

Key Clinical Points

Symptoms

Compatible/suggestive symptoms: Fever, cough, dyspnea, nasal congestion, sore throat

NON-suggestive symptoms: Prominent GI symptoms without prominent respiratory symptoms

Testing

COVID-19 overlaps heavily with influenza and other respiratory viruses in clinical presentation. It is desirable to do a **rapid flu test** and/or **rapid viral panel** if those tests are available. While co-infections have been reported, they are likely rare. Tests are currently available only through the [Massachusetts Department of Public Health \(DPH\)](#)/Federal Centers for Disease Control (CDC) and require approval from the DPH Epidemiologist by calling 617-983-6800.

Patients with the following symptoms should be tested:

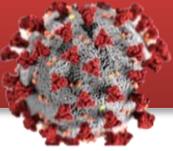
- Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath) with known close contact with a laboratory confirmed COVID-19 case, OR
- History of travel from an affected geographic area (Currently China, South Korea, Iran, Italy) within 14 days of onset of fever and signs/symptoms of lower respiratory illness, with a negative influenza test (and preferably a negative respiratory viral panel) OR
- Fever with severe acute lower respiratory illness requiring hospitalization in an ICU and without alternative explanation (negative results on a respiratory viral panel and other infectious disease testing as appropriate)

Testing involves a nasopharyngeal swab AND a separate throat swab. There are commercially available sources for flocced nasopharyngeal (NP) swabs, flocced oropharyngeal (OP) swabs and transport media appropriate for collection of viral specimens (examples: VTM, UTM, M4).

- **Testing is not helpful in asymptomatic or possibly pre-symptomatic patients.**
- **Testing cannot rule-out incubating COVID-19**

It has been reported that commercial labs, including Quest, will receive an emergency-use authorization from the US Food and Drug Administration (FDA). Commercial labs hope to be ready to do some testing sometime next week. The same criteria apply as to who should be tested.

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Key Clinical Points (continued)

Transmission

- Respiratory droplets are likely to be the major mechanism, followed by physical contact.
- If more than 3 feet away face to face, with no physical contact, transmission is unlikely.
- Asymptomatic patients are probably NOT a major source of transmission.

Vulnerable Patients

- Elders are at highest risk. Anyone over 60; risk increases with age.
- Chronic diseases increase risk. Clear data exists for CAD, COPD, DM, CVA, HTN. May also apply to all significant chronic conditions.
- Children RARELY get sick and if they do, even more rarely have severe disease.
- Immunocompromised patients are expected to be at elevated risk. Please consult these **guidelines** (www.neqca.org/Newsroom/COVID-19) when advising them about COVID-19.
 - ESSENTIAL POINT: Patients who are on immunosuppressive medications for any reason should NOT decrease or discontinue their use except in consultation with the prescribing physician.

Guidelines To Protect Health Care Workers and Patients

- **Triage calls:** Patients with compatible symptoms should mask themselves (if possible) before coming in, call ahead so they can be met by a practice staff member, and brought into the office by the least populated route. Patients should immediately be offered a mask by a masked staff member and brought directly to the closest exam room.
- **Anyone seeing the patient** (especially when patient is unmasked) should put on a mask and (ideally) eye protection. Gloves and (ideally) a gown/lab coat should be worn during physical contact (e.g., exam, oral temp, throat swab, etc.). Avoid nebulizer treatments for suspect COVID-19 patients, if possible (inhalers may be given in the office and are an appropriate substitute in most cases).
- **Reverse the above process** when the patient exists.
- **Good hand hygiene** before and after EVERY patient contact (including after removing gloves). Unless hands are visibly soiled, alcohol-based hand sanitizer is as effective as soap and water and easier to perform correctly.
- **Disinfect exam room surfaces** and high-touch areas after any suspect patient, at the end of the day and every four hours during the day.
- **Use any general medical disinfectant** [quaternary ammonium compounds, 70% isopropanol, OR dilute bleach 1:100 in tap water (unless cleaning up blood or bloody fluids, in which case 1:10 dilution is appropriate)]. If medical disinfectants are unavailable, general household disinfectants or cleaning agents are likely to be active against this virus, though not preferred.

For the most up-to-date COVID-19 information please visit:

[Centers for Disease Control](#) * [Massachusetts Department of Public Health](#) * [New England Quality Care Alliance](#)