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Cc: [Takenaka, Gavin K](#); [Agaran, Tina K](#); [Mee, Caroline M](#); [CarolineMMee@gmail.com](#)
Subject: Corona Virus
Date: Tuesday, February 4, 2020 10:57:03 AM
Attachments: [Coronavirus - Providers.pdf](#)

Aloha all. Given the recent publicity, I wanted to forward to you the guidelines put out by the Hawaii Department of Health for evaluating patients for possible Coronavirus (see attached). In short, they provide as follows:

IDENTIFY – Report IMMEDIATELY to the Hawaii Department of Health anyone meeting the following criteria:

- Clinical Features:
 - Fever and/or
 - Signs/symptoms of Lower Respiratory Illness such as cough & shortness of breath
- Epidemiologic Risk within 14 days of symptom onset:
 - Travel to China; OR
 - Close contact with a laboratory confirmed 2019-nCoV patient which is defined as a) being within 6 feet for a prolonged time while not wearing Personal Protective Equipment (PPE) or b) having direct contact with their infectious secretions.

ISOLATE – Isolate anyone meeting the above criteria:

- Place a face mask on the patient
- Isolating the patient in a private room/cell with the door closed
- All staff entering the room should wear appropriate PPE

TESTING: Unless instructed otherwise by the Hawaii Department of Health, collect 2 Nasopharyngeal swabs as soon as possible and send them to the State Laboratories Division along with the Hawaii-PUI form (attached).

TREATMENT- At present, no vaccine or specific treatment of 2019-nCoV is available. Care is supportive.

Caroline Mee, MD
Medical Director
Department of Public Safety
Phone (808) 587-1250
Fax (808) 587-3378



State of Hawaii Department of Health

Disease Outbreak Control Division

Issues & Advisories For Providers About Us Contact Us

For Healthcare Providers

Updates and resources for providers

News & Updates

The Disease Outbreak Control Division provides a number of resources for healthcare providers, from updates and advisories, to resources on influenza, vaccinations, antimicrobial resistance, disease information, and other important topics. Healthcare providers can use the DOCD website to report illnesses, obtain information about programs such as Stop Flu at School, and learn about other issues of importance to healthcare providers in Hawaii.

UPDATES

Novel Coronavirus 2019 in Wuhan, China (2019-nCoV)

Updated February 3, 2020

An outbreak of pneumonia of unknown etiology in Wuhan City was initially reported to WHO on December 31, 2019 and subsequently identified when Chinese authorities released the genetic sequence on January 12, 2020.

No vaccine or specific treatment for 2019-nCoV infection is available; care is supportive.

To assist in identifying and assessing patients for possible 2019-nCoV infection, clinicians should ask:

- Does the person have fever or symptoms of lower respiratory infection, such as cough or shortness of breath?
AND
- Has the patient traveled to mainland China within 14 days of symptom onset?
OR
- Has the patient had close contact with a person confirmed with 2019-nCoV infection?

If both exposure and illness are present:

- Place a facemask on the patient and isolate in a private room
- Assess clinical status
- Inform your facility's infection control personnel
- If person meets Patients Under Investigation (PUI) criteria, **inform the Hawaii Department of Health immediately and collect two (2) nasopharyngeal (NP) specimens as soon as possible**
 - Send one (1) specimen for respiratory viral panel testing at your clinical lab, or to SLD if timely testing is not available at your clinical laboratory
 - Send one (1) specimen to SLD to be tested for 2019-nCoV

[Hawaii PUI Form \(nCoV-2019\).pdf](#)

CDC recommends a cautious approach to interacting with patients under investigation.

- Ask patients under investigation to wear a surgical mask as soon as they are identified.
- Conduct their evaluation in a private room with the door closed, ideally an airborne infection isolation room, if available.
- Personnel entering the room should use standard precautions, contact precautions, and airborne precautions and use eye protection (goggles or a face shield).
- For additional infection control guidance, visit [CDC's Infection Control](#) webpage.

Providers should recommend to patients that the best way to prevent transmission of *any* respiratory illness (including flu) is to follow everyday preventive actions:

- Get your flu shot.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at

least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.

- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Medical Advisory – Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-NCoV) in Wuhan, China

CDC Advisory

Interim Guidance for Healthcare Professionals

Flowchart to Identify and Assess 2019 Novel Coronavirus

Hawaii PUI Form (nCoV-2019).pdf

Severe Respiratory Illness Associated with E-cig/Vaping

November 13, 2019

The Centers for Disease Control and Prevention (CDC) and health departments across the nation, including Hawai'i, are investigating lung and stomach injuries associated with the use of e-cigarettes and vaping products (also referred to as "vaping devices"). As of November 5, more than 2,000 cases have been reported in 48 states, including 39 deaths reported in 24 states. Four cases have been identified in Hawaii, one from each county. Two of the cases are adults, and two are adolescents.

If you suspect a patient under your care may have respiratory illness caused by vaping, please complete the case report form:

[Preliminary Vaping Case Report Form \(pdf\)](#)



STATE OF HAWAII
DEPARTMENT OF HEALTH

P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

January 21, 2020

**MEDICAL ADVISORY: UPDATE AND INTERIM GUIDANCE ON
OUTBREAK OF 2019 NOVEL CORONAVIRUS (2019-nCoV) IN
WUHAN, CHINA**

Dear Healthcare Provider:

An outbreak of a 2019 novel coronavirus (2019-nCoV) in Wuhan City, Hubei Province, China has been developing since December 2019. This outbreak now includes over 300 confirmed infections and several deaths in China with confirmed cases also in Thailand, Japan, the Republic of Korea, and the United States (one case in Washington State). While human-to-human transmission appears limited and the severity of illness appears less than SARS, the situation continues to evolve, and the Hawaii Department of Health (HDOH) is monitoring closely. There are *no direct flights from Wuhan, China to Hawaii*; however, residents/visitors from China may still enter our state from other U.S. or international ports of entry. The following recommendations are provided to facilitate management of such persons who may be ill:

Evaluation of Patients Under Investigation (PUI) for 2019-nCoV

Please obtain a detailed travel history for all patients. Anyone meeting the following CDC criteria¹ should be reported immediately to HDOH by phone (number listed below).

Clinical Features	&	Epidemiologic Risk
Fever and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, history of travel from Wuhan City, China. – or – In the last 14 days before symptom onset, close contact ² with a person under investigation for 2019-nCoV while that person was ill.
Fever or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact ² with an ill laboratory-confirmed 2019-nCoV patient.

Reporting, Testing, and Specimen Collection

Please collect multiple clinical specimens from different sites:

¹ <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>

²Close contact is defined as—

a) being within approximately 6 feet (2 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a healthcare waiting area or room with a novel coronavirus case.
– or –

b) having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

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- Lower respiratory (at least sputum)
- Upper respiratory (two [2] nasopharyngeal [NP] specimens)
- Serum

Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset and sent directly to the State Laboratories Division (SLD). At this time, diagnostic testing for 2019-nCoV can be conducted *only* at CDC. A positive result on commercially available respiratory virus panels is NOT indicative of suspected 2019-nCoV infection.

Interim Healthcare Infection Control Recommendations

Although the transmission dynamics have yet to be determined, per CDC recommendations:

- Place surgical mask on all PUI patients and place in a private room with door closed, ideally an airborne infection isolation room if available.
- Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield).

For additional infection control practice resources, see CDC’s Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>).

Providers should notify infection control personnel and HDOH’s Disease Outbreak Control Division immediately if any patients meet PUI criteria for 2019-nCoV.

If you have any questions or need to report a PUI, please contact HDOH at one of the numbers below.

- Oahu (Disease Reporting Line)..... (808) 586-4586
- Maui District Health Office..... (808) 984-8213
- Kauai District Health Office..... (808) 241-3563
- Big Island District Health Office (Hilo)..... (808) 933-0912
- Big Island District Health Office (Kona)..... (808) 322-4877
- After hours on Oahu..... (808) 600-3625
- After hours on neighbor islands.....(800) 360-2575 (toll free)

We will continue to keep you apprised and provide updated guidelines as needed and as this situation evolves. Thank you for your help in protecting our community.

