

# FAX

TO:	Dare County Healthcare Providers	FROM:	Department of Health & Human Services
PAGES: INCLUDES COVER	14	PHONE:	252.475.5003
SUBJECT:	Coronavirus Guidance & Documents	DATE:	March 13, 2020

Dear Colleagues,

Attached you will find:

- Clinical Update (dated 03-13-2020)
- **PUI Form\***
- **Guidance for PUIs\***
- Isolation Documentation
- Visitation Log

**Items with an \* must be returned to us once completed. Please fax to: 252.473.2153**

**Please be advised, this guidance replaces all previous versions.**

Below are essential numbers that you may find helpful for COVID-19:

DCDHHS Clinical Services: 252.475.5003

DCDHHS Fax: 252.473.2153

State EPI On Call Number: 919.733.3419

North Carolina COVID-19 General Information Line: 866.462.3821

DCDHHS After Hours Phone: 252.216.8703

DCDHHS COVID-19 Information Line: 252.475.5008

Debbie Dutton, Clinical Nursing Director, DCDHHS: 252.475.9366

Kelly Nettnin, Communications Specialist, DCDHHS: 252.475.5036

Thanks

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**County of Dare**

**Department of Health & Human Services**

P.O. Box 669 | Manteo, NC 27954

Health 252.475.5003 | Social Services 252.475.5500 | darenc.com



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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**MANDY COHEN, MD, MPH** • Secretary

**ELIZABETH CUERVO TILSON, MD, MPH** • State Health Director

**MARK T. BENTON** • Assistant Secretary for Public Health

Division of Public Health

March 13, 2020 (*replaces version dated March 10, 2020*)

To: All North Carolina Clinicians and Laboratories  
From: Zack Moore, MD, MPH, State Epidemiologist  
Scott Shone, PhD, HCLD (ABB), Public Health Laboratory Director  
Re: Coronavirus Disease 2019 (5 pages)

This memo is intended to provide the latest information to all North Carolina clinicians and laboratory staff regarding the Coronavirus Disease 2019 (COVID-19). This version includes the following updates:

- Updated infection prevention and control guidance,
- Updated specimen collection guidance, and
- Guidance provided to CLIA high complexity testing laboratories that are implementing COVID-19 testing.

#### Summary

A respiratory disease named “coronavirus disease 2019” (abbreviated “COVID-19”) caused by a novel coronavirus named “SARS-CoV-2” was first detected in China in late 2019 and has subsequently spread to many other countries, including the United States. The World Health Organization announced a Public Health Emergency of International Concern on January 30 and the U.S. Department of Health and Human Services declared a public health emergency on January 31, 2020.

This is a rapidly evolving situation. The most up to date information and guidance can be found at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://epi.dph.ncdhhs.gov/cd/coronavirus/providers.html>.

#### Case Investigation and Testing

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. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever<sup>1</sup> and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians are strongly encouraged to also consider and test for other causes of respiratory illness, including infections such as influenza.

Testing at the North Carolina State Laboratory of Public Health (NCSLPH) is available with prior approval by the local health department for the county of the health care facility, or the state epidemiologist on call. Patients meeting the following criteria for a Person Under Investigation (PUI) will be considered for testing at NCSLPH:

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH**

LOCATION: 5605 Six Forks Road, Building 3, Raleigh, NC 27609  
MAILING ADDRESS: 1931 Mail Service Center, Raleigh, NC 27699-1931  
www.ncdhhs.gov • TEL: 919-707-5000 • FAX: 919-870-4829

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- 1) Fever<sup>1</sup> OR signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) in any person, including healthcare workers<sup>2</sup>, who has had close contact<sup>3</sup> with a laboratory-confirmed<sup>4</sup> COVID-19 patient within 14 days of symptom onset.
- 2) Fever<sup>1</sup> AND signs/symptoms of lower respiratory illness (e.g., cough, shortness of breath) AND negative influenza test (rapid or PCR) and no other more likely diagnosis.

Commercial laboratory testing to detect COVID-19 is now available. Testing should not be done for asymptomatic persons. Prior authorization for testing is **not** required for commercial lab testing **but** patients being tested will be considered PUIs and **must be isolated** either at home or in a hospital based on their need for care. Providers should 1) give the home isolation document to all patients being tested that do not require hospitalization, and 2) complete and submit the PUI form to the patient's local health department at the time the test is ordered. These documents can also be found [here](#) under "Patients Under Investigation."

