

WELCOME!

Thank you for joining the American Lung Association for this webcast – “Update with CDC for Chronic Disease Partners on COVID-19”

The presentation will begin at the top of the hour.

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Update with CDC for Chronic Disease Partners on COVID-19

April 17, 2020



Our Vision

A World Free of Lung Disease





Speakers:

Deborah P. Brown, MS, CHES

Chief Mission Officer, American Lung Association

Georgina Peacock, MD, MPH, FAAP

Co-lead, Community and At-Risk Task Force,
CDC's COVID-19 Response

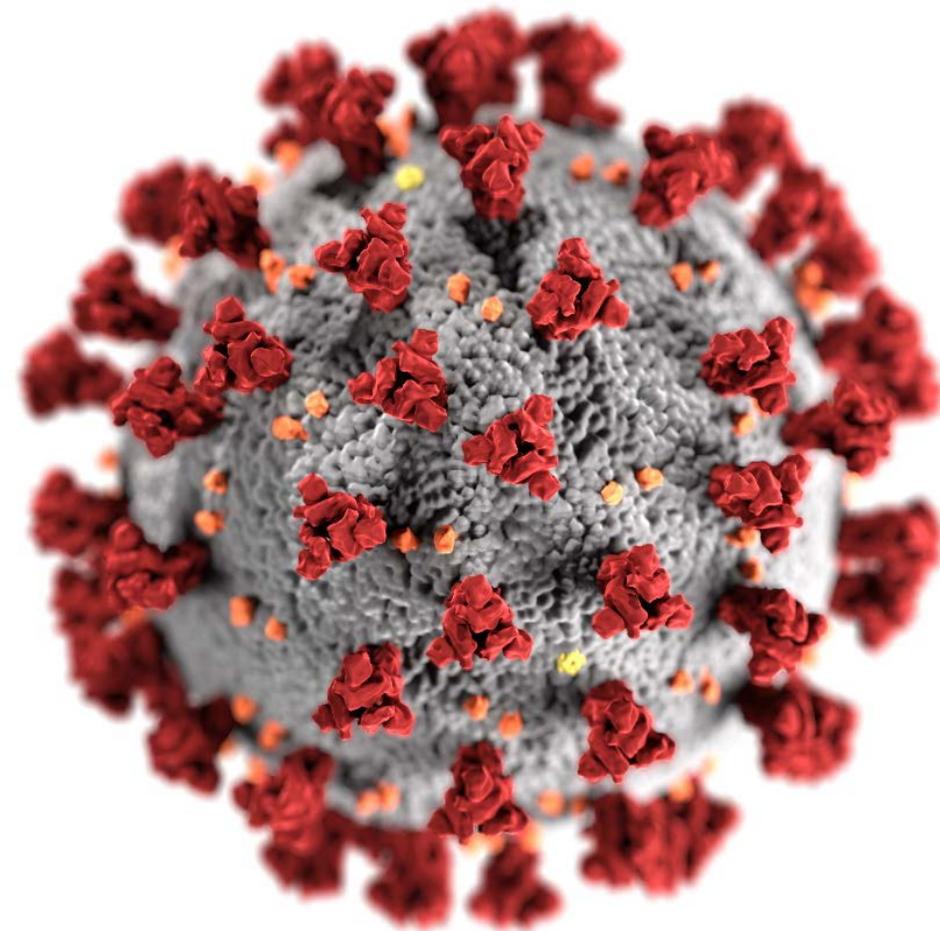
Brian King, PhD, MPH

Deputy Director for Research Translation, CDC's
Office on Smoking and Health

Coronavirus and At-Risk Groups

Georgina Peacock, MD, MPH, FAAP
Co-Lead, Community and At Risk Task Force

American Lung Association Webinar
April 17, 2020



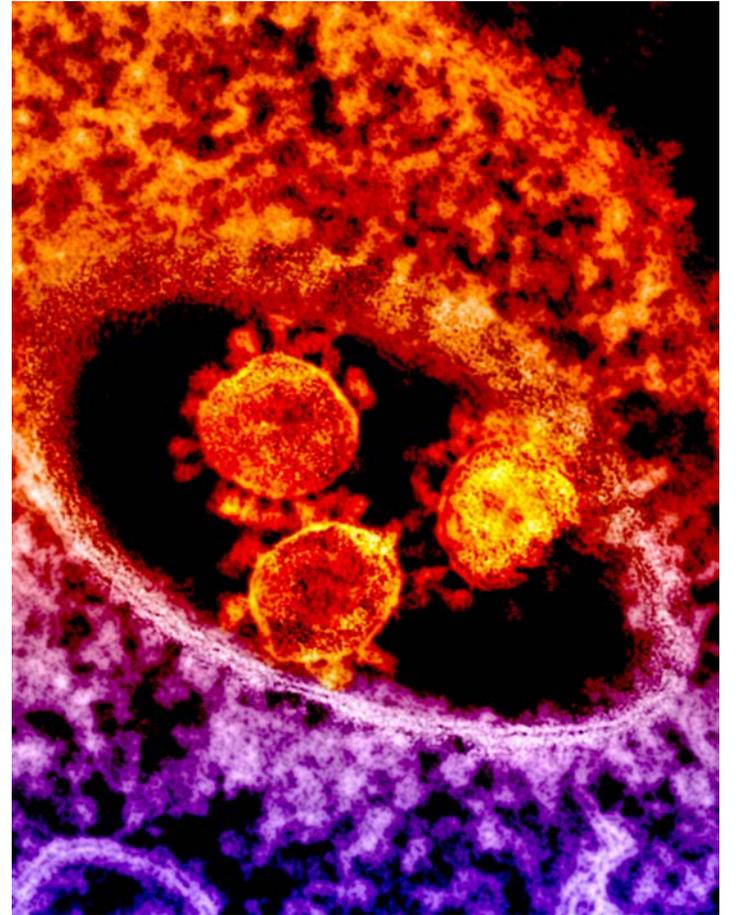
For more information: www.cdc.gov/COVID19

