HEALTH ALERT
Coronavirus Disease 2019 (COVID-19): Updated Guidance for Evaluation and Risk Assessment

March 7, 2020

Update from Health Alert released February 28, 2020

Summary and Action Items

- **On March 4, 2020, CDC updated the criteria for "Evaluating and Reporting Persons Under Investigation (PUI)" for COVID-19.**
- **On March 4, 2020, CDC updated the "Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19".**
- **On March 5, 2020, CDC updated the "Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential COVID-19 Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases".**
- For suspected cases of COVID-19, healthcare providers or any individual having knowledge, should **immediately** notify both infection control personnel at their healthcare facility and their local health department (LHD).
- LHDs who are notified of suspected cases of COVID-19 should notify ODH **immediately** via the 24/7 Class A disease reporting line.

Background

Reported community spread of COVID-19 in parts of the U.S. raises the level of concern about the immediate threat for COVID-19 for those communities. The potential public health threat posed by COVID-19 is very high, both globally and to the U.S. However, at this time, most people in the U.S. will have little immediate risk of exposure to the virus. This is a rapidly evolving situation and the risk assessment will be updated as needed.

Current risk assessment:

- For most of the American public, who are unlikely to be exposed to this virus at this time, the immediate health risk from COVID-19 is considered low.
- People in communities where ongoing community spread with the virus that causes COVID-19 has been reported are at elevated, though still relatively low, risk of exposure.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected international locations where community spread is occurring also are at elevated risk of exposure.

ODH is actively working with local health departments (LHDs) and healthcare providers to effectively identify suspected cases of COVID-19 and continue infectious disease surveillance, prevention, and control.

Identification and Testing for COVID-19

On March 4, 2020, CDC released updated guidance for evaluating and reporting persons under investigation (PUI). This expands testing to a wider group of symptomatic patients. The CDC clinical criteria for a COVID-19 PUI have been developed based on what is known about COVID-19 and are subject to change as additional information becomes available.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of the illness. Given the time of year, common respiratory illnesses, including influenza, should also be considered. Epidemiologic factors that may help guide decisions on whether to test include persons with close contact to a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas (where sustained community transmission has been identified) within 14 days of symptom onset.

Due to limited testing materials, the Ohio Department of Health Bureau of Public Health Laboratory (ODHL) is providing targeted testing of those patients who are most severely ill and who pose the greatest risk of transmission to others. Clinicians may also consider accessing laboratory testing for COVID-19 through commercial laboratories. Ordering providers must complete the PUI form and provide to the local health department. Suspected cases need to be reported immediately to the LHD.

Testing at ODHL will be approved based on the following PUI criteria:

Clinical Features		Epidemiologic Risk
Fever[1] or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including healthcare personnel[2], who has had close contact[3] with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset
Fever[1] and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas[5], within 14 days of symptom onset
Fever[1] with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) requiring hospitalization and without an alternative explanatory diagnosis (e.g., influenza).[6]	AND	No identified source of exposure

These criteria are intended to serve as guidance for evaluation. In consultation with public health departments, patients should be evaluated on a case-by-case basis to determine the need for testing. Testing may be considered for deceased persons who would otherwise meet the PUI criteria.

If COVID-19 is suspected, healthcare providers should:

- To minimize exposure risk, ask patient to wear a surgical mask as soon as they are identified and direct them to a separate area if possible, with at least 6 feet separation from other persons. Evaluate patient in a private room with the door closed, ideally an airborne infection isolation room (AIIR), if available. Use standard, contact, and airborne precautions, and use eye protection (goggles or face shield**). For more about infection prevention and control recommendations specific to COVID-19, please visit the CDC website here.**
- **Immediately notify** infection control personnel at their healthcare facility and contact their local health department.
- Collect clinical specimens for routine testing of respiratory pathogens at either clinical or public health labs. **For PUIs, collect the following specimen types: upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those with productive coughs.** Induction of sputum is not indicated. Detailed guidance for collecting, handling, and testing clinical specimens from PUIs can be found on the CDC website here. Detailed laboratory biosafety guidelines for handling and processing specimens associated with COVID-19 can be found on the CDC website here**.**

Interim clinical guidance for management of patients with confirmed COVID-19 infection is available on the CDC website here. ODH will be providing guidance for outpatient providers evaluating patients for COVID-19 in a separate communication.

CDC Guidance for Movement Restrictions and Monitoring

On March 5, 2020, CDC updated the "Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential COVID-19 Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases", available on the CDC website here. This interim guidance is effective as of March 5, 2020 and does not apply retrospectively. The exposure risk categories should help guide public health management of people following potential exposure in jurisdictions that are not experiencing sustained community transmission. These categories may not cover all potential exposure scenarios. They should not replace an individual assessment of risk for the purpose of clinical decision making or individualized public health management.

CDC has provided separate guidance for healthcare settings: "Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19" updated March 4, 2020. Healthcare facilities, in consultation with public health authorities, should use clinical judgement as well as the principles outlined in this guidance to assign risk and determine need for work restrictions.

Required Reporting

- Healthcare providers should notify infection control personnel at their healthcare facility and contact their local/state health department **immediately** if COVID-19 infection is suspected.
- Local health departments should notify the Ohio Department of Health immediately via the 24/7 Class A disease reporting line.

ODH and LHD Response

- LHDs who are notified of suspected cases of COVID-19 should notify ODH immediately via the 24/7 Class A disease reporting line.

- Local and state public health staff will determine if the patient meets the criteria for COVID-19 testing at ODH Laboratory (ODHL).
- Local public health staff will work with healthcare providers to complete a COVID-19 PUI form.
- Local health departments should also complete the *ODH Supplemental Questions for PUIs* form (located in Ohio Public Health Communication System "OPHCS" folder).

Contact

Immediately report all suspected cases of COVID-19 to the local health department in the jurisdiction in which the case resides. To locate a local health department, please visit https://odhgateway.odh.ohio.gov/lhdinformationsystem/Directory/GetMyLHD.

For general questions related to COVID-19, healthcare providers and facilities should contact their local health department. Ohio local health departments should contact the ODH Bureau of Infectious Diseases at 614-995-5599.

Attachments

- ODH Algorithm for Testing of COVID-19
- ODH COVID-19 Testing Procedures

Footnotes

[1]Fever may be subjective or confirmed.

[2] For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html.

[3]Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
– or –
b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)
If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

[4]Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

[5]Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. Current information is available in Coronavirus Disease 2019 Information for Travel https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html.

[6]Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) of unknown etiology in which COVID-19 is being considered.