

Health Alert:

UPDATED Missouri COVID-19 PUI Definition and Testing Algorithm

March 12, 2020

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>.

The Missouri Department of Health & Senior Services (DHSS) is now using four types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Health Alert
March 12, 2020

**FROM: RANDALL W. WILLIAMS, MD, FACOG
DIRECTOR**

SUBJECT: UPDATED Missouri COVID-19 PUI Definition and Testing Algorithm

Recognizing persons who are at risk for COVID-19 is a critical component of identifying cases and preventing further transmission. With expanding spread of COVID-19, additional areas of geographic risk are being identified and the criteria for considering testing are being updated to reflect this spread. In addition, with increasing access to testing, the criteria for testing for COVID-19 have been expanded to include more symptomatic persons, even in the absence of travel history to affected areas or known exposure to another case, to quickly detect and respond to community spread of the virus in the United States

Criteria to Guide Evaluation and Laboratory Testing for COVID-19 at the Missouri State Public Health Laboratory

COVID-19 diagnostic testing is available through the Missouri State Public Health Laboratory for individuals meeting the criteria listed below. The areas with sustained transmission have been updated since the March 9, 2020 Health Update. Clinicians should note that the geographic locations listed are likely to continue to change with the epidemiologic picture of the outbreak.

In addition, the algorithm below is being used by our call center to determine if testing for COVID-19 by the State Public Health Laboratory will be approved.

Please note that some of the initial decision points require that the patient be evaluated by a healthcare provider. In addition, requests for testing approval must come from a healthcare provider, not the patient or patient's family member. To request testing for patients that meet one of these criteria, please contact your local public health agency, or the Missouri Department of Health and Senior Services (DHSS) at 800-392-0272 (24/7).

For individuals not meeting these DHSS criteria, providers may wish to pursue private laboratory testing. Testing through private laboratories does not require DHSS approval.

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P.O. Box 570
Jefferson City, MO 65102
Telephone: 800-392-0272
Fax: 573-751-6041

Website: <http://www.health.mo.gov>

Interim Missouri COVID-19 Person Under Investigation (PUI) Definition

Interim Missouri COVID-19 Person Under Investigation (PUI) Definition
Updated March 11, 2020

Clinical Features		Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including healthcare 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) requiring hospitalization	AND	A history of travel from affected geographic areas ⁵ (see below) 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) ⁶	AND	No source of exposure has been identified
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) without alternative explanatory diagnosis (e.g., influenza), not hospitalized or considered severe	AND	A history of travel from affected geographic areas ⁵ (see below) within 14 days of symptom onset
Areas with Sustained (Ongoing) Transmission		
International (By WHO Region)		
European	Western Pacific	Eastern Mediterranean
Italy	Japan	Iran
Spain	South Korea	
Germany	China	
France		
US		
		King County/Seattle, Washington, USA Westchester County, New York, USA Santa Clara County, California, USA

Footnotes

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. 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 \(COVID-19\)](#).

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.

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](#).

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

⁵Affected 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](#).

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.

Interim Missouri COVID-19 Testing Algorithm

