NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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October 27, 2020 (replaces version dated July 6, 2020)

To: All North Carolina Clinicians and Laboratories
From: Zack Moore, MD, MPH, State Epidemiologist
Scott Shone, PhD, HCLD (ABB), Public Health Laboratory Director
Re: Coronavirus Disease 2019 (6 pages)

This memo is intended to provide the latest information to all North Carolina clinicians and laboratory staff regarding the Coronavirus Disease 2019 (COVID-19). Please read thoroughly as there are several updates, including:

- Updated information and guidance on social gatherings
- Updated information on who should be tested for COVID-19
- Updated information on assessment of patients with acute respiratory illness symptoms when SARS-CoV-2 and influenza viruses are both circulating.

North Carolina's response to COVID-19 will continue to rapidly evolve. The most up-to-date information and guidance can be found at: https://www.cdc.gov/coronavirus/2019-ncov/index.html and https://covid19.ncdhhs.gov/.

Background:
North Carolina is experiencing community transmission of COVID-19 across the state. Pre-symptomatic and asymptomatic spread is playing an important role.

Increased adherence to prevention strategies (Wearing a mask, Waiting six feet apart, Washing your hands), testing (including for those without symptoms), and expanded contact tracing are important to control viral transmission across the state.

A new COVID-19 Clusters in North Carolina report shows trends of increasing clusters from social and community gatherings, including religious settings. These trends are similar to other parts of the country. The report is available at https://covid19.ncdhhs.gov/dashboard/outbreaks-and-clusters.

Observing the Interim Guidance for Private Social Gatherings and Guidelines for Get-Togethers is of particular importance in periods of community transmission. These guidance and guidelines are available at:

https://files.nc.gov/covid/documents/guidance/NCDHHS-Interim-Guidance-for-Private-Social-Gatherings.pdf
https://files.nc.gov/covid/documents/guidance/NCDHHS-Guidelines-for-Get-Togethers.pdf

Laboratory Testing

Clinicians should conduct or arrange for diagnostic COVID-19 testing for:

- Anyone with symptoms suggestive of COVID-19[1]
- Close contacts of known positive cases, regardless of symptoms. Close contacts are defined by CDC as being within 6 feet of a known positive case for 15 minutes or more over a 24 hour period.
- The following groups are some of the populations with higher risk of exposure or a higher risk of severe disease if they become infected. People in these groups should get tested if they believe they may have been exposed to COVID-19, whether or not they have symptoms.
    - People who live in or have regular contact with high-risk settings (e.g., long-term care facility, homeless shelter, correctional facility, migrant farmworker camp)
    - Historically marginalized populations who may be at higher risk for exposure
    - Frontline and essential workers (e.g., grocery store clerks, gas station attendants, childcare workers, construction sites, processing plants, etc.) in settings where social distancing is difficult to maintain
    - Health care workers or first responders (e.g., EMS, law enforcement, fire department, military)
    - People who are at high risk of severe illness (e.g., people over 65 years of age, people of any age with underlying health conditions)
- Anyone who believes they may have been exposed to COVID-19, regardless of symptoms. This includes anyone who has been in close contact with others outside of their household, including any gatherings, protests, rallies, parties, religious services, or sporting events, where social distancing was not observed.

Guidance on setting up community-based testing for historically marginalized populations is available at https://files.nc.gov/covid/documents/Community-Testing-Guidance.pdf. Resources and linkage to medical services should be provided for people needing care if the testing organization is not the person's provider.

Guidance regarding antigen testing for SARS-CoV-2 and for reporting of COVID-19 diagnostic test results are available on the NC DHHS website.

When SARS-CoV-2 and Influenza Viruses are Co-circulating

Go to flu.ncdhhs.gov for information on influenza circulation in North Carolina. NC influenza information is updated weekly on Thursday afternoons.

For patients with acute respiratory illness symptoms (with or without fever) requiring hospitalization

- A multiplex nucleic acid detection assay should be used to test for influenza A/B/SARS-CoV-2. If a multiplex assay is not available, individual nucleic acid detection assays should be used to test for influenza A and B and SARS-CoV-2. Rapid influenza antigen detection assays are not recommended due to lower sensitivities compared with rapid influenza nucleic acid detection assays. If a SARS-CoV-2 nucleic acid detection assay is not available onsite and a SARS-CoV-2 antigen detection assay is used, negative results should be confirmed using a SARS-CoV-2 nucleic acid detection assay at an outside laboratory.
- In critically ill intubated and mechanically ventilated patients who are suspected to have COVID-19 or influenza without a confirmed diagnosis, including when upper respiratory tract specimens are negative, lower respiratory tract (e.g. endotracheal aspirate) specimens should be collected for SARS-CoV-2 and influenza virus testing by nucleic acid detection assay per NIH COVID-19 Treatment Guidelines, and Infectious Diseases Society of America Influenza Clinical Practice Guidelines.
- Empiric oseltamivir treatment for suspected influenza should be started as soon as possible regardless of illness duration and without waiting for influenza testing results.

