



# COMMONWEALTH of VIRGINIA

## Department of Health

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### 2019-nCoV

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Dear Colleague,

The novel coronavirus (2019-nCoV) outbreak that began in Wuhan City, China continues to rapidly evolve. The Centers for Disease Control and Prevention (CDC) considers the immediate risk of 2019-nCoV infection to the American public to be low based on available information. On January 27, CDC raised the travel advisory for China to the highest level, [Level 3 \(Avoid Nonessential Travel\)](#). CDC recommends that travelers avoid all nonessential travel to China.

Chinese health officials have reported more than two thousand infections with 2019-nCoV. Additional cases have been identified in an increasing number of countries. In the United States, five cases have been confirmed in four states (WA, IL, CA, AZ) as of January 27 at 5:00 PM. The number of confirmed cases will likely increase in the coming weeks.

On January 26, we announced three Patients Under Investigation (PUI) in the central (2) and northern (1) health planning regions of Virginia. A PUI is an individual who meets both clinical and epidemiologic criteria for 2019-nCoV. Two of the three PUIs have since tested negative and are not cases. As of January 27, there are no confirmed cases of 2019-nCoV in Virginia.

Symptoms have included fever, cough and shortness of breath. Based on what we know about other coronaviruses, symptoms may appear anywhere from two to 14 days after exposure. The severity has ranged from mild to severe, including some deaths. Based on preliminary information, older adults with underlying health conditions might be at increased risk of severe disease. Person-to-person spread of 2019-nCoV is occurring in China. It is unclear how easily or sustainably this virus is spreading between people. Investigations are ongoing to learn more and we expect clinical guidance to be revised. On January 17, 2020, CDC issued [updated interim guidance](#) to assist U.S. healthcare providers in the identification, evaluation, and reporting of a PUI for 2019-nCoV infection. Clinicians are advised to do the following:

1. Check the [VDH Novel Coronavirus Webpage](#) for the most up-to-date guidance.
2. Obtain a detailed travel history for patients with fever or acute respiratory illness..
3. If a patient meets the [criteria of a PUI](#):
  - Ask the patient to wear a surgical mask as soon as the PUI is identified.
  - Evaluate the patient in a private room with the door closed, ideally in an airborne infection isolation room if available.
  - Use standard, contact and airborne precautions, and eye protection (e.g., goggles or face shield).
  - Immediately notify infection control personnel and your [local health department](#).

The Virginia Department of Health will consult with CDC and Virginia's Division of Consolidated Laboratory Services (DCLS) about testing.

- Currently, 2019-nCoV testing is only available at CDC. Three specimen types (lower respiratory tract, upper respiratory tract, and serum specimens) are recommended for testing. If possible, more specimens (e.g., stool, urine) should be collected and stored until CDC determines if these should be tested.
- For biosafety reasons, virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI is not recommended.
- DCLS guidance regarding biosafety precautions, specimen collection and submission, and testing is available on the [VDH Novel Coronavirus Webpage](#).

Emergency Medical Services (EMS) staff are advised to do the following:

1. Obtain a detailed travel history for patients with fever or acute respiratory illness.
2. EMS providers who believe a patient is a PUI should place a surgical mask on the patient as soon as possible. EMS providers should utilize standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield) when treating and transporting the patient.
3. Transport of PUIs should be to the closest appropriate facility with an airborne infection isolation room, if possible. Hospitals should be notified before arrival that the patient is a PUI. After the transport is complete, decontaminate the ambulance work surfaces and equipment with an EPA-registered virucidal hospital disinfectant and follow the manufacturer's recommendations for use-dilution (i.e., concentration), contact time, and care in handling.

For more information on this evolving situation, please visit the [VDH Novel Coronavirus Webpage](#) and [the CDC Novel Coronavirus 2019 website](#). These webpages will be updated as new information becomes available.

Sincerely,

M. Norman Oliver, MD, MA

State Health Commissioner