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PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Siiri Bennett, State Epidemiologist
Subject: Updated COVID-19 Testing Criteria
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Abstract:

On Wednesday, March 4, 2020, the U.S. Centers for Disease Control and Prevention (U.S. CDC) expanded the Coronavirus Disease 2019 (COVID-19) testing criteria to a wider group of symptomatic patients. A patient who is suspected of having COVID-19 must wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Health care personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (*e.g.*, goggles or a face shield). If providers suspect their patient of having COVID-19, they should immediately notify their health care facility's infection control personnel and Maine CDC at **1-800-821-5821**.

In the case of a patient suspected of having COVID-19, specimens must be sent to Maine Health and Environmental Testing Laboratory (HETL). **Health care providers should remind all patients being tested for COVID-19 to remain isolated until test results are back and are negative.**

Updated Coronavirus Disease 2019 (COVID-19) Testing Criteria

Summary

On Wednesday, March 4, 2020, the U.S. Centers for Disease Control and Prevention (U.S. CDC) expanded the Coronavirus Disease 2019 (COVID-19) testing criteria to a wider group of symptomatic patients. A patient who is suspected of having COVID-19 must wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room if available. Health care personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (*e.g.*, goggles or a face shield). If providers suspect their patient of having COVID-19, they should immediately notify their health care facility's infection control personnel and Maine CDC at **1-800-821-5821**.

In the case of a patient suspected of having COVID-19, specimens must be sent to Maine Health and Environmental Testing Laboratory (HETL). **Health care providers should remind all patients being tested for COVID-19 to remain isolated until test results are back and are negative.**

Recommendations

The new U.S. CDC criteria expands testing to a wider group of symptomatic patients. Clinicians should use their judgment to determine if a patient has signs and symptoms consistent with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be made in collaboration with Maine CDC and based on the local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever¹ and/or symptoms of acute respiratory illness (*e.g.*, cough, difficulty breathing). Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.

Epidemiologic factors that may help guide decisions on whether to test include: any persons, including health care workers², who have had close contact³ with a laboratory-confirmed⁴ COVID-19 patient within 14 days of symptom onset, or a history of travel from affected geographic areas⁵ within 14 days of symptom onset.

When a clinician suspects a patient of having COVID-19, the clinician should contact Maine CDC by calling **1-800-821-5821**. The decision to test should be made in collaboration with Maine CDC.

Recommendations for Reporting, Testing, and Specimen Collection

Health care providers should **immediately** notify both infection control personnel at their health care facility and Maine CDC if they suspect a patient of having COVID-19. Health care facilities will need to work with Maine CDC and ship specimens to Maine's Health and Environmental Testing Laboratory (HETL). Facilities will need to complete a HETL test requisition as well as the COVID19 Submission form (available at www.mainepublichealth.gov/lab under the Clinical Microbiology section).

Recommended specimens include:

- Nasopharyngeal (NP) swabs
 - If influenza or a respiratory viral panel is requested at HETL please collect two NP swabs.
- One throat (oropharyngeal) swab

All specimens must be labeled with the patient name. Specimens can be stored at 2-4° C for up to 72 hours after collection. Send specimens on ice packs.

There is no cost for COVID19 testing at HETL when approved by Maine CDC. There may be costs associated with collection and transport of samples that will not be covered by Maine CDC, and normal charges apply to the Respiratory Viral Panel when performed at HETL.

Recommendations for Infection Prevention and Control

Patients with suspect COVID19 must wear a surgical mask as soon as they are identified and be evaluated in a private room with the door closed, ideally an airborne infection isolation room (AIIR), if available. Health care personnel entering the room should use standard precautions, contact precautions, airborne precautions, and eye protection (*e.g.*, goggles or a face shield). Immediately notify your health care facility's infection control personnel and Maine CDC about the suspect case. For complete infection control guidelines, visit <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>.

If N95s are not available or staff have not been fit-tested to N95s or trained on Powered Air Purifying Respirators (PAPR), then a procedure mask should be used.

If all AIIRs are in use, then place patients in a private room, with contact and droplet precautions. Keep a mask on the patient as much as possible.

U.S. CDC is currently reviewing revised guidelines for health care providers on infection control recommendations, use of PPE and risk stratification. Providers are strongly encouraged to check the U.S. CDC COVID-19 website <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html> frequently for updated guidance.

Recommendations for Patients Returning from Travel

Providers may be asked by asymptomatic patients what they should do upon arrival from areas experiencing ongoing transmission of COVID-19. Providers are encouraged to remain up-to-date on the US CDC guidance regarding travel, which can be found at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>.

At this time, U.S.CDC guidance is that travelers returning from countries for which there is now a Level 3 travel advisory (China, South Korea, Italy and Iran) need to self-quarantine for 14 days from their return and monitor for symptoms. If symptoms become worse and they require medical attention, they should call their provider and state that they have recently returned from one of the countries where there is ongoing COVID-19 transmission before they arrive at their provider's office or emergency room.

For more information

- Maine CDC's COVID-19 website www.maine.gov/dhhs/coronavirus or by calling Maine CDC at **1-800-821-5821**.
- U.S. CDC's COVID-19 website <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

Maine CDC briefing for clinicians on Friday March 6 at 12.45pm.

Among other topics, this briefing will cover evaluation, diagnosis, management, and epidemiology of individuals who may have COVID-19. The briefing is intended for clinicians in Maine and will be presented by Maine CDC state epidemiologist Dr. Siiri Bennett. The briefing is not intended for members of the media. Access details are below.

Join Zoom Meeting

<https://zoom.us/j/730530146>

Meeting ID: 730 530 146

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Footnotes

¹Fever may be subjective or confirmed

²For 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 \(COVID-19\)](#).

³Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 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 or 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 Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings](#).

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](#).

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

⁵Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all [COVID-19 Travel Health Notices](#).