



## Key Points

- Consider novel coronavirus (2019-nCoV) infection in patients with fever and respiratory symptoms who recently travelled to anywhere in China but in particular Wuhan, China.
- Investigate and manage patients for respiratory illness using standard practices.
- For patients with severe respiratory illness, in the emergency department consider early infectious diseases and intensive care review where appropriate.
- Contact your state/territory public health unit or communicable disease branch for advice on suspected cases including diagnostic testing and specimen collection (for contact details visit [www.health.gov.au](http://www.health.gov.au)).

## Current Situation

- There has been an outbreak of a novel (new) coronavirus (2019-nCoV) originating in Wuhan, China.
- There is some evidence of human-to-human transmission and some hospital workers have been infected.
- There is not enough information yet to determine the incubation period, the rate of infection or the animal source of the virus.

## Identify Symptoms and Exposure History

*Does the patient meet the following criteria?*

As the full clinical spectrum of illness is not known, clinical and public health judgement should be used to determine the need for testing in patients who **do not** meet the clinical criteria below.

If the patient satisfies the epidemiological AND clinical criteria (listed below), they are classified as a **suspected case**:

<p><u><i>Epidemiological criteria</i></u> Travel to Wuhan City (Hubei Province, China) in the 14 days before the onset of illness. <b>OR</b> Travel to an area* with evidence of sustained human-to-human transmission, or a declared outbreak, within 14 days before onset of illness. <b>OR</b> Close contact in 14 days before illness onset with a confirmed case of 2019-nCoV.</p>
<p><u><i>Clinical criteria</i></u> Fever or history of fever (<math>\geq 38</math> °C) and acute respiratory infection (sudden onset of respiratory infection at least one of: shortness of breath, cough or sore throat). <b>OR</b> Severe acute respiratory infection requiring admission to hospital with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome (i.e. even if no evidence of fever).</p>

\* Please refer to the department's [website](#) for latest advice on areas with sustained human-to-human transmission.

The above criteria are provisional only. They will be revised by public health authorities over time as more precise information emerges on the outbreak including characteristics of transmission, incubation and infectivity period and geographical spread. Updated information will be communicated.



## Action for Patients who meet criteria

### *Personal Protection*

- Place a surgical mask on the patient upon entry into the Emergency Department.
- Place patient in a room, with negative pressure air-handling (if available).
- Use **standard** plus **contact** plus **droplet** transmission precautions including a disposable fluid resistant gown, gloves, surgical mask, and eye protection while reviewing the patient
- **Airborne** precautions, i.e. a P2 or equivalent particulate filter respirator and eye protection must also be used while collecting specimens in a negative pressure room if available.

### *Seek Advice*

- General Practitioners referring suspected cases should have already contacted your state/territory public health unit or communicable disease branch. Your emergency department should have been notified if a suspected case is being transferred to your hospital.
- If a suspected case self presents to your emergency department, immediately contact your state/territory public health unit or communicable disease branch.

### *Early Supportive Therapy and Monitoring*

- If a patient is in respiratory distress, hypoxaemia or shock,
- immediately give supplemental oxygen and empirical antibiotics.
- For patients who are not in distress, provide supportive therapy as needed.

### *Investigations*

- The local public health unit will provide advice on the exact specimens required for specialised testing to identify whether the patient has novel coronavirus (2019-nCoV), the approved collection methods and equipment for collecting specimens and the protocols for handling, storage and transport to correct laboratory.
- *Collect all three specimen types (not just one or two of the three), i.e., lower respiratory (sputum); upper respiratory (nasopharyngeal and oropharyngeal swabs): and serum specimens for testing is recommended for specialised testing*
- Undertake investigations for alternative causes including blood for culture, multiplex PCR for respiratory pathogens, and serum for serology \*\*.

### *For patients with confirmed 2019-nCoV infection*

- Hospitalised patients should have repeated URT and LRT samples collected to demonstrate viral clearance. The frequency of collection will depend on local circumstances under the advice of your Public Health Unit.
- A week or two after confirming the diagnosis, convalescent serum should be collected for serology.

\*\* Please refer to the Public Health Laboratory Network (PHLN) website <https://www1.health.gov.au/internet/main/publishing.nsf/content/Publications-13> for further information on routine tests to rule in or out possible alternate causes for the patient's illness.

## Additional information

The Department of Health will provide regular updates as more information on this situation becomes available: [www.health.gov.au](http://www.health.gov.au)

For additional information on novel coronavirus (2019-nCoV) visit the World Health Organization website: <https://www.who.int/health-topics/coronavirus>