



**DALLAS COUNTY**  
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
ACUTE COMMUNICABLE DISEASE EPIDEMIOLOGY DIVISION

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**From:** DCHHS Acute Communicable Disease Epidemiology Division  
DCHHS LRN Laboratory Division

**To:** **Dallas County Medical Providers**

**Date:** **March 10, 2020**

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## Health Advisory: **Coronavirus Disease 2019 (COVID-19)**

Dallas County Health and Human Services (DCHHS) is reporting the first presumptive positive case of novel coronavirus (COVID-19) identified in Dallas County. The individual is an out-of-state traveler in their 70's with extensive travel history and is being treated at a Dallas-area hospital. The patient was immediately identified and isolated at the hospital and appropriate personal protective equipment was worn by hospital personnel.

CDC has released criteria to guide evaluation and laboratory testing for COVID-19 ([CDC Health Alert Network Update, March 8, 2020](#)), accessible at: [emergency.cdc.gov/han/2020/han00429.asp](https://emergency.cdc.gov/han/2020/han00429.asp). A [DCHHS COVID-19 Physician Checklist](#) is available for clinicians to guide decisions regarding testing ([www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php](http://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php)).

Interim CDC guidance for infection control for patients with suspected or confirmed COVID-19 in healthcare settings has been updated at: [www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html).

COVID-19 testing is currently available through **commercial laboratories**, and providers should contact the respective laboratory for specimen submission instructions. At this time, LabCorp is conducting COVID testing, and Quest and Viracor are anticipated to begin offering testing soon. Testing through public health laboratories in Texas, including the Dallas LRN laboratory, must meet criteria established by the Texas Department of State Health Services ([dshs.texas.gov/coronavirus/public-health.aspx](https://dshs.texas.gov/coronavirus/public-health.aspx)). Requests for testing through the DCHHS laboratory are required to first be approved. Submission instructions and forms are available at:

- DCHHS Submission Instructions for Novel Coronavirus (COVID-19) PCR Testing: ([https://www.dallascounty.org/Assets/uploads/docs/hhs/2019-nCoV/DCHHS%20\\_COVID-19%20Submission%20Instructions\\_3.10.20.pdf](https://www.dallascounty.org/Assets/uploads/docs/hhs/2019-nCoV/DCHHS%20_COVID-19%20Submission%20Instructions_3.10.20.pdf))
- DCHHS Laboratory Test Request Form – Novel Coronavirus PCR: ([https://www.dallascounty.org/Assets/uploads/docs/hhs/2019-nCoV/DCHHS\\_Novel%20Coronavirus%20test%20form\\_3.10.20.pdf](https://www.dallascounty.org/Assets/uploads/docs/hhs/2019-nCoV/DCHHS_Novel%20Coronavirus%20test%20form_3.10.20.pdf))

The following FAQ sheets are available on the DCHHS website and can be provided to patients:

- [What to do if you were potentially exposed to someone with confirmed coronavirus disease \(COVID-19\)](#)
- [What to do if you have confirmed or suspected coronavirus disease \(COVID-19\)](#)
- [What to do if you have symptoms of coronavirus disease \(COVID-19\) and have not been around anyone who has been diagnosed with COVID-19](#)

Please report all positive test results for COVID-19 cases immediately to DCHHS at (214) 819-2004. Additional information about 2019 Novel Coronavirus can be found at the DCHHS website at: [www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php](http://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php)

# This is an official **CDC HEALTH UPDATE**

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## **Updated Guidance on Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)**

### **Summary**

The Centers for Disease Control and Prevention (CDC) continues to closely monitor and respond to the COVID-19 outbreak caused by the novel coronavirus, SARS-CoV-2.

This CDC Health Alert Network (HAN) Update highlights guidance and recommendations for evaluating and identifying patients who should be tested for COVID-19 that were shared on March 4, 2020, on the CDC COVID-19 website at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>. It supersedes the guidance and recommendations provided in CDC's HAN 428 distributed on February 28, 2020.

The outbreak that began in Wuhan, Hubei Province, has now spread throughout China and to 101 other countries and territories, including the United States. As of March 8, 2020, there were more than 105,000 cases reported globally. In addition to sustained transmission in China, there is now community spread in several additional countries. CDC has updated travel guidance to reflect this information (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>).

