# This is an official Oklahoma Health Alert Network Health Advisory

The Oklahoma State Department of Health (OSDH) Acute Disease Service (ADS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

**Categories of Health Alert messages:**

**Health Alert**

Provides vital, time-sensitive information for a specific incident or situation; warrants immediate action or attention by health officials, laboratorians, clinicians, and members of the public and conveys the highest level of importance.

**Health Advisory**

Provides important information for a specific incident or situation; contains recommendations or actionable items to be performed by public health officials, laboratorians, and/or clinicians; may not require immediate action.

**Health Update**

Provides updated information regarding an incident or situation; unlikely to require immediate attention.

**Health Info/Event**

Provides general public health information; unlikely to require immediate action.

**March 18, 2020**

**OKHAN_306-2020_03-18 ADV-N**

**Reference: N/A**

## Update to Criteria to Guide Evaluation and Laboratory Testing for COVID-19

**EFFECTIVE IMMEDIATELY: Due to a national shortage of test reagents and kits, specimens will only be approved for testing if:**
the patient has fever[1] and symptoms of acute respiratory illness (e.g., cough, difficulty breathing)

**AND EITHER**

Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.

**OR**

Other symptomatic individuals such as, older adults and individuals 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).

**OR**

Any persons including healthcare personnel[2], who within 14 days of symptom onset had close contact[3] with a suspect or laboratory-confirmed[4] COVID-19 patient, or who have a history of travel from affected geographic areas within 14 days of their symptom onset.

All specimens submitted to the OSDH Public Health Laboratory for testing must be accompanied by the official *Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form* to ensure the testing criteria above are met. Specimens will be rejected if the PUI form is not submitted or the testing criteria are not met.

Clinicians are also encouraged to test for other causes of respiratory illness (e.g., influenza) prior to testing for COVID-19.

For patients who do not meet the priorities listed, clinicians should submit specimens to a commercial laboratory that provides SARS-CoV-2. Please, contact these commercial laboratories to find out the correct process for submission of specimens.

Guidance for testing at the PHL will be updated if laboratory supplies improve.

### Summary Points

- Update to Criteria to Guide Evaluation and Laboratory Testing for COVID-19
- Scripted Guidance for Patient Evaluation
- CDC PUI and Case Report From


Oklahoma State Department of Health / Acute Disease Service / 1000 NE 10th St, Oklahoma City, OK 73117
405-271-4060 (ph) / 405-271-6680 (fax) http://ads.health.ok.gov

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Mildly ill patients should be encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness. Provide patient with routine home care instructions for mild viral respiratory illness. Healthcare workers are encouraged to follow recommended infection control procedures.

It is not recommended to send patients to an ER for the sole purpose of specimen collection. This is an unnecessary risk of exposure to other patients and staff.

If healthcare provider staff do not currently receive the Oklahoma Health Alert Network (OK-HAN) notifications, please advise personnel to contact OKHAN@health.ok.gov for access or by calling the ADS and asking for the OK-HAN Coordinator.

***References***

- Oklahoma Acute Disease COVID-19 web page: https://coronavirus.health.ok.gov/
- https://www.cdc.gov/coronavirus/2019-ncov/index.html
- https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

**## This message has been distributed to Primary Care and Infectious Disease Physicians, Infection Preventionists, Laboratorians, Urgent Care Centers, Emergency Departments, and State and Local Health Officials ##**


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Oklahoma State Department of Health
Creating a State of Health

# Screening Template for COVID-19 Testing at the OSDH Public Health Laboratory

## Symptoms

- Does the patient have a fever above 100.4 and symptoms of acute respiratory illness? (e.g., cough, difficulty breathing)

  ☐ Yes

  ☐ No

## Risk Factors

☐ Hospitalized patients who have signs and symptoms compatible with COVID-19 and other respiratory illnesses have been ruled-out in order to inform decisions related to infection control.

☐ Other symptomatic individuals at higher risk for poor outcomes, including those who are ≥ 65 years, immunocompromised or have chronic medical conditions (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).

☐ Suspected outbreak of COVID-19 among associated individuals with recent onset of similar fever and lower respiratory symptoms. Please, contact the OSDH Acute Disease Service at (405) 271-4060 to report suspected outbreaks.

☐ Suspect COVID-19 in a patient associated with a high-risk exposure setting such as a long-term care facility.

☐ Patients, including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient.

