Arizona State Public Health Laboratory Testing Matrix

Healthcare providers caring for a patient with fever and/or acute respiratory symptoms should:
- Obtain detailed travel history, including all national and international travel, for the 14 days prior to symptom onset;
- Consider adding travel screening, including all countries under CDC Travel Warning Levels 2 & 3, to your patient triage protocol;
- Determine if the patient meets criteria outlined below:

### Criteria to Guide Evaluation of Persons Under Investigation (PUI)

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>Plus</th>
<th>Epidemiologic Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever OR signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization</td>
<td>AND</td>
<td>Any person, including healthcare workers(^2), who has had close contact(^3) with a laboratory-confirmed(^4) COVID-19 patient within 14 days of symptom onset</td>
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<tr>
<td>Fever OR signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization in a person with a high-risk occupation(^*) OR who lives in a congregate setting(^1)</td>
<td>AND</td>
<td>A history of travel from affected geographic areas(^5) within 14 days of symptom onset</td>
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<tr>
<td>Fever AND signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization</td>
<td>AND</td>
<td>A history of travel from affected geographic areas(^5) within 14 days of symptom onset</td>
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<tr>
<td>Fever AND severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization, radiographic confirmation of bilateral pulmonary infiltrates, &amp; without alternative explanatory diagnosis (negative influenza testing &amp; respiratory viral panel)(^6,7)</td>
<td>AND</td>
<td>No source of exposure has been identified</td>
</tr>
</tbody>
</table>

\(^1\) 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.


\(^4\) Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patients in other countries.

\(^5\) Countries or counties/states where sustained community transmission has been identified (e.g., countries with [CDC Level 2 or 3 Travel Health Notice](https://www.cdc.gov/travel/destinations/list.html) and counties/states such as Snohomish County, WA, Solano County, CA, etc.) which can change rapidly.

\(^6\) 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.

\(^7\) Also consider testing for Coccidioidomycosis and Legionella.

\(^*\) Healthcare personnel, school personnel, childcare worker, jail/prison personnel, or other similar occupation.

\(^1\) Jail/prison, long-term care facility or nursing home, university, or other similar setting.

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**For all patients who meet COVID-19 PUI criteria:**

1. Healthcare personnel entering the room should use droplet, contact, and standard precautions, plus **eye protection** (e.g., goggles or a face shield) and **patients can be evaluated in a private room** with the door closed (unless performing aerosol-generating procedures, which should be performed in an AIIR);
2. Immediately **notify your healthcare facility’s infection control personnel**;
3. Immediately **notify your Local Department of Public Health**;
4. **Collect specimens for testing** for COVID-19, which include:
   a. Upper respiratory specimen (e.g., nasopharyngeal and oropharyngeal [NP/OP] swab);
   b. Lower respiratory specimen (e.g., BAL, tracheal aspirate) in **intubated patients ONLY**