

**CDC Daily Key Points
2019 Novel Coronavirus (2019-nCoV)**

February 5, 2020

MAIN KEY POINTS

- There is an expanding outbreak of respiratory illness centered in China caused by a novel (new) coronavirus abbreviated “2019-nCoV.”
- This virus is able to spread from person-to-person and cause severe disease and death.
- The potential global public health threat posed by this virus is high, but right now, the immediate risk to most Americans is low.
- Most cases are still limited to mainland China.
- Right now, this virus is not spreading in the community in the United States and the vast majority of Americans have a low risk of exposure. The greater risk is for people who have recently traveled to China or their close contacts.
- This is a rapidly evolving situation and the risk assessment for Americans may change.
- The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners to respond to this public health threat.
- The public health response is multi-layered, with the goal of detecting and minimizing introductions of this virus in the United States so as to reduce the spread and the impact of this virus.
- Strategies are in place to reduce the number of travelers from China and screen the remaining travelers from that country for illness, with people potentially being subject to a 14-day quarantine.
- The U.S. public health system also is on high alert to detect cases of 2019-nCoV infection and prevent further spread in the community.
- These measures are likely to cause some disruption.
- The success of response efforts now will determine what the coming days, weeks and months will bring here in the United States.
- While leaning forward aggressively, with the hope that we will be able to prevent community spread, we also are preparing for the worst.
- The current outbreak meets two criteria for a pandemic. It is a new virus and it is capable of person-to-person spread.
- Extensive work has been done over the past 15 years to prepare for an influenza pandemic.
- Influenza pandemic preparedness platforms and plans would be appropriate in the event that the current 2019-nCoV outbreak triggers a pandemic.
- Public health partners are encouraged to review their pandemic preparedness plans. Selected materials are available from www.cdc.gov/ncov.

SITUATION UPDATE

- To date, 27 international locations (in addition to the U.S.) have reported confirmed cases of 2019-nCoV infection.
- As of February 5, 2020, 11 infections with 2019-nCoV have been reported in the U.S. in five states – Arizona, California, Illinois, Massachusetts, and Washington.

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- Two instances of person-to-person spread with this virus in the United States have been detected, in both cases after close, prolonged contact with a returned traveler from Wuhan.
- On Monday, February 3, 2020, CDC submitted an Emergency Use Authorization (EUA) package to the Food and Drug Administration (FDA) for its real time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test that can diagnose 2019-nCoV in respiratory and serum samples from clinical specimens. FDA approved the EUA on February 4, 2020.
- The [International Reagent Resource \(IRR\)](#) is taking orders for diagnostic test kits and will begin shipping them to qualified laboratories. Only registered users will be able to order and obtain the diagnostic panel. (See section on “Testing” below.)
- On February 1, 2020, CDC issued a [Health Alert Network \(HAN\)](#) update to previously posted guidance and, for the first time, guidance on clinical care of 2019-nCoV patients.
- On February 3, 2020, CDC issued “[Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel-associated or Community Settings](#)” to provide U.S. public health authorities and other partners with a framework for assessing and managing risk of potential exposures to 2019-nCoV and implementing public health actions based on a person’s risk level and clinical presentation.
- CDC has isolated the virus and sent it to the NIH’s [BEI Resources Repository](#) for use by the broad scientific community.
- CDC is uploading the full genetic sequence of viruses from all U.S. patients into GenBank as they become available.
- CDC is working with state and local health departments on investigations to trace contacts of the U.S. 2019-nCoV patients to detect person-to-person spread.
- CDC is preparing senior staff to support the WHO international senior technical mission being formed to work with Chinese public health counterparts to help improve understanding of this new disease, including learning more about transmissibility and severity.

WHAT YOU CAN DO

- While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat:
 - It’s currently flu and respiratory disease season and CDC recommends getting a flu vaccine, taking everyday preventive actions to help stop the spread of germs, and taking flu antivirals if prescribed.
 - If you are a healthcare provider, be on the look-out for people who recently traveled from China and who have fever and respiratory symptoms.
 - If you are a healthcare provider caring for a 2019-nCoV patient or a public health responder, please take care of yourself and follow recommended infection control procedures.

