TO: Healthcare Providers, Infection Control, Labs, Public Health

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RE: Coronavirus Disease 2019 (COVID-19) Outbreak

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Nebraska state and local public health authorities continue to monitor the unfolding COVID-19 (previously referred to as 2019-nCoV) epidemic to anticipate its impact on the people of Nebraska and our health care systems. This is an evolving situation with many unanswered questions. We will continue to communicate and post (http://dhhs.ne.gov/HAN) important information to assist Nebraska healthcare providers and facilities in the control and treatment of patients affected by this new virus.

There are ongoing reports regarding the spread of the COVID-19 outbreak in various parts of the world. This should inform our health care community regarding high risk regions from which travelers to our state warrant careful evaluation and application of stringent infection control measures should they present for care. **Travel history should be obtained from all patients on presentation to the health care facility, and appropriate infection control/triage should be promptly implemented.**

Public health personnel are committed to rapid identification of suspected cases, with prompt isolation and laboratory test confirmation, along with identification and quarantine of contacts. Any patient suspected of COVID-19 infection should immediately be reported to a local or state public health authority (www.dhhs.ne.gov/lhd).

**Three Scenarios of Concern: Specific Guidance**

1) Travelers who have known exposure to a confirmed patient or who have returned to Nebraska from countries in that last 14 days where transmission is known to be occurring (i.e., mainland China, South Korea, Iran, Italy, Japan, Hong Kong, Singapore, Taiwan, Thailand and Vietnam - as of the date of this report) and who have fever ≥100.4 or respiratory symptoms should immediately be reported to public health for evaluation/diagnostic workup.

2) **Asymptomatic travelers** from **mainland China** are of particular concern and are requested to self-report to the Nebraska public health on-line tracking system (https://cip-dhhs.ne.gov/redcap/surveys/?s=JKHEPR4DPR) and to self-isolate for 14 days.

3) **Asymptomatic travelers** from **South Korea, Iran, Italy, Japan, Hong Kong, Singapore, Taiwan, Thailand and Vietnam** are requested to self-report to the Nebraska
public health on-line tracking system (see above). To ensure their health and the health of the community, a public health agency will contact such parties by phone to evaluate each individual’s situation to provide recommendations.

**Diagnostic Testing**

Providers should use readily available commercial laboratory testing (rapid influenza tests and multiplex nucleic acid respiratory panels) to rule out known circulating pathogens such as influenza and known endemic respiratory pathogens. For patients who test negative and for whom COVID-19 is a diagnostic consideration, please contact a local or state public health office to discuss laboratory testing at the Nebraska Public Health Laboratory. Testing can be arranged. Please review laboratory guidance for COVID-19 here:


**Infection Prevention Preparation**

Healthcare facilities should continue to review and practice protocols necessary to safely care for patients infected with COVID-19. Detailed CDC guidance on all aspects of protecting healthcare personnel can be found here: https://www.cdc.gov/HAI/prevent/ppe.html. Essential personal protective equipment (PPE) includes: gloves, gowns, N95 respirators, and eye protection.

High risk areas such as emergency rooms, intensive care units, respiratory therapy units, and bronchoscopy labs should be thoroughly versed in how to protect staff from infection by this virus. This includes thorough training in the use of personal protective equipment, including the “donning/doffing” protocols promoted by experts from the state’s Infection Control and Prevention (ICAP) program: https://icap.nebraskamed.com/.


Patients with suspected COVID-19 infection should be placed in a negative airflow room if available during evaluation. Patients who require hospitalization should be transferred to a facility with a negative pressure room if none is available at the facility where first seen.

Facilities should assess their supplies and anticipate shortages in the supply of personal protective equipment, including gowns, surgical facemasks, and N-95 respirators. All facilities should know and utilize the specific recommended PPE equipment for a given clinical syndrome and choose appropriate PPE based on a given clinical presentation.

To limit the spread of respiratory infections in the healthcare setting, offer standard surgical facemasks to coughing patients and other symptomatic persons upon arrival at a medical facility, and encourage them to maintain separation (ideally a distance of at least 6 feet) from others in common waiting areas. Patients who meet the travel and illness criteria cited above should call ahead so that appropriate preventive actions (e.g., wear a facemask upon entry to contain cough, follow triage procedures such as bypassing the waiting room) can be taken.