

This document summarizes questions posed during a joint informational call with higher education student health providers and local public health agencies in Missouri. Information provided is current as of 1/29/2020 and is subject to change as we learn more about 2019 novel coronavirus. Some of the responses below may elaborate or clarify content provided during the call, as this document is not intended as a transcription. All partners are encouraged to check for current guidance frequently at the Centers for Disease Control and Prevention (CDC) 2019 Novel Coronavirus (2019-nCoV), Wuhan, China, webpage: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Question/Information Statement	Answer
Do we need to be wearing shoe covers and head covers in these rooms?	Shoe covers and head covers are not mentioned in CDC's infection prevention guidance. However, we recognize that each health facility may have different protocols in place for standard, contact, and airborne precautions. Infection prevention guidance for 2019-nCoV for healthcare can be accessed here: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html
How do we access testing materials when they become available?	Test kits can be requested from local or state public health agencies in Missouri. If a facility has all the materials required to obtain and ship upper and lower respiratory specimens and serum, a test kit is not required. They are intended as a resource for facilities that may not have the appropriate supplies on hand.
What is the plan for test kits, where will they be positioned?	Currently, test kits will be positioned with Bureau of Communicable Disease Control and Prevention (BCDCP) District Offices. Addresses and current contact information can be found here: https://health.mo.gov/living/healthcondiseases/communicable/communicabledisease/pdf/BCDCP_district_map.pdf If a facility has all the materials required to obtain and ship upper and lower respiratory specimens and serum, a test kit is not required. They are intended as a resource for facilities that may not have the appropriate supplies on hand.
Is it N95 masks since it is airborne? What is the other type of mask besides the N-95?	Recommended facemasks mentioned in the CDC infection prevention guidance are Filtering Facepiece Respirators (FFR), including N95, and Powered Air-Purifying Respirators (PAPRs). Please note that N95s need to be fit-tested for the individual using them. For more information, please see the guidance posted here: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html
Please spell the name of the city in China?	The city of Wuhan in Hubei Province of China is the current focus for defining relevant travel history and determining which patients meet the PUI case definition. Please note that there is a similarly spelled Hebei province in China, and Hebei province is not the current focus..
Also, if we do have a PUI that is confirmed to qualify how long do we quarantine?	There are two time periods to be concerned about when it comes to isolating a PUI. 1) While testing is pending, the patient should be isolated either in an Airborne Infection Isolation Room (AIIR) or at home if proper precautions are taken and the health care provider determines that they are medically stable enough to do so. For home isolation recommendations, please see the guidance posted here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html

	<p>2) If a PUI tests positive for coronavirus, CDC has advised that isolation should continue for that patient until all requested specimens test negative. Discontinuing isolation will be determined on a case-by-case basis in consultation with CDC.</p>
<p>If a patient calls our student health center and says they think they were exposed or may have it should we bring them to the health center or send them directly to the hospital?</p>	<p>This depends on the capabilities of each facility to properly isolate the patient and obtain specimens safely. If your facility helps arrange these services for a patient, please help ensure that the facility accepting the patient is notified of the concern for 2019-nCoV prior to their arrival, if possible.</p>
<p>This is really for the whole group: have most issued pro-active communications to students and employees at your institutions?</p>	<p>Several institutions indicated they already have or are planning to send out communication to their students and staff soon.</p>
<p>If we have a patient we suspect has the virus, can we send over to the Health Dept. same day for culture, assuming not too sick? Also, any recommendations on how to get them there?</p>	<p>Currently the only test available is real time rtPCR, and is only conducted at CDC. Please remember that it's recommended but not required that upper and lower respiratory specimens be collected in an AIIR, which many health departments are not equipped with.</p>
<p>We saw a student from Taiwan Jan 13, temp 104 and pneumonia like symptoms. He had just traveled here, he tested positive for flu. We didn't ask the</p>	<p>If there was no travel to the affected area or contact with a PUI or confirmed case, this person would not meet the current PUI case definition:</p>

<p>questions at the time, should we investigate further at this time?</p>	<table border="1"> <thead> <tr> <th data-bbox="512 191 968 261">Clinical Features</th> <th data-bbox="974 191 1031 261">&</th> <th data-bbox="1037 191 1745 261">Epidemiologic Risk</th> </tr> </thead> <tbody> <tr> <td data-bbox="512 266 968 532">Fever: and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)</td> <td data-bbox="974 266 1031 532">and</td> <td data-bbox="1037 266 1745 532"> In the last 14 days before symptom onset, a history of travel from Wuhan City, China. - or - In the last 14 days before symptom onset, close contact² with a person who is under investigation for 2019-nCoV while that person was ill. </td> </tr> <tr> <td data-bbox="512 537 968 625">Fever: or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)</td> <td data-bbox="974 537 1031 625">and</td> <td data-bbox="1037 537 1745 625">In the last 14 days, close contact² with an ill laboratory-confirmed 2019-nCoV patient.</td> </tr> </tbody> </table>	Clinical Features	&	Epidemiologic Risk	Fever: and symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days before symptom onset, a history of travel from Wuhan City, China. - or - In the last 14 days before symptom onset, close contact ² with a person who is under investigation for 2019-nCoV while that person was ill.	Fever: or symptoms of lower respiratory illness (e.g., cough, difficulty breathing)	and	In the last 14 days, close contact ² with an ill laboratory-confirmed 2019-nCoV patient.
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<p>Are we recommending prophylactic treatment for contacts of suspect cases?</p>	<p>There is no recommended treatment for individuals infected with 2019-nCoV. Several antiviral drugs are under investigation to determine their efficacy to treat 2019-nCoV. If a case is identified in Missouri, we expect that CDC will provide guidance for contact monitoring, treatment, and/or follow up. We know that Washington state hosted a CDC team to assist with the contact investigation when their case was identified, for example.</p>									
<p>Can you address the above question of sending PUI to health departments? They should not be sent to health departments correct?</p>	<p>PUIs should not be sent to any health facilities that are not prepared to properly isolate patients and collect specimens safely. Please call ahead to any facility to notify them of any patient that you believe needs to be evaluated for 2019-nCoV.</p>									
<p>Yesterday CDC included Hubei, China in their definition for PUI. Do we continue to communicate that to providers or wait for updated Case definition?</p>	<p>DHSS is waiting to provide expanded travel exposure guidance until CDC publishes it. That said, DHSS will be contacting CDC's Emergency Operations Center for individuals with travel to Hubei province whose clinical presentation matches the PUI case definition.</p> <p>DHSS Post-Call Note: We realize that this is splitting hairs somewhat, but it's possible that there are additional travel exposures that CDC will add to the PUI case definition that we are not aware of yet.</p>									
<p>Springfield hospitals have requested a heads up if there is a PUI coming in so they</p>	<p>The hospitals and healthcare providers have requested a heads up if a PUI is being sent exactly for the reasons mentioned. It allows the facility to plan for the patient and other's safety.</p>									

