

Interim 2019 Novel Coronavirus (2019 nCoV) assessment information: Evaluating persons with fever and acute respiratory illness (updated 1/26/20)

- Obtain a detailed travel history on ALL patients being evaluated for fever and acute respiratory illness.
- Use the assessment criteria below to determine if 2019 nCoV should be included in the differential diagnosis.

Name:	DOB:	Interview date:	
Address:		Phone:	
Assessment Criteria	Yes	No	Comments
A) Did/Does the patient have a fever? (Fever may not be present in some patients, use clinical judgement to guide testing.)			Fever onset date: ___/___/___ Highest measured temperature: _____ °F °C <input type="checkbox"/> Check if SUBJECTIVE fever only
B) Does the patient have symptoms of lower respiratory illness (LRI) (e.g. cough, difficulty breathing)?			Symptom onset date: ___/___/___ <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty breathing Other Symptoms (list): _____
C) In the 14 days before symptom onset, did the patient: i. Travel from Wuhan City, China*? OR ii. Have close contact with a person who is under investigation (PUI) for 2019-nCoV while that person was ill? OR iii. Have close contact with a lab-confirmed 2019-nCoV patient while that person was ill?			Dates in Wuhan: ___/___/___ to ___/___/___ Return to /Arrival in US Other locations visited in 14 days before symptom onset: _____ Dates of contact with 2019nCoV PUI/lab-confirmed case: ___/___/___ to ___/___/___ PUI/lab-confirmed case name (if known): _____ Nature of contact: <input type="checkbox"/> Family/Household <input type="checkbox"/> Coworker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ Comments: _____
Suspect 2019-nCoV if you answered YES to • A and B and Ci or Cii, OR A or B and Ciii		*If patient does not meet case definition but there is a high index of clinical suspicion, contact LHJ.	

IMMEDIATELY:

- Ensure that the patient is masked and isolated in a private room with the door closed AND
- Ensure that healthcare personnel entering the room use contact, droplet, AND airborne precautions, **INCLUDING eye protection** (e.g., goggles or face shield).
 - Please note: Airborne precautions include use of NIOSH-approved fit-tested N95 mask or higher.
- Notify your healthcare facility's infection control personnel.
- Perform any clinically indicated respiratory and other diagnostic tests.
 - Respiratory testing performed (indicate results if known):

<input type="checkbox"/> Rapid Influenza: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Rapid Strep <input type="checkbox"/> Viral Respiratory Panel <input type="checkbox"/> Pneumonia <input type="checkbox"/> Legionella <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done
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Other clinically relevant testing:

Chest X-Ray Not Done Pending Normal

Abnormal: _____

Other: _____

Other: _____

- Call your [local health jurisdiction \(LHJ\)](#) with the above information to discuss the case and determine whether to test for 2019nCoV. (If after hours and the LHJ is not available, call the Washington State Department of Health at 206-418-5500.)
- If instructed by your local health department, collect samples for 2019 nCoV testing. Follow Middle East Respiratory Syndrome (MERS) specimen collection guidance on [Public Health Laboratory Microbiology Lab Test Menu](#).

<input type="checkbox"/> NP swab (synthetic swab in 2-3 ml viral transport media) <input type="checkbox"/> OP swab (synthetic swab in 2-3 ml viral transport media) <input type="checkbox"/> Serum (5-10 ml in serum separator tube)	<input type="checkbox"/> Sputum (in sterile cup) <input type="checkbox"/> Urine (in sterile cup) <input type="checkbox"/> Stool, if possible (in sterile cup)
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