



تعميم خارجي رقم- External Circular No

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بشأن

إخطار بخصوص فيروس تاجي (كورونا) جديد

Novel coronavirus (2019- nCoV) alert

Greetings,

تحية طيبة وبعد،،،

Recent reports from World Health Organization (WHO) confirmed that a novel corona virus (2019-nCoV) was identified as the causative virus for cases of pneumonia with unknown etiology in Wuhan city in China.

أكدت تقارير حديثة صادرة عن منظمة الصحة العالمية (WHO) أن فيروس كورونا جديد تم تحديده الفيروس المسبب لحالات التهاب رئوي غير معروفة في مدينة وهان في الصين .

Four cases had been reported outside China as of 20 Jan 2020; two confirmed in Thailand, one in Japan & one in South Korea for cases with recent visit to Wuhan province.

كما تم تأكيد أربع إصابات بالفيروس خارج الصين حتى تاريخ 20 يناير 2020 ، إصابتان في تايلاند، إصابة واحدة في اليابان و إصابة في كوريا الجنوبية وذلك في مرضى زاروا المقاطعة المذكورة قبل ظهور أعراض المرض.

The outbreak in Wuhan, China has been linked to a large seafood and animal market, suggesting a possible zoonotic origin to the outbreak with arising human to human transmission possibility based on the new detected cases in Thailand & Japan.

تشير الدراسات إلى أن الجائحة في وهان بالصين مرتبطة بسوق للمأكولات البحرية والحيوانات مما يشير إلى أن منشأ الجائحة هو الحيوان مع بروز احتمال انتقال للفيروس الجديد من انسان لآخر في الحالات المكتشفة أخيرا في تايلاند واليابان.

Based on currently available information, WHO does not recommend any restriction of travel or trade.

طبقا للمعلومات المتوفرة حتى الآن، لا توصي منظمة الصحة العالمية بأي حظر للسفر أو التجارة.

To date there are no cases of the 2019 nCoV reported in the UAE; however, Abu Dhabi Public Health Center – ADPHC strongly emphasizes that all health care providers need to be more vigilant about managing cases with acute respiratory symptoms.

حتى الآن لا توجد حالات في دولة الإمارات العربية المتحدة ولكن يؤكد مركز أبوظبي للصحة العامة على جميع مقدمي خدمات الرعاية الصحية أن يكونوا أكثر يقظة عند التعامل مع الحالات المصابة بأعراض تنفسية حادة.



Health Care Providers are required to:

كما يجب على مقدمي خدمات الرعاية الصحية الإلتزام بما يلي:

- Report any suspected or confirmed case of 2019 - nCoV (Attached is the case definition, Appendix 1) immediately to ADPHC through the infectious diseases electronic notification system(<https://bpmweb.haad.ae/usermanagement>)
 - Activate visual triage at the entry point of the healthcare facility in addition to emergency departments for early identification and isolation of all patients with acute respiratory illness. Provide suspected cases with surgical mask to reduce risk to others.
 - Pay attention to cases with travel history in the 2 weeks prior to onset of symptoms to affected countries.
 - Collect the appropriate laboratory samples (respiratory sample & blood) and coordinate with ADPHC - Communicable Diseases Department to send the samples to Sheikh Khalifa Medical City (SKMC) lab.
 - Practice standard, contact and airborne infection control precautions for patients or dead bodies with known or suspected 2019 nCoV. (Attached are the recommended infection control measures, Appendix 2).
- الإبلاغ الفوري عن كل الحالات المشتبه بها أو المؤكدة بفيروس كورونا الجديد 2019 (مرفق تعريف الحالة، الملحق رقم 1) إلى مركز أبوظبي للصحة العامة من خلال موقع التبليغ الإلكتروني للأمراض المعدية (<https://bpmweb.haad.ae/usermanagement>)
 - تفعيل محطات الفرز التنفسي عند مداخل المنشآت الصحية و أقسام الطوارئ لضمان الاكتشاف المبكر للمصابين بمرض تنفسي حاد، تزويدهم بكمامات طبية و عزلهم عن بقية المرضى.
 - إيلاء أهمية للحالات المرضية التي يوجد لديها تاريخ سفر إلى الدول التي ظهرت فيها إصابات بالفيروس خلال ال 14 يوما السابقة لظهور الأعراض
 - أخذ عينات الفحص المطلوبة (عينات تنفسية و دم) والتنسيق مع مركز أبوظبي للصحة العامة – إدارة الأمراض السارية لإرسالها الي مختبر مدينة الشيخ خليفة الطبية.
 - إتباع المعايير وإتخاذ الإحتياطات الازمة لمكافحة الأمراض المنقولة عن طريق الهواء و المنقولة عن طريق التلامس أثناء التعامل مع أي مريض أو جثة متوفي مصاب بأعراض الفيروس. (مرفق إحتياطات مكافحة العدوى الموصى بها الملحق 2).

Thank You

شكراً لتعاونكم


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Appendices:

1. Case definition
2. Recommended Infection Control Measures.

المرفقات:

1. تعريف الحالة
2. احتياطات مكافحة العدوى الموصى بها.



