

2019 Novel Coronavirus: Orange County Update

March 23, 2020

Orange County has now had over 125 cases of 2019 Novel Coronavirus (COVID-19) reported. There has been a rapid increase in daily reports of COVID-19 cases over the last several days and community transmission is becoming more widespread. At this point the Orange County Health Care Agency (OCHCA) will only be conducting investigations of cases identified in hospitalized patients, health care workers, and residents of congregate living facilities. Providers should inform their patients of test results and give them education on disease prevention and monitoring for worsening disease (see below for more details).

Case numbers are updated daily on our website: <https://www.ochealthinfo.com/novelcoronavirus>

Key Recommendations for Providers

- **COVID-19 testing should be performed for persons who have significant respiratory illness requiring hospitalization, or belong to other populations prioritized for testing (see below); 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; do not test asymptomatic exposed individuals (test is not approved for that).**
- **OCHCA's Public Health Laboratory (PHL) can assist with testing priority populations. Due to the longer turn around time of commercial labs, OCHCA is willing to accept specimens from hospitalized patients that would normally be sent to commercial labs, especially if the patient is seriously ill and/or being considered for a COVID-19 drug trial.**
- **Quest and LabCorp are consistently reporting laboratory positive results to OCHCA. Providers do not need to report confirmed cases tested through these laboratories unless they belong to the priority populations below.**
- **Providers who provide direct patient care should monitor themselves daily for fever or respiratory symptoms; they should immediately stop working if symptoms develop and seek testing.**

Priority Populations for COVID-19 Testing

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

- Evidence of lower respiratory disease without alternative diagnosis, especially if hospitalized
- Any resident of a senior living facility, including skilled nursing facilities or assisted living facilities
- Persons who care for the elderly
- Persons living in congregate setting (homeless shelters, etc.)
- Health care workers

Multiple cases of COVID-19 illness have been reported in Orange County healthcare workers. Several had a history of potential community exposure, most did not have a history of exposure to a confirmed case. Any provider who develops fever and cough is recommended to immediately stop working and should consider being tested for COVID-19. 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.

Close contacts of confirmed COVID-19 cases who develop symptoms are likely to be positive for COVID-19 as well. Testing is not required if the patient is not severely ill, in a priority population or high risk for complications. Symptomatic contacts should be instructed to isolate as if a confirmed case (see below). Providers can use their discretion in testing other individuals, and may consider testing people in groups at high risk for complications, such as older adults or individuals who are immunocompromised or have chronic diseases.

Education for Patients with Fever and Cough Who Do Not Belong to a Priority Testing Population

Patients with fever and cough who have mild disease, are not in a priority group or are at high risk for complications do not need COVID-19 testing. They should be instructed to isolate at home as if a confirmed case (see below) and to seek healthcare evaluation if they develop dyspnea or other symptoms of severe disease.

Education for Patients with Confirmed COVID-19

Providers should inform their outpatients who test positive of their results and deliver the following messages:

- **Duration of isolation:** self-isolate for at least 7 days after illness onset; must have no fever (without use of antipyretics) for at least 72 hours AND have symptom improvement to be released from isolation. Clearance testing is no longer recommended. Instruct patient to not leave the house during this time, except for urgently needed medical care (call ahead to alert facility of COVID+ status); have friends or family members run errands as needed.
- **Prevent transmission in the household:** separate from family members as much as possible; stay in a separate bedroom and use a separate bathroom, have meals delivered to the bedroom and do not spend time in same room as family members without a mask. Open windows (weather permitting) to increase ventilation. Do not allow visitors to come into the home.
- **Monitor for severe disease:** warning signs of more severe disease include shortness of breath, chest pain, weakness and confusion. Clinical decompensation tends to occur in second or third week of illness. Help patient decide where he/she would go for further evaluation if needed.
- **Management of household members:** household members with close contact to the patient while symptomatic should be quarantined at home for 10 days beyond last unprotected contact with patient (i.e, since admission to hospital or separation into different room). People on quarantine can leave the house on errands to get food, medicines or other essentials, or to exercise, but should avoid close contact with others as much as possible. They also should monitor themselves for fever, cough, body aches or other symptoms, and isolate themselves if such symptoms occur.
- **Inform contacts:** ask patients to notify people they have had prolonged close contact with while they were having symptoms.

Testing Recommendations and Clinical Laboratory Testing Availability

Diagnosis is confirmed by PCR testing of appropriate clinical specimens.

- Providers should ONLY collect nasopharyngeal (NP) swab for suspect cases (OP not needed)
- 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>

Multiple commercial and hospital-based labs now offer testing for COVID-19. Lab-confirmed COVID-19 requires immediate reporting to public health per Title 17 of the California Code of Regulations Section 2500, but since most large commercial labs (Quest, LabCorp, ARUP) and hospital-based labs report electronically, provider reporting is not necessary unless the case is in a priority group or the specimen was run at a smaller commercial lab not listed above.

Contact Information

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