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Coronavirus Disease 2019 (COVID-19) Outbreak Update # 7

Key Points and Recommendations:

1. New Hampshire Division of Public Health Services (DPHS) has announced a 6th COVID-19 case in a traveler from Europe. This person was rapidly identified and samples were collected with appropriate personal protective equipment (PPE) so community exposures are minimal.
2. The federal government is restricting travel from Europe. All travelers from Europe now need to self-quarantine for 14 days from the last day of their travel.
3. Testing capacity is increasing at our NH Public Health Laboratories (PHL). Commercial laboratories (e.g., Quest, LabCorp) are also now testing for COVID-19, but do not collect patient samples. Some hospital laboratories are also developing local capacity to test.
4. DPHS has developed clinical testing guidance for providers who are seeing symptomatic patients. Please review the figure below, which prioritizes testing for persons who are at highest risk of fueling community transmission.
 - If you are called by a symptomatic person, please evaluate this person and determine if testing is indicated.
 - **Please do not direct your patients to call NH DPHS for clinical evaluation.**
 - **Please do not send non-urgent patients to an emergency room for evaluation or sample collection.**
 - If your evaluation determines that COVID-19 testing is indicated, please call NH DPHS at 603-271-4496 (after-hours 603-271-5300) for testing facilitation.
5. Collect the sample for testing with [recommended personal protective equipment \(PPE\)](#), which has been updated by the CDC.
 - For routine outpatient evaluation and sample collection for COVID-19 testing (e.g. NP and OP swab acquisition), including in emergency departments, we recommend **surgical face masks** for healthcare provider protection in addition to other recommended PPE. Based on our discussions with the CDC, there is no current laboratory or epidemiologic evidence that the novel coronavirus is routinely transmitted through aerosols. For patients hospitalized with COVID-19 we recommend continued N95 or higher-level respirator protection because of the frequency and intensity of healthcare contact and potential need for aerosol generating procedures.
 - For aerosol-generating procedures (e.g., sputum induction, nebulizer use, intubation), use an N95 or higher-level respirator.
 - For management of persons under evaluation for COVID-19, providers should continue to use gown, gloves, and eye protection.

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- Suspect patients should be placed in a single room with the door closed. Airborne Infection Isolation Rooms (AIIR) should be used for patients undergoing aerosol-generating procedures.
6. All acute care hospitals should develop plans and procedures to facilitate triage, isolation, and testing of patients with suspect COVID-19.
- Triage: Patients with fever or respiratory illness have been advised to call ahead before coming into any healthcare facility. Therefore, every facility should establish a process for triaging such calls. Do not direct your patients to call NH DPHS for clinical evaluation.
 - Patient Arrival: Ask every patient presenting with fever or respiratory illness about risk factors for COVID-19, including any travel, or contact with a person with COVID-19. Immediately provide and instruct the patient to place a surgical mask over their mouth and nose, and bring them to room with the door closed.
 - Avoid having symptomatic patients expose other patients in the waiting room. Consider dedicated entrances and exits, or texting a patient waiting in their car when you are ready to safely receive them.
 - Sample Collection: Hospitals should develop areas for sample collection on patients for whom a provider has determined a need for testing, which do not require patients to enter the facility or emergency department. This could include developing outdoor sample collecting stations. Healthcare providers collecting samples should use recommended PPE as above.
7. Guidance has been developed for facilities caring for patients at high risk of complications from COVID-19: <https://www.nh.gov/covid19/residents/documents/covid-19-ltcguidance.pdf>.
8. We will be hosting weekly calls to answer healthcare provider and local partner questions about COVID-19. The next discussion will be held on **Thursday March 19th from 12:00 – 1:00 pm** (noon hour), and calls will recur weekly. Call-in information for the Q&A session is:
- Dial-in: (833) 709-6685
(Note: This is an operator assisted call; no conference code needed)

Situational Update:

New Hampshire has identified 6 individuals with COVID-19; three have reported travel to Europe, and three are identified close contacts of person's with COVID-19. To date our NH PHL has tested over 100 individuals, and more sustained community transmission has not been identified. The most updated testing numbers along with other information can be found on our [NH DPHS website](#).

Protecting Vulnerable Populations:

Emerging data from China show that people with medical conditions and those older than 60 years are at increased risk of serious health complications and even dying if they become ill with COVID-19. A published report of more than 72,000 COVID-19 cases in China (<https://jamanetwork.com/journals/jama/fullarticle/2762130>) found that 8% of patients aged 70-79 years, and 15% of patients aged 80 years or older died from infection.

Travel:

Everyone planning travel should monitor the [CDC's Travel Health Notices](#) and avoid travel to any country with a level 3 travel notice, which currently includes China, South Korea, Iran, and most European countries. Because of travel restrictions being put in place by other countries, anybody who does travel internationally risks difficulty returning and could potentially face quarantine in another country and quarantine upon returning to New Hampshire based on progression of the global COVID-19 outbreak.

Because COVID-19 has become widespread in many countries around the world, and even in parts of the United States, older adults or those with chronic medical conditions should talk with their healthcare providers before travel and avoid any domestic or international travel, which is consistent with guidance from the CDC which has issued a global Level 2 Travel Health Notice. Other individuals, schools, and business should also consider postponing non-essential domestic or international travel, and review the newly released guidance for those considering travel in the United States: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>.

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 report the patient to 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 also now have the capacity to test for COVID-19. **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).**

Previously the CDC recommended collecting both a nasopharyngeal (NP) and oropharyngeal (OP) sample, and combining both specimens in a single vial of viral transport medium for testing. Going forward, **the CDC is now recommending collecting only the NP swab**. Lower respiratory tract specimens (e.g. sputum) should only be collected 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.

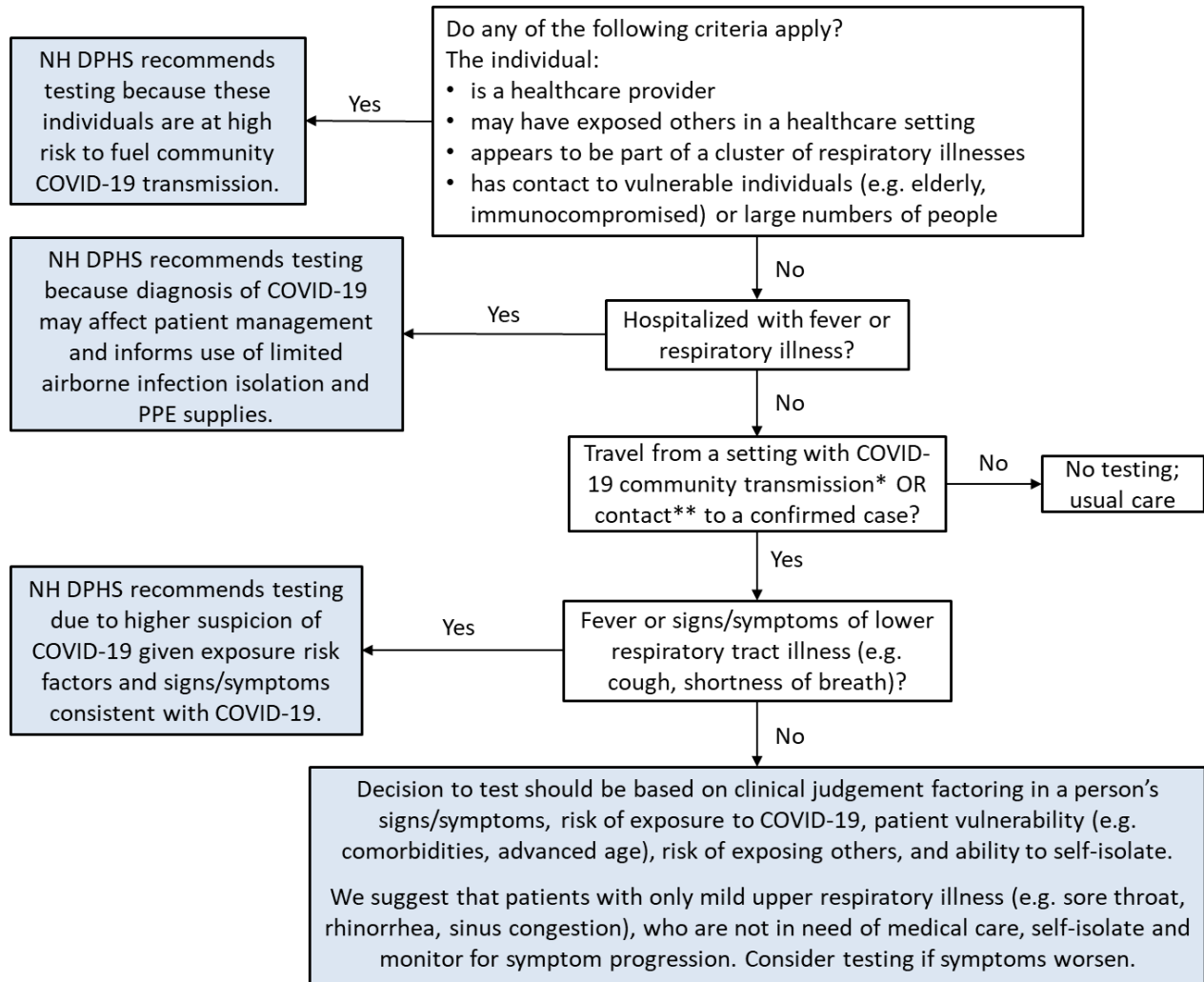
For collection of nasopharyngeal (NP) swabs, use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, because they may contain substances that inactivate some viruses and inhibit PCR testing. Place swabs immediately into sterile tubes containing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

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>

FIGURE: Updated NH DPHS Recommendations for Testing for COVID-19 in Patients Presenting with Fever or Respiratory Illness With or Without Identified Risk Factors



* 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.

** Contact is defined as exposure within 6 feet of or direct physical contact to a person with confirmed COVID-19.

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.

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Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

Attachments: None