



COLORADO

Department of Public
Health & Environment

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HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 01302020 09:30

FROM: CO-CDPHE

SUBJECT: HAN Update - Update and interim guidance on outbreak of 2019 novel coronavirus (2019-nCoV)

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 & interim guidance on 2019-nCoV | Jan. 30, 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.
- As of Jan. 30, there are nearly 8,000 confirmed infections and 170 reported deaths in China. This includes cases among health care workers. Many additional countries have reported small numbers of cases. Limited person-to-person transmission has occurred in a few countries outside of China.
- As of Jan. 30, CDC has reported five cases of 2019-nCoV in Arizona, California, Illinois and Washington state.
- **Please contact CDPHE immediately about any patients with fever OR respiratory symptoms who traveled to China (not limited to Wuhan city or Hubei province) in the 14 days before their illness began or who had contact with a patient with known or suspected 2019-nCoV.** These interim recommendations, detailed below, are from CDPHE while we await updated CDC guidance. Guidance will change as the situation evolves.
- Health care providers who suspect 2019-nCoV infection based on these criteria 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. Do not wait for test results for other respiratory pathogens before reporting.
- Public health will support decision-making for 2019-nCoV testing and facilitate CDC consultation and specimen submission (testing only currently available at CDC). CDPHE has developed an Initial

Assessment Form (<https://drive.google.com/file/d/1wapi65VeNUx6KA3OsrPfJZ6ATe1U9y-N>) to guide providers in collecting information that CDPHE and CDC will need to determine if patients meet criteria for 2019-nCoV testing.

- Additional clinical and laboratory guidance can be found below.
- CDC has issued a Level 3 travel warning: People should avoid all nonessential travel to China.
- This is a rapidly evolving situation; updated information will be sent out as it becomes available and can also be found at <https://cdc.gov/coronavirus/2019-ncov/index.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 8,000 confirmed human infections in China and exported cases in many countries including the United States. 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 is evidence of person-to-person transmission. There are ongoing investigations to learn more.

Recommendations for health care providers

- Based on a recent study describing 99 cases in China (<https://www.thelancet.com/journals/lancet/home>), the majority of patients presented with fever or cough, and a third of patients had shortness of breath. Other symptoms included muscle ache, headache, confusion, chest pain, and diarrhea.
- No vaccine or specific treatment for 2019-nCoV infection is available; care is supportive. However, access to investigational antiviral medication may be available through CDC and can be discussed with CDPHE on a case-by-case basis.
- Health care providers should obtain a detailed travel history for patients being evaluated with fever or acute respiratory illness.
- **Please see interim guidance to evaluate PUI on the following page.**

New CDPHE criteria to guide evaluation of Patients Under Investigation (PUI) for 2019-nCoV

This definition is an update to the previously shared CDC definition for PUI and was developed by CDPHE for use in Colorado until updated information is available from CDC.

Patients in Colorado who meet the following criteria should be evaluated as a potential PUI in association with the outbreak of 2019-nCoV. Public health will review these cases to determine which need further evaluation.

Fever **OR** symptoms of lower respiratory illness (e.g., cough, shortness of breath) **AND** and in the last 14 days before symptom onset,

- History of travel to China

- or -

- Close contact with a person who is a known or suspected case of 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 (PPE) (e.g., gowns, gloves, fit tested N95 or higher respirator, and 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>).

- The above criteria may evolve over time. 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).
- Data to inform the definition of close contact remains limited. Considerations when assessing close contacts 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, including risk stratification by the level of exposure and use of PPE. Public health will work with facilities to investigate potential exposures and establish worker exclusion and monitoring plans.
- **Patients who are currently NOT considered to be at risk for 2019-nCoV infection:**
 - Patients who lack a history of travel to China or contact with a known or suspected case of 2019-nCoV.
 - Patients who traveled to China but had onset of illness more than 14 days after returning.