Sincerely,



Sarah Y. Park, MD, FAAP
State Epidemiologist

**** This message contains privileged communication between the Department of Health and clinicians and should not be shared with or forwarded to those not included among the original recipients. ****

Emergency Preparedness and Response

Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV)



Distributed via the CDC Health Alert Network
February 1, 2020, 0900 ET (9:00 AM ET)
CDCHAN-00427

Summary

The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of respiratory illness caused by a novel coronavirus (2019-nCoV) that was initially detected in Wuhan City, Hubei Province, China in December 2019.

This CDC Health Alert Network (HAN) Update provides a situational update and interim guidance to state and local health departments that supersedes guidance in CDC's HAN 426 distributed on January 17, 2020. It also adds

- guidance for clinicians caring for patients with 2019-nCoV (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>),
- and for public health officials on the evaluation and testing of patients under investigation (PUIs) for 2019-nCoV (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>), and
- updated infection prevention and control guidance specific to 2019-nCoV (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>).

Early in the outbreak, many of the patients with respiratory illness caused by 2019-nCoV in China had exposure to a large seafood and live animal market, suggesting animal-to-human transmission. More recently, cases have been confirmed with no exposure to animal markets, indicating that person-to-person spread of the virus has occurred. Chinese officials report that sustained person-to-person spread in the community is occurring in China.

The first US case-patient was identified on January 21, 2020, and had recently traveled from Wuhan, China. Since that time, six additional cases have been confirmed in the United States, four among persons who traveled from Wuhan, and one a close contact of a confirmed case. Globally, reported illnesses in people with 2019-nCoV have ranged from mild (no or few signs and symptoms), to severe, including death. These findings are consistent with other coronaviruses, including Severe Acute Respiratory Syndrome (SARS) (<https://www.cdc.gov/sars/>) and Middle East Respiratory Syndrome (MERS) (<https://www.cdc.gov/coronavirus/mers/index.html>). Additional information about 2019-nCoV is needed to better understand transmission, disease severity, and risk to the general population. The goal of the ongoing US public health response is to identify and contain this outbreak and prevent sustained spread of 2019-nCoV in the United States.

Recommendations for Screening of Patients for 2019-nCoV in Healthcare Facilities

Recommendations for screening of patients for possible 2019-nCoV infection are based on (1) current knowledge of the characteristics of clinical illness observed in early cases, and (2) the geographic distribution of current cases. They reflect the current public health goal of rapidly containing and preventing transmission of 2019-nCoV illness.

Patients presenting to healthcare facilities should be assessed for exposures associated with risk of 2019-nCoV infections (e.g., travel to China or close contact with a confirmed case) and for symptoms consistent with 2019-nCoV infection (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>). The assessment is intended to allow healthcare providers to make decisions about appropriate infection control and management of patients. Note that the signs and symptoms of 2019-nCoV overlap with those associated with other viral respiratory tract infections. Given the time of year, common respiratory illnesses, including influenza, should also be considered in patients who are screened. (Figure 1)

Clinicians should ask:

- Does the person have fever or symptoms of lower respiratory infection, such as cough or shortness of breath?