- **Specimens for patients who do not meet the Symptom criteria <u>AND at least one</u> of the Risk Factor criteria above for testing will not be tested at the OSDH Public Health Laboratory. Clinicians should seek testing at a reference laboratory.**
- Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).
- Mildly ill (low grade fever, aches and pains, and dry cough) patients should be encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management.

CDC 2019-nCoV ID [ ]

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

**……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……**

Patient first name _____ Patient last name _____ Date of birth (MM/DD/YYYY): _____/_____/_____

Patient Physical Address: _____ Patient Phone #: _____

**……PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC……**

# Human Infection with 2019 Novel Coronavirus
# Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: _____ Case state/local ID: _____

Reporting health department: _____ CDC 2019-nCoV ID: _____

Contact ID [a]: _____ NNDSS loc. rec. ID/Case ID [b]: _____

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. [b]For NNDSS reporters, use GenV2 or NETSS patient identifier.

## Interviewer information

Name of interviewer: Last _____ First_____

Affiliation/Organization: _____ Telephone _____ Email _____

## Basic information

What is the current status of this person?
- ☐ PUI, testing pending*
- ☐ PUI, tested negative*
- ☐ Presumptive case (positive local test), confirmatory testing pending†
- ☐ Presumptive case (positive local test), confirmatory tested negative†
- ☐ Laboratory-confirmed case†

*Testing performed by state, local, or CDC lab.
†At this time, all confirmatory testing occurs at CDC

Report date of PUI to CDC (MM/DD/YYYY):
____/_____/_____

Report date of case to CDC (MM/DD/YYYY):
____/_____/_____

County of residence: _____
State of residence: _____

Ethnicity:
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/ Latino
- ☐ Not specified

Sex:
- ☐ Male
- ☐ Female
- ☐ Unknown
- ☐ Other

Race (check all that apply):
- ☐ Asian
- ☐ Black
- ☐ White
- ☐ Other, specify: _____
- ☐ American Indian/Alaska Native
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ Unknown

Date of birth (MM/DD/YYYY): ____/_____/_____
Age: _____
Age units(yr/mo/day): _____

Date of first positive specimen collection (MM/DD/YYYY):
____/_____/_____
☐ Unknown ☐ N/A

Did the patient develop pneumonia?
☐ Yes ☐ Unknown ☐ No

Did the patient have acute respiratory distress syndrome?
☐ Yes ☐ Unknown ☐ No

Did the patient have another diagnosis/etiology for their illness?
☐ Yes ☐ Unknown ☐ No

Did the patient have an abnormal chest X-ray?
☐ Yes ☐ Unknown ☐ No

Was the patient hospitalized?
☐ Yes ☐ No ☐ Unknown

If yes, admission date 1
___/___/___ (MM/DD/YYYY)
If yes, discharge date 1
__/___/____ (MM/DD/YYYY)

Was the patient admitted to an intensive care unit (ICU)?
☐ Yes ☐ No ☐ Unknown

Did the patient receive mechanical ventilation (MV)/intubation?
☐ Yes ☐ No ☐ Unknown
If yes, total days with MV (days)
_____

Did the patient receive ECMO?
☐ Yes ☐ No ☐ Unknown

Did the patient die as a result of this illness?
☐ Yes ☐ No ☐ Unknown

Date of death (MM/DD/YYYY):
____/_____/_____
☐ Unknown date of death

Symptoms present during course of illness:
- ☐ Symptomatic
- ☐ Asymptomatic
- ☐ Unknown

If symptomatic, onset date (MM/DD/YYYY):
____/_____/_____
☐ Unknown

If symptomatic, date of symptom resolution (MM/DD/YYYY):
____/_____/_____
☐ Still symptomatic ☐ Unknown symptom status
☐ Symptoms resolved, unknown date

Is the patient a health care worker in the United States? ☐Yes ☐No ☐Unknown

In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply):

☐ Travel to a geographically affected area per CDC; https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
Specify site(s):
_____
_____
_____

☐ Community contact with another lab-confirmed COVID-19 case-patient

☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient
☐ Patient ☐ Visitor ☐ HCW

☐ Animal exposure

☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology

☐ Other, specify:_____

☐ Unknown

If the patient had contact with another COVID-19 case, was this person a U.S. case? Yes / No

☐ Yes, nCoV ID of source case: _____ ☐ No ☐ Unknown ☐ N/A

Under what process was the PUI or case first identified? (check all that apply): ☐ Clinical evaluation leading to PUI determination

