



FAX about...



durham.ca/hcp

Novel Coronavirus (2019-nCoV) Update #2

Currently there are **no cases** of 2019-nCoV in Durham Region. The Ministry of Health has released interim Novel Coronavirus Guidance for Primary Care Providers in Community Settings (see attached). The interim case definition has been expanded to **include travellers to Hubei Province, China.**

Primary care providers in community settings should conduct passive screening (signage, see attached documents) and active screening (asking questions) for 2019-nCoV on all patients entering their offices.

Passive screening signage should be posted on the entry to the office and at reception areas for patients with symptoms to self-identify, perform hand hygiene and wear a surgical mask.

Active screening includes **asking all patients the following questions** by phone or in person:

1. Fever, new onset of cough or difficulty breathing, **AND** any of the following,
2. Travel to/from Hubei Province, China in the 14 days before the onset of illness **OR**
Close contact with a confirmed or probable case of 2019-nCoV **OR**
Close contact with a person with acute respiratory illness who has been to/from Hubei Province, China in the 14 days before their symptoms

If the patient screens positive (answers yes to all the screening questions):

- Instruct patient to wear a surgical mask and place patient in a single room
- Staff should use contact / droplet precautions and stand 2 metres away from the patient
- Conduct a clinical history and visual assessment to determine if patient meets definition of person under investigation (PUI)

Contact DRHD to report the suspect case and discuss testing. Testing must happen in an appropriate setting - one that supports the safe use of N95 respirators during [specimen collection](#). Some primary care providers will have the capacity to test for 2019-nCoV. Testing for 2019-nCoV requires prior approval from the Public Health Ontario Laboratory. DRHD will assist with this process.

All suspect and confirmed cases of 2019-nCoV are [reportable](#) as soon as possible to DRHD at 905-668-7711 ext 2996 or after hours 905-576-9991. When you call please identify that you are calling about novel coronavirus.

Health care provider resources now available to order online durham.ca/HCP

Durham Region Health Department: 905-668-7711, 1-800-841-2729

January 29, 2020

If you prefer to receive this information in an electronic format please submit your request to healthresources@durham.ca

If you require this information in an accessible format, contact 1-800-841-2729.

Ministry of Health

Novel Coronavirus (2019-nCoV)

Guidance for Primary Care Providers in a Community Setting

Version 1 – January 28, 2020

This fact sheet provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

There are a range of capabilities among primary care settings in Ontario and this document reflects a number of options that primary care providers may take depending on their capacity to safely use N95 respirators (fit test, training, supplies available) for patient examination and collection of specimens, as is recommended at this time.

What you need to know

1. All primary care settings should follow [Routine Practices](#) (routine precautions) plus droplet and contact precautions.
2. All primary care settings should undertake active screening (asking questions) and passive screening (signage) of patients for 2019-nCoV and develop plans for referral where they are unable to conduct testing within their clinics.
3. Primary care providers should assess their capacity to safely conduct a clinical examination and collect specimens for a patient at risk of having 2019-nCoV.
 - **Only** primary care providers who can safely use and have access to N95 respirators should conduct detailed clinical examinations on a patient with a clinical and travel/exposure history consistent with the Person Under Investigation (PUI) definition. Providers must also have appropriate cleaning procedures.
4. Testing must happen in an appropriate setting - one that supports the safe use of N95 respirators during [specimen collection](#).

- Some primary care providers will have the capacity to test for 2019-nCoV.
5. Primary care providers must report to their local public health unit all patients suspected of having 2019-nCoV.

Screening and Triage

Primary care providers play an important role in supporting the response to suspected cases of 2019-nCoV. Primary care settings are being requested to conduct passive and active screening.

1. *Passive screening*

- Signage should be posted on entry to the office and at reception areas for patients with symptoms to self-identify, perform hand hygiene, wear a procedure mask, and have access to tissue and a waste receptacle.
- All patients should be instructed to cover their nose and mouth with a tissue when coughing and sneezing.

2. *Active screening at reception areas*

Sample Screening

Is the patient presenting with:

1. Fever, new onset of cough or difficulty breathing,

AND any of the following:

2. Travel to/from Hubei Province, China in the 14 days before the onset of illness

OR

Close contact with a confirmed or probable case of 2019-nCoV

OR

Close contact with a person with acute respiratory illness who has been to/from Hubei Province, China in the 14 days before their symptom

- Patients should be screened over the phone **before** scheduling appointments.
- Where patients present without phone screening, trained staff should screen patients upon entry using the above screening tool.
- Staff conducting screening should ideally be behind a barrier to protect from droplet/contact spread. A plexiglass barrier can protect reception staff from sneezing/ coughing patients.

3. What to do if a patient screens positive by phone?

- Where staff in the primary care office **have the ability** to safely use and has access to N95 respirators (e.g., fit tested, training, procedures, supplies), they may offer clinical assessment, examination, and testing (as indicated) in the their clinics. Patients should be given a procedure mask and placed in a room with the door closed on arrival to avoid contact with other patients in common area of the practice (e.g., waiting rooms). Clinicians should also:
 - Take a detailed history and conduct a clinical assessment to determine if the patient meets the case definition of a PUI.
 - The primary care provider should contact their local public health unit to report the suspect case and discuss the most appropriate setting for testing. Options may include; testing facilitated by the local public health unit; testing in the primary care office (using an N95 respirator) and ensuring coordination of sample delivery to the [Public Health Ontario laboratory](#); or referral to the nearest emergency department. All referrals to hospital should be made to a triage nurse.
 - Decisions about place of testing are dependent upon the patient's symptoms, their exposure history, and local resources for conducting testing.
 - If patients are referred to hospital, the primary care provider should coordinate with the hospital, local public health unit and the patient to make safe arrangements for travel to the hospital that maintains isolation of the patient. Where the patient is able, they can drive themselves to hospital.

- Where the primary care provider is unable to safely use an N95 respirator (i.e., are not fit tested, do not have access to a supply of N95 respirator, appropriate procedures are not in place to support safe use):
 - The primary care provider should take a clinical history and travel/exposure assessment by phone to determine if the patient is a PUI. The primary care provider should then contact the local public health unit to report the individual as a PUI, determine whether testing is appropriate, and if so, a management plan for the safe clinical examination and testing of the patient.

4. What to do if a patient screens positive at the office?

- Where staff in the primary care office have the ability to safely use N95s respirators (e.g., fit tested, training, procedures, supplies). They may offer clinical assessment, examination, and possibly testing, in the primary care setting:
 - Patients should be instructed to wear a procedure mask (if tolerated) and be placed in a single room on arrival to wait for further assessment.
 - Primary care providers should take a detailed history and clinical examination to determine if the patient meets the case definition of a person under investigation (PUI).
 - Primary care providers should contact their local public health unit to report the patient and discuss the most appropriate setting for testing. Options may include; testing facilitated by the local public health unit; testing in the primary care office (using an N95 respirator) and ensuring coordination of sample delivery to the [Public Health Ontario laboratory](#); or referral to the nearest emergency department. All referrals to hospital should be made to a triage nurse.
 - If patients are referred to hospital, the primary care provider should coordinate with the hospital, local public health unit and the patient to make safe arrangements for travel to the hospital that maintains isolation of the patient.
- Where the primary care provider is unable to safely use an N95 respirator (i.e., are not fit tested, do not have access to a supply of N95, appropriate procedures are not in place to support safe use) they should use a procedure

mask and isolate the patient as above including providing a procedure mask for the patient to wear. The provider can conduct a clinical history and visual assessment while under contact/droplet precautions and maintaining a 2 metre distance from the patient.

- The primary care provider should contact the local public health unit to report the PUI, and to discuss the most appropriate way for the patient to be clinically assessed and tested, if warranted.
- If patients are referred to hospital, the primary care provider should work with the hospital, local public health unit and the patient to make safe arrangements for travel to the hospital while maintaining isolation of the patient.

Testing

- At this time, primary care providers are not expected to conduct testing for 2019-nCoV. However, all primary care providers have a duty to report a patient who has or may have nCoV to the local public health unit.
- Primary care practices who can safely use N95 respirators (if available) and have the capacity to collect and send the appropriate specimens for 2019-nCoV to [PHO](#), may test patients who they determine are a PUI.
- For more information about testing see the [test information sheet](#).

5. What to do if a patient has travel history to Hubei, China within the last 14 days but is asymptomatic?

- Any asymptomatic patient with a relevant travel/exposure should be advised to monitor for symptoms. If they develop a fever, onset of a new cough or difficulty breathing within 14 days of their travel date, they should call their primary care provider, Telehealth Ontario or your local public health unit.

Occupational Health & Safety and Infection Prevention & Control Advice for Primary Care Settings

Within primary care settings, the ministry recommends the use of Routine Practices and Additional Precautions (contact, droplet) for screening of patients. These precautions include:

- use of gloves, gowns, procedure mask and eye protection
- hand hygiene

Primary care providers who can offer clinical examinations of patients who meet PUI criteria must use N95 respirators.

For more information please see: [PIDAC Routine Practices and Additional Precautions In All Health Care Settings](#)

What is known about the 2019-nCoV

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS-CoV), Severe Acute Respiratory Syndrome (SARS-CoV), and 2019-nCoV. A novel coronavirus is a new strain that has not been previously identified in humans.

Coronaviruses are zoonotic, meaning they are transmitted between animals and people. Detailed investigations found that SARS-CoV was transmitted from civet cats to humans and MERS-CoV from dromedary camels to humans, likely through bat reservoirs. Several known coronaviruses are circulating in animals that are not infectious to humans.

On 31 December 2019, the World Health Organization (WHO) [was informed](#) of cases of pneumonia of unknown etiology in Wuhan City, Hubei Province in China. A novel coronavirus (2019-nCoV) [was identified](#) as the causative agent by Chinese authorities on January 7, 2020.

Common signs of infection include fever, respiratory symptoms such as cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, kidney failure and even death.

Recommendations to prevent infection spread include performing hand hygiene (either use of alcohol-based hand rub or hand washing with soap and water), respiratory hygiene and cough etiquette (e.g., covering mouth and nose when coughing and sneezing, using tissues to contain respiratory secretions).

As of January 27, 2020, two cases of 2019-nCoV have been announced in Ontario in a couple who had recently returned from Wuhan, China. While it is anticipated that we may see additional cases with travel history to the impacted region, the overall risk to the community remains low.

At this time:

- Almost all cases have direct or indirect epidemiological link to Hubei province, China.
- Effective infection prevention & control measures are in place across Ontario's health system.

Primary care providers in Ontario should consider the possibility of 2019-nCoV infection in persons who present with fever and respiratory symptoms and travel to/epidemiological link to Hubei province within the past 14 days (see case definitions outlined in the Ministry of Health's Guidance for Health Workers and Health Sector Employers on 2019-nCoV). [document forthcoming]

For more information

If you have any questions, please consult the ministry's [website on 2019-nCoV](#) or contact your local [Public Health Unit](#).

General Advice to Primary Care Providers

There are several things that primary care providers can do to prevent themselves, their staff, and patients from becoming sick with this virus:

- Have procedure masks, tissues and Alcohol Based Hand Rub available to patients and staff in clinics/offices.
- Review infection prevention and control/occupational health and safety policies and procedures with staff.
- Post signage on clinic/office doors and reception areas informing persons to self-identify if they are experiencing fever, acute respiratory illness, and have a travel history to Hubei province, China in the last 14 days since onset of illness or contact with a person who has the above travel history and is ill (see screening procedures above).

ATTENTION PATIENTS

If you have a cough, fever, or are experiencing breathing difficulties

AND

you have been to Hubei province, China (including Wuhan) 14 days before your symptoms started,

report immediately to triage.

À L'ATTENTION DES PATIENTES ET PATIENTS

Si vous avez une toux, de la fièvre ou du
mal à respirer

ET

que vous vous trouviez dans la province
du Hubei, en Chine (incluant Wuhan)
14 jours avant le début des symptômes,

**présentez-vous immédiatement au
triage.**

ATTENTION VISITORS

If you feel unwell
(cough, fever, breathing
difficulties)

please delay your visit.

À L'ATTENTION DES VISITEURS

Si vous ne vous sentez pas bien (toux, fièvre, difficultés respiratoires),
**veuillez remettre votre
visite.**

Diseases of Public Health Significance

The following diseases are reportable to the local Medical Officer of Health (Ontario Reg 135/18) under the Health Protection and Promotion Act. **Bolded** diseases must be reported **immediately**. All other diseases may be reported on the next work day.

Report diseases listed below to: Population Health Division

605 Rossland Road East, 2nd Floor
P.O. Box 730, Whitby, ON L1N 0B2
Phone: 905-668-7711 ext. 2996 or 1-800-841-2729
Fax: 905-666-6215
After Hours: 905-576-9991 or 1-800-372-1104

Acquired Immunodeficiency Syndrome (AIDS)
Acute Flaccid Paralysis (AFP)
Chancroid
Chickenpox (Varicella)
Chlamydia trachomatis infections

Coronavirus, novel **Diphtheria**

Encephalitis, including:

1. Primary, viral
2. Post-infectious
3. Vaccine-related
4. Subacute sclerosing panencephalitis
5. Unspecified

Gonorrhoea

Group A Streptococcal disease, invasive

Group B Streptococcal disease, neonatal

Haemophilus influenzae disease, all types, invasive

Hepatitis, viral:

1. Hepatitis B
2. Hepatitis C

Measles

Meningitis, acute:

1. bacterial
2. viral
3. other

Meningococcal disease, invasive

Mumps

Ophthalmia neonatorum

Pertussis (Whooping Cough)

Pneumococcal disease, invasive

Poliomyelitis, acute

Rubella

Rubella, congenital syndrome

Severe Acute Respiratory Syndrome (SARS)

Smallpox

Syphilis

Tetanus

Tuberculosis



HEALTH
DEPARTMENT

durham.ca/health

If you require this information
in an accessible format,
contact 1-800-841-2729 or 1-888-777-9613



Report diseases listed below to: Health Protection Division

101 Consumers Drive, 2nd Floor,
Whitby, ON L1N 1C4
Phone: 905-723-3818 or 1-888-777-9613
Confidential Fax: 905-666-1833
After Hours: 905-576-9991 or 1-800-372-1104

Amebiasis

Anthrax

Blastomycosis

Botulism

Brucellosis

Campylobacter enteritis

Carbapenemase-producing Enterobacteriaceae (CPE),
infection or colonization

Cholera

Clostridium difficile Infection (CDI)

outbreaks in public hospitals

Creutzfeldt-Jakob Disease, all types

Cryptosporidiosis

Cyclosporiasis

Echinococcus multilocularis

Food poisoning, all causes

Gastroenteritis, institutional outbreaks
and public hospitals

Giardiasis, except asymptomatic cases

Hantavirus pulmonary syndrome

Hemorrhagic fevers, including:

1. **Ebola virus disease**
2. **Marburg virus disease**
3. **Lassa Fever**
4. **Other viral causes**

Hepatitis A

Influenza

Legionellosis

Leprosy

Listeriosis

Lyme Disease

Paralytic Shellfish Poisoning (PSP)

Paratyphoid Fever

Plague

Psittacosis/Ornithosis

Q Fever

Rabies

Respiratory infection outbreaks in institutions
and public hospitals

Salmonellosis

Shigellosis

Trichinosis

Tularemia

Typhoid Fever

Verotoxin-producing *E. coli* infection indicator

conditions, including Haemolytic Uraemic Syndrome
(HUS)

West Nile Virus Illness

Yersiniosis