerent and uncooperative with troopers. It is alleged that she coughed and told the troopers she was infected with COVID-19. She said she was "happy" that she was infecting them with the virus. Young was charged with third-degree terroristic threats, fourth-degree aggravated assault on an officer, and DWI.

- **Bernadette Bisogno, 49, of Jersey City,** was charged on April 3 by the Jersey City Police with harassment (petty disorderly persons offenses), simple assault (disorderly persons offense), and violation of the emergency orders (disorderly persons offense). Detectives were assigned to investigate a possible COVID-related incident that occurred on April 2 at the Target store at 100 14th Street. Bisogno became involved in a verbal altercation at the store with another woman, with whom she had disputes in the past. It is alleged that, during the incident at the store, Bisogno purposely sneezed on the victim, leaving saliva on her clothing and skin.

- **Christopher Williams, 26, of Paterson,** was charged yesterday, April 7, with contempt (4th degree), obstruction (disorderly persons offense), and resisting arrest (disorderly persons offense). Paterson Police were called to the defendant's residence on a report of a domestic dispute. When police sought to arrest Williams for violation of a restraining order, he allegedly did not comply and

resisted arrest. While being arrested and processed, Williams allegedly told the officers that he was infected with COVID-19 in an attempt to avoid arrest.

- **Juan Ortiz, 36, of Paterson,** was charged on Monday, April 6, with violating the emergency orders and resisting arrest, both disorderly persons offenses. Paterson police responded to Deluxe Bubbles Car Wash, which was open and conducting business in violation of the emergency orders. Officers were speaking to the owner of the business, Ortiz's father, when Juan Ortiz allegedly approached and became aggressive with the officers. He allegedly refused to cooperate with officers when asked for his personal identifiers.

- **Feras Abudaya, 33, of Kinnelon,** was charged twice by Paterson Police for violating the emergency orders by opening his store, Buy and Save Furniture on Market Street in Paterson, a non-essential business. He was initially charged on Sunday, April 5, and was ordered to close the store. Police returned on Monday, April 6, and found that Abudaya was again conducting business at the store. He was issued a second summons and was again ordered to close.

- **Shakir Scott, 20, of Newark,** was charged early today in Union Township with three counts of burglary (3rd degree) and violation of the emergency orders. Scott allegedly was seen entering three parked, unoccupied motor vehicles.

- **Nathaniel Brown, 44, of New Brunswick,** was charged by the New Brunswick Police with misuse of the 911 system (4th degree) and violating the emergency orders on Monday, April 6. Brown allegedly called 911 and falsely reported a shooting on Quentin Avenue. When officers arrived, they determined that there was no shooting. Brown, who was outside, was arrested.

- **Kobe A. Kemp, 20, of Browns Mills,** was charged yesterday, April 7, by the Pemberton Township Police, with violating the emergency orders after he ignored a prior warning from police to comply with the stay at home order. Police allegedly found Kemp outside yesterday causing a disturbance with a group at the same location where he had received the prior warning.

"Our police officers are working bravely and tirelessly every day to protect us during this health crisis. Regrettably, they are being called upon far too often to deal with people violating the emergency orders— or what is more egregious, people using the virus to spread fear or impede officers in their vital work," said Attorney General Grewal. "Staying home and maintaining social distance isn't just the best advice to stay healthy, it's the law. Make no mistake, we will do everything in our power to keep our residents and officers safe, and that means we won't hesitate to file charges against violators."

"Law enforcement and medical professionals are on the frontlines of this battle to protect the citizens of New Jersey from the COVID-19 virus, and we cannot stress enough how important it is that each person follow the guidelines set forth in the Executive Order," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "Because lives are at stake, enforcement action will be taken without hesitation against those who are blatantly placing the lives of others at risk."

Violations of the emergency orders constitute a disorderly persons offense carrying a potential sentence of up to six months in jail and a fine of up to $1,000. However, violators can potentially face criminal charges including second, third, and fourth degree indictable offenses. Police have charged a number of persons with second-degree terroristic threats during an emergency for claiming to have COVID-19 and threatening to infect law enforcement officers or others by coughing, spitting, or otherwise exposing them. That charge carries a sentence of five to 10 years in state prison and a fine of up to $150,000.

Third-degree charges carry a sentence of three to five years in prison and a fine of up to $15,000, while fourth-degree charges carry a sentence of up to 18 months in prison and a fine of up to $10,000.

The charges are merely accusations and the defendants are presumed innocent until proven guilty.

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April 9, 2020

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AG Grewal and Colonel Callahan Issue Daily Update on Charges Filed Against Violators of Governor Murphy's COVID-19 Executive Orders

TRENTON – Attorney General Gurbir S. Grewal and Colonel Patrick J. Callahan, Superintendent of the New Jersey State Police, announced the following recent enforcement actions against violators of Governor Murphy's Emergency Orders related to COVID-19:

- **Newark Enforcement.** The Newark Police Department's COVID-19 task force issued 34 summonses for violations of the emergency orders and ordered two non-essential businesses closed in enforcement actions yesterday, April 8.

- **Sean M. McGuire, 42, of Camden,** was charged yesterday, April 8, with second-degree terroristic threats during an emergency, third-degree endangering, and fourth-degree risking widespread injury. McGuire allegedly refused to follow medical advice to self-quarantine and said he did not "give a [expletive] who he infected." He allegedly threatened security staff at Cooper University Hospital and refused to cooperate with officers of the Camden Police who encountered him at the Walter Rand Transportation Center.

- **Willie Boles, 50, and Charles E. Scotton, 51, both of Pennsauken,** were charged on Tuesday, April 7, by the Camden Police with violating the emergency orders and gambling in public. The two men allegedly held a large craps game on Marlton Avenue in Camden with approximately 19 people present. They were warned last month when they organized a similar gambling event.

- **Albert E. French, 33, of Milford,** was charged in Clinton Township on Tuesday, April 7, with violating the emergency orders and disorderly conduct for walking back and forth along Route 22 displaying obscene poster boards and making obscene gestures to motorists.

- **Moshe Knopfler, 55, of Union City,** was charged with violation of the emergency orders (disorderly persons offense) and failure to disperse (petty disorderly persons offense). Police had warned Knopfler on several prior occasions when he held gatherings on his property. He was charged on Tuesday, April 7, when police found approximately 13 people on his property.

- **Elizabeth Fernandez, 56, of Woodland Park, and Juan Rosario, 60, of Paterson,** were charged by the Paterson police on Tuesday evening, April 7, with two violations of the emergency orders for opening Quilvio Tavern at 933 Main

Street, where police found customers gathered inside and drinking at the bar.

- **Armin, Mahesh, 59, of Iselin,** was charged with violating the emergency orders and alcoholic beverage control regulations at the liquor store he owns with his wife. Police responded to Medina Liquor Store at 709 East Jersey Street on a report that groups were gathering at the store and drinking alcohol. Officers found a number of patrons consuming alcoholic beverages in a back room of the store in violation of regulations and the emergency orders. Authorities shut down the business, where responding inspectors found multiple code violations.

- **Ibrahim Muhammad, 25, and Ashley Appleton-Tims, 25, both of Brick,** were charged yesterday, April 8, with violating the emergency orders for opening the Coliseum Barbershop & Hair Salon in Brick. Ibrahim is the owner of the business, and Appleton-Tims is a salon employee who was assisting a client when police arrived yesterday.

- **Cheyenne M. Scott, 19, of Clayton,** was charged with harassment, a petty disorderly persons offense, for spitting on a man yesterday in Clayton and then claiming she had COVID-19.

- **Richard Mariano, 66, of Randolph,** was charged yesterday, April 8, with violating the emergency orders, theft by unlawful taking (disorderly persons offense), trespassing (petty disorderly persons offense), and disorderly conduct. Mariano allegedly entered the Randolph Township Recycling Center, stole a refrigerator from one of the recycling containers, then violently dismantled it by the side of the road while yelling at township employees.

- **Steven C. Singleton, 29, Camden,** was arrested on April 5 at the Walter Rand Transportation Center in Camden, where he loitered for approximately 20 minutes, interacting with various persons and not taking any transportation. When he was approached by police, he allegedly resisted arrest and was found to be in possession of a small amount of marijuana and two ecstasy pills (methylenedioxy methamphetamine—MDMA). He was charged with possession of ecstasy (3rd degree), possession of marijuana (disorderly persons offense), and resisting arrest (disorderly persons offense).

- **Madison L. Greenetz 25, of Cherry Hill,** was charged on April 2, with violating the emergency orders, providing alcohol to minor (disorderly persons offense), and trespassing in violation of a local ordinance (petty disorderly persons offense). She allegedly was drinking alcohol in a township park with a juvenile.

- **William L. Joseph, 20 , of Lindenwold,** was charged yesterday, April 8, with violating the emergency orders and defiant trespass, both disorderly persons offenses. Joseph was previously warned that outdoor basketball courts in the borough are closed due to the COVID-19 pandemic, but police found him playing basketball in a park. Signs also indicated that the court was closed.

"Our police officers are working bravely and tirelessly every day to protect us during this health crisis. Regrettably, they are being called upon far too often to deal with people violating the emergency orders— or what is more egregious, people using the virus to spread fear or impede officers in their vital work," said Attorney General Grewal. "Staying home and maintaining social distance isn't just the best advice to stay healthy, it's the law. Make no mistake, we will do everything in our power to keep our residents and officers safe, and that means we won't hesitate to file charges against violators."