#### Reporting

- **Effective February 3, 2020, physicians and laboratories in North Carolina are required to immediately report when novel coronavirus infection is reasonably suspected to exist.**
- Any cluster of severe acute respiratory illness in healthcare workers in the United States should prompt immediate notification of local or state public health for further investigation and testing.

#### Control Measures

- Patients undergoing testing will be considered PUI. Providers should give the Guidance for Persons Under Investigation to all patients undergoing testing.
- Isolation can be discontinued if the test is negative. If the test is positive, the patient should remain isolated until cleared by local public health officials.

#### Infection Control

- CDC currently recommends the following approach to management of known or suspected cases.
  - Healthcare providers caring for patients with known or suspected COVID-19 should adhere to Standard Precautions and:
    - Use of face mask OR fit-tested NIOSH-approved N95 or higher-level respirators
    - Use of gowns, gloves and eye protection (e.g., goggles or face shield)
    - Use of private room with the door closed
  - IF conducting an aerosol-generating procedure (e.g., intubation), then a respirator (e.g., N95) should be worn (not a facemask) and the procedure should be conducted in a negative pressure room (e.g., AIIR).
  - Patients should be asked to wear a surgical mask as soon as they are identified as having symptoms of respiratory illness.
  - Patients with known or suspected COVID-19 should continue to wear a mask when healthcare providers are present in room or if they must be moved from their room.
- As the situation continues to evolve, please find updated guidance at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>.

#### Treatment

- No vaccine or specific treatment for COVID-19 is available; care is supportive.
- Corticosteroids should be avoided unless indicated for other reasons (for example, chronic obstructive pulmonary disease exacerbation or septic shock).

## Testing

- NCSLPH is currently conducting testing to detect COVID-19 using the CDC 2019-nCoV real-time RT-PCR Diagnostic Panel which has been granted [Emergency Use Authorization](#) (EUA) from the FDA.
  - [FDA EUA Fact Sheet for Healthcare Providers](#)
  - [FDA EUA Fact Sheet for Patients](#)
- **The NCSLPH requires approval from either the Local Health Department where the provider is located or the State Communicable Disease Branch** prior to testing for COVID-19. Health care providers in consultation with the state Communicable Disease Branch (919-733-3419, available 24/7) or their [local health department](#) will conduct a risk assessment to determine if individuals meet the NC criteria for diagnostic testing at the SLPH. When the criteria are met, a NC Patient Under Investigation (PUI) case file is created in REDCap and a REDCap# is subsequently generated documenting approval for testing. The REDCap# will be referenced on the laboratory testing report form under 'NC PUI Number'.
- **Commercial laboratory testing is now available** and should be limited only to symptomatic persons. Prior authorization is **not** required for commercial laboratory testing; **but** individuals will be considered a PUI.
- Point-of-Care tests which are not FDA approved should not be used.

## Specimen Collection

- For diagnostic testing to detect COVID-19, **only a nasopharyngeal swab should be collected**. The specimen should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset.
  - Nasopharyngeal swab collection:
    - Use only synthetic fiber swabs with plastic or metal shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing.
    - To collect the nasopharyngeal specimen, place the swab into the nostril parallel to the palate until resistance is encountered. Leave the swab in place for a few seconds to absorb secretions. Slowly remove swab while rotating it. Place the tip into a vial of sterile transport medium. Aseptically cut off the applicator stick so that it does not protrude above the rim of the tube and cap. **LABEL THE VIAL: NP swab with 2 unique identifiers** (i.e. patient's name and date of birth) and date of collection.
- Store specimens at 2-8°C for up to 72 hours following collection. If longer storage is required, store at -70°C.
- Additional guidance on collection, handling, and testing of clinical specimens is provided at the following locations:
  - <https://slph.ncpublichealth.com/bioterrorism/2019-ncov.asp>
  - <https://www.cdc.gov/coronavirus/2019-ncov/lab/index.html>

Note: For local health departments that have previously ordered and received NCSLPH COVID-19 Specimen Collection Kits, unused collection materials can be kept for future use. Unused vials of viral transport medium should be stored at 2-8°C.

