

Coronavirus Disease 2019 (COVID-19): Guidance for Migrant Labor Camp Operators

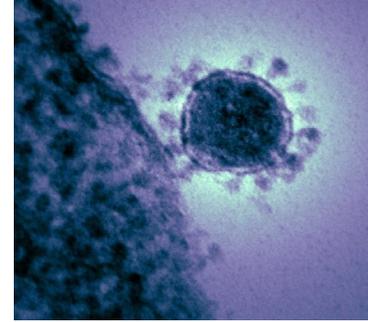
May 13, 2020

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*Information is current as of the date presented, but is subject to change.

BACKGROUND INFORMATION

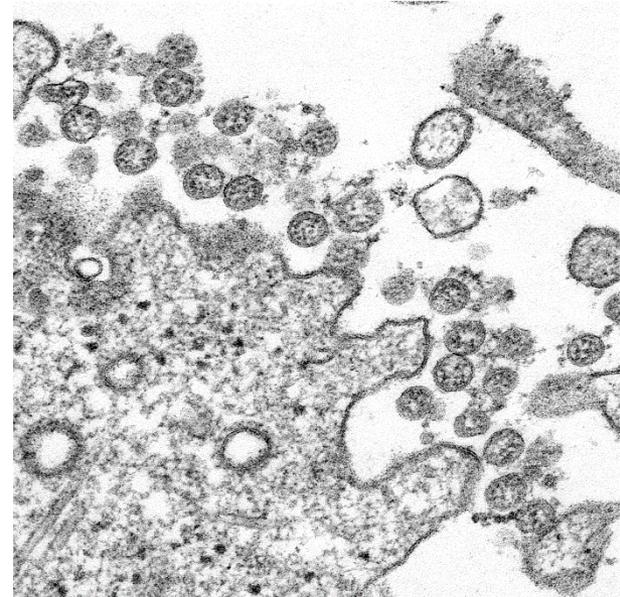
Coronavirus Disease 2019



- On 2/11/20, WHO announced the official name for the disease that is causing the 2019 novel coronavirus outbreak
 - **Disease: coronavirus disease 2019 (COVID-19)**
 - **Virus: severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)**
- SARS-CoV-2 causes COVID-19

Coronavirus Disease 2019 (COVID-19)

- Several coronaviruses cause illness in people
 - Common colds
 - SARS (2002)
 - MERS (2012)
 - Novel coronavirus (2019)



*TEM from the first U.S. case of COVID-19
Courtesy CDC*

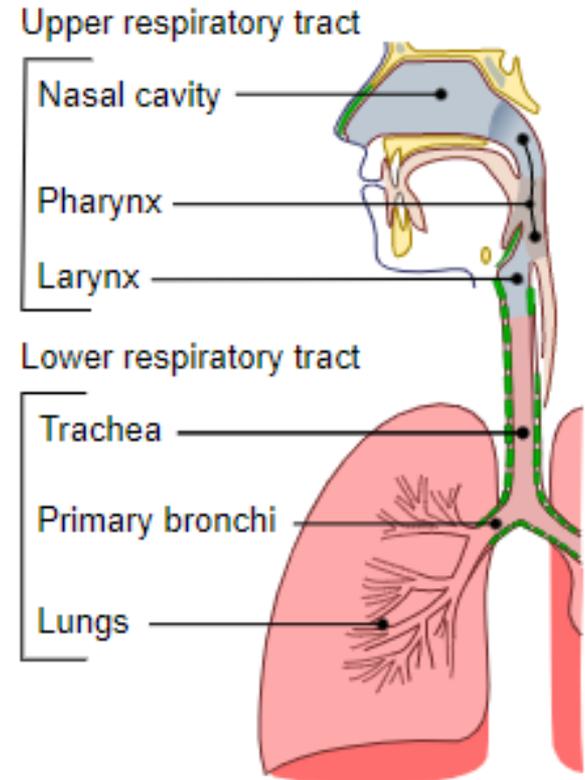
Human Coronaviruses

4 HCoVs are common around the world

- 0%-30% of upper respiratory tract infections in adults

3 highly pathogenic HCoVs

- Lower respiratory tract infections
- 2002 - SARS-CoV-1
- 2012 - MERS-CoV
- 2019 - SARS-CoV-2 (COVID-19)



COVID-19 Compared with Past CoV Epidemics

CoV	Origin	Cases	Deaths
SARS-CoV-2 As of 4/21/20*	Dec 2019 (China)	3,517,345	243,401 CFR = 6.9% [^]
MERS-CoV	2012 (Saudi Arabia)	2,494	858 CFR = 34%
SARS-CoV	2002 (China)	8,098 (None since 2004)	774 CFR = 10%

*Reported by the World Health Organization

[^]Estimate; CFR may depend on location

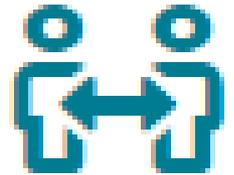
How Contagious Is It?

Disease	R_0
MERS-CoV	< 1
Seasonal influenza	1-2
COVID-19	Estimates as of 2/20/20: 2-2.5
SARS-CoV	3
Measles	12-18

Source: www.who.int/emergencies/diseases/novel-coronavirus-2019
https://wwwnc.cdc.gov/eid/article/26/7/20-0282_article



COVID-19: Transmission



Person-to-person spread

- Between people who are in close contact with one another (about 6 ft)
- Through respiratory droplets when an infected person coughs, sneezes, or talks
- Droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs
- COVID-19 may be spread by people who are **not** showing symptoms

What are High-Risk Exposures to COVID-19?

- Prolonged, close contact with confirmed case
 - Prolonged: > 10 minutes in community setting
 - Close contact: < 6 feet
- Household members of a confirmed case
- Healthcare workers not using proper personal protective equipment (PPE)



COVID-19: Transmission



Contaminated surfaces and objects

- 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 eyes.
- This is **not** thought to be the main way the virus spreads
- Cleaning and disinfection of high touch areas is still important

COVID-19: Environmental Stability

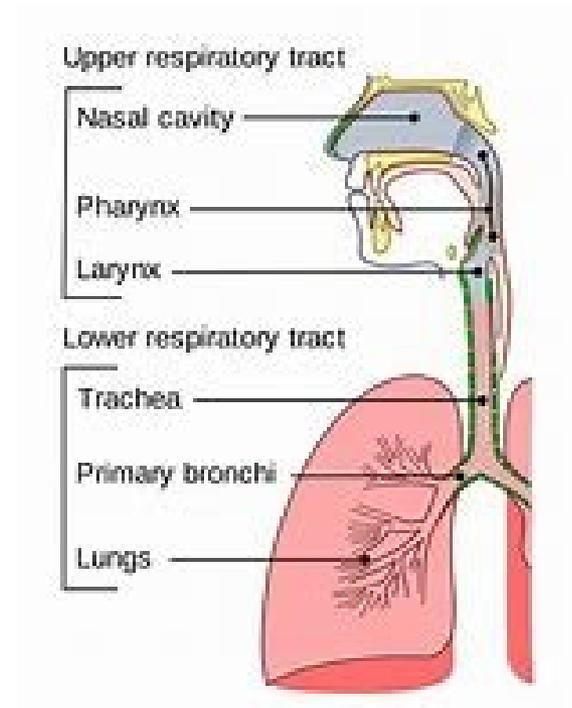
- Can survive for up to 72 hours on plastic and stainless steel, < 4 hours on copper and <24 hours on cardboard
- Surfaces can easily be cleaned with common household disinfectants that will kill the virus
- Always clean your hands with an alcohol-based hand rub or wash them with soap and water
- Avoid touching your eyes, mouth, or nose

