

COVID-19 Update for Clinicians

May 1, 2020

SUMMARY: See this health alert for

- Updated Guidelines for SARS-CoV2 Testing
- SARS-CoV2 Testing Survey
- Health District Not a Venue for SARS-CoV2 Serology
- HRSA Launches COVID-19 Uninsured Program
- COVID-19 in 2020 & the Way Forward
- Education Opportunity—Sexually Transmitted Diseases during COVID-19
- COVID-19 Data

Updated Guidelines for SARS-CoV2 Testing

The Washington State Department of Health (DOH) has updated its [guidance for SARS-CoV2 testing](#). Secretary Wiesman's letter regarding testing can be viewed as an attachment at the end of this document.

What has changed from the previous edition?

- New promotion of testing for ***all*** patients with new onset of symptoms suggestive of viral respiratory tract infection, regardless of age or health status.
- Addition of chills, rigors, myalgia, headache, sore throat, anosmia, and ageusia to the list of COVID-19-compatible symptoms.
- Inclusion of young, healthy and mildly ill patients as candidates for testing.
- Expansion of specimen collection sites to include nasal and nasal mid-turbinate.
- Precautionary statements about limited sensitivity in point-of-care diagnostic tests and discouragement of use of serology for diagnosis or for detection of prior infection.

What has not changed?

- In general, please submit specimens for testing through commercial laboratories.
 - The Washington State Public Health Laboratory's testing capacity remains reserved for:
 - Workers in healthcare facilities, congregate living settings, critical infrastructure and public safety/first responders
 - Residents in long-term care facilities or other congregate living settings, including prisons and shelters
 - Persons identified through public health cluster and selected contact investigations
 - Patients with no health insurance
- With some exceptions, testing of asymptomatic people is discouraged.

Please take a moment to review the [updated guidance](#).

SARS-CoV2 Testing Survey

DOH is asking healthcare providers to complete a survey to better understand access and barriers to SARS-CoV-2 testing in the community. This survey is meant only for licensed practicing professionals who might order SARS-CoV-2 PCR testing for their patients. Please click on the attached link to complete the survey: [Hcwsurvey](#). The survey takes approximately 5 minutes to complete.

Please note that this survey by DOH targeting individual health care providers is distinct and separate from the Health District's recently released survey addressing health care facilities and systems about SARS-CoV2 testing capacity.

Health District Not a Venue for SARS-CoV2 Serology

The Health District has received several calls in the past week from patients whose health care provider referred them to us for serologic testing. The Health District does not collect or submit specimens for SARS-CoV2 serologic testing at this time. Please refer to our update on SARS-CoV2 serology in [last week's update](#) and, if you deem it appropriate, collect and submit serum specimens through a trusted commercial laboratory providing serologic testing.

HRSA Launches COVID-19 Uninsured Program

The Health Resources and Services Administration (HRSA) has launched a new COVID-19 [Uninsured Program Portal](#), allowing health care providers who have conducted COVID-19 testing or provided treatment for uninsured COVID-19 patients on or after February 4, 2020, to request claims reimbursement. Health care providers can electronically request claims reimbursement through the program and will be reimbursed generally at Medicare rates, subject to available funding. Steps will involve: enrolling as a provider participant, checking patient eligibility, submitting patient information, submitting claims electronically, and receiving payment via direct deposit. Please visit the site for additional instructions and other details.

COVID-19 in 2020 & the Way Forward

As case reports have declined substantially since their peak just over a month ago and hospital surge capacity is also restored, the question arises about when to modify social distancing rules and norms in order to permit some resumption of economic, educational, and social activity. The Health District is working closely with the Snohomish County Department of Emergency Management, DOH and local public health jurisdictions to plan a path forward. Although plan details are still under development, key elements of the plan include the following:



- Adequate acute care facility capacity to provide COVID-19 and non-COVID care without resorting to crisis standards.
- Adequate personal protective equipment for acute care facilities, emergency medical services, and other critical elements of the COVID-19 response.
- Testing capacity (adequate supplies, analytic capacity, and turnaround times) to permit patients to be tested within one day of onset of symptoms and results on the same or next day.
- Case and contact investigation and control capacity for suppression
- Accounting for vulnerable populations (e.g., long-term care, chronic conditions, racial-ethnic minorities, unsheltered).

