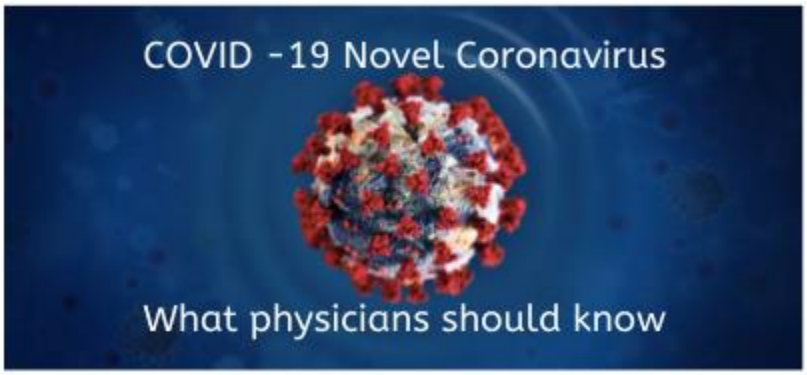
For the most up to date information, please visit:
http://www.alabamapublichealth.gov/infectiousdiseases/cov-healthcare.html
and
https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html



Last Updated March 10, 2020

The following guidance is drawn primarily from the Centers for Disease Control and Prevention's (CDC) resources for health care professionals on COVID-19. Additional information is provided based on resources from the Alabama Department of Public Health and the American Medical Association. The Madison County Medical Society recommends that you refer to both ADPH and CDC guidance for the most recent information.

What to Tell Patients

ADPH has the following materials available for download:

- "Do Not Enter If You Think You Have The New Coronavirus" Poster
- "Attention Patients" Posters: English | Chinese | Spanish
- Stop the Spread of Germs Flyer
- Share Facts About COVID-19 Flyer

Practice Protocols & Preparedness

Pre-Screening: When scheduling appointments, instruct patients and persons who accompany them to call ahead or inform staff upon arrival if they have symptoms of any respiratory infection (e.g., cough, runny nose, fever) and to take appropriate preventive actions (e.g., wear a facemask upon entry to contain cough, follow triage procedures).

Promote Respiratory Hygiene: Take steps to ensure all persons with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures

throughout the duration of the visit. Consider posting visual alerts (e.g., signs, posters) at the entrance and in strategic places (e.g., waiting areas, elevators, cafeterias) to provide patients and health care personnel with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use facemasks or tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.

Provide supplies for respiratory hygiene and cough etiquette, including 60%-95% alcohol-based hand sanitizer (ABHS), tissues, no touch receptacles for disposal, and facemasks at healthcare facility entrances, waiting rooms, patient check-ins, etc.

Limit Exposure: Ensure that patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough) are not allowed to wait among other patients seeking care. Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies. In some settings, medically stable patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.

Rapid Triage: Ensure rapid triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough):

- Identify patients at risk for having COVID-19 infection before or immediately upon arrival to the healthcare facility.
    - Implement triage procedures to detect persons under investigation (PUI) for COVID-19 during or before patient triage or registration (e.g., at the time of patient check-in) and ensure that all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of SARS-CoV-2, the virus that causes COVID-19, or contact with possible COVID-19 patients.
- Implement respiratory hygiene and cough etiquette (i.e., placing a facemask over the patient's nose and mouth if that has not already been done) and isolate the PUI for COVID-19 in an Airborne Infection Isolation Room (AIIR), if available. See recommendations for "Patient Placement" below. Additional guidance for evaluating patients in U.S. for COVID-19 infection can be found on the CDC COVID-19 website.
- Inform infection prevention and control services, local and state public health authorities, and other healthcare facility staff as appropriate about the presence of a person under investigation for COVID-19.

The above is summary guidance for practices. Please visit the CDC's protocol for full details; it is being updated on a rolling basis. MCMS encourages practices to utilize the CDC's preparedness checklist for COVID-19 and the CDC's interim guidance for community transmission preparation in various facility and practice modalities.

What to Look For

ADPH recommends providers use CDC guidance to evaluate patients seeking medical care for COVID-19. Symptoms might include fever, cough, and/or shortness of breath and may appear 2-14 days after exposure.

The CDC's clinical criteria for a "patient under investigation" (PUI) for possible COVID-19 infection are based on what is known about the Middle Eastern respiratory syndrome coronavirus (MERS-CoV) and the severe acute respiratory syndrome coronavirus (SARS-CoV). The key is to look for both clinical features and epidemiologic risks before calling our local or state public health department to sound the alarm.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever[1] and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.

Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers[2], who have had close contact[3] with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas[5] (see below) within 14 days of symptom onset.

Additionally, the CDC's guidance notes that "fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications" and urges physicians to use their clinical judgement in such cases.

This clinical criterion is from the CDC as of March 10, 2020. Check their clinical criteria page for the most up to date information.