For patients with acute respiratory illness symptoms (with or without fever) not requiring hospitalization

- Test for SARS-CoV-2 by nucleic acid detection assay OR, if not available, by SARS-CoV-2 antigen detection assay. If an antigen detection assay is used, a negative result should be confirmed by a SARS-CoV-2 nucleic acid detection assay. Test for influenza if results will change clinical management or for infection control decisions using a rapid nucleic acid detection assay, or, if not available, a rapid influenza antigen detection assay.
- Prescribe antiviral treatment if on-site influenza testing is positive ***OR*** prescribe empiric antiviral treatment without influenza testing based upon a clinical diagnosis of influenza for patients of any age with progressive disease of any duration, and for children and adults at high risk for influenza complications with illness. For otherwise healthy non-high-risk persons with influenza-like illness (fever and either cough or sore throat) with illness ≤2 days, empiric antiviral treatment of suspected influenza can be prescribed based upon clinical judgement. For otherwise healthy non-high-risk persons without influenza-like illness or with illness duration >2 days, antiviral treatment of influenza is unlikely to provide significant clinical benefit.
- Follow isolation and quarantine recommendations for SARS-CoV-2 and arrange follow-up for any pending testing results.

Because SARS-CoV-2 and influenza virus co-infection can occur, a positive influenza test result without SARS-CoV-2 testing does not exclude SARS-CoV-2 infection, and a positive SARS-CoV-2 test result without influenza testing does not exclude influenza virus infection. More information is available at https://www.cdc.gov/flu/professionals/diagnosis/testing-guidance-for-clinicians.htm.

Personal Protective Equipment and Specimen Collection Supplies

- Providers should consider specimen collection strategies that preserve personal protective equipment if possible, such as having a dedicated team, practice site, or testing center that performs sample collections.
- Testing sites should use drive-thru testing, when possible, to minimize exposure to testing teams and others presenting to the event, but all sites should allow for walk-up option as well for those without personal transportation.
- Providers should make every attempt to order needed PPE and specimen collection supplies through regular supply chains.
- If after implementing and exhausting all ordering options and conservation measures your health care agency or facility is in critical need of PPE supplies, you may request PPE through this Health Care Partners PPE request form available at https://covid19.ncdhhs.gov/information/health-care/requesting-ppe
- If your agency or facility is in need of specimen collection supplies, you may request supplies through this Specimen Collection Supplies Request Form available at https://covid19.ncdhhs.gov/information/health-care/requesting-specimen-collection-supplies.

Testing to detect SARS-CoV-2 (the virus causing COVID-19) is available through a variety of commercial laboratories, health system laboratories, and the North Carolina State Laboratory of Public Health (NCSLPH). Testing through commercial and health system labs should be conducted according to their protocols. Testing through the NCSLPH is available for prioritized populations and will include influenza testing for samples marked as coming from symptomatic patients. Clinicians can submit specimens to NCSLPH for persons with symptoms compatible with COVID-19[1] who are in one of the following six categories:

1. Hospitalized patients;
2. Healthcare workers or first responders;
3. Persons who live in or have regular contact with a high-risk setting[2];

4. Persons who are at higher risk of severe illness and for whom a clinician has determined that results would inform clinical management;
5. Uninsured patients; and
6. Post-mortem specimens from patients in whom COVID-19 was suspected but not confirmed prior to death[3].

To discuss testing through SLPH for patients not meeting any of these criteria, contact the Division of Public Health epidemiologist on-call line at 919-733-3419.

SLPH laboratory guidance, including guidance for specimen collection and shipping, is available at https://slph.ncpublichealth.com/bioterrorism/2019-ncov.asp.

Clinicians should review and provide the Steps for People to Take After COVID-19 Testing (Spanish) to all patients undergoing testing due to symptoms or known or a suspected exposure and should establish a clear plan with patients to inform them of their results. These patients should be in isolation while awaiting their test result. If the result is positive, further public health actions including isolation and contact tracing will be taken in coordination with the local health department.

If patients were tested but have no symptoms and no known exposure to someone with COVID-19 (for example, as part of a workplace screening program), they do not need to stay home while waiting results unless told to do so by an employer or by public health.

Per current CDC guidance, serologic testing can be offered as a method to support diagnosis of acute COVID-19 illness for persons who present late. For persons who present 9-14 days after illness onset, serologic testing can be offered in addition to recommended direct detection methods such as polymerase chain reaction. Serologic testing should be offered as a method to help establish a diagnosis when patients present with late complications of COVID-19 illness, such as multisystem inflammatory syndrome in children. Serologic testing should not be used to determine immune status in individuals until the presence, durability, and duration of immunity is established.

