



Health Alert



Lori Lightfoot, Mayor

Chicago Health Alert Network

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Novel Coronavirus (2019-nCoV) update: Chicago O'Hare international airport to be added as screening site for travelers entering US from Wuhan City, China.

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Summary and Action Items:

- Chinese authorities have confirmed more than 200 human infections in China with 6 deaths. Exported cases have been confirmed in Thailand, Japan, South Korea, and today, the first in the U.S. (Washington State).
- O'Hare International airport will be one of 5 airports conducting active screening for illness in passengers entering the US who traveled from or through Wuhan City, China, with screening beginning later this week.
- Any travelers meeting case definition for a Patient Under Investigation (PUI) for 2019-nCoV should be reported to the Chicago Department of Public Health (CDPH). Contact Communicable Disease Medical Director at 312-746-6034 or call 311 and ask for the Communicable Disease Physician on call.

Background: The Centers for Disease Control and Prevention (CDC) is closely monitoring an outbreak caused by a novel coronavirus (2019-nCoV) in Wuhan City, Hubei Province, China. Chinese authorities identified the new coronavirus, which has resulted in more than 200 confirmed human infections in China with six known deaths to date reported and exported cases in Thailand, Japan, South Korea, and now the United States. (Washington state). A number of countries, including the United States, are actively screening incoming travelers from Wuhan, China. Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people such as has been seen with Middle Eastern Respiratory Syndrome ([MERS](#)) and Severe Acute Respiratory Syndrome ([SARS](#)). Past MERS and SARS outbreaks have been complex, requiring comprehensive public health responses.

Many patients in the outbreak in Wuhan, China have reportedly had some link to a large seafood and animal market, suggesting animal-to-person spread. However, a growing number of patients have not had exposure to animal markets, suggesting limited person-to-person spread is occurring. Investigations are ongoing to learn more. This is a rapidly evolving situation and updates will be provided as more information becomes available.

Symptoms: Patients who meet the following criteria should be evaluated as a PUI in association with the outbreak of 2019-nCoV in Wuhan City, China. If there is uncertainty about travel or exposure and consistent clinical presentation, patient should be evaluated and discussed with public health departments on a case-by-case basis. The exposure locations under Epidemiologic Risk will continue to evolve and are subject to change. See [CDC 2019 novel coronavirus situation summary](#).

Clinical Features	&	Epidemiologic Risk
Fever ¹ and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset: <ul style="list-style-type: none"> • a history of travel from Wuhan City, China • -or-close contact² with a person who is under investigation for 2019-nCoV while that person was ill.
Fever ¹ or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset: <ul style="list-style-type: none"> • close contact² with an ill laboratory-confirmed 2019-nCoV patient

¹Fever 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."

Diagnostic Testing: Testing for other respiratory pathogens should not delay specimen shipping to CDC via Illinois Department of Public Health (IDPH) in collaboration with CDPH. Clinical evaluation should involve consultation with public health authorities to review risk factors and facilitate diagnostic testing. This may evolve as more information becomes available on possible 2019-nCoV co-infections. Patients should be tested for commonly circulating viral infections including influenza, RSV, and other respiratory pathogens.

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 all three specimen types—lower respiratory (bronchoalveolar lavage, tracheal aspirate, sputum), upper respiratory (nasopharyngeal AND oropharyngeal swab using synthetic fiber swabs with plastic shafts placed in separate vials with 2-3mL viral transport medium), and serum specimens collected in serum separator tube. 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 CDC guidance for collection, handling, and testing of clinical specimens is available.](#) Refrigerate specimens at 2-8°C and ship on ice pack by expedited shipping to IDPH for overnight shipment to CDC. An authorization code must be provided prior to shipment. Additional local shipping instructions available on HAN page <https://www.chicagohan.org/2019-ncov>.

Airport Screening: Travelers from Wuhan receive a Traveler Information card with instructions to monitor for symptoms of fever, cough, or difficulty breathing. If these symptoms occur within 2 weeks after travel to Wuhan, China the traveler should see a healthcare provider and call ahead to notify of potential exposure to 2019-nCoV. Airports conducting health assessment screening of travelers arriving on direct or connecting flights from Wuhan include San Francisco (SFO), New York (JFK), Los Angeles (LAX), Atlanta (ATL), and Chicago (ORD). At this time, travelers who are asymptomatic will not be actively monitored. Identified travelers needing clinical evaluation will be transferred from ORD to the closest hospital with airborne isolation capacity. Travelers who develop symptoms after arrival may present un-announced to triage in any Emergency Department or medical setting.

Infection Control: Although the transmission dynamics have yet to be determined, CDC currently recommends a cautious approach to patients under investigation for 2019-nCoV. Such patients should be asked to wear a surgical mask as soon as they are identified and should be evaluated in a private room with the door closed, ideally in an airborne infection isolation room if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or a face shield). Immediately notify your healthcare facility's infection control personnel and local health department. At this time, information is lacking to definitively determine a recommended duration for keeping patients in isolation precautions. Duration of precautions should be determined on a case-by-case basis in consultation with CDPH. The duration a room should remain empty after a PUI vacates it depends on the Air Changes per hour (ACH) of that particular room (e.g. an airborne isolation room with 12 ACH would require 35 minutes for 99.9% removal efficiency of airborne contaminants (<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm>, Table 1 and Table 2). Increased vigilance should be used with performance of *aerosol generating procedures* which have been associated with increased risk of transmission of SARS and MERS including: tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, and bronchoscopy. Unprotected healthcare personnel should not be allowed in a room where an aerosol-generating procedure has been conducted until sufficient time has elapsed to remove potentially infectious particles.

Reporting: In the event of a PUI for 2019-nCoV, healthcare providers should immediately notify both infection control personnel at their healthcare facility and CDPH by contacting Dr. Stephanie Black in the Communicable Disease Program at 312-746-6034 or by calling 311 and requesting to speak with the physician on call. A 2019-nCoV PUI form should be completed. Epidemiologic information to be gathered includes dates of travel to Wuhan, time spent in a healthcare facility in Wuhan City, China as a patient, worker, or visitor, member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which 2019-nCoV is being evaluated, comorbid conditions, symptoms and diagnostic testing completed.

Contact:

- For additional information or questions, please contact Communicable Disease Program Medical Director Stephanie Black, MD at 312-746-6034 or stephanie.black@cityofchicago.org.
- To report suspected PUI cases of 2019 novel coronavirus, please contact Dr. Black at 312-746-6034 or call 311 and ask to speak with the medical director on call.

Resources:

- [CDC 2019 Novel Coronavirus, Wuhan China Situation Summary](#)
- [CDC Interim Guidance for Healthcare Professionals and criteria for evaluation of patients under investigation 2019 novel coronavirus:](#)
- [CDC Interim Healthcare Infection Prevention and Control Recommendations for patients under investigation for 2019 novel coronavirus](#)
- [WHO infection prevention and control during health care when novel coronavirus \(nCoV\) is suspected](#)
- [CDC Information for Laboratories for working with specimens from patients under investigation for human infections with 2019 novel coronavirus](#)