

To: General Practice Staff
Subject: Novel Coronavirus 2019
Date: 31 January 2020

The purpose of this memo is to provide updated guidance for primary care management of 2019-nCoV.

Situation

In January 2020, Chinese authorities confirmed a new type of coronavirus, known as 2019-nCoV. The Ministry of Health is closely monitoring the situation and following guidance from the World Health Organization. The likelihood of an imported case in New Zealand is high, however the likelihood of a widespread outbreaks remains low.

The National Health Coordination Centre has been activated and the Ministry has requested all DHBs to prepare for the potential receipt of patients with 2019-nCoV infection. New Zealand is currently in a 'Stamp It Out' phase as a proactive response to this emerging infectious disease. On 31 January the World Health Organization determined that the Novel Coronavirus multi-country outbreak constitutes a Public Health Emergency of international Concern under the International Health Regulations 2005.

Note: 2019-nCoV is a Notifiable Disease. Contact must be made with the Medical Officer of Health via Hawke's Bay Hospital Call centre 878 8109.

Case definition

Please discuss any cases of concern with the Medical Officer of Health.

Whilst the case definition is subject to change the following criteria are likely to apply:

Clinical symptoms to include severe acute respiratory infection in a person (eg an acute respiratory infection with history of fever or measured fever of $\geq 38\text{ C}^\circ$ and cough) onset within the last 10 days.

AND a history of travel to Wuhan, Hubei Province, China and any other areas with sustained outbreaks in the 14 days prior to symptom onset. (Currently there is no sustained transmission outside China).

OR a close contact of a confirmed case of 2019-nCoV infection while that patient was symptomatic who develops acute respiratory illness of any degree of severity within 14 days of the contact.

Please check the Ministry of Health website 'Advice for Health Professionals' for up-to-date advice.
<https://www.health.govt.nz/our-work/diseases-and-conditions/novel-coronavirus-2019-ncov>

Approach to practice management

Hand gel and surgical masks should be available at all entrances and reception areas with signage asking patients with a cough or fever to use these. Supplies of personal protective equipment should be checked and maintained.

The following activities should be considered in order to continue to provide health care if demand is high:

- Separation of patients with suspected novel coronavirus from those seeking routine care.
- Telephone consultation service for patients who suspect they have novel coronavirus or have been in contact if someone who has.
- Promotion of Healthline for triaging of patients.
- Check action plans for at-risk patients.
- Assess staff availability to cover illness.

- Identify activities that can be deferred to increase capacity.
- Investigate alternate models of care to allow additional emergency appointments daily.

Clinical guidance

Coronaviruses are a large and diverse family of viruses which include some known to cause illness in animals and humans, including the common cold, Severe Acute Respiratory Syndrome (SARS) and the Middle East Respiratory Syndrome (MERS). The novel coronavirus detected in Wuhan (2019-nCoV) had not previously been detected in humans or animals. The virus is thought to be infectious from two days prior to the onset of symptoms and for 14 days following onset.

Specimen Collection

Please refer to attached testing advice.

Management of Contacts

Contacts of confirmed cases should be advised to monitor for symptoms for 14 days and immediately self-isolate if symptoms occur and to contact their local Public Health Unit. On a case-by-case basis, public health staff may request voluntary restrictions for close contacts.

Healthcare workers who are in close contact of a case (eg exposed while unprotected) should not undertake work in a healthcare setting for 14 days following the last possible contact with the case.

Infection prevention and control

Healthcare workers who interact with patients with suspected coronavirus should follow Contact and Droplet Precautions in addition to Standard Precautions. Airborne precautions are required for aerosol generating procedures, for instance, taking swabs. Non-essential staff and visitors will be restricted from entering the clinical area. Please refer to the Ministry of Health advice on Infection Prevention and Control <https://www.health.govt.nz/our-work/diseases-and-conditions/novel-coronavirus-2019-ncov>

Hand Hygiene

Perform hand hygiene:

- before and after contact with the patient or their immediate environment
- after removing gloves and protective clothing
- use soap and water and dry thoroughly or use alcohol hand gel/rub.

Summary of PPE requirements:

	Entering Room but no close contact (> 1 metre from patient)	Close patient contact (<1 metre from patient)	Aerosol generating procedure being performed (including nose/throat swabs)
PFR95 mask (N95)	No	Yes	Yes
Surgical (earloop) mask	No	No	No
Gown, yellow, non-sterile, long sleeved / apron	No	Yes	Yes
Gloves, non-sterile	No	Yes	Yes
Eyewear, protective	No	Yes	Yes

Notes:

1. The most important protective measure is to place a surgical mask on the patient.
2. It is not unreasonable to consider the use of PFR95 (N95) masks for staff members in close patient contact.
3. Aerosol generating procedures include nebulising patients, a spacer should be used in this instance.

Equipment and Supplies

- Disposable equipment should be used wherever possible in the treatment of patients with suspected and probable Novel Coronavirus Infection.
- **All** non-disposable equipment (e.g. blood pressure cuffs, stethoscopes, tympanic membrane thermometers and including mobile units such as X-ray machines, IV pumps etc.) that is taken into the

room must be decontaminated immediately after removal from the consult room and before it may be reused in the care of other patients. Items will require cleaning by surface wiping with an environmental wipe followed by sodium hypochlorite 10mL to 100mL of water. Disinfection and sterilisation processes should be used for items normally reprocessed by these methods.

Linen and Waste Handling

- A biohazard waste bag must be kept in the consult room.
- All waste (except sharps which must go into the sharps container) produced in the room must go into the biohazard waste bag.
- Waste bags are to be replaced at least daily and when two thirds full.

Environmental Cleaning

- All horizontal surfaces and surfaces touched by patients and staff must be cleaned with disposable cleaning cloths using detergent and water followed by 100mL sodium hypochlorite in 1000mL water (1:10 solution).

Please refer separate testing guide – Attachment 1.

Advice to primary care about testing for novel coronavirus

1. Check that patient with febrile respiratory illness (lower) has travelled to a place where there is sustained transmission within the last 14 days.
 - China is the only country where this is occurring at present, but this may change. Updates are available on WHO and Ministry of Health website or if unsure, contact Public Health or Clinical Microbiologist.
 - <https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>
2. Notify the Medical Officer of Health (MOH) on call on suspicion.
3. If case definitions are met, then criteria for testing will apply – the MOH will advise.
4. Discuss with MOH:
 - Likelihood of coronavirus (travel history, symptom onset, contact with confirmed case).
 - Confirm sampling method and PPE if required and best way to get to laboratory (if in any doubt a call can be made to the appropriate Clinical Microbiologist).
5. We recommend that surgical masks are worn by the patient and N95/PFR95 masks are worn by clinician when taking history and performing examination, and that patient does not wait in common waiting area.
6. Assess if patient requires hospital admission or assessment based on standard disease severity criteria:
 - sampling can be performed at receiving hospital if admission is required
 - notify ED triage.
7. Take samples if patient is with you and admission is not required.
8. DO NOT send patient to laboratory collection rooms. They will not take patient samples.

Sampling method

1. Always wear a N95/PFR95 mask, impermeable gown, gloves and eye protection and use alcohol handrub before and after sample collection and placing in sample bag. Hand Hygiene is essential after removing each piece of Personal Protective Equipment (PPE).
2. You must perform the test outside or in a room away from other patients.
3. Label 1 UTM tube (as used for measles).



4. Take 1 nasopharyngeal swab and 1 throat swab and put into the same tube.
5. Indicate on request form “nCoV under investigation, testing discussed with MOH”, and clinical details of case, including detailed travel history.
6. Note: Swabs may be rejected if relevant travel history not included.
7. Take other clinical samples as recommended by clinical microbiologist.
8. Please note this advice is subject to change.

Useful Contacts:

- Public Health / Medical Officer of Health on call: via DHB Call Centre – ring 06-878 8109
- HBDHB Laboratory – ring 06-878 8109 (ask for: extension 2641 Mon-Fri 0800-2000 hours and Pager 3425 outside these hours))
- SCL Clinical Microbiologist – 04 245 0200
- Canterbury Health Laboratory Clinical Microbiologist – 03 364 0640 and ask for Clinical Microbiologist on call

Management of patients with suspected novel coronavirus

