

## HEALTH ADVISORY: COVID-19 TESTING CRITERIA & INFECTION CONTROL UPDATES March 11, 2020

San Antonio Metropolitan Health District (Metro Health) now has 2019-nCoV Real-Time RT-PCR tests. Preliminary results are available in 2-3 business days. Specimens need to be collected by a doctor or hospital, not Metro Health.

Please do not send people to the Emergency Department for testing if they do not need emergency medical care.

### Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)

Due to current testing capacity limitations in Texas, public health laboratories in Texas, including Metro Health, will use the following criteria to prioritize testing of persons at risk of COVID-19.

Clinical Features	&	Epidemiologic Risk
Fever <sup>1</sup> <b>or</b> signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath).	<b>AND</b>	Any person, including health care workers <sup>2</sup> , who has had close contact <sup>3</sup> with a laboratory-confirmed <sup>4</sup> COVID-19 patient within 14 days of symptom onset.
Fever <sup>1</sup> <b>and</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath). Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).	<b>AND</b>	A history of travel from affected geographic areas <sup>5</sup> within 14 days of symptom onset <b>OR</b> An individual(s) with risk factors that put them at high risk of poor outcomes <sup>6</sup>
Fever <sup>1</sup> <b>and</b> signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).	<b>AND</b>	No source of exposure has been identified

<sup>1</sup>Fever may be subjective or confirmed

<sup>2</sup>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 \(COVID-19\)](#).

<sup>3</sup>Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; 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 or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Additional information is available in CDC's updated [Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described 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 COVID-19](#).

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

<sup>5</sup>Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all [COVID-19 Travel Health Notices](#). It may also include geographic regions within the United States where documented community transmission has been identified.

<sup>6</sup>Other symptomatic individuals such as older adults (age  $\geq$  65 years) 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).

### Specimen Collection Guidelines:

The Centers for Disease Control and Prevention (CDC) has updated the specimen collection criteria to include combined NP/OP specimens as an option for upper respiratory specimen collection. This means that a nasopharyngeal and an oropharyngeal specimen are collected separately on two swabs and then both swabs are placed into the same viral transport media.

### **Infection Control Updates:**

We would also like to draw your attention to the “**Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings,**” by the CDC. You can reference the guidance [here](#). For your convenience, a summary of the changes are provided below:

- Updated PPE guidance for the care of patients with known or suspected COVID-19: to conserve respirators, facemasks can be used.
- Updated recommendations regarding need for an airborne infection isolation room (AIIR)
  - Patients with known or suspected COVID-19 should be cared for in a single-person room with a closed door.
  - AIIRs should be reserved for patients undergoing aerosol-generating procedures.

### **Additional Recommendations for Healthcare Providers:**

1. Asymptomatic individuals should not be tested.
2. We recommend testing for other, more common respiratory infections first. If you choose to test in an outpatient setting, then minimize that person’s time in the waiting room.
3. Recommend self-quarantine at home for people who are awaiting test results and symptomatic. CDC guidance for patients is here, in English and Spanish: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>
4. Once a patient tests positive, current practice in the U.S. is to obtain two consecutive negative tests at least 24 hours apart before ending self-isolation. Testing begins when a patient is symptom-free off medications for 24 hours.
5. Our epidemiology team, (210) 207-8876, provides clinicians with technical assistance 24-7.
6. The general public can call our COVID-19 hotline with questions at (210) 207-5779, M-F 8 AM-5 PM.
7. If you did not receive our previous letter to clinicians March 2, a link is below: <https://www.sanantonio.gov/Portals/0/Files/health/COVID19/GuidanceLetters/Clinicians.pdf>

### **For questions or to report a suspected case:**

Please contact your local health department:

#### **Bexar County Residents:**

San Antonio Metropolitan Health District  
Epidemiology Program  
Phone: (210) 207-8876  
Fax: (210) 207-8807

#### **Residents of Other Counties:**

Texas Department of State Health Services  
Public Health Region 8  
Phone: (210) 949-2121  
Fax: (210) 692-1457