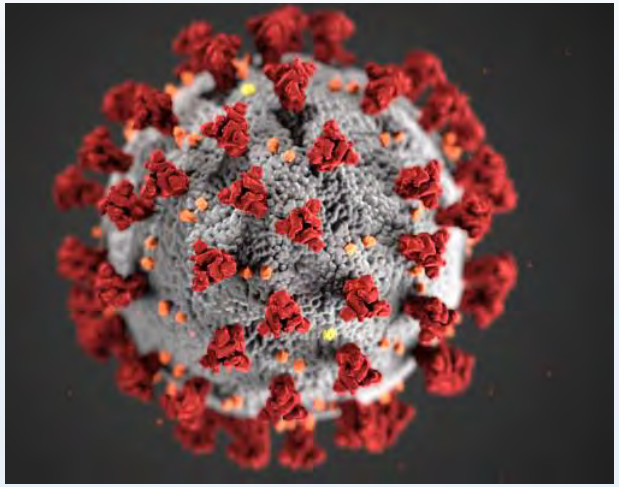
DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

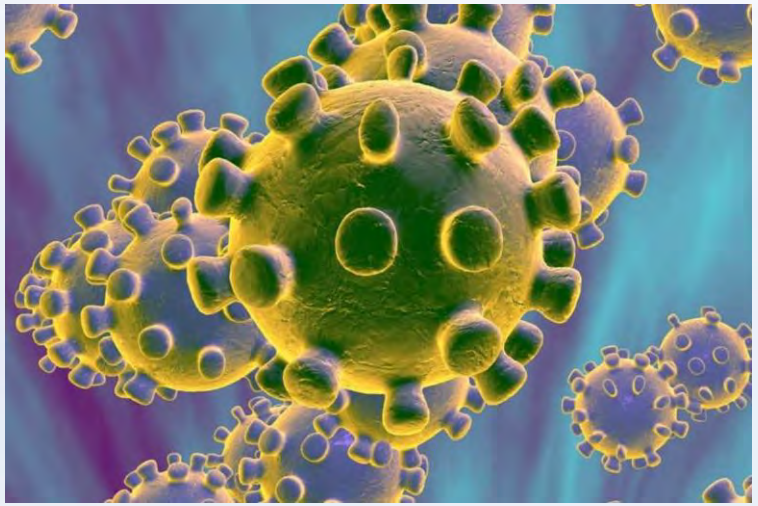
Plenaria de Servicios de Salud ante Enfermedades Respiratorias Transmisibles en Puerto Rico: COVID-19



11 de marzo de 2020

DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

Enfermedades Respiratorias Transmisibles: COVID-19



COVID-19

- COVID-19:
  - Familia Coronaviridae
  - Primeros casos asociados a un mercado de mariscos y animales en Wuhan, China

- Esta familia de virus también incluye:
  - SARS-CoV (SARS): 2003 *(n= 8,098, en EU=8)*
  - MERS-CoV (MERS) : 2012 *(n= 2,494, en EU=2)*
  - Otros Coronavirus que causan enfermedad respiratoria entre humanos en un 10%-30%

COVID-19

- Transmisión:
  - La enfermedad puede propagarse de persona a persona a través de las microgotas que entran en contacto con las mucosas (nariz, boca, ojos) y fómites

- Periodo de incubación:
  - 1-14 días, (usualmente: 5-6 días)

- Síntomas:
  - Tos, fiebre, dificultad respiratoria

COVID-19

- Al ser un virus nuevo, toda persona que no tenga una protección inmune previa, puede enfermarse

- Personas a mayor riesgo de contraer la enfermarse:
  - Personas que están en contacto cercano (6 pies o menos) con un paciente infectado por tiempo prolongado

- Personas que están a mayor riesgo de complicaciones:
  - Personas mayores y con condiciones de salud preexistentes: Presión alta, con problemas respiratorio crónicos, sistema inmunológico suprimido

COVID-19

- 85% de las personas, presentan una enfermedad leve o moderada
- 1 de cada 6 personas que se enferman, presentan un cuadro clínico severo
- Mortalidad:
  - Global: 3.5%
    - En China: 3.8%
    - Fuera de China: 2.7%

COVID-19

- Hasta el momento 118,101* casos confirmados por laboratorio a nivel mundial
  - 80,757 son de China continental (68%)
  - 37,344 fuera de China (32%)
  - 117 países tienen casos de COVID-19

- Otros países con transmisión comunitaria:
  - Corea del Sur: 7,513
  - Italia: 9,172
  - Irán: 8,042
  - Japón: 581

Datos actualizados al 10 de marzo 2020

Situación Actual

- Estados Unidos:
  - Relacionado a Viaje: 83
  - Transmisión persona-persona: 36
  - Bajo Investigación: 528

  Total 647

- Puerto Rico:
  - 0 Confirmados
  - 5 Bajo investigación

Datos actualizados al 10 de marzo de 2020

Evaluación de pacientes bajo investigación (PUI) de COVID-19

- Factores epidemiológicos:
  - Tener contacto cercano con un paciente con COVID-19 confirmado por laboratorio, en los pasados 14 días anterior al inicio de los síntomas

    O
  - Historial de viaje de áreas geográficas afectadas en los pasados 14 días anterior al inicio de los síntomas

  - Exposición del personal en facilidades de servicios de salud

Alertas de viaje de los CDC

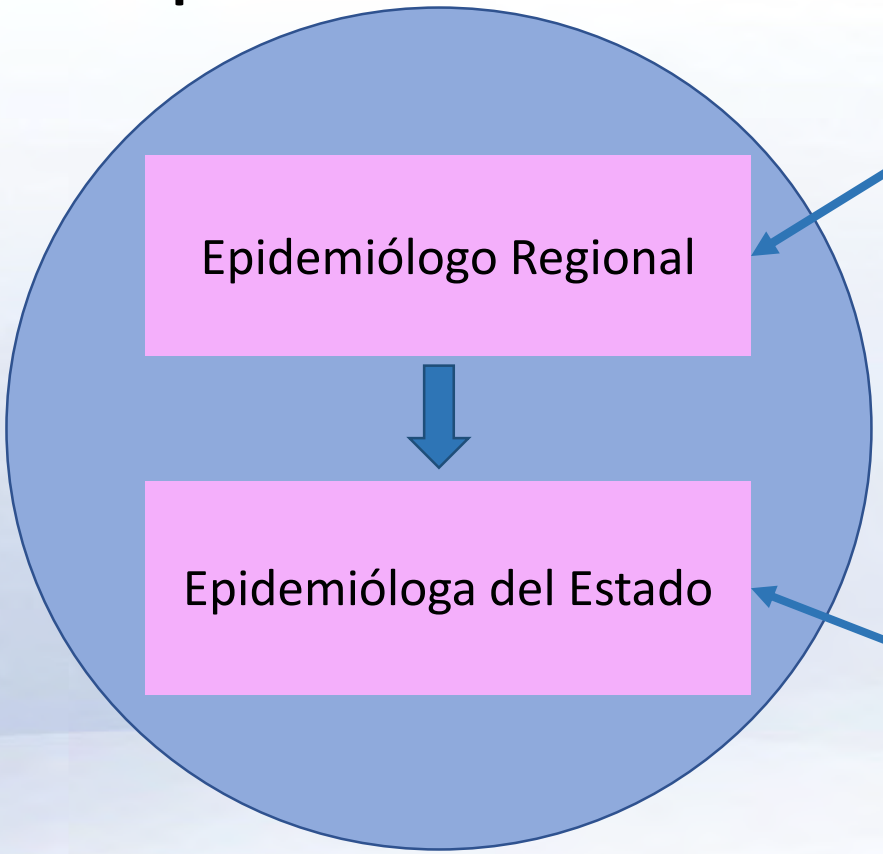
Nivel 3. Evitar viajes que no sean esenciales:
China, Corea del Sur, Irán e Italia

Nivel 2. Reforzar prácticas de precaución:
Japón

Nivel 1. Practicar precauciones habituales:
Hong Kong

Los CDC también recomienda evitar viajes en cruceros

Notificación



HOSPITALES
(Notifican casos con sospecha de COVID-19)

