

MANAGEMENT OF TRAVEL RELATED ILLNESS

Wuhan City (WN-CoV)

WHO have reported on a cluster of pneumonia associated with Wuhan City – a novel coronavirus. It is currently unclear how this infection is transmitted. Clinicians should be alert to possible cases and also atypical presentation in immunosuppressed patients.

ACTION for EDs/ACUTE FLOORS - immediate

- 1. Ask the patient to wear a surgical face mask** until in isolation (ideally in negative pressure).
- 2. ISOLATE in high level isolation protocol 2** as per MERs CoV – with all extra equipment removed
- 3. Assess the patient** against the criteria for WN-CoV **and** avian influenza

Definition of a possible case of WN-CoV

Patient presents with pneumonia and have travelled to Wuhan City in China in the previous 14 days prior OR a contact of a confirmed case

PLUS

Severe acute respiratory infection requiring hospital admission with clinical or radiological evidence of pneumonia or ARDS OR fever or history of fever $\geq 38^{\circ}\text{C}$ and acute respiratory infection (sudden onset with at least one of SOB, cough or sore throat)

Definition of a possible case of Avian influenza

Patient presents with a history of fever or fever $\geq 38^{\circ}\text{C}$ AND lower respiratory tract symptoms (cough or SOB) or CXR findings of consolidation or ARDS OR other severe illness suggestive of infectious process

PLUS

Close contact (within 1 metre) with live, dying or dead domestic poultry or wild birds, including live bird markets, in an area of the world affected by avian influenza or with any confirmed infected animal, in the 10 days before the onset of symptoms OR In the 10 days before the onset of symptoms: Close contact with a confirmed human case, human case(s) of unexplained illness resulting in death from affected areas, human cases of severe unexplained respiratory illness from affected areas
(see www.gov.uk/guidance/high-consequence-infectious-disease-country-specific-risk)

- 4. Contact the on-call microbiologist** if WN-CoV or avian influenza are still possible after assessment.

5. Collect samples: (do not do any Point Of Care Tests)

Label as **RISK OF INFECTION** and **hand deliver** to the laboratory staff (call the lab to let them know you are coming). The Trust microbiology lab will test for common respiratory pathogens and PHE will test for WN-CoV and a local PH laboratory will test for avian influenza. Minimum sample set is:

- upper respiratory tract sample (combined nose and throat viral swabs, or nasopharyngeal aspirate)
- EDTA blood and serum
- sputum or an endotracheal tube aspirate (not if requires induction of sputum or bronchoscopy to collect)
- collect urine and stool if available, as these may be tested subsequently

6. Note PPE requirements:

Advised from initial identification of a patient with an epidemiological risk factor for WN-CoV, assessment until the test result is available. PHE will advise on further management for any confirmed cases.

PPE as described below to be worn by **all** persons (including essential visitors e.g. parent of a child) entering the room where a patient is being isolated, either before definitive assessment or once assessed as a possible case:

Put on in this order before entering the room

- long sleeved, fluid-repellent disposable gown – wearing scrubs underneath obviates problems with laundering of uniforms and other clothing
- FFP3 respirator (only to be used by staff/visitors Fit Tested to that make/size of mask) or positive pressure hood available in A&E.
- eye protection (goggles or face visors) must be worn. NOTE prescription glasses do not provide adequate protection
- gloves with long tight-fitting cuffs

Remove in this order after exiting the room

- peel off gloves and gown together and roll inside out. Dispose in clinical waste.
- perform hand hygiene
- remove goggles from behind and dispose in clinical waste/set aside to disinfect
- remove respirator from behind and set aside to disinfect
- perform hand hygiene, apply apron and gloves and disinfect reusable PPE with Tristel.

7. Equipment: Keep non-disposable equipment to a minimum. Where required equipment cannot be left in the room (e.g. portable xray, it must be disinfected on exit in the lobby area

8. Cleaning: decontaminate the room daily with Tristel, again after any aerosolising procedures (leave 20 minutes for air changes prior to cleaning) and frequent touch points and the lobby at least twice daily

9. Waste and laundry management:

- Waste must be disposed of as category A – this requires an ‘incineration only’ yellow waste container.
- Laundry – manage as infected waste (use red alginate bags to contain laundry)