HEALTH ALERT
Coronavirus Disease 2019 (COVID-19): Updated Guidance for Testing and Resource Management

March 20, 2020

Update from Health Alert released March 14, 2020

Summary and Action Items

- On March 9, 2020, the Centers for Disease Control and Prevention (CDC) updated "Evaluating and Testing Persons for COVID-19".
- The Ohio Department of Health (ODH) has revised guidance for clinicians testing individuals for COVID-19 due to low inventory of testing material.
- ODH has updated testing procedures at the ODH Public Health Laboratory (ODHL) to leverage available resources.
- On March 10, 2020, CDC updated, "Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19".
- On March 16, 2020, CDC updated, "Discontinuation of Home Isolation for Persons with COVID-19" and "Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19" with both test-based and non-test-based strategies, and released guidance, "Discontinuation of In-Home Isolation for Immunocompromised Persons with COVID-19".
- CDC has published guidance on strategies for optimizing the supply of personal protective equipment (PPE), available on the CDC website here.
- For **confirmed** cases of COVID-19, laboratories, healthcare providers, or any individual having knowledge, should **immediately** notify their local health department (LHD). If confirmed cases are hospitalized, healthcare providers need to notify infection control personnel at their healthcare facility **immediately** and institute monitoring of potentially exposed healthcare workers.
- LHDs who are notified of **confirmed** cases of COVID-19 should notify ODH **immediately** via the 24/7 Class A disease reporting line.

CDC Recommendations for COVID-19 Testing

To target testing efforts, CDC recommends that clinicians should first assess patients for symptoms suggestive of COVID-19 (cough, fever, shortness of breath) and prioritize testing for those most severely ill and at highest risk for complications. Priorities include:

- Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
- Other symptomatic individuals such as, older adults 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).

- Any persons including 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 with sustained community transmission within 14 days of their symptom onset.

There are epidemiologic factors that may also help guide decisions about COVID-19 testing. Documented COVID-19 infections in a jurisdiction and known community transmission may contribute to an epidemiologic risk assessment to inform testing decisions. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).

Mildly ill patients should be encouraged to stay home (self-isolate) and contact their healthcare provider by phone for guidance about clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness.

ODH, in collaboration with community partners, has developed a tier-based testing strategy for individuals with suspected COVID-19:

Testing Tier	Description
Tier 1	Inpatients at hospitals and other healthcare facilities, including long-term care, with symptoms suggestive of COVID-19
Tier 2	Healthcare workers at Tier 1 institutions with symptoms and all individuals in public safety occupations
Tier 3	Individuals with mild-to-moderate symptoms who are high risk — elderly, and those with serious medical problems
Tier 4	Individuals with mild/moderate symptoms and without risk factors for adverse outcomes – **testing not currently recommended**
Tier 5	Asymptomatic individuals – **testing not currently recommended**

At the present time, **ODH advises that only individuals in Tiers 1, 2, and 3 be tested for COVID-19**. Based upon availability of testing materials, these recommendations will be modified.

Specimens should either be processed in hospitals with internal testing capacity or at another laboratory that has an acceptable turn-around time. Select specimens may be sent to ODHL (criteria below). Persons requesting testing at ODHL should contact their local health department to coordinate with the ODH Bureau of Infectious Diseases.

Updated Criteria for COVID-19 Testing at ODHL

Due to limited testing materials, ODHL is providing targeted testing of those patients who are most severely ill and who pose the greatest risk of transmission to others. Clinicians may also consider accessing laboratory testing for COVID-19 through hospital or commercial laboratories. Persons requesting testing at ODHL should contact their local health department to coordinate with the ODH Bureau of Infectious Diseases.

For testing at ODHL, the patient must meet one of the following criteria:

- Patient has fever and signs/symptoms of lower respiratory illness, (e.g., cough or shortness of breath) **AND** is either a healthcare worker with direct patient care or in a public safety occupation (e.g., law enforcement, fire fighter, EMS) **AND** has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset.
- Patient has fever and signs/symptoms of lower respiratory illness, (e.g., cough or shortness of breath) **AND** is a resident of long-term care facility (LTCF) **AND** is hospitalized.
- Patient has fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS as evidenced by imaging) **AND** is hospitalized **AND** the healthcare provider has a high clinical suspicion of COVID-19 after thorough evaluation (i.e., no alternative plausible diagnosis).
- Other special circumstances where there is a requirement for prompt receipt of results such as patients involved in an illness cluster in a facility or group (e.g., healthcare, corrections).

Sample Collection

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing an upper respiratory nasopharyngeal swab (NP). Collection of oropharyngeal swabs (OP) is a lower priority and if collected should be combined in the same tube as the NP. CDC also recommends testing lower respiratory tract specimens, if available. For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended. For patients for whom it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen. CDC guidance for collecting, handling, and testing clinical specimens from persons with COVID-19 is available here.

Criteria for Discontinuation of Isolation Precautions

CDC has released non-test-based criteria for discontinuation of home isolation and criteria for return to work for healthcare personnel with confirmed or suspected COVID-19. The non-test-based strategies include:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND,**
- At least 7 days have passed *since symptoms first appeared*.

For hospitalized patients with COVID-19, test-based criteria for discontinuation of transmission-based precautions is available on the CDC website here. Guidance is also available for "Discontinuation of In-Home Isolation for Immunocompromised Persons with COVID-19".

Strategies for Optimizing the Supply of PPE

CDC has published guidance on strategies for optimizing the supply of eye protection, isolation gowns, facemasks, and N95 respirators here. Recommendations are provided based on conventional capacity, contingency capacity, and crisis capacity.

Required Reporting

- For **confirmed** cases of COVID-19, healthcare providers or any individual having knowledge, should **immediately** notify their local health department (LHD). If confirmed cases are hospitalized, healthcare providers need to notify infection control personnel at their healthcare facility **immediately** and institute monitoring of potentially exposed healthcare workers.
- Suspected cases (PUIs) no longer require reporting.
- LHDs who are notified of **confirmed** cases of COVID-19 should notify ODH **immediately** via the 24/7 Class A disease reporting line.

ODH and LHD Response

- LHDs who are notified of confirmed cases of COVID-19 should notify ODH immediately via the 24/7 Class A disease reporting line.
- Local and state public health staff will determine if the patient meets the criteria for COVID-19 testing at ODHL.
- Local public health staff will work with healthcare providers to obtain the information included in the CDC COVID-19 Case Report form and enter into the Ohio Disease Reporting System (ODRS).

Contact

Immediately report all confirmed cases of COVID-19 to the local health department in the jurisdiction in which the case resides. To locate a local health department, please visit https://odhgateway.odh.ohio.gov/lhdinformationsystem/Directory/GetMyLHD.

For general questions related to COVID-19, healthcare providers and facilities should contact their local health department. Ohio local health departments should contact the ODH Bureau of Infectious Diseases at 614-995-5599.

Attachments

- Explanation of Current ODH COVID-19 Testing Procedures (UPDATED March 20, 2020)