Coronavirus (CoV) Background



Coronavirus (CoV) Background

- Large family of viruses that cause respiratory illness
 - Belongs to *Coronaviridae* family
- First isolated in the 1960s
- Named for the crown-like spikes on surface
 - 4 subgroupings (alpha, beta, gamma, delta)
- Some can spread between animals and people (zoonotic)



COVID-19: Emergence

- Identified in Wuhan, China in December 2019
- Caused by the virus SARS-CoV-2
- Early on, many patients were reported to have a link to a large seafood and live animal market
- Later patients did not have exposure to animal markets
 - Indicates person-to-person spread
- Travel-related exportation of cases reported
 - First US case: January 21, 2020
- CDC is reporting confirmed COVID-19 cases in the US at www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html



COVID-19: Symptoms & Complications

Symptoms may include

- Fever
- Cough
- Shortness of breath

Wide range of illness severity has been reported

- Mild to severe illness
- Can result in death

Estimated incubation period

- 2 to 14 days

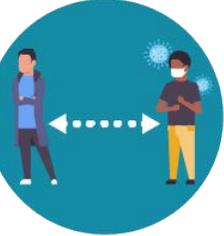
Complications may include

- Pneumonia
- Respiratory failure
- Multisystem organ failure



Preventing COVID-19

- **Clean your hands often**
 - with soap and water for at least 20 seconds, or
 - with hand sanitizer that contains at least 60% alcohol
- **Avoid close contact with people who are sick**
 - Stay home as much as possible
 - Put at least 6 feet between yourself and other people
- **Cover your mouth and nose with a cloth face cover when around others**
 - Wash face covering routinely
- **Cover coughs and sneezes**
- **Clean and disinfect frequently touched surfaces daily**



Community and At Risk Task Force



What We Do

- Aim to reduce morbidity and mortality for those at risk, by focusing on three areas
 - **People at risk for severe illness from COVID-19**
 - Populations with different access, functional or communication needs
 - Social-behavioral health and emotional wellbeing
- Community mitigation efforts, by focusing on non-healthcare settings such as homes, schools, child care programs, retirement communities, faith-based organizations, homeless shelters, colleges and universities, parks and recreation, and correctional facilities.



Groups At Higher Risk for Severe Illness

Older Adults

People of any age with serious underlying medical conditions

- **People with:**
 - *Chronic lung disease or asthma*
 - Serious heart conditions
 - Severe obesity
 - Diabetes
 - Chronic kidney disease undergoing dialysis
 - Liver disease
- **People who are immunocompromised**
 - *Cancer treatment*
 - *Smoking*
 - *Organ transplantation*
 - Poorly controlled HIV or AIDS

COVID-19: Our Work

Science:

Identify community impacts and who is at higher risk

Monitoring and Evaluation:

Assess community intervention strategies

Technical Assistance:

Translate findings into guidance and recommendations



Communication:

Develop materials and tools to help people and communities make informed choices

Partnerships:

Share findings, guidance, and tools with partners and understand community concerns

MMWR: Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020



- Hospitalization rate highest among adults 65+
- Among 178 adults patients with data on underlying conditions, approximately 90% of those patients had one or more underlying conditions
 - **Chronic lung disease** being among the most common (**34.6%**) along with hypertension (49.7%), obesity (48.3%), diabetes mellitus (28.3%) and cardiovascular disease* (27.8%)



*excludes hypertension

Source: https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e3.htm?s_cid=mm6915e3_w

Stay Informed

Latest COVID-19
information available at:
www.cdc.gov/COVID19

People Who Need to Take Extra Precautions

Other Languages ▾

People at Higher Risk for Severe Illness



Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more severe complications from COVID-19.

[People Who Are at Higher Risk](#)

Other Populations



Information for other populations like pregnant people, people experiencing homelessness, and people with disabilities.

[Other Populations](#)



[What You Can Do](#)



[Watch Videos in American Sign Language](#)

More information

[How to Prepare](#)

[Symptoms & Testing](#)

[If You Are Sick](#)