## Specimen Packaging and Shipment

- Specimens should be packaged and shipped as UN3373 Category B.
  - [Sentinel Level Clinical Laboratory Guidelines for Suspected Agents of Bioterrorism and Emerging Infectious Diseases, Packing and Shipping Infectious Substances](#)
- All approved specimens should be directly shipped to the NCSLPH via overnight commercial courier or delivered via private courier (e.g., hospital couriers). **All shipments must follow these guidelines:**
  - Ship refrigerated specimens to NCSLPH on frozen cold packs
  - If a specimen is frozen at -70°C, ship on dry ice.
  - Shipping address:

### **Attention: Virology/Serology Unit COVID-19**

North Carolina State Laboratory of Public Health  
4312 District Drive  
Raleigh, NC 27607-5490

- If using SLPH collection kits and shipping specimens on a Friday for an overnight Saturday delivery, you must email [slph.covid19@dhhs.nc.gov](mailto:slph.covid19@dhhs.nc.gov) to request a Saturday delivery return service label, which will then be emailed to you.
- Email [slph.covid19.tracking@dhhs.nc.gov](mailto:slph.covid19.tracking@dhhs.nc.gov) with the tracking number or private courier arrival information and the number of specimens.
- All specimen submissions **must have a fully completed [NCSLPH Virology/Serology Form](#)**.
  - **Specimen deliveries will be received at the NCSLPH loading dock from 7am-5pm Monday through Friday, and 8am-12pm on Saturday and Sunday.**

#### Specimen Rejection Criteria

- Samples without a REDCap# or Local Health Department/Communicable Disease Branch approval for testing.
- Specimens not kept at 2-8°C (≤72 hrs) or if specimens have not been frozen at -70°C and they are >72 hrs old.
- Incomplete specimen labeling or documentation.
- Inappropriate specimen type.
- Insufficient specimen volume for testing.

#### Result Reporting

- Turnaround time for testing will be dependent on testing volumes.
- Specimens testing positive at the NCSLPH will be reported as “Presumptive positive 2019-nCoV”
  - The specimen will be immediately shipped to the CDC for confirmatory testing.
  - Presumptive positive results are public health actionable.
  - Confirmatory results are expected 24-72 hours following receipt at CDC, depending on testing volume.
- Specimens testing negative at the NCSLPH will be reported as 2019-nCoV “Not Detected.”

#### Clinical Laboratory Safety Guidance

- Laboratorians should use appropriate precautions when handling specimens that may contain SARS-CoV-2. Timely communication between clinical and laboratory staff is essential to minimize the risk associated when handling specimens from patients with possible COVID-19. **Such specimens should be labeled accordingly**, and the laboratory should be alerted to ensure proper specimen handling.
  - Additional information can be found in:
    - The CDC [Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 \(COVID-19\)](#)

#### Requests for Additional Information From NCSLPH

- For general information, non-urgent LABORATORY questions about specimen collection, testing, and reporting please email the NCSLPH COVID-19 helpdesk at [slph.covid19@dhhs.nc.gov](mailto:slph.covid19@dhhs.nc.gov).
- For critical laboratory-related questions during normal business hours (8am – 5pm, Monday – Friday) please call the SLPH Customer Service line at 919-733-3937.
- For critical laboratory-related questions after business hours and on weekends, please contact the Bioterrorism and Emerging Pathogens Duty Phone at 919-807-8600.

#### Requests for Information from Communicable Disease Branch

- For members of the public, please call 866-462-3821.
- For non-urgent questions, please email [ncresponse@nc.dhhs.gov](mailto:ncresponse@nc.dhhs.gov).
- For urgent provider or local health department questions, please call 919-733-3419 (available 24/7). Please do **NOT** give this number to patients and members of the public.

Notes:

<sup>1</sup>Fever may be subjective or confirmed. Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain fever-lowering medications. Clinical judgment should be used to guide testing of patients in such situations.

<sup>2</sup>For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation

<sup>3</sup>Close contact is defined as:

a) being within approximately 6 feet (2 meters), of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include 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) while not wearing recommended personal protective equipment.

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

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....

Patient first name \_\_\_\_\_ Patient last name \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_/\_\_\_/\_\_\_

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC.....



# Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: \_\_\_\_\_ Case state/local ID: \_\_\_\_\_  
Reporting health department: \_\_\_\_\_ CDC 2019-nCoV ID: \_\_\_\_\_  
Contact ID <sup>a</sup>: \_\_\_\_\_ NNDSS loc. rec. ID/Case ID <sup>b</sup>: \_\_\_\_\_

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. <sup>b</sup>For NNDSS reporters, use GenV2 or NETSS patient identifier.

## Interviewer information

Name of interviewer: Last \_\_\_\_\_ First \_\_\_\_\_

Affiliation/Organization: \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

## Basic information

What is the current status of this person? <input type="checkbox"/> Patient under investigation (PUI) <input type="checkbox"/> Laboratory-confirmed case  Report date of PUI to CDC (MM/DD/YYYY): _____  Report date of case to CDC (MM/DD/YYYY): _____  County of residence: _____ State of residence: _____		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Not specified  Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Other		Date of first positive specimen collection (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown <input type="checkbox"/> N/A  Did the patient develop pneumonia? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  Did the patient have acute respiratory distress syndrome? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  Did the patient have another diagnosis/etiology for their illness? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No  Did the patient have an abnormal chest X-ray? <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No		Was the patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  If yes, admission date 1 ___/___/___ (MM/DD/YYYY) If yes, discharge date 1 ___/___/___ (MM/DD/YYYY)  Was the patient admitted to an intensive care unit (ICU)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Did the patient receive mechanical ventilation (MV)/intubation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, total days with MV (days) _____  Did the patient receive ECMO? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Did the patient die as a result of this illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Date of death (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown date of death					
Race (check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____		Date of birth (MM/DD/YYYY): ___/___/___ Age: _____ Age units(yr/mo/day): _____		Symptoms present during course of illness: <input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Unknown		If symptomatic, onset date (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown		If symptomatic, date of symptom resolution (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Still symptomatic <input type="checkbox"/> Unknown symptom status <input type="checkbox"/> Symptoms resolved, unknown date		Date of death (MM/DD/YYYY): ___/___/___ <input type="checkbox"/> Unknown date of death	
Is the patient a health care worker in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply): <input type="checkbox"/> Travel to Wuhan <input type="checkbox"/> Community contact with another lab-confirmed COVID-19 case-patient <input type="checkbox"/> Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology <input type="checkbox"/> Travel to Hubei <input type="checkbox"/> Any healthcare contact with another lab-confirmed COVID-19 case-patient <input type="checkbox"/> Other, specify: _____ <input type="checkbox"/> Travel to mainland China <input type="checkbox"/> Patient <input type="checkbox"/> Visitor <input type="checkbox"/> HCW <input type="checkbox"/> Unknown <input type="checkbox"/> Travel to other non-US country specify: _____ <input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case-patient <input type="checkbox"/> Animal exposure											
If the patient had contact with another COVID-19 case, was this person a U.S. case? <input type="checkbox"/> Yes, nCoV ID of source case: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A											
Under what process was the PUI or case first identified? (check all that apply): <input type="checkbox"/> Clinical evaluation leading to PUI determination <input type="checkbox"/> Contact tracing of case patient <input type="checkbox"/> Routine surveillance <input type="checkbox"/> EpiX notification of travelers; if checked, DGMQID _____ <input type="checkbox"/> Unknown <input type="checkbox"/> Other, specify: _____											

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).



CDC 2019-nCoV ID:

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

## Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

### Symptoms, clinical course, past medical history and social history

Collected from (check all that apply):  Patient interview  Medical record review

During this illness, did the patient experience any of the following symptoms?	Symptom Present?		
Fever >100.4F (38C) <sup>c</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Subjective fever (felt feverish)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Chills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Muscle aches (myalgia)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Runny nose (rhinorrhea)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Sore throat	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Cough (new onset or worsening of chronic cough)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Shortness of breath (dyspnea)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Nausea or vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Headache	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk
Other, specify: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk

Pre-existing medical conditions?  Yes  No  Unknown

Chronic Lung Disease (asthma/emphysema/COPD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Diabetes Mellitus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Cardiovascular disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Renal disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Chronic Liver disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Immunocompromised Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Neurologic/neurodevelopmental	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
Other chronic diseases	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	(If YES, specify) _____
If female, currently pregnant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Current smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	
Former smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown	

#### Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influenza PCR <input type="checkbox"/> A <input type="checkbox"/> B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. metapneumovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parainfluenza (1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adenovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhinovirus/enterovirus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coronavirus (OC43, 229E, HKU1, NL63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. pneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. pneumoniae	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	Sent to CDC	State Lab Tested
NP Swab			<input type="checkbox"/>	<input type="checkbox"/>
OP Swab			<input type="checkbox"/>	<input type="checkbox"/>
Sputum			<input type="checkbox"/>	<input type="checkbox"/>
Other, Specify: _____			<input type="checkbox"/>	<input type="checkbox"/>

Additional State/local Specimen IDs: \_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).