CDC Estación de Cuarentena
(Notifican sobre viajeros que regresan a PR asintomáticos, y que viajaron de China, Irán, Italia y Korea del Sur (Nivel 3)
Japón (Nivel 2)

COVID-19

Síntomas Clínicos	&	Riesgo Epidemiológico
Fiebre[1] o síntomas de enfermedad de las vías respiratorias bajas (ej., tos o dificultad para respirar)	Y	Cualquier persona, incluyendo los proveedores de servicios de salud[2], que haya tenido contacto[3] cercano con un paciente con COVID-19 confirmado[4] por laboratorio, en los pasados 14 días anterior al inicio de los síntomas
Fiebre[1] y síntomas de enfermedad de las vías respiratorias bajas (ej., tos o dificultad para respirar)	Y	Un historial de viaje a China (país con alerta a viajero Internacional Nivel 3), en los pasados 14 días anterior al inicio de los síntomas
Fiebre[1] y síntomas de una enfermedad de respiratoria baja (ej., tos o dificultad para respirar) que requiera hospitalización	Y	Un historial de viaje a las áreas geográficas afectadas[5]: Irán, Italia, Japón, Corea del Sur (ver nota abajo), en los pasados 14 días anterior al inicio de los síntomas
Fiebre[1] con síntomas severos de una enfermedad de las vías bajas (ej., pulmonía, ARDS que requiera hospitalización, sin un diagnóstico alterno identificado (ej., influenza)[6].	Y	Ninguna fuente de exposición identificada

- El criterio para evaluación(PUI) fue expandido a un grupo amplio de pacientes sintomáticos
- El médico deberá utilizar su criterio clínico para determinar si el paciente presenta signos y síntomas compatible con COVID-19; y si el paciente require muestra de SARS-CoV-2
- Realizar Diagnóstico Diferencial para otras condiciones respiratorias. (ej. Influenza)
- Utilizar criterio epidemiológico para la indicación de muestras
- Reporte telefónico inmediato (24hrs) al Departamento de Salud (Categoría III) y por escrito - Hoja de Categoria I

- *Revisión: 4 de marzo de 2020*

Vigilancia Epidemiologica COVID-19 (12 epidemiólogos)

Aguadilla – 5 ***Municipalities***: Aguada, Aguadilla, Isabela, Moca, San Sebastián

Arecibo – 12 ***Municipalities***: Arecibo, Barceloneta, Camuy, Ciales, Florida, Hatillo, Lares, Manatí, Morovis, Quebradillas, Utuado, Vega Baja.

Bayamón - ***11 Municipalities:*** Barranquitas, Bayamón, Cataño, Comerío, Corozal, Dorado, Naranjito, Orocovis, Toa Alta, Toa Baja, Vega Alta

Caguas- ***13 Municipalities***: - Aguas Buenas, Aibonito, Caguas, Cayey, Cidra, Gurabo, Humacao, Juncos, Las Piedras, Maunabo, Naguabo, San Lorenzo, Yabucoa

Fajardo - ***6 Municipalities:*** Ceiba, Culebra, Fajardo, Luquillo, Río Grande, Vieques

Mayagüez - 10 Municipalities: Añasco, Cabo Rojo, Hormigueros, Lajas, Las Marías, Maricao, Mayagüez, Rincón, Sabana Grande, San Germán

Metropolitan: ***6 Municipalities:*** Canóvanas, Carolina, Guaynabo, Loíza, San Juan, Trujillo Alto

Ponce: ***15 Municipalities:*** Adjuntas, Arroyo, Coamo, Guánica, Guayama, Guayanilla, Jayuya, Juana Díaz, Patillas, Peñuelas, Ponce, Salinas, Santa Isabel, Villalba, Yauco

Hoja Categoría I

ESTADO LIBRE ASOCIADO DE PUERTO RICO
Departamento de Salud

INFORME CONDFIDENCIAL ENFERMEDADES TRANSMISIBLES

DS-2
01/03

CATEGORIA I: INFORME INDIVIDUAL DE CASOS

NOMBRE DEL PACIENTE				
FECHA NACIMIENTO	**EDAD**	**SEXO**	**ESTADO CIVIL**	**TELEFONO**
DIRECCION FISICA				
NOMBRE DE LOS PADRES				
OCUPACION Y LUGAR DE TRABAJO O ESCUELA				
ENFERMEDAD			**FECHA DE COMIENZO DE SINTOMAS**	
RESULTADOS DE LABORATORIO (CULTIVO, SEROLOGIA, ETC.)			**HOSPITAL**	
FECHA DE ADMISION			**FECHA DE ALTA**	

