



# This is an official Oklahoma Health Alert

## Network Health Advisory

The Oklahoma State Department of Health (OSDH) Acute Disease Service (ADS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

### Categories of Health Alert messages:

#### Health Alert

Provides vital, time-sensitive information for a specific incident or situation; warrants immediate action or attention by health officials, laboratorians, clinicians, and members of the public and conveys the highest level of importance.

#### Health Advisory

Provides important information for a specific incident or situation; contains recommendations or actionable items to be performed by public health officials, laboratorians, and/or clinicians; may not require immediate action.

#### Health Update

Provides updated information regarding an incident or situation; unlikely to require immediate attention.

#### Health Info/Event

Provides general public health information; unlikely to require immediate action.

March 15, 2020

OKHAN\_305-2020\_03-15 ADV-N

Reference: N/A

### Criteria to Guide Evaluation and Laboratory Testing for COVID-19

Clinicians and Laboratories: Prior approval from the Oklahoma State Department of Health (OSDH) for submission of specimens to the OSDH Public Health Laboratory (PHL) is no longer required.

Please, refer to the OSDH PHL testing priorities attached.

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. Most patients with confirmed COVID-19 have developed fever and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).

To make the best use of COVID-19 laboratory testing resources at the OSDH PHL, please only submit specimens to the OSDH PHL that are compatible with the criteria indicated in the attachment. \*For patients who do not meet the priorities listed, clinicians should submit specimens to a commercial laboratory that provides SARS-CoV-2 testing (LabCorp, Quest, CPL or any reference lab your site uses for testing that is testing for SARS-CoV-2). Please, contact these commercial laboratories to find out the correct process for submission of specimens.

### Summary Points

- Prior approval from OSDH for PHL COVID-19 testing no longer required
- Updated COVID-19 Laboratory Testing Guidance
- Test Requisition Form
- Fax Verification Form

Message #: OK-HAN\_305 / Reference: N/A

Oklahoma State Department of Health / Acute Disease Service / 1000 NE 10<sup>th</sup> St, Oklahoma City, OK 73117  
405-271-4060 (ph) / 405-271-6680 (fax) <http://ads.health.ok.gov>



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## Network Health Advisory

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Mildly ill patients should be encouraged to stay home and contact their healthcare provider by phone for guidance about clinical management. Patients who have severe symptoms, such as difficulty breathing, should seek care immediately. Older patients and individuals who have underlying medical conditions or are immunocompromised should contact their physician early in the course of even mild illness. Provide patient with routine home care instructions for mild viral respiratory illness. Healthcare workers are encouraged to follow recommended infection control procedures.

It is not recommended to send patients to an ER for the sole purpose of specimen collection. This is an unnecessary risk of exposure to other patients and staff.

If healthcare provider staff do not currently receive the Oklahoma Health Alert Network (OK-HAN) notifications, please advise personnel to contact [OKHAN@health.ok.gov](mailto:OKHAN@health.ok.gov) for access or by calling the ADS and asking for the OK-HAN Coordinator.

### **References**

- Oklahoma Acute Disease COVID-19 web page: <https://coronavirus.health.ok.gov/>
- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>.

**## This message has been distributed to Primary Care and Infectious Disease Physicians, Infection Preventionists, Laboratorians, Urgent Care Centers, Emergency Departments, and State and Local Health Officials ##**

## Oklahoma State Department of Health

### Oklahoma State Department of Health Healthcare Provider Guidance for Evaluation and Testing for COVID-19 March 15, 2020

**Clinicians and Laboratories:** **Prior approval for submission of specimens to the OSDH Public Health Laboratory (PHL) for COVID-19 testing is no longer required.** However, please, refer to the OSDH PHL testing priorities below.

To make the best use of COVID-19 laboratory testing resources at the OSDH PHL, please only submit specimens to the OSDH PHL that are compatible with the criteria indicated below. \*For patients who do not meet the below priorities, clinicians should submit specimens to a commercial laboratory that provides SARS-CoV-2 testing (e.g., LabCorp, Quest, Clinical Pathology Laboratories or any reference laboratory your facility uses). Please, contact these commercial laboratories to find out the correct process for submission of specimens for testing.

#### COVID-19 Testing Priorities at the OSDH PHL

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. Only submit specimens for patients who present with fever (at least 100.4°F) and symptoms of acute respiratory illness (e.g., cough, difficulty breathing), and one of the following:

- Hospitalized patients who have signs and symptoms compatible with COVID-19 and other respiratory illnesses have been ruled-out in order to inform decisions related to infection control.
- Other symptomatic individuals at higher risk for poor outcomes, including those who are ≥ 65 years, immunocompromised or have chronic medical conditions (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
- Suspected outbreak of COVID-19 among associated individuals with recent onset of similar fever and lower respiratory symptoms. Please, contact the OSDH Acute Disease Service at (405) 271-4060 to report suspected outbreaks.
- Suspect COVID-19 in a patient associated with a high-risk exposure setting such as a long-term care facility.
- Patients, including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas (see <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>) and <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>) within 14 days of their symptom onset.

#### Collection of Nasopharyngeal (NP) Swab Specimens

**Note:** CDC currently recommends testing of NP swabs only.

## Oklahoma State Department of Health

- Submit ONE NP swab in viral transport medium (VTM), universal transport medium (UTM), M4 or equivalent. Use only synthetic fiber swabs with plastic shafts. Do not use calcium alginate swabs or swabs with wooden shafts.  
**Note:** To conserve testing supplies and reagents, please **use only a single NP swab per patient**.
- NP swab collection kits may be available at your local county health department. Please, call ahead to make sure they have supplies. Currently, these kits are available in limited numbers and must only be used for COVID-19 testing at the OSDH PHL.
- **Collection:** Follow institutional guidance for collection of NP swabs or use the steps indicated below.
  - a. Label a sterile transport tube containing 2-3 mL of VTM, UTM, M4 or equivalent with the patient's name, one other patient-specific identifier and the date of collection.
  - b. If the nasal passages have a large amount of mucus, ask the patient to blow their nose before collecting the specimen.
  - c. With the thumb of one hand, gently elevate the tip of the patient's nose, and then gently insert the NP swab into the nostril.
  - d. Guide the swab backward and upward along the nasal septum until a distinct resistance is met, hold it there for a few seconds then with a rotating motion, gently remove it.
  - e. Immediately, place swab in the labeled viral transport tube.
  - f. Break-off or cut excess shaft of the swab so that the tube can be capped; swab must be present in transport medium to be acceptable for testing.
  - g. Secure the cap of the tube with Parafilm to prevent leakage during transport.
- **Storage:** Store specimens at 2-8°C for up to 72 hours after collection. If a delay in testing or shipping is expected, store specimens at -70°C or below.
- **Submission to the OSDH PHL:**
  1. Complete the OSDH PHL *Test Requisition Form* (ODH 419).
    - a. Accessible in PHOCIS and PHIDDO. Also, a hardcopy is available at [http://phl.health.ok.gov \(Forms\)](http://phl.health.ok.gov (Forms)).
    - b. Information on the form must match identifiers used to label the specimen.
  2. Review the Guidelines for Shipping Clinical Specimens Classified as a Biological Substance. Double-bag specimens or place in Category B box, as available.
  3. Submit specimen as follows:
    - a. **Hospitals and county health departments with routine OSDH PHL-contracted courier service:** Submit specimens using the regular courier service currently provided to your facility.
    - b. **Other sites:** Submit specimens to your local county health department. Please, contact the county health department ahead of time to make sure the facility is open.

## Oklahoma State Department of Health

### Reporting

Test results will be issued to the submitter via US Mail, fax (if the submitter has not received test results from the OSDH PHL before, they will need to complete and submit a *Fax Verification Form* at the time of submission – see attached), or PHOCIS (for county health department submissions only).

### Infection Prevention and Control Measures

Physicians and providers should immediately implement recommended infection prevention and control practices when COVID-19 is suspected based on symptoms and the above priorities. See *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings* ([https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html)).