Affected Geographic Areas with Widespread or Sustained Community Transmission, as of March 5, 2020:

- China
- Iran
- Italy
- Japan
- South Korea

When & How to Report

If you are a healthcare provider who suspects their patient may have COVID-19, you should take the following steps:

- Immediately let your facility's infection control department know

- Complete the CDC Novel Coronavirus Consultation Form
- Call ADPH's Infectious Diseases & Outbreaks Division at 1-800-338-8374

- Fax or e-mail completed form **AND** face sheet with patient demographics (Subject Line: "nCoV PUI Form") to:
  ADPH at (334) 206-3734 or CDFax@adph.state.al.us
- Log of Persons Entering Room Housing PUI Isolation Room Entry Log

How to Test

As of March 5, 2020, the ADPH Bureau of Clinical Laboratories (BCL) is approved to perform SARS-CoV-2 testing in-house. ADPH is following the criteria below for testing at BCL that pairs clinical presentation with specific epidemiologic exposures.

Clinical Criteria to Guide Evaluation of PUI for COVID-19 (Updated 03/09/2020)

Clinical Features	&	Epidemiologic Risk
Fever (≥100.4°F) **or** cough, shortness of breath	**AND**	Any person who was within 6 ft. of a laboratory-confirmed COVID-19 patient, for a prolonged period of time, within 14 days of symptom onset.
Fever (≥100.4°F) **or** cough **or** sore throat **or** shortness of breath	**AND**	Any health care worker who was caring for or who had unprotected direct contact with infectious secretions or excretions of a suspected COVID-19 patient within 14 days of symptom onset.
Fever (≥100.4°F) **or** cough **or** shortness of breath	**AND**	A history of travel from areas with sustained (ongoing) COVID-19 virus transmission within 14 days of symptom onset. These areas are defined as areas with Level 2 or Level 3 Travel Health Notices (COVID-19 Travel Health Notices).
Hospitalized patients with fever ≥100.4°F) **and** severe acute lower respiratory illness (e.g., pneumonia, ARDS) **with** other respiratory illnesses having been ruled out*	**AND**	No source of exposure has been identified.
Fever (≥100.4°F) **and** cough **or** shortness of breath **with** other	**AND**	Any person ≥65 years of age or who has chronic and/or immunocompromising medical

respiratory illnesses having been ruled out*		conditions that may put them at a higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease). No source of exposure has been identified.

**To rule out other respiratory illnesses, testing should include molecular-based (e.g., respiratory virus or pneumonia panels) and/or culture-based testing.*

If your patient does not meet the above criteria and you still wish to have them tested, contact the commercial laboratory where you normally refer specimens and see if they can perform SARS-CoV-2 testing.

Download a print version of this information: Guidance for Providers with Patients with Possible Exposure to COVID-19

The agency's interim guidelines say to collect multiple clinical specimens and all three specimen types—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.

It's important to test for other respiratory pathogens at the time of the initial evaluation. Don't let such testing delay your shipping the specimen to the CDC, the agency says.

Also, the CDC recommends—for biosafety reasons—against performing virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens that come from patients under investigation for 2019-nCoV.

What Precautions to Take

Health care personnel should use standard precaution, contact precautions, airborne precautions and eye protection such as goggles or a face shield before entering the room. Please note that airborne precautions specifically require "a fit-tested NIOSH-approved N95 or higher-level respirator for healthcare personnel," and these precautions do require gloves and a gown. Section 2 of this CDC web page emphasizes important PPE compliance. For full precaution guidance, refer to the CDC's isolation precautions guideline.

Resources for Physicians

From the Alabama Department of Public Health

- ALERT HAN Messages
- Bureau of Communicable Disease (BCD) News Releases
- ADPH Letter to Health Care Providers
- Screening for Novel Coronavirus
- Specimen Collection Guidance for Novel Coronavirus
- Guidance for Providers with Patients with Possible Exposure to COVID-19

- Print Materials Available for Download:
  - "Do Not Enter If You Think You Have The New Coronavirus" Poster
  - "Attention Patients" Posters: English | Chinese | Spanish
  - Stop the Spread of Germs Flyer
  - Share Facts About COVID-19 Flyer

From the Centers for Disease Control and Prevention

- Resource Center for Health Care Professionals
- Situation Summary
- Latest HAN Update Summary
- See latest updates on Information for Healthcare Professionals.

From the World Health Organization (WHO): WHO Coronavirus Home which is updated on a rolling basis with technical guidelines on a rolling basis.

From the Journal of the American Medical Association (JAMA): Guidance for diagnosis and treatment, updated on a rolling basis.

In the News

- AMA's COVID-19 Resource Center
- From the *AMA Wire*, "When global health emergencies strike, how should doctors respond?"
- https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-patients-H.pdf

For an up-to-date incidence map, see the Johns Hopkins School of Public Health GIS map.

Page last updated: March 10, 2020