COVID-19: Incubation Period

Time between infection and when signs of illness occur

Range: 2-14 days

- Average = 4-5 days
- Evidence of asymptomatic and/or pre-symptomatic transmission
- People are thought to be most contagious when they are most symptomatic (the sickest)



COVID-19: Symptoms

Spectrum ranges from none (asymptomatic) to mild to severe



- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell

Risk Factors for Severe Illness

- Age \geq 65 years
- People who live in a nursing home or long-term care facility
- People of all ages with underlying conditions
 - Chronic lung disease, including moderate to severe asthma
 - Heart disease
 - Diabetes
 - Immunosuppressive conditions (e.g., cancer)
 - Chronic kidney disease undergoing dialysis
 - Liver disease
 - Severe obesity (BMI \geq 40)



Restrictions on Movement and Public Health Monitoring

QUARANTINE



- healthy person
- exposed
- staying at home + away from others

VERSUS

ISOLATION



- known case
- sick (even mild symptoms)
- staying at home + away from others

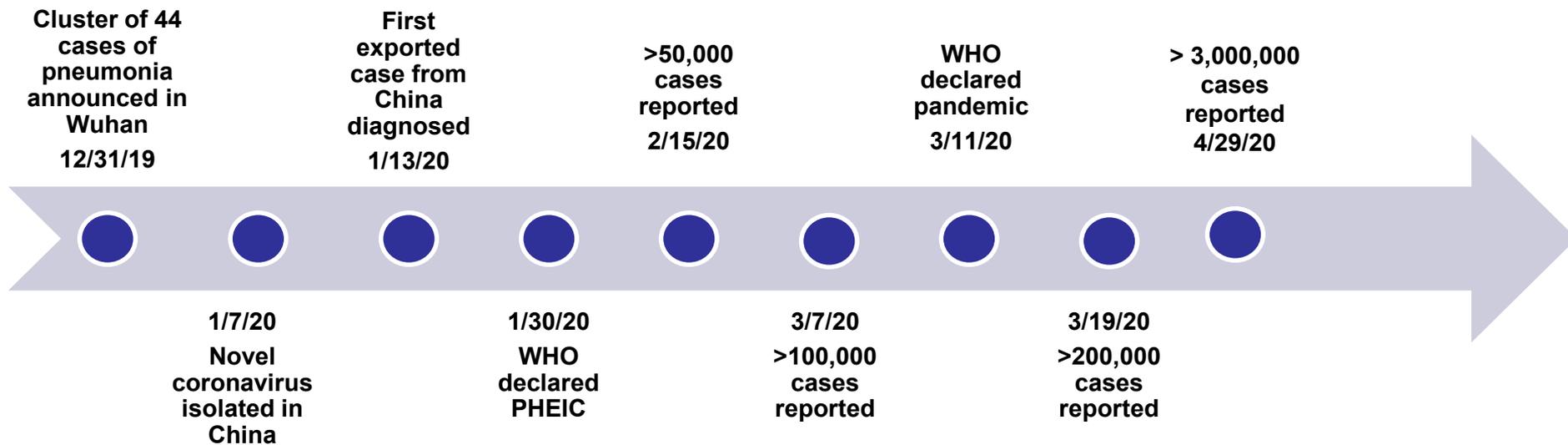
What to do if sick?

- **Those with mild illness should stay home and rest**
 - Drink plenty of fluids
 - Stay away from others in household
- **For those needing to seek medical care, advise they call ahead to their healthcare provider**
- **For medical emergencies, call 911**

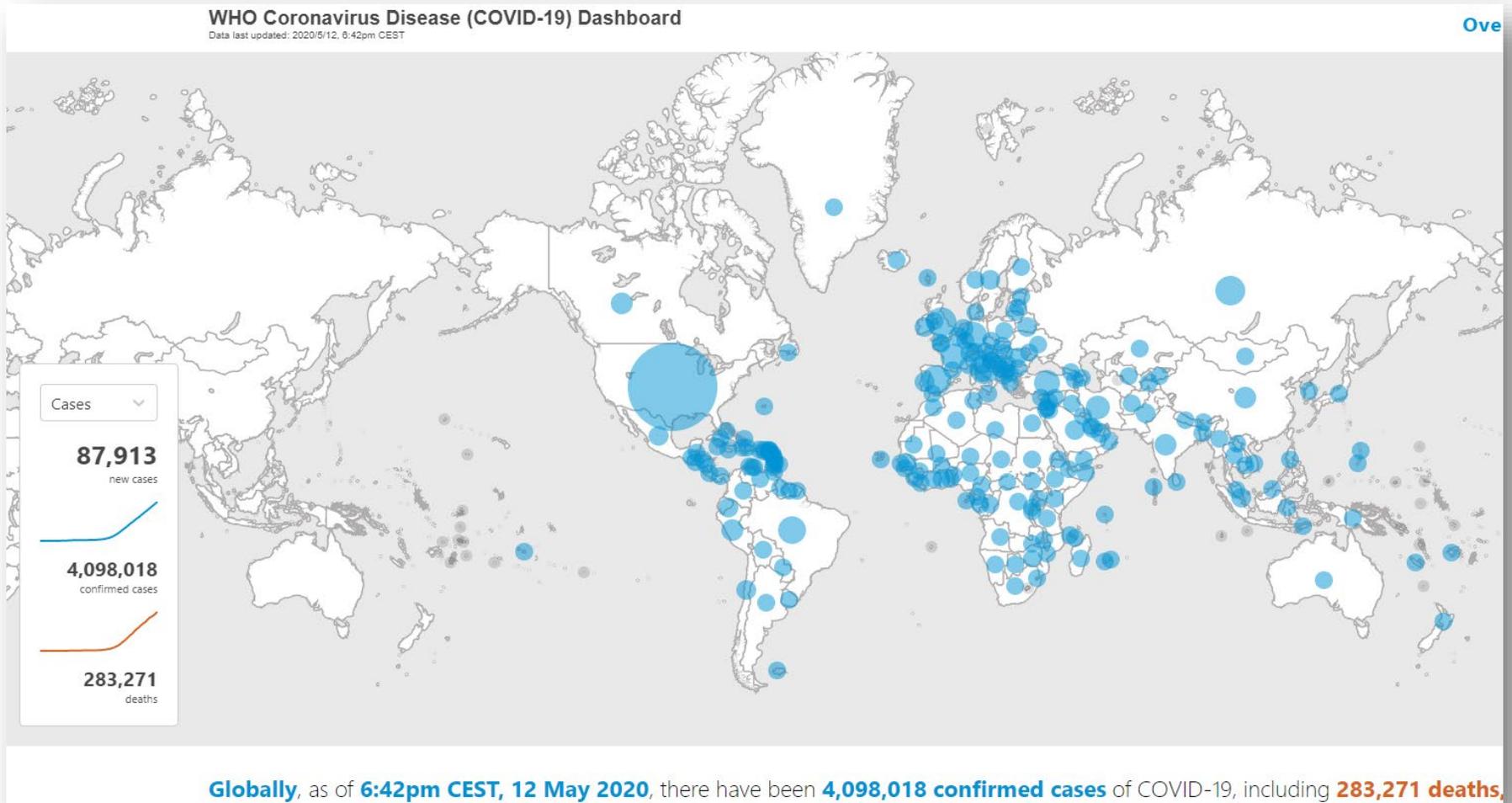


GLOBAL INFORMATION

Key COVID-19 Events Globally



Which Countries Have Cases?



World Health Declaration: Public Health Emergency of International Concern

January 30, 2020

- A PHEIC is declared if an event poses a public health threat to other nations through the spread of disease and potentially requires a coordinated international response.

World Health Organization Declaration: Pandemic

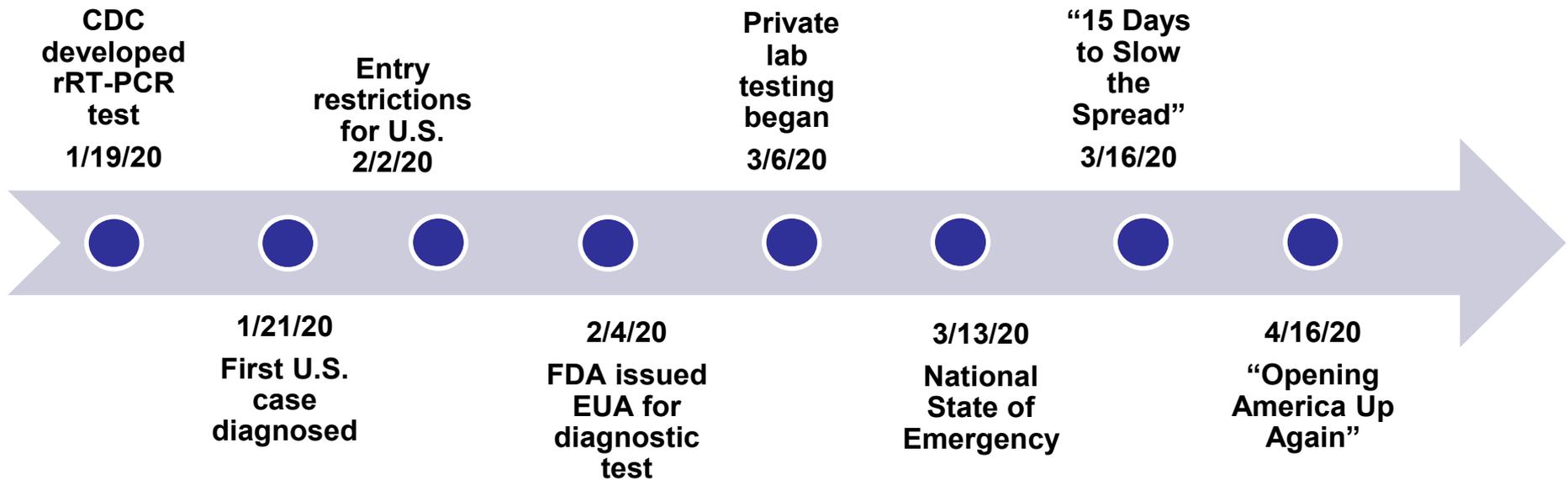
March 11, 2020

This is the first pandemic known to be caused by a coronavirus.



U.S. INFORMATION

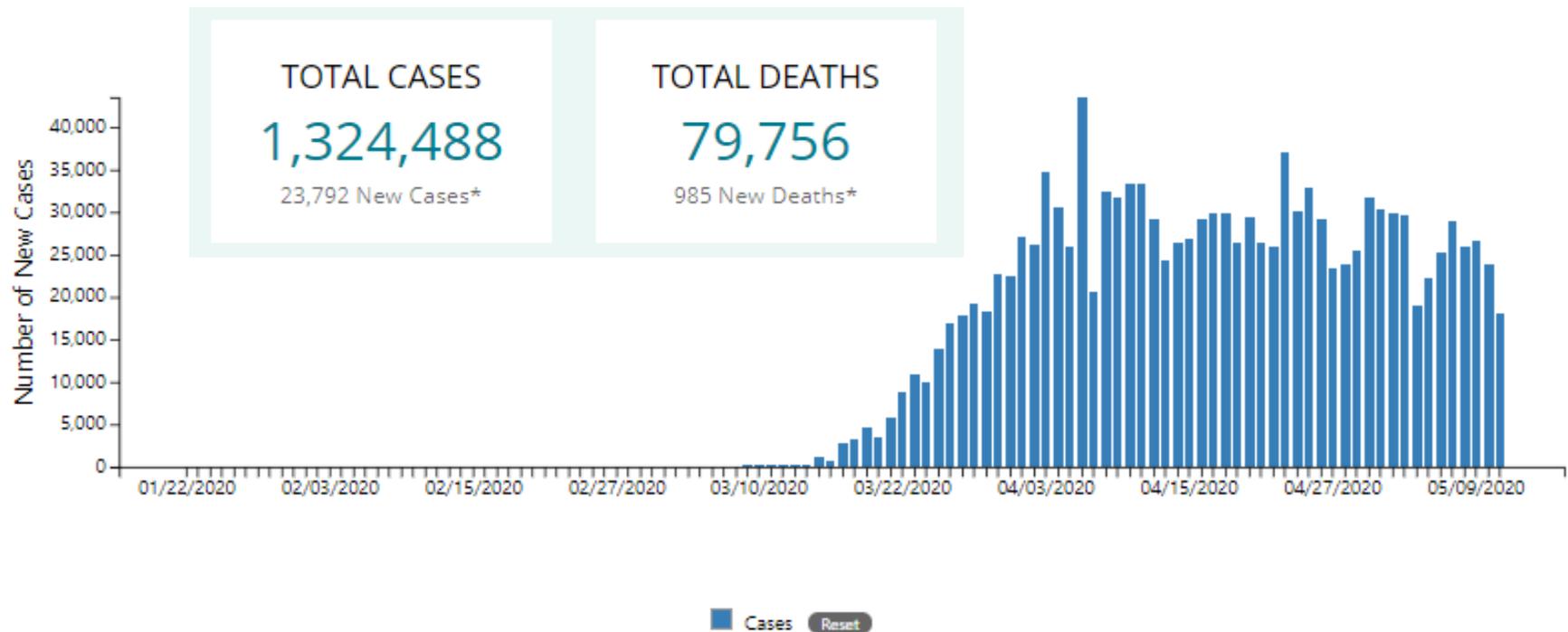
Key COVID-19 Events in the U.S.



Epidemic Curve: U.S. Cases

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.

