

## Michigan Interim COVID-19 Person Under Investigation (PUI) Case Report Form

As the COVID-19 situation in the State of Michigan evolves, MDHHS continues to adapt resource and capacity planning to support the varied needs of our partners in healthcare and local public health organizations. MDHHS recently ordered that all health professionals should conduct testing for the Novel Coronavirus in accordance with the COVID-19 prioritization criteria published by MDHHS.

### **1. Expansion of COVID-19 Testing Prioritization Criteria to Include All Critical Infrastructure Workers with Potential Exposure, Whether Symptomatic or Asymptomatic**

Given the continued expansion of COVID-19 testing capacity in Michigan, MDHHS is expanding the COVID-19 testing prioritization criteria to broaden the populations eligible for testing to include individuals with mild symptoms in certain circumstances. **Specifically, health care providers should test any healthcare facility worker or first responder (even if they do not have symptoms). Critical infrastructure workers (i.e., any worker still leaving the home for in-person work) with potential COVID-19 exposure, whether symptomatic or asymptomatic, should be tested as well, so long as adequate specimen collection and test processing capacity remains after serving all known patients in higher-priority testing categories.**

The U.S. Centers for Disease Control and Prevention (CDC) have issued clinical guidance to help prioritize COVID-19 testing resources that, unfortunately, remain too scarce nationwide. These guidelines (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>) group patients into Priority One, Priority Two, and Priority Three categories, reflecting risk of severe illness and other considerations like integrity of the healthcare system.

Providers must continue to follow MDHHS prioritization criteria and must prioritize test capacity for populations from Priority One, Priority Two, and Priority Three patients; these priorities are reproduced at the end of this memorandum. If capacity remains after serving patients from those priority populations, providers should test all critical infrastructure workers with potential COVID-19 exposure, whether symptomatic or asymptomatic. This population is not prioritized by the CDC guidelines.

MDHHS recognizes that population health needs, patient characteristics, and testing capacity vary significantly across the state, and this system seeks to broaden eligibility for testing to fully take advantage of available test capacity in the state, while still ensuring that the highest-risk patients can access testing resources. It is also important to note that Michigan is seeing alarming racial disparities in COVID-19 cases and deaths, with African Americans consisting of 14% of the state's population, but 33% of cases and 40% of deaths. Clinicians should be mindful of this disparity and have heightened awareness when considering testing and treatment strategies in this patient population.

Health care providers should assess available testing resources on a periodic basis (e.g., weekly) and determine if resources are sufficient to serve asymptomatic critical infrastructure workers, alongside other priority populations. Please note that testing asymptomatic critical infrastructure workers does not change precautions that should be taken to decrease COVID-19 spread, including quarantine of exposed individuals, and that a negative test result reflects infection status at a point in time. An individual may receive a negative test result soon after exposure but later develop an infection.

As a reminder, per the March 24, 2020 MDHHS Emergency Order, all CLIA-certified laboratories in Michigan are required to comply with prioritization criteria as promulgated by MDHHS. This includes Public Health, commercial, and healthcare facility laboratories. We believe that these clarifications and this expansion of prioritization criteria will help to improve access to COVID-19 testing.

**This expanded prioritization criteria will take effect at 8:00 AM on April 21, 2020.**

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### 2. Full COVID-19 Testing Prioritization Criteria Currently in Effect

As a reminder, the current MDHHS COVID-19 testing prioritization criteria are as follows:

#### Priority One

- Hospitalized Patients
- Healthcare facility workers with symptoms

Note: MDHHS interprets this to include all workers within a healthcare facility, not just providers of direct healthcare services.

