Appendix no. (1)

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Case Definition for Novel Coronavirus 2019 nCoV

Suspected 2019 nCoV case is defined as:

Patients who meet the following criteria should be evaluated as a suspected cases for investigation in association with the outbreak of 2019-nCoV in China.

Clinical Features	And	Epidemiologic Risk
Symptoms of lower respiratory illness (e.g., cough, difficulty breathing) with or without Fever	and	In the last 14 days before symptom onset, a history of travel from China. ***– or –*** In the last 14 days before symptom onset, close contact with a person who is under investigation for 2019-nCoV while that person was ill.

Health care providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. Cases with epidemiological exposure, visit to Wuhan or contact with laboratory confirmed case should be urgently notified to the relevant health department.

Airline Case Definition:

<u>During flights from China</u>

Passenger originating from Wuhan city or other cities, with Fever Cough Throat pain and/or breathing difficulty are to be considered as suspected cases and should be managed accordingly

Cases detected in the Airport Lounge

<u>Passengers in the Airport Lounges</u> with fever cough throat pain and/or breathing difficulty and history of travel from China should be considered as suspected cases. Urgently notify the Airport Medical Centre and coordinate transfer of the patient for isolation and testing.

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

Appendix no. (2)

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Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form

As soon as possible, notify and send completed form to preventive medicine department in the district where the case is discovered.

Date ___/___/____ State patient ID _____ Case record_____ City_____/UAE

Interviewer's name_____ Phone_____ E-mail _____

Physician's name_____ Phone_____ E-mail _____

Patient information:

Sex ☐ M ☐ F Date of Birth___/___/_____ Residency ☐ UAE resident ☐ Non-UAE resident

Country _____

Medical History

Date of onset ____/_____/_____

Does the patient have the following signs and symptoms? (check all that apply)

☐ Fever ☐ Cough ☐ Sore throat ☐ Shortness of breath

In the 14 days before symptom onset, did the patient:

Spend time in Wuhan City, China? ☐ Y ☐ N ☐ Unknown If yes, Date traveled **to** Wuhan City_____ Does the patient live in Wuhan City? ☐ Y ☐ N ☐Unknown Date traveled **from** Wuhan City_____ Date **arrived** in UAE_____
Have close contact with a person who is under investigation for 2019-nCoV while that person was ill? ☐ Y ☐ N ☐ Unknown
Have close contact with a laboratory-confirmed 2019-nCoV case while that case was ill? ☐ Y ☐ N ☐ Unknown

Additional Patient Information:

Is the patient a health care worker? ☐ Y ☐ N ☐ Unknown

Have history of being in a healthcare facility (as a patient, worker, or visitor) in Wuhan City, China?

☐ Y ☐ N ☐ Unknown

Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which nCoV is being evaluated?

☐ Y ☐ N ☐ Unknown

Does the patient have these additional signs and symptoms (check all that apply)?

☐ Chills ☐ Headache ☐ Muscle aches ☐ Vomiting

☐ Abdominal pain ☐ Diarrhea ☐ Other, Specify_____

Diagnosis (select all that apply):

Pneumonia (clinical or radiologic) ☐ Y ☐ N Acute respiratory distress syndrome ☐ Y ☐ N

Comorbid conditions (check all that apply):

☐ Pregnancy ☐ Diabetes ☐Cardiac disease ☐Hypertension ☐Chronic pulmonary disease

☐Chronic kidney disease ☐Chronic liver disease ☐Immunocompromised

☐None ☐ Unknown ☐ other, specify_____

Is/was the patient: Hospitalized ☐ Y ☐ N If yes, admission date _____

Admitted to ICU. ☐ Y ☐N

If yes, intubated ☐ Y ☐ N on ECMO ☐ Y ☐ N Patient died. ☐ Y ☐

Does the patient have another diagnosis/etiology for their respiratory illness?

☐ Y ☐ N ☐ Unknown If yes, specify

Respiratory diagnostic results:

Test	Positive	Negative	Pending	Not done
Influenza rapid Ag □ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A □ B	☐	☐	☐	☐
MERS- CoV	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐

Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify _____	☐	☐	☐	☐

For DHA use only

Specimens for 2019-nCoV testing:

Specimen type	**Specimen ID**	**Date collected**	**Sent to NRL***
NP swab			☐
OP swab			☐
Sputum			☐
BAL fluid			☐
Tracheal aspirate			☐
Stool			☐
Urine			☐
Serum			☐
Other, specify			☐

* National Reference Laboratory

Appendix no. (3)

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Infection prevention measurements for a novel coronavirus (2019-nCoV)

(Route of transmission unknown but suspected to be respiratory)

Component	**Recommendations**
Patient placement	• 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. 0 • 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)	• 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	• 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** • 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	• Ensure that all materials used is disposed appropriately
Disinfection of surfaces /equipment's	• 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	• Standard precautions should be applied at all times. • Additional contact and airborne precautions should continue until the patient is asymptomatic

Appendix no. (4)

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Guidance on specimen collection (WHO)

Specimen type	Collection materials	Transport to laboratory	Storage till testing	comment
Bronchoalveolar lavage	Sterile container	2-8 °C	≤48 hours: 4 °C >48 hours: –70 °C	Lower respiratory tract specimen is optimal
Tracheal aspirate	Sterile container	2-8 °C.	≤48 hours: 4 °C >48 hours: –70 °C	Lower respiratory tract specimen is optimal
Sputum	Sterile container	2-8 °C.	≤48 hours: 4 °C >48 hours: –70 °C	Ensure the material is from the lower respiratory tract
Nasopharyngeal and oropharyngeal swab	Dacron or polyster flocked swabs in Viral transport medium (VTM)	2-8 °C.	≤5 days: 4 °C >5 days: -70 °C	Upper respiratory tract specimen is not the optimal specimen due to low viral load. The nasopharyngeal and oropharyngeal swabs should be placed in the same VTM tube to increase the viral load.

Notes:

- Strict Standard & Airborne Precautions should be followed while collecting the respiratory specimens, by using all required PPE.
- For transport of samples for viral detection, use VTM (viral transport medium) containing antifungal and antibiotic supplements. Avoid repeated freezing and thawing of specimens.
- Ensure that the specimen container is sealed properly. Transport the specimen in a biohazard bag surrounded by absorbents. Transport in a temperature controlled ice box at 2-8 °C.

- 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.