Aside from seemingly adequate acute capacity, current conditions across-the-board are not conducive to a successful widespread resumption of normal activity at this time. Social distancing recommendations and activity restrictions remain largely in place. However, as we better define and see further progress in meeting these criteria, you should anticipate a slow, layered return to some activities with public health implementing intensified efforts at case finding, contact tracing, and quarantine of close contacts. The hope is that these disease control efforts will keep a resurgence of disease and ensuing surge of acute and intensive care demand at bay. However, it also seems prudent to remain prepared for the possibility that [future rounds of social distancing may become necessary on one or more occasions](#) if reported incidence or acute care demand exceed thresholds for action.

The timeline for complete resumption of pre-COVID-19 activity to include large gatherings and like endeavors is probably somewhere along the 12-24 month horizon as we wait for arrival at herd immunity through a vaccine or via cumulative infection of a critical proportion of the population sufficient to inhibit sustained transmission.

For additional information on the dashboard of criteria for modification of social distancing and resumption of activities, please visit [Governor Inslee's COVID-19 website](#).

Education Opportunity—Sexually Transmitted Diseases during COVID-19

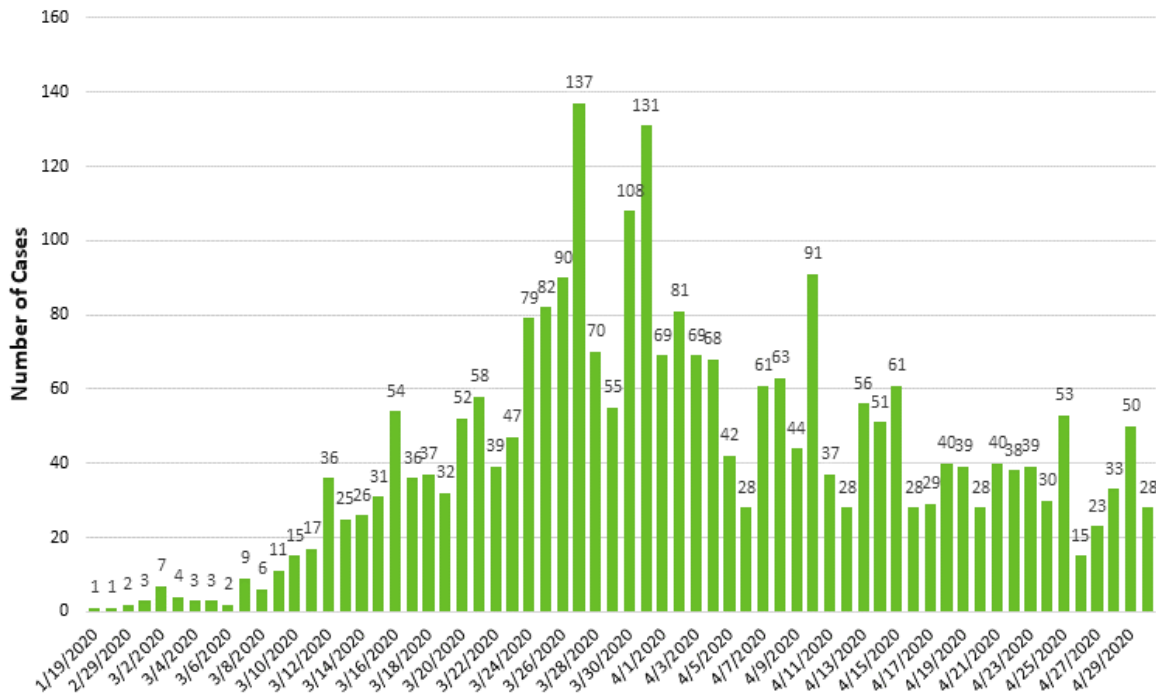
The [University of Washington's STD Prevention Training Center](#) is sponsoring a 1- hour webinar hosted by the National Network of STD Clinical Prevention Training Centers. This webinar will provide guidance to the STD field with respect to disruptions in clinical care resulting from public health measures necessitated for COVID-19. Registration is required for this event. To register, please use this link: https://globalmeetwebinar.webcasts.com/starthere.jsp?ei=1307645&tp_key=ac038673e7. For additional background on this topic, please see [the April 13 Health District update](#).



COVID-19 Data (through April 30, 2020)

April 29 marked 100 days since the first reported case of COVID-19 was confirmed in Snohomish County. [A video is available](#) about the first 100 days of the response.

