



HEALTH ALERT NETWORK BROADCAST

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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 (COVID-19) | Feb. 11, 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 Feb. 11, there are more than 43,000 confirmed infections and 1,000 reported deaths in mainland China. Many additional countries have reported small numbers of cases. Person-to-person transmission has occurred in countries outside of China including the United States. Two deaths have been reported outside of mainland China (1 Philippines, 1 Hong Kong).
- As of Feb. 11, there are 13 confirmed cases of 2019-nCoV in the United States; cases have been identified in Arizona, California, Illinois, Massachusetts, Washington State and Wisconsin.
- **Please continue to contact CDPHE or your local public health agency 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.** Public health will continue to assess each situation on a case-by-case basis to determine who meets criteria for testing. The following flow sheet can be used to help determine when to notify public health:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/identify-assess-flowchart.html>
- Health care providers who suspect 2019-nCoV infection 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.

- All travelers returning to the United States from Hubei province are now being quarantined on arrival for up to 14 days; travelers from other locations in China are being funneled to 11 U.S. airports, screened on arrival, and monitored by public health with movement restrictions for 14 days. Additional information on new CDC guidelines for returned travelers based on risk assessment can be found at:
<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>
- Based on this new traveler guidance, healthcare workers returning from China will be unable to work for 14 days after leaving China unless there are duties they can perform at home. Additional isolation or quarantine requirements can be discussed with your local public health agency.
- CDPHE is now requesting that nasopharyngeal (NP) and oropharyngeal (OP) swabs be collected for all persons under investigation (PUIs) based on updated CDC recommendations, as well as sputum when clinically indicated. Additional clinical and laboratory guidance can be found below.
- Initial testing for 2019-nCoV is expected to be available at the CDPHE laboratory by Feb. 17 and all positive results will undergo confirmatory testing at CDC. Testing will only be performed on samples that have been approved by CDPHE as meeting CDC testing criteria. This is an FDA requirement for emergency use authorization.
- On Feb. 11, the World Health Organization announced a new official name for the disease, COVID-19; the CO stands for corona, the VI for virus, and the D for disease.
- 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) continues to closely monitor 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 more than 43,000 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, the virus is now spreading by 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. In a study of 425 patients in

China, the average incubation period was 5.2 days (<https://www.nejm.org/doi/full/10.1056/NEJMoa2001316>).

Another study of 138 hospitalized patients with 2019-nCoV associated pneumonia provides details about the hospital course and mortality rate of patients (<https://jamanetwork.com/journals/jama/fullarticle/2761044>)

- 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. CDC guidance for management of confirmed cases of 2019-nCoV can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
- 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.

CDPHE criteria to guide reporting and evaluation of Persons Under Investigation (PUI) for 2019-nCoV

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. These recommendations for public health reporting and evaluation are broader than the CDC PUI definition (available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>) and are intended to identify cases where testing may be warranted for patients who do not meet the CDC PUI definition. The criteria may evolve over time.

Fever **OR** symptoms of lower respiratory illness (e.g., cough, shortness of breath) **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>).

- 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).

- CDC has issued new guidelines for health care personnel with potential exposure in a healthcare setting to patients with 2019-nCoV (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>). This guidance applies to people exposed to a confirmed case, and should only be applied to those exposed to a PUI if 2019-nCoV results will be delayed for more than 72 hours.
 - 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.
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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. Testing is expected to be available at the CDPHE laboratory by Feb. 17, although all positive specimens will require confirmation at CDC. The CDPHE laboratory will only test specimens that have been submitted after consultation with CDPHE epidemiology.
- There is currently no commercially available testing for 2019-nCoV. Commercial multiplex respiratory panels that include coronaviruses are unable to detect 2019-nCoV.
- CDPHE has developed an Initial Assessment Form (<https://drive.google.com/file/d/1wapi65VeNUx6KA3OsrPfJZ6ATe1U9y-N>) to guide providers in collecting information that public health 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 submission for 2019-nCoV testing; 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) and oropharyngeal (OP) 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). This is a change from our previous guidance which only requested NP swabs.

