



Yukon Communicable Disease Control  
#4 Hospital Road, Whitehorse, Yukon Y1A 3H8

## Memorandum

**Date:** 2020-01-27 20-02  
**To:** All Health Care Providers  
**From:** Chief Medical Officer of Health (CMOH) & Yukon Communicable Disease Control (YCDC)  
**Subject:** Provider Update #2: Expansion of 2019 novel coronavirus (2019-nCoV)

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Dear Colleagues,

As you will be aware, the tally for confirmed 2019-nCoV cases is rising daily and at times dramatically as counts are revised. Human-to-human transmission is now well recognized and Canada has had its first cases. So far all the cases outside China have either a primary (for the most part) or secondary (a few) connection to Wuhan. Therefore, overall public risk remains low at this time, but it is possible for us to see cases here.

The situation is actively evolving so all updates should be reviewed carefully for changes in process as more information on the risks, transmission and management are identified. As per international and national agreement our focus of preparations remains on containment: that is, if we did have a case, even mild, it is important to recognize the case promptly so that isolation measures, contact tracing and quarantine of contacts can be immediate.

Here are some further key points for recognition, testing and management of cases.

1. As a [reportable disease](#) under the category of “emerging communicable disease”, you need to report suspected cases directly to the CMOH on call (867-332-1160 or as directed) at any time or to YCDC (667-8323) during business hours.

2. It is critical to obtain a travel history. Clinicians are now asked to screen patients with fever and acute respiratory illness for history of travel to the affected areas of China (currently Hubei Province, where Wuhan City is located, but subject to expand as the outbreak itself expands) in the 14 days prior to symptom onset, and to notify the CMOH/YCDC of such patients.

Therefore, we ask you to investigate and report the following:

- Fever and acute respiratory illness, with or without pneumonia **AND**
  - Recent travel to Hubei province, or other affected areas of China within 14 days prior to symptom onset, **OR**
  - Another potential relevant exposure (e.g., close contact with someone who was ill and had recently travelled to Hubei province).
3. Patients under investigation for 2019-nCoV should be managed with contact and droplet precautions (including eye protection); additional precautions including N95 respirators with eye protection should be used during aerosol-generating procedures.

Nasopharyngeal (NP) swabs and throat swabs can be performed using contact and droplet precautions with surgical mask and eye protection, and do not require the use of an N95 respirator. Detailed information on collection procedures are available in the accompanying document from BCCDC.

4. Such testing requires notification to the CMOH **and** the SPH Medical Microbiologist on call who in turn will facilitate testing at BCCDC if indicated. Upper and lower respiratory samples as well as stool, urine and serum specimens are requested where feasible, as described in the BCCDC directions attached.
5. For patients and public asking for travel advice, travel recommendations are posted by the Public Health Agency are posted here:  
<https://travel.gc.ca/travelling/advisories/pneumonia-china>
6. We are very grateful to Dr. Danuta Skowronski and colleagues at BCCDC for their detailed tracking of this outbreak, from which much of this information is extracted. We will keep you updated as appropriate as the situation evolves.

**ADDITIONAL RESOURCES:**

BCCDC: <http://www.bccdc.ca/health-professionals/data-reports/communicable-diseases/emerging-respiratory-virus-updates>

WHO: <https://www.who.int/westernpacific/emergencies/novel-coronavirus>

US CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

If you have any questions or concerns, please contact Dr. Hanley or YCDC.

Thank you,



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## PHSA Laboratories

BCCDC Public Health Laboratory

### **Laboratory guidance for patients suspected of being infected with the novel coronavirus which originated in Wuhan, China (2019-nCoV) as of Jan 25, 2020**

As you know there has been widespread transmission of this agent in China and to other global regions. At this point the global response is based on containment. We are prepared to test for 2019-nCoV if there is **ANY** index of suspicion based on history. **Persons under investigation must be discussed with your local MHO!** We also recognize that this is our peak influenza season so FluA/B/RSV are the most likely causal infecting agents.

We have developed a specific 2019-nCoV test and it is in the process of being fully validated (when validated it will be shared with frontline labs willing to test). If local FluA/B/RSV testing is available, please test for those agents using your normal processes. If 2019-nCoV is a consideration, please forward the specimen to the BCCDC Public Health Laboratory (BCCDC PHL). Please notify the BCCDC PHL that 2019-nCoV testing is required by emailing the `_BCCDC_Micro` Oncall (on a health authority email system), or by paging the BCCDC Public Health Laboratory Medical Microbiologist On Call (604-661-7033). Always indicate on the laboratory requisition if 2019-nCoV testing is being requested, or by adding a special label to the requisition.