_____ _____ ----------
INFORMANTE **POSICION** **TELEFONO**

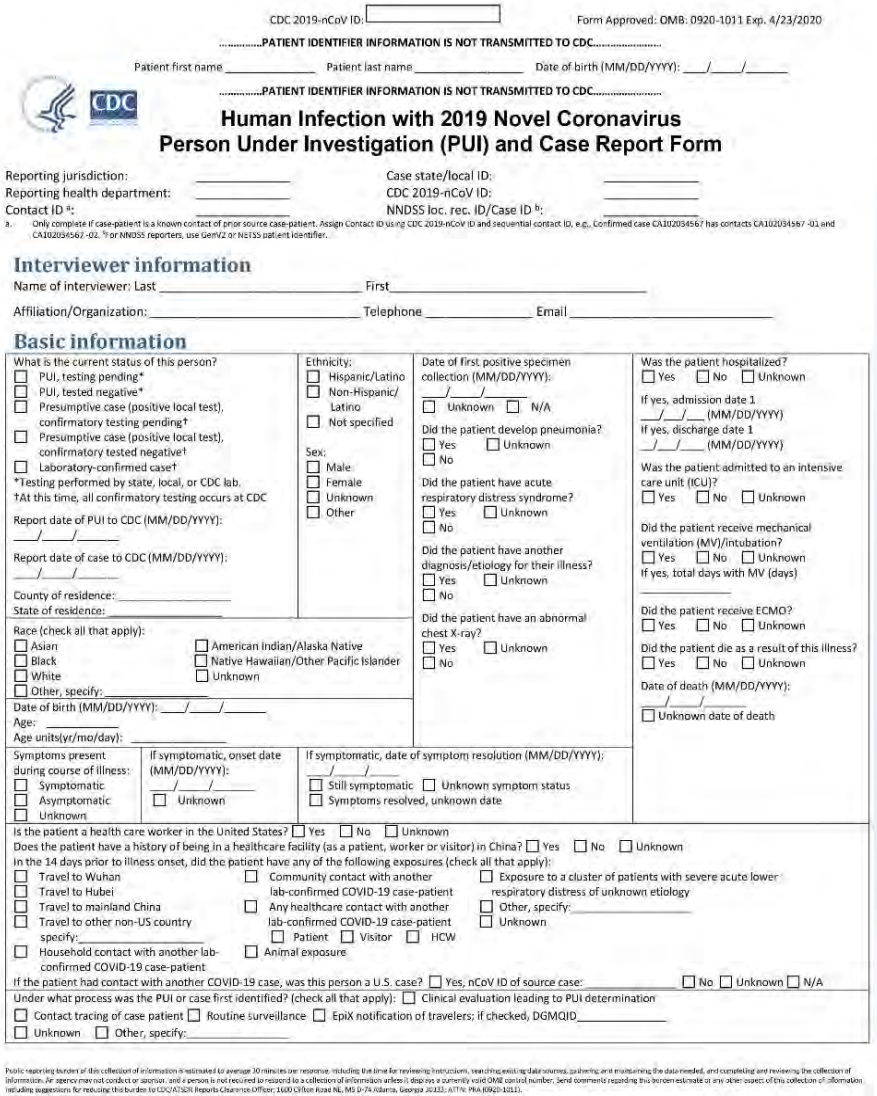
_____ _____
NOMBRE DE LA FACILIDAD Y DIRECCION FISICA **FECHA DE INFORME**

LA LEY DEL 14 DE MAYO DE 1912, ENMENDADA EL 7 DE MAYO DE 1935, REGLAMEMENTA LA PREVENCION DE ENFERMEDADES TRANSMISIBLES Y SU PROPAGACION. LA SECCION 350-1504 DE DICHA LEY ESTABLECE EL MODO DE HACER LA NOTIFICACION DE LAS ENFERMEDADES TRANSMISIBLES AL DEPARTAMENTO DE SALUD. LA MISMA INDICA QUE DEBERA REALIZARSE EN LOS CASOS DE MAYOR VIRULENCIA, PERSONALMENTE, POR TELEFONO, CON CARGOS AL DEPARTAMENTO DE SALUD Y ADEMAS POR ESCRITO; SIEMPRE UTILIZANDO LAS HOJAS SUMINISTRADAS POR EL DEPARTAMENTO DE SALUD. EN DICHA COMUNICACIÓN SE HARA CONSTAR LOS SIGUIENTES DATOS: ENFERMEDAD, NOMBRE DEL PACIENTE, DIRECCION RESIDENCIAL, NUMERO DE TELEFONO, SEXO, EDAD, FECHA DE NOTIFICACION, PERSONA QUE NOTIFICA, DIRECCION Y NUMERO TELEFONICO DE ESTA ULTIMA.

ENVIAR AL PROGRAMA DE EPIDEMIOLOGIA DEL DEPARTAMENTO DE SALUD

DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

Hoja de Reporte PUI



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.....

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?
☐ PUI, testing pending*
☐ PUI, tested negative*
☐ Presumptive case (positive local test), confirmatory testing pending†
☐ Presumptive case (positive local test), confirmatory tested negative†
☐ Laboratory-confirmed case†
*Testing performed by state, local, or CDC lab.
†At this time, all confirmatory testing occurs at CDC

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

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

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): _____

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: _____

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

CDC

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

Symptoms, clinical course, past medical history and social history

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

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/intellectual disability	☐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	State Lab Tested	State Lab Result	Sent to CDC	CDC Lab Result
NP Swab			☐		☐	
OP Swab			☐		☐	
Sputum			☐		☐	
Other, Specify: _____			☐		☐	

Additional State/local Specimen IDs: _____ _____ _____ _____ _____

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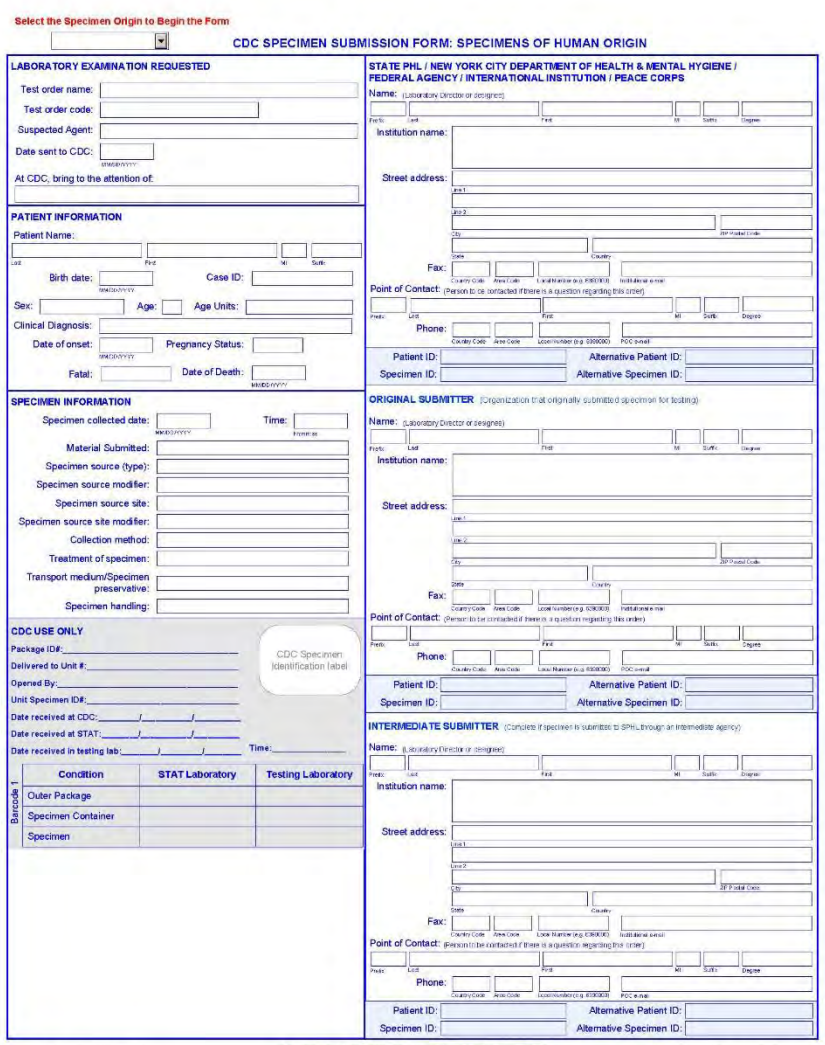
DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

Forma 50.34



Select the Specimen Origin to Begin the Form

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

LABORATORY EXAMINATION REQUESTED

Test order name:
Test order code:
Suspected Agent:
Date sent to CDC:
At CDC, bring to the attention of:

PATIENT INFORMATION

Patient Name:
Birth date:
Case ID:
Sex:
Age:
Age Units:
Clinical Diagnosis:
Date of onset:
Pregnancy Status:
Fatal:
Date of Death:

SPECIMEN INFORMATION

Specimen collected date:
Time:
Material Submitted:
Specimen source (type):
Specimen source modifier:
Specimen source site:
Specimen source site modifier:
Collection method:
Treatment of specimen:
Transport medium/Specimen preservative:
Specimen handling:

CDC USE ONLY

Package ID#:
Delivered to Unit #:
Opened By:
Unit Specimen ID#:
Date received at CDC:
Date received at STAT:
Date received in testing lab:
Time:

CDC Specimen Identification label

	Condition	STAT Laboratory	Testing Laboratory
Barcode 1	Outer Package		
	Specimen Container		
	Specimen		

STATE PHL / NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE / FEDERAL AGENCY / INTERNATIONAL INSTITUTION / PEACE CORPS

Name: (Laboratory Director or designee)
Institution name:
Street address:
Fax:
Point of Contact: (Person to be contacted if there is a question regarding this order)
Phone:
Patient ID:
Alternative Patient ID:
Specimen ID:
Alternative Specimen ID:

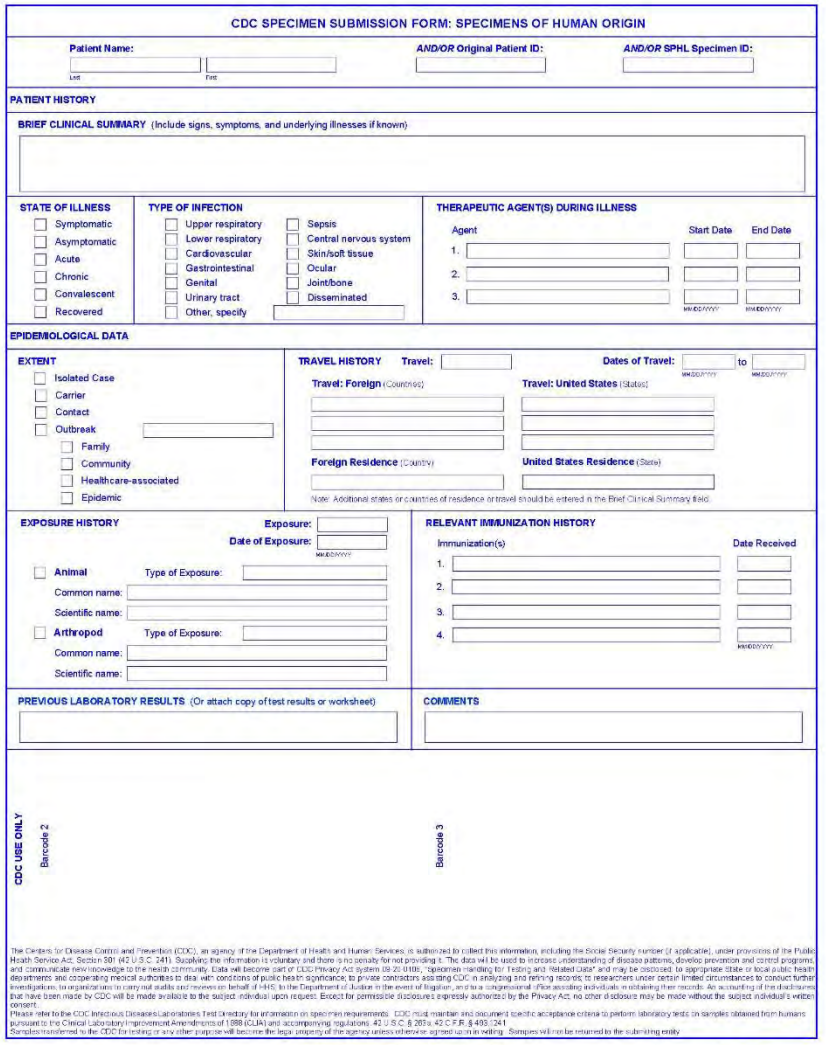
ORIGINAL SUBMITTER (Organization that originally submitted specimen for testing)

