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## **Important Notice for Providers Evaluating Kane County Residents for COVID-19**

THE KANE COUNTY HEALTH DEPARTMENT IS USING CURRENT IDPH GUIDELINES TO DETERMINE WHICH PATIENTS GET TESTED FOR COVID-19.

- 1. **ASSESSMENT-** Providers, please assess your patient using the current criteria found on the next page. (Attached is current as of March 13, 2020. Updated guidance will be distributed as it is released)
- 2. **TEST AUTHORIZATION-** If, the patient has listed clinical symptoms and meets one of the other factors listed in the criteria, the provider should contact the Kane County Health Department to discuss getting authorization for COVID-19 testing through an IDPH lab.
  - As commercial lab testing becomes more available, providers may utilize these labs using their clinical discretion.
  - It is highly recommended facilities set up accounts with a commercial laboratory for testing of lower priority specimens.
- 3. **ISOLATION OF ILL PATIENTS** Encourage symptomatic patients, who are not hospitalized, to stay home and separate themselves from others. Patients awaiting results and those not approved for testing or unable to test via commercial lab, should be directed to isolate themselves at home away from other household members until 3 days (72 hours) after complete resolution of symptoms. As an example, if the patient has symptoms that last for 7 days, they would self-isolate at home for 10 days total.
- 4. **TEST RESULTS- PLEASE DO NOT ENCOURAGE** patients to contact the Health Department directly about test authorization or results. The Health Department will only speak with providers about authorizing testing. Test results should be shared with patients via the usual channels by the provider. In the case of a positive result, the Health Department will also communicate with the patient and provider to begin appropriate contact investigation. If results are negative, provider should provide guidance on social distancing and continue to treat as clinically indicated.

## We are experiencing a very high volume of calls and want to be able to prioritize providing guidance to providers in getting their patients tested.

THANK YOU FOR ALL YOUR EFFORTS.

CLINICAL PRESENTATION:   Fever and/or signs/symptoms of lower respiratory illness   (e.g. cough or shortness of breath) <u>AND</u> any of the following epidemiologic or other factors:					
CONTACT	TRAVEL	CONGREGATE LIVING / HEALTHCARE FACILITY	MEDICAL RISK FACTORS	PUBLIC HEALTH CONCERN	HOSPITALIZED +
health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient	A history of travel from affected geographic areas within 14 days of symptom onset (currently China, South Korea, Iran, Italy, parts of Europe, and Japan) <sup>1</sup>	The individual is from a congregate living or health care facility (staff and/or patient/resident) with clusters of infection not due to influenza and suspected to be due to SARS-CoV-2, as determined in collaboration with public health authorities	The patient is at higher risk for complications from SARS-CoV-2 and for whom rapid test results are more likely to impact clinical care/outcomes (e.g. older adults (age $\geq$ 65 years)) <u>OR</u> is an individual with chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes <sup>2</sup>	Other situations involving patients that clinicians have thoroughly evaluated and are deemed high priority after consultation with public health <u>OR</u> are part of a situation of concern as determined by public health	Hospitalized patients with unexplained <sup>3</sup> pneumonia where a physician (infectious disease or pulmonary specialist, if feasible) has evaluated the patient and is concerned about SARS-CoV-2 infection <sup>4, 5</sup>

Providers may determine to proceed with testing at a commercial or clinical laboratory.

1. https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html

2. Examples include but are not limited to diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease.

3. Patient has had negative influenza and respiratory panel testing.

4. Exposure source may be unknown or not identified.

5. Radiologic studies should also be reviewed with an expert (e.g. chest radiologist) to help make this determination.

