Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)

CDC has updated its guidance on what specimens to collect when testing for COVID-19. The latest guidance is available online at Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19).

Summary of Recent Changes

Revisions were made on March 9, 2020, to reflect the following:

- Reorganized the Criteria to Guide Evaluation and Laboratory Testing for COVID-19 section

Revisions were made on March 4, 2020, to reflect the following:

- Criteria for evaluation of persons for testing for COVID-19 were expanded to include a wider group of symptomatic patients.

Updated March 4, 2020

Limited information is available to characterize the spectrum of clinical illness associated with coronavirus disease 20 (COVID-19). No vaccine or specific treatment for COVID-19 is available; care is supportive.

The CDC clinical criteria for considering testing for COVID-19 have been developed based on what is known about CO 19 and are subject to change as additional information becomes available.

CDC Health Advisory

Update and Interim Guidance on Outbreak of Coronavirus Disease 2019 (COVID-19)

CDC continues to closely monitor an outbreak of respiratory illness caused by COVID-19 that was initially detected Wuhan City, Hubei Province, China. This HAN Update provides a situational update and guidance to state and local health departments and health care providers.

Contact your local or state health department

Healthcare providers should **immediately** notify their local or state health department in the event of the identification of a PUI for COVID-19. When working with your local or state health department check their available hours.

Criteria to Guide Evaluation and Laboratory Testing for COVID-19

Clinicians should continue to work with their local and state health departments to coordinate testing through public health laboratories. In addition, COVID-19 diagnostic testing, authorized by the Food and Drug Administration under Emergency Use Authorization (EUA), is becoming available in clinical laboratories. This additional testing capacity will allow clinicians to consider COVID-19 testing for a wider group of symptomatic patients.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever[1] and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

1. Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
2. Other symptomatic individuals such as, older adults and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
3. Any persons including healthcare personnel[2], who within 14 days of symptom onset had close contact[3] with a suspect or laboratory-confirmed[4] COVID-19 patient, or who have a history of travel from affected geographic are (see below) within 14 days of their symptom onset.

There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment t inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influen

Mildly ill patients should be encouraged to stay home and contact their healthcare provider by phone for guidance al clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately Older patients and individuals who have underlying medical conditions or are immunocompromised should contact t physician early in the course of even mild illness.

Recommendations for Reporting, Testing, and Specimen Collection

Updated February 28, 2020

Clinicians should immediately implement recommended infection prevention and control practices if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and thei state or local health department if a patient is classified as a PUI for COVID-19. State health departments that have identified a PUI or a laboratory-confirmed case should complete a PUI and Case Report form through the processes

identified on CDC's Coronavirus Disease 2019 website. State and local health departments can contact CDC's Emerge Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping appropriate specimens CDC for testing, including after hours or on weekends or holidays.

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing upper respiratory tract specimens (nasopharyngeal swab). CDC also recommends testing lower respiratory tract specimens, if available. For patients wh develop a productive cough, sputum should be collected and tested for COVID-19. The induction of sputum is not recommended. For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respirato tract specimen. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for COVID-19 and Biosafety FAQs for handling and processing specimens from suspected cases a PUIs.

Footnotes

[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- 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 potent exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessmen Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

[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 ca 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.

Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations fo 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 pe 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 Exposur a Healthcare Setting to Patients with COVID-19.

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

[5]Affected areas are defined as geographic regions where sustained community transmission has been identified. For of relevant affected areas, see CDC's Coronavirus Disease 2019 Information for Travel.

Additional Resources:

- State health department after-hours contact list
- Directory of Local Health Departments
- World Health Organization (WHO) Coronavirus
- WHO guidance on clinical management of severe acute respiratory infection when COVID-19 is suspected

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