



# Health Alert



City of Chicago  
Lori E. Lightfoot, Mayor

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Chicago Department of Public Health  
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## **COVID-19: Interim Infection Control Guidance & Lab Testing** **March 12, 2020**

### **Summary and Action Items:**

- As described in the 3/11/20 [IDPH SIREN alert](#), SARS-CoV-2 testing is now available through a limited number of commercial laboratories and availability through hospital and reference labs will increase.
- Based on certain Chicago specific outpatient clinic considerations described below, NEW [CDC Interim Infection Control Guidance](#) now allows for testing in the outpatient settings.
- Patients and community members should not be directed to local health departments (including the CDPH coronavirus hotline or CDPH SICK line) for decision making about testing.
- PUI authorization is now completed online: providers should not call CDPH or 311 for routine PUI authorization, instead complete the online form and you will receive authorization codes by email.
- Given the change in infection control guidance, outpatient providers should immediately prepare their own clinics to safely evaluate and test patients moving forward. Telehealth triage strategies should be implemented now to allow patients who do not require immediate evaluation or testing to home isolate.

### **New CDC Interim Infection Control Guidance Released**

The new [CDC Interim Infection Control Guidance](#) (March 10, 2020) impacts collection of specimens from suspect patients under investigation (PUIs) in the outpatient setting. Based on current CDC guidance, CDPH recommends the following in an outpatient setting with any of the following scenarios:

- Lack of Airborne Infection Isolation Rooms (AIIRs) OR
- Lack of adequate N95 fit-tested staff OR
- Inadequate supplies of N95s

In any of the above conditions apply, the following PPE is allowable:

- When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab or oropharyngeal swab) from a possible COVID-19 patient, any HCP in the room within 6 feet should wear a surgical mask, eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
- Specimen collection should be performed in a normal examination room with the door closed.
- Leave room vacant for 2 hours.
- Clean and disinfect procedure room surfaces promptly using cleaners/water to pre-clean surfaces prior to applying an EPA-registered, hospital grade disinfectant to frequently touched surfaces for appropriate contact times as indicated on the product's label. Products with [EPA-approved](#) emerging viral pathogens claims are recommended for use against SARS-CoV-2.

Improper specimen collection procedures may have negative consequences, including exposure of health care workers, and false negative results. In addition, cross contamination of specimen collection materials may cause false positive results. Collection of NP specimens should be done by individuals who have been trained

and, ideally, have demonstrated competency. This [video from NEJM](#) on NP swab collection can be used for instruction. Always read the instructions for the test kit and transport media being used.

### **Updates on Laboratory Testing**

As described in the 3/11/20 [IDPH SIREN alert](#), SARS-CoV-2 testing is now available through a limited number of commercial laboratories and availability through hospital and reference labs will continue to grow. Expected turn-around time (TAT) at commercial laboratories is 1 to 4 days but may be longer. In contrast, testing at IDPH laboratories can usually be performed with a 2 to 3-day TAT. IDPH has limited capacity/reagents to perform SARS-CoV-2 testing and will target its testing to higher priority specimens. This will enable higher risk patients to be identified sooner, assist with care of patients with more severe illness, and inform response efforts, including critical infection control decisions.

**Please do not refer patients or community members directly to the local health department, CDPH coronavirus hotline or CDPH SICK line for decision making about testing. Given the change in guidance, outpatient providers should immediately prepare their own clinics to safely evaluate and test patients moving forward.** Public health will be limiting testing to individuals related to public health response.

See the 3/11/20 [IDPH SIREN alert](#) for updates on commercial lab testing availability. The following categories of patients will be considered high priority for public health laboratory testing:

- Household contacts to a laboratory-confirmed case of COVID-19 with a clinically compatible illness.
- Travelers with a clinically compatible illness requiring hospitalization AND a history of travel within the past 14 days to an [affected geographic area](#) without an alternative explanatory diagnosis (e.g., influenza).
- Hospitalized patients with unexplained pneumonia where a physician (infectious disease or pulmonary specialist, if feasible) has evaluated the patient and is concerned about SARS-CoV-2 infection. Radiologic studies should also be reviewed with an expert (e.g. chest radiologist) to help make this determination.
- Individuals from congregate or health care facilities (staff and/or patients) with clusters of infection not due to influenza and suspected to be due to SARS-CoV-2, as determined in collaboration with public health authorities. As a reminder, clusters of respiratory illness are reportable to the local health department by phone with 24 hours.
- People at higher risk for complications from SARS-CoV-2, for whom rapid test results are more likely to impact clinical care/outcomes (e.g. older adults (age  $\geq$  65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease, pregnancy).
- Other situations of concern as identified by public health authorities.
- Other situations involving patients that clinicians have thoroughly evaluated and are deemed high priority after consultation with public health.

### **New PUI Submission Instructions (3/12/20)**

Visit [www.chicagohan.org/COVID-19](http://www.chicagohan.org/COVID-19) for instructions on the new online PUI authorization process.