

**APRIL 7, 2020**

## **HEALTH ADVISORY**

### **COVID-19 Testing Update Abbott M2000 Testing**

The North Dakota Department of Health (NDDoH), Division of Microbiology has validated Abbott's Real-time SARS-CoV-2 Emergency Use Authorization (EUA) assay. Tests, using this instrument, require specimens to be collected in the Abbott multi-collect kit. This kit requires only an oropharyngeal (OP) swab. Abbott collection kits can be ordered through the Division of Microbiology [website](#).

The Division of Microbiology is continuing its validation process for nasopharyngeal (NP) swabs on the M2000.

Currently, we have reagents available for about 400 patient tests using CDC's EUA SARS-CoV-2 assay which still requires a nasopharyngeal (NP) swab. The Division of Microbiology continues to work through validating anterior nasal swabs and nasal turbinate swabs on these other methods.

Specimens should be collected as soon as possible once a decision has been made to pursue COVID-19 testing, regardless of the time of symptom onset. Maintain [proper infection control](#) when collecting specimens. See [Biosafety FAQs](#) for handling and processing specimens from suspected case patients.

Providers must complete a [COVID-19 Evaluation and Test Report Form](#) and a [Test Request Form](#). Both forms must be included with the specimen. If the [COVID-19 Evaluation and Test Report Form](#) is not included with the specimen, that specimen may move to the bottom of the queue if specimens need to be prioritized.

### **Updated COVID-19 Testing Guidance**

Clinicians should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. As supplies allow, health care providers should not turn patients away for COVID-19 testing who have upper or lower respiratory illness.

Clinicians should consider testing any patient 2 or more of the following signs/symptoms of respiratory illness with new or worsening onset:

- Fever

- cough
- shortness of breath
- runny nose
- sore throat
- chills
- myalgia
- fatigue
- headache
- loss of taste and/or smell

**Asymptomatic patients, even close contacts to COVID-19 cases, should not be tested for COVID-19.**

**If testing supplies are limited at the local level or need to be prioritized at the state level, the following patients should be prioritized for COVID-19 testing:**

**PRIORITY 1:** Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system

- Hospitalized patients
- Symptomatic healthcare workers

**PRIORITY 2:** Ensure that those who are at highest risk of complication of infection are rapidly identified and appropriately triaged

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

**PRIORITY 3:** As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Health care workers and first responders needing two negative test results to return to work
- Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations

**Health care providers should not refer patients to the NDDoH for medical consultation or screening to determine the need for testing. The NDDoH recommends that a diagnosis of COVID-19 be based on clinical criteria and laboratory testing results.**

For questions related to COVID-19, healthcare providers can call the new NDDoH Division of Disease Control at COVID-19 hotline at 888-391-3430 Sunday through Saturday, 24/7.

All patients being tested for COVID-19 will need to be isolated (at home or in a hospital) while awaiting test results. Patients with confirmed COVID-19 should remain under isolation precautions until the risk of secondary transmission to others is thought to be low. Below is information from the CDC regarding discontinuation of isolation:

- [Healthy individuals](#)
- [Immunocompromised individuals](#)
- [Health care workers](#)
- [Healthcare Settings](#)

If a patient is unable to be tested for COVID-19, then the criteria for discontinuation from isolation for patients with confirmed COVID-19 should be followed.

If COVID-19 testing is negative, but the patient is a close contact to a COVID-19 case, the patient needs to continue to be quarantined until 14 days from their last exposure to the case.

If COVID-19 testing is negative and the individual is not a close contact to a COVID-19 case, patients should stay home until well and fever free (without fever-reducing medications) for 24 hours. Please provide your patients with the [NDDoH fact sheet for people being tested for COVID-19](#).

## COVID-19 is a Mandatory Reportable Condition

North Dakota Administrative Rules 33-06-01 requires the reporting of novel severe acute respiratory illness, which includes COVID-19. North Dakota health care providers are required to report all individuals who tested positive for COVID-19 to the NDDoH.

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### Categories of Health Alert Network messages:

**Health Alert** Requires immediate action or attention; highest level of importance  
**Health Advisory** May not require immediate action; provides important information for a specific incident or situation  
**Health Update** Unlikely to require immediate action; provides updated information regarding an incident or situation  
**HAN Info Service** Does not require immediate action; provides general public health information