



This is an official **DHEC Health Update**

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Testing Prioritization for Coronavirus Disease 2019 (COVID-19) Laboratory Testing and Case Reporting

Summary

- Shortages of testing supplies is creating delays in collecting and promptly obtaining
 results of tests for Coronavirus Disease 2019 (COVID-19). Recommendations are
 provided below to prioritize testing to best protect the healthcare system, protect those
 at risk of severe infection, and decrease community spread. Providers are recommended
 to follow these priority categories when making decisions about who should be tested
 when submitting samples to DHEC's Public Health Laboratory (PHL) and to commercial
 labs.
- At this time, only individuals with symptoms should be considered for testing. Encourage every patient to practice social distancing and other non-pharmacologic interventions (hand hygiene, covering coughs and sneezes) to prevent transmission.
- As a reminder, <u>do not refer patients to DHEC for testing</u>. DHEC cannot provide testing services to patients.
- This guidance supplements previous guidance provided in the DHEC HANs distributed March 12, 2020 and March 13, 2020 available here. Providers should use the guidance below when considering the decision to test patients. See DHEC's COVID-19 webpage for more information www.scdhec.gov/covid19

Recommendations

Three priority for testing and the included populations are identified below. These are intended to limit morbidity and mortality from the spread of COVID-19 when there are limitations in testing availability.

Priority 1 - Ensures optimal care options for all hospitalized patients, lessens the risk of healthcare-associated infections, and maintains the integrity of the U.S. healthcare system.

- Hospitalized patients with symptoms
- Healthcare facility workers with symptoms
- First responders with symptoms

Priority 2 - Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged.

- Patients with symptoms who are in long-term care facilities
- Patients with symptoms who are over age 65 years
- Patients with symptoms and underlying health conditions (heart and lung disease, diabetes, immunocompromised, pregnant)
- Employees with symptoms who work in congregate settings (e.g., nursing home, longterm care facility, behavioral health facility, childcare, correctional facility)
- Critical infrastructure workers with symptoms

Priority 3 - As resources allow, test individuals in the surrounding community of rapidly increasing hospitalized cases to decrease community spread and ensure health of essential workers.

• Individuals with symptoms who do not meet any of the above categories

Non-priority – Any individuals without symptoms.

Reporting Cases

Cases of COVID-19 are required to be reported **immediately** to DHEC at the contact information listed below for the Regional Public Health Offices. Ensure that all demographic information is included, as per the <u>2020 List of Reportable Conditions</u> "What to Report" criteria.

DHEC will prioritize investigations for individuals in the categories below. When reporting, please identify if the case you are reporting is included in one or more of the following categories:

- Persons aged greater than 65 years of age
- Persons aged less than 5 years of age
- Pregnant women
- Employees working in and persons who reside in or attend a congregate setting (e.g., nursing home, long-term care facility, behavioral health facility, childcare, correctional facility)
- Hospitalized cases
- First responder community (police, fire, EMS)

Isolation and Quarantine Guidance

Guidance for discontinuing isolation of cases and quarantine of contacts was outlined in the DHEC HAN on March 21, 2020. As cases increase, DHEC will transition from containment around individual cases to a community mitigation strategy in which testing may not be available for patients not included in the prioritization categories listed above. Providers should consider recommending isolation for symptomatic individuals who may be at high risk of COVID-19 infection. This includes individuals with:

- Known contact to a confirmed COVID-19 case
- History of travel to an area with extensive transmission of COVID-19

• Symptoms consistent with COVID-19 (fever, cough, dyspnea) and known community transmission

These individuals should isolate at home and avoid contact with others until:

- At least 3 days (72 hours) have passed since the resolution of fever without the use of fever-reducing medications - AND -
- At least 7 days have passed since symptoms first appeared AND -
- Overall symptoms have improved.

Household contacts of these ill individuals should stay at home and separate from the ill person as much as possible, continue social distancing, and monitor for symptoms. This should continue until at least seven days after their household contact discontinues isolation. They should begin immediate isolation if they become symptomatic following the same criteria as above.

DHEC contact information for reportable diseases and reporting requirements

Reporting of <u>Coronavirus Disease 2019 (COVID-19)</u> as a <u>Novel Infectious Agent</u> 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:			
Lowcountry Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg	Midlands Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Richland, Saluda, York	Pee Dee Clarendon, Chesterfield, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg	Upstate Abbeville, Anderson, Cherokee, Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union
4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	1931 Industrial Park Road Conway, SC 29526 Fax: (843) 915-6502 Fax2: (843) 915-6506	200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
Lowcountry	Midlands	Pee Dee	Upstate
Office: (843) 441-1091 Nights/Weekends: (843) 441-1091	Office: (888) 801-1046 Nights/Weekends: (888) 801-1046	Office: (843) 915-8886 Nights/Weekends: (843) 915-8845	Office: (864) 372-3133 Nights/Weekends: (864) 423-6648
For information on reportable conditions, see https://www.scdhec.gov/ReportableConditions		DHEC Bureau of Communicable Disease Prevention & Control 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.

Provides important information for a specific incident or situation; may not require immediate action. Health Advisory 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.