



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 hospitalization ⁴ 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.

¹Fever may be subjective or confirmed

²For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation

³Close 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.

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

⁵Affected 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.

⁶Category 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.