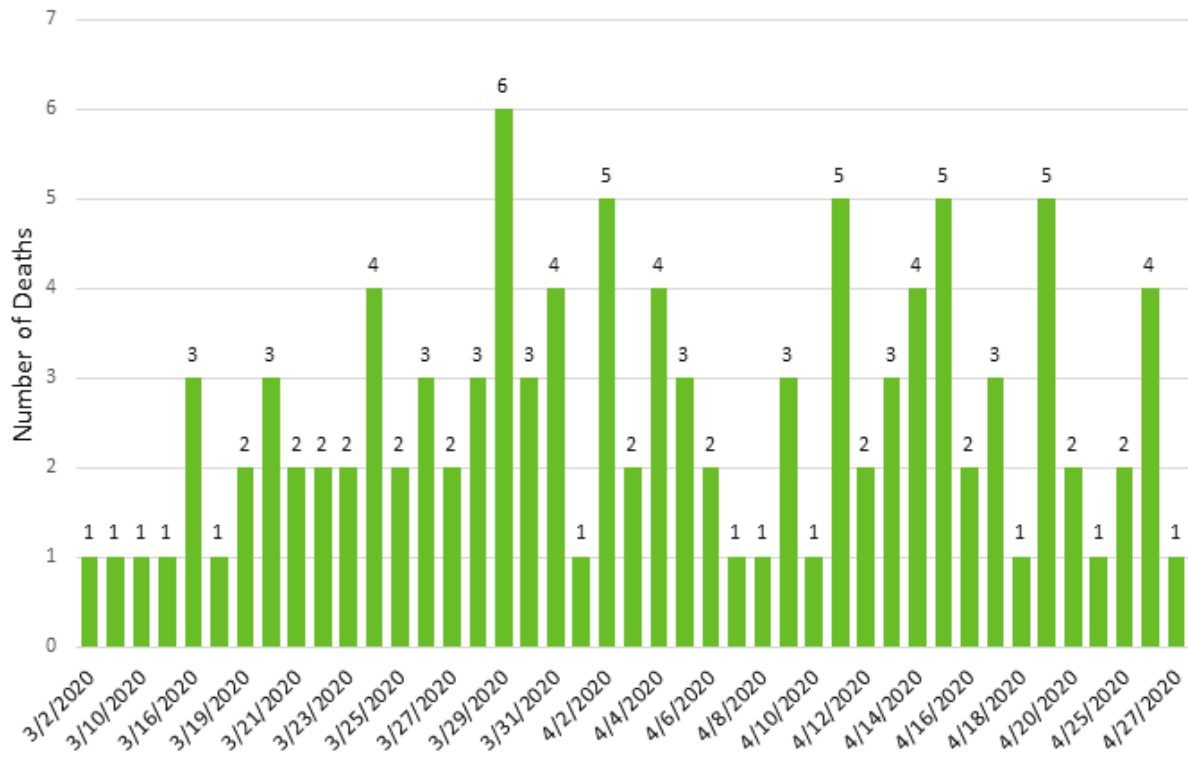
Number of Reported COVID-19 Cases in Snohomish County, by Date



Primary Risk Factor	Number	Percent
Community acquired	1086	40.7%
Close contact	547	20.5%
Healthcare workers (other)	230	8.6%
Long-term healthcare workers	95	3.6%
Long-term care	373	14.0%
Travel	34	1.3%
Nosocomial	6	0.2%
Lost to follow-up	10	0.4%
Pending investigation	290	10.9%
Grand Total	2671	100.0%



**Number of COVID-19 Related Deaths in Snohomish County Residents
by Date**



Total deaths to-date: 109

Christopher Spitters, MD, MPH
Health Officer
Snohomish Health District

ATTACHMENTS:

- Interim COVID-19 Testing Guidance for Healthcare Providers (DOH)
- Letter to Providers from Secretary of Health John Wiesman re. testing, tracing and isolation
- Webinar Information: CDC STD Treatment Recommendations in the Age of COVID-19

Interim COVID-19 Testing Guidance for Healthcare Providers

Test all patients with symptoms consistent with COVID-19

Healthcare providers should test all patients with new onset of symptoms consistent with COVID-19, regardless of their age or health status. COVID-19 patients may present with

- Cough, or
- Shortness of breath or difficulty breathing

OR at least two of:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Other patients should be tested per clinical judgment. Rapidly testing all patients with symptoms consistent with COVID-19 is critical to identifying and isolating cases, quarantining their contacts, and suppressing community spread. While this guidance expands the groups of persons eligible for testing, prioritizing testing of certain symptomatic persons may be necessary until adequate test supplies are available.