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html>

Additional Resources

- **Groups at Higher Risk for Severe Illness:**

- <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

- **Schools, Workplaces & Community Locations:**

- <https://www.cdc.gov/coronavirus/2019-ncov/community/index.html>

- **What You Can Do:**

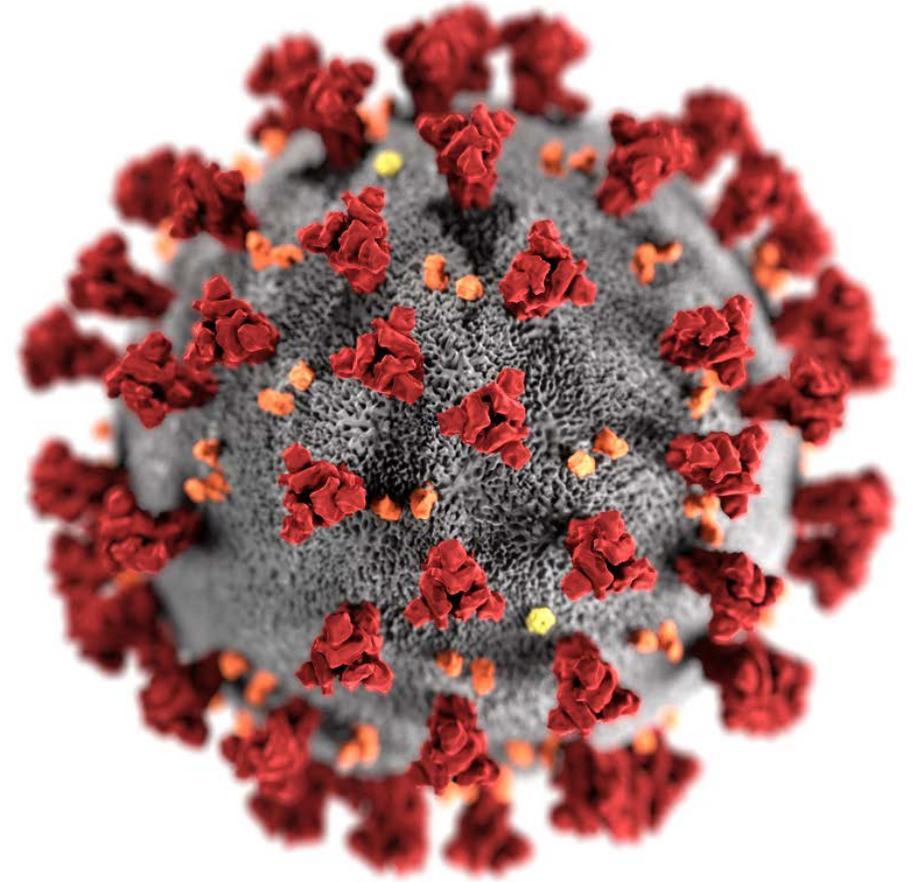
- <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/what-you-can-do.html>

- **Communication Resources:**

- <https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html>



Thank you!



For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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.



SCIENTIFIC OVERVIEW: SMOKING AND RESPIRATORY ILLNESS

BRIAN A. KING, PHD, MPH | DEPUTY DIRECTOR FOR RESEARCH TRANSLATION

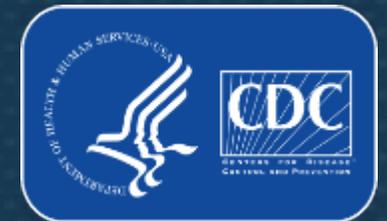
American Lung Association Webinar • April 17, 2020



Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Office on Smoking and Health



OVER A HALF CENTURY OF SCIENTIFIC RESEARCH



Since 1964, over 20 million Americans have died because of smoking, including:

