

Provider calls should only be forwarded to Public Health when:

Hospitalized

Patient is **hospitalized** with **all** of the following:

- Fever **AND** (cough OR shortness of breath)
- Flu – Negative
- Respiratory Viral Panel (RVP) – Negative
- Bilateral pulmonary infiltrates

OR

Patient is **hospitalized** with **all** of the following:

- Fever **AND** (cough OR shortness of breath)
- **Traveled** from a country with [CDC Level 3 Travel Health Notice*](#) or area in the US with widespread transmission** within 14 days of symptom onset

Regardless of Hospitalization Status

Patient **traveled** from a country with [CDC Level 3 Travel Health Notice*](#) or area in the US with widespread transmission** within 14 days of symptom onset

AND

Lives in a long-term care facility, nursing home, or rehab facility

OR

Works in healthcare, school, childcare, jail/prison, or other similar occupation

AND

Fever **OR** (cough OR shortness of breath)

OR

Patient has had **close contact**[†] with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset

AND

Fever **OR** (cough OR shortness of breath)

*Countries with [widespread sustained spread](#)

**U.S. counties with widespread transmission: Seattle-King, Pierce and Snohomish Counties, WA; Santa Clara, CA; Westchester County, NY

[†] Close contact is defined as being within 6 feet of ill individuals for greater than 10 minutes

If patients do not fit within one of these four categories and the provider wants to test for COVID-19, then the provider calls should NOT be referred to Public Health and provider should coordinate testing through a commercial laboratory.