Westchester gov.com

George Latimer
County Executive

Sherlita Amler, M.D.
Commissioner of Health

ATTENTION
Public Health Alert

DATE: March 5, 2020

SUBJECT: **2019 NOVEL CORONAVIRUS (COVID-19)**
CDC Updated Guidance, Patient Questionnaire

- The CDC issued revised Patient Evaluation guidance on 3/4/20 for COVID-19 laboratory testing at https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html. Please check this website regularly for updates.
- Contact the Westchester County Department of Health (WCDH) for patients meeting these new criteria.
- NYSDOH Wadsworth Pubic Health Laboratory is now able to perform testing for COVID-19. WCDH approval is required for testing to be done by the CDC or NYSDOH Wadsworth Public Health laboratories. FDA is permitting commercial and academic labs to develop and perform COVID-19 testing.
- Please complete the attached questionnaire (also at https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf) for any individuals for whom testing is being considered and have all information available when contacting the WCDH

  To reach the Westchester County Department of Health:
  - **914-813-5159 - Business Hours**
  - **914-813-5000 - After Hours**

- Symptomatic patients with mild symptoms who can be adequately evaluated and determined not to require medical care over the phone or video calls should be discouraged from visiting your offices, an Urgent Care, or Emergency Department. Physicians and providers should screen as many of such patients by phone or telemedicine and provide guidance regarding when to seek care.

- Patients potentially at risk for COVID-19 and in need of testing and specimen collection can be evaluated in ambulatory health care settings and need not be referred to an emergency department unless medically indicated.
  - Such patients should be masked and placed in a single exam room with the door closed.
  - Health care staff entering the room should use standard and contact precautions, a fit-tested N-95 mask, and eye protection (goggles or a face shield).
  - See CDC's Infection Control webpage for additional recommendations

- Post signage such as those at: https://health.westchestergov.com/images/stories/CORNER/TravelTriage.pdf and https://health.westchestergov.com/images/stories/CORNER/TravelTriageSC.pdf at the entrances of your offices or facilities to minimize exposure of staff and other patients

NEW YORK STATE OF OPPORTUNITY. Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

February 29, 2020

TO: Healthcare Providers, Healthcare Facilities, Clinical Laboratories, and Local Health Departments (LHDs)

FROM: New York State Department of Health (NYSDOH)
Bureau of Communicable Disease Control (BCDC)

HEALTH ADVISORY: IDENTIFICATION AND TESTING OF COVID-19 PERSONS UNDER INVESTIGATION (PUIs)

SITUATION SUMMARY

- The Centers for Disease Control and Prevention (CDC), New York State Department of Health (NYSDOH) and other state and local health departments (LHDs) continue to respond to an outbreak of COVID-19 respiratory disease.
- COVID-19 cases without known exposure or travel risk factors have been reported by state health departments in California, Oregon and Washington. These cases are thought to represent community spread.
- The complete clinical picture with regard to COVID-19 is not fully understood. Reported illnesses have ranged from mild to severe, including illness resulting in death. There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as it becomes available.

IDENTIFICATION AND TESTING OF PERSONS UNDER INVESTIGATION (PUIs)

- On February 27, 2020, CDC revised their "Criteria to Guide Evaluation of Persons Under Investigation for COVID-19." The revised criteria reflect:
  - Iran, Italy, Japan and South Korea have been added as affected geographic areas with widespread or sustained community transmission, in addition to China.
    - Additions or other changes to the list of affected geographic areas with widespread or sustained community transmission will be made as needed.
  - The addition of individuals with febrile severe acute lower respiratory disease requiring hospitalization without known exposure or travel risk factors without alternative explanatory diagnosis (e.g., negative testing results from a respiratory virus panel).
- LHDs, in consultation with clinicians, should determine whether a patient is a PUI for COVID-2019. These criteria have been developed by CDC based on available information about this novel virus, as well as what is known about Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). These criteria are subject to change as additional information becomes available.

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 workers[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 a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas[5] (see below) within 14 days of symptom onset
Fever[1] with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization4 and without alternative explanatory diagnosis (e.g., influenza)[6]	AND	No source of exposure has been identified

The criteria are intended to serve as guidance for evaluation. In consultation with NYSDOH, patients should be evaluated on a case-by-case basis to determine the need for testing. Testing may be considered for deceased persons who would otherwise meet the PUI criteria.

[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

[3]Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; 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 or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. See CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.

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 COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). 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.

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

[5]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. See all COVID-19 Travel Health Notices.

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

- Healthcare providers should immediately notify both infection control personnel at their healthcare facility and the LHD where the patient resides in the event of a PUI for COVID-19.
    - LHD contact information is available at https://www.health.ny.gov/contact/contact_information/.
    - Providers who are unable to reach the LHD can contact the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or the NYSDOH Public Health Duty Officer at 1-866-881-2809 evenings, weekends, and holidays.

- NYSDOH will assist healthcare providers, facilities and LHDs to collect, store, and ship specimens appropriately, including during afterhours or on weekends/holidays.
- Testing for other respiratory pathogens should not delay specimen shipping. If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with the LHD or NYSDOH, they may no longer be considered a PUI. This may evolve as more information becomes available on possible COVID-19 co-infections.

Providers who have questions about this information can contact their LHD or the NYSDOH Bureau of Communicable Disease Control at 518-473-4439 during business hours or 1-866-881-2809 evenings, weekends, and holidays.

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): ____/_____/_____

……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……

Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: _____ Case state/local ID: _____
Reporting health department: _____ CDC 2019-nCoV ID: _____
Contact ID [a]: _____ NNDSS loc. rec. ID/Case ID [b]: _____

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. [b]For NNDSS reporters, use GenV2 or NETSS patient identifier.

Interviewer information

Name of interviewer: Last _____ First_____

Affiliation/Organization: _____ Telephone _____ Email _____

Basic information

What is the current status of this person?
☐ Patient under investigation (PUI)
☐ Laboratory-confirmed case

Report date of PUI to CDC (MM/DD/YYYY):
_____

Report date of case to CDC (MM/DD/YYYY):
_____

County of residence: _____
State of residence: _____

Ethnicity:
☐ Hispanic/Latino
☐ Non-Hispanic/ Latino
☐ Not specified

Sex:
☐ Male
☐ Female
☐ Unknown
☐ Other

Race (check all that apply):
☐ Asian
☐ American Indian/Alaska Native
☐ Black
☐ Native Hawaiian/Other Pacific Islander
☐ White
☐ Unknown
☐ Other, specify: _____

Date of birth (MM/DD/YYYY): ____/_____/_____
Age: _____
Age units(yr/mo/day): _____

Date of first positive specimen collection (MM/DD/YYYY):
____/_____/_____
☐ Unknown ☐ N/A

Did the patient develop pneumonia?
☐ Yes ☐ Unknown
☐ No

Did the patient have acute respiratory distress syndrome?
☐ Yes ☐ Unknown
☐ No

Did the patient have another diagnosis/etiology for their illness?
☐ Yes ☐ Unknown
☐ No

Did the patient have an abnormal chest X-ray?
☐ Yes ☐ Unknown
☐ No

Was the patient hospitalized?
☐ Yes ☐ No ☐ Unknown

If yes, admission date 1
___/___/___ (MM/DD/YYYY)
If yes, discharge date 1
__/___/____ (MM/DD/YYYY)

Was the patient admitted to an intensive care unit (ICU)?
☐ Yes ☐ No ☐ Unknown

Did the patient receive mechanical ventilation (MV)/intubation?
☐ Yes ☐ No ☐ Unknown
If yes, total days with MV (days)
_____

Did the patient receive ECMO?
☐ Yes ☐ No ☐ Unknown

Did the patient die as a result of this illness?
☐ Yes ☐ No ☐ Unknown

Date of death (MM/DD/YYYY):
____/_____/_____
☐ Unknown date of death

Symptoms present during course of illness:
☐ Symptomatic
☐ Asymptomatic
☐ Unknown

If symptomatic, onset date (MM/DD/YYYY):
____/_____/_____
☐ Unknown

If symptomatic, date of symptom resolution (MM/DD/YYYY):
____/_____/_____
☐ Still symptomatic ☐ Unknown symptom status
☐ Symptoms resolved, unknown date

Is the patient a health care worker in the United States? ☐ Yes ☐ No ☐ Unknown
Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? ☐ Yes ☐ No ☐ Unknown
In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):
☐ Travel to Wuhan
☐ Travel to Hubei
☐ Travel to mainland China
☐ Travel to other non-US country specify:_____
☐ Household contact with another lab-confirmed COVID-19 case-patient
☐ Community contact with another lab-confirmed COVID-19 case-patient
☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient
☐ Patient ☐ Visitor ☐ HCW
☐ Animal exposure
☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology
☐ Other, specify:_____
☐ Unknown
If the patient had contact with another COVID-19 case, was this person a U.S. case? ☐ Yes, nCoV ID of source case: _____ ☐ No ☐ Unknown ☐ N/A

Under what process was the PUI or case first identified? (check all that apply): ☐ Clinical evaluation leading to PUI determination
☐ Contact tracing of case patient ☐ Routine surveillance ☐ EpiX notification of travelers; if checked, DGMQID_____
☐ Unknown ☐ Other, specify:_____

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

Human Infection with 2019 Novel Coronavirus
Person Under Investigation (PUI) and Case Report Form

Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

During this illness, did the patient experience any of the following symptoms?	Symptom Present?
Fever >100.4F (38C)[c]	☐Yes ☐No ☐Unk
Subjective fever (felt feverish)	☐Yes ☐No ☐Unk
Chills	☐Yes ☐No ☐Unk
Muscle aches (myalgia)	☐Yes ☐No ☐Unk
Runny nose (rhinorrhea)	☐Yes ☐No ☐Unk
Sore throat	☐Yes ☐No ☐Unk
Cough (new onset or worsening of chronic cough)	☐Yes ☐No ☐Unk
Shortness of breath (dyspnea)	☐Yes ☐No ☐Unk
Nausea or vomiting	☐Yes ☐No ☐Unk
Headache	☐Yes ☐No ☐Unk
Abdominal pain	☐Yes ☐No ☐Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	☐Yes ☐No ☐Unk
Other, specify:_____	

Pre-existing medical conditions? ☐ Yes ☐ No ☐ Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	☐Yes	☐No	☐Unknown	
Diabetes Mellitus	☐Yes	☐No	☐Unknown	
Cardiovascular disease	☐Yes	☐No	☐Unknown	
Chronic Renal disease	☐Yes	☐No	☐Unknown	
Chronic Liver disease	☐Yes	☐No	☐Unknown	
Immunocompromised Condition	☐Yes	☐No	☐Unknown	
Neurologic/neurodevelopmental	☐Yes	☐No	☐Unknown	(If YES, specify) _____
Other chronic diseases	☐Yes	☐No	☐Unknown	(If YES, specify) _____
If female, currently pregnant	☐Yes	☐No	☐Unknown	
Current smoker	☐Yes	☐No	☐Unknown	
Former smoker	☐Yes	☐No	☐Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag ☐ A ☐ B	☐	☐	☐	☐
Influenza PCR ☐ A ☐ B	☐	☐	☐	☐
RSV	☐	☐	☐	☐
H. metapneumovirus	☐	☐	☐	☐
Parainfluenza (1-4)	☐	☐	☐	☐
Adenovirus	☐	☐	☐	☐
Rhinovirus/enterovirus	☐	☐	☐	☐
Coronavirus (OC43, 229E, HKU1, NL63)	☐	☐	☐	☐
M. pneumoniae	☐	☐	☐	☐
C. pneumoniae	☐	☐	☐	☐
Other, Specify:_____	☐	☐	☐	☐

Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	Sent to CDC	State Lab Tested
NP Swab			☐	☐
OP Swab			☐	☐
Sputum			☐	☐
Other, Specify: _____			☐	☐

Additional State/local Specimen IDs: _____ _____ _____ _____ _____