2.5 million nonsmokers

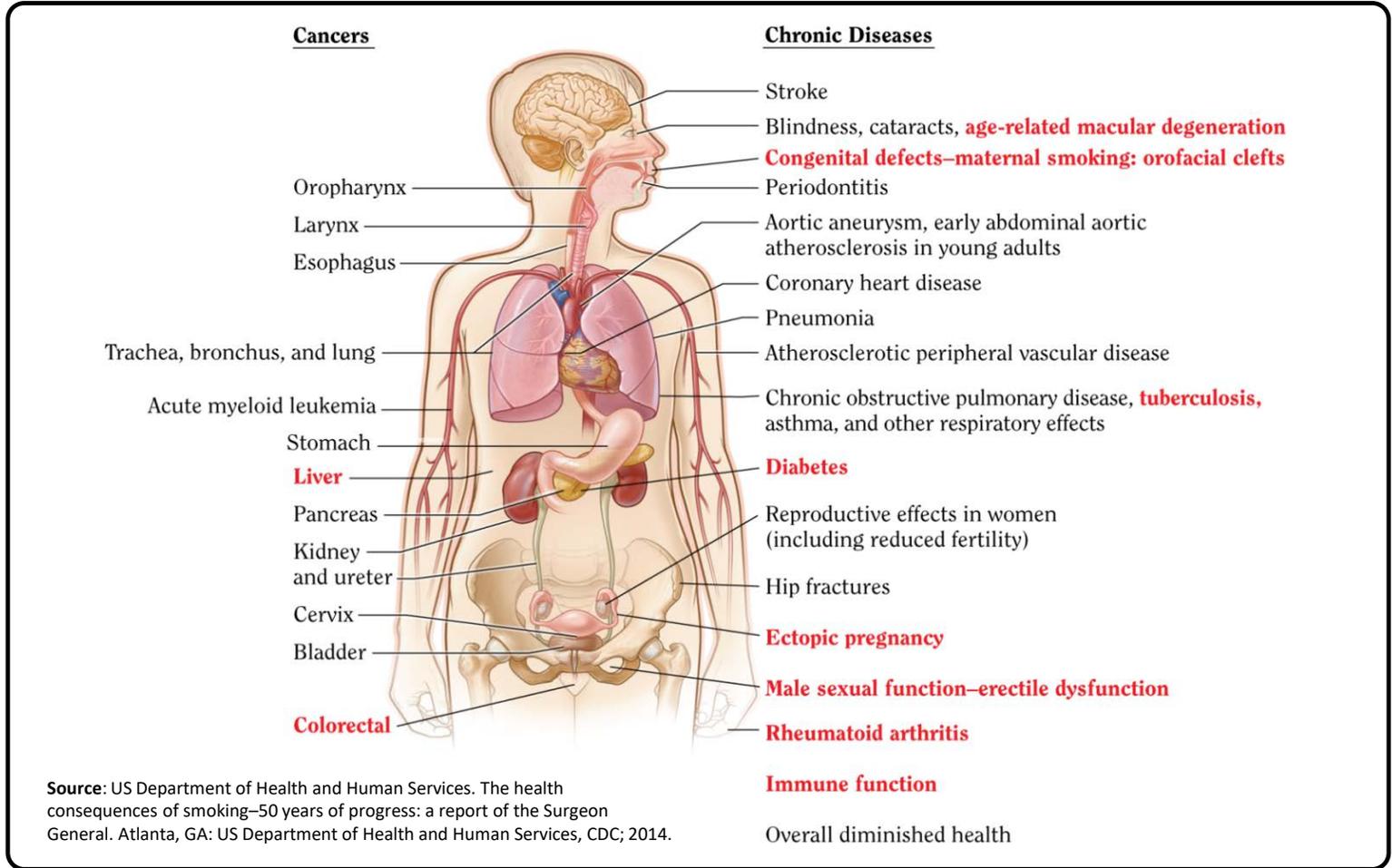
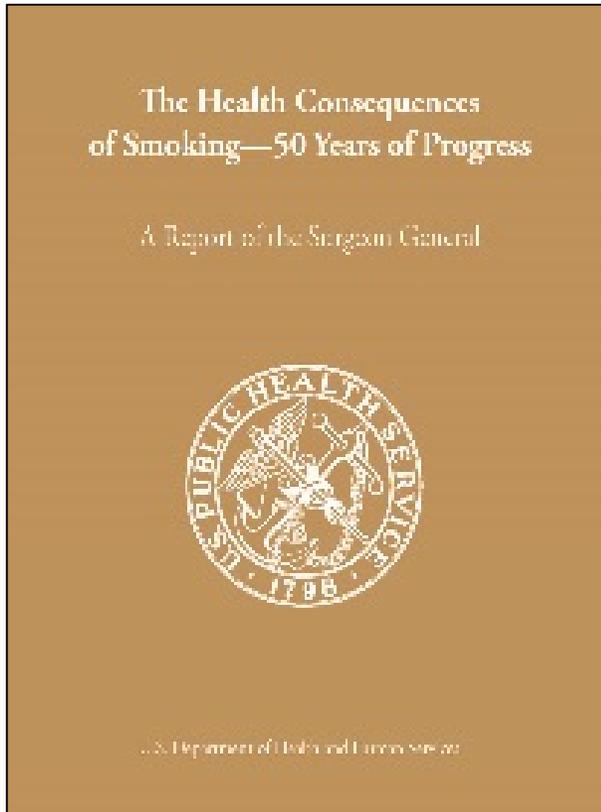
6.58 million from cancers

7.8 million from cardiovascular & metabolic diseases

3.8 million from pulmonary diseases

“Even 50 years after the first Surgeon General’s Report, research continues to newly identify diseases caused by smoking...”

Major Conclusion #3



*Note: The conditions in red are new diseases that has been causally linked to smoking in the 2014 SGR.



EVIDENCE LINKING **SMOKING AND IMMUNOSUPPRESSION**

Immune Function and Autoimmune Disease

- The evidence is sufficient to infer that components of cigarette smoke impact components of the immune system. Some of these effects are immune-activating and others are immune-suppressive.
 - The evidence is sufficient to infer that cigarette smoke compromises immune homeostasis and that altered immunity is associated with an increased risk for several disorders with an underlying immune diathesis.
- The evidence is sufficient to infer that cigarette smoking compromises the immune system and that altered immunity is associated with increased risk for pulmonary infections.



