

Interim Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)

Due to current testing capacity, Texas public health laboratories, including Houston Health Department, will use the following criteria to prioritize testing of persons at risk of COVID-19.

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers ² , who has had close contact ³ with a laboratory-confirmed ⁴ 2019-nCoV patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath). Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).	AND OR	A history of travel from affected geographic areas (see below) ⁵ within 14 days of symptom onset An individual(s) with risk factors that put them at higher risk of poor outcomes ⁶
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).	AND	No source of exposure has been identified

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. 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 potentially exposed healthcare personnel. Additional information is available 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 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 can 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 (PPE) (e.g., gowns, gloves, National Institute for Occupational Safety and Health (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 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.

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 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. It may also include geographic regions within the United States where documented community transmission has been identified.

6 Other symptomatic individuals such as, older adults (age ≥ 65 years) 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).

For questions or to report a suspected case, please contact your local health department.

Houston Area Health Departments

Harris County Public Health

Telephone: (713) 439-6000

Fax: (713) 439-6306

After Hours: (713) 755-5000

<http://publichealth.harriscountytx.gov/>

Houston Health Department

Telephone: (832) 393-5080 (24 hr #)

Fax: (832) 393-5232

www.houstontx.gov/health/index.html

Texas Department of State Health Services Health Service Region 6/5 South

Telephone: (713) 767-3000

Fax: (713) 767-3006

After Hours: (800) 270-3128

www.dshs.state.tx.us/region6-5/default.shtm

Galveston County Health District

Telephone: (409) 938-2322

Fax: (409) 938-2399

After Hours: (888) 241-0442

www.gchd.org

Montgomery County Public Health Department

Telephone: (936) 523-5026

Fax: (936) 539-9272

After Hours: (888) 825-9754

<https://mcphd-tx.org>

Fort Bend County Health and Human Services

Telephone: (281) 342-6414

Fax: (281) 342-7371

After Hours: (281) 434-6494

www.fortbendcountyhhs.com

Brazoria County Health Department

Telephone: (979) 864-2168

Fax: (979) 864-3694

After Hours: (800) 511-1632

www.publichealthmatters.net

Chambers County Health Department

Telephone: (409) 267-2730

Fax: (409) 267-4276

After Hours: (409) 267-9862

https://www.co.chambers.tx.us/page/health_department

Beaumont Public Health Document

Telephone: 409-654-3603

FAX: 409-832-4270

After Hours: 409-998-3389

sherry.ulmer@beaumonttexas.gov

Port Arthur Public Health Department

Telephone: 409-983-8832

Judith.smith@portarthurtx.gov

Hardin County Health Department/Orange County

Telephone: (409)209-5363

Fax: (409)246-4373 or (409)246-5263

After Hours: (409)659-7759

Christina.richard@co.hardin.tx.us