Department of Public Health
Health Advisory 3/12/2020

HEALTH ADVISORY

DATE: March 12, 2020.

REASON FOR THIS ADVISORY:

Novel Coronavirus (COVID-19) City of El Paso Department of Public Health Laboratory Testing Criteria and Results Reporting for El Paso County.

This advisory is posted on the City of El Paso Department of Public Health (DPH) website found at www.ephealth.com

To ensure you receive future advisories, please sign up at register.EPHealth.com

The City of El Paso Department of Public Health is now testing for COVID-19 in our local laboratory. DPH is requesting that ALL Health Care Providers (HCP) report immediately any patient that meets the criteria for Patient Under Investigation (PUI) and needs testing for COVID-19.

Epidemiology Program Disease Reporting (Available 24 hours a day / 7 days a week)
P: 915-212-6520

Testing of samples must be approved by The City of El Paso DPH and Covid-19 testing will be done based on risk criteria described below (Table 1).

- **Samples received before 12pm M-F**, will be tested and resulted the same day.
- **Samples received after 12pm M-TR**, will be tested and resulted the following day.
- **Samples received Friday after 12:00pm**, will be tested and resulted the following Monday.

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Laboratory results will be communicated as follows:

- **NEGATIVE:** Faxed to Laboratory of submitting hospital.
- **PRESUMPTIVE POSITIVE:** Called and Faxed to submitting hospital and Laboratory.
- **INCONCLUSIVE:** Test was unable to determine positivity. A new set of samples will be requested, and test will be performed again.

ALL presumptive positive results, the samples will be sent to CDC laboratory for final confirmation. Final results will be forwarded to DPH from CDC and will be communicated to submitting hospital Administrator on Duty (AOD) and Laboratory.

Actions requested from all healthcare providers and laboratories:

- DPH and CDC forms must be properly filled with requested information.
- Samples must be collected in approved viral swab and properly transported.
- Samples can be received up to 72 hours after collection if stored at 2-4°C. Samples that will be received after 72 hours must be kept frozen at -70°C.

Attachments included:

- Interim Criteria for Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19) effective 3/12/20.
- DPH COVID-19 Laboratory Sample Handling and results sharing algorithm.
- Specimen submission laboratory forms.

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Interim Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19)

Due to current testing capacity limitations in Texas, at this time, public health laboratories in Texas will use the following criteria to prioritize testing of persons at risk of COVID-19.

Table 1.

Clinical Features	&	Epidemiologic Risk
Fever[1] or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	**AND**	Any person, including health care workers[2], who has had close contact[3] with a laboratory-confirmed[4] COVID-19 patient within 14 days of symptom onset
Fever[1] and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)[5]	**AND**	A history of travel from affected geographic areas[6] (see below) within 14 days of symptom onset **OR** An individual(s) with risk factors that put them at higher risk of poor outcomes[7]
Fever[1] and signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	**AND**	No source of exposure has been identified

[1]Fever may be subjective or confirmed.
[2]For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. Additional information is available in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

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[3]Close contact is defined as—
a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case,
– or –
b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on). If such contact occurs while not wearing recommended personal protective equipment (PPE) (e.g., gowns, gloves, National Institute for Occupational Safety and Health (NIOSH)-certified disposable N95 respirator, eye protection), criteria for PUI consideration are met. Additional information is available in CDC's updated Interim Infection Prevention and Control Recommendations for Patients with Confirmed COVID-19 or Persons Under Investigation for COVID-19 in Healthcare Settings. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill patient). Special consideration should be given to healthcare personnel exposed in healthcare settings as described in CDC's Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with COVID-19.
[4]Documentation of laboratory confirmation of COVID-19 may not be possible for travelers or persons caring for COVID-19 patients in other countries.
[5] Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g.,influenza).
[6]Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all COVID-19 Travel Health Notices. It may also include geographic regions within the United States where documented community transmission has been identified.
[7]Other symptomatic individuals such as, older adults (age = 65 years) and individuals with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).

