

This is an official
DHEC Health Update

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Updated and Interim Guidance for SC Healthcare Providers on Evaluating Patients and Testing for Coronavirus Disease 2019 (COVID-19)

Summary

An increasing number of COVID-19 cases caused by the novel coronavirus, named SARS-CoV-2, have been seen in the U.S. and throughout the world. Some areas of the U.S. have identified cases related to local transmission.

This DHEC Health Alert Network (HAN) Update provides updated guidance on evaluating and testing persons under investigation (PUIs) for COVID-19. It supersedes guidance provided in the DHEC/CDC HAN distributed on February 28, 2020.

While availability of testing is still limited, DHEC is providing guidance on how to consider testing for patients given the concern for local transmission. **DHEC cannot provide direct clinical services, and patients should not be directed to call DHEC for testing.** At this time, healthcare providers must evaluate the patient, then consult with DHEC about testing.

Providers who are receiving this alert from another party and are not registered to receive HANs should register at <https://apps.dhec.sc.gov/Health/SCHANRegistration/> if they wish to receive future updates through the HAN network.

Criteria to Guide Evaluation and Testing of Patients Under Investigation (PUI) for COVID-19

DHEC in consultation with clinicians, will determine whether a patient is a PUI for COVID-19. Providers should contact DHEC at the information provided below.

These clinical criteria for COVID-19 PUIs have been developed based on available information about this novel virus, and the changing epidemiology of COVID-19 infections. Testing may be considered for patients regardless of severity of illness based on the risk of potential exposure or absence of a more likely diagnosis for their symptoms. These criteria are subject to change as additional information becomes available.

Patients should be advised that testing means they will be considered a PUI and will be required to isolate at home (if not hospitalized) until results are returned. DHEC will contact them to collect initial information about possible exposures.

Clinical Features		Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including healthcare workers ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ or signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel to a country with a Level 3 travel notification ⁵ (see below) or other well defined area with ongoing and sustained transmission within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	Absence of a more likely alternative diagnosis. At a minimum, providers should consider rule-out testing with a respiratory virus panel that includes influenza. Other elements in the patient's history that may increase likelihood of exposure, i.e. travel within or outside the U.S. should also be considered.

These criteria are intended to serve as guidance for evaluation. In consultation with your local public health departments, patients should be evaluated on a case-by-case basis to determine the need for testing. Testing may be considered for deceased persons who would otherwise meet the PUI criteria.

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-assesment-hcp.html>).

³Close 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 COVID19 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.

Additional information is available in CDC's updated Interim Healthcare Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>).

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

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

⁵Current information is available in CDC's COVID-19 Travel Health Notices (<https://www.cdc.gov/coronavirus/2019-ncov/travelers>).

Recommendations for Reporting, Testing, and Specimen Collection

Clinicians should immediately implement recommended infection prevention and control practices (<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>) if a patient is suspected of having COVID-19. They should also notify infection control personnel at their healthcare facility and DHEC if a patient is classified as a PUI for COVID-19. Currently, diagnostic testing for COVID-19 is available at the DHEC Public Health Laboratory and CDC. Below is guidance for specimen collection:

1. Collect upper respiratory tract specimens - nasopharyngeal and oropharyngeal synthetic fiber swabs; place each NP and OP swab in a separate sterile tube containing 2-3 ml of viral transport media.
2. Sputum from a patient with a productive cough may be collected. Induction of sputum is not indicated. Collect sputum in a collection cup or sterile dry container.
3. If the patient is mechanically ventilated, collect a lower respiratory tract aspirate or a bronchoalveolar lavage. Collect 2-3 ml in sterile container.
4. Although samples from both the upper and lower respiratory tract (if available) are recommended, multiple specimens from the same site are not indicated.
5. Refrigerate the specimens at 2-8 degrees C and ship to lab on an ice pack.

Specimen rejection criteria include:

- specimen not kept at proper temperature.
- incomplete/illegible specimen labeling or documentation.
- inappropriate specimen type(s).
- insufficient specimen volume.

Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. For further information, see Interim Guidelines for Collecting, Handling,

and Testing Clinical Specimens from Patients Under Investigation (PUIs) for COVID-19 (<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>) and Biosafety FAQs for handling and processing specimens from suspected cases and PUIs (<https://www.cdc.gov/coronavirus/2019-ncov/lab/biosafety-faqs.html>).

If PUIs are well enough to return home, notify them that they will be contacted by DHEC with instructions for isolating at home and to begin identifying contacts who might also have been exposed to the virus. Discharge instructions should include:

- Stay at home, except to receive medical care.
- Separate from other family members and pets as much as possible.
- Call ahead before seeking medical care.
- Cover coughs and sneezes and avoid sharing household items.
- Continue isolating at home until notified by DHEC that it is safe to stop.

For More Information

CDC - COVID-19 webpage:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>.

DHEC - Coronavirus Disease 2019 (COVID-19) webpage:

<https://www.scdhec.gov/health/infectious-diseases/viruses/coronavirus-disease-2019-covid-19>

CDC - Evaluating and reporting a PUI:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

CDC - Travel advisories:

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

CDC - Specimen collection:

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>

CDC - Clinical care:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

CDC - Infection control:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>

CDC - FAQs:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>

DHEC contact information for reportable diseases and reporting requirements

Reporting of **Novel Infectious Agents** is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the DHEC 2020 List of Reportable Conditions available at:

<https://www.scdhec.gov/sites/default/files/Library/CR-009025.pdf>

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

Regional Public Health Offices – 2020			
Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL OR FAX TO:			
<u>Lowcountry</u> Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	<u>Midlands</u> Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	<u>Pee Dee</u> Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg 1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6502 Fax2: (843) 915-6506	<u>Upstate</u> Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
Lowcountry Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	Midlands Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	Pee Dee Office: (843) 915-8886 Nights/Weekends: (843) 915-8845	Upstate Office: (864) 372-3133 Nights/Weekends: (864) 423-6648
For information on reportable conditions, see https://www.scdhec.gov/ReportableConditions		<u>DHEC Bureau of Communicable Disease Prevention & Control</u> Division of Acute Disease Epidemiology 2100 Bull St • Columbia, SC 29201 Phone: (803) 898-0861 • Fax: (803) 898-0897 Nights / Weekends: 1-888-847-0902	

Categories of Health Alert messages:

Health Alert	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory	Provides important information for a specific incident or situation; may not require immediate action.
Health Update	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Info Service	Provides general information that is not necessarily considered to be of an emergent nature.