

Health Alert

Outbreak of Respiratory Illness Caused by a Novel Coronavirus (2019-nCoV): Updated Guidance February 7, 2020

The Centers for Disease Control and Prevention (CDC) continues to monitor the outbreak of 2019 novel coronavirus (2019-nCoV). Chinese health officials have reported >3000 new cases per day, with the virus spreading from person-to-person in many parts of that country. Outside China, several countries including the United States have identified 2019-nCoV infections, mostly imported from travel to Wuhan City, China. In response to the rapidly expanding outbreak of 2019-nCoV in China, CDC has revised criteria for guiding which patients should be evaluated for 2019-nCoV. As an additional control measure, CDC has also issued new guidance for monitoring of potentially exposed, asymptomatic persons.

SUMMARY POINTS

- The outbreak of novel coronavirus continues to expand in China and guidance for evaluating potentially exposed persons has been revised accordingly.
- Take a detailed travel history for patients with acute respiratory illness.
- Report both symptomatic and asymptomatic persons who have traveled to mainland China within 14 days to PDPH immediately.

Recommendations for Providers:

The risk of importation from a returning traveler remains low in Philadelphia. However, ongoing vigilance is important to minimize risk and prevent transmission in the event a case is identified. Providers should continue to consistently take a travel history when evaluating persons who present with acute respiratory illness. PDPH has developed [additional resources](#) incorporating current recommendations for providers for case identification and management. In brief, providers should:

- Promptly place a surgical mask on symptomatic patients who report a history of travel to mainland China or close contact with a person with confirmed 2019-nCoV within the prior 14 days and place them in a private room (airborne isolation if available) for clinical evaluation.
- Notify infection prevention personnel at your facility and report the suspected case to PDPH.
- Ensure that all staff working with the patient use standard, contact and airborne precautions (N95 mask) with eye protection. Additional details are available at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>.

Upon reporting, PDPH, in collaboration with the Pennsylvania Department of Health (PADOH) and CDC, will make recommendations for further evaluation and management. Additionally, in accordance with new CDC guidelines, PDPH will monitor asymptomatic persons who have travelled to mainland China or who have had close contact with a symptomatic confirmed 2019-nCoV case within 14 days as follows:

Risk Category	Definition	Public Health Actions
High Risk	<ul style="list-style-type: none"> • Close contact with confirmed case without using recommended precautions • Travel from Hubei Province, China 	<ul style="list-style-type: none"> • Quarantine with no public activities • PDPH to perform daily active monitoring
Medium Risk	<ul style="list-style-type: none"> • Close contact with a confirmed case while consistently using recommended precautions • Travel from mainland China outside Hubei Province 	<ul style="list-style-type: none"> • Remain home from work and/or school • Avoid group settings, mass gatherings and use of public transportation • Self-monitor symptoms with PDPH supervision

Close contact is defined as being within 6 feet of a symptomatic case for a prolonged period of time or direct contact with secretions from a symptomatic case. Persons who have been in the same room with a confirmed case but have not had close contact are considered low risk and do not need to restrict their movement.

Providers should perform travel screening for all patients to identify persons who have travelled to mainland China within the prior 14 days and may require monitoring. For asymptomatic persons who provide a compatible travel history or who report close contact with a person with confirmed 2019-nCoV, provider should:

- Collect contact information and report person to PDPH so that we can implement monitoring
- Evaluate and treat any urgent health needs using standard precautions as appropriate
- Reschedule all nonurgent follow up appointments until after their 14 day observation period

