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HEALTH UPDATE

Update & interim guidance on COVID-19 (formerly 2019-nCoV)

February 28, 2020

Health care providers: Please distribute widely in your office

This information is for the public health and health care community. Do not post this document on a public web or social media site.

Key points

- The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak of a 2019 novel coronavirus that originated in Wuhan City, Hubei Province, China in December 2019. This HAN updates prior interim guidance from CDPHE. The disease caused by the virus has been named COVID-19.
- Community level transmission is currently occurring in a number of countries outside of China. CDC is issuing travel alerts as these countries are identified. See all COVID-19 Travel Health Notices at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
- On Feb. 26, the first case of potential community transmission (without known exposure) in the U.S. was announced in a resident of Solano County, California.
- **Please contact CDPHE or Larimer County Department of Health and Environment (LCDHE) immediately about any patients with fever AND lower respiratory symptoms (cough, shortness of breath) who traveled to any affected geographic area with sustained community transmission in the 14 days before their illness began. For patients who had contact with a patient with known or suspected COVID-19, fever OR respiratory symptoms should be considered. In addition, for patients who are severely ill, evaluation for COVID-19 may be considered even if a known source of exposure has not been identified.** Public health will continue to assess each situation on a case-by-case basis to determine who meets criteria for testing.
- Health care providers who suspect COVID-19 infection should immediately mask the patient and place the patient in a private room with the door closed (ideally an airborne infection isolation room). Immediately notify both infection control personnel at your health care facility and CDPHE or LCDHE.

- CDPHE continues to request that nasopharyngeal (NP) and oropharyngeal (OP) swabs be collected for all people under investigation (PUIs) based on updated CDC recommendations, as well as sputum when clinically indicated. Additional clinical and laboratory guidance can be found below.
- As of Feb. 27, 2020, the CDPHE laboratory is able to test specimens from suspected COVID-19 patients; confirmatory testing on positive specimens will be performed at CDC but will not delay public health response.
- This is a rapidly evolving situation; updated information will be sent out as it becomes available and can also be found at <https://cdc.gov/coronavirus/2019-ncov/index.html>

Background information

The Centers for Disease Control and Prevention (CDC) continues to closely monitor an outbreak caused by a novel (new) coronavirus first identified in Wuhan City, Hubei Province, China. Previously referred to as 2019-nCoV, the disease is now referred to as COVID-19 while the virus that causes the disease has been named SARS-CoV-2. Community transmission is now occurring in a number of countries in Europe and Asia. One case of suspected community transmission has been reported in a resident of Solano County, California.

As of Feb. 28, there are more than 84,000 confirmed infections and 2,800 reported deaths worldwide; although the majority of these are still in mainland China, the number of cases in other countries has been increasing. As of Feb. 28, there have been 12 travel-related confirmed cases of COVID-19 diagnosed in the United States (two cases due to person-to-person transmission and one case with no known exposure). There have been 44 cases among people who were repatriated (Three from Wuhan, 43 from the Diamond Princess cruise). There have been no confirmed cases of COVID-19 in Colorado.

Recommendations for health care providers

- Health care providers should obtain a detailed travel history for patients being evaluated with fever or acute respiratory illness.
- CDC guidance on the clinical presentation and treatment of COVID-19 can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
- No vaccine or specific treatment for COVID-19 infection is available; care is supportive. However, access to investigational antiviral medication may be available through CDC or clinical trials and can be discussed with CDPHE on a case-by-case basis. There is an ongoing clinical trial in the U.S. to evaluate the safety and efficacy of remdesivir for COVID-19. (<https://www.nih.gov/news-events/news-releases/nih-clinical-trial-remdesivir-treat-covid-19-begins>)
- Because of the evolving understanding of treatment strategies for COVID-19, hospitalized patients should be treated with consultation from an infectious disease specialist along with CDPHE.

- CDC recommends limiting the use of corticosteroids unless specifically indicated (for example in the treatment of refractory septic shock or COPD).
- Colorado’s current primary goal for testing is early identification of cases, and is based on our current understanding of clinical and epidemiologic risk factors. Testing goals and criteria will change as the situation evolves and as other surveillance systems are implemented in the state. We are using the following testing criteria at this time:

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

¹Please note this guidance varies slightly from CDC. As we have capacity, Colorado will continue to consider testing for individuals who are not hospitalized in order to identify patients who have traveled to affected areas who have less severe disease.

² For current affected geographic areas with widespread or sustained community transmission, please visit <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

- Data to inform the definition of close contact remains limited. Considerations when assessing close contacts include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with novel coronavirus (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient).
- CDC has issued guidelines for health care personnel with potential exposure in a healthcare setting to patients with COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>). This guidance applies to people exposed to a confirmed case, and should only be applied to those exposed to a PUI if COVID-19 results will be delayed for more than 48-72 hours. With laboratory testing available in Colorado, we do not anticipate testing delays.

