

DEPARTMENT OF

HEALTH AND HUMAN SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.

HEALTH & HUMAN SERVICES

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PUBLIC HEALTH UPDATE

February 15, 2020

Novel Coronavirus (COVID-19)

Dear Colleagues:

This update provides information about novel coronavirus (COVID-19) activity, disease recognition, testing, reporting procedures, and additional resources for Marin County clinicians. Marin County Health and Human Services (H&HS) Communicable Disease Prevention and Control (CDPC) unit is closely monitoring the situation as it is rapidly evolving. As new information and evidence becomes available, updates will be made.

Current Situation

On February 11, 2020, the World Health Organization named the disease coronavirus disease 2019 (abbreviated "COVID-19"). On February 13th, Centers for Disease Control and Prevention (CDC) updated its <u>interim guidance</u> for healthcare professionals. In rare cases and in consultation with the Health Officer, evaluation for COVID-19 may be considered for patients that are severely ill, even if a known source of exposure has not been identified.

Actions requested of providers

- 1. Obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness.
- Identify and evaluate patients as a Person Under Investigation (PUI) for COVID-19 if they have fever and signs/symptoms of a lower respiratory illness and epidemiologic risk. Risk exposures include close contact with a confirmed COVID-19 patient and travel to mainland China within 14 days of symptom onset.
 - a. For patients that are severely ill, evaluation for COVID-19 may be considered even if a known source of exposure has not been identified (https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html).
- 3. Report suspected or potential COVID-19 cases to Marin County Public Health by phone (415-473-4163; after hours call 415 499 7237).
- Review and implement CDC's infection prevention and control recommendations (https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html).

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Chinese health officials have reported tens of thousands of cases of COVID-19 in China. COVID-19 illnesses, most of them associated with travel from Wuhan, also are being reported in a growing number of <u>international locations</u>, including the <u>United States</u>. The <u>first confirmed instance of person-to-person spread</u> within the U.S. was reported on January 30, 2020.

Clinical Presentation

Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

Clinical presentation among reported cases of 2019-nCoV infection varies in severity from asymptomatic infection or mild illness to severe or fatal illness. The incubation period is estimated at ~5 days. Frequently reported signs and symptoms include fever, cough, myalgia or fatigue, and shortness of breath at illness onset. Less commonly reported symptoms include sore throat, headache, and hemoptysis. Some patients have experienced gastrointestinal symptoms prior to developing respiratory symptoms. Acute respiratory distress syndrome (ARDS) developed in 17–29% of hospitalized patients, and secondary infection developed in 10%.

Treatment

Patients with a mild clinical presentation may not initially require hospitalization. Possible risk factors for progressing to severe illness may include, but are not limited to, older age, and underlying chronic medical conditions such as lung disease, cancer, heart failure, cerebrovascular disease, renal disease, liver disease, diabetes, immunocompromising conditions, and pregnancy.

No specific treatment for 2019-nCoV infection is currently available. Clinical management includes prompt implementation of recommended infection prevention and control measures and supportive management of complications, including advanced organ support if indicated. Corticosteroids should be avoided unless indicated for other reasons.

There is no COVID-19 vaccine.

CDC has updated its <u>Interim Clinical Guidance for Management of Patients with</u> Confirmed 2019 Novel Coronavirus (2019-nCoV) Infection (February 12, 2020).

PG. 3 OF 3 Infection Prevention and Control

Healthcare personnel should care for patients in an Airborne Infection Isolation Room (AIIR). Standard Precautions, Contact Precautions, and Airborne Precautions with eye protection should be used when caring for the patient. See Interim Health Investigation for 2019 Novel Coronavirus.

Travel advisory

CDC <u>recommends</u> that travelers avoid all nonessential travel to the People's Republic of China (this does not include the Special Administrative Regions of Hong Kong and Macau, or the island of Taiwan).

Laboratory

Healthcare providers should immediately notify both infection control personnel at their healthcare facility and Marin County Public Health in the event of a PUI for COVID-19. Specimens should be collected as soon as possible regardless of symptom onset. CDC <u>recommends</u> collecting three specimen types (if possible) for Real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) testing: lower respiratory, upper respiratory and serum specimens.

Contact Marin County H&HS Communicable Disease Prevention and Control by phone (415-473-4163) to coordinate testing with the Public Health Laboratory.

Reporting

Clinicians and laboratories must immediately report suspected or equivocal COVID-19 cases to Marin County Public Health by phone (415-473-4163; after hours call 415 499 7237).

Additional Information

World Health Organization (WHO). https://www.who.int/health-topics/coronavirus

Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/coronavirus/novel-coronavirus-2019.html

California Department of Public Health (CDPH). https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx

Sincerely,

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