#### Priority Two

- Patients in long-term care facilities with symptoms
  - Note: MDHHS interprets this to include any resident with symptoms in congregate living arrangements, not only long-term care facilities
- Patients over age 65 years with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

#### Priority Three

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- **(Newly added)** Asymptomatic health care workers and first responders
- Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations
  - Note: MDHHS interprets the full state of Michigan to be a community with high COVID-19 hospitalizations

#### Newly Added Priority

- Critical infrastructure workers, including asymptomatic workers
  - Note: these individuals may be tested only if specimen collection and testing capacity remains after serving all patient groups above

To streamline access to testing, MDHHS does not require healthcare providers to seek prior approval from MDHHS or submit a Person Under Investigation form when ordering COVID-19 lab testing that does not leverage MDHHS Bureau of Laboratories (BOL) testing. However, a medical provider must still order COVID-19 testing in line with the MDHHS COVID-19 Specimen Collection and Testing Prioritization Criteria for any test requisition submitted to any laboratory. If a COVID-19 test result is positive, the findings must be reported to the Michigan Disease Surveillance System to facilitate public health investigation. Medical providers, facilities, or laboratories must still obtain a Person Under Investigation number if submitting a specimen for testing to the MDHHS Bureau of Laboratories. To obtain testing at the MDHHS BOL, MDHHS will continue operation of the Mi-CLERN healthcare provider hotline, used for PUI identification number issuance. **The Mi-CLERN hotline will operate twelve hours per day, from 8:00 AM to 8:00 PM, seven (7) days per week.**

Please remember that, when submitting specimens to BOL, healthcare providers must include the PUI identification number on all of the following:

- The PUI Case Report Form. This form must be submitted to the patient's local health department when leveraging BOL testing facilities.
- All BOL laboratory testing requisition documents
- The specimen container

**BOL will not prioritize specimens that arrive without a corresponding PUI identifier.**

MDHHS is making these changes as part of its efforts to increase testing access to as many Michiganders as feasible while ensuring that statewide testing capacity is sustained. We will continue to monitor test availability and adjust this protocol, as necessary. For the latest information on Michigan's response to COVID-19, please visit [www.michigan.gov/coronavirus](http://www.michigan.gov/coronavirus). You may also email our Community Health Emergency Coordination Center at: [checcdeptcoor@michigan.gov](mailto:checcdeptcoor@michigan.gov). Thank you for all you do to serve the residents of Michigan at this difficult time.

## Michigan Interim COVID-19 Person Under Investigation (PUI) Case Report Form

### Patient Information:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: Female Male

Parent/Guardian name(s) if patient is a minor: \_\_\_\_\_/\_\_\_\_\_

Patient residence street address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Patient phone number(s): \_\_\_\_\_/\_\_\_\_\_

Patient hospital ID (Medical Record) number: \_\_\_\_\_

Is the patient?: Symptomatic Asymptomatic Is the patient deceased?: Yes No

### Submitting Facility Information:

Reporting healthcare facility: \_\_\_\_\_

Reporting healthcare facility contact name and title: \_\_\_\_\_

Healthcare facility contact phone number: \_\_\_\_\_

### Reason for Testing:

- 1.) Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system:

Hospitalized Patient

Healthcare Facility worker with symptoms (includes all workers within a healthcare facility, not just providers of direct healthcare services)

- 2.) Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged:

Patient in long-term care facilities or any other congregate living arrangement (i.e., dormitories, jails/prisons, camps, group homes, institutional settings, skilled nursing facilities, etc.) with symptoms

Patient over 65 years of age with symptoms

Patient with underlying conditions with symptoms

First responder with symptoms

- 3.) Ensures the health of essential workers in Michigan Communities:

Critical Infrastructure worker with symptoms

Any individual with mild symptoms consistent with COVID-19

Asymptomatic health care workers or first responders

- 4.) Additional priority group:

Asymptomatic critical infrastructure workers. Note: these individuals may be tested only if specimen collection and testing capacity remains after serving all patient groups above

### Specimen Being Submitted to:

Specimen collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

MDHHS BOL- PUI (nCoV) ID#: MI-\_\_\_\_\_(Required). Assigned by case entry into MDSS by healthcare facility staff or via the Mi-CLERN provider hotline at: (888) 277-9894.