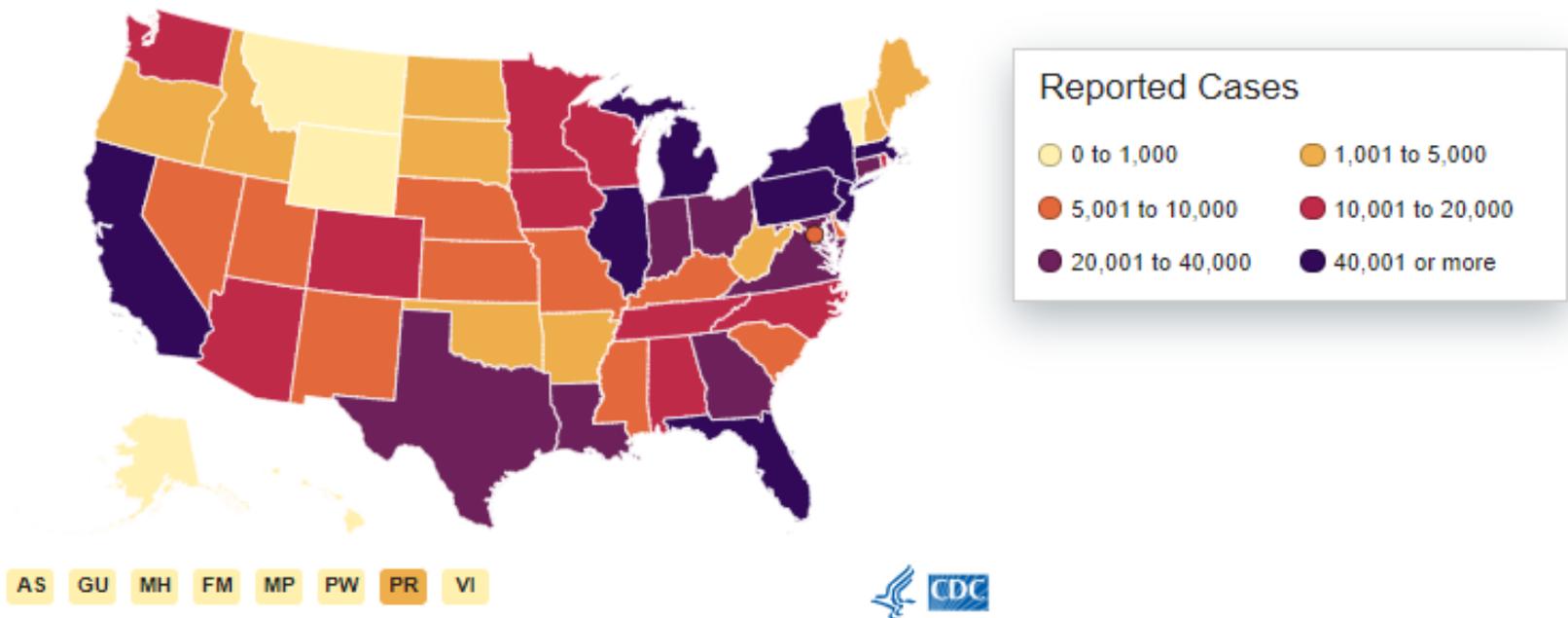


As of 5/11/2020

Cases in the U.S. by State or Territory

26 states report more than 10,000 cases of COVID-19.

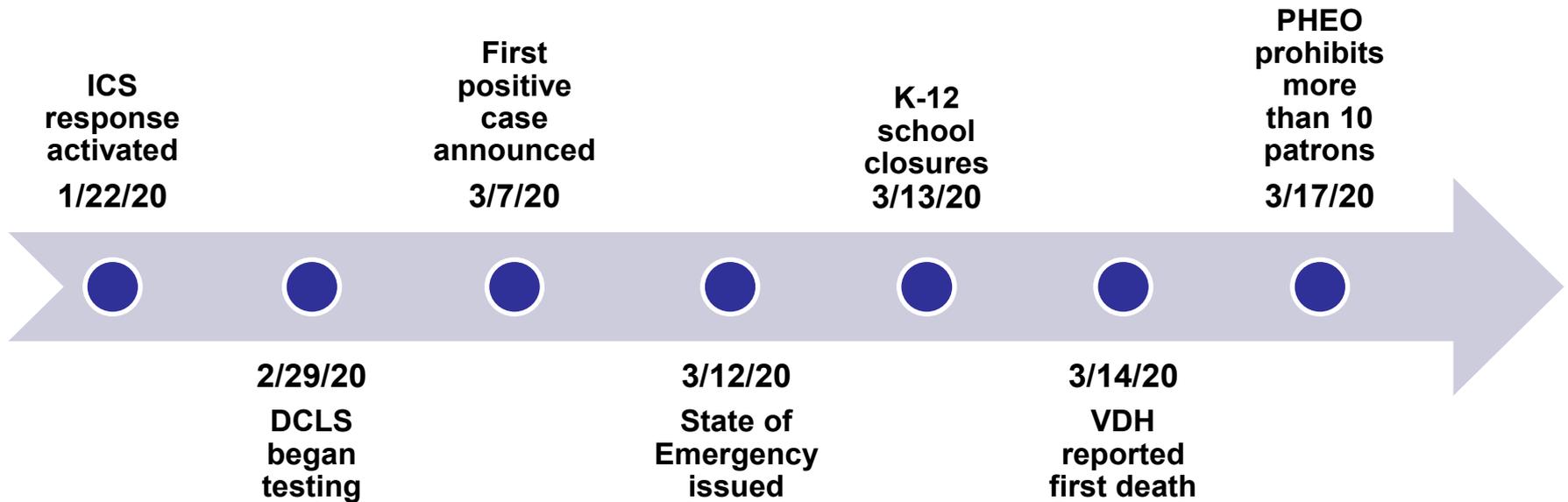
This map shows COVID-19 cases and deaths reported by U.S. states, the District of Columbia, and other U.S.-affiliated jurisdictions. Hover over the map to see the number of cases and deaths reported in each jurisdiction. To go to a jurisdiction's health department website, click on the jurisdiction on the map.





VIRGINIA INFORMATION

Key COVID-19 Events in Virginia



Key COVID-19 Events in Virginia

K-12 schools closed for remainder of academic year as well as certain non-essential businesses
3/23/20

VA receives major disaster declaration from the federal gov't
4/2/20

EO 61 – Outlines easing of certain restrictions beginning 5/15
5/8/20

3/30/20
Stay at Home order issued, active through 6/10/20

4/15/20
business closure order extended through 5/8/20

Cases in Virginia



COVID-19 Cases in Virginia



Dashboard Updated: 5/12/2020, Data entered by 5:00 PM the prior day.

Testing Encounters [^]	Total Cases*		Total Hospitalizations**		Total Deaths	
171,239	25,800		3,395		891	
Unique People Tested [^]	Confirmed+	Probable+	Confirmed+	Probable+	Confirmed+	Probable+
154,130	24,601	1,199	3,373	22	864	27

Select Measure
(Affects Map and Bar Chart)

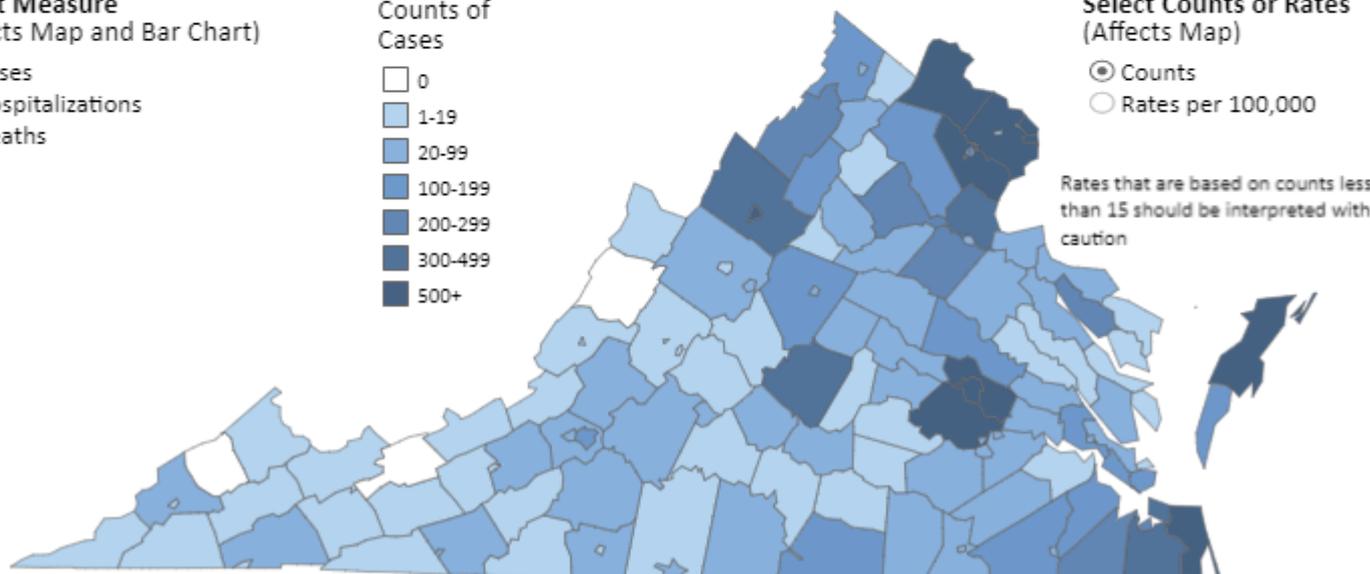
- Cases
- Hospitalizations
- Deaths

Counts of Cases

- 0
- 1-19
- 20-99
- 100-199
- 200-299
- 300-499
- 500+

Select Counts or Rates
(Affects Map)

