

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

May 7, 2020

**Health Notice for District of Columbia Health Care Providers
Updated Priorities and Procedures for COVID-19 Testing
and Guidelines for Clearance**

SUMMARY

Healthcare providers in the District of Columbia may choose to pursue testing for SARS-CoV2 through the DC Department of Forensic Science Public Health Laboratory (DFS PHL), commercial laboratories, or hospital-based laboratories. As of April 21, 2020, testing for COVID-19 through the DC Department of Forensic Science Public Health Laboratory (DFS PHL) no longer requires approval by the DC Department of Health (DC Health). Healthcare providers can directly order testing through the DFS PHL without calling DC Health for approval or obtaining a PUI ID number. Healthcare providers should continue to report positive results via the Notifiable Disease and Condition Case Report Form on the DC Health Infectious Disease website (<https://dchealth.dc.gov/service/infectious-diseases>). **Starting May 6th, healthcare providers should report all NEGATIVE and POSITIVE results for all point-of-care and serologic testing.**

- Clinicians should take into consideration the testing priorities listed in this health notice when evaluating a patient with respiratory symptoms and continue testing for other more common respiratory viruses.
- Clinicians should appropriately guide their patients on home quarantine while test results are pending.
- Clinicians should be prepared to provide patients who test positive for COVID-19 with home-isolation guidelines and information for household and close contacts.

COVID-19 Testing and Reporting Updates

1) Serology and Point-of-Care Testing: Reporting Requirements

Per DCMR 22-B201.1, all serology and point-of-care (PCR and serology) test results are now reportable. **This includes both negative and positive results.** Healthcare providers providing this testing should report results via the Notifiable Disease and Condition Case Report Form for each patient on the DC Health Infectious Disease website (<https://dchealth.dc.gov/service/infectious-diseases>). **Please complete the “Diagnostic testing performed” field to indicate which testing was performed.** Laboratories should continue to report via electronic lab reporting when possible.

Please note, serologic tests should not be used to diagnose SARS-CoV-2 infection or infer immune status to SARS-CoV-2. Serologic testing is not diagnostic and should not be used to make decisions for isolation, treatment, or employee furloughing.

2) Updates to Priority Groups for Testing

High Priority

- Hospitalized patients with symptoms
- Healthcare facility workers, workers in congregate living settings, and first responders with symptoms or history of close contact exposure¹
- Residents in long-term care facilities or other congregate living settings, including jails/detention centers and shelters, with symptoms or history of close contact exposure¹

Priority

- Persons with symptoms of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat.
- Asymptomatic patients who are greater than 65 years of age, have underlying conditions, or are critical infrastructure workers (includes grocery store workers, essential government employees, and other workers who continue to report to work in the District), and household contacts of laboratory-confirmed COVID-19 patients

Non-Priority

- Individuals without symptoms not listed above.

3) Updated Procedures for COVID-19 PCR Testing through DFS PHL

After the patient has been evaluated and the determination for molecular testing for COVID-19 through DFS PHL has been made, please follow the steps below. Please note the process for other notifiable diseases has not changed.

1. Collect specimens according to instructions below.
 - Acceptable samples for testing include the following:
 - **Nasopharyngeal (NP) swab** only in viral transport media (VTM) or Universal Transport Media (UTM) or Aptima Specimen Transfer Tube [Cat No. PRD-05110 or 301154C (green label)] **OR**
 - **Oropharyngeal (OP) swab** in VTM, UTM or Aptima Multitest Swab Specimen Collection Kit [Cat. No. PRD-03546 (orange label)] **OR**
 - **Nasal swab** in VTM, UTM or Aptima Multitest Swab Specimen Collection Kit [Cat. No. PRD-03546 (orange label)]
 - Specimens should be collected using swabs with a synthetic tip, such as nylon or Dacron, and an aluminum or plastic shaft. Calcium alginate swabs and swabs with cotton tips and wooden shafts are unacceptable.
 - All specimens should be refrigerated (2-8°C) promptly after collection and couriered/shipped on cold packs within 72 hours.

