Update for Clinical Providers
2019 Novel Coronavirus/COVID-19
(As of February 13, 2020)

What's new since the last Update on February 2nd?

- The disease caused by the 2019 Novel Coronavirus has officially been named COVID-19 by the World Health Organization (WHO).
- The Ohio Department of Health (ODH) has given guidance to the local health departments for active monitoring of returning travelers from China. The local health department will contact the OSUWMC hospital administration prior to sending a patient here to get tested, but there may be gaps in the process so please stay vigilant. This is the same process that occurred during the West African Ebola outbreak.
- Returning travelers from elsewhere in China (not Wuhan City/Hubei Province) who develop symptoms may now be tested for COVID-19 at the discretion of the health department (see green box below). Previously, the patient needed to be hospitalized to qualify for testing.
- As of February 13, 2020, there are 46,997 total cases of COVID-19 worldwide
  - Inside China: 45,550 confirmed cases with 1,368 deaths
  - Outside of China: 447 confirmed cases with 1 death
  - Inside the US: 14 confirmed cases (12 with travel to China) and 0 deaths
  - **Note: there are NO cases in the state of Ohio**
  - Of note, the Chinese government just announced an additional 13,332 cases based solely on a clinical diagnosis, but not confirmed by testing. These are not included in the number above.

What do I do if a patient meets the Person Under Investigation (PUI) definition?

- 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 OR is symptomatic with travel to China within the past 14 days.
- 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.

Which patients need tested for COVID-19?

- The case definition for Person Under Investigation (PUI) needing tested for COVID-19 has had ONE change (see green box below):
  - For returning travelers from elsewhere in China (not Wuhan City/Hubei Province) who are under active monitoring by the Health Department and who develop symptoms, the patient may be tested at the discretion of the health department, even if they do not require hospitalization. This is all rapidly changing and another reason to call the IP for consultation on next steps.
  - Testing for influenza may be warranted based on the patient’s symptoms in many of these situations, but please note that processing an influenza test on patients with travel to China should only be performed under a hood – this means it can only be done at OSU MAIN or East; it cannot be done at urgent care, ambulatory clinics, etc.
Close Contact** with COVID-19 Patient | Travel from Wuhan City/Hubei Province in 14 Days Prior to Symptom Onset | Travel to Elsewhere in China in 14 Days Prior to Symptom Onset
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**Fever* or Respiratory Symptoms AND Hospitalized**
- Page the IP (2399)
- Test for Influenza***
- Test for COVID-19
- Page the IP (2399)
- Test for Influenza***
- Test for COVID-19
- Page the IP (2399)
- Test for Influenza***
- Test for COVID-19

**Fever* or Respiratory Symptoms and NOT Hospitalized**
- Page the IP (2399)
- Test for Influenza***
- Test for COVID-19
- Page the IP (2399)
- Test for Influenza***
- Test for COVID-19
- Page the IP (2399)
- Test for Influenza***
- May test for COVID-19 per Health Dept

**No Symptoms**
- No testing needed
- No testing needed
- No testing needed

**How are returning travelers from China monitored?**
- The State of Ohio is actively monitoring returning travelers from China starting February 3rd and has required home isolation, daily temperature checks and symptom assessment. This only applies to residents in the state of Ohio.
- If a patient presents from West Virginia or other states, please do not assume someone has been monitoring them.

**What if I take a phone call from a recent traveler to China who has symptoms?**
- If you receive a telephone call from a patient who could meet the case definition and are sending the patient to the Emergency Room (Main or East) for evaluation – please call the Transfer Center at 614-293-4444, so the IP on call can be alerted and arrangements can be made to meet the patient with a mask and place them in a private room immediately.

**What if a patient tests positive for Coronavirus on the routine RVP test?**
- **Please Note** - The Coronavirus listed on the immunocompromised respiratory virus panel (RVP) PCR test does NOT cross react with the 2019 novel Coronavirus or COVID-19.
- If the RVP is positive for coronavirus, it is NOT the 2019 novel Coronavirus (COVID-19).

**Medical Center Procedures**
- Travel screening BPA’s in Epic at the time of registration include all of China.
- When a patient presents for care meeting who flags for travel screening and symptoms, 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. Please confirm the symptoms and travel/contact history and, if not already notified, 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**
- Sample collections can only be done at Main Campus or Hospital East for both COVID-19, influenza and extended RVP. This is because any respiratory secretions need to be opened up under a hood.
- Testing must be approved by OSU ID/Epidemiology, Local Health Department and CDC prior to samples being collected and sent.
- Orders for the testing will be entered by a member of the Infectious Diseases/Epidemiology team.
- 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.

**Specimen Collection**
- 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 with a sticker ANY and ALL respiratory specimens including cultures and cytology as “COVID-19 rule out”.
- Complete the [CDC 2019-nCoV testing form 50-34](https://www.cdc.gov/). 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 COVID-19 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 “COVID-19 rule out” so the lab can take appropriate precautions when handling the specimen.

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 COVID-19.
• There is no vaccination/immunization available for COVID-19 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.

Additional Resources
• CDC 2019 Novel Coronavirus, Wuhan, China
• World Health Organization: Infection Prevention and Control During Health Care When Novel Coronavirus (nCoV) Infection Is Suspected
• HAN00427: Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China
• Frequently Asked Questions from the CDC
• Coronavirus Town Hall streaming video
• Mednet on Coronavirus streaming video
• Flowchart to Identify and Assess 2019 Novel Coronavirus
• WHO daily situation reports

Please email Coronavirus@osumc.edu if you have specific questions.

* “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.

*** Influenza testing can only be done under a hood at OSU MAIN or East. It cannot be done in the ambulatory clinics, urgent care, etc.