

Updated: COVID-19 Interim Guidance for  
Healthcare Professionals

<b>DATE:</b>	2/28/2020
<b>TO:</b>	Health Alert Network
<b>FROM:</b>	Rachel Levine, MD, Secretary of Health
<b>SUBJECT:</b>	<b>Updated: COVID-19 Interim Guidance for Healthcare Professionals</b>
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<b>ZIP CODE:</b>	n/a

This transmission is a “Health Advisory”, provides important information for a specific incident or situation; may not require immediate action.

**HOSPITALS:** PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

DOH recommends that diagnostic evaluation commence and continue for patients with fever and severe acute lower respiratory illness (e.g. pneumonia, ARDS) requiring hospitalization and without explanatory diagnosis (e.g., influenza). At a minimum, testing for common etiologic agents for pneumonia should be done. Useful testing includes *Streptococcus pneumoniae*, *Legionella*, influenza, a respiratory viral panel, and other pathogens as warranted. Chest radiograph (CXR), and other imaging, should be done as indicated. Consultation with infectious disease specialists and others (e.g., pulmonary and critical care specialists), as appropriate, should be sought to elucidate common etiologies for lower respiratory illness.

- An important development is that travelers from newly affected geographic areas (in bold) who develop illness need to be evaluated, including:
  - China
  - **Iran**
  - **Italy**
  - **Japan**
  - **South Korea**
- Health care providers should contact the Pennsylvania Department of Health at **1-877-PA-HEALTH** (1-877-724-3258) or local health department about possible cases of coronavirus disease (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)
- Testing at the PA DOH Bureau of Laboratories (BOL) or Centers for Disease Control and Prevention (CDC) must be approved by PA DOH Bureau of Epidemiology (BOE)
- Clinical specimens for routine respiratory testing should be collected from approved Patients under Investigation (PUIs)

If a patient has been hospitalized for a prolonged period of time and is unlikely to have been exposed to SARS-CoV-2, then there is little or no utility in testing the patient for this novel coronavirus. **To date, SARS-CoV-2 has NOT been detected in Pennsylvania.**

CDC provided updates to the guidance sent out yesterday, included here.

**Evaluating and Reporting Persons Under Investigation (PUI)**

Summary of Recent Changes

Revisions were made on February 28, 2020, to reflect the following:

- Information updated in the “Criteria to Guide Evaluation of PUI for COVID-19” section.

**Updated February 28, 2020**

Limited information is available to characterize the spectrum of clinical illness associated with coronavirus disease 2019 (COVID-19). No vaccine or specific treatment for COVID-19 is available; care is supportive.

The CDC clinical criteria for a COVID-19 person under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available.

Healthcare providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. CDC guidance for evaluating and reporting a [PUI for MERS-CoV](#) remains unchanged.

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

DOH and local health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-19. 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.

Clinical Features		Epidemiologic Risk
Fever <sup>1</sup> <b>or</b> signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	<b>AND</b>	Any person, including health care workers <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> COVID-19 patient within 14 days of symptom onset
Fever <sup>1</sup> <b>and</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	<b>AND</b>	A history of travel from affected geographic areas <sup>5</sup> (see below) within 14 days of symptom onset
Fever <sup>1</sup> with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) <sup>6</sup>	<b>AND</b>	No source of exposure has been identified

**These 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.**

*Affected Geographic Areas with Widespread or Sustained Community Transmission*  
*Last updated February 26, 2020*

- **China**
- **Iran**
- **Italy**
- **Japan**
- **South Korea**

See all [COVID-19 Travel Health Notices](#).

Even within an entire country, there are discrete areas that have more community transmission of COVID-19 than others. Therefore, it is vitally important to obtain from the patient and their family members as detailed and exact travel itinerary as possible, with exact dates and locations visited. This is crucial in helping to decide whether the very limited capacity of SARS-CoV-2 testing should be sought.

### **Recommendations for Reporting, Testing, and Specimen Collection**

Healthcare providers should **immediately** notify both infection control personnel at their healthcare facility and DOH or their local health department in the event of a PUI for COVID-19. **Please call DOH (877-PA-HEALTH/1-877-724-3258) or your local health department to discuss any possible exposures.**

Testing for other respiratory pathogens should not delay specimen shipping to the Pennsylvania Department of Health Bureau of Labs (BOL). If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with public health authorities, they may no longer be considered a PUI. This may evolve as more information becomes available on possible COVID-19 co-infections.

**For biosafety reasons, it is not recommended to perform virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI for COVID-19.**

To increase the likelihood of detecting COVID-19, CDC and DOH recommend collecting and testing multiple clinical specimens from different sites, including two specimen types—lower respiratory and upper respiratory. Additional specimen types (e.g., stool, urine) may be collected and stored. Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset. [Additional guidance for collection, handling, and testing of clinical specimens is available.](#)

### **Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for COVID-19**

- [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#)

- [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#)
- [CDC Health Alert Network Update and Interim Guidance on Outbreak of 2019 Novel Coronavirus \(2019-nCoV\)](#)

## Footnotes

<sup>1</sup>Fever may be subjective or confirmed

<sup>2</sup>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 [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#).

<sup>3</sup>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.

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 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](#).

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

<sup>5</sup>Affected areas are defined as geographic areas where sustained community transmission has been identified. Relevant affected areas will be defined as a country with sustained or widespread community-level transmission ([CDC Level 2 or 3 Travel Health Notice](#)).

<sup>6</sup>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.

**Additional Resources:**

- [World Health Organization \(WHO\) Coronavirus](#)
- [WHO guidance on clinical management of severe acute respiratory infection when COVID-19 is suspected](#)

Categories of Health Alert messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of February 28, 2020 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.