

THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

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NH-HAN 20200414



Coronavirus Disease 2019 (COVID-19) Outbreak, Update # 12 *Clarification of COVID-19 Testing and LTCF Guidance*

Key Points and Recommendations:

- As previously recommended, healthcare providers can and should test whomever they deem appropriate based on their clinical judgement taking into account a patient's signs/symptoms, vulnerability (e.g., comorbidities, advanced age), risk of having exposed others, ability to self-isolate, and potential need for hospitalization where a positive or negative test informs care.
- People in the following groups should be tested for COVID-19 if symptomatic (new additions in **bold**):
 - Healthcare workers and first responders
 - Family members of healthcare workers and first responders (because it impacts the ability for these individuals to return to work)
 - Any person residing in, or who has worked or visited, a long-term care facility (LTCF) or healthcare setting
 - Patients hospitalized with fever, respiratory illness, or flu-like symptoms
 - Patients who may have had close contact with a large number of people
 - **Residents or employees of jails or prisons**
 - **Essential workers who deliver, or directly support, home, community, or institutional care services**
 - **Patients 65 years of age and older**
 - **Patients with underlying chronic health conditions which puts them at increased risk of complications from COVID-19**
- Specimens can be sent to the NH Public Health Laboratories (PHL) for COVID-19 testing for any patient by filling out the appropriate [test requisition form](#).
- The State of NH and ConvenientMD have partnered to provide telehealth support and COVID-19 testing to NH residents who either do not have access to a primary care provider, or who may be appropriate for COVID-19 testing but are unable to access services through usual routes.
 - Patients without a primary care provider can access ConvenientMD through: <https://convenientmd.com/virtual-visit/> or by calling (833) 263-0131.
 - Patients who have a primary care provider should first discuss their health concerns with their provider by phone. If the provider decides testing is indicated, they should utilize normal local mechanisms to collect specimens. Collection of specimens (see below for options) can occur at the provider office or local healthcare facility that is willing and able to collect specimens and test based on referral from community providers.
 - If a provider elects to test a patient for COVID-19, but is unable to arrange for specimen collection, then the patient should be directed to access ConvenientMD as above. Be aware that testing by ConvenientMD requires that they reassess the patient, and it is possible that ConvenientMD will decline testing.

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- We continue to recommend (see [HAN Update #11](#) for more details) that people entering any healthcare facility should be masked with a washable, re-usable cloth face covering at a minimum (given PPE shortages) to help prevent and minimize pre-symptomatic transmission within facilities (i.e., source control). Cloth face coverings should not be used as PPE (i.e., to protect the wearer).
 - CDC has updated their [infection control guidance](#) to also recommend source control measures for anybody entering a healthcare facility with preference for a medical/surgical facemask for healthcare personnel over a cloth face covering.
 - See NH DPHS [mask guidance](#) clarifying when to use cloth face coverings vs. surgical facemasks at long-term care facilities (LTCFs) and assisted living facilities (ALFs).
 - Based on new [CMS guidance](#) (April 2nd), all patients being admitted to a LTCF should be tested for COVID-19, even if asymptomatic, because of the possibility of asymptomatic viral shedding. This policy is creating delays in discharge from acute care settings. To ease this:
 - The hospital should collect the specimen and submit for testing, but discharge from the hospital may occur before test results are received.
 - Whether COVID-19 test results are pending or negative, patients should still be subject to a 14-day quarantine at the LTCF per [CMS guidance](#) (March 13th). If possible, LTCFs should dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a quarantine unit where they remain for 14 days with no symptoms instead of integrating as usual. Alternatively, patients can be placed in a single room, restricted to their room, and wear a facemask during care activities for 14 days.
 - We continue to recommend that all hospitals implement local rapid molecular testing capacity for COVID-19 (e.g., Xpert® Xpress SARS-CoV-2 test and Abbott ID NOW COVID-19® test) to facilitate testing and discharge planning. We can also prioritize COVID-19 testing for hospitalized patients if you submit to the PHL and indicate the need for prioritization on the [test requisition form](#).
 - If a LTCF/ALF resident is diagnosed with COVID-19 and you suspect transmission may have occurred within your facility, then test all residents in that wing/unit *regardless of symptoms* to reduce pre-symptomatic transmission and to facilitate rapid cohorting of COVID-19 positive patients. Full PPE should be used for every resident until 14 days have passed from identification of the confirmed case as long as no other positive residents or staff are identified.
 - We will coordinate testing with your facility as a part of our case investigation. Please report cases immediately to NH DPHS.
 - Ensure screening for and testing of symptomatic staff at the facility. All staff should continue to follow the appropriate masking policy and frequent hand hygiene.
 - In partnership with the New Hampshire Health Care Association, we will continue weekly calls every **Wednesday** from **12:00 – 1:00pm** for LTCFs, ALFs, and other congregate settings with vulnerable patients (next call Wednesday April 15th):
 - Zoom link: <https://zoom.us/j/511075725>
 - Call-in phone number: (929) 205-6099
 - Meeting ID: 511 075 725

