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Physician's ALERT...

January 31, 2020

Updated Interim Guidance for Healthcare Providers on 2019 Novel Coronavirus (2019-nCoV)

This is an emerging, rapidly evolving situation and updated information will be provided as it becomes available.

Summary

Health authorities continue to investigate an outbreak of novel coronavirus (2019-nCoV) infections.

Revised Recommendations for Healthcare Providers

- **Obtain detailed travel history on patients with fever and acute respiratory illness.**
- **Report “patients under investigation” (PUI) for 2019-nCoV infection (see below) to your local public health district or the Bureau of Communicable Disease Prevention (208-334-5939) immediately.**

Clinical Features		Epidemiologic
Fever ¹ 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 ² with a laboratory-confirmed ^{3,4} 2019-nCoV patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province , China within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ⁴	AND	A history of travel from mainland China within 14 days of symptom onset

The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

Criteria may be updated at <https://www.cdc.gov/coronavirus/novel-coronavirus-2019/clinical-criteria.html>. Contact your local public health district or the Bureau of Communicable Disease Prevention if you have questions about clinical presentation, travel history, or exposure criteria.

- **Notify infection control personnel in your healthcare facility immediately if you identify a PUI for 2019-nCoV.**
- **Collect specimens for 2019-nCoV testing.**

Collect lower respiratory, upper respiratory, and serum specimens as soon as possible once a PUI is identified regardless when symptoms began. Additional specimen types (e.g., stool, urine) may be collected and stored. Submit specimens to the Idaho Bureau of Laboratories (IBL) for 2019-nCoV testing at the Centers for Disease Control and Prevention. Do not wait for results on testing for other respiratory pathogens. Contact IBL at 208-334-2235 before submitting specimens. Contact IBL or see <https://www.cdc.gov/coronavirus/2019-nCoV> for additional guidance. *Clinical laboratories should not attempt virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI for 2019-nCoV.*
- **Take precautions.**

PUI should wear a surgical mask as soon as they are identified. Evaluate PUI in a private room with the door closed, ideally an airborne infection isolation room. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). See <https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html> for infection prevention and control updates.

See <https://www.cdc.gov/coronavirus/2019-ncov/index.html> for more information as the situation evolves.

Footnotes

¹Fever may be subjective or confirmed

²Close contact is defined as—

a) being within approximately 6 feet (2 meters), or within the room or care area, 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 include 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.

See CDC's updated [Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus](#).

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.

³Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

⁴Category 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.

For additional information or to report a case, please contact

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After Hours Contact: State Communications (State Comm) 800-632-8000