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HEALTH ALERT NETWORK BROADCAST

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FROM: CO-CDPHE

SUBJECT: HAN Update - Wupdate and interim guidance on outbreak of 2019 novel coronavirus (2019-ncov) in Wuhan, China

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians / Coroners

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - Please forward to healthcare providers. This information is for the public health and health care community. Do not post this document on a public web or social media site

## **HEALTH UPDATE | Update and Interim guidance on outbreak of 2019 novel coronavirus (2019-nCoV) in Wuhan, China | Jan. 21, 2020**

Health care providers: Please distribute widely in your office

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### **Key points**

- The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of a 2019 novel coronavirus (2019-nCoV) originating in Wuhan City, Hubei Province, China that began in December 2019.
- There are currently nearly 300 confirmed infections in China, including health care workers.
- CDC reported the first U.S. case on Jan. 21, 2020, in an adult male in Washington state who traveled from Wuhan, China. Additional cases have been identified in Taiwan, South Korea, Japan, and Thailand.
- While the 2019-nCoV is expected to be of zoonotic origin, there is now confirmed human-to-human transmission.
- Health care providers who suspect 2019-nCoV infection based on CDC criteria below should immediately mask the patient and place the patient in a private room with the door closed (ideally an airborne infection isolation room). Immediately notify both infection control personnel at your health care facility and CDPHE or your local public health agency. Testing for other respiratory pathogens should not delay reporting.
- Clinical and laboratory guidance, including more detailed infection control recommendations from CDC, can be found below.

- This is a rapidly evolving situation; updated information will be sent out as it becomes available and can also be found at [https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fnovel-coronavirus-2019.html](https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fnovel-coronavirus-2019.html)

## Background information

The Centers for Disease Control and Prevention (CDC) is closely monitoring an outbreak caused by a novel (new) coronavirus first identified in Wuhan City, Hubei Province, China. Chinese authorities identified the new coronavirus, which has resulted in nearly 300 confirmed human infections in China and exported cases in Taiwan, Thailand, Japan, South Korea, and one case in the U.S., in Washington state. The outbreak in Wuhan, China has been linked to a large seafood and animal market, suggesting a possible zoonotic origin to the outbreak; however, there now is evidence of person-to-person transmission. There are ongoing investigations to learn more.

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## Recommendations for health care providers

Limited information is available to characterize the spectrum of clinical illness associated with 2019-nCoV. No vaccine or specific treatment for 2019-nCoV infection is available; care is supportive.

The CDC clinical criteria for a 2019-nCoV patient under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available. Health care providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. CDC guidance for evaluating and reporting a PUI for MERS-CoV remains unchanged.

## Criteria to guide evaluation of Patients Under Investigation (PUI) for 2019-nCoV

Patients in the United States who meet the following criteria should be evaluated as a PUI in association with the outbreak of 2019-nCoV in Wuhan City, China.

- 1) Fever<sup>1</sup> AND symptoms of lower respiratory illness (e.g., cough, shortness of breath)
  - and in the last 14 days before symptom onset,
    - History of travel from Wuhan City, China
    - or -
    - Close contact<sup>2</sup> with a person who is under investigation for 2019-nCoV while that person was ill.
- 2) Fever<sup>1</sup> OR symptoms of lower respiratory illness (e.g., cough, shortness of breath)
  - and in the last 14 days before symptom onset,
    - Close contact<sup>2</sup> with an ill laboratory-confirmed 2019-nCoV patient.

The above criteria may evolve over time and are available at

<https://www.cdc.gov/coronavirus/novel-coronavirus-2019/clinical-criteria.html>. 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).

## Notes

<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 with a person who is under investigation for 2019-nCoV.

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 healthcare 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. See CDC's Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus (<https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>).

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 novel coronavirus (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.

## Recommendations for reporting, testing, and specimen collection

- Health care providers should immediately notify both infection control personnel at their health care facility and their local or state health department in the event of a PUI for 2019-nCoV.
- At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC. CDPHE will coordinate specimen shipping via the State Public Health Lab. 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.

## Healthcare facilities are asked to collect the following specimens:

- lower respiratory (Bronchoalveolar lavage, tracheal aspirate or sputum)
- upper respiratory (Nasopharyngeal swab AND oropharyngeal swab [NP/OP swab] OR Nasopharyngeal wash/aspirate or nasal aspirate)
- serum [red top tube]
- In addition, whole blood, stool and urine specimens will also be accepted and stored. Multiple specimens from each site should be sent if possible. Specimens should be collected as soon as possible once a PUI is identified

regardless of time of symptom onset. Additional guidance for collection, handling, and testing of clinical specimens is available at <https://www.cdc.gov/coronavirus/2019-nCoV/>. For biosafety reasons, it is not recommended to perform virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI for 2019-nCoV.

## Interim health care infection prevention and control recommendations for patients under investigation for 2019-nCoV

- Although the transmission dynamics have yet to be determined, CDC currently recommends a cautious approach to patients under investigation for 2019-nCoV (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>). 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. Health care personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). Immediately notify your health care facility's infection control personnel and CDPHE or your local public health agency.

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### More information

- <https://www.cdc.gov/coronavirus/2019-ncov/index.html> or by calling 800-CDC-INFO | (800-232-4636) | TTY: (888) 232-6348
- Infection precaution guidance: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- To report a suspect case or for additional local guidance, please call the **CDPHE Disease Reporting Line**: 303-692-2700 or 303-370-9395 (after hours)

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