Clinician Alert #13 Hospital
COVID-19 (Coronavirus disease)

NEW INFORMATION
IMPORTANT CHANGE TO THE SUSPECT CASE DEFINITION
Test for COVID-19 in patients with **a clinically compatible illness who have travelled overseas in the last 14 days**

Self-Isolation for return travellers
- Incoming travellers who have returned from mainland China or Iran (any date), the Republic of Korea (on or after 5 March 2020) or Italy (on or after 11 March 2020) will be required to self-isolate at their intended place of residence for a period of 14 days from the date of departure.

Suspect case
- Fever OR acute respiratory infection (e.g. shortness of breath, cough or sore throat) with or without fever, AND
  - international travel in the 14 days before the onset of illness, OR
  - close or casual contact in 14 days before illness onset with a confirmed case of COVID-19, OR
- Bilateral severe community acquired pneumonia (critically ill) and no other cause is identified, with or without recent international travel, OR
- Moderate or severe community acquired pneumonia (hospitalised) in a healthcare worker, with or without international travel.

Patients suspected to have COVID-19 should be tested and isolated until results are available.

Testing
- Dry swabs for PCR testing: a nasopharyngeal swab AND an oropharyngeal (throat) swab placed in transport medium.
- Lower respiratory tract samples for PCR testing: sputum, bronchoalveolar lavage, tracheal aspirate, pleural fluid if obtainable.

Send samples to your pathology laboratory with an urgent request for ‘SARS-CoV-2’ with any travel/case contact history and whether they are a healthcare worker.

Infection control for suspect and confirmed cases
- **Routine care:** contact and droplet precautions.
- **Higher level care:** use contact and airborne precautions for aerosol generating procedures, non-ICU patients requiring high level/high volume hands-on contact, and patients in ICU.
- **Prolonged care:** if available, use powered air purifying respirators (PAPRs) for additional comfort and visibility when providing prolonged continuous care (e.g. more than an hour) in a patient’s room.

Reporting
**Suspected COVID-19 is urgently notifiable** to the Department of Health by completing the notification form either ONLINE or by printing out the notification form. Notifying by phone is not necessary.
Call your local PHU to discuss urgent testing, or if after consulting the COVID-19 Series of National Guidelines, you have any public health queries regarding COVID-19:

<table>
<thead>
<tr>
<th>Region</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metro</td>
<td>9222 8588 / 1300 MCDCWA (1300623292)</td>
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<tr>
<td>Kimberley</td>
<td>9194 1630</td>
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<tr>
<td>South West</td>
<td>9781 2359</td>
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<tr>
<td>Goldfields</td>
<td>9080 8200</td>
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<td>Midwest</td>
<td>9956 1985</td>
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<td>Wheatbelt</td>
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<tr>
<td>Great Southern</td>
<td>9842 7500</td>
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<tr>
<td>Pilbara</td>
<td>9174 1660</td>
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<td>After hours/on call</td>
<td>9328 0553</td>
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Dr Paul Armstrong, Director
COMMUNICABLE DISEASE CONTROL DIRECTORATE

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