As of March 7, 2020, there were a total of 213 cases within the United States, of which, 49 were among repatriated persons from high-risk settings. Among the other 164 cases that were diagnosed in the United States, 36 were among persons with a history of recent travel in China or other affected areas, and 18 were persons in close contact with another confirmed COVID-19 patient (i.e., person-to-person spread); 110 cases are currently under investigation. During the week of February 23, community spread of the virus that causes COVID-19 was reported in California in two places, Oregon, and Washington. Community spread in Washington resulted in the first reported case of COVID-19 in a healthcare worker, and the first outbreak in a long-term care facility. The first death due to COVID-19 was also reported from Washington; there have now been 11 reported deaths in the U.S. from COVID-19. As of March 7, 2020, COVID-19 cases had been reported by 19 states. CDC will continue to work with state and local health departments, clinicians, and laboratorians to identify and respond to other cases of COVID-19, especially those with an unknown source of infection, to limit further community spread. The most recent update describing COVID-19 in the United States can be found at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

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

Clinicians should work with their local and state health departments to coordinate testing through public health laboratories. In addition, COVID-19 diagnostic testing, authorized by the Food and Drug Administration under an Emergency Use Authorization (EUA), is becoming available in clinical laboratories. This additional testing capacity will allow clinicians to consider COVID-19 testing for a wider group of symptomatic patients.

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever<sup>1</sup> and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

1. Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
2. Other symptomatic individuals such as, older adults (age  $\geq$  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).
3. Any persons including healthcare personnel<sup>2</sup>, who within 14 days of symptom onset had close contact<sup>3</sup> with a suspect or laboratory-confirmed<sup>4</sup> COVID-19 patient, or who have a history of travel from affected geographic areas<sup>5</sup> (see below) within 14 days of their symptom onset.

There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).

Mildly ill patients should be encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

## International Areas with Sustained (Ongoing) Transmission

*Last updated March 8, 2020*

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

- China: Level 3 Travel Health Notice (<https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china>)
- Iran: Level 3 Travel Health Notice (<https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-iran>)
- Italy: Level 3 Travel Health Notice (<https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-italy>)
- Japan: Level 2 Travel Health Notice (<https://wwwnc.cdc.gov/travel/notices/alert/coronavirus-japan>)
- South Korea: Level 3 Travel Health Notice (<https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-south-korea>)

## Recommendations for Reporting, Laboratory Testing, and Specimen Collection

Clinicians should immediately implement recommended infection prevention and control practices (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and their state or local health department if it is suspected that a patient may have COVID-19. State health departments that have identified a person suspected of having COVID-19 or a laboratory-confirmed case should complete a PUI and Case Report form through the processes identified on CDC's

Coronavirus Disease 2019 website (<https://www.cdc.gov/coronavirus/2019-ncov/php/reporting-pui.html>). If specimens are sent to CDC for laboratory testing, state and local health departments can contact CDC's Emergency Operations Center (EOC) at 770-488-7100 for assistance with obtaining, storing, and shipping, including after hours, on weekends, and holidays

Guidance for the identification and management of potentially exposed contacts of a confirmed case of COVID-19 can be found in Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases (<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>).

Separate guidance for the management of potentially exposed contacts of a COVID-19 case who are healthcare personnel is provided in 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 (COVID-19) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing upper respiratory tract specimens (nasopharyngeal AND oropharyngeal swabs). CDC also recommends testing lower respiratory tract specimens, if available. For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended. For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen. Specimens should be collected as soon as possible once a person has been identified for testing, regardless of the time of symptom onset. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>) and Biosafety FAQs for handling and processing specimens from suspected cases and PUIs (<https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html>).

<sup>1</sup>Fever may be subjective or confirmed

<sup>2</sup>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) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

<sup>3</sup>Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; 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, 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 (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>).

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 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>).

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

<sup>5</sup>Affected areas are defined as geographic regions where sustained community transmission has been identified. For a list of relevant affected areas, see Coronavirus Disease 2019 Information for Travel (<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>).

