Wuhan novel coronavirus (WN-CoV)
Guidance for secondary care

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Contents

Investigation and initial clinical management of possible cases ........................................2
  Possible case definition ........................................................................................................2
  Contact definition ................................................................................................................2
Guidance for secondary care ...............................................................................................3
  Preparing for assessment .....................................................................................................3
  Actions to take if possible case definition is met for WN-CoV ........................................4
Appendices ............................................................................................................................5
  Appendix 1 – Contacts in local Health Protection teams ..................................................5
  Appendix 2 – Version history ...............................................................................................6
Investigation and initial clinical management of possible cases

The case definition being used across the UK reflects our current understanding from the limited epidemiology available and will likely be subject to change as new information emerges.

Possible case definition

If the patient satisfies epidemiological and clinical criteria, they are classified as a possible case.

- **Epidemiological criteria**
  
  In the 14 days before the onset of illness:
  
  o travel to risk areas – see list here.
  
  OR
  
  o contact with confirmed cases of WN-CoV (see definition below)

- **Clinical criteria**
  
  o severe acute respiratory infection requiring admission to hospital with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome
  
  OR
  
  o acute respiratory infection of any degree of severity (including at least one of: shortness of breath, cough or sore throat)

Clinicians should be alert to the possibility of atypical presentations in patients who are immunocompromised. Any individual reporting any contact with a confirmed case of WN-CoV, even if asymptomatic, should be reported to the local Health Protection Team immediately (see Appendix 1).

Contact definition

For the purposes of testing, contact with a case is defined as:

- living in the same household
  
  OR
  
  - direct contact with the case or their body fluids or their laboratory specimens
  
  OR
  
  - in the same room of a healthcare setting when an aerosol generating procedure is undertaken on the case
  
  OR
  
  - within 2 metres of the case in any setting, for any length of time

An assessment for avian influenza risk factors should also be carried out for every individual that has travelled to China in the 10 days prior to onset of fever and lower respiratory tract symptoms. See avian influenza guidance.
Guidance for secondary care

Healthcare professionals, infectious disease physicians and the local microbiologist or virologist should be familiarised with the working case definitions and consult the latest guidance available on the [HPS WN-CoV page](#).

In preparation, ensure that staff are:

- Familiar with all Personal Protective Equipment (PPE) required including, provision of adequate supplies, safe donning and removal procedures, where stored and how it should be used;
- Aware of what actions to take if a case presents;
- Aware of where a case will be isolated and the need for a negative pressure room, if available;
- Familiar with FFP3 respirator use and that fit testing and checking has been undertaken before using this equipment

A separate document is available for [infection prevention and control guidance](#) for severe respiratory illness from novel or emerging pathogens, e.g. MERS-CoV, Avian influenza (e.g. A/H7N9, A/H5N1) and Wuhan novel coronavirus (WN-CoV).

An assessment for [avian influenza](#) risk factors should also be carried out for every individual that has travelled to China in the 10 days prior to onset of fever and lower respiratory tract symptoms. See [avian influenza guidance](#).

Preparing for assessment

Clinicians must:

- Admit patients requiring admission directly to a negative pressure isolation room. If this is not possible then a single room with en-suite facilities should be used. The room door must be kept closed.
- Wear appropriate PPE: as a minimum, this should be a FFP3 respirator, disposable, long-sleeved, fluid resistant surgical gown, disposable gloves and eye/face protection.
- Ask the patient (if tolerable) to wear a FRSM while being transported to the isolation room.
Actions to take if possible case definition is met for WN-CoV

1. Ensure *infection control guidance* is followed.

2. Discuss patient with the local infection specialist (ID physician or microbiologist / virologist)

3. Reporting
   a. Any case meeting the WN-CoV possible case definition, or the criteria for avian influenza testing, should be reported to the local Health Protection Team (*see Appendix 1*).
   b. WN-CoV is notifiable as a health risk state under the Public Health (Scotland) Act 2008.

4. Sampling and testing
   a. See *Guidance for sampling and laboratory investigations* available on the HPS WN-CoV page
## Appendix 1 – Contacts in local Health Protection teams

<table>
<thead>
<tr>
<th>Region</th>
<th>Office Hours Telephone Number</th>
<th>Out of Hours Telephone Number</th>
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<tbody>
<tr>
<td>HPS</td>
<td>0141 300 1100</td>
<td>0141 211 3600</td>
</tr>
<tr>
<td>Ayrshire and Arran</td>
<td>01292 885858</td>
<td>01563 521 133</td>
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<tr>
<td>Borders</td>
<td>01896 825 560</td>
<td>01896 826 000</td>
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<tr>
<td>Dumfries and Galloway</td>
<td>01387 272 724</td>
<td>01387 246 246</td>
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<tr>
<td>Fife</td>
<td>01592 226435 / 447</td>
<td>01383 623623</td>
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<tr>
<td>Forth Valley</td>
<td>01786 457 283</td>
<td>01324 566 000</td>
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<tr>
<td>Grampian</td>
<td>01224 558 520</td>
<td>0345 456 6000</td>
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<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>0141 201 4917</td>
<td>0141 211 3600</td>
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<tr>
<td>Highland</td>
<td>01463 704 886</td>
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<td>Lanarkshire</td>
<td>01698 858232/858228</td>
<td>01236 748 748</td>
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<td>Lothian</td>
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<td>0131 536 1000</td>
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<td>Orkney</td>
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<td>01856 888 000</td>
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<td>Shetland</td>
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<td>01595 743 000</td>
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<tr>
<td>Tayside</td>
<td>01382 596 976/987</td>
<td>01382 660 111</td>
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<td>Western Isles</td>
<td>01851 708 033</td>
<td>01851 704 704</td>
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Appendix 2 – Version history

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