- Counts
- Rates per 100,000



Outbreaks in Virginia



COVID-19 Cases in Virginia: Outbreaks*



Select Health District
(Affects Boxed Numbers and Outbreaks by Facility Type)

(All)

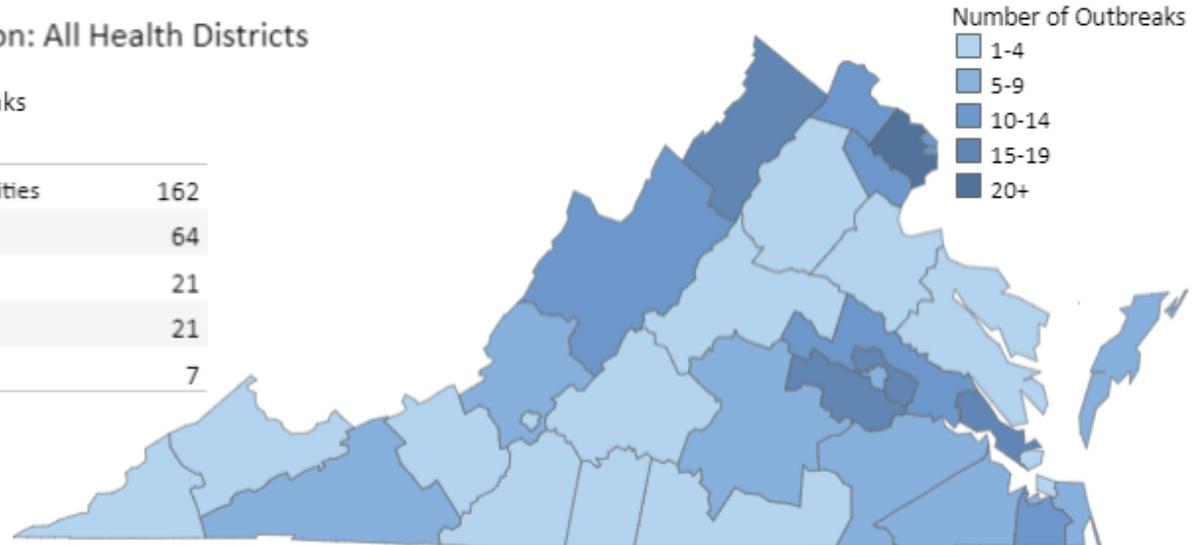
Dashboard Updated:
5/12/2020
Data entered by 5:00 PM the prior day.

All Health Districts Total Outbreaks	All Health Districts Outbreak Associated Cases	All Health Districts Cases in Healthcare Workers
275	5,780	1,883

Current Selection: All Health Districts

Number of Outbreaks
by Facility Type

Long Term Care Facilities	162
Congregate Setting	64
Correctional Facility	21
Healthcare Setting	21
Educational Setting	7



PUBLIC HEALTH RESPONSE

How Is the U.S. Responding?

- Declared public health emergency
- Travel restrictions and airport screening
- Surveillance
- Diagnostic test developed
- Expanded laboratory testing
- Ongoing research for treatment options
- Started on vaccine development
- Information and guidance
- Declared national emergency
- Social distancing

Information for Travelers

On March 31, U.S. Department of State issued a Level 4 Global Health Advisory - Do Not Travel.

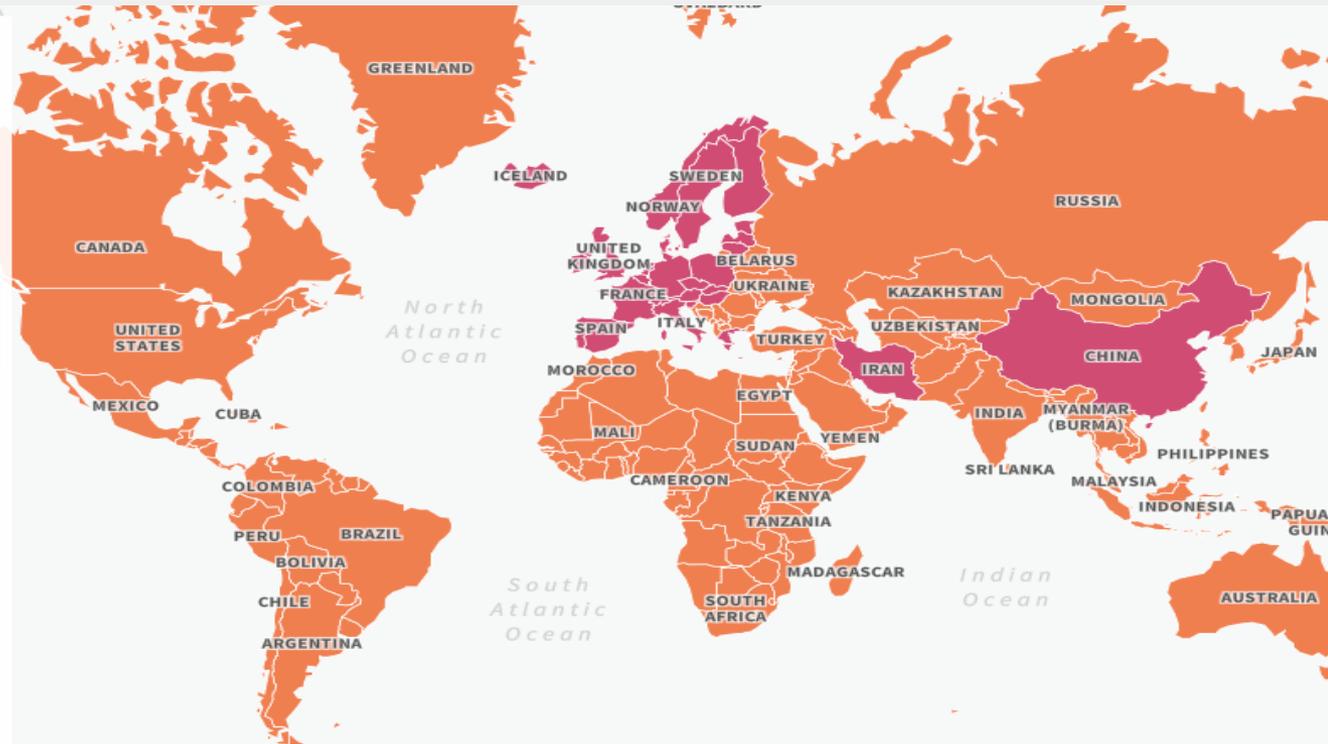
CDC:

Geographic Risk Assessment for COVID-19 Transmission

Click on the map to get country-specific travel health information about COVID-19.

Country Transmission Level

- Widespread ongoing transmission with restrictions on entry to the United States
- Widespread ongoing transmission without restrictions on entry to the United States
- Ongoing community transmission
- Limited community transmission



How is VDH Responding?

