2019 Novel Coronavirus Clinical Guidance

Updated 2/7/2020

UPDATE – Interim Clinician Guidance: Novel Coronavirus

The Centers for Disease Control and Prevention (CDC) continues to keep close tabs on the outbreak of novel coronavirus that began last month in China and has now spread to other countries including the United States.

The information in this alert is PROVISIONAL and is expected to change as more information becomes available from global and national sources.

Reported symptoms range from mild to severe illness and death. Severe cases typically include fever, cough, and dyspnea. CDC notes that fever may be subjective or confirmed.

Travelers from China are being routed through a limited number of airports. They are being asked to self-quarantine for 14 days and to contact their local public health department if they become ill.

Testing

CDC has expanded their criteria for testing. Turnaround time is currently at least one week. Testing is done at CDC. The State Public Health Lab is working with CDC to implement testing for novel coronavirus when testing protocols are available.

We recommend that you ask people presenting with fever along with cough or dyspnea about travel to or from mainland China (and Hubei Province in particular) in the 14 days prior to symptom onset.

Anyone who has been in Hubei Province, China in the last 14 days and develops symptoms compatible with pneumonia (fever and cough or dyspnea) should be promptly isolated, preferably in a negative pressure room with standard, contact, and airborne precautions along with eye protection. These patients should be tested; contact the local health department where they reside or are staying.

Patients whose only exposure risk is travel in China (outside of Hubei Province) should be isolated, preferably in a negative pressure room with standard, contact, and airborne precautions along with eye protection; if no negative pressure room is available, a private room with door closed, masking of the patient, and use of gown, gloves, N95 or PAPR, and eye protection during evaluation is acceptable.

If a patient does not need to be admitted, recommend home isolation while ill, with return as needed if symptoms worsen. See CDC Guidance for Home Care, and notify the local health department where the patient resides or is staying.
Patients sick enough to be hospitalized should be tested for novel coronavirus and other respiratory pathogens as indicated. They should also be reported to the local health department where they reside or are staying.

To arrange for testing of an Oregon patient, please contact your local health department to obtain approval through Oregon Health Authority and arrange for shipping to the Oregon State Public Health Laboratory.

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>&amp;</th>
<th>Epidemiologic Risk</th>
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<tbody>
<tr>
<td>Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND</td>
<td>The person, including healthcare workers, had close contact with a laboratory-confirmed 2019-nCoV patient within 14 days of symptom onset</td>
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<tr>
<td>Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND</td>
<td>A history of travel from Hubei Province, China within 14 days of symptom onset</td>
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<tr>
<td>Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization</td>
<td>AND</td>
<td>A history of travel from mainland China* within 14 days of symptom onset</td>
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</table>

* Does not include Hong Kong, Macau, or Taiwan.

**Specimen collection**

All specimens should be stored on 2–8°F and shipped on an ice pack. Label each specimen container with the patient’s ID number (e.g., medical record number), unique specimen ID (e.g., laboratory requisition number), specimen type (e.g., serum) and the date the sample was collected. Please obtain and send nasopharyngeal and oropharyngeal swabs, sputum if possible, and serum. Full specimen guidance can be found [here](#).

**What to know about the infectious period**

Chinese authorities and a recent Lancet case report suggest that transmission of this virus is possible before an infected person shows symptoms.
Based on experience with other similar viruses and the apparent mode of droplet transmission for this coronavirus, viral load, and presumably shedding, are much higher when people are symptomatic, and they are more likely to expose other people if they are actively coughing.

Current public health plans for contact follow-up will focus on those with close (within 6 feet), prolonged contact with a person likely or confirmed to have the virus. Meaningful exposures of others would be those that are close and prolonged in the 7 days prior to onset of symptoms through the time at which the ill person entered isolation.

**Update Log**

1-22-20  Original
1-31-20  Background shortened and updated. Testing criteria updated. Recommendation for PPE during evaluation of and specimen collection from a possible case updated. Table of testing criteria simplified. Information about infectious period added and infection control guidance moved to separate document.
2-6-20  Federal travel screening info updated. Clarification on PPE use during specimen collection updated. Footnote added to table clarifying definition of “mainland China”. Clarification of specimens requested for testing. Minor edits of clarity.