

## HEALTH ALERT

### 2019 Novel Coronavirus (2019-nCoV): Updated Criteria to Guide Evaluation of 2019-nCoV Infection

February 1, 2020

Update from Health Alert released January 23, 2020

#### Summary and Action Items

- The Ohio Department of Health (ODH), in coordination with the Centers for Disease Control and Prevention (CDC) and local partners, is closely monitoring the 2019 novel (new) coronavirus (2019-nCoV) first identified in Wuhan City, Hubei Province, China.
- The U.S. Department of State has issued a [Level 4 Travel Advisory](#) for China: do not travel to China due to 2019-nCoV.
- On January 31, 2020, Health and Human Services Secretary Alex Azar declared a public health emergency for the U.S. to aid the nation's response to 2019-nCoV.
- Cases have been detected in many countries internationally, including the U.S. The U.S. reported the first confirmed instance of person-to-person spread with this virus on January 30, 2020.
- As of February 1, 2020, a total of 8 confirmed 2019-nCoV cases have been reported in 4 states: Arizona, California, Illinois, Massachusetts, and Washington. **There are no confirmed cases in Ohio.**
- ODH and Butler County General Health District are monitoring two possible cases who are students at Miami University. Test results from CDC are pending at this time.
- ODH is actively working with local health departments (LHDs) and healthcare providers to effectively identify suspected cases of 2019-nCoV and continue infectious disease surveillance, prevention, and control.
- **Patients presenting to healthcare facilities should be assessed for exposures associated with risk of 2019-nCoV infection (e.g., travel to China within 14 days of symptom onset or close contact with a confirmed case within 14 days of symptom onset) and for [symptoms consistent with 2019-nCoV infection](#).**
- On January 31, 2020, CDC updated the "[Criteria to Guide Evaluation of Patients Under Investigation \(PUI\)](#)" for 2019-nCoV. This updated guidance is available on the CDC website [here](#) and a copy of the new criteria is attached.
- For suspected cases of 2019-nCoV, healthcare providers or any individual having knowledge, should **immediately** notify both infection control personnel at their healthcare facility and their local health department.
- LHDs who are notified of suspected cases of 2019-nCoV should notify ODH **immediately** via the 24/7 Class A disease reporting line.
- ODH is requesting that this alert be distributed to all healthcare providers in your jurisdiction.

- CDC interim guidance for clinicians, healthcare facilities, laboratories, and infection prevention and control recommendations specific to 2019-nCoV are included.

### **Background**

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with [MERS](#) and [SARS](#). Please note that 2019-nCoV is a novel coronavirus, and different from other common human coronaviruses (e.g., types OC43, 229E, HKU1, NL63).

Chinese health officials have reported thousands of infections with 2019-nCoV in China, with the virus reportedly spreading from person-to-person in many parts of that country. Infections with 2019-nCoV, most of them associated with travel from Wuhan, also are being reported in a growing number of [international locations](#), including the [U.S.](#) The U.S. reported the first confirmed instance of person-to-person spread with this virus on January 30, 2020.

There are some reports of transmission with 2019-nCoV before symptoms appear. This is different from what has been previously observed with MERS and SARS. CDC is gathering data on whether asymptomatic spread with 2019-nCoV may be happening. At this time, CDC's guidance is based on available science around coronaviruses, which suggests that the incubation period ranges from 2 to 14 days and that patients are most contagious when they have a fever/symptoms. Additional information about 2019-nCoV is needed to better understand transmission, disease severity, and risk to the general population. The goal of the ongoing U.S. public health response is to identify and contain this outbreak and prevent sustained spread of 2019-nCoV in the U.S.

### **Screening of Patients for 2019-nCoV in Healthcare Facilities**

Patients presenting to healthcare facilities should be assessed for exposures associated with risk of 2019-nCoV infection (e.g., travel to China or close contact with a confirmed case) and for [symptoms consistent with 2019-nCoV infection](#). Note that the signs and symptoms of 2019-nCoV overlap with those associated with other viral respiratory tract infections. Given the time of year, common respiratory illnesses, including influenza, should also be considered in patients who are screened. A flowchart to identify and assess 2019-nCoV infection is attached.