#### **For More Information**

More information is available at the COVID-19 website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

*The Centers for Disease Control and Prevention (CDC) protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*

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#### **Categories of Health Alert Network messages:**

<b>Health Alert</b>	Requires immediate action or attention; highest level of importance
<b>Health Advisory</b>	May not require immediate action; provides important information for a specific incident or situation
<b>Health Update</b>	Unlikely to require immediate action; provides updated information regarding an incident or situation
<b>HAN Info Service</b>	Does not require immediate action; provides general public health information

###This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, epidemiologists, HAN coordinators, and clinician organizations###



## 2019 Novel Coronavirus (COVID-19) Physician Checklist

Evaluating patients who may have COVID-19 infection

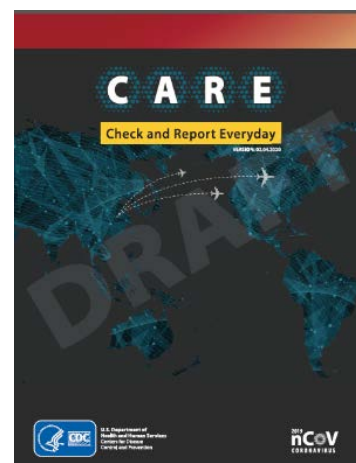
(v. 3/10/2020)

The purpose of this checklist is to provide you with step-by-step guidance when evaluating patients who may have 2019 Novel Coronavirus infection (COVID-19), with the goal of preventing the spread of infection, expediting investigation with Dallas County Health and Human Services (DCHHS), and initiating testing through the Centers for Disease Control and Prevention (CDC).

### Medical providers, for assistance with diagnosis and infection control, please call:

Dallas County Health and Human Services  
(214) 819-2004 (8:00am – 4:30pm Monday to Friday)  
(877) 605-2660 (After Hours Answering Service)

- Step 1. Identify patients who may have respiratory illness caused by COVID-19:**
  - 1a. Place visible signage in triage and waiting areas, requesting visitors with a fever or cough and recent international travel to immediately notify healthcare staff.  
(Example COVID-19 travel alert posters: [English](#) | [Chinese \(Simplified\)](#) | [Spanish](#) | [Vietnamese](#) )
  - 1b. Place surgical mask on all patients who present with acute respiratory symptoms.
- Step 2. Did the patient present to hospital staff a copy of a CDC Travel Health Alert Notice (THAN) or a CDC Care Booklet? If yes, please call DCHHS immediately at (877)-605-2660. Example images:**



- **Step 3. Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Most patients with confirmed COVID-19 have developed fever (may be subjective or confirmed) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). See below for COVID-19 testing options and subsequent testing priorities (commercial labs) and criteria (public health labs):**

**A. Option 1: Commercial laboratories (see CDC Priorities for COVID-19 Testing below)**

- a. LabCorp
- b. Quest Diagnostic Laboratories (testing anticipated to begin in about one week)
- c. Viracor (testing anticipated to begin in about one week)

<b>CDC Priorities for COVID-19 Testing (per <a href="#">3/8/20 CDC HAN</a>)</b> (See also CDC Guidance for Evaluating and Reporting Persons Under Investigation (PUI) at: <a href="https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html">https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html</a> )
<b>1. Hospitalized patients who have signs and symptoms compatible with COVID-19</b>
<b>2. 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)</b>
<b>3. <u>Any persons including healthcare personnel<sup>2</sup>, who within 14 days of symptoms onset had close contact<sup>3</sup> with a suspect or laboratory-confirmed<sup>4</sup> COVID-19 patient, or who have a history of travel from affected geographic areas<sup>5</sup> (see below) within 14 days of their symptoms onset.</u></b>
<p><sup>1</sup> Fever may be subjective or confirmed.</p> <p><sup>2</sup> 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) (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</a>).</p> <p><sup>3</sup> Close contact is defined as—</p> <ul style="list-style-type: none"><li>a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case</li><li>– or –</li><li>b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)</li></ul> <p>If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.</p> <p>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 (<a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html</a>).</p> <p>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 (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</a>).</p> <p><sup>4</sup> Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.</p> <p><sup>5</sup> Affected areas are defined as geographic regions where sustained community transmission has been identified. For a list of relevant affected areas, see Coronavirus Disease 2019 Information for Travel (<a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html</a>).</p>

**B. Option 2: Public health laboratories in Texas - see Texas DSHS criteria for testing below  
(as of 3/10/20):**

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

The criteria are intended to serve as a guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis. For severely ill persons, testing can be considered when exposure history is equivocal (e.g., uncertain travel or exposure, or no known exposure) and another etiology has not been identified.

