

Center for Policy, Planning and Evaluation
Division of Epidemiology–Disease Surveillance and Investigation

March 19, 2020

Health Notice for District of Columbia Health Care Providers
**Coronavirus Disease 2019 (COVID-19): Update on Testing and Personal Protective
Equipment Recommendations**

Summary

On March 10, 2020 the Centers of Disease Control and Prevention (CDC) updated its Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>).

- To the extent possible, providers should use telemedicine or telephonic communications to evaluate patients and avoid unnecessary visits to healthcare facilities.
- Based on the scientific evidence to date about how COVID-19 is transmitted, [newly released infection prevention guidance from CDC](#), and given shortages of N95 respirators, **DC Health advises that collection of nasopharyngeal (NP) and oropharyngeal (OP) swab specimens for COVID-19 testing using contact and droplet precautions with a face mask is appropriate. Eye protection should always be used.**
- Specimen collection may be performed in an examination room with the door closed. Severely ill patients who will be transferred to a higher level of care should not be tested in an outpatient setting. Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients undergoing aerosol-generating procedures.
- **It is critical that outpatient providers continue to ensure that any patients presenting with respiratory symptoms are immediately given a facemask for source control. If the patient is tested for COVID-19 then provide them with guidance to self-quarantine at home until test results are available to inform next steps.**
- Now that COVID-19 testing is available at commercial and hospital labs, providers can choose to pursue testing through the DFS Public Health Laboratory that meet the DC Health testing criteria, or to send specimens to commercial or hospital-based labs.

Background

As of March 12, 2020, there have been 1,215 confirmed cases of COVID-19 within the United States, including 36 deaths. To date, there have been 10 DC residents who have tested positive for COVID-19. The epidemiology and spread of COVID-19 internationally and within the United States is rapidly evolving and guidance is continuously being released. We encourage you to regularly review the DC Health (<https://coronavirus.dc.gov/>) and CDC (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) websites for the most up-to-date situational information.

Important Points When Evaluating Potential COVID-19 PUIs

- Review CDC guidance, including on infection control, and the DC Health website regularly and develop internal processes for managing the assessment and notification to DC Health about potential PUIs
 - Infection control recommendations vary by facility and activity type and are important to maintain in order to prevent spread within a healthcare facility:
<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>)
- Please **do not direct patients to call DC Health directly** to determine if they should be tested for COVID-19. Healthcare providers should conduct a clinical assessment and then on the basis of the assessment and the PUI criteria described below, contact us if they suspect the patient may have COVID-19
- Please do the appropriate clinical evaluation on your patients based on their symptoms to assess ALL possible diagnoses (e.g. influenza, Strep throat), not just COVID-19
- When contacting DC Health, please leave a voicemail with a **direct** phone number if we do not answer so that we can call you back. We currently have a large call volume so may receive multiple calls at the same time, but return calls as soon as possible to healthcare providers.

Criteria on Evaluation and Testing of PUIs for COVID-19 (including updates about commercial testing)

Healthcare provider criteria for the evaluation of Persons Under Investigation (PUI) was expanded on March 4, 2020 to include a wider group of symptomatic patients (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>). Now that COVID-19 testing is available at commercial and hospital labs, providers can choose to pursue testing through the DFS Public Health Laboratory that meet the DC Health testing criteria, or to send specimens to commercial or hospital-based labs. Test results should be reported to the patient by their healthcare provider as per their usual protocols.

Patients who meet the following criteria will be prioritized for testing through the DFS PHL. Others will be considered on a case-by-case basis:

Clinical Features		Epidemiologic Risk
Fever ¹ OR signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care personnel ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ AND signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) AND tested negative for influenza ⁵	AND	A history of travel to a country with a Level 2 or 3 Travel Advisory OR an area with confirmed ongoing community transmission, within 14 days of symptom onset
Fever ¹ OR signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) AND without an alternative explanatory diagnosis	AND	A history of residing in a nursing home or long-term care facility within 14 days of symptom onset

¹ Fever may be subjective or confirmed.

² 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 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) (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html>).

³ 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 – *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.

⁴ Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.

⁵ Includes rapid and confirmatory influenza testing

Specimen Collection Guidelines

- Guidelines on collecting, handling and testing of clinical specimens from PUIs for COVID-19 can be found on the [DFS PHL website](#)
- PPE guidance for different healthcare settings can be found the above respective sections.
- Collection of an NP swab (in Viral Transport Media (VTM) or universal transport media (UTM)), OP swab (VTM or UTM) is recommended for initial diagnostic testing for SARS-CoV-2. Lower respiratory specimens can be tested if available and for patients who develop a productive cough, a sputum specimen can be collected. However, this significantly increases the risk to the HCP and should only be done if absolutely necessary.
- Please label specimens appropriately with patient's full name, date of birth, date and time of specimen collection, and unique patient identifier (medical record number or PUI number).
- Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset
- If approved for testing by DC Health, please complete the following forms, which are available on the [DFS PHL website](#):
 - DC DFS PHL External Chain of Custody (CoC)
 - DC DFS PHL Test Requisition Form
 - CDC 50.34 Test Requisition Form
- Detailed instructions about specimen testing and forms will also be provided via email once testing is approved. Incorrectly labeled or missing information on forms and specimens will result in testing delays or specimen rejection.
- Please contact the PHL for any questions pertaining to testing:
 - Phone: 202-727-8956 (Monday-Friday from 8:30am-5:30pm), 202-868-6561 (after-hours calls), Email: dc.phl@dc.gov

Additional Details about Testing for COVID-19 through the DC Public Health Laboratory

Notification to DC Health Regarding a Potential PUI

- Please collect the following information **prior** to notifying DC Health about a potential PUI:
 1. State of residence
 - If the patient is a Maryland or Virginia resident, please contact the Maryland or Virginia Departments of Health as per your usual protocol
 2. Patient contact information
 3. Is patient a nursing home or long-term care facility resident?
 4. Occupation (e.g. healthcare provider, childcare worker)
 5. Detailed symptom history with symptom onset date
 6. Underlying diagnoses and chronic illnesses
 7. Available test results (e.g. influenza, respiratory viral panel, *Streptococcus pneumoniae*, *Legionella*)
 8. Contact with ill persons
 - Was the patient in contact with a person who was ill OR a person suspected or confirmed to have COVID-19?
 - Was the contact ill while the patient was around them?
 - Type of contact between patient and contact (for example, stayed in the same house or shared a meal together at a restaurant)
 - Date(s) patient was exposed to ill person
 9. Detailed travel history (countries, cities, dates including any layovers or additional stops)
 - Mode of travel between locations (i.e. train, plane, bus)
 10. History of being a healthcare provider OR being in a healthcare facility (as a patient, worker or visitor) in an affected country
- If the case does not meet the current PUI criteria but is **highly suspicious**, please contact DC Health for consultation.
- Healthcare providers should **immediately** notify their infection control personnel and contact DC Health in the event of a PUI for COVID-19 by calling **202-576-1117 (during business hours)** or **844-493-2652 (after-hours, healthcare providers only)**.

Additional Follow-up Items for Patients Tested Through Commercial Laboratories

Since COVID-19 testing through commercial laboratories does not require pre-approval from DC Health, it is important that patients awaiting test results are provided guidance around self-isolation at home until the commercial test results can inform about next steps.

Clinics should do the following:

- When waiting for the test results, instruct the patient to stay at home
 - Use the CDC guidance to keep the patient informed about what this entails:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
- Test results should be reported to the patient by their healthcare provider. DC Health will contact all patients with positive results for public health investigation and guidance.

- If there is no known exposure, and the test result is negative, then the patient can stop self-quarantine and nothing needs to be reported to DC Health (as long as no prior conversations about this patient were initiated). If the patient has a known exposure, then a 14-day quarantine from the time of exposure must be completed.
- If the test result is positive for COVID-19 then immediately report the case to DC Health through the ‘Notifiable Disease and Condition Case Report Form’
<https://redcap.doh.dc.gov/surveys/index.php/surveys/?s=DHNA4X8LJC>

The guidelines above will continue to be updated as the outbreak evolves. Please visit the DC Health and CDC websites regularly for the most current information.

**Please contact the DC Health Division of Epidemiology–Disease Surveillance and
Investigation at:
202-576-1117 (8:15am-4:45pm)
844-493-2652 (after-hours, healthcare providers only)
Fax: 202-442-8060 | Email: doh.epi@dc.gov**