



TO: West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities

**FROM: Catherine Slemp, MD, MPH, Commissioner and State Health Officer
Bureau for Public Health
West Virginia Department of Health and Human Resources (WVDHHR)**

DATE: January 31, 2020

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Summary and Action Items

- All patients with fever and/or lower respiratory illness should be asked for travel history from December 1, 2019 to present. Healthcare providers should be on the lookout for people who recently traveled from China and have fever and respiratory symptoms or for individuals with such symptoms who have been in close contact with a confirmed case of 2019-nCoV.
- All patients meeting specific criteria recommended by the Centers for Disease Control and Prevention (CDC) and WVDHHR should be evaluated as a patient under investigation (PUI) in association with the outbreak of novel coronavirus and in partnership with public health.
- Emerging infectious diseases are reportable to the local health department within 24 hours per the West Virginia Reportable Disease Rule (64CSR-7). Healthcare providers should **immediately** report all PUI for this outbreak to their local health department.
- Please note this is an evolving situation and guidance will likely change based on new findings and observations. Providers should stay attuned to new information and updated recommendations.

Background

There is a rapidly expanding outbreak in China of respiratory illness caused by a novel (new) coronavirus abbreviated “2019-nCoV”. This virus is spreading from person-to-person in China and exported cases have been detected in a growing number of countries internationally. Imported cases of 2019-nCoV infection in people have been detected in the US. While limited person-to-person spread among close contacts has been detected in the US, there is currently no evidence that 2019-nCoV is actively spreading across US communities.

Healthcare providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. Be on the lookout for people with recent travel history to China, especially Hubei province, who also have fever and respiratory symptoms or meet other criteria outlined below.

Infection Prevention and Control Recommendations

Although transmission dynamics have yet to be determined, the CDC currently recommends a cautious approach to PUI for 2019-nCoV. Such patients should be asked to wear a surgical mask as soon as they are

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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). As additional information becomes available, guidelines for infection prevention and control are subject to change. Healthcare providers are urged to check back regularly for the most up-to-date guidelines at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>.

Clinical Presentation and Evaluation

Limited information is available to characterize the spectrum of clinical illness associated with 2019-nCoV; reported illnesses have ranged from infected people with little to no symptoms to people being severely ill and dying. Symptoms can include fever, cough and shortness of breath; the incubation period is estimated at 5 days (range of 2-14 days). No vaccine or specific treatment for 2019-nCoV infection is available; care is supportive.

Clinical criteria are subject to change as additional information becomes available. Healthcare providers are urged to check back on these criteria regularly at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.

As of January 31, 2020, patients who meet one of the following classifications should be evaluated as a PUI for 2019-nCoV:

1. Fever or signs/symptoms of lower respiratory illness (e.g., cough, difficulty breathing) **AND**
 - History of **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, difficulty breathing) **AND**
 - 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, difficulty breathing) requiring **hospitalization AND**
 - History of travel from **mainland China** within 14 days of symptom onset

These criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health on a case-by case basis if their clinical presentation or exposure history is uncertain. For the most up-to-date information visit: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

Reporting

Clinicians should **immediately** notify both infection control at their healthcare facility and their local health department in the event of a person under investigation for 2019-nCoV. Emerging infectious diseases are reportable to the local health department within 24 hours per the West Virginia Reportable Disease Rule (64CSR-7). Contact information for West Virginia local health departments can be found at <http://www.dhhr.wv.gov/localhealth/pages/map.aspx>.

Specimen Collection

To increase the likelihood of detecting 2019-nCoV infection, lower respiratory, upper respiratory, and serum specimens should be collected from PUI. Additional specimen types (e.g., stool, urine) may be collected and stored. Healthcare providers should wait for shipping instructions for collected specimens. Testing for other respiratory pathogens should not delay reporting or specimen shipping. The Division of Infectious Disease Epidemiology will work with the local health department and CDC to report PUI and coordinate specimen shipping and testing. At this time, diagnostic testing is only being conducted at CDC and all PUI specimens must be routed through the West Virginia Office of Laboratory Services.

For more information, contact the West Virginia Office of Epidemiology and Prevention Services (OEPS), Division of Infectious Disease Epidemiology at (304) 558-5358, extension 1 or the 24/7 answering service at (304) 347-0843.

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