ALEXANDRIA HEALTH DEPARTMENT

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Health Director

March 23, 2020 – UPDATED GUIDANCE ON TESTING FOR COVID-19

Dear Colleague,

As you are aware, testing guidance is rapidly evolving and is modified based on resources available. Alexandria Health Department hopes to provide you with the following practical guide to evaluating patients who present with COVID-19 related concerns.

Currently, testing performed through the health department is reserved for patients who meet VDH's priority investigation criteria below. For other patients who need COVID-19 testing, please contact a private laboratory to ask about how to submit specimens for testing. **VDH approval is not needed for testing at private labs. Virginia's local health departments do not provide primary care and thus are not equipped to clinically evaluate patients or collect specimens for COVID-19.**

Alexandria Health Department can ONLY coordinate testing for:

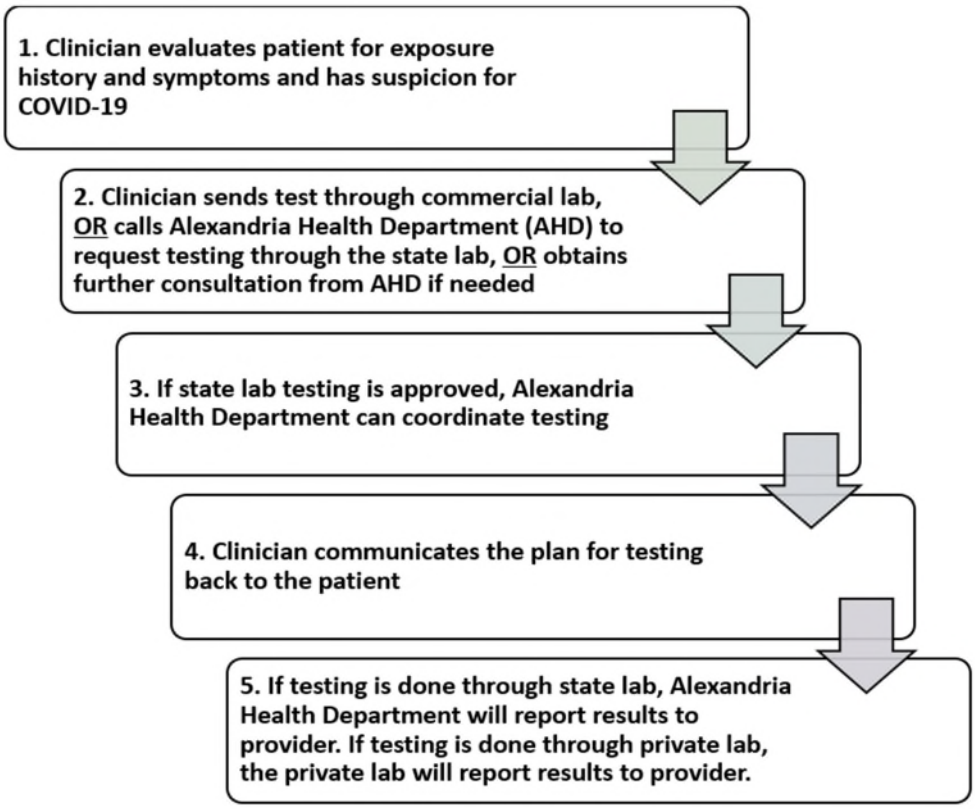
1. Healthcare workers and first line responders who had contact or cared for a patient with COVID- 19 within 14 days of last exposure **AND** fever or signs/symptoms of a lower respiratory illness.
2. Persons hospitalized **AND** who tested negative for influenza and other respiratory pathogens on a respiratory virus panel on initial work-up** **AND** no alternative diagnosis.
3. Person who resides in a nursing home or long-term care facility **AND** who has fever or signs/symptoms of a lower respiratory illness **AND** who tested negative for influenza on initial work-up** **AND** no alternative diagnosis.

** Initial work-up for influenza can be a rapid influenza diagnostic test or confirmatory PCR test performed at a routine laboratory. Initial work-up using the respiratory virus panel should be performed at a routine laboratory.

Reporting Suspect Cases / PUI's

Clinical diagnosis of COVID-19 is a reportable condition, regardless of whether testing is pursued or not. Clinicians should utilize the VDH Online Morbidity Report Portal to report individual cases testing through a commercial laboratory: http://www.vdh.virginia.gov/surveillance-and-investigation/commonwealth-of-virginiastate-board-of-health/

COVID-19 Testing Flowchart for Patients Meeting Public Health Laboratories Criteria



To contact us, please call on our **PROVIDER ONLY line.**

During business hours Monday-Friday call 703-746-4951.

Weekends and Evenings 571-259-8549.

NOTE: This line is not appropriate for patient use and should not be given to the public.

