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 Individuals with Mild Symptoms, in Certain Circumstances

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 individual with mild symptoms 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 have issued clinical guidance to help prioritize COVID-19 testing resources that, unfortunately, remain too scare 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. Individuals with mild symptoms are grouped in Priority Three.

Providers must continue to follow MDHHS prioritization criteria and must prioritize test capacity for populations from Priority One and Priority Two patients, as well as symptomatic critical infrastructure workers. If capacity remains after serving patients from those priority populations, providers should test individuals with mild symptoms. 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 individuals with mild symptoms, alongside other priority populations.

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 14, 2020.

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

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

Priority Three

- Critical infrastructure workers with symptoms
- Individuals with mild symptoms. 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 will no longer require healthcare providers to seek prior approval from MDHHS or submit a Person Under Investigation form when ordering a COVID-19 test for testing through most laboratories in the State of Michigan. Providers no longer need to seek MDHHS approval or a Person Under Investigation (PUI) number for any test requisition that does not leverage MDHHS Bureau of Laboratories (BOL) testing capabilities. 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.

MDHHS recognizes the importance of early detection of COVID-19 to facilitate appropriate action, such as self-isolation, to help slow and mitigate the spread of disease. Until very recently, very few laboratories had the capabilities to conduct wide-reaching diagnostic testing. For this reason, MDHHS BOL significantly scaled up its operations to support this need. However, over the course of intervening weeks, commercial and healthcare facility laboratories have increasingly established the capabilities to conduct this testing without the involvement of MDHHS BOL. MDHHS believes that leveraging the expanding capabilities of these facilities through existing practice (i.e., using in-house and/or referral laboratories with whom the provider has an existing partnership) will significantly help to stabilize access to COVID-19 testing, in line with the prioritization criteria referenced herein. Healthcare providers and facilities with established relationships to laboratories should leverage those relationships, where feasible, prior to leveraging BOL testing capabilities. This will allow for BOL to place focus on its role in supporting critical public health investigations and activities.

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.

As providers capitalize on their existing relationships with in-house or referral laboratories (facility and/or commercial) for COVID-19 testing, the need for BOL to sustain diagnostic testing capacity as a statewide solution will be reduced. 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.** Physicians should consult with a member of the health system (most commonly Infection Prevention) to determine whether their patient(s) meet the prioritization criteria outlined herein.

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. You may also email our Community Health Emergency Coordination Center at: checcdeptcoor@michigan.gov.

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

Patient Information:

First name:_____ Last name: _____

Date of birth:_____/_____/_____ Age: _____ Sex: ☐ Female ☐ Male

Patient residence street address:_____City: _____

County: _____ State: _____ Zip Code: _____

Patient phone number(s):_____/_____

Patient hospital ID (Medical Record) number: _____

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 Patients
- ☐ Healthcare Facility workers with symptoms

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

- ☐ Patients 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
- ☐ Patients over 65 years of age with symptoms
- ☐ Patients with underlying conditions with symptoms
- ☐ First responders with symptoms

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

- ☐ Critical Infrastructure workers with symptoms
  - Critical Infrastructure is defined in Executive Order 2020-21, in section 8 and 9 of the order (EO 2020-21). Critical infrastructure workers can be characterized as those individuals who, under Executive Order 2020-21, should be considered essential and should continue to report to their place of work in order to sustain necessary operations. This does not include those who are permitted or required to work from remote locations, such as home.
- ☐ Any individual with mild presentation of symptoms consistent with COVID-19
  - This criterion should only be considered if adequate testing capacity exists in the provider's area, after first prioritizing individuals who meet any of the above criteria.

Specimen Being Submitted to:

- ☐ 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.

CDC 2019-nCoV ID: _____ Form Approved: OMB: 0920-1011 Exp. 4/23/2020

……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 [a]: _____ NNDSS loc. rec. ID/Case ID [b]: _____

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. [b]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

Race (check all that apply):
☐ Asian
☐ Black
☐ White
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ Unknown
☐ Other, specify: _____

Date of birth (MM/DD/YYYY): ____/_____/_____
Age: _____
Age units(yr/mo/day): _____

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

Date of death (MM/DD/YYYY):
____/_____/_____
☐ Unknown date of death

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

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):
☐ Travel to Wuhan
☐ Travel to Hubei
☐ Travel to mainland China
☐ Travel to other non-US country specify:_____
☐ Household contact with another lab confirmed COVID-19 case-patient
☐ Community contact with another lab-confirmed COVID-19 case-patient
☐ Any healthcare contact with another lab-confirmed COVID-19 case-patient
☐ Patient ☐ Visitor ☐ HCW
☐ Animal exposure
☐ Exposure to a cluster of patients with severe acute lower respiratory distress of unknown etiology
☐ Other, specify:_____
☐ Unknown

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

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

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).

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)[c]	☐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

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).