Information for Alaska Healthcare Providers regarding 2019 Novel Coronavirus (COVID-19)

Updated March 4, 2020

Situation Summary: The U.S. Centers for Disease Control and Prevention (CDC) is closely monitoring the COVID-19 epidemic. Updated information about COVID-19 will be posted on the Alaska DHSS COVID-19 website. ***NO cases of COVID-19 have been identified in Alaska.***

Information for Healthcare Professionals:

1. Ensure rapid identification and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection. Implement triage procedures to detect Persons Under Investigation (PUI) for COVID-19 prior to, or immediately upon, arrival to the health care facility.

2. **Screen all patients for symptoms AND travel/contact history**. CDC criteria for Persons Under Investigation (PUI) were updated on March 4, 2020, and are listed in bullet form below, emphasis in bolded red has been added by the Alaska Section of Epidemiology:

   - 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 ≥100.4°F[1] 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.
   - Epidemiologic factors that may help guide decisions on whether to test include: any persons, including healthcare workers[2], who have had close contact[3] with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset, **or a history of travel from affected geographic areas[5]** (see below) within 14 days of symptom onset.

Note that test kits are in limited supply in Alaska (currently sufficient to test <150 patients) and testing will continue to be prioritized for patients with more severe illness, exposures to confirmed cases or extensive travel histories, and for whom alternate diagnoses have already been ruled out. Some lower priority specimens may be batched with delayed turnaround times. This is expected to change as the number of kits and laboratory capacity increase.

Footnotes:

[1]Fever may be subjective or confirmed.

[2]For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's 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).

[3]Close contact is defined as—

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).

If such contact occurs while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met.

Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings.

Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.

[4]Documentation of laboratory-confirmation of COVID-19 may not be possible for travelers or persons caring for patients in other countries.

[5]Affected areas are defined as geographic areas where sustained community transmission has been identified. Relevant affected areas will be defined as a country with sustained or widespread community-level transmission (CDC Level 2 or 3 Travel Health Notice) or geographic areas within the U.S. that are experiencing outbreaks.

3. **If patient meets the criteria above, consider the patient a PUI: mask patient** with medical mask (not N95).

4. **Isolation** recommendations for a PUI:
   a. **Ambulatory/Outpatient**
      i. All healthcare personnel (HCP) in direct contact with the PUI should adhere to standard, contact, and airborne precautions. They should wear the following PPE: gowns, gloves, respiratory protection (N95 mask or Powered Air Purifying Respirator or PAPR) and eye protection (face shield or other).
      ii. Escort masked patient to an Airborne Infection Isolation Room (AIIR), if available, or, if not, a private room with a closed door. Restrict visitors from entering the room.
      iii. Call the Section of Epidemiology at **907-269-8000 or 800-478-0084** to report PUI.
      iv. Do not transport this PUI to another health care service or facility without directly communicating to the receiving medical professional first.
   b. **Hospital/Inpatient**
      i. All healthcare personnel (HCP) in direct contact with the PUI should adhere to standard, contact, and airborne precautions. They should wear the following PPE: gowns, gloves, respiratory protection (N95 mask or Powered Air Purifying Respirator or PAPR) and eye protection (face shield or other).
      ii. Escort patient to AIIR. Restrict visitors from entering the room.
      iii. Call the Section of Epidemiology at **907-269-8000 or 800-478-0084** to report PUI.
      iv. Do not transport this PUI to another health care service or facility without directly communicating to the receiving medical professional first.

5. **Testing**: https://www.cdc.gov/coronavirus/2019-ncov/guidelines-clinical-specimens.html
   To increase the likelihood of detecting an infection, CDC recommends the collection of specimens as soon as possible. See page 23 of the Alaska State Public Health Laboratories Test Directory for additional details.

	Specimens	Collection	Storage and Transport
Upper Respiratory	Collect 1 NP swab and 1 OP swab	Place each swab into separate viral transport media tubes. Label accordingly. Do not use calcium alginate swabs with wooden shafts.	Refrigerate specimen at 2-8°C and ship overnight on ice pack to either ASVL or ASPHL for testing.
Lower Respiratory	Bronchoalveolar lavage, sputum	Collect 2-3 mL into a sterile, leak-proof container with a screw cap.	

   Note: Commercial diagnostic assays for the detection of respiratory pathogens, i.e., respiratory pathogen panel may include a target test for one or more types of human coronavirus. None of the assay targets will currently cross react and detect the COVID-19. Nasopharyngeal specimens testing negative for COVID-19 will be further tested at ASVL for other co-circulating respiratory viruses.

6. **Decisions about patient disposition, isolation, and follow-up monitoring** should be made on a case-by-case basis in consultation with the Section of Epidemiology at **907-269-8000 or 800-478-0084.**

7. **Environmental infection control:** Routine cleaning and disinfection procedures (e.g., using a two-step process that includes first cleaning surfaces with a detergent to remove any dirt/grime and then applying an EPA-registered, hospital-grade disinfectant for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings. Disinfectants with either EPA-approved emerging viral pathogen claims or label claims against human coronaviruses should be used. High-touch surfaces should be cleaned and disinfected frequently throughout the day. Consult your facility's infection control practitioner for guidance.

8. **Geographic Information**
   a. Affected Geographic Areas with Widespread (Level 3) or Sustained (Level 2) Community Transmission are listed on CDC's Travel Notice website: https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html
   b. COVID-19 Global Cases GIS Map (by Johns Hopkins CSSE) https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6