#### **Clinicians should ask:**

- Does the person have fever or symptoms of lower respiratory infection, such as cough or shortness of breath? **AND**
- Has the patient traveled to mainland China within 14 days of symptom onset? **OR**
- Has the patient had close contact with a person confirmed with 2019-nCoV infection?

#### **If a patient meets these criteria, healthcare providers should:**

- Minimize risk of exposure by asking the patient to wear a surgical mask as soon as they are identified and directed to a separate area if possible, with at least 6 feet separation from other persons. Patient should be evaluated in a private room with the door closed, ideally an airborne infection isolation room (AIIR), if available. Healthcare personnel entering the room should use standard, contact, and airborne precautions, and use eye protection (goggles or face shield). For more about infection prevention and control recommendations specific to 2019-nCoV, please visit the CDC website [here](#).

- **Immediately notify** infection control personnel at their healthcare facility and contact their local health department. Local and state public health staff will determine if the patient meets the [criteria for a PUI](#) for 2019-nCoV and needs to be tested for infection.
- Collect clinical specimens for routine testing of respiratory pathogens at either clinical or public health labs. **For PUIs, collect the following specimen types: upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those with productive coughs.** Induction of sputum is not indicated. These specimens can be sent to the ODH Public Health Laboratory for testing at CDC. Please see guidance for specimen collection and testing below.

#### **Recommendations for Specimen Collection and Testing**

- For initial diagnostic testing for 2019-nCoV, **collect the following specimen types: upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those with productive coughs.** Induction of sputum is not indicated. Specimens should be collected as soon as possible once a PUI is identified regardless of symptom onset. **Detailed guidance for collecting, handling, and testing clinical specimens from PUIs can be found on the CDC website [here](#).**
- For biosafety reasons, clinical laboratories should NOT attempt viral isolation from specimens collected from 2019-nCoV PUIs. **Detailed laboratory biosafety guidelines for handling and processing specimens associated with 2019-nCoV can be found on the CDC website [here](#).**
- CDC has developed a real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test that can diagnose 2019-nCoV in respiratory and serum samples from clinical specimens. On January 24, 2020, CDC [publicly posted an assay protocol](#) for this test. Currently, testing for this virus must take place at CDC, but in the coming days and weeks, CDC will share these tests with domestic and international partners through the agency's [International Reagent Resource](#).
- **At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC. Please contact your local health department or ODH to obtain pre-approval and shipping information.**

#### **Guidance for Clinicians Caring for Patients with Suspected or Confirmed 2019-nCoV Infection**

The CDC [criteria to guide evaluation of PUIs](#) have been developed based on what is known about MERS and SARS and are subject to change as additional information becomes available. **Please note: these criteria were updated on January 31, 2020.** The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

Patients with confirmed 2019-nCoV infection have reportedly had mild to severe respiratory illness. Symptoms can include fever, cough, and shortness of breath. At this time, CDC believes that symptoms of 2019-nCoV may appear in as little as 2 days or as long as 14 days after exposure. No vaccine or specific treatment for 2019-nCoV infection is available; at present, medical care is supportive. **Interim clinical guidance for management of patients with confirmed 2019-nCoV infection is available on the CDC website [here](#).**

Persons with confirmed or suspected 2019-CoV infection should be evaluated and cared for in a private room with the door closed, ideally an AIIR, if available. **CDC's interim infection prevention and control recommendations specific to 2019-nCov are available [here](#).**

Home care and isolation may be an option, based on clinical and public health assessment, for some persons. Please see CDC's **interim guidance for preventing 2019-nCoV from spreading to others in homes and communities** [here](#). Those isolated at home should be monitored by public health officials per usual protocols. **Guidance for implementing home care of people not requiring hospitalization for 2019-nCoV is available** [here](#).

