What's new in this message?

1) Based on CDC recommendations, travel screening BPA’s at the time of registration will now be updated to include all of China as opposed to only Wuhan City/Hubei Province.

2) We will hold two Coronavirus Town Hall meetings the week of February 3rd:
   - Monday, February 3, 2020 at 3pm Ross Heart Hall Auditorium (will be videotaped and posted on OneSource).
   - Tuesday, February 4, 2020 at 10am in Wallace Auditorium and OSU East Hospital.

3) Effective for arrivals in the US after 5:00pm on Sunday, February 2nd, public health officials will institute new requirements for individuals returning from China:
   - For individuals returning from Wuhan City/Hubei Province: all individuals will be quarantined for 14 days at/near their US port of entry regardless of whether they have symptoms or not.
   - For individuals returning from elsewhere in China: individuals will be screened at the port of entry. If asymptomatic, the individual will continue to their final destination but will be required to self-quarantine and self-monitor for 14 days after departure from China.
   - From an epidemiological perspective, public health officials have stated that the increase in case numbers in China in recent days is the reason for increased restrictions on activities for those arriving after February 2 at 5:00pm. Travelers arriving previous to that date/time are felt to be of lower risk.

4) Based on an advisory from local and state public health officials, individuals returning from China prior to February 2nd at 5:00pm who are asymptomatic should self-monitor for fever and symptoms for 14 days after leaving China. These individuals do not need to self-quarantine.

5) The Centers for Disease Control and Prevention (CDC) has updated the case definition for a Person Under Investigation (PUI) needing tested for 2019-nCoV by creating a new risk category of travel elsewhere in China within 14 days of symptom onset (far right column above).
   - For patients who are symptomatic AND who have traveled elsewhere in China AND who are hospitalized, 2019-nCoV testing is recommended. (This new category for a PUI is in blue box above.)
   - For patients who are symptomatic AND who have traveled elsewhere in China but who are NOT hospitalized, 2019-nCoV testing is NOT recommended. However, testing for influenza may be warranted based on the patient’s symptoms. (Green box above)
- Regardless of travel or exposure history, ANY patient that is symptomatic for a viral illness should isolate themselves from others (e.g., avoid school, work, etc.) until afebrile for 24 hours and respiratory symptoms improved/resolved.
- Previous categories for PUI’s are unchanged (yellow boxes above).
- Asymptomatic patients do not need isolation or 2019-nCoV testing (White boxes above)

<table>
<thead>
<tr>
<th>Close Contact** with Documented N2019CoV Patient</th>
<th>Travel from Wuhan City/Hubei Province in 14 Days Prior to Symptom Onset</th>
<th>Travel to Elsewhere in China in 14 Days Prior to Symptom Onset</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever* or Respiratory Symptoms AND Hospitalized</td>
<td>1) Test for 2019-nCoV 2) Test for Influenza</td>
<td>1) Test for 2019-nCoV 2) Test for Influenza</td>
</tr>
<tr>
<td>Fever* or Respiratory Symptoms and NOT Hospitalized</td>
<td>1) Test for 2019-nCoV 2) Test for Influenza</td>
<td>1) Test for Influenza</td>
</tr>
<tr>
<td>No Symptoms</td>
<td>1) No testing needed</td>
<td>1) No testing needed</td>
</tr>
</tbody>
</table>

* “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.

**Background**
There is currently a significant viral outbreak of a new variant of coronavirus named “2019 novel coronavirus” or “2019-nCoV” in China.
- The outbreak began in December 2019 and has resulted in nearly 17,000 confirmed human infections and over 300 deaths.
- As of February 2, 2020, there are 8 confirmed cases in the US but there are no cases in the State of Ohio. These numbers are updated by the CDC at 7pm each evening.
- On January 30th, The Ohio State University has established new travel restrictions and reporting requirements – click here for more information on the University’s travel policy

**Medical Center Procedures**
- Travel screening BPA’s will fire at the time of registration for the Emergency Departments, inpatient and ambulatory locations. Based on CDC recommendations, the IHIS travel screening BPA will now be updated to include all of China as opposed to only Wuhan City/Hubei Province.
• Please notify the Infection Preventionist (IP) on call or the Critical Event Officer if a patient presents who meets the definition of a Person Under Investigation (PUI).

• If you receive a telephone call and are sending the patient to the Emergency Room (Main or East) for evaluation – 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.

• When a patient presents for care meeting the PUI 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**

• **Please Note** - The Immunocompromised respiratory panel (RVP) coronavirus PCR does NOT cross react with the 2019 novel Coronavirus. If the RVP is positive for coronavirus, it is NOT the 2019 novel Coronavirus.

• Currently the CDC has the only test for the novel Coronavirus. Sample collections can only be done at Main Campus or University Hospital East.

• Testing must be approved by OSU ID/Epidemiology, Local Health Department and CDC prior to samples 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.

**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 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 Alert](#)
• **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**

Please email [Coronavirus@osumc.edu](mailto:Coronavirus@osumc.edu) if you have specific questions.