



Medical Center.

Infection Prevention Decision Guide for COVID-19

Clinical Features	&	Epidemiologic Risk
Fever 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 2019-nCoV patient within 14 days of symptom onset
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected geographic areas (see below) within 14 days of symptom onset OR An individual(s) with risk factors that put them at higher risk or poor outcomes 6
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	No source of exposure has been identified and other causes of respiratory illness have been ruled out (e.g., influenza)

The criteria are intended to serve as a guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis. For severely ill persons, testing can be considered when exposure history is equivocal (e.g., uncertain travel or exposure, or no known exposure) and another etiology has not been identified

Footnotes:

Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus. Close contact is defined as— ³ See CDC's updated

- 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"

If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, National Institute for Occupation Safety and Health (NIOSH)-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Additional information is available in 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 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 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.

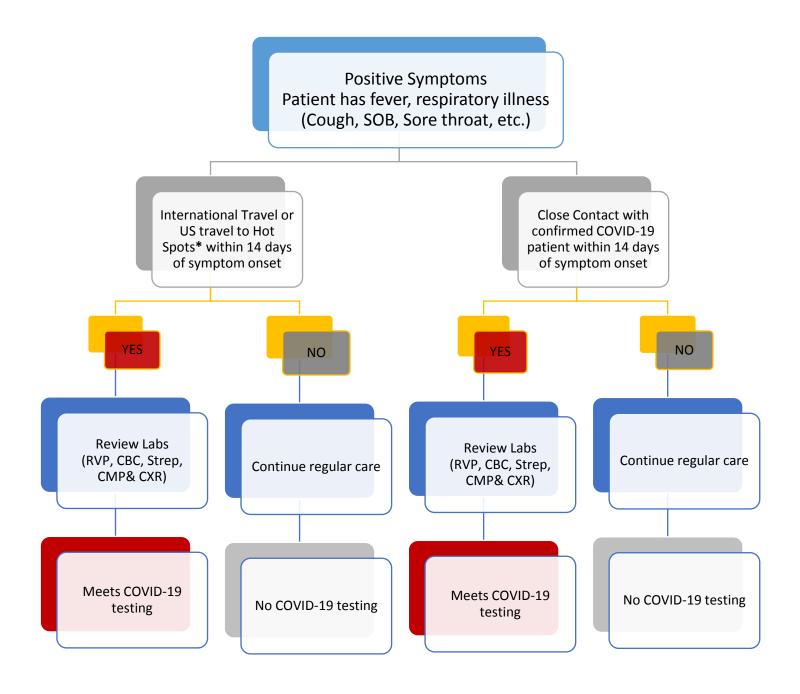
Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.



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. 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.

COVID-19 Travel Health Notices 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. It may also include geographic regions within the U.S. where documented community transmission has been identified.
Other symptomatic individuals such as older adults (age ≥ 65 years) and individuals with chronic medical conditions and/or an mmunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).



NOTE: No source of exposure has been identified and other causes of respiratory illness have been ruled out (e.g., influenza) – consideration would include older adults (age ≥ 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease). Review of labs will help determine need for testing.



^{*}U.S.A Hot Spots include: New York, Washington, California, Massachusetts, New Jersey and Florida.

Quick CDC Summary

CDC Priorities for COVID-19 Testing (per 3/8/20 CDC HAN) (See also CDC Guidance for Evaluating and Reporting Persons Under Investigation (PUI) at: https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html)

- 1. Hospitalized patients who have signs and symptoms compatible with COVID-19
- 2. Other symptomatic individuals such as older adults (age ≥ 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease)
- 3. Any persons including healthcare personnel², who within 14 days of symptoms onset had close contact³ with a suspect or laboratory-confirmed⁴ COVID-19 patient, or who have a history of travel from affected geographic areas⁵ (see below) within 14 days of their symptoms onset.