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Update on the Person Under Investigation (PUI) criteria for patients suspected of having coronavirus disease 2019 (COVID-19)

03/02/2020

Message Urgency: HIGH

This is a message from the Louisiana Department of Health Emergency Operations Center (LDH EOC). This is a message for the Louisiana Health Alert Network (LA HAN). Please read the message below regarding

an **update on the Person Under Investigation (PUI) criteria for patients suspected of having coronavirus disease 2019 (COVID-19)**. Please share and distribute this alert concerning the outbreak of COVID-19 with relevant stakeholders and partners through your own distribution channels. At this time, there are no cases or PUIs in Louisiana.

- Healthcare providers should obtain a detailed travel history for all patients being evaluated with fever and acute respiratory illness based on updated criteria below. Patients with clinical features and epidemiologic risk factors as described in the table below should be immediately reported to the Louisiana Office of Public Health Infectious Disease Epidemiology Hotline at **1 (800) 256-2748**.
- The State Public Health Laboratory has validated the testing for COVID-19, and now has the ability to test within Louisiana. This will shorten the time to diagnosis or rule-out cases. Clinicians who suspect COVID-19 in a patient should call **1-(800) 256-2748** to determine whether a specimen should be collected and submitted for testing.

Criteria to Guide Evaluation of PUI for COVID-19

Updated February 27, 2020

The Louisiana Office of Public Health, in consultation with clinicians, will 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.

<u>Clinical features and epidemiologic risk</u>
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Clinical Features	&	Epidemiologic Risk
Fever <u>1</u> or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers <u>2</u> , who has had close contact <u>3</u> with a laboratory-confirmed <u>4</u> COVID-19 patient within 14 days of symptom onset
Fever <u>1</u> 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 <u>5</u> (see below) within 14 days of symptom onset
Fever <u>1</u> with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization <u>4</u> and without alternative explanatory diagnosis (e.g., influenza) <u>6</u>	AND	No source of exposure has been identified

Affected Geographic Areas with Widespread or Sustained Community Transmission

Last updated February 26, 2020

- China
- Iran
- Italy
- Japan
- South Korea

The criteria are intended to serve as guidance for evaluation. In consultation with public health departments, patients should be evaluated on a case-by-case basis to determine the need for testing. Testing may be considered for deceased persons who would otherwise meet the PUI criteria.

Recommendations for Reporting, Testing, and Specimen Collection

Healthcare providers should **immediately** notify both infection control personnel at their healthcare facility and the Louisiana Office of Public Health Infectious Disease Epidemiology Hotline at **1 (800) 256-2748** in the event of a suspected PUI for COVID-19.

For biosafety reasons, it is not recommended to perform virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI for COVID-19.

To increase the likelihood of detecting COVID-19, CDC recommends collecting and testing multiple clinical specimens from different sites, including two specimen types—lower respiratory and upper respiratory. Respiratory specimen collection should be performed in an Airborne Infection Isolation Room (AIIR) where available, or a private exam room with the door closed. Additional specimen types (e.g., stool, urine) may be collected and stored. Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset. [Additional guidance for collection, handling, and testing of clinical specimens is available.](#)

Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for COVID-19

- [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 \(2019-nCoV\)](#)

Footnotes

1 Fever may be subjective or confirmed

2 For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation

3 Close contact is defined as:

1. 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 –

1. 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](#).

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

5 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. See all [COVID-19 Travel Health Notices](#).

6 Category 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.

Additional Resources:

- [World Health Organization \(WHO\) Coronavirus](#)
- [WHO guidance on clinical management of severe acute respiratory infection when COVID-19 is suspected](#)

###This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations###

Immediately contact the Louisiana Office of Public Health (OPH) Infectious Disease Epidemiology Hotline at 1-(800) 256-2748 if you suspect a patient with COVID-19.

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