"Law enforcement and medical professionals are on the frontlines of this battle to protect the citizens of New Jersey from the COVID-19 virus, and we cannot stress enough how

important it is that each person follow the guidelines set forth in the Executive Order," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "Because lives are at stake, enforcement action will be taken without hesitation against those who are blatantly placing the lives of others at risk."

Violations of the emergency orders constitute a disorderly persons offense carrying a potential sentence of up to six months in jail and a fine of up to $1,000. However, violators can potentially face criminal charges including second, third, and fourth degree indictable offenses. Police have charged a number of persons with second-degree terroristic threats during an emergency for claiming to have COVID-19 and threatening to infect law enforcement officers or others by coughing, spitting, or otherwise exposing them. That charge carries a sentence of five to 10 years in state prison and a fine of up to $150,000.

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April 11, 2020

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As Holiday Weekend Begins, Attorney General Grewal and Colonel Callahan Urge New Jersey Residents to Stay Home and Stay Safe

- Daily Update Issued on Charges Filed Against Violators of Governor's COVID-19 Orders

TRENTON – Attorney General Gurbir S. Grewal and Colonel Patrick J. Callahan, Superintendent of the New Jersey State Police, today urged all New Jersey residents to do their part to beat the COVID-19 pandemic by staying home and maintaining social distance during this holiday weekend, as law enforcement continues to strictly enforce Governor Murphy's emergency orders.

"It is hard this holiday weekend to miss loved ones and forego traditional family get-togethers, but it is absolutely critical that we all stay home and maintain social distance," said Attorney General Grewal. "There are indications that these measures are indeed flattening the curve of this pandemic in the U.S., but if we let our guard down now by traveling for holiday gatherings, more lives will be put at risk. The vast majority of New Jerseyans are doing the right thing by following the emergency orders. As for the few violators, we will continue to hold them accountable with strong enforcement efforts this weekend. I urge you to support our courageous officers, who are on the frontlines of this battle, by not creating more work and risks for them during the holidays."

"This holiday weekend is traditionally a time for many New Jersey residents to come together for religious services and family gatherings, but we are not currently living a traditional lifestyle," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "It is imperative that we continue to work together to practice social distancing and travel only when necessary. These preventative measures are proving to be effective, but we must stay the course to ensure the safety of everyone as we continue to move in the right direction towards flattening the curve."

Attorney General Grewal and Colonel Callahan announced the following recent enforcement actions against violators of Governor Murphy's Emergency Orders related to COVID-19:

- **Newark Enforcement.** The Newark Police Department's COVID-19 task force issued 25 summonses for violations of the emergency orders and ordered two non-essential businesses closed in enforcement actions yesterday, April 10.

- **William Wolverton, 50, of Egg Harbor Township,** was charged yesterday, April 10, with second-degree terroristic threats during an emergency in

connection with his arrest on April 1. While being processed on weapons and drug charges, Wolverton was told he was being charged on a warrant and would be lodged in the county jail. Wolverton allegedly said he was COVID-19 positive and was going to infect everyone in the station. He refused to submit to fingerprints, spat on the floor and toward an officer, and refused to comply with booking procedures.

- **Miles Costabile, 21, of Hamilton (Mercer County),** was charged early today by the Robbinsville Police Department with second-degree terroristic threats and DWI. Costabile was taken into custody for DWI after he crashed into a fence. While being processed at police headquarters, he allegedly coughed at officers and stated that he had COVID-19.

- **John R. Mason, 34, , and Shaheeda Hobdy, 32, of Glassboro,** were charged by the Glassboro Police on April 7 with endangering (third degree) and disorderly conduct. Police responded to a report of a large party at the defendants' apartment and learned that they were holding a birthday party for a child with 15 to 20 people present, including several small children.

- **Karin E. Fialka, 47 of Whitehouse Station,** was charged yesterday, April 10, with violating the executive orders for opening her business, Up In Smoke Vape Shop on U.S. Route 202 in Raritan Township, after she was previously warned that she needed to close the shop.

- **Kenneth D. Robles, 40 of Cherry Hill,** was charged by the Pennsauken Police on April 9 with violating the executive orders for opening his business, Top Notch Barber Shop in Pennsauken. He was cutting a client's hair with the windows covered and a roll-down gate over the door.

- **Aziah Hansford, of Passaic,** was charged by the Passaic Police on April 9 with disorderly conduct. He was involved in a fight on Market Street. When police arrived, he allegedly told an officer he had the coronavirus and hoped that the officer would get it from their interaction.

- **Alex Nugent, 19, of Randolph, and Christopher Aro, 19, of Stanhope,** were charged with violating the executive orders and possession of marijuana, both disorderly persons offenses, after their vehicle was stopped by police in Stanhope on April 8 for a motor vehicle violation.

- **Elizabeth Enforcement.** The Elizabeth Police Department's issued five summonses for violations of the emergency orders in enforcement actions on Thursday, April 9.

- **Mahmud Ibn-Dawud, 63, of Elizabeth,** was charged yesterday, April 10, by the Elizabeth Police Department with violating the emergency orders for refusing to leave a city park.

- **Pearl Moore, 54, of Elizabeth,** was charged yesterday, April 10, by the Elizabeth Police Department with violating the emergency orders for loitering outside without a legitimate purpose after being warned.

Violations of the emergency orders constitute a disorderly persons offense carrying a potential sentence of up to six months in jail and a fine of up to $1,000. However, violators can potentially face criminal charges including second, third, and fourth degree indictable offenses.

On April 1, Attorney General Grewal announced enhanced charges against six individuals who were charged with assaulting law enforcement officers and violating the

emergency orders. Specifically, those enhanced charges included making terroristic threats during a state of emergency, which is a second degree offense and carries a sentence of five to 10 years in state prison and a fine of up to $150,000. Defendants Wolverton and Costabile are similarly charged for their conduct against law enforcement officers.

Third-degree charges carry a sentence of three to five years in prison and a fine of up to $15,000, while fourth-degree charges carry a sentence of up to 18 months in prison and a fine of up to $10,000.

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April 13, 2020

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AG Grewal and Colonel Callahan Issue Daily Update on Charges Filed Against Violators of Governor Murphy's COVID-19 Executive Orders

TRENTON – Attorney General Gurbir S. Grewal and Colonel Patrick J. Callahan, Superintendent of the New Jersey State Police, announced the following recent enforcement actions against violators of Governor Murphy's Emergency Orders related to COVID-19:

- **Newark Enforcement.** The Newark Police Department's COVID-19 task force issued 85 summonses for violations of the emergency orders and ordered seven non-essential businesses closed in enforcement actions on Saturday and Sunday, April 11 and 12.

- **Deja M. Lewis, 28, of Salem City,** was charged on Saturday, April 11, by the Salem City Police with second-degree terroristic threats during an emergency. Lewis was arrested on warrants. While at police headquarters, she began to cough in close proximity to the arresting officers who were processing her. As she was coughing, she claimed that she was diagnosed COVID-19 positive and the health department had been to her apartment.

- **Terrell Coley, 30, of East Orange,** was arrested on April 7 by the Newark Police for allegedly punching and spitting at an emergency medical technician (EMT) at the Exxon Gas Station at 481 Central Avenue. Coley is charged with throwing bodily fluid at an EMT who was on duty (4th degree), aggravated assault on an EMT who was on duty (4th degree), and obstruction (disorderly persons offense). Coley rode his bike in front of the emergency vehicle driven by the EMT, almost causing a collision. Coley began yelling at the EMT and followed him into the gas station. While the EMT was getting gas, Coley allegedly approached him and spat on him. Coley also allegedly stuck the EMT in the face with his fist. Coley drove away, but police were able to identify and arrest him.

- **Alycia D. Roman, 37, of Camden,** was arrested on Sunday, April 12, by the Brooklawn Police Department on charges of robbery (2nd degree), aggravated assault with a deadly weapon (3rd degree), shoplifting (disorderly persons offense), and violation of the emergency orders. Police responded to a report of shoplifting at the ShopRite in Brooklawn. Store employees followed Roman to her vehicle after she allegedly walked out of the store with various items without paying for them. When one employee tried to recover the items, Roman argued with him and allegedly spat on his shirt. She then drove in reverse, allegedly striking another employee. As she drove away, that second man had to jump out

of the way to avoid being struck again.

- **Stephen Breza, 70, of Toms River,** was arrested twice on Saturday, April 11, by the Toms River Police in incidents at different Wawa stores. Shortly before 11 a.m., Breza allegedly became belligerent when he was told to wear a mask inside the Wawa store at 179 Route 37 East. He allegedly started screaming, flailing his arms, and cursing at employees. He allegedly threatened a customer in the store that he was going to hit him with a pipe. When police arrived, he screamed at officers and resisted arrest. Shortly after 1:30 p.m., he went to a second Wawa at 1600 Route 37 East, where he again refused to wear a mask. He allegedly punched a male customer in the face, and when the victim left the store, Breza allegedly went to his car and retrieved a pipe, which he wielded menacingly. Breza was arrested again and lodged in jail. In each case, he was charged with violating the emergency orders, disorderly conduct, and failure to submit to fingerprinting. In the first case, he also was charged with resisting arrest (disorderly persons offense). In the second case, he also was charged with second-degree terroristic threats during an emergency and third-degree possession of a weapon for an unlawful purpose.

