

Health Alert

Updated Interim Guidance for Evaluating and Reporting Persons Under Investigation for Coronavirus Disease 2019 (COVID-19) March 5, 2020

SUMMARY POINTS

In response to the ongoing increase in the number of countries reporting widespread community transmission of COVID-19, the increasing number of cases in the U.S. and expanded availability of diagnostic testing, the Centers for Disease Control and Prevention (CDC) has revised criteria for guiding which patients should be evaluated for COVID-19. Of note, guidance indicates that clinicians can use their judgement to determine if a patient with compatible symptoms should be tested. This decision should consider epidemiologic risk criteria, including presence of local transmission, travel history, and risk factors for severe COVID-19 disease^a. As there are other respiratory viruses prevalent in the community at this time, clinicians may see a high volume of patients with signs of an acute respiratory infection. As such, it is important to consider epidemiologic risk factors, underlying health conditions and congregate setting environment of patients before proceeding with COVID-19 testing.

- The outbreak of COVID-19 is rapidly expanding worldwide and in the U.S. Guidance for evaluating potential cases has been revised accordingly.
- Consider COVID-19 in patients with acute respiratory illness and epidemiologic risk factors.
- Consider COVID-19 in patients with acute respiratory illness and no exposure risk who are at higher risk of severe disease or reside in congregate settings.
- Consult with PDPH for COVID-19 testing (215-685-6741 business hours, 215-686-4514 after hours).

Patient Assessment and Management:

Providers should maintain vigilance and obtain thorough travel histories when evaluating patients with acute respiratory illness, particularly those with severe lower respiratory disease requiring hospitalization without an apparent cause^b. Providers should also consider COVID-19 infection in patients who present with fever and/or symptoms of acute respiratory illness who do not require hospitalization in the following instances:

- Patient has exposure risk factors including close contact with a confirmed COVID-19 case OR travel to an affected area^c within 14 days
- Patient is at risk for severe disease (older age, chronic medical conditions)
- Patient resides in a congregate setting
- Patient is presenting with progressive acute respiratory illness with no apparent cause^c

^aFor additional details, visit: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>.

^bNegative influenza and respiratory virus panel testing along with negative bacterial and fungal cultures results are needed to rule out other infectious etiologies.

^cThe current COVID-19 affected area list is subject to change. For updates on areas with Level 2 or higher travel notices, visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/>.

For persons who fulfill any of the above criteria, please take the following actions:

- Place surgical mask on patient and move patient to a private room as soon as possible. Use an airborne infection isolation room if available.
- Promptly notify infection prevention personnel at your facility and report the suspected case to PDPH (business hours: (215) 685-6742, after hours: (215) 686-4514). PDPH and the Pennsylvania

Department of Health (PADOH), in consultation with clinicians, will determine whether a patient is a Person Under Investigation (PUI) for COVID-19 and will need testing.

- All staff working with the patient should use standard, contact and airborne precautions (N95 mask) with eye protection. Additional details are available at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>.
- SARS-CoV-2 (virus that causes COVID-19) testing will be performed for patients approved as a COVID-19 PUI. Initially, collect the following upper respiratory and lower respiratory specimens for testing:
 - Both nasopharyngeal (NP) and oropharyngeal (OP) swabs placed in viral transport media
 - For those with productive coughs, collect sputum. Sputum induction is not indicated.
 - Collect an additional NP swab or aspirate for influenza and respiratory virus testing, since these viruses are currently circulating in the community-these are more likely to be a cause of acute respiratory illness even among returning travelers. **COVID-19 testing may be deferred until results from influenza and respiratory virus testing are available.**
- PDPH and PADOH will assist sites with submission of specimens and supporting documentation for SARS-CoV-2 testing. Specimens will need to be refrigerated and transported on ice packs. For further details, visit: <https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>.
- If symptoms develop in a traveler returning from an affected area, the patient should be advised to seek care with advance notification to the healthcare facility and take routine steps to limit the transmission of respiratory viruses (i.e., staying home from work and school, hand washing, good respiratory etiquette). Patients with mild symptoms, not requiring medical evaluation may remain at home to reduce unnecessary emergency room or clinic utilization. **Please consult PDPH on a case-by-case basis for any patients with an equivocal clinical presentation or history not quite meeting the epidemiologic risk criteria for evaluation.** Consult with PDPH for COVID-19 testing (215-685-6741 business hours, 215-686-4514 after hours).

Additional Resources:

- CDC: 2019 Novel Coronavirus Information for Healthcare Professionals: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
- PDPH: Novel Coronavirus (COVID-19): <https://hip.phila.gov/EmergentHealthTopics/2019-nCoV>
- PDPH COVID-19 Symposium: See the attached flyer.