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January 21, 2020

Dear Colleagues:

I want to provide important information on the pneumonia outbreak in Wuhan City, China caused by a novel coronavirus (2019-nCoV). Please note that this is a fluid situation and information may change rapidly as new information is obtained from public health authorities (Centers for Disease Control and Prevention (CDC), World Health Organization (WHO)). Wuhan City, located about 700 miles south of Beijing, is a major domestic and international transport hub. With the Chinese New Year starting on January 25, more travel from the area is expected. Coronaviruses are a large family of viruses that can cause disease ranging from the common cold to severe disease (e.g., Middle-East Respiratory Syndrome (MERS), Severe Acute Respiratory Syndrome (SARS)).

More than 300 confirmed 2019-nCoV cases in China and exported cases in Thailand, Japan, Taiwan, and South Korea have been identified. In the United States, one confirmed case has been identified in a resident of Snohomish County, Washington, who recently returned from a trip to the region around Wuhan, China. The individual arrived at Seattle International Airport on 1/15/2020 and is in stable condition at a local hospital.

Signs and symptoms include fever, cough, difficulty breathing, and bilateral lung infiltrates on chest radiograph. Six people in China have died. Many patients reported exposure to a large market in Wuhan City that sells seafood and live animals, suggesting possible animal-to-person transmission. There are no reports of infections among healthcare workers or sustained person-to-person transmission in the community, but limited person-to-person transmission cannot be ruled out. The CDC considers the current risk of 2019-nCoV infection to the American public to be low based on available information. For travelers to Wuhan City, CDC has issued a Level 2 (Practice Enhanced Precautions) travel advisory and this is being updated as more information becomes available. Please see <https://wwwnc.cdc.gov/travel/notices/watch/novel-coronavirus-china> for more travel-related information.

On January 17, 2020, CDC issued updated interim guidance to assist healthcare providers in the identification, evaluation, and reporting of a Patient Under Investigation (PUI) for 2019-nCoV in the United States (see <https://emergency.cdc.gov/han/han00426.asp>). We are asking you to do the following:

1. Obtain a detailed travel history for patients with fever and acute respiratory illness.
2. If a patient meets the criteria of a PUI (**see table on Page 3**),
  - a. Ask the patient to wear a surgical mask as soon as the PUI is identified.
  - b. Evaluate the patient in a private room with the door closed, ideally in an airborne infection isolation room if available.
  - c. Use standard, contact and airborne precautions, and eye protection (e.g., goggles or face shield).
  - d. **Immediately** notify infection control personnel and the Rappahannock Area Health District (RAHD). RAHD staff can be reached 24/7 by calling the Virginia Department of Health answering service at 866-531-3068 and asking for the staff member on-call for the locality where the

healthcare facility is located. For example, if the PUI is located in a healthcare facility in Stafford County, please ask for the RAHD staff member on-call for Stafford County.

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

a. Currently, 2019-nCoV testing is only available at CDC. Three specimen types (lower respiratory, upper respiratory and serum specimens) are recommended for this testing. If possible, more specimens (e.g., stool, urine) should be collected and stored until CDC determines if these should be tested.

b. 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.

4. For more information on this rapidly evolving situation, please visit the CDC Novel Coronavirus 2019 website at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>, call the Rappahannock Area Health District at 540-899-4797 during normal business hours or the VDH 24/7 answering service at 866-531-3068 during nights, weekends or holidays.

Thank you for all your efforts to keep all residents of the Rappahannock Region safe and healthy.

Sincerely,

*Brooke Rossheim, M.D., M.P.H.*

Brooke Rossheim, M.D., M.P.H.  
District Director, Rappahannock Area Health District

**Patients in the United States who meet the following criteria should be evaluated as a Patient Under Investigation (PUI) in association with the outbreak of 2019-nCoV in Wuhan City, China.\***

Clinical Features	&	Epidemiologic Risk
Fever <sup>1</sup> and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	<b>and</b>	In the last 14 days before symptom onset, a history of travel from Wuhan City, China.  – or –  In the last 14 days before symptom onset, close contact <sup>2</sup> with a person who is under investigation for 2019-nCoV while that person was ill.
Fever <sup>1</sup> or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	<b>and</b>	In the last 14 days, close contact <sup>2</sup> with an ill laboratory-confirmed 2019-nCoV patient.

\*Source: CDC <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>. Please note that these criteria might change as more information becomes available.

<sup>1</sup>Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

<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 novel coronavirus 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 novel coronavirus case.— or —

b) having direct contact with infectious secretions of a novel coronavirus case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC’s Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus at <https://www.cdc.gov/coronavirus/2019-ncov/infection-control.html>.

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 novel coronavirus (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.