



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Division of Public Health

May 15, 2020 (replaces version dated April 20, 2020)

To: All North Carolina Clinicians and Laboratories
From: Zack Moore, MD, MPH, State Epidemiologist
Scott Shone, PhD, HCLD (ABB), Public Health Laboratory Director
Re: Coronavirus Disease 2019 (4 pages)

This memo updates previous guidance shared on April 20, 2020. It is intended to provide the latest information to all North Carolina clinicians and laboratory staff regarding the Coronavirus Disease 2019 (COVID-19). Please read thoroughly as there are several updates, including:

- Updated laboratory testing guidance
- Updated criteria for submission of specimens to the North Carolina State Laboratory of Public Health

North Carolina's response to COVID-19 will continue to rapidly evolve. The most up to date information and guidance can be found at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://covid19.ncdhhs.gov/>.

Background:

North Carolina is experiencing widespread community transmission of COVID-19. The State and local governments have implemented a variety of mitigation strategies to decrease spread of the virus among our population – especially for those who are at highest risk of clinical severity – so fewer people need medical care at the same time. We have made progress in flattening the curve and have made progress on some key metrics. As such, we have now transitioned to Phase 1 of slowly easing certain COVID-19 restrictions. **Increased testing and expanded contact tracing are important to allow North Carolina to move into the next phases and further ease restrictions.** We will continue to follow our key metrics as we move through our phases and will continue to assess community and individual level control measures.

Laboratory Testing:

Clinicians should conduct or arrange for diagnostic testing for any patient in whom COVID-19 is suspected.

Providers should consider sample collection strategies that preserve personal protective equipment if possible, such as having a dedicated team, practice site, or testing center that performs sample collections. As new collection sites and modalities are established, ensure these populations have access to testing:

- Anyone with symptoms suggestive of COVID-19¹
- Close contacts of known positive cases, regardless of symptoms
- Regardless of symptoms, anyone at higher risk of exposure or at a higher risk for severe disease. Such patient populations are:
 - Persons who live in or have regular contact with high-risk settings (e.g., long-term care facility, homeless shelter, correctional facility, migrant farmworker camp)²

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- [Persons who are at high risk of severe illness \(e.g., people over 65 years of age, people of any age with underlying health conditions\)](#)
- Persons who come from historically marginalized populations.
- [Healthcare workers or first responders](#) (e.g. EMS, law enforcement, fire department, military)
- Front-line and essential workers (grocery store clerks, gas station attendants, etc.) in settings where social distancing is difficult to maintain

Testing to detect SARS-CoV-2 is available through a variety of commercial laboratories, health system laboratories, and the North Carolina State Laboratory of Public Health (NCSLPH). Testing through commercial and health system labs should be conducted according to their protocols. Testing through the NCSLPH is available for prioritized populations. Clinicians can submit specimens to NCSLPH for persons with symptoms compatible with COVID-19¹ who are in one of the following six categories:

1. Hospitalized patients;
2. Healthcare workers or first responders;
3. Persons who live in or have regular contact with a high-risk setting²;
4. Persons who are at higher risk of severe illness and for whom a clinician has determined that results would inform clinical management;
5. Uninsured patients; and
6. Post-mortem specimens from patients in whom COVID-19 was suspected but not confirmed prior to death³.

To discuss testing through SLPH for patients not meeting any of these criteria, contact the Division of Public Health epidemiologist on-call line at 919-733-3419.

SLPH laboratory guidance, including guidance for specimen collection and shipping, is available at <https://slph.ncpublichealth.com/bioterrorism/2019-ncov.asp>.

In order to systematically monitor COVID-19 virus activity in North Carolina, NCSLPH will also perform testing on surveillance specimens submitted from sites participating in the NC Influenza-like Illness Surveillance Network (ILINet).

Clinicians should review and provide the [Person Under Investigation Guidance \(Spanish\)](#) to all patients undergoing testing and should establish a clear plan with patients to inform them of their results. If the result is positive, further public health actions including isolation and contact tracing may be required in coordination with the local health department.

CDC does not recommend using antibody testing to diagnose acute infection.

