



2019 Novel Coronavirus (2019-nCoV) Utah Guidance: Active Monitoring of Persons of Medium Risk February 4, 2020

Overview

On February 3, 2020, the Centers for Disease Control and Prevention (CDC) released [Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019-nCoV Exposure](#). This guidance describes exposure risk categories and associated public health management recommendations for three risk categories: high, medium, and low, for asymptomatic and symptomatic persons. Below is a summary of the guidance applied to Utah public health practice.

To whom does this guidance apply?

- Travelers arriving in the United States from mainland China outside of Hubei Province on or after February 3, 2020.
- Close contacts to a laboratory confirmed 2019-nCoV case on or after February 3, 2020.
- Persons who meet the “medium risk” category defined in the [CDC's Interim US Guidance on Monitoring and Movement](#).

Who is a person of medium risk?

1. Travelers from mainland China outside of Hubei Province **OR**
2. Close contacts to confirmed 2019-nCoV cases

AND

Do not meet the [PUJ definition](#).

What regions are not included in ‘mainland China?’

- Hong Kong, Macau, and Taiwan are not considered part of mainland China.

Asymptomatic vs. Symptomatic Persons

- In the past 14 days, an **asymptomatic person**:
 - Travelled to the U.S. from mainland China outside of Hubei Province **OR**
 - Had close contact to a confirmed 2019-nCoV case

AND

 - Does not have a subjective or measured fever, cough, or difficulty breathing.
- In the past 14 days, a **symptomatic person**:
 - Travelled to the U.S. from mainland China outside of Hubei Province **OR**
 - Had close contact to a confirmed 2019-nCoV case

AND

 - Has a subjective or measured fever, cough, or difficulty breathing, but does not require hospitalization.

Who needs to undergo active monitoring?

- Only **asymptomatic persons** need to be actively monitored.

How long do asymptomatic persons need to undergo active monitoring?

- 14 days from the last possible exposure.

What is the process for active monitoring of asymptomatic persons?

- Local health department makes initial connection with asymptomatic person.
- Local health department educates the person on self-monitoring procedures and isolation.
 - To the extent possible, educate the person to remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.
 - Take oral temperature and self-assess for cough and difficulty breathing.
 - Individuals should take their temperature and assess symptoms every morning and every evening, approximately 12 hours apart.
 - Individuals should record temperature and symptoms with date and time.
 - Offer thermometer, surgical masks, and gloves to all persons. Educate that gloves and mask are only to be used in the event that the individual becomes symptomatic. Provide education on correct use of each, along with general hygiene practices.
 - Provide [CDC's Interim Guidance for Preventing Spread of 2019-nCoV](#). Clarify that it is to be followed if they become symptomatic.
 - Educate the person that if medical evaluation is needed, it should occur with pre-notification to the receiving healthcare facility and EMS, if EMS transport is indicated, and with all recommended [infection control precautions](#) in place.
- Local health department enters persons information into EpiTrax as a new "Coronavirus, Novel" CMR.
 - If the person was exposed to a confirmed case, create a contact CMR through the contact Tab in EpiTrax and mark the appropriate contact type.
 - If the person was exposed through travel, create a new CMR and click 'Demote' in the options menu to change to a contact event.
 - Enter the contact type as 'Travel.'
 - Evaluate the exposure risk category of this person (high, medium or low) using the [CDC criteria](#). Enter assessment in the Investigation Tab Form Field.
- LHD will check-in daily with the asymptomatic person.
 - Assess daily for symptoms that might make the person a PUI and a candidate for testing (e.g., subjective of measured fever, cough, difficulty breathing).
 - Enter daily monitoring information into the EpiTrax Encounters Tab.
 - If the person develops symptoms:
 - Enforce home isolation, if hospitalization is not clinically indicated.
 - If medical evaluation is needed, it should occur with pre-notification to the receiving healthcare facility and EMS, if EMS transport is indicated, and with all recommended [infection control precautions](#) in place.
 - Call UDOH for coordination with CDC for possible 2019-nCoV testing.

What about symptomatic persons?

- Testing of symptomatic persons that have travel associated epidemiology should be coordinated through UDOH.
- Local health department makes initial connection with symptomatic individual and provides education on isolation and process for seeking medical evaluation.
 - Enforce immediate isolation. Provide [CDC's Interim Guidance for Preventing Spread of 2019-nCoV](#).
 - Offer surgical masks and gloves if others are living in the home. Educate on purpose and correct use of each, along with general hygiene practices.
 - If medical evaluation is needed, it should occur with pre-notification to the receiving healthcare facility and EMS, if EMS transport indicated, and with all recommended [infection control precautions](#) in place.
 - If the person becomes hospitalized, the person becomes a PUI and the local health department will:
 - Refer the hospital to the [CDC's Guidance for Healthcare Providers](#), and
 - Call UDOH for coordination with CDC for 2019-nCoV testing.
 - Daily active monitoring of symptomatic persons is not recommended by CDC.

When and how do I end contact management?

- At the end of the 14 days monitoring period, or by laboratory rule-out, remove the patient from active monitoring.
- Notify the patient of their status and that social distancing or isolation is no longer required.
- Enter contact disposition in EpiTrax.
- Close the EpiTrax contact monitoring event.