



Nebraska Department of Health and Human Services
HEALTH ALERT NETWORK
Advisory



TO: Healthcare providers, Infection Control, Hospitals, Labs, and Public Health

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RE: COVID-19 Updated Recommendations

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This HAN addresses:

- Who should have a COVID-19 lab test—testing capacity is still limited
- Use of clinical diagnosis instead of laboratory confirmation
- STRICT self-isolation for anyone with symptoms of COVID-19 infection (broader case definition)
- Send COVID tests to commercial labs; for high-priority cases, use NE Public Health Lab
- Advice for travelers: need to self-isolate and practice social distancing
- How long to stay in self-isolation

BACKGROUND: CURRENT STATUS OF COVID-19

Community transmission has been identified in Nebraska. Nebraskans are increasingly at risk for COVID-19.

A national mandate to practice social distancing and non-pharmaceutical interventions is now in place: this is our most critical mitigation tool. Err on the side of stricter social distancing. Individual choices protect both individuals and the entire community.

Given the consequences of widespread transmission, public health authorities nationally are broadening the range of clinical syndromes warranting self-isolation:

- Temperature $\geq 100.4^{\circ}\text{F}$
- Cough
- Shortness of breath
- Sore throat

To limit potential transmission, if any of these symptoms are present, **alone or in combination** (in the absence of a known alternative diagnosis): patients should self-isolate.

Evidence suggests >80% of COVID-19 infections are mild (fever is variable with COVID-19 infection and may be absent), might not warrant a healthcare visit or lab test, and do not require hospitalization. Telephone triage and appropriate self-isolation can suffice in most cases.

UPDATED TESTING RECOMMENDATIONS

Capacity and supplies for COVID-19 laboratory testing cannot meet current demand. **A simple clinical diagnosis of COVID-19 infection warrants self-isolation, and should be the norm,** even in the absence of a positive COVID-19 lab result. This could change if testing capacity expands.

Rapid influenza tests and multiplex PCR respiratory pathogen panel (RPP) tests are still available at in-state laboratories, and if positive, should usually preclude the need for COVID-19 testing (co-infections appear to be uncommon).

The **Nebraska Public Health Laboratory (NPHL)** has limited capacity but will attempt to test specimens on any patient in the following groups who are high-priority for lab testing:

- Inpatients: for suspected COVID-19, rule out flu and RPP, then order COVID-19
- Outpatients: **vulnerable or high-risk populations** with a clinical diagnosis of COVID-19, after ruling out alternative diagnoses (negative flu/RPP), will be considered for testing
 - Healthcare workers
 - Public safety (EMS, law enforcement, firefighters)
 - Nursing home, group home, daycare attendees or employees

HOW TO BEST UTILIZE COMMERCIAL LABORATORY TESTING

Consider if a lab test is warranted: assess whether clinical diagnosis of COVID-19 infection suffices, or if laboratory diagnosis is even necessary.

Patients with a clear source of exposure (e.g., household member of a known lab-confirmed case) and a clinical presentation consistent with COVID-19 are now **a lower priority** for testing.

Prioritize our limited laboratory testing capacity for patients with the highest pre-test probability (the most severely ill who fit COVID-19 profile) **and** lacking a clearly identifiable source/exposure **and** flu/RPP tests negative. We need a better understanding of community transmission in the Nebraska population.

Commercial testing has expanded and will expand further, but for now these labs are experiencing bottlenecks which may delay results (ARUP is currently experiencing reagent shortages; Mayo Labs are restricted to Mayo system patients only; Quest and Labcorp are performing COVID-19 and are attempting to increase capacity).

PERSONAL PROTECTIVE EQUIPMENT (PPE)/DEDICATED SPECIMEN COLLECTION SITES

PPE supplies are in short supply. Allocate remaining supplies for healthcare providers caring for hospitalized COVID-19 patients, and for persons collecting nasopharyngeal (NP) swabs from suspected COVID-19 patients.

Localities should establish a limited number of sites to collect NP swabs on persons with suspected COVID-19 to insure best allocation of PPE and NP collection swabs/media.

UPDATED PUBLIC HEALTH RECOMMENDATIONS FOR TRAVELERS

- **All** returning travelers, from any international or domestic location, have an increased risk of COVID-19 infection.
- **All** returning travelers, from any international or domestic location, should limit public interactions, practice strict social distancing, and self-monitor for symptoms.
- IF a returning traveler develops fever or respiratory illness, they need to IMMEDIATELY self-isolate and report to a healthcare provider or local health department.
- Returning travelers should assume that COVID-19 disease is present at the locations they have visited and traveled through. Additional specific information might available on CDC, state, and local public health websites and from media sources.
- More jurisdictions have widespread sustained transmission (e.g., CDC Level 3 countries - <https://wwwnc.cdc.gov/travel/notices#alert> - plus U.S. locales such as Seattle, WA; New York City; and Santa Clara County, CA).
- To limit spread in Nebraska, all travelers should self-quarantine for 14 days upon returning home and immediately report any symptoms consistent with COVID-19 infection to their health care provider. Individuals unable to observe the 14-day self-quarantine should consult with their local health department about appropriate actions.
- Every health care worker who returns from travel should consult with a trained medical professional at their facility (e.g., infection preventionist or physician) and establish a specific infection control protocol (e.g., home quarantine, self-monitoring, PPE while at work) that mitigates patient and co-worker exposures.

WHEN TO DISCONTINUE SELF-ISOLATION

Persons with COVID-19 who have symptoms and who are directed to care for themselves at home may discontinue home isolation under the following conditions:

- At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
- At least 7 days have passed since symptoms first appeared.