

## Interim Guidance for Healthcare Professionals

Updated February 2, 2020.

The CDC clinical criteria for a 2019-nCoV patient under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available.

Health care providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. Patients in the United States who meet the following criteria should be evaluated as a PUI for 2019-nCoV.

Healthcare providers should **immediately** notify SCPH & ODH in the event of a PUI for 2019-nCoV.

### Clinical features and epidemiologic risk

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, including health care workers, who has had close contact <sup>2</sup> with a laboratory-confirmed <sup>3,4</sup> 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>	A history of travel from <b>Hubei Province</b> , China <sup>5</sup> 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) requiring hospitalization <sup>4</sup>	<b>AND</b>	A history of travel from mainland <b>China</b> <sup>5</sup> within 14 days of symptom onset

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 if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

## Recommendations for Reporting, Testing, and Specimen Collection

Updated February 3, 2020

Healthcare providers should **immediately** notify both infection control personnel at their healthcare facility and their local or state health department in the event of a PUI for 2019-nCoV. State health departments that have identified a PUI should immediately contact CDC's Emergency Operations Center (EOC) at 770-488-7100 and complete a 2019-nCoV PUI case investigation form available below.

- [Download fillable PDF form pdf icon\[PDF – 211 KB\]](#)
- [Download Microsoft Word form word icon\[DOC – 90 KB\]](#)

CDC's EOC will assist local/state health departments to collect, store, and ship specimens appropriately to CDC, including during afterhours or on weekends/holidays. At this time, diagnostic testing for 2019-nCoV can be conducted only at CDC.

Testing for other respiratory pathogens should not delay specimen shipping to CDC. If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with public health authorities, they may no longer be considered a PUI. This may evolve as more information becomes available on possible 2019-nCoV co-infections.

**For biosafety reasons, it is not recommended to perform virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI for 2019-nCoV.**

To increase the likelihood of detecting 2019-nCoV infection, CDC recommends collecting and testing multiple clinical specimens from different sites, including two specimen types—lower respiratory and upper respiratory. Additional specimen types (e.g., stool, urine) may be collected and stored. Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset. [Additional guidance for collection, handling, and testing of clinical specimens is available.](#)