- Testing
- Case and Contact Investigation
- Outbreak Investigation
- Guidance to clinical and general community
- Partnering with other state and local agencies to assist response
- Education
 - www.vdh.virginia.gov/coronavirus
 - Press releases
 - Statewide call center activated (877-ASK-VDH3)

TESTING INFORMATION

Testing for COVID-19

There are two kinds of tests available for COVID-19:

- **Viral tests** - tells you if you have the virus **now**
 - Respiratory specimen
- **Antibody tests** - tells you if you had a **previous infection**
 - Blood specimen

COVID-19 Testing Availability

Virginia Public Health Lab (DCLS)

- Molecular testing only
- Reserved for patients meeting [VDH public health priority investigation criteria](#)
- [VDH approval is required](#) - specimens should not be sent without approval
- Specimen collection guidance available on [DCLS website](#)

Private Labs

- List of private and commercial labs offering testing for Virginia residents is [here](#)
- VDH approval is not necessary
- Contact your lab provider to determine testing availability
- Provide complete demographic information on testing request form

Community Testing

- Provide improved access to testing
- VDH approval is not necessary
- Local health departments are working with community partners to set up testing sites and target hard-to-reach populations
- Testing event details provided by local health department or partners

List of available testing sites in Virginia is [here](#)

Who Should Be Tested for COVID-19?

Table 1. VDH Recommendations for prioritizing SARS-CoV-2 testing

	<u>Private/Commercial Lab Testing</u>	<u>Public Health Lab Testing</u>
High Priority	<ul style="list-style-type: none"> • Hospitalized patients* • Healthcare workers and first responders with COVID-19 symptoms* • Un- or underinsured persons with COVID-19 symptoms* • Workers and residents with COVID-19 symptoms* in, or newly arriving to, congregate settings (e.g., long-term care facilities, prisons, group homes, or jails) 	<ul style="list-style-type: none"> • Outbreak investigations • Selected contact investigations • Un- or underinsured persons with COVID-19 symptoms* • Workers and residents with COVID-19 symptoms* in, or newly arriving to, congregate settings (e.g., long-term care facilities, prisons, or jails)
Priority	<ul style="list-style-type: none"> • Persons with COVID-19 symptoms* • Persons without symptoms who are prioritized by clinicians based on their best clinical judgment (e.g. for medical procedures) 	<ul style="list-style-type: none"> • Public health monitoring • Sentinel surveillance • Community testing clinics

PHARMACEUTICAL INTERVENTIONS

Vaccination and Treatment

- No current antiviral treatment
- No current vaccine
- Studies and trials are underway

NON-PHARMACEUTICAL INTERVENTIONS

Nonpharmaceutical Interventions



Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Clean and disinfect frequently touched objects and surfaces.



Avoid touching your eyes, nose, and mouth.



When in public, wear a cloth face covering over your nose and mouth.



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



Wash your hands often with soap and water for at least 20 seconds.



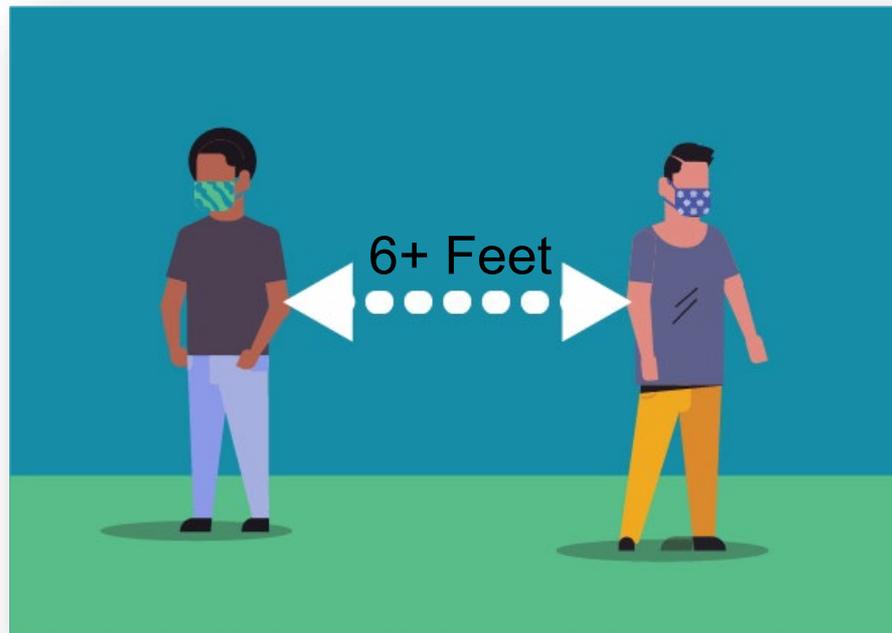
cdc.gov/coronavirus

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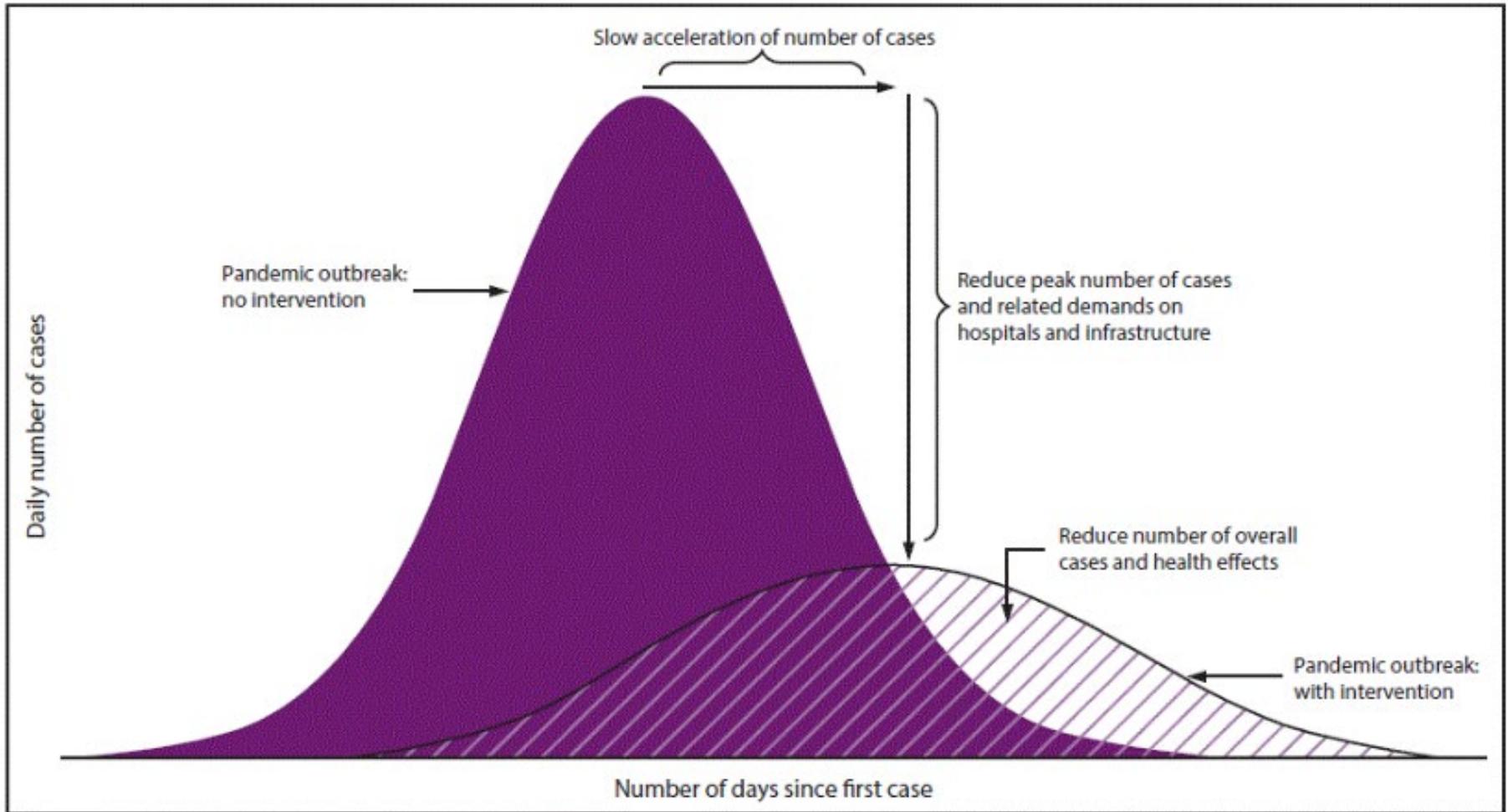
- Avoid close contact with people who are sick
- Cover coughs and sneezes
- Avoid touching your face
- Wear a cloth face covering when in public
- Clean and Disinfect surfaces
- Wash hands
- Stay home when sick
- Practice social distancing (maintain 6 feet from others)

