

Summary and Action Items

- To clarify that until commercial testing is available, IDPH is not changing its PUI testing criteria.
 - IDPH will continue to prioritize testing for persons with contact to a known COVID-19 case, travelers to Alert Level 3 countries, and those severely ill, including elderly in long term care facilities.
 - IDPH also will continue to conduct sentinel surveillance at a select group of Illinois hospitals to monitor the existence/extent of community transmission.
- To expand on PUI evaluation recommendation for persons severely ill but without known exposure.

Background

Today, CDC updated its website on PUI testing stating that “criteria for evaluation of Persons Under Investigation (PUI) were expanded to a wider group of symptomatic patients.” However, in the clarifying text with specific criteria, the caveat was added, “As availability of testing for COVID-19 increases, ...” In Illinois, this will not be achieved until commercial testing is available through reference and hospital labs which is anticipated to begin within the next two weeks. The state public health laboratories are processing specimens at capacity and this must be sustained as a critical component of the public health response. Of paramount importance, the CDC’s PUI guidance continues to support use of epidemiological data to guide testing decisions and testing for other causes of respiratory illness (e.g., influenza) for those without epidemiologic links.

Persons Under Investigation (PUIs)

Clinical Features	&	Epidemiologic Risk
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	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
Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ¹	AND	A history of travel from affected geographic areas within 14 days of symptom onset (Currently China, South Korea, Iran, Italy, and Japan)
Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) ²	AND	No source of exposure has been identified

¹For patients with lower respiratory symptoms, with or without fever (regardless of hospitalization status), **AND** confirmed travel to an affected geographic area (Level 2 or 3) within 14 days of symptom onset, testing for COVID-19 can be considered with authorization by the local health department.

²Perform routine evaluation, including testing for common causes of community acquired pneumonia (by performing influenza testing, rapid viral respiratory panel and lower respiratory culture)

Evaluation of suspect PUI's

Healthcare providers should **immediately** isolate the suspect PUI per previous guidance and notify both infection control personnel at their healthcare facility and their local health department (or state health department if the local health department cannot be reached) in the event of a suspect PUI. Further guidance about testing can be found on the IDPH [website](#).

For patients with severe acute lower respiratory disease, who do not have an identified epidemiologic risk factor for COVID-19, clinicians should perform routine evaluation, including testing for common causes of community-acquired pneumonia, before notifying the local health department and requesting testing for COVID-19, unless there is a high index of clinical suspicion for COVID-19. When feasible, an infectious disease or pulmonary physician should make the assessment that COVID-19 testing should be requested for a patient with severe acute lower respiratory disease.

If COVID-19 is in the differential diagnosis, please implement appropriate infection control precautions before requesting testing. For severe lower respiratory illness in hospitalized patients with no identified epidemiologic risk, clinical features that may increase suspicion of COVID-19 include:

- acute respiratory distress syndrome
- infiltrative process on chest x-ray (e.g., bilateral infiltrates consistent with viral pneumonitis)
- bilateral ground-glass opacities on chest computerized tomography
- unexplained lymphopenia or thrombocytopenia

Contact

For other testing questions, additional information or other questions, please contact your local health department. If they are not available, please contact the IDPH Communicable Disease Section at 217-782-2016. For information after hours, please contact your local health department. If they cannot be reached, use the IDPH after hours number 800-782-7860. Local health departments should contact IDPH for consultations on PUIs.

Additional Resources

IDPH website: [Coronavirus Disease 2019 \(COVID-19\)](#)

CDC Resources: [Information for Healthcare Professionals](#)

Local health departments should consult the [IDPH WebPortal COVID-19](#) portal page for up-to-date instructions and resources for this response.

Target Audience

Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Preventionists, Health Care Providers, Long Term Care Facilities and Laboratories

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