SHIAWASSEE COUNTY
HEALTH DEPARTMENT
Promoting Wellness. Protecting Health.

Processes for Notifying the Health Department of COVID-19 Testing

Criteria to Guide Evaluation and Laboratory Testing for COVID-19
Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza). Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing may include:

- **Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.**
- **Other symptomatic individuals such as, older adults (age ≥ 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).**
- **Any persons including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas (see below) within 14 days of their symptom onset.**

There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions.

TESTING PROCESS

1) Contact your ICP
2) If physician determines to test patient, then complete the **Michigan Interim 2019 Novel Coronavirus (COVID-19) Person Under Investigation (PUI)/Case Report Form Cover Sheet**
3) Enter Case into MDSS
4) Fill out the **CDC Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Care Report Form**.
5) Contact SCHD (989-743-2419) to advise of potential case
    1. Pt. Name
    2. DOB
    3. Address
    4. Phone Number
    5. MDSS Number
    6. Ordering Physican
6) No need to obtain nCOV ID. Indicate no nCOV ID by putting **COMMERCIAL LAB** in the space
7) Upload **Cover Sheet** and **Report Form** into MDSS.
8) Fax **Cover Sheet** and **Report Form** to (989-720-2548)

If not able to reach SCHD call MDHHS CD (517-335-8165) line
After hours/holidays call 517-335-9030

*This is a fluid situation and guidance will change based on CDC and State recommendations. This document is valid as of 3-9-20 @ 1630.