

THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network
Health.Alert@nh.gov
March 6, 2020 Time 1300 (1:00 PM EDT)
NH-HAN 20200306



Coronavirus Disease 2019 (COVID-19) Outbreak Update # 6

Key Points and Recommendations:

1. Regarding asymptomatic travelers, the CDC is now advising that all travelers from countries with a [Level 3 Travel Health Notice](#) should be instructed to self-quarantine for 14 days from their last day in the country. Please review this [CDC website](#).
 - The NH Division of Public Health Services (DPHS) recommends that businesses and healthcare facilities ask their employees about travel to these countries and exclude identified employees from work for the recommended duration.
 - Household members of people who traveled to these countries, but who themselves did not travel, are not required to self-quarantine.
 - A self-quarantine guide can be found on the [NH DPHS website](#).
2. Symptomatic people should call their healthcare provider for a risk assessment. Please do not direct your symptomatic patients to call NH DPHS. Providers should use the updated testing algorithm below to guide testing decisions. If the provider establishes that testing is warranted for COVID-19, please contact NH DPHS at 603-271-4496 (after-hours 603-271-5300).
3. Patients who are afebrile with only mild upper respiratory tract illness (e.g., sore throat, rhinorrhea, sinus congestion) and no clear COVID-19 exposure risk likely do not require COVID-19 testing, and should avoid coming into the office if not in need of medical attention. They should be advised to stay home until afebrile for at least 24 hours and respiratory symptoms improve.
4. If testing is warranted, sample collection for COVID-19 testing should be performed with [recommended personal protective equipment \(PPE\)](#), including gloves, gown, respiratory protection (at least as protective as a fit-tested N95 respirator), and eye protection.
 - According to [CDC guidance](#), evaluation and specimen collection should be conducted in either an Airborne Infection Isolation Room (AIIR), OR an examination room with the door closed; this room should ideally not have exhaust that is recirculated within the building without HEPA filtration.
5. For providers and offices that are unable to safely test patients as described, they should work to identify local healthcare partners and facilities that are able and willing to conduct testing.
 - Do not send a patient to a facility without pre-arrangement
6. All acute care hospitals should develop plans and procedures to increase safe sample collection capacity for COVID-19. Ideally, sample collection will be conducted in such a way to not require patients to enter the facility. Models explored by other hospitals include developing outdoor sample collecting stations that allow patients to remain in their vehicles (i.e., drive-up service); healthcare providers collecting samples still need to use recommended PPE. For technical assistance to set this up, please contact NH DPHS at 603-271-4496.

7. NH DPHS is also developing a mobile team of healthcare volunteers who will collect samples around the State.
8. NH DPHS hosted an informational Webinar on Wednesday March 3rd which was recorded and can now be [viewed online](#).
9. We will be hosting weekly calls to answer healthcare provider and local partner questions about COVID-19. The first “chat” session will be held on **Thursday March 12th from 12:00 – 1:00 pm** (noon hour), and calls will recur weekly thereafter. Call-in information for the Q&A chat session is:
 - Dial In: (866) 304-8625
 - Conference Code: 592 175 1797

Situational Update:

See the CDC website for the most [updated case counts](#) in the U.S.

On March 2nd, NH DPHS announced identification of our first presumptive positive COVID-19 case in an adult from Grafton County who traveled recently to Italy and developed symptoms consistent with COVID-19 within several days of return to New Hampshire. This individual has now been confirmed at the CDC with COVID-19. On March 3rd, NH DPHS identified the second presumptive positive COVID-19 case in an adult who is a close contact of our first case. This second positive test is currently undergoing confirmation at the CDC. There may be additional positive tests discovered through our contact investigation; close contacts to cases have been under self-quarantine. The most updated testing numbers along with other information can be found on our [NH DPHS website](#).