Clinical Assessment and Management

- Clinicians should encourage their patients to call if they have medical concerns before seeking care in-person.
- Clinicians should use, to the extent possible, telehealth/televideo and telephone triage to assess clinical status of patients with respiratory illnesses. Telehealth/televideo and telephone triage are critical tools to allow patients with mild symptoms to have safe access to appropriate assessment, clinical guidance and follow up, and self-care information, while preventing further spread of COVID-19 or exposing patients to COVID-19 in a medical setting.
- Telehealth is broadly being covered at parity for most patients with private insurance, Medicare and Medicaid and therefore should be used whenever clinically appropriate in lieu of face-to-face encounters.

- Clinicians should use their judgment to determine if a patient has mild signs and symptoms compatible with COVID-19 (e.g., fever and cough) or more severe symptoms requiring in-person medical care (e.g. shortness of breath, difficulty breathing, chest discomfort, altered thinking, cyanosis).
- Most people with COVID-19 have mild illness and can recover at home without medical care, consistent with [guidance](#) from the Centers for Disease Control and Prevention.
- Patients should be counseled to call if they have worsening signs or symptoms of respiratory illness (e.g. increasing fever, shortness of breathing, difficulty breathing, chest discomfort, altered thinking, cyanosis).
- Patients in [high risk categories for clinical severity](#) (e.g., 65 year and older, chronic lung disease or moderate to severe asthma, heart disease, severe obesity BMI > 40, other underlying poorly controlled chronic health conditions such as diabetes, renal failure, liver disease, and immunocompromised) should have more frequent follow up to assess clinical status. Pregnant women should be monitored closely as they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk.
- While children are generally at lower risk for severe illness, some studies indicate a higher risk among infants.
- **Escalating medical care should occur if symptoms worsen.**

Through an agreement with NC DHHS Community Care of North Carolina, Inc. (CCNC) has established a [toll-free helpline](#) (877-490-6642) aimed at answering your patients' COVID-19 questions and helping them find the care they need. CCNC will staff this helpline from 7:00 a.m. to 11:00 p.m., seven days a week. The epidemiologist on-call line (919-733-3419) is intended for clinicians and local health departments needing consultation.

Reporting

- Effective February 3, 2020, physicians and laboratories in North Carolina are required to immediately report suspected or confirmed cases of novel coronavirus infection to state or local health departments via telephone or facsimile of basic contact information of the case. This is particularly important in high-risk settings such as congregate living facilities
- Effective March 23, 2020, physicians in North Carolina are required to report any COVID-19-associated death within 24 hours.
- Any cluster of severe acute respiratory illness in healthcare workers in North Carolina should prompt immediate notification of local or state public health for further investigation and testing.

Additional Information for Healthcare Providers

- The most current recommendations regarding [infection prevention](#), [therapeutic options](#) and other topics are available at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>.
- Many medications being evaluated for effectiveness in treating or prevention COVID-19 are FDA approved to treat other serious diseases, such as tuberculosis, HIV, and autoimmune conditions. It is important that those medications remain available to treat the conditions for which they are FDA approved. The [North Carolina Board of Pharmacy](#) and the [North Carolina Board of Medicine](#) have passed emergency rules that create a list of “restricted drugs” to ensure continued availability of these medications.

COVID-19 Resources

- Additional information and resources for providers and the public are available at <https://covid19.ncdhhs.gov/>.
- Providers needing consultation can call the epidemiologist on call at 919-733-3419
- Members of the public should call 2-1-1 or 888-892-1162 or text COVIDNC to 898211.

¹ People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19: Cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore

throat, new loss of taste or smell. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

² Testing at SLPH for asymptomatic residents or staff in congregate living facilities with cases or outbreaks of COVID-19 can be considered on a case-by-case basis in consultation with local and state public health if other testing options are not available.

³ Post-mortem testing is not routinely requested by NC DHHS but is available for situations in which a clinician has deemed such testing appropriate and if supplies for specimen collection and transport are available. Supplies for specimen collection and transport of post-mortem specimens are available through NCSLPH via local health departments. Post-mortem specimens must be collected within 72 hours of death.