

HEALTH ALERT

Coronavirus Disease 2019 (COVID-19): Updated Guidance for Resource Management

March 14, 2020

Update from Health Alert released March 7, 2020

Summary and Action Items

- To address the evolving response, the Director of the Ohio Department of Health (ODH) has issued an amended Director's Journal Entry with updated reporting requirements for COVID-19. This updated document is attached.
- On March 7, 2020, CDC updated the ["Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19"](#).
- On March 10, 2020, CDC updated the ["Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings"](#).
- For **confirmed** cases of COVID-19, healthcare providers or any individual having knowledge, should **immediately** notify their local health department (LHD). If confirmed cases are hospitalized, healthcare providers need to notify infection control personnel at their healthcare facility **immediately** and institute monitoring of potentially exposed healthcare workers.
- LHDs who are notified of **confirmed** cases of COVID-19 should notify ODH **immediately** via the 24/7 Class A disease reporting line.
- Suspected cases (PUIs) of COVID-19 or patients pending laboratory results no longer require reporting.

Background

Testing capacity in Ohio has increased markedly in the past week due to increased availability at ODH Public Health Laboratory (ODHL) and in the private sector. This increased testing is beneficial in efforts to identify patients affected by COVID-19 and for following the course of community spread in Ohio.

At the same time, this increase in testing creates challenges in prioritizing response efforts for both healthcare and public health systems. Currently, it is required that both confirmed cases and suspected cases of COVID-19 are reported to public health, placing a substantial and increasing administrative burden on both healthcare and public health professionals. While the reporting of confirmed cases remains critical, the reporting of individual suspected cases is of less importance from a public health perspective when community spread occurs. Effective immediately, confirmed cases should continue to be **immediately** reported to local health departments, but reporting of individual suspected cases is no longer required. This will permit healthcare providers and public health professionals to provide care and focus on this new phase of the pandemic.

Importantly, healthcare providers should advise patients being tested for COVID-19 that they should self-isolate until informed of the results of testing. Those testing positive must be reported as described elsewhere in this alert and should undergo continued isolation until released from isolation by their local health jurisdiction. Those testing negative may be released based upon the clinical assessment of their healthcare provider.

Healthcare workers potentially exposed to confirmed COVID-19 cases will need to be monitored by their hospital system's infection control or occupational health personnel for appropriate quarantine/isolation and return to work directives. Hospital systems will need to communicate their monitoring activities to the local health jurisdiction in a manner provided by the local health jurisdiction.

Updated Reporting Requirements

To address the evolving response, the Director of the ODH, Dr. Amy Acton, has issued an amended Director's Journal Entry (attached), with updated reporting requirements for COVID-19. These changes will focus healthcare and public health capacity to more strategically leverage infrastructure and resources to slow the transmission of disease.

Management of Resources in Healthcare Settings

On March 10, 2020, CDC released updated guidance, "[Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings](#)". This guidance includes recommendations for the use of facemasks as an acceptable alternative when the supply chain of respirators cannot meet the demand. When available, respirators (instead of facemasks) are preferred, and should be prioritized for situations when respiratory protection is most important (e.g., aerosol-generating procedures). This guidance also highlights other areas for conservation of resources in healthcare settings, including:

- Use of single person rooms with the door closed for known or suspected cases of COVID-19, with airborne infection isolation rooms (AIIRs) reserved for patients undergoing aerosolized-generating procedures.
- Prioritization of other personal protective equipment when resources are limited.

On March 7, 2020, CDC released updated guidance, "[Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19](#)". This guidance includes recommendations for healthcare personnel contact tracing, monitoring, and work restrictions in selected circumstances. These include allowances for asymptomatic healthcare personnel who have had an exposure to COVID-19 patient to continue to work after options to improve staffing have been exhausted and in consultation with their occupational health program.

Updated Specimen Collection Procedures for COVID-19 Testing

CDC is now recommending collecting only a nasopharyngeal (NP) swab for COVID-19 testing when samples are to be tested with the CDC Emergency Use Authorization Assay, *CDC 2019-Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel (CDC)*, which is currently in use at CDC and in most state laboratories, including ODHL. When using other laboratories or assays, please consult recommendations for specimen types and handling that are specific to those assays.

Required Reporting

- For **confirmed** cases of COVID-19, healthcare providers or any individual having knowledge, should **immediately** notify their local health department (LHD). If confirmed cases are hospitalized, healthcare providers need to notify infection control personnel at their healthcare facility **immediately** and institute monitoring of potentially exposed healthcare workers.
- Suspected cases (PUIs) or patients pending laboratory results no longer require reporting.
- LHDs who are notified of **confirmed** cases of COVID-19 should notify ODH **immediately** via the 24/7 Class A disease reporting line.

ODH and LHD Response

- LHDs who are notified of confirmed cases of COVID-19 should notify ODH immediately via the 24/7 Class A disease reporting line.
- Local and state public health staff will determine if the patient meets the criteria for COVID-19 testing at ODHL.
- Local public health staff will work with healthcare providers to obtain the information included in the CDC [COVID-19 Case Report form](#) and enter into the Ohio Disease Reporting System (ODRS).

Contact

Immediately report all confirmed cases of COVID-19 to the local health department in the jurisdiction in which the case resides. To locate a local health department, please visit <https://odhgateway.odh.ohio.gov/lhdinformationsystem/Directory/GetMyLHD>.

For general questions related to COVID-19, healthcare providers and facilities should contact their local health department. Ohio local health departments should contact the ODH Bureau of Infectious Diseases at 614-995-5599.

Attachments

- Director's Journal Entry (UPDATED March 14, 2020)