

Important Instructions for Novel Coronavirus

Management

Management of Suspected cases in Hospitals:

1. Patient admission:

Hospitals either governmental or private have an obligation not to discharge suspected cases, unless negative results are received from the designated DHA laboratory.

2. Immediate isolation of the suspected cases

Admit a suspected case of 2019-nCoV in a negative pressure room and implement strict standard, contact and airborne. If a negative pressure room is not available, place the patient in an adequately ventilated single room with a separate bathroom.

3. Immediate notification:

Report any suspected or confirmed cases of 2019-nCoV based on case definition to Preventive Medicine Section via all of the following ways of notifications:

- **Direct phone call to the following numbers:**
 - +971562253800
 - +971562256769
- **Report through the following notification system:**
 - **Private Sector:** [Sheryan \(IDNS\)](#)
 - **Government Sector:** SALAMA System
- **Fill the Patient Under Investigation (PUI) form (Appendix 3), scan the form and send to the below emails:**
 - Elrasheed Aamir Mohammed Aamir
eaamir@dha.gov.ae
 - Suha Adam Almhbob Abbas
saabbas@dha.gov.ae
 - Asma Hassan Mohammed Abd Allah
ashabdallah@dha.gov.ae
 - Asma Elmaki Mukhtar Ahmed
aeahmed@dha.gov.ae

الارشادات الهامة لإدارة حالات فيروس كورونا الجديد

التعامل مع الحالات المشتبه بها في المستشفى:-

1. ادخال المريض:

على جميع المنشآت الصحية الالتزام بعدم السماح للحالات المشتبه بها من مغادرة المستشفيات سواء الحكومية او الخاصة لحين ثبوت سلبية النتائج من المختبر المعتمد.

2. عزل الحالة المشتبه بها بشكل فوري:

وضع الحالة المشتبه بها في غرف العزل الخاصة المزودة بالضغط السالب وبشكل فردي. وإن تعذر لعدم توفر الضغط السالب فيجب التأكد من عزل الحالة في غرفة مزودة بتهوية جيدة ودورة مياه منعزلة

3. الإبلاغ الفوري:

الإبلاغ عن كل الحالات المشتبه بها أو المؤكدة بفيروس كورونا الجديد 2019 بحسب تعريف الحالة إلى قسم الطب الوقائي من خلال جميع وسائل التبليغ التالية:

- **الاتصال الفوري بالأرقام التالية:**
 - +971562253800
 - +971562256769
- **ومن ثم من خلال موقع التبليغ الإلكتروني:**
 - **القطاع الخاص:** [شريان \(IDNS\)](#)
 - **القطاع الحكومي:** نظام سلامة
 - **تعبئة استمارة حالة قيد التحري المرفقة بالتعميم (الملحق رقم 3) ، ثم ارسالها عن طريق البريد الإلكتروني الآتي:**
 - Elrasheed Aamir Mohammed Aamir
eaamir@dha.gov.ae
 - Suha Adam Almhbob Abbas
saabbas@dha.gov.ae
 - Asma Hassan Mohammed Abd Allah
ashabdallah@dha.gov.ae
 - Asma Elmaki Mukhtar Ahmed
aeahmed@dha.gov.ae

4. Samples collection and transport:

It is advised to collect lower respiratory specimens such as sputum, endotracheal aspirate, or broncho alveolar lavage when possible. If patients do not have signs or symptoms of lower respiratory tract infection or lower tract specimens are not possible or clinically indicated, nasopharyngeal specimens should be collected (similar to MERS sample collection).

Coordinate for sample transportation to Dubai Health Authority (DHA) with Microbiology and Infection Control Unit, Virology Laboratory, Latifa Women & Children Hospital **ONLY**. Ensure following instructions for specimen collection. **Complete the hard copy of PUI form and send it with the sample to the DHA laboratory.**

ONLY samples that meet the DHA Case Definition have to be sent to the DHA Laboratory, if not the health facility will be violated.

