KEY POINTS

- Consider COVID-19 in patients who have travelled to (including transit through) mainland China in the 14 days before onset of illness who are presenting with fever OR acute respiratory infection (e.g. shortness of breath or cough) with or without fever.
- Consider testing people with a clinically compatible illness who have travelled to Hong Kong, Indonesia, Iran, Japan, Singapore, South Korea and Thailand in the 14 days before onset of symptoms.
- For most patients with mild illness in the community, collection of upper respiratory specimens is a low risk procedure and can be performed using contact and droplet precautions.
- If the patient has severe symptoms suggestive of pneumonia, e.g. fever and breathing difficulty, or frequent, severe or productive coughing episodes, then contact and airborne precautions should be observed.
- For up to date information refer to the [WA novel coronavirus](#) webpage.

Patients meeting the following criteria are classified as a suspect case and should be discussed with a Public Health Physician prior to arranging testing for COVID-19:

- Travel to (including transit through) mainland China 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.
- AND
- fever OR acute respiratory infection (e.g. shortness of breath or cough) with or without fever.

**Person under investigation:**

- It is recommended that clinicians should consider testing people with a clinically compatible illness who have travelled to any of the following locations in the 14 days before onset of symptoms.
  - Hong Kong
  - Indonesia
  - Iran
  - Japan
  - Singapore
  - South Korea
  - Thailand
- This list is based on the volume of travel between these locations, Australia and China, and/or the current epidemiology of COVID-19; however, the risk of COVID-19 in these countries is currently thought to be low. Clinical and public health judgement should be applied.
- **The recommendation does not apply to passengers who have only been in transit through an airport in these countries.**
- If a clinician determines that a person under investigation should be tested, then that person should be managed as a suspected case until the laboratory result is available.

**Infection control measures for suspected cases:**

- Give the patient a surgical mask to put on and direct to a single room with the door closed.
- Use standard, contact and droplet precautions: a disposable fluid resistant gown, gloves, surgical mask, and eye protection while testing patients with mild symptoms.
- Patients with severe symptoms suggestive of pneumonia, e.g. fever and breathing difficulty, or frequent, severe or productive coughing episodes should be managed and tested in a hospital in a negative pressure isolation room where possible, phone ahead to the Emergency Department to advise.

**Suspected COVID-19 is URGENTLY NOTIFIABLE BY PHONE:** Call your local public health unit and speak to the Public Health Physician

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<tr>
<th>Metro</th>
<th>Kimberley</th>
<th>South West</th>
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<tr>
<td>9222 8588/1300 MCDCWA</td>
<td>9194 1630</td>
<td>9781 2350</td>
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<td>Goldfields</td>
<td>Midwest</td>
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<td>Great Southern</td>
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Dr Donna Mak, Senior Medical Advisor
COMMUNICABLE DISEASE CONTROL DIRECTORATE