



New Jersey Department of Health
Surveillance Criteria and Testing for Novel Coronavirus 2019 (COVID-19)

Protocol for Healthcare Providers and Local Health Departments

February 28, 2020

Key steps in case screening for Novel Coronavirus 2019 (COVID-19)

- 1. Confirm that the report meets current SURVEILLANCE CRITERIA**
- 2. Ensure implementation of CONTROL MEASURES**
- 3. Ensure COLLECTION OF SPECIMENS for diagnostic testing**
- 4. Ensure NOTIFICATION procedures are followed**
- 5. Ensure completion of the COVID-19 PERSON UNDER INVESTIGATION FORM**

SURVEILLANCE CRITERIA

(See “Notifications” on page 4 for details on how to report to public health authorities)

To rapidly detect COVID-19, NJDOH requests health care providers to report patients meeting one of the following criteria. Only individuals meeting the criteria below will be considered for testing at a public health laboratory.

Clinical Features	&	Epidemiologic Risk
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) requiring hospitalization	AND	A history of travel from affected geographic areas ⁵ within 14 days of symptom onset
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

The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with local and state public health on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

1. Fever ($\geq 100.4^{\circ}\text{F}$) may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations.
2. For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation
3. Close 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.
4. Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.
5. 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](#).
6. Category 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.

IMPORTANT NOTES

It is important to remember that these are screening criteria, useful in identifying persons who require additional evaluation. **These are not diagnostic criteria for COVID-19.** Patients meeting this surveillance criteria might have any number of other conditions, including influenza, or other respiratory viral or bacterial infections. Healthcare providers should be conducting a thorough clinical evaluation early in the course of hospitalization to rule out these more common infections and other possible causes of lower respiratory tract disease.

INDIVIDUALS WHO DO NOT MEET SURVEILLANCE CRITERIA

Health care providers evaluating individuals who have respiratory symptoms and have traveled to areas affected by COVID-19 but do not meet other criteria (e.g., hospitalization) in the surveillance criteria described above should:

- Consider performing respiratory viral/pathogen panel and/or influenza testing to check for common respiratory pathogens.
- Determine if the patient requires an inpatient admission for management of clinical illness.
- If admission is not warranted but patient is symptomatic with a respiratory infection provide guidance on respiratory hygiene. This would include staying home while symptomatic except to get medical care, washing hands frequently, covering coughs and sneezes with a tissue or sleeve, and avoiding close contact within the home by staying in a separate room. Symptomatic patients should also stay home from work or school while ill.
- Advise the patient to seek additional medical care if their condition worsens. They should contact their provider ahead of this visit to alert them of their travel history and wear a mask during transport to/from this visit.

INFECTION CONTROL

- Health care entities should put in place measures to detect suspect cases early (e.g., signage, triage assessments) and isolate all suspect cases immediately upon suspicion.
 - Such patients should be asked to wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., goggles or a face shield). ***Immediately notify your healthcare facility's infection control personnel and local health department.***
- **Standard, contact, and airborne precautions plus eye protection** are recommended for management of hospitalized patients with known or suspected COVID-19 infection. Infection preventionists, hospital epidemiologists and healthcare providers should carefully review information contained in the [**Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus \(COVID-19\) in a Healthcare Setting**](#) regarding infection control and prevention measures to minimize possible exposure to, and transmission of COVID-19.
- People who are confirmed to have, or being evaluated for, COVID-19 infection and ***do not require hospitalization for medical reasons*** may be cared for and isolated in a residential

setting after a healthcare professional and public health official determines that the setting is suitable. Providers should consult with both NJDOH and their local health department to discuss home isolation, home quarantine, or other measures for close contacts and for patients who are being evaluated for COVID-19 or who have tested positive. Additional guidance on this topic can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/guidance-home-care.html>

- Health care providers who care for patients with COVID-19 should be monitored. Guidance on assessing risk and monitoring of health care providers can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>
- These recommendations will be updated as additional information on COVID-19, its transmissibility, epidemiology, available treatment, or vaccine options become available. These interim recommendations are based upon currently available information.

