Summary

- **Surveillance**: CHDs should apply the definitions of a COVID-19 case or person under investigation (PUI) to determine if public health laboratory testing and public health investigation is needed.

- **Investigations**: Investigations should occur for individuals with a reported positive commercial PCR, or meeting the definition of PUI for COVID-19, within the same day of CHD notification, including weekends and holidays.

- **Reporting PUIs and Cases**: PUIs or persons meeting the confirmed or probable case definition for COVID-19 should be entered into Merlin the same day of report (including weekends and holidays).

- **CHD Laboratory Results Notification Process for COVID-19**:  
  - Commercial laboratory results for COVID-19 will either be reported through electronic laboratory reporting (ELR), faxing, or phone calls from laboratories. Results received at the Bureau of Epidemiology will be sent to counties via Merlin.
  - Bureau of Public Health Laboratories test results are reported to CHDs through Merlin and they are mailed to the ordering providers.
    - CHD staff are asked to share urgent BPHL lab results with ordering providers.

- **Documents on this topic dated after the version date, supersede this one.**

Background

On January 11, 2020, Chinese health authorities preliminarily identified more than 40 human infections with a novel coronavirus during an outbreak of pneumonia under investigation in Wuhan City, Hubei Province, China. Chinese health authorities subsequently posted the full genome of the COVID-19 in GenBank®, the National Institutes of Health genetic sequence database.

The Centers for Disease Control and Prevention (CDC) continues to monitor this outbreak, which includes over 110,000 confirmed human cases and over 4,000 deaths worldwide. COVID-19 cases have been reported in >110 countries. Many cases have been associated with travel to or from China, Italy, Iran, and South Korea; however, community spread is being detected in growing number of locations across the globe, including many European countries.

Coronaviruses are a large family of viruses, some causing illness in people and others that circulate among animals, including camels, cats, and bats. Rarely, animal coronaviruses can evolve and infect people and then spread between people, as seen with Middle East Respiratory Syndrome and Severe Acute Respiratory Syndrome.

There is are many ongoing investigations to determine more about this outbreak. This is a rapidly evolving situation. This document may become outdated as situations change.

Surveillance for COVID-19

Beginning on March 5, 2020 commercial laboratories began testing clinical specimens for COVID-19. Some Florida hospitals also have the capability to test for the virus. The availability of commercial and hospital testing changes the scope and purpose of public health testing.

- Health care providers are not asked to report all persons being tested for COVID-19 to the Department.
- Providers may choose to submit specimens for any patient to a commercial laboratory.
- When health care providers are unable to access commercial laboratory testing, CHDs may facilitate testing at BPHL for persons that meet CDC priority criteria.
- When illnesses are reported to the CHD, only persons meeting the PUI criteria below, or being tested at BPHL, are requested be entered in Merlin.
- Commercial laboratory reports will be received by ELR, fax, and phone.
- Bureau of Epidemiology will send positive COVID-19 laboratory results to CHDs Merlin task list.
- Persons with a positive COVID-19 result from a commercial laboratory should be investigated as a confirmed case of COVID-19.
- CHDs are not asked to routinely collect specimens from patients for submission to commercial laboratories.
- CHDs are not asked to request submission of positive specimens from commercial laboratories to BPHL for confirmation. The confirmation process will be coordinated as needed by BOE or BPHL.

Public health investigations are warranted for persons that meet the criteria below or have a positive COVID-19 result from a commercial laboratory.

A PUI for public health laboratory testing is a person with the following characteristics, (others are requested to be sent to commercial laboratories):

<table>
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<tr>
<th>Clinical Features</th>
<th>Risk Criteria</th>
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<tr>
<td>Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset</td>
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<tr>
<td>Fever or signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND Suspected to be part of an outbreak of respiratory illness.</td>
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<tr>
<td>Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization, or causing death, and without alternative explanatory diagnosis</td>
<td>AND No source of exposure has been identified</td>
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<tr>
<td>Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>A history of travel to or from an affected geographic area with widespread community transmission.</td>
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Patients with lower respiratory illness should also be evaluated for common causes of community-acquired pneumonia, guided by clinical presentation and epidemiologic and surveillance information. For these patients, testing for COVID-19 and other respiratory pathogens should be done simultaneously. Positive results for another respiratory pathogen (e.g., influenza) should not preclude testing for COVID-19 because co-infection may occur.

