

## Interim Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)

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

1) Clinical Features	&	Epidemiologic Risk
Fever <sup>1</sup> <b>or</b> signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	<b>AND</b>	Any person, who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> 2019-nCoV patient within 14 days of symptom onset.
Fever <sup>1</sup> <b>or</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	<b>AND</b>	Health care workers and first responders <sup>2</sup> who have had close contact <sup>3</sup> with a strongly suspected 2019-nCoV patient within 14 days of symptom onset.
Fever <sup>1</sup> <b>and</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath), <b>AND</b> other respiratory illness has been excluded (e.g., influenza).	<b>AND OR</b>	Risk factors that put the individual at high risk of poor outcomes. <sup>5</sup> Travel to a geographic area with sustained community transmission
Fever <sup>1</sup> 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).	<b>AND</b>	No source of exposure has been identified

<sup>1</sup>Fever may be subjective or confirmed

<sup>2</sup>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 \(COVID-19\)](#).

<sup>3</sup>Close 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 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](#).

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

<sup>5</sup>Other symptomatic individuals such as older adults (age  $\geq$  65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).