Situation Update:
A novel coronavirus has been identified as the cause of a large respiratory outbreak in Wuhan, China. Many cases have been epidemiologically linked to a large seafood and animal market, suggesting a possible zoonotic origin to the outbreak. However, there are also a number of cases with no such linkage, suggesting limited person-to-person transmission. Travel-related cases have also been identified in Thailand, Japan, and South Korea. At the time of this release, 2 cases have been identified in the United States, both cases are imported. A number of countries, including five airports in the United States, are screening incoming travelers from Wuhan.

Recommendations and guidelines are subject to change as additional information becomes available.

Please see the actions requested of health care systems and clinicians below.

Actions Requested of Healthcare Systems and Clinicians:

1. **Obtain** detailed travel histories for all patients being evaluated for a fever (≥ 100° F) and acute respiratory illness.
   - Implement travel history screening at triage, or at time appointment made

2. **Report immediately** all suspect patients to Yolo County Health and Human Services by phone
   - Follow-up by reporting electronically to Yolo County HHSA via CalREDIE or confidential fax (530) 669-1549.
   - Submit a Confidential Morbidity Report and ALL available medical records.
   - Yolo County HHSA will assist with all Center for Disease Control communications, testing and specimen submissions.
3. **Implement** infection control precautions:
   - Post signs requesting patients with a fever and recent international travel to immediately notify staff
   - Have patient don surgical mask upon arrival
   - For all patients with a positive travel history, immediately place patient in airborne isolation room is available; if not available, place patient in a private room with door closed, and do not allow entry for 2 hours after the patient has vacated the room
   - Use standard, contact, and airborne precautions, along with eye protection (i.e. personal protective equipment [PPE]: N95 mask, gloves, gown, and goggles or face shield).
   - Use proper hand hygiene techniques, emphasizing handwashing. Hand sanitizer is adequate if handwashing is not available.
   - All PPE and specimen collection materials should be disposed in biohazard containers.

4. **Collect** specimens using standard, contact, and airborne precautions (detailed above), and coordinate with Yolo County HHSA for testing and submission.
   - Specimens are only viable for **3 days**, so following the submission protocol, detailed below, in a timely manner is crucial. If it can be done safely and according to collection guidelines, specimen collection should be done while the patient is at the health care facility.
   - Inform Yolo County Public Health if specimens cannot be collected at the health care facility.

**Specimen Guidelines:**
Yolo County Public Health, in consultation with the CDC, will provide guidance regarding which specimens should be collected. Specimens should be obtained per CDC collection guidelines. Since specimen collection guidelines may change more quickly than this guidance, please refer to the CDC Clinical Specimen Guidelines for the most up to date information: [https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html](https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html).

Once specimens are collected, immediately contact Public Health to discuss next steps for CDC submission.

**Collection and storage:**

1. **Serum**
   - *Children and adults:* Collect 1 tube (5-10 mL) of whole blood in a serum separator tube.
   - *Infant:* A minimum of 1 mL of whole blood is needed for testing pediatric patients. If possible, collect 1 mL in a serum separator tube.
   - Serum separator tubes should be stored upright for at least 30 minutes, and then centrifuged at 1000–1300 relative centrifugal force (RCF) for 10 minutes before removing the serum and placing it in a separate sterile tube for shipping (such as a cryovial). Refrigerate the serum specimen at 2-8°C and ship overnight to CDC on ice-pack.

2. **Upper Respiratory Tract**
   - *Nasopharyngeal (NP) swab AND Oropharyngeal (OP) swab:* Use a synthetic fiber swab with plastic shaft. DO NOT use calcium alginate swabs or swabs with wooden shafts.
Nasopharyngeal: insert swab into nostril parallel to the palate, leave swab in place for a few seconds to absorb secretions. Swab both nasopharyngeal areas with the same swab.

AND

Oropharyngeal: swab the posterior pharynx, avoiding the tongue.

Place each swab into a separate sterile tube, each with 2-3 mL of viral transport media. Do NOT combine NP and OP swab specimens; keep swabs in separate viral transport media collection tubes. Refrigerate at 2-8°C.

3. Lower Respiratory Tract

Complete if patient is hospitalized, or if patient is able to self-expectorate. Discuss with Public Health before ordering.

- **Sputum**: Have patient rinse mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sterile collection cup. Refrigerate at 2-8°C.

OR

- **Bronchoalveolar lavage (BAL), tracheal aspirate, or pleural fluid**: 2-3 mL in a sterile, leak-proof, screw-cap sterile collection cup. Refrigerate at 2-8°C.

4. Other Sites:
   a. Urine in sterile container. Refrigerate at 2-8°C.
   b. Stool in sterile container. Refrigerate at 2-8°C.

Additional information about the 2019 novel coronavirus outbreak can be found here:

All Facilities Letter (AFL)

CDPH Novel Coronavirus (nCoV-2019)
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx

CDC Novel Coronavirus (nCoV-2019)