HEALTH ADVISORY
February 27th, 2020

Currently, the US has 60 confirmed cases of COVID-19. One possible case of community level transmission has occurred in the US. As emphasized by the Center for Disease Control and Prevention (CDC), the risk of exposure for US residents is currently low. To date, there has been one confirmed case of novel coronavirus in Humboldt County.

As of today, the CDC has expanded PUI criteria to include geographic areas with widespread or sustained community transmission. These areas include: China, Iran, Italy, Japan, and South Korea.

### Criteria to Guide Evaluation of PUI for COVID-19

Local health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-2019. The CDC clinical criteria for COVID-19 PUIs have been developed 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.

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>AND</th>
<th>Epidemiologic Risk</th>
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<tbody>
<tr>
<td>Fever(^1) or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)</td>
<td>AND</td>
<td>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</td>
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<tr>
<td>Fever(^1) and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization</td>
<td>AND</td>
<td>A history of travel from affected geographic areas(^5) (see below) within 14 days of symptom onset</td>
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<tr>
<td>Fever(^1) with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization(^4) and without alternative explanatory diagnosis (e.g., influenza)(^6)</td>
<td>AND</td>
<td>No source of exposure has been identified</td>
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The criteria are intended to serve as guidance for evaluation. In consultation with public health departments, 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.

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Footnotes

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.

Continued on next page…
For any questions, call the Humboldt County Public Health Communicable Disease Program at (707) 268-2182

Helpful Links:

* CDC Coronavirus Disease 2019 (COVID-19) Frequently Asked Questions and Answers
  

* CDC Coronavirus Disease 2019 (COVID-19) Cases In The US – Updated Feb. 26th
  

* California Department of Public Health (CDPH) 2019 Novel Coronavirus (2019-nCoV) webpage
  
  Link: [https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx)

* Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE
  
  Link: [https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6](https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6)

* Previous Public Health Broadcast Faxes including information on lab sample collection can be found at:
  
  Link: [https://humboldtgov.org/2237/Provider-Communication-from-Public-Health](https://humboldtgov.org/2237/Provider-Communication-from-Public-Health)

Communicable Disease Surveillance continues to be at the ready for any inquiries or concerns regarding COVID-19. Please call the main line at (707) 268-2182 to report any suspected case of novel coronavirus.
Flowchart to Identify and Assess 2019 Novel Coronavirus
For the evaluation of patients who may be ill with or who may have been exposed to 2019 Novel Coronavirus (2019-nCoV)

A. Identify
if in the past 14 days since first onset of symptoms a history of either

Travel to a country with widespread or sustained community transmission:
• China • Italy • South
• Iran • Japan • Korea

OR

Close contact with a person known to have 2019-nCoV illness*

Additional Considerations:
On a case-by-case basis...

Severely Ill

Severely ill, hospitalized patients may be considered, even without clear exposure history

B. AND the person has
Fever or symptoms of lower respiratory illness
(e.g., cough or shortness of breath)

Isolate

1. Place facemask on patient
2. Isolate the patient in a private room or a separate area (negative airflow room, if available)
3. Wear appropriate personal protective equipment (PPE)

Assess clinical status

EXAM

Is fever present?
- Subjective?
- Measured? °C/F

Is respiratory illness present?
- Cough?
- Shortness of breath?

Inform

1. Contact Public Health, during business hours, at (707) 268-2182 to report at-risk patients and their clinical status. After hours, contact the Health Officer through Sheriff’s Dispatch at (707) 445-7251
2. Consult with Public Health about need to collect specimens to test for 2019-nCoV (specimen collection guidance on reverse side of page)
3. Decide disposition

If discharged to home

Instruct patient

- Home care guidance
- Home isolation guidance

Advise patient

If the patient develops new or worsening fever or respiratory illness:
- Call clinic to determine if reevaluation is needed
- If reevaluation is needed call ahead and wear facemask
Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)

Some Important Considerations

Health care providers should contact their local health department immediately at (707) 268-2182, during normal business hours, to notify them of patients with fever and lower respiratory illness who traveled to mainland China within 14 days of symptom onset. Local and state public health staff will determine if the patient meets the criteria for a person under investigation (PUI) for COVID-19. After hours, contact the Health Officer through Sheriff’s Dispatch at (707) 445-7251.

Clinical specimens should be collected from PUIs for routine testing of respiratory pathogens at either clinical or public health labs. Note: clinical laboratories should NOT attempt viral isolation from specimens collected from COVID-19 PUIs.

Specimen Type and Priority

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those patients with productive coughs. Induction of sputum is not recommended. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. Maintain proper infection control when collecting specimens.

General Guidelines

Upper respiratory tract:

Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)
Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 mL of viral transport media. NP and OP specimens should be kept in separate vials. Refrigerate specimen at 2-8°C.

Nasopharyngeal swab: Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions.
Oropharyngeal swab (e.g., throat swab): Swab the posterior pharynx, avoiding the tongue.

Nasopharyngeal wash/aspirate or nasal aspirate
Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C.

Lower respiratory tract:

Bronchoalveolar lavage, tracheal aspirate
Collect 2-3 mL into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C.

Sputum
Have the patient rinse the mouth with water and then expectorate deep cough sputum directly into a sterile, leak-proof, screw-cap sputum collection cup or sterile dry container. Refrigerate specimen at 2-8°C.

*Outside of business hours, contact the Health Officer through Sheriff’s Dispatch at (707) 445-7251*