DEPARTMENT OF HEALTH

Health Advisory: Expanded SARS-CoV-2 Testing

Minnesota Department of Health, Thu, Apr 23 9:00 CDT 2020

Action Steps

Local and tribal health department: Please forward to hospitals, clinics, urgent care centers, emergency departments, and convenience clinics in your jurisdiction.

Hospitals, clinics and other facilities: Please forward to infection preventionists, infectious disease physicians, emergency department staff, hospitalists, primary care clinicians, and all other health care providers who might see patients with acute respiratory symptoms.

Health care providers:

- Expand PCR testing to symptomatic patients and others as listed below in Patient PCR Testing Priorities.
- Review COVID-19 PCR testing procedures at your facility
- Counsel symptomatic patients awaiting testing or results to self-isolate at home.
- Send specimens to MDH Public Health Laboratory (PHL) only if they meet MDH PHL testing priorities below.

Background

Healthcare organizations and hospitals have agreed to a statewide PCR testing strategy that aims to test all symptomatic Minnesotans and broaden testing for vulnerable populations and health care workers.

Facilities should continue to test in-house whenever resources allow, and use their own reference laboratories for overflow testing. Mayo Clinic and the University of Minnesota have added capacity to assist with increased testing. The MDH Public Health Laboratory continues to test specimens, but only according to the priorities listed below.

Patient PCR Testing Priorities

- Symptomatic patients (hospitalized patients, healthcare workers, patients and staff in congregate care settings, dialysis and other patients including outpatients)
- Persons in a setting where an outbreak is occurring (as recommended by MDH)
- Priorities as defined by facilities (e.g., patients who are those being transferred to other facilities or congregate settings, patients being admitted in labor and certain pre-operative patients)

Patients Awaiting PCR Testing or Results

Patients with undiagnosed fever and/or acute respiratory symptoms (cough, shortness of breath) who are awaiting testing or results should:

- Self-isolate for 7 days after illness onset and 72 hours after resolution of fever without taking fever-reducing medications, and improvement of respiratory symptoms, whichever is longer.
- Isolate themselves from household and intimate contacts as much as possible.

Household and intimate contacts of these individuals should limit their activities in public for 14 days after incorporating precautions in the home, and monitor for symptoms.

MDH Public Health Laboratory (PHL)

Testing Priorities

Only send specimens to the PHL for:

- Symptomatic residents and staff in congregate living settings (long term care facilities, prisons/jails, shelters for people experiencing homelessness, etc.)
- Symptomatic dialysis patients and staff
- Symptomatic patients that cannot be tested at an in-house lab, commercial lab, or through negotiated access to the University of Minnesota or Mayo Clinic labs

Specimen Requirements:

- Only one specimen per patient will be tested. If more than one sample is received, the most preferable specimen will be tested. All specimens submitted to MDH must come in an approved liquid transport media (criteria below). Dry swabs are not acceptable and will be rejected for testing. Preferred specimen types, IN THIS ORDER:
 - 1. NP swab.
 - 2. OP swab.
 - 3. Nasal swab: Mid-turbinate specimen using a flocked tapered swab, OR Anterior nares using a round foam swab (collected by a healthcare professional or by onsite self-collection.
 - 4. Nasopharyngeal (NP) **AND** oropharyngeal swab (OP). Put both swabs in the same container.
 - 5. Sputum for those patients with productive coughs. Do not induce sputum. Sputum should be collected into a dry, sterile container. Do not add viral transport media.
- Approved transport media: Although VTM/UTM is still preferred, additional media types have been deemed acceptable by FDA: 1) Liquid Amies-based transport media is acceptable; 2) Sterile saline is acceptable (use 1.5 mL minimum); 3) Hanks buffer (use 1.5 mL minimum)
- Additional swab types have been deemed acceptable by FDA: 1) E-swab by Copan; 2) Opti-Swab by Puritan; 3) For additional swab types approved by FDA: <u>FAQs on Diagnostic Testing</u> <u>for SARS-CoV-2</u>

Forms

A <u>Clinical Testing & Submission Form</u> and a COVID-19 Patient Testing Form (<u>MDH COVID Patient</u> <u>Testing Forms</u>) must be completed for each specimen submitted to the PHL; note COVID-19 can be selected in the Virology section.

Results

Positive results from MDH will be communicated immediately to the provider. Negative and positive results will be faxed immediately to the submitting laboratory; please do not call us for the results. Results may not be available for up to 3 days. Please inform your patient of the result and do not have them call us for results.

OTHER LABORATORIES

Check with your administration to determine the priorities, processes, and procedures for using your in-house laboratory, or commercial laboratories (including University of Minnesota and Mayo Clinic labs).

For More Information

More information is available at the <u>CDC's Coronavirus Disease 2019 webpage</u> or by calling MDH at 651-201-5414.

A copy of this HAN is available at: MDH Health Alert Network

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.