Name: (Laboratory Director or designee)
Institution name:
Street address:
Fax:
Point of Contact: (Person to be contacted if there is a question regarding this order)
Phone:
Patient ID:
Alternative Patient ID:
Specimen ID:
Alternative Specimen ID:

INTERMEDIATE SUBMITTER (Complete if specimen is submitted to SPHL through an intermediate agency)

Name: (Laboratory Director or designee)
Institution name:
Street address:
Fax:
Point of Contact: (Person to be contacted if there is a question regarding this order)
Phone:
Patient ID:
Alternative Patient ID:
Specimen ID:
Alternative Specimen ID:

CDC 50.34 HUMAN (Page 1) CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN Version: 3.2.0 Expiration Date: 12/04/2020



CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

Patient Name:
AND/OR Original Patient ID:
AND/OR SPHL Specimen ID:

PATIENT HISTORY

BRIEF CLINICAL SUMMARY (Include signs, symptoms, and underlying illnesses if known)

STATE OF ILLNESS
- Symptomatic
- Asymptomatic
- Acute
- Chronic
- Convalescent
- Recovered

TYPE OF INFECTION
- Upper respiratory
- Lower respiratory
- Cardiovascular
- Gastrointestinal
- Genital
- Urinary tract
- Other, specify
- Sepsis
- Central nervous system
- Skin/soft tissue
- Ocular
- Joint/bone
- Disseminated

THERAPEUTIC AGENT(S) DURING ILLNESS

Agent	Start Date	End Date
1.		
2.		
3.		

EPIDEMIOLOGICAL DATA

EXTENT
- Isolated Case
- Carrier
- Contact
- Outbreak
  - Family
  - Community
  - Healthcare-associated
  - Epidemic

TRAVEL HISTORY Travel: Dates of Travel: to
Travel: Foreign (Countries)
Travel: United States (States)
Foreign Residence (Country)
United States Residence (State)
Note: Additional states or countries of residence or travel should be entered in the Brief Clinical Summary field.

EXPOSURE HISTORY
Exposure:
Date of Exposure:
- Animal — Type of Exposure:
  Common name:
  Scientific name:
- Arthropod — Type of Exposure:
  Common name:
  Scientific name:

RELEVANT IMMUNIZATION HISTORY

Immunization(s)	Date Received
1.	
2.	
3.	
4.	

PREVIOUS LABORATORY RESULTS (Or attach copy of test results or worksheet)

COMMENTS

CDC USE ONLY
Barcode 2
Barcode 3

The Centers for Disease Control and Prevention (CDC), an agency of the Department of Health and Human Services is authorized to collect this information, including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C. 241). Supplying the information is voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns, develop prevention and control programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act System 09-20-0136, "Specimen Handling for Testing and Related Data" and may be disclosed to appropriate State or local public health departments and cooperating medical authorities to deal with conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researchers under certain limited circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the Department of Justice in the event of litigation; and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that have been made by CDC will be made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no other disclosure may be made without the subject individual's written consent.
Please refer to the CDC Infectious Diseases Laboratories Test Directory for information on specimen requirements. CDC must maintain and document specific acceptance criteria to perform laboratory tests on samples obtained from humans pursuant to the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and accompanying regulations. 42 U.S.C. § 263a; 42 C.F.R. § 493.1241.
Samples transferred to the CDC for testing or any other purpose will become the legal property of the agency unless otherwise agreed upon in writing. Samples will not be returned to the submitting entity.

CDC 50.34 HUMAN (Page 2) CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN Version: 3.2.0 Expiration Date: 12/04/2020

Coordinación

Evaluar caso para criterio de COVID-19 PUI

Personal Control de Infecciones del Hospital

Forma PUI

Reporte 50.34

Epidemiología Departamento de Salud

(Central/ Regional)

Número de Caso

Director de Laboratorio de la Institución

Laboratorio de Salud Pública de Puerto Rico

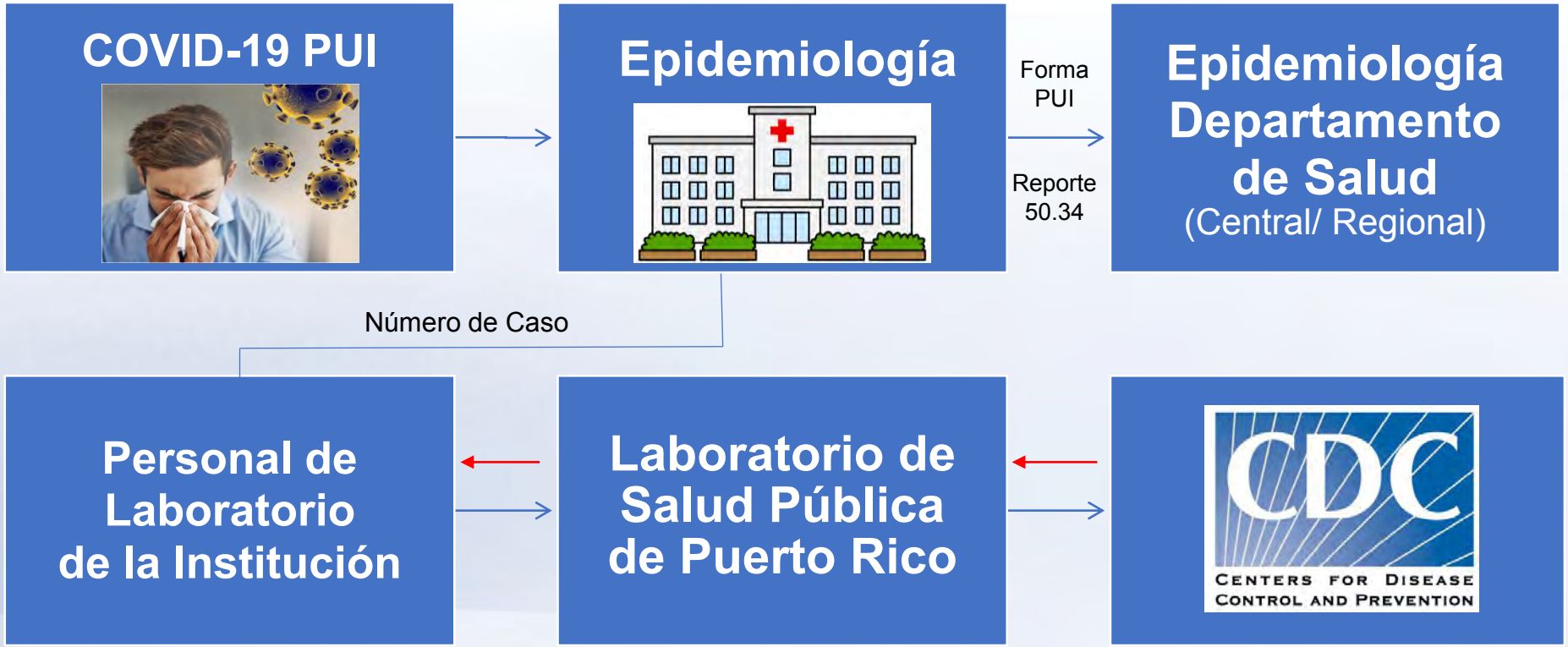
CDC

CENTERS FOR DISEASE CONTROL AND PREVENTION

DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

Guía para el Manejo de Muestras COVID-19

Coordinación



Tipo de Muestra

- **Tracto Respiratorio Inferior**
  - Lavado Bronqueoalveolar (BAL)
  - Esputo
- **Tracto Respiratorio Superior**
  - Hisopo Nasofaríngeo
  - Hisopo Orofaríngeo