CORONAVIRUS DISEASE 2019 (COVID-19) Guidance for Persons Under Investigation

You are being tested for the virus that causes coronavirus disease 2019 (COVID-19). Public health actions are necessary to ensure protection of your health and the health of others, and to prevent further spread of infection.

As a person under investigation for COVID-19, the North Carolina Department of Health and Human Services, Division of Public Health advises you to adhere to the following guidance until your test results are reported to you.

- o Remain at home until you are cleared by your health provider or public health authorities.
o Keep a log of visitors to your home using the form provided.
o If you plan to move to a new address or leave the county, notify the local health department in your county.
o Call a doctor or seek care if you have an urgent medical need.
o If a medical emergency arises and you need to call 911, inform the first responders that you are being tested for the virus that causes COVID-19.
o Adhere to all guidance set forth by the North Carolina Division of Public Health for Home Care of patients that is based on guidance from the Center for Disease Control and Prevention with suspected or confirmed COVID-19 that is found here: https://epi.dph.ncdhhs.gov/cd/coronavirus/nonhealthcare.html.
o Your health and the health of our community are our top priorities.

Provider: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing below, you acknowledge that you have read and agree to comply with this Guidance for Persons Under Investigation.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

WHO DO I CALL?

You can find a list of local health departments here: https://www.ncdhhs.gov/divisions/public-health/county-health-departments

Health Department: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_



## CORONAVIRUS DISEASE 2019 (COVID-19) Guidance for Persons Under Investigation

*Please complete this form if your patient declines to sign the Guidance for Persons Under Investigation.*

I ordered a COVID-19 test and provided the Guidance for Persons Under Investigation to my patient. However, my patient declined to sign the Guidance.

**Patient Name:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



## **Infection Prevention Recommendations for Individuals Confirmed to have, or Being Evaluated for, 2019 Novel Coronavirus (COVID-19) Infection Who Receive Care at Home**

Individuals who are confirmed to have, or are being evaluated for, COVID-19 should follow the prevention steps below until a healthcare provider or local or state health department says they can return to normal activities.

### **Stay home except to get medical care**

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas, and do not use public transportation or taxis.

### **Call ahead before visiting your doctor**

Before your medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, COVID-19 infection. This will help the healthcare provider's office take steps to keep other people from getting infected. Ask your healthcare provider to call the local or state health department.

### **Monitor your symptoms**

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** going to your medical appointment, call the healthcare provider and tell them that you have, or are being evaluated for, COVID-19 infection. Ask your healthcare provider to call the local or state health department.

### **Wear a facemask**

You should wear a facemask that covers your nose and mouth when you are in the same room with other people and when you visit a healthcare provider. People who live with or visit you should also wear a facemask while they are in the same room with you.

### **Separate yourself from other people in your home**

As much as possible, you should stay in a different room from other people in your home. Also, you should use a separate bathroom, if available.

### **Avoid sharing household items**

You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with other people in your home. After using these items, you should wash them thoroughly with soap and water.

### **Cover your coughs and sneezes**

Cover your mouth and nose with a tissue when you cough or sneeze, or you can cough or sneeze into your sleeve. Throw used tissues in a lined trash can, and immediately wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand rub.

### **Wash your hands**

Wash your hands often and thoroughly with soap and water for at least 20 seconds. You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

## Prevention Steps for Caregivers and Household Members of Individuals Confirmed to have, or Being Evaluated for, COVID-19 Infection Being Cared for in the Home

If you live with, or provide care at home for, a person confirmed to have, or being evaluated for, COVID-19 infection please follow these guidelines to prevent infection:

### Follow healthcare provider's instructions

Make sure that you understand and can help the patient follow any healthcare provider instructions for all care.

