

Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19)

February 28, 2020

The Florida Department of Health (Department) would like to update health care providers and laboratories on the detection and reporting of coronavirus disease 2019 (COVID-19). The outbreak has now spread from China with sustained community transmission in many countries, currently causing an outbreak of respiratory illness that originated in China. The Department is collaborating with the Centers for Disease Control and Prevention (CDC) to conduct surveillance for persons who may have been exposed to or infected with COVID-19 while traveling to impacted countries or with contact to a case and arrange for confirmatory testing.

As of February 28, 2020, 15 COVID-19 infections have been confirmed in the United States and an additional 46 COVID-19 infections have occurred in persons repatriated to the United States with exposures in Wuhan City or on the Diamond Princess Cruise Ship. Limited person-to-person transmission was detected in the U.S. No cases of COVID-19 have been identified in Florida. Since the outbreak began in December, over 78,000 confirmed cases have been reported in China. Although the outbreak is slowing in China cases continue to be reported.

Please continue to monitor the CDC website for updates: www.cdc.gov/coronavirus/2019-ncov/index.html

All health care providers should be prepared to identify, collect specimens, and care for patients under investigation for COVID-19.

Health care providers should immediately notify both infection control personnel at their health care facility and their county health department (FloridaHealth.gov/chdepcontact) if they identify a person meeting the patient under investigation (PUI) for COVID-19 criteria below.

Clinical Features		Risk Criteria
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 COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from an affected geographic area with sustained community transmission ⁵ within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	AND	No source of exposure has been identified

Specimen Collection for a PUI for COVID-19

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those patients with productive coughs. Induction of sputum is not recommended. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset.

Health Care Infection Prevention and Control Recommendations

CDC currently recommends a cautious approach to patients under investigation for COVID-19. Such patients should be asked to wear a surgical mask as soon as they are identified. They should be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Health care personnel entering the room should use contact and airborne precautions, including the use of eye protection (e.g., goggles or a face shield). For more information, please refer to CDC's detailed infection control guidance: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Hospital and Health Care Professional Preparedness

The Department recommends that hospitals and health care professionals prepare to identify and treat patients with novel coronavirus. The CDC has developed preparedness checklists to guide this effort. They can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>

Additional Resources

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

¹Fever may be subjective or confirmed.

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

³Close contact is defined as—

- a) being within approximately 6 feet (2 meters), or within the room or care area, 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 health care 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.

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

⁵Affected areas are defined as geographic regions where sustained community transmission has been identified. A list of affected areas can be found at www.cdc.gov/coronavirus/2019-ncov/travelers/