Laboratory Direct Contact Point:

- Mr. Ibrahim Abufara- 050-5393527

Or, Land-line numbers at Latifa Women & Children Hospital:

- 04-2193775 /04-2193776
- 04-2193777/04-2193182

Management of suspected cases at Outpatient Clinics:

- Follow the aforementioned instructions 1-3.
- Coordinate with Dubai Corporation for Ambulance Services to transport the patient to the hospital.
- Register the suspected cases in a special logbook, as documentation.
- All outpatient clinics, which have the following specialties: Family Medicine, ENT, Pediatrics and General Medicine shall take all the necessary precautions in accordance to approved procedures to prevent infection spread, by providing an emergency isolation room upon receiving suspected case, till the case is delivered to the ambulance vehicle to transfer to hospital.

Thank you for your cooperation.

4. جمع العينات ونقلها:

أخذ العينات من الحالات المشتبه بهم، ينصح باستخدام عينات الجهاز التنفسي السفلية مثل البلغم أو نضح الرغامي أو غسل القصبة الهوائية عند الامكان. إذا لم يكن لدى المرضى علامات أو أعراض عدوى التنفسي السفلي أو عينات الجهاز التنفسي السفلي غير ممكنة أو موضحة سريريا، فيجب جمع عينات البلعوم الأنفي بنفس الطريقة المتبعة في عينات فيروس متلازمة الشرق الأوسط التنفسية (كورونا ميرس)

ثم يتم التواصل والتنسيق لنقل العينات لوحدة علم الميكروبات ومكافحة العدوى - مختبر الفيروسات-مستشفى لطيفة للنساء والأطفال ويجب الالتزام بإجراء الاختبارات المعملية لـ nCoV-2019 في المختبر المعتمد **فقط** بهيئة الصحة بدبي. كما يجب ارسال نسخة ورقية معبأة من استمارة حالة قيد التحري الى مختبر هيئة الصحة بدبي. في حالة إرسال عينات إلى المختبر لأشخاص لا تتماشى حالتهم مع تعريف الحالة المعتمد من قبل الهيئة سيتم مخالفة المنشأة

التواصل عبر النقاط الاتية مع المختبر:

- السيد/ إبراهيم أبو فاره -هاتف رقم : 050- 5393527
أو عبر الأرقام التالية في مستشفى لطيفة للنساء والأطفال:

- 04-2193775/ 04-2193776,
- 04-2193777/ 04-2193182

الحالات المشتبه بها في المراكز والعيادات الطبية:

- اتباع التعليمات من 1-3 كما وردت اعلاه
- التنسيق مع مؤسسة دبي لخدمات الإسعاف لنقل الحالات الى أقرب مستشفى يمكنه عزل الحالة والتعامل معها
- تسجيل الحالات المشتبه بها في سجل خاص والاحتفاظ بالسجلات للتوثيق
- على جميع العيادات والمراكز الصحية التي تتوفر لديها تخصصات: طب الأسرة، طب الأنف والأذن والحنجرة، طب الأطفال، والطب العام اتخاذ التدابير اللازمة حسب الإجراءات المعتمدة لمنع انتشار العدوى بتوفير غرفة للعزل بشكل طارئ في حال وجود حالة مشتبه بها الى حين تسليم الحالة لسيارة الإسعاف لنقلها للمستشفى.

شاكرين لكم حسن تعاونكم معنا.



Appendices:

1. Flow chart for suspected Case definition
2. Flow chart for managements of suspected cases in various locations in the Emirate of Dubai
3. Patient Under Investigation (PUI) form
4. Guidance on specimen collection (WHO)
5. Flow chart management of infected confirmed cases
6. Flow chart for contacts management of confirmed cases

المرفقات:

1. مسار توضيحي لتعريف الحالة المشتبه
2. مسار توضيحي للتعامل مع الحالات المشتبه في الاماكن المختلفة بإمارة دبي
3. استمارة حالة قيد التحري
4. توصيات جمع العينات-بحسب منظمة الصحة العالمية
5. مسار توضيحي لعلاج الحالات المصابة والمؤكدة
6. مسار توضيحي للتعامل مع المخالطين للحالات المؤكدة

Appendix#1: Flowchart Case Definition for suspected 2019-nCoV Case and Assessment

