

# The New Coronavirus (COVID-19) Outbreak Update

*Updated on 3/4/2020*

## **What healthcare personnel should know about caring for patients with confirmed or possible coronavirus disease 2019 (COVID-19)**

Healthcare providers should understand when to screen and test patients for Coronavirus Disease 2019 (COVID-19).

### **Outbreak background:**

The novel coronavirus 2019 (COVID-19) outbreak originated in Wuhan City, Hubei Province, China and began in December 2019. It has been linked to a large seafood and animal market. COVID-19 has been confirmed for person-to-person transmission. Cases have been confirmed in China, Iran, Italy, Japan, South Korea, Thailand and the United States.

Limited information is available to characterize the spectrum of clinical illness associated with COVID-19. No vaccine or specific treatment for COVID-19 is available. Care provided is supportive, such as hydration and oxygen.

People infected with COVID-19 present with:

- Fever and/or
- Acute respiratory symptoms which can include cough and shortness of breath

Healthcare providers caring for a patient with a fever and/or acute respiratory symptoms should:

- Obtain travel history, including to Wuhan City, China, for the 14 days prior to symptom onset
- Obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness (see endnote 6);
- Consider adding travel screening to Wuhan City, China to your patient triage protocol, and;
- Determine if the patient meets the following criteria guide:

## Criteria to Guide Evaluation of Persons under Investigation (PUI) for COVID-19<sup>1</sup>

Clinical Features	Plus	Epidemiologic Risk
Fever <sup>2</sup> or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including healthcare workers <sup>3</sup> who has had close contact <sup>4</sup> with laboratory confirmed <sup>5</sup> COVID-19 patient within 14 days of symptom onset
Fever or signs/symptoms of lower respiratory illness such as cough or shortness of breath requiring hospitalization	AND	A history of travel from affected geographic areas <sup>6</sup> within 14 days of symptom onset
Fever with severe acute lower respiratory illness, such as pneumonia, requiring hospitalization and without alternative explanatory diagnosis (e.g. influenza) <sup>7</sup>	AND	No source of exposure has been identified

### Diagnostic Testing

Information on specimen collection, handling and storage is available on the Centers for Disease Control website at <https://www.cdc.gov/coronavirus/2019-ncov/lab/rt-pcr-detection-instructions.html>.

### For all patients who meet the PUI criteria for COVID-19:

Clinicians should immediately implement recommended infection prevention and control practices<sup>8</sup> if a patient is suspected of having COVID-19, including:

- Healthcare personnel entering the room should use airborne precautions, plus standard precautions, contact precautions, and eye protection (e.g., goggles or a face shield);
- Immediately notify your healthcare facility's infection control personnel;
- Immediately contact your local or state department of health
- Collect specimens for testing for COVID-19, which include;
  - Lower respiratory specimen (e.g., sputum, BAL);
  - Upper respiratory specimen (e.g., nasopharyngeal and oropharyngeal [NP/OP] swab), and; serum

The CDC continues to closely monitor this outbreak of respiratory illness caused by COVID-19. For more information from the CDC visit [www.cdc.gov/coronavirus/2019-ncov/](http://www.cdc.gov/coronavirus/2019-ncov/).

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<sup>1</sup> <https://www.cdc.gov/coronavirus/mers/interim-guidance.html#evaluation>, accessed on 3/4/2020

<sup>2</sup> Fever may be subjective or confirmed, accessed on 3/4/2020

<sup>3</sup> For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>, accessed on 3/4/2020

<sup>4</sup> For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>, accessed on 3/4/2020

<sup>5</sup> Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

<sup>6</sup> Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. <https://www.cdc.gov/coronavirus/2019-ncov/travelers/>, accessed on 3/4/2020

<sup>7</sup> Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered, accessed on 3/4/2020

<sup>8</sup> <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>, accessed on 3/4/2020