



HEALTH ALERT – January 28, 2020
2019 Wuhan China Novel Coronavirus (2019-nCoV)

Dear Health Care Providers and Infection Control Partners:

KEY MESSAGES:

- Check the Shasta County Health and Human Services Agency’s “[Medical Professionals](#)” web page at <https://tinyurl.com/qv48c7m> for an electronic version of this Health Alert (including hyperlinks).
- Collect travel history on all patients presenting with fever and acute respiratory illness.
- Known risks at this time for 2019 Novel Coronavirus (2019-nCoV) include travel to Wuhan, China or close contact with a confirmed case or Patient Under Investigation (PUI) for 2019-nCoV.
 - Please note: The Centers for Disease Control and Prevention (CDC) may be expanding the PUI criteria to include other/all areas of China. Please watch for updates at the link below.
- Contact Shasta County Health and Human Services Agency, Public Health Branch to report PUIs and arrange for testing. Currently all testing for 2019-nCoV is being conducted at CDC.
- Refer to the CDC for [updates in criteria for evaluation of PUI](#) as the situation unfolds. Refer to the CDC for updates to its [interim healthcare infection prevention and control recommendations for Patients Under Investigation for 2019-nCoV](#).
- Review procedures for [collection of laboratory specimens for 2019-nCoV testing](#) and [laboratory biosafety guidelines](#).

REPORTING and 2019-nCoV Testing:

- Report suspected PUI immediately to Shasta County Health and Human Services Agency, Public Health Branch (SCPH) by phone at 530-225-5591 during business hours or 530-395-0132 after hours, weekends, and holidays.
- For questions about specimen collection and submission, contact the SCPH lab at 530-225-5072.

BACKGROUND:

An outbreak of pneumonia of unknown etiology in Wuhan, China was reported to the World Health Organization (WHO) on December 31, 2019, and a novel coronavirus was soon identified as the cause. On January 26, 2020, the California Department of Public Health announced the first two confirmed cases of 2019-nCoV in California residents.

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CURRENT SITUATION (as of January 28, 2020):

- Approximately 4,500 cases of 2019 n-CoV have been confirmed globally, with the majority of confirmed cases occurring in China. At least 100 deaths have occurred, all in China.
- The Centers for Disease Control and Prevention (CDC) has initiated health screening at five United States airports (including SFO in San Francisco and LAX in Los Angeles) for travelers originating in Wuhan, China. Screening will be expanded in the near future to all 20 US airports with quarantine stations.
- There are currently 110 Patients Under Investigation (PUI) in 26 states in the U.S.
- There have been five (5) confirmed cases of 2019-nCoV in the United States, including one (1) in a Los Angeles County resident and one (1) in an Orange County resident.
- All U.S. cases are travel related. There has been no documented community transmission in the United States.
- On January 27, 2020, CDC issued a Level 3 travel warning for China, recommending travelers avoid all non-essential travel to China.
- Limited person-to-person spread has been documented, including to healthcare workers in China.
- There is no vaccine or specific treatment for 2019-nCoV, however an investigational new drug known as remdesivir may be requested via CDC for compassionate use in severely ill patients. Please contact the CDC Emergency Operations Center at 770-488-7100 to request remdesivir.

CRITERIA FOR PATIENT UNDER INVESTIGATION (PUI):

A travel history should be collected on all patients presenting with fever and acute respiratory illness.

PUI are currently defined as meeting the following criteria below. Please note these criteria are likely to change. Refer to the CDC's web page for the most current [criteria for evaluating PUI](#) and contact SCPH at 225-5591 as needed to discuss individual cases.

- Fever¹ **and** symptoms of lower respiratory illness (e.g., cough, difficulty breathing) **AND**
 - in the last 14 days before symptom onset, a history of travel from Wuhan City, China, or
 - in the last 14 days before symptom onset, close contact² with a person who is under investigation for 2019-nCoV while that person was ill
- Fever¹ **or** symptoms of lower respiratory illness (e.g., cough, difficulty breathing) **AND**
 - In the last 14 days, close contact² with an ill laboratory confirmed 2019-nCoV patient.

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 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

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respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care 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.

RECOMMENDATIONS FOR HEALTHCARE PROVIDERS:

- Refer to the California Department of Public Health’s All Facilities Letter [AFL-20-09](#) dated 1/23/2020 for detailed information, including infection control guidance, criteria for evaluation of PUI, and recommendations for reporting, specimen collection, and testing.
- Refer to [AFL-20-10](#) dated 1/27/2020 and attachments for a healthcare facility preparedness checklist, guidance on air changes per hour for airborne-contaminant removal, and a healthcare facility capacity survey.
- [Post signage](#) alerting ill patients to put on a mask and notify staff if they have symptoms and travel history compatible with a PUI.
- Collect travel history on all patients presenting with fever and acute respiratory illness.
- Immediately place symptomatic patients with a positive travel history in a surgical mask and private room, ideally and airborne infection isolation room (AIIR).
- Report suspected PUI immediately to SCPH by phone at 530-225-5591 during business hours or 530-395-0132 after hours, weekends, and holidays.
- Test for other respiratory pathogens during the initial evaluation but do not delay collection of specimens for 2019-NCoV for PUIs. Clinical labs should not attempt viral isolation from specimens collected from PUIs.
- For individuals meeting the PUI criteria, collect the following specimens (refrigerate all specimens at 2-8 °C and contact the SCPH lab at 530-225-5072 to arrange testing):
 - Upper respiratory specimens –
 - Nasopharyngeal (NP) **AND** oropharyngeal (OP) swabs. Use only synthetic fiber swabs with plastic shafts for NP and OP specimens and place swabs immediately in sterile tubes containing 2-3 mL viral transport media. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.
 - Nasopharyngeal wash/aspirate or nasal aspirate (2-3 mL) in a sterile, leak-proof, screw-cap sputum collection cup or dry container.
 - Serum – collect 1 tube (5-10 mL) of whole blood in a serum separator tube for children – or adults, or 1 mL for infants. Serum separator tubes should be stored upright for at least 30 minutes, and then centrifuged at 1000–1300 relative centrifugal force (RCF) for 10 minutes before removing the serum and placing it in a separate sterile tube for shipping (such as a cryovial).
 - Lower respiratory specimens - if patient presents with symptoms of lower respiratory infection, collect:
 - Bronchoalveolar lavage, tracheal aspirate – 2-3 mL in a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
 - Sputum – have the patient rinse the mouth with water and then expectorate deep cough directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Do NOT induce sputum.
- Refer to [CDC interim guidelines for collecting, handling, and testing clinical specimens](#) for updates and more details.

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- For questions about specimen collection and submission, contact the SCPH lab at 530-225-5072.
- Outpatient healthcare providers sending individuals meeting the case definition for PUI to a local emergency room should call ahead and provide a mask to the patient. If possible, the patient should be moved to an airborne infection isolation room (AIIR). If no AIIR is available, place a mask on the patient and isolate them in an exam room.

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