PUBLIC HEALTH UPDATE

February 26, 2020

Novel Coronavirus (COVID-19)

Dear Colleagues:

This update provides information about novel (new) coronavirus, now named COVID-19. Marin County Health and Human Services’ (H&HS) Communicable Disease Prevention and Control (CDPC) unit is closely monitoring this rapidly evolving situation.

Current Situation

There are no confirmed cases or patients under investigation (PUI) in Marin County. Marin County Public Health is partnering with Napa-Solano-Yolo-Marin County Public Health Lab, California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and Bay Area health officials to contain and mitigate COVID-19 transmission locally. This includes monitoring Marin County residents who have returned from travel to areas with substantial, sustained transmission of COVID-19.

This week, we have seen a rapid change in the global spread of COVID-19. COVID-19 has now been detected in 37 locations internationally. Imported cases of COVID-19 in travelers have been detected in the U.S. While the virus is not currently spreading in the United States, there is increasing possibility of local cases and sustained disease transmission in the Bay Area. Marin County Public Health is increasing preparedness activities.

Actions requested of providers

1. Prepare for the possible arrival of patients with COVID-19 by reviewing and implementing CDC-recommended infection control recommendations Healthcare Professional Preparedness Checklist For Transport and Arrival of Patients With Confirmed or Possible COVID-19.
2. Reassure patients; risk of coronavirus infection in the Bay Area remains low.
3. Reinforce basic infection control measures, including handwashing, proper cough hygiene, social distancing when sick, and avoid touching eyes, nose, and mouth.
4. Prescribe influenza vaccination.
5. Encourage patients to prepare for possible outbreak by ensuring they have an adequate supply of essential medicines; preparing a child care plan if the childcare is not available (including school closures); and staying up-to-date with trusted resources (e.g., CDC)
6. Obtain a detailed travel history for patients being evaluated for fever and acute respiratory illness. Refer to the latest CDC travel advisories
Clinical Presentation

The incubation period for COVID-19 is estimated to be 14 days following exposure, with most cases occurring approximately five days after exposure. Pneumonia appears to be the most frequent serious manifestation of infection, characterized primarily by fever, cough, dyspnea, and bilateral infiltrates on chest imaging. In a report from the Chinese Center for Disease Control and Prevention that included approximately 44,500 confirmed infections with an estimation of disease severity, 81 percent were mild (no or mild pneumonia), 14 percent were severe (e.g., dyspnea or hypoxia), and 5 percent were critical (e.g., respiratory failure, shock, or multiorgan dysfunction). Most of the fatal cases have occurred in patients with advanced age or underlying medical comorbidities.

Treatment

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.

Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) Infection Updated February 12, 2020

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 Care Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus (Updated February 21, 2020).

Travel advisory

Travelers should get the most updated information from the CDC at https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html. Your risk for this virus depends on travel history, not on race, ethnicity or culture.

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.

The CDC recommends collecting nasopharyngeal and oropharyngeal swabs (NP/OP swab) for Real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) testing. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens should be kept in separate vials. Refrigerate specimens at 2-8°C.

- Nasopharyngeal swab: Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions.
- Oropharyngeal swab (e.g., throat swab): Swab the posterior pharynx, avoiding the tongue.

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 suspect 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


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

Sincerely,

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