*Patient present with upper or lower respiratory symptoms
“With or Without Fever” AND any of the following:

severe acute respiratory infections (SARI)** with no other lab result that explains illness

Has returned from China
in the last 14 days

Has cared for/come into contact with an individual or animal known or
strongly suspected to have 2019-nCoV within 14 days

- **Admit & isolate preferably, contact & airborne precautions**
- Test for Influenza and all other common respiratory viruses and only if negative then suspect 2019-nCoV

Possibility of 2019-nCoV

- Admit & isolate preferably under negative pressure/implement strict standard, Contact and Airborne precautions, if not available adequately ventilated single room with separate bathroom.
- Collect samples, fill hard copy of PUI form (must) & send both to Latifa Hospital lab defined by circular for nCoV PCR testing.

Notes

*Symptoms could be any of the following:

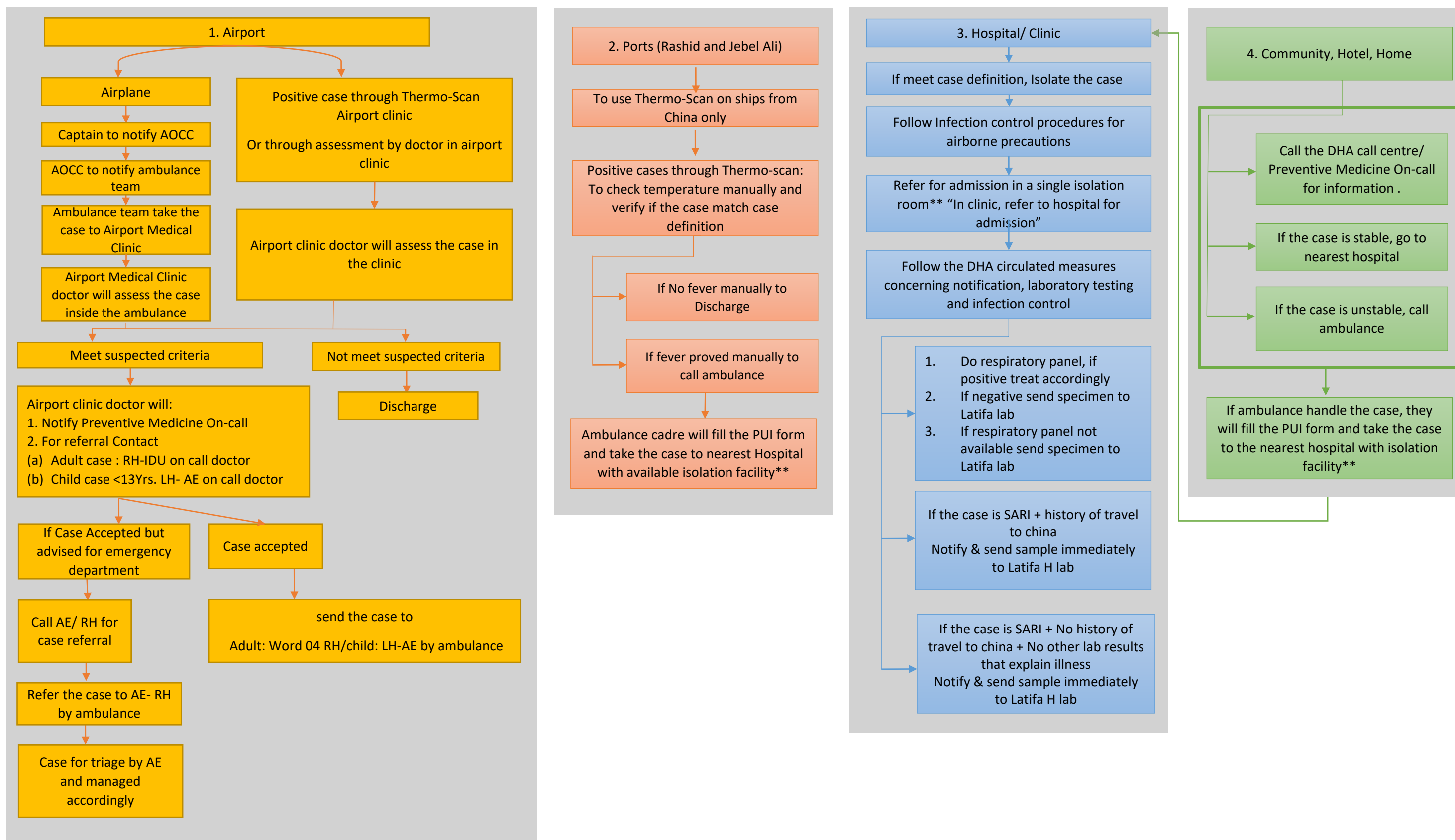
- Fever,
- Coughing.
- Shortness of breath or difficulty breathing.
- Any of other early symptoms like chills, body aches, sore throat, headache, diarrhea, nausea/vomiting, and runny nose.

