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DIRECTOR

SUBJECT: Revised to include information on a Missouri COVID-19 presumptive case - COVID-19 Testing Criteria

***Missouri health care providers and public health practitioners: Please contact your local public health agency, or the Missouri Department of Health and Senior Services (DHSS) at 800-392-0272 (24/7), to immediately report any patients who meet the criteria for evaluation as a Patient Under Investigation (PUI) for 2019-nCoV as noted in this Advisory.***

As of the afternoon of March 7, 2020 Missouri has had one presumptive COVID-19 case reported in St. Louis County. Additionally, Johnson County, Kansas reported its first presumptive case the same afternoon. Partners across the state in public health, healthcare, schools, and businesses are continuing to prepare for any needed response. Many entities are also updating pandemic response plans in case sustained transmission occurs in Missouri. The purpose of this Health Advisory is to communicate to providers the clinical and epidemiological factors that determine which patients will be approved for COVID-19 testing in Missouri now that the Missouri State Public Health Laboratory (SPHL) has the capability to test for SARS-CoV-2, the virus that causes COVID-19.

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COVID-19 Test Availability

Federal partners in this response have announced that COVID-19 testing is now available through clinical laboratories for symptomatic patients, taking into account local epidemiology of the disease. As testing resources at the Missouri State Public Health Laboratory are limited, the Missouri Department of Health and Senior Services will be reserving testing for individuals most at risk for disease, or with severe illness without an alternative explanatory diagnosis, such as influenza. The full criteria chart is available as an Appendix to this Advisory and is available at https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus-lpha/pdf/mo-pui-guidance.pdf.

Before collecting and shipping specimens for COVID-19 testing, please contact your local public health agency, or the Missouri Department of Health and Senior Services (DHSS) at 800-392-0272 (24/7), to immediately report any patients who meet the criteria for evaluation as a Patient Under Investigation (PUI) for 2019-nCoV as noted in this Advisory.

After consultation and determination that the patient meets the criteria for testing, specimen collection and shipping information will be provided.

Specimen Collection

Guidelines and instructions for the proper collection, packaging and shipping of COVID-19 Specimens are available at; https://health.mo.gov/lab/ncoy.php.
Required Forms

The forms required to submit specimens to SPHL for COVID-19 testing, which are posted on the SPHL COVID-19 Testing website https://health.mo.gov/lab/ncov.php, are:

1) The Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form. This form summarizes the epidemiological and clinical picture for the patient and guides testing approval decisions. Once a form is submitted to DHSS for consideration, it will be transmitted to SPHL to verify that testing is approved.

2) The SPHL Virology Test Request Form. This form will need to be submitted with each specimen type.

Specimen Transport

The SPHL maintains a statewide courier system to deliver specimens to the laboratory. Information regarding the courier pickup locations and schedule can be found at; https://health.mo.gov/lab/courierservices.php.

Situational Awareness

<table>
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<tr>
<th>Clinical Features</th>
<th>Epidemiologic Risk</th>
<th>Laboratory Prioritization</th>
<th>Shipping</th>
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</thead>
<tbody>
<tr>
<td>Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)</td>
<td>AND Any person, including healthcare workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset</td>
<td>Priority 1 - Testing conducted at SPHL same day, if received by noon</td>
<td>Shipped as soon as possible, Emergency courier may be utilized</td>
</tr>
<tr>
<td>Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization</td>
<td>AND A history of travel from affected geographic areas (see below) within 14 days of symptom onset</td>
<td>Priority 1 - Testing conducted at SPHL same day, if received by noon</td>
<td>Shipped as soon as possible, Emergency courier may be utilized</td>
</tr>
<tr>
<td>Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)</td>
<td>AND No source of exposure has been identified</td>
<td>Priority 1 - Testing conducted at SPHL same day, if received by noon</td>
<td>Shipped as soon as possible, Emergency courier may be utilized</td>
</tr>
<tr>
<td>Fever 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</td>
<td>AND A history of travel from affected geographic areas (see below) within 14 days of symptom onset</td>
<td>Priority 2 - Testing conducted when: 1) A Priority 1 specimen is received OR 2) Priority 2 specimens collected will use all lanes in test</td>
<td>Shipped on next available courier</td>
</tr>
</tbody>
</table>

### Areas with Sustained (Ongoing) Transmission

**International**
- China
- Iran
- Italy
- Japan
- South Korea

**US**
- King County/Seattle, Washington, USA
Interim Missouri COVID-19 Person Under Investigation (PUI) Definition

Updated March 5, 2020

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 COVID19 is being considered.