

## Communicable Disease Unit

Date: March 11, 2020

To: All Providers, Primary Care Providers, ER Physicians and Urgent

Care Clinics, Long Term Care Facilities

Re: Updated Guidance on Evaluating and Testing Persons for Coronavirus

Disease (COVID-19)

## **Local Summary:**

• El Dorado County has <u>no confirmed cases</u> of novel coronavirus.

• El Dorado County Public Health has an informational webpage <a href="https://www.edcgov.us/Government/hhsa/Pages/EDCCOVID-19.aspx">https://www.edcgov.us/Government/hhsa/Pages/EDCCOVID-19.aspx</a>

The following guidance is based on updated information from the California Department of Public Health as of March 10, 2020.

With expanding spread of COVID-19, additional areas of geographic risk are being identified and the criteria for considering testing have been updated to reflect this trend. Increased access to testing improves ability to detect and respond to community spread of the virus.

## Criteria to Guide Evaluation and Laboratory Testing for COVID-19

Clinicians should consult with public health on the most critically ill individuals who have identified risk factors as defined in current issued guidelines. Individuals who present a clinical picture of community acquired infection with mild to moderate symptoms can be tested using commercially available resources.



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Most patients with confirmed COVID-19 have developed fever<sup>1</sup> and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).

At this time, El Dorado County Public Health is continuing containment activities and requests attention to the following action prioritization:

Summary process points as follows:

- consult with public health for testing criteria for critically ill individuals with risk factors through the public health laboratory network (<u>PUI number assignment required</u>)
  - hospitalized patients who have signs and symptoms compatible with COVID-19
  - o 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)
  - o nasopharyngeal AND oropharyngeal swabbing submitted in a single transport vial or sputum collection
  - o a lower respiratory tract aspirate or bronchoalveolar lavage sample can be collected and tested as a lower respiratory tract specimen regardless of the time of symptom onset.
  - o sputum induction not recommended
- potential community acquired infection with mild to moderate symptoms use commercially available laboratory services (<u>PUI number assignment is not</u> required)



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- consult with public health on 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 within 14 days of their symptom onset
- provide end of day total count of testing conducted to public health via Confidential FAX (530) 295-2589
- maintain messaging that mildly ill patients should stay home and contact their healthcare provider by phone for guidance about clinical management

## Providers following these guidelines may contact El Dorado County Communicable Disease as appropriate.

- Business Hours (8 am–5 pm): (530) 621-6320 for West Slope and (530) 573-3154 for South Lake Tahoe
- Afterhours/weekends: (800) 901-5789

#### **RESOURCES:**

## **International Areas with Sustained (Ongoing) Transmission**

Last updated March 8, 2020

(https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html)

- China: Level 3 Travel Health Notice
   (https://wwwnc.cdc.gov/travel/notices/warning/novel-coronavirus-china)
- Iran: Level 3 Travel Health Notice (https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-iran)
- Italy: Level 3 Travel Health Notice (<a href="https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-italy">https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-italy</a>)



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- Japan: Level 2 Travel Health Notice
   (https://wwwnc.cdc.gov/travel/notices/alert/coronavirus-japan)
- South Korea: Level 3 Travel Health
   Notice (<a href="https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-south-korea">https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-south-korea</a>)

## **Recommendations for Reporting, Laboratory Testing, and Specimen Collection**

Clinicians should immediately implement recommended infection prevention and control practices (<a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html</a>) if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and El Dorado County Public Health if it is suspected that a patient may have COVID-19.

Separate guidance for the management of potentially exposed contacts of a COVID-19 case who are healthcare personnel is provided in Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID-19) (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</a>).

Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation (PUIs) for COVID-19 (<a href="https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html">https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html</a>) and Biosafety FAQs for handling and processing specimens from suspected cases and PUIs (<a href="https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html">https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html</a>).

<sup>2</sup>For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close

<sup>&</sup>lt;sup>1</sup>Fever may be subjective or confirmed



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contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19) (<a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html</a>)

<sup>3</sup>Close contact is defined as—

- a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case
- $\bullet$  or -
- b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)
  - If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.
- Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings (<a href="https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html">https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html</a>).
- 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 COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html).

<sup>&</sup>lt;sup>4</sup>Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

<sup>&</sup>lt;sup>5</sup>Affected areas are defined as geographic regions where sustained community transmission has been identified. For a list of relevant affected areas, see Coronavirus Disease 2019 Information for Travel (https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html).