COVID-19 Testing Guidelines for Healthcare Providers

BACKGROUND

Providers who are using private or commercial labs for COVID-19 testing should test patients when they feel it is clinically indicated. Testing patients with symptoms compatible with COVID-19 helps in the detection of cases and allows for appropriate recommendations to be made regarding self-isolation of infectious individuals and self-quarantine for their close contacts. Click here for a map of testing sites and information for each location.

TESTING CRITERIA

Testing requirements across the state vary by site. Priority should be given to individuals who are symptomatic for COVID-19 and close contacts of confirmed COVID-19 positive patients when it is imperative that the contact continues to work and/or have close contact with at risk populations.

Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms or combinations of symptoms may have COVID-19:

- Cough Shortness of breath or difficulty breathing
  OR
- At least two of these symptoms: Fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, new loss of taste or smell

Other priority testing criteria include:

a. Healthcare workers who treat vulnerable populations; or
b. First responders; or
c. Are workers at essential businesses or operations as set forth in EO 20-18; or
d. Are sixty (60) years of age or older; or
e. Suffer from an immunocompromising condition; or
f. Close contacts of confirmed COVID-19 positive patients when it is imperative the contact continues to work and/or have close contact with at risk populations; *a close contact is someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated; or*
g. Individuals and staff in group residential homes and facilities who are at increased risk based on their close proximity to at risk patients.

ADDITIONAL INFORMATION

Providers should work with local procedures, incident command, infection prevention and/or laboratory testing through ISDH and Eli Lilly in LimsNet. The following steps are typically done by lab or designated individual. Enter your specimen information in http://limsnet.isdh.in.gov. If you don't have a LimsNet account, signup instructions and more details are also available at that website.

These patients should be informed of the risks of developing severe illness about eight days after onset of symptoms.

a. They need to be made aware of what symptoms to watch out for (trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face), when to seek additional care, and to call ahead so proper precautions can be taken to prevent additional spread.

b. Individuals with symptoms consistent for COVID-19 or those who had direct contact with a COVID-19 patient should be advised to self-isolate until:

•   You have had no fever for at least 72 hours (three full days of no fever without the use medicine that reduces fevers)

AND

•   other symptoms have improved (for example, when your cough or shortness of breath have improved)

AND

•   at least 7 days have passed since your symptoms first appeared

ADDITIONAL RECOMMENDATIONS

1. Discharge patients with instructions on home isolation. Guidance here in English and Spanish.

2. Communicate to healthcare partners that obtaining NP swabs is considered a high-risk procedure and is only recommended to be done wearing full including an N-95 or higher-level respirator (facemask if a respirator is not available), eye protection, gloves and a gown. Testing does not have to occur in an AIIR and can be done in a single-patient room with the door closed.

3. Encourage telehealth and nurse lines to have patients stay home if they have mild illness.

4. Review the coroner guidance to learn how to handle COVID-19 decedents (confirmed or suspected). Coroners may ask for swabs to test deceased patients.

REPORTING COVID-19 CASES TO ISDH

Both positive and negative test results are immediately reportable to ISDH through NBS. Providers without access to NBS should report results directly to their local health department.

Even though ISDH needs to receive negative laboratory reports for COVID-19, hospitals do not need to report these in NBS via Morbidity Reports.

•   Many hospitals and commercial labs send negative laboratory results directly to ISDH, fulfilling this reporting requirement.

•   Any facility that is unsure if its laboratory is reporting electronically, reach out to Kelly White at 317-473-7745.

    •   If it is determined that those negative results are not being received electronically directly from the reporting laboratory, Kelly will assist the facility in sending those results to ISDH in aggregate, to not require individual morbidity reports, to ensure demographic information is included, such as race, ethnicity and gender.

- Facilities should only use NBS morbidity reports to report lab-confirmed cases (using condition 2019 novel coronavirus) or patients diagnosed with clinical disease by a provider, despite negative or no lab testing (using condition 2019 clinical novel coronavirus)
  - When reporting 2019 clinical novel coronavirus, please attach documentation showing the clinical diagnosis by the physician

COMMUNICATION OF RESULTS

1. Results for all COVID-19 test requests submitted through LimsNet will be immediately available in LimsNet upon release by the ISDH Laboratories.
2. Results will not be communicated using any method other than LimsNet.

ADDITIONAL RESOURCES

Questions about COVID-19 may be directed to the ISDH COVID-19 Call Center at the toll-free number 877-826-0011 (available 8 a.m. to midnight).

Additional information and resources for COVID-19 are available at the links below.

- CDC COVID-19 webpage: https://www.cdc.gov/coronavirus/
- ISDH COVID-19 webpage: https://coronavirus.in.gov
- ISDH COVID-19 Specimen Collection and Guidelines: https://www.coronavirus.in.gov/files/COVID-19%20specimen%20submission%20and%20collection%20guidelines_04.13.20.pdf