

2019 Novel Coronavirus: Orange County Update

March 17, 2020

Orange County now has 22 cases of 2019 Novel Coronavirus Disease (COVID-19) reported; case numbers are increasingly rapidly and a number of cases resulting from community transmission have been reported. The Orange County Health Care Agency (OCHCA) is identifying and contacting close community exposures to cases. Case numbers are updated daily on our website

http://www.ocalthinfo.com/phs/about/epidasmt/epi/dip/prevention/novel_coronavirus

Multiple California jurisdictions are now reporting community spread.

Recommendations for Providers

- **COVID-19 testing should be performed for persons who have significant illness or belong to populations prioritized for testing**
- **Testing of non-priority populations can be performed based on provider discretion and available resources.**
- **Patients who have mild illness and do not belong to a priority population do not need to be tested; these patients should be instructed to isolate at home for at least 72 hours after resolution of fever, and to seek healthcare evaluation if they develop shortness of breath or other symptoms of severe disease.**
- **Testing is now available through commercial laboratories including Quest and Labcorp**
- **OCHCA's Public Health Laboratory can assist with testing high risk populations. 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)**
- **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).**

Caring for Patients with Suspected COVID-19

While there are multiple viruses present in the community that causing respiratory illness, anyone in Orange County who develops fever and cough could potentially have SARS-CoV-2 infection, regardless of travel or exposure history.

Patients with mild illness who do not belong to a priority population (see below) do not need to be tested. They can be counseled (by phone triage if possible) to follow up if shortness of breath or other more serious symptoms develop and stay at home away from work or school, crowds and persons at high risk until at least

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

Priority Populations for COVID-19 Testing

Testing should be considered for any person with a fever and cough who belongs to any of the following populations:

- **Evidence of viral lower respiratory disease without alternative diagnosis, especially if hospitalized**
- **Any resident of a senior living facility, including skilled nursing facilities or assisted living facilities.**
- **Contacts to known COVID-19 cases**
- **Health care workers**
- **Persons who care for the elderly**
- **Persons experiencing homelessness**

Testing Recommendations

Diagnosis is confirmed by PCR testing of appropriate clinical specimens.

- Providers should collect nasopharyngeal (NP) swabs for all suspect cases
- Lower respiratory tract specimens should be tested if available (tracheal aspirate, bronchoalveolar lavage specimens, or sputum)

Detailed guidance on specimen collection can be found at:

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

As commercial laboratories' testing becomes available, the OCHCA Public Health Laboratory will continue to provide testing for the priority populations listed at the top of this page.

Updated Infection Control Guidance

CDC infection prevention guidance for PPE includes 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.

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

Information for Travelers

The Centers for Disease Control and Prevention (CDC) has issued Level 3 travel advisories for travel to China, South Korea, Italy and Iran, and most countries in Europe. Returning travelers from these countries, 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>

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.

Contact Information

For questions or concerns, please contact the **Communicable Disease Control Division at 714-834-8180.**
Please note that this number is now operational 24/7 for providers.