External Circular No - تميم خارجي رقم
ADPHC - DG / C / 01 - 2020
بشأن
الحالة الجديدة من فيروس كورونا (كرونا) الجديد

Novel coronavirus (2019-nCoV) alert

Recent reports from World Health Organization (WHO) confirmed that a novel coronavirus (2019-nCoV) was identified as the causative virus for cases of pneumonia with unknown etiology in Wuhan city in China.

Four cases had been reported outside China as of 20 Jan 2020; two confirmed in Thailand, one in Japan & one in South Korea for cases with recent visit to Wuhan province.

The outbreak in Wuhan, China has been linked to a large seafood and animal market, suggesting a possible zoonotic origin to the outbreak with arising human to human transmission possibility based on the new detected cases in Thailand & Japan.

Based on currently available information, WHO does not recommend any restriction of travel or trade.

To date there are no cases of the 2019 nCoV reported in the UAE; however, Abu Dhabi Public Health Center – ADPHC strongly emphasizes that all health care providers need to be more vigilant about managing cases with acute respiratory symptoms.

Greetings,

الخطير طيبة وبعد...

ACKNOWLEDGED AGENCY OF THE WORLD HEALTH ORGANIZATION (WHO) THAT A NOVEL CORONAVIRUS (2019-NCOV) WAS IDENTIFIED AS THE CAUSATIVE VIRUS FOR CASES OF PNEUMONIA WITH UNKNOWN ETIOLOGY IN WUHAN CITY IN CHINA.

FOUR CASES HAD BEEN REPORTED OUTSIDE CHINA AS OF 20 JAN 2020; TWO CONFIRMED IN THAILAND, ONE IN JAPAN & ONE IN SOUTH KOREA FOR CASES WITH RECENT VISIT TO WUHAN PROVINCE.

THE OUTBREAK IN WUHAN, CHINA HAS BEEN LINKED TO A LARGE SEAFOOD AND ANIMAL MARKET, SUGGESTING A POSSIBLE ZOOONOTIC ORIGIN TO THE OUTBREAK WITH ARISING HUMAN TO HUMAN TRANSMISSION POSSIBILITY BASED ON THE NEW DETECTED CASES IN THAILAND & JAPAN.

BASED ON CURRENTLY AVAILABLE INFORMATION, WHO DOES NOT RECOMMEND ANY RESTRICTION OF TRAVEL OR TRADE.

TO DATE THERE ARE NO CASES OF THE 2019 nCOV REPORTED IN THE UAE; HOWEVER, ABU DHABI PUBLIC HEALTH CENTER – ADPHC STRONGLY EMPHASIZES THAT ALL HEALTH CARE PROVIDERS NEED TO BE MORE VIGILANT ABOUT MANAGING CASES WITH ACUTE RESPIRATORY SYMPTOMS.
Health Care Providers are required to:

- Report any suspected or confirmed case of 2019-nCoV (Attached is the case definition, Appendix 1) immediately to ADPHC through the infectious diseases electronic notification system (https://bpmweb.haad.ae/usermanagement).

- Activate visual triage at the entry point of the healthcare facility in addition to emergency departments for early identification and isolation of all patients with acute respiratory illness. Provide suspected cases with surgical mask to reduce risk to others.

- Pay attention to cases with travel history in the 2 weeks prior to onset of symptoms to affected countries.

- Collect the appropriate laboratory samples (respiratory sample & blood) and coordinate with ADPHC - Communicable Diseases Department to send the samples to Sheikh Khalifa Medical City (SKMC) lab.

- Practice standard, contact and airborne infection control precautions for patients or dead bodies with known or suspected 2019 nCoV. (Attached are the recommended infection control measures, Appendix 2).

Thank You

Appendices:
1. Case definition
2. Recommended Infection Control Measures.

شكرًا لتعاونكم

مدير عام مركز أبوظبي للصحة العامة

المراجعات:
1. تعرف الحالة
2. احتياطات مكافحة العدوى الموصى بها.

تاريخ الإصدار: 2020/01/21
Annex (1)

Case Definition for Novel Coronavirus 2019 nCoV

Suspected 2019 nCoV case is defined as:

A person with acute respiratory illness (fever with cough and or shortness of breath) AND any of the following:

- A history of travel to Wuhan, Hubei Province China or any other affected area/country in the 14 days prior to symptom onset.
- The disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel.
- The person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another etiology has been identified that fully explains the clinical presentation.
- Close physical contact with a confirmed case of nCoV infection while that patient was symptomatic
- Direct contact with animals (if animal source is identified) in countries where the nCoV is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission.

Confirmed 2019- nCoV Case:

A case with laboratory confirmed diagnostic evidence of nCoV infection.

