

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

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## **Enhanced Surveillance and Preparedness for Coronavirus Disease 2019 (COVID-19)**

March 10, 2020

The Florida Department of Health (Department) would like to update health care providers and laboratories on the detection and reporting of coronavirus disease 2019 (COVID-19). The outbreak has now spread from where it originated in China with sustained community transmission in many countries, causing an outbreak of respiratory illness. The Department is collaborating with the Centers for Disease Control and Prevention (CDC) to conduct surveillance for persons who may have been exposed to or infected with COVID-19 while traveling to impacted countries or who have had contact with a case to arrange for confirmatory testing.

As of March 9, 2020, 15 cases of COVID-19 have been identified in Florida including one non-resident and two deaths. In addition, five Floridians with COVID-19 were repatriated from China and isolated by the federal government. Most have a history of travel including to Italy, Egypt and the Dominican Republic. Multiple cases without known travel have also been identified in Florida. As a result of the increasing response needs to COVID-19, Dr. Scott Rivkees, State Surgeon General, declared a public health emergency on March 1, 2020.

Additionally, as of March 9, 2020, 472 COVID-19 infections have been confirmed in the United States (U.S.) including in persons repatriated to the U.S. with exposures in Wuhan City or on the Diamond Princess Cruise Ship. Limited person-to-person transmission has been detected in the U.S. Since the outbreak began in December 2019, over 109,000 confirmed cases have been reported worldwide. Most cases (81,000) have been detected in China. However, the outbreak is spreading quickly across the globe and has been detected in 104 countries or territories. Please continue to monitor the CDC website for updates: [www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)

**All health care providers should be prepared to identify, collect specimens, and care for patients under investigation for COVID-19. Health care providers should immediately notify infection control personnel at their health care facility if they identify a person meeting the PUI for COVID-19 criteria below.**

1. Any person, including health care workers<sup>1</sup>, who has had close contact<sup>2</sup> with a laboratory-confirmed<sup>3</sup> COVID-19 case within 14 days of symptom onset and fever<sup>4</sup> or symptoms of lower respiratory illness (e.g., cough, shortness of breath).
2. Person is part of a non-household outbreak of suspected COVID-19.
3. Person hospitalized with unexplained respiratory illness or person who died from unexplained respiratory illness.
4. Person traveled to or from an affected geographic area<sup>5</sup> with widespread community transmission and has fever<sup>4</sup> or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

5. Person had community contact (e.g., attended the same gathering or stayed on the same cruise ship) with a laboratory-confirmed COVID-19 case and fever or symptoms of lower respiratory illness (e.g., cough, shortness of breath).
6. Person is age  $\geq$  65 years, has chronic medical conditions, or is in an immunocompromised state and has fever or symptoms of lower respiratory illness (e.g., cough, shortness of breath).

### **Specimen Collection for a PUI for COVID-19 for Testing at Bureau of Public Health Laboratories.**

Specimens from patients meeting the first four (1-4) testing criteria above can be tested at the Bureau of Public Health Laboratories.

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those patients with productive coughs. Induction of sputum is not recommended. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. Please consult your county health department for instructions on shipping to the Bureau of Public Health Laboratories.

### **Specimen Collection for a PUI for COVID-19 for Testing at Commercial Laboratories.**

Specimens from patients meeting the two last (5-6) testing criteria above may be sent to commercial laboratories (e.g. LabCorp and Quest) for testing. Please contact them for specific specimen collection and shipment instructions. Additional commercial laboratories are expected to start offering the COVID-19 test soon. If no commercial laboratory is available, please contact your local county health department.

### **Health Care Infection Prevention and Control Recommendations**

CDC currently recommends a cautious approach to PUIs for COVID-19. Such patients should be asked to wear a surgical mask as soon as they are identified. They should be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Health care personnel entering the room should use contact and airborne precautions, including the use of eye protection (e.g., goggles or a face shield). For more information, please refer to CDC's detailed infection control guidance: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

### **Hospital and Health Care Professional Preparedness**

The Department recommends that hospitals and health care professionals prepare to identify and treat patients with COVID-19. The CDC has developed preparedness checklists to guide this effort. They can be found here:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/preparedness-checklists.html>

### **Additional Resources**

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

Updated Guidance on Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)

<https://emergency.cdc.gov/han/2020/han00429.asp>

<sup>1</sup>For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation.

<sup>2</sup>Close contact is defined as—

- a) being within approximately 6 feet (2 meters), or within the room or care area, of a COVID-19 case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection); close contact can include caring for, living with, visiting, or sharing a health care 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) while not wearing recommended personal protective equipment.

<sup>3</sup>Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

<sup>4</sup>Fever may be subjective or confirmed.

<sup>5</sup>Affected areas are defined as geographic regions where sustained community transmission has been identified. Countries with CDC Level 2 or 3 Travel Health Notices include: China, South Korea, Iran, Italy, and Japan (as of February 28,2020). A current list of affected areas can be found at: [www.cdc.gov/coronavirus/2019-ncov/travelers/](http://www.cdc.gov/coronavirus/2019-ncov/travelers/)