

Health Advisory: Updated COVID-19 Guidance and Lab Testing

Minnesota Department of Health, Mon Mar 02 10:00 CST 2020

Action Steps:

Local and tribal health department: Please forward to hospitals, clinics, urgent care centers, emergency departments, and convenience clinics in your jurisdiction.

Hospitals, clinics and other facilities: Please forward to infection preventionists, infectious disease physicians, emergency department staff, hospitalists, primary care clinicians, and all other health care providers who might see patients with acute respiratory symptoms.

Health care providers:

- Continue to ask patients about international travel, including specific information about the country, city, and dates of travel.
- Have heightened vigilance for patients suspected of having COVID-19 infection based on the [CDC Evaluating and Reporting Persons Under Investigation \(PUI\)](#).
- Contact MDH at 651-201-5414 (1-877-676-5414) for consultation and arrangement for testing.
- Visit the [CDC Coronavirus Disease 2019](#) website for additional information on COVID-19.

Patient Screening

All healthcare facilities should implement screening before or at patient check-in. The following questions have been updated to reflect new CDC guidance:

1. Do you have a fever or symptoms of lower respiratory illness, such as cough or shortness of breath?
2. Do you have a history of recent travel (within past 14 days) from an affected geographic area? Affected geographic areas AT PRESENT include China, Iran, Italy, Japan, and South Korea (continue to check [CDC Coronavirus Disease 2019 Information for Travel](#) for updated affected geographic areas).
3. Have you had close contact with any person, including healthcare workers, who is a lab-confirmed patient within the past 14 days of symptom onset?

If a patient answers yes to the screen questions, the following patient assessment guidelines should be implemented:

1. If screening was conducted before the patient presented for care, direct the patient to don a surgical mask immediately (preferably prior to arrival), and enter the facility through a private entrance (if possible).
2. If screening at patient check-in, direct the patient to don a surgical mask. Immediately direct the patient to an airborne infection isolation room (AIIR) exam room (if possible), or another well-ventilated area or private room that allows patients to be separated by ≥ 6 feet.
3. Do not allow the patient to remain in the waiting room.

Patient Assessment

Assess the patient in a private room with the door closed, ideally an AIIR. Use standard, contact, and airborne precautions including use of eye protection.

Use the following when assessing the patient: PAPR or fit-tested N95 respirator or surgical mask (If PAPR or N95 are not available), gown, gloves, eye protection (face shield or goggles).

Collect: vital signs including measured or subjective fever, respiratory symptoms, date of illness onset, location and dates of travel from affected geographic areas, description of any contact with patients confirmed to be infected with COVID-19.

If symptoms are present and travel/exposure history is confirmed, please contact MDH to discuss potential testing for COVID-19.

Inpatients: For severely ill patients (e.g., ARDS) without an identified etiology, even without a travel history, consult an infectious disease specialist. Infectious disease specialists who are concerned about COVID-19 infection in severely ill patients should contact MDH at 651-201-5414.

Patient Testing Criteria

Please consult CDC’s “Criteria to Guide Evaluation of PUI for COVID-19” in order to determine if patient testing is appropriate:

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 COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas (see CDC website for countries with at least a Level 2 travel notice) within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)	AND	No source of exposure has been identified

1 Fever may be subjective or confirmed

2 For healthcare personnel, testing may be considered if there has been an exposure to a person with suspected COVID-19 without laboratory confirmation.

3 Close contact is defined as being within approximately 6 feet of a COVID-19 case for a prolonged period of time

Patient Specimen Collection Guidance/Specimen Type

Approval from MDH will be needed to specimen testing. Specimens for testing include:

Nasopharyngeal (NP) and oropharyngeal (OP) specimens and a sputum specimen (if the patient has a productive cough or sputum is required for clinical reasons).

Instructions for specimen collection and shipping can be found at [CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons Under Investigation \(PUIs\) for Coronavirus Disease 2019](#)

A [Clinical Testing & Submission Form](#) must be completed for each specimen, note COVID-19 testing in comments.

MDH will begin testing specimens March 2. Positive tests are considered presumptive positive. Results will be communicated but positive results must also be confirmed at CDC at this time.

For More Information

More information is available at the [CDC's Coronavirus Disease 2019 webpage](#) or by calling MDH at 651-201-5414.

A copy of this HAN is available at: [MDH Health Alert Network](#)

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.