

Executive Summary:

A revised Criteria to Guide Evaluation of PUI for COVID-19 and Footnotes have been developed by the CDC to better define what currently makes a person fall into ‘A Person Under Investigation Status’ (aka Case Definition). It consists of an Introduction, the Criteria Chart, List of Affected Geographic Areas of Widespread or Sustained Community Spread, and Footnotes to clarify specific application.

Full Report:

The following Criteria to Guide Evaluation of PUI for COVID-19 was copied exactly from the CDC Webpage *Coronavirus Disease 2019 (COVID-19) – Evaluating and Reporting Persons Under Investigation (PUI)*.

See <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

“Limited information is available to characterize the spectrum of clinical illness associated with coronavirus disease 2019 (COVID-19). No vaccine or specific treatment for COVID-19 is available; care is supportive.

The CDC clinical criteria for a COVID-19 person under investigation (PUI) have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to change as additional information becomes available.

Healthcare providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness. CDC guidance for evaluating and reporting a PUI for MERS-CoV remains unchanged.

Local health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-19. The CDC clinical criteria for COVID-19 PUIs have been developed based on available information about this novel virus, as well as what is known about Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). These criteria are subject to change as additional information becomes available.

Clinical Features	&	Epidemiologic Risk
Fever¹ OR signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers², who has had close contact³ with a lab-confirmed⁴ COVID-19 patient within 14 days of symptom onset
Fever¹ AND signs/symptoms of a lower respiratory illness (e.g. cough or shortness of breath)	AND	A history of travel from affected geographic areas⁵ (see below) within 14 days of symptom onset

Fever¹ with severe acute lower respiratory illness (e.g. pneumonia, ARDS) requiring hospitalization⁴ and without alternative explanatory diagnosis (e.g. influenza)⁶	AND	No source of exposure has been identified.
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Affected Geographic Areas with Widespread or Sustained Community Transmission (as of 2/26/20):

- China
- Iran
- Italy
- Japan
- South Korea

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-19 without laboratory confirmation.

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 can occur while caring for, living with, 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.

See CDC's updated [Interim Infection Prevention and Control Recommendations for 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 person 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 Exposure in a Healthcare Setting to Patients with COVID-19.](#)



Helping the Helpers

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

⁵ Affected areas are defined as geographic regions where a sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all [COVID-19 Travel Health Notices](#) .

⁶ Category includes single or clusters of patients with severe acute lower respiratory illness (e.g. pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered”