To: **CAHAN San Diego Participants**
Date: **March 26, 2020**
From: **Epidemiology and Immunizations Services Branch, Public Health Services**

Health Advisory Update #7: Coronavirus Disease 2019 (COVID-19)

San Diego County has 297 cases of 2019 Novel Coronavirus (COVID-19) reported. There has been a rapid increase in recent daily reports of COVID-19 cases and community transmission is becoming more widespread. At this point, the County Epidemiology Unit will primarily conduct investigations of cases identified in hospitalized patients, health care workers, first responders, and residents of congregate living facilities. Providers should inform their patients of test results and give them education on disease prevention and monitoring for worsening disease (see below for more details).
Case numbers are updated daily on our website here.

Key Recommendations for Providers

- COVID-19 testing should be performed for persons who have significant respiratory illness requiring hospitalization or belong to other populations prioritized for testing (see below).
- Patients who have mild illness and do not belong to a priority population do NOT need to be tested; do not test asymptomatic exposed individuals (test is not approved for that).
- The San Diego County Public Health Laboratory (SDCPHL) can assist with testing priority populations. Due to the longer turnaround time of commercial labs, SDCPHL is willing to accept specimens from hospitalized patients that would normally be sent to commercial labs, especially if the patient is seriously ill and/or being considered for a COVID-19 drug trial.
- Quest and LabCorp are consistently reporting laboratory positive results to the County Epidemiology Unit. Providers do not need to report confirmed cases tested through these laboratories unless they belong to the priority populations below.
- Providers who provide direct patient care should monitor themselves daily for fever or respiratory symptoms; they should immediately stop working if symptoms develop and seek testing.
- All COVID-19 related deaths should be reported immediately to the County Epidemiology Unit.
- Flowcharts are attached to assist with testing guidelines: ED and Outpatient.

Priority Populations for COVID-19 Testing

- Testing should be considered for any person with a fever and cough who belong to any of the following populations:
    - Evidence of lower respiratory disease without alternative diagnosis, especially if hospitalized
    - Any resident of a senior living facility, including skilled nursing facilities or assisted living facilities
    - Persons who care for the elderly
    - Persons living in congregate settings (homeless shelters, etc.)
    - Health care workers, first responders, and other emergency workers

Cases of COVID-19 illness have been reported in San Diego County healthcare workers. Most had a history of travel or close contact with a COVID-19 case in a household. Any provider who develops fever and cough should immediately stop working and should consider being tested for confirmed COVID-19 cases. Providers who are concerned that they may have COVID-19 due to symptoms or suspected exposure to COVID-19 are encouraged to talk with their occupational health provider or the County Epidemiology (see phone numbers at bottom) to discuss potential COVID-19 testing.

Close contacts of confirmed COVID-19 cases who develop symptoms are likely to be positive for COVID-19 as well. Testing is not required if the patient is not severely ill, not in a priority population, or not at high risk for complications. Symptomatic contacts should be instructed to isolate as if a confirmed case (see below). Providers can use their discretion in testing other individuals and may consider testing people in groups at high risk for complications, such as older adults or individuals who are immunocompromised or have chronic diseases.

Education for Patients with Fever and Cough Who Do Not Belong to a Priority Testing Population

Patients with fever and cough who have mild disease, are not in a priority group, or are not at high risk for complications do not need COVID-19 testing until testing is much more widely available than it is at present. Testing mildly ill ambulatory patients usually does not change management, but it depletes scarce personal protective equipment (PPE) supplies and testing resources, as well as unnecessarily exposes other patients and healthcare personnel to infection. Mild cases should be instructed to isolate at home as if a confirmed case (see below) and to seek healthcare evaluation if they develop difficulty breathing or other symptoms of severe disease.

Education for Patients with Confirmed COVID-19 (or suspected but not tested as per above)

Providers should inform outpatients who test positive of their results, provide this patient handout with home isolation instructions and guidance for caretakers and close contacts, and the following messages. Of note, these messages can also be provided to mildly ill patients not being testing as per above.