COLLECTION AND TRANSPORT OF CLINICAL SPECIMENS

The New Jersey Public Health and Environmental Laboratories (PHEL) has the ability to conduct testing for COVID-19. **Approval for testing will be granted only after clinical and epidemiologic criteria of the suspect report is reviewed by the local health department and the NJDOH.**

CDC currently recommends the collection of specimens from three different sources for each suspect report. Collection of one lower respiratory tract specimen (i.e., bronchoalveolar lavage, tracheal aspirate, pleural fluid, sputum) and two upper respiratory tract specimens (one nasopharyngeal and one oropharyngeal). ***Ideally, all three specimen types should be collected on all suspected COVID-19 patients.*** It is advisable for respiratory specimens to be collected as soon as possible after symptoms begin – ideally within 7 days of symptom onset. However, if more than a week has passed since symptom onset and the patient is still symptomatic, respiratory samples should still be collected, especially lower respiratory specimens since respiratory viruses can still be detected by rRT-PCR.

Additional information on specimen collection, handling and testing is available at:

<https://www.nj.gov/health/phel/>

<https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>

<https://www.cdc.gov/coronavirus/2019-nCoV/lab-biosafety-guidelines.html>

Appropriate infection control procedures should be followed when collecting samples and can be found at: <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>

Shipping

NJDOH Communicable Disease Service (CDS) staff will carefully evaluate each report to determine the immediacy in which the specimen should be transported and tested. CDS and PHEL will work with the local health department and healthcare facility to ensure that samples are properly shipped to the laboratory. Additional information regarding shipping and packaging instructions is available on the NJDOH PHEL website at: <https://www.nj.gov/health/phel/>

Submission Forms

Shipping to NJPHEL

The SRD-1 form (available at <http://www.state.nj.us/health/forms/srd-1.dot>) should be completely filled out for **each** specimen that is sent. Label the *vial containing the specimen* with patient's first and last name, date of birth, medical record number, date of collection, and specimen type. Incorrectly labeled samples may be denied for testing.

NOTIFICATION

Healthcare Providers

Cases meeting the above surveillance criteria should be reported **IMMEDIATELY** to the local health department (LHD) where the patient resides. If the patient residence is unknown, report to your own local health department. Local health departments are available 24/7/365. Contact information for local health departments can be found at: www.localhealth.nj.gov If LHD personnel are unavailable, healthcare providers should report the case to the New Jersey Department of Health (NJDOH), Communicable Disease Service (CDS) at 609-826-5964, Monday through Friday 8:00 AM - 5:00 PM. On weekends, evenings and holidays, CDS can be reached at (609) 392-2020.

Local Health Departments

When a local health department receives a report regarding a patient meeting the COVID-19 surveillance criteria, the protocols contained within this document for screening, isolation, and collection of lab specimens should be followed. Information should be communicated **IMMEDIATELY** to NJDOH CDS at 609-826-5964, Monday through Friday 8:00 AM - 5:00 PM. On weekends, evenings and holidays, CDS can be reached at (609) 392-2020.

The healthcare provider and/or the local health department should complete the **COVID-19 Patient Under Investigation (PUI) Short Form**.

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/pui-form.doc>

Completed forms should be faxed to CDS at 609-826-5972 or emailed via encrypted message to CDS.COVID@doh.nj.gov. This form will be reviewed by CDS staff who will make the final determination if the case meets surveillance criteria and if a specimen will be accepted for testing. Once accepted, information regarding the suspect case should be entered into CDRSS under the disease name "Novel Coronavirus" and the subgroup "2019 NCOV".

REFERENCES

- NJDOH – General Information Page
 - <https://www.nj.gov/health/cd/topics/ncov.shtml>
- CDC – General Information Page
 - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC – Information on Infection Control in Health Care Setting
 - <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>
- CDC – Information for Laboratories
 - <https://www.cdc.gov/coronavirus/2019-nCoV/guidance-laboratories.html>
- CDC - Hospital Preparedness Checklist
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html>
- CDC - Healthcare Providers Preparedness Checklist
 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-personnel-checklist.html>
- EPA guidance on Emerging Viral Pathogens
 - https://www.epa.gov/sites/production/files/2016-09/documents/emerging_viral_pathogen_program_guidance_final_8_19_16_001_0.pdf