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.

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**Reporting Suspect Cases / PUI’s**

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

1. Clinician evaluates patient for exposure history and symptoms and has suspicion for COVID-19

2. Clinician sends test through commercial lab, OR calls Alexandria Health Department (AHD) to request testing through the state lab, OR obtains further consultation from AHD if needed

3. If state lab testing is approved, Alexandria Health Department can coordinate testing

4. Clinician communicates the plan for testing back to the patient

5. If testing is done through state lab, Alexandria Health Department will report results to provider. If testing is done through private lab, the private lab will report results to provider.

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:

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

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


### 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

Sincerely,

Anne Gaddy, MD, MPH
Deputy Health Director
Alexandria Health Department
## Provider Information on Quest and LabCorp COVID-19 Testing

<table>
<thead>
<tr>
<th>Details on</th>
<th><strong>LabCorp</strong></th>
<th><strong>Quest</strong></th>
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</thead>
<tbody>
<tr>
<td>Specimen types</td>
<td>Test Code #139900</td>
<td>Test Code #39434</td>
</tr>
<tr>
<td>Swabs, containers, transport fluid</td>
<td>• For NP or OP swab, bronchial wash or BAL</td>
<td>• preferred test code for NP or OP swab</td>
</tr>
<tr>
<td>Collection volume</td>
<td>• Click here for Test Details</td>
<td>• Click here for Test Details</td>
</tr>
<tr>
<td>Storage</td>
<td></td>
<td></td>
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<tr>
<td>Turn-around time</td>
<td></td>
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<tr>
<td>Common reasons for specimen rejection</td>
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<table>
<thead>
<tr>
<th>Specimen Submission</th>
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<tbody>
<tr>
<td></td>
<td>• An oropharyngeal, nasopharyngeal or paired (both OP and NP) testing can be submitted.</td>
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</tr>
<tr>
<td></td>
<td>• If testing for COVID-19 and Influenza/Respiratory Panel, separate specimens must be collected.</td>
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</tr>
<tr>
<td></td>
<td>• COVID-19 specimens should be packaged separately and clearly marked as such for courier pickup.</td>
<td></td>
</tr>
</tbody>
</table>

| 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](#) |

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**CDC Guidance on test collection** as of 3/22/2020

To check for updated information go to:

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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.