



Date: March 17, 2020

BCD 2020-09

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

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Urgent Update – Prioritization of COVID-19 Testing for Hospitalized Patients

The Wisconsin State Laboratory of Hygiene and City of Milwaukee Health Department Laboratory can no Longer Process Low Priority Tests in a Timely Manner

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Main Message:

Although the Wisconsin State Laboratory of Hygiene (WSLH) and the Milwaukee Health Department Laboratory (MHDL) have significantly increased their capacity for COVID-19 testing, the number of specimens being received during the week of March 16, 2020, far exceeds their daily capacity.

In order to avoid depleting the reagents and supplies for testing, the Department of Health Services (DHS) is working with WSLH and MHDL to use the reagents and supplies to test the specimens from the highest priority patients. Both public health laboratories will test high-priority specimens (Tier 1 and 2 in table below), and DHS, in coordination with WSLH and MHDL, will identify laboratories in the state and country to send the lower priority specimens to for testing. The lower priority specimens will have a longer time to result.

To allow DHS and WSLH and MHDL to triage the specimens, submitters **MUST** include the new DHS COVID-19 triage form with the specimen and requisition form.

Summary

The WSLH has increased capacity for COVID-19 testing. The WSLH is:

- Testing seven days/week and significantly expanded work hours each day
- Can test **up to 400 specimens per day**
- Can report results on priority specimens one to two days **after receipt** of the specimen at WSLH

The MHDL has increased capacity for COVID-19 testing. The MHDL is:

- Testing seven days/week and significantly expanded work hours each day
- Can test **up to 150 specimens per day**
- Can report results on priority specimens one to two days **after receipt** of the specimen at WSLH

However, WSLH and MHDL has a finite number of reagents and supplies available for this testing, and WSLH received 700 samples on March 16, 2020 and more than 450 just in the morning on March 17. The nationwide supply chain for reagents and other testing supplies is very fragile as more laboratories begin testing.

With the increased number of cases of COVID-19 reported nationally and the growing likelihood of widespread community transmission in all areas of the country, the number of people requiring testing for COVID-19 is increasing significantly. Priority should therefore be given to the testing of specimens from patients for whom a timely diagnosis is most urgent.

Clinicians may make decisions to test patients for COVID-19 based on their clinical judgment, but at this time, providers are urged to prioritize testing for hospitalized patients for whom timely diagnosis of COVID-19 is critical to inform management decisions. **Going forward, DHS and WSLH and MHDL will only test Tier 1 and Tier 2 specimens (see table below). Healthcare providers should begin identifying alternate laboratories for testing lower priority specimens.**

It should be emphasized to patients and providers that there is no role for testing asymptomatic individuals. Testing should be reserved for making a diagnosis of COVID-19 in patients suspected of having the disease, in order to inform clinical management and infection control decisions.

Testing is NOT recommended for patients with mild, upper respiratory symptoms, except in limited circumstances. Patients without significant comorbidities, and who are not health care workers, should not be tested if they have mild illnesses for which they would not normally seek medical care. It should be recommended that these patients self-isolate at home until their symptoms improve.

Testing should be prioritized based on clinical criteria. Based on recommendations from the [Infectious Disease Society of America](#), DHS and the WSLH have established criteria for prioritizing laboratory specimens, as shown in Table 1. In situations when the volume of tests requested exceeds the capacity for processing all specimens with a standard turn-around time of one to two days, WSLH will prioritize specimens in the Tier 1 and Tier 2 categories.

The Centers for Disease Control and Prevention (CDC)-developed Person Under investigation (PUI) form is no longer required to be completed or submitted at the time of testing. In its place, a new form containing limited patient information, and a designation of the priority level for the patient. [A copy of the form](#) is attached to this memo in the memo library.

Table 1. Priority levels for COVID-19 testing.

Tier One:
<ul style="list-style-type: none"> • Patient is critically ill and receiving ICU level care with unexplained viral pneumonia or respiratory failure
-OR-
<ul style="list-style-type: none"> • Patient is hospitalized (non-ICU) with fever or signs and symptoms of lower respiratory tract illness (cough, shortness of breath) AND either of the following high risk conditions: <ul style="list-style-type: none"> ○ Known exposure to a laboratory-confirmed COVID-19 patient ○ Travel to an area where sustained community transmission has been identified
Tier Two:
<ul style="list-style-type: none"> • Hospitalized (non-ICU) patients and long-term care residents with unexplained fever AND signs/symptoms of a lower respiratory tract illness
-OR-
<ul style="list-style-type: none"> • Health care workers with unexplained fever AND signs/symptoms of a lower-respiratory tract illness, regardless of hospitalization
Tier Three:
<ul style="list-style-type: none"> • Patient is in an outpatient setting and meets criteria for influenza testing. This includes individuals with co-morbid conditions including diabetes, COPD, congestive heart failure, age >50, immunocompromised hosts among others
-OR-
<ul style="list-style-type: none"> • Health care workers with mild upper respiratory symptoms (rhinorrhea, congestion, sore throat) without fever
Tier Four:
<ul style="list-style-type: none"> • Other patients, as directed by public health or infection control authorities (e.g. community surveillance or public health investigations)
Do NOT Test
Patients without symptoms
Patients with mild upper respiratory symptoms only who are not health care workers