

FOR IMMEDIATE RELEASE:
February 1, 2020

Health Advisory
Updated Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)

Guidance is constantly being updated, please make sure to read the most up-to-date communication.

The nCoV-2019 outbreak in China continues to evolve and public health officials are closely monitoring the situation. See Table 1 below for current case counts and deaths.

Table 1. Tracking Coronavirus Cases and Deaths

	Cases	Deaths
International	13,781	304
United States	8	0
California	3	0
Merced County	0	0

As of: February 1, 2020 at 1529 PST, source: <https://bnonews.com/index.php/2020/01/the-latest-coronavirus-cases/>

The cases in California are in Orange County, Los Angeles, and Santa Clara counties. Currently, the immediate health risk from nCoV 2019 to the general public in California is low.

Recommendations for Health Care Providers

CDC currently recommends a cautious approach to patients under investigation for 2019 Novel Coronavirus¹. Such 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, ideally an airborne infection isolation room if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield).

The CDC has updated their guidance for the evaluation of Patients Under Investigation to include travel screening to include all of mainland China for cases with severe lower respiratory infection (requiring hospitalization). See Table 2 for updated guidance.

¹ https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fclinical-criteria.html

Table 2. Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV

Clinical Features	&	Epidemiologic Risk
Fever or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact with an ill, laboratory-confirmed 2019-nCoV patient.
Fever 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 with a person who is under investigation for 2019-nCoV while that person was ill.
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	and	A history of travel from mainland China within 14 days of symptom onset

It is very important for providers to obtain travel history from patients who present with the above symptoms. If you suspect nCoV, immediately notify your healthcare facility’s infection control personnel and local health department: during business hours contact **(209) 381-1020**. If after hours, contact for emergency notifications call the EMS Duty Officer at **(209) 725-7011**.

- For additional infection control practices visit: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>
- For updated information for Health Care Professionals visit: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- Keep in mind that this situation is evolving with new information every day, for updated information please visit <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.
- For more local information/questions/guidance (*not* to report a suspected case), call the Department of Public Health nCoV hotline: (209) 381-1180.

Attached to this Advisory, please find:

- Guidance on Specimen Collection
- CDC Flowchart to Identify and Assess 2019 Novel Coronavirus

Categories of Health Alert Messages:

Health Alert: Conveys the highest level of importance; warrants immediate action or attention

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action

Health Information: Provides general health information which is not considered to be of emergent nature

2019 Coronavirus (2019-nCoV)

Guidance for the collection and handling of specimens from Patients Under Investigation (PUIs)

If 2019 Coronavirus is suspected, call the Public Health Department immediately to start the process of collection and transportation of specimens.

M-F 8am - 5pm number: 209-381-1020

Emergency after-hours number: 209-725-7011

This will allow the health department to start the process of notifying the CDC so the specimens can be shipped in a timely manner.

Collection of specimen for testing

1. Specimens should be collected as soon as possible once a PUI is identified regardless of symptom onset.
2. Wear PPEs (face shield/mask, gloves, lab coat) when collecting specimens.
3. The CDC recommends the collection of three specimen types: the lower respiratory tract, upper respiratory tract, and serum specimens. Follow the CDC guidance for collection of specimens (<https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-clinical-specimens.html>). Lower respiratory specimens should only be collected if clinically indicated – do not induce sputum production.
4. Store specimens at 2-8 degrees centigrade until they can be transported to the health department for shipment to the CDC.

Types of specimens

5. Lower respiratory tract - should only be collected if clinically indicated – do not induce sputum production.
 - a. *Bronchoalveolar lavage, tracheal aspirate*: Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
 - b. *Sputum*: Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
2. Upper respiratory tract
 - a. *Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)*: Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens should be kept in separate vials.
 - b. *Nasopharyngeal swab*: Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to adsorb secretions. Swab both nasopharyngeal areas with the same swab.
 - c. *Oropharyngeal swab*: Swab the posterior pharynx, avoiding the tongue.
 - d. *Nasopharyngeal wash/aspirate or nasal aspirate*: Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
3. Serum: Serum separator tubes should be stored upright for at least 30 minutes, and then centrifuged at 1000-1300 relative centrifugal force (RCF) for 10 minutes before removing the serum and placing it in a separate sterile tube for shipping (such as a cryovial).

Minimum volume required:

 - a. Children and adults: Collect 1 tube (5-10 mL) of whole blood in a serum separator tube.
 - b. Infants: A minimum of 1 mL of whole blood is needed for testing pediatric patients. If possible, collect 1 mL in a serum separator tube.

ATTENTION

ALL PATIENTS

If you have:

- **Traveled to China** or
- Had close contact with someone who recently traveled to China and was **SICK**



And now **you** have:



Fever



Cough



Trouble breathing

PLEASE TELL HEALTHCARE STAFF
IMMEDIATELY!