Categories of urgency levels
Health Alert: conveys the highest level of importance; warrants immediate action or attention
Health Advisory: provides important information for a specific incident or situation; may not require immediate action
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

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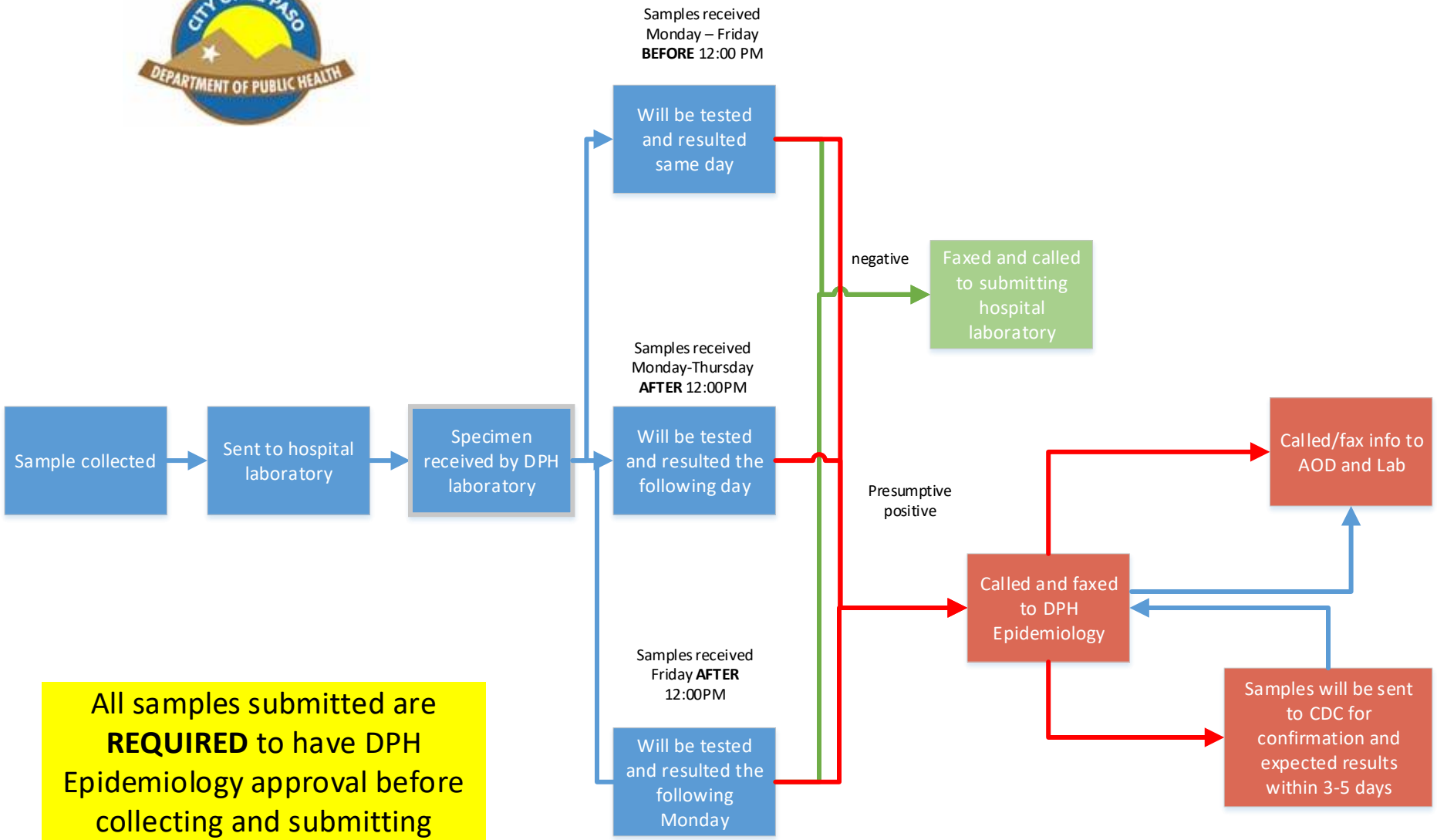

All samples submitted are **REQUIRED** to have DPH Epidemiology approval before collecting and submitting sample. Any sample received without prior approval will be rejected.

