

**Center for Policy, Planning and Evaluation
Division of Epidemiology–Disease Surveillance and Investigation**

March 5, 2020

**Health Notice for District of Columbia Health Care Providers
Update and Interim Guidance: Coronavirus Disease 2019 (COVID-19)**

SUMMARY

On March 4, 2020 the Centers of Disease Control and Prevention (CDC) updated its criteria for the evaluation of Persons Under Investigation (PUI), expanding it to include a wider group of symptomatic patients (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>). Consistent with the CDC guidance, only patients **who meet specific PUI criteria** based on exposure and clinical factors and who are **pre-approved by DC Health** will be tested through the DC Department of Forensic Sciences Public Health Laboratory (DFS PHL). This Health Notice describes the PUI criteria for testing, which are based on exposure risk and signs or symptoms compatible with illness, and the community risk in the District of Columbia. This Health Notice also includes the processes for testing approvals.

BACKGROUND

As per the CDC website updated on March 5, 2020, there have been 99 confirmed cases of COVID-19 within the United States, including 10 deaths. Twenty cases are associated with person-to-person spread. DC Health continues to work with partners to implement measures to identify COVID-19 in DC. To date, there have been 8 PUIs in DC: 6 PUIs tested negative and results are pending for 2 PUIs. The epidemiology and spread of COVID-19 internationally and within the United States is rapidly evolving and guidance is continuously being released. We encourage you to regularly review the DC Health (<https://coronavirus.dc.gov/>) and CDC (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) websites for the most up-to-date situational information.

Important Points When Evaluating Potential PUIs

- Review CDC guidance, including on infection control, and the DC Health website regularly and develop internal processes for managing the assessment and notification to DC Health about potential PUIs
 - Infection control recommendations vary by facility and activity type and are important to maintain in order to prevent spread within a healthcare facility:
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>
- Please **do not direct patients to call DC Health directly** to determine if they should be tested for COVID-19. Healthcare providers should conduct a clinical assessment and then on the basis of the assessment and the PUI criteria described below, contact us if they suspect the patient may have COVID-19
- Please do the appropriate clinical evaluation on your patients based on their symptoms to assess ALL possible diagnoses (e.g. influenza, Strep throat), not just COVID-19

- When contacting DC Health, please leave a voicemail with a **direct** phone number if we do not answer so that we can call you back. We currently have a large call volume so may receive multiple calls at the same time, but return calls as soon as possible to healthcare providers.

UPDATED: Criteria on Evaluation and Testing of PUIs for COVID-19

These criteria are intended to serve as a guide for evaluation and are subject to change as additional data become available. Testing may be considered for deceased persons who otherwise meet the PUI criteria. Patients who meet the following criteria should be reported to DC Health for evaluation as a PUI*:

Clinical Features		Epidemiologic Risk
Fever ¹ OR signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care 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 lower respiratory illness (e.g. cough or shortness of breath) AND tested negative for influenza ⁵	AND	A history of travel to a country with a Level 2 or 3 Travel Advisory OR an area with confirmed ongoing community transmission, within 14 days of symptom onset
Fever ¹ OR signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) AND tested negative for influenza ⁵ AND a respiratory virus panel negative for all pathogens AND without an alternative explanatory diagnosis	AND	A history of residing in a nursing home or long-term care facility within 14 days of symptom onset

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.

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

⁵Includes rapid and confirmatory influenza testing

Notification to DC Health Regarding a Potential PUI

- Please collect the following information **prior** to notifying DC Health about a potential PUI:
 1. State of residence

- If the patient is a Maryland or Virginia resident, please contact the Maryland or Virginia Departments of Health as per your usual protocol
- 2. Patient contact information
- 3. Is patient a nursing home or long-term care facility resident?
- 4. Occupation (e.g. healthcare provider, childcare worker)
- 5. Detailed symptom history with symptom onset date
- 6. Underlying diagnoses and chronic illnesses
- 7. Available test results (e.g. influenza, respiratory viral panel, *Streptococcus pneumoniae*, *Legionella*)
- 8. Contact with ill persons
 - Was the patient in contact with a person who was ill OR a person suspected or confirmed to have COVID-19?
 - Was the contact ill while the patient was around them?
 - Type of contact between patient and contact (for example, stayed in the same house or shared a meal together at a restaurant)
 - Date(s) patient was exposed to ill person
- 9. Detailed travel history (countries, cities, dates including any layovers or additional stops)
 - Mode of travel between locations (i.e. train, plane, bus)
- 10. History of being a healthcare provider OR being in a healthcare facility (as a patient, worker or visitor) in an affected country
- If the case does not meet the current PUI criteria but is **highly suspicious**, please contact DC Health for consultation.
- Healthcare providers should **immediately** notify their infection control personnel and contact DC Health in the event of a PUI for COVID-19 by calling **202-576-1117 (during business hours)** or **844-493-2652 (after-hours, healthcare providers only)**.

Specimen Collection Guidelines

- Guidelines on collecting, handling and testing of clinical specimens from PUIs for COVID-19 can be found on the [DFS PHL website](#)
- Collection of an NP swab (in Viral Transport Media (VTM) or universal transport media (UTM)), OP swab (VTM or UTM) is recommended for initial diagnostic testing for SARS-CoV-2. Lower respiratory specimens can be tested if available and for patients who develop a productive cough, a sputum specimen can be collected
 - Induction of sputum is not recommended and should be collected in a sterile container if indicated
 - For patients for whom it is clinically indicated (e.g. those receiving invasive mechanical ventilation), a bronchoalveolar lavage sample should be collected as a lower respiratory tract specimen
- Please label specimens appropriately with patient's full name, date of birth, date and time of specimen collection, and unique patient identifier (medical record number or PUI number).
- Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset
- If approved for testing by DC Health, please complete the following forms, which are available on the [DFS PHL website](#):

- DC DFS PHL External Chain of Custody (CoC)
- DC DFS PHL Test Requisition Form
- CDC 50.34 Test Requisition Form
- Detailed instructions about specimen testing and forms will also be provided via email once testing is approved. Incorrectly labeled or missing information on forms and specimens will result in testing delays or specimen rejection.
- Please contact the PHL for any questions pertaining to testing:
 - Phone: 202-727-8956 (Monday-Friday from 8:30am-5:30pm), 202-868-6561 (after-hours calls), Email: dc.phl@dc.gov

The guidelines above will continue to be updated as the outbreak evolves. Please visit the DC Health and CDC websites regularly for the most current information.

**Please contact the DC Health Division of Epidemiology–Disease Surveillance and
Investigation at:
202-576-1117 (8:15am-4:45pm)
844-493-2652 (after-hours, healthcare providers only)
Fax: 202-442-8060 | Email: doh.epi@dc.gov**