



Nebraska Department of Health and Human Services
HEALTH ALERT NETWORK
Update



TO: Healthcare providers, hospitals, infection control, IAS, and public health

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RE: Updated Guidance on Evaluation and Testing Persons for COVID-19

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This Health Alert is to advise Nebraska healthcare providers of increased COVID-19 lab testing options, and modified recommendations for COVID-19 laboratory testing.

One of our highest priorities is to increase COVID-19 testing and to identify as many persons currently infected with COVID-19 virus, so these persons can be isolated, and their contacts quarantined.

Testing pipelines are opening wider by the day but supply chain issues could arise, including: nasopharyngeal swabs, viral transport media, personal protective equipment (PPE) for those collecting the N-P swabs, and lab reagents required for extraction, processing, and testing.

Additional testing capacity is expected to evolve as companies with an installed platform base (e.g.s, Cepheid and Biofire) move to COVID-19 testing on their systems.

Public health welcomes and encourages additional testing capacity to fulfill our goal to test persons with symptoms consistent with COVID-19 infection.

Current in-state laboratory testing options:

Alegent Core Lab, affiliated with Creighton-CHI (Omaha):

ABBOTT M2000, 94/tests/run; up to three runs/day

Regional pathology Laboratory, affiliated with Nebraska Medicine:

UDT TEST: 100 tests/ day

ROCHE COBAS6800: 180 tests/day

TOTAL: 280 tests/day

Nebraska Public Health Laboratory based at UNMC in Omaha:

CDC-public health test: 200 tests/day

Commercial labs (LabCorp, Quest, Mayo Clinnc, ARUP etc): currently reporting approx. 100 total tests /day; future capacity, unknown. These labs accept orders for COVID-19 tests without restrictions or prescreening.

To best utilize the in-state lab capacity, we recommend using existing reference lab referral pathways:

If currently enrolled with the Omaha CHI laboratory: order COVID-19 tests through that. This includes all CHI in-patients facilities (Kearney Good Samaritan, St. Francis, St. Elizabeth, St. Mary's-Nebraska City, CHI-Schuyler), along with providers, clinics and other entities with an established relationship with the CHI Health Laboratory.

If currently enrolled with Regional Pathology Services (RPS) operated out of UNMC order COVID-19 tests through RPS. On Friday, March 20, CEO of Nebraska Medicine Jim Linder, M.D., e-mailed an invitation offering COVID-19 testing to several other health systems across the state. RPS offers both an in-house ("UDT") test with a capacity of 90-100/day, plus a COVID test run on the Roche COBAS platform with a capacity of approximately 200/day.

Nebraska Public Health Laboratory (NPHL) can test about 200 specimens/day, prioritizes testing statewide for ALL in-patients with COVID-19, healthcare workers (especially outside of the CHI and RPS networks), and suspected COVID-infected patients from group settings and other vulnerable populations (e.g., long-term care facilities).

PRIORITIZATION OF PATIENTS FOR COVID-19 LAB TESTING

We are currently attempting to maximize COVID-19 laboratory testing in individuals suspected of COVID-19 infection based on symptoms and epidemiologic risk factors.

COVID-19 testing serves two equally important purposes. Differentiating infected from uninfected patients:

- enables isolation and contact tracing of the infected, along with informing decisions about movement to a higher level of care if symptoms progress

- enables those testing negative for COVID-19 the freedom to resume a more normal lifestyle (while observing the nonpharmaceutical interventions)

While there may be asymptomatic infection in the general population, the likelihood of a positive COVID-19 test is low: testing in such patients is discouraged, unless clinical and epidemiologic factors argue for a test.

Patients with a clear source of exposure (e.g., household member of a known lab-confirmed case) and a clinical presentation consistent with COVID-19 can be clinically diagnosed and managed with self-isolation without a confirmatory test.

Given the increased availability of COVID-19 laboratory testing along with a marked decrease in reports of influenza, public health is modifying the test algorithms and expanding those patients recommended for COVID-19 testing.

Respiratory pathogen panel (RPP) and influenza testing are less important and no longer required as part of the algorithm for COVID-19 workup and testing. Clinicians should use their best clinical judgement in ordering these tests. Influenza has not entirely disappeared, and the pathogens detected on the RPP continue at their endemic rate. Co-infection with COVID-19 and other pathogens has been reported but its extent is unknown.

The spectrum of COVID-19 clinical illness is not completely defined:

For hospitalized patients, look for fever, shortness of breath, cough, abnormal chest x-ray, and hypoxia. Patients fitting this profile are the highest priority for COVID-19 testing, and will receive expedited testing at public health expense at NPHL.

For outpatients, the clinical profile ranges from asymptomatic to isolated fever or cough or shortness of breath or sore throat or severe fatigue or diarrhea. Combinations of these symptoms may evolve over the course of the infection. In the absence of a known diagnosis, patients with these symptoms are candidates for COVID-19 testing, especially when multiple symptoms are present and clinically the patient appears more severely ill. Clinicians should use this information and their best clinical judgment to decide when to order a COVID-19 test.

All providers are asked to prioritize testing of:

- Inpatients with a clinical presentation consistent with COVID-19
- Outpatients who are in high risk or vulnerable populations
- Residents and staff at nursing homes, group homes, and other residential facilities
- Public safety workers and first responders
- Individuals > 65 years old and anyone with underlying conditions where a COVID-19 infection could result in increased morbidity/mortality