



**COVID-19 Health Update
CDC Update and Interim Guidance
(COVID-19 formerly Novel Coronavirus/ 2019-nCoV)
March 3, 2020**

Situation

A [presumptive case of COVID-19 was detected in an Alameda County resident](#) who had contact to a case in another jurisdiction. The Alameda County Public Health Department (ACPHD) is taking appropriate action. Cases of COVID-19 without travel history or links to known cases have been reported in our region and across the United States. These cases of COVID-19 in the Bay Area indicate local community transmission, and warrant public health and healthcare providers in Alameda County to continue preparing for increasing numbers of identified cases and a surge of patients.

On February 27, the Centers for Disease Control and Prevention (CDC) released updated guidance for evaluating persons under investigation (PUI) for COVID-19. Significant updates in the criteria are bolded below:

Actions Requested of Clinicians

1. **IDENTIFY PERSONS UNDER INVESTIGATION** using the [criteria](#) released by CDC:

Fever ⁱ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers ⁱⁱ , who has had close contact ⁱⁱⁱ with a laboratory-confirmed ^{iv} COVID-19 patient within 14 days of symptom onset
Fever ⁱ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel affected geographic areas ^v (see below) within 14 days of symptom onset
Fever ⁱ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) ^{vi, vii}	AND	No source of exposure has been identified

Affected Geographic Areas with Widespread or Sustained Community Transmission:
China, Iran, Italy, Japan, South Korea (subject to change)^v

2. **EVALUATE POSSIBLE PUI** using the [CDC flow chart](#) and the above criteria as a guide. If COVID-19 is suspected once initial clinical evaluation is complete, contact ACPHD to determine the need for testing.

- a) Clinicians who have seen the patient should be available to answer questions from ACPHD staff.
- b) The Alameda County Public Health Laboratory is now testing for COVID-19.
- c) ACPHD will obtain CDC or California Department of Public Health (CDPH) approval if needed and will coordinate specimen transfer to testing laboratory; health care providers should NOT ship specimens to CDC.
- d) ACPHD will provide guidance on specimen collection if needed.

3. **PROTECT PATIENTS AND STAFF**

	Any Persons with Fever, Cough, or Shortness of Breath	If PUI is Suspected Based on Travel History or Exposure
Patients	Ask patient to wear a mask as soon as they are identified and put them in a private room as soon as possible.	Immediately place PUI in a private room with the door closed, ideally an airborne infection isolation room.
Staff	Institute droplet precautions (surgical mask) at minimum including eye protection for healthcare personnel assessing patients. And contact precautions (gown & gloves) as resources allow.	Healthcare personnel entering the room should use standard, contact and airborne precautions including eye protection (e.g., goggles or a face shield).



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT**

Division of Communicable Disease Control and Prevention
1000 Broadway, 5th Floor
Oakland, Ca 94607
acphd.org/communicable-disease

Colleen Chawla, Director
Kimi Watkins-Tartt, Director

Erica Pan, MD, MPH, Director
Interim County Health Officer
Phone (510) 267-3250
Fax (510) 273-3744

4. **MAINTAIN STRICT PRIVACY AND CONFIDENTIALITY** of all possible PUIs and all patients according to Federal and State laws and Institutional policies.
5. **ENSURE ACCURATE DOCUMENTATION IN MEDICAL RECORDS** regarding detection of common human coronaviruses (i.e., 229E, NL63, OC43, HKU1) to avoid confusion with COVID-19.

Local Health Department Contact Information

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
- For non-immediate concerns, email nCoV@acgov.org

Berkeley Public Health Division:

- Weekdays 8am-5pm Phone: (510) 981-5292
- After hours: Phone: (510) 981-5911 and ask for the Health Officer on call

[Contact Information for all other Local Health Jurisdictions](#) is available online from CDPH

Resources

- [ACPHD Health Alert Page](#) & [ACPHD COVID-19 Page](#)
- [CDPH COVID-19 Page](#)
- [CDC COVID-19 Page](#)
- [WHO COVID-19 Page](#)
- CDC guidance for protecting patients and staff:
 - [Transmission-Based Precautions](#)
 - [Interim Clinical Guidance for Management of Patients with COVID-19 Infection](#)
 - [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or PUIs](#)

Footnotes:

- i. Fever may be subjective or confirmed
- ii. For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available 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 Coronavirus Disease 2019 \(COVID-19\)](#).
- iii. 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 health care 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.
Additional information is available in 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](#).
- iv. Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.
- v. 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](#).
- vi. 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.
- vii. Testing may be considered for deceased persons who would otherwise meet the PUI criteria.