### **Infection Control for Healthcare Facilities**

CDC currently recommends a cautious approach to [PUIs for 2019-nCoV](#). Ensure facility policies and practices are in place to minimize exposures to respiratory pathogens, including 2019-nCoV. CDC has provided interim infection prevention and control recommendations for patients with known 2019-nCoV infection or patients under investigation for 2019-nCoV, available on the CDC website [here](#). Measures should be implemented before patient arrival, upon arrival, and throughout the duration of the affected patient's presence in the healthcare setting. Please note that any facility capable of managing patients with airborne infections such as *Mycobacterium tuberculosis* or measles can safely manage patients infected with 2019-nCoV following the CDC's [infection prevention and control recommendations](#). At this time, there is no recommendation for patient transfer to a special pathogen treatment center. CDC's general guidelines for isolation precautions can be found [here](#).

#### **Key recommendations include:**

- Implement triage procedures to detect [PUIs for 2019-nCoV](#) during or before patient triage or registration to ensure that all patients are asked about the presence of symptoms or a respiratory infection and history of travel to areas experiencing transmission of 2019-nCoV or contact with possible 2019-nCoV patients.
- Patients with known or suspected 2019-nCoV should be asked to wear a facemask as soon as they are identified and be evaluated in a private room with the door closed, ideally an AIIR if available. If an AIIR is not available, the patient should be transferred as soon as is feasible to a facility where an AIIR is available or discharged to home (in consultation with state and local public health authorities) if deemed medically appropriate.
- Healthcare personnel entering the room should adhere to standard, contact, and airborne precautions, including the use of eye protection.
- Restrict visitors from entering the room of PUIs.
- Limit number of healthcare providers involved in care of PUIs.

### **Interim Guidance for Preventing 2019-nCoV from Spreading to Others in Homes and Communities**

Based on public health and medical evaluation, some people who are confirmed to have, or being evaluated for, 2019-nCoV infection and do not require hospitalization for medical reasons may be cared for at home. Prior to a healthcare facility releasing a person to home care, the following steps should be taken:

- Assess the suitability of the residential setting for home care.
- Provide CDC's interim guidance for [preventing 2019-nCoV from spreading to others in homes and communities](#) to the person confirmed to have, or being evaluated for, 2019-nCoV infection, and to the caregiver and household members.
- Contact the state or local health department to discuss criteria for discontinuing home isolation.

### **Required Reporting**

- Healthcare providers should notify infection control personnel at their healthcare facility and contact their local/state health department **immediately** if 2019-nCoV infection is suspected. Local and state public health staff will determine if the patient meets the [criteria for a PUI](#) for 2019-nCoV.
- Local health departments should notify the Ohio Department of Health immediately via the 24/7 Class A disease reporting line.
- 

### **ODH and LHD Response**

- LHDs who are notified of suspected cases of 2019-nCoV should notify ODH immediately via the 24/7 Class A disease reporting line.
- Local and state public health staff will determine if the patient meets the [criteria for a PUI](#) for 2019-nCoV.
- Local public health staff will work with healthcare providers to complete a [2019-nCoV PUI form](#).
- Local health departments should also complete the *ODH Supplemental Questions for PUIs* form (attached).

### **Contact**

Immediately report all suspected cases of 2019-nCoV to the local health department in the jurisdiction in which the case resides. To locate a local health department, please visit <https://odhgateway.odh.ohio.gov/lhdinformationsystem/Directory/GetMyLHD>.

For general questions related to 2019-nCoV, healthcare providers and facilities should contact their local health department. Ohio local health departments should contact the ODH Bureau of Infectious Diseases at 614-995-5599.

### **Attachments**

- CDC Healthcare Provider Flowchart to Identify and Assess 2019-nCoV
- Interim 2019-nCoV PUI Form (UPDATED Feb. 1, 2020) & ODH Supplemental Questions for PUIs Form (Jan. 30, 2020)
- Criteria to Guide Evaluation of PUIs for 2019-nCoV (UPDATED Jan. 31, 2020)