- Public health will work with facilities to investigate potential exposures and establish worker exclusion and monitoring plans.
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Reporting, testing, and specimen collection

- Health care providers should immediately notify both infection control personnel at their health care facility and LCDHE if they suspect a patient may have COVID-19 infection based on the criteria above.
- Public health will support decision-making for COVID-19 testing and coordinate consultation and specimen submission. The CDPHE laboratory will only test specimens that have been submitted after consultation with CDPHE epidemiology.
- There is currently no commercially available testing for COVID-19. Commercial multiplex respiratory panels that include coronaviruses are unable to detect the virus that causes COVID-19 (SARS-CoV-2).
- CDPHE has developed an Initial Assessment Form (<https://drive.google.com/file/d/1RbdKViwO8n1pYWXMUEiqVXqFZAllKd6P/view>) to guide providers in collecting information that public health will need to determine if patients meet criteria for COVID-19 testing.
- Testing for other respiratory pathogens may support decision-making but should not delay specimen submission for COVID-19 testing; consider collecting two swabs if you are also running a respiratory panel when the PUI has a known exposure or has traveled to an affected country. If a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with public health authorities, they may no longer be considered a PUI, especially if their exposure is considered low risk. This may evolve as more information becomes available on the frequency of COVID-19 co-infections.
- For individuals with severe respiratory disease (e.g., pneumonia, ARDS) without known exposure nor travel history, COVID-19 infections may be considered as a diagnosis after alternative diagnoses have been ruled out.
- As a precautionary measure, based on previous CDC guidance from MERS-CoV, facilities may want to consider hand-carrying specimens from patients being evaluated for COVID-19 to the lab instead of using pneumatic tube systems.
- **Health care facilities are asked to collect the following specimens:**
 - We are currently requesting the collection of nasopharyngeal (NP) and oropharyngeal (OP) swabs in viral transport media; however, additional samples may be requested by CDPHE on a case-by-case basis (including lower respiratory specimens for patients with more severe illness).
 - Specimens should be collected as soon as possible once a PUI is identified, regardless of time of symptom onset. Additional guidance for collection, handling, and testing of clinical specimens is available at <https://www.cdc.gov/coronavirus/2019-nCoV>. For biosafety reasons, it is not recommended to perform virus isolation in cell culture or initial characterization of viral agents recovered in cultures of specimens from a PUI for COVID-19.

- All specimens should be submitted to the State Public Health Lab through the LabOnLine test request portal at <https://labonline.cdphe.state.co.us/Account/SignIn>
 - The test request must include all required specimens, patient and epidemiological data fields (symptoms, travel dates & locations, hospitalization) in order to determine testing eligibility.
 - LabOnLine user access assistance: cdphe_labonline@state.co.us, 303-692-3399 or <https://sites.google.com/state.co.us/lcd-horizon-lims/labonline>
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Infection control recommendations

- CDPHE interim infection prevention and control guidance: https://drive.google.com/file/d/1i4N2t_hjIBJClqnBV26wmnOPP1Si_0n8/view
 - All CDC infection prevention and control guidance including newer guidance listed below can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/index.html>
 - Recently expanded CDC guidance related to infection prevention and control includes:
 - [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\) for additional information.](#)
 - [Strategies for optimizing supply of N-95 respirators](#)
 - [FAQs related to Respirators and their use](#)
 - [Healthcare Infection Prevention and Control FAQs for COVID-19](#)
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More information

- LCDHE COVID-19 webpage: <https://www.larimer.org/health/communicable-disease/coronavirus-covid-19>
- CDPHE COVID-19 webpage “Resources for Local Public Health Agencies and Healthcare Providers”: <https://www.colorado.gov/pacific/cdphe/resources-local-public-health-agencies-and-healthcare-providers>
- CDC COVID-19 information: <https://www.cdc.gov/coronavirus/2019-ncov/index.html> or by calling 800-CDC-INFO | (800-232-4636) | TTY: (888) 232-6348
- General information from CDC on isolation precautions: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
- CDPHE Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for COVID-19 in a Healthcare Setting. https://drive.google.com/file/d/1i4N2t_hjIBJClqnBV26wmnOPP1Si_0n8/view
- Recommendations for home isolation for PUIs pending laboratory testing (to be used after consultation with CDPHE): <https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>

- To report a suspect case or for additional local guidance, **please call LCDHE** at 970-498-6775 (after hours at 970-416-1985) or the **CDPHE Disease Reporting Line**: 303-692-2700 or 303-370-9395 (after hours)