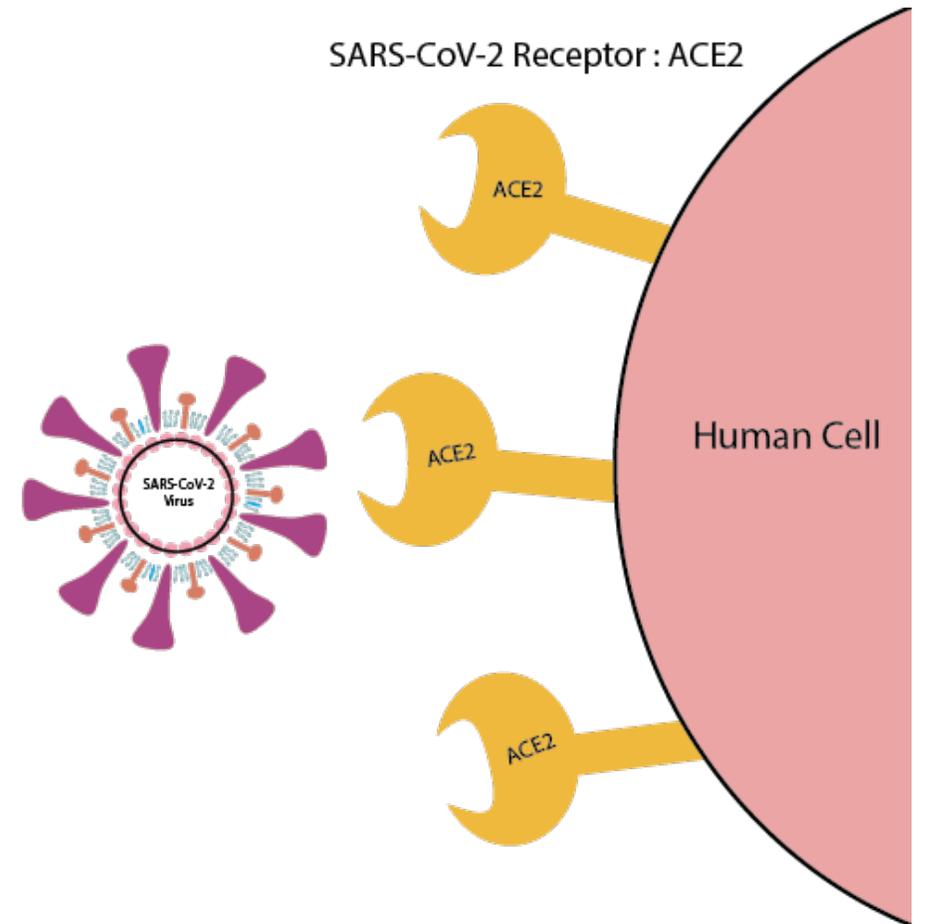
EVIDENCE LINKING **SMOKING AND RESPIRATORY ILLNESSES**

Smoking and Respiratory Illnesses

- A person who smokes has a greater risk of developing, and has a harder time recovering from, respiratory illnesses.
- Smoking is associated with increased development of acute respiratory distress syndrome (ARDS) in people with risk factors such as severe infection, non-pulmonary sepsis, and blunt trauma.

Smoking and Coronaviruses

- Co-occurring conditions, including COPD, cardiovascular disease, and other respiratory diseases have been found to worsen prognosis in patients with other coronaviruses that affect the respiratory system, including those that cause SARS and MERS.
- Smoking is related to higher expression of angiotensin-converting enzyme 2 (ACE2), the receptor for SARS-CoV-2.



SPECIFIC STUDIES ON **SMOKING AND COVID-19**

Preliminary studies in China show that persons who smoke are at greater risk for severe illness from COVID-19.

A history of smoking was associated with COVID-19 disease progression among 78 patients in China who tested positive for COVID-19 based on nucleic acid detection.

ACE2 expression was significantly higher in Asian smokers than Asian non-smokers.

A non-significant trend towards an association was observed between smoking and COVID-19 severity among 140 patients with COVID-19 in China.

Studies in the United States are only beginning to emerge, and are limited by methodological considerations.

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

Search

Morbidity and Mortality Weekly Report (MMWR)

cdc

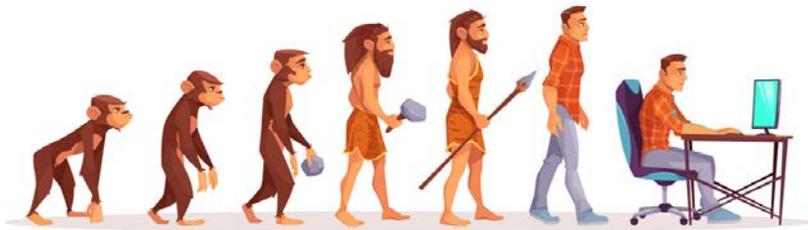


Preliminary Estimates of the Prevalence of Selected Underlying Health Conditions Among Patients with Coronavirus Disease 2019 — United States, February 12–March 28, 2020

Weekly / April 3, 2020 / 69(13):382–386

.....”for some underlying health conditions and risk factors, including neurologic disorders, chronic liver disease, being a current smoker, and pregnancy, few severe outcomes were reported; therefore, conclusions cannot be drawn about the risk for severe COVID-19 among persons in these groups.”

