

**Health Advisory: Update & Interim Guidance on Outbreak of 2019 Novel Coronavirus (2019-nCoV),  
February 2, 2020**

**Action requested:** CDC has created a flow diagram to assist clinicians in assessing patient for 2019-nCoV (attached, and see <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>). Clinicians may use the flow diagram in concert with CDC Criteria to Guide Evaluation of Persons 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:

- **Fever<sup>1</sup> 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<sup>2</sup> with a laboratory-confirmed<sup>3,4</sup> 2019-nCoV patient within 14 days of symptom onset
- **Fever<sup>1</sup> AND signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)  
AND**
  - A history of travel from Hubei Province, China<sup>5</sup> within 14 days of symptom onset
- **Fever<sup>1</sup> AND signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)  
requiring hospitalization<sup>4</sup>  
AND**
  - A history of travel from mainland China<sup>5</sup> 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 (206-296-4774) on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).**
- **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>).**

**NOTES**

<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) 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.

<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.

<sup>5</sup>For 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).

**Resources:**

- Complete information from CDC is available at [www.cdc.gov/coronavirus/2019-ncov](http://www.cdc.gov/coronavirus/2019-ncov)