DPH COVID-19 Laboratory Sample Handling and Results Sharing as of 3.12.20

COVID-19 Specimen Submission Form

City of El Paso Department of Public Health Laboratory
4505 Alberta Ave., 2nd Floor, El Paso, TX 79905-2818
Ph: (915) 212-0438 Fax: (915) 212-0439 CLIA # 45D0660818

DPH Lab ID

Medical Director:
Attilio Orazi, M.D., FRCPath.(Engl.)

SECTION 1. PATIENT INFORMATION (*REQUIRED)

Patient name-Last*	First*	M.I.	Phone ( )

Address-Number, street, apt #*	City**	State*	ZIP Code*

Date of birth*	Age	Sex*	Medical Record#
/ /		☐ Male ☐ Female	

Does the patient live or has the patient recently traveled to an affected geographic area?* ☐ Yes ☐ No

When did the patient travel to an affected geographic area?*
/ / to / / Place visited: _____

Has the patient come in close contact with a person who is under investigation for COVID-19 while the person was ill?
☐ Yes ☐ No

Has the patient come in close contact with a laboratory-confirmed COVID-19 case while that case was ill?
☐ Yes ☐ No

Does the patient currently have or have they had (in the last 14 days) any of the following symptoms?*

☐ Fever ☐ Shortness of breath ☐ Muscle aches ☐ Other, Specify _____
☐ Cough ☐ Chills ☐ Vomiting
☐ Sore Throat ☐ Headache ☐ Abdominal pain

Date of symptom onset: ___/___/___

Is the patient a health care worker? ☐ Yes ☐ No

Does the patient have a history of being in a healthcare facility (as a patient, worker, or visitor) in an affected geographic area?
☐ Yes ☐ No

Is the patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) of unknown etiology in which COVID-19 is being evaluated? ☐ Yes ☐ No

Is/was the patient hospitalized? ☐ Yes Admit Date: _____ ☐ No

SECTION 2. SUBMITTER INFORMATION (**REQUIRED)

Hospital/Facility name*	Ordering physician's name*

Address-Number, street, apt #	City	County	State	ZIP Code

Contact*	Phone* ( )	Fax* ( )

SECTION 3. SPECIMEN INFORMATION

Date of collection*	Time of collection*
/ /	: ☐ AM ☐ PM

Test Requested ☑ COVID-19 rRT-PCR

Specimen source or type (2 upper respiratory, 1 lower respiratory)*

☐ NP Swab ☐ OP Swab ☐ Sputum ☐ BALFluid ☐ Tracheal Aspirate

Serum must be removed from the clot and transferred to a separate leak-proof container
Samples that will arrive at the lab within 72 hours of collection can be stored at 2-8ºC and shipped with cold packs.

SECTION 4. SPECIMEN CONDITION (LABORATORY USE ONLY)

Specimen condition: ☐ Refrigerated (cold packs) ☐ Unacceptable _____

SECTION 5. rRT-PCR (LABORATORY USE ONLY)

☐ No COVID-19 detected by rRT-PCR

☐ Inconclusive for COVID-19 by rRT-PCR

☐ **Presumptive Positive COVID-19 by rRT-PCR**

Reference Range:
No COVID-19 detected by rRT-PCR

Results are for the presumptive identification of COVID-19 RNA. Presumptive positive COVID-19 and Inconclusive for COVID-19 specimens will be sent to the CDC for confirmatory testing. Positive results are indicative of active infection with COVID-19 but do not rule out bacterial infection or co-infection with other viruses. The agent detected may not be the definite cause of disease. Negative results do not preclude the COVID-19 infection and should not be used as the sole basis for treatment or other patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.Testing with the COVID-19 rRT-PCR Diagnositc Panel is intended for use by trained laboratory personnel who are proficient in performing rRT-PCR assays. The CDC COVID-19 rRT-PCR Diagnostic Panel is only for use under a Food and Drug Administration's Emergency for Use Authorization.

Report Date: Report Time: ☐ AM ☐ PM Analyst:

CDC Testing Recommendations

1. Healthcare providers should **immediately** notify both infection control personnel at their healthcare facility and City of El Paso Department of Public Health (CEPDPH) Epidemiology in the event of a PUI for COVID-19. CEPDPH Epidemiologists that have identified a PUI should immediately contact CEPDPH Laboratory for testing and fill out a PUI case investigation form. Healthcare facilities will collect, store, and ship specimens appropriately to CEPDPH Laboratory. Testing for other respiratory pathogens should not delay specimen shipping to CEPDPH Laboratory. IF a PUI tests positive for another respiratory pathogen, after clinical evaluation and consultation with CEPDPH, they may no longer be considered a PUI. This may evolve as more information becomes available.

