



Interim 2019 Novel Coronavirus (2019 nCoV) assessment information: Evaluating persons with fever and acute respiratory illness

- Obtain a detailed travel history on ALL patients being evaluated for fever and acute respiratory illness.
- Use the assessment criteria below to determine if 2019 nCoV should be included in the differential diagnosis.

Name:	DOB	Interview date:
Address		Phone

Assessment Criteria	Yes	No	Comments
A) Did/Does the patient have a fever? (Fever may not be present in some patients; use clinical judgment to guide testing.)			Fever onset date: ___/___/___ Highest measured temperature: _____ °F □ °C <input type="checkbox"/> Check if SUBJECTIVE fever only
B) Does the patient have symptoms of lower respiratory illness (LRI) (e.g., cough, difficulty breathing)?			Symptom onset date: ___/___/___ <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Difficulty breathing Other Symptoms (list): _____
C) In the 14 days before symptom onset, did the patient: i. Travel from Wuhan City, China*? OR			Dates in Wuhan: ___/___/___ to ___/___/___ Return to /Arrival in US Other locations visited in 14 days before symptom onset: _____
ii. Have close contact with a person who is under investigation (PUI) for 2019-nCoV while that person was ill? OR			Dates of contact with 2019nCoV PUI/lab-confirmed case: ___/___/___ to ___/___/___ PUI/lab-confirmed case name (if known): _____
iii. Have close contact with a lab-confirmed 2019-nCoV patient while that person was ill?			Nature of contact: <input type="checkbox"/> Family/Household <input type="checkbox"/> Coworker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Travel <input type="checkbox"/> Other: _____ Comments: _____
Suspect 2019-nCoV if you answered YES to • A and B and (Ci or Cii), OR (A or B) and Ciii			*If patient does not meet case definition but there is a high index of clinical suspicion, contact LHA.

IMMEDIATELY:

- Ensure that the patient is masked and isolated in a private room with the door closed AND
- Ensure that healthcare personnel entering the room use contact, droplet, AND airborne precautions, **INCLUDING** eye protection (e.g., goggles or face shield).
 - Please note: Airborne precautions include use of NIOSH-approved fit-tested N95 mask or higher.
- Notify your healthcare facility's infection control personnel.
- Perform any clinically indicated respiratory and other diagnostic tests.
- Respiratory testing performed (indicate results if known):

<input type="checkbox"/> Rapid Influenza: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Rapid Strep <input type="checkbox"/> Viral Respiratory Panel <input type="checkbox"/> Pneumonia <input type="checkbox"/> Legionella <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Pending <input type="checkbox"/> Not Done	Other clinically relevant testing: Chest X-Ray <input type="checkbox"/> Not Done <input type="checkbox"/> Pending <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal: _____ Other: _____ Other: _____
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- Call your local health authority (LHA) with the above information to discuss the case and determine whether to test for 2019nCoV. (If after hours and the LHA is not available, call the Nevada Division of Public & Behavioral Health: (775) 400-0333).
- If instructed by your local health department, collect samples for 2019 nCoV testing. Follow Middle East Respiratory Syndrome (MERS) specimen collection guidance on Public Health Laboratory Microbiology Lab Test Menu.
- NP swab (synthetic swab in 2-3 ml viral transport media)
- OP swab (synthetic swab in 2-3 ml viral transport media)
- Serum (5-10 ml in serum separator tube)
- Sputum (in sterile cup)
- Urine (in sterile cup)
- Stool, if possible (in sterile cup)