- **Lagbeh Tulay, 29, Tinnoh Blayee, 21, and Jonathan Payne, 25, all of Trenton, and Fomba Tulay, 23, of Hamilton,** were arrested by the Trenton Police on Friday, April 10. Police responded to the residence of Lagbeh Tulay and Tinnoh Blayee in the first block of Vine Street on a noise complaint. Police found approximately 15 people inside the residence playing loud music. There were numerous food trays and empty and full bottles of alcohol. The four defendants were arrested when they refused to provide identification or comply with directions from officers. All four were charged with obstruction and resisting arrest, both disorderly persons offenses. Lagbeh Tulay was also charged with violating the emergency orders.

- **Joseph C. Davenport, 34, of Penns Grove,** was charged late Saturday night, April 11, by the Penns Grove Police with violating the emergency orders. Police on patrol found a group of approximately six people gathered outside and not practicing social distancing. When police approached the group, Davenport allegedly became verbally abusive to the officers.

- **Thong Quoc Tran, 44, of Fairless Hills, Pa.,** was charged by the Hamilton Township Police (Mercer County) on Saturday, April 11, with violating the emergency orders for opening his business, Diamonds Nail Salon at 2200 South Broad Street. Police determined that he was allowing customers in through the rear of the business to receive salon services.

- **Shakeem Sanders, 23, of Paterson,** was charged on Saturday, April 11, with violating the emergency orders for operating his recording studio at 463 Grand Street in Paterson. Police responded early Saturday to a report that Sanders had been attacked and wounded by an unknown assailant while operating the studio. The investigation of the attack is ongoing.

- **Brendan R. Vidulich, 34, of Hewitt,** has a recording studio on the same floor as Sanders' studio at 463 Grand Street in Paterson (see previous case). He was also charged on Saturday, April 11, with operating his studio in violation of the emergency orders.

- **Paulina B Kashirsky, 35,** of Jersey City, was charged by the Long Beach Township Police on Friday, April 10, with violating the emergency orders for renting a condominium she owns on Long Beach Island for 10 days. She also was charged with obstruction (disorderly persons offense) for falsely claiming to have rented it for 30 days.

- **Frank Medina, 37, of Spotswood,** was charged by the East Brunswick Police with violating the emergency orders, theft by unlawful taking (3rd degree), and criminal trespass (disorderly persons offense). He was arrested on Saturday, April 11, for allegedly stealing tires from an industrial park on Connerty Court in East Brunswick.

- **Chris Giddle, 21, of Randolph,** was arrested Friday night, April 10, by the Denville Township Police and charged with eluding (2nd degree), resisting arrest (4th degree), and violating the emergency orders. Giddle allegedly attempted to elude an officer who signaled for him to stop his vehicle. He allegedly crashed into multiple vehicles and attempted to flee on foot.

- **Dionicia Zapoteco, 36, of Bridgeton,** was arrested Saturday, April 11, by the Bridgeton Police on charges of DWI, resisting arrest (disorderly persons offense), and violating the emergency orders. She allegedly was involved in a hit and run accident on Bank Street in Bridgeton.

- **Gina F. Fabrico, 29, of Gloucester Township,** was charged on Saturday, April 11, by the Gloucester Township Police with violating a restraining order (4th degree) and violating the emergency orders for traveling to the home of a relative who has a restraining order against her.

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"Law enforcement and medical professionals are on the frontlines of this battle to protect the citizens of New Jersey from the COVID-19 virus, and we cannot stress enough how important it is that each person follow the guidelines set forth in the Executive Order," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "Because lives are at stake, enforcement action will be taken without hesitation against those who are blatantly placing the lives of others at risk."

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Last week, Attorney General Grewal announced enhanced charges against six individuals who were charged with assaulting law enforcement officers and violating the emergency orders. Specifically, those enhanced charges included making terroristic threats during a state of emergency, which is a second degree offense and carries a sentence of five to 10 years in state prison and a fine of up to $150,000. Defendant Deja Lewis is similarly charged for her conduct against law enforcement officers.

Third-degree charges carry a sentence of three to five years in prison and a fine of up to $15,000, while fourth-degree charges carry a sentence of up to 18 months in prison and a fine of up to $10,000.

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April 15, 2020

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AG Grewal and Colonel Callahan Issue Daily Update on Charges Filed Against Violators of Governor Murphy's COVID-19 Executive Orders

TRENTON – Attorney General Gurbir S. Grewal and Colonel Patrick J. Callahan, Superintendent of the New Jersey State Police, announced the following recent enforcement actions against violators of Governor Murphy's Emergency Orders related to COVID-19:

- **Newark Enforcement.** The Newark Police Department's COVID-19 task force issued 86 summonses for violations of the emergency orders and ordered five non-essential businesses closed in enforcement actions yesterday, April 14.

- **Paterson Enforcement.** The Paterson Police Department charged 36 people with municipal ordinance violations for violating the COVID-19 related orders in enforcement actions on Monday, April 13.

- **Seaside Heights Enforcement.** The Seaside Heights Police Department issued seven summonses for violations of the emergency orders from April 12 through 14.

- **Darrell Rude, 33, of Blossvale, N.Y.,** was charged with robbery (2nd degree), burglary, (2nd degree), shoplifting (4th degree), criminal mischief (4th degree), throwing bodily fluids at an officer (4th degree), refusal to provide a biological sample (4th degree), refusal to be fingerprinted (disorderly persons offense), and violating the emergency orders. The Hoboken Police responded early this morning to a report of a burglary in progress at Daniel's Liquor, where a man shattered a glass window to gain entry. Police located Rude nearby with liquor bottles and cigarette cartons sticking out of his backpack. While being processed, Rude allegedly purposely coughed at officers and said he had COVID-19. He allegedly was uncooperative and kept biting and ripping off face masks and spit shields placed on his face.

- **Christopher Ospina, 20, of Haledon,** was charged yesterday, April 14, by the New Jersey State Police with eluding (2nd degree), obstruction (4th degree), disorderly conduct (creating a hazardous condition during a state of emergency) and violating the emergency orders. A state trooper in a marked car was traveling on I-80 West in the Lodi area when he observed a BMW with tinted windows traveling at speeds in excess of 130 mph. The BMW exited I-80, and Ospina was seen by troopers standing alongside his vehicle at a gas station in Lodi. Once Ospina saw the troopers, he jumped back in the BMW and recklessly drove back

on I-80 until troopers lost sight of the vehicle. When Ospina turned himself in at Totowa State Police Station, he told troopers he possibly had COVID-19 symptoms before being taken to the Bergen County Jail.

- **Frank Castillo, 20, of Browns Mills,** was charged on April 9 by the Pemberton Township Police with violating the emergency orders after he was stopped for a traffic violation. Police had stopped Castillo twice before and had issued warnings when they learned he was picking up various people in the Pemberton area and driving them around for non-essential trips.

- **Davide Camilo-Chiolo, 21, and Luis Diaz-Dejsus, 21, both of Perth Amboy,** were charged yesterday, April 14, with violating the emergency orders for participating in a parade and vehicle caravan through the business district of Perth Amboy. The two defendants were in a group of pedestrians who were wearing masks, but who failed to maintain social distancing and who were obstructing traffic. The defendants were charged after they failed to heed warnings to disperse. There were 17 vehicles in the caravan, and the drivers were issued traffic tickets.

- **Eric Brown, 27, of Salem,** was charged yesterday, April 14, by the New Jersey State Police with hindering apprehension or prosecution and violating the emergency orders, both disorderly persons offenses, after he was involved in a motor vehicle accident that led to a car fire. He allegedly called 911 and falsely claimed to be a witness, rather than the driver of the vehicle.

- **Ahmad R. Harrison, 19, of New Brunswick,** was charged yesterday, April 14, by the New Brunswick Police Department with violating the emergency orders. The suspect had been given multiple warnings about being out in public without an essential purpose.

- **Patrick McFadden, 44, of Budd Lake,** was charged yesterday, April 14, by the Mount Olive Police Department with violating a restraining order (4th degree), trespassing (4th degree), and violation of the emergency orders. Shortly after he was served with a restraining order and removed from the victim's property, he took a car service back to the address and entered her home, in violation of the restraining order. He said he was there to retrieve belongings.

- **Guillermo Bonifacio, 18, Gabriel Lopez, 19, and Jovanny Santos, 19, all of Passaic,** were charged with violating the emergency orders after the Passaic Police found them walking along Broadway shortly after 3 a.m. without a legitimate purpose.

- **Alshaquan Griffin, 23, Jose Haddock, 18, and a 17-year-old male, all of Elizabeth,** were charged yesterday, April 14, with violating the emergency orders after the Elizabeth Police responded to a report of a disorderly group on Bond Street, and found the defendants together, failing to observe social distancing. The defendants had been warned before about their conduct.

- **Arnell Green, 19, of Newark,** was charged early today by the Hillside Police with violating the emergency orders. Police responded at about 4 a.m. to a report of suspicious persons near Bloy and Leo streets. Three individuals ran away when police arrived. Green was found hiding in some bushes. He had been warned before about being out in violation of the emergency orders.