¹ A potential exposure means being a household contact or having close, prolonged contact within 6 feet of an individual with laboratory-confirmed COVID-19 or clinically compatible illness starting 48 hours before the individual became symptomatic.

- Specimens being held for longer than 72 hours must be stored at -70°C and couriered/shipped on dry ice.
 - Detailed sample submission guidelines can be found on the DC Coronavirus webpage (<https://coronavirus.dc.gov/node/1465561>).
2. Please ensure that a completed [DC DFS PHL External Chain of Custody](#) and the [DC DFS PHL Test Requisition Form](#) accompany the specimens.
 - **Please ensure all forms are completely filled out with two matching identifiers on the specimen container and paperwork**
 - Incorrectly labelled specimens or incomplete forms may lead to further delays in testing or specimen rejection
 - A PUI ID number is no longer required
 3. Once specimens are collected and the paperwork is completed, please email DFS-COVID19@dc.gov with the following information to request the courier:
 - Sample Type (NP/OP)
 - Storage condition (refrigerated or frozen)
 - Name of the facility and address
 - Point of contact (for the courier to get the sample)
 - Phone number (for the courier when they arrive)
 4. Detailed guidance on testing procedures can be found at coronavirus.dc.gov under the “Testing” tab.

Updates for Discontinuation of Home Isolation

DC Health recommends the symptom-based strategy be used to discontinue isolation for symptomatic patients diagnosed with COVID-19 who are isolating at home. Where feasible, healthcare providers should consider using a test-based strategy for specific populations (ie immunocompromised persons), contingent on availability and access to testing. Please note, this guidance is not for healthcare workers; please refer to the “Guidance for Universal Masking and Healthcare Personnel Monitoring, Restriction and Return to Work” guidance released on April 25th <https://dchealth.dc.gov/node/1468501>.

Symptom-based strategy

Persons with COVID-19 who have symptoms and were directed to care for themselves at home may discontinue isolation under the following conditions:

- 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 10 days have passed *since symptoms first appeared*.

Test-based strategy

- Resolution of fever without the use of fever-reducing medications and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive upper respiratory swab specimens collected ≥ 24 hours apart (total of two negative specimens).

For persons who have not had any symptoms and have laboratory-confirmed COVID-19, home isolation can be discontinued under the following conditions:

- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test.
- If they develop symptoms, then the symptom-based or test-based strategy should be used.
- Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.

Important Infection Control and Specimen Collection Reminders

Please ensure that **appropriate infection control precautions** are in place when triaging and assessing suspected COVID-19 patients. Guidance on this can be found on the DC Health website (<https://dchealth.dc.gov/page/health-notice>).

Guidance for Patients with Pending or Positive COVID-19 Test Results

Clinicians who order COVID-19 tests should be prepared to advise their patients on home-quarantine while test results are pending, quarantine duration when test results are negative, and home-isolation when test results are positive. Below are some current DC Health resources available to assist with this process:

- **Guidance for contacts of a person confirmed to have COVID-19 (use this for patients who have pending COVID-19 test results):**
<https://dchealth.dc.gov/node/1468481>
- **Guidance for persons who test positive for COVID-19:**
<https://dchealth.dc.gov/node/1468491>
- **Guidance for household members, intimate contacts and caregivers of persons confirmed to have COVID-19:** <https://dchealth.dc.gov/node/1468471>

The guidelines above will continue to be updated as the outbreak evolves. Please visit <https://coronavirus.dc.gov/> and the DC Health (<https://dchealth.dc.gov/page/health-notice>) and CDC websites regularly for the most current information.

Please contact DC Health regarding COVID-19 at:
Phone: 202-576-1117 Fax: 202-442-8060 | Email: coronavirus@dc.gov