



# New Hampshire Health Alert Network

## Health.Alert@nh.gov

**Status:** Actual  
**Message Type:** Alert  
**Severity:** Moderate  
**Sensitive:** Not Sensitive  
**Message Identifier:** NH-HAN #20130308 Novel Coronavirus Infection  
**Delivery Time:** 12 hours  
**Acknowledgement:** No  
**Originating Agency:** NH Department of Health and Human Services, Division of Public Health Services

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**DATE:** March 8, 2013

**TIME:** 1500 EST

**TO:** Physicians, Physician Assistants, Nurses, Infection Control Practitioners, Infectious Disease Specialists, Hospital Emergency Departments, Hospital CEOs, Laboratory Response Network, Manchester Health Department, Nashua Health Department, NHHA, DHHS Outbreak Team, DPHS Investigation Team, Public Health Network, and DPHS Management Team

**FROM:** Jodie Dionne-Odom, MD, NH Deputy State Epidemiologist

**SUBJECT:** Novel Coronavirus Infection

**NH Division of Public Health Services (NH DPHS) recommends:**

- Awareness of a novel coronavirus that has led to 14 laboratory confirmed infections and 8 deaths worldwide since it was described in September 2012. This new coronavirus is in the same family as the virus that caused SARS (severe acute respiratory distress syndrome).
- Awareness that cases have been seen in the Arabian Peninsula (11) and the United Kingdom (3). No cases have been reported in the US to date.
- Persons who develop severe acute lower respiratory illness within 10 days after travel from the Arabian Peninsula or neighboring countries without an alternative explanation for their symptoms should be reported to the NH DPHS Bureau of Infectious Disease at 603-271-4496. Respiratory samples may need to be collected for shipment to the CDC for viral detection by PCR.
- Review the attached CDC Health Advisory for additional information.

For further information please refer to the attached CDC HAN and the CDC website:

<http://www.cdc.gov/coronavirus/ncv/>

**For any questions regarding the contents of this message, please contact NH DHHS Infectious Disease Investigation and Surveillance Sections at 603-271-4496. Call after-hours or toll free at 800-852-3345, ext. 4496.**

Attachment: CDC Health Advisory: *Guidelines for Evaluation for Severe Respiratory Illness Associated with Novel Coronavirus*

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## DEFINITION OF TERMS AND ALERTING VOCABULARY

### Message Type

Alert: Original alert  
Update: Prior alert has been updated and superseded  
Cancel: Prior alert has been cancelled  
Error: Prior alert has been retracted

### Status

Actual: Refers to a live event  
Exercise: Designated recipients must respond to the communication or alert  
Test: Related to a technical and/or system test

### Severity

Extreme: Extraordinary threat to life or property  
Severe: Significant threat to life or property  
Moderate: Possible threat to life or property  
Minor: Minimal threat to life or property  
Unknown: Unknown threat to life or property

### Sensitive

Sensitive: Indicates the alert contains sensitive content  
Not Sensitive: Indicates non-sensitive content

### Message Identifier

A unique alert identifier that is generated upon alert activation

### Delivery Time

Indicates the time frame for the delivery of the alert

### Acknowledgement

Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the time frame in which a response is required.

### Originating Agency

A guaranteed unique identifier for the agency originating the alert.

### Alerting Program

The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

**You have received this message based upon the information contained within our emergency notification database.**

**If you have a different or additional e-mail or fax address that you would prefer to be used, please contact:**

Denise M. Krol, MS  
NH HAN Coordinator  
[Denise.Krol@dhhs.state.nh.us](mailto:Denise.Krol@dhhs.state.nh.us)

**Business Hours: 8 AM – 4 PM**  
Tel: 603-271-4596  
Fax: 603-271-0545

# This is an official **CDC HEALTH ADVISORY**

Distributed via the CDC Health Alert Network  
March 8, 2013, 12 :00 p.m. ET  
CDCHAN-00343

## **Notice to Health Care Providers: Updated Guidelines for Evaluation of Severe Respiratory Illness Associated with a Novel Coronavirus**

**Summary:** *The Centers for Disease Control and Prevention (CDC) is working closely with the World Health Organization (WHO) and other partners to better understand the public health risk posed by a novel coronavirus that was first reported to cause human infection in September 2012. The purpose of this HAN Advisory is to provide guidance to state health departments and health care providers in the evaluation of patients for novel coronavirus infection. Please disseminate this information to infectious diseases specialists, intensive care physicians, internists, infection preventionists, as well as to emergency departments and microbiology laboratories.*

### **Background**

Novel coronavirus is a beta coronavirus that was first described in September 2012, when it was reported to have caused fatal acute lower respiratory illness in a man in Saudi Arabia. As of March 8, 2013, 14 laboratory-confirmed cases of novel coronavirus infection have been reported to WHO—seven from Saudi Arabia, two from Qatar, two from Jordan, and three from the United Kingdom (UK). Illness onsets were from April 2012 through February 2013. Of the 14 cases, eight were fatal. One of the 14 persons with novel coronavirus infection experienced a respiratory illness not requiring hospitalization. Diagnoses rely on testing with specific polymerase chain reaction (PCR) assays. Genetic sequence analyses have shown that this new virus is different from other known human coronaviruses, including the one that caused severe acute respiratory syndrome (SARS). There is no specific treatment for novel coronavirus infection; care is supportive. To date, no cases have been reported in the United States.