E-CIGARETTE, OR VAPING, PRODUCTS

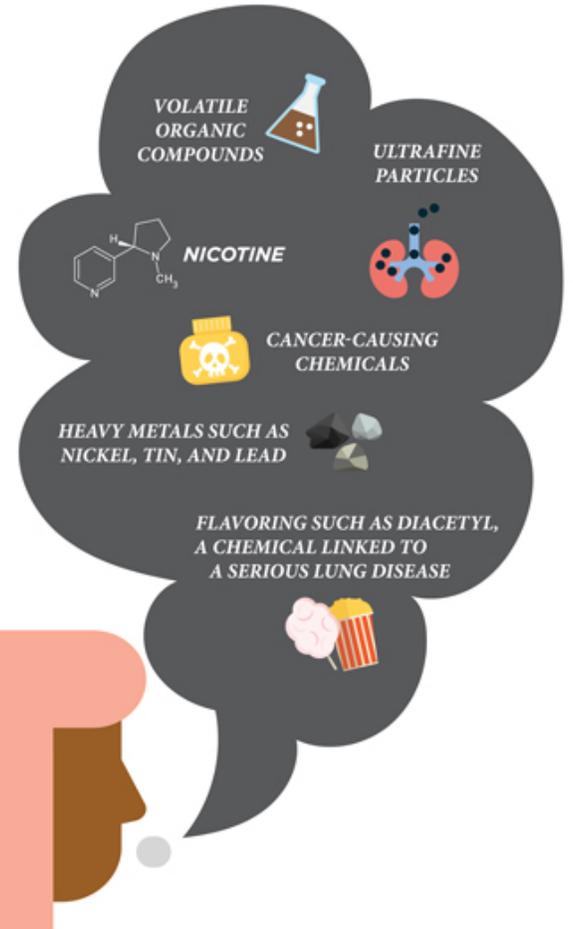


1st Generation

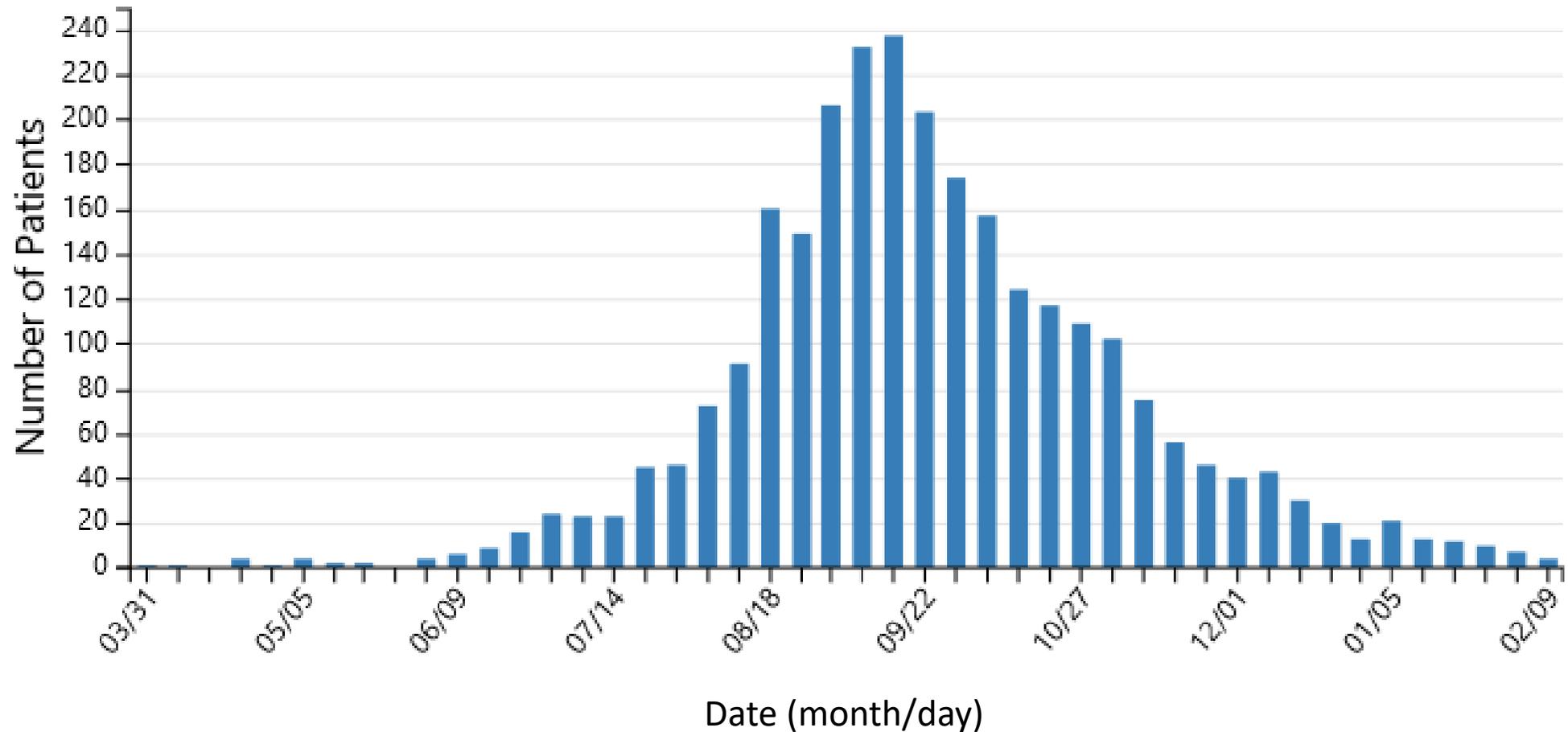
2nd Generation

3rd Generation

4th Generation



E-CIGARETTE, OR VAPING, PRODUCT USE-ASSOCIATED LUNG INJURY (EVALI) – UNITED STATES, March 2019 – February 2020





KEY TAKEAWAYS

1

Cigarette smoking can suppress the immune system and cause heart and lung diseases.

2

A person who smokes may be at greater risk for, and may have a harder time recovering from, COVID-19.

3

The relationship between the use of e-cigarette, or vaping, products and risk of COVID-19 is uncertain.

4

For help quitting tobacco product use, or staying tobacco-free, call 1-800-QUIT NOW or visit www.smokefree.gov.