**Footnotes:**

<sup>1</sup> Fever may be subjective or confirmed

<sup>2</sup> 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 \(COVID-19\)](#).

<sup>3</sup> See CDC's updated [Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus](#). Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a 2019-nCoV case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case

– or –

b) having direct contact with infectious secretions of a 2019-nCoV 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”


If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, National Institute for Occupation 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 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care 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](#).

<sup>4</sup> Documentation of [laboratory-confirmation](#) of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

<sup>5</sup> 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 U.S. where documented community transmission has been identified.

<sup>6</sup> 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).

If patient **DOES NOT** meet any of the above criteria, **STOP**  here and continue evaluation for alternative diagnosis as clinically indicated.

If patient **DOES** meet the above criteria, immediately isolate the patient:



- Place patient in a negative pressure airborne isolation room. If none available, place patient in a private room with the door closed.
- Step 4. Implement following infection control procedures for healthcare workers:
  - 3a. Standard precautions
  - 3b. Contact precautions (e.g., gloves, gown)
  - 3c. Eye protection (e.g., goggles or face shield)
  - 3d. Airborne precautions (e.g., N95 mask or PAPR)
- Step 5. Immediately report the patient to your facility's Infection Control department and DCHHS. DCHHS can be contacted at:
  - Business Hours: (214) 819-2004 from 8:00 am – 4:30 pm, Monday to Friday
  - After Hours: (877) 605-2660 (After Hours Answering Service)
- Step 6. Testing
  - A. If testing through a commercial lab, call the lab for further instructions on specimen collection and shipment.
  - B. If after consultation with DCHHS, COVID-19 testing is approved at DCHHS, complete the [DCHHS Laboratory Test Request Form](#) following the [DCHHS Submission Instructions for Novel Coronavirus \(COVID-19\) PCR Testing](#)
    - DCHHS will provide you with a TX ID number; fill in the test request form with this TX ID (upper right corner of form).
    - Fax completed form to DCHHS at (214) 819-6095, or send via encrypted email to [epidemiology@dallascounty.org](mailto:epidemiology@dallascounty.org)
    - **DO NOT send specimens to the Dallas LRN until testing has been discussed and approved by DCHHS.**
- Step 7. Collect specimens for laboratory diagnosis at DCHHS.

Collect one NP and one OP specimen as soon as possible regardless of symptom onset. (See DCHHS Submission Instructions for Novel Coronavirus (COVID-19) PCR Testing: [https://www.dallascounty.org/Assets/uploads/docs/hhs/2019-nCoV/DCHHS%20 COVID-19%20Submission%20Instructions\\_3.4.20.pdf](https://www.dallascounty.org/Assets/uploads/docs/hhs/2019-nCoV/DCHHS%20COVID-19%20Submission%20Instructions_3.4.20.pdf) )

  - 6a. **Upper Respiratory Tract (Both of the below specimens are REQUIRED)**
    - **Nasopharyngeal swab AND oropharyngeal swab (NP/OP swab)** Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. Place swab in a sterile tube with 2-3 ml of viral transport media. NP and OP specimens should be kept in separate viral transport media collection tubes.

**Note:**

- It is imperative that NP and OP swabs are placed in **viral transport media**, such as ones used to collect specimen NP swabs for influenza PCR testing (see figure on right).
- Improper collection, such as placing swabs in bacterial culture media, will void the specimen and delay testing.



**Step 8. Send specimens to hospital laboratory to coordinate delivery to Dallas LRN**

The hospital diagnostic laboratory must call the Dallas LRN to coordinate paperwork and specimen delivery to DCHHS. All healthcare facilities must arrange for transport of specimens to DCHHS; DCHHS will not pick up specimens from any submitters.

Refrigerated specimens can be delivered to DCHHS on ice packs. **Specimens not delivered to DCHHS within 24 hours of collection must be frozen at -70°C and delivered on dry ice.**

**Submit specimens to your facility's laboratory.**

The lab should have contact numbers for Dallas LRN:

- Daniel Serinaldi (primary contact)
  - Office: (214) 819-2840
  - After hours: (972) 342-5605
- Joey Stringer (secondary contact)
  - Office: (972) 692-2762
  - After hours: (512) 415-2546

**Step 9. Continue medical evaluation and empiric treatment for other causes of respiratory infection or pneumonia as clinically indicated.**

All patients with suspected COVID-19 Infection should also be tested for common causes of respiratory infection and pneumonia as clinically indicated. **Testing for other respiratory pathogens should not delay specimen collection for nCoV-2019 testing.**

**Step 10. Do not discharge patient without prior approval from DCHHS.**

Continue patient isolation and infection control procedures as above.