If clinicians have questions regarding these priority criteria, please call the OSDH Acute Disease Service at (405) 271-4060.



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## Oklahoma State Department of Health

### Public Health Laboratory

1000 N.E. 10<sup>th</sup> Street, Oklahoma City, OK 73117-1299

Tel: (405)271-5070; Fax: (405)271-4850

Email: [PublicHealthLab@health.ok.gov](mailto:PublicHealthLab@health.ok.gov)

Test Directory: <http://phl.health.ok.gov>

Laboratory Director:  
S. Terence Dunn, PhD

CLIA #: 37D0656594

Please, PRINT; \*indicates required fields

#### Patient Information

Name\* (last) \_\_\_\_\_ (first) \_\_\_\_\_ (initial) \_\_\_\_\_ DOB\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Sex:\* ☐ M ☐ F

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino ☐ Unknown

Race: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian/ Alaska Native

(mark all applicable) ☐ Native Hawaiian/Other Pacific Islander ☐ Other

#### Submitter Information

Practitioner Name\* (last) \_\_\_\_\_ (first) \_\_\_\_\_ (initial) \_\_\_\_\_ NPI \_\_\_\_\_

Facility Name\* \_\_\_\_\_ Phone # ( ) - Fax # ( ) -

Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State \_\_\_\_ Zip\* \_\_\_\_\_

#### Clinical Information

Diagnosis \_\_\_\_\_ Onset (mm-dd-yyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Antibiotics (list and start dates) \_\_\_\_\_

#### Specimen Information

Collection Date (mm-dd-yyy)\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time (hour:minute) \_\_\_\_\_ AM / PM By \_\_\_\_\_

Source/Type\* (check one only)

- |  |  |  |   |   |  |  |                                       |
|--|--|--|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> Blood                                     | <input type="checkbox"/> Serum           | <input type="checkbox"/> Urine           | <input type="checkbox"/> Stool          | <input type="checkbox"/> CSF                      | <input type="checkbox"/> Pleural fluid     | <input type="checkbox"/> Pericardial fluid | <input type="checkbox"/> Blood smears |
| <input type="checkbox"/> Sputum, expect.                           | <input type="checkbox"/> Sputum, induced | <input type="checkbox"/> Bronchial brush | <input type="checkbox"/> Bronchial wash | <input type="checkbox"/> Bronchoalveolar lavage   | <input type="checkbox"/> Tracheal aspirate |  |                                       |
| <input type="checkbox"/> Nasopharynx                               | <input type="checkbox"/> Oropharynx      | <input type="checkbox"/> Nasal wash      | <input type="checkbox"/> Eye            | <input type="checkbox"/> Rectum/anus              | <input type="checkbox"/> Vagina            | <input type="checkbox"/> Cervix            |                                       |
| <input type="checkbox"/> Tissue (specify):                         |  |  |   | <input type="checkbox"/> Wound/Lesion (specify):  |  |  |                                       |
| <input type="checkbox"/> Cultured isolate (specify suspect agent): |  |  |   | <input type="checkbox"/> Environmental (specify): |  |  |                                       |
| <input type="checkbox"/> Other (specify):                          |  |  |   |   |  |  |                                       |

#### Test Request (mark one only)

##### Bacteriology

- ☐ Bacterial isolate, identification/serotyping/confirmation  
Variable specimen according to source (contact lab)
- ☐ Bacteria, non-enteric, isolation and identification  
Variable specimen according to source (contact lab; requires pre-approval)
- ☐ Enteric pathogens, isolation and identification  
Feces, 2 g or 5-10 mL in Cary Blair or GN Broth (STEC only)
- ☐ Bordetella  
Nasopharynx, 1 or 2 swabs; Isolate, confirm visible growth
- ☐ Chlamydia/Gonorrhea  
Urine, first 20-60 mL of void – transfer to UPT tube; Vaginal swab, use only BD vaginal specimen transport device
- ☐ Group B streptococcus  
Vaginal/anal swab in LIM broth (combined vaginal/anal collection preferred)
- ☐ Syphilis, serology (reverse algorithm)  
Serum in SST, 2 mL
- ☐ Bacteria, environmental (contact lab)