Annex (1)

Case Definition for Novel Coronavirus 2019 nCoV

Suspected 2019 nCoV case is defined as:

A person with acute respiratory illness (fever with cough and or shortness of breath) AND any of the following:

- A history of travel to Wuhan, Hubei Province China or any other affected area/country in the 14 days prior to symptom onset.
- The disease occurs in a health care worker who has been working in an environment where patients with severe acute respiratory infections are being cared for, without regard to place of residence or history of travel.
- The person develops an unusual or unexpected clinical course, especially sudden deterioration despite appropriate treatment, without regard to place of residence or history of travel, even if another etiology has been identified that fully explains the clinical presentation.
- Close physical contact with a confirmed case of nCoV infection while that patient was symptomatic
- Direct contact with animals (if animal source is identified) in countries where the nCoV is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission.

Confirmed 2019- nCoV Case:

A case with laboratory confirmed diagnostic evidence of nCoV infection.

Laboratory Criteria for Diagnosis:

- Polymerase Chain Reaction (RT-PCR) from respiratory sample
- Serologic assay in acute & convalescent samples



Guidance on specimen collection (WHO)

Specimen type	Collection materials	Transport to laboratory	Storage till testing	comment
Nasopharyngeal and oropharyngeal swab	Dacron or polyester flocked swabs	4 °C	≤5 days: 4 ° C >5 days: -70 °C	The nasopharyngeal and oropharyngeal swabs should be placed in the same tube to increase the viral load
Bronchoalveolar lavage	Sterile container	4 °C	≤48 hours: 4 ° C >48 hours: -70 °C	There may be some dilution of pathogen, but still a worthwhile specimen
Tracheal aspirate, nasopharyngeal aspirate or nasal wash	Sterile container	4 °C	≤48 hours: 4 ° C >48 hours: -70 °C	
Sputum	Sterile container	4 °C	≤48 hours: 4 ° C >48 hours: -70 °C	Ensure the material is from the lower respiratory tract
Tissue from biopsy or autopsy including from lungs	Sterile container with saline	4 °C	≤24 hours: 4 ° C >24 hours: -70 °C	
Serum (2 samples acute & convalescent possibly 2-4 weeks after acute phase)	Serum separator tubes (adults: collect 3-5 ml whole blood)	4 °C	≤5 days: 4 ° C >5 days: -70 °C	Collect paired samples: Acute – first week of illness Convalescent – 2 to 3 weeks later
Whole blood	Collection tube	4 °C	≤5 days: 4 ° C >5 days: -70 °C	For antigen detection particularly in the first week of illness
Urine	Urine collection container	4 °C	≤5 days: 4 ° C >5 days: -70 °C	

Notes:

- For transport of samples for viral detection, use VTM (viral transport medium) containing antifungal and antibiotic supplements. Avoid repeated freezing and thawing of specimens.
- Single negative test result, particularly if this is from an upper respiratory tract specimen, does not exclude infection. Lower respiratory specimen is strongly recommended in severe or progressive disease. A positive alternate pathogen does not necessarily rule out either, as little is yet known about the role of coinfection.



Annex (2)

Infection prevention measurements for a novel coronavirus (2019-nCoV) (Route of transmission unknown but suspected to be respiratory)

Component	Recommendations
Patient placement	<ul style="list-style-type: none"> Place suspected cases of nCoV on Contact and Airborne precautions Place patients in adequately ventilated single rooms. When single rooms are not available, cohort patients suspected of nCoV infection together. Offer a medical mask for suspected nCoV infection for those who can tolerate it. Educate them on importance of covering nose and mouth during coughing or sneezing with tissue or flexed elbow. Avoid the movement and transport of patients out of the room or area unless medically necessary. Limit the number of HCWs, family members and visitors in contact with a patient with suspected nCoV infection. Maintain a record of all persons entering the patient's room including all staff and visitors.
Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> Rational, correct, and consistent use of PPE and appropriate hand hygiene helps to reduce the spread of the pathogens. PPE effectiveness depends on adequate and regular supplies, adequate staff training, proper hand hygiene and specifically appropriate human behavior. Use PPEs as per standard, contact and airborne precautions requirements.
Hand hygiene	<ul style="list-style-type: none"> Perform hand hygiene before and after contact with the patient and his or her surroundings and after PPE removal.
Aerosol generating procedures	Strict Standard & Airborne Precautions for aerosol generating procedures



	<ul style="list-style-type: none"> • Perform procedures in an adequately ventilated room or negative pressure room with at least 12 air changes per hour • Ensure that healthcare workers performing aerosol generating procedures (i.e. aspiration or open suctioning of respiratory tract specimens, intubation, cardiopulmonary resuscitation, bronchoscopy) healthcare workers should wear a fit – tested N95 mask, eye protection, gloves and impermeable apron/gown) • Limit number of persons present in the room to the minimum required for the patient's care and support.
Waste management	<ul style="list-style-type: none"> • Ensure that all materials used is disposed appropriately
Disinfection of surfaces /equipment's	<ul style="list-style-type: none"> • Disinfect work areas and possible spills of blood or infectious body fluids with chlorine-based solutions • Use either single use disposable equipment or dedicated equipment (e.g. stethoscopes, blood pressure cuffs and thermometers). • If equipment needs to be shared among patients, clean and disinfect between each patient use.
Duration of Precautions	<ul style="list-style-type: none"> • Standard precautions should be applied at all times. • Additional contact and airborne precautions should continue until the patient is asymptomatic

References:

1. [https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected)
2. <https://www.cdc.gov/coronavirus/2019-nCoV/infection-control.html>
3. <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>