Nebraska Department of Health and Human Services

HEALTH ALERT NETWORK

Advisory

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

TO: Nebraska Physicians, Nurse Practitioners, Physician Assistants, Emergency Rooms, and Public Health

FROM: Thomas J. Safranek, M.D.
State Epidemiologist
402-471-2937 PHONE
402-471-3601 FAX

Gary Anthone, M.D.
Director, Division of Public Health
402-471-8566 PHONE

RE: Wuhan Novel Coronavirus

DATE: January 23, 2020

Nebraska public health authorities are carefully monitoring the unfolding coronavirus outbreak caused by the Wuhan novel coronavirus 2019 ("2019 nCov") that started in Wuhan (Hubei Province) China in early December. We remain vigilant and will begin to increase Health Alerts to the Nebraska medical community as the situation evolves. Spread beyond China's borders (currently n=7) is being reported (Taiwan, Thailand, South Korea, United States), and in China, people are embarking on their Chinese New Year's travels, with massive population movement in the coming two weeks, starting this weekend. This raises the level of concern that the infection could become widespread. We have experienced other coronavirus outbreaks in the past (Severe acute respiratory syndrome [SARS] and Middle East Respiratory Syndrome coronavirus [MERS-CoV]) and are building on the experience and lessons learned from those outbreaks as we anticipate a potential response to this new threat.

Clinical: the complete clinical picture has not yet been defined, including the spectrum of illness, asymptomatic infection/spread, and case fatality ratio. This is believed to be a respiratory infection with fever and cough, though like other respiratory infections hands and fomites could serve as intermediate transmission vectors. The case definition requires the presence of fever. Both MERS and SARS can cause severe illness in people. The situation with regard to 2019-nCoV is still unclear. While severe illness, including at least seventeen deaths, has been reported in China, other patients have had milder illness and were discharged. There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

With the first U.S. case appearing in Seattle, Washington on January 21, the entire country is increasing its vigilance with the understanding that in the age of jet travel, no place is immune from this risk. While ease of transmission is not clear, person-to-person spread has been documented, including infection of health care workers providing care to infected patients. The infection control practices, including screening patients for travel history, and routine practice of infection control precautions remain the basis for identifying and containing any such disease that appears within our borders. The situation is complicated by the arrival of this new threat in the middle of a severe influenza season that itself is occurring on top of a variety of non-influenza respiratory infections. If the 2019 nCoV increases in the United States, practitioners should consider increased reliance on laboratory diagnostics in the hope of identifying a non-2019 nCoV etiology. Currently public health authorities are discounting the 2019 nCoV

when an alternative diagnosis is confirmed by laboratory testing. It is currently unclear whether the coronavirus test incorporated into many multiplex PCR respiratory panels on the market is of use in assessing for 2019 nCoV. Other coronaviruses are circulating and such viruses are known to cause the common cold.

Until more is known, experts are recommending infection control similar to that used to address SARS patients. Please note these recommendations were developed for SARS patients but in the absence of definitive recommendations for 2019 nCoV, these recommendations are being applied to the new situation.

https://www.cdc.gov/coronavirus/2019-ncov/infection-control.html

Although the transmission dynamics have yet to be determined, CDC currently recommends a cautious approach to patients under investigation for 2019 Novel Coronavirus. Such patients 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, www.dhhs.ne.gov/lhd, if you encounter a patient that meets the criteria of patient under investigation.

With both the SARS-CoV and the MERS-CoV, super spreaders (individuals shedding high virus loads) were also significant sources of transmission of the coronaviruses in outbreaks. Patients should be supplied a surgical facemask as soon as possible upon engagement with clinical staff.

Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV
Patients in the United States who meet the following criteria should be evaluated as a PUI in association with the outbreak of 2019-nCoV in Wuhan City, China.

1) Fever AND symptoms of lower respiratory illness (e.g., cough, shortness of breath) – and in the last 14 days before symptom onset,

- History of travel from Wuhan City, China –or--
- Close contact with a person who is under investigation for 2019-nCOV while that person was ill.

2) Fever OR symptoms of lower respiratory illness (e.g., cough, shortness of breath) – and in the last 14 days before symptom onset,

- Close contact with an ill laboratory-confirmed 2019-nCoV patient.

We will continue to provide updates to the Nebraska medical community as more information becomes available.