



Public Health Department

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Health Advisory

To: Butte County Clinicians and Health Care Providers
From: Andy Miller, M.D. (signed original on file)
Date: February 13, 2020
Re: Updated Interim Guidance for COVID-19 (formerly known as 2019-nCoV)
(Guidance subject to change as outbreak unfolds)

Background as of Feb. 13, 2020, 8:00 am

There are currently no persons under investigation (PUI) and no confirmed cases of 2019 novel coronavirus (COVID-19) in Butte County. As of this date, there are (15) total cases in the US, (8) of which are in California (Los Angeles County, Orange County, San Benito County, Santa Clara and San Diego County). **At this time, the immediate risk in Butte County community is considered to be very low.** As a reminder, both influenza A and influenza B viruses continue to circulate widely in Butte County.

Key Points

- The definition of Patients Under Investigation (PUI) was expanded on 2/1/2020 to:

Clinical Features	&	Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed 2019-nCoV patient within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province , China within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from mainland China within 14 days of symptom onset

The criteria are intended to serve as guidance. Patients should be evaluated and discussed with BCPH on a case-by-case basis. For severely ill individuals, testing can be considered when exposure history is equivocal (e.g., uncertain travel or exposure, or no known exposure) and another etiology has not been identified.

Note: Fever may be subjective. At this time, Hong Kong, Macau, and Taiwan do not have widespread transmission and are not considered part of mainland China for this guidance.

- The Centers for Disease Control has updated guidance documents regarding COVID-19:
 - Interim guidance for evaluating PUIs and testing: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
 - The CDC guidance includes a flow chart to assist health care providers to identify and assess for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/identify-assess-flowchart.html>
 - Interim guidance for clinical management of patients with confirmed COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
 - Interim guidance for risk assessment and management of healthcare personnel with potential exposure in a health care setting. This set of recommendations describes how healthcare workers may be excluded from work or allowed to continue working based on type of exposure and PPE worn: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>.
 - Interim guidance for Emergency Medical Services (EMS) Systems: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>
- PUIs should be asked to wear a surgical mask as soon as they are identified. PUIs should be placed in a private room with the door closed for evaluation, ideally an airborne infection isolation room, if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and eye protection (e.g., goggles or a face shield). See interim infection prevention guidance for patients with confirmed 2019 novel coronavirus or PUIs for health care settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>.
- Consider posting signs or posters at entrances and other strategic places to provide patients with appropriate instructions, including hand hygiene, respiratory hygiene, and cough etiquette. Consider alternatives to patients sitting in waiting rooms (e.g. include a text number on entry signs, asking patients to text to announce their arrival and then wait in their car if safe to do so).
- Approval from BCPH is required before patient specimens can be submitted for testing for COVID-19. Once approved, a BCPH Human Submittal Form must be completed and submitted with specimens. Routine respiratory testing MUST NOT delay shipment of specimens. BCPH Lab can test specimens for influenza by molecular testing, if requested. See specimen collection and testing guidance at: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html>.
- Some health facilities are experiencing shortages of N95 respirators and supplies may continue to be limited for some time. CDC recommends judicious and appropriate use of PPE in conjunction with engineering and administrative measures to optimize N95 use. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html>. *There is no recommendation from CDC for face masks to be worn by well persons in the home or other community settings at this time.*
- As this outbreak unfolds, CDC guidance may change rapidly. Please check the CDC website frequently: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

For assistance in assessing, managing, and reporting suspect cases

BCPH reminds providers to immediately report any patients that meet the PUI criteria. For assistance in assessing and managing suspect cases, please call BCPH Communicable Disease Program:

- During business hours, Mon – Fri (8 am - 5 pm): (530) 552-3929
- For after hours, weekends, or holidays: (530) 332-2462.

Categories of urgency levels:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.