

2019 Novel Coronavirus: Orange County Update

March 13, 2020

Orange County now has thirteen cases of 2019 Novel Coronavirus Disease (COVID-19) reported, including one case that appears to have been locally transmitted. The Orange County Health Care Agency (OCHCA) is identifying and contacting close community exposures to these cases. Case numbers are changing quickly; monitor our website http://www.ochealthinfo.com/phs/about/epidasmt/epi/dip/prevention/novel_coronavirus for updates.

1629 cases of COVID-19 have been reported in the United States; 247 cases have been reported in California. Multiple California jurisdictions are now reporting community spread.

Over 125,000 cases have been identified internationally in over 100 countries. Yesterday the Centers for Disease Control and Prevention (CDC) issued a Level 3 travel advisory for travel to most countries in Europe. Returning travelers from these countries, as well as China, South Korea, Italy and Iran, are recommended to stay at home for 14 days after return and to contact their medical provider with illness. A list of countries at risk can be found at <https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html>

Recommendations for Providers:

- **Strongly consider the diagnosis of COVID-19 for patients who present with the appropriate clinical presentation and travel or exposure history.**
- **DO NOT instruct patients to call Public Health directly if they have symptoms; providers should screen patients and then contact public health if testing is indicated. (See attached flow charts)**
- **Adhere to appropriate infection control precautions when evaluating or caring for patients with suspected or confirmed COVID-19 infection.**
- **Testing is now available through both Quest and Labcorp; please transition to sending specimens to these clinical laboratories for COVID-19 testing.**
- **Report all laboratory-confirmed COVID-19 cases immediately to the Orange County Health Care Agency at 714-834-8180 (do not share this number with patients).**
- **This situation continues to evolve rapidly; providers should consistently monitor CDC recommendations at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>.**

The CDC recommends that clinicians 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); several recent local cases have experienced vomiting, prolonged anorexia and dehydration/weakness. Clinicians are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.

Providers should instruct any patient tested for COVID-19 to self-isolate at home until results are available.

Updated Infection Control Guidance

CDC infection prevention guidance for PPE, updated on March 10, include the following recommendations:

- Facemasks are an acceptable alternative to respirators in the setting of shortages of respirators.
- N95 respirators should be prioritized for procedures that are likely to generate a high concentration of respiratory aerosols (e.g., intubation, cardiopulmonary resuscitation).
- Eye protection is still recommended for use during patient care.
- Gowns and gloves are recommended for clinical care, but if gowns are in short supply, they should be prioritized for procedures that are likely to generate respiratory aerosols.

Aerosol generating procedures (AGPs) including cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, and sputum induction, pose a particular infection control risk. If performed, health care providers (HCP) in the room should wear an N95 or higher-level respirator, in addition to 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. AGPs should ideally take place in an airborne isolation rooms (AIIRs). AIIRs should be reserved whenever possible for patients who may necessitate an AGP.

With the increase in reports of COVID-19 cases, Orange County medical providers will be at risk of exposure to COVID-19 in the clinical and community setting. Any provider who develops fever and cough is recommended to immediately stop working until fever has resolved for 24 hours. Providers who are concerned that they may have COVID-19 due to symptoms or suspected exposure to COVID-19 are encouraged to talk with their occupational health provider or OCHCA at 714-834-8180 to discuss potential COVID-19 testing.

CDC's updated guidance can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

Testing Recommendations

Diagnosis is confirmed by PCR testing of appropriate clinical specimens.

- Providers should collect nasopharyngeal (NP) swabs for all suspect cases (Oropharyngeal swabs no longer needed)
- Lower respiratory tract specimens should be tested if available (tracheal aspirate, bronchoalveolar lavage specimens, or sputum)

If a lower respiratory tract specimen is not obtainable, upper respiratory specimens may be submitted alone for testing. Specimens should be stored at 2-8°C and sent by courier to Orange County Public Health Laboratory prior to shipment to the CDC. More detailed guidance on specimen collection and laboratory biosafety can be found at:

<https://www.cdc.gov/coronavirus/2019-nCoV/guidelines-clinical-specimens.html>.

[Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with 2019 Novel Coronavirus \(2019-nCoV\)](https://www.cdc.gov/coronavirus/2019-nCoV/laboratory/biosafety-guidelines.html)

COVID-19 requires immediate reporting to public health per Title 17 of the California Code of Regulations Section 2500.

Clinical Laboratory Testing Availability

COVID-19 testing is now available at multiple clinical laboratories. The CDC has also recently liberalized its guidance for potential testing to a wider group of symptomatic patients. Providers should anticipate transitioning to using commercial laboratories for clinical testing. OCHCA does not need to be informed of suspect cases who are tested for COVID-19 infection using a commercial laboratory. To assist with investigation and potential patient isolation, OCHCA should be informed of any symptomatic patient who is a resident of a senior living facility (SNF/LTCF or assisted living).

OCHCA Public Health Laboratory Testing Capacity

As commercial laboratories' testing becomes available, the OCHCA Public Health Laboratory will continue to provide testing for patients with fever and acute respiratory illness who:

- Have severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza), regardless of travel or exposure history OR
- Has close contact with a confirmed case. OR
- Is a healthcare worker OR
- Is a resident of a senior living facility OR
- Has recently returned from a country of risk

Contact Information:

For questions or concerns, please contact the **Communicable Disease Control Division at 714-834-8180**.