

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)

Clinical Features	Plus	Epidemiologic Risk
Fever ¹ OR signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization	AND	Any person, including healthcare workers ² , who has had close contact³ with a laboratory-confirmed⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ 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 [†]	AND	A history of travel from affected geographic areas ⁵ 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 AND severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization, radiographic confirmation of bilateral pulmonary infiltrates, & without alternative explanatory diagnosis (negative influenza testing & respiratory viral panel) ^{6,7}	AND	No source of exposure has been identified

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

³Close contact is defined at the CDC website: <https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html>

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

⁵Countries or counties/states where sustained community transmission has been identified (e.g., countries with [CDC Level 2 or 3 Travel Health Notice](#) and counties/states such as Snohomish County, WA, Solano County, CA, etc.) which can change rapidly

⁶Category 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

⁷Also consider testing for Coccidioidomycosis and Legionella

*Healthcare personnel, school personnel, childcare worker, jail/prison personnel, or other similar occupation

†Jail/prison, long-term care facility or nursing home, university, or other similar setting

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**