The Indiana State Department of Health (ISDH) continues to monitor and respond to the novel coronavirus (COVID-19) outbreak. To date, no confirmed cases of COVID-19 have been identified in Indiana. This health alert provides updated guidance related to persons under investigation (PUI) for COVID-19.

Evaluating Patients for COVID-19

On February 27, 2020, the Centers for Disease Control and Prevention (CDC) updated the criteria to guide evaluation of PUIs for COVID-19. Public health officials and healthcare providers should consider a COVID-19 as a potential etiology among patients who meet the clinical features and epidemiological risk criteria outlined below:

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>&amp;</th>
<th>Epidemiologic Risk</th>
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<tbody>
<tr>
<td>Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND</td>
<td>Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset</td>
</tr>
<tr>
<td>Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization</td>
<td>AND</td>
<td>A history of travel from affected geographic areas within 14 days of symptom onset</td>
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<tr>
<td>Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)</td>
<td>AND</td>
<td>No source of exposure has been identified</td>
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</table>

The following factors should also be considered when evaluating patients for potential COVID-19:

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: 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.

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

5. Affected areas are defined as geographic areas where sustained community transmission has been identified. Relevant affected areas will be defined as a country with sustained or widespread community-level transmission (CDC Level 2 or 3 Travel Health Notice).

6. Single patients or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered may be considered PUI on a case-by-case basis.

As of February 28, 2020, the CDC identified the following geographic areas as having widespread or sustained community transmission of COVID-19:

- China
- Iran
- Italy
- Japan
- South Korea

The COVID-19 outbreak is a rapidly evolving situation, and additional countries may be added to this list if widespread or sustained community transmission is identified.

If COVID-19 is suspected in a patient (as noted above), healthcare providers should immediately notify their local public health department AND the Indiana State Department of Health (ISDH) at (317) 233-7125 during normal business hours (M-F, 8:15 a.m.-4:45 p.m.) for consultation and testing authorization. For assistance after hours or on the weekends, contact (317) 233-1325 to reach the epidemiologist on call.

Infection Control

Patients suspected of having COVID-19 should be immediately placed in an airborne infection isolation room (AIIR), if available. Healthcare providers should implement standard, contact, and airborne precautions (N95 respirator or PAPR), including eye protection (goggles or face shield) when caring for patients suspected of having COVID-19.
Laboratory Testing

If testing for COVID-19 is authorized by the ISDH, at least one of each of the following types of specimens should be collected:

I. Lower respiratory tract (bronchoalveolar lavage, tracheal aspirate or sputum)
II. Upper respiratory tract (nasopharyngeal (NP) swab AND oropharyngeal swab (OP), nasopharyngeal wash/aspirate, or nasal aspirate)

Specimen collection and submission instructions and forms can be found under the “Information for Laboratories” section on the ISDH 2019 novel coronavirus (COVID-19) webpage. ISDH anticipates that COVID-19 testing at the ISDH Laboratories will be available beginning early next week. In the interim, testing will continue to be conducted through the CDC.

Additional Resources

The CDC has released additional detailed guidance on COVID-19 for each of the groups below:


Please visit the ISDH COVID-19 webpage for updated news and guidance on the COVID-19 outbreak. This webpage will be updated as new information becomes available. For additional epidemiology questions regarding COVID-19, please contact the ISDH Epidemiology Resource Center at 317-233-7125 or e-mail epiresource@isdh.in.gov.