



Novel Coronavirus (2019-nCoV) Health Update

CDC Update and Interim Guidance on Outbreak of 2019-nCoV

February 5, 2020

Situation

The emerging 2019 Novel Coronavirus (2019-nCoV) is now circulating in mainland China and cases have been reported in the United States and other countries. On January 31st, the Centers for Disease Control and Prevention (CDC) released updated criteria for persons under investigation (PUI) for 2019-nCoV and the U.S. government declared a Public Health Emergency. The declaration included restrictions for travelers entering the country from China, effective February 3.

Actions Requested of Clinicians

1. **IDENTIFY PERSONS UNDER INVESTIGATION** using the [updated criteria](#) released by CDC:

Fever ⁱ 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 ⁱⁱ with a laboratory-confirmed ^{iii, iv} 2019-nCoV patient within 14 days of symptom onset
Fever ⁱ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province, China^v within 14 days of symptom onset
Fever ⁱ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ^{iv}	AND	A history of travel from mainland China^v within 14 days of symptom onset

See the [2/1/2020 CDC Health Advisory](#) and attached [flow chart to identify and assess 2019-nCoV](#).

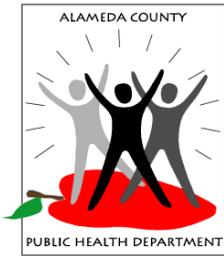
2. **PROTECT PATIENTS AND STAFF** by asking possible PUIs to wear a mask as soon as they are identified. Possible PUIs should be placed immediately in a private room with the door closed, ideally an airborne infection isolation room, if available. Healthcare personnel entering the room should use standard, contact and airborne precautions including eye protection (e.g., goggles or a face shield). See [CDC guidance for clinicians caring for patients with 2019-nCoV](#).
3. **REPORT POSSIBLE PUIs IMMEDIATELY TO ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT (ACPHD)**
 - a. ACPHD will contact CDC to approve testing for 2019-nCoV and will coordinate shipping specimens to CDC; health care providers should **NOT** ship specimens to CDC directly.
 - b. Clinicians who have seen the PUI should be available to answer any questions from ACPHD staff
4. **MAINTAIN STRICT PRIVACY AND CONFIDENTIALITY** of all possible PUIs and all patients according to Federal and State laws and Institutional policies.

Actions Requested of Healthcare Facilities

- **BE AWARE OF OTHER HEALTHCARE FACILITY REPORTING REQUIREMENTS THAT ARE INDEPENDENT OF ACPHD**
 - Alameda County Healthcare Facilities must report possible PUIs IMMEDIATELY to [CDPH Licensing's East Bay District Office \(DO\)](#) – 510-620-3900 - as required in Title 22 California Code of Regulations and per CDPH's [All Facilities Letter \(AFL 20-11\)](#). The DO will communicate with CDPH's Medical and Health Coordination Center.
 - See [AFL 19-18](#) for additional information on the requirements of reporting outbreaks and unusual infectious disease occurrences.

Local Health Department Contact Information

- **Alameda County Acute Communicable Disease Control:**
 - Weekdays 8:30am–5pm Phone: (510) 267-3250
 - After hours Phone: (925) 422-7595 and ask for the public health duty officer on call
 - For non-immediate concerns, email nCoV@acgov.org



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT**

Division of Communicable Disease Control and Prevention
1000 Broadway, 5th Floor
Oakland, Ca 94607
acphd.org/communicable-disease

Colleen Chawla, Director
Kimi Watkins-Tartt, Director

Erica Pan, MD, MPH, Director
Interim County Health Officer
Phone (510) 267-3250
Fax (510) 273-3744

- **Berkeley Public Health Division:**
 - Weekdays 8am-5pm Phone: (510) 981-5292
 - After hours: Phone: (510) 981-5911 and ask for the Health Officer on call
- Contact Information for all other Local Health Jurisdictions can be found here:
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA_CDCO_CDTeamList.pdf

Resources

- [ACPHD Health Alert Page](#)
- [ACPHD 2019-nCoV Page](#)
- [CDPH 2019-nCoV Page](#)
- [CDC 2019-nCoV Page](#)
 - [Updated Infection Prevention and Control Recommendations for Patients Under Investigation for 2019-nCoV](#)
- [WHO 2019-nCoV Page](#)

ⁱ Fever may be subjective or confirmed

ⁱⁱ Close contact is defined as—

- a) being within approximately 6 feet (2 meters) 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 occur while 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.

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.

ⁱⁱⁱ Documentation of laboratory confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

^{iv} 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.

^v For persons with travel to China within 14 days that are being regularly monitored by local health departments or referred for evaluation from border screening, testing for nCoV can be considered at the discretion of the health officials for all persons with illnesses with fever and lower respiratory symptoms (those hospitalized and those not hospitalized).