- 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 to the State Public Health Lab after consultation with epidemiology staff.
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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. Recommendations below are not comprehensive, the full guidance is available on the CDPHE website and is updated regularly: https://drive.google.com/file/d/1i4N2t_hjIBJClqnBV26wmnOPP1Si_On8/view
- 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 other modes of transmission for this virus has not been ruled out), CDC and OSHA currently recommend a cautious approach to patients under investigation for 2019-nCoV.
- Take steps to ensure all persons with symptoms of suspected 2019-nCoV or other respiratory infection (e.g., fever, cough) 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 and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and HCP with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use facemasks or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene
- Ensure that patients with symptoms of suspected 2019-nCoV or other respiratory infections (e.g., fever, cough) are not allowed to wait among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies. In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.
- Implement triage procedures to detect patients under investigation (PUI) for 2019-nCoV during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of 2019-nCoV or contact with possible 2019-nCoV patients.
 - Implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient's nose and mouth if that has not already been done) and isolate the PUI for 2019-nCoV in an Airborne Infection Isolation Room (AIIR), if available.
- All HCP who enter the room of a patient with suspected or confirmed 2019-nCoV should adhere to Standard, Contact, and Airborne Precautions

- Place a patient with known or suspected 2019-nCoV (i.e., PUI) in an AIIR that has been constructed and maintained in accordance with current guidelines.
- If an AIIR is not available, patients who require hospitalization should be transferred as soon as is feasible to a facility where AIIR is available. If the patient does not require hospitalization they can be discharged to home (in consultation with state or local public health authorities) if deemed medically and socially appropriate. Pending transfer or discharge, place a facemask on the patient and isolate him/her in an examination room with the door closed. Ideally, the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration.
- Only essential personnel should enter the room. Implement staffing policies to minimize the number of HCP who enter the room.
 - Facilities should consider caring for these patients with dedicated HCP to minimize risk of transmission and exposure to other patients and other HCP.
 - Facilities should keep a log of all persons who care for or enter the rooms or care area of these patients.
 - HCP entering the room soon after a patient vacates the room should use respiratory protection.
- HCP should perform hand hygiene using an alcohol-based hand rub (ABHR) before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Hand hygiene in healthcare settings also can be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering facepiece respirator before entry into the patient room or care area.
- Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Remove eye protection before leaving the patient room or care area.
- Use caution when performing aerosol-generating procedures
 - Procedures that are likely to induce coughing; should be performed cautiously and avoided if possible.
 - If performed, these procedures should take place in an AIIR, and personnel should use respiratory protection as described above.
- Diagnostic Respiratory Specimen Collection
 - Collecting diagnostic respiratory specimens (e.g. nasopharyngeal swab) are likely to induce coughing or sneezing. Individuals in the room during the procedure should, ideally, be limited to the patient and the healthcare provider obtaining the specimen.
 - HCP collecting specimens for testing for 2019-nCoV from patients with known or suspected 2019-nCoV (i.e. PUI) should adhere to Standard, Contact and Airborne Precautions, including the use of eye protection.
 - These procedures should take place in an AIIR or in an examination room with the door closed. Ideally, the patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration.
- Restrict visitors from entering the room of known or suspected 2019-nCoV patients (i.e., PUI). Alternative mechanisms for patient and visitor interactions, such as video-call applications on cell phones or tablets should

be explored. Facilities can consider exceptions based on end-of-life situations or when a visitor is essential for the patient’s emotional well-being and care.

- Dedicated medical equipment should be used for patient care.
 - All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer’s instructions and facility policies.
 - Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.
 - Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for 2019-nCoV in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
 - Implement mechanisms and policies that promptly alert key facility staff including infection control, healthcare epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known or suspected 2019-nCoV patients (i.e., PUI).
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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 and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Health care Setting.
https://drive.google.com/file/d/1i4N2t_hjIBJClqnBV26wmnOPP1Si_0n8/view
- 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)**