Laboratory Criteria for Diagnosis:

- Polymerase Chain Reaction (RT-PCR) from respiratory sample
- Serologic assay in acute & convalescent samples
### Guidance on specimen collection (WHO)

<table>
<thead>
<tr>
<th>Specimen type</th>
<th>Collection materials</th>
<th>Transport to laboratory</th>
<th>Storage till testing</th>
<th>comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nasopharyngeal and oropharyngeal swab</td>
<td>Dacron or polyester flocked swabs</td>
<td>4 °C</td>
<td>≤5 days: 4 °C</td>
<td>The nasopharyngeal and oropharyngeal swabs should be placed in the same</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;5 days: -70 °C</td>
<td>tube to increase the viral load</td>
</tr>
<tr>
<td>Bronchoalveolar lavage</td>
<td>Sterile container</td>
<td>4 °C</td>
<td>≤48 hours: 4 °C</td>
<td>There may be some dilution of pathogen, but still a worthwhile</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;48 hours: -70 °C</td>
<td>specimen</td>
</tr>
<tr>
<td>Tracheal aspirate, nasopharyngeal aspirate or nasal wash</td>
<td>Sterile container</td>
<td>4 °C</td>
<td>≤48 hours: 4 °C</td>
<td>Ensure the material is from the lower respiratory tract</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;48 hours: -70 °C</td>
<td></td>
</tr>
<tr>
<td>Sputum</td>
<td>Sterile container</td>
<td>4 °C</td>
<td>≤48 hours: 4 °C</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;48 hours: -70 °C</td>
<td></td>
</tr>
<tr>
<td>Tissue from biopsy or autopsy including from lungs</td>
<td>Sterile container with saline</td>
<td>4 °C</td>
<td>≤24 hours: 4 °C</td>
<td>Collect paired samples: Acute – first week of illness</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;24 hours: -70 °C</td>
<td>Convalescent – 2 to 3 weeks later</td>
</tr>
<tr>
<td>Serum (2 samples acute &amp; convalescent possibly 2-4 weeks after acute phase)</td>
<td>Serum separator tubes (adults: collect 3-5 ml whole blood)</td>
<td>4 °C</td>
<td>≤5 days: 4 °C</td>
<td>For antigen detection particularly in the first week of illness</td>
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<td></td>
<td></td>
<td></td>
<td>&gt;5 days: -70 °C</td>
<td></td>
</tr>
<tr>
<td>Whole blood</td>
<td>Collection tube</td>
<td>4 °C</td>
<td>≤5 days: 4 °C</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;5 days: -70 °C</td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td>Urine collection container</td>
<td>4 °C</td>
<td>≤5 days: 4 °C</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>&gt;5 days: -70 °C</td>
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</tbody>
</table>

**Notes:**
- For transport of samples for viral detection, use VTM (viral transport medium) containing antifungal and antibiotic supplements. Avoid repeated freezing and thawing of specimens.
- Single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection. Lower respiratory specimen is strongly recommended in severe or progressive disease. A positive alternate pathogen does not necessarily rule out either, as little is yet known about the role of coinfection.
Annex (2)

**Infection prevention measurements for a novel coronavirus (2019-nCoV)**
*(Route of transmission unknown but suspected to be respiratory)*

<table>
<thead>
<tr>
<th>Component</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| Patient placement                      | • Place suspected cases of nCoV on Contact and Airborne precautions  
• Place patients in adequately ventilated single rooms.  
• When single rooms are not available, cohort patients suspected of nCoV infection together.  
• Offer a medical mask for suspected nCoV infection for those who can tolerate it.  
• Educate them on importance of covering nose and mouth during coughing or sneezing with tissue or flexed elbow.  
• Avoid the movement and transport of patients out of the room or area unless medically necessary.  
• Limit the number of HCWs, family members and visitors in contact with a patient with suspected nCoV infection.  
• Maintain a record of all persons entering the patient’s room including all staff and visitors. |
| Personal Protective Equipment (PPE)    | • Rational, correct, and consistent use of PPE and appropriate hand hygiene helps to reduce the spread of the pathogens.  
• PPE effectiveness depends on adequate and regular supplies, adequate staff training, proper hand hygiene and specifically appropriate human behavior. Use PPEs as per standard, contact and airborne precautions requirements. |
<p>| Hand hygiene                           | • Perform hand hygiene before and after contact with the patient and his or her surroundings and after PPE removal. |
| Aerosol generating procedures          | <strong>Strict Standard &amp; Airborne Precautions for aerosol generating procedures</strong> |</p>
<table>
<thead>
<tr>
<th>Waste management</th>
<th>Ensure that all materials used is disposed appropriately</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disinfection of surfaces /equipment's</td>
<td>Disinfect work areas and possible spills of blood or infectious body fluids with chlorine-based solutions</td>
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<td></td>
<td>Use either single use disposable equipment or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers).</td>
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<td></td>
<td>If equipment needs to be shared among patients, clean and disinfect between each patient use.</td>
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<tr>
<td>Duration of Precautions</td>
<td>Standard precautions should be applied at all times.</td>
</tr>
<tr>
<td></td>
<td>Additional contact and airborne precautions should continue until the patient is asymptomatic</td>
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</tbody>
</table>

References: