Update for Clinical Providers
2019 Novel Coronavirus (2019-nCoV)
(As of January 23, 2020)

Background
There is currently a significant viral outbreak of a new variant of coronavirus named “2019 novel coronavirus” or “2019-nCoV” in Wuhan City, Hubei Province, China.

• The outbreak began in December 2019 and has resulted in over 800 confirmed human infections in China with at least 25 deaths reported as of January 23rd.
• Additional cases have been confirmed in Japan, Thailand and South Korea.
• On January 21, 2020, the first case in the United States was diagnosed in Washington State in a returning traveler from Wuhan City.
• As of today, 16 healthcare workers in China have been infected so effective use of personal protective equipment as outlined below will be critical in protecting our providers and staff.
• This is a newly identified coronavirus but there are other strains of coronavirus that widely circulate and cause the common cold and other respiratory viral illnesses.
• You may remember outbreaks of other novel coronaviruses (SARS and MERS) that have been major sources of morbidity and mortality around the world in recent years.

Travel Screening
Over the next few days, we will be adding Wuhan City, Hubei Province, China to the current travel screening BPS’s being used at the time of registration for the Emergency Departments, inpatient and ambulatory locations. Other cities, countries, etc. may be added to the travel screening based on Centers for Disease Control (CDC) guidance.

Clinical Features
Coronaviruses can cause respiratory illness in people.

• Symptoms of this disease would include fever and lower respiratory tract symptoms such as cough and shortness of breath.
• At this time, the incubation period from exposure to illness is believed to be within 14 days.
• Based on current CDC guidance, person-to-person spread is believed to occur through respiratory droplets with close contacts, similar to influenza and other respiratory pathogens.

Clinical Case Definition
Based on current CDC guidance, suspected cases would meet this definition:

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>Epidemiologic Risk</th>
</tr>
</thead>
</table>
| Fever* and/or symptoms of lower respiratory illness (e.g., cough, difficulty breathing) | In the last **14 days** before symptom onset:  
- A history of travel from Wuhan City, China.  
  OR  
- Close contact** with a person with suspected or confirmed 2019-nCoV. |
* “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.

** “Close 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, N95 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.

Isolation and Initial Assessment

- If a patient presents for care meeting the case definition above, do the following:
  1. Place a routine surgical mask on the patient immediately and escort them to a private room with a door that closes. If a negative airflow room is available at the location, it should be used.
  2. Place the patient in AIRBORNE, CONTACT and DROPLET isolation immediately which means that staff should wear gloves, gown and either an N-95 mask with faceshield, an N-95 mask with goggles or a Powered Air Purifying Respirator (PAPR) when entering the room.
  3. Once the patient is in the room, an onsite physician or advanced practice provider must interview the patient to confirm that they meet the suspected case definition in terms of both symptoms and travel/contact history within 14 days of symptom onset.
  4. If appropriate, limit visitors and family members entering the room. If others must be in the room, please provide education on personal protective equipment (PPE) requirements.
  5. Please fill out the Employee and Visitor log and send to Clinical Epidemiology and Employee Health so that we can track close contacts with the patient.
  6. Once the symptoms and travel/contact history is confirmed, the provider should immediately contact the Infection Preventionist on call (pager 2399) and/or the Critical Event Officer (pager 9876) to determine next steps for the patients evaluation and treatment.

- The Epidemiology/Infectious Disease team or Critical Event Officer will assist the providers and staff onsite with the patient in coordinating transportation to the ED either by private vehicle or by ambulance based on the patient’s symptoms and clinical condition.
- The Epidemiology/Infectious Disease team will coordinate notifying the appropriate public health department(s).

Lab testing

At this time, diagnostic testing for 2019-nCOV can be conducted only at the CDC.

- Testing must be approved by OSU ID/Epidemiology, Local Health Department and CDC prior to being sent.
- Orders for the testing will be entered by a member of the Infectious Diseases/Epidemiology team.
- The CDC Person Under Investigation (PUI) form must be completed by the provider and sent to the Infection Preventionist so it can be forwarded to Columbus Public Health and CDC. Epidemiology/Infectious Diseases can assist with answering any questions about this form.
Specimens must be collected in a negative airflow environment within the Emergency Department or an inpatient unit. Specimens should not be collected in routine ambulatory clinic settings when the patient meets the case definition criteria.

Collection of three specimen types, lower respiratory, upper respiratory and serum specimens for testing is recommended.

1. Nasopharyngeal AND Oropharyngeal sites – eSwab (black top)
2. Serum - Collect 1 tube (5-10 mL) of whole blood in a serum separator (gold top) tube
3. BAL, tracheal aspirate or Sputum – sterile, screw cap collection cup

- Please label ANY and ALL respiratory specimens including cultures and cytology as “2019-nCoV rule out”.
- Complete the CDC 2019-nCoV testing form 50-34. Epidemiology/Infectious Diseases can assist with answering any questions about this form.
- Deliver all specimens with the form by hand whenever possible. Do not use pneumatic-tube systems to transport specimens.

NOTE: In addition to the 2019-nCoV specimens, separate specimens for routine testing for influenza and/or any other suspected respiratory pathogen should be collected.

- Even though these samples are being sent for routine viral testing, these samples should also be labeled as “2019-nCoV rule out” so the lab can take appropriate precautions when handling the specimen.
- This testing will be completed here at OSUWMC.

Treatment
General supportive care for respiratory illnesses is the only clinical treatment recommended at this time (e.g., oxygen, IV hydration, etc.). We will continue to follow CDC guidance on this issue.

- There is no anti-viral medication recommended at this time for 2019-nCoV.
- There is no vaccination/immunization available for 2019-nCoV at this time

Post-exposure Process
- Employees exposed during the course of their work at the Medical Center should notify the Infection Preventionist on call (pager 2399). Direction will provided in coordination with Employee Health and Public Health.

Communication
As stated above, please notify the Infection Preventionist on call (pager 2399) and/or the Critical Event Officer (pager 9876) immediately upon confirming that a patient meets the clinical case definition. Also, feel free to call either of those individuals at any time if you have questions or concerns about how to assess or isolate a patient.

Additional Resources
- Ohio State University Office of International Affairs Travel Warning
- CDC 2019 Novel Coronavirus, Wuhan, China
- World Health Organization: Infection Prevention and Control During Health Care When Novel Coronavirus (nCoV) Infection Is Suspected
• **HAN00426: Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China**
• **Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV)**