

COVID-19 Testing Decision Matrix
Persons Under Investigation (PUIs) for Testing at IDPH Laboratories

CLINICAL PRESENTATION:

**Fever and/or signs/symptoms of lower respiratory illness
(e.g. cough or shortness of breath)**

AND

any 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 have had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset	A history of travel from affected geographic areas within 14 days of symptom onset (currently China, South Korea, Iran, Italy, parts of Europe, and Japan) ¹	The individual is from a 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 , as determined in collaboration with public health authorities	The patient is at higher risk for complications from SARS-CoV-2 and for whom rapid test results are more likely to impact clinical care/outcomes (e.g. older adults (age ≥ 65 years)) OR is an individual with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes ²	Other situations involving patients that clinicians have thoroughly evaluated and are deemed high priority after consultation with public health OR are part of a situation of concern as determined by public health	Hospitalized patients with unexplained³ pneumonia where a physician (infectious disease or pulmonary specialist, if feasible) has evaluated the patient and is concerned about SARS-CoV-2 infection ^{4, 5}

Patients who do not 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.

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