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- For people who have had close contact with someone infected with 2019-nCoV and who develop symptoms, contact your healthcare provider, and tell them about your symptoms and your exposure to a 2019-nCoV patient.
- For people who are ill with 2019-nCoV, please follow CDC guidance on how to reduce the risk of spreading your illness to others. This guidance is on the CDC website.

TESTING

- CDC developed a new laboratory test kit for use in testing patient specimens for 2019-nCoV.
- The test kit is called the "Centers for Disease Control and Prevention (CDC) 2019-Novel Coronavirus (2019-nCoV) Real-Time Reverse Transcriptase (RT)-PCR Diagnostic Panel." It is intended for use with the Applied Biosystems 7500 Fast DX Real-Time PCR Instrument with SDS 1.4 software.
 - Each test kit can test approximately 700–800 patient specimens.
 - The test utilizes a technology that can provide results in 4 hours from initial sample processing to result. (Note: Other steps involved in management of patient specimens, laboratory testing, and reporting may require additional time to perform.)
- CDC's test kit is intended for use by laboratories designated by CDC as qualified, and in the United States, certified under the Clinical Laboratory Improvement Amendments (CLIA) to perform high complexity tests. This includes:
 - 115 qualified U.S. laboratories, including U.S. state and local public health laboratories and Department of Defense (DoD) laboratories
 - 191 qualified international laboratories, such as World Health Organization (WHO) Global Influenza Surveillance Response System (GISRS) laboratories
 - Laboratories will place orders via the IRR Website. All the laboratories that will be placing orders are already registered and have active accounts with the IRR.
 - Each laboratory that places an order will receive one test kit initially.
- The test will not be available in U.S. hospitals or other primary care settings.
- This test is intended for use with upper and lower respiratory specimens collected from individuals who meet CDC criteria for 2019-nCoV testing.
- At this time, CDC only recommends diagnostic testing of patients who meet the clinical criteria for a 2019-nCoV patient under investigation (PUI), per [Interim Guidelines for Collecting, Handling and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(2019-nCoV\)](#).
- On Monday, February 3, 2020, CDC submitted an Emergency Use Authorization (EUA) package to the U.S. Food and Drug Administration (FDA) in order to expedite FDA permitted use of the CDC 2019-nCoV Real-Time RT-PCR Diagnostic Panel in the United States. For more information, see FDA EUA

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website: <https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization>.

- The EUA process enables FDA to consider and authorize the use of unapproved, but potentially life-saving medical or diagnostic products during a public health emergency. The U.S. Secretary of Health and Human Services declared the 2019-nCoV virus a U.S. public health emergency on Friday, January 31, 2020.
- FDA approved the EUA on February 4, 2020.

Interpretation of test results from CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel:

Positive Result:

- A positive test result means that 2019-nCoV was found in your sample. If you have a positive test result, it is very likely that you are infected with 2019-nCoV. Your healthcare provider will work with you to determine how best to care for you based on the test results along with other factors of your medical history and symptoms.

Negative Result:

- A negative test result means that 2019-nCoV was not found in your sample. However, negative results do not necessarily preclude 2019-nCoV infection and should not be used as the sole basis for treatment or other patient management decisions. Other risk factors such as travel history or contact with 2019-nCoV infected individuals should be considered.

Negative result if you are symptomatic:

- For 2019-nCoV, a negative test result for a sample collected while a person has symptoms likely means that 2019-nCoV is not causing your current illness.

Negative result if you are asymptomatic:

- While a negative test most likely means you do not have 2019-nCoV infection, patients who have no symptoms may:
 - 1) in fact, not be infected with nCoV, or
 - 2) have an infection that has not developed enough to be detected by the test. Optimum specimen types and timing for peak viral levels during infections caused by 2019-nCoV have not been determined so collection of multiple specimens (types and time points) may be necessary to definitively rule out 2019-nCoV viral presence in asymptomatic PUI's.

