



Novel Coronavirus (2019-nCoV) Situation Update

22 January 2020

Infection Prevention & Control Service

This situation update is to provide interim guidance to clinical staff encountering possible cases of infection with a novel coronavirus (2019-nCoV; in the same family as SARS-CoV and MERS-CoV), associated primarily with the city of Wuhan, China.

This interim guidance is based on the latest available information, but the situation is evolving. Changes to the guidance may therefore be required as new information becomes available. To date there have been more than 200 confirmed human infections, the vast majority of which were exposed to a large seafood and animal market in the city of Wuhan, China. Several cases from Wuhan have also been exported to other cities in China as well as Thailand, Japan and South Korea.

Importantly, cases of human to human transmission have been reported among healthcare workers in China and the family members of infected persons, indicating the need for appropriate infection control management. A risk assessment by the Ministry of Health suggests the risk of an outbreak with this virus in NZ is currently low, however a precautionary approach is needed, and this is reflected in the following guidance on testing and infection control.

Consider diagnosis of 2019-nCoV with:

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 unwell laboratory-confirmed 2019-nCoV patient.

Clinical Advice

All suspected cases must be discussed with CDHB Clinical Microbiologist or Infectious Diseases Physician on call.

Specimen collection and transportation

1. To ensure appropriate, rapid and safe processing of samples, communication and information sharing is essential. All suspected cases where testing is being considered MUST firstly be discussed with the CDHB Microbiology Registrar or Consultant.
2. Respiratory material (nasopharyngeal AND oropharyngeal swabs placed in the same collection tube). This is to increase the amount of detectable virus.
3. Diagnostic request forms are to be filled out carefully and include clinical symptoms and relevant patient history.
4. Specimens should be delivered by hand and/or courier. In hospital setting, **DO NOT** send to the labs via Lamson tube.

WHO laboratory testing interim guidance: <https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>

Infection Prevention & Control for suspected 2019-nCoV

1. Early recognition: triage staff to have a high level of clinical suspicion. Ask any patients with respiratory symptoms if they have travelled to or from China, and in particular, Wuhan City, China within the last 14 days.
2. Suspected patients should be assessed/cared for with contact and droplet precautions.
3. Airborne precautions (N95 mask and eye protection) for any aerosol generating procedures e.g. intubation, bronchoscopy. **Avoid nebulisers if possible.**

CDC Health Alert Network interim guidance: <https://emergency.cdc.gov/han/2020.asp>

WHO IPC interim guidance: [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)