

FOR IMMEDIATE RELEASE 3/2/2020

TO: Grant County healthcare providers, infection control staff, supervisory nursing staff, clinic management, urgent cares, and school nurses.

Grant County Emergency Management

FOR INFORMATION CONTACT

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Situation Update on Coronavirus (2019-nCoV)**Update and resources for your review**

There are currently two Persons Under Investigation (PUI) for COVID-19 from Grant County. The specimen for the initial PUI arrived at the public health lab in Shoreline, WA Monday, March 2, with test results expected within 3-5 days. Testing for the second PUI is in progress as well. This, along with the recent increase in confirmed COVID-19 cases on the west side of the state, without clear connections to travel, raises significantly the possibility of local presence of COVID-19.

Grant County Health Officer, Dr. Alexander Brzezny, recommends at this time that healthcare personnel examining and treating patients with respiratory symptoms implement disease control measures including use of N-95 masks and social distancing (>6 ft); if collecting a specimen for COVID-19 testing becomes necessary, personnel should use full PPE including N-95 mask, gown, face shield and gloves. Additional guidance is included below.

Accordingly, the Centers for Disease Control & Prevention (CDC) revised its [clinical and epidemiological criteria for evaluating patients for suspected COVID-19](#) and subsequent testing. **Currently, those revisions include expanding PUI criteria to persons who traveled to areas with COVID-19 presence. In addition, HOSPITALIZED individuals with severe acute lower respiratory illness without explanation and a without a source of COVID-19 exposure also fulfill PUI criteria. This recommendation may change in the future.**

On February 28, the Washington State Public Health Laboratory (PHL) began testing for COVID-19 six days per week, reducing decreasing wait times for test results. However, still only a limited testing capacity exists and there is no testing capacity in Grant or neighboring counties of this date. Testing at the PHL must be arranged by GCHD. See the following page for guidance.

NEW: On March 2, the University of Washington Virology lab announced they would start accepting and testing COVID-19 specimens. Healthcare providers requesting testing via UW should contact the lab directly. Visit the following links for more information on COVID-19 testing at UW:

<https://testguide.labmed.uw.edu/public/view/NCVQLT>

<https://www.medialab.com/dv/dl.aspx?d=888843&dh=b0bc7&u=110081&uh=a6e1e>

The guidance below is for testing at the PHL. Because of limited resources, **AT THIS TIME** testing at the PHL is restricted to those meeting case definition (PUI) criteria at this time. For now, public health will not authorize testing for asymptomatic individuals or testing outside of PUI definition.

COVID-19 TESTING GUIDANCE

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including healthcare workers ² , who has had close contact ³ with a laboratory-confirmed ⁴ COVID-19 patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	A history of travel from affected geographic areas ⁵ (see below) within 14 days of symptom onset
Fever ¹ with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza) ⁶	AND	No source of exposure has been identified

Footnotes:

- 1) Fever may be subjective or confirmed
- 2) For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation
- 3) Close contact is defined as—
 - a) being within approximately six feet of a COVID-19 case for a prolonged period; or
 - b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)
- 4) Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.
- 5) Affected 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](#).
- 6) Category includes single or clusters of patients with severe acute lower respiratory illness (e.g., pneumonia, ARDS) of unknown etiology in which COVID-19 is being considered.

(additional guidance continued next page)

When to suspect COVID-19:

- COVID-19 should be suspected in patients who present with:
 - fever **AND** symptoms of lower respiratory illness (e.g., cough, difficulty breathing) requiring hospitalization **AND** in the 14 days before symptom onset:
 - have a history of travel from [affected geographic areas with widespread or sustained community transmission](#) --OR--
 - without alternative explanatory diagnosis (i.e., influenza). *Decisions on testing these patients will be made on a case by case basis and will be prioritized for people with negative respiratory pathogen panels.*
 - fever **OR** symptoms of lower respiratory illness (e.g., cough, difficulty breathing) **AND** in the 14 days before symptom onset had close contact with an ill lab-confirmed COVID-19 patient.
 - When assessing hospitalized individuals with severe acute lower respiratory illness without an obvious diagnosis.
 - Considering situation in Washington State, COVID-19 should also be suspected in individuals with unexplained respiratory illness (many of those individuals may have SARS-CoV-2 but will not require testing or progress to a critical illness).

If CDC criteria for COVID-19 testing are met:

- **Ask patients with suspected COVID-19 infection to wear a surgical mask as soon as they are identified and evaluate them in a private room with the door closed, ideally an airborne infection isolation room if available.**
 - **All healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions, and use eye protection (e.g., gown, gloves, N95 mask or PAPR, and face shield or goggles).**
 - **Immediately notify both infection control personnel at your healthcare facility and Grant County Health District in the event of a suspected case of COVID-19.**
 - Collect an upper respiratory specimen (NP or OP swab) and store in viral transport medium. Specimens should be refrigerated and shipped cold (2-8C; not frozen). For tests to be submitted to the Washington State Public Health Lab, GCHD will provide guidance and facilitation regarding specimen collection, storage, and shipping.
 - If available, concurrent local commercial testing of a second upper respiratory specimen should occur with a respiratory pathogen panel to rule out other infectious causes, including but not limited to influenza.
 - Outpatient settings should prioritize avoiding risk to healthcare workers over collecting specimens in unsanitary and not recommended fashion.
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Additional Guidance

Washington State Department of Health and CDC have compiled additional guidance for healthcare providers, which is available on their website (this is a rapidly evolving situation and you should continue to check for updates to these documents):

<https://www.doh.wa.gov/Emergencies/Coronavirus/Resources>

- [Novel Coronavirus Fact Sheet for Patients](#)
- [Healthcare Infection Prevention Guidance for COVID-19](#)
- [Healthcare Professional Preparedness Checklist for Transport and Arrival of Patients Potentially Infected with COVID-19](#)
- [Hospital Preparedness Checklist for Suspected or Confirmed COVID-19 Patients](#)
- [COVID-19 Specimen Collection and Submission Instructions](#)
- [Lab Biosafety Guidelines](#)

Additional Resources

- [COVID-19 Global Cases, GIS Mapping, Johns Hopkins Center for Systems Science and Engineering](#)
- Information for Healthcare Professionals: <https://www.cdc.gov/coronavirus/COVID-19/guidance-hcp.html>
- Interim Guidance for Preventing Transmission in Homes and Communities: <https://www.cdc.gov/coronavirus/COVID-19/guidance-prevent-spread.html>
- Guidance for Travelers: <https://wwwnc.cdc.gov/travel/notices/watch/novel-coronavirus-china>

Upcoming Healthcare Provider Conference Calls

Coronavirus updates with Health Officer

Mon, Mar 9, 2020 8:30 AM - 10:00 AM (PDT) Join o hear the latest updates on COVID-19, and have the opportunity to ask questions with Grant County Health Officer, Dr. Alexander Brzezny via “GoToMeeting”:

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/629045013>

You can also dial in using your phone.

United States: [+1 \(571\) 317-3112](tel:+15713173112)

Access Code: 629-045-013

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

<https://global.gotomeeting.com/install/629045013>

CDC Clinician Outreach and Communication Activity: Coronavirus Disease 2019 (COVID-19)

Update—What Clinicians Need to Know to Prepare for COVID-19 in the United States

When: Thursday March 5 11 am to 12 pm Pacific

What: During this COCA Call, clinicians will learn what they can do to prepare for COVID-19 including identifying persons under investigation, applying infection prevention and control measures, assessing risks for exposures, optimizing the use of personal protective equipment supplies, and managing and caring for patients (inpatient and at home).

Where: Please click the link to join: <https://zoom.us/j/695903771> Or Telephone: US: +1 646 876 9923 or +1 669 900 6833

Webinar ID: 695 903 771

Archive: If you are unable to attend this live COCA Call, it will be available to view on-demand a few hours after the call.