"Our police officers are working bravely and tirelessly every day to protect us during this health crisis. Regrettably, they are being called upon far too often to deal with people violating the emergency orders— or what is more egregious, people using the virus to spread fear or impede officers in their vital work," said Attorney General Grewal. "Staying home and maintaining social distance isn't just the best advice to stay

healthy, it's the law. Make no mistake, we will do everything in our power to keep our residents and officers safe, and that means we won't hesitate to file charges against violators."

"Law enforcement and medical professionals are on the frontlines of this battle to protect the citizens of New Jersey from the COVID-19 virus, and we cannot stress enough how important it is that each person follow the guidelines set forth in the Executive Order," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "Because lives are at stake, enforcement action will be taken without hesitation against those who are blatantly placing the lives of others at risk."

Violations of the emergency orders constitute a disorderly persons offense carrying a potential sentence of up to six months in jail and a fine of up to $1,000. However, violators can potentially face criminal charges including second, third, and fourth degree indictable offenses. Police have charged a number of persons with second-degree terroristic threats during an emergency for claiming to have COVID-19 and threatening to infect law enforcement officers or others by coughing, spitting, or otherwise exposing them. That charge carries a sentence of five to 10 years in state prison and a fine of up to $150,000.

Third-degree charges carry a sentence of three to five years in prison and a fine of up to $15,000, while fourth-degree charges carry a sentence of up to 18 months in prison and a fine of up to $10,000.

The charges are merely accusations and the defendants are presumed innocent until proven guilty.

If you are seeing a lack of compliance with the Governor's emergency orders in your town, please contact your local police department or report here covid19.nj.gov/violation

The Attorney General's Office and New Jersey State Police will continue to work with law enforcement throughout New Jersey to deter non-complaint behavior.

No one should take advantage of this pandemic to further their own biased agendas. COVID-19 is no excuse to promote anti-Semitic conspiracy theories and or other biased stereotypes. Please report bias crimes at **1-800-277-BIAS**.

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For Immediate Release:
April 16, 2020

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AG Grewal and Colonel Callahan Issue Daily COVID-19 Enforcement Update

TRENTON – Attorney General Gurbir S. Grewal and Colonel Patrick J. Callahan, Superintendent of the New Jersey State Police, announced the following recent enforcement actions related to COVID-19, including those involving individuals in violation of Governor Murphy's Executive Order 107:

Theft of Personal Protective Equipment

- **Kevin R. Brady, 49, of Point Pleasant Beach,** was charged today with theft by unlawful taking and conspiracy to commit theft, both third-degree charges, in connection with the theft of up to 1,600 respirator masks from Prudential Financial in Iselin. He was charged in an ongoing investigation by the New Jersey State Police, Middlesex County Prosecutor's Office, Woodbridge Police Department, and Point Pleasant Beach Police Department, based on a referral from the National Hoarding & Price-Gouging Task Force headed by New Jersey U.S. Attorney Craig Carpenito. Brady is an on-site electrical contractor who had access to storage areas in the Prudential Financial facility. Between March 27 and April 1, Brady allegedly stole seven to eight cases of N95 respirator masks, each case containing 200 masks. Prudential Financial had intended to donate the masks to a local hospital. The Middlesex County Prosecutor's Office will be issuing a press release.

Bias Incidents

- **Juvenile Charged.** A juvenile female was arrested on April 14 and charged with bias intimidation (3rd degree), riot (4th degree), simple assault (disorderly persons offense), harassment and disorderly conduct (both petty disorderly persons offenses). In addition, the juvenile has been charged with violating the emergency orders. The Middlesex County Prosecutor's Office and the Edison Police Department are continuing to investigate pursuant to the Attorney General's Bias Incident Investigation Standards. The investigation determined that on April 4, the juvenile and a group of others surrounded an Asian woman. The juvenile allegedly yelled racial slurs at the victim related to the origins of the coronavirus. The juvenile then allegedly punched the woman in the back of the head. The Middlesex County Prosecutor's Office will be issuing a press release.

Assaults on Law Enforcement Officers

- **Eric Rock, 35, of Jersey City,** was arrested at about 6 a.m. this morning by the Jersey City Police Department and charged with two counts of second-degree terroristic threats during an emergency (2nd degree), two counts of aggravated assault on a police officer (4th degree), two counts of throwing bodily fluid at an officer (4th degree), criminal mischief (disorderly persons offense), and harassment (petty disorderly persons offense). Rock allegedly went to a relative's home and kicked in a window of the house when she would not let him inside. Rock does not live at the home or have any belongings there. Police were called and found Rock in front of the house. As he was being arrested, he coughed on police officers and claimed he had the coronavirus and would infect them. He allegedly said, "If I'm going to die, you're going to die."

- **Jason Reiner, 44, of Atlantic City,** was charged yesterday, April 15, by the Atlantic City Police with aggravated assault on a law enforcement officer (3rd degree), shoplifting (disorderly persons offense), resisting arrest (disorderly persons offense), obstruction (disorderly persons offense), and violating the emergency orders. Police were called to a CVS store on Atlantic Avenue on a report that Reiner was shoplifting. When officers approached Reiner, he began acting erratically and said he was on drugs. EMS was called but Reiner refused treatment. As officers then attempted to arrest him for shoplifting, Reiner allegedly resisted and intentionally and repeatedly coughed on police officers to spread germs and obstruct his arrest.

- **Kayla Kraus, 22, of Point Pleasant,** was arrested on Tuesday, April 14, by the Point Pleasant Police and charged with two counts of terroristic threats (3rd degree) and aggravated assault on an officer (4th degree). Kraus allegedly punched officers and threatened to infect them with COVID-19 when police responded to the Point Pleasant Inn on a report of an emotionally disturbed woman.

Other Criminal Charges Involving Indictable Offenses

- **Charles Coward, 49, of Camden,** was charged yesterday, April 15, with burglary (3rd degree), possession of an imitation firearm for an unlawful purpose (4th degree), criminal mischief (disorderly persons offense), trespassing (disorderly persons offense), and possession of burglary tools (petty disorderly person offense). He also was charged with violating the emergency orders. The Pennsauken Police responded at 11:48 a.m. to an alarm at Forman Mills. They found a broken side window with a hammer on the ground nearby. Coward was inside the closed store. Police found two coats on the ground, one of which contained a black airsoft gun.

- **Patrick McFadden, 44, of Budd Lake** – who was charged on April 14 by the Mount Olive Police Department with violating a restraining order (4th degree), trespassing (4th degree), and violation of the emergency orders – faces two new counts of each of those charges for allegedly returning to the victim's residence twice yesterday, April 15, at mid-day and again last night.

Other Violations of Executive Orders, Including "Stay at Home" Order

- **Newark Enforcement.** The Newark Police Department's COVID-19 task force issued 72 summonses for violations of the emergency orders and ordered one non-essential business closed in enforcement actions yesterday, April 15.

- **Jeffrey Brady, 62, of Cherry Hill,** the owner of Corrado's Pizza in Sicklerville, was charged yesterday, April 15, by the Winslow Township Police with violating the emergency orders because his employees were not wearing facial masks or gloves. Brady advised it was too hot near the ovens for his employees to wear

masks and customers could not understand them on the phone with their mouths covered.

- **Ali Siyam, 59, the owner, and Abdel Siyam, 21, an employee,** were charged yesterday, April 15, by the Union City Police Department, with violating the emergency orders at the grocery store owned by Ali Siyam on Bergenline Avenue, New Way Supermarket. The employee and several customers were not wearing facial masks. The defendants had been warned by police at least three times on prior days that they needed to comply with the order to wear masks.

- **Kevin Beneventa, 35, of Clementon,** was charged by the Mount Ephraim Police with violating the emergency orders after he was involved in an accident yesterday, April 15. He also was ticketed for driving without a license, failure to keep right, and failure to wear a seatbelt. Police responded to a report of an accident at 6:05 a.m. with a car overturned on West King's Highway. Beneventa told police he fell asleep while driving. His vehicle struck a parked car and rolled, ending up in the middle of the road. He was taken to Cooper University Hospital for treatment.

- **Stalin Paulino, 39, and Mark Rombowski, 65, of West New York,** were charged by the West New York Police with violating the emergency orders for loitering in a bus stop shelter with no legitimate purpose and failing to maintain social distance. Both had been warned previously about violating the orders.

The defendants who were charged strictly with violating the emergency orders and who do not face more serious charges were charged by summons— they were not arrested. Those cases will be adjudicated in municipal court.

"Our police officers are working bravely and tirelessly every day to protect us during this health crisis. Regrettably, they are being called upon far too often to deal with people violating the emergency orders— or what is more egregious, people using the virus to spread fear or impede officers in their vital work," said Attorney General Grewal. "Staying home and maintaining social distance isn't just the best advice to stay healthy, it's the law. Make no mistake, we will do everything in our power to keep our residents and officers safe, and that means we won't hesitate to file charges against violators."

"Law enforcement and medical professionals are on the frontlines of this battle to protect the citizens of New Jersey from the COVID-19 virus, and we cannot stress enough how important it is that each person follow the guidelines set forth in the Executive Order," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "Because lives are at stake, enforcement action will be taken without hesitation against those who are blatantly placing the lives of others at risk."

Violations of the emergency orders constitute a disorderly persons offense carrying a potential sentence of up to six months in jail and a fine of up to $1,000. However, violators can potentially face criminal charges including second, third, and fourth degree indictable offenses

On April 1, Attorney General Grewal announced enhanced charges against six individuals who were charged with assaulting law enforcement officers and violating the emergency orders. Specifically, those enhanced charges included making terroristic threats during a state of emergency, which is a second degree offense and carries a sentence of five to 10 years in state prison and a fine of up to $150,000. Defendant Eric Rock is similarly charged for his conduct against law enforcement officers.