☐ Contact tracing of case patient ☐ Routine surveillance ☐ EpiX notification of travelers; if checked, DGMQID_____

☐ Unknown ☐ Other, specify:_____

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

# Human Infection with 2019 Novel Coronavirus
# Person Under Investigation (PUI) and Case Report Form

## Symptoms, clinical course, past medical history and social history

Collected from (check all that apply): ☐ Patient interview ☐ Medical record review

| During this illness, did the patient experience any of the following symptoms? | Symptom Present? |
|---|---|
| Fever >100.4F (38C)[c] | ☐Yes ☐No ☐Unk |
| Subjective fever (felt feverish) | ☐Yes ☐No ☐Unk |
| Chills | ☐Yes ☐No ☐Unk |
| Muscle aches (myalgia) | ☐Yes ☐No ☐Unk |
| Runny nose (rhinorrhea) | ☐Yes ☐No ☐Unk |
| Sore throat | ☐Yes ☐No ☐Unk |
| Cough (new onset or worsening of chronic cough) | ☐Yes ☐No ☐Unk |
| Shortness of breath (dyspnea) | ☐Yes ☐No ☐Unk |
| Nausea or vomiting | ☐Yes ☐No ☐Unk |
| Headache | ☐Yes ☐No ☐Unk |
| Abdominal pain | ☐Yes ☐No ☐Unk |
| Diarrhea (≥3 loose/looser than normal stools/24hr period) | ☐Yes ☐No ☐Unk |
| Other, specify:_____ | |

Pre-existing medical conditions? ☐ Yes ☐ No ☐ Unknown

| | | | | |
|---|---|---|---|---|
| Chronic Lung Disease (asthma/emphysema/COPD) | ☐Yes | ☐No | ☐Unknown | |
| Diabetes Mellitus | ☐Yes | ☐No | ☐Unknown | |
| Cardiovascular disease | ☐Yes | ☐No | ☐Unknown | |
| Chronic Renal disease | ☐Yes | ☐No | ☐Unknown | |
| Chronic Liver disease | ☐Yes | ☐No | ☐Unknown | |
| Immunocompromised Condition | ☐Yes | ☐No | ☐Unknown | |
| Neurologic/neurodevelopmental/intellectual disability | ☐Yes | ☐No | ☐Unknown | (If YES, specify) _____ |
| Other chronic diseases | ☐Yes | ☐No | ☐Unknown | (If YES, specify) _____ |
| If female, currently pregnant | ☐Yes | ☐No | ☐Unknown | |
| Current smoker | ☐Yes | ☐No | ☐Unknown | |
| Former smoker | ☐Yes | ☐No | ☐Unknown | |

Respiratory Diagnostic Testing

| Test | Pos | Neg | Pend. | Not done |
|---|---|---|---|---|
| Influenza rapid Ag ☐ A ☐ B | ☐ | ☐ | ☐ | ☐ |
| Influenza PCR ☐ A ☐ B | ☐ | ☐ | ☐ | ☐ |
| RSV | ☐ | ☐ | ☐ | ☐ |
| H. metapneumovirus | ☐ | ☐ | ☐ | ☐ |
| Parainfluenza (1-4) | ☐ | ☐ | ☐ | ☐ |
| Adenovirus | ☐ | ☐ | ☐ | ☐ |
| Rhinovirus/enterovirus | ☐ | ☐ | ☐ | ☐ |
| Coronavirus (OC43, 229E, HKU1, NL63) | ☐ | ☐ | ☐ | ☐ |
| M. pneumoniae | ☐ | ☐ | ☐ | ☐ |
| C. pneumoniae | ☐ | ☐ | ☐ | ☐ |
| Other, Specify:_____ | ☐ | ☐ | ☐ | ☐ |

Specimens for COVID-19 Testing

| Specimen Type | Specimen ID | Date Collected | State Lab Tested | State Lab Result | Sent to CDC | CDC Lab Result |
|---|---|---|---|---|---|---|
| NP Swab | | | ☐ | | ☐ | |
| OP Swab | | | ☐ | | ☐ | |
| Sputum | | | ☐ | | ☐ | |
| Other: | | | ☐ | | ☐ | |

**SPECIFY LOCATION FOR SPECIMEN PICK UP:**

_____

Additional State/local Specimen IDs: _____ _____ _____ _____ _____