Prioritize the following symptomatic patients for COVID-19 testing

- Hospitalized patients with severe lower respiratory illness
- Workers in healthcare facilities, congregate living settings, critical infrastructure and public safety/first responders
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters
- Persons identified through public health cluster and selected contact investigations
- Persons at higher risk of severe outcome
- Persons who are pregnant and in labor or scheduled for delivery

At present, limit testing of asymptomatic persons to those with exposure

- Close contacts of a case (if a close contact tests negative, these individuals still need to remain in quarantine for 14 days after their last date of exposure)
- Individuals exposed to COVID-19 during an outbreak in a congregate setting (e.g., long term care facility, shelters, correctional settings, meat-packing plants, etc.)

If adequate supplies are available, testing asymptomatic people can be considered for:

- Persons who are pregnant and present in labor
- People undergoing procedures that increase the risk of aerosolized particle spread
- People undergoing invasive surgical procedures (within 48 hours of procedure)

Testing is not generally recommended for new asymptomatic admissions to a healthcare or long-term care facility, unless to a healthcare facility using the information for cohorting.

To test an asymptomatic person, collect a nasopharyngeal swab or other recommended option.

Educate all patients you test

If COVID-19 is being considered, whether testing is performed or not, provide the following guidance documents to patients, and emphasize isolation for ill persons and self-quarantine for exposed contacts.

- [Patients with confirmed or suspected COVID-19](#)
- [Patients who were exposed to a confirmed COVID-19 case](#)
- [Unexposed patients with COVID-19 symptoms](#)

Request testing supplies and personal protective equipment (PPE)

If you do not have PPE, contact your local emergency management agency to request and receive these items. If you represent a Tribal Nation or a Local Health Jurisdiction, testing specimen collection supplies can be ordered using the [Specimen Collection Request Portal](#).

Swabs for COVID-19 testing

Specimen type	Healthcare provider	Supervised self-collection
Nasal (anterior nares)	Flocked or spun polyester swab with plastic shaft	Flocked or spun polyester swab with plastic shaft
Nasopharyngeal	Synthetic swab with wire shaft	No
Nasal mid-turbinate	Flocked tapered swab	Flocked tapered swab
Nasal/nasopharyngeal wash/aspirate	If swab not possible	No
Oropharyngeal	If nasal or NP specimen not available. Use synthetic fiber swab with plastic shaft.	No
Sputum, tracheal aspirate, BAL, pleural fluid, lung biopsy	Sterile container	No

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

Specimen Collection

Follow directions on the laboratory's test menu for specimen collection instructions, submission forms, and shipping requirements. Washington law requires healthcare providers to **include the patient's name, date of birth, address and phone number**. The Washington State Insurance Commissioner has ordered that testing for COVID-19 be at no additional cost to patients.

- Collect a single nasal, mid-turbinate or nasopharyngeal (NP) specimen using a synthetic swab and place in 2-3 ml viral transport media – if VTM is not available, check with the receiving laboratory whether saline is an acceptable substitute.
- Be aware that patients may collect their own nasal swab under healthcare provider observation. See self-collection instructions:
<https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/Self-SwabNasalCollectionInstructions.pdf>
- Lower respiratory tract specimens in a sterile container are preferred from patients who are intubated.
- For all samples, put specimen type and two identifiers (e.g., name, birthdate) on tubes and form, and store at 2-8°C.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov

In general, send specimens to commercial laboratories

There are currently more than 25 laboratories in Washington performing diagnostic testing for COVID-19. In general, healthcare providers should send specimens for COVID-19 testing to commercial or academic laboratories. Follow directions on the laboratory's test menu for specimen collection instructions, submission forms, and shipping requirements. Washington law requires healthcare providers to **include the patient's name, date of birth, address and phone number**. The Washington State Insurance Commissioner has ordered that testing for COVID-19 be at no additional cost to patients.

For certain situations, send specimens to the Public Health Laboratories (PHL)

Specimens from the following patients can be tested at the Washington State Public Health Laboratories:

- Workers in healthcare facilities, congregate living settings, critical infrastructure and public safety/first responders
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters
- Persons identified through public health cluster and selected contact investigations
- Patients with no health insurance

PHL will fax its results to the submitter and local health jurisdiction (LHJ). For PHL testing, collect specimens and send with the COVID-19 submission form including submitter name, address, phone number, and fax number.