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.

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 patients in other countries.


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.

COVID-19 Case Definition:

Confirmed: A confirmed case is a person with laboratory confirmation of COVID-19 infection.

Probable: A probable case is a PUI with absent or inconclusive laboratory results for COVID-19 who is a close contact2 of a laboratory-confirmed COVID-19 case.

Suspect: A suspect case is a PUI with COVID-19 laboratory tests pending.
Investigations of PUI for COVID-19

- County epidemiology staff should investigate each report of possible COVID-19 to determine if the COVID-19 case or PUI criteria are met.
- County epidemiology staff should apply PUI criteria to make determinations for if public health laboratory testing is warranted. CHD staff may contact the Regional Epidemiologist and Laboratory Liaison, or Bureau of Epidemiology (BOE) on-call epidemiologist (if after hours), if they have any questions.
- Conduct patient/proxy or health care provider interviews and record reviews to obtain essential information, which includes history of present illness, medical history, travel dates, flight information, risk factors, differential diagnoses, and microbiology test results.
- Enter the PUI into Merlin (see ‘Reporting COVID-19 PUI and Cases in Merlin) and complete extended data within 24 hours of receipt of information.

Infection Control Considerations

- PUIs 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.
- While a PUI for COVID-19 is receiving health care, it is important that standard, contact, and airborne precautions are used.

Managing Pets of Cases


Management of Cases and PUIs

- A PUI may be discharged before COVID-19 is ruled out. The decision to discharge a PUI for COVID-19 is up to the treating physician.
  - PUIs should be provided surgical masks and asked to isolate themselves at home until fever and symptom-free for 24 hours without antipyretic medication (acetaminophen, ibuprofen).
  - Close contacts of confirmed or probable cases who develop compatible symptoms should also be managed as COVID-19 PUIs. Specimens should be collected, and PUIs should be isolated at home or while seeking health care until COVID-19 testing is completed.
- For confirmed COVID-19 cases, the decision to discharge is based on public health and medical assessment with the BOE, including presence of symptoms and multiple negative specimens.
Laboratory Testing and Specimen Collection

- If you have questions about laboratory testing or specimen collection for a patient, contact your Regional Epidemiologist and Laboratory Liaison (http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/disease-reporting-and-surveillance/_documents/investigation-unit-map.pdf) or the after-hours BOE on-call epidemiologist (850-245-4401).
- Specimens should be collected as soon as possible once a PUI is identified regardless of symptom onset.
- To increase the likelihood of detecting COVID-19, CDC recommends collecting both lower and upper respiratory specimens:
  - Upper respiratory: nasopharyngeal swab in viral transport media; nasopharyngeal wash/aspirate or nasal aspirate may be used as well.
  - Lower respiratory: sputum, bronchial alveolar lavage/tracheal aspirate, in a sterile container
- If additional specimen types such as stool, urine, or whole blood are collected, they can be stored for potential future use.
- Ship specimens overnight for arrival to BPHL in Jacksonville, Miami, or Tampa following notification to the appropriate BPHL location.
- Include a completed DH-1847 form with the specimens.
  - **Merlin case number must be on the form for specimens to be tested** (Please note that if it’s missing, testing could be delayed.)
  - All specimens can be listed on a single form
- **Shipments arriving on the weekend must be pre-authorized by BPHL.**
- Ship specimens using category B shipping containers.
- **Notification Process of Laboratory Results:** Emailed from Bureau of Public Health Laboratories until test results are available through Labware and Merlin.

Reporting COVID-19 PUIs and Cases in Merlin

See COVID-19 merlin data management guidance.