

HEALTH ALERT

Coronavirus Disease 2019 (COVID-19): Updated Criteria to Guide Evaluation of COVID-19

February 28, 2020

Update from Health Alert released February 4, 2020

Summary and Action Items

- The Ohio Department of Health (ODH), in coordination with the Centers for Disease Control and Prevention (CDC) and local partners, is closely monitoring the 2019 novel (new) coronavirus first identified in Wuhan City, Hubei Province, China. The virus has been named "SARS-CoV-2" and the disease it causes has been named "coronavirus disease 2019" (abbreviated "COVID-19").
- Due to community spread of the virus, CDC has issued [Travel Health Notices](#) of level 2 and 3 for multiple countries, including: China, Iran, Italy, Japan, and South Korea.
- At this time, travelers returning from countries with [Travel Health Notices](#) for COVID-19 (other than China) should be categorized as low risk according to [CDC guidance for risk assessment and public health management](#).
- Imported cases of COVID-19 in travelers have been detected in the U.S. Person-to-person spread of COVID-19 has also been reported among close contacts of returned travelers from Wuhan. On February 25, 2020, CDC confirmed COVID-19 in a person who reportedly did not have relevant travel history or exposure to another known patient with COVID-19. Currently, the patient's exposure is unknown. Investigations are ongoing to learn more.
- As of February 27, 2020, 15 confirmed cases of COVID-19 have been detected by the U.S. public health system, and an additional 46 cases have been reported among persons repatriated to the U.S. from Wuhan and the Diamond Princess Cruise Ship. **There are no confirmed cases in Ohio.**
- The potential public health threat posed by COVID-19 is high, both globally and to the U.S. However, at this time, the risk to the general American public is low. 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.
- Patients presenting to healthcare facilities should be assessed for exposures associated with risk of COVID-19 infection (e.g., travel to [China or other affected geographic areas with community spread of COVID-19](#) within 14 days of symptom onset or close contact with a confirmed case within 14 days of symptom onset).
- **On February 27, 2020, CDC updated the "[Criteria to Guide Evaluation of Persons Under Investigation \(PUI\)](#)" for COVID-19. This updated guidance is available on the CDC website [here](#) and a copy of the new criteria is attached. The [COVID-19 PUI form](#) has also been updated (attached).**
- 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.

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

Background

Person-to-person spread of the virus that causes COVID-19 has been reported outside China, including in the [U.S.](#) and [other locations](#). Chinese officials report that sustained person-to-person spread in the community is occurring in China. In addition, [other destinations have apparent community spread](#), meaning some people have been infected who are not sure how or where they became infected. Travel information related to COVID-19 is available [here](#).

In the U.S., imported cases of COVID-19 in travelers have been detected. Person-to-person spread of COVID-19 also has been reported among close contacts of returned travelers from Wuhan. On February 25, 2020, CDC confirmed COVID-19 in a person who reportedly did not have relevant travel history or exposure to another known patient with COVID-19. Currently, the patient's exposure is unknown. Investigations are ongoing to learn more.

The fact that this disease has caused illness, including illness resulting in death, and sustained person-to-person spread is concerning. These factors meet two of the criteria of a pandemic. As community spread is detected in more and more countries, the world moves closer toward meeting the third criteria, worldwide spread of the new virus. The potential public health threat posed by COVID-19 is high, both globally and to the U.S. However, at this time, the risk to the general American public is low.

Federal, state, and local partners are working closely on pandemic preparedness and response plans, including specific measures to prepare communities to respond to local transmission of the virus that causes COVID-19. **There is an abundance of [pandemic guidance](#) developed in anticipation of an influenza pandemic that is being adapted for a COVID-19 pandemic.**

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.

Screening of Patients for COVID-19

The CDC [criteria to guide evaluation of PUIs](#) have been developed based on what is known about Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) and are subject to change as additional information becomes available. **The CDC released [updated guidance for evaluating and reporting persons under investigation \(PUI\)](#) on February 27, 2020.** The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis to determine the need for testing. Note that the [signs and symptoms of COVID-19](#) overlap with those associated with other viral respiratory tract infections. Given the time of year, common respiratory illnesses, including influenza, should also be considered in patients who are screened.

For confirmed COVID-19 cases, reported illnesses have ranged from mild symptoms to severe illness and death. Symptoms can include fever, cough, and shortness of breath. At this time, CDC believes that symptoms of COVID-19 may appear in as little as 2 days or as long as 14 days after exposure. There is no specific antiviral treatment recommended for COVID-19 and there is currently no vaccine to prevent infection; at present, medical care is supportive. **Interim clinical guidance for management of patients with confirmed COVID-19 infection is available on the CDC website [here](#).**

If COVID-19 is suspected, healthcare providers should:

- Minimize risk of exposure by asking the patient to wear a surgical mask as soon as they are identified and directed to a separate area if possible, with at least 6 feet separation from other persons. Patient should be evaluated in a private room with the door closed, ideally an airborne infection isolation room (AIIR), if available. Healthcare personnel entering the room should 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. Local and state public health staff, in coordination with clinicians, will determine if the patient meets the [criteria for a PUI](#) for COVID-19 and needs to be tested for infection.
- 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. These specimens can be sent to the ODH Public Health Laboratory for testing at CDC. 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](#).

Management of Travelers

At this time, movement restriction and monitoring activities for travelers returning from China remain unchanged. For travelers returning from other countries with sustained or widespread infection (as identified in CDC's [Travel Health Notices](#)), these travelers should be categorized and managed as low risk according to [CDC guidance for risk assessment and public health management](#).

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. In coordination with clinicians, local and state public health staff will determine if the patient meets the [criteria for a PUI](#) for COVID-19.
- 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 a PUI](#) for COVID-19.
- 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* (from 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

- Criteria to Guide Evaluation of PUIs for COVID-19 (UPDATED Feb. 27, 2020)
- Interim COVID-19 PUI Form (UPDATED Feb. 19, 2020)