Dear Colleagues:

This Health Update from the Centers for Disease Control and Prevention (CDC) provides clinical guidance for managing patients with possible 2019-nCoV infection, a revised interim definition for patient under investigation (PUI) for 2019-nCoV infection which is used to identify patients who meet criteria for 2019-nCoV testing (see box below), and updated interim infection control guidance.

Since December 2019, when the first cases of 2019-nCoV infection were reported in Wuhan, China, the number of cases has increased to over 12,000 with over 250 deaths reported, the majority of which have occurred in persons with underlying health conditions and the elderly. Most cases continue to be linked to Wuhan in the Hubei Province of China, and there is evidence of person-to-person transmission in other parts of China. Cases have also been reported in more than 20 other countries, including 7 in the United States. Cases reported in other countries, with some exceptions, have been linked to travel to China; however, person-to-person transmission may eventually result in sustained transmission of the virus in areas outside of China.

The complete clinical spectrum for 2019-nCoV infection so far is unknown, though it is likely that mild illness is far more common than severe illness. Among hospitalized Chinese patients with pneumonia from 2019-nCoV infection, the age range is 9-96 years, with less than 1% among persons under 15 years of age. Described clinical findings in hospitalized patients with severe illness have included fever, cough, myalgia or fatigue, and bilateral pneumonia. Chest imaging often displayed bilateral ground glass opacities and areas of consolidation. Risk factors for severe illness are not yet well defined but the elderly and persons with chronic medical conditions may be at greatest risk.

As a reminder, there are several other human coronaviruses which commonly cause infection: 229E, NL63, OC43, and HKU1. Diagnostic assays for these coronaviruses are not thought to cross react with the newly identified 2019-nCoV virus which is more closely related to SARS-CoV and MERS-CoV, both of which are coronaviruses that originated from animals.

Additional Guidance from the New York City Department of Health & Mental Hygiene (DOHMH)
A decision tree, along with a healthcare provider checklist and a travel triage poster can be downloaded from the DOHMH Novel Coronavirus website. These materials are intended to guide healthcare facilities in establishing systems to **IDENTIFY** and **ISOLATE** suspected 2019-nCoV infected patients to reduce transmission risk within the facility and to protect healthcare workers. The materials also serve as a reminder to **INFORM** the DOHMH so that discussions and decisions about diagnostic testing and patient management may occur. Providers are reminded to immediately contact the DOHMH (NOT the CDC) regarding patients meeting CDC criteria for patients under investigation (PUI) for suspected 2019-nCoV infection by calling the Provider Access Line (PAL) at 866-692-3641, which is answered 24 hours/day.

For patients under investigation (PUI) for 2019-nCoV, the DOHMH will work with the healthcare facility to ensure appropriate specimen collection, completion of submission forms and arrangements for specimen transportation to the DOHMH Public Health Laboratory (PHL). The DOHMH will work with the facility to determine the most appropriate placement for PUIs and patients with confirmed 2019-nCoV infection. Guidance materials developed by the DOHMH will be made available as needed which offer instructions for persons being isolated in a home environment in NYC and for their caregivers.

Updated interim infection prevention and control guidance by CDC for patients with or suspected of 2019-nCoV infection were released on January 28, 2020. Laboratory guidance is also available on the DOHMH and CDC websites. The guidance is based on the current and limited information available and will continue to be refined as needed.

CDC Revised Patient Under Investigation (PUI) Case Definition as of January 31, 2020
Patients in the United States who meet the following criteria should be evaluated as a PUI in association with the current outbreak of 2019-nCoV.

CLINICAL FEATURES	AND	EPIDEMIOLOGIC RISK
Fever[2] **or** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	**AND**	Any person, including health care workers, who has had close contact[1] with a laboratory-confirmed[3,4] 2019-nCoV patient within 14 days of symptom onset
Fever[2] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	**AND**	A history of travel from **Hubei Province**, China within 14 days of symptom onset
Fever[2] **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization[4]	**AND**	A history of travel from mainland **China** within 14 days of symptom onset

These criteria are intended to serve as guidance for evaluation and testing. Patients should be evaluated and discussed with DOHMH on a case-by-case basis for possible 2019-nCoV infection. Testing decisions might be further informed by the clinical presentation or exposure history (e.g., uncertain travel or exposure), and the presence of an alternative diagnosis that explains their clinical presentation.

[1]Close contact is defined as—
a) being within approximately 6 feet (2 meters), or within the room or care area, of a 2019-nCoV 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 2019-nCoV case *– or –*
b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.
See CDC's updated 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 2019-nCoV (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.
[2]Fever may be subjective or confirmed
[3]Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.
[4]Category also includes any member of a cluster of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which 2019-nCoV is being considered that requires hospitalization. Such persons should be evaluated in consultation with state and local health departments regardless of travel history.

Early during the response to novel pathogens, it is critical that the clinical and public health communities maintain vigilance and frequent communication to ensure both optimal clinical care for potentially affected patients, and timely reporting of potential cases for optimal public health response. As always, we appreciate your collaboration on this newly emerging issue of public health significance.

Sincerely,

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References

CDC Interim Infection Control Guidance https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html
CDC Interim Guidance for Healthcare Providers https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html
NYC DOHMH Provider Page on 2019-nCoV https://www1.nyc.gov/site/doh/providers/health-topics/novel-respiratory-viruses.page