Social Distancing

- Essential to prevent person-to-person spread
- Remain ≥ 6 feet from others
- Do not gather in groups



“Flatten the Curve”



10 ways to manage respiratory symptoms at home

If you have fever, cough, or shortness of breath, call your healthcare provider. They may tell you to manage your care from home. Follow these tips:

1. **Stay home** from work, school, and away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



3. **Get rest and stay hydrated.**



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



6. **Cover your cough and sneezes.**



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



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For more information: www.cdc.gov/COVID19

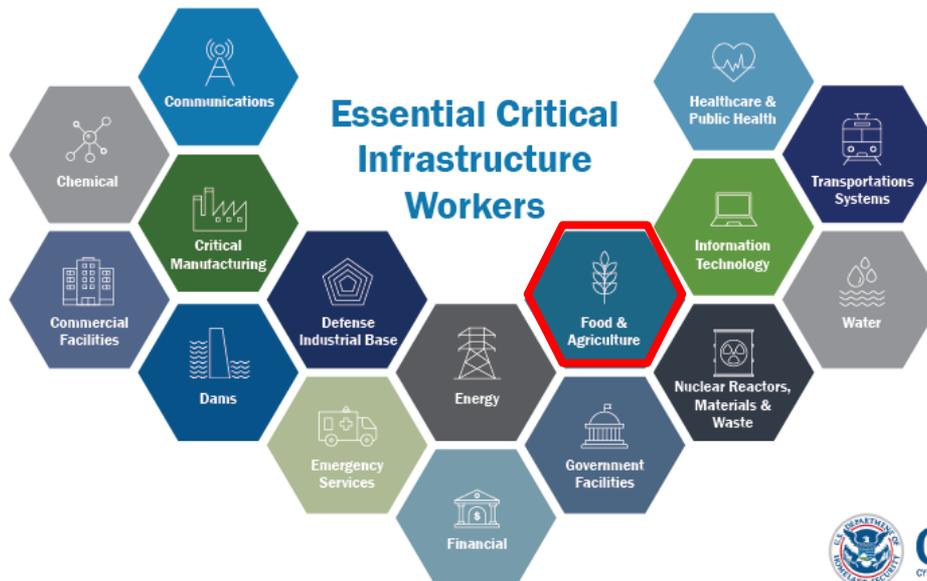
VDH VIRGINIA
DEPARTMENT
OF HEALTH

To protect the health and promote the well-being of all people in Virginia.

Guidance for Migrant Labor Camp Operators

Essential Critical Workers

- While many businesses have temporarily closed or switched to remote work, many work sectors are designated as essential, including workers in food and agriculture.
- Essential work sectors must implement precautions to protect their workers and operations as community transmission of COVID-19 continues in Virginia



PREPARE



COMMUNICATE with local public health



IDENTIFY medical isolation and quarantine spaces ahead of time



PLAN for staff absences and encourage sick employees to stay home



POST information around the facility on COVID-19 symptoms and hygiene



CHECK supply stocks (cleaning supplies, hand washing supplies, medical supplies, PPE)

Be Prepared

- Keep in contact with community partners
 - Maintain contact info with your local health department, local healthcare facilities and other state/local agencies
- Stay up to date on information about COVID-19 from CDC and VDH
- Develop a plan to house sick employees away from healthy employees
- Develop a plan for healthcare support if an employee becomes ill

Be Prepared

- Plan for absences to allow sick employees to stay home when possible
- Ensure sufficient stocks of hygiene supplies, cleaning supplies, medical supplies and personal care items
- Provide personal protective equipment such as a facemasks that an employee will need if they develop symptoms
 - CDC recommends that all people wear a cloth face covering in public settings when they cannot practice social distance
 - Provide cloth face coverings to employees if they do not have them



Be Prepared - Congregate Space

- Facilitate social distancing in common areas and in shared sleeping spaces
 - Separate beds at least 6 feet apart
 - Arrange bunks so that individual sleep head to foot to increase distance
 - Consider the use of barriers between sleeping spaces

Be Prepared - Congregate Space

- Create a dining schedule and space out tables and chairs to allow for social distancing
 - Consider providing prepared/catered meals from a permitted food establishment
- Ensure that congregate spaces are well ventilated
 - Open windows as weather permits
 - Provide mechanical fans

Monitor Employee Health

- Employer or occupational health program administrator is strongly encouraged to monitor symptoms of all employees for **14 days after arrival**
 - A monitoring template is available from VDH
 - Employees should self monitor after the initial 14 days
 - Consider the use of non-contact thermometers

DATE	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Medications taken today?*	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If yes, list:	____	____	____	____	____	____	____
Temperature (morning)	____°F						
Temperature (evening)	____°F						
Felt feverish?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Chills?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Cough?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
If 'yes' for cough, specify productive or dry							
Sore throat?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Shortness of breath?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Difficulty breathing?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Weakness/Fatigue?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Muscle ache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Abdominal pain?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Lack of Appetite?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Headache?	Y N	Y N	Y N	Y N	Y N	Y N	Y N
Other Symptoms/Comments?	Y N	Y N	Y N	Y N	Y N	Y N	Y N

*List all "medications taken today." Be sure to include fever-reducing medications (such as aspirin, ibuprofen, Tylenol, or steroids). For a full list of signs and symptoms, please see <https://www.cdc.gov/coronavirus/2019-ncov/about/symptoms.html>

Hygiene and Social Distancing

- Provide signage about healthy hygiene practices in appropriate languages
 - Hand hygiene
 - Cough and sneeze etiquette
- Encourage and facilitate social distancing in areas where employees might congregate:
 - Recreation spaces
 - Dining areas
 - Transport (make additional trips to allow for social distancing if needed)
 - Living areas (rearrange furniture to promote social distancing)

Sanitation Practices

- Ensure employees have access to supplies such as soap, alcohol-based hand sanitizer, tissues and lined trash cans
 - Provide these items in common areas, sleeping areas and dining areas
- Use EPA-registered disinfectants or household bleach solutions to clean and disinfect frequently touched objects and surfaces including any shared equipment
- Maintain a cleaning schedule and regular housekeeping practices to ensure routine cleaning and disinfection of high touch surfaces and equipment
 - Doorknobs, tables, bathrooms, headsets
- Disinfect transportation vehicles prior and after transporting employees

Managing COVID-19 Cases and Contacts

WHAT IS A CASE?	WHAT IS A CONTACT?	WHAT IS A CONTACT OF A CONTACT?
		
<p>A patient has a diagnosis of COVID-19.</p>	<p>An individual had close contact while the case patient was infectious.</p>	<p>An individual had or continues to have close contact with a contact.</p>
<p>TAKE ACTION:</p>	<p>TAKE ACTION:</p>	<p>TAKE ACTION:</p>
<p>Isolate. Separate from people who are not sick to avoid spreading illness.</p>	<p>Quarantine. Stay at home to limit community exposure to illness and to see if symptoms develop.</p>	<p>Everyday preventative actions. Wash hands, cover coughs and sneezes, and clean surfaces frequently. Be alert for symptoms.</p>

Managing Cases

- If an employee has a positive test for COVID-19 or has symptoms of COVID-19, provide the individual with a mask and isolate him or her from others
 - If the employee does not need medical attention and lives in a shared space, ideally provide the employee with a private room with a door
 - Limit movement outside of the isolation areas
 - Assign a dedicated bathroom, ideally attached to the sleeping area
 - Exclude from activities
 - Provide meals in the isolation areas
 - If leaving the isolation area, the employee should wear a face mask

Managing Cases

When can release from isolation occur?

