January 31, 2020

Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV) in Wuhan, China

Please note the changes in this update, most notably to the definition of who is a Person Under Investigation (PUI).

The U.S. Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of a 2019 novel coronavirus (2019-nCoV) in Wuhan City, Hubei Province, China that began in December 2019. This is a new virus, and information is evolving on a daily basis. An outbreak of pneumonia of unknown cause in Wuhan City was initially reported to WHO on December 31, 2019. Person-to-person spread has been confirmed, and cases have occurred in all provinces within China. Currently, there are over 9,700 confirmed cases and 213 deaths. The number of cases is changing rapidly. There have now been 118 confirmed cases outside of China in 20 countries, including 6 cases in USA (WA, CA, AZ, IL). Five of the US cases were in travelers who had been in Wuhan City in the previous 14 days, and one was the spouse of one of those confirmed cases who had not traveled to China but had close, personal contact. To date there have been no confirmed cases in Arkansas. There is currently one Person Under Investigation in Arkansas, whose lab results are pending at CDC.

The CDC has been screening travelers who have traveled from or through Wuhan, China (including Wuhan Tianhe Int’l Airport) at 5 major airports: New York (JFK), San Francisco, Los Angeles, Chicago and Atlanta airports, with plans to screen at additional airports, for a total of 20 airports. All travelers from Wuhan had their itineraries re-routed through one of these 5 airports so that all travelers from Wuhan are screened, though the flow of travelers from Wuhan has slowed greatly since Chinese authorities instituted travel restrictions out of Wuhan and Hubei Province. CDC is now recommending that all non-essential travel to China be avoided.

Recommendations for Health Care Providers

We are still learning about the range of clinical illness associated with 2019-nCoV. In general, it causes a febrile, lower respiratory illness. It may be mild. However, persons over age 50 or with pre-existing conditions are noted to have more severe illness. No vaccine or specific treatment for 2019-nCoV infection is available. Care is supportive.

Health care providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. ADH recommends asking about any travel to China in the last 14 days. Patients in the United States who meet the following criteria should be evaluated as a Person Under Investigation (PUI) in association with the outbreak of 2019-nCoV in China:

1) Fever OR signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) – AND any person, including health care workers, who has had close contact with a laboratory-confirmed 2019-nCoV patient within 14 days of symptom onset.
2) Fever AND signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) AND a history of travel from Hubei Province, China within 14 days of symptom onset.

3) Fever AND signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) requiring hospitalization, AND a history of travel from mainland China within 14 days of symptom onset.

The above criteria are also available at https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html. These criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with the Arkansas Department of Health (ADH) on a case-by-case basis. We also want to emphasize that clinicians should also, at the same time, proceed with normally indicated testing for pneumonia or similar respiratory infections (influenza, multiplex respiratory panel, CXR, etc.) We have also included a 1-page job aid for clinicians to help with first steps that can also be found at https://www.healthy.arkansas.gov/images/uploads/pdf/Job_Aid_for_Clinicians1.31.20.pdf

Guidance regarding isolation of travelers returning from China

According to the President’s Coronavirus Task Force, “beginning at 5:00 p.m. Sunday, February 2, the U.S. Government will increase efforts to detect and contain the coronavirus proactively and aggressively:

- Anyone returning to the U.S. from Hubei province will be subject to 14 days of mandatory quarantine, to ensure they’re provided proper medical care and health screening.
- Anyone returning to the U.S. from the rest of mainland China will undergo 14 days of monitored self-isolation to ensure they’ve not contracted the virus and do not pose a public health risk.”

ADH is awaiting federal guidance and will share more information as we receive it.

Interim Health Care Infection Prevention and Control Recommendations for Patients Under Investigation for 2019-nCoV

Although the transmission dynamics have yet to be determined, CDC currently recommends a cautious approach to patients under investigation for 2019-nCoV. https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html

- 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.
- Health care personnel entering the room should use the following precautions:
  - standard precautions (gloves)
  - contact precautions (gown)
  - airborne precautions (mask, N95 preferable)
  - use eye protection (e.g., goggles or a face shield)
- Immediately notify your health care facility’s infection control personnel and ADH.

Recommendations for Reporting, Testing, and Specimen Collection

Health care providers should immediately notify both infection control personnel at their health care facility and ADH in the event of a Person Under Investigation for 2019-nCoV. ADH will help coordinate submission of samples.
CDC recommends collecting and testing multiple clinical specimens from different sites, **including all three specimen types**

- **Lower respiratory** (sputum or BAL)
- **Upper respiratory** (nasopharyngeal swab AND oropharyngeal swab)
- **Serum**

Additional specimen types (e.g., stool, urine, whole blood) should be collected and stored, if possible.

Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset. Additional guidance for collection, handling, and testing of clinical specimens is available at [https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html) At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC, and specimens must be sent to ADH’s Public Health Laboratory for submission to CDC. Testing for other respiratory pathogens should not delay specimen shipping to CDC. If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with ADH, they may no longer be considered a PUI. This may evolve as more information becomes available on possible 2019 nCoV infections.

For the latest information from the CDC on this outbreak: [https://www.cdc.gov/coronavirus/2019-nCoV/](https://www.cdc.gov/coronavirus/2019-nCoV/). Information can also be found on the ADH website: [https://www.healthy.arkansas.gov/programs-services/topics/novel-coronavirus](https://www.healthy.arkansas.gov/programs-services/topics/novel-coronavirus).


We at ADH are here to help consult on the evaluation of such cases and keep you updated as this outbreak evolves. Please call the Outbreak Response Section at

- 501-537-8969 Monday-Friday 8:00am-4:30pm, or
- 1-800-554-5738 after hours or on weekends for any assistance.

For general questions regarding nCoV, please contact the Call Center at 1-800-803-7847.

Sincerely,

**Jennifer A. Dillaha, M.D.**

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Medical Director for Immunizations and Outbreak Response

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The Health Alert Network (HAN) gives notification regarding outbreaks or other public health events. To learn more about HAN and sign up for alerts go to [https://hanregistration.adh.arkansas.gov](https://hanregistration.adh.arkansas.gov)