### Provide for the patient's basic needs

You should help the patient with basic needs in the home and provide support for getting groceries, prescriptions, and other personal needs.

### Monitor the patient's symptoms

If they are getting sicker, call his or her medical provider and tell them that the patient has, or is being evaluated for, COVID-19 infection. This will help the healthcare provider's office take steps to keep other people from getting infected. Ask the healthcare provider to call the local or state health department.

### Limit the number of people who have contact with the patient

- If possible, have **only one caregiver** for the patient.
- Other household members should stay in another home or place of residence. If this is not possible, they should stay in another room, or be separated from the patient as much as possible. Use a separate bathroom, if available.
- Restrict visitors** who do not have an essential need to be in the home.

### Keep older adults, very young children, and other sick people away from the patient

Keep older adults, very young children, and those who have compromised immune systems or chronic health conditions away from the patient. This includes people with chronic heart, lung, or kidney conditions, diabetes, and cancer.

### Ensure good ventilation

Make sure that shared spaces in the home have good air flow, such as from an air conditioner or an opened window, weather permitting.

### Wash your hands often

- Wash your hands often and thoroughly with soap and water for at least 20 seconds.** You can use an alcohol-based hand sanitizer if soap and water are not available and if your hands are not visibly dirty.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Use disposable paper towels** to dry your hands. If not available, use dedicated cloth towels and replace them when they become wet.

### **Wear a facemask and gloves**

- Wear a disposable facemask** at all times in the room **and gloves** when you touch or have contact with the patient's blood, body fluids, and/or secretions or excretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or feces. Ensure the mask fits over your nose and mouth tightly, and do not touch it during use.
- Throw out disposable facemasks and gloves after using them. **Do not reuse.**
- Wash your hands immediately** after removing your facemask and gloves.
- If your personal clothing becomes contaminated, carefully remove clothing and launder. **Wash your hands** after handling contaminated clothing.
- Place all used disposable facemasks, gloves, and other waste in a lined container before disposing them with other household waste.
- Remove gloves and wash your hands** immediately after handling these items.

### **Do not share dishes, glasses, or other household items with the patient**

- Avoid sharing household items. You should not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with a patient who is confirmed to have, or being evaluated for, COVID-19 infection.
- After the person uses these items, you should wash them thoroughly with soap and water.

### **Wash laundry thoroughly**

- Immediately remove and wash clothes or bedding that have blood, body fluids, and/or secretions or excretions, such as sweat, saliva, sputum, nasal mucus, vomit, urine, or feces, on them.
- Wear gloves** when handling laundry from the patient.
- Read and follow directions on labels of laundry or clothing items and detergent. In general, wash and dry with the warmest temperatures recommended on the label.

### **Clean all areas the individual has used often**

- Clean all touchable surfaces**, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables, every day. Also, clean any surfaces that may have blood, body fluids, and/or secretions or excretions on them.
- Wear gloves** when cleaning surfaces the patient has come in contact with.
- Use a **diluted bleach solution** (e.g., dilute bleach with 1 part bleach and 10 parts water) or a household disinfectant with a label that says **EPA-registered for coronaviruses**. To make a bleach solution at home, add 1 tablespoon of bleach to 1 quart (4 cups) of water. For a larger supply, add ¼ cup of bleach to 1 gallon (16 cups) of water.
- Read labels of cleaning products and follow recommendations provided on product labels. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves or eye protection and making sure you have good ventilation during use of the product.
- Remove gloves and wash hands** immediately after cleaning.

### **Monitor yourself for signs and symptoms of illness**

Caregivers and household members are considered close contacts, should monitor their health, and will be asked to limit movement outside of the home to the extent possible. Follow the monitoring steps for close contacts listed on the symptom monitoring form.

- If you have additional questions, contact your local health department or call the epidemiologist on call at 919-733-3419 (available 24/7).
- This guidance is subject to change. For the most up-to-date guidance from CDC, please refer to their website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

Person Under Monitoring Name: \_\_\_\_\_

Location: \_\_\_\_\_



Record here the list of visitors to your home since you became ill with respiratory symptoms that led you to consult a health provider:

Visitor Name	Date	Time In	Time Out	Did this person come within 6 feet of you? Indicate Y or N	Relationship to Person Under Monitoring	Phone number	Comments
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
	__/__/__	__:__ AM/PM	__:__ AM/PM				
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