

2019 Novel Coronavirus in China [2019-nCoV]

Information for Primary Care Doctors

Primary and Community Care Division

Ministry of Health

22nd January 2020

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Background on Coronavirus

- Coronaviruses (CoV) are a large family of viruses causing illnesses ranging from the common cold to pneumonia
 - SARS-CoV and MERS-CoV also belong to this family of viruses
- A novel CoV causing pneumonia has been originally identified in Wuhan city, China but cases have detected in other cities and countries
- Human to human transmission has been confirmed, source of infection and mode of transmission remains unknown

Timeline of events

Info correct as of 22 Jan, 1428h

8 Dec 2019

- Onset of first case reported in **Wuhan**.

31 Dec 2019

- Cluster of pneumonia cases of unknown aetiology reported in **Wuhan**, most cases were linked to Huanan Seafood market.

1 Jan 2020

- Huanan Seafood Market closed indefinitely for disinfection and sanitation.

7 Jan 2020

- Novel coronavirus (2019-nCoV) discovered.

12 Jan 2020

- **Thailand** reported first imported case.

16 Jan 2020

- **Japan** confirmed first imported case.

17 Jan 2020

- **Thailand** reported second imported case.

19 Jan 2020

- 136 additional cases reported in **Wuhan**, bringing total to 198 cases and 3 deaths.
- Three confirmed cases (travelled from Wuhan) reported in **Beijing** (2) and **Guangdong** (1).

20 Jan 2020

- **South Korea** confirmed first imported case.
- 18 additional cases reported in **Beijing** (3), **Guangdong** (13) and **Shanghai** (2).
- Hospital cluster involving 15 HCWs reported in **Wuhan**.

22 Jan 2020

- **Taiwan, USA, Macau** confirmed first imported cases, **Thailand** reported two more exported cases.
- Total number of cases reported globally rose to 450 including nine deaths.

Current case definition *(updated 23 Jan)*

- Cases who fulfil the following suspect case criteria should be referred to hospital for further management:
 - a) A person with clinical signs and symptoms suggestive of pneumonia or severe respiratory infection with breathlessness **AND travel to mainland China*** within **14 days before onset of illness**; **OR**
 - b) A person with an acute respiratory illness of any degree of severity who, within 14 days before onset of illness, had been to a **hospital in mainland China** or had close contact with a case of 2019-novel coronavirus infection
- Close contact is defined as:
 - Anyone who provided care for the patient, including a health care worker or family member, or who had other similarly close physical contact;
 - Anyone who stayed (e.g. lived with, visited) at the same place as a case.

Note: * Excludes transit in mainland China airport

Patient Assessment and Workflow of Suspected Cases in Primary Care (GP Clinics)

- Suggested Workflow:

- As part of infection control, clinics should routinely screen patients for fever and travel history
- Provide patients with respiratory symptoms or fever with a surgical mask
- Suspect patients should be placed in a separate area where possible

- Management of suspect patients:

- Managing Doctor to don appropriate PPE (standard infection control and droplet precautions), e.g. N95 and gloves

Notification

All suspect cases of 2019-nCoV are to be isolated and admitted

1. Call MOH Surveillance Duty Officer at 9817 1463 (avail. 24/7)
2. MOH officer will advise how to convey patient, whether to send samples to NPHL etc.
3. Submit MD131 through online CDLENS portal or fax, under **Other significant disease: 2019 novel coronavirus**

Conveyance

- If patient is **medically stable**, send to hospitals via the dedicated ambulance service* at **6220-5298** (avail. 24/7):
 - **Persons aged 16 years and above** (including pregnant women) will be sent to TTSH Emergency Department.
 - **Children below the age of 16 years** will be sent to KKH Children's Emergency Department.
- If patient is **medically unstable** (i.e. breathless, hypotensive), call for SCDF ambulance(**995**).
 - Please inform the ambulance operator that you are referring a **suspect case of pneumonia with relevant travel history to Wuhan city**.

* No payment required for dedicated ambulance. ED charges borne by patient if not admitted.

Routine Clinical Management

- As part of routine clinical care for all other patients, doctors are advised to practice standard precautions and good hand hygiene
- Cleaning of premises should be carried out regularly:
 - Use of 70% alcohol
 - Do not spray cleansing agents as it may aerosolise infective agents
 - Cleansing agent should be applied using a damp cloth, left for at least 10 minutes but no longer than 30 minutes, thoroughly rinsed off and the area dried

Travel Advice for Clinic Staff

- Clinic staff should avoid non-essential travel to Wuhan
- Consider having clinic staff returning from Wuhan to wear surgical masks while performing their duties or be redeployed into roles without contact with vulnerable populations
- Clinic staff returning from China should monitor their health closely and seek medical attention promptly if they feel unwell

Useful Links

- <https://www.moh.gov.sg/2019-ncov-wuhan>
- <https://www.primarycarepages.sg/Pages/circulars-from-moh.aspx>

Thank you