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Summary and Action Items

- To provide information on the availability of commercial lab testing for SARS-CoV-2
- To clarify what testing will be prioritized through IDPH Public Health Laboratories
 1. To clarify which persons under investigation should be reported to local health departments

Background

SARS-CoV-2 testing is now available through a limited number of commercial laboratories and availability through hospital and reference labs will continue to grow. Expected turn-around time (TAT) at commercial laboratories is 1 to 4 days but may be longer. In contrast, testing at IDPH laboratories can usually be performed with a 1 to 2-day TAT. IDPH has limited capacity/reagents to perform SARS-CoV-2 testing and will target its testing to higher priority specimens (see IDPH Public Health Laboratory Testing section on page 2). This will enable higher risk patients to be identified sooner, assist with care of patients with more severe illness, and inform response efforts, including critical infection control decisions.

Reference Laboratory Testing

The first commercial laboratories to offer testing is LabCorp. IDPH recommends that facilities set up accounts with a commercial laboratory for testing of lower priority specimens (see below). This will preserve IDPH's limited supply of reagents and allow the IDPH laboratories to offer rapid TAT for high priority specimens.

Lab	Start date	Website
LabCorp	March 5, 2020	https://ir.labcorp.com/news-releases/news-release-details/labcorp-launches-test-coronavirus-disease-2019-covid-19

As additional laboratories begin offering testing, IDPH will update this list on its [COVID-19 website](#). IDPH does not endorse any commercial lab; laboratories will be listed in alphabetical order.

All specimens should be collected as directed by the laboratory where specimens are being submitted, using appropriate precautions. Clinicians must implement the most recently [recommended infection prevention and control practices for testing and care](#) if a patient is suspected of having COVID-19. Based on current CDC guidance:

When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:

- *HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.*
- *The number of HCP 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.*

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- *Specimen collection should be performed in a normal examination room with the door closed.*
- *Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.*

Improper specimen collection procedures may have negative consequences, including exposure of health care workers, and false negative results. In addition, cross contamination of specimen collection materials may cause false positive results. Collection of NP specimens should be done by individuals who have been trained and, ideally, have demonstrated competency. This [video from NEJM](#) on NP swab collection can be used for instruction. Always read the instructions for the test kit and transport media being used.

Individuals tested for SARS-CoV-2 should be instructed to restrict their activity based on their exposure risk category and risk classification as outlined in [Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 \(COVID-19\) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases](#). **Instruct non-hospitalized patients being tested for COVID-19 to self-isolate. Patients should follow home care instructions** until their test result is negative or until they are told by public health officials or their health care provider that they are no longer infectious.

IDPH Public Health Laboratory Testing

Pre-authorization of a specimen is required for testing at the IDPH laboratory. IDPH is prioritizing use of its laboratory for SARS-CoV-2 testing for the following situations:

- Medium and high-risk contacts to a laboratory-confirmed case of COVID-19, who have a clinically compatible illness.
- Travelers with a clinically compatible illness AND a history of travel within the past 14 days to an [affected geographic area](#) without an alternative explanatory diagnosis (e.g., influenza).
- Hospitalized patients with unexplained pneumonia where a physician (infectious disease or pulmonary specialist, if feasible) has evaluated the patient and is concerned about SARS-CoV-2 infection. Radiologic studies should also be reviewed with an expert (e.g. chest radiologist) to help make this determination.
- Individuals from congregate or health care facilities (staff and/or patients) with clusters of infection not due to influenza and suspected to be due to SARS-CoV-2, as determined in collaboration with public health authorities. As a reminder, clusters of respiratory illness are reportable to the local health department by phone with 24 hours.
- People at higher risk for complications from SARS-CoV-2, for whom rapid test results are more likely to impact clinical care/outcomes (e.g. 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).
- Other situations of concern as identified by public health authorities.
- Other situations involving patients that clinicians have thoroughly evaluated and are deemed high priority after consultation with public health.

Once the health care provider has performed an initial evaluation, if it is evaluated to be of high priority (or possibly high priority), contact the local health department regarding testing at the IDPH laboratory. If turn-around-time for alternative diagnoses is time prohibitive, please discuss these patients with your LHD.

If testing at IDPH laboratory is not approved, the clinician can order testing if she/he remains concerned about COVID-19 illness via a private laboratory. If the clinician cannot access commercial laboratory testing, please inform such patients that they cannot be tested yet, but that commercial testing is ramping up. Please tell them to isolate themselves at home away from other household members until 3 days (72 hours) after complete resolution of symptoms. As an example, if the patient has symptoms that last for 7 days, they would self-isolate at home for 10 days total.

For lower priority testing performed elsewhere, notification of public health that a test has been ordered is not required, unless requested by your local health department. IDPH will receive test results from commercial laboratories electronically.

Patients should not be referred directly to the local health department or to the IDPH COVID-19 hotline for decision making about testing.

Contact

For other testing questions, additional information or other questions, please contact your local health department. If they are not available, please contact the IDPH Communicable Disease Section at 217-782-2016. For information after hours, please contact your local health department. If they cannot be reached, use the IDPH after hours number 800-782-7860. Local health departments should contact IDPH for consultations on PUIs.

Additional Resources

IDPH website: [Coronavirus Disease 2019 \(COVID-19\)](#)

CDC Resources: [Information for Healthcare Professionals](#)

Target Audience

Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Preventionists, Health Care Providers, Long Term Care Facilities and Laboratories

Date Issued:

March 10, 2020

Author:

Communicable Disease Section