



IDPH Interim COVID-19 Guidance

- New Patients Under Investigation Guidance was issued by CDC on 2/27/2020.
- The number of new infections of SARS-CoV-2, as well as the number of countries with confirmed cases of the disease it causes, COVID-19, continues to rise.
- Widespread or sustained transmission has been identified in China, Japan, South Korea, Iran, and Italy with some evidence of community transmission in several other countries.
- Clinicians should ask all individuals with Influenza like Illness (ILI) about any travel in the 14 days prior to symptom onset, and potential contacts to a confirmed case.
- Any individual with suspected infection with SARS-CoV-2 should be immediately isolated, and clinicians should call both their infection control team and local health department.
- Laboratory testing for SARS-CoV-2 is now available commercially.
- Testing at IDPH laboratories will be prioritized according to risk criteria (see table below).

Background

A rapidly escalating and evolving global outbreak of COVID-19, caused by the virus SARS-CoV-2, is occurring. As of 3/9/2020, there were over 109,577 confirmed global cases across 105 countries, including 647 lab confirmed cases in the US in 36 jurisdictions. As of this time, 19 cases have been confirmed in Illinois, with the first confirmed case reported on January 24, 2020.

The CDC frequently updates their travel notices and guidance related to COVID-19. An updated CDC guide for evaluating persons under investigation (PUIs) was updated 3/4/2020 and is summarized here: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

As determined by guidance from CDC and available resources, IDPH has determined criteria for testing of PUI by IDPH laboratories. Testing guidance was distributed via SIREN on 3/11/2020.

Persons Under Investigation (PUIs) for Testing at IDPH Laboratories

Clinical Features	AND	Epidemiologic Risk
Fever and/or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a suspect or laboratory confirmed COVID-19 patient within 14 days of symptom onset
Fever and/or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	A history of travel from affected geographic areas within 14 days of symptom onset (Currently China, South Korea, Iran, Italy, Japan, parts of Europe)
Hospitalized patients with unexplained pneumonia where a physician (infectious disease or pulmonary specialist, if feasible) has	AND	No source of exposure has been identified or is unknown

evaluated the patient and is concerned about SARS-CoV-2 infection. Radiologic studies should also be reviewed with an expert (e.g. chest radiologist) to help make this determination.		
Fever and/or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	The individual is from a congregate living or health care facility (staff and/or patient/resident) with clusters of infection not due to influenza and suspected to be due to SARS-CoV-2, as determined in collaboration with public health authorities.
Fever and/or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	The patient is at higher risk for complications from SARS-CoV-2 and for whom rapid test results are more likely to impact clinical care/outcomes (e.g. older adults (age ≥ 65 years) or is an individual 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).
Fever and/or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Other situations involving patients that clinicians have thoroughly evaluated and are deemed high priority after consultation with public health. OR are part of a situation of concern as determined by public health.

Once the health care provider has performed an initial evaluation and is concerned PUI criteria may be met, the clinician should contact the local health department regarding testing at the IDPH laboratory. If turn-around-time for alternative diagnoses is time prohibitive, please discuss these patients with your LHD.

If a clinician is concerned about COVID-19 and testing at IDPH laboratory is not approved, the clinician should make a clinical decision regarding ordering testing through a private laboratory. For lower priority testing performed elsewhere, notification of public health that a test has been ordered is not required, unless requested by your local health department. Commercial laboratory testing is now available through [LabCorp](#), [Quest](#), and [ARUP](#) and as additional laboratories begin testing, they will be added to a list available at the IDPH COVID-19 webpage. IDPH does not endorse any commercial/private lab; laboratories will be listed in alphabetical order.

All specimens should be collected as directed by the laboratory where specimens are being submitted, using appropriate precautions. Clinicians must implement the most recently [recommended infection](#)

[prevention and control practices for testing and care](#) if a patient is suspected of having COVID-19. Based on current CDC guidance:

When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:

- *HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.*
- *The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.*
- *Specimen collection should be performed in a normal examination room with the door closed.*
- *Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.*

Improper specimen collection procedures may have negative consequences, including exposure of health care workers, and false negative results. In addition, cross contamination of specimen collection materials may cause false positive results. Collection of NP specimens should be done by individuals who have been trained and, ideally, have demonstrated competency. This [video from NEJM](#) on NP swab collection can be used for instruction. Always read the instructions for the test kit and transport media being used.

Evaluation of suspect PUI's

Healthcare providers should immediately isolate the suspect PUI per previous guidance and notify both infection control personnel at their healthcare facility and their local health department (or state health department if the local health department cannot be reached) in the event of a suspect PUI.

Public Health Management of Travelers and Close Contacts of Laboratory-Confirmed COVID-19 Cases

CDC has updated the Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>). At this time, all travelers returning from Hubei Province in China are classified as high risk. Travelers from mainland China outside Hubei Province or Iran, travelers from a country with widespread sustained transmission, or travel from a country with sustained community transmission should be classified as medium risk for public health management. These are countries with Level 2 and 3 Travel Health Notices. Travel information can be found at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>. Note that in general, geographic exposure categories do not apply to travelers who only transit through an airport.

At this time, screening at US airports continues to be limited to travelers from mainland China and Iran. When Local Health Departments are notified of travelers from one of the other countries in affected geographical areas, they should assess risk, including determining if the traveler is symptomatic, and refer to the CDC guidance on public health management. (See Table 1. And Table 2. At <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>.) Refer to specific guidance for [Crews on Passenger or Cargo Flights](#) for those individuals.

In addition to travel risk assessment, contacts to COVID-19 laboratory-confirmed cases may be identified. Refer to the CDC's Interim US Guidance for Risk Assessment and Public Health Management

of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>) for guidance on risk assessment and management of close contacts.

Contact

For other testing questions, additional information or other questions, please contact your local health department. If they are not available, please contact the IDPH Communicable Disease Section at 217-782-2016. For information after hours, please contact your local health department. If they cannot be reached, use the IDPH after hours number 800-782-7860. Local health departments should contact IDPH for consultations on PUIs.

Additional Resources

- IDPH website: <http://www.dph.illinois.gov/topics-services/diseases-and-conditions/diseases-a-zlist/coronavirus>

CDC Resources:

- [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 \(2019-nCoV\)](#) HAN 0429 03082020

Local health departments should consult the IDPH [WebPortal COVID-19](#) portal pages for up-to-date instructions and resources for this response.

Target Audience

Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Preventionists, Health Care Providers, Long Term Care Facilities and Laboratories

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Author: Communicable Disease Control Section

Update/Revisions:

Date	Update/Revision
3/12/2020	Added links to commercial labs, and added Quest and ARUP as a commercial testing labs, removed reference to link, added parts of Europe as Level 3 travel alert.