If a clinician suspects COVID-19* and *the patient DOES NOT meet public health testing criteria (above)*, clinicians should:

- Take appropriate infection control precautions in the healthcare setting.
  - N95 respirator (or facemask if supply shortage), gowns, gloves, eye protection (e.g. face shield)
- Remember, mildly symptomatic patients with no confirmed exposure to COVID-19 **do not need testing**. Advise them to self-isolate at home and to seek medical attention as per usual care protocols if symptoms worsen to require hospitalization.
  - Brief encounters (greater than 6 feet distance or within 6 feet for less than 10-15 minutes) and "contacts to contacts" have **no identifiable risk** and can self-monitor at home.
  - If the patient is a close contact to a known case, s/he will be notified by the health department from her/his home district and advised to self-monitor for symptoms and quarantine. The local health departments across the region collaborate to perform contact investigations for all positive COVID-19 cases.
- Prioritize private commercial testing for individuals who have contact with vulnerable populations (e.g., daycare worker, correctional facility worker, etc.)

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

My practice is commercially testing for COVID-19 but is running out of appropriate facemasks, gowns, and/or gloves for outpatient specimen collection. What do we do?

- Complete this survey if your practice is performing outpatient testing. AHD will work to prioritize coordination for PPE distribution to practices providing testing for the community: https://redcap.vdh.virginia.gov/redcap/surveys/?s=MF9A4DWND3

- Assign a representatives from your practice to view the CDC COCA Call on Optimizing PPE Use:

Upcoming COCA Calls/Webinars

Title: COVID-19 Update: Optimization Strategies for Healthcare Personal Protective Equipment (PPE)
When: Wednesday, March 25, 2020, 2 p.m. to 3 p.m. (Eastern Time)
URL: https://emergency.cdc.gov/coca/calls/2020/callinfo_032520.asp

Table 1. Suggested facemask or respirator use, based upon distance from a patient with suspected or confirmed COVID-19 and use of source control*

HCP planned proximity to the case patient during encounter	Facemask or respirator determination	
	Patient masked for entire encounter (i.e., with source control)	Unmasked patient or mask needs to be removed for any period of time during the patient encounter
HCP will remain at greater than 6 feet from symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: no facemask or respirator	
HCP will be within 3 to 6 feet of symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: facemask	
HCP will be within 3 feet of symptomatic patient, including providing direct patient care	Facemask	N95 respirator/ elastomeric /PAPR, based on availability
HCP will be present in the room during nasopharyngeal or oropharyngeal specimen collection	N95 or higher-level respirator (or facemask if a respirator is not available); patient should be placed in private room with door closed	

Sources: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html and www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html.

CLINICIAN INFORMATION CALL:

We will discuss the latest information about COVID-19 and answer your questions with a teleconference for providers.

Wednesday March 25 at 12:30 pm
Dial: 703.746.3009
Enter code: 479000#

For more information on COVID-19:
www.cdc.gov/coronavirus
https://www.alexandriava.gov/Health
http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/

Sincerely,

Anne Gaddy, MD, MPH
Deputy Health Director
Alexandria Health Department

Provider Information on Quest and LabCorp COVID-19 Testing		
	LabCorp	**Quest**
Details on • **Specimen types** • **Swabs, containers, transport fluid** • **Collection volume** • **Storage** • **Turn-around time** • **Common reasons for specimen rejection**	Test Code #139900 • **For NP or OP swab, bronchial wash or BAL** • Click here for Test Details	Test Code #39434 • preferred test code for **NP or OP swab** • Click here for Test Details Test Code #39433 • **For NP swab, OP swab, BAL/wash, NP aspirate/wash, tracheal aspirate or sputum** • Click here for Test Details
Specimen Submission	• An oropharyngeal, nasopharyngeal or paired (both OP and NP) testing can be submitted. • If testing for COVID-19 and Influenza/Respiratory Panel, separate specimens must be collected. • COVID-19 specimens should be packaged separately and clearly marked as such for courier pickup.	• An oropharyngeal, nasopharyngeal or paired (both OP and NP) testing can be submitted. • If testing for COVID-19 and Influenza/Respiratory Panel, separate specimens must be collected.
Branch Locations	NOT currently collecting COVID-19 testing specimens at their branch locations.	NOT collecting specimens for COVID-19 testing at their branch locations.
Additional Information	LabCorp FAQs	Quest FAQs

CDC Guidance on test collection as of 3/22/2020
To check for updated information go to:
https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidelines-clinical-specimens.html

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. Collection of only OP swab is acceptable if other swabs are not available. Collection of sputum should only be done for those patients with productive coughs. Induction of sputum is not recommended. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. Maintain proper infection control when collecting specimens.

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.

Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. Maintain proper infection control when collecting specimens.