- We will continue to host weekly calls to answer healthcare provider and local partner questions about COVID-19. The next call will be held on **Thursday April 16th from 12:00 – 1:00 pm**, and calls will recur weekly. **Call-in information has changed:**
 - Zoom link: <https://zoom.us/j/94841259025>
 - Call-in phone number: (646) 558-8656
 - Meeting ID: 948 4125 9025
 - Password: 003270
- All COVID-19 cases must be reported to NH DPHS by filling out and faxing the [COVID-19 Case Report Form](#) to our confidential fax at 603-271-0545.
 - Please also use this form to report any confirmed COVID-19 cases who become hospitalized or who die in your facility even if they were previously diagnosed and reported.

Situational Update:

New Hampshire has confirmed 1,091 individuals with COVID-19, including 163 hospitalizations (15%), and 27 deaths (2%). All deaths were in individuals who were over the age of 60 and/or had chronic medical conditions which put them at increased risk of COVID-19 complications. Almost 60% of all deaths have been in patients associated with LTCF outbreaks. See our new weekly epidemiologic report: <https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid-weekly-report-04132020.pdf>.

Early data indicate that our social distancing and community mitigation measures are slowing the pandemic in NH and preventing surge on our healthcare system. Over the last week, the daily hospital census for confirmed COVID-19 cases has been stable at an average of ~70 cases per day. Additionally, based on total cumulative number of hospital admissions, doubling times for COVID-19 have recently been ~9 days (compared to 4-5 day doubling time earlier in the outbreak).

Specimen Collection and Laboratory Testing

See CDC guidance for specimen collection and laboratory testing for COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html>

For initial diagnostic testing for COVID-19, CDC recommends collecting and testing an upper respiratory specimen. Nasopharyngeal specimen is the preferred choice for COVID-19 testing. When collection of a nasopharyngeal (NP) swab is not possible, the following are acceptable alternatives:

- A nasal mid-turbinate swab collected by a healthcare professional or by onsite self-collection (using a flocked tapered swab)
- An anterior nares (nasal swab) specimen collected by a healthcare professional or by onsite self-collection (using a flocked or spun polyester swab)
- An oropharyngeal (OP) specimen collected by a healthcare professional

If a nasopharyngeal swab cannot be obtained, we recommend collecting bilateral nasal mid-turbinate swabs due to superior sensitivity compared with a bilateral anterior nares swab ([Tu YP, et al. MedRxiv; April 6, 2020](#)). Please see our prior [HAN Update #11](#) for further instructions on nasal mid-turbinate and anterior nares swab collection, including patient instructions for self-collection.

Nasopharyngeal (NP) swabs should be used for testing asymptomatic persons in a healthcare setting, including long term care facilities. At this time anterior nares and mid-turbinate specimen collection are only appropriate for symptomatic patients and **both nares should be swabbed**.

NH Public Health Laboratories (PHL) Information

The NH Public Health Laboratories (PHL) can supply nasopharyngeal swabs and oropharyngeal swabs for sample collection at a provider's location. Nasal mid-turbinate (NMT) swabs are not available from the NH PHL. The oropharyngeal swab is a flocked swab and can be used for the anterior nares specimen collection. The source of the specimen must be indicated on the PHL [test requisition form](#). If rapid turn-around-time on testing is needed, please check one of the boxes on the form indicating patient category (e.g., healthcare worker, inpatient, emergency responder, long-term care resident). If an essential worker is being tested who delivers, or supports delivery of, care services in the community or institutional setting, please check the "healthcare worker" option.

Once collected, swabs must be placed into 3mL viral or universal transport media, or in 3mL sterile saline. Assure caps are securely tightened to avoid leakage of the specimen, which will result in a canceled test. Swab collection devices, such as eSwabs, have not been validated by the NH PHL for COVID-19 testing and a disclaimer statement may appear on the final test report. Specimen collection kits are available by emailing phlclinicalkitorders@dhhs.nh.gov or by calling 603-271-4605.

The healthcare provider or submitter of the specimen will receive the patient's test result and should report the result to the patient. If another facility has an interest in the results (e.g., a hospital or LTCF where patient was/is admitted to), this information must be indicated on the test requisition as a secondary submitter. The NH PHL cannot release results directly to patients, employers, or to third party providers.

Additional Information

- NH DHHS COVID-19 website: <https://www.nh.gov/covid19/>
- CDC COVID-19 website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
 - CDC Information for Healthcare Professionals:
<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>
- World Health Organization COVID-19 website:
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

- For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:30 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, please send an email to DHHS.Health.Alert@dhhs.nh.gov.

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From: Benjamin P. Chan, MD, MPH, State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachments: none