

## 2019 Novel Coronavirus Update for Solano County Providers – Notes and Q&A

(Information as of January 30, 2020, 11:30am)

### General (*Dr. Bela Matyas*):

- This is a **rapidly evolving** situation and changes occur regularly.
- This is a serious public health threat.
- Solano County Public Health is **working closely** with the California Department of Public Health (CDPH), the Centers for Disease Control and Prevention (CDC) and other Bay Area health departments to monitor the Novel 2019 Coronavirus (2019-nCoV).
- Our **goal** is to contain the outbreak, identify cases as quickly as possible and prevent spread of the 2019-nCoV in the community.
- To date, there are **no confirmed cases** of 2019-nCoV reported in Solano County.

### Background (*Dr. Bela Matyas*):

- At the outset, many of the identified cases were **linked** to a large seafood and live animal market in Wuhan, China, suggesting animal-to-person spread.
- More recently, a growing number of patients reportedly did not have exposure to animal markets, suggesting person-to-person spread.
- Chinese officials report that **sustained person-to-person** spread in the community is occurring in China.

### Situation in the US (as of 11:30am, January 30, 2020) (*Dr. Bela Matyas*):

- As of January 29, 2020, a total of 165 people have met the CDC patients under investigation (PUI) definition and have been tested.
- **6** of those that met PUI have tested **positive** and 92 are still pending test results.
- All 6 survived. 5 had travel history to China and one case was person-to-person.
- 2 of those that tested positive are from CA - one in Orange County and one in Los Angeles County.
- **1 case of person-to-person spread** has been detected in Chicago.
- **More cases** will likely be identified in the coming days, including the US.
- However, the novel coronavirus is currently NOT spreading in the community.

### Clinical picture (*Dr. Bela Matyas*):

- The complete clinical picture is still not fully clear.
- Reported illnesses ranged from infected people with little to no symptoms to people being severely ill and dying.
- There are ongoing investigations to learn more.
- **Symptoms** among those who have been confirmed include:
  - Fever
  - Cough

- Shortness of breath
- The CDC believes that, at this time, symptoms may appear in as few as 2 days or as long as 14 days after exposure. This is based on what has been seen previously as the incubation period of the MERS virus.

#### **Risk** (*Sara Naramore*):

- That fact that this virus has caused severe illness and sustained person-to-person transmission in China is concerning.
- It is unclear how the 2019-nCoV outbreak will unfold in the US.
- In the US, the **risk** of getting an infection is **dependent on exposure**.
- For the **general public**, the immediate health **risk is considered low** as the virus is not currently circulating in the community and the general public are unlikely to be exposed to the virus.
- Some people will have an **increased risk of infection** – healthcare workers caring for a 2019-nCoV patient, close contacts to a case, travel to affected areas (especially China).
- Solano Public Health considers the following people at increased risk for infection and are considered **SUSPECT CASES**:
  - Person with respiratory symptoms, such as cough and shortness of breath, with or without presence of fever, AND one of the following:
    - travel from Wuhan in the last 14 days; **OR**
    - contact with a person under investigation for or confirmed to have novel coronavirus; **OR**
    - have another epi risk factor, such as having healthcare contact; **OR**
  - Person with respiratory symptoms, such as cough or shortness of breath, AND fever AND travel elsewhere in mainland China.

#### **Infection Control** (*Dr. Christine Wu*):

- Use surgical mask on suspect cases as soon as they arrive
- **Isolate** suspect cases in an Airborne Infection Isolation Room (AIIR), if available.
- if an AIIR is not available, the patient should be transferred as soon as is feasible to a facility where an AIIR is available or discharged to home (in consultation with Solano Public Health) if deemed medically appropriate. Pending transfer, place a facemask on the patient and isolate them in an exam room with the door closed. The patient should not be placed in any room where room exhaust is recirculated within the building without HEPA filtration.
- Personnel entering the room should use **gloves, gown, a disposable N95 respirator and eye protection** (e.g. goggles, a disposable face shield that covers the front and sides of the face).
- **(Note: This is based on the Cal/OSHA guidance which is different than the CDC guidance.)** Aerosol generating procedures should be done in an AIIR and personnel should use a powered air purifying respirator (PAPR) with HEPA filters or equivalent, as

per the California Occupational Safety Health Administration's (Cal/OSHA) Aerosol Transmissible Diseases (ATD) Standard.

- **Immediately notify your infection control personnel and call Solano Public Health** at 707-784-8001 or 707-784-8005 of any suspected case.

**Notification** (*Dr. Christine Wu*):

- Notify us immediately of any suspect cases at 707-784-8001 during work hours or 707-784-8005 during off hours.
- At this point, only CDC can do the testing for the 2019-nCoV, so we will consult with the CDC if the person will be tested.
- This, however, does not replace clinical assessment of the patient, if warranted.
- Our Communicable Disease Program is ready to assist you with and will coordinate testing and specimen pick-up.