**SARI case definition: An Acute respiratory infection with:

- history of fever or measured fever of ≥ 38 C
- And cough
- with onset within the last 10 days
- and requires hospitalization

This flowchart may change as further information emerges.

Appendix#2: *Flow Chart Pathway for Suspected nCORONA-2019 based on case definition in Dubai detected in the following location



Note

* In dealing with any suspected case to follow Infection control procedures for airborne precautions

** Single Isolation room- negative pressure not needed

Appendix 3: Patient Under Investigation (PUI) Form

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

As soon as possible, notify and send the completed form to Preventive Medicine Section

Notifier Information

Health Facility Name: _____

Date of Notification: ____/____/____

Interviewer's name: _____ Phone: _____ E-mail: _____

Physician's name: _____ Phone: _____ E-mail: _____

Patient information:

Patient Name: _____

Patient Emirate ID/Passport No.: _____ Patient Health Record No/MRN: _____

Sex: Male Female Date of Birth: ____/____/____ Residency: UAE resident Non-UAE

Nationality: _____ Mobile No.: _____

Patient address: _____

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:

Does the patient has History of travel to china Y N Unknown

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 of arrived from Wuhan City/ Other city in China: ____/____/____

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 N

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 <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MERS- CoV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. metapneumovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parainfluenza (1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinovirus/enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronavirus (OC43, 229E, HKU1, NL63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>M. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For DHA use only

Specimens for 2019-nCoV testing:

Specimen type	Specimen ID	Date collected	Sent to NRL*
NP swab			<input type="checkbox"/>
OP swab			<input type="checkbox"/>
Sputum			<input type="checkbox"/>

BAL fluid			<input type="checkbox"/>
Tracheal aspirate			<input type="checkbox"/>
Stool			<input type="checkbox"/>
Urine			<input type="checkbox"/>
Serum			<input type="checkbox"/>
Other, specify			<input type="checkbox"/>

* National Reference Laboratory

Appendix 4: Guidance on specimen collection (WHO)

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 polyester 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.