- Patients who traveled to China in the last 14 days but are asymptomatic. These patients should be counseled to watch for symptoms. If symptoms develop they should first call a healthcare provider, urgent care, or hospital for instructions before going to a clinic or emergency room.
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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 if they suspect a patient may have 2019-nCoV infection based on the criteria above.
 - Public health will support decision-making for 2019-nCoV testing and coordinate consultation and specimen submission with CDC (testing only currently available at CDC). CDPHE has developed an Initial Assessment Form (<https://drive.google.com/file/d/1wapi65VeNUx6KA3OsrPfJZ6ATe1U9y-N>) to guide providers in collecting information that CDPHE and CDC will need to determine if patients meet criteria for 2019-nCoV testing.
 - Testing for other respiratory pathogens may support decision-making but should not delay specimen shipping to CDC, consider collecting two swabs if you are also running a respiratory panel. 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.
 - As a precautionary measure, based on previous CDC guidance from MERS-CoV, facilities may want to consider hand carrying specimens from patients being evaluated for 2019-nCoV to the lab instead of using pneumatic tube systems.
 - **Health care facilities are asked to collect the following specimens:**
 - We are currently prioritizing the collection of nasopharyngeal (NP) swabs in viral transport media; however, additional samples may be requested by CDPHE on a case-by-case basis (including lower respiratory specimens for patients with more severe illness).
 - 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.
 - All specimens should be submitted through the State Public Health Lab. Lab requisition forms for CDC testing will be completed by CDPHE at the time of each specimen submission and cannot be prefilled.
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Infection control recommendations

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

- CDPHE has developed interim infection prevention and control guidance that is available on our website: <https://www.colorado.gov/pacific/cdphe/resources-local-public-health-agencies-and-healthcare-providers>

- Although the transmission dynamics have yet to be determined (prior knowledge of coronaviruses suggests primary route of transmission is respiratory droplets but the possibility of airborne transmission for this virus has not been ruled out), CDC and OSHA currently recommend a cautious approach to patients under investigation for 2019-nCoV (<https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>).
- 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, eye glasses are not sufficient). Immediately notify your health care facility's infection control personnel and CDPHE or your local public health agency.
- If you are notified in advance that a patient with possible 2019-nCoV infection is arriving at your facility, please have a mask placed on them prior to entering the building, and contact CDPHE immediately.
- Facilities may want to proactively create and maintain a list of health care workers providing care to patients with possible 2019-nCoV infection.

Additional infection prevention recommendations for clinics and other non-hospital facilities

- Take steps to ensure all people with symptoms of a respiratory infection adhere to respiratory hygiene and cough etiquette, hand hygiene and triage procedures throughout the duration of the visit. Consider posting visual alerts (e.g. signs, posters) at the entrance to the clinic. Instructions should include to notify a staff member and how to use face masks or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles and perform hand hygiene.
- Provide space and encourage people with symptoms of respiratory infections to sit at least six feet from others. If available, facilities may wish to place these patients in a separate area while waiting for care.
- Implement screening procedures to detect patients at risk for 2019-nCoV. If a patient is identified in your office, please place a mask on the patient immediately and move them to a private room. Please use the highest level of PPE available at your office (preferably gloves, disposable gown, eye protection/face shield, and a fit tested N-95 respirator) or consult with CDPHE for further management.
- Some procedures performed on 2019-nCoV patients could generate infectious aerosols. In particular, procedures that are likely to induce coughing, including nasopharyngeal specimen collection, should be performed cautiously and only be personnel wearing respiratory protection. The risk of transmission of 2019-nCoV infection during the admission of nebulized medications is unknown.
- If you are called about a patient who needs evaluation for 2019-nCoV and they meet the CDPHE PUI definition above, please consider referring them for evaluation at an Emergency Department or other facility that has negative pressure rooms and N95 masks. If you refer a patient for evaluation at another facility, please call and inform the facility immediately and also contact CDPHE.

More information

- CDPHE 2019-nCoV webpage “Resources for Local Public Health Agencies and Healthcare Providers”: <https://www.colorado.gov/pacific/cdphe/resources-local-public-health-agencies-and-healthcare-providers>

- <https://cdc.gov/coronavirus/2019-ncov/index.html> or by calling 800-CDC-INFO | (800-232-4636) | TTY: (888) 232-6348
- General information from CDC on isolation precautions:
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- CDPHE Interim Infection Prevention Guidance for the care of patient suspected or confirmed with 2019 n-CoV
<https://drive.google.com/file/d/1hkcQOkr7zDu62qQcuUGFvY5ehSRXdAhr/>
- Guidelines for home isolation for PUIs pending laboratory testing (to be used after consultation with CDPHE):
<https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>
- To report a suspect case or for additional local guidance, please call your local public health agency or the **CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)**

