

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

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State Surgeon General

**Vision:** To be the Healthiest State in the Nation

**UPDATED: Detection and Reporting of 2019 Novel Coronavirus (2019-nCoV)**

January 31, 2020

The Florida Department of Health (Department) would like to update health care providers and laboratories on the detection and reporting of novel Coronavirus (2019-nCoV) currently causing an outbreak of respiratory illness that originated in China. The Department is collaborating with the Centers for Disease Control and Prevention (CDC) to conduct surveillance for persons who may have been exposed to or infected with 2019-nCoV while traveling to China and arrange for confirmatory testing.

As of January 31, 2020, six 2019-nCoV infections have been confirmed in the United States. Limited person-to-person transmission was detected in Illinois, when a case's spouse acquired the infection. No cases have been identified in Florida. Since the outbreak began in December, over 9,000 confirmed cases have been reported in China and the number is rising. Please review the latest CDC Health Alert Network Update for more details: <https://emergency.cdc.gov/HAN/>.

Health care providers should obtain a detailed international travel and potential exposure (i.e. health care work, contact with cases) history for patients being evaluated with fever or acute lower respiratory illness.

**Health care providers are asked to report to their county health department (FloridaHealth.gov/chdepcontact) any patient who meets the criteria below.**

Per guidance from the CDC, patients in the United States who meet the following criteria should be evaluated as a patient under investigation (PUI) for 2019-nCoV.

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

**Health care providers should immediately notify both infection control personnel at their health care facility and their county health department (FloridaHealth.gov/chdepcontact) if they identify a PUI for 2019-nCoV.**

Patients should be evaluated and discussed with county health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

### **Specimen Collection for 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, upper respiratory** (oropharyngeal and nasopharyngeal in separate containers of viral transport media), **and serum specimens**. 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.

### **Health Care Infection Prevention and Control Recommendations**

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. They should be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Health care personnel entering the room should use contact and airborne precautions, including use eye protection (e.g., goggles or a face shield).

### **Hospital and Health Care Professional Preparedness**

The Department recommends that hospitals and health care professionals prepare to identify and treat patients with novel coronavirus. The CDC has developed preparedness checklists to guide this effort. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>

### **Additional Resources**

[www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html](http://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html)

<sup>1</sup>Fever may be subjective or confirmed

<sup>2</sup>Close 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.

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

<sup>4</sup>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.