2. To increase the likelihood of detecting COVID-19 infection, CDC recommends collecting and testing multiple clinical specimens from different sites, including two specimens types - lower respiratory and upper respiratory. Additional specimen types may be collected and stored. Specimens should be collected as soon as possible once a PUI is identified regardless of time of symptom onset.

Criteria to Guide Evaluation of Persons Under Investigation (PUI) for COVID-19

Clinical Features		Epidemiologic Risk
Fever **or** signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	**AND**	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever **and** signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	**AND**	A history of travel from affected geographic areas (see below)* within 14 days of symptom onset **OR** an individual(s) with risk factors that put them at higher risk of poor outcomes**
Fever **and** sign/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	**AND**	No source of exposure has been identified

*Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with at least a CDC Level 2 Travel Health Notice. See all COVID-19 Travel Health Notices. It may include geographic regions within the United States where documented community transmission has been identified.

**Other symptomatic individuals such as, older adults (age ≥ 65 years) and individuals with chronic medical conditions and/or and immunocompromised state that my put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease.)

Contact Information

El Paso County

CEPDPH Epidemiology Program
Disease Reporting Hours:
24 hours a day / 7 days a week
915-212-6520

CEPDPH Laboratory
Specimen Delivery and Shipment
ATTN: DPH LRN Laboratory
4505 Alberta Ave. 2nd Floor
El Paso, TX 79905
Phone: 915-212-0438
Fax: 915-212-0439

Select the Specimen Origin to Begin the Form

HUMAN

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

LABORATORY EXAMINATION REQUESTED

Test order name: Respiratory Virus Molecular Detection (Non-Influenza)

Test order code: CDC-10401

Suspected Agent:

Date sent to CDC: (MM/DD/YYYY)

At CDC, bring to the attention of:

Stephen Lindstrom: 2019-nCoV PUI".

PATIENT INFORMATION

Patient Name: (Last, First, MI, Suffix)

Birth date: (MM/DD/YYYY) Case ID:

Sex: Age: Age Units:

Clinical Diagnosis:

Date of onset: (MM/DD/YYYY) Pregnancy Status:

Fatal: Date of Death: (MM/DD/YYYY)

SPECIMEN INFORMATION

Specimen collected date: (MM/DD/YYYY) Time: (hh:mm:ss)

Material Submitted:

Specimen source (type):

Specimen source modifier:

Specimen source site:

Specimen source site modifier:

Collection method:

Treatment of specimen:

Transport medium/Specimen preservative:

Specimen handling:

CDC USE ONLY

Package ID#:

Delivered to Unit #:

Opened By:

Unit Specimen ID#:

Date received at CDC: / /

Date received at STAT: / /

Date received in testing lab: / / **Time:**

CDC Specimen Identification label

Barcode 1

Condition	STAT Laboratory	Testing Laboratory
Outer Package		
Specimen Container		
Specimen		

STATE PHL / NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE / FEDERAL AGENCY / INTERNATIONAL INSTITUTION / PEACE CORPS

Name: (Laboratory Director or designee)
Prefix | Last | First | MI | Suffix | Degree

Institution name:

Street address:
Line 1
Line 2
City | ZIP Postal Code
State | Country

Fax:
Country Code | Area Code | Local Number (e.g. 6390000) | Institutional e-mail

Point of Contact: (Person to be contacted if there is a question regarding this order)
Prefix | Last | First | MI | Suffix | Degree

Phone:
Country Code | Area Code | Local Number (e.g. 6390000) | POC e-mail

Patient ID: Alternative Patient ID:

Specimen ID: Alternative Specimen ID:

ORIGINAL SUBMITTER (Organization that originally submitted specimen for testing)

Name: (Laboratory Director or designee)
Prefix | Last | First | MI | Suffix | Degree

Institution name:

Street address:
Line 1
Line 2
City | ZIP Postal Code
State | Country

Fax:
Country Code | Area Code | Local Number (e.g. 6390000) | Institutional e-mail

