VIRGINIA DEPARTMENT OF HEALTH

To protect the health and promote the well-being of all people in Virginia.

January 22, 2020

The Virginia Department of Health is alerting Virginia clinicians about an outbreak that began in Wuhan City, China caused by a novel coronavirus (2019-nCoV).

The Centers for Disease Control and Prevention (CDC) considers the immediate risk of 2019-nCoV infection to the American public to be low based on available information. For travelers to Wuhan City, CDC has issued a Level 2 (Practice Enhanced Precautions) travel advisory. Wuhan City is a major domestic and international transport hub. With the Lunar New Year starting on January 25, more travel from the area is expected.

Hundreds of 2019-nCoV cases in China have been reported. Additional cases have been identified in Taiwan, Thailand, Japan, and South Korea. On January 21, 2010, the United States announced the first confirmed case in a person who traveled to Wuhan. Signs and symptoms include fever, cough, difficulty breathing, and bilateral lung infiltrates on chest radiograph. Several people in China have died. Based on preliminary information, older adults with underlying health conditions might be at increased risk of severe disease. Initially, patients were reporting exposure to a large market in Wuhan City that sells seafood and live animals, suggesting animal-to-person spread. An increasing number of patients are reporting no exposure to animal markets, suggesting that person-to-person spread is occurring. The extent of person-to-person spread is not known.

On January 17, 2020, CDC issued updated interim guidance to assist healthcare providers in the identification, evaluation, and reporting of a Patient Under Investigation (PUI) for 2019-nCoV in the United States. Clinicians are advised to do the following:

1. Obtain a detailed travel history for patients with fever and acute respiratory illness.
2. If a patient meets the criteria of a Patient Under Investigation (PUI) in association with the outbreak of 2019-nCoV in Wuhan City, China (see below for definition of PUI):
    - Ask the patient to wear a surgical mask as soon as the PUI is identified.
    - Evaluate the patient in a private room with the door closed, ideally in an airborne infection isolation room if available.
    - Use standard, contact and airborne precautions, and eye protection (e.g., goggles or face shield).
    - **Immediately** notify infection control personnel and your local health department.
3. The Virginia Department of Health will consult with CDC and Virginia's Division of Consolidated Laboratory Services (DCLS) about testing.
    - Currently, 2019-nCoV testing is only available at CDC. Three specimen types (lower respiratory, upper respiratory and serum specimens) are recommended for this testing. If possible, more specimens (e.g., stool, urine) should be collected and stored until CDC determines if these should be tested.
    - For biosafety reasons, virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI is **not** recommended.

4. For more information on this rapidly evolving situation, please visit the CDC Novel Coronavirus 2019 website.

Patients in the United States who meet the following criteria should be evaluated as a Patient Under Investigation (PUI) in association with the outbreak of 2019-nCoV in Wuhan City, China.*

Clinical Features	**&**	**Epidemiologic Risk**
Fever[1] and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, a history of travel from Wuhan City, China. – or – In the last 14 days before symptom onset, close contact[2] with a person who is under investigation for 2019-nCoV while that person was ill.
Fever[1] or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact[2] with an ill laboratory-confirmed 2019-nCoV patient.

*Source: CDC https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html. Please note that these criteria might change as more information becomes available.

[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 novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable 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.

See CDC's Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with novel coronavirus (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.