

# HEALTH ADVISORY



**Public Health**  
Prevent. Promote. Protect.

## **REGION IV PUBLIC HEALTH**

Clark, Cowlitz, Skamania, Wahkiakum  
counties and Cowlitz Tribe

**To: Physicians and other health care providers**

**Please distribute a copy of this information to each provider in your organization.**

Questions regarding this information may be directed to the following Region IV health officers:

**Alan Melnick, MD, MPH, CPH**

Clark County Public Health, 564.397.8182

Skamania County Community Health, 509.427.3850

Cowlitz County Health & Human Services, 360.414.5599

Wahkiakum County Health & Human Services, 360.795.6207

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### **Alert categories:**

**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; no immediate action necessary.

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### *Summary*

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The Centers for Disease Control and Prevention (CDC) continues to closely monitor and respond to the COVID-19 outbreak caused by the novel coronavirus, SARS-CoV-2.

Recognizing persons at risk for COVID-19 is a critical component of identifying cases and preventing further transmission. With expanding spread of COVID-19, additional areas of geographic risk are being identified and persons under investigation (PUI) criteria are being updated to reflect this spread.

To prepare for possible additional person-to-person spread of COVID-19 in the United States, Centers for Disease Control and Prevention (CDC) continues to recommend that clinicians and state and local health departments consider COVID-19 in patients with severe respiratory illness even in the absence of travel history to affected areas or known exposure to another case.

### *Criteria for evaluating and testing patients under investigation for COVID-19*

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Health care providers, in consultation with their local health department, 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.

COVID-19 should be suspected in patients who present with:

- Fever<sup>1</sup> **OR** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) **AND** any person, including health care personnel<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> **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<sup>5</sup> within 14 days of symptom onset.
- Fever<sup>1</sup> with severe acute lower respiratory illness (e.g. pneumonia, acute respiratory distress syndrome) requiring hospitalization and without an alternative explanatory diagnosis (e.g. influenza)<sup>6</sup> **AND** no identified source of exposure.

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

<sup>2</sup>For health care 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 health care settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed health care 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>).

<sup>3</sup>Close contact is defined as—

- being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

**OR**

- 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 (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 Healthcare Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>).

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

<sup>5</sup>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. Current information is available in CDC's COVID-19 Travel Health Notices (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/>).

<sup>6</sup>Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS (acute respiratory distress syndrome) of unknown etiology in which COVID-19 is being considered.

**Clinicians should immediately implement recommended infection prevention and control practices** (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) **if a patient is suspected of having COVID-19.**

### ***Specimen collection***

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Diagnostic testing for COVID-19 is being performed at the Washington State Public Health Lab and the CDC. Testing for other respiratory pathogens should not delay specimen testing for COVID-19.

**Immediately notify both infection control personnel at your health care facility and your local health jurisdiction in the event of a suspected case of COVID-19.** Providers must obtain approval from their local health department for testing.

- Be prepared to collect for suspect cases:
  - NP swab (synthetic swab in 2-3 ml viral transport media); OP swab (synthetic swab in 2-3 ml viral transport media) and sputum, if possible (in sterile container).

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- Specimens should be refrigerated. Public health will provide guidance and facilitation regarding specimen collection, storage, and shipping.
- Commercial respiratory panel assays do NOT detect COVID-19.

Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset.

See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>) and Biosafety FAQs for handling and processing specimens from suspected cases and PUIs (<https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html>).

## **Background**

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The outbreak that began in Wuhan, Hubei Province, has now spread throughout China and to 46 other countries and territories, including the United States. As of Feb. 27, 2020, there were 78,497 reported cases in China and 3,797 cases in locations outside China. In addition to sustained transmission in China, there is evidence of community spread in several additional countries. CDC has updated travel guidance to reflect this information (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>).

To date, there has been limited spread of COVID-19 in the United States. As of Feb. 26, 2020, there were a total of 61 cases within the United States, 46 of these were among repatriated persons from high-risk settings. The other 15 cases were diagnosed in the United States; 12 were persons with a history of recent travel in China and two were persons in close household contact with a COVID-19 patient (i.e. person-to-person spread). One patient with COVID-19 who had no travel history or links to other known cases was reported on Feb. 26, 2020, in California. The California Department of Public Health, local health departments, clinicians, and CDC are working together to investigate this case and are identifying contacts with whom this individual interacted.

Additional information is available on the CDC's COVID-19 website, <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

**Thank you for your partnership.**

<b>Local health jurisdiction</b>	<b>Phone</b>	<b>Fax</b>
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Skamania County Community Health	509.427.3850	509.427.0188
Wahkiakum County Health and Human Services	360.795.6207	360.795.6143

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