

## COVID-19: Updated Guidance for Physicians

### Key Points:

- Any physician can order a test for COVID-19 based on their clinical judgment as laboratory capacity has increased.
- For some individuals and populations, the results of a COVID-19 test will change clinical or public health management. COVID-19 testing recommendations are focused on highlighting these individuals and populations.
- Patients with COVID-19 or clinical illness compatible with COVID-19 should seek medical care if symptoms do not improve 5-7 days following symptom onset.
- Patients who are asymptomatic *should not* be tested for COVID-19.

### Recommendations for COVID-19 Testing:

Who should be tested for COVID-19?	
<p>COVID-19 testing is recommended for the following groups if they develop <b>new respiratory or gastrointestinal symptoms, however mild</b>. This includes fever, cough, shortness of breath, rhinorrhea, nasal congestion, loss of sense of smell, sore throat, odynophagia, headache, muscle aches, fatigue, loss of appetite, chills, vomiting, or diarrhoea:</p> <p><u>Residents and staff of long term care facilities</u></p> <p><u>Patients requiring admission to hospital or likely to be admitted</u>, including pregnant individuals in their 3rd trimester, patients on hemodialysis, or cancer patients receiving radiation or chemotherapy</p> <p><u>Patients who are part of an investigation of a cluster or outbreak</u> as determined by the Medical Health Officer</p>	<p>COVID-19 testing is recommended for the following groups if they develop a <b>fever (over 38 degrees Celsius) AND new onset of (or exacerbation of chronic) cough or shortness of breath</b></p> <p><u>Health Care Workers</u>, including community pharmacists</p> <p><u>Residents of remote, isolated or Indigenous communities</u></p> <p><u>People living in congregate settings</u>, such as work-camps, correctional facilities, shelters, group homes, assisted living and seniors' residences</p> <p><u>People who are homeless or have unstable housing</u></p> <p><u>Essential service providers</u>, including first responders (e.g. paramedics, police officers, firefighters)</p> <p><u>Returning travellers identified at a point of entry to Canada</u></p>

### Any physician can order a test for COVID-19 based on their clinical judgment.

The above recommendations are focused on testing populations for whom a COVID-19 test will change clinical or public health management. However, any physician can order a test for COVID-19 based on their clinical judgement as laboratory testing capacity has been increased in BC.

### False negative results can occur early in the course of infection and in severely infected patients.

Over the past two months, we have come to better understand the accuracy of the COVID-19 test. We have found that false negative results can occur early in the course of the infection, implying that a negative RNA test does not definitively rule out COVID-19 infection.

### Advise patients with COVID-19 to seek medical care if symptoms do not improve 5-7 days following symptom onset.

In retrospective studies of critically ill patients, onset of dyspnea occurred at a median time of 6.5 days after symptom onset, and progression to respiratory distress occurred quickly thereafter (median 2.5 days after onset of dyspnea).

You can reach a Medical Health Officer at 604.675.3900 Toll free at 1.855.675.3900  
For public health emergencies after hours contact the Medical Health Officer on call at 604.527.4893

#### Vancouver Coastal Health Medical Health Officers

Chief Medical Health Officer: Dr. Patricia Daly

Vancouver: Dr. John Harding, Dr. Althea Hayden, Dr. Dr. Mark Lysyshyn, Dr. Michael Schwandt 604.675.3900

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## Guidance on Specimen Collection and Labeling (April 6, 2020)

### Specimen Collection

In the outpatient setting, collect a **Nasopharyngeal (NP) Swab** using the procedure described by the New England Journal of Medicine (Collection of Nasopharyngeal Specimens with the Swab Technique):

<https://www.youtube.com/watch?v=DVJNWefmHjE>

Use the swab/collection device provided by your institution. The most common swab types used are the Copan Universal Transport Medium (UTM) System and BD™ Universal Viral Transport System.



For hospitalized patients and/or patients with evidence of lower respiratory tract disease, collect a lower respiratory tract sample (e.g., sputum, endotracheal aspirate, bronchoalveolar lavage, etc.) in a sterile screw-top container in addition to a nasopharyngeal swab.

### Specimen Labelling

All specimens (cylindrical tube) must be affixed with a label which states:

- Patient name
- PHN or Date of Birth (DOB)
- Specimen type (e.g., NP swab)
- Date & time of collection

If applicable, please indicate one of the following codes on the specimen label to assist with processing:

- **HCW1** – Health Care Worker – Direct Care
- **HCW2** – Health Care Worker – Non Direct Care
- **LTC** – Long Term Care Facility
- **OBK** – Outbreak
  - **Including people who are homeless or have unstable housing**
- **HOS** – Hospital (Inpatient)
- **CMM** – Community (Outpatient), including urgent and primary care centre

Please submit each specimen in an individual, sealed biohazard bag. Include a paper requisition which clearly states the patient information, the ordering physician, and the test requested (COVID-19 NAT).

Please refer to the BCCDC Public Health Laboratory eLab Handbook under COVID-19 test for specimen requirements (<http://www.elabhandbook.info/phsa/>).

Paper requisitions are available at <http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/VI%20Req.pdf>.

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