- **Duration of isolation:** Self-isolate for at least 7 days after illness onset; must have no fever (without use of antipyretics) for at least 72 hours **AND** have symptom improvement to be released from isolation. Clearance testing is no longer recommended. Instruct patient to not leave the house during this time, except for urgently needed medical care (call ahead to alert facility of COVID+ status); have friends or family members run errands as needed. *Those who cannot be isolated at home may be eligible for temporary lodging - staff should call 858-715-2350 from 7am to 7pm.*
- **Prevent transmission in the household**: Separate from family members as much as possible; stay in a separate bedroom and use a separate bathroom, have meals delivered to the bedroom and do not spend time in same room as family members without a mask. Open windows (weather permitting) to increase ventilation. Do not allow visitors to come into the home and clean and disinfect shared surfaces/areas frequently.
- **Monitor for severe disease:** Warning signs of more severe disease include shortness of breath, chest pain, weakness, and confusion. Clinical decompensation tends to occur in second or third week of illness. Help patient decide where he/she would go for further evaluation if needed.
- **Management of household members**: Household members with close contact to the patient while symptomatic should be quarantined at home for 14 days beyond last unprotected contact

with patient (i.e., since admission to hospital or separation into different room). If needed, people on quarantine can leave the house on errands to get food, medicines or other essentials, or to exercise, but should avoid close contact with others as much as possible. They also should monitor themselves for fever, cough, body aches or other symptoms, and isolate themselves if such symptoms occur.
- **Inform contacts:** Ask patients to notify people they have had prolonged close contact with while they were having symptoms.

Testing Recommendations and Clinical Laboratory Testing Availability

Diagnosis is confirmed by polymerase chain reaction testing of appropriate clinical specimens.
- Providers should ONLY collect nasopharyngeal (NP) swab for suspect cases (OP not needed)
- Lower respiratory tract specimens should be tested if available (tracheal aspirate, bronchoalveolar lavage specimens, or sputum)

Detailed guidance on specimen collection can be found here.

In addition to the County Public Health Laboratory, multiple commercial and hospital-based labs now offer testing for COVID-19. Lab-confirmed COVID-19 requires immediate reporting to public health per Title 17 of the California Code of Regulations Section 2500, but since most large commercial labs (Quest, LabCorp) and hospital-based labs report electronically, provider reporting is not necessary unless the case is in a priority group or the specimen was run at a smaller commercial lab not listed above.

All COVID-19 deaths should be reported immediately to the County Epidemiology Unit.

As this situation continues to evolve rapidly, providers should consistently monitor CDC recommendations at the CDC Coronavirus Disease 2019 website**.**

Enroll in the Medical Reserve Corps to be notified about volunteer opportunities.

General public inquiries about COVID-19 should be directed to 2-1-1 San Diego or to the County COVID-19 website.

Thank you for your participation.

CAHAN San Diego
County of San Diego Health & Human Services Agency
Epidemiology and Immunization Services Branch
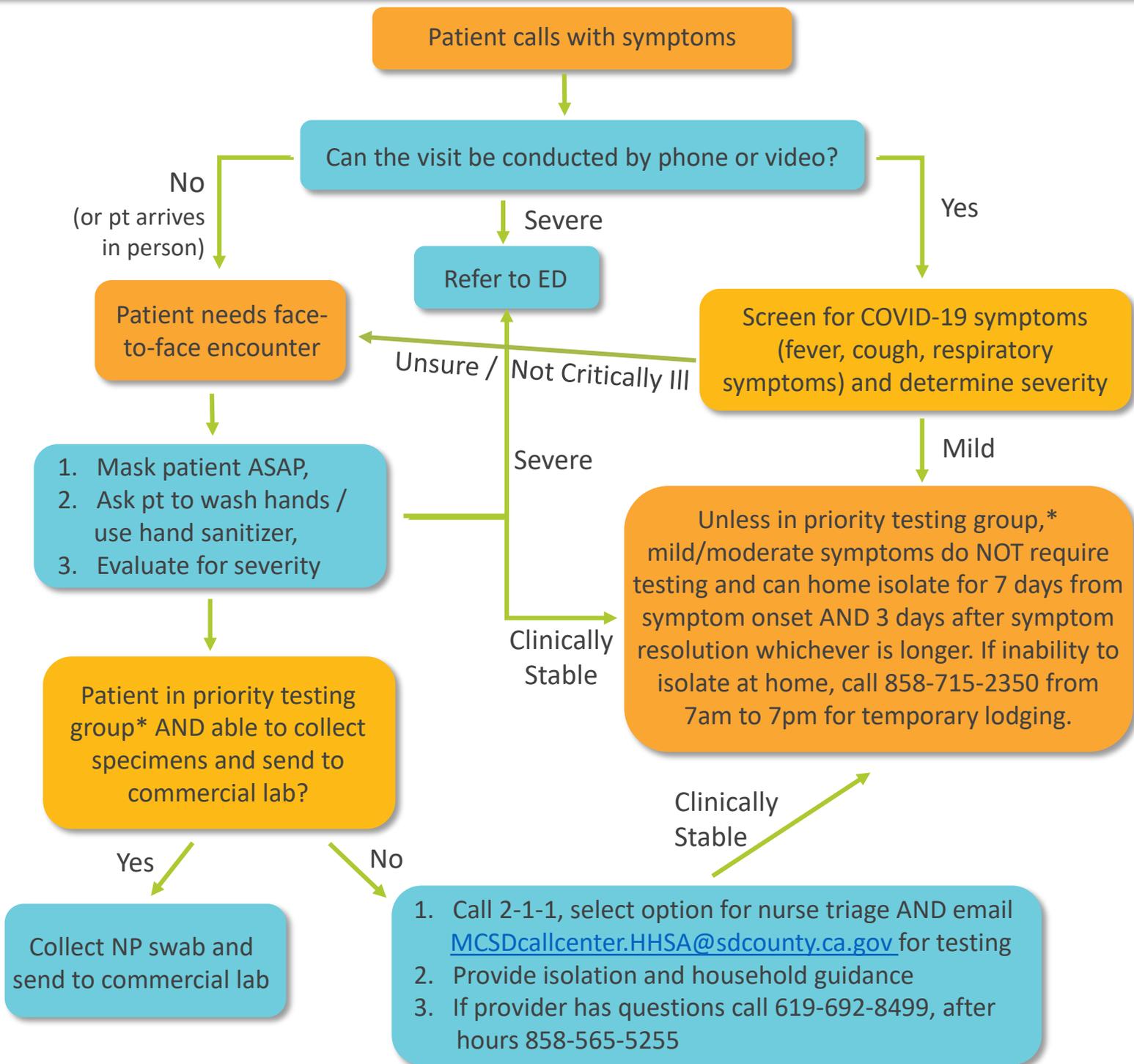Phone: (619) 692-8499; Fax: (858) 715-6458
Urgent Phone for pm/weekends/holidays: (858) 565-5255
E-mail: cahan@sdcounty.ca.gov
Secure Website: http://cahan.ca.gov
Public Website: http://www.cahansandiego.com

