



**LAC DPH Health Advisory:
Coronavirus Disease 2019 Testing and
Revised Infection Prevention Guidance**

March 11, 2020



*This message is intended for all healthcare providers practicing in Los Angeles County.
Please distribute as appropriate.*

Key Messages

Testing

- The Centers for Disease Control and Prevention (CDC) have updated their testing guidance to recommend using epidemiologic Coronavirus Disease 2019 (COVID-19) information to guide local testing recommendations.
- This advisory provides updated local guidance on whom to test for COVID-19 and when to request testing by the Los Angeles County Public Health Laboratory (PHL) versus a commercial clinical laboratory in the setting of limited community transmission. An expanded testing strategy for when widespread community transmission is identified is also included.
- Healthcare providers can collect specimens (e.g., nasopharyngeal/oropharyngeal swabs) for COVID-19 observing standard, contact, and droplet precautions wearing eye protection in a normal examination room with the door closed. Clinically stable patients should not be sent to a hospital emergency department for the sole purpose of specimen collection.
- If a commercial clinical laboratory is used for COVID-19 testing, there is no need to contact LAC DPH unless there is a positive COVID-19 result.

Updated Infection Prevention

- CDC has released updated [infection control guidance](#). Facemasks are now considered acceptable when caring for patients with suspected or confirmed COVID-19. Eye protection is still recommended for use during patient care. N95 respirators are recommended for use when performing procedures likely to generate aerosol. Airborne isolation rooms (AIIRs) should be reserved for patients undergoing procedures that are likely to generate a high concentration of respiratory aerosols (see Infection Prevention below).

Local Resources

- Healthcare providers are encouraged to follow the LAC DPH COVID-19 [Provider Checklist](#). It is updated regularly and includes step by step guidance for the evaluation of patients who may have COVID-19, and includes appropriate PPE for examination and specimen collection, and summarizes the testing guidance outlined in this advisory.
- LAC DPH experts are hosting a live webinar with CME: *COVID-19 Update with Q&A* on Friday March 13 at noon. A registration link will be sent through LAHAN and posted on <http://publichealth.lacounty.gov/cme/CoVWebinar/> tomorrow.

Situation

There have now been a total of 27 confirmed COVID-19 cases in LA County, including the 3 cases announced by the City of Long Beach Health Department. Pasadena has no reported cases at this time. Of these cases, two have unidentified sources of exposure and are considered the first possible cases of community transmission in LA County. To date, the majority of LA County residents confirmed to have COVID-19 have either travelled to a region with widespread community transmission or have been a close contact to a confirmed case. LAC DPH does not yet have evidence for widespread COVID-19 transmission in LA County.

LAC DPH continues to post new cases on the press release section of the LAC DPH coronavirus [website](#).

Local COVID-19 Testing Situation and Rationale

The CDC has issued updated [guidance](#) on evaluating and testing persons for COVID-19. The CDC guidance suggests priority groups for testing but defers the decision to test to clinicians and local health departments based on clinical judgement and epidemiologic factors.

The LAC DPH COVID-19 testing strategy reflects our current local situation which is: evidence of limited transmission and limited combined PHL/commercial clinical laboratory testing capacity. The primary objective of testing is case identification and contact monitoring to inform our public health disease containment strategy. For this reason, we are recommending that lab testing be restricted to individuals with severe disease or an increased probability of true infection (based on travel or exposure). When widespread community transmission becomes apparent, then testing strategies will be reassessed and possibly revised.

Please refer to the updated LAC DPH COVID-19 Healthcare Provider [website](#) for the most current guidance including the Provider COVID-19 Checklist, positive COVID-19 test result reporting instructions, as well as resources for patients and facilities.

Actions Requested of Providers

- Contact LAC DPH for any patient who meets criteria for PHL COVID-19 testing (summarized below). Please do not collect or send specimens to PHL until the case is discussed and testing is approved by DPH. When contacting DPH, please be prepared to provide a call-back number and to wait for 10-15 minutes for a call-back.

Note: Patient requests for testing should not be forwarded to LAC DPH as testing must be arranged through the healthcare provider.

- Consider COVID-19 diagnostic testing using a commercial clinical laboratory for patients with fever and signs/symptoms of a community-acquired lower respiratory illness (e.g. cough or shortness of breath) for patients who do not meet criteria for testing at PHL (see below).

Reminder: when using a clinical laboratory, providers must work directly with the laboratory for specimen collection and transport. There is no need to contact

DPH unless the test result is positive.

- Instruct non-hospitalized patients being tested for COVID-19 to self-isolate. Patients should follow strict [home isolation](#) until their test result is negative or until they are told by LAC DPH or their healthcare provider that they are no longer infectious.

COVID-19 Testing and Laboratory Recommendations

Current situation: limited community transmission

Local risk factors for COVID-19 are travel to a region with sustained community transmission, contact to a known or suspect case, and healthcare workers.