Toma de Muestra

- **Consideraciones:**
  - Muestras deben ser mantenidas en recipientes separados.
  - Utilice hisopos de fibra sintética con extremo de plástico.
  - **NO** se debe utilizar hisopos de alginato de calcio o con extremo de madera.
  - Refrigerar la muestra de 2 – 8 °C.
  - **NO** se recomienda el almacenamiento de las muestras en las instituciones hospitalarias.

Empaque de Muestra

- **Concepto del Triple Empaque:**
  - **Receptáculo Primario**
    - Debidamente identificado (nombre, DOB, # ID paciente, # PUI, tipo de muestra, iniciales de la persona que toma la muestra, fecha y hora de colección).
    - Símbolo de riesgo biológico.
    - Parafina.
    - Envolver en papel absorbente.
  - **Empaque Secundario**
    - Doble Bolsa Sellable.
  - **Empaque Externo**
    - Contenedor rígido aislante.

Documentación

- **Formularios:**
  - Formulario de envío de muestras 50.34.
  - Formulario de reporte para pacientes bajo investigación (PUI) de COVID-19.

HUMAN

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

LABORATORY EXAMINATION REQUESTED — Additional form(s)/info required

Test order name: Respiratory Virus Molecular Detection (Non-Influenza)

Test order code: CDC-10401

Suspected Agent:

Date sent to CDC: MM/DD/YYYY

At CDC, bring to the attention of:

STATE PHL / NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE / FEDERAL AGENCY / INTERNATIONAL INSTITUTION / PEACE CORPS

Name: (Laboratory Director or designee)

Prefix Last First MI Suffix Degree

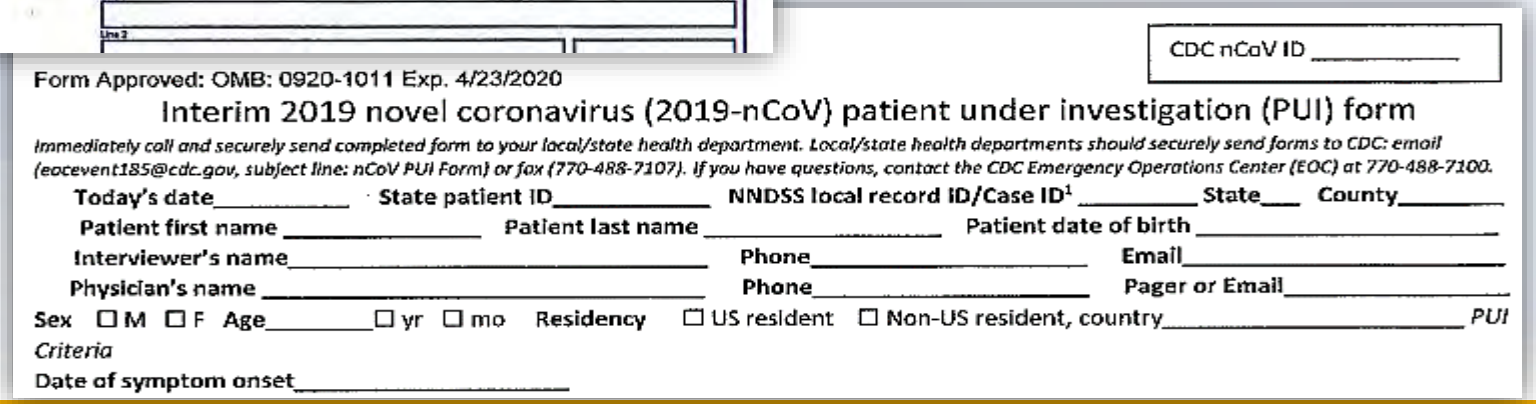
Institution name:

Street address:

Line 1

Line 2

PATIENT INFORMATION



CDC nCoV ID _____

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

Interim 2019 novel coronavirus (2019-nCoV) patient under investigation (PUI) form

Immediately call and securely send completed form to your local/state health department. Local/state health departments should securely send forms to CDC: email (eocevent185@cdc.gov, subject line: nCoV PUI Form) or fax (770-488-7107). If you have questions, contact the CDC Emergency Operations Center (EOC) at 770-488-7100.

Today's date_____ State patient ID_____ NNDSS local record ID/Case ID[1] _____ State___ County_____

Patient first name _____ Patient last name _____ Patient date of birth _____

Interviewer's name_____ Phone_____ Email_____

Physician's name _____ Phone_____ Pager or Email_____

Sex ☐ M ☐ F Age_____☐ yr ☐ mo Residency ☐ US resident ☐ Non-US resident, country_____ *PUI Criteria*

Date of symptom onset_____

Transporte

- **Consideraciones:**
  - Debe ser coordinado con anticipación.
  - Transporte exclusivo para muestras asociadas a COVID-19.
  - Deben ser transportadas manteniendo la temperatura requerida (2 – 8 °C).
  - Muestras serán enviadas a CDC solamente por el personal del LSPPR siguiendo las instrucciones de IATA para Sustancias Infecciosas Categoría B.

Reporte Resultados

- Una vez el CDC tenga disponible el resultado del análisis será enviado al LSPPR.
- El LSPPR distribuirá el resultado al laboratorio clínico de la facilidad hospitalaria.
- El laboratorio clínico de la facilidad hospitalaria distribuirá el mismo según los protocolos internos de la institución.

Precauciones de Seguridad

- **Además de las Prácticas Microbiológicas Estándares y los protocolos de seguridad y salud ocupacional de la institución, se recomiendan las siguientes medidas de seguridad:**
  - Las actividades que involucran la manipulación de especímenes potencialmente infectados se deben realizar en una facilidad con nivel de bioseguridad 2 (BSL-2).
  - Cualquier procedimiento con el potencial de generar aerosoles o gotas, se debe realizar en un Gabinete de Seguridad Biológica (BSC) Clase II certificado.