**If front line respiratory test results are available, please forward those test results to the BCCDC PHL.**

Person(s) under investigation should have:

- Fever and acute respiratory illness, with or without pneumonia; AND
- Recent travel to Hubei Province within the 14 days prior to symptom onset; OR
- Another potential relevant exposure (e.g. contact with a potential or confirmed 2019-nCoV case)

If the patient has already **TESTED NEGATIVE** for FluA/B/RSV we will test:

- for 2019-nCoV

If the patient has **NOT** had any prior viral respiratory testing we will test:

- for FluA/B/RSV directly; OR,
- On a 22 agent respiratory panel, AND,
- for 2019-nCoV

**PPE for sample collection based on a review of the literature and discussions with medical microbiologists and infection control experts.**

- **NP and throat swabs can be performed using contact and droplet precautions with surgical mask and eye protection, and do not require the use of an N95 respirator. Institutions may choose to use an N95 respirator based on a risk assessment of the patient and/or ease of PPE instructions for sample collection.**
- **N95 respirator and eye protection (i.e. goggles or face shield) should be donned for specimen collection (or other procedures) that are aerosol generating medical procedures**



(i.e. open suctioning of respiratory tract, intubation, bronchoscopy, cardiopulmonary resuscitation).

- While coronaviruses are considered CL2 agents within the laboratory context, given the limited information on 2019-nCoV, laboratories should consider handling specimens under CL2+ procedures until further information is available.

**To ensure maximal sensitivity please collect at a minimum *BOTH an UPPER and a LOWER respiratory sample* using the collection kits identified below:**

### Specimen Collection and Handling

Specimen(s)	Container	Collection Volume	Collection
Nasopharyngeal washing or swab	COPAN red- or blue-top with Universal Transport Media	Optimal: N/A Min: N/A	<ul style="list-style-type: none"> <li>• Collection kit includes flocked swab and tube of transport medium.</li> <li>• Insert the swab approximately 6 cm with a slow, steady motion along the floor of the nose until a point of resistance is met (2/3 of the distance from nostrils to external opening of ear). Rotate the swab several times and then withdraw the swab.</li> <li>• Insert the swab into the transport vial, snap off the stem and close tightly before shipping.</li> </ul>
Throat swab	COPAN red- or blue-top with Universal Transport Media	Optimal: N/A Min: N/A	<ul style="list-style-type: none"> <li>• Swab back of throat near tonsils (if present) using the collection swab</li> <li>• Insert the swab into the transport vial, snap off the stem and close tightly before sending to laboratory</li> </ul>
Aspirated respiratory secretions	Sterile container	Optimal: N/A Min: N/A	<ul style="list-style-type: none"> <li>• Suction catheter and a sterile, leak-proof, screw-cap test tube or jar are required</li> <li>• Collect secretions by suctioning and place 1-4 mL of secretions in a sterile test tube or jar. Close container tightly.</li> </ul>
Sputum	Sterile container	Optimal: N/A Min: N/A	<ul style="list-style-type: none"> <li>• Collection requires a wide mouth screw cap jar.</li> <li>• Instruct the patient not to spit into the sample container, but to take a deep breath and cough directly into the container.</li> </ul>
Bronchial wash	Sterile container	Optimal: N/A Min: N/A	<ul style="list-style-type: none"> <li>• Suction catheter and a sterile, leak-proof, screw-cap test tube or jar are required</li> <li>• Collect secretions by suctioning and place 1-4 mL of secretions in a sterile test tube or jar. Close container tightly.</li> </ul>

See <http://www.elabhandbook.info/PHSA/Test/PrintPageWithMaster.aspx>

**Transport** - All samples must be in acceptable sample collection containers and properly packaged as per Transport Canada, Transport of Dangerous Goods Regulations (TDGR).

REFRIGERATE SAMPLE and SHIP TO:

BCCDC Lane Level Receiving/drop-off  
Rear of BCCDC building  
655 West 12th Ave  
Vancouver, BC

OPEN: Monday to Friday - 0700-2100 hrs, Saturday - 0800-1700 hrs, Sunday & Stat holidays - drop-off box

