

Dear Colleagues:

China has recently identified a cluster of pneumonia/febrile respiratory illness occurring in the city of Wuhan. The illness appears to be caused by a novel coronavirus (designated 2019-nCoV), the sequence for which has been posted online. Preliminarily, the cluster mainly has been associated with the Wuhan South China Seafood City (South China Seafood Wholesale Market), but not all cases have reported contact with this market. Three confirmed cases who traveled out of China, from Wuhan to Thailand (two cases) and Japan (one case), have been laboratory-confirmed. Further details on their exposures are under investigation. No cases have been reported in the United States.

The first case of 2019-nCoV in Wuhan had symptom onset on Dec 12. Forty-five cases have occurred in Wuhan, and no further cases have been reported there since January 8.

The complete clinical spectrum for 2019-nCoV infection so far is unknown. However, described clinical findings have included fever and bilateral pneumonia, and seven cases have been reported with severe illness necessitating ICU admission. Two deaths have occurred, in a 61-year-old man with significant underlying medical issues and in a 69-year-old man whose medical history has not been reported in detail. By report from Wuhan, cases have mostly been male and of middle or older age. Older patients and/or those with underlying medical conditions have tended to develop more severe disease.

Person-to-person transmission has not been ruled out, but if it is occurring, it is rare and not widespread. Over four hundred healthcare personnel (HCP) have been monitored in Wuhan, and none has become symptomatic.

#### **Guidance from the US Centers for Disease Control & Prevention (CDC)**

The attached CDC HAN includes guidance for the following issues

- Case Definitions for Patients Under Investigation (PUIs)
- Recommendations for Reporting, Testing, and Specimen Collection
- Infection Prevention and Control Recommendations

#### **Additional Guidance from the New York City Department of Health & Mental Hygiene (DOHMH)**

Clinicians should take a travel history for all patients. For those patients presenting with fever and lower respiratory symptoms (cough, shortness of breath), only those with travel history from Wuhan within 14 days of their symptom onset, and with specific clinical and risk criteria as below, should be reported to the health department. Using the above CDC Case Definition, clinicians should immediately notify DOHMH if they suspect the patient may be infected with 2019-nCoV:

#### **Case Definition**

Patients in the United States who meet the following criteria should be evaluated as a PUI in association with the outbreak of 2019-nCoV in Wuhan City, China.

1) Fever AND symptoms of lower respiratory illness (e.g., cough, shortness of breath)

-and in the last 14 days before symptom onset,

- History of travel from Wuhan City, China

-or-

- Close contact with a person who is under investigation for 2019-nCoV while that person was ill.

- 2) Fever OR symptoms of lower respiratory illness (e.g., cough, shortness of breath)  
-and in the last 14 days before symptom onset,
- Close contact with an ill laboratory-confirmed 2019-nCoV patient.

The case definition criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with DOHMH on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

Clinicians caring for patients suspected to be infected with 2019-nCoV must immediately call the DOHMH Provider Access Line (866-692-3641), which is answered 24 hours/day. A DOHMH physician will provide the calling clinician with further guidance on infection control, on patient disposition, and on diagnostic testing for 2019-nCoV and for other respiratory pathogens. Currently, testing for 2019-nCoV is available only from CDC in Atlanta. In cases where warranted, the DOHMH on-call physician will assist with specimen transport from your facility to ensure CDC testing is accomplished as rapidly as possible.

The CDC has implemented health screenings in NYC at JFK airport, as well as in San Francisco and Los Angeles, to identify possible importations of 2019-nCoV infection. The NYC DOHMH and CDC are working closely together to monitor this evolving situation.

Early during the response for a novel pathogen, it is critical that the clinical and public health communities maintain vigilance and frequent communication to ensure both optimal clinical care for potentially affected patients, and timely reporting of potential cases for optimal public health response. As always, we appreciate your collaboration on this newly emerging issue of public health significance.

Sincerely,

*Demetre C. Daskalakis*

Demetre C. Daskalakis, MD, MPH  
Deputy Commissioner  
Division of Disease Control