COVID-19 protocol excerpts

Last updated 3 March 2020 by APMSHK

# Communicable Disease Surveillance Case Definition: Severe Respiratory Disease associated with a Novel Infectious Agent

## (With effect from 28 February 2020)

## Clinical Description

Coronavirus disease-2019 (COVID-19) is caused by infection with the virus Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Symptoms are mainly fever and cough while some may present with shortness of breath. Asymptomatic cases have been reported.

## Reporting Criteria

An individual fulfilling the following should be reported to the Centre for Health Protection (CHP) for further investigation:

* Presented with fever\* **OR** acute respiratory illness **OR** pneumonia; **AND**
* Either one of the following conditions within 14 days **BEFORE ONSET OF SYMPTOM**:
1.  With travel history to a place with active community transmission of COVID-19**#**; **OR**
*2.   Had close contact with a confirmed case of COVID-19.*

*(\*Except fever due to a known etiology not related to respiratory infections)*

*# The list of places with active community transmission of COVID-19 is regularly uploaded to the Centre for Health Protection (CHP) website* <https://www.chp.gov.hk/files/pdf/statistics_of_the_cases_novel_coronavirus_infection_en.pdf>

## Laboratory Criteria

Any one of the following:

* Detection of nucleic acid of SARS-CoV-2 in a clinical specimen; OR
* Isolation of SARS-CoV-2 from a clinical specimen; OR
* Seroconversion or four-fold or greater increase in antibody titre to SARS-CoV-2 in paired serum specimens.

## Case Classification

* Suspected case: A case that fulfils the reporting criteria.
* Probable case: A case that has radiological evidence of pneumonia (by chest X-ray or computed tomography scan) AND epidemiological linkage to a confirmed case of COVID-19.
* Confirmed case: A case that fulfils the laboratory criteria (including asymptomatic cases).

Centre for Health Protection, Department of Health, HKSARG. Severe Respiratory Disease associated with a Novel Infectious Agent (With effect from 28 February 2020). Communicable Disease Surveillance Case Definitions [internet]. Version 16.6, 61. Available from: <https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/disease.html>

# Statutory Notifiable Disease

Severe Respiratory Disease associated with a Novel Infectious Agent is an infectious disease specified in the First Schedule to the Prevention and Control of Disease Ordinance (Cap 599). Notification of suspected or confirmed cases of these diseases is required by law.

For suspected cases fulfilling the reporting criteria, please notify the Central Notification Office (CENO) of CHP via fax (2477 2770), phone (2477 2772) or CENO On-line (<https://cdis.chp.gov.hk/CDIS_CENO_ONLINE/ceno.html>).

Private doctors are reminded to call the Medical Control Officer (MCO) of the Department of Health (DH) at Pager: 7116 3300 call 9179 immediately when reporting any case. The CHP will make arrangement to transfer the patient to a public hospital by ambulance for isolation, testing and treatment.

CHP would conduct contact tracing for each case of confirmed COVID-19. The nature of contact would be determined based on the circumstances of the interaction. In general, if there had been face to face interaction with the case for 15 minutes or more and without wearing surgical mask, the contact would be considered as "close contact". Symptomatic contacts would be transferred to hospital for management. Asymptomatic close contacts would be transferred to quarantine centres for quarantine until 14 days after last exposure to the confirmed case, followed by another 14 days of medical surveillance.

CHP. APMSHK | Inquiry re: COVID-19 guidelines for private doctors. Email to CHP (cchp@dh.gov.hk) 2 March 2020.

# Case assessment at triage station

1. Use epidemiology criteria - Fever, Travel, Occupation, Contact, and Cluster (FTOCC) for risk assessment.
2. Exercise standard precautions with appropriate personal protective equipment (PPE) including surgical mask, eye protection, gown, gloves and disposal cap(optional).
3. When handling a suspected or confirmed case, exercise standard, contact, droplet, and airborne precautions with appropriate PPE included surgical mask or N95 respirator\*, eye protection, gown, gloves and cap (optional).

\*N95 respirator should be used for aerosol generating procedures

# Isolation of patients

1. Isolate suspect/confirmed patient in a negative pressure airborne infection isolation room (AIIR). Cohort probable case(s) with strong epidemiological link, such as household contacts.
2. Arrange a single room for isolation if AIIR is not available in clinic setting. The items in room should be kept minimal. If a single room for isolation is not available, place the case in a designated isolation area (separate from others >1 metre, e.g. corner of the clinic or areas with least traffic) while waiting for transportation.
3. Confirmed cases should not be nursed in the same area with suspected cases.
4. The suspected case in the clinic should be transferred by ambulance to the nearby hospital for further management as soon as possible.

