

Important Health Notice

Information for Health Workers and Health Sector Employers

Novel Coronavirus

September 27, 2012 – Page 1 of 4

This information requires knowledgeable interpretation and is intended primarily for use by health workers and health sector employers in all settings.

Highlights

- Two confirmed cases of a novel coronavirus have occurred globally since June 2012: one has died and the other remains in severe condition.
- The cases are a resident of Saudi Arabia and a resident of Qatar who travelled to Saudi Arabia.
- As this virus has only been recently identified, there is limited information on clinical features, transmission and severity at this stage; it is not yet clear if the severe respiratory illness in the two cases is typical of this virus.
- In light of the current gaps in clinical and epidemiological knowledge regarding this novel virus and the severity of illness in the confirmed cases to date, additional screening, laboratory tests and occupational health & safety (OHS)/ infection prevention & control (IPAC) actions are recommended for persons who may potentially be infected with this virus.
- Saudi Arabia is expecting the arrival of over two million people between October 24 and 29 for the largest annual spiritual gathering in the world (the Hajj). Based on current information, the World Health Organization (WHO) does not recommend any travel restrictions. The Public Health Agency of Canada (PHAC) has issued a general [Travel Health Notice](#) to Canadians intending to travel to the Hajj.

This Important Health Notice (IHN) provides health workers and health sector employers with the following information:

- awareness of two confirmed cases of a novel coronavirus in patients presenting with severe respiratory illness

- recommended OHS and IPAC measures
- recommended laboratory testing guidelines

Current Status

On September 22, the United Kingdom informed the WHO of the laboratory

confirmation of a novel coronavirus in a Qatari resident with a travel history to Saudi Arabia. He is currently hospitalized in the UK. The virus matches a fatal case in June in a 60 year-old in Saudi Arabia.

As this virus has only been recently identified, there is limited information on clinical features, transmission and severity. The two confirmed cases presented with fever, cough, shortness of breath and breathing difficulties. It is not yet clear if the presentation of these cases is typical of infection with this virus, or if it is circulating more widely and also causing milder illness.

There is no evidence of high transmission risk or of person-to-person spread, but these cannot be currently excluded.

Coronaviruses and SARS

Media attention has characterised this as a 'SARS-like virus'. Although SARS was a coronavirus – SARS-CoV – this is not SARS.

Coronaviruses are common, and are typically associated with mild upper respiratory illness (such as the common cold) and/or gastrointestinal illness.

Although rare, some types of coronaviruses produce more severe illnesses, particularly in infected infants, the elderly and the immunocompromised. Human coronaviruses are spread by respiratory droplets and contact with respiratory secretions.

The WHO notes that the novel virus is not genetically similar to SARS-CoV and has not followed the same epidemiological

pattern. However, given the severity of the two confirmed cases, international efforts are underway to determine the public health implications of this novel virus.

Information for Health Workers and Health Sector Employers **Additional screening and OHS/IPAC measures**

In addition to the [Provincial Infectious Disease Advisory Committee \(PIDAC\) guidance regarding screening for acute respiratory infection \(ARI\)](#), additional screening and actions are recommended for patients meeting both the clinical and epidemiological criteria below:

Clinical criteria

- ARI (i.e., symptoms of a fever greater than 38°C AND a new or worsening cough OR shortness of breath)
 - requiring hospitalization
- OR
- with suspicion of lower airway involvement (clinical or radiological evidence of consolidation) not explained by another infection or aetiology

AND

Epidemiological criteria

- travel to or residence where infection with novel coronavirus has recently been reported or where transmission could have occurred (currently Saudi Arabia and Qatar) in the 10 days before illness onset

OR

- close contact, during the 10 days before illness onset, with a confirmed case or person under investigation for novel coronavirus infection while the case was ill

The recommended actions for these patients are:

1. In addition to routine practices, manage with airborne precautions as per PIDAC's [Routine Practices and Additional Precautions in All Health Care Settings](#), which include:
 - prompt isolation in a negative-pressure airborne isolation room;
 - masking the patient with a surgical mask when outside of the negative-pressure airborne isolation room; and
 - use of fit-tested, seal-checked N95 respirators by health workers when entering the room, transporting or caring for the patient.
2. Follow Public Health Ontario laboratories (PHOL) guidance on specimen collection and testing (see below for further information)
3. Contact the [local public health unit](#) to report the suspect case

The rationale for the additional recommended actions beyond those outlined by PIDAC [for ARI](#) relates to current gaps in clinical, laboratory and epidemiological science pertaining to this novel virus, and the severity of illness in the two reported cases to date. As new

information becomes available, these recommendations will be reassessed and modified as necessary.

Information for Clinicians

Treatment

There is currently no specific treatment targeting the virus.

Laboratory testing

The following samples are recommended for novel coronavirus testing on individuals who meet the aforementioned criteria:

- respiratory tract samples, e.g. nasopharyngeal (NP) swab; if patient is intubated, both an NP swab and bronchoalveolar lavage (where possible)
- urine
- EDTA blood (purple top tube)
- if the patient has gastrointestinal symptoms, submit a stool sample in a dry sterile container. Do not use other transportation media containers such as Cary-Blair

Health workers should submit samples using the [PHOL general test requisition form](#):

- include the patient's health insurance number (HIN), date of illness onset, patient setting, travel history, signs and symptoms and specify "Novel Coronavirus"
- contact PHOL Customer Service Centre at 416-235-6556/1-877-604-4567 prior to submission

- package and ship the sample to the local PHOL following Category A/UN 2814 Transportation of Dangerous Goods instructions.

Laboratory specimen handling recommendations

- PHAC's recommendations for working with the novel coronavirus are the guidelines for [handling SARS-CoV](#). PHAC is in the process of updating this information. PHAC's internal risk assessment will be updated as more information becomes available.
- These guidelines give the following biosafety handling recommendations:
 - Non-culture work (e.g., molecular-based methods): Level 2 with respiratory precautions
 - Culture: Level 3

- Packaging /shipping: UN2814 (Category A)

Further Information

For more information, call the Ministry of Health and Long-Term Care's Health Care Provider Hotline at 1-866-212-2272.

For additional information on worker health and safety information, please visit the [Ministry of Labour Health and Community Care website](#).

(original signed by)

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