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Coronavirus Disease 2019 (COVID-19) Outbreak, Update # 9 *Updated Guidance on Clinician Testing*

Key Points and Recommendations:

- New Hampshire Division of Public Health Services (DPHS) has identified 39 total cases of COVID-19 in New Hampshire, including in the counties of Rockingham (17), Hillsborough (8), Grafton (7), Carroll (4), Belknap (2), and Merrimack (1). Several individuals who tested positive in multiple areas of the State have no identified risk factors for COVID-19 indicating community-based transmission.
- This prompts an important change as you take calls from patients who are concerned that they might have COVID-19. Most people with mild symptoms of COVID-19 can be managed at home without testing, much as providers can empirically manage patients who might have flu. We advise against testing everybody with mild fever or respiratory symptoms because:
 - Presenting for testing potentially exposes the public, healthcare workers, and vulnerable persons to COVID-19.
 - We must preserve our limited personal protective equipment (PPE) and specimen collection supplies for our healthcare system to be able to care for patients who will develop severe COVID-19 illness over the coming months of this pandemic.
 - Confirming infection for every person does not change how most people's illness is managed.
- Any person with COVID-19 compatible symptoms who is not tested and can be managed at home (i.e., does not require hospitalization) should be instructed to self-isolate until:
 - At least 7 days have passed *since symptoms first appeared*,
 - AND**
 - At least 72 hours (3 days) have passed *since recovery* – which is defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms.
- We have updated our guidance (**Figure** below) for which symptomatic persons should be prioritized for COVID-19 testing.
- Asymptomatic persons should not be tested for COVID-19, regardless of exposure, because it depletes PPE and testing resources and does not change the need for an exposed person to self-quarantine.
- All asymptomatic close contacts of a person with COVID-19 or persons who are being presumptively managed as COVID-19 (without testing) should stay home (self-quarantine) for 14 days from the last day of exposure.
- Although international travel is no longer the only risk factor for COVID-19, persons who have traveled from [countries with widespread sustained transmission](#) must also stay home (self-quarantine) for 14 days from the last day of travel.

- We will continue to host 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: **(833) 709-6685**; this is an operator assisted call so no conference code is needed.

Situational Update:

New Hampshire has confirmed 39 individuals with COVID-19 in the counties of Rockingham (17), Hillsborough (8), Grafton (7), Carroll (4), Belknap (2), and Merrimack (1). Individuals from multiple areas of the State (Rockingham, Grafton, Carroll and Merrimack counties) have tested positive without identified risk factors, indicating community-based transmission of COVID-19. Two people are hospitalized, and the remaining are isolating at home. The most updated testing numbers can be found on our [NH DPHS website](#).

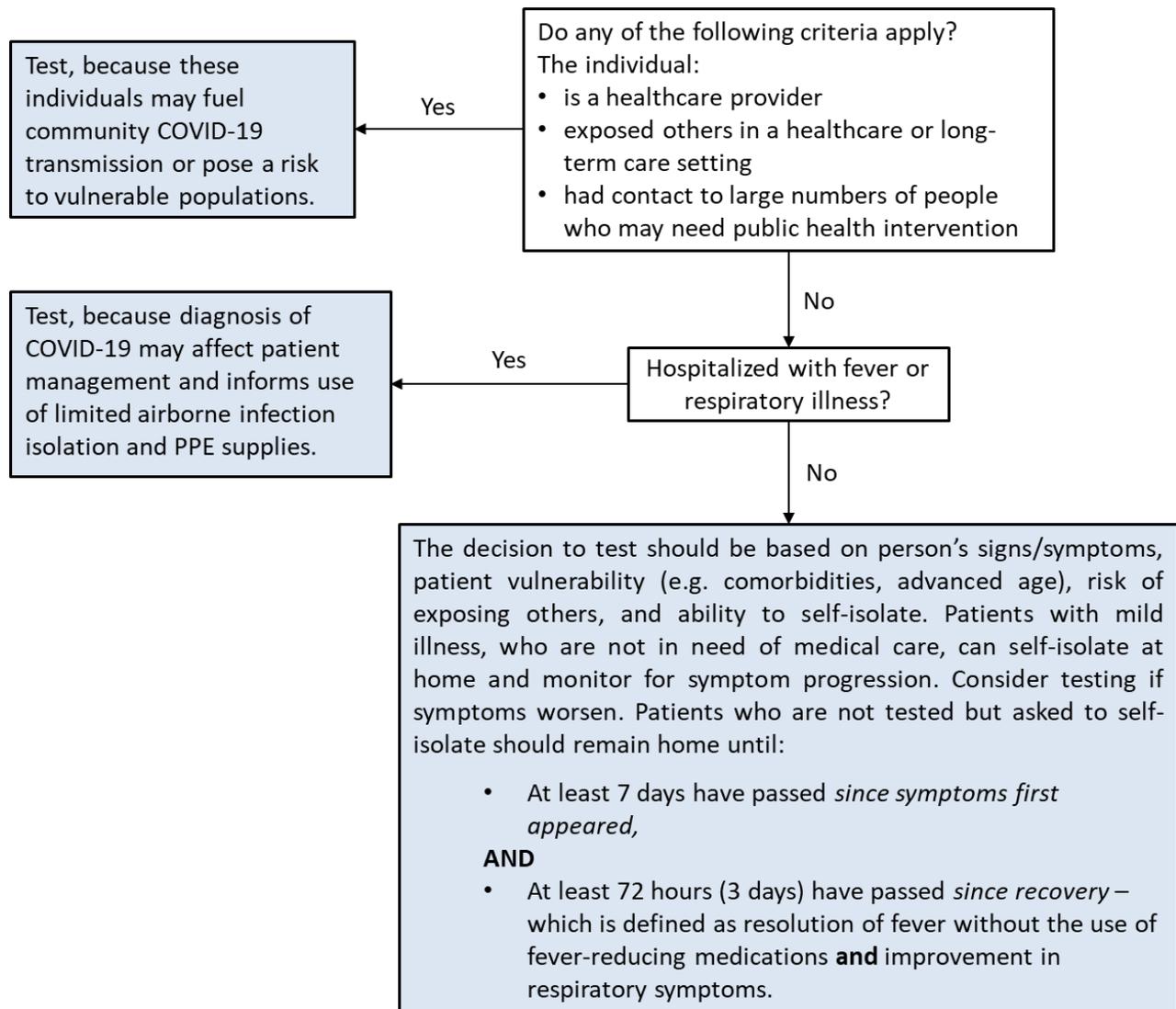
Providers should evaluate their symptomatic patients (ideally by phone) to determine if testing is indicated for COVID-19 based on the guidance below (**Figure**). Providers should use appropriate PPE when collecting patient specimens for COVID-19 testing (see [HAN Update #7](#) for NH DPHS PPE recommendations). Testing capacity, however, is becoming limited because of a significant shortages in supplies needed during the testing process; this includes shortages in PPE, nasopharyngeal (NP) swabs, specimen transport media, and extraction kits used to prepare specimens in the laboratory before testing. Therefore, testing needs to be prioritized. Most people with mild symptoms of COVID-19 can be easily managed at home *without* testing, as outlined above in the “Key Points and Recommendations” section.

Please see our prior COVID-19 [HAN Update #8](#) for details and instructions on how/where to test for COVID-19 and how to report positive cases to NH DPHS.

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: NH DPHS Recommendations for Testing for COVID-19 in **Symptomatic** Patients Presenting with Fever or Respiratory Illness Regardless of Risk Factors.



Abbreviations:

COVID-19: Coronavirus Disease 2019; **DPHS:** Division of Public Health Services; **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
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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