



HEALTH UPDATE #165

Coronavirus Disease 2019 (COVID-19) Outbreak

TO: West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities

FROM: Catherine Slemp, MD, MPH, Commissioner and State Health Officer
Bureau for Public Health
West Virginia Department of Health and Human Resources (WVDHHR)

DATE: March 6, 2020

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

Public health authorities in West Virginia continue to monitor the evolving COVID-19 outbreak and engage others in planning forward. Updated assessment/recommendations include the following:

- At this time, West Virginia has no confirmed cases of COVID-19. Community spread is being detected in a growing number of countries, including parts of the U.S. As community spread increases, we anticipate the arrival and local transmission of COVID-19 in our state. At present, to identify when such occurs, we are following the Centers for Disease Control and Prevention (CDC) testing guidance and patient management principles as outlined below. In addition, we are asking people to take routine Non-Pharmaceutical Interventions (NPIs) to prevent spread of respiratory viruses now (cover cough and sneeze, wash your hands, stay home if you are sick, etc.) and to plan forward for how to implement NPIs more broadly when and if there is evidence of significant community transmission in accordance with public health guidance.
- NPIs are actions, apart from getting vaccinated and taking medicine, that people and communities can take to help slow the spread of respiratory illnesses like COVID-19. Though developed to address pandemic influenza, most recommendations can be applied to COVID-19. <https://www.cdc.gov/nonpharmaceutical-interventions/index.html>.
- The CDC criteria for evaluating and reporting Persons Under Investigation (PUI) were expanded on March 4, 2020 to include a wider group of symptomatic patients. More on who this includes at present can be found below. Healthcare providers are urged to check back on these criteria regularly at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.
- Currently, public health testing focuses on those individuals with **both** a route of likely exposure to COVID-19 (travel from or living in a community with COVID-19 spread, known contact with a case, etc.) **and** applicable symptoms or surveillance symptoms. These individuals are termed PUIs. Testing is arranged through consultation with your local health department (LHD).
- Anyone with suspected COVID-19 infection (e.g., those with significant risk of potential exposure and symptoms) pending laboratory confirmation should self-isolate; mask when in public; and call ahead prior to seeking medical care in person.
- Long term care facilities such as nursing homes and assisted living facilities are an area of special concern given close living quarters and a population highly vulnerable to COVID-19 complications. The outbreak unfolding at a care facility in Washington warrants the attention of those responsible for the care and safety of residents at West Virginia care facilities such as this. Please review CDC guidance for these types of facilities at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/prevent-spread-in-long-term-care-facilities.html>.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance. Warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.

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Healthcare Evaluation and Protection of Healthcare Providers

- All healthcare providers need to protect themselves and expect heightened demands on the healthcare system that will require a healthy and intact workforce. All healthcare providers should review and practice protocols for handling patients with respiratory disease and suspected COVID-19 infection including:
 - Identify suspect patients upon arrival;
 - Apply surgical face masks to such patients to prevent/reduce exposure of healthcare workers and other patients; and
 - Triage suspected patients to an exam room so they are segregated from other patients.
- Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the local epidemiology of COVID-19, as well as the clinical course of illness. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
 - Influenza testing and nucleic acid testing with multiplex PCR respiratory pathogens are both widely available. If a patient is lab test positive on these tests, we are currently considering COVID-19 as a remote possibility and **not** recommending further diagnostics specific for the COVID-19 virus.
 - Epidemiologic factors to help guide decisions on whether to test for COVID-19 include the following: any persons, including healthcare workers, with applicable symptoms who have had **close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset, or lives in or has a history of travel from affected geographic areas with community transmission within 14 days of symptom onset.** CDC Travel Guidance can be used to understand global areas at highest risk: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
 - Exceptions for severely ill patients or atypical clinical presentation may be warranted. Patients with serious respiratory illness (e.g., hospitalized or at high risk of the same, especially if elderly or with underlying chronic diseases putting them at increased risk) and no identified source of exposure who are lab test negative for influenza and other respiratory pathogens are potential candidates for COVID-19 testing through public health.
- Commercial diagnostic testing for COVID-19 is expected to be available shortly. Clinicians will be able to access laboratory tests for diagnosing COVID-19 directly through some clinical laboratories. Testing for COVID-19 is also available in West Virginia through public health for patients meeting the above criteria. Healthcare providers who believe testing is indicated should contact their LHD to discuss testing/case management. If unavailable, contact the Office of Epidemiology and Prevention Services (OEPS), Division of Infectious Disease Epidemiology (DIDE) at (304) 558-5358, extension 1 or the 24/7 answering service at (304) 347-0843 for assistance accessing laboratory testing through the West Virginia Office of Laboratory Services (OLS).
- Once commercial COVID-19 lab tests become available, healthcare providers should err on the side of broader testing to facilitate identification and isolation of COVID-19 infected patients.

Reporting

Clinicians should **immediately** notify both infection control at their healthcare facility and their LHD in the event of a PUI for COVID-19. **COVID-19 is now categorized as a Category 1 Reportable Disease and suspect and confirmed cases should be immediately reported to the LHD per the West Virginia Reportable Disease Rule (64CSR-7).** Contact information for West Virginia LHDs can be found at <http://www.dhhr.wv.gov/localhealth/pages/map.aspx>.

Specimen Collection and Testing

For diagnostic testing for COVID-19, collect two upper respiratory (one nasopharyngeal **AND** one oropharyngeal swab) specimens, and a lower respiratory specimen (sputum, if possible) for those patients with productive coughs. Maintain proper infection control when collecting specimens. DIDE will work with the LHD and CDC to report PUI and coordinate specimen shipping and testing through public health.

For more information, contact DIDE at (304) 558-5358, extension 1 or the 24/7 answering service at (304) 347-0843.

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