# DALLAS COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

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## ***What to do if you have confirmed or suspected coronavirus disease (COVID-19)***

If you are sick and have been diagnosed with COVID-19 or suspected to have COVID-19 because you have been exposed to someone with COVID-19, follow the steps below to help prevent the disease from spreading to people in your home and community.

### **Symptoms of COVID-19**

The most common symptoms of COVID-19 are fever, cough and shortness of breath. If you have been exposed to someone with laboratory confirmed COVID-19 and are experiencing fever with either cough or shortness of breath, you might have COVID-19. You can contact your doctor to see if you need to be tested. If you have tested positive for COVID-19 or are suspected to have COVID-19 but are not tested, you should follow the below instructions.

### **Stay home except to get medical care**

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

### **Separate yourself from other people and animals in your home**

**People:** As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

**Animals:** You should restrict contact with pets and other animals while sick. When possible, have another member of your household care for your animals while you are sick; if you must care for your pet, wash your hands before and after you interact with pets and wear a facemask. See [COVID-19 and Animals](#) for more information.

### **Call ahead before visiting your doctor**

If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19. This will help the healthcare provider's office take steps to keep other people from getting infected or exposed.

### **Wear a facemask**

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not be in the same room with you, or they should wear a facemask if they enter your room.

### **Cover your coughs and sneezes**

Cover your mouth and nose with a tissue when you cough or sneeze. Throw used tissues in a lined trash can; immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60 to 95% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water is preferred if hands are visibly dirty.



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## **Avoid sharing personal household items**

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

## **Clean your hands often**

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water is preferred if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

## **Clean all “high-touch” surfaces every day**

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

## **Monitor your symptoms**

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). Before seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider’s office to keep other people in the office or waiting room from getting infected or exposed.

## **Ask your healthcare provider to call the local or state health department to discuss your situation.**

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or may have COVID19. If possible, put on a facemask before emergency medical services arrive.

## **Discontinuing home isolation**

If you have tested positive for COVID-19, you should remain under home isolation precautions for 7 days OR until 72 hours after fever is gone and symptoms get better, whichever is longer.

If you have fever with cough or shortness of breath but have not been exposed to someone with COVID-19 and have not tested positive for COVID-19, you should stay home away from others until 72 hours after the fever is gone and symptoms get better.

Additional information for your household members, intimate partners, and caregivers is available at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

**Questions? Please call the SARS-CoV-2 Call Center at 1-877-570-9779**

*(Texas State Department of Health and Human Services)*



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### ***What to do if you have symptoms of coronavirus disease (COVID-19) and have not been around anyone who has been diagnosed with COVID-19***

If you have a fever, cough or shortness of breath but have not been around anyone you know has COVID-19, follow the steps below to help prevent your infection from spreading to people in your home and community.

#### **Could I have COVID-19?**

The most common symptoms of COVID-19 are fever, cough and shortness of breath. If you have a fever, cough or shortness of breath but have not been around anyone who you know has COVID-19, the likelihood that you have COVID-19 is fairly low. COVID-19 is circulating in some communities in Texas but several other respiratory viruses are circulating in Texas as well.

#### **Should I go to my doctor and get tested for COVID-19?**

If you have any of the conditions that may increase your risk for a serious viral infection—age 60 years or over, are pregnant, or have medical conditions—call your physician’s office and ask if you need to be evaluated in person. They may want monitor your health more closely or test you for influenza.

If you do not have a high-risk condition and your symptoms are mild, you do not need to be evaluated in person and do not need to be tested for COVID-19. There are currently no medications to treat COVID-19.

#### **What should I do to keep my infection from spreading to my family and other people in the community?**

##### **Stay home except to get medical care**

You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas. Avoid using public transportation, ride-sharing, or taxis.

Separate yourself from other people and animals in your home.