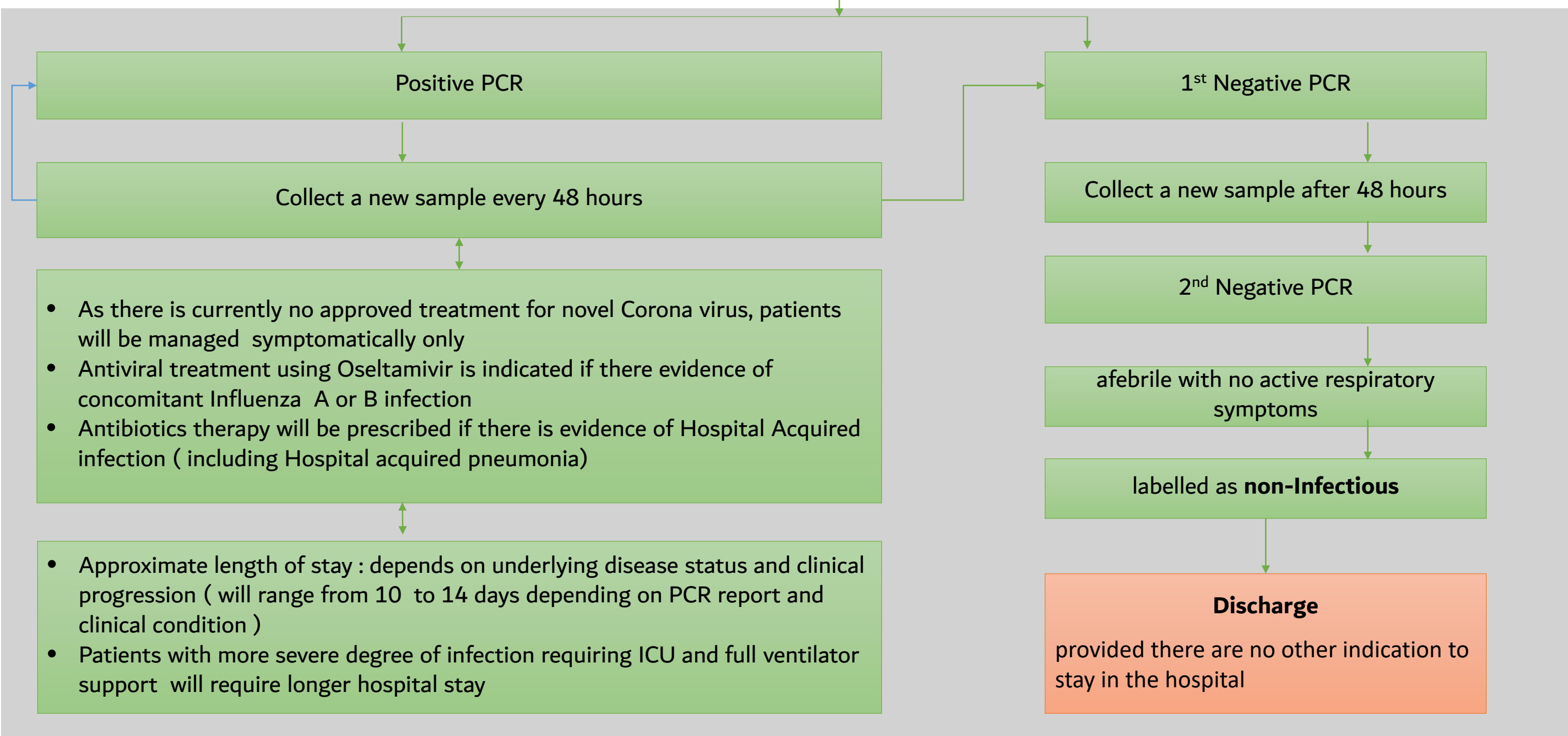
Notes:

- 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.
- The lab will not accept specimen, if PUI hard copy form is not filled and send with the specimen.

