



Date: March 12, 2020

BCD 2020-06

To: Wisconsin Local Health Officers, Tribal Health Officials, Infection Prevention Staff, and Health Care Providers

From: Ryan Westergaard, MD, PhD, MPH  
Chief Medical Officer and State Epidemiologist for Communicable Diseases

**Updated Guidance on Infection Control during Specimen Collection for COVID-19 in Outpatient Settings**

**PLEASE DISTRIBUTE WIDELY**

**Summary**

In response to the evolving epidemic of COVID-19, the Wisconsin Department of Health Services (DHS) is issuing new recommendations for health care and public health partners related to evaluation and testing of patients with respiratory symptoms. After receiving input from Wisconsin medical providers, discussing with leaders from other jurisdictions with widespread COVID-19 transmission, and assessing health care resources in the state we suggest the following changes to current practice:

- Collection of respiratory specimens for COVID-19 testing should be conducted in ambulatory settings using no less than [droplet and contact precautions](#), including masks, gowns, gloves, and eye protection. Testing should *not* be deferred if N95 respirators or airborne isolation rooms are unavailable.
- Airborne Infection Isolation Rooms should be reserved for patients undergoing aerosol-generating procedures, such as intubation or bronchoscopy.
- Decisions to perform testing for COVID-19 should be made by clinicians, who should take into consideration patients' risk of exposure to the virus, symptoms, medical complications, and local epidemiology. Approval for testing from health departments is not required. Several commercial reference laboratories can now conduct diagnostic testing for the virus that causes COVID-19 and we anticipate that other commercial labs and some Wisconsin diagnostic laboratories will also be offering testing very soon.
- Transportation of patients between health care facilities for the purpose of obtaining testing for COVID-19 should be avoided as much as possible. To minimize the risk of COVID-19 exposure to medically vulnerable patients, health systems should consider strategies where testing can be done in settings that are separated from the care of medically complex patients, such as designated clinic buildings or off-site (e.g., drive-up) venues.

## Background

[Interim guidance from CDC](#) has been updated to provide recommendations for infection prevention and control for patients with COVID-19 in health care settings. The Centers for Disease Control and Prevention (CDC) guidance regarding personal protective equipment (PPE) acknowledges that use of N95 respirators offers a higher level of protection and should be used instead of a facemask when performing or present for an aerosol-generating procedures. **Simple facemasks are acceptable for routine patient care if the supply of respirators cannot meet the demand.**

Experience by health care providers in multiple health systems in Wisconsin has led to concern that the absence of airborne isolation infrastructure may pose barriers to properly evaluating patients for COVID-19. Many nursing facilities and outpatient clinics, including hemodialysis facilities, do not have respiratory protection programs nor have they fit-tested health care providers, hampering implementation of recommendations in the previous version of this guidance. This can lead to unnecessary transfer of patients with known or suspected COVID-19 to another facility (e.g., acute care hospital) for evaluation and care. In areas with community transmission, acute care facilities will be quickly overwhelmed by transfers of patients who have only mild illness and do not require hospitalization.

DHS therefore recommends that testing for COVID-19 be performed in health care settings with strict attention to the following:

- Health care providers should wear a facemask or respirator (if available), eye protection, gloves, and a gown.
- The number of health care providers present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection. Specimen collection should be performed in a normal examination room with the door closed.
- Clean and disinfect procedure room surfaces promptly according to established protocols.

Collection of oropharyngeal (OP) and nasopharyngeal (NP) specimens should be done by individuals who have been trained and have demonstrated competency. **If swabs are known to be in short supply, a single nasopharyngeal swab is sufficient for testing.** Providers unfamiliar with NP swab technique may use [this video from NEJM on NP swab collection](#) for instruction. Always read the instructions for the test kit and transport media being used.

Specimens sent to the [Wisconsin State Laboratory of Hygiene](#) should be sent with both NP and OP swabs **placed in a single tube of viral transport media (VTM or UTM)**. Clinicians and clinical laboratories should be aware there are a growing number of reference laboratories able to perform COVID-19 testing, and should be familiar with specimen submission instructions specific to each laboratory.

## Other Considerations for Testing

Clinicians should continue to use their judgment to determine if a patient has [signs and symptoms](#) compatible with COVID-19, and whether the patient should be tested. Most patients with confirmed

COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Priorities for testing should include:

- Hospitalized patients who have signs and symptoms compatible with COVID-19 in order to inform decisions related to infection control.
- Other symptomatic individuals such as, older adults (age  $\geq$  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).
- Any persons, including health care personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from high risk geographic areas within 14 days of their symptom onset. Testing should be considered for individuals in these group even if symptoms are mild (e.g., sore throat).

When considering COVID-19 in any patient presenting with respiratory symptoms, whenever possible test for common causes of respiratory illness (e.g., influenza, RSV). COVID-19 testing is typically not indicated for patients without an exposure risk who have mild respiratory illness or who are asymptomatic. If the prevalence of COVID-19 in communities increases substantially and widespread transmission is understood to be occurring, then testing individuals with mild symptoms will become less informative in ambulatory settings. Testing will continue to play a critical role for hospitalized patients and for symptomatic health care workers, to inform infection control strategies and prevent infections within medically vulnerable groups.

## **Contacts**

For specific questions about considerations for testing, or to discuss a particular case during business hours, please call 608-267-9003 and leave a message or send an email to [dhsdphbcd@dhs.wisconsin.gov](mailto:dhsdphbcd@dhs.wisconsin.gov). For after-hours assistance, call 608-258-0099.