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From: Southeastern Idaho Public Health
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Subject: Health Advisory for Idaho Healthcare Providers: Guidance for Novel Coronavirus Disease (COVID-19) Specimen Collection and Testing — update 3/27/2020
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Health Advisory for Idaho Healthcare Providers: Guidance for Novel Coronavirus Disease (COVID-19) Specimen Collection and Testing — update 3/27/2020

On 3/24, the Centers for Disease Control and Prevention (CDC) updated [guidance for clinicians on evaluating and testing persons for COVID-19](#), to include prioritization of groups for testing, and [guidance on collecting specimens for COVID-19 testing](#) to allow for use of nasal swabs and self-collection of nasal swabs. We describe below how these guidelines integrate with testing at the Idaho Bureau of Laboratories (IBL), <https://statelab.idaho.gov>. IBL's priority is to maintain a 24-hour turnaround time for SARS-CoV-2 testing of hospitalized patients.

Prioritization of Specimens for Testing at IBL

IBL will accept specimens for testing for SARS-CoV-2 on CDC priority categories with either high or routine priority testing at IBL as outlined below. Notify your local public health district within 24 hours of shipment so they can correctly identify high priority specimens for IBL.

CDC Priority 1: IBL High Priority Specimen

- Hospitalized patients
- Symptomatic healthcare workers

CDC Priority 2:

IBL High Priority Specimen

- Symptomatic patients in long-term care facilities

IBL Routine Priority Specimen

- Symptomatic patients = 65 years of age
- Symptomatic patients who are at high risk of severe disease because of underlying medical conditions
- Symptomatic first responders

Idaho Public Health/IBL High Priority Specimen

- Severe respiratory illness of no known cause
- Symptomatic staff or inmate in correctional facility in the absence of an identified COVID-19 outbreak in the facility

CDC Priority 3: Specimens should be sent to commercial laboratories

Asymptomatic persons should not be tested.

This prioritization may be revised if turnaround time for hospitalized patients cannot be maintained.

See <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>.

Specimen Collection and Submission

Either nasopharyngeal (NP) swab specimens or nasal swab (NS) specimens may be tested at IBL.

NP swabs are preferred.

Nasal Swabs: Do not use cotton swabs, swabs with wood shafts, or swabs with calcium alginate. Use only synthetic fiber swabs to sample both anterior nares. Specimens may be collected by healthcare professional or self-collected. Oral swabs may be used; NP swab shaft length and flexibility are not desirable. See <https://www.youtube.com/watch?v=2cd4gg975ao> from the Joint Commission and CDC for nasal swab collection video.

Transport Media: The volume of transport media required is 1 to 3 mls. Laboratories may aliquot media as needed. For specimens submitted to IBL, viral transport medium, Amies transport medium, or sterile saline may be used.

Clinical Test Request Form: Specimens must be accompanied by a completed IBL clinical test request form

(https://healthandwelfare.idaho.gov/Portals/0/Health/Labs/Clinical_Test_Request_Form.pdf). Many forms are being submitted with blank **Onset Date** and **Collection Date** fields.

Both dates are being used to prioritize samples. Samples without these dates completed are processed last. To ensure timely and appropriate notification, the patient **city or county** must be provided. Without complete information, laboratorians, epidemiologists, and infection preventionists are losing valuable time tracking down the appropriate jurisdiction for public health intervention. Please help your colleagues by completing all the requested information on the clinical test request form for specimen submissions to IBL.

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>