Clinical or Commercial lab. PUI (nCoV) ID is not required

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC .....

Patient first name \_\_\_\_\_ Patient last name \_\_\_\_\_ Date of birth (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

.....PATIENT IDENTIFIER INFORMATION IS NOT TRANSMITTED TO CDC .....



## Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

Reporting jurisdiction: \_\_\_\_\_ Case state/local ID: \_\_\_\_\_  
Reporting health department: \_\_\_\_\_ CDC 2019-nCoV ID: \_\_\_\_\_  
Contact ID <sup>a</sup>: \_\_\_\_\_ NNDSS loc. rec. ID/Case ID <sup>b</sup>: \_\_\_\_\_

a. Only complete if case-patient is a known contact of prior source case-patient. Assign Contact ID using CDC 2019-nCoV ID and sequential contact ID, e.g., Confirmed case CA102034567 has contacts CA102034567 -01 and CA102034567 -02. <sup>b</sup>For NNDSS reporters, use GenV2 or NETSS patient identifier.

### Interviewer information

Name of interviewer: Last \_\_\_\_\_ First \_\_\_\_\_  
Affiliation/Organization: \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Basic information

What is the current status of this person? Patient under investigation (PUI) Laboratory-confirmed case  Report date of PUI to CDC (MM/DD/YYYY): ____/____/____  Report date of case to CDC (MM/DD/YYYY): ____/____/____  County of residence: _____ State of residence: _____		Ethnicity: Hispanic/Latino Non-Hispanic/Latino Not specified  Sex: Male Female Unknown Other	Date of first positive specimen collection (MM/DD/YYYY): ____/____/____ Unknown      N/A  Did the patient develop pneumonia? Yes      Unknown No  Did the patient have acute respiratory distress syndrome? Yes      Unknown No  Did the patient have another diagnosis/etiology for their illness? Yes      Unknown No  Did the patient have an abnormal chest X-ray? Yes      Unknown No	Was the patient hospitalized? Yes      No      Unknown  If yes, admission date 1 ____/____/____ (MM/DD/YYYY) If yes, discharge date 1 ____/____/____ (MM/DD/YYYY)  Was the patient admitted to an intensive care unit (ICU)? Yes      No      Unknown  Did the patient receive mechanical ventilation (MV)/intubation? Yes      No      Unknown If yes, total days with MV (days) _____  Did the patient receive ECMO? Yes      No      Unknown  Did the patient die as a result of this illness? Yes      No      Unknown															
Race (check all that apply): Asian      American Indian/Alaska Native Black      Native Hawaiian/Other Pacific Islander White      Unknown Other, specify: _____  Date of birth (MM/DD/YYYY): ____/____/____ Age: _____ Age units(yr/mo/day): _____		Symptoms present during course of illness: Symptomatic Asymptomatic Unknown  If symptomatic, onset date (MM/DD/YYYY): ____/____/____ Unknown  If symptomatic, date of symptom resolution (MM/DD/YYYY): ____/____/____ Still symptomatic      Unknown symptom status Symptoms resolved, unknown date		Date of death (MM/DD/YYYY): ____/____/____ Unknown date of death															
Is the patient a health care worker in the United States?    Yes      No      Unknown Does the patient have a history of being in a healthcare facility (as a patient, worker or visitor) in China?    Yes      No      Unknown In the 14 days prior to illness onset, did the patient have any of the following exposures (check all that apply): <table style="width: 100%;"> <tr> <td>Travel to Wuhan</td> <td>Community contact with another lab-confirmed COVID-19 case-patient</td> <td>Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology</td> </tr> <tr> <td>Travel to Hubei</td> <td>Any healthcare contact with another lab-confirmed COVID-19 case-patient</td> <td>Other, specify: _____</td> </tr> <tr> <td>Travel to mainland China</td> <td>Patient      Visitor      HCW</td> <td>Unknown</td> </tr> <tr> <td>Travel to other non-US country specify: _____</td> <td>Animal exposure</td> <td></td> </tr> <tr> <td>Household contact with another lab confirmed COVID-19 case-patient</td> <td></td> <td></td> </tr> </table> If the patient had contact with another COVID-19 case, was this person a U.S. case?    Yes, nCoV ID of source case: _____    No      Unknown      N/A					Travel to Wuhan	Community contact with another lab-confirmed COVID-19 case-patient	Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology	Travel to Hubei	Any healthcare contact with another lab-confirmed COVID-19 case-patient	Other, specify: _____	Travel to mainland China	Patient      Visitor      HCW	Unknown	Travel to other non-US country specify: _____	Animal exposure		Household contact with another lab confirmed COVID-19 case-patient		
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Travel to mainland China	Patient      Visitor      HCW	Unknown																	
Travel to other non-US country specify: _____	Animal exposure																		
Household contact with another lab confirmed COVID-19 case-patient																			
Under what process was the PUI or case first identified? (check all that apply):    Clinical evaluation leading to PUI determination Contact tracing of case patient    Routine surveillance    EpiX notification of travelers; if checked, DGMQID _____ Unknown    Other, specify: _____																			