Third-degree charges carry a sentence of three to five years in prison and a fine of up to $15,000, while fourth-degree charges carry a sentence of up to 18 months in prison and a

fine of up to $10,000.

The charges are merely accusations and the defendants are presumed innocent until proven guilty.

If you are seeing a lack of compliance with the Governor's emergency orders in your town, please contact your local police department or report here covid19.nj.gov/violation

The Attorney General's Office and New Jersey State Police will continue to work with law enforcement throughout New Jersey to deter non-complaint behavior.

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# # #

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For Immediate Release:
April 19, 2020

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AG Grewal and Colonel Callahan Issue Daily COVID-19 Enforcement Update

TRENTON – Attorney General Gurbir S. Grewal and Colonel Patrick J. Callahan, Superintendent of the New Jersey State Police, announced the following recent enforcement actions related to COVID-19, including those involving individuals in violation of Governor Murphy's Executive Orders:

Assaults and Threats Against Police Officers, EMTs, or Others

- **Robert Schaub, 35, of Lindenwold,** was arrested yesterday, April 18, by the Somerdale Police and charged with second-degree terroristic threats during an emergency. Schaub had been prohibited from entering the Wawa store in Somerdale after a recent incident in which he was charged with trespassing there. On April 13, he entered the store again, and a clerk who recognized him told him to leave. Schaub allegedly threatened to spit on the clerk, telling her he had the coronavirus and hoped she would get it and die. Police identified Schaub and arrested him last night. He allegedly was uncooperative and refused to be fingerprinted at the jail.

Other Criminal Charges Involving Indictable Offenses

- **John Abdullah, 57, of Somerdale,** was arrested yesterday, April 18, by the Mount Ephraim Police and charged with third-degree aggravated assault on an officer, fourth-degree resisting arrest, shoplifting (disorderly persons offense) and violating the emergency orders. Abdullah allegedly shoplifted candy from the Rite Aid on the Black Horse Pike, and when he was approached by a police officer, he led the officer on a foot chase, causing the officer to be injured.

Other Violations of Executive Orders, Including "Stay at Home" Order

- **Newark Enforcement.** The Newark Police Department's COVID-19 task force issued 30 summonses for violations of the emergency orders and ordered one non-essential business closed in enforcement actions yesterday, April 18.

- **Cristobal Sanchez, 62, of Plainfield,** the owner of the Tequila Club restaurant and bar on East 5th Street was charged last night, April 18, by the Plainfield Police with serving alcohol to patrons inside the bar in violation of the emergency orders. Police received a report that the bar was open and found three patrons seated at the bar consuming alcohol. A few additional patrons were seated at

tables. Sanchez was present and indicated that because the patrons were waiting for take-out orders, he thought he was allowed to serve them alcohol inside the premises.

- **Trennajia Robinson, 26, Nyajah Levister, 22, Angela Dominguez, 22, and Nicole Thomas, 25, all of Passaic,** were charged yesterday, April 18, by the Passaic Police with violating the emergency orders. Police responded shortly after 1 a.m. to a report of a group of individuals involved in an altercation in the first block of 4th Street. Police observed the defendants in a verbal dispute and asked them to disperse. They allegedly refused to disperse and caused a disturbance. They were not near their homes and had no essential reason to be at the location.

- **Wilson Caraballo, 41, of Paterson,** was charged yesterday, April 18, by the Paterson Police with violating the emergency orders for loitering outside a store in the 300 block of Main Street with no essential reason for being there. He was warned several times before about this conduct.

The defendants who were charged strictly with violating the emergency orders and who do not face more serious charges were charged by summons— they were not arrested. Those cases will be adjudicated in municipal court.

"Our police officers are working bravely and tirelessly every day to protect us during this health crisis. Regrettably, they are being called upon far too often to deal with people violating the emergency orders— or what is more egregious, people using the virus to spread fear or impede officers in their vital work," said Attorney General Grewal. "Staying home and maintaining social distance isn't just the best advice to stay healthy, it's the law. Make no mistake, we will do everything in our power to keep our residents and officers safe, and that means we won't hesitate to file charges against violators."

"Law enforcement and medical professionals are on the frontlines of this battle to protect the citizens of New Jersey from the COVID-19 virus, and we cannot stress enough how important it is that each person follow the guidelines set forth in the Executive Order," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "Because lives are at stake, enforcement action will be taken without hesitation against those who are blatantly placing the lives of others at risk."

Violations of the emergency orders constitute a disorderly persons offense carrying a potential sentence of up to six months in jail and a fine of up to $1,000. However, violators can potentially face criminal charges including second, third, and fourth degree indictable offenses.

On April 1, Attorney General Grewal announced enhanced charges against six people who were charged with assaulting law enforcement officers and violating the emergency orders. Specifically, those enhanced charges included making terroristic threats during a state of emergency, which is a second degree offense carrying a sentence of five to 10 years in prison and a fine of up to $150,000. Fifteen additional defendants, including Robert Schaub, have been similarly charged since that time for alleged assaults and threats against police officers, emergency medical technicians, or others.

Third-degree charges carry a sentence of three to five years in prison and a fine of up to $15,000, while fourth-degree charges carry a sentence of up to 18 months in prison and a fine of up to $10,000.

The charges are merely accusations and the defendants are presumed innocent until proven guilty.

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town, please contact your local police department or report here covid19.nj.gov/violation

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For Immediate Release:
April 24, 2020

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AG Grewal and Col. Callahan Issue Weekly Round-Up on COVID-19 Enforcement Matters

TRENTON – Attorney General Gurbir S. Grewal and Colonel Patrick J. Callahan, Superintendent of the New Jersey State Police, today announced enforcement highlights from the past week, including coughing and spitting assaults and bias incidents, and noteworthy violations of Governor Murphy's Executive Orders. The Attorney General also announced enforcement actions targeting price-gouging, other consumer fraud violations, and alcoholic beverage control violations.

"We're cracking down on those who jeopardize public health and undermine public safety," said Attorney General Grewal. "We have zero patience for those who spit on cops, gouge prices, or try to exploit this pandemic for their personal gain."

"Although law enforcement and medical professionals are on the frontlines of the battle against COVID-19, we are ultimately winning the war because of the extraordinary resolve and fortitude of New Jersey citizens who are doing their part day in and day out, abiding by the executive orders and sacrificing for the greater good," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "Those who choose to ignore the law and selfishly place others at risk will face swift law enforcement action."

Assaults and Threats Against Police Officers, EMTs, or Others

- **Michael Bates, 38, of Elizabeth,** was charged yesterday, April 23, by the Elizabeth Police with terroristic threats (3rd degree), disorderly conduct, and violating the emergency orders. Police were dispatched yesterday afternoon to disperse a group that was loitering outside a liquor store in the 100 block of Magnolia Avenue. During the encounter, Bates allegedly threatened to shoot the police officers. Seven people with Bates were charged with violating the emergency orders.

- **Wadim Sakiewicz, 73, of Sparta,** was charged on April 17 by the Sparta Police Department with terroristic threats during an emergency (2nd degree), aggravated assault on an officer (4th degree), resisting arrest (4th degree), obstruction (disorderly persons offense), criminal mischief (disorderly persons offense), and violating the emergency orders. On April 15, Sakiewicz entered Stop & Shop in Sparta without a face mask. When an employee asked him to leave, he became combative, and when a second employee escorted him out of the store, he allegedly said he had the coronavirus and coughed on the employee. The store alerted police, who arrested Sakiewicz on April 17. Sakiewicz allegedly resisted

arrest and tried to spit on and bite officers.

- **Robert Schaub, 35, of Lindenwold,** was arrested on April 18 by the Somerdale Police and charged with second-degree terroristic threats during an emergency. Schaub had been prohibited from entering the Wawa store in Somerdale after a recent incident in which he was charged with trespassing there. On April 13, he entered the store again, and a clerk who recognized him told him to leave. Schaub allegedly threatened to spit on the clerk, telling her he had the coronavirus and hoped she would get it and die.

- **Jacob M. Carr, 30, of Barrington,** was arrested on April 19 by the Barrington Borough Police Department on charges of second-degree terroristic threats during an emergency, obstruction (disorderly persons offense), and violating the emergency orders by impeding the performance of an emergency function (disorderly persons offense). After Carr learned that a COVID-19 testing center was being opened at the Rite Aid on Clements Bridge Road in Barrington, he allegedly posted angry messages on the Barrington Parent's Page on Facebook, including "I'm gonna run you all over with my SUV if I see anyone getting tested."

- **Daniel Lurie, 48, of Hampton, N.J.,** was arrested on April 19 by the New Jersey State Police on charges of terroristic threats during an emergency (2nd degree), resisting arrest (3rd degree), throwing bodily fluid at an officer (4th degree), obstruction (4th degree), and violating the emergency orders. State troopers were called to Lurie's residence on a "medical assist" after Lurie called 9-1-1. When troopers arrived, Lurie was combative. He allegedly stated he had the coronavirus and spat and coughed on troopers. He was arrested and taken to the hospital.

Bias Incidents

- **Afrim Haxhaj, 30, of Jackson Heights, N.Y.,** was charged on April 21 by the Fort Lee Police Department with bias intimidation (4th degree) and harassment (petty disorderly persons offense). Haxhaj allegedly confronted a Jewish man in a Dunkin Donuts in Fort Lee on April 20 and told him to get out, saying Jews are responsible for the coronavirus. He allegedly warned the victim not to return. When the victim returned to the Dunkin Donuts on April 21, Haxhaj allegedly threatened him again, saying he does not want Jews in his neighborhood and bumping his chest into the victim. The victim left and called 9-1-1.

Theft of Personal Protective Equipment

- **Kevin R. Brady, 49, of Point Pleasant Beach,** was charged on April 16 with theft by unlawful taking and conspiracy to commit theft, both third-degree charges, in connection with the theft of up to 1,600 respirator masks from Prudential Financial in Iselin. He was charged in an ongoing investigation by the New Jersey State Police, Middlesex County Prosecutor's Office, Woodbridge Police Department, and Point Pleasant Beach Police Department, based on a referral from the National Hoarding & Price-Gouging Task Force headed by New Jersey U.S. Attorney Craig Carpenito. Brady is an on-site electrical contractor who had access to storage areas in the Prudential Financial facility. Between March 27 and April 1, Brady allegedly stole seven to eight cases of N95 respirator masks, each case containing 200 masks. Prudential Financial had intended to donate the masks to a local hospital.

Other Criminal Charges Involving Indictable Offenses

- **Firaz Osman, 18, and three Juvenile Males, all of South Brunswick,** were charged on April 19 by the South Brunswick Police with burglary (3rd degree)

and violating the emergency orders. Police responded at about 3:30 a.m. to Point of Woods Drive on a report of persons entering a vacant home. Police officers initially located Osman and two other male youths inside the home. While searching the attic of the residence for the fourth suspect, a police officer fell through the ceiling, injuring his abdomen. The officer was treated at Robert Wood Johnson University Hospital and later released. The fourth suspect was located by police at his residence.

Price Gouging Enforcement

AG Grewal announced updates on the Division of Consumer Affairs' actions to stop price gouging. As of this week:

- The Division has issued **92 subpoenas** to retailers and online market places reported by consumers for allegedly engaging in unfair price increases.
- Approximately **731 cease-and-desist letters** have been sent or will be sent imminently, warning retailers about the penalties for violating New Jersey's price-gouging law, and the Consumer Fraud Act's protections from gross and unreasonable inflation of the price of any product during a state of emergency.

Since the start of the COVID-19 emergency, the Division has logged a total of 3,907 price-gouging complaints involving 2,234 locations. Nearly 90 percent of the complaints allege unlawful price hikes on essential items like food, bottled water, cleaning products, and personal protective equipment such as masks, disinfectants and sanitizers.

In addition to price gouging, the Division is looking into complaints from consumers alleging unlawful refund practices as a result of closures related to the COVID-19 health emergency. To date, the Division's overall complaints include 183 reports of health clubs, hotels, ticket agents and other businesses allegedly refusing to issue refunds after they closed or suspended services as a result of the COVID-19 pandemic.

New Jersey's price-gouging law, which took effect on March 9 upon Governor Murphy's declaration of a state of emergency, prohibits excessive price increases during a declared state of emergency and for 30 days after its termination. A price increase is considered excessive if the new price is more than 10 percent higher than the price charged during the normal course of business prior to the state of emergency, and the increased price is not attributable to additional costs imposed by the seller's supplier or additional costs of providing the product or service during the state of emergency.

Price-gouging and other consumer fraud violations are punishable by civil penalties of up to $10,000 for the first violation and $20,000 for the second and subsequent violations. Violators may also be required to pay consumer restitution, attorney's fees, and investigative fees, and will be subject to injunctive relief. Each sale of merchandise is considered a separate violation.

Consumers who suspect consumer fraud, violations, or believe that businesses have unfairly increased their prices in response to COVID-19, are encouraged to file complaints online to report specific details investigators can follow up on. Photographs of items being sold, receipts and pricing can now be uploaded to our new price gouging complaint form.

Other Violations of Executive Orders, Including "Stay at Home" Order, and Ordinances

- **Newark Enforcement.** The Newark Police Department's COVID-19 task force issued 324 summonses for violations of the emergency orders and ordered 12

non-essential businesses closed in enforcement actions during the past week, April 17 through 23.

- **Sadik Kocaoglu, 40, of Lafayette,** was charged yesterday, April 23, by the Parsippany Police for opening his vape shop, Puff City on Route 46 West, in violation of the emergency orders. Although he was warned before, police found customers in the shop purchasing vape products.

- **Yovanni Veras, 51, of Fair Lawn,** was charged yesterday, April 23, by the Paterson Police for operating his business, Roberto International Barber Shop at Pearl and North Straight Streets, in violation of the emergency orders. Police found the barber shop open for business.

- **William Sever, 54, of Clinton, Matthew Reiher, 27, of Clinton, and Kyle Just, 40, of Annandale,** were charged yesterday by the Clinton Township Police Department with violating the emergency orders by playing golf at the Beaver Brook Country Club, which is closed due to the health emergency.

- **Renee F. Perrine, 49, of Toms River,** was charged on April 18, by the Bay Head Police with violating the emergency orders and operating an unregistered vehicle. When she was stopped for operating an unregistered vehicle, she said she was driving around playing Pokemon Go.

- **Andres Torres, 31, and Jose Nolasco, 51, of Union City,** were charged with violating the emergency orders on April 18 by the Union City Police Department. Torres owns La Roca supermarket on Bergenline Avenue in Union City. Police conducted a walk-through and found more than 50 people in the grocery store, with customers crowding around certain sections of the store. This had occurred on at least two prior occasions and the business was warned about occupancy limits. Nolasco is the store manager.

- **Nicholas Natale, 18, Kenneth Booth Jr., 18, Charles Thompson Jr., 19, Richard Karcher, 19, Donald Murray, 19, Jonathan Kinnerman, 20, Shawn Durst, 21, Timothy Durst-McMaster, 22, Michael Ragone, 27, Douglas Miller, 27, and Brian Schaefer, 29, all of Maple Shade,** were charged on April 19 by the Cinnaminson Police with violating the emergency orders. The group was gathered on the bank of Pennsauken Creek near Glenview Drive with a bonfire and alcohol. They used boats and wave runners to get to the location.

Violation of the emergency orders is a disorderly persons offense carrying a sentence of up to six months in jail and a fine of up to $1,000. Such violations are charged by summons, without arrest.

COVID-Related Violations of State Alcohol Laws

AG Grewal announced this action by the Division of Alcoholic Beverage Control against a licensee:

Billings, Inc. the entity that holds the liquor license for the **Post Time Pub in Blairstown,** agreed to accept a 45-day license suspension beginning April 17, pending final resolution of ABC charges seeking to revoke the pub's liquor license for twice violating emergency orders limiting bars and restaurants to take-out service only. The charges, filed by ABC on April 6, allege the licensee placed the public in imminent danger by serving alcoholic beverages for on-premise consumption on March 27 and April 2. The charges were filed by ABC after the business was twice issued charges and flouted local law enforcement efforts. The suspension is in the nature of a temporary restraint of Billings, Inc.'s privilege to sell alcohol during the COVID-19 public health emergency. As the merits of the charges have not been determined and the emergency is

continuing to evolve, ABC's Enforcement Bureau may seek to extend the suspension and Billings, Inc. may seek to lift or modify the suspension.

Since the state of emergency was declared in New Jersey on March 9, at least 24 people have been charged with second-degree terroristic threats during an emergency for spitting, coughing, or otherwise threatening to deliberately expose officers, medical personnel, or others to COVID-19. Second-degree offenses carry a sentence of five to 10 years in state prison and a fine of up to $150,000.

Third-degree charges carry a sentence of three to five years in prison and a fine of up to $15,000, while fourth-degree charges carry a sentence of up to 18 months in prison and a fine of up to $10,000.

The charges are merely accusations and the defendants are presumed innocent until proven guilty.

If you are seeing a lack of compliance with the Governor's emergency orders in your town, please contact your local police department or report here covid19.nj.gov/violation

The Attorney General's Office and New Jersey State Police will continue to work with law enforcement throughout New Jersey to deter non-complaint behavior.

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For Immediate Release:
May 8, 2020

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AG Grewal and Col. Callahan Issue Weekly Round-Up on COVID-19 Enforcement Matters

TRENTON – Attorney General Gurbir S. Grewal and Colonel Patrick J. Callahan, Superintendent of the New Jersey State Police, today announced enforcement highlights from the past week, including coughing and spitting assaults and bias incidents, and noteworthy violations of Governor Murphy's Executive Orders. The Attorney General also announced enforcement actions targeting price-gouging, consumer fraud violations, and alcoholic beverage control violations.

"We're cracking down on those who jeopardize public health and undermine public safety," said Attorney General Grewal. "We have zero patience for those who spit on cops, gouge prices, or try to exploit this pandemic for their personal gain."

"Although law enforcement and medical professionals are on the frontlines of the battle against COVID-19, we are ultimately winning the war because of the extraordinary resolve and fortitude of New Jersey citizens who are doing their part day in and day out, abiding by the executive orders and sacrificing for the greater good," said Colonel Patrick Callahan, Superintendent of the New Jersey State Police. "Those who choose to ignore the law and selfishly place others at risk will face swift law enforcement action."