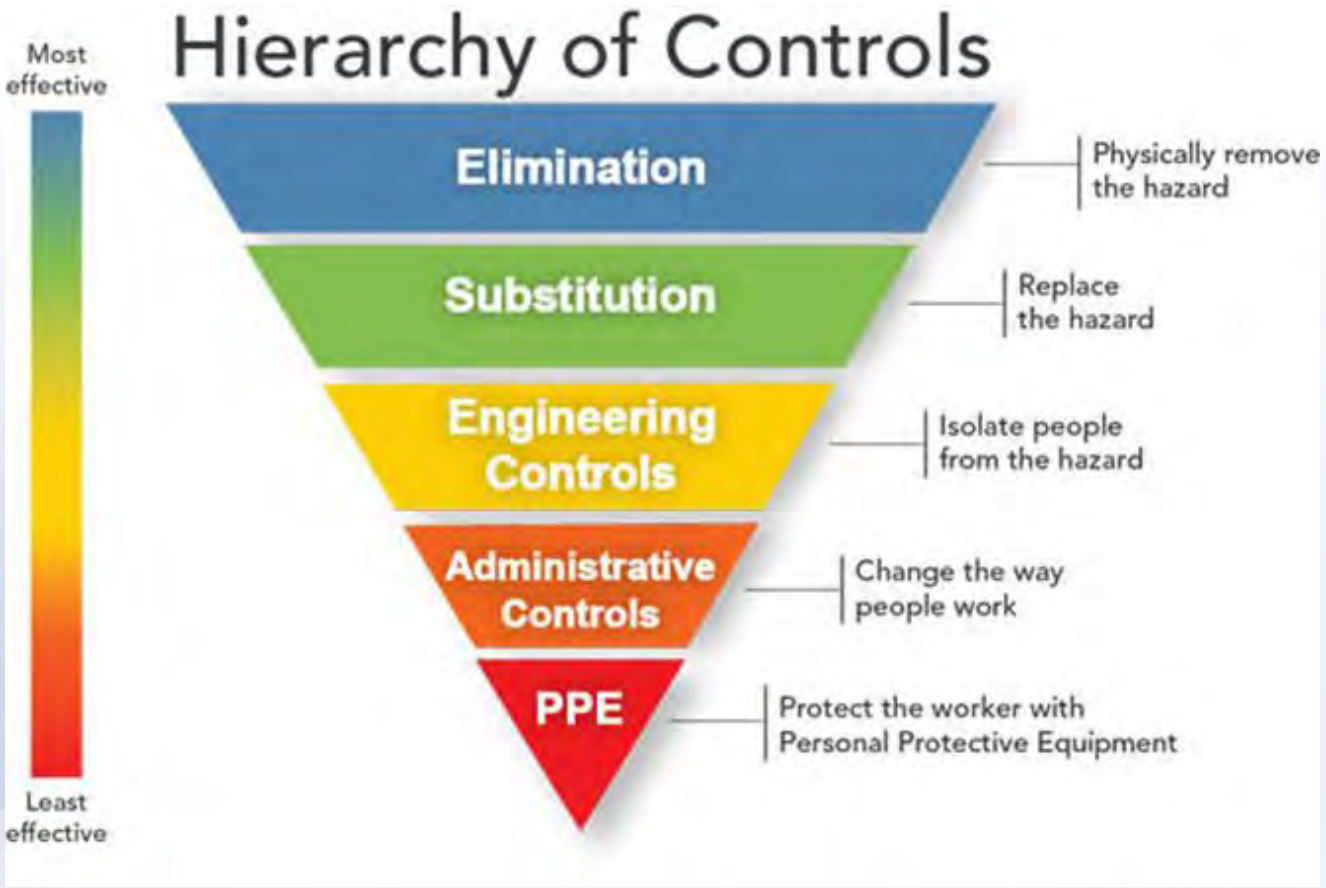
Precauciones de Seguridad (continuación)

- Los laboratorios clínicos que realizan pruebas de rutina (hematología, orina, química, microbiología, inmunología, virología, etc.) en pacientes con COVID-19 o sospecha de COVID-19 deben seguir las Prácticas Microbiólogas Estándar al realizar dichos análisis.
- **NO** se recomienda que los laboratorios de las instituciones hospitalarias aíslen el virus, ni lleven a cabo análisis diagnósticos del virus por razones de Bioseguridad.
- Para obtener información adicional sobre seguridad, puede consultar la edición más reciente de Bioseguridad en Laboratorios Microbiológicos y Biomédicos (BMBL).

DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

Salud y Seguridad Ocupacional

Jerarquía de Controles



Evaluación de Riesgo

- Identificar la tarea.
- Identificar el peligro asociado a la tarea.
- Identificar las medidas de control.

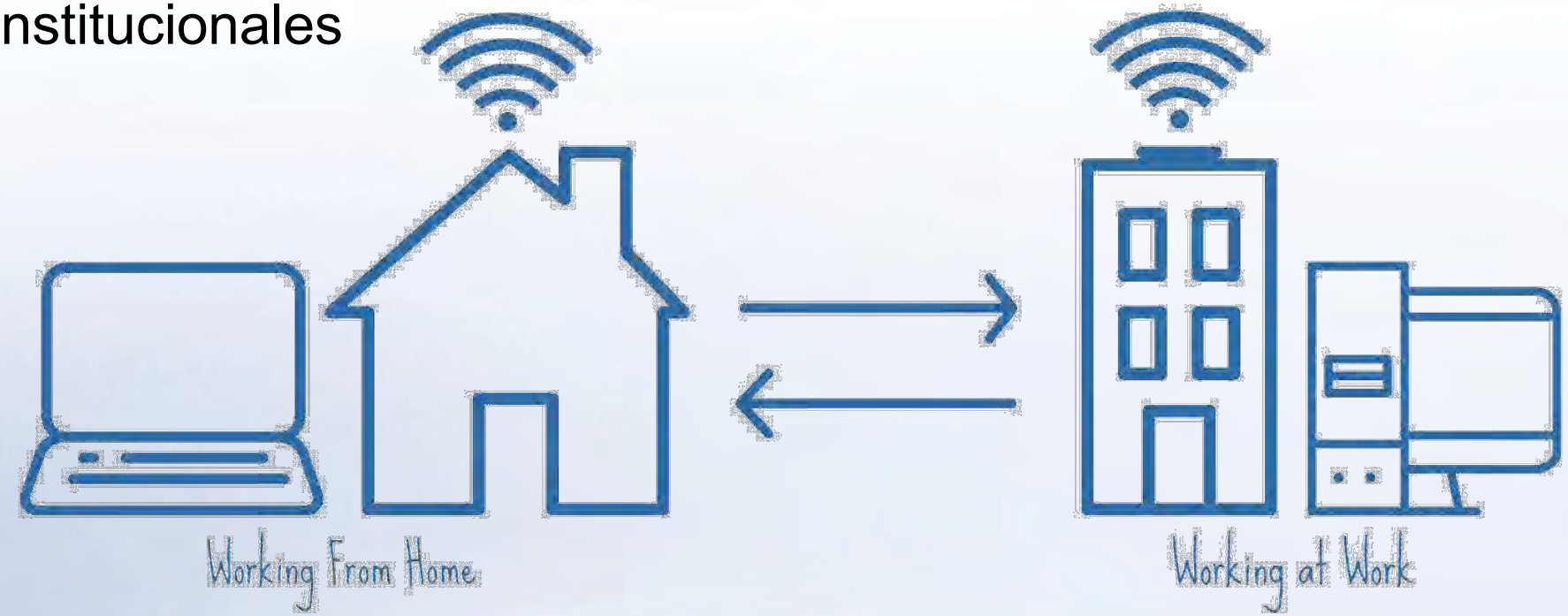
Controles de Ingeniería

Controles Administrativos

- Precauciones Universales

Controles Administrativos

- Protocolos Institucionales



Equipo de Protección Personal Profesionales de la Salud

Equipo de Protección Personal
Requisitos para Uso

Recomendaciones Generales para el Manejo de Inventario de EPP

- **Establecer o mantener prácticas de uso de equipo de protección personal, en cumplimiento con los requisitos establecidos en las regulaciones de protección al personal, tales como:**
  - Identificar el tipo de equipo de protección personal específico, según la tarea y el nivel de riesgo.
  - Ofrecer el repaso del uso apropiado de los materiales de control de infecciones y el equipo de protección personal.
  - Establecer controles administrativos para optimizar el uso de materiales de control de infecciones y protección personal.
  - Evaluar las opciones para extender la vida útil de los equipos de protección personal. Ver recomendaciones del CDC.