**Lab** (*Dr. Beatrix Kapusinszky*):

- For suspect cases, please collect the following specimens:
  - **Lower Respiratory Tract – only for those that are clinically indicated**
    - **Bronchoalveolar lavage or tracheal aspirate**
      - Collect 2-3 ml into sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
      - Refrigerate specimen at 2-8°C
    - **Sputum – not induced**
      - Have the patient rinse their mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container.
      - Refrigerate specimen at 2-8°C.
  - **Upper Respiratory Tract**
    - **Nasopharyngeal (NP)** swab in UTM or VTM; **AND**
    - **Oropharyngeal (OP)** swab in UTM or VTM
      - Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.
      - Place swabs immediately into sterile tubes containing 2-3 ml media.
      - Need both specimens
      - Make sure they are in two separate containers
      - Refrigerate specimen at 2-8°C
    - **Nasopharyngeal wash/aspirate or nasal aspirate**

- Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C.
- **Serum**
  - Use a red-top tube
  - Children and adults: collect 1 tube (5-10 ml) of whole blood in serum separator tube.
  - Infant: a minimum of 1ml of whole blood is needed for testing pediatric patients. If possible, collect 1 ml in a serum separator tube.
  - Tubes should be stored upright for at least 30 minutes, and then centrifuged at 1000-13000 RCF for 10 minutes before removing the serum and placing it in a separate sterile tube (such as a cryovial) for shipping.
  - Refrigerate specimen at 2-8°C.
- **Clinical Laboratory Testing**

Clinical laboratories performing routine hematology, urinalysis, and clinical chemistry studies, and microbiology laboratories performing diagnostic tests on serum, blood, or urine specimens should follow standard laboratory practices, including Standard Precautions, when handling potential 2019-nCoV specimens. For additional information, see Biosafety in Microbiological and Biomedical Laboratories (BMBL) – Fifth Edition (page 225).

*“In clinical laboratories, whole blood, serum, plasma and urine specimens should be handled using Standard Precautions, which includes use of gloves, gown, mask, and eye protection. Any procedure with the potential to generate aerosols (e.g., vortexing or sonication of specimens in an open tube) should be performed in a BSC. Use sealed centrifuge rotors or gasketed safety carriers for centrifugation. Rotors and safety carriers should be loaded and unloaded in a BSC. Procedures conducted outside a BSC must be performed in a manner that minimizes the risk of personnel exposure and environmental release”.*

*Activities involving manipulation of untreated specimens should be performed in BSL-2 facilities following BSL-3 practices. In the rare event that a procedure or process involving untreated specimens cannot be conducted in a BSC, gloves, gown, eye protection, and respiratory protection (acceptable methods of respiratory protection include: a properly fit-tested, National Institute for Occupational Safety and Health [NIOSH]-approved filter respirator [N-95 or higher level] or a PAPR equipped with HEPA filters) should be used. All personnel who use respiratory protective devices should be enrolled in an appropriately constituted respiratory protection program.*

*Work surfaces should be decontaminated upon completion of work with appropriate disinfectants. All waste must be decontaminated prior to disposal”.*

- call Solano Public Health at 707-784-8001 or 707-784-8005 for sample pick-up.

#### EMS (*Ted Selby*):

- On Tuesday afternoon, the EMS Agency sent initial guidance to the EMS Community regarding the treatment and/or transport of patients with respiratory complaints who have travelled to China within the last 14 days. The written guidance was very basic and is consistent with the infection control recommendations discussed just a few minutes ago.

- The EMS Guidance that was sent out by the Agency on Tuesday was followed by the County Health Alert that was sent yesterday, as well as several posters that were developed by CDPH.
- I'll conclude my comments by reminding you all that Solano County is prepared from an EMS perspective to transport highly infectious patients. Medic Ambulance was training with Kaiser Oakland and Regional Response Teams earlier this week on the use of Highly Infectious Disease Kits.
- The EMS Medical Director, Dr. Mumma, and the Agency Staff, are closely monitoring this virus and working together with Solano Public Health, EMSA, and CDPH to ensure continuity in care, treatment, and transport.

#### **Next Steps** (*Meileen Acosta*)

- We will hold these calls weekly until further notice.
- Calls will be held on Wednesdays.
- What is a good time? Is noon to one a good time or is early morning, say 7:30-8:30 or 8:00-9:00, better?

#### **Question and Answer portion:**

*Question:* For suspect cases that the CDC decided not to test, what is the duration of home isolation?

*Answer:* This is a rapidly moving target. It will be on a case-by-case basis and it is best to have Solano Public Health determine the duration of isolation. At present, we will, in all likelihood, ask for isolation for 10 days post cessation of symptoms, which is long for individuals that CDC chooses not to test. We are probably going to differentiate between those individuals who work in high risk environment from those that work in low risk environments. We will probably be more apt to recommend isolation for those who work in sensitive occupations.

*Question:* If a patient calls with mild symptoms, do we bring them in for outpatient testing?

*Answer:* There is no simple answer. If you can get them into an AIIR where you can collect samples, there is great value to evaluate these individuals for other respiratory pathogens because if you identify another respiratory pathogen the likelihood that they also have these coronavirus is quite remote. Obviously not zero but pretty much remote, and at least you know what you're working with if they're positive. So there is some value to identifying the possible cause of their symptoms, but I do agree that caution is important and we don't want people coming into environments with potential illness where they may spread it. So really, you only want to be seeing these individuals in environments that you can control exposure.

*Question:* Traveler from China and passed screening at airport, then becomes symptomatic?

*Answer:* We don't know enough about the non-symptomatic shedding for this virus so there's no way we can say with certainty that they pose no risk. I think that the most important indicator is whether they have symptoms. And if they do, to work them up for the possibility of being a suspect case. If they had symptoms that have resolved,

at present there is no guidance on when to release them back into normal practice. So there too I would sort of follow the precautionary approach that if their job is high risk, if they're a healthcare worker or ff they're working in a setting where they're, potentially, working with very high risk individuals, then I might be a little bit more restrictive in isolation for a period of time. But for the moment all I can offer is to please call us and we'll handle these case by case.