COVID-19 Health Update

CDC Updated Guidance for Persons Under Investigation
February 19, 2020

Situation
The disease caused by the 2019 Novel Coronavirus (2019-nCoV) has now been officially named COVID-19 by the World Health Organization. No COVID-19 cases have been identified in Alameda County.

On February 12, the Centers for Disease Control and Prevention (CDC) released updated guidance for evaluating possible persons under investigation (PUI) for 2019-nCoV in the following categories:

- Severely ill patients for whom a known source of exposure has not been identified
- Persons with fever and lower respiratory tract symptoms and travel to China within 14 days that are being regularly monitored by local health departments or referred for evaluation from border screening

Actions Requested of Clinicians

1. **IDENTIFY PUI** using the CDC criteria:

   | Fever\(^1\) or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) | AND | Any person, including health care workers, who has had close contact\(^{II}\) with a laboratory-confirmed\(^{III,Iv}\) 2019-nCoV patient within 14 days of symptom onset |
   | Fever\(^1\) and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) | AND | A history of travel from Hubei Province, China\(^V\) within 14 days of symptom onset |
   | Fever\(^1\) and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization\(^{IV}\) | AND | A history of travel from mainland China\(^V\) within 14 days of symptom onset |

   Use the [CDC flow chart](#) to identify and assess for COVID-19. For a patient in whom PUI criteria are not met but the healthcare provider has concern for 2019-nCoV infection, please contact the Alameda County Public Health Department (ACPHD) to discuss whether testing may be warranted.

2. **PROTECT PATIENTS AND STAFF** by asking persons with fever or cough to wear a mask as soon as they are identified. Immediately place possible PUIs in a private room with the door closed, ideally an airborne infection isolation room. Healthcare personnel entering the room should use standard, contact and airborne precautions including eye protection (e.g., goggles or a face shield). See February 12 updates from CDC on:
   a) [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or PUIs](#)
   b) [Interim Clinical Guidance for Management of Patients with COVID-19 Infection](#)

3. **CONTACT AND COLLABORATE** with the ACPHD for patients meeting PUI criteria.
   a) ACPHD will contact CDC to approve testing for 2019-nCoV and will coordinate shipping specimens to CDC; health care providers should NOT ship specimens to CDC directly.
   b) Clinicians who have seen the PUI should be available to answer questions from ACPHD staff

4. **MAINTAIN STRICT PRIVACY AND CONFIDENTIALITY** of all possible PUIs and all patients according to Federal and State laws and Institutional policies.

5. **ENSURE ACCURATE DOCUMENTATION IN MEDICAL RECORDS** regarding detection of common human coronaviruses (i.e., 229E, NL63, OC43, HKU1) to avoid confusion with 2019-nCoV.
Local Health Department Contact Information

- **Alameda County Acute Communicable Disease Control**:
  - Weekdays 8:30am–5pm Phone: (510) 267-3250
  - After hours Phone: (925) 422-7595 and ask for the public health duty officer on call
  - For non-immediate concerns, email nCoV@acgov.org

- **Berkeley Public Health Division**:
  - Weekdays 8am-5pm Phone: (510) 981-5292
  - After hours: Phone: (510) 981-5911 and ask for the Health Officer on call

- [Contact Information for all other Local Health Jurisdictions](https://acphd.org/) is available online from CDPH

Resources

- [ACPHD Health Alert Page](https://acphd.org/communicable-disease)
- [ACPHD 2019-nCoV Page](https://acphd.org/communicable-disease)
- [CDPH 2019-nCoV Page](https://www.cdph.ca.gov/Programs/Coronavirus/2019nCov/2019nCovBasics.htm)

Footnotes

1. Fever may be subjective or confirmed.

2. Close contact is defined as—
   a. being within approximately 6 feet (2 meters) of a 2019-nCoV case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case — or —
   b. having direct contact with infectious secretions of a 2019-nCoV 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.


   Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

3. Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

4. Category also includes any member of a cluster of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which 2019-nCoV is being considered that requires hospitalization. Such persons should be evaluated in consultation with state and local health departments regardless of travel history.

5. For persons with travel to China within 14 days that are being regularly monitored by local health departments or referred for evaluation from border screening, testing for nCoV can be considered at the discretion of the health officials for all persons with illnesses with fever and lower respiratory symptoms (those hospitalized and those not hospitalized).