

CONTAGIOUS COMMENTS

Department of Epidemiology

2019-NOVEL CORONAVIRUS (nCoV): FREQUENTLY ASKED QUESTIONS

Department of Epidemiology

1. What is the 2019-nCoV and where did it come from?

- The 2019 novel coronavirus (2019-nCoV) is a coronavirus identified as the cause of a respiratory illness outbreak first detected in Wuhan City, Hubei Province, China beginning December 2019. This is a new virus that has not been previously identified in the human population. Genetic sequencing of the virus show that it is in the same family of viruses (but a different virus) as SARS-CoV and MERS-CoV which are two other novel coronaviruses which first emerged into the human population in 2002 and 2012, respectively.
- As of Jan 31, 2020, there has been over 9,900 confirmed cases, including health care workers, of the 2019-nCoV and 213 deaths. The majority of deaths have occurred in elderly patients and in patients with underlying medical conditions. Not surprisingly, the virus has spread to 20 countries outside of China and there have been 6 confirmed cases in the U.S. (in AZ, CA, IL, and WA).

2. What are the clinical symptoms of patients with 2019-nCoV infection?

- The full extent of the clinical spectrum of infections due to 2019-nCoV is not known. Reported cases have ranged from people with little to no symptoms to people being severely ill and dying. The most common presenting symptoms are fever, cough, myalgias, fatigue, and shortness of breath. A few patients have reported headaches and diarrhea.
- There is very limited data about pediatric cases.
- The current estimate of the incubation period of the virus (time from exposure to development of symptoms) is 2-14 days.

3. Where did 2019-nCoV come from and how is it spread?

- Analysis of the genetic tree of the virus is ongoing, but early studies suggest that it likely originated from a bat virus.
- The virus likely originated from an animal source that “jumped” into the human population. However, the virus is now spreading from person to person.
- It is not yet clear how easily the 2019-nCoV can spread from person to person (some viruses are more contagious/easily spread than others).
- The transmission modes of the virus are not yet fully understood. However, current thought is that the virus likely spreads through respiratory droplets produced when a person coughs or sneezes, similar to how other respiratory pathogens spread. For the SARS-CoV and MERS-CoV, spread between people usually occurred between close contacts.

4. Should I be concerned for the 2019-nCoV if a “coronavirus is detected” on the respiratory pathogen panel?

- The respiratory pathogen panel (RPP) utilized at CHCO is able to detect four of the common respiratory coronaviruses (human coronaviruses HKU1, NL63, OC43, and 229E) that circulate every year in the U.S. and are known to usually cause mild upper and lower respiratory tract infections. Therefore, it is not able to detect 2019-nCoV.

- Currently, the only test available in the US that is capable of detecting the 2019-nCoV is a PCR test performed at the Centers for Disease Control and Prevention (CDC).
- In addition to nCoV testing via CDC, testing for common causes of respiratory symptoms and pneumonia (with a RPP and/or chest radiograph) is recommended as part of an evaluation of a person under investigation (PUI) for the 2019-nCoV. Although a positive test does not rule out the possibility of a co-infection, it may be helpful in the risk assessment.

5. What is CHCO doing to prepare for the 2019-nCoV?

- Team members at CHCO are meeting regularly to update and further develop a novel coronavirus preparedness and response plan building upon our current processes to screen, evaluate and care for patients with contagious illnesses while protecting others (patients, families and healthcare workers). Some of our current measures include:
 - Travel screening questions for all patients, family members, and visitors arriving at CHCO have been updated to include risk factors for 2019-nCoV.
 - Universal masking of all patients and visitors in all CHCO Emergency Departments and Urgent Care Centers is continuing throughout the respiratory season.
 - Internal communications via the CHCO intranet are updated under the “EPI ALERT” flag as the situation evolves and recommendations change.

6. How can I protect myself and others from the 2019-nCoV?

- The CDC has issued a Warning Level 3 travel warning to China, recommending travelers avoid all nonessential travel to China.
- Similar to preventive methods to prevent the spread of other respiratory viruses, the CDC recommends:
 - Practice good hand hygiene
 - Avoid touching your eyes, nose and mouth with unwashed hands
 - Cover you cough and sneezes
 - Avoid close contact with people who are ill
 - Stay home when you are sick
 - Get vaccinated for influenza as we are still in the midst of a very active influenza season
 - For all CHCO team members, call the sick line if you are having respiratory symptoms, have had recent travel to any affected regions or are concerned about a potential exposure.

7. Which patients should be evaluated for 2019-nCoV?

- Patients should be considered at possible risk for infection if they meet the following criteria:
 - Have fever OR respiratory symptoms (cough, difficulty breathing, etc.) AND
 - Have a history of travel to China OR close contact with a person under investigation (PUI) for the 2019-nCoV in the last 14 days before symptoms onset

8. What should I do if I suspect a patient may have 2019-nCoV?

- If you are concerned that a patient might have a 2019-nCoV infection you should immediately place an isolation face mask on them and anyone accompanying them (family, relatives, etc.).
- Place any suspect patient and family/visitors in a private room with the door closed or in a negative pressure room, if available.
- All health care providers entering the room to evaluate a suspect patient should wear gown, gloves, isolation face mask (N95 mask or PAPR, if available), and eye protection (goggles or face shield – glasses are not sufficient).
- Notify your local health department or the CDPHE to discuss the patient and potential need for nCoV testing.

- If you need to send a patient that you suspect might have 2019-nCoV for further evaluation and/or treatment, please call the Infectious Disease fellow/physician on call via One Call. Only send suspected patients to the Anschutz ED or Colorado Springs ED after prior notification to the ED via One Call. Provide the patient and anyone accompanying them to the ED with an isolation face mask, if available, to don upon entry to the facility. If not available, instruct them to ask for and put on a mask from the facility as soon as they enter and perform hand hygiene.

9. Are there treatments available for the 2019-nCoV:

- Currently there are no antivirals or vaccines available for the 2019-CoV. Treatment at this point is primarily supportive care.

10. Do I need to be worried about the 2019-nCoV?

- On 1/30/2020 the WHO declared the 2019-nCoV outbreak a public health emergency of international concern. On 1/31/2020 the US declared the 2019-nCoV a public health emergency but based on the current information, the immediate health risk to the general public in the U.S. is thought to be low at this point in time. However, this is a rapidly evolving situation and recommendations and assessments may change over time.
- The number of cases of influenza, respiratory syncytial virus, and other respiratory viral infections in our community, however, remain very high. Influenza B viruses account for 37 of the 54 reported flu-related pediatric deaths this season. CDC estimates that so far this season there have been at least 15 million flu illnesses, 140,000 hospitalizations and 8,200 deaths from flu. Remember that it is not too late to vaccinate for influenza!

For more information:

CDC: <https://www.cdc.gov/coronavirus/index.html>

CDPHE: <https://www.colorado.gov/pacific/cdphe/2019-novel-coronavirus>

AAP Red Book: https://redbook.solutions.aap.org/ss/rbo_outbreaks_page_3.aspx

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