

Summary and Action Items

- A novel coronavirus (2019-nCoV) has been detected in Wuhan, China with additional exported cases confirmed in Thailand, Japan, and South Korea. Today, we learned of the first U.S. case, confirmed in Washington state.
- O'Hare International Airport will be one of five airports conducting active screening for illness in passengers entering the US who traveled from Wuhan City, China.
- Patients presenting with fever and respiratory symptoms should be asked at triage about travel to Wuhan, China, or if any known contact with a 2019-nCoV case.
- Suspect Patients Under Investigation (PUIs) should be immediately placed in respiratory isolation.
- Healthcare providers should promptly notify both infection control personnel at their facility and the local health department in the event of a PUI.
- A PUI form should be completed for all suspect person's under investigation.
- Diagnostic specimens for all PUIs, including upper respiratory, lower respiratory and serum samples, should be collected and sent to any IDPH laboratory, in collaboration with your local health department.
- Testing for other respiratory pathogens should be conducted as clinically indicated.

Clinicians are asked to:

- 1.) Conduct a travel history for individuals presenting with fever and respiratory symptoms.
- 2.) Promptly isolate all suspect PUIs as per guidance below.
- 3.) Immediately contact your infection control team and local health department (list below).
- 4.) Complete the 2019-nCoV PUI form ([link below](#)).
- 5.) Assist with specimen collection and diagnostic testing.

Background

The Centers for Disease Control and Prevention (CDC) and IDPH are closely monitoring an outbreak caused by a novel coronavirus (2019-nCoV) originating in Wuhan City, Hubei Province, China. Coronaviruses are a large family of viruses, some causing illness in humans and others that circulate among animals. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with [MERS](#) and [SARS](#).

Chinese authorities identified 2019-nCoV, which has so far resulted in more than 200 confirmed human infections in China with six known deaths since late December 2019. Exported cases have since been confirmed in Thailand, Japan, and South Korea with the first U.S. case confirmed today in Washington state. Several countries, including the United States, are actively screening incoming travelers from Wuhan, China.

Many of the patients in the outbreak in Wuhan, China have had some link to a large seafood and animal market, suggesting animal-to-person spread. However, some patients have not had exposure to animal markets. Family clusters have been identified, and infections in health care workers have been reported, suggesting that some level of person-to-person spread is occurring. Investigations are ongoing to learn more about the epidemiologic profile of the virus.

This is a rapidly evolving situation. [CDC's 2019-nCoV webpage](#) will be updated with the latest epidemiological information.

Symptoms

Patients who meet the following criteria are considered a PUI for 2019-nCoV.

Clinical Features	&	Epidemiologic Risk
Fever ¹ and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the 14 days before symptom onset: <ul style="list-style-type: none"> a history of travel from Wuhan City, China, OR close contact² with a person who is under investigation for 2019-nCoV while that person was ill.
Fever ¹ or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the 14 days before symptom onset: <ul style="list-style-type: none"> close contact² with an ill laboratory-confirmed 2019-nCoV patient

¹Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking fever-reducing medications. Clinical judgement should be used to guide testing of patients in these situations.

²Close contact is defined by being within 6 feet (12 meters) or within the room or care area of a novel coronavirus case for a prolonged period of time while not wearing recommended PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). Close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a 2019-nCoV case OR by having direct contact with infectious secretions of a 2019-nCoV case (e.g. being coughed on) while not wearing PPE. Consider duration of contact and clinical symptoms of ill patient to inform “close contact.”

If there is uncertainty, patients should be evaluated and discussed with local health departments on a case-by-case basis. **The exposure locations under Epidemiologic Risk will continue to evolve and are subject to change.**

Diagnosis Testing

Testing for 2019-nCoV is currently only being conducted at the CDC, and approval must be obtained through your local health department. CDC requests all three specimen types: lower respiratory (bronchoalveolar lavage, tracheal aspirate, sputum), upper respiratory (nasopharyngeal AND oropharyngeal swab using synthetic fiber swabs with plastic shafts placed in separate vials with 2-3mL viral transport medium), and serum specimens collected in serum separator tube for diagnosis of 2019-nCoV. Additional specimen types (e.g., stool, urine) may be collected and stored. Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset.

[Additional CDC guidance for collection, handling, and testing of clinical specimens is available.](#) Refrigerate specimens at 2-8°C and ship on ice pack by expedited shipping to IDPH for overnight shipment to CDC. An authorization code must be provided by your local health department prior to shipment.

Testing for other respiratory pathogens should not delay specimen shipping to CDC via IDPH. Patient should be tested for commonly circulating viral infections including influenza, RSV, and

other respiratory pathogens. If a PUI tests positive for another respiratory pathogen, consideration regarding additional testing for 2019-nCoV in PUIs should be discussed with public health. This may evolve as more information becomes available on possible 2019-nCoV co-infections.

For biosafety reasons, it is NOT recommended to perform virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI for 2019-nCoV.

Infection Control

CDC currently recommends a cautious approach to PUIs for 2019-nCoV. PUIs 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. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). Immediately notify your healthcare facility's infection control personnel and local health department. At this time, information is lacking to definitively determine a recommended duration for keeping patients in isolation precautions. Duration of precautions and duration a room should remain empty after a PUI vacates it, should be determined on a case-by-case basis in consultation with your local health department.

Increased vigilance should be used with performance of aerosol generating procedures which have been associated with increased risk of transmission of SARS-CoV and MERS-CoV including: tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy.

Screening

Screening for travelers from Wuhan began at San Francisco (SFO), New York (JFK), Los Angeles (LAX) on January 17th, 2020. This week, CDC will add entry health screening to two more airports, Chicago (ORD) and Atlanta (ATL). Travelers will also be provided with a Traveler Information Card which lists symptoms that should prompt a visit to a healthcare provider, and instructions to call ahead prior to seeking care. At this time, asymptomatic travelers will not be actively monitored.

Reporting

In the event of a PUI for 2019-nCoV, healthcare providers should immediately notify infection control personnel at their healthcare facility, their [local health department](#) or the Illinois Department of Public Health (Phone: 217-782-2016) if unable to reach your LHD. A 2019-nCoV [Patient Under Investigation \(PUI\) form](#) should be completed.

Contact

- For additional information or questions, please contact IDPH Communicable Disease Section at 217-782-2016 or email Isaac.ghinai@illinois.gov; after hours, phone 800-782-7860.
- To report suspected Patients Under Investigation (PUI) cases of 2019-nCoV, please contact your local health department.

Additional Resources

IDPH Website: <http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus>

CDC 2019 Novel Coronavirus, Wuhan China Situation Summary
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

CDC Interim Guidance for Healthcare Professionals and criteria for evaluation of patients under investigation 2019 novel coronavirus: <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

CDC Interim Healthcare Infection Prevention and Control Recommendations for patients under investigation for 2019 novel coronavirus: <https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>

WHO infection prevention and control during health care when novel coronavirus (nCoV) is suspected:

[https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected)

CDC Information for Laboratories for working with specimens from patients under investigation for human infections with 2019 novel coronavirus: <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-laboratories.html>

Target Audience

Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Preventionists, Health Care Providers, and Laboratories

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