Salud y Seguridad

Regulaciones

- **29 CFR 1904 – Registro y Reporte de Heridas y Enfermedades Ocupacionales**
- **29 CFR 1910 Subpart I – Equipo de Protección Personal**
  - 1910.132 – Requisitos Generales
  - 1910.133 – Protección a los Ojos y Rostro
  - 1910.134 – Protección Respiratoria
  - 1910.138 – Protección Mano
- **Subparte J – Controles Ambientales Generales**
  - 1910.141 - Saneamiento

Salud y Seguridad

Regulaciones

- **Subparte Z – Sustancias Peligrosas y Tóxicas**
  - 1910.1020 – Acceso a Registros Médicos y de Exposición de Empleados
  - 1910.1030 – Patógenos Transmitidos por la Sangre u Otro Material Potencialmente Infeccioso
  - 1910.1200 – Comunicación de Peligros
  - 1910.1450 – Exposición Ocupacional a Químicos Peligrosos en Laboratorios

DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

Certificación de Causas de Muertes por COVID-19

Registro Demográfico

11 de marzo de 2020

Certificación de Causas de Muerte por COVID-19

- La información que se recoge en el Certificado de Defunción es una fuente primordial de datos estadísticos para identificar problemas de salud pública, monitorear el progreso en salud pública, y realizar investigación científica.
- Por estas razones reportar los eventos vitales de manera ***completa***, ***precisa*** y ***estandarizada*** es fundamental.

DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

Vital Statistics Reporting Guidance

NVSS

Report No. 1 • October 2017

A Reference Guide for Certification of Deaths in the Event of a Natural, Human-induced, or Chemical/Radiological Disaster

Executive Summary

Death certificates are the fundamental and primary source of official mortality statistics in the United States. Disaster-related mortality data collected from death certificates are used to assess the scope of an event, identify common risk factors for these deaths, and develop evidence-based public health interventions. Death certificates help families recover from catastrophic events, and data compiled from death certificates help the nation, states, and cities become better prepared to mobilize resources more efficiently.

Currently, inconsistencies in reporting a death as disaster-related on the death certificate make it difficult to generate reliable and accurate mortality statistics and to identify the most frequent causes of death associated with disaster events (1). With complete and accurate information, statistics at the national, state, and local levels can be generated, and research conducted, to better understand contributors to disaster-related deaths. Emergency personnel, public health and public safety professionals, and others use this information to plan for and implement targeted interventions to mitigate risk during disaster response and recovery.

This Reference Guide provides examples and recommendations for recording the name and type of disaster on the death certificate to ensure greater interjurisdictional consistency. The key to more accurate reporting of disaster-related deaths is to promote a common framework and decision-making process for determining disaster relatedness (2,3). Following this guidance will help ensure that disaster relatedness is reflected appropriately on the death certificate.

National statistics are compiled from information on death certificates using the *International Classification of Diseases*, which categorizes deaths by event type (e.g., cataclysmic event) but does not distinguish whether the event is a disaster. Disaster is an overarching concept, which includes many event types. To identify disaster-related deaths, researchers use a combination of coded causes of death and either manual review of death certificates or text analytics of the unstructured data. If the certifier does not record the event name and type on the death certificate, information on the cause of death may be lost, and the death may not be properly counted.

Federal disaster declarations and other notifications, such as local National Weather Service extreme weather warnings or watches and emergency management alerts, can be used to determine whether a disaster has occurred in a jurisdiction. Once a disaster is recognized, determining whether a death is disaster-related is a necessary step. **Deaths can be directly or indirectly related to the disaster** (2,4–6). For planning and preparedness purposes, recognizing and recording all disaster-related deaths is important, whether the deaths are directly or indirectly related:

- A **directly related death** is defined as a death directly attributable to the forces of the disaster or by the direct consequences of these forces, such as structural collapse, flying debris, or radiation exposure (2).
- An **indirectly related disaster death** occurs when the unsafe or unhealthy conditions present during any phase of the disaster (i.e., pre-event or preparations, during the actual occurrence, or post-event during cleanup after a disaster) contribute to a death (2).

This Reference Guide includes a one-page summary and flowchart for determining disaster relatedness for use in the field (Figure). The full Reference Guide provides definitions and examples of disaster-related deaths, tips for successful tracking of disaster-related deaths, and guidance on filling out the death certificate. In addition, this guide includes scenarios and examples of completed death certificates for a variety of common disaster types and causes of disaster-related deaths.

Introduction

Disasters can be severe weather events, other types of natural disasters, or human-induced incidents. The majority of disaster-related deaths are from major floods, extreme heat and cold, and tornadoes (7). Other natural disaster incidents may be geological, such as earthquakes and volcanic eruptions. Human-induced disasters can be technological, transportation, or humanitarian crises, and may involve chemical or radiological processes. To improve recognition and reporting of disaster-related deaths, the Centers for Disease Control and Prevention (CDC) brought together a group of medical examiners, forensic pathologists, and epidemiologists in the late 1990s to develop a matrix for attributing a death to disasters (2). This matrix logic has been

https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg01.pdf

Vital Statistics Reporting Guidance

NVSS

Report No. 2 • May 2019

A Reference Guide for Completing the Death Certificate for Drug Toxicity Deaths

Introduction

Death certificates provide critical information used by public health officials to detect trends in mortality overall and by cause. State and national mortality statistics based on death certificate data are often used to help determine which medical conditions receive research and prevention funding; set public health goals; and measure population health status at the local, state, and national levels. Because statistical data derived from death certificates are only as accurate as the information provided, it is important that all persons involved in death registration strive for completeness and accuracy in reporting the circumstances and causes contributing to the death. Detailed and specific information on cause and manner of death allows for greater accuracy in determining the underlying and contributory causes of death.

Instructions for medical examiners, coroners, and other medical certifiers on how to complete the death certificate can play an important role in improving the quality of mortality data. Several documents provide general information on how to complete a death certificate (1,2). This Reference Guide focuses on completing the death certificate for a particular category of deaths—deaths due to acute toxicity involving drugs. Acute drug toxicity deaths are sometimes referred to as overdose or poisoning deaths (3). Although there are other types of deaths that may involve drugs, such as deaths from disease caused by chronic drug use, deaths from existing disease or other condition(s) exacerbated by drug use, deaths from anaphylaxis or adverse effects of drugs, and traumatic deaths in which the decedent was intoxicated (see Appendix I). These are not the focus of this Reference Guide.

This guide includes:

- Detailed instructions for completing the death certificate for a drug toxicity death
- Scenarios describing different types of drug toxicity deaths and example death certificates (Appendix II)
- Resources and websites with additional information (Appendix III)

By following the instructions provided in this Reference Guide, certifiers will help ensure that their findings reported on death certificates are appropriately conveyed to others who use death certificate information for standardized statistical reporting and public health promotion.

Completing the Death Certificate for Drug Toxicity Deaths

Deaths in which drug toxicity is suspected to be involved should be referred to the local medical examiner or coroner because these deaths generally fall under their jurisdiction. In most cases, the medicolegal death investigation office will assume jurisdiction of the case, conduct a medicolegal death investigation, and determine the cause and manner of death.

The accuracy of the death certification is dependent on a thorough investigation of the death. Determining the cause and manner of death, and in particular, the degree of drug involvement in a death, can be difficult. This Reference Guide does not provide guidance on investigating and determining cause and manner of drug involved deaths, but such information can be found in other training materials and resource documents (3–7).

This section provides instructions for completing the death certificate for drug toxicity deaths. For general instructions on death certification, consult references such as the *Medical Examiners' and Coroners' Handbook on Death Registration and Fetal Death Reporting* (1) and *Cause of Death and the Death Certificate: Important Information for Physicians, Coroners, Medical Examiners, and the Public* (2).

Timeliness of death registration

A death certificate should be completed and submitted to the state vital statistics registrar as soon as possible after a death occurs, and within the time limits specified by the jurisdiction. In the case of a drug toxicity death, the initial certification of the fact of death might occur before the toxicology results are available. In this instance, the death certificate should be completed with as much detail as possible and then amended as soon as additional information becomes available. See the section, "Certificates pending further investigation," for more guidance on amending certificates.

https://www.cdc.gov/nchs/data/nvss/vsrg/vsrg02-508.pdf

Certificación de Causas de Muerte por COVID-19

- El National Center for Health Statistics (NCHS) del CDC está trabajando actualmente en una guía formal sobre cómo reportar muertes por la nueva cepa de Coronavirus.

- Con el propósito de abordar la necesidad en salud pública inmediata, se facilitaron las siguientes ***instrucciones básicas*** a seguir mientras se termina y se hace disponible una guía detallada.

Certificación de Causas de Muerte por COVID-19

Instrucciones básicas:

1. Es importante enfatizar que la enfermedad de Coronavirus 2019 o COVID-19 debe ser informada en el Certificado de Defunción de todos los fallecidos donde la enfermedad causó, o se supone que causó, o contribuyó a la muerte.
2. Se puede usar otra terminología, por ejemplo, SARS-CoV-2, siempre que esté claro que indica la cepa de coronavirus 2019. No obstante, es preferible el uso de la terminología estándar de la Organización Mundial de la Salud (OMS) por ejemplo, COVID-19.

Certificación de Causas de Muerte por COVID-19

Instrucciones básicas:

3. La especificación de las causas que condujeron a la causa inmediata en la Parte I en el Certificado de Defunción también es importante. Por ejemplo, en los casos en que el COVID-19 causa neumonía y dificultad respiratoria mortal, tanto la neumonía como la dificultad respiratoria deben incluirse junto con COVID-19 en la Parte I.
4. Al certificar la muerte, deben incluir la mayor cantidad de detalles posible según su conocimiento del caso incluyendo, información del expediente médico, pruebas de laboratorio, etc. Si la persona fallecida tuvo otras condiciones crónicas como EPOC o asma, que también pudiesen haber contribuido a la muerte, éstas deben ser informadas en la Parte II.

Certificación de Causas de Muerte por COVID-19

Ejemplo de cómo documentar detalladamente las causas de muerte en el Certificado de Defunción en eventos relacionado al COVID-19:

Causa de Muerte

24. **Parte I.** Indique la cadena de eventos - enfermedades, lesiones o complicaciones - que directamente causaron la muerte. **No indique** eventos terminales como paro cardiaco, paro respiratorio o fibrilación ventricular sin mostrar la etiología. Registre una causa por línea. Añada líneas adicionales de ser necesario. **No utilice abreviaturas. USE LETRA DE MOLDE.**

Intérvalo aproximado de tiempo: desde el inicio hasta la defunción.

Causa Inmediata: → Enfermedad o condición final que llevó a la muerte.	a.	**Síndrome de dificultad respiratoria aguda**	**2 días**
		Debido a, o como consecuencia de:	
Ordene las condiciones, si alguna, que condujeron a la causa escrita en la línea a.	b.	**Neumonía**	**10 días**
		Debido a, o como consecuencia de:	
Registre **al final la causa básica** (enfermedades o lesiones que iniciaron los eventos que resultaron en la muerte).	c.	**COVID - 19**	**10 días**
		Debido a, o como consecuencia de:	
		Debido a, o como consecuencia de:	

25. **Parte II.** Indique **otras condiciones significativas que contribuyeron a la muerte** pero que no están relacionadas a la causa básica de muerte indicada en la Parte I:

26. ¿Se realizó autopsia? ☐ Sí ☒ No

27. ¿Los resultados de autopsia estuvieron disponibles para completer la causa de muerte? ☐ Sí ☐ No

28. ¿El uso de tabaco contribuyó a la muerte? ☐ Sí ☒ No ☐ Probablemente ☐ Se desconoce

30. Tipo o manera de muerte:

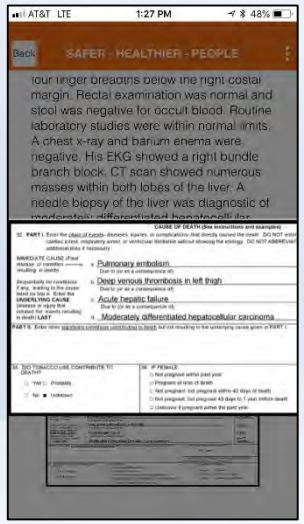
☒ Natural ☐ Homicidio
☐ Accidente ☐ Pendiente de investigación
☐ Suicidio ☐ No pudo determinarse

29. Si era mujer: ☐ Embarazada al momento de la muerte ☒ No estuvo embarazada el año pasado ☐ Se desconoce si estuvo embarazada el año pasado
☐ No embarazada, pero estuvo embarazada 43 días a 1 año antes de la muerte ☐ No embarazada, pero estuvo embarazada 42 días o menos antes de la muerte

Certificación de Causas de Muerte

Los médicos pueden obtener más información sobre certificación de causas a través de:

La aplicación móvil: https://www.cdc.gov/nchs/nvss/mobile-app.htm



Download on the App Store

- https://itunes.apple.com/us/app/cause-of-death-reference-guide/id1363232296?mt=8

ANDROID APP ON Google play

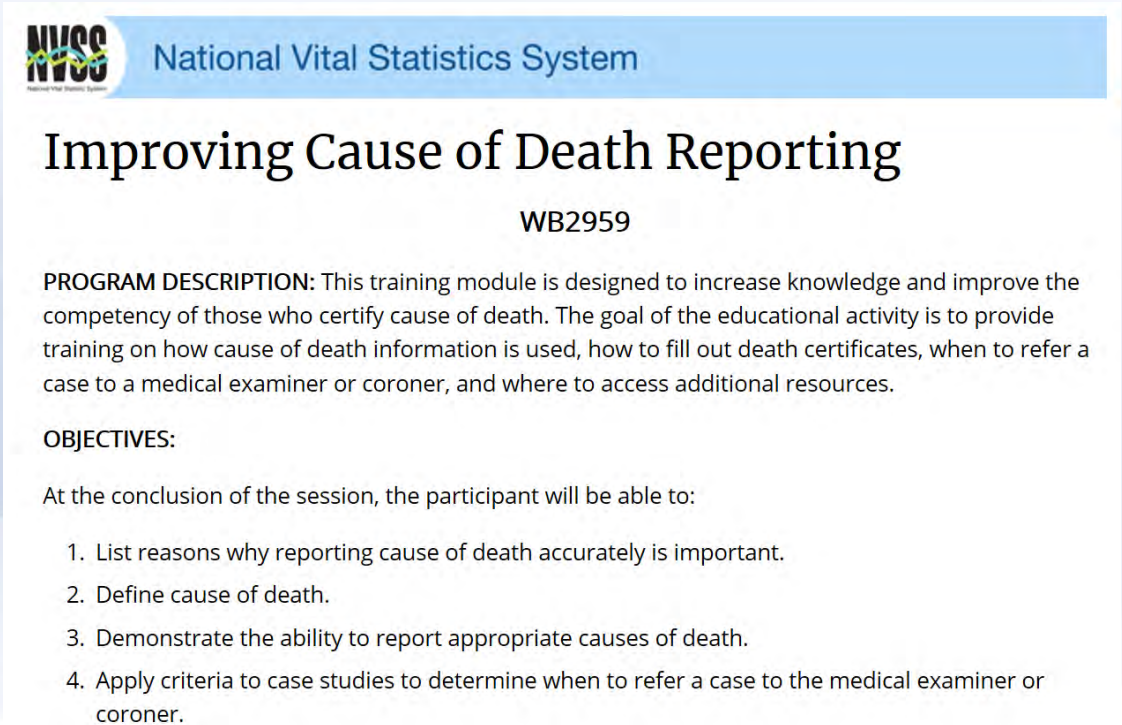
- https://play.google.com/store/apps/details?id=gov.cdc.iiu.anubis

Certificación de Causas de Muerte

Accediendo al adiestramiento en línea de NCHS:

“*Improving Cause of Death Reporting*”

https://www.cdc.gov/nchs/nvss/improving_cause_of_death_reporting.htm



National Vital Statistics System

Improving Cause of Death Reporting

WB2959

PROGRAM DESCRIPTION: This training module is designed to increase knowledge and improve the competency of those who certify cause of death. The goal of the educational activity is to provide training on how cause of death information is used, how to fill out death certificates, when to refer a case to a medical examiner or coroner, and where to access additional resources.

OBJECTIVES:

At the conclusion of the session, the participant will be able to:

1. List reasons why reporting cause of death accurately is important.
2. Define cause of death.
3. Demonstrate the ability to report appropriate causes of death.
4. Apply criteria to case studies to determine when to refer a case to the medical examiner or coroner.

¡Gracias por su atención!

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