



# Arkansas Department of Health

---

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000  
Governor Asa Hutchinson  
Nathaniel Smith, MD, MPH, Secretary of Health

To: Health care providers

From: Dr. Nate Smith, Secretary of Health

Date: March 13, 2020

Regarding: **Guidance for health care providers regarding COVID-19 testing and specimen collection.**

Commercial labs, such as LabCorp, Quest, and Roche, now provide COVID-19 testing. Health care providers intending to test their patients for COVID-19 should obtain the requirements for specimen collection, storage and shipping from the commercial lab that they plan to use. Due to limited supply of tests at our Public Health Laboratory, the ADH is prioritizing the testing of patients who are: (1) part of the cohort of known contacts of positive cases that we are actively following or (2) require a rapid diagnosis because they are hospitalized with significant symptoms, in the intensive care unit, or reside in an institutional facility (i.e., long-term care, correctional facility, etc.). If you have a patient who you think meets criteria for testing at ADH, please call 501-537-8969 (Monday through Friday 8am-4:30pm) or 1-800-554-5738 (after hours and weekends) to discuss the case with an Outbreak Response Clinician.

Providers should use their best clinical judgment to determine if a patient's presentation is consistent with COVID-19 and need testing. Most patients with confirmed COVID-19 have developed fever<sup>1</sup> and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing). Some facilities are running low on testing supplies, so please consider the following criteria for priority testing in order to preserve supplies.

## Criteria for high priority testing:

1. Hospitalized patients who have signs and symptoms consistent with COVID-19 that will affect decisions related to infection control.
2. Symptomatic individuals with chronic medical conditions, an immunocompromised state, or are  $\geq$  65 years old as these patients are at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
3. Any persons, including healthcare personnel<sup>2</sup>, who had close contact<sup>3</sup> with a suspected or laboratory-confirmed<sup>4</sup> COVID-19 patient within 14 days of symptom onset or who have a history of travel from affected geographic areas<sup>5</sup> (see below) within 14 days of symptom onset.

We also recommend that providers perform testing for other infections that present similarly to COVID-19, such as a Respiratory Pathogen Panel (RPP). ADH does not have the capacity to meet the needs of the whole state. Therefore, we urge you to perform these tests at your facility or through commercial laboratories, as they are widely available.

CDC recommends providers should have a supply of facemasks and tissues for patients with symptoms of respiratory infection. These should be provided to patients with symptoms of respiratory infection at check-in. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help to prevent transmission to others.

## For initial diagnostic testing for COVID-19 through ADH

CDC recommends collecting and testing upper respiratory specimens for patients you feel warrant testing for COVID-19. *New CDC guidelines recommend collection of only a nasopharyngeal swab for testing.* Induction of sputum is **not** recommended. Specimens should be collected as soon as possible once a PUI is identified, regardless of the time of symptom onset. Maintain proper infection control when collecting specimens.

### CDC Guidance for Collection of Diagnostic Respiratory Specimens

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

- Health care personnel (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.
- Specimen collection should be performed in a normal examination room with the door closed.
- Nasopharyngeal swab (NP)
  - Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts, as they may contain substances that inactivate some viruses and inhibit PCR testing. The same swabs used for influenza will work. Place swab immediately into sterile tubes containing 2-3 ml of viral transport media. If both NP and OP specimens are taken, they may be combined at collection into a single vial.
  - *Nasopharyngeal swab:* Insert a swab into the nostril parallel to the palate. Leave the swab in place for a few seconds to absorb secretions.
  - *Oropharyngeal swab (e.g., throat swab):* Swab the posterior pharynx, avoiding the tongue.

Specimen collection for commercial labs should follow their specified process but may be similar to the above.

The Arkansas Department of Health recognizes that in an effort to minimize transmission of this illness, it is also acceptable to collect specimens from patients while in a variety of alternate locations such as in a COVID testing only vestibule, or while a patient remains in their car.