

**HEALTH ALERT**  
**2019 Novel Coronavirus (2019-nCoV):**  
**Updated Guidance for Movement Restrictions and Monitoring**

February 4, 2020

Update from Health Alert released February 1, 2020

**Summary and Action Items**

- The Ohio Department of Health (ODH), in coordination with the Centers for Disease Control and Prevention (CDC) and local partners, is closely monitoring the 2019 novel (new) coronavirus (2019-nCoV) first identified in Wuhan City, Hubei Province, China.
- The U.S. Department of State has issued a [Level 4 Travel Advisory](#) for China: do not travel to China due to 2019-nCoV.
- As of February 3, 2020, CDC is reporting 11 confirmed 2019-nCoV cases in 5 states: Arizona, California, Illinois, Massachusetts, and Washington. **There are no confirmed cases in Ohio.**
- ODH is actively working with local health departments (LHDs) and healthcare providers to effectively identify suspected cases of 2019-nCoV and continue infectious disease surveillance, prevention, and control.
- Patients presenting to healthcare facilities should be assessed for exposures associated with risk of 2019-nCoV infection (e.g., travel to China within 14 days of symptom onset or close contact with a confirmed case within 14 days of symptom onset) and for [symptoms consistent with 2019-nCoV infection](#).
- On January 31, 2020, CDC updated the "[Criteria to Guide Evaluation of Patients Under Investigation \(PUI\)](#)" for 2019-nCoV. This updated guidance is available on the CDC website [here](#).
- For suspected cases of 2019-nCoV, healthcare providers or any individual having knowledge, should **immediately** notify both infection control personnel at their healthcare facility and their local health department.
- LHDs who are notified of suspected cases of 2019-nCoV should notify ODH **immediately** via the 24/7 Class A disease reporting line.
- **On February 3, 2020, CDC released a guidance document for movement restrictions and monitoring, titled, "[Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential 2019-nCoV Exposure in Travel-associated or Community Settings](#)" available on the CDC website [here](#).**

### **Background: Limitations on Movement (Isolation & Quarantine)**

Limitations on movement (containment measures) are public health practices used to stop or limit the spread of disease. Many local health departments (LHDs) already have experience with various forms of limitation on movement for their day-to-day communicable disease control. Isolation and quarantine are forms of limitation on movement. Isolation and quarantine are used to protect the public by preventing exposure to infected persons or to persons who may have been exposed to a communicable disease and may become ill.

**Isolation** is used to separate **ill or infected** persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of certain diseases. Isolation allows for the focused delivery of specialized health care to people who are ill, and it protects healthy people from getting sick. People in isolation may be cared for in their homes, in hospitals, or in designated healthcare facilities. Isolation is a standard procedure used in hospitals today for patients with tuberculosis (TB) and certain other infectious diseases. In most cases, isolation is voluntary; however, many levels of government (federal, state, and local) have basic authority to compel isolation of sick people to protect the public.

**Quarantine** is used to separate and restrict the movement of **well** persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease.

A limitation on movement may be implemented to protect the health of Ohioans by preventing or limiting the spread of disease based upon a comprehensive assessment of the situation and in conjunction with the epidemiologic investigation and input from medical professionals.

The public health authority will support its emergency response partners to ensure needed health services are provided to the person and his/her family members; and access to basic and essential services (food, water, medical supplies, utilities, garbage, etc.) is available for anyone whose movement is limited. Local, state and federal authorities will coordinate to institute the least restrictive measures of limitations on movement to contain and control the infectious disease.

### **U.S. Department of Health and Human Services Announcement & Presidential Proclamation**

On January 31, 2020, Health and Human Services Secretary Alex Azar announced that effective Sunday, February 2, 2020, for flights departing from China after 5:00 PM Eastern Standard Time, the U.S. government would implement the following temporary measures to increase abilities to detect and contain coronavirus:

- Any U.S. citizen returning to the U.S. who has traveled to Hubei Province in the past 14 days will be subject to up to 14 days of mandatory quarantine, to ensure they're provided proper medical care and health screening.
- Any U.S. citizen returning to the U.S. who has traveled to other areas of mainland China in the past 14 days will undergo a proactive entry health screening at designated ports of entry and up to 14 days of self-quarantine with health monitoring to ensure they have not contracted the virus and do not pose a health risk.

Additionally, the President has signed a Presidential Proclamation, using his authority pursuant to Section 212(f) of the Immigration and National Act, temporarily suspending the entry into the U.S. of foreign nationals who meet the following criteria:

- Foreign nationals (other than immediate family of U.S. citizens, permanent residents, and flight crew) who have traveled to China in the past 14 days will be denied entry into the U.S. at this time.

#### **Current CDC Guidance for Movement Restrictions and Monitoring**

On February 3, 2020, CDC released [guidance for risk assessment and public health management of persons with potential 2019-nCoV exposure in travel-associated or community settings](#), available on the CDC website [here](#). This interim guidance is effective as of February 3, 2020 and does not apply retrospectively to people who have been in China during the previous 14 days and are already in the United States, or those being managed as part of a contact investigation. CDC will provide separate guidance for healthcare settings.

This guidance includes key definitions to ensure consistency and understanding between agencies. Additionally, this guidance includes exposure risk categories (High Risk, Medium Risk, Low Risk, No Identifiable Risk) to aid in the determination of appropriate movement and monitoring activities. These categories may not cover all potential exposure scenarios and should not replace individual assessment of risk for the purpose of clinical decision making or individualized public health management.

Key recommendations include:

- CDC has assigned a high-risk level to asymptomatic travelers who have been in Hubei Province in the past 14 days. These travelers should remain quarantined (voluntary or under public health orders on a case-by-case basis) with daily active monitoring.
- CDC has assigned a medium-risk level to asymptomatic travelers who have been in mainland China outside of Hubei Province in the past 14 days and who have no known high-risk exposures. These travelers should self-quarantine and conduct self-monitoring with public health supervision.
- Asymptomatic airline crew members who are based in the U.S. and who have been on layovers in China outside Hubei Province within the previous 14 days, and who have no known exposure to persons with 2019-nCoV, are considered low risk. These crew members should self-monitor under the supervision of the airline's occupational health program in coordination with the health department jurisdiction for the crew member's residence in the U.S. There are no movement restrictions while in the U.S. as long as they remain asymptomatic.

Note: Any individual traveling from China who has either been in Hubei Province or other areas of the mainland and is showing symptoms associated with 2019-nCoV during screening at designated airports will be subject to mandatory quarantine by medical professionals at a nearby facility.

All exposures apply to the 14 days prior to assessment and recommendations apply until 14 days after the exposure event.

### **Required Reporting**

- Healthcare providers should notify infection control personnel at their healthcare facility and contact their local/state health department **immediately** if 2019-nCoV infection is suspected. Local and state public health staff will determine if the patient meets the [criteria for a PUI](#) for 2019-nCoV.
- Local health departments should notify the Ohio Department of Health **immediately** via the 24/7 Class A disease reporting line.

### **ODH and LHD Response**

- LHDs who are notified of suspected cases of 2019-nCoV should notify ODH **immediately** via the 24/7 Class A disease reporting line.
- Local and state public health staff will determine if the patient meets the [criteria for a PUI](#) for 2019-nCoV.
- Local public health staff will work with healthcare providers to complete a [2019-nCoV PUI form](#).
- Local health departments should also complete the *ODH Supplemental Questions for PUIs* form (document in OPHCS).

### **Contact**

Immediately report all suspected cases of 2019-nCoV to the local health department in the jurisdiction in which the case resides. To locate a local health department, please visit <https://odhgateway.odh.ohio.gov/lhdinformationsystem/Directory/GetMyLHD>.

For general questions related to 2019-nCoV, healthcare providers and facilities should contact their local health department. Ohio local health departments should contact the ODH Bureau of Infectious Diseases at 614-995-5599.