



**HEALTH ALERT UPDATE**  
**2019 Novel Coronavirus Infectious Disease (COVID-19)**  
**2/20/2020**

On February 12, 2020 The Centers for Disease Control and Prevention (CDC) released updated guidance for evaluating possible persons under investigation (PUI) for COVID-19 in the following categories:

- Severely ill individuals: testing can be considered when exposure history is equivocal (e.g., uncertain travel or exposure, or no known exposure) and another etiology has not been identified.
- Persons with travel to China within 14 days that are being regularly monitored by City of Berkeley Public Health or referred for evaluation from border screening: testing for COVID-19 can be considered at the discretion of City of Berkeley Public Health for all persons with illnesses with fever and lower respiratory symptoms.

Evaluation of possible PUIs should continue to be done in consultation with City of Berkeley Public Health (or jurisdiction of PUIs residence.)

**Actions Requested of Clinicians:**

1. **Identify Persons Under Investigation** using the updated [criteria](#) released by CDC:

Clinical Features	Epidemiologic Risk
Fever <sup>1</sup> <b>or</b> signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	<b>AND</b> Any person, including health care workers, who has had close contact <sup>2</sup> with a laboratory-confirmed <sup>3,4</sup> 2019-nCoV patient within 14 days of symptom onset
Fever <sup>1</sup> <b>and</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	<b>AND</b> A history of travel from <b>Hubei Province, China</b> <sup>5</sup> within 14 days of symptom onset
Fever <sup>1</sup> <b>and</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization <sup>4</sup>	<b>AND</b> A history of travel from mainland <b>China</b> <sup>5</sup> within 14 days of symptom onset

The [CDC Flowchart](#) should continue to be used and posted in your facility to help identify and assess for COVID-19

2. **Immediately isolate possible** PUIs as soon as they are identified. Potential PUIs should be masked and placed in a private room with the door closed (use a negative-pressure, airborne infection isolation room, if available). Healthcare personnel entering the room should use standard, contact and airborne precautions, including eye protection. Refer to February 12<sup>th</sup> CDC updates for detailed infection control and clinical care guidance:
- [Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus \(2019-nCoV\) or Persons Under Investigation for 2019-nCoV in Healthcare Settings](#)

**Please distribute to all providers and staff in your practice.**

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; unlikely to require immediate action.



b. [Interim Clinical Guidance for Management of Patients with Confirmed 2019 Novel Coronavirus \(2019-nCoV\) Infection](#)

3. **Maintain Strict Privacy and Confidentiality** of all possible PUIs and all patients according to Federal and State laws and institutional policies.
4. **Immediately Report Berkeley Residents to:**  
**Berkeley Public Health:**
  - Weekdays 8am-5pm Phone: (510) 981-5292
  - After hours: Phone: (510) 981-5911 and ask for the Health Officer on call  
**Alameda County Residents:**  
**Alameda County Acute Communicable Disease Control:**
  - Weekdays 8:30am–5pm Phone: (510) 267-3250
  - After hours Phone: (925) 422-7595 and ask for the public health duty officer on call.

Footnotes:

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

<sup>2</sup>Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a 2019-nCoV case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case – or –

b) having direct contact with infectious secretions of a 2019-nCoV 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 Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus](#).

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 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.

<sup>3</sup>Documentation of [laboratory-confirmation](#) of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

<sup>4</sup>Category also includes any member of a cluster of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which 2019-nCoV is being considered that requires hospitalization. Such persons should be evaluated in consultation with state and local health departments regardless of travel history.

<sup>5</sup>For persons with travel to China within 14 days that are being regularly monitored by local health departments or referred for evaluation from border screening, testing for 2019-nCoV can be considered at the discretion of the health officials for all persons with illnesses with fever and lower respiratory symptoms (those hospitalized and those not hospitalized).

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