January 23, 2020

Dear Health System Partners,

I am writing to continue sharing information about the novel coronavirus (2019-nCoV). This outbreak of 2019-nCoV continues to evolve, and there have been some significant developments that I want to bring to your attention.

1. Case Counts:
Firstly, the case counts in China (Wuhan, Beijing, Shanghai plus several other provinces) and the surrounding region (Thailand, Japan, South Korea, Hong Kong, Macau) have dramatically increased, from 44 on January 17th, 2020, to more than 500 reported today. The United States Centers for Disease Control and Prevention announced earlier this week (January 21) the first confirmed case of the novel coronavirus in a patient in Seattle who had recently travelled to Wuhan. Among the cases reported to-date, we continue to see a spectrum of illness, with the majority of cases reported as having mild illness. We have seen some individuals listed as in severe or critical condition and, sadly, there have been 17 deaths, all in Hubei Province (Wuhan).

2. Infections in Health Workers:
We have learned that several health workers in China have contracted 2019-nCoV. To date, we lack key information needed to interpret this report. For example, we do not know when these health workers first became ill or the Infection Prevention and Control/ Occupational Health and Safety precautions and practices they were using at the time of infection.

3. Human-to-human transmission:
There is now evidence of human-to-human transmission of this virus, and the World Health Organization has said that there may now be sustained human-to-human transmission. More information and analysis are needed on this new virus to understand the full extent of the human-to-human transmission and other important details.

4. Reportable to Public Health:
Yesterday, the Minister of Health announced an update to the Health Protection and Promotion Act (HPPA) that adds “diseases caused by novel coronaviruses, including SARS and MERS” to the list of Diseases of Public Health Significance under the Designation of Diseases regulation (O. Reg. 135/18) in Ontario. As of yesterday, novel coronaviruses, including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS-CoV) and 2019-nCoV, must be reported to local public health officials by those who have a Duty to Report under the HPPA (including physicians, hospitals, laboratories). This new Disease of Public Health Significance has also been designated as communicable, providing Medical Officers of Health with powers under the HPPA to ensure appropriate case and contact management.
With yesterday’s addition of the novel Coronavirus to the regulations, please see the attached case definitions for 2019-nCoV.

5. Infection Prevention and Control/ Occupational Health and Safety:
At this time, consistent with the guidance in place for MERS-CoV, the ministry is recommending the following for acute care settings. Please note that the ministry is reviewing guidance for other settings and will provide further updates in the coming days:

Routine Practices and Additional Precautions (Contact, Droplet, Airborne) by health care workers at risk of exposure to a confirmed case, presumptive confirmed case, probable case or person under investigation (or PUI) and/or the patient's environment. These precautions include:

- hand hygiene
- use of airborne infection isolation rooms when possible
- masking the patient with a surgical mask when outside of an airborne infection isolation room
- use of gloves, gowns, fit-tested, seal-checked N95 respirators and eye protection by health care workers when entering the same room as the patient or when transporting or caring for the patient

For more information on Routine Practices and Additional Precautions, health care workers should refer to (PIDAC’s) Routine Practices and Additional Precautions in All Health Care Settings and Annex B: Prevention of Transmission of Acute Respiratory Infection in all Health Care Settings.

Note: The use of Airborne Precautions is a higher level of precaution than is being recommended by the Public Health Agency of Canada or the World Health Organization (WHO), or that is normally recommended for coronaviruses. The ministry is recommending at this time that health care workers apply Airborne Precautions based on the application of the precautionary principle to this novel virus for which little information about transmission and clinical severity is available.

I want to reiterate that even as this outbreak has grown, the risk to Ontarians remains low. It would not be unexpected for us to see a case in Ontario, but I am confident that we have the processes, skilled clinicians and dedicated health workers we need to identify and manage a case safely and effectively.

As new information becomes available, I will continue to share it with you. We will be ready to launch a regular communications cycle with system partners as the situation evolves and will keep you apprised of these details. In the meantime, health sector partners are encouraged to contact the Health System Emergency Management Branch at 1-866-212-2272 (24/7) or during business hours at eocoperations.moh@ontario.ca if they have any questions or concerns.

Yours truly,

Original signed by

Barbara Yaffe, MD, MHSc, FRCPC
Associate Chief Medical Officer of Health

Attachments

c: Peter Donnelly, President and Chief Executive Officer, Public Health Ontario