People: As much as possible, you should stay in a specific room and away from other people in your home. Also, you should use a separate bathroom, if available.

Animals: You should restrict contact with pets and other animals while sick. When possible, have another member of your household care for your animals while you are sick; if you must care for your pet, wash your hands before and after you interact with pets and wear a facemask. See [COVID-19 and Animals](#) for more information.

##### **Call ahead before visiting your doctor**

If you have a medical appointment, call the healthcare provider and tell them that you have symptoms that are consistent with COVID-19. This will help the healthcare provider’s office take steps to keep other people from getting infected or exposed

##### **Wear a facemask**

You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider’s office. If you are not able to wear a facemask (for example, because it



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causes trouble breathing), then people who live with you should not be in the same room with you, or they should wear a facemask if they enter your room.

### Cover your coughs and sneezes

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### Avoid sharing personal household items

You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home. After using these items, they should be washed thoroughly with soap and water.

### Clean your hands often

Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry. Soap and water is preferred if hands are visibly dirty. Avoid touching your eyes, nose, and mouth with unwashed hands.

### Clean all "high-touch" surfaces every day

High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them. Use a household cleaning spray or wipe, according to the label instructions. Labels contain instructions for safe and effective use of the cleaning product including precautions you should take when applying the product, such as wearing gloves and making sure you have good ventilation during use of the product.

### Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). Before seeking care, call your healthcare provider and tell them that your symptoms are consistent with COVID-19. Put on a facemask before you enter the facility. These steps will help the healthcare provider's office to keep other people in the office or waiting room from getting your infection.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have symptoms consistent with COVID-19. If possible, put on a facemask before emergency medical services arrive.

### Discontinuing home isolation

If you have fever, cough or shortness of breath and have not been around anyone who has been diagnosed with COVID19, you should stay home away from others until 72 hours after the fever is gone and symptoms get better.

**Questions? Please call the SARS-CoV-2 Call Center at 1-877-570-9779**  
*(Texas State Department of Health and Human Services)*



# DALLAS COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

## ***What to do if you were potentially exposed to someone with confirmed coronavirus disease (COVID-19)***

If you think you have been exposed to someone with laboratory-confirmed COVID-19, follow the steps below to monitor your health and avoid spreading the disease to others if you get sick.

### **What is coronavirus disease 2019 (COVID-19)?**

COVID-19 is a respiratory disease caused by a new virus called SARS-CoV-2. The most common symptoms of the disease are fever, cough, and shortness of breath. Most people with COVID-19 will have mild disease but some people will get sicker and may need to be hospitalized.

### **How do I know if I was exposed?**

You generally need to be in close contact with a sick person to get infected. Close contact includes:

- Living in the same household as a sick person with COVID-19,
- Caring for a sick person with COVID-19
- Being within 6 feet of a sick person with COVID-19 for more than 10 minutes, OR
- Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, kissing, sharing utensils, etc.). If you have not been in close contact with a sick person with COVID-19, you are considered to be at low risk for infection. You can continue to go to work and school, but should monitor your health for 14 days and stay away from others if you get sick.

### **What should I do if I am a close contact to someone with COVID-19 but am not sick?**

You should monitor your health for fever, cough and shortness of breath during the 14 days after the last day you were in close contact with the sick person with COVID-19. You should not go to work or school, and should avoid public places for 14 days.

### **What should I do if I am a close contact to someone with COVID-19 and get sick?**

If you get sick with fever, cough or shortness of breath (even if your symptoms are very mild), you should stay at home and away from other people. If you have any of the following conditions that may increase your risk for a serious infection —age 60 years or over, are pregnant, or have medical conditions—contact your physician's office and tell them that you were exposed to someone with COVID-19. They may want to monitor your health more closely or test you for COVID-19.

If you do not have a high-risk condition but want medical advice, you can call your healthcare provider and tell them that you were exposed to someone with COVID-19. Your healthcare provider can help you decide if you need to be evaluated in person. There are currently no medications to treat COVID-19. If you have a medical emergency and need to call 911, notify the dispatch personnel that you may have been exposed to COVID-19. If possible, put on a facemask before emergency medical services arrive or immediately after they arrive.

**Questions? Please call the SARS-CoV-2 Call Center at 1-877-570-9779**  
*(Texas State Department of Health and Human Services)*