

## Official Utah Department of Health Alert and Update

COVID-19 Response – Updated criteria for COVID-19 laboratory testing

HAN #: 04142020-01

The Utah Department of Health (UDOH) recommends all healthcare providers and COVID-19 sample collection sites test individuals presenting with any of the following symptoms:

- Fever
- Cough
- Shortness of breath
- Myalgia (muscle aches and pains)
- Decreased sense of smell or taste
- Sore throat

Based on the availability of additional testing capacity or additional clinical information, the State of Utah and health systems may target additional groups within specific high-risk populations or with additional identifying factors.

The primary preferred collection mechanism is a nasopharyngeal (NP) swab. Nasal or mid-terminate swabs are secondarily preferred. An oropharyngeal swab is not a preferred collection mechanism.

If a situation develops where there is limited capacity to conduct COVID-19 testing, UDOH recommends prioritizing testing according to the below rank-ordered epidemiologic risk factors. Testing of asymptomatic persons would not be a priority. When testing resources are limited, testing should be prioritized to Priority 1 in the table below. If testing resources are limited, testing should be provided to patients with fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) AND:

## **Epidemiologic Risk Factors**

#### **PRIORITY 1:**

- Hospitalized patients (to inform infection control)
- Healthcare personnel and first responders providing direct patient care
- Any person who lives or works in a congregate setting such as a nursing home, correctional facility, or shelter
- Individuals who may have other illnesses that would be treated differently if they were infected with COVID-19 and therefore, physician judgement is especially important for this population

#### **PRIORITY 2:**

Any person who had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset<sup>1</sup> **AND** the patient meets one of CDC's defined high-risk criteria<sup>2</sup>

### **PRIOIRTY 3:**

Any person who had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset<sup>1</sup> **OR** the patient meets one of CDC's defined high-risk criteria<sup>2</sup>

## **PRIORITY 4:**

No source of exposure has been identified

<sup>1</sup>If a situation develops where testing resources are limited, household contacts with fever or signs/symptoms of lower respiratory infection (cough or shortness of breath) do not need to be tested unless admitted to a healthcare facility. All household contacts should self-isolate in their homes for 14 days following symptom onset of the last

symptomatic member of the household. People with clinically diagnosed or laboratory-confirmed COVID-19, but who have recovered, can be released from isolation 7 days after symptom onset **AND** at least 3 days after resolution of fever and improvement in respiratory symptoms, according to <u>CDC guidance</u>. All asymptomatic household contacts should self-quarantine in their homes for 14 days following symptom onset of the last symptomatic member of the household.

<sup>2</sup> https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html

#### Recommendations

- All patients in the healthcare setting who are being assessed for COVID-19 should be isolated in a
  private room with limited traffic and a closed door. The patient should wear a surgical mask when
  someone else enters the room.
- At this time, healthcare providers caring for patients with fever and severe lower respiratory illness without any epidemiologic risk for COVID-19 should use contact and droplet precautions with eye protection (unless another diagnosis requires a higher level of precaution, e.g., tuberculosis).
- Patients who are being tested for COVID-19, but do not require hospitalization, should adhere to home isolation until testing is completed.
- Healthcare personnel caring for patients with fever and severe lower respiratory illness **WITHOUT** any epidemiologic risk for COVID-19 should:
  - o use standard, contact, and droplet precautions with eye protection;
  - o proceed to work-up for common causes of respiratory illness (e.g., FilmArray);
  - o if no alternative explanatory diagnosis, consider an infectious disease consultation.
- NP swabs can be collected concurrently as other samples being collected for infectious disease rule out (e.g., influenza and respiratory FilmArray or similar broad panel).
- If a patient is being considered for COVID-19, use standard, contact, and droplet precautions with eye protection when providing care. Respirators should be reserved for aerosol-generating procedures.
- Healthcare personnel who cared for a suspect or a confirmed COVID-19 case should have their exposure risk assessed and be excluded from work based on the CDC's work restriction recommendations.

# If you have a patient that meets the above criteria and you are sending the specimen to the Utah Public Health Laboratory:

- Collect NP swab into a single vial of Viral Transport Media and submit according to the <u>Clinical</u> Laboratory Guidance.
- OP swabs are no longer recommended.
- Alternative swabs and transport media approved when NP swabs are limited. Please check with the submitting laboratory to determine if these alternatives are acceptable.
- Visit the <u>UDOH COVID-19 Test Request Tool</u>, fill out the online survey and get testing approval.
- Complete a <u>UPHL request form</u> to submit with the specimen.
- The guidance, tool, and form mentioned above, along with additional information can be found at <u>uphl.utah.gov.</u>

## For more information:

- UDOH COVID-19 Information: coronavirus.utah.gov
- CDC information for healthcare professionals: cdc.gov/coronavirus/2019-ncov/hcp/index.html
- CDC guidance for home isolation: cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html
- CDC guidance for healthcare personnel exposure assessment and work restriction recommendations: <a href="mailto:cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html">cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html</a>

**Contact:** For questions, please call 1-888-EPI-UTAH (374-8824).