Clinical Assessment and Management

- Clinicians should encourage their patients to call if they have medical concerns before seeking care in-person.
- Clinicians should use, to the extent possible, telehealth/televideo and telephone triage to assess clinical status of patients with respiratory illnesses. Telehealth/televideo and telephone triage are critical tools to allow patients with mild symptoms to have safe access to appropriate assessment, clinical guidance and follow up, and self-care information, while preventing further spread of COVID-19 or exposing patients to COVID-19 in a medical setting.
- Telehealth is broadly being covered at parity for most patients with private insurance, Medicare and Medicaid and therefore should be used whenever clinically appropriate in lieu of face-to-face encounters.
- Clinicians should use their judgment to determine if a patient has mild signs and symptoms compatible with COVID-19 (e.g., fever and cough) or more severe symptoms requiring in-person medical care (e.g. shortness of breath, difficulty breathing, chest discomfort, altered thinking, cyanosis).
- Most people with COVID-19 have mild illness and can recover at home without medical care, consistent with guidance from the Centers for Disease Control and Prevention.
- Patients should be counseled to call if they have worsening signs or symptoms of respiratory illness (e.g. increasing fever, shortness of breathing, difficulty breathing, chest discomfort, altered thinking, cyanosis).

- Patients in high risk categories for clinical severity (e.g., 65 year and older, chronic lung disease or moderate to severe asthma, heart disease, severe obesity BMI > 40, other underlying poorly controlled chronic health conditions such as diabetes, renal failure, liver disease, and immunocompromised) should have more frequent follow up to assess clinical status. Pregnant women should be monitored closely as they are known to be at risk with severe viral illness. However, pregnant women have not been shown to be at increased risk for severe illness with COVID-19 to date.
- While children are generally at lower risk for severe illness, some studies indicate a higher risk among infants.
- **Escalating medical care should occur if symptoms worsen.**
- The National Institutes of Health have published interim guidelines for the medical management of COVID-19 available here - https://www.covid19treatmentguidelines.nih.gov/
- Decisions about discontinuation of isolation should be made using a symptom-based strategy. Repeat testing of persons with previous positive results is not recommended in most circumstances.
- For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection.

Through an agreement with NC DHHS, Community Care of North Carolina, Inc. (CCNC) has established a (877-490-6642) aimed at answering your patients' COVID-19 questions and helping them find the care they need. CCNC will staff this helpline from 7:00 a.m. to 11:00 p.m., seven days a week.

The epidemiologist on- call line (919-733-3419) is available for clinicians and local health departments needing consultation.

Reporting

- Clinicians and laboratories are required to report results of all COVID-19 diagnostic tests, both positive and negative. A COVID-19 diagnostic test means any nucleic acid or antigen test that identifies SARS-CoV-2. This does not include antibody tests.
- Physicians are further required to report all suspected and confirmed cases of COVID-19 to their local health department in accordance with 10A NCAC 41A .0102.
- Any cluster of severe acute respiratory illness in healthcare workers in North Carolina should prompt immediate notification of local or state public health for further investigation and testing.

Non-Congregate Sheltering and Wrap-Around Services

North Carolina has received approval from the Federal Emergency Management Agency (FEMA) to provide non-congregate housing alternatives, such as hotels, motels, and dormitories, for North Carolinians with unstable housing who may need to quarantine in response to or are at high-risk for severe illness from COVID-19.

Additional Information for Healthcare Providers

- The most current information on testing and testing resources is available at https://covid19.ncdhhs.gov/about-covid-19/testing.
- The most current recommendations regarding infection prevention, therapeutic options and other topics are available at https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html and https://www.covid19treatmentguidelines.nih.gov/
- The Interim COVID-19 Vaccination Plan for North Carolina is available at https://files.nc.gov/covid/documents/NC-COVID-19-Vaccine-Plan-with-Executive-Summary.pdf

COVID-19 Resources

- Additional information and resources for providers and the public are available at https://covid19.ncdhhs.gov/.
- Providers needing consultation can call the epidemiologist on call at 919-733-3419
- Members of the public should call 2-1-1 or 888-892-1162 or text COVIDNC to 898211.
- Providers and patients can utilize NCCARE360 to identify and connect to medical and non-medical health related resources https://nccare360.org/

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[1] People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, new loss of taste or smell. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

[2] Testing at SLPH for asymptomatic residents or staff in congregate living facilities with cases or outbreaks of COVID-19 can be considered on a case-by-case basis in consultation with local and state public health if other testing options are not available.

[3] Post-mortem testing is not routinely requested by NC DHHS but is available for situations in which a clinician has deemed such testing appropriate and if supplies for specimen collection and transport are available. Supplies for specimen collection and transport of post-mortem specimens are available through NCSLPH via local health departments. Post-mortem specimens must be collected within 72 hours of death.