

JB Pritzker, Governor

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Summary and Action Items

- CDC has expanded the area of China used in making a patients under investigation (PUI) designation.
- Patients presenting with fever and respiratory symptoms should be asked at triage about travel to China, or if any known contact with a 2019-nCoV case.
- Suspect Patients Under Investigation (PUIs) should be immediately placed in respiratory isolation (preferably airborne isolation).
- Healthcare providers should promptly notify both infection control personnel at their facility and the local health department in the event of a PUI.
- A PUI form should be completed for all suspect PUIs.
- Diagnostic specimens for all PUIs, including upper respiratory, lower respiratory and serum samples, should be collected and sent to any IDPH laboratory, after approval from your local health department.
- Testing for other respiratory pathogens should be conducted as clinically indicated.
- Local health departments should ensure that providers in their area know how to contact them during work hours or after work hours for 2019-nCoV questions.

Background

CDC has updated guidance on the criteria for a PUI. The guidance includes new areas of exposure outside Wuhan City, China.

This is a rapidly evolving situation. [CDC's 2019-nCoV webpage](#) will be updated with the latest epidemiological information.

Diagnostic Testing

Testing for 2019-nCoV is currently only being conducted at the CDC, and approval must be obtained through your local health department.

Infection Control

CDC currently recommends a cautious approach to PUIs for 2019-nCoV. PUIs should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the 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). Immediately notify your healthcare facility's infection control personnel and local health department.

Increased vigilance should be used with performance of aerosol generating procedures which have been associated with increased risk of transmission of SARS-CoV and MERS-CoV including: tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy.

Symptoms

Patients who meet the following criteria are considered a PUI for 2019-nCoV.

Clinical Features	&	Epidemiologic Risk
Fever ¹ or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the 14 days before symptom onset: Any person, including health care workers, who have had close contact ² with a laboratory confirmed ^{3,4} 2019-nCoV patient
Fever ¹ and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the 14 days before symptom onset: <ul style="list-style-type: none">• a history of travel from Hubei province, China
Fever ¹ and symptoms of lower respiratory illness (e.g., cough, difficulty breathing) requiring hospitalization ⁴	and	In the 14 days before symptom onset: <ul style="list-style-type: none">• A history of travel from mainland China

¹Fever may be subjective or confirmed. Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking fever-reducing medications. Clinical judgement should be used to guide testing of patients in these situations.

²Close contact is defined by being within 6 feet (12 meters) or within the room or care area of a 2019-nCoV case for a prolonged period of time while not wearing recommended 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 2019-nCoV case OR by having direct contact with infectious secretions of a 2019-nCoV case (e.g. being coughed on) while not wearing PPE. Consider duration of contact and clinical symptoms of ill patient to inform “close contact.”

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

If there is uncertainty, patients should be evaluated and discussed with local health departments on a case-by-case basis. **The exposure locations under Epidemiologic Risk will continue to evolve and are subject to change.**

Reporting

Local health departments should ensure that providers in their area know how to contact them during and after business hours.

In the event of a PUI for 2019-nCoV, healthcare providers should immediately notify infection control personnel at their healthcare facility, their [local health department](#) or the Illinois Department of Public Health (Phone: 217-782-2016) if unable to reach your LHD.

Contact

- For additional information or questions, please contact the IDPH Communicable Disease Section at 217-782-2016; after hours, phone 800-782-7860.
- To report suspected Patients Under Investigation (PUI) cases of 2019-nCoV, please contact your local health department.

Additional Resources

IDPH Website: <http://dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-z-list/coronavirus>

CDC 2019 Novel Coronavirus, Wuhan China Situation Summary:
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Target Audience

Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Preventionists, Health Care Providers, and Laboratories

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