

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

**February 28, 2020**

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

**SUMMARY**

The DC Department of Health (DC Health) continues to monitor the Coronavirus Disease 2019 (COVID-19) outbreak caused by the novel coronavirus, SARS-CoV-2. Cases were initially reported in Wuhan City, Hubei Province, China but has now been detected in 50 locations internationally, including the United States. As of February 27, 2020 there were 78,497 reported cases in China and 3,797 cases in locations outside China. In addition to sustained transmission in China, there is evidence of community spread in several additional countries. The Centers of Disease Control and Prevention (CDC) has updated travel guidance to reflect this information (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> ).

This Health Notice provides updated guidance on evaluating and testing persons under investigation (PUIs) for COVID-19 in response to CDC’s [Health Alert Network Update](#) released on February 28, 2020.

**BACKGROUND**

To date, there has been limited spread of COVID-19 in the United States. As of February 26, 2020, there were a total of 61 cases within the United States; 46 of these were among repatriated persons from high-risk settings. The other 15 cases were diagnosed in the United States; 12 were persons with a history of recent travel in China and 2 were persons in close household contact with a COVID-19 patient (i.e. person-to-person spread). One patient with COVID-19 who had no travel history or links to other known cases was reported on February 26, 2020, in California. The California Department of Public Health, local health departments, clinicians, and CDC are still working to investigate this case.

DC Health continues to work with partners to implement measures to identify COVID-19 in DC, and slow and contain transmission. These measures include assessing and monitoring per CDC guidelines, and working with healthcare providers to screen for possible COVID-19 PUIs. To date, five PUIs have tested negative in DC, and no cases have been confirmed.

Recognizing persons at risk for COVID-19 is a critical component of identifying cases and preventing further transmission. With expanding spread of COVID-19, additional areas of geographic risk are being identified and PUI criteria are being updated by CDC to reflect this spread. To prepare for possible additional person-to-person spread of COVID-19 in the United States, DC Health recommends that clinicians consider COVID-19 in patients with severe respiratory illness even in the absence of travel history to affected areas or known exposure to another case and notify health officials immediately when a case is suspected. The epidemiology of COVID-19 is rapidly evolving and guidance is continuously being released. We encourage you to review the DC Health and CDC websites for the most up-to-date situational information.

**Updated Recommendations for Healthcare Providers**

**1) Criteria on Evaluation and Testing of Patients Under Investigation (PUI) for COVID-19**  
**Patients who meet the following criteria should be reported to DC Health for evaluation as a PUI\*:**

Clinical Features		Epidemiologic Risk
Fever <sup>1</sup> OR signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care personnel <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever <sup>1</sup> AND signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas <sup>5</sup> , within 14 days of symptom onset
Fever <sup>1</sup> with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) requiring hospitalization and without an alternative explanatory diagnosis (e.g., influenza) <sup>6</sup>	AND	No identified source of exposure

These criteria are intended to serve as guidance for evaluation and are subject to change as data become available. Testing may be considered for deceased persons who otherwise meet the PUI criteria.

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

<sup>2</sup> 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> ).

<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; 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.

<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>Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. Current information is available in CDC’s COVID-19 Travel Health Notices (<https://www.cdc.gov/coronavirus/2019-ncov/travelers>).

<sup>6</sup>Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) of unknown etiology in which COVID-19 is being considered.

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 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

## Review of Recommendations for Healthcare Providers

### 1) Notification to DC Health

- 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 business hours)**.
- **Please try to collect the following information prior to notifying DC Health about a 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 and occupation
  3. Detailed symptom history with symptom onset date
  4. Contact with ill persons
    - Was the patient in contact with a person who was ill OR a person suspected or confirmed to have 2019-nCoV?
    - 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
  5. Detailed travel history (countries, cities, dates including any layovers or additional stops)
    - Mode of travel between locations (i.e. train, plane, bus)
  6. Details about wearing a facemask at any time before, during or after the travel
  7. History of being a healthcare provider OR being in a healthcare facility (as a patient, worker or visitor) in China
  8. If there is high suspicion the patient meets the criteria for a PUI, the mode of transport to your healthcare facility
- If the case does not meet the current case definition but is **highly suspicious**, please contact DC Health for consultation.

## 2) Infection Control Recommendations

- Infection control recommendations vary by facility and activity type and are important to maintain in order to prevent spread within a healthcare facility
- Please review the CDC website to find the appropriate information for your facility:  
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>)

## 3) Specimen Collection Guidelines

- For guidelines on collecting, handling and testing of clinical specimens from Patients Under Investigation (PUIs) for COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>)
- 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 lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected as lower respiratory tract specimen
  - Please label specimens appropriately
- Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset
- If approved for testing by CDC, please complete the following forms:
  - CDC 50.34 (for each specimen)  
(<https://www.cdc.gov/laboratory/specimen-submission/form.html>)
  - DC Public Health Laboratory External Chain of Custody form  
(<https://dfs.dc.gov/publication/phl-forms-and-documents>)
  - DC Public Health Laboratory Test Requisition form  
(<https://dfs.dc.gov/publication/phl-forms-and-documents>)
  - Patient Under Investigation (PUI) form  
(<https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>)
- Detailed instructions about specimen testing and forms will also be provided via email once testing is approved. **Any specimens submitted without complete CDC 50.34 forms will result in significant delays in testing and may be rejected**

The guidelines above will continue to be updated as the outbreak evolves. Please visit the DC Health (<https://dchealth.dc.gov/coronavirus>) and CDC COVID-19 websites (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) for the most current information.

**Please contact the DC Health Division of Epidemiology–Disease Surveillance and Investigation at:**

**Phone: 202-576-1117 (8:15am-4:45pm) | 844-493-2652 (after-hours calls)**

**Fax: 202-442-8060 | Email: [doh.epi@dc.gov](mailto:doh.epi@dc.gov)**