

Alaska Public Health Alert

Updated Procedures for Coronavirus Disease 2019 (COVID-19) Testing in Alaska

April 8, 2020

Summary

The purpose of this alert is to update Alaska health care providers about new procedures and strategies for managing COVID-19 surveillance and testing in Alaska.

Key Points

- Providers must fill out a [COVID-19 Report Form](#) for each patient, regardless of the testing lab; this also includes new point of care testing machines. Results from these assays should still be [routed to SOE](#).
- Health care providers **do not** need to call the Alaska Section of Epidemiology (SOE) to approve testing.
- Call SOE at **907-269-8000 or 800-478-0084** (after-hours) regarding outpatients who will not be able to isolate in their own homes (e.g., homeless persons or out-of-town travelers).
- Testing supplies are still running low nationwide. Until this shortage is addressed, health care providers should prioritize testing to specific groups as per the updated table below.
- The Alaska State Public Health Laboratory (ASPHL) is running specimens 7 days a week.
 - STAT testing is generally not being offered.
- CDC guidance for discontinuation of home isolation for persons with COVID-19, available [here](#). Anyone being tested for COVID-19 should be informed to act as if they have COVID-19 until a result comes back.
- SOE guidance on what outpatients should do if they have COVID-19 is available [here](#).

Guidance for Testing at ASPHL

Many patients with COVID-19 present with very mild illness. As such, we advise setting a lower threshold for testing—especially for staff and residents in healthcare settings and congregate care/living facilities. Consider testing persons who meet the following characteristics:

- New onset of *any one* of the following: cough, shortness of breath, or difficulty breathing, OR
- New onset of *two or more* of the following: chills, diminished sense of taste or smell, diarrhea, fatigue, fever (measured or subjective), headache, muscle/joint aches, nausea, rigors, runny nose, sore throat, or sputum production.

Patient Criteria	Send Specimens to
<ul style="list-style-type: none"> • Hospitalized • Patients, residents, and staff in any setting where healthcare services are delivered (e.g., hospital, department of corrections, mental/behavioral health clinics, long-term care facilities, assisted living facilities) • Persons and staff in other institutional or congregate settings (e.g., corrections, juvenile detention centers, homeless shelters) • First responder (e.g., police, fire, paramedic) • Household member of a health care provider • Known close contact to a confirmed case of COVID-19 in the past 14 days • An outpatient who is at increased risk for serious illness (i.e., age ≥60 years or has one or more select chronic medical conditions, such as heart disease, lung disease, diabetes, or immunocompromised) 	ASPHL*
<ul style="list-style-type: none"> • Out-of-state travel in the past 14 days • Persons working in critical infrastructure occupations (e.g., grocery stores, pharmacies, restaurants, gas stations, public utilities, etc.) • Any other patient as determined by clinical discretion 	Other Laboratory (e.g., Commercial)
<ul style="list-style-type: none"> • Asymptomatic persons 	DO NOT TEST

*Alaska State Public Health Laboratory supplies are limited, so please follow the preferred laboratory guidance closely.

Guidance for Facilities with Their Own COVID-19 Laboratory Testing Capacity

- Facilities with their own molecular diagnostic testing capacity for COVID-19 should develop criteria for testing prioritization based on the above table and local community needs.
- Report all test results (positive and negative) to the Section of Epidemiology (SOE).
 - Methods for reporting include integration into existing electronic laboratory reporting (ELR) data feeds or fax (907-563-7868). Please email Megan Tompkins (megan.tompkins@alaska.gov) to inform us about how your facility will report.
 - Please immediately notify SOE by fax with *positive* test results (in addition to ELR reports).
- Mail all *positive* specimens to the Alaska State Virology Laboratory for whole genome sequencing, per the shipping instructions available [here](#).

Specimen Type and Priority (based on [CDC Guidance](#))

- A nasopharyngeal (NP) specimen is the preferred choice for swab-based SARS-CoV-2 testing.
- When collection of a NP swab is not possible, the following are acceptable alternatives:
 - A nasal mid-turbinate swab collected by a healthcare professional or by onsite self-collection (using a flocked tapered swab).
 - An anterior nares specimen collected by a healthcare professional or by onsite self-collection (using a flocked or spun polyester swab). A single polyester swab with a plastic shaft should be used to sample both nares.
 - An oropharyngeal (OP) specimen collected by a healthcare professional.
- Do not use cotton or calcium alginate swabs, or swabs with a wood or metal shaft (exception: an aluminum shaft is okay) for specimen collection.
- All swabs should be placed in a transport tube containing either viral/universal transport medium, Amies transport medium, or sterile RNase-free saline.
- A self-collection guidance video is available [here](#).
- Test lower respiratory tract specimens, if available.
 - For patients who develop a productive cough, sputum should be collected and tested for SARS-CoV-2. The induction of sputum is not recommended.
 - When it is clinically indicated (e.g., those receiving invasive mechanical ventilation), a lower respiratory tract aspirate or bronchoalveolar lavage sample should be collected and tested as a lower respiratory tract specimen.
- Maintain [proper infection control](#) when collecting specimens. See [Biosafety FAQs](#) for handling and processing specimens from suspected case patients.

Additional Specimen Collection Information

- ASPHL: details on [page 23 of the Laboratory Test Directory](#); instructions for obtaining a NP swab on [page 95](#). Specimens are batched current turnaround time is 1–3 days.
- Consult individual commercial labs for specific instructions.
- FDA guidance on specimen transport media and swabs is available [here](#).

New Case Definition for COVID-19

The Council of State and Territorial Epidemiologist (CSTE) recently released [interim criteria for defining COVID-19 cases](#). This includes clinical and laboratory criteria used to define *confirmed* cases; as well as epidemiologic criteria that can be used to tabulate *probable* cases who have epidemiologic links to laboratory confirmed cases but themselves have not been tested. Given the current epidemiology of COVID-19 in Alaska, we continue to recommend testing close contacts; however, we will likely tabulate them as probable cases if/when community transmission becomes more widespread and reduce testing for those persons accordingly.

Please check the [DHSS COVID-19 website](#) and [CDC's COVID-19 website](#) frequently for updates.