

**Center for Policy, Planning and Evaluation
Division of Epidemiology–Disease Surveillance and Investigation**

January 28, 2020

**Health Notice for District of Columbia Health Care Providers
Update and Interim Guidance: Novel Coronavirus (2019-nCov) Outbreak**

SUMMARY

An outbreak of pneumonia of unknown etiology in Wuhan City was initially reported to the World Health Organization (WHO) on December 31, 2019. Chinese health authorities have now confirmed hundreds of infections with a novel coronavirus (2019-nCoV) as the cause of the outbreak. The first case in the United States (US) was identified in Washington state on January 21, 2020. As of January 27, 2020, a total of 5 positive cases have been reported in the US. The [Centers for Disease Control and Prevention and Prevention \(CDC\) Health Advisory](#) released on January 17, 2020 provides guidance as of that date, however the situation is continuously evolving. This Health Notice provides updated situational awareness and 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.

BACKGROUND

Coronaviruses are a large family of viruses, including SARS and MERS, which spread by person-to-person transmission via respiratory droplets. The growing number of 2019-nCoV cases suggests person-to-person transmission is occurring, however, details on how this virus is transmitted are still being investigated. 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 currently available; care for infected persons is supportive.

CDC is closely monitoring this situation and issued a level 3 travel notice (“Avoid Nonessential Travel”) for this destination (<https://wwwnc.cdc.gov/travel/notices/watch/pneumonia-china>).

We recommend that in addition to the guidance below, healthcare providers regularly review the CDC website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>) for the most updated information.

DC Health Recommendations for Healthcare Providers

1) Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV

Clinical criteria for a 2019-nCoV PUI are based on MERS-CoV and SARS-CoV and are subject to change as additional information becomes available. Patients who meet the following criteria should be reported to DC Health for evaluation as a PUI:

- 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

*This will be updated as the situation changes

¹ Fever 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

² Close contact is defined as-

- a) being within approximately 6 feet (2 meters), or within the room or care area, of a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment (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 2019-nCoV case.
– or –
- b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended PPE.

Please try to collect the following information before notifying DC Health about a PUI:

1. State of residence
 - If the patient is a Maryland or Virginia resident, please contact the Maryland or Virginia Departments of Health, respectively
2. Detailed symptom history with symptom onset date
3. Contact with ill persons
 - Was the patient in contact with a person who was ill OR a person suspected or confirmed to have 2019-nCoV?
 - Was the contact ill while the patient was around them?
 - Type of contact between patient and contact (for example, stayed in the same house or shared a meal together at a restaurant)
 - Date(s) patient was exposed to ill person
4. Detailed travel history (countries, cities, dates including any layovers or additional stops)
 - Mode of travel between locations (i.e. train, plane, bus)
5. Details about wearing a facemask at any time before, during or after the travel
6. History of being a healthcare provider OR being in a healthcare facility (as a patient, worker or visitor) in China
7. If there is high suspicion the patient meets the criteria for a PUI, the mode of transport to your healthcare facility

2) Immediate notification to DC Health

- Healthcare providers should **immediately** notify their infection control personnel and then contact DC Health immediately in the event of a PUI for 2019-nCoV by calling 202-442-9370 (during business hours) or 844-493-2652 (after business hours).
- If the case does not meet the current case definition but is **highly suspicious**, please contact DC Health for consultation.

Infection Control Recommendations

- 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 (airborne isolation room if available)

- Personnel entering the room to evaluate the patient should use standard precautions, contact precautions, airborne precautions and eye protection (e.g. goggles or a face shield)
- For inpatient care, contact and airborne isolation precautions are recommended in addition to standard precautions.

Specimen Collection Guidelines

- Routine testing for respiratory pathogens can be performed at clinical or public health labs, however viral isolation should not be attempted from 2019-nCoV PUIs
- Collection of an NP swab (in Viral Transport Media; VTM), OP swab (VTM) and sputum (sterile container) specimen is recommended at this time for testing at CDC
 - Save urine, stool, serum, and respiratory pathology specimens if available; collection of these samples should not delay respiratory specimen collection
- Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset
- If approved for testing by CDC, please complete the following forms:
 - CDC 50.34 (for each specimen)
 - DC Public Health Laboratory External Chain of Custody form (<https://dfs.dc.gov/publication/phl-forms-and-documents>)
 - Patient Under Investigation (PUI) form
- **Detailed instructions about specimen testing and forms will be provided once testing is approved.**
- **Any specimens submitted without complete CDC 50.34 forms will result in significant delays in testing and may be rejected for testing.**

The guidelines above will continue to be updated as the outbreak evolves. Please reach out to DC Health at doh.epi@dc.gov with any questions regarding 2019-nCoV or PUIs. For the current CDC recommendations, including detailed infection control and specimen collection guidance, please see the following website (<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>).

Please contact the DC Health Division of Epidemiology–Disease Surveillance and Investigation at:

Phone: 202-442-9370 (8:15am-4:45pm) | 844-493-2652 (after-hours calls)

Fax: 202-442-8060 | Email: doh.epi@dc.gov