

Guidelines for Evaluating and Testing Persons Under Investigation for COVID-19 (CDC, 2020)

Centers for Disease Control and Prevention (CDC)

This is a quick summary of the guidelines without analysis or commentary. For more information, go directly to the guidelines by clicking the link in the reference.

March 23, 2020

The Centers for Disease Control and Prevention (CDC) has issued interim guidance for the coronavirus disease 2019 (COVID-19) outbreak, including evaluation and testing of persons under investigation (PUIs) for COVID-19.^[1]

Criteria to Guide Evaluation and Testing of Patients Under Investigation for COVID-19

Clinicians should work with state and local health departments to coordinate testing. The FDA has authorized COVID-19 diagnostic testing to be made available in clinical laboratories, expanding the capacity for clinicians to consider testing symptomatic patients.

The decision to administer COVID-19 testing should be based on clinical judgment, along with the presence of compatible signs and symptoms. The CDC now recommends that COVID-19 be considered a possibility in patients with severe respiratory illness regardless of travel history or exposure to individuals with confirmed infection. The most common symptoms in patients with confirmed COVID-19 have included fever and/or symptoms of acute respiratory illness, including breathing difficulties and cough.

Patient groups in whom COVID-19 testing may be prioritized include the following:

1. Hospitalized patients with compatible signs and symptoms in the interest of infection control
2. High-risk symptomatic patients (eg, older patients and patients with underlying conditions that place them at higher likelihood of a poor outcome)
3. Symptomatic patients who have had close contact with an individual with suspected or confirmed COVID-19 or who have traveled from affected geographic areas within 14 days of symptom onset

Clinicians should also consider epidemiologic factors when deciding whether to test for COVID-19. Other causes of respiratory illness (eg, influenza) should be ruled out.

Patients with mild illness who are otherwise healthy should stay home and coordinate clinical management with their healthcare provider over the phone. Patients with severe symptoms (eg, breathing difficulty) should seek immediate care. High-risk patients (older individuals and immunocompromised patients or those with underlying medical conditions) should be encouraged to contact their healthcare provider in the case of any illness, even if mild.

Reporting, Testing, and Specimen Collection

In the event that a patient is classified a PUI for COVID-19, infection-control personnel at the healthcare facility should immediately be notified. Upon identification of a PUI, state health departments should immediately complete a [PUI and Case Report form](#) and can contact CDC's Emergency Operations Center (EOC) at 770-488-7100 for assistance.

Currently, diagnostic testing for COVID-19 is being performed at state public health laboratories and the CDC. Testing for other respiratory pathogens should not delay specimen testing for COVID-19.

The CDC recommends collecting and testing upper respiratory specimens (oropharyngeal and nasopharyngeal swabs) and lower respiratory specimens (sputum, if possible) in patients with a productive cough for initial diagnostic testing. Sputum induction is not indicated. If clinically indicated, a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested. Once a PUI is identified, specimens should be collected as soon as possible.

For more information, please go to [Coronavirus Disease 2019 \(COVID-19\)](#).

For more Clinical Practice Guidelines, please go to [Guidelines](#).

References

1. Centers for Disease Control and Prevention. Coronavirus Disease 2019 (COVID-19): Evaluating and Testing PUI. Centers for Disease Control and Prevention. Available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical->

[criteria.html](#). March 9, 2020; Accessed: March 20, 2020.

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