

HEALTH ADVISORY: COVID-19 March 14, 2020

Criteria to Guide Evaluation of Persons Under Investigation (PUI) for COVID-19

The criteria below are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (contact information is listed below).

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person who has had close contact ³ with a laboratory-confirmed ⁴ 2019-nCoV patient within 14 days of symptom onset.
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Health care workers and first responders ² , who have had close contact ³ with a strongly suspected 2019-nCoV patient within 14 days of symptom onset.
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath), AND other significant respiratory illness has been excluded (e.g., influenza).	AND	Risk factors that put the individual at high risk of poor outcomes. ⁵ OR Health care worker or first responder
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza). Clinicians are strongly encouraged to test for other respiratory illness (e.g., influenza).	AND	No source of exposure has been identified

Metro Health will review and adjust criteria based on changing community conditions.

¹Fever may be subjective or confirmed

²For healthcare personnel and first responders, 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 \(COVID-19\)](#).

³Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; 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 or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Additional information is available in CDC's updated [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described 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 COVID-19](#).

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

⁵Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.



Recommendations for Reporting, Testing, and Specimen Collection

Healthcare providers should immediately notify both infection control personnel at their healthcare facility and their local health department in the event of a PUI for COVID-19. Specimen collection and shipping must be coordinated with your local health department.

Specimen collection instructions and forms are available at sanantonio.gov/health on the Coronavirus page.

For questions or to report a suspected case, please contact your local health department:

Bexar County Residents:

San Antonio Metropolitan Health District
Epidemiology Program
Phone: (210) 207-8876
Fax: (210) 207-8807

Metro Health will review and adjust criteria based on changing community conditions.