<p>can meet them and process them most efficiently and safely for both the patient and the facilities. (for instance if Higher Ed knows of the PUI)</p>	
<p>Thank you for clarifying health departments vs health care providers. My LPHA (Rolla) is not equipped to handle suspect patients. We can collaborate and provide guidance and assistance but not direct care or testing for these patients.</p>	
<p>What are the cleaning protocols for rooms?</p>	<p>CDC's environmental infection control guidance states that "products with EPA-approved emerging viral pathogens claims are recommended for use against 2019-nCoV." For more information, please see point #7 of the infection prevention guidance, found here: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html</p>
<p>Can you repeat how we should go about receiving the test kits?</p>	<p>Please contact your local public health agency or BCDCP at 573-751-6113 to request a test kit. If a facility has all the materials required to obtain and ship upper and lower respiratory specimens and serum, a test kit is not required. They are intended as a resource for facilities that may not have the appropriate supplies on hand.</p>
<p>Self isolation vs. hospitalization for stable patients?</p>	<p>Patients should be isolated outside of communal living situations, similar to when we identify a TB patient that needs isolation. The recommendations for home care can be found here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html</p>
<p>UCM had a false report shared on twitter so we recommend 1) watching social media for this and 2) in official communications remind community how institutions will be notifying public.</p>	<p>Good point. If you see any false reports on social media, please send those to DHSS, attention Megan Hopkins at Megan.Hopkins@health.mo.gov. DHSS would like to be aware and respond appropriately to false information.</p>

<p>How long is it taking to get results from a specimen? How long is it taking to get a negative result?</p>	<p>The CDC is turning around results within 48 hours from receiving the specimen.</p>
<p>How long has it been taking someone to convert from positive to negative?</p>	<p>The answer to this question is still being investigated.</p>
<p>Do you recommend we request test kits to have on hand?</p>	<p>It is not necessary to keep test kits on hand. If you have a PUI, we will work closely to help you identify the resources needed to obtain the specimen.</p> <p>If a facility has all the materials required to obtain and ship upper and lower respiratory specimens and serum, a test kit is not required. They are intended as a resource for facilities that may not have the appropriate supplies on hand.</p>
<p>Are travelers at any Missouri airports being screened at this time?</p>	<p>No. Currently travelers are only being screened at 5 major airports in the U.S. We have been told that no international commercial flights will go directly to the airports in Missouri.</p>
<p>The CDC will be hosting a Clinician Outreach and Communication Activity (COCA) call for clinicians on Friday, January 31, 2020.</p>	<p>For your information: https://emergency.cdc.gov/coca/calls/2020/callinfo_013120.asp</p>
<p>Is there a known vector organism that started this outbreak?</p>	<p>The answer to this question is still being investigated.</p>
<p>We isolate our + influenza students who cannot return home due to distance/ being out of state in an empty area of a residence hall. Would this be appropriate for those with mild cases</p>	<p>Any plans you currently have for managing respiratory isolation would be appropriate.</p>

<p>Has the CDC confirmed that the virus transmission method is airborne, or is the transmission method still deemed as droplet?</p>	<p>The answer to this question is still being investigated.</p>
<p>Should we reach out to students we know have a Chinese country of origin to see if they traveled?</p>	<p>At this time, it is not necessary to reach out to anyone asymptomatic for investigation.</p>
<p>Have any of the cases been children?</p>	<p>Yes, news reports indicate that the youngest patient was reported to be 9 months of age.</p>
<p>Are there recommendations to limit global travel currently?</p>	<p>Yes. Non-essential travel to China is not recommended. The United States Department of State has designated all of China as Level 3, meaning Reconsider Travel, and Hubei Province as Level 4, meaning Do Not Travel.</p>
<p>Please send information to all LPHAs to pass on. Not everyone on short notice were able to get to the call at the beginning.</p>	<p>This email will be sent to all LPHAs.</p>
<p>You might consider going to Health Care Coalitions as well</p>	<p>Thank you for the suggestion. We are working with many partners across the state, including Missouri Hospital Association and our Health Care Coalitions.</p>