



Assessment of Patients for 2019 Novel Coronavirus (COVID-19)

Due to the increased number of cases globally, CDPHE has updated the criteria for testing symptomatic patients suspected of having COVID-19. The following patients may be considered for COVID-19 testing at CDPHE lab:

<u>Clinical Features</u>		<u>Epidemiological Risk</u>
Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever OR signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) without alternative explanatory diagnosis (e.g., influenza)	AND	A history of travel to areas with ongoing community transmission within 14 days of symptom onset
Severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	AND	No source of exposure has been identified

*Asymptomatic persons are not currently recommended for testing

For current affected geographic areas with widespread or sustained community transmission, please visit <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

Testing for COVID-19 is currently only available at CDPHE State Lab

Test requests must be submitted on LabOnline <https://labonline.cdphe.state.co.us/Account/SignIn>

To request a LabOnline account, please complete the LabOnline User Request Form

In addition, please sign and return the LabOnline User Agreement to marie-ange.smith@state.co.us. Shortly after submitting your LabOnline User Request Form, you will receive an emailed response from the State Laboratory. This email will contain your username and temporary passcode, as well as detailed instructions on how to login and order tests

CDC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs(NP/OP))

Refrigerate specimen at 2-8°C until transport. All specimen transport to the State Laboratory is through your routine courier shipping methods. On-demand courier service is available on a case-by-case basis and requires prior authorization and extenuating circumstances by calling 303-815-7220

If you suspect your patient may be infected with COVID-19 and requires testing:

- Ensure the patient is masked and isolated in a private room with the door closed AND healthcare personnel entering the room use contact, droplet, AND airborne precautions, INCLUDING eye protection (e.g., goggles or face shield).
 - *Please note:* Airborne precautions include use of NIOSH-approved fit-tested N95 mask or higher.
- Notify your healthcare facility’s infection control personnel.

Instructions: Please use the following information to guide clinicians and public health in determining if a patient meets criteria for COVID-19 testing.

Travel History (international travel in the 14 days prior to symptom onset):	
Country/Province/City	Dates
Exposure history	
In the last 14 days, has the patient had close contact with a known or suspected COVID-19 case?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
In the last 14 days, has the patient had close contact with someone else who had a recent travel history to a country with known transmission and became ill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Clinical history	
Does the patient have a fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, Onset date / / <input type="checkbox"/> Subjective <input type="checkbox"/> Measured (Tmax) _____
Does the patient have any of the following signs or symptoms?	<input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Fatigue <input type="checkbox"/> Chills <input type="checkbox"/> Diarrhea <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Runny nose <input type="checkbox"/> Congestion <input type="checkbox"/> Other _____ Earliest onset date / /
Did the patient have a chest x-ray?	<input type="checkbox"/> Not performed <input type="checkbox"/> Pending <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Pneumonia <input type="checkbox"/> Other _____ Date performed / /
Did the patient have a rapid influenza test?	<input type="checkbox"/> Not performed <input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive Date performed / /
Did the patient have a respiratory panel test?	<input type="checkbox"/> Not performed <input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive for _____ Date performed / /
Do you anticipate that this patient will require admission to the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown