
SUBJECT: Novel Coronavirus (COVID-19)
Date: February 21, 2020
Pages: 4
To: Physicians, Hospital Emergency Rooms, Primary Healthcare Providers
From: Dr. Nicola Mercer, Medical Officer of Health and CEO

Background:

Globally, as of February 21, there are over 76,000 confirmed cases of COVID-19 worldwide.¹ Although most of these cases have been identified in China, 26 countries outside of China have confirmed cases.

As of February 20, 2020, 8 cases of the novel coronavirus (COVID-19) have been identified in Canada; three in Ontario and five in British Columbia.^{2,3} To date, there have not been any confirmed cases of COVID-19 in the Wellington-Dufferin-Guelph area.

Key Updates

1. WHO has officially named the novel coronavirus originating in Wuhan, China as COVID-19.
2. The case definition remains unchanged from February 7, 2020.
3. The Public Health Ontario Laboratory (PHOL) process for submitting specimens for testing for COVID-19 has changed:
 - Preapproval from the Medical Microbiologist is no longer required
 - A COVID-19 specific lab requisition must be completed for specimens submitted; this form is available on the Public Health Ontario website.⁴
 - Only specimens with positive or indeterminate results are sent on for confirmation at the National Microbiology Laboratory.⁴ Negative results reported from PHOL are actionable.
4. The Ministry has updated the Guidance for Primary Care Providers in the Community. Clinical assessment, examination and testing for COVID-19 can be performed in a community setting if the clinic can apply contact and droplet precautions and use a fit-tested N95 mask.⁵

Recent scientific evidence regarding transmission, incubation and shedding is summarized below. Though COVID-19 is believed to be spread by a droplet-contact route, Ontario's Ministry of Health currently recommends the use of (airborne) N95 face masks during the testing or assessment of a client out of an abundance of caution until more scientific evidence is collected, reviewed and disseminated.

Recommended infection control practices for physicians' offices for patients who screen positive for COVID-2019 (based on respiratory symptoms and recent relevant travel) include:

- Screen and then assess/test clients in the office setting using routine practices and additional precautions (droplet/contact precautions and fit-tested N95 masks).
 - Droplet precautions include eye protection (goggles or face shield) which are required for maximum protection.⁵
- Hard surfaces and any non-critical medical equipment (e.g. stethoscopes) used for client examination must be cleaned and disinfected with a cleaner-disinfectant agent with efficacy claims for human coronavirus. Ensure the product's contact time is observed (remains wet while in contact with the surface).⁶

Findings from recent research regarding transmissibility of COVID-19

- There is increasing evidence that COVID-19 is more contagious than both MERS and SARS, while having a lower confirmed case fatality ratio (cCFR).^{7,8}
- Most current estimates of the basic reproductive number (R_0) are between 1.5 and 2.5. For a list of studies that have estimated R for SARS-CoV-2, please see [Evidence on transmissibility of SARS-CoV-2](#) at www.wdgpublichealth.ca/hcpcoronavirus
- Results of aggregate analysis of cases as well as case reports in scientific journals seem to support that close and prolonged contact with symptomatic cases may not be necessary for transmission.^{9,10}
- Research shows that the virus reproduces in the nasopharynx and GI tract and is likely communicable while cases have mild symptoms.¹¹
- There is increasing evidence of asymptomatic and/or pre-symptomatic transmission.^{12,13}
- COVID-19 cases may present only with digestive symptoms, and the prevalence of diarrhea during COVID-19 may be underestimated.¹⁴ Because of the presence of SARS-CoV-2 in the feces of some infected patients and at least one superspreading event during the SARS outbreak linked to aerosolized fecal particles, it has been suggested that this may be a potential route of infection (fecal transmission).^{15,16}
- Exposed mucous membranes and unprotected eyes may increase the risk of COVID-19 transmission and cause acute respiratory infection (ocular transmission).¹⁷ However, this has not been conclusively proven.
- To date, based on studies on small numbers of patients, no intrauterine fetal infections are known to have occurred as a result of COVID-19 infection during late stage pregnancy. Breastmilk samples have also been negative. (intrauterine transmission)^{18,19}
- Several studies suggest that the family of coronaviruses, not specifically COVID-2019, may persist on surfaces for up to 9 days but can be efficiently inactivated with ethanol, hydrogen peroxide, or bleach disinfectants.²⁰

A comprehensive summary of the studies referenced is available on the www.wdgpublichealth.ca website

To support you during the Provincial COVID-19 response, WDGPH can:

- Facilitate testing of individuals who screen positive (based on travel history and symptoms);
- Monitor individuals in home isolation;
- Identify and follow up contacts of confirmed cases;
- Provide information on infection prevention and control practices; and
- Answer questions from health care providers and the public through our call centre.

References

Note: Because of the emerging and currently evolving nature of scientific information on 2019nCoV, some of the scientific reports listed here have not been peer-reviewed or have been subjected only to an expedited peer-review process. Conclusions may change as further information becomes available and should therefore not necessarily be accepted as established.

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All documents including prior Advisories are at wdgpublichealth.ca/hcpcoronavirus

These include:

- All Physician Advisories related to 2019-nCoV
- Most recent Case Definition
- Screening tool
- Ministry signage in English, French and Chinese
- Ministry guidance document for primary care

For more information, refer to contact or website:

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