



**2020 Health Alert #3:
New York City Resident Diagnosed with 2019 Novel Coronavirus (COVID-19) Infection
NYC Health Department Now Performing COVID-19 Testing
Clarification of New CDC Testing Criteria**

Please distribute widely to healthcare professionals

- The 2019 novel coronavirus disease (COVID-19) outbreak continues to expand worldwide, with community transmission on several continents.
- Two people in New York City (NYC) have been diagnosed with COVID-19.
- The NYC Public Health Laboratory is now able to perform COVID-19 testing.
- Providers wanting to request COVID-19 testing should be familiar with the Centers for Disease Control and Prevention's (CDC) updated testing criteria for Persons Under Investigation (PUI) for COVID-19. (See Table below)
- Prepare to prevent and minimize the spread of COVID-19. Develop plans and protocols to:
 - Promptly identify, isolate, and evaluate persons with possible COVID-19
 - Notify the NYC Health Department if patients meet CDC PUI testing criteria
 - Once approved, collect clinical specimens for diagnostic testing for COVID-19

March 4, 2020

Dear Colleagues,

As of March 3, 2020, two individuals have been diagnosed with COVID-19 in New York City. It is expected that given the continuing spread of the virus around the globe, with time additional persons infected with COVID-19 will be identified in NYC.

This announcement comes along with notification that the NYC Health Department is now able to perform COVID-19 testing at its Public Health Laboratory using a real time reverse transcription polymerase chain reaction (rRT-PCR) molecular assay. This expands the capacity for COVID-19 testing available for NYC patients while decreasing the time for test results to become available. See the [Provider Management Checklist](#) for details on evaluation of an individual with possible COVID-19. Visit this [this page](#) for more information on specimen collection and ordering tests.

Providers also should be aware of recent updates to the CDC criteria for a person under investigation (PUI) for COVID-19, which were published in a [CDC Health Advisory](#) distributed on February 28, 2020 (see Table below). Prior to these changes, CDC COVID-19 PUI criteria were based entirely on a combination of clinical and epidemiologic features. A new category of PUI was introduced with the following criteria:

- *patients without identified sources of exposure AND*

- *fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS [acute respiratory distress syndrome] requiring hospitalization and without an alternative explanatory diagnosis (e.g., influenza).*

This new CDC COVID-19 PUI criterion for severe acute lower respiratory disease allows COVID-19 testing for patients in whom there is a high index of clinical suspicion. For patients with severe acute lower respiratory disease who do not have an identified epidemiologic risk factor for COVID-19, clinicians should perform routine evaluation, including testing for common causes of community-acquired pneumonia, *before* notifying the NYC Health Department of the case and requesting testing for COVID-19, unless there is a high index of clinical suspicion for COVID-19. If COVID-19 is on the differential diagnosis, please implement [appropriate infection control precautions](#) until discussing with a NYC Health Department clinician.

For severe lower respiratory illness in hospitalized patients with no identified epidemiologic risk, clinical features that may increase suspicion of COVID-19 include:

- acute respiratory distress syndrome
- infiltrative process on chest x-ray (e.g., bilateral infiltrates consistent with viral pneumonitis).
- bilateral ground-glass opacities on chest computerized tomography
- unexplained lymphopenia or thrombocytopenia

If the clinical and radiologic presentation are equivocal, the following epidemiologic exposures within the 14 days preceding symptom onset should increase suspicion for COVID-19: close contact with an ill traveler who was in an affected country, or being a healthcare provider who may have had exposure to an unrecognized case of COVID-19.

The NYC Health Department asks that all healthcare providers report all patients with suspected COVID-19 and especially those in whom testing, in their clinical judgement, is likely to yield a COVID-19 diagnosis. To discuss any patient with a NYC Health Department clinician, call the Provider Access Line (PAL) at **866-692-3641**.

The outbreak of COVID-19 is a rapidly evolving situation. We encourage NYC health care providers and institutions to take advantage of the COVID-19 resources available on the NYC Health Department [provider webpage](#), including patient management and clinical laboratory guidance, information for healthcare facilities, and office posters in multiple languages, and those on the [CDC website](#). We encourage you to review your plans and [take steps now](#) to prepare for a community outbreak of COVID-19.

Thank you for your collaboration.

Sincerely,



Demetre Daskalakis, MD, MPH
Deputy Commissioner

Table: Current U.S. Centers for Disease Control and Prevention (CDC) Definition for Persons Under Investigation (PUI) for COVID-19 (updated 2/27/2020). These criteria are subject to change; visit the CDC website periodically for the most [updated PUI definition](#).

Clinical Features	&	Epidemiologic Risk
1. 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
2. Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas ⁵ within 14 days of symptom onset
3. Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization ⁴ and without alternative explanatory diagnosis (e.g., influenza) ⁶	AND	No source of exposure has been identified

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) 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 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](#).

⁴Affected geographic areas with widespread or sustained community transmission currently include: China, Iran, Italy, Japan, South Korea. Visit <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html#foot6> for updates.

⁵Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

Affected areas are defined as geographic areas where sustained community transmission has been identified. Relevant affected areas will be defined as a country with sustained or widespread community-level transmission ([CDC Level 2 or 3 Travel Health Notice](#)).

⁶Category 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.