Outpatient COVID-19-Related Visit Workflow

Patient calls with symptoms

Can the visit be conducted by phone or video?

No (or pt arrives in person)

Severe → **Refer to ED**

Yes

Patient needs face-to-face encounter

Unsure / Not Critically Ill

Screen for COVID-19 symptoms (fever, cough, respiratory symptoms) and determine severity

1. Mask patient ASAP,
2. Ask pt to wash hands / use hand sanitizer,
3. Evaluate for severity

Severe

Mild

Clinically Stable

Unless in priority testing group,* mild/moderate symptoms do NOT require testing and can home isolate for 7 days from symptom onset AND 3 days after symptom resolution whichever is longer. If inability to isolate at home, call 858-715-2350 from 7am to 7pm for temporary lodging.

Patient in priority testing group* AND able to collect specimens and send to commercial lab?

Clinically Stable

Yes

No

Collect NP swab and send to commercial lab

1. Call 2-1-1, select option for nurse triage AND email MCSDcallcenter.HHSA@sdcounty.ca.gov for testing
2. Provide isolation and household guidance
3. If provider has questions call 619-692-8499, after hours 858-565-5255

***Priority COVID-19 Testing Groups if Symptomatic (Fever, Cough, Etc.)**

- Evidence of lower respiratory disease without alternative diagnosis, especially if hospitalized
- Any resident of a senior living facility, including skilled nursing facilities or assisted living facilities
- Persons who care for the elderly
- Persons living in congregate setting (homeless shelters, etc.)
- Health care workers, first responders, and other emergency workers

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Emergency Department Guidance for Patients with COVID-19 Symptoms

Patient presents with COVID-19 symptoms:
Fever AND cough or difficulty breathing.

Mask patient immediately, place in separate room, don appropriate PPE, assess for severity of illness and perform diagnostic testing.

Does patient require hospitalization?

YES

- Collect NP swab for COVID-19 testing to send to in-hospital lab.
- If in-hospital testing not available, call PH to arrange testing.

Report positive cases to PH.

NO

Is this patient priority population?
(See inset)

NO

Testing is not required.

Instruct patient to isolate at home until 7 days passed since symptoms first appeared AND at least 3 days passed since recovery defined as resolution of fever without use of fever -reducing medications AND improvement in respiratory symptoms (cough, shortness of breath).

YES

- Collect NP swab for COVID-19 testing to send to in-hospital lab.
- If in-hospital testing not available , call PH to arrange testing.

Report positive cases to PH.

Priority Populations:

- **Evidence of lower respiratory disease without alternative diagnosis;**
- **Any resident of a senior living facility, including skilled nursing facilities or assisted living facilities;**
- **Health care workers;**
- **Persons who care for the elderly; and**
- **Persons experiencing homelessness.**

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