##### Mycobacteriology/Mycology

- ☐ Fungal isolate, identification  
Plate or slant with visible growth
- ☐ Mycobacteria, smear and culture w/ reflex to identification  
Respiratory sediments, 5-10 mL; Sterile fluid, >2 mL; Blood, 5-10 mL ACD or heparin; Tissue, 1 g; Urine, >5 mL
- ☐ Mycobacteria, isolate identification  
Liquid culture, >3 mL; Solid culture, visible growth
- ☐ *M. tuberculosis* complex PCR  
Respiratory sediments, 5-10 mL (CHDs require OSDH TB physician pre-approval)

##### Virology

- ☐ Hepatitis B surface antigen (HBsAg)  
Serum, 2 mL (approved submitters only)
- ☐ HIV-1/2 antigen/antibodies  
Serum in SST, 2 mL (approved submitters only)
- ☐ Human papillomavirus, high risk  
Residual ThinPrep, 1 mL
- ☐ Influenza virus A and B  
Nasopharyngeal (preferred), nasal or throat swabs, 1 or 2 in VTM
- ☐ Respiratory Pathogen Panel  
Nasopharyngeal swab, 1 or 2 in VTM, or equivalent media
- ☐ Rubella antibodies  
Serum in SST, 1 mL (female CHD patients only)
- ☐ West Nile virus/St. Louis encephalitis virus, IgM antibodies  
Serum in SST, 2 mL; CSF, 1 mL (CSF must be accompanied by serum)
- ☐ Zika virus, chikungunya virus, dengue virus, PCR  
Serum in SST, 2 mL; CSF, 1 mL; Urine 1 mL; Amniotic fluid 1 mL (CSF, urine and amniotic fluid must be accompanied by serum) (contact lab; requires pre-approval)

##### Parasitology

- ☐ Parasites, blood  
Babesia/trypanosomes/filariiae: Giemsa or Giemsa-Wright-stained blood smears, 1 thick and 1 thin  
Malaria: Giemsa or Giemsa-Wright-stained blood smears, 1 thick and 1 thin AND 2-6 mL EDTA blood

##### Other

- ☐ Other (write-in description of test)



Public Health Laboratory  
1000 N.E. 10th Street  
Oklahoma City, OK 73117-1299  
Telephone: (405) 271-5070; Fax: (405) 271-4850

## Fax Verification Form

Completion of this form is required for your facility to receive laboratory test reports by fax transmission. Complete the required information, sign and date the form, and then fax the form to the Public Health Laboratory at 405-271-4850. Please, use the fax machine that will be designated for receipt of test reports; this serves to confirm that the fax number has been recorded correctly on the form.

### Agreement Information

Please, consider security issues and potential multiple users of the fax machine when designating a fax machine for receipt of laboratory test results by your facility. Laboratory reports contain patient's private health information and as such, strict confidentiality of reports must be ensured. Preferably, the fax machine should be located in the laboratory rather than a general administrative area. Access to the designated fax machine should be limited to those individuals who have documented confidentiality agreements with their employer. The Public Health Laboratory reserves the right to terminate this agreement if there is a breach of security regarding faxed laboratory reports.

Results will be faxed to only one fax number per submission site. It will be your responsibility to alert the Public Health Laboratory at 405-271-5070 of any change in the fax number used for your site. Reports will be faxed in batch mode, so please, ensure that a sufficient supply of paper can be maintained in the designated fax machine since multiple patient reports may be sent to your site at one time. In order to conserve paper, a cover page will not be sent with each faxed test report. The faxed report should be considered the chartable copy. Please, immediately notify the Public Health Laboratory if any laboratory reports are sent in error to your location.

Contact the Public Health Laboratory at 405-271-5070 for additional information or questions.

### Facility Contact Information

**Facility Name:**

**Contact Person:**

**Job Title:**

**Email:**

**Office Phone:**

**Designated Fax Number:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**