



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Siiri Bennett, State Epidemiologist
Subject: Updated COVID-19 Patients Under Investigation (PUI) Criteria- February 2020
Date / Time: Friday, February 28, 2020 at 4:40pm
Pages: 4
Priority: Normal
Message ID: 2020PHADV009

Abstract:

U.S Centers for Disease Control and Prevention (U.S. CDC) updated the Coronavirus Disease 2019 (COVID-19) criteria for Patients Under Investigation (PUI) on Thursday, February 27, 2020. A person who meets the PUI criteria must 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. 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). If providers suspect a patient meets the PUI criteria, they should immediately notify their healthcare facility's infection control personnel and Maine CDC at **1-800-821-5821**.

Currently, testing for COVID-19 is not yet available in Maine. In the case of a PUI, specimens must be sent to HETL who will facilitate sending them to U.S. CDC for COVID-19 testing. There are no confirmed cases of COVID-19 in Maine at this time; therefore, the risk of community spread remains low.

Updated Coronavirus Disease 2019 (COVID-19) Patients Under Investigation (PUI) Criteria - February 2020

Summary:

U.S. Centers for Disease Control and Prevention (U.S. CDC) updated the Coronavirus Disease 2019 (COVID-19) criteria for Patients Under Investigation (PUI) on Thursday, February 27, 2020. A person who meets the PUI criteria must 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. 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). If providers suspect a patient meets the PUI criteria, they should immediately notify their healthcare facility's infection control personnel and Maine CDC at **1-800-821-5821**.

Currently, testing for COVID-19 is not yet available in Maine. In the case of a PUI, specimens must be sent to HETL, which will facilitate sending them to U.S. CDC for COVID-19 testing. There are no confirmed cases of COVID-19 in Maine at this time; therefore, the risk of community spread remains low.

Recommendations:

Patients who meet the following criteria should be evaluated as a PUI for COVID-19.

Clinical features and epidemiologic risk		
Clinical Features	&	Epidemiologic Risk
1. Fever ¹ 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 COVID-19 patient within 14 days of symptom onset
2. Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas ⁵ (see below) within 14 days of symptom onset
3. Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) ⁶	AND	No source of exposure has been identified

The above criteria, along with an updated list of affected geographic areas, are 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, particularly for those with no travel history.

Recommendations for Reporting, Testing, and Specimen Collection

Health care providers should **immediately** notify both infection control personnel at their healthcare facility and Maine CDC in the event of a PUI for COVID-19. 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. Specimens collected for those meeting the third PUI criteria may be held at HETL until rule-out of other causes is complete. This will be determined on a case-by-case basis by Maine CDC in collaboration with the provider.

Recommendations for Health Care Providers

Maine CDC recommends patients presenting to facilities with fever and severe acute respiratory illness (e.g., pneumonia or ARDS) of undetermined etiology undergo workup to assess whether they potentially meet the PUI criteria. Clinicians should consider including the following to determine if illness is a result of bacterial or viral infection or some other cause other than COVID-19:

- Chest X-Ray or chest CT
- CBC with differential
 - An elevated WBC (greater than or equal to 15,000/mm³) and/or elevated absolute neutrophil count (ANC greater than or equal to 10,000/mm³) may indicate bacterial infection
 - Elevated lymphocyte percentage can be used as an indicator of viral infection, however, it is not a reliable indicator for pediatric patients and patients with chronic bacterial infections
- Tests for influenza, RSV, and a respiratory viral panel
- Sputum cultures (if applicable)

Recommendations for Infection Prevention and Control

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 healthcare 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>.

Upon suspicion of COVID-19, the patient should be masked with a procedure mask. Staff should then don gown, gloves, N95 and eye protection (e.g. goggles, face shield) or Powered Air Purifying Respirators (PAPR). The patient should then be moved to an Airborne Infectious Isolation Room (AIIR), if available, for continued evaluation.

If N95s are not available or staff have not been fit-tested to N95s or trained on PAPRs, then a procedure mask should be used. The patient should be placed in contact and droplet precautions, including the use of a private room with the door closed. Staff should don gown, gloves, procedure mask, and eye protection (e.g. goggles, face shield) to enter the room. The patient should be instructed to continue to wear the mask even while in the room and should be masked if taken out of the room for treatment or testing. The patient should remain in the room otherwise.

If all AIIRs are in use, then place patients in a private room, with contact and droplet precautions. Keep a mask on the patient as much as possible.

U.S. CDC is currently reviewing revised guidelines for health care providers on infection control recommendations, use of PPE and risk stratification. Providers are strongly encouraged to check the U.S. CDC COVID-19 website <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html> frequently for updated guidance.

Recommendations for Prevention

The following recommendations apply to everyone and should be recommended for all patients:

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.
- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.

- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty
- The use of facemasks is **not** recommended for individuals who have no symptoms. U.S. CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory diseases, including COVID-19.
 - Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.
 - The use of certain facemasks is crucial for health workers and people who are taking care of someone in close settings (at home or in a health care facility).

For more information:

- Maine CDC's COVID-19 website www.maine.gov/dhhs/coronavirus or by calling Maine CDC at 1-800-821-5821.
- U.S. CDC's COVID-19 website <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Footnotes

¹Fever may be subjective or confirmed

²For 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)

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>

³Close 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](#).

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

⁵Affected 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](#).

⁶Category 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.