Brian A. King, PhD, MPH
Office on Smoking and Health
baking@cdc.gov



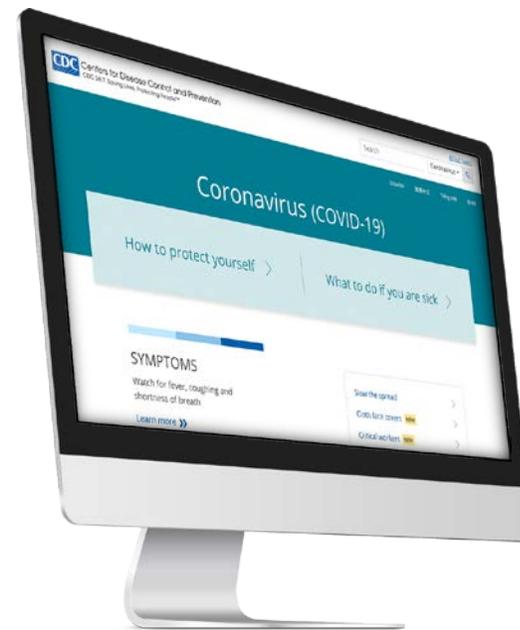
HOW TO QUIT SMOKING

www.cdc.gov/quit



FEDERAL RESOURCES

<https://www.coronavirus.gov/>



CDC RESOURCES

<https://www.cdc.gov/COVID19>



Key Role of Chronic Disease Partners During COVID-19 Outbreak

Examples from the Lung Association

Deb Brown, Chief Mission Officer

PEOPLE WITH CHRONIC DISEASE ARE AT HIGH RISK

Those at high risk for severe illness from COVID-19:

- People aged 65 years and older
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised including cancer treatment
 - People of any age with severe obesity (body mass index [BMI] ≥ 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk
- 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 systemic or oral corticosteroids and other immune weakening medications

HEALTH DISPARITIES



Unfair health inequities are apparent in this pandemic.

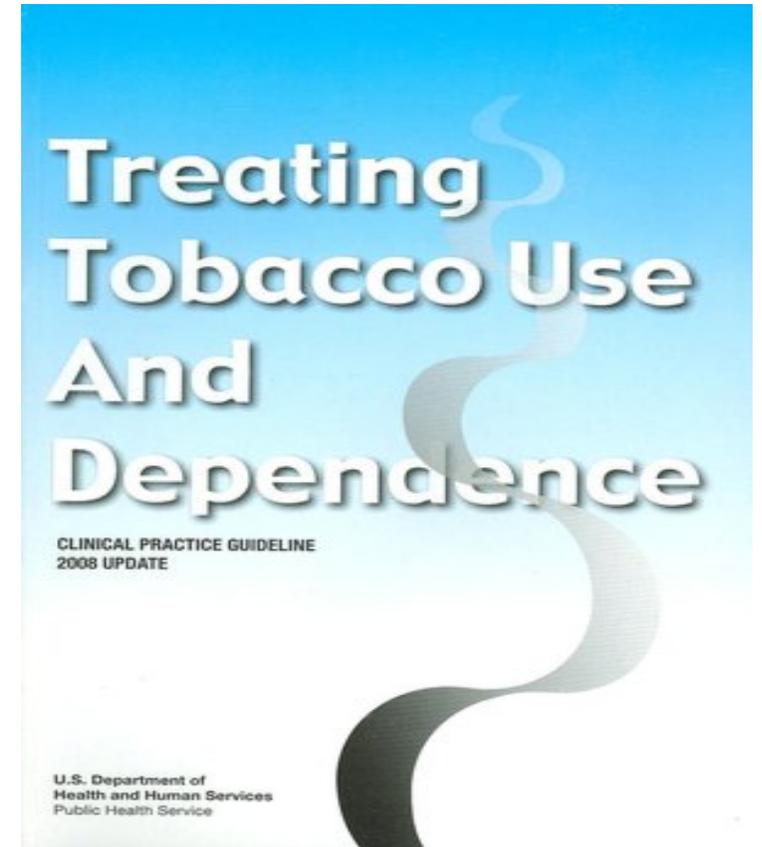
Quitting Smoking is Even More Important

- Smoking and vaping causes harm to the lungs, leaving lung tissue inflamed, fragile and more susceptible to infection
- Tobacco use harms the immune system, which is especially important in fighting viruses like COVID-19
- Quitting smoking and vaping is even more important now during the COVID-19 outbreak.

Tobacco Cessation Coverage

Tobacco Cessation Treatments

- Medications
 - NRT Gum*
 - NRT Patch*
 - NRT Lozenge*
 - NRT Inhaler
 - NRT Nasal Spray
 - Bupropion
 - Varenicline
- Counseling
 - Individual
 - Group
 - Phone



* Available over-the-counter; need a prescription for no cost-sharing

Protecting Tobacco Control Programs

- Maintaining state tobacco control programs is key to ensuring the maximum number of people quit smoking
- But the funding environment is about to get much more challenging
- And we've already seen some states divert tobacco prevention and cessation funding to other purposes.

