Update on COVID-19

February 27, 2020

Dear Colleague,

The novel coronavirus outbreak that began in Wuhan, China continues to rapidly evolve. On February 11, 2020, the virus was officially named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and the World Health Organization (WHO) named the disease coronavirus disease 2019 (COVID-19). On January 30, the WHO declared the outbreak a “public health emergency of international concern.” On January 31, Health and Human Services Secretary, Alex M. Azar II, declared a public health emergency. On February 7, Virginia State Health Commissioner, Dr. M. Norman Oliver, declared COVID-19 a Communicable Disease of Public Health Threat for Virginia.

On February 24, the WHO reported over 79,000 confirmed COVID-19 cases globally. The vast majority of cases to date are in China. Although most cases outside of China are travel-related, community spread of the virus is now being detected in a growing number of countries, including Hong Kong, Iran, Italy, Japan, Singapore, South Korea, Taiwan and Thailand. At this time, person-to-person spread in the United States appears to be limited, but Centers for Disease Control and Prevention (CDC) recommends planning at all levels for the eventuality of community spread in the United States.

As of February 25, CDC issued a Level 3, Avoid Nonessential Travel notice for China and South Korea. A Level 2, Practice Enhanced Precautions notice has been issued for Japan, Iran and Italy and a watch Level 1 has been issued for Hong Kong. The CDC also recommends that all travelers reconsider cruise ship voyages to or within Asia. This is a rapidly evolving situation, so please refer to the CDC website for the most up-to-date travel information, and obtain a detailed travel history for patients with fever or acute respiratory illness.

The CDC recently published clinical guidance for management of patients with COVID-19 and guidance for risk assessment and public health management of healthcare personnel with potential exposure in a healthcare setting to patients with COVID-19. Additionally, CDC has developed a real-time Reverse Transcription-Polymerase Chain Reaction (rRT-PCR) test that can diagnose COVID-19 in respiratory specimens. On February 4, the U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization to enable use of this test at any CDC-qualified laboratory across the country, including the Virginia Division of Consolidated
Laboratory Services (DCLS). The DCLS will validate that assay and then implement COVID-19 rRT-PCR testing in-house.

The success of any response to a public health threat like the one posed by COVID-19 depends on how quickly and effectively we can mobilize our public health workforce and Medical Reserve Corps volunteers. If you are willing to volunteer to support the COVID-19 response, if needed, please register to become a Virginia Medical Reserve Corps volunteer at www.vamrc.org/vvhs or email vamrc@vdh.virginia.gov.

Clinicians are advised to visit the VDH Novel Coronavirus webpage for the most up-to-date guidance and current surveillance statistics in Virginia. Additionally, please visit the CDC Coronavirus Disease 2019 (COVID-19) webpage for more information on this evolving situation. These webpages are updated as new information becomes available.

Sincerely,

M. Norman Oliver, MD, MA
State Health Commissioner