For complete instructions on specimen collection and submission to PHL, see COVID-19 at: <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthLaboratories/MicrobiologyLabTestMenu>

Submit specimens to PHL with the COVID-19 sample submission form: <https://www.doh.wa.gov/Portals/1/Documents/5230/302-018-nCoVSampleSubmission2019.pdf>

Interpreting test results

The preferred diagnostic test for COVID-19 is a PCR-based test. At this point in time, specimens sent to CLIA-certified labs for PCR-based tests have demonstrated higher sensitivity and fewer false negatives than currently available point-of-care tests. While increasingly available, serology or antibody tests are not recommended for making a diagnosis of COVID-19 or to reliably determine whether or not someone has experienced a past infection with COVID-19.

Indeterminate results do not rule out COVID-19 infection.

False negative results can occur. If indicated and suspicion is high, a person with a negative test should be retested and complete recommended quarantine or self-monitoring.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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April 29, 2020

Dear Health Care Providers, Lab Directors, and Administrators:

Re: COVID-19 Testing, Tracing, Isolating

In “pandemic time,” I write to ask for your urgent help to control COVID-19.

To prepare to reverse engineer COVID-19 community mitigation measures, the public health system is working quickly to rebuild, surge, and strengthen case and contact investigations so we can rapidly isolate cases and quarantine contacts. We believe full discovery of COVID-19 cases and timely contact tracing is essential to suppress transmission in the community and avoid a rebound in COVID-19 activity.

As we strengthen our system, **we ask your help to:**

Test ALL patients with symptoms consistent with COVID-19, including young and healthy patients

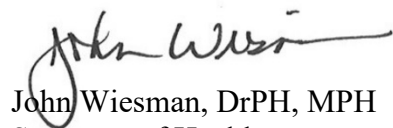
1. See new [testing guidance](#) from the Department of Health for more information. If you do not have PPE, contact your [local emergency management agency](#) to request and receive these items. If you represent a Tribal Nation or a Local Health Jurisdiction, testing specimen collection supplies can be ordered using the [Specimen Collection Request Portal](#).
2. **Ensure that 100 percent of your COVID-19 lab samples are submitted with the patient’s address as well as contact information (phone and email). More than 55 percent of lab results are submitted to us with incomplete or missing contact information, which greatly delays our public health work and limits our ability to suppress transmission of COVID-19.** Per [WAC 246-101-105](#), when ordering a lab test for a notifiable condition, health care providers must provide the lab with the patient name, patient address including zip code, and patient date of birth. [WAC 246-101-225](#) authorizes public health officials to require other information of public health value, such as a patient phone number and email address. Your compliance will help all of us keep people safe and save lives. Small things in this response can make a huge difference.
3. Provide all patients you test for COVID-19 with the following information sheets and counsel them to a) isolate themselves while waiting for their test results and b) quarantine their other household members:
 - [What to do if you have confirmed or suspected coronavirus disease \(COVID-19\)](#)
 - [What to do if you were potentially exposed to someone with confirmed coronavirus disease \(COVID\)](#)

- [What to do if you have symptoms of coronavirus disease 2019 \(COVID-19\) and have not been around anyone who has been diagnosed with COVID-19](#)

As we retool our system, we will soon ask health care providers to have all patients tested for COVID-19 to complete an electronic patient demographic and contact information form so we can get a head start if the patient tests positive.

Our success as a state relies upon our tightly coordinated efforts, and we appreciate your help.

Respectfully,

A handwritten signature in black ink, appearing to read "John Wiesman", with a stylized flourish at the end.

John Wiesman, DrPH, MPH
Secretary of Health



National Network of
STD Clinical Prevention
Training Centers

CDC STD Treatment Recommendations in the Age of COVID-19



1:00 -2:00 PM EST, Tuesday, May 12th, 2020

WEBINAR: Please register using the link:

https://globalmeetwebinar.webcasts.com/starthere.jsp?ei=1307645&tp_key=ac038673e7

Please join us for a 1- hour webinar hosted by the National Network of STD Clinical Prevention Training Centers (NNPTC) with special guest speakers from the **Division of Sexually Transmitted Disease Prevention (DSTDP), Centers for Disease Control & Prevention (CDC)**. This webinar will provide guidance to the STD field related to disruptions in clinical care due to public health measures necessitated for COVID-19.

Registration is required for this event:

To register, please use this link:

https://globalmeetwebinar.webcasts.com/starthere.jsp?ei=1307645&tp_key=ac038673e7



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Sylvie Ratelle
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Prevention Training
Center of New England

A Project of the Division of STD Prevention
Massachusetts Department of Public Health
Funded by the CDC



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