

## IDPH Interim 2019 novel coronavirus (COVID-19) patient under investigation (PUI) form

As soon as possible, notify and send completed form to your local/state health department.

Today's date \_\_\_\_\_ State patient ID \_\_\_\_\_ INEDSS/Case ID \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Patient first name \_\_\_\_\_ Patient last name \_\_\_\_\_

Patient date of birth \_\_\_\_\_ Patient Phone: \_\_\_\_\_

Patient Address: \_\_\_\_\_ Patient City: \_\_\_\_\_ State: \_\_\_\_\_

Interviewer's name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_ Pager or Email \_\_\_\_\_

Sex  M  F Age \_\_\_\_\_ yr  mo Residency  US resident  Non-US resident, country \_\_\_\_\_

PUI Criteria

Date of symptom onset \_\_\_\_\_ Date symptoms ended \_\_\_\_\_

**Does the patient have the following signs and symptoms (check all that apply)?**

Fever<sup>1</sup> ( $\geq 100.4F/38C$ ) Measured: \_\_\_\_\_ °F or  Subjective  Cough  Sore throat  Shortness of breath

**Was the patient on any fever-reducing medication or have other reason fever might not develop?**  Y  N  Unknown

**Does the patient have these additional signs and symptoms (check all that apply)?**

Chills  Headache  Muscle aches  Nausea/Vomiting  Abdominal pain  Diarrhea  Runny Nose

Other, Specify \_\_\_\_\_

Is the patient a health care worker in the United States?  Y  N  Unknown

Does the patient have a history of being in a healthcare facility (as a patient, worker, or visitor) in China?  Y  N  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	<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"/> Travel to other non-US country specify _____	<input type="checkbox"/> Household contact with another lab-confirmed COVID-19 case-patient	<input type="checkbox"/> Unknown
<input type="checkbox"/> Travel to within the US		<input type="checkbox"/> Animal Exposure

Specify: \_\_\_\_\_

Was the patient within six feet of a COVID-19 case for at least 10 minutes (close contact<sup>2</sup>)?  Y  N  Unknown

If yes, Date of last exposure: \_\_\_\_\_ Exposure location: \_\_\_\_\_

If the patient had contact with another COVID-19 case, was this person a U.S. case?

Yes, nCoV ID of source case: \_\_\_\_\_  No  Unknown  N/A

**Additional Patient Information**

**Diagnosis (select all that apply):** Pneumonia (clinical or radiologic)  Y  N Acute respiratory distress syndrome  Y  N

**Comorbid conditions (check all that apply):**  None  Unknown  Pregnancy  Diabetes  Cardiac disease  Hypertension

Chronic pulmonary/lung disease  Chronic kidney disease  Chronic liver disease  Immunocompromised

Current smoker  Former smoker  Other, specify: \_\_\_\_\_

**Is/was the patient: Hospitalized?**  Y, Admit date \_\_\_\_\_ Discharge date: \_\_\_\_\_  N **Admitted to ICU?**  Y  N

**Abnormal Chest X-ray?**  Y  N  Unknown

**Mechanical ventilation/Intubated?**  Y  N **Number of Days** \_\_\_\_\_ **On ECMO?**  Y  N

**Patient died?**  Y  N **Date of Death** \_\_\_\_\_

**Does the patient have another diagnosis/etiology for their respiratory illness?**  Y, Specify \_\_\_\_\_  N  Unknown

**If yes, please complete Table 1 Respiratory Testing Results on this form (over).**

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

<sup>2</sup> Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.

**Evaluating persons with fever and acute respiratory illness** (updated 3/13/20)

Patient has *or reports* fever AND/OR symptoms of lower respiratory illness (i.e. cough, difficulty breathing)

AND

One of the following epidemiologic or other factors

CONTACT	TRAVEL	CONGREGATE LIVING / HEALTHCARE FACILITY	MEDICAL RISK FACTORS	PUBLIC HEALTH CONCERN	HOSPITALIZED +
Any person, including health care workers, who has had <b>close contact with a laboratory-confirmed COVID-19 patient</b> within 14 days of symptom onset	A history of <b>travel from affected geographic areas</b> within 14 days of symptom onset (currently China, South Korea, Iran, Italy, parts of Europe, and Japan) <sup>1</sup>	The individual is from a <b>congregate living or health care facility (staff and/or patient/resident) with clusters of infection not due to influenza and suspected to be due to SARS-CoV-2</b> , as determined in collaboration with public health authorities	The patient is at <b>higher risk for complications</b> from SARS-CoV-2 and for whom <b>rapid test results are more likely to impact clinical care/outcomes</b> (e.g. older adults (age ≥ 65 years)) <b>OR</b> is an individual with <b>chronic medical conditions and/or an immunocompromised state</b> that may put them at higher risk for poor outcomes <sup>2</sup>	Other situations involving patients that clinicians have thoroughly evaluated and are deemed <b>high priority after consultation with public health OR</b> are <b>part of a situation of concern as determined by public health</b>	<b>Hospitalized patients with unexplained<sup>3</sup> pneumonia</b> where a physician (infectious disease or pulmonary specialist, if feasible) has evaluated the patient and is concerned about SARS-CoV-2 infection <sup>4, 5</sup>
<p>Patients who do <b>not</b> meet any of the above criteria for COVID-19 testing by IDPH laboratories should be managed as clinically indicated. Providers may determine to proceed with testing at a commercial or clinical laboratory.</p>					

- <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- Examples include but are not limited to diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease.
- Patient has had negative influenza and respiratory panel testing.
- Exposure source may be unknown or not identified.
- Radiologic studies should also be reviewed with an expert (e.g. chest radiologist) to help make this determination.

**If COVID-19 is suspected, IMMEDIATELY:**

- Ensure that the patient is masked and isolated** in a private room with the door closed (place in airborne isolation room if available) **AND**
- Ensure that healthcare personnel entering the room are wearing an N-95 or higher-level respirator (or facemask if a respirator is not available), gloves, gown, and eye protection** (e.g., goggles or face shield).
- Notify your healthcare facility's infection control personnel.**
- Perform any clinically indicated respiratory and other diagnostic tests. Indicate results in Table 1. Below**

Table 1. Respiratory diagnostic results

Test	Pos	Neg	Pending	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"/>

Test	Pos	Neg	Pending	Not done
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"/>
<i>M. pneumoniae</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>C. pneumoniae</i>	<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"/>

- Call your local health department** (<https://www2.illinois.gov/services/IDPH/local-health-search>) **with the PUI information to discuss the case and determine whether to test for COVID-19.** (If unavailable, call Illinois Department of Public Health at 217-782-2016 (after hours: 800-782-7860)). The LHD will provide an authorization number for IDPH lab testing.
- If instructed by your local health department, collect a sample for COVID-19 testing.** Guidance regarding specimen collection is available here: <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>. **IDPH Lab Testing: NP swabs only!**

**Specimens for COVID-19 Testing**

Specimen type	Specimen ID	Date collected	Sent to CDC?
NP swab			<input type="checkbox"/>

- Collect** specimens, immediately **store** at 2-8°C, transport on cold packs.
- Include** a completed Communicable Disease Lab Testing Requisition form for each specimen submitted. <http://www.dph.illinois.gov/sites/default/files/forms/formsohp-labscd-test-requisition.pdf>.
- Do not discharge or release the patient without prior approval from Public Health.** Continue infection control precautions as described above.
- Rooms may be disinfected with EPA-registered product effective against human coronavirus; follow manufacturer's instructions for product use. Follow infection control precautions for cleaning an airborne isolation room. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm#tab1>