Patients in the United States who meet the following criteria should be evaluated as a PUI in association with the outbreak of 2019-nCoV in Wuhan City, China.

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>&amp;</th>
<th>Epidemiologic Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever¹ or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND</td>
<td>Any person, including health care workers, who has had close contact² with a laboratory-confirmed³,⁴ 2019-nCoV patient within 14 days of symptom onset</td>
</tr>
<tr>
<td>Fever¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND</td>
<td>A history of travel from Hubei Province, China⁵ within 14 days of symptom onset</td>
</tr>
<tr>
<td>Fever¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization for severe acute lower respiratory illness⁴</td>
<td>AND</td>
<td>A history of travel from mainland China⁵ within 14 days of symptom onset</td>
</tr>
</tbody>
</table>

The criteria are intended to serve as a guidance for evaluation. Patients should be evaluated and discussed with public health departments on a case-by-case basis if their clinical presentation or exposure history is equivocal (e.g., uncertain travel or exposure).

Footnotes:

¹Fever may be subjective or confirmed

²Close contact is defined as-

   a) being within approximately 6 feet (2 meters) of a 2019-nCoV case for a prolonged period of time while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, N95 respirator, eye protection); close contact can include while caring for, living with, visiting, or sharing a health care waiting area or room with a 2019-nCoV case. -or-

   b) having direct contact with infectious secretions of a 2019-nCoV case (e.g., being coughed on) while not wearing recommended personal protective equipment.

See CDC’s Interim Healthcare Infection Prevention and Control Recommendations for Patients Under Investigation for 2019 Novel Coronavirus

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with 2019-nCoV (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to those exposed in health care settings.
³Documentation of laboratory-confirmation of 2019-nCoV may not be possible for travelers or persons caring for patient in other countries.

⁴Category also includes any member of a cluster of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which 2019-nCoV is being considered that requires hospitalization. Such persons should be evaluated in consultation with state and local health departments regardless of travel history.

⁵For persons with travel to China within 14 days that are being regularly monitored by local health departments or referred for evaluation from border screening, testing for nCoV can be considered at the discretion of the health officials for all persons with illnesses with fever and lower respiratory symptoms (those hospitalized or those not hospitalized).