TRAVEL

- On January 31, Health and Human Services Secretary Alex M. Azar II declared a [public health emergency](#) for the United States to aid the nation's healthcare community in responding to 2019 novel coronavirus.
- Also on January 31, the President of the United States issued a "[Proclamation on Suspension of Entry as Immigrants and Nonimmigrants of Persons who Pose a Risk of Transmitting 2019 Novel Coronavirus.](#)"

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- Foreign nationals who have visited China in the past 14 days may not enter the United States.
- Special precautions are required of U.S. citizens, immediate family members of U.S. citizens, and legal permanent residents entering the United States who have been in China during the past 14 days, including up to a 14-day quarantine.
- All American citizens and exempted persons coming from China will be directed to (“**funneled to**”) one of 11 U.S. airports.
 - American citizens and exempted persons who have been in Hubei province in the previous 14 days will have an additional health assessment (screened for fever, cough, or difficulty breathing).
 - If symptomatic, American citizens and exempted persons will be transferred for further medical evaluation. (They will not be able to complete their itinerary.)
 - If asymptomatic, American citizens and exempted persons will be subject to a mandatory 14-day quarantine at or near that location. (They will not be able to complete their itinerary.)
 - American citizens and exempted persons who have been in other parts of mainland China (outside of Hubei Province) in the previous 14 days will have an additional health assessment (screened for fever, cough, or difficulty breathing).
 - If symptomatic, American citizens and exempted persons will be transferred for medical evaluation. (They will not be able to complete their itinerary at that time.)
 - If asymptomatic, American citizens and exempted persons will be allowed to reach their final destination and, after arrival, will be monitored under self-quarantine for 14 days.
- CDC is working with public health partners to support the implementation of the travel policies detailed in the presidential proclamation (above).
- On February 3, 2020, CDC issued “[Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019 Novel Coronavirus \(2019-nCoV\) Exposure in Travel-associated or Community Settings](#)” to provide U.S. public health authorities and other partners with a framework for assessing and managing risk of potential exposures to 2019-nCoV and implementing public health actions based on a person’s risk level and clinical presentation.

The declaration became effective beginning 5 p.m. EST, Sunday, February 2, 2020.

The 11 airports where flights are being funneled to include:

- John F. Kennedy International Airport (JFK), New York
- Chicago O’Hare International Airport (ORD), Illinois

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- San Francisco International Airport (SFO), California
- Seattle-Tacoma International Airport (SEA), Washington
- Daniel K. Inouye International Airport (HNL), Hawaii
- Los Angeles International Airport (LAX), California
- Hartsfield-Jackson Atlanta International Airport (ATL), Georgia
- Washington-Dulles International Airport (IAD), Virginia
- Newark Liberty International Airport (EWR), New Jersey
- Dallas/Fort Worth International Airport (DFW), Texas
- Detroit Metropolitan Airport (DTW), Michigan

Travel to China:

On January 30, 2020, the U.S. State Department issued a [level 4 travel advisory](#), their highest threat level, requesting Americans not to travel to China because of the public health threat posed by the novel coronavirus.

CDC has issued a level 3 Travel Health Notice for China (its highest level) recommending that all travelers avoid non-essential travel.

First Repatriated Flight Plus Quarantine Order:

- The Department of Health and Human Services (DHHS) Secretary, under statutory authority, issued federal quarantine orders to 195 United States citizens who repatriated to the U.S. from Wuhan, China on January 29, 2020.
- The quarantine will last 14 days from when the plane left Wuhan, China.
- This action is a precautionary and preventive step to maximize the containment of the virus in the interest of the health of the American public.
- This quarantine order also will protect the health of the repatriated citizens, their families, and their communities.
- These individuals will continue to be housed at the March Air Reserve Base in Riverside, California.
- Medical staff will monitor the health of each traveler, including temperature checks and observation for respiratory symptoms.

Additional Repatriation Flights:

- CDC will continue to support the Department of State in the safe and expedient ordered departure of all U.S. citizens and residents from Wuhan, China.
- This week, four planes carrying U.S. citizens from Wuhan, China will arrive at Air Force bases in several states. Two of these flights arrived on February 5, 2020.
- These planes will be met by a team of CDC personnel deployed there to assess the health of the passengers. The passengers have been screened, monitored, and evaluated by medical and public health personnel every step

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of the way, including before takeoff, during the flight, during a refueling in and now post-arrival which will be at several other locations.

- CDC staff will conduct risk assessments to ensure the health of each traveler, including temperature checks and observing for respiratory symptoms.
- These repatriated passengers will be issued quarantine orders upon arrival at their designated quarantine location.
- CDC will work with the state and local public health departments to transport any passenger exhibiting symptoms to a hospital for further evaluation.

For more information please visit the 2019 Novel Coronavirus Outbreak Page at: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.