CITY OF SAN ANTONIO
METROPOLITAN HEALTH DISTRICT

HEALTH ADVISORY: COVID-19
March 2, 2020

Background:

An outbreak of pneumonia of unknown etiology in Wuhan City, China was initially reported to the World Health Organization (WHO) on December 31, 2019. The International Committee on Taxonomy of Viruses named the 2019 novel coronavirus as SARS-CoV-2. The World Health Organization announced an official name for the illness caused by SARS-COV2. The new name is coronavirus disease 2019 (COVID-19).

An individual re-patriated from Wuhan, China that tested positive for COVID-19 back in mid-February was released from isolation for COVID-19 at a local healthcare facility on Saturday (2/29/2020) because the individual met the criteria for release including two negative test results. Later, the individual was returned to isolation after a pending, subsequent lab test came up positive for the virus that causes COVID-19.

This individual had been under isolation while being treated at a local medical facility for several weeks following a return to the U.S. from Wuhan, China, on a State Department chartered flight. At the time of discharge from the facility, the patient was asymptomatic and met all of Centers for Disease Control and Prevention's (CDC) criteria for release – resolution of any symptoms and two consecutive sets of negative test results, collected more than 24 hours apart. Following the individual's release, results of a subsequent sample were received, and determined to be weakly positive. Out of an abundance of caution, CDC decided to bring the individual back into isolation at a local medical facility.

The discharged individual had some contact with others while out of isolation, and San Antonio Metropolitan Health District (Metro Health) has conducted an assessment to determine possible exposures. The results of the assessment at the hotel and mall found that the risk of exposure is low, as the individual, who was asymptomatic, interacted with very few people and was not in close contact with anyone. The individuals identified to have some risk of exposure have been notified. Though we are still learning much about the virus, the amount of virus is typically highest when the person is sickest. As the illness resolves, the amount of virus falls.

Recommendations for Healthcare Providers

Limited information is available to characterize the spectrum of clinical illness associated with COVID-19. No vaccine or specific treatment for COVID-19 infection is available; care is supportive.

Healthcare providers should obtain a detailed travel history for patients being evaluated with fever and acute respiratory illness.

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Criteria to Guide Evaluation of Persons Under Investigation (PUI) for COVID-19

The criteria to guide evaluation of a PUI are available at https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html. The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

Persons in the US who meet the following criteria should be evaluated as a PUI for COVID-19. The criteria are intended to serve as guidance for evaluation. Patients should be evaluated and discussed with local public health departments (contact information is listed below).

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] 2019-nCoV 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] (see below) within 14 days of symptom onset
Fever[1] with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)[6]	**AND**	No source of exposure has been identified

[5]Affected Geographic Areas with Widespread or Sustained Community Transmission

- China
- Iran
- Italy
- Japan
- South Korea

[1]Fever may be subjective or confirmed

[2]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).

[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.

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.

[4]Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 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.

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Recommendations for Reporting, Testing, and Specimen Collection

Healthcare providers should immediately notify both infection control personnel at their healthcare facility and their local health department in the event of a PUI for COVID-19. Testing can only be done at CDC. Specimen collection and shipping must be coordinated with your local health department. To increase the likelihood of detecting COVID-19, CDC recommends collecting and testing nasopharyngeal and oropharyngeal swabs.

Metro Health anticipates having local capability to test within the next several weeks.

For questions or to report a suspected case, please contact your local health department:

Bexar County Residents:
San Antonio Metropolitan Health District
Epidemiology Program
Phone: (210) 207-8876
Fax: (210) 207-8807

Residents of Other Counties:
Texas Department of State Health Services
Public Health Region 8
Phone: (210) 949-2121
Fax: (210) 692-1457