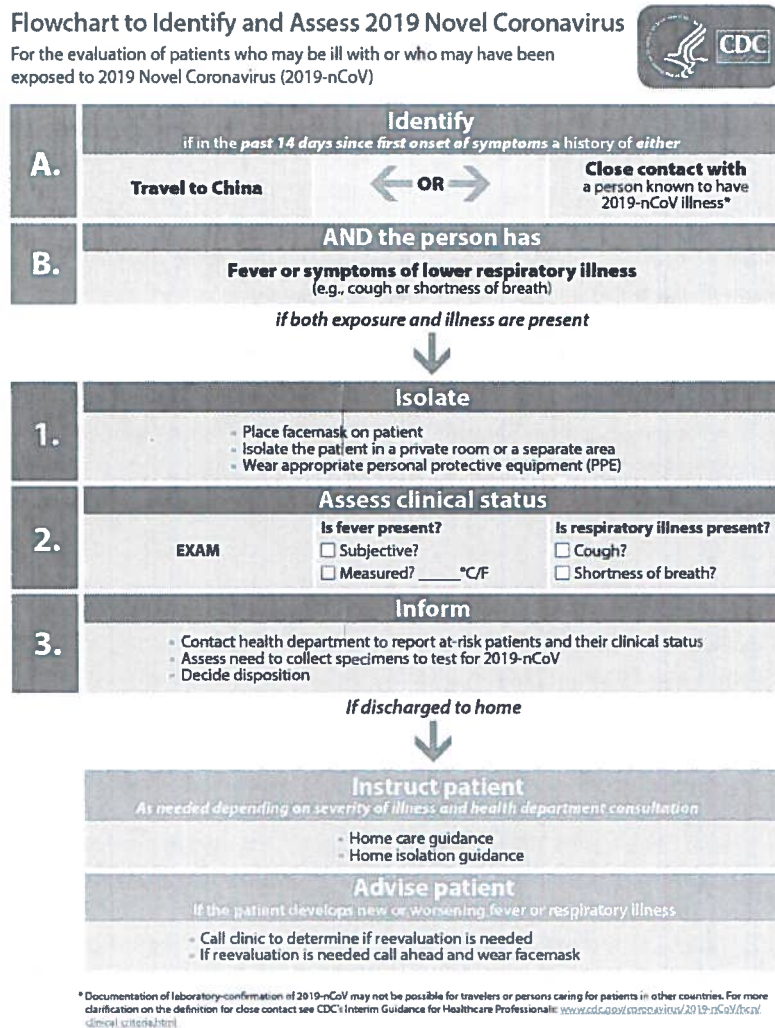
AND

- Has the patient traveled to mainland China within 14 days of symptom onset?

OR

- Has the patient had close contact¹ with a person confirmed with 2019-nCoV infection?

Figure 1.



If a patient meets these criteria:

- To minimize the risk that other people will be exposed to individuals who may have 2019-nCoV, patients who report having these symptoms should be asked to wear a surgical mask as soon as they are identified and directed to a separate area, if possible, with at least 6 feet (2 meters) separation from other persons. Patients should be evaluated in a private room with the door closed, ideally an airborne infection isolation room (AIIR), if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). For more information about this, see CDC's *Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting* (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>).

Clinicians should immediately notify the healthcare facility's infection control personnel and local health department. The health department will determine if this patient needs to be considered a PUI for 2019-nCoV and be tested for infection.

Criteria to Guide Evaluation and Testing of Patients Under Investigation (PUI) for 2019-nCoV

Local health departments, in consultation with clinicians, should determine whether a patient is a PUI for 2019-nCoV. The CDC clinical criteria for 2019-nCoV PUIs have been developed based on available information about this novel virus, as well as what is known about SARS and MERS. These criteria are subject to change as additional information becomes available.

Clinical Features	AND	Epidemiologic Risk
Fever ² or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact ¹ with a laboratory-confirmed ³ 2019-nCoV patient within 14 days of symptom onset
Fever ² and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province, China within 14 days of symptom onset
Fever ² and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ⁴	AND	A history of travel from mainland China within 14 days of symptom onset

These criteria are intended to serve as guidance for evaluation and testing. Patients should be evaluated and discussed with public health departments on a case-by-case basis for possible 2019-nCoV infection. Testing decisions might be further informed by the clinical presentation or exposure history (e.g., uncertain travel or exposure), and the presence of an alternative diagnosis that explains their clinical presentation.

Recommendations for Reporting, Testing, and Specimen Collection

Healthcare providers should immediately notify infection control personnel at their healthcare facility if a patient is classified a PUI for 2019-nCoV. State health departments that have identified a PUI should immediately contact CDC's Emergency Operations Center (EOC) at 770-488-7100 and complete a 2019-nCoV PUI case investigation form (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html#reporting-testing-specimen-collection>). CDC's EOC will assist local and state health departments with obtaining, storing, and shipping appropriate specimens to CDC, including afterhours or on weekends or holidays. Currently, diagnostic testing for 2019-nCoV can be done only at CDC. Testing for other respiratory pathogens should not delay specimen shipping to CDC.

For initial diagnostic testing for 2019-nCoV, CDC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those patients with productive coughs. Induction of sputum is not indicated. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See *Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for 2019 Novel Coronavirus (2019-nCoV)* (<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>).

Recommendations for Healthcare Providers

No vaccine or specific treatment for 2019-nCoV infection is available. At present, medical care for patients with 2019-nCoV is supportive.

