

Only consider persons with travel to an affected geographic area¹ or close contact² with a laboratory-confirmed^{3,4} COVID-19 patient within 14 days of symptom onset or persons with severe respiratory illness⁵ without an alternative diagnosis.

- Ask the patient to wear a surgical mask.
- Evaluate the patient in a private room with the door closed, ideally an airborne isolation room, if available.
- Initiate contact and airborne precautions, including use of eye protection (e.g., goggles or a face shield) for all health care professionals and other staff entering the room.
- Visit www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html for additional recommendations on infection control recommendations for patients under investigation for COVID-19 in health care settings.

A. Person traveled to or from an affected geographic area¹ with widespread or sustained community transmission.

Does the person have fever⁶ **and** symptoms of lower respiratory illness (e.g., cough, shortness of breath)?

YES

NO

B. Person had close contact² with a laboratory-confirmed^{3,4} COVID-19 patient

Does the person have fever⁶ **or** symptoms of lower respiratory illness (e.g., cough, shortness of breath)?

YES

NO

C. Person with severe acute lower respiratory illness⁵ and fever requiring hospitalization.

Does the person have an alternative explanatory diagnosis (e.g., influenza)?

YES

NO

STOP: No COVID-19 testing needed
Continue to treat patient normally.

This patient meets the criteria for a patient under investigation for COVID-19. The Florida Department of Health asks that you **immediately** notify both infection control personnel at your health care facility and your county health department (FloridaHealth.gov/CHDEpiContact).

¹Affected areas are defined as geographic regions where sustained community transmission has been identified. Countries with CDC Level 2 or 3 Travel Health Notices include: China, South Korea, Iran, Italy, and Japan (as of February 28, 2020). A current list of affected areas can be found at www.cdc.gov/coronavirus/2019-ncov/travelers/.

²Close contact is defined as: (1) 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 (2) 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. 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

³Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

⁴For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation.

⁵Category 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.

⁶Fever may be subjective or confirmed.