

# Chief Health Officer Alert

14 May 2013

Status: Resolved

## Novel Coronavirus (NCoV)

**Status:** Resolved – Superseded by Alert issued 28 June 2013

**Date issued:** 14 May 2013

**Issued by:** Dr Rosemary Lester, Chief Health Officer, Victoria

**Issued to:** General practitioners, hospitals and laboratories

### Key messages

- As at 12 May 2013, a novel coronavirus has been identified in 34 patients from Saudi Arabia, Qatar, UK, France, Jordan and United Arab Emirates (UAE) associated in most cases with a severe acute pneumonia. 18 deaths have occurred.
- Carefully review patients with severe acute respiratory infections (SARI) and review for any unusual patterns.
- Isolate patients with severe acute pneumonia with a recent travel history from the Arabian Peninsula, or contact with known confirmed or probable cases.
- Collect appropriate specimens and promptly inform the Department of Health on 1300 651 160.
- WHO do not currently recommend any travel restrictions related to this event.

### What is the issue?

A novel human coronavirus (NCoV) has recently emerged in the Arabian Peninsula. This novel strain is associated with severe acute pneumonia. 18 deaths have occurred. There is evidence of human-to-human transmission in circumstances where there has been close contact.

### Who is at risk?

- The first two reported cases infected by the novel agent, then provisionally termed hCoV-EMC, occurred in June and September 2012, respectively. As of 12 May 2013, a total of 34 cases have been confirmed by WHO.
- Among the cases reported from the Kingdom of Saudi Arabia, 15 new cases have been reported since April, 2013. Family clustering has been identified, as have spread between contacts outside of a family context.
- Jordan has retrospectively identified a cluster of 11 patients with acute respiratory symptoms linked to a hospital.

- Three cases that occurred in the United Kingdom (UK) constitute another cluster, confirming the potential of the virus to transmit between humans with close contact. France has reported a case in a returned traveller from Dubai and in a patient who shared the same hospital room
- WHO does not recommend that any travel restrictions are applied with respect to this event. WHO will update travel recommendation information as required.

## Symptoms and transmission

All but one of the confirmed cases have presented with acute, serious respiratory illness. Typical symptoms have included fever, cough, shortness of breath, and breathing difficulties. One recent UK case presented with mild influenza-like symptoms.

## Testing

Testing should be considered for:

- Individuals with pneumonia or pneumonitis and history of travel to, or residence in, the Arabian Peninsula.
- Individuals with pneumonia or pneumonitis and history of contact with those listed above.
- Health care workers with pneumonia, who have been caring for patients with severe acute respiratory infections, particularly patients requiring intensive care, without regard to place of residence or history of travel.

### How do I test for NCoV?

- Testing should only be carried out after discussion with the Communicable Disease Prevention and Control Unit at the department and only where NCoV is strongly suspected on clinical and epidemiological grounds.
- Routine tests for acute pneumonia should be performed where indicated, including bacterial culture, serology, urinary antigen testing and tests for influenza viruses.
- Respiratory samples including upper respiratory tract viral swabs, nasopharyngeal aspirates, sputum, bronchoalveolar lavage fluid, lung biopsies and post-mortem tissues are suitable for testing for NCoV.
- Both standard infection control precautions and transmission-based contact and airborne precautions must be used. These are described in NHMRC: Australian Guidelines for the Prevention and Control of Infection in Healthcare – 2010 (particularly section B2.4), and include the requirement for negative pressure air-handling and PPE including the use of gloves, gowns, P2 (N95) respirators, eye protection and hand hygiene.
- Laboratory staff should handle specimens under PC2 conditions in accordance with AS/NZS 2243.3:2010 Safety in Laboratories Part 3: Microbiological Safety and Containment.
- Communicable Disease Prevention and Control Unit will authorise testing and advise VIDRL to expect the samples, which should be transported in accordance with current regulatory requirements.

## Prevention/treatment

1. Place the patient in a single room with negative pressure air-handling, and implement standard and transmission-based precautions (contact and airborne), including the use of personal protective equipment (PPE).
2. Investigations and management should be performed as for community acquired pneumonia. Appropriate specimens should also be collected for NCoV PCR testing.

3. Communicable Disease Prevention and Control Unit at the Department of Health should be promptly informed of any suspected (and probable or confirmed) cases in order to discuss and co-ordinate testing and management of contacts (telephone: 1300 651 160).

## More information

Technical information and the current case definition can be found at WHO's "Coronavirus infections" website:

[http://www.who.int/csr/disease/coronavirus\\_infections/en/index.html](http://www.who.int/csr/disease/coronavirus_infections/en/index.html)

## Contacts

Communicable Disease Prevention and Control Unit at the Department of Health

Ph: 1300 651 160

Yours sincerely

A handwritten signature in black ink, appearing to read "Rosemary Lester". The signature is written in a cursive, flowing style.

Dr Rosemary Lester  
Chief Health Officer

Authorised by the Victorian Government, Melbourne.