Clinical Signs and Symptoms:

A majority of patients infected with COVID-19 will have more mild illness. One recent case-series of more than 72,000 patients in China reported that 81% had mild illness, 14% developed severe disease, and 5% were critical (*Wu Z and McGoogan J. JAMA. 2020 Feb 24*). Most patients reported in the literature with COVID-19 have a combination of fever and lower respiratory tract symptoms of cough and shortness of breath, although development of fever can be delayed for a number of days after initial onset of symptoms. Patients may also have symptoms such as myalgia and fatigue/malaise. Upper respiratory tract symptoms (e.g. pharyngitis, rhinorrhea, sinus congestion) are less common indicating a possible predilection of this virus for the lower respiratory tract. Gastrointestinal symptoms such as nausea, vomiting, and diarrhea are rare. In case reports, symptoms can worsen in the first week of illness and lead to potential need for hospitalization and even ICU level care in the second week of illness. Most notably on laboratory analysis is that a majority of patients with COVID-19 develop lymphopenia. Chest imaging most often shows bilateral, subpleural, diffuse, ground-glass opacities on CT scan.

Laboratory Testing for COVID-19

For guidance on collecting, handling, and testing clinical specimens from patients for COVID-19, please review the CDC guidance:

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

To test for COVID-19 at the NH Public Health Laboratories (PHL), the provider must first discuss the patient with the NH DPHS Bureau of Infectious Disease Control at 603-271-4496 (after-hours 603-271-5300). The following NH PHL Test Requisition needs to be completed and submitted with specimens: <https://www.dhhs.nh.gov/dphs/lab/documents/labrequisition.pdf>.

Commercial laboratories should be bringing on COVID-19 testing to provide increased testing capacity. **Any COVID-19 positive test at a hospital or commercial laboratory needs to be reported to NH DPHS at 603-271-4496 (after hours 603-271-5300).**

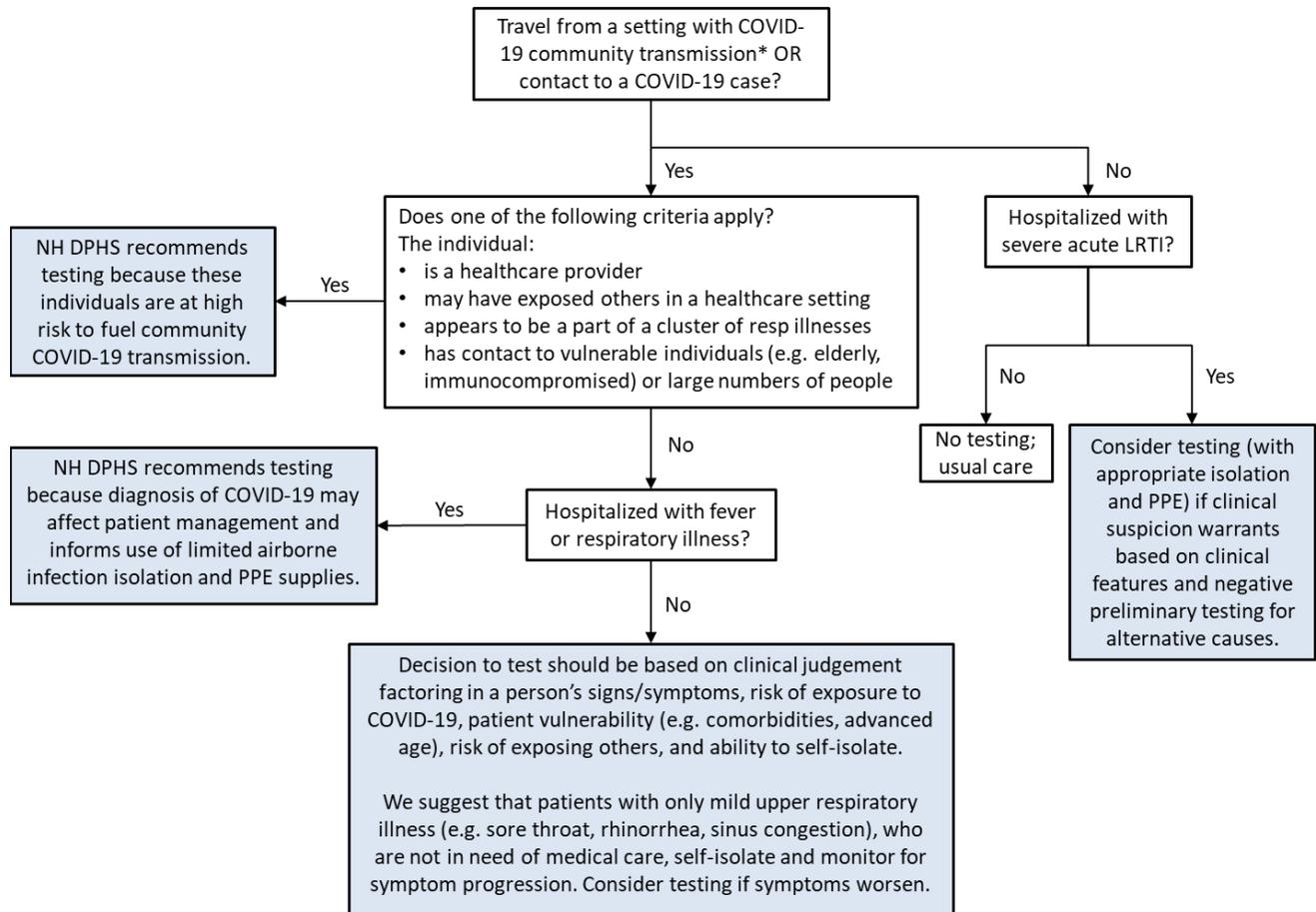
CDC recommends collecting and testing upper respiratory (nasopharyngeal AND oropharyngeal swabs), and lower respiratory (sputum, if possible) for those patients with productive coughs. Induction of sputum is not recommended. Specimens should be collected as soon as possible once a person under investigation is identified, regardless of the time of symptom onset. Maintain [proper infection control](#) when collecting specimens.

For collection of oropharyngeal (OP) and nasopharyngeal (NP) swabs, use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, because they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing 2-3 ml of viral transport media. NP and OP specimens should be kept in separate vials and clearly labeled. Refrigerate specimen at 2-8°C prior to transport to the NH PHL for testing.

Additional Information

- NH DHHS COVID-19 website: <https://www.dhhs.nh.gov/dphs/cdcs/2019-ncov.htm>
- 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>

FIGURE: NH DPHS Recommendations for Testing for COVID-19 in Patients Presenting with Fever or Respiratory Illness



* To help identify settings with local or community transmission of COVID-19, case counts by country can be viewed on the World Health Organization (WHO) [Situation Dashboard](#), and in their [Situation Reports](#) (see Table 2). CDC [Travel Health Notices](#) also indicate countries with the highest level of community transmission.

Abbreviations:

COVID-19: Coronavirus Disease 2019; **DPHS:** Division of Public Health Services; **LRTI:** lower respiratory tract illness; **NH:** New Hampshire; **PPE:** personal protective equipment.

- 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, contact Adnela Alic at (603) 271-7499 or email Adnela.Alic@dhhs.nh.gov.

Status: Actual
Message Type: Update
Severity: Moderate
Sensitivity: Not Sensitive
Message Identifier: NH-HAN 20200306 COVID-19, Update #6
Delivery Time: 12 hours
Acknowledgement: No
Distribution: Email, Fax
Method:
Distributed to: Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospitals, Hospital CEOs, Hospital Emergency Departments, EMS, Nurses, NHHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Networks, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management Team, Northeast State Epidemiologists, Zoonotic Alert Team, Health Officers, Deputy Health Officers, MRC, NH Schools, EWIDS, Dialysis & Transplant Clinics, STD Clinics, Immunization Practices, Travel Centers, Influenza Sentinels, Urgent Care Centers, Ambulatory Surgical Centers, Walk-in Clinics, Poison Center, Alcohol and Other Drug Treatment Centers, Long-Term Care Facilities, Community Mental Health Centers, Health Departments, Internal Medicine, Occupational Health, Gastroenterology, Schools and Daycare Providers, Regional Public Health Networks, Environmental Services, Family Planning Programs, Department of Corrections, Home Care Providers, Local and State Partners, Area Agencies
From: Benjamin P. Chan, MD, MPH, State Epidemiologist
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachments: None