

Tracking the Wuhan coronavirus: 5 things doctors must know

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A man hospitalized in Everett, Washington, has been diagnosed with the 2019 novel coronavirus (2019-nCoV) after returning to the U.S. from travels to Wuhan, China, the city of 11 million people. At this article's deadline, the infectious respiratory disease had already killed 18 people and spread to nine countries since first being identified last month.

Because there's so little known so far about 2019-nCoV, there's no vaccine or specific treatment available and the care is primarily supportive rather than curative. The World Health Organization is declining, for now, to declare a public health emergency of international concern but will meet again in early February and has offered recommendations to China and other countries.

You can learn more about the ethical questions that arise for physicians when global health emergencies strike, as covered in the timely January issue of the *AMA Journal of Ethics*®. A *JAMA* Viewpoint published today, written by experts from Penn State University College of Medicine and National Institute of Allergy and Infectious Diseases, explains why human coronaviruses have long been considered "inconsequential" but those such as 2019-nCoV are definitely "more than just the common cold."

The AMA Facebook page featured a video Q&A session on the novel coronavirus. Andrea Garcia, JD, MPH, the AMA's director of science, medicine and public health, relayed what she's learned about the virus in her work with the physician experts at major public health organizations and also discussed the implications of the response seen in real time on social media. Watch a replay now.

The Centers for Disease Control and Prevention (CDC), meanwhile, has issued a health update on 2019-nCoV and has offered recommendations for physicians and other health professionals.

Here are the top five things physicians should know about the Wuhan, China, coronavirus, or 2019-nCoV.

What signs of COVID-19 to look for in a patient?

The CDC's clinical criteria for a "patient under investigation" (PUI) for possible 2019-nCoV infection are based on what is known about the Middle Eastern respiratory syndrome coronavirus (MERS-CoV) and the severe acute respiratory syndrome coronavirus (SARS-CoV).

The key is to look for both clinical features and epidemiologic risks before calling your local or state public health department to sound the alarm.

Fever and symptoms of lower respiratory illness such as cough or difficulty breathing are not sufficient. They must be combined with a history of travel from Wuhan, China, in the previous 14 days, or the patient must have had close contact with a person under investigation for 2019-nCoV while that person was sick, or close contact with an ill laboratory-confirmed 2019-nCoV patient.

Additionally, the CDC's guidance notes that "fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications" and urges physicians to use their clinical judgement in such cases.

When to report a patient with COVID-19?

If you have a patient under investigation for 2019-nCoV, immediately let your facility's infection control department know and report it to your local or state public health department.

State health departments that have identified a PUI should immediately contact CDC's Emergency Operations Center, (770) 488-7100, and complete this form.

How to test a patient for COVID-19?

For now, testing for 2019-nCoV can only be done at the CDC, which has developed a real-time reverse transcription-polymerase chain reaction test that can diagnose 2019-nCoV.

The agency's interim guidelines say to collect multiple clinical specimens and all three specimen types—lower respiratory, upper respiratory and serum specimens. You also can collect other specimen types such as urine and stool.

It's important to test for other respiratory pathogens at the time of the initial evaluation. Don't let such testing delay your shipping the specimen to the CDC, the agency says.

Also, the CDC recommends—for biosafety reasons—against performing virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens that come from patients under investigation for 2019-nCoV.

What precautions should doctors take when treating COVID-19 patients?

While it's still unclear exactly how 2019-nCoV is spread from person to person, the CDC is advising a "cautious approach to patients under investigation for 2019-nCoV."

That means asking such patients to don a surgical mask ASAP and evaluating them in a private room—ideally an airborne infection isolation room—with the door closed. You and your colleagues should use standard precaution, contact precautions, airborne precautions and eye protection such as goggles or a face shield before entering the room. Learn more about the CDC's isolation precautions guideline.

What should doctors expect during the COVID-19 pandemic?

"More cases are likely to be identified in the coming days, including more in countries outside China, including possibly more cases in the United States," says the CDC's summary of the 2019-nCoV situation. And given how things played out with MERS and SARS, the agency says, "it's likely that some person-to-person spread will continue to occur."