COVID 19 Legislation Passed by Congress to Date

Congress has passed 3 COVID-19 packages and a 4th one is expected later in May

First COVID-19 package included:

Provided \$8.3 billion for federal, state and local public health responses and additional funds for vaccine development

Second COVID-19 package included:

Expanded paid medical leave and family leave for some employees
Provided additional assistance for food programs and coronavirus testing

Third COVID-19 package included:

More than \$130 billion for hospitals, nursing homes and healthcare workers, including billions for personal, protective equipment
The National Heart, Lung and Blood Institute received over \$100 billion

STAY CONNECTED AND INFORMED

Visit the NEW [Lung.org/covid-19](https://www.lung.org/covid-19)



Follow us on **Facebook, Twitter, LinkedIn, YouTube and Instagram** and share timely resources to your network



Catch up on our **Each Breath Blog:**

- From the Frontlines: An Update from Navajo Nation
- From the Frontlines: Confronting Fear
- Testing for COVID-19: A Look Forward



LUNG HELPLINE

Talk for free with our lung health experts such as respiratory therapists, nurses, and tobacco cessation counselors about COVID-19 or any other lung health questions.



Lung HelpLine
1-800-LUNG-USA

Experienced and knowledgeable healthcare professionals are ready to assist you with questions you have about COVID-19 or any other lung health questions.

Bilingual Spanish speaking staff along with a live language interpretation service for over 250 languages.

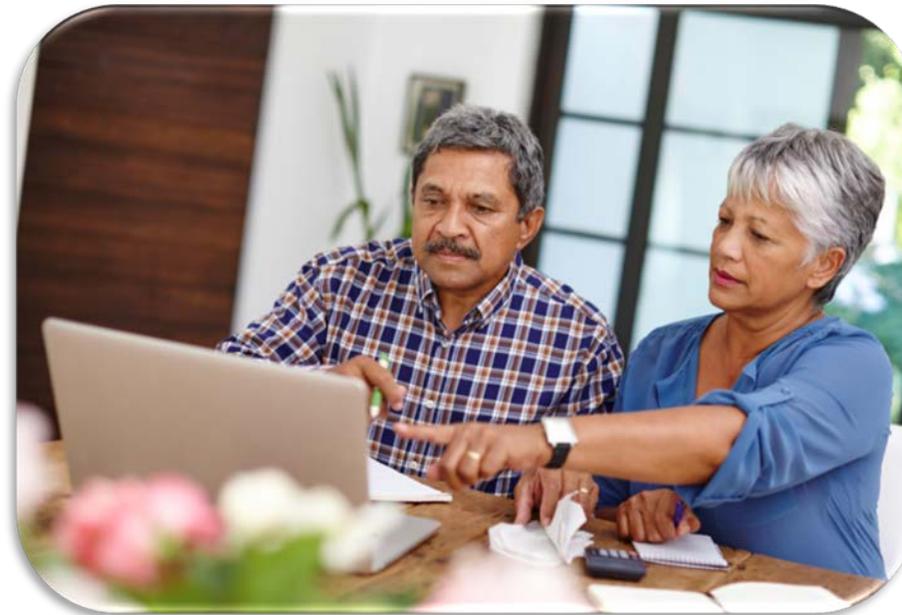
JOIN AN ONLINE SUPPORT COMMUNITY

We offer free online support communities to help you in your lung health journey. Join one of our many support groups to connect with others.

List of Communities:

- Lung Cancer Survivor
- Living with COPD
- Living with Lung Disease
- Living with Pulmonary Fibrosis
- Caring for Pulmonary Fibrosis
- Quit Now: Freedom From Smoking
- Living with Asthma
- Living with PAH (pulmonary arterial hypertension)

Online communities offer peer-to-peer support so you can connect with people also facing lung disease and other lung health issues.



EDUCATIONAL MATERIALS

Always available. Always free.

Online, telephonic and printed materials are available to help you:

- Keep your lungs healthy
- Manage your lung disease
- Quit smoking
- Prepare for lung emergencies
- Support your loved ones



FREE Health Programs and Initiatives

Lung Cancer Mentor Program

The American Lung Association partnered with [Imerman Angels](#) to match mentors, also known as Mentor Angels, with those facing lung cancer. Patients can sign up to seek support from someone who has been in your shoes OR you can sign up to become a mentor and offer support to another person facing lung cancer. For more information, visit [Lung.org](#).



Smokefree Housing Initiative



[Secondhand smoke exposure](#) poses serious health threats to children and adults. For residents of multi-unit housing (e.g., apartment buildings and condominiums), secondhand smoke can be a major concern. It can migrate from other units and common areas and travel through doorways, cracks in walls, electrical lines, plumbing, and ventilation systems.

Public and private multi-unit housing properties across the country have moved to solve this problem by making their housing, including individual units, smokefree.

The U.S. Department of Housing and Urban Development (HUD)'s rule that made all public housing smokefree will protect approximately two million residents, including 760,000 children, from exposure to secondhand smoke. The American Lung Association was a [strong supporter](#) of HUD's smokefree housing rule and pushed for its passage for over a decade.

We have created a variety of tools and resources to assist multi-unit housing properties, including public housing, with going smokefree.

[Participate in our free Steps for Success program](#)



COVID-19 ACTION INITIATIVE

American Lung Association Commits \$25M to address COVID-19 and Emerging Respiratory Viruses

Association deepens commitment to its lung infection resources and research program to address COVID-19 and respiratory virus breakthroughs



CHICAGO, IL | April 9, 2020

As the nation's leading voluntary lung health organization, the American Lung Association is launching a \$25M initiative to end COVID-19 and defend against future respiratory virus pandemics. The COVID-19 Action Initiative will be used to

Expanding research

Enhancing key public health measures

Establishing a collaborative network



Questions?