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PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Siiri Bennett, State Epidemiologist
Subject: Updated Definition for Patients Under Investigation (PUI) for 2019 Novel Coronavirus (2019-nCoV)
Date / Time: Friday, January 31, 2020 at 4:45PM
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Abstract:

Summary: Imported cases of 2019-nCoV infection in people have been detected in the U.S. While person-to-person spread among close contacts has been detected with this virus, this virus is NOT currently spreading in the community in the United States. At this time, Maine does not have any confirmed cases and has no patients under investigation (PUI).

U.S Centers for Disease Control and Prevention (U.S. CDC) updated the 2019 Novel Coronavirus (2019-nCoV) definition for patients under investigation (PUI) on Friday, January 31, 2020. **See the new definitions below.**

For those individuals who meet the definition of a PUI:

- A PUI should be asked to wear a surgical mask as soon as they are identified
- PUIs should be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available.
- Health care personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield).

Note that anyone presenting with signs of a respiratory infection, such as sneezing or coughing, should be provided with a mask as soon as they arrive and prior to evaluation and triage.

If a PUI is suspected, immediately notify your health care facility's infection control personnel and Maine CDC at 1-800-821-5821.

Updated Definition for Patients Under Investigation (PUI) for 2019 Novel Coronavirus (2019-nCoV)

Situation in the United States and in Maine

Imported cases of 2019-nCoV infection in people have been [detected in the U.S.](#) While person-to-person spread among close contacts has been detected with this virus, this virus is NOT currently spreading in the community in the United States. At this time, Maine does not have any confirmed cases and has no patients under investigation (PUI).

Summary

U.S. Centers for Disease Control and Prevention (U.S. CDC) updated the 2019 Novel Coronavirus (2019-nCoV) definition for patients under investigation (PUI) on Friday, January 31, 2020.

Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV

Patients in the United States who meet the following criteria should be evaluated as a PUI for 2019-nCoV.

- 1) Fever¹ OR signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) –AND
 - Any person, including health care workers, who has had close contact² with a laboratory-confirmed^{3,4} 2019-nCoV patient within the last 14 days of symptom onset
- 2) Fever¹ AND signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) –AND
 - A history of travel from **Hubei Province**, China within 14 days of symptom onset
- 3) Fever¹ AND signs/symptoms of a lower respiratory illness (e.g., cough, shortness of breath) requiring hospitalization⁴ –AND
 - A history of travel from mainland **China** within 14 days of symptom onset

The above criteria are also available at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>. The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with Maine CDC on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

Recommendations for Reporting, Testing, and Specimen Collection

Health care providers should **immediately** notify both infection control personnel at their health care facility and Maine CDC in the event of a PUI for 2019-nCoV. Health care facilities will need to work with Maine CDC and ship specimens to Maine's Health and Environmental Testing Laboratory (HETL). U.S. CDC will not accept specimens directly from health care facilities.

Clinical Guidance for 2019-nCoV PUIs

No specific treatment for 2019-nCoV infection is currently available. Clinical management includes prompt implementation of recommended infection prevention and control measures and supportive management of complications, including advanced organ support if indicated. The complete interim guidance is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>.

Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019-nCoV

Patients should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). Immediately notify your health care facility's infection control personnel and Maine CDC. For complete infection control guidelines, visit <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>.

For More Information

More information is available at www.maine.gov/dhhs/coronavirus or by calling 1-800-821-5821.

Footnotes

¹Fever may be subjective or confirmed

²Close contact is defined as—

- a) being within approximately 6 feet (2 meters), or within the room or care area, of a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include 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) while not wearing recommended personal protective equipment.

See U.S. CDC's updated [Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus](#).

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.

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

⁴Category 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.