Assaults and Threats Against Police Officers, EMTs, or Others

- **Julio Pineda, 41, of West New York**, was arrested on Saturday, May 2, by the Secaucus Police Department on charges of terroristic threats during an emergency (2nd degree), throwing bodily fluid at a law enforcement officer (4th degree), and disorderly persons offenses of shoplifting, obstruction, and violating the emergency orders. Pineda was arrested for shoplifting and obstruction at Home Depot. At the police station, he allegedly stated "I have coronavirus, you are all going to [expletive] die." He began coughing into the air, and when an officer tried to calm him down, he allegedly coughed multiple times at the officer, who was near to him.

- **Shakiya J. Duncan, 28**, was charged on May 6 by the Somers Point Police with disorderly conduct and violating the emergency orders. Duncan was told several times by employees of Big Lots to wear a mask but refused to wear one. Duncan was standing very close to the woman in front of her in the checkout line, and when that woman asked her to please step back, Duncan allegedly screamed at her, cursed, and leaned forward to cough in the victim's face.

- **Nickolas Suk, 23, of Flemington**, was arrested on May 7 by the Parsippany Police Department on charges of throwing bodily fluid at a law enforcement officer (4th degree), endangering (4th degree), and violating the emergency orders. Police responded to a report of a person causing property damage. Officers located Suk, who was acting irrationally and had a hammer in his hand. Suk allegedly refused to cooperate with police and began coughing and spitting toward the officers on the scene, saying "I hope you get corona."

Other Criminal Charges Involving Indictable Offenses

- **Mary E. Stewart, 63, of Bridgewater**, was charged on May 2 by the Bridgewater Police Department with aggravated assault (4th degree), endangering (disorderly persons offense), and violating the emergency orders. Stewart alleged spit on staff members at a medical facility multiple times. She also allegedly spit on her hands and then wiped saliva on various pieces of medical equipment and surfaces.

- **Travis Mann, 38, of Haskel**, was charged on May 2 by the Paterson Police with failure to register as a sex offender (3rd degree), hindering apprehension or prosecution (3rd degree), defiant trespass (disorderly persons offense), and violating the emergency orders. Police responded to the 7-Eleven at 262 Main Street on a report of a man yelling at employees, alarming customers, shoplifting, and not social distancing or wearing a mask. Mann was issued summonses for disorderly conduct and violating the emergency orders. During processing, it was determined that Mann is a registered sex offender who has failed to register since 2016.

Price Gouging Enforcement

AG Grewal announced updates on the Division of Consumer Affairs' actions to stop price gouging. As of this week:

- The Division has issued **99 subpoenas** requesting additional information from retailers and online marketplaces alleged to have engaged in price gouging or other unscrupulous business practices during the COVID-19 emergency.

- Approximately **878 cease-and-desist** letters have been sent, warning retailers about the penalties for violating New Jersey's price-gouging law, and the Consumer Fraud Act's protections from gross and unreasonable inflation of the price of any product during a state of emergency.

  The Division has logged a total of **4,554 complaints** related to the COVID-19 emergency against **2,476 locations**. Nearly 90 percent of the complaints allege unlawful price hikes on essential items like food, bottled water, cleaning products, and personal protective equipment such as masks, disinfectants and sanitizers.

Examples of alleged price hikes that consumers have reported to the Division include:

- a supermarket allegedly selling a gallon of bleach for $8.99.

- a grocery store allegedly charging $6 for eggs, $5 for a gallon of milk, and $7.99 for a case of water, nearly double what it was sold for previously.

- a drug store allegedly selling small bottles of alcohol for more than $10 each.

- an auto repair shop allegedly charging $65 for an oil change that typically costs

$35.

- a supermarket allegedly charging $8.49 for a pound of beef chuck that usually sells for $4.99 per pound or less.
- a pharmacy allegedly charging $15 for a single N95 mask.
- a food market allegedly raising the price of a can of disinfectant spray from $4.50 to $9 — a 100% increase.

In addition to price gouging, the Division is looking into complaints from consumers alleging unlawful refund practices as a result of closures related to the COVID-19 health emergency. To date, the Division's overall complaints include 236 reports of health clubs, hotels, ticket agents and other businesses allegedly refusing to issue refunds after they closed or suspended services as a result of the COVID-19 pandemic.

New Jersey's price-gouging law, which took effect on March 9 upon Governor Murphy's declaration of a state of emergency, prohibits excessive price increases during a declared state of emergency and for 30 days after its termination. A price increase is considered excessive if the new price is more than 10 percent higher than the price charged during the normal course of business prior to the state of emergency, and the increased price is not attributable to additional costs imposed by the seller's supplier or additional costs of providing the product or service during the state of emergency.

Price-gouging and other consumer fraud violations are punishable by civil penalties of up to $10,000 for the first violation and $20,000 for the second and subsequent violations. Violators may also be required to pay consumer restitution, attorney's fees, and investigative fees, and will be subject to injunctive relief. Each sale of merchandise is considered a separate violation.

Consumers who suspect consumer fraud, violations, or believe that businesses have unfairly increased their prices in response to COVID-19, are encouraged to file complaints online to report specific details investigators can follow up on. Photographs of items being sold, receipts, and pricing can now be uploaded to our new price gouging complaint form.

Other Violations of Executive Orders, Including "Stay at Home" Order, and Ordinances

- **Shawnte M. Gastelo, 42, and Tayana M. Gastello, 25, of Rahway**, were charged on May 2 by the Rahway Police with violating the emergency orders for hosting a large party in the 1300 block of Fulton Street. Police had previously warned the defendants, but found approximately 40 people gathered in a parking lot area, smoking, drinking, and standing close together.
- **Sharda Ramjug, 61, of Jersey City**, was charged on May 2 by the Roselle Police Department with violating the emergency orders. Ramjug, the owner of Michelle's Beauty Supply, had been warned several times, but remained open and was sneaking customers in through a rear entrance.
- **Thong Q. Tran, 45, of Fairless Hills, Pa.**, was charged on May 4 by the Hamilton Police Department in Mercer County with violating the emergency orders for opening his business, Diamond Nail Salon on South Broad Street, despite having been charged previously.
- **Dragan Dinic, 50, of Emerson**, was charged on May 5 by the Teaneck Police for opening his business, Teaneck Hand Car Wash, where employees wash the

exterior of the car and then enter the vehicle to clean the inside. This was the sixth time that police were called to this car wash.

- **Anthony Monte, 50, of Jackson**, was charged by the Point Pleasant Police with violating the emergency orders by opening his vape shop, E-Cig Outpost, and advertising curbside pick-up. Monte was previously warned by police.

COVID-Related Violations of State Alcohol Laws

AG Grewal announced that the Division of Alcoholic Beverage Control (ABC) this week issued charges against six bars, restaurants, and liquor stores for violations amid the COVID-19 emergency. One establishment faces a potential revocation of its liquor license, two face a minimum 10-day suspension each, and three other establishments were issued fines.

Under executive orders issued by Governor Murphy, businesses licensed to sell alcohol in the state are permitted to remain open during the COVID-19 state-of-emergency, but only for take-out or delivery services of food and alcohol. No table or bar service is permitted, and on-premise alcohol consumption is prohibited.

In a notice of charges issued this week, the **Mt. Royal Inn** in East Greenwich was charged with twice violating COVID-19 executive orders by allowing patrons to drink on its licensed premises. The first incident, which occurred on March 21, resulted in a warning from the local police. Despite the warning, the charges allege that Mt. Royal Inn again allowed patrons to drink on premises on April 4. The Division seeks revocation of Mt. Royal Inn's liquor license.

Establishments facing minimum 10-day suspensions for allowing patrons to consume alcoholic beverages on licensed premises are:

Shakey Jake's Café in Stanhope
Tequila Club in Plainfield City

The establishments issued fines for violations of COVID-19 orders are:

- **Driftwood Liquor and Bar** in Highlands ($750) for allowing employees to drink on licensed premises.
- **Madd Hatter** in Hoboken ($500) for allowing employees to be on licensed premises without face masks.
- **Tomar's Discount Liquor** in Buena Vista ($500) for allowing patrons on the licensed premises without face masks.

Violation of the emergency orders is a disorderly persons offense carrying a sentence of up to six months in jail and a fine of up to $1,000. Such violations are charged by summons, without arrest.

Since the state of emergency was declared in New Jersey on March 9, at least 29 people have been charged with second-degree terroristic threats during an emergency for spitting, coughing, or otherwise threatening to deliberately expose officers, medical personnel, or others to COVID-19. Second-degree offenses carry a sentence of five to 10 years in state prison and a fine of up to $150,000.

Third-degree charges carry a sentence of three to five years in prison and a fine of up to $15,000, while fourth-degree charges carry a sentence of up to 18 months in prison and a fine of up to $10,000.

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For Immediate Release:
May 22, 2020

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Assaults and Threats Against Police Officers, EMTs, or Others

- **Jose A. Morales, Jr., 24, of Kearny, N.J.,** was charged with making terroristic threats during an emergency (2nd degree), aggravated assault on a law enforcement officer (3rd degree), and throwing bodily fluids (3rd degree) in Kearny the evening of May 16. Morales was also charged with receiving stolen property, a vehicle, in connection with the incident, and violating the emergency orders. When Morales was taken into custody by Kearny Police, he allegedly twice indicated that he had coronavirus and spat at a Kearny police officer.