The three confirmed cases in the UK were reported in February 2013 as part of a cluster within one family; only the index patient had a history of recent travel outside the UK (to Pakistan and Saudi Arabia). This index patient is receiving intensive care treatment and tested positive for both novel coronavirus and influenza A (H1N1) virus. The other two patients became ill after contact with the index patient; one died, and one has recovered from mild illness. This cluster of illnesses is still under investigation by the UK Health Protection Agency, but provides the first clear evidence of human-to-human transmission of this novel coronavirus, co-infection of this novel coronavirus with another pathogen (influenza A), and a case of mild illness associated with this novel coronavirus infection. Additional details can be found in the March 7, 2013 *MMWR* Early Release ([http://www.cdc.gov/mmwr/preview/mmwrhtml/mm62e0307a1.htm?s\\_cid=mm62e0307a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm62e0307a1.htm?s_cid=mm62e0307a1_e)).

### **Recommendations**

In light of these developments, updated guidance (<http://www.cdc.gov/coronavirus/ncv/case-def.html>) has been posted on the CDC coronavirus website. Persons who develop severe acute lower respiratory illness within 10 days after traveling from the Arabian Peninsula or neighboring countries\* should continue to be evaluated according to current guidelines. In particular, persons who meet the following criteria for “patient under investigation” (PUI) should be reported to state and local health departments and evaluated for novel coronavirus infection:

- A person with an acute respiratory infection, which may include fever ( $\geq 38^{\circ}\text{C}$  ,  $100.4^{\circ}\text{F}$ ) and cough; AND
- suspicion of pulmonary parenchymal disease (e.g., pneumonia or acute respiratory distress syndrome based on clinical or radiological evidence of consolidation); AND
- history of travel from the Arabian Peninsula or neighboring countries\* within 10 days; AND
- not already explained by any other infection or etiology, including all clinically indicated tests for community-acquired pneumonia<sup>†</sup> according to local management guidelines.

CDC requests that state and local health departments report PUIs for novel coronavirus to CDC. To collect data on PUIs, please use the [CDC Novel Coronavirus Investigation Short Form](#). State health departments should FAX completed investigation forms to CDC at 770-488-7107 or attach in an email to [eocreport@cdc.gov](mailto:eocreport@cdc.gov) (subject line: NCV Patient Form).

In addition, the following persons may be considered for evaluation for novel coronavirus infection:

- Persons who develop severe acute lower respiratory illness of known etiology within 10 days after traveling from the Arabian Peninsula or neighboring countries\* but who do not respond to appropriate therapy; OR
- Persons who develop severe acute lower respiratory illness who are close contacts<sup>‡</sup> of a symptomatic traveler who developed fever and acute respiratory illness within 10 days of traveling from the Arabian Peninsula or neighboring countries.\*

Testing of specimens for the novel coronavirus will be conducted at CDC. Recommendations and guidance on the case definitions, infection control (including use of personal protective equipment), case investigation, and specimen collection and shipment for testing, are available at the CDC coronavirus website (<http://www.cdc.gov/coronavirus/ncv/case-def.html>). Additional information and potentially frequent updates will be posted on the CDC coronavirus website. State and local health departments with questions should contact the CDC Emergency Operations Center (770-488-7100).

\* Countries considered to be on or neighboring the Arabian Peninsula include Bahrain, Iraq, Iran, Israel, Jordan, Kuwait, Lebanon, Oman, Palestinian territories, Qatar, Saudi Arabia, Syria, the United Arab Emirates (UAE), and Yemen.

<sup>†</sup> Examples of respiratory pathogens causing community-acquired pneumonia include influenza A and B, respiratory syncytial virus, adenovirus, *Streptococcus pneumoniae*, and *Legionella pneumophila*.

<sup>‡</sup> Close contact is defined as 1) any person who provided care for the patient, including a health-care worker or family member, or who had other similarly close physical contact, or 2) any person who stayed at the same place (e.g., lived with or visited) as the patient while the patient was ill.

**For more information:**

For additional information, please consult the CDC coronavirus website at:

<http://www.cdc.gov/coronavirus/ncv>

State and local health departments with questions should contact the CDC Emergency Operations Center (770-488-7100).

*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

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**Categories of Health Alert Network messages:**

**Health Alert** Requires immediate action or attention; highest level of importance

**Health Advisory** May not require immediate action; provides important information for a specific incident or situation

**Health Update** Unlikely to require immediate action; provides updated information regarding an incident or situation

**HAN Info Service** Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, public information officers, epidemiologists, HAN coordinators, and clinician organizations##