

Advisory to IDSP SSUs: 2019 – Novel Coronavirus, China

Cluster of Pneumonia were being reported from Wuhan City, Hubei Province in China. Chinese authorities have identified it to be caused by a new type of Coronavirus (novel Coronavirus, 2019-nCoV). Coronavirus are large family of viruses with some causing less severe disease such as common cold and others more severe diseases such as MERS and SARS. The human to human transmission is variable with some easily transmitting and some do not transmit readily between people. As per information shared by WHO as of 12th January, 2020 forty-one(41) confirmed cases have been detected in Wuhan City with one death. Recently on 13th January, 2020 the Thailand's Ministry of Public Health (MoPH) has reported the first imported case of lab confirmed novel coronavirus (2019-nCoV) from China.

Hence, in this regards, it is desired that necessary precautions are to be taken to prevent the occurrence of these cases in the Country. It is recommended that all State Surveillance Officers intensify the surveillance system for Acute Respiratory Infections/ Influenza like Illness (ARI/ILI) and screening at community level as well as health facility level to identify and respond to clustering of cases for early detection of impending SARI outbreaks through IDSP network. The case definitions for surveillance currently provided by WHO is annexed. In view of the limited information regarding the epidemiological correlates and transmission patterns, the guidance is subject to change at a short notice.

It is also advised to all State Surveillance Units to keep a constant vigil and raise the level of awareness and knowledge of surveillance officers and healthcare providers (first or early responders) on case definitions, basic infection prevention control measures and standard precautions to be followed during the care and treatment of suspected patients. It is requested to review the preparedness and response plans/measure at the State level to handle the situation if need arises.

The technical guidance shared by WHO is attached.

The Ministry of Health and Family Welfare (MoHFW), GoI is monitoring the situation closely in consultation with WHO and other stakeholders and any update received would be shared with the States.

The advisory will be followed by surveillance and laboratory guidelines.

Annexure

The case definitions for surveillance currently provided by WHO are as follows:

1. A person with SARI, with history of fever and cough requiring admission to hospital, with no other etiology that fully explains the clinical presentation (clinicians should also be alert to the possibility of atypical presentations in patients who are immunocompromised);

AND any of the following

- a. A history of travel to Wuhan, Hubei Province China in the 14 days prior to symptom onset.
 - b. the disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel;
 - c. the person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another etiology has been identified that fully explains the clinical presentation.
2. Individuals with acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had any of the following exposures:
 - a. close physical contact with a confirmed case of nCoV infection, while that patient was symptomatic;
 - b. a healthcare facility in a country where hospital associated nCoV infections have been reported;
 - c. direct contact with animals (if animal source is identified) in countries where the nCoV is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission*.

* To be added once/if animal source is identified as a source of infection