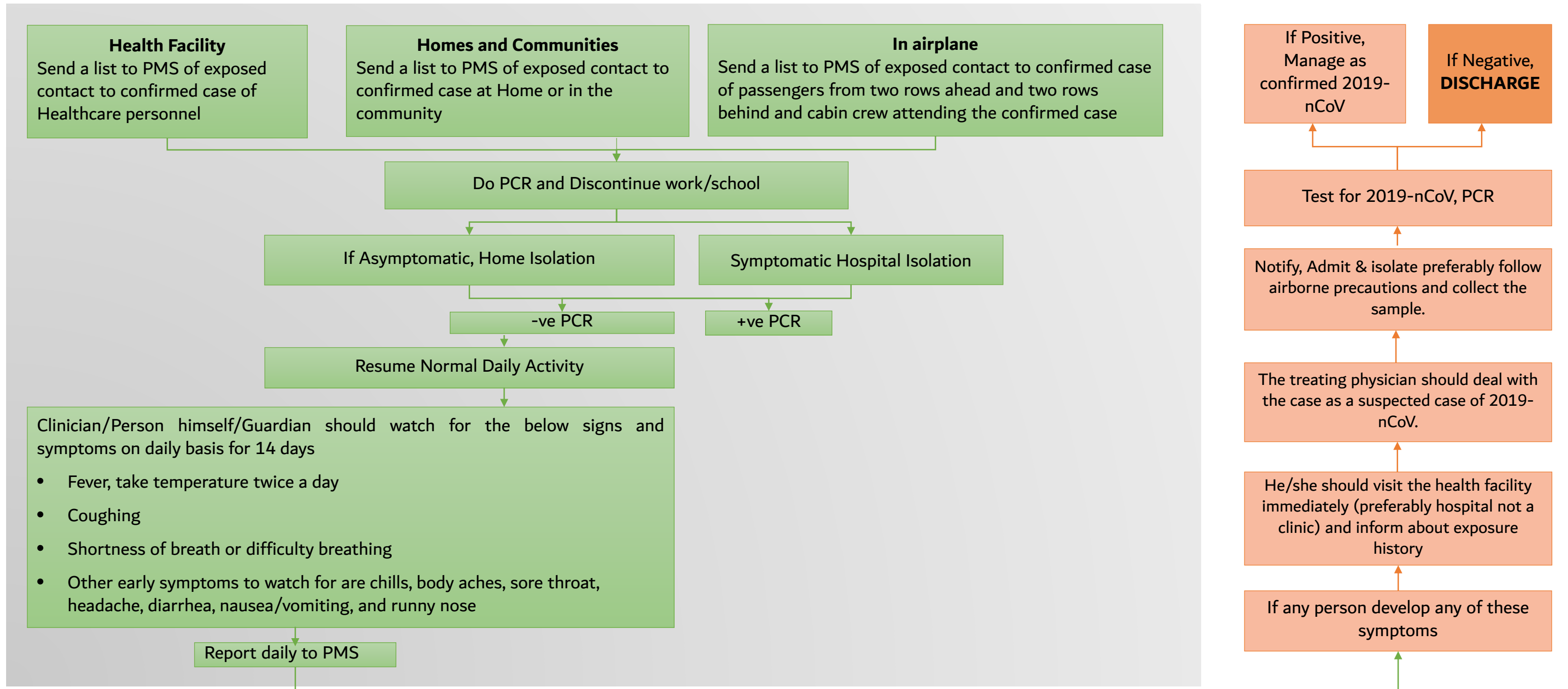
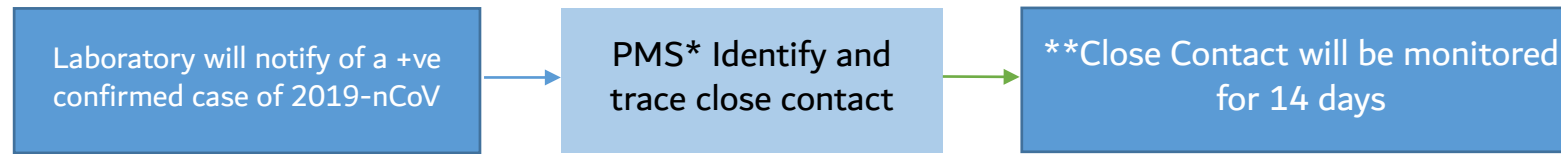
Appendix#5: Flow Chart Clinical pathway for managing patients positive for 2019-nCoV

**Positive
2019-nCoV**

- Ensure baseline tests (CBC, Urea /Electrolytes, creatinine, LFT, LDH, Coagulation profile and chest X ray) is done
- Continue implementing infection control measures (standards, contact and airborne)
- Limit the number of Healthcare providers who come in contact with the patient and keep a register for all staff and visitors who came into contact with the patient
- Repeat PCR test for 2019-nCoV every 48 hours



APPENDIX 6: Flow Chart Contact with someone who is confirmed to have 2019-nCoV infection



*PMS- Preventive Medicine Section, DHA

**Close contact of confirmed case to have 2019-nCoV infection, had any of the following exposures:

1. Family members/persons living/sharing rooms/apartments/office and as well close contacts eating together with confirmed case of 2019-nCoV
2. Healthcare associated exposure, including providing direct care for 2019-nCoV patients, or working with healthcare workers infected with 2019-nCoV with regard to place of residence or history of travel
3. Close physical contact with a confirmed case of 2019-nCoV infection, while patient was symptomatic
4. Direct contact with animals (if animal source is identified) in countries where the 2019-nCoV is known to be circulating in animal populations or where human infections have occurred as a result of presumed zoonotic transmission.