

<b>Date:</b>	April 9, 2020
<b>To:</b>	All Northern Health Staff
<b>From:</b>	Dr. Raina Fumerton, Acting Chief Medical Health Officer
<b>Re:</b>	Updated COVID-19 testing guidance for Clinicians

**The COVID – 19 testing criteria has expanded as of April 7, 2020. Please see the [BCCDC website](#) for full details.**

- For some individuals and populations, the results of a COVID-19 test will change clinical or public health management. COVID-19 testing recommendations are focused on highlighting these individuals and populations.
- Patients with COVID-19 or clinical illness compatible with COVID-19 should seek medical care if symptoms do not improve 5-7 days following symptom onset.
- Patients who are asymptomatic should not be tested for COVID-19.

**Recommendations for COVID-19 testing:**

<b>Who should be tested for COVID-19?</b>	
<p>COVID-19 testing is recommended for the following groups if they develop <b>new respiratory or gastrointestinal symptoms, however mild</b>. This includes fever, cough, shortness of breath, rhinorrhea, nasal congestion, loss of sense of smell, sore throat, odynophagia, headache, muscle aches, fatigue, loss of appetite, chills, vomiting, or diarrhea</p> <p><u>Residents and staff of long term care facilities</u></p> <p><u>Patients requiring admission to hospital or likely to be admitted</u>, including pregnant individuals in their 3rd trimester, patients on hemodialysis, or cancer patients receiving radiation or chemotherapy</p> <p><u>Patients who are part of an investigation of a cluster or outbreak</u> as determined by the Medical Health Officer</p>	<p>COVID-19 testing is recommended for the following groups if they develop a <b>fever (over 38 degrees Celsius) AND new onset of (or exacerbation of chronic) cough or shortness of breath</b></p> <p><u>Health Care Workers</u>, including community pharmacists</p> <p><u>Residents of remote, isolated or Indigenous communities</u></p> <p><u>People living and working in congregate settings</u>, such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences</p> <p><u>People who are homeless or have unstable housing</u></p> <p><u>Essential service providers</u>, including first responders (e.g. paramedics, police officers, firefighters)</p> <p><u>Returning travelers</u> identified at a point of entry to Canada</p>

**Any physician can order a test for COVID-19 based on their clinical judgment.**

The above recommendations are focused on testing populations for whom a COVID-19 test will change clinical or public health management. However, any physician can order a test for COVID-19 based on their clinical judgement as laboratory testing capacity has been increased in BC.

**False negative results can occur early in the course of infection and in severely infected patients.**

Over the past two months, we have come to better understand the accuracy of the COVID-19 test. We have found that false negative results can occur early in the course of the infection, implying that a negative RNA test does not definitively rule out COVID-19 infection.

**Advise patients with COVID-19 to seek medical care if symptoms do not improve 5-7 days following symptom onset.**

In retrospective studies of critically ill patients, onset of dyspnea occurred at a median time of 6.5 days after symptom onset, and progression to respiratory distress occurred quickly thereafter (median 2.5 days after onset of dyspnea).

**Individuals who do not meet the testing criteria, but who are symptomatic, should be asked to self-isolate at home until the following criteria are met:**

- a) At least 10 days have passed since onset of symptoms; AND
- b) At least 72 hours have passed since resolution of fever; AND
- c) Symptoms (respiratory, gastrointestinal, and systemic) have improved

Coughing may persist for several weeks and does not mean the individual is infectious and must self-isolate.

**We request patience as we assess increased volumes over the next 7-10 days. Depending on the number of increased presentations to our testing locations, there may be delays in completing swabs as we match capacity to demand.**

## Guidance on Specimen Collection and Labeling (April 6, 2020)

### Specimen Collection

In the outpatient setting, collect a **Nasopharyngeal (NP) Swab** (preferred method) using the procedure described by the New England Journal of Medicine (Collection of Nasopharyngeal Specimens with the Swab Technique): <https://www.youtube.com/watch?v=DVJNWefmHjE>

Use the swab/collection device provided by your institution. The most common swab types used are the Copan Universal Transport Medium (UTM) System and BD™ Universal Viral Transport System.



Throat swabs are also acceptable, especially if using the white APTIMA swab.

For hospitalized patients and/or patients with evidence of lower respiratory tract disease, collect a lower respiratory tract sample (e.g., sputum, endotracheal aspirate, broncho alveolar lavage, etc.) in a sterile screw-top container in addition to a nasopharyngeal swab.

### Specimen Labelling

- All specimens (cylindrical tube) must be affixed with a label which states:
- Patient name
- PHN or Date of Birth (DOB)
- Specimen type (e.g., NP swab)
- Date & time of collection

If applicable, please indicate one of the following codes on the specimen label to assist with processing:

- **HCW1** – Health Care Worker – Direct Care
- **HCW2** – Health Care Worker – Non Direct Care
- **LTC** – Long Term Care Facility
- **OBK** – Outbreak
  - **Including people who are homeless or have unstable housing**
- **HOS** – Hospital (Inpatient)
- **CMM** – Community (Outpatient), including urgent and primary care centre

Please submit each specimen in an individual, sealed biohazard bag. Include a paper requisition which clearly states the patient information, the ordering physician, and the test requested (COVID-19 NAT).

Please refer to the BCCDC Public Health Laboratory eLab Handbook under COVID-19 test for specimen requirements (<http://www.elabhandbook.info/phsa/>).