# Surveillance and case reporting

All registered medical practitioners are required to notify the Centre for Health Protection if patient fulfilling the latest reporting criteria and patient should be isolated immediately (https://cdis.chp.gov.hk/CDIS\_CENO\_ONLINE/disease.html).

[Notify] the Central Notification Office (CENO) of the CHP via fax (2477 2770), phone (2477 2772) or CENO On-line (https://cdis.chp.gov.hk/CDIS\_CENO\_ONLINE/ceno.html).

CHP. Key Elements on Prevention and Control of Coronavirus disease (COVID-19) in Healthcare Settings (Interim) [internet]. 2 March 2020. Available at: <https://www.chp.gov.hk/files/pdf/ic_advice_for_nid_in_healthcare_setting.pdf>

# Recommended Personal Protective Equipment for routine patient care and performing aerosol-generating procedures in hospitals/clinics under Emergency Response Level

*Apply Standard Precautions +/- transmission based precautions for all patients*

|  |  |  |
| --- | --- | --- |
| Areas | Activities | Recommended PPE |
| High-risk patient areas I. Triage stations of Out-patient Clinics and AEDs | Routine patient care and aerosol-generating procedures (a,b) | * Surgical mask
* eye protection (d)
* gown
* gloves
* cap(optional)

Use N95 respirator when performing aerosol-generating procedures. |
| High-risk patient areas II. Designated clinics III. Isolation rooms (including isolation rooms in ICU and AEDs) | Routine patient care and aerosol-generating procedures (a,b) | * N95 respirator
* eye protection (d)
* gown
* gloves
* cap(optional)

Use N95 respirator when performing aerosol-generating procedures. |
| No patient contact (e.g. outside patient room) | * Surgical mask
 |
| Other patient areas | Routine patient care | * Surgical mask, Standard Precautions +/- transmission based precautions
 |
| Aerosol-generating procedures (a,c,e) | * N95 respirator
* eye protection (d)
* gown
* gloves
* cap (optional)
 |
| No patient contact | * Surgical mask is required in ALL areas
 |
| Non patient areas | No patient contact | * Surgical mask is required in ALL areas
 |

1. Aerosol-generating procedures with documented increased in risk of respiratory infection transmission are endotracheal intubation, cardiopulmonary resuscitation, bronchoscopy, open suctioning of respiratory tract (including tracheostomy care), autopsy and non-invasive positive pressure ventilation (BiPAP & CPAP). Aerosol-generating procedures with controversial/ limited studies evaluating the risk of respiratory infection transmission are high frequency oscillatory ventilation, nebulizer therapy and sputum induction. Nasopharyngeal aspiration (NPA) and high flow oxygen are theoretically at risk of dispersal of infectious respiratory droplets, therefore they should be performed in conditions as required for aerosol-generating procedures in high-risk patient areas. Other procedures should be assessed on discretion of hospital Infection Control Officers.
2. In high risk patient areas, place patient in a negative pressure airborne infection isolation room (AIIR) before performing aerosol generating procedures.
3. In other patient areas, place patient in a well-ventilated area (e.g. at least minimum overall 6 air changes per hour (ACH) or use portable HEPA filter e.g. IQ Air if indicated) before performing aerosol generating procedures.
4. Eye protection refers to full face shield or goggles or eye-visors.
5. Taking into consideration of patient’s factors under OT setting, where the patient has undergone pre-operative screening and under sedation, staff is advised to follow Standard Precautions or transmission-based precautions (if indicated) when performing intubation for elective surgery.

CHP. Recommended Personal Protective Equipment (PPE) in hospitals/clinics under Serious/ Emergency Response Level, Coronavirus disease (COVID-19) (Interim) [internet]. 2 March 2020. Available from: <https://www.chp.gov.hk/files/pdf/recommended_ppe_for_nid_eng.pdf>

# “Preparedness and Response Plan for Novel Infectious Disease of Public Health Significance” Raised to Emergency Response Level [as of 25 January 2020]

CHP. Letters to Doctors [internet]. Available from: <https://www.chp.gov.hk/files/pdf/letters_to_doctors_20200125.pdf>

A list of all Letters to Doctors is available from:

<https://www.chp.gov.hk/en/healthprofessionals/31/index.html>