LAC DPH Public Health Laboratory (PHL) COVID-19 Testing Criteria

(revised 3/11/20)

Clinical Features		Epidemiologic Risk Factors
Fever or signs/symptoms of lower respiratory illness (e.g. cough, shortness of breath)	and	Any person (including healthcare workers) who in the last 14 days before symptom onset has had close contact with a suspect of laboratory-confirmed COVID-19 patient
Fever and signs/symptoms of lower respiratory illness (e.g. cough, shortness of breath)	and	Any healthcare worker without an alternative diagnosis (e.g., negative molecular respiratory panel)
Fever and signs/symptoms of a community-acquired lower respiratory illness (e.g. cough or shortness of breath) requiring hospitalization	and	A history of travel from affected geographic areas* in the last 14 days before symptom onset -or- radiographic findings compatible with a viral pneumonia and no alternative diagnosis
Part of a cluster of 2 or more cases of an acute respiratory illness within a 72-hour period	and	Congregate living setting with a large proportion of older adults and persons with comorbid medical conditions (e.g. skilled-nursing facility, senior assisted-living facility, homeless shelters)
<p>Affected Geographic Areas* with Widespread or Sustained Community Transmission: China, Iran, Italy, Japan, and South Korea. <i>Last updated March 11, 2020.</i></p> <p>CDC defines affected areas as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with <u>at least</u> a CDC Level 2 Travel Health Notice. See all COVID-19 Travel Health Notices.</p>		

Note: PHL aims to return results in ~2 business days after specimens are received; however, the turnaround time can be longer based on volume and capacity.

Suggested Criteria for Commercial Clinical Laboratory COVID-19 Testing

If the patient does not meet the PHL testing criteria, and commercial clinical laboratory testing is available, providers should consider testing patients with the following clinical features and epidemiologic risk:

Patients with fever and cough/shortness of breath not requiring hospitalization who have:

- History of travel from affected geographic areas (domestic or international) within 14 days of their symptom onset
- Other exposure risk as indicated by the patient's history and clinical judgement (and who do not have an alternative diagnosis (e.g., negative rapid influenza test)).

It is important to note that it can take several days to receive results from clinical laboratories. Therefore, patients who are being tested should be presumed to be infectious and given instructions for strict [home isolation](#) until they receive a negative test result.

Note: In the setting of limited community transmission, the pretest probability for COVID-19 in patients with a mild respiratory illness who do not have an identifiable exposure (e.g., travel) or risk factor (e.g., healthcare worker) is low and it is likely not beneficial to test those patients for COVID-19. These patients should be provided with routine [home care instructions](#) for mild viral upper respiratory tract infections.

Future situation: widespread community transmission is identified

These additional testing strategies will be recommended, by laboratory:

Testing through PHL:

- Persons associated with acute respiratory illness outbreaks in non-healthcare congregate settings (e.g, schools and dormitories)

Testing through clinical laboratories:

- older adults (age \geq 65 years)
- individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).

In the setting of widespread community transmission, it will not be necessary to test for COVID-19 in persons with mild respiratory illness who do not have risk factors for complications (i.e., older adults and persons with chronic medical conditions) if it will not

change clinical management. These patients should be provided with routine [home care instructions](#) for mild viral upper respiratory tract infections.

Updated Infection Prevention Guidance

On March 10, the CDC published revised guidance, [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#).

PPE

CDC guidance recommends the following changes in personal protective equipment (PPE) for healthcare workers caring for patients with suspected or confirmed COVID-19.

- Facemasks are an acceptable alternative to respirators in the setting of shortages of respirators.
- N95 respirators should be prioritized for procedures that are likely to generate a high concentration of respiratory aerosols (e.g., intubation, cardiopulmonary resuscitation).
- Eye protection is still recommended for use during patient care.
- Gowns and gloves are recommended for clinical care, but if gowns are in short supply, they should be prioritized for procedures that are likely to generate respiratory aerosols.

Note: Providers should be able to obtain an NP and OP swab specimen for COVID-19 diagnostic testing in an ambulatory setting. Providers should observe standard, contact, and droplet precautions. Do not send otherwise clinically stable patients to a hospital emergency department for the sole purpose of specimen collection.

Patient Isolation

- Patients with suspected or confirmed COVID-19 should be cared for in single rooms with the door closed.
- Airborne isolation rooms (AIIRs) should be reserved for patients undergoing procedures that are likely to generate respiratory aerosols.

Reporting

Los Angeles County DPH Acute Communicable Disease Control:

Positive COVID-19 lab results from clinical labs (not PHL) must be reported by healthcare providers within one day.

- Complete and fax a Medical Provider COVID-19 Report [form](#) to 888-397-3778 or 213-482-5508 or call 888-397-3993.
- For consultation call 213-240-7941.

Long Beach Health and Human Services:

- Weekdays 8am-5pm: call 562-570-4302.
- After hours: call the Duty Officer at 562-500-5537.

Pasadena Public Health Department:

- To report a case of COVID-19, fill out the [COVID-19 Report Form](#) here and fax to 626-744-6115, **and** call 626-744-6089 [Weekdays 8am-5pm (closed every other Friday) or after hours call 626-744-6043].

Additional Resources

- **LAC DPH coronavirus webpage for Health Professionals:**
<http://publichealth.lacounty.gov/acd/nCorona2019.htm>
- **LAC DPH coronavirus website**
<http://www.ph.lacounty.gov/media/Coronavirus/>
- **CDC coronavirus main website**
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>
CDC coronavirus travel health notices
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/>
- **California Department of Public Health:**
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- **World Health Organization:** <https://www.who.int/health-topics/coronavirus>

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