

January 23, 2020

Update and Resources on Novel Coronavirus (2019-nCoV) for U.S. Hospitals

At Issue:

The Centers for Disease Control and Prevention (CDC) is closely monitoring, and collaborating with the World Health Organization (WHO), on an outbreak caused by a novel coronavirus first identified in Wuhan, Hubei Province, China. Chinese authorities identified the new coronavirus (2019-nCoV), which has resulted in hundreds of confirmed cases in China, including cases outside Wuhan and in a growing number of countries. Officials announced the first U.S. case on Jan. 21, 2020. Investigations are ongoing, but some degree of person-to-person spread of 2019-nCoV is occurring. More cases are likely to be identified in the coming days, including possibly more cases in the U.S.

Our Take:

The AHA continues to closely track the progress of this outbreak and has been working with the CDC and Department of Health and Human Services' Office of the Assistant Secretary of Preparedness and Response to ensure that hospitals and health care systems are informed and prepared to respond. Based on current information, CDC considers the immediate health risk from 2019-nCoV to the general American public low at this time. Further, WHO has, for now, determined that it is too early to declare 2019-nCoV a public health emergency of international concern. Nevertheless, CDC is taking proactive preparedness precautions and has issued interim guidance to health care professionals, including recommendations on evaluating patients, reporting patients under investigation, testing specimens and infection control recommendations for managing patients with known or suspected 2019-nCoV. The AHA urges hospitals to be vigilant and follow CDC's interim guidance. We will continue to provide more information as it becomes available.

What You Can Do:

- ✓ Share this advisory with your chief medical/clinical officer, chief nursing officer, infection control leadership, emergency department director and emergency preparedness staff.
- ✓ If you have not already done so, consider providing information to your emergency department staff, primary care clinic staff and others who may first encounter a patient who might have contracted the virus.

Key Takeaways

Hospitals and health systems should:

- Implement screening [steps](#) as a routine part of triage to quickly identify, isolate and inform local/state public health authorities when evaluating patients with fever and acute respiratory illness. This should include obtaining and documenting a detailed travel history for patients at initial triage.
- Review [CDC interim guidance](#) for health care professionals on infections with 2019-nCoV and other resources, as needed, via CDC's main 2019-nCoV [portal](#).
- Stay updated on the situation by accessing AHA's [webpage](#) for hospitals about the outbreak.

- ✓ Consider adding an alert to your patient intake information that would prompt staff to remember to inquire about travel history or potential exposure for any patient with relevant symptoms.
- ✓ Ask your infection control staff to check the CDC website, AHA webpage or other reliable sites for updated information to share with your staff.

Next Steps

AHA is working with CDC to arrange a conference call next week so that members have an opportunity to hear from the experts working on this issue and ask questions. Additional information on this call will be made available through AHA Today.

If you have questions, please reach out to Roslyne Schulman at rschulman@aha.org or Nancy Foster at nfoster@aha.org.