

Testing Capabilities and Reporting

As the Indiana State Department of Health (ISDH) expands its testing capabilities, we want to encourage providers to use their discretion in deciding which patients to test. Testing swabs and viral transport medium remain in short supply, so ISDH continues to focus on highest-risk patients and provide results within 24-48 hours of sample receipt.

ISDH Testing Guidelines

ISDH will approve COVID-19 testing for the following highest-risk patients:

- 1. **Patients who require hospitalization** due to complications of their acute respiratory illness and symptoms consistent with COVID-19.
- 2. **Healthcare workers and first responders** with symptoms consistent of COVID-19 who in their role have potential or unknown exposure to at risk patients.
- 3. Patients and staff (who have direct contact with patients) at long-term care facilities with symptoms consistent with COVID-19 and otherwise no known COVID-19 contact.
- 4. **Persons experiencing homelessness** with symptoms consistent with COVID-19 and otherwise no known COVID-19 contact.
- 5. Patients who expire with suspected COVID-19 symptoms.
- 6. **Inmates and staff** (with direct contact with inmates) **at correctional facilities** with symptoms consistent with COVID-19 and otherwise no known COVID-19 contact.
- 7. Patients 65 years of age and older with symptoms consistent with COVID-19
- 8. Patients with underlying conditions with symptoms consistent with COVID-19

According to the CDC, high-risk conditions include:

- i. People with chronic lung disease or moderate to severe asthma
- ii. People who have heart disease with complications
- iii. People who are immunocompromised including cancer treatment
- iv. People of any age with severe obesity (BMI >40) or certain underlying medical conditions, particularly not well controlled, such as those with diabetes, renal failure or liver disease
- v. Pregnant women

Provider discretion to test through local and private labs:

Providers should use their discretion and request testing as appropriate, keeping in mind that swabs and viral transport medium are scarce resources at this time.

These patients should be informed of the risks of developing severe illness about eight days after onset of symptoms.

a. They need to be made aware of what symptoms to watch out for (trouble breathing, persistent pain or pressure in the chest, new confusion or inability to arouse, bluish lips or face), when to seek additional care, and to call ahead so proper precautions can be taken to prevent additional spread.

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b. Symptomatic patients at risk for COVID-19 or having direct contact with a COVID-19 patient should be advised to home isolate for 14 days after the onset of symptoms.

Additional recommendations

- 1. Discharge patients with instructions on home isolation. Guidance here in **English** and **Spanish**.
- 2. Communicate to healthcare partners that obtaining NP swabs is considered a high-risk procedure and is only recommended to be done wearing full including an N-95 or higher-level respirator (facemask if a respirator is not available), eye protection, gloves and a gown. Testing does not have to occur in an AIIR and can be done in a single patient room with the door closed.
- 3. Encourage telehealth and nurse lines to have patients stay home if they have mild illness.
- 4. Review the coroner <u>guidance</u> to learn how to handle COVID-19 decedents (confirmed or suspected). Coroners may ask for swabs to test deceased patients.

Reporting COVID-19 cases to ISDH

Positive tests are immediately reportable to ISDH through NBS.

Communication of results

- 1. Results for all COVID-19 test requests submitted through LimsNet will be immediately available in LimsNet upon release by the ISDH Laboratories.
- 2. Results will not be communicated using any method other than LimsNet.

Reporting mortality cases to ISDH

At this time, if your hospital has a confirmed COVID-19 death, please send that case information via email or phone call to Kelly White at kewhite@isdh.in.gov or 317-473-7745. Kelly is updating the records in NBS as deaths appear in the system.

If you have a pending COVID-19 test result for a deceased patient, please wait until the result is back to include the death information in NBS when you report the case. You can also call to forewarn ISDH, but the death won't be counted until we have confirmation.

Please note that if the patient dies from COVID-19 in the hospital, these are not coroner cases. Please proceed as you would with your hospital death cases.

Supporting Coroners

Please review the <u>guidance</u> sent to coroners for handling COVID-19 deaths. To ensure specimens are handled properly, hospitals are to support coroners and to provide swabs if needed and to assist your local coroner offices with shipping the specimens. Coroners are responsible for initiating the lab request and collecting the swab before arriving to the hospital.

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