### Symptoms, clinical course, past medical history and social history

Collected from (check all that apply):    Patient interview    Medical record review

CDC 2019-nCoV ID: 

Form Approved: OMB: 0920-1011 Exp. 4/23/2020

## Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form

During this illness, did the patient experience any of the following symptoms?	Symptom Present?		
Fever >100.4F (38C) <sup>c</sup>	Yes	No	Unk
Subjective fever (felt feverish)	Yes	No	Unk
Chills	Yes	No	Unk
Muscle aches (myalgia)	Yes	No	Unk
Runny nose (rhinorrhea)	Yes	No	Unk
Sore throat	Yes	No	Unk
Cough (new onset or worsening of chronic cough)	Yes	No	Unk
Shortness of breath (dyspnea)	Yes	No	Unk
Nausea or vomiting	Yes	No	Unk
Headache	Yes	No	Unk
Abdominal pain	Yes	No	Unk
Diarrhea (≥3 loose/looser than normal stools/24hr period)	Yes	No	Unk
Other, specify: _____			

Pre-existing medical conditions?

Yes No Unknown

	Yes	No	Unknown	
Chronic Lung Disease (asthma/emphysema/COPD)	Yes	No	Unknown	
Diabetes Mellitus	Yes	No	Unknown	
Cardiovascular disease	Yes	No	Unknown	
Chronic Renal disease	Yes	No	Unknown	
Chronic Liver disease	Yes	No	Unknown	
Immunocompromised Condition	Yes	No	Unknown	
Neurologic/neurodevelopmental	Yes	No	Unknown	(If YES, specify) _____
Other chronic diseases	Yes	No	Unknown	(If YES, specify) _____
If female, currently pregnant	Yes	No	Unknown	
Current smoker	Yes	No	Unknown	
Former smoker	Yes	No	Unknown	

Respiratory Diagnostic Testing

Test	Pos	Neg	Pend.	Not done
Influenza rapid Ag A B				
Influenza PCR A B				
RSV				
H. metapneumovirus				
Parainfluenza (1-4)				
Adenovirus				
Rhinovirus/enterovirus				
Coronavirus (OC43, 229E, HKU1, NL63)				
M. pneumoniae				
C. pneumoniae				
Other, Specify: _____				

Specimens for COVID-19 Testing

Specimen Type	Specimen ID	Date Collected	Sent to CDC	State Lab Tested
NP Swab				
OP Swab				
Sputum				
Other, Specify: _____				

Additional State/local Specimen IDs: \_\_\_\_\_

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011).