- **Christopher G. Sabini, 20, of Elmwood Park, N.J.** was charged with a single count of making terroristic threats during an emergency (2nd degree) and three counts of aggravated assault on a law enforcement officer (4th degree) on May 15 after he allegedly fought with police responding to a domestic disturbance. During the incident, Sabini allegedly coughed on purpose in the direction of one officer while claiming he had coronavirus.

- **David S. Youssef, 31, of Cliffwood, N.J.**, was charged by the Aberdeen

Township Police Department on May 18 with two counts of making terroristic threats during an emergency (2nd degree) (one for allegedly threatening to kill certain relatives, and one for claiming to have COVID-19 and attempting to spit on officers), aggravated assault on an officer (3rd degree), resisting arrest (3rd degree), throwing bodily fluids at an officer (4th degree), endangering (4th degree), and harassment (petty disorderly persons offense). When police responded to a report of domestic violence, Youssef allegedly became combative and attempted to spit on officers, telling them he had COVID. He allegedly pushed and wrestled with officers during his arrest.

- **Marquise Cadet, 26, of Jackson, N.J.**, was charged on May 18 by the Jackson Police Department with terroristic threats during an emergency (2nd degree), aggravated assault on an officer (4th degree), resisting arrest (4th degree), providing false information to a law enforcement officer (4th degree), and obstruction (disorderly persons offense). Police responded to the Dollar General store at Manhattan Street Plaza because Cadet allegedly refused to wear a mask and was harassing customers. Cadet was uncooperative with police, and when they attempted to arrest him, he allegedly refused to provide a name and tried to flee. While at police headquarters, Cadet allegedly spit on an officer and told the officer he was COVID positive.

- **Randall Rivers, 53, of Gloucester Township, N.J.**, was charged by the Gloucester Township Police on May 21 with terroristic threats during an emergency (2nd degree), resisting arrest (3rd degree), and disorderly conduct (petty disorderly persons offense). When police responded to a domestic dispute involving Rivers, he allegedly shouted profanities at them. As the officers arrested him for disorderly conduct, Rivers allegedly fought with them and kicked an officer. He allegedly told officers he had COVID-19 as he coughed on them and got his blood on them.

Other Criminal Charges Involving Indictable Offenses

- **Jose Ruiz, 51, of Jersey City, N.J.,** was charged on May 15 with making terroristic threats during an emergency (2nd degree), aggravated assault on a law enforcement officer (3rd degree), throwing bodily fluids at an officer (3rd degree) and violating the emergency orders after he was arrested by the Jersey City Police for allegedly committing three separate armed robberies in Jersey City. At the time of his arrest, Ruiz allegedly asked police how they could be sure he was not infected with the coronavirus. Questioned further, he allegedly told police they would find out shortly and spit in an officer's face. In connection with the three armed robberies, Ruiz was charged with three counts of robbery (1st degree), unlawful possession of a weapon (gun, two counts, 2nd degree), possession of a weapon for an unlawful purpose (gun, two counts, 2nd degree), possession of a weapon for an unlawful purpose (knife, 3rd degree), and unlawful possession of a weapon (knife, 4th degree). Ruiz allegedly committed a single armed robbery in Jersey City on May 2, and two armed robberies in Jersey City on May 9.

- **Guillermo F. Garcia-Guzman, 27, of Guttenberg, N.J.**, was charged on May 18 by the Guttenberg Police with possession of a controlled dangerous substance (CDS) (the sedative/painkiller ketamine) (3rd degree) and violating the emergency orders. Police responded to Garcia-Guzman's apartment in the 100 block of 70th Street on a noise complaint. Upon arrival, officers observed 15 to 20 people inside with a DJ, CDS, and alcoholic beverages.

Price Gouging Enforcement

AG Grewal announced updates on the Division of Consumer Affairs' actions to stop price gouging. As of this week:

- The Division has issued approximately **1,202 cease-and-desist letters** warning retailers about the penalties for violating New Jersey's price-gouging law, and the Consumer Fraud Act's protections from gross and unreasonable inflation of the price of any product during a state of emergency.

- The Division has issued **105 subpoenas** to retailers and online marketplaces reported by consumers for allegedly engaging in unfair price increases and other alleged unscrupulous practices.

The Division has logged a total of **4,912 complaints** related to the COVID-19 emergency against **2,596 locations**. More than 85 percent of the complaints allege unlawful price hikes on essential items like food, bottled water, cleaning products, and personal protective equipment such as masks, disinfectants and sanitizers.

Examples of alleged price hikes that consumers have reported to the Division include:

- a pharmacy allegedly doubling the price of a 50-count package of face masks from $50 to $100.
- a pharmacy allegedly charging $7 for a gallon of water.
- a department store allegedly raising the price of Lysol disinfectant spray from $5.99 to $9.99 per can.
- a variety store allegedly selling disinfecting wipes for $18.
- a wholesaler allegedly selling a 12-pack of paper towels for $30.99 that before the state of emergency cost $14.99, and toilet paper for $39.99 which normally averaged $24.99 to $29.99.
- a dollar store allegedly charging $10 for a gallon of bleach that previously sold for $3.29.
- a supermarket allegedly selling a 30 oz. bottle of salad dressing that typically cost $3.49 for $10.49.

In addition to price gouging, the Division is looking into complaints from consumers alleging unlawful refund practices as a result of closures related to the COVID-19 health emergency. To date, the Division's overall complaints include 322 reports of health clubs, hotels, ticket agents and other businesses allegedly refusing to issue refunds after they closed or suspended services as a result of the COVID-19 pandemic.

New Jersey's price-gouging law, which took effect on March 9 upon Governor Murphy's declaration of a state of emergency, prohibits excessive price increases during a declared state of emergency and for 30 days after its termination. A price increase is considered excessive if the new price is more than 10 percent higher than the price charged during the normal course of business prior to the state of emergency, and the increased price is not attributable to additional costs imposed by the seller's supplier or additional costs of providing the product or service during the state of emergency.

Price-gouging and other consumer fraud violations are punishable by civil penalties of up to $10,000 for the first violation and $20,000 for the second and subsequent violations. Violators may also be required to pay consumer restitution, attorney's fees, and investigative fees, and will be subject to injunctive action. Each sale of merchandise is considered a separate violation.

Consumers who suspect consumer fraud, violations, or believe that businesses have unfairly increased their prices in response to COVID-19, are encouraged to file complaints online to report specific details investigators can follow up on. Photographs of items being sold, receipts and pricing can now be uploaded to our new price gouging complaint form.

On Tuesday, May 19, Attorney General Grewal hosted a Virtual Town Hall Meeting focused on fraud prevention, education and enforcement efforts during COVID-19. It was the fourth in a series of Virtual Town Hall Meetings held during the health emergency as part of the Attorney General's 21 County, 21st Century Community Policing Project, "21/21."

View the Virtual Town Hall Meeting here.

Other Violations of Executive Orders, Including "Stay at Home" Order, and Ordinance

- **Richard Luecke, 53, of Spotswood, N.J., Bruce Egbert, 59, of Spotswood, N.J., and Barry Korsak, 57, of Monroe, N.J.,** were each charged on May 16 by the Spotswood Police with violating the emergency orders for drinking inside the American Legion in Spotswood. The three men were previously warned by police, and Korsak was previously cited on May 3.

- **Gutemberg De Cavalcante, 31, and Gaffar Poonawalla, 54**, the manager and owner of **Bob Smoke Shop** on Ferry Street in Newark were charged with violating the emergency orders on May 17 when police observed numerous customers in the back of the store.

- **David Fitha, 51, of Brooklyn, N.Y.**, owner of **Payless Clothing Store** on Springfield Avenue in Irvington, was charged twice by the Irvington Police on May 18 and 19 with violating the emergency orders by opening his business to customers.

- **Jonathan Cozzino, 21, of Union City, N.J.**, was charged on May 19 by the Union City Police with violating the emergency orders. Cozzino was the manager on duty at the **Dominos Pizzeria at 524 31st Street**, where officers observed two employees who were not wearing face masks, one who was making pizza and another at the cash register. This location had been warned a number of times in the past month regarding similar conduct.

- **Katherine Hermes, 53, of Peapack, N.J.**, was charged by the Bernardsville Police with violating the emergency orders on May 20 by opening her business, **Country Home Store** at 21 Olcott Square, to customers after previously having been warned by police about opening.

- **Mario N. Albunia, 63, of Jersey City, N.J.**, was charged on May 21 by the Hoboken Police Department with violating the emergency orders by opening the restaurant he owns, **Mario's Pizza** on Garden Street, for on-site dining. Police observed several patrons dining at tables both outside and inside of the restaurant. The patrons were seated less than 6 feet from one another and restaurant employees. Albunia was warned but refused to stop the violations.

Violation of the emergency orders is a disorderly persons offense carrying a sentence of up to six months in jail and a fine of up to $1,000. Such violations are charged by summons, without arrest.

Since the state of emergency was declared in New Jersey on March 9, at least 36 people have been charged with second-degree terroristic threats during an emergency for spitting, coughing, or otherwise threatening to deliberately expose officers, medical personnel, or others to COVID-19. Second-degree offenses carry a sentence of five to 10 years in state prison and a fine of up to $150,000.

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$15,000, while fourth-degree charges carry a sentence of up to 18 months in prison and a fine of up to $10,000.

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