



Health Alert Network Message 20-01: Interim Guidance on 2019 Novel Coronavirus (2019-nCoV) in Travelers from Wuhan, China

Origination Date:

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Revision Dates (list all revision dates):

Summary

The Centers for Disease Control and Prevention (CDC) is closely monitoring an outbreak caused by a novel (new) coronavirus in Wuhan City, Hubei Province, China. Chinese authorities first identified the new coronavirus, which has resulted in about 200 confirmed human infections in China with three deaths reported. A number of countries, including the United States, are actively screening incoming travelers from Wuhan and exported cases have been confirmed in Thailand, Japan, and South Korea.

Chinese health authorities posted the full genome of the so-called “2019 novel coronavirus” or “2019-nCoV” in GenBank, the NIH genetic sequence database, and in the Global Initiative on Sharing All Influenza Data (GISAID) portal.

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with MERS and SARS. Past MERS and SARS outbreaks have been complex, requiring comprehensive public health responses.

Many of the patients in the outbreak in Wuhan, China have reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. However, a growing number of patients reportedly have not had exposure to animal markets, suggesting limited person-to-person spread is occurring.

On January 11, 2020, CDC updated the level 1 travel health notice (“practice usual precautions”) for Wuhan City, Hubei Province, China with additional information (originally issued on January 6, 2020): <https://wwwnc.cdc.gov/travel/notices/watch/novel-coronavirus-china>.

This HAN Update provides a situational update and guidance to state and local health departments and healthcare providers that supersedes guidance in CDC’s HAN Advisory 424 distributed on January 8, 2020. This HAN Update adds guidance for evaluation of patients under investigation (PUI) for 2019-nCoV, prevention and infection control guidance, including the addition of an eye protection recommendation, and additional information on specimen collection.

Recommendations for Healthcare 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.

Healthcare 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) Fever¹ 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 contact² with a person who is under investigation for 2019-nCoV while that person was ill.

2) Fever¹ OR symptoms of lower respiratory illness (e.g., cough, shortness of breath)

-and in the last 14 days before symptom onset,

- Close contact² with an ill laboratory-confirmed 2019-nCoV patient.

The above criteria are also 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).

Recommendations for Reporting, Testing, and Specimen Collection

Healthcare providers should immediately notify both infection control personnel at their healthcare facility and the Louisiana Office of Public Health Infectious Disease Epidemiology Hotline (800-256-2748) in the event of a PUI for 2019-nCoV. At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC. Providers are advised to contact the Louisiana Office of Public Health for laboratory testing approval and specimen submission guidance. 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 Louisiana 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.

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. To increase the likelihood of detecting 2019-nCoV infection, CDC recommends collecting and testing multiple clinical specimens from different sites, including all three specimen types—lower respiratory, upper respiratory, and serum specimens. Additional specimen types (e.g., stool, urine) may be collected and stored. 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/>.

Interim Healthcare 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. Healthcare 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 healthcare facility's infection control personnel and local health department.

Additional Infection Control Practices Resources

- Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>)

Notes

¹Fever 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.

²Close contact with a person who is under investigation for 2019-nCoV.

Close contact is defined as—

1. 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–

1. 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 healthcare settings.

For More Information

More information is available at <https://.cdc.gov/coronavirus/2019-ncov/index.html> or by calling 800-CDC-INFO | (800-232-4636) | TTY: (888) 232-6348

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##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations##