



Interim Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)

To provide information about what’s happening with COVID-19 in Texas, public health laboratories will use the following criteria to prioritize testing. Some commercial laboratories have testing available for situations that don’t meet these criteria explicitly.

Table with 3 columns: Clinical Features, &, and Epidemiologic Risk. It lists three criteria for testing persons under investigation for COVID-19.

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 (PPE) (e.g., gowns, gloves, National Institute for Occupational Safety and Health (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 Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).

⁶ 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](#). It may also include geographic regions within the United States where documented community transmission has been identified.

⁷ Other symptomatic individuals such as, older adults (age \geq 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).

How to discontinue home isolation

People with COVID-19 who have stayed home (home isolated) can stop home isolation under the following conditions:

If you will not have a test to determine if you are still contagious, you can leave home after these three things have happened:

You have had no fever for at least 72 hours (that is three full days of no fever without the use of medicine that reduces fevers)

AND

other symptoms have improved (for example, when your cough or shortness of breath have improved)

AND

at least 7 days have passed since your symptoms first appeared

We will CALL them the initial test results whenever they become available/finalized.

***If they are still symptomatic, Continue to self quarantine and they can call 68NURSE and get an appointment to be retested.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>