Symptom-based strategy:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
- At least 10 days have passed *since symptoms first appeared*.

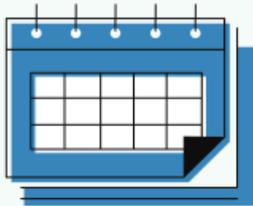
Test-based strategy:

- Resolution of fever **without** the use of fever-reducing medication **and**
- Improvement in respiratory symptoms, **and**
- Two negative viral tests collected at least 24 hours apart

WHEN IT IS SAFE TO BE AROUND OTHERS: ENDING ISOLATION IN NON-HEALTHCARE SETTINGS

For persons with confirmed or suspected COVID-19 to know when they are likely no longer contagious:

Determining
the end of isolation
WITHOUT
additional
TESTING



If you had COVID-19 symptoms and were directed to care for yourself at home, you can leave your "sick room" and home after these 3 things have happened:

- ✓ You have had no fever for at least 3 days (that is 72 hours of no fever **without** the use of medicine that reduces fevers), AND
- ✓ Other respiratory symptoms have improved (for example, when your cough or shortness of breath have improved), AND
- ✓ At least 10 days have passed since your symptoms first appeared.

If you tested positive for COVID-19 and never had any symptoms and were directed to care for yourself at home, you can leave your "sick room" and home if:

- ✓ At least 10 days* have passed since the date of your first positive COVID-19 diagnostic (molecular) test, AND
- ✓ You continue to have no symptoms (no cough or shortness of breath) since the test.

*Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after the first positive test.

Determining
the end of isolation
WITH
additional
TESTING



If you had COVID-19 symptoms and will be tested to determine if you are still contagious, you can leave your "sick room" and home after these 3 things have happened:

- ✓ You no longer have a fever (without fever-reducing medicine), AND
- ✓ Other respiratory symptoms have improved (for example, when your cough or shortness of breath have improved), AND
- ✓ Negative results of an FDA Emergency Use Authorization COVID-19 diagnostic (molecular) test from at least 2 consecutive respiratory specimens collected at least 24 hours apart (total of 2 negative specimens)**.

If you tested positive for COVID-19 and never had any symptoms and will be tested to determine if you are still contagious, you can leave your "sick room" and home after receiving:

- ✓ Negative results of an FDA Emergency Use Authorization COVID-19 diagnostic (molecular) test from at least 2 consecutive respiratory specimens collected at least 24 hours apart (total of 2 negative specimens)**.

**All test results should be final before isolation is ended. There have been reports of prolonged detection of RNA without direct correlation to viral culture, however; detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

- A longer time frame after recovery may be desired to minimize the chance of prolonged shedding of active virus for 1) healthcare personnel in close contact with vulnerable persons at high-risk for severe COVID-19 and 2) persons who have conditions that might weaken their immune system. Such persons should consult with their healthcare provider; this might include additional PCR testing.
- Healthcare personnel should be excluded from work during isolation and then follow [Return to Work Practices and Work Restrictions](#) of universal source control and self-monitoring for symptoms.
- Based on CDC guidance for [Discontinuation of Isolation in Non-Healthcare Settings](#) aimed to prevent most instances of further spread.

May 11, 2020

Managing Contacts

- Contacts of a case should quarantine for 14 days
 - Individual quarantine is preferred, such as in a private room
 - It is preferable that exposed workers do not work during the quarantine period
 - If individual quarantine cannot be implemented, grouping of exposed employees may be necessary
 - Do NOT group ill employees with not ill employees
 - If grouping must occur, a large, well-ventilated room is preferable that allows for maintaining at least 6 feet between beds

Managing Contacts

- During the quarantine period, symptoms and temperature should be monitored daily
 - If symptoms develop, the employee should be isolated immediately if they are in a group setting
- **Asymptomatic essential workers are permitted to work if necessary as long as precautions are taken**
 - Pre-screening (daily symptom and temp check prior to starting work)
 - Regular monitoring (employee should self-report if symptoms develop)
 - Use of mask/cloth face covering at all times
 - Practicing social distancing
 - Cleaning and disinfection of work spaces

Contact Local Health Departments

HEALTH DEPARTMENT LOCATOR

Enter Your Address or Search radius Results

Zip Code

Richmond City Health Department

400 East Cary St.
Richmond Virginia 23219

Phone: 804-205-3500
Fax: 804-371-2207

[Business Hours \(Call For Information\)](#) ▼

[Directions](#)

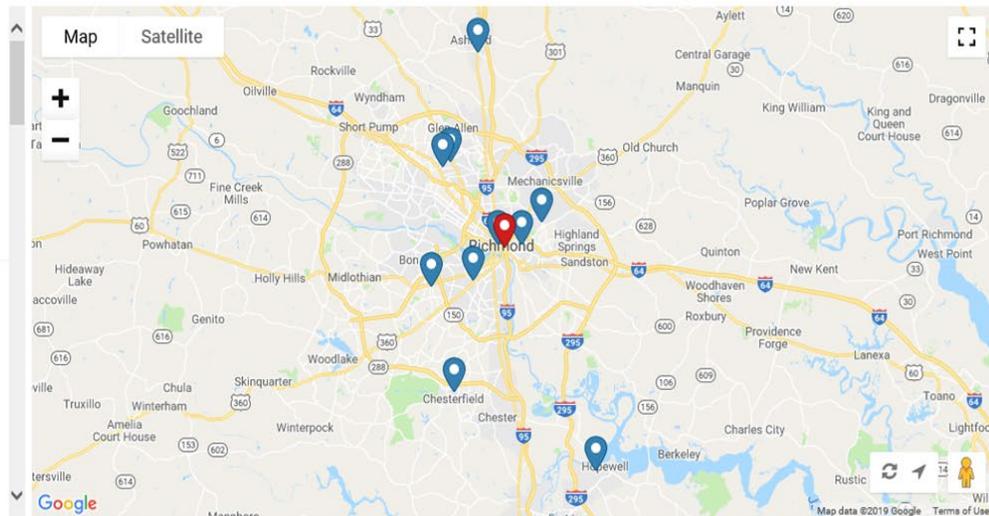
Richmond City Health Department - WIC Community Hospital

1510 North 28th St.
Suite 208
Richmond Virginia 23223

Phone: 804-786-3201
Fax: 804-225-7359

[Business Hours \(Call For Information\)](#) ▼

[Directions](#)



Public Information



Comprehensive public information campaign - media, webpage, 211 call center (**1-877-ASK-VDH3**), targeted communications

Resources

- Virginia Department of Health (VDH)
 - 35 Local Health Districts
 - www.vdh.virginia.gov/coronavirus
 - Respiratory@vdh.virginia.gov
 - <https://www.vdh.virginia.gov/environmental-health/>
- Centers for Disease Control and Prevention (CDC)
 - www.cdc.gov/coronavirus/2019-nCoV
- World Health Organization (WHO)
 - www.who.int/emergencies/diseases/novel-coronavirus-2019

Questions?

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Thank you!

Please send questions to:

respiratory@vdh.virginia.gov

VDH VIRGINIA
DEPARTMENT
OF HEALTH

*To protect the health and promote the
well-being of all people in Virginia.*