

Information for Primary and Community Health Workers

Key Points

An outbreak of novel coronavirus (2019-nCoV) was detected in Wuhan, Hubei Province, China in late December 2019.

- Investigate and manage patients for respiratory illness using standard practices.
- For severe respiratory illness, transfer patients to public hospital emergency departments.
- Contact your state/territory public health unit or communicable disease branch for advice on suspected cases including diagnostic testing and specimen collection (contact info below).

Current Situation

- Most people infected with 2019-nCoV live in, or have recently travelled to mainland China. There have also been some cases reported in other countries.
- There is evidence of human-to-human transmission, including among healthcare workers.
- People are considered to be most infectious while symptomatic, however there is some evidence that asymptomatic and pre-symptomatic people are also able to transmit the virus.
- People who have recently returned from mainland China or who have had close contact with a confirmed case are being advised to self-isolate for 14 days.
- People in these circumstances have been advised to call ahead to medical clinics if they
 require medical attention.

Identify Symptoms and Exposure History

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

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

Epidemiological criteria

Travel to (including transit through) mainland China in the 14 days before onset of illness.

Close contact* in 14 days before illness onset with a confirmed or suspected case of 2019-nCoV.

Clinical criteria

Acute respiratory infection (respiratory infection with at least one of: shortness of breath, cough or sore throat) with or without fever or history of fever.

- * A close contact is defined as requiring:
- Greater than 15 minutes face-to-face contact in any setting with a confirmed case in the period extending from 24 hours before onset of symptoms in the confirmed case, or
- Sharing of a closed space with a confirmed case for a prolonged period (e.g. more than 2 hours) in the period extending from 24 hours before onset of symptoms in the confirmed case.

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 when available.

Action for Patients who meet criteria

Personal Protection

- Place a surgical mask on the patient
- Place patient in isolated room
- Use **standard** plus **contact** plus **droplet** precautions including a disposable fluid resistant gown, gloves, surgical mask, and eye protection while reviewing the patient
- **Airborne** precautions, i.e. a P2/N95 mask and eye protection must also be used while collecting specimens.

Seek Advice

• Immediately contact your state/territory public health unit/communicable disease branch if you encounter a suspected case.

If following discussion it is decided that the patient **does not** require hospitalisation:

- 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
- As a general rule collection of 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
- Also, request testing for alternative causes including for other respiratory pathogens that might also potentially explain the patient's clinical presentation using multiplex PCR**
- Request a chest x-ray if clinically warranted. Please ring ahead to notify radiology if this is a suspected case and ensure the patient is masked.

If following discussion it is decided that the patient **does** require hospitalisation:

 Arrange transfer to the appropriate public hospital emergency department – please call ahead.

^{**} 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

The Communicable Diseases Network Australia have developed interim recommendations for surveillance, infection control, laboratory testing and contact management for 2019-nCoV: https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm

The Department of Health has produced a series of factsheets on 2019-nCov that you can share with your patients: https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources

For additional information on 2019-nCoV visit the World Health Organization website: https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Contact your state or territory Public Health Authority for advice on possible cases:

- ACT call 02 5124 9213 during business hours or (02) 9962 4155 after hours
- NSW call 1300 066 055
- NT call 08 8922 8044.
- Qld call 13HEALTH (13 43 25 84)
- SA call 1300 232 272
- Tas call 1800 671 738
- Vic call 1300 651 160
- WA call 08 9328 0553 or call your local public health unit