

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

January 31, 2020

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

SUMMARY

An outbreak of novel coronavirus (2019-nCoV) was initially reported in Wuhan City, Hubei Province, China on December 31, 2019. Chinese health authorities have now confirmed thousands of infections and over 100 deaths. On January 30th, 2020, the International Health Regulations Emergency Committee of the World Health Organization declare the outbreak a “public health emergency of international concern” (PHEIC). The first case in the United States (US) was identified in Washington state on January 21, 2020. As of January 31, 2020, a total of six positive cases have been reported in the US; five are travel-associated and one is local transmission in the US. On January 31, 2020, the Centers for Disease Control and Prevention (CDC) updated the case definition for patients under investigation (PUI). This Health Notice provides updated guidance for evaluation of PUIs for 2019-nCoV, prevention and infection control guidance, and information on specimen collection.

BACKGROUND

Coronaviruses are a large family of viruses, ranging from common colds to more serious infections like SARS and MERS, which spread by person-to-person transmission via respiratory droplets. 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, however common symptoms include fever, cough, and shortness of breath. While a single case of local transmission in a close contact has been detected in the US, at this time this virus is not currently spreading in the community, and the American public is thought to be at low risk. No vaccine or specific treatment for 2019-nCoV infection is currently available; care for infected persons is supportive. Further information on the most recent clinical guidance can be found on the CDC website (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>). Investigations are ongoing to learn more, and DC Health will continue to update its guidance.

DC Health Recommendations for Healthcare Providers

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

Patients who meet the following criteria should be reported to DC Health for evaluation as a PUI*:

- 1) Fever¹ OR signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) AND any person, including health care workers, in the last 14 days before symptom onset has had
 - Close contact² with a laboratory-confirmed 2019-nCoV
- 2) Fever¹ AND signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) AND in the last 14 days before symptom onset,
 - History of travel from Hubei Province, China
- 3) Fever¹ AND signs/symptoms of a lower respiratory illness (e.g. cough or shortness of breath) requiring hospitalization

- History of travel from mainland China within 14 days of symptom onset

*This will be updated as the situation changes

¹ Fever may be subjective or confirmed

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 prior to 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 as per usual protocols
2. Case contact information
3. Detailed symptom history with symptom onset date
4. 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
5. Detailed travel history (countries, cities, dates including any layovers or additional stops)
 - Mode of travel between locations (i.e. train, plane, bus)
6. Details about wearing a facemask at any time before, during or after the travel
7. History of being a healthcare provider OR being in a healthcare facility (as a patient, worker or visitor) in China
8. 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.

3) 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.

4) 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) or universal transport media (UTM)), OP swab (VTM or UTM) and sputum (sterile container) specimen is recommended at this time for testing at CDC
 - Please label specimens appropriately
 - 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)
(<https://www.cdc.gov/laboratory/specimen-submission/form.html>)
 - DC Public Health Laboratory External Chain of Custody form
(<https://dfs.dc.gov/publication/phl-forms-and-documents>)
 - DC Public Health Laboratory Test Requisition form
(<https://dfs.dc.gov/publication/phl-forms-and-documents>)
 - Patient Under Investigation (PUI) form
(<https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>)
- **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