Persons with confirmed or suspected 2019-nCoV infection who are hospitalized should be evaluated and cared for in a private room with the door closed, ideally an airborne infection isolation room, if available. For more information, see *Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting* (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>).

Home care and isolation may be an option, based on clinical and public health assessment, for some persons. Please see *Interim Guidance for Preventing the Spread of 2019 Novel Coronavirus (2019-nCoV) in Homes and Communities* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>).

Those isolated at home should be monitored by public health officials to the extent possible. Refer to *Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (2019-nCoV)* (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html>) for more information.

Notes

¹Close contact is defined as:

a) being within approximately 6 feet (2 meters), or within the room or care area, of a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case

- or -

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

²Fever may be subjective or confirmed

See CDC's updated *Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-nCoV) in a Healthcare Setting* (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control.html>).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

³ Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

⁴ Category also includes any member of a cluster of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which 2019-nCoV is being considered that requires hospitalization. Such persons should be evaluated in consultation with state and local health departments regardless of travel history.

For More Information

More information is available at the 2019 Novel Coronavirus website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) or by

calling 800-CDC-INFO | (800-232-4636) | TTY: (888) 232-6348

The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national and international organizations.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

HAN Message Types

- **Health Alert:** Conveys the highest level of importance; warrants immediate action or attention.
- **Health Advisory:** Provides important information for a specific incident or situation; may not require immediate action.
- **Health Update:** Provides updated information regarding an incident or situation; unlikely to require immediate action.
- **Info Service:** Provides general information that is not necessarily considered to be of an emergent nature.

###

This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations.

###

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Additional Resources

- [HAN Archive By Year](#)
- [HAN Types](#)
- [Sign Up for HAN Email Updates](#)

2019 Novel Coronavirus

Interim Guidance for Healthcare Professionals

Updated February 2, 2020

Limited information is available to characterize the spectrum of clinical illness associated with 2019-nCoV. No vaccine or specific treatment for 2019-nCoV infection is available; care is supportive.

The CDC clinical criteria for a 2019-nCoV patient under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available.

Health care providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. CDC guidance for evaluating and reporting a PUI for MERS-CoV remains unchanged.



Flowchart to Identify and Assess 2019 Novel Coronavirus

Printable resource for healthcare professionals for the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV).

[Learn more](#)

Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV

Patients in the United States who meet the following criteria should be evaluated as a PUI for 2019-nCoV.



Contact your local or state health department

Healthcare providers should immediately notify their local or state health department in the event of a PUI for 2019-nCoV.

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact ² with a laboratory-confirmed ^{3,4} 2019-nCoV patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province, China ⁵ within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ⁴	AND	A history of travel from mainland China ⁵ within 14 days of symptom onset

The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

Recommendations for Reporting, Testing, and Specimen Collection

Updated February 3, 2020

Healthcare providers should immediately notify both infection control personnel at their healthcare facility and their local or state health department in the event of a PUI for 2019-nCoV. State health departments that have identified a PUI should immediately contact CDC's Emergency Operations Center (EOC) at 770-488-7100 and complete a 2019-nCoV PUI case investigation form available below.

- Download fillable PDF form  [PDF – 211 KB]
- Download Microsoft Word form  [DOC – 90 KB]

CDC's EOC will assist local/state health departments to collect, store, and ship specimens appropriately to CDC, including during afterhours or on weekends/holidays. At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC.

Testing for other respiratory pathogens should not delay specimen shipping to CDC. If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with public health authorities, they may no longer be considered a PUI. This may evolve as more information becomes available on possible 2019-nCoV co-infections.

For biosafety reasons, it is not recommended to perform virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI for 2019-nCoV.

To increase the likelihood of detecting 2019-nCoV infection, CDC recommends collecting and testing multiple clinical specimens from different sites, including two specimen types—lower respiratory and upper respiratory. Additional specimen types (e.g., stool, urine) may be collected and stored. Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset. Additional guidance for collection, handling, and testing of clinical specimens is available.

Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019-nCoV

- [Interim Health Care Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus](#)
- [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Health Care Settings](#)
- [CDC Health Alert Network Advisory Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus \(2019-nCoV\)](#)

Footnotes

¹Fever may be subjective or confirmed

²Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case – *or* –

b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC's updated [Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus](#).




Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

³Documentation of [laboratory-confirmation](#) of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

⁴Category also includes any member of a cluster of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which 2019-nCoV is being considered that requires hospitalization. Such persons should be evaluated in consultation with state and local health departments regardless of travel history.

⁵For persons with travel to China within 14 days that are being regularly monitored by local health departments or referred for evaluation from border screening, testing for nCoV can be considered at the discretion of the health officials for all persons with illnesses with fever and lower respiratory symptoms (those hospitalized and those not hospitalized).

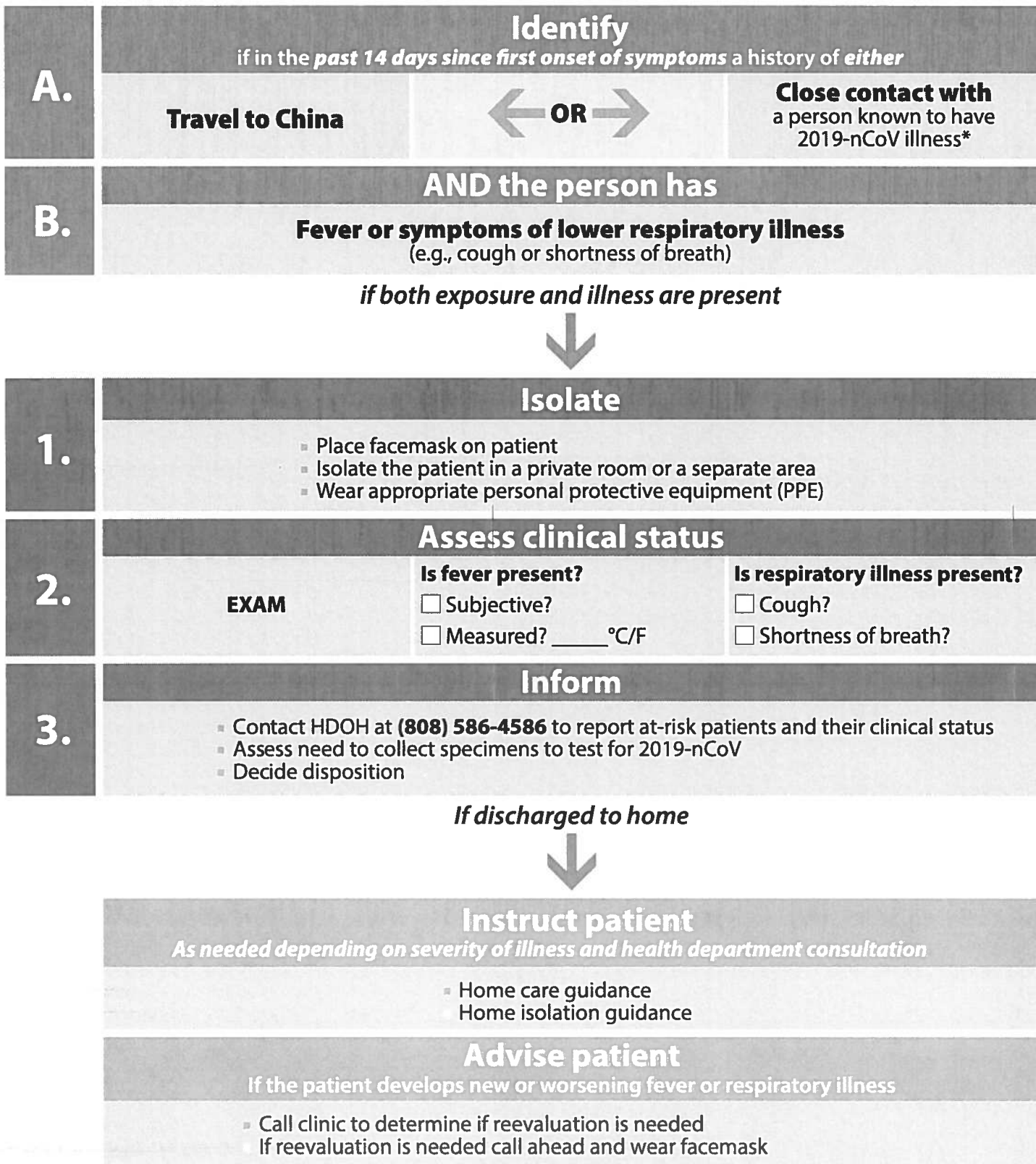
Additional Resources:

- [Directory of Local Health Departments](#) 
- [World Health Organization \(WHO\) Coronavirus](#) 
- [WHO guidance on clinical management of severe acute respiratory infection when novel coronavirus \(nCoV\) infection is suspected](#) 

Page last reviewed: February 3, 2020

Flowchart to Identify and Assess 2019 Novel Coronavirus

For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)



* Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries. For more clarification on the definition for close contact see CDC's Interim Guidance for Healthcare Professionals: www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html



Interim 2019 Novel Coronavirus (2019-nCoV) Patient Under Investigation (PUI) Form

Hawaii MAVEN ID _____
CDC nCoV ID _____

Notify hospital infection preventionist and implement contact, droplet, and airborne precautions immediately. As soon as possible send completed form to Hawaii Department of Health, Disease Outbreak Control Division by fax (808)586-4595 or secure/encrypted email at doh.epi1@doh.hawaii.gov. Call to notify and confirm receipt of fax at (808)586-4586.

Today's date _____ State HI County _____ NNDSS local record ID/Case ID¹ _____

Interviewer's name _____ Phone _____ Email _____

Physician's name _____ Phone _____ Pager or Email _____

Sex M F Age _____ yr mo Residency US resident Non-US resident, country _____

PUI Criteria

Date of symptom onset _____

Does the patient have the following signs and symptoms (check all that apply)?

Fever² Cough Sore throat Shortness of breath

In the 14 days before symptom onset, did the patient:

Spend time in Wuhan City, China? Y N Unknown

Does the patient live in Wuhan City? Y N Unknown

Date traveled to Wuhan City _____ Date traveled from Wuhan City _____ Date arrived in US _____

Have close contact³ with a person who is under investigation for 2019-nCoV while that person was ill? Y N Unknown

Have close contact³ with a laboratory-confirmed 2019-nCoV case while that case was ill? Y N Unknown

Additional Patient Information

Is the patient a health care worker? Y N Unknown

Have history of being in a healthcare facility (as a patient, worker, or visitor) in Wuhan City, China? Y N Unknown

Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated? Y N Unknown

Does the patient have these additional signs and symptoms (check all that apply)?

Chills Headache Muscle aches Vomiting Abdominal pain Diarrhea Other, Specify _____

Diagnosis (select all that apply): Pneumonia (clinical or radiologic) Y N Acute respiratory distress syndrome Y N

Comorbid conditions (check all that apply): None Unknown Pregnancy Diabetes Cardiac disease Hypertension

Chronic pulmonary disease Chronic kidney disease Chronic liver disease Immunocompromised Other, specify _____

Is/was the patient: Hospitalized? Y, admit date _____ N Admitted to ICU? Y N

Intubated? Y N On ECMO? Y N Patient died? Y N

Does the patient have another diagnosis/etiology for their respiratory illness? Y, Specify _____ N Unknown

Respiratory diagnostic results

Test	Pos	Neg	Pending	Not done
Influenza rapid Ag <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. metapneumovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parainfluenza (1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test	Pos	Neg	Pending	Not done
Rhinovirus/enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronavirus (OC43, 229E, HKU1, NL63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. pneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. pneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specimens for 2019-nCoV testing

Specimen type	Specimen ID	Date collected	Sent to CDC?
NP swab			<input type="checkbox"/>
OP swab			<input type="checkbox"/>
Sputum			<input type="checkbox"/>
BAL fluid			<input type="checkbox"/>
Tracheal aspirate			<input type="checkbox"/>

Specimen type	Specimen ID	Date collected	Sent to CDC?
Stool			<input type="checkbox"/>
Urine			<input type="checkbox"/>
Serum			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>
Other, specify _____			<input type="checkbox"/>

¹ For NNDSS reporters, use GenV2 or NETSS patient identifier.

² Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations

³ Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.