Point of Contact: (Person to be contacted if there is a question regarding this order)
Prefix | Last | First | MI | Suffix | Degree

Phone:
Country Code | Area Code | Local Number (e.g. 6390000) | POC e-mail

Patient ID: Alternative Patient ID:

Specimen ID: Alternative Specimen ID:

INTERMEDIATE SUBMITTER (Complete if specimen is submitted to SPHL through an intermediate agency)

Name: (Laboratory Director or designee)
Prefix | Last | First | MI | Suffix | Degree

Institution name:

Street address:
Line 1
Line 2
City | ZIP Postal Code
State | Country

Fax:
Country Code | Area Code | Local Number (e.g. 6390000) | Institutional e-mail

Point of Contact: (Person to be contacted if there is a question regarding this order)
Prefix | Last | First | MI | Suffix | Degree

Phone:
Country Code | Area Code | Local Number (e.g. 6390000) | POC e-mail

Patient ID: Alternative Patient ID:

Specimen ID: Alternative Specimen ID:

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

Patient Name: Last | First

***AND/OR* Original Patient ID:**

***AND/OR* SPHL Specimen ID:**

PATIENT HISTORY

BRIEF CLINICAL SUMMARY (Include signs, symptoms, and underlying illnesses if known)

STATE OF ILLNESS

- ☐ Symptomatic
- ☐ Asymptomatic
- ☐ Acute
- ☐ Chronic
- ☐ Convalescent
- ☐ Recovered

TYPE OF INFECTION

- ☐ Upper respiratory
- ☐ Lower respiratory
- ☐ Cardiovascular
- ☐ Gastrointestinal
- ☐ Genital
- ☐ Urinary tract
- ☐ Other, specify
- ☐ Sepsis
- ☐ Central nervous system
- ☐ Skin/soft tissue
- ☐ Ocular
- ☐ Joint/bone
- ☐ Disseminated

THERAPEUTIC AGENT(S) DURING ILLNESS

Agent	Start Date (MM/DD/YYYY)	End Date (MM/DD/YYYY)
1.		
2.		
3.		

EPIDEMIOLOGICAL DATA

EXTENT

- ☐ Isolated Case
- ☐ Carrier
- ☐ Contact
- ☐ Outbreak
  - ☐ Family
  - ☐ Community
  - ☐ Healthcare-associated
  - ☐ Epidemic

TRAVEL HISTORY **Travel:** **Dates of Travel:** (MM/DD/YYYY) to (MM/DD/YYYY)

Travel: Foreign (Countries)

Travel: United States (States)

Foreign Residence (Country)

United States Residence (State)

Note: Additional states or countries of residence or travel should be entered in the Brief Clinical Summary field.

EXPOSURE HISTORY

Exposure:

Date of Exposure: MM/DD/YYYY

☐ **Animal** Type of Exposure:

Common name:

Scientific name:

☐ **Arthropod** Type of Exposure:

Common name:

Scientific name:

RELEVANT IMMUNIZATION HISTORY

Immunization(s)	Date Received (MM/DD/YYYY)
1.	
2.	
3.	
4.	

PREVIOUS LABORATORY RESULTS (Or attach copy of test results or worksheet)

COMMENTS

CDC USE ONLY

Barcode 2

Barcode 3

The Centers for Disease Control and Prevention (CDC), an agency of the Department of Health and Human Services, is authorized to collect this information, including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C. 241). Supplying the information is voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns, develop prevention and control programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act system 09-20-0106, "Specimen Handling for Testing and Related Data" and may be disclosed: to appropriate State or local public health departments and cooperating medical authorities to deal with conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researchers under certain limited circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the Department of Justice in the event of litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that have been made by CDC will be made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no other disclosure may be made without the subject individual's written consent.

Please refer to the CDC Infectious Diseases Laboratories Test Directory for information on specimen requirements. CDC must maintain and document specific acceptance criteria to perform laboratory tests on samples obtained from humans pursuant to the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and accompanying regulations. 42 U.S.C. § 263a; 42 C.F.R. § 493.1241.

Samples transferred to the CDC for testing or any other purpose will become the legal property of the agency unless otherwise agreed upon in writing. Samples will not be returned to the submitting entity.