

MEDICAL HEALTH OFFICERS ALERT – April 24, 2020

Guidance for COVID-19 Testing by Nucleic Acid Tests (NATs)

Guidelines for COVID-19 testing in BC are updated based on the changing epidemiology, testing capacity, and our evolving understanding of test sensitivity in clinical settings.

At this time it is critical to ensure timely identification of new infections and their contacts to prevent community spread of COVID-19.

1. **Test all individuals with new respiratory or systemic symptoms compatible with COVID-19, however mild.** Symptoms may include fever, chills, cough, shortness of breath, sore throat, odynophagia, rhinorrhea, nasal congestion, loss of sense of smell, headache, muscle aches, fatigue, or loss of appetite.
2. **Individuals in the following groups should be prioritized for testing:**
 - a. Residents and staff of long-term care facilities
 - b. Individuals requiring admission to hospital or likely to be admitted, such as pregnant individuals near-term, patients on hemodialysis, or cancer patients receiving radiation or chemotherapy.
 - c. Healthcare workers
 - d. Individuals with a higher probability of being infected with COVID-19 such as contacts of a known case of COVID-19 and travellers just returned to Canada
 - e. Residents of remote, isolated, or Indigenous communities
 - f. People living in congregate settings such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences
 - g. People who are homeless or have unstable housing
 - h. Essential service providers, such as first responders
3. **Healthcare providers can order a COVID-19 test for any patient based on their clinical judgment.**
4. **COVID-19 testing is not recommended for individuals without symptoms.**
5. **The Medical Health Officer may recommend testing for others**, such as those who are part of an investigation of a cluster or outbreak.

About the COVID-19 testing by NAT: The majority of the time, COVID-19 testing is accurate. The ability of the COVID-19 test to accurately identify positive cases depends on what stage of illness the person is in and the prevalence of the illness (number of people who have COVID in the population). Testing too early or too late in the illness can lead to falsely negative results because people don't have as much virus in their nose at that time. In cases where there is a high likelihood of COVID-19 (based on clinical symptoms and exposure history), repeating the test later may pick up the virus and appropriately identify a true case. Since we are testing broadly in IH, and we have a low number of cases in our population, our negative test results are correct more than 99% of the time. We are recommending that our health-care providers consider repeat testing in rare cases where there is a very strong clinical suspicion for COVID, to decrease the risk of a false negative test

Guidance on Specimen Collecting and Labelling

Specimen Collection

Collect a **Nasopharyngeal (NP) Swab** 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.



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

Specimen Labelling

All specimens (cylindrical tube) must have an attached label with:

- Patient name
- PHN or Date of Birth (DOB)
- Specimen type (e.g., NP swab)
- Date & time of collection

Please add one of the following codes to the specimen label:

- **HCW1** – Health Care Worker – Direct Care
- **HCW2** – Health Care Worker – Non Direct Care
- **LTC** – Long Term Care Facility
- **OBK** – Outbreak
- **HOS** – Hospitalized
- **CMM** – Community or Outpatient, including Urgent and Primary Care Centres

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 name (COVID-19 NAT).

If you have any questions or concerns, please call the Communicable Disease Unit (CDU) or On-call Medical Health Officer (MHO)

- Communicable Disease Unit (CDU) 1-866-778-7736 (daily 8:30 to 16:30) OR
- On-call Medical Health Officer (MHO) 1-866-457-5648 (after hours)

The CDU or On call MHO can assist with the risk assessment for COVID-19 for your patient if needed

For the most up to date COVID-19 information please go to:

<https://www.interiorhealth.ca/YourEnvironment/CommunicableDiseaseControl/Pages/Breaking-News-and-Info.aspx>