

# Technical Bulletin



# Date:January 24, 2020Topic:Novel CoronavirusContact:Melissa Peek-Bullock, State Epidemiologist, Office of Public Health Investigations and EpidemiologyTo:Health Care Providers, Medical Facilities and Laboratories

# **Background**

The 2019 Novel Coronavirus (2019-nCoV) has been identified as the cause of an outbreak of pneumonia first detected in Wuhan, China. Initially, many of the patients in the outbreak in Wuhan reported exposure to a large seafood and animal market, which suggested animal-to-person spread. However, a growing number of patients have not had exposure to animal markets, which suggests person-to-person spread is also occurring. At this time, it's unclear how easily or sustainably this virus is spreading between people. Chinese health officials have reported hundreds of infections with 2019-nCoV in China. Infections with 2019-nCoV are also being reported in a growing number of countries internationally, including the United Stated, where two 2019-nCoV infections have been detected in travelers returning from Wuhan. As we approach the Lunar New Year, an increase in travel to and from China is expected which will likely result in an increase of infections with 2019-nCoV.

# **Clinical Symptoms**

Patients with confirmed 2019-nCoV infection have reportedly had mild to severe respiratory illness with symptoms of fever, cough and shortness of breath. However, limited information is available to characterize the spectrum of clinical illness associated with 2019-nCoV.

Based on what has been seen previously during respiratory disease outbreaks caused by coronavirus such as the Middle East Respiratory Syndrome (MERS), it is believed that symptoms of 2019-nCoV may appear anytime between two (2) and 14 days after exposure.

# Characterization and Evaluation of Persons Under Investigation (PUI)

It is important that health care providers obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. Patients in the United States who meet the following criteria should be evaluated as a PUI in association with the outbreak of 2019-nCoV:

Clinical Features	&	Epidemiologic Risk
Fever <sup>⊥</sup> <b>and</b> symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, a history of travel from Wuhan City, China. – or – In the last 14 days before symptom onset, close contact <sup>2</sup> with a person who is under investigation for 2019-nCoV while that person was ill.
Fever <sup>1</sup> <b>or</b> symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact <sup>2</sup> with an ill laboratory-confirmed 2019-nCoV patient.

#### Footnotes:

<sup>1</sup>Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

<sup>2</sup>Close contact is defined as—

a) being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a novel coronavirus case.— or —

b) having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

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).

# **Reporting**:

Healthcare providers should **immediately** notify both infection control personnel at their healthcare facility and their local or state health department in the event of a PUI for 2019-nCoV.

- Nevada Division of Public and Behavioral Health (DPBH): (775)-684-5911 (M-F 8:00 AM to 5:00 PM); (775)-400-0333 (after hours)
- Southern Nevada Health District (SNHD): (702)-759-1300 (24 hours)
- Washoe County Health District (WCHD): (775)-328-2447 (24 hours)
- Carson City Health and Human Services (CCHS): (775)-887-2190 (M-F 8:00 AM to 5:00 PM); (775)-887-2190 (after hours)

# **Clinical Specimen Collection:**

Upon identification of a PUI, DPBH will immediately contact CDC's Emergency Operations Center (EOC) to coordinate specimen collection and shipment through the Nevada State Public Health Laboratory (NSPHL). At this time, diagnostic testing for 2019-nCoV can only be conducted at CDC.

Testing for other respiratory pathogens should not delay specimen shipping to CDC. If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with public health authorities, they may no longer be considered a PUI. This may evolve as more information becomes available on possible 2019-nCoV co-infections.

**Collection of three specimen types, lower respiratory, upper respiratory and serum specimens for testing is recommended.** If possible, additional specimen types (e.g., stool, urine) should be collected and should be stored initially until a decision is made by CDC whether additional specimen sources should be tested. Specimens should be collected as soon as possible once a PUI is identified regardless of symptom onset. Further details on exact specimen types, collection procedures, and specimen volume can be found at https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html.

# Healthcare Infection Prevention & Control Guidelines:

Although the transmission dynamics have yet to be determined, CDC currently recommends a cautious approach to those meeting the PUI case definition. Such patients should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield).

**For More Information:** Please contact DPBH M-F 8:00 AM to 5:00 PM at (775)-684-5911. The after-hours line can be contacted at (775)-400-0333.

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References: https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html https://www.cdc.gov/coronavirus/2019-nCoV/summary.html