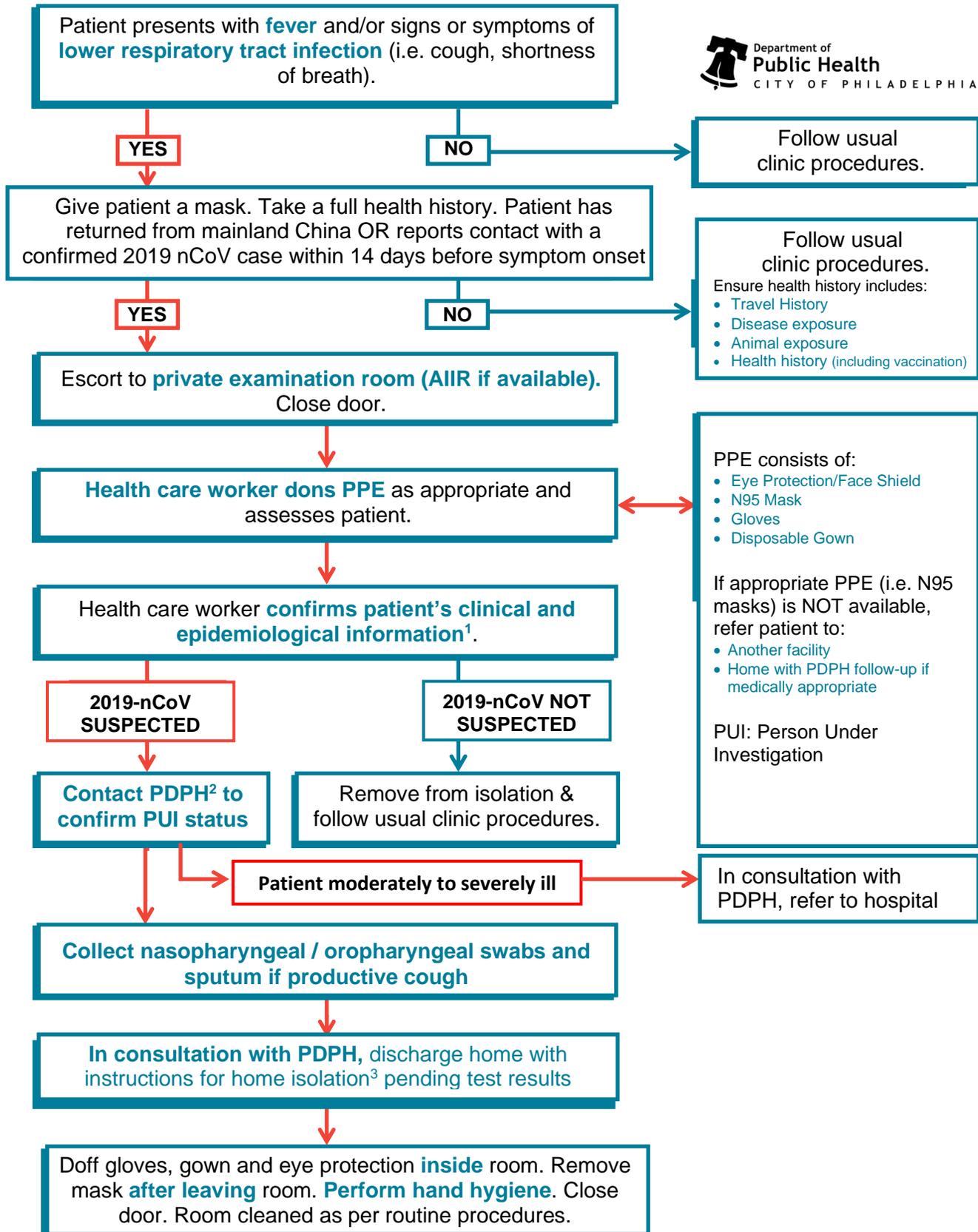
Both suspect cases and potentially exposed persons should be reported to PDPH at the following numbers: (business hours: (215) 685-6742, after hours: (215) 686-4514).

PDPH will continue to monitor the evolving outbreak and any changes to guidance for monitoring, case identification or management. For additional resources, please see:

- **CDC:** 2019 Novel Coronavirus Information for Healthcare Professionals: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- **PDPH:** 2019-nCoV (Novel Coronavirus): <https://hip.phila.gov/EmergentHealthTopics/2019-nCoV>

Screening Patients for Suspected 2019 Novel Coronavirus (n-CoV) in Outpatient Healthcare Settings

Updated: 2/5/2020



¹<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

²Consult with the [Division of Disease Control](#) 215-685-6748 or 215-686-4514 (after hours)

³<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

Screening Patients for Suspected 2019 Novel Coronavirus (n-CoV) in Outpatient Healthcare Settings

The Philadelphia Department of Public Health (PDPH) is issuing this clinical screening algorithm to help guide ambulatory care sites in properly assessing patients and protecting their staff while assessing patients for possible 2019 Novel Coronavirus infection (2019 n-CoV). This guidance is not intended for use by non-healthcare sites. Patients who are thought to be at risk of 2019 n-CoV infection should be identified by screening at the earliest practical point in patient flow. This might be at reception or triage. In preparing to implement this protocol, please inventory all Personal Protective Equipment (PPE) and specimen collection supplies and order materials as needed.

- Screening consists of asking patients for the presence of symptoms PLUS travel from an affected region within 14 days of illness onset.
 - Symptoms include fever $>100.4^{\circ}$ F and/or signs and symptoms of lower respiratory illness (e.g. cough or shortness of breath).

AND

 - Close contact with a laboratory-confirmed 2019-nCoV case

OR

 - History of travel from Hubei Province or mainland China. Travel history or contact with a confirmed 2019-nCoV case is only relevant if it occurred within 14 days of symptom onset.
- It is important to remember that these are screening criteria, useful in identifying persons who require additional evaluation. **These are not diagnostic criteria for 2019 n-CoV.** Patients with symptoms of lower respiratory illness and a pertinent travel history might have any number of other conditions, including influenza, or other respiratory viral infections.
- If a patient is suspected of having 2019-nCoV based on clinical symptoms and epidemiological history, they should be promptly given a surgical mask and escorted to a private examination room. If available, patients with suspected 2019-nCoV should be placed in a negative pressure or Airborne Infection Isolation Room (AIIR).
- The clinician should don appropriate PPE and use dedicated medical equipment for patient care activities.
 - PPE includes gloves, disposable gowns, **NIOSH certified N-95 respirator** and eye protection.

- If clinical and travel history and 2019-nCoV virus exposure evaluation indicate possible 2019 nCoV, report the patient to the Philadelphia Department of Public Health (PDPH) at 215-685-6748 or 215-686-4514 (after hours) for determination of Persons Under Investigation (PUI) status. Please also report any patient who reports travel from mainland China within the preceding 14 days even if there are no respiratory symptoms. You may also be asked to provide names of persons known to be in close contact with the suspected 2019-nCoV case, including household contacts, attendants, and clinic staff, so that appropriate follow-up can be implemented.
- For patients who fulfill PUI criteria, collect a nasopharyngeal and oropharyngeal swab and place in viral transport medium. Please contact PDPH if you do not have viral transport media available. If the patient has a productive cough, sputum should also be collected in a sterile specimen container. All samples should be promptly refrigerated. Please collect an additional nasopharyngeal swab for seasonal respiratory virus testing. Please ensure that clinicians performing specimen collection have the appropriate PPE.
- If your facility is not able to provide appropriate PPE (i.e. N95 masks) for clinic staff caring for the patient or ensure a private room, the patient should be referred to another facility for evaluation, or may be discharged home with follow-up from PDPH. A decision to discharge home should be done in consultation with PDPH so that appropriate follow-up and isolation recommendations can be implemented.
- PDPH will assist with specimen processing for shipment to the state public health laboratory or Centers for Disease Control (CDC) for testing. Testing is only available at the CDC at this time. Commercial respiratory virus assays including Biofire are NOT able to detect 2019-nCoV.
- Follow routine cleaning and disinfection procedures with EPA-approved hospital grade disinfectant, ideally with a product labeled for emerging viral pathogens. If such products are not available, a product with claims against human coronaviruses should be used.

Resources:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

<https://hip.phila.gov/EmergentHealthTopics/2019-nCoV>

ATTENTION

IF YOU HAVE RECENTLY TRAVELED FROM
CHINA



AND YOU ARE **FEELING SICK